Clinical trials of antioxydants for cardiovascular prevention in secondary prevention

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1 antioxydant

Trial	Treatments	Patients	Trials design and methods
vitamin E vs control			
GISSI , 1999 n=5660/5664 follow-up: 3.5y	vitamin E 300mg/d versus no vitamine E	patients with recent (3 months) myocardial infarction	Factorial plan open Italy
beta carotene vs placebo			
ATBC 2nd prev subgroup (b carotene) , 1998 n=876/919 follow-up: 3.79 y	synthetic beta carotene 20 mg daily versus placebo	patients enroled in the ATBC trial and who had angina pectoris in the Rose chest pain questionnaire at baseline	Factorial plan double-blind Finland
WACS beta-caroten , 2007 [NCT00000541] n=4084/4087 follow-up: 9.4 years	beta carotene (Lurotin) 50 mg every two days versus placebo	female health professionals at increased risk (40 years or older with a history of CVD or 3 or more CVD risk factors)	Factorial plan double blind
combination vs placebo			
HATS , 2001 n=84/76 follow-up:	antioxidant-therapy (vitamins) versus placebo	patients with coronary disease, low HDL cholesterol levels and normal LDL cholesterol	Factorial plan double-blind USA, Canada
MVP , 1997 n=158/159 follow-up: 6 montsh	multivitamins (30,000 IU of beta carotene, 500 mg of vitamin C, and 700 IU of vitamin E) for four weeks before and six months after angioplasty versus placebo	patient undergoing angioplasty	Factorial plan double-blind Canada
HPS antioxidant , 2002 n=10269/10267 follow-up: jul 1994 - may 1997	antioxidant vitamin supplementation (600 mg vitamin E, 250 mg vitamin C, and 20 mg -carotene daily) versus matching placebo	UK adults (aged 4080) with coronary disease, other occlusive arterial disease, or diabetes	Factorial plan double-blind UK
WAVE (Waters) , 2002 n=212/211 follow-up: 2.8 years	400 IU of vitamin E twice daily plus 500 mg of vitamin C twice daily versus placebo	postmenopausal women with at least one 15% to 75% coronary stenosis	Factorial plan double-blind US, Canada
vitamin C vs placebo			

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Trial	Treatments	Patients	Trials design and methods
WACS vitamin C , 2007 [NCT00000541] n=4087/4084 follow-up: 9.4 years	vitamin C (ascorbic acid) 500 mg/d versus placebo	female health professionals at increased risk (40 years or older with a history of CVD or 3 or more CVD risk factors)	double blind US
vitamin E vs placebo			
CHAOS , 1996 n=1035/967 follow-up: 1.5y	vitamin E 400-800UI/d (alpha tocopherol) versus identical placebo	patients with angiographically proven coronary atherosclerosis	Parallel groups double-blind UK
SPACE , 2000 n=97/99 follow-up: 1.42 years	vitamin E 800 IU daily versus matching placebo	Haemodialysis patients aged 4075 years with pre-existing cardiovascular disease	Parallel groups double -blind Israel
HOPE , 2000 n=4761/4780 follow-up: 4.5y	vitamin E 400IU/d from natural sources versus matching placebo	women and men 55 years of age or older who were at high risk for cardiovascular events because they had cardiovascular disease or diabetes in addition to one other risk factor.	Factorial plan double-blind Multinational: Canada, USA, Europe, South America
WACS vitamin E , 2007 [NCT00000541] n=4083/4088 follow-up: 9.4 years	vitamin E (600IU every two days) versus placebo	female health professionals at increased risk (40 years or older with a history of CVD or 3 or more CVD risk factors)	Factorial plan double blind US
HOPE renal insufficiency subgroup , 2004 n=499/494 follow-up: 4.5y	vitamin E 400 IU/day, natural versus placebo	patients with either known cardiovascular disease or diabetes and at least one additional coronary risk factor and renal insufficiency (sub group)	Factorial plan double-blind North and South America, Europe
ATBC 2nd prev subgroup (vitamin E) , 1998 n=916/879 follow-up: 3.79 y	alpha tocopherol (vitamin E) 50 mg/day versus placebo	patients enroled in the ATBC trial and who had angina pectoris in the Rose chest pain questionnaire at baseline	Factorial plan double-blind Finland

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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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