

STUDY UPDATES

Enrolled: 6328 | USA: 1194
 Randomized: 3706 | USA: 671

Ancillary Studies

CKD

Enrolled: 442 | USA: 94
 Randomized: 423 | USA: 92

CIAO

Enrolled: 125 | USA: 46

Goals for the final year of recruitment!

The United States has been the **LARGEST** contributor toward of ISCHEMIA participants worldwide, with India trailing in close second!



As of December 27th, 2016, the USA (comprised of **114 study sites**) has randomized **671 participants** to ISCHEMIA. With the end of the trial in sight, we need your help more than ever! If each site in the USA randomizes **at least 1 participant per month**, we will surpass the 2017 randomization goals for the ISCHEMIA Study!

If you have questions, please contact us:

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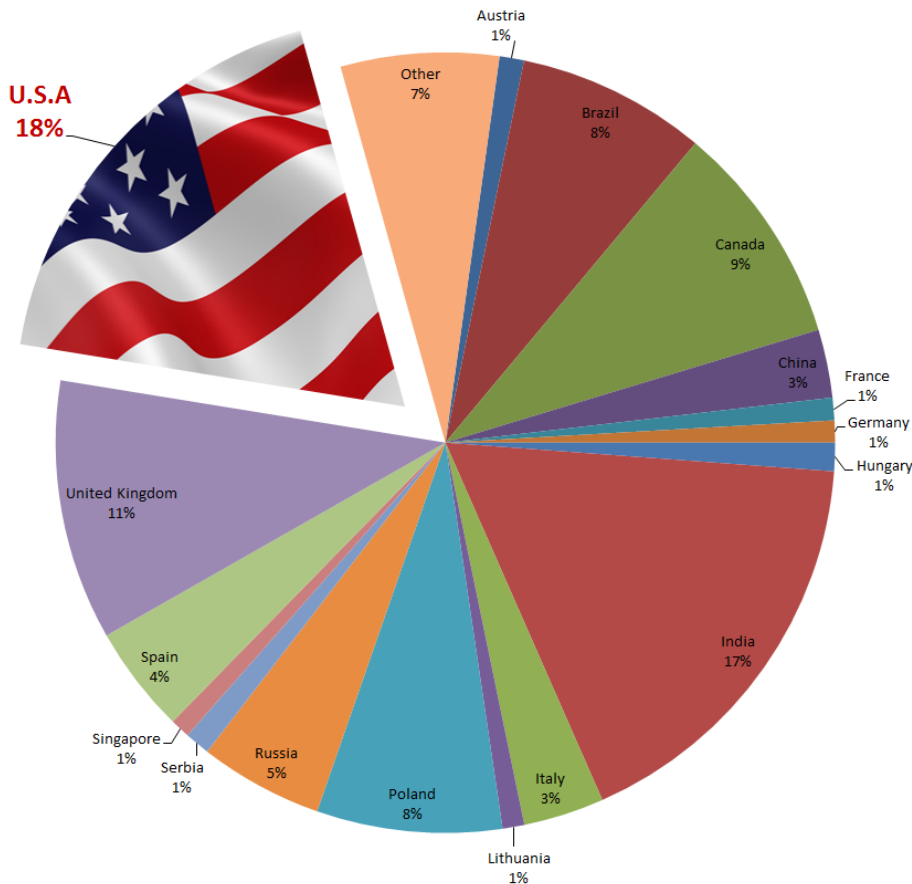
Email: ischemia@nyumc.org

Websites:

www.ischemiatrial.org | www.ischemiackd.org

USA's ALMAC Clinical Helpline: (877) 965-4877

The United States has contributed to 18% of randomizations worldwide!



Dear ISCHEMIA Site Research Team:

As we look forward to our last year of enrollment in this landmark trial, we want to take a moment to thank you for your efforts. While we all acknowledge that the protocol is challenging and that we ask for an awful lot, we can all agree that this is one of the most important trials in cardiology. The trial would not be possible without you (and your patients who volunteer). We feel that it is an honor to be a part of this endeavor, and we hope you feel the same. Thanks for your dedication and perseverance.

Best wishes to you and those you love for happy holidays and a healthy 2017.

Judith S. Hochman

David J. Maron

-UNITED STATES OF AMERICA-

INTERNATIONAL STUDY OF COMPARATIVE HEALTH EFFECTIVENESS WITH MEDICAL AND INVASIVE APPROACHES

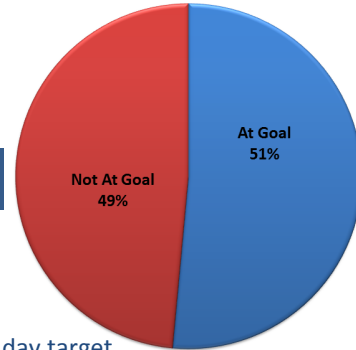
USA'S PERFORMANCE IN OPTIMAL MEDICAL THERAPY (OMT)

LDL < 70 mg/dL

Half of all randomized ISCHEMIA participants in the USA meet our primary lipid 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 40 mg or atorvastatin 80 mg.

If you have any questions please contact the CCC Risk Factor Management Team at ischemia@nyumc.org



USA'S OPTIMAL REVASCULARIZATION THERAPY (ORT) COMPLIANCE

REMINDERS TO IMPROVE CATHETERIZATION ADHERENCE IN PARTICIPANTS RANDOMIZED TO INV

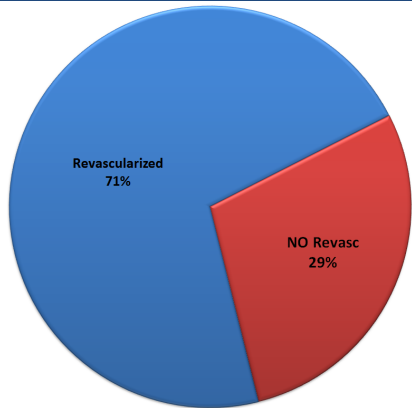
BEFORE RANDOMIZATION:

- 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 his/her personal physician to help. Cath and revascularization performed late is much better than not performed ever.

U.S. INV Participants Who Have Undergone Revascularization (PCI/CABG)



TIPS TO IMPROVE REVASCULARIZATION RATES (PCI/CABG) IN PARTICIPANTS RANDOMIZED TO INV

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 non-invasive testing did not show ischemia
- Revascularize viable areas supplied by CTO (even if collaterals are robust)



UNITED STATES' TOP PERFORMING SITES

INSTITUTION	PRINCIPAL INVESTIGATOR(S) STUDY COORDINATOR(S)	ISCHEMIA RANDOMIZATIONS	ISCHEMIA RAND. RATE	CKD + CIAO RANDOMIZATIONS
Atlanta V.A. Medical Center	Dr. Mavromatis R. Lee, J. Doan	97	2.47	10
Mayo Clinic (Rochester, MN)	Dr. Miller S-Y. Cho, S. Biorn, S. Milbrandt	34	0.84	8
V.A. North Texas Health Care System	Dr. Banerjee P. Kamath, K. Shambry, I. Tejani	27	0.53	4
NYU Medical Center/Bellevue Hospital	Dr. Reynolds, Dr. Newman S. Cobos, N. Meyers-Jack, K. Quiles, Z. Kendall	23	0.41	21
Henry Ford Health System	Dr. Nour A. Schley	19	0.43	8
Brigham and Women's Hospital	Dr. Stone H. Pomeroy	17	0.36	2
Cardiology Associates of Schenectady P.C.	Dr. Weitz L. Pritchard	17	0.36	1
Duke University Medical Center	Dr. Khouri K. Arges, M. Baum, M. LeFevre, J. Tomfohr	15	0.33	3
Kaiser Permanente- San Jose	Dr. Jang O. Anaya, P. Goold	14	0.40	1
Saint Luke's Hospital	Dr. O'Keefe P. Kennedy, R. Gans	13	0.30	-
Albany Medical Center Hospital	Dr. El-Hajjar W. Stewart, K. Salmi	13	0.29	7
Louis Stokes V.A. Medical Center	Dr. Goldberg T. Zappernick	12	0.27	-
Englewood Hospital and Medical Center	Dr. Goldweit P. Mieses, S. Canada, J. Seepersad	12	0.25	-
Minneapolis V.A. Medical Center	Dr. McFalls D. Johnson, R. Herrmann	11	0.36	-
Malcom Randall V.A. Medical Center	Dr. Winchester S. Stinson	11	0.25	-