University of Pittsburgh

School of Medicine
Department of Emergency Medicine

230 McKee Place
Suite 400
Pittsburgh, PA 15213

HYPERTONIC SALINE

Community Consultation and Public Notification Summary Report

1. Community Consultation

Type	Date	Attendance
Mutual Aid Board of Directors (website information confirming members are representatives of their community)	May 31, 2006	14 Board members 2 Public 1 University Representative
Pittsburgh Commission on Human Relations	June 5, 2006	11 Board members 1 Public person 6 University Representatives
Center for Minority Health Community Research Advisory Board	June 28, 2006	17 Board members
Public Meeting- University of Pittsburgh (Allegheny County[a]	June 30, 2006	13
Public Meeting- Washington Hospital (Washington County)[b]	June 29, 2006	7
Public Meeting- Washington Hospital (Washington County)[b]	July 7, 2006	9
Public Meeting- Westmoreland Community College (Westmoreland County) [c]	June 26, 2006	2
Public Meeting- Highlands Hospital (Fayette County) [d]	July 6, 2006	0
Public Meeting- Northland Library (Butler County) [e]	July 17, 2006	6

2. Public Website- The University of Pittsburgh Research Website

(www.emsresearch.org) continues to remain active and up to date.

The EMS website contains the Pubic Meeting schedule for the 4 county region. It also provides a continuous method for disseminating new information while allowing feedback from the public.

Information about the ROC studies was added in May of 2006. During June, the number of unique visitors and number of hits drastically increased and has remained above baseline. Only one person responded to the website. However, his comments did not have any reflection on the current research at hand, but on the politics of EMS in general (attached)

3. **Research Phone line-**
One call discussing the research was received on the research phone line June 29, 2006 2:08 pm).. The caller did not leave a name, contact number or county of residence. A transcript of the call can be found in the enclosed packet.

4. **Media Releases-** A ROC Media Release (sample enclosed) was sent to the following local media outlets. The media release listed the address for the research website which contained additional community meetings. The media outlets were at their own discretion to publish these releases (in attached packet) and we were unable to verify which media outlet published these releases.

Media Releases from Maureen McGaffin (UPMC News Bureau)

Observer-Reporter[b]	Mount Pleasant Journal [c] [d]
Valley Independent	Jeannette Spirit [c]
Tribune-Review [c] [d]	Latrobe Bulletin [c] [d]
The Daily Courier [c]	Valley Independent[c]
Ligonier Echo [c]	Pennsylvania Business Central
WASP-FM (radio)	WJPA-AM (radio)

5. **In addition to the Media Releases addressing the local public meetings; meetings were also advertised using internet community calendars.**

The Pittsburghchannel.com (WTAE-TV)
WPXI.com
KDKA community calendar Hometownhappenings@kdka.com
WOIG Radio (sent but cannot confirm if advertisement was aired)

Additional Public Meeting Advertisements (area specific)

[c]Public Directory: Greater Latrobe Calendar
[c]GreaterLatrobe.net – Community Events and Activities
[c]AirSet.com – web calendar
[b]Public Directory: Greater Latrobe Calendar
[e]Northland Library Community Calendar

6. Public notification with information about study

The following advertisement was sent to newspapers, church bulletins, community calendars. Potential subjects were provided with two ways to contact the study staff to inquire about the study and public meetings. We cannot confirm the number of people who read the notice.

> The Resuscitation Outcomes Consortium is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research. For more information or to find meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

Pittsburgh Catholic	Friday, June 30, 2006		
Distribution:		Allegheny County	80,193
		Armstrong County	86
		Beaver County	8,468
		Butler County	7,122
		Fayette County	143
		Greene County	897
		Lawrence County	4,372
		Mercer County	21
		Washington County	7,851
		Westmoreland County	389
The Catholic Accent	Thursday, June 22, 2006		
Tribune Review	Sunday, June 25, 2006 Thursday, June 22, 2006		
Pittsburgh Tribune-Review	Sunday, June 25, 2006 Thursday, June 22, 2006		
Pittsburgh Post-Gazette	Sunday, June 25, 2006		

7. Newspaper articles with information about the study (copies attached)

Tribune-Review[(a) (b) (c) (d)]	Saturday, June 24, 2006
Pittsburgh Tribune-Review[(a) (b) (e)]	Saturday, June 24, 2006
Pittsburgh Post-Gazette[(a) (b) (b)]	Wednesday, June 28, 2006
Post-Gazette.com[(a) (b) (c) (d) (e)]	Wednesday, June 28, 2006

8. Announcements sent to various organizations

The following organizations were sent this announcement about the study which contains both the website information and the research line phone number. They were asked to distribute this notification to all their parishes in the areas affected.

Greek Orthodox Diocese of Pittsburgh

Pittsburgh Baptist Association

Redstone Presbytery

Beaver-Butler Presbytery

Baptist Association of South Western PA

Lutheran Synod

Pittsburgh Presbytery

Catholic Diocese of Greensburg

Washington Presbytery – response received – mass e-mailed flyer and announcements to church

Clifton W. Callaway, MD PhD

PUBLIC NOTIFICATION AND DISCLOSURE

Mutual Aid Ambulance
Board of Directors
May 2006 Meeting

Mutual Aid Private Information

I. Meeting called to order by President Dale Hassinger at 6:33 PM on Wednesday May 31, 2006.

II. Roll Call of Directors Present (14):

Paul Ziman	Marvin Staggers	Jerome Todaro
Joe Yencha (nv)	Elmer Keyser	Frank Kapr
Ron Forkey	Jim Neal	Guy Hutchunson
Dale Hassinger	Carl Baumeister	John McCabe
Dr. Heather Walker	Robert Pollock	Bill Panisiti

Directors absent : Dr. William Jenkins (nv)

Guests: William Groft, James Lenhart, Cliff Callaway, MD, PhD (UPMC)

Dr. Calloway, UPMC, discussed the Roc study. (Resuscitation Outcome Consortium) we will part (one of 10 locations) of a National study through UPMC. Trauma is the first part of the study. Special solutions, NaCl plus other medicines, will be in the first line against trauma, or other serious injuries. FDA and the Military are interested in the final results. The field results will determine the future way of fluid infusion. Dr Callaway discussed the benefits and risks from the new fluid. Dr. Callaway will take the details to the public so that they are aware that this treatment may be in their area. Cardiac arrest is the second part of the study. CPR, Shock, and body cooling in the hospital remain the three most important treatments for reversing SCA. Improved chest compressions and better control of the airway need to be done. A new valve on the BVM will improve the air quality exchange. This part of the study will be random distribution to determine the value of the new valve. The trauma study will commence once FDA approves (expected July 2006), the Cardiac portion will start after training and the new equipment is in place. Has been approved by the Excella and UPMC Review Boards. Every Hospital that takes place in the study will review the program.

Respectively Submitted,

Paul Ziman
Board Secretary.

Internet Documentation that Mutual Aid Board of Directors members are Representatives of their Community

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Election 2001

Westmoreland County results

Wednesday, November 07, 2001

Unofficial vote results:

COUNTY WIDE

Common Pleas Court Judge

Retain Daniel J. Ackerman?

☑ Yes 27,389

No 7,186

Retain Richard E. McCormick, Jr.?

☑ Yes 27,779

No 7,667

Retain Debra Pezze?

☑ Yes 26,856

No 9,178

District Attorney

(1 to be elected) [99%]

☑ John W. Peck (D) 45,325

Coroner

(1 to be elected) [99%]

☑ Kenneth A. Bacha (D) 38,596

Tax Collector

(1 to be elected; 4-year term) [100%]

☑ Amy Kalp Mathews (R) 221

Dennis M. Buchholz (D) 107

EAST HUNTINGDON

Supervisor

(1 to be elected; 6-year term) [100%]

☑ Howard J. Keefer (D-R) 1,307

Auditor

(1 to be elected; 6-year term) [100%]

☑ Marvin Staggers (D) 865 * mutual aid board of directors

Tax Collector

(1 to be elected; 4-year term) [100%]

☑ Diane Figg (D) 1,132

Nancy Zelmore (R) 435

EAST VANDERGRIFT

Mayor

(1 to be elected; 4-year term) [100%]

☑ Christopher J. Zelonka (D) 135

Member Of Council

(4 to be elected; 4-year term) [100%]

☑ Dion Urban (D) 134

☑ Lucille Yakulis (D) 117

JUDGE OF ELECTION 4 Yr. Term Vote for One
City of Greensburg22

DISTRICT/PRECINCT	ELIG. VOTERS	TURN OUT %	PTY	CANDIDATE	PRECT VOTES	PRECT %	DIST. VOTES	DIST. %	OFFICE VOTES	OFFIC %
City of Greensburg 2nd Ward, 2nd Pct.	668	16.92	Dem	Ronald S. Forkey	80	100.00	80	100.00	80	100.0

MA
Board of
Directors

Westmoreland County EMS Providers

EMS PROVIDER	ADDRESS	CONTACT
Adamsburg Rescue 14	PO Box 175 Adamsburg, Pa 15611	Russ Johnson
* Alcoa Technical Center	7th St Road New Kensington, Pa 15068	Paul Ziman

CITY COUNCIL MEETING
Minutes
January 12, 2004
7:00 p.m.

Mayor Eisaman called the meeting to order at 7:00 p.m. City Administrator, Thomas Sphon, took roll call with the following members present: Councilman Tridico, Councilman Peterinelli and Mayor Eisaman. Councilwoman Burkley and Councilman Mertz were absent. City Treasurer, Robert DePasquale; Fiscal Director, Mary Perez and City Solicitor, Timothy McCormick were also present.

*****PLEDGE OF ALLEGIANCE***** Councilman Peterinelli

*****OATH OF OFFICE FOR THE CITY TREASURER*****

City Treasurer Robert J. DePasquale: Councilman Peterinelli read the Certificate of Election and held the Bible, and Mayor Eisaman administered the Oath of Office.

*****REAPPOINTMENT OF FISCAL DIRECTOR*****Mayor Eisaman **MOVED** to reappoint **Mary Perez as Fiscal Director. SECONDED:** Councilman Peterinelli. City Administrator, Thomas Sphon, took a roll call vote. **Unanimously all voted in favor of the reappointment.**

*****OATH OF OFFICE FOR THE FISCAL DIRECTOR*****Her son, Josh held the Bible, and Mayor Eisaman administered the Oath of Office to Mary Perez.

*****APPROVAL OF LAST MONTH'S COUNCIL MINUTES*****Councilman Tridico **MOVED,** and Councilman Peterinelli **SECONDED** the motion to approve the minutes of last month's meeting(s). There was no further discussion. **Unanimously all voted in favor.**

*****APPROVAL OF MONTHLY BILL LIST*****Councilman Peterinelli **MOVED** to approve the bill list and pay the bills as the money becomes available. Councilman Tridico **SECONDED** the motion. No discussion. **Unanimously all voted in favor.**

*****REPORTS OF COUNCIL*****

Councilwoman Burkley, reported by Councilman Tridico, "The Recreation Department will be taking reservations for pavilion rentals at Mt. Odin Park and Lynch Field on Tuesday, February 3, 2004 at our office located at Nevin Arena, 724-834-4880. Prices remain the same as last year. Payment must be made in full to confirm the reservation. The doors to the lobby will open at 6:30 a.m., and the office will open at 8:00 a.m. Reservations are taken on a 'first-come, first-served' basis. That concludes the Recreation report."

Councilman Tridico, "The storage building is presently filled with salt as we stand ready for the next snow event. To date we have received delivery of a total of 1,158 tons of rock salt. When it isn't snowing, crews are kept busy patching potholes. Since early December through today, the Street Department has patched 137 locations where holes have been reported. We will continue to pick up discarded Christmas trees that have been placed at the curb. A contractor will be in within the next week or so to install guardrails at the approaches where the old footbridge was at Coulter Street. This involves placing a section of guardrail on either side of Jack's Run behind the Main Bowling Alley and near the Street Department building. The City mechanics are nearly finished making repairs and servicing the three leaf collection trailers. Once completed all the trailers will be placed in storage ready for next fall. That concludes my report."

Councilman Mertz, reported by Councilman Tridico, "On tonight's agenda under Council Approval is the Agreement between the City and the Local Government Academy. This is for a grant the Local Government Academy is giving to the Hempfield/Greensburg Multi-Municipal Planning effort in the amount of $12,500. The total cost of this project is estimated to be $75,000. The City's share will be around $12,000. We won't have the final amounts until a consultant is hired to complete the plan. In February there will be another public meeting to go over the 'vision statement' that the Steering Committee is working on. After this, a 'Request for Proposal', (RFP) will be prepared in order to interview and hire a planning consultant. That concludes that report."

Solicitor McCormick, "I'll deal with that next."
No further discussion. **All voted unanimously to rescind Ordinance No. 1868.**

b. **Mutual Easement Agreement between Jack and Sandra Moldovan, Owners of Main Bowling Center and the Proposed New Owners of the PIC Building, Family Video Movie Club, Inc.** Solicitor McCormick, "I have a letter from the attorneys for the Moldovans and through their manager consenting to the offer of the mutual easement agreement. Our acceptance of the agreement is actually a condition of the acceptance of the site plan ultimately, which has already been approved by Council. But this is also contingent upon Family Video Movie Club, Inc. and the Moldovans providing the necessary easement documents, which would then be recorded at the Courthouse. This is the proper way to do this. So, we would need a motion for Council approval to enter into and accept the easement agreement."
Councilman Tridico **MOVED** to accept the easement agreement, and Councilman Peterinelli **SECONDED** the motion.
No discussion. **Mayor Eisaman abstained, and all others voted unanimously to approve.**
Solicitor McCormick, "For the record, Mayor, I want to make it clear that was my one mistake for the year 2003. I still have a mistake for 2004."
Councilman Tridico, "And I'll keep track."
Solicitor McCormick, "Okay."
Mayor Eisaman, "Once again the primary reason for this is so that PennDot will provide the road cut to Family Video, so they can pursue bringing their business into the City of Greensburg on South Main Street."

c. **Renewal of Agreement between Kane Enterprises and the City of Greensburg.** Mr. Sphon, "Approval renews the service contract with Greensburg Auto Spa for unlimited washing of police cars and two complete detailings of each police car for a total cost of $3,700, which is the same price as 2003."
Councilman Peterinelli **MOVED** to approve the renewal, and Councilman Tridico **SECONDED.** No discussion. **Mayor Eisaman abstained, and all others voted unanimously to approve.**

Solicitor McCormick, "Mayor, a question has come up because of the absence of two members of Council, as to whether or not a vote of two members of Council would sustain the motion and put the action into effect. And I refer to Section 404, which does indicate that a majority of the members of Council shall constitute a quorum, which we have three members present today. And an affirmative action of those three members, which would be a vote of 2 to 1 or just 2 due to your abstention would suffice to affirm the official action of Council."
Mayor Eisaman, "Thank you."

Mutual Aid Board of directors

d. **Reappointment to the Sewage Authority Board.** Mr. Sphon, "Guy Hutchinson of 315 Alexander Avenue, Greensburg, is recommended for reappointment to the 5-year term with a monthly salary set at $200 until December 31, 2008."
Councilman Tridico **MOVED** to approve the reappointment of Mr. Hutchinson, and Councilman Peterinelli **SECONDED.** No further discussion. **Mayor Eisaman abstained, and all others voted unanimously to approve the reappointment.**

e. **Reappointment to Zoning Board.** Mr.Sphon, "Marilyn Crimboli of 63 Barry Court, Greensburg, is recommended for reappointment to the 3-year term until December 31, 2006."
Councilman Peterinelli **MOVED** to approve the reappointment, and Councilman Tridico **SECONDED** the motion. No discussion. **All voted unanimously to approve.**

f. **Reappointment to Zoning Board.** Mr. Sphon, "Anita Simpson, 2 Foxglove Drive, Greensburg, is recommended for reappointment to the 3-year term until December 31, 2006."
Councilman Tridico **MOVED** to approve the reappointment of Anita Simpson, and Councilman Peterinelli **SECONDED.** No discussion. **All voted unanimously to approve.**

g. **Hiring of Temporary Parking Lot Attendant.** Mr. Sphon, "This would be Robert Frye of Mace Street, Greensburg. He is recommended for hire in the position of Parking Lot Attendant at the rate of $7.44 per hour for the year 2003 and $8 per hour

Westmoreland County Department of Public Safety

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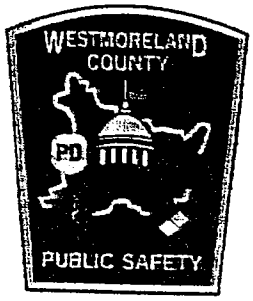

Westmoreland County

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- HazMat
- Emergency Management
- Homeland Security
- West Nile Virus
- County Park Police
- Emergency Response Services
- Links
- Avian (Bird) Flu Resources
- DPS Newsletter
- Region 13 Newsletter

Air Medical Services

Conemaugh MEDSTAR

STAT MedEvac

Westmoreland County EMS Providers

EMS PROVIDER	ADDRESS	CONTACT
Adamsburg Rescue 14	PO Box 175 Adamsburg, Pa 15611	Russ Johnson
Alcoa Technical Center	7th St Road New Kensington, Pa 15068	Paul Zlman
Arnold EMS	600 Drey St Arnold, Pa 15068	Dave Stoklosa
Avonmore Lifesavers	Box 246 Avonmore, Pa 15618	Yvonne Brady
Irwin Ambulance	PO Box 139 Irwin, Pa 15640	George Thomas
Jeannette EMS	225 South 6th St Jeannette, Pa 15644	Mike Cafasso
Kecksburg Rescue Squad	Box 53 Mammoth, Pa 15664	Ron Streubel
Laurel Valley Ambulance	Box 398 New Florence, Pa 15944	Rex Friedline
Ligonier Ambulance	121 West 2nd Ave Latrobe, Pa 15650	Keith Stoffer
Lower Burrell VFC #1 EMS	PO Box 53 New Kensington, Pa 15068	Rick Hiedelmeye
Lower Burrell VFC #3 EMS	3255 Leechburg Rd Lower Burrell, Pa 15068	Mark Marmo
Mon-Valley EMS	1001 Donner Ave	Bill Hess

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Mutual aid board of directors

	Monessen, Pa 15062	
Mt Pleasant Medic 10	100 East Main St Mt Pleasant, Pa 15666	Ken Stewart
Murrysville Medic 1	PO Box 27 Murrysville, Pa 15668	Donna Wiser
Mutual Aid Ambulance	PO Box 350 Greensburg, Pa 15601	Joe Yencha
New Kensington Ambulance	PO Box 126 New Kensington, Pa 15068	Donna Goodwin
North Huntingdon Rescue 8	PO Box 453 North Huntingdon, Pa 15642	Tom Arendas
Norvelt EMS	PO Box 195 Norvelt, Pa 15674	John Foriska
Oklahoma VFD EMS	PO Box 142 Apollo, Pa 15613	Keith Fetterman
Penn Twp Rescue 6	1030 Sandy Hill Rd Irwin, Pa 15642	Ed Grant
Rostraver EMS	PO Box 603 Belle Vernon, Pa 15012	Mike Stangroom
Sewickley Twp EMS	2 Oak St Herminie, Pa 15637	Walt Lapinski
Trafford EMS	PO Box 132 Trafford, Pa 15085	Mark Kridlo
Vandergrift Ambulance	229 Emerson St Vandergrift, Pa 15690	Jim Caporali

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Pennsylvania Association
of
County Agricultural Agents

PACAA Leadership

Officers

Regional Directors

PACAA Regions (Map)

Page maintained by:
Robert Goodling
PACAA Electronic Communications Coordinator

Last Update: January 5, 2006

Officers

President	Gary Sheppard Donohoe Center R R 12, Box 202E, Donohoe Rd Greensburg, PA 15601-0250 Phone: 724 837 1402 Fax: 724 837-7613 gls4@psu.edu
President Elect	Donald Fretts 34 West Peter Street Federal Building Uniontown, PA15401-3336 Phone: 724-438-0111

jtyson@psu.edu

Regional Directors

Capital Region Directors: Tim Elkner, Lancaster County, '06 Gregory Martin, Lancaster County, '07	Adams Cumberland Dauphin Franklin Lancaster Lebanon York
Central Region Directors: Stan McKee, Huntingdon County,'06 Karen Vines, U Park, '07	Bedford Blair Cambria Cameron Centre Clearfield Clinton Elk Fulton Huntingdon Jefferson Juniata McKean Mifflin Perry Potter Somerset
Northeast Region Directors: John Esslinger, Lackawanna County, '06	Bradford Carbon Columbia Lackawanna Luzerne Lycoming Monroe Montour Northumberland Pike Snyder Sullivan Susquehanna Tioga Union Wayne Wyoming
Southeast Region Directors: Dwane Miller, Schuylkill County, '06 Andrew Frankenfield, Montgomery County, '07	Berks Bucks Chester Delaware Lehigh Montgomery Northampton Philadelphia Schuylkill
West Region Directors: Bill Chess, Lawrence County, '07 Robert Pollock,Indiana Co., '07	Allegheny Armstrong Beaver Butler Clarion Crawford Erie Fayette Greene Indiana Lawrence Mercer Venango Warren Washington Westmoreland

Mutual Aid Board of Directors

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Daily Courier

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The Frank Kapr Funeral Home Inc. - mutual and board of directors.

Wednesday, March 24, 2004

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The Frank Kapr Funeral Home, Inc., of 417 W. Pittsburgh St., Scottdale, is proud to celebrate its 50th anniversary this year in the funeral service, serving Scottdale, Everson, Mount Pleasant and the many surrounding communities in the Fay-West area.

The funeral home was founded by the late Frank and Stella Czaja Kapr in 1954, at its present location. In the beginning the funeral home was a modest six-room, wood-framed dwelling. In the year 1979, on the 25th anniversary of the funeral home, Frank Kapr Sr. had his dream become a reality when he expanded the facility by a 5,700-square-foot addition.

Since the beginning in 1954, a member of the Kapr family has resided in the living quarters above the funeral home ensuring the community with 24-hour personal service. Frank Jr. and his wife, Rhenee, have made this their home since the death of Frank's mother, Stella Kapr, who died April 26, 1996.

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The funeral home on May 1, 1997, became the only local funeral home invited to become a member of the Selected Independent Funeral Homes, one of the nation's prestigious organizations in the funeral industry and were honored to accept this invitation.

In October 2002 the funeral home was awarded the National Funeral Directors Association's Eagle Award, one of the highest awards presented to funeral homes honoring its excellence and unshakable ethical standards in funeral care. The Kapr Funeral Home was one of 17 funerals homes in the state of Pennsylvania and the only funeral home in this area to ever receive this award. Again in October 2003, the funeral home was once again, awarded the Eagle, being one of 350 in the entire nation to receive this honor.

Since the death of Frank Kapr Sr. in 1980, the funeral home has been operated by his son, Frank Kapr, licensed funeral director and supervisor and his daughter, Nancy Kapr Krowicki, licensed associate. Frank has also accepted the responsibility serving as preceptor to Kimberly Williams Cramer, who is presently serving her internship at the funeral home where she has been employed for the past nine years.

The Frank Kapr Funeral Home prides itself in being the local communities Prearrangement and Cremation Center, who strives itself to be the Creator of Meaningful Memories for your loved ones at a time of need.

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Physician's Snapshot

Dr. Heather Walker
532 West Pittsburgh Street,
Greensburg, Pennsylvania (PA)

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Specialties
Emergency Medicine, Internal Medicine

Gender
Female

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Minutes:

Pittsburgh Commission on Human Relations

Center for Minority Health
(Community Research Advisory Board)

PITTSBURGH COMMISSION ON HUMAN RELATIONS
Minutes of Meeting
June 5, 2006

Attendance: B. J. Samson, *Chair*

Rev. Tim Smith
Elizabeth Pittinger
Sr. Eleanor Loftus
Lynette Drawn-Williamson
Leah Williams-Duncan
David Engel
Curtis Smith
Elbert Gray, Sr.

Called/Unable to attend: Christine Williams, Adelaide Smith, Anne McCafferty, Stephan Broadus

Absent: Dr. Susan Hunt, Robert McClenahan

Staff: Charles F. Morrison, *Director*
Kevin Trower, *Solicitor*
Connie Miskis Zatek

Guest: David Goldberg, Controller's Office
Dr. Cliff Calloway, Jean Barone,
and other representatives of the University of Pittsburgh, IRB

I. CALL TO ORDER

The Chair, Commissioner B. J. Samson called the meeting to order at 3:50 p.m.

II. ADOPTION OF MINUTES

The Minutes of the May 1, 2006 Commission meeting were adopted as circulated upon motion by Commissioner Pittinger and second by Commissioner Curtis Smith.

III. IRB PRESENTATION: Dr. Cliff Calloway, Principal Investigator

Jean Barone, Assistant Director for Regulatory Affairs for the University of Pittsburgh Institutional Review Board, briefly outlined the mission of the IRB – to conduct research studies to assure that human subjects are protected. She explained that the IRB is asking the Commission to listen to the study proposed and provide comments and feedback, which will then be relayed to the IRB for further consideration. The Commission is serving as a community forum, which is required in these types of studies; the IRB has the final decision in all matters. She introduced Dr. Clifton Callaway, principal investigator, to present detailed information regarding the proposed research study.

Dr. Callaway explained that his research team represents a consortium to study resuscitation outcomes in severe trauma and cardiac arrest. He said that severe trauma is a major cause of death for persons between the ages of 1 to 44 and cardiovascular disease is the leading cause of death in America. In incidents of both severe trauma and cardiac arrest, the initial care usually takes place in an ambulance or on site by the first responder. Pittsburgh has been selected as a research study site based on its prior experience in a similar study. Other sites include Seattle, Milwaukee, Iowa, the University of Alabama, Toronto and a few other cities.

Dr. Callaway went on to say that in cases of severe trauma a patient's death is often due to bleeding. Those who survive the initial trauma often die in a day or so due to brain injury, followed in the next few days by organ shut down as a result of shock. The research study proposed will treat trauma victims with better ways to end shock. This will occur by starting an IV with saline fluids before transporting the victim to the hospital. The research will look at whether concentrated salt solutions (8x concentrate called hypertonic fluids) are better in increasing blood pressure more quickly to end shock, or whether conventional solutions are better. All other care of the patient will remain the same. The patient will be followed for one month and, for those with brain injury, again at six months to determine the short- and long-range outcomes.

Dr. Callaway explained the study is "blind" – no one will know whether a conventional saline solution or the hypertonic solutions are being used. In a critical emergency, however, (such as if the victim exhibits a severe allergic reaction, etc.) the paramedic is able to call in the stock number on the bag of saline and will immediately be informed if it carries more salt than usual.

In response to Commissioners' questions about blood pressure and anticoagulant medications, Dr. Callaway explained that hypertonic fluids are high concentrations of salt which help in expanding blood volume and reduce swelling which is particularly beneficial in brain injuries. Neurosurgeons use these fluids in ICU. Dextran, such a fluid, is already in use in Europe.

There will only be one bag of fluids on an ambulance and paramedics will be instructed not to give the fluid unless the victim's blood pressure is below 70 or between 70 and 90 and the heart rate is fast. A history of high blood pressure does not preclude use of the fluids and will not expose a person to unnecessary risk.

Any risk is theoretical, based on previous small trials (200-300 patients) where there was no statistical difference. In the current study, it is anticipated that 1600 trauma patients will receive the hypertonic fluids.

Dr. Callaway again acknowledged that sodium may raise the blood pressure high enough to cause seizure and that Dexetran molecules could cause an allergic reaction (hives or itching) in some patients.

Commissioner Engel asked when a patient would be informed of his or her participation in the study. Dr. Callaway replied that this is difficult to say, in that the nature of the trauma is likely to include that the patient is in an unconscious state. However, if next of kin is not available to provide informed consent, the patient himself will be told as soon as he or she is awake. This is a requirement of the study. Persons who objected to being in the study would be removed from it. Dr. Callaway stated that in a previous study only 3 of 325 cases requested to be removed from the study; none asked for the removal of the data collected on them up to that point.

Dr. Callaway speculated that this study group would be younger and more transient. All patients will be taken to the trauma center for care and follow-up. It is expected that 90% of the patients will live as a result of receiving the hypertonic fluids.

Commissioner Samson asked if religion might play a role in the study. Dr. Callaway said no, noting that the saline fluids are not objectionable to a particular religion.

In response to a question by Commissioner Pittinger, Dr. Callaway explained that the study is "blind," meaning that the bags of saline are numbered and the key as to whether the bag contains regular saline or hypertonic fluids is in Seattle, Washington. The contents of the bag will be divulged only for legitimate medical reason. Commissioners also asked about possible error. Every bag has a number of stickers attached that will be used as identifiers on charts, ID bracelets, etc. Each paramedic unit will have only one study bag in the vehicle. Every patient will be tracked from paramedic/first responder care throughout the duration of the study.

The attending paramedic/first responder decides who will be involved in the study dependent upon the severity of the trauma and whether use of fluids is needed or not. The saline bag is marked "for Trauma Patients." It is estimated that the study be conducted over 23 months and will involve 5,000 patients across the country and parts of Canada.

The second study will involve victims of cardiac arrest and has two features intertwined. Dr. Callaway reported that the majority of incidents of cardiac arrest occur outside of a hospital with only 5-6% survival rate. Key factors for survival of a cardiac arrest is better CPR and quickly using a defibrillator. This study addresses those issues.

During a cardiac arrest, after five or six minutes, the heart is depleted of oxygen and energy and may benefit from CPR before shock is applied. In previous trials, paramedics were instructed to give CPR for one to one and a half minutes. Another in Australia saw no difference. In Norway, they determined that CPR was better for patients who had to travel further to get to a medical center for more care.

Dr. Callaway explained that as the first part of the study, protocols will be randomly picked: apply shock as soon as possible or do CPR for three minutes and then apply shock. The main outcome is to return home neurologically okay. In previous trials, too many components were changed, other smaller studies tracked pulse rates but did not look if patients went home or not. This study will have more variables but also more people so that all variables can be accounted for.

The second part of the study involves a device. Dr. Callaway briefly explained the mechanics of CPR, stating that when the chest is compressed air flows out and back in again. The valve used in this study will not impede the airway when the paramedic is giving breaths, but will restrict the flow of air back into the lungs when doing chest compressions. Use of the valve over the airway is totally outside of the body. In previous trials conducted in Europe, use of the valve seemed to increase blood flow, but the question remained if it allows the patient to return home in good neurological shape.

A key factor in this study will be that the paramedics must learn a new protocol – to insert the valve. There will be two valves used: one with a spring that will increase restrict air flow out of the lungs and one without a spring. Each ambulance unit will only have one to use. The patient will be followed at three months and again at six months after the initial cardiac incident. At six months, neurological testing will be conducted to see if they have a good quality of life.

Commissioner Drawn-Williamson asked how learning an additional protocol and training might play out with unions. Dr. Callaway responded that this study will involve both urban and suburban rescue personnel, but only the City firefighters and EMS are represented by unions. In order to participate in the study, both the unions and the departments must be willing to accept the study criterion. He indicated that he has been meeting with union administrative personnel from the very beginning to explain the study and elicit their support. If a particular paramedic chooses not to participate in the study it will be construed as protocol violation and will be investigated by the department. However, participation in the study is not subject to discipline.

Dr. Callaway stated that it is very important that it be determined that the device actually works or not. The FDA has approved the device and Pennsylvania has approved its use by paramedics but it has never been tested in the field. He said that until it is tested it is not known whether the device is better or not and sometimes the end results can be surprising.

Commissioners asked to be kept informed of the progress of the study if possible. A requirement of the study is that a report of the results must be made back to the community. Dr. Callaway estimated that such a report would not be ready until late 2008, however, he asked the Commission to contact him at any time for an update.

IV. STAFF & COMMITTEE REPORTS

A. Compliance Update

Director Morrison reported that as of May Compliance meeting, 59 cases have been forwarded to EEOC for contract credit. This does NOT include cases which were closed earlier today. The contract, which runs from October 1, 2005 through September 30, 2006, has four months remaining to process a total of 128 dual-filed cases. Director Morrison estimated that approximately 15 cases would need to be closed in each of the remaining four months in order to be on track to fulfill the contract and admitted that "it will be close."

B. Quarterly Intake Report

A full written report was mailed to Commissioners. Director Morrison pointed out that the number of cases being filed is increasing.

C. Director's Report

Director Morrison highlighted information from the written report which was mailed to all Commissioners prior to today's meeting.

1. EEOC Training Conference
   EEOC continues its repositioning process. All state and local agencies are seeing fewer cases being filed. A declining economy may be a contributing factor.

EEOC has not hired any new staff recently and are actually reducing staff through attrition. Their budget has been flat for years and they are now looking at cuts of 12-14% for 2007. All domestic programs are facing cuts due to funding needed for the war in Iraq, Hurricane Katrina and other factors. It is anticipated that EEOC funding of state and local programs will be affected in some way.

CHR staff attended four days of investigations training with EEOC in mid-May.

2. HUD

Director Morrison and Commissioner Samson will attend the National Fair Housing Policy Conference June 26 through June 30, 2006. This year, the conference will take place in Anaheim, California.

Commissioner Pittinger alerted Commissioners the Supreme Court recently issued a ruling which scaled back protections for government workers who blow the whistle on official misconduct. In the case of Garcetti v. Cellabos, the court held that when public employees make statements pursuant to their official duties, they are not speaking as citizens for First Amendment purposes.

V. NEW BUSINESS

A. Election of Officers

In the absence of committee chair, Robert McClenahan, the Reverend Timothy Smith reported that the following Commissioners have been duly nominated to serve as the Executive Committee for 2006/2007 and were elected by private ballot in accordance with the Commission's By-Laws:

Chair	B. J. Samson
1st Vice chair	Stephan A. Broadus
2nd Vice chair	Adelaide Smith
Secretary	Dr. Susan Hunt
Treasurer	Reverend Timothy Smith, Sr.

Commissioners Pittinger and Loftus collected and counted the ballots. Nine Commissioners were present and took part in the election: B. J. Samson received nine votes and all other Commissioners on the ballot received eight votes.

VI. ANNOUNCEMENTS / OPEN FLOOR

The Civilian Police Review Board will hold a public hearing at 6 p.m. June 27 at Kingsley House into the issue of police chases through neighborhoods.

Commissioner Pittinger stated that there is a lot of discretion in the City's policy; and it does not rest on whether the chase involves a felony, drug prosecution, etc. Officers in unmarked vehicles are encouraged to wait for marked police vehicles. Many cities prohibit such pursuits (unless it involves a felony offense) due to innocents who have been killed as a result. This is a high risk activity for an officer to engage in a pursuit. Commissioner Pittinger stated that this is of concern to the public and the policy must be reviewed and involve citizen input.

Another factor reported by Commissioner Pittinger was the "rock and ride." She stated that often young men who are been asked to pull over by officers in an unmarked vehicle don't know if it actually is the police or members of another gang. She felt the policy must be balanced on both sides.

Commissioner Samson reminded Commissioners that due to the recent news coverage regarding the Council representative of the Homewood area, that community must be its own advocate. The elderly and youth have no one speaking for them and are vulnerable.

With all business of the Commission addressed, Commissioner Curtis Smith moved that the meeting be adjourned. The motion was seconded by Commissioner Engel and properly carried. The meeting was concluded at 5:11 p.m.

/cmz

Center for Minority Health (CMH)
Community Research Advisory Board (CRAB)
[redacted]
Investigator Feedback

Instructions: Please feel free to ask the Investigator (s) any questions you have during the presentation and complete this form to the best of your ability. Add any comments you have on the last page, under #10. Give your completed form to any CMH staff member. A summary of the comments will be sent to the Investigator and to all CRAB members. All Investigators will be invited to return and give us an update on how they use this information. **Thank you for taking the time to give this valuable feedback.**

Date: June 28, 2006

Area of Research: Resuscitation Outcomes Consortium Studies

Last Name of Investigator: Callaway & Kelly

1. Was the information about the study clear to you?

4 yes

0 no

2 somewhat

Comments:

- Clear in presentation but the e...

2. Based on today's presentation, do you understand what the problem is that the Investigator wants to research?

5 yes

0 no

1 somewhat

Comments:

- And what a challenge it is!

3. Do you agree that this is a problem in our African American communities?

6 yes

0 no

3 somewhat

0 no answer

Comments:

- Increasing care is needed in all communities.
- From a research standpoint.
- All communities.

4. Does this Investigator (and the research) demonstrate respect for and value of the communities and the individuals he/she is interested in?

_2_ yes

_0_ no

_3_ somewhat

_1_ no answer

Comments:

- Yes respect. But perhaps not an understanding of the fear of some members in the community of the term "experimental study." The individuals who will attempt to get consent from relatives at a tense time may have problems getting consent or enrolling people into the study.

5. Do you believe and trust what the Investigator said?

_2_ yes

_1_ no

_2_ somewhat

_1_ no answer

- But I am not sure you can sell this to the population most likely to benefit!

6. Are there particular things you like about this research?

_4_ yes

_0_ no

_2_ somewhat

Comments:

- The need for it?
- Study is needed on this area in order to improve emergency response.
- Even 30 seconds taken from "emergency care" at the trauma site to get consent forms signed would be criminal. As presented, it was not clear that the "side effects" of increasing sodium and increasing glucose in the PSS as a treatment have been researched and taken into consideration.
- Describes an attempt to evaluate care in a critical care situation – an area that is very under-studied.

7. Are there particular things you do not like about this research?

__5__ yes

__0__ no

__1__ somewhat

Comments:

- Handling of the informed consent. Consideration of special populations, i.e. diabetics. Randomization impact.
- Totally inadequate plan to educate the community about the value of the study.

8. **How can the Investigators share what they learn from this study with our communities?**
   - Must partner with community to do this?
   - Community forums. Presentation to the CRAB.
   - Partnership with Allison.
   - Hold more intimate meetings with populations of interests – small group presentations to community coaches, cardiovascular disease patients, trainers for motorcycle safety and all terrain training.
   - Fliers in libraries, 7-11's, groceries, churches and town meetings in these sites as well.

9. **What should the Investigator do differently than he/she had planned?**
   - Must rethink how you are trying to sell this to the "people."
   - Add more community presentations.
   - In doing community-based presentation couple presentations with emergency preparedness outreach presentations.
   - Do not implement this study until better community education is completed.

10. **Please add any comments, suggestions or questions that you have for the Investigator:**
    - Engage the Black Paramedics more visibly to get the information out regarding your interests.
    - I would have liked more information on exclusion criteria for the study, if any.
    - Use Afro-American Paramedics.
    - I understand the value of this research; I see the positive and negative risks/potential.

Kelly, Lori (Emerg Med)

From: Allison Robinson [arobinson@ulpgh.org]
Sent: Tuesday, July 11, 2006 7:24 AM
To: 'Angela F. Ford'; Kelly, Lori (Emerg Med)
Cc: belee@mhaac.net; allister@pitt.edu; centerhhs@aol.com; Hughes, Ebony; jackie.dixon@gianteagle.com; South-Paul, Jeannette; jwynn@pitt.edu; jpotter@bc.pitt.edu; smurray@pitt.edu; wdo100+@pitt.edu; ydcar@aol.com; ydurham@ywcapgh.org; mforbes@wpahs.org; higgmx@chp.edu; LMatheo@mercy.pmhs.org; mayle@duq.edu; RPeters@pts.edu; RPortis@comcast.net; Gregg, Brenda (CHP); tamanikah@yahoo.com; CCaldwell@fhcinc.org; esavido@power-recovery.com; Savidosmith@sprynet.com; jaa3418@hotmail.com; Baltimoretl@aol.com; kmuckler@kingsleyassociation.org; Allison Robinson; jthomas@burrellfoster.com; RevWelch@bidwellchurch.org; Stephen B. Thomas; Bill Smith; Barbara Hale; Karen Reddick; Mario Browne; Tatiana Maxenkova; Veronica Sansing; Lora Ann Bray; Ray Howard; Rachael Berget; Sekai Turner; Victoria Garner; Maya Gist; Tamara Dubowitz; Beth Marchal; Angela Hicks; Antonio Williams; Mary Garza; Craig Fryer; Tiffany Kinney; Staci Green; Verna Vaughn; Felicia Savage; Debbie Vann; Rosalie Jones; Chris Howard; Angela Howze; Eugenia Mosby; Ashley Danicic; Natalie Solomon; Kismet Loftin-Bell; Tracey Reed; Edwin Everett; Amber R. Williams; Renee Quigley; Siyan K. Beverly; Feng Chen; Sean Montgomery; Peter Straub; Megan Sunseri; Amber R. Williams; Mindi Spencer; Lynette Staplefoot
Subject: RE: CRAB Feedback-June 28 2006.doc

Good morning, All:

In reviewing the comments, I saw the statement "Partnership with Allison".

I am not sure that the researchers would understand this statement, without being aware of the diverse backgrounds and opportunities of all of the board members.

Thanks.

Allison

-----Original Message-----
From: Angela F. Ford [mailto:afford@cmh.pitt.edu]
Sent: Monday, July 10, 2006 11:30 PM
To: Kelly, Lori (Emerg Med)
Cc: belee@mhaac.net; allister@pitt.edu; centerhhs@aol.com; ehughes@mail.magee.edu; jackie.dixon@gianteagle.com; southpaulj@upmc.edu; jwynn@pitt.edu; jpotter@bc.pitt.edu; smurray@pitt.edu; wdo100+@pitt.edu; ydcar@aol.com; ydurham@ywcapgh.org; mforbes@wpahs.org; higgmx@chp.edu; LMatheo@mercy.pmhs.org; mayle@duq.edu; RPeters@pts.edu; RPortis@comcast.net; brenda.gregg@chp.edu; tamanikah@yahoo.com; CCaldwell@fhcinc.org; esavido@power-recovery.com; Savidosmith@sprynet.com; jaa3418@hotmail.com; Baltimoretl@aol.com; kmuckler@kingsleyassociation.org; arobinson@ulpgh.org; jthomas@burrellfoster.com; RevWelch@bidwellchurch.org; Stephen B. Thomas; Angela F. Ford; Bill Smith; Barbara Hale; Karen Reddick; Mario Browne; Tatiana Maxenkova; Veronica Sansing; Lora Ann Bray; Ray Howard; Rachael Berget; Sekai Turner; Victoria Garner; Maya Gist; Tamara Dubowitz; Beth Marchal; Angela Hicks; Antonio Williams; Mary Garza; Craig Fryer; Tiffany Kinney; Staci Green; Verna Vaughn; Felicia Savage; Debbie Vann; Rosalie Jones; Chris Howard; Angela Howze; Eugenia Mosby; Ashley Danicic; Natalie Solomon; Kismet Loftin-Bell; Tracey Reed; Edwin Everett; Amber R. Williams; Renee Quigley; Siyan K. Beverly; Feng Chen; Sean Montgomery; Peter Straub; Megan Sunseri; Amber R. Williams; Mindi Spencer; Lynette Staplefoot
Subject: Fwd: CRAB Feedback-June 28 2006.doc
Importance: High

Hi Lori - see attached summary of feedback. I think you and your team are trying to do some good work and what a challenge you have! If we can help get the word out, let me know.

Angela

Public Forums

PUBLIC NOTIFICATIONS

Public Forum Dates and Locations

June 26, 2006 10:00 – 11:00 am Westmoreland County Community College

Advertised:

Public Directory: Greater Latrobe Calendar
GreaterLatrobe.net – Community Events and Activities
AirSet.com – web calendar

June 29, 2006 6:00 – 7:00 pm Washington Hospital Community Room

Advertised:

Public Directory: Greater Latrobe Calendar

June 30, 2006 Noon – 1:00 pm University of Pittsburgh
William Pitt Union, Assembly Room

Advertised:

Media Releases from Maureen McGaffin (UPMC News Bureau)
Observer-Reporter
Valley Independent
Jeannette Spirit
Pennsylvania Business Central
WASP-FM
Mount Pleasant Journal
WJPA-AM
Tribune-Review
Latrobe Bulletin
The Daily Courier
Valley Independent
Ligonier Echo

July 6, 2006 6:00 – 7:00 pm Highlands Hospital

July 7, 2006 12:00 – 1:00 pm Washington Hospital Community Room

Advertised:

Public Directory: Greater Latrobe Calendar

July 17, 2006 12:00 – 1:00 pm Northland Library, Town of McCandless

Issues/Questions addressed at community meetings

No issues/questions were raised at the Westmoreland Community College Meeting (June 26, 2006)

Notes from Washington Hospital (June 29, 2006)

1. Previous testing and downside (risks) – (Addressed in presentation)

2. How does the paramedic know patient is having a reaction and how do they know how to treat the reactions? (Paramedics are trained to recognize and treat allergic reactions to drugs/medications. All reactions will be treated according to standard of care (SOC).)

3. Does this increase the risk when compared to normal saline solution – can they have reaction to NSS and does the fluid increase risk? (Risks addressed in presentation. No known reaction to NSS but potential for reaction to dextran because it is a compound. Potine myelinolysis addressed.)

4. How do you get people to know about this study? How do you exclude patients on a paramedic basis? (Public forum meetings like this one, use papers, newspaper articles, bulletins, radio and newspaper interviews. Paramedics have strict inclusion criteria and when in doubt will not enroll the subject.)

5. Assent taking place before care? Paramedic taking time away from care? (Patient care will take precedence over assent. Assent will take place only when it is feasible (enough paramedics).

6. Will this drug be given in addition to any standard of care. (This drug will be given in addition to SOC. No normal care will be withheld.)

Notes from William Pitt Union (June 30, 2006) – IRB representative present

1. Is there anywhere more concentrated fluids are used currently? (There have been several small studies involving the use of HS.)

2. Are there any contra-indications for the solutions that you are using? (Addressed in presentation.)

3. If it begins to be determined that one is better during this trial – what will happen? (Interim analysis will be conducted throughout the study. If one is found better/worse then the study will be stopped and the public will be notified.)

4. Do you have any estimates how long it will be before this is analyzed? (Interim analysis will take place at predetermined time points and again at the end of the study.)

5. Have those valves been used in any other trials? (The ITD valve has been used in smaller studies but enrollment numbers were small. A much larger study is needed to determine benefit.)

Notes from Washington Hospital (July 7, 2006)

1. Statistics vary across sites/city. (Survival from sudden cardiac death vary across cities/states.)

2. CPR increases survival? (CPR has been shown to increase survival.)

3. Are AEDs important to decrease percent of death? (AED effects on survival are still being studied.)

4. Is there a minimum number of people for meetings? (Meetings like this are held to provide the opportunity for the public to provide feedback. The review board will determine if a good faith effort to notify the public was put forth.)

5. County commissioner was present and offered to assist if need to inform public more.

6. Will it pull fluid out of tissue of organs? (Osmotic pressure and intravascular shift of fluids from low concentration to higher concentration was explained.)

7. Is study double blinded? (The study is double blinded. Neither the paramedics nor the investigators will know which fluid was given.)

8. Is study stoppage based on numbers or when effect is seen? (The study is stopped when enrollment is complete. However, if interim analysis shows one fluid is better or worse then the study may be stopped.)

9. False read – family of close non survivors that do not want follow-up versus those with good outcome. (It was questioned whether those family who have experienced a poor outcome or recovery will be less likely to consent to follow – up than those with a good outcome. It was stressed that if a family member/patient formally withdraws their consent – they will not be followed.)

10. Will communities get feedback about the study? (Site will get feedback on the outcomes of the study. The data will then be provided to both paramedics and institutions that participated along with the public being informed of the results.)

No iss8ues or questions were brought up at the Highlands Hospital (July 7, 2006)

No iss8ues or questions were brought up at the Butler County (Northland Library July 17, 2006) presentations.

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Community Calendar

UPDATED: 2:27 pm EDT June 18, 2006

Email This Story | Print This Story

Do you have a community event? Send it to **webstaff@thepittsburghchannel.com** and type "community event" in the e-mail subject line.

Note: We receive a high number of calendar requests. ***Please submit your event at least one week in advance of the date***. Thank you.

Events are posted by date, in the order in which they are received. All submitted material is subject to editing.

Click on a link to jump to:

- June events
- July events
- August events
- September events
- October events
- November events
- Ongoing events

JUNE EVENTS

Pittsburgh Three Rivers Pride Fest Celebration - Thursday June 15, Friday June 16 and Saturday June 17. Pride Fest Weekend celebrates and unifies the gay, lesbian, bisexual and transgender (GLBT) communities of Western Pennsylvania, Eastern Ohio and Northern West Virginia and is overseen by the Gay and Lesbian Community Center of Pittsburgh.

Events are focused around the Pride Awareness March and the Pride Festival on Saturday June 17th. The March begins at Noon in downtown Pittsburgh at Ross Street and Fifth Avenue. Paraders will travel through most of the lower downtown area, cross the Allegheny River over the Roberto Clemente Bridge, circle PNC Park and end at the Riverfront Park.

The Pride Festival will continue the celebration for most of the afternoon along the Allegheny River in the Riverfront Park with local entertainers and craftsmen, community outreach organizations and regional food and beverage vendors. Goings-on will include a vaudevillian range of performers on The Main Stage and a children's activity center. New this year will be the Pegasus Party Stage where well-

Plans are under way for the annual **Ex-PAWS-ition** to be held on June 25, 2006, 12 noon – 5 p.m., at the Christian W. Klay Winery, Chalk Hill, Pa. The event, which encourages a day out with your pet, will offer a wide range of activities for pets and their humans. Monies raised at the annual Ex-PAWS-ition support the Fayette Friends of Animals, a volunteer, nonprofit organization that believes in the humane treatment and improved quality of life of animals. Plans for the upcoming event include a rabies clinic, 12 noon – 1 p.m., a pet blessing, contests, a pet parade, grooming services, an agility course, photos with your pet, vendors, and much more! A spaghetti dinner will be the newest addition to this year's event. The sale of spaghetti dinners will benefit Fayette Friends of Animals and the dinners are available at the event or for take-out. The event planning committee is also seeking vendors who may wish to exhibit their wares. Vendors may rent a 6' table for just $25. To join the committee, to participate as a vendor, or for further information, contact the Christian W. Klay Winery at (724) 439-3424.

St. Gregory Super Bingo
2 West Beaver St.
Zelienople PA 16063
Sunday afternoon June 25th
Doors open at 12:30 and games start at 2pm
$25 package in advance or $30 at the door. Price includes 12 cards for the regular games and 6 for the specials. Regular games pay $100, specials pay $200-$250 and $1000 must go jackpot. Nice menu, come early and eat lunch. Tickets available at St. Gregory Rectory or at Mathew Jewelers on Main St. in Zelienople. For more information please call 724-452-5798.

Fayette Friends of Animals No-Kill Shelter will be holding their annual **PETS BAY OUT Ex-PAWS-ition** at Christian Klay Winery, Rt. 40, Chalk Hill on Sunday, June 25 from 12 p.m. to 5 p.m. Pets are welcome!! Activites will include a rabies clinic from 12 p.m. to 1 p.m., a blessing of the animals, pet parade, pet contests, pet photos from 12 p.m. to 2 p.m., wine tasting, a spaghetti dinner and more!! Tickets for the spaghetti dinner cost $7.00 and take-out is available. Sponsors and vendors are also needed for the event. For tickets or more information, please call 724-245-7815.

The Greater Alle-Kiski Area Board of Realtors will be holding our annual **charity golf outing** on June 26th at River Forest Country Club in Freeport, PA. Our Golf Outing benefits the Hope Center and HAVIN, two local domestic abuse shelters servicing the Alle-Kiski Area. The day starts at 10:00 am for registration and ends with dinner at 4:30. The cost is $100/golfer. This price includes: 18 holes of golf, lunch, beverages, prizes and dinner (choice of prime rib or chicken marsala). We have room for about 120 golfers, so it's first come first serve! We're also looking for sponsors for our event, including advertising in our program ($25-100), tee sponsor, cart sponsor (both $100) and prize donaions for our raffles. We're looking forward to meeting everyone in our community! Contact: Sharon Resek, (724) 226--8637 or Brandy Fabry at (724) 831-2370 or Anya Smalling (724) 448-8270 or Ken Ignozzi (724) 337-4577.

The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are

injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research.

Meetings in your area

June 26, 2006, 10am - Westmoreland County Community College, Commissioner's Hall, Youngwood, PA

June 29, 2006, 6 PM - The Washington Hospital, Community Room, Washington, PA

June 30, 2006, 12 Noon - University of Pittsburgh, William Pitt Union, Pittsburgh, PA

July 7, 2006, 12 Noon - The Washington Hospital, Community Room, Washington, PA

For more information or to find additional meetings in your area to discuss this research, visit www.emsresearch.org or call 412-647-4221.

AGING SERVICES, INC. OAK PLACE COMMUNITY CENTER will be having a **RED HAT LUNCHEON & FASHION SHOW** at the Oak Place Community Center, 1055 Oak Street, Indiana, on Tuesday, June 27, 2006. Donation is $10. Doors open at 11:00 a.m., and Luncheon will be at 12 Noon. The Fashion Show, featuring Paula's Red Hat Heaven Traveling Boutique, and Door Prize Drawings will start at 1:00 p.m. For reservations or more information call Peg or Vicky at (724) 349-4564 or 1-800-442-8016.

Hiking and History Come to McConnell's Mill State Park to hike the Kildoo Trail. The park naturalist will be there to give an overview of the activities available at the park, and to share some history with the hikers. **The Kildoo Trail** hike will be followed by a tour of historic McConnell's Mill. We will be meeting at the main playground and picnicking area on McConnell's Mill Rd. This hike will take place on June 27. We will begin the hike at 10:00am. The hike and mill tour will last approximately 2.5 hours. We hope to see you there. If you have any questions contact Greg Patterson at (724) 368 - 3612.

Walnut Grove Christian School Open House - For parents who are interest in a quality education for their children Kindergarten through Sixth Grade. Before and after school Day Care is also available. Come and tour the building and meet some of our staff. Tuesday June 27th 3-6 PM, 44 Adams Ave. West Mifflin, PA 15122. For more information - 412-469-3280

Holy Child Parish Festival in Bridgeville, Thursday, June 29th thru Saturday, July 1st. On the grounds of St. Agatha worship site in Bridgeville (corner of Coltart and Hickman Streets). The festivities begin each evening at 6:00 pm. The Festival includes food, games, and live entertainment each evening. Dinners will be available on Friday (fish fry) and Saturday (barbeque ribs). The live entertainment lineup includes DJ (Don Noel) on Thursday, Baq2Baq (jazz duo) on Friday, and SNPJ Button Box Club on Saturday. There will also be nightly prize drawings, with the Saturday finale to include a Chinese auction and the Raffle Grand Prize drawing (1st prize - $6,000, 2nd prize - $3,000, 3rd prize - $1,000).

KDKA - Pittsburgh's Source for Breaking News and Sports: The Resuscitation Outcomes Cons the University of Pittsburgh, Research Studies

Community Calendar

Back to Community Calendar

The Resuscitation Outcomes Consortium, at the University of Research Studies

The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance inv Investigators would like to receive input from the community about this research.

June 29, 2006, 6 PM
The Washington Hospital, Community Room, Washington, PA

June 30, 2006, 12 Noon
University of Pittsburgh, William Pitt Union, Pittsburgh, PA

July 7, 2006, 12 Noon
The Washington Hospital, Community Room, Washington, PA

- **When?**
- June 29, 2006 12:00 am until July 07, 2006 11:59 pm
- **Contact:**
- For more information or to find additional meetings in your area to discuss this research, visit our website at www.em: 4221.

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Free Ben Roethlisberger jersey with participation in online survey!
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Lock in rates as low as 2.5%. Pre-qualify in one minute.
https://www.nextstudent.com

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$7 trades, local office, fast executions. Ranked highest in investor satisfaction by J.D. Power and Associates 6 times in a row, and #1 by Barron's Online.
www.scottrade.com

Cruises from Pittsburgh - Up to 75% Off
Vacations To Go offers great rates on last-minute cruises from Pittsburgh and to cruise destinations worldwide.
www.vacationstogo.com

Kelly, Lori (Emerg Med)

From: KDKA Home Town Happenings [hometownhappenings@kdka.com]
Sent: Monday, June 26, 2006 11:39 AM
To: Kelly, Lori (Emerg Med)
Subject: RE: community events

ıello,

his event has been posted to kdka.com

hank you

----Original Message-----
From: Kelly, Lori (Emerg Med) [mailto:kellylj@upmc.edu]
Sent: Fri 6/16/2006 9:39 AM
To: KDKA Home Town Happenings
Subject: community events

The Resuscitation Outcomes Consortium, at the University of Pittsburgh, s planning research studies in this area for persons with severe injury nd for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to heir usual care. If you are injured, or if you experience a sudden ardiac event requiring resuscitation, you may receive treatment by an mbulance involved in one of these studies. Investigators would like to eceive input from the community about this research.

Meetings in your area

une 26, 2006, 10am
Westmoreland County Community College, Commissioner's Hall, Youngwood, PA

une 29, 2006, 6 PM
The Washington Hospital, Community Room, Washington, PA

une 30, 2006, 12 Noon
University of Pittsburgh, William Pitt Union, Pittsburgh, PA

uly 7, 2006, 12 Noon
The Washington Hospital, Community Room, Washington, PA

For more information or to find additional meetings in your area to liscuss this research, visit our website at www.emsresearch.org <http://www.emsresearch.org/> or call 412-647-4221.

Lori J. Kelly RN BSN CEN BS
Research Coordinator
University of Pittsburgh
Department of Emergency Medicine
230 McKee Place, Suite 400
Pittsburgh, PA 15213
412-647-3183
412-647-6999 (fax)

wpxi.com & Pittsburgh.com

Events

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sponsor e Search is O monster

Public Notification of Research Studies

The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care.

If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research.

For more information or to find meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

Location:
Allegheny, Westmoreland, Washington and Fayette Counties

Date(s):
2006 Jun: 26-30
2006 Jul: 1-15

Location: Pittsburgh

Venue: Various Locations

Contact Email: kellylj@upmc.edu

Contact Phone: 412-647-3183

Time Info: 10 am

Price Info: Free

Find an Event

Search by Keyword:
Go!

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Are You Paying Too Much For Auto Insurance?
Yes No
Yes No
Yes No
Get Quotes!

sponsor
JAMBOREE IN THE HILLS
Presented by:

ON THE SIDE ... SPONSOR

Returning To Work After Vacation

How Much Home Does $250,000 Get?

University of Pittsburgh

School of Medicine
Department of Emergency Medicine

230 McKee Place
Suite 400
Pittsburgh, PA 15213

FAX COVER SHEET

WOTG

To: Mark Lindow - "Jimmy Hoppa"

Fax number: 412-279-5500

From: Maureen Morgan for Lori Kelly

Telephone number: 412-647-3078 or 412-647-3183

Fax Number: 412-647-6999

Re: Public Service Announcement for ROC

Date: 6-29-06

Number of pages: 2 **(including cover)**

Comments: Please call if you need any additional information. Thank you

PUBLIC SERVICE ANNOUNCEMENT:

PUBLIC NOTICE OF RESEARCH STUDY

The Resuscitation Outcomes Consortium is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research. For more information or to find meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

University of Pittsburgh

PUBLIC MEETINGS TO DISCUSS ROC-RELATED RESEARCH

June 30, 2006, 12 Noon
University of Pittsburgh, William Pitt Union, Pittsburgh, PA

July 6, 2006, 6 pm
Highlands Hospital, Dining Hall, Connellsville, PA

July 7, 2006, 12 Noon
The Washington Hospital, Community Room, Washington, PA

July 17, 2006, 12 Noon
Northland Library, 300 Cumberland Road, McCandless, PA

TRANSMISSION VERIFICATION REPORT

TIME : 06/29/2006 16:14
NAME :
FAX : 4126476993
TEL :
SER.# : BROM4J163166

DATE.TIME	06/29 16:14
FAX NO./NAME	94122795500
DURATION	00:00:17
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

Public Forum Sign-In Log

Event Date and Location: June 26, 2006 - WCCC

Please indicate the zip code in which you live :

15085		
15235		

Public Directory : Greater Latrobe Calendar

GreaterLatrobe

Public Forum -Research Studies occuring in yo

Monday, June 26, 2006
10:00am-11:00am
Public Forum -Research Studies occuring in your area at Commissioner's Hall
Westmoreland Community College- Youngwood PA
Get map
The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research.
For more information or to find additional meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

imes are in your local time zone setting of **Eastern Daylight Time** unless noted otherwise

GreaterLatrobe.net
Community Network

Arnold Palmer Regional Airport
for YOUR flights of fancy!

Community Events &Activities

Add YOUR organization's events... Click Here

Greater Latrobe Calendar

June 26, 2006

Day | Week | Month | Year | List | Today

This upcoming Monday, the 26th

Public Forum -Research Studies
occuring in yo
10:00am-11:00am
Public Forum -Research Studies occuring in your area at Commissioner's Hall
Westmoreland Community College- Youngwood PA **Get map**

The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research.
For more information or to find additional meetings in your area to discuss this research, visit our website at **www.emsresearch.org** or call 412-647-4221.

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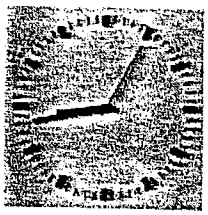

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Kelly, Lori (Emerg Med)

From: AirSet [schedules@airset.com]
Sent: Sunday, June 25, 2006 5:14 PM
To: Kelly, Lori (Emerg Med)
Subject: Schedule for Monday, June 26, 2006

Schedule

Monday, June 26, 2006

[new

Public Forum -Research Studies occuring in yo
10:00am-11:00am

Greater Latrobe: UP Dept Emergency Medicine

Public Forum -Research Studies occuring in your area at Commissioner's Hall
Westmoreland Community College- Youngwood PA **Get map**

The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research.
For more information or to find additional meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

Eastern Time

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ROC

RESUSCITATION OUTCOMES CONSORTIUM

Public Forum Sign-In Log

Event Date and Location: June 29, 2006 Washington Hospital 6pm

Please indicate the zip code in which you live :

15301		
15301		
15229		
15235		
15312		
15301		
15314		

Public Directory : Greater Latrobe Calendar

GreaterLatrobe

Public Forum- Research Studies occuring in yo

Thursday, June 29, 2006
6:00pm- 7:00pm
Public Forum- Research Studies occuring in your area at Community Room
Washington Hospital - 155 Wilson Avenue Get map
The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research.
For more information or to find additional meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

Times are in your local time zone setting of **Eastern Daylight Time** unless noted otherwise

Kelly, Lori (Emerg Med)

From: Kelly, Lori (Emerg Med)
Sent: Tuesday, June 06, 2006 2:56 PM
To: Callaway, Clifton; Hostler, David; McGaffin, Maureen
Cc: Tisherman, Samuel; Morgan, Maureen; Rittenberger, Jon
Subject: RE: Washington Hospital CC

We are confirmed for June 29th at 6pm (1 hour) and July 7 at 12 noon at the Washington Hospital Community room for public forum.

Ms. Davis will send the "Dear Colleague" letter and a "Notice of Meeting " flyer to Gary Weinstein (IRB) and the PR department f approval.

Clif, we can use the ad you are working on now and just add the meeting times as above.

We will need to find Washington Newspapers to post these dates/times as well.

Let me know and I will forward these on ASAP for approval. LK

From: Callaway, Clifton
Sent: Tuesday, June 06, 2006 9:02 AM
To: Kelly, Lori (Emerg Med); Hostler, David
Cc: Tisherman, Samuel; Morgan, Maureen; Rittenberger, Jon
Subject: RE: Washington Hospital CC

I favor doing once in the AM - July 3 or July 7 best for me
and once in the PM - June 29 best for me

The Friday nights (June 30 or July 7) seems unlikely to be successful unless we serve "refreshments."

From: Kelly, Lori (Emerg Med)
Sent: Tuesday, June 06, 2006 8:55 AM
To: Callaway, Clifton; Hostler, David
Cc: Tisherman, Samuel; Morgan, Maureen; Rittenberger, Jon
Subject: Washington Hospital CC

Wash hosp community room is open the following dates and times:

June 26th, 29th and 30th after 5pm

Mon July 3rd all day
Wed July 5th 7a-6p
uly 6th 7a-1p
uly 7th all day and evening.

Once we decide on a date(s) and time(s) I will let Debra know. LK

Lori J. Kelly RN BSN CEN BS
Research Coordinator
University of Pittsburgh
Department of Emergency Medicine
30 McKee Place, Suite 400
Pittsburgh, PA 15213

Kelly, Lori (Emerg Med)

From: Kelly, Lori (Emerg Med)
Sent: Tuesday, June 06, 2006 3:58 PM
To: 'ddavis@washingtonhospital.org'
Cc: 'Gary Weinstein'; McGaffin, Maureen
Attachments: Forum Flyer.doc; Dear Colleague st.doc

Ms. Davis,

Thank you for your help with arranging the community room for our Public Forums.

As we discussed, these items may need the okay of the Washington Hospital IRB before use. Since these are information letter: versus advertisements for recruitment, Dr. Weinstein may be able to approve these by administrative procedures. I have copied Dr. Weinstein on this email.

If the attachments are approved, would you please have PR post it in house so that both employees and visitors will know they are invited? We are looking into posting the meeting times in the local newspaper in order to inform the outside public as well.

Also, if administration permits, we would like to distribute the "Dear Colleague" letter to all physicians and nurses from the ER, Cardiology and Trauma Services. Please let me know if this is possible and what we need to do from our end to accomplish this

Our department is grateful for any and all assistance and guidance you can provide. Please let me know if you need any additional information

Lori J. Kelly RN BSN CEN BS
Research Coordinator
University of Pittsburgh
Department of Emergency Medicine
130 McKee Place, Suite 400
Pittsburgh, PA 15213
12-647-3183
12-647-6999 (fax)

Research on Trauma

Research on Cardiac Arrest

The Resuscitation Outcomes Consortium is planning research studies in Western Pennsylvania for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). These studies will use investigational drugs or devices in addition to the usual care provided by paramedics.

If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies.

More information is located at www.emsresearch.org. An informational meeting for the general public, where you can ask questions or provide feedback to investigators will be held at:

The Washington Hospital
Community Room

June 29, 2006
6 pm

and

July 7, 2006
Noon

Public Forum Sign-In Log

Event Date and Location: William Pitt Union, June 30, 2006

Please indicate the zip code in which you live :

15213	15227	
15213	15237	
15235	15243	
15085	15235	
15201	15237	
15212		
15235		
15201		

Research on Trauma

Research on Cardiac Arrest

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More information is located at www.emsresearch.org. An informational meeting for the general public, where you can ask questions or provide feedback to investigators will be held at:

Conference Room

June 30, 2006
Noon

University of Pittsburgh

Schools of the Health Sciences

News Bureau

MEDIA CONTACT: Maureen McGaffin
PHONE: 412-647-3555
E-MAIL: McGaffinME@upmc.edu

MEDIA ADVISORY: IMPROVING SURVIVAL FROM CARDIAC ARREST AND TRAUMA; UNIVERSITY OF PITTSBURGH RESEARCHERS TO HOLD PUBLIC FORUM TO DISCUSS DETAILS OF NOVEL EMERGENCY MEDICINE RESEARCH

WHO: Researchers in emergency medicine and trauma services from the University of Pittsburgh School of Medicine and the University of Pittsburgh Medical Center (UPMC), as well as participating emergency medical service (EMS) providers throughout Pittsburgh and western Pa.

WHAT: Announcement of the University of Pittsburgh's involvement in a landmark study, known as the Resuscitative Outcomes Consortium (ROC) Trial, a multi-center trial involving 10 cities in the United States and Canada that was created to improve survival from cardiac arrest and trauma, for which survival rates are dismal.

WHEN: Noon to 1 p.m., Friday, June 30

WHERE: William Pitt Union, Assembly Room, 4200 Fifth Ave., Oakland

WHY: Because this study could affect anyone living in the Pittsburgh region, the researchers are holding a public forum to notify people about special informed consent issues pertaining to emergency medicine research.

This public forum is free and open to anyone interested in learning about cutting-edge emergency medicine research. A complete news release on the ROC Trial is available at http://newsbureau.upmc.com , or visit the Department of Emergency Medicine's Web site at **www.emsresearch.org** .

PUBLIC NOTICE OF RESEARCH STUDY

The Resuscitation Outcomes Consortium is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research. For more information or to find meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

University of Pittsburgh

Public Directory : Greater Latrobe Calendar

GreaterLatrobe.net

Public Forum- Research Studies occuring in yo

Friday, June 30, 2006
12:00pm- 1:00pm
Public Forum- Research Studies occuring in your area at William Pitt Union
University of Pittsburgh- 5th Ave Oakland Campus
Get map
The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research.
For more information or to find additional meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

imes are in your local time zone setting of **Eastern Daylight Time** unless noted otherwise

Kelly, Lori (Emerg Med)

From: McGaffin, Maureen
Sent: Thursday, June 15, 2006 1:54 PM
To: Callaway, Clifton; Morgan, Maureen; Tisherman, Samuel; Kelly, Lori (Emerg Med)
Subject: FW: MEDIA ADVISORY: PUBLIC FORUM TO DISCUSS DETAILS OF NOVEL EMERGENCY MEDICINE RESEARCH

FYI....Here's the media advisory announcing the June 30 public forum at William Pitt Union. Similar media advisories will go out the Westmoreland and Washington Co. media outlets announcing their public forums.

Maureen

From: UPMC News Bureau [mailto:PR.14121.1166606@prnews2.com]
Sent: Thursday, June 15, 2006 1:40 PM
To: McGaffin, Maureen
Subject: MEDIA ADVISORY: PUBLIC FORUM TO DISCUSS DETAILS OF NOVEL EMERGENCY MEDICINE RESEARCH

University of Pittsburgh

Schools of the Health Sciences

News Bureau

CONTACT: **Maureen McGaffin, McGaffinME@upmc.edu**
Susan Manko, MankoSM@upmc.edu
PHONE: **(412) 647-3555**
FAX: **(412) 624-3184**

MEDIA ADVISORY: IMPROVING SURVIVAL FROM CARDIAC ARREST AND TRAUMA; UNIVERSITY OF PITTSBURGH RESEARCHERS TO HOLD PUBLIC FORUM TO DISCUSS DETAILS OF NOVEL EMERGENCY MEDICINE RESEARCH

WHO: Researchers in emergency medicine and trauma services from the University of Pittsburgh School of Medicine and the University of Pittsburgh Medical Center (UPMC), as well as participating emergency medical servic (EMS) providers throughout Pittsburgh and western Pa.

WHAT: Announcement of the University of Pittsburgh's involvement in a landmark study, known as the Resuscitative Outcomes Consortium (ROC) Trial, a multi-center trial involving 10 cities in the United States and Canada that was created to improve survival from cardiac arrest and trauma, for which survival rates are dismal.

WHEN: Noon to 1 p.m., Friday, June 30

WHERE: William Pitt Union, Assembly Room, 4200 Fifth Ave., Oakland

WHY: Because this study could affect anyone living in the Pittsburgh region, the researchers are holding a public forum to notify people about special informed consent issues pertaining to emergency medicine research.

This public forum is free and open to anyone interested in learning about cutting-edge emergency medicine research. A complete news release on the ROC Trial is available at http://newsbureau.upmc.com , or visit the Department of Emergency Medicine's Web site at www.emsresearch.org .

# # #

Kelly, Lori (Emerg Med)

From: Morgan, Maureen
Sent: Thursday, June 15, 2006 5:50 PM
To: Kelly, Lori (Emerg Med)
Subject: FW: Washington/Westmoreland media list
Attachments: Washington, Westmoreland media list.xls

Lori,

Attached is the list that Maureen McGaffin notifies with media releases for Washington and Westmoreland counties.

Maureen A. Morgan
412-647-3078 - office
412-647-6999 - fax

From: Stanley, Stephanie
Sent: Thursday, June 15, 2006 4:37 PM
To: Morgan, Maureen
Cc: McGaffin, Maureen
Subject: Washington/Westmoreland media list

Media Contact Results

Contact Full	Outlet Name	Contact	Contact	Contact	Contact	Contact E-mail
	Observer-Reporter	122 S. Main St.		Washington, PA 15301	(724) 222-2200	newsroom@observer-reporter.com
Becky Grea	Valley Independent	Eastgate 19		Monessen, PA 15062		valley@tribweb.com
Greg Stock	Jeannette Spirit	P.O. Box 530		Jeannette, PA 15644		
Karen Beck	Pennsylvania Business Central	128 Monican Drive		Greensburg, PA 15601		kbeck@winbeam.com
Kim Smith	WASP-FM	123 Blaine		Brownsville, PA 15417		
Marsha Forys	Mount Pleasant Journal	23 South Church St		Mt. Pleasant, PA 15666		journal@westol.com
Mr. Jim Jefferson	WJPA-AM	98 South Main Street		Washington, PA 15301-6810	(724) 222-3522	news@wjpa.com
Ms. Christine Kindl	Tribune-Review	622 Cabin Hill Drive		Greensburg, PA 15601-1657	(724) 836-5777	ckindl@tribweb.com
Ms. Marie McCandless	Latrobe Bulletin	1211 Ligonier Street		Latrobe, PA 15650-1921	(724) 537-3351x28	lb.news@verizon.net
Ms. Rose Snyder	Daily Courier, The	121 West Apple Street		Connellsville, PA 15425-3132	(724) 626-3532	rsnyder@tribweb.com
Rebecca Miller	Valley Independent	Eastgate 19		Monessen, PA 15062		valley@tribweb.com
Richard Schwab	Ligonier Echo	112 West Main St		Ligonier, PA 15658		echo@ligonier.com

Contact Source
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U [redacted]
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http://newsbureau.upmc.com

Public Forum Sign-In Log

Event Date and Location: The Washington Hospital
July 7th 2006

Please indicate the zip code in which you live :

15237	15301	
15301		
15317		
15301		
15314		
15340		
15301		
15312		

On the Greater Latrobe Calendar Public Calendar

Enjoying AirSet online? Now, take it with you on your mobile phone

GreaterLatrobe.net

Public Forum - Research Studies occuring in y

Friday, July 7, 2006
12:00pm- 1:00pm
Public Forum - Research Studies occuring in your area at Community Room
Washington Hospital - 155 Wilson Ave Get map
The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research.
For more information or to find additional meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

Times are in your local time zone setting of **Eastern Daylight Time** unless noted otherwise

Event Actions

- Edit event
- Close
- Show me a map
- Get a Personal Reminder
- Remove me from the participant list for this event
- Email Participants...
- Edit sharing, participants & group reminders
- New event

Greater Latrobe

Source: Added to the Greater Latrobe calendar by Lori Kelly
Participants: UP Dept Emergency Medicine
Private: This event is visible to everyone in Greater Latrobe.
Reminders: There are no group reminders set for this event.

Created: **June 22, 2006.**

Public Forum Sign-In Log

Event Date and Location: Highlands Hospital
July 6, 2006

Please indicate the zip code in which you live :

a staff member
stated that she
had seen the
notice for the meeting
in the Herald Standard
but we unable to obtain
a copy

ROC

RESUSCITATION OUTCOMES CONSORTIUM

Public Forum Sign-In Log

Event Date and Location: July 17, 2006 Northwood Library (Butler County)

Please indicate the zip code in which you live :

15090	15235	
15217		
15217		
15217		
15239		

Kelly, Lori (Emerg Med)

From: McGaffin, Maureen
Sent: Thursday, July 06, 2006 9:21 AM
To: Kelly, Lori (Emerg Med)
Subject: RE: July 17

)K, Thanks Lori. I'll send a media advisory out to the Butler Co. media folks.

:rom: Kelly, Lori (Emerg Med)
Sent: Thursday, July 06, 2006 8:44 AM
To: McGaffin, Maureen
Subject: July 17

Maureen,

Ve are having a public forum meeting up in Butler on July 17

uly 17, 2006, 12 Noon
Northland Library, 300 Cumberland Road, McCandless, PA.

Have we sent anything to media up there?

Lori J. Kelly RN BSN CEN BS
Research Coordinator
University of Pittsburgh
Department of Emergency Medicine
30 McKee Place, Suite 400
Pittsburgh, PA 15213
12-647-3183
12-647-6999 (fax)

Kelly, Lori (Emerg Med)

From: Gilbert, Frank [gilbertf@einetwork.net]
Sent: Tuesday, June 20, 2006 2:21 PM
To: Kelly, Lori (Emerg Med)
Subject: RE: conference room

Lori...July 17 at noon is fine...please let me know if you need any materials such as projector, computer, camera, etc. for this date. Thanks. Frank

---

From: Kelly, Lori (Emerg Med) [mailto:kellylj@upmc.edu]
Sent: Mon 6/19/2006 5:22 PM
To: Gilbert, Frank
Subject: conference room

Frank,

I spoke with Dr. Callaway and have decided on a date/time. If still available, we would like to use your room on July 17th at 12 noon. Please let me know if this time is available. Thank you again for all your help with this project. LK

Lori J. Kelly RN BSN CEN BS
Research Coordinator
University of Pittsburgh
Department of Emergency Medicine
230 McKee Place, Suite 400
Pittsburgh, PA 15213
412-647-3183
412-647-6999 (fax)

Kelly, Lori (Emerg Med)

From: Kelly, Lori (Emerg Med)
Sent: Friday, June 16, 2006 11:29 AM
To: 'collins3@einetwork.net'
Subject: public notification meeting

Sandra,

We would like to hold a public meeting in your library, concerning proposed research studies which we are conducting by the University of Pittsburgh. The research studies taking place in your area involve persons with severe injury and those who suffer a cardiac arrest. Paramedics (City of Pittsburgh, STAT Medevac, Fayette EMS, Washington Ambulance and Chair and Mutual Aid) will use investigational drugs or devices i addition to their usual care for these types of patients.. Because your community is close to these service areas, residents may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research. We will not be using the meeting to recruit subjects for research but to inform them of the research taking place in their area and were to be directed for further information and questions (public service announcement).

Would we be able to use your library for such a meeting. We do not expect more than 100 people to show as these types of forums are not well attended.

Thank you in advance. LK

Lori J. Kelly RN BSN CEN BS
Research Coordinator
University of Pittsburgh
Department of Emergency Medicine
230 McKee Place, Suite 400
Pittsburgh, PA 15213
412-647-3183
412-647-6999 (fax)

Frank Gilbert
412-366-8100
x135
Gilbert F @ E.network.net

17th Noon.

Northland Public Library

300 Cumberland Roa
Pittsburgh, PA 1523
412.366.810
Send us ema

About Us: Our mission

To afford people of all ages the information, environment, and resources for a lifetime of discovery, enjoyment and learning.

Northland Library is supported by and serves the communities of Bradford Woods, Franklin Park, Marshall, McCandless, and Ross in the northern suburbs of Pittsburgh. We welcome all Allegheny County residents. For information about what we offer how to use our services, and how the library is governed, please select from the following:

Collection & Services | Borrowing Policies | Governance & Funding

Hours & Directions

Northland Library is located at 300 Cumberland Road in the Town of McCandless.
► Get directions

Northland is pleased to sponsor two bookmobile stops in our service area. For details, visit bookmobile information.

Our current hours are:
Monday - Thursday: 9am - 9pm
Friday - Saturday: 9am - 5pm
Sunday: Closed

Northland is closed on New Year's Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day. Northland closes at 5pm on the day before Thanksgiving and on New Year's Eve.

Catalog search:

TITLE | Search

- More search options | Catalog help
- Log in to your library account
- Request an inter-library loan

Contact Us

Contact us by telephone:
Main Line: (412)366-8100
Toll Free: 1-888-292-2798
Fax: (412)366-2064

► **Contact us by email**

Career Opportunities

No positions are currently available.

) 2005 Northland Public Library
Updated May 25, 2006

Northland Public Library

Tell a friend about an EventKeeper Calendar Event

[RETURN TO EVENT LIST]

Event: **University of Pittsburgh EMS Seminar**

Monday July 17, 2006
12:00 PM until 3:00 PM

Rooms 148-1&2

Click here to go to the **Northland Public Library** calendar.

To:

[Recipient's Email Address] (You can enter up to 6 addresses separated by commas.)

Subject: Northland Public Library Event (from EventKeeper)

Message:

From:

[Your Email Address]

Copy Me:

Send E-mail Cancel

This page last updated : EK 6.0.4 - 2006.06.11 5:30 PM
Contact us or visit our **EventKeeper** web site.

Emergency Medicine

Website Information

Kelly, Lori (Emerg Med)

From: Morgan, Maureen
Sent: Thursday, June 22, 2006 10:19 AM
To: Kelly, Lori (Emerg Med)
Subject: FW: Brochure

Lori,

Vicki Zajack requested that we send another brochure so there is one in each file.

Maureen A. Morgan
412-647-3078 - office
412-647-6999 - fax

From: Zajack, Victoria L
Sent: Thursday, June 22, 2006 10:16 AM
To: Morgan, Maureen
Cc: Callaway, Clifton
Subject: Brochure

This is to notify you that the brochure submitted to the IRB on May 25, 2006, pertaining to the studies # 0603087 and # 0603085, were reviewed by Jeannie Barone and determined to be acceptable for community distribution.

Victoria L. Zajack, RDH, MPH
IRB Coordinator
3500 5th Avenue, Rm. 100
Pittsburgh, PA 15213
Ph: 412-383-1579
Fax: 412-383-1528

Information posted on website was from approved brochure.

Statistics of: emsresearch.org

Last Update: 14 Jul 2006 - 02:50 Update now

Reported period: Jul 2006 OK

When: Monthly history Days of month Days of week Hours

Who: Countries Full list Hosts Full list Last visit Unresolved IP Address Robots/Spiders visitors Full list Last visit

Navigation: Visits duration Files type Viewed Full list Entry Exit Operating Systems Versions Unknown Browsers Versions Unknown

Referers: Origin Refering search engines Refering sites Search Search Keyphrases Search Keywords

Others: Miscellanous HTTP Status codes Pages not found

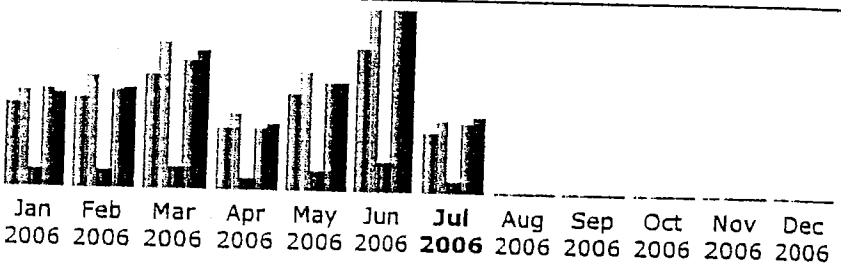
Summary

Reported period	Month Jul 2006
First visit	01 Jul 2006 - 00:39
Last visit	13 Jul 2006 - 23:05

	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Traffic viewed *	**302**	**362** (1.19 visits/visitor)	**1683** (4.64 pages/visit)	**9948** (27.48 hits/visit)	**50.69 MB** (143.39 KB/visit)
Traffic not viewed *			**1172**	**1204**	**8.69 MB**

* Not viewed traffic includes traffic generated by robots, worms, or replies with special HTTP status codes.

Monthly history



Month	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Jan 2006	418	485	2317	13657	63.04 MB
Feb 2006	445	563	2420	13861	67.26 MB
Mar 2006	569	732	3064	18128	92.68 MB
Apr 2006	309	383	1574	8806	44.65 MB
May 2006	484	596	2616	15167	72.63 MB
Jun 2006	710	910	4250	25592	122.10 MB
Jul 2006	302	362	1683	9948	50.69 MB
Aug 2006	0	0	0	0	0
Sep 2006	0	0	0	0	0
Oct 2006	0	0	0	0	0
Nov 2006	0	0	0	0	0
Dec 2006	0	0	0	0	0
Total	3237	4031	17924	105159	513.06 MB

STUDY INFO ADDED

Days of month

Statistics of:	emsresearch.org
Last Update:	14 Sep 2006 - 02:53 Update now
Reported period:	Aug 2006 OK

When:	Monthly history Days of month Days of week Hours
Who:	Countries Full list Hosts Full list Last visit Unresolved IP Address Robots/Spiders visitors Full list Last visit
Navigation:	Visits duration Files type Viewed Full list Entry Exit Operating Systems Versions Unknown Browsers Versions Unknown
Referers:	Origin Refering search engines Refering sites Search Search Keyphrases Search Keywords
Others:	Miscellanous HTTP Status codes Pages not found

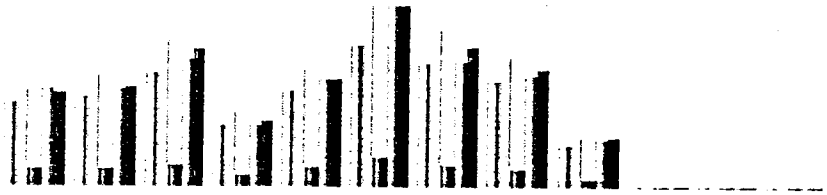
Summary

Reported period	Month Aug 2006
First visit	01 Aug 2006 - 04:03
Last visit	31 Aug 2006 - 22:56

	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Traffic viewed *	**528**	**657** (1.24 visits/visitor)	**2548** (3.87 pages/visit)	**15782** (24.02 hits/visit)	**78.69 MB** (122.64 KB/visit)
Traffic not viewed *			**1949**	**2029**	**18.60 MB**

* Not viewed traffic includes traffic generated by robots, worms, or replies with special HTTP status codes.

Monthly history



Month	Unique visitors	Number of visits	Pages	Hits	Bandwidth
Jan 2006	418	485	2317	13657	63.04 MB
Feb 2006	445	563	2420	13861	67.26 MB
Mar 2006	569	732	3064	18128	92.68 MB
Apr 2006	309	383	1574	8806	44.65 MB
May 2006	484	596	2616	15167	72.63 MB
Jun 2006	710	910	4250	25592	122.10 MB
Jul 2006	617	792	3058	17788	94.49 MB
Aug 2006	528	657	2548	15782	78.69 MB
Sep 2006	210	244	996	6568	33.78 MB
Oct 2006	0	0	0	0	0
Nov 2006	0	0	0	0	0
Dec 2006	0	0	0	0	0
Total	4290	5362	22843	135349	669.32 MB

Days of month

AWStats logfile analyzer 6.5 Documentation

Glossary

Unique Visitor:
A unique visitor is a host that has made at least 1 hit on 1 page of your web site during the current period shown by the report. If this host make several visits during this period, it is counted only once.
The period shown by AWStats reports is by default the current month.
However if you use AWStats as a CGI you can click on the "year" link to have a report for all the year. In a such report, period is full year, so Unique Visitors are number of hosts that have made at least 1 hit on 1 page of your web site during those year.

Visits:
Number of visits made by all visitors.
Think "session" here, say a unique IP accesses a page, and then requests three others without an hour between any of the requests, all of the "pages" are included in the visit, therefore you should expect multiple pages per visit and multiple visits per unique visitor (assuming that some of the unique IPs are logged with more than an hour between requests)

Pages:
The number of "pages" logged. Only files that don't match an entry in the NotPageList config parameter (and match an entry of OnlyFiles config parameter if used) are counted as "Pages". Usually pages are reserved for HTML files or CGI files, not images nor other files requested as a result of loading a "Page" (like js,css... files).

Hits:
Any files requested from the server (including files that are "Pages") except those that match the SkipFiles config parameter.

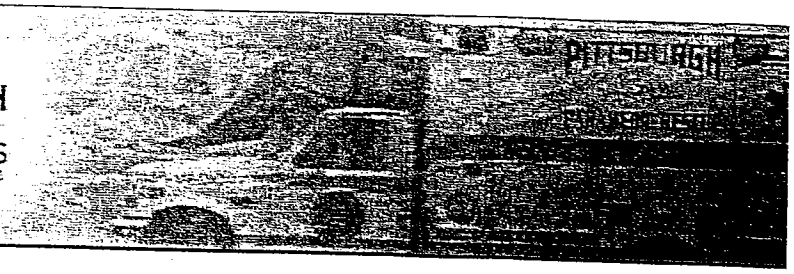
Bandwidth:
Total number of bytes for pages, images and files downloaded by web browsing.
Note 1: Of course, this number includes only traffic for web only (or mail only, or ftp only depending on value of LogType).
Note 2: This number does not include technical header data size used inside the HTTP or HTTPS protocol or by protocols at a lower level (TCP, IP...).
Because of two previous notes, this number is often lower than bandwith reported by your provider (your provider counts in most cases bandwitdh at a lower level and includes all IP and UDP traffic).

Entry Page:
First page viewed by a visitor during its visit.
Note: When a visit started at end of month to end at beginning of next month, you might have an Entry page for the month report and no Exit pages.
That's why Entry pages can be different than Exit pages.

Exit Page:
Last page viewed by a visitor during its visit.
Note: When a visit started at end of month to end at beginning of next month, you might have an Entry page for the month report and no Exit pages.
That's why Entry pages can be different than Exit pages.

Session Duration:
The time a visitor spent on your site for each visit.
Some Visits durations are 'unknown' because they can't always be calculated. This is the major reason for this:

CENTER FOR RESEARCH ON EMERGENCY MEDICAL SERVICES
A DIVISION OF THE CENTER FOR EMERGENCY MEDICINE



Friday, July 14 2006

Main Menu

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- Hypothermia
- ERHPL
- Grant Support
- Publications
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Latest News

- ROC Public Forum Meetings
  Posted on:06/20/06
- SAEM Awards and Presentations
  Posted on:05/31/06
- Resuscitation Outcomes Consortium
  Posted on:05/11/06

Contact CREMS

Henry E. Wang, MD, MPH
230 McKee Place, Suite 400
Pittsburgh, PA 15213
(412)-647-4925
wanghe@upmc.edu

Online Contact Form

Resuscitation Outcomes Consortium

Public Meetings to Discuss ROC-Related Research

June 26, 2006, 10 AM
Westmoreland County Community College, Commissioner's Hall, Youngwood, PA.

June 29, 2006, 6 PM
The Washington Hospital, Community Room, Washington, PA.

June 30, 2006, 12 Noon
University of Pittsburgh, William Pitt Union, Pittsburgh, PA.

July 6, 2006, 6 PM
Highlands Hospital, Dining Hall, Connellsville, PA.

July 7, 2006, 12 Noon
The Washington Hospital, Community Room, Washington, PA.

July 17, 2006, 12 Noon
Northland Library, 300 Cumberland Road, McCandless, PA.

What is ROC?

The Resuscitation Outcomes Consortium (ROC) was created to conduct clinical research in the areas of cardiopulmonary resuscitation and traumatic injury. ROC consists of 10 Regional Clinical Centers (RCCs) and a Data and Coordinating Center (DCC) that will provide the necessary infrastructure to conduct multiple collaborative trials to aid in the rapid translation of promising scientific and clinical advances to improve resuscitation outcomes. Trials may evaluate existing or new therapies as wall as clinical management strategies

Why was ROC formed?

The ROC provides a network for research in the areas of cardiopulmonary arrest and life-threatening injury designed to lead to improvements in clinical practice. The focus on pre-hospital (EMS-based) and early hospitalization interventions recognizes the critical importance of early intervention when caring for critically ill or injured patients.

Out-of-hospital cardiac arrest and life-threatening injury, including traumatic brain injury, warrant ROC investigation for several reasons:

- The mechanisms by which injury occurs at the cellular level are similar whether the heart's function is compromised (as in a cardiac arrest) or traumatic injury occurs.
- Protection and optimization of cellular function in these life-threatening states are time-dependent. That is, the earlier the underlying problem is treated, the better the outcome.
- EMS systems allow paramedics, EMTs and other healthcare professionals to initiate life-extending treatments at the earliest possible moment.
- Investigations performed in multiple settings (e.g., urban, suburban, and rural with different patient demographic characteristics) and involving large numbers of subjects are important. These trials can guide treatment in most settings. Large studies also allow rapid completion of trials, thus allowing trial results to more quickly guide clinical practice.

Why is ROC research vital?

Cardiac arrest and serious injury are important public health problems. Heart disease is the most common cause of death in North America. Over 180,000 treatable out-of-hospital cardiac arrests occur each year. Over half of

these victims have no warning. Nearly 95% of patients who have an out-of-hospital cardiac arrest die before reaching the hospital. If survival could be raised from 5% to 20%, an additional 27,000 deaths would be prevented yearly.

Life-threatening severe injury is the leading cause of death in North America for persons between the ages of 1 and 44 years, and one of the leading causes of death in those over the age of 65 years. Approximately 175,000 injury-related deaths occur each year in North America. New drugs, tools, and techniques have the potential to significantly improve the outcomes of people with these medical conditions.

What hope does ROC bring to the public?

People who live in ROC communities may benefit by having:
- Better training and support for EMS providers.
- Careful study of treatments for patients with cardiac arrest and serious injury.
- Close follow-up of patients who receive the treatments being investigated.

Who are the sponsors?

- The National Heart, Lung and Blood Institute (the lead Federal Government sponsor of this program)
- National Institute of Neurological Disorders and Stroke
- The Institute of Circulatory and Respiratory Health (ICRH) of the Canadian Institutes of Health Research
- Defense Research and Development Canada
- The Heart and Stroke Foundation of Canada
- The American Heart Association

Who will be doing the research?

The University of Washington Clinical Trial Center, Seattle, WA, coordinates the network. The following regional sites are participating:

- The Alabama Resuscitation Center is coordinated through the University of Alabama at Birmingham in Birmingham, AL, USA and includes systems in Alabama.

- The Dallas Center for Resuscitation Research is coordinated through the University of Texas Southwestern Medical Center in Dallas, TX, USA and includes some surrounding cities.

- The University of Iowa Carver College of Medicine-Iowa Resuscitation Network is coordinated through the University of Iowa in Iowa City, IA, USA and includes 10 cities throughout Iowa.

- The Milwaukee Resuscitation Research Center is coordinated through the Medical College of Wisconsin in Milwaukee, WI, USA.

- The Pittsburgh Resuscitation Network is coordinated through the University of Pittsburgh in Pittsburgh, PA, USA and includes some suburbs of Pittsburgh.

- The Portland Resuscitation Outcomes Consortium is coordinated through the Oregon Health & Science University in Portland, OR, USA and includes 4 counties in Oregon and Washington states.

- The University of Ottawa/University of British Columbia Collaborative RCC is coordinated through the Ottawa Health Research Institute, University of Ottawa, Ontario and St. Paul's Hospital, University of British Columbia, British Columbia in Canada and includes 20 other cities in the OPALS group.

- The UCSD-San Diego Resuscitation Research Center is coordinated through the University of California at San Diego in San Diego, CA, USA and includes the entire county.

- Seattle-King County Center for Resuscitation Research at the University of Washington is coordinated through the University of Washington WA, USA and includes all of King County.

- The Toronto Regional Resuscitation Research Out-of-hospital Network is coordinated through the University of Toronto in Toronto, Ontario, Canada and includes surrounding areas.

What specific research is planned?

Our first study will examine whether hypertonic fluids (fluids containing extra salt) are better than conventional fluids for resuscitation of patients with shock (low blood pressure) or serious head injury after trauma.

Paramedics will administer these study fluids in addition to all unusual care. No care will be withheld.

For persons in cardiac arrest (when the heart stops beating), we are planning a trial to compare two strategies for providing rescue shocks to patients in ventricular fibrillation: a protocol of immediate rescue shocks versus performing 3 minutes of CPR prior to rescue shocks. In addition, we will examine the use of an "impedance threshold device" which is a valve that can be placed on the airway in order to augment the effectiveness of chest compressions during CPR.

What are the ethical considerations with this kind of research?

Clinical studies of treatments are only approved when the best available scientific evidence cannot determine whether one treatment is better than another (equipoise). In this case, there are scientists and physicians who advocate for the different treatments, but no agreement that one approach is better than the other. People who may be part of a research study usually are told about the benefits and risks of the study (and their legal rights) before they receive any study intervention. Patients generally sign a consent form before they participate in the study. In an emergency, there is not enough time to get consent from the patient or their family. Thus EMS research must be done with an exception to informed consent. Before the exception can be granted, the public must be told about the research and be able to give their opinion about it.

After the public has been notified, a study can proceed without informed consent. Efforts are made following the emergency to obtain informed consent from the patient if they are capable of doing so, or from their legally authorized representative if they are not, for continued participation in the study.

In addition to demanding the above features be met, the ROC has several layers of research review in place to safeguard patients.

- An independent group of experts reviews the scientific value of the proposed trial.
- A separate expert group authorized by the National Institutes of Health reviews the safety of the trial and monitors the safety of patients through out the study.
- An expert in medical ethics affiliated with ROC reviews the proposed research.
- If a new device or drug is to be studied, the U.S. Food & Drug Administration (FDA) reviews and approves the study before it starts.
- At each site a review group evaluates and monitors the research locally. This final review and approval focuses on the local issues of how best to consult with the public regarding both the study treatment(s) and outcome(s) and notify them about the research.

If someone were unconscious due to a cardiac arrest or severe injury would they be enrolled in a ROC research study?

Yes, the goal of the ROC community-wide EMS resuscitation studies is to enroll all eligible patients at the earliest possible time, when treatment is most promising.

If someone were enrolled in a ROC research study, how would the person or family be made aware of this?

Participating EMS providers notify the ROC research staff when a patient is enrolled in a research protocol. A ROC research staff member will then approach the patient or their representative in person, by phone or via letter. The study will be described to them at that time.

If you would not want to be enrolled into a study, please contact the investigators for options.

How do I contact ROC?

You can contact the Pittsburgh ROC investigators to ask questions or leave feedback by emailing:

Clifton W. Callaway, MD (Principal Investigator) at callawaycw@upmc.edu or Lori Kelly, RN (Research Coordinator) at kellylj@upmc.edu.

Or call: 412-647-4221

How can I learn more about ROC?

You may review additional information about ROC in general by visiting their website.

Callaway, Clifton

To: Kelly, Lori (Emerg Med)
Subject: FW: Had to put my 2 cents in!

-----Original Message-----
From: J. Effinger [mailto:cressonems@verizon.net]
Sent: Thu 6/29/2006 8:55 AM
To: Wang, Henry
Subject: Had to put my 2 cents in!

Dr Wang

I had read the article on " Resuscitation Outcome Consortium" on your web site and JEMS. I wanted to comment on the ongoing research that all of you on our behalf. Thanks and I hope it goes well. That being said, Out of frustration with a system that involves itself more reactively than proactively I wanted to in the strongest terms I can make a statement on medical research. To make a real difference in resusitation either cardiac arrest or trauma will also mean involing some how the politics of EMS. Government seams able to put a good face on everything, but EMS for a veteran like mean means research of another kind. What also causes delays in saving lives? The internal conflecs of individual ambulance services also causes delays. I must admit as a new comer 25 years ago I would clearly stand in awe of all of you medical professonals. But after 24 years of experience in rural EMS and after experiencing your intubation study I participated in in 2004-05 I have to advise that the darker side of EMS with its turf wars is causing pt deaths. This goes unreported constantly! I believe involvement to a certain degree of the fire service, plus local, state government also cause problems at times delievering quick pt. care. Meaning Dr Wang, If I cannot get to a patient because my neighbor will not call me (meaning neighboring ambulance service) if he has no ALS available , "I cannot resuscitate the pt". I cannot cross county boundaries being closer to the patient and due to politics I cannot save the patient. I know you cannot participate in this process, but I hope you can at least factor in the human factor in your study. I am completely burnout from a process that keeps researching sudden death but cannot do the simplest process. Change the system, send the closest ALS unit to the pt. consistantly! Or closest ambulance. Your study I think will always have a wide variance due to this frustrating point. Sorry to rain on a good project, but new procedures may help some patients, but a simple point like mandating a EMS review could improve pt. outcome far better than any drug or procedures you can come up with. My opinion. Thanks for listening!

Jim Effinger NREMT-P
Cresson, Pa.

This electronic message contains information from Cresson Area Ambulance Service, Inc., which may be confidential, privileged or otherwise protected from disclosure. The information is intended to be used solely by the recipient(s) named. If you are not the intended recipient, be aware that any review, disclosure, copy, distribution or use of this transmission or its contents is prohibited. If you have received this transmission in error, please notify Cresson Area Ambulance Service, Inc. immediately at (814) 886-5641 or e-mail cressonems@verizon.net

Human Subject Communication Log

Date Call Received: June 29, 2006

Time Call Received: 2:08 pm

Issued statement – no call back required

No caller name or number provided.

"I'm very concerned that patients in this area will be used as research subjects. None of this will benefit the patient. I would suggest that Dr. Callaway dedicate his efforts to taking care of patients that make it to his ER and making sure that they have care. Unfortunately this is not the case".

Recorded by: Lori Kelly

NEWSPAPER ARTICLES WITH INFORMATION ABOUT STUDY

Tribune-Review	Saturday, June 24, 2006
Pittsburgh Tribune-Review	Saturday, June 24, 2006
Pittsburgh Post-Gazette	Wednesday, June 28, 2006
Post-Gazette.com	Wednesday, June 28, 2006

greatly from this," said Robbee Kosak, vice president for univer-

51 chairs.

"It's a big world, and it's a big

412-320-7828.

the senatorial campaign began.

David M. Brown can be reached at 12-380-5614 or dbrown@tribweb.com.

University, first responders to conduct study

Researchers will look at emergency treatments for cardiac arrest and severe trauma.

BY JENNIFER BAILS
TRIBUNE-REVIEW

University of Pittsburgh doctors and local first responders will test promising new emergency treatments on patients suffering cardiac arrest or severe trauma.

The $50 million, 11-city study could affect anyone receiving emergency medical care in Pittsburgh and surrounding communities in the next two years.

"Tens of thousands of Americans die each year from sudden cardiac arrest and trauma," Dr. Elizabeth Nabel, director of the National Heart, Lung and Blood Institute, the lead federal sponsor of the research effort, said in a statement. "The good news is that there is a growing body of research — basic research and small studies — that suggests a significant number of these people can be saved."

Clinical trials could begin in August. Researchers will try to determine whether experimental treatments for severe trauma and cardiac arrest that were proven safe and potentially life-saving in smaller studies should be used more often.

They'll test these treatments on as many as 20,000 patients in the U.S. and Canada, including about 1,700 in the Pittsburgh area, said Dr. Clifton Callaway, who heads the study locally.

"I think it is critical that we test these methods to see if they really work in large trials and see if they really help people return to a normal life, and give our paramedics better tools," said Callaway, an assistant professor of emergency medicine at Pitt.

Participating emergency responders include Pittsburgh EMS in Allegheny County; Mutual Aid Ambulance Service in Westmoreland County; Fayette EMS in Fayette County; Ambulance & Chair Service in Washington County; and STAT MedEvac, which provides regional air medical transport.

One part of the trial will evaluate resuscitative fluids delivered to patients with severe head injury or shock from blood loss.

Severe traumatic injury is the No. 1 killer of children and young adults in the U.S. About 175,000 injury-related deaths occur each year.

Typically, trauma patients receive saline solution intravenously to compensate for blood loss before blood transfusions can be administered in a hospital.

In the trial, patients with signs of blood loss or severe brain injury randomly will receive either standard saline, high concentration saline, or high concentration saline with a circulation-enhancing starch solution called Dextran.

Doctors hope the two concentrated solutions will promote blood flow more quickly, lessen inflammation, reverse shock and prevent brain swelling, Callaway said.

The second part of the trial will test a device to enhance blood flow during cardiopulmonary resuscitation, or CPR, in patients who have suffered sudden cardiac arrest. Alternative methods of delivering rescue shocks to the heart also will be evaluated.

An estimated 330,000 out-of-hospital cardiac deaths occur each year in the U.S., most of them when the heart stops beating effectively, causing blood to stop circulating. Most cardiac arrest victims die before they reach the hospital.

First responders will test a one-way air valve designed to increase the effectiveness of manual chest compressions in patients receiving CPR.

The valve fits between the bag used to introduce air into the patient and the face mask that goes over the nose and mouth.

Researchers will compare two techniques for providing rescue shocks to patients in ventricular fibrillation, the abrupt disorganization of the rhythm of the heart, which stops it from pumping blood. Paramedics either will first shock the patient with an external defibrillator and then perform CPR, or vice versa.

Julie Peters, paramedic regional supervisor for Fayette EMS, said the trials should help improve the care delivered by the 65 paramedics on her staff.

"I think it will eventually lead us to the next level," Peters said. "It is important to give patients the best care we can, and the way to start is with the studies we do."

Patients suffering severe trauma or cardiac arrest probably won't be able to give consent for their participation in the study, as federal law requires, so the trials have undergone extensive review by federal regulators and university officials.

Jennifer Bails can be reached at jbails@tribweb.com or 412-320-7991.

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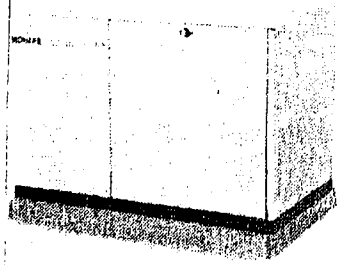

KOHLER
POWER SYSTEMS
POWER
Think RC WATT for R.C. Power: Reliable, onvienant - Onsite. Keep he A.C. "Power" on when the others are out.

PITTSBURGH TRIBUNE-REVIEW

CITY&REGION

SECTION B

Saturday, June 24, 2006

INSIDE Woman critical after attempted murder-suicide B2

INSIDE Woman critical after attempted mu

U.S. Sen. Rick Santorum and state Treasurer Bob Casey, ap- that's soft on border security. Casey fired back that he doesn't

SEE CANDIDATES • B6

Pitt, 1st responders to conduct study

Researchers will look at emergency treatments for cardiac arrest and severe trauma.

BY JENNIFER BAILS
TRIBUNE-REVIEW

University of Pittsburgh doctors and local first responders will test promising new emergency treatments on patients suffering cardiac arrest or severe trauma.

The $50 million, 11-city study could affect anyone receiving emergency medical care in Pittsburgh and surrounding communities in the next two years.

"Tens of thousands of Americans die each year from sudden cardiac arrest and trauma," Dr. Elizabeth Nabel, director of the National Heart, Lung and Blood Institute, the lead federal sponsor of the research effort, said in a statement. "The good news is that there is a growing body of research — basic research and small studies — that suggests a significant number of these people can be saved."

Clinical trials could begin in August. Researchers will try to determine whether experimental

SEE RESPONDERS • B6

Pitt, 1st responders to conduct study

RESPONDERS • FROM B1

treatments for severe trauma and cardiac arrest that were proven safe and potentially lifesaving in smaller studies should be used more often.

They'll test these treatments on as many as 20,000 patients in the U.S. and Canada, including about 1,700 in the Pittsburgh area, said Dr. Clifton Callaway, who heads the study locally.

"I think it is critical that we test these methods to see if they really work in large trials and see if they really help people return to a normal life, and give our paramedics better tools," said Callaway, an assistant professor of emergency medicine at Pitt.

Participating emergency responders include Pittsburgh EMS in Allegheny County; Mutual Aid Ambulance Service in Westmoreland County; Fayette EMS in Fayette County; Ambulance & Chair Service in Washington County; and STAT MedEvac, which provides regional air medical transport.

One part of the trial will evaluate resuscitative fluids delivered to patients with severe head injury or shock from blood loss.

Severe traumatic injury is the No. 1 killer of children and young adults in the U.S. About 175,000 injury-related deaths occur each year.

Typically, trauma patients receive fluids intravenously to compensate for blood loss before blood transfusions can be administered in a hospital.

In the trial, patients with signs of blood loss or severe brain injury randomly will receive either standard saline, high concentration saline, or high concentration saline with a circulation-enhancing starch solution called Dextran.

Doctors hope the two concentrated solutions will promote blood flow more quickly, lessen inflammation, reverse shock and prevent brain swelling, Callaway said.

The second part of the trial will test a device to enhance blood flow during cardiopulmonary resuscitation, or CPR, in patients who have suffered sudden cardiac arrest. Alternative methods of delivering rescue shocks to the heart also will be evaluated.

An estimated 330,000 out-of-hospital cardiac deaths occur each year in the U.S., most of them when the heart stops beating effectively, causing blood to stop circulating. Most cardiac arrest victims die before they reach the hospital.

First responders will test a one-way air valve designed to increase the effectiveness of manual chest compressions in patients receiving CPR.

The valve fits between the bag used to introduce air into the patient's mouth and nose.

Researchers will compare two techniques for providing rescue shocks to patients in ventricular fibrillation, the abrupt disorganization of the rhythm of the heart, which stops it from pumping blood. Paramedics either will first shock the patient with an external defibrillator and then perform CPR, or vice versa.

Julie Peters, paramedic regional supervisor for Fayette EMS, said the trials should help improve the care delivered by the 65 paramedics on her staff.

"I think it will eventually lead us to the next level," Peters said. "It is important to give patients the best care we can, and the way to start is with the studies we do."

Patients suffering severe trauma or cardiac arrest probably won't be able to give consent for their participation in the study, as federal law requires, so the trials have undergone extensive review by federal regulators and university officials.

The Pitt researchers will discuss the study during six regional public meetings. Two meetings will be conducted in Allegheny County: noon Friday at the university's William Pitt Union, Fifth Avenue, Oakland, and noon July 17 at the Northland Library, 300 Cumberland Road, McCandless.

Jennifer Bails can be reached

Studies will weigh promising emergency techniques

By Anita Srikameswaran
Pittsburgh Post-Gazette

Regional paramedics will soon be testing intravenous fluids, an airway device and altered CPR protocols on some of their most critically ill patients to try to better the odds of surviving trauma and sudden cardiac arrest.

Emergency and trauma researchers from the University of Pittsburgh Medical Center and UPMC Trauma Services, members of the 10-city Resuscitation Outcomes Consortium, will be holding public forums to discuss the studies, which are funded by the National Institutes of Health and other agencies. One will be held in Oakland on Friday.

According to the American Heart Association, 95 percent of people who suffer cardiac arrest will die before they get to a hospital. It kills 900 Americans daily.

If frontline paramedics can't restart a stopped heart, "I never have opportunity to take care of that patient," said UPMC emergency medicine specialist Dr. Clifton Callaway. "This is something where paramedics save lives and nobody else does."

Researchers hope the upcoming studies will show them which rescue procedures will be most effective.

Federal authorities have waived typical informed consent processes because people who will be in the trial could be unconscious or otherwise incapable of agreeing to participate.

Ambulance services in Pittsburgh, Washington, Fayette and Westmoreland counties will be part of the project, as will STAT MediEvac, Dr. Callaway said. Seattle, Milwaukee, San Diego and Toronto are among the cities in the consortium.

One of the studies, led locally by trauma surgeon Dr. Samuel Tisherman, will focus on trauma patients who either have a head injury or are in shock due to blood loss. During initial treatment, paramedics will give them one bag of either standard saline solution; a more concentrated, or hypertonic, saline solution; or the

Studies will weigh promising CPR techniques

TRIALS, FROM PAGE D-1

hypertonic solution mixed with a starch called Dextran.

The paramedics will not know which one they will be administering.

Fluids are used to restore blood pressure and circulation, Dr. Tisherman explained. Paramedics currently only give standard saline.

The hypertonic Dextran solution being studied here is already in use in Europe. In cases of head injury, the more concentrated fluids can limit brain swelling and "seem to have beneficial effects on the immune response to trauma," Dr. Tisherman said.

Lab research and small studies in trauma patients hint that giving hypertonic fluids as soon as possible, instead of switching to them after the patient arrives at the hospital, may be of benefit in the long run.

"They look promising," Dr. Callaway said. "They appear to reverse shock more quickly and they seem to eliminate some of those delayed effects of shock that may play out in the hospital."

He is leading the local arm of the second study, which centers on cardiac arrest and has two components.

Cardiac arrest often stems from ventricular fibrillation, in which the heart stops contracting rhythmically and instead quivers chaotically, interrupting blood flow to the body.

If an electrical shock is delivered promptly, the heart could resume pumping normally. That concept has inspired the installation of easy-to-use automated external defibrillators, or AEDs, in public places and other sites.

Paramedics typically don't witness a cardiac arrest, but must drive several minutes to get to the patient, Dr. Callaway pointed out. By then, a fibrillating heart may be less responsive.

"It's used up all its energy stores," he explained. "Defibrillation is less energetic. The most common thing to happen is that rescue shock stops all the electrical activity and the heart is completely silent."

Lab studies suggest that performing for several minutes the chest compressions of cardiopulmonary resuscitation, or CPR, can re-energize the heart and increases the likelihood of restoring a normal beat with a rescue shock, Dr. Callaway said.

For the last decade, Pittsburgh paramedics have used a defibrillator right away in patients in ventricular fibrillation. In Seattle, though, paramedics perform CPR first and then give a shock.

"We really have no information to say which is better," Dr. Callaway said. "There is no data to tell us."

So, the consortium will try to figure it out by assigning ambulances to do either shock immediately or to give three minutes of CPR and then deliver the shock.

Even if bystanders have been doing chest compressions, paramedics will follow the protocol assigned to them, Dr. Callaway said. However, if a bystander has used an AED to deliver a shock, the patient will not be entered into the trial.

The second component of the CPR study involves using a device called an impedance threshold valve, which fits on the tubing between the bag and mask used to deliver air to patients who are not breathing on their own.

When a rescuer pushes down on the chest, oxygen-rich blood is forced out of the heart to the rest of the body, Dr. Callaway explained. When the rescuer's hands come up and the chest expands, oxygen-poor blood should refill the heart.

But because the lungs are also refilling with air, the heart doesn't refill as well as it could, rendering the compressions less effective.

"This valve eliminates that," Dr. Callaway said. "It tries to prevent the air from going back and forth with every chest compression."

In the study, paramedics will use either a real or dummy valve — they won't know which — during the resuscitation procedure.

So when the two components are combined, cardiac arrest patients will fall into one of four groups: real valve plus early defibrillation; real valve plus late defibrillation; dummy valve plus early defibrillation; or dummy valve plus late defibrillation.

Trauma and cardiac arrest survivors will be re-evaluated one, three and six months later.

Researchers want to see whether the interventions enable more patients to live through the crisis, get out of the hospital and return home "neurologically intact," as Dr. Callaway put it.

More than 15,000 people around the country will become participants during the next three years or so, but "the way to get into this study is for something totally unexpected to happen to you," he said. About 600 patients annually could come from the local sites.

Pregnant women and children are among those who are automatically excluded from the research project, and people cannot participate in both the trauma and CPR studies, Dr. Callaway said. Family members can refuse on the patient's behalf.

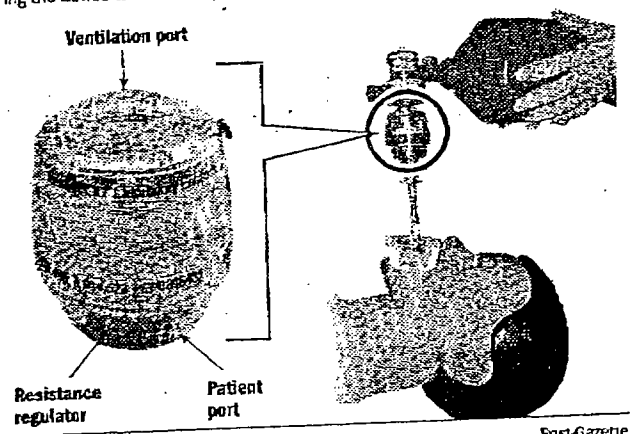
Also, "if people hear about this and they don't want to be involved with this, they should contact us," Dr. Callaway said.

For more information about the project, go to www.emsresearch.org or call 412-647-4221. A public forum will be held from noon to 1 p.m. Friday at William Pitt Union in the Assembly Room, 4200 Fifth Ave., Oakland.

Anita Srikameswaran can be reached at anitas@post-gazette.com or 412-263-3858.

Device may lead to better CPR outcomes

A study evaluating CPR procedures will use a device called an impedance threshold valve (pictured is the ResQPOD), which fits on the tubing between the bag and mask used to deliver air to patients unable to breathe on their own. The valve prevents air from moving in and out of the lungs with chest compressions, and allows the heart to better fill with oxygen-rich blood. Researchers are studying the device to see if it improves survival after cardiac arrest.



Source: Advanced Circulatory Systems Inc. Post-Gazette

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Studies will weigh promising emergency techniques to revive patients

Wednesday, June 28, 2006

By Anita Srikameswaran, Pittsburgh Post-Gazette

Regional paramedics will soon be testing intravenous fluids, an airway device and altered CPR protocols on some of their most critically ill patients to try to better the odds of surviving trauma and sudden cardiac arrest.

Emergency and trauma researchers from the University of Pittsburgh Medical Center and UPMC Trauma Services, members of the 10-city Resuscitation Outcomes Consortium, will be holding public forums to discuss the studies, which are funded by the National Institutes of Health and other agencies. One will be held in Oakland on Friday.

Online Graphic

See a graphic that explains how an impedance threshold device works with conventional CPR methods.

According to the American Heart Association, 95 percent of people who suffer cardiac arrest will die before they get to a hospital. It kills 900 Americans daily.

If frontline paramedics can't restart a stopped heart, "I never have opportunity to take care of that patient," said UPMC emergency medicine specialist Dr. Clifton Callaway. "This is something where paramedics save lives and nobody else does."

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(Anita Srikameswaran can be reached at anitas@post-gazette.com or 412-263-3858.)

Back

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Newspaper Postings

(includes Website information and Research line phone number to call to get information about local Public Forums and to leave Feedback)

Kelly, Lori (Emerg Med)

From: Barone, Jean
Sent: Wednesday, June 14, 2006 1:52 PM
To: Kelly, Lori (Emerg Med)
Cc: Callaway, Clifton; Tisherman, Samuel
Subject: RE: Public notification

Thank you very much. If you need IRB staff to attend any meetings that are scheduled, let me know and I will make those arrangements for you.

Jean Barone, CIP
Assistant Director for Regulatory Affairs
University of Pittsburgh Institutional Review Board
5500 Fifth Avenue, Suite 100
412-383-1480
412-383-1528 (fax)
baronej2@upmc.edu

From: Kelly, Lori (Emerg Med)
Sent: Wednesday, June 14, 2006 1:42 PM
To: Barone, Jean
Cc: Callaway, Clifton; Tisherman, Samuel
Subject: Public notification

Jeannie,

Clif asked me to forward these onto you so that you are aware of what is being posted in newspapers, church bulletins, etc in orde to inform people where to go for information about public meetings in their areas and who to contact for additional information.

Things are starting to come together. Thank you again for your help. LK

Lori J. Kelly RN BSN CEN BS
Research Coordinator
University of Pittsburgh
Department of Emergency Medicine
230 McKee Place, Suite 400
Pittsburgh, PA 15213
412-647-3183
412-647-6999 (fax)

The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research. For more information or to find meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

PUBLIC NOTIFICATION WITH INFORMATION ABOUT STUDY

Pittsburgh Catholic Distribution: Friday, June 30, 2006

Allegheny County	80,193
Armstrong County	86
Beaver County	8,468
Butler County	7,122
Fayette County	143
Greene County	897
Lawrence County	4,372
Mercer County	21
Washington County	7,851
Westmoreland County	389

The Catholic Accent Thursday, June 22, 2006

Tribune Review Sunday, June 25, 2006
Thursday, June 22, 2006

Pittsburgh Tribune-Review Sunday, June 25, 2006
Thursday, June 22, 2006

Pittsburgh Post-Gazette Sunday, June 25, 2006

KDKA – Community Calendar

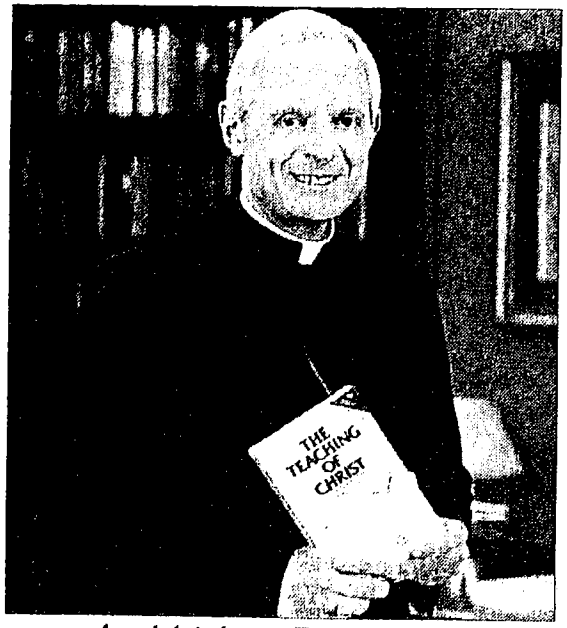
Hometownhappenings@kdka.com

Thepittsburghchannel.com

WPXI.com

WATE TV – Community Calendar

WOIG Radio



Join Archbishop Donald Wuerl
"The Teaching of Christ"

The July 9 program is titled
"The Teaching Mission of the Church"

The program is part of a continuing series based on a catechism titled "The Teaching of Christ," co-written by Bishop Wuerl, and on the "Catechism of the Catholic Church."

The Teaching of Christ

Sunday 8 a.m.

KDKA 2 CC

Check local cable listings for additional times and visit us on the Internet at www.diopitt.org.

PUBLIC NOTICE OF RESEARCH STUDY

The Resuscitation Outcomes Consortium is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research. For more information or to find meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

University of Pittsburgh

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Pittsburgh Catholic Telephone Directory

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Parish News	Ext. 237	Classified Ads	Ext. 221
School News	Ext. 236	Display Ads	Ext. 228/229
Calendar of Events	Ext. 237	Subscriptions	Ext. 222
Obituaries	Ext. 227/237	Back Issues	Ext. 222
Around the Diocese	Ext. 227/237	Production	Ext. 231/232

PITTSBURGH catholic

Paul Crowe
Account Executive
pcrowe@stargate.net
135 First Avenue • Pittsburgh, PA 15222-1506
1-800-392-4670 Ext. 233, Pager 412-970-0796
Fax 412-471-4228

PREPARRED BY:
PEGGY ZEZCA, CIRCULATION MGR.

COUNTY BY COUNTY DISTRIBTUTION

EFFECTIVE
8/12/2005

ZIP	TOWN	HOME	BULK	
15006	BAIRDFORD	2	350	352
15007	BAKERSTOWN	18		18
15014	BRACKENRIDGE	1		1
15015	BRADFORD WOODS	47	-	47
15017	BRIDGEVILLE	110	1,305	1,415
15018	BUENA VISTA	9		9
15020	BUNOLA	9		9
15024	CHESWICK	202	-	202
15025	CLAIRTON	580	85	665
15026	CLINTON	18		18
15028	COULTERS	9		9
15030	CREIGHTON	2	115	117
15034	DRAVOSBURG	47	-	47
15035	EMCKEESPORT	20	500	520
15037	ELIZABETH	528	20	548
15044	GIBSONIA	1,383	40	1,423
15045	GLASSPORT	58	300	358
15046	CRESCENT	112	-	112
15047	GREENOCK	10		10
15049	HARWICK	7	250	257
15051	INDIANOLA	29	-	29
15056	LEETSDALE	66	-	66
15065	NATRONA HEIGHTS	15	1,200	1,215
15071	OAKDALE	50	120	170
15076	RUSSELLTON	3	250	253
15082	STURGEON	10		10
15084	TARENTUM	11	375	386
15086	WARRENDALE	10		10
15088	WEST ELIZABETH	3		3
15090	WEXFORD	946	855	1,801
15091	WILDWOOD	3	520	523
15101	ALLISON PARK	283	720	1,003
15102	BETHEL PARK	279	1,545	1,824
15104	BRADDOCK	491	20	511
15106	CARNEGIE	97	1,140	1,237
15108	CORAOPOLIS	960	1,045	2,005
15110	DUQUESNE	91	625	716
15112	E.PITTSBURGH	52	150	202
15116	GLENSHAW	295	1,440	1,735
15120	HOMESTEAD	676	625	1,301
15122	WEST MIFFLIN	368	840	1,208
15126	IMPERIAL	19	600	619
15127	INGOMAR	4		4
15129	SOUTH PARK	339	10	349
15131	MCKEESPORT	268	390	658
15132	MCKEEPORT	884	430	1,314
15133	MCKEESPORT	136	500	636
15134	MCKEESPORT	4		4
15135	MCKEESPORT	171	-	171
15136	MCKEES ROCKS	520	1,905	2,425

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COUNTY BY COUNTY DISTRIBTUTION

EFFECTIVE
8/12/2005

15137 N VERSAILLES	112	-	112
15139 OAKMONT	26	505	531
15140 PITCAIRN	4	200	204
15142 PRESTO	29	-	29
15143 SEWICKLEY	1,371	60	1,431
15144 SPRINGDALE	206	10	216
15145 TURTLE CREEK	49	785	834
15146 MONROEVILLE	71	1,515	1,586
15147 VERONA	59	975	1,034
15148 WILMERDING	14	200	214
15201 PGH/LAWRENCEVILLE	75	885	960
15202 PGH/BELLEVUE	99	1,110	1,209
15203 PGH/SOUTH SIDE	31	1,130	1,161
15204 PGH/WEST END	65	300	365
15205 PGH/CRAFTON	65	1,221	1,286
15206 PGH/EAST LIBERTY	50	1,270	1,320
15207 PGH/HAZELWOOD	252	1,090	1,342
15208 PGH/HOMEWOOD	54	445	499
15209 PGH/MILLVALE	176	655	831
15210 PGH/MT OLIVER	761	910	1,671
15211 PGH/MT/ WASHINGTON	222	410	632
15212 PGH/NORTH SIDE	408	1,820	2,228
15213 PGH/OAKLAND	77	840	917
15214 PGH/NORTH SIDE	137	400	537
15215 PGH/SHARPSBURG	274	885	1,159
15216 PGH/SOUTH HILLS	1,688	310	1,998
15217 PGH/SQUIRREL HILL	156	-	156
15218 PGH/SWISSVALE	307	735	1,042
15219 PGH/UPTOWN	50	674	724
15220 PGH/GREENTREE	173	1,705	1,878
15221 PGH/WILKINSBURG	279	980	1,259
15222 PGH/DOWNTOWN	33	810	843
15223 PGH/ETNA	39	500	539
15224 PGH/BLOOMFIELD	29	870	899
15225 PITTSBURGH	8		8
15226 PGH/BROOKLINE	642	770	1,412
15227 PGH/BRENTWOOD	1,998	600	2,598
15228 PGH/MT LEBANON	1,012	250	1,262
15229 PGH/WEST VIEW	104	750	854
15230 PITTSBURGH	3		3
15231 PITTSBURGH	1	25	26
15232 SHADYSIDE	27	-	27
15233 PITTSBURGH	3	-	3
15234 PGH/CASTLE SHANNON	328	990	1,318
15235 PGH/PENN HILLS	224	1,680	1,904
15236 PGH/PLEASANT HILLS	446	2,425	2,871
15237 PGH/MCKNIGHT RD	1,025	1,360	2,385
15238 PGH/BLAWNOX	178	235	413
15239 PGH/PLUM BORO	822	445	1,267
15240 PITTSBURGH	-	45	45
15241 PGH/UPPER ST CLAIR	164	2,235	2,399
15243 PGH/SCOTT TWP	877	245	1,122

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EFFECTIVE
8/12/2005

15244 ROBINSON TWP	1		1
15282 PGH/DUQUESNE UNIV	4	100	104
TOTAL ALLEGHENY	**25,563**	**54,630**	**80,193**
15613 APOLLO	52	5	57
16218 COWANSVILLE	2		2
16226 FORD CITY	6		6
16229 FREEPORT	3		3
16201 KITTANNING	5		5
15656 LEECHBURG	3	10	13
TOTAL ARMSTRONG	**71**	**15**	**86**
15001 ALIQUIPPA	179	2,405	2,584
15003 AMBRIDGE	191	808	999
15005 BADEN	480	-	480
15009 BEAVER	173	440	613
15010 BEAVER FALLS	936	630	1,566
15027 CONWAY	147	10	157
16115 DARLINGTON	139	10	149
16123 FOMBELL	25		25
15042 FREEDOM	186	180	366
15043 GEORGETOWN	10		10
15050 HOOKSTOWN	17		17
15052 INDUSTRY	139	-	139
16136 KOPPEL	37	20	57
15059 MIDLAND	218	-	218
15061 MONACA	166	100	266
15066 NEW BRIGHTON	523	-	523
16141 NEW GALILEE	61	-	61
15074 ROCHESTER	200	-	200
15077 SHIPPINGPORT	2		2
15081 SOUTH HEIGHTS	36	-	36
TOTAL BEAVER	**3,865**	**4,603**	**8,468**
16020 BOYERS	51	10	61
16001 BUTLER	1,605	230	1,835
16002 BUTLER	495	505	1,000
16003 BUTLER	20		20
16023 CABOT	12	400	412
16025 CHICORA	31	150	181
16066 CRANBERRY TWP	126	1,030	1,156
16029 EAST BUTLER	27		27
16033 EVANS CITY	36	75	111
16034 FENELTON	9	144	153
16037 HARMONY	86	-	86
16038 HARRISVILLE	10		10
16039 HERMAN	2	180	182
16040 HILLIARDS	12		12
16041 KARNS CITY	14		14
16045 LYNDORA	34	200	234
16046 MARS	219	435	654
16048 NORTH WASHINGTON	3		3

PREPARRED BY:
PEGGY ZEZZA, CIRCULATION MGR.

COUNTY BY COUNTY DISTRIBTUTION

EFFECTIVE
8/12/2005

16050 PETROLIA	10		10
16051 PORTERSVILLE	4		4
16052 PROSPECT	13	100	113
16053 RENFREW	48		48
16055 SARVER	8	-	8
16056 SAXONBURG	47	-	47
16057 SLIPPERY ROCK	19	210	229
16059 VALENCIA	233	25	258
16061 WEST SUNBURY	44		44
16063 ZELIENOPLE	200	10	210
TOTAL BUTLER	**3,418**	**3,704**	**7,122**
15012 BELLE VERNON	9		9
15417 BROWNSVILLE	80		80
15425 CONNELLSVILLE	2		2
15431 DUNBAR	1		1
15450 LA BELLE		40	40
15401 UNIONTOWN	11		11
TOTAL FAYETTE	**103**	**40**	**143**
15310 ALEPPO	-		-
15315 BOBTOWN	3	110	113
15320 CARMICHAELS	13	270	283
15322 CLARKSVILLE	127	20	147
15344 JEFFERSON	24	-	24
15346 MATHER	25	-	25
15357 RICES LANDING	12	-	12
15364 SYCAMORE	8		8
15370 WAYNESBURG	235	50	285
TOTAL GREENE	**447**	**450**	**897**
16112 BESSEMER	1	100	101
16117 ELLWOOD CITY	24	1,220	1,244
16120 ENON VALLEY	30		30
16132 HILLSVILLE	1	100	101
16140 NEW BEDFORD	1	200	201
16101 NEW CASTLE	533	925	1,458
16102 NEW CASTLE	25	340	365
16103 NEW CASTLE	6		6
16105 NEW CASTLE	278	500	778
16107 NEW CASTLE	6		6
16155 VILLA MARIA	3		3
16157 WAMPUM	76	-	76
16160 WEST PITTSBURGH	3		3
TOTAL LAWRENCE	**987**	**3,385**	**4,372**
16121 FARRELL	2		2
16127 GROVE CITY	5		5
16142 NEW WILMINGTON	9		9
16156 VOLANT	5		5
TOTAL MERCER	**21**	**-**	**21**

PREPARRED BY:
PEGGY ZEZZA, CIRCULATION MGR.

COUNTY BY COUNTY DISTRIBTUTION

EFFECTIVE
8/12/2005

15311 AMITY	-		-
15004 ATLASBURG	2		2
15312 AVELLA	-	165	165
15314 BENTLEYVILLE	4	350	354
15019 BULGER	103	10	113
15021 BURGETTSTOWN	46	320	366
15419 CALIFORNIA	104	-	104
15317 CANONSBURG	1,342	30	1,372
15321 CECIL	73	35	108
15022 CHARLEROI	10	500	510
15323 CLAYSVILLE	3		3
15423 COAL CENTER	44	-	44
15427 DAISYOWN	8		8
15429 DENBO	7		7
15033 DONORA	3	415	418
15330 EIGHTY FOUR	93	-	93
15331 ELLSWORTH	1	-	1
15038 ELRAMA	1	130	131
15332 FINLEYVILLE	359	10	369
15333 FREDERICKTOWN	58	20	78
15340 HICKORY	27	-	27
15342 HOUSTON	100	-	100
15053 JOFFRE	19		19
15054 LANGELOTH	3		3
15055 LAWRENCE	20		20
15345 MARIANNA	59	-	59
15057 MCDONALD	420	10	430
15347 MEADOW LANDS	8	200	208
15060 MIDWAY	61	-	61
15063 MONONGAHELA	38	650	688
15350 MUSE	5	150	155
15067 NEW EAGLE	3		3
15329 PROSPERITY	9		9
15358 RICHEYVILLE	7	120	127
15477 ROSCOE	2	100	102
15360 SCENERY HILL	13		13
15078 SLOVAN	2		2
15362 SPRAGGS	3		3
15363 STRABANE	56	-	56
15367 VENETIA	185	-	185
15368 VESTABURG	28	-	28
15301 WASHIGTON	306	1,000	1,306
15376 WEST ALEXANDER	1		1
TOTAL WASHINGTON	**3,636**	**4,215**	**7,851**
15626 DELMONT	3		3
15627 DERRY	2		2
15632 EXPORT	9		9
15601 GREENSBURG	20	15	35
15636 HARRISON CITY	2		2
15637 HERMINIE	1		1
15642 IRWIN	125		125

CELL (412)350-1000 HOME OFFICE (412)364-049

PITTSBURGH catholic

America's Oldest Catholic Newspaper in continuous publication since 1844

PUBLISHED WEEKLY WITH A FRIDAY DATELINE
by the PITTSBURGH CATHOLIC PUBLISHING ASSOCIATES
A PUBLICATION SERVING THE DIOCESE OF PITTSBURGH
Comprising Allegheny, Beaver, Butler, Greene, Lawrence and Washington counties.

MEMBER: Catholic Press Association • Advertising Media Plus
Pennsylvania Newspaper Association • Catholic Advertising Network

PAUL CROWE
Account Executive
135 FIRST AVENUE • SUITE 200
PITTSBURGH, PA 15222-1506
PHONE: (412) 471-1252 • TOLL FREE: 1-800-392-4670
FAX: (412) 471-4228 • www.pittsburghcatholic.org

WEEKLY CIRCULATION

Allegheny County	80,000
Beaver County	8,500
Butler County	7,000
Greene County	1,000
Lawrence County	5,000
Washington County	8,000
Outside Diocese, State, Foreign	1,500
Total Market Circulation	111,000

ADVERTISING RATES

General Advertising Rates

(Non-Commissionable)

6 Column S.A.U. (ROP)	9 Column Format *(Classified)*
$31.35 - Open Rate	$20.85 - Open Rate

(Non-Profit)

6 Column S.A.U. *(ROP)*	9 Column Format *(Classified)*
$22.85 - Open Rate	$15.30 - Open Rate

ADVERTISING DEADLINES: Publication is printed every Wednesday on a normal schedule.

DISPLAY ADVERTISING
AND CLASSIFIED ADVERTISING:
WEDNESDAY AT 11 A.M.
(one week prior to print date)

MECHANICAL SPECIFICATIONS

6 columns to a page
Standard Advertising Units (S.A.U.)
Width of column 11 picas
Depth of Page 294 Lines (21.0 inches)

1 column	11.00 picas	(1.833")
2 column	22.90 picas	(3.792")
3 column	34.60 picas	(5.750")
4 column	46.30 picas	(7.708")
5 column	58.00 picas	(9.667")
6 column	69.90 picas	(11.625")
Double Truck	144.75 picas	(24.125")

9 columns to a page (classified)
Width of Column-7.2 picas
Width of Page 69.8 picas (11.625 inches)
Depth of Page-294 Lines (21 inches)

1 column	7.2 picas	(1.204")

ADVERTISING RATES

Retail (ROP) Advertising Rate Schedule

Earned Rates per Month

Up to 7 col. inches	$25.65
8-20 Col. inches	$25.25
21-40	$24.70
41-60	$24.05
61-126	$23.20
127+	$22.15

Weekly Continuity Rates (Inches)

	1 Mo.	3 Mo.	6 Mo.	12 Mo.
3-9	$22.75	$21.40	$20.95	$19.40
10-15	$22.40	$21.10	$20.65	$19.15
16-32	$21.85	$20.65	$20.15	$18.65
33-64	$21.25	$20.10	$19.50	$18.20
65-126	$20.50	$19.35	$18.95	$17.55
127+	$19.60	$18.50	$18.10	$16.75

Classified Display • Rate Schedule

Monthly Earned Rates Per Month

Up to 16 col. inches $17.10

Weekly Continuity Rates (Inches)

	1 Mo.	3 Mo.	6 Mo.	12 Mo.
3-16	$13.60	$12.50	$12.10	$10.60

Additional Bulk Discounts Available on Request

NATIONAL ADVERTISING RATES

AGENCY COMMISSION 15%
CONTRACT INCHES *(per column inch)*

LEVEL	6 Col. S.A.U.
Open Rate	$53.35
33 Col. inches	$50.70
65 Col. inches	$46.25
126 Col. inches	$42.75
127+ Col. inches	$40.95

Pre-printed inserts . . . Rates Available Upon Request.

9 Col. Format *(Classified)*

Open Rate $35.55

BUSINESS DIRECTORY

FULL MONTH PARTICIPATION *(per column inch)*

Length	1-3"	4-8"	9"+
1-month	$14.30	$14.05	$13.75
3-month	$12.60	$12.40	$12.05
6-month	$11.65	$11.30	$11.00
9-month	$10.60	$10.25	$10.05
12-month	$ 9.20	$ 8.90.	$ 8.80

COLOR RATES AND DATA

(HALFTONE SCREEN IS 85 LINE)

Color Rates Available Upon Request. Stand News-paper Colors used. Color closing deadline :serva-tions, two weeks prior to publication.

SPECIFIED SIZES

6 Column Format

FULL PAGE:	126.00 Col. inches total
HALF PAGE:	63.00 Col. inches total
QUARTER PAGE:	31.50 Col. inches total
ONE EIGHTH PAGE:	15.75 Col. inches total

The Pittsburgh Catholic will publish special issues on February 17th & November 17th. These issues will be delivered to more than 200,000 Catholic households registered in the Pittsburgh Diocese. A 7% premium will be applied to all advertising rates.

GENERAL POLICIES

The Pittsburgh Catholic reserves the right to refuse or to alter any advertisement submitted for publication. The publisher reserves the right to decline any advertisement considered to be morally offensive or incompatible with Catholic teaching. The publisher can require the word "advertisement" to appear in any ad. Advertisers, on request, must substantiate any claims of substance or quality.

The Pittsburgh Catholic assumes no responsibility or liability for advertising content. Advertisers and their agencies will defend, hold harmless and indemnify the publisher from any claim, all loss, expense or liability arising out of the publication of any advertising copy.

The liability for any omission, error, or delay for which the publisher may be held responsible shall not exceed the cost of the space paid for and occupied by such individual advertisement. Notice of typographical errors must be given in time for correction before the second insertion; otherwise no claim for repetition of error shall be allowed.

TERMS/BILLING

Terms are 2%-ten days/net thirty days.
Agency commission: National Rate Only-
Agency commission 15%: allowed to recognized agencies only.

LIABILITY FOR PAYMENT

Publisher may hold Advertiser and its Agency jointly and severally liable for all sums due and payable to the Publisher, including associated collection and legal fees.

PRE-PRINTED INSERTS

Pre-printed inserts are accepted upon approval by the publisher. Advertisers must submit samples for approval and rate confirmation.

CLASSIFIED LINE ADVERTISING RATES

Commerical Classified Line ads - 20 words $8.50, each additional word 25 cents.

ORDER ERRORS

Oral agreements will not be binding on the Publisher. Insertion orders containing incorrect rates or conditions will be inserted and charged for in compliance with the rates as shown on the current Rate Card.

RATE CARD #23
EFFECTIVE February 1, 2006

PREPARRED BY:
PEGGY ZEZZA, CIRCULATION MGR.

COUNTY BY COUNTY DISTRIBTUTION

EFFECTIVE
8/12/2005

15644	JEANNETTE	5		5
15650	LATROBE	11	25	36
15062	MONESSEN	6		6
15668	MURRYSVILLE	92		92
15068	NEW KENSINGTON	44	10	54
15085	TRAFFORD	12		12
15089	WEST NEWTON	7		7
	TOTAL WESTMORELAND	339	50	389
	MISC PA & OUT OF STATE	752	10	762
	FOREIGN	38		38
	TOTALS	39,240	71,102	110,342

8 Reasons to Advertise in the Pittsburgh Catholic

1. 192,000 Readers*
2. Flexible Advertising Programs
3. Quality Audience**
4. Local Diocesan News
5. Specialized Supplements
6. We Do Inserts!
7. U.S. Postal Service Delivery
8. Experienced Sales Professionals

Call Us Today

412-471-1252

Ask for the Advertising Department

* Publishers Information Center, Inc.

25 Largest Pittsburgh-Area Newspapers

(Ranked by paid daily or weekly circulation[1])

	Name Address Phone / Year founded / Web site	Paid circulation[2] Percent change from prior year	Frequency[3]	Editor	Publisher	Parent company	Annual subscription rate	Open ad rate per column inch: classified/display Advertising director	Format
1.	**Pittsburgh Post-Gazette**[3] 34 Blvd. of the Allies, Pittsburgh, PA 15222 (412) 263-1100 / 1786 / www.post-gazette.com	240,93 daily; 401,280 Sun. -1%	D	David Shribman	John Block	Block Communications inc.	$156	$6.90+ per line/$16.320 daily; Terry Cascio	Broadshee
2.	**Pittsburgh Catholic**[1,5] 135 First Ave., Suite 200, Pittsburgh, PA 15222 (412) 471-2527 / 1844 / www.pittsburghcatholic.org	111,000 -1%	W	William Cone	Bishop Donald Wuerl	Diocese of Pittsburgh	$17	$19.70/29.60 John Connolly	Broadshee
3.	**Tribune-Review**[3] DL Clark Bldg., Suite 200, Pittsburgh, PA 15222 (412) 321-6460 / 1889 / www.pittsburghlive.com	105,286daily; 163,215Sun. -12%	D	Frank Craig	Richard M. Scaife Publisher inc.	Tribune-Review Publishing Co. Inc.	$130	$104.16/$165.15 daily; $97.02/$97.22 Sun Lou Naples	Broadshee
4.	**The Catholic Accent**[4] 725 E. Pittsburgh St., Greensburg, PA 15601 (724) 834-4010 / 1951 / www.dioceseofgreensburg.org	52,800 -2%	W	Angela Burrows	Bishop Lawrence Brandt	Diocese of Greensburg	$14	40 cents a word; $13.50 Rose Marie Govi	Broadshee
5.	**Beaver County Times**[3] 400 Fair Ave., Beaver PA 15009 (724) 775-3200 / 1946 / www.timesonline.com	41,376 daily; 46,713 Sun. -1%	D	Kerri Briscoe	Alan Buncher	Calkins Media	$145.08	$2.45/$44.18 daily; $2.49/$46.21 Sun. Dan Watson	Broadshee
6.	**Observer-Reporter**[3] 122 S. Main St, Washington, PA 15301 (724) 222-2200 / 1808 / www.observer-reporter.com	33,141daily; 35,896 Sun -5%	D	A. Parker Burroughs	Thomas Northrop	Observer Publishing Co.	$142.50	$28.68/$33.76 daily; $31.56/$37.14 Sun. Matthew Chiser	Broadshee
7.	**Valley News Dispatch**[3] 210 Fourth Ave., Tarentum, PA 15084 (724) 224-4321 / 1891 / www.valleynewsdispatch.com	29,376 daily; 29,779 Sun. -4%	D	Frank Craig / Jeff Domenick	Richard M. Scaife Publisher Inc.	Tribune-Review Publishing Co. inc.	$156	$28.66/$37 daily $28.66/$38 Sun. Lou Naples	Broadshee
8.	**Butler Eagle**[3] 114 W. Diamond St., Butler, PA 16001 (724) 282-8000 / 1869 / www.butlereagle.com	28,494 daily; 30,134 Sun. -1%	M-S	Mark Mann	Vernon Wise	Eagle Printing Co.	$130	$9/$14 daily; $9/$14 Sun Mace Pavelek	Broadshee
9.	**Herald-Standard**[3] 8-18 E. Church St., Uniontown, PA 15401 (724) 439-7500 / 1888 / www.heraldstandard.com	26,867 daily; 28,488 Sun. -6%	D	Mark O'Keefe	Val Laub	Calkins Media	$163.80	$25.62/$30.60 daily; $27.02/$31.55 Sun. Maureen Hranec	Broadshee
10.	**New Pittsburgh Courier**[4] 315 E. Carson St., Pittsburgh, PA 15203 (412) 481-8302 / 1910 / www.newpittsburghcouner.com	25,000 0%	Twice-weekly	Rod Doss	Rod Doss	Real Times inc.	$25	$24.27/$32.41 Eric Gaines	Broadshee
11.	**The Daily News**[3] 409 Walnut St., McKeesport, PA 15132 (412) 664-9161 / 1884 / www.dailynewsmckeesport.com	17,745 0%	M-S	Jeff Sisk	Chris Miles	Daily News Publishing Co. Inc.	$144	$17.54/$24.68 Jacquelyn Miles	Broadshee
12.	**The Valley Independent**[3] Eastgate 19, Monessen, PA 15062 (724) 684-5200 / 1902 / www.valleyindependent.com	14,632 -3%	M-S	Frank Craig / Robert Burke	Richard M. Scaife Publisher Inc.	Tribune Review Publishing Co.	$153.40	$13.80/$19.85 William Cotter	Broadshee
13.	**Pittsburgh Business Times**[3] 2313 E. Carson St., Suite 200, Pittsburgh, PA 15203 (412) 481-6397 / 1981 / pittsburgh.bizjournals.com	12,266 -1%	W	Lauren Lawley Head	Alan Robertson	American City Business journals Inc.	$96	$12.6; $4,945 full page ad Tracy Merzi	Tabloid
14.	**South Hills Record**[4] 1964 Greentree Road, Pittsburgh, PA 15220 (412) 388-5800 / / www.gatewaynewspapers.com	9,639 NA	W	Edith Hughes	Richard M. Scaife	Westminster Holdings Inc.	$25	NA/$13.02 Lou Naples	Tabloid
15.	**The Jewish Chronicle**[4] 5600 Baum Blvd., Pittsburgh, PA 15206 (412) 687-1000 / 1962 / www.pittchron.com	8,300 -2%	W	Lee Chottiner	Jewish Publication and Education Foundation	Pittsburgh Jewish Publication & Education Foundation	$35	$9.50/$20.40 Ed Smith	Tabloid
16.	**Leader Times**[3] 115 N. Grant Ave., Kittaning, PA 16201 (724) 543-1303 / / www.leadertimes.com	8,273 -5%	M-S	Frank Craig / Mike O'Hare	Richard M. Scaife Publishier Inc.	Tribune-Review Publishing Co. Inc.	$138	$8.90/$12 Lou Naples	Broadsheet
17.	**Latrobe Bulletin**[4] 1211 Ligonier St., Latrobe, PA 15650 (724) 537-3351 / 1902 / NA	8,200 5%	M-S	Steve Kitty	Gary Siegel	Latrobe Printing and Publishing Co.	$109.20	$5.20/$7.50 Gary Siegel	Broadsheet
17.	**Suburban Gazette**[4] 421 Locust St, McKees Rocks, PA 15136 (412) 331-2645 / 1892 / NA	8,200 3%	W	James DiNardo	Virginia Schramm	McKees Rocks Gazette Inc.	$25	58 cents per word; $10.50 James DiNardo	Tabloid
19.	**The Daily Courier**[3] 127 W. Apple St., Connellsville, PA 15425 (724) 628-2000 / 1902 / www.dailycouner.com	7,831 -14%	M-S	Frank Craig / Roxanne Abramowitz	Richard M. Scaife Publisher Inc.	Tribune-Review Publishing Co. Inc.	$104	$15/$18.75 William Cotter	Broadsheet
20.	**Norwin Star**[4] 610 Beatty Road, Monroeville, PA 15146 (412) 856-7400 / 1992 / www.ghplus.com	5,562 NA	W	Edith Hughes	Richard M. Scaife Publisher Inc.	Westminster Holdings inc.	$25	NA/$10.97 Lou Naples	Tabloid
21.	**The Mount Pleasant Journal**[4] 22-33 S. Church St., Mount Pleasant, PA 15666 (724) 547-5722 / 1873 / www.laureigrouponline.com	5,445 2%	W	Diana Lasko	Joseph F. Sofonc	Mount Pleasant Publishing Corp.	$26	$9.80 Joseph T. Sofonc	Broadsheet
22.	**Penn Trafford Star**[4] 610 Beatty Road, Monroeville, PA 15146 (412) 856-7400 / / www.gatewaynewspapers.com	4,822 NA	W	Edith Hughes	Richard M. Scaife Publisher Inc.	Westminster Holdings inc.	$25	NA/$10.97 Lou Naples	Tabloid
23.	**The Herald**[4] 101 Emerson Ave., Aspinwall, PA 15215 (412) 782-2121 / 1878 / www.pittsburghlive.com	4,760 15%	W	Edith Hughes	Richard M. Scaife Publisher Inc.	Westminster Holdings inc.	$25	$29.06/$9.94 Lou Naples	Tabloid
24.	**The Ligonier Echo**[4] 112 W. Main St., Ligonier, PA 15658 (724) 238-2121 / 1888 / www.laureigrouponline.com	4,738 0%	W	Richard Schwab	Joseph F. Sofonc	Mt. Pleasant Publishing Corp.	$26	$8.25 Joseph T. Sofonc	Broadsheet
25.	**Times Express**[4] 610 Beatty Road, Monroeville, PA 15146 (412) 856-7400 / 1898 / www.timesexpressstar.com	4,528 NA	W	Edith Hughes	Richard M. Scaife Publisher Inc.	Westminster Holdings inc.	$25	NA/$16.30 Lou Naples	Tabloid

se newspapers did not respond by deadline. Most data is from last year's survey.

ing is based upon daily circulation for newspapers published Monday through Saturday or every day; otherwise, figure listed is weekly circulation.
er frequency: D: daily; M-S: Monday-Saturday; W: weekly
uation figures for these publications are the most recent available from the Audit Bureau of Circulations.
uation figures provided by individual companies.
figure listed for the Pittsburgh Catholic is its paid circulation and does not include twice yearly delivery of the paper to all families
Pittsburgh Diocese, for a run of 227,500 issues.

Source: Audit Bureau of Circulations or individual newspapers

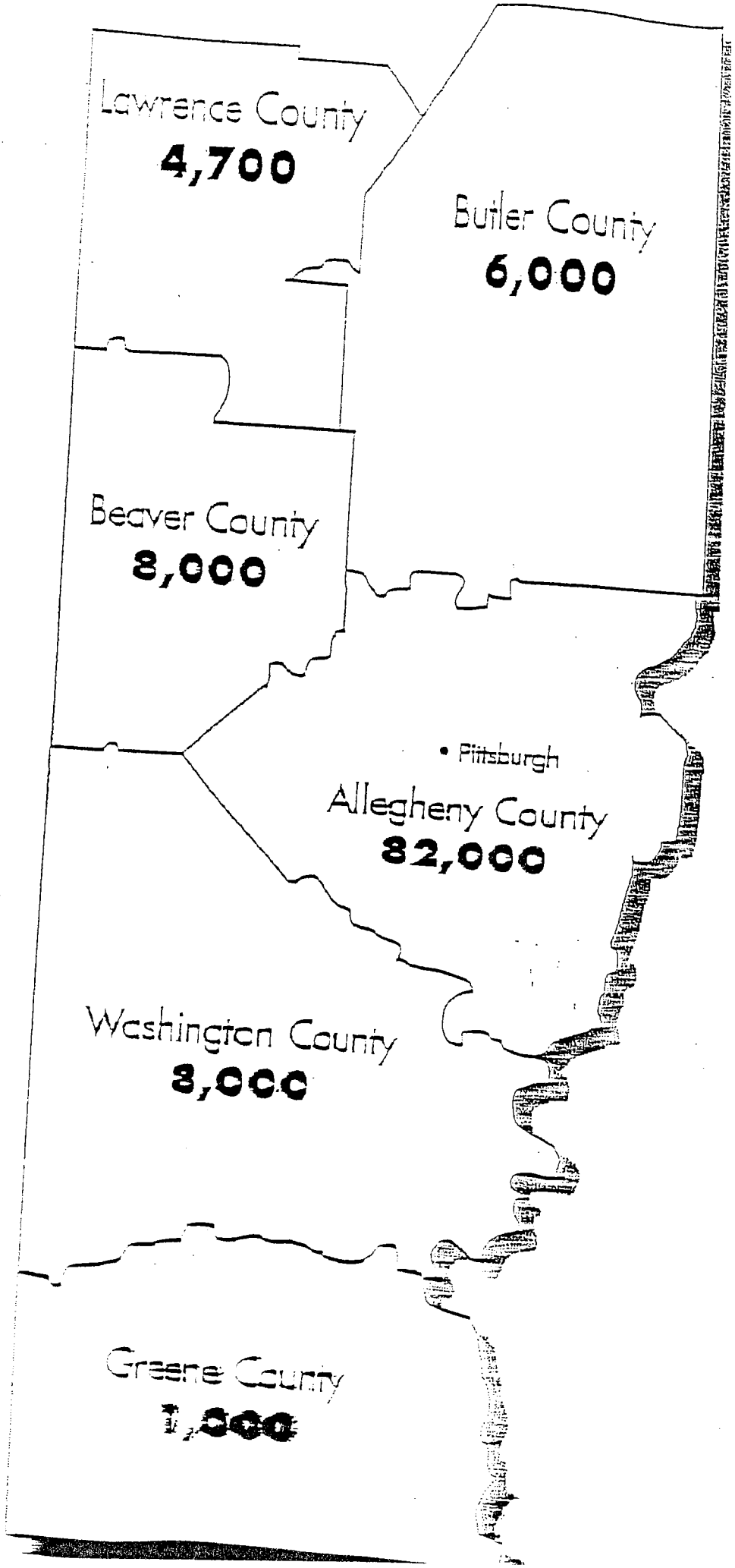
Counties surveyed for this list: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland

Questions should be directed to Ethan Lott: (412) 481-6397, Ext. 229, or elott@bizjournals.com

Originally published May 20. Selected material created for Book of Lists.

CATHOLIC DIOCESE
OF PITTSBURGH

Pittsburgh Catholic paid readership by county.



Festivals

BOVARD — The annual St. Bede Parish festival is slated for June 23-25. A car cruise will be held from 6-9 p.m. Friday and a spaghetti dinner will be served from noon-6 p.m. Sunday. Large dinners are $6 and small dinners are $5. Highlights include pasta fagioli, haluski, games, bingo and a Chinese auction. A disc jockey will provide music on Sunday.

BELLE VERNON — St. Sebastian Parish will host its annual festival June 25 from 1-10 p.m. The event will include homemade dinners, outdoor food booths, games for children and adults, bingo, raffles and live entertainment at 4 p.m.

Fundraisers

SMITHTON — The partner parishes of Seven Dolors, Yukon, and St. Timothy, Smithton, will hold a "trash n' treasure" sale June 23 from 9 a.m.-3 p.m. and June 24 from 10 a.m.-6:30 p.m. in Gresko Hall. Food will be available and a Pittsburgh Steelers teddy bear will be raffled.

INDIANA — St. Bernard Parish will hold its annual garage sale July 13 from 8 a.m.-7 p.m., July 14 from 8 a.m.-4 p.m. and July 15 from 8-11 a.m. in the learning center. Donations will be accepted until July 3. No tires, televisions, computers, magazines or clothes will be accepted.

CRABTREE — Bingo is held every Sunday in Marian Hall.

Early deadline

The deadline for receipt of all advertising, Around the Diocese announcements and editorial copy for the July 6 issue of *The Catholic Accent* is the end of the day June 22. For more information, contact Rose Govi at 724-552-2543, 724-834-4010 or e-mail rgovi@dioceseofgreensburg.org.

St. Sebastian Parish Festival
Sunday, June 25
1-10 p.m.
*Homemade Food
*Bake Sale *Raffles
*Games & Music
*Bingo — 4 p.m.
801 Broad Ave., Belle Vernon
Interstate 70 to Exit 42

Retreat

GREENSBURG — Our Lady of Grace Parish will host a retreat for people with disabilities and life-challenging illnesses Sept. 24 from 1:30-6 p.m. The retreat will include the celebration of Mass teachings, fellowship and dinner. Father William C. McGuirk, pastor of St. Florian Parish, United, will be the celebrant. Cost is $5.50 per person. For reservations, call Rita Shapiola at 724-537-3851. For more information or to volunteer, contact Judith Hube at 724-837-8706.

Research study

PITTSBURGH — The Resuscitation Outcomes Consortium at the University of Pittsburgh is planning research studies in western Pennsylvania for people with severe injury or cardiac arrest. The studies will use investigational drugs or devices in addition to the usual care provided by paramedics. If you are injured or experience a sudden cardiac event requiring resusitation, you may receive treatment by an ambulance involved in one of these studies.

Investigators would like to receive input from the community about this research. For more information or meeting times in the area to discuss this research, visit www.emsresearch.org or call 412-647-4221.

FROM PAGE ONE

issue could delay slots to
other year.

"I am frustrated by w
going on over there with r
to some members of the
stonewalling for whatever
tive," said Sen. Vince Fun
Philadelphia, an architect
slots law.

The gambling board has
July 5 to create temporary
without going throu
lengthy bureaucratic pro

Pending legislation
ease the deadline and revi
slots law. The House and S
have passed separate ver
and lawmakers have n
agreed on a compromise.

As with the original slo
in 2004, a vote could come
final hours before me
leave for their summer b
the Fourth of July holida

Orie's bill to abolish th
troversial supplier requir
also hangs in the balance.

"The whole history of casi

Critics claim the legal re-
quirement of a Pennsylvania distributor is designed to reward lawmakers' friends. They contend the proviso ultimately will add to casino costs because the licensees will need to find a manufacturer to produce the machines.

Fumo, prime author of the slots legislation, insisted political connections could mean little.

"There's not a limited number of licenses. So they all can get them," Fumo said. "It was designed to give a piece to small people. You are always going (to have) politically friendly people in every damn business. And it doesn't mean they are going to get any edge up."

The money involved is significant. The state is expected to authorize 61,000

nies. It doesn't get any more complicated than that."

Coy hinted late last week that he might be willing to compromise.

Many potential suppliers come from the ranks of politics.

Applicants include former acting Gov. Mark Singel, a Democrat; former Allegheny County Chief Executive Jim Roddey, a Republican; former Pittsburgh Councilman Sala Udin, a Democrat; and super lobbyist Stephen Wojdak, a onetime Democratic lawmaker.

Manufacturers question the need for suppliers at all.

Middlemen add costs, require additional training and limit contact with customers, manufacturers said.

"The reality is that the supplier comes between the customer and the machine," said spokesman Ed Rogich, of Inter-

166732

PUBLIC NOTICE OF RESEARCH STUDY

The Resuscitation Outcomes Consortium is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research. For more information or to find meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

University of Pittsburgh

180694

COMMUNITY NEWS

During the last six m
2004, she had been
money from case to cas
(office) payments," Ste
fied.

The auditors found th
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to Rita Aujay, of the Audi
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ing of cash receipts, she

Another $22,000 was

charges were filed days
haffer reached an undis-
inancial settlement to dis-
ederal lawsuit she filed in
ry 2005 against Break-

ignment in Fayette
Court was set for
July 20. Shaffer remains
25,000 percentage bond.

*el Cope is a reporter for
Courier in Con-
He can be reached at
ribweb.com or 724-626-*

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PUBLIC NOTICE OF RESEARCH STUDY

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University of Pittsburgh

180694

J. W. WILKINSONS Nurseries

FROM PAGE ONE

plots and making a decision, well, this is a really dangerous

ond thoughts, the two informants, both seasoned adults, kept

PUBLIC NOTICE OF RESEARCH STUDY

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University of Pittsburgh

180694

FROM PAGE ONE

At EU meeting, Bush | Page 1

back from the mounting crisis.

Washington ruled out any special talks over the issue that it, along with South Korea and Japan, says poses a grave danger to a region already worried by North Korea's nuclear ambitions.

"We know that the U.S. is concerned about our missile test launch," Yonhap quoted North Korea's deputy chief of mission at the United Nations in New York, Han Song-ryol, as saying.

"Our position is to solve this situation through discussions," Han said, while asserting Pyongyang's right to develop and test missiles.

John Bolton, U.S. ambassador to the United Nations, rejected the offer.

"I must say you don't normally engage in conversations

grains in return for aid and security assurances.

clear signals and a commitment from the American side — no tor-

PUBLIC NOTICE OF RESEARCH STUDY

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PUBLIC NOTICE OF RESEARCH STUDY

The Resuscitation Outcomes Consortium is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care. If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies. Investigators would like to receive input from the community about this research. For more information or to find meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

University of Pittsburgh

INTERNATIONAL

investing more than $150 million, the couple have bought more than 2 million acres of varied terrain in South America. They have accumulated parts of volcanoes, glaciers and 1,000-year-old stands of alerce trees, a larch species that Chile declared national monuments in 1976.

A fleet of Cessna planes ferries these eco-barons about their domain, with Doug Tompkins, a longtime pilot, surveying his lands with the same fervor once employed in designing Esprit emporia. He repeatedly berates the "techno-industrial society," despite the aircraft, satellite phone, computers and other gadgets that surround him.

His Pumalin Park project here in southern Chile, Mr. Tompkins' signature effort (named after pumas, the local cougars), sprawls over 762,000 acres, as extensive as Yosemite National Park. It also slices this narrow

who argues that the U.S. public would never accept foreign land purchases that cut an entire state in half. "I can't imagine a situation where people traveling from Washington or New York to Miami, for instance, would be obliged to do it only by ferry or air."

For Mr. Tompkins, saving the land is all. He professes concern for those who work in the forests, pastures or seas, but insists that the "salmoneros," gauchos, lumbermen, shepherds and others displaced by his environmental scheme must find other employment, perhaps in ecotourism. That attitude has alienated many.

"I think a lot of what Senor Tompkins has done to preserve the land is admirable, but we can't all live off the beauty," said Yvonne Catin Romero, 25, a neighbor who ferries tourists on her boat in Renihue fjord but also raises salmon, an industry Mr. Tompkins abhors as polluting.

land in Chile
ing Canada,
locales. "The
hanging aro
"That was j
day I thou
place."

The Tomp
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than 20 year
acquaintance

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and somehow
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"And in my pe

ANNOUNCEMENTS SENT TO ORGANIZATIONS

June 14,2006

Greek Orthodox Diocese of Pittsburgh

Lutheran Synod

Beaver-Butler Presbytery

Washington Presbytery – response received – mass e-mailed flyer and announcements to church

Pittsburgh Baptist Association

Redstone Presbytery

Baptist Association of South Western PA

Pittsburgh Presbytery

Catholic Diocese of Greensburg

The Resuscitation Outcomes Consortium, at the University of Pittsburgh, is planning research studies in this area for persons with severe injury and for persons with cardiac arrest (when the heart stops beating). Paramedics will use investigational drugs or devices in addition to their usual care.

If you are injured, or if you experience a sudden cardiac event requiring resuscitation, you may receive treatment by an ambulance involved in one of these studies.

Investigators would like to receive input from the community about this research. For more information or to find meetings in your area to discuss this research, visit our website at www.emsresearch.org or call 412-647-4221.

Washington Presbytery
724-222-1500
Jeanie

Matt,

Please call these numbers and state (ask the following)

Hello,
My name is Matt and I am calling from the Department of Emergency Medicine, here at the University of Pittsburgh. We will be conducting several research studies in the area and would like to let your congregations know about the studies and to provide them with information about attending a public meeting in the area if they are interested. Therefore, I have a few questions that I hope you can help me with.

Do you have a newspaper that is sent to out to your congregation?

Yes:

What is the name of the paper?

Send E-mail to Washpresby@yahoo.com

Who do I contact about providing a PUBLIC SERVICE ANNOUNCEMENT that we would like printed in the paper?

Will Review and distribute to their Congregation via Email Database.

(If the person you are speaking with is the contact person): Email address (mail address) to send the announcement to.

Any size limitations for the announcement?

Wesoloski, Beth A

From: Washington Presbytery [washpresby@yahoo.com]
Sent: Thursday, June 15, 2006 9:31 AM
To: Wesoloski, Beth A
Subject: Re: FW: PUBLIC SERVICE ANNOUNCEMENT

Hi Beth--
Mass e-mailed your flyer and announcement to our churches.
Blessings,
Becky

"Wesoloski, Beth A" <wesoloskiba@upmc.edu> wrote:

> Jeanie:
>
> I spoke with you last week regarding the recent research studies that are being conducted in your area. We discussed the possibility of informing your congregations of these studies by inserting the attached announcement in your newsletters and/or church bulletins. I also attached a copy of a flyer that could be placed in any public area (i.e, bulletin board).
>
> Please contact Lori Kelly at 412-647-3183 or myself at 412-647-0517 if you have any questions about the information.

Kelly, Lori (Emerg Med)

From: Wesoloski, Beth A
Sent: Friday, June 16, 2006 11:04 AM
To: Kelly, Lori (Emerg Med)
Subject: FW: FW: PUBLIC SERVICE ANNOUNCEMENT

FYI

Beth Wesoloski
Grants Administrator
Emergency Medicine
412-647-0517
412-647-6999 fax

From: Washington Presbytery [mailto:washpresby@yahoo.com]
Sent: Friday, June 16, 2006 10:42 AM
To: Wesoloski, Beth A
Subject: RE: FW: PUBLIC SERVICE ANNOUNCEMENT

Hi Beth--
Your email announcement went out to 56 of our 64 churches. The 8 remaining churches do not have internet capabilities.
It's hard to tell how many members will actually receive your distribution flyer and/or read your announcement. It depends on how may people attend worship and also if churches decide to even publicize your announcement. Sorry I can't give you specific numbers.
Blessings,
Becky

"Wesoloski, Beth A" <wesoloskiba@upmc.edu> wrote:

> Becky:
>
> For our records, can you please tell me the number of churches you have in your distribution? Also, is there an approximate number of total members?
>
> Thanks
>
> Beth Wesoloski
> Grants Administrator
> Emergency Medicine
> 412-647-0517
> 412-647-6999 fax

From: Washington Presbytery [mailto:washpresby@yahoo.com]
Sent: Thursday, June 15, 2006 9:31 AM
To: Wesoloski, Beth A
Subject: Re: FW: PUBLIC SERVICE ANNOUNCEMENT

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Blessings,

Becky

"Wesoloski, Beth A" <wesoloskiba@upmc.edu> wrote:

Jeanie:

I spoke with you last week regarding the recent research studies that are being conducted in your area. We discussed the possibility of informing your congregations of these studies by inserting the attached announcement in your newsletters and/or church bulletins. I also attached a copy of a flyer that could be placed in any public area (i.e, bulletin board).

Please contact Lori Kelly at 412-647-3183 or myself at 412-647-0517 if you have any questions about the information.

I thank you for your consideration to this request.

Beth Wesoloski
Grants Administrator
Emergency Medicine
412-647-0517
412-647-6999 fax

University of Pittsburgh

School of Medicine
Department of Emergency Medicine

230 McKee Place
Suite 400
Pittsburgh, PA 15213

TO: Denise Veselicky. Pittsburgh Baptist Assoc

FROM: Beth Wesoloski ~~412-361-5956~~ - FAX 412-687-3941

DATE: June 14, 2006

SUBJECT: PUBLIC SERVICE ANNOUNCEMENT

I spoke with you last week regarding the recent research studies that are being conducted in your area. We discussed the possibility of informing your congregations of these studies by inserting the attached announcement in your newsletters and/or church bulletins. I also attached a copy of a flyer that could be placed in any public area (i.e, bulletin board).

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I thank you for your consideration to this request.

University of Pittsburgh

School of Medicine
Department of Emergency Medicine

230 McKee Place
Suite 400
Pittsburgh, PA 15213

TO: Bobbie - Redstone Presbytery

FROM: Beth Wesoloski 724-837-4112 FAX

DATE: June 14, 2006

SUBJECT: PUBLIC SERVICE ANNOUNCEMENT

I spoke with you last week regarding the recent research studies that are being conducted in your area. We discussed the possibility of informing your congregations of these studies by inserting the attached announcement in your newsletters and/or church bulletins. I also attached a copy of a flyer that could be placed in any public area (i.e, bulletin board).

Please contact Lori Kelly at 412-647-3183 or myself at 412-647-0517 if you have any questions about the information.

I thank you for your consideration to this request.

TRANSMISSION VERIFICATION REPORT

TIME : 06/14/2006 15:43
NAME :
FAX : 4126476999
TEL :
SER.# : BROM4J163166

DATE,TIME	06/14 15:42
FAX NO./NAME	97248374112
DURATION	00:00:27
PAGE(S)	04
RESULT	OK
MODE	STANDARD ECM

University of Pittsburgh

School of Medicine
Department of Emergency Medicine

230 McKee Place
Suite 400
Pittsburgh, PA 15213

TO: Baptist Assoc of South Western PA
412-931-7439

FROM: Beth Wesoloski

DATE: June 14, 2006

SUBJECT: PUBLIC SERVICE ANNOUNCEMENT

I spoke with you last week regarding the recent research studies that are being conducted in your area. We discussed the possibility of informing your congregations of these studies by inserting the attached announcement in your newsletters and/or church bulletins. I also attached a copy of a flyer that could be placed in any public area (i.e, bulletin board).

Please contact Lori Kelly at 412-647-3183 or myself at 412-647-0517 if you have any questions about the information.

I thank you for your consideration to this request.

TRANSMISSION VERIFICATION REPORT

TIME : 06/14/2006 15:45
NAME :
FAX : 4126476999
TEL :
SER.# : BROM4J163166

DATE,TIME	06/14 15:43
FAX NO./NAME	94129317439
DURATION	00:02:04
PAGE(S)	04
RESULT	OK
MODE	STANDARD

Kelly, Lori (Emerg Med)

From: Wesoloski, Beth A
Sent: Wednesday, June 14, 2006 2:45 PM
To: 'rgovi@dioceseofgreensburg.com'
Cc: Kelly, Lori (Emerg Med)
Subject: PUBLIC SERVICE ANNOUNCEMENT
Attachments: BulletinAd (2).doc; NewspaperAd.doc; Posternotification.doc

Ms. Govi

I spoke with you last week regarding recent research studies that are being conducted in your area. Please review the attachments for inclusion in the Catholic Accent publication. I have also attached a flyer that could be posted on a public bulletin board and/or condensed for publication.

I have reviewed the list of parishes from your website and will send this information to each church for distribution.

Please contact us if you have any questions about the study and/or the publication request.

Thank you for your willingness to distribute the information to the public.

Beth Wesoloski
Grants Administrator
Emergency Medicine
412-647-0517
412-647-6999 fax

University of Pittsburgh

School of Medicine
Department of Emergency Medicine

230 McKee Place
Suite 400
Pittsburgh, PA 15213

TO:

FROM: Beth Wesoloski

DATE: June 14, 2006

SUBJECT: PUBLIC SERVICE ANNOUNCEMENT

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Please contact Lori Kelly at 412-647-3183 or myself at 412-647-0517 if you have any questions about the information.

I thank you for your consideration to this request.

Kelly, Lori (Emerg Med)

From: Guido, Richard
Sent: Wednesday, May 10, 2006 3:07 PM
To: Callaway, Clifton; Ryan, Christopher; Barone, Jean; Hsieh, Margaret
Cc: Tisherman, Samuel; Kelly, Lori (Emerg Med)
Subject: RE: Exception from Informed Consent Study

I think the letter is fine, however you may consider adding a short paragraph highlighting the poor survival statistics for this population and a statement why you believe the therapy may provide some benefit.
The non-trauma MD may benefit from a little more information.

Richard Guido, M.D.
Chair, Institutional Review Board (IRB)
University of Pittsburgh
3500 Fifth Avenue, Suite 102
Pittsburgh, PA 15213
(412) 383-1983 / Phone
(412) 383-1528 / Fax
&
Associate Professor of Obstetrics/Gynecology & Reproductive Services
Magee Women's Hospital
300 Halket Street, #2325
Pittsburgh, PA 15213
(412) 641-1440 / Phone
(412) 641-1133 / Fax

Pager#: (412) 917-9085

From: Callaway, Clifton
Sent: Wednesday, May 10, 2006 2:58 PM
To: Ryan, Christopher; Barone, Jean; Guido, Richard; Hsieh, Margaret
Cc: Tisherman, Samuel; Kelly, Lori (Emerg Med); Callaway, Clifton
Subject: Exception from Informed Consent Study

Dear Executive Committee:

Here is an update on the IRB protocols, "Hypertonic Resuscitation...." (IRB# 0603087) and "A Factorial Design..." (IRB#0603085) for which we are moving ahead with community consultation and notification.

1. On May 4, 2006, I met with UPMC Media and UPMC Leadership to strategize community interactions. Comments from that meeting are in-line below.

2. As per UPMC suggestion, I have prepared a "Dear Colleague" letter to inform healthcare providers with potential involvement about these trials. It is attached, and I will send it to cardiologists, emergency physicians and trauma surgeons in the area if that s OK with you.

3. Media relations suggest that in May 2006, we focus on consultation with community representatives. May is apparently ratings 'sweep month" and media releases will only be negatively received. June is apparently a better time for the media release.

4. Media relations will prepare a summary appropriate to send to Mayor's offices, County Commissioners, etc.

5. I have made contact with Mutual Aid Board of Directors (mostly elected officials from Westmoreland County) for a meeting on May 31 ~6:30 pm in Greensburg, PA

6. There is a similar Council meeting in Fayette County on May 31 (time unknown yet).

Colleague Letter

Sent to all Local Medical Staff

Kelly, Lori (Emerg Med)

From: Gary Weinstein [gweinstein@washingtonhospital.org]
Sent: Tuesday, June 06, 2006 5:06 PM
To: Kelly, Lori (Emerg Med)
Cc: Cheryl Daniel; Jamie Ivanac; Debbie Davis; Darleen Burgdolt
Subject: FW: ROC
Attachments: Forum Flyer.doc; Dear Colleague st.doc

Lori,

These communications are acceptable to us. By copy of this email I will ask our P. R. department to post the flyer in our public bulletin board areas of the hospital and Darleen to put The "Dear Colleague" letter in the mail boxes of members of the medical staff and give it to the nurse directors of the E. D. and Cardiology for posting in their units. Let me know if you need anything els

Gary B. Weinstein
Executive Vice-President
Phone: (724-223-3008)
E-mail: gweinstein@washingtonhospital.org

This e-mail and any files transmitted with it contain privileged and confidential information and are intended solely for the use of the individual or entity to which they are addressed. If you are not the intended recipient or the person responsible for delivering the e-mail to the intended recipient, you are hereby notified that any dissemination or copying of this e-mail or any of its attachment(s) is strictly prohibited. If you have received this e-mail in error, please immediately notify the sending individual or entity by e-mail and permanently delete the original e-mail and attachment(s) from your computer system.

-----Original Message-----
From: Kelly, Lori (Emerg Med) [mailto:kellylj@upmc.edu]
Sent: Tuesday, June 06, 2006 3:58 PM
To: Debbie Davis
Cc: Gary Weinstein; McGaffin, Maureen
Subject:

Ms. Davis,

Thank you for your help with arranging the community room for our Public Forums.

As we discussed, these items may need the okay of the Washington Hospital IRB before use. Since these are information letters versus advertisements for recruitment, Dr. Weinstein may be able to approve these by administrative procedures. I have copied Dr. Weinstein on this email.

f the attachments are approved, would you please have PR post it in house so that both employees and visitors will know they are invited? We are looking into posting the meeting times in the local newspaper in order to inform the outside public as well.

Also, if administration permits, we would like to distribute the "Dear Colleague" letter to all physicians and nurses from the ER, Cardiology and Trauma Services. Please let me know if this is possible and what we need to do from our end to accomplish this.

Our department is grateful for any and all assistance and guidance you can provide. Please let me know if you need any additional information

Lori J. Kelly RN BSN CEN BS
Research Coordinator
University of Pittsburgh
Department of Emergency Medicine
30 McKee Place, Suite 400
Pittsburgh, PA 15213

University of Pittsburgh
Department of Emergency Medicine
230 McKee Place Suite 400
Pittsburgh, PA 15213

Resuscitation Outcomes Consortium (ROC) Information for Healthcare Providers

23 May 2006

Dear Colleague:

I am writing to inform you about two NIH-sponsored, prehospital research studies that will soon begin in this region and for which you may see public advertisement. Your patients may be affected by this research if they receive emergency medical care by local paramedics. This letter has relevant information about the research for your reference in case you must field questions from your patients or in case you wish to make comment as a member of the community.

One research study will be conducted in patients with out-of-hospital cardiac arrest. This study will involve selecting one of two treatment protocols (immediate ECG analysis and rescue shock versus immediate CPR for 3 minutes prior to ECG analysis) and use of an impedance threshold device (or its sham). The other research study will be conducted in patients with severe trauma (hemorrhagic shock or traumatic brain injury). This study will involve adding 250 ml of hypertonic fluid (7.5% saline or 7.5% saline + 6% dextran) or placebo to the initial resuscitation.

Because this research will be conducted by emergency medical services and will involve patients who are initially unconscious, the doctrine of Exception from Informed Consent for Emergency Research will be used. One of the requirements for this process is notification of the community where research will occur. We are using a variety of methods (including this letter) to accomplish this requirement, and anticipate more advertisements and media releases in June 2006.

We are distributing this information to providers in advance of publicizing this research to the lay community in the geographical region where we expect patients to be enrolled. Feel free to share this letter with other health care professionals whom you think should be informed. Also please feel free to ask us for more information if needed and to send us your comments. Detailed contact information is attached.

Respectfully,

Clifton W. Callaway, MD, PhD, Department of Emergency Medicine
Samuel A. Tisherman, MD, Departments of Critical Care Medicine and Surgery
Site Investigators for the Resuscitation Outcomes Consortium

Who is conducting this research?
The Resuscitation Outcomes Consortium (ROC) is a consortium formed by the National Institutes of Health (NIH - National Heart, Lung and Blood Institutes). The mission of the ROC is to perform clinical trials of therapies in order to improve survival from cardiac arrest and severe trauma. ROC includes 10 Regional Clinical Centers selected for experience and excellence in out-of-hospital research and care, as well as a Data Coordinating Center.

The US clinical centers are the University of Alabama at Birmingham, University of Iowa, University of Pittsburgh, Oregon Health Science University in Portland, University of California San Diego, University of Texas Southwestern in Dallas, University of Washington in Seattle, and the University of Wisconsin in Milwaukee. The Canadian clinical sites are the University of Ottawa in Ontario with the University of British Columbia in Vancouver, and the University of Toronto. The Data Coordinating Center is located at the University of Washington in Seattle.

Locally, this research is organized at the University of Pittsburgh with collaborators from Mercy Hospital of Pittsburgh, Western Pennsylvania – Allegheny Health Systems, Excela Health Systems and The Washington Hospital. Collaborating emergency medical services (EMS) agencies include City of Pittsburgh EMS, City of Pittsburgh Fire, Mutual Aid Ambulance (Westmoreland County), Fayette County EMS, and Washington Ambulance and Chair (Washington County). Stat MedEvac aeromedical services are also participating in this research.

What is the rationale for the research?
Heart disease deaths occur out-of –hospital or in the emergency department for as many as 330,000 persons in the United States per year (Thom 2006). Despite decades of research into cardiopulomonary resuscitation (CPR), the overall survival from cardiac arrest remains low. Only 6.4% of persons who collapse outside of the hospital survive (Nichol 1999) and only about 14% of persons who require CPR in the hospital survive (Peberdy 2003). Therefore, even a few percent improvement in resuscitation success rates could save tens of thousands of lives per year.

Trauma is responsible for 150,000 deaths in the United State each year, and is the leading cause of death for persons between the ages of 1 and 44 years. The majority of deaths result from hypovolemic shock or severe brain injury. Other deaths result from delayed sequellae of shock including multi-system organ failure (Hoyt 1994; Sauaia 1995)

What are the specific interventions in this research?
Hypertonic Resuscitation following Traumatic Injury

Design of Trial: Double-blind, randomized, clinical trial to test different fluids for the initial resuscitation of injured patients with hypotension (SBP$\leq$90 and tachycardia or SBP$\leq$80) and/or serious head injury (GCS$\leq$8).

Intervention: Paramedics will administer 250 ml of study fluid during initial resuscitation. Study fluid is one of the following: normal (0.9%) saline, hypertonic (7.5%) saline (HS), or hypertonic (7.5%) saline with 6% Dextran-70 (HSD).

Outcomes / Measurements: Survival to 28 days. For subjects with traumatic brain injury, we will also examine functional status at 6 months. Secondary outcomes include adverse events (especially multi-system organ failure and ARDS).

PRIMED (Prehospital Resuscitation using an IMpedance valve and Early versus Delayed analysis).

Design of Trial: A double-blind, randomized, factorial design to test (1) immediate ECG analysis and defibrillation versus three minutes of CPR prior to ECG analysis and defibrillation, and (2) use of an impedance-threshold device (ITD) versus a sham ITD during the initial resuscitation of patients with out-of-hospital cardiac arrest.

The ITD is a commercial one-way valve that goes in-line with the endotracheal tube or mask used to ventilate the patient (www.advancedcirculatory.com). The ITD helps create negative intrathoracic

pressure during the up-stroke of chest compressions, thereby augmenting the effective pressures developed by CPR.

Interventions: Paramedics will follow one of two treatment protocols upon arrival at the scene of a cardiac arrest: (1) immediate ECG analysis and defibrillation if indicated, or (2) perform CPR for 3 minutes prior to ECG analysis and defibrillation if indicated. In addition, paramedics will place an ITD on the airway of all subjects while chest compressions are being performed. Some ITD devices are active, whereas others are sham devices with no airway resistance.

Outcomes / Measurements: Survival to 3 months with a good neurological status (Modified Rankin Score of 0-3). Secondary outcome will include adverse events, neurological status at discharge and at 6 months.

Does this research interfere with the usual care of patients with trauma or cardiac arrest?
No. All standard care should be delivered without any restrictions. Great effort has been made to integrate the research into paramedic and first-responder activities seamlessly with standard care.

How will I know if my patient was enrolled in one of these trials?
Paramedics should place an arm-band on enrolled subjects. Investigators will also provide documentation to be placed in the subject's chart. If in doubt, or if this documentation is inadvertently lost, please contact us.

What if my patient does not want to be enrolled in a trial?
Options to be make investigators aware that you do not want to be enrolled in this type of trial are available. Contact the investigators directly.

Will I need to do anything to continue the research protocol?
No. Investigators or their staff will collect data for all subjects. There is no required testing or paperwork for the receiving hospitals.

Do I need to change my care for a patient who is entered into one of these trials?
No. All usual standard of care and resuscitation should be delivered without any restrictions. Subjects should not be enrolled in another interventional research study. Accidental enrollment in multiple studies should be reported to ROC, the FDA, the appropriate DSMB and IRB.

For trauma patients, the ROC endorses the evidence-based treatment guidelines and consensus statements outlined by the "GLUE Grant" for the hospital care for injured patients (www.gluegrant.org).

For patient resuscitated from cardiac arrest, ROC endorses usual intensive care management, including revascularization or other interventions if indicated (www.emsresearch.org).

Have these interventions been studied before?
Hypertonic fluids for resuscitation in trauma have been examined in 9 published clinical trials reporting on 1604 subjects. Individual studies have each been underpowered to determine definitively whether there is benefit from hypertonic resuscitation in severe trauma, although metanalyses suggest a benefit when hypertonic saline with dextran is used during resuscitation (Wade 1997).

Table 1: Human Trials of Hypertonic Saline as a Resuscitation Fluid

Reference	Population	Design	N	Hypertonic Fluid	Outcome
Holcroft et al., 1987	Prehospital trauma patients	Prospective, randomized	49	7.5%NaCL/ 6% Dextran70	Improved SBP and overall survival
Holcroft et al.,1989	Hypotensive trauma pts in ED (SBP < 80)	Prospective, randomized	32	7.5%NaCL/ 6% Dextran70	No difference in survival

Vassar et al., 1991	Prehospital trauma patients (SBP < 100)	Prospective, randomized	166	7.5%NaCL 6% Dextran70	Improved SBP & improved survival for pts with TBI
Mattox et al., 1991	Prehospital trauma patients (SBP < 90) 72% penetrating inj	Prospective, randomized	359	7.5%NaCL/ 6% Dextran70	Improved SBP, Trend toward improved survival, decrease in ARDS
Younes et al., 1992	Hypovolemic shock in ED (SBP < 80)	Prospective, randomized	105	7.5% NaCl & 7.5%NaCL/ 6%Dextran70	Improved SBP, no difference in survival
Vassar et al., 1993	Prehospital trauma patients (SBP< 90)	Prospective, randomized	258	7.5% NaCl & 7.5%NaCL/ 6%Dextran70	Improved survival vs. predicted MTOS
Vassar et al., 1993	Prehospital trauma patients (SBP< 90)	Prospective, randomized	194	7.5% NaCl & 7.5%NaCL/ 6%Dextran70	Improved survival vs. MTOS & for pts with TBI
Younes et al., 1997	Hypovolemic shock in ED	Prospective, randomized	212	7.5%NaCL/ 6% Dextran70	Improved survival for pts with SBP < 70
Cooper et al., 2004	Prehospital hypovolemic shock (SBP< 90) and traumatic brain injury (GCS<8)	Prospective, randomized	229	7.5% NaCl	No difference in neurological outcome

The ITD has been studied in three prospective trials. Notably, a hemodynamic substudy of the Milwaukee trial demonstrated that the ITD use does improve blood pressure developed by chest compressions during out-of-hospital cardiac arrest (Pirallo 2004).

Reference	Population	Design	N	CPR Method	Outcome
Aufderheide 2005	Out-of-hospital cardiac arrest	Prospective, randomized, blinded	230	Standard CPR	ITD trended towards increased survival to ICU admission (25% v. 17%)
Plaisance 2000	Out-of-hospital cardiac arrest	Prospective		Active compression-decompression CPR	
Wolke 2003	Out-of-hospital cardiac arrest	Prospective		Active compression-decompression CPR	

Three trials have reported on the strategy of performing 1.5-3.0 minutes of CPR prior to ECG analysis and rescue shock in out-of-hospital cardiac arrest. All agree that immediate rescue shock for ventricular fibrillation is appropriate when collapse is witnessed and the delay to shock is brief. However, equipoise remains about the best strategy to employ when paramedics must travel to the scene of collapse.

Reference	Population	Design	N	CPR Duration before shock	Outcome
Cobb 1999	Out-of-hospital cardiac arrest with VF as presenting rhythm	Before and after	639 before 478 after	90 seconds	Increased survival to hospital discharge after protocol change (30% v. 24%)

Wik 2003	Out-of-hospital cardiac arrest	Prospective, randomized	200	3 minutes	No difference overall. Subgroup with >5 min response intervals showed improvement.
Jacobs 2005	Out-of-hospital cardiac arrest	Prospective, randomized	256	90 seconds	No difference in survival to hospital discharge

What adverse effects or risks are associated with these interventions?
HS and HSD may cause transient hypernatremia (mean serum sodium of 155) that usually resolves without treatment within 12-24 hours. The dextran component of HSD has been associated with hypersensitivity-like reactions in children with Dengue fever (Wills 2005). No reactions have been reported for trauma patients, but should be reported immediately if observed.

No adverse events have been attributed to the ITD in prior studies. This device received a "Class IIa" recommendation ("it is reasonable to administer treatment") in the 2005 Guidelines for Emergency Cardiac Care from the American Heart Association (Circulation 2005; 112: IV-47 - IV-50). This device is added to the scope of practice for paramedics in Pennsylvania in 2006, and may be purchased in the United States.

No adverse events have been attributed to the strategy of CPR prior to ECG analysis and rescue shock in prior studies. The 2005 Guidelines for Emergency Cardiac Care from the American Heart Association give a "Class IIb" recommendation ("treatment may be considered") to this strategy (Circulation 2005; 112: IV-35 - IV-46). Prior to this trial, some EMS systems in ROC used a CPR-first protocol whereas other EMS system used a shock-first protocol.

How is this research supervised?
The ROC has an independent Data Safety Monitoring Board convened by NIH. All research protocols are also reviewed by an independent Protocol Review Committee organized by NIH. Protocols are designed by the investigators without input from drug or device manufacturers. After protocol design, support-in-kind (donated or discounted drugs or devices) may be solicited from manufacturers by NIH who monitors for any potential conflicts of interest.

What is "Exception from Informed Consent?"
Prospective informed consent is the cornerstone for protection of human subjects in research. However, certain disease states and emergency situations preclude obtaining prospective informed consent. In 1996, the Food and Drug Administration and the Department of Health and Human Services issued regulations to guide research conducted in emergency situations where it is impossible to obtain prospective informed consent (21CFR50.24). These guidelines in essence create a contract between the researcher and the community when it is impossible to create a contract between the researcher and the individual.

The specific criteria and requirements for a research study using Exception from Informed Consents are described at the FDA website and are summarized here: Reference:
(http://www.fda.gov/oc/ohrt/irbs/except.html and
http://www.fda.gov/ora/compliance_ref/bimo/err_guide.htm).

1. Subjects are in a life-threatening situation where available treatments are unproven or unsatisfactory, and collection of scientific evidence is necessary to determine the safety and effectiveness of interventions
2. Obtaining informed consent is not feasible because of the medical condition, the time-window during which the therapy must be administered and the impossibility of identifying subjects in advance of the emergency.
3. Research holds some prospect of direct benefit to the individual subject, such as promising preclinical or preliminary clinical data and reasonable risk.
4. Research could not be conducted without this Exception.

5. There is a defined time-window during which the therapy must be initiated, and the investigators commit to attempt contact with the legally authorized representative for the subject within that interval.
6. The research and informed consent procedure must be reviewed and approved by an Institutional Review Board.
7. In advance of beginning the study, consult with representatives of the community in which the clinical investigation will be conducted.
8. In advance of beginning the study, publicly disclose to the community the plans for and the risk and benefits of the research.
9. In addition, there must be an independent Data and Safety Monitoring Board to oversee the investigation.
10. When a drug or device is involved, the research must have an Investigational New Drug application or Investigational Device Exemption from the FDA.

Since 1996, multiple studies have employed this approach to study therapies that are delivered emergently in cardiac arrest or trauma. Pittsburgh has participated in several of these studies.

How do I find out more or make comments about this research? How can I get involved with this research?

The ROC central Data Coordinating Center has a website (www.uwctc.org) as does the local ROC site for Pittsburgh (www.emsresearch.org). You can reach the local investigators at the following:

Telephone: 412-647-4221
FAX: 412-647-6999
Email: callawaycw@upmc.edu

Clifton Callaway, MD, PhD
Department of Emergency Medicine
230 McKee Place, Suite 400
Pittsburgh, PA, 15213

ROC is open to new collaborations and has established policies and procedures to review research ideas from persons not currently involved.

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Materials Presented at Public Meetings

FROM: Clifton W. Callaway, MD, PhD
University of Pittsburgh

RE: Resuscitation Outcomes Consortium Research Studies

Our group is soliciting input from the community about research to be conducted in Western Pennsylvania for persons with severe trauma and persons with cardiac arrest.

Why is this research necessary? What is potential benefit of the research?
Heart disease is the leading cause of death in North American, and sudden cardiac death occurs out-of-hospital or in the emergency department for as many as 330,000 persons in the United States each year. Nationally, only about 6% of persons who have cardiac arrest survive. Therefore, current treatment of sudden cardiac arrest is inadequate.

Trauma is responsible for 150,000 deaths in the United State each year, and is the leading cause of death for persons between the ages of 1 and 44 years. Most of these deaths occur in injured persons who are in shock or who have severe head injury, Improving the initial resuscitation could improve survival and quality of life for thousands of injured persons as well as reducing long-term disability.

What is the regulatory basis for research in emergency situations?
Under normal situations, all persons who participate in research should learn about the research and should provide their prospective informed consent to participate. Because of the unique features of the emergency situation, we will use the procedures for informed consent outlined in the joint statement from Health and Human Services and the Food and Drug Administration (21 CFR 50.24). Guidance about 21 CFR 50.24 appears at http://www.fda.gov/oc/ohrt/irbs/except.html and http://www.fda.gov/ora/compliance_ref/bimo/err_guide.htm.

Who is the Resuscitation Outcomes Consortium (ROC)?
ROC is a consortium formed by the National Institutes of Health / National Heart, Lung and Blood Institutes (NHLBI) to perform clinical trials of therapies in order to improve survival from cardiac arrest and severe trauma. ROC includes 10 Regional Clinical Centers selected for experience and excellence in out-of-hospital research and care, as well as a Data Coordinating Center in Seattle, WA.

The eight US clinical centers are at University of Alabama at Birmingham, University of Iowa, University of Pittsburgh, Oregon Health Science University in Portland, University of California San Diego, University of Texas - Southwestern, in Dallas, University of Washington in Seattle, and the University of Wisconsin in Milwaukee. The two Canadian clinical sites are the University of Ottawa in Ontario with the University of British Columbia in Vancouver, and the University of Toronto. The Data Coordinating Center is located at the University of Washington in Seattle.

Locally, this research is organized at the University of Pittsburgh with collaborators from Mercy Hospital of Pittsburgh, Western Pennsylvania – Allegheny Health Systems, Excela Health Systems and The Washington Hospital. Collaborating emergency medical services (EMS) agencies include City of Pittsburgh EMS, City of Pittsburgh Fire, Mutual Aid Ambulance (Westmoreland County), Fayette County EMS, and Washington Ambulance and Chair (Washington County). Stat MedEvac aeromedical services are also participating in this research.

What specific research is planned?
Our first study will examine whether hypertonic fluids (fluids containing concentrated levels of salt) are better than conventional fluids for resuscitation of patients with shock (low blood pressure) or serious head injury (unconscious) after trauma. Paramedics will administer these hypertonic fluids in addition to all usual care. No care will be withheld.

For subjects in cardiac arrest, we are planning a trial to compare two strategies for providing rescue shocks to patients in ventricular fibrillation: a protocol of immediate shock and a protocol of performing 3 minutes of cardiopulmonary resuscitation (CPR) prior to rescue shock. In addition, we will examine the use of an "impedance threshold device" which is a valve that can be placed on the airway in order to augment the effectiveness of chest compressions during CPR.

What safeguards are in place?
The proposed research has been extensively reviewed prior to implementation. Protocols were reviewed and approved by a Protocol Review Committee and an independent Data Safety Monitoring Board formed by the NHLBI, as well as by the

Food and Drug Administration. In Pennsylvania, these projects were reviewed by the Department of Health (in Harrisburg by Pennsylvania Emergency Health Services Council and regionally by Emergency Medical Services Institute). When a drug or device is involved, the protocols are also reviewed and approved All protocols are then reviewed by local Institutional Review Boards. For our site, these Boards include the University of Pittsburgh, Excela Health System and Washington Hospital.

Does this research interfere with the usual care of patients with trauma or cardiac arrest?
No. All standard care will be delivered without any restrictions. Great effort has been made to integrate the research into paramedic and first-responder activities seamlessly with standard care.

How will I know if I was enrolled in one of these trials?
Investigators will provide notification to all subjects or their legally authorized representatives as soon as possible after enrollment. An investigator will always be available to answer any questions or address concerns during the study.

What if I do not want to be enrolled in a trial?
Options to make investigators aware that you do not want to be enrolled in this type of trial are available. Contact the investigators directly.

Will I need to do anything to continue in the research protocol?
No. Investigators or their staff will collect data for all subjects. There is no required testing or paperwork at the receiving hospitals. The subjects or their legally authorized representatives must give permission to be interviewed for follow-up

Have these interventions been studied before?
Hypertonic fluids for resuscitation in trauma have been examined in 9 published clinical trials reporting on 1604 subjects. Individual studies have each been too small to determine definitively whether there is benefit from hypertonic resuscitation in severe trauma, although looking at all of the studies together suggest a benefit when hypertonic saline with dextran is used during resuscitation.

The impedance threshold device has been studied in three trials. Notably, a substudy of the Milwaukee trial demonstrated that this device does improve blood pressure developed by chest compressions during out-of-hospital cardiac arrest. Again, all of these studies were too small to determine if the device can improve overall survival.

Three trials have reported on the strategy of performing 1.5-3.0 minutes of CPR prior to rescue shock in out-of-hospital cardiac arrest. All agree that immediate rescue shock for ventricular fibrillation is appropriate when collapse is witnessed or the delay to shock is brief. However, these studies differ about the best strategy to employ when paramedics must travel to the scene of collapse.

What adverse effects or risks are associated with these interventions?
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The ROC has an independent Data Safety Monitoring Board convened by NIH. All research protocols are also reviewed by an independent Protocol Review Committee organized by NIH. Protocols are designed by the investigators without input from drug or device manufacturers. After protocol design, support-in-kind (donated or discounted drugs or devices) may be solicited from manufacturers by NIH who monitors for any potential conflicts of interest.

Resuscitation Outcomes Consortium

University of Pittsburgh
www.emsresearch.org
412-647-4221

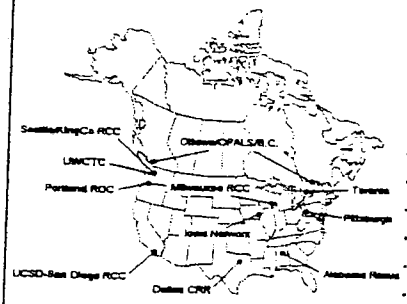
ROC

Resuscitation Outcomes Consortium (ROC)

- ROC was created to conduct clinical research in the areas of cardiopulmonary resuscitation (CPR) and traumatic injury

ROC

Who is ROC?



- Birmingham, AL
- Dallas, TX
- Iowa City, IA
- Milwaukee, WI
- Pittsburgh, PA
- Portland, OR
- Ottawa/OPALS/B.C.
- San Diego, CA
- Seattle/King Co., WA
- Toronto, ON

ROC

Who are the sponsors?

National Heart, Lung and Blood Institute

National Institute of Neurological Disorders and Stroke
N.I.N.D.S.

American Heart Association
Learn and Live.

Canadian Institutes of Health Research

ROC

Background - Trauma

- Trauma is the leading cause of death in North Americans between the ages of 1 and 44 years (150,000+ in U.S.)
- The majority of these deaths result from shock from bleeding or severe brain injury

ROC

Background – Cardiac Arrest

- Heart disease is the leading cause of death in North America.
- Sudden cardiac death occurs for as many as 330,000 persons.
- Only about 6% of persons who have cardiac arrest survive.

ROC

ROC

- Both severe trauma AND cardiac arrest are treated initially by paramedics in ambulances.
- ROC is comprised of groups with experience in research involving paramedics / out-of-hospital care in emergency situations.

ROC

Research in Emergency Situations

- Prospective informed consent is obtained before any person is enrolled in research.
- In emergency situations, there may be insufficient time for a person to provide informed consent or that person may be unconscious.
- Special federal regulations govern research in emergency situations.

ROC

Research in Emergency Situations

- Federal regulation 21 CFR 50.24 was adopted in 1996 specifically for emergency research to advance care in trauma and cardiac arrest. ("Exception for Research in Emergency Situations")
- Investigators have many levels of oversight (FDA, local IRBs, Department of Health)
- Research must be transparent to the community.

ROC

Research in Emergency Situations

- Community Notification and Consultation
  - Advertise and disseminate information
  - Meet with representatives of the community
  - Provide opportunities for persons to comment on proposed research BEFORE it begins
  - All feedback MUST be reported to regulatory oversight bodies before they allow research to proceed.

ROC

Contact Pittsburgh ROC

- Website / email: www.emsresearch.org
- Phone 412-647-4221
- Public Forums (various dates / locales listed on website)

ROC

Death following Trauma

- 50% of deaths occur at scene (CNS injury & blood loss)
- 30% in first 48 hrs (secondary brain injury)
- 20% following ICU stay (ARDS; MOFS)

ROC

Hypovolemic shock
(Low blood pressure from bleeding)

- **Rapid blood loss**

  ↘

  Inadequate perfusion (blood flow)

  ↘

  Poor delivery of O_2

  ↘

  Inflammation and organ damage

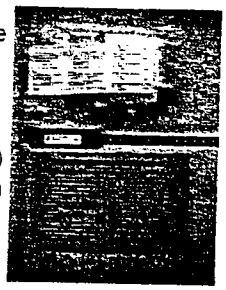
ROC

Initial Care for Shock

- Give fluids to replace blood loss
- Initial fluid used by paramedics in this region is Normal Saline (salt water)

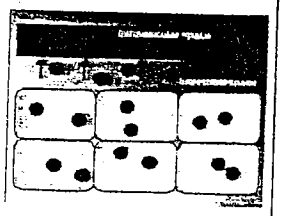
This study will compare other fluids

- First bag of fluids will be a "Study Fluid" that is one of:
  - Normal Saline (0.9%)
  - Hypertonic Saline (7.5%)
  - Hypertonic Saline (7.5%) with Dextran 70 (6%)



How do hypertonic fluids work?

- Increases serum osmotic pressure (fluid in vessels is more concentrated)
- Pulls fluid from the tissue into the vessels (trying to dilute the serum)
- May reduce the inflammation in organs



ROC

Potential risks – Hypertonic Saline

Seizure activity

- Associated with HIGH levels of serum sodium (>170mEq/L) or too rapid correction of elevated sodium levels.
- Data from previous clinical trials suggest that levels greater than 170mEq/L are rarely seen.

ROC

Potential risks – Hypertonic Saline

Too rapid change in blood sodium

- In rare instances, can cause specific types of brain injury
- Risk also exists with saline used for standard treatment

Not seen in previous trials of trauma patients

ROC

Potential risks

Allergic reactions to Dextran

- Edema (Swelling)
- Itching (Hives)
- Wheezing

Not seen in previous trials of trauma patients

ROC

How many people will be involved?

- Hypovolemic shock cohort :
  ~ 3700 patients over 3.5 years
- Traumatic brain injury cohort:
  ~2100 patients over 1.5 years

ROC

Will any other medical care be different?

- No! All usual care will be given according to protocols

Will I need to do anything if I am enrolled?

- Investigators will ask permission to see how you do in the hospital, and also will ask to contact you after 28 days and 6 months.

How will I know if I am enrolled?

- Investigators will provide notification to subjects or legally authorized representatives as soon as possible

What if I do not want to be enrolled?

- Tell us today or contact us directly. We will discuss options to make paramedics aware of your wishes in advance.

Contact Pittsburgh ROC

- Website / email: www.emsresearch.org
- Phone 412-647-4221
- Public Forums (various dates / locales listed on website)

ROC

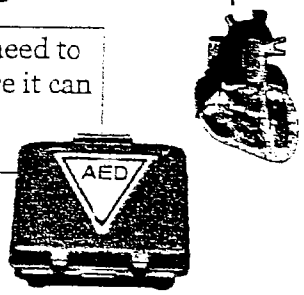
Cardiac Arrest Study - PRIMED

This study will answer TWO separate questions at the same time...

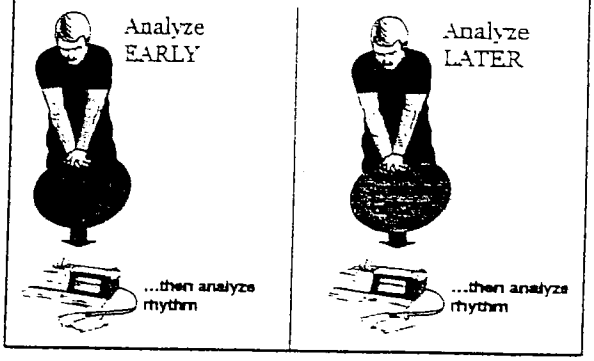
- Difference between *analyze early* and *analyze later* protocols.
- Difference between *CPR with the ITD* and *CPR with a placebo valve.*

Priming the Pump

The heart may need to be *primed* before it can be defibrillated (shocked).



Paramedics will follow one of Two Protocols



Risks of Analyze Early / Late

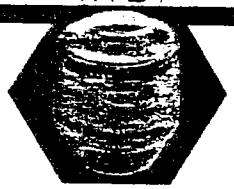
- No therapy is being changed
- Only the timing of rescue shocks is changed
- Up to 2/3 of patients do not need rescue shocks and care will not be altered

Risks of Analyze Early / Late

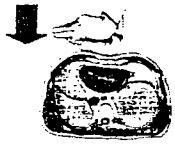
- There is some risk that a person who might have benefited from an early shock will have that shock delayed.
  - Good CPR will still be needed
  - We will not do this protocol if collapse-shock interval is believed to be VERY short

ROC

Paramedics will also use an Impedance Threshold Device (ITD)

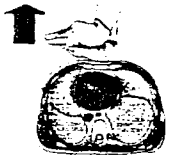


How does the ITD work?



Compression

- Increased intrathoracic pressure
- Compression of heart (blood) and lungs (air)



Decompression (recoil)

- Decreased intrathoracic pressure
- Refilling of heart (blood) and lungs (air)

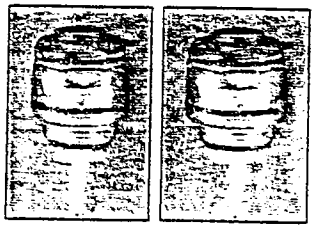
ITD is used in the circuit that provides oxygen

- Oxygen is delivered as normal
- When chest compressions are performed, the ITD prevents air from going back and forth
- This action promotes blood flowing back and forth.

Paramedics will have either a Real ITD or a "Placebo" ITD

Either an actual ITD or a "placebo" device will be used.

Rescuers will not know which one they are using.



Both devices look identical
"Placebo" is just a hollow tube

Risk of ITD

- Pulmonary edema (fluid in the lungs)
  - Very common after cardiac arrest
  - Treatment involves medications and procedures that probably would be used anyway for someone after cardiac arrest.

How many people will be involved?

- 15,742 subjects enrolled over 18 months

ROC

Will any other medical care be different?

- No! All usual care will be given according to protocols

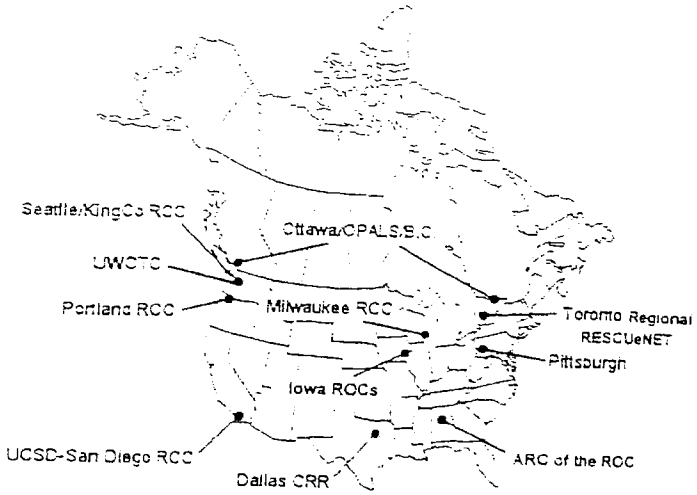
Will I need to do anything if I am enrolled?

- Investigators will ask permission to see how you do in the hospital, and will ask to contact you at 1, 3 and 6 months.

Contact Pittsburgh ROC

- Website / email: www.emsresearch.org
- Phone 412-647-4221
- Public Forums (various dates / locales listed on website)

ROC



What is ROC?

The Resuscitation Outcomes Consortium (ROC) was created to learn which treatments work when people have a cardiac arrest or major injury. ROC consists of 10 sites and a data-coordinating center (figure). These sites study promising resuscitation drugs, tools, and techniques. The ROC investigators work with Emergency Medical Services (EMS) system providers in their local areas to conduct these studies.

The ROC investigators conduct trials during which eligible patients receive either the current accepted treatment or a new treatment assigned by chance (that is, assigned in a manner like a coin toss). These trials are of variable size and duration. The trials are designed to quickly evaluate experimental treatments so that the EMS providers can eventually use treatments most likely to benefit the public.

Why was ROC formed?

1) The ROC provides a network to study cardiac arrest and severe injury as these conditions cause many deaths that we hope may be better prevented with early treatment given by EMS providers. Cardiac arrest and severe injury treatments are being studied within this network for several reasons:

2) EMS systems allow EMS providers to try these experimental approaches at the earliest possible moment.

3) Medical experts believe the sooner underlying problems are treated, the better the outcomes.

4) Trials performed in different settings (for example, in both cities and more rural settings) and involving many patients will help us learn what works best for different settings.

5) Large studies also allow rapid completion of trials, thus allowing trial results to more quickly guide future practice.

Why is ROC research vital?

Cardiac arrest and serious injury are major public health problems. New medications, medical devices, and treatment techniques have the potential to significantly improve the outcomes of people with these medical conditions.

Cardiovascular disease is the most common cause of death in the North America. Although treatments for congestive heart failure and heart attacks have decreased people cardiac deaths in hospitals, over 180,000 treatable out-of-hospital cardiac arrests occur each year. Over half of these victims have no warning. Nearly 95% of patients who have an out-of-hospital cardiac arrest die before reaching the hospital. If survival could be raised from 5% to 20%, an additional 40,000 deaths would be prevented yearly.

Life-threatening injury is the leading cause of death in the United States for persons between the ages of 1 and 44 years, and one of the leading causes of death in those over age 65. Approximately 175,000 injury-related deaths occur each year in North America. Early deaths (those within 48 hrs) result from either excessive blood loss or severe brain injury. Late deaths (those beyond 7 days) largely result from failure of multiple organs (such as the lungs, kidney, & brain). This widespread secondary injury is caused by the body's inflammatory response to injury and current treatments.

What hope does ROC bring to the community?

In the ROC communities, patients and family members will receive the following:

- Enhanced training and support of EMS providers. This will permit the more rapid identification and treatment of patients with cardiac arrest and serious injury.
- Rigorous evaluation of experimental therapies (such as new drugs, resuscitation fluids, & medical devices) for patients with cardiac arrest and serious injury.
- Close follow-up of patients who receive the experimental therapies.

What are the ethical considerations with this kind of research?

For most research, one of the primary mechanisms for protecting potential subjects is obtaining their informed consent before enrolling them in research. In an emergency, there is not time to obtain informed consent from the patient or their legally authorized representative. Thus, EMS research must operate under a "waiver of consent" or "exception to informed consent". Institutional Review Boards (ethics review boards) that approve the ROC trials can grant a waiver of consent when the research involves no or minimal risk to potential subjects. When more than minimal risk is involved, but it is impossible to do the research using the normal process of obtaining informed consent because of the subject's medical condition, rules have been developed to allow for an "exception to informed consent".

Clinical studies are only approved when the best available scientific evidence cannot determine whether one treatment is better than another. In this circumstance, there are scientists and physicians who advocate for the different treatments, but no conclusive study favors one approach over the other. In the United States, local community consultation and notification are needed before a ROC trial can proceed. Community consultation is a two-way process in which investigators obtain input from the community about the proposed research. Community notification is a one-way process in which members of the community are informed about the planned research. When a trial proceeds without informed consent, efforts are made following the emergency to obtain informed consent from the patient if they are capable of doing so or their legally authorized representative if they are not.

In addition to demanding the above features be met, the ROC has several layers of research review in place to safeguard patient safety.

1) An independent group of experts reviews the scientific merit of the proposed trial.
2) An expert in medical ethics affiliated with ROC reviews the proposed research.
3) A separate expert NIH sanctioned group reviews the safety features of the trial and monitors the safety of subjects through out the study.
4) If a new device or drug is to be studied, the U.S. Food & Drug Administration (FDA) reviews the study and planned use of the device or drug.
5) At each site a review group evaluates and monitors the research locally. This final review and approval focuses on the local issues of how best to inform and consult with the public regarding both the study treatment(s) and outcome(s).

If someone were unconscious due to a cardiac arrest or severe injury would they be enrolled in a ROC research study?

One goal of the ROC community-wide EMS resuscitation studies is to enroll all eligible patients at the earliest possible time, when treatment is most promising.

If someone were enrolled in a ROC research study, how would the person or family be made aware of this?

EMS providers participating in ROC studies notify the ROC research staff when a patient is enrolled in a research protocol. A ROC research staff member will subsequently approach the patient or legally authorized representative in one of several ways such as in person, by phone or via letter. Details of the study will be made available at that time.

How can I learn more about ROC?

Visit the ROC website at www.uwctc.org and click on ROC.

Who will be doing the research?

People in EMS systems and hospitals located in the cities or regions listed below comprise the ROC investigative team. Lead scientists at these ROC sites were selected for their scientific expertise and experience with EMS-based research.

- The Alabama Resuscitation Center is coordinated through the University of Alabama at Birmingham in Birmingham, AL, USA and includes systems in Central and possibly Northern Alabama.
- The Dallas Center for Resuscitation Research is coordinated through the University of Texas Southwestern Medical Center in Dallas, TX, USA and includes some surrounding cities.
- The University of Iowa Carver College of Medicine-Iowa Resuscitation Network is coordinated through the University of Iowa in Iowa City, IA, USA and includes 10 cities throughout Iowa.
- The Milwaukee Resuscitation Research Center is coordinated through the Medical College of Wisconsin in Milwaukee, WI, USA.
- The Pittsburgh Resuscitation Network is coordinated through the University of Pittsburgh in Pittsburgh, PA, USA and includes some suburbs of Pittsburgh.
- The Portland Resuscitation Outcomes Consortium is coordinated through the Oregon Health & Science University in Portland, OR, USA and includes 4 counties in Oregon and Washington states.
- The University of Ottawa/University of British Columbia Collaborative RCC is coordinated through the Ottawa Health Research Institute, University of Ottawa, Ontario and St. Paul's Hospital, University of British Columbia, British Columbia in Canada and includes 20 other cities in the OPALS group.
- The UCSD-San Diego Resuscitation Research Center is coordinated through the University of California at San Diego in San Diego, CA, USA and includes the entire county.
- Seattle-King County Center for Resuscitation Research at the University of Washington is coordinated through the University of Washington WA, USA and includes all of King County.

- The Toronto Regional RESusCitation RESearCh oUt of hospital NETwork is coordinated through the University of Toronto in Toronto, Ontario, Canada and includes surrounding areas.

Who is funding the project?

- The National Heart, Lung and Blood Institute (the lead Federal Government sponsor of this program)
- U.S. Army Medical Research & Material Command
- National Institute of Neurological Disorders and Stroke
- The Institute of Circulatory and Respiratory Health (ICRH) of the Canadian Institutes of Health Research
- Defense Research and Development Canada