

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	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 25/04/2003	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 08/11/2022	Condition category Circulatory System	<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

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

Study type(s)

Not Specified

Health condition(s) or problem(s) studied

Cardiovascular diseases: Heart disease

Interventions

1. Direct coronary artery bypass
2. Angioplasty +/- stenting

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

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.

Key secondary outcome(s)

Not provided at time of registration.

Completion date

02/10/2002

Eligibility**Key inclusion criteria**

Not provided at time of registration.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Not Specified

Sex

Not Specified

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**

United Kingdom

England

Study participating centre

Department of Cardiac Surgery

Bristol

United Kingdom

BS2 8HW

Sponsor information

Organisation

Department of Health (UK)

ROR

<https://ror.org/03sbpja79>

Funder(s)

Funder type

Government

Funder Name

NIHR Health Technology Assessment Programme - HTA (UK)

Results and Publications

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