Clinical trials of atorvastatin

TrialResults-center www.trialresultscenter.org

1 acute myocardial infarction

Trial	Treatments	Patients	Trials design and methods
atorvastatin high dose vs pravastatin			
PROVE-IT , 2004 n=2099/2063 follow-up: 2 years	atorvastatin 80 mg daily versus Pravastatin 40 mg	acute myocardial infarction (with or without electrocardiographic evidence of ST-segment elevation) or highrisk unstable angina) in the preceding 10 days	Parallel groups double blind 8 countries

More details and results :

- cholesterol lowering intervention for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q162

References

PROVE-IT, 2004:

Cannon CP, Braunwald E, McCabe CH, Rader DJ, Rouleau JL, Belder R, Joyal SV, Hill KA, Pfeffer MA, Skene AM Intensive versus moderate lipid lowering with statins after acute coronary syndromes. N Engl J Med 2004;350:1495-504 [15007110]

Ray KK, Cannon CP, McCabe CH, Cairns R, Tonkin AM, Sacks FM, Jackson G, Braunwald E Early and late benefits of high-dose atorvastatin in patients with acute coronary syndromes: results from the PROVE IT-TIMI 22 trial. J Am Coll Cardiol 2005;46:1405-10 [16226162]

Rouleau J Improved outcome after acute coronary syndromes with an intensive versus standard lipid-lowering regimen: results from the Pravastatin or Atorvastatin Evaluation and Infection Therapy-Thrombolysis in Myocardial Infarction 22 (PROVE IT-TIMI 22) trial. Am J Med 2005;118 Suppl 12A:28-35 [16356805]

2 post stroke

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs placebo			
SPARCL , 2006 [NCT00147602] n=2365/2366 follow-up: 4.9y (median)	atorvastatin 80mg daily versus placebo	patients who had had a stroke or TIA within one to six months before study entry, had low-density lipoprotein (LDL) cholesterol levels of 2.6 to 4.9 mmol per liter, and had no known coronary heart disease	Parallel groups double blind

More details and results :

- cholesterol lowering intervention for post stroke in all type of patients at http://www.trialresultscenter.org/go-Q153

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SPARCL, 2006:

Amarenco P, Bogousslavsky J, Callahan A 3rd, Goldstein LB, Hennerici M, Rudolph AE, Sillesen H, Simunovic L, Szarek M, Welch KM, Zivin JA High-dose atorvastatin after stroke or transient ischemic attack. N Engl J Med 2006 Aug 10;355:549-59 [16899775]

Amarenco P, Benavente O, Goldstein LB, Callahan A 3rd, Sillesen H, Hennerici MG, Gilbert S, Rudolph AE, Simunovic L, Zivin JA, Welch KM Results of the Stroke Prevention by Aggressive Reduction in Cholesterol Levels (SPARCL) trial by stroke subtypes. Stroke 2009;40:1405-9 [19228842]

3 post myocardial infarction

Trial	Treatments	Patients	Trials design and methods
atorvastatin high dose vs atorvastatin			
TNT , 2005 [NCT00327691] n=4995/5006 follow-up: 4.9 years	80 mg of atorvastatin daily versus 10 mg of atorvastatin daily	Chronic coronary artery disease LDL cholesterol <3.4 mmol/L	Parallel groups double blind 14 countries
atorvastatin high dose vs lovastatin			
Vascular basis , 2005 n=197/103 follow-up: 1 year	atorvastatin (80 mg) with or without vitamin C and E versus low dose lovastatin (5 mg)	Chronic coronary artery disease	Parallel groups double blind
atorvastatin high dose vs pravastatin			
REVERSAL , 2004 n=327/327 follow-up: 1.5 years	atorvastatin 80 mg daily versus Pravastatin(40 mg)	Chronic coronary artery disease	Parallel groups double blind
SAGE , 2007 n=446/445 follow-up: 1 years	atorvastatin 80 mg daily versus pravastatin(40 mg)	Chronic coronary artery disease	Parallel groups double blind
atorvastatin high dose vs simvastatin			
IDEAL , 2005 [NCT00159835] n=4439/4449 follow-up: 4.8 years	atorvastatin 80mg daily versus simvastatine 20mg/j	Men and women aged 80 years or younger with a history of a definite myocardial infarction and who qualified for statin therapy according to national guidelines	Parallel groups open Denmark, Finland, Iceland, Netherlands, Norway, Sweden

More details and results :

- cholesterol lowering intervention for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q45

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LaRosa JC, Grundy SM, Waters DD, Shear C, Barter P, Fruchart JC, Gotto AM, Greten H, Kastelein JJ, Shepherd J, Wenger NK Intensive lipid lowering with atorvastatin in patients with stable coronary disease. N Engl J Med 2005 Apr 7;352:1425-35 [15755765]

Wenger NK, Lewis SJ, Welty FK, Herrington DM, Bittner V Beneficial effects of aggressive low-density lipoprotein cholesterol lowering in women with stable coronary heart disease in the Treating to New Targets (TNT) study. Heart 2008;94:434-9 [18070940]

Johnson C, Waters DD, DeMicco DA, Breazna A, Bittner V, Greten H, Grundy SM, LaRosa JC Comparison of effectiveness of atorvastatin 10 mg versus 80 mg in reducing major cardiovascular events and repeat revascularization in patients with previous percutaneous coronary intervention (post hoc analysis of the Treating to New Targets [TNT] Study). Am J Cardiol 2008;102:1312-7 [18993147]

Waters DD, Guyton JR, Herrington DM, McGowan MP, Wenger NK, Shear C Treating to New Targets (TNT) Study: does lowering low-density lipoprotein cholesterol levels below currently recommended guidelines yield incremental clinical benefit? Am J Cardiol 2004;93:154-8 [14715339]

Vascular basis, 2005:

Stone PH, Lloyd-Jones DM, Kinlay S, Frei B, Carlson W, Rubenstein J, Andrews TC, Johnstone M, Sopko G, Cole H, Orav J, Selwyn AP, Creager MA Effect of intensive lipid lowering, with or without antioxidant vitamins, compared with moderate lipid lowering on myocardial ischemia in patients with stable coronary artery disease: the Vascular Basis for the Treatment of Myocardial Ischemia Study. Circulation 2005;111:1747-55 [15809368]

REVERSAL, 2004:

Nissen SE, Tuzcu EM, Schoenhagen P, Brown BG, Ganz P, Vogel RA, Crowe T, Howard G, Cooper CJ, Brodie B, Grines CL, DeMaria AN Effect of intensive compared with moderate lipid-lowering therapy on progression of coronary atherosclerosis: a randomized controlled trial. JAMA 2004;291:1071-80 [14996776]

SAGE, 2007:

Deedwania P, Stone PH, Bairey Merz CN, Cosin-Aguilar J, Koylan N, Luo D, Ouyang P, Piotrowicz R, Schenck-Gustafsson K, Sellier P, Stein JH, Thompson PL, Tzivoni D Effects of intensive versus moderate lipid-lowering therapy on myocardial ischemia in older patients with coronary heart disease: results of the Study Assessing Goals in the Elderly (SAGE). Circulation 2007;115:700-7 [17283260]

IDEAL, 2005:

Pedersen TR, Faergeman O, Kastelein JJ, Olsson AG, Tikkanen MJ, Holme I, Larsen ML, Bendiksen FS, Lindahl C, Szarek M, Tsai J High-dose atorvastatin vs usual-dose simvastatin for secondary prevention after myocardial infarction: the IDEAL study: a randomized controlled trial. JAMA 2005 Nov 16;294:2437-45 [16287954]

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4 cardiovascular prevention

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs placebo			
SALTIRE , 2005 n=77/78 follow-up: 25 mo (7-36)	atorvastatin 80mg daily versus placebo	patients with calcific aortic stenosis	Parallel groups double blind
ASCOT (diabetics sub group) , 2003 n=1258/1274 follow-up:	10 mg atorvastatin versus placebo	hypertensive patients with no history of coronary heart disease (CHD) but at least three cardiovascular risk factors	
Deutsche Diabetes Dialyse Studie (4D) , 2005 n=619/636 follow-up: 4 y (median)	atorvastatin 20mg daily versus matching placebo	patients with type 2 diabetes mellitus on maintenance hemodialysis	Parallel groups double blind
SPARCL , 2006 [NCT00147602] n=2365/2366 follow-up: 4.9y (median)	atorvastatin 80mg daily versus placebo	patients who had had a stroke or TIA within one to six months before study entry, had low-density lipoprotein (LDL) cholesterol levels of 2.6 to 4.9 mmol per liter, and had no known coronary heart disease	Parallel groups double blind
Strey , 2005 n=24/24 follow-up: 6 weeks	atorvastatin 40mg versus placebo	patients with stable, symptomatic heart failure (New York Heart Association Class II or III) and a left ventricular ejection fraction <40%	Cross over
ASPEN , 2006 n=1211/1199 follow-up: 4y	atorvastatin 10mg daily versus placebo	patients s with type 2 diabetes and LDL cholesterol levels below contemporary guideline targets	Parallel groups double blind
ASCOT , 2003 n=5168/5137 follow-up: 3.3 years	atorvastatin 10mg/d versus placebo	hypertensive patients aged 40-79 years with at least three other cardiovascular risk factors	Parallel groups double blind UK et Scandinavie
MIRACL , 2001 n=1538/1548 follow-up: 1 and 4 months	Atorvastatin, 80 mg (early initiation) versus Placebo	unstable angina or nonQ-wave acute MI	Parallel groups Double blind Europe, North America, South Africa, and Australasia
ASPEN , 2006 n=1211/1199 follow-up: 4 year	atorvastatin 10mg versus placebo	subjects with type 2 diabetes and LDL cholesterol levels below contemporaryguideline targets	Parallel groups double blind 14 countries

continued...

Trial	Treatments	Patients	Trials design and methods
ASPEN (primary prevention sub group) , 2006 n=959/947 follow-up: 4 year	atorvastatin 10mg versus placebo	subjects with type 2 diabetes and LDL cholesterol levels below contemporary guideline targets; primary prevention subgroup	Parallel groups double blind 14 countries
macin , 2005 n=NA follow-up: 30 days	atorvastatin 40 mg daily for 30 days versus placebo	patients admitted within 48 hours of onset of ACS with CRP levels >or =1.4 mg/dL	Parallel groups double-blind
Mohler III , 2003 n=240/114 follow-up: 1 an	Atorvastatine: 10 mg/ jour ou 80 mg/ jour pendant 12 mois (groupes 1 et 2). versus placebo	Stade de la madie : II , stable pendant au moins 6 mois.	Parallel groups Double aveugle
CARDS , 2004 [NCT00327418] n=1429/1412 follow-up: 3.9 years	atorvastatin 10mg/d versus placebo	patients with type 2 diabetes without high concentrations of LDL-cholesterol and at least one of the following: retinopathy, albuminuria, current smoking, or hypertension.	Parallel groups double blind UK, Irelande
Mohler , 2003 n=NA follow-up: 12 months	atorvastatin (10 mg per day) versus placebo	patients with intermittent claudication	double blind
ASCOT (women subgroup) , 2003 n=979/963 follow-up: 3.3 y	Atorvastatin 10 mg daily versus placebo	hypertensive patients (aged 40-79 years with at least three other cardiovascular risk factors) - subgroup of women	Parallel groups double-blind Europe
atorvastatin vs usual care			
Colivicchi , 2002 n=40/41 follow-up: 1, 3, and 6 months	Atorvastatin, 80 mg daily early initiation versus Usual care	unstable angina pectoris or non-Q-wave myocardial infarction	Parallel groups open Italy
ESTABLISH , 2004 n=35/35 follow-up: 1, 4, and 6 months	Atorvastatin, 20 mg early initiation versus Usual care	patients with ACS undergoing emergency coronary angiography and percutaneous coronary intervention	Parallel groups open Japan
GREACE , 2002 n=800/800 follow-up: 3 years mean	atorvastatin 10-80 mg/d versus usual care	patients with established coronary heart disease	Parallel groups open
atorvastatin high dose vs angioplasty			

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Trial	Treatments	Patients	Trials design and methods
AVERT , 1999 n=164/177 follow-up: 1.5 years	atorvastatin 80 mg/d versus recommended percutaneous revascularization procedure(angioplasty) followed by usual care, whichcould include lipid-lowering treatment	patients referred for percutaneous revascularization, with stable coronary artery disease, relatively normal left ventricular function, asymptomatic or mild-to-moderate angina, and a serum level of low-density lipoprotein (LDL) cholesterol of at least 115 mg per deciliter (3.0 mmol per liter)	Parallel groups open US, Europe
atorvastatin high dose vs atorvastatin			
TNT (diabetic sub group) , 2006 n=748/753 follow-up: 4.9 y	atorvastatin 80 mg daily versus atorvastatin 10 mg daily	patients with stable coronary heart disease	double blind
TNT , 2005 [NCT00327691] n=4995/5006 follow-up: 4.9 years	80 mg of atorvastatin daily versus 10 mg of atorvastatin daily	Chronic coronary artery disease LDL cholesterol <3.4 mmol/L	Parallel groups double blind 14 countries
atorvastatin high dose vs lovastatin			
Vascular basis , 2005 n=197/103 follow-up: 1 year	atorvastatin (80 mg) with or without vitamin C and E versus low dose lovastatin (5 mg)	Chronic coronary artery disease	Parallel groups double blind
atorvastatin vs pravastatin			
PROVE IT - TIMI 22 , 2004 n=2099/2063 follow-up: 24 mo (18-36 mo)	80 mg of atorvastatin daily (intensive therapy). versus 40 mg of pravastatin daily (standard therapy)	patients who had been hospitalized for an acute coronary syndrome within the preceding 10 days	Parallel groups double blind UK, US, AUstralia, Italy, France, Germany, Spain, Canada
atorvastatin high dose vs pravastatin			
PROVE-IT , 2004 n=2099/2063 follow-up: 2 years	atorvastatin 80 mg daily versus Pravastatin 40 mg	acute myocardial infarction (with or without electrocardiographic evidence of ST-segment elevation) or highrisk unstable angina) in the preceding 10 days	Parallel groups double blind 8 countries
REVERSAL , 2004 n=327/327 follow-up: 1.5 years	atorvastatin 80 mg daily versus Pravastatin(40 mg)	Chronic coronary artery disease	Parallel groups double blind
SAGE , 2007 n=446/445 follow-up: 1 years	atorvastatin 80 mg daily versus pravastatin(40 mg)	Chronic coronary artery disease	Parallel groups double blind

continued...

Trial	Treatments	Patients	Trials design and methods
atorvastatin high dose vs simvastatin			
IDEAL , 2005 [NCT00159835] n=4439/4449 follow-up: 4.8 years	atorvastatin 80mg daily versus simvastatine 20mg/j	Men and women aged 80 years or younger with a history of a definite myocardial infarction and who qualified for statin therapy according to national guidelines	Parallel groups open Denmark, Finland, Iceland, Netherlands, Norway, Sweden

More details and results :

- cholesterol lowering intervention for cardiovascular prevention in diabetic patients at http://www.trialresultscenter.org/go-Q6
- cholesterol lowering intervention for cardiovascular prevention in high risk patients with or without LDL cholesterol elevation at http://www.trialresultscenter.org/go-Q11
- cholesterol lowering intervention for cardiovascular prevention in patients with prior MI or with CHD at http://www.trialresultscenter.org/go-Q12
- cholesterol lowering intervention for cardiovascular prevention in patient with related disease at http://www.trialresultscenter.org/go-Q137
- cholesterol lowering intervention for cardiovascular prevention in all chronical situations at http://www.trialresultscenter.org/go-Q154
- cholesterol lowering intervention for cardiovascular prevention in post stroke (or TIA) at http://www.trialresultscenter.org/go-Q155
- cholesterol lowering intervention for cardiovascular prevention in primary prevention at http://www.trialresultscenter.org/go-Q241
- cholesterol lowering intervention for cardiovascular prevention in patients with renal insufficiency (on hemodialysis or transplant) at http://www.trialresultscenter.org/go-Q284
- cholesterol lowering intervention for cardiovascular prevention in women at http://www.trialresultscenter.org/go-Q435
- statins for cardiovascular prevention in secondary prevention at http://www.trialresultscenter.org/go-Q689
- statins for cardiovascular prevention in diabetic patients at http://www.trialresultscenter.org/go-Q694
- statins for cardiovascular prevention in hypertensive patients at http://www.trialresultscenter.org/go-Q695

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ASCOT, 2003:

Sever PS, Dahlof B, Poulter NR, Wedel H, Beevers G, Caulfield M, Collins R, Kjeldsen SE, Kristinsson A, McInnes GT, Mehlsen J, Nieminen M, O'Brien E, Ostergren J, Prevention of coronary and stroke events with atorvastatin in hypertensive patients who have average or lower-than-average cholesterol concentrations, in the Anglo-Scandinavian Cardiac Outcomes Trial–Lipid Lowering Arm (ASCOT-LLA): a multicentre randomised controlled trial. Lancet 2003; 361:1149-58 [12686036]

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Sever PS, Dahlf B, Poulter NR, Wedel H, Beevers G, Caulfield M, Collins R, Kjeldsen SE, Kristinsson A, McInnes GT, Mehlsen J, Nieminen M, O'Brien E, Ostergren J Prevention of coronary and stroke events with atorvastatin in hypertensive patients who have average or lower-than-average cholesterol concentrations, in the Anglo-Scandinavian Cardiac Outcomes Trial–Lipid Lowering Arm (ASCOT-LLA): a multicentre randomised controlled trial. Lancet 2003;361:1149-58 [12686036] 10.1016/S0140-6736(03)12948-0

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Deedwania P, Stone PH, Bairey Merz CN, Cosin-Aguilar J, Koylan N, Luo D, Ouyang P, Piotrowicz R, Schenck-Gustafsson K, Sellier P, Stein JH, Thompson PL, Tzivoni D Effects of intensive versus moderate lipid-lowering therapy on myocardial ischemia in older patients with coronary heart disease: results of the Study Assessing Goals in the Elderly (SAGE). Circulation 2007;115:700-7 [17283260]

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5 hypertension

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs placebo			
ASCOT , 2003	atorvastatin 10mg/d	hypertensive patients aged 40-79 years	Parallel groups
n=5168/5137	versus	with at least three other cardiovascular	double blind
follow-up: 3.3 years	placebo	risk factors	UK et Scandinavie

More details and results :

- cholesterol lowering intervention for hypertension in all type of patients at http://www.trialresultscenter.org/go-Q458

References

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Sever PS, Dahlof B, Poulter NR, Wedel H, Beevers G, Caulfield M, Collins R, Kjeldsen SE, Kristinsson A, McInnes GT, Mehlsen J, Nieminen M, O'Brien E, Ostergren J, Prevention of coronary and stroke events with atorvastatin in hypertensive patients who have average or lower-than-average cholesterol concentrations, in the Anglo-Scandinavian Cardiac Outcomes Trial–Lipid Lowering Arm (ASCOT-LLA): a multicentre randomised controlled trial. Lancet 2003; 361:1149-58 [12686036]

6 heart failure

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs control			
Wojnicz , 2006 n=36/38 follow-up: 6 months	atorvastatin 40 mg/day versus conventional treatment for heart failure	patients with inflammatory dilated cardiomyopathy (DC) (positive immunohistochemistry results on endomyocardial biopsy)	Parallel groups open
Yamada , 2007 n=19/19 follow-up: mean 2.58y	atorvastatin 10 mg/d versus standard treatment	outpatients with mild to moderate CHF and radionuclide left ventricular ejection fraction (LVEF) <40%	Parallel groups
atorvastatin vs placebo			
Strey , 2005 n=24/24 follow-up: 6 weeks	atorvastatin 40mg versus placebo	patients with stable, symptomatic heart failure (New York Heart Association Class II or III) and a left ventricular ejection fraction <40%	Cross over
Sola , 2006 n=54/54 follow-up: 1y	atorvastatin 20 mg/day versus placebo	patients with nonischemic HF and a left ventricular ejection fraction (LVEF) <=35%	Parallel groups double blind

More details and results :

- cholesterol lowering intervention for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q176
- statins for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q696

References

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Wojnicz R, Wilczek K, Nowalany-Kozielska E, Szygula-Jurkiewicz B, Nowak J, Polonski L, Dyrbus K, Badzinski A, Mercik G, Zembala M, Wodniecki J, Rozek MM Usefulness of atorvastatin in patients with heart failure due to inflammatory dilated cardiomyopathy and elevated cholesterol levels. Am J Cardiol 2006;97:899-904 [16516598]

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7 atrial fibrillation

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs control			
Ozaydin , 2006 n=24/24 follow-up: 3 months	atorvastatin 10 mg versus standard therapy	Persistent AF and scheduled EC	open
atorvastatin vs placebo			
MIRACL (AF ancillary study) , 2001 n=1421/1440 follow-up: 16 weeks	atorvastatin 80mg daily versus placebo	Acute coronary syndrome; subgroup without history of AF	Parallel groups double-blind
Chello , 2006 n=20/20 follow-up: 3 weeks	atorvastatin 20mg daily versus placebo	patients with scheduled coronary bypass surgery	Parallel groups double-blind
ARMYDA-3 (AF ancillary study) , 2006 n=101/99 follow-up: 30 days	atorvastatin 40mg daily versus placebo	patients with scheduled cardiac surgery without history of AF	
Almroth , 2009 n=118/116 follow-up:	atorvastatin 80 mg daily versus placebo	patients with persistent atrial fibrillation undergoing electrical cardioversion	Parallel groups double blind Sweden
MIRACL (sub-group) (Schwartz) , 2004 n=118/108 follow-up: 16 weeks	atorvastatin 80 mg versus placebo	Acute coronary syndrome	double blind
Dernellis , 2006 n=40/40 follow-up: 46 months	atorvastatin 2040 mg versus placebo	Paroxysmal AF with CRP between 0.8 and 13 mg/L	NA
STOP-AF *ongoing* [NCT00252967] n=NA follow-up:	atorvastatin 80mg daily versus placebo	-	double blind

More details and results :

- prevention for atrial fibrillation in patient with history of atrial fibrillation at http://www.trialresultscenter.org/go-Q328
- prevention for atrial fibrillation in patients without history of AF (primary prevention) at http://www.trialresultscenter.org/go-Q331

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Dernellis J, Panaretou M Effect of C-reactive protein reduction on paroxysmal atrial fibrillation. Am Heart J 2005;150:1064 [16290998] 10.1016/j.ahj.2005.06.032

STOP-AF, :

ongoing trial NCT00252967

8 acute coronary syndrome

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs placebo			
MIRACL , 2001 n=1538/1548 follow-up: 1 and 4 months	Atorvastatin, 80 mg (early initiation) versus Placebo	unstable angina or nonQ-wave acute MI	Parallel groups Double blind Europe, North America, South Africa, and Australasia
atorvastatin vs usual care			

continued...

Trial	Treatments	Patients	Trials design and methods
Colivicchi , 2002 n=40/41 follow-up: 1, 3, and 6 months	Atorvastatin, 80 mg daily early initiation versus Usual care	unstable angina pectoris or non-Q-wave myocardial infarction	Parallel groups open Italy
ESTABLISH , 2004 n=35/35 follow-up: 1, 4, and 6 months	Atorvastatin, 20 mg early initiation versus Usual care	patients with ACS undergoing emergency coronary angiography and percutaneous coronary intervention	Parallel groups open Japan
atorvastatin vs pravastatin			
PROVE IT - TIMI 22 , 2004 n=2099/2063 follow-up: 24 mo (18-36 mo)	80 mg of atorvastatin daily (intensive therapy). versus 40 mg of pravastatin daily (standard therapy)	patients who had been hospitalized for an acute coronary syndrome within the preceding 10 days	Parallel groups double blind UK, US, AUstralia, Italy, France, Germany, Spain, Canada

More details and results :

- cholesterol lowering intervention for acute coronary syndrome in early initiation at http://www.trialresultscenter.org/go-Q21

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9 diabetes type 2

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs placebo			
ASCOT (diabetics sub group) , 2003 n=1258/1274 follow-up:	10 mg atorvastatin versus placebo	hypertensive patients with no history of coronary heart disease (CHD) but at least three cardiovascular risk factors	
ASPEN , 2006 n=1211/1199 follow-up: 4y	atorvastatin 10mg daily versus placebo	patients s with type 2 diabetes and LDL cholesterol levels below contemporary guideline targets	Parallel groups double blind
ASPEN (primary prevention sub group) , 2006 n=959/947 follow-up: 4 year	atorvastatin 10mg versus placebo	subjects with type 2 diabetes and LDL cholesterol levels below contemporary guideline targets; primary prevention subgroup	Parallel groups double blind 14 countries
CARDS , 2004 [NCT00327418] n=1429/1412 follow-up: 3.9 years	atorvastatin 10mg/d versus placebo	patients with type 2 diabetes without high concentrations of LDL-cholesterol and at least one of the following: retinopathy, albuminuria, current smoking, or hypertension.	Parallel groups double blind UK, Irelande
atorvastatin high dose vs atorvastatin			
TNT (diabetic sub group) , 2006 n=748/753 follow-up: 4.9 y	atorvastatin 80 mg daily versus atorvastatin 10 mg daily	patients with stable coronary heart disease	double blind

More details and results :

- cholesterol lowering intervention for diabetes type 2 in diabetic patients with or withour hypercholesterolemia at http://www.trialresultscenter.org/go-Q85
- cholesterol lowering intervention for diabetes type 2 in primary prevention at http://www.trialresultscenter.org/go-Q720

- cholesterol lowering intervention for diabetes type 2 in secondary prevention at http://www.trialresultscenter.org/go-Q721

References

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10 CABG surgery

Trial	Treatments	Patients	Trials design and methods
preoperative atorvastatin vs placebo			
Chello et al. , 2006 n=20/20 follow-up: 7 days	preoperative atorvastatin 20 mg/d, started 3 wks before surgery versus placebo	elective CABG	double blind
Patti et al. , 2006 n=101/99 follow-up: 30 days	preoperative atorvastatin 40 mg/d, starting 7 days before operation versus placebo	patients undergoing elective cardiac surgery with cardiopulmonary bypass, without previous statin treatment or history of AF	double blind

More details and results :

- cholesterol lowering intervention for CABG surgery in preoperative statins at http://www.trialresultscenter.org/go-Q89

References

Chello et al., 2006:

Chello M, Patti G, Candura D, Mastrobuoni S, Di Sciascio G, Agr F, Carassiti M, Covino E Effects of atorvastatin on systemic inflammatory response after coronary bypass surgery. Crit Care Med 2006;34:660-7 [16505650]

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11 peripheral vascular diseases

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs placebo			
Mohler III , 2003 n=240/114 follow-up: 1 an	Atorvastatine: 10 mg/ jour ou 80 mg/ jour pendant 12 mois (groupes 1 et 2). versus placebo	Stade de la madie : II , stable pendant au moins 6 mois.	Parallel groups Double aveugle

More details and results :

- cholesterol lowering intervention for peripheral vascular diseases in all type of patients at http://www.trialresultscenter.org/go-Q52

References

Mohler III, 2003:

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12 percutaneous coronary intervention

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs control			
NAPLES II (Briguori) , 2009 n=338/330 follow-up: 24h	atorvastatin 80 mg loading dose administered within 24 hours prior to elective PCI versus no statin therapy	Patients with coronary artery disease scheduled for elective PCI and not on statin therapy	Parallel groups open
ESTATE *ongoing* [NCT00979940] n=NA follow-up:	-	-	
atorvastatin vs placebo			
ARMYDA , 2004 n=76/77 follow-up: 1 mo	atorvastatin 40 mg/day seven days prior to the procedure versus placebo	Patients scheduled for elective PCI	double blind
atorvastatin reload vs placebo			
ARMYDA-RECAPTURE , 2009 n=229/228 follow-up: 30 days	atorvastatin reload (80 mg 12 h before intervention, with a further 40-mg pre-procedural dose) versus placebo	patient with long-term atorvastatin treatment thereafter (40 mg/day) undergoing PCI (for stable angina or NSTEMI ACS)	Parallel groups double blind Italy
atorvastatin vs usual care			
GAIN , 2001 n=65/66 follow-up: 12 mo	Atorvastatin 2040 mg/d 1 d after PCI versus usual care	-	open

More details and results :

- statins for percutaneous coronary intervention in all type of patients at http://www.trialresultscenter.org/go-Q148

References

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ESTATE, :

ongoing trial NCT00979940

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13 aortic stenosis

Trial	Treatments	Patients	Trials design and methods
atorvastatin vs placebo			
SALTIRE , 2005 n=77/78 follow-up: 25 mo (7-36)	atorvastatin 80mg daily versus placebo	patients with calcific aortic stenosis	Parallel groups double blind

More details and results :

- cholesterol lowering intervention for aortic stenosis in all type of patients at http://www.trialresultscenter.org/go-Q385

References

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Cowell SJ, Newby DE, Prescott RJ, Bloomfield P, Reid J, Northridge DB, Boon NA A randomized trial of intensive lipid-lowering therapy in calcific aortic stenosis. N Engl J Med 2005 Jun 9;352:2389-97 [15944423] 10.1056/NEJMoa043876

Entry terms: Lipitor