60th Medical Group (AMC), Travis AFB, CA
INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

FINAL REPORT SUMMARY

(Please type all information. Use additional pages if necessary.)

PROTOCOL #: FDG20150004A  DATE: 1 September 2015

PROTOCOL TITLE: Creation of chronic myocardial infarction in a pig (Sus scrofa) model.

PRINCIPAL INVESTIGATOR (PI) / TRAINING COORDINATOR (TC): Maj Lucas Neff, Dr. Douglas Boyd

DEPARTMENT: General Surgery  PHONE #: 423-5224

INITIAL APPROVAL DATE: 20 November 14  LAST TRIENNIAL REVISION DATE: N/A

FUNDING SOURCE: Surgeon General

1. RECORD OF ANIMAL USAGE:

<table>
<thead>
<tr>
<th>Animal Species:</th>
<th>Total # Approved</th>
<th># Used this FY</th>
<th>Total # Used to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sus scrofa</td>
<td>68</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>

2. PROTOCOL TYPE / CHARACTERISTICS: (Check all applicable terms in EACH column)

__ Training: Live Animal  __ Medical Readiness  __ Prolonged Restraint
__ Training: non-Live Animal  __ Health Promotion  __ Multiple Survival Surgery
_X Research: Survival (chronic)  __ Prevention  __ Behavioral Study
__ Research: non-Survival (acute)  __ Utilization Mgt.  __ Adjuvant Use
__ Other ( )  _X_ Other (Treatment )  __ Biohazard

3. PROTOCOL PAIN CATEGORY (USDA): (Check applicable)  __ C  _X_ D  __ E

4. PROTOCOL STATUS:

*Request Protocol Closure:

__ Inactive, protocol never initiated
__ Inactive, protocol initiated but has not/will not be completed
_X_ Completed, all approved procedures/animal uses have been completed

5. Previous Amendments:
List all amendments made to the protocol. IF none occurred, state NONE. Do not use N/A.

For the Entire Study Chronologically

<table>
<thead>
<tr>
<th>Amendment Number</th>
<th>Date of Approval</th>
<th>Summary of the Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3 April 2015</td>
<td>Animal Care</td>
</tr>
<tr>
<td>2</td>
<td>21 May 2015</td>
<td>Personnel</td>
</tr>
</tbody>
</table>

FDG20150004A
6. **FUNDING STATUS**: Funding allocated: $\quad$ Funds remaining: $0.00

7. **PROTOCOL PERSONNEL CHANGES**: 

Have there been any personnel/staffing changes (PI/CI/Al/TC/Instructor) since the last IACUC approval of protocol, or annual review? \( \Box \) Yes  \( \Box \) No

If yes, complete the following sections (Additions/Deletions). For additions, indicate whether or not the IACUC has approved this addition.

**ADDITIONS**: (Include Name, Protocol function - PI/CI/Al/TC/Instructor, IACUC approval - Yes/No)

Maj Lucas Neff (PI) IACUC Approval-Yes

**DELETIONS**: (Include Name, Protocol function - PI/CI/Al/TC/Instructor, Effective date of deletion)

Lt Col Daren Danielson (PI) 21 May 2015

8. **PROBLEMS / ADVERSE EVENTS**: Identify any problems or adverse events that have affected study progress. Itemize adverse events that have led to unanticipated animal illness, distress, injury, or death; and indicate whether or not these events were reported to the IACUC.

9. **REDUCTION, REFINEMENT, OR REPLACEMENT OF ANIMAL USE**: 

**REPLACEMENT (ALTERNATIVES)**: Since the last IACUC approval, have alternatives to animal use become available that could be substituted in this protocol without adversely affecting study or training objectives?

No.

**REFINEMENT**: Since the last IACUC approval, have any study refinements been implemented to reduce the degree of pain or distress experienced by study animals, or have animals of lower phylogenetic status or sentience been identified as potential study/training models in this protocol?

No.

**REDUCTION**: Since the last IACUC approval, have any methods been identified to reduce the number of live animals used in this protocol?

No.

10. **PUBLICATIONS / PRESENTATIONS**: (List any scientific publications and/or presentations that have resulted from this protocol. Include pending/scheduled publications or presentations).


11. **Were the protocol objectives met, and how will the outcome or training benefit the DoD/USAF?**

Yes. This protocol demonstrated that close cooperation between the DGMC CIF and UC Davis was possible and provided valuable training opportunities for residents.

12. **PROTOCOL OUTCOME SUMMARY**: (Please provide, in "ABSTRACT" format, a summary of the protocol objectives, materials and methods, results - include tables/figures, and conclusions/applications.)

Objectives: The goal of this protocol was to create myocardial infarctions in mini-pigs using polystyrene microspheres to Infarct a portion of the left ventricle myocardium for future regenerative medicine studies. Methods: Castrated male Yucatan mini pigs were pre-medicating with oral amiodarone, aspirin, and clopidogrel according to protocol. Once the pigs were anesthetized a baseline echocardiogram was obtained. Under fluoroscopic guidance, a hockey stick catheter was placed in a femoral artery into the left anterior descending (LAD) coronary artery. A guide wire was then placed in the first or second diagonal branch of the LAD, over which a coronary artery balloon catheter was advanced. Once in place, the balloon catheter was inflated and polystyrene microspheres were injected to occlude the vessel. The echocardiogram was repeated, and the pigs were recovered. Two weeks later, provided there were no postoperative complications. The pigs were transferred to UC Davis for maintenance and further surgery.
Results: Forty-two pigs underwent myocardial infarctions without misadventure. Infusion of polystyrene beads into a diagonal branch of the LAD resulted in a repeatable and controlled myocardial infarction.

Conclusion: The method reported here provided consistent and repeatable myocardial infarcts with minimal morbidity.

Attachments:
Attachment 1: Defense Technical Information Center (DTIC) Abstract Submission (Mandatory)

Attachment 1
Defense Technical Information Center (DTIC) Abstract Submission
This abstract requires a brief (no more than 200 words) factual summary of the most significant information in the following format: Objectives, Methods, Results, and Conclusion.

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Grant Number: _______________
From: ________________________

*If you utilized an external grant, please provide Grant # and where the grant came from. Thank you.