CULPRIT-SHOCK

Project ID: 602202
Funded under: FP7-HEALTH

Multivessel versus culprit lesion only percutaneous revascularization in patients with acute myocardial infarction complicated by cardiogenic shock

From 2013-09-01 to 2018-08-31, closed project | CULPRIT-SHOCK Website

Project details

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<th>Total cost:</th>
<th>Topic(s):</th>
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<tr>
<td>EUR 7 908 335.44</td>
<td>HEALTH.2013.2.4.2-2 - Comparative effectiveness research of existing technologies for prevention, diagnosis and treatment of cardiovascular diseases</td>
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<th>EU contribution:</th>
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<tr>
<td>EUR 5 999 145</td>
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<td>Germany</td>
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<th>Call for proposal:</th>
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<td>FP7-HEALTH-2013-INNOVATION-1</td>
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<th>Funding scheme:</th>
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<td>CP-FP - Small or medium-scale focused research project</td>
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Objective

Cardiogenic shock (CS) complicating acute myocardial infarction (AMI) represents a major European health care concern with mortality rates between 40-70%. Approximately 70-80% of these patients present with multivessel disease defined as coronary lesions in more than one vessel. The clinician is faced with the decision to either 1) intervene only on the culprit lesion acutely responsible for the initiation of cardiogenic shock, or 2) treat additional lesions considered hemodynamically significant but not acutely triggering the CS cascade as well. Current guidelines recommend percutaneous coronary intervention of all critical lesions. However, due to a lack of randomized trials, these recommendations are solely based on registry data and pathophysiological considerations. Aim of the randomized CULPRIT-SHOCK trial is therefore to compare a) immediate multivessel PCI versus b) culprit lesion only PCI in patients with AMI complicated by CS. A total of 706 CS patients will be randomized in several European countries. The primary endpoint will be 30-day all-cause mortality and/or severe renal failure requiring renal replacement therapy. CULPRIT-SHOCK will therefore determine the optimal percutaneous revascularization strategy in patients with AMI and multivessel disease complicated by CS. In addition, a comprehensive array of efficacy, safety and socio-economic parameters for the chosen population will be assessed. Multiple secondary endpoints and several substudies (microcirculation, biomarkers, angiography) will serve to further understand the presumed differential effects of the 2 treatment arms and to understand the underlying pathophysiology and prognostic markers. From these parameters a multivariable regression model and a risk score for the prediction of clinical prognosis and a cost-effectiveness model in AMI and CS will be developed. Furthermore, CULPRIT-SHOCK will obtain data on CS patients not meeting inclusion criteria by instituting a separate registry.

Related information

Report Summaries

Periodic Report Summary 1 - CULPRIT-SHOCK (Multivessel versus culprit lesion only percutaneous revascularization in patients with acute myocardial infarction complicated by cardiogenic shock)

Periodic Report Summary 2 - CULPRIT-SHOCK (Multivessel versus culprit lesion only percutaneous revascularization in patients with acute myocardial infarction complicated by cardiogenic shock)
Coordinator

UNIVERSITAT ZU LUBECK  
RATZEBURGER ALLEE 160  
23562 LUBECK  
Germany

**Activity type:** Higher or Secondary Education Establishments

**Administrative contact:** Annette Bender  
Tel.: +49 451 3101 1313  
Fax: +49 451 3101 1014

Contact the organisation

---

Participants

STIFTUNG INSTITUT FUR HERZINFARKTFORSCHUNG LUDWIGSHAFEN  
BREMSERSTRASSE 79  
67063 LUDWIGSHAFEN  
Germany

**Activity type:** Research Organisations

**Administrative contact:** Marco Dech  
Tel.: +49 6215032834  
Fax: +49 6215032855

Contact the organisation

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Periodic Report Summary 3 - CULPRIT-SHOCK (Multivessel versus culprit lesion only percutaneous revascularization in patients with acute myocardial infarction complicated by cardiogenic shock)

The CULPRIT-SHOCK trial: breakthrough findings for the treatment of heart attack patients with cardiogenic shock
Academisch Medisch Centrum bij de Universiteit van Amsterdam
MEIBERGDREEF 9
1105AZ AMSTERDAM
Netherlands
See on map

**Activity type:** Higher or Secondary Education Establishments

**Administrative contact:** Edwin Groenewegen Van Wijk
Tel.: +31 205660075
E-mail
Contact the organisation

VEREIN ZUR FOERDERUNG DER WISSENSCHAFTLICHEN FORSCHUNG AM WILHELMINENSPITAL

DER STADT WIEN (Participation ended)
Montleartstrasse 37
1160 WIEN
Austria

**Activity type:** Research Organisations

**Administrative contact:** Andrea Prusse
Tel.: +431491505761
Fax: +43 491502309
E-mail
Contact the organisation

VIESOJI ISTAIGA VILNIAUS UNIVERSITETO LIGONINES SANTARISKIU KLINIKOS

SANTARISKIU G 2
08661 VILNIUS
Lithuania

**Activity type:** Public bodies (excluding Research Organisations and Secondary or Higher Education Establishments)

**Administrative contact:** Liuda Grigentiene
Tel.: +3702365007
Fax: +370 5236 5111
E-mail
Contact the organisation
ASSISTANCE PUBLIQUE - HOPITAUX DE PARIS
3 Avenue Victoria
75004 PARIS
France
See on map

**Activity type:** Research Organisations

**Administrative contact:** Alix Pillot
Tel.: +33140274613
E-mail
Contact the organisation

A.C.T.I.O.N ALLIES IN CARDIOVASCULAR TRIALS INITIATIVES AND ORGANIZEDNETWORKS
ASSOCIATION
BOULEVARD DE L HOPITAL 47
75013 PARIS
France

**Activity type:** Research Organisations

**Administrative contact:** Vanessa Gallois
Tel.: +33 142162959
Fax: +33 142162931
E-mail
Contact the organisation

UNIVERZITETNI KLINICNI CENTER LJUBLJANA
ZALOSKA CESTA 002
1000 LJUBLJANA
Slovenia
See on map

**Activity type:** Higher or Secondary Education Establishments

**Administrative contact:** Miha Zemlja
Tel.: +386 15222191
Fax: +386 15221234
E-mail
Contact the organisation
INSTITUT KARDIOLOGII IM. PRYMASA TYSIACLECIA STEFANA KARDYNALA WYSZYNSKIEGO
ul. Alpejska 42
04628 WARSZAWA
Poland

**EU contribution:** EUR 138 600

**Activity type:** Research Organisations

**Administrative contact:** Marek Banaszewski
Tel.: +48 223434314
Fax: +48 228154267

E-mail
Contact the organisation

INSELSPITAL-STIFTUNG
FREIBURGSTRASSE 18
3010 BERN
Switzerland

**EU contribution:** EUR 24 000

**Activity type:** Research Organisations

**Administrative contact:** Stephan Windecker
Tel.: +41 31 6324497

E-mail
Contact the organisation

UPPSALA UNIVERSITET
VON KRAEMERS ALLE 4
751 05 UPPSALA
Sweden

**Activity type:** Higher or Secondary Education Establishments

**Administrative contact:** Johan Sundelin
Tel.: +46186119312

E-mail
Contact the organisation

UNIVERSITY OF GLASGOW
UNIVERSITY AVENUE
G12 8QQ GLASGOW
United Kingdom

**EU contribution:** EUR 227 045

**Activity type:** Higher or Secondary Education Establishments

**Administrative contact:** Joe Galloway
Tel.: +441413303884
Fax: +441413305611

E-mail
Contact the organisation
ARCSIPEDALE SANTA MARIA NUOVA AZIENDA OSPEDALIERA
VIALE UMBERTO I 50
42100 REGGIO EMILIA
Italy

**Activity type:** Research Organisations

**Administrative contact:** Teresa Coppola
Tel.: +39 0522296212
Fax: +39 0522295561
E-mail
Contact the organisation

---

OSKAR VON MILLER RING 29
80333 MUENCHEN
Germany

See on map

**Activity type:** Private for-profit entities (excluding Higher or Secondary Education Establishments)

**Administrative contact:** Birgit Fuchs
Tel.: +49 8928810414
Fax: +49 8928810420
E-mail
Contact the organisation

---

UNIVERSITAET LEIPZIG
RITTERSTRASSE 26
04109 LEIPZIG
Germany

See on map

**Activity type:** Higher or Secondary Education Establishments

**Administrative contact:** Joachim Thiery
Tel.: +493419715930
E-mail
Contact the organisation

---

NATIONAL WAITING TIMES CENTRE BOARD
BEARDMORE STREET CLYDEBANK
G81 4HX GLASGOW
United Kingdom

**Activity type:** Public bodies (excluding Research Organisations and Secondary or Higher Education Establishments)

**Administrative contact:** Catherine Sinclair
Tel.: +44141 951 5440
E-mail
Contact the organisation
HERZZENTRUM LEIPZIG GMBH
STRUEMPPELLSTRASSE 39
04289 LEIPZIG
Germany

**Activity type:** Higher or Secondary Education Establishments

**Administrative contact:** Simone Bläser
Tel.: +49 3418651433
Fax: +49 3418651461
E-mail
Contact the organisation

AZIENDA OSPEDALIERA DELLA PROVINCIA DI LECCO
VIA DELL'EREMO 9/11
23900 LECCO
Italy

**Activity type:** Public bodies (excluding Research Organisations and Secondary or Higher Education Establishments)

**Administrative contact:** Micol Bernardi
Tel.: +390341489564
E-mail
Contact the organisation

UNIVERSITAIR ZIEKENHUIS ANTWERPEN
WILRIJKSTRAAT 10
2650 EDEGEM
Belgium
See on map

**Activity type:** Research Organisations

**Administrative contact:** Christiaan Vrints
Tel.: +32 3 821 35 29
E-mail
Contact the organisation

ARTTIC
RUE DU DESSOUS DES BERGES 58A
75013 PARIS
France
See on map

**Activity type:** Private for-profit entities (excluding Higher or Secondary Education Establishments)

**Administrative contact:** Martin Dietz
Tel.: +49 89 248 830317
E-mail
Contact the organisation
VEREIN ZUR FORDERUNG DER FORSCHUNG AUF DEM GEBIET DER ARTERIOSKLEROSE THROMBOSE UND VASKULAREN BIOLOGIE

MARIAHILFER STRASSE 49/19 1060 WIEN Austria

**Activity type:** Research Organisations

**Administrative contact:** Barbara Novak
Tel.: +43149 150 2307
Fax: +43 49 150 2309

Contact the organisation

Insel Gruppe AG
FREIBURGSTRASSE 18 3010 BERN Switzerland

**Activity type:** Private for-profit entities (excluding Higher or Secondary Education Establishments)

**Administrative contact:** Stephan Windecker
Tel.: +41316324497
Fax: +41316324771

Contact the organisation

**Subjects**

Life Sciences

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