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TrialResults-center: a web-based clinical trial results database given a direct access to the systematic review and meta-analysis of all clinical trials in cardiology

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In the era of the evidence based medicine, the results of the clinical trials occupy an important, always increasing, place within the knowledge necessary for medical practice. In spite of the considerable progress realized in the application of the results of the trials, certain number of difficulties remains, in particular those of the accessibility to their results.

TrialResults-center is a knowledge database storing all the results of the clinical trials and providing access to systematic review and meta-analysis of all randomized clinical trials about all major heart and vessels diseases. The TrialResults-center database provides a unique view of the treatment efficacy based on all data provided directly from clinical trial results, offering a valuable alternative to personal bibliographic search, published meta-analysis, etc. Furthermore, it would allow comparing easily the various concurrent therapeutic for the same clinical condition.

Rigorous meta-analysis’ method is used to populate TrialResults-center: widespread search of published and non published trials, study selection using pre-specified criteria, data extraction using standard form.

TrialResults-center is continually updated on a weekly basis. We continually search all new results (whatever their publication channel) and these new results are immediately added to the database with a maximum of 1 week.

This is a public and non-profit service.

TrialResults-center contributors use custom authoring tools to upload the trial description and results. This information is stored in a series of databases, and web pages are created dynamically. This system provides great flexibility in the presentation of information. It supports the customization of content for different audiences and the sharing of materials with other projects. The TrialResults-center’s scientific content is backed by a rigorous quality control system.

TrialResults-center is accessible at the address: www.trialresultscenter.org

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The INDYCE Survey. Prevalence of left ventricular systolic dysfunction in stable coronary artery disease patients: Systolic ventricular function assessment is necessary in stable CAD patients

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Background: It is well recognized that left ventricular function is a crucial factor influencing management and prognosis in coronary artery disease (CAD). Little is known however about left ventricular ejection fraction (LVEF) distribution in stable CAD patients.

Objective: To evaluate LVEF in stable CAD outpatients in France

Methods: The INDYCE survey was conducted in a sample of 343 cardiologists in 2008. Each physician had to include consecutively 10 stable (absence of acute coronary syndrome or revascularisation in the 6 months preceding enrolment) CAD patients. LVEF measurement (with the biplane Simpson method) was the main endpoint of the survey.

Results: 3119 patients were enrolled. Medical therapy was in keeping with Guidelines. Patients suffered from mild to moderate symptoms (Table).

Mean LVEF was 56 ± 11 %; poor (LVEF < 40 %) and moderately impaired (40 ≤ LVEF ≤ 50 %) systolic ventricular function were reported in 9.6 % (n = 298) and 19.8 % (n = 619) of the cases respectively. 14 % of the patients with LVEF < 40 %, 29.4 % of the patients with 40 ≤ LVEF ≤ 50 % and 47.3 % of the patients with LVEF > 50 % were completely asymptomatic (i.e no angina and NYHA class 0 or I).

Conclusion: Among stable CAD patients, even if LVEF is globally preserved, about 30 % of the patients have a moderate or severe left ventricular systolic dysfunction. It can be completely asymptomatic and therefore unrecognized in some patients although it should modify prognosis and management. This suggests that regular systolic ventricular function assessment is necessary in stable CAD patients.

LVEF | < 40 % | 40-50 % | >50 % | p | Total population
---|---|---|---|---|---
ns | n = 298 | n = 619 | n = 2202 | Mean LVEF (%) | n = 3119
Intra-group mean LVEF (%) | 32.3 ± 5.8 | 45.9 ± 3.4 | 62.1 ± 6.8 | 56.1 ± 11.8

NYHA

class I | 14.8 % | 31.9 % | 50.8 % | 43.5 %
class II | 53.4 % | 54 % | 44 % | p<0.001 | 46.9 %
Class III + IV | 31.9 % | 14.2 % | 5.3 % | 9.6 %

Symptomatic

Angina

% of asymptomatic patients | 29.8 % | 23.7 % | 16.7 % | p<0.001 | 19.2 %

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