

# Clinical trials of pre treatment for PCI for percutaneous coronary intervention in stable and unstable ACS

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## 1 reversible ADP receptor antagonist

Trial	Treatments	Patients	Trials design and methods
<b>cangrelor up front vs clopidogrel up front</b>			
<b>CHAMPION-PCI , 2009</b> [NCT00305162] n=4367/4355 follow-up: 48 h	cangrelor up front (cangrelor administered before percutaneous coronary intervention and followed by clopidogrel) versus clopidogrel up front (clopidogrel followed by placebo)	high risk patients requiring PCI	Parallel groups double blind 14 countries

## References

### CHAMPION-PCI, 2009:

Harrington RA, Stone GW, McNulty S, White HD, Lincoff AM, Gibson CM, Pollack CV Jr, Montalescot G, Mahaffey KW, Kleiman NS, Goodman SG, Amine M, Angiolillo DJ, Becker RC, Chew DP, French WJ, Leisch F, Parikh KH, Skerjanec S, Bhatt DL Platelet inhibition with cangrelor in patients undergoing PCI. *N Engl J Med* 2009 Dec 10;361:2318-29 [19915221]

## 2 About TrialResults-center.org

TrialResults-center is an innovative knowledge database that collects the results of RCTs and provides dynamic interactive systematic reviews and meta-analysis in the field of all major heart and vessels diseases.

The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these news results are immediately added to the database with a maximum of 1 week.

TrialResults-center is non-profit and self-funded.