Risk Prediction in the Framingham Heart Study

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THANKS The Framingham H	eart Study is a project of Bos	ston University & the Nationa	l Heart, Lung, & Blood
Institute.			
ABOUT ▼ PARTICIPANTS ▼	INVESTIGATORS ▼ RISK FU	NCTIONS ▲ BIBLIOGRAPHY ▼	FOR RESEARCHERS 🔻 🔍
FHS Risk Functions	Coronary Heart Disease	Diabetes	Stroke
Atrial Fibrillation	Hard Coronary Heart Disease (10-year	Fatty Liver Disease	Stroke
FHS AF score (10-year risk)	risk) Coronany Heart Disease (10-year risk)	Hypertension	Stroke after Atrial Fibrillation
Heart Failure in Atrial Fibrillation (10-year	Enfermedad coronaria (riesco a 10 años)	Intermittent	Stoke of Death arter Athat Hibhitation
risk)	Recurrent Coronary Heart Disease	internittent	
Cardiovascular Disease	, Coronary Heart Disease (2-year risk) –		
Cardiovascular Disease (10-year risk)	Second Event		
Cardiovascular Disease (30-year risk)			
Congestive Heart Failure			
congestive near randre			



- Kannel, McGee, Gordon 1976 separate calculations for men & women
 - Sex, Age, SBP, TC, Glucose Intolerance, ECG-LVH, Smoking in logistic model
 - CHD risk over 8 years of follow up
 - 10% at highest risk were 20% of CHD events over 8 years
- Anderson KM et al 1991 Weibull model adding HDL-C for CHD
- Wilson PWF et al 1998 Cox PH, LDL-C, categories, points, CHD 10-yr risk
- D'Agostino RB Sr et al 2001 Validation in other populations
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Step 7

Age

LDL-C or Chol HDL - C Blood Pressure Diabetes Smoker

Point total

(sum from steps 1-6)

Adding up the points

Wilson et al 1998

	Age					
Years	LDL Pts	Chol Pts				
30-34	-9	[-9]				
35-39	-4	[-4]				
40-44	0	[0]				
45-49	3	[3]				
50-54	6	[6]				
55-59	7	[7]				
60-64	8	[8]				
65-69	8	[8]				
70-74	8	[8]				

	LDL	- C	1010100
(mg/dl)	(mmol/L)	LDL Pts	
<100	<2.59	-2	
100-129	2.60-3.36	0	
130-159	3.37-4.14	0	
160-190	4.15-4.92	2	
≥190	≥4.92	2	
0000000	Chole	sterol	2020
(mg/dl)	(mmol/L)		Chol Pts
<160	<4.14		[-2]
160-199	4.15-5.17		[0]
200-239	5.18-6.21		[1]
240-279	6.22-7.24		[1]
>280	>7.25	A REAL PROPERTY OF	[3]

Step 3			
201800	HDL	- C	
(mg/dl)	(mmol/L)	LDL Pts	Chol Pts
<35	<0.90	5	[5]
35-44	0.91-1.16	2	[2]
45-49	1.17-1.29	1	[1]
50-59	1.30-1.55	0	[0]
>60	≥1.56	-2	[-3]

Step 4

		Blood Pre	essure		
Systolic	Diastolic (mm Hg)				
(mm Hg)	<80	80-84	85-89	90-99	≥100
<120	-3 [-3] pts				
120-129		0 [0] pts			
130-139			0 [0] pts		
140-159		2010-0212	1000	2 [2] pts	
>160					3 [3] pts

estimates for point scores, use the higher number

Step 5

0.000 0				
Diabetes				
	LDL Pts	Chol Pts		
No	0	[0]		
Yes	4	[4]		
res	and the second se	1.61		



	Key
Color	Relative Risk
green	Very low
white	Low
yellow	Moderate
rose	High
red	Very high

Step 8		
1000000000	81, 23, 20, 14	CHD Risk
LDL Pts	10 Yr	Chol Pts

LDL Pts	10 Yr	Chol Pts	10 Yr
Total	CHD Risk	Total	CHD Risk
≤-2	1%	[<-2]	[1%]
-1	2%	[-1]	[2%]
0	2%	[0]	[2%]
1	2%	[1]	[2%]
2	3%	[2]	[3%]
3	3%	[3]	[3%]
4	4%	[4]	[4%]
5	5%	[5]	[4%]
6	6%	[6]	[5%]
7	7%	[7]	[6%]
8	8%	[8]	[7%]
9	9%	[9]	[8%]
10	11%	[10]	[10%]
11	13%	[11]	[11%]
12	15%	[12]	[13%]
13	17%	[13]	[15%]
14	20%	[14]	[18%]
15	24%	[15]	[20%]
16	27%	[16]	[24%]
≥17	≥32%	[≥17]	[>27%]

(determine CHD risk from point total)

(compare to average person your age)

	Comparative Risk				
Age (years)	Average 10 Yr CHD Risk	Average 10 Yr Hard* CHD Risk	Low** 10 Yr CHD Risk		
30-34	<1%	<1%	<1%		
35-39	<1%	<1%	1%		
40-44	2%	1%	2%		
45-49	5%	2%	3%		
50-54	8%	3%	5%		
55-59	12%	7%	7%		
60-64	12%	8%	8%		
65-69	13%	8%	8%		
70-74	14%	11%	8%		

* Hard CHD events exclude angina pectoris

** Low risk was calculated for a person the same age, optimal blood pressure, LDL-C 100-129 mg/dL or cholesterol 160-199 mg/dl, HDL-C 45 mg/dL for men or 55 mg/dL for women, non-smoker, no diabetes

Risk estimates were derived from the experience of the Framingham Heart Study, a predominantly Caucasian population in Massachusetts, USA



NHGRI Risk Prediction and Polygenic Risk Scores

(determine CHD risk from point total)

Step 8

All Contraint	C	HD Risk	
LDL Pts	10 Yr	Chol Pts	10 Yr
Total	CHD Risk	Total	CHD Risk
≤-2	1%	[<-2]	[1%]
-1	2%	[-1]	[2%]
0	2%	[0]	[2%]
1	2%	[1]	[2%]
2	3%	[2]	[3%]
3	3%	[3]	[3%]
4	4%	[4]	[4%]
5	5%	[5]	[4%]
6	6%	[6]	[5%]
7	7%	[7]	[6%]
8	8%	[8]	[7%]
9	9%	[9]	[8%]
10	11%	[10]	[10%]
11	13%	[11]	[11%]
12	15%	[12]	[13%]
13	17%	[13]	[15%]
14	20%	[14]	[18%]
15	24%	[15]	[20%]
16	27%	[16]	[24%]
≥17	≥32%	[≥17]	[>27%]

Step 9					
Comparative Risk					
Age (years)	Average 10 Yr CHD Risk	Average 10 Yr Hard* CHD Risk	Low** 10 Yr CHD Risk		
30-34	<1%	<1%	<1%		
35-39	<1%	<1%	1%		
40-44	2%	1%	2%		
45-49	5%	2%	3%		
50-54	8%	3%	5%		
55-59	12%	7%	7%		
60-64	12%	8%	8%		
65-69	13%	8%	8%		
70-74	14%	11%	8%		

(compare to average person your age)

Wilson et al 1998



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FHS RISK FUNCTIONS	Coronary Heart Disease	Diapetes	Stroke
Atrial Fibrillation	Hard Coronary Heart Disease (10-year	Fatty Liver Disease	Stroke
FHS AF score (10-year risk)	risk)	Hypertension	Stroke after Atrial Fibrillation
Heart Failure in Atrial Fibrillation (10-year	Coronary Heart Disease (10-year risk)		Stroke or Death after Atrial Fibrillation
risk)	Enfermedad coronaria (riesgo a 10 anos)	Intermittent	
Cardiovascular Disease	Coronany Heart Disease		
Cardiovascular Disease	Second Event		
Cardiovascular Disease (10-year risk)	Second Event		
Cardiovascular Disease (30-year risk)			
Congestive Heart Failure			



FHS: A Long History of Risk Prediction: Computerized

- Cardiovascular Disease (10-year risk)
- Predictors
 - Age
 - Diabetes
 - Smoking
 - Treated and untreated Systolic Blood Pressure
 - Total cholesterol
 - HDL cholesterol
 - BMI replacing lipids in a simpler model
- Risk Score Calculators
- Interactive
- Excel spreadsheets



FHS: A Long History of Risk Prediction: Computerized

General CVD Risk Prediction Using Lipids

Sex:		
© M		
Age (years):		
	40	
Systolic Blood Pressure (mmHg)	:	
	125	
Treatment for Hypertension:		
Yes No No		
Current smoker: ◎ Yes ◎ No		
Diabetes:		
⊚ Yes ⊛ No		
HDL:		
	45	
Total Cholesterol:		
	180	
Calculate		
Yơ	our Heart/Vascular Age: 0	
	10 Year Risk	
	Your risk	0%
	Normal	0%
	Optimal	0%

General CVD Risk Prediction Using Lipids

Sov.		
◎ M ◎ F		
Age (years):		
	40	
Systolic Blood Pressure (mmHg):		
	125	
Treatment for Hypertension:		
Current smoker: ◎ Yes ◎ No		
Diabetes: ⊚ Yes ⊛ No		
HDL:		
	45	
Total Cholesterol:		
	180	
Calculate		
Your	Heart/Vascular Age: <mark>40</mark>	
	10 Year Risk	
	Your risk	2.55
	Normal	2.5%
	Optimal	1.3



Evaluating the performance of risk prediction models

Three Steps of Evaluation



Model specification

https://www.mailman.columbia.edu/research/population-health-methods/risk-prediction



Evaluating the performance of risk prediction models Three Steps of Evaluation

- Step 1. Calibration: how well do model-based estimates align with observed outcomes?
 - Hosmer-Lemeshow Test: Do the number of observed cases across quantiles (deciles) match well with the expected based on the model? – Chi-square test
- Step 2. Discrimination: how well a model differentiates between subjects who will have the outcome from those who will not?
 - AUC: area under the ROC curve, C Statistic
 - Net Reclassification Index: upon adding a variable to the model, is a diseased person classified at higher risk and a non-diseased person at lower risk
- Step 3. Decision analysis: how and when will the predictions impact actual decisions?





Pooled Cohort Equations Risk Calculations

- 2013 Guidelines by joint effort of ACC and AHA
 - Lloyd-Jones et al Circ 2014
- ASCVD: atherosclerotic CVD hard CHD, CHD death, hard stroke, stroke death
- Based on results from
 - ARIC (Atherosclerosis Risk in Communities) Study
 - Cardiovascular Health Study
 - CARDIA (Coronary Artery Risk Development in Young Adults)study
 - Framingham original and offspring cohorts
- Developed a model analyzing pooled data from each study using Cox Proportional Regression Analysis to obtain 10-year Risk Predictions



Pooled Cohort Equations (PCE) Risk Calculations

White

Table A. Equation Parameters of the Pooled Cohort Equations for Estimation of 10-Year Risk of Hard ASCVD* and Specific Examples for Each Race and Sex Group

African American

Lloyd-Jones et al 2013 ACC/AHA Guidelines

	Coefficient	Individual Example Value	Coefficient × Value†	Coefficient	Individual Example Value	Coefficier × Valuet
Women (Example: 55 years of age	with total choleste	rol 213 mg/dL, HDL-C 50 n	ig/dL, untreated sys	stolic BP 120 mm H	lg, nonsmoker, and without	diabetes)
Ln Age (y)	-29.799	4.01	-119.41	17.114	4.01	68.58
Ln Age, Squared	4.884	16.06	78.44	N/A	N/A	N/A
Ln Total Cholesterol (mg/dL)	13.540	5.36	72.59	0.940	5.36	5.04
Ln Age × Ln Total Cholesterol	-3.114	21.48	-66.91	N/A	N/A	N/A
Ln HDL-C (mg/dL)	-13.578	3.91	-53.12	-18.920	3.91	-74.01
Ln Age × Ln HDL-C	3.149	15.68	49.37	4.475	15.68	70.15
Ln Treated Systolic BP (mm Hg)	2.019	_	_	29.291	_	_
Ln Age × Ln Treated Systolic BP	N/A	N/A	N/A	-6.432	_	_
Ln Untreated Systolic BP (mm Hg)	1.957	4.79	9.37	27.820	4.79	133.19
Ln Age × Ln Untreated Systolic BP	N/A	N/A	N/A	-6.087	19.19	-116.79
Current Smoker (1=Yes, 0=No)	7.574	0	0	0.691	0	0
Ln Age × Current Smoker	-1.665	0	0	N/A	N/A	N/A
Diabetes (1=Yes, 0=No)	0.661	0	0	0.874	0	0
Individual Sum			-29.67			86.16
Mean (Coefficient × Value)	N/A	N/A	-29.18	N/A	N/A	86.61
Baseline Survival	N/A	N/A	0.9665	N/A	N/A	0.9533
Estimated 10-y Risk of Hard ASCVD	N/A	N/A	2.1%	N/A	N/A	3.0%
Men (Example: 55 years of age v	with total cholester	l 213 mg/dL, HDL-C 50 mg	/dL, untreated syste	olic BP 120 mm Hg	, nonsmoker, and without d	liabetes)
Ln Age (y)	12.344	4.01	49.47	2.469	4.01	9.89
Ln Total Cholesterol (mg/dL)	11.853	5.36	63.55	0.302	5.36	1.62
Ln Age × Ln Total Cholesterol	-2.664	21.48	-57.24	N/A	N/A	N/A
Ln HDL-C (mg/dL)	-7.990	3.91	-31.26	-0.307	3.91	-1.20
Ln Age × Ln HDL-C	1.769	15.68	27.73	N/A	N/A	N/A
Ln Treated Systolic BP (mm Hg)	1.797	_	_	1.916	_	_
Ln Untreated Systolic BP (mm Hg)	1.764	4.79	8.45	1.809	4.79	8.66
Current Smoker (1=Yes, 0=No)	7.837	0	0	0.549	0	0
Ln Age × Current Smoker	-1.795	0	0	N/A	N/A	N/A
Diabetes (1=Yes, 0=No)	0.658	0	0	0.645	0	0
Individual Sum			60.69			18.97
Mean (Coefficient × Value)	N/A	N/A	61.18	N/A	N/A	19.54
Baseline Survival	N/A	N/A	0.9144	N/A	N/A	0.8954
Estimated 10-y Risk of Hard ASCVD	N/A	N/A	5.3%	N/A	N/A	6.1%

*Defined as first occurrence of nonfatal myocardial infarction or CHD death, or fatal or nonfatal stroke.

+Coefficient × Value: For age, lipids, and BP, defined as the natural log of the value multiplied by the parameter estimate. When an age interaction is present with

ipids or BP, the natural log of age is multiplied by the natural log of the lipid or BP, and the result is multiplied by the parameter estimate. N/A indicates that that specific

covariate was not included in the model for that sex-race group; — indicates that this value was not included in the example (eg, this example used untreated systolic BP, not treated systolic BP).

ASCVD indicates atherosclerotic cardiovascular disease; BP indicates blood pressure; CHD, coronary heart disease; HDL-C, high-density lipoprotein cholesterol; Ln, natural logarithm; and N/A, not included.



PCE Risk Calculations in Framingham (FHS)

- Sample: (Limitation FHS data used for prediction)
 - 4921 Framingham Heart Study Participants, 198 events over follow-up
 - 2904 Offspring aged 40-80 at Exam 5 (1991-1995)
 - 2017 Gen3 aged 40-80 at Exam 1 (2002-2005)
 - Hard Atherosclerotic disease, as defined by ACC/AHA 2013 Guidelines
 - hard CHD (recognized MI, CHD death), hard Stroke (stroke, stroke death)
 - Follow-up Time: up to 10 years
- PCE deviations: Calculated sex-specific PCE sums and subtracted PCE sex-specific mean sum of covariates
- Obtained risk estimates
- Used PCE deviations from the mean in Cox PH model



People with events have higher risk Men have higher risk than Women





Genetic Risk Score (GRS) for CHD

- 1000G analysis by CARDIoGRAMplusC4D Consortium, Nikpay et al Nat Genet 2015
 - Case-Control Study (77% European ancestry) N=184,305
 - 60,801 Coronary Artery Disease Cases
 - 123,504 Controls
 - Evaluated ~9M variants
- For GRS we used 57 variants significant in either additive or recessive models at p < 5*10-8 (Table 1 and Supplementary Table 2)
- Calculated weighted sum of variants, with regression coefficients from additive models in Nikpay paper as weights



GRS score independent of Risk from Traditional Risk Factors





Cox Regression Model Statistics FHS Men and Women Combined

Analysis of Maximum Likelihood Estimates

Parameter	Effect	Standard	Chi-Square	Pr > ChiSq	Hazard	
	Estimate	Error	CIII-Square		Ratio	
PCE deviation	0.890	0.065	187.22	<.0001	2.44	

Analysis of Maximum Likelihood Estimates								
Parameter	Effect Estimate	Standard Error	Chi-Square	Pr > ChiSq	Hazard Ratio			
PCE deviation	0.892	0.065	188.12	<.0001	2.44			
GRS	0.773	0.195	15.77	<.0001	2.17			



Calibration and Discrimination Statistics FHS Men and Women Combined

Predictors	Calibratio	n Statistics*	Discri		
	Calib chisg	Calib P value	C Statistic (95% CI)	Continuous NRI (95% CI)	NRI P value
PCE deviation	7.91	0.544	0.783 (0.756 <i>,</i> 0.810)		
PCE deviation + GRS	6.24	0.716	0.793 (0.767 <i>,</i> 0.82)	0.097 (0.022, 0.177)	0.013

*Adjusted Hosmer-Lemeshow Calibration Statistics

- Both PCE and PCE+GRS have good calibration (not significant)
- Adding GRS to PCE provides improved discrimination
- Caveat PCE equations used FHS data



Summary

- Long History of Risk Prediction
- Risk Prediction is Commonly Used in the Clinic Today
 - Subjects with Risk > 7.5% are recommended for treatment
- PCE Equations are recommended by ACC/AHA for use in the Clinic
- In FHS, PCE equations produce risk estimates that have good fit and discriminate those with events from those without
 - Caveat: FHS used in development of PCE Equations
 - Risk is about 2.4 times higher per unit increase of PCE sum
- In FHS, GRS score for CHD adds significantly to risk for hard ASCVD, increasing risk about 2.2 times per unit increase in GRS



Acknowledgements

- Framingham Heart Study Participants
- NHLBI for > 70 years of support
- Many researchers in FHS
 - Especially those who pursued Risk Prediction
 - William Kannel
 - Peter Wilson
 - Ralph D'Agostino
 - Michael Pencina





Those with Age <= 65 have lower risk





Calibration, Discrimination for Men, Women

Sample	N	Predictors	Calibratio	on Statistics	Discrim		
			Adj Calib chisq	Adj P value	C Statistic (95% CI)	Continuous NRI (95% CI)	NRI.p
Women	2662	PCE_dev	4.781	0.853	0.824 (0.783 <i>,</i> 0.865)		
Women	2662	PCE_dev + GRS	5.008	0.834	0.829 (0.789 <i>,</i> 0.869)	0.135 (-0.042, 0.261)	0.106
Women	2662	PCE_dev+highGRS+intGRS	6.523	0.687	0.828 (0.789, 0.867)	0.072 (-0.132, 0.200)	0.12
Men	2259	PCE_dev	8.322	0.502	0.760 (0.723, 0.797)		
Men	2259	PCE_dev+GRS	4.299	0.891	0.776 (0.739, 0.813)	0.119 (0.043 <i>,</i> 0.215)	0.00664
Men	2259	PCE_dev+highGRS+intGRS	3.767	0.926	0.768 (0.732, 0.805)	0.084 (0.030, 0.278)	0.033



Calibration and Discrimination Statistics Men and Women Combined

Predictors	Calibration	n Statistics*	Discri		
	Calib	Calib	C Statistic	Continuous NRI	
	chisq	P value	(95% CI)	(95% CI)	NRI.p
	7.01	0 5 4 4	0.783		
PCE_dev	7.91	0.544	(0.756 <i>,</i> 0.810)		
	6.24	0 716	0.793	0.097	0.012
PCE_dev+GRS	0.24	0.710	(0.767 <i>,</i> 0.82)	(0.022, 0.177)	0.015
			0.788	0.0657	
PCE_dev+highGRS+intGRS	6.45	0.694	(0.761, 0.815)	(-0.09, 0.153)	0.093

*Adjusted Calibration Statistics



FHS: A Long History of Risk Prediction: Wikipedia

• Framingham Risk Score for Women

- Age: 20–34 years: Minus 7 points. 35–39 years: Minus 3 points. 40–44 years: 0 points. 45–49 years: 3 points. 50–54 years: 6 points. 55–59 years: 8 points. 60–64 years: 10 points. 65–69 years: 12 points. 70–74 years: 14 points. 75–79 years: 16 points.
- Total cholesterol, mg/dL: Age 20–39 years: Under 160: 0 points. 160-199: 4 points. 200-239: 8 points. 240-279: 11 points. 280 or higher: 13 points. Age 40–49 years: Under 160: 0 points. 160-199: 3 points. 200-239: 6 points. 240-279: 8 points. 280 or higher: 10 points. Age 50–59 years: Under 160: 0 points. 160-199: 2 points. 200-239: 4 points. 240-279: 5 points. 280 or higher: 7 points. Age 60–69 years: Under 160: 0 points. 160-199: 1 point. 200-239: 2 points. 240-279: 3 points. 280 or higher: 4 points. Age 70–79 years: Under 160: 0 points. 160-199: 1 point. 200-239: 1 point. 240-279: 2 points. 280 or higher: 4 points. 280 or higher: 4 points.
- If cigarette smoker: Age 20–39 years: 9 points. Age 40–49 years: 7 points. Age 50–59 years: 4 points. Age 60–69 years: 2 points. Age 70–79 years: 1 point.
- All non smokers: 0 points.
- HDL cholesterol, mg/dL: 60 or higher: Minus 1 point. 50-59: 0 points. 40-49: 1 point. Under 40: 2 points.
- Systolic blood pressure, mm Hg: Untreated: Under 120: 0 points. 120-129: 1 point. 130-139: 2 points. 140-159: 3 points. 160 or higher: 4 points.

 Treated: Under 120: 0 points. 120-129: 3 points. 130-139: 4 points. 140-159: 5 points. 160 or higher: 6 points.
- 10-year risk in %: Points total: Under 9 points: <1%. 9-12 points: 1%. 13-14 points: 2%. 15 points: 3%. 16 points: 4%. 17 points: 5%. 18 points: 6%. 19 points: 8%. 20 points: 11%. 21=14%, 22=17%, 23=22%, 24=27%, >25= Over 30%



Polygenic Risk Score

- Polygenic Risk Score: using multiple genetic variants to obtain an estimate of genetic burden of risk for disease
 - Usually calculated as weighted sum of genotypes a person carries weighted by regression coefficient measuring impact of genetic variant on disease
- Early efforts: used sum a few genetic variants identified in GWAS
- Example (Meigs et al 2008)
 - Used 18 genetic variants previously identified to be associated with T2D for Genetic Risk Score (GRS)
 - With no adjustment, C = 0.534 and with GRS, C = 0.581
 - Adjusting for age, sex, family history, body-mass index, fasting glucose level, systolic blood pressure, high-density lipoprotein cholesterol level, and triglyceride level, C = 0.900; adding GRS, C = 0.901
 - GRS resulted in appropriate reclassification of at most 4% of subjects
 - GRS predicted T2D, but provided only slightly better than common risk factors.

