

STUDY UPDATES

Enrolled: 5169 | Serbia: 74
Randomized 3045 | Serbia: 29

Ancillary Studies

CKD

Enrolled: 289 | Serbia: 4
Randomized 277 | Serbia: 4

CIAO

Enrolled: 79

**Welcome to the ISCHEMIA
World Cup!**



The ISCHEMIA World Cup competition started April 1st, pre-qualification rounds are ongoing until the end of May. There is still time to act and let your site and country shine! For any details on the timeline and rules, please visit our ISCHEMIA website, the World Cup folder.

For any additional questions, please contact ISCHEMIA@nyumc.org

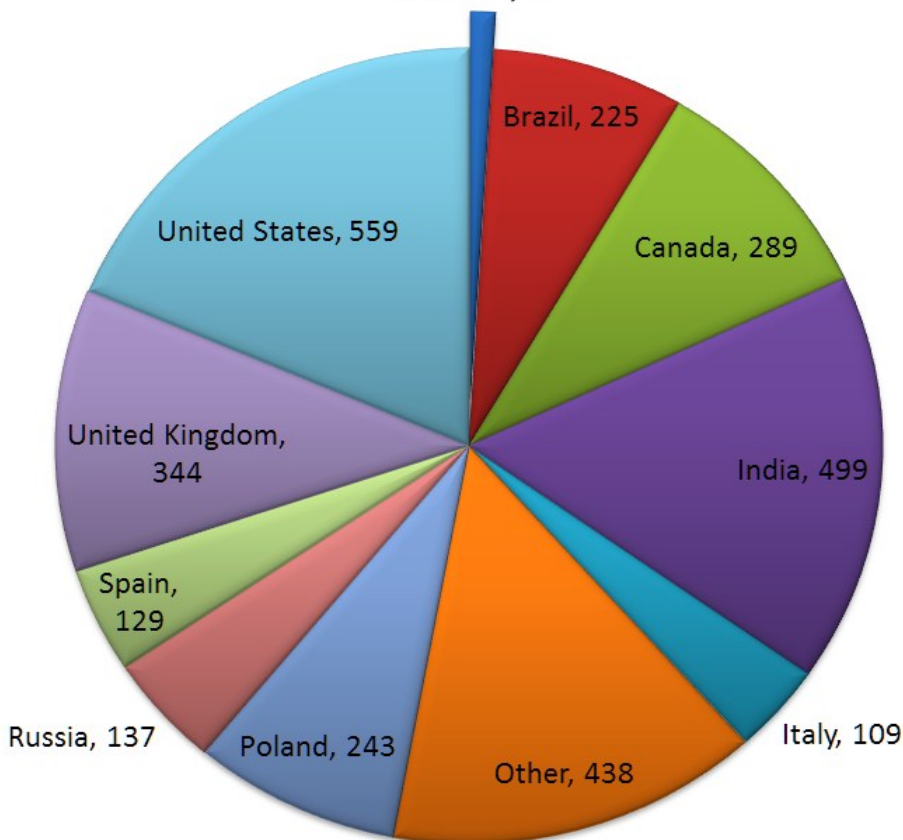
If you have questions, please contact:

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Randomization Update: Serbia

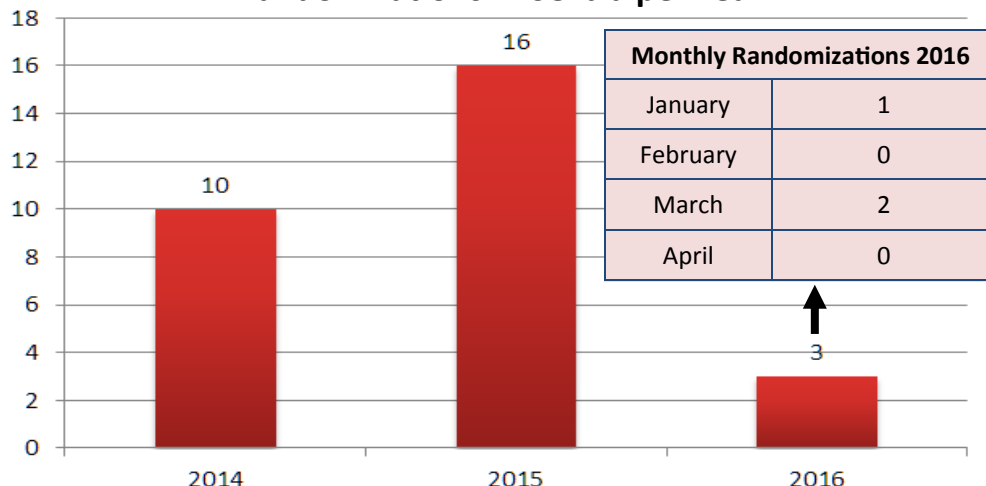
Serbia, 29



To meet our goal in 2016, we only need **1 RANDOMIZATION PER MONTH** from each site!!!

Take a look to see how Serbia is doing so far!

Randomizations in Serbia per Year



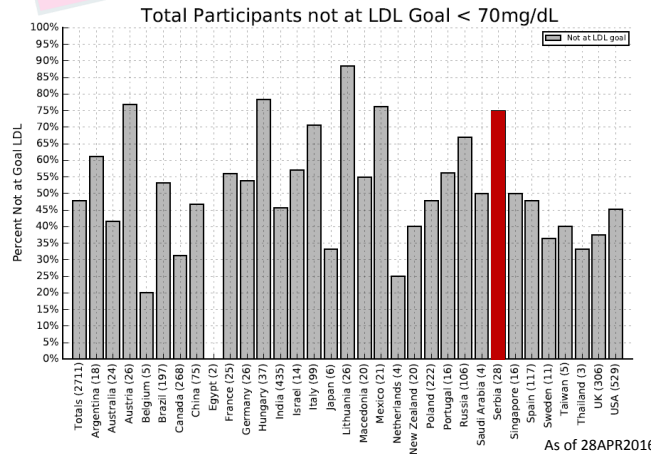
Congratulations!

Dr. Davidovic and his team at the Clinical Center Kragujevac have enrolled their first ISCHEMIA participant this month!

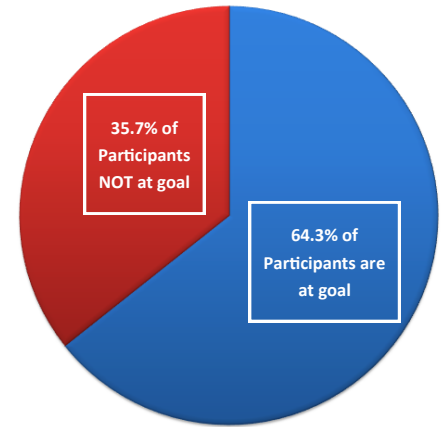
COUNTRY'S PERFORMANCE IN OPTIMAL MEDICAL THERAPY (OMT)



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 in Serbia



OPTIMAL REVASCULARIZATION THERAPY (ORT) COMPLIANCE

WOW! 100% of Serbia's INV participants have undergone a diagnostic cath!!!

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. Cath 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)



SERBIA'S TOP RANDOMIZERS

INSTITUTION	PRINCIPAL INVESTIGATOR	ISCHEMIA RANDOMIZATIONS	ISCHEMIA RANDOMIZATION RATE	ISCHEMIA-CKD RANDOMIZATIONS	CIAO-ISCHEMIA ENROLLMENTS
Institute of Cardiovascular Diseases, Vojvodina - Sremska Kamenica	Cemerlic Adjic, Nada	9	0.29	0	0
Cardiology Clinic at Clinical Center of Serbia	Beleslin, Branko	7	0.23	4	0
University Hospital Center Bezanijska Kosa	Hinic, Sasa	6	0.47	0	0
University Clinical Hospital Zvezdara	Dekleva, Milica	5	0.18	0	0