

Clinical trials of myocardial revascularization for stable angina in single vessel disease

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1 PCI

Trial	Treatments	Patients	Trials design and methods
balloon angioplasty vs medical treatment			
ACME , 1992 n=105/107 follow-up: 5y	PTCA within 3 days of randomization versus medical treatment (nitrates, beta-blockers, calcium blockers)	Stable angina, history of angina, MI within 3 months, exercise test with ST depression >3 mm, no previous PTCA; Single or serial stenosis within same artery 70% to 99% proximal two thirds	Parallel groups open US
MASS , 1995 n=72/72 follow-up: 5y	PTCA versus medical treatment (aspirin, nitrates, beta-blockers and calcium channel blocking)	Stable angina, no Q wave MI, no left ventricular dysfunction	Parallel groups open Brazil
Sievers , 1993 n=44/44 follow-up: 2y	PTCA versus medical treatment	Previous non Q wave MI, no angina in daily life, no previous Q wave MI	Parallel groups open Germany
PCI with or without stent vs medical treatment			
ALKK , 2003 n=149/151 follow-up: 4.7y	angioplasty versus medical therapy	patients with single vessel disease of the infarct vessel and no or minor angina pectoris in the subacute phase (1 to 6 weeks) after an acute myocardial infarction	Parallel groups open Germany
balloon angioplasty vs CABG			
MASS , 1995 n=72/70 follow-up: 3.2 y	percutaneous transluminal coronary angioplasty versus mammary bypass surgery	patients with stable angina, normal ventricular function and a proximal stenosis of the left anterior descending coronary artery >80%	open Brazil
Lausanne , 1994 n=68/66 follow-up: 3.2 y	transluminal coronary angioplasty versus Coronary artery bypass grafting	patients with isolated proximal left anterior descending artery stenosis, conserved left ventricular function, and documented ischaemia	open Switzerland
PCI with drug-eluting stents vs CABG			
Hong , 2005 n=119/70 follow-up: 9 months	drug-eluting stents versus invasive direct coronary artery bypass (MIDCAB) surgery	proximal left anterior descending (LAD) coronary artery stenosis	Parallel groups open
stent vs CABG			

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Trial	Treatments	Patients	Trials design and methods
LEMANS , 2002 [NCT00375063] n=52/53 follow-up: 1y	unprotected left main stenting versus coronary artery bypass grafting	patients with unprotected left main coronary artery stenosis	Parallel groups open Poland
stent vs E-ACAB			
Cisowski n=50/50 follow-up: 2 years	Tristar, Tera, Penta (Guidant) (Cordis) versus endoscopic atraumatic coronary artery bypass grafting	single vessel disease ACC/AHA A or B lesion in proximal LAD Angina CCS II or higher Lesion diameter 3 mm or greater/length 20mm or greater	parallel group open Poland
angioplasty vs MIDCAB			
AMIST (Reeves) , 2004 n=50/50 follow-up: 12 months	percutaneous transluminal coronary angioplasty (PTCA) with or without stenting versus minimally invasive direct coronary artery bypass grafting (MIDCAB)	single-vessel disease (at least 50% stenosis) of the left anterior descending coronary artery (LAD).	Parallel groups open England
PCI withsirolimus ES vs MIDCAB			
Thiele , 2009 [NCT00299429] n=65/65 follow-up: 12 months	sirolimus-eluting stent versus MIDCAB surgery	isolated LAD disease	Parallel groups open Germany
stent vs MIDCAB			
Diegeler , 2002 n=110/110 follow-up: 5 years	Various stents versus minimally invasive direct coronary artery bypass (off-pump procedure)	single vessel disease Lesion =75% stenosis in proximal LAD or between origin of left circumflex and 1st septal branch	parallel group open Germany
Drenth , 2002 n=51/51 follow-up: 6 months, 3 years	Stent type not reported versus minimally invasive direct coronary artery bypass (off-pump procedure)	single vessel disease Angina II Lesion (Grade B2 or C) of proximal LAD Suitable for CABG or stenting	parallel group open Netherlands
Grip , 2001 n=28/25 follow-up:	Stent type not reported versus minimally invasive direct coronary artery bypass (off-pump procedure)	single vessel disease engaging LAD Stable or unstable angina	parallel group open Sweden
SIMA , 2000 n=62/59 follow-up: 2.4 years	Any CE marked, but Palmaz-Schatz recommended versus Conventional CABG or minimally invasive direct coronary artery bypass (off-pump procedure) (10% of surgical procedures)	single vessel disease Symptomatic or silent ischaemia 1 LAD lesion Ejection fraction >45% Vessel >3.0mm	parallel group open Europe

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2 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.

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