1) Please consider the information provided with respect to the following hypothetical scenario:

You have been asked to serve on a national advisory panel for an organization interested in funding research on the comparative effectiveness of ACEIs or ARBs for patients with ischemic heart disease.

The organization has a limited research budget and has tasked you with prioritizing the ***most important areas for future research.*** *You are to use your own judgment based on your knowledge and experience as to which topics would have the greatest impact on patient outcomes.*

Please rank the following 16 areas of future research from 1 to 16, with 1 indicating the highest priority, and 16 the lowest priority.

Research Area	**Ranking (1 = Most Important, 16 = Least Important)**
Impact of demographic differences (such as age, race, gender) on ACEI/ARB effectiveness or harms in patients with stable ischemic heart disease (IHD)	
Impact of 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) on ACEI/ARB effectiveness or harms in patients with stable IHD	
Impact of concurrent medications (such as anti-platelet agents, lipid lowering medications, other anti-hypertensives) on ACEI/ARB effectiveness or harms in patients with stable IHD	
Impact of genetic differences (such as ACE or Angiotensin II receptor gene polymorphisms) on ACEI/ARB effectiveness or harms in patients with stable IHD	
Impact of the dose response (impact of medication dose or dosing interval) of ACEI and ARBs on their effectiveness or harms in patients with stable IHD	
Impact of class effect (impact of differences between specific agents within each class) of ACEI and ARBs on their effectiveness or harms in patients with stable IHD	

Research Area	Ranking (1 = Most Important, 16 = Least Important)
The benefit of ACEI/ARBs relative to alternative medication classes (calcium channel blocker, diuretic, or beta-blocker) with respect to their effectiveness or harms in patients with stable IHD	
The impact of ACEI/ARB adherence (including differential adherence within and between medication classes) on their effectiveness or harms in patients with stable IHD	
Strategies to enhance greater evidence-based use of ACEI/ARBs	
The impact of ACEI/ARB in patients with stable IHD on cardiovascular outcomes (such as cardiovascular death, nonfatal MI, CVA, hospitalization for CHF, and surrogates such as blood pressure control, measures of atherosclerosis, etc.)	
The impact of ACEI/ARB in patients with stable IHD on incidence of new diagnoses (such as diabetes, atrial fibrillation, congestive heart failure with or without preserved LV function)	
The impact of ACEI/ARB in patients with stable IHD on progression of renal insufficiency or development of dialysis dependence	
The impact of ACEI/ARB in patients with stable IHD on development of angioedema	
The impact of ACEI/ARB in patients with stable IHD on development of nonangioedema adverse effects (such as hypotensive symptoms, cough, syncope, diarrhea, renal insufficiency, hyperkalemia)	
The impact of ACEI/ARB in patients with stable IHD on patient quality of life	
The impact of ACEI/ARB in patients with stable IHD on utilization and cost of therapy	

2) List of potential priority setting criteria that may be used when considering the appropriate priority for the research questions*

1. Disease burden
   The proposed research will reduce disease burden (Prevalence, mortality, morbidity) on afflicted individuals and their families, caretakers, and communities.

2. Cost
   The proposed research has potential to lead to substantial cost efficiencies or cost savings for patients, health plans, or public health programs, through reduction of unnecessary or excessive costs.

3. Variation in care
   The proposed research will reduce unexplained variations (overuse, underuse, misuse) in prevention, diagnosis, access, and/or treatment protocols.

4. Appropriateness
   The proposed research involves a healthcare drug, intervention, device, or technology available (or soon to be available) in the US and is relevant to Section 1013 enrollees (Medicare, Medicaid, SCHIP, other federal healthcare programs)

5. Information gaps and duplication
   The proposed research will fill substantial gaps in the current body of evidence, and there is no other research planned or in progress that will answer the research question, thereby contributing to reduced clinical uncertainties, changes in use and/or coverage of a technology or set of technologies (i.e., improvability of evidence or value of information).

6. Gaps in translation
   The proposed research is likely to improve translation of research findings or existing recommendations into clinical practice or identify improved strategies for research translation.

*Reference: Institute of Medicine. Initial national priorities for comparative effectiveness research. Washington, DC: Institute of Medicine, 2009.

3) For information only

The results of the initial ranking of these priorities by the stakeholder group using:

(a) The Likert scale

Comorbidities subgroups
Progression of renal insufficiency or development of dialysis dependence
Utilization and cost of therapy
Demographic differences
Concurrent medications
Benefit relative to alternative medication classes
Strategies to enhance greater evidence-based use
Cardiovascular outcomes
Incidence of new diagnoses
Genetic differences
Adherence
Patient quality of life
Dose-response
Class effect
Development of nonangioedema adverse effects
Development of angioedema

(b) Top 5 ranking

Cardiovascular outcomes
Incidence of new diagnoses
Benefit relative to alternative medication classes
Strategies to enhance greater evidence-based use
Demographic differences
Adherence
Patient quality of life
Comorbidities
Class effect
Genetic differences
Utilization and cost of therapy
Concurrent medications
Progression of renal insufficiency or development of dialysis dependence
Dose-response
Development of angioedema
Development of nonangioedema adverse effects