What is claimed is:

1. Use of ethyl icosapentate in the manufacture of a medicament for reducing a risk of cardiovascular death, coronary revascularization, and unstable angina in a subject on statin therapy, the use comprising:

a pharmaceutical composition comprising about 1 g to about 4 g of ethyl icosapentate to be administered to the subject per day, wherein the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL and optionally has established cardiovascular disease.

2. Use of ethyl icosapentate in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy (a) with residual atherogenic dyslipidemia and clinically evident cardiovascular disease or (b) without clinically evident cardiovascular disease but with increased risk of cardiovascular disease, the use comprising:

a pharmaceutical composition comprising about 4 g of ethyl icosapentate to be administered to the subject per day for a period of at least about 2 years, wherein said administration reduces risk of cardiovascular disease, need for coronary revascularization, risk of unstable angina, risk for stroke and/or risk for myocardial infarction.

3. Use of ethyl icosapentate in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy (a) with residual atherogenic dyslipidemia and clinically evident cardiovascular disease or (b) without clinically evident cardiovascular disease but with increased risk of cardiovascular disease, the use comprising:

a pharmaceutical composition comprising about 4 g of ethyl icosapentate to be administered to the subject per day for a period of at least about 2 years, wherein said administration reduces risk of cardiovascular death, need for coronary revascularization, and/or risk of unstable angina

4. Use of ethyl icosapentate in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy (a) with residual

atherogenic dyslipidemia and clinically evident cardiovascular disease or (b) without clinically evident cardiovascular disease but with increased risk of cardiovascular disease, the usecomprising a pharmaceutical composition comprising about 4 g of ethyl icosapentate to be administered to the subject per day for a period of at least about 2 years, wherein said administration reduces risk of cardiovascular death, need for coronary revascularization, risk of unstable angina, risk of stroke and/or risk of myocardial infarction.

5. Use of ethyl icosapentate in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy and having diabetes mellitus (a) with residual atherogenic dyslipidemia and clinically evident cardiovascular disease or (b) without clinically evident cardiovascular disease but with increased risk of cardiovascular disease, the use comprising a pharmaceutical composition comprising about 4 g of ethyl icosapentate to be administered to the subject per day for a period of at least about 2 years, wherein said administration reduces risk of cardiovascular death, need for coronary revascularization, risk of unstable angina, risk of stroke and/or risk of myocardial infarction.

6. The use of any one of claims 1-5, wherein the composition is to be administered to the subject in 1 to 4 dosage units per day.

7. The use of any one of claims 1-5, wherein the ethyl icosapentate comprises at least about 96 wt.% of all omega-3 fatty acids in the pharmaceutical composition.

8. The use of claim 1, wherein the established cardiovascular disease is determined by the presence of any one of: documented coronary artery disease, documented cerebrovascular disease, documented carotid disease, documented peripheral arterial disease, or combinations thereof.

9. The use of any one of claims 1-5, further comprising a step of measuring the subject's baseline lipid profile prior to administering the pharmaceutical composition to the subject.

10. The use of any one of claims 1-5, wherein the subject has one or more of: a baseline non-HDL-C value of about 200 mg/dL to about 300 mg/dL; a baseline total cholesterol value of about 250 mg/dL to about 300 mg/dL; a baseline VLDL-C value of about 140 mg/dL to about 200 mg/dL; a baseline HDL-C value of about 10 to about 30 mg/dL; and/or a baseline LDL-C value of about 40 to about 100 mg/dL.

11. The use of any one of claims 2-5, wherein the subject has: a baseline non-HDL-C value of about 200 mg/dL to about 300 mg/dL; a baseline total cholesterol value of about 250 mg/dL to about 300 mg/dL; a baseline VLDL-C value of about 140 mg/dL to about 200 mg/dL; a baseline HDL-C value of about 10 to about 30 mg/dL; and/or a baseline LDL-C value of about 40 to about 100 mg/dL.

12. The use of any one of claims 1-5, wherein the statin therapy comprises a statin and optionally ezetimibe to be administered to the subject.

13. The use of claim 1, wherein the subject: (a) has not been administered 200 mg or more per day of niacin and/or fibrates for at least 28 days before step (a); (b) has not been administered omega-3 fatty acid prescription for a period of time beginning 28 days prior to step (a); (c) has not ingested dietary supplements comprising omega-3 fatty acids for a period of time beginning 28 days prior to step (a).

14. The use of claim 13, wherein the period of time ends no earlier than about 6 months after a first administration of the pharmaceutical composition in step (b), or the period of time ends about 6 months, about 1 year, about 2 years, about 3 years, about 4 years, about 5 years, or more than about 5 years after the first administration of the pharmaceutical composition in step (b).

15. The use of claim 1, wherein the subject is to be administered about 1 g to about 4 g of the pharmaceutical composition per day for at least about 4 months, at least about 1 year, at least about 2 years, at least about 3 years, at least about 4 years, or at least about 5 years.

16. The use of claim 1, wherein the subject is to be administered about 2 g or about 4 g of the pharmaceutical composition per day for at least about 4 months, at least about 1 year, at least about 2 years, at least about 3 years, at least about 4 years, or at least about 5 years.

17. The use of any one of claims 2-5, wherein the subject: (a) has not been administered 200 mg or more per day of niacin and/or fibrates for at least 28 days before administration of the pharmaceutical composition; (b) has not been administered omega-3 fatty acid prescription for a period of time beginning 28 days prior to administration of the pharmaceutical composition; or (c) has not ingested dietary supplements comprising omega-3 fatty acids for a period of time beginning 28 days prior to administration of the pharmaceutical composition.

18. The use of any one of claims 2-5, wherein the subject is to be administered about 4 g of the pharmaceutical composition per day for at least about 3 years, at least about 4 years, or at least about 5 years.

19. The use of any one of claims 2-5, wherein the pharmaceutical composition is formulated to delay onset of a first said cardiovascular event of said subject compared with control subjects, wherein each said control subject is on stable statin therapy, has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL, and has established cardiovascular disease or a high risk of developing cardiovascular disease.

20. The use of claim 19, wherein the first cardiovascular event of the subject is stroke and/or myocardial infarction.

21. The use of claim 19, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is stroke.

22. The use of claim 19, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is myocardial infarction.

23. The use of claim 19, wherein the medicament is formulated to delay onset of a second said cardiovascular event of said subject compared with control subjects.

24. The use of claim 19, wherein the subject has diabetes mellitus and the control subjects each have diabetes mellitus, and/or the subject has metabolic syndrome and the control subjects each have metabolic syndrome.

25. The use of claim 3, wherein the administration further reduces risk of stroke and/or myocardial infraction.