**Table F-2. Study characteristics table for KQ 2 comparisons—initial conservative approach for UA/NSTEMI**

| **Study** | **Study Details** | **Intervention (N)** | **Comparator (N)** | **Cointerventions** | **Timing****Outcomes Reported** | **Quality** |
| --- | --- | --- | --- | --- | --- | --- |
| Angkasuwapala, 200789Thai ACS Registry | Observational17 sites in AsiaFunding: NRTimeframe: 08/2002–10/2005Population33% UA67% NSTEMIPCI NRTotal N: 3,963Mean Age: NRFemale: 48%Race: NR | LMWHDosage not specified(N=3,341) | UFHDosage not specified(N=622) | ASA 96%GPI6% LMWH, 4% UFHDosage not specified | Timing: Not specifiedIndividualTotal mortality | Poor |
| Anonymous, 199890PURSUIT | RCT726 international sitesFunding: IndustryTimeframe: 11/1995–01/1997Population54% UA46% NSTEMIAngiography timing at discretion of investigator24% PCI Total N: 10,948Median Age: 64Female: 35%Race: 89% White | Eptifibatide 180 mcg/kg bolus, 2.0 mcg/kg/min infusion(N=4722)Third treatment arm: Eptifibatide 180 mcg/kg bolus, 1.3 mcg/kg/min infusion(N=1487) Duration: 72–96 hr | Placebo(N=4739)Duration: 72–96 hr | ASA 80–325 mg dailyThienopyridine use NRUFH 5000 unit bolus, 1000 units/hr infusion | Timing: 96 hr, 7 days, 30 daysComposite (primary)Total mortalityNonfatal MIIndividualTotal mortalityNonfatal MIMajor bleedingMinor bleedingLength of hospital stay | Good |
| Anonymous, 199891PRISM | RCT128 international sitesFunding: IndustryTimeframe: 03/1994–10/1996Population100% UA/NSTEMI21% PCITotal N: 3232Mean Age: 62 to 63Female: 32%Race: 5% Hispanic, 5% Black, 2% Asian, 84% White | Tirofiban 0.6 mcg/kg/min x 30 min bolus, 0.15 mcg/kg/min infusion (N=1616)Duration: 48 hr | UFH 5000 unit bolus, 1000 unit infusion(N=1616)Duration: 48 hr | ASA 300–325 mg daily | Timing: 48 hr, 7 days, 30 daysComposite (primary)Total mortalityNonfatal MIRefractory angina(secondary)Total mortalityNonfatal MIIndividualTotal mortalityNonfatal MIRefractory ischemia | Good |
| Anonymous, 199892PRISM-PLUS | RCT72 international sitesFunding: IndustryTimeframe: 11/1994–09/1996Population55% UA45% NSTEMIAngiography performed after 48 hr31% PCITotal N:1875Mean Age: 63Female: 33%Race: 86% White, 4% Black | Tirofiban 0.4 mcg/kg bolus, 0.1 mg/kg/min infusion + UFH(N=773)Duration 48–96 hr | Placebo + UFH(N=797) | ASA 325 mg daily | Timing: in-hospital, 48 hr, 7 days, 30 days, 6 moComposite(primary)Total mortalityNonfatal MIRehospitalizationRefractory ischemia(secondary)Total mortalityNonfatal MIIndividualTotal mortalityNonfatal MIMajor bleedingTransfusion | Good |
| Antman, 19994TIMI 11B | RCT200 international sitesFunding: IndustryTimeframe: 08/1996–03/1998Population59% UA38% NSTEMITotal N: 3,910Median Age: 65 to 66Female: NRRace: NR | Enoxaparin 30 mg IV loading dose, 1 mg/kg every 12 hr during hospitalization(N=1953)Duration: until discharge or days 8 | UFH 70 units/kg bolus, 15 units/kg/hr infusion with goal aPTT 50–70 sec during hospitalization(N=1957)Duration: 3–8 days | ASA 100–325 mg daily | Timing: 48 hr,72 hr, 8 days, 14 days, 43 daysComposite(primary)Total mortalityNonfatal MIRevascularization(secondary)Total mortalityNonfatal MIIndividualTotal mortalityNonfatal MIMajor bleedingMinor bleeding | Good |
| Bertel, 20109ZEUS | RCTSingle site in EuropeFunding: NRTimeframe: NRPopulation14% UA/NSTEMI12% STEMI74% Stable angina100% PCITotal N: 876Mean Age: 64Female: 24%Race: NR | Enoxaparin 0.75 mg/kg IV bolus at time of PCI(N=436) | UFH 60 units/kg bolus at time of PCI(N=440) | ASA 500 mg IV bolusClopidogrel 300–600 mg loading dose, 75 mg daily after PCI20% of patients received GPI | Timing: 30 daysComposite(primary)Total mortalityNonfatal MIRevascularization Major bleeding(secondary)Major bleedingMinor bleedingThrombocytopeniaIndividualTotal mortalityNonfatal MIRevascularizationMajor bleedingMinor bleedingStent thrombosis | Fair |
| Bhatt, 200310CRUISE | RCT12 sites in U.S.Funding: NRTimeframe: NRPopulation45% ACSTotal N: 261Mean Age: 63 to 64Female: 24%Race: NR | Enoxaparin 0.75 mg/kg IV bolus at time of PCI(N=129) | UFH 60 units/kg bolus(N=132) | ASA 325 mg dailyClopidogrel loading dose at discretion of operator, then 75 mg dailyEptifibatide 180 ug/kg IV double bolus, 2 ug/kg/min infusion (in all patients) | Timing: 30 daysComposite(primary)Total mortalityNonfatal MIRevascularizationIndividualTotal mortalityNonfatal MIRevascularizationMajor bleedingMinor bleeding | Fair |
| Bhattacharya, 201011 | RCTSingle site in AsiaFunding: NRTimeframe: 06/2007–05/2009Population100% UA/NSTEMINo PCITotal N: 301Mean Age: 63Female: 54%Race: NR | Tirofiban 0.1 mcg/kg bolus, 0.1 mcg/kg/min infusion (N=136)Duration: 48 hr | Placebo(N=165) | None reported | Timing: 7 days, 14 days, 30 days, 3 moIndividualDeath due to unknown causesNonfatal MIFatal MIRefractory ischemiaMajor bleeding | Good |
| Blazing, 200412 A to Z Trial | RCT240 international sitesFunding: IndustryTimeframe: 12/1999–05/2002Population100% UA/NSTEMI80% positive biomarkers60% PCITotal N: 3,987Median Age: 61Female: 29%Race: 3% Black, 4% Asian, 85% White | Enoxaparin 1 mg/kg every 12 hr during hospitalization(N=2026)Duration: 48–120 hr, until PCI | UFH 60 units/kg bolus (max 4000 units), 12 units/kg/hr infusion (max 900 units/hr) with goal aPTT 50–70 sec during hospitalization(N=1961)Duration: 48–120 hr, until PCI | ASA 150–325 mg initially, 75–325 mg dailyTirofiban 10 mcg/kg over 30 min, infusion 0.1 mcg/kg/min for 12 hr post-PCI | Timing: 7 daysComposite(primary)Total mortalityNonfatal MIRefractory ischemia(secondary)Total mortalityNonfatal MIRevascularizationRefractory ischemiaClinical ischemiaIndividualTotal mortalityNonfatal MIRevascularizationRefractory ischemiaMajor bleedingMajor or minor bleeding | Good |
| Brieger, 200715 | Observational113 international sitesFunding: IndustryTimeframe: 04/1999–03/2005Population52% UA48% NSTEMI25% PCITotal N: 17,659Median Age: 67 to 68Female: 35%Race: NR | LMWH89% enoxaparin(N=10,839) | UFH(N=6820) | 93%ASA6% warfarin21% GPI40% thienopyridine | Timing: In-hospitalIndividualTotal mortalityMajor bleeding  | Fair |
| Chen, 200618 | RCTSingle site in AsiaFunding: NRTimeframe: 10/2003–02/2005Population29% UA/NSTEMI18% Stable angina47% PCITotal N: 966Mean Age: 55 to 57Female: 29%Race: NR | Enoxaparin 1 mg/kg injection every 12 hr, at least twice before catheterization(N=484) | UFH 25 mg IV before angiography, additional 65 mg if PCI performed(N=482) | None reported | Timing: In-hospital, 30 daysCompositeTotal mortalityNonfatal MIRevascularizationIndividualStent thrombosisNonfatal MI | Poor |
| Cohen, 199793ESSENCE | RCT176 international sitesFunding: IndustryTimeframe: 10/1994–05/1996Population100% UA/NSTEMITotal N: 3,171Mean Age: 63 to 64Female: 34%Race: NR | Enoxaparin 1 mg/kg every 12 hr during hospitalization(N=1607)Duration: 2.6 days (median), 8 days (max) | UFH 5000 unit bolus, infusion with goal aPTT 55–85 sec during hospitalization(N=1564)Duration: 2.6 days (median), 8 days (max) | ASA 100–325 mg daily | Timing: 48 hr, 14 days, 30 days, 1 yrComposite(primary)Total mortalityNonfatal MIRecurrent angina(secondary)Total mortalityNonfatal MIIndividualTotal mortalityNonfatal MIRecurrent anginaLength of hospital stayRevascularizationStrokeMajor bleedingMinor bleeding | Good |
| Cohen, 200294ACUTE II | RCT54 international sitesFunding: IndustryTimeframe: NRPopulation38% UA46% NSTEMI30% PCI21% stentTotal N: 525Mean Age: 64 to 65Female: 34%Race: NR | UFH 5000 unit bolus, 1000 units/hr infusion during hospitalization(N=210)Duration: 24–96 hr | Enoxaparin 1 mg/kg every 12 hr during hospitalization(N=315)Duration: 24–96 hr | ASA 160–325 mg dailyTirofiban 0.4 mcg/kg/min x 30 min, 0.1 mcg/kg/min infusion for 12 hr post PCI | Timing: 30 daysIndividualTotal mortalityNonfatal MIRehospitalizationLength of hospital stayMajor bleedingMinor bleeding | Fair |
| Ferguson, 200429SYNERGY | RCT467 international sitesFunding: IndustryTimeframe: 08/2001–12/2003Population100% UA/NSTEMI100% early invasive strategy; Median time from admission to angiography = 21 hrTotal N: 10,027Median Age: 68Female: 34%Race: 5% Hispanic, 6% African American, 1% Asian, 86% White | Enoxaparin 1 mg/kg every 12 hr during hospitalization0.3 mg/kg IV prior to PCI if last dose was >8 hr before(N=4993)Duration: until PCI | UFH 60 units/kg bolus (max 5000 units), 12 units/kg/hr infusion (max 1000 units/hr) with goal aPTT 50–70 sec during hospitalization(N=4985)Duration: 48–120 hr, until PCI | 95% of patients were administered ASA63% of patients were administered clopidogrelUse of GPI was 56.5% in group 1, 58.2% in group 2 | Timing: In-hospital, 48 hr, 14 days, 30 daysComposite(primary)Total mortalityNonfatal MIIndividualTotal mortalityNonfatal MIMajor bleedingStrokeRecurrent ischemia | Good |
| Goodman, 200335INTERACT | RCT50 sites in CanadaFunding: IndustryTimeframe: 09/2000–12/2001Population83% NSTEMIAngiography and PCI left to discretion of investigator63% underwent angiography; 29% PCITotal N: 746Median Age: 64Female: 31%Race: NR | Enoxaparin 1 mg/kg every 12 hr during hospitalization(N=380)Duration: 48 hr | UFH 70 units/kg bolus, 15 units/kg/hr infusion with goal aPTT 50–70 sec during hospitalization(N=366)Duration: 48 hr | ASA >160 mg loading dose, 80–325 mg daily15% received clopidogrel Eptifibatide 180 ug/kg IV double bolus, 2 ug/kg/min infusion for 48 hr | Timing: 48 hr, 30 days, 300 days, 600 days, 900 daysComposite(secondary)Total mortalityNonfatal MIRevascularization(secondary)Total mortalityNonfatal MIIndividualTotal mortalityNonfatal MIRevascularizationMajor bleedingRecurrent ischemia | Good |
| Gore, 200795 | Observational111 sites in U.S., Canada, Europe, S. America, Australia/NZFunding: NRTimeframe: 04/1999-12/2005Population100% UA/NSTEMI19.1% of LMWH group received PCI; 23.2% of UFH group received PCI; 34.8% of crossover group received PCI; 20% of no heparins group received PCITotal N: 23172Median Age: 66 to 67Female: 35%Race: NR | LMWH(N=8791)UFH(N=4076)Crossover(N=7352) | No heparin (N=2953) | 94% received ASA, 19% GPI, 46% Ticlopidine/clopidogrel, 3% Fibrinolytic | Timing: In-hospitalCompositeTotal mortalityNonfatal MIRecurrent ischemiaIndividualTotal mortalityMajor bleeding | Fair |
| James, 201196Wallentin, 200982PLATO Substudy | RCT862 international sitesFunding: IndustryPopulation16.7% UA42.7% NSTEMI37.6% STEMI72% underwent early invasive strategy64% received PCITotal N: 18,624Median Age: 62Female:28%Race: 92% White, 6% Asian, 1% Black | Ticagrelor 180 mg loading dose, 90 mg twice daily (N=9,333)Duration: 277 days (median) | Clopidogrel 300 mg or 600 mg loading dose, 75 mg daily (N=9,291) Duration: 277 days (median) | ASA use (97%) during hospitalization was similar between groupsUFH (56%) and LMWH (51%) used during hospitalization was similar between groupsGPI use was similar between groups (26%) | Timing: 30 days, 1 yrComposite (primary)CV mortalityNonfatal MIStroke(secondary) Total mortalityNonfatal MIStroke(secondary) CV mortalityNonfatal MIStrokeRecurrent ischemiaOther arterial thrombotic eventIndividualTotal mortalityCV mortalityNonfatal MIStrokeStent ThrombosisMajor BleedingMinor BleedingAdverse drug reactions | Good |
| Kovar, 200297 | Observational1508 sites in U.S.Funding: IndustryTimeframe: 04/1998–09/2000Population% UA NR5% NSTEMI (of 16,459)4% PCI (of 18,901)Total N: 37,320Mean Age: 62 to 66Female: 30%Race: 3% Hispanic, 0.5% Black, 5.4% Asian, 85% White | Enoxaparin(N=2482) | UFH(N=34,838) | 100% GPI | Timing: In-hospitalComposite(primary)Total mortalityNonfatal MIMajor bleedingRecurrent ischemiaIndividualTotal mortalityNonfatal MIMajor bleedingRecurrent ischemia | Fair |
| LaPointe, 200798 | Observational332 sites in U.S.Funding: IndustryTimeframe: 01/2001–12/2005Population100% UA/NSTEMI36% PCI within 48 hrTotal N: 10,687Median Age: 66 to 78Female: 41%Race: 82% White | Enoxaparin >10 mg above recommended dose(N=2002)Third arm: Enoxaparin >10 mg below recommended dose(N=3116) | Enoxaparin recommended dose (2 mg/kg for creatinine clearance >30 mL/min, 1 mg/kg for <30 mL/min)(N=5569) | 97% ASA55% clopidogrel46% GPI | Timing: In-hospitalIndividualTotal mortalityMajor bleeding | Good |
| Li, 201299KAMIR | Observational41 sites in AsiaFunding: OtherTimeframe: 11/2005-12/2007Population100% NSTEMITotal N: 2,397Mean Age: 64 to 68Female: 32%Race: NR | Enoxaparin 1mg/kg twice daily(N=1,178)Duration: 3-5 days | UFH 24,000 units/day(N=1,219)Duration: 48 hr | ASA 100 mg dailyClopidogrel 75 mg daily | Timing: In-hospital, 8 moComposite(secondary)Total mortalityCV mortalityRepeat revascularizationIndividualTotal mortalityNonfatal MICV mortalityMajor bleedingMinor bleeding | Good |
| Malhotra, 2001100ESCAPEU | RCTSingle site in AsiaFunding: NRTimeframe: 08/1998–09/1999Population95% ACSTotal N: 98Mean Age: 59 to 61Female: 34%Race: NR | UFH 70 units/kg bolus, infusion during hospitalization, adjusted for therapeutic aPTT(N=42)Duration: 72 hr | Enoxaparin 1 mg/kg every 12 hr during hospitalization(N=51)Duration: 72 hr | ASA 162.5 mg daily | Timing: In-hospitalComposite (primary)Total mortalityNonfatal MIRevascularizationRecurrent anginaIndividualTotal mortalityRecurrent anginaLength of hospital stay | Fair |
| Mehta, 200554ASPIRE | RCT22 sites in U.S., Canada, EuropeFunding: IndustryTimeframe: 06/2003–11/2003Population79% UA/NSTEMI1% STEMI20% Stable anginaTotal N: 350Mean Age: 62 to 64Female: 23%Race: NR | UFH 100 units/kg IV bolus (65 units/kg if GPI intended) at time of PCI(N=117)Duration: terminated at end of PCI | Fondaparinux 2.5 mg (low dose) (N=118)or 5.0 mg (high dose) (N=115)IV at time of PCIDuration: terminated at end of PCI | ASAClopidogrel (pre-PCI) = 88%. Clopidogrel (>3 hr pre-PCI)=35%Use of GPI was 56% in UFH group, and 59% in both fondaparinux groups  | Timing: 48 hrComposite(primary)Total mortalityNonfatal MIRevascularizationBailout GPI UseIndividualTotal mortalityNonfatal MIRevascularizationMajor bleedingMinor bleeding | Fair |
| Momtahen, 200957 | RCTSetting: NRFunding: NRTimeframe: 02/2006–NRPopulation100% UA/NSTEMI76% vs. 66% PCI in Eptifibatide and Placebo groupsTotal N: 196Mean Age: 51 to 55Female: 43%Race: NR | Eptifibatide 180 mcg/kg double bolus, 2 mcg/kg/min infusion at hospital admission(N=98)Duration: 72 hr | Placebo(N=98) | ASA 160 mg dailyAll patients received clopidogrel (dose and timing NR)UFH 5000 unit bolus, infusion to achieve therapeutic aPTT | Timing: 30 daysComposite (primary)Total mortalityNonfatal MIRevascularizationIndividualTotal mortalityNonfatal MIRevascularizationMajor bleedingMinor bleeding | Fair |
| Okmen, 2003101 | RCTSingle site in EuropeFunding: NRTimeframe: NRPopulation61% UA39% NSTEMINo PCITotal N: 83Mean Age: 55 to 57Female: 25%Race: NR | Tirofiban 0.1 mg/kg bolus, 0.1 mcg/kg/min infusion at hospital admission(N=41) Duration: at least 48 hr | No tirofiban(N=42) | ASA 325 mg loading dose, 100–300 mg dailyUFH 5000 unit bolus, infusion to maintain therapeutic aPTT for >48 hr | Timing: In-hospitalComposite(secondary)Total mortalityNonfatal MIRevascularizationRefractory anginaIndividualTotal mortalityNonfatal MIRevascularizationMajor bleedingMinor bleedingRecurrent angina | Fair |
| Roe, 2012102 | RCT966 international sitesFunding: IndustryTimeframe: 6/2008-9/2011Population100% UA/NSTEMITotal N: 7243Median Age: 62Female: 36%Race: NR | Prasugrel 30 mg loading dose, 10 mg daily (N=3620)Duration: up to 30 months | Clopidogrel 300 mg loading dose, 75 mg daily (N=3623)Duration: up to 30 months | aspirin recommended at a daily dose of 100mg or less | Timing: 17 moComposite(primary)Cardiovascular mortalityNonfatal MIStroke (any kind)(secondary)Cardiovascular mortalityNonfatal MI(secondary)Total mortalityNonfatal MIStroke (any kind)IndividualRehospitalizationCardiovascular mortalityNonfatal MIStroke (any kind)Total mortalityMajor bleedingMajor or minor bleed | Good |
| Schiele, 2010103 | Observational10 sites in EuropeFunding: NRTimeframe: 01/2006–12/2007Population8% UA55% NSTEMI75% PCITotal N: 2,874Mean Age: 65 to 76Female: 33%Race: NR | Enoxaparin 1mg/kg every 12 hr(N=1694)Third treatment arm: Fondaparinux 2.5 mg/day(N=426)Duration: at least 2 days | UFH 60 units/kg bolus (max 5000 units), 12–15 units/kg/hr maintenance (max 1000 units/hr) to aPTT 50-75 sec(N=754)Duration: at least 2 days | 99% ASA97% clopidogrel54% GPI for NSTEMI patients | Timing: In-hospital, 30 daysIndividualTotal mortalityMajor bleeding Transfusion | Good |
| Simoons, 2001104GUSTO-IV | RCT458 sites in 24 countriesFunding: IndustryTimeframe: 07/1998–04/2000Population72% UA28% NSTEMI19% underwent PCI (Angiography was not permitted within ~60 hr of study drug)Total N: 7800Mean Age: 65Female: 38%Race: NR | Abciximab 0.25 mg/kg bolus, 0.125 mg/kg/min maintenance(Group 2 N=2590, Group 3 N=2612)Duration: 24 hr (Group 2) and 48 hr (Group 3) | Placebo(N=2598) | UFH 70 units/kg bolus, 10 units/kg/hr to goal aPTT 50–70 secDuration: 48 hr after starting study drug | Timing: in-hospital, 48 hr, 7 days, 30 days, 1 yrComposite (primary)Total mortalityNonfatal MIIndividualTotal mortalityNonfatal MIMajor bleedingTransfusion | Good |
| Singh, 200671 | Observational407 sites in U.S.Funding: IndustryTimeframe: 01/2002–06/2003Population100% UA/NSTEMI65% PCITotal N: 11,358Median Age: 62 to 63Female: 33%Race: NR | LMWH(N=4477) | UFH(N=6881) | 58% clopidogrel95% ASA | Timing: In-hospitalCompositeTotal mortalityNonfatal MIIndividualTotal mortalityTransfusion  | Fair |
| Song, 2007105 | RCT3 sites in AsiaFunding: NRTimeframe: NRPopulation100% UA/NSTEMINo PCITotal N: 204Mean Age: NRFemale: NRRace: NR | Tirofiban 0.1 mg/kg bolus, 0.1 mcg/kg/min infusion at hospital admission(N=101)Duration: 2–5 days | Placebo(N=99) | ASA 50 mg dailyUFH (1) Placebo group: 5000 unit bolus with 1000 units/hr infusion(2)Tirofiban group: 0.4 mcg/kg/min for 30 min, 0.1 mcg/kg/min infusion | Timing: 30 daysComposite (primary)Total mortalityNonfatal MIRefractory ischemiaIndividualTotal mortalityNonfatal MIRefractory ischemia | Good |
| Spinler, 2003106 | ObservationalSetting: NR Funding: NRTimeframe: 10/1994–03/1998Population100% UA/NSTEMIPCI NRTotal N: 7,081Mean Age: NRFemale: NRRace: NR | Enoxaparin 1 mg/kg (N=NR) | UFHGoal aPTT of 55–85 sec(N=NR) | ASA, IV anticoagulants, oral anticoagulants, SC anticoagulants NR | Timing: 43 daysComposite(primary)Total mortalityNonfatal MIRevascularizationIndividualTotal mortalityNonfatal MIRevascularizationMajor bleedingAny bleeding | Fair |
| Stone, 200673ACUITY | RCT450 international sitesFunding: IndustryTimeframe: 08/2003–12/2005Population41% UA59% NSTEMIMedian time from admission to angiography = 20 hr56% PCI65% DES Total N: 13,819Median Age: 63Female: 30%Race: NR | Bivalirudin 0.1 mg/kg bolus, 0.25 mg/kg/hr infusion (N=4612)Duration: terminated at end of procedure  | UFH 60 units/kg bolus, 12 units/kg/hr infusion at hospital admission, goal ACT 200–250 sec during PCI (48% of nonbivalirudin-treated patients received UFH)OrEnoxaparin 1 mg/kg SC twice daily at hospital admission, 0.3 mg/kg IV bolus if needed at time of PCI (47% of nonbivalirudin-treated patients received LMWH)+GPI use was randomly assigned to “upstream” or deferred use at time of PCI(N=4603)Third treatment arm: Bivalirudin + GPI(N=4604)Duration: terminated at the end of procedure | ASA 300–325 mg orally or 250–500 mg IV during hospitalization, 75–325 mg orally daily after hospitalizationClopidogrel 300 mg loading dose was recommended (no later than 2 hr after PCI) but clopidogrel dose and timing left to discretion of operator (64% of patients received pretreatment) 75 mg daily x 1 yr | Timing: 30 days, 1 yrComposite(primary)Total mortalityNonfatal MIRevascularization(secondary)Total mortalityNonfatal MIRevascularizationMajor bleedingIndividualTotal mortalityNonfatal MIRevascularizationMajor BleedingMinor BleedingThrombocytopeniaStent thrombosisLength of hospital stay | Good |
| Stone, 200774ACUITY TIMING\*\*This population is a subset of ACUITY73 | RCT450 international sitesFunding: IndustryTimeframe: 08/2003–12/2005Population59% NSTEMI56% PCIAll patients underwent early invasive treatment56% PCITotal N: 9207Median Age: 63Female: 30%Race: NR | Upstream GPI(N=4605)Eptifibatide 180 mcg/kg double bolus, 2 mcg/kg/min infusion ORTirofiban 0.1 mg/kg bolus, 0.1 mcg/kg/min infusionDuration: 12–18 hr after PCI | In-lab GPI(N=4602)Eptifibatide 180 mcg/kg double bolus, 2 mcg/kg/min infusion ORAbciximab 0.25 mg/kg bolus, 0.125 mcg/kg/min infusionDuration: 12 hr for abciximab, 12–18 hr for eptifibatide after PCI | ASA 300–325 mg orally or 250–500 mg IV loading dose, 75–325 mg daily indefinitelyClopidogrel >300 mg recommended but left to discretion of investigator, occurred within 2 hr after PCI (64% had upstream use); 75 mg dailyUFH goal ACT of 200–250 sec during PCI | Timing: 30 daysComposite(primary)Total mortalityNonfatal MIRevascularization(secondary)Total mortalityNonfatal MIRevascularizationMajor bleeding(secondary)Total mortalityNonfatal MIIndividualTotal mortalityNonfatal MIRevascularizationMajor bleeding | Good |
| Van den Brand, 1995107 | RCT6 sites in EuropeFunding: NRTimeframe: 09/1991–07/1992Population100% UA100% PCIPCI delayed for 18–24 hr after angiographyTotal N: 60Median Age: 60 to 61Female: 27%Race: NR | Abciximab 0.25 mg/kg bolus, 10 mcg/min infusion after initial angiogram(N=30)Duration: 1 hr after PCI | Placebo(N=30) | ASA 250 mg loading dose, minimum of 80 mg dailyUFH infusion with therapeutic aPTT 2–2.5x control value | Timing: 30 daysComposite (primary)Total mortalityNonfatal MIRecurrent ischemiaIndividualTotal mortalityNonfatal MIRecurrent ischemia | Fair |
| Yusuf, 200688OASIS-5 | RCT576 international sitesFunding: IndustryTimeframe: NRPopulation45% UA55% NSTEMI63% of patients underwent angiography during hospitalization31% PCITotal N: 20,078Mean Age: 67Female: 38%Race: NR | Enoxaparin 1 mg/kg SC every 12 hr at hospital admission, additional dose of UFH if >6 hr since last dose during PCI(N=10,021)Duration: 2–8 days | Fondaparinux 2.5 mg SC daily at hospital admission, additional dose of IV fondaparinux based on timing of last dose and intended use of GPI at time of PCI(N=10,057)Duration: hospital discharge or 8 days | ASA and clopidogrel recommended 6 hr pre PCIUse of GPI not specified | Timing: 9 days, 30 days, 6 moComposite (primary)Total mortalityNonfatal MIRefractory ischemia(secondary)Total mortalityNonfatal MI(secondary)Total mortalityNonfatal MIRefractory ischemiaMajor bleedingIndividualTotal mortalityNonfatal MIStrokeRefractory ischemiaMajor bleeding | Good |

Abbreviations: ACS=acute coronary syndrome; ACT=activated clotting time; aPTT=activated partial thromboplastin time; ASA=aspirin; CV=cardiovascular; GPI=glycoprotein IIb/IIIa inhibitor; hr/h=hour/hours; IV=intravenous; kg=kilogram/kilograms; LMWH=low molecular weight heparin; max=maximum; mcg=microgram/micrograms; mg=milligram/milligrams; MI=myocardial infarction; min=minute/minutes; mL=milliliter/milliliters; mo=month/months; N=number of patients; NR=not reported; NSTEMI=non-ST elevation myocardial infarction; NZ=New Zealand; PCI=percutaneous coronary intervention; RCT=randomized controlled trial; SC=subcutaneous; sec=second/seconds; STEMI=ST elevation myocardial infarction; UA=unstable angina; UA/NSTEMI=unstable angina/non-ST elevation myocardial infarction; UFH=unfractionated heparin; ug=microgram; U.S./US=United States; yr=year/years