

# International EEC<sup>P</sup>® Patient Registry Fact Sheet

The International EEC<sup>P</sup>® Patient Registry (IEPR) maintained at the Epidemiology Data Center of the University of Pittsburgh Graduate School of Public Health, was established in January 1998 to track the outcomes of angina patients who have undergone EEC<sup>P</sup> therapy. More than 100 centers have participated in the registry and data from 5,000 patient records have been entered. Phase 2 of the IEPR, planned for an additional 2,500 angina patients with coexisting heart failure and other conditions, began in 2002 and met its enrollment target in September 2004.

The IEPR is a vital source of information about the effectiveness of EEC<sup>P</sup> therapy in real-world environments for the medical community at large. Data analyzed by the IEPR includes improvement in anginal symptoms, quality of life, effects in important patient subgroups, and adverse events occurring during the treatment period. Follow-up data, including interim events and procedures, is obtained at six-months post treatment and then annually for up to three years.

Additional information about the IEPR is available at [www.edc.gsph.pitt.edu/iepr](http://www.edc.gsph.pitt.edu/iepr).

## Key Findings from the IEPR

### ▪ **Safety & Efficacy**

EEC<sup>P</sup> therapy was well tolerated in all patient populations evaluated. Registry data indicates approximately 80 percent of patients who complete EEC<sup>P</sup> therapy experience significant relief from chronic coronary artery disease (CAD) symptoms, including reduction or elimination of angina, reduced need for medication and improved functional capacity. Side effects are rare and generally minor in nature.

### ▪ **Quality of Life**

Quality of life was measured by the IEPR prior to EEC<sup>P</sup> therapy and up to three years post-EEC<sup>P</sup> therapy. Patients rating their state of health as good or excellent rose from 36 percent prior to EEC<sup>P</sup> therapy to approximately 90 percent immediately after treatment. Overall quality of life improved following a course of EEC<sup>P</sup> therapy and was sustained in majority of patients two-years post-EEC<sup>P</sup> therapy.

### ▪ **Left Ventricular Dysfunction (LVD) and Heart Failure**

Angina class improvement in patients with LVD who were able to complete a full course of EEC<sup>P</sup> therapy was similar to that observed in those without LVD. The data suggests that EEC<sup>P</sup> therapy improved functional status and enhanced quality of life. Eighty-one percent of LVD patients maintained their improved angina class at 6 months post-EEC<sup>P</sup> therapy.

### ▪ **Diabetes**

The IEPR studied patients who suffer from angina and diabetes immediately after and one-year post-EEC<sup>P</sup> therapy. The investigators concluded that EEC<sup>P</sup> therapy is safe and well tolerated by diabetics suffering from angina. There was a statistically significant improvement in angina symptoms and quality of life. Mortality rates, one-year post-EEC<sup>P</sup> therapy were not different in patients with diabetes compared to those without.

### ▪ **Women**

Women obtain similar benefits as men from EEC<sup>P</sup> treatment. Women with LVD achieve the same significant -reduction in angina compared to men with LVD.

### ▪ **Elderly**

A study focused on the elderly showed that EEC<sup>P</sup> therapy is a safe and effective treatment modality for patients ≥80 years of age who suffer from angina. Seventy-six percent of patients studied reported a reduction in angina and nitroglycerin use and a significant improvement in their quality of life.