Prospective Randomized Trial of the Effects of Rosuvastatin on the Progression of Stenosis in Adult Patients with Congenital Aortic Stenosis

Submission date	Recruitment status	Prospectively registered
27/01/2006	No longer recruiting	Protocol
Registration date	Overall study status	Statistical analysis plan
27/01/2006	Completed	Results
Last Edited	Condition category	[] Individual participant data
07/08/2008	Circulatory System	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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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

Study information

Scientific Title

Acronym

PROCAS

Study objectives

The primary objective of this study is to determine whether treatment with statins reduce the progression of aortic stenosis in young adult patients with congenital aortic stenosis.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

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

Aortic valve stenosis, congenital heart defects

Interventions

After completion of all baseline investigations (echocardiography, MRI and venous blood collection) patients will be randomly assigned to the statin group or to the placebo group. Patients in the statin group will receive 10 mg rosuvastatin per day. The treatment should be continued until the study end (36 months). Follow up investigations will be performed after 12 and 24 months. After 36 months the final investigations will be performed. The MRI measurements will only be repeated at 36 months.

Intervention Type

Other

Phase

Not Specified

Primary outcome measure

Progression of aortic stenosis measured by transthoracic echocardiography.

Secondary outcome measures

Progression of aortic dilatation and development of left ventricular hypertrophy measured by MRI and transthoracic echocardiography.

Overall study start date

01/11/2005

Completion date

01/11/2009

Eligibility

Key inclusion criteria

- 1. Valvular congenital aortic stenosis with a maximum aortic jet velocity >2.5 m/s
- 2. Age 18-45 years

Participant type(s)

Patient

Age group

Not Specified

Lower age limit

18 Years

Upper age limit

45 Years

Sex

Both

Target number of participants

180

Key exclusion criteria

- 1. Use of statins or other study medication
- 2. Subvalvular or supravalvular aortic stenosis
- 3. Aortic regurgitation >2+
- 4. Malignancy within last 2 years
- 5. Aortic valve replacement in past
- 6. Rheumatic fever in past
- 7. Significant concomitant mitral valve disease (MR >2+ or MVA <1.5 cm2)
- 8. History of HMG-CoA reductase inhibitor hypersensitivity
- 9. Active liver disease

- 10. Muscular/neuromuscular disease
- 11. CPK >3 x upper limit of normal (>600 U/l)
- 12. Renal impairment (creatinine >200 umol/l)
- 13. Women contemplating pregnancy within next 5 years
- 14. Pregnant/breast-feeding women
- 15. Women of childbearing potential not using appropriate contraception
- 16. Use of cyclosporine

Date of first enrolment

01/11/2005

Date of final enrolment

01/11/2009

Locations

Countries of recruitment

Netherlands

Study participating centre Erasmus Medical Center

Rotterdam Netherlands 3000 CA

Sponsor information

Organisation

Erasmus Medical Center, Department of Cardiology (Netherlands)

Sponsor details

P.O. Box 2040 Rotterdam Netherlands 3000 CA

Sponsor type

Hospital/treatment centre

ROR

https://ror.org/018906e22

Funder(s)

Funder type

Hospital/treatment centre

Funder Name

Erasmus Medical Center, Department of Cardiology (Netherlands)

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