

CANADA HAS RANDOMIZED 200TH PARTICIPANT!

The 200th Canadian participant was randomized at **Montreal Heart Institute** on April 28th, 2015. Congratulations to Dr. Gilbert Gosselin and his team and all other sites in Canada who have contributed towards this achievement.

CONGRATULATIONS! TO THE FOLLOWING SITES FOR THEIR RANDOMIZATIONS IN ISCHEMIA AND ISCHEMIA-CKD IN APRIL, MAY AND JUNE

Dr. Asim Cheema
Mohammed Hussain
ST. MICHAEL'S HOSPITAL
2 randomizations

Dr. Gilbert Gosselin
Molywan Vat
MONTREAL HEART INSTITUTE
2 Randomizations

Dr. Amar Uxa
Nadia Asif
UNIVERSITY HEALTH NETWORK
1 Randomization

Dr. Ariel Diaz
Isabelle Roy
**CENTRE DE SANTÉ ET DE SERVICES
SOCIAUX DE TROIS-RIVIÈRES**
1 Randomization

Dr. Kevin Bainey
Norma Hogg, Suzanne Welsh
UNIVERSITY OF ALBERTA HOSPITAL
5 randomizations (2 CKD)

Dr. Bill Kostuk
Sandy Carr
UNIVERSITY HOSPITAL
2 Randomizations

Dr. James Cha
Judy Otis, Rebecca Otis
**PRIVATE PRACTICE AFFILIATED
LAKERIDGE HEALTH OF OSHAWA**
1 Randomization

Dr. Andrew Howarth
Michelle Seib, Rosa Sandonato, Sandra Rivest
FOOTHILLS MEDICAL CENTRE
2 randomizations

Dr. Denis Phaneuf
Margaux David, Nicole Lachance, Christine Masson
CSSS DU SUD DE LANAUDIÈRE-HÔPITAL PIERRE-LE GARDEUR
1 Randomization

Dr. Philippe Généreux
Chantale Mercure, France Paquette
HÔPITAL DU SACRÉ-COEUR DE MONTREAL
1 Randomization (CKD)

Dr. Paul Galiwango
Bev Bozek, Brenda Hart, Maria Shier
SCARBOROUGH CARDIOLOGY
1 Randomization

ANCILLARY CORNER

ISCHEMIA- CKD

CKD Total Randomized: 62 | **Canada: 7**

- Please consider CKD patients with any abnormal stress test and not just based on strict quantification. Stress imaging is less sensitive overall in the CKD cohort than in the non-CKD cohort and there is concern for under estimating ischemia. This is thought to be due to a number of factors including increased baseline coronary blood flow, calcified arteries with less ability to vasodilate with adenosine, presence of multi vessel disease, left ventricular hypertrophy, and presence of multi vessel disease. This only applies to the ISCHEMIA CKD trial (eGFR <30 or on dialysis) and therefore please check eGFR using our online calculator prior to enrolling the participant.
- Remember that patients with CKD will often present with atypical symptoms of ischemia such as *shortness of breath* or *fatigue* and not necessarily chest pain. These are valid indications for stress testing. Therefore encouraging collaborating nephrologists to refer patients with atypical symptoms/angina equivalents for stress testing may increase enrollment at your site.

CIAO-ISCHEMIA

CIAO-ISCHEMIA Total Enrollment: 38 | **Canada: 0**

We are looking forward to the first enrollment in Canada!

CIAO includes participants enrolled in ISCHEMIA via stress echo who are screen failed due to no obstructive CAD on CCTA. Consider getting ISCHEMIA baseline QOL forms at the CCTA visit so forms can be used for ISCHEMIA or CIAO. Contact the CCC with any questions.

TRIAL UPDATE

As of 31st May 2015

Total Enrolled: 3,082

Canada: 329

Total Randomized: 1,818

Canada: 207

IMPORTANT UPDATE!

OMT reports and reference cards will be mailed to all sites in June.

Please review the report to ensure your participants are meeting their goals.

Country Leaders: Drs. Gilbert Gosselin, Vlad Dzavik, and Shaun Goodman

ISCHEMIA-CKD Country Lead Cardiologists: Drs. Akshay Bagai and Kevin Bainey

ISCHEMIA-CKD Country Lead Nephrologist : Dr. Ron Wald

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