

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

continued...

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|--|---|---|---------------------------------------|
| <b>LEMANS , 2002</b><br>[NCT00375063]<br>n=52/53<br>follow-up: 1y        | unprotected left main stenting<br>versus<br>coronary artery bypass grafting   | patients with unprotected left main coronary artery stenosis  | Parallel groups<br>open<br>Poland     |
| <b>stent vs E-ACAB</b>   |   |   |                                       |
| <b>Cisowski</b><br>n=50/50<br>follow-up: 2 years                         | Tristar, Tera, Penta (Guidant) (Cordis)<br>versus<br>endoscopic atraumatic coronary artery bypass grafting  | single vessel disease ACC/AHA A or B lesion in proximal LAD Angina CCS II or higher<br>Lesion diameter 3 mm or greater/length 20mm or greater | parallel group<br>open<br>Poland      |
| <b>angioplasty vs MIDCAB</b>   |   |   |                                       |
| <b>AMIST (Reeves) , 2004</b><br>n=50/50<br>follow-up: 12 months          | percutaneous transluminal coronary angioplasty (PTCA) with or without stenting<br>versus<br>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<br>open<br>England    |
| <b>PCI withsirolimus ES vs MIDCAB</b>                                    |   |   |                                       |
| <b>Thiele , 2009</b><br>[NCT00299429]<br>n=65/65<br>follow-up: 12 months | sirolimus-eluting stent<br>versus<br>MIDCAB surgery   | isolated LAD disease  | Parallel groups<br>open<br>Germany    |
| <b>stent vs MIDCAB</b>   |   |   |                                       |
| <b>Diegeler , 2002</b><br>n=110/110<br>follow-up: 5 years                | Various stents<br>versus<br>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<br>open<br>Germany     |
| <b>Drenth , 2002</b><br>n=51/51<br>follow-up: 6 months, 3 years          | Stent type not reported<br>versus<br>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<br>open<br>Netherlands |
| <b>Grip , 2001</b><br>n=28/25<br>follow-up:                              | Stent type not reported<br>versus<br>minimally invasive direct coronary artery bypass (off-pump procedure)  | single vessel disease engaging LAD Stable or unstable angina  | parallel group<br>open<br>Sweden      |
| <b>SIMA , 2000</b><br>n=62/59<br>follow-up: 2.4 years                    | Any CE marked, but Palmaz-Schatz recommended<br>versus<br>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<br>open<br>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.

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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