

Clinical trials of secondary prevention for post myocardial infarction in all type of patients

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1 aspirin

Trial	Treatments	Patients	Trials design and methods
aspirin vs placebo			
CDPA , 1976 n=758/771 follow-up: 1.83 y	Aspirin (324 mg) 3x/d versus Placebo	MI survivors	Parallel groups Double blind USA
Cardiff I , 1974 n=615/624 follow-up: 2 years	Aspirin (300 mg) 1x/d versus Placebo	MI survivors	Parallel groups Double blind UK
Cardiff II , 1979 n=832/850 follow-up: 1 y	Aspirin (300 mg) 3x/d for one year versus Placebo	patients with myocardial infarction	Parallel groups Double blind South Wales
Vogel , 1979 n=672/668 follow-up: 1.75 y (mean)	Aspirin (1.5 g daily) on an average period of 22 months versus Placebo	-	Parallel groups Double blind Germany
AMIS , 1980 [NCT00000491] n=2267/2257 follow-up: >3 y	Aspirin (500 mg) 2x/d for at least 3 years versus Placebo	men and women who had had a documented myocardial infarction	Parallel groups Double blind USA
GAMIS , 1980 n=317/309 follow-up: 2 y	Aspirin (500 mg) 3x/d for 2 years versus Placebo	patients who had survived a myocardial infarction for 30-42 days	Parallel groups Double blind Germany, Austria,
PARIS , 1980 n=810/406 follow-up: 41 mo	Aspirin (324 mg) 3x/d versus Placebo	patients who had recovered from myocardial infarction	Parallel groups Double blind USA, UK
JAMIS , 1999 n=250/230 follow-up: 1.3 y (mean)	Aspirin (81 mg) 1x/d versus No antiplatelets	patients with AMI within 1 month from the onset of symptoms	Parallel groups Open Japan

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2 clopidogrel

Trial	Treatments	Patients	Trials design and methods
clopidogrel vs aspirin			
CAPRIE, 1996 n=9599/9586 follow-up: 1.91 y	Clopidogrel (75 mg) 1x/d for a minimum of one year and a maximum of 3 years versus Aspirin (325 mg) 1x/d	patients with atherosclerotic vascular disease manifested as either recent ischaemic stroke, recent myocardial infarction, or symptomatic peripheral arterial disease	Parallel groups Double blind 16 countries (USA, Canada, Europe, Australia and NZ)

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3 dipyridamol

Trial	Treatments	Patients	Trials design and methods
dipyridamol + aspirin vs placebo			
PARIS , 1980 n=810/406 follow-up: 41 months (mean)	Aspirin (324 mg) + dipyridamole (75 mg) 3x/d versus Placebo	patients who had recovered from myocardial infarction	Parallel groups Double blind USA and UK
PARIS-II , 1986 n=1563/1565 follow-up: 23.4 months	Aspirin (330 mg) + dipyridamole (75 mg) 3x/d versus Placebo	patients who had recovered from myocardial infarction, suffered from 4 weeks to 4 months previously	Parallel groups Double blind USA and UK
dipyridamol + aspirin vs aspirin			
PARIS , 1980 n=810/810 follow-up: 41 months	Aspirin (324 mg) + dipyridamole (75 mg) 3x/d versus Aspirin (324 mg) 3x/d	patients who had recovered from myocardial infarction	Parallel groups Double blind USA and GB

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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.

TrialResults-center is non-profit and self-funded.