The Centers for Disease Control and Prevention/American Heart Association (CDC/AHA) Workshop on Markers of Inflammation and Cardiovascular Disease: Application to Clinical and Public Health Practice was convened on March 14 and 15, 2002, to examine the use of inflammatory markers in patients who are at risk for cardiovascular disease (CVD). The goal of the workshop was to determine which of the available tests, if any, should be used; what results should be used to define high risk; which patients should be tested; and the indications for which the tests would be most useful. To achieve this goal, the workshop participants set down 5 objectives:

1. To review the growing body of scientific evidence from diverse sources and examine the association between several inflammatory markers and CVD, including the strength, consistency, independence, and generalizability of the data
2. To consider the clinical testing and various assays of inflammatory markers and identify which may be the best assay to use in identifying individuals at risk
3. To identify areas in which questions persist to foster additional research
4. To recommend which tests should be performed for which patients and in which clinical settings for the purpose of risk stratification, therapeutic monitoring, and other clinical applications, on the basis of scientific evidence
5. To explore the public health implications of an association between inflammatory markers and CVD

The 1 1/2-day-long workshop consisted of invited lectures by recognized authorities in the field and 3 concurrent discussion groups related to laboratory science, clinical science, and population science. The major results of this workshop were synthesized into a Statement for Healthcare Professionals from the Centers for Disease Control and Prevention and the American Heart Association, which was published in Circulation in January 2003.1 That statement was a distillation of the extensive deliberations of the 3 discussion groups, which continued to examine the evidence in their respective areas and to refine their conclusions. This series of reports presents the findings of the 3 discussion groups in greater detail,2–7 including information that was not available for the 2003 Circulation report, as well as 3 reports from the speakers with background information related to the workshop.5–7 The references for the latter 3 have been updated.

The purpose of this series is to document for historical purposes the evidence presented at the workshop. It is recognized that this field of research is the focus of intense investigation, and additional relevant studies have been published since the workshop. The workshop co-chairs intend to convene a follow-up conference when additional evidence becomes sufficient to warrant an update of the database and a review of the writing groups’ recommendations. Until then, the 2003 statement will serve as an evidence-based guide for the use of inflammatory markers in clinical and public health practice.

A complete list of participants in the discussion groups is included with each report. This conference was jointly sponsored by the CDC and the AHA. Specifically, the National Center for Chronic Disease Prevention and Health Promotion and the National Center for Environmental Health.
provided financial and organizational support. The AHA, its Expert Panel on Population and Prevention Science, and its Councils on Atherosclerosis, Thrombosis, and Vascular Biology, Clinical Cardiology, and Epidemiology and Prevention coordinated the workshop. The writing groups, endorsed by the Science Advisory and Coordinating Committee of the AHA, included representation from the above-mentioned agencies and organizations, as well as the American Association for Clinical Chemistry and the American College of Cardiology. The workshop was also supported from unrestricted educational grants from industry sponsors (Bristol-Myers Squibb, Merck, Wyeth/Ayerst, and Kos Pharmaceuticals).

References


Key Words: AHA Scientific Statements ■ cardiovascular diseases ■ inflammation ■ risk factors ■ epidemiology
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