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1. Participant Information

1. Please provide your name

Name:

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2. Patient/Population Subgroup Differences

2. With respect to impact on modulating ACE-I/ARB effectiveness or harms in patients with stable ischemic heart disease, to what extent do the following patient/population characteristics warrant further research?

Please indicate your rating of each characteristic below.

	Not at all important	Somewhat unimportant	Neutral	Somewhat important	Very important
Demographic differences (such as age, race, gender)	○	○	○	○	○
Co-morbidities (such as hypertension, congestive heart failure with or without preserved LV function, diabetes, peripheral arterial disease, chronic kidney disease, prior coronary revascularization; single vs. multivessel coronary artery disease)	○	○	○	○	○
Concurrent medications (such as anti-platelet agents, lipid lowering medications, other anti-hypertensives)	○	○	○	○	○
Genetic differences (such as ACE or	○	○	○	○	○

Angiotensin II receptor gene polymorphisms)

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3. Medication Characteristics

3. With respect to impact on modulating ACE-I/ARB effectiveness or harms in patients with stable ischemic heart disease, to what extent do the following ACE-I/ARB characteristics warrant further research?

Please indicate your rating of each characteristic below.

	Not at all important	Somewhat unimportant	Neutral	Somewhat important	Very important
Dose-response (impact of medication dose or dosing interval)	○	○	○	○	○
Class effect (impact of differences between specific agents within each class)	○	○	○	○	○
Benefit relative to alternative medication classes (calcium channel blocker, diuretic, or beta-blocker)	○	○	○	○	○

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4. Health Care Delivery

4. With respect to impact on modulating ACE-I/ARB effectiveness or harms in patients with stable ischemic heart disease, to what extent do the following issues warrant further research?

Please indicate your rating of each characteristic below.

	Not at all important	Somewhat unimportant	Neutral	Somewhat important	Very important
Adherence (including	○	○	○	○	○

differential adherence within and between medication classes)					
Strategies to enhance greater evidence-based use of ACE-I/ARBs					

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5. Outcomes/Adverse Effects

5. With respect to impact on choice of ACE-I/ARB in patients with stable ischemic heart disease, to what extent do the following outcomes warrant further research?

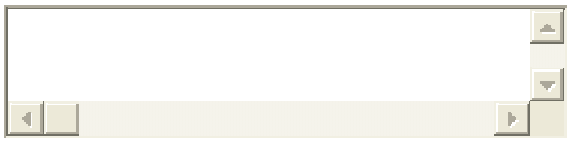
Please indicate your rating of each characteristic below.

	Not at all important	Somewhat unimportant	Neutral	Somewhat important	Very important
Cardiovascular outcomes (such as cardiovascular death, nonfatal MI, CVA, hospitalization for CHF, and surrogates such as blood pressure control, measures of atherosclerosis, etc.)					
Incidence of new diagnoses (such as diabetes, atrial fibrillation, congestive heart failure with or without preserved LV function)					
Progression of renal insufficiency or					

development of dialysis dependence					
Development of angioedema					
Development of nonangioedema adverse effects (such as hypotensive symptoms, cough, syncope, diarrhea, renal insufficiency, hyperkalemia)					
Patient quality of life					
Utilization and cost of therapy					

6. If there are other outcomes or adverse effects that in your opinion should be considered in Question #5 above, please list them here and include your rating of each outcome or adverse effect using the following scale:

1 - Not at all important
2 - Somewhat unimportant
3 - Neutral
4 - Somewhat important
5 - Very important



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6. Ranking of Top Selections

7. Please list your top 5 selections for further research from the options presented in previous questions (including question #6) in order from #1 to #5. In your ranking, consider #1 to be the most important. The options from previous questions are reproduced below.

	1 - Most Important	2	3	4	5
Demographic differences (such as age, race, gender)					

Co-morbidities (such as hypertension, congestive heart failure with or without preserved LV function, diabetes, peripheral arterial disease, chronic kidney disease, prior coronary revascularization; single vs. multivessel coronary artery disease)					
Concurrent medications (such as anti-platelet agents, lipid lowering medications, other anti-hypertensives)					
Genetic differences (such as ACE or Angiotensin II receptor gene polymorphisms)					
Dose-response (impact of medication dose or dosing interval)					
Class effect (impact of differences between specific agents within each class)					
Benefit relative to alternative medication classes (calcium channel blocker, diuretic, or beta-blocker)					
Adherence (including differential adherence within					

and between medication classes)					
Strategies to enhance greater evidence-based use of ACE-I/ARBs					
Cardiovascular outcomes (such as cardiovascular death, nonfatal MI, CVA, hospitalization for CHF, and surrogates such as blood pressure control, measures of atherosclerosis, etc.)					
Incidence of new diagnoses (such as diabetes, atrial fibrillation, congestive heart failure with or without preserved LV function)					
Progression of renal insufficiency or development of dialysis dependence					
Development of angioedema					
Development of nonangioedema adverse effects (such as hypotensive symptoms, cough, syncope, diarrhea, renal insufficiency, hyperkalemia)					
Patient quality of life					
Utilization and cost of therapy					
Other outcomes or adverse effects (specify from your					

response to question #6)

If Other was selected above, specify the selection here.

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7. Additional Comments

8. Please use the space below to add any additional comments you would like to share as part of this survey or for discussion during the Stakeholder teleconference on 22Jul2010.

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8. Thank You

Thank you for your time in completing this survey -- we will be discussing the responses with the group during our next Stakeholder teleconference on July 22nd at 2pm ET.

We look forward to your continued participation in this project.