Clinical trials of myocardial revascularization for stable angina in multivessels disease

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1 PCI

Trial	Treatments	Patients	Trials design and methods
balloon angioplasty vs medical treatment			
RITA 2 , 1997 n=504/514 follow-up: 7y	PTCA within 3 mo of the randomisation versus medical treatment	Angina leading to admission within 90days, previous Q wave MI, no previousPTCA, no left main stem disease	Parallel groups open UK
ACME 2 (Folland) , 1997 n=51/50 follow-up: 5y	PTCA versus medical therapy	Stable angina, history of angina, MIwithin 3 months, exercise test with STdepression >3 mm, no previous PTCA; Stenosis >70% proximal two thirds,no main artery stenosis >50% , no 3vessel disease	Parallel groups open
PCI with or without stent vs medical treatment			
AVERT , 1995 n=177/164 follow-up: 1.5y	angioplasty versus atorvastatin at 80 mg per day	Angina or asymptomatic, MI orunstable angina but not within 14 days,no triple vessel disease	Parallel groups open
Dakik , 1998 n=19/22 follow-up: 1y	PTCA versus intensive medical therapy	stable survivors of AMI	Parallel groups open
MASS II , 2007 n=205/203 follow-up: 5y	PCI versus medical therapy	patients with multivessel coronary artery disease with stable angina and preserved ventricular function	Parallel groups open
Hambrecht , 2004 n=50/51 follow-up: 1y	PCI versus 12 months of exercise training (20 minutes of bicycle ergometry per day)	male patients aged 70 years	Parallel groups open
Bech , 2001 n=90/91 follow-up: 2y	PTCA versus deferral of PTCA	patients with planned PTCA and no documented ischemia and with coronary pressurederived fractional flow reserve >0.75	Parallel groups open
ISCHEMIA *ongoing* n=NA follow-up:	invasive strategy, consisting of early routine cardiac catheterization followed by revascularization plus optimal medical therapy (OMT) and lifestyle changes versus conservative strategy of optimal medical therapy and lifestyle changes in which invasive procedures will be performed only after failure of OMT	patients with stable ischemic heart disease and moderate to severe ischemia	Parallel groups open-label

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Trial	Treatments	Patients	Trials design and methods
balloon angioplasty vs CABG			
EAST , 1994 [NCT00000465] n=198/194 follow-up: 3 y	transluminal coronary angioplasty versus coronary-artery bypass grafting	patients with multivessels coronary artery disease	open USA
GABI , 1994 n=182/177 follow-up: 1 y	Percutaneous transluminal coronary angioplasty versus coronary-artery bypass grafting	patients with symptomatic multivessel coronary disease	open Germany
BARI , 1996 [NCT00000462] n=915/914 follow-up: 5.4 y	PTCA versus CABG	Patients with multivessel disease	open USA, Canada
RITA , 1993 n=510/501 follow-up: 2.5 y (6.5y)	percutaneous transluminal coronary angioplasty versus coronary artery bypass surgery	patients with one, two, or three diseased coronary arteries	open UK
ERACI , 1992 n=63/64 follow-up: 3.8 y	Percutaneous transluminal coronary angioplasty versus coronary artery bypass grafting	patients with multivessel disease and lesions suitable for either form of therapy	open Argentina
Toulouse , 1992 n=76/76 follow-up: 2.8 y	PTCA versus CABG	patients with multivessels coronary artery disease	open France
CABRI , 1995 n=541/513 follow-up: 1 y	percutaneous transluminal coronary angioplasty versus coronary artery bypass grafting	patients with symptomatic multivessel coronary disease	open Europe
PCI vs CABG			
AWESOME , 2001 n=222/232 follow-up: 5 years	percutaneous coronary intervention versus coronary artery bypass graft	high-risk patients with medically refractory ischemia	Parallel groups open US (Veterans Affairs Medical Centers)
PCI with drug-eluting stents vs CABG			
FREEDOM , 2012 [NCT00086450] n=953/947 follow-up: 3.8 yrs (median)	percutaneous coronary stenting versus CABG	patients with diabetes and multivessel coronary artery disease	Parallel groups open international
stent vs CABG			
ARTS , 2001 n=600/605 follow-up: 1 year	Palmaz-Schatz Crown/Cross flex (Cordis) versus Conventional CABG	Multi vessel disease with 2 or more de novo lesion in different major arteries Total occlusion <1month	parallel group open International

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Trial	Treatments	Patients	Trials design and methods
CARDia (PCI) , 2008 [ISRCTN19872154] n=256/254 follow-up: 1 y	PCI plus stenting (and routine abciximab) versus CABG	Patients with diabetes and symptomatic multivessel coronary artery disease or complex single-vessel disease.	Parallel groups open UK, Ireland
ERACI II , 2003 n=225/225 follow-up: 30d, 1year	Gianturco Robin II (Cook) Primary device versus Conventional CABG	multi vessel disease Angina CSS III-IV; no angina but large area of heart at risk; unstable =1 vessel to be treated Lesion>3.0mm	parallel group open Argentinad
MASS II , 2007 n=205/203 follow-up: 5y (1y)	PCI (73% stent) versus CABG	patients with multivessel coronary artery disease with stable angina and preserved ventricular function	Parallel groups open South America
Myoprotect , 2004 n=23/21 follow-up: 1 year	percutaneous transluminal coronary angioplasty/stent versus CABG	patients with symptomatic main-stem and main-stem-equivalent lesions with substantially increased risk for bypass surgery	Parallel groups open Europe
SOS , 2002 [NCT00475449] n=488/500 follow-up: 3 years	Stent versus CABG	multiple vessel disease Symptomatic 1 or more vessel suitable for stenting	parallel group open Canada, United Kingdom, Europe

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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.

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