

# Clinical trials of PCI for acute myocardial infarction in all type of patients

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## 1 deferred angioplasty (>3 days) after thrombolysis

Trial	Treatments	Patients	Trials design and methods
<b>systematic balloon angioplasty vs no systematic angioplasty</b>			
<b>SWIFT , 1991</b> n=397/403 follow-up: 1 y	CA 72h with a view to PTCA or CABG versus elective angioplasty (only if required by clinical indication)	patients presenting with clinical and electrocardiographic features of acute myocardial infarction up to three hours after the onset of major symptoms	Parallel groups Open UK
<b>SIAM , 1992</b> n=158/166 follow-up: <3 years	CA with CABG/PTCA 14-48 hours versus no CA within the first 21days unless evidence of ischemia	patients treated by thrombolysis for AMI	Parallel groups Open Europe
<b>TAMI 6 , 1992</b> n=34/37	PTCA 6-24h after rtPA versus no PTCA planned	-	
<b>Barbash , 1990</b> n=97/104	PTCA>72h after rtPA if stenosis>70% versus PTCA>72h after rtPA if stenosis>50% and ischemia	-	
<b>Guerci , 1987</b> n=42/43 follow-up: 10 days	PTCA at 4 day versus no PTCA during the 10 days study period	patients candidate to PTCA determined at the 1st day CA	Factorial plan United states
<b>TIMI 2 , 1989</b> n=1636/1626 follow-up: 6 we	CA 18 to 48 hrs versus no CA unless spontaneous or exercise induced ischemia	patients treated with intravenous recombinant tissue plasminogen activator (rt-PA) within four hours of the onset of chest pain thought to be caused by myocardial infarction	Factorial plan Open United states
<b>TIMI II-A (deferred)</b> n=194/197 follow-up:	delayed invasive strategy, deferred angiography and PTCA for 18-48 hours versus conservative approach	-	
<b>TOPS , 1992</b> n=42/45 follow-up: 12 months	PTCA to be performed 4-14 days after MI versus conservative management, no PTCA	patients with residual stenoses after thrombolytic treatment of myocardial infarction	Parallel groups
<b>Van den Brand , 1991</b> n=113/104 follow-up: 3 mo	CA at 2-5 days, PTCA if suitable lesion versus CA at 2-5 days but no PTCA	suitable lesion	Parallel groups NA Europe

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Trial	Treatments	Patients	Trials design and methods
Vermeer , 1999 n=NA follow-up: 42 days	alteplase followed by transfer to the PTCA centre and (if indicated) rescue PTCA versus thrombolytic treatment with alteplase	patients with acute myocardial infarction initially admitted to a hospital without PTCA facilities	Parallel groups

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## 2 drug-eluting stents

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<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 withon 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
<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>sirolimus eluting 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>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
<b>zotarolimus eluting stent vs sirolimus eluting stent</b>			
<b>ZEST AMI (vs SES) , 2009</b> [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

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**Daz de la Llera, 2007:**

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**SESAMI, 2007:**

**TYPHOON, 2006:**

**Di Lorenzo et al., 2005:**

**Juwana, 2009:**

**PROSIT, 2006:**

**ZEST AMI (vs PES), 2009:**

**ZEST AMI (vs SES), 2009:**

### 3 early angioplasty (<3 days) after thrombolysis

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Trial	Treatments	Patients	Trials design and methods
<b>systematic balloon angioplasty vs no systematic angioplasty</b>			
<b>SWIFT , 1991</b> n=397/403 follow-up: 1 y	CA 72h with a view to PTCA or CABG versus elective angioplasty (only if required by clinical indication)	patients presenting with clinical and electrocardiographic features of acute myocardial infarction up to three hours after the onset of major symptoms	Parallel groups Open UK
<b>SIAM , 1992</b> n=158/166 follow-up: <3 years	CA with CABG/PTCA 14-48 hours versus no CA within the first 21days unless evidence of ischemia	patients treated by thrombolysis for AMI	Parallel groups Open Europe
<b>TAMI 6 , 1992</b> n=34/37	PTCA 6-24h after rtPA versus no PTCA planned	-	
<b>Barbash , 1990</b> n=97/104	PTCA>72h after rtPA if stenosis>70% versus PTCA>72h after rtPA if stenosis>50% and ischemia	-	
<b>Guerci , 1987</b> n=42/43 follow-up: 10 days	PTCA at 4 day versus no PTCA during the 10 days study period	patients candidate to PTCA determined at the 1st day CA	Factorial plan United states

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>TIMI 2 , 1989</b> n=1636/1626 follow-up: 6 we	CA 18 to 48 hrs versus no CA unless spontaneous or exercise induced ischemia	patients treated with intravenous recombinant tissue plasminogen activator (rt-PA) within four hours of the onset of chest pain thought to be caused by myocardial infarction	Factorial plan Open United states
<b>TIMI II-A (deferred)</b> n=194/197 follow-up:	delayed invasive strategy, deferred angiography and PTCA for 18-48 hours versus conservative approach	-	
<b>TOPS , 1992</b> n=42/45 follow-up: 12 months	PTCA to be performed 4-14 days after MI versus conservative management, no PTCA	patients with residual stenoses after thrombolytic treatment of myocardial infarction	Parallel groups
<b>Van den Brand , 1991</b> n=113/104 follow-up: 3 mo	CA at 2-5 days, PTCA if suitable lesion versus CA at 2-5 days but no PTCA	suitable lesion	Parallel groups NA Europe
<b>Vermeer , 1999</b> n=NA follow-up: 42 days	alteplase followed by transfer to the PTCA centre and (if indicated) rescue PTCA versus thrombolytic treatment with alteplase	patients with acute myocardial infarction initially admitted to a hospital without PTCA facilities	Parallel groups

## References

**SWIFT, 1991:**  
**SIAM, 1992:**  
**TAMI 6, 1992:**  
**Barbash, 1990:**  
**Guerci, 1987:**  
**TIMI 2, 1989:**  
**TIMI II-A (deferred), 0:**  
**TOPS, 1992:**  
**Van den Brand, 1991:**  
**Vermeer, 1999:**

## 4 immediate PCI after thrombolysis

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>immediate systematic ballon angioplasty vs no immediate angioplasty</b>			
<b>Belenkie , 1991</b> n=50/39 follow-up: 4 months	immediate PTCA versus delayed PTCA (18-38h)	patients with a patent infarct-related artery after thrombolytic therapy suitable for angioplasty	parallel group open Canada

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>ECSG , 1988</b> n=183/184 follow-up: 1 y	angioplasty as soon as possible (after rtPA) versus non-invasive strategy without immediate CA and PTCA	patients with acute myocardial infarction within 5 h after onset of symptoms	parallel group open Europe
<b>Ellis , 1994</b> n=78/73 follow-up:	balloon angioplasty supplemented by further thrombolytic therapy as needed versus conservative therapy	patients with first anterior wall infarction treated with any accepted intravenous thrombolytic regimen and angiographically demonstrated to have an occluded infarct vessel within 8 hours of chest pain onset	
<b>Erbel , 1989</b> n=103/103 follow-up: 3 years	combined intravenous and intracoronary streptokinase with immediate coronary angioplasty versus combined intravenous and intracoronary streptokinase without immediate coronary angioplasty	patients with acute transmural myocardial infarction	Parallel groups
<b>MERLIN (Sutton) , 2004</b> n=NA follow-up: 30 days	emergency coronary angiography with rescue PCI versus conservative treatment	patients with STEMI and failed fibrinolysis	Parallel groups
<b>SWISS-SMASH , 1999</b> n=32/23 follow-up: 30 days (1y)	emergency angiography, followed immediately by revascularization when indicated versus initial medical management	Patients with acute myocardial infarction and early shock	Parallel groups open Europe
<b>TAMI 1 pilot , 1987</b> n=99/98 follow-up: in hospital	Angioplasty within 120 min (after rtPA) versus deferred CA (7-10 days) and angioplasty if indicated	patients with acute myocardial infarction.	parallel group open USA
<b>TAMI-5 (Califf) , 1991</b> n=287/288 follow-up:	immediate catheterization with angioplasty for failed thrombolysis (90min after rtPA/urokinase) versus deferred predischage catheterization on days 5-10, no PTCA planned	patient with acute myocardial infarction	Factorial plan
<b>TIMI 2A , 1988</b> n=195/194 follow-up: 21 days	CA within 120 min of the start of the rtPA infusion. PTCA whether the artery is open or closed versus CA within 18-48hrs. PTCA only if artery open (TIMI 2 or 3)	patient thrombolized for a AMI	parallel group open USA
<b>Topol , 1987</b> n=15/13 follow-up: in hospital	immediate PTCA versus no PTCA	patients with evolving transmural myocardial infarction	parallel group open USA
<b>systematic PCI (+stent) vs no systematic PCI</b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</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 onse	Parallel groups Canada

## References

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**ECSG, 1988:**  
**Ellis, 1994:**  
**Erbel, 1989:**  
**MERLIN (Sutton), 2004:**  
**SWISS-SMASH, 1999:**  
**TAMI 1 pilot, 1987:**  
**TAMI-5 (Califf), 1991:**  
**TIMI 2A, 1988:**  
**Topol, 1987:**  
**CAPITAL AMI, 2005:**  
**GRACIA-1, 2004:**  
**PRAGUE, 2000:**  
**SIAM III, 2002:**  
**WEST, 2006:**

## 5 primary PCI

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>primary ballon angioplasty vs accelerated t-PA</b>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Ribichini , 1996 n=24/26 follow-up: discharge	primary PTCA versus accelerated alteplase 90 min (15 mg IV bolus followed by an infusion of 0.75 mg/kg over 30min not to exceed 50mg, and then 0.5 mg/kg over the next 60min not to exceed 35mg for a total maximum of 100mg)	-	Parallel groups open Italy
Garcia , 1997 n=95/94 follow-up: 30 d	primary PTCA versus accelerated t-PA 90 min (15 mg IV bolus followed by an infusion of 0.75 mg/kg over 30min not to exceed 50mg, and then 0.5 mg/kg over the next 60min not to exceed 35mg for a total maximum of 100mg)	patients with anterior AMI	Parallel groups open Spain
GUSTO 2B , 1997 n=573/565 follow-up: 30 d	primary PTCA versus accelerated t-PA 90 min (15 mg IV bolus followed by an infusion of 0.75 mg/kg over 30min not to exceed 50mg, and then 0.5 mg/kg over the next 60min not to exceed 35mg for a total maximum of 100mg)	patients within 12 hours of acute myocardial infarction (with ST-segment elevation on the electrocardiogram)	factorial design open USA, Europe, Australia
DANAMI-2 , 1997 n=NA follow-up: 2.4y	angioplasty versus accelerated treatment with intravenous alteplase	patients who received thrombolytic treatment for a first acute myocardial infarction and with inducible myocardial ischemia (either symptomatic angina pectoris presenting spontaneously >36 hours after admission or during a predischage exercise test or ST changes during exercise compatible with ischemia)	Parallel groups open
<b>primary PCI vs accelerated t-PA</b>			
C-PORT , 2002 n=225/226 follow-up: 6 months	primary PCI without on-site cardiac surgery versus accelerated tissue plasminogen activator	thrombolytic-eligible patients with acute MI of less than 12 hours' duration associated with ST-segment elevation	Parallel groups open USA
<b>primary stenting vs accelerated t-PA</b>			
STAT , 2001 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>			
STOPAMI 1 , 2000 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>			

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
Zwolle 5 (Suryapranata) , 1998 n=112/115 follow-up: 12 months	Stent Palmaz-Schatz versus balloon angioplasty	Patients with acute myocardial infarction	Parallel groups open
FRESCO , 1998 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
GRAMI (Rodriguez) , 1998 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
PASTA (Saito) , 1999 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
stent-PAMI (Grines) , 1999 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
STENTIM-2 (Maillard) , 2000  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
PSSAAMI (Scheller) , 2001 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
Jaksch , 1998 n=231/231 follow-up: 65279;6 months	-	-	Parallel groups open
PRISAM (Kawashima) , 1999 n=110/112 follow-up: 65279;6 months	-	-	Parallel groups open
CADILLAC (no abciximab) , 2002 n=512/518 follow-up: 12 months	stenting alone with the MultiLink stent versus PTCA alone	patients with acute myocardial infarction	Parallel groups open
CADILLAC abciximab. , 2002 n=524/528 follow-up: 12 months	stenting plus abciximab therapy versus PTCA plus abciximab therapy	patients with acute myocardial infarction	Parallel groups open
ZWOLLE 6 , 2005 n=785/763 follow-up: 12 months	stenting versus balloon angioplasty	unselected patients with STEMI	Parallel groups open

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<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 ballon angioplasty vs duteplase</b>			
<b>DeWood , 1989</b> n=46/44 follow-up: 30 d	primary PTCA versus duteplase 0.5 MU/kg for 1 h then 0.7 MU/kg/h for 3h	-	Parallel groups open USA
<b>Gibbons , 1993</b> n=47/56 follow-up: discharge	primary PTCA versus duteplase 0.6 MU/kg over 5h	patients with acute myocardial infarction	Parallel groups open USA
<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>transfer for primary angioplasty vs immediate thrombolysis</b>			
<b>AIR-PAMI , 2002</b> n=71/66 follow-up:	Transfer for Primary Angioplasty versus immediate thrombolysis (various thrombolytic)	Patients with high-risk AMI (age >70 years, anterior MI, Killip class II/III, heart rate >100 beats/min or systolic BP <100 mm Hg), eligible for thrombolytic therapy	Parallel groups open
<b>DANAMI-2 , 2003</b> n=567/562 follow-up: 30 days	Transfer for Primary Angioplasty versus immediate thrombolysis with tPA (accelerated infusion)	patients with myocardial infarction with ST-segment elevation	Parallel groups open
<b>PRAGUE-2 , 2003</b> n=429/421 follow-up: 30 days	immediate transport for primary percutaneous coronary intervention versus immediate thrombolysis with streptokinase	patients with acute ST elevation myocardial infarction presenting within <12 h to the nearest community hospital without a catheter laboratory	Parallel groups open
<b>primary ballon angioplasty vs intracoronary streptokinase</b>			
<b>O'Neill , 1986</b> n=NA follow-up:	coronary angioplasty versus intracoronary streptokinase	patients within 12 hours of their first symptoms of acute myocardial infarction	Parallel groups open
<b>primary ballon angioplasty vs streptokinase</b>			
<b>Zwolle , 1994</b> n=152/149 follow-up: discharge	primary PTCA versus streptokinase 1.5 M IU over 1h	patients with acute myocardial infarction	Parallel groups open The Netherland
<b>Ribeiro , 1993</b> n=50/50 follow-up: discharge	primary PTCA versus streptokinase 1.2 M IU over 1h	patients with ST segment elevation within 6 h of the onset of chest pain	Parallel groups open Brazil

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Grinfeld , 1996</b> n=54/58 follow-up: 30 d	primary PTCA versus streptokinase 1.5 M IU over 1h	-	Parallel groups open Argentina
<b>Zijlstra , 1997</b> n=45/50 follow-up: 6 months	primary PTCA versus streptokinase 1.5 M IU over 1h	atients with acute myocardial infarction	Parallel groups open The Netherland
<b>Zijlstra , 1993</b> n=70/72 follow-up:	immediate coronary angioplasty (without previous thrombolytic therapy) versus intravenous streptokinase	patients with acute myocardial infarction	Parallel groups open
<b>Akhras , 1997</b> n=42/45 follow-up:	primary angioplasty versus streptokinase	patient within 12hr from onset of AMI	Parallel groups open Saudi Arabia
<b>primary ballon angioplasty vs t-PA</b>			
<b>PAMI , 1993</b> n=195/200 follow-up: discharge	primary PTCA versus t-PA 100mg (or 1.25mg/kg for patients weighting less than 65kg) over 3 h	patients who presented within 12 hours of the onset of myocardial infarction	Parallel groups open USA,Europe
<b>primary ballon angioplasty vs tenecteplase</b>			
<b>TRIANA , 2009</b> [NCT00257309] n=132/134 follow-up: 30 days (12 months)	Tenecteplase + UFH (+/- clopidogrel) versus Primary angioplasty	>=75 years old with ST-segment elevation or LBBB AMI <6 hours of evolution without contraindications for thrombolytic therapy	Parallel groups open
<b>primary PCI vs Thrombolysis</b>			
<b>senior PAMI , 2005</b> [NCT00136929] n=252/229 follow-up: 30 days	primary percutaneous coronary intervention versus intravenous thrombolytic therapy	elderly (age >= 70 years) patients with acute myocardial infarction	Parallel groups Open

## References

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**Garcia, 1997:**  
**GUSTO 2B, 1997:**  
**DANAMI-2, 1997:**  
**C-PORT, 2002:**  
**STAT, 2001:**  
**STOPAMI 1, 2000:**  
**Zwolle 5 (Suryapranata), 1998:**  
**FRESCO, 1998:**  
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**O'Neill, 1986:**  
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**Akhras, 1997:**  
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**senior PAMI, 2005:**

## 6 transfer for primary angioplasty

Trial	Treatments	Patients	Trials design and methods
<b>primary angioplasty vs immediate thrombolysis</b>			
<b>MAASTRICHT (Vermeer) , 1999</b> n=75/75 follow-up:	Transfer for primary PTCA versus immediate thrombolysis with tPA	patients with acute myocardial infarction initially admitted to a hospital without PTCA facilities	open
<b>PRAGUE-1 , 2000</b> n=101/99 follow-up: 30 days	immediate transportation for primary angioplasty without pre-treatment with thrombolysis versus immediate thrombolysis with streptokinase	patients with acute myocardial infarction, presenting within 6 h of symptom onset at community hospitals without a catheterization laboratory	open

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>AIR-PAMI , 2002</b> n=71/66 follow-up:	Transfer for Primary Angioplasty versus immediate thrombolysis (various thrombolytic)	Patients with high-risk AMI (age >70 years, anterior MI, Killip class II/III, heart rate >100 beats/min or systolic BP <100 mm Hg), eligible for thrombolytic therapy	open
<b>CAPTIM , 2002</b> n=421/419 follow-up:	Transfer for Primary Angioplasty versus prehospital fibrinolysis with accelerated alteplase	patients within 6 h of acute myocardial infarction with ST-segment elevation, initially managed by mobile emergency-care units	open
<b>DANAMI-2 , 2003</b> n=567/562 follow-up: 30 days	Transfer for Primary Angioplasty versus immediate thrombolysis with tPA (accelerated infusion)	patients with myocardial infarction with ST-segment elevation	Parallel groups open
<b>PRAGUE-2 , 2003</b> n=429/421 follow-up: 30 days	immediate transport for primary percutaneous coronary intervention versus immediate thrombolysis with streptokinase	patients with acute ST elevation myocardial infarction presenting within <12 h to the nearest community hospital without a catheter laboratory	open
<b>thrombolysis + angioplasty vs immediate thrombolysis</b>			
<b>NORDISTEMI , 2009</b> [NCT00161005] n=134/132 follow-up: 1y	transfer for immediate coronary angiography and intervention versus conservative strategy	patients with STEMI of less than 6 hours of duration and more than 90 minutes expected time delay to PCI	Parallel groups open Norway
<b>PRAGUE-1 (thrombolysis+PTCA) , 2000</b> n=100/99 follow-up: 30 days	thrombolytic therapy during transportation to angioplasty versus immediate thrombolysis with streptokinase	patients with acute myocardial infarction, presenting within 6 h of symptom onset at community hospitals without a catheterization laboratory	Parallel groups open Czech Republic
<b>CARESS , 2008</b> n=NA follow-up: 30 days	immediate transfer for PCI after half-dose reteplase, abciximab, heparin, and aspirin versus half-dose reteplase, abciximab, heparin, and aspirin, transfer for PCI only if they had persistent ST elevation at 90 minutes (rescue PCI)	STEMI patients under 75 years old within 12 hours of symptom onset who had been admitted to hospitals without PCI facilities	open France, Italy, and Poland
<b>CAPITAL AMI , 2005</b> n=86/84 follow-up: 6 months	full-dose tenecteplase (TNK) plus PCI versus thrombolysis alone	high-risk MI patients within six hours of symptom onset	Parallel groups open US
<b>TRANSFER-AMI , 2008</b> <i>ongoing</i> [NCT00164190] n=NA follow-up: 30 days	pharmacoinvasive strategy (transfer for PCI within six hours of fibrinolysis) versus standard treatment after fibrinolysis (rescue PCI for failed reperfusion, with elective PCI encouraged for successfully reperfused patients after 24 hours)	patients with high-risk STEMI	Parallel groups open

## References

MAASTRICHT (Vermeer), 1999:

**PRAGUE-1, 2000:**  
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**DANAMI-2, 2003:**  
**PRAGUE-2, 2003:**  
**NORDISTEMI, 2009:**  
**PRAGUE-1 (thrombolysis+PTCA), 2000:**  
**CARESS, 2008:**  
**CAPITAL AMI, 2005:**  
**TRANSFER-AMI, 2008:**

## 7 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.