1. Full Title: Left ventricular geometry, systolic function and diastolic filling in African Americans
   Abbreviated title (Length 26): LV Geometry Hemodynamics

2. Writing Group (list individual with lead responsibility first):
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3. Timeline:

4. Rationale:
   Whether the left ventricle preserves normal systolic and diastolic function in the presence of hypertrophy is a
   matter of debate, in particular in the presence of concentric left ventricular hypertrophy (LVH). The prevalence
   of concentric LVH is more common in African Americans than whites. It is possible that worsening of systolic
   and diastolic function associated with concentric hypertrophy accounts for some of the excess cardiovascular
   morbidity/mortality in African Americans compared to whites.

5. Main Hypothesis:
   Systolic function and diastolic filling parameters will be poorer in concentric hypertrophy compared to eccentric
   hypertrophy, concentric remodeling, or normal LV geometry.

6. Data (variables, time window, source, inclusions/exclusions):
   Variables: Echo: LV mass, LVIDd, PWTd, IVSTd, Mitral peak E wave, peak A wave, E/A ratio, fractional
   shortening, end systolic stress (meridional and mid wall), height, weight, age, systolic and diastolic blood
   pressure, diabetes, insulin, WHR, smoking, LDL, HDL, alcohol, hypertensive medication

   Time window: V3 (or V4 data if participant came in for echo after V3 completed).

   Exclusions: MI (prevalent/incident), revascularization procedure, regional wall motion abnormalities, 2+
   neutral or aortic regurgitation, aortic stenosis, fractional shortening <25%, or abnormal left ventricular function.