***Note: This list was compiled for your references on 11/16/2017. I am expecting you to ask the questions and find out the information about Liana's statistical background. It will be like a real first meeting for a consultation project. During the meeting please take notes and feel free to ask her any questions you have.***

Outcome: Cognition impairment (PD Normal, PD MCI, PDD)

Study sample: PD and controls

Questions about data collection:

1. How are controls collected? Where are the controls coming from? Do they have biomarkers measurement?
2. How many patients are at each site? Will the patients coming from the same site somehow be more similar to each other (Clustering at sites)?
3. Over what time period the data was collected?
4. Can the follow-up time (every 6 months) interfere with the analysis window of 3-5 years? What if they progressed right after the follow-up? How can we make sure we are capturing the time point that the patient converted from PD-normal to MCI, or MCI to PDD accurately?

Questions about variables:

1. How to handle different assessments of depression from different sites? Are there any other assessments that can be different between sites?
2. Should we use the continuous MoCA or just the three categories?
3. Any preferences in using the cardiovascular variables? Are the variables such as Framingham scores, smoking status, hypertension, hyperlipidemia, obesity, diabetes, etc., highly correlated?
4. We will need more details about “Cardiac arrhythmias including atrial fibrillation should be treated differently”.
5. Are you expecting the effects of cardiovascular risk factors on PD cognition progression to be different by gender? In other words, should we investigate the interaction terms with gender?
6. How about medications people are taking? Do we need to adjust for it?
7. How about comorbidities?
8. Should we investigate the continuous Framingham scores?
9. Are there variables for other health behavior, such physical activity?
10. Are there variables for PD duration or severity?

Questions about the hypotheses:

1. How do you want to compare the PD and the controls? What are the hypotheses?
2. What is the prevalence of MCI and dementia in the controls? Do you think we’ll have enough MCI and PDD in the controls to compare with PD patients?