ISRCTN38733901 https://doi.org/10.1186/ISRCTN38733901

# A multi-centre randomised controlled trial of minimally invasive bypass grafting vs angioplasty with stenting for single vessel disease of the left anterior descending coronary artery

Submission date 25/04/2003	<b>Recruitment status</b> No longer recruiting	<ul> <li>Prospectively registered</li> <li>Protocol</li> </ul>
<b>Registration date</b> 25/04/2003	<b>Overall study status</b> Completed	<ul> <li>[] Statistical analysis plan</li> <li>[X] Results</li> </ul>
<b>Last Edited</b> 08/11/2022	<b>Condition category</b> Circulatory System	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

EudraCT/CTIS number

### **IRAS number**

ClinicalTrials.gov number

Secondary identifying numbers HTA 96/04/06

## Study information

### Scientific Title

A multi-centre randomised controlled trial of minimally invasive bypass grafting vs angioplasty with stenting for single vessel disease of the left anterior descending coronary artery

### **Study objectives**

Coronary artery bypass grafting and angioplasty =/- stenting are both effective but expensive treatments for coronary heart disease. Cheaper alternative procedures with equal or better effectiveness could achieve substantial savings for the NHS. For patients with single vessel disease, Minimally Invasive Direct Coronary Artery Bypass (MIDCAB) is an alternative procedure to angioplasty, which is the "first-line" procedure for this group of patients. Preliminary findings indicate MIDCAB is more effective and potentially cheaper than angioplasty +/- stenting.

**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

**Secondary study design** Randomised controlled trial

**Study setting(s)** Not specified

**Study type(s)** Not Specified

Participant information sheet

Health condition(s) or problem(s) studied Cardiovascular diseases: Heart disease

#### Interventions

Direct coronary artery bypass
 Angioplasty +/- stenting

#### Intervention Type Other

**Phase** Not Specified

### Primary outcome measure

The study will assess clinical (recurrence of symptoms, adverse clinical events), functional (exercise ECG, symptom questionnaire), quality of life outcomes (EuroQol, GHQ, and cardiac-specific questionnaires) and health service use (contacts with primary care teams, diagnostic investigations, readmissions, etc) and associated costs. All study patients will be followed for a minimum of 1 year.

**Secondary outcome measures** Not provided at time of registration.

Overall study start date 03/05/1999

Completion date 02/10/2002

## Eligibility

**Key inclusion criteria** Not provided at time of registration.

**Participant type(s)** Patient

Age group Not Specified

**Sex** Not Specified

**Target number of participants** Not provided at time of registration.

**Key exclusion criteria** Not provided at time of registration.

Date of first enrolment 03/05/1999

Date of final enrolment 02/10/2002

### Locations

**Countries of recruitment** England

United Kingdom

**Study participating centre Department of Cardiac Surgery** Bristol United Kingdom BS2 8HW

### Sponsor information

**Organisation** Department of Health (UK)

**Sponsor details** Quarry House Quarry Hill Leeds United Kingdom LS2 7UE +44 (0)1132 545 843 Sheila.Greener@doh.gsi.gov.uk

### Sponsor type

Government

Website http://www.dh.gov.uk/en/index.htm

ROR https://ror.org/03sbpja79

## Funder(s)

**Funder type** Government

**Funder Name** NIHR Health Technology Assessment Programme - HTA (UK)

## **Results and Publications**

### Publication and dissemination plan

Not provided at time of registration

### Intention to publish date

### Individual participant data (IPD) sharing plan

Not provided at time of registration

### IPD sharing plan summary

Not provided at time of registration

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	HTA monograph	01/04/2004		Yes	No