

# Clinical trials of antithrombotics for peripheral vascular diseases in after revascularisation

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## 1 anti-agrgant

Trial	Treatments	Patients	Trials design and methods
<b>vs contrle</b>			
<b>Green , 1982</b> n=32/17 follow-up: 12 mois	Association: aspirine (ASA)+ dipyridamole(DIP)(n=16) ou aspirine seul(n=16). versus placebo	40% de patients au stade II 60% de patients avec ischmie critique	Parallel groups Double aveugle
<b>Kohler , 1984</b> n=44/44 follow-up: 24 mois	Association Aspirine (ASA) et dipyridamole(DIP)(commence 1 jour aprs l'intervention). versus placebo	AOMI stade non prcis	Parallel groups Double aveugle
<b>Goldman , 1984</b> n=22/31 follow-up: 12 mois	Association aspirine (ASA): 300mg et dipyridamole (DIP): 75 mg; 3 fois par jour, commenant 48 heures avant l'intervention , pendant 12 mois. versus Placebo.	Stade II: 20.8% Stade III,IV: 79.2% .	Parallel groups Double aveugle
<b>Donaldson , 1985</b> n=33/32 follow-up: 12 mois	Association aspirine(ASA)+ dipirydamole (DIP). versus placebo	patients au stade II (PM 60m)	Parallel groups Double aveugle
<b>Clyne , 1987</b> n=70/70 follow-up: 12 mois	Association: aspirine(ASA) + dipyridamole (DIP). versus placebo	stade II svre et stade III	Parallel groups Non dterminable
<b>McCollum , 1991</b> n=286/263 follow-up: 35 mois	Aspirine + dipyridamole versus Placebo	40% de patients au stade II 60% de patients au stade IV	Parallel groups Double aveugle
<b>aspirin vs contrle</b>			
<b>Lassila R , 1991</b> n=72/72 follow-up: 3 ans	- prvention de l'occlusion des artres pripriques par traitement base d'aspirine. - 250 mg aspirine par jour pendant 3 mois depuis le 17me jour aprs l'opratiion versus absence de traitement	- 144 patients dont 59 claudicants, 41 ischmies avances - ge moyen 60 ans - 105 hommes	Parallel groups Ouvert
<b>ticlopidine vs contrle</b>			

continued...

<b>Trial</b>	<b>Treatments</b>	<b>Patients</b>	<b>Trials design and methods</b>
<b>Becquemín , 1997</b> n=122/121 follow-up: 24 mois	Ticlopidine (Ticlid, sanofi) 250 mg*2 /j versus placebo	Patients au stade II IV	Parallel groups Double aveugle
<b>aspirin vs</b>			
<b>BOA , 2000</b> n=1351/1339 follow-up: 21 mois	Aspirine 80 mg/j peros dbut 5j aprs l'intervention pendant 21 mois versus Anti vitamine K: phenprocoumon ou acnocoumarol (INR cible :3.0-4.5) dbut 5j aprs l'intervention pendant 21 mois	51% de patients au stade II 21% de patients au stade III 28% de patients au stade IV	Parallel groups Ouvert
<b>vs HBPM</b>			
<b>Edmondson , 1994</b> n=106/94 follow-up: 12 mois	Aspirine (ASA) et dipyridamole (DIP) versus Hparine de bas poids molculaire (Fragmin).	stade II pour 107 patients sauvetage de membre pour 93 patients	Parallel groups Ouvert

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Low-molecular weight heparin versus aspirin and dipyridamole after femoropopliteal bypass grafting. Edmondson RA, Cohen AT, Das SK, Wagner MB, Kakkar VV Lancet 1994 Oct 1;344:914-8 [7934346]

## 2 antivitamins K

Trial	Treatments	Patients	Trials design and methods
<b>phenprocoumon vs contrle</b>			
<b>Kretschmer , 1992</b> n=66/64 follow-up: 10 ans	phenprocoumon commenc pendant la 2me semaine post-opratoire. Temps de Quick cible : 15 25% versus absence d'anti-coagulation	51% de patients au stade II	Parallel groups Ouvert
<b>warfarin vs contrle</b>			
<b>Sarac , 1998</b> n=32/24 follow-up: 3 ans	hparine (6 24 h avant l'intervention) puis warfarin pour un INR entre 2 et 3. versus pas d'anti-coagulation	AOMI stade non precis	Parallel groups Ouvert
<b>Johnson , 2002</b> n=308/306 follow-up: 5 ans	warfarin 5 mg/j au 2me ou 3me j post-opratoire. INR cible : 1.4 2.8 versus contrle	stades II IV 614 patients inclus	Parallel groups Ouvert

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Benefits, morbidity, and mortality associated with long-term administration of oral anticoagulant therapy to patients with peripheral arterial bypass procedures: a prospective randomized study. Johnson WC, Williford WO; Department of Veterans Affairs Cooperative Study 362 J Vasc Surg 2002 Mar;35:413-21 [11877686]

## 3 NOAC

Trial	Treatments	Patients	Trials design and methods
<b>rivaroxaban vs placebo</b>			
<b>VOYAGER PAD</b> <i>ongoing</i> [NCT02504216] n=6500 follow-up:	Rivaroxaban 2.5 mg orally twice daily (5 mg cumulative daily dose) versus Placebo	Patients With Symptomatic Peripheral Artery Disease Undergoing Lower Extremity Revascularization Procedures	

## References

VOYAGER PAD, :

## 4 About TrialResults-center.org

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