ARIC Manuscript Proposal # 1479

PC Reviewed: 03/17/09 SC Reviewed:	Status: <u>A</u> Status:	Priority: <u>2</u> Priority:
1.a. Full Title : CRP and Venous 7	Γhromboembolism Incidence	
b. Abbreviated Title (Length 2	6 characters): CRP and VTE	E
2. Writing Group: Writing group members: Aaro	on Folsom, Pam Lutsey, Brad	d Astor, Mary Cushman
I, the first author, confirm that all the manuscript proposalAF[plowriting]		
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Phone: E-mail:	Fax:	
3. Timeline : finish by July 09		
1 Pationala:		

Inflammation is generally not believed to be important in the etiology of venous thromboembolism (VTE), and most (2,3,7) but not all studies (5) have found no independent association of VTE with CRP or with CRP polymorphisms (1,4). We also found no association of CRP with VTE in a previous LITE nested case control study (6). The recent addition of CRP to the ARIC visit 4 measurements allows us to re-test this hypothesis. There are over 260 VTE events in ARIC since visit 4, which will provide adequate power for detecting a moderate association. This likely will be a letter or brief report.

5. Main Hypothesis/Study Questions:

CRP at visit 4 is associated positively with incidence of VTE. We expect any univariate association may be explained by obesity.

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).

Design: cohort

Endpoint: VTE incidence Exposure: visit 4 CRP

Main covariates: age, race, sex, center, BMI

Analysis: Cox proportional hazards, with CRP modeled as a continuous variable and as

quartiles. Also look at high (e.g. >90%) CRP vs. low.

REFERENCES

1: Vormittag R, Funk M, Mannhalter C, Schönauer V, Vukovich T, Minar E, Bialonczyk C, Hirschl M, Pabinger I. C-reactive protein 3' UTR +1444C>T polymorphism in patients with spontaneous venous thromboembolism. Atherosclerosis. 2006 Oct;188(2):406-11

- 2: Fox EA, Kahn SR. The relationship between inflammation and venous thrombosis. A systematic review of clinical studies. Thromb Haemost. 2005 Aug;94(2):362-5. Review.
- 3: Vormittag R, Vukovich T, Schönauer V, Lehr S, Minar E, Bialonczyk C, Hirschl M, Pabinger I. Basal high-sensitivity-C-reactive protein levels in patients with Spontaneous venous thromboembolism. Thromb Haemost. 2005 Mar;93(3):488-93.
- 4: Zee RY, Hegener HH, Cook NR, Ridker PM. C-reactive protein gene polymorphisms and the risk of venous thromboembolism: a haplotype-based analysis. J Thromb Haemost. 2004 Aug;2(8):1240-3.
- 5: Kamphuisen PW, Eikenboom JC, Vos HL, Pablo R, Sturk A, Bertina RM, Rosendaal FR. Increased levels of factor VIII and fibrinogen in patients with venous Thrombosis are not caused by acute phase reactions. Thromb Haemost. 1999 May;81(5):680-3.

6: Tsai A, et al. Coagulation factors, inflammation markers, and venous thromboembolism. Am J Med 2002;113:636-42.
7. Ridker PM et al. Inflammation, aspirin, and the risk of cardiovascular disease in apparently healthy men. N Engl J Med 1997;336:973-9.
7.a. Will the data be used for non-CVD analysis in this manuscript? Yes _X No
b. If Yes, is the author aware that the file ICTDER03 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 ICTDER03 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 Yes
8.b. If yes, is the author aware that either DNA data distributed by the Coordinating Center must be used, or the file ICTDER03 must be used to exclude those with value RES_DNA = "No use/storage DNA"? Yes No
8.c. If yes, is the author aware that the participants with RES_DNA = 'not for profit' restriction must be excluded if the data are used by a for profit group? YesNo
9.The lead author of this manuscript proposal has reviewed the list of existing ARIC Study manuscript proposals and has found no overlap between this proposal and previously approved manuscript proposals either published or still in active status. ARIC Investigators have access to the publications lists under the Study Members Area of the web site at: http://www.cscc.unc.edu/ARIC/search.php
X Yes No
Other than ref 6, cited above.
10. What are the most related manuscript proposals in ARIC (authors are encouraged to

contact lead authors of these proposals for comments on the new proposal or

collaboration)?

11. a. Is this manuscript proposal associated wany ancillary study data?	ith any ARIC ancillary studies or usex Yes No
11.b. If yes, is the proposal	
x_ A. primarily the result of an anc	illary study (list number*1998.03
and 2006.16)	
B. primarily based on ARIC dat	a with ancillary data playing a minor
role (usually control variables; list num	ber(s)*
)	

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.

^{*}ancillary studies are listed by number at http://www.cscc.unc.edu/aric/forms/