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Data Article

Data on administration of cyclosporine, nicorandil, metoprolol on reperfusion related outcomes in ST-segment Elevation Myocardial Infarction treated with percutaneous coronary intervention

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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].

Specifications Table

Subject area	*Clinical research; meta-analysis*
More specific subject area	*Medicine; Cardiology; Reperfusion injury*
Type of data	*Figure*
How data was acquired	*Meta-analysis*
Data format	*Analyzed*
Experimental factors	*Ciclosporin or nicorandil, exclusion of metoprolol and follow-up length for reperfusion in ST elevation myocardial elevation treated with primary coronary intervention.*
Experimental features	*15 studies focused on drugs targeting mitochondrial function vs. placebo in patients undergoing primary PCI for STEMI, of which 3 with cyclosporine, 2 with 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*

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