

Cohort Study

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Learning objectives

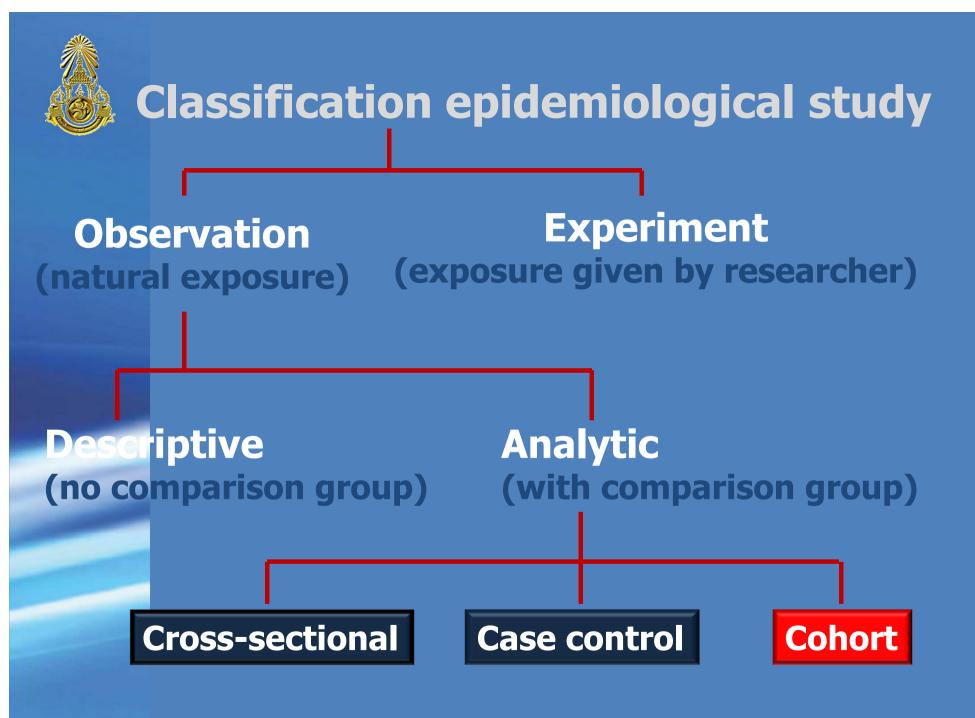
- Students are able to identify the fundamental concepts of cohort study design.
- Students are able to identify types of cohort studies
- Students are able to design a simple cohort study
- Student are able to understand the concept of Poisson Regression Model using in data analysis of the Cohort Study

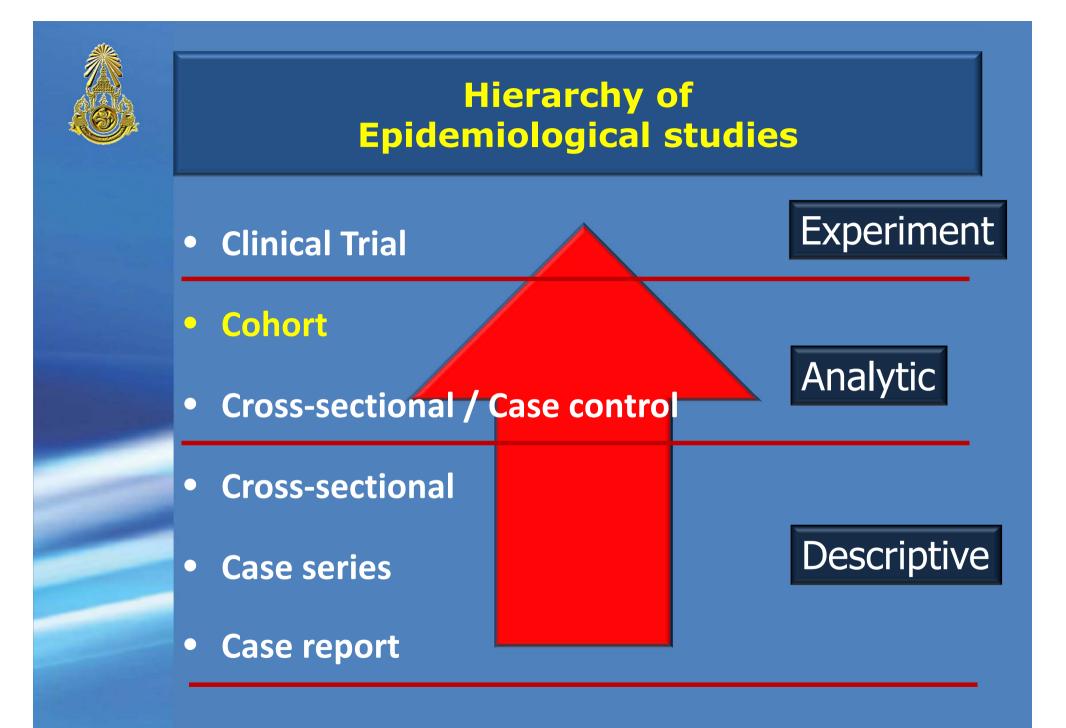


Epidemiological Studies

• Describe the problem

- How large is the problem?
- How dose the problem distribute in the population?
- Descriptive Study
 - Time
 - Place
 - Person







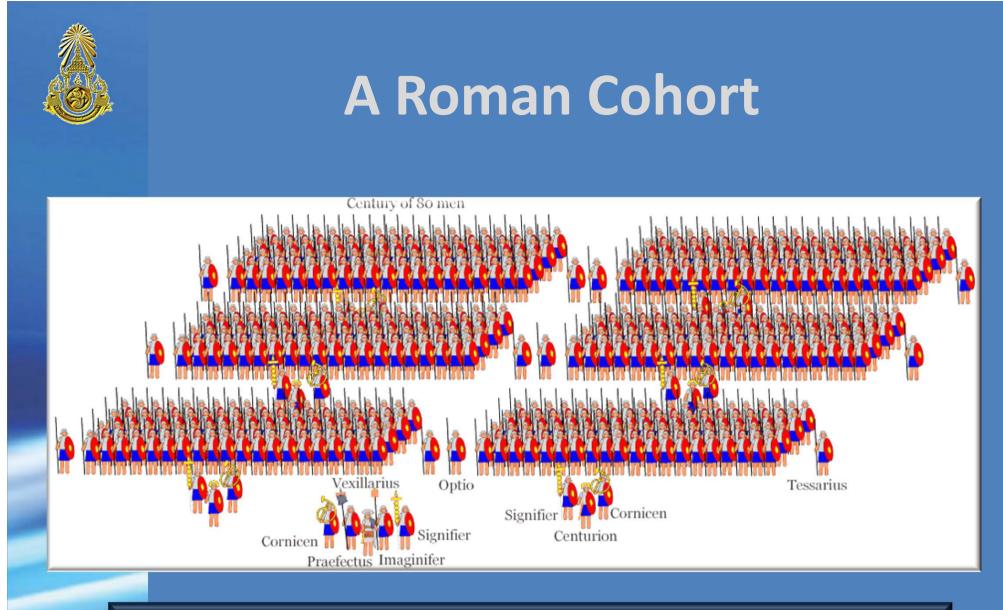
Cohort Study

- The most powerful observational study for identifying an association between risk factors and a disease
- The most time consuming
- The most expensive



"COHORT"

A unit of 300-600 men in the ancient Roman army



Two centuries made one maniple and three maniples made up one cohort.



"COHORT" in Epidemiology

A group of persons who are followed over time

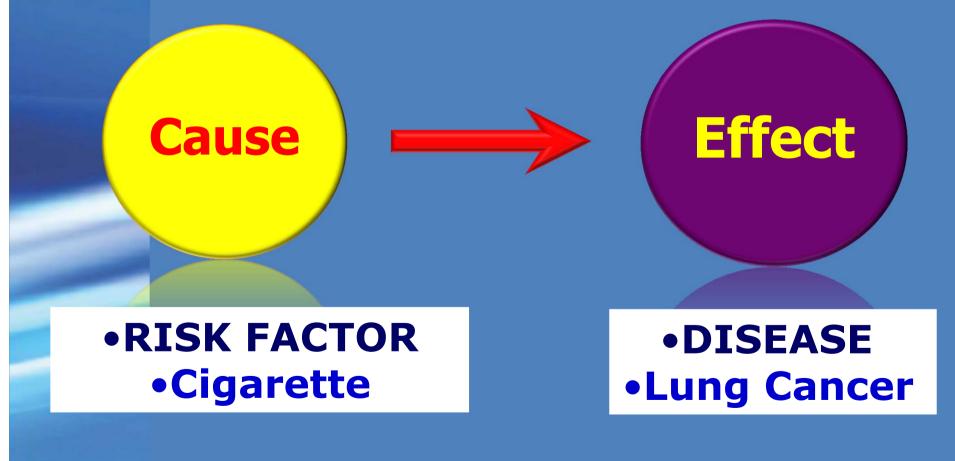


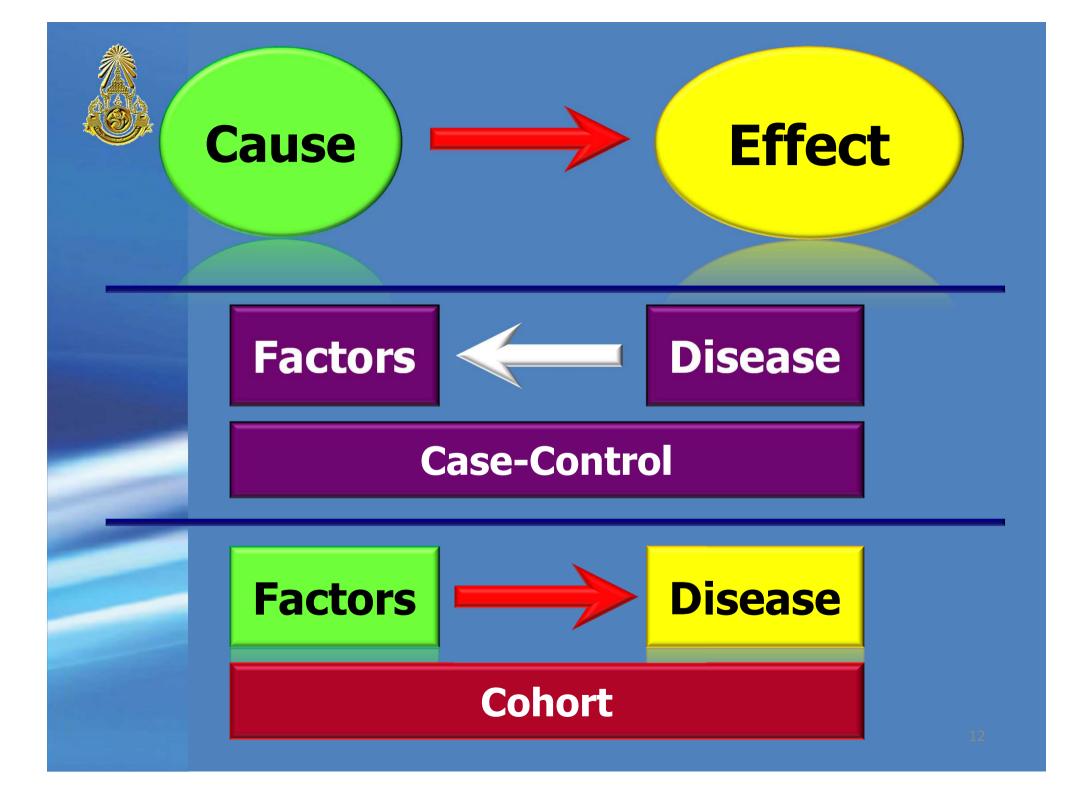
Cohort Study

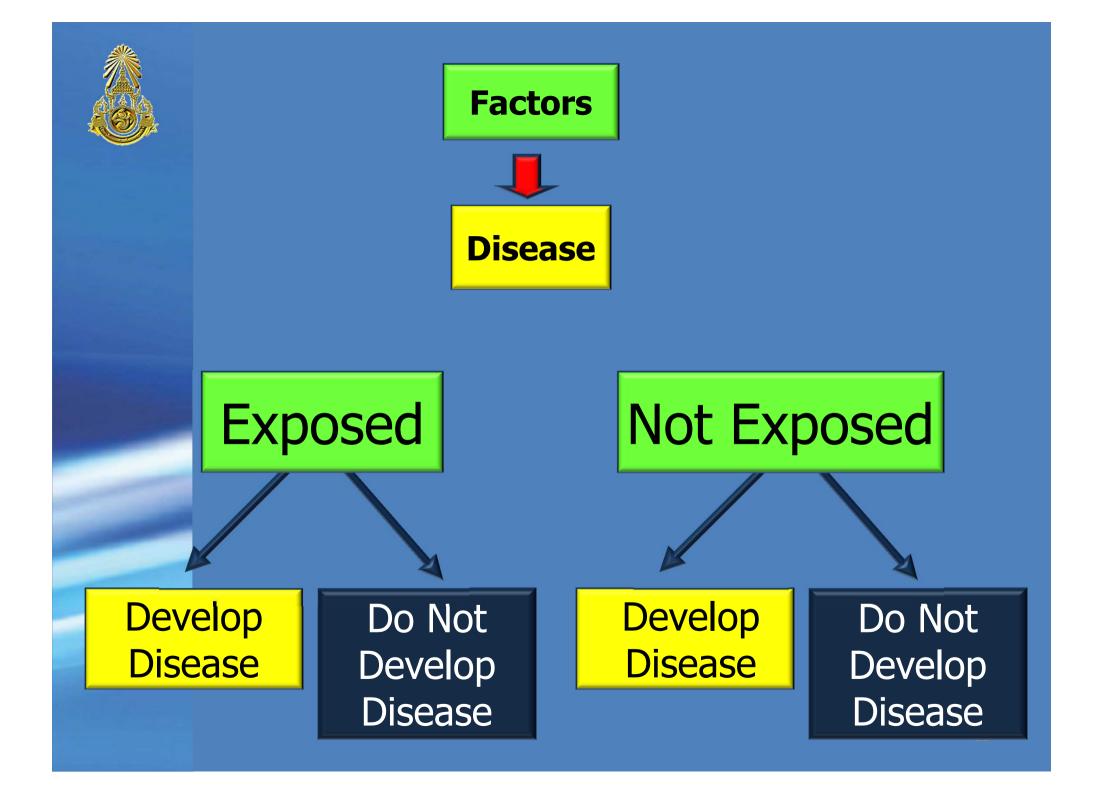
- Start with a group of people without the disease
- Then divide people based on the basis of the exposure to a suspected risk factor
- Follow the "whole group" for a period of time
- Then asses the disease occurrence outcome

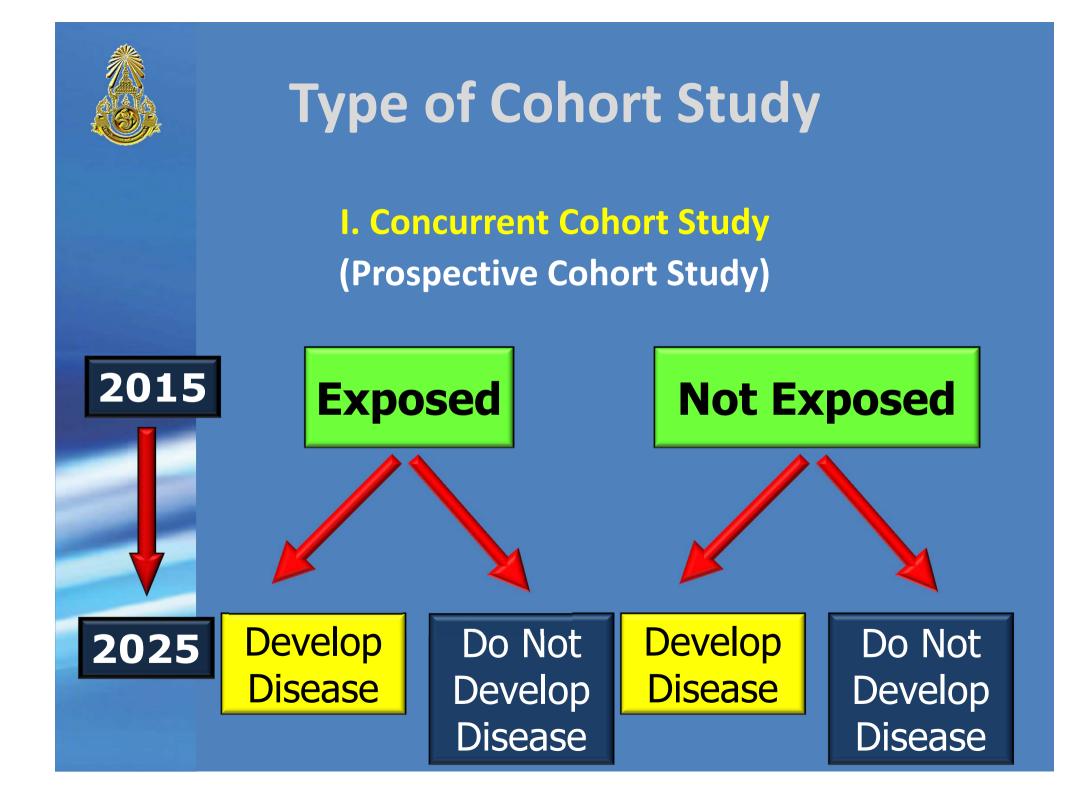


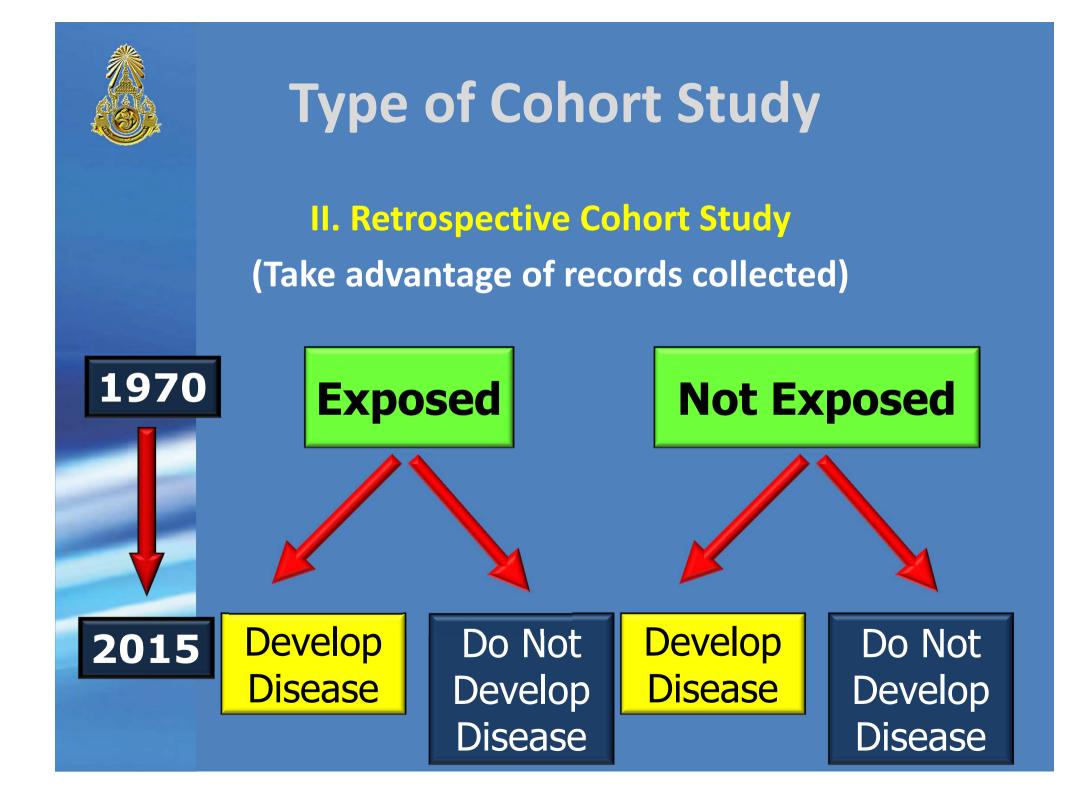
Using epidemiology to identify the cause of a disease

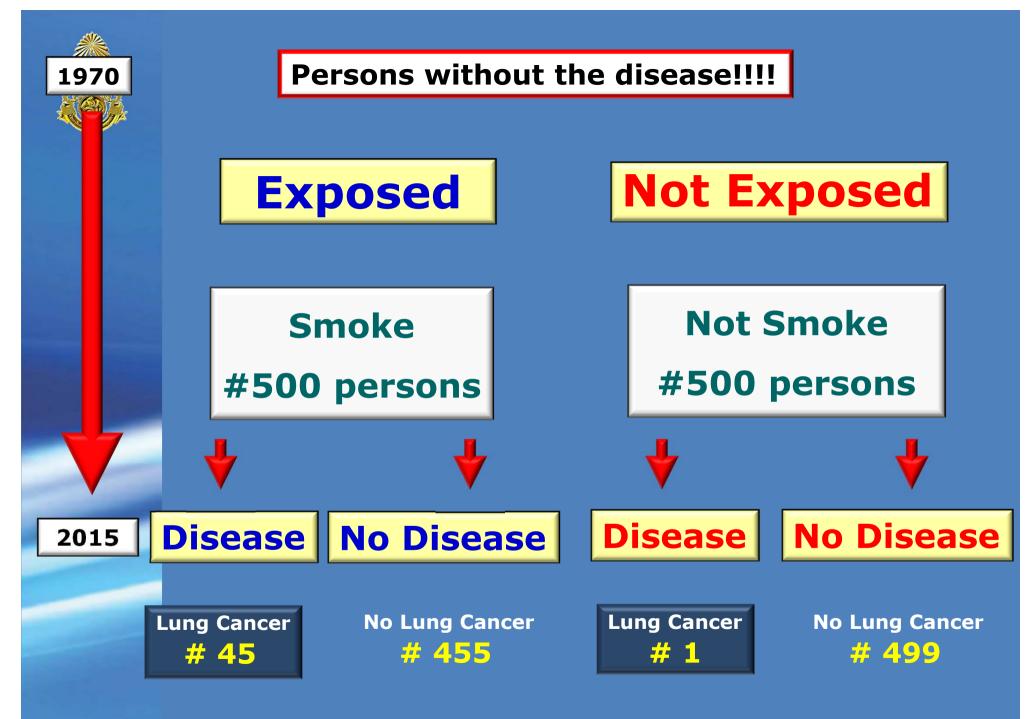


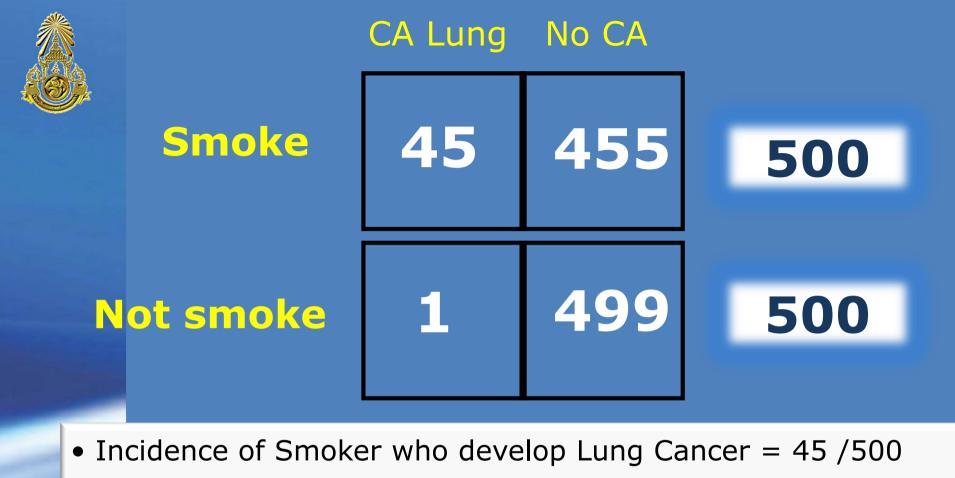




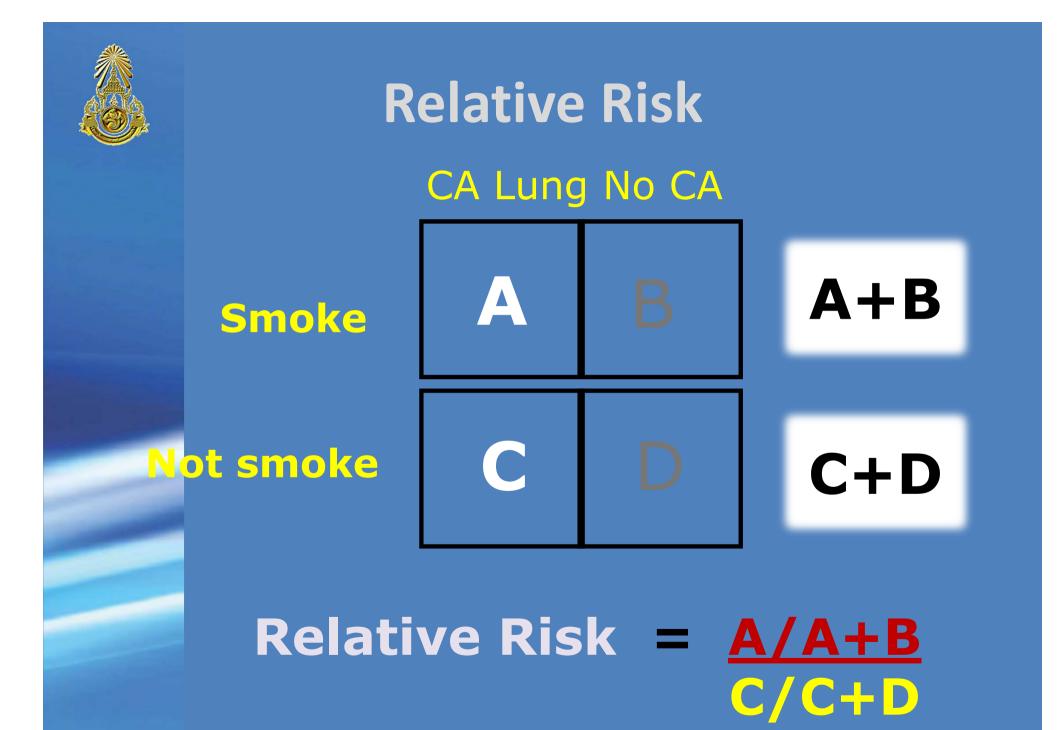








- Incidence of Non -Smoker whodevelop Lung Cancer = 1 /500
- Relative Risk of smoking for Lung Cancer =45/500 = 45 1/500
- Those who smoked were 45 times more likely to get lung cancer.





Interpretation of Relative Risk (RR)

• Relative Risk of smoking for CA Lung = 45

 Those who smoked were 45 times more likely to develop lung cancer than those who did not smoke.



Cohort Study

Comparison between "a group of persons <u>with</u> a factor -- Exposed" VS "a group of persons <u>without</u> the factor -- Non-exposed"



Measurement of Associations



Cohort
Prevention of the second second



Advantages of a cohort study

- Temporal sequence (exposure occur prior the disease) can be more clearly established
- Well suited for assessing the effect of RARE EXPOSURE (e.g. Radiation,)
 - Persons are enrolled on the basis of exposure



Advantages of a cohort study

- Able to examine multiple diseases outcome of a single exposure
 - The Nurse Health Study, USA
 - 120,000 female nurses
 - Exposure: Oral Contraceptive Pill
 - Outcomes:
 - Breast cancer
 - Ovarian Cancer
 - Malignant melanoma



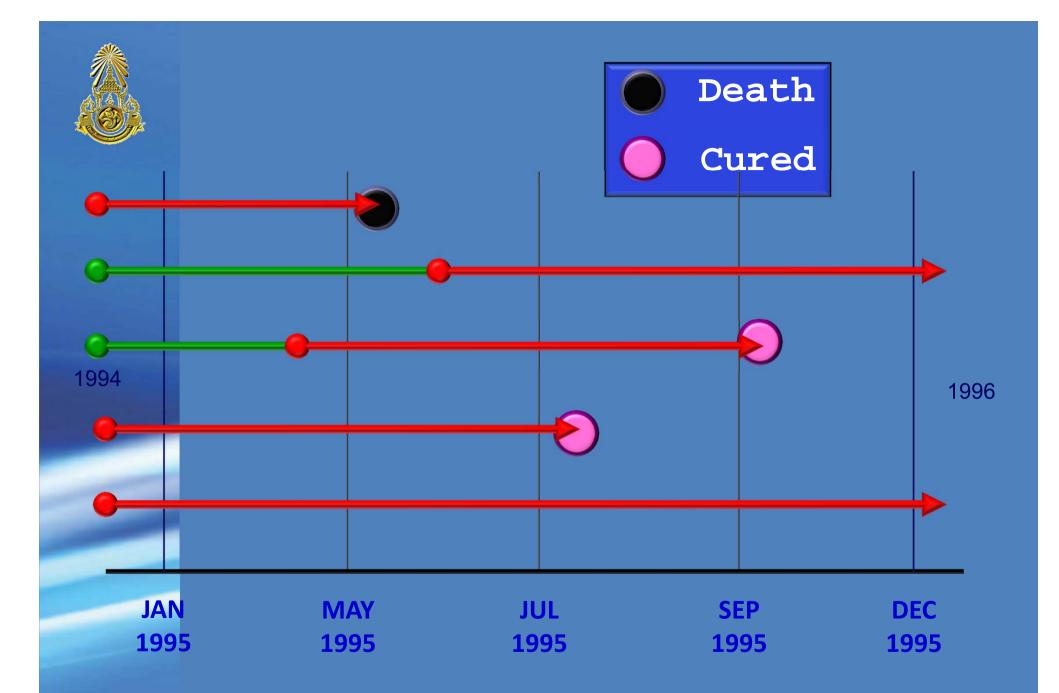
Disadvantages

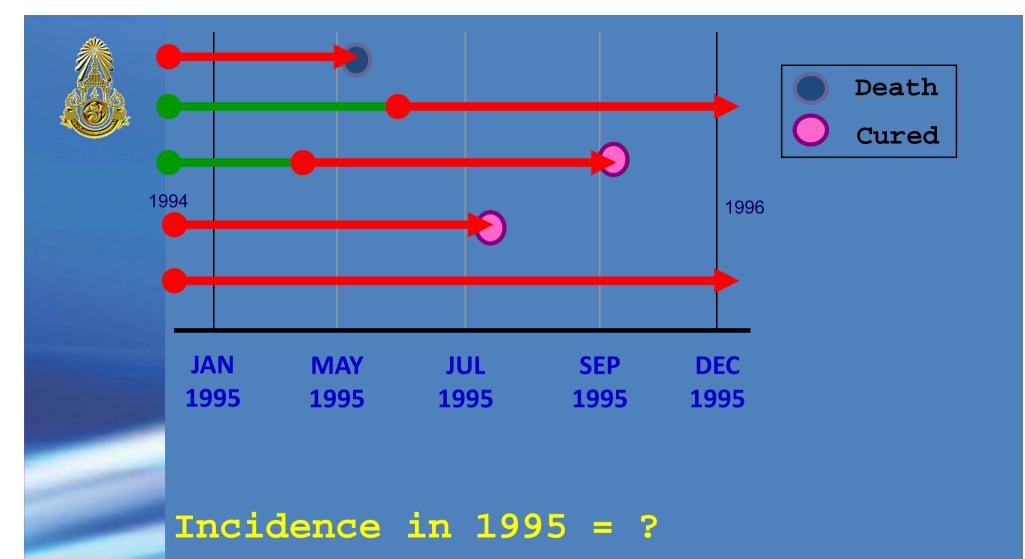
- Insufficient for the evaluation of rare diseases
- Extremely expensive and time consuming (Prospective)
- Required the availability of adequate records (Retrospective)
- Loss to follow-up



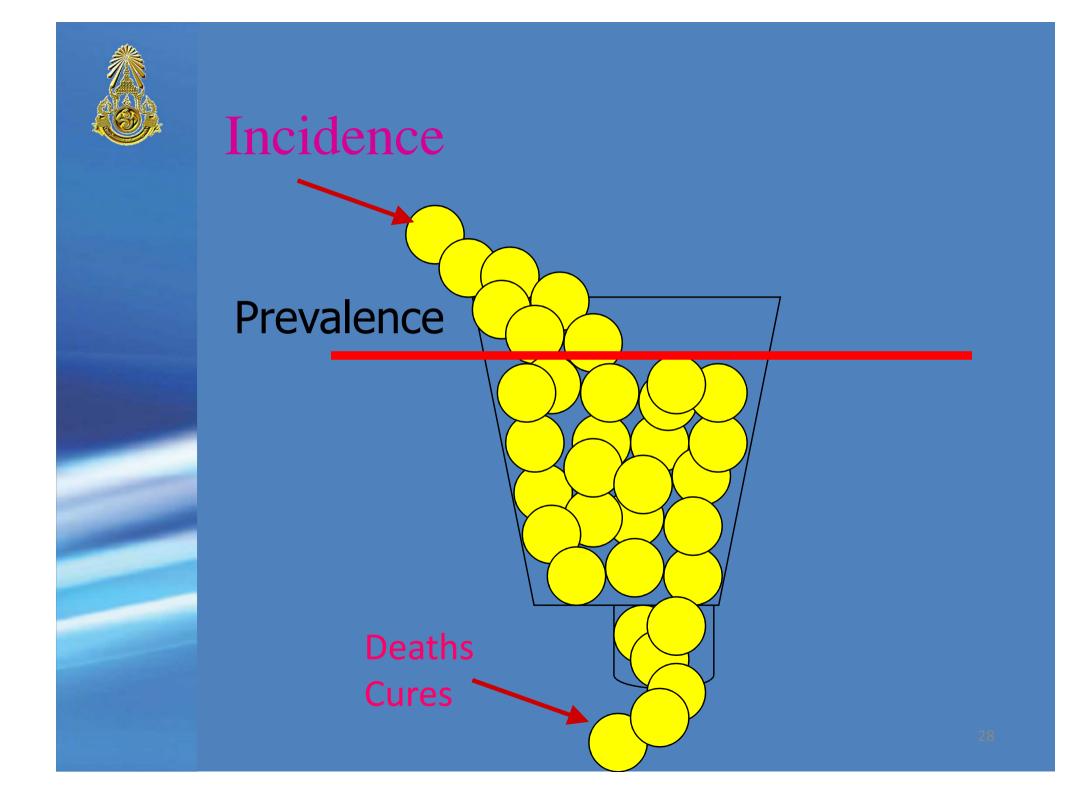
When we are conducting a cohort study,

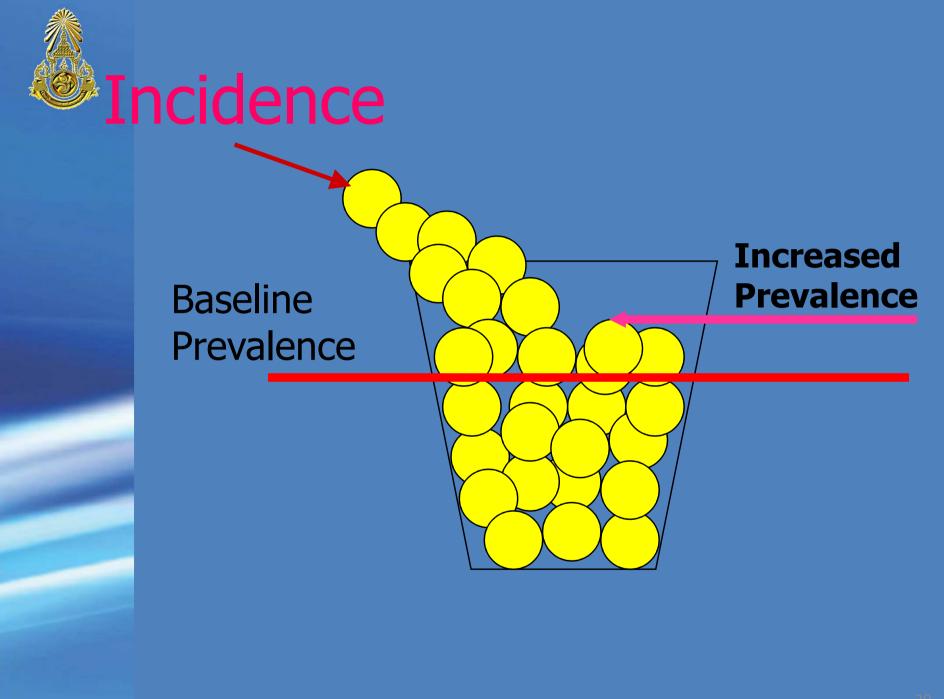
we are dealing with "INCIDENCE".



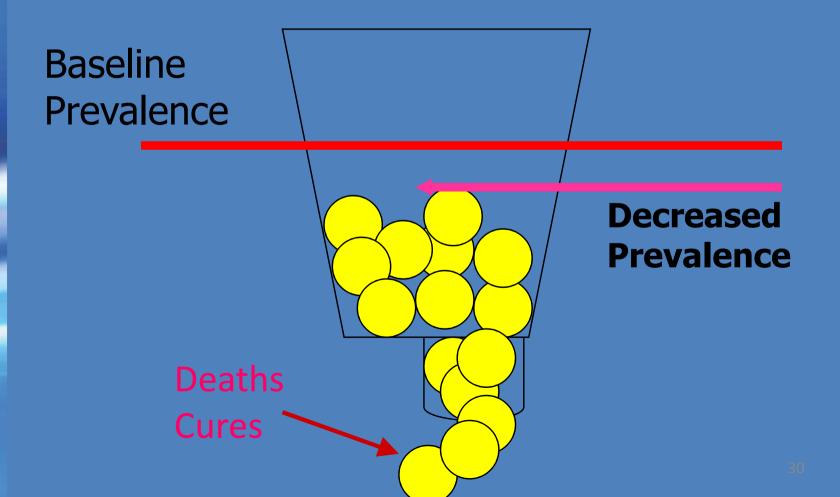


Point Prevalence at July 1995 = ?













• The central tool of Epidemiology is the comparison of RATES

 RATE = <u>Numerator</u> Denominator

- Mortality Rate
- Prevalence
- Incidence



Measuring the incidence

There are two ways of measuring 1) Cumulative incidence

= number of new case in specified time X 10⁽ⁿ⁾ population at risk in specified time

 $= \frac{40}{32,000} = 1.25 / 1,000$

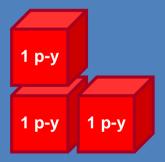


Measuring the incidence

2) Incidence density or Incidence rate

Adding "TIME Dimension" into the denominator





person-month, person-year

• 1 person-year = Following 1 person for 1 year period

• 10 person-year = Following 1 person for 10 year period

= Following 10 persons for 1 year period



Measuring the incidence

- 2) Incidence density or Incidence rate
 - = Number of new case in specified time X 10⁽ⁿ⁾ Person-years of observation which is disease free
- If <u>100 subjects are followed for 1 year</u> and <u>20 develop disease</u>, the incidence density is
- 20 cases/100 person-years of observation



Relationship between cigarette smoking and incidence rate of stroke in a study of 118,539 population in over 8 years period

Smoking	No. of stroke	Person-years	Incidence rate	
		of observation	/100,000 person-years	
Never	70	395,594	17.7	
Ex-smoker	65	232,712	27.9	
Smoker	139	280,141	49.6	
Total	274	908,477	30.2	



Database of 118,539 subjects

	ID	Age	smoking	Stroke	Enter	Last Contact	Person-Year
	1	18	No	No	1990	1998	8
	2	36	No	No	1990	1992	2
	3	50	Yes	Yes	1991	1998	7
6	4	42	Ex	No	1993	1995	2
	•						
	118,539	24	Yes	No	1993	1998	5
	Total						908,477

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- RR: Smoke VS Never
- RR: Ex-Smoke VS Never



Data Analysis in Cohort Study

• Incidence

- Cumulative incidence = ... / 100 persons
- Incidence Rate (Density) = ... / 100 person-years

• Relative Risk: Univariate Analysis

- Cumulative incidence = Relative Risk (... / 100 persons)
- Incidence Rate (Density) = Relative Risk (... / 100 person-years)

• Relative Risk: Multivariate Analysis

- Cumulative incidence = Adjusted Relative Risk
 - ➔ Multiple Logistic Regression Model
- Incidence Rate (Density) = Adjusted Relative Risk
 - ➔ Poisson Regression Model



Exposure assessment

- Exposed VS Non-exposed
- Fixed Exposure
- Time-dependent Exposure(Exposure level changes through time)



Fixed Exposure

- Exposure do not change over time
 - Sex (Male / Female)
 - Blood group (A / B / O / AB)
 - Race (White / Black / Asian)
 - Expose to radiation from the power plant explosion
 - Adult height



Time-dependent

- Exposure level changes over time
 - Body weight
 - Alcohol consumption
 - Blood pressure level



Outcome assessment

• Disease

- Specify clearly what is your final outcome
 - Disease
 - Death
 - Intermediate outcomes
 - CD4+ count
 - Increased Creatinine

- Selecting a group of people without the disease
- Defining the Exposed group
- Defining the Non-exposed group
- Evaluate the disease outcome among both Exposed and Nonexposed
- Calculating Relative Risk



 You are interested in the association between blood cholesterol level and coronary artery heart disease

 Please conduct a cohort study to verify the association



• What population would you like to start with?



 How can you identify those who will be the "study population"?



How can you identify exposed and non-exposed groups?



• What is you follow-up plan?

- What is you outcome of interest?
- How often you would like to asses the outcome?
- How long will you follow the population?



• What is you plan for the analysis?

- What will be the measurement of

association from your study?

- What would you like to compare?



Framingham study

 Framingham study of cardiovascular disease
Individuals 30 – 62 years old in community at risk for disease
Framingham, MA, 1948 to present



Framingham study

	No. Men	No. Women	Total
Random Sample	3,074	3,433	6,507
Respondents	2,024	2,445	4,469
Volunteers	312	428	740
Respondents free of CHD	1975	2,418	4,393
Volunteers free of CHD	307	427	734
Total free of CHD	2,282	2,845	5,127



Framingham study

Cholesterol level	CHD	No CHD	Total
`High'	57	305	362
`Low' <250	71	1098	1169



References

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 - Hennekens, H. H., et. al. 1987, Epidemiology in Medicine, Boston: Little, Brown.
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