

Key Question 2-4 Outcomes

Rofid: 12, Skateboards: Are they really perilous? A retrospective study from a district hospital.
Rethnam U, Yesupalan RS, Sinha A.

and go to or Skip to Next

Troponin EPC Outcomes Form-RQ2-4

Please describe only one outcome per form

This is data for:

- Total sample
 Subgroup (specify):

Please indicate the outcome being reported

Outcome	Adjudicated	Definition	Followup
All-cause mortality <input type="radio"/> select <input type="button" value="Clear Response"/>	Select an Answer <input type="button" value="v"/>	<input type="radio"/> Define: <input type="text"/> <input type="radio"/> Not specified <input type="button" value="Clear Response"/>	<input type="checkbox"/> days <input type="text"/> <input type="checkbox"/> weeks <input type="text"/> <input type="checkbox"/> months <input type="text"/> <input type="checkbox"/> years <input type="text"/> <input type="checkbox"/> Not reported
Cardiovascular mortality <input type="radio"/> select <input type="button" value="Clear Response"/>	Select an Answer <input type="button" value="v"/>	<input type="radio"/> Define: <input type="text"/> <input type="radio"/> Not specified <input type="button" value="Clear Response"/>	<input type="checkbox"/> days <input type="text"/> <input type="checkbox"/> weeks <input type="text"/> <input type="checkbox"/> months <input type="text"/> <input type="checkbox"/> years <input type="text"/> <input type="checkbox"/> Not reported
Subsequent myocardial infarction <input type="radio"/> select <input type="button" value="Clear Response"/>	Select an Answer <input type="button" value="v"/>	<input type="radio"/> Define: <input type="text"/> <input type="radio"/> Not specified <input type="button" value="Clear Response"/>	<input type="checkbox"/> days <input type="text"/> <input type="checkbox"/> weeks <input type="text"/> <input type="checkbox"/> months <input type="text"/> <input type="checkbox"/> years <input type="text"/> <input type="checkbox"/> Not reported
Stroke <input type="radio"/> select <input type="button" value="Clear Response"/>	Select an Answer <input type="button" value="v"/>	<input type="radio"/> Define: <input type="text"/> <input type="radio"/> Not specified <input type="button" value="Clear Response"/>	<input type="checkbox"/> days <input type="text"/> <input type="checkbox"/> weeks <input type="text"/> <input type="checkbox"/> months <input type="text"/> <input type="checkbox"/> years <input type="text"/> <input type="checkbox"/> Not reported
Hospital readmission rate <input type="radio"/> select <input type="button" value="Clear Response"/>	Select an Answer <input type="button" value="v"/>	<input type="radio"/> Define: <input type="text"/> <input type="radio"/> Not specified <input type="button" value="Clear Response"/>	<input type="checkbox"/> days <input type="text"/> <input type="checkbox"/> weeks <input type="text"/> <input type="checkbox"/> months <input type="text"/> <input type="checkbox"/> years <input type="text"/> <input type="checkbox"/> Not reported
Composite outcome (check all that apply) <input type="checkbox"/> ≥ 1 year MACE rates <input type="checkbox"/> < 1 year MACE rate <input type="checkbox"/> Revascularization	Select an Answer <input type="button" value="v"/>	<input type="radio"/> Define: <input type="text"/> <input type="radio"/> Not specified <input type="button" value="Clear Response"/>	<input type="checkbox"/> days <input type="text"/> <input type="checkbox"/> weeks <input type="text"/> <input type="checkbox"/> months <input type="text"/> <input type="checkbox"/> years <input type="text"/> <input type="checkbox"/> Not reported
Other major adverse event (select one) <input type="button" value="Select an Answer"/>	Select an Answer <input type="button" value="v"/>	<input type="radio"/> Define: <input type="text"/> <input type="radio"/> Not specified <input type="button" value="Clear Response"/>	<input type="checkbox"/> days <input type="text"/> <input type="checkbox"/> weeks <input type="text"/> <input type="checkbox"/> months <input type="text"/>

			<input type="checkbox"/> years <input type="text"/> <input type="checkbox"/> Not reported
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Please record how the troponin was categorized

Group	Assay	Manufacturer	Assay used	Troponin Level
Group 1	Select an Answer ▾	Select an Answer ▾	Select an Answer ▾	<input type="checkbox"/> > __ng/L <input type="text"/> <input type="checkbox"/> < __ng/L <input type="text"/> <input type="checkbox"/> > __µg/L <input type="text"/> <input type="checkbox"/> < __µg/L <input type="text"/> <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>
Group 2	Select an Answer ▾	Select an Answer ▾	Select an Answer ▾	<input type="checkbox"/> > __ng/L <input type="text"/> <input type="checkbox"/> < __ng/L <input type="text"/> <input type="checkbox"/> > __µg/L <input type="text"/> <input type="checkbox"/> < __µg/L <input type="text"/> <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>
Group 3	Select an Answer ▾	Select an Answer ▾	Select an Answer ▾	<input type="checkbox"/> > __ng/L <input type="text"/> <input type="checkbox"/> < __ng/L <input type="text"/> <input type="checkbox"/> > __µg/L <input type="text"/> <input type="checkbox"/> < __µg/L <input type="text"/> <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>
Group 4	Select an Answer ▾	Select an Answer ▾	Select an Answer ▾	<input type="checkbox"/> > __ng/L <input type="text"/> <input type="checkbox"/> < __ng/L <input type="text"/> <input type="checkbox"/> > __µg/L <input type="text"/> <input type="checkbox"/> < __µg/L <input type="text"/> <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>
Group 5	Select an Answer ▾	Select an Answer ▾	Select an Answer ▾	<input type="checkbox"/> > __ng/L <input type="text"/> <input type="checkbox"/> < __ng/L <input type="text"/> <input type="checkbox"/> > __µg/L <input type="text"/> <input type="checkbox"/> < __µg/L <input type="text"/> <input type="checkbox"/> Other: <input type="text"/> <input type="checkbox"/> Other: <input type="text"/>

Table 1. Incidence of Outcome

Group	N for analysis	Outcome measure	Denominator	p-value	Reference gro
Group 1	<input type="text"/>	<input type="checkbox"/> # of patients with one or more events: <input type="text"/> <input type="checkbox"/> % of patients with one or more events: <input type="text"/> <input type="checkbox"/> # of events: <input type="text"/>	Select an Answer ▾	<input type="text"/>	Select an
Group 2	<input type="text"/>	<input type="checkbox"/> # of patients with one or more events: <input type="text"/> <input type="checkbox"/> % of patients with one or more events: <input type="text"/> <input type="checkbox"/> # of events: <input type="text"/>	Select an Answer ▾	<input type="text"/>	Select an
Group 3	<input type="text"/>	<input type="checkbox"/> # of patients with one or more events: <input type="text"/> <input type="checkbox"/> % of patients with one or more events: <input type="text"/> <input type="checkbox"/> # of events: <input type="text"/>	Select an Answer ▾	<input type="text"/>	Select an

Group 4	<input type="text"/>	<input type="checkbox"/> # of patients with one or more events: <input type="text"/> <input type="checkbox"/> % of patients with one or more events: <input type="text"/> <input type="checkbox"/> # of events: <input type="text"/>	Select an Answer ▼	<input type="text"/>
Group 5	<input type="text"/>	<input type="checkbox"/> # of patients with one or more events: <input type="text"/> <input type="checkbox"/> % of patients with one or more events: <input type="text"/> <input type="checkbox"/> # of events: <input type="text"/>	Select an Answer ▼	<input type="text"/>

Table 2. Measure of Association

Group	N for analysis	Point estimate	Measure of variability	95% CI	P-value
		Select an Answer ▼	Select an Answer ▼		
Group 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>	<input type="text"/>
Group 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>	<input type="text"/>
Group 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>	<input type="text"/>
Group 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>	<input type="text"/>
Group 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>	<input type="text"/>

Is the above data adjusted?

- Yes, adjusted
- No, not adjusted
- Clear Response

If a multivariable analysis, what other variables were adjusted for in the model?

- Age
- Sex
- Race/ethnicity
- History of coronary artery disease
- Other
- Other
- Other
- Other
- Other
- Other

Table 3. AUC values

	Value	P-value	95% Confidence Interval
AUC Value	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
Sensitivity	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>
Specificity	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> UL <input type="text"/> <input type="checkbox"/> LL <input type="text"/>

Comments

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