

# Does angioplasty offer benefit over best medical treatment and supervised exercise training in mild to moderate intermittent claudication (MIMIC) patients?

<b>Submission date</b> 09/09/2005	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 11/11/2005	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 14/07/2010	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**Protocol serial number**  
MREC 03/08/7

## Study information

## Scientific Title

### Acronym

MIMIC

### Study objectives

The aim of the MIMIC trials is to assess the adjuvant benefit of percutaneous transluminal angioplasty (PTA) in patients with Mild to Moderate Intermittent Claudication (MIMIC). All patients will receive best medical treatment, including advice to stop smoking and receive supervised exercise training for 6 months. 340 patients from 10 centres will be randomly allocated to receive angioplasty or not into one of two trials, one for aorto-iliac disease and another for femoro-popliteal disease and followed up for 2 years. It is expected that the MIMIC trials will show whether either aorto-iliac or femoro-popliteal angioplasty are of adjuvant benefit to best medical treatment and exercise therapy in terms of Absolute Walking Distance (AWD) as the primary endpoint, and secondly in terms of both specific and generic health related quality of life (HRQL) measures and, if beneficial, the cost effectiveness of the additional intervention.

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at time of registration

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Study type(s)

Treatment

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

Intermittent claudication; peripheral vascular disease

### Interventions

Supervised exercise therapy versus supervised exercise therapy and PTA.

### Intervention Type

Other

### Phase

Not Specified

### Primary outcome(s)

AWD at 2 years compared to baseline.

### Key secondary outcome(s)

1. Generic and disease specific quality of life questionnaires
2. Cost economics
3. Patency

**Completion date**

31/01/2007

## Eligibility

**Key inclusion criteria**

1. Patients with stable mild to moderate intermittent claudication
2. Patients satisfying the criteria of the Edinburgh Claudication Questionnaire
3. Patients suitable for aorto-iliac or femoro-popliteal PTA after duplex mapping or diagnostic arteriography
4. Ankle Brachial Pressure Indices (ABPI)  $<0.9$  or  $>0.9$  with a positive stress test i.e. a fall of  $>30$  mmHg following a treadmill test at 4 km/h, 10 degree slope for 1 min

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Patients with intermittent claudication too mild for patient or doctor to consider PTA
2. Patients with intermittent claudication severe enough to merit consideration of bypass surgery
3. Patients with critical ischaemia i.e. absolute Doppler pressure  $<50$  mmHg, or presence of ulcers or gangrene with a Doppler pressure  $>50$  mmHg
4. Patients with ankle/brachial pressure index (ABPI)  $>0.9$  with a negative stress test who could have sciatica or very mild peripheral arterial disease (insignificant arterial disease)
5. Patients with musculoskeletal, cardiac or any other concomitant disease that renders consideration for supervised exercise inappropriate

**Date of first enrolment**

01/02/2003

**Date of final enrolment**

31/01/2007

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre**  
**Dept Vascular Surgery**  
London  
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W6 8RF

## Sponsor information

**Organisation**  
Imperial College London (UK)

**ROR**  
<https://ror.org/041kmwe10>

## Funder(s)

**Funder type**  
Industry

**Funder Name**  
Camelia Botnar Arterial Research Foundation (UK)

**Funder Name**  
Bard Ltd (UK)

**Funder Name**  
Boston Scientific Ltd (UK)

**Funder Name**  
Cook UK Ltd (UK)

## Results and Publications

## Individual participant data (IPD) sharing plan

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/12/2008		Yes	No