

STUDY UPDATES

Enrolled: 4953 | Israel: 21
Randomized: 2925 | Israel: 14

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 Israel collectively randomize **at least 1 participant** per month, Israel will surpass the randomization goals for the ISCHEMIA trial for the year.

Together we can do it!



Country Leaders

Dr. Tali Sharir
Dr. Rafael Beyar



Country Coordinator

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ISCHEMIA CCC Regional Team

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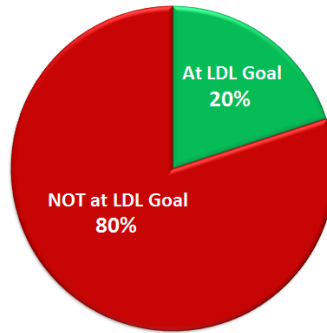
Websites: www.ischemiatrial.org
www.ischemiackd.org

ALMAC Clinical Helpline

1809 444 701

A Review of Israel's Performance...

ISRAEL'S OPTIMAL MEDICAL THERAPY (OMT) COMPLIANCE



Only 20% of randomized ISCHEMIA participants in Israel 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 REVASCUARIZATION 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 at all

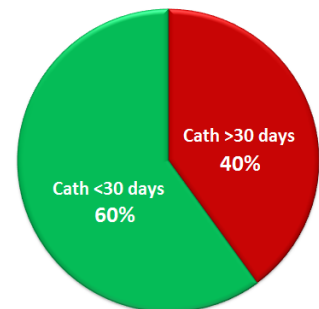
TO INCREASE % UNDERGOING PCI & CABG

- For non-obstructive disease, perform FFR
- If patient refuses CABG, offer PCI with the goal of complete ischemic revascularization

TO INCREASE % WITH COMPLETE REVASCUARIZATION

- 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 Diagnostic Catheterization Within 30 Days of Randomization



Enrolling Sites in Israel	Randomized in the Main Trial	Randomized in ISCHEMIA-CKD
Assuta Medical Centers, Tel Aviv Dr. Tali Sharir, Dr. Dan Elian, Tali Gavra, Jasmine Shoham Marian	9	0
Rambam Medical Center, Haifa Dr. Arthur Kerner, Dr. Samia Massalha, Dr. Ariel Roguin, Margalit Bentzvi, Ludmila Helmer	5	0