

# A Short Review of Recent Phase III And IV Angiology Related Clinical Trials Among Adults

Randall W. Franz\*

Vascular and Endovascular Surgery, Central Ohio Vascular Services, USA

## DESCRIPTION

Angiology is the systematic study of the blood vascular system, its distribution, functions, and various diseases and disorders associated with the vasculature. There has been greater emphasis on vascular science concerning the medication and treatment modalities. This short review attempts to summarize some of the most significant clinical studies in angiology that were reported recently, to be more specific over the past year.

In a randomized adaptive open-label and multicenter clinical trial comprising of a total of 1449 patients with non-ST segment elevation acute coronary syndrome undergoing invasive treatment, Tarantini et al., [1] have compared upstream and downstream oral P2Y12 receptor blockers administration outcomes to determine the optimal timing of their administration. The upstream group comprised of patients who received pre-treatment with ticagrelor before angiography while the downstream group comprised of patients with no pre-treatment. The trial revealed that there was no significant difference between the upstream and downstream groups concerning the rate of the primary endpoint, composite death due to vascular causes, nonfatal myocardial infarction or stroke, and bleeding. Both the downstream and upstream oral P2Y12 inhibitor administration strategies elicited similar efficacy and could be related to a low incidence of ischemic and bleeding events.

In a double-masked phase IV multicenter randomized clinical trial, Lim et al., [2] have compared the efficacy and safety of combination therapy (ranibizumab + verteporfin photodynamic therapy) with ranibizumab monotherapy among 322 symptomatic macular polypoidal choroidal vasculopathy Asian patients with an average age of 68 years over two years. The study revealed that combination therapy was superior to monotherapy with complete polypoidal lesion regression and with fewer ranibizumab injections and both the treatment regimens were reported to be safe and effective.

Alobeidi et al., [3] have demonstrated pulmonary CT angiography using minimal iodinated contrast media in 47 patients with an average age of 69 years as a part of phase IV clinical drug trial. The pulmonary arterial contrast opacification was measured by three independent readers. The visual examination for pulmonary

embolism ranged from good to excellent for all readers. The study concluded that diagnostic pulmonary CT angiography with 17 ml of contrast media was possible among non-obese patients using low kVp, high pitch, and carefully designed contrast media administration.

In phase 3 clinical trial, Arai et al., [4] determined the sensitivity and specificity of gadobutrol for the detection of coronary artery disease by way of assessing myocardial perfusion and late gadolinium enhancement imaging. The trial revealed that the vasodilator stress and rest myocardial perfusion cardiovascular magnetic resonance and late gadolinium enhancement imaging displayed high diagnostic accuracy for detection of coronary artery disease.

## CONCLUSION

In another randomized controlled multicenter comparative clinical trial comprising of 1050 participants with stable angina from 44 sites, Stillman had did assessed the initial testing with coronary computed tomographic angiography and single-photon emission computed tomography myocardial perfusion imaging and their role in directing the patients to optimal medical therapy alone or therapy with revascularization. In the trial, there were no cardiac deaths. It was reported that the rate of major adverse cardiovascular event or revascularization was similar for participants in both groups. Hence it was concluded that there was no substantial difference in the outcomes of the patients who underwent two types of imaging tests. Nevertheless, coronary computed tomographic angiography was reportedly a better predictor of major adverse cardiovascular events and revascularization.

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\*Correspondence to: Randall W Franz, Vascular and Endovascular Surgery, Central Ohio Vascular Services, USA, E-mail: Randall.Franz@ohiohealth.com

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