Clinical trials of SU

TrialResults-center www.trialresultscenter.org

1 acute myocardial infarction

Trial	Treatments	Patients	Trials design and methods
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	
sulfinpyrazone vs placebo			
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

More details and results :

- antiplatelets drug for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q390
- oxygen therapy for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q429

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2 post stroke

Trial	Treatments	Patients	Trials design and methods
Device for PFO closure vs medical treatment			
CLOSE *ongoing* [NCT00562289] n=NA follow-up:	Devices for PFO closure versus aspirin	-	Parallel groups

continued...

Trial	Treatments	Patients	Trials design and methods
CryptoCard *ongoing* [NCT01018355] n=NA follow-up:	Device closure of PFO followed by medical treatment versus antiplatelet therapy	elderly patients above 50 years of age with a patent foramen ovale and a history of cryptogenic stroke or TIA	open Denmark

More details and results :

- foramen ovale closure for post stroke in all type of patients at http://www.trialresultscenter.org/go-Q430

References

CLOSE, :

ongoing trial NCT00562289

CryptoCard, :

ongoing trial NCT01018355

3 post myocardial infarction

Trial	Treatments	Patients	Trials design and methods
succinobucol vs placebo			
ARISE , 2007 [NCT00066898] n=3078/3066 follow-up: 24 months mean	succinobucol (300 mg/day) versus placebo	high-risk patients with recent acute coronary syndrome	Parallel groups Double blind canada, US, UK, South Africa

More details and results :

- antioxydants for post myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q424

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4 cardiovascular prevention

Trial	Treatments	Patients	Trials design and methods
partial ileum bypass surgery vs no surgery			
POSCH , 1990 [NCT00000490] n=421/417 follow-up: 9.7 years	partial ileum bypass surgery versus no surgery	survivors to a first myocardial infarction	Parallel groups open
rosuvastatin vs placebo			
AURORA , 2009 n=1391/1385 follow-up: 3.2 y mean (max 5.6y)	rosuvastatin 10 mg daily versus placebo	in patients with end-stage renal disease on hemodialysis	Parallel groups double blind
JUPITER (sub group) , 2009 n=5695 follow-up: double-blind	rosuvastatin 20mg daily versus placebo	healthy individuals aged >=70 years with normal LDL cholesterols but with CRP levels >=2.0 mg/dL	Parallel groups double blind
ASTRONOMER , 2010 [ISRCTN 32424163] n=134/135 follow-up: 3.5 y	rosuvastatin 40 mg daily versus placebo	asymptomatic patients with mild to moderate aortic stenosis and no clinical indications for cholesterol lowering	Parallel groups double blind
HOPE 3 , 2016 [NCT00468923] n=6361/6344 follow-up:	rosuvastatin 10 mg per day versus placebo	subjects who did not have cardiovascular disease and were at intermediate risk	Factorial plan double-blind 21 countries
CORONA , 2007 [NCT00206310] n=2514/2497 follow-up: 32.9 months median	rosuvastatin 10mg/d versus placebo	patients at least 60 years of age with NYHA class II, III, or IV ischemic, systolic heart failure	Parallel groups double blind
Krum , 2007 n=40/46 follow-up: 6 months	rosuvastatine 40mg/d versus placebo	patients with systolic (LVEF<40%) CHF of ischemic or nonischemic etiology	Parallel groups double blind Australia
GISSI-HF rosuvastatine , 2008 [NCT00336336] n=2314/2317 follow-up: 3.9y median (IQR 3-4.4)	low-dose rosuvastatin 10 mg daily versus placebo	Patients with NYHA classes II to IV heart failure, whatever the cause and the LVEF and already receiving optimized recommended therapy with no clear indication or contraindication to cholesterollowering therapy	Parallel groups double blind Italy

continued...

Trial	Treatments	Patients	Trials design and methods
JUPITER , 2008 [NCT00239681] n=8901/8901 follow-up: median 1.9 year	rosuvastatin 20 mg daily versus placebo	apparently healthy individuals with low LDL-cholesterol levels of less than 130 mg per deciliter but elevated C-reactive-protein (high-sensitivity C-reactive protein levels of 2.0 mg per liter or higher)	Parallel groups double blind 26 countries
METEOR , 2007 [NCT00225589] n=702/282 follow-up:	rosuvastatin 40mg daily versus placebo	individuals, with either age (mean, 57 years) as the only coronary heart disease risk factor or a 10-year Framingham risk score of less than 10% , modest CIMT thickening (1.2-<3.5 mm), and elevated LDL cholesterol	Parallel groups double-blind USA, Europe
JUPITER (women subgroup) , 2008 n=3426/3375 follow-up: 1.9 y	Rosuvastatin 20 mg daily versus placebo	apparently healthy men and women with low-density lipoprotein cholesterol levels of less than 130 mg/dL and high-sensitivity C-reactive protein levels of 2.0 mg/L or higher - subgroup of women	Parallel groups double-blind 26 countries
succinobucol vs placebo			
ARISE , 2008 [NCT00066898] n=3078/3066 follow-up: 24 mo (range 12-36 mo)	succinobucol 300 mg once daily versus placebo	patients with recent (14-365 days) acute coronary syndromes already managed with conventional treatments	Parallel groups double blind Canada, US, UK, South Africa
sulfinyrazone vs placebo			
Dutch , 1980 *unpublished* n=30/31 follow-up: 32 months	-	-	Parallel groups
suloctidil vs placebo			
Adriaensen , 1976 n=15/15 follow-up: 2 months	Suloctidil 200 mg / j versus Placebo	patients suffering from intermittent claudication (stade II)	Parallel groups double blind
Verhaeghe , 1981 n=NA follow-up: 6 months	Suloctidil 200 mg / j versus Placebo	patients with intermittent claudication (stade II)	Parallel groups double blind
Jones , 1982 n=18/22 follow-up: 6 months	Suloctidil 300 mg / j versus Placebo	patients suffering from intermittent claudication (stade II)	Parallel groups double blind

continued...

Trial	Treatments	Patients	Trials design and methods
Holm , 1984 n=20/20 follow-up: 2.75 y	Suloctidil 300 mg / j versus Placebo	AOMI stade II	Parallel groups double blind
Super EPA vs placebo			
Reis , 1991 n=146/72 follow-up: 6 months	Super EPA capsules 12x1 g/d (7.0g EPA + DHA + a-lin) ORPromega capsules 12x1 g/d (6.0g EPA + DHA + a-lin) versus placebo (olive oil capsules, 12x1 g/d)	people undergoing angioplasty	Parallel groups double blind US
Rosuvastatin vs control			
ASTEROID *ongoing* n=NA follow-up:	-	-	

More details and results :

- 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
- 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
- antiplatelets drug for cardiovascular prevention in diabetic patients at http://www.trialresultscenter.org/go-Q220
- 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

- cholesterol lowering intervention for cardiovascular prevention in patients with renal insufficiency (on hemodialysis or transplant) at http://www.trialresultscenter.org/go-Q284
- cholesterol lowering intervention for cardiovascular prevention in women at http://www.trialresultscenter.org/go-Q435
- statins for cardiovascular prevention in primary prevention at http://www.trialresultscenter.org/go-Q688
- statins for cardiovascular prevention in diabetic patients at http://www.trialresultscenter.org/go-Q694

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ASTEROID, 0:

ongoing trial

5 stable angina

Trial	Treatments	Patients	Trials design and methods
CABG+surgical ventricular reconstruction vs CABG			
STICH (ventricular reconstruction) , 2009 [NCT00023595] n=501/499 follow-up: 48 months	CABG with surgical ventricular reconstruction versus CABG	patients with anterior-apical regional left ventricular dysfunction	Parallel groups open

More details and results :

- myocardial revascularization for stable angina in all type of patient at http://www.trialresultscenter.org/go-Q25

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6 hypertension

Trial	Treatments	Patients	Trials design and methods
more intensive blood pressure lowering strategie vs less intensive blood pressure lowering strategie			
PAST-BP , 2015 n=NA	-	-	
Wei , 2013 n=NA follow-up: 4 years (mean)	BP <=140/90 mm Hg versus BP <=150/90 mm Hg	Chinese hypertensive patients older than 70 years	Parallel groups China

continued...

Trial	Treatments	Patients	Trials design and methods
SPS3 , 2013 [NCT00059306.] n=NA follow-up:	less than 130 mm Hg versus 130-149 mm Hg	patients lived in North America, Latin America, and Spain and had recent, MRI-defined symptomatic lacunar infarctions	Parallel groups open-label
HOMED-BP , 2012 n=NA follow-up: 5.3 years (median)	tight control (<125/<80 mm Hg (TC)) of HBP versus usual control (125-134/80-84 mm Hg (UC))	with an untreated systolic/diastolic HBP of 135-179/85-119 mm Hg	Parallel groups
VANLISH , 2010 n=NA follow-up: 3.07 years (median)	strict blood pressure control (<140 mm Hg) versus moderate blood pressure control (>or =140 mm Hg to <150 mm Hg)	patients aged 70 to 84 years with isolated systolic hypertension (sitting blood pressure 160 to 199 mm Hg)	Parallel groups open-label
JATOS , 2008 n=2212/2206 follow-up:	strict treatment to maintain systolic blood pressure below 140 mmHg versus mild treatment to maintain systolic blood pressure below 160 but at or above 140 mmHg	elderly hypertensive patients with essential hypertension (65-85 years old, with a pretreatment systolic blood pressure of above 160 mmHg)	Parallel groups open-label
UKPDS-HDS , 1998 n=758/390 follow-up: 8.4 years	blood pressure of <150/85 mm Hg (with the use of an angiotensin converting enzyme inhibitor captopril or a beta blocker atenolol as main treatment) versus less tight control aiming at a blood pressure of <180/105 mm Hg	patients with type 2 diabetes	Parallel groups open-label UK
SPRINT , 2015 [NCT01206062] n=4678/4683 follow-up:	target of 120 mm Hg versus target of 140 mm Hg	high-risk hypertensive adults 50 years of age and older with one additional cardiovascular risk factor or preexisting kidney disease	Parallel groups open
Cardio-Sis , 2009 [NCT00421863] n=558/553 follow-up: 2 years	tighter control of systolic BP with a goal of <130 mm Hg versus usual control, with a goal of <140 mm Hg	nondiabetic patients with hypertension and with SBP of 150 mm Hg or higher confirmed at two different times	Parallel groups open Italy
AASK , 2002 n=540/554 follow-up: (range 3-6.4y)	arterial pressure goal of 92 mm Hg or lower versus usual mean arterial pressure goal of 102 to 107 mm Hg/pj	African-Americans,with diastolic blood pressure higher than 94mmHg and a glomerular filtration rate between 20 and 65 ml/min per 1.73 m2	Parallel groups open USA

continued...

Trial	Treatments	Patients	Trials design and methods
ABCD target (H) , 2000 n=237/233 follow-up: 5 year	intensive treatment with a diastolic blood pressure goal of 75 mmHg versus moderate treatment with a diastolic blood pressure goal of 80-89 mmHg	diabetes patients with DBP >=90 mmHg	Parallel groups open
ABCD target (N) , 2002 n=237/243 follow-up:	intensive treatment (diastolic blood pressure decrease of 10 mmHg below baseline DBP) versus moderate treatment (diastolic blood pressure goal of 80-89 mmHg)	diabetes patients with diastolic blood pressure between 80 and 89mmHg	Parallel groups open
HOT , 1994 n=12526/6264 follow-up: 3.8 y	less or equal than 85 mmHg, or less or equal than 80 mmHg versus less or equal than 90 mmHg	patients with diastolic blood pressure between 100 mmHg and 115 mmHg	Factorial plan open 26 countries
REIN-2 , 2005 n=169/169 follow-up: 36 months	intensified (systolic/diastolic <130/80 mm Hg) blood-pressure control versus conventional (diastolic <90 mm Hg) blood-pressure control	patients with non-diabetic proteinuric nephropathies receiving background treatment with the ACE inhibitor ramipril	open
MDRD , 1994 n=840 follow-up: 2.2 y	low target blood pressure (mean arterial pressure <92 mm Hg) versus usual target blood pressure (mean arterial pressure <107 mm Hg)	patients with predominantly nondiabetic kidney disease and a glomerular filtration rate of 13 to 55 mL/min per 1.73 m2	open
Toto , 1995 n=42/35 follow-up:	strict blood pressure control (DBP 65 to 80 mm Hg) versus usual blood pressure control (DBP 85 to 95 mm Hg)	non-diabetic patients (age 25 to 73) with long-standing hypertension (DBP >or = 95 mm Hg), chronic renal insufficiency (GFR <or = 70 m/min/1.73 m2) and a normal urine sediment	open
ACCORD blood pressure , 2008 [NCT00000620] n=2362/2371 follow-up: 4.7y	intensive therapy, targeting a systolic pressure of less than 120 mm Hg versus standard therapy, targeting a systolic pressure of less than 140 mm Hg	patients with a median glycated hemoglobin level of 8.1% at high risk for cardiovascular events	Factorial plan open USA, Canada
ESH-CHL-SHOT *ongoing* [NCT01563731] n=NA	-	-	

More details and results :

- anti hypertensive agents for hypertension in diabetic patients at http://www.trialresultscenter.org/go-Q10

- 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
- intensive blood pressure control for hypertension in patients with chronic kidney disease at http://www.trialresultscenter.org/go-Q495

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ESH-CHL-SHOT, :

ongoing trial NCT01563731

7 heart failure

Trial	Treatments	Patients	Trials design and methods
rosuvastatin vs placebo			
CORONA , 2007 [NCT00206310] n=2514/2497 follow-up: 32.9 months median	rosuvastatin 10mg/d versus placebo	patients at least 60 years of age with NYHA class II, III, or IV ischemic, systolic heart failure	Parallel groups double blind
Krum , 2007 n=40/46 follow-up: 6 months	rosuvastatine 40mg/d versus placebo	patients with systolic (LVEF<40%) CHF of ischemic or nonischemic etiology	Parallel groups double blind Australia
GISSI-HF rosuvastatine , 2008 [NCT00336336] n=2314/2317 follow-up: 3.9y median (IQR 3-4.4)	low-dose rosuvastatin 10 mg daily versus placebo	Patients with NYHA classes II to IV heart failure, whatever the cause and the LVEF and already receiving optimized recommended therapy with no clear indication or contraindication to cholesterollowering therapy	Parallel groups double blind Italy

More details and results :

- cholesterol lowering intervention for heart failure in elderly at http://www.trialresultscenter.org/go-Q77
- cholesterol lowering intervention for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q176
- statins for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q696

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8 atrial fibrillation

Trial	Treatments	Patients	Trials design and methods
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

More details and results :

- prevention for atrial fibrillation in patients without history of AF (primary prevention) at http://www.trialresultscenter.org/go-Q331

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GISSI HF (subgroup and ancillary study), 2009:

Maggioni AP, Fabbri G, Lucci D, Marchioli R, Franzosi MG, Latini R, Nicolosi GL, Porcu M, Cosmi F, Stefanelli S, Tognoni G, Tavazzi L Effects of rosuvastatin on atrial fibrillation occurrence: ancillary results of the GISSI-HF trial. Eur Heart J 2009 Oct;30:2327-36 [19717850]

9 acute coronary syndrome

Trial	Treatments	Patients	Trials design and methods
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	
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
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
prasugrel vs clopidogrel			

continued...

Trial	Treatments	Patients	Trials design and methods
JUMBO-TIMI 26 , 2005 n=650/254 follow-up: 30 days	Prasugrel 3 doses versus clopidogrel 300mg loading dose followed by 75 mg daily)	patients undergoing elective or urgent percutaneous coronary intervention	Parallel groups double blind
TRILOGY ACS (overall population) , 2012 [NCT00699998] n=4663/4663 follow-up: 17 months (median)	prasugrel 10 mg daily versus clopidogrel 75 mg daily	patients with acute coronary syndromes selected for a final treatment strategy of medical management without revascularization within 10 days after the index event	Parallel groups double-blind 52 countries
TRITON-TIMI 38 , 2007 [NCT00097591] n=6813/6795 follow-up:	prasugrel 60-mg loading dose and 10-mg daily maintenance dose, for 6 to 15 months versus clopidogrel (a 300-mg loading dose and a 75-mg daily maintenance dose) for 6 to 15 months	patients with moderate-to-high-risk acute coronary syndromes (UA, NSTEMI,STEMI) with scheduled percutaneous coronary intervention	Parallel groups double blind 30 countries
ACAPULCO *ongoing* n=NA	-	-	
surgery vs medical treatment			
VA cooperative , 1987 n=231/237 follow-up: 2 years (5,10 years)	coronary-artery bypass surgery plus medical therapy versus medical therapy alone	men with unstable angina pectoris	Parallel groups open US

More details and results :

- 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
- 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
- antiplatelets drug for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q346
- 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

- antiplatelets drug for acute coronary syndrome in STEMI patients at http://www.trialresultscenter.org/go-Q564
- antiplatelets drug for acute coronary syndrome in patients not initialy planned for PCI at http://www.trialresultscenter.org/go-Q652

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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]

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ACAPULCO, :

ongoing trial

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10 DVT prophylaxis

Trial	Treatments	Patients	Trials design and methods
Suloctidil vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
Turpie , 1985 n=68/68	Suloctidil versus Placebo	-	double-blind

More details and results :

- antithrombotics for DVT prophylaxis in general surgery at http://www.trialresultscenter.org/go-Q92
- antiplatelets drug for DVT prophylaxis in general surgery at http://www.trialresultscenter.org/go-Q461
- antiplatelets drug for DVT prophylaxis in all type of patients at http://www.trialresultscenter.org/go-Q462

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11 diabetes type 2

Trial	Treatments	Patients	Trials design and methods
premixed insulin lispro vs basal-bolus			
Masuda , 2008 n=NA follow-up:	twice-daily 50/50 premixed insulin lispro versus NPH insulin at bedtime and preprandial insulin lispro	insulin-nave type 2 diabetic patients	
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
insulin vs control			
UGDP n=414/205 follow-up:	-	-	
UKPDS 33 n=911/896 follow-up:	-	-	

continued...

Trial	Treatments	Patients	Trials design and methods
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	
insulin detemir vs glargine			
Fadini , 2011 n=NA	-	-	
insulin glulisine + glargine vs glargine once daily			
Owens , 2011 n=49/57 follow-up: 3 months	basal+bolus (single dose of insulin glulisine immediately prior to the main meal) versus basal insulin (glargin)	patients withT2DM using any basal insulin and HbA1c >7.0% after 3-month of insulin glargine titrated to optimize fasting bloodglucose control	Parallel groups open-label US, UK, Russia
insulin lispro protamine suspension plus lispro vs glargine plus lispro			
Koivisto , 2011 n=NA	-	-	
repaglinide + insulin vs insulin			
AGEE-1524 [NCT00799448] n=NA follow-up:	repaglinide combined with insulin NPH versus biphasic human insulin 30 alone	type 2 diabetics inadequately controlled with sulfonylurea (SU) +/ biguanide therapy	open Greece
AGEE-3020 n=NA	-	-	
biphasic insulin aspart 30 vs insulin detemir			
Lundby , 2009 n=NA follow-up:	biphasic insulin aspart 30 versus insulin detemir before bedtime	-	
pioglitazone + sulfonylurea vs metformin + sulfonylurea			
EC409 n=319/320 follow-up: 104 wk	Pioglitazone + sulfonylurea versus Metformin + sulfonylurea	patients with type 2 diabetes	Parallel groups
insulin detemir vs NPH insulin			
Hermansen n=236/237 follow-up: 26 weeks	insulin detemir twice-daily versus NPH insulin	insulin-naive people with type 2 diabetes	
lispro insulin vs NPH insulin			

continued...

Trial	Treatments	Patients	Trials design and methods
Bastyr , 2000 n=NA follow-up:	insulin lispro versus bedtime NPH insulin	-	
insulin aspart at mealtimes vs NPH insulin once daily			
Gram , 2011 n=NA follow-up:	insulin aspart at mealtimes versus NPH insulin once daily at bedtime	-	
insulin glargine vs placebo			
GRACE - ORIGIN (glargine) , 2012 n=1184 follow-up:	insulin glargine (with a target fasting blood glucose level of <=95 mg per deciliter [5.3 mmol per liter]) versus standard glycemic care alone	subject with known CV disease and/or CV risk factors plus impaired fasting glucose, impaired glucose tolerance, or type 2 diabetes	Factorial plan open-label
n-3 fatty acid supplement vs placebo			
GRACE - ORIGIN (n-3 fatty acid) n=1184 follow-up: 4.9y (median)	n-3 fatty acid supplemen versus placebo	subjects with known CV disease and/or CV risk factors plus impaired fasting glucose, impaired glucose tolerance, or type 2 diabetes	Factorial plan double-blind
sulfinyrazone vs placebo			
Dutch , 1980 *unpublished* n=30/31 follow-up: 32 months	-	-	Parallel groups
pioglitazone + insulin vs placebo (add on insulin)			
OPI-502 n=110/112 follow-up: 20 wk	Pioglitazone + insulin versus Placebo + insulin	Insulin-dependent DM-2	Parallel groups
PNFP-014 n=379/187 follow-up: 16 wk	Pioglitazone insulin versus Placebo + insulin	patients with type 2 diabetes	Parallel groups
insulin glargine plus insulin glulisine vs premixed insulin analogues			
Levin , 2011 n=NA	-	-	
lispro insulin + NPH insulin vs regular insulin + NPH insulin			
Altuntas , 2003 n=NA follow-up:	lispro insulin + NPH insulin versus regular insulin + NPH insulin	-	
lispro twice daily + NPH insulin vs regular insulin + NPH insulin			

continued...

Trial	Treatments	Patients	Trials design and methods
Vignati n=NA follow-up:	twice-daily insulin lispro in combination with NPH human insulin versus regular human insulin in combination with NPH human insulin	-	
SU vs rosiglitazone (add on MET)			
Hamann , 2008 n=NA follow-up: 52 weeks	combination sulphonylurea plus metformin versus rosiglitazone/metformin fixed-dose combination	overweight individuals with inadequately controlled type 2 diabetes mellitus.Individuals with inadequate glycaemic control (HbA (1c)>or =7%) while on metformin monotherapy (>or =0.85 g/day)	
pioglitazone + sulfonylurea vs sulfonylurea			
PNFP-010 n=373/187 follow-up: 16 wk	Pioglitazone + sulfonylurea versus Sulfonylurea	patients with type 2 diabetes	Parallel groups
more intensive blood pressure lowering strategie vs less intensive blood pressure lowering strategie			
ABCD target (H) , 2000 n=237/233 follow-up: 5 year	intensive treatment with a diastolic blood pressure goal of 75 mmHg versus moderate treatment with a diastolic blood pressure goal of 80-89 mmHg	diabetes patients with DBP >=90 mmHg	Parallel groups open
ABCD target (N) , 2002 n=237/243 follow-up:	intensive treatment (diastolic blood pressure decrease of 10 mmHg below baseline DBP) versus moderate treatment (diastolic blood pressure goal of 80-89 mmHg)	diabetes patients with diastolic blood pressure between 80 and 89mmHg	Parallel groups open

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
- antiplatelets drug for diabetes type 2 in patients without cardiovascular disease at http://www.trialresultscenter.org/go-Q221
- 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 sensitizer for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q377
- insulin secretagogues for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q409
- prevention for diabetes type 2 in people with impaired glucose tolerance at http://www.trialresultscenter.org/go-Q416
- intensive therapy for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q459
- insulin secretagogues - sulfonylureas for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q483
- antidiabetic drugs for diabetes type 2 in patients inadequately controlled with insulin at http://www.trialresultscenter.org/go-Q513
- insulin therapy for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q548
- insulin secretagogues - Meglitinides (glinides) for diabetes type 2 in all types of patients at http://www.trialresultscenter.org/go-Q549
- glucose lowering for cardiovascular prevention for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q576
- glucose lowering for cardiovascular prevention for diabetes type 2 in meta-regression at http://www.trialresultscenter.org/go-Q692

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12 venous thrombosis

Trial	Treatments	Patients	Trials design and methods
subcutaneous heparin vs intravenous heparin			
Krahenbuhl , 1979 n=23/25	subcutaneous sodic heparin 30 000 U daily (mean) versus intravenous sodic heparin 30 000 U daily (mean)	-	
Bentley , 1980 n=50/50	subcutaneous calcic heparin 37 000 U daily (mean) versus intravenous sodic heparin 36 800 U daily (mean)	-	
Andersson , 1982 n=72/69	subcutaneous sodic heparin 36 800 U daily (mean) versus intravenous sodic heparin 33 250 U daily (mean)	-	

continued...

Trial	Treatments	Patients	Trials design and methods
Hull , 1986 n=57/58	subcutaneous sodic heparin 32 300 U daily (mean) versus intravenous sodic heparin 29 700 U daily (mean)	-	
Doyle , 1987 n=51/52	subcutaneous calcic heparin 29 200 U daily (mean) versus intravenous calcic heparin 29 600 U daily (mean)	-	
Walker , 1987 n=50/50	subcutaneous calcic heparin 29 375 U daily (mean) versus intravenous calcic heparin 24 384 U daily (mean)	-	
Lopaciuk , 3000 n=48/46	subcutaneous sodic heparin 34 400 U daily (mean) versus intravenous sodic heparin 37 000 U daily (mean)	-	
Pini , 1990 n=138/133	subcutaneous calcic heparin 33 800 U daily (mean) versus intravenous sodic heparin 31 700 U daily (mean)	-	

More details and results :

- antithrombotics for venous thrombosis in all type of patients at http://www.trialresultscenter.org/go-Q101
- 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

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13 coronary artery disease

Trial	Treatments	Patients	Trials design and methods
CABG+surgical ventricular reconstruction vs CABG			
STICH (ventricular reconstruction) , 2009 [NCT00023595] n=501/499 follow-up: 48 months	CABG with surgical ventricular reconstruction versus CABG	patients with anterior-apical regional left ventricular dysfunction	Parallel groups open

More details and results :

- myocardial revascularization for coronary artery disease in all type of patient at http://www.trialresultscenter.org/go-Q26

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14 CABG surgery

Trial	Treatments	Patients	Trials design and methods
sulotroban vs control			
German sulotroban , 1989 n=90/85 follow-up: 21d	-	-	
sulfinpyrazone vs placebo			
Baur , 1982 n=130/125 follow-up: 10d	sulfinpyrazone 800 mg/day versus placebo	patients undergoing CABG	double blind

More details and results :

- antiplatelets drug for CABG surgery in all type of patients at http://www.trialresultscenter.org/go-Q225

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15 peripheral vascular diseases

Trial	Treatments	Patients	Trials design and methods
suloctidil vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
Adriaensen , 1976 n=15/15 follow-up: 2 months	Suloctidil 200 mg / j versus Placebo	patients suffering from intermittent claudication (stade II)	Parallel groups double blind
Verhaeghe , 1981 n=NA follow-up: 6 months	Suloctidil 200 mg / j versus Placebo	patients with intermittent claudication (stade II)	Parallel groups double blind
Jones , 1982 n=18/22 follow-up: 6 months	Suloctidil 300 mg / j versus Placebo	patients suffering from intermittent claudication (stade II)	Parallel groups double blind
Holm , 1984 n=20/20 follow-up: 2.75 y	Suloctidil 300 mg / j versus Placebo	AOMI stade II	Parallel groups double blind

More details and results :

- antiplatelets drug for peripheral vascular diseases in all type of patient at http://www.trialresultscenter.org/go-Q278

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