NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE
COHORT STUDIES

Note: A study can be awarded a maximum of one star for each numbered item within the Selection and Outcome categories. A maximum of two stars can be given for Comparability

Jackson et al. 2002

Selection 3/4

1) Representativeness of the exposed cohort
   a) truly representative of the average _______________ (describe) in the community ✪
   b) somewhat representative of the average ______________ in the community ✪
   ✗ c) selected group of users eg nurses, volunteers – Those with first MI
   d) no description of the derivation of the cohort

2) Selection of the non exposed cohort
   ✗ a) drawn from the same community as the exposed cohort ✪
   b) drawn from a different source
   c) no description of the derivation of the non exposed cohort

3) Ascertainment of exposure
   ✗ a) secure record (eg surgical records) ✪
   b) structured interview ✪
   c) written self report
   d) no description

4) Demonstration that outcome of interest was not present at start of study
   ✗ a) yes ✪
   b) no

Comparability 2/2

1) Comparability of cohorts on the basis of the design or analysis
   ✗ a) study controls for __ previous MI__ (select the most important factor) ✪
   ✗ b) study controls for any additional factor ✪ (This criteria could be modified to indicate specific control for a second important factor.) adjusts for smoking

Outcome 3/3

1) Assessment of outcome
   a) independent blind assessment ✪
   ✗ b) record linkage
   c) self report
   d) no description

2) Was follow-up long enough for outcomes to occur
   ✗ a) yes (select an adequate follow up period for outcome of interest) ✪
   b) no

3) Adequacy of follow up of cohorts
   ✗ a) complete follow up - all subjects accounted for ✪
   b) subjects lost to follow up unlikely to introduce bias - small number lost - > ____ % (select an adequate %) follow up, or description provided of those lost) ✪
   c) follow up rate < ____% (select an adequate %) and no description of those lost
   d) no statement

Hung et al. 2010

Selection 3/4

1) Representativeness of the exposed cohort
   ✗ a) truly representative of the average _______________ (describe) in the community ✪
   ✗ b) somewhat representative of the average vaccinated elderly in the community ✪ Most
patients belonged to the lower socioeconomic strata of HK and had similar levels of education
c) selected group of users eg nurses, volunteers
d) no description of the derivation of the cohort

2) Selection of the non exposed cohort
   ✓ a) drawn from the same community as the exposed cohort ✬
b) drawn from a different source
c) no description of the derivation of the non exposed cohort

3) Ascertainment of exposure
   ✓ a) secure record (eg surgical records) ✬
b) structured interview ✬
c) written self report
d) no description

4) Demonstration that outcome of interest was not present at start of study
   a) yes ✬
   ✓ b) no

Comparability 0/2 (did not adjust for previous ischaemia or smoking)

1) Comparability of cohorts on the basis of the design or analysis
   a) study controls for ___ischemia___ (select the most important factor) ✬
   b) study controls for any additional factor ✬ (This criteria could be modified to indicate specific
c) control for a second important factor.) smoking

Outcome 2/3

1) Assessment of outcome
   ✓ a) independent blind assessment ✬
b) record linkage ✬
c) self report
d) no description

2) Was follow-up long enough for outcomes to occur
   ✓ a) yes (select an adequate follow up period for outcome of interest) ✬
   ✓ b) no

3) Adequacy of follow up of cohorts
   ✓ a) complete follow up - all subjects accounted for ✬
b) subjects lost to follow up unlikely to introduce bias - small number lost - > ___ % (select an
c) adequate %) follow up, or description provided of those lost) ✬
   c) follow up rate < ___% (select an adequate %) and no description of those lost
d) no statement

Tseng et al. 2010

Selection 3/4

1) Representativeness of the exposed cohort
   ✓ a) truly representative of the average ___exposed men 45-69___ (describe) in the community ✬
b) somewhat representative of the average ____________ in the community ✬
c) selected group of users eg nurses, volunteers
d) no description of the derivation of the cohort

2) Selection of the non exposed cohort
   ✓ a) drawn from the same community as the exposed cohort ✬
b) drawn from a different source
c) no description of the derivation of the non exposed cohort

3) Ascertainment of exposure
   ✓ a) secure record (eg surgical records) ✬
b) structured interview ✬
c) written self report
d) no description

4) Demonstration that outcome of interest was not present at start of study
   a) yes ✫
   b) no

Comparability 2/2

1) Comparability of cohorts on the basis of the design or analysis
   a) study controls for ischemia in propensity adjusted (select the most important factor) ✫
   b) study controls for any additional factor ✫ (This criteria could be modified to indicate specific control for a second important factor.) smoking in propensity score adjusted

Outcome 2/3

1) Assessment of outcome
   a) independent blind assessment ✫
   b) record linkage ✫
   c) self report
d) no description

2) Was follow-up long enough for outcomes to occur
   a) yes (select an adequate follow up period for outcome of interest) ✫
   b) no

3) Adequacy of follow up of cohorts
   a) complete follow up - all subjects accounted for ✫
   b) subjects lost to follow up unlikely to introduce bias - small number lost - > ___ % (select an adequate %) follow up, or description provided of those lost ✫
   c) follow up rate < ___ % (select an adequate %) and no description of those lost
d) no statement

Eurich et al. 2012

Selection 2/4

1) Representativeness of the exposed cohort
   a) truly representative of the average ______________ (describe) in the community ✫
   b) somewhat representative of the average ________ in the community ✫
   c) selected group of users eg nurses, volunteers – CAP patients who present to hospital
d) no description of the derivation of the cohort

2) Selection of the non exposed cohort
   a) drawn from the same community as the exposed cohort ✫
   b) drawn from a different source
c) no description of the derivation of the non exposed cohort

3) Ascertainment of exposure
   a) secure record (eg surgical records) ✫
   b) structured interview ✫
   c) written self report
d) no description

4) Demonstration that outcome of interest was not present at start of study
   a) yes ✫
   b) no

Comparability 2/2

1) Comparability of cohorts on the basis of the design or analysis
   a) study controls for __IHD___ (select the most important factor) ✫
   b) study controls for any additional factor ✫ (This criteria could be modified to indicate specific control for a second important factor.) smoking

Outcome 3/3
1) Assessment of outcome
   a) independent blind assessment ✳
   b) record linkage ✳
   c) self report
dl) no description

2) Was follow-up long enough for outcomes to occur
   a) yes (select an adequate follow up period for outcome of interest) ✳
b) no

3) Adequacy of follow up of cohorts
   a) complete follow up - all subjects accounted for ✳
b) subjects lost to follow up unlikely to introduce bias - small number lost - > ____ % (select an adequate %) follow up, or description provided of those lost) ✳
c) follow up rate < ____% (select an adequate %) and no description of those lost
dl) no statement


Selection 3/4

1) Representativeness of the exposed cohort
   a) truly representative of the average __exposed elderly_____ (describe) in the community ✳
b) somewhat representative of the average ______________ in the community ✳
c) selected group of users eg nurses, volunteers
dl) no description of the derivation of the cohort

2) Selection of the non exposed cohort
   a) drawn from the same community as the exposed cohort ✳
b) drawn from a different source
c) no description of the derivation of the non exposed cohort

3) Ascertainment of exposure
   a) secure record (eg surgical records) ✳
b) structured interview ✳
c) written self report
dl) no description

4) Demonstration that outcome of interest was not present at start of study
   a) yes ✳
b) no

Comparability 2/2

1) Comparability of cohorts on the basis of the design or analysis
   a) study controls for __ischemia_____ (select the most important factor) ✳
b) study controls for any additional factor ✳ (This criteria could be modified to indicate specific control for a second important factor.) smoking

Outcome 3/3

1) Assessment of outcome
   a) independent blind assessment ✳
b) record linkage ✳
c) self report
dl) no description

2) Was follow-up long enough for outcomes to occur
   a) yes (select an adequate follow up period for outcome of interest) ✳
b) no

3) Adequacy of follow up of cohorts
   a) complete follow up - all subjects accounted for ✳
b) subjects lost to follow up unlikely to introduce bias - small number lost - > ____ % (select an
adequate %) follow up, or description provided of those lost) ★
c) follow up rate < ____% (select an adequate %) and no description of those lost
d) no statement

NEWCASTLE - OTTAWA QUALITY ASSESSMENT SCALE

CASE CONTROL STUDIES

Note: A study can be awarded a maximum of one star for each numbered item within the Selection and Exposure categories. A maximum of two stars can be given for Comparability.

Meyers et al. 2004

Selection 3/4

1) Is the case definition adequate?
   a) yes, with independent validation ★
   b) yes, eg record linkage or based on self reports
   c) no description

2) Representativeness of the cases
   a) consecutive or obviously representative series of cases ★
   b) potential for selection biases or not stated

3) Selection of Controls
   a) community controls ★
   b) hospital controls
   c) no description

4) Definition of Controls
   a) no history of disease (endpoint) ★
   b) no description of source

Comparability 1/2

1) Comparability of cases and controls on the basis of the design or analysis
   a) study controls for smoking only (Select the most important factor.) ★
   b) study controls for any additional factor ★ (This criteria could be modified to indicate specific control for a second important factor.) Unsure if ischaemic history captured or adjusted for

Exposure 2/3

1) Ascertainment of exposure
   a) secure record (eg surgical records) ★
   b) structured interview where blind to case/control status ★
   c) interview not blinded to case/control status
   d) written self report or medical record only
   e) no description

2) Same method of ascertainment for cases and controls
   a) yes ★
   b) no

3) Non-Response rate
   a) same rate for both groups ★
   b) non respondents described
   c) rate different and no designation

Lamontagne et al. 2008

Selection 2/4
1) Is the case definition adequate?
   a) yes, with independent validation ✧
   ✓ b) yes, eg record linkage or based on self reports – ICD9 code in medical record
   c) no description

2) Representativeness of the cases
   ✓ a) consecutive or obviously representative series of cases ✧
   b) potential for selection biases or not stated

3) Selection of Controls
   a) community controls ✧
      ✓ b) hospital controls
   c) no description

4) Definition of Controls
   ✓ a) no history of disease (endpoint) ✧
   b) no description of source

**Comparability 1/2**

1) Comparability of cases and controls on the basis of the design or analysis
   ✓ a) study controls for _nil ischemic history_ (Select the most important factor.) ✧
   b) study controls for any additional factor ✧ (This criteria could be modified to indicate specific control for a second important factor.) smoking not captured

**Exposure 3/3**

1) Ascertainment of exposure
   ✓ a) secure record (eg surgical records) ✧
   b) structured interview where blind to case/control status ✧
   c) interview not blinded to case/control status
   d) written self report or medical record only
   e) no description

2) Same method of ascertainment for cases and controls
   a) yes ✧
   b) no

3) Non-Response rate
   ✓ a) same rate for both groups ✧
   b) non respondents described
   c) rate different and no designation

**Siriwardena et al. 2010**

**Selection 2/4**

1) Is the case definition adequate?
   a) yes, with independent validation ✧
   ✓ b) yes, eg record linkage or based on self reports
   c) no description

2) Representativeness of the cases
   ✓ a) consecutive or obviously representative series of cases ✧
   b) potential for selection biases or not stated

3) Selection of Controls
   ✓ a) community controls ✧
   b) hospital controls
   c) no description

4) Definition of Controls
   a) no history of disease (endpoint) ✧
Comparability 2/2
1) Comparability of cases and controls on the basis of the design or analysis
   a) study controls for ___ischaemic history_____ (Select the most important factor.) ★
   b) study controls for any additional factor ★ (This criteria could be modified to indicate specific control for a second important factor.) smoking

Exposure 3/3
1) Ascertainment of exposure
   a) secure record (eg surgical records) ★
   b) structured interview where blind to case/control status ★
   c) interview not blinded to case/control status
   d) written self report or medical record only
   e) no description
2) Same method of ascertainment for cases and controls
   a) yes ★
   b) no
3) Non-Response rate
   a) same rate for both groups ★
   b) non respondents described
   c) rate different and no designation

Siriwardena et al. 2014

Selection 3/4
1) Is the case definition adequate?
   a) yes, with independent validation ★
   b) yes, eg record linkage or based on self reports
   c) no description
2) Representativeness of the cases
   a) consecutive or obviously representative series of cases ★
   b) potential for selection biases or not stated
3) Selection of Controls
   a) community controls ★
   b) hospital controls
   c) no description
4) Definition of Controls
   a) no history of disease (endpoint) ★
   b) no description of source

Comparability 2/2
1) Comparability of cases and controls on the basis of the design or analysis
   a) study controls for ___Stroke or TIA_____ (Select the most important factor.) ★
   b) study controls for any additional factor ★ (This criteria could be modified to indicate specific control for a second important factor.) smoking

Exposure 3/3
1) Ascertainment of exposure
   a) secure record (eg surgical records) ★
   b) structured interview where blind to case/control status ★
   c) interview not blinded to case/control status
d) written self report or medical record only  
e) no description

2) Same method of ascertainment for cases and controls  
   ✔ a) yes ✧  
   b) no

3) Non-Response rate  
   ✔ a) same rate for both groups ✧  
   b) non respondents described  
   c) rate different and no designation