Clinical trials of anticoagulant for acute coronary syndrome in ACS (excluding AMI)

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1   oral anticoagulant

Trial	Treatments	Patients	Trials design and methods
coumadin vs control (on top of aspirin)			
ASPECT-2 (coumadin+asp vs asp) , 2002 n=333/336 follow-up: 1 year	coumadin(INR mean 2.4) +aspirin versus aspirin	UA, AMI	open the Netherlands
warfarin vs control (on top of aspirin)			
ATACS (pilot study) (warfarin vs control) , 1990 n=37/32 follow-up: 65279;3 months	heparin/warfarin target INR 65279;3-4.5 + aspirin versus aspirin alone	65279;UA, NSTEMI	open
ATACS , 1994 n=105/109 follow-up: 3 months	heparin/warfarin (INR median 2.3) + aspirin versus aspirin	UA, NSTEMI	open
OASIS Pilot (phase 1) , 1998 n=155/154 follow-up: 6 months	warfarin 3mg/d for 6 months (INR mean 1.5) versus control	UA, NSTEMI	open
OASIS Pilot (phase 2) , 1998 n=98/99 follow-up: 3 months	warfarin adjusted dose (INR mean 2.3) for 3 months versus standard treatment	UA, NSTEMI	open
OASIS-2 Warfarin Substudy , 2001 n=1848/1864 follow-up: 5 months	warfarin target INR 65279;22.5 for 5 months +aspirin versus control	UA	open
warfarin vs placebo (on top of aspirin)			
Huyhn , 2001 n=44/46 follow-up: 1 year	warfarin adjusted dose for INR 22.5 +aspirin versus placebo +aspirin	UA, NSTEMI with prior CABG	double blind
coumadin vs aspirin			
ASPECT-2 (coumadin vs aspirin) , 2002 n=325/336 follow-up: 1 year (range 0-26 months)	coumadin (phenprocoumon or acenocoumarol) target INR 3-4) versus aspirin 80mg daily	UA, AMI	Parallel groups open the Netherlands
warfarin vs aspirin			

Trial	Treatments	Patients	Trials design and methods
ATACS (pilot study) warfarin vs aspirin , 1990 n=24/32 follow-up: 65279;3 months	heparin/warfarin target INR 65279;3-4 versus aspirin 65279;325 mg daily	65279;UA, NSTEMI	open

References

ASPECT-2 (coumadin+asp vs asp), 2002:

van Es RF, Jonker JJ, Verheugt FW, Deckers JW, Grobbee DE Aspirin and coumadin after acute coronary syndromes (the ASPECT-2 study): a randomised controlled trial. Lancet 2002;360:109-13 [12126819]

ATACS (pilot study) (warfarin vs control), 1990:

Cohen M, Adams PC, Hawkins L, Bach M, Fuster V Usefulness of antithrombotic therapy in resting angina pectoris or non-Q-wave myocardial infarction in preventing death and myocardial infarction (a pilot study from the Antithrombotic Therapy in Acute Coronary Syndromes Study Group). Am J Cardiol 1990;66:1287-92 [2244556]

ATACS, 1994:

Cohen M, Adams PC, Parry G, Xiong J, Chamberlain D, Wieczorek I, Fox KA, Chesebro JH, Strain J, Keller C Combination antithrombotic therapy in unstable rest angina and non-Q-wave infarction in nonprior aspirin users. Primary end points analysis from the ATACS trial. Antithrombotic Therapy in Acute Coronary Syndromes Research Group. Circulation 1994;89:81-8 [8281698]

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Anand SS, Yusuf S, Pogue J, Weitz JI, Flather M Long-term oral anticoagulant therapy in patients with unstable angina or suspected non-Q-wave myocardial infarction: organization to assess strategies for ischemic syndromes (OASIS) pilot study results. Circulation 1998;98:1064-70 [9736592]

OASIS Pilot (phase 2), 1998:

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OASIS-2 Warfarin Substudy, 2001:

Effects of long-term, moderate-intensity oral anticoagulation in addition to aspirin in unstable angina. The Organization to Assess Strategies for Ischemic Syndromes (OASIS) Investigators. J Am Coll Cardiol 2001;37:475-84 [11216966]

Huyhn, 2001:

Huynh T, Throux P, Bogaty P, Nasmith J, Solymoss S Aspirin, warfarin, or the combination for secondary prevention of coronary events in patients with acute coronary syndromes and prior coronary artery bypass surgery. Circulation 2001;103:3069-74 [11425770]

ASPECT-2 (coumadin vs aspirin), 2002:

ATACS (pilot study) warfarin vs aspirin, 1990:

Cohen M, Adams PC, Hawkins L, Bach M, Fuster V Usefulness of antithrombotic therapy in resting angina pectoris or non-Q-wave myocardial infarction in preventing death and myocardial infarction (a pilot study from the Antithrombotic Therapy in Acute Coronary Syndromes Study Group). Am J Cardiol 1990;66:1287-92 [2244556]

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.