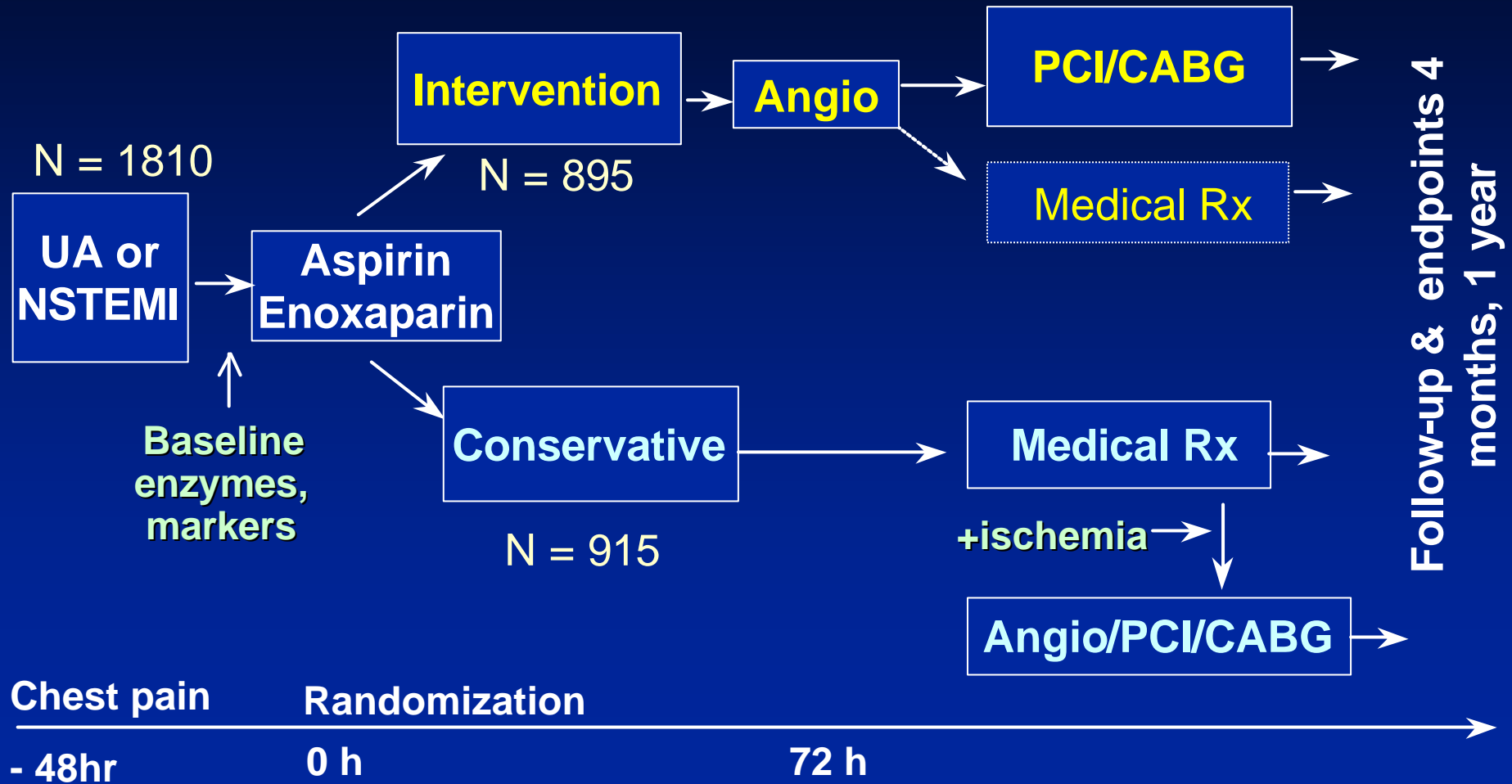


**Randomized Trial of
Intervention vs Conservative
Therapy in Unstable Angina/
Non-ST Elevation MI**

Keith A A Fox

**on behalf of the Executive Committee
and Investigators of RITA-3**

RITA 3 Study Design



Baseline ECG, Enzymes & Troponin



RITA-3

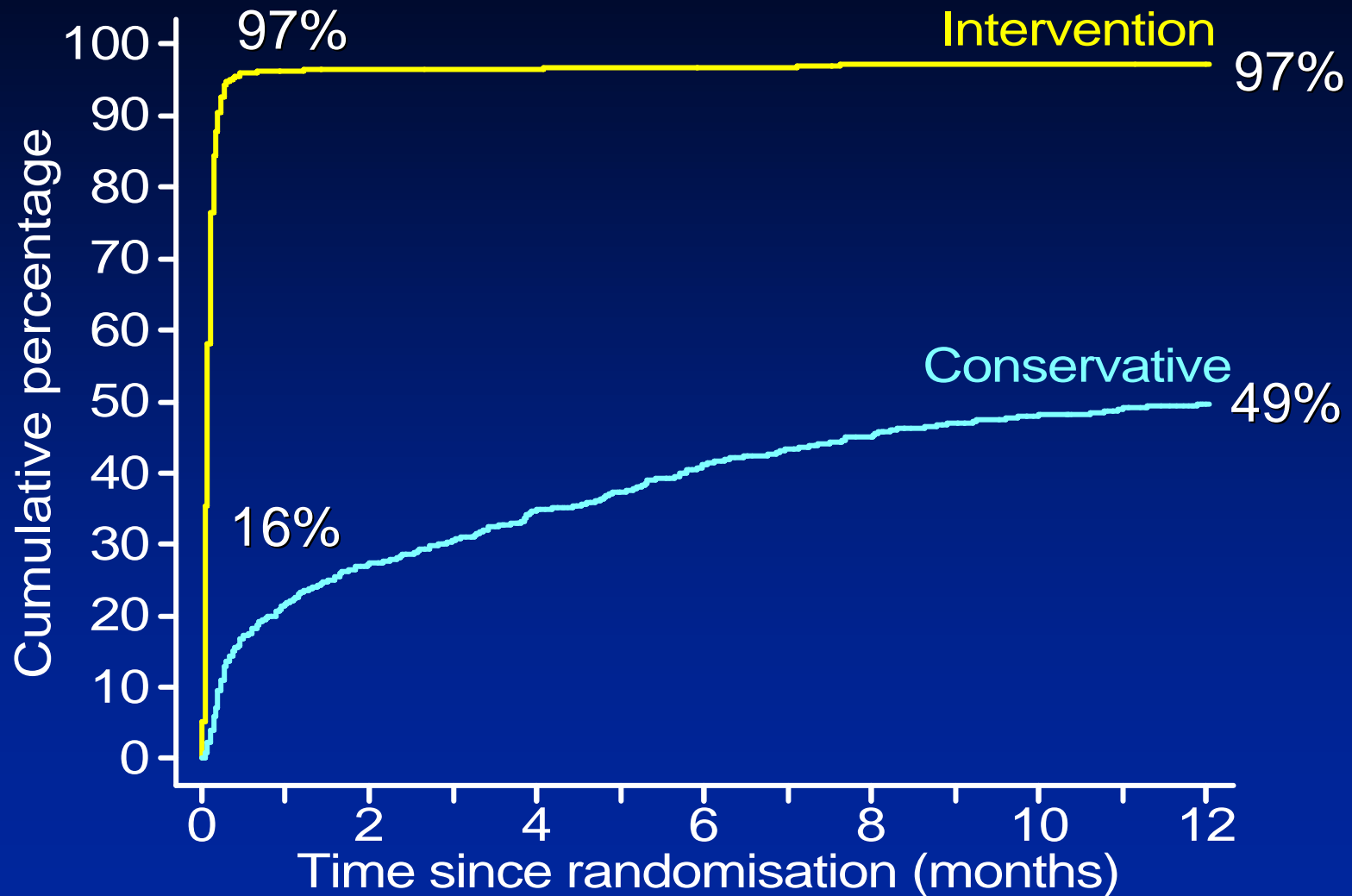
Intervention Conservative

ECG abnormal	93	92
ST ↓ or ↑* >0.1mV	40	42
T ↓	74	70
LBBB	3	4
Enzyme/marker ↑		
CK ↑ 2 fold	19	17
Troponin ↑	71	78
Inclusion: troponin+ only	2	2
CK & troponin normal	9	10

All data given as percentages. *Transient elevation.

Timing of first arteriogram randomization to 1 year

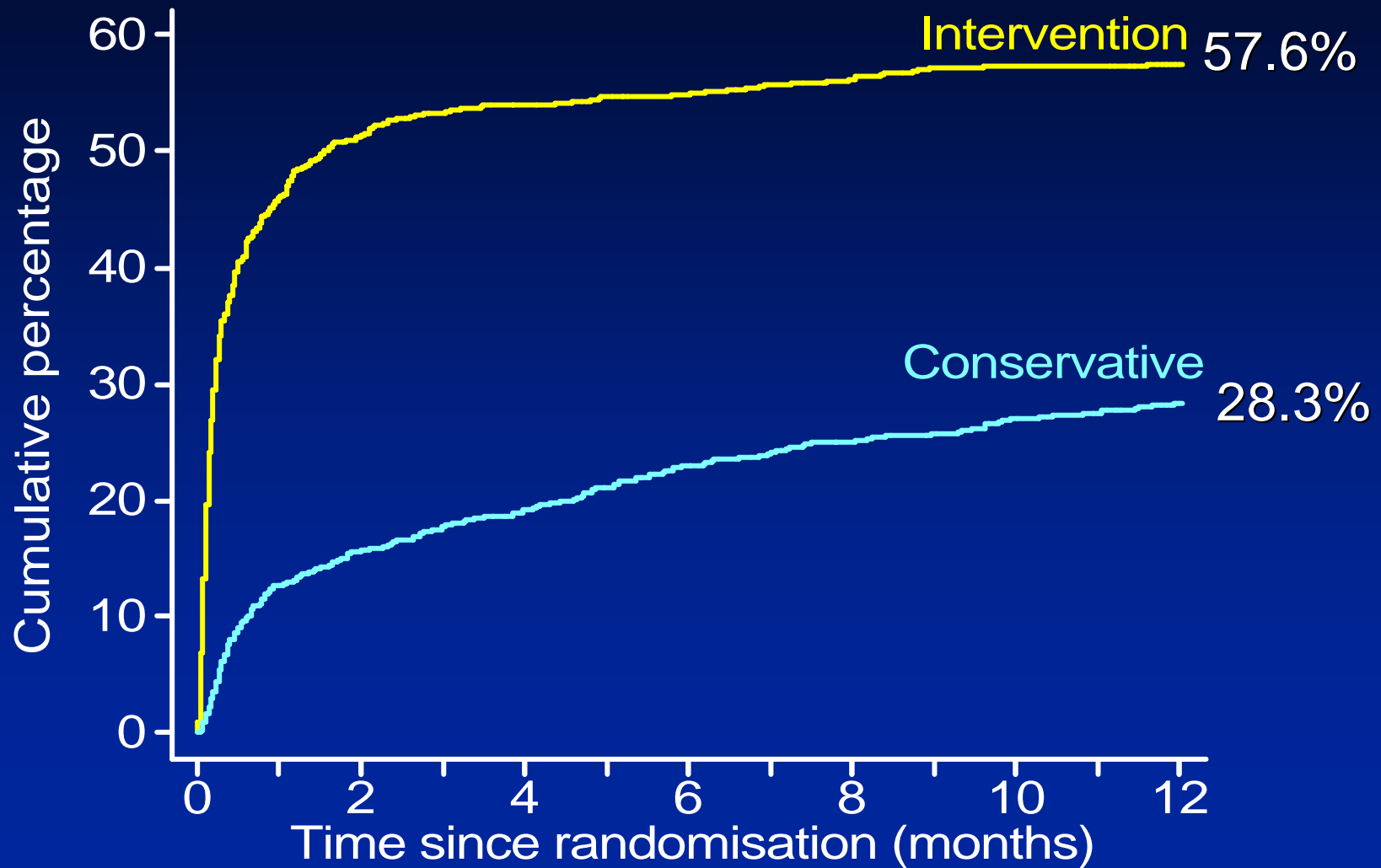
RITA-3



Timing of first revascularisation

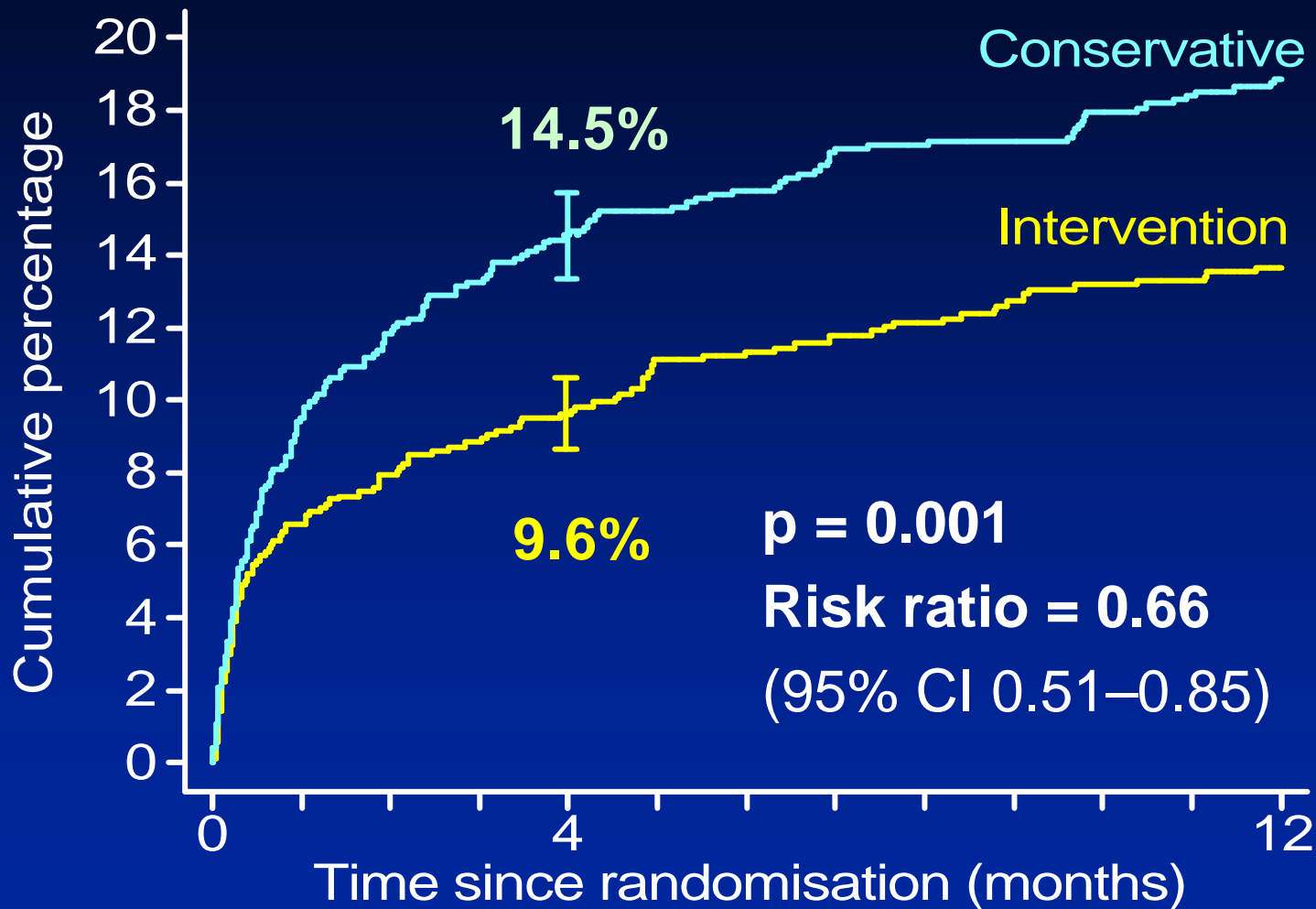
randomization to 1 year

RITA-3



Cumulative risk of death, MI or refractory angina

RITA-3



Death, MI or Refractory Angina at 4 Months



RITA-3

Outcome	Intervention n=895 (%)	Conservative n=915 (%)	Risk ratio (95% CI)	P value
Death	2.9	2.5	1.16 (0.66–2.01)	0.61
MI	3.4	3.7	0.90 (0.56–1.46)	0.68
RA	4.4	9.3	0.47 (0.32–0.68)	<0.001
Death/MI/RA	9.6	14.5	0.66 (0.51–0.85)	0.001
Death/MI	5.6	5.8	0.96 (0.66–1.40)	0.85

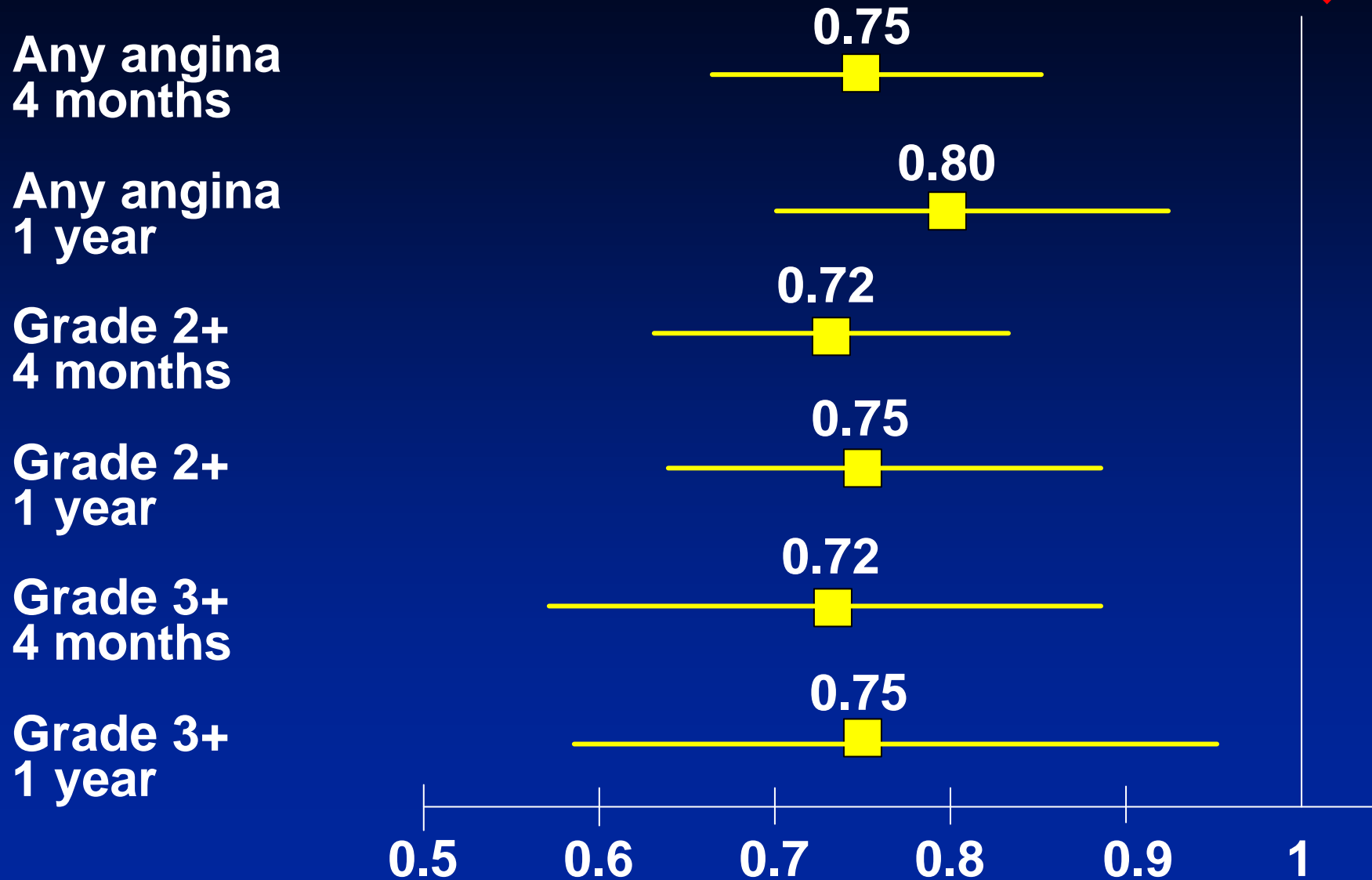
Overall Death or MI

3646 Patient Years of Follow-up

Outcome	Intervention n=895 (%)	Conservative n=915 (%)	Hazard ratio (95% CI)
Death	6.7	7.8	
MI	5.0	6.1	
Death/MI	10.6 n=95	12.9 n=118	0.83 (0.63–1.09)

Angina During Follow-up

RITA-3



Conclusions

A strategy of intervention in moderate-risk patients:

- Results in fewer deaths/MIs/refractory angina events – principal impact on refractory angina
- Decreases the incidence of subsequent angina – especially rest and severe angina
- Decreases the need for subsequent anti-anginal therapy
- Improves quality of life