

History of Changes for Study: NCT02551094

Colchicine Cardiovascular Outcomes Trial (COLCOT) (COLCOT)

[Latest version \(submitted September 23, 2020\) on ClinicalTrials.gov](#)

- A study version is represented by a row in the table.
- Select two study versions to compare. One each from columns A and B.
- Choose either the "Merged" or "Side-by-Side" comparison format to specify how the two study versions are to be displayed. The Side-by-Side format only applies to the Protocol section of th
- Click "Compare" to do the comparison and show the differences.
- Select a version's Submitted Date link to see a rendering of the study for that version.
- The yellow A/B choices in the table indicate the study versions currently compared below. A yellow table row indicates the study version currently being viewed.
- Hover over the "Recruitment Status" to see how the study's recruitment status changed.
- Study edits or deletions are displayed in red.
- Study additions are displayed in green.

Study Record Versions

Version	A	B	Submitted Date	Changes
1	☒	☐	September 14, 2015	None (earliest Version on record)
2	☐	☐	December 10, 2015	Recruitment Status, Study Status, Contacts/Locations and Oversight
3	☐	☒	March 6, 2017	Contacts/Locations, Study Status and Study Identification
4	☐	☐	June 13, 2018	Study Status
5	☐	☐	November 15, 2018	Recruitment Status, Study Status, Contacts/Locations and Study Design
6	☐	☐	December 17, 2018	Study Status
7	☐	☐	April 9, 2019	Study Status
8	☐	☐	October 12, 2019	Recruitment Status, Outcome Measures, Study Status and Eligibility
9	☐	☐	February 20, 2020	Study Status and Contacts/Locations
			► Results Submission Events	
10	☐	☐	September 23, 2020	Outcome Measures, Study Status, Document Section and Results

Compare

Comparison Format: ☐ Merged ☒ Side-by-Side

[Scroll up to access the controls](#)

Changes (Side-by-Side) for Study: NCT02551094
September 14, 2015 (v1) -- March 6, 2017 (v3)

Changes in: [Study Identification](#), [Study Status](#), [Oversight](#) and [Contacts/Locations](#)

☐ Show only changed modules

September 14, 2015March 6, 2017

▼ Study Identification

Unique Protocol ID: MHIPS-003	MHIPS-003
Brief Title: Colchicine Cardiovascular Outcomes Trial (COLCOT) (COLCOT)	Colchicine Cardiovascular Outcomes Trial (COLCOT) (COLC
Official Title: Colchicine Cardiovascular Outcomes ~~Trial~~	Colchicine Cardiovascular Outcomes <u>Trial</u> (COLCOT)

Secondary IDs:

▼ Study Status

Record Verification:	~~September 2016~~	March 2017
Overall Status:	~~Not yet recruiting~~	Recruiting
Study Start:	September 2015	September 2015
Primary Completion:	March 2019 [Anticipated]	March 2019 [Anticipated]
Study Completion:	September 2019 [Anticipated]	September 2019 [Anticipated]
First Submitted:	August 26, 2015	August 26, 2015
First Submitted that Met QC Criteria:	September 14, 2015	September 14, 2015
First Posted:	September 16, 2015 [Estimate]	September 16, 2015 [Estimate]
Last Update Submitted that Met QC Criteria:	~~September 14, 2016~~	March 6, 2017
Last Update Posted:	~~September 16, 2016~~ [Estimate]	March 8, 2017 [Actual]

▼ Sponsor/Collaborators

Sponsor:	Montreal Heart Institute	Montreal Heart Institute
Responsible Party:	Sponsor	Sponsor
Collaborators:		

▼ Oversight

U.S. FDA-regulated Drug:	
U.S. FDA-regulated Device:	
Data Monitoring:	Yes

▼ Study Description

Brief Summary:	The study evaluates whether long-term treatment with colchicine reduces rates of cardiovascular events in patients after myocardial infarction. Patients who have suffered a documented acute myocardial infarction within the last 30 days, are treated according to the national guidelines and after having completed any planned percutaneous revascularization procedures associated with their initial infarction will receive either colchicine (0.5 mg per day) or matching placebo (1:1 allocation ratio) for an estimated 2 years period or until the target of 301 primary endpoints has been reached.	The study evaluates whether long-term treatment with colchicine reduces rates of cardiovascular events in patients after myocardial infarction. Patients who have suffered a documented acute myocardial infarction within the last 30 days, are treated according to the national guidelines and after having completed any planned percutaneous revascularization procedures associated with their initial infarction will receive either colchicine (0.5 mg per day) or matching placebo (1:1 allocation ratio) for an estimated 2 years period or until the target of 301 primary endpoints has been reached.
Detailed Description:	Atherosclerosis is the most common cause of myocardial infarction, stroke and peripheral arterial disease. Research has clearly demonstrated that inflammation plays a key role in the initiation, progression and manifestations of atherosclerosis. Atherosclerotic lesions begin as an accumulation of lipid-laden cells (primarily macrophages) beneath the endothelium, and progress with the further accumulation of cells, connective-tissue elements, lipids and debris through immunological and inflammatory activation. Neutrophils and other inflammatory cells have been shown to invade culprit atherosclerotic lesions in acute coronary syndromes. It is likely that the inflammatory process is responsible for the high rate of cardiovascular events despite significant advances in the treatment of risk factors such as hypercholesterolemia and hypertension. It is vital to improve our understanding of the inflammatory nature of atherosclerotic disease and modify the inflammatory process with targeted therapies. Prospective cohort studies have consistently shown that high sensitivity C-reactive	Atherosclerosis is the most common cause of myocardial infarction, stroke and peripheral arterial disease. Research has clearly demonstrated that inflammation plays a key role in the initiation, progression and manifestations of atherosclerosis. Atherosclerotic lesions begin as an accumulation of lipid-laden cells (primarily macrophages) beneath the endothelium, and progress with the further accumulation of cells, connective-tissue elements, lipids and debris through immunological and inflammatory activation. Neutrophils and other inflammatory cells have been shown to invade culprit atherosclerotic lesions in acute coronary syndromes. It is likely that the inflammatory process is responsible for the high rate of cardiovascular events despite significant advances in the treatment of risk factors such as hypercholesterolemia and hypertension. It is vital to improve our understanding of the inflammatory nature of atherosclerotic disease and modify the inflammatory process with targeted therapies. Prospective cohort studies have consistently shown that high sensitivity C-reactive

protein (hs-CRP) and several other biomarkers of inflammation are independently associated with increasing risk of future cardiovascular events in different populations. This together with animal models showing that reduced inflammation has anti-atherosclerotic effects, create the impetus to test the hypothesis that treatment of the underlying inflammatory process will contribute to improved cardiovascular clinical outcomes. Colchicine is an inexpensive, yet potent, anti-inflammatory drug approved for acute use in patients with gout and chronic use in patients with Familial Mediterranean Fever. The mechanism of action is through the inhibition of tubulin polymerization and potentially also through effects on cellular adhesion molecules and inflammatory chemokines. Colchicine may also have direct anti-inflammatory effects by inhibiting key inflammatory signaling networks known as the inflammasome and pro-inflammatory cytokines. Through the disruption of the cytoskeleton, colchicine is believed to suppress secretion of cytokines and chemokines as well as in vitro platelet aggregation. Considerable work has highlighted the potential of colchicine in the treatment of cardiovascular diseases mediated by pro-inflammatory processes. More recently colchicine has been evaluated for its effect on cardiovascular events in patients with coronary artery disease (CAD).

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▼ Conditions

Conditions: Coronary Artery Disease
Myocardial Infarction

Keywords:

Coronary Artery Disease
Myocardial Infarction

▼ Study Design

Study Type: Interventional

Primary Purpose: Prevention

Study Phase: Phase 3

Interventional Study Model: Parallel Assignment

Number of Arms: 2

Masking: Quadruple (Participant, Care Provider, Investigator, Outcomes Assessor)

Allocation: Randomized

Enrollment: 4500 [Anticipated]

Interventional

Prevention

Phase 3

Parallel Assignment

2

Quadruple (Participant, Care Provider, Investigator, Outcome Assessor)

Randomized

4500 [Anticipated]

▼ Arms and Interventions

Arms	Assigned Interventions
Active Comparator: colchicine 0.5 mg tablet of colchicine taken once a day	Drug: colchicine 0.5 mg tablet taken once a day Other Names: no other name
Placebo Comparator: colchicine placebo 0.5 mg tablet of placebo taken once a day	Drug: colchicine placebo sugar pill manufactured to mimic colchicine 0.5 mg tab Other Names: no other name

▼ Outcome Measures

Primary Outcome Measures:

1. Cardiovascular death [Time Frame: approximately 3 to 4 years]	Cardiovascular death [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization
2. resuscitated cardiac arrest [Time Frame: approximately 3 to 4 years]	resuscitated cardiac arrest [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization
3. acute myocardial infarction [Time Frame: approximately 3 to 4 years]	acute myocardial infarction [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization
4. stroke [Time Frame: approximately 3 to 4 years]	stroke [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization
5. hospitalization for angina requiring coronary revascularization [Time Frame: approximately 3 to 4 years]	hospitalization for angina requiring coronary revascularizatic [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization

Secondary Outcome Measures:

1. total mortality [Time Frame: approximately 3 to 4 years]	total mortality [Time Frame: approximately 3 to 4 years]
number of days from composite of cardiovascular death	number of days from composite of cardiovascular death
2. total mortality [Time Frame: approximately 3 to 4 years]	total mortality [Time Frame: approximately 3 to 4 years]
number of days from composite of resuscitated cardiac arrest	number of days from composite of resuscitated cardiac arre
3. total mortality [Time Frame: approximately 3 to 4 years]	total mortality [Time Frame: approximately 3 to 4 years]
number of days from composite of acute myocardial infarction	number of days from composite of acute myocardial infarctic
4. total mortality [Time Frame: approximately 3 to 4 years]	total mortality [Time Frame: approximately 3 to 4 years]
number of days from composite of stroke	number of days from composite of stroke

Other Outcome Measures:

1. deep venous thrombosis [Time Frame: approximately 3 to 4 years]	deep venous thrombosis [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization
2. pulmonary embolus [Time Frame: approximately 3 to 4 years]	pulmonary embolus [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization
3. atrial fibrillation [Time Frame: approximately 3 to 4 years]	atrial fibrillation [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization
4. heart failure hospitalization [Time Frame: approximately 3 to 4 years]	heart failure hospitalization [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization
5. coronary revascularization [Time Frame: approximately 3 to 4 years]	coronary revascularization [Time Frame: approximately 3 to 4 years]
number of days from randomization	number of days from randomization

▼ Eligibility

Minimum Age: 18 Years	18 Years
Maximum Age:	
Sex: All	All
Gender Based:	
Accepts Healthy Volunteers: No	No
Criteria: Inclusion Criteria:	Inclusion Criteria:
• Males and females of at least 18 years of age capable and willing to provide informed consent • Patient must have suffered a documented acute myocardial infarction within the last 30 days • Patient must be treated according to national guidelines (including anti-platelet therapy, statin, renin-angiotensin-aldosterone system inhibitor (preferably angiotensin-converting enzyme) and beta-blocker when indicated) • Patient must have completed any planned percutaneous revascularization procedures associated with his or her qualifying myocardial infarction • Female patient is either not of childbearing potential, defined as postmenopausal or is of childbearing potential and practicing at least one method of contraception and preferably two complementary forms of contraception • Patient is judged to be in good general health as determined by the principal investigator • Patient must be able and willing to comply with the requirements of this study protocol	• Males and females of at least 18 years of age capable willing to provide informed consent • Patient must have suffered a documented acute myocardial infarction within the last 30 days • Patient must be treated according to national guideline (including anti-platelet therapy, statin, renin-angiotensin-aldosterone system inhibitor (preferably angiotensin-converting enzyme) and beta-blocker when indicated) • Patient must have completed any planned percutaneous revascularization procedures associated with his or her qualifying myocardial infarction • Female patient is either not of childbearing potential, defined as postmenopausal or is of childbearing potential and practicing at least one method of contraception and preferably two complementary forms of contraception • Patient is judged to be in good general health as determined by the principal investigator • Patient must be able and willing to comply with the requirements of this study protocol
Exclusion Criteria:	Exclusion Criteria:
• Patient with a poorly controlled medical condition, such as New York Heart Association Class III-IV heart failure, a left ventricular ejection fraction of less than 35%, recent stroke (within the past 3 months), or any other condition which in the opinion of the investigator, would put the patient at risk if participating in this study • Patient with a prior coronary artery bypass graft within the past 3 years, or planned • Patient currently in cardiogenic shock or with hemodynamic instability • Patient with a history of cancer or lymphoproliferative disease within the last 3 years other than a successfully treated non-metastatic cutaneous squamous cell or basal cell carcinoma and or localized carcinoma in situ of the cervix • Patient with inflammatory bowel disease (Crohn's disease or ulcerative colitis) or patient with chronic diarrhea • Patient with pre-existent progressive neuromuscular disease or patient with creatine phosphokinase level greater than 3 times the upper limit of normal (unless due to myocardial infarction which is allowed) as measured within the past 30 days and determined to be non-transient through repeat testing • Patient with any of the following as measured within the past 30 days, and determined to be non-transient through repeat testing: hemoglobin less than 115 grams/L, white blood cell count less than $3.0 \times 10^9/L$, platelet count less than $110 \times 10^9/L$, alanine aminotransferase greater than 3 times the upper limit of normal, total bilirubin greater than 2 times the upper limit of normal (unless due to Gilbert syndrome, which is allowed), creatinine greater than 2 times the upper limit of normal • Patient with a history of cirrhosis, chronic active hepatitis or severe hepatic disease	• Patient with a poorly controlled medical condition, such as New York Heart Association Class III-IV heart failure, a ventricular ejection fraction of less than 35%, recent stroke (within the past 3 months), or any other condition which in the opinion of the investigator, would put the patient at risk if participating in this study • Patient with a prior coronary artery bypass graft within past 3 years, or planned • Patient currently in cardiogenic shock or with hemodynamic instability • Patient with a history of cancer or lymphoproliferative disease within the last 3 years other than a successfully treated metastatic cutaneous squamous cell or basal cell carcinoma and or localized carcinoma in situ of the cervix • Patient with inflammatory bowel disease (Crohn's disease or ulcerative colitis) or patient with chronic diarrhea • Patient with pre-existent progressive neuromuscular disease or patient with creatine phosphokinase level greater than 3 times the upper limit of normal (unless due to myocardial infarction which is allowed) as measured within the past 30 days and determined to be non-transient through repeat testing • Patient with any of the following as measured within the past 30 days, and determined to be non-transient through repeat testing: hemoglobin less than 115 grams/L, white blood cell count less than $3.0 \times 10^9/L$, platelet count less than $110 \times 10^9/L$, alanine aminotransferase greater than 3 times upper limit of normal, total bilirubin greater than 2 times upper limit of normal (unless due to Gilbert syndrome, which is allowed), creatinine greater than 2 times the upper limit of normal • Patient with a history of cirrhosis, chronic active hepatitis or severe hepatic disease

- Female patient who is pregnant, or breast-feeding or is considering becoming pregnant during the study or for 6 months after the last dose of study medication
 - Patient with a history of clinically significant drug or alcohol abuse in the last year
 - Patient is currently using or plan to begin chronic systemic steroid therapy (oral or intravenous) during the study (topical or inhaled steroids are allowed)
 - Patient currently taking colchicine for other indications (mainly chronic indications represented by Familial Mediterranean Fever or gout); there is no wash-out period required for patients who have been treated with colchicine and stopped treatment prior to enrollment
 - Patient with history of an allergic reaction or significant sensitivity to colchicine
 - Patient who has used an investigational chemical agent less than 30 days or 5 half-lives prior to the screening visit (whichever is longer)
 - Patient is considered by the investigator, for any reason, to be an unsuitable candidate for the study
- Female patient who is pregnant, or breast-feeding or is considering becoming pregnant during the study or for months after the last dose of study medication
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▼ **Contacts/Locations**

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▼ **IPDSharing**

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