

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

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1 P2Y12 receptor antagonist

Trial	Treatments	Patients	Trials design and methods
ticagrelor vs clopidogrel			
PLATO , 2009 [NCT00391872] n=9333/9291 follow-up: 1 y	ticagrelor 90mg twice daily versus clopidogrel 75mg once daily	patients with an acute coronary syndrome, with or without ST-segment elevation (onset of symptoms within the previous 24h).	Parallel groups double blind 43 countries
DISPERSE-2 (90mg) , 2007 n=334/327 follow-up: 12 weeks	ticagrelor 90 mg twice daily versus clopidogrel	patients with NSTEMI-ACS, treated with aspirin and standard therapy for ACS	Parallel groups double blind

References

PLATO, 2009:

James S, Akerblom A, Cannon CP, Emanuelsson H, Husted S, Katus H, Skene A, Steg PG, Storey RF, Harrington R, Becker R, Wallentin L Comparison of ticagrelor, the first reversible oral P2Y₁₂ receptor antagonist, with clopidogrel in patients with acute coronary syndromes: Rationale, design, and baseline characteristics of the PLATelet inhibition and patient Outcomes (PLATO) trial. *Am Heart J* 2009;157:599-605 [[19332184](#)]

Wallentin L, Becker RC, Budaj A, Cannon CP, Emanuelsson H, Held C, Horrow J, Husted S, James S, Katus H, Mahaffey KW, Scirica BM, Skene A, Steg PG, Storey RF, Harrington RA Ticagrelor versus Clopidogrel in Patients with Acute Coronary Syndromes. *N Engl J Med* 2009 Aug 30;: [[19717846](#)] [10.1056/NEJMoa0904327](#)

Bellemain-Appaix A, Brieger D, Beygui F, Silvain J, Pena A, Cayla G, Barthlmy O, Collet JP, Montalescot G New P2Y₁₂ Inhibitors Versus Clopidogrel in Percutaneous Coronary Intervention A Meta-Analysis. *J Am Coll Cardiol* 2010 Aug 18;: [[20800407](#)] [10.1016/j.jacc.2010.07.012](#)

DISPERSE-2 (90mg), 2007:

Cannon CP, Husted S, Harrington RA, Scirica BM, Emanuelsson H, Peters G, Storey RF Safety, tolerability, and initial efficacy of AZD6140, the first reversible oral adenosine diphosphate receptor antagonist, compared with clopidogrel, in patients with non-ST-segment elevation acute coronary syndrome: primary results of the DISPERSE-2 trial. *J Am Coll Cardiol* 2007;50:1844-51 [[17980250](#)]

Storey RF, Husted S, Harrington RA, Heptinstall S, Wilcox RG, Peters G, Wickens M, Emanuelsson H, Gurbel P, Grande P, Cannon CP Inhibition of platelet aggregation by AZD6140, a reversible oral P2Y₁₂ receptor antagonist, compared with clopidogrel in patients with acute coronary syndromes. *J Am Coll Cardiol* 2007;50:1852-6 [[17980251](#)]

2 PAR-1 inhibitor

Trial	Treatments	Patients	Trials design and methods
atopaxar vs placebo			

continued...

Trial	Treatments	Patients	Trials design and methods
J-LANCELOT , 2010 n=NA follow-up:	atopaxar at a loading dose of 400 mg followed by 50 mg per day, 100 mg per day, or 200 mg per day for 12 weeks versus atopaxar at a loading dose of 400 mg followed by placebo	patients with acute coronary syndrome (unstable angina and NSTEMI)	Parallel groups Japan

References

J-LANCELOT, 2010:

3 platelet aggregation inhibitors

Trial	Treatments	Patients	Trials design and methods
aspirin vs control			
ATACS-pilot , 1990 n=37/24 follow-up: 3m	Aspirin 80mg/d (Heparin + Warfarin) versus full-dose heparin followed by warfarin	acute coronary syndromes	
aspirin vs placebo			
VA-main , 1983 n=661/677 follow-up: 3m	Aspirin 324mg/d versus placebo	men with unstable angina	double blind
VA-pilot <i>unpublished</i> n=26/24 follow-up: 3m	-	-	
RISC , 1990 n=474/471 follow-up: 12m	Aspirin 75mg/d versus placebo	men with unstable coronary artery disease (unstable angina or non-Q wave myocardial infarction)	Factorial plan double blind Sweden
Canadian (Aspirin vs PBO) , 1985 n=NA follow-up: 18m	Aspirin 1300mg/d versus placebo	patients with unstable angina	double blind
ALDUSA-pilot <i>unpublished</i> n=56/28 follow-up: 12m	-	-	
Throux , 1988 n=121/118 follow-up: 6d (3m)	Aspirin 325 mg twice daily versus placebo	acute unstable angina	double blind
aspirin + dipyridamol vs placebo			
Prandoni , 1991 n=44/44 follow-up: 12m	Aspirin 50mg/d + Dipyridamol 400mg/d versus placebo	patients with acute unstable angina	double blind

continued...

Trial	Treatments	Patients	Trials design and methods
aspirin + sulfinpyrazone vs placebo			
Canadian (Aspirin + sulfinpyrazone) , 1985 n=416/139 follow-up: 18m	Aspirin 1300mg/d + sulfinpyrazone 800mg/d versus placebo	patients with unstable angina	double blind
sulfinpyrazone vs placebo			
Canadian (sulfinpyrazone alone) , 1985 n=NA follow-up: 18m	sulfinpyrazone 800mg/d versus placebo	patients with unstable angina	double blind
trapidil vs placebo			
Modena <i>unpublished</i> n=71/73 follow-up: 6m	-	-	
trifusal vs placebo			
Plaza , 1993 n=143/138 follow-up: 6m	trifusal 300 mg three times daily versus placebo	patients with unstable angina	Parallel groups double blind Spain
ASA high dose vs ASA low dose			
CURRENT - OASIS 7 (ASA) , 2010 [NCT00335452] n=12507/12579 follow-up: 30 days	High-dose aspirin versus Low-dose aspirin	ACS patients referred for an invasive strategy (scheduled for percutaneous coronary intervention no more than 72 hours after randomization)	Factorial plan open

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References

ATACS-pilot, 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 Dec 1;66:1287-92 [2244556]

VA-main, 1983:

Lewis HD Jr, Davis JW, Archibald DG, Steinke WE, Smitherman TC, Doherty JE 3rd, Schnaper HW, LeWinter MM, Linares E, Pouget JM, Sabharwal SC, Chesler E, DeMots H Protective effects of aspirin against acute myocardial infarction and death in men with unstable angina. Results of a Veterans Administration Cooperative Study. *N Engl J Med* 1983;309:396-403 [6135989]

VA-pilot, 0:

RISC, 1990:

Canadian (Aspirin vs PBO), 1985:

ALDUSA-pilot, 0:

Throux, 1988:

Prandoni, 1991:

Canadian (Aspirin + sulfinpyrazone), 1985:

Canadian (sulfinpyrazone alone), 1985:

Modena, 0:

Plaza, 1993:

CURRENT - OASIS 7 (ASA), 2010:

4 thienopyridine

Trial	Treatments	Patients	Trials design and methods
ticlopidine vs control			
STAI , 1990 n=314/338 follow-up: 6m	ticlopidine 250 mg b.i.d versus untreated control	patients with unstable angina <=48hrs from the pain onset	single blind
ticlopidine vs placebo			
Florida UA <i>unpublished</i> n=12/12 follow-up: 14d	-	-	
clopidogrel + aspirin vs aspirin			
CURE , 2001 n=6259/6303 follow-up: NA (median <9 months)	clopidogrel 300 mg immediately, followed by 75 mg once daily + aspirin for 3 to 12 months versus aspirin (+placebo)	acute coronary syndromes without ST-segment elevation within 24 hours after the onset of symptoms	Parallel groups double blind 28 countries
prasugrel vs clopidogrel			
TRILOGY ACS (overall population) , 2012 [NCT00699998] n=4663/4663 follow-up: 17 months (median)	prasugrel 10 mg daily versus clopidogrel 75 mg daily	patients with acute coronary syndromes selected for a final treatment strategy of medical management without revascularization within 10 days after the index event	Parallel groups double-blind 52 countries
TRITON-TIMI 38 , 2007 [NCT00097591] n=6813/6795 follow-up:	prasugrel 60-mg loading dose and 10-mg daily maintenance dose, for 6 to 15 months versus clopidogrel (a 300-mg loading dose and a 75-mg daily maintenance dose) for 6 to 15 months	patients with moderate-to-high-risk acute coronary syndromes (UA, NSTEMI,STEMI) with scheduled percutaneous coronary intervention	Parallel groups double blind 30 countries
clopidogrel high-dose regimen vs clopidogrel standard-dose			
CURRENT OASIS 7 (clopidogrel) , 2010 [NCT00335452] n=12520/12566 follow-up: 30 days	Double-dose clopidogrel versus Standard-dose clopidogrel	ACS patients referred for an invasive strategy (scheduled for percutaneous coronary intervention no more than 72 hours after randomization)	Factorial plan open

References

STAI, 1990:

Florida UA, 0:

CURE, 2001:

TRILOGY ACS (overall population), 2012:

TRITON-TIMI 38, 2007:

CURRENT OASIS 7 (clopidogrel), 2010:

5 About TrialResults-center.org

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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.

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