REGIONAL UPDATE
FRANCE

INTERNATIONAL STUDY OF COMPARATIVE HEALTH EFFECTIVENESS WITH MEDICAL AND INVASIVE APPROACHES

NYU Cardiovascular Clinical Research Center — Spring 2016

STUDY UPDATES

Enrolled: 4953 | France: 50 (+2 CKD)
Randomized: 2925 | France: 25 (+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 France collectively randomize **at least 1 participant** per month, France will surpass the randomization goals for the ISCHEMIA trial for the year.

Together we can do it!

Country Leader

Pr. Philippe Gabriel Steg

Country Coordinators:

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A Review of France's Performance...

FRANCE'S OPTIMAL MEDICAL THERAPY (OMT) COMPLIANCE

Only 12% of randomized ISCHEMIA participants in France 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.

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 ever.

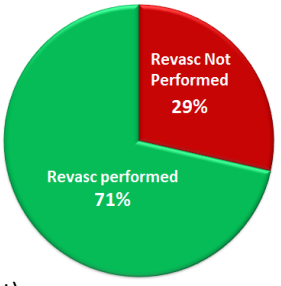
TO INCREASE % UNDERGOING PCI & CABG

- 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 Revascularization



Enrolling Sites in France	Randomized in the Main Trial	Randomized in ISCHEMIA-CKD
Hôpital Ambroise-Paré, Boulogne-Billancourt Dr. Rami El Mahmoud, Pr. Olivier Dubourg, Dr. Pierre Michaud	1	0
Centre Hospitalier Universitaire d'Angers, Angers Pr. Alain Furber, Charles Cornet, Jeremy Rautureau	1	0
Centre Hospitalier Sud Francilien, Corbeil-Essonnes Dr. Eric Nicollet, Patricia Brito	2	0
Hôpital Bichat-Claude Bernard, Paris Pr. Philippe Gabriel Steg, Helene Abergel, Axelle Fuentes	5	2
Centre Hospitalier Universitaire de Grenoble, Grenoble Dr. Gilles Barone-Rochette, Clemence Charon	2	0
C.H. Louis Pasteur, Chartres Dr. Christophe Thuaire, Dr. Christophe Laure, Emilie Tachot, Corine Thobois	11	0
Hôpital Antoine-Béclère, Clamant Pr. Michel Slama, Dr. Ludivine Eliahou	3	0