

# Ongoing telmisartan alone or in combination with ramipril global endpoint trial

<b>Submission date</b> 18/12/2002	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 18/12/2002	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 21/03/2016	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**ClinicalTrials.gov (NCT)**  
NCT00153101

**Protocol serial number**  
N/A

# Study information

## Scientific Title

ONgoing Telmisartan Alone or in combination with Ramipril Global Endpoint Trial

## Acronym

ONTARGET

## Study objectives

To determine if:

1. Telmisartan (Micardis) 80 mg daily and Ramipril (Delix protect) 10 mg daily combination therapy is more effective in reducing the composite endpoint of Cardiovascular (CV) death, Myocardial Infarction (MI), stroke or hospitalisation for Congestive Heart Failure (CHF) compared with Ramipril 10 mg alone; and
2. Telmisartan 80 mg daily is at least as effective as (i.e. not less effective than) Ramipril 10 mg daily

A parallel trial "Telmisartan Randomised Assessment Study in Ace Intolerant Subjects with Cardiovascular Disease (TRANSCEND)" is registered with ISRCTN75807641.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Not provided at time of registration

## Study design

Prevention randomised double-blind active-controlled parallel assignment

## Primary study design

Interventional

## Study type(s)

Treatment

## Health condition(s) or problem(s) studied

Congestive heart failure

## Interventions

Ramipril (an ACE inhibitor), telmisartan (an angiotensin II blocker), their combination, or matched placebos.

## Intervention Type

Drug

## Phase

Not Applicable

## Drug/device/biological/vaccine name(s)

Telmisartan, ramipril

## **Primary outcome(s)**

1. Cardiovascular death
2. Non-fatal myocardial infarction
3. Non-fatal stroke
4. Hospitalisation for congestive heart failure

## **Key secondary outcome(s)**

1. Newly diagnosed congestive heart failure
2. Cardiovascular revascularisation procedures
3. Newly diagnosed diabetes
4. Cognitive decline (adjudication will be done by a special committee)
5. New onset of atrial fibrillation
6. Nephropathy

## **Completion date**

30/09/2008

## **Eligibility**

### **Key inclusion criteria**

1. Adults greater than or equal to 55 years
2. With a history of symptomatic coronary artery disease, cerebrovascular disease, peripheral vascular disease, or diabetes mellitus
3. Coronary Artery Disease: previous MI (greater than 2 days prior to informed consent), or stable or previous unstable angina (greater than 30 days prior to informed consent) with documented multivessel coronary artery disease or a positive stress test, or multivessel Percutaneous Transluminal Coronary Angioplasty (PTCA) (greater than 30 days prior to informed consent), or previous multivessel Coronary Artery Bypass Graft (CABG) without angina (if surgery performed greater than 4 years prior to informed consent) or with recurrent angina after surgery
4. No definite and specific indication or contraindication for any of the study treatments
5. Written informed consent

### **Other High Risk:**

6. Peripheral Arterial Disease: previous limb bypass surgery or angioplasty or amputation, intermittent claudication on history with ankle/arm Blood Pressure (BP) ratio less than 0.8 on at least one side, or significant stenosis by angiography or non-invasive testing
7. Previous stroke
8. Transient Ischaemic Attack (TIA) greater than 7 days and less than 1 year prior to informed consent
9. Diabetes Mellitus (types I or II): with evidence of end-organ damage (retinopathy, Left Ventricular Hypertrophy [LVH], micro- or macro-albuminuria), or any evidence of previous cardiac or vascular disease

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

Does not match inclusion criteria

**Date of first enrolment**

01/01/2003

**Date of final enrolment**

30/09/2008

**Locations****Countries of recruitment**

United Kingdom

Argentina

Australia

Austria

Belgium

Brazil

Canada

Czech Republic

Denmark

Finland

France

Germany

Greece

Hong Kong

Hungary

Ireland

Italy

Korea, South

Malaysia

Mexico

Netherlands

New Zealand

Norway

Philippines

Poland

Portugal

Puerto Rico

Russian Federation

Singapore

Slovakia

South Africa

Spain

Sweden

Switzerland

Taiwan

Thailand

Türkiye

Ukraine

United Arab Emirates

United States of America

**Study participating centre**

**Hamilton General Hospital**  
Hamilton  
Canada  
Ontario L8L 2X2

## Sponsor information

### Organisation

Boehringer Ingelheim (Canada) Ltd

### ROR

<https://ror.org/031sxc258>

## Funder(s)

### Funder type

Industry

### Funder Name

Boehringer Ingelheim (Canada) Ltd

## Results and Publications

### Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	20/03/2007		Yes	No
<a href="#">Results article</a>	results	10/04/2008		Yes	No
<a href="#">Results article</a>	results	16/08/2008		Yes	No
<a href="#">Results article</a>	results	06/10/2009		Yes	No
<a href="#">Results article</a>	results	30/03/2010		Yes	No
<a href="#">Results article</a>	results	01/03/2014		Yes	No

<a href="#">Protocol article</a>	protocol	01/07/2004		Yes	No
<a href="#">Basic results</a>				No	No
<a href="#">Other publications</a>	baseline data	01/04/2005		Yes	No
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes