

# Effect of coadministration of ezetimibe with statin therapy versus statin therapy alone on flow mediated vasodilation in patients with coronary artery disease

<b>Submission date</b> 13/09/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 17/09/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 17/09/2008	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

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### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

N/A

## Study information

### Scientific Title

### Acronym

CEZAR

### Study objectives

Atorvastatin 80 mg per day is more effective in the improvement of flow-mediated dilation of the right brachial artery than atorvastatin 10 mg plus ezetimibe 10 mg per day despite comparable reduction of plasma low-density lipoprotein (LDL) cholesterol concentration.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

1. Ethics Committee of the Medical Association of Hamburg (Ethik-Kommission der Ärztekammer Hamburg), approved on 13/03/2003
2. State Medical Board of Registration in Rhineland-Palatinate (Landesärztekammer Rhineland-Palatinate), approved on 07/11/2005

### Study design

Phase IV, double-blind, two-arm, parallel-group, randomised controlled trial (single-centre)

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Not specified

### Study type(s)

Treatment

### Participant information sheet

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

Stable coronary artery disease

### Interventions

Arm 1: Atorvastatin (oral) 80 mg per day for 8 weeks

Arm 2: Atorvastatin (oral) 10 mg + ezetimibe (oral) 10 mg per day for 8 weeks

Ultrasonic measurements of endothelial function were carried out at the beginning of treatment and at the end of the 8-week pharmacological intervention.

**Intervention Type**

Drug

**Phase**

Not Specified

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

Ezetimibe and atorvastatin

**Primary outcome measure**

Effect of treatment on the absolute change (in percentage) in flow-mediated dilation (FMD) at 8 weeks compared to baseline.

**Secondary outcome measures**

Effect of treatment, at 8 weeks compared to baseline, on the following:

1. Absolute change (in percentage) in nitroglycerin-mediated dilation (NMD)
2. Absolute change in LDL cholesterol plasma concentration
3. Absolute change in C-reactive protein plasma concentration
4. Absolute change in uric acid plasma concentration
5. Absolute change in 8-iso-prostaglandin F2 alpha urine concentration

**Overall study start date**

01/07/2003

**Completion date**

31/07/2006

**Eligibility****Key inclusion criteria**

1. Both males and females, over 18 years old
2. Angiographic, documented coronary heart disease with:
  - a. Generalized wall irregularities (stenosis <40%) and/or
  - b. Existence of at least one stenosis >50%
3. Endothelial dysfunction with flow-dependent dilation of the brachial artery of <6%
4. LDL cholesterol >100 mg/dl
5. Written consent of the patients for participation in the study

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

## Target number of participants

58

## Key exclusion criteria

1. Acute coronary syndrome
2. Stroke or peripheral revascularisation within 12 weeks before study enrolment
3. Known intolerance towards HMG CoA reductase inhibitors or ezetimibe
4. Clinically significant valvular disease
5. Hypertrophic obstructive cardiomyopathy
6. Sustained ventricular arrhythmias
7. Syncope within four weeks before the study
8. Severe respiratory disease
9. Unstable diabetes mellitus requiring frequent adjustments in insulin doses
10. Known hypothyroidism
11. Known hyperthyroidism
12. Gastrointestinal disorders (such as Crohn's disease), which could lead to decreased absorption of the study drug
13. Chronic liver disease
14. History of pancreatitis
15. History of organ transplantation
16. Clinically significant heart failure with left ventricular ejection fraction of <30%
17. Symptoms of orthostatic hypotension, or a systolic blood pressure in the supine position of <90 mmHg
18. Systolic blood pressure >180 mmHg and/or diastolic blood pressure >105 mmHg despite antihypertensive therapy
19. Elevated serum creatinine of >2.0 mg/dL or known nephrotic syndrome
20. Alanine aminotransferase (ALT) or aspartate aminotransferase (AST) >1.5 times above the upper normal limit
21. Triglyceride level >400 mg/dl
22. Treatment with an HMG CoA reductase inhibitor during the last three months
23. Treatment with ezetimibe during the last three months
24. Initiation of treatment with an angiotensin converting enzyme (ACE) inhibitor, AT1-receptor antagonist, or calcium channel blocker within the past four weeks
25. Treatment with fibrates or colestipol during the last three months
26. Current treatment with macrolide antibiotics, niacin or antimycotics of azole type
27. Expected problems with compliance or follow-up visits (no fixed residence, alcohol or drug abuse, history of failure of medical advice, psychiatric diseases, etc.)
28. For women: pregnancy, breast feeding or possible pregnancy (women of childbearing age on an acceptable method of contraception may be included)
29. Simultaneous participation in another study
30. Therapy with another investigational product within a period of 30 days before the study

## Date of first enrolment

01/07/2003

## Date of final enrolment

31/07/2006

## Locations

## Countries of recruitment

Germany

**Study participating centre**

Johannes Gutenberg-Universität Mainz

Mainz

Germany

D-55131

## Sponsor information

**Organisation**

Johannes Gutenberg-University Mainz (Germany)

**Sponsor details**

c/o Prof. Dr. T. Münzel

Department of Medicine II

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Germany

D-55101

**Sponsor type**

University/education

**Website**

<http://www.uni-mainz.de/eng>

**ROR**

<https://ror.org/023b0x485>

## Funder(s)

**Funder type**

University/education

**Funder Name**

University of Hamburg (Germany)

**Funder Name**

Johannes Gutenberg-University Mainz (Germany)

**Alternative Name(s)**

Johannes Gutenberg University of Mainz, University of Mainz, Johannes Gutenberg University Mainz, JGU

**Funding Body Type**

Government organisation

**Funding Body Subtype**

Universities (academic only)

**Location**

Germany

## **Results and Publications**

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration