

# A study investigating the effects of sitagliptin on heart muscle performance in patients with coronary artery disease and diabetes

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<b>Registration date</b> 09/04/2013	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 16/03/2020	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Cardiologists use tests such as dobutamine stress echocardiography to look at the effect of narrowings of the coronary arteries on heart muscle function. We know that factors other than the severity of the narrowings can alter individual responses during the test. Sitagliptin is a tablet used for the treatment of diabetes and we have previously shown that a single dose of the tablet can produce an improvement in heart muscle function during dobutamine stress echocardiography. We are now interested in finding out whether giving sitagliptin for a longer period can produce a long term benefit.

### Who can participate?

We are inviting patients who have type 2 diabetes and have had angina or other evidence of narrowings in the coronary arteries.

### What does the study involve?

Patients will be invited to attend for two visits. For both they will have fasted from the night before. On the first visit we will perform a standard stress echo during an intravenous infusion of a drug called dobutamine, which will steadily increase the heart rate, in a similar fashion to exercising. Patients will have their heart rate and blood pressure monitored throughout. This visit will take about 2 hours. We will then ask patients to take the study medication, sitagliptin, once daily for 4 weeks. After this 4 week period, patients will be asked to attend for the second visit when we will repeat the tests done on the first visit. This visit will also last about 2 hours. The first scan assesses the function of the heart under normal metabolic conditions. The second scan assess the heart under the altered metabolic conditions and the two are later compared and analysed.

### What are the benefits and risks of participating?

The study drug, sitagliptin, is a fully licensed drug in use in the UK for the treatment of diabetes. It is therefore safe, and significant side effects are rare. These include nausea (<10%), somnolence (<1%), upper abdominal pain (<1%) and diarrhoea (<1%). Unlike several other diabetes medications, the risk of a low blood sugar after taking the tablet is very low. There are

no serious interactions with any other medications. We cannot promise that the study will help patients but the results will advance our understanding of coronary artery disease (narrowings) and diabetes, and direct the search for better treatments for it in the future. We believe that the risks are small. The stress echo scan has been performed safely for many years using the same drugs and setup that we plan to use. During the scan patients may experience some angina (although not usually as much as on a treadmill test) or light-headedness. Some patients feel nauseated and sweaty. These are usually short lasting and stop once the drug is switched off. If necessary, the scan can be stopped at any time. In rare cases the heart rhythm becomes abnormal. This usually corrects itself. The risk of a serious complication is less than 1 in 500.

Where is the study run from?

The Clinical Research Facility at the Addenbrooke's Centre for Clinical Investigation in Cambridge (UK).

When is the study starting and how long is it expected to run for?

The study started in February 2011 and is to run for approximately 2 years.

Who is funding the study?

The study has been funded by the Medical Research Council (London, UK) and supported in part by the Investigator-Initiated Studies Program at Merck.

Who is the main contact?

Dr David Dutka  
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## Contact information

### Type(s)

Scientific

### Contact name

Dr David Dutka

### Contact details

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## Additional identifiers

Clinical Trials Information System (CTIS)

2009-012776-27

## Protocol serial number

2.1

# Study information

## Scientific Title

The effect of sitagliptin on myocardial performance in patients with type 2 diabetes and coronary artery disease

## Study objectives

In patients with type 2 diabetes and coronary disease, sitagliptin will promote myocardial glucose utilisation and protect the heart against post-ischaemic left ventricular dysfunction and improve the myocardial response to dobutamine stress.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Ethics approval received from the Essex Research Ethics Committee 1 on the 14 August 2009 (ref: 09/H0301/47)

## Study design

Single centre interventional open trial

## Primary study design

Interventional

## Study type(s)

Treatment

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

Coronary artery disease in patients with type 2 diabetes mellitus

## Interventions

Subjects undergo two separate dobutamine stress echoes (DSE) (which last about half an hour); the first (control) while taking their usual oral hypoglycaemic agents, and the second after the addition of 100mg od Sitagliptin (Januvia®) for approximately 4 weeks. A number of different DSE measurements are then compared between the two scans.

## Intervention Type

Drug

## Phase

Not Applicable

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

Sitagliptin (Januvia®)

## Primary outcome(s)

LV performance during dobutamine stress echocardiography (wall motion scoring and ejection fraction [EF]), taken at baseline, peak dobutamine stress and in recovery for each DSE.

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

1. Tissue Doppler
2. Strain imaging
3. Strain rate

These outcome measures are taken at baseline, peak dobutamine stress and in recovery for each DSE.

### **Completion date**

01/04/2013

## **Eligibility**

### **Key inclusion criteria**

Patients (male and female participants who are over the age of 18 years) with type 2 diabetes on metformin, sulphonylureas or thiazolidinediones and known to have coronary artery disease will be invited to participate in the study.

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

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Adult

### **Lower age limit**

18 years

### **Sex**

All

### **Key exclusion criteria**

1. Patients with resting LV dysfunction (ejection fraction <40% or regional wall motion abnormalities)
2. History of myocardial infarction within the preceding 3 months
3. Significant myocardial hypertrophy, valve disease or conduction abnormality
4. Pacemaker
5. Diabetes receiving insulin or exenatide therapy
6. Renal impairment (serum creatinine > 175 µmol/l)
7. Severe co-morbid illness
8. Women of childbearing potential

### **Date of first enrolment**

01/02/2011

**Date of final enrolment**

01/04/2013

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Department of Cardiovascular Medicine**

Cambridge

United Kingdom

CB2 0QQ

## Sponsor information

**Organisation**

Cambridge University Hospitals NHS Foundation Trust (UK)

**ROR**

<https://ror.org/04v54gj93>

## Funder(s)

**Funder type**

Research council

**Funder Name**

Medical Research Council (UK)

**Alternative Name(s)**

Medical Research Council (United Kingdom), UK Medical Research Council, Medical Research Committee and Advisory Council, MRC

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

## Location

United Kingdom

## Funder Name

Merck - supported in part by the Investigator-Initiated Studies Program

# 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	01/03/2014		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No