

# Clinical trials of angioplasty

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## 1 acute myocardial infarction

Trial	Treatments	Patients	Trials design and methods
<b>primary angioplasty vs immediate thrombolysis</b>			
<b>MAASTRICHT (Vermeer) , 1999</b> 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
<b>PRAGUE-1 , 2000</b> 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
<b>AIR-PAMI , 2002</b> 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
<b>CAPTIM , 2002</b> 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
<b>DANAMI-2 , 2003</b> n=567/562 follow-up: 30 days	Transfer for Primary Angioplasty versus immediate thrombolysis with tPA (accelerated infusion)	patients with myocardial infarction with ST-segment elevation	Parallel groups open
<b>PRAGUE-2 , 2003</b> 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
<b>immediate systematic balloon angioplasty vs no immediate angioplasty</b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>ECSCG , 1988</b> n=183/184 follow-up: 1 y	angioplasty as soon as possible (after rtPA) versus non-invasive strategy without immediate CA and PTCA	patients with acute myocardial infarction within 5 h after onset of symptoms	parallel group open Europe
<b>Belenkie , 1991</b> n=50/39 follow-up: 4 months	immediate PTCA versus delayed PTCA (18-38h)	patients with a patent infarct-related artery after thrombolytic therapy suitable for angioplasty	parallel group open Canada
<b>Ellis , 1994</b> n=78/73 follow-up:	balloon angioplasty supplemented by further thrombolytic therapy as needed versus conservative therapy	patients with first anterior wall infarction treated with any accepted intravenous thrombolytic regimen and angiographically demonstrated to have an occluded infarct vessel within 8 hours of chest pain onset	
<b>Erbel , 1989</b> n=103/103 follow-up: 3 years	combined intravenous and intracoronary streptokinase with immediate coronary angioplasty versus combined intravenous and intracoronary streptokinase without immediate coronary angioplasty	patients with acute transmural myocardial infarction	Parallel groups
<b>MERLIN (Sutton) , 2004</b> n=NA follow-up: 30 days	emergency coronary angiography with rescue PCI versus conservative treatment	patients with STEMI and failed fibrinolysis	Parallel groups
<b>SHOCK (Hochman) , 1999</b> [NCT00000552] n=152/150 follow-up: 30 days (6y)	emergency revascularization versus initial medical stabilization	patients with cardiogenic shock complicating acute MI	Parallel groups open US
<b>SWISS-SMASH , 1999</b> n=32/23 follow-up: 30 days (1y)	emergency angiography, followed immediately by revascularization when indicated versus initial medical management	Patients with acute myocardial infarction and early shock	Parallel groups open Europe
<b>TAMI 1 pilot , 1987</b> n=99/98 follow-up: in hospital	Angioplasty within 120 min (after rtPA) versus deferred CA (7-10 days) and angioplasty if indicated	patients with acute myocardial infarction.	parallel group open USA

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>TAMI-5 (Calif) , 1991</b> n=287/288 follow-up:	immediate catheterization with angioplasty for failed thrombolysis (90min after rtPA/urokinase) versus deferred predischage catheterization on days 5-10, no PTCA planned	patient with acute myocardial infarction	Factorial plan
<b>TIMI 2A , 1988</b> n=195/194 follow-up: 21 days	CA within 120 min of the start of the rtPA infusion. PTCA whether the artery is open or closed versus CA within 18-48hrs. PTCA only if artery open (TIMI 2 or 3)	patient thrombolized for a AMI	parallel group open USA
<b>Topol , 1987</b> n=15/13 follow-up: in hospital	immediate PTCA versus no PTCA	patients with evolving transmural myocardial infarction	parallel group open USA
<b>systematic ballon angioplasty vs no systematic angioplasty</b>			
<b>SWIFT , 1991</b> n=397/403 follow-up: 1 y	CA 72h with a view to PTCA or CABG versus elective angioplasty (only if required by clinical indication)	patients presenting with clinical and electrocardiographic features of acute myocardial infarction up to three hours after the onset of major symptoms	Parallel groups Open UK
<b>SIAM , 1992</b> n=158/166 follow-up: <3 years	CA with CABG/PTCA 14-48 hours versus no CA within the first 21days unless evidence of ischemia	patients treated by thrombolysis for AMI	Parallel groups Open Europe
<b>TAMI 6 , 1992</b> n=34/37	PTCA 6-24h after rtPA versus no PTCA planned	-	
<b>Barbash , 1990</b> n=97/104	PTCA>72h after rtPA if stenosis>70% versus PTCA>72h after rtPA if stenosis>50% and ischemia	-	
<b>Guerci , 1987</b> n=42/43 follow-up: 10 days	PTCA at 4 day versus no PTCA during the 10 days study period	patients candidate to PTCA determined at the 1st day CA	Factorial plan United states

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>TIMI 2 , 1989</b> n=1636/1626 follow-up: 6 we	CA 18 to 48 hrs versus no CA unless spontaneous or exercise induced ischemia	patients treated with intravenous recombinant tissue plasminogen activator (rt-PA) within four hours of the onset of chest pain thought to be caused by myocardial infarction	Factorial plan Open United states
<b>TIMI II-A (deferred)</b> n=194/197 follow-up:	delayed invasive strategy, deferred angiography and PTCA for 18-48 hours versus conservative approach	-	
<b>TOPS , 1992</b> n=42/45 follow-up: 12 months	PTCA to be performed 4-14 days after MI versus conservative management, no PTCA	patients with residual stenoses after thrombolytic treatment of myocardial infarction	Parallel groups
<b>Van den Brand , 1991</b> n=113/104 follow-up: 3 mo	CA at 2-5 days, PTCA if suitable lesion versus CA at 2-5 days but no PTCA	suitable lesion	Parallel groups NA Europe
<b>Vermeer , 1999</b> n=NA follow-up: 42 days	alteplase followed by transfer to the PTCA centre and (if indicated) rescue PTCA versus thrombolytic treatment with alteplase	patients with acute myocardial infarction initially admitted to a hospital without PTCA facilities	Parallel groups
<b>thrombolysis + angioplasty vs immediate thrombolysis</b>			
<b>NORDISTEMI , 2009</b> [NCT00161005] n=134/132 follow-up: 1y	transfer for immediate coronary angiography and intervention versus concernative strategy	patients with STEMI of less than 6 hours of duration and more than 90 minutes expected time delay to PCI	Parallel groups open Norway
<b>CARESS , 2008</b> n=NA follow-up: 30 days	immediate transfer for PCI after half-dose reteplase, abciximab, heparin, and aspirin versus half-dose reteplase, abciximab, heparin, and aspirin, transfer for PCI only if they had persistent ST elevation at 90 minutes (rescue PCI)	STEMI patients under 75 years old within 12 hours of symptom onset who had been admitted to hospitals without PCI facilities	open France, Italy, and Poland
<b>CAPITAL AMI , 2005</b> n=86/84 follow-up: 6 months	full-dose tenecteplase (TNK) plus PCI versus thrombolysis alone	high-risk MI patients within six hours of symptom onset	Parallel groups open US

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>PRAGUE-1</b> (thrombolysis+PTCA) , 2000 n=100/99 follow-up: 30 days	thrombolytic therapy during transportation to angioplasty versus immediate thrombolysis with streptokinase	patients with acute myocardial infarction, presenting within 6 h of symptom onset at community hospitals without a catheterization laboratory	Parallel groups open Czech Republic
<b>TRANSFER-AMI , 2008</b> <i>ongoing</i> [NCT00164190] n=NA follow-up: 30 days	pharmacoinvasive strategy (transfer for PCI within six hours of fibrinolysis) versus standard treatment after fibrinolysis (rescue PCI for failed reperfusion, with elective PCI encouraged for successfully reperfused patients after 24 hours)	patients with high-risk STEMI	Parallel groups open
<b>primary ballon angioplasty vs accelerated t-PA</b>			
<b>Ribichini , 1996</b> n=24/26 follow-up: discharge	primary PTCA versus accelerated alteplase 90 min (15 mg IV bolus followed by an infusion of 0.75 mg/kg over 30min not to exceed 50mg, and then 0.5 mg/kg over the next 60min not to exceed 35mg for a total maximum of 100mg)	-	Parallel groups open Italy
<b>Garcia , 1997</b> n=95/94 follow-up: 30 d	primary PTCA versus accelerated t-PA 90 min (15 mg IV bolus followed by an infusion of 0.75 mg/kg over 30min not to exceed 50mg, and then 0.5 mg/kg over the next 60min not to exceed 35mg for a total maximum of 100mg)	patients with anterior AMI	Parallel groups open Spain
<b>GUSTO 2B , 1997</b> n=573/565 follow-up: 30 d	primary PTCA versus accelerated t-PA 90 min (15 mg IV bolus followed by an infusion of 0.75 mg/kg over 30min not to exceed 50mg, and then 0.5 mg/kg over the next 60min not to exceed 35mg for a total maximum of 100mg)	patients within 12 hours of acute myocardial infarction (with ST-segment elevation on the electrocardiogram)	factorial design open USA, Europe, Australia

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
DANAMI-2 , 1997 n=NA follow-up: 2.4y	angioplasty versus accelerated treatment with intravenous alteplase	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 predischage exercise test or ST changes during exercise compatible with ischemia)	Parallel groups open
<b>primary ballon angioplasty vs duteplase</b>			
DeWood , 1989 n=46/44 follow-up: 30 d	primary PTCA versus duteplase 0.5 MU/kg for 1 h then 0.7 MU/kg/h for 3h	-	Parallel groups open USA
Gibbons , 1993 n=47/56 follow-up: discharge	primary PTCA versus duteplase 0.6 MU/kg over 5h	patients with acute myocardial infarction	Parallel groups open USA
<b>transfer for primary angioplasty vs immediate thrombolysis</b>			
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	Parallel groups 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	Parallel groups open
<b>primary ballon angioplasty vs intracoronary streptokinase</b>			
O'Neill , 1986 n=NA follow-up:	coronary angioplasty versus intracoronary streptokinase	patients within 12 hours of their first symptoms of acute myocardial infarction	Parallel groups open
<b>primary ballon angioplasty vs streptokinase</b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Zwolle , 1994 n=152/149 follow-up: discharge	primary PTCA versus streptokinase 1.5 M IU over 1h	patients with acute myocardial infarction	Parallel groups open The Netherland
Ribeiro , 1993 n=50/50 follow-up: discharge	primary PTCA versus streptokinase 1.2 M IU over 1h	patients with ST segment elevation within 6 h of the onset of chest pain	Parallel groups open Brazil
Grinfeld , 1996 n=54/58 follow-up: 30 d	primary PTCA versus streptokinase 1.5 M IU over 1h	-	Parallel groups open Argentina
Zijlstra , 1997 n=45/50 follow-up: 6 months	primary PTCA versus streptokinase 1.5 M IU over 1h	patients with acute myocardial infarction	Parallel groups open The Netherland
Zijlstra , 1993 n=70/72 follow-up:	immediate coronary angioplasty (without previous thrombolytic therapy) versus intravenous streptokinase	patients with acute myocardial infarction	Parallel groups open
Akhras , 1997 n=42/45 follow-up:	primary angioplasty versus streptokinase	patient within 12hr from onset of AMI	Parallel groups open Saudi Arabia
<b>primary ballon angioplasty vs t-PA</b>			
PAMI , 1993 n=195/200 follow-up: discharge	primary PTCA versus t-PA 100mg (or 1.25mg/kg for patients weighting less than 65kg) over 3 h	patients who presented within 12 hours of the onset of myocardial infarction	Parallel groups open USA,Europe
<b>primary ballon angioplasty vs tenecteplase</b>			
TRIANA , 2009 [NCT00257309] n=132/134 follow-up: 30 days (12 months)	Tenecteplase + UFH (+/- clopidogrel) versus Primary angioplasty	>=75 years old with ST-segment elevation or LBBB AMI <6 hours of evolution without contraindications for thrombolytic therapy	Parallel groups open

More details and results :

- myocardial revascularization for acute myocardial infarction in all type of patients at <http://www.trialresultscenter.org/go-Q129>
- 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>
- PCI for acute myocardial infarction in Elderly patients at <http://www.trialresultscenter.org/go-Q316>
- myocardial revascularization for acute myocardial infarction in Elderly patients at <http://www.trialresultscenter.org/go-Q317>

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ongoing trial NCT00164190

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## 2 stable angina

Trial	Treatments	Patients	Trials design and methods
<b>balloon angioplasty vs medical treatment</b>			
<b>RITA 2 , 1997</b> 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
<b>ACME , 1992</b> 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
<b>ACME 2 (Folland) , 1997</b> 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
<b>ACIP , 1997</b> 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
<b>INSPIRE , 2006</b> 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
<b>SWISSI II , 2007</b> [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
<b>MASS , 1995</b> 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

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
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
<b>balloon angioplasty vs CABG</b>			
EAST , 1994 [NCT00000465] n=198/194 follow-up: 3 y	transluminal coronary angioplasty versus coronary-artery bypass grafting	patients with multivessels coronary artery disease	open USA
GABI , 1994 n=182/177 follow-up: 1 y	Percutaneous transluminal coronary angioplasty versus coronary-artery bypass grafting	patients with symptomatic multivessel coronary disease	open Germany
BARI , 1996 [NCT00000462] n=915/914 follow-up: 5.4 y	PTCA versus CABG	Patients with multivessel disease	open USA, Canada
RITA , 1993 n=510/501 follow-up: 2.5 y (6.5y)	percutaneous transluminal coronary angioplasty versus coronary artery bypass surgery	patients with one, two, or three diseased coronary arteries	open UK
ERACI , 1992 n=63/64 follow-up: 3.8 y	Percutaneous transluminal coronary angioplasty versus coronary artery bypass grafting	patients with multivessel disease and lesions suitable for either form of therapy	open Argentina
MASS , 1995 n=72/70 follow-up: 3.2 y	percutaneous transluminal coronaryangioplasty versus mammary bypass surgery	patients with stable angina,normal ventricular function and a proximal stenosis of the leftanterior descending coronary artery >80%	open Brazil
Toulouse , 1992 n=76/76 follow-up: 2.8 y	PTCA versus CABG	patients with multivessels coronary artery disease	open France
Lausanne , 1994 n=68/66 follow-up: 3.2 y	transluminal coronary angioplasty versus Coronary artery bypass grafting	patients with isolated proximal left anterior descending artery stenosis, conserved left ventricular function, and documented ischaemia	open Switzerland
CABRI , 1995 n=541/513 follow-up: 1 y	percutaneous transluminal coronary angioplasty versus coronary artery bypass grafting	patients with symptomatic multivessel coronary disease	open Europe

continued...

Trial	Treatments	Patients	Trials design and methods
<b>angioplasty vs MIDCAB</b>			
AMIST (Reeves) , 2004 n=50/50 follow-up: 12 months	percutaneous transluminal coronary angioplasty (PTCA) with or without stenting versus minimally invasive direct coronary artery bypass grafting (MIDCAB)	single-vessel disease (at least 50% stenosis) of the left anterior descending coronary artery (LAD).	Parallel groups open England

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>

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## 3 hypertension

Trial	Treatments	Patients	Trials design and methods
<b>angioplasty vs medical therapy</b>			
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 <i>unpublished</i> n=28/24 follow-up: 43 months	-	-	Italy

More details and results :

- angioplasty for hypertension in all type of patients at <http://www.trialresultscenter.org/go-Q496>

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## 4 coronary artery disease

Trial	Treatments	Patients	Trials design and methods
balloon angioplasty vs medical treatment			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>RITA 2 , 1997</b> 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
<b>ACME , 1992</b> 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
<b>ACME 2 (Folland) , 1997</b> 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
<b>ACIP , 1997</b> 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
<b>INSPIRE , 2006</b> 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
<b>SWISSI II , 2007</b> [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
<b>MASS , 1995</b> 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
<b>Sievers , 1993</b> 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

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**balloon angioplasty vs CABG**


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continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>EAST , 1994</b> [NCT00000465] n=198/194 follow-up: 3 y	transluminal coronary angioplasty versus coronary-artery bypass grafting	patients with multivessels coronary artery disease	open USA
<b>GABI , 1994</b> n=182/177 follow-up: 1 y	Percutaneous transluminal coronary angioplasty versus coronary-artery bypass grafting	patients with symptomatic multivessel coronary disease	open Germany
<b>BARI , 1996</b> [NCT00000462] n=915/914 follow-up: 5.4 y	PTCA versus CABG	Patients with multivessel disease	open USA, Canada
<b>RITA , 1993</b> n=510/501 follow-up: 2.5 y (6.5y)	percutaneous transluminal coronary angioplasty versus coronary artery bypass surgery	patients with one, two, or three diseased coronary arteries	open UK
<b>ERACI , 1992</b> n=63/64 follow-up: 3.8 y	Percutaneous transluminal coronary angioplasty versus coronary artery bypass grafting	patients with multivessel disease and lesions suitable for either form of therapy	open Argentina
<b>MASS , 1995</b> n=72/70 follow-up: 3.2 y	percutaneous transluminal coronaryangioplasty versus mammary bypass surgery	patients with stable angina,normal ventricular function and a proximal stenosis of the leftanterior descending coronary artery >80%	open Brazil
<b>Toulouse , 1992</b> n=76/76 follow-up: 2.8 y	PTCA versus CABG	patients with multivessels coronary artery disease	open France
<b>Lausanne , 1994</b> n=68/66 follow-up: 3.2 y	transluminal coronary angioplasty versus Coronary artery bypass grafting	patients with isolated proximal left anterior descending artery stenosis, conserved left ventricular function, and documented ischaemia	open Switzerland
<b>CABRI , 1995</b> n=541/513 follow-up: 1 y	percutaneous transluminal coronary angioplasty versus coronary artery bypass grafting	patients with symptomatic multivessel coronary disease	open Europe
<b>angioplasty vs MIDCAB</b>			

continued...

Trial	Treatments	Patients	Trials design and methods
AMIST (Reeves) , 2004 n=50/50 follow-up: 12 months	percutaneous transluminal coronary angioplasty (PTCA) with or without stenting versus minimally invasive direct coronary artery bypass grafting (MIDCAB)	single-vessel disease (at least 50% stenosis) of the left anterior descending coronary artery (LAD).	Parallel groups open England

More details and results :

- myocardial revascularization for coronary artery disease in all type of patient at <http://www.trialresultscenter.org/go-Q26>
- myocardial revascularization for coronary artery disease in multivessels disease at <http://www.trialresultscenter.org/go-Q31>
- myocardial revascularization for coronary artery disease in single vessel disease at <http://www.trialresultscenter.org/go-Q32>

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