CAST

VENTRICULAR TACHYCARDIA

Affix Patient I.D. Here

Complete this form for all patients with symptomatic documented VT, or any documented VT, ≥15 complexes at a rate ≥120 bpm. Such symptoms include syncope; one of the following when probably caused by arrhythmia-related hypoperfusion: presyncope, lightheadedness, dizziness, weakness or diaphoresis, shortness of breath or chest pain. Those arrhythmias which only manifest themselves by palpitations are not included.

1 Date of ventricular tachycardia: DATE21 ___/___/___ (mo dy yr)

STUDY DRUG PRIOR TO AND AT TIME OF EVENT

2

	Therapy at day 10 prior to event (DTP1021)	Any change in therapy during 10 days prior to event (DRCHG21)		
		change 1	change 2	change 3
	___/___/___ (mo dy yr)	___/___/___ (mo dy yr)	___/___/___ (mo dy yr)	___/___/___ (mo dy yr)
	DRP1021			
Encainide	☐ 1	☐ 1	☐ 1	☐ 1
Flecainide	☐ 2	☐ 2	☐ 2	☐ 2
Moricizine	☐ 3			☐ 3
CAST-ENC	☐ 4			☐ 4
CAST-FLEC	☐ 5			☐ 5
CAST-MOR	☐ 6	☐ 6	☐ 6	☐ 6
No antiarrhythmic	☐ 7	☐ 7	☐ 7	☐ 7
Other antiarrhythmic	☐ 8	☐ 8	☐ 8	☐ 8
Specify:				
Dose (mg/day)	___	___	___	___

3 Arrhythmia documented by: (check all that apply)

☐ 1 Holter (HOLTER21) ☐ 1 12 lead ECG (ECG21) ☐ 1 Rhythm strip (RHYTHM21)

CHARACTERISTICS OF VT

4 Number of documented episodes in 24 hr period: EPISOD21 ____

5 Duration of longest episode: DUREPI21 ___ day ___ hr ___ min ___ sec

If < 30 sec, number of beats: ____ BEATS21

6 Average rate of VT during longest episode: ____ bpm AVGRAT21

7 VT was ☐1 monomorphic ☐2 polymorphic VTCHAR21

SETTING OF VT PRIORSY21

8 Check all that apply and give date where required

☐1 New or worsened CHF (Complete New or Worsened CHF form, CAST 19)

☐1 Angina

	mo	dy	yr
☐1 Prolonged chest pain (≥20 min) without MI	__	__	__
☐1 MI (Complete Recurrent MI form, CAST 20)	__	__	__
☐1 Cardiac surgery	__	__	__
☐1 PTCA	__	__	__

☐1 Other (e.g., profound hypokalemia or digitalis toxicity) specify

____

ASYMPTA21 ☐1 Asymptomatic prior to VT

DOCUMENTATION OF VT EPISODE

Give dates and information from Holter, ECG or rhythm strips if available

		Date mo dy yr	Not Avail	HR (bpm)	QT (sec)	RR' interval at onset (sec)
9	Prior to VT	DTPRIO21 __/__/__	☐1	PRIOHR21 ____	0.__ PRIOQT21	
10	Onset of VT	DTONST21 __/__/__	☐1	____	0.__	0.__ ONSTRR21
11	VT	DTVT21 __/__/__	☐1	ONSTHR21	ONSTQT21	
12	Termination of VT	DTTERM21 __/__/__	☐1			
13	After VT	DTAFT21 __/__/__	☐1	____ AFTHR21	0.__ AFTQT21	

Retain Holter or ECG or Rhythm strips in patient file for later review, DO NOT SEND TO COORDINATING CENTER

INTERVENTIONS REQUIRED (Check all that apply) INTREQ21

14
- [2] 1 Spontaneously terminating
- [3] 1 Converted with precordial thump
- [3] 1 Converted with pacing
- [3] 1 Converted with external cardioversion
- [/] 1 Converted with automatic implantable cardioverter/defibrillator
- [1] 1 Converted with drugs

If DRUGS, specify: _____

_____

_____

THERAPY FOLLOWING VT

15
- [ ] 1 Continued open label titration
  - If YES, date returned: __/__/__ (mo dy yr)
  - (Complete Open Label Titration form(s), CAST 12)
- [ ] 2 Returned to CAST drug
- [ ] 3 Went to Individualized Therapy
  - If YES, date: __/__/__ (mo dy yr)
  - (Complete Individualized Therapy form, CAST 24)

NEXTTX21

DISQUALIFYING VT?

16 Does this VT event <u>disqualify</u> the patient from continuing on CAST drug and require the patient to proceed to individualized therapy (i.e., did not occur within the first 72 hours after a recurrent MI and was not related to transient, correctable factors)?

[ ] 1 yes [ ] 2 no

DISQUA21

Complete Concurrent Drugs form, CAST 09

_____ Name of person filling out form

___ Code Number