

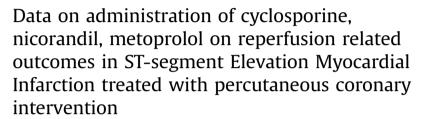
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Data in Brief





Data Article





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ABSTRACT

Mortality and morbidity in patients with ST elevation myocardial infarction (STEMI) treated with primary percutaneous coronary intervention (PCI) are still high [1]. A huge amount of the myocardial damage is related to the mitochondrial events happening during reperfusion [2]. Several drugs directly and indirectly targeting mitochondria have been administered at the time of the PCI and their effect on fatal (all-cause mortality, cardiovascular (CV) death) and non fatal (hospital readmission for heart failure (HF)) outcomes have been tested showing conflicting results [3–16]. Data from 15 trials have been pooled with the aim to analyze the effect of drug administration versus placebo on outcome [17]. Subgroup analysis are here analyzed: considering only randomized clinical trial (RCT) on cyclosporine or nicorandil [3-5,9-11], excluding a trial on metoprolol [12] and comparing trial with follow-up length < 12 months versus those with longer follow-up [3–16]. This article describes data related article titled "Clinical Benefit of Drugs Targeting Mitochondrial Function as an Adjunct to Reperfusion in ST-segment Elevation Myocardial Infarction: a Meta-Analysis of Randomized Clinical Trials" [17].

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Specifications Table

Subject area Clinical research; meta-analysis

More specific Medicine; Cardiology; Reperfusion injury

subject area

Type of data Figure

How data was Meta-analysis

acquired

Data format Analyzed

Experimental Ciclosporin or nicorandil, exclusion of metoprolol and follow-up length for reperfusion

factors in ST elevation myocardial elevation treated with primary coronary intervention. **Experimental** 15 studies focused on drugs targeting mitochondrial function vs. placebo in patients undergoing primary PCI for STEMI, of which 3 with cyclosporine, 2 with features

nicorandil, only one study with metoprolol were retrieved from MEDLINE,

Cochrane Library, Google Scholar and Biomed Central

Data source location

Italy, USA, Israel, Japan, Denmark, UK, France, Norway, Spain.

Data accessibility Data is with this article

E-mail address: cmpglc@unife.it (G. Campo).

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