

Results of ReACT Trial presented

November 1 2016

A randomized evaluation of routine follow-up coronary angiography after percutaneous coronary intervention (PCI) found that there was no long-term clinical benefit compared to clinical follow-up alone among unselected patients following PCI.

Findings from the ReACT trial were reported today at the 28th annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium. Sponsored by the Cardiovascular Research Foundation (CRF), TCT is the world's premier educational meeting specializing in interventional cardiovascular medicine. The study was also simultaneously published in *JACC: Cardiovascular Interventions*.

In this prospective, multicenter, open label, randomized study, patients who underwent successful PCI without planned staged PCI were randomly assigned to the routine angiographic follow-up (AF) group, in which they received coronary angiography at 8-12 months after PCI, or the clinical follow-up (CF) group. The primary endpoint was defined as a composite of death, myocardial infarction, stroke, emergency hospitalization for [acute coronary syndrome](#), or hospitalization for [congestive heart failure](#) during a minimum of 1.5 years follow-up.

Between May 2010 and July 2014, a total of 700 patients were enrolled in the trial at 22 centers in Japan and were randomly assigned to the AF group (N=349) or the CF group (N=351). Although there was a greater incidence of repeat revascularization at one year among patients in the AF group, during the median 4.6 (inter-quartile range: 3.1-5.2) years follow-up, the cumulative 5-year incidence of the primary endpoint was

no different between groups (22.4% in the AF group vs. 24.7% in the CF group; hazard ratio: 0.94, 95% confidence interval: 0.67-1.31, P=0.70). There were also no significant differences between the AF and CF groups in terms of any other clinical endpoints. Coronary revascularization within the first year was more frequently performed in the AF group than in CF group (12.8% vs. 3.8%, log-rank P

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