Type 5

Form Approved Through 5/2004

OMB No. 0925-0001

Department of Health and Human Services
Public Health Services

# Grant Progress Report

| Review Group | Type | Activity | Grant Number |
|---|---|---|---|
| | | | 5 U01 AT01156-03 |

Total Project Period
From: 08/15/2002 Through: 02/28/2007

Requested Budget Period:
From: 03/01/2004 Through: 02/28/2005

1. TITLE OF PROJECT
Trial to Assess Chelation Therapy (TACT)

2a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Name and address, street, city, state, zip code)
Gervasio A. Lamas, MD
Mount Sinai Medical Center
4300 Alton Rd; Suite 207A
Miami Beach, FL
33140

3. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code)
Mount Sinai Medical Center of Florida, Inc.
4300 Alton Road
Miami Beach
FL
33140

2b. E-MAIL ADDRESS
TACTNIH@aol.com

4. ENTITY IDENTIFICATION NUMBER
EIN [redacted]

2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT
Medicine

5. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL
William Abraham, Ph.D., Director of Research
4300 Alton Road
Miami Beach, FL, 33140
E-MAIL: Abraham@msmc.com

2d. MAJOR SUBDIVISION
Cardiology

6. HUMAN SUBJECTS
☐ No ☒ Yes
6a. Research Exempt ☒ No ☐ Yes
6b. Human Subjects Assurance No. #A00000176

If Exempt ("Yes" in 6a):
Exemption No.

6c. NIH-Defined Phase III Clinical Trial ☐ No ☒ Yes

If Not Exempt ("No" in 6a):
IRB approval date
☒ Full IRB or ☐ Expedited Review

7. VERTEBRATE ANIMALS
☒ No ☐ Yes
7a. If "Yes," IACUC approval Date
7b. Animal Welfare Assurance No.

8. COSTS REQUESTED FOR NEXT BUDGET PERIOD
8a. DIRECT $7,997,047
8b. TOTAL $8,284,710

9. INVENTIONS AND PATENTS
☒ No ☐ Yes If "Yes," ☐ Previously Reported ☐ Not Previously Reported

10. PERFORMANCE SITE(S) *(Organizations and addresses)*

Mount Sinai Medical Center
4300 Alton Rd
Miami Beach, FL 33140

Duke Clinical Research Institute
Box 3300
Durham, NC 27715

11a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR *(Item 2a)*
Gervasio A. Lamas, MD
TEL 305-674-2162
FAX 305-674-3970

11b. ADMINISTRATIVE OFFICIAL NAME *(Item 5)*
William Abraham, Ph.D.
TEL 305-674-2790
FAX 305-674-2198

11c. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION *(Item 14)*
NAME Paul Katz, MD
TITLE Vice President
TEL 305-674-2633 FAX 305-674-2007
E-MAIL pkatz@msmc.com

12. Corrections to Page 1 Face Page

13. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

SIGNATURE OF PI/PD NAMED IN 2a. *(In ink. "Per" signature not acceptable.)* G Lamas MD

DATE 12/1/03

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 11c. *(In ink. "Per" signature not acceptable.)*

DATE 12-1-03

| DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT COSTS ONLY | FROM 03/01/04 | THROUGH 02/28/05 | GRANT NUMBER 1 U01 AT01156-03 |
|---|---|---|---|

| PERSONNEL (Applicant organization only) | | TYPE APPT. (months) | % EFFORT ON PROJ. | DOLLAR AMOUNT REQUESTED (omit cents) | | |
|---|---|---|---|---|---|---|
| NAME | ROLE ON PROJECT | | | SALARY REQUESTED | FRINGE BENEFITS | TOTALS |
| Gervasio A. Lamas, MD | Principal Investigator | 12 | % Effort | 64,480 | 0 | 64,480 |
| Danielle Hollar, Ph.D. | Project Director | 12 | | 74,100 | 0 | 74,100 |
| Steven Hussein, MD | Clinical Manager | 12 | | 0 | 0 | 0 |
| Virginia Martini, BS | Admin. Coordinator | 12 | | 41,600 | 0 | 41,600 |
| Matt Shields, BS | Research Assistant | 12 | | 28,500 | 0 | 28,500 |
| Jamie Zimmerman, MPH | Research Assistant | 12 | | 28,500 | 0 | 28,500 |
| Renea Moss | Admin. Assistant | 12 | | 24,800 | 0 | 24,800 |
| **SUBTOTALS →** | | | | | 0 | 261,980 |

| | | |
|---|---|---|
| CONSULTANT COSTS | | |
| Martin Dayton, DO ($6,000); Ted Rozema, MD ($6,000), Regulatory Consultant ($3,000) | | 15,000 |
| EQUIPMENT *(Itemize)* | | |
| Copier | | 1,728 |
| SUPPLIES *(Itemize by category)* | | |
| copier supplies<br>fax supplies<br>paper | | 10,000 |
| TRAVEL | | |
| Yearly Meetings ($125,000); CCC Travel ($26,134) | | 151,134 |
| PATIENT CARE COSTS | INPATIENT 0 | 0 |
| | OUTPATIENT 0 | 0 |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | |
| OTHER EXPENSES *(Itemize by category)* | | |
| Telecommunications ($7,572.00)<br>Audiovisual ($2,704); Postage ($6,490); Advertisements (0) | | 16,766 |
| **SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD** | | **$456,608** |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS | $7,540,439 |
| | FACILITIES AND ADMINISTRATIVE COSTS | 287,663 |
| **TOTAL DIRECT COSTS FOR NEXT PROJECT PERIOD** *(Item 9a, Face Page)* | | **$7,997,047** |

| BUDGET JUSTIFICATION | GRANT NUMBER<br>1 U01 AT01156-03 |
|---|---|

Provide a detailed budget justification for those line items and amounts that represent a significant change from that previously recommended. Use continuation pages if necessary.

There has been sub-category rebudgeting among the subcontractors described below.

*Central Pharmacy:* Specifically, the Central Pharmacy is receiving more funding to account for separate shipments of vitamin supplies to sites.

*Omnicomm:* Additional funds were added to the OmniComm budget line to cover costs related to the creation of a workflow system for shipping and tracking vitamins and vitamin placebos.

*Central* Lab: Additional funds were added to the Central Lab budget line to cover costs related to measuring high sensitivity C-reactive protein levels (Cardio-CRP) 3 times for each patient. The Cardio-CRP test is more expensive than general CRP test, but is required in order to be able to understand the effect of Chelation therapy, if any, on this important inflammatory marker, as specified in the original RFA.

| CURRENT BUDGET PERIOD | FROM<br>03/01/2003 | THROUGH<br>02/29/2004 |
|---|---|---|

Explain any estimated unobligated balance (including prior year carryover) that is greater than 25% of the current year's total budget.

Consultant Costs: A pharmacy regulatory consultant has been added to the budget. This consultant will assist with ongoing regulatory requirements of the FDA Investigational New Drug Application (IND) and other pharmacy regulatory issues.

Equipment: Currently, computers and a printer are being purchased to meet the needs of the TACT CCC. Expenses will show up by the end of year 2.

Supplies: Expenditures of supplies are lower than expected due to delay in activating clinical sites.

Travel: The number of clinical sites that will attend the Second Investigators' Meeting, planned for Spring 2004, will be significantly higher than the number that attended the first meeting. Consequently, the budget category for this expense has been increased, and expenses will be deducted in 2004. A carryover request will be forthcoming.

Other expenses: Postage funds for Year 1 will be used as part of payment for the 2nd Investigators Meeting. Audiovisual expenses were incurred during the First Investigators Meeting and will be deducted in the near future. No advertisement funds were expended during Year 1 because clinical sites were not activated during this time. However, advertising will take place during the rest of Year 2 and throughout Year 3.

Consortium: Because patient enrollment has been slower than expected, there have been few expenditures for the central lab, clinical units, or the Clinical Events Committee (Brigham & Women's) as of November 2003. These expenses will be incurred during year 3 as the number of enrolled patients increases. A carryover request will be forthcoming.

## BIOGRAPHICAL SKETCH

Provide the following information for the key personnel in the order listed for Form Page 2.
Follow the sample format for each person. **DO NOT EXCEED FOUR PAGES.**

| NAME | POSITION TITLE |
|---|---|
| | |

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

| INSTITUTION AND LOCATION | DEGREE *(if applicable)* | YEAR(s) | FIELD OF STUDY |
|---|---|---|---|
| | | | |

**NOTE: The Biographical Sketch may not exceed four pages. Items A and B (together) may not exceed two of the four-page limit. Follow the formats and instructions on the attached sample.**

No new sketches are required at this time.

| PROGRESS REPORT SUMMARY | GRANT NUMBER<br>1 U01 AT01156-03 | |
|---|---|---|
| | PERIOD COVERED BY THIS REPORT | |
| PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR<br>Gervasio A. Lamas, MD | FROM<br>03/01/2003 | THROUGH<br>02/29/2004 |

APPLICANT ORGANIZATION

Mount Sinai Medical Center

TITLE OF PROJECT (Repeat title shown in Item 1 on first page)

Trial to Assess Chelation Therapy (TACT)

A. Human Subjects (Complete Item 6 on the Face Page)
Involvement of Human Subjects ☒ No Change Since Previous Submission ☐ Change

B. Vertebrate Animals (Complete Item 7 on the Face Page)
Use of Vertebrate Animals ☐ No Change Since Previous Submission ☐ Change

SEE PHS 2590 INSTRUCTIONS.

**Has there been a change in the support of key personnel since the last reporting period?**

The following represent organizational changes in the TACT CCC since the last reporting period (July 2003).

**Charles H. Hennekens, MD, DrPH (Co-Principal Investigator):** Dr. Hennekens resigned from TACT.

**Jamie Zimmerman, MPH (Research Assistant):** Jamie Zimmerman has been added to the CCC as a full-time Research Assistant (base salary of [redacted] FTE). Her principle duties are to assist in identifying clinical sites; assisting clinical sites with IRB applications, FWA applications, and the completion of regulatory documents; collecting and storing regulatory documents; assisting with literature searches and protocol revisions; assisting with IRB issues for the CCC, and assisting with the coordination of sub-contracts and ancillary studies. She reports to the Project Director.

**Is it anticipated that an estimated unobligated balance (including prior year carry over) will be greater than 25 percent of the current year's total budget?**

Yes, an unobligated balance (including prior year approved carry over) will be greater than 25% of the current year's total budget principally due to slower than expected patient enrollment. A carryover request will be forthcoming.

**Progress Report Summary**

**a. Specific Aims**
The specific aims of the Trial to Assess Chelation Therapy (TACT) remain the same as listed in the original award.

**b. Studies and Results**
No results have been obtained because the study only began enrolling patients in September 2003.

**c. Significance**
As mentioned above, no results have been obtained thus far.

**d. Plans**

**Milestones accomplished:**

*d.1.IND Application Requirements*

The TACT Clinical Coordinating Center (CCC) submitted 1572s and CVs for Site Investigators to the FDA according to IND Application requirements. A plan has been operationalized to ensure that subsequent submissions of these documents occur on a monthly basis.

In accordance with the IND Application requirements, the TACT Pharmacy submitted pharmaceutical samples of required study medications to Guidelines Laboratory, of Miramar, FL. Testing continues based on the laboratory schedule outlined in the IND Application, with results being maintained on site at the TACT Pharmacy.

*d.2. Site Activation*

Based on the current rate of patient enrollment per site, it is predicted that the number of clinical sites needed to meet TACT enrollment goals will be much higher than originally expected. Accordingly, clinical site recruitment continues. To date, four sets of clinical sites are in various stages of site activation. These sets of sites are described below.

First Set of Sites

As of November 27, 2003, 30 of 58 clinical sites that attended the First Investigators Meeting are regulatory compliant and approved to enroll. Six sites are located in academic centers, 9 are cardiology practices, 14 are chelation practices, and 1 is a research institute. These clinical sites are screening and enrolling patients at this time (patient enrollment is described later in this section of the report).

Second Set of Sites

During the fall of 2003, an additional 110 potential clinical sites were invited to begin the regulatory process for site activation. Clinical sites that complete the regulatory process by early February 2004 will be invited to attend the Second Investigators Meeting planned for Spring 2004.

Third Set of Sites

Also during the fall of 2003, approximately 25 potential clinical sites with experience in other cardiovascular clinical trials directed by Dr. Lamas were invited to begin the regulatory process for site activation. Clinical sites that complete the regulatory process by early February 2004 will be invited to attend the Second Investigators Meeting planned for Spring 2004.

Fourth Set of Sites

Approximately 70 attendees of the American College for Advancement in Medicine (ACAM) visited the TACT information booth during the November 19-21, 2003 annual conference. Currently, approximately 12 of these attendees are completing the TACT application materials. Upon approval by the TACT Steering Committee, these sites will be invited to begin the final set of regulatory requirements for site activation and to attend the Spring 2004 meeting if their regulatory requirements are met.

*d.3. TACT Contractors*

The Pharmed Group

On November 7, 2003 a contract was executed between the CCC and The Pharmed Group for the provision of vitamins at below production cost for the term of the trial.

*d.4. Clinical Site IRB Approvals*

As mentioned in previous submissions, Sterling Institutional Review Board (IRB) serves as the central IRB for TACT. Thus far, 48clinical sites have received IRB approval.

Central IRB – Sterling Institutional Review Board

As of November 27, 2003, 30 clinical sites have been approved by Sterling Institutional Review Board.

Local IRBs

As of November 27, 2003, 18 clinical sites have been approved by local institutional review boards.

*d.5. Enrollment Update*

Patient randomization began September 10, 2003, and the first infusion occurred September 12, 2003. The table below presents the demographics of the patient population, as of November 27, 2003.

| **32 Patients (as of November 27, 2003)** | University Center (n) | Cardiology Practice (n) | Chelation Practice (n) | Totals (n) |
|---|---|---|---|---|
| **Gender:** | | | | |
| Female | 1 | 3 | 4 | 8 |
| Male | 0 | 12 | 12 | 24 |
| **Race/Ethnicity:** | | | | |
| Asian | - | - | - | 0 |
| Black | - | - | - | 0 |
| Hawaii | - | - | - | 0 |
| White | 1 | 15 | 16 | 32 |
| **Age:** | | | | |
| 50-54 | - | 2 | 2 | 4 |
| 55-59 | 1 | 4 | 2 | 7 |
| 60-64 | - | 3 | 2 | 5 |
| 65-69 | - | 1 | 4 | 5 |
| 70-74 | - | 1 | 5 | 6 |
| 75-79 | - | 1 | 2 | 3 |
| 80+ (oldest: 82) | - | 2 | - | 2 |
| **State:** | | | | |
| CA | - | - | 7 | 7 |
| FL | - | 2 | - | 2 |
| LA | - | - | 2 | 2 |
| ME | - | 5 | - | 5 |
| NC | 1 | 2 | - | 3 |
| NY | - | 6 | - | 6 |
| SC | - | - | 7 | 7 |

Enrollment is slower than projected. The principal reasons for slower patient enrollment have been:

1] The final protocol was not approved until May 29, 2003.
2] The study binder and CRF's were approved June 27, 2003.
3] Vitamins and their placebos were received on September 3, 2003.
4] Regulatory approval for sites has been slower than anticipated. There are 9 specific regulatory steps required to be approved to enroll in TACT. Of 58 sites that attended the initial investigators' meeting in July 10-13, 2003, only 30 have completed regulatory requirements and are ready to enroll. Thus, the median time to gain approval for the group is 11 weeks and rising. The principal delays have been with IRBs, particularly local, University-based IRBs, and with the contract to carry out TACT.
5] Once sites are approved, they are finding that enrollment is more difficult than anticipated due to the patient burden required by the study.
6] The public relations campaign planned by the NCCAM Communications office has been delayed, of necessity, since not enough sites are ready, but this has compounded slow enrollment.
7] Enrollment is slower than projected. The principal reason, however, is delay in activating new sites. For example, the very first date that enrollment could occur, due to drug delivery, was September 3, or 3 months ago. If, to be realistic, we assume a 4-week lag after approval for screening, consent, and scheduling before the first enrollment, then the randomization rate is 0.9 patients per site per month, very similar to our original projections. Thus, CCC activities to improve enrollment are geared towards increasing site approval, as well as assisting sites with screening and enrollment advice.

The TACT CCC expects that the following solutions put into place will speed enrollment:

1] An additional research assistant, Jamie Zimmerman, MPH, was employed to assist sites with fulfilling initial regulatory requirements, and an additional one will be employed within the month.
2] Dr. Lamas and colleagues have stepped up efforts to move sites through the regulatory process with frequent telephone and email contact with PIs.
3] Mount Sinai, the grantee institution, has provided more flexibility with contractual variations relating to levels of malpractice insurance coverage for subcontracting PIs.
4] Efforts to identify additional potential sites have been stepped up – over 100 sites have expressed interest since the initial investigators' meeting and are beginning to move through the regulatory process.
5] Coordinators' conference calls have been instituted so that successful sites may speak with less successful ones to learn strategies for success.

As shown in the table above, the number of minority patients in the population is low. Sites that would be expected to have a high minority patient base, however, have not yet started enrolling, and the previously planned NCCAM public relations campaign in Spanish has not yet been launched. The trial management remains committed to enrolling an ethnically diverse population, and optimistic that we can do so.

Principal I: ...jator: Lamas, Gervasio A.

GRANT NUMBER
1 U01 AT01156-03

# CHECKLIST

**1. PROGRAM INCOME** *(See Instructions.)*
All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

| Budget Period | Anticipated Amount | Source(s) |
|---|---|---|
| | | |

**2. ASSURANCES/CERTIFICATIONS** *(See Instructions.)*
The following assurances/certifications are made and verified by the signature of the Official Signing for Applicant Organization on the Face Page of the application. Descriptions of individual assurances/ certifications are provided in Section III of the PHS 398. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy• Vertebrate Animals

•Debarment and Suspension •Drug- Free Workplace *(applicable to new [Type 1] or revised [Type 1] applications only)*; •Lobbying •Non-Delinquency on Federal Debt •Research Misconduct •Civil Rights (Form HHS 441 or HHS 690); •Handicapped Individuals (Form HHS 641 or HHS 690) •Sex Discrimination (Form HHS 639-A or HHS 690) •Age Discrimination (Form HHS 680 or HHS 690); •Recombinant DNA and Human Gene Transfer Research •Financial Conflict of Interest (except Phase I SBIR/STTR)
•STTR ONLY: Certification of Research Institution Participation.

**3. FACILITIES AND ADMINISTRATIVE (F&A) COSTS**

Indicate the applicant organization's most recent F&A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office.

F&A costs will *not* be paid on construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, Small Business Innovation Research/Small Business Technology Transfer Grants, foreign grants, and specialized grant applications.

☒ DHHS Agreement: 12/21/2000 ☐ No Facilities and Administrative Costs Requested.

☐ No DHHS Agreement, but rate established with _____ Date _____

CALCULATION*

Entire proposed budget period: Amount of base $ 456,608 x Rate applied 63 % = F&A costs $ 287,663

Add to total direct costs from Form Page 2 and enter new total on Face Page, Item 8b.

*Check appropriate box(es):

☐ Salary and wages base ☒ Modified total direct cost base ☐ Other base *(Explain)*

☐ Off-site, other special rate, or more than one rate involved *(Explain)*

Explanation *(Attach separate sheet, if necessary.)*:

## PERSONNEL REPORT

Place this form at the end of the signed original copy of the application. Do not duplicate.

GRANT NUMBER
1 U01 AT01156-03

Pr. 2

| Senior Investigator | Participating Institution | Role | % Effort |
|---|---|---|---|
| Hollar, Danielle PhD (Replaced by Jamie Zimmerman, Approved by RO. | Mount Sinai Medical Center<br>4300 Alton Rd<br>Miami Beach, FL 33140 | Project Director | |
| ✓ Hussein, Steven MD (Has replaced Dr. Alan Ackerman | Mount Sinai Medical Center<br>4300 Alton Rd<br>Miami Beach, FL 33140 | Clinical Manager | |
| ✓ Lamas, Gervasio MD | Mount Sinai Medical Center<br>4300 Alton Rd<br>Miami Beach, FL 33140 | Principal Investigator | |
| ✓ Lee, Kerry PhD | Duke Clinical Research Institute<br>Box 3300<br>Durham, NC 27715 | Co-Principal Investigator | |
| ✓ Mark, Daniel MD * | Duke Clinical Research Institute<br>Box 3300<br>Durham, NC 27715 | Co-Principal Investigator | |

Changes in Personnel

| | % Effort | |
|---|---|---|
| Dr. Charles Hennekens | | - Resigned and will not be replaced |
| Dr. Rachel Eidelman | | - No longer working on the grant |
| Dr. Alan Ackerman | | - Replaced by Dr. Steven Husseln |

# Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

**Study Title:** Trial To Assess Chelation Therapy

**Total Planned Enrollment:** 2372

| TARGETED/PLANNED ENROLLMENT: Number of Subjects | | | |
|---|---|---|---|
| **Ethnic Category** | **Sex/Gender** | | |
| | **Females** | **Males** | **Total** |
| Hispanic or Latino | 57 | 133 | 190 |
| Not Hispanic or Latino | 655 | 1528 | 2182 |
| Ethnic Category Total of All Subjects* | 712 | 1660 | 2372 |
| **Racial Categories** | | | |
| American Indian/Alaska Native | 7 | 17 | 24 |
| Asian | 14 | 33 | 47 |
| Native Hawaiian or Other Pacific Islander | 14 | 33 | 47 |
| Black or African American | 85 | 199 | 285 |
| White | 591 | 1378 | 1969 |
| Racial Categories: Total of All Subjects * | 712 | 1660 | 2372 |

*The "Ethnic Category Total of All Subjects" must be equal to the "Racial Categories Total of All Subjects."

# PHS 2590 OTHER SUPPORT

Provide active support for all key personnel. **Other Support includes all financial resources, whether Federal, non-Federal, commercial or institutional, available in direct support of an individual's research endeavors, including but not limited to research grants, cooperative agreements, contracts, and/or institutional awards.** Training awards, prizes, or gifts do not need to be included.

There is no "form page" for other support. Information on other support should be provided in the *format* shown below, using continuation pages as necessary. ***Include the principal investigator's name at the top and number consecutively with the rest of the Grant Progress Report.*** The sample below is intended to provide guidance regarding the type and extent of information requested. For information pertaining to the use of and policy for other support, see "Policy and Additional Guidance" in the PHS 398 instructions.

**Lamas, Gervasio A. MD**

ACTIVE

Private Source [redacted]

12/01/01 – 12/31/03
$550,000

[redacted]

The major goal is to evaluate the effects of three different doses of Bayer aspirin on levels of C-Reactive Protein in Post-Menopausal women who initiate hormone replacement therapy.

Private Source [redacted] (Lamas)

1/10/99 - present
$500,000

[redacted]

Advanced Elements of Pacing Trial (ADEPT)

The major goal is to determine how effective the dual sensor rate modulation and automatic mode switching features in the Kappa 400 are in improving patients' quality of life.

Overlap: None

RO1 HL 62509-01A1 (Hochman)
NIH/NHLBI
Occluded Artery Trial (OAT)
Co-Chairman

12/1/99 - 11/30/06
$15,000,000

[redacted]

The major goal is to evaluate if the late reestablishment of blood flow to the artery that caused the heart attack will decrease clinical events and improve the quality of life.

Overlap: None

R01 HL 72906 (Rashba)
NIH/NHLBI
Electrophysiologic effects of late PCI (OAT-EP)
Co-Chairman

9/1/02 - 8/31/06
$900,000

[redacted]

The major goal is to characterize the effects of late PCI of occluded IRAs on the most prognostically important and clinically relevant noninvasive markers of vulnerability to malignant ventricular arryhythmias: heart rate variability, T wave variability and signal averaged electrocardiography.

Overlap: None

U01HI49804
NIH/NHLBI
Mode Selection Trial (MOST)
Clinical benefits of dual versus single chamber pacing.

12/1/98 - 9/30/01
$11,000,000

[redacted]

Overlap: None

1 U01 AT01156-01 (Lamas; PI) 08/15/2002-02/28/2007
NIH/NHLBI $30,000,000
Trial to Assess Chelation Therapy (TACT)

The major goal of the Trial to Assess Chelation Therapy is to determine whether an intensive course of EDTA chelation, will reduce major adverse coronary events in patients with coronary artery disease who have recovered from a prior myocardial infarction.

**Lee, Kerry L.**

**ACTIVE**

HL55297(Lee) 5/1/97-4/30/03
NIH/NHLBI $3,856,583 (total costs)
Data Coordinating Center for the Sudden Cardiac Death in Heart Failure Trial (SCD-HeFT)
The objective of this project is to provide the Statistical and Data Coordinating Center for the multicenter randomized clinical trial of prophylactic amiodarone or implantable defibrillator therapy versus conventional heart failure therapy in patients with Class II or Class III heart failure and a reduced ejection fraction.

(Lee) 5/1/97-4/30/03
Private Source $3,400,000
Data Coordinating Center for the Sudden Cardiac Death in Heart Failure Trial (SCD-HeFT)
This grant provides additional support for the SCD-HeFT trial to cover study materials, expenses for investigator/coordinator meetings, and the payments to sites for enrolling and following the study patients.

1R01HL69015-01 (Lee) 1/1/02-12/31/08
NIH/NHLBI $2,965,075 (Total Direct Costs)
STICH (Surgical Treatment for Ischemic Heart Failure Trial)
This grant supports the Statistical and Data Coordinating Center for the STICH trial. The study is a multicenter, international, randomized trial in patients with clinical heart failure and left ventricular dysfunction who have coronary artery disease amenable to surgical revascularization.

1R01HL63747 (O'Connor, Christopher) 9/30/2002-9/29/2007
NIH/NHLBI $30,179,911 Total Direct Cost
HF-ACTION (A CHF Trial Investigating Outcomes of Exercise Training)
This grant supports the Coordinating Center for the multi-center HF-ACTION trial. The objective of this trial is to assess whether exercise training improves clinical outcomes for heart failure patients.

1 U01-AT01156 (Lamas, G.A.) 8/15/02 – 2/28/07
NIH/NCCAM/NHLBI/Mt Sinai $1,879,530 (Year 1 Total Costs)
Trial to Assess Chelation Therapy (TACT)

Duke Clinical Research Institute (under leadership of Dr. Lee) is a subcontractor to Mt. Sinai Medical Center to provide the Statistical and Data Coordinating Center for this trial. The study is a multicenter, randomized clinical trial of chelation therapy in patients with a prior myocardial infarction.

[redacted] 80 Total

1 U01-HL67972 (Bardy, Gust) 9/30/02 – 8/31/07
NIH/NHLBI/Seattle Institute for Cardiac Research $430,245 (Year 1 Total Costs)
Home Automatic External Defibrillator Trial – H.A.T.
Duke Clinical Research Institute (under leadership of Dr. Lee) is a subcontractor to the Seattle Institute for Cardiac Research to provide statistical services and perform economic and quality of life analyses for this trial. The study is a multicenter, randomized clinical trial to assess the effects of home use of automatic external defibrillators in reducing mortality in patients with a prior anterior myocardial infarction.

**OVERLAP**
No overlap exists at this time.

**Mark, Daniel B.**

ACTIVE

[redacted]

U01 HL55496 (Mark, Daniel B.; PI) 05/01/2003-04/30/2004
NIH/NHLBI $232,764
Economics & Quality of Life in SCD-HeFT (1-yr ext)

The objective of this project is to establish an Economics and Quality of Life Coordinating Center for SCD-HeFT, a multi-center clinical trial of prophylactic amiodarone or implantable defibrillator therapy versus conventional heart failure therapy in 2500 patients with Class II or Class III congestive heart failure (CHF) and an ejection fraction ≤35%. This is a one-year extension of the initial project.

[redacted]

U01 HL62257 (Mark, Daniel B.; PI) 09/01/1999-08/31/2004
NIH/NHLBI $222,225
Economics and Quality of Life in the Occluded Artery Trial (OAT)

The objective of this study is to establish an Economics and Quality of Life Coordinating Center for the Occluded Artery Trial, a multi-center, randomized trial of late (3-42 days) percutaneous revascularization versus standard medical therapy in 3200 asymptomatic high-risk acute myocardial infarction (MI) survivors and who are found at diagnostic catheterization to have an occluded infarct related artery. Cost, cost effectiveness, and health-related quality of life are secondary endpoints.

[redacted] % Effort

U01 HL69011 (Mark, Daniel B.; PI) 01/01/2002-12/31/2008
NIH/NHLBI $208,533
Economics and Quality of Life Core Laboratory in Surgical Treatment of Ischemic Heart Failure (STICH)

The major goal of this substudy of the Surgical Treatment of Heart Failure Trial is to determine cost effectiveness and health-related quality of life of CABG +/- ventricular reconstruction versus medical therapy.

1R01 HL69081-01 (Newman, Mark; PI) 12/01/2001-11/30/2005
NIH $393,123
Peri-Operative Interventional Neuroprotection Trial: POINT

[redacted]

The major goal of this project is to determine the impact of magnesium administration to therapeutic serum levels on short- and long-term neurocognitive function after cardiac surgery evaluated by preoperative and postoperative neurocognitive and neurologic testing.

1R01 HL54780 (Barefoot, John; PI) 08/01/2000-07/31/2004
NIH/NHLBI $225,000
Hostility, depression, social environment, and CHD risk

[redacted] % Effort

The major goal of this study is to identify interactions among psychosocial risk factors and demographic variables that affect the risk of cardiovascular disease.

R01 HS013345-01 (Eisenstein, Eric L.; PI) 09/12/2002-08/31/2004
AHRQ $227,777
Dialysis Facility Management

[redacted]

The goal of this study is to define the impact of dialysis facility characteristics on dialysis patient mortality, morbidity, and total medical costs.

1U01 HL66530 (Mark, Daniel B.; PI) 08/15/2002-08/14/2007
NIH/NHLBI $86,478
Economics and Quality of Life in the Trial to Assess Chelation Therapy (TACT)

[redacted]

The major goal of the Trial to Assess Chelation Therapy is to determine whether an intensive course of EDTA chelation, administered over 18 months, will reduce major adverse coronary events in patients with coronary artery disease who have recovered from a prior myocardial infarction. The objective of this project is to assess the secondary endpoints of cost effectiveness and health-related quality of life of the treatment strategies being tested in TACT.

U01 HL67972-01 (Bardy Gust; PI) 10/01/2002-08/30/2007
NIH/NHLBI $1,965,243
Home Automatic External Defibrillator Trial (HAT)

[redacted]

The major objective of this study is to conduct a randomized clinical trial of automatic external defibrillator therapy, provided by spouses or other family members, superimposed on the local emergency medical system vs. the local emergency medical system in 3400 survivors of anterior myocardial infarction. Duke University will act as subcontractor to Seattle Institute for Cardiac Research for this trial. Duke will provide data management and statistical services for the trial, as well as performing economic and quality of life analyses.

5 U18 HS10548-05 (Kramer, Judith; PI) 09/30/2003-09/29/2007
NIH/AHCPR $519,480
DCRI Cardiovascular CERT Research Center

[redacted]

The main objective of this project is to investigate clinical therapeutics in cardiovascular medicine at Duke's DCRI by providing vision, leadership, and direction to translate clinical findings into improved medical practice.

% Effort [redacted]

Private Source [redacted] (Mark, Daniel B.; PI) 02/10/1998-12/31/2005

Treating to New Targets (TNT) Economics Substudy

The objective of this substudy of the TNT clinical trial is to determine cost effectiveness of lowering LDL-C beyond the currently accepted minimum targets for patients at high risk for developing coronary heart disease.

Pending Support [redacted]

TACT CLINICAL COORDINATING CENTER BUDGET
Y2006-2007
Year 5

| Name | Position | Appointment | Effort | Salary | Salary Requested | Fringe Rate | Fringe Total | Salary Total | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | % Effort | Institutional Base Salary | | | | | | |
| Gervasio Lamas MD | Study Chairman | 12 | | | $64,480 | 0 | $0.00 | $ | 64,480 | |
| Charles Hennekens MD DrPH | Co-PI | 12 | | | $64,480 | 0 | $0.00 | $ | 64,480 | |
| Danielle Hollar PhD | Project Director | 12 | | | $74,100 | 0 | $0.00 | $ | 74,100 | |
| TBN | Clinical Coordinator | 12 | | | $38,995 | 0 | $0.00 | $ | 38,995 | |
| Virginia Martini BS | Admin Coordinator | 12 | | | $41,600 | 0 | $0.00 | $ | 41,600 | |
| TBN | Research Assistant | 12 | | | $28,500 | 0 | $0.00 | $ | 28,500 | |
| TBN | Research Assistant | 12 | | | $28,500 | 0 | $0.00 | $ | 28,500 | |
| Ophelia Stephens | Admin Assistant | 12 | | | $24,800 | 0 | $0.00 | $ | 24,800 | |
| | | | | | | Total Salaries | | | $365,455 | 420017 |
| Consultants | | | | Salary | | | | | | |
| Martin Dayton DO | | | | $3,000 | | | | | $6,000 | 6000 |
| Theodore Rozema MD | | | | $3,000 | | | | | | |
| Equipment | | | | | | | | | | |
| | | | | | | Total equipment | | | $0 | |
| Supplies | copier supplies | | | | | | | | | |
| | fax supplies | | | | | | | | | |
| | paper | | | | | Total supplies | | | $10,000 | 10000 |
| Travel | Yearly meetings | $0 | | | | | | | | |
| | CCC travel | $20,171 | | | | Total Travel | | | $20,171 | 20171 |
| Patient care costs | | $0 | | | | | | | | |
| | | | | | | Total Patient Costs | | | $0 | |
| Other expenses | Telephone | $7,019 | | | | | | | | |
| | Pagers | $1,170 | | | | | | | | |
| | Audiovisual | $2,925 | | | | | | | | |
| | Postage | $7,019 | | | | | | | | |
| | Advertisement | $0 | | | | Total other (A) | | | $18,133 | 18133 |
| Consortium/ contractual costs | | | | | | | | | | |
| Direct costs | DCRI | $1,107,018 | | | | | | | | |
| | OmniComm | $60,200 | | | | | | | | |
| | Brigham and Women's | $45,647 | | | | | | | | |
| | Clinical units | $2,561,760 | | | | | | | | |
| | Central Pharmacy | $0 | | | | | | | | |
| | Central Lab | $0 | | | | | | | | |
| | Pharmed | $150,000 | | | | | | | | |
| | Total direct costs | $3,924,625 | | | | | | | | |
| Indirect costs | DCRI | $585,782 | | | | | | | | |
| | Brigham and Women's | $11,412 | | | | | | | | |
| | Total indirect costs | $597,194 | | | | Total Consortium | | | $4,521,819 | 2679313 |

| | | |
|---|---|---|
| TOTAL DIRECT COSTS YEAR 5 ===> | | $4,941,578 |
| COST BASE FOR CALCULATING INDIRECT | | $413,759 |
| INDIRECT COST | 0.63 | $260,668 |
| TOTAL COST | | $5,202,246 |