

# Clinical trials of cell-based therapies for acute myocardial infarction in PCI

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## 1 growth factor

Trial	Treatments	Patients	Trials design and methods
<b>G-CSF vs control</b>			
<b>Deng , 2006</b> n=10/10 follow-up: 12 months	granulocyte colony stimulating factor (G-CSF) versus control	-	China
<b>FIRSTLINE-AMI (Ince) , 2005</b> n=25/25 follow-up: 4 months (1y)	granulocyte colony stimulating factor (G-CSF) versus usual care	patients with ST-elevation myocardial infarction undergoing primary PCI with stenting and abciximab	open germany
<b>MAGIC (G-CSF) (Kang) , 2004</b> n=10/7 follow-up: 6 monthsh	granulocyte colony stimulating factor (G-CSF) versus control	patients with myocardial infarction who underwent coronary stenting for the culprit lesion of infarction	open
<b>MAGIC 1 (Kang) , 2007</b> n=NA follow-up: 24 months	granulocyte colony stimulating factor (G-CSF) versus control	patients with myocardial infarction	open
<b>MAGIC Cell-3-DES (Kang) , 2006</b> n=27/29 follow-up: 6 months	peripheral blood stem cells mobilized by G-CSF for 3 days and delivered to infarcted myocardium via intracoronary infusion versus control	patients with recent or old myocardial infarction who underwent coronary revascularization with DES	open Korea
<b>RIGENERA (Leone) , 2007</b> n=NA follow-up: 5 months	granulocyte colony stimulating factor (G-CSF) versus control	patients with large anterior wall AMI at high risk of unfavorable remodeling and with successful primary or rescue percutaneous coronary intervention and LVEF<50%	open
<b>Suarez de Lezo (G-CSF) , 2007</b> n=10/10 follow-up: 3 months	systemic administration of granulocyte colony-stimulating factor (G-CSF) versus control	patients with revascularized anterior wall AMI and depressed left ventricular function (ejection fraction <45% )	open
<b>Suzuki , 2006</b> n=NA follow-up: 6 months	granulocyte colony stimulating factor (G-CSF) versus control	patients with angina or AMI	open
<b>Takano , 2007</b> n=18/22 follow-up: 6 months	granulocyte colony stimulating factor (G-CSF) versus control	patients with AMI related with the left anterior descending coronary artery, who underwent successful percutaneous coronary intervention	open Japan

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>G-CSF vs placebo</b>			
<b>Ellis , 2006</b> [NCT00215124] n=18 follow-up: 1 months	granulocyte colony stimulating factor (G-CSF) at 5 escalating to 10 microg/kg per day subcutaneously for 5 days versus placebo	patients with large acute myocardial infarction	double blind
<b>G-CSF-STEMI (Engelmann) , 2006</b> n=23/21 follow-up: 3 months	granulocyte colony stimulating factor (G-CSF) versus placebo	patients with late revascularized subacute STEMI	double blind germany
<b>REVIVAL-2 (Zohlhfer) , 2006</b> [NCT00126100] n=56/58 follow-up: 6 months	granulocyte colony stimulating factor (G-CSF) versus placebo	patients with acute myocardial infarction after successful mechanical reperfusion reduces infarct size	Parallel groups double blind Germany
<b>STEMMI (Ripa) , 2006</b> n=39/39 follow-up: 6 months	granulocyte colony stimulating factor (G-CSF) versus placebo	patients with ST-elevation myocardial infarction	double blind
<b>Valgimigli , 2005</b> n=10/10 follow-up: 6 months	granulocyte colony stimulating factor (G-CSF) versus placebo	patients with STEMI	double blind Italy

2

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## 2 myoblasts

Trial	Treatments	Patients	Trials design and methods
<a href="#">percutaneous skeletal-myoblast cell therapy vs placebo</a>			

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Trial	Treatments	Patients	Trials design and methods
<b>MARVEL</b> <i>ongoing</i> n=14/6 follow-up: 6 mo	autologous myoblasts by intramyocardial injection at doses containing 400 or 800 million cells versus sham procedure	patients with post-MI myocardial scarring	Parallel groups double blind

## References

MARVEL, :

## 3 stem cells

Trial	Treatments	Patients	Trials design and methods
<b>autologous bone marrow stem cells vs control</b>			
<b>ASTAMi (Lunde) , 2006</b> n=50/50 follow-up: 6 months	intracoronary injection of autologous mononuclear BMC (stem cells $0.68 \cdot 10^8$ ) <i>versus</i> <i>control(Heparanizedplasma)</i>	patients with acute ST-elevation myocardial infarction of the anterior wall treated with percutaneous coronary intervention	parallel group open
<b>BOOSt (Meyer) , 2004</b> n=30/30 follow-up: 6 months	stem cells mean $2.46 \cdot 10^9$ <i>versus</i> <i>control(Heparanisedplasma)</i>	successful percutaneous coronary intervention (PCI) for acute ST-segment elevation myocardial infarction	parallel group open
<b>Chen , 2004</b> n=NA follow-up: 6 months	-	-	
<b>Huang , 2006</b> n=20/20 follow-up: 6 months	intracoronary transplantation of autologous BM-MNC via a micro-catheter right after PCI (stem cells mean $1.8 \cdot 10^8$ ) <i>versus</i> <i>placebo(Heparanisedsaline)</i>	patients with first onset of acute inferior-wall myocardial infarction aged $\leq 75$ , treated with emergent percutaneous coronary intervention	parallel group open
<b>Karpov , 2005</b> n=10/10 follow-up: 6 months	intracoronary injection of bone marrow mononuclear cells (stem cells mean $88.5 \cdot 10^6$ ) <i>versus</i> <i>control</i>	patients with acute myocardial infarction.	parallel group NA
<b>Li , 2007</b> n=35/23 follow-up: 6 months	autologous peripheral blood stem cell transplantation by intracoronary infusion (stem cells mean $7.25 \cdot 10^7$ ) <i>versus</i> <i>control</i>	patients with AMI	parallel group open
<b>MAGIC (cell infusion) , 2004</b> n=10/7 follow-up:	intracoronary infusion of collected peripheral blood stem-cells versus control	patients with myocardial infarction who underwent coronary stenting for the culprit lesion of infarction	

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>MAGIC Cell-3-DES (Kang) , 2006</b> n=25/25 follow-up: 6 months	intracoronary infusion of mobilized peripheral blood stem cells by granulocyte colony-stimulating factor (stem cells $1-2 \cdot 10^9$ ) <i>versus</i> <i>control</i>	patients with myocardial infarction who underwent coronary revascularization with DES for the culprit lesion	parallel group open
<b>Meluzin HD , 2006</b> n=22/22 follow-up: 3 months	intracoronar mononuclear bone marrow cells (stem cells $10^8$ ) <i>versus</i> <i>control(Cellsuspensionmedia)</i>	patients with a first acute myocardial infarction	parallel group open
<b>Meluzin LD , 2006</b> n=22/22 follow-up: 3 months	intracoronar mononuclear bone marrow cells (stem cells $10^7$ ) <i>versus</i> <i>control(Cellsuspensionmedia)</i>	patients with a first acute myocardial infarction	parallel group open
<b>Penicka , 2007</b> n=14/10 follow-up: 4 months	Intracoronary injection of autologous bone marrow-derived mononuclear cells (stem cells $26.4 \cdot 10^8$ ) <i>versus</i> <i>control</i>	patients with large anterior acute myocardial infarction	parallel group open
<b>Ruan , 2005</b> n=9/11 follow-up: 6 months	intracoronary injection of bone-marrow cell (stem cells dose NA) <i>versus</i> <i>control (Diluted serum)</i>	with acute myocardial infarction and anterior descending coronary artery occlusion proven by angiography	parallel group open
<b>Suarez de Lezo (cell) , 2007</b> n=10/10 follow-up: 3 months	intracoronary infusion of autologous mononuclear bone marrow cells ( $9 \cdot 10^8$ ) <i>versus</i> <i>control(Salinecontaining0.1%heparin)</i>	patients with revascularized anterior wall AMI and depressed left ventricular function (ejection fraction $<45\%$ )	parallel group open
<b>TCT-STAMI (Ge) , 2006</b> n=10/10 follow-up: 6 months	emergent intracoronary autologous bone marrow cell transplantation ( $4 \cdot 10^7 SC$ ) <i>versus</i> <i>control</i>	patients admitted within 24 h after the onset of a first AMI	parallel group NA
<b>cardiosphere-derived stem cells vs control</b>			
<b>CADUCEUS ongoing</b> [NCT00893360] n=NA follow-up: 12 months	Autologous cardiosphere-derived stem cell intra-coronary infusion <i>versus</i> <i>control</i>	patients with ischemic left ventricular dysfunction and a recent myocardial infarction	Parallel groups open
<b>autologous bone marrow stem cells vs placebo</b>			
<b>Janssens , 2006</b> n=33/34 follow-up: 4 months	stem cells mean $1.7 \cdot 10^8$ <i>versus</i> <i>placebo(Salineand5%autologousserum)</i>	patientst with successful percutaneous coronary intervention for STEMI	parallel group double blind
<b>REPAIR-AMI (Schachinger) , 2006</b> [NCT00279175] n=95/92 follow-up: 4 months	intracoronary infusion of progenitor cells derived from bone marrow (stem cells mean $2.36 \cdot 10^8$ ) <i>versus</i> <i>placebo(X – vivomediaand20%autologousserum)</i>	patients with acute myocardial infarction	double blind

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<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>TIME</b> <i>ongoing</i> n=NA follow-up:	autologous bone marrow-derived mononuclear cells (BMMNCs) versus placebo	patients with moderate-to-large anterior AMIs who have undergone successful percutaneous coronary intervention of the left anterior descending coronary artery and have a left ventricular (LV) ejection fraction $\leq 45\%$ by echocardiography.	Parallel groups double blind
<b>Autologous Skeletal Myoblasts vs placebo</b>			
<b>NCT00975234</b> <i>ongoing</i> [NCT00975234] n=NA follow-up:	Intra-lesion injection of autologous skeletal myoblasts versus placebo	Patients With Old Myocardial Infarction	
<b>E-CMM vs placebo</b>			
<b>ENACT-AMI</b> <i>ongoing</i> n=NA follow-up:	autologous E-CMMs (culture modified circulating mononuclear cells), or E-CMMs transfected with human endothelial nitric oxide synthase delivered by coronary injection into the infarct-related artery versus placebo	-	

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## 4 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.

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