# http://jhs.jsums.edu/jhsinfo/Portals/0/images/JHS_logo_2011.jpg

**About the Data: Events**

The Events folder contains data related to events until 12/31/2012 (coronary heart disease, stroke and heart failure Hospitalization) experienced by the JHS cohort.

allevtchd: This dataset contains all participants that experienced an event related to CHD; indicators of fatal CHD or a myocardial infarction are available. Note that it is possible for participants to have more than one event, thus, can have multiple observations within the dataset. These events were adjudicated from the beginning of the study. Of note, if some participants gave negative answer for medical record abstraction consent question at either V1, V2 or V3, the CHD events after consent “No” date will not be adjudicated and included.

allevtstroke: This dataset contains all participants that experienced an event related to stroke; indicators of type of stroke (EIB, TIB, IPH and SAH. Of note SAH is also defined as a stroke event) are available. It is possible for participants to have more than one event, thus, can have multiple observations within the dataset. These events were adjudicated from the beginning of the study. Of note, if some participants gave negative answer for medical record abstraction consent question at either V1, V2 or V3, the stroke events after consent “No” date will not be adjudicated and included.

allevthf: This dataset contains all participants that experienced an event related to heart failure Hospitalization. Note that it is possible for participants to have more than one event, thus, can have multiple observations within the dataset. These events were **not** adjudicated from the beginning of the study; adjudication began on 01/01/2005. Of note, if some participants gave negative answer for medical record abstraction consent question at either V1, V2 or V3, the heart failure Hospitalization events after consent “No” date will not be adjudicated and included.

incevtchd: This dataset contains the incidence information about CHD events, including time from beginning of study. This dataset contains information on 5306 participants from visit 1, thus, investigators can examine incidence of CHD. All participants with previous CHD history, previous CHD or gave consent negative answer for medical record abstraction answer at V1 will have CHD variable as missing. Of note, CHD incudes Fatal CHD, MI and Cardiac Procedure. This dataset also includes incidence variables (hardCHD, harddate, hardyear etc.) for hardCHD (Fatal CHD and MI only, and excludes Cardiac Procedure). All participants with previous CHD history, previous hardCHD, or gave consent negative answer for medical record abstraction answer at V1 will have hardCHD variable as missing.

incevtstroke: This dataset contains the incidence information about stroke events, including time from beginning of study. This dataset contains information on 5306 participants from visit 1, thus, investigators can examine incidence of stroke. All participants with previous stroke history, previous stroke or gave consent negative answer for medical record abstraction answer at V1 will have stroke variable as missing.

incevthfder: This dataset contains the incidence information about heart failure Hospitalization events and two sets of incident heart failure Hospitalization variables are provided in this dataset. The first set of variables (HF, date, examdate, years, days, contacttype) used AFU data to determine the heart failure Hospitalization status on 01/01/2005 and assessed incident heart failure Hospitalization from around 01/01/2005 (either 01/01/2005 or first AFU after 01/01/2005) to 12/31/2012. Using heart failure Hospitalization status data from each AFU, all participants are classified as 12 categories, and only category 4 (heart failure Hospitalization negative on 01/01/2005) and category 8 (heart failure Hospitalization negative on the first AFU date after 01/01/2005) participants are included in incidence study (HF variable is not missing in this data set). Of note, for this set of variable, the assessment start point (examdate) is 01/01/2005 or time point when the fact of negative heart failure Hospitalization status is confirmed (first AFU after 01/01/2005) and all the identified heart failure Hospitalization events are adjudicated. As data coordinating center, we suggested HF sets of variable (HF, Date, year, years etc.) for main analysis. In addition, we also combined AFU reported Heart Failure Hospitalization events from V1 to 01/01/2005 with adjudicated heart failure Hospitalization events from 01/01/2005 to 12/31/2012 to generate second set of incident heart failure Hospitalization variables (AFUHF, AFUdate, AFUexamdate, AFUyears, AFUdays, AFUcontacttype) used for sensitivity analysis. In this set of variables, total population is classified as 11 categories, and also only part of participants are included in the incident analysis (AFUCat = 2, 3, 4, 5, 6 and 8). Detailed information can be referred to two files in the following folder: ...\VanguardCenters\data\Events\0-info\HF Incidence Docs.

DeathLTFUEvents: This dataset provides censoring time/event time/last contact time for each participant until 12/31/2012 used to determine censoring time in three incidence data sets (incevtchd, incevtstroke and incevthfder). Three alternative options are provided in this data set to determine the censoring time for non-death participants in the incidence data sets (incevtchd, incevthfder and incevtstroke). Detailed information can be referred as Note ii below.

Notes:

1. Since ARIC adjudicated events before the JHS study window, the participants in the shared-ARIC cohort can potentially have a recorded event (stroke or CHD) before the participant’s enrollment in JHS. Thus, the 1,626 participants in the shared-ARIC cohort can be denoted as having a prior history of CHD/Stroke if an event occurs before the exam 1 visit date.
2. Regarding how to determine the censoring time for non-death participants in the incidence data sets (incevtchd, incevthfder and incevtstroke), we proposed three alternative methods.

a. last contact before administrative censoring date (12/31/2012) as censoring time ---- corresponding **lastdate** variable in Deathltfuevents data set

b. last known contact time prior to administrative censoring date (12/31/2012) if contacts past admin censoring date (12/31/2012) does not exist or administrative censoring date (12/31/2012) if contacts past admin censoring date (12/31/2012) exist ---- corresponding **lastdate2** variable in Deathltfuevents data set

c. administrative censoring time (12/31/2012) ---- corresponding **lastdate3** variable in Deathltfuevents data set

In our 2012 incidence data sets, we updated the main option used to determine the censoring time to reflect the real surveillance process more accurately. **Option c** was used to derive our incident data sets (incevtchd, incevthfder and incevtstroke) in contrast to **Option a** used in 2010 or 2011 events data set. If the investigators want to use either a or b option (suggested as additional sensitivity analysis), the SAS codes we provided can be modified easily to generate corresponding incidence data sets. For example, if the investigators decide to use last contact before administrative censoring date (12/31/2012) as censoring time (Option a), the following steps should be followed,

a. ...\VanguardCenters\data \Events\2-programs\ 1-1-data-incevtCHD.sas, un-comment line 94 and comment line 96, un-comment line 119 and comment line 121 for CHD, also un-comment line 315 and comment line 317, un-comment line 340 and comment line 342 for hardCHD.

b. ...\VanguardCenters\data\Events\2-programs\ 1-2-data-incevtSTROKE.sas, un-comment line 91 and comment line 93, and un-comment line 116 and comment line 118.

c. ...\VanguardCenters\data\Events\2-programs\ 1-3-data-incevtHFDER.sas, comment line 63 and 870.

d. Run the program ...\VanguardCenters\data \Events\2-programs\ 0-RUNanalyses.sas to generate new incidence data sets (the code will replace old data sets with the same variable names using new specifying censoring time, so please make sure saving the old data sets before running this program).

Similar steps can be used if Option b is chosen.

1. Another change we made is to include medical record consent information in 2012 incident datasets to reflect the events surveillance process. Some JHS participants do not allow their medical records to be reviewed (gave negative answer for medical record abstraction consent question at either V1, V2 or V3), and we cannot abstract their medical records and get adjudicated CVD events for this sub-population, thus we should censor these participants at the time point when they gave negative answer for medical record consent question. For example, in incevtchd data set, we have 173 participants with CHD variable as missing, and contacttype variable as “Refused”, because these 173 participants gave negative answer for medical record abstraction consent question at V1 and thus are not included in our incident CHD data set. Some participants may gave positive answer at V1, but negative answer at V2 and V3, they will be censored at time point when they first gave negative answer for consent question.