## **ARIC Manuscript Proposal # 1330**

SC Reviewed: 01/15/08	Status: A Status:	Priority: 1 Priority:
<b>1.a. Full Title</b> : Community Trenfrom 1987 to 2004	nds in CHD Mortality, MI ind	cidence, and case fatality
b. Abbreviated Title (Length	26 characters): Incidence t	rends 1987-2004
2. Writing Group: Writing group members: Wa Mosley, Joe Coresh, Eric Whitsel	•	nbless, Gerardo Heiss, Tom
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3. Timeline: First draft of man	nuscript Jan 15, 2008. Manus	cript to journal by Mar 15, 2008

## 4. Rationale:

The determinants of national trends in CHD mortality remain an unanswered and important public health and clinical question. The contribution of trends in the incidence of myocardial infarction and that of survival after an event to trends in mortality are not

available from national vital statistics. The demographic correlates (gender, race, age, community location) of trend in MI incidence and case-fatality are also not well described as few single studies conduct community-based surveillance across various geographic locations that include a diversity of ethnic groups.

## 5. Main Hypothesis/Study Questions:

- 1. What are the trends from 1987 through 2004 in the mortality due to CHD, incidence of hospitalized MI and associated case fatality in the ARIC Communities?
- 2. How do the trends differ by gender-race groups?
- 3. How do trends in the most recent years compare with trends in the late 1980s and early 1990s?
- 4. How much of the decline in CHD mortality seen in the ARIC communities is associated with changing incidence and how much to trends in case-fatality?
- 5. Do the trends in MI incidence change after accounting for shifts in use of diagnostic biomarkers?

## 6. Design and analysis (study design, inclusion/exclusion, outcome and other variables of interest with specific reference to the time of their collection, summary of data analysis, and any anticipated methodologic limitations or challenges if present).

Community surveillance from 1987-2004 will be used in this analysis. Poisson regression of age-adjusted rates of CHD mortality and hospitalized MI will be evaluated from 1987-2004 as well as in predetermined time period segments (1987-1994, 1995-2004). Average annual percent change in CHD mortality rates, incidence, recurrent and attack rate of hospitalized MI, and MI case fatality will be determined for each of four race-gender groups. Center specific rates will also be determined as will some analysis using age specific rates.

	Will the data be used for non-CVD analysis in this manuscript? Yes No
b	If Yes, is the author aware that the file ICTDER02 must be used to exclude persons with a value RES_OTH = "CVD Research" for non-DNA analysis, and for DNA analysis RES_DNA = "CVD Research" would be used?
	Yes No
	(This file ICTDER02 has been distributed to ARIC PIs, and contains
	the responses to consent updates related to stored sample use for research.)
8.a.	Will the DNA data be used in this manuscript? Yes No
8.b.	If yes, is the author aware that either DNA data distributed by the

Coordinating Center must be used, or the file ICTDER02 must be used to

	with value RES Yes No	_DNA = "No use/storage DNA"?
Study manuscript previously approve ARIC Investigators	proposals and hed manuscript phave access to the	ipt proposal has reviewed the list of existing ARIC has found no overlap between this proposal and proposals either published or still in active status. The publications lists under the Study Members Area unc.edu/ARIC/search.php
Yes _	No	
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11. a. Is this manus any ancillary study		associated with any ARIC ancillary studies or use Yes No
B. p	rimarily the resuring the resuring the rimarily based of	ult of an ancillary study (list number*) on ARIC data with ancillary data playing a minor eles; list number(s)*
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12. Manuscript preparation is expected to be completed in one to three years. If a manuscript is not submitted for ARIC review at the end of the 3-years from the date of the approval, the manuscript proposal will expire.