

# The POSITIVE (Pre-Operative STatin InterVEntion) study, preoperative statin intervention for valve surgery.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruiting
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON27097

### Source

Nationaal Trial Register

### Brief title

POSITIVE

### Health condition

Cardiac surgery, postoperative inflammation

## Sponsors and support

**Primary sponsor:** Leiden University Medical Center

**Source(s) of monetary or material Support:** Leiden University Medical Center;  
Department of Cardiothoracic Surgery

## Intervention

## Outcome measures

### Primary outcome

1. Inflammatory response (IL-6, CRP);

2. Myocardial damage (troponin);
3. Pathophysiology of ischemia/reperfusion injury.

### **Secondary outcome**

N/A

## **Study description**

### **Background summary**

Medical research has shown that statins, in addition to their effects on the cholesterol metabolism, also have an anti-inflammatory effect. During cardiac surgery, the difference in protection between acute and long term administration of statins will be measured using myocardial ischemia reperfusion injury markers.

### **Study objective**

This study will test the hypothesis that acute preoperative administration of statins will offer a better protection against MIRI than long term preoperative administration does.

### **Study design**

1. Treatment: Acute or chronic (See above);
2. Blood samples will be drawn the day patients visit our clinic until 5 days after surgery.

### **Intervention**

After giving informed consent patients will be randomized into:

1. Acute treatment: One dose of 40 mg simvastatin the evening before and one dose of 40 mg simvastatine the morning before surgery;
2. Long term treatment: 40 mg simvastatine for a minimum of 2 weeks prior to surgery.

## **Contacts**

### **Public**

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## Eligibility criteria

### Inclusion criteria

Acceptation for mitral/tricuspid valve surgery via sternotomy.

### Exclusion criteria

1. Statine use;
2. Acceptation for minimal invasive surgery;
3. Ablation or CABG procedures;
4. Emergency operations;
5. Clinically diagnosed heart failure or atherosclerosis;
6. Use of corticosteroids.

## Study design

### Design

Study type: Interventional

Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	N/A , unknown

## Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	15-01-2011
Enrollment:	40
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	03-01-2011
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
NTR-new	NL2555
NTR-old	NTR2673
Other	METC LUMC : P10.083
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

Ludman et al. Pharmacology & Therapeutics 2009.<br>

Bulhak et al. Am J Physiol Heart Circ Physiol 2007.<br>

Birnbaum et al. J Cardiovasc Pharmacol Ther 2008.<br>

Mensah et al. J Am Coll Cardiol 2005.<br>

Liakopoulos et al. Thorac Cardiovasc Surg 2006.