

# Clinical trials of myocardial revascularization for coronary artery disease in single vessel disease

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## 1 PCI

Trial	Treatments	Patients	Trials design and methods
<b>balloon angioplasty vs CABG</b>			
<b>MASS , 1995</b> n=72/70 follow-up: 3.2 y	percutaneous transluminal coronaryangioplasty versus mammary bypass surgery	patients with stable angina,normal ventricular function and a proximal stenosis of the leftanterior descending coronary artery >80%	open Brazil
<b>Lausanne , 1994</b> 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
<b>PCI withdrug-eluting stents vs CABG</b>			
<b>Hong , 2005</b> 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
<b>stent vs E-ACAB</b>			
<b>Cisowski</b> 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 orgreater/length 20mm or greater	parallel group open Poland
<b>angioplasty vs MIDCAB</b>			
<b>AMIST (Reeves) , 2004</b> 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
<b>PCI withsirolimus ES vs MIDCAB</b>			
<b>Thiele , 2009</b> [NCT00299429] n=65/65 follow-up: 12 months	sirolimus-eluting stent versus MIDCAB surgery	isolated LAD disease	Parallel groups open Germany
<b>stent vs MIDCAB</b>			
<b>Diegeler , 2002</b> 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

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Drenth , 2002</b> 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
<b>Grip , 2001</b> 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
<b>SIMA , 2000</b> 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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