Clinical trials of A

TrialResults-center www.trialresultscenter.org

1 acute myocardial infarction

Trial	Treatments	Patients	Trials design and methods
diltiazem vs			
Machecourt , 1986 n=38/37 follow-up: 21 days	-	-	Parallel groups single blind
Valsartan+ACE inhibitor vs ACE inhibitor only			
VALIANT (valsartan+capropril) , 2003 n=4885/4909 follow-up: Median, 24.7 mo	Valsartan, 40 mg twice daily, plus captopril, 25 mg three times daily versus Captopril, 25 mg 3 times daily	patients within 10 days of a MI complicated by HF	Parallel groups Double blind 24
paclitaxel eluting stent vs bare-metal stent			
HAAMU-STENT , 2006 *unpublished* n=70/75 follow-up: 12 months	Taxus Express versus Bare-metal-stent	AMI - STEMI patients undergoing PCI	Parallel groups open Finland
HORIZONS-AMI Stent , 2008 n=2257/749 follow-up: 1 year	paclitaxel-eluting stents (Taxus) versus BMS (Express)	ST-elevation myocardial infarction	Factorial plan open
PASSION , 2006 [ISRCTN65027270] n=310/309 follow-up: 12 months (5y)	Taxus Express2 versus Express2 or Libert	Myocardial Infarction with ST-Segment Elevation	Parallel groups open The Netherlands
Losartan vs Captopril			
OPTIMAAL , 2002 n=2744/2733 follow-up: 2.7 y	Losartan, target dose of 50 mg daily versus Captopril, traget dose of 50 mg 3 times daily	patients within 10 days of a confirmed acute myocardial infarction and heart failure during the acute phase or a new Q-wave anterior infarction or reinfarction	Parallel groups Double blind
Valsartan vs Captopril			

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Trial	Treatments	Patients	Trials design and methods
VALIANT (valsartan alone) , 2003 n=4909/4909 follow-up: Median, 24.7 mo	Valsartan, 160 mg twice daily versus Captopril, 50 mg 3 times daily	patients within 10 days of a MI complicated by HF	Parallel groups Double blind 24
invasive strategy vs concervative strategy			
DANAMI , 1997 n=NA follow-up: 2.4y	invasive strategy of PTCA or CABG versus conservative strategy	patients who received thrombolytic treatment for a first acute myocardial infarction and with inducible myocardial ischemia (either symptomatic angina pectoris presenting spontaneously >36 hours after admission or during a predischarge exercise test or ST changes during exercise compatible with ischemia)	
APSAC vs control			
APSIM , 1989 n=112/119 follow-up: 3 weeks	APSAC 30 U over 5 min versus control (conventional heparin therapy, 5,000 IU in a bolus injection)	patients with a first acute myocardial infarction within 5 h after the onset of symptoms	Parallel groups open France
aspirin vs control			
Huddinge , 1988 n=10/10 follow-up: 30d (12m)	aspirin 500mg/d starting 12 h after admissionand and then intermittently every third day for one month versus no aspirin	patients with acute myocardial infarction	Parallel groups open
Frankfurt , 1976 n=25/28 follow-up: 14d	-	-	Parallel groups
autologous bone marrow stem cells vs control			
ASTAMi (Lunde) , 2006 n=50/50 follow-up: 6 months	intracoronary injection of autologous mononuclear BMC (stem cells 0.68 10^8) *versus* *control*(*Heparanizedplasma*)	patients with acute ST-elevation myocardial infarction of the anterior wall treated with percutaneous coronary intervention	parallel group open
BOOSt (Meyer) , 2004 n=30/30 follow-up: 6 months	stem cells mean 2.46 10^9 *versus* *control*(*Heparanisedplasma*)	successful percutaneous coronary intervention (PCI) for acute ST-segment elevation myocardial infarction	parallel group open
Chen , 2004 n=NA follow-up: 6 months	-	-	

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Trial	Treatments	Patients	Trials design and methods
Huang , 2006 n=20/20 follow-up: 6 months	intracoronary transplantation of autologous BM-MNC via a micro-catheter right after PCI (stem cells mean 1.8 10^8) *versus* *placebo*(*Heparanisedsaline*)	patients with first onset of acute inferior-wall myocardial infarction aged <or = 75, treated with emergent percutaneous coronary intervention	parallel group open
Karpov , 2005 n=10/10 follow-up: 6 months	intracoronary injection of bone marrow mononuclear cells (stem cells mean 88.5 10^6) *versus* *control*	patients with acute myocardial infarction.	parallel group NA
Li , 2007 n=35/23 follow-up: 6 months	autologous peripheral blood stem cell transplantation by intracoronary infusion (stem cells mean 7.25 10^7) *versus* *control*	patients with AMI	parallel group open
MAGIC (cell infusion) , 2004 n=10/7 follow-up:	intracoronary infusion of collected peripheral blood stem-cells versus control	patients with myocardial infarction who underwent coronary stenting for the culprit lesion of infarction	
MAGIC Cell-3-DES (Kang) , 2006 n=25/25 follow-up: 6 months	intracoronary infusion of mobilized peripheral blood stem cells by granulocyte colony-stimulating factor (stem cells 1-2 10^9) *versus* *control*	patients with myocardial infarction who underwent coronary revascularization with DES for the culprit lesion	parallel group open
Meluzin HD , 2006 n=22/22 follow-up: 3 months	intracoronar mononuclear bone marrow cells (stem cells 10^8) *versus* *control*(*Cellsuspensionmedia*)	patients with a first acute myocardial infarction	parallel group open
Meluzin LD , 2006 n=22/22 follow-up: 3 months	intracoronar mononuclear bone marrow cells (stem cells 10^7) *versus* *control*(*Cellsuspensionmedia*)	patients with a first acute myocardial infarction	parallel group open
Penicka , 2007 n=14/10 follow-up: 4 months	Intracoronary injection of autologous bone marrow-derived mononuclear cells (stem cells 26.4 10^8) *versus* *control*	patients with large anterior acute myocardial infarction	parallel group open

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Trial	Treatments	Patients	Trials design and methods
Ruan , 2005 n=9/11 follow-up: 6 months	intracoronary injection of bone-marrow cell (stem cells dose NA) versus control (Diluted serum)	with acute myocardial infarction and anterior descending coronary artery occlusion proven by angiography	parallel group open
Suarez de Lezo (cell) , 2007 n=10/10 follow-up: 3 months	intracoronary infusion of autologous mononuclear bone marrow cells (9 10^8) *versus* *control*(*Salinecontaining*0.1%*heparin*)	patients with revascularized anterior wall AMI and depressed left ventricular function (ejection fraction <45%)	parallel group open
TCT-STAMI (Ge) , 2006 n=10/10 follow-up: 6 months	emergent intracoronary autologous bone marrow cell transplantation (4 $10^7 SC$) *versus* *control*	patients admitted within 24 h after the onset of a first AMI	parallel group NA
dazoxiben vs control			
Jones , 1987 n=60/60 follow-up: 1m	-	-	Parallel groups
early implantation of ICD after MI vs control			
IRIS , 2009 [NCT00157768] n=445/453 follow-up: 37 months	prophylactic ICD implantation early after myocardial infarction versus optimal medical therapy alone	patients patients at increased risk 5 to 31 days after AMI	Parallel groups open
hyperbaric oxygen vs control			
Sharifi , 2004 n=NA follow-up:	-	after percutaneous coronary intervention for acute myocardial infarction or unstable angina pectoris	
Swift , 1992 n=NA follow-up:	-	patients within 1 week of acute myocardial infarction	
Thurston , 1973 n=NA follow-up:	-	acute myocardial infarction	
Hot MI , 1997 n=112 follow-up:	-	Patients with an acute myocardial infarction who received recombinant tissue plasminogen activator	
HOT MI pilot , 1997 n=66 follow-up:	-	Patients with an acute myocardial infarction (AMI) who received recombinant tissue plasminogen activator	
IM lidocaine (without infusion) vs control			

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Trial	Treatments	Patients	Trials design and methods
Koster and Dunning , 1985 n=2987/3037 follow-up: 1h for VT	lidocaine loading dose IM 400 mg versus no lidocaine	suspected acute myocardial infarction	Parallel groups Single-blind
IV lidocaine infusion vs control			
Bennett , 1970 n=249/125 follow-up: 48h for VT	lidocaine loading dose IV 60mg, infusion 0.5-1.0 mg/min versus no lidocaine	suspected acute myocardial infarction	Parallel groups Open
Pitt , 1971 n=108/114 follow-up: 48h for VT	lidocaine loading dose IV 75-100mg, infusion 2.5 mg/min versus no lidocaine	suspected acute myocardial infarction	Parallel groups Open
Darby , 1972 n=103/100 follow-up: 48h for VT	lidocaine loading dose IM 200 mg, infusion 2.0 mg/min versus no lidocaine	suspected acute myocardial infarction	Parallel groups Open
magnesium vs control			
ISIS-4 , 1995 n=29011/29030 follow-up:	24 h of intravenous magnesium sulphate (8 mmol initial bonus injection over about 15 minutes followed by 72 mmol in about 50 mLinfused over 24 h)4 versus no magnesium infusion	patients entering 1086 hospitals up to 24 h (median 8 h) after the onset of suspected acute myocardial infarction with no clear contraindications4	Parallel groups open
Wu , 1992 n=125/102 follow-up:	2.5 g MgSO4 once or twice a day for 7-14 dayssce versus usual care	suspected AMI	Parallel groups double blind
Zhu , 2002 n=1691/1488 follow-up:	100 mL (4 g) potassium-magnesium aspartate IV. for the first day, 50 ml for rest 4 datio versus routine AMI treatmentkB	AMI	Parallel groups open
oxygen therapy vs control			
Rawles , 1976 n=NA follow-up:	oxygen administered by MC mask throughout the first 24 hours versus air	myocardial infarction	
Ukholkina , 2005 n=NA follow-up:	-	patients with acute myocardial infarction	

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Trial	Treatments	Patients	Trials design and methods
Wilson , 1997 n=NA follow-up:	oxygen therapy versus control	patients presenting within 24 hours of onset of myocardial infarction	
Propranolol vs control			
Aronow , 1997 n=79/79 follow-up: 1 year	Propranolol 30 mg 3 times daily versus no propranolol	patients >=62 years of age with New York Heart Association functional class II or III CHF, prior Qwave myocardial infarction, and a LV ejection fraction <40% after 2 months of treatment with diuretics and ACE inhibitors	Parallel groups USA
sulfinpyrazone vs control			
Dutch sulphinpyrazone , 1986 n=50/50 follow-up: 21d	-	-	Parallel groups
supersaturated oxygen vs control			
AMIHOT II , 2000 [NCT00175058] n=222/79 follow-up:	90-minute intracoronary supersaturated oxygen (SSO(2)) infusion in the left anterior descending artery infarct territory versus control	patients with anterior ST-segment elevation myocardial infarction undergoing percutaneous coronary intervention within 6 hours of symptom onset	
AMIHOT , 2007 n=NA follow-up:	hyperoxemic reperfusion for 90 min using intracoronary aqueous oxygen versus normoxemic blood autoreperfusion	patients with acute anterior or large inferior AMI undergoing primary or rescue PCI (<24 h from symptom onset) and successful PCI	
Tiapamil vs control			
Eichler , 1985 n=16/16 follow-up:	Tiapamil 0.5-1 mg/kg plus 25mg/kg/min IV versus no treatment	-	Parallel groups double blind
urokinase vs control			
USIM , 1991 n=1128/1073 follow-up: in hospital	urokinase bolus dose of 1 million U repeated after 60 minutes plus heparin versus control (heparin alone)	patients with acute myocardial infarction within 4 hours of the onset of pain	Parallel groups open Italy
verapamil vs control			

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Trial	Treatments	Patients	Trials design and methods
Bussman , 1984 n=29/25 follow-up: 2 days	Verapamil 5 to 10 mg/h IV versus no treatment	-	Parallel groups open
coumadin vs control (on top of aspirin)			
ASPECT-2 (coumadin+ASA vs ASA) , 2002 n=298/289 follow-up: 1 year	coumadin(INR mean 2.4) +aspirin versus aspirin	Acute MI, unstable angina	Parallel groups open the Netherlands
warfarin vs control (on top of aspirin)			
WARIS , 1999 n=1208/1206 follow-up: 65279;37 months	warfarin 2.84.8 versus placebo	survivors of acute myocardial infarction	Parallel groups double blind
APRICOT-2 , 2002 n=135/139 follow-up: 3 months	moderate-intensity coumarin target INR 2-3 (+aspirin) versus aspirin	Acute MI after thrombolytics	Parallel groups open the Netherlands
CARS (warafrin 3mg) , 1997 n=5410/3393 follow-up: 14 months	warfarin fixed dose 3mg/d + 80 mg ASA versus aspirin 160 mg/d	AMI	Parallel groups double blind North America
CARS (warfarin 1mg) , 1997 n=2028/3393 follow-up: 14 months	warfarin 1mg/d + aspirin 80mg/d versus aspirin 160 mg/d	patients who had had myocardial infarction	Parallel groups double blind North America
CHAMP , 2002 n=2522/2537 follow-up: 2.7 years	warfarin target INR 1.5-2.5 + aspirin 81 mg daily versus aspirin 162 mg/d	AMI (patients enrolled within 14 days of infarction)	Parallel groups open US
LoWASA , 2004 n=1659/1641 follow-up: 5 years	warfarin fixed dose 1.25mg/d + ASA 75mg/d versus aspirin alone	AMI	Parallel groups open Sweden
WARIS II (warfarin+ASA) , 2002 n=4927/4669 follow-up: 4 years	warfarin target INR 2-2.5 +ASA 75mg/d versus ASA 160mg/d	patients hospitalized for acute myocardial infarction	Parallel groups open Norway

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Trial	Treatments	Patients	Trials design and methods
Zibaeenezhad , 2004 n=70/70 follow-up: 1 year	Warfarin target INR 65279;23 +aspirin versus aspirin 100 mg/day	Acute MI	Parallel groups open
Angioguard vs conventional PCI			
DIPLOMATE , 2004 n=32/28 follow-up: 1 month	Angioguard versus conventional PCI	patients with acute myocardial infarction	
Wang , 2003 n=20/20 follow-up: hospital stay	Angioguard versus conventional PCI	patients with acute myocardial infarction	open
AngioJet vs conventional PCI			
AiMI , 2006 n=240/240 follow-up: 1 month	AngioJet versus PCI alone	patients presenting within 12 h of symptom onset	open
Florence , 2004 n=50/50 follow-up: 1 month	AngioJet versus placebo	patients with a first acute myocardial infarction	
AnjioJet vs conventional PCI			
JETSTENT , 2010 n=256/245 follow-up: 6 months	AngioJet rheolytic thrombectomy versus direct stenting alone	patients with ST-elevation MI and at least moderate thrombus burden	Parallel groups open Italy
GuardWire vs conventional PCI			
ASPARAGUS , 2008 n=173/168 follow-up: hospital stay, 6 months	Guardwire versus conventional PCI	patients with acute myocardial infarction	open
EMERALD , 2005 n=252/249 follow-up: 1, 6 months	GuardWire versus angioplasty without distal protection	patients with ST-segment elevation myocardial infarction presenting within 6 hours of symptom onset and undergoing primary PCI or rescue intervention after failed thrombolysis	open
MICADO , 2007 n=80/74 follow-up: 1, 6 months	GuardWire versus PCI without distal protection	Patients with AMI within 24 hours from onset	open
Nanasato , 2004 n=34/30 follow-up: hospital stay	Guardwire versus conventional PCI	patients with acute myocardial infarction	open

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Trial	Treatments	Patients	Trials design and methods
Ochala , 2007 n=57/63 follow-up: 6 months	GuardWire versus abciximab	patients with ST elevation acute myocardial infarction referred for primary percutaneous coronary intervention	open
Tahk , 2008 n=50/46 follow-up: 1, 6 months	GuardWire versus primary angioplasty without distal protection	AMI patients presenting within 12 h of onset of symptoms	open
TVAC vs conventional PCI			
VAMPIRE , 2004 n=180/175 follow-up: 8 months	TVAC versus conventional PCI	patients with acute myocardial infarction	
primary angioplasty vs immediate thrombolysis			
MAASTRICHT (Vermeer) , 1999 n=75/75 follow-up:	Transfer for primary PTCA versus immediate thrombolysis with tPA	patients with acute myocardial infarction initially admitted to a hospital without PTCA facilities	open
PRAGUE-1 , 2000 n=101/99 follow-up: 30 days	immediate transportation for primary angioplasty without pre-treatment with thrombolysis versus immediate thrombolysis with streptokinase	patients with acute myocardial infarction, presenting within 6 h of symptom onset at community hospitals without a catheterization laboratory	open
AIR-PAMI , 2002 n=71/66 follow-up:	Transfer for Primary Angioplasty versus immediate thrombolysis (various thrombolytic)	Patients with high-risk AMI (age >70 years, anterior MI, Killip class II/III, heart rate >100 beats/min or systolic BP <100 mm Hg), eligible for thrombolytic therapy	open
CAPTIM , 2002 n=421/419 follow-up:	Transfer for Primary Angioplasty versus prehospital fibrinolysis with accelerated alteplase	patients within 6 h of acute myocardial infarction with ST-segment elevation, initially managed by mobile emergency-care units	open
DANAMI-2 , 2003 n=567/562 follow-up: 30 days	Transfer for Primary Angioplasty versus immediate thrombolysis with tPA (accelared infusion)	patients with myocardial infarction with ST-segment elevation	Parallel groups open
PRAGUE-2 , 2003 n=429/421 follow-up: 30 days	immediate transport for primary percutaneous coronary intervention versus immediate thrombolysis with streptokinase	patients with acute ST elevation myocardial infarction presenting within <12 h to the nearest community hospital without a catheter laboratory	open

More details and results :

- antithrombotics for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q36
- beta-blockers for acute myocardial infarction in immediate beta-blockers at http://www.trialresultscenter.org/go-Q41
- beta-blockers for acute myocardial infarction in long term beta-blockers at http://www.trialresultscenter.org/go-Q42
- myocardial revascularization for acute myocardial infarction in facilated PCI at http://www.trialresultscenter.org/go-Q90
- myocardial revascularization for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q129
- antiarrythmic drugs for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q130
- Late revascularisation for acute myocardial infarction in late reperfusion at http://www.trialresultscenter.org/go-Q134
- myocardial revascularization for acute myocardial infarction in failed fibrinolysis (rescue revascularisation) at http://www.trialresultscenter.org/go-Q135
- calcium channel blockers for acute myocardial infarction in acute short term and post MI studies at http://www.trialresultscenter.org/go-Q141
- calcium channel blockers for acute myocardial infarction in acute (short term) treatment at http://www.trialresultscenter.org/go-Q142
- calcium channel blockers for acute myocardial infarction in long term studies at http://www.trialresultscenter.org/go-Q143
- nitrates for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q144
- angiotensin-Converting Enzyme Inhibitors for acute myocardial infarction in systematic early treatment (with or without sign of HF) at http://www.trialresultscenter.org/go-Q145
- angiotensin-Converting Enzyme Inhibitors for acute myocardial infarction in patients with or without HF at http://www.trialresultscenter.org/go-Q146
- angiotensin-Converting Enzyme Inhibitors for acute myocardial infarction in patients with left ventricular dysfunction after MI at http://www.trialresultscenter.org/go-Q147
- cholesterol lowering intervention for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q162
- anticoagulant for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q172
- PCI for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q246

- myocardial revascularization for acute myocardial infarction in patients in cardiogenic shock at http://www.trialresultscenter.org/go-Q248
- myocardial revascularization for acute myocardial infarction in ¿6h from onset of symptoms at http://www.trialresultscenter.org/go-Q249

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2 post stroke

Trial	Treatments	Patients	Trials design and methods
rivaroxaban vs aspirin			
NAVIGATE ESUS , 2018 [NCT02313909] n=3609/3604	rivaroxaban (at a daily dose of 15 mg) versus aspirin (at a daily dose of 100 mg)	patients with recent ischemic stroke that was presumed to be from cerebral embolism but without arterial stenosis, lacune, or an identified cardioembolic source	
warfarin vs aspirin			
SWAT , 1998 n=NA follow-up: 2 years	warfarin (INR 2.0 to 3.0) versus Enteric-coated aspirin 650 mg 12-hourly	-	Parallel groups open USA
anticoagulant vs no anticoagulant			
Baker , 1964 n=NA follow-up:	unnamed anticoagulant (TQ (2 to 2.5 times control in seconds), started in hospital versus no treatment	-	Parallel groups open
Bradshaw , 1975 n=NA follow-up:	warfarin or phenindione for 18 mo; TP time 2x control versus no treatment	-	Parallel groups open UK
LHSPS , 1999 n=NA follow-up: 2 years	unfractionated heparin 12.500 IU/d plus usual therapy versus usual therapy	-	Parallel groups open Italy
VA Study , 1961 n=NA follow-up: 11 months	coumadin or dicumarol, prothrombin activity 20% of normal versus no treatment	-	Parallel groups open USA
Wallace , 1964 n=NA follow-up: 9.75 months	phenindione or warfarin, Quick test 20% to 35% of normal (50% after 10 months) versus no treatment	-	Parallel groups open Australia
anticoagulant vs placebo			
McDevitt , 1959 n=NA follow-up: 34 months	dicumarol or warfarin, Quisk test 2 to 2.5 times control in seconds versus placebo	-	Parallel groups single-blind USA
aspirin vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
Canadian study (CCSG) , 1978 n=144/139 follow-up: ND	aspirin 325 mg/d versus placebo	-	Factorial plan Double blind
Swedish study , 1987 n=253/252 follow-up: 2 y	aspirin 1,500 mg/d versus placebo	-	
UK-TIA low dose , 1988 n=806/814 follow-up: 4 y	aspirin 300 mg/d versus placebo	-	
UK-TIA high dose , 1988 n=815/814 follow-up: 2y	aspirin 1,200 mg/d versus placebo	-	
SALT , 1991 n=676/684 follow-up: 32 mo	aspirin 75 mg/d versus placebo	-	
Reuther , 1976 n=30/30 follow-up: 2 y	aspirin 1,500 mg/d versus placebo	-	
AITA , 1975 n=162/157 follow-up: 1 y	aspirin 1,300 mg/d versus placebo	-	
DCS , 1980 n=101/102 follow-up: 25 mo	aspirin 1,000 mg/d versus placebo	-	
AICLA , 1981 n=198/204 follow-up: 3 y	aspirin 990 mg/d versus placebo	-	
Lindblad , 1991 n=117/115 follow-up: 6 mo	aspirin 75 mg/d, during 6 months versus placebo	-	
Danish low-dose , 1986 n=150/151 follow-up: 23 mo	aspirin 50-100 mg/d (mean 54 mg/d) versus placebo	-	
ESPS 2 , 1996 n=1649/1649 follow-up: 2 y	aspirin 50 mg/d versus placebo	-	
atorvastatin vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
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
dicoumarol vs placebo			
Howard , 1963 n=NA follow-up: 1 year	dicumarol, TP 15 to 25% of normal versus placebo	-	Parallel groups single-blind USA
Nat-Coop , 1962 n=NA follow-up: 13 months	heparin 50 mg 4-hourly iv then dicumarol, Quick test 15% to 25% of control versus placebo	-	Parallel groups single-blind USA
folic acid, vit B12 and vit B6 vs placebo			
VITATOPS , 2010 [NCT00097669X Parallel groups double-blind 20 countries	] n=4089/4075 follow-up: 3.4 y	folic acid and vitamins B12 and B6 in a single tablet versus placebo	patients with recent stroke or TIA (within the past seven months)
simvastatin vs placebo			
HPS (post troke sub group) , 2004 n=920/900 follow-up:	simvastatin 40mg daily versus placebo	adults with cerebrovascular disease, total cholesterol >=35 mmol/L and without coronaro disease (n=1820)	Parallel groups double blind
telmisartan vs placebo			
PROFESS , 2008 n=NA follow-up:	telmisartan 80 mg/d versus placebo	-	
high dose - folic acid, vit B12 and vit B6 vs low dose - folic acid, vit B12 and vit B6			
VISP (Toole) , 2004 n=1827/1853 follow-up: 2 y	high-dose of folic acid, pyridoxine (vitamin B6), and cobalamin (vitamin B12) versus low-dose of folic acid, pyridoxine (vitamin B6), and cobalamin (vitamin B12)	adults with nondisabling cerebral infarction	Parallel groups double blind United States, Canada, Scotland
Starflex vs medical treatment			

continued...

Trial	Treatments	Patients	Trials design and methods
CLOSURE I , 2010 *unpublished* [NCT00201461] n=447/462 follow-up: 2 years	patent foramen ovale closure using the Starflex device versus best medical therapy: aspirin (325 mg daily) and/or warfarin (target INR = 2.5)	patients with a stroke and/or transient ischemic attack due to presumed paradoxical embolism through a patent foramen ovale	Parallel groups open US, Canada

More details and results :

- cholesterol lowering intervention for post stroke in all type of patients at http://www.trialresultscenter.org/go-Q153
- anti hypertensive agents for post stroke in all type of patients at http://www.trialresultscenter.org/go-Q410
- antiplatelets drug for post stroke in all type of patients at http://www.trialresultscenter.org/go-Q411
- anticoagulant for post stroke in all type of patients at http://www.trialresultscenter.org/go-Q413
- prevention for post stroke in patients with prior stroke or TIA at http://www.trialresultscenter.org/go-Q421
- foramen ovale closure for post stroke in all type of patients at http://www.trialresultscenter.org/go-Q430

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3 post myocardial infarction

Trial	Treatments	Patients	Trials design and methods
class I drugs vs control			
BASIS , 1990 n=100/114 follow-up: 1 year	individualized antiarrhythmic treatment versus no antiarrhythmic therapy	patients with persisting asymptomatic complex arrhythmias after myocardial infarction	Parallel groups open
early amiodarone vs control			
BASIS , 1990 n=98/14 follow-up: 65279;12 mo	amiodarone 1 g for 5 d; then 200 mg/d started within 4 weeks of AMI versus no amiodarone (usual care)	patients with persisting asymptomatic complex arrhythmias after myocardial infarction (Lown class 3 or 4b in >2 of 24 h)	Parallel groups open

continued...

Trial	Treatments	Patients	Trials design and methods
Navarro-Lopez , 1993 n=115/123 follow-up: 24 mo	amiodarone 600 mg/d for 1 week, 400 mg/d for 1 week then 200 mg/d started 10-30 d after AMI versus no amiodarone	patients who have had MI with a left ventricular ejection fraction of 20 to 45% and >or = 3 ventricular premature complexes per hour (pairs or runs) - 3 VPOs/h, pairs or runs of VT	Parallel groups open Spain
omega-3 Fatty acids vs control			
OMEGA , 2009 [NCT00251134] n=1940/1911 follow-up: 1 year	omega-3 fatty acids 1g daily (and standard medical therapy) versus standard medical therapy alone	Patients within 3-14 days after a non-ST-elevation myocardial infarction (NSTEMI) or ST-elevation myocardial infarction (STEMI)	Parallel groups open Germany
coumadin vs control (on top of aspirin)			
ASPECT-2 (coumadin+ASA vs ASA) , 2002 n=298/289 follow-up: 1 year	coumadin(INR mean 2.4) +aspirin versus aspirin	Acute MI, unstable angina	Parallel groups open the Netherlands
warfarin vs control (on top of aspirin)			
WARIS , 1999 n=1208/1206 follow-up: 65279;37 months	warfarin 2.84.8 versus placebo	survivors of acute myocardial infarction	Parallel groups double blind
APRICOT-2 , 2002 n=135/139 follow-up: 3 months	moderate-intensity coumarin target INR 2-3 (+aspirin) versus aspirin	Acute MI after thrombolytics	Parallel groups open the Netherlands
CARS (warafrin 3mg) , 1997 n=5410/3393 follow-up: 14 months	warfarin fixed dose 3mg/d + 80 mg ASA versus aspirin 160 mg/d	AMI	Parallel groups double blind North America
CARS (warfarin 1mg) , 1997 n=2028/3393 follow-up: 14 months	warfarin 1mg/d + aspirin 80mg/d versus aspirin 160 mg/d	patients who had had myocardial infarction	Parallel groups double blind North America
CHAMP , 2002 n=2522/2537 follow-up: 2.7 years	warfarin target INR 1.5-2.5 + aspirin 81 mg daily versus aspirin 162 mg/d	AMI (patients enrolled within 14 days of infarction)	Parallel groups open US
LoWASA , 2004 n=1659/1641 follow-up: 5 years	warfarin fixed dose 1.25mg/d + ASA 75mg/d versus aspirin alone	AMI	Parallel groups open Sweden

continued...

Trial	Treatments	Patients	Trials design and methods
WARIS II (warfarin+ASA) , 2002 n=4927/4669 follow-up: 4 years	warfarin target INR 2-2.5 +ASA 75mg/d versus ASA 160mg/d	patients hospitalized for acute myocardial infarction	Parallel groups open Norway
Zibaeenezhad , 2004 n=70/70 follow-up: 1 year	Warfarin target INR 65279;23 +aspirin versus aspirin 100 mg/day	Acute MI	Parallel groups open
any anticoagulant vs placebo			
Sixty Plus reinfarction Study , 1980 n=NA follow-up: 2 years	anticoagulant versus placebo	over 60 years of age	Parallel groups double blind
aspirin vs placebo			
CDPA , 1976 n=758/771 follow-up: 1.83 y	Aspirin (324 mg) 3x/d versus Placebo	MI survivors	Parallel groups Double blind USA
Cardiff I , 1974 n=615/624 follow-up: 2 years	Aspirin (300 mg) 1x/d versus Placebo	MI survivors	Parallel groups Double blind UK
Cardiff II , 1979 n=832/850 follow-up: 1 y	Aspirin (300 mg) 3x/d for one year versus Placebo	patients with myocardial infarction	Parallel groups Double blind South Wales
Vogel , 1979 n=672/668 follow-up: 1.75 y (mean)	Aspirin (1.5 g daily) on an average period of 22 months versus Placebo	-	Parallel groups Double blind Germany
AMIS , 1980 [NCT00000491] n=2267/2257 follow-up: >3 y	Aspirin (500 mg) 2x/d for at least 3 years versus Placebo	men and women who had had a documented myocardial infarction	Parallel groups Double blind USA
GAMIS , 1980 n=317/309 follow-up: 2 y	Aspirin (500 mg) 3x/d for 2 years versus Placebo	patients who had survived a myocardial infarction for 30-42 days	Parallel groups Double blind Germany, Austria,
PARIS , 1980 n=810/406 follow-up: 41 mo	Aspirin (324 mg) 3x/d versus Placebo	patients who had recovered from myocardial infarction	Parallel groups Double blind USA, UK

continued...

Trial	Treatments	Patients	Trials design and methods
JAMIS , 1999 n=250/230 follow-up: 1.3 y (mean)	Aspirin (81 mg) 1x/d versus No antiplatelets	patients with AMI within 1 month from the onset of symptoms	Parallel groups Open Japan
azimilide vs placebo			
ALIVE , 2004 n=NA follow-up: 1y	azimilide 100 mg versus placebo	post-MI patients with depressed LVF	Parallel groups double blind
bezafibrate vs placebo			
BECAIT , 1996 n=47/45 follow-up: 5.0 years	bezafibrate 200 mg three times daily versus placebo	dyslipidaemic male survivors of myocardial infarction who were younger than 45 years at the time of the event	Parallel groups double blind Sweden
BIP , 2000 n=1548/1542 follow-up: 6.2 y	bezafibrate 400 mg/d versus placebo	patients with a previous myocardial infarction or stable angina, total cholesterol of 180 to 250 mg/dL, HDL-C <or =45 mg/dL, triglycerides <or =300 mg/dL, and low-density lipoprotein cholesterol <or =180 mg/dL	Parallel groups double blind Israel
canakinumab vs placebo			
CANTOS , 2017 [NCT01327846] n=10066 follow-up: 36 months	Quarterly Subcutaneous Canakinumab 50mg, 150mg, 300mg for 36 months versus placebo	Stable Post-myocardial Infarction Patients With Elevated hsCRP	double-blind
clofibtate+niacin vs placebo			
Carlson (Stockholm) , 1977 n=279/276 follow-up: 5 years	clofibrate, 1 g twice daily, and nicotinic acid 1 g three times daily versus control	survivors of a myocardial infarction below 70 years of age	Parallel groups open Sweden
coumadin vs placebo			
ASPECT , 1994 n=1700/1704 follow-up: 37 months (range 6-76)	nicoumalone or phenprocoumon, target INR 2.84.8 versus placebo	hospital survivors of myocardial infarction	Parallel groups double blind
d,l sotalol vs placebo			
Julian , 1982 n=1456 follow-up: 1 year	sotalol 320 mg once daily versus placebo	surviving an acute myocardial infarction	Parallel groups double blind
dabigatran vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
REDEEM , 2009 *unpublished* [NCT00621855] n=1501/373 follow-up: 6 months	dabigatran 4 dosages (50mg twice daily, 75mg twice daily, 110mg twice daily, 150mg twice daily) versus placebo	patients with recent acute coronary syndromes (ST- or non-ST-elevation myocardical infarction)	Parallel groups double blind
diltiazem vs placebo			
MDPIT , 1988 n=1234/1232 follow-up: 25 months (at least 12 months)	Diltiazem 60mgx4 versus placebo	Patient aged 25 to 75 years, admitted to coronary care units with a documented acute myocardial infarction	Parallel groups Double blind US, Canada
dipyridamol + aspirin vs placebo			
PARIS , 1980 n=810/406 follow-up: 41 months (mean)	Aspirin (324 mg) + dipyridamole (75 mg) 3x/d versus Placebo	patients who had recovered from myocardial infarction	Parallel groups Double blind USA and UK
PARIS-II , 1986 n=1563/1565 follow-up: 23.4 months	Aspirin (330 mg) + dipyridamole (75 mg) 3x/d versus Placebo	patients who had recovered from myocardial infarction, suffered from 4 weeks to 4 months previously	Parallel groups Double blind USA and UK
early amiodarone vs placebo			
CAMIAT , 1991 n=NA follow-up: 24 mo	amiodarone 10 mg/kg per d for 3 weeks then 300-400 mg/d started 6-45 d after AMI versus placebo	patients with acute myocardial infarction within the previous 6-30 days and >10 VPDs/h for 18 h or a run of VT	Parallel groups double blind
Ceremuzynski , 1992 n=305/308 follow-up: 12 mo	amiodarone 800 mg/d for 1 week then 200-400 mg/d started 5-7 d after AMI versus placebo	No need for antiarrhythmic therapy	Parallel groups double blind
Hockings , 1987 n=59/70 follow-up: 642 mo	amiodarone 200 mg 3 times daily for 1 wk; then 200 mg/d started <8-10 d after AMI versus placebo	patients with AMI - Absence of VF or VT >3 beats	Parallel groups double blind
pravastatin vs placebo			
CARE , 1996 n=2081/2078 follow-up: 5 years	pravastatin 40 mg/d versus placebo	men and women with myocardial infarction who had plasma totalcholesterol levels below 240 mg per deciliter (mean,209) and low-density lipoprotein (LDL) cholesterollevels of 115 to 174 mg per deciliter	Parallel groups double blind USA, Canada

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Trial	Treatments	Patients	Trials design and methods
LIPID , 1998 n=4512/4502 follow-up: 6.1 years	pravastatin 40 mg/d versus placebo	patients with previous myocardial infarction or unstable angina and a baseline plasma cholesterol concentration of 4.0-7.0 mmol/L	Parallel groups double blind Australie et Nouvelle Zlande
PACT , 2004 n=1710/1689 follow-up: 30 days	pravastatin initiated within 24 hours of onset of synmptoms and for 4 weeks versus placebo	patients with unstable angina, non-ST-segment elevation myocardial infarction, or ST-segment elevation myocardial infarction <24 hours	Parallel groups double blind
simvastatin vs placebo			
4S , 1994 n=2221/2223 follow-up: 5.4 years	simvastatin 20 or 40 mg/d, target CT between 3 et 5.2 mmol/l versus placebo	patients with angina pectoris or previous myocardial infarction and serum cholesterol 5.5-8.0 mmol/L on a lipid-lowering diet	Parallel groups double blind Scandinavia
verapamil vs placebo			
DAVIT I , 1984 n=1751/1747 follow-up: 6 months	verapamil 120mgx3 versus placebo	-	Parallel groups Double blind Danish
DAVIT II , 1990 n=878/897 follow-up: 16 months	verapamil 120mgx3 for 18 months versus placebo	patients <76years with diagnosis of acute MI	Parallel groups Double blind Danish
CRIS , 1996 n=531/542 follow-up: 23.5 months	verapamil retard 360 mg daily versus placebo	patients admitted for acute myocardial infarction	Parallel groups Double blind Italy
Danish study , 1984 n=1729/1718 follow-up: 12 months	verapamil 0.1mg/kg IV plus 3x120mg orally versus placebo	patients under 75 years of age admitted to the CCU with a suspicion of acute myocardial infarction	Parallel groups double blind Danish
ticagrelor vs placebo (on top aspirin)			
PEGASUS 60mg , 2015 [NCT01225562] n=7045/7067 follow-up: 2.75 y (median)	ticagrelor at a dose of 60 mg twice daily versus placebo	patients who had had a myocardial infarction 1 to 3 years earlier	Parallel groups double-blind
PEGASUS 90mg , 2015 [NCT01225562] n=7050/7067 follow-up: 2.75 y (median)	-	patients who had had a myocardial infarction 1 to 3 years earlier	double-blind
vorapaxar vs placebo (on top aspirin)			

continued...

Trial	Treatments	Patients	Trials design and methods
TRA-2P TIMI 50 , 2012 [NCT00526474] n=13225/13244 follow-up: 2.5 y (median)	vorapaxar (SCH 530348) 2.5-mg daily versus placebo (added to the existing standard of care for preventing heart attack and stroke (eg, aspirin, clopidogrel)	patients with a known history of atherosclerosis (MI, ischemic stroke, or peripheral vascular disease)	Parallel groups double-blind
warfarin vs placebo (on top of aspirin)			
Williams , 1997 n=6/5 follow-up: 2.5 months	warfarin target INR 65279;22.5 +aspirin versus placebo +aspirin	Acute MI, unstable angina	Parallel groups double blind
any anticoagulant vs aspirin			
EPSIM , 1982 n=652/651 follow-up: 29 months (range 6-59)	anticoagulant versus aspirin 500mg three times daily	patients surviving myocardial infarction	Parallel groups open
coumadin vs aspirin			
ASPECT-2 (coumadin alone) , 2002 n=325/336 follow-up: 1 year (range 0-26 months)	coumadin (phenprocoumon or acenocoumarol) target INR 3-4 versus aspirin 80mg daily	Acute MI, unstable angina	Parallel groups open the Netherlands
dipyridamol + aspirin vs aspirin			
PARIS , 1980 n=810/810 follow-up: 41 months	Aspirin (324 mg) + dipyridamole (75 mg) 3x/d versus Aspirin (324 mg) 3x/d	patuents who had recovered from myocardial infarction	Parallel groups Double blind USA and GB
warfarin vs aspirin			
WARIS II (warfarin alone) , 2002 n=1216/1206 follow-up: 48 months	warfarin target INR 2.8-4.2 versus ASA 160mg/d	patients hospitalized for acute myocardial infarction	Parallel groups NA Norway
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
low fat diet vs mediterranean-style diet			

continued...

Trial	Treatments	Patients	Trials design and methods
Tuttle , 2008	low-fat	First MI survivors	Parallel groups
n=NA	versus		open
follow-up: 24 months	Mediterranean-style diets		

More details and results :

- cholesterol lowering intervention for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q45
- anticoagulant for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q173
- antiarrythmic drugs for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q251
- calcium channel blockers for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q252
- antiplatelets drug for post myocardial infarction in all type of patient at http://www.trialresultscenter.org/go-Q277
- omega-3 fatty acids for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q283
- antithrombotics for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q364
- secondary prevention for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q449
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4 cardiovascular prevention

Trial	Treatments	Patients	Trials design and methods
evolocumab vs			
Mendel 1 , 2012 [NCT01375777] n=NA follow-up:	-	-	
MENDEl 2 [NCT01763827] n=NA	-	-	
YUKAWA-1 , 2014 n=NA follow-up:	-	-	
rivaroxaban vs aspirin			
COMPASS (rivaroxaban alone) , 2017 [NCT01776424] n=27400 follow-up:	Rivaroxaban 2.5 mg twice daily alone versus aspirin 100 mg once daily	Patients With Coronary or Peripheral Artery Disease	
rivaroxaban + aspirin vs aspirin			

continued...

Trial	Treatments	Patients	Trials design and methods
COMPASS (rivaroxaban + aspirin) , 2017 [NCT01776424] n=9152/9126 follow-up: 23 months	rivaroxaban (2.5 mg twice daily) plus aspirin (100 mg once daily) versus aspirin 100 mg once daily	Patients With Coronary or Peripheral Artery Disease	Parallel groups double-blind
ticagrelor vs clopidogrel			
EUCLID , 2016 [NCT01732822] n=NA follow-up: 30 months (median)	ticagrelor (90 mg twice daily) versus clopidogrel (75 mg once daily)	patients with symptomatic peripheral artery disease	
cholestyramine vs control			
STARS (cholestyramine) , 1992 n=30/30 follow-up: 3 years	cholestyramine versus diet	patients with angina or past myocardial infarction	
dipyridamol vs control			
Atlanta (Sbar) , 1967 n=30/30 follow-up: 6 months	dipyridamole 150mg daily versus placebo	patients with angina pectoris	parallel groups double-blind
Wirecki , 1967 n=28/28 follow-up: 7 months	dipyridamole 150mg daily versus placebo	patients with angina pectoris	parallel groups double blind
Becker , 1967 n=14/13 follow-up: 5 months	dipyridamole 225mg daily versus placebo	-	parallel groups double-blind
folic acid vs control			
FOLARDA (Liem) , 2004 n=140/143 follow-up: 1 year	folic acid 5 mg per day for 1 year versus usual care	patients with acute MI and total cholesterol >6.5 mmol/l	Parallel groups open The Netherlands
GOES (Liem) , 2003 n=300/293 follow-up: 24 months	folic acid 0.5 mg per day versus usual care	patients with stable coronary artery disease	Parallel groups open The Netherlands
folic acid, B12 vs control			
NORVIT (folic acid + B12) (Bonaa) , 2006 [NCT00266487] n=1872/1877 follow-up: 36 months	folic acid 0.8mg and B12 0.4 mg daily versus no folic acid and B12	men and women who had had an acute myocardial infarction within seven days before	Factorial plan double-blind Norway
folic acid, vit B12 and vit B6 vs control			

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Trial	Treatments	Patients	Trials design and methods
NORVIT (folic acid, B12 and vit B6) (Bonaa) , 2006 [NCT00266487] n=937/943 follow-up: 36 months	0.8 mg of folic acid, 0.4 mg of vitamin B12, and 40 mg of vitamin B6 versus placebo	men and women who had had an acute myocardial infarction within seven days	Factorial plan double-blind Norway
MaxEPA vs control			
Bellamy , 1992 n=60/60 follow-up: 7 months	MaxEPA capsules (3g/d EPA + DHA) versus no treatment	people referred for coronary angioplasty	Parallel groups NA UK
Dehmer , 1998 n=46/44 follow-up: 6 months	MaxEPA capsules, 18/d (5.4g EPA + DHA daily) versus no treatment	men undergoing coronary angioplasty imag	open US
Kaul , 1992 n=58/49 follow-up: 6 months	MaxEPA capsules, 10/d (3g/d EPA + DHA) versus no treatment	people undergoing angioplasty	Parallel groups open India
Mediterranean diet vs control			
Lyon n=302/303 follow-up:	-	-	
Mediterranean diet with EOVV vs control			
PREDIMED (olive oil) , 2013 [ISRCTN35739639] n=2543/2450 follow-up: 4.8 years	Mediterranean diet supplemented with extra-virgin olive oil versus control diet (advice to reduce dietary fat)	participants who were at high cardiovascular risk, but with no cardiovascular disease	Parallel groups open Spain
Mediterranean diet with nuts vs control			
PREDIMED (nuts) , 2013 [ISRCTN35739639] n=2454/2450 follow-up: 4.8 years	Mediterranean diet supplemented with mixed nuts versus control diet (advice to reduce dietary fat)	participants who were at high cardiovascular risk, but with no cardiovascular disease	open Spain
Multiple risk factor interventions vs control			
CELL , 1995 n=339/320 follow-up: 18 months	intensive" health care advice through six group sessions versus usual care	subjects aged 30-59 years, with at least two cardiovascular risk factors in addition to moderately high lipid concentrations: total cholesterol >or = 6.5 mmol/l on three occasions, triglycerides <4.0 mmol/l, and ratio of low density lipoprotein cholesterol to high density lipoprotein cholesterol >4.0	Factorial plan open

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Trial	Treatments	Patients	Trials design and methods
Family Heart , 1994 n=3436/5912 follow-up: 1 y	Nurse led programme using a family centred approach with follow up according to degree of risk. Counselling on diet, weight, smoking, exercise, alcohol versus control	men aged 40-59 and their partners	Parallel groups double-blind UK
Gteborg Study , 1986 n=10004/20018 follow-up: 11.8 yr	multifactorial intervention programme on coronary heart disease versus no intervention	random sample of men age 47-55 y	open Sweden
HDFP , 1979 [NCT00000498] n=5485/5455 follow-up: 5 yr	Stepped care: Antihypertensive drugs, diet, smoking advice, weight control, exercise versus usual primary care	persons with high blood pressure	Parallel groups open USA
Helsinki Businessmen Study , 1985 n=612/610 follow-up: 5 yr	Multifactorial prevention of cardiovascular diseases versus no intervention	healthy men 40-58 y at high risk	Parallel groups open Finland
Johns Hopkins , 1983 n=350/50 follow-up: 5 yr	health education interventions versus control	hypertensives men and women	Factorial plan open USA
Meland , 1997 n=69/58 follow-up: 1 y	patient-centred, self-directive intervention of lifestyle changes in general practice versus conventional care	men with high coronary heart disease risk	Parallel groups open
MRFIT , 1982 [NCT00000487?acronym=] n=6428/6438 follow-up: 6 yr	special intervention (SI) program consisting of stepped-care treatment for hypertension, counseling for cigarette smoking, and dietary advice for lowering blood cholesterol levels versus no intervention	high-risk men aged 35 to 57 years	Parallel groups open
Oslo , 1981 n=612/610 follow-up: 5 yr	recommendation to lower their blood lipids by change of diet and to stop smoking versus no intervention	healthy, normotensive men at high risk of coronary heart disease	Parallel groups open Oslo, Norway
OXCHECK , 1994 n=8307/2783 follow-up: 3 yr	health checks by nurses versus no intervention	patients from general practice aged 35-64 years	Parallel groups open UK

continued...

Trial	Treatments	Patients	Trials design and methods
WHO Factories , 1982 n=30489/26971 follow-up: 6 years	multifactorial prevention of coronary heart disease versus no intervention	men employed in 80 factories in Belgium, Italy, Poland, and the UK	Parallel groups open Belgium, Italy, Poland, and the UK
niacin vs control			
VA drugs , 1968 n=77/143 follow-up: 3.2 years	-	-	Parallel groups double blind
niacin+colestipol vs control			
UCSF SCOR , 1990 n=72 follow-up: 26 months	Niacin 07.5 g colestipol 1520 g versus Conventional therapy	patients with heterozygous familial hypercholesterolemia	
Omacor vs control			
Eritsland , 1996 n=317/293 follow-up: 12 months	Omacor capsules, 4/d (3.3g EPA + DHA daily) versus no treatment	people admitted for coronary bypass grafting	Parallel groups open Norway
GISSI-P , 1999 n=5665/5668 follow-up: median 40 months	Omacor gelatine capsules, 1/d (0.9g/d EPA + DHA daily) versus no treatment	people with recent myocardial infarction	Parallel groups open Italy
omega-3 Fatty acids vs control			
OMEGA , 2009 [NCT00251134] n=1940/1911 follow-up: 1 year	omega-3 fatty acids 1g daily (and standard medical therapy) versus standard medical therapy alone	Patients within 3-14 days after a non-ST-elevation myocardial infarction (NSTEMI) or ST-elevation myocardial infarction (STEMI)	Parallel groups open Germany
policosanol vs control			
Batista , 1996 n=15/14 follow-up: 1.7 years	-	-	Parallel groups
Castano , 2001 n=27/29 follow-up: 2 years	policosanol 10 mg twice daily versus placebo	intermittent claudication	Parallel groups double-blind
Ms , 1999 n=219/218 follow-up: 24 weeks	policosanol 5mg titrted up for 10mg daily versus placebo	patients with type II hypercholesterolemia and additional coronary risk factors	Parallel groups double-blind
pravastatin vs control			
FAST Fukuoka pravastatin , 2002 n=83/81 follow-up: 2 years	pravastatin 10 mg/day versus control group (diet alone)	asymptomatic hypercholesterolemic patients	open Japan

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Trial	Treatments	Patients	Trials design and methods
MEGA , 2006 [NCT00211705] n=3866/3966 follow-up: 5.3 y	pravastatin 10 mg daily (20 mg per day if the total cholesterolconcentration did not decrease to 569 mmol/L or less) versus control	patients with hypercholesterolaemia (total cholesterol 569698 mmol/L) and no history of coronary heart disease or stroke	Parallel groups open, blind assessment Japan
Promega vs control			
Milner , 1989 n=100/100 follow-up: 6 months	Promega 9 capsules/d (4.5g EPA + DHA) versus no treatment	people about to undergo angioplasty	Parallel groups open with blind assessment US
simvastatin vs control			
Hong , 2005 n=106/96 follow-up: 1 year	simvastatin versus no treatment	patients with ischemic heart failure who underwent percutaneous coronary intervention (PCI) for acute myocardial infarction (left ventricular [LV] ejection fraction <40%)	Parallel groups open
vitamin E vs control			
GISSI , 1999 n=5660/5664 follow-up: 3.5y	vitamin E 300mg/d versus no vitamine E	patients with recent (3 months) myocardial infarction	Factorial plan open Italy
PPP , 2001 n=2231/2264 follow-up: 3.6y	vitamin E (300 mg/day) versus no vitamin E	men and women aged 50 years or greater, with at least one of the major recognised cardiovascular risk factors	Factorial plan open Italy
intensive lipid-lowering therapy vs diet			
FATS , 1990 [NCT00000512] n=94/52 follow-up: 2.5 years	intensive lipid-lowering therapy with various drugs versus placebo	men no more than 62 years of age who had apolipoprotein B levels greater than or equal to 125 mg per deciliter, documented coronary artery disease, and a family history of vascular disease	Parallel groups open Japan
alirocumab vs ezetimibe (on top statin)			
ODYSSEY OPTIONS I n=NA follow-up: 24 wk	Alirocumab 75 mg with potential up-titration to 150 mg Q2W versus Ezetimibe 10 mg	high-cardiovascular-risk patients with hypercholesterolemia not adequately controlled with atorvastatin (20 or 40 mg) or rosuvastatin (10 or 20 mg)	
ODYSSEY OPTIONS II n=NA follow-up: 24 wk	Alirocumab 75 mg with potential up-titration to 150 mg Q2W versus Ezetimibe 10 mg	high-cardiovascular-risk patients with hypercholesterolemia not adequately controlled with atorvastatin (20 or 40 mg) or rosuvastatin (10 or 20 mg)	
alirocumab vs ezetimibe alone			

continued...

Trial	Treatments	Patients	Trials design and methods
ODYSSEY MONO [NCT01644474] n=NA follow-up: 24 wk	Alirocumab 75 mg Q2W versus Ezetimibe 10 mg	hypercholesterolemic patients at moderate cardiovascular risk not receiving statins or other lipid-lowering therapy	double-blind
evolocumab vs ezetimibe alone			
GAUSS 2 [NCT01763905] n=102/205 follow-up:	evolocumab 140 mg every two weeks (Q2W) or evolocumab 420 mg once monthly (QM) versus ezetimibe 10 mg	patients with statin intolerance	
anticoagulant vs no anticoagulant			
MacMillan , 1960 n=NA	-	-	
Borchegrevink , 1960 n=NA	-	-	
Clausen , 1961 n=NA	-	-	
Harvald , 1961 n=NA	-	-	
Conrad , 1964 n=NA	-	-	
Wasserman , 1966 n=NA	-	-	
Loeliger , 1967 n=NA	-	-	
Lovell , 1967 n=NA	-	-	
Seaman , 1969 n=NA	-	-	
Sorensen , 1969 n=NA	-	-	
Meuwisse, , 1969 n=NA	-	-	
Drapkin and Merskey , 1972 n=NA	-	-	
dicoumarol vs no anticoagulant			
Apenstrom and Korsan-Bengtsen , 1964 n=NA follow-up:	-	-	
any statin vs no statin			

continued...

Trial	Treatments	Patients	Trials design and methods
Sakamoto , 2006	any available statin	Japanese patients with AMI within 96	Parallel groups
n=241/245	versus	hours of AMI onset	open
follow-up: up to 24 months	no statin		Japan

More details and results :

- cholesterol lowering intervention for cardiovascular prevention in patients with LDL elevation and without CHD at http://www.trialresultscenter.org/go-Q5
- cholesterol lowering intervention for cardiovascular prevention in diabetic patients at http://www.trialresultscenter.org/go-Q6
- cholesterol lowering intervention for cardiovascular prevention in elderly at http://www.trialresultscenter.org/go-Q7
- 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
- omega-3 fatty acids for cardiovascular prevention in all type of patients at http://www.trialresultscenter.org/go-Q121
- omega-3 fatty acids for cardiovascular prevention in patients at high risk at http://www.trialresultscenter.org/go-Q123
- omega-3 fatty acids for cardiovascular prevention in pateints at low risk at http://www.trialresultscenter.org/go-Q124
- cholesterol lowering intervention for cardiovascular prevention in patients with other atherosclerotic localisation at http://www.trialresultscenter.org/go-Q126
- plasma homocysteine lowering intervention for cardiovascular prevention in all type of patients at http://www.trialresultscenter.org/go-Q127
- antioxydants for cardiovascular prevention in all type of patients at http://www.trialresultscenter.org/go-Q131
- 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
- antiplatelets drug for cardiovascular prevention in diabetic patients at http://www.trialresultscenter.org/go-Q220
- antiplatelets drug for cardiovascular prevention in all type of patients at http://www.trialresultscenter.org/go-Q226
- antioxydants for cardiovascular prevention in diabetic patients at http://www.trialresultscenter.org/go-Q232
- cholesterol lowering intervention for cardiovascular prevention in primary prevention at http://www.trialresultscenter.org/go-Q241
- antiplatelets drug for cardiovascular prevention in secondary prevention in patients with intermittent claudication at http://www.trialresultscenter.org/go-Q275
- antiplatelets drug for cardiovascular prevention in secondary prevention in patients with CAD at http://www.trialresultscenter.org/go-Q276

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5 stable angina

Trial	Treatments	Patients	Trials design and methods
dactinomycin eluting stent vs bare-metal stent			
ACTION , 2004 n=241/119 follow-up: 6 months	Multilink Tetra stent versus uncoated Multilink Tetra stent	Patients with stable angina pectoris orsilent ischemia and a single de novo lesion in a nativecoronary artery >=3.0 mm and <=4.0 mm in diameter thatcould be covered by an 18-mm stent	Parallel groups single-blind worldwide
paclitaxel eluting stent vs bare-metal stent			
SCORE , 2004 n=126/140 follow-up: 12 months	QuaDDS stents (paclitaxel) versus uncoated control stents	patients with focal, de novo coronary lesions	Parallel groups open Worldwide
TAXUS I , 2003 n=31/30 follow-up: 12 months	TAXUS NIR versus NIR stent	Stable or unstable AP, silent ischaemia; single de novo or restenotic coronary lesions	Parallel groups double-blind Germany
TAXUS II , 2003 [NCT00299026] n=266/270 follow-up: 12 months	TAXUS versus NIR stent	Stable or unstable AP, silent ischaemia; single de novo target lesion with estimatedstenosis >50% and <99% ,	Parallel groups double-blind Global
TAXUS IV , 2004 [NCT00292474] n=662/652 follow-up: 9 months	TAXUS versus EXPRESS	Stable or unstable AP, provokable ischaemia with a single, previously untreated coronary-artery stenosis (vessel diameter, 2.5 to 3.75 mm; lesion length, 10 to 28 mm)	Parallel groups double-blind United States
TAXUS V (all patients) , 2005 [NCT00301522] n=577/579 follow-up: 9 months	TAXUS versus bare metal EXPRESS-2	Stable or unstable AP, silent ischaemia with single coronary artery stenosis including complex or previously unstudied lesions (requiring 2.25-mm, 4.0-mm, and/or multiple stents)	Parallel groups double-blind United States
TAXUS VI , 2005 [NCT00297804] n=219/227 follow-up: 9 months (2y)	TAXUS versus Express2 stent	Stable or unstable AP, silent ischaemia with long, complex coronary artery lesions	Parallel groups double-blind Europe
BASKET-SAVAGE *ongoing* [NCT00595647] n=NA follow-up:	Taxus versus Libert	percutaneous coronary interventions of saphenous vein grafts	open
paclitaxel, non-polymeric eluting stent vs bare-metal stent			
ASPECT , 2003 [NCT00196079] n=117/58 follow-up: 6 months	coated Supra-G stent versus Supra-G stent	patientswith discrete coronary lesions (<15 mm in length, 2.25 to 3.5 mm in diameter)	Parallel groups double-blind

continued...

Trial	Treatments	Patients	Trials design and methods
DELIVER , 2004 n=524/519 follow-up: 9 months	non-polymer-based paclitaxel-coated ACHIEVE stent versus stainless steel Multi-Link (ML) PENTA stent	patients with focal de novo coronary lesions, <25 mm in length, in 2.5- to 4.0-mm vessels	Parallel groups single-blind US
ELUTES , 2004 n=152/38 follow-up: 12 months	coated V-Flex Plus versus V-Flex Plus	single de novo type A or type B1 lesions 15 mm length in a nativecoronary artery	Parallel groups open Europe
PATENCY , 2002 *unpublished* n=24/26 follow-up: 9 months	Logic PTX paclitaxel Eluting CoronaryStents versus uncoated control stents	Patients with de novo lesions of 2.7- to 4.0-mm diameter and 25-mm length received 3.0, 3.5, or 4.0 mm 10- or 15-mm	Parallel groups double blind
zotarolimus eluting stent vs bare-metal stent			
ENDEAVOR II , 2006 n=598/599 follow-up: 12 months	AVE Zotarolimus-Eluting Driver versus Driver	single de novo native coronary artery stenosis	Parallel groups double-blind worldwide
TMR+CABG vs CABG			
Allen , 2000 n=132/131 follow-up:	coronary bypass of suitable vessels plus transmyocardial revascularization to areas not graftable versus coronary bypass alone with nongraftable areas left unrevascularized	patients whose standard of care was coronary artery bypass grafting and who had one or more ischemic areas not amenable to bypass grafting	single blind
Loubani , 2003 n=10/10 follow-up: 36 months	coronary artery bypass grafting plus transmyocardial laser revascularization with a holmium:YAG (yttrium-aluminum-garnet) laser to nongraftable areas versus coronary artery bypass grafting	Patients who had elective coronary artery bypass with one or more nongraftable coronary arteries	Parallel groups open UK
Zhao , 2006 n=40/40 follow-up: 3.4y	transmyocardial laser revascularization (holmium: YAG) combined with off-pump coronary artery bypass versus off-pump coronary artery bypass	patients with diffusely diseased target vessels	Parallel groups open China
dipyridamol vs control			
Atlanta (Sbar) , 1967 n=30/30 follow-up: 6 months	dipyridamole 150mg daily versus placebo	patients with angina pectoris	parallel groups double-blind

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Trial	Treatments	Patients	Trials design and methods
Wirecki , 1967 n=28/28 follow-up: 7 months	dipyridamole 150mg daily versus placebo	patients with angina pectoris	parallel groups double blind
Becker , 1967 n=14/13 follow-up: 5 months	dipyridamole 225mg daily versus placebo	-	parallel groups double-blind
bioabsorbable polymer EES vs everolimus eluting stent			
EVOLVE , 2012 [NCT01135225] n=NA follow-up: 30 days	bioabsorbable polymer everolimus-eluting stent versus polymer EES	patients with a de novo lesion 28 mm in length, in a coronary artery of 2.25 to 3.5 mm diameter	Parallel groups single blind
balloon angioplasty vs medical treatment			
RITA 2 , 1997 n=504/514 follow-up: 7y	PTCA within 3 mo of the randomisation versus medical treatment	Angina leading to admission within 90days, previous Q wave MI, no previousPTCA, no left main stem disease	Parallel groups open UK
ACME , 1992 n=105/107 follow-up: 5y	PTCA within 3 days of randomization versus medical treatment (nitrates, beta-blockers, calcium blockers)	Stable angina, history of angina, MIwithin 3 months, exercise test with STdepression >3 mm, no previous PTCA; Single or serial stenosis within sameartery 70% to 99% proximal twothirds	Parallel groups open US
ACME 2 (Folland) , 1997 n=51/50 follow-up: 5y	PTCA versus medical therapy	Stable angina, history of angina, MIwithin 3 months, exercise test with STdepression >3 mm, no previous PTCA; Stenosis >70% proximal two thirds,no main artery stenosis >50% , no 3vessel disease	Parallel groups open
ACIP , 1997 n=192/366 follow-up: 24 months	revascularization by angioplasty or bypass surgery versus angina-guided drug therapy or angina plus ischemia-guided drug therapy	clinically stable patients with angiographically documented coronary disease (50% stenosis in 1 major vessel or branch) suitable for revascularization	Parallel groups open
INSPIRE , 2006 n=104/101 follow-up: 60 months	coronary revascularization for suppressing scintigraphic ischemia versus intensive medical therapy strategy	Stable survivors of MI, total perfusion defect size 20% , ischemic defect size 10% (by adenosine SPECT), EF 35% t	Parallel groups open
SWISSI II , 2007 [NCT00387231] n=96/105 follow-up: 10.2y	Percutaneous coronary intervention aimed at full revascularization versus intensive anti-ischemic drug therapy	patients with a recent MI, silent myocardial ischemia verified by stress imaging, and 1- or 2-vessel coronary artery disease	Parallel groups open Switzerland

continued...

Trial	Treatments	Patients	Trials design and methods
MASS , 1995 n=72/72 follow-up: 5y	PTCA versus medical treatment (aspirin, nitrates, beta-blockers and calcium channel blocking	Stable angina, no Q wave MI, no leftventricular dysfunction	Parallel groups open Brazil
Sievers , 1993 n=44/44 follow-up: 2y	PTCA versus medical treatment	Previous nonQ wave MI, no angina indaily life, no previous Q wave MI	Parallel groups open Germany
spinal cord stimulation vs no spinal cord stimulation			
de Jongste , 1994 n=8/9 follow-up: 8 weeks	spinal cord stimulation versus control	patients with intractable angina pectoris	Parallel groups open
Lanza , 2005 n=10/10 follow-up: 8 mo (median)	spinal cord stimulation versus no spinal cord stimulation	patients with cardiac syndrome X	Cross over open
aspirin vs placebo			
SAPAT , 1992 n=1009/1026 follow-up: 50 months	aspirin 75 mg daily versus placebo	patients with stable chronic angina pectoris	Parallel groups double blind Sweden
Azithromycin vs placebo			
Gupta et al , 1997 n=43/41 follow-up: 65279;18mo	65279;Azithromycin 500 mg/d for 3 d (28 received 1 course, 12 received 2 courses 3 mo apart) versus placebo	Male patients at least 6 mo from documented MI and with titers to Chlamydia pneumoniae >=1:64	Parallel groups double blind
ACADEMIC , 1999 n=150/152 follow-up: 2y	Azithromycin 500 mg/d for 3 d then 500 mg/wk for 3 mo versus placebo	Patients with CAD and C pneumoniae titers of >=1:16. Patients were at least 5 d from an MI	Parallel groups double blind
STAMINA (Azithromycin) , 2002 n=111/107 follow-up: 1y	Azithromycin 500 mg/d for 3 d plus omeprazole 20 mg 2/d for 1 wk plus metronidazole 400 mg 2/d for 1 wk versus placebo	Patients with ACS	Parallel groups double blind England
AZACS , 2003 n=2004/2008 follow-up: 6mo	Azithromycin 500 mg on day 1 followed by 250 mg/d for 4d versus placebo	Patients with ACS	Parallel groups double blind

continued...

Trial	Treatments	Patients	Trials design and methods
WIZARD , 2003 n=3879/3868 follow-up: 14mo	Azithromycin 600 mg/d for 3 d then 1/wk for 11 wk versus placebo	Patients with a history of MI of more than 6 weeks before and with C pneumoniae titers of >=1:16	Parallel groups double blind North America, Europe, Argentina, India
ACES , 2005 [NCT00000617] n=2004/2008 follow-up: 4y	Azithromycin 600 mg/wk for 1 y versus placebo	Patients with stable CAD	Parallel groups double blind US
clarithromycin vs placebo			
CLARIFY , 2001 n=74/74 follow-up: 1y	Clarithromycin 500 mg/d for 85 d versus placebo	Patients with ACS	Parallel groups double blind
CLARICOR , 2006 [NCT00121550] n=2172/2201 follow-up: 3 years	clarithromycin 500 mg/day versus placebo	patients with adischarge diagnosis of myocardial infarction or angina pectoris	Parallel groups double blind Denmark
dipyridamol vs placebo			
Kinsella , 1962 n=13/13 follow-up: 0.5 months	dipyridamole 37.5 mg and 100mg daily versus placebo	-	parallel groups double-blind
Leiberman , 1964 n=19/19 follow-up: >3 months	dipyridamole 100mg daily versus placebo	-	parallel groups double blind
Zion , 1961 n=14/14 follow-up: 0.5 months	Dipyridamole 37.5mg versus placebo	patients with angina pectoris	cross-over double-blind
Dewar , 1961 n=17/17 follow-up: 0.5 months	Dipyridamole 100mg daily versus placebo	patients with angina pectoris	parallel groups double-blind
Neumann , 1964 n=20/16 follow-up: 1.5 months	dipyridamole 150mg daily versus placebo	elderly with precordial pain	parallel groups double-blind
Foulds , 1960 n=24/24 follow-up: 1 months	Dipyridamole 200mg daily versus placebo	patients with angina pectoris	parallel groups double-blind
Igloe , 1970 n=26/22 follow-up: 2-7 months	Dipyridamole 200mg daily versus placebo	patients with angina pectoris	parallel groups double blind
Gatifloxacin vs placebo			
PROVE-IT , 2005 n=2076/2086 follow-up: 24mo	Gatifloxacin 400 mg/d for 10 d/mo for 2y versus placebo	Patients hospitalized with ACS in the preceding 10 d	Parallel groups double blind
ivabradine 10mg vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
Borer (CL2-009) 10mg , 2003 n=91/91 follow-up: 2 weeks	Ivabradine 5 mg twice daily (10mg/d) versus placebo		double blind
ivabradine 15mg vs placebo			
BEAUTIFUL , 2008 [NCT00143507] n=5479/5438 follow-up: 19 months (range 16-24)	ivabradine target dose of 75 mg twice a day versus placebo	patients with coronary artery disease and left-ventricular systolic dysfunction (LVEF <=40%)	double blind 33 countries
ivabradine 20mg vs placebo			
SIGNIFY , 2014 [ISRCTN61576291] n=9550/9552 follow-up: 27.8 mo (median)	ivabradine, at a dose of up to 10 mg twice daily, with the dose adjusted to achieve a target heart rate of 55 to 60 beats per minute. versus placebo	patients who had both stable coronary artery disease without clinical heart failure and a heart rate of 70 beats per minute or more	Parallel groups double-blind
Borer (CL2-009) 20mg , 2003 n=88/91 follow-up: 2 weeks	ivabradine 10mg twice daily (20mg/d) versus placebo		double blind
ivabradine 5mg vs placebo			
Borer (CL2-009) 5mg , 2003 n=90/91 follow-up: 2 weeks	-	-	Parallel groups double blind
ranolazine 1000mg vs placebo			
MARIZA , 2004 n=191/191 follow-up: 1 week	ranolazine 500 mg twice daily (sustained-release ranolazine 500, 1,000, or 1,500 mg) versus placebo	Patients with angina-limited exercise	Cross over double blind US, Czech Republic, Poland, Canada
RAN080 , 2005 n=158/158 follow-up: 1 week	ranolazine IR 400mg TID versus placebo	patients who had symptom-limited exercise	Cross over double blind Europe, canada
roxifiban vs placebo			
Murphy , 2003 n=120 follow-up: 30 days	roxifiban 0.25, 0.5, 0.75, 1, 1.25, 1.5, 2, or 2.5 mg/day for up to 30 days versus placebo	patients with stable coronary artery disease	Parallel groups double blind
spinal cord stimulation vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
Eddicks , 2007 n=12/12 follow-up: 4 weeks	Spinal cord stimulation versus placebo	patients with refractory angina	Cross over double blind
ivabradine 15mg vs placebo (on top standard treatment)			
BEAUTIFUL (angina subgroup) n=734/773 follow-up: 19 months (range 16-24)	ivabradine target dose of 75 mg twice a day versus placebo	patients with stable coronary artery disease and left ventricular systolic dysfunction with limiting angina	double blind 33 countries
ranolazine 1000mg vs placebo (on top standard treatment)			
CARISA 1000mg , 2004 n=261/258 follow-up: 12 weeks	ranozaline 1000mg (in combination with beta-blockers or calcium antagonists) versus placebo	patients with severe chronic angina who have symptoms of chronic angina and who experience angina and ischemia at low workloads despite taking standard doses of atenolol, amlodipine, or diltiazem	Parallel groups double blind
ranolazine 1000mg + amlodipine vs placebo + amlodipine			
ERICA , 2006 [NCT00091429] n=281/284 follow-up: 6 weeks	ranolazine 1000 mg twice a day for 6 weeks + amlodipine (10 mg/d) versus placebo + amlodipine (10 mg/d)	patients with stable chronic angina already treated with the maximal dose of amlodipine (10mg/d)	Parallel groups double blind Europe, USA, Canada
ivabradine 10mg vs placebo on top of amlodipine			
CL3-018 10mg , 3000 *unpublished* n=232/252 follow-up: 12 weeks	ivabradine 5mg twice daily (10mg/d) versus placebo	-	Parallel groups
ivabradine 15mg vs placebo on top of amlodipine			
CL3-018 15mg , 3000 *unpublished* n=244/252	ivabradine 7.5mg twice daily (15mg/d) versus placebo	-	
ivabradine 15mg vs placebo on top of atenolol			
ASSOCIATE (Tardif) , 2009 [NCT00202566] n=449/440 follow-up: 4 months	ivabradine 5 mg b.i.d. for 2 months, increased to 7.5 mg b.i.d. for a further 2 months (on top atenolol 50 mg/day) versus placebo on top atenolol 50 mg/day	patients with stable angina receiving atenolol 50 mg/day or another beta-blocker at equivalent doses for at least 3 months	Parallel groups double blind 20 countries
A vs B			
Nordic Bifurcation Study *ongoing* [NCT00376571] n=NA follow-up:	Strategy of Routine Stenting Both Main Vessel and Side Branch versus Strategy of Routine Main Vessel Stenting and Optional Treatment of Side Branch	bifurcation lesions	
dexamethasone eluting stent vs bare-metal stent			

continued...

Trial	Treatments	Patients	Trials design and methods
FEMH-93005 *ongoing* [NCT00190099] n=NA	-	-	
ivabradine vs amlodipine			
CL3-023 (15mg) *unpublished* n=381/398 follow-up: 3 months	ivabradine 7.5mg twice daily versus amlodipine		Parallel groups double-blind
CL3-023 (20mg) *unpublished* n=376/398 follow-up: 3 months	ivabradine 10mg twice daily versus amlodipine		double-blind

More details and results :

- myocardial revascularization for stable angina in all type of patient at http://www.trialresultscenter.org/go-Q25
- myocardial revascularization for stable angina in single vessel disease at http://www.trialresultscenter.org/go-Q27
- myocardial revascularization for stable angina in multivessels disease at http://www.trialresultscenter.org/go-Q28
- myocardial revascularization for stable angina in diabetic patients at http://www.trialresultscenter.org/go-Q29
- antithrombotics for stable angina in all type of patient at http://www.trialresultscenter.org/go-Q33
- antibiotics for stable angina in all type of patient at http://www.trialresultscenter.org/go-Q34
- HR-slowing agents for stable angina in patients with left ventricular dysfunction at http://www.trialresultscenter.org/go-Q118
- HR-slowing agents for stable angina in all type of patients at http://www.trialresultscenter.org/go-Q262
- anti-anginal drugs for stable angina in all type of patients at http://www.trialresultscenter.org/go-Q263
- spinal cord stimulation for stable angina in patients with severe/refractory angina pectoris at http://www.trialresultscenter.org/go-Q358
- myocardial revascularization for stable angina in patients with Left Ventricular Dysfunction at http://www.trialresultscenter.org/go-Q501

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CL3-023 (20mg), 0:
unpublished

6 hypertension

Trial	Treatments	Patients	Trials design and methods
aliskiren vs amlodipine			
ACCELERATE , 2011 [NCT00797862] n=NA follow-up:	-	essential hypertension, were aged 18 years or older, and had systolic blood pressure between 150 and 180 mm8200;Hg	
ARBs vs control			
Suzuki , 2008 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
atenolol vs control			
Coope , 1986 n=419/465 follow-up: 44y	atenolol and bendrofluazide , Atenolol versus Open control	patients aged 60 to 79 years	Parallel groups open
Coope (subgroup) , 1986 n=3/4 follow-up: 38y	atenolol and bendrofluazide versus control	patients aged 60 to 79 years	double-blind
candesartan vs control			
Takahashi , 2006 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
captopril or atenolol vs control			

continued...

Trial	Treatments	Patients	Trials design and methods
UKPDS 38 , 1998 n=758/390 follow-up: 8.4y (median)	tight control of blood pressure aiming at a BP <150/85 (with the use of captopril or atenolol as main treatment, other treatment were added if the control criteria were not met) versus less tight control aiming at a blood pressure of <180/105 (avoiding treatment with ACE inhibitors or beta-blockers)	hypertensive patients with type 2 diabetes	Parallel groups open UK
thiazide diuretics vs control			
Carter , 1970 n=50/49 follow-up: 3.6 y	thiazide versus ?	-	NA Open
Oslo (Hegeland) , 1980 n=406/379 follow-up: 5.5 y	step 1: hydrochlorothiazide 50mg/d, step 2: alpha methyldopa 250-500mg x2/d or propranolol 40-160mg x2/d, versus no treatment	men, aged 40 to 49 years, without target organ damage, with systolic blood pressures between 150 and 179 mm Hg and diastolic blood pressure below 110 mm Hg	parallel group Open Oslo
ANBPS (Australian) , 1980 n=1721/1706 follow-up: 4 y	step 1:chlorothiazide 500 mg/d, step 2: chlorothoazide 500mg x2/d or methyldopa, propranolol, pindolol added, step 3: hydralazine or clonidine added versus placebo (without adjustement according to the BP!)	-	parallel group Double blind Australia
candesartan vs conventional treatment			
E-COST , 2005 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
E-COST-R , 2005 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
HIJ-CREATE , 2009 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
angioplasty vs medical therapy			

continued...

Trial	Treatments	Patients	Trials design and methods
EMMA , 1998 n=23/26 follow-up: 6 months	angioplasty versus antihypertensive drug treatment	hypertensive patients with atherosclerotic renal artery stenosis.	Parallel groups open France
SNRASCG , 1998 n=25/30 follow-up: 12 months	percutaneous transluminal angioplasty versus medical therapy	hypertensive patients with unilateral or bilateral disease	Parallel groups United Kingdom
DRASTIC , 2000 n=56/50 follow-up: 12 months	percutaneous transluminal renal angioplasty versus drug therapy	patients with hypertension who had atherosclerotic renal-artery stenosis (defined as a decrease in luminal diameter of 50 percent or more) and a serum creatinine concentration of 2.3 mg per deciliter (200 micromol per liter) or less	Parallel groups open Netherlands
ASTRAL , 2009 n=403/403 follow-up: 33.6 months	revascularization in addition to medical therapy versus medical therapy alone	patients with atherosclerotic renovascular disease	Parallel groups open United Kingdom, Australia, New Zealand
STAR , 2009 n=64/76 follow-up: 24 months	stent placement and medical treatment versus medical treatment alone (antihypertensive treatment, statin, aspirin)	patients with atherosclerotic renal artery stenosis and impaired renal function	Parallel groups open Netherlands, France
NITER , 2009 *unpublished* n=28/24 follow-up: 43 months	-	-	Italy
ACE inhibitors vs placebo			
HOPE (diabetic subgroup) , 2000 n=1808/1759 follow-up: 4.5 years	ramipril 10 mg once per day orally versus placebo	patients with diabetes (sub group), aged 55 years or older, who had a previous cardiovascular event or at least one other cardiovascular risk factor, no clinical proteinuria, heart failure, or low ejection fraction	Factorial plan double-blind North, South america, Europe
aliskiren vs placebo			
AVOID , 2008 [NCT00097955] n=301/298 follow-up: 6 months	aliskiren (150 mg daily for 3 months, followed by an increase in dosage to 300 mg daily for another 3 months versus placebo	patients with hypertension and type 2 diabetes with nephropathy	Parallel groups double blind 15 countries
amlodipine vs placebo			
IDNT (amlodipine vs pbo) , 2001 n=567/569 follow-up: 26	Amlodipine 10mg/d versus placebo	hypertensive patients with nephropathy due to type 2 diabetes	Parallel groups Double blind

continued...

Trial	Treatments	Patients	Trials design and methods
IDNT (amlodipine vs PBO) , 2001 n=567/569 follow-up: 2.6 years	Amlodipine 10 mg daily versus placebo	hypertensive patients with nephropathy due to type 2 diabetes	Parallel groups double-blind Worldwide
Tepel et al , 2008 [NCT00124969] n=123/128 follow-up: 19 montsh median (8-30)	Amlodipine 10 mg/day versus matched placebo	hypertensive haemodialysis patients	double blind
aspirin vs placebo			
HOT , 1998 n=9399/9391 follow-up: mean 3.8 y (range 3.3-4.9y)	aspirin 75 mg daily versus placebo	patients aged 50-80 with hypertension and diastolic blood pressure between 100 mmHG and 115 mmHG	Factorial plan Double blind Europe, North and South America, and Asia
atenolol vs placebo			
MRC I (vs placebo) , 1985 n=4403/8654 follow-up: 5.5y	Propranolol versus Placebo	men and women aged 35-64 yearswith mild hypertension (diastolic pressure 90-109 mm Hg	Parallel groups double blind
MRC old (vs placebo) , 1992 n=1102/2213 follow-up: 5.8y	Atenolol versus Placebo	patients aged 65-74	double blind UK
Dutch TIA , 1993 n=732/741 follow-up: 26y	Atenolol 50mg/d versus Placebo	aspirin-treated patients with transient ischemic attack or nondisabling ischemic stroke	double blind
TEST , 1995 n=372/348 follow-up: 26y	Atenolol versus Placebo	post stroke	
atorvastatin vs placebo			
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
beta-blockers + diuretics vs placebo			
CASTEL (subgroup) , 1994 n=47/50 follow-up: 68y	active antihypertensive therapy (thiazide or beta-blockers) versus control	-	open
beta-blockers or diuretics vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
STOP (subgroup) , 1991 n=122/113 follow-up: 21 y	active antihypertensive therapy (three beta-blockers and one diuretic) versus placebo	hypertensive Swedish men and women aged 70-84 years	double-blind Sweden
candesartan vs placebo			
TROPHY , 2006 [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
SCOPE , 2003 n=2477/2460 follow-up: 3.7 y (mean)	candesartan, 816 mg once daily (target 160/90) versus 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 double-blind 15 countries
carvedilol vs placebo			
Cice et al , 2003 n=58/56 follow-up: 12 months	65279;Carvedilol 50 mg/day versus matched placebo	dialysis patients with dilated cardiomyopathy	
Nakao et al , 2007 n=57/51	Carvedilol 20 mg/day versus matched placebo	-	
chlorthalidone vs placebo			
SHEP-pilot , 1989 n=443/108 follow-up: 2.8y	chlorthalidone versus placebo	elderly participants with untreated blood pressures of greater than 160/less than 90 mm Hg	double blind
VA-NHLBI , 1977 n=508/504 follow-up: 1.4 y	chlorthalidone 50mg/d versus placebo	patients aged 21 to 50 years with diastolic BP between 85 to 105 mm Hg	Double aveugle USA
SHEP , 1991 [NCT00000514] n=2365/2371 follow-up: 4.4 y	chlorthalidone, 12.5 mg/d , chlorthalidone, 12.5 mg/d , chlorthalidone, 12.5 mg/d versus placebo	patients aged 60 years and above with Systolic BP between 160 and 219 mm Hg and diastolic BP less than 90 mm Hg	Double blind
SHEP (diabetic subgroup) , 1996 n=283/300 follow-up: 5 year	low dose of chlorthalidone (12.5-25.0 mg/d) with a step-up to atenolol (25.0-50.0 mg/d) or reserpine (0.05-0.10 mg/d) if needed versus placebo	men and women aged 60 years and older , non-insulin-treated diabetic (sub group) patients with isolated systolic hypertension (systolic BP >= 160 mm Hg; diastolic BP, <90 mm Hg)	Parallel groups double-blind
SHEP-P (subgroup) , 1989 n=70/15 follow-up: 28y	chlorthalidone versus placebo	elderly participants with untreated blood pressures of greater than 160/less than 90 mm Hg	double-blind

continued...

Trial	Treatments	Patients	Trials design and methods
SHEP (subgroup) , 1991 n=331/319 follow-up: 42y	chlorthalidone, 12.5 mg/d for step 1 versus placebo	patients aged 60 years and above	double blind
darusentan vs placebo			
DORADO-AC n=NA follow-up:	-	-	
DORADO , 2009 [NCT00330369] n=247/132 follow-up: 14 weeks	darusentan 50 mg, 100 mg or 300 mg versus placebo	patients with treatment-resistant hypertension	Parallel groups double blind North and South America, Europe, New Zealand, Australia
deserpidine +methylclothiazide vs placebo			
HSCS , 1974 n=233/219 follow-up: 2.3y	deserpidine 1mg/d + methylclothiazide 10mg/d versus placebo	stroke	Parallel groups Double blind USA
diuretic and rauwolfia serpentina vs placebo			
USPHS , 1977 n=193/196 follow-up: 7.0 y	diuretic and rauwolfia serpentina versus placebo	subjects, ages 21-55, with diastolic blood pressures between 90 and 115 mm Hg	double blind
fluvastatin vs placebo			
HYRIM , 2005 n=283/285 follow-up: 4 year	fluvastatin 40 mg daily versus placebo	drug-treated hypertensive men aged 40-74 years with total cholesterol 4.5-8.0 mmol/L, triglycerides <4.5 mmol/L, body mass index 25-35 kg/m2, and a sedentary lifestyle	Factorial plan double blind Norway
hydrochlorothiazide vs placebo			
EWPHE (subgroup) , 1985 n=70/85 follow-up: 31y	hydrochlorothiazide + triamterene versus placebo	patients over the age of 60	double-blind
hydrochlorothiazide + amiloride vs placebo			
MRC old , 1992 n=1081/2213 follow-up:	-	hypertensive patients aged 64-75	
hydrochlorothiazide + triamterene vs placebo			
Kuramoto , 1981 n=44/47 follow-up: 4.0y	hydrochlorothiazide + triamterene versus placebo	patients over the age of 60 with sitting diastolic blood pressure on placebo treatment in the range 90-119 mm Hg and a systolic pressure in the range 160-239 mm Hg	double blind

continued...

Trial	Treatments	Patients	Trials design and methods
EWPHE , 1985 n=416/424 follow-up: 4.3 y	hydrochlorothiazide + triamterene , hydrochlorothiazide + triamterene versus placebo	patients over the age of 60 with sitting diastolic blood pressure on placebo treatment in the range 90-119 mm Hg and a systolic pressure in the range 160-239 mm Hg	Double blind
indapamide vs placebo			
HYVET , 2008 [NCT00122811] n=1933/1912 follow-up: 1.8y (median)	indapamide sustained release 1.5 mg/d + perindopril 2-4mg/d to obtain SBP<150 and DBP<80 versus placebo	patients 80 years or older with persistent hypertension defined as a sustained systolic BP of 160 mm Hg or higher	Parallel groups Double blind Western and Eastern Europe, China, Australasia, and North Africa
PATS , 1995 n=2841/2841 follow-up: 2y	indapamide 2.5 mg/d versus placebo	-	Parallel groups Double blind China
irbesartan vs placebo			
IDNT (irbesartan vs pbo) , 2001 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
IRMA 2 , 2001 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
IDNT (irbesartan vs pbo) , 2001 n=579/569 follow-up: 2.6 years	Irbesartan 300 mg daily versus placebo	hypertensive patients with nephropathy due to type 2 diabetes	Parallel groups double blind Worldwide
IPDM (150mg) , 2001 n=195/201 follow-up: 2 years	irbesartan 150 mg daily versus placebo	hypertensive patients with type 2 diabetes and microalbuminuria	Parallel groups double-blind Worldwide
losartan vs placebo			
RENAAL , 2001 n=751/762 follow-up: 3.4 years	lLosartan 50 to 100 mg once daily versus placebo	patients with type 2 diabetes and nephropathy	Parallel groups double-blind
RENAAL , 2001 n=751/762 follow-up: 3.4 y	losartan 50 to 100 mg once daily versus placebo	patients with type 2 diabetes and nephropathy	Parallel groups double-blind America, Europe, Asia
telmisartan vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
PROPHESS , 2008 [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
Cice et al , 2006 n=151/152	Telmisartan 80 mg/day versus matched placebo	-	

More details and results :

- anti hypertensive agents for hypertension in elderly (60 years and more) at http://www.trialresultscenter.org/go-Q9
- anti hypertensive agents for hypertension in diabetic patients at http://www.trialresultscenter.org/go-Q10
- anti hypertensive agents for hypertension in all type of patient at http://www.trialresultscenter.org/go-Q13
- anti hypertensive agents for hypertension in very ederly (80 and more) at http://www.trialresultscenter.org/go-Q14
- anti hypertensive agents for hypertension in nephropathy at http://www.trialresultscenter.org/go-Q19
- anti hypertensive agents for hypertension in post stroke at http://www.trialresultscenter.org/go-Q20
- angiotensin-receptor blockers for hypertension in all diseases requiring ACEi (HF, CHD, HT,...) at http://www.trialresultscenter.org/go-Q125
- anti hypertensive agents for hypertension in patients undergoing dialysis at http://www.trialresultscenter.org/go-Q281
- renin inhibitor for hypertension in all type of patients at http://www.trialresultscenter.org/go-Q309
- renin inhibitor for hypertension in diabetic patients at http://www.trialresultscenter.org/go-Q310
- intensive blood pressure control for hypertension in all type of patients at http://www.trialresultscenter.org/go-Q336
- intensive blood pressure control for hypertension in diabetic patients at http://www.trialresultscenter.org/go-Q343
- intensive blood pressure control for hypertension in non diabetic patients at http://www.trialresultscenter.org/go-Q344
- anti hypertensive agents for hypertension in patients with treatment-resistant hypertension at http://www.trialresultscenter.org/go-Q374
- anti hypertensive agents for hypertension in subjects with pre-hypertension at http://www.trialresultscenter.org/go-Q404
- antiplatelets drug for hypertension in all type of patients at http://www.trialresultscenter.org/go-Q407
- cholesterol lowering intervention for hypertension in all type of patients at http://www.trialresultscenter.org/go-Q458
- intensive blood pressure control for hypertension in patients with chronic kidney disease at http://www.trialresultscenter.org/go-Q495
- angioplasty for hypertension in all type of patients at http://www.trialresultscenter.org/go-Q496
- anti hypertensive agents for hypertension in uncomplicated hypertension at http://www.trialresultscenter.org/go-Q685

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Cice et al, 2006:

7 heart failure

Trial	Treatments	Patients	Trials design and methods
Mesenchymal stem cells vs allogeneic mesenchymal stem cells			
POSEIDON , 2012 [NCT01087996] n=NA follow-up:	allogeneic MSCs versus autologous bone marrowderived mesenchymal stem cells delivered by transendocardial injection	patients with LV dysfunction due to ICM	
amlodipine vs control			
Packer , 1991 *unpublished* n=NA follow-up: 2 months	-	CHD multiple cause, NYHA class II-III	Double blind
Smith , 1994 n=NA follow-up: 3 months	-	CHD multiple cause, NYHA class II-III	Double blind
Binkley , 1996 *unpublished* n=NA follow-up: 3 months	-	CHD multiple cause, NYHA class II-III	Double blind
Udelson , 1996 *unpublished* n=NA follow-up: 3 months	-	patients with congestive heart failure due to ischaemic heart disease, NYHA class II-III	Double blind
Ghali , 1997 *unpublished* n=NA follow-up: 3 months	-	CHD multiple cause, NYHA class III-IV	Double blind
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

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Trial	Treatments	Patients	Trials design and methods
benazepril vs control			
McGany , 1991 *unpublished* n=29/32 follow-up:	-	-	
BNP-guided management vs control			
TIME CHF , 2009 n=251/248 follow-up:	intensive BNP-guided therapy versus standard symptom-guided therapy	patients with heart failure, with the specific inclusion of patients & iexcl;& Yacute;75 years of age	Parallel groups open
PRIMA n=174/171 follow-up: 702 days	NT-proBNP guided management versus clinically guided management	Patients admitted for worsening heart failure and with NT-proBNP decreasing during their admission	Parallel groups open the Netherlands
PROTECT , 2009 [NCT00351390] n=NA follow-up:	natriuretic-peptide-guided therapy versus standard management	patients with NYHA class 2-4 heart failure, LVEF <40% , and history of at least one admission or outpatient diuretic dose increase for heart-failure destabilization in the previous six months	Parallel groups
STARS-BNP , 2007 n=110/110 follow-up: 6 mo	BNP-guidance as a supplement to clinical judgment versus traditional approach	patients in NYHA functional class 2-3 with an LVEF <45% ; optimally treated with angiotensin-converting enzyme inhibitors (ACEIs), beta-blockers, and diuretics by CHF specialists	Parallel groups open
BATTLESCARRED , 2009 [ANZCTR12605000735651] n=121/122 follow-up: 3y	drug treatment directed by plasma NTproBNP for 2 years versus usual care	patients admitted to hospital for HF	Parallel groups open New Zealand
STARBRITE , 2007 [NCT00484770] n=NA follow-up: 3 mo	BNP-guided treatment versus clinically based management	patients in NYHA class 3-4 and with an LVEF <35% ; enrolled prior to discharge following hospitalization for acute decompensation	Parallel groups open
Troughton , 2000 n=33/36 follow-up: 9.5 mo (>6 mo)	BNP-guided treatment versus empirical trial-based therapy dictated by clinical acumen617Ow	patients with impaired systolic function (leftventricular ejection fraction <40%) and symptomatic heart failure (New York Heart Association class IIIV); treated with ACE inhibitors, loop diuretic with or without digoxin	Parallel groups open UK
BASEL *ongoing* [NCT00130611] n=NA follow-up: 3 months	BNP guided diagnostics and initial therapy versus control	patients presenting with acute dyspnea	Parallel groups Open

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Trial	Treatments	Patients	Trials design and methods
van Kraaij *ongoing* [NCT00149422] n=NA follow-up:	NT-proBNP guided treatment versus control	chronic congestive heart failure	Parallel groups single blind
RABBIT *ongoing* [NCT00206856] n=NA follow-up:	-	-	
Bone marrow derived stem cell vs control			
CUPID 2b , 2016 [NCT01643330] n=NA follow-up:	-	patients with advanced heart failure	
FOCUS-CCTRN , 2012 [NCT00824005] n=92 follow-up:	-	patients with chronic ischemic heart failure	
Pokushalov (DOUBLON DIB) , 2010 n=55/54 follow-up:	Intramyocardial transplantation of autologous bone marrow mononuclear cells versus optimal medical therapy	patients with severe ischemic heart failure	Russia
Bone marrow mononuclear cells vs control			
Ang , 2008 n=NA	-	Elective CABG patients with established myocardial scars diagnosed as akinetic or dyskinetic segments by dobutamine stress echocardiography and confirmed at surgery	single-blinded
Hendrikx , 2006 n=NA follow-up: 4 months	-	patients with a postinfarction nonviable scar	
TOPCARE-CHD , 2006 [NCT00289822] n=NA	-	patients with stable ischemic heart disease who had had a myocardial infarction at least 3 months previously	
Yao , 2008 n=24/23	-	patients with stable ischaemic heart disease due to a previous MI	
Bone marrow progenitor cells vs control			
Manginas , 2007 n=NA	-	patients with old, nonviable anterior myocardial infarction	
Patel , 2005 n=10/10	-	patients with ischemic cardiomyopathy and an ejection fraction of less than 35% who were scheduled for primary off-pump coronary artery bypass grafting	

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Trial	Treatments	Patients	Trials design and methods
Perin , 2012 n=10/10 follow-up: 6 months	-	patients with advanced ischemic heart failure	
Vrtovec , 2011 [NCT00629018] n=NA	-	patients with dilated cardiomyopathy	
Vrtovec , 2013 [NCT01350310] n=55/55	-	patients with dilated cardiomyopathy	
Cardiac stem cells vs control			
SCIPIO , 2011 [NCT00474461] n=NA follow-up:	-	Patients With Ischemic Cardiomyopathy	
Cardiopoietic stem cell vs control			
C CURE , 2013 [NCT00810238] n=NA follow-up:	-	patients with heart failure of ischemic origin	
CADUCEUS , 2012 [NCT00893360] n=17	-	patients with left ventricular dysfunction after myocardial infarction	
enalapril vs control			
Enalapril CHF investigators , 1987 n=126/130 follow-up:	-	-	
Rucinska-a (enalapril) , 1991 *unpublished* n=67/65 follow-up:	-	-	
Rucinska-b (enalapril) , 1991 *unpublished* n=55/55 follow-up:	-	-	
Exercise training vs control			
Dubach et al , 1997 n=24/26 follow-up: 0.7 y	Supervised walking, two hours daily; supervised cycling 40minutes four days a week versus control	patients with chronic heart failure	open Switzerland

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Trial	Treatments	Patients	Trials design and methods
Giannuzzi et al , 1997 n=46/42 follow-up: 0.6 y	Supervised cycling, 30 minutesthree days a week for two months, then home based 30 minutes for three days a week and walking for 30 minutes versus control	patients with <40% ejection fraction after a first Q-wave myocardial infarction	open Italy
Belardinelli et al , 1999 n=50/49 follow-up: 3.1 y	Supervised cycling, 60 minutes three days a week for eightweeks, then two days a week versus no exercise	patients with CHF	open 65279;Italy
Hambrecht et al , 1995 n=34/35 follow-up: 0.4 y	Supervised and home based walking, calisthenics, cycling40-60 minutes a day versus physically inactive control group	patients with chronic heart failure	open Germany
ExTraMATCH , 2004 n=NA follow-up:	-	-	
Kiilavuori et al , 2000 n=12/15 follow-up: 6.3 y	Supervised cycling 30 minutes three days a week for three months, then home basedtraining (walking, cycling,rowing, and swimming) versus control	patients with stable NYHA class II-III CHF	open Finland
McKelvie et al , 2002 n=90/91 follow-up: 1.5 y	Supervised aerobic (cycling,treadmill, arm) and resistance training 30 minutes three days a week for three months, then home based aerobic training three days a week versus usual care	patients in NYHA class I to III, with ejection fraction <40% and 6-minute walk distance <500 meters	single blind Canada
Zanelli et al , 1997 n=76/79 follow-up: 0.8 y	-	-	Italy
Wielenga et al , 1999 n=41/39 follow-up: 3.9 y	Supervised cycling, walking,ball game 30 minutes threedays a week for eight weeks, then two days a week versus control	patients with chronic heart failure NYHA II-III	open Netherlands

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Trial	Treatments	Patients	Trials design and methods
Willenheimer et al , 1998 n=22/30 follow-up: 4.4 y	Supervised interval cyclingtraining (90 second exercise and 30 second rest) for 15-45 minutes two days a weekc versus control	patients with stable mild-to-moderate heart failure	open Sweden
hydralazine vs control			
Chatterjee , 1980 n=NA follow-up:	oral hydralazine versus NA	patients with chronic CHF	
myoblasts vs control			
CAuSMIC , 2005 n=12/11 follow-up: 12 mo	3-dimensional guided catheter-based delivery of autologous skeletal myoblasts versus control	patients with previous myocardial infarction and heart failure, New York Heart Association (NYHA) functional class II to IV	
SEISMIC , 2011 n=26/14 follow-up: 6 mo	percutaneous intramyocardial transplantation of autologous skeletal myoblasts versus control	Patienst with heart failure patients with implanted cardioverter-defibrillators	
nicardipine vs control			
Gheorghiade , 1991 *unpublished* n=NA follow-up: 4 months	-	CHD multiple cause, NYHA class III	Double blind
Abrams , 1993 *unpublished* n=NA follow-up: 4 months	-	CHD multiple cause, NYHA class III-IV	Double blind
ramipril vs control			
Swedberg , 1991 n=115/108 follow-up:	-	-	
simvastatin vs control			
Hong , 2005 n=106/96 follow-up: 1 year	simvastatin versus no treatment	patients with ischemic heart failure who underwent percutaneous coronary intervention (PCI) for acute myocardial infarction (left ventricular [LV] ejection fraction <40%)	Parallel groups open
spironolactone vs control			
Cicoira , 2002 n=54/52 follow-up: 12 months	spironolactone 12.5 to 50 mg/day versus control	patients with chronic heart failure	Parallel groups open

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Trial	Treatments	Patients	Trials design and methods
Cicoira , 2004 n=47/46 follow-up: 12 months	spironolactone versus control	chronic heart failure patients	open
Ramires , 2000 n=19/16 follow-up: 20 weeks	spironolactone versus standard medical treatment	patients with systolic dysfunction and NYHA class III CHF secondary to dilated or ischemic cardiomyopathy	Parallel groups open
structured exercise training vs control			
Patwala , 2009 n=25/25 follow-up: 6 months	program of physician-supervised exercise training versus control	patients with chronic systolic heart failure receiving a Cardiac Resynchronization Therapy device	Parallel groups open
HF-ACTION , 2008 [NCT00047437] n=1159/1172 follow-up: mean 2.5 y	highly structured exercise program focused on increasing workout intensity and duration versus usual care,including recommendations for daily exercise	heart-failure patients (NYHA class 2-4, ejection fraction <35%)	Parallel groups open USA, Canada, France
sacubitril/valsartan vs enalapril			
PARADIGM-HF , 2014 [NCT01035255] n=NA follow-up:	-	-	
losartan 150mg vs losartan 50mg			
HEAAL , 2009 [NCT00090259] n=1921/1913 follow-up: 4.7 y (median)	losartan 150mg daily versus losartan 50 mg daily	patients with systolic heart failure who couldn't tolerate ACE inhibitors	Parallel groups double blind 30 countries
amiodarone vs no treatment			
GESICA , 1994 n=260/256 follow-up: 110 years	amiodarone 300 mg/day versus no treatment	patients with severe heart failure Any two of CTR >055, LVEF<=35% , echo LVED >32 cm/m2	open
EPAMSA , 1985 n=66/61 follow-up: 081 years	amiodarone 400 mg/day versus no treatment	patients with reduced left ventricular ejection fraction (<35%) and asymptomatic ventricular arrhythmias (Lown classes 2 and 4) LVEF <=35% and Lown class 25	open
aspirin vs no treatment			
WASH (aspirin) , 2004 n=91/99 follow-up: 27 months	aspirin 300 mg/day versus no treatment	patients with heart failure and left ventricular systolic dysfunction requiring diuretic therapy with LVEF<=35%	open UK, US
warfarin vs no treatment			

continued...

Trial	Treatments	Patients	Trials design and methods
WASH (warfarin) , 2004 n=89/99 follow-up: 27 months	warfarin (target INR 2.5) versus no treatment	patients with heart failure and left ventricular systolic dysfunction requiring diuretic therapy with LVEF<=35%	Parallel groups open UK, US
valsartan vs no valsartan			
VALIDD , 2007 [NCT00170924] n=186/198 follow-up: 38 weeks	valsartan titrated up to 320 mg once daily versus placebo	Patients with hypertension and evidence of diastolic dysfunction	Parallel groups double blind USA, canada
Aliskiren vs placebo			
ASTRONAUT , 2013 [NCT00894387] n=1639 follow-up: 6 months	Aliskiren versus placebo	stable patients with heart failure, an LVEF <40% (mean 28%), and elevated natriuretic peptides who had been discharged from a heart-failure hospitalization an average of five days before	Parallel groups double blind North and South america, Europe, Asia
amiloride vs placebo			
Cheitlin , 1991 n=12/12 follow-up: 12 weeks	amiloride versus placebo	men with a history of congestive heart failure	Cross over double blind
amiodarone vs placebo			
Nicklas , 1991 n=101 follow-up: NA	amiodarone 200 mg/day versus placebo	patients with ejection fractions less than 30% , New York Heart Association class III or IV symptoms, and frequent but asymptomatic spontaneous ventricular ectopy (Lown class II to V) LVEF <=30% and Lown class 25	double blind
Hamer , 1989 n=34 follow-up: 163 years	amiodarone 200 mg/day versus placebo	patients with severe congestive heart failure but no sustained ventricular arrhythmia	double blind
STATCHF , 1995 n=674 follow-up: 215 years	amiodarone 200 mg/day versus placebo	patients with symptoms of congestive heart failure, cardiac enlargement, 10 or more premature ventricular contractions per hour, and a left ventricular ejection fraction of 40 percent or less LVEF <=40% and >=10 VPD/h and LVED >=55 mm or CTR >055	double blind
amlodipine vs placebo			
PRAISE , 1996 n=571/582 follow-up: median 13.8 mo (range 6-33 mo)	amlodipine 10 mg once daily versus placebo	patients with severe chronic heart failure and ejection fractions of less than 30 percent appl	Parallel groups Double blind US

continued...

Trial	Treatments	Patients	Trials design and methods
PRAISE II , 2000	Amlodipine	heart failure in non ischemic	
unpublished	versus	cardiomyopathy	
n=826/826	placebo		
follow-up: up to 4 years			
Amrinone vs placebo			
AMTG , 1985	Amrinone <600mg/day	patients with heart failure NYHA III/IV	Parallel groups
n=NA	versus		double blind
follow-up: 3 months	placebo		

More details and results :

- angiotensin-Converting Enzyme Inhibitors for heart failure in all type of heart failure at http://www.trialresultscenter.org/go-Q43
- beta-blockers for heart failure in all type of heart failure at http://www.trialresultscenter.org/go-Q44
- antiarrythmic drugs for heart failure in all type of heart failure at http://www.trialresultscenter.org/go-Q46
- angiotensin-receptor blockers for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q65
- angiotensin-receptor blockers for heart failure in patients intolerant to ACE inhibitors at http://www.trialresultscenter.org/go-Q66
- angiotensin-receptor blockers for heart failure in patients previously untreated with ACE inhibitors at http://www.trialresultscenter.org/go-Q67
- angiotensin-receptor blockers for heart failure in patients already receiving ACE inhibitor at http://www.trialresultscenter.org/go-Q68
- calcium channel blockers for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q70
- angiotensin-Converting Enzyme Inhibitors for heart failure in elderly at http://www.trialresultscenter.org/go-Q71
- antithrombotics for heart failure in patients hospitalized for heart failure at http://www.trialresultscenter.org/go-Q72
- antithrombotics for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q73
- diuretics for heart failure in patients already taking diuretics at http://www.trialresultscenter.org/go-Q74
- diuretics for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q75
- cholesterol lowering intervention for heart failure in elderly at http://www.trialresultscenter.org/go-Q77
- vasodilators therapy for heart failure in all type of patient at http://www.trialresultscenter.org/go-Q79
- Exercise Therapy for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q88
- resynchronization (CRT) - defibrillators (ICD) for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q104
- phosphodiesterase III inhibitors for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q117
- beta-blockers for heart failure in elderly patients at http://www.trialresultscenter.org/go-Q119
- cholesterol lowering intervention for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q176

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8 miscellaneous

Trial	Treatments	Patients	Trials design and methods
ARBs vs control			
Suzuki , 2008 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
candesartan vs control			
Takahashi , 2006 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
candesartan vs conventional treatment			
E-COST , 2005 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
E-COST-R , 2005 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
HIJ-CREATE , 2009 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
candesartan vs placebo			
TROPHY , 2006 [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
SCOPE , 2003 n=2477/2460 follow-up: 3.7 y (mean)	candesartan, 816 mg once daily (target 160/90) versus 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 double-blind 15 countries
irbesartan vs placebo			
IDNT (irbesartan vs pbo) , 2001 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
IRMA 2 , 2001 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

continued...

Trial	Treatments	Patients	Trials design and methods
losartan vs placebo			
RENAAL , 2001 n=751/762 follow-up: 3.4 years	lLosartan 50 to 100 mg once daily versus placebo	patients with type 2 diabetes and nephropathy	Parallel groups double-blind
olmesartan vs placebo			
ROADMAP , 2010 [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)
ORIENT [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
telmisartan vs placebo			
TRANSCEND , 2008 [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
PROPHESS , 2008 [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
candesartan vs amlodipine			
CASE-J , 2008 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
irbesartan vs amlodipine			
IDNT (irbesartan vs amlodipine) , 2001 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
valsartan vs amlodipine			
VALUE , 2004 [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
losartan vs atenolol			

continued...

Trial	Treatments	Patients	Trials design and methods
LIFE , 2002 n=4605/4588 follow-up: 4.8 y (mean)	losartan versus 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 Double blind USA, Europe
telmisartan vs enalapril			
DETAIL , 2004 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
candesartan vs hydrochlorothiazide			
ALPINE , 2003 n=197/196 follow-up: 1 year	candesartan versus hydrochlorothiazide	newly detected hypertensives	Parallel groups double-blind Sweden
olmesartan 40 mg vs olmesartan 20 mg plus a calcium-channel blocker			
OSCAR , 2011 [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
telmisartan vs ramipril			
ONTARGET (telmisartan alone) , 2008 [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
telmisartan + ramipril vs ramipril			
ONTARGET (association vs ramipril) , 2008 [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
telmisartan + ramipril vs telmisartan			
ONTARGET (association vs telmisartan) , 2008 [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

More details and results :

- angiotensin-receptor blockers for miscellaneous in all type of patients at http://www.trialresultscenter.org/go-Q425

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ONTARGET (association vs telmisartan), 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 Apr 10;358:1547-59 [18378520]

9 atrial fibrillation

Trial	Treatments	Patients	Trials design and methods
losartan vs atenolol			
LIFE (AF ancillary study) , 2005 n=4298/4182 follow-up: 4.8 y	losartan versus atenolol	hypertension	
aspirin vs control			
Japanese AF Trial , 2006 n=426/445 follow-up:	aspirin at 150 to 200 mg per day versus no antiplatelet or anticoagulant therapy	patients with nonvalvular atrial fibrillation	
LASAF(aspirin vs no treatment) , 1999 n=NA follow-up:	aspirin:125mg/day(group A1);125mg on alternate days(group A2) versus no control treatment(group C)	-	Open
atorvastatin vs control			
Ozaydin , 2006 n=24/24 follow-up: 3 months	atorvastatin 10 mg versus standard therapy	Persistent AF and scheduled EC	open
enalapril vs control			
Ueng , 2003 n=70/75 follow-up: 270 days (range 61-575d)	enalapril versus control	atrial fibrillation	Parallel groups open
irbesartan vs control			
Madrid , 2002 n=79/75 follow-up: 254 d (range 60-710)	irbesartan versus control	atrial fibrillation	Parallel groups open
pravastatin vs control			
Tveit , 2004 n=51/51 follow-up: 65279;6 weeks	pravastatin65279; 40 mg versus standard therapy	65279;AF >48 h and scheduled EC	
warfarin low dose vs control			
BAATAF (warfarin vs no treatment) , 1990 [NCT00000517] n=212/208 follow-up: 2.2 years	warfarin low dose (target INR:1.5-2.7) versus no placebo.people received no treatment but could choose to take aspirin.	non rheumatic AF	Parallel groups Open
warfarin low dose + aspirin vs control			
SAFT(warfarin low dose + aspirin vs no treatment) , 2003 n=334/334 follow-up: 33 months	warfarin low dose (1.25 mg/d) + aspirin 75 mg/d versus no treatment	Low-medium risk patients with non valvular atrial fibrillation.	Parallel groups Open Sweden

continued...

Trial	Treatments	Patients	Trials design and methods
warfarin standard dose vs control			
AFASAK (warfarin standard dose vs control) , 1989 n=335/336 follow-up: 2 years	warfarin standard dose(target INR:2.8-4.2) versus control	chronic non rheumatic AF	Parallel groups Open Denmark
SPAF (warfarin standard dose) , 1991 n=210/211 follow-up: 1.3 years	warfarin standard dose(target INR:2.0-4.5) versus control	-	Parallel groups Open USA
flecainide vs no treatment			
Van Gelder , 1989 n=36/37 follow-up: 12 months	Flecainide 200-300 mg/d versus no treatment	Any persistent AF or AFl	Parallel groups open
amiodarone vs placebo			
Channer , 2004 n=61/38 follow-up: 12 months	Amiodarone 200 mg/d versus placebo	patients with Persistent AF	Parallel groups double blind
GEFACA , 2001 n=35/15 follow-up: 16 months	Amiodarone 200 mg/d versus placebo	Persistent AF lasting >2 months	Parallel groups double blind
Kochiadakis (amiodarone vs placebo) , 2000 n=65/60 follow-up: 24 months	Amiodarone 200 mg/d versus placebo	Any documented symptomatic previous or persistent AF	Parallel groups single
SAFE-T (amiodarone vs placebo) , 2005 n=267/137 follow-up: 12 months	Amiodarone 300 mg/d versus placebo	Persistent AF lasting 3 days to 1 year	Parallel groups double blind
aprindine vs placebo			
SMART , 2002 n=47/47 follow-up: 6 months	Aprindine 40 mg/d versus placebo	Symptomatic paroxysmal AF having >1 episode monthly or persistent AF lasting <1 month	Parallel groups double blind
aspirin vs placebo			
EAFT , 1993 n=404/378 follow-up: 2.3 years	aspirin 300 mg/d versus placebo	Patient with non rheumatic AF and recent TIA or minor ischaemic stroke(secondary prevention).	Parallel groups Double blind europe,israel
AFASAK (aspirin vs placebo) , 1989 n=336/336 follow-up: 2 years	aspirin 75 mg/d versus placebo	patients with chronic non-rheumatic atrial fibrillation	Parallel groups Double aveugle Denmark

continued...

Trial	Treatments	Patients	Trials design and methods
SPAF (aspirin , warfarin eligible arm) , 1991 n=206/211 follow-up: 1.3 years	aspirin 325mg/d versus placebo	nonrheumatic atrial fibrillation,warfarin eligible patients	Parallel groups Double blind USA
SPAF (aspirin,warfarin ineligible arm) , 1991 n=346/357 follow-up: 1.3 years	aspirin 325mg/d versus placebo	nonrheumatic atrial fibrillation, warfarin ineligible patients	Parallel groups Double blind USA
Azimilide vs placebo			
ASAP , 2003 n=891/489 follow-up: 6 months	Azimilide various doses (35 to 125 mg/d) after pharmacological or electrical cardioversion versus placebo	patients with previous AF documented in the last 2 years	Parallel groups double blind
candesartan vs placebo			
CAPRAF (Tveit) , 2007 [NCT00130975] n=86/85 follow-up: 6 months	candesartan 8 mg once daily for 3-6 weeks before and candesartan 16 mg once daily for 6 months after electrical cardioversion versus placebo	patients undergoing electrical cardioversion for persistent AF	Parallel groups double blind
CHARM (AF ancillary study) , 2005 n=3225/3221 follow-up: 3.17 y	candesartan versus placebo	Heart failure	
disopyramide vs placebo			
Karlson , 1998 n=46/46 follow-up: 12 months	Disopyramide 500 mg/d versus palcebo	Persistent AF between 6 weeks and 1 year	Parallel groups open
Lloyd (Disopyramide vs placebo) , 1984 n=29/25 follow-up: 6 months	Disopyramide 450 mg/d , versus placebo	Persistent AF lasting 1 month to 3 years	Parallel groups double blind
dronedarone vs placebo			
PALLAS , 2011 [NCT01151137] n=1577/1572 follow-up: 3 years	Dronedarone versus placebo	patients with permanent atrial fibrillation and additional risk factors	Parallel groups double-blind
ADONIS , 2007 [NCT00259376] n=417/208 follow-up: 12 months	dronedarone 400 mg twice daily versus placebo	patients with at least one episode of atrial fibrillation in the preceding 3 months, and in sinus rhythm for at least 1 hour before randomization	Parallel groups double blind United States, Canada, Australia, South Africa, Argentina

continued...

Trial	Treatments	Patients	Trials design and methods
ATHENA , 2009 [NCT00174785] n=2301/2327 follow-up: 21.5 months	dronedarone 400 mg twice a day versus placebo	patients (>70y) with paroxysmal or persistent atrial fibrillation and additional risk factors for death	Parallel groups double blind 37 countries
DAFNE , 2003 n=151/48 follow-up:	Dronedarone various doses (800, 1200, 1600 mg/d) versus placebo	patients with Persistent AF	Parallel groups double blind
ERATO , 2008 [18760136] n=85/89 follow-up: 6 months	dronedarone 400 mg twice daily versus placebo	patients with permanent AF	Parallel groups double blind
EURIDIS , 2007 [NCT00259428] n=411/201 follow-up: 12 months	dronedarone 400 mg twice daily versus placebo	patients with at least one episode of atrial fibrillation in the preceding 3 months, and in sinus rhythm for at least 1 hour before randomization	Parallel groups double blind 12 European countries
EURIDIS ADONIS (pooled analysis) , 2009 n=828/409 follow-up: 12 months	Dronedarone 800 mg/d versus placebo	AF documented in the previous 3 months	Parallel groups double blind Europe, US, canada, Australia, South A, Argentina
enalapril vs placebo			
SOLVD (AF ancillary study) , 2003 n=186/188 follow-up: 2.9 y	enalapril versus placebo	Heart failure	
flecainide vs placebo			
Carunchio (flecainide vs placebo) , 1995 n=20/26 follow-up: 12 months	Flecainide 200 mg/d versus placebo	patients with recurrent AF with >3 episodes in previous 1 year	Parallel groups open
irbesartan vs placebo			
ACTIVE I , 2009 [NCT00249795] n=4518/4498 follow-up: 4.1 years	irbesartan 300mg once daily versus placebo	patients with atrial fibrillation and with a systolic blood pressure of at least 110 mmHg associated with at least one major risk of vascular events	Factorial plan double blind
n-3 PUFA vs placebo			
P-OM3 (Kowey) , 2010 n=663 follow-up:	omega-3 PUFA capsules at 8 g/day for the first seven days followed by 4 g/day for total of 24 weeks versus placebo	outpatients with documented symptomatic paroxysmal or persistent AF without significant structural heart disease and initially in sinus rhythm	Parallel groups double-blind

continued...

Trial	Treatments	Patients	Trials design and methods
oral anticoagulant vs placebo			
EAFT , 1993 n=225/214 follow-up: 2.3 years	Oral anticoagulation standard dose(target INR 3.0 (2.5-4.0)) the choice of anticoagulant type was free but most physicians choose coumarin derivatives. versus placebo	Patient with non rheumatic AF and recent TIA or minor ischaemic stroke(secondary prevention).	Parallel groups Open
pilsicainide vs placebo			
Okishige , 2000 n=52/10 follow-up:	Pilsicainide 150 mg/d/d versus placebo	Persistent AF lasting >6 months	Parallel groups single
propafenone vs placebo			
Bellandi (propafenone vs placebo) , 2001 n=102/92 follow-up: 12 months	Propafenone 900 mg/d/d after pharmacological or electrical cardioversion versus placebo	patients with paroxysmal recurrent or persistent AF	Parallel groups double blind
Dogan , 2004 n=58/52 follow-up: 15 months	Propafenone 450 mg/d versus placebo	AF of duration 3 hours to 3 months ???	Parallel groups single
Kochiadakis b (propafenone vs placebo) , 2004 n=86/83 follow-up: 24 months	Propafenone 450 mg/d versus placebo	Any documented symptomatic previous or persistent AF	Parallel groups single
RAFT , 2003 n=397/126 follow-up: 9 months	Propafenone at various doses (450, 650, 850 mg/d) versus placebo.	Previous symptomatic AF documented in the last year	Parallel groups double blind
Stroobandt , 1997 n=77/25 follow-up: 6 months	Propafenone 450 mg/d versus placebo	Recent-onset AF or persistent AF lasting >2 weeks	Parallel groups double blind
rosuvastatin vs placebo			
GISSI HF (subgroup and ancillary study) , 2009 [NCT00336336] n=1855/1835 follow-up: 3.7y (median)	rosuvastatin 10mg daily versus placebo	patients with chronic heart failure who were not in AF at study entry	Factorial plan double-blind Italy
sotalol vs placebo			
Bellandi (sotalol vs placebo) , 2001 n=106/92 follow-up: 12 months	sotalol 240 mg/d versus placebo	patients with paroxysmal recurrent or persistent AF	Parallel groups double blind

continued...

Trial	Treatments	Patients	Trials design and methods
Benditt , 1999 n=184/69 follow-up: 12 months	Sotalol various doses (80, 120, 160 mg/d) after cardioversion versus placebo	patients with AF or AFl documented in the last 3 months	Parallel groups double blind
Carunchio (sotalol vs placebo) , 1995 n=20/26 follow-up: 12 months	sotalol 240 mg/d , versus placebo	patients with recurrent AF with >3 episodes in previous 1 year	Parallel groups open
Kochiadakis (sotalol vs placebo) , 2000 n=NA follow-up: 24 months	sotalol 320 mg/d versus placebo	Any documented symptomatic previous or persistent AF	Parallel groups single
Kochiadakis b (sotalol vs placebo) , 2004 n=85/83 follow-up: 24 months	sotalol 300 mg/d versus placebo	Any documented symptomatic previous or persistent AF	Parallel groups single
PAFAC (sotalol vs placebo) , 2004 n=383/88 follow-up: 12 months	sotalol 320 mg/d , versus placebo	Persistent AF lasting >7 daysil	Parallel groups double blind
SAFE-T (sotalol vs placebo) , 2005 n=261/132 follow-up: 12 months	sotalol 320 mg/d versus placebo	Persistent AF lasting 3 days to 1 year	Parallel groups double blind
Singh , 1991 n=24/10 follow-up: 6 months	Sotalol 80 - 320 mg/d versus placebo	Persistent AF or AFl lasting 2 weeks to 1 year	Parallel groups double blind
SOPAT (sotalol vs placebo) , 2004 n=264/251 follow-up: 12 months	sotalol 320 mg/d , versus placebo	Paroxysmal AF documented in the last 1 month@4	Parallel groups double blind
trandolapril vs placebo			
TRACE (AF ancillary study) , 1999 n=790/787 follow-up: 2.4 y	trandolapil versus placebo	Postmyocardial infarction	
valsartan vs placebo			
Val-HeFT (AF ancillary study) , 2003 n=2506/2494 follow-up: 1.92 y	valsartan versus placebo	Heart failure	

continued...

Trial	Treatments	Patients	Trials design and methods
GISSI-AF (Disertori) , 2009 [NCT00376272] n=722/720 follow-up: 1 year	valsartan versus placebo	patients in sinus rhythm but with either two or more documented episodes of atrial fibrillation in the previous 6 months or successful cardioversion for atrial fibrillation in the previous 2 weeks and with underlying cardiovascular disease, diabetes, or left atrial enlargement	Parallel groups double blind
warfarin low dose vs placebo			
SPINAF (warfarin vs placebo) , 1992 n=260/265 follow-up: 1.75 years	warfarin low dose(target INR 1.4-2.8) versus placebo	men ,with chronic nonrheumatic atrial fibrillation	Parallel groups Double blind usa
warfarin standard dose vs placebo			
CAFA , 1991 n=187/191 follow-up: 15.2 months	warfarin standard dose (target INR 2-3) versus placebo	non rheumatic atrial fibrillation	Parallel groups Double blind canada

More details and results :

- antithrombotics for atrial fibrillation in primary prevention of thromboembolic events at http://www.trialresultscenter.org/go-Q57
- rythm control for atrial fibrillation in all type of patients at http://www.trialresultscenter.org/go-Q112
- antiarrythmic drugs for atrial fibrillation in maintaining sinus rhythm after cardioversion at http://www.trialresultscenter.org/go-Q113
- antiarrythmic drugs for atrial fibrillation in rate control at http://www.trialresultscenter.org/go-Q273
- catheter ablation for atrial fibrillation in all type of patients at http://www.trialresultscenter.org/go-Q320
- 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
- embolic protection for atrial fibrillation in all type of patients at http://www.trialresultscenter.org/go-Q337
- direct antithrombins for atrial fibrillation in all type of patients at http://www.trialresultscenter.org/go-Q368
- direct factor Xa inhibitors for atrial fibrillation in all type of patients at http://www.trialresultscenter.org/go-Q373
- direct oral anticoagulant (DAO) for atrial fibrillation in all type of patients at http://www.trialresultscenter.org/go-Q391
- antithrombotics for atrial fibrillation in secondary prevention of thromboembolic events at http://www.trialresultscenter.org/go-Q392
- rate control for atrial fibrillation in all type of patients at http://www.trialresultscenter.org/go-Q400
- antiarrythmic drugs for atrial fibrillation in prevention of cardiovascular events at http://www.trialresultscenter.org/go-Q514
- antithrombotics for atrial fibrillation in patients ineligible for warfarin at http://www.trialresultscenter.org/go-Q565

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10 acute coronary syndrome

Trial	Treatments	Patients	Trials design and methods
triflusal vs aspirin			
TIM , 2000 n=1135/1140 follow-up: 35 days	triflusal 600 mg daily versus aspirine 300 mg daily	AMI within less than 24 h of symptom onsete	Parallel groups double blind Portugal, Spain, Italy
aspirin vs control			
Huddinge , 1988 n=10/10 follow-up: 30d (12m)	aspirin 500mg/d starting 12 h after admissionand and then intermittently every third day for one month versus no aspirin	patients with acute myocardial infarction	Parallel groups open
ATACS-pilot , 1990 n=37/24 follow-up: 3m	Aspirin 80mg/d (Heparin + Warfarin) versus full-dose heparin followed by warfarin	acute coronary syndromes	

continued...

Trial	Treatments	Patients	Trials design and methods
Frankfurt , 1976 n=25/28 follow-up: 14d	-	-	Parallel groups
dazoxiben vs control			
Jones , 1987 n=60/60 follow-up: 1m	-	-	Parallel groups
hyperbaric oxygen vs control			
Sharifi , 2004 n=NA follow-up:	-	after percutaneous coronary intervention for acute myocardial infarction or unstable angina pectoris	
Swift , 1992 n=NA follow-up:	-	patients within 1 week of acute myocardial infarction	
Thurston , 1973 n=NA follow-up:	-	acute myocardial infarction	
Hot MI , 1997 n=112 follow-up:	-	Patients with an acute myocardial infarction who received recombinant tissue plasminogen activator	
HOT MI pilot , 1997 n=66 follow-up:	-	Patients with an acute myocardial infarction (AMI) who received recombinant tissue plasminogen activator	
oxygen therapy vs control			
Rawles , 1976 n=NA follow-up:	oxygen administered by MC mask throughout the first 24 hours versus air	myocardial infarction	
Ukholkina , 2005 n=NA follow-up:	-	patients with acute myocardial infarction	
Wilson , 1997 n=NA follow-up:	oxygen therapy versus control	patients presenting within 24 hours of onset of myocardial infarction	
sulfinpyrazone vs control			
Dutch sulphinpyrazone , 1986 n=50/50 follow-up: 21d	-	-	Parallel groups
supersaturated oxygen vs control			

continued...

Trial	Treatments	Patients	Trials design and methods
AMIHOT II , 2000 [NCT00175058] n=222/79 follow-up:	90-minute intracoronary supersaturated oxygen (SSO(2)) infusion in the left anterior descending artery infarct territory versus control	patients with anterior ST-segment elevation myocardial infarction undergoing percutaneous coronary intervention within 6 hours of symptom onset	
AMIHOT , 2007 n=NA follow-up:	hyperoxemic reperfusion for 90 min using intracoronary aqueous oxygen versus normoxemic blood autoreperfusion	patients with acute anterior or large inferior AMI undergoing primary or rescue PCI (<24 h from symptom onset) and successful PCI	
coumadin vs control (on top of aspirin)			
ASPECT-2 (coumadin+asp vs asp) , 2002 n=333/336 follow-up: 1 year	coumadin(INR mean 2.4) +aspirin versus aspirin	UA, AMI	open the Netherlands
UFH, warfarin vs control (on top of aspirin)			
ATACS (Cohen) , 1994 n=105/109 follow-up: 12 weeks	aspirin 162.5 mg daily plus heparin (activated partial thromboplastin time, two times control) followed by aspirin 162.5 mg daily plus warfarin (international normalized ratio, 2 to 3) for 12 weeks. versus aspirin alone (162.5 mg daily) for 12 weeks.	patients with unstable rest angina or non-Q-wave myocardial infarction with last episode of pain within 48 hours of randomization and who were nonprior aspirin users	Parallel groups single blind
Cohen (ATACS pilot) (heparin+aspirin vs asp) , 1990 n=37/32 follow-up: 12 weeks	aspirin (80 mg/day) plus heparin and then warfarin versus aspirin (325 mg/day)	Patients between 21 and 75 years with unstable angina or non-Q-wave MI with last episode of pain within 48 hours of screening.	Parallel groups open
warfarin vs control (on top of aspirin)			
ATACS (pilot study) (warfarin vs control) , 1990 n=37/32 follow-up: 65279;3 months	heparin/warfarin target INR 65279;3-4.5 + aspirin versus aspirin alone	65279;UA, NSTEMI	open
ATACS , 1994 n=105/109 follow-up: 3 months	heparin/warfarin (INR median 2.3) + aspirin versus aspirin	UA, NSTEMI	open
CARS , 1997 n=5410/3393 follow-up: 14 months	warfarin (INR mean 1.5) (3 mg warfarin or 1 mg warfarin with 80 mg aspirin) versus aspirin 160 mg/d	AMI	

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Trial	Treatments	Patients	Trials design and methods
OASIS Pilot (phase 1) , 1998 n=155/154 follow-up: 6 months	warfarin 3mg/d for 6 months (INR mean 1.5) versus control	UA, NSTEMI	open
OASIS Pilot (phase 2) , 1998 n=98/99 follow-up: 3 months	warfarin adjusted dose (INR mean 2.3) for 3 months versus standard treatment	UA, NSTEMI	open
OASIS-2 Warfarin Substudy , 2001 n=1848/1864 follow-up: 5 months	warfarin target INR 65279;22.5 for 5 months +aspirin versus control	UA	open
APRICOT-2 , 2002 n=135/139 follow-up: 3 months	moderate-intensity coumarin target INR 2-3 (+aspirin) versus aspirin	STEMI	
CHAMP , 2002 n=2522/2537 follow-up: 2.7 years	-	AMI	
WARIS , 2002 n=1208/1206 follow-up: 4 years	-	AMI	
LoWASA , 2004 n=1659/1641 follow-up: 5 years	-	AMI	
Zibaeenezhad , 2004 n=70/70 follow-up: 1 year	-	AMI	
bivalirudin vs heparin + GP2b3a inhibitors			
ACUITY (biva alone vs hep+aGP2b3a) , 2006 [NCT00093158] n=4612/4603 follow-up: 30 days	bivalirudin alone versus unfractionated heparin or enoxaparin plus a glycoprotein IIb/IIIa inhibitor	in patients with moderate- or high-risk acute coronary syndromes who were undergoing an early invasive strategy.	Parallel groups double blind 17 countries worldwide
ACUITY (sub groups PCI, bivalirudin alone) import , 2007 n=2619/2561 follow-up: 30 days	bivalirudin alone versus heparin (either unfractionated or enoxaparin) plus glycoprotein IIb/IIIa inhibitors	patients with moderate and high-risk acute coronary syndromes undergoing percutaneous coronary intervention after angiography (sub group).	Factorial plan open
bivalirudin + GP2b3a inhibitors vs heparin + GP2b3a inhibitors			

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Trial	Treatments	Patients	Trials design and methods
ACUITY (biva+aGP2b3a vs hep+aGP2b3a) , 2006 [NCT00093158] n=4604/4603 follow-up: 30 days	bivalirudin plus a glycoprotein IIb/IIIa inhibitor versus unfractionated heparin or enoxaparin plus a glycoprotein IIb/IIIa inhibitor	in patients with moderate- or high-risk acute coronary syndromes who were undergoing an early invasive strategy.	double blind 17 countries worldwide
ACUITY (sub groups PCI, bivalirudin +aGP2b3a) import , 2007 n=2609/2561 follow-up: 30 days	bivalirudin + versus heparin (either unfractionated or enoxaparin) plus glycoprotein IIb/IIIa inhibitors	patients with moderate and high-risk acute coronary syndromes undergoing percutaneous coronary intervention after angiography.	open
anistreplase vs placebo			
UNASEM , 1992 n=80/79 follow-up: hospital stay, 1y	anistreplase IV 30 UI over 5 minutes versus placebo	Patients without a previous myocardial infarction, with a typical history of unstable angina and ECG abnormalities indicative of ischemia	Parallel groups double blind Europe
apixaban vs placebo			
APPRAISE 2 , 2011 [NCT00831441] n=3705/3687 follow-up: 8 months	apixaban 5mg twice daily versus placebo	patients with a recent acute coronary syndrome and at least two additional risk factors for recurrent ischemic events	Parallel groups double blind 39 countries
APPRAISE-1 (10mg od) , 2009 [NCT00313300] n=318/611 follow-up: 6 months	apixaban 10 mg once daily versus placebo	patients with a recent ST-elevation or nonST-elevation acute coronary syndrome(<7 days)	Parallel groups double blind Europe, Middle East, North America
APPRAISE-1 (2.5 mg bid) , 2009 [NCT00313300] n=NA follow-up: 6 months	Apixaban 2.5mg twice daily versus placebo	patients with a recent ST-elevation or nonST-elevation acute coronary syndrome(<7 days)	double blind Europe, Middle East, North America
APPRAISE japan *ongoing* [NCT00852397] n=NA follow-up:	2 doses of apixaban (2.5 mg BID and 5.0 mg BID) for 24 weeks in combination with standard therapy (aspirin and /or additional antiplatelet therapy) versus placebo	patients with recent (<=7 days) acute coronary syndrome	double-blind Japan
aspirin vs placebo			
VA-main , 1983 n=661/677 follow-up: 3m	Aspirin 324mg/d versus placebo	men with unstable angina	double blind

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Trial	Treatments	Patients	Trials design and methods
ISIS-pilot , 1987 n=313/306 follow-up: 1m	aspirin (325 mg on alternate days for 28 days) versus placebo	suspected acute myocardial infarction	Parallel groups double blind
ISIS-2 , 1988 n=8587/8600 follow-up: 35d	160 mg/day enteric-coated aspirin for one month versus placebo	suspected acute myocardial up to 24h	Parallel groups double blind
VA-pilot *unpublished* n=26/24 follow-up: 3m	-	-	
RISC , 1990 n=474/471 follow-up: 12m	Aspirin 75mg/d versus placebo	men with unstable coronary artery disease (unstable angina or non-Q wave myocardial infarction	Factorial plan double blind Sweden
Canadian (Aspirin vs PBO) , 1985 n=NA follow-up: 18m	Aspirin 1300mg/d versus placebo	patients with unstable angina	double blind
ALDUSA-pilot *unpublished* n=56/28 follow-up: 12m	-	-	
Dutch-aspirin , 1990 n=50/50 follow-up: 3m	aspirin (100 mg/day) for 3 months versus placebo	patients with first anterior wall AMI	Parallel groups double blind
Throux , 1988 n=121/118 follow-up: 6d (3m)	Aspirin 325 mg twice daily versus placebo	acute unstable angina	double blind
APRICOT , 1993 n=107/95 follow-up: 3m	325 mg aspirin daily with discontinuation of heparin versus placebo	Patients treated with intravenous thrombolytic therapy followed by intravenous heparin and with patent infarct-related artery demonstrated at angiography within 48 hours	Parallel groups double blind The Netherlands
aspirin + dipyridamol vs placebo			
Prandoni , 1991 n=44/44 follow-up: 12m	Aspirin 50mg/d + Dipyridamol 400mg/d versus placebo	patients with acute unstable angina	double blind
aspirin + sulfinpyrazone vs placebo			
Canadian (Aspirin + sulfinpyrazone) , 1985 n=416/139 follow-up: 18m	Aspirin 1300mg/d + sulfinpyrazone 800mg/d versus placebo	patients with unstable angina	double blind
atopaxar vs placebo			

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Trial	Treatments	Patients	Trials design and methods
LANCELOT ACS n=603 follow-up:	400-mg loading dose of atopaxar followed by a daily dose of 50 mg, 100 mg, or 200 mg for 12 weeks versus placebo	unstable-angina or non-STEMI patients	Parallel groups
J-LANCELOT , 2010 n=NA follow-up:	atopaxar at a loading dose of 400 mg followed by 50 mg per day, 100 mg per day, or 200 mg per day for 12 weeks versus atopaxar at a loading dose of 400 mg followed by placebo	patients with acute coronary syndrome (unstable angina and NSTEMI)	Parallel groups Japan
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
dabigatran vs placebo			
REDEEM , 2009 *unpublished* [NCT00621855] n=1501/373 follow-up: 6 months	dabigatran 4 dosages (50mg twice daily, 75mg twice daily, 110mg twice daily, 150mg twice daily) versus placebo	patients with recent acute coronary syndromes (ST- or non-ST-elevation myocardical infarction)	Parallel groups double blind
diltiazem vs placebo			
Gbel (Dutch study) , 1995 n=129 follow-up: ND	diltiazem intravenously versus glyceryl trinitrate intravenously	patients with unstable angina	Parallel groups double blind
DRS , 1986 n=287/289 follow-up: ND	diltiazem 90 mg every six hours up to 14 days versus placebo	patients with non-Q-wave myocardial infarct, 24 to 72 hours after the onset of infarction	double blind
fluvastatin vs placebo			
LIPS (sub groups) , 2002 n=417/407 follow-up: 1, 4, and 6 months	Fluvastatin, 80 mg versus Placebo	patients with unstable angina and successful first percutaneous coronary intervention	Parallel groups double blind Europe, Canada, and Brazil
FLORIDA , 2002 n=265/275 follow-up: 1, 4, and 6 months	Fluvastatin, 80 mg (early initiation) versus Placebo	patients with an AMI and total cholesterol of <6.5 mmol.l	Parallel groups double blind The Netherlands

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Trial	Treatments	Patients	Trials design and methods
Czech trial *ongoing* [NCT00171275] n=NA follow-up: 52 weeks	fluvastatin versus placebo	-	Parallel groups double blind
intracoronary urokinase vs placebo			
TAUSA , 1994 n=232/237 follow-up: hospital stay	intracoronary urokinase 250000 UI or 500000 UI versus placebo	ischemic rest pain with or without a recent (<1 month) infarction	Parallel groups double blind USA
pravastatin vs placebo			
LAMIL , 1997 n=36/33 follow-up: 1 and 3 months	Pravastatin, 10-20 mg (starting at D3) versus Placebo	patients suffering an acute myocardial infarction	Parallel groups double blind Belgium
RECIFE , 1999 n=30/30 follow-up: 1.5 months	Pravastatin, 40 mg versus Placebo	Patients with acute myocardial infarction or unstable angina and total cholesterol levels at admission >=5.2 mmol/L or LDL >=3.4 mmol/L	Parallel groups double blind Canada
PAIS , 2001 n=50/49 follow-up: 1 and 3 months	Pravastatin, 40 mg (initiated within 48 hours of hospital admission) versus Placebo	patients with acute coronary syndromes	Parallel groups double blind The Netherlands
PACT , 2004 n=1710/1698 follow-up: 1 months	Pravastatin, 20-40 mg within 24 hours of the onset of symptoms in versus Placebo	patients with unstable angina, non-ST-segment elevation myocardial infarction, or ST-segment elevation myocardial infarction within 24 hours of the onset of symptoms	Parallel groups double blind Australia
ranolazine vs placebo			
MERLIN TIMI 36 , 2007 [NCT00099788] n=3279/3281 follow-up: median 11.4 months	ranolazine 1000 mg twice daily for the duration of the trial (intitialy 200 mg intravenously for 1 hour, followed by an 80 mg/h intravenous infusion) versus placebo	Hospitalized with NSTE-ACS; ischemic symptoms at rest within 48 hours; and at least one indicator of moderate to high risk, defined as elevated troponin or creatine kinase-myocardial band, ST-depression >0.1 mV, diabetes, or TIMI risk score for unstable angina/NSTEMI >=3	Parallel groups Double blind 17 countries
rivaroxaban 2.5mg vs placebo			
ATLAS ACS-TIMI 46 (2.5mg) , 2009 [NCT00402597] n=152/1160 follow-up: 6 months	rivaroxaban 2.5 mg twice daily versus placebo	recent ACS patients treated with aspirin alone (n=761) or aspirin plus clopidogrel (n=2730)	double blind 27 countries

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Trial	Treatments	Patients	Trials design and methods
ATLAS ACS 2 - TIMI 51 (2.5mg) , 2011 [NCT00809965] n=5174/5176 follow-up: 13 months	rivaroxaban 2.5 mg twice daily in addition to standard care versus placebo	patients with a recent ACS	Parallel groups double blind 44 countries
rivaroxaban 5mg vs placebo			
ATLAS ACS-TIMI 46 (5mg) , 2009 [NCT00402597] n=519/1160 follow-up: 6 months	rivaroxaban 5 mg twice daily versus placebo	recent ACS patients treated with aspirin alone (n=761) or aspirin plus clopidogrel (n=2730)	Parallel groups double blind 27 countries
ATLAS ACS 2 - TIMI 51 (5mg) , 2011 [NCT00809965] n=5176/5176 follow-up: 13 months	rivaroxaban 5 mg twice daily in addition to standard care versus placebo	patients with a recent ACS	double blind 44 countries
simvastatin vs placebo			
A to Z , 2004 n=2265/2232 follow-up: 4 months	Simvastatin, 40-80 mg early initiation versus Placebo	patient with an acute coronary syndrome (ACS)	Parallel groups Double aveugle 41 countries
sulfinpyrazone vs placebo			
Canadian (sulfinpyrazone alone) , 1985 n=NA follow-up: 18m	sulfinpyrazone 800mg/d versus placebo	patients with unstable angina	double blind
Wilcox , 1980 n=49/49 follow-up: 10d	Sulphinpyrazone 200 mg four times daily versus placebo	patients with acute myocardial infarction	Parallel groups
Louvain sulphinpyrazone , 1983 n=15/14 follow-up: 7d	sulphinpyrazone, 4 x 200 mg daily for 7 days versus placebo	recent myocardial infarction	Parallel groups double blind
t-PA vs placebo			
Nicklas , 1989 n=20/20 follow-up:	rt-PA, 150 mg/8 h versus placebo	patients with rest angina, angiographically documented coronary artery disease and pacing-induced ischemia	Parallel groups Double blind USA
Gold , 1987 n=12/12 follow-up:	intravenous recombinant human tissue-type plasminogen activator (rt-PA). versus placebo	chest pain at rest with transient ST segment deviation of at least 1 mm	Parallel groups

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Trial	Treatments	Patients	Trials design and methods
Williams , 1990 n=45/22 follow-up:	tissue-type plasminogen activator (rt-PA) (0.75 mg/kg over 1 hour or (0.75 mg/kg over 1 hour; total dose, 100 mg over 6 hours) versus placebo	rest angina and angiographic evidence of coronary stenosis	Parallel groups double blind USA
Freeman , 1992 n=35/35 follow-up: in hospital	tissue-type plasminogen activator (t-PA) (0.49 MU/kg for 1 hour followed by 0.07 MU/kg per hour for 9 hours) versus placebo	patients with unstable angina	Parallel groups double blind USA
van der Brand , 1991 n=19/17 follow-up: hospital stay	alteplase 100 mg in 3 h versus placebo	patients with angina at rest, despite bedrest and medical treatment	Parallel groups double blind The Netherlands
charbonnier , 1992 n=25/25 follow-up:	rt-PA 100 mg/90 minutes (10 mg bolus + 90 mg/90 minutes versus placebo	unstable angina pectoris	Parallel groups double blind
Ardissino , 1990 n=12/12 follow-up: in hospital	recombinant tissue-type plasminogen activator (rt-PA) followed by heparin versus heparin alone	unstable angina refractory to conventional medical treatment	Parallel groups double blind Italy
TIMI 3B , 1995 n=729/744 follow-up: 1 year	tissue-type plasminogen activator (t-PA) versus placebo	patients with unstable angina and non-Q wave myocardial infarction	Factorial plan Double blind
Topol , 1988 n=20/20 follow-up: hospital stay	intravenous tissue plasminogen activator (t-PA) versus placebo	patients with angina at rest and provocable ischemia (pacing induced)	Parallel groups open USA
TIMI 3A , 1993 n=150/156 follow-up: hospital stay	90-minute front-loaded infusion of t-PA (0.8 mg/kg i.v.; maximum, 80 mg) versus placebo	patients with unstable angina or non-Q wave myocardial infarction	Parallel groups double blind USA, canada

More details and results :

- cholesterol lowering intervention for acute coronary syndrome in early initiation at http://www.trialresultscenter.org/go-Q21
- myocardial revascularization for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q22
- antithrombotics for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q24
- antithrombotics for acute coronary syndrome in unstable angina at http://www.trialresultscenter.org/go-Q35
- myocardial revascularization for acute coronary syndrome in Elderly patients at http://www.trialresultscenter.org/go-Q165
- anticoagulant for acute coronary syndrome in All ACS (including AMI) at http://www.trialresultscenter.org/go-Q167

- anticoagulant for acute coronary syndrome in ACS (excluding AMI) at http://www.trialresultscenter.org/go-Q168
- antiplatelets drug for acute coronary syndrome in ACS (excluding AMI) at http://www.trialresultscenter.org/go-Q169
- antiplatelets drug for acute coronary syndrome in patients with scheduled percutaneous coronary intervention at http://www.trialresultscenter.org/go-Q170
- heparin (UFH or LMWH) for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q171
- calcium channel blockers for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q222
- fibrinolysis for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q223
- anti-anginal drugs for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q264
- direct factor Xa inhibitors for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q345
- antiplatelets drug for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q346
- antithrombotics for acute coronary syndrome in patients managed with an early invasive strategy at http://www.trialresultscenter.org/go-Q347
- antithrombotics for acute coronary syndrome in PCI sub group at http://www.trialresultscenter.org/go-Q348
- antithrombotics for acute coronary syndrome in patients with a recent ACS at http://www.trialresultscenter.org/go-Q387
- oxygen therapy for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q428
- New P2Y12 Inhibitors for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q455

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ATACS (pilot study) (warfarin vs control), 1990:

Cohen M, Adams PC, Hawkins L, Bach M, Fuster V Usefulness of antithrombotic therapy in resting angina pectoris or non-Q-wave myocardial infarction in preventing death and myocardial infarction (a pilot study from the Antithrombotic Therapy in Acute Coronary Syndromes Study Group). Am J Cardiol 1990;66:1287-92 [2244556]

ATACS, 1994:

Cohen M, Adams PC, Parry G, Xiong J, Chamberlain D, Wieczorek I, Fox KA, Chesebro JH, Strain J, Keller C Combination antithrombotic therapy in unstable rest angina and non-Q-wave infarction in nonprior aspirin users. Primary end points analysis from the ATACS trial. Antithrombotic Therapy in Acute Coronary Syndromes Research Group. Circulation 1994;89:81-8 [8281698]

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Randomised double-blind trial of fixed low-dose warfarin with aspirin after myocardial infarction. Coumadin Aspirin Reinfarction Study (CARS) Investigators. Lancet 1997;350:389-96 [9259652]

OASIS Pilot (phase 1), 1998:

Anand SS, Yusuf S, Pogue J, Weitz JI, Flather M Long-term oral anticoagulant therapy in patients with unstable angina or suspected non-Q-wave myocardial infarction: organization to assess strategies for ischemic syndromes (OASIS) pilot study results. Circulation 1998;98:1064-70 [9736592]

OASIS Pilot (phase 2), 1998:

Anand SS, Yusuf S, Pogue J, Weitz JI, Flather M Long-term oral anticoagulant therapy in patients with unstable angina or suspected non-Q-wave myocardial infarction: organization to assess strategies for ischemic syndromes (OASIS) pilot study results. Circulation 1998;98:1064-70 [9736592]

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Effects of long-term, moderate-intensity oral anticoagulation in addition to aspirin in unstable angina. The Organization to Assess Strategies for Ischemic Syndromes (OASIS) Investigators. J Am Coll Cardiol 2001;37:475-84 [11216966]

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Brouwer MA, van den Bergh PJ, Aengevaeren WR, Veen G, Luijten HE, Hertzberger DP, van Boven AJ, Vromans RP, Uijen GJ, Verheugt FW Aspirin plus coumarin versus aspirin alone in the prevention of reocclusion after fibrinolysis for acute myocardial infarction: results of the Antithrombotics in the Prevention of Reocclusion In Coronary Thrombolysis (APRICOT)-2 Trial. Circulation 2002;106:659-65 [12163424]

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Fiore LD, Ezekowitz MD, Brophy MT, Lu D, Sacco J, Peduzzi P Department of Veterans Affairs Cooperative Studies Program Clinical Trial comparing combined warfarin and aspirin with aspirin alone in survivors of acute myocardial infarction: primary results of the CHAMP study. Circulation 2002;105:557-63 [11827919]

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Hurlen M, Abdelnoor M, Smith P, Erikssen J, Arnesen H Warfarin, aspirin, or both after myocardial infarction. N Engl J Med 2002;347:969-74 [12324552]

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Herlitz J, Holm J, Peterson M, Karlson BW, Haglid Evander M, Erhardt L Effect of fixed low-dose warfarin added to aspirin in the long term after acute myocardial infarction; the LoWASA Study. Eur Heart J 2004;25:232-9 [14972424]

Zibaeenezhad, 2004:

Zibaeenezhad MJ, Mowla A, Sorbi MH Warfarin and aspirin versus aspirin alone in patients with acute myocardial infarction: a pilot study. Angiology 2004;55:17-20 [14759085]

ACUITY (biva alone vs hep+aGP2b3a), 2006:

Stone GW, McLaurin BT, Cox DA, Bertrand ME, Lincoff AM, Moses JW, White HD, Pocock SJ, Ware JH, Feit F, Colombo A, Aylward PE, Cequier AR, Darius H, Desmet W, Ebrahimi R, Hamon M, Rasmussen LH, Rupprecht HJ, Hoekstra J, Mehran R, Ohman EM Bivalirudin for patients with acute coronary syndromes. N Engl J Med 2006 Nov 23;355:2203-16 [17124018]

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ACUITY (sub groups PCI, bivalirudin alone) import, 2007:

Stone GW, Ware JH, Bertrand ME, Lincoff AM, Moses JW, Ohman EM, White HD, Feit F, Colombo A, McLaurin BT, Cox DA, Manoukian SV, Fahy M, Clayton TC, Mehran R, Pocock SJ, , Antithrombotic strategies in patients with acute coronary syndromes undergoing early invasive management: one-year results from the ACUITY trial. JAMA 2007;298:2497-506. [18056903] 10.1001/jama.298.21.2497

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Stone GW, Ware JH, Bertrand ME, Lincoff AM, Moses JW, Ohman EM, White HD, Feit F, Colombo A, McLaurin BT, Cox DA, Manoukian SV, Fahy M, Clayton TC, Mehran R, Pocock SJ Antithrombotic strategies in patients with acute coronary syndromes undergoing early invasive management: one-year results from the ACUITY trial. JAMA 2007 Dec 5;298:2497-506 [18056903]

ACUITY (sub groups PCI, bivalirudin +aGP2b3a) import, 2007:

Stone GW, White HD, Ohman EM, Bertrand ME, Lincoff AM, McLaurin BT, Cox DA, Pocock SJ, Ware JH, Feit F, Colombo A, Manoukian SV, Lansky AJ, Mehran R, Moses JW, , Bivalirudin in patients with acute coronary syndromes undergoing percutaneous coronary intervention: a subgroup analysis from the Acute Catheterization and Urgent Intervention Triage strategy (ACUITY) trial. Lancet 2007;369:907-19. [17368152] 10.1016/S0140-6736(07)60450-4

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Br FW, Verheugt FW, Col J, Materne P, Monassier JP, Geslin PG, Metzger J, Raynaud P, Foucault J, de Zwaan C Thrombolysis in patients with unstable angina improves the angiographic but not the clinical outcome. Results of UNASEM, a multicenter, randomized, placebo-controlled, clinical trial with anistreplase. Circulation 1992;86:131-7 [1617766]

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Alexander JH, Lopes RD, James S, Kilaru R, He Y, Mohan P, Bhatt DL, Goodman S, Verheugt FW, Flather M, Huber K, Liaw D, Husted SE, Lopez-Sendon J, De Caterina R, Jansky P, Darius H, Vinereanu D, Cornel JH, Cools F, Atar D, Leiva-Pons JL, Keltai M, Ogawa H Apixaban with Antiplatelet Therapy after Acute Coronary Syndrome. N Engl J Med 2011 Jul 24;: [21780946] 10.1056/NEJMoa1105819

APPRAISE-1 (10mg od), 2009:

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Circulation 2009;: [19470889]

APPRAISE japan, :

ongoing trial NCT00852397

VA-main, 1983:

Lewis HD Jr, Davis JW, Archibald DG, Steinke WE, Smitherman TC, Doherty JE 3rd, Schnaper HW, LeWinter MM, Linares E, Pouget JM, Sabharwal SC, Chesler E, DeMots H Protective effects of aspirin against acute myocardial infarction and death in men with unstable angina. Results of a Veterans Administration Cooperative Study. N Engl J Med 1983;309:396-403 [6135989]

ISIS-pilot, 1987:

Randomized factorial trial of high-dose intravenous streptokinase, of oral aspirin and of intravenous heparin in acute myocardial infarction. ISIS (International Studies of Infarct Survival) pilot study. Eur Heart J 1987;8:634-42 [2887430]

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Randomised trial of intravenous streptokinase, oral aspirin, both, or neither among 17,187 cases of suspected acute myocardial infarction: ISIS-2. ISIS-2 (Second International Study of Infarct Survival) Collaborative Group. Lancet 1988;2:349-60 [2899772]

VA-pilot, 0:

unpublished

Lewis HD Circulation 1985;72 (suppl V):155-60

RISC, 1990:

Risk of myocardial infarction and death during treatment with low dose aspirin and intravenous heparin in men with unstable coronary artery disease. The RISC Group. Lancet 1990;336:827-30 [1976875]

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Cairns JA, Gent M, Singer J, Finnie KJ, Froggatt GM, Holder DA, Jablonsky G, Kostuk WJ, Melendez LJ, Myers MG N Engl J Med 1985;313:1369-75 [3903504]

ALDUSA-pilot, 0:

unpublished

Unit de Pharmacologie Clinique, 1987. (Unit de Pharmacologie Clinique unpublished report)

Dutch-aspirin, 1990:

Verheugt FW, van der Laarse A, Funke-Kpper AJ, Sterkman LG, Galema TW, Roos JP Effects of early intervention with low-dose aspirin (100 mg) on infarct size, reinfarction and mortality in anterior wall acute myocardial infarction. Am J Cardiol 1990;66:267-70 [2195861]

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Theroux P, Ouimet H, McCans J, Latour JG, Joly P, Levy G, Pelletier E, Juneau M, Stasiak J, deGuise P Aspirin, heparin, or both to treat acute unstable angina. N Engl J Med 1988 Oct 27;319:1105-11 [3050522]

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Meijer A, Verheugt FW, Werter CJ, Lie KI, van der Pol JM, van Eenige MJ Aspirin versus coumadin in the prevention of reocclusion and recurrent ischemia after successful thrombolysis: a prospective placebo-controlled angiographic study. Results of the APRICOT Study. Circulation 1993;87:1524-30 [8491007]

Prandoni, 1991:

Prandoni P, Milani L, Barbiero M, Cardaioli P, Sanson A, Barbaresi F, Zonzin P, Visani L [Treatment of unstable angina with dipyridamole combined with low doses of aspirin. A multicenter pilot double-blind controlled study] Minerva Cardioangiol 1991;39:267-73 [1780077]

Canadian (Aspirin + sulfinpyrazone), 1985:

Cairns JA, Gent M, Singer J, Finnie KJ, Froggatt GM, Holder DA, Jablonsky G, Kostuk WJ, Melendez LJ, Myers MG Aspirin, sulfinpyrazone, or both in unstable angina. Results of a Canadian multicenter trial. N Engl J Med 1985;313:1369-75 [3903504]

LANCELOT ACS, :

O'Donoghue ML, Bhatt DL, Wiviott SD, Goodman SG, Fitzgerald DJ, Angiolillo DJ, Goto S, Montalescot G, Zeymer U, Aylward PE, Guetta V, Dudek D, Ziecina R, Contant CF, Flather MD Safety and tolerability of atopaxar in the treatment of patients with acute coronary syndromes: the lessons from antagonizing the cellular effects of ThrombinAcute Coronary Syndromes Trial. Circulation 2011 May 3;123:1843-53 [21502577] 10.1161/CIRCULATIONAHA.110.000786

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MIRACL, 2001:

Schwartz GG, Olsson AG, Ezekowitz MD, Ganz P, Oliver MF, Waters D, Zeiher A, Chaitman BR, Leslie S, Stern T Effects of atorvastatin on early recurrent ischemic events in acute coronary syndromes: the MIRACL study: a randomized controlled trial. JAMA 2001 Apr 4;285:1711-8 [11277825]

REDEEM, 2009:

unpublished

Oldgren J, Budaj A, Granger CB, Khder Y, Roberts J, Siegbahn A, Tijssen JG, Van de Werf F, Wallentin L Dabigatran vs. placebo in patients with acute coronary syndromes on dual antiplatelet therapy: a randomized, double-blind, phase II trial. Eur Heart J 2011 Nov;32:2781-9 [21551462]

Gbel (Dutch study), 1995:

Gobel EJ, Hautvast RW, van Gilst WH, Spanjaard JN, Hillege HL, DeJongste MJ, Molhoek GP, Lie KI Randomised, double-blind trial of intravenous diltiazem versus glyceryl trinitrate for unstable angina pectoris. Lancet 1995;346:1653-7 [8551821]

DRS, 1986:

Gibson RS, Boden WE, Theroux P, Strauss HD, Pratt CM, Gheorghiade M, Capone RJ, Crawford MH, Schlant RC, Kleiger RE Diltiazem and reinfarction in patients with non-Q-wave myocardial infarction. Results of a double-blind, randomized, multicenter trial. N Engl J Med 1986;315:423-9 [3526151] 10.1056/NEJM198608143150704

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Serruys PW, de Feyter P, Macaya C, Kokott N, Puel J, Vrolix M, Branzi A, Bertolami MC, Jackson G, Strauss B, Meier B Fluvastatin for prevention of cardiac events following successful first percutaneous coronary intervention: a randomized controlled trial. JAMA 2002 Jun 26;287:3215-22 [12076217]

FLORIDA, 2002:

Liem AH, van Boven AJ, Veeger NJ, Withagen AJ, Robles de Medina RM, Tijssen JG, van Veldhuisen DJ Effect of fluvastatin on ischaemia following acute myocardial infarction: a randomized trial. Eur Heart J 2002;23:1931-7 [12473255]

Czech trial, :

ongoing trial NCT00171275

TAUSA, 1994:

Ambrose JA, Almeida OD, Sharma SK, Torre SR, Marmur JD, Israel DH, Ratner DE, Weiss MB, Hjemdahl-Monsen CE, Myler RK Adjunctive thrombolytic therapy during angioplasty for ischemic rest angina. Results of the TAUSA Trial. TAUSA Investigators. Thrombolysis and Angioplasty in Unstable Angina trial. Circulation 1994;90:69-77 [8026054]

LAMIL, 1997:

Kesteloot H, Claeys G, Blanckaert N, Lesaffre E Time course of serum lipids and apolipoproteins after acute myocardial infarction: modification by pravastatin. Acta Cardiol 1997;52:107-16 [9187418]

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Dupuis J, Tardif JC, Cernacek P, Throux P Cholesterol reduction rapidly improves endothelial function after acute coronary syndromes. The RECIFE (reduction of cholesterol in ischemia and function of the endothelium) trial. Circulation 1999;99:3227-33 [10385495]

PAIS, 2001:

Den Hartog FR, Van Kalmthout PM, Van Loenhout TT, Schaafsma HJ, Rila H, Verheugt FW Pravastatin in acute ischaemic syndromes: results of a randomised placebo-controlled trial. Int J Clin Pract 2001;55:300-4 [11452676]

PACT, 2004:

Thompson PL, Meredith I, Amerena J, et al. Effect of pravastatin compared with placebo initiated within 24 hours of onset of acute myocardial infarction or unstable angina: the Pravastatin in Acute Coronary Treatment (PACT) trial Am Heart J. 2004;148:e2

Thompson PL, Meredith I, Amerena J, Campbell TJ, Sloman JG, Harris PJ Effect of pravastatin compared with placebo initiated within 24 hours of onset of acute myocardial infarction or unstable angina: the Pravastatin in Acute Coronary Treatment (PACT) trial. Am Heart J 2004;148:e2 [15215811]

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Morrow D Evaluation of a novel anti-ischemic agent in acute coronary syndromes: the primary results of the metabolic efficiency with ranolazine for less ischemia in non-ST elevation acute coronary syndrome (MERLIN)-TIMI 26 trial American College of Cardiology Annual Scientific Session, New Orleans, LA, March 2007

Morrow DA, Scirica BM, Karwatowska-Prokopczuk E, Murphy SA, Budaj A, Varshavsky S, Wolff AA, Skene A, McCabe CH, Braunwald E Effects of ranolazine on recurrent cardiovascular events in patients with non-ST-elevation acute coronary syndromes: the MERLIN-TIMI 36 randomized trial. JAMA 2007 Apr 25;297:1775-83 [17456819]

ATLAS ACS-TIMI 46 (2.5mg), 2009:

Mega JL, Braunwald E, Mohanavelu S, Burton P, Poulter R, Misselwitz F, Hricak V, Barnathan ES, Bordes P, Witkowski A, Markov V, Oppenheimer L, Gibson CM Rivaroxaban versus placebo in patients with acute coronary syndromes (ATLAS ACS-TIMI 46): a randomised, double-blind, phase II trial. Lancet 2009 Jul 4;374:29-38 [19539361]

ATLAS ACS 2 - TIMI 51 (2.5mg), 2011:

Mega JL, Braunwald E, Wiviott SD, Bassand JP, Bhatt DL, Bode C, Burton P, Cohen M, Cook-Bruns N, Fox KA, Goto S, Murphy SA, Plotnikov AN, Schneider D, Sun X, Verheugt FW, Gibson CM Rivaroxaban in Patients with a Recent Acute Coronary Syndrome. N Engl J Med 2011 Nov 13;: [22077192] 10.1056/NEJMoa1112277

ATLAS ACS-TIMI 46 (5mg), 2009:

Mega JL, Braunwald E, Mohanavelu S, Burton P, Poulter R, Misselwitz F, Hricak V, Barnathan ES, Bordes P, Witkowski A, Markov V, Oppenheimer L, Gibson CM Rivaroxaban versus placebo in patients with acute coronary syndromes (ATLAS ACS-TIMI 46): a randomised, double-blind, phase II trial. Lancet 2009 Jul 4;374:29-38 [19539361]

ATLAS ACS 2 - TIMI 51 (5mg), 2011:

Mega JL, Braunwald E, Wiviott SD, Bassand JP, Bhatt DL, Bode C, Burton P, Cohen M, Cook-Bruns N, Fox KA, Goto S, Murphy SA, Plotnikov AN, Schneider D, Sun X, Verheugt FW, Gibson CM Rivaroxaban in Patients with a Recent Acute Coronary Syndrome. N Engl J Med 2011 Nov 13;: [22077192] 10.1056/NEJMoa1112277

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de Lemos JA, Blazing MA, Wiviott SD, Lewis EF, Fox KA, White HD, Rouleau JL, Pedersen TR, Gardner LH, Mukherjee R, Ramsey KE, Palmisano J, Bilheimer DW, Pfeffer MA, Califf RM, Braunwald E Early intensive vs a delayed conservative simvastatin strategy in patients with acute coronary syndromes: phase Z of the A to Z trial. JAMA 2004 Sep 15;292:1307-16 [15337732]

Canadian (sulfinpyrazone alone), 1985:

Cairns JA, Gent M, Singer J, Finnie KJ, Froggatt GM, Holder DA, Jablonsky G, Kostuk WJ, Melendez LJ, Myers MG N Engl J Med 1985;313:1369-75 [3903504]

Wilcox, 1980:

Wilcox RG, Richardson D, Hampton JR, Mitchell JR, Banks DC Sulphinpyrazone in acute myocardial infarction: studies on cardiac rhythm and renal function. Br Med J 1980;281:531-4 [7000264]

Louvain sulphinpyrazone, 1983:

Lijnen P, Boelaert J, van Eeghem P, Daneels R, Schurgers M, de Jaegere P, van der Stichele E, Vincke J, Fagard R, Verschueren LJ, Amery A Decrease in renal function due to sulphinpyrazone treatment early after myocardial infarction. Clin Nephrol 1983;19:143-6 [6340878]

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Nicklas JM, Topol EJ, Kander N, O'Neill WW, Walton JA, Ellis SG, Gorman L, Pitt B Randomized, double-blind, placebo-controlled trial of tissue plasminogen activator in unstable angina. J Am Coll Cardiol 1989;13:434-41 [2492325]

Gold, 1987:

Gold HK, Johns JA, Leinbach RC, Yasuda T, Grossbard E, Zusman R, Collen D A randomized, blinded, placebo-controlled trial of recombinant human tissue-type plasminogen activator in patients with unstable angina pectoris. Circulation 1987 Jun;75:1192-9 [3105913]

Williams, 1990:

Williams DO, Topol EJ, Califf RM, Roberts R, Mancini GB, Joelson JM, Ellis SG, Kleiman NS Intravenous recombinant tissue-type plasminogen activator in patients with unstable angina pectoris. Results of a placebo-controlled, randomized trial. Circulation 1990 Aug;82:376-83 [2115407]

Freeman, 1992:

Freeman MR, Langer A, Wilson RF, Morgan CD, Armstrong PW Thrombolysis in unstable angina. Randomized double-blind trial of t-PA and placebo. Circulation 1992;85:150-7 [1728444]

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van den Brand M, van Zijl A, Geuskens R, de Feyter PJ, Serruys PW, Simoons ML Tissue plasminogen activator in refractory unstable angina. A randomized double-blind placebo-controlled trial in patients with refractory unstable angina and subsequent angioplasty. Eur Heart J 1991;12:1208-14 [1782951]

charbonnier, 1992:

Charbonnier B, Bernadet P, Schiele F, Thery C, Baudouy M, Bauters C [Intravenous thrombolysis by recombinant plasminogen activator (rt-PA) in unstable angina. A randomized multicenter study versus placebo] Arch Mal Coeur Vaiss 1992;85:1471-7 [1297297]

Ardissino, 1990:

Ardissino D, Barberis P, De Servi S, Mussini A, Rolla A, Visani L, Specchia G Recombinant tissue-type plasminogen activator followed by heparin compared with heparin alone for refractory unstable angina pectoris. Am J Cardiol 1990;66:910-4 [2121016]

TIMI 3B, 1995:

Anderson HV, Cannon CP, Stone PH, Williams DO, McCabe CH, Knatterud GL, Thompson B, Willerson JT, Braunwald E One-year results of the Thrombolysis in Myocardial Infarction (TIMI) IIIB clinical trial. A randomized comparison of tissue-type plasminogen activator versus placebo and early invasive versus early conservative strategies in unstable angina and non-Q wave myocardial infarction. J Am Coll Cardiol 1995;26:1643-50 [7594098]

Topol, 1988:

Topol EJ, Nicklas JM, Kander NH, Walton JA, Ellis SG, Gorman L, Pitt B Coronary revascularization after intravenous tissue plasminogen activator for unstable angina pectoris: results of a randomized, double-blind, placebo-controlled trial. Am J Cardiol 1988;62:368-71 [2970776]

TIMI 3A, 1993:

Early effects of tissue-type plasminogen activator added to conventional therapy on the culprit coronary lesion in patients presenting with ischemic cardiac pain at rest. Results of the Thrombolysis in Myocardial Ischemia (TIMI IIIA) Trial. Circulation 1993 Jan;87:38-52 [8419023]

11 obesity and overweight

Trial	Treatments	Patients	Trials design and methods
liraglutide vs placebo			
Astrup (NN8022-1807) , 2009 [NCT00422058] n=NA follow-up: 20 weeks	4 liraglutide doses (1.2 mg, 1.8 mg, 2.4 mg, or 3.0 mg daily) versus placebo	obese individuals without type 2 diabetes	Parallel groups double blind Europe
lorcaserin vs placebo			
APD356-004 , 2009 n=NA follow-up:	-	-	
BLOOM , 2010 [NCT00395135] n=NA follow-up: 52 weeks	lorcaserin 10mg bid versus placebo	-	Parallel groups double-blind
BLOOM-DM (10mg bid) *unpublished* [NCT00603291] n=253/56 follow-up: 52 weeks	lorcaserin 10 mg BID versus placebo	overweight and obese patients with type 2 diabetes mellitus managed with oral hypoglycemic agents	Parallel groups double-blind
BLOSSOM (10mg bid) , 2009 [NCT00603902] n=1603/1603 follow-up: 1 year	lorcaserin 10 mg twice daily versus placebo	obese and overweight patients	Parallel groups double blind USA
Orlistat vs placebo			
Bakris , 2002 n=278/276 follow-up: 1-year	orlistat versus placebo	obese individuals with inadequately controlled hypertension.	double-blind
Broom , 2002 n=265/261 follow-up: 54-week	orlistat versus placebo	obese patients with cardiovascular risk	parallel group double-blind
Broom, , 2001 n=71/71 follow-up:	-	-	
Davidson , 1999 n=668/224 follow-up: 52 weeks	orlistat, 120 mg 3 times a day, for 52 weeks versus placebo	Obese adults (BMI 30-43 kg/m2)	double-blind US

continued...

Trial	Treatments	Patients	Trials design and methods
Deerochanawong, , 2001 n=126/126 follow-up:	-	-	
Derosa , 2003 n=27/23 follow-up: 1-year	orlistat 120 mg TID versus placebo	obese patients with hypercholesterolemia	double-blind
Gotfredsen , 2001 n=16/14 follow-up:	-	-	
Halpern , 2003 n=169/174 follow-up: 24 weeks	orlistat (120 mg t.i.d.), versus placebo	Obese, non-insulin-dependent diabetic patients, aged 18-70 years old, with BMI >27 kg/m2	parallel Double-blind Latin-America
Hanefeld , 2002 n=195/188 follow-up: 48-week	orlistat 120 mg t.i.d. versus placebo	Overweight or obese adults (BMI >or= 28 kg/m2) with HbA1c of 6.5-11% and clinical type 2 diabetes	double-blind
Hauptman , 2000 n=210/212 follow-up: 1 year	60 mg of orlistat TID or 120 mg of orlistat TID, versus placebo	obese patients (BMI 30-44 kg/m2)	double-blind USA
Hill , 1999 n=181/188 follow-up: 1 year	30 mg orlistat, 60 mg orlistat, or 120 mg orlistat 3 times daily for 1 y versus placebo	Obese subjects who lost >or = 8% of their initial body weight during a 6-mo lead-in of a prescribed hypoenergetic diet (4180-kJ/d deficit) with no adjunctive pharmacotherapy	double-blind
Hollander , 1998 n=163/159 follow-up: 57-week	120 mg orlistat orally three times a day versus placebo	obese men and women with type 2 diabetes who were aged >18 years, had a BMI of 28-40 kg/m2, and were clinically stable on oral sulfonylureas	double-blind
Karhunen , 2000 n=36/36 follow-up: 1 y.	orlistat 120 mg t.i.d. versus placebo	obese subjects	double-blind
Kelley , 2002 n=274/276 follow-up: 1-year	orlistat 120 mg three times a day versus placebo	overweight or obese adults (BMI 28-40 kg/m(2)) with type 2 diabetes treated with insulin alone or combined with oral agents, but with suboptimal metabolic control (HbA(1c) 7.5-12.0%)	double-blind
Krempf , 2005 n=346/350 follow-up: 18-month	orlistat 120 mg three times daily versus placebo	otherwise healthy, overweight patients aged 18-65 y (BMI >or=28 kg/m2	double-blind

continued...

Trial	Treatments	Patients	Trials design and methods
Lindgarde , 2000 n=190/186 follow-up: 1 year	orlistat 120 mg three times daily versus placebo	obese adults (body mass index 28-38 kg m-2) with type 2 diabetes, hypercholesterolaemia and/or hypertension	double-blind Sweden
Lucas , 2003 n=256/188 follow-up:	-	-	
Micic , 1999 n=60/59 follow-up: 24 weeks	orlistat 120 mg three times daily versus placebo	obese patients (BMI >or = 30 kg/m2) with hyperlipidemia (LDL-cholesterol >or = 4, 2 mmol/l)	double-blind
Miles , 2002 n=255/261 follow-up: 1 year	120 mg orlistat t.i.d. versus placebo	overweight and obese patients with suboptimal control of type 2 diabetes	double-blind
Muls , 2001 n=147/147 follow-up: 24 week	orlistat 120 mg three times daily versus placebo	obese hypercholesterolemic patients, BMI between 27-40 kg/m2 and low-density-lipoprotein cholesterol, LDL-C, between 4.1-6.7 mmol/l	double-blind
Naumov , 2002 n=15/15 follow-up:	orlistat versus diet alone	patients with stable angina pectoris concomitant with obesity and hyperlipemia	open
Reaven , 2001 n=156/91 follow-up:	-	-	
Rissanen , 2001 n=25/26 follow-up: 12-month	orlistat 120 mg three times daily versus placebo	healthy obese women	double-blind
Rosenfalck , 2002 n=3/1 follow-up:	-	obese patients	
Rossner , 2000 n=244/243 follow-up: 2-year	orlistat (60 or 120 mg) three times a day versus Obese patients (body mass index 28 to 43 kg/m2)	Obese patients (body mass index 28 to 43 kg/m2)	double-blind
Shi Yi , 2001 n=986/142 follow-up:	-	-	
Sjostrom , 1998 n=345/343 follow-up: 1 year	-	-	double-blind Europe
Vidgren , 1999 n=37/38 follow-up: 1 year	120 mg of orlistat three times a day versus placebo	obese subjects	
Sibutramine vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
SCOUT , 2010 [NCT00234832] n=4906/4898 follow-up: 3.4 year	sibutramine versus placebo	overweight or obese patients with diabetes or a history of coronary or peripheral vascular disease or stroke, along with other CV risk factors	Parallel groups double blind
McMahon , 2002 n=145/72 follow-up:	-	-	
McMahon , 2000 n=142/157 follow-up:	-	-	
Smith , 2001 n=142/69 follow-up:	-	-	
Topiramate vs placebo			
Bray , 2003 n=75/75 follow-up:	-	-	
Caterson , 2003 n=93/97 follow-up:	-	-	
Pudhomme , 2003 n=33/33 follow-up:	-	-	
Rissanen , 2003 n=123/103 follow-up:	-	-	
Stenlof , 2003 n=135/137 follow-up:	-	-	
Tonstad , 2003 n=178/177 follow-up:	-	-	

More details and results :

- All mechanism for obesity and overweight in all type of patients at http://www.trialresultscenter.org/go-Q265

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unpublished

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Rissanen, 2003:

Stenlof, 2003:

Tonstad, 2003:

12 thrombosis prevention

Trial	Treatments	Patients	Trials design and methods
IPC + aspirin vs aspirin			
Hull 2 (+asp) , 1979 n=NA follow-up:	-	patients undergoing elective knee surgery	open
Hull (+asp) , 1979 n=NA follow-up:	-	patients undergoing elective knee surgery	Parallel groups open

continued...

Trial	Treatments	Patients	Trials design and methods
65279;Lieberman (A) , 1994 n=130/130 follow-up:	hypotensive epidural anesthesia, external pneumatic-compression boots, and aspirin versus hypotensive epidural anesthesia and aspirin	primary unilateral or bilateral total hip arthroplasty with use of hypotensive epidural anesthesia	Parallel groups open
aspirin vs control			
Clagett , 1975 n=56/49	A1300 versus control	-	open
Zekert VI , 1982 n=50/50	A1500 versus control	-	open
aspirin + dipyridamol vs control			
Chicago , 1982 n=12/15 follow-up:	aspirin, 300 mg bid, and dipyridamole, 75 mg tid versus control	patients with acute spinal cord injury	Parallel groups open
certoparin vs control			
Kock , 1995 n=176/163 follow-up: 15 days	Certoparin 3000 IU versus no prophylaxis	patients with minor injuries treated with plaster-cast immobilisation of the leg	Parallel groups open
deltaparin vs control			
Michot , 2002 n=66/64 follow-up: 30 days	deltaparin 2500IU 60-120min before procedure, followed 6hrs after the end of the procedure by 2500IU (<70kg) or 5000 IU(>70kg) versus no treatment	patients requiring diagnostic or therapeutic arthoscopic knee surgery as outpatients; aged18 to 80 years.	Parallel groups open Switzerland.
dipyridamol + aspirin vs control			
Parodi I , 1973 n=40/22	Dip,A1000+Dip versus control	-	open
Parodi II , 1973 n=91/35	A1500,Dip,A+Dip versus control	-	open
Australian I , 1975 n=75/75	A1000+Dip versus control	-	open
Australian II , 1976 n=85/75	A1000+Dip versus control	-	open

continued...

Trial	Treatments	Patients	Trials design and methods
Toulouse I , 1979 n=38/66	A990+Dip versus control	-	open
Zekert-III , 1977 n=135/46	A1500,A1300+Dip,A1000+Dip versus control	-	open
Harjola DVT , 1982 n=300/100	A1500,Dip,A+Dip versus control	-	open
Weiss , 1977 n=30/36	A990+Dip versus control	-	open
enoxaparin vs control			
Canata , 2003 n=18/18 follow-up: 6 days	enoxaparin sc daily (dose not specified) versus no treatment	ACL reconstruction for symptomatic ACL-deficient knees	Parallel groups Italy
Footpump (monotherapy) vs control			
Scurr , 1981 n=33/33 follow-up:	Plantar flexion and dorsiflexion of the feet while the patient is on the operating table by the use of a mechanical device (the Pedi-Pulsor) versus control	abdominal or thoracic surgery	open
Wilson , 1992 n=28/32	-	Elective knee remplacement	open
IPC sequential compression vs control			
65279;Blackshear exclure , 1987 n=20/20 follow-up:	Sequential external pneumatic compression versus control	abdominal or thoracic surgery	Cross over open
Hull II , 1990 n=152/158 follow-up:	sequential intermittent calf and thigh compression versus no prophylaxis	patients undergoing total hip replacement	open
Fisher , 1995 n=145/159 follow-up:	pneumatic sequential leg compression devices versus no specific form of prophylaxis	orthopaedic trauma patients with hip and pelvic fractures	Parallel groups open
Turple II , 1979 n=112/106 follow-up:	-	patients with intracranial disease	open

continued...

Trial	Treatments	Patients	Trials design and methods
Knudson , 1994 n=26/39 follow-up:	sequential gradient pneumatic leg compression versus control	trauma patients	open
Kosir , 1996 n=25/45 follow-up: 30 days	sequential pneumatic compression devices during surgery and 2 days postoperatively versus control	Patients undergoing procedures of at least 1 hr duration (abdominal, thoracic, head and neck, inguinal) requiring general or spinal anesthetic	Parallel groups open
nadroparin vs control			
KANT (7 days) , 2008 n=657/660 follow-up: 3 months	once-daily subcutaneous injection of LMWH (nadroparin, 3800 anti-Xa IU) for 7 days versus full-length graduated compression stocking for 7 days	patients undergoing knee arthroscopy	Parallel groups open (blinded assessment) Italy
Roth , 1995 n=61/61 follow-up: 4 days	0.3 ml sc fraxiparine 2 hours before the operation and self administered daily (except the firstvtwo doses) for 4 days after surgeryn/x versus no treatment	patients undergoing ambulatory arthroscopic	Parallel groups Germany
Kujath , 1993 n=126/126 follow-up: 65279;16 days	Nadroparin 2850 IU versus no prophylaxis	patients with injuries of the lower limb immobilized by a plaster cast	Parallel groups open
nadroparin 14d vs control			
KANT (14 days) , 2008 n=444/660 follow-up: 3 months	once-daily subcutaneous injection of LMWH (nadroparin, 3800 anti-Xa IU) for 14 days versus full-length graduated compression stocking for 7 days	patients undergoing knee arthroscopy	Parallel groups open (blinded assessment) Italy
reviparin vs control			
Wirth , 2001 n=117/122 follow-up: 7-10 days	reviparin 1,750 anti Xa IU Sc once daily for 7-10 days versus no treatment	elective knee arthroscopy	Parallel groups open (blind assessement) Germany
tinzaparin vs control			
Jorgensen , 2002 n=99/106 follow-up: 38 days	Tinzaparin 3500 IU versus no prophylaxis	patients over 18 years of age with planned plaster cast on a lower extremity of at least 3 weeks	Parallel groups open, assessor-blinded
IPC + dextran vs dextran			

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Trial	Treatments	Patients	Trials design and methods
Smith (D) , 1978 n=97/97 follow-up:	dextran 70 and pneumatic calf compression versus dextran 70	-	open
betrixaban vs enoxaparin			
APEX , 2016 [NCT01583218] n=3759/3754 follow-up:	betrixaban (at a dose of 80 mg once daily) for 35 to 42 days versus subcutaneous enoxaparin (at a dose of 40 mg once daily) for 104 days	-	Parallel groups double-blind
nadroparin vs enoxaparin			
FX140, Simonneau G , 2006 n=NA follow-up:	-	-	
semuloparin vs enoxaparin			
SAVE-HIP1 , 2012 [NCT00697099] n=1161/1165 follow-up:	Semuloparin 20 mg once-daily versus Enoxaparin 40 mg once-daily	-	
SAVE-KNEE , 2012 [NCT00718224] n=-576/574 follow-up:	Semuloparin 20 mg once-daily versus Enoxaparin 30 mg twice-daily	-	
SAVE-HIP 2 , 2012 [NCT00721760] n=500/503 follow-up:	Semuloparin 20 mg once-daily versus Enoxaparin 40 mg once-daily	hip fracture surgery	Parallel groups
Extended-duration prophylaxis vs error			
EXCLAIM , 2010 [NCT00077753] n=2975/2988 follow-up: 28 days	Enoxaparin, 40 mg/d subcutaneously (for 28 +/-4 days after receiving openlabel enoxaparin for an initial 10+/-4 days versus placebo for 28 +/-4 days after receiving openlabel enoxaparin for an initial 10+/-4 days.	Acutely Ill Medical Patients With Recently Reduced Mobility	Parallel groups double-blind North and South America
IPC sequential compression vs Footpump			
Elliott , 1999 n=149 follow-up: NA	Calf-thigh sequential pneumatic compression versus foot pump (plantar venous pneumatic compression)	Trauma patients >13 years old	Parallel groups open (blind assessement) United States
CECT + aspirin vs LMWH			

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Trial	Treatments	Patients	Trials design and methods
Gelfer , 2006 n=NA follow-up: 8 days	continuous enhanced circulation therapy (CECT) combined with low-dose aspirin versus enoxaparin 40 mg daily	patients who underwent total hip or knee arthroplasty	Parallel groups open
Aspirin vs no treatment			
Pasteyer , 1977 n=20/20 follow-up: 2 weeks	Aspirin 1000mg daily + Hep versus control (Hep alone)	Elective orthopaedic surgery	Parallel groups
Rocha , 1986 n=60/30 follow-up: 1 weeks	Aspirin 250mg or 1000mg daily versus control (combination of heparin plus dihydroergotamine)	total hip replacement	Parallel groups open
aspirin + dipyridamol vs no treatment			
Morris-B , 1977 n=32/32 follow-up:	Aspirin 900 mg daily + dipyridamole versus control	elderly patients with hip fractures	Parallel groups open
Lyon-I , 1975 n=20/20 follow-up: 2 weeks	Aspirin 1500 mg daily + Dipyridamole versus control	Elective orthopaedic surgery	
dipyridamol vs no treatment			
Morris-A , 1977 n=24/24 follow-up:	dipyridamole versus control	elderly patients with hip fractures	Parallel groups open
enoxaparin vs no treatment			
Ho [43] n=134/169	Enoxaparin 4000 anti-Xa units versus No treatment	-	Open
Warwick , 1995 n=78/78 follow-up: 8-10 days	enoxaparin 4000x1 + elastic stockings versus no treatment + elastic stockings	Elective hip	open
nadroparin vs no treatment			
Marassi [41] n=31/33	Nadroparin 2850 anti-Xa units versus No treatment	-	Open
Yoo , 1997 n=50/50 follow-up: 10 days	nadroparin 41/kgx1 days 1-3, 62/kg x1 days 4-11+elastic stockings versus no treatment	Elective hip	open
PROTECT (nadroparin) *ongoing* [NCT00881088] n=NA follow-up: 6 weeks	nadroparin 0,3 cc daily during immobilization versus no treatment	patients with a nonsurgical fracture of the lower extremity requiring immobilisation in a below-knee plaster cast	Parallel groups single blind

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Trial	Treatments	Patients	Trials design and methods
Warfarin vs no treatment			
Pinto , 1970 n=25/25 follow-up: >3 weeks	Warfarin versus No treatment	Hip surgery	Open
Hume , 1973 n=17/19 follow-up: Discharge	Warfarin versus No treatment	THR	Open
Morris , 1976 n=80/80 follow-up: 3 months	Warfarin versus No treatment	HFS	Open
Powers , 1989 n=65/63 follow-up: 3 months	Warfarin versus No treatment	HFS	Open
ardeparin vs placebo			
Levine , 1996 n=122/124 follow-up: 14 days	ardeparin 50/kgx2 +elastic stockings versus Placebo+elastic stockings	Knee	double blind
aspirin vs placebo			
MRC , 1972 n=153/150	A600 versus placebo	general surgery	double-blind
Loew DVT , 1974 n=702/679	A600 versus Placebo	-	double-blind
Erfurt-A , 1979 n=357/357	A1500 versus Placebo	-	double-blind
Zekert V , 1980 n=50/49	A1500+Hep??? versus Placebo	-	double-blind
Vinazzer I , 1980 n=402/404	A1500+Hep v Hep versus Placebo	-	double-blind
Vinazzer II , 1977 n=62/62	A1000+Hepv Hep versus Placebo	-	double-blind
Zekert-I , 1974 n=138/140 follow-up:	Aspirin 1500mg daily versus placebo	patients undergoing surgery of hip-joint proximal fractures	Parallel groups double-blind
Powers , 1976 n=66/63	A1300 versus placebo	traumatic orthopaedic surgery	

continued...

Trial	Treatments	Patients	Trials design and methods
Erfurt-B , 1979 n=44/44 follow-up:	A1500 versus placebo	traumatic orthopaedic surgery	double-blind
PEP hip-fracture , 2000 n=6679/6677 follow-up: 35 days	aspirin 160mg/d started preoperatively and continued for 35 days versus placebo	patients undergoing surgery for hip fracture	Parallel groups Double blind Australia, New Zealand, South Africa,
PEP elective arthroplasty , 2000 n=2047/2041 follow-up: 35 days	aspirin 160mg/d started preoperatively and continued for 35 daysA versus placebo	Patients undergoing elective hip or knee arthroplasty	Parallel groups Double blind New Zealand
Stockholm-I , 1975 n=26/25 follow-up: 2 weeks	Aspirin 2000mg daily versus placebo	elective surgery of the hip	double blind
Harris-I , 1977 n=58/59 follow-up: 1 weeks	Aspirin 1200mg daily versus placebo	patients over 40 years of age, who had undergone total hip replacement	Parallel groups double-blind
McKenna-I , 1980 n=24/12 follow-up: 2 weeks	Aspirin 975mg or 3900mg daily versus placebo	total knee replacement	Parallel groups double-blind
Sautter , 1983 n=68/77 follow-up: 3 weeks	Aspirin 900mg daily + sulfinpyrazone versus placebo	patient with total hip replacement	Parallel groups
McBride , 1983 n=21/22 follow-up: 1 weeks	A1800+Dipyridamole versus placebo	Elective orthopaedic surgery	
aspirin + dipyridamol vs placebo			
Encke-II , 1976 n=34/25 follow-up:	Aspirin 1500mg daily, Aspirin 990mg daily + dipyridamol versus placebo	patients with abdominal operations	Parallel groups double-blind
Hamburg , 1976 n=21/11 follow-up: 3 weeks	A+Dipyridamole,A1000 versus placebo	Elective orthopaedic surgery	
Frankfurt , 1981 *unpublished* n=25/14 follow-up:	A+Dip,A1320 versus placebo	patients with myocardial infarction	Parallel groups double-blind
dalteparin vs placebo			
D-KAf (Selby) , 2007 [NCT00187408] n=134/131 follow-up:	dalteparin 5000U daily versus placebo	below-knee fractures repaired surgically	

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Trial	Treatments	Patients	Trials design and methods
Leizorovicz , 2004 n=1856/1850 follow-up: 21 days	Dalteparin 5000E once daily, 1' days versus placebo	Congestive heart failure (NYHA IIIIV), acute or chronic respiratory disease, infectious and rheumatologic disease	Parallel groups double blind
Jorgensen , 1989 n=30/38 follow-up: 9 days	dalteparin 5000 x1 versus Placebo	Hip fracture	double blind
Torholm , 1991 n=58/54 follow-up: 9 days	dalteparin 5000x1 versus Placebo	Elective hip	double blind
Ockelford , 1989 n=102/95	Dalteparin 2500 anti-Xa units versus Placebo	general surgery	Blind
Lapidus , 2007 n=47/44 follow-up: 43 days	Dalteparin 5000 IU versus Placebo	patients surgically treated for Achilles tendon rupture	Parallel groups double-blind
Lapidus , 2007 n=101/96 follow-up: 44 days	Dalteparin 5000 IU versus Placebo	patients undergoing ankle fracture surgery	Parallel groups double-blind

More details and results :

- antithrombotics for thrombosis prevention in orthopedic surgery at http://www.trialresultscenter.org/go-Q37
- antithrombotics for thrombosis prevention in elective major knee surgery at http://www.trialresultscenter.org/go-Q38
- antithrombotics for thrombosis prevention in elective hip replacement at http://www.trialresultscenter.org/go-Q39
- antithrombotics for thrombosis prevention in hip Fracture at http://www.trialresultscenter.org/go-Q40
- antithrombotics for thrombosis prevention in medical patients at http://www.trialresultscenter.org/go-Q87
- antithrombotics for thrombosis prevention in general surgery at http://www.trialresultscenter.org/go-Q92
- antithrombotics for thrombosis prevention in urologic surgery at http://www.trialresultscenter.org/go-Q93
- antithrombotics for thrombosis prevention in gynaecological surgery at http://www.trialresultscenter.org/go-Q94
- antithrombotics for thrombosis prevention in abdominal surgery at http://www.trialresultscenter.org/go-Q96
- antithrombotics for thrombosis prevention in neurosurgery at http://www.trialresultscenter.org/go-Q99
- antithrombotics for thrombosis prevention in arthroscopy at http://www.trialresultscenter.org/go-Q150
- graduated compression stockings for thrombosis prevention in all type of patients at http://www.trialresultscenter.org/go-Q158
- anticoagulant for thrombosis prevention in orthopedic surgery at http://www.trialresultscenter.org/go-Q184
- direct antithrombins for thrombosis prevention in orthopedic surgery at http://www.trialresultscenter.org/go-Q185
- antiplatelets drug for thrombosis prevention in orthopedic surgery at http://www.trialresultscenter.org/go-Q186
- pentasaccharide for thrombosis prevention in orthopedic surgery at http://www.trialresultscenter.org/go-Q188
- heparin (UFH or LMWH) for thrombosis prevention in orthopedic surgery at http://www.trialresultscenter.org/go-Q189
- LMWH for thrombosis prevention in orthopedic surgery at http://www.trialresultscenter.org/go-Q190
- UFH for thrombosis prevention in urologic surgery at http://www.trialresultscenter.org/go-Q194
- heparin (UFH or LMWH) for thrombosis prevention in general surgery at http://www.trialresultscenter.org/go-Q195

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13 diabetes type 2

Trial	Treatments	Patients	Trials design and methods
alogliptin vs			
Bosi , 2011 [NCT00432276] n=NA	-	-	
DeFronzo , 2008 [NCT00286455] n=NA	-	-	
Kaku , 2011 n=NA follow-up:	-	-	Japan
Pratley , 2009 [NCT00286468] n=NA follow-up:	-	-	

continued...

Trial	Treatments	Patients	Trials design and methods
Pratley , 2009 [NCT00286494] n=NA follow-up:	-	-	
Rosenstock , 2009 [NCT00286429] n=NA follow-up:	-	-	
Rosenstock , 2010 [NCT00395512] n=NA follow-up:	-	-	
Seino , 2011 [NCT01263509] n=NA follow-up:	-	-	
Seino , 2011 n=NA follow-up:	-	-	Japan
dapagliflozin vs			
Yang , 2015 [NCT01095666] n=NA follow-up:	-	-	Chnina
empagliflozin vs			
Kadowaki , 2013 n=NA follow-up:	-	Japanese patients with type 2 diabetes	
Kadowaki , 2014 n=NA	-	-	
glargine vs			
Eliaschewitz n=231/250 follow-up: 24 weeks	-	-	
Fonseca n=52/48 follow-up: 28 weeks	-	-	
Massi n=293/285 follow-up: 52 weeks	-	-	
Pan n=220/223 follow-up: 24 weeks	-	-	

continued...

Trial	Treatments	Patients	Trials design and methods
Philis-Tsimikas n=334/164 follow-up: 20 weeks	-	-	
Rosenstock n=259/259 follow-up: 28 weeks	-	-	
Wang n=16/8 follow-up: 12 weeks	-	-	
Yki-Yarvinen n=214/208 follow-up: 52 weeks	-	-	
Yki-Yarvinen n=61/49 follow-up: 36 weeks	-	-	
Yokoyama n=31/31 follow-up: 26 weeks	-	-	
linagliptin vs			
Forst , 2010 [NCT00309608] n=NA follow-up: 12 weeks	Linagliptin (1, 5, or 10 mg taken once daily) versus placebo (on top Metformin)	patients with type 2 diabetes mellitus who are not at goal with their HbA1c levels	double-blind France
liraglutide other doses vs			
NN2211-1333 n=NA follow-up:	liraglutide versus placebo	obese subjects with type 2 diabetes	
rosiglitazone vs			
AVM100264 [NCT00359112] n=294/302 follow-up: 52 wk	Rosiglitazone and metformin versus Metformin and sulfonylurea	Overweight patients with type 2 DM poorly controlled on Met	Parallel groups
BRL 49653C/185 n=563/142 follow-up: 32 wk	Rosiglitazone with or without metformin versus Usual care with or without metformin	patients with type 2 diabetes	Parallel groups
SB-712753/007 n=314/154 follow-up: 32 wk	Rosiglitazone with or without metformin versus Metformin	patients with type 2 diabetes without previous drug therapy	Parallel groups
SB-712753/009 n=162/160 follow-up: 24 wk	Rosiglitazone, metformin, and insulin versus Insulin	patients with type 2 diabetes with insulin	Parallel groups
saxagliptin vs			

continued...

Trial	Treatments	Patients	Trials design and methods
Fonseca , 2012 [NCT00960076] n=NA follow-up:	-	-	
Forst , 2011 n=NA	-	-	
Gke , 2010 n=NA follow-up:	-	-	
Kawamori , 2012 [NCT00654381] n=NA follow-up:	-	-	
Nowicki , 2011 [NCT00614939] n=NA follow-up:	-	-	
Nowicki , 2011 [NCT00614939] n=NA follow-up:	-	-	
Scheen , 2010 n=NA	-	-	
Stenlf , 2010 n=NA	-	-	
Yang , 2011 [NCT00661362] n=NA follow-up:	-	-	
sitagliptin vs			
Stafford , 2011 [NCT00451113] n=NA follow-up:	-	older adults with type 2 diabetes mellitus	
tesaglitazar vs			
GALLANT 9 [NCT00242372] n=NA	-	-	
GALLANT 7 [NCT00251940] n=NA	-	-	

continued...

Trial	Treatments	Patients	Trials design and methods
GALLANT 8 [NCT00251953] n=NA	-	-	
GALLANT 6 [NCT00214565] n=NA	-	-	
D6160C00028 [NCT00255541] n=NA	-	-	
D6160C00026 [NCT00252772] n=NA	-	-	
GALLANT 14 [NCT00261352] n=NA	-	-	
D6160C00055 [NCT00252837] n=NA	-	-	
D6160C00040 [NCT00229684] n=NA	-	-	
vildagliptin vs			
NCT00101673 [NCT00101673] n=NA follow-up:	-	-	
repaglinide vs ???			
YSRE0001 [NCT00336310] n=NA follow-up: 12 weeks	Repaglinide versus NA	-	double-blind Taiwan
vildagliptin monotherapy vs acarbose			
Pan , 2008 [NCT00110240] n=441/220 follow-up: 24 weeks	vildagliptin (100 mg daily, given as 50 mg twice daily versus acarbose (up to 300 mg daily, given as three equally divided doses	drug-naive patients with Type 2 diabetes	double-blind
AHA 2 diet vs AHA 1 diet			

continued...

Trial	Treatments	Patients	Trials design and methods
Liao , 2002 n=70 follow-up: 22 months	American Heart Association (AHA) step 2 diet (<30% of total calories as fat, <7% saturated fat, 55% carbohydrate, and <200 mg cholesterol daily) plus endurance exercise for 1 h three times a week versus AHA step 1 diet (30% of total calories as fat, 10% saturated fat, 50% carbohydrate, and <300 mg cholesterol) plus stretching exercise three times a week	Japanese American subjects with impaired glucose tolerance (WHO criteria 1998)	Parallel groups open USA
lispro thrice daily vs basal insulin			
Raz , 2009 n=NA follow-up:	three premeal doses of insulin lispro versus NPH twice daily or insulin glargine once daily	patients with type 2 diabetes after acute myocardial infarction	
prandial plus basal vs basal insulin			
Hirsch A VOIR (MA) n=NA follow-up:	insulin lispro protamine suspension plus insulin lispro versus basal insulin glargine	metformin-treated patients with type 2 diabetes	
prandial premixed therapy vs basal/bolus therapy			
Garber , 2006 n=NA follow-up:	prandial premixed therapy versus basal/bolus therapy	-	
prandial premixed therapy tid vs basal/bolus therapy			
Rosenstock , 2008 n=NA follow-up:	lispro mix 50/50: 50% insulin lispro protamine suspension and 50% lispro 3 times daily (prandial premixed therapy) versus glargine at bedtime plus mealtime lispro (basal/bolus therapy)	-	
morning insulin glargine vs bedtime insulin glargine			
Fritche n=463/232 follow-up: 24 weeks	morning insulin glargine versus bedtime insulin glargine	patients with type 2 diabetes previously treated with oral antidiabetic agents	open
basal-bolus therapy vs biphasic insulin aspart 30			
Liebl , 2009 n=NA follow-up:	analogue basal-bolus therapy (insulin detemir once daily and insulin aspart mealtimes) versus biphasic insulin aspart 30 twice daily	-	
glibenclamide vs c (add on MET)			

continued...

Trial	Treatments	Patients	Trials design and methods
Hermann , 1991 n=NA follow-up: 6 months	metformin + glibenclamide versus metformin	patients with non-insulin-dependent diabetes mellitus	Parallel groups
aspart + basal vs continuous infusion			
Raskin , 2003 n=NA follow-up:	multiple daily injection bolus insulin aspart and basal NPH insulin versus continuous subcutaneous insulin infusion	-	
lispro +glargine vs continuous infusion			
Herman , 2005 n=NA follow-up:	multiple daily injection using insulin lispro and insulin glargine versus continuous subcutaneous insulin infusion using insulin lispro	-	
candesartan vs control			
SCOPE (diabetic subgroup) , 2003 n=313/284 follow-up: 3.7 years	candesartan versus control	sub group of diabetic 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 >or= 24	Parallel groups double-blind 15 countries
captopril or atenolol vs control			
UKPDS 38 , 1998 n=758/390 follow-up: 8.4y (median)	tight control of blood pressure aiming at a BP <150/85 (with the use of captopril or atenolol as main treatment, other treatment were added if the control criteria were not met) versus less tight control aiming at a blood pressure of <180/105 (avoiding treatment with ACE inhibitors or beta-blockers)	hypertensive patients with type 2 diabetes	Parallel groups open UK
insulin glargine vs control			
ORIGINE , 2012 [NCT00069784] n=6264/6273 follow-up: 6.2 years	insulin glargine (with a target fasting blood glucose level of 95 mg per deciliter versus standard care	with cardiovascular risk factors plus impaired fasting glucose, impaired glucose tolerance, or type 2 diabetes	
jiangtang bushen recipe vs control			
Fan , 2004 n=51 follow-up: 4.1 y	jiangtang bushen recipe 2-3 times/week versus placebo	patients with impaired glucose tolerance (WHO 1999 criteria)	Parallel groups open China
lifestyle modification vs control			

continued...

Trial	Treatments	Patients	Trials design and methods
DPS (Lindstrm) , 2003 n=522 follow-up: 3.2y	individualized counseling aimed at reducing weight and intake of total and saturated fat, and increasing intake of fiber and physical activity versus control	Patients overweight with impaired glucose tolerance (WHO 1985 criteria)	Parallel groups open Finnish
Fang , 2004 n=178 follow-up:	-	subject with impaired glucose tolerance	Parallel groups China
JDPP (Sakane) , 2005 n=240 follow-up:	-	patients with impaired glucose tolerance (WHO 1999 criteria)	Parallel groups Japan
Keen , 1982 n=241 follow-up:	-	subject with impaired glucose tolerance	Parallel groups
Kosaka , 2005 n=356/102 follow-up: 3.64 y	to maintain body mass index (BMI) of <24.0 kg/m2 and of <22.0 kg/m2, respectively, by diet and exercise. In the intervention group, detailed instructions on lifestyle were repeated every 3-4 months versus control	men with impaired glucose tolerance (WHO criteria 1980)	Parallel groups open Japan
Pan , 1997 n=530 follow-up: 6 y	three active treatment groups: diet only, exercise only, or diet plus exercise versus control	Patients with impaired glucosetolerance (WHO 1985 criteria)	Parallel groups open China
Tao , 2004 n=60 follow-up: 31 months	-	patients with impaired glucose tolerance (WHO 1999 criteria)	Parallel groups China
US-DDP (lifestyle) (Knowler) , 2002 n=1079/1082 follow-up: 2.8 years	lifestyle-modification intervention versus placebo	nondiabetic patients with elevated glucose and high risk for diabetes	Parallel groups open
lifestyle modification + metformin vs control			
IDDP (Ramachandran) , 2006 n=531 follow-up: 2.5 y	advice on lifestyle modification, metformin, or both versus given standard health care advice (control)	native Asian Indians with impaired glucose tolerance	Parallel groups open India

continued...

Trial	Treatments	Patients	Trials design and methods
Jarret , 1979	carbohydrate restriction with phenformin	men with impaired glucose toleranc	Parallel groups
n=204	50 mg daily		open
follow-up: 4.3 y	versus		
	carbohydrate restriction alone		
rosiglitazone vs control			
Wang , 2005	rosiglitazone 4 mg/d	patients with diabetes and CAD who had	Parallel groups
n=NA	versus	undergone percutaneous coronary	open
follow-up: 6 months	control	intervention	

More details and results :

- antidiabetic drugs for diabetes type 2 in all types of patients at http://www.trialresultscenter.org/go-Q81
- anti hypertensive agents for diabetes type 2 in patients with hypertension at http://www.trialresultscenter.org/go-Q83
- cholesterol lowering intervention for diabetes type 2 in diabetic patients with or withour hypercholesterolemia at http://www.trialresultscenter.org/go-Q85
- antiplatelets drug for diabetes type 2 in patients without cardiovascular disease at http://www.trialresultscenter.org/go-Q221
- antioxydants for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q231
- screening for CAD for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q285
- insulin sensitizers - glitazones for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q321
- prevention for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q341
- antiplatelets drug for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q362
- insulin sensitizers - glitazones for diabetes type 2 in patients with cardiovascular disease at http://www.trialresultscenter.org/go-Q376
- insulin sensitizer for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q377
- insulin sensitizer for diabetes type 2 in patients with cardiovascular disease at http://www.trialresultscenter.org/go-Q378
- insulin secretagogues peptides (incretins) for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q381
- insulin secretagogues for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q409
- anti hypertensive agents for diabetes type 2 in patients with or without hypertension at http://www.trialresultscenter.org/go-Q414
- prevention for diabetes type 2 in people with impaired glucose tolerance at http://www.trialresultscenter.org/go-Q416
- angiotensin-receptor blockers for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q427
- angiotensin renin system blockade for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q438
- intensive therapy for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q459
- SGLT2 inhibitors for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q479

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14 venous thrombosis

Trial	Treatments	Patients	Trials design and methods
dabigatran vs warfarin			
RE-MEDY , 2011 [NCT00329238] n=1430/1426 follow-up: 6 to 36 months	dabigatran 150 mg twice daily for an additional period of 6 to 36 months versus warfarin (to maintain an international normalized ratio of 2.0 to 3.0) for an additional period of 6 to 36 months	Secondary prevention of VTE in patients with VTE who had initially received 3 to 12 months of anticoagulant therapy	Parallel groups double-blind
REMEDY , 2013 n=1430/1426 follow-up:	-	-	
Enoxaparin vs acenocoumarol			
Veiga , 2000 n=50/50 follow-up: 6-9 mo	UFH, APTT 1.52.0d followed by Enoxaparin 4,000 IU qd versus UFH, APTT 1.52.0d followed by Acenocoumarol target INR 2-3	patients with objective diagnosis of DVT by Venography	open

continued...

Trial	Treatments	Patients	Trials design and methods
Nadroparin vs acenocoumarol			
Lopez-Beret , 2001 n=81/77 follow-up: 6-9 mo	LMWH, 1,025 IU/10 kg bid followed by Nadroparin 1,025 IU/10 kg bid versus LMWH, 1,025 IU/10 kg bid followed by Acenocoumarol target INR 2-3	patients with objective diagnosis of DVT by compression ultrasonography	open
Lopaciuk , 1999 n=101/101 follow-up: 9 mo	LMWH, 85 UI/kg bid followed by Nadroparin 85 IU/kg qd versus LMWH, 85 UI/kg bid followed by Acenocoumarol target INR 2-3	patients with objective diagnosis of DVT by Venography	open
Tinzaparin vs acenocoumarol			
Romera , 2009 n=119/122 follow-up: 12 months	tinzaparin SC 175 IU anti-Xa per kg once daily for 6 months versus acenocoumarol for target INR 2-3 for 6 months after initial LMWH (until INR 2-3)	patients with symptomatic proximal DVT of the lowerlimbs confirmed by compression duplex ultrasound scan	Parallel groups open Spain
rivaroxaban 10mg vs aspirin			
EINSTEIN CHOICE (10mg) , 2017 [NCT02064439] n=1127/1131 follow-up:	Rivaroxaban 10 mg once daily for 12 months versus ASA (Acetylsalicylic Acid) 100 mg once daily for 12 months	Patients with confirmed symptomatic DVT (Deep Vein Thrombosis) or PE (Pulmonary embolism) who completed 6 or 12 months of treatment of anticoagulation	
VKA vs control			
AUREC FVII , 2009 n=17/17 follow-up: 37 months mean	continue VKA for additional 24 months versus discontinuation	patients with first spontaneous VTE and FVIII levels >230 IU/dl after 6 montsh of VKA	
DACUS (Siragusa) , 2008 [NCT00438230] n=88/92 follow-up:	anticoagulants for 9 additional months versus no treatment	with a first episode of deep vein thrombosis, treated with OAT for 3 months and with Residual vein thrombosis	
DURAC II , 1997 n=116/111 follow-up: 4 years	anticoagulant therapy continued indefinitely versus six months of oral anticoagulant therapy	patients who had had a second episode of venous thromboembolism	
PROLONG (Palarati) , 2006 [NCT00264277] n=105/122 follow-up: 1.4 years	resume treatment versus discontinue treatment	patients with a first unprovoked proximal deep-vein thrombosis or pulmonary embolism who had received a vitamin K antagonist for at least 3 months and with abnormal D-dimer testing 1 month after the discontinuation of anticoagulation	

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Trial	Treatments	Patients	Trials design and methods
WODIT DVT , 2001 n=134/133 follow-up: at least two years	continuation for nine additional months versus discontinuation	Patients with a first episode of idiopathic proximal deep venous thrombosis who had completed three months of oral anticoagulant therapy	
WODIT PE , 2003 n=165/161 follow-up:	-	patients after a first episode of pulmonary embolismwho had had 3 months of oral anticoagulant therapy without experiencing recurrence or bleeding	
DDOAT2006 *ongoing* [NCT00895505] n=300 follow-up: 24 months	Extension of OAT versus discontinuation	-	
warfarin vs control			
Vitotec , 2009 n=27/25 follow-up:	continuation of warfarin for another 6 months versus discontinuation of warfarin	patients with idiopathic DVT After 6 months of standard therapy (heparin/LMWH, warfarin with target INR 2-3) and persistent echogenic masses of over 20% of venous diameter	
Enoxaparin vs coumarin			
Gonzlez-Fajardo , 2008 n=85/80 follow-up: 1y, 5y	long-term anticoagulant treatment with enoxaparin during at least 3 months versus long-term anticoagulant treatment with coumarin during at least 3 months	patients with symptomatic, unilateral, first-episode DVT	Parallel groups open, blind assessment Spain
tinzaparin vs dalteparin			
Wells (subgroup) , 2005 n=NA follow-up: 3 months	Tinzaparin 175 IU/kg SQ daily (warfarin started simultaneously and continued for 90 days) versus dalteparin 200 IU/kg daily for at least 5 days ((warfarin started simultaneously and continued for 90 days)	study subgroup of patients with cancer treated for upper or lower extremity DVT or PE in the outpatient setting	Parallel groups outcome assessment blinded
apixaban 2.5mg vs discontinuation			
AMPLIFY-EXT 2.5mg , 2012 [NCT00633893] n=842/829 follow-up: 12 mo	Extended Treatment with apixaban 2.5 mg twice daily 12 months versus placebo	patients who have completed their intended treatment for deep vein thrombosis or pulmonary embolism	Parallel groups double blind
apixaban 5mg vs discontinuation			

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Trial	Treatments	Patients	Trials design and methods
AMPLIFY-EXT 5mg , 2012 [NCT00633893] n=815/829 follow-up: 12 mo	Extended Treatment with apixaban 5 mg twice daily 12 months versus placebo	patients who have completed their intended treatment for deep vein thrombosis or pulmonary embolism	double blind
aspirin vs discontinuation			
WARFASA , 2012 [NCT00222677] n=205/197 follow-up: 24.6 mo (median)	aspirin, 100 mg daily for 2 years versus placebo	patients with first-ever unprovoked venous thromboembolism who had completed 6 to 18 months of oral anticoagulant treatment	Parallel groups double-blind
ASPIRE , 2012 [ACTRN12605000004662] n=411/411 follow-up: 37.2 montsh (median)	-	patients who had completed initial anticoagulant therapy after a first episode of unprovoked venous thromboembolism	
dabigatran vs discontinuation			
RE-SONATE , 2011 [NCT00558259] n=681/662 follow-up:	dabigatran 150 mg twice daily for an additional period of 6 months versus placebo	Secondary prevention of VTE in patients with VTE who had completed 6-18 months of anticoagulant therapy	Parallel groups double-blind
idraparinux vs discontinuation			
VanGogh extension , 2007 [NCT00071279] n=594/621 follow-up: 6 months	once-weekly injections of 2.5 mg of idraparinux for 6 months versus placebo	patients who had completed 6 months of prophylaxis with idraparinux or a vitamin K antagonist and in whom extended anticoagulation was warranted	Parallel groups
rivaroxaban vs discontinuation			
EINSTEIN-extension , 2009 [NCT00439725] n=602/595 follow-up:	rivaroxaban 20 mg once-daily for an additional 6 or 12 months versus placebo	patients who had completed six to 12 months of anticoagulant treatment for an acute episode of VTE	Parallel groups double blind 28 countries
warfarin vs discontinuation			
PROLONG (Palareti) , 2006 [NCT00264277] n=105/122 follow-up: 1.4 yeras	prolongation versus no anticoagulation	patients with an abnormal d-dimer level 1 month after the discontinuation of anticoagulation in patients with a first unprovoked proximal deep-vein thrombosis or pulmonary embolism who had received a vitamin K antagonist for at least 3 months	Parallel groups

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Trial	Treatments	Patients	Trials design and methods
PREVENT (Ridker) , 2003 n=255/253 follow-up: 2.1 years	extension with low-intensity warfarin (target INR, 1.5 to 2.0) versus placebo	Patients with idiopathic venous thromboembolism who had received full-dose anticoagulation therapy for a median of 6.5 months	Parallel groups
Agnelli , 2003 n=NA follow-up: 33 months	continuation for 3 or 9 additionnal months of warfarin or other oral anticoagulant was adjusted to achieve a target INR between 2.0 and 3.0. versus discontinuation (after 3 months)	patients who had had 3 months of oral anticoagulant therapy without experiencing recurrence or bleeding after a first episode of pulmonary embolism	Parallel groups open Italy
Agnelli , 2001 n=NA follow-up: 33 months	continuation for 9 additional months; warfarin or acenocoumarol adjusted to achieve a target INR between 2.0 and 3.0 versus discontinuation (after 3 months months)	Patients with a first episode of idiopathic proximal deep venous thrombosis who had completed three months of oral anticoagulant therapy	Parallel groups open Italy
LAFIT (Kearon) , 1999 n=NA follow-up:	Continuation of the oral anticoagulant therapy up to 24 months, warfarin was adjusted to achieve a target INR between 2.0 and 3.0. versus discontinuation (after 3 months)	patients who had completed 3 months of anticoagulant therapy for a first episode of idiopathic venous thromboembolism	
ELAET (Kearon) , 2004 n=NA follow-up: 11 months (after randomizatio)	continuation for 2 additionnal months of warfarin adjusted to achieve a target INR between 2.0 and 3.0. versus discontinuation (after 1 months)	-	Parallel groups double blind Canada, US
Levine , 1995 n=NA follow-up: 11 months after randomization.	continuation for 2 months of warfarin adjusted INR value of 2.0 to 3.0 versus Discontinue oral anticoagulant therapy (after 1 months)	Patients with venographically confirmed acute proximal DVT who had received four weeks of warfarin after initial heparin and whose four week IPG was normal	Parallel groups double blind Canada, Italy
DURAC (Schulman) , 1997 n=NA follow-up: Four years after randomization	indefinite warfarin or dicoumarol adjusted for a target INR between 2.0 and 2.85 versus 6 months warfarin or dicoumarol adjusted for a target INR between 2.0 and 2.85	-	Parallel groups open Sweden
ximelagatran vs discontinuation			
THRIVE III , 2003 n=612/611 follow-up: 18 months	ximelagatran 24 mg twice daily for 18 months versus placebo for 18 months	patients with venous thromboembolism who had undergone six months of anticoagulant therapy	Parallel groups double blind 18 countries
warfarin vs low intensity warfarin			

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Trial	Treatments	Patients	Trials design and methods
ELATE , 2003 n=369/369 follow-up: 2.4 years mean	continue warfarin therapy with a target international normalized ratio (INR) of 2.0 to 3.0 versus target INR of 1.5 to 1.9 (low intensity)	patients who had completed three or more months of warfarin therapy for unprovoked venous thromboembolism	Parallel groups open-label
arvin vs no fibrinolysis			
Kakkar (arvin) , 1969 n=NA follow-up:	streptokinase 500,000 U IV over 30 minutes, 900,000 U every 6 hours for 5 days versus heparin 10,000 U over 5 minutes, then 10,000 to 15,000 U every 6 hours for 5 dayslicatio	patients with venographically confirmed DVT of leg of duration <4 days	Parallel groups single blind UK
streptokinase vs no fibrinolysis			
Arneson , 1978 n=43 follow-up:	streptokinase 250,000 U loading IV, then 100,000 IU/hour IV 72-96 hours versus heparin 15,000 IU IV bolus, 30,000 IU infusion IV 72-90 hoursl	inpatients with venographically confirmed DVT extending proximally beyond the calf <5 days duration?	Parallel groups single blind Norway
Common , 1976 n=50 follow-up:	hydrocortisone 100 mg IV then streptokinase IV 250,000 U over 30 minutes, then 100,000 U/hour titrated for 72 hours. Followed by IV heparin titrated over 7 days versus IV heparin 150 U/kg loading dose then titrated for 10 days	patients with venographically confirmed DVT duration <14 days	Parallel groups single blind US
Elsharawy , 2002 n=35 follow-up:	catheter-directed thrombolysis with streptokinase using popliteal approach. versus heparin IV bolus 5000 U, then adjusted continuous infusion. Warfarin begun the same evening	iliofemoral venous thrombosis confirmed by duplex or venography duration <10 daysicatio	Parallel groups single blind Egypt
Schulman , 1986 n=38 follow-up:	streptokinase 50,000 IU IV over 15 minutes then 100,000 IU over 12 hours for up to 7 days, titrated. Given with 5000 IU heparin IV over 12 hours. Warfarin begun after streptokinase ended versus heparin 5000 IUIVbolus then 30,000 IUper day, titrated for 7 days.Warfarin begun simultaneously	patients with venographically confirmed calf vein thrombosis of duration <7 days.	Parallel groups single blind Sweden

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Trial	Treatments	Patients	Trials design and methods
Tsapogas , 1973 n=34 follow-up:	titrated dose of streptokinase IV into ankle veinmage/pj versus heparin IV into affected limbitm	patients with DVT confirmed by venogram of duration <5 days.	Parallel groups open US
Kakkar (streptokinase) , 1969 n=NA follow-up:	streptokinase 500,000 U IV over 30 minutes, 900,000 U every 6 hours for 5 days versus heparin 10,000 U over 5 minutes, then 10,000 to 15,000 U every 6 hours for 5 dayslicatio	patients with venographically confirmed DVT of leg of duration <4 days	Parallel groups single blind UK
Schweizer (systemic SK) , 2000 n=NA follow-up:	Systemic streptokinase 3,000,000 U/day over 6 hours in conjunction with heparin for up to 7 days. Premedication: hydrocortisone 100 mg, ranitidine 50 mg, clemastine 2 mg versus heparin IV, adjusted	patients with thrombosis of popliteal or more proximal veins confirmed by venogram at more than one level of duration <9 days	Parallel groups single blind Germany
tPA vs no fibrinolysis			
Goldhaber (tPA alone) , 1990 n=NA follow-up:	tPA alone 0.05 mg/kg/hour IV over 24 hours, then heparin100U/kg bolus, then 1000 U/hour, adjusted versus heparin alone 100 U/kg bolus, then 1000 U/hour	venographically documented DVT, in popliteal ormore proximal veins <14 days duration	Parallel groups single blind US
Schweizer (local tPA) , 2000 n=NA follow-up:	local tPA 20 mg/day, over 4 hours via pedal vein for 4-7 days. IV heparin given simultaneously at 1000 IU/hour, adjusted versus heparin IV, adjusted	patients with thrombosis of popliteal or more proximal veins confirmed by venogram at more than one level of duration <9 days	Parallel groups single blind Germany
Turpie , 1990 n=83 follow-up:	tPA + IV heparin versus 5000 U bolus then 30,000 U/24 hours, adjusted for 7-10 days (+placebo)	patients with venographically confirmed proximal DVT of lower limb of duration <7 days	Parallel groups double blind Canada
Verhaeghe (high dose) , 1989 n=NA follow-up:	IV tPA 100 mg on day 1, 50 mg tPA on day 2. 10% of dose given as bolus; heparin 5000 U IV bolus then continuous infusion of 1000 U per hour for up to 72 hours versus heparin 5000 U IV bolus then continuous infusion of 1000 U per hour for up to 72 hours (+placebo)	hospitalised patients with DVT of popliteal or more proximal veins of the lower leg, confirmed by venography of duration <10 days.	Parallel groups double blind France, Belgium, Switzerland

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Trial	Treatments	Patients	Trials design and methods
Goldhaber (tPA+heparin) , 1990 n=NA follow-up:	tPA 0.05 mg/kg/hour IV over 24 hours and heparin 100U/kg bolus, then 1000 U/hour, adjusted versus heparin alone 100 U/kg bolus, then 1000 U/hour.	patients with venographically documented DVT, in popliteal ormore proximal veins <14 days duration	Parallel groups single blind US
Verhaeghe (low dose) , 1989 n=NA follow-up:	IV tPA 50 mg on day 1, repeated on day 2. 10% of dose given as bolus; heparin 5000 U IV bolus then continuous infusion of 1000 U per hour for up to 72 hours versus heparin 5000 U IV bolus then continuous infusion of 1000 U per hour for up to 72 hours (+placebo)	hospitalised patients with DVT of popliteal or more proximal veins of the lower leg, confirmed by venography of duration <10 days.	Parallel groups double blind France, Belgium, Switzerland
tPA+heparin vs no fibrinolysis			
Schweizer tPA , 1998 n=NA follow-up:	tPA 20 mg IV into pedal vein over 4 hours each day for 7 days. Heparin IV given concomitantly, with adjustment versus heparin IV, adjusted for 7 days	patients with venographically confirmed DVT of leg duration <7 days.	Parallel groups single blind Germany
urokinase vs no fibrinolysis			
Kiil , 1981 n=20 follow-up:	urokinase 200,000 U IV over 24 hours. After 18 hours, heparin loading dose of 15,000 units then 40,000 U/day for 5 days (+placebo) versus heparin 40,000 U/day IV for 6 days (+placebo)	patients with venographically confirmed DVT duration <72 hours	Parallel groups Double blind Denmark
Schweizer (urokinase) , 1998 n=NA follow-up:	Urokinase 100,000 IU/hr IV into pedal vein continuously for 7 days. Heparin IV for 7 days. Plasminogen monitored. Warfarin from day 7 to 12 monthsd=132 versus heparin IV, adjusted for 7 days	patients with venographically confirmed DVT of leg duration <7 days	Parallel groups single blind Germany
Schweizer (local urokinase) , 2000 n=NA follow-up:	Local urokinase 100,000 IU/day infused continuously. Fibrinogen and plasminogen monitored. Heparin IV given concomitantly versus heparin IV, adjusted	patients with thrombosis of popliteal or more proximal veins confirmed by venogram at more than one level of duration <9 days	Parallel groups single blind Germany

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Trial	Treatments	Patients	Trials design and methods
Schweizer (systemic urokinase) , 2000 n=NA follow-up:	Systemic urokinase 5,000,000 IU/day over 4 hours for up to 7 days. IV heparin given concomitantly versus heparin IV, adjusted	patients with thrombosis of popliteal or more proximal veins confirmed by venogram at more than one level of duration <9 days	Parallel groups single blind Germany
caval filter vs no filter			
PREPIC , 1998 n=200/200 follow-up: 12 days and 2 years	caval filter versus no filter	patients with documented proximal DVT or PE, and considered high risk for pulmonary embolism	Parallel groups open
apixaban 2.5mg vs placebo			
AMPLIFY EXT 2.5mg , 2013 n=842/829 follow-up:	apixaban (2.5 mg and 5 mg, twice daily) versus placebo	patients with venous thromboembolism who had completed 6 to 12 months of anticoagulation therapy	
apixaban 5mg vs placebo			
AMPLIFY EXT 5mg , 2013 n=815/829 follow-up:	apixaban (2.5 mg and 5 mg, twice daily) versus placebo	patients with venous thromboembolism who had completed 6 to 12 months of anticoagulation therapy	
aspirin vs placebo			
ASPIRE , 2012 n=411/411 follow-up: 37.2 months median	aspirin, at a dose of 100 mg daily, for up to 4 years versus placebo	patients who had completed initial anticoagulant therapy after a first episode of unprovoked venous thromboembolism	
WARFASA , 2012 n=205/197 follow-up:	aspirin, 100 mg daily for 2 years versus placebo	patients with first-ever unprovoked venous thromboembolism who had completed 6 to 18 months of oral anticoagulant treatment	
dabigatran vs placebo			
RESONATE , 2013 n=681/662 follow-up:	dabigatran at a dose of 150 mg twice daily versus placebo	-	
heparin+warfarin vs placebo			
Ott import , 1998 n=11/12	anticoagulants (s.c. heparin followed by oral warfarin) (duration NA) versus s.c. saline followed by oral placebo tablets	-	double blind Denmark
idraparinux vs placebo			

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Trial	Treatments	Patients	Trials design and methods
Van Gogh , 2007 [NCT00071279] n=594/621 follow-up:	once-weekly injections of 2.5 mg of idraparinux for 6 months without monitoring versus placebo	patients who had completed 6 months of prophylaxis with idraparinux or a vitamin K antagonist and in whom extended anticoagulation was warranted	Parallel groups double-blind

More details and results :

- fibrinolysis for venous thrombosis in all type of patients at http://www.trialresultscenter.org/go-Q100
- antithrombotics for venous thrombosis in all type of patients at http://www.trialresultscenter.org/go-Q101
- antithrombotics for venous thrombosis in patients with cancer at http://www.trialresultscenter.org/go-Q103
- caval filter for venous thrombosis in all type of patients at http://www.trialresultscenter.org/go-Q122
- antithrombotics for venous thrombosis in secondary prevention of VTE at http://www.trialresultscenter.org/go-Q149
- LMWH for venous thrombosis in all type of patients at http://www.trialresultscenter.org/go-Q203
- heparin (UFH or LMWH) for venous thrombosis in all type of patients at http://www.trialresultscenter.org/go-Q204
- UFH for venous thrombosis in all type of patients at http://www.trialresultscenter.org/go-Q205
- direct factor Xa inhibitors for venous thrombosis in all type of patients at http://www.trialresultscenter.org/go-Q372
- direct oral anticoagulant (DAO) for venous thrombosis in all types of patients at http://www.trialresultscenter.org/go-Q505
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15 abdominal aortic aneurysm

Trial	Treatments	Patients	Trials design and methods
endovascular repair vs surveillance			
PIVOTAL (Ouriel) , 2010 n=366/362 follow-up: 20 months	early endovascular repair versus ultrasound surveillance	patients (13.3% women; mean age, 71 +/- 8 years) with 4 to 5 cm abdominal aortic aneurysms	Parallel groups open USA
EVAR trial 2 , 2005 [ISRCTN55703451] n=197/207 follow-up: 2.4 y (median)	Endovascular aneurysm repair versus No intervention	patients aged 60 years or older who had aneurysms of at least55 cm in diameter and of poor health status considered unfit for major surgery.	Parallel groups open UK
endovascular repair vs open repair			
OVER , 2009 [NCT00094575] n=444/437 follow-up: 1.8y	endovascular repair versus open repair	men (aged >=49 years) with abdominal aortic aneurysms candidate for both both elective endovascular repair and open repair	Parallel groups open USA
DREAM , 2005 [NCT00421330] n=173/178 follow-up: 2 y (6 y)	elective endovascular repair versus conventional open repair	abdominal aortic aneurysm of at least 5 cm in diameter and who were considered suitable candidates for both techniques.	Parallel groups open The Netherlands
EVAR trial 1 , 2005 [ISRCTN55703451] n=626/626 follow-up: 2.9 y (median)	endovascular aneurysm repair versus open repair	aneurysms of at least 55 cm in diameter	Parallel groups open UK

More details and results :

- endovascular treatment for abdominal aortic aneurysm in all type of patients at http://www.trialresultscenter.org/go-Q356
- endovascular treatment for abdominal aortic aneurysm in patient with large AAA at http://www.trialresultscenter.org/go-Q419
- endovascular treatment for abdominal aortic aneurysm in patients with small AAA at http://www.trialresultscenter.org/go-Q420

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Entry terms: enoxaparin, Lovenox, Clexane, acebutolol, Sectral, Monitan, Rhotral, Neptal, spironolactone, Veroshpiron, Verospirone, Spiractin, Spirobeta, Spirogamma, Spirolang, Spirono-Isis, Spirono Isis, Spironone, Spirospare, Verospiron, Aldactone, Aldactone A, Aquareduct, duraspiron, Espironolactona Alter, Espironolactona Mundogen, Flumach, Frumikal, Jenaspiron, Novo-Spiroton, Novo Spiroton, NovoSpiroton, Practon, Spiro L.U.T., spiro von ct, , alprenolol, amiloride, amiodarone, Amiobeta, Cordarone, Cordarex, Amiodarex, Kordaron, Trangorex, Amiodarona, Amiohexal, Braxan, Corbionax, Ortacrone, Rytmarone, Tachydaron, Aratac, amrinone, apixaban, BMS 562247, BMS562247, BMS-562247, Eliquis, , aspirin, atenolol