

The EUROPA study: EUropean trial on Reduction Of cardiac events with Perindopril in stable coronary Artery

Submission date 14/10/2009	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 15/10/2009	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 18/04/2018	Condition category Circulatory System	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Not provided at time of registration and not expected to be available in the future

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number

CL3-09490-144

Study information

Scientific Title

Effects of perindopril on mortality/morbidity in patients with stable coronary artery disease without clinical heart failure: a double-blind, multicentre, randomised trial

Acronym

EUROPA

Study objectives

To evaluate the effect of perindopril on cardiovascular events in patients with stable coronary artery disease and without heart failure.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Ethics approval was obtained before recruitment of the first participants

Study design

Randomised double-blind placebo-controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Coronary artery disease

Interventions

Perindopril 8 mg per day (4 mg for patients aged 70 or older) or placebo for approximately 4 years treatment, follow-up at 3 months, 6 months and every 6 months thereafter.

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

Perindopril

Primary outcome(s)

Composite endpoint of cardiovascular mortality, non-fatal myocardial infarction and cardiac arrest resuscitation, measured at 3 months, 6 months and every 6 months thereafter

Key secondary outcome(s)

Composite endpoints of mortality, non-fatal acute myocardial infarction, unstable angina and cardiac arrest resuscitation and individual endpoints, measured at 3 months, 6 months and every 6 months thereafter

Completion date

20/05/2003

Eligibility

Key inclusion criteria

1. Aged 18 years or more, both genders
2. Stable documented coronary artery disease
3. Not scheduled for revascularisation

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

All

Key exclusion criteria

1. Clinical signs of heart failure requiring treatment with an angiotensin converting enzyme (ACE) inhibitor
2. Uncontrolled treated hypertension
3. Clinically significant obstructive valvular disease
4. Hypertrophic cardiomyopathy

Date of first enrolment

22/10/1997

Date of final enrolment

20/05/2003

Locations

Countries of recruitment

United Kingdom

England

Austria

Belgium

Czech Republic

Denmark

Estonia

Finland

France

Germany

Greece

Hungary

Ireland

Italy

Latvia

Lithuania

Netherlands

Norway

Poland

Portugal

Slovakia

Spain

Sweden

Switzerland

Türkiye

Study participating centre

Royal Brompton National Heart & Lung Hospital

London

United Kingdom

SW3 6NP

Sponsor information

Organisation

Institut de Recherches Internationales Servier (France)

ROR

<https://ror.org/034e7c066>

Funder(s)

Funder type

Industry

Funder Name

Institut de Recherches Internationales Servier (France)

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be available upon request from <https://clinicaltrials.servier.com/> if a Marketing Authorisation has been granted after 2014.

IPD sharing plan summary

Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	efficacy results	06/09/2003		Yes	No
Results article	risk reduction results	01/03/2015		Yes	No
Basic results				No	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes