Results of the Trial to Assess Chelation Therapy (TACT)

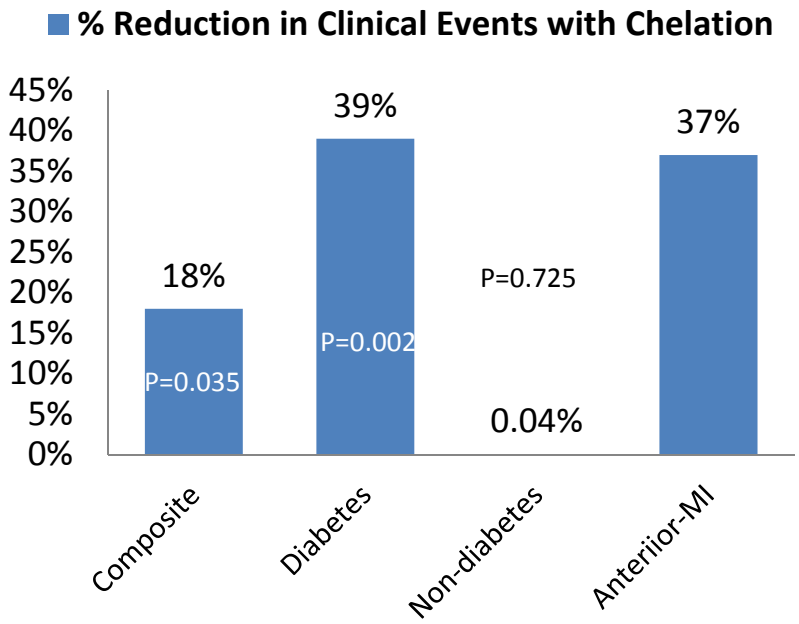
Background: According to reports from the CDC, the use of chelation therapy with disodium ethylene diamine tetra acetic acid (EDTA) therapy to treat atherosclerosis is increasing in the United States. Whether or not it is safe or effective cannot be determined based on current clinical data.

Purpose: To evaluate the safety and effectiveness of an EDTA chelation solution v. placebo= in post myocardial infarction (MI) patients.

Methods: N= 1708; post-MI patients (≥ 6 weeks post-MI) who also received standard care; age = ≥ 50 years; f/u average=4 years. Randomized, 2x2 factorial, multi-center, double blind, NIH-sponsored, placebo-controlled. 40 infusions of an EDTA-chelation solution vs. placebo, and of an oral, high-dose multivitamin and mineral supplement vs. placebo.

Primary endpoints: Composite**:** mortality (all cause), MI, stroke, coronary revascularization, or angina hospitalization.

Secondary endpoints: composite CV death, non-fatal MI, non-fatal stroke



Results: Composite endpoints: 18% reduction EDTA vs. placebo (p=0.035); SUBGROUPS: Diabetes: 39% reduction in composite endpoints vs. placebo (p=0.002); Non-diabetics: 0.04% reduction vs. placebo (p=0.725); Anterior MI: 37% reduction vs. placebo.

Conclusions: Post-MI patients who received chelation therapy had fewer clinical events vs. placebo. Two groups benefited most: diabetics and those who had experienced an anterior MI. Additional research is needed to confirm these findings and to understand the mechanisms of action for the benefits seen in this trial. This is not ready for implementation into clinical practice.

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