# Intervention versus conservative treatment strategy in patients with unstable angina or non-ST elevation myocardial infarction (the Third Randomised Intervention Treatment of Angina trials [RITA 3])

| Submission date               | Recruitment status No longer recruiting         | <ul><li>Prospectively registered</li></ul> |  |  |  |
|-------------------------------|---|--|--|--|--|
| 16/11/2001                    |   | Protocol                                   |  |  |  |
| Registration date             | Overall study status                            | Statistical analysis plan                  |  |  |  |
| 16/11/2001                    | Completed                                       | [X] Results                                |  |  |  |
| <b>Last Edited</b> 03/08/2015 | <b>Condition category</b><br>Circulatory System | [] Individual participant data             |  |  |  |

## Plain English summary of protocol

Not provided at time of registration

#### Study website

http://www.rita3.org.uk

## Contact information

## Type(s)

Scientific

#### Contact name

Prof Keith AA Fox

#### Contact details

Chancellor's Buiding
49 Little France Crescent
Edinburgh
United Kingdom
EH16 4SB
+44 (0)131 536 2743
k.a.a.fox@ed.ac.uk

## Additional identifiers

EudraCT/CTIS number

#### IRAS number

#### ClinicalTrials.gov number

## Secondary identifying numbers

RG/96001

## Study information

#### Scientific Title

Intervention versus conservative treatment strategy in patients with unstable angina or non-ST elevation myocardial infarction (the Third Randomised Intervention Treatment of Angina trials [RITA 3])

#### Acronym

RITA 3

#### **Study objectives**

Current guidelines suggest that, for patients at moderate risk of death from unstable coronaryartery disease, either an interventional strategy (angiography followed by revascularisation) or a conservative strategy (ischaemia-driven or symptom-driven angiography) is appropriate. We aimed to test the hypothesis that an interventional strategy is better than a conservative strategy in such patients.

#### Ethics approval required

Old ethics approval format

## Ethics approval(s)

Multi-centre national ethics committee approval and local ethics committee approval were obtained

## Study design

Randomised controlled trial

## Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Hospital

### Study type(s)

Treatment

#### Participant information sheet

Patient information can be found on the website at: http://www.rita3.org.uk/

## Health condition(s) or problem(s) studied

Unstable angina/non-ST elevation myocardial infarction

#### **Interventions**

Angiography followed by Percutaneous Coronary Intervention (PCI) or Coronary Artery Bypass Grafting (CABG) versus conservative management.

#### Intervention Type

Procedure/Surgery

#### Primary outcome measure

The co-primary endpoints were a combined rate of death, non-fatal myocardial infarction, or refractory angina at 4 months; and a combined rate of death or non-fatal myocardial infarction at 1 year. Analysis was by intention to treat.

#### Secondary outcome measures

Secondary outcomes included subsequent revascularisation, angina scores, anti-anginal medication, quality-of-life scores, and health-economic evaluations.

#### Overall study start date

12/11/1997

#### Completion date

31/12/2006

## Eligibility

#### Key inclusion criteria

Patients within 24 hours of an index episode of ischaemic pain at rest or patients will have documented evidence of coronary disease with at least one of:

- 1. Electrocardiogram (ECG) evidence of myocardial ischaemia
- 2. Pathological Q waves on an ECG suggesting previous myocardial infarction
- 3. Arteriographically proven coronary disease on a previous angiogram

#### Participant type(s)

Patient

#### Age group

Adult

#### Sex

Both

#### Target number of participants

1810

#### Key exclusion criteria

All those with probable evolving myocardial infarction, including those for whom reperfusion therapy was indicated, were ineligible. Those in A1 whom new pathological Q waves developed, or those with creatine kinase or creatine kinase Myocardial Bands (MB) concentrations twice the upper limit of normal before randomisation, were excluded. Also excluded were those with

myocardial infarction within the previous month, Percutaneous Coronary Intervention (PCI) in the preceding 12 months, or Coronary Artery Bypass Grafting (CABG) at any time.

Date of first enrolment 12/11/1997

Date of final enrolment 31/12/2006

## Locations

**Countries of recruitment** Scotland

**United Kingdom** 

Study participating centre
The University of Edinburgh
Edinburgh
United Kingdom
EH16 4SB

## **Sponsor information**

#### Organisation

British Heart Foundation (UK)

#### Sponsor details

14 Fitzhardinge Street London United Kingdom W1H 6DH +44 (0)20 7935 0185 research@bhf.org.uk

#### Sponsor type

Charity

#### Website

http://www.bhf.org.uk

#### ROR

https://ror.org/02wdwnk04

## Funder(s)

#### Funder type

Charity

#### Funder Name

British Heart Foundation (UK) (ref: RG/96001) - plus donation from Aventis to the British Heart Foundation

## **Results and Publications**

## Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

### **Study outputs**

| Output type        | Details                                       | Date<br>created | Date<br>added | Peer<br>reviewed? | Patient-<br>facing? |
|--------------------|---|-----------------|---------------|-------------------|---------------------|
| Results article    | results of impact of gender                   | 01/09/2004      |               | Yes               | No                  |
| Results article    | one-year results                              | 18/01/2005      |               | Yes               | No                  |
| Results article    | five-year outcomes results                    | 01/09/2005      |               | Yes               | No                  |
| Results article    | patient management and disease events results | 01/10/2006      |               | Yes               | No                  |
| Results article    | cost effectiveness study results              | 01/06/2008      |               | Yes               | No                  |
| Other publications | collaborative analysis                        | 31/01/2012      |               | Yes               | No                  |
| Other publications | collaborative analysis                        | 01/02/2012      |               | Yes               | No                  |
| Other publications | collaborative analysis                        | 01/02/2012      |               | Yes               | No                  |
| Results article    | 10-year results                               | 04/08/2015      |               | Yes               | No                  |