

STUDY UPDATES

Enrolled: 5169 | Poland: 359
Randomized 3045 | Poland: 244

Ancillary Studies

CKD

Enrolled: 289 | Poland: 57
Randomized 277 | Poland: 57

CIAO

Enrolled: 79

ISCHEMIA World Cup



ISCHEMIA World Cup

We would like to see Poland be the ISCHEMIA 2016 World Cup Champion!

The qualification rounds are ongoing until the end of May. There is still time to act and let your site and country shine! The scores for each round of the competition will be based on country performance using three criteria:

- Randomization Rate
- Optimal Revascularization Therapy Compliance
- Female Enrollment Rate

Visit <http://ischemiatrial.org/world-cup> for rules and updates or contact us at ISCHEMIA@nyumc.org for any questions.

If you have questions, please contact us:

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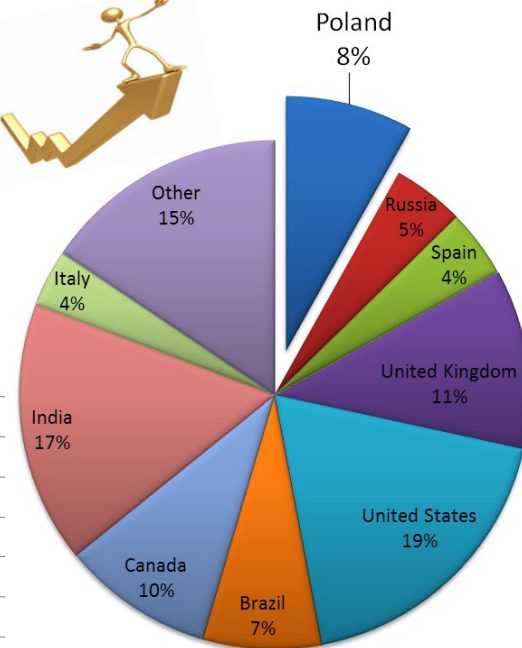
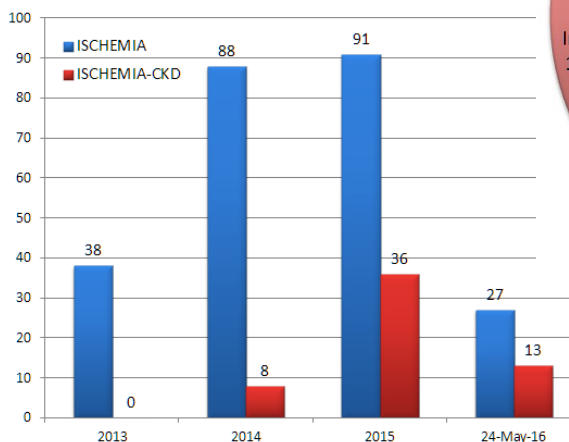
Poland has contributed to 8% of ISCHEMIA randomizations worldwide!

Starting in 2013 Poland has exceeded the number of ISCHEMIA randomizations from each prior year.

Please keep the trend going!!



Participants Randomized: ISCHEMIA and ISCHEMIA CKD

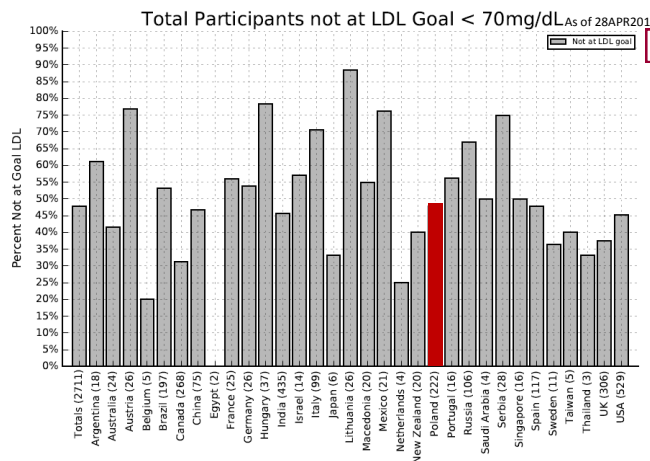


COUNTRY'S PERFORMANCE IN OPTIMAL MEDICAL THERAPY (OMT)

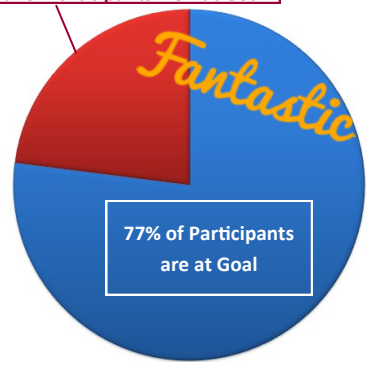


The most efficient way to get participants to goal is by prescribing **maximum** dose high intensity statins!

Participants not at Sys. B.P. Goal <140mmHG



23% of Participants NOT at Goal



ISCHEMIA Clinical Coordinating Center

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Email: ischemia@nyumc.org Websites: www.ischemiatrial.org www.ischemiackd.org Poland's ALMAC Clinical Helpline: 008004411767

OPTIMAL REVASCUARIZATION THERAPY (ORT) COMPLIANCE

Reminders To Improve Cath Adherence In Participants Randomized to INV

Before randomization:

- Remind participants (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. If considered appropriate by the PI coronary study-CCTA images can be shared with the participant; this may help reluctance INV participants reconsider catheterization.
- Catheterization and revascularization performed late is much better than not performed ever.

Tips To Improve Revascularization Rates (PCI/CABG) In Participants Randomized to INV

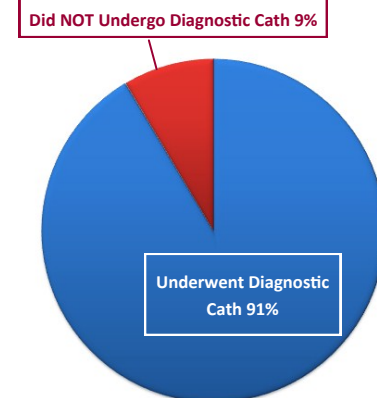
To Increase % Undergoing PCI & CABG

- 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.
- Favor 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).

INV Participants Who Underwent Diagnostic Catheterization Within 30 Days of Randomization



Congratulations!
As of 24MAY2016, 6 sites in Poland have scored a total of 13 ISCHEMIA World Cup Goals with their Randomizations in April & May 2016!!!

POLAND'S RANDOMIZATIONS

INSTITUTION	PRINCIPAL INVESTIGATOR	STUDY COORDINATORS	ISCHEMIA RANDOMIZATIONS	ISCHEMIA RAND RATE	ISCHEMIA-CKD RANDOMIZATIONS	CIAO-ISCHEMIA ENROLLMENTS
Coronary and Structural Heart Diseases Department, Institute of Cardiology, Warsaw	Demkow, Marcin	Radek Pracon, Katarzyna Frelek, Olga Chojnacka	91	0.35	9	0
Independent Public Central Clinical Hospital, Medical University of Warsaw	Mazurek, Tomasz	Ewa Szerba, Anna Fojt, Karolina Wojtera	37	2.3	26	0
Medical University of Lodz	Drozd, Jarozlaw	Bartosz Czarniak, Marta Swiderek, Halina Marciniak	33	1.07	6	0
2 nd Department of Coronary Artery Disease	Szwed, Hanna	Jaroslaw Karwowski, Anna Szulczyk	23	0.08	0	0
2 nd Department of Coronary Artery Disease	Witkowski, Adam	Malgorzata Celinska	14	0.26	0	0
Department of Internal Medicine, Infant Jesus Teaching Hospital, Medical University of Warsaw	Pruszczky, Piotr	Andrzej Labyk, Agnieszka Szramowska, Marek Roik	12	0.38	16	0
John Paul II Hospital	Gajos, Grzegorz	Krzysztof Bury	10	0.26	0	0
University Hospital of the Lord's Transfiguration	Lesiak, Maciej	Magda Lanocha	10	0.32	0	0
Lower Silesia Specialist Hospital T Marciniak	Loboz-Grudzien, Krystyna	Joanna Jaroch, Leszek Sokalski	6	0.18	0	0
Polyclinic Independent Public Health Department, 4th Military Clinical Hospital	Reczuch, Krzysztof	Adam Kolodziej	4	0.11	0	0
Silesian Center for Heart Diseases	Kalarus, Zbigniew	Andrzej Swiatkowski	3	0.08	0	0
University Hospital in Bialystok	Musial, Wlodzimierz	Marta Marcinkiewicz	1	0.03	0	1
John Paul II Hospital	Kleinrok, Andrzej	Daniel Placzkiewicz	0	N/A	0	0