NSC RESEARCH REFERRAL FORM
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HEART FAILURE

☐ **HERMES → Ziltivekimab vs placebo in participants w/ HFmrEF or HFpEF and systemic inflammation**

- ☐ Serum hs-CRP ≥ 2 mg/L at screening (visit 1)
- ☐ Elevated NT-proBNP
- ☐ Dx of heart failure with LVEF > 40%

☐ **EASi-HF PRESERVED→ Vicadrostat and empagliflozin compared with placebo and empagliflozin in participants with symptomatic Chronic heart failure**

- ☐ Dx of heart failure with LVEF > 40%
- ☐ Elavated NT-proBNP at Visit 1
- ☐ At least one of the following
  - Documented hospitalization for HF within 6 months prior to Visit 1
  - Currently treated with diuretic therapy e.g loop diuretics or thiazides
  - Elevated NT-proBNP

☐ **EASI-HF REDUCED → Vicadrostat and empagliflozin compared with placebo and empagliflozin in participants with symptomatic chronic heart failure.**

- ☐ Diagnosed with heat failure with LVEF < 40
- ☐ Elevated NT-proBNP at Visit 1

ATRIAL FIBRILLATION

☐ **LILAC → Abelacimab vs placebo injections who are normally unsuitable for anticoagulation therapy**

- ☐ Diagnosed AF or atrial flutter (documented on an electrocardiogram or monitor recording)
- ☐ Age 65-74 and CHA2DS2VASc ≥4 OR age ≥75 and CHA2DS2VASc ≥3
- ☐ At least 1 of the following:
  - severe CKD
  - planned daily aspirin, P2Y12 inhibitor or other antiplatelet agent use during trial
  - hx/o bleeding from critical area or organ or major GI bleeding
  - other conditions associated with increased risk of bleed (NSAID use or hx/o multiple falls)

☐ **ROXI-ATLAS→ Factor XI inhibitors Regn7508 and Regn9933 vs Apixaban in patients with Atrial Fibrillation**

- ☐ Age ≥ 18 Years of age
- ☐ CHA2DS2-VA ≥ 2 and OAC naïve or CHA2DS2-VA ≥ 3 or CHA2DS2-VA of 2 and at least 1 enrichment criteria
- ☐ Documented AF on a ECG or Rhythm strip within 1 year

DIABETES/CARDIOVASCULAR/HYPERTENSION

☐ **PRECIDENTD→SGLT2i vs GLP-1 RA for the prevention of major adverse cardiovascular and Renal events**

- ☐ Type 2 diabetes
- ☐ Patients currently taking a SGLT2i or GLP-1RA can be enrolled. (No washout period needed)
- ☐ Primary prevention:
  - Age 60-80 years of age
  - At least one of the following: Active smoking, HGA1c ≥ 8% or a GFR 45-59 ml/min
- ☐ Secondary prevention:
  - Age 40-80
  - History of MI, Ischemic stroke, coronary heart disease, Peripheral artery disease, carotid disease or prior arterial revascularization procedure

Please email or send EMR encounter to the coordinator

Julianna@nscresearch.org Charlotte@nscresearch.org

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☐ **PREVENT-HF → Baxdrostat in Combination with Dapagliflozin Compared with Dapagliflozin Alone on the Risk of Incident Heart Failure and Cardiovascular Death in Participants with Increased Risk of Developing Heart Failure.**

- ☐ must be ≥ 40 years old
- ☐ History of HTN
- ☐ History of T2DM and requiring treatment
- ☐ Established CV disease (ischemic heart disease, cerebrovascular disease, peripheral arterial disease)

☐ **EASI-PROTKT→ Vicadrostat and empagliflozin vs placebo and empagliflozin in patients with type 2 diabetes, hypertension, and established cardiovascular disease.**

- ☐ History of HTN
- ☐ History of T2DM requiring treatment
- ☐ Established CV disease (Coronary heart disease, cerebrovascular disease, Peripheral disease)

LIPO(A)/CARDIOVASCULAR

☐ **AMGEN 890 2023 0222 → Olpasiran Use to Prevent Major Cardiovascular Events in High-risk Participants with Elevated Lipoprotein(a)**

- ☐ Age ≥ 50
- ☐ At least 2 weeks of Stable and optimized lipid lowering therapy
- ☐ Lp(a) ≥ 200 nmol/L at screening
- ☐ Evidence of ASCVD on imaging and 2 risk factor **OR** Presence of at-least 4 risk factors for ASCVD
- ☐ No prior Stroke, MI, or TIA

HYPERTENSION

☐ **ZENITH→ Zilebesiran Vs Placebo-in Addition to Standard of Care in Reducing Major Adverse Cardiovascular Events in Patients with Hypertension Not Adequately Controlled With Either Established Cardiovascular Disease or High Risk for Cardiovascular Disease**

- ☐ Age ≥ 18 – With established CVD, or ≥ 55 -high risk for CVD
- ☐ Diagnosis of CAD, CVD, PAD or High Risk of CVD
- ☐ Seated SBP ≥ 140 and < 180
- ☐ on stable therapy with at least 2 antihypertensive medications including a Diuretic

Pt Name _____

DOB _____**Phone #** _____

Notes_____

Referring MD _____

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