## **ARIC Manuscript Proposal # 1331**

PC Reviewed SC Reviewed		Status: _A Status:	Priority:2_ Priority:
1.a. Full Titl	e: Comparison of	of Hospitalized Heart Failure Diagn	nostic Criteria
b. Abbrevi	ated Title (Leng	gth 26 characters): Heart Failure	Diagnosis
Wayne Rosan	group members:	nang, Alain Bertoni, Eyal Shahar, C	Gerardo Heiss, Woody
		all the coauthors have given their a [please confirm with your initian]	
First aut	thor: Wayne Ro	samond	
Address:	Phone: 919-96	n Street, Suite 203, Chapel Hill, NC (2-3230 Fax: 919-96 e_rosamond@unc.edu	
_	o both the first	uthor (if different from first auth author & the corresponding auth	_
	Phone: E-mail:	Fax:	
3. Timeline	e: Analysis to be	egin spring 2008, first draft summer	r 2008

## 4. Rationale:

The classification criteria for diagnosis of hospitalized heart failure are not universally established. ARIC surveillance collects diagnostic data that can be used in a number of published criteria for epidemiologic studies of hospitalized heart failure. These include criteria referred to as Framingham, Modified Boston, Gothenburg, and NHANES criteria respectively. In addition, ARIC surveillance obtains diagnostic data from medical records

and submits them for physician review (2 members). Classification from the ARIC physician review is based on clinical judgment. However, currently the materials available for review by the physician panel includes the classifications from computer application of the above various published criteria. Therefore the ARIC review is not independent of the determinations by the other criteria. Consideration and possible modification of this current protocol will have to be made in the analytic approach to the study questions of this manuscript proposal.

## 5. Main Hypothesis/Study Questions:

- 1. How does the ARIC classification agree with the Framingham, Boston, Gothenburg and NHANES?
- 2. Using traditional criteria such as Framingham as a gold standard, what is the sensitivity and specificity of ARIC criteria?
- 3. How does knowledge of the classifications from computer application of Framingham, Boston, Gothenburg, and NHANES effect ARIC classification?
- 4. What is the validation proportion of different ICD 9 code groups for heart failure?
- 5. How well do different criteria and code groups distinguish decompensated heart failure from the other possibilities (including no heart failure).

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 challen present).	ges if
Data from hospitalized heart failure record (HFA) abstraction and HF M review (HDX) will be used.	ММСС
7.a. Will the data be used for non-CVD analysis in this manuscript?X No	Yes
b. If Yes, is the author aware that the file ICTDER02 must be used to persons with a value RES_OTH = "CVD Research" for non-DNA art 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 researc	h.)
8.a. Will the DNA data be used in this manuscript?X_ No	Yes

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

8.b. If yes, is the author aware that either DNA data distributed by the

exclude those with value RES_DNA = "No use/storage DNA"? Yes No	
9.The lead author of this manuscript proposal has reviewed the list of existing ARIO 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: <a href="http://www.cscc.unc.edu/ARIC/search.php">http://www.cscc.unc.edu/ARIC/search.php</a>	
X YesNo	
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 with any ARIC ancillary studies or use any ancillary study data? YesX_ No	е
11.b. If yes, is the proposal A. primarily the result of an ancillary study (list number* B. primarily based on ARIC data with ancillary data playing a minor role (usually control variables; list number(s)*	
*ancillary studies are listed by number at <a href="http://www.cscc.unc.edu/aric/forms/">http://www.cscc.unc.edu/aric/forms/</a>	

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.