# Clinical trials of angiotensin-receptor blockers for hypertension in all diseases requiring ACEi (HF, CHD, HT,...)

**TrialResults-center** www.trialresultscenter.org

## 1 angiotensin receptor blocker

| Trial | Treatments | Patients | Trials design and methods |
|---|---|---|---|
| **ARBs vs control** | | | |
| Suzuki , 2008<br>n=183/183<br>follow-up: | ARBs (valsartan, candesartan, and losartan)<br>versus<br>no ARBs | patients with diabetes and chronic kidney disease on dialysis | Parallel groups<br>open |
| **candesartan vs control** | | | |
| Takahashi , 2006<br>n=43/37<br>follow-up: 19.4 months | candesartan<br>versus<br>control | patients on chronic haemodialysis in stable condition and with no clinical evidence of cardiac disorders | Parallel groups<br>open |
| **candesartan vs conventional treatment** | | | |
| E-COST , 2005<br>n=1053/995<br>follow-up: | candesartan, 2 to 12 mg daily<br>versus<br>conventional antihypertensive drugs other than angiotensin converting enzyme inhibitors or ARBs | Japanese essential hypertensive subjects (sitting blood pressure 140-180/90-110 mmHg) aged 35-79 years | Parallel groups<br>single-blind<br>Japan |
| E-COST-R , 2005<br>n=69/72<br>follow-up: | candesartan<br>versus<br>conventional treatment | hypertensive subjects 60 to 75 years old with non-diabetic chronic renal insufficiency | Parallel groups<br>open |
| HIJ-CREATE , 2009<br>n=1024/1025<br>follow-up: 4.2 y (median) | angiotensin II receptor blocker-based therapy<br>versus<br>non-angiotensin II receptor blocker-based therapy | patients with angiographically documented coronary artery disease and hypertension | Parallel groups<br>open<br>Japan |
| **candesartan vs placebo** | | | |
| SCOPE , 2003<br>n=2477/2460<br>follow-up: 3.7 y (mean) | candesartan, 816 mg once daily (target 160/90)<br>versus<br>placebo | patients aged 7089 years, with systolic blood pressure 160 179 mmHg, and/or diastolic blood pressure 9099 mmHg, and a Mini Mental State Examination (MMSE) test score >24 | Parallel groups<br>double-blind<br>15 countries |
| **irbesartan vs placebo** | | | |
| IDNT (irbesartan vs pbo) , 2001<br>n=579/569<br>follow-up: 2.6 y | Irbesartan 300mg/d (target 135/85)<br>versus<br>placebo | hypertensive patients with nephropathy due to type 2 diabetes | Parallel groups<br>double-blind<br>worldwide |

continued...

| Trial | Treatments | Patients | Trials design and methods |
|---|---|---|---|
| IRMA 2 , 2001<br>n=404/207<br>follow-up: 2 years | irbesartan 150 mg daily or 300 mg daily<br>versus<br>placebo | hypertensive patients with type 2 diabetes and microalbuminuria | Parallel groups<br>double-blind<br>multinational |
| **losartan vs placebo** | | | |
| RENAAL , 2001<br>n=751/762<br>follow-up: 3.4 years | lLosartan 50 to 100 mg once daily<br>versus<br>placebo | patients with type 2 diabetes and nephropathy | Parallel groups<br>double-blind |
| **telmisartan vs placebo** | | | |
| PROPHESS , 2008<br>[NCT00153062]<br>n=10146/10186<br>follow-up: 2.5 y | telmisartan 80 mg daily<br>versus<br>placebo | patients who recently had an ischemic stroke | Factorial plan<br>double blind<br>35 countries |
| **Candesartan vs usual care** | | | |
| HIJ-CREATE , 2009<br>n=1025/1024<br>follow-up: up to 60 months | cardesartan adjusted dose for target arterial pressure of <130/85 mmHg<br>versus<br>usual care (non-ARB-based pharmacotherapy including angiotensin-converting enzyme-inhibitors) | hypertension with angiographically documented coronary artery disease (acute or stable) | Parallel groups<br>open<br>japan |
| **candesartan vs amlodipine** | | | |
| CASE-J , 2008<br>n=2354/2349<br>follow-up: 3.2 years | candesartan-based regimen<br>versus<br>amlodipine-based regimen | high-risk Japanese hypertensive patients | Parallel groups<br>open (blinded assessment)<br>Japan |
| **irbesartan vs amlodipine** | | | |
| IDNT (irbesartan vs amlodipine) , 2001<br>n=579/567<br>follow-up: 26y | Irbesartan 300mg/d (with a target of 135/85)<br>versus<br>amlodipine 10mg/d (with a target of 135/85) | hypertensive patients with nephropathy due to type 2 diabetes | Parallel groups<br>double-blind<br>worldwide |
| **valsartan vs amlodipine** | | | |
| VALUE , 2004<br>[NCT00129233]<br>n=7649/7596<br>follow-up: 4.2 y (mean) | valsartan based regimen<br>versus<br>amlodipine based regimen | patients, aged 50 years or older with treated or untreated hypertension and high risk of cardiac events | Parallel groups<br>Double blind<br>31 countries |
| **losartan vs atenolol** | | | |
| LIFE , 2002<br>n=4605/4588<br>follow-up: 4.8 y (mean) | losartan<br>versus<br>atenolol | patients aged 5580 years, with previously treated or untreated hypertension (sitting blood pressure 160200/95115 mm Hg) and ECG signs of LVH. | Parallel groups<br>Double blind<br>USA, Europe |
| **telmisartan vs enalapril** | | | |
| DETAIL , 2004<br>n=120/130<br>follow-up: 5 year | telmisartan 80 mg daily<br>versus<br>enalapril 20 mg daily | subjects with type 2 diabetes and early nephropathy | Parallel groups<br>double-blind |

continued...

| Trial | Treatments | Patients | Trials design and methods |
|---|---|---|---|
| DETAIL , 2004<br>n=120/130<br>follow-up: 5 y | Telmisartan 80 mg daily<br>versus<br>Enalapril 20 mg daily | pateintspatients with type 2 diabetes and early nephropathy | Parallel groups<br>double-blind |
| **candesartan vs hydrochlorothiazide** | | | |
| ALPINE , 2003<br>n=197/196<br>follow-up: 1 year | candesartan<br>versus<br>hydrochlorothiazide | newly detected hypertensives | Parallel groups<br>double-blind<br>Sweden |
| **olmesartan 40 mg vs olmesartan 20 mg plus a calcium-channel blocker** | | | |
| OSCAR , 2011<br>[NCT00134160]<br>n=578/586<br>follow-up: | high-dose olmesartan 40 mg per day<br>versus<br>20-mg/day olmesartan comined with<br>standard dose of amlodipine or azelnidipine | high-risk elderly Japanese hypertension patients | Parallel groups<br>Japan |

## References


**Suzuki, 2008:**

Suzuki H, Kanno Y, Sugahara S, Ikeda N, Shoda J, Takenaka T, Inoue T, Araki R Effect of angiotensin receptor blockers on cardiovascular events in patients undergoing hemodialysis: an open-label randomized controlled trial. Am J Kidney Dis 2008;52:501-6 [18653268] 10.1053/j.ajkd.2008.04.031

**Takahashi, 2006:**

Takahashi A, Takase H, Toriyama T, Sugiura T, Kurita Y, Ueda R, Dohi Y Candesartan, an angiotensin II type-1 receptor blocker, reduces cardiovascular events in patients on chronic haemodialysis–a randomized study. Nephrol Dial Transplant 2006;21:2507-12 [16766543] 10.1093/ndt/gfl293

**E-COST, 2005:**

Suzuki H, Kanno Y Effects of candesartan on cardiovascular outcomes in Japanese hypertensive patients. Hypertens Res 2005;28:307-14 [16138560] 10.1291/hypres.28.307

**E-COST-R, 2005:**

Nakamura T, Kanno Y, Takenaka T, Suzuki H An angiotensin receptor blocker reduces the risk of congestive heart failure in elderly hypertensive patients with renal insufficiency. Hypertens Res 2005;28:415-23 [16156505] 10.1291/hypres.28.415

**HIJ-CREATE, 2009:**

Kasanuki H, Hagiwara N, Hosoda S, Sumiyoshi T, Honda T, Haze K, Nagashima M, Yamaguchi J, Origasa H, Urashima M, Ogawa H Angiotensin II receptor blocker-based vs. non-angiotensin II receptor blocker-based therapy in patients with angiographically documented coronary artery disease and hypertension: the Heart Institute of Japan Candesartan Randomized Trial for Evaluation in Coronary Artery Disease (HIJ-CREATE). Eur Heart J 2009;30:1203-12 [19346521] 10.1093/eurheartj/ehp101

**SCOPE, 2003:**

Saxby BK, Harrington F, Wesnes KA, McKeith IG, Ford GA Candesartan and cognitive decline in older patients with hypertension: a substudy of the SCOPE trial. Neurology 2008;70:1858-66 [18458219] 10.1212/01.wnl.0000311447.85948.78

Lithell H, Hansson L, Skoog I, Elmfeldt D, Hofman A, Olofsson B, Trenkwalder P, Zanchetti A The Study on Cognition and Prognosis in the Elderly (SCOPE): principal results of a randomized double-blind intervention trial. J Hypertens 2003;21:875-86 [12714861] 10.1097/01.hjh.0000059028.82022.89

**IDNT (irbesartan vs pbo), 2001:**

Lewis EJ, Hunsicker LG, Clarke WR, Berl T, Pohl MA, Lewis JB, Ritz E, Atkins RC, Rohde R, Raz I Renoprotective effect of the angiotensin-receptor antagonist irbesartan in patients with nephropathy due to type 2 diabetes. N Engl J Med 2001;345:851-60 [11565517]

Lewis EJ, Hunsicker LG, Clarke WR, Berl T, Pohl MA, Lewis JB, Ritz E, Atkins RC, Rohde R, Raz I Renoprotective effect of the angiotensin-receptor antagonist irbesartan in patients with nephropathy due to type 2 diabetes. N Engl J Med 2001;345:851-60 [11565517]

**IRMA 2, 2001:**

Parving HH, Lehnert H, Brchner-Mortensen J, Gomis R, Andersen S, Arner P The effect of irbesartan on the development of diabetic nephropathy in patients with type 2 diabetes. N Engl J Med 2001;345:870-8 [11565519] 10.1056/NEJMoa011489

**RENAAL, 2001:**

Brenner BM, Cooper ME, de Zeeuw D, Keane WF, Mitch WE, Parving HH, Remuzzi G, Snapinn SM, Zhang Z, Shahinfar S Effects of losartan on renal and cardiovascular outcomes in patients with type 2 diabetes and nephropathy. N Engl J Med 2001;345:861-9 [11565518]

**PROPHESS, 2008:**

Yusuf S, Diener HC, Sacco RL, Cotton D, Ounpuu S, Lawton WA, Palesch Y, Martin RH, Albers GW, Bath P, Bornstein N, Chan BP, Chen ST, Cunha L, Dahlf B, De Keyser J, Donnan GA, Estol C, Gorelick P, Gu V, Hermansson K, Hilbrich L, Kaste M, Lu C, Machnig T, — N Engl J Med 2008;359:1225-37 [18753639] 10.1056/NEJMoa0804593

**HIJ-CREATE, 2009:**

Kasanuki H, Hagiwara N, Hosoda S, Sumiyoshi T, Honda T, Haze K, Nagashima M, Yamaguchi J, Origasa H, Urashima M, Ogawa H Angiotensin II receptor blocker-based vs. non-angiotensin II receptor blocker-based therapy in patients with angiographically documented coronary artery disease and hypertension: the Heart Institute of Japan Candesartan Randomized Trial for Evaluation in Coronary Artery Disease (HIJ-CREATE). Eur Heart J 2009;30:1203-12 [19346521] 10.1093/eurheartj/ehp101

**CASE-J, 2008:**

Ogihara T, Nakao K, Fukui T, Fukiyama K, Ueshima K, Oba K, Sato T, Saruta T Effects of candesartan compared with amlodipine in hypertensive patients with high cardiovascular risks: candesartan antihypertensive survival evaluation in Japan trial. Hypertension 2008 Feb;51:393-8 [18172059] 10.1161/HYPERTENSIONAHA.107.098475

**IDNT (irbesartan vs amlodipine), 2001:**

Lewis EJ, Hunsicker LG, Clarke WR, Berl T, Pohl MA, Lewis JB, Ritz E, Atkins RC, Rohde R, Raz I Renoprotective effect of the angiotensin-receptor antagonist irbesartan in patients with nephropathy due to type 2 diabetes. N Engl J Med 2001;345:851-60 [11565517]

**VALUE, 2004:**

Julius S, Kjeldsen SE, Weber M, Brunner HR, Ekman S, Hansson L, Hua T, Laragh J, McInnes GT, Mitchell L, Plat F, Schork A, Smith B, Zanchetti A Outcomes in hypertensive patients at high cardiovascular risk treated with regimens based on valsartan or amlodipine: the VALUE randomised trial. Lancet 2004 Jun 19;363:2022-31 [15207952]

**LIFE, 2002:**

Dahlof B, Devereux RB, Kjeldsen SE, Julius S, Beevers G, de Faire U, Fyhrquist F, Ibsen H, Kristiansson K, Lederballe-Pedersen O, Lindholm LH, Nieminen MS, Omvik P, Oparil S, Wedel H Cardiovascular morbidity and mortality in the Losartan Intervention For Endpoint reduction in hypertension study (LIFE): a randomised trial against atenolol. Lancet 2002 Mar 23;359:995-1003 [11937178]

**DETAIL, 2004:**

Barnett AH, Bain SC, Bouter P, Karlberg B, Madsbad S, Jervell J, Mustonen J Angiotensin-receptor blockade versus converting-enzyme inhibition in type 2 diabetes and nephropathy. N Engl J Med 2004;351:1952-61 [15516696] 10.1056/NEJMoa042274

**DETAIL, 2004:**

Barnett AH, Bain SC, Bouter P, Karlberg B, Madsbad S, Jervell J, Mustonen J Angiotensin-receptor blockade versus converting-enzyme inhibition in type 2 diabetes and nephropathy. N Engl J Med 2004;351:1952-61 [15516696]

**ALPINE, 2003:**

Lindholm LH, Persson M, Alaupovic P, Carlberg B, Svensson A, Samuelsson O Metabolic outcome during 1 year in newly detected hypertensives: results of the Antihypertensive Treatment and Lipid Profile in a North of Sweden Efficacy Evaluation (ALPINE study). J Hypertens 2003;21:1563-74 [12872052] 10.1097/01.hjh.0000084723.53355.76

**OSCAR, 2011:**

Ogawa H, Kim-Mitsuyama S, Jinnouchi T, Matsui K, Arakawa K Rationale, design and patient baseline characteristics of OlmeSartan and calcium antagonists randomized (OSCAR) study: a study comparing the incidence of cardiovascular events between high-dose angiotensin II receptor blocker (ARB) monotherapy and combination therapy of ARB with calcium channel blocker in Japanese elderly high-risk hypertensive patients (ClinicalTrials. gov no. NCT00134160). Hypertens Res 2009;32:575-80 [19444280] 10.1038/hr.2009.60

# 2 ARBs vs ACEIs

| Trial | Treatments | Patients | Trials design and methods |
|---|---|---|---|
| **Losartan vs Captopril** | | | |
| ELITE-II , 2000<br>n=1578/1574<br>follow-up: 1.5 y | Losartan titrated to 50 mg once daily<br>versus<br>Captopril titrated to 50 mg three times daily | patients aged 60 years or older with New York Heart Association class II-IV heart failure and ejection fraction of 40% or less. Patients | Parallel groups<br>double-blind |
| OPTIMAAL , 2001<br>n=2744/2733<br>follow-up: 2.7 y | losartan (titrated to 50 mg once daily)<br>versus<br>Captopril (titrated to 50 mg three times daily) | patients 50 years of age or older, with confirmed acute myocardial infarction and heart failure during the acute phase or a new Q-wave anterior infarction or reinfarction | Parallel groups<br>NA<br>Europe (7 countries) |
| ELITE , 1997<br>n=352/370<br>follow-up: 65279;1 y | 65279;Losartan titrated to 50 mg once daily for 48 weeks<br>versus<br>65279;Captopril titrated to 50 mg three times daily for 48 weeks | naive patients (aged 65 years or more) with NYHA class II-IV heart failure and ejection fractions of 40% or less | Parallel groups<br>double-blind |
| **Valsartan vs Captopril** | | | |
| VALIANT/Val , 2003<br>n=4909/4909<br>follow-up: 2.1 y | Valsartan<br>versus<br>Captopril | patients with myocardial infarction complicated by left ventricular systolic dysfunction, heart failure, or both | Parallel groups<br>double-blind |
| **Telmisartan vs Enalapril** | | | |
| DETAIL , 2004<br>n=120/130<br>follow-up: 5 year | telmisartan 80 mg daily<br>versus<br>enalapril 20 mg daily | subjects with type 2 diabetes and early nephropathy | Parallel groups<br>double-blind |
| DETAIL , 2004<br>n=120/130<br>follow-up: 5 y | Telmisartan 80 mg daily<br>versus<br>Enalapril 20 mg daily | pateintspatients with type 2 diabetes and early nephropathy | Parallel groups<br>double-blind |
| **Telmisartan vs Ramipril** | | | |
| ONTARGET/Tel , 2008<br>n=8542/8576<br>follow-up: 4.7 y | Telmisartan 80 mg daily<br>versus<br>Ramipril 10 mg daily | patients with vascular disease or high-risk diabetes | Parallel groups<br>double-blind |



## References

**ELITE-II, 2000:**

Pitt B, Poole-Wilson PA, Segal R, Martinez FA, Dickstein K, Camm AJ, Konstam MA, Riegger G, Klinger GH, Neaton J, Sharma D, Thiyagarajan B Effect of losartan compared with captopril on mortality in patients with symptomatic heart failure: randomised trial–the Losartan Heart Failure Survival Study ELITE II. Lancet 2000;355:1582-7 [10821361]

**OPTIMAAL, 2001:**

Dickstein K, Kjekshus J Effects of losartan and captopril on mortality and morbidity in high-risk patients after acute myocardial infarction: the OPTIMAAL randomised trial. Optimal Trial in Myocardial Infarction with Angiotensin II Antagonist Losartan. Lancet 2002;360:752-60 [12241832]

**ELITE, 1997:**

Pitt B, Segal R, Martinez FA, Meurers G, Cowley AJ, Thomas I, Deedwania PC, Ney DE, Snavely DB, Chang PI Randomised trial of losartan versus captopril in patients over 65 with heart failure (Evaluation of Losartan in the Elderly Study, ELITE) Lancet 1997;349:747-52 [9074572]

**VALIANT/Val, 2003:**

Pfeffer MA, McMurray JJ, Velazquez EJ, Rouleau JL, Kber L, Maggioni AP, Solomon SD, Swedberg K, Van de Werf F, White H, Leimberger JD, Henis M, Edwards S, Zelenkofske S, Sellers MA, Califf RM Valsartan, captopril, or both in myocardial infarction complicated by heart failure, left ventricular dysfunction, or both. N Engl J Med 2003;349:1893-906 [14610160]

McMurray J, Solomon S, Pieper K, Reed S, Rouleau J, Velazquez E, White H, Howlett J, Swedberg K, Maggioni A, Kber L, Van de Werf F, Califf R, Pfeffer M The effect of valsartan, captopril, or both on atherosclerotic events after acute myocardial infarction: an analysis of the Valsartan in Acute Myocardial Infarction Trial (VALIANT). J Am Coll Cardiol 2006;47:726-33 [16487836]

**DETAIL, 2004:**

Barnett AH, Bain SC, Bouter P, Karlberg B, Madsbad S, Jervell J, Mustonen J Angiotensin-receptor blockade versus converting-enzyme inhibition in type 2 diabetes and nephropathy. N Engl J Med 2004;351:1952-61 [15516696] 10.1056/NEJMoa042274

**DETAIL, 2004:**

Barnett AH, Bain SC, Bouter P, Karlberg B, Madsbad S, Jervell J, Mustonen J Angiotensin-receptor blockade versus converting-enzyme inhibition in type 2 diabetes and nephropathy. N Engl J Med 2004;351:1952-61 [15516696]

**ONTARGET/Tel, 2008:**

Yusuf S, Teo KK, Pogue J, Dyal L, Copland I, Schumacher H, Dagenais G, Sleight P, Anderson C Telmisartan, ramipril, or both in patients at high risk for vascular events. N Engl J Med 2008;358:1547-59 [18378520]

Verdecchia P, Sleight P, Mancia G, Fagard R, Trimarco B, Schmieder RE, Kim JH, Jennings G, Jansky P, Chen JH, Liu L, Gao P, Probstfield J, Teo K, Yusuf S Effects of telmisartan, ramipril, and their combination on left ventricular hypertrophy in individuals at high vascular risk in the Ongoing Telmisartan Alone and in Combination With Ramipril Global End Point Trial and the Telmisartan Randomized Assessment Study in ACE Intolerant Subjects With Cardiovascular Disease. Circulation 2009;120:1380-9 [19770395]

# 3 ARBs+ACEIs vs ACEIs

| Trial | Treatments | Patients | Trials design and methods |
|---|---|---|---|
| **Valsartan + captopril vs Captopril** | | | |
| VALIANT/Val+Cap , 2003<br>n=4885/4909<br>follow-up: 2.1 y | Valsartan + captopril<br>versus<br>Captopril | patients with myocardial infarction complicated by left ventricular systolic dysfunction, heart failure, or both | Parallel groups<br>double-blind |
| **Telmisartan + ramipril vs Ramipril** | | | |
| ONTARGET/Tel+Ram , 2008<br>n=8502/8576<br>follow-up: 4.7 y | Telmisartan + ramipril<br>versus<br>Ramipril | patients with vascular disease or high-risk diabetes | Parallel groups<br>double-blind |

## References

**VALIANT/Val+Cap, 2003:**

Pfeffer MA, McMurray JJ, Velazquez EJ, Rouleau JL, Kber L, Maggioni AP, Solomon SD, Swedberg K, Van de Werf F, White H, Leimberger JD, Henis M, Edwards S, Zelenkofske S, Sellers MA, Califf RM Valsartan, captopril, or both in myocardial infarction complicated by heart failure, left ventricular dysfunction, or both. N Engl J Med 2003;349:1893-906 [14610160]

McMurray J, Solomon S, Pieper K, Reed S, Rouleau J, Velazquez E, White H, Howlett J, Swedberg K, Maggioni A, Kber L, Van de Werf F, Califf R, Pfeffer M The effect of valsartan, captopril, or both on atherosclerotic events after acute myocardial infarction: an analysis of the Valsartan in Acute Myocardial Infarction Trial (VALIANT). J Am Coll Cardiol 2006;47:726-33 [16487836]

**ONTARGET/Tel+Ram, 2008:**

Yusuf S, Teo KK, Pogue J, Dyal L, Copland I, Schumacher H, Dagenais G, Sleight P, Anderson C Telmisartan, ramipril, or both in patients at high risk for vascular events. N Engl J Med 2008;358:1547-59 [18378520]

Verdecchia P, Sleight P, Mancia G, Fagard R, Trimarco B, Schmieder RE, Kim JH, Jennings G, Jansky P, Chen JH, Liu L, Gao P, Probstfield J, Teo K, Yusuf S Effects of telmisartan, ramipril, and their combination on left ventricular hypertrophy in individuals at high vascular risk in the Ongoing Telmisartan Alone and in Combination With Ramipril Global End Point Trial and the Telmisartan Randomized Assessment Study in ACE Intolerant Subjects With Cardiovascular Disease. Circulation 2009;120:1380-9 [19770395]

# 4 endopeptidase inhibitors

| Trial | Treatments | Patients | Trials design and methods |
|---|---|---|---|
| **LCZ696 vs placebo** | | | |
| Ruilope , 2010<br>n=NA<br>follow-up: 8 weeks | LCZ696 for 8 weeks<br>versus<br>placebo | patients with mild to moderate hypertension | Parallel groups<br>double blind<br>18 countries |

## References

**Ruilope, 2010:**

Ruilope LM, Dukat A, Bhm M, Lacourcire Y, Gong J, Lefkowitz MP Blood-pressure reduction with LCZ696, a novel dual-acting inhibitor of the angiotensin II receptor and neprilysin: a randomised, double-blind, placebo-controlled, active comparator study. Lancet 2010 Mar 15;: [20236700] 10.1016/S0140-6736(09)61966-8



# 5 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

TrialResults-center is non-profit and self-funded.