

## ARIC MANUSCRIPT PROPOSAL FORM

Manuscript #443

1. a. Full Title: IMT is predictive of incident clinical stroke

b. Abbreviated Title: IMT & STROKE

2. Writing Group:

Lead: Lloyd E. Chambless

Address: UNC-CH Department of Biostatistics: CSCC  
137 E. Franklin St.  
Chapel Hill, NC 27514

Phone: (919) 962-3264

Fax: (919) 962-3265

E-mail: ucclec@mail.csc.unc.edu

Rosamond  
Toole  
Evans  
Nieto  
Folsom  
Sharrett

3. Timeline:

After closure of stroke surveillance through 1994 we could begin.

4. Rationale: MS #062 reported on the relationship of TIA/stroke symptoms to IMT in a cross-sectional mode, and MS #306 is currently underway to do the same in a prospective mode. Soon we will have clinical stroke data for a similar study.

5. Main Hypothesis:

Those with higher IMT at baseline are more likely to have had validated stroke in follow-up.

6. Data and analysis (variables, time window, source, inclusions/exclusions):

Survival analysis would be used, excluding those who reported at Visit 1 that they had been told by a physician that they had had a TIA or stroke, or excluding those reporting

history of stroke on the Home Interview. To the extent possible the analysis would be race/sex specific, but if the numbers are too small we may simply adjust for these variables, along with age. All strokes between Visit 1 and the end of 1994 would be considered, from ARIC stroke surveillance. Baseline reader and trend-adjusted carotid IMT variables would be used, along with baseline risk factor variables to see if the relation to IMT remained after adjusting for these variables. Definite and probable first strokes would be combined for the analysis, once for all strokes, once for ischemic strokes.