CAST

ADVERSE SYMPTOMS

Affix Patient I.D. Here

1 Date symptoms noted or evaluated: DATE08 ___/___/___ (mo dy yr)

REASON FOR COMPLETION

2 REASON08

- ☐1 Baseline (6 days post MI to present).
- ☐2 Open label titration.
- ☐3 Scheduled followup (specify):

FOLLOW08

☐1 4 mo	☐2 8 mo	☐3 1 yr
☐4 1 yr + 4 mo	☐5 1 yr + 8 mo	☐6 2 yr
☐7 2 yr + 4 mo	☐8 2 yr + 8 mo	☐9 3 yr
☐10 3 yr + 4 mo	☐11 3 yr + 8 mo	☐12 4 yr
☐13 4 yr + 4 mo	☐14 4 yr + 8 mo	☐15 5 yr

- ☐4 Unscheduled event.
- ☐5 Blinded retitration.

STUDY DRUG AT TIME OF EVALUATION

3 THERAP08

- ☐1 No drug (before open label titration)
- ☐2 CAST Therapy

DRUG08

☐1 CAST-ENC ☐2 CAST-FLEC ☐3 CAST-MOR

☐1 Dose 1 ☐2 Dose 2 ☐3 Other: ___ mg/day

DOSE08

- ☐3 Washout
- ☐4 Individualized Therapy

IT08

☐1 No antiarrhythmic therapy

☐2 Non-CAST antiarrhythmic therapy

specify: _____

_____

ADVERSE CLINICAL SYMPTOMS

SYMPTØ8

4 Are there any adverse clinical symptoms? ☐1 yes ☐2 no
If YES, complete the sections below.

For each body system listed, indicate the severity of the adverse symptom. If Severe is checked, write in the specific adverse symptom below and check the box under Drug Related. See back of this form for list of adverse symptoms and definitions of Mild and Severe.

			None	Mild	Severe	Drug Related: yes	possible	no	not determined	
5	Dermatological	DERMØ8	☐0	☐1	☐2	☐1	☐2	☐3	☐9	DRDERMØ8
6	Ocular	OCULARØ8	☐0	☐1	☐2	☐1	☐2	☐3	☐9	DROCULØ8
7	Gastrointestinal	GIØ8	☐0	☐1	☐2	☐1	☐2	☐3	☐9	DRGIØ8
8	Genitourinary	GUØ8	☐0	☐1	☐2	☐1	☐2	☐3	☐9	DRGUØ8
9	Musculoskeletal	MUSCLEØ8	☐0	☐1	☐2	☐1	☐2	☐3	☐9	DRMUSCØ8
10	Neurological	NEURØ8	☐0	☐1	☐2	☐1	☐2	☐3	☐9	DRNEURØ8
11	Pulmonary	PULMONØ8	☐0	☐1	☐2	☐1	☐2	☐3	☐9	DRPULMØ8
12	Cardiovascular	CARDVØ8	☐0	☐1	☐2	☐1	☐2	☐3	☐9	DRCARDØ8
13	Other	OTHSYMØ8	☐0	☐1	☐2	☐1	☐2	☐3	☐9	DROTHØ8

14 Specify severe symptoms: _____

If new or worsened CHF, complete New or Worsened CHF form, CAST 19

ADVERSE ECG EFFECTS OR ARRHYTHMIA CHANGES

15 Subsequent to baseline, have there been any adverse changes in the patient's arrhythmia or ECG intervals since the last evaluation? (DO NOT COMPLETE AT BASELINE).
☐1 yes ☐2 no ECGSYMØ8

If YES,
Check all that apply:

		Drug Related: yes	no	not determined	
16 ☐1	Proarrhythmia per stated criteria (see back of form) for VPD's. PROARRØ8	☐1	☐2	☐9	DRVPDSØ8
	VPD's/hr: ____ VPDSØ8				
	If washout, VPD's/hr after: ____ WOVPDSØ8				

CAST

		Drug Related: yes	no	not determined
17	☐1 Proarrhythmia per stated criteria (see back of form) by VPD runs PRORUNØ8 VPD runs at a rate ≥ 120 bpm: ____ If washout, runs after: ____	☐1	☐2	☐9 DRRUNSØ8
18	☐1 Excessive VPD's (≥1500 VPD's/hr independent of pretreatment frequency) EXCVPDØ8 VPD's/hr: ____ EXVPDSØ8 If washout, VPD's/hr after: ____	☐1	☐2	☐9 DRXVPDØ8
19	☐1 Symptomatic (hemodynamically important) unsustained VT or VT ≥ 15 consecutive complexes at a rate of ≥ 120 bpm (disqualifying VT). Complete VT form, CAST 21. VTØ8	☐1	☐2	☐9 DRVTØ8
20	☐1 QTc prolongation ≥ 1.4 times baseline or ≥ 0.6 secs. QTLONGØ8 QTc (QT/√RR): 0.__ secs. QTCØ8 If washout, QT_c after: 0.__ secs. WOQTCØ8	☐1	☐2	☐9 DRQTCØ8
21	☐1 Heart rate < 30 bpm lasting at least 1 minute. HRSLOWØ8 Rate: __ bpm HRØ8 If washout, rate after: ____ bpm WOHRØ8	☐1	☐2	☐9 DRHRØ8
22	☐1 Any single pause ≥ 3.5 second. PAUSEØ8 Pause: __.__ secs. LPAUSEØ8 If washout, pause after: __.__ secs. WOPAUSØ8	☐1	☐2	☐9 DRPAUSØ8
23	☐1 Mobitz II 2°, advanced, or 3° AV block. MOBITZØ8	☐1	☐2	☐9 DRMOBØ8
24	☐1 QRS ≥ 2 times baseline or QRS ≥ 0.20 secs. QRSLNGØ8 QRS: 0.__ secs. QRSØ8 If washout, QRS after: 0.__ secs. WOQRSØ8	☐1	☐2	☐9 DRQRSØ8

25 Was a permanent pacemaker implanted?
PACEØ8 ☐1 yes ☐2 no

26 If more than one of any of the following are checked:
1) a SEVERE symptom on lines 5-13 and/or
2) any adverse ECG effect or arrhythmia change on lines 16-24, enter the LINE NUMBER for the most significant symptom/effect:

__ MSTIMPØ8

Name of person filling out form ____ Code Number ____