

Clinical trials of routine invasive strategy

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1 acute coronary syndrome

| Trial | Treatments | Patients | Trials design and methods |
|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| routine invasive strategy vs conservervative 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 acute coronary 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 acute coronary 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 revascularisation/pj versus conservative strategy (ischaemia-driven or symptom-driven angiographyS | patients with nonST-segment elevation acute coronary 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 - noncomtemporary 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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