

# Aspirin and simvastatin Combination for Cardiovascular Events Prevention Trial in Diabetes

<b>Submission date</b> 18/01/2007	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered
<b>Registration date</b> 05/03/2007	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Protocol
<b>Last Edited</b> 24/07/2020	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input type="checkbox"/> Results
		<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

FARM57W8MN

# Study information

## Scientific Title

A randomised study of the efficacy of low-dose aspirin in the prevention of cardiovascular events in subjects with diabetes mellitus treated with statins

## Acronym

ACCEPT-D

## Study objectives

To assess the effects of low dose aspirin on the incidence of major vascular events, in a wide range of people with type one or type two diabetes with no clinical evidence of vascular disease and receiving statins treatment.

Please note that as of 11/02/2009 this record was updated to include amended trial dates. The initial trial dates at the time of registration were:

Initial anticipated start date: 12/03/2007

Initial anticipated end date: 12/09/2013

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Added 11/02/2009: Ethics Committee of the A.S.O. San Luigi Gonzaga, Orbassano (Italy) gave approval on the 2nd April 2007 (ref: 8143)

## Study design

Open-label randomised parallel-group study

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

Other

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

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

Type one and two diabetes mellitus

## Interventions

Treatment arm: aspirin 100 mg/day per os (orally) until the achievement of the pre-established number of cardiovascular events (515 events; about five years)

Control arm: no aspirin given

## **Intervention Type**

Drug

## **Phase**

Not Applicable

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

Aspirin, simvastatin

## **Primary outcome measure**

To assess the effects of low dose aspirin on the incidence of major vascular events (defined as a combined end-point of cardiovascular death, non-fatal myocardial infarction, non-fatal stroke, or inpatient or outpatient hospital admission for cardiovascular causes, including acute coronary syndrome, not planned revascularisation procedures, peripheral vascular disease), in a wide range of people with type one or type two diabetes with no clinical evidence of vascular disease and receiving statins treatment.

## **Secondary outcome measures**

1. Total and cause specific mortality
2. Venous thromboembolic episodes
3. Major haemorrhagic episodes
4. Total number of hospitalisations for cardiovascular causes (myocardial infarction, stroke, acute coronary syndrome, not planned revascularisation procedures, heart failure, transient ischaemic attack, peripheral vascular disease, lower limb revascularisation procedures)

## **Overall study start date**

22/10/2007

## **Completion date**

30/04/2015

# **Eligibility**

## **Key inclusion criteria**

1. Written informed consent to participate in this study
2. Clinical diagnosis of type one or type two diabetes, irrespective of diabetes treatment
3. Need for statin treatment:
  - 3.1. Patients already receiving statin therapy irrespective of their actual low density lipoprotein (LDL) cholesterol and total cholesterol levels, or
  - 3.2. Patients not currently on statin treatment with LDL cholesterol levels more than or equal to 110 mg/dL persisting after three months of dietary advice
4. Ability and willingness to comply with all study requirements
5. Male and female subjects aged greater than or equal to 50 years

## **Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

5170

**Key exclusion criteria**

1. Previous major vascular events (non-fatal myocardial infarction, non-fatal stroke, angina, transient ischaemic attack, revascularisation procedures, peripheral vascular disease)
2. Unstable metabolic control (HbA1c more than 14.0%)
3. Any condition requiring elective treatment with aspirin
4. Contraindications to aspirin
5. Contraindications to simvastatin
6. Chronic therapy with non-steroidal anti-inflammatory drugs (NSAIDs)
7. Presence of any life-threatening condition
8. Child-bearing potential (pre-menopausal women not using reliable contraception)
9. History of active substance or alcohol abuse within the last year

**Date of first enrolment**

22/10/2007

**Date of final enrolment**

30/04/2015

## **Locations**

**Countries of recruitment**

Italy

**Study participating centre**

**Department of Clinical Pharmacology and Epidemiology**

S. Maria Imbaro

Italy

66030

## **Sponsor information**

**Organisation**

Consortium Mario Negri South (Consorzio Mario Negri Sud) (Italy)

**Sponsor details**

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**Sponsor type**

Research organisation

**Website**

<http://www.negrissud.it>

**ROR**

<https://ror.org/01qd3xc93>

**Funder(s)****Funder type**

Government

**Funder Name**

Italian Ministry of Health (Italy) - public funding grant received

**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

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	Study protocol	28/08/2007		Yes	No