

# Clinical trials of angiotensin-receptor blockers for miscellaneous in all type of patients

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## 1 angiotensin receptor blocker

Trial	Treatments	Patients	Trials design and methods
<b>ARBs vs control</b>			
<b>Suzuki , 2008</b> n=183/183 follow-up:	ARBs (valsartan, candesartan, and losartan) versus no ARBs	patients with diabetes and chronic kidney disease on dialysis	Parallel groups open
<b>candesartan vs control</b>			
<b>Takahashi , 2006</b> n=43/37 follow-up: 19.4 months	candesartan versus control	patients on chronic haemodialysis in stable condition and with no clinical evidence of cardiac disorders	Parallel groups open
<b>candesartan vs conventional treatment</b>			
<b>E-COST , 2005</b> n=1053/995 follow-up:	candesartan, 2 to 12 mg daily versus 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 single-blind Japan
<b>E-COST-R , 2005</b> n=69/72 follow-up:	candesartan versus conventional treatment	hypertensive subjects 60 to 75 years old with non-diabetic chronic renal insufficiency	Parallel groups open
<b>HIJ-CREATE , 2009</b> n=1024/1025 follow-up: 4.2 y (median)	angiotensin II receptor blocker-based therapy versus non-angiotensin II receptor blocker-based therapy	patients with angiographically documented coronary artery disease and hypertension	Parallel groups open Japan
<b>candesartan vs placebo</b>			
<b>TROPHY , 2006</b> [NCT00227318] n=409/400 follow-up: 4y	candesartan during 2y followed by 2y of placebo versus placebo	subjects with repeated measurements of systolic pressure of 130 to 139 mm Hg and diastolic pressure of 89 mm Hg or lower, or systolic pressure of 139 mm Hg or lower and diastolic pressure of 85 to 89 mm Hg	Parallel groups double-blind USA
<b>SCOPE , 2003</b> n=2477/2460 follow-up: 3.7 y (mean)	candesartan, 816 mg once daily (target 160/90) versus placebo	patients aged 70-89 years, with systolic blood pressure 160-179 mmHg, and/or diastolic blood pressure 90-99 mmHg, and a Mini Mental State Examination (MMSE) test score >24	Parallel groups double-blind 15 countries
<b>irbesartan vs placebo</b>			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>IDNT (irbesartan vs pbo) , 2001</b> n=579/569 follow-up: 2.6 y	Irbesartan 300mg/d (target 135/85) versus placebo	hypertensive patients with nephropathy due to type 2 diabetes	Parallel groups double-blind worldwide
<b>IRMA 2 , 2001</b> n=404/207 follow-up: 2 years	irbesartan 150 mg daily or 300 mg daily versus placebo	hypertensive patients with type 2 diabetes and microalbuminuria	Parallel groups double-blind multinational
<b>losartan vs placebo</b>			
<b>RENAAL , 2001</b> n=751/762 follow-up: 3.4 years	Losartan 50 to 100 mg once daily versus placebo	patients with type 2 diabetes and nephropathy	Parallel groups double-blind
<b>olmesartan vs placebo</b>			
<b>ROADMAP , 2010</b> [NCT00185159] n=2232/2215 follow-up: 3.2 y	olmesartan at 40 mg/day versus placebo	patients with diabetes and at least one additional cardiovascular risk factor, but no evidence of renal dysfunction	Parallel groups double-blind Europe (19 countries)
<b>ORIENT</b> [NCT00141453] n=282/284 follow-up:	olmesartan versus placebo	patients with diabetic Nephropathy and overt proteinuria secondary to type 2 diabetes mellitus	Parallel groups double-blind Japan, Hong Kong
<b>telmisartan vs placebo</b>			
<b>TRANSCEND , 2008</b> [NCT00153101] n=2954/2972 follow-up: median 56 months (IQR 51-64)	telmisartan 80 mg/day versus placebo	high-risk patients intolerant to angiotensin-converting enzyme inhibitors	Parallel groups double blind 40 countries
<b>PROPESS , 2008</b> [NCT00153062] n=10146/10186 follow-up: 2.5 y	telmisartan 80 mg daily versus placebo	patients who recently had an ischemic stroke	Factorial plan double blind 35 countries
<b>candesartan vs amlodipine</b>			
<b>CASE-J , 2008</b> n=2354/2349 follow-up: 3.2 years	candesartan-based regimen versus amlodipine-based regimen	high-risk Japanese hypertensive patients	Parallel groups open (blinded assessment) Japan
<b>irbesartan vs amlodipine</b>			
<b>IDNT (irbesartan vs amlodipine) , 2001</b> n=579/567 follow-up: 26y	Irbesartan 300mg/d (with a target of 135/85) versus amlodipine 10mg/d (with a target of 135/85)	hypertensive patients with nephropathy due to type 2 diabetes	Parallel groups double-blind worldwide
<b>valsartan vs amlodipine</b>			

continued...

Trial	Treatments	Patients	Trials design and methods
<b>VALUE , 2004</b> [NCT00129233] n=7649/7596 follow-up: 4.2 y (mean)	valsartan based regimen versus amlodipine based regimen	patients, aged 50 years or older with treated or untreated hypertension and high risk of cardiac events	Parallel groups Double blind 31 countries
<b>losartan vs atenolol</b>			
<b>LIFE , 2002</b> n=4605/4588 follow-up: 4.8 y (mean)	losartan versus atenolol	patients aged 55-80 years, with previously treated or untreated hypertension (sitting blood pressure 160/200/95/115 mm Hg) and ECG signs of LVH.	Parallel groups Double blind USA, Europe
<b>telmisartan vs enalapril</b>			
<b>DETAIL , 2004</b> n=120/130 follow-up: 5 year	telmisartan 80 mg daily versus enalapril 20 mg daily	subjects with type 2 diabetes and early nephropathy	Parallel groups double-blind
<b>candesartan vs hydrochlorothiazide</b>			
<b>ALPINE , 2003</b> n=197/196 follow-up: 1 year	candesartan versus hydrochlorothiazide	newly detected hypertensives	Parallel groups double-blind Sweden
<b>olmesartan 40 mg vs olmesartan 20 mg plus a calcium-channel blocker</b>			
<b>OSCAR , 2011</b> [NCT00134160] n=578/586 follow-up:	high-dose olmesartan 40 mg per day versus 20-mg/day olmesartan comined with standard dose of amlodipine or azelnidipine	high-risk elderly Japanese hypertension patients	Parallel groups Japan
<b>telmisartan vs ramipril</b>			
<b>ONTARGET (telmisartan alone) , 2008</b> [NCT00153101] n=8542/8576 follow-up: 4.7y	telmisartan 80mg daily versus ramipril 10 mg daily	patients patients with coronary, peripheral, or cerebrovascular disease or diabetes with end-organ damage	Parallel groups double blind 40 countries
<b>telmisartan + ramipril vs ramipril</b>			
<b>ONTARGET (association vs ramipril) , 2008</b> [NCT00153101] n=8502/8576 follow-up: 4.7y	telmisartan 80mg + ramipril 10mg daily versus ramipril 10 mg daily	patients patients with coronary, peripheral, or cerebrovascular disease or diabetes with end-organ damage	Parallel groups double blind 40 countries
<b>telmisartan + ramipril vs telmisartan</b>			
<b>ONTARGET (association vs telmisartan) , 2008</b> [NCT00153101] n=8502/8542 follow-up: 4.7y	telmisartan 80mg + ramipril 10mg daily versus telmisartan 80 mg daily	patients patients with coronary, peripheral, or cerebrovascular disease or diabetes with end-organ damage	Parallel groups double blind 40 countries

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## **2 endopeptidase inhibitors**

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

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## 3 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.