**AB2C to do list:**

**General**

* Finish defining comorbidities, ensure codes are correct.
* Define ChadsVasc

**Github**

* Objective 1 Documentation
* Notes on each of DAD, MSP, NACRS, PharmaNet

**Cohort**

* Proportion of Patients entering province
* Proportion of Patients classified as prevalent first

**Objective 1**

* Determine % receiving OAC after diagnosis
* OAC/NOAC Uptake
  + Line Graph by Age/Sex

**Questions:**

**To Bring:**

**Goals:**

* February 1st, ESC Abstract Draft (Incidence Prevalence, NOAC/OAC Uptake, Sex/Age differences)To Log in Github:
* Drop NACRS? Data quality concerns, data only starts in 2012 - No
* Date range for MSP visits (7 days, 30 days) 30 Days is Fine
* Start cohort date as MSP 1 or MSP 2 date? Bias? MSP 1
* Age ranges? Chadsvasc are <65, 65-74 and >=75 – Start with CHADSVASC
* How many days after diagnosis to find first prescription? Try 90, 30, 10
* Baseline medications within how many days of “diagnosis”? 100 Days
* Died, but then registered in MSP after? Talk to May
* # Year lookback for Comorbs and for non-prevalent cases? Up to 5, try different for prevalent cases, see if there is any gain after say 3 years