

The Prospective Evaluation of EECP in Congestive Heart Failure Trial

ENROLLING STUDY CANDIDATES

THE PEECH STEERING COMMITTEE

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The PEECH Trial is a large-scale efficacy study of Enhanced External Counterpulsation in the treatment of congestive heart failure. Study enrollment seeks patients with mild to moderate heart failure NYHA class 2 or 3 with LVEF of 35% or less who have heart failure of either ischemic or idiopathic etiology. Patients are randomized in a 50/50 split to either optimal medical therapy (per HFSA guidelines) or the same plus a course of 35 one-hour EECP treatments. Patients are followed for six months post-treatment and evaluated by VO2 max stress testing, functional class, neurohumoral factors, and quality of life outcomes. Patient target enrollment is 180.

Trial includes free testing and medical examinations for study participants.

Study centers are located in the following cities:

Chapel Hill

Cincinnati

Cleveland

Columbus

Ohio

Arkansas Little Rock

Arizona

Gilbert/Phoenix

Illinois

California La Jolla Los Angeles San Diego

Colorado Denver

Florida New York Atlantis/WPB Bronxville Miami Beach Staten Island Mt.Dora/Orlando Stony Brook Syracuse **North Carolina** Chicago

Massachusetts Falmouth

Minnesota Minneapolis Rochester St. Paul

Pennsylvania Philadelphia Pittsburgh

Tennessee Memphis

Texas San Antonio

Virginia Newport News

England Hull

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Heart failure treatment must be optimized in ALL patients prior to enrollment.

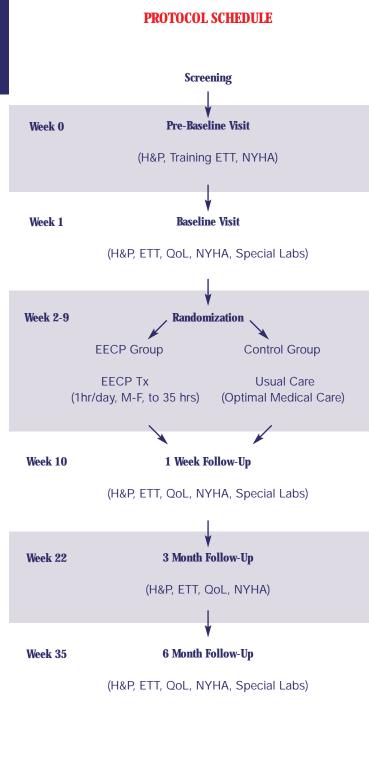
A prospective, randomized, single-blind study of EECP[®] vs. Usual Care in chronic, stable heart failure patients.

Study Inclusions

- NYHA Class II or III heart failure with EF ≤ 35% (within last 3 months); ischemic or idiopathic etiology.
- Ability to exercise on a treadmill ≥ 3 minutes (must be limited by symptoms of heart failure, NOT by claudication, angina, ischemic ECG changes, or non-cardiac disease, e.g. pulmonary disease).
- 3. Stable condition (no medication changes in the last 2 weeks prior to 1st study treatment visit).
- 4. Less than 1+ edema, i.e. no pretibial edema and no more than trace ankle edema.
- If treated with digoxin, digoxin blood levels of ≤ 1.75 nanogram/ml.
- 6. Serum creatinine levels of ≤ 2.5 mg/dl.
- 7. Receiving treatment with an ACE-inhibitor for at least 1 month prior to the first study visit or ACE-inhibitor is not tolerated.
- Receiving treatment with a beta-blocker for at least 3 months prior to 1st study visit or there is a documented reason for not having used a beta-blocker.

Study Exclusions

- 1. Prior treatment with EECP.
- 2. Acute coronary syndrome within past 6 weeks.
- Non-bypassed left main coronary artery with a luminal stenosis ≥ 50%, except when bypass is not feasible or is refused.
- 4. CABG within past 3 months or PCI within past 6 months.
- 5. Cardiac catheterization within past 2 weeks.
- 6. Arrhythmia that would significantly interfere with EECP device.
- 7. COPD with FEV1 of \leq 1.5 L.
- 8. Clinically significant valvular heart disease.
- 9. Acute myocarditis.
- 10. ICD if triggered within past 3 months.
- 11. History of deep vein thrombosis, phlebitis, stasis ulcer and/or pulmonary embolism.
- 12. History of aortic aneurysm.
- 13. Coagulation abnormalities with INR > 2.5. (Coumadin may be adjusted.)
- 14. Uncontrolled hypertension (SBP \ge 180 mmHg and/or DBP \ge 110 mmHg).
- 15. Inability to give Informed Consent and/or incapacity to comply with all study requirements.



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