

ISCHEMIA Trial Update

(As of September 9, 2016)

Enrolled

Worldwide: 5734
Asia-Pacific: 92

Randomized

Worldwide: 3392
Asia-Pacific: 58

ISCHEMIA-CKD Update

Enrolled

Worldwide: 358
Asia-Pacific: 9

Randomized

Worldwide: 341
Asia-Pacific: 9

CIAO-ISCHEMIA Update

Enrolled

Worldwide: 107

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Message from Prof. David J. Maron, ISCHEMIA Co-Chair and PI

Dear Study Teams,

It is gratifying to see all the trial activity since our meeting in Singapore last year. As you may know, the enrollment period for the trial will end in December of 2017. With the end of the trial in sight, we need your help to reach our recruitment target.

Please meet with colleagues to discuss the trial and engage referring physicians to expand your patient pool. If your team requires any support to increase recruitment, please contact the CCC to discuss how we may be able to assist.

Thank you for your efforts and continued support of the trial!

Sincerely,
David

Breaking Recruitment Barriers!

Are patients going straight to the cath lab?

- ◆ Establish frequent communication with stress lab readers
- ◆ Screen stress labs everyday to identify potential eligible patients before they are referred for cardiac catheterization



Do physicians frequently refuse patient participation in the study?

- ◆ PI should meet with physicians to understand circumstances—review evidence to support revascularization in SIHD with colleagues and encourage a trial of medical therapy before referral to trial or to cath lab
- ◆ Build equipoise through meetings and discussions—speakers, slides, and relevant publications are available from the CCC



Is there a low volume of cases with sufficient ischemia?

- ◆ Screen additional stress labs—stress tests performed in external imaging labs are acceptable and can be reviewed by study team
- ◆ Expand referral sources by engaging private practices affiliated with the referring centers

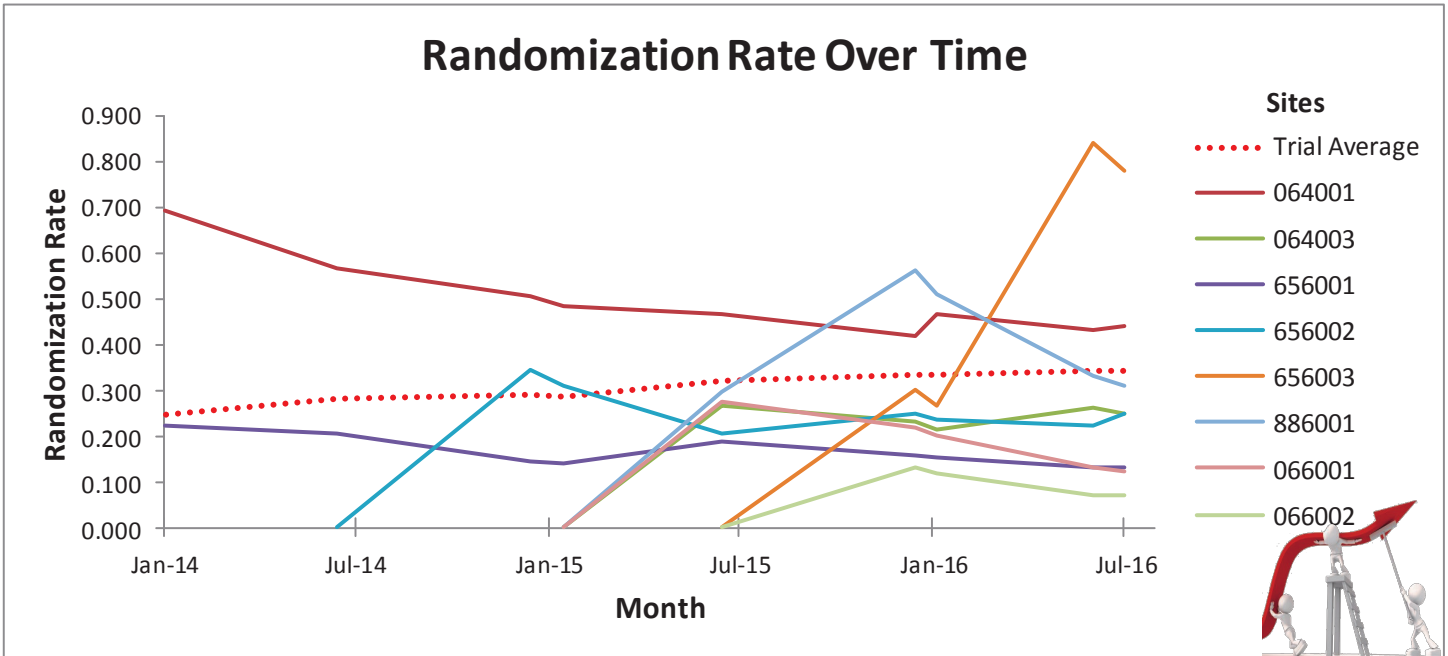


Do patients with at least moderate ischemia meet other exclusion criteria?

- ◆ Keep a list of patient who may become eligible in the future—e.g. after an elective surgery is performed, 2 months to elapse after ACS, 12 months to elapse after PCI or CABG, etc.
- ◆ Contact the CCC when uncertain about eligibility

Your Progress So Far...

We look forward to seeing your sites above the trial randomization rate! Both GLCC and the ISCHEMIA CCC will continue to schedule calls (and a webinar!) to discuss recruitment strategies and other topics.



Regional Study Teams

Site Name	Enrolled	Randomized
Waikato Hospital , New Zealand Dr. Gerard Devlin, Jayne Scales, Kirsty Abercrombie	29 (+3 CKD)	18 (+3 CKD)
Auckland City Hospital , New Zealand Dr. Ralph Stewart, Leah Howell	7	5
National Heart Centre Singapore , Singapore Dr. Terrance Chua, Min Tun Kyaw, Nasrul Ismail	7	6
Tan Tock Seng Hospital , Singapore Dr. David Foo, Cathy Li, Geraldine Tan, Zulaikha Ali, Noriza Mustapa, Xin Ni Koo	11 (+1 CKD)	8 (+1 CKD)
National University Heart Center , Singapore Dr. Kian Keong Poh, Vion Tan, Winnie Sia, Ying Ming Lee	21 (+5 CKD)	13 (+5 CKD)
Mackay Memorial Hospital , Taiwan Dr. Chung-Lieh Hung, Dr. Chun-Ho Yun, Yi-Hsuan Yang, Yu-Yao Fang	12	5
Chiang Mai University Hospital , Thailand Dr. Srun Kuanprasert, Warangkana Mekara, Supatchara Khwakhong, Supap Kulthawong	2	2
Ramathibodi Hospital , Thailand Dr. Sukit Yamwong, Pachara Panpunuan	3	1
Institut Jantung Negara , Malaysia Dr. Ahmad Khairuddin, Ling Ling Lim, Humayrah Hashim, Suahana Harip	0	0