Form Approved Through 9/30/2007 OMB No. 0925-0001

Department of Health and Human Services
Public Health Services

Grant Progress Report

Review Group	Type	Activity	Grant Number
	5	U01	[redacted] AT01156-05

Total Project Period
From: 05/15/2002 Through: 02/28/2007

Requested Budget Period
From: 03/01/2006 Through: 02/28/2007

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 Road, Butler Building
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

2d. MAJOR SUBDIVISION
Cardiology

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

DEC 8 2005
DEC 9 2005

6. HUMAN SUBJECTS
☐ No ☒ Yes
6a. Research Exempt ☒ No ☐ Yes
6b. Human Subjects Assurance No. FWAA00000176
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 03/22/2001
☒ 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 $ 7,675,237
8b. TOTAL $ 8,022,557

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 Road
Miami Beach, FL 33140

Duke Clinical Research Institute
Box 3300
Durham, NC 27715

11a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Item 2a)
TEL 305-674-2162
FAX 305-674-3970

11b. ADMINISTRATIVE OFFICIAL NAME (Item 5)
William Abraham, PhD
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.) [signature]
DATE 12/28/05

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.) [signature] for Paul Katz.
DATE 12/29/05

Principal Investigator/Program Director (Last, First, Middle): Lamas, Gervasio A.

DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT COSTS ONLY	FROM 03/01/2006	THROUGH 02/28/2007	GRANT NUMBER 1 U01 AT01156-05

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	[redacted]	64,480	0	64,480
Jacqueline Arciniega, MPH	Project Director	12		71,595	0	71,595
Pablo Guala, MD	Clinical Manager	12		44,138	0	44,138
Tristan Edwards	Research Assistant	12		29,369	0	29,369
Maria Salas	Research Assistant	12		32,300	0	32,300
Stephanie Escalante	Administrative Assistant	12		26,459	0	26,459
Mary Beleiro	Secretary	12		5,438	0	5,438
Virginia Martini	Coordinator	12		14,950	0	14,950
	SUBTOTALS →			288,729		288,729

CONSULTANT COSTS

Chelation Consultants: Martin Dayton: ($3,744) Theodore Rozema: ($3,744)
Misc Consultants: ($15,000) — 22,488

EQUIPMENT *(itemize)*

SUPPLIES *(itemize by category)*

General Office: $7,000
FAX & copier: $1,000
Paper: $2,000 — 10,000

TRAVEL

Clinical Coordinating Center — 180,000

PATIENT CARE COSTS		
	INPATIENT 0	0
	OUTPATIENT 0	0

ALTERATIONS AND RENOVATIONS *(itemize by category)*

0

OTHER EXPENSES *(itemize by category)*

Telephone: 12,000 Pagers/Cellulars: 2,000 Postage: 4,160 Advertisement: — 50,086

SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD		$ 551,303
CONSORTIUM/CONTRACTUAL COSTS	DIRECT COSTS	5,994,793
	FACILITIES AND ADMINISTRATIVE COSTS	1,129,141
TOTAL DIRECT COSTS FOR NEXT PROJECT PERIOD *(Item 8a, Face Page)*		$ 7,675,237

BUDGET JUSTIFICATION	GRANT NUMBER 1 U01 AT01156-05

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.

Patient enrollment has been lower than expected during year 4. The study's DSMB committee is presently reviewing decreasing the number of study patients and extending the study time. The decrease in number of patient would still maintain 85% power and maintain costs within the presently granted amount. The decrease in number of patients allows for funds to be reallocated towards activities which have helped increase patient enrollment as detailed in the study's progress report plans.
Part of these activities entails another study meeting which requires reallocation of funds into travel. Part of the group's initiatives to increase enrollment include extending the study to international sites. In order to meet this goal funds will be reallocated into consultants. Increased funding in other expenses to cover costs associated with increased advertising efforts are also reflected.

CURRENT BUDGET PERIOD	FROM 03/01/2005	THROUGH 02/28/2006

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

An unobligated balance will be seen in consortium because of low enrollment of patients. These expenses will be used during year 5 and will also cover the period of time the study will be extended.

Principal Investigator/Program Director (Last, First, Middle): Lamas, Gervasio A.

PROGRESS REPORT SUMMARY	GRANT NUMBER 1 U01 AT01156-05	
	PERIOD COVERED BY THIS REPORT	
PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR Gervasio A. Lamas, MD	FROM 03/01/2005	THROUGH 02/28/2006

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 [X] No Change Since Previous Submission [ ] Change

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

SEE PHS 2590 INSTRUCTIONS.

WOMEN AND MINORITY INCLUSION: See PHS 398 Instructions. Use Inclusion Enrollment Report Format Page and, if necessary, Targeted/Planned Enrollment Format Page.

Has there been any change in other support of key personnel since the last reporting period?
The following organizational changes in the TACT Clinical Coordinating Center (CCC) occurred since the last reporting period (December 2004). All changes were made without a significant increase in total cost.

Jewmaull Reed (Research Assistant): Mr. Reed completed his one year commitment with TACT.

Parminder Singh, MD (Research Assistant): Dr. Singh completed his one year commitment with TACT.

Renea Moss (Office Coordinator): Ms. Moss resigned from TACT.

Ingrid Bazin (Secretary): Ms. Bazin resigned from TACT.

Kayvan Amini, DO (Clinical Trial Manager): Dr. Amini completed his one-year assignment as research fellow for the cardiology fellowship program.

Pablo Guala, MD (Clinical Trial Manager): Dr. Guala has been added to the CCC as a full-time Clinical Trial Manager as part of his clinical fellowship program. Dr. Guala will spend [redacted] time committed under TACT. His responsibilities remain the same as previously reported for this position in Year 4 Progress Report.

Tristan Edwards, BS (Research Assistant): Mr. Edwards replaced Mr. Reed and has the same responsibilities as reported for his position in Year 4 Progress Report, with same base salary and annual increase. Mr. Edwards will be with TACT until the end of the study.

Maria Salas, MD (Research Assistant): Dr. Salas replaced Dr. Singh and has the same responsibilities as reported for his position in Year 4 Progress Report, with the same base salary and annual increase. Dr. Salas will be with TACT until early summer 2006.

Stephanie Escalante (Administrative Assistant): The previous position for Office Coordinator held by Ms. Moss was removed and an Administrative Assistant position was created. Ms. Escalante will spend [redacted] of

her time committed to TACT, receiving a base salary of [redacted] with an annual increase of 3%. The Administrative Assistant's duties are as follows:

1. Process weekly clinical site payments. The Office coordinator is responsible for paying clinical units upon each patient randomization with a completed EQOL questionnaire.
2. Process consortium payments upon receipt. The Administrative Assistant is responsible for timely payment of all subcontractors in accordance with MOA: Accucare Pharmacy, Duke Clinical Research Institute, Omnicomm Systems, Brigham and Women's Hospital, Quest, and Pharmed.
3. Maintains database for clinical sites to track site related expenses including patient lab procedures and other miscellaneous expenses.
4. Maintains budgetary database for clinical units and consortia.
5. Answers questions related to payments from Clinical units and consortia.
6. Participate in weekly Operations calls.
7. Maintain and audit Memoranda of Agreement (MOA) for clinical sites and study subcontractors.
8. Coordinates with Mount Sinai Medical Center Grants and Research Administration implementing MOAs for clinical sites and subcontractors.
9. Assists Project Director in organizing conference calls.

The Administrative Assistant reports to the Project Director.

Virginia Martini (Coordinator): Ms. Martini has reduced her time commitment to TACT to [redacted] with a base salary of [redacted] increasing by 3% each year. The Coordinator's duties are as follows:

1. Translating TACT materials into Spanish.
2. Process payments for suppliers, such as Toshiba (copier used by TACT staff) and FEDEX.
3. Orders capital equipment used by TACT staff.

The Coordinator reports to the Project Director.

Mary Beleiro (Secretary): Ms. Beleiro was added to the CCC as a secretary with [redacted] time commitment to TACT, with a base salary of [redacted] increasing by 3% each year. The Secretary's duties are as follows:

1. Assist with TACT Study Meetings.
2. Assist Principal Investigator with biweekly calls to each clinical site.
3. Process all correspondence to TACT staff.
4. Order office supplies for TACT staff.

The Secretary reports to the Project Director.

Will there be, in the next budget period, a significant change in the level of effort for the PI or other personnel designated on the Notice of Grant Award from what was approved for this project? No.

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

Enrollment for the project has slowed down leading to lower expenditures for central lab and clinical units as expected. A revised Recruitment Plan is presently being reviewed by the study's Data Safety Monitoring Board which evaluates the total number of subject's enrolled and the study length of time. This unobligated balance would be used to cover expenses if the study time is extended.

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. This is a double-blind trial therefore results are not expected until completion of the study.

c. Significance
As mentioned above, no results have been obtained so far. The trial, however, remains as significant as when it was conceived.

d. Plans
The study's Data Safety Monitoring Board (DSMB) reviewed the overall progress of the trial in August 2005, and recognized that at the study's present patient enrollment rates, the trial would not meet its goals by the projected end-date in 2007. The DSMB requested the study team develop a revised recruitment plan that would help the study team meet their objectives for patient enrollment maintaining 85% power and remain within the present budget. Presently the study team intends to decrease the number of patients and increase the length of time for the trial. Decreasing the number of study patients would allow the study to save funding in payment to sites for recruitment and costs associated with study drug (infusions and vitamins). These funds can be used towards increasing funds to achieve the newly proposed patient numbers and study extension period.
The final recruitment plan will be approved in February 2006 by the DSMB.

Milestones accomplished:
Site Activation Process
During this past year the study team focused a great deal of efforts to increase the number of sites who are regulatory approved and enrolled a patient. As of December 22, 2005, 109 clinical sites completed the regulatory document process. Of these 92% clinical sites have enrolled at least one patient in TACT (total of 100 sites). These efforts included requiring sites to submit screening logs as part of the regulatory process to receive study approval. Sites are given three to six months to enroll patients in the trial to remain active. Additionally, the study team has increased telephone contact with individual sites to help address barriers.

Site Recruitment Efforts
We continue to identify clinical sites as follows:
1. Distribution of study site recruitment materials at professional conferences sponsored by the American Heart Association (AHA), American College of Complementary and Alternative Medicine (ACCAM), and International College of Integrative Medicine (ICIM).
2. Site recruitment announcements in Circulation, Journal American College of Cardiology (JACC), Journal of the American Medical Association (JAMA), and New England Journal of Medicine (NEJM). Additionally ads were placed in state medical journals where the study had few study sites and the study team felt there may be patient interest based on phone calls to the National Clearinghouse House: Ohio Medicine, California Physician/CMA Alert, and Physician Scribe Oregon. Received inquires from approximately ten interested investigators.

3. Invitation letter to ALLHAT sites in Puerto Rico and across Continental USA. No sites were interested to date.
4. Invitation letter to African American Heart Failure Trial (AHEFT) clinical sites. Approximately five sites were interested in TACT and are presently undergoing the regulatory process.
5. Distributed invitation letters to 200 DO physicians identified as cardiologists by American Osteopathic Association. Approximately three DOs responded.

The Clinical Coordinating Center (CCC) is in the process of the following initiatives to increase site recruitment:
1. Establishing sites in international locations, such as Canada and Argentina. The CCC is still in the process of applying to Canadian Ethics Committee and Health Authority.
2. Five minute video on TACT on Clinical Trials Network best practices website, part of the NIH Roadmap. Approximately 38 hospitals specializing in cardiovascular research participate in this network.

Patient Enrollment Efforts
The following activities were undertaken with NCCAM to help increase patient enrollment at each clinical site:
1. A National Media Campaign was launched that covered thirty states (78 cities) where at least one TACT site was activated. IRB approved patient recruitment ads were placed in 72 daily newspaper and 72 weekly and monthly papers. Additionally a 30-second television commercial on the study was aired on 70 network TV channels. All callers were referred to the NCCAM's National Clearinghouse who transferred callers to a local TACT site.
2. A Derby race was coordinated where each site was paired with a top performing site by CAM or cardiology specialty. Eleven teams were created and provided with weekly updates on each team's enrollment. At the end of the 17-week race 150 patients were enrolled (~9 patients per week).
3. Established IRB approved patient ambassador program.
4. Distribution of IRB approved B-roll in cities with TACT sites.
5. Reallocation of advertising funds directly to clinical sites that demonstrate success in recruiting patients and indicate they need financial help to place more ads in local media.
6. Travel reimbursement to already enrolled patients that express travel expenses as a barrier towards continuing in the study.
7. Continuation of weekly site calls and bimonthly conference calls with sites to discuss barriers when enrolling patients.
8. Increased recognition of sites that enroll patients by highlighting top enrollers in the study's newsletter conference calls, and email communications.

The Clinical Coordinating Center (CCC) is in the process of implementing the following activities to help increase patient enrollment at the site level:
1. Increased reimbursement to sites that exceed enrollment projections over a three-month period. The principal barrier for enrolling patients identified by sites is cost. This activity will be repeated each quarter during 2006, based on budgetary availability.
2. Study meeting during first quarter 2006. The highest weeks of enrollment occurred were seen after a study meeting.
3. Revitalization of patient ambassador program. The program will be expanded by giving participants low-cost gifts.

4. Renewed media campaign. This new media campaign will utilize and expand upon existing tools. This a revision of the study's b-roll which will now include adding state-by-state heart disease statistics, more detail on chelation therapy, and a direct ask for participation. The b-roll will be redistributed to new and existing sites. Additionally, the study's local press releases and newsletters will be revised and redistributed.
5. Create a Patient Recruitment and Retention Subcommittee where high performing site investigators and coordinators meet on a monthly basis with study leadership to discuss the study's patient enrollment progress.
6. Improved screening of potentially eligible clinical pools. Sites will be trained to also screen patients who underwent revascularization procedures for an MI.

Planned Activities to Improve Enrollment of Minorities and Women
1. Continued pursuit of sites at traditionally Black colleges and universities. The study team has obtained IRB approval for a clinical site at Morehouse College (a traditionally African American College) and is in the process of activating a clinical site at Emory University.
2. Presently three clinical sites that participated in AHEFT are interested in TACT.
3. Placement of newsletter article featuring a top female and African American investigator and top Hispanic investigator in minority newsletters, newspapers, and other media.

Patient Safety
During this year the study implemented the previously mentioned patient safety measures for fast infusions, calcium correction, and laboratory critical values. Additionally the following measures were also identified and implemented during year four:
1. Enhanced monitoring of the appearance or worsening of heart failure/angina/rhythm disturbances/and hypertension by requiring patient weight, blood pressure, heart rate, and limited cardiopulmonary exam during each patient's infusion visit.
2. Assessment of angina, heart failure, dyspnea and/or rales, pre and post infusion.
3. Enhanced monitoring of heart failure by closely monitoring patients with persistent weight gain.
4. Increased surveillance of adverse events by defining all safety labs that generate lab alerts or delays as adverse events.
5. Improved review by study Medical Monitor of serious adverse events by including review of all deaths.
6. Enhanced monitoring of use of evidence based medications for heart disease. Sites are given site report cards that compare their performance to the overall study median. Sites with a low percentage of patients taking evidence based cardiac medications are called by the Trial Manager to discuss reasons why patients are not on these medicines. Patients who refuse taking medications are given IRB approved letter informing them of the benefits of taking medicines. Additionally patients are given a letter to take to their Primary Care Provider that informs them patient is not on these medications.

OTHER SUPPORT

Lamas, Gervasio A MD

ACTIVE

[redacted] (Lamas) 1/10/99 - present
$500,000
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.

105292 9/15/01 – 9/01/05
NIH/NHLBI $259,250.00
Heart Failure Home Care (HFHC)
The major goal is to compare enhanced heart failure follow-up with conventional care.

RO1 HL 62509-01A1 (Hochman) 12/1/99 - 11/30/06
NIH/NHLBI $15,000,000
Occluded Artery Trial (OAT)
Co-Chairman
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.

R01 HL 72906 (Rashba) 9/1/02 - 8/31/06
NIH/NHLBI $900,000
Electrophysiologic effects of late PCI (OAT-EP)
Co-Chairman
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.

1 U01 AT01156-01 (Lamas; PI) 8/15/02-2/28/07
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.

Overlap
No overlap exists at this time.

Lee, Kerry L.
ACTIVE
HL55297(Lee) 5/1/97-4/30/04 % Effort
NIH/NHLBI $5,085,587 (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) 5/1/97-4/30/04 0%
[redacted] $13,000,000
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.

1U01HL69015-01 (Lee) 1/1/02-12/31/08 [redacted]
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.

1U01HL63747 (O'Connor, Christopher) 9/30/2002-9/29/2007 [redacted]
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 [redacted]
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.

1 U01-HL67972 (Bardy, Gust) 9/30/02 – 8/31/07 [redacted]
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
U01 HL62251 (Mark, Daniel B.; PI) 9/01/1999-08/31/2005
NIH/NHLBI $222,225
Economics and Quality of Life in the Occluded Artery Trial (OAT)
Role: Principal Investigator
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.

U01 HL69011 (Mark, Daniel B.; PI) 1/01/02-12/31/08
NIH/NHLBI $208,533
% Effort
Economics and Quality of Life Core Laboratory in Surgical Treatment of Ischemic Heart Failure (STICH)
Role: Principal Investigator
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) 12/01/01-11/30/05
NIH $393,123
Peri-Operative Interventional Neuroprotection Trial: POINT
Role: Co-Investigator
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.

R01 HS013345-01 (Eisenstein, Eric L.; PI) 9/12/02-8/31/05
AHRQ $227,777
Dialysis Facility Management
Role: Co-Investigator
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) 8/15/02-8/14/07
NIH/NHLBI $86,478
Economics and Quality of Life in the Trial to Assess Chelation Therapy (TACT)
Role: Principal Investigator
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.

[redacted]

U01 HL67972-01 (Bardy Gust; PI) 10/01/02-8/30/07
NIH/NHLBI $1,965,243
Home Automatic External Defibrillator Trial (HAT)
Role: Co-Investigator
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.

[redacted]

Private Source (Mark, Daniel B.; PI) 2/10/1998-12/31/05
$335,460
Treating to New Targets (TNT) Economics Substudy
Role: Principal Investigator
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.

[redacted]

(Mark, Daniel B; PI) 1/01/02 – 12/31/04
$95,625
Economic Outcomes in Phase III of Pexelizumab in CABG (PRIMO CABG)
Role: Principal Investigator
The major goals of this substudy are to perform a detailed comparison of medical resource consumption and medical costs in the PRIMO-CABG trial; and to perform a series of cost-effectiveness analyses of the Pexelizumab arm versus placebo in CABG patients.

[redacted]

% Effort

1U01-AR-052186-01 (Schulman,KA, PI) 9/01/04 – 8/31/09
NIH (NIH Roadmap PRO) $567,720
Dynamic Outcome Assessment in Multi Center Trials
Role: Co-Investigator
The goal of the Patient-Reported Outcomes Measurement Information System (PROMIS) Network is to develop a unified approach for assessing PROs using computerized adaptive testing (CAT).

[redacted]

(Mark, Daniel, PI) 3/01/04 – 4/30/06
Private Source $126,054
APEX-MI EQOL
Role: Principal Investigator
The specific objectives of this study are to compare medical resource use patterns and associated medical costs for the Pexelizumab arm versus the control arm by intention-to-treat in patients randomized into APEX-MI; and to perform a cost-effectiveness analysis of Pexelizumab versus control using the empirical outcomes observed in overall APEX-MI and the Economic study to provide base case parameters for the model.

Principal Investigator/Program Director (Last, first, middle): Lamas, Gervasio A.

GRANT NUMBER
1 U01 AT01156-05

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.)*
In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III of the PHS 398. If unable to certify compliance, where applicable, provide an explanation and place it after this page.
• Human Subjects Research • 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 Research, Including Human Gene Transfer Research • Financial Conflict of Interest (except Phase I SBIR/STTR) • Prohibited Research • Select Agents and Toxins
• STTR ONLY: Certification of Research Institution Participation.

3. FACILITIES AND ADMINSTRATIVE (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 dated: 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 $ 551,303 x Rate applied 63.00% = F&A costs $ 347,321

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.)*:

Principal Investigator/Program Director (Last, First, Middle): Lamas, Gervasio A.

Targeted/Planned Enrollment Table

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

Study Title: Trial to Assess Chelation Therapy (TACT)

Total Planned Enrollment: 2,372

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
	Sex/Gender		
Ethnic Category	**Females**	**Males**	**Total**
Hispanic or Latino	57	133	190
Not Hispanic or Latino	655	1,527	2,182
Ethnic Category: Total of All Subjects *	712	1,660	2,372
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	86	199	285
White	591	1,378	1,969
Racial Categories: Total of All Subjects *	712	1,660	2,372

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

During Summer 2005, the study's Data Safety Monitoring Board (DSMB) determined that present enrollment rates the study would not meet its goals by the expected end date. The DSMB is presently reviewing a revised recruitment plan that would decrease the number of total subjects enrolled but maintain the study's power at 85% and within the currently budgeted amount of funds.

Principal Investigator/Program Director (Last, First, Middle): Lamas, Gervasio A.

Inclusion Enrollment Report

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

Study Title: Trial to Assess Chelation Therapy (TACT)

Total Enrollment: 2,372 **Protocol Number:** 00-21-H-03

Grant Number: 1 U01 AT01156-04

PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race				
	Sex/Gender			
Ethnic Category	Females	Males	Unknown or Not Reported	Total
Hispanic or Latino	6	20	0	26 **
Not Hispanic or Latino	126	667	0	793
Unknown (individuals not reporting ethnicity)	0	0	0	
Ethnic Category: Total of All Subjects*	132	687		819 *
Racial Categories				
American Indian/Alaska Native	2	1	0	3
Asian	0	7	0	7
Native Hawaiian or Other Pacific Islander	1	2	0	3
Black or African American	8	23	0	31
White	121	652	0	773
More Than One Race	0	2	0	2
Unknown or Not Reported	0	0	0	
Racial Categories: Total of All Subjects*	132	687		819 *

PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)				
Racial Categories	Females	Males	Unknown or Not Reported	Total
American Indian or Alaska Native	1	0	0	1
Asian	0	0	0	
Native Hawaiian or Other Pacific Islander	1	0	0	1
Black or African American	0	0	0	
White	4	20	0	24
More Than One Race	0	0	0	
Unknown or Not Reported	0	0	0	
Racial Categories: Total of Hispanics or Latinos**	6	20		26 **

* These totals must agree.
** These totals must agree.

Principal Investigator/Program Director (Last, First, Middle): Lamas, Gervasio A.

KEY PERSONNEL REPORT

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

GRANT NUMBER
1 U01 AT01156-05

All Key Personnel for the Current Budget Period (do not include Other Significant Contributors)

Name	Degree(s)	SSN (last 4 digits)	Role on Project (e.g. PI, Res. Assoc.)	Date of Birth (MM/DD/YY)	Annual % Effort
Gervasio A. Lamas	MD		PI		[redacted]
Kerry Lee	PhD		Co-PI		
Daniel Mark	MD		Co-PI		

TACT CLINICAL COORDINATING CENTER BUDGET
Y2006-2007
Year 5

Name	Position	Appointment	Effort	Salary	Salary Requested	Fringe Rate	Fringe Total	Salary Total	
Gervasio Lamas MD	Study Chairman	12	% Effort	Institutional Base Salary	$84,480	0	$0.00	$	84,480
Jacqueline Arciniega	Project Director	12			$71,595	0	$0.00	$	71,595
Pablo Guala, MD	Clinical Trial Manager	12			$44,138	0	$0.00		$44,138
Maria Salas	Research Assistant	12			$32,300	0	$0.00		$32,300
Tristan Edwards	Research Assistant	12			$29,369	0	$0.00		$29,369
Stephanie Escalante	Administrative Assistan	12			$26,459	0	$0.00		$26,459
Mary Beleiro	Secretary	12			$5,437	0	$0.00		$5,437
Virginia Martini, BA	Coordinator	12			$14,950	0	$0.00		$14,950
						Total Salaries			$288,728

Consultants		Salary		
Martin Dayton DO		$3,744		
Theodore Rozema		$3,744		
Misc. Consultants		$15,000		$22,488
Equipment				
			Total equipment	$0
Supplies	copier supplies			
	fax supplies			
	paper		Total supplies	$10,000
Travel	Yearly meetings	$150,000		
	CCC travel	$30,000	Total Travel	$180,000
Patient care costs		$0		
			Total Patient Costs	$0
Other expenses	Telephone	$12,480		
	Pagers	$2,080		
	Postage	$4,326		
	Advertisement	$31,200	Total other (A)	$50,086
Consortium/ contractual costs				
Direct costs	DCRI	$2,116,709		
	OmniComm	$80,200		
	Brigham and Women's	$89,538		
	Clinical units	$1,599,600		
	Central Pharmacy	$1,887,207		
	Central Lab	$91,539		
	Pharmed	$150,000		
	Total direct costs	$5,994,793		
Indirect costs	DCRI	$1,106,756		
	Brigham and Women's	$22,385		
	Total Indirect costs	$1,129,141	Total Consortium	$7,123,934

TOTAL DIRECT COSTS YEAR 5 ==>		$7,675,237
COST BASE FOR CALCULATING INDIRECT		$551,303
INDIRECT COST	0.63	$347,321
TOTAL COST		$8,022,557