# **Lipid Treatment Assessment Project2**

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Ethical reviewApproved WMOStatusRecruitment stoppedHealth condition typeCoronary artery disordersStudy typeObservational invasive

## **Summary**

#### ID

NL-OMON29733

**Source** 

ToetsingOnline

**Brief title** 

NRA5090005/ L-TAP2

#### **Condition**

- Coronary artery disorders
- Endocrine and glandular disorders NEC

#### **Synonym**

dyslipidemia; increased cholesterol

### **Research involving**

Human

### **Sponsors and support**

**Primary sponsor:** Pfizer

Source(s) of monetary or material Support: de sponsor

#### Intervention

**Keyword:** Dyslipidemia, lipid managment, Treated

### **Outcome measures**

#### **Primary outcome**

Eveluation of the concentration of LDL-C, HDL-C, totaal cholesterol and

triglyceride in treated dyslipidemic patients in the US, Canada, Mexico,

Brazil, Netherlands, France, Spain, Taiwan and Korea.

### **Secondary outcome**

see page 3 and 4 of the protocol

## **Study description**

#### **Background summary**

Epidemiologic data clearly demonstrate that risk of coronary heart disease is directly correlated with levels of LDL cholesterol (LDL-C) and inversely correlated with levels of HDL cholesterol (HDL-C)

During treatment of dylipidemia patients the main goal is to achieve the LDL-C values as described in the cholesterol management guidelines in order to decrease the cardiovascular risk.

Little is known about physicians\* adherence to cholesterol management guidelines in daily practice.

The first L-TAP study showed that only 38% of the treated patients achieved the LDL-C goal

### **Study objective**

While this survey will provide information about mean LDL-C levels and the percent of patients at LDL-C goals, the survey will also focus on HDL-C. A primary objective of this survey is to assess the levels of HDL-C in treated dyslipidemic patients, including patients attaining LDL-C treatment goals. This will improve our understanding of the residual cardiovascular risk remaining in patients treated with modern lipid modifying regimens by virtue of measuring HDL-C levels in a large and geographically divers sample.

#### Study design

Patients will visit the hospital/ General physician just one visit. During this visit Informed Consent will be documented, bloodpressure measurement will be done, weight will be recorded and waist circumference will be measured.

A blood sample will be taken, that will be analysed by a central lab.

All gathered data will be recorded in a Case Report Form.

### Study burden and risks

The burden of the patients exists in a hospital visit where a bloodsample will be taken. The risk will be the possibility of suffusion on the punture place.

### **Contacts**

#### **Public**

Pfizer

Rivium Westlaan 142 2909 LD Capelle a/d IJssel Nederland

**Scientific** 

Pfizer

Rivium Westlaan 142 2909 LD Capelle a/d IJssel Nederland

## **Trial sites**

#### **Listed location countries**

**Netherlands** 

## **Eligibility criteria**

#### Age

Adults (18-64 years) Elderly (65 years and older)

### Inclusion criteria

### **Exclusion criteria**

recent trauma/ surgery; recent hospitalisation; acute infection which recuired anti-biotic treatment; pregnancy/ breastfeeding; myocardial infarction in the past 12 weeks.

## Study design

## **Design**

Study type: Observational invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Treatment

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 11-01-2007

Enrollment: 1000

Type: Actual

## **Ethics review**

Approved WMO

Date: 21-12-2006

Application type: First submission

Review commission: METC Maxima Medisch Centrum (Veldhoven)

## **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

CCMO NL13214.015.06