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COURAGE TRIAL "FIZZLES OUT"

Recently *The Wall Street Journal* ran an article entitled "A Simple Health Care Fix Fizzles Out." The authors' contention was that the results of the COURAGE Trial, which showed that trying drugs first in selected patients with chest pain resulted in the same outcome as immediately placing a stent, were not adopted because of reimbursement issues.

The Trial was conducted using patients in VA Hospitals over five years. A total of 35,500 patients were screened for stable chest pain, meaning pain that was predictable. Out of the 35,000, only 2,300 (6.7 percent) were selected to participate after their stress tests and heart caths proved that their disease was not dangerous.

Outcomes were pretty balanced at five years except for the fact that 33 percent of the patients treated without a stent had to go back to the cath lab for another procedure within 10 months.

So, what does the Trial mean in to my office patients? First, according to the study, less than 10 percent of the patients I see with chronic chest pain would qualify for this type of therapy, More importantly, I have to identify those with life threatening disease using stress testing and a heart cath. If we don't fix the blockage during the first heart cath, I have to point out that a third of the time they will be back in the cath lab within 10 months.

What are my take home messages from this study? First, medical therapy works to keep selected patients stable and pain free. Second, to make sure that my patients are safe to be treated in this manner, I have to do a stress test and a heart cath.

Finally, patients should participate in the choice of therapy knowing the results of exclusion from angioplasty. I also have to explore their insurance deductible: two hospitalizations for heart caths in six months may have a significant financial effect. All of this requires careful consideration in each unique patient. I have yet to explain this process to a patient and have them agree.

The COURAGE Trial "fizzles out" because it does not apply to the real world of clinical practice. *The Wall Street Journal* article points out: "Blue Cross plans intend to implement another rule: patients having elective stenting for chronic chest pain must first try drug therapy for three months."

A recent editorial in one of my cardiology journals discussed clinical trials, commenting: "Misinterpreting the results of trials can misinform future research and lead to suboptimal clinical practice." I agree, and based on my experience, so do my patients.

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