Appendix A
Peer Reviewers

Appendix A: Peer Reviewers

Expert Peer Reviewers

Overall Reviewers

Elizabeth Barrett-Connor, MD	University of California, San Diego
JoAnn Manson, MD, DrPH	Harvard Medical School, Brigham and Women's Hospital
Lori Mosca, MD, MPH, PhD	Columbia University

Noninvasive Diagnostics:

C. Noel Bairey Merz, MD	Cedars-Sinai Medical Center
Pamela S. Douglas, MD	University of Wisconsin, Madison

Lipid lowering:

Vera Bittner, MD, MSPH	University of Alabama at Birmingham
Robert H. Knopp, MD	Northwest Lipid Research Clinic, University of Washington School of Medicine

Diabetes as a risk factor:

Trevor Orchard, MBBCh, MMedSi	University of Pittsburgh

Troponin:

E. Magnus Ohman, MD	University of North Carolina at Chapel Hill

Advice was also solicited from representatives of Partner Organizations, including:

Robert Christenson, PhD	American Association for Clinical Chemistry
Sharonne N. Hayes, M.D., F.A.C.C.	American College of Cardiology
Rosalind Fabunmi, Ph.D.	American Heart Association
Mary Norine Walsh, MD	American College of Cardiology
Mary Winston, Ed.D.	American Heart Association

Appendix B
Quality Assessment Forms

Appendix B: Quality Assessment Forms

Noninvasive Diagnostics: Exercise MPI and Echocardiography Quality Evaluation Form

Reviewer 1: **«Reviewer1»**
Reviewer 2: **«Reviewer2»**
Topic Team: «Question»
Article: **«Article»**
Name:

INCLUSION/EXCLUSION CRITERIA **If answer is "NO" for any question 1-5 or "YES" for Q 6, skip to Q 7.** **(Note: you may not be able to complete Q 4 until later if PI needs to be contacted)**	**YES**	**NO**
1. a Is the study design cross sectional? b Does it address the research question?		
2. Does the article contain primary data on ≥ 10 women who underwent exercise EKG with radionuclide injection and SPECT imaging or exercise echocardiography.		
3. Does the article include coronary angiography as the "gold standard" for measuring the accuracy of these tests?		
4A. Does the article present data on the accuracy of these tests that allow calculation of sensitivity, specificity, or likelihood ratios in women (one measure acceptable if all are not given, but raw data TP, TN, FP, FN preferred) (If YES, go to Q.5)		
If NO to 4A: 4B. Will PI be contacted, or has PI already been contacted? (if NO, go to Q.7)		
If YES to 4B: 4C. Was data received from PI? (if YES, include in review)		
5. Was the paper published between January 1, 1990 and January 1, 2002?		
6. Were non-invasive tests performed exclusively in patients after myocardial infarction, percutaneous angioplasty, coronary artery surgery or hospitalization for an unstable coronary syndrome? (If yes, exclude)		
7. Based on your responses to questions 1-6, is this article eligible for the systematic review? **IF YES,** complete Question 8 - 10 and Quality Evaluation. **IF NO,** complete Questions 8 - 10 only.		
MISCELLANEOUS 8. Does this article contain data on women only?		
9. Does the investigator need to be contacted to receive further data on women?		
10. Comments (*continue on other side*)		

QUALITY EVALUATION	**Yes**	**No**	**Unclear**	**Likely**
11. Did all women who undergo the non-invasive test also undergo angiography?				
12. Did only women with abnormal non-invasive tests undergo angiography?				
13. Was the diagnosis of coronary artery disease on angiography made by investigators blinded to results of the non-invasive test?				

Appendix B: Quality Assessment Forms (continued)

Treatment: Lipid Lowering Quality Evaluation Form

Reviewer 1: **«Reviewer1»**
Reviewer 2: **«Reviewer2»**
Topic Team: «Question»
Article: **«Article»**

INCLUSION/EXCLUSION CRITERIA **If answer is "NO" for any question 1-5, STOP after completing Q 6, article does not qualify for review. One "no" response will disqualify article.**	**YES**	**NO**
1. Does the article assess the impact of lipid lowering on clinical outcomes: total mortality, CHD mortality, CHD events or CHD procedures?		
• Is the study a randomized clinical trial? • Is this publication a sub-study? __yes __no • IF YES, which paper will be reviewed for this systematic review? __substudy __main __ both __ neither • What is the ID# (or author/year/journal) of main paper? _____		
3. Does the article contain data on women that address the research question?		
4. Does the study include treatment duration of at least one year?		
5. Was the article published between January 1, 1966 and January 1, 2002?		
6. Based on your responses to questions 1-5, is this article eligible for the systematic review? IF YES, proceed to Question 7. IF NO, stop here.		
MISCELLANEOUS		
7. Is the study: *(select one only)* ( ) primary prevention ( ) mixed ( ) secondary prevention ( ) cannot determine		
8. Were any references found in this article that need to be reviewed? IF YES: list information on back of this page so that article can be obtained.		
9. Does the investigator need to be contacted to receive further data on women?		

10. Comments: (continue on other side)			
QUALITY EVALUATION	**YES**	**NO**	**NOT CLEAR**
11. Was there a control group that received placebo?			
12. Were the participants blinded to the intervention?			
13. Were the providers blinded to intervention?			
14. Were the staff who assessed outcome blinded to intervention?			
15. Was randomization allocation concealed?			
16. Were the inclusion/exclusion criteria clear?			
17. Was there > 75% complete follow up?			

Appendix B: Quality Assessment Forms (continued)

Risk Factors: Diabetes Quality Evaluation Form

Reviewer 1: **«Reviewer1»**

Reviewer 2: **«Reviewer2»**

Topic Team: «Question»

Article: **«Article»**

INCLUSION/EXCLUSION CRITERIA	**YES**	**NO**
1. Is the study design a prospective or retrospective cohort, or cross sectional study?		
2. Does the article address the risk/rates of CHD mortality, a CHD event, or angiographic evidence of CHD in diabetic persons?		
3. Does the article include data specific to Type II diabetic participants?		
4.a. Does the article include data on women, with outcomes specified by gender?		
4. b. **If NO**, should PI be contacted?		
5. Does the article include multivariate adjustment for confounders, including age, hypertension, hypercholesterolemia and tobacco use?		
6. Does the article include a nondiabetic control group (studies with historical controls or standardized mortality ratios will be excluded)?		
7. Was the paper published between January 1, 1966 and January 1, 2002?		
If the answer to any of the above questions is NO, STOP.		

QUALITY EVALUATION	YES	NO	NA
8. Were the inclusion/exclusion criteria clear?			
9. If article is a prospective cohort study, was there less than 25% loss to follow-up?			
10. Did the analysis include multivariate adjustment for potential confounders beyond the specified 4 variables: age, hypertension, hypercholesterolemia, tobacco?			
11. Was the outcome adjudicated blindly?			
12. If a prospective cohort, was the length of follow up time at least 6 months?			
13. Was diabetes defined based on any formal glucose testing (fasting plasma glucose or OGTT)?			

Appendix C
Data Abstraction Forms

Appendix C: Data Abstraction Forms (continued)

DATA ABSTRACTION FORM: DIAGNOSTICS

REVIEWER _____ *DATE*

ARTICLE NUMBER
Author
Title
Journal
Year
Country
Institution
Is there another article from this same database? Y or N

STUDY CHARACTERISTICS
Setting (University/Community/Both/Emergency Room?/Pre-op?)
Study design (prospective, retrospective)
Exercise Echo done (Y/N)
Exercise SPECT done (Y/N)
Other tests done (Y/N), if Y, which?_____

POPULATION
Consecutive? Y N Unclear
Total n_____
Number of Women_____
% follow up, all_____% follow up, women_____
Mean age of all _____and of women_____
Clinical indications, all: angina_____atypical chest pain____ asymptomatic____other_
Clinical indic, women: angina_____atypical CP_____asymptomatic_____other_____
Inclusion criteria:

Exclusion criteria:

BL Characteristics	Women	Men	All
Age Range			
Cardiac Risks (%) Diabetes Smokers HTN Dyslipidemia (definition)			
Cardiac Hx (%) Angina Prior MI Prior CABG Prior PTCA			

TEST FACTORS
Exercise preformed: Bruce____Other treadmill_____Bike_____Step____Other_____
Percent with Adequate exercise: Women_____ All_____
Radionuclide used (if applicable): Tl_____MIBI_____Both_____Other_____

Imaging used: SPECT_____Echo_____Planar_____Other_____
Criteria for positivity_____

Appendix C: Data Abstraction Forms (continued)

For Nuclear med	Women	Men	All
+ ECG Criteria + Imaging Criteria			
# w/ +ECG/+image #w/+ECG/-image # w/-ECG/+image # w/-ECG/-image			

_
Positive reported at rest (Y/N) at exercise (Y/N)
If echo, WMA new (Y/N) or worse (Y/N)
If echo, cine loop or videotape reading?
If SPECT, visual (Y/N) quantitative (Y/N)
Number of non-diagnostic tests, all_____ women_____
Reasons for non-diagnostic tests, all: inadequate HR_____technically difficult_____
Inadequate double product____ image uninterpretable (rest/stress/both)_____
Reasons for non-diag, women: inadequate HR_____technically difficult_____
Inadequate double product____image ininterpretable (rest/stress/both)_____
Reversibility examined (Y/N)
Protocol: Time _____Return for repeat images (Y/N) and if Y, when?
Baseline ECG abnormalities: LBBB_____RBBB____dig effect_____LVH____ST/T__

GOLD STANDARD
Cath done on all (Y/N), if N # who received cath_____# of women who received cath___
Angiographic definition of dz: < 50%___>50%____>70%____>50% LM____other____
Time between exercise test and cath_____

Cath data	Women	Men	All
% normal % w/ single vessel			
% w/ 2 vessel			
% w/3 vessel % w/ L Main			

SUBGROUPS
Was severe disease a subgroup (Y/N), and if so, how was it defined?_____

Other subgroups and definitions?

Data for Sens/Spec	Women	Men	All
Participants # with cath results			
TP (+cath+test) FP (-cath+test)			
TN (-cath-test) FN (-cath-test)			

Appendix C: Data Abstraction Forms (continued)

Subgroup:

Data for Sens/Spec	Women	Men	All
Participants # with cath results			
TP (+cath+test) FP (-cath+test)			
TN (-cath-test) FN (-cath-test)			

Subgroup:

Data for Sens/Spec	Women	Men	All
Participants # with cath results			
TP (+cath+test) FP (-cath+test)			
TN (-cath-test) FN (-cath-test)			

Comments:

Data Abstraction Form: Lipid Lowering

Reviewer_____
First Author _____
Study Number_____
Year of Publication_____

Directions: Complete this form after completing the quality review form which assesses study eligibility. Form does not need to be filled out on studies that are not eligible.

METHODS

Study Design

Randomized Clinical Trial Y _____ N_____

Participants

Source (eg community, hospital) _____
Inclusion criteria
Age range_____
Total cholesterol _____
LDL cholesterol_____
HDL cholesterol_____
Known CHD?_____
Other_____
Exclusion criteria
(eg cancer, dementia)_____

Primary/secondary prevention

Primary _____
Secondary _____
Mixed (if mixed, what is the % of each) _____

Location (city, state, country) _____
Recruitment Start Date _____

Intervention

Drug
Name(s)_____
Starting dose_____
Was the dose titratable?_____
Diet
Type of diet(s)_____
_____
Interventions common to control and intervention group
_____

Appendix C: Data Abstraction Forms (continued)

Outcomes

Primary outcome IF INDIVIDUAL

Total mortality _____
CHD mortality _____
Non-fatal MI _____
Angina _____
Revascularization _____
Cardiovascular death_____
Stroke_____
Other _____

Primary Composite Outcome(s) MARK ALL THAT APPLY

Total mortality _____
CHD mortality _____
Non-fatal MI _____
Angina _____
Revascularization _____
Cardiovascular death_____
Stroke_____
Other _____

Secondary outcomes

Total mortality _____
CHD mortality _____
Non-fatal MI _____
Angina _____
Revascularization _____
Cardiovascuar death_____
Stroke_____
Other (Individual) _____
Other (Composite) _____

Follow-up strategy and how often	Frequency
Patient examination/clinic visit	_____
Questionnaire	_____
Telephone contact	_____
Medical records	_____
Death registry	_____
Other_____	_____

Over what period of time were outcomes assessed (mean, range)
Exact dates of follow-up_____
Mean length of follow-up_____
Follow up rate or percent_____

RESULTS

Participant Information

	Women	Men
Intervention		
Control		
Total number of patients		

Appendix C: Data Abstraction Forms (continued)

Age

Average age intervention (I) _____

Avg age I women _____

Average age I men_____

Average age placebo (P) _____

Average age P women_____

Average age P men_____

Angina

	Total (%)	Women	Men
Intervention			
Control			

Hypertension

	Total (%)	Women	Men
Intervention			
Control			

Anti-hypertensives

	Total (%)	Women	Men
Intervention			
Control			

Diabetes

	Total (%)	Women	Men
Intervention			
Control			

Current smokers

	Total (%)	Women	Men
Intervention			
Control			

Aspirin use

	Total (%)	Women	Men
Intervention			
Control			

ACE inhibitor use

	Total (%)	Women	Men
Intervention			
Control			

Beta blocker use

	Total (%)	Women	Men
Intervention			
Control			

Appendix C: Data Abstraction Forms (continued)

Baseline Lipids

	Total	LDL	HDL	Triglycerides
Intervention				
Control				

Baseline Lipids in women

	Total	LDL	HDL	Triglycerides
Intervention				
Control				

Outcomes

Follow-up Lipids

	Total	LDL	HDL	Triglycerides
Intervention				
Control				

Follow-up Lipids in women

	Total	LDL	HDL	Triglycerides
Intervention				
Control				

All cause mortality

OVERALL	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

WOMEN	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

MEN	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

Relative Risk_____
Relative risk in women_____
Absolute risk reduction_____
Absolute risk reduction in women_____
NNT_____

Appendix C: Data Abstraction Forms (continued)

CHD death

OVERALL	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

WOMEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

MEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

Relative Risk_____
Relative risk in women_____
Absolute risk reduction_____
Absolute risk reduction in women_____
NNT_____

Nonfatal MI

OVERALL	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

WOMEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

MEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

Relative Risk_____
Relative risk in women_____
Absolute risk reduction_____
Absolute risk reduction in women_____
NNT_____

Angina

OVERALL	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

WOMEN	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

MEN	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

Relative Risk_____
Relative risk in women_____
Absolute risk reduction_____
Absolute risk reduction in women_____
NNT_____

Revascularization

OVERALL	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

WOMEN	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

MEN	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

Relative Risk_____
Relative risk in women_____
Absolute risk reduction_____
Absolute risk reduction in women_____
NNT_____

Cardiovascular death

OVERALL	**Number of events**	**Event rate (eg # per 1000 years)**	**Number at risk**
Intervention			
Control			

Appendix C: Data Abstraction Forms (continued)

WOMEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

MEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

Relative Risk_____
Relative risk in women_____
Absolute risk reduction_____
Absolute risk reduction in women_____
NNT_____

Stroke

OVERALL	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

WOMEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

MEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

Relative Risk_____
Relative risk in women_____
Absolute risk reduction_____
Absolute risk reduction in women_____
NNT_____

Other

OVERALL	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

WOMEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

Appendix C: Data Abstraction Forms (continued)

MEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

Relative Risk_____
Relative risk in women_____
Absolute risk reduction_____
Absolute risk reduction in women_____
NNT_____

Other

OVERALL	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

WOMEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

MEN	Number of events	Event rate (eg # per 1000 years)	Number at risk
Intervention			
Control			

Relative Risk_____
Relative risk in women_____
Absolute risk reduction_____
Absolute risk reduction in women_____
NNT_____

Adverse event(s)

LFT abnormality
How defined_____
Number (%) Intervention_____
Number (%) Control_____
Liver failure
How defined_____
Number (%) Intervention_____
Number (%) Control_____
CK abnormality
How defined_____
Number (%) Intervention_____
Number (%) Control_____
Rhabdomyolysis
How defined_____
Number (%) Intervention_____
Number (%) Control_____

Appendix C: Data Abstraction Forms (continued)

Renal failure

How defined_____

Number (%) Intervention_____

Number (%) Control_____

Breast cancer

How defined_____

Number (%) Intervention_____

Number (%) Control_____

Other

How defined_____

Number (%) Intervention_____

Number (%) Control_____

Other

How defined_____

Number (%) Intervention_____

Number (%) Control_____

Data Abstraction Form: Diabetes

Reviewer: _____ First Author: _____
Study #: _____ Year of Publication: _____

METHODS:

Study design: _____ Prospective cohort study
_____ Retrospective cohort study
_____ Cross-sectional analysis
_____ Case-Control study
_____ Randomized Clinical Trial, intervention type: _____

Study name (acronym):_____
Patient Population (clinic, survey, volunteers…): _____
Location (City/State/Country): _____
Recruitment start date: _____

Type of diabetics studied: _____ Type 1 (Insulin-Dependent DM)
_____ Type 2 (NIDDM)

Type 2 diabetes defined by (check all that apply):
_____ self-report
_____ use of diabetic medication
_____ medical record diagnosis
_____ Positive Oral Glucose Tolerance Test, cut-off: _____
_____ Elevated fasting Glucose, cut-off: _____
_____ Elevated HbA1c or glycohemoglobin, cut-off: _____
_____ other:

<u>Outcomes</u>:

Primary endpoint(s):
1.
2.

Secondary endpoints(s):
1.
2.
3.
4.

Endpoint Definition: (check all that apply)

- Coronary heart disease death defined by:
  _____ ICD-9 code 410-414
  _____ sudden CHD death
  _____ Other:
- MI defined by:
  _____ EKG changes
  _____ Enzyme levels consistent with MI
  _____ Other:

Cardiovascular disease death defined by:
_____ ICD-9 code 400-459
_____ physician documentation
_____ other:

Stroke death defined by:
_____ ICD-9 code 430-438
_____ physician documentation
_____ Other:

Follow-up strategy (Check all that apply):
_____ patient examination/clinic visit
_____ questionnaire returned
_____ telephone contact
_____ medical records search
_____ death registry
_____ other:

Appendix C: Data Abstraction Forms (continued)

Within what period of time were outcomes assessed (mean, range): _____
Exact dates of follow-up: _____
Follow-up rate or percent: _____

RESULTS:
Participant Information:

	Women	**Men**
Number of (type 2) diabetics		
Number of nondiabetic patients		
Total number of patients		
Race: (list all: # with DM, # without DM) • •		
Age (mean, range): Diabetics Non-diabetics		

- Are outcomes reported with crude numbers (y/n):
- Are outcomes adjusted by age alone (y/n)?
- Are outcomes adjusted for other variables (y/n)?
  List all variables:

Outcome: Coronary heart disease death Race: _____

	WOMEN	MEN
With Diabetes		
Without Diabetes		

Women:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____
Men:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____

Outcome: Non-fatal Myocardial Infarction

	WOMEN	MEN
With Diabetes		
Without Diabetes		

Women:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____
Men:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____

Appendix C: Data Abstraction Forms (continued)

Outcome: Cardiovascular Death

	WOMEN	MEN
With Diabetes		
Without Diabetes		

Women:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____
Men:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____

Outcome: All-cause mortality

	WOMEN	MEN
With Diabetes		
Without Diabetes		

Women:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____
Men:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____
Other outcome: _____

	WOMEN	MEN
With Diabetes		
Without Diabetes		

Women:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____
Men:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____

Appendix C: Data Abstraction Forms (continued)

Other outcome: _____

	WOMEN	MEN
With Diabetes		
Without Diabetes		

Women:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____
Men:
Crude RR: _____ 95% CI or p-value: _____
Age-adjusted RR: _____ " _____
Multiply-adjusted RR: _____ " _____

If Race information is provided, enter each outcome with crude number and RR per race:
Race: _____
Outcome: _____

	WOMEN	MEN
With Diabetes		
Without DM		

Women: Men:
Age-adj RR(CI): _____ Age-adj RR(CI): _____
Mult.-adj RR(CI): _____ Mult-adj RR(CI): _____

Race: _____
Outcome: _____

	WOMEN	MEN
With Diabetes		
Without DM		

Women: Men:
Age-adj RR(CI): _____ Age-adj RR(CI): _____
Mult.-adj RR(CI): _____ Mult-adj RR(CI): _____

Race: _____
Outcome: _____

	WOMEN	MEN
With Diabetes		
Without DM		

Women: Men:
Age-adj RR(CI): _____ Age-adj RR(CI): _____
Mult.-adj RR(CI): _____ Mult-adj RR(CI): _____

Race: _____
Outcome: _____

	WOMEN	MEN
With Diabetes		
Without DM		

Women: Men:
Age-adj RR(CI): _____ Age-adj RR(CI): _____
Mult.-adj RR(CI): _____ Mult-adj RR(CI): _____

Appendix D
Abbreviations and Acronyms

Appendix D: Abbreviations and Acronyms

ACE	angiotensin converting enzyme
AHRQ	Agency for Healthcare Research and Quality
CABG	coronary artery bypass grafting
CHD	coronary heart disease
CKMB	creatine kinase myocardial bands
CHF	congestive heart failure
CVD	cardiovascular disease
CI	confidence interval
DTS	Duke Treadmill Score
ECHO	echocardiography
EKG	electrocardiogram
EPC	Evidence-based Practice Center
ETT	exercise treadmill test
HDL	High density lipoprotein
HDL-C	High density lipoprotein cholesterol
ICD-9	International Classification of Diseases, Ninth Revision
LDL	Low density lipoprotein
LDL-C	Low density lipoprotein cholesterol
LM	Left main coronary artery
Lp(a)	lipoprotein a
mg	milligrams
MI	myocardial infarction
MIBI	technetium Tc 99m sestamibi
mm	millimeter
mmol	millimole
MPI	myocardial perfusion-imaging
MRC/BHF	Medical Research Council/British Heart Foundation
MB	myocardial bands
N	number
NA	not available
NFMI	nonfatal myocardial infarction
ng	nanograms
NHLBI	National Heart Lung and Blood Institute
OR	odds ratio
PCI	percutaneous coronary intervention
PD	perfusion defect
PTCA	percutaneous coronary angioplasty
RWMA	regional wall motion abnormality
RR	relative risk
SPECT	single photon emission computed tomography
TI	thallous chloride TI 201 (thallium)

Appendix D: Abbreviations and Acronyms (continued)

Names of studies:

4S	Scandinavian Simvastatin Survival Study
ACAPS	Asymptomatic Carotid Artery Progression Study
AFCAPS/TEXCAPS	Air Force/Texas Coronary Artherosclerosis Prevention Study
ALLHAT-LLT	Antihypertensive and Lipid-Lowering treatment to prevent Heart Attack Trial - Lipid-Lowering Trial
CARE	Cholesterol and Recurrent Events trial
HPS	Heart Protection Study
LIPID	Long-term Intervention with Pravastatin in Ischaemic Disease
NHANES I	National Health and Nutrition Examination Survey I
PLAC I	Pravastatin Limitation of Atherosclerosis in the Coronary Arteries
PLAC II	Pravastatin, Lipids and Atherosclerosis in the Carotid Arteries
PROSPER	PROspective Study of Pravastatin in the Elderly at Risk
TIMI	Thrombolysis in Myocardial Infarction
WHO-MONICA	World Health Organization-Monitoring of Trends and Determinants in Cardiovascular Disease