Clinical trials of streptokinase

TrialResults-center www.trialresultscenter.org

1 acute myocardial infarction

Trial	Treatments	Patients	Trials design and methods
streptokinase vs placebo			
EMERAS (7-12h) , 1993 n=2257/2277 follow-up:	intravenous streptokinase 1.5 MU versus placebo	patients presenting 7-12 h from symptom onset	Parallel groups double blind
EMERAS (all delay) , 1993 n=2257/2277 follow-up:	streptokinase 1.5 MU versus placebo	patients entering hospital up to 24 h after the onset of suspected acute myocardial infarction	Parallel groups double blind south america
GISSI I , 1986 n=5860/5852 follow-up: 1 y	Streptokinase 1.5 MU en perfusion IV en 1 heure versus usual care	patients within 12 h after the onset of symptoms and with no contraindications to SK	Parallel groups open
ISAM , 1986 n=859/882 follow-up: 21 days	1.5 million IU of streptokinase over 1h versus Placebo	patients within six hours after the onset of symptoms of myocardial infarction	Parallel groups double blind
ISIS 2 pilot , 1987 n=NA follow-up:	streptokinase 1.5 MU versus placebo	patients with suspected acute myocardial infarction	Parallel groups double blind
ISIS-2 (SK) , 1988 n=8592/8595 follow-up: 15 mo	1-hour intravenous infusion of 1.5 MU of streptokinase versus Placebo	patients within 24h of the onset of suspected acute myocardial infarction	plan factoriel 2*2 double blind
Western Washington Intravenous Trial , 1988 [NCT00000507] n=191/177 follow-up: 1.4 y	Streptokinase en IV, 1.5 M UI en 60 min aprs injection de benadryl 50 mg en IV et hydrocortisone 100 mg en IV; hparine en IV 1000 UI/h 2h aprs la streptokinase puis warfarine pendant au moins 3 mois versus Traitement standard, avec ou sans anticoagulant (dcid par le mdecin)	Hommes et femmes, <ou = 75 ans	Parallel groups
streptokinase vs primary intervention			

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Trial	Treatments	Patients	Trials design and methods
SAMI (ONeill) , 1992 n=59/63 follow-up: In hospital	facilated PCI with streptokinase 15 million units(intravenous) versus primary intervention	symptom duration <4h	
PRAGUE (Widimisky) , 2000 n=100/101 follow-up: 30-day	facilated PCI with Streptokinase 15 million units (intravenous) versus primary intervention	symptom duration <6h	
t-PA + streptokinase vs streptokinase			
GUSTO tPA-SK Hiv , 1993 n=10374/20251 follow-up: 30 d	tPA en IV 1 mg/kg, sans dpasser 90 mg, dont 10 % en bolus + streptokinase 1 MU en 60 min + hparine en IV (5000 U en bolus, 1000 U/h (de prfrence 1200 U/h si >80 kg), poursuivi au moins 48 h) versus Streptokinase 1.5 MU en 60 min + hparine SC (12500 U 2 fois/j commence 4h aprs thrombolytique) combin streptokinase (1.5 MU en 60 min) + hparine en IV (5000 U en bolus, puis 1000 U/h (1200 U/h si >80 kg) poursuivi au moins 48 h)	Hommes et femmes	Parallel groups International 15 countries

More details and results :

- myocardial revascularization for acute myocardial infarction in facilated PCI at http://www.trialresultscenter.org/go-Q90
- myocardial revascularization for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q129
- Late revascularisation for acute myocardial infarction in late reperfusion at http://www.trialresultscenter.org/go-Q134
- myocardial revascularization for acute myocardial infarction in ¿6h from onset of symptoms at http://www.trialresultscenter.org/go-Q249
- fibrinolysis for acute myocardial infarction in all type of patients at http://www.trialresultscenter.org/go-Q260

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2 venous thrombosis

Trial	Treatments	Patients	Trials design and methods
streptokinase vs no fibrinolysis			

continued...

Trial	Treatments	Patients	Trials design and methods
Arneson , 1978 n=43 follow-up:	streptokinase 250,000 U loading IV, then 100,000 IU/hour IV 72-96 hours versus heparin 15,000 IU IV bolus, 30,000 IU infusion IV 72-90 hoursl	inpatients with venographically confirmed DVT extending proximally beyond the calf <5 days duration?	Parallel groups single blind Norway
Common , 1976 n=50 follow-up:	hydrocortisone 100 mg IV then streptokinase IV 250,000 U over 30 minutes, then 100,000 U/hour titrated for 72 hours. Followed by IV heparin titrated over 7 days versus IV heparin 150 U/kg loading dose then titrated for 10 days	patients with venographically confirmed DVT duration <14 days	Parallel groups single blind US
Elsharawy , 2002 n=35 follow-up:	catheter-directed thrombolysis with streptokinase using popliteal approach. versus heparin IV bolus 5000 U, then adjusted continuous infusion. Warfarin begun the same evening	iliofemoral venous thrombosis confirmed by duplex or venography duration <10 daysicatio	Parallel groups single blind Egypt
Schulman , 1986 n=38 follow-up:	streptokinase 50,000 IU IV over 15 minutes then 100,000 IU over 12 hours for up to 7 days, titrated. Given with 5000 IU heparin IV over 12 hours. Warfarin begun after streptokinase ended versus heparin 5000 IUIVbolus then 30,000 IUper day, titrated for 7 days.Warfarin begun simultaneously	patients with venographically confirmed calf vein thrombosis of duration <7 days.	Parallel groups single blind Sweden
Tsapogas , 1973 n=34 follow-up:	titrated dose of streptokinase IV into ankle veinmage/pj versus heparin IV into affected limbitm	patients with DVT confirmed by venogram of duration <5 days.	Parallel groups open US
Kakkar (streptokinase) , 1969 n=NA follow-up:	streptokinase 500,000 U IV over 30 minutes, 900,000 U every 6 hours for 5 days versus heparin 10,000 U over 5 minutes, then 10,000 to 15,000 U every 6 hours for 5 dayslicatio	patients with venographically confirmed DVT of leg of duration <4 days	Parallel groups single blind UK

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Trial	Treatments	Patients	Trials design and methods
Schweizer (systemic SK) , 2000 n=NA follow-up:	Systemic streptokinase 3,000,000 U/day over 6 hours in conjunction with heparin for up to 7 days. Premedication: hydrocortisone 100 mg, ranitidine 50 mg, clemastine 2 mg versus heparin IV, adjusted	patients with thrombosis of popliteal or more proximal veins confirmed by venogram at more than one level of duration <9 days	Parallel groups single blind Germany

More details and results :

- fibrinolysis for venous thrombosis in all type of patients at http://www.trialresultscenter.org/go-Q100

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3 pulmonary embolism

Trial	Treatments	Patients	Trials design and methods
streptokinase vs no fibrinolysis			
Tibbutt , 1974 n=17/13 follow-up: 3 days	intrapulmonary SK 600,000-U bolus, then 100,000 U/h for 72 h and intrapulmonary heparin versus 5000U heparin plus 100mg hydrocortisone infused over 30 mins through pulmonary artery catheter. Followed by 2500 U for 72 hr	life-threatening pulmonary embolism	Parallel groups open UK
Ly , 1978 n=14/11 follow-up: 10 days	streptokinase 250,000-U bolus, then 100,000 U/h for 72 h and heparin versus Heparin 15,000 IU initial dose i.v. followed by 30,000 IU/day continuous i.v., adjusted by TT	patients with major pulmonary embolism verified by angiography	Parallel groups open Norway
Jerjes-Sanchez , 1995 n=43/5 follow-up: 3 days	streptokinase 1,500,000 U IV over 1 h and heparin versus heparin alone	high clinical suspicion for massive pulmonary embolism	Parallel groups open

More details and results :

- fibrinolysis for pulmonary embolism in all type of patients at http://www.trialresultscenter.org/go-Q110

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