

# Clinical trials of stent

TrialResults-center [www.trialresultscenter.org](http://www.trialresultscenter.org)

## 1 acute myocardial infarction

Trial	Treatments	Patients	Trials design and methods
<b>drug-eluting stents vs bare-metal stent</b>			
<b>DEDICATION , 2008</b> [NCT00192868] n=313/313 follow-up: 8 mo (15 mo, 3y)	DES currently used with or without distal protection versus BMS with or without distal protection	patients referred within 12 hours from symptom onset of an ST-elevation myocardial infarction	Factorial plan open Denmark.
<b>PASEO , 2009</b> n=180/90 follow-up: 4.3 years	paclitaxel-eluting stents and sirolimus-eluting stents versus bare metal stent	patients with ST-elevation myocardial infarction within 12 hours from symptom onset	Parallel groups open
<b>paclitaxel eluting stent vs bare-metal stent</b>			
<b>HAAMU-STENT , 2006</b> <i>unpublished</i> n=70/75 follow-up: 12 months	Taxus Express versus Bare-metal-stent	AMI - STEMI patients undergoing PCI	Parallel groups open Finland
<b>HORIZONS-AMI Stent , 2008</b> n=2257/749 follow-up: 1 year	paclitaxel-eluting stents (Taxus) versus BMS (Express)	ST-elevation myocardial infarction	Factorial plan open
<b>PASSION , 2006</b> [ISRCTN65027270] n=310/309 follow-up: 12 months (5y)	Taxus Express2 versus Express2 or Libert	Myocardial Infarction with ST-Segment Elevation	Parallel groups open The Netherlands
<b>sirolimus eluting stent vs bare-metal stent</b>			
<b>DEBATER (SES vs BMS) , 2009</b> n=424/446 follow-up: 1 y	sirolimus-eluting stents versus bare-metal stents	patients undergoing PCI for STEMI within 12 hours	Factorial plan
<b>Daz de la Llera , 2007</b> n=60/54 follow-up: 1y	sirolimus-eluting stents versus uncoated stents	primary percutaneous coronary intervention for acute myocardial infarction with ST-segment elevation	Parallel groups open Spain

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>MISSION , 2008</b> [ISRCTN62825862] n=158/152 follow-up: 12 months	Cypher versus Vision	primary percutaneous coronary intervention for ST-segment elevation myocardial infarction (<9h)	Parallel groups single-blind the Netherlands
<b>SESAMI , 2007</b> [NCT00288210] n=160/160 follow-up: 12 months	Cypher versus BX stent, Cordis	AMI	Parallel groups open Italy
<b>TYPHOON , 2006</b> [NCT00232830] n=356/359 follow-up: 12 months	Cypher or CypherSelect versus any commerciallyavailable uncoated stent	AMI	Parallel groups open Worldwide (15 countries)
<b>systematic PCI (+stent) vs no systematic PCI</b>			
<b>CAPITAL AMI , 2005</b> n=86/84 follow-up: 6 months	TNK-facilitated angioplasty versus TNK alone	patients with high-risk ST-segment elevation myocardial infarction	Parallel groups
<b>GRACIA-1 , 2004</b> n=248/251 follow-up: 12 months	angiography and intervention if indicated within 24 h of thrombolysis versus ischaemia-guided conservative approach	patients with thrombolysed STEMI (with recombinant tissue plasminogen activator)	Parallel groups
<b>PRAGUE , 2000</b> n=100/99 follow-up: 12 months	thrombolysis during immediate transportation for coronary angioplasty versus thrombolysis in a community hospital	patients with acute ST elevation myocardial infarction presenting to community hospitals	
<b>SIAM III , 2002</b> n=82/81 follow-up: 6 months	immediate stenting after thrombolysis versus conservative treatment	patients receiving thrombolysis in AMI (<12 h)	Parallel groups Germany
<b>WEST , 2006</b> n=104/100 follow-up: 30 days	TNK and mandatory invasive study <= 24 h, including rescue PCI for reperfusion failure versus tenecteplase (TNK) and usual care	STEMI patients (>4 mm ST-elevation/deviation) within 6 h of symptom onset	Parallel groups Canada
<b>primary stenting vs accelerated t-PA</b>			
<b>STAT , 2001</b> n=62/61 follow-up: 6 months	primary stenting versus accelerated t-PA	patients with acute ST-elevation myocardial infarction	Parallel groups open
<b>facilitated stenting vs alteplase</b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>STOPAMI 1 , 2000</b> n=71/69 follow-up: 6 months	stent plus abciximab versus intravenous alteplase	patients with acute myocardial infarction	Parallel groups open
<b>primary stenting vs balloon angioplasty</b>			
<b>Zwolle 5 (Suryapranata) , 1998</b> n=112/115 follow-up: 12 months	Stent Palmaz-Schatz versus balloon angioplasty	Patients with acute myocardial infarction	Parallel groups open
<b>FRESCO , 1998</b> n=75/75 follow-up: 12 months	elective stenting after successful primary PTCA versus no further intervention after successful primary PTCA	patient with successful primary PTCA	Parallel groups open
<b>GRAMI (Rodriguez) , 1998</b> n=52/52 follow-up: 12 months	balloon angioplasty followed electively with Gianturco Roubin II stents versus conventional balloon angioplasty	patients with acute myocardial infarction within 24 hours after onset	Parallel groups open
<b>PASTA (Saito) , 1999</b> n=67/70 follow-up: 12 months	Stent Palmaz-Schatz versus primary balloon angioplasty	patients with AMI within 12 hr from onset	Parallel groups open
<b>stent-PAMI (Grines) , 1999</b> n=452/448 follow-up: 12 months	angioplasty with Stent Heparin-coated versus angioplasty alone	patients with acute myocardial infarction and with vessels suitable for stenting	Parallel groups open
<b>STENTIM-2 (Maillard) , 2000</b> n=101/110 follow-up: 12 months	systematic stenting with Stent Wiktor versus conventional balloon angioplasty	patients with AMI <12 h from symptom onset, with an occluded native coronary artery	Parallel groups open
<b>PSSAAMI (Scheller) , 2001</b> n=44/44 follow-up: 24 months	Stent Wiktor GX versus primary angioplasty	patients within 24 hours after the onset of acute myocardial infarction	Parallel groups open
<b>Jaksch , 1998</b> n=231/231 follow-up: 65279;6 months	-	-	Parallel groups open
<b>PRISAM (Kawashima) , 1999</b> n=110/112 follow-up: 65279;6 months	-	-	Parallel groups open

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>CADILLAC (no abciximab) , 2002</b> n=512/518 follow-up: 12 months	stenting alone with the MultiLink stent versus PTCA alone	patients with acute myocardial infarction	Parallel groups open
<b>CADILLAC abciximab. , 2002</b> n=524/528 follow-up: 12 months	stenting plus abciximab therapy versus PTCA plus abciximab therapy	patients with acute myocardial infarction	Parallel groups open
<b>ZWOLLE 6 , 2005</b> n=785/763 follow-up: 12 months	stenting versus balloon angioplasty	unselected patients with STEMI	Parallel groups open
<b>STOPAMI 3 , 2004</b> n=305/306 follow-up: 6 months	coronary artery stenting versus PTCA	patients with AMI ineligible for thrombolysis (lack of ST-segment elevation on the electrocardiogram, late presentation >12 h after symptom onset, and contraindications to thrombolysis)	Parallel groups open
<b>primary stenting vs immediate thrombolysis</b>			
<b>STOPAMI 2 , 2002</b> n=81/81 follow-up:	stenting combined with abciximab versus fibrinolysis by alteplase combined with abciximab	patients with acute myocardial infarction within 12 h of onset of symptoms	Parallel groups open
<b>sirolimus eluting stent vs paclitaxel eluting stent</b>			
<b>Di Lorenzo et al. , 2005</b> <i>unpublished</i> n=90/90 follow-up:	sirolimus versus paclitaxel	ST-segment elevation myocardial infarction	Parallel groups open
<b>Juwana , 2009</b> [ISRCTN90526229] n=196/201 follow-up: 9 months (12 months)	sirolimus coated Cypher stent versus paclitaxel coated Taxus stent	patients with STEMI undergoing primary PCI	Parallel groups open The Netherlands
<b>PROSIT , 2006</b> n=154/154 follow-up: 1 year	SES Cordis versus PES Boston Scientific	AMI or persistent ischaemia 12-24h	Parallel groups open Korea
<b>zotarolimus eluting stent vs paclitaxel eluting stent</b>			
<b>ZEST AMI (vs PES) , 2009</b> [NCT00422565] n=108/110 follow-up: 1 year (mean)	zotarolimus-eluting stent (Endeavor) versus paclitaxel-eluting stent (Taxus Libert)	Acute Myocardial Infarction Patients (STEMI)requiring primary angioplasty with symptom onset <= 12 hours	open Korea

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Trial	Treatments	Patients	Trials design and methods
<b>zotarolimus eluting stent vs sirolimus eluting stent</b>			
ZEST AMI (vs SES) , 2009 [NCT00422565] n=108/110 follow-up: 1 year (mean)	zotarolimus-eluting stent (Endeavor) versus sirolimus-eluting stents (Cypher)	Acute Myocardial Infarction Patients (STEMI)requiring primary angioplasty with symptom onset <= 12 hours	Parallel groups open Korea

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 patient ineligible for thrombolysis at <http://www.trialresultscenter.org/go-Q254>
- PCI for acute myocardial infarction in patient ineligible for thrombolysis at <http://www.trialresultscenter.org/go-Q255>

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## 2 stable angina

6

Trial	Treatments	Patients	Trials design and methods
<b>stent vs balloon angioplasty</b>			
<b>Lincoff (EPISTENT) , 1999</b> [NCT00271401] n=794/796 follow-up: 6 months	stent followed by aspirin 325 mg, abciximab versus balloon angioplasty followed by aspirin 325 mg, abciximab	patients with ischaemic heart disease and suitable coronary-artery lesions	Parallel groups open USA, Canada
<b>Hoher , 1999</b> n=42/43 follow-up: 6 months	Wiktor versus PTCA alone	patients with a thrombolysis in myocardial infarction grade 0 chronic coronary occlusion	Parallel groups open
<b>Serruys Benestent , 1994</b> n=262/258 follow-up: 7 months	Palmaz-Schatz versus balloon angioplasty, aspirin 250-500 mg + dipyridamole 75 mgx3	Stable angina	Parallel groups Open Europe
<b>Fischman STRESS , 1994</b> n=205/202 follow-up: 6 months	Palmaz-Schatz versus ballon angioplasty aspirin, dipyridamol	Stable angina	Parallel groups Open USA
<b>Eeckout , 1996</b> n=42/42 follow-up: 6 months	Wiktor stent implantation versus conventional balloon angioplasty	Stable angina	Parallel groups open
<b>Sirnes , 1996</b> n=58/59 follow-up: 6 months	Palmaz-Schatz versus PTCA alone	patients with a satisfactory result after successful recanalization by PTCA of a chronic coronary occlusion	Parallel groups open

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Versaci , 1997</b> n=60/60 follow-up: 12 months	Palmaz-Schatz versus standard coronary angioplasty, aspirin and diltiazem indefinitely	patients with isolated stenosis of the proximal left anterior descending coronary artery	Parallel groups open Italy
<b>Savage , 1998</b> n=108/107 follow-up: 6 months	Palmaz-Schatz stent versus standard balloon angioplasty	patients with new lesions in aortocoronary-venous bypass grafts	Parallel groups open
<b>Erbel , 1998</b> n=191/192 follow-up: 6 months	Palmaz-Schatz versus standard balloon angioplasty	patients with clinical and angiographic evidence of restenosis after at least one balloon angioplasty	Parallel groups open
<b>Rubartelli , 1998</b> n=56/54 follow-up: 9 months	Palmaz-Schatz stent implantation versus PTCA alone	patients with recanalized total occlusion	Parallel groups open
<b>Hancock , 1998</b> n=30/30 follow-up: 6 months	Palmaz-Schatz versus angioplasty alone	patients with a total coronary occlusion successfully treated by PTCA	Parallel groups open
<b>Serruys Benestent 2 , 1998</b> n=414/413 follow-up: 12 months	Heparin-coated Palmaz-Schatz versus ballon angioplastyaspirin $\geq 100$ mg 6 month	Stable and unstable angina	Parallel groups Open Europe
<b>Rodriguez , 1998</b> n=57/59 follow-up: 6 months	stent versus optimal PTCA	patients obtaining a good immediate angiographic result after percutaneous transluminal coronary angioplasty	Parallel groups open
<b>Sievert , 1999</b> n=55/55 follow-up: 4 months	stent implantation versus angioplasty alone	Stable angina	Parallel groups open
<b>Betriu , 1999</b> n=229/223 follow-up: 6 months (4y)	Palmaz-Schatz versus standard balloon angioplasty	Stable and unstable angina	Parallel groups open
<b>Buller , 1999</b> n=202/208 follow-up: 6 months	Heparin-coated Palmaz-Schatz versus PTCA	patients with nonacute native coronary occlusions	Parallel groups open
<b>Serruys , 2000</b> n=97/511 follow-up: 12 months	primary stenting versus balloon angioplasty	patients scheduled for single-vessel angioplasty	Parallel groups open
<b>Di Marlo , 2000</b> n=370/365 follow-up: 12 months	elective stent implantation versus guided PTCA	Stable and unstable angina; no AMI inprevious 24 h	Parallel groups open
<b>Kastrati , 2000</b> n=204/200 follow-up: 7 months	Multilink versus PTCA	Patients with symptomatic coronary artery disease with lesions situated in native coronary vessels between 2 and 2.8 mm in size	Parallel groups open

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Witkowski , 2000 n=192/196 follow-up: 6 months	Palmaz-Schatz stent versus angioplasty	Symptomatic CAD; no AMI in previous 14 d	Parallel groups open
Lafont , 2000 n=125/126 follow-up: 6 months	systematic stenting versus provisional stenting (group 1, in which stenting was performed if postangioplasty coronary velocity reserve was <2.2 and/or residual stenosis >or =35% or as bail-out)	patients undergoing elective coronary angioplasty	Parallel groups open
Fluck , 2000 n=154/146 follow-up: 12 months	Wiktor stent versus balloon angioplasty	Symptomatic CAD; no AMI in previous 7 d	Parallel groups open
Dangas , 2000 n=31/66 follow-up: 8 months	elective stenting (Palmaz-Schatz stent) versus PTCA with prolonged perfusion balloon inflation	patients with discrete, de novo lesions in native coronary arteries >or =3 mm in diameter	Parallel groups open
Weaver , 2000 n=229/248 follow-up: 6 months	routine stent implantation (Palmaz-Schatz) versus balloon angioplasty and provisional stenting	patients undergoing single-vessel coronary angioplasty	Parallel groups open
Lotan , 2000 n=48/48 follow-up: 6 months	stent implantation (AVE Micro Stent) versus no further treatment	with total coronary artery occlusions who had an optimal PTCA result	Parallel groups open
Park , 2000 n=60/60 follow-up: 6 months (16 m)	elective stent placement (7-cell NIR stent) versus balloon angioplasty	patients with lesions in small coronary arteries (de novo, non-ostial lesion and reference diameter <3 mm)	Parallel groups open
Koning , 2001 n=192/189 follow-up: 6 months	stent implantation (beStent Small) versus standard balloon angioplasty	symptomatic patients with de novo focal lesion located on a small coronary segment vessel (<3 mm)	Parallel groups open
Doucet , 2001 n=169/182 follow-up: 6 months	stent implantation (beStent-Artist) versus angioplasty alone	symptomatic patients needing dilatation of 1 native coronary vessel between 2.3 and 2.9 mm in size	Parallel groups open
Moer , 2001 n=74/71 follow-up: 6 months	elective stenting treatment with the heparin (Hepamed)-coated beStent versus PTCA	patients with stable or unstable angina	Parallel groups open
<b>dactinomycin eluting stent vs bare-metal stent</b>			
ACTION , 2004 n=241/119 follow-up: 6 months	Multilink Tetra stent versus uncoated Multilink Tetra stent	Patients with stable angina pectoris orsilent ischemia and a single de novo lesion in a nativecoronary artery >=3.0 mm and <=4.0 mm in diameter thatcould be covered by an 18-mm stent	Parallel groups single-blind worldwide

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>everolimus eluting stent vs bare-metal stent</b>			
<b>FUTURE I , 2004</b> n=27/15 follow-up: 12 months	everolimus coated S-Stent versus S-Stent	de novo coronary lesions	Parallel groups single-blind Germany
<b>FUTURE II , 2006</b> <i>unpublished</i> n=43/21 follow-up: 6 months	CHAMPION versus bare-metal stent	Patients with de novo lesions in vessels with a reference diameter of 2.75-4.0 mm and length $\leq$ 18 mm	Parallel groups double-blind
<b>SPIRIT I , 2005</b> [NCT00180453] n=28/32 follow-up: 6 months (5yr)	everolimus eluting sent, XIENCE versus bare etal stent, MULTI-LINK VISION	patients with de novo native coronary artery lesions	Parallel groups single-blind
<b>paclitaxel eluting stent vs bare-metal stent</b>			
<b>SCORE , 2004</b> n=126/140 follow-up: 12 months	QuaDDS stents (paclitaxel) versus uncoated control stents	patients with focal, de novo coronary lesions	Parallel groups open Worldwide
<b>TAXUS I , 2003</b> n=31/30 follow-up: 12 months	TAXUS NIR versus NIR stent	Stable or unstable AP, silent ischaemia; single de novo or restenotic coronary lesions	Parallel groups double-blind Germany
<b>TAXUS II , 2003</b> [NCT00299026] n=266/270 follow-up: 12 months	TAXUS versus NIR stent	Stable or unstable AP, silent ischaemia; single de novo target lesion with estimatedstenosis $>50\%$ and $<99\%$ ,	Parallel groups double-blind Global
<b>TAXUS IV , 2004</b> [NCT00292474] n=662/652 follow-up: 9 months	TAXUS versus EXPRESS	Stable or unstable AP, provokable ischaemia with a single, previously untreated coronary-artery stenosis (vessel diameter, 2.5 to 3.75 mm; lesion length, 10 to 28 mm)	Parallel groups double-blind United States
<b>TAXUS V (all patients) , 2005</b> [NCT00301522] n=577/579 follow-up: 9 months	TAXUS versus bare metal EXPRESS-2	Stable or unstable AP, silent ischaemia with single coronary artery stenosis including complex or previously unstudied lesions (requiring 2.25-mm, 4.0-mm, and/or multiple stents)	Parallel groups double-blind United States
<b>TAXUS VI , 2005</b> [NCT00297804] n=219/227 follow-up: 9 months (2y)	TAXUS versus Express2 stent	Stable or unstable AP, silent ischaemia with long, complex coronary artery lesions	Parallel groups double-blind Europe

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>BASKET-SAVAGE</b> <i>ongoing</i> [NCT00595647] n=NA follow-up:	Taxus versus Libert	percutaneous coronary interventions of saphenous vein grafts	open
<b>paclitaxel, non-polymeric eluting stent vs bare-metal stent</b>			
<b>ASPECT , 2003</b> [NCT00196079] n=117/58 follow-up: 6 months	coated Supra-G stent versus Supra-G stent	patients with discrete coronary lesions (<15 mm in length, 2.25 to 3.5 mm in diameter)	Parallel groups double-blind
<b>DELIVER , 2004</b> n=524/519 follow-up: 9 months	non-polymer-based paclitaxel-coated ACHIEVE stent versus stainless steel Multi-Link (ML) PENTA stent	patients with focal de novo coronary lesions, <25 mm in length, in 2.5- to 4.0-mm vessels	Parallel groups single-blind US
<b>ELUTES , 2004</b> n=152/38 follow-up: 12 months	coated V-Flex Plus versus V-Flex Plus	single de novo type A or type B1 lesions 15 mm length in a native coronary artery	Parallel groups open Europe
<b>PATENCY , 2002</b> <i>unpublished</i> n=24/26 follow-up: 9 months	Logic PTX paclitaxel Eluting Coronary Stents versus uncoated control stents	Patients with de novo lesions of 2.7- to 4.0-mm diameter and 25-mm length received 3.0, 3.5, or 4.0 mm 10- or 15-mm	Parallel groups double blind
<b>sirolimus eluting stent vs bare-metal stent</b>			
<b>C-SIRIUS , 2004</b> [NCT00381420] n=50/50 follow-up: 9 months	coated Bx-VELOCITY versus Bx-VELOCITY	Stable or unstable AP, silent ischaemia	Parallel groups double-blind Canada
<b>DECODE , 2005</b> <i>unpublished</i> [NCT00489164] n=54/29 follow-up: 1 year	CYPHER (Up to 3 stents per patient were allowed) versus Bx VELOCITY (Up to 3 stents per patient were allowed)	Stable or unstable angina in diabetic patients with up to 2 de novo lesions in up to 2 native coronary vessels	Parallel groups open US, Asia/Pacific
<b>DESSERT , 2008</b> n=75/75 follow-up: 12 months	Cypher and Cypher Select versus Sonic (Cordis)	de novo lesions of diabetic patients treated with insulin and/or oral antidiabetics for >3 months	Parallel groups single-blind Italy
<b>DIABETES , 2005</b> n=80/80 follow-up: 9 months	Cypher versus Bx Velocity/Sonic	de novo lesions in native coronary arteries in 1, 2, or 3 native vessels with symptoms or objective evidence of ischemia; vessel size smaller than 4.0 mm	Parallel groups open Spanish

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>E-SIRIUS , 2003</b> [NCT00235144] n=175/177 follow-up: 9 months	coated Bx Velocity versus Bx Velocity	Stable or unstable AP, silent ischaemia; single-vessel or multivessel coronary disease but with only one new lesion with an estimated stenosis of more than 50% but less than 100% in a major native coronary artery requiring treatment	Parallel groups open Europe
<b>GISSOC II , 2010</b> [NCT00220558] n=78/74 follow-up: 8 months	Sirolimus Eluting Stent versus Bare Metal Stent	patients with Chronic Total Occlusion older than 1 month, and successful recanalization	Parallel groups open Italy
<b>Kochiadakis , 2007</b> n=38/43 follow-up: 4.8 months (mean)	sirolimus-eluting stents versus bare metal stent	one-vesseldisease (>70% narrowing of the lumen of one major epicardialcoronary artery); stable coronary artery disease, age <70 years, and vessel referencediameter $\geq 2.5$ mm	Parallel groups open Greece
<b>Ortolani et al , 2007</b> n=NA follow-up: 9 months	Cypher versus Vision	symptomatic coronary artery disease and target vessel diameter appropriate for implantation a 3-mm stent	Parallel groups single-blind
<b>Pache et al , 2005</b> n=250/250 follow-up: 12 months	Cypher versus BeStent 2	with symptomatic coronary artery disease and significant angiographic stenosis in native coronary vessels	Parallel groups open Germany
<b>Pasceri , 2003</b> <i>unpublished</i> n=NA follow-up: 12 months	-	-	Parallel groups
<b>PRISON II , 2006</b> [NCT00258596] n=100/100 follow-up: 6 months	Cypher versus BxVelocity	Chronic total occlusion, positive exercise stress test	Parallel groups single-blind Belgium
<b>RAVEL , 2002</b> [NCT00233805] n=120/118 follow-up: 12 months	coated Bx Velocity versus Bx Velocity	Stable or unstable AP, silent ischaemia; single primary target lesion in a native coronary artery	Parallel groups double-blind Global
<b>SCANDSTENT , 2006</b> [NCT00151658] n=163/159 follow-up: 7 months	Cypher versus Sonic	Stable or unstable AP, recent AMI (non ST-elevation); with one or more de novo complex lesions in native coronary vessels (occluded, bifurcational, ostial or angulated)	Parallel groups open Denmark
<b>SCORPIUS , 2007</b> [NCT00495898] n=98/102 follow-up: 12 months	Cypher versus Bx-Velocity	patients with diabetes and de novo coronary artery lesions	Parallel groups open Germany

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>SES-SMART , 2004</b> n=129/128 follow-up: 8 months	Cypher versus Bx Sonic	Stable AP, ACS, silent myocardial ischaemia as shown by exercise stress test	Parallel groups single-blind Italian
<b>SIRIUS , 2003</b> [NCT00232765] n=533/525 follow-up: 9 months	SES versus Bx Velocity	Stable or unstable AP, signs of myocardial ischaemia	Parallel groups double-blind United States
<b>zotarolimus eluting stent vs bare-metal stent</b>			
<b>ENDEAVOR II , 2006</b> n=598/599 follow-up: 12 months	AVE Zotarolimus-Eluting Driver versus Driver	single de novo native coronary artery stenosis	Parallel groups double-blind worldwide
<b>PCI with or without stent vs medical treatment</b>			
<b>TIME , 2001</b> n=NA follow-up:	coronary angiography and revascularisation versus optimised medical therapy	patients aged 75 years or older with chronic angina of at least Canadian Cardiac Society class II despite at least two antianginal drugs	Parallel groups open
<b>AVERT , 1995</b> n=177/164 follow-up: 1.5y	angioplasty versus atorvastatin at 80 mg per day	Angina or asymptomatic, MI or unstable angina but not within 14 days, no triple vessel disease	Parallel groups open
<b>Dakik , 1998</b> n=19/22 follow-up: 1y	PTCA versus intensive medical therapy	stable survivors of AMI	Parallel groups open
<b>MASS II , 2007</b> n=205/203 follow-up: 5y	PCI versus medical therapy	patients with multivessel coronary artery disease with stable angina and preserved ventricular function	Parallel groups open
<b>COURAGE , 2007</b> [NCT00007657] n=1149/1138 follow-up: median 4.6 y	PCI coupled with optimal medical therapy versus optimal medical therapy alone	patients with stable coronary artery disease	Parallel groups open Canada, US
<b>ALKK , 2003</b> n=149/151 follow-up: 4.7y	angioplasty versus medical therapy	patients with single vessel disease of the infarct vessel and no or minor angina pectoris in the subacute phase (1 to 6 weeks) after an acute myocardial infarction	Parallel groups open Germany
<b>Hambrecht , 2004</b> n=50/51 follow-up: 1y	PCI versus 12 months of exercise training (20 minutes of bicycle ergometry per day)	male patients aged 70 years	Parallel groups open

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Bech , 2001</b> n=90/91 follow-up: 2y	PTCA versus deferral of PTCA	patients with planned PTCA and no documented ischemia and with coronary pressurere-derived fractional flow reserve >0.75	Parallel groups open
<b>ISCHEMIA</b> <i>ongoing</i> n=NA follow-up:	invasive strategy, consisting of early routine cardiac catheterization followed by revascularization plus optimal medical therapy (OMT) and lifestyle changes versus conservative strategy of optimal medical therapy and lifestyle changes in which invasive procedures will be performed only after failure of OMT	patients with stable ischemic heart disease and moderate to severe ischemia	Parallel groups open-label
<b>dexamethasone eluting stent vs bare-metal stent</b>			
<b>FEMH-93005</b> <i>ongoing</i> [NCT00190099] n=NA	-	-	
<b>drug-eluting stents vs bare-metal stent</b>			
<b>ISAR-CABG</b> <i>ongoing</i> [NCT00611910] n=NA follow-up:	DES versus BMS	Bypass Graft Lesions	open
<b>crush stenting vs culotte stenting</b>			
<b>Nordic Bifurcation Stent Technique Study</b> <i>ongoing</i> [NCT00292305] n=NA follow-up:	crush stenting versus culotte stenting	bifurcation lesions	
<b>sirolimus eluting stent vs cutting ballon angioplasty</b>			
<b>FOCUS</b> <i>ongoing</i> [NCT00485004] n=NA follow-up:	sirolimus-eluting implantation cypher versus cutting balloon angioplasty	focal in-stent restenosis after drug-eluting stent	
<b>paclitaxel eluting stent vs CABG</b>			
<b>SYNTAX , 2009</b> [NCT00114972] n=903/897 follow-up: 1 year	paclitaxel (taxus Express SR) versus Coronary Artery Bypass Surgery (on- or off-pump bypass)	patients with previously untreated three-vessel or left main coronary artery disease (or both) (complex lesions)	Parallel groups open
<b>PCI with drug-eluting stents vs CABG</b>			
<b>SYNTAX (diabetic) , 2010</b> [NCT00114972] n=NA follow-up: 1 year	paclitaxel-eluting stents versus surgical revascularization	sub group of diabetic patients with left main and/or 3-vessel disease	Parallel groups

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>FREEDOM , 2012</b> [NCT00086450] n=953/947 follow-up: 3.8 yrs (median)	percutaneous coronary stenting versus CABG	patients with diabetes and multivessel coronary artery disease	Parallel groups open international
<b>PCI withdrug-eluting stents vs CABG</b>			
<b>Hong , 2005</b> n=119/70 follow-up: 9 months	drug-eluting stents versus invasive direct coronary artery bypass (MIDCAB) surgery	proximal left anterior descending (LAD) coronary artery stenosis	Parallel groups open
<b>VA CARDS ongoing</b> [NCT00326196] n=NA follow-up:	percutaneous coronary stenting with drug eluding stents versus CABG	angiographically significant coronary artery disease in diabetes	Parallel groups open
<b>stent vs CABG</b>			
<b>ARTS , 2001</b> n=600/605 follow-up: 1 year	Palmaz-Schatz Crown/Cross flex (Cordis) versus Conventional CABG	Multi vessel disease with 2 or more de novo lesion in different major arteries Total occlusion <1month	parallel group open International
<b>CARDia (PCI) , 2008</b> [ISRCTN19872154] n=256/254 follow-up: 1 y	PCI plus stenting (and routine abciximab) versus CABG	Patients with diabetes and symptomatic multivessel coronary artery disease or complex single-vessel disease.	Parallel groups open UK, Ireland
<b>ERACI II , 2003</b> n=225/225 follow-up: 30d, 1year	Gianturco Robin II (Cook) Primary device versus Conventional CABG	multi vessel disease Angina CSS III-IV; no angina but large area of heart at risk; unstable =1 vessel to be treated Lesion>3.0mm	parallel group open Argentinad
<b>LEMANS , 2002</b> [NCT00375063] n=52/53 follow-up: 1y	unprotected left main stenting versus coronary artery bypass grafting	patients with unprotected left main coronary artery stenosis	Parallel groups open Poland
<b>MASS II , 2007</b> n=205/203 follow-up: 5y (1y)	PCI (73% stent) versus CABG	patients with multivessel coronary artery disease with stable angina and preserved ventricular function	Parallel groups open South America
<b>Myoprotect , 2004</b> n=23/21 follow-up: 1 year	percutaneous transluminal coronary angioplasty/stent versus CABG	patients with symptomatic main-stem and main-stem-equivalent lesions with substantially increased risk for bypass surgery	Parallel groups open Europe
<b>SOS , 2002</b> [NCT00475449] n=488/500 follow-up: 3 years	Stent versus CABG	multiple vessel disease Symptomatic 1 or more vessel suitable for stenting	parallel group open Canada, United Kingdom, Europe
<b>stent vs E-ACAB</b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Cisowski</b> n=50/50 follow-up: 2 years	Tristar, Tera, Penta (Guidant) (Cordis) versus endoscopic atraumatic coronary artery bypass grafting	single vessel disease ACC/AHA A or B lesion in proximal LAD Angina CCS II or higher Lesion diameter 3 mm orgreater/length 20mm or greater	parallel group open Poland
<b>zotarolimus eluting stent vs everolimus eluting stent</b>			
<b>RESOLUTE All comers , 2010</b> [NCT00617084.] n=1140/1152 follow-up: 12 months (5y)	zotarolimus-eluting stent versus everolimus-eluting stent (Xience)	adult patients with chronic, stable coronary artery disease or acute coronary syndromes, including myocardial infarction with or without ST-segment elevation	Parallel groups open
<b>stent vs MIDCAB</b>			
<b>Diegeler , 2002</b> n=110/110 follow-up: 5 years	Various stents versus minimally invasive direct coronary artery bypass (off-pump proceedure)	single vessel disease Lesion =75% stenosis in proximal LAD or between origin of left circumflex and 1st septal branch	parallel group open Germany
<b>Drenth , 2002</b> n=51/51 follow-up: 6 months, 3 years	Stent type not reported versus minimally invasive direct coronary artery bypass (off-pump proceedure)	single vessel disease Angina II Lesion (Grade B2 or C) of proximal LAD Suitable for CABG or stenting	parallel group open Netherlands
<b>Grip , 2001</b> n=28/25 follow-up:	Stent type not reported versus minimally invasive direct coronary artery bypass (off-pump proceedure)	single vessel disease engaging LAD Stable or unstable angina	parallel group open Sweden
<b>Kim , 2005</b> n=50/50 follow-up: 2 years	Stent versus MIDCAB using ministernotomy	patients with isolated proximal left anterior descending artery disease	Parallel groups open Korea
<b>SIMA , 2000</b> n=62/59 follow-up: 2.4 years	Any CE marked, but Palmaz-Schatz recommended versus Conventional CABG or minimally invasive direct coronary artery bypass (off-pump proceedure) (10% of surgical procedures)	single vessel disease Symptomatic or silent ischaemia 1 LAD lesion Ejection fraction >45% Vessel >3.0mm	parallel group open Europe
<b>stent vs OPCAB</b>			
<b>OCTOSTENT , 2003</b> [NCT00975858] n=138/142 follow-up: 1 year	Stent type not reported versus off-pump coronary artery bypass	multi or single vessel disease Moderate LV function CABG or stenting to be considered feasible	Parallel groups open Europe
<b>CoStar stent vs paclitaxel eluting stent</b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Costar II , 2008</b> [NCT00165035] n=989/686 follow-up: 8 months (1 year)	CoStar stent (Conor MedSystems) PES versus Taxus (Boston Scientific) PES	patient undergoing percutaneous coronary intervention for a single lesion per vessel in up to three native epicardial vessels	Parallel groups single-blind US, Germany, Belgium, and New Zealand
<b>everolimus eluting stent vs paclitaxel eluting stent</b>			
<b>COMPARE , 2009</b> [NCT01016041] n=897/903 follow-up: 1 y (2y)	polymer based, everolimus-eluting stent (Xience V) versus polymer-based, paclitaxel-eluting stent (Taxus Liberte)	unselected patients	Parallel groups open the Netherlands
<b>SPIRIT II , 2006</b> <i>unpublished</i> [NCT00180310] n=223/77 follow-up: 6 months	everolimus eluting stent, XIENCE V versus paclitaxel eluting stent, TAXUS EXPRESS2	De novo lesions (maximim two)	Parallel groups single-blind (patient)
<b>SPIRIT III , 2008</b> [NCT00180479] n=669/333 follow-up: 12 months	everolimus-eluting stent, XIENCE V versus paclitaxel-eluting stent, Taxus	lesions 28 mm or less in length and with reference vessel diameter between 2.5 and 3.75 m	Parallel groups single-blind US
<b>SPIRIT IV , 2010</b> [NCT00307047] n=2458/1229 follow-up: 1 y (2y)	XIENCE V Everolimus Eluting Coronary Stent System versus TAXUS EXPRESS2 Paclitaxel Eluting Coronary Stent System (TAXUS).	patients with de novo native coronary artery lesions and reference vessel diameters between 2.5 mm to 4.25 mm and lesion lengths <= 28 mm	Parallel groups 270 days (5 years) USA
<b>sirolimus eluting stent vs paclitaxel eluting stent</b>			
<b>BASKET (vs paclitaxel) , 2005</b> n=264/281 follow-up: 6 months	Cypher versus Taxus	Unselected patients; de-novo lesions	Parallel groups open Switzerland,
<b>Cervinka , 2006</b> n=37/33 follow-up: 6 months	sirolimus-eluting stent versus paclitaxel-eluting stent	Complex lesionsand patients. Signs and/or symptoms myocardial ischaemia, including AMI	Parallel groups open
<b>CORPAL , 2005</b> <i>unpublished</i> n=331/321 follow-up:	sirolimus versus paclitaxel	Documented myocardial ischaemia, no AMI	Parallel groups open Spain
<b>Di Lorenzo et al. , 2005</b> <i>unpublished</i> n=90/90 follow-up:	sirolimus versus paclitaxel	ST-segment elevation myocardial infarction	Parallel groups open

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Han , 2006</b> n=210/206 follow-up: 19.5 months (mean)	Cypher versus Taxus	Multivessel disease. Stable or unstable AP, no AMI	Parallel groups open China
<b>ISAR-DESIRE (SES vs PES) , 2005</b> n=100/100 follow-up: 1y	Cypher versus Taxus	In-stent restenosis. AP and/or positive test, previously stented, no AMI	Parallel groups open germany
<b>ISAR-DIABETES , 2005</b> n=125/125 follow-up: 9 months	Taxus versus Cypher	Diabetic patients. AP or positive stress, no AMI with clinically significant angiographic stenosis in a native coronary vessel	Parallel groups open Germany
<b>ISAR-LEFT-MAIN , 2009</b> [NCT00133237] n=302/305 follow-up: 1 year	Paclitaxel-eluting stent versus Sirolimus-eluting stent	Unprotected Left Main Coronary Artery Disease	Parallel groups open
<b>ISAR-SMART 3 , 2006</b> [NCT00146575] n=180/180 follow-up:	Taxus versus Cypher	Small vessels, de novo lesions in native coronary vessels with a diameter of <2.80 mm nondiabetic patients. AP or positive stress, no AMI	Parallel groups NA Germany
<b>ISAR-TEST-1 , 2006</b> [NCT00140530] n=225/225 follow-up: 9 months	rapamycin-eluting stent Yukon versus Taxus	stable or unstable angina or a positive stress test, stable or unstable angina or a positive stress test	Parallel groups open Germany
<b>Kim , 2008</b> n=85/84 follow-up: 6 months	Cypher versus Taxus	Korean diabetic patients with high-grade de novo coronary lesions (stenosis of >70 percent of the luminal diameter) requiring <3 stents	Parallel groups open Korea
<b>LONG DES II , 2006</b> n=250/250 follow-up: 9 months	SES versus PES	Long lesions. AP or positive stress, no AMI	Parallel groups single-blind Korea
<b>Petronio et al , 2007</b> n=50/50 follow-up: 9 months	Cypher versus Taxus	Complex lesions. Stable AP or documented ischaemia, no AMI	Parallel groups open Italy
<b>REALITY , 2006</b> [NCT00235092] n=701/685 follow-up: 12 months	Cypher versus Taxus	Relatively unselected patients. Stable or unstable documented silent ischaemia, no AMI with 1 or 2 de novo lesions (2.25-3.00 mm in diameter) in native coronary arteries	Parallel groups open Europe, Latin America, and Asiam

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>SIRTAX (Windecker) , 2005</b> n=503/509 follow-up: 9 mo (5y)	sirolimus-eluting stents (Cypher) versus paclitaxel-eluting stents (Taxus)	Unselected patients. Stable AP, ACS, including AMI. at least one lesion with stenosis of at least 50 percent in a vessel with a reference diameter between 2.25 and 4.00 mm that was suitable for stent implantation	Parallel groups single-blind Switzerland
<b>TAXi , 2005</b> n=102/100 follow-up: 6 months	Cypher versus Taxus	Unselected patients	Parallel groups open Switzerland.
<b>Tomai , 2008</b> n=60/60 follow-up: 8 months	sirolimus-eluting stent versus paclitaxel-eluting stent	diabetic patient with multiple de novo coronary artery lesions	Cross over NA Italy
<b>Zhang (SES vs PES) , 2006</b> n=246/203 follow-up: 1y	Cypher versus Taxus	Unselected patients. Stable or unstable AP, ACS with de novo coronary lesions	Parallel groups open China
<b>DES-ISR ongoing</b> [NCT00485030] n=NA follow-up:	Cypher versus Taxus	patients Diffuse Type In-Stent Restenosis After Drug-Eluting Stents Implantation	
<b>Lipsia-Yukon-DM ongoing</b> [NCT00368953] n=NA follow-up: 9 months	Yukon Choice stent system versus Taxus Libert stent system	Patients With Diabetes Mellitus	
<b>zotarolimus eluting stent vs paclitaxel eluting stent</b>			
<b>ENDEAVOR IV , 2009</b> <i>unpublished</i> [NCT00217269] n=773/775 follow-up: mean 36 mo	zotarolimus-eluting stent (Endeavor) versus paclitaxel-eluting stent (Taxus)	single de novo lesions in native coronary arteries with a reference vessel diameter of 2.5-3.5 mm	Parallel groups open US
<b>ZoMaxx phase 2 ongoing</b> [NCT00140101] n=NA follow-up:	ZoMaxx drug-eluting stent versus TAXUS Express2	de Novo Coronary Artery Lesions	
<b>biolimus eluting stent vs sirolimus eluting stent</b>			
<b>LEADERS , 2008</b> [NCT00389220] n=857/850 follow-up: 9 months	BioMatrix III (biolimus-eluting stent with biodegradable polymer) versus Cypher SELECT (sirolimus-eluting stent with durable polymer)	patients aged 18 years or older with chronic stable coronary artery disease or acute coronary syndromes	Parallel groups open assessor-blind Europe
<b>everolimus eluting stent vs sirolimus eluting stent</b>			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>ISAR-TEST 4 (EES vs SES)</b> n=652/652 follow-up: 2 years	everolimus-eluting stent versus sirolimus-eluting stent	patients with de novo coronary artery stenosis >50% and symptoms or objective evidence of ischemia	Parallel groups
<b>SORT OUT IV , 2012</b> [NCT00552877] n=1390/1384 follow-up: 9 months (3 years)	everolimus-eluting stents versus sirolimus-eluting stents	unselected patients with coronary artery disease	Parallel groups open Denmark
<b>drug-eluting stents vs CABG</b>			
<b>Leipzig ongoing</b> [NCT00176397] n=NA follow-up:	PCI With DES versus CABG	left main coronary stenosis	
<b>sirolimus eluting stent vs CABG</b>			
<b>MIDCAB Versus DES in Proximal LAD Lesions</b> <i>ongoing</i> [NCT00299429] n=NA follow-up:	sirolimus-coated stent versus minimally invasive bypass surgery	patients with isolated proximal left anterior descending coronary arteries	
<b>paclitaxel eluting stent vs medical treatment</b>			
<b>VELETI ongoing</b> [NCT00289835] n=NA follow-up:	TAXUS versus standard medical treatment	Moderate Vein Graft Lesions	
<b>paclitaxel eluting stent vs paclitaxel eluting stent</b>			
<b>PERSEUS Workhorse , 2010 ongoing</b> [NCT00484315] n=NA follow-up:	platinum-chromium alloy, paclitaxel-eluting stent TAXUS Element versus paclitaxel-eluting stent TAXUS Express 2	De Novo Coronary Artery Lesions; stent patients with lesions <28 mm in length in coronary vessels between 2.75 mm and 4.0 mm in diameter	

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>
- myocardial revascularization for stable angina in diabetic patients at <http://www.trialresultscenter.org/go-Q29>

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## 3 stent

Trial	Treatments	Patients	Trials design and methods
<b>Endeavor stent and three months of DAPT vs standard 12-month DAPT and other DES</b>			
<b>RESET</b> [NCT01145079] n=NA follow-up:	-	-	

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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## 4 coronary artery disease

Trial	Treatments	Patients	Trials design and methods
<b>paclitaxel eluting stent vs balloon angioplasty</b>			
<b>ISAR-DESIRE (PES vs PTCA) , 2005</b> n=100/100 follow-up: 1y	TAXUS versus ballon angioplasty	In-stent restenosis. AP and/or positive test, previously stented, no AMI	Parallel groups open germany

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>sirolimus eluting stent vs balloon angioplasty</b>			
<b>ISAR-DESIRE (SES vs PTCA) , 2005</b> n=100/100 follow-up: 1y	Cypher versus ballon angioplasty	In-stent restenosis. AP and/or positive test, previously stented, no AMI	Parallel groups open germany
<b>stent vs balloon angioplasty</b>			
<b>Lincoff (EPISTENT) , 1999</b> [NCT00271401] n=794/796 follow-up: 6 months	stent followed by aspirin 325 mg, abciximab versus balloon angioplasty followed by aspirin 325 mg, abciximab	patients with ischaemic heart disease and suitable coronary-artery lesions	Parallel groups open USA, Canada
<b>Hoher , 1999</b> n=42/43 follow-up: 6 months	Wiktor versus PTCA alone	patients with a thrombolysis in myocardial infarction grade 0 chronic coronary occlusion	Parallel groups open
<b>Serruys Benestent , 1994</b> n=262/258 follow-up: 7 months	Palmaz-Schatz versus balloon angioplasty, aspirin 250-500 mg + dipyridamole 75 mgx3	Stable angina	Parallel groups Open Europe
<b>Fischman STRESS , 1994</b> n=205/202 follow-up: 6 months	Palmaz-Schatz versus ballon angioplasty aspirin, dipyridamol	Stable angina	Parallel groups Open USA
<b>Eeckout , 1996</b> n=42/42 follow-up: 6 months	Wiktor stent implantation versus conventional balloon angioplasty	Stable angina	Parallel groups open
<b>Sirnes , 1996</b> n=58/59 follow-up: 6 months	Palmaz-Schatz versus PTCA alone	patients with a satisfactory result after successful recanalization by PTCA of a chronic coronary occlusion	Parallel groups open
<b>Versaci , 1997</b> n=60/60 follow-up: 12 months	Palmaz-Schatz versus standard coronary angioplasty, aspirin and diltiazem indefinitely	patients with isolated stenosis of the proximal left anterior descending coronary artery	Parallel groups open Italy
<b>Savage , 1998</b> n=108/107 follow-up: 6 months	Palmaz-Schatz stent versus standard balloon angioplasty	patients with new lesions in aortocoronary-venous bypass grafts	Parallel groups open
<b>Erbel , 1998</b> n=191/192 follow-up: 6 months	Palmaz-Schatz versus standard balloon angioplasty	patients with clinical and angiographic evidence of restenosis after at least one balloon angioplasty	Parallel groups open
<b>Rubartelli , 1998</b> n=56/54 follow-up: 9 months	Palmaz-Schatz stent implantation versus PTCA alone	patients with recanalized total occlusion	Parallel groups open

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Hancock , 1998 n=30/30 follow-up: 6 months	Palmaz-Schatz versus angioplasty alone	patients with a total coronary occlusion successfully treated by PTCA	Parallel groups open
Serruys Benestent 2 , 1998 n=414/413 follow-up: 12 months	Heparin-coated Palmaz-Schatz versus ballon angioplastyaspirin $\geq 100\text{mg}$ 6 month	Stable and unstable angina	Parallel groups Open Europe
Rodriguez , 1998 n=57/59 follow-up: 6 months	stent versus optimal PTCA	patients obtaining a good immediate angiographic result after percutaneous transluminal coronary angioplasty	Parallel groups open
Sievert , 1999 n=55/55 follow-up: 4 months	stent implantation versus angioplasty alone	Stable angina	Parallel groups open
Betriu , 1999 n=229/223 follow-up: 6 months (4y)	Palmaz-Schatz versus standard balloon angioplasty	Stable and unstable angina	Parallel groups open
Buller , 1999 n=202/208 follow-up: 6 months	Heparin-coated Palmaz-Schatz versus PTCA	patients with nonacute native coronary occlusions	Parallel groups open
Serruys , 2000 n=97/511 follow-up: 12 months	primary stenting versus balloon angioplasty	patients scheduled for single-vessel angioplasty	Parallel groups open
Di Marlo , 2000 n=370/365 follow-up: 12 months	elective stent implantation versus guided PTCA	Stable and unstable angina; no AMI inprevious 24 h	Parallel groups open
Kastrati , 2000 n=204/200 follow-up: 7 months	Multilink versus PTCA	Patients with symptomatic coronary artery disease with lesions situated in native coronary vessels between 2 and 2.8 mm in size	Parallel groups open
Witkowski , 2000 n=192/196 follow-up: 6 months	Palmaz-Schatz stent versus angioplasty	Symptomatic CAD; no AMI in previous 14 d	Parallel groups open
Lafont , 2000 n=125/126 follow-up: 6 months	systematic stenting versus provisional stenting (group 1, in which stenting was performed if postangioplasty coronary velocity reserve was $< 2.2$ and/or residual stenosis $> \text{or} = 35\%$ or as bail-out)	patients undergoing elective coronary angioplasty	Parallel groups open
Fluck , 2000 n=154/146 follow-up: 12 months	Wiktor stent versus balloon angioplasty	Symptomatic CAD; no AMI in previous 7 d	Parallel groups open

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Dangas , 2000</b> n=31/66 follow-up: 8 months	elective stenting (Palmaz-Schatz stent) versus PTCA with prolonged perfusion balloon inflation	patients with discrete, de novo lesions in native coronary arteries $\geq 3$ mm in diameter	Parallel groups open
<b>Weaver , 2000</b> n=229/248 follow-up: 6 months	routine stent implantation (Palmaz-Schatz) versus balloon angioplasty and provisional stenting	patients undergoing single-vessel coronary angioplasty	Parallel groups open
<b>Lotan , 2000</b> n=48/48 follow-up: 6 months	stent implantation (AVE Micro Stent) versus no further treatment	with total coronary artery occlusions who had an optimal PTCA result	Parallel groups open
<b>Park , 2000</b> n=60/60 follow-up: 6 months (16 m)	elective stent placement (7-cell NIR stent) versus balloon angioplasty	patients with lesions in small coronary arteries (de novo, non-ostial lesion and reference diameter $< 3$ mm)	Parallel groups open
<b>Koning , 2001</b> n=192/189 follow-up: 6 months	stent implantation (beStent Small) versus standard balloon angioplasty	symptomatic patients with de novo focal lesion located on a small coronary segment vessel ( $< 3$ mm)	Parallel groups open
<b>Doucet , 2001</b> n=169/182 follow-up: 6 months	stent implantation (beStent-Artist) versus angioplasty alone	symptomatic patients needing dilatation of 1 native coronary vessel between 2.3 and 2.9 mm in size	Parallel groups open
<b>Moer , 2001</b> n=74/71 follow-up: 6 months	elective stenting treatment with the heparin (Hepamed)-coated beStent versus PTCA	patients with stable or unstable angina	Parallel groups open
<b>abciximab-coated stent vs bare-metal stent</b>			
<b>Kim , 2010</b> n=93 follow-up: 6 mo (2y)	abciximab-coated stent versus bare metal stents	patients undergoing PCI for de novo coronary lesions	Parallel groups open Korea
<b>dactinomycin eluting stent vs bare-metal stent</b>			
<b>ACTION , 2004</b> n=241/119 follow-up: 6 months	Multilink Tetra stent versus uncoated Multilink Tetra stent	Patients with stable angina pectoris orsilent ischemia and a single de novo lesion in a native coronary artery $\geq 3.0$ mm and $\leq 4.0$ mm in diameter that could be covered by an 18-mm stent	Parallel groups single-blind worldwide
<b>everolimus eluting stent vs bare-metal stent</b>			
<b>BASKET-PROVE (EES) , 2010</b> [ISRCTN72444640] n=774/765 follow-up: 2 years	second generation everolimus-eluting stent versus BMS	patients needing stents 3.0 mm or larger	open Switzerland, Denmark, Austria, Italy

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>FUTURE I , 2004</b> n=27/15 follow-up: 12 months	everolimus coated S-Stent versus S-Stent	de novo coronary lesions	Parallel groups single-blind Germany
<b>FUTURE II , 2006</b> <i>unpublished</i> n=43/21 follow-up: 6 months	CHAMPION versus bare-metal stent	Patients with de novo lesions in vessels with a reference diameter of 2.75-4.0 mm and length $\leq$ 18 mm	Parallel groups double-blind
<b>SPIRIT I , 2005</b> [NCT00180453] n=28/32 follow-up: 6 months (5yr)	everolimus eluting sent, XIENCE versus bare etal stent, MULTI-LINK VISION	patients with de novo native coronary artery lesions	Parallel groups single-blind
<b>paclitaxel eluting stent vs bare-metal stent</b>			
<b>Erglis , 2007</b> n=53/50 follow-up: 6 months	IVUS-guided paclitaxel-eluting stent (Taxus Express) after lesion pre-treatment with cutting balloon versus IVUS-guided bare-metal (Express or Liberte) after lesion pre-treatment with cutting balloon	percutaneous coronary intervention for unprotected left main artery stenosis	Parallel groups open
<b>HAAMU-STENT , 2006</b> <i>unpublished</i> n=70/75 follow-up: 12 months	Taxus Express versus Bare-metal-stent	AMI - STEMI patients undergoing PCI	Parallel groups open Finland
<b>HORIZONS-AMI Stent , 2008</b> n=2257/749 follow-up: 1 year	paclitaxel-eluting stents (Taxus) versus BMS (Express)	ST-elevation myocardial infarction	Factorial plan open
<b>PASSION , 2006</b> [ISRCTN65027270] n=310/309 follow-up: 12 months (5y)	Taxus Express2 versus Express2 or Libert	Myocardial Infarction with ST-Segment Elevation	Parallel groups open The Netherlands
<b>SCORE , 2004</b> n=126/140 follow-up: 12 months	QuaDDS stents (paclitaxel) versus uncoated control stents	patients with focal, de novo coronary lesions	Parallel groups open Worldwide
<b>SOS , 2008</b> [NCT00247208] n=41/39 follow-up: 1.5y median	Paclitaxel-Eluting Stent (Taxus) versus bare metal stent (Express-2)	patients undergoing percutaneous coronary intervention of saphenous vein bypass grafts	Parallel groups open USA, Greece

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>TAXUS I , 2003</b> n=31/30 follow-up: 12 months	TAXUS NIR versus NIR stent	Stable or unstable AP, silent ischaemia; single de novo or restenotic coronary lesions	Parallel groups double-blind Germany
<b>TAXUS II , 2003</b> [NCT00299026] n=266/270 follow-up: 12 months	TAXUS versus NIR stent	Stable or unstable AP, silent ischaemia; single de novo target lesion with estimatedstenosis >50% and <99% ,	Parallel groups double-blind Global
<b>TAXUS II (diabetics) , 2003 unpublished</b> n=37/41 follow-up: 12 months	TAXUS versus NIR stent	Diabetic patients with stable or unstable AP, silent ischaemia; single de novo target lesion with estimatedstenosis >50% and <99% ,	Parallel groups double-blind Europe
<b>TAXUS IV , 2004</b> [NCT00292474] n=662/652 follow-up: 9 months	TAXUS versus EXPRESS	Stable or unstable AP, provokable ischaemia with a single, previously untreated coronary-artery stenosis (vessel diameter, 2.5 to 3.75 mm; lesion length, 10 to 28 mm)	Parallel groups double-blind United States
<b>TAXUS IV (diabetics) , 2005</b> [NCT00292474] n=155/163 follow-up: 9 months	TAXUS versus EXPRESS	Diabetic patients with stable or unstable AP, provokable ischaemia with a single, previously untreated coronary-artery stenosis (vessel diameter, 2.5 to 3.75 mm; lesion length, 10 to 28 mm)	Parallel groups double-blind United States
<b>TAXUS V (all patients) , 2005</b> [NCT00301522] n=577/579 follow-up: 9 months	TAXUS versus bare metal EXPRESS-2	Stable or unstable AP, silent ischaemia with single coronary artery stenosis including complex or previously unstudied lesions (requiring 2.25-mm, 4.0-mm, and/or multiple stents)	Parallel groups double-blind United States
<b>TAXUS V (diabetics) , 2005</b> n=178/171 follow-up: 9 months	TAXUS versus BMS	Diabetic patients with stable or unstable AP, silent ischaemia with complex or previously unstudied lesions (requiring 2.25-mm, 4.0-mm, and/or multiple stents)	Parallel groups double-blind United States
<b>TAXUS V small vessels sub groups</b> n=NA follow-up:	paclitaxel-eluting stents versus bare metal stents	patients who underwent stent implantation in a single coronary artery stenosis (vessel diameter, 2.25-4.0 mm; lesion length, 10-46 mm), subgroup of small vessel patients	
<b>TAXUS VI , 2005</b> [NCT00297804] n=219/227 follow-up: 9 months (2y)	TAXUS versus Express2 stent	Stable or unstable AP, silent ischaemia with long, complex coronary artery lesions	Parallel groups double-blind Europe

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>TAXUS VI (diabetics) , 2005</b> [NCT00297804] n=39/50 follow-up: 9 months	TAXUS versus Express2 stent	Diabetic patients with stable or unstable AP, silent ischaemia with long, complex coronary artery lesions	Parallel groups double-blind Europe
<b>BASKET-SAVAGE ongoing</b> [NCT00595647] n=NA follow-up:	Taxus versus Libert	percutaneous coronary interventions of saphenous vein grafts	open
<b>paclitaxel, non-polymeric eluting stent vs bare-metal stent</b>			
<b>ASPECT , 2003</b> [NCT00196079] n=117/58 follow-up: 6 months	coated Supra-G stent versus Supra-G stent	patients with discrete coronary lesions (<15 mm in length, 2.25 to 3.5 mm in diameter)	Parallel groups double-blind
<b>DELIVER , 2004</b> n=524/519 follow-up: 9 months	non-polymer-based paclitaxel-coated ACHIEVE stent versus stainless steel Multi-Link (ML) PENTA stent	patients with focal de novo coronary lesions, <25 mm in length, in 2.5- to 4.0-mm vessels	Parallel groups single-blind US
<b>ELUTES , 2004</b> n=152/38 follow-up: 12 months	coated V-Flex Plus versus V-Flex Plus	single de novo type A or type B1 lesions 15 mm length in a native coronary artery	Parallel groups open Europe
<b>PATENCY , 2002 unpublished</b> n=24/26 follow-up: 9 months	Logic PTX paclitaxel Eluting Coronary Stents versus uncoated control stents	Patients with de novo lesions of 2.7- to 4.0-mm diameter and 25-mm length received 3.0, 3.5, or 4.0 mm 10- or 15-mm	Parallel groups double blind
<b>sirolimus eluting stent vs bare-metal stent</b>			
<b>BASKET-PROVE (SES) , 2010</b> [ISRCTN72444640] n=775/765 follow-up: 2 years	first-generation sirolimus-eluting stent versus BMS	patients needing stents 3.0 mm or larger	Parallel groups open Switzerland, Denmark, Austria, Italy
<b>C-SIRIUS , 2004</b> [NCT00381420] n=50/50 follow-up: 9 months	coated Bx-VELOCITY versus Bx-VELOCITY	Stable or unstable AP, silent ischaemia	Parallel groups double-blind Canada
<b>DEBATER (SES vs BMS) , 2009</b> n=424/446 follow-up: 1 y	sirolimus-eluting stents versus bare-metal stents	patients undergoing PCI for STEMI within 12 hours	Factorial plan

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>DECODE , 2005</b> <i>unpublished</i> [NCT00489164] n=54/29 follow-up: 1 year	CYPHER (Up to 3 stents per patient were allowed) versus Bx VELOCITY (Up to 3 stents per patient were allowed)	Stable or unstable angina in diabetic patients with up to 2 de novo lesions in up to 2 native coronary vessels	Parallel groups open US, Asia/Pacific
<b>DESSERT , 2008</b> n=75/75 follow-up: 12 months	Cypher andCypher Select versus Sonic (Cordis)	de novo lesions of diabetic patients treated with insulin and/or oral antidiabetics for >3 months	Parallel groups single-blind Italy
<b>DIABETES , 2005</b> n=80/80 follow-up: 9 months	Cypher versus Bx Velocity/Sonic	de novo lesions in native coronary arteries in 1, 2, or 3 native vessels with symptoms or objective evidence of ischemia; vessel size smaller than 4.0 mm	Parallel groups open Spanish
<b>Daz de la Llera , 2007</b> n=60/54 follow-up: 1y	sirolimus-eluting stents versus uncoated stents	primary percutaneous coronary intervention for acute myocardial infarction with ST-segment elevation	Parallel groups open Spain
<b>E-SIRIUS , 2003</b> [NCT00235144] n=175/177 follow-up: 9 months	coated Bx Velocity versus Bx Velocity	Stable or unstable AP, silent ischaemia; single-vessel or multivessel coronary disease but with only one new lesion with an estimated stenosis of more than 50% but less than 100% in a major native coronary artery requiring treatment	Parallel groups open Europe
<b>GISSOC II , 2010</b> [NCT00220558] n=78/74 follow-up: 8 months	Sirolimus Eluting Stent versus Bare Metal Stent	patients with Chronic Total Occlusion older than 1 month, and successful recanalization	Parallel groups open Italy
<b>Kochiadakis , 2007</b> n=38/43 follow-up: 4.8 months (mean)	sirolimus-eluting stents versus bare metal stent	one-vessel disease (>70% narrowing of the lumen of one major epicardial coronary artery); stable coronary artery disease, age <70 years, and vessel referencediameter $\geq 2.5$ mm	Parallel groups open Greece
<b>MISSION , 2008</b> [ISRCTN62825862] n=158/152 follow-up: 12 months	Cypher versus Vision	primary percutaneous coronary intervention for ST-segment elevation myocardial infarction (<9h)	Parallel groups single-blind the Netherlands
<b>Ortolani et al , 2007</b> n=NA follow-up: 9 months	Cypher versus Vision	symptomatic coronary artery disease and target vessel diameter appropriate for implantation a 3-mm stent	Parallel groups single-blind
<b>Pache et al , 2005</b> n=250/250 follow-up: 12 months	Cypher versus BeStent 2	with symptomatic coronary artery disease and significant angiographic stenosis in native coronary vessels	Parallel groups open Germany

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Pasceri , 2003</b> <i>unpublished</i> n=NA follow-up: 12 months	-	-	Parallel groups
<b>PRISON II , 2006</b> [NCT00258596] n=100/100 follow-up: 6 months	Cypher versus BxVelocity	Chronic total occlusion, positive exercise stress test	Parallel groups single-blind Belgium
<b>RAVEL , 2002</b> [NCT00233805] n=120/118 follow-up: 12 months	coated Bx Velocity versus Bx Velocity	Stable or unstable AP, silent ischaemia; single primary target lesion in a native coronary artery	Parallel groups double-blind Global
<b>Ravel (diabetics) , 2004</b> n=19/25 follow-up: 6 months	coated Bx velocity versus Bx VELOCITY	sub groups of diabetic patients with de novo native coronary artery lesions 2.5 to 3.5 mm in diameter by visual assessment that could be covered by an 18-mm stent	Parallel groups NA Europe
<b>RRISC , 2006</b> [NCT00263263] n=38/37 follow-up: 6 months (3 years)	Cypher versus BX-Velocity	Stable or unstable AP, with previous coronary artery bypass surgery and degenerated vein grafts	Parallel groups open Belgium, The netherlands
<b>SCANDSTENT , 2006</b> [NCT00151658] n=163/159 follow-up: 7 months	Cypher versus Sonic	Stable or unstable AP, recent AMI (non ST-elevation); with one or more de novo complex lesions in native coronary vessels (occluded, bifurcational, ostial or angulated)	Parallel groups open Denmark
<b>SCANDSTENT (subgroup) , 2006</b> n=64/63 follow-up: 17 mo (angiography 7 mo)	SES implanted after successful recanalization versus BMS implanted after successful recanalization	patients with coronary artery disease and a total coronary occlusion >or = 15 mm in length	Parallel groups open
<b>SCORPIUS , 2007</b> [NCT00495898] n=98/102 follow-up: 12 months	Cypher versus Bx-Velocity	patients with diabetes and de novo coronary artery lesions	Parallel groups open Germany
<b>SES-SMART , 2004</b> n=129/128 follow-up: 8 months	Cypher versus Bx Sonic	Stable AP, ACS, silent myocardial ischaemia as shown by exercise stress test	Parallel groups single-blind Italian

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>SES-SMART (diabetics) , 2005</b> n=29/45 follow-up: 8 months	Cypher versus Bx Sonic	Diabetic patients with de novo target lesion $\leq 2.75$ mm in diameter in a native coronary artery that could be completely covered by a single stent (maximum length 33 mm)	Parallel groups single-blind Italy
<b>SESAMI , 2007</b> [NCT00288210] n=160/160 follow-up: 12 months	Cypher versus BX stent, Cordis	AMI	Parallel groups open Italy
<b>SIRIUS , 2003</b> [NCT00232765] n=533/525 follow-up: 9 months	SES versus Bx Velocity	Stable or unstable AP, signs of myocardial ischaemia	Parallel groups double-blind United States
<b>SIRIUS (diabetics) , 2003</b> n=131/148 follow-up: 12 months	SES versus BMS	sub group of diabetics patients of SIRIUS study	Parallel groups double-blind US
<b>TYPHOON , 2006</b> [NCT00232830] n=356/359 follow-up: 12 months	Cypher or CypherSelect versus any commerciallyavailable uncoated stent	AMI	Parallel groups open Worldwide (15 countries)
<b>BASKET-PROVE , 2008</b> <i>ongoing</i> n=NA follow-up:	Cypher versus Vision	-	
<b>titanium-nitride-oxide coated stent vs bare-metal stent</b>			
<b>TINOX , 2005</b> n=45/47 follow-up: 6 mo	titanium-nitride-oxide coated stents versus stainless steel stents of similar design	-	Parallel groups open Switzerland, Germany
<b>zotarolimus eluting stent vs bare-metal stent</b>			
<b>ENDEAVOR II , 2006</b> n=598/599 follow-up: 12 months	AVE Zotarolimus-Eluting Driver versus Driver	single de novo native coronary artery stenosis	Parallel groups double-blind worldwide
<b>PCI with or without stent vs medical treatment</b>			
<b>TIME , 2001</b> n=NA follow-up:	coronary angiography and revascularisation versus optimised medical therapy	patients aged 75 years or older with chronic angina of at least Canadian Cardiac Society class II despite at least two antianginal drugs	Parallel groups open

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>AVERT , 1995</b> n=177/164 follow-up: 1.5y	angioplasty versus atorvastatin at 80 mg per day	Angina or asymptomatic, MI or unstable angina but not within 14 days, no triple vessel disease	Parallel groups open
<b>Dakik , 1998</b> n=19/22 follow-up: 1y	PTCA versus intensive medical therapy	stable survivors of AMI	Parallel groups open
<b>MASS II , 2007</b> n=205/203 follow-up: 5y	PCI versus medical therapy	patients with multivessel coronary artery disease with stable angina and preserved ventricular function	Parallel groups open
<b>COURAGE , 2007</b> [NCT00007657] n=1149/1138 follow-up: median 4.6 y	PCI coupled with optimal medical therapy versus optimal medical therapy alone	patients with stable coronary artery disease	Parallel groups open Canada, US
<b>ALKK , 2003</b> n=149/151 follow-up: 4.7y	angioplasty versus medical therapy	patients with single vessel disease of the infarct vessel and no or minor angina pectoris in the subacute phase (1 to 6 weeks) after an acute myocardial infarction	Parallel groups open Germany
<b>Hambrecht , 2004</b> n=50/51 follow-up: 1y	PCI versus 12 months of exercise training (20 minutes of bicycle ergometry per day)	male patients aged 70 years	Parallel groups open
<b>Bech , 2001</b> n=90/91 follow-up: 2y	PTCA versus deferral of PTCA	patients with planned PTCA and no documented ischemia and with coronary pressure-derived fractional flow reserve >0.75	Parallel groups open
<b>ISCHEMIA ongoing</b> n=NA follow-up:	invasive strategy, consisting of early routine cardiac catheterization followed by revascularization plus optimal medical therapy (OMT) and lifestyle changes versus conservative strategy of optimal medical therapy and lifestyle changes in which invasive procedures will be performed only after failure of OMT	patients with stable ischemic heart disease and moderate to severe ischemia	Parallel groups open-label
<b>sirolimus eluting stent vs PTCA</b>			
<b>CRISTAL</b> [NCT00323895] n=NA follow-up:	sirolimus-eluting stent versus balloon re-percutaneous transluminal coronary angioplasty	Intra-Des Restenosis	

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>RIBS-II , 2008</b> n=76/74 follow-up: >1 year	sirolimus-eluting stents versus Balloon angioplasty	patients with bare metal in-stent restenosis	Parallel groups open Spanish
<b>dexamethasone eluting stent vs bare-metal stent</b>			
<b>FEMH-93005</b> <i>ongoing</i> [NCT00190099] n=NA	-	-	
<b>drug-eluting stents vs bare-metal stent</b>			
<b>DEDICATION , 2008</b> [NCT00192868] n=313/313 follow-up: 8 mo (15 mo, 3y)	DES currently used with or without distal protection versus BMS with or without distal protection	patients referred within 12 hours from symptom onset of an ST-elevation myocardial infarction	Factorial plan open Denmark.
<b>PASEO , 2009</b> n=180/90 follow-up: 4.3 years	paclitaxel-eluting stents and sirolimus-eluting stents versus bare metal stent	patients with ST-elevation myocardial infarction within 12 hours from symptom onset	Parallel groups open
<b>ISAR-CABG</b> <i>ongoing</i> [NCT00611910] n=NA follow-up:	DES versus BMS	Bypass Graft Lesions	open
<b>Genous stent vs bare-metal stent</b>			
<b>GENIUS-STEMI , 2009</b> n=50/50 follow-up: 6 months	endothelial progenitor cell capture stent versus cobalt chromium stent	patients with ST-elevation myocardial infarction	Parallel groups NA
<b>TRIAS-Low-Risk</b> <i>ongoing</i> n=NA	-	-	
<b>crush stenting vs culotte stenting</b>			
<b>Nordic Bifurcation Stent Technique Study</b> <i>ongoing</i> [NCT00292305] n=NA follow-up:	crush stenting versus culotte stenting	bifurcation lesions	
<b>sirolimus eluting stent vs cutting ballon angioplasty</b>			
<b>FOCUS</b> <i>ongoing</i> [NCT00485004] n=NA follow-up:	sirolimus-eluting implantation cypher versus cutting balloon angioplasty	focal in-stent restenosis after drug-eluting stent	
<b>sirolimus eluting stent vs brachytherapy</b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>SISR , 2007</b> [NCT00231257] n=259/125 follow-up: 12 months	Sirolimus-eluting stents versus brachytherapy	restenosis within a bare metal stent	Parallel groups open US and Canadian
<b>paclitaxel eluting stent vs CABG</b>			
<b>SYNTAX , 2009</b> [NCT00114972] n=903/897 follow-up: 1 year	paclitaxel (taxus Express SR) versus Coronary Artery Bypass Surgery (on- or off-pump bypass)	patients with previously untreated three-vessel or left main coronary artery disease (or both) (complex lesions)	Parallel groups open
<b>PCI with drug-eluting stents vs CABG</b>			
<b>SYNTAX (diabetic) , 2010</b> [NCT00114972] n=NA follow-up: 1 year	paclitaxel-eluting stents versus surgical revascularization	sub group of diabetic patients with left main and/or 3-vessel disease	Parallel groups
<b>FREEDOM , 2012</b> [NCT00086450] n=953/947 follow-up: 3.8 yrs (median)	percutaneous coronary stenting versus CABG	patients with diabetes and multivessel coronary artery disease	Parallel groups open international
<b>PCI with drug-eluting stents vs CABG</b>			
<b>Hong , 2005</b> n=119/70 follow-up: 9 months	drug-eluting stents versus invasive direct coronary artery bypass (MIDCAB) surgery	proximal left anterior descending (LAD) coronary artery stenosis	Parallel groups open
<b>VA CARDS ongoing</b> [NCT00326196] n=NA follow-up:	percutaneous coronary stenting with drug eluting stents versus CABG	angiographically significant coronary artery disease in diabetes	Parallel groups open
<b>stent vs CABG</b>			
<b>ARTS , 2001</b> n=600/605 follow-up: 1 year	Palmaz-Schatz Crown/Cross flex (Cordis) versus Conventional CABG	Multi vessel disease with 2 or more de novo lesion in different major arteries Total occlusion <1month	parallel group open International
<b>CARDia (PCI) , 2008</b> [ISRCTN19872154] n=256/254 follow-up: 1 y	PCI plus stenting (and routine abciximab) versus CABG	Patients with diabetes and symptomatic multivessel coronary artery disease or complex single-vessel disease.	Parallel groups open UK, Ireland
<b>ERACI II , 2003</b> n=225/225 follow-up: 30d, 1year	Gianturco Robin II (Cook) Primary device versus Conventional CABG	multi vessel disease Angina CSS III-IV; no angina but large area of heart at risk; unstable =1 vessel to be treated Lesion>3.0mm	parallel group open Argentinad

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>LEMANS , 2002</b> [NCT00375063] n=52/53 follow-up: 1y	unprotected left main stenting versus coronary artery bypass grafting	patients with unprotected left main coronary artery stenosis	Parallel groups open Poland
<b>MASS II , 2007</b> n=205/203 follow-up: 5y (1y)	PCI (73% stent) versus CABG	patients with multivessel coronary artery disease with stable angina and preserved ventricular function	Parallel groups open South America
<b>Myoprotect , 2004</b> n=23/21 follow-up: 1 year	percutaneous transluminal coronary angioplasty/stent versus CABG	patients with symptomatic main-stem and main-stem-equivalent lesions with substantially increased risk for bypass surgery	Parallel groups open Europe
<b>SOS , 2002</b> [NCT00475449] n=488/500 follow-up: 3 years	Stent versus CABG	multiple vessel disease Symptomatic 1 or more vessel suitable for stenting	parallel group open Canada, United Kingdom, Europe
<b>stent vs E-ACAB</b>			
<b>Cisowski</b> n=50/50 follow-up: 2 years	Tristar, Tera, Penta (Guidant) (Cordis) versus endoscopic atraumatic coronary artery bypass grafting	single vessel disease ACC/AHA A or B lesion in proximal LAD Angina CCS II or higher Lesion diameter 3 mm orgreater/length 20mm or greater	parallel group open Poland
<b>everolimus eluting stent vs everolimus eluting stent</b>			
<b>PLATINUM , 2011</b> [NCT00823212] n=768/762 follow-up: 12 months	platinum chromium everolimus-eluting stent versus cobalt chromium everolimus-eluting stent	patients with up to 2 de novo atherosclerotic coronary artery lesions	Parallel groups single-blind worldwide
<b>zotarolimus eluting stent vs everolimus eluting stent</b>			
<b>RESOLUTE All comers , 2010</b> [NCT00617084.] n=1140/1152 follow-up: 12 months (5y)	zotarolimus-eluting stent versus everolimus-eluting stent (Xience)	adult patients with chronic, stable coronary artery disease or acute coronary syndromes, including myocardial infarction with or without ST-segment elevation	Parallel groups open
<b>TWENTE , 2012</b> [NCT01066650] n=NA follow-up: 1 year	zotarolimus-eluting stent versus everolimus-eluting stent	"real-world" patients	Parallel groups single (patient-blinded)
<b>stent vs MIDCAB</b>			
<b>Diegeler , 2002</b> n=110/110 follow-up: 5 years	Various stents versus minimally invasive direct coronary artery bypass (off-pump procedure)	single vessel disease Lesion =75% stenosis in proximal LAD or between origin of left circumflex and 1st septal branch	parallel group open Germany

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Drenth , 2002</b> n=51/51 follow-up: 6 months, 3 years	Stent type not reported versus minimally invasive direct coronary artery bypass (off-pump procedure)	single vessel disease Angina II Lesion (Grade B2 or C) of proximal LAD Suitable for CABG or stenting	parallel group open Netherlands
<b>Grip , 2001</b> n=28/25 follow-up:	Stent type not reported versus minimally invasive direct coronary artery bypass (off-pump procedure)	single vessel disease engaging LAD Stable or unstable angina	parallel group open Sweden
<b>Kim , 2005</b> n=50/50 follow-up: 2 years	Stent versus MIDCAB using ministernotomy	patients with isolated proximal left anterior descending artery disease	Parallel groups open Korea
<b>SIMA , 2000</b> n=62/59 follow-up: 2.4 years	Any CE marked, but Palmaz-Schatz recommended versus Conventional CABG or minimally invasive direct coronary artery bypass (off-pump procedure) (10% of surgical procedures)	single vessel disease Symptomatic or silent ischaemia 1 LAD lesion Ejection fraction >45% Vessel >3.0mm	parallel group open Europe
<b>stent vs OPCAB</b>			
<b>OCTOSTENT , 2003</b> [NCT00975858] n=138/142 follow-up: 1 year	Stent type not reported versus off-pump coronary artery bypass	multi or single vessel disease Moderate LV function CABG or stenting to be considered feasible	Parallel groups open Europe
<b>CoStar stent vs paclitaxel eluting stent</b>			
<b>Costar II , 2008</b> [NCT00165035] n=989/686 follow-up: 8 months (1 year)	CoStar stent (Conor MedSystems) PES versus Taxus (Boston Scientific) PES	patient undergoing percutaneous coronary intervention for a single lesion per vessel in up to three native epicardial vessels	Parallel groups single-blind US, Germany, Belgium, and New Zealand
<b>COSTAR II diabetic (sub group) , 2008</b> n=271/271 follow-up: 8 months	CoStar stent (PES) versus Taxus stent (PES)	patients with de novo single- or multivessel coronary disease	Parallel groups open
<b>everolimus eluting stent vs paclitaxel eluting stent</b>			
<b>COMPARE , 2009</b> [NCT01016041] n=897/903 follow-up: 1 y (2y)	polymer based, everolimus-eluting stent (Xience V) versus polymer-based, paclitaxel-eluting stent (Taxus Liberte)	unselected patients	Parallel groups open the Netherlands

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>SPIRIT II , 2006</b> <i>unpublished</i> [NCT00180310] n=223/77 follow-up: 6 months	everolimus eluting stent, XIENCE V versus paclitaxel eluting stent, TAXUS EXPRESS2	De novo lesions (maximim two)	Parallel groups single-blind (patient)
<b>SPIRIT III , 2008</b> [NCT00180479] n=669/333 follow-up: 12 months	everolimus-eluting stent, XIENCE V versus paclitaxel-eluting stent, Taxus	lesions 28 mm or less in length and with reference vessel diameter between 2.5 and 3.75 m	Parallel groups single-blind US
<b>SPIRIT III (small vessel subgroup) , 2009</b> n=160/59 follow-up: 9 months	2.5-mm everolimus-eluting stent versus 2.5-mm paclitaxel-eluting stent	patients included in SPIRIT III that received at least one 2.5-mm stent	Parallel groups open
<b>SPIRIT IV , 2010</b> [NCT00307047] n=2458/1229 follow-up: 1 y (2y)	XIENCE V Everolimus Eluting Coronary Stent System versus TAXUS EXPRESS2 Paclitaxel Eluting Coronary Stent System (TAXUS).	patients with de novo native coronary artery lesions and reference vessel diameters between 2.5 mm to 4.25 mm and lesion lengths <= 28 mm	Parallel groups 270 days (5 years) USA

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 diabetic patients at <http://www.trialresultscenter.org/go-Q30>
- 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>
- Drug eluting stent for coronary artery disease in all type of patients at <http://www.trialresultscenter.org/go-Q206>
- Drug eluting stent for coronary artery disease in diabetic patients at <http://www.trialresultscenter.org/go-Q207>
- Drug eluting stent for coronary artery disease in acute myocardial infarction at <http://www.trialresultscenter.org/go-Q208>
- Drug eluting stent for coronary artery disease in long or complex lesion at <http://www.trialresultscenter.org/go-Q209>
- Drug eluting stent for coronary artery disease in bypass graft lesion at <http://www.trialresultscenter.org/go-Q210>
- Drug eluting stent for coronary artery disease in in stent restenosis at <http://www.trialresultscenter.org/go-Q211>
- Drug eluting stent for coronary artery disease in unprotected left main artery stenosis at <http://www.trialresultscenter.org/go-Q212>
- Drug eluting stent for coronary artery disease in bifurcation lesion at <http://www.trialresultscenter.org/go-Q214>
- Drug eluting stent for coronary artery disease in unparticular patients at <http://www.trialresultscenter.org/go-Q215>
- Drug eluting stent for coronary artery disease in total occlusion at <http://www.trialresultscenter.org/go-Q216>
- Drug eluting stent for coronary artery disease in small vessels at <http://www.trialresultscenter.org/go-Q217>

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## 5 percutaneous coronary intervention

Trial	Treatments	Patients	Trials design and methods
<b>biodegradable polymer sirolimus-eluting stent vs durable polymer everolimus-eluting stent</b>			
<b>BIOFLOW-V</b> [NCT02389946] n=NA follow-up:	Ultrathin strut biodegradable polymer sirolimus-eluting stent versus durable polymer everolimus-eluting stent	patients aged 18 years or older with chronic stable coronary artery disease or acute coronary syndromes undergoing percutaneous coronary intervention	Switzerland
<b>Endeavor stent and three months of DAPT vs standard 12-month DAPT and other DES</b>			
<b>RESET</b> [NCT01145079] n=NA follow-up:	-	-	

More details and results :

- antiplatelets drug for percutaneous coronary intervention in all type of patients at <http://www.trialresultscenter.org/go-Q389>
- bioresorbable vascular scaffold for percutaneous coronary intervention in all type of patients at <http://www.trialresultscenter.org/go-Q668>

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## 6 carotid stenosis

Trial	Treatments	Patients	Trials design and methods
<b>carotid artery stenting vs medical treatment</b>			
<b>SAMMPRIS , 2011</b> [NCT00576693] n=224/227 follow-up: 11.9 months	aggressive medical management plus percutaneous transluminal angioplasty and stenting versus aggressive medical management alone	patients who had a recent transient ischemic attack or stroke attributed to stenosis of 70 to 99% of the diameter of a major intracranial artery	Parallel groups open
<b>carotid artery stenting vs surgery</b>			
<b>Leicester (Naylor) , 1998</b> n=11/12 follow-up: 65279;1 month	Self-expanding Wallstent versus surgery	patients with focal carotid territory symptoms and severe ICA stenosis (>70% )	Parallel groups open
<b>WALLSTENT (Alberts) , 2001</b> n=107/112 follow-up: 12 months	-	-	Parallel groups open
<b>CAVATAS-CEA , 2001</b> [ISRCTN01425573] n=251/253 follow-up: 36 months (4y)	Pre-1994: PTA only after 1994: Wallstent, Streker, Palmaz versus carotid endarterectomy	patients of any age with symptomatic or asymptomatic carotid artery stenosis suitable for surgery	Parallel groups open
<b>Kentucky A (Brooks) , 2001</b> n=53/51 follow-up: 48 months	Wallstent versus surgery	patients presenting with cerebrovascular ischemia ipsilateral to carotid stenosis	Parallel groups open
<b>Kentucky B (Brooks) , 2004</b> n=43/42 follow-up: 48 months	Wallstent, Dynalink versus carotid endarterectomy	patients with asymptomatic carotid stenosis of more than 80% were selected	Parallel groups open
<b>SAPPHIRE (yadav) , 2004</b> n=167/167 follow-up: 36 months	Smart or Precise (self-expanding nitinol stent)age/pj versus surgery	patients with coexisting conditions that potentially increased the risk posed by endarterectomy and who had either a symptomatic carotid-artery stenosis of at least 50 percent of the luminal diameter or an asymptomatic stenosis of at least 80 percent	Parallel groups open
<b>EVA-3S (Mas) , 2000</b> n=261/259 follow-up: 6 months	various stent versus endarterectomy	patients with a symptomatic carotid stenosis of at least 60%	Parallel groups open
<b>SPACE , 2000</b> n=607/589 follow-up: 1 month	carotid-artery stenting (Carotid Wallstent; Precise; Acculink) versus Carotid endarterectomy	patients with symptomatic carotid-artery stenosis within 180 days of transient ischaemic attack or moderate stroke (modified Rankin scale score of <or =3)	Parallel groups open

continued...



<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>TESCAS-C (Ling) , 2006</b> n=NA follow-up: 6 months	-	-	Parallel groups open
<b>BACASS (Hoffman) , 2006</b> n=NA follow-up: 45 months	stent versus CEA	patients with symptomatic carotid stenosis >70%	Parallel groups open
<b>Steinbauer , 2008</b> n=43/44 follow-up: 65 months	carotid artery stenting versus Carotid endarterectomy	-	Parallel groups
<b>ICSS , 2010</b> [ISRCTN25337470] n=855/858 follow-up: 120 days	carotid artery stenting versus endarterectomy	patients with symptomatic carotid stenosis of greater than 50% within last six months	Parallel groups open Europe, Australia, New Zealand, Canada
<b>CREST , 2010</b> [NCT00004732] n=2502 follow-up: 2.5y	carotid artery stenting (with distal-protection) versus carotid endarterectomy	patients with both asymptomatic and symptomatic extracranial carotid stenosis	Parallel groups open US, Canada
<b>SPACE 2</b> <i>ongoing</i> n=NA	-	-	
<b>ACST-2</b> <i>ongoing</i> [NCT00883402] n=NA follow-up: 10 years	Carotid Artery Stenting versus Carotid endarterectomy	patients with asymptomatic carotid artery narrowing in whom prompt physical intervention is thought to be needed, but there there is still substantial uncertainty shared by patient and doctor about whether surgery or stenting is the more appropriate choice	Parallel groups open
<b>ACT I</b> <i>ongoing</i> [NCT00106938] n=NA follow-up:	-	-	
<b>Agostoni</b> <i>ongoing</i> n=NA	-	-	
<b>Link</b> <i>ongoing</i> n=NA	-	-	

More details and results :

- endovascular treatment for carotid stenosis in all type of stenosis at <http://www.trialresultscenter.org/go-Q164>

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**ACST-2, 0:**

ongoing trial NCT00883402

**ACT I, 0:**

ongoing trial NCT00106938

**Agostoni, 0:**

ongoing trial

**Link, 0:**

ongoing trial

Entry terms: drug-eluting stents, CYPHER, TAXUS, Promus, Xience, Biomatrix, Nobori, Endeavor, Drug-Eluting Stents, Drug Eluting Stents, Drug-Eluting Stent, Drug-Coated Stents, Drug Coated Stents, Drug-Coated Stent, , PCI, sirolimus eluting stent, CYPHER, , biolimus eluting stent, everolimus eluting stent, XIENCE V, Guidant XIENCE V, Abbott XIENCE V, XIENCE 5, zotarolimus eluting stent, Endeavour, Medtronic Endeavour, abciximab, carotid artery stenting, dactinomycin eluting stent, paclitaxel, Anzatax, NSC-125973, NSC 125973, NSC125973, Taxol, Taxol A, Bris Taxol, Paxene, Praxel, 7-epi-Taxol, 7 epi Taxol, Onxol