What is claimed is:

1. ~~A method~~ Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for ~~of~~ reducing a risk of ~~a~~ cardiovascular death and/or unstable angina~~event~~ in a subject on statin therapy, wherein 2 g of the ~~method~~ medicament comprises ~~comprising~~ eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid, wherein the medicament is ~~-~~to be administered to the subject per day for a period of at least about 2 years, wherein the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL.~~:~~

~~(a) identifying a subject on statin therapy and having a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL, optionally wherein said subject has established cardiovascular disease or has a high risk of developing cardiovascular disease; and~~

~~(b) administering to the subject a pharmaceutical composition comprising about 1 g to about 4 g of eicosapentaenoic acid ethyl ester per day.~~

2. Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of cardiovascular death and/or unstable angina in a subject on statin therapy with established cardiovascular disease, wherein 4 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years, wherein the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL.

3. Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of coronary revascularization in a subject on statin therapy, wherein 2 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years, wherein the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL.

4. Use of eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing a risk of coronary revascularization in a subject on statin therapy with established cardiovascular disease, wherein 4 g of the medicament comprises eicosapentaenoic acid, docosahexaenoic acid and docosapentaenoic acid, wherein the medicament is to be administered to the subject per day for a period of at least about 2 years, wherein the subject has a fasting baseline triglyceride level of about 135 mg/dL to about 500 mg/dL.

5. Use of eicosapentaenoic acid in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy with residual atherogenic dyslipidemia and clinically evident cardiovascular disease, wherein the medicament comprises about 4 g of eicosapentaenoic acid in triglyceride form, wherein the medicament is 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, risk of unstable angina and/or need for coronary revascularization.

6. Use of eicosapentaenoic acid in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy with residual atherogenic dyslipidemia and clinically evident cardiovascular disease, wherein the medicament comprises about 4 g of eicosapentaenoic acid in triglyceride form, wherein the medicament is 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.

7. Use of eicosapentaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy with residual atherogenic dyslipidemia and clinically evident cardiovascular disease, wherein about 2 g to about 4 g of the medicament comprises eicosapentaenoic acid and docosapentaenoic acid, wherein the medicament is 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, risk of unstable angina and/or need for coronary revascularization.

8. Use of eicosapentaenoic acid and docosapentaenoic acid in the manufacture of a medicament for reducing risk of a cardiovascular event in a subject on statin therapy with residual atherogenic dyslipidemia and clinically evident cardiovascular disease, wherein about 2 g to about 4 g of the medicament comprises eicosapentaenoic acid and docosapentaenoic acid, wherein the medicament is 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.

9. The use of claim 2 or 4, 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.

~~2.~~10. The ~~method~~ use of any one of claims 1-8, wherein the ~~composition~~ medicament is to be administered to the subject in 1 to 4 dosage units per day.

11. The use of claim 1 or 3, wherein the medicament comprises at least about 1100 mg of eicosapentaenoic acid and comprises docosapentaenoic acid in an amount up to about 10% by weight of total fatty acids in the medicament.

12. The use of claim 2 or 4, wherein the medicament comprises about 2200 mg of eicosapentaenoic acid and comprises docosapentaenoic acid in an amount up to about 10% by weight of total fatty acids in the medicament.

~~3.~~13. The ~~method~~ use of claim 5 or 6,~~1~~ wherein the eicosapentaenoic acid in triglyceride form ~~eicosapentaenoic acid ethyl ester~~ comprises at least about 96 wt.% of all omega-3 fatty acids in the ~~pharmaceutical composition~~medicament.

14. The use of claim 7 or 8, wherein the eicosapentaenoic acid comprises at least about 90 wt. % or at least about 96 wt. % of all omega-3 fatty acids in the medicament, wherein the docosapentaenoic acid comprises less than 10 wt. %, less than 8 wt. %, or less than 5 wt. % of all omega-3 fatty acids in the

medicament , and/or wherein the medicament further comprises less than 5% docosahexaenoic acid, by weight, of all omega-3 fatty acids in the medicament.

4. The method 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.

5.15. The method use of any one of claims 1-8, further comprising a step of measuring the subject's baseline lipid profile prior to administering administration of the medicament pharmaceutical composition to the subject.

6.16. The method use of any one of claims 1-8, 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.

17. The use of any one of claims 1-6, 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.

7.18. The method use of any one of claims 1, 3, 5, 6, and 7, wherein the statin therapy comprises a statin and optionally ezetimibe to be administered administering to the subject a statin and optionally ezetimibe.

8.19. The method use of any one of claims 1, 3, 5, 6, 7, and 8, 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 medicamentstep (a); (b) has not been administered omega-3 fatty acid prescription for a period of time beginning 28 days prior to administration of the medicamentstep (a); 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 medicamentstep (a).

9. The method of any of claim 8, wherein the period of time ends no earlier than about 6 months after a first administration of the pharmaceutical composition in step (b).

10.20. The method use of claim 819, wherein the period of time ends no earlier than about 6 months after a first administration of the medicament, or wherein 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 medicamentpharmaceutical composition in step (b).

11. The method of claim 1 wherein the cardiovascular event is one or more of: cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, coronary revascularization, and unstable angina.

12. The method of claim 1 wherein the cardiovascular event is one or more of: cardiac arrhythmia; cardiac arrest; peripheral cardiovascular disease requiring intervention, angioplasty, bypass surgery or aneurysm repair; and death.

13. The method of claim 1 wherein the cardiovascular event is onset of new congestive heart failure.

14.21. The method use of any one of claims 1, 5, 6, 7, and 8, wherein the subject is to be administered about 1 g to about 4 g of the medicament pharmaceutical composition per day for about 4 months, about 1 year, about 2 years,at least about 3 years, about 4 years, or about 5 years in step (b).

22. The use of claim 1, wherein the subject is to be administered about 4 g of the medicament per day for at least about 4 years, or at least about 5 years.

23. The use of claim 3, wherein the subject is to be administered about 2 g of the medicament per day for at least about 3 years, about 4 years, or about 5 years.

24. The use of claim 8, wherein the subject is to be administered about 3 g or about 4 g of the medicament per day for at least about 3 years.

25. The use of any one of claims 1, 2, and 5, wherein the administration further reduces the risk of myocardial infarction, the risk of stroke, or both, in the subject.

26. The use of claim 25, wherein the administration further reduces the risk of unstable angina in the subject.

27. The use of claim 1 or 2, wherein the administration further reduces the risk of coronary revascularization in the subject.

28. The use of claim 3 or 27, wherein the coronary revascularization is selected from elective coronary revascularization and emergent coronary revascularization.

29. The use of claim 3 or 4, wherein the administration further reduces the risk of myocardial infarction, stroke, unstable angina, cardiovascular death, or any combinations thereof in the subject.

30. The use of any one of claims 5-8, wherein the medicament 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.

31. The use of claim 30, wherein the medicament is formulated to delay onset of a second said cardiovascular event of said subject compared with control subjects.

~~15. The method of claim 14 wherein, after administering the pharmaceutical composition in step (b), the subject exhibits one or more of (a) reduced triglyceride levels compared to baseline; (b) reduced Apo B levels compared to baseline; (c) increased HDL-C levels compared to baseline; (d) no increase in LDL-C levels compared to baseline; (e) a reduction in LDL-C levels compared to baseline; (f) a reduction in non-HDL-C levels compared to baseline; (g) a reduction in VLDL levels compared to baseline; (h) a reduction in total cholesterol levels compared to baseline; (i) a reduction in high sensitivity C-~~

reactive protein (hs-CRP) levels compared to baseline; and/or (j) a reduction in high sensitivity troponin (hsTnT) levels compared to baseline.

16. The method of claim 14, wherein the subject exhibits one or more of: (a) a reduction in triglyceride level of at least about 5%, at least about 10%, at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, or at least about 55% as compared to baseline; (b) a less than 30% increase, less than 20% increase, less than 10% increase, less than 5% increase or no increase in non-HDL-C levels or a reduction in non-HDL-C levels of at least about 1%, at least about 3%, at least about 5%, at least about 10%, at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, or at least about 50% as compared to baseline; (c) an increase in HDL-C levels of at least about 5%, at least about 10%, at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, or at least about 50% as compared to baseline; and/or (d) a less than 30% increase, less than 20% increase, less than 10% increase, less than 5% increase or no increase in LDL-C levels or a reduction in LDL-C levels of at least about 5%, at least about 10%, at least about 15%, at least about 20%, at least about 25%, at least about 30%, at least about 35%, at least about 40%, at least about 45%, at least about 50%, or at least about 55% as compared to baseline.

17. The method of claim 1 further comprising assigning a plurality of control subjects to a control population,

wherein each 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, and

wherein the control subjects are not administered the pharmaceutical composition comprising about 1 g to about 4 g of eicosapentaenoic acid ethyl ester per day.

~~18. The method of claim 17, wherein a first time interval beginning at an initial administration of the pharmaceutical composition to the subject in step (b) to a first cardiovascular event of the subject is greater than or substantially greater than a first control time interval beginning at initial administration of a placebo to the control subjects to a first cardiovascular event in the control subjects.~~

~~19. The method of claim 18, wherein the first cardiovascular event of the subject is a major cardiovascular event selected from the group consisting of: cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, coronary revascularization, and unstable angina caused by myocardial ischemia.~~

~~20. The method of claim 18 or 19, wherein the first cardiovascular event of the control subjects is a major cardiovascular event selected from the group consisting of: cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, coronary revascularization, and unstable angina caused by myocardial ischemia.~~

~~21. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is any of: death (from any cause), nonfatal myocardial infarction, or nonfatal stroke.~~

~~22. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is any of: death from a cardiovascular cause, nonfatal myocardial infarction, coronary revascularization, unstable angina, peripheral cardiovascular disease, or cardiac arrhythmia requiring hospitalization.~~

~~23. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is any of: death from a cardiovascular cause, nonfatal myocardial infarction, and coronary revascularization, unstable angina.~~

~~24. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is any of: death from a cardiovascular cause and nonfatal myocardial infarction.~~

~~25. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is any of: death (from any cause).~~

~~26. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is any of: fatal myocardial infarction and nonfatal myocardial infarction.~~

~~27. The method of claim 26, wherein nonfatal myocardial infarction includes silent myocardial infarction.~~

~~28. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is coronary revascularization.~~

~~29. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is hospitalization for unstable angina.~~

~~30. The method of claim 29, wherein the unstable angina is caused by myocardial ischemia.~~

~~31. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is any one of: fatal stroke or nonfatal stroke.~~

~~32. The method of claim 1 or claim 18, wherein a second time interval beginning at an initial administration of the pharmaceutical composition to the subject in step (b) to a second cardiovascular event of the subject is greater than or substantially greater than a second control time interval beginning at initial administration of a placebo to the control subjects to a second cardiovascular event in the control subjects.~~

~~33. The method of claim 32, wherein the second cardiovascular event of the subject and the second cardiovascular event of the control subjects is a major cardiovascular event selected from the group consisting of: cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, coronary revascularization, and unstable angina caused by myocardial ischemia.~~

~~34.~~32. The ~~method~~ use of claim ~~18~~30, wherein the subject has diabetes mellitus and the control subjects each have diabetes mellitus.

~~35.~~33. The ~~method~~ use of claim ~~18~~30, wherein the subject has metabolic syndrome and the control subjects each have metabolic syndrome.

~~36. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is any one of: new coronary heart failure, new coronary heart failure leading to hospitalization, transient ischemic attack, amputation for coronary vascular disease, and carotid revascularization.~~

~~37. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is any one of: elective coronary revascularization and emergent coronary revascularization.~~

~~38. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is an onset of diabetes.~~

~~39. The method of claim 18, wherein, after an initial administration of the pharmaceutical composition in step (b), the subject exhibits one or more of (a) reduced triglyceride levels compared to the control population; (b) reduced Apo-B levels compared to the control population; (c) increased HDL-C levels compared to the control population; (d) no increase in LDL-C levels compared to the control population; (e) a reduction in LDL-C levels compared to the control population; (f) a reduction in non-HDL-C levels compared to the control population; (g) a reduction in VLDL levels compared to the control population; (h) a reduction in total cholesterol levels compared to the control population; (i) a reduction in high sensitivity C-reactive protein (hs-CRP) levels compared to the control population; and/or (j) a reduction in high sensitivity troponin (hsTnT) levels compared to the control population.~~

~~40. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is cardiac arrhythmia requiring hospitalization.~~

41. The method of claim 18, wherein the first cardiovascular event of the subject and the first cardiovascular event of the control subjects is cardiac arrest.

42. The method of claim 14, wherein a first weight of the subject determined after step (b) is less than a baseline weight of the subject determined before step (b).

43. The method of claim 14, wherein a first waist circumference of the subject determined after step (b) is less than a baseline waist circumference of the subject determined before step (b).

44. The method of any one of claims 18 to 38 or 40 to 43, wherein the first control time interval is an average, a median, or a mean of a plurality of first control time intervals associated with each control subject.

45. The method of claim 32 or claim 33, wherein the second control time interval is an average, a median, or a mean of a plurality of second control time intervals associated with each control subject.

46. The method of claim 17, wherein a plurality of subjects experience a first major cardiovascular event after an initial administration of the pharmaceutical composition in step (b) at a first incidence rate, and wherein the control subjects experience a first major cardiovascular event after an initial administration of a placebo at a second incidence rate,

wherein the first incidence rate is less than the second incidence rate.

47. The method of claim 46, wherein the first major cardiovascular event is any one of: cardiovascular death, nonfatal myocardial infarction, nonfatal stroke, coronary revascularization, and hospitalization for unstable angina.

48. The method of claim 47, wherein the unstable angina is determined to be caused by myocardial ischemia.

49. The method of claim 46, wherein the first and second incidence rates are determined for a time period beginning on the date of the initial administration and ending about 4 months, about 1 year, about 2 years, about 3 years, about 4 years, or about 5 years after the date of initial administration.