Clinical trials of routine invasive strategy

TrialResults-center www.trialresultscenter.org

1 acute coronary syndrome

Trial	Treatments	Patients	Trials design and methods
routine invasive strategy vs concervative strategy			
ICTUS , 2007 [ISRCTN82153174] n=604/596 follow-up: 12 mo (4y)	early invasive strategy versus selective invasive treatment strategy	patients with nonST-segment elevation acutec oronary syndrome and elevated cardiac troponin T	Parallel groups open Netherlands
FRISC 2 , 1999 n=1222/1234 follow-up: 24 mo	early invasive treatment strategy: angiography within 7 days aiming for revascularisation versus non-invasive treatment strategy: angiography only in patients with refractory or recurrent symptoms despite maximum medical treatment or severe ischemia during exercise test before discharge	patients with nonST-segment elevation acutecoronary syndrome	Factorial plan Open Scandinavia
NQWMI (Eisenberg) , 2005 n=42/46 follow-up: 12 months	Invasive (angiography at days 2 to 5) versus Noninvasive (stress testing at day 2 to 5)	patients with nonQ-wave myocardial infarction	Parallel groups open Canada
RITA 3 , 2002 [ISRCTN07752711r] n=895/915 follow-up: 24 mo (60 mo)	routine angiography followed by revascularisationage/pj versus conservative strategy (ischaemia-driven or symptom-driven angiographyS	patients with nonST-segment elevation acutecoronary syndrome	Parallel groups open UK
TACTICS-TIMI 18 , 2001 n=1114/1106 follow-up: 6 mo	early invasive management strategy versus conservative management strategy	patients with nonST-segment elevation acute coronary syndrome	Parallel groups open 9 countries
TRUCS , 2000 n=76/72 follow-up: 12 mo	invasive strategy versus conservative strategy	patients with nonST-segment elevation acute coronary syndrome in geographically isolated hospitals without cardiac surgical facilities	Parallel groups Greece

continued...

Trial	Treatments	Patients	Trials design and methods
VINO , 2002 n=64/67 follow-up: 6 mo	first day angiography / angioplasty strategy versus early conservative therapy	patients with nonST-segment elevation acute coronary syndrome	Parallel groups open Czech Republic
TACTICS-TIMI 18 elderly (sub group) , 2001 n=491/471 follow-up: 6 mo	early invasive management strategy versus conservative management strategy	patients 65 years of age and older with unstable angina and nonSTsegment elevation myocardial infarction	open 9 countries
the Italian Elderly ACS study *ongoing* [NCT00510185] n=NA follow-up:	early aggressive approach versus initially conservative approach	patients older than 74 years of age with NSTEACS	
routine invasive strategy - noncomptemporary vs concervative strategy			
MATE , 1998 n=111/90 follow-up: 21 mo	early triage angiography and subsequent therapies based on the angiogram versus conventional medical therapy	acute MI ineligible for thrombolytic therapy within 24 h of symptoms	Parallel groups open US
TIMI 3B (PTCA) , 1994 n=740/733 follow-up: 12 mo	Early invasive strategy: systematic angiography (18-48h after randomisation) and revascularisation (PTCA or CABG) versus Early elective strategy: angiography and revascularisation only in case of ischemic recurrence (see paper)	patient with unstable angina or non Q wave MI within 24hrs of onset	Factorial plan Open USA & Canada
VANQWISH , 1998 n=462/458 follow-up: 23 mo	invasive management versus conservative management: medical therapy with subsequent invasive management if indicated by the development of spontaneous or indicible ischemia within 24-72 hours	Patients with NonQ-wave myocardial infarction	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
- myocardial revascularization for acute coronary syndrome in Elderly patients at http://www.trialresultscenter.org/go-Q165

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