Clinical trials of sp

TrialResults-center www.trialresultscenter.org

1 acute myocardial infarction

Trial	Treatments	Patients	Trials design and methods
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
SpideRX vs conventional PCI			
PREMIAR , 2007 n=70/70 follow-up: 1, 6 months	SpideRX versus PCI without embolic protection	with acute ST-segment elevation myocardial infarction at high risk of embolic events (including only baseline Thrombolysis In Myocardial Infarction grade 0 to 2 flow)	open
aspirin vs placebo			
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
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
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

continued...

Trial	Treatments	Patients	Trials design and methods
cardiosphere-derived stem cells vs control			
CADUCEUS *ongoing* [NCT00893360] n=NA follow-up: 12 months	Autologous cardiosphere-derived stem cell intra-coronary infusion versus control	patients with ischemic left ventricular dysfunction and a recent myocardial infarction	Parallel groups open
Prehospital thrombolysis vs at hospital thrombolysis			
EMIP , 1993 n=2750/2719 follow-up: ND	-	-	ND
GREAT , 1994 n=163/148 follow-up: ND	-	-	ND
MITI , 1993 [NCT00000468] n=175/175 follow-up: ND	-	-	ND
Roth , 1990 n=72/44	-	-	
Barbash , 1990 n=NA	-	-	
Castaigne , 1987 n=NA	-	-	
Mcneill , 1989 n=NA	-	-	
Schofer , 1990 n=40/38	-	-	
Castaigne , 1989 n=57/43	-	-	
TEAHAT , 1990 n=NA follow-up: ND	-	-	ND

More details and results :

- myocardial revascularization for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q129
- cell-based therapies for acute myocardial infarction in PCI at http://www.trialresultscenter.org/go-Q313
- thrombectomy for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q350
- antiplatelets drug for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q390

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2 post stroke

Trial	Treatments	Patients	Trials design and methods
aspirin vs placebo			
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	-	

continued...

Trial	Treatments	Patients	Trials design and methods
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	-	

More details and results :

- antiplatelets drug for post stroke in all type of patients at http://www.trialresultscenter.org/go-Q411

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3 post myocardial infarction

Trial	Treatments	Patients	Trials design and methods
aspirin vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
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
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
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

continued...

Trial	Treatments	Patients	Trials design and methods
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
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

More details and results :

- antiplatelets drug for post myocardial infarction in all type of patient at http://www.trialresultscenter.org/go-Q277
- 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
rivaroxaban + aspirin vs aspirin			
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
aspirin vs no treatment			
British Doctors Trial , 1988 n=3429/1710 follow-up: 5.5 years	aspirin 500 mg/d versus no aspirin	apparently healthy male doctors	Parallel groups open UK
PPP (diabetics sub group) , 2003 n=519/512 follow-up: 3.6 y	aspirin 100mg daily versus control	men and women with diabetes and without a previous cardiovascular event aged >50 with >=1 risk factors for cardiovascular disease - sub group of diabetic patients	Factorial plan open Italy
Primary Prevention Project , 2001 n=2226/2269 follow-up: 3.6 y	aspirin 100 mg/d versus no aspirin (open control)	men and women aged 50 years or greater, with at least one of the major recognised cardiovascular risk factors.	Factorial plan Open Italy
JPAD , 2008 [NCT00110448] n=1262/1277 follow-up: 4.37 y median	low-dose aspirin (81 or 100 mg per day) versus no aspirin	patients with type 2 diabetes without a history of atherosclerotic disease	Parallel groups open Japan
aspirin + dipyridamol vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
Hess (2) , 1985 n=80/80 follow-up:	Aspirine Dipyridamole 330 mg / j 225 mg / j versus Placebo	patients with occlusive arterial disease in the lower extremities	Parallel groups double blind
Schoop (2) , 1983 n=100/100 follow-up:	Aspirine Dipyridamole 990 mg / j 225 mg /j versus Placebo	AOMI stade non prcis	Parallel groups double blind
VA study , 1986 n=110/121 follow-up: 46 months	Aspirine + Dipyridamole 975 mg / j 225 mg /j versus Placebo	non-insulin-dependent diabetic men with either a recent amputation for gangrene or active gangrene	Parallel groups double blind
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
warfarin + aspirin vs placebo			
Thrombosis Prevention trial (W plus A) , 1998 [NCT00000614] n=1277/1272 follow-up: median 6.8 y	warfarin adjusted dose for INR of 1.5 + aspirin 75 mg daily versus placebo	men aged between 45 years and 69 years at high risk of IHD	NA double blind UK
aspirin vs no aspirin			
JPPP *ongoing* [NCT00225849] n=NA follow-up:	aspirin versus no aspirin	Japanese patients aged 60 to 85 years with hypertension, dyslipidemia, or diabetes mellitus	Parallel groups open Japan
aspirin vs placebo			
CLIPS , 2007 n=185/181 follow-up: 20.7 months mean	oral aspirin 100 mg daily versus placebo	outpatients with stage I-II PAD documented by angiography or ultrasound, with ankle/brachial index <0.85 or toe index <0.6	Factorial plan double blind Europe

continued...

Trial	Treatments	Patients	Trials design and methods
AAA , 2009 [ISRCTN66587262] n=1675/1675 follow-up: 8.2 y (mean)	aspirin 100mg daily versus placebo	men and women aged 50 to 80 years with asymptomatic atherosclerosis detected by low ankle brachial index (<=0.95)	Parallel groups double blind UK, Scotland
ASPREE , 2018 [NCT01038583] n=NA follow-up:	-	-	
ASCEND , 2018 [NCT00135226] n=NA follow-up:	-	-	
PHS (diabetics sub group) , 1989 n=275/258 follow-up: 5 y	aspirin 325 mg every other day versus placebo	healthy men (diabetic sub group of patients enrolled if PHS)	Factorial plan double blind
Munich B , 1975 n=42/40 follow-up:	Aspirine 1500 mg / jour pendant 24 mois versus Placebo	NA	Parallel groups double blind
Physicians Health Study , 1989 [NCT00000500] n=11037/11034 follow-up: 60.2 months	aspirin 325 mg every other day versus placebo	Healthy men	Parallel groups double blind
Thrombosis Prevention Trial , 1998 [NCT00000614] n=2545/2540 follow-up: median 6.8y	aspirin 75 mg/d (controlled release) versus placebo	Men at high risk of CHD	Factorial plan double blind UK
ETDRS , 1992 n=1856/1855 follow-up: 60 months	aspirin 650mg once daily versus placebo	patients with diabetes mellitus (Type I or II)	Parallel groups double blind
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

continued...

Trial	Treatments	Patients	Trials design and methods
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
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
Munich A , 1975 n=92/84 follow-up:	Aspirine: 1500 mg / jour versus Placebo	Donnes non disponibles	Parallel groups double blind
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
WHS (diabetics sub group) , 2005 n=514/513 follow-up: 10.1 y	aspirin 100mg on alternate days versus placebo	healthy women 45 years of age or older - diabetics sub groups	Parallel groups double blind US

continued...

Trial	Treatments	Patients	Trials design and methods
Womens Health Study , 2005 n=19934/19942 follow-up: 10.1 y mean (range 8.2 to 10.9	aspirin 100mg daily versus placebo	initially healthy women 45 years of age or older	Factorial plan Double blind
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
POPADAD aspirin , 2008 [ISRCTN53295293] n=638/638 follow-up: nov 1997 - jul 2001	aspirin 100mg daily versus placebo	patients with diabetes mellitus and asymptomatic peripheral arterial disease	Factorial plan double blind Scotland
Schoop , 1983 n=100/100 follow-up: <5 y	groupe 1 : Aspirine 990 mg / j (pour mmoire : groupe 2 : Aspirine 990 mg / j + dipyridamole 225 mg/j) versus Placebo	AOMI stade non prcis	Parallel groups double blind
DAMAD , 1989 n=318/157 follow-up: 3 y	aspirin alone (330 mg 3 times daily) or in combination with dipyridamole (75 mg 3 times daily) versus placebo	patients with early diabetic retinopathy	Parallel groups double blind
Hess , 1985 n=80/80 follow-up:	groupe 1 : Aspirine 330 mg / j (pour mmoire : groupe 2 : Aspirine 330 mg / j + dipyridamole 75 mg / j) versus Placebo	AOMI stade non prcis	Parallel groups single blind
ASCEND (aspirin) *ongoing* [NCT00135226] n=NA follow-up:	aspirin 100mg daily versus placebo	people with diabetes without cardiovascular disease	Factorial plan double blind UK
ACCEPT-D *ongoing* [ISRCTN48110081] n=NA follow-up:	aspirin 100mg daily top simvastatin 20mg daily versus no asprin on top simvastatin 20mg daily	diabetic patients without clinically manifest vascular disease	Parallel groups open
dipyridamol + aspirin vs aspirin			

continued...

Trial	Treatments	Patients	Trials design and methods
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

More details and results :

- 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
- 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
- antiplatelets drug for cardiovascular prevention in primary prevention at http://www.trialresultscenter.org/go-Q322
- antiplatelets drug for cardiovascular prevention in patients without established disease at http://www.trialresultscenter.org/go-Q403
- anticoagulant for cardiovascular prevention in secondary prevention at http://www.trialresultscenter.org/go-Q481
- direct oral anticoagulant (DAO) for cardiovascular prevention in secondary prevention at http://www.trialresultscenter.org/go-Q706
- direct factor Xa inhibitors for cardiovascular prevention in secondary prevention at http://www.trialresultscenter.org/go-Q707
- anticoagulant for cardiovascular prevention in all type of patients at http://www.trialresultscenter.org/go-Q709
- anticoagulant for cardiovascular prevention in primary prevention at http://www.trialresultscenter.org/go-Q710

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5 stable angina

Trial	Treatments	Patients	Trials design and methods
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
spinal cord stimulation vs placebo			
Eddicks , 2007 n=12/12 follow-up: 4 weeks	Spinal cord stimulation versus placebo	patients with refractory angina	Cross over double blind

continued...

Trial	Treatments	Patients	Trials design and methods
spinal cord stimulation vs coronary artery bypass grafting			
ESBY , 1998 n=53/51 follow-up: 6 mo (2y)	Spinal cord stimulation versus coronary artery bypass grafting	patients with severe angina pectoris	Parallel groups open
spinal cord stimulation vs percutaneous myocardial laser revascularization			
SPIRIT , 2006 n=34/34 follow-up: 12 mo	spinal cord stimulation versus percutaneous myocardial laser revascularization	Subjects with Canadian Cardiovascular Society class 3/4 angina and reversible perfusion defects	open

More details and results :

- antithrombotics for stable angina in all type of patient at http://www.trialresultscenter.org/go-Q33
- spinal cord stimulation for stable angina in patients with severe/refractory angina pectoris at http://www.trialresultscenter.org/go-Q358

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6 hypertension

Trial	Treatments	Patients	Trials design and methods
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
Symplicity Spyral vs sham procedure			
SPYRAL HTN-OFF MED *ongoing* [NCT02439749] n=NA	-	-	
SPYRAL HTN-ON MED *ongoing* [NCT02439775] n=NA	-	-	

More details and results :

- antiplatelets drug for hypertension in all type of patients at http://www.trialresultscenter.org/go-Q407
- renal denervation for hypertension in patients with resistant hypertension at http://www.trialresultscenter.org/go-Q693

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Hansson L, Zanchetti A The Hypertension Optimal Treatment (HOT) Study–patient characteristics: randomization, risk profiles, and early blood pressure results. Blood Press 1994;3:322-7 [7866597]

SPYRAL HTN-OFF MED, :

ongoing trial NCT02439749

SPYRAL HTN-ON MED, :

ongoing trial NCT02439775

7 heart failure

Trial	Treatments	Patients	Trials design and methods
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
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
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
aspirin vs placebo			
Barzizza (ASA) , 1993 n=26/23 follow-up: 6 months	aspirin 300mg versus placebo	patients with dilated cardiomyopathy and evidence of intraventricular thrombi	Parallel groups NA
spirapril vs placebo			
CASSIS (spirapril) , 1995 n=-948/48 follow-up: 12 weeks	spirapril 1.5 mg, 3 mg, 6 mg daily versus placebo	patients with chronic congestive heart failure of NYHA classes II-IV	Parallel groups double blind
spironolactone vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
Agostoni , 2005 n=14/15 follow-up: 6 months	spironolactone 25mg/d versus placebo	stable chronic heart failure patients with reduced influences lung diffusion (DLCO)	Parallel groups open Italy
Barr , 1995 n=28/14 follow-up: 8 weeks	spironolactone 50 to 100 mg/day, titrated to blood pressure and plasma potassium (added to an angiotensin-converting enzyme inhibitor) versus placebo	patients with New York Heart Association II to III congestive heart failure	Parallel groups double blind
Farquharson , 2000 n=10/10 follow-up: 4 weeks	spironolactone 50 mg/d versus placebo	patients with NYHA class II to III chronic heart failure on standard diuretic/ACE inhibitor therapy	double blind
Macdonald , 2004 n=43/43 follow-up: 3 months	spironolactone 12.5-50 mg/d versus placebo	patients with New York Heart Association class I-II congestive heart failure taking optimal treatment (including beta blockers)	Cross over double blind
MacFadyen , 1997 n=21/16 follow-up: 8 weeks	spironolactone (50-100 mg/day) versus placebo	patients with stable chronic heart failure	Parallel groups double blind
Mottram , 2004 n=30 follow-up: 6 months	spironolactone 25 mg/d versus placebo	hypertensive patients with diastolic heart failure	double blind
RALES , 1998 n=822/841 follow-up: 24 mo	spironolactone (25 to 50 mg daily) versus placebo	patients with severeheart failure	Parallel groups Open World
Tsutamoto , 2001 n=20/17 follow-up: 12 weeks	spironolactone 25 mg daily versus placebo	patients with mild-to-moderate nonischemic congestive heart failure	Parallel groups double blind Japan
Yee , 2001 n=28/28 follow-up: 4 weeks	spironolactone 50mg/d versus placebo	patients with New York Heart Association class II to IV congestive heart failure	double blind
TOPCAT , 2014 [NCT00094302] n=3445 follow-up: 3.3 years	spironolactone (15 to 45 mg daily) versus placebo	patients with heart failure and a preserved left ventricular ejection fraction of 45% or more	Parallel groups double-blind

continued...

Trial	Treatments	Patients	Trials design and methods
PIE II *ongoing* [NCT00123955] n=NA follow-up: 9 months	Spironolactone 25mg tablet daily for 9 months versus placebo	elderly patients with isolated diastolic heart failure	Parallel groups double blind
spironolactone+captopril vs captopril			
Han , 1994 n=19/16 follow-up: 4 weeks	captopril plus spironolactone versus captopril alone	patients with refractory CHF and New York Heart Association functional class IV without renal dysfunction, hypotension and hyperkalemia	open China
furosemide + spironolactone vs prenalterol			
Dalhstrom , 1986 n=10/10 follow-up: 12 weeks	intensified treatment with diuretics (furosemide- spironolactone) versus prenalterol 100-200 mg daily in addition to their basal treatment	patients with severe chronic congestive heart failure (CHF) due to ischaemic heart disease treated with digitalis and diuretics	Cross over double blind
spironolactone+furosemide vs spironolactone+butizide			
Mauersberger , 1985 n=22 follow-up:	spironolactone 50mg + furosemide 20 mg versus spironolactone 50mg + butizide 5mg	patients with congestive heart failure	open
spironolactone vs spironolactone			
Nouvel essai *ongoing* [NCT00125437] n=NA follow-up:	spironolactone larger dose versus spironolactone standard dose	severe congestive heart failure in patients with nonischemic cardiomyopathy	Parallel groups single blind

More details and results :

- angiotensin-Converting Enzyme Inhibitors for heart failure in all type of heart failure at http://www.trialresultscenter.org/go-Q43
- antithrombotics for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q73
- diuretics for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q75
- diuretics for heart failure in patients with preserved-LVEF heart failure at http://www.trialresultscenter.org/go-Q236
- diuretics for heart failure in elderly at http://www.trialresultscenter.org/go-Q314
- aldosterone blockade for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q488
- mineralocorticoid receptor antagonists for heart failure in all type of patients at http://www.trialresultscenter.org/go-Q665
- mineralocorticoid receptor antagonists for heart failure in HF pEF at http://www.trialresultscenter.org/go-Q666

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8 atrial fibrillation

Trial	Treatments	Patients	Trials design and methods
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
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
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
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
aspirin vs placebo (on top fluidione)			
FFAACS , 2001 n=76/81 follow-up: 0.84 y	fluidione standard dose (target INR: 2-2.6) + aspirin low dose 100 mg versus fluidione standard dose(target INR:2-2.6) + placebo	high risk patients with non valvular atrial fibrillation	Parallel groups Double blind France

continued...

Trial	Treatments	Patients	Trials design and methods
aspirin + clopidogrel vs anticoagulant			
ACTIVE W , 2006 [NCT00243178] n=3335/3371 follow-up: 1.28 y (median)	clopidogrel (75 mg per day) plus aspirin (75100 mg per day) versus oral anticoagulation therapy (target international normalised ratio of 2030)	Patients with atrial fibrillation plus one or more risk factor for stroke	Parallel groups open
aspirin + clopidogrel vs aspirin			
ACTIVE A , 2009 [NCT00249873] n=3772/3782 follow-up: 3.7 y	clopidogrel 75 mg daily + aspirin 75-100 mg daily versus aspirin 75-100 mg daily alone	Patients with AF and at least one risk factor for stroke and who are not candidates for warfarin therapy	Parallel groups double blind
aspirin vs coumadin low dose			
PATAF (vs coumadin low dose) , 1999 n=319/279 follow-up: 2.7 years	aspirin 300mg/d versus coumarin low dose(target INR 1.1-1.6)	non rheumatic AF,recruited in general practice,with no established indication for anticoagulation.	Parallel groups Simple aveugle Netherlands
aspirin vs coumadin standard dose			
PATAF (vs coumadin standard dose) , 1999 n=141/131 follow-up: 2.7 years	aspirin 150mg/d versus coumarin standard dose(target INR 2.5-3.5)	non rheumatic AF,recruited in general practice,with no established indication for anticoagulation.	Parallel groups Simple aveugle Netherlands
aspirin vs warfarin low dose			
AFASAK II (aspirin vs warfarin low dose) , 1998 n=169/167 follow-up: 3.5 years	aspirin 300 mg/d versus warfarin low dose (1.25mg/d)	chronic non valvular atrial fibrillation	Parallel groups Open Denmark
aspirin vs warfarin standard dose			
AFASAK (aspirin vs warfarin standard dose) , 1989 n=336/335 follow-up: 2 years	aspirin (low dose 75 mg) versus warfarin standard dose(target INR 2.8-4.2)	chronic non rheumatic AF	Parallel groups Open Denmark
AFASAK II (aspirin vs warfarin standard dose) , 1998 n=169/170 follow-up: 3.5 years	aspirin 300 mg/d versus warfarin standard dose(target INR 2-3)	chronic non valvular atrial fibrillation	Parallel groups Open Denmark

continued...

Trial	Treatments	Patients	Trials design and methods
SPAF II (aspirin vs warfarin standard dose, age<75) , 1994 n=357/358 follow-up: 3.1 years	aspirin 325 mg/d versus warfarin standard dose(target INR 2.0-4.5)	non rheumatic atrial fibrillation,medium to high risk patients. Patients aged 75 and less.	Parallel groups Open USA
SPAF II (aspirin vs warfarin standard dose, age>75) , 1994 n=188/197 follow-up: 2.0 years	aspirin 325 mg/d versus warfarin standard dose (target INR 2.0-4.5)	Non rheumatic atrial fibrillation,medium to high risk patients.Patients aged more than 75.	Parallel groups Open USA
BAFTA (aspirin vs warfarin standard dose) *ongoing* n=NA follow-up:	aspirin (75 mg/d) versus warfarin standard dose (target INR:2-3)	elderly people, primary care setting	Parallel groups Open England
warfarin + aspirin vs warfarin standard dose			
AFASAK II (warfarin low dose+aspirin vs warfarin standard dose) , 1998 n=171/170 follow-up: 3.5 years	warfarin fixed low dose(1.25mg/d) + aspirin(300mg/d) versus warfarin standard dose(target INR 2.0-3.0)	chronic non valvular atrial fibrillation	Parallel groups Open Denmark
SPAF III , 1996 n=521/523 follow-up: 1.1 years	warfarin low dose(target INR 1.2-1.5)+ aspirin 325 mg/d versus warfarin standard dose(target INR 2.0-3.0)	non rheumatic atrial fibrillation,patients with at least one additional thromboembolic risk factor(high risk patients)	Parallel groups Open USA,Canada

More details and results :

- antithrombotics for atrial fibrillation in primary prevention of thromboembolic events at http://www.trialresultscenter.org/go-Q57
- antithrombotics for atrial fibrillation in secondary prevention of thromboembolic events at http://www.trialresultscenter.org/go-Q392
- antithrombotics for atrial fibrillation in patients ineligible for warfarin at http://www.trialresultscenter.org/go-Q565

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Secondary prevention in non-rheumatic atrial fibrillation after transient ischaemic attack or minor stroke. EAFT (European Atrial Fibrillation Trial) Study Group. Lancet. 1993 Nov 20;342(8882):1255-62 [7901582]

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SPAF II (aspirin vs warfarin standard dose, age<75), 1994:

Warfarin versus aspirin for prevention of thromboembolism in atrial fibrillation: Stroke Prevention in Atrial Fibrillation II Study. Lancet. 1994 Mar 19;343(8899):687-91. [7907677]

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Warfarin versus aspirin for prevention of thromboembolism in atrial fibrillation: Stroke Prevention in Atrial Fibrillation II Study. Lancet. 1994 Mar 19;343(8899):687-91. [7907677]

BAFTA (aspirin vs warfarin standard dose), 0:

ongoing trial

AFASAK II (warfarin low dose+aspirin vs warfarin standard dose), 1998:

Gullov AL, Koefoed BG, Petersen P, Pedersen TS, Andersen ED, Godtfredsen J, Boysen G Fixed minidose warfarin and aspirin alone and in combination vs adjusted-dose warfarin for stroke prevention in atrial fibrillation: Second Copenhagen Atrial Fibrillation, Aspirin, and Anticoagulation Study. Arch Intern Med 1998 Jul 27;158:1513-21 [9679792]

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9 acute coronary syndrome

Trial	Treatments	Patients	Trials design and methods
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
aspirin vs placebo			
VA-main , 1983 n=661/677 follow-up: 3m	Aspirin 324mg/d versus placebo	men with unstable angina	double blind
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

continued...

Trial	Treatments	Patients	Trials design and methods
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
UFH + aspirin vs placebo			
RISC (ASP+ heparin vs PBO) , 1990 n=210/199 follow-up: 1y (5,30 and 90 days)	oral apsirin 75mg/d + intermittent IV heparin 10000UI/d followed by 7500 UI 6-hourly for 4 days versus placebo	men with unstable coronary artery disease (unstable angina or non-Q-wave myocardial infarction)	Sweden
Theroux (heparin+aspirin vs PBO) , 1988 n=122/118 follow-up: 3-9 days	heparin (1000 units per hour by intravenous infusion)+ aspirin (325 mg twice daily) versus aspirin (325 mg twice daily)	-	double blind
clopidogrel + aspirin vs aspirin			
CURE , 2001 n=6259/6303 follow-up: NA (median <9 months)	clopidogrel 300 mg immediately, followed by 75 mg once daily + aspirin for 3 to 12 months versus aspirin (+placebo)	acute coronary syndromes without ST-segment elevation within 24 hours after the onset of symptoms	Parallel groups double blind 28 countries

More details and results :

- 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
- heparin (UFH or LMWH) for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q171
- antiplatelets drug for acute coronary syndrome in all type of patients at http://www.trialresultscenter.org/go-Q346
- antiplatelets drug for acute coronary syndrome in STEMI patients at http://www.trialresultscenter.org/go-Q564

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Yusuf S, Zhao F, Mehta SR, Chrolavicius S, Tognoni G, Fox KK Effects of clopidogrel in addition to aspirin in patients with acute coronary syndromes without ST-segment elevation. N Engl J Med 2001;345:494-502 [11519503]

10 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
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
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

continued...

Trial	Treatments	Patients	Trials design and methods
Weiss , 1977 n=30/36	A990+Dip versus control	-	open
sp vs control			
Veth , 1985 n=120/118	Sp+Hep v Hep versus control	-	open
CECT + aspirin vs LMWH			
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	
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

continued...

Trial	Treatments	Patients	Trials design and methods
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	
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

continued...

Trial	Treatments	Patients	Trials design and methods
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
dipyridamol + aspirin vs placebo			
Encke IA , 1976 n=21/9	A990,A+Dip versus Placebo	-	double-blind
Encke IB , 1976 n=62/34	A1500,A990+Dip versus Placebo	-	double-blind
sp vs placebo			
Athens , 1981 n=48/48	Sp versus placebo	-	double-blind
GCS + asp vs aspirin			
Muir , 2000 n=NA follow-up:	graded compression stockings versus standard care alone	stroke	Parallel groups open (blinded assessment)
Kierkegaard , 1993 n=NA follow-up:	Graduated compression stockings were randomly fitted to one leg versus the otherleg serving as a control	myocardial infraction or ACS	
out of hospital Ardeparin vs standard prophylaxis			

continued...

Trial	Treatments	Patients	Trials design and methods
Heit , 2000 n=589/572	65279;in hospital thromboprophylaxis followed by out of hospital Ardeparin 100 IU/kg once a day for a total duration of 42 days versus Ardeparin 50 IU/kg twice a day for 4-10 days	THR or TKR	
out of hospital Dalteparin vs standard prophylaxis			
Dahl , 1997 n=134/131	65279;in hospital thromboprophylaxis followed by out of hospital Dalteparin 5000 IU once a day for a total duration of 35 days versus Dalteparin 5000 IU once a day for 7 days (dextran day 0 and day 1)	THR	
Lassen , 1998 n=140/141	65279;in hospital thromboprophylaxis followed by out of hospital Dalteparin 5000 IU once a day for a total duration of 35 days versus Dalteparin 5000 IU once a day for 7 days	THR	
Hull , 2000 n=389/180	65279;in hospital thromboprophylaxis followed by out of hospital Dalteparin 5000 IU once a day for a total duration of 35 days versus Dalteparin 5000 IU once a day or warfarin for 6 days	THR	
out of hospital Enoxaparin vs standard prophylaxis			
Bergqvist , 1996 n=117/116	65279;in hospital thromboprophylaxis followed by out of hospital Enoxaparin 40 mg once a day for a total duration of 30 days versus 65279;Enoxaparin 40 mg once a day for 10-11 days	65279;THR	

continued...

Trial	Treatments	Patients	Trials design and methods
Planes , 1996 n=90/89	65279;in hospital thromboprophylaxis followed by out of hospital Enoxaparin 40 mg once a day for a total duration of 35 days versus Enoxaparin 40 mg once a day for 13-15 days	THR	
Comp , 2001 n=441/432	65279;in hospital thromboprophylaxis followed by out of hospital Enoxaparin 40 mg once a day for a total duration of 27-29 days versus Enoxaparin 30 mg twice a day for 7-10 days	THR or TKR	
out of hospital Nadroparin vs standard prophylaxis			
NPHDO , 1998 n=173/173	65279;in hospital thromboprophylaxis followed by out of hospital Nadroparin weight-adjusted for a total duration of 37-38 days versus Nadroparin weight-adjusted for 16-17 days	THR	
out of hospital UFH vs standard prophylaxis			
Manganelli , 1998 n=79/80	65279;in hospital thromboprophylaxis followed by out of hospital UFH 5000 IU three times a day for a total duration of 30 days versus UFH 5000 IU three times a day for 15 days	THR	

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
- graduated compression stockings for thrombosis prevention in all type of patients at http://www.trialresultscenter.org/go-Q158
- antiplatelets drug for thrombosis prevention in orthopedic surgery at http://www.trialresultscenter.org/go-Q186
- mechanical devices for thromboprophylaxis for thrombosis prevention in all type of patients at http://www.trialresultscenter.org/go-Q402
- antiplatelets drug for thrombosis prevention in general surgery at http://www.trialresultscenter.org/go-Q461
- antiplatelets drug for thrombosis prevention in all type of patients at http://www.trialresultscenter.org/go-Q462
- antiplatelets drug for thrombosis prevention in medical patients at http://www.trialresultscenter.org/go-Q463
- antiplatelets drug for thrombosis prevention in elective orthopedic surgery at http://www.trialresultscenter.org/go-Q464

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Hull R, Delmore TJ, Hirsh J, Gent M, Armstrong P, Lofthouse R, MacMillan A, Blackstone I, Reed-Davis R, Detwiler RC Effectiveness of intermittent pulsatile elastic stockings for the prevention of calf and thigh vein thrombosis in patients undergoing elective knee surgery. Thromb Res 1979;16:37-45 [505427]

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11 diabetes type 2

Trial	Treatments	Patients	Trials design and methods
lispro thrice daily vs basal insulin			

continued...

Trial	Treatments	Patients	Trials design and methods
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	
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	
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	-	
BIAsp 70/30 twice daily vs detemir once daily			
4T (Holman) , 2007 [ISRCTN51125379] n=235/234 follow-up: 1 year	biphasic insulin aspart (NovoMix 30) twice daily versus basal insulin detemir once daily (twice if required)	patients with a suboptimal glycated hemoglobin level (7.0 to 10.0%) who were receiving maximally tolerated doses of metformin and sulfonylurea	Parallel groups
lispro PS vs glargine			
Strojek , 2010 n=NA follow-up:	insulin lispro protamine suspension (ILPS) once or twice daily versus insulin glargine once daily	-	open-label
BIAsp 30 + MET vs glargine + GLIM			
Kann , 2006 n=NA follow-up:	twice-daily biphasic insulin aspart 30 + MET versus once-daily insulin glargine (glarg) plus glimepiride	insulin-nave patients	open-label
aspert premix vs glargine + SU			

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Trial	Treatments	Patients	Trials design and methods
Tamemoto , 2007 n=NA follow-up:	twice-daily 70/30 aspart premix versus once-daily glargine plus sulfonylurea	insulin-naive Japanese patients with type 2 diabetes patients insufficiently controlled with sulfonylurea	open-label
BIAsp 70/30 twice daily vs glargine once daily			
Kalra , 2010 n=76/79 follow-up: 26 weeks	BIAsp 30 once-daily biphasic insulin aspart 70/30 (NovoMix 30 FlexPen) versus insulin glargine once daily	Asian subjects with type 2 diabetes inadequately controlled with oral anti-diabetic drugs	Parallel groups open-label Asia
INITIATE (Raskin) , 2005 n=117/116 follow-up: 28 weeks	BIAsp 70/30, prebreakfast and presupper versus once-daily insulin glargine	insulin-naive patients with HbA(1c) values >/=8.0% on >1,000 mg/day metformin alone or in combination with other OADs	Parallel groups open-label
Strojek , 2009 n=239/241 follow-up: 26 weeks	biphasic insulin aspart 30 (BIAsp 30) once daily versus insulin glargine once daily	patients with type 2 diabetes inadequately controlled with oral drugs	Parallel groups open-label
lispro mixture vs glargine once daily			
Chan META-ANALYSIS , 2009 n=NA follow-up:	insulin lispro mixtures, given twice or thrice daily versus insulin glargine, given once daily	patients with type 2 diabetes treated with metformin	
premix lispro 50/50 thrice time vs glargine once daily			
Robbins , 2007 [NCT00191464)] n=158/159 follow-up: 24 weeks	lispro mix 50/50 (50% insulin lispro protamine suspension [ILPS] and 50% lispro) TID for 24 weeks versus insulin glargine QD at bedtime	patients with type 2 diabetes mellitus and an HbA(1c) level of 6.5% to 11.0% , who were receiving metformin and/or a sulfonylurea with a stable dose of 0 to 2 daily insulin injections	Parallel groups open-label Australia, Greece, India, The Netherlands, Poland, Puerto Rico, and the United States
Kazda , 2006 n=54/53 follow-up: 24 week	3x daily lispro mid mixture (MidMix; 50% lispro, 50% protaminated lispro), versus 1x daily insulin glargine	patients with type 2 diabetes starting insulin treatment	Parallel groups open-label Germany
premix lispro 75/25 twice daily vs glargine once daily			
DURABLE (Buse) DOUBLONS , 2011 n=NA follow-up:	lispro mix 75/25 twice daily versus once-daily insulin glargine	type 2 diabetes patients	

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Trial	Treatments	Patients	Trials design and methods
DURABLE (Buse) , 2009 [NCT00279201] n=1045/1046 follow-up: 24 weeks	twice-daily lispro mix 75/25 versus daily glargine	patients with type 2 diabetes mellitus failing to achieve control with starter insulin treatment and continuing oral antihyperglycemic drugs	Parallel groups
Malone , 2004 n=105/105 follow-up: 16 week	mixture of 75% insulin lispro protamine suspensionand 25% insulin lispro (Mix 75/25) BID versus insulin glargine QD	patients with type 2 diabetes beginning insulin therapy	Cross over open-label USA
Malone , 2005 n=97/97 follow-up: 32 weeks	insulin lispro mixture (25% insulin lispro and 75% NPL) twice daily versus once-daily insulin glargine	patients with Type 2 diabetes inadequately controlled with intermediate insulin, or insulin plus oral agent(s) combination therapy	Cross over
premix lispro thrice daily vs glargine once daily			
Jacober , 2006 n=60/60 follow-up: 4 months	intensive insulin lispro mixture therapy for 4 months versus once-daily insulin glargine	insulin-nave patients with type 2 diabetes receiving oral antidiabetes agents	Cross over
lispro vs glargine once-daily			
APOLLO (Bretzel) , 2008 [NCT00311818] n=NA follow-up:	nsulin lispro administered three times per day versus insulin glargine taken once daily at the same time every day	type 2 diabetes mellitus that was inadequately controlled by oral hypoglycaemic agents	
insulin lispro protamine suspension plus lispro vs glargine plus lispro			
Koivisto , 2011 n=NA	-	-	
biphasic insulin aspart 30 vs insulin detemir			
Lundby , 2009 n=NA follow-up:	biphasic insulin aspart 30 versus insulin detemir before bedtime	-	
lispro vs insulin detemir			
Fogelfeld , 2010 n=223/219 follow-up: 24 week	Insulin lispro protamine suspension versus insulin detemir once daily at bedtime	insulin-naive patients with Type 2 diabetes	Parallel groups open-label
biphasic aspert 30 vs multiple daily injections of insulin aspart			

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Trial	Treatments	Patients	Trials design and methods
JDDM 11 (Hirao) , 2008 n=NA follow-up:	twice-daily injections of biphasic insulin aspart 30 versus multiple daily injections of insulin aspart	Japanese type 2 diabetic patients	
aspirin vs no treatment			
PPP (diabetics sub group) , 2003 n=519/512 follow-up: 3.6 y	aspirin 100mg daily versus control	men and women with diabetes and without a previous cardiovascular event aged >50 with >=1 risk factors for cardiovascular disease - sub group of diabetic patients	Factorial plan open Italy
JPAD , 2008 [NCT00110448] n=1262/1277 follow-up: 4.37 y median	low-dose aspirin (81 or 100 mg per day) versus no aspirin	patients with type 2 diabetes without a history of atherosclerotic disease	Parallel groups open Japan
BiAsp 70/30 vs NPH			
Kilo , 2003 n=NA follow-up:	once-daily biphasic insulin aspart 70/30 (10 min before dinner) versus once daily NPH insulin (at 10 pm)	-	
lispro + NPH vs NPH + SU			
Bastyr , 1999 n=NA follow-up:	preprandial insulin lispro plus bedtime NPH insulin versus bedtime neutral protamine Hagedorn (NPH) insulin plus sulfonylurea	-	
lispro insulin vs NPH insulin			
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	-	
BIAsp 70/30 twice daily vs NPH twice daily			
Christiansen , 2003 n=NA follow-up: 18 weeks	Twice daily biphasic insulin aspart (BIAsp30) versus NPH insulin twice daily	patients with type 2 diabetes not optimally controlled by oral hypoglycaemic agents, NPH insulin or a combination of both	Parallel groups double-blind
lispro + NPH vs NPH twice daily			

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Trial	Treatments	Patients	Trials design and methods
Ceriello , 2007 n=NA follow-up: 12 weeks	premeal insulin lispro+bedtime neutral protamine Hagedorn (NPH) versus twice-daily NPH	patients with type 2 diabetes treated by a 2-month lead-in with twice-daily NPH treatment	Cross over open-label
premix aspart70/30 twice daily vs once daily insulin glargine			
INITIATE (Raskin) DOUBLON , 2008 n=NA follow-up:	biphasic insulin aspart 70/30 (BIAsp 70/30, prebreakfast and presupper) versus once-daily insulin glargine	insulin-naive patients with HbA1c values 8.0% on 1,000 mg/day metformin alone or in combination with other OADs	Parallel groups
BIAsp 30)twice-daily + metformin vs once-daily glargine + metformin + secretagogues			
Ligthelm , 2011 n=NA follow-up: 24 weeks	biphasic insulin aspart 70/30 (BIAsp 30)twice-daily + metformin versus once-daily glargine + metformin + secretagogues	type 2 diabetic patients who were not maintaining glycemic control on basal insulin and oral antidiabetic drugs	Parallel groups open-label
taspoglutide 10mg once weekly vs placebo			
Nauck 10 once weekly vs PBO , 2009 [NCT00423501] n=257/49 follow-up: 12 weeks	taspoglutide, either 5, 10, or 20 mg once weekly or 10 or 20 mg once every 2 weeks for 8 weeks versus placebo	patients with type 2 diabetes inadequately controlled with metformin	Parallel groups double-blind
taspoglutide 20mg once every 2 weeks vs placebo			
Nauck 20 every 2 weeks vs PBO , 2009 n=NA	-	-	
taspoglutide 20mg once weekly vs placebo			
Nauck 20 once weekly vs PBO , 2009 n=NA	-	-	

More details and results :

- antiplatelets drug for diabetes type 2 in patients without cardiovascular disease at http://www.trialresultscenter.org/go-Q221
- antiplatelets drug for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q362
- insulin secretagogues peptides (incretins) for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q381
- intensive therapy for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q459

- antidiabetic drugs for diabetes type 2 in patients inadequately controlled on metformin at http://www.trialresultscenter.org/go-Q509
- antidiabetic drugs for diabetes type 2 in Patients inadequately controlled on MET+SU therapy at http://www.trialresultscenter.org/go-Q510
- antidiabetic drugs for diabetes type 2 in patients with insufficient glycaemic control with bitherapy at http://www.trialresultscenter.org/go-Q511
- antidiabetic drugs for diabetes type 2 in patients inadequately controlled on monotherapy at http://www.trialresultscenter.org/go-Q512
- 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
- glucose lowering for cardiovascular prevention for diabetes type 2 in all type of patients at http://www.trialresultscenter.org/go-Q576

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Nauck 20 every 2 weeks vs PBO, 2009:

Nauck 20 once weekly vs PBO, 2009:

12 venous thrombosis

Trial	Treatments	Patients	Trials design and methods
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	
aspirin vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
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	

More details and results :

- antithrombotics for venous thrombosis in secondary prevention of VTE at http://www.trialresultscenter.org/go-Q149
- antithrombotics for venous thrombosis in secondary prevention - 2 at http://www.trialresultscenter.org/go-Q682

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13 stent

Trial	Treatments	Patients	Trials design and methods
clopidogrel+aspirin vs aspirin			

continued...

Trial	Treatments	Patients	Trials design and methods
REAL-LATE, ZEST-LATE , 2010 [NCT00484926] n=1357/1344 follow-up: 19.2 months	clopidogrel plus aspirin versus aspirin alone	patients who had received drugeluting stents and had been free of major adverse cardiac or cerebrovascular events and major bleeding for a period of at least 12 months	Parallel groups open South Korea
cilostazol + aspirin vs aspirin			
Sekiya , 1998 n=63/63	Cilostazol 200 mg qD x6mos Aspirin 81 mg qD versus Coumadin unspecified regimen Aspirin 81 mg qD	-	
ticlopidine + aspirin vs aspirin			
STARS (vs aspirin) , 1998 n=546/557 follow-up:	Ticlopidine 250 mg BID 4 wks Aspirin 325 mg qDDage/pj versus Aspirin 325 mg qD	-	
Hall , 1996 n=13/103	Ticlopidine 250 mg BID 1 mo Aspirin 325 mg qD 5 days versus Aspirin 325 mg qD	-	
ticlopidine + aspirin vs coumadin + aspirin			
STARS (vs coumadin+asp) , 1998 n=546/550 follow-up:	Ticlopidine 250 mg BID x4 wks Aspirin 325 mg qD versus Coumadin INR 22.5 x4 wks Aspirin 325 mg qDBID	-	
FANTASTIC , 1998 n=243/230	Ticlopidine 250 mg BID 6 wks Aspirin 100325 mg qD versus Coumadin INR 2.53.0 6 wks Aspirin 100325 mg qD/pj	-	
ISAR , 1996 n=257/260 follow-up:	Ticlopidine 250 mg BID 4 wks Aspirin 100 mg BIDage/pj versus Coumadin INR 3.54.5 4 wks Aspirin 100 mg BID	-	

continued...

Trial	Treatments	Patients	Trials design and methods
MATTIS , 1998 n=177/173	Ticlopidine 250 mg BID 30 days Aspirin 250 mg qD versus Coumadin INR 2.53.0 x30 days Aspirin 250 mg qDg qD/pj	-	
Foussas , 2000 n=203/201	Ticlopidine 500mg qD 1 mo Aspirin 325 mg qD versus Coumadin INR 23 x4 wks Aspirin 325 mg qDg BID	-	
cilostazol + aspirin vs ticlopidine + aspirin			
Kozuma , 2001 n=62/63	Cilostazol 200 mg qD x6 mos Aspirin 81162 mg qD versus Ticlopidine 200 mg qD x6 mos Aspirin 81162 mg qD	-	
Ochiai , 1999 n=25/25	Cilostazol 100 mg BID x6 mos Aspirin 81 mg TID versus Ticlopidine 100 mg BID x1 mo Aspirin 81 mg TID	-	
Park , 1999 n=247/243	Cilostazol 100 mg BID x6 mos Aspirin 200 mg qD versus Ticlopidine 250 mg BID x4 wks Aspirin 200 mg qD	-	
Yoon , 1999 n=147/149	Cilostazol 100 mg BID x30 days Aspirin 100 mg qD versus Ticlopidine 250 mg BID x30 days Aspirin 100 mg qD	-	
Kamishirado , 2002 n=65/65	Cilostazol 200 mg qD x6 mos Aspirin 81 mg qD versus Ticlopidine 200 mg qD x6 mos Aspirin 81 mg qD	-	
clopidogrel + aspirin vs ticlopidine + aspirin			

continued...

Trial	Treatments	Patients	Trials design and methods
Mller , 2000 n=355/345	Clopidogrel 75 mg qD x4 wks Aspirin 100 mg qD versus Ticlopidine 250 mg BID x4 wks Aspirin 100 mg qD	-	
CLASSICS , 2000 n=345/340	Clopidogrel 300mg x1, 75 mg qD x4 wks Aspirin 325 mg qDyp ‘ versus Ticlopidine 250 mg BID x4 wks Aspirin 325 mg qD	-	
TOPPS , 2001 n=494/522	Clopidogrel 300 mg x1, unsp. Dose x2 wks Aspirin 325 mg qD versus Ticlopidine 500 mg x1, unsp. Dose x2 wks Aspirin 325 mg qD	-	
Piamsomboon , 2001 n=37/31	Clopidogrel 300 mg x1, 75 mg qD x4 wks Aspirin 300 mg BID x4 wks, 300 mg qD versus Ticlopidine 250 mg po BID x4 wks Aspirin 300 mg BID x4 wks, 300 mg qD	-	

More details and results :

- antithrombotics for stent in all type of patients at http://www.trialresultscenter.org/go-Q151
- dual antiplatelet therapy for stent in all type of patients at http://www.trialresultscenter.org/go-Q578

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14 coronary artery disease

Trial	Treatments	Patients	Trials design and methods
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

continued...

Trial	Treatments	Patients	Trials design and methods
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
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
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
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
Skeletal Myoblast Transplantation vs placebo			
Genzyme SMC00202 *ongoing* [NCT00102128] n=NA follow-up:	Cultured Autologous Skeletal Myoblast Transplantation versus placebo	patient with prior myocardial infarction and referred for CABG	Parallel groups double blind
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

More details and results :

- cell-based therapies for coronary artery disease in all type of patients at http://www.trialresultscenter.org/go-Q300
- death and events prevention for coronary artery disease in all type of patients at http://www.trialresultscenter.org/go-Q450

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15 CABG surgery

Trial	Treatments	Patients	Trials design and methods
clopidogrel+aspirin vs aspirin			
CASCADE , 2009 [NCT00228423] n=56/57 follow-up: 1 y	aspirin 162 mg plus clopidogrel 75 mg daily for 1 year versus aspirin 162 mg plus placebo daily	patients after CABG involving at least two saphenous vein grafts	Parallel groups double blind
aspirin + dipyridamol vs control			
Pantely , 1979 n=18/30 follow-up: 6m	aspirin 325 mg three times a day + dipyridamole 75 mg three times a day versus control	patients undergoing aortocoronary saphenous-vein bypass-graft surgery	open
Brussels , 1987 n=24/25 follow-up: 12m	-	-	
Czech , 1986 n=47/46 follow-up: 12m	aspirin 1000 + dipiridamol 225 versus control (no medication)	Patients with aortocoronary bypasses with intraoperative blood flow rates of 40 ml/min or less	open
Des Moines , 1980 n=60/54 follow-up: 12m	-	-	
aspirin vs placebo			
McEnany , 1982 n=71/77 follow-up: 22m	aspirin 1200 versus placebo	patients undergoing coronary bypass grafting	double blind
Lorenz , 1984 n=29/31 follow-up: 4m	aspirin 100 mg/d versus placebo	patients undergoing CABG	double blind
GESIC (aspirin) , 1990 n=373/371 follow-up: 28d	aspirin 150 mg daily versus placebo	patients undergoing CABG	Parallel groups double blind

continued...

Trial	Treatments	Patients	Trials design and methods
Sydney , 1991 n=127/110 follow-up: 12m	aspirin 324 mg daily versus placebo	patients undergoing CABG	double blind
Hockings , 1993 n=72/72 follow-up: 6m	aspirin 100 versus placebo	patients undergoing CABG	double blind
aspirin + dipyridamol vs placebo			
GESIC (aspirin+dipyridamol) , 1990 n=368/371 follow-up: 28d	aspirin 50 mg + dipyridamole 75mg 3 times daily versus placebo	patients undergoing CABG	Parallel groups double blind Spain
Brooks , 1985 n=160/160 follow-up: 12m	aspirin 990 mg and dipyridamole 225 mg daily versus placebo	patients undergoing coronary bypass grafting	double blind
Mayo-A , 1984 n=202/205 follow-up: 12m	aspirin 975 + dipiridamol 225 versus placebo	patients undergoing coronary bypass grafting	double blind
Wadsworth , 1985 n=96/102 follow-up: 12m	aspirin 975 mg/d + dipiridamol 225 mg/d, aspirin 975 mg/d versus placebo	coronary bypass patients	double blind
Basel , 1989 n=62/63 follow-up: 9m	aspirin 50 + dipiridamol 400 versus placebo	patients who had aortocoronary vein bypass surgery	double blind
Leeds-B , 1985 n=61/64 follow-up: 6m	aspirin 990 + dipiridamol 225 (W) versus placebo	patients undergoing aorta-coronary bypass grafting for disabling angina	double blind
Thaulow , 1987 n=34/35 follow-up: 3m	aspirin 975 + dipiridamol 225 versus placebo	Patients scheduled to receive at least three aortocoronary venous bypass grafts	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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Entry terms: enoxaparin, Lovenox, Clexane, 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, , aspirin, clopidogrel, Plavix, Iscover, ardeparin, dipyridamol, dipyridamole monoacetate, dipyridamol monoacetate, , heparin, Heparin, Unfractionated Heparin, Heparinic Acid, Liquaemin, Sodium Heparin, Heparin Sodium, alpha-Heparin, alpha Heparin, , nadroparin, Nadroparine, Fraxiparin, Fraxiparine, CY 216, CY-216, CY216, LMF CY-216, LMF CY 216, LMF CY216, , dalteparin, rivaroxaban, Xarelto, BAY 59-7939,