Date: May 6, 2026
To: HCHS/SOL Investigators
From: Wayne Rosamond, Jianwen Cai, Sylvia Smoller, Linda Gallo and the HCHS/SOL Publications Committee

Re: Guidelines for using self-reported hospitalized clinical events reported at annual follow-up interviews as clinical endpoints in HCHS/SOL

Recommendation

It is recommended that manuscripts designed to evaluate relationships of baseline factors and risk of future hospitalized cardiovascular clinical events during follow up should base their analyses on adjudicated events only. Use of a self-reported hospitalized clinical event in these analyses in lieu of its complete investigation and verification should be approached with a high degree of caution as conclusions drawn from relying on self-report alone are likely to be of questionable validity.

Background

Clinical events reported by HCHS/SOL participants are collected at study visits and during annual follow up phone interviews. Information pertaining to eligible reports during annual follow up phone interviews are used to obtain appropriate medical records which are then reviewed by HCHS/SOL physician review teams to verify and classify the clinical event. Self-reported cardiovascular events have been shown in multiple studies to have low positive predictive value and sensitivity. Preliminary results from HCHS/SOL show that a self-reported myocardial infarction, heart failure, stroke, and the combined endpoint of all three reported at annual follow-up interviews have positive predictive values of 47%, 46%, 47% and 47%, respectively when compared to review of medical records and physician adjudication of these reports. Other studies have also reported low positive predictive value for these self-reported outcomes. For example, the ADAPTABLE study, a large pragmatic clinical trial conducted among >15,000 participants with atherosclerotic cardiovascular disease; patient report of clinical endpoints had low positive predictive value for myocardial infarction (40.7%) and stroke (38.8%) when compared to data from electronic health records.[1]

Note also that while as of May 2026, analysis of all-cause mortality is complete up to 2021 and are available for use in publications, the adjudication of cause of death is not yet completed. Cause of death as defined solely on ICD underlying cause of death coding can be used as a substitute until validation of cause of death is completed.

References

1. O'Brien E, Mulder H, Jones W. et al., JAMA Cardiol. 2022;7(12):1235-1243