BRISTOL HEART INSTITUTE
University of Bristol
Bristol Royal Infirmary

Clinical Trials and Evaluation Unit Newsletter

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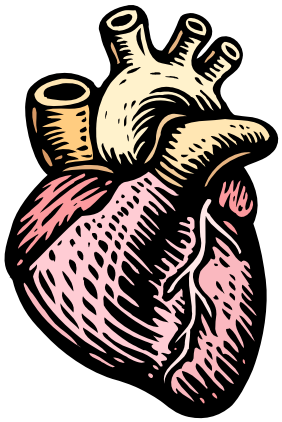
Welcome to our first newsletter. This has been initiated so that we could let you know exactly how you have helped our work, by participating in a clinical trial or by providing us with information about your health through completion of questionnaires. In this newsletter we will summarise the important advances that have already been made in cardiac surgery as a result of this work, and why your continued help is so vital to us.

We would also like to take this opportunity to thank everyone for their participation, time and continued support.



Long term monitoring of cardiac surgery patients

In the last year we have begun a programme to follow-up all patients who have heart bypass surgery at the Bristol Royal Infirmary, so that we have an up to date record of their well-being. This is very important to us, as it helps us to evaluate our current treatment and will help identify new ways to treat patients who need a heart bypass operation. This will help us to ensure that all patients receive the best possible care available to us.

So far, we have written to about a quarter of the patients who have had a heart bypass operation in the last 5 years. We plan to write to the remainder in the next year, and then to everyone on an annual basis. At the moment we have about an 80% response rate for those patients we have written to, which we are very pleased with.

Patients have also been giving us permission to contact their GP's for extra information, and the response rate from the GP's has been equally impressive.

Analysis of the information received is still at a very early stage, so we have no findings to report at this time, but we would like to thank everyone who is contributing and supporting this programme.

Current research by investigators at this unit

We are currently recruiting patients into trials to:

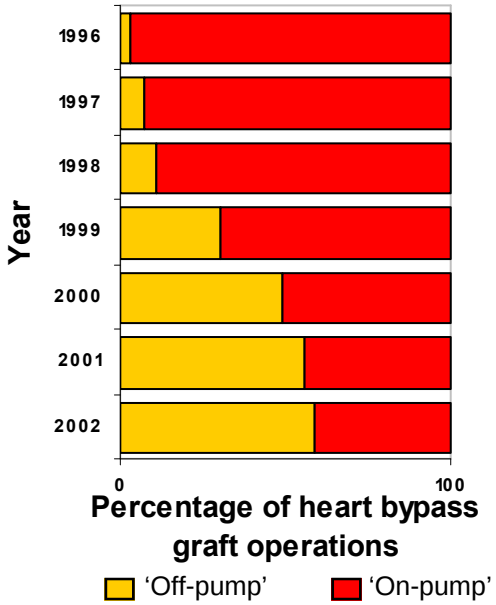
- investigate how best to treat people with heart failure due to coronary artery disease
- compare methods of treating blocked heart arteries in diabetic patients.

Both these trials involve over 20 hospitals around the UK and will collect information from patients who participate for up to 5 years. This will help us assess new treatments thoroughly for their potential long term benefit to patients.

BHACAS
(Beating Heart Against Cardioplegic Arrest Studies)

Heart bypass operations are traditionally performed whilst the heart has been stopped artificially, with a heart and lung machine pumping the blood around the body (known as 'on-pump'). In recent years, a technique has been developed where some heart bypass operations can be performed whilst the heart is still beating, and the heart and lung machine is not needed (known as 'off-pump') . Not all types of heart disease can be treated using this new technique, but where it is suitable, investigators at this hospital, led by Professor Angelini, believe that it may have some benefits to the patient. BHACAS was set up to compare the two techniques.

Between March 1997 and November 1999, 401 patients took part in BHACAS. So far, results have shown that in those patients who's heart disease is suitable for this technique, 'off-pump' surgery tends to lead to shorter stays in hospital after the bypass operation and to less complications such as chest infections or stroke.

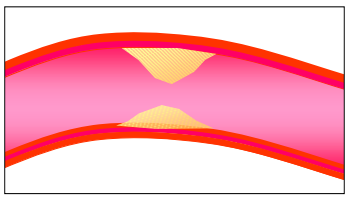


Over the last 6 years the use of 'off-pump' surgery has greatly increased at the Bristol Royal Infirmary

We are still collecting information from the patients who took part in BHACAS, so that we will have a follow-up period of 5-6 years for most patients, and will be able to report the long-term results of this research.

AMIST
(Angioplasty versus Minimally Invasive Surgery Trial)

Treatment of blocked heart arteries is constantly improving and evolving. As well as heart bypass surgery, some heart disease can be treated with a technique called angioplasty. This involves passing a very thin catheter through a small incision at the top of the leg or wrist and along an artery to the heart. The catheter is then inserted into the blocked artery, where a small balloon is inflated to remove the blockage. Sometimes a small wire mesh tube, called a stent, is left in the artery to help it stay open and improve blood flow.



Blocked heart arteries like the one in this cartoon can be bypassed using surgery or cleared using balloon angioplasty.

Not all patients have heart disease suitable for treatment by angioplasty, but for those whose heart disease could be treated in either way, the AMIST study was set up to compare angioplasty with heart bypass surgery. Between November 1999 and December 2001, 127 patients in 4 hospitals across the country (BRI, Glenfield in Leicester, Manchester Royal Infirmary, and St Mary's in London) took part. Participating patients filled out questionnaires about their health before treatment and every month after treatment, for up to 2 years. At this stage, the results of this trial are still being analysed, and we hope to be able to publish them soon.

We gratefully acknowledge the support of:
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