

ISCHEMIA UPDATE -CANADA-



INTERNATIONAL STUDY OF COMPARATIVE HEALTH EFFECTIVENESS WITH MEDICAL AND INVASIVE APPROACHES

Canadian Heart Research Centre

September 2015

CANADA—LET'S TAKE A BIGGER PIECE OF THE PIE

As Thanksgiving approaches we would like to extend our appreciation for your great contribution so far....and we challenge you to all help Canada take a bigger piece of the pie...we know you can!



Congratulations to the Following Sites for Their Randomizations This Summer!

Dr. Gilbert Gosselin Molywan Vat Montreal Heart Institute 3 Randomizations

Dr. Andrew Howarth Michelle Seib, Rosa Sandonato, Sandra Rivest

FOOTHILLS MEDICAL CENTRE 2 Randomizations

Dr. Paul Galiwango Bev Bozek, Brenda Hart, Maria Shier

SCARBOROUGH CARDIOLOGY 2 Randomizations

Dr. Shamir Mehta
Krystal Etherington
Hamilton General Hospital
1 Randomization

Dr. Ariel Diaz Isabelle Roy

CENTRE DE SANTÉ ET DE SERVICES SOCIAUX DE TROIS-RIVIÈRES 3 Randomizations

Dr. Kevin Bainey
Norma Hogg, Suzanne Welsh

UNIVERSITY OF ALBERTA HOSPITAL 3 Randomizations (1 CKD)

Dr. Asim Cheema
Mohammed Hussain
St. MICHAEL'S HOSPITAL
1 Randomization

Dr. Graham Wong
Andrew Staovoytov
VANCOUVER GENERAL HOSPITAL
1 Randomization

Dr. James Cha
Judy Otis, Rebecca Otis
PRIVATE PRACTICE
3 Randomizations

Dr. Bill Kostuk Dr. Rodrego Bagur Sandy Carr

UNIVERSITY HOSPITAL 2 Randomizations

Dr. Amar Uxa Nadia Asif

UNIVERSITY HEALTH NETWORK
1 Randomization

Dr. Ledjalem Daba
Fran Farquharson
Northwest GTA Cardiovascular and
Heart Rhythm
Program
1 Randomization

HIGHLIGHT

Optimal Medical Therapy: What you can do to ensure medical therapy is optimized!

Optimal medical therapy (OMT) is the cornerstone of care for patients with stable ischemic heart disease (SIHD), including participants in the ISCHEMIA trial. Here are **key points to consider:**

- All ISCHEMIA participants should achieve an LDL < 1.81 mmol/L (70mg/dl) on the maximally tolerated dose of a high
 -intensity statin (atorvastatin (Lipitor) 80mg or rosuvastatin (Crestor) 40mg)
- We recommend long term (for the duration of the trial) dual anti-platelet therapy with aspirin and a P2Y12 inhibitor for all ISCHEMIA participants, regardless of treatment assigned, unless a history of bleeding is present
- Other important parameters of OMT include not smoking, a systolic blood pressure < 140 mm/Hg and the use of ACEi/ARB and beta-blockers, where indicated, as detailed in the OMT report
- Work with participants' Primary Care Physician or Primary Cardiologist if medications are managed by them;
 communication is key!
- Use the Morisky Medication Adherence survey routinely to assess participants' compliance with medication use

CANADIAN SITES HELP LEAD THE WAY IN DATA QUALITY

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Congratulations! 3 sites in

Canada have been recognized

for superior data quality during

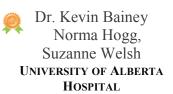
the past 6 months. In apprecia
tion of their efforts, each site

has received a Certificate of

Excellence and an Amazon.com

gift eCertificate valued at \$25!

Dr. Gilbert Gosselin Molywan Vat Montreal Heart Institute



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ISCHEMIA-CKD Reference Cards and Posters are available upon request; please contact the CHRC for more information or to request a supply.

ANCILLARY TRIAL CORNER

Enrollment Tips

Please consider retrospective review (up to a year) of stress test databases, cath lab databases, dialysis lists, and transplant lists for potential participants.

- Participant eligibility criteria include:
 - Advanced CKD (eGFR <30 or on dialysis)
 - Abnormal stress test in the past 90 days (or in the past year with CCC approval
 - Medically managed
- Patients that fulfill these criteria can be considered for enrollment

Establish effective screening of patients with angina or anginal equivalents (exertional shortness of breath, fatigue) by nephrologists and referral for stress test where appropriate

- Contact ISCHEMIA-CKD Lead Nephrologist Ron Wald (<u>waldr@smh.ca</u>) if you require assistance identifying a nephrologist
- Consider patients with abnormal stress test who are referred for pre-renal transplant clearance



ISCHEMIA

The CIAO ancillary study is open for enrollment and new sites are welcome!

- CIAO will allow your site to continue to follow participants who were enrolled in the main trial via stress echocardiogram and were excluded from randomization due to non-obstructive CAD on the study CCTA
- There are additional site payments for CIAO
- Only 3 simple visits are needed over one year with a repeat stress echocardiogram (paid for by the study) at the one year mark
- If your site performs stress echo and is interested in learning more about CIAO, please contact us at <u>CIAO@nyumc.org</u>

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

ISCHEMIA-CKD Country Lead Cardiologists: Drs. Akshay Bagai & Kevin Bainey ISCHEMIA-CKD Country Lead Nephrologist: Dr. Ron Wald

CHRC Project Leader: Dr. Neamat Mowafy | Phone: 416.977.8010 | Email: mowafyn@CHRC.net

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