DNA and serumbank for patients with an initial episode of chestpain.

Published: 17-04-2008
Last updated: 11-05-2024

Identification of genetic and biochemical riskfactors for CHD in patiente with chestpain. The identification of (genetic and biochemical) markers that determine the efficacy of a medical or invasive therapy in these patients.

Ethical review	Approved WMO
Status	Pending
Health condition type	Coronary artery disorders
Study type	Observational non invasive

Summary

ID

NL-OMON32030

Source
ToetsingOnline

Brief title
MISSION Chestpain

Condition

- Coronary artery disorders
- Arteriosclerosis, stenosis, vascular insufficiency and necrosis

Synonym
Coronary artery disease, coronary atherosclerosis.

Research involving
Human

Sponsors and support

Primary sponsor: Leids Universitair Medisch Centrum
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Angina, Atherosclerosis, Chestpain, Coronary artery disease

Outcome measures

Primary outcome

Differences between genetic profile of patients with and without coronary heart disease (CHD). Differences in genetic profile between CHD patients that respond to medical/ invasive therapy and those that do not. .

Secondary outcome

n/a

Study description

Background summary

An important aspect when treating patients with chestpain is the identification of riskfactors for coronary heart disease (CHD). The overall riskprofile determines the diagnostic evaluation of patients with chestpain. In highrisk patiets, rapid invasive evaluation is recommended, compared to non-invasive evaluation in low-risk patients. In patients with an intermediate risk of CHD the ideal diagnostic work-up is unknown and often too much or too few diagnostic tests are performed. The overall cardiovascular risk profile affects the choice of treatment as well. Treatment of traditional risk factors such as hypertension and hypercholesterolemia reduces morbidity and mortality in patients with and without CHD.

Many riskfactors have been identified, but it remains difficult to determine the individual risk of CHD. Apperently, there are more, not yet identified risk factors that contribute to CHD. Identification of these riskfactors may contribute to guiding the prevention, diagnosis and treatment of CHD.

Medical and invasive therapy in CHD used for the entire patient population, whereas it is likely that there are important inter-individual differences between patients that determine the succes of a certain treatment. The use of existing knowledge in famacogenetis and the identification of novel gentic and biochemical parameters may determine a more rational therapy in individual patients.

The department of cardiology has initiated a new project (MISSION Chestpain). In this project, patients with chestpain without a history of CHD, are being analyzed using a standard diagnostic protocol according to the general guidelines/ standards using standard an state of the art diagnostic tests. This protocol is primarily developed to improve the quality of patientcare in the LUMC.

For identification of novel riskfactors and genetic markers, it is important to collect biologic material in a database. This material include DNA and serum, derived from peripheral whole blood. DNA is important because novel genetic markers are being determined. Serum is important because all known current riskfactors are proteins that can be determined in serum.

Study objective

Identification of genetic and biochemical riskfactors for CHD in patiente with chestpain. The identification of (genetic and biochemical) markers that determine the efficacy of a medical or invasive therapy in these patients.

Study design

All patients, referred to the outpatient cardiology clinic, and presenting with symptoms of chestpain are eligible. These patients will be diagnosed and treated according to a standard diagnostic protocol, using state of the art imaging techniques such as Echo-doppler, Multislice coronary CT and myocardial perfusion scintigraphy.

The patients will be informed by their cardiologist about the DNA study, both written and orally. After signiing the informed consent form, the patient can be referred to a nurse for bloodtests. In total 4 vials (3 EDTA and 1 Gel) of 7 cc wholeblood will be obtained by a nurse, and be sent to the cardiology laboratory. DNA, serum ansd plasma will there be isolated and stored.

Study burden and risks

None.

Contacts

Public
Leids Universitair Medisch Centrum

Postbus 9600
2300 RC Leiden

NL
Scientific
Leids Universitair Medisch Centrum

Postbus 9600
2300 RC Leiden
NL

Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

New onset chestpain.
Patients older than 18 YO

Exclusion criteria

known coronary artery disease

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled

Primary purpose:	Basic science

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-01-2008
Enrollment:	500
Type:	Anticipated

Ethics review

Approved WMO

Application type:	First submission
Review commission:	METC Leids Universitair Medisch Centrum (Leiden)

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	NL20727.058.07