

# Clinical trials of antiplatelets drug for cardiovascular prevention in secondary prevention in patients with CAD

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## 1 aspirin

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

continued...

| Trial  | Treatments                               | Patients                                     | Trials design and methods                 |
|--|--|--|---|
| <b>SAPAT , 1992</b><br>n=1009/1026<br>follow-up: 50 months | aspirin 75 mg daily<br>versus<br>placebo | patients with stable chronic angina pectoris | Parallel groups<br>double blind<br>Sweden |

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## 2 clopidogrel

| Trial  | Treatments  | Patients   | Trials design and methods |
|--|---|--|---------------------------|
| <b>clopidogrel vs aspirin</b>                            |   |  |                           |
| <b>ASCET</b><br>[NCT00222261]<br>n=498/503<br>follow-up: | clopidogrel 75 mg once daily for two years<br>versus<br>Aspirin 160 mg once daily for two years | patients with documented coronary heart disease and treated with aspirin | Parallel groups<br>open   |

continued...

| Trial   | Treatments  | Patients  | Trials design and methods                       |
|---|---|---|---|
| <b>CAPRIE , 1996</b><br>n=9599/9586<br>follow-up: mean 1.91 years                     | clopidogrel 75 mg once daily<br>versus<br>aspirin 325 mg once daily   | patients with atherosclerotic vascular disease manifested as either recent ischaemic stroke, recent myocardial infarction, or symptomatic peripheral arterial disease | Parallel groups<br>Double blind<br>16 countries |
| <b>clopidogrel vs placebo (on top aspirin)</b>  |   |   |   |
| <b>CHARISMA , 2006</b><br>[NCT00050817]<br>n=7802/7801<br>follow-up: median 28 months | clopidogrel (75 mg per day) plus low-dose aspirin (75 to 162 mg per day)<br>versus<br>placebo plus low-dose aspirin | patients with either clinically evident cardiovascular disease or multiple risk factors   | Parallel groups<br>Double blind<br>32 countries |

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## 3 dipyridamol

| Trial  | Treatments  | Patients                      | Trials design and methods       |
|--|---|-------------------------------|---------------------------------|
| <b>dipyridamol vs control</b>                                  |   |                               |                                 |
| <b>Atlanta (Sbar) , 1967</b><br>n=30/30<br>follow-up: 6 months | dipyridamole 150mg daily<br>versus<br>placebo             | patients with angina pectoris | parallel groups<br>double-blind |
| <b>Wirecki , 1967</b><br>n=28/28<br>follow-up: 7 months        | dipyridamole 150mg daily<br>versus<br>placebo             | patients with angina pectoris | parallel groups<br>double blind |
| <b>Becker , 1967</b><br>n=14/13<br>follow-up: 5 months         | dipyridamole 225mg daily<br>versus<br>placebo             | -                             | parallel groups<br>double-blind |
| <b>dipyridamol vs placebo</b>                                  |   |                               |                                 |
| <b>Kinsella , 1962</b><br>n=13/13<br>follow-up: 0.5 months     | dipyridamole 37.5 mg and 100mg daily<br>versus<br>placebo | -                             | parallel groups<br>double-blind |
| <b>Leiberman , 1964</b><br>n=19/19<br>follow-up: >3 months     | dipyridamole 100mg daily<br>versus<br>placebo             | -                             | parallel groups<br>double blind |

continued...

| <b>Trial</b>  | <b>Treatments</b>  | <b>Patients</b>   | <b>Trials design and methods</b>              |
|---|--|---|---|
| <b>Zion , 1961</b><br>n=14/14<br>follow-up: 0.5 months          | Dipyridamole 37.5mg<br>versus<br>placebo   | patients with angina pectoris   | cross-over<br>double-blind                    |
| <b>Dewar , 1961</b><br>n=17/17<br>follow-up: 0.5 months         | Dipyridamole 100mg daily<br>versus<br>placebo                                      | patients with angina pectoris   | parallel groups<br>double-blind               |
| <b>Neumann , 1964</b><br>n=20/16<br>follow-up: 1.5 months       | dipyridamole 150mg daily<br>versus<br>placebo                                      | elderly with precordial pain  | parallel groups<br>double-blind               |
| <b>Foulds , 1960</b><br>n=24/24<br>follow-up: 1 months          | Dipyridamole 200mg daily<br>versus<br>placebo                                      | patients with angina pectoris   | parallel groups<br>double-blind               |
| <b>Igloe , 1970</b><br>n=26/22<br>follow-up: 2-7 months         | Dipyridamole 200mg daily<br>versus<br>placebo                                      | patients with angina pectoris   | parallel groups<br>double blind               |
| <b>dipyridamol + aspirin vs placebo</b>                         |  |   |   |
| <b>PARIS , 1980</b><br>n=810/406<br>follow-up: 41 months (mean) | Aspirin (324 mg) + dipyridamole (75 mg)<br>3x/d<br>versus<br>Placebo               | patients who had recovered from myocardial<br>infarction  | Parallel groups<br>Double blind<br>USA and UK |
| <b>PARIS-II , 1986</b><br>n=1563/1565<br>follow-up: 23.4 months | Aspirin (330 mg) + dipyridamole (75 mg)<br>3x/d<br>versus<br>Placebo               | patients who had recovered from myocardial<br>infarction, suffered from 4 weeks to 4 months<br>previously | Parallel groups<br>Double blind<br>USA and UK |
| <b>dipyridamol + aspirin vs aspirin</b>                         |  |   |   |
| <b>PARIS , 1980</b><br>n=810/810<br>follow-up: 41 months        | Aspirin (324 mg) + dipyridamole (75 mg)<br>3x/d<br>versus<br>Aspirin (324 mg) 3x/d | patuents who had recovered from myocardial<br>infarction  | Parallel groups<br>Double blind<br>USA and GB |

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## 4 P2Y12 receptor-antagonist

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| Trial  | Treatments   | Patients   | Trials design and methods       |
|--|--|--|---------------------------------|
| <b>ticagrelor vs placebo (on top aspirin)</b>  |  |  |                                 |
| <b>PEGASUS 90mg , 2015</b><br>[NCT01225562]<br>n=7050/7067<br>follow-up: 2.75 y (median) | -  | patients who had had a myocardial infarction<br>1 to 3 years earlier | double-blind                    |
| <b>PEGASUS 60mg , 2015</b><br>[NCT01225562]<br>n=7045/7067<br>follow-up: 2.75 y (median) | ticagrelor at a dose of 60 mg twice daily<br>versus<br>placebo | patients who had had a myocardial infarction<br>1 to 3 years earlier | Parallel groups<br>double-blind |

## References

**PEGASUS 90mg, 2015:**

Bonaca MP, Bhatt DL, Braunwald E, Cohen M, Steg PG, Storey RF, Held P, Jensen EC, Sabatine MS Design and rationale for the Prevention of Cardiovascular Events in Patients With Prior Heart Attack Using Ticagrelor Compared to Placebo on a Background of Aspirin-Thrombolysis in Myocardial Infarction 54 (PEGASUS-TIMI 54) trial. Am Heart J 2014;167:437-444.e5 [[24655690](#)]

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## 5 selective PAR-1 thrombin receptor antagonist

| Trial   | Treatments   | Patients   | Trials design and methods       |
|---|--|--|---------------------------------|
| <b>vorapaxar vs placebo (on top aspirin)</b>  |  |  |                                 |
| <b>TRA-2P TIMI 50 , 2012</b><br>[NCT00526474]<br>n=13225/13244<br>follow-up: 2.5 y (median) | vorapaxar (SCH 530348) 2.5-mg daily<br>versus<br>placebo (added to the existing standard of care for preventing heart attack and stroke (eg, aspirin, clopidogrel) | patients with a known history of atherosclerosis (MI, ischemic stroke, or peripheral vascular disease) | Parallel groups<br>double-blind |

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## 6 ticlopidine

| Trial  | Treatments                                    | Patients   | Trials design and methods       |
|--|---|--|---------------------------------|
| <b>ticlopidine vs placebo</b>                      |   |  |                                 |
| <b>Berglund , 1985</b><br>n=21/17<br>follow-up: 2m | ticlopidine 500 mg daily<br>versus<br>placebo | middle-aged men with stable incapacitating angina pectoris | parallel groups<br>double blind |

## References

### Berglund, 1985:

## 7 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.

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