Questions for June 29 meeting:

1. Definition of red meat and processed meat

Red meat: mammalian meat

Processed meat: white or red meat preserved by smoking, curing, or adding chemical compounds (looks like white meat is included)

My question is, because the systematic review conducted separate analyses for **unprocessed red meat**, processed meat, and mixed unprocessed red and processed meat, which are we focusing for our research?

1. Outcome of interest: all-cause mortality, cardiovascular mortality, cardiovascular disease, stroke, MI, type 2 diabetes, anemia, quality of life, satisfaction with diet.

Question: Are we just focusing on **all-cause mortality**?

1. Can you give me a template which include what kind of information I should pay attention to when reading the papers? Like a very general point by point guidelines like formula form or adjusting variables**? How much detail I should pay attention to?**
2. What’s our next steps?

Summarize all the information, find variables in NHANES.

Questions for July 20th meetings**:**

**The NHANES I clicked is 2009-2010, because mortality data linked from CDC is up until 31 December 2019, we have 9 years of follow up.**

21. Could not find time to event information? I mean 0, 1 death event and follow-up time for each person in NHANES.

Solved: https://www.cdc.gov/nchs/data-linkage/mortality-public.htm

23. Does accident constitute all-cause mortality?

YES

24. How many participants and death are we going to examine? The population size from literature examining this relationship using NHANES range from 9000-20000. For example, for NHANES 2009-2010, there are 10537 participants, among them 4027 are ineligible because age<18, leaving a total of 6510 eligible, and among them 861 death occurred. If these participants and death is not enough, then should we consider 2009-2010 NHANES and 2010-2011 NHANES and more NHANES combined?

**2000-2015. stay to the same format. 65000, 8000 death.**

1. Which age group are we focusing on? For example, if we are focusing on children 6-19, then education variables DMDEDUC3 will be used, if we are focusing on adults 20+, then DMDEDUC2 will be used. This also determines marital status because children don’t marry and also determine other things that children do not do. Also, mortality data for less than 18 is ineligible.

Adults

2. For income, what kind of income do we use? Annual household income or Annual family income, or monthly?

Annual family

3. For systolic blood pressure, which reading are we using? 1st, 2nd, 3rd, 4th?

Use 1st one and replace 2nd or 3rd or 4th if missing.

4. Can we discuss to determine the variables for alcohol drinking? I used Avg # alcoholic drinks/day -past 12 months

Use this variable.

5. Can we discuss to determine the variables for smoking?

https://shouldiscreen.com/English/pack-year-calculator

6. Can we discuss to determine occupation variables?

OCD241 - Occupation group code: current job

7. Can we discuss to determine history of cardiovascular disease? I only used coronary heart disease but I think this is only part of cardiovascular disease.

Combine coronary heart disease and stroke

8. Can we discuss to determine history of depression in NHANES? They just asked about lower mood…..

PQ020 - Feeling down, depressed, or hopeless

9. There are two dietary 24-h recalls in NHANES, which one do we use? Day 1 or Day 2?

Use the average. Combine Day 1 and Day 2.

10. Do you already have code for manipulating NHANES data, I mean merging combining dataset together, and most importantly, any analytical requirement that need to be paid attention to, like is sample weights needed to be included in cox regression? need a template code for this? Which software do we use? Need more information on this? SAS or R? I prefer R.

**Chirag have some code for this. We don’t need sample weights. We prefer R.**

11. It looks like we need to link food codes to individual food and create variables such as vegetables intake (vegetables intake), fruit intake, red meat intake (red meat includes many sources) so we need to determine on the exact definition of these things. The problem here is that food is mixed.

Consider variation in definition. Dena will find how to define and combine food in literature.

12. There are so many eggs? Which variable do we need to combine? Need help with this. Exact definition.

13. It looks like we need to link prescription medications with drug information to help find drug use.

We do this.

14. Could not decide menopausal status (premenopausal, postmenopausal)? Only have information about Age at last menstrual period

RHQ060 - Age at last menstrual period 1 year after current age then postmenopausal.

15. Could not decide hormone therapy users? In literature: in postmenopausal women (not taking hormone therapy, taking hormone therapy. But in NHANES, {Have you/Has SP} ever used female hormones such as estrogen and progesterone? Please include any forms of female hormones, such as pills, cream, patch, and injectables, but do not include birth control methods or use for infertility.

This is good.

16. For socioeconomic status, how to determine poor, middle income, high criteria using PIR.

We discuss later.

17. Wealth score is created by Using multiple correspondence analysis, the wealth score was created based on occupation, house ownership, house structure, house size, having a bath in the residence, as well as a personal car, motorbike, black/white TV, color TV, refrigerator, freezer, vacuum, and washing machine. Can we remove wealth score? Only in one literature.

Delete it.

18. NO find for Consumption of trans-fat, family history of cancer, could not find rural or urban residence?

Dena will find trans-fat, we don’t cancer information, we don’t need urban resident.

19. In an effort to control for severity of illness, we included self-reported health status as well as comorbid conditions. A variety of conditions were assessed in the NHANES II. Comorbidities were positive responses in the baseline interview to questions regarding whether a physician ever told the patient that he or she had each of the following conditions: cirrhosis, diabetes, high blood pressure, heart failure, heart attack, stroke, hardening of the arteries, rheumatic fever, rheumatic heart disease, heart murmur, ulcer (peptic, stomach, duodenal), chronic enteritis, ulcerative colitis, spastic colon or mucous colitis, gallstones, hepatitis, yellow jaundice, pleurisy, low blood pressure, cataracts, glaucoma, thyroid disease, polio or paralysis, goiter, hiatus hernia of the diaphragm, cancer, benign tumor, trouble with blood not clotting properly, loss of blood from stomach or bowels, nervous breakdown, neck injury, back injury, anemia, arthritis, gout, asthma, chronic bronchitis, emphysema, tuberculosis, and kidney problems. The Charlson Comorbidity Index was calculated from the responses to these questions. **This is very complex; can we remove this comorbidity index?**

**Remove**

20. Years of entering cohort is based on year of NHANES?

Yes.2009-2010 record it as 2009.

22. How we define unprocessed red meat?

Questions for July 27th meeting:

(1) Could not decide the variable for smoking: only have

Age started smoking cigarettes regularly

Age last smoked cigarettes regularly

Avg # cigarettes/day during past 30 days

During the past 5 days, on the days {you/he/she} smoked, how many cigarettes did {you/he/she} smoke each day?

<https://shouldiscreen.com/English/pack-year-calculator>

(2) Occupation: NHANES 2015-2016 does not have OCD241 - Occupation group code: current job

(3) NHANES Sleep hours format for 2015-2016 is different than NHANES 2007-2014, so I change the format for 2015-2016 and using 2007-2014 format.

(4) Someone have dietary day one total energy but not dietary day two, if they have both, then average used, if they have only one, then that value is used.

(5) NHANES 2011+ does not have: Hours watch TV or videos past 30 days, 0:less than 1 hour 1: 1 hour…..