

Trial record 1 of 1 for: NCT00384293

[Previous Study](#) | [Return to List](#) | [Next Study](#)

## Carotid IMT (Intima Media Thickening) Study (0524A-041)(TERMINATED) (ACHIEVE)

**This study has been terminated.**

### Sponsor:

Merck Sharp &amp; Dohme Corp.

### Information provided by (Responsible Party):

Merck Sharp &amp; Dohme Corp.

### ClinicalTrials.gov Identifier:

NCT00384293

First received: October 3, 2006

Last updated: September 28, 2015

Last verified: September 2015

[History of Changes](#)
[Full Text View](#)
[Tabular View](#)
[Study Results](#)
[Disclaimer](#)
[? How to Read a Study Record](#)

### Purpose

This is a 105-week clinical study in patients with heterozygous familial hypercholesterolemia on intensive Low Density Lipoprotein-cholesterol (LDL-C) lowering therapy intended to assess the affects of MK0524A on carotid intima media thickening using ultrasound compared to patients taking placebo. There will be 12 scheduled clinic visits involving review of medical history, physical exam, vital signs, laboratory testing, ultrasound imaging, and electrocardiograms.

<u>Condition</u>	<u>Intervention</u>	<u>Phase</u>
Hypercholesterolemia, Familial	Drug: Comparator: niacin (+) laropiprant (MK0524A) Drug: Comparator: placebo	Phase 3

Study Type: Interventional

Study Design: Allocation: Randomized

Endpoint Classification: Safety/Efficacy Study

Intervention Model: Parallel Assignment

Masking: Double Blind (Subject, Investigator)

Primary Purpose: Treatment

Official Title: A Worldwide, Double-Blind, Randomized, Placebo-Controlled Study of MK0524A 2g Coadministered With Intensive LDL-C Lowering Therapy Compared to Intensive LDL-C Lowering Therapy Alone on Carotid Artery Intima Media Thickening (cIMT) in Patients With Heterozygous Familial Hypercholesterolemia (heFH)

### Resource links provided by NLM:

[Genetics Home Reference](#) related topics: [Chanarin-Dorfman syndrome](#) [cholesteryl ester storage disease](#) [hypercholesterolemia](#)

[MedlinePlus](#) related topics: [Cholesterol](#)

[Drug Information](#) available for: [Niacin](#)

[Genetic and Rare Diseases Information Center](#) resources: [Hyperlipoproteinemia Type 2](#)

[U.S. FDA Resources](#)**Further study details as provided by Merck Sharp & Dohme Corp.:**

## Primary Outcome Measures:

- Change in Mean Carotid Intima Media Thickness [ Time Frame: after 96 weeks of postrandomization treatment ]  
[ Designated as safety issue: No ]  
change in mean carotid intima media thickness defined as a composite measure of the left and right common, bulb, and internal carotid artery.

## Secondary Outcome Measures:

- Change in Lipid Profile [ Time Frame: after 96 weeks of postrandomization treatment ] [ Designated as safety issue: No ]

Enrollment: 937  
 Study Start Date: September 2006  
 Study Completion Date: August 2008  
 Primary Completion Date: August 2008 (Final data collection date for primary outcome measure)

<a href="#">Arms</a>	<a href="#">Assigned Interventions</a>
Experimental: 1 MK0524A	Drug: Comparator: niacin (+) laropiprant (MK0524A) niacin (+) laropiprant (2 g) po qd. Other Name: MK0524A
Placebo Comparator: 2 placebo	Drug: Comparator: placebo niacin (+) laropiprant (2 g) placebo po qd.

**▶ Eligibility**

Ages Eligible for Study: 18 Years to 70 Years  
 Genders Eligible for Study: Both  
 Accepts Healthy Volunteers: Yes

**Criteria**

## Inclusion Criteria:

- Patients who are 18 to 70 years of age with Heterozygous Familial Hypercholesterolemia and a LDL-C greater than or equal to 100mg/dL and triglycerides less than or equal to 400mg/dL at Visit 1 while on a stable dose of intensive LDL-C lowering therapy

## Exclusion Criteria:

- A condition which, in the opinion of the investigator, might pose a risk to the patient or interfere with participating in the study
- Patients with less than 80% drug study compliance
- Patients with chronic medical conditions known to influence serum lipids or lipoproteins or significantly affect the ultrasound acoustic window
- Patients with unstable dose of medications
- Pregnant or lactating women, or women intending to become pregnant are excluded
- Patient with diabetes mellitus that is poorly controlled, or is taking new or recently adjusted antidiabetic pharmacotherapy (with the exception of +/- 10 units of insulin)
- Patients with the following conditions: high grade stenosis (greater than 75%) of the carotid artery, chronic heart failure, uncontrolled/unstable cardiac arrhythmias, unstable hypertension, active or chronic hepatobiliary or hepatic disease, HIV positive, episode of gout (within 1 year)

**▶ Contacts and Locations**

Choosing to participate in a study is an important personal decision. Talk with your doctor and family members or friends about deciding to join a study. To learn more about this study, you or your doctor may contact the study research staff using the Contacts provided below. For general information, see [Learn About Clinical Studies](#).

Please refer to this study by its ClinicalTrials.gov identifier: NCT00384293

### Sponsors and Collaborators

Merck Sharp & Dohme Corp.

### Investigators

Study Director: Medical Monitor Merck Sharp & Dohme Corp.

### More Information

Responsible Party: Merck Sharp & Dohme Corp.  
ClinicalTrials.gov Identifier: [NCT00384293](#) [History of Changes](#)  
Other Study ID Numbers: 0524A-041 2006\_506  
Study First Received: October 3, 2006  
Results First Received: July 23, 2009  
Last Updated: September 28, 2015  
Health Authority: United States: Food and Drug Administration

#### Additional relevant MeSH terms:

Hypercholesterolemia	Hyperlipoproteinemias
Hyperlipoproteinemia Type II	Lipid Metabolism Disorders
Dyslipidemias	Lipid Metabolism, Inborn Errors
Genetic Diseases, Inborn	Metabolic Diseases
Hyperlipidemias	Metabolism, Inborn Errors

ClinicalTrials.gov processed this record on April 13, 2016

 [TO TOP](#)

[For Patients and Families](#) | [For Researchers](#) | [For Study Record Managers](#)

[HOME](#) [RSS FEEDS](#) [SITE MAP](#) [TERMS AND CONDITIONS](#) [DISCLAIMER](#) [CONTACT NLM HELP DESK](#)

[Copyright](#) | [Privacy](#) | [Accessibility](#) | [Viewers and Players](#) | [Freedom of Information Act](#) | [USA.gov](#)  
[U.S. National Library of Medicine](#) | [U.S. National Institutes of Health](#) | [U.S. Department of Health and Human Services](#)

Trial record 1 of 1 for: NCT00384293

[Previous Study](#) | [Return to List](#) | [Next Study](#)

## Carotid IMT (Intima Media Thickening) Study (0524A-041)(TERMINATED) (ACHIEVE)

**This study has been terminated.**

### Sponsor:

Merck Sharp &amp; Dohme Corp.

### Information provided by (Responsible Party):

Merck Sharp &amp; Dohme Corp.

### ClinicalTrials.gov Identifier:

NCT00384293

First received: October 3, 2006

Last updated: September 28, 2015

Last verified: September 2015

[History of Changes](#)
[Full Text View](#)
[Tabular View](#)
[Study Results](#)
[Disclaimer](#)
[? How to Read a Study Record](#)

Results First Received: July 23, 2009

<b>Study Type:</b>	Interventional
<b>Study Design:</b>	Allocation: Randomized; Endpoint Classification: Safety/Efficacy Study; Intervention Model: Parallel Assignment; Masking: Double Blind (Subject, Investigator); Primary Purpose: Treatment
<b>Condition:</b>	Hypercholesterolemia, Familial
<b>Interventions:</b>	Drug: Comparator: niacin (+) laropiprant (MK0524A) Drug: Comparator: placebo

### Participant Flow

[Hide Participant Flow](#)

#### Recruitment Details

Key information relevant to the recruitment process for the overall study, such as dates of the recruitment period and locations

No text entered.

#### Pre-Assignment Details

Significant events and approaches for the overall study following participant enrollment, but prior to group assignment

There was an MK0524A active run-in period prior to randomization. Per protocol, patients were scheduled to receive MK0524A 1g orally once daily for 4 weeks. The MK0524A dose was then increased to 2g (2x 1g tablets), once daily, for an additional 4 weeks prior to randomization.

#### Reporting Groups

	Description
<b>MK0524A Active Run-In Period</b>	Patients who received MK0524A during active run-in (Visit 2). Per protocol, patients were scheduled to receive MK0524A 1g orally once daily for 4 weeks. The MK0524A dose was then increased to 2g (2x 1g tablets), once daily, at Visit 3 for an additional 4 weeks prior to randomization.
<b>MK0524A, 2 g (Postrandomization Period)</b>	Patients who were randomized to MK0524A, 2 g (oral administration) once daily.
<b>Placebo (Postrandomization Period)</b>	Patients who were randomized to placebo

## Participant Flow for 2 periods

## Period 1: MK0524A Active Run-In, Pre-randomization

	MK0524A Active Run-In Period	MK0524A, 2 g (Postrandomization Period)	Placebo (Postrandomization Period)
<b>STARTED</b>	937	0	0
Entered Active run-in, MK0524A 1 g	937 <sup>[1]</sup>	0	0
MK0524A Dose Increased to 2 g	813 <sup>[2]</sup>	0	0
<b>COMPLETED</b>	433	0	0
<b>NOT COMPLETED</b>	504	0	0
Adverse Event	120	0	0
Lost to Follow-up	1	0	0
Withdrawal by Subject	24	0	0
Not cIMT eligible at Visit 3	340	0	0
Trial Termination	16	0	0
Certified Sonographer Not Available	2	0	0
Patient Unable to Complete cIMT Scan	1	0	0

[1] Entered active run-in period and received MK0524A 1 g

[2] MK0524A dose increased to 2 g in active run-in period

## Period 2: Post-randomization Period

	MK0524A Active Run-In Period	MK0524A, 2 g (Postrandomization Period)	Placebo (Postrandomization Period)
<b>STARTED</b>	0	214	219
Received ≥1 Dose of MK0524A Study Drug	0	214 <sup>[1]</sup>	218
<b>COMPLETED</b>	0	0	0
<b>NOT COMPLETED</b>	0	214	219
Adverse Event	0	23	7
Lost to Follow-up	0	2	1
Protocol Violation	0	1	0
Withdrawal by Subject	0	8	6
Trial Termination	0	180	204

Patient Randomized in Error	0	0	1
-----------------------------	---	---	---

[1] Received at least one dose of randomized study drug (All Patients as Treated Population)

## Baseline Characteristics

 Hide Baseline Characteristics

### Population Description

Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.

No text entered.

### Reporting Groups

	Description
<b>MK0524A, 2 g (Postrandomization Period)</b>	Patients who were randomized to MK0524A, 2 g (oral administration) once daily.
<b>Placebo (Postrandomization Period)</b>	Patients who were randomized to placebo
<b>Total</b>	Total of all reporting groups

### Baseline Measures

	MK0524A, 2 g (Postrandomization Period)	Placebo (Postrandomization Period)	Total
<b>Number of Participants</b> [units: participants]	214	218	432
<b>Age</b> [units: years] Mean (Standard Deviation)	53.1 (8.94)	54.5 (8.22)	53.8 (8.60)
<b>Gender</b> [units: participants]			
Female	76	82	158
Male	138	136	274

## Outcome Measures

 Hide All Outcome Measures

1. Primary: Change in Mean Carotid Intima Media Thickness [ Time Frame: after 96 weeks of postrandomization treatment ]

<b>Measure Type</b>	Primary
<b>Measure Title</b>	Change in Mean Carotid Intima Media Thickness
<b>Measure Description</b>	change in mean carotid intima media thickness defined as a composite measure of the left and right common, bulb, and internal carotid artery.
<b>Time Frame</b>	after 96 weeks of postrandomization treatment
<b>Safety Issue</b>	No

### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

study prematurely terminated, no efficacy analyses were performed

#### Reporting Groups

	Description
<b>MK0524A Active Run-In Period</b>	Patients who received MK0524A during active run-in (Visit 2). Per protocol, patients were scheduled to receive MK0524A 1g orally once daily for 4 weeks. The MK0524A dose was then increased to 2g (2x 1g tablets), once daily, at Visit 3 for an additional 4 weeks prior to randomization.
<b>MK0524A, 2 g (Postrandomization Period)</b>	Patients who were randomized to MK0524A, 2 g (oral administration) once daily.
<b>Placebo (Postrandomization Period)</b>	Patients who were randomized to placebo

#### Measured Values

	MK0524A Active Run-In Period	MK0524A, 2 g (Postrandomization Period)	Placebo (Postrandomization Period)
<b>Number of Participants Analyzed [units: participants]</b>	0	0	0
<b>Change in Mean Carotid Intima Media Thickness</b>			

**No statistical analysis provided for Change in Mean Carotid Intima Media Thickness**

2. Secondary: Change in Lipid Profile [ Time Frame: after 96 weeks of postrandomization treatment ]

<b>Measure Type</b>	Secondary
<b>Measure Title</b>	Change in Lipid Profile
<b>Measure Description</b>	No text entered.
<b>Time Frame</b>	after 96 weeks of postrandomization treatment
<b>Safety Issue</b>	No

#### Population Description

**Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.**

study prematurely terminated, no efficacy analyses were performed

#### Reporting Groups

	Description
<b>MK0524A Active Run-In Period</b>	Patients who received MK0524A during active run-in (Visit 2). Per protocol, patients were scheduled to receive MK0524A 1g orally once daily for 4 weeks. The MK0524A dose was then increased to 2g (2x 1g tablets), once daily, at Visit 3 for an additional 4 weeks prior to randomization.
<b>MK0524A, 2 g (Postrandomization Period)</b>	Patients who were randomized to MK0524A, 2 g (oral administration) once daily.
<b>Placebo (Postrandomization Period)</b>	Patients who were randomized to placebo

## Measured Values

	MK0524A Active Run-In Period	MK0524A, 2 g (Postrandomization Period)	Placebo (Postrandomization Period)
Number of Participants Analyzed [units: participants]	0	0	0
Change in Lipid Profile			

No statistical analysis provided for Change in Lipid Profile

## ► Serious Adverse Events

☰ Hide Serious Adverse Events

Time Frame	No text entered.
Additional Description	No text entered.

## Reporting Groups

	Description
MK0524A Active Run-In Period	Patients who received MK0524A during active run-in (Visit 2). Per protocol, patients were scheduled to receive MK0524A 1g orally once daily for 4 weeks. The MK0524A dose was then increased to 2g (2x 1g tablets), once daily, at Visit 3 for an additional 4 weeks prior to randomization.
MK0524A, 2 g (Postrandomization Period)	Patients who were randomized to MK0524A, 2 g (oral administration) once daily.
Placebo (Postrandomization Period)	Patients who were randomized to placebo

## Serious Adverse Events

	MK0524A Active Run-In Period	MK0524A, 2 g (Postrandomization Period)	Placebo (Postrandomization Period)
Total, serious adverse events			
# participants affected	10	5	8
Cardiac disorders			
Acute coronary syndrome * 1			
# participants affected / at risk	0/937 (0.00%)	0/214 (0.00%)	1/218 (0.46%)
Acute myocardial infarction * 1			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
Acute pectoris * 1			
# participants affected / at risk	0/937 (0.00%)	1/214 (0.47%)	0/218 (0.00%)
Angina unstable * 1			
# participants affected / at risk	1/937 (0.11%)	1/214 (0.47%)	1/218 (0.46%)
Atrial fibrillation * 1			

# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
<b>Myocardial infarction * 1</b>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
<b>Gastrointestinal disorders</b>			
<b>Pancreatitis * 1</b>			
# participants affected / at risk	0/937 (0.00%)	0/214 (0.00%)	1/218 (0.46%)
<b>Constipation * 1</b>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
<b>General disorders</b>			
<b>Pyrexia * 1</b>			
# participants affected / at risk	0/937 (0.00%)	0/214 (0.00%)	1/218 (0.46%)
<b>Hepatobiliary disorders</b>			
<b>Hepatitis * 1</b>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
<b>Immune system disorders</b>			
<b>Anaphylactic shock * 1</b>			
# participants affected / at risk	0/937 (0.00%)	0/214 (0.00%)	1/218 (0.46%)
<b>Infections and infestations</b>			
<b>Diverticulitis * 1</b>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
<b>Staphylococcal sepsis * 1</b>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
<b>Injury, poisoning and procedural complications</b>			
<b>Limb injury * 1</b>			
# participants affected / at risk	0/937 (0.00%)	0/214 (0.00%)	1/218 (0.46%)
<b>Metabolism and nutrition disorders</b>			
<b>Hypoglycaemia * 1</b>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
<b>Musculoskeletal and connective tissue disorders</b>			
<b>Rotator cuff syndrome * 1</b>			
# participants affected / at risk	0/937 (0.00%)	2/214 (0.93%)	0/218 (0.00%)
<b>Intervertebral disc protrusion * 1</b>			
# participants affected / at risk	0/937 (0.00%)	1/214 (0.47%)	1/218 (0.46%)
<b>Osteoarthritis * 1</b>			
# participants affected / at risk	0/937 (0.00%)	0/214 (0.00%)	1/218 (0.46%)
<b>Toe deformity * 1</b>			
# participants affected / at risk	0/937 (0.00%)	0/214 (0.00%)	1/218 (0.46%)
<b>Neoplasms benign, malignant and unspecified (incl cysts and polyps)</b>			
<b>Lung cancer metastatic * 1</b>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)

<b>Papillary thyroid cancer</b> <sup>* 1</sup>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
<b>Pregnancy, puerperium and perinatal conditions</b>			
<b>Pregnancy</b> <sup>* 1</sup>			
# participants affected / at risk	0/937 (0.00%)	0/214 (0.00%)	1/218 (0.46%)
<b>Renal and urinary disorders</b>			
<b>Renal failure acute</b> <sup>* 1</sup>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)
<b>Reproductive system and breast disorders</b>			
<b>Ovarian cyst</b> <sup>* 1</sup>			
# participants affected / at risk	0/937 (0.00%)	1/214 (0.47%)	0/218 (0.00%)
<b>Respiratory, thoracic and mediastinal disorders</b>			
<b>Pulmonary embolism</b> <sup>* 1</sup>			
# participants affected / at risk	0/937 (0.00%)	0/214 (0.00%)	1/218 (0.46%)
<b>Vascular disorders</b>			
<b>Arterial stenosis</b> <sup>* 1</sup>			
# participants affected / at risk	1/937 (0.11%)	0/214 (0.00%)	0/218 (0.00%)

\* Events were collected by non-systematic assessment

1 Term from vocabulary, MedDRA 10.0

## Other Adverse Events

 Hide Other Adverse Events

<b>Time Frame</b>	No text entered.
<b>Additional Description</b>	No text entered.

### Frequency Threshold

Threshold above which other adverse events are reported	2%
---	----

### Reporting Groups

	Description
<b>MK0524A Active Run-In Period</b>	Patients who received MK0524A during active run-in (Visit 2). Per protocol, patients were scheduled to receive MK0524A 1g orally once daily for 4 weeks. The MK0524A dose was then increased to 2g (2x 1g tablets), once daily, at Visit 3 for an additional 4 weeks prior to randomization.
<b>MK0524A, 2 g (Postrandomization Period)</b>	Patients who were randomized to MK0524A, 2 g (oral administration) once daily.
<b>Placebo (Postrandomization Period)</b>	Patients who were randomized to placebo

### Other Adverse Events

	MK0524A Active Run-In Period	MK0524A, 2 g (Postrandomization Period)	Placebo (Postrandomization Period)

<b>Total, other (not including serious) adverse events</b>			
<b># participants affected</b>	<b>395</b>	<b>74</b>	<b>54</b>
<b>Gastrointestinal disorders</b>			
<b>Diarrhoea * 1</b>			
<b># participants affected / at risk</b>	<b>20/937 (2.13%)</b>	<b>8/214 (3.74%)</b>	<b>4/218 (1.83%)</b>
<b>Nausea * 1</b>			
<b># participants affected / at risk</b>	<b>24/937 (2.56%)</b>	<b>5/214 (2.34%)</b>	<b>0/218 (0.00%)</b>
<b>Vomiting * 1</b>			
<b># participants affected / at risk</b>	<b>0/937 (0.00%)</b>	<b>5/214 (2.34%)</b>	<b>0/218 (0.00%)</b>
<b>General disorders</b>			
<b>Fatigue * 1</b>			
<b># participants affected / at risk</b>	<b>0/937 (0.00%)</b>	<b>6/214 (2.80%)</b>	<b>5/218 (2.29%)</b>
<b>Infections and infestations</b>			
<b>Influenza * 1</b>			
<b># participants affected / at risk</b>	<b>0/937 (0.00%)</b>	<b>14/214 (6.54%)</b>	<b>18/218 (8.26%)</b>
<b>Nasopharyngitis * 1</b>			
<b># participants affected / at risk</b>	<b>23/937 (2.45%)</b>	<b>14/214 (6.54%)</b>	<b>13/218 (5.96%)</b>
<b>Upper respiratory tract infection * 1</b>			
<b># participants affected / at risk</b>	<b>0/937 (0.00%)</b>	<b>4/214 (1.87%)</b>	<b>6/218 (2.75%)</b>
<b>Musculoskeletal and connective tissue disorders</b>			
<b>Arthralgia * 1</b>			
<b># participants affected / at risk</b>	<b>0/937 (0.00%)</b>	<b>8/214 (3.74%)</b>	<b>3/218 (1.38%)</b>
<b>Back pain * 1</b>			
<b># participants affected / at risk</b>	<b>0/937 (0.00%)</b>	<b>8/214 (3.74%)</b>	<b>6/218 (2.75%)</b>
<b>Myalgia * 1</b>			
<b># participants affected / at risk</b>	<b>0/937 (0.00%)</b>	<b>6/214 (2.80%)</b>	<b>8/218 (3.67%)</b>
<b>Pain in extremity * 1</b>			
<b># participants affected / at risk</b>	<b>0/937 (0.00%)</b>	<b>2/214 (0.93%)</b>	<b>7/218 (3.21%)</b>
<b>Nervous system disorders</b>			
<b>Headache * 1</b>			
<b># participants affected / at risk</b>	<b>52/937 (5.55%)</b>	<b>10/214 (4.67%)</b>	<b>5/218 (2.29%)</b>
<b>Paraesthesia * 1</b>			
<b># participants affected / at risk</b>	<b>47/937 (5.02%)</b>	<b>0/214 (0.00%)</b>	<b>0/218 (0.00%)</b>
<b>Burning Sensation * 1</b>			
<b># participants affected / at risk</b>	<b>25/937 (2.67%)</b>	<b>0/214 (0.00%)</b>	<b>0/218 (0.00%)</b>
<b>Dizziness * 1</b>			
<b># participants affected / at risk</b>	<b>21/937 (2.24%)</b>	<b>0/214 (0.00%)</b>	<b>0/218 (0.00%)</b>
<b>Skin and subcutaneous tissue disorders</b>			

Pruritus * 1			
# participants affected / at risk	78/937 (8.32%)	10/214 (4.67%)	2/218 (0.92%)
Erythema * 1			
# participants affected / at risk	23/937 (2.45%)	0/214 (0.00%)	0/218 (0.00%)
Rash * 1			
# participants affected / at risk	22/937 (2.35%)	0/214 (0.00%)	0/218 (0.00%)
Vascular disorders			
Flushing * 1			
# participants affected / at risk	184/937 (19.64%)	5/214 (2.34%)	0/218 (0.00%)
Hot flush * 1			
# participants affected / at risk	37/937 (3.95%)	0/214 (0.00%)	0/218 (0.00%)

\* Events were collected by non-systematic assessment

1 Term from vocabulary, MedDRA 10.0

## Limitations and Caveats

 Hide Limitations and Caveats

**Limitations of the study, such as early termination leading to small numbers of participants analyzed and technical problems with measurement leading to unreliable or uninterpretable data**

After a detailed review of pooled carotid IMT data from contemporary studies, the Steering Committee recommended that Merck prematurely stop the study; as designed, the study was significantly underpowered. Efficacy analyses were not performed.

## More Information

 Hide More Information

### Certain Agreements:

Principal Investigators are **NOT** employed by the organization sponsoring the study.

There **IS** an agreement between Principal Investigators and the Sponsor (or its agents) that restricts the PI's rights to discuss or publish trial results after the trial is completed.

The agreement is:

- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **less than or equal to 60 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.
- The only disclosure restriction on the PI is that the sponsor can review results communications prior to public release and can embargo communications regarding trial results for a period that is **more than 60 days but less than or equal to 180 days**. The sponsor cannot require changes to the communication and cannot extend the embargo.

Other disclosure agreement that restricts the right of the PI to discuss or publish trial results after the trial is completed.

- Restriction Description:** Merck agreements may vary with individual investigators, but will not prohibit any investigator from publishing. Merck supports the publication of results from all centers of a multi-center trial but requests that reports based on single-site data not precede the primary publication of the entire clinical trial.

### Results Point of Contact:

Name/Title: Senior Vice President, Global Clinical Development  
 Organization: Merck Sharp & Dohme Corp.  
 phone: 1-800-672-6372

e-mail: [ClinicalTrialsDisclosure@merck.com](mailto:ClinicalTrialsDisclosure@merck.com)

Responsible Party: Merck Sharp & Dohme Corp.  
ClinicalTrials.gov Identifier: [NCT00384293](#) [History of Changes](#)  
Other Study ID Numbers: 0524A-041  
2006\_506  
Study First Received: October 3, 2006  
Results First Received: July 23, 2009  
Last Updated: September 28, 2015  
Health Authority: United States: Food and Drug Administration

[▲ TO TOP](#)

[For Patients and Families](#) | [For Researchers](#) | [For Study Record Managers](#)

---

[HOME](#) [RSS FEEDS](#) [SITE MAP](#) [TERMS AND CONDITIONS](#) [DISCLAIMER](#) [CONTACT NLM HELP DESK](#)

[Copyright](#) | [Privacy](#) | [Accessibility](#) | [Viewers and Players](#) | [Freedom of Information Act](#) | [USA.gov](#)  
[U.S. National Library of Medicine](#) | [U.S. National Institutes of Health](#) | [U.S. Department of Health and Human Services](#)