

### ISCHEMIA Trial Update

(As of April 15, 2016)

#### Enrolled

Worldwide: 4932  
Australia: 32



#### Randomized

Worldwide: 2899  
Australia: 24

### ISCHEMIA-CKD Update

(As of April 15, 2016)

#### Enrolled

Worldwide: 260  
Australia: 0



#### Randomized

Worldwide: 246  
Australia: 0

### ISCHEMIA World Cup

The World Cup competition has started!



The scores for each round will be based on country performance using three criteria:

- Randomization rate
- Optimal Revascularization Therapy Compliance
- Female Enrollment rate

Visit [www.ischemiatrial.org](http://www.ischemiatrial.org) to find out more about the rules of the contest!

#### Country Leader

Prof. Joseph Selvanayagam

#### SAHMRI Clinical Research

Deirdre Murphy, CRA

#### ISCHEMIA-CKD

#### Country Lead Nephrologist

Dr. Magid Fahim

#### ISCHEMIA

#### Clinical Coordinating Center

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#### ISCHEMIA CCC

#### Regional Team

Alexandra Brackenhaimer

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#### Toll-Free Help Line

Australia: 1800027430

### Message from your Country Leader

### Screening Tips and Reminders!

#### What can I tell my colleagues who do not support the trial?

- CCTA (performed in majority of participants) excludes LM prior to randomization
- CON participants have close follow-up and can be sent to cath if their quality of life is not acceptable despite maximal medical therapy
- If participating in donation program, stents (Xience or Resolute) are available at no charge for INV participants
- Evidence suggests that it is ethical to randomize stable patients with moderate or severe ischemia to a conservative strategy
- There are nearly 3000 randomized participants! A Data and Safety Monitoring Board (DSMB) monitors the safety of the trial on a regular basis and has recommended to continue the trial!



#### What if I am not seeing any stress tests with at least moderate ischemia?

- Speak with imaging physicians about the study—ask them to contact you if there is an eligible patient
- Screen cases at stress labs as often as possible
- Ask imaging labs to inform referring physicians about the trial when notifying them about results showing at least moderate or severe ischemia
- Identify other cardiologists or primary care physicians who are willing to screen their own patients and refer to your site for enrollment—they can manage the care of their own patients and collaborate with the study team to ensure study

#### Screening for ISCHEMIA-CKD?

Patients with CKD tend to not present with chest pain and are frequently under-tested and under-treated. Identifying a nephrologist will help improve referral of this cohort of patients for stress testing and maximize enrollments for the ancillary study.



Increasing awareness of the ISCHEMIA trial and its rationale will help physicians feel more comfortable with the study. Contact the ISCHEMIA CCC for physician materials or

### Study Teams in Australia

Site Name	Enrolled	Randomized
<b>Royal Perth Hospital, West Australia</b> Dr. Graham Hillis, Michelle Bonner	2	2
<b>John Hunter Hospital, New South Wales</b> Dr. Suku Thambar, Melissa Chaplin	8	5
<b>Austin Health, Victoria</b> Dr. Piyush Srivastava, Michelle Ord	0	0
<b>Flinders Medical Centre, South Australia</b> Dr. Majo Joseph, Dr. Joseph Selvanayagam, Lora Papa, Sau Lee	17	15
<b>Queen Elizabeth Hospital, South Australia</b> Dr. John Beltrame, Marilyn Black, Jeanette Stansborough, JoAnne McIntyre	5	2
<b>Princess Alexandra Hospital, Queensland</b> Dr. Magid Fahim, Amanda Coburn, Joanna Sudak	0	0