# Prediction of cardiovascular risk in chronic coronary syndrome using cardiac troponin

Submission date	<b>Recruitment status</b> No longer recruiting	<ul><li>Prospectively registered</li></ul>		
23/11/2022		☐ Protocol		
Registration date 30/11/2022	Overall study status Completed	Statistical analysis plan		
		[X] Results		
<b>Last Edited</b> 01/08/2023	Condition category Circulatory System	Individual participant data		

#### Plain English summary of protocol

Background and study aims

We have recently shown that a blood test called troponin can predict the severity of a type of heart disease called coronary artery disease on a CT scan in patients who have symptoms suggestive of angina. However we think that troponin could also be able to tell us which patients at the highest chance of future heart attacks or dying from cardiovascular disease. Measuring troponin in patients with coronary artery disease could help prioritise tests and intensify medical treatments in patients who will benefit the most.

#### Who can participate?

Every patient who attends hospital for an angiogram dye test of their heart arteries for investigation of suspected angina at the Royal Infirmary of Edinburgh, Scotland over a 6 year period from 31/July/2015.

#### What does the study involve?

Troponin will be measured on the same blood samples that are already routinely taken before the procedure. We will test whether troponin levels can predict the severity of heart disease seen on the angiogram and will look to see if troponin can predict risk of heart attacks or death in the future. This study is being funded by a grant from the British Heart Foundation. The lead contact for this study is Professor Nicholas Mills, Consultant Cardiologist and Professor of Cardiology, University of Edinburgh and NHS Lothian (Nick.Mills@ed.ac.uk)

What are the possible benefits and risks of participating? None.

Where is the study run from? Royal Infirmary of Edinburgh (UK)

When is the study starting and how long is it expected to run for? July 2015 to July 2021

Who is funding the study?
British Heart Foundation (UK)
Medical Research Council (UK)

Who is the main contact? Dr Ryan Wereski, ryan.wereski@ed.ac.uk Prof Nick Mills, Nick.Mills@ed.ac.uk

#### Study website

https://dataloch.org/insights/projects-delivered/myocardial-injury-elective-coronary-angiography-mica

# **Contact information**

#### Type(s)

Public

#### Contact name

Dr Ryan Wereski

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Scientific

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# Type(s)

#### Principal Investigator

#### Contact name

**Prof Nicholas Mills** 

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# Additional identifiers

#### **EudraCT/CTIS** number

Nil known

#### **IRAS** number

#### ClinicalTrials.gov number

Nil known

#### Secondary identifying numbers

DL-21-016

# Study information

#### Scientific Title

Myocardial Injury in patients attending for Coronary Angiography

#### Acronym

**MICA** 

#### Study objectives

We hypothesise that in a population of patients attending for elective coronary angiography, that the concentration of high-sensitivity cardiac troponin will:

- 1. Predict the prevalence and extent of obstructive coronary artery disease;
- 2. Predict those patients who are at the highest risk of future adverse clinical events including all-cause mortality, cardiovascular death, and myocardial infarction

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Approved 20/08/2015, East of Scotland Research Ethics Committee (Ninewells Hospital & Medical School, Tayside Medical Science Centre (TASC), Residency Block, Level 3, George Pirie Way, Dundee, DD1 9SY, UK; +44 (0)1382 383871; tay.eosres@nhs.scot), ref: 20/ES/0061

#### Study design

Observational cohort study

#### Primary study design

Observational

#### Secondary study design

Cohort study

#### Study setting(s)

Hospital

#### Study type(s)

Diagnostic

#### Participant information sheet

Not applicable - individual patient consent was not required for this study

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

Patients with suspected or known atherosclerotic coronary disease and chronic coronary syndrome attending for elective coronary angiography

#### Interventions

This is an observational study which aims to evaluate whether concentrations of high-sensitivity troponin I are associated with severity of coronary artery disease and clinical outcomes in patients attending for elective coronary angiography for investigation of suspected chronic coronary syndrome.

All participants referred for elective coronary angiography for investigation of chronic coronary syndrome at the Royal Infirmary of Edinburgh will be enrolled if routine clinical pre-procedure were taken on the day of the procedure. This study makes use of routinely collected electronic healthcare records and requires no direct involvement from participants. High-sensitivity cardiac troponin will be measured prospectively in the background on blood sample excess to clinical requirement. Attending clinicians will be blinded to the result. Participants care will not be directly impacted by participation. All participants will be followed up until 31/07/2021.

Coronary artery disease severity will be determined by the attending interventional cardiologist at the time of angiography and recorded prospectively in a clinical reporting database (TOMCAT, Philips Cardiovascular Information Management System, Netherlands) before data extraction. The maximal stenosis will be used to define the severity of coronary disease in each major epicardial coronary artery.

Obstructive coronary artery disease is defined by convention as a stenosis ≥70% in one or more major epicardial coronary artery or a stenosis ≥50% in the left main stem.

Coronary artery disease severity will also be also evaluated using the hierarchical Duke Prognostic Index, which categorizes coronary disease according to extent, location, and stenosis severity.

Routine electronic healthcare data and national registries will be used follow-up the study population for clinical outcome events. All deaths and hospital admissions are recorded on the Register of Deaths in Scotland and the Scottish Morbidity Record (SMR), respectively.

#### Intervention Type

Other

#### Primary outcome measure

Non-fatal myocardial infarction or cardiovascular death up to study end date. This is defined using the International Classification of Disease (ICD)-10 codes of I21 or I22 for myocardial infarction and I00 to I99 inclusive for cardiovascular death. Measured using patient records.

#### Secondary outcome measures

All-cause mortality and coronary revascularization, defined as percutaneous coronary intervention or coronary artery bypass surgery and within 30 days. Measured using patient records.

#### Overall study start date

31/07/2015

#### Completion date

31/07/2021

# **Eligibility**

#### Key inclusion criteria

- 1. Elective angiography for evaluation of chronic coronary disease
- 2. Pre-procedure blood samples obtained on the same day as the procedure
- 3. Permanently resident in Scotland

### Participant type(s)

**Patient** 

#### Age group

Adult

#### Sex

Both

#### Target number of participants

4200

#### Total final enrolment

4917

#### Key exclusion criteria

Does not meet inclusion criteria

#### Date of first enrolment

31/07/2016

#### Date of final enrolment

31/07/2021

# **Locations**

#### Countries of recruitment

Scotland

United Kingdom

### Study participating centre Royal Infirmary of Edinburgh at Little France

51 Little France Crescent
Old Dalkeith Road
Edinburgh
Lothian
United Kingdom
EH16 4SA

# Study participating centre Western General Hospital

Crewe Road South Edinburgh Lothian United Kingdom EH4 2XU

# Study participating centre Forth Valley Royal Hospital

Stirling Road Larbert United Kingdom FK5 4WR

### Study participating centre Borders General Hospital

Huntlyburn Terrace Melrose United Kingdom TD6 9BS

#### Study participating centre Victoria Hospital Hayfield Road

Kirkcaldy United Kingdom KY2 5AH

# Study participating centre St John's Hospital

Howden West Livingston Lothian United Kingdom EH54 6PP

# Sponsor information

#### Organisation

Accord (United Kingdom)

#### Sponsor details

QMRI
47 Little France Crescent
Edinburgh
Scotland
United Kingdom
EH16 4TJJ
+44 1312426431
dataloch@ed.ac.uk

#### Sponsor type

University/education

#### Website

http://accord.scot/research-access/sponsorship

#### ROR

https://ror.org/01x6s1m65

# Funder(s)

# Funder type

Charity

#### **Funder Name**

#### **British Heart Foundation**

#### Alternative Name(s)

the\_bhf, The British Heart Foundation, BHF

#### **Funding Body Type**

Private sector organisation

#### **Funding Body Subtype**

Trusts, charities, foundations (both public and private)

#### Location

United Kingdom

#### **Funder Name**

Medical Research Council

#### Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

#### **Funding Body Type**

Government organisation

#### **Funding Body Subtype**

National government

#### Location

United Kingdom

# **Results and Publications**

#### Publication and dissemination plan

Initially, study findings will be published in a peer-reviewed medical journal and presented at a scientific conference. In the past we have worked closely with the media team at the British Heart Foundation, as well as the media team at the University of Edinburgh to help publicise research within the Centre for Cardiovascular Sciences, and disseminate important results. We also publish summary results on the University website for interested members of the public to view. The strategy for this project will follow a similar pattern.

#### Intention to publish date

01/04/2023

#### Individual participant data (IPD) sharing plan

This project was supported by University of Edinburgh/NHS Lothian DataLoch. Pseudoanonymised data can be accessed by approved researchers, subject to individual project application, and ethical and governance approval. The privacy notice can be found at https://dataloch.org/privacy-notice.

**IPD sharing plan summary**Stored in non-publicly available repository

# Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
HRA research summary			26/07/2023	No	No
Results article		08/08/2023	01/08/2023	Yes	No