ISCHEMIA AUSTRIA UPDATE

NIH National Heart, Lung, and Blood Institute

INTERNATIONAL STUDY OF COMPARATIVE HEALTH EFFECTIVENESS WITH MEDICAL AND INVASIVE APPROACHES

NYU Cardiovascular Clinical Research Center — Spring 2016

STUDY UPDATES

Enrolled: 4953 | Austria: 52 (+2 CKD)
Randomized: 2925| Austria: 32 (+2 CKD)

The ISCHEMIA World Cup has Begun!

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

⇨***Randomization rate***
⇨***Optimal Revascularization Therapy Compliance***
⇨***Enrollment Rate of Women***

Visit *www.ischemiatrial.org* to find the complete contest rules.

Let's set goals for 2016!

If sites in Austria collectively randomize **at least 1 participant** per month, Austria will surpass the randomization goals for the ISCHEMIA trial for the year.

Together we can do it!

Country Leaders

Prof. Kurt Huber
Dr. Irene Lang

ISCHEMIA-CKD Country Lead Nephrologist:

Dr. Peter Krisper

ISCHEMIA CCC Regional Team

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ALMAC Clinical Helpline

0800 295969 or 0120 609 1991

A Review of Austria's Performance...

AUSTRIA'S OPTIMAL MEDICAL THERAPY (OMT) COMPLIANCE

Only 24% of randomized ISCHEMIA participants in Austria meet our primary LDL-C goal of LDL < 70 mg/dl

- Please remember that the most efficient way to get participants to goal is by prescribing maximum dose high intensity statins, either rosuvastatin 40mg or atorvastatin 80mg
- If you have any questions please contact the CCC Risk Factor Management Team at ischemia@nyumc.org

AUSTRIA'S OPTIMAL REVASCULARIZATION THERAPY (ORT) COMPLIANCE

TIPS FOR IMPROVING CATHETERIZATION ADHERENCE IN PARTICIPANTS RANDOMIZED TO INV

BEFORE RANDOMIZATION:

- Remind participant (and family members) that both strategies are standard of care
  Do not randomize until all doubts are resolved
- Randomize close to the time that cath/revascularization can be scheduled/performed

AFTER RANDOMIZATION:

- **Schedule cath as soon as possible after randomization** and within a 30 day target
  Ideally the time from rand to cath should be 1-2 days
- If a participant refuses the protocol-assigned cath, engage their personal physician to help; cath and revascularization performed later is much better than not performed at all

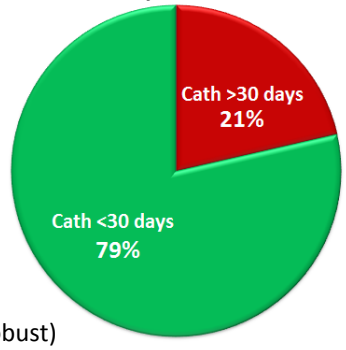
TO INCREASE % UNDERGOING PCI & CABG

- For non-obstructive disease, perform FFR
- If patient refuses CABG, offer PCI with the goal of complete ischemic revascularization

TO INCREASE % WITH COMPLETE REVASCULARIZATION

- Use FFR liberally
- Prefer CABG for high SYNTAX score and/or CTOs
- Revascularize territories with severe stenosis causing ischemia
- Revascularize other areas with severe stenosis or abnormal FFR even if the noninvasive testing did not show ischemia
- Revascularize viable areas supplied by CTO (even if collaterals are robust)

INV Participants Who Underwent Diagnostic Catheterization Within 30 Days of Randomization



Enrolling Sites in Austria	Randomized in the Main Trial	Randomized in ISCHEMIA-CKD
University of Vienna Allgemeines Krankenhaus, Vienna Dr. Irene Lang, Dr. Max-Paul Winter	7	1
LKH Graz West Austria, Graz Dr. Herwig Schuchlenz, Brigitte Anelli Monti, Stefan Weikl, Peter Zechner	21	1
Wilhelminenhospital of Community Vienna, Vienna Prof. Kurt Huber, Dr. Gerhard Unger, Dr. Maximilian Tscharre, Tijana Andric, Bernhard Jager, Andrea Prusse, Rene Simon	4	0