Evidence Table 1. Diagnostic Testing: Characteristics of studies of exercise myocardial perfusion imaging

Reference	Total N (% women)	Mean age (years)	Prior MI N (% women)	Radionuclide	Definition of abnormal test	Definition of CHD[a] (%)	Exercise	Quality[b]
Kiat et al, 1990[23]	53 (26)	56	24 (NA)	MIBI	Fixed or reversible PD	50	Treadmill	Fair
Van Train et al, 1990[41]	371 (14)	NA	130 (NA)	TI	PD at rest or after exercise	50	Treadmill	Fair
Gupta et al, 1992[17]	93 (17)	58	37 (NA)	TI	Fixed or reversible PD	50	Treadmilll	Fair
Sciammarella et al, 1992[47]	56 (20)	55	42 (45)	MIBI	Fixed or reversible PD	50	Treadmill	Good
Chae et al, 1993[44]	243 (100)	62	102 (42)	TI	PD at rest or after exercise	50	Treadmill	Good
Mak et al, 1995[48]	139 (18)	51	90 (NA)	MIBI	Fixed or reversible PD	50	Treadmill	Good
Hambye et al, 1996[18]	123 (31)		0 (0)	MIBI	Fixed or reversible PD	50	Bicycle	Fair
Laurienzo et al, 1997[45]	82 (100)	51	NA (NA)	TI	Fixed or reversible PD	70 or 50 LM	Treadmill	Good
Taillefer et al, 1997[6]	48 (100)	58	8 (17)	TI & MIBI	Decreased uptake at rest or after exercise	50	Treadmill	Fair
Astarita et al, 1998[46]	41 (48)	59	0 (0)	TI	Reversible uptake defects in $\geq$ 2/22 segments	50	Bicycle	Fair

N, number; MI, myocardial infarction; CHD, coronary heart disease; NA, not available; TI, thallous chloride TI 201 (thallium); PD, perfusion defect; MIBI, technetium Tc 99m sestamibi; LM, left main coronary artery

[a]Percent stenosis of any one major coronary artery at or above this cut-off used to define angiographic evidence of coronary disease.

[b] Quality classification described in section on quality assessment.

Note: Superscripted numbers correspond with citations on reference list for Chapter 2.

Evidence Table 2. Diagnostic Testing: Characteristics of studies of exercise echocardiography

Reference	Total N (% women)	Mean age (years)	Prior MI N (% women)	Definition of abnormal test	Definition of CHD (%)[a]	Exercise Used	Quality[b]
Williams et al, 1994[49]	70 (100)	60	0 (0)	New or worse RWMA after exercise	50	Bicycle	Good
Marwick et al, 1995[2]	161 (100)	60	0 (0)	RWMA at rest or after exercise	50	Treadmill & bicycle	Fair
Luotolahti et al, 1996[24]	118 (15)	55	57 (39)	New or worse RWMA after exercise	50	Bicycle	Fair
Roger et al, 1997[50]	340 (28)	66	0 (0)	RWMA at rest or after exercise	50	Treadmill	Good

N, number; MI, myocardial infarction; CHD, coronary heart disease; RWMA, regional wall motion abnormality
[a] Percent stenosis of any one major coronary artery at or above this cut-off used to define angiographic evidence of coronary disease.
[b] Quality classification described in section on quality assessment.
Note: Superscripted numbers correspond with citations on reference list for Chapter 2.

Evidence Table 3. Diagnostic Testing: Findings of studies of exercise myocardial perfusion imaging and summary estimates of accuracy.

Reference	Women				Men			
	Sensitivity (95% CI)	Specificity (95% CI)	LR+ (95% CI)	LR- (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)	LR+ (95% CI)	LR- (95% CI)
Kiat et al, 1990[23]	1.00 (0.72-1.00)	0.67 (0.09-0.99)	3.00 (0.82-11.00)	[a]	0.92 (0.78-0.98)	0.50 (0.01-0.99)	1.84 (0.58-5.86)	0.16 (0.03-0.75)
Van Train et al, 1990[41]	0.95 (0.83-1.00)	0.62 (0.32-0.87)	2.47 (1.27-4.82)	0.08 (0.02-0.30)	0.95 (0.92-0.97)	0.43 (0.29-0.58)	1.67 (1.31-2.13)	0.12 (0.06-0.22)
Gupta et al, 1992[17]	0.85 (0.55-0.99)	0.67 (0.09-0.99)	2.54 (0.68-9.46)	0.23 (0.06-0.92)	0.81 (0.69-0.90)	0.86 (0.57-0.99)	5.67 (1.78-18.1)	0.22 (0.12-0.39)
Sciammarella et al, 1992[47]	1.00 (0.54-1.00)	0.40 (0.05-0.96)	1.67 (0.81-3.43)	[a]	0.95 (0.83-1.00)	0.33 (0.04-0.78)	1.42 (0.80-2.51)	0.15 (0.03-0.75)
Chae et al, 1993[44]	0.71 (0.63-0.78)	0.65 (0.54-0.75)	2.03 (1.47-2.79)	0.44 (0.33-0.59)	[b]	[b]	[b]	[b]
Mak et al, 1995[48]	0.83 (0.62-0.95)	1.00 (0.02-1.00)		0.17 (0.05-0.55)	[b]	[b]	[b]	[b]
Hambye et al, 1996[18]	0.61 (0.39-0.80)	0.67 (0.39-0.89)	1.83 (0.85-3.93)	0.59 (0.30-1.10)	0.94 (0.85-0.99)	0.82 (0.60-0.95)	5.15 (2.20-12.0)	0.08 (0.03-0.20)
Laurienzo et al, 1997[45]	0.86 (0.65-0.97)	0.80 (0.68-0.89)	4.32 (2.53-7.37)	0.17 (0.06-0.46)	[b]	[b]	[b]	[b]
Taillefer et al, 1997[6] (using sestamibi)	0.72 (0.53-0.86)	0.81 (0.54-0.96)	3.83 (1.44-10.2)	0.35 (0.19-0.64)	[b]	[b]	[b]	[b]
(using thallium)	0.75 (0.57-0.89)	0.50 (0.25-0.50)	1.50 (0.89-2.54)	0.50 (0.23-1.07)	[b]	[b]	[b]	[b]

Evidence Table 3. Diagnostic Testing: Findings of studies of exercise myocardial perfusion imaging and summary estimates of accuracy. (continued)

Reference	Women				Men			
	Sensitivity (95% CI)	Specificity (95% CI)	LR+ (95% CI)	LR- (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)	LR+ (95% CI)	LR- (95% CI)
Astarita et al, 1998[46]	1.00 (0.29-1.00)	0.47 (0.23-0.72)	1.89 (1.05-3.39)	[a]	1.00 (0.77-1.00)	0.50 (0.16-0.84)	2.00 (1.02-3.92)	[a]
SUMMARY								
All eligible studies[c]	0.77 (0.72-0.83)	0.69 (0.62-0.75)	2.46 (2.00-3.04)	0.33 (0.26-0.41)	0.93 (0.90-0.95)	0.57 (0.47-0.67)	2.17 (1.73-2.73)	0.13 (0.09-0.19)
Good quality studies	0.75 (0.69-0.81)	0.71 (0.69-0.78)	2.54 (1.95-3.32)	0.36 (0.28-0.46)	[d]	[d]	[d]	[d]
Studies including men and women	0.86 (0.77-0.92)	0.57 (0.43-0.70)	2.01 (1.46-2.76)	0.24 (0.14-0.42)	0.93 (0.90-0.95)	0.57 (0.47-0.67)	2.17 (1.73-2.37)	0.13 (0.09-0.19)

CI, confidence interval; LR+, likelihood ratio for a positive test; LR- likelihood ratio for a negative test
[a] Estimates not calculable because sensitivity or specificity = 100%.
[b] Estimates not available because these studies did not include men.
[c] Includes results from the study by Taillefer for sestamibi.[6]
[d] Estimates not available because only one good quality study included men.
Note: Superscripted numbers correspond with citations on reference list for Chapter 2.

Evidence Table 4. Diagnostic Testing: Summary estimates of accuracy of myocardial perfusion imaging from studies using sestamibi compared to studies using thallium

	Women				Men			
Radionuclide	Sensitivity (95% CI)	Specificity (95% CI)	LR+ (95% CI)	LR- (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)	LR+ (95% CI)	LR- (95% CI)
Sestamibi[6, 18, 23, 47, 48]	0.77 (0.67-0.85)	0.70 (0.53-0.83)	2.57 (1.58-4.17)	0.33 (0.22-0.50)	0.94 (0.89-0.97)	0.70 (0.51-0.85)	3.12 (1.82-5.37)	0.09 (0.05-0.18)
Thallium[6, 17, 41, 44-46]	0.77 (0.72-0.82)	0.67 (0.60-0.74)	2.32 (1.87-2.88)	0.34 (0.27-0.44)	0.92 (0.89-0.95)	0.52 (0.40-0.64)	1.93 (1.51-2.46)	0.14 (0.09-0.22)

CI, confidence interval; LR+ = likelihood ratio for a positive test; LR- = likelihood ratio for a negative test
Note: Superscripted numbers correspond with citations on reference list for Chapter 2.

Evidence Table 5. Diagnostic Testing: Findings of studies of exercise echocardiography and summary estimates of accuracy

Reference	Women				Men			
	Sensitivity (95% CI)	Specificity (95% CI)	LR+ (95% CI)	LR- (95% CI)	Sensitivity (95% CI)	Specificity (95% CI)	LR+ (95% CI)	LR- (95% CI)
Williams et al, 1994[49]	0.88 (0.72-0.97)	0.84 (0.68-0.94)	5.42 (2.62-11.2)	0.14 (0.06-0.35)	a	a	a	a
Marwick et al, 1995[2]	0.80 (0.68-0.89)	0.81 (0.72-0.88)	4.28 (2.79-6.57)	0.25 (0.15-0.42)	a	a	a	a
Luotolahti et al, 1996[24]	0.77 (0.46-0.95)	0.80 (0.28-0.99)	3.85 (0.91-16.4)	0.29 (0.10-0.82)	0.96 (0.90-0.99)	0.60 (0.14-0.95)	2.39 (0.91-6.29)	0.07 (0.02-0.22)
Roger et al, 1997[50]	0.79 (0.66-0.89)	0.37 (0.22-0.54)	1.26 (0.95-1.67)	0.56 (0.32-1.08)	0.78 (0.71-0.84)	0.44 (0.30-0.59)	1.39 (1.07-1.80)	0.50 0.33-0.76)
SUMMARY								
All eligible studies	0.81 (0.74-0.87)	0.73 (0.66-0.79)	2.95 (2.28-3.79)	0.26 (0.19-0.36)	0.84 (0.79-0.88)	0.45 (0.32-0.59)	1.54 (1.20-1.98)	0.36 (0.24-0.53)
Good quality studies	0.82 (0.73-0.89)	0.60 (0.48-0.71)	2.06 (1.53-2.77)	0.29 (0.18-0.47)	b	b	b	b
Studies including men and women	0.79 (0.68-0.88)	0.42 (0.27-0.58)	1.36 (1.02-1.81)	0.50 (0.28-0.89)	0.84 (0.79-0.88)	0.45 (0.32-0.59)	1.54 (1.20-1.98)	0.36 (0.24-0.53)

CI, confidence interval; LR+ = likelihood ratio for a positive test; LR- = likelihood ratio for a negative test
[a]Estimates not available because these studies did not include men.
[b]Estimates not available because only one good quality study included men and women.
Note: Superscripted numbers correspond with citations on reference list for Chapter 2.

Evidence Table 6. Lipids: Characteristics of Included Clinical Trials

Study Name, Year	N Women/ Total (% Women)	Mean Age of Women	Percent with CHD[a]	Lipid Entry Criterion	Intervention	Mean Follow Up (years)	Outcomes in Women	Quality Rating[b]
Scottish Society of Physicians, 1971[29]	124/717 (17)	54	100%	None	Clofibrate	6	CHD mortality nonfatal MI	Fair
Newcastle Upon Tyne, 1971[30]	97/497 (20)	54	100%	None	Clofibrate	5	CHD mortality nonfatal MI	Fair
Colestipol Study, 1978[31]	1184/2278 (52)	57	20%	TC >250 mg/dl	Colestipol	3	total mortality CHD mortality	Fair
4S, 1994[7, 32, 33]	827/4444 (19)	61	100%	TC 213-309 mg/dl	Simvastatin	5.4	total mortality CHD mortality nonfatal MI revascularization CHD events[c]	Good
ACAPS, 1994[25, 26]	441/919 (48)	61	0%	LDL 130-159 mg/dl with any number of risk factors; LDL 160-189 mg/dl with no or one risk factor	Lovastatin	2.8	total mortality CHD mortality nonfatal MI	Good
PLAC II, 1994[16]	22/151 (15)	NA	100%	LDL in 60-90th percentile for age and gender	Pravastatin	3	total mortality CHD mortality nonfatal MI	Good
CARE, 1998[8, 34, 35]	576/4159 (14)	61	100%	TC <240 mg/dl and LDL-C 115-174 mg/dl	Pravastatin	5	total mortality CHD mortality nonfatal MI revascularization CHD events[c]	Good
LIPID, 1998[27, 36, 37]	1516/9014 (17)	62	100%	TC 155-271 mg/dl	Pravastatin	6.1	CHD events[c]	Good

Evidence Table 6. Lipids: Characteristics of Included Clinical Trials (continued)

Study Name, Year	N Women/ Total (% Women)	Mean Age of Women	Percent with CHD[a]	Lipid Entry Criterion	Intervention	Mean Follow Up (years)	Outcomes in Women	Quality Rating[b]
AFCAPS/ TEXCAPS, 1998[9, 38]	997/6605 (15)	62	0%	TC 180-264 mg/dl LDL 130-190 mg/dl and HDL <47 mg/dl	Lovastatin	5.2	total mortality CHD mortality nonfatal MI revascularization CHD events[c]	Good
HPS, 2002[11]	5082/20,536 (25)	NA	65%	TC >135 mg/dl	Simvastatin	5	CHD events[c]	Good
ALLHAT, 2002[39]	5051/10,355 (49)	NA	14%	LDL 100-189 mg/dl	Pravastatin	4.8	total mortality CHD events[c]	Fair

4S, Scandinavian Simvastatin Survival Study; ACAPS, Asymptomatic Carotid Artery Progression Study; PLAC II, Pravastatin, Lipids and Atherosclerosis in the Carotid Arteries; CARE, Cholesterol and Recurrent Events trial; LIPID, Long-term Intervention with Pravastatin in Ischaemic Disease; AFCAPS/TEXCAPS, Air Force/Texas Coronary Atherosclerosis Prevention Study; HPS, Heart Protection Study; ALLHAT, Antihypertensive and Lipid-Lowering Treatment to Prevent heart Attack Trial.

N, number; CHD, coronary heart disease; mg/dl, milligrams per deciliter; MI, myocardial infarction; NA, not available; CVD, cardiovascular disease; TC total cholesterol; LDL, low density lipoprotein

[a]CHD defined as history of myocardial infarction or angina.

[b]see Quality Assessment section in text.

[c] CHD events in, CARE, LIPID and ALLHAT defined as CHD mortality or nonfatal MI; in 4S as CHD mortality, non fatal MI or resuscitated cardiac arrest and in AFCAPS as CHD mortality, nonfatal MI or unstable angina or sudden cardiac death; in HPS as CHD mortality, nonfatal MI, stroke or revascularization.

Note: Superscripted numbers correspond with citations on reference list for Chapter 3

Evidence Table 7. Lipids: Outcomes of Eligible Studies

Outcome	Study	RR	(95% CI)
Secondary Prevention			
Total Mortality	4S[7, 32, 33] PLAC II[16]	1.11 1.18	(0.66, 1.5) (0.03, 54.81)
CHD Mortality	Scottish Society of Physicians[29] Newcastle Upon Tyne[30] 4S[7, 32, 33] PLAC II[16] CARE[8, 34, 35]	0.17 0.20 0.79 1.18 0.80	(0.02, 1.34) (0.04, 1.13) (0.39, 1.6) (0.03, 54.81) (0.61, 1.05)
Nonfatal MI	Scottish Society of Physicians[29] Newcastle Upon Tyne[30] 4S[7, 32, 33] PLAC II[16] CARE[8, 34, 35]	0.75 0.43 0.66 1.18 0.51	(0.42, 1.33) (0.08, 2.25) (0.48, 0.90) (0.48, 54.81) (0.27, 0.94)
CHD events[a]	4S[7, 32, 33] CARE[8, 34, 35] LIPID[27, 36, 37] HPS[11]	0.68 0.60 0.87 0.81	(0.51, 0.91) (0.37, 0.97) (0.67, 1.13) (0.72, 0.92)
Revascularizaion	4S[7, 32, 33] CARE[8, 34, 35]	0.52 0.82	(0.31, 0.86) (0.64, 1.20)
Primary Prevention			
Total Mortality	Colestipol[31] ACAPS[25, 26] AFCAPS/TEXCAPS[9, 38] ALLHAT[39]	0.92 0.09 1.53 0.98	(0.51, 1.69) (0.01, 1.7) (0.62, 3.81) (0.83, 1.17)
CHD Mortality	Colestipol[31] ACAPS[25, 26] AFCAPS/TEXCAPS[9, 38]	1.08 0.35 2.99	(0.44, 2.63) (0.01, 8.47) (0.12, 73.3)
Nonfatal MI	ACAPS[25, 26] AFCAPS/TEXCAPS[9, 38]	0.35 0.69	(0.04, 3.31) (0.21, 2.28)
CHD events[a]	AFCAPS/TEXCAPS[9, 38] ALLHAT[39]	0.54 1.02	(0.22, 1.34) (0.81, 1.28)
Revascularization	AFCAPS/TEXCAPS[9, 38]	0.87	(0.33,2.31)

CHD, coronary heart disease; CI, confidence interval; MI, myocardial infarction; NA not available; RR, relative risk; 4S, Scandinavian Simvastatin Survival Study; ACAPS, Asymptomatic Carotid Artery Progression Study; PLAC II, Pravastatin, Lipids and Atherosclerosis in the Carotid Arteries; CARE, Cholesterol and Recurrent Events trial; LIPID, Long-term Intervention with Pravastatin in Ischaemic Disease; AFCAPS/TEXCAPS, Air Force/Texas Coronary Atherosclerosis Prevention Study; HPS, Heart Protection Study; ALLHAT, Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial.

[a]CHD events in CARE, LIPID and ALLHAT defined as CHD mortality or nonfatal MI; in 4S as CHD mortality, non fatal MI or resuscitated cardiac arrest; in AFCAPS as CHD mortality, nonfatal MI, unstable angina or sudden cardiac death, and in HPS as CHD mortality, nonfatal MI, stroke or revascularization.

Note: Superscripted numbers correspond with citations on reference list for Chapter 3.

Evidence Table 8. Lipids: Summary Results

Outcome	Secondary Prevention References	Secondary Prevention RR (95% CI)	Primary Prevention References	Primary Prevention RR (95% CI)
Total mortality				
All studies	7, 16, 32, 33	1.11 (0.66 1.87)	9, 25, 26, 31, 38, 39	0.95 (0.62, 1.46)
Statin drugs	7, 16, 32, 33	1.11 (0.66 1.87)	9, 25, 26, 38, 39	0.87 (0.37, 2.00)[a]
Good quality	7, 16, 32, 33	1.11 (0.66 1.87)	9, 25, 26, 38	0.45 (0.03, 7.00)[a]
CHD mortality				
All studies	7, 8, 16, 29, 30, 32-35	0.74 (0.57, 0.96)	7, 16, 32, 33	1.07 (0.47, 2.40)
Statin drugs	7, 8, 16, 32-35	0.78 (0.60, 1.01)	7, 16, 32, 33	1.02 (0.11, 9.76)
Good quality	7, 8, 16, 32-35	0.78 (0.60, 1.01)	7, 16, 32, 33	1.02 (0.11, 9.76)
Nonfatal MI				
All studies	7, 8, 16, 29, 30, 32-35	0.64 (0.50, 0.82)	9, 25, 26, 38	0.61 (0.22, 1.68)
Statin drugs	7, 8, 16, 32-35	0.63 (0.48, 0.83)	9, 25, 26, 38	0.61 (0.22, 1.68)
Good quality	7, 8, 16, 32-35	0.63 (0.48, 0.83)	9, 25, 26, 38	0.61 (0.22, 1.68)
CHD events[b]				
All studies	7, 8, 11, 27, 32-37	0.79 (0.72, 0.88)	9, 38, 39	0.87 (0.50, 1.49)
Statin drugs	7, 8, 11, 27, 32-37	0.79 (0.72, 0.88)	9, 38, 39	0.87 (0.50, 1.49)
Good quality	7, 8, 11, 27, 32-37	0.79 (0.72, 0.88)	9, 38	0.54 (0.22, 1.30)
Revascularization				
All studies	7, 8, 32-35	0.70 (0.42, 1.16)[a]	9, 38	0.87 (0.33,2.31)[c]
Statin drugs	7, 8, 32-35	0.70 (0.42, 1.16)[a]	9, 38	0.87 (0.33,2.31)[c]
Good quality	7, 8, 32-35	0.70 (0.42, 1.16)[a]	9, 38	0.87 (0.33,2.31)[c]

RR, relative risk; CI, confidence interval; CHD, coronary heart disease; MI, myocardial infarction; statin drugs included lovastatin, pravastatin or simvastatin; good quality is defined in the methods section.

[a]P-value for heterogeneity <0.10

[b] CHD events in CARE, LIPID and ALLHAT defined as CHD mortality or nonfatal MI; in 4S as CHD mortality, non fatal MI or resuscitated cardiac arrest; in AFCAPS as CHD mortality, nonfatal MI, unstable angina or sudden cardiac death, and in HPS as CHD mortality, nonfatal MI, stroke or revascularization. See Tables 1 and 2 for full names of studies.

[c]Only one trial provided data on this outcome[9, 38]

Note: Superscripted numbers correspond with citations on reference list for Chapter 3.

Evidence Table 9. Diabetes: Characteristics of studies of coronary heart disease risk in diabetics vs. nondiabetic subjects

Source	Study Name or Location	Quality Score	Mean Followup (years)	Mean Age (Range), y	Number of Subjects Diabetic M	Diabetic F	Nondiabetic M	Nondiabetic F
Barrett-Connor et al, [70] 1991[a]	Rancho Bernardo, CA	good	14.4	63(50-89)	207	127	893	1244
Collins et al, [71] 1996	Asian Indian, Fiji	fair	11	20+	102	129	1077	1236
Fujimoto et al, [16, 17] 1987, 1991	King County, WA	fair	NA	62- 64	78	52	79	72
Howard et al, [21] 1995	Strong Heart Study	fair	4.8	55-57	797	1412	1049	1291
Jousilahti et al, [72] 1999	WHO-MONICA	fair	7-12	25-64	262	254	6828	7442
Keil et al, [73] 1993	Charleston Heart Study	fair	30	50(35-74)	30	42	956	1153
Kleinman et al, [74] 1988	NHANES I	fair	9	57,63[b](40-77)	189	218	3151	3823
Lindeman et al, [19] 1998	Bernalillo County, NM	fair	NA	$\geq$ 65	115	73	330	321

Evidence Table 9. Diabetes: Characteristics of studies of coronary heart disease risk in diabetics vs. nondiabetic subjects (continued)

Source	Study Name or Location	Quality Score	Mean Followup (years)	Mean Age (Range), y	Number of Subjects Diabetic M	Diabetic F	Nondiabetic M	Nondiabetic F
Lowe et al, [75] 1997[a] and Pan et al, [76]1986[a]	Chicago, IL	fair	9-22	45,52[b](35-64)	926	170	7975	7860
Niskanen et al, [15] 1998	Finland-Kuopio	fair	15	55(45-64)	70	63	62	82
Rewers et al, [18] 1992	San Luis Valley, CO	fair	NA	25-74	186	521	243	571
Scheidt-Nave et al, [77] 1990[a]	Rancho Bernardo, CA	good	14.4	50-89	159	157	591	732
Sievers et al, [20] 1998	Gila River, AZ	fair	12.1	$\geq$ 15	630	813	1542	1552
Vilbergsson et al, [12] 1998	Reykjavik Study	good	17	52(34-79)	267	210	8861	9549
Wei et al, [78] 1998	San Antonio Heart Study	fair	7.5	43,53[b] (25-64)	190	281	1910	2494

CI indicates confidence interval; NA indicates not available; WHO-MONICA indicates World Health Organization-Monitoring of Trends and Determinants in Cardiovascular Disease; NHANES I indicates National Health and Nutrition Examination Survey I

[a]Duplicate publication, but separate outcomes or subgroups reported in each article.

[b]Values represent mean age for nondiabetic and diabetic subjects, respectively.

Note: Superscripted numbers correspond with citations on reference list for Chapter 4.

Evidence Table 10. Diabetes: Adjusted odds ratios (95% confidence intervals) for coronary heart disease mortality, nonfatal myocardial infarction (NFMI), and all-cause mortality by sex

Source	Race/ Ethnicity	CHD Mortality		Nonfatal MI		All-Cause Mortality	
		Male	Female	Male	Female	Male	Female
		OR (95% CI)		OR (95% CI)		OR (95% CI)	
Barrett-Connor, [70]1991	W	1.9(1.3-2.8)	3.3(2.0-5.6)				
Scheidt-Nave, [77]1990	W			1.3 (0.8-2.1)	1.8 (1.0-3.0)		
Collins, [71]1996	I	3.2(1.3-2.0)	20.7 (2.5-171)			4.4 (2.7-6.9)	3.1 (1.7-5.8)
	Me	1.6(0.4-6.0)	5.4(1.2-24.3)			1.3 (0.7-2.5)	2.3 (1.2-4.6)
Fujimoto[a], [16]1987	JA			2.1 (1.3-3.3)			
Fujimoto[a], [17]1991	JA				1.2 (0.8-1.9)		
Howard[a], [21]1995	NA			1.59 (.74-3.21)	7.11(2.24-22.58)		
Jousilahti, [72]1999	W	2.4 (1.6-3.4)	4.3 (2.4-7.6)				
Keil, [73]1993	W	0.8 (0.5-2.4)	1.3 (0.4-4.5)			1.2 (0.7-2.0)	2.2 (1.1-4.2)
	B	2.5(0.3-18.7)	2.0 (0.9-4.5)			3.1 (1.4-7.2)	1.8 (1.1-2.8)
Kleinman, [74]1988	W	2.8 (2.0-3.8)	2.5 (1.6-3.8)			2.3 (1.8-2.8)	2.0 (1.6-2.6)
Lindeman[a], [19]1998	W			3.4 (1.2-5.5)	3.6 (1.3-10)		
Lindeman[a], [19]1998	L			1.7 (0.9-3.3)	1.4 (0.5-3.7)		
Lowe, [75]1997	W					1.9 (1.6-2.2)	
	B					1.8 (1.0-3.3)	
Pan, [76]1986	W	3.8 (1.7-8.4)	4.7 (1.9-11.9)				
Niskanen[a], [15]1998	W					5.4(1.7-14.7)	5.2(1.8-15)
Rewers[a], [18]1992	W			1.7 (1.0-2.8)	2.7 (1.5-4.7)		
	L			0.9 (0.5-1.4)	1.4 (0.9-2.1)		
Sievers[a], [20]1992	P	5.3 (2.2-13)	6.3 (0.8-50)			1.8 (1.4-2.4)	1.4 (1.0-2.0)
Vilbergsson, [12]1998	W	2.0 (1.5-2.6)	2.2 (1.7-2.8)			1.9 (1.6-2.3)	1.7 (1.3-2.1)
Wei, [78]1998	M					2.1 (1.3-3.5)	3.2 (1.9-5.4)

[a]Multivariate results received via personal communication with authors; OR indicates odds ratio; CI indicates confidence interval; W=white, B=black, I=East Indian, Me=Melanesian, JA=Japanese- American, L=Latino, P=Pima Indian, M=multiple races, INA=Native American

Note: Superscripted numbers correspond with citations on reference list for Chapter 4.

Evidence Table 11. Diabetes: Summary odds ratios for coronary heart disease (CHD) mortality, nonfatal myocardial infarction (NFMI), and all-cause mortality by sex (comparing diabetics to nondiabetics)

Outcome	Men Summary OR (95%CI)	Women Summary OR (95%CI)	References	p-value[a]
CHD Mortality: (n=8)	2.33 (1.91-2.85)	2.92 (2.22-3.84)	12, 20, 70-74, 76	0.19
White (n=6)	2.22 (1.79-2.75)	2.79 (2.11-3.69)	12, 70, 72-74, 76	0.20
Black (n=1)	2.5 (0.3-18.7)	2.0 (0.9-4.5)	73	0.87
East Indian (n=1)	3.2 (1.3-2.0)	20.7 (2.5-171)	71	0.11
Melanesian (n=1)	1.6 (0.4-6.0)	5.4 (1.2-24.3)	71	0.24
Pima India (n=1)	5.3 (2.2-13)	6.3 (0.8-50)	20	0.88
Nonfatal MI: (n=5)	1.55 (1.11-2.17)[b]	1.70 (1.27-2.28)	16-19, 21, 77	0.68
White (n=3)	1.65 (1.06-2.56)	2.29 (1.59-3.30)	18,19,77	0.26
Native American (n=1)	1.59 (0.74-3.21)	7.11 (2.24-22.58)	21	0.03
Japanese American (n=1)	2.1 (1.3-3.3)	1.2 (0.8-1.9)	16,17	0.08
Latino (n=2)	1.2 (0.6-2.4)	1.4 (0.9-2.1)	18,19	0.71
Mortality: (n=7)	2.13 (1.71-2.65)[b]	1.94 (1.65-2.28)	12,15, 20, 71, 73, 74,75, 78	0.50
White (n=5)	2.01 (1.59-2.54)	1.98 (1.65-2.38)	12,15, 73-75	0.92
Black (n=2 male; n=1 female)	2.19 (1.28-3.73)	1.8 (1.1-2.8)	73,75	0.60
East Indian (n=1)	4.4 (2.7-6.9)	3.1(1.7-5.8)	71	0.37
Melanesian (n=1)	1.3 (0.7-2.5)	2.3 (1.2-4.6)	71	0.21
Pima Indian (n=1)	1.8 (1.4-2.4)	1.4 (1.0-2.0)	20	0.24

OR indicates odds ratio; CI indicates confidence interval.
[a]*P* Value for comparison of odds ratio estimates between men and women.
[b]*P* Value for heterogeneity < .10.
Race-ethnicity groups with only one study (n=1), were not meta-analyzed.
Note: Superscripted numbers correspond with citations on reference list for Chapter 4.

Evidence Table 12. Diabetes: Summary odds ratios (95% confidence intervals) for coronary heart disease mortality by sex (diabetes vs. no diabetes) quality of studies and sensitivity analysis (white race only)

Subgroup	Summary Odds Ratios (95% Confidence Interval) Men	Women	*P*-value[a]	References
Quality of Studies[b]				
Good (n=2)	1.96 (1.56-2.47)	2.54 (1.73-3.72)	.26	12,70
Fair (n=4)	2.42 (1.71-3.42)	3.07 (1.97-4.80)	.41	72,73,74,76
Level of Adjustment for Potential Confounding[b]				
Age Adjusted only (n=4)	2.07 (1.39-3.08)	3.42 (2.55-4.59)	.05	12,70,73,76
Unadjusted only (n=3)	2.16 (1.56-2.98)	3.22 (2.39-4.34)	.08	70,73,74

OR indicates odds ratio; CI indicates confidence interval
[a] *P* value for comparison of odds ratio estimates between men and women.
[b] The studies included in these subgroup analyses were eligible for inclusion because they provided outcomes adjusted for at least age, hypertension, hyperlipidemia and smoking; these studies also provided unadjusted and/or age-adjusted estimates which are used to calculate these summary estimates.
Note: Superscripted numbers correspond with citations on reference list for Chapter 4.

Evidence Table 13. Troponin: Characteristics of the Study Populations by Gender

Author	Year	Patient Cohort	Age[a] (years)		History of MI (%)		Hypertension (%)		Diabetes Mellitus (%)		Smoking (%)	
			M	F	M	F	M	F	M	F	M	F
Antman 1996[8]	1996	ACS	58	61	45	30	35	56	12	20	39	34
Antman 1998[9]	1998	ACS	61	64	42	35	59	68	29	41	31	19
Christenson[10, 16]	1996	ACS	62	69	25	25	39	60	16	26	38	23
Galvani[21]	1997	Unstable Angina	66		48		na		na		na	
Hamm[12]	1999	Unstable Angina	61		20		37		12		41	
Heeschen[13]	1999	ACS	64		46		55		21		69	
Ravkilde[20]	1993	Unstable Angina	68		28		9		9		na	
Safstrom[6]	2000	ACS	69	72	29	29	30	37	12	16	22	16

na=not available; ACS=suspected acute coronary syndrome (non-ST elevation); UA=unstable angina (MI excluded). MI=myocardial Infarction.
[a]Mean or median.
Note: Superscripted numbers correspond with citations on reference list for Chapter 5.

Evidence Table 14. Troponin: Characteristics of the Study Reports

Study	Data Source	Definition of Positive Troponin	Study Type	Troponin	Troponin Threshold (ng/ml)	Exclusions Listed	Providers Blinded to Troponin
Antman 1996[8]	Author	Any positive	Clinical Trial	I	0.4	Yes	Yes
Antman 1998[9]	Author	Any positive	Clinical Trial	T	0.2	Yes	Yes
Christenson[10, 16]	Author	Initial Positive	Clinical Trial	T	0.1	Yes	Yes
Galvani[21]	Publication	Any positive	Cohort	I	3.1	Yes	Yes
Hamm[12]	Author	Any positive	Clinical Trial	T	0.1	Yes	Yes
Heeschen[13]	Author	Any positive	Clinical Trial	I	0.1	Yes	Yes
Ravkilde[20]	Publication	Any positive	Cohort	T	0.2	No	Yes
Safstrom[6]	Publication	Any positive	Clinical Trial	T	0.2	Yes	Yes

I=Troponin I protein; T=Troponin T protein; ng/ml=nanogram per milliliter
Note: Superscripted numbers correspond with citations on reference list for Chapter 5.

Evidence Table 15. Troponin: Outcomes for Women

Author	Total	Troponin Positive (%)	Death (%) Troponin Negative	Death (%) Troponin Positive	Death or MI (%) Troponin Negative	Death or MI (%) Troponin Positive
Antman 1996[8]	471	179 (38)	5 (1.7)	10 (5.6)	18 (6.2)	19 (10.6)
Antman 1998[9]	194	35 (18)	3 (1.9)	2 (5.7)	6 (3.8)	7 (20.0)
Christenson[10, 16]	251	102 (41)	8 (5.4)	13 (12.7)	14 (9.4)	15 (14.7)
Galvani[21]	29	11 (38)	0 (0)	1 (9)	2 (11)	2 (18)
Hamm[12]	333	149 (45)	2 (1.1)	3 (2.0)	16 (8.7)	26 (17.4)
Heeschen[13]	1513	464 (31)	20 (1.9)	19 (4.1)	51 (4.9)	30 (8.2)
Ravkilde[20]	36	12 (33)	0 (0)	0 (0)	0 (0)	2 (17)
Safstrom[6]	342	166 (49)	4 (2.3)	13 (7.8)	10 (5.7)	30 (18.1)
Total	3169	1118 (35)	42 (2.0)	61 (5.5)	117 (5.7)	139 (12.4)

MI = myocardial infarction
Note: Superscripted numbers correspond with citations on reference list for Chapter 5.

Evidence Table 16. Troponin: Outcomes for Men

Author	Total N	Total Positive (%)	Death (%) Troponin Negative	Death (%) Troponin Positive	Death or MI (%) Troponin Negative	Death or MI (%) Troponin Positive
Antman 1996[8]	933	394 (42)	7 (1.3)	11 (2.8)	44 (8.2)	27 (6.9)
Antman 1998[9]	344	75 (22)	3 (1.1)	1 (1.3)	7 (2.6)	4 (5.3)
Christenson[10, 16]	554	187 (34)	12 (3.2)	20 (10.7)	33 (9.0)	25 (13.4)
Galvani [21]	62	11 (18)	0 (0)	1 (9.1)	2 (3.9)	3 (27.3)
Hamm[12]	756	297 (39)	5 (1.1)	12 (4.1)	33 (7.2)	35 (11.8)
Heeschen[13]	709	180 (25)	14 (2.6)	8 (4.4)	32 (6.0)	18 (10.0)
Ravkilde[20]	91	32 (35)	1 (1.7)	3 (9.4)	3 (5.1)	4 (12.5)
Safstrom[6]	621	395 (64)	5 (2.2)	26 (6.6)	26 (11.5)	70 (17.7)
Total	4070	1571 (39)	47 (1.9)	82 (5.2)	180 (7.2)	186 (11.8)

MI = myocardial infarction
Note: Superscripted numbers correspond with citations on reference list for Chapter 5.