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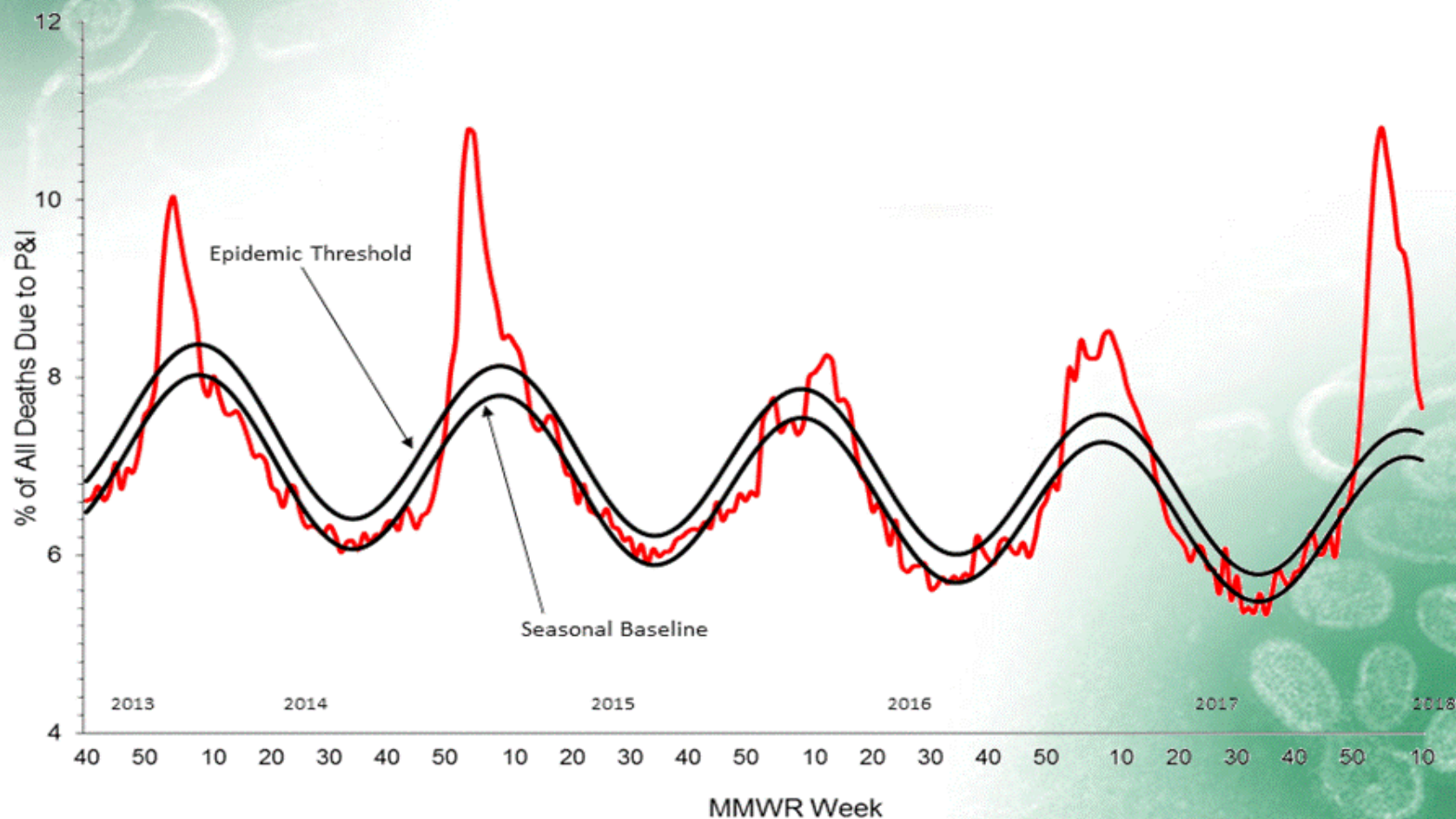
INfluenza Vaccine to Effectively Stop CardioThoracic Events and Decompensated heart failure

IN ESTED



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Pneumonia and Influenza Mortality from
the National Center for Health Statistics Mortality Surveillance System
Data through the week ending March 10, 2018, as of March 29, 2018

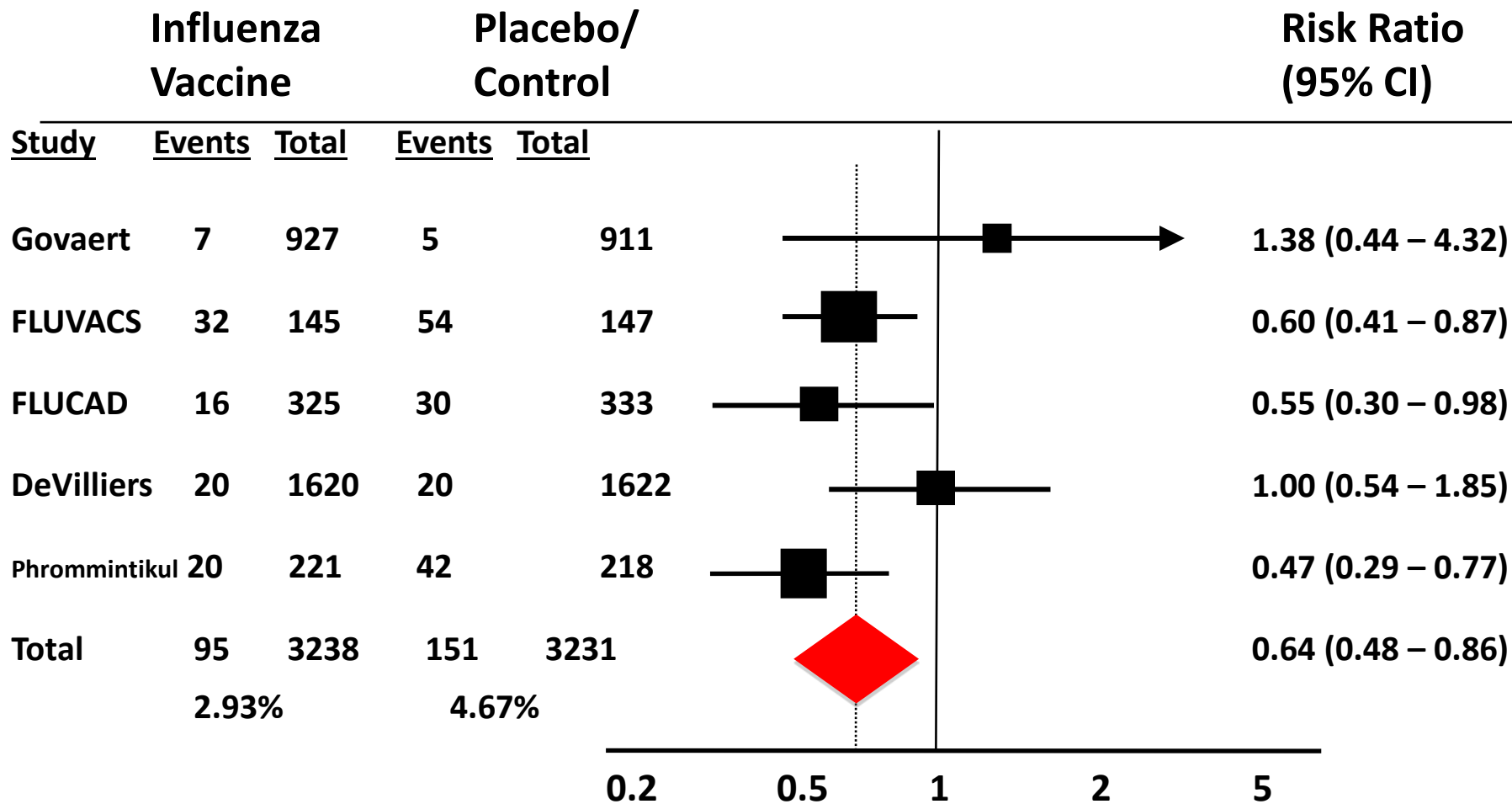


Impact of Influenza

- Approximately 36,000 influenza-associated deaths during each influenza season in the United States
- Over 200,000 influenza-related excess hospitalizations
- Several analyses have documented an association between acute respiratory infections and cardiovascular events

Thompson et al JAMA. 2003;289:179-186
Thompson et al JAMA. 2004;292:1333-1340
Madjid et al. EHJ 2007(28):1205-1210

Influenza Vaccination Reduces CV Risk: A Meta-Analysis



Influenza Vaccine Better

Placebo/Control Better

Absolute Risk Difference: 1.74%

Number Needed to Treat: 58

Test for Heterogeneity $I^2=28%$

Overall P-Value = 0.003

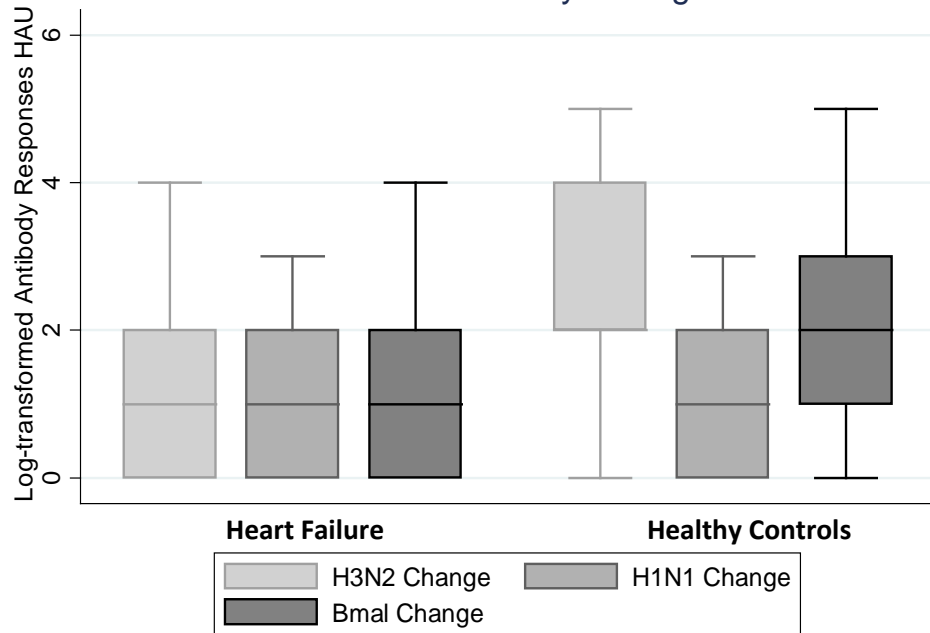
INVESTED



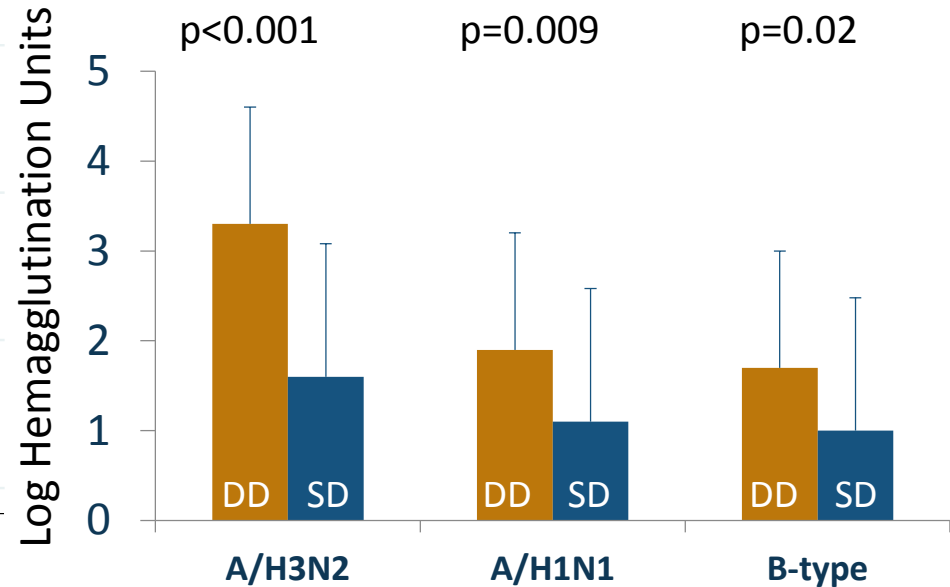
Patients with Heart Failure Exhibit Reduced Immune Response to Vaccine that can be Overcome with a Higher Dose of Vaccine

Reduced Ab Response in HF Patients

Absolute Antibody Changes



Increased Ab Titers with High Dose Vaccine



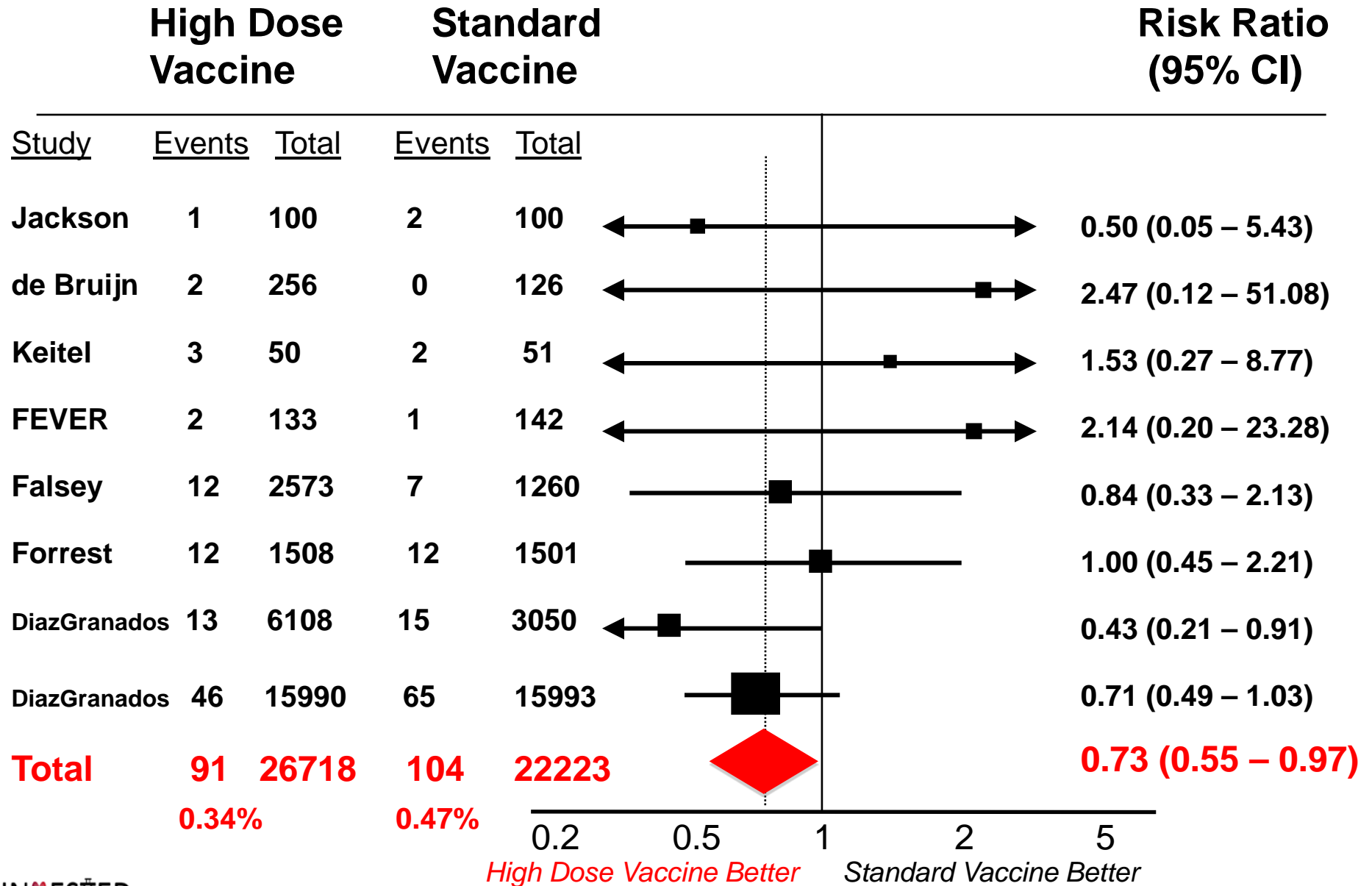
Pilot double-blind RCT of double dose (DD) vs. standard dose (SD) influenza vaccine

* Adjusted for baseline antibody titers

Vardeny et al. J Card Fail 2009;15:368-373

Vardeny et al. Eur J HF 2013;15(5):560-4

More Intensive Influenza Vaccine May Reduce CV Events



Test for Heterogeneity $I^2=0\%$
Overall P-Value = 0.03

INfluenza Vaccine to Effectively Stop CardioThoracic Events and Decompensated heart failure (INVESTED)

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Post-MI or HF Hospitalization

Age \geq 65
 LVEF <40%
 DM
 BMI>30
 eGFR<60
 Hx ischemic stroke
 Hx PAD
 Current smoking

*with 1 additional CV risk factor

N = 9300

RANDOMIZED 1:1 DOUBLE BLIND ANNUAL VACCINE STRATEGY

High Dose Trivalent Influenza Vaccine

Standard Dose Quadrivalent Influenza Vaccine

All other CV Rx per treating MD

Followed up to 4 times a year
Annual Vaccination
 to assigned strategy

Duration
3 Influenza Seasons + Vanguard Season

Primary EP
Death or Cardiopulmonary Hospitalization

Visit and Ascertainment Schedule

Measurement	Screening ^a Can be combined	Baseline	1 week call	2-4 week visit ^c	Spring	Summer call	Repeat for years 2 & 3
Informed Consent	X						
Randomization		X					
History ^b		X					
Current Meds		X					X
Blood Draws ^c		X		X			
Vaccine Administration		X				X	X
Tolerability Assessment			X	X			
Endpoint Assessment ^d			X	X	X	X	X
SAE reporting			X	X	X		X
Scheduling Yr 2&3					X		

a. Screening and Baseline may be completed at one visit

b. History includes previous vaccinations, study inclusion/exclusion criteria

c. In a subset of participating in the immune/biomarker substudy

d. Event assessments performed by study personnel at local sites

Blinding

- Double-blinded
- Blinding accomplished through over-labelling of study syringes
- To the extent possible, the study team member delivering vaccine should be different than the person who performs event ascertainment phone calls



Considerations for Blinding

- Differences in tolerability between vaccine formulations
- Perceived differences in efficacy between vaccines
 - Participant
 - Investigator/study team
 - Might bias affect hospitalization component of primary outcome?