

<b>Entry</b>	BCCGNDB0017
<b>Name</b>	John Hill
<b>Department</b>	Pathology & Laboratory Medicine
<b>Study</b>	Vancouver Coronary Angiography Cohort
<b>Participants</b>	Male and Female patients, who were referred for selective coronary angiography at two major teaching hospitals in Vancouver, Canada.
<b>Number</b>	Not Stated
<b>Study Design</b>	Indications for angiography included stable angina, previous myocardial infarction, aortic valve disease, and mitral valve regurgitation. Patients with unstable angina or myocardial infarction within the preceding 2 months were excluded. Lesions visualized in major epicardial vessels were assessed semi-quantitatively for per cent stenosis, rounded to the nearest 10%. The presence of CAD was defined by the presence of any lesion causing $\geq 20\%$ stenosis, and severe CAD was defined by the presence of any lesion causing $\geq 50\%$ stenosis.
<b>Duration</b>	1992 - 1995
<b>Phenotypes</b>	A detailed questionnaire which included patient demographics, a clinical history of smoking (past, current, or never), hypertension, diabetes mellitus, and family history of premature CAD defined as a first-degree relative affected before age 45 years for men and before 55 years for women were obtained by self-report. Height and weight were

measured from which body mass index (BMI) was calculated using a standard equation. Waist circumference was measured mid-way between the iliac crest and the bottom of the ribcage. Medication use was recorded from the patient's chart.

**Blood sample**

Not Stated

**DNA**

Not Stated

**Genotype Platform**

Not Applicable