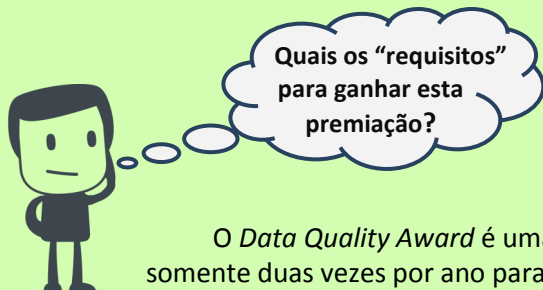


★ **DATA QUALITY AWARDS** ★

Parabenizamos o Instituto do Coração do Hospital das Clínicas da FMUSP (InCor) e o Instituto Dante Pazzanese de Cardiologia por estarem entre os 15 melhores centros de pesquisa com a mais alta qualidade de dados!



O Data Quality Award é uma premiação dada somente duas vezes por ano para os centros.


Há um algoritmo desenvolvido para identificar esses centros, e são levados em consideração alguns pontos como:

- O número de dados pendentes não resolvidos por mais de 14 dias é o fator principal usado para atribuir essa premiação;
- O número e taxa de randomizações (já que a intensidade da inclusão de dados na CRF aumenta com o volume e taxa de randomização).

ATUALIZAÇÕES DO ESTUDO!

Total de Inclusão: 4422 | Brasil: 236
Total de Randomização: 2484 | Brasil: 177

Parabenizamos o centro de pesquisa do [Dr. Werther Monico Rosa](#) do Hospital Universitário Cassiano Antônio de Moraes, Vitória/ES pela recente ativação do estudo! Contamos com a dedicação e empenho de todos na inclusão e randomização de pacientes!



O sistema WebView da BioClinica agora funciona no Internet Explorer! Caso tenha alguma dificuldade para acessá-lo por este navegador, basta clicar em configurações e em seguida "Configurações do Modo de Exibição de Compatibilidade" e adicionar o endereço bioclinica.com.

Formulário EXTCARE, quando ele deve ser preenchido??

O formulário "Extended care" deve ser preenchido somente caso o participante tenha sido admitido em local de cuidados especializados, como clínica de reabilitação ou casa de repouso após alta hospitalar. Para habilitar este formulário, basta responder "Sim" à questão "Admission to an extended care facility?" no formulário VISCTL da respectiva visita.



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Curta a página do **Estudo ISCHEMIA** no Facebook:

<https://www.facebook.com/ISCHEMIA.Trial>

Optimal Medical Therapy: LDL-C goals

All participants in ISCHEMIA should be treated with high intensity statin therapy

The LDL cholesterol goal for all participants in the trial is less than 70 mg/dL. All participants should be treated with rosuvastatin (maximum dose 40 mg) or atorvastatin (maximum dose 80 mg). Please see the OMT MOO for special considerations in patients age >75. If participants are on maximally tolerated atorvastatin or rosuvastatin and have an LDL >70 mg/dL, you should add ezetimibe so that the LDL may improve by the next scheduled visit.

OMT reports will now be sent to your site monthly.

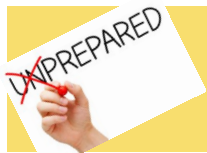
What should you do with the information in these reports?

- ⇒ Please review the report to see which of your participants are not meeting their LDL-C and other OMT goals.
- ⇒ Use this information to optimize OMT for all trial participants.
- ⇒ Please contact treating physicians and/or participants as soon as possible to intensify statin therapy (or add ezetimibe) for LDL goal attainment. Please do not wait for the next scheduled visit to make these important changes.



Why is this important?

OMT goal attainment improves outcomes for all participants with stable ischemic heart disease!



COMING SOON TO BRAZIL....

The ISCHEMIA-CKD and CIAO-ISCHEMIA Ancillary Studies

We expect ISCHEMIA-CKD and CIAO-ISCHEMIA to be approved in Brazil in the upcoming months.

Here are some tips on how you can be proactive NOW and set your site up for success once you are approved for enrollment for these ancillary studies

ISCHEMIA-CKD

Expands the pool of potential enrollees to include those with chronic kidney disease (eGFR <30 or on dialysis).

What can YOU do NOW?

Although not required, you may find it useful to identify a nephrologist/nephrology group to collaborate with and to gain local support for the ancillary study. You may find that screening at a nephrology office may allow you to maximize your ISCHEMIA-CKD enrollments.

Once you have identified a nephrologist you would like to collaborate with, please send his/her name and email address to BCRI.



CIAO-ISCHEMIA

This study will enroll participants who screen failed from the main ISCHEMIA study due to a finding of no obstructive disease on the study CCTA, with a qualifying stress ECHO.

What can YOU do NOW?

ISCHEMIA and CIAO use the same baseline Quality of Life Questionnaires (QOL). Therefore, in order to facilitate future enrollments in CIAO, we recommend that you ask ISCHEMIA trial enrollees to complete the baseline QOLs at the time of enrollment or at the CCTA visit. By doing this, once you have approval for CIAO enrolling these patients will be easy!



Congratulations!

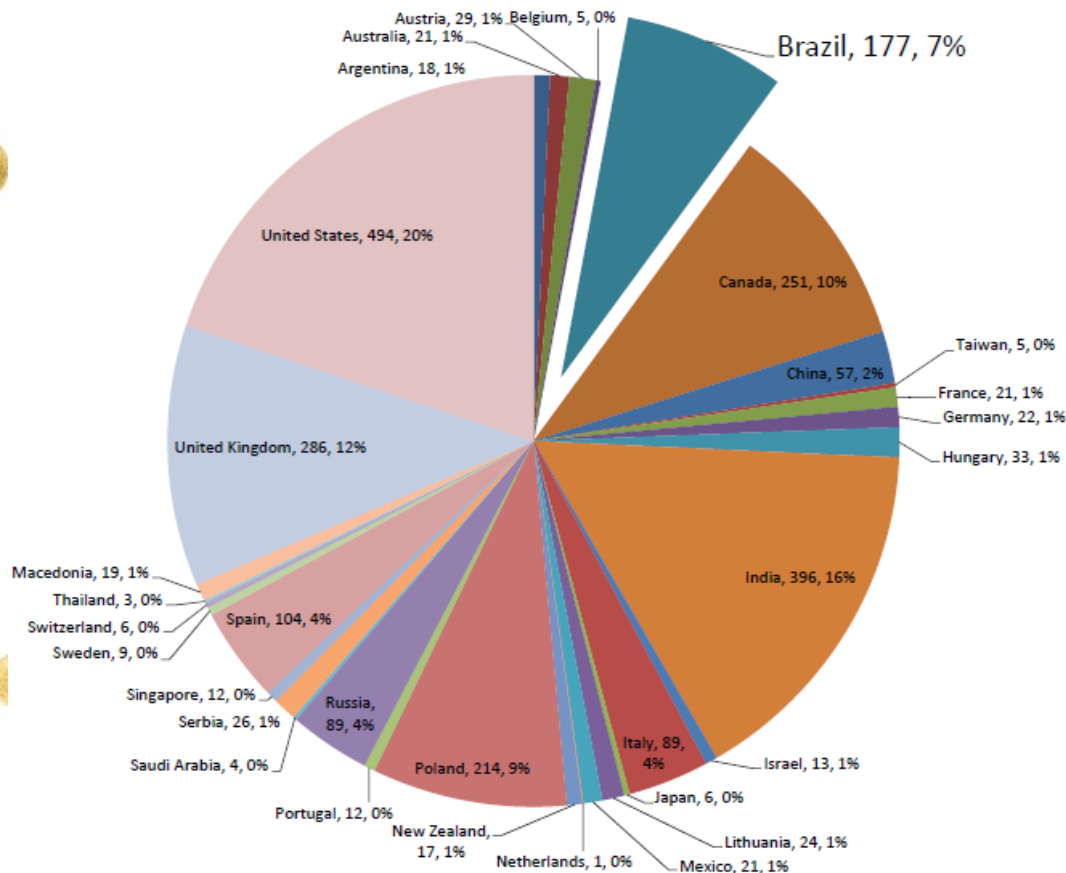
BRAZIL'S TOP RANDOMIZERS

Congratulations!

Instituição	Pesquisador Principal	Nº de pacientes incluídos	Nº de pacientes randomizados	Taxa de Randomização
InCor-HCFMUSP, São Paulo/SP	Dr. Whady Hueb	70	54	3.32
Instituto Dante Pazzanese de Cardiologia, São Paulo/SP	Dra. Paola Smanio	48	39	2.23
Instituto de Cardiologia do Rio Grande do Sul, Porto Alegre/RS	Dr. Alexandre de Quadros	26	21	1.10
Hospital das Clínicas FMRP-USP / Divisão de Cardiologia, Ribeirão Preto/SP	Dr. José Marin-Neto	14	12	0.64
Quanta Diagnóstico e Terapia-Medicina Nuclear Alto da XV, Curitiba/PR	Dr. João Vitola	18	11	0.57
Fundação Bahiana de Cardiologia, Salvador/BA	Dr. Álvaro Rabelo Jr.	18	7	0.38

2015 has been a wonderful year for ISCHEMIA...We exceeded the number of patients enrolled in BARI 2D and COURAGE!
 WE are now the LARGEST randomized controlled strategy trial EVER conducted in patients with stable ischemic heart disease.

Brazil's contribution was integral in this achievement, accounting for 7% of all randomizations worldwide.



The ISCHEMIA CCC and the BCRI teams would like to sincerely thank all the sites in Brazil for all their hard work and dedication.

Happy Holidays and a Continuously Prosperous 2016!