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- What are the design factors necessary for single and/or composite endpoints to recommend approval?
- What composite endpoints should be used?
- What are methods for assessment of composite endpoints?
- Should components of composite endpoints be rank-ordered?
- What is a proper safety-efficacy balance?
- How much standardization of ancillary therapy should be required (e.g., for CAD, HF, etc.)?
- How to handle prior drug or ablation experience?

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  - Total shocks
  - All appropriate shocks
  - Appropriate shocks plus effective ATP
  - VT storm
  - Mortality – but how to consider "competing risk" associated with underlying disease or concomitant therapy (including CRT) ----- and total mortality vs trying to assign mode of death.
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- "Softer" Endpoints (more subjective or confounded):
  - QoL, Cost, need for addition of AAD or ablation, others?
- Specific endpoints for ancillary therapies: AADs, Ablation
- Design Questions:
  - Does the FDA care about shocks:?
  - Should ablation follow one or more AAD failures?
  - Control of "upstream therapies" in type and dose?
  - All SHD or specific types and magnitude of SHD (via inclusion/exclusion criteria or via prespecified subgroups)?

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