

Annex B7. Instructions for tabulating the cohort analysis report

The cohort report (Annex B6) will be tabulated at the end of 6 months then each year using the register. For each cohort (defined by the year they enrolled into care), the cohort report contains baseline (month 0) information, 6 month information, then yearly follow-up thereafter.

At baseline, at 6 months, and at the end each of year thereafter, the cohort report tracks 30 some indicators. Two tally sheets (Annex B6a and B6b) facilitate the tallying of these indicators from the register.

Note that baseline refers to the point in time when the patient enrolls into care – anything that happens thereafter (transfer out, change in drug regimen, etc.) will be recorded in the 6-month column in the register, but reported at the end of the year in the cohort report.

A. Instructions for using the cohort report tally sheet – RH-side register (Annex B6a)

Use one tally sheet per cohort of the register. Record the cohort year and whether the tally is for month 0 (or baseline), 6 months or Year (1 (12 month), 2 (24 month), 3 (36 month), etc.) and the corresponding year. E.g. for the cohort enrolling in care in 2015, Year 2 (24 month) outcomes would correspond to those in occurring by the end of 2017. There may be multiple pages for each cohort. Use the same sheet for each page, sum the tallies for each page of the cohort, and then sum the tallies of the pages for the cohort total at the end at the bottom of the sheet.

This tally sheet is designed to be used with the right-hand side of the register, and to lay flush with the register page, each row corresponding to one row in the register (1-20). For each patient of the cohort, move across the tally sheet columns, while looking at corresponding columns on the same row in the register for that follow-up time period, and add a tally mark for any column that applies.

Letter	Indicator	Instruction
B	Transfer out	For non-baseline years, mark if patient follow-up status=TO, stop tally. For baseline tally, mark "F".
	MISS	For non-baseline years, mark if patient follow-up status=MISS- do not stop tally. Until classified as LTF, consider these patients still in care. This status is not tallied.
C	LTF	For non-baseline years, mark if patient follow-up status=LTF, stop tally. For baseline tally, mark "F".
D	DEAD	For non-baseline years, mark if patient follow-up status=DEAD, stop tally. For baseline tally, mark "F".
E	Alive and on treatment	If patient not TO, LTF or DEAD, mark alive and on treatment and proceed to "G". Always mark "E" for baseline tally and proceed to "F".
F, G, H, I, J	CVD risk % category	Mark one CVD risk % category based on what is circled in <i>CVD risk</i> % column in the register: <10% (F) 10% to <20% (G) – skip to "J" 20% to <30% (H) – skip to "J"

		≥30 (I)
J		If PCVD, mark J and proceed to “K”, “L”, “M”, “N”
K, L, M, N	If PCVD	If “J” (PCVD), mark: “K” if any anti-hypertensive drug class is checked/circled (TD, ACE/ARB, CCB, BB) under <i>Medications</i> column “L” if Statin is checked/circled under <i>Medications</i> column “M” if ASA is checked/circled under <i>Medications</i> column “N” if “K” and “L” and “M” are all marked
O	All DM with measurement	Mark if DM circled under diagnoses in 2 nd column in register, and there is a value for HbA1c or FBG in the top row of the <i>FBG or HbA1c (top) BP (bottom)</i> column, and proceed to “S” – otherwise skip to “T”
P	HbA1c<7% or FBG<7mmol/L	If “O” (DM), mark if HbA1c<7% or FBG<7mmol/L in the top row of the <i>FBG or HbA1c (top) BP (bottom)</i> column
Q	Diabetes with age ≥ 40	If “O” and age ≥ 40 years, the (40+) in column 13 (far left column of right-handed page) should have been circle. Tally all these patients.
R		“R” if Statin is checked/circled under <i>Medications</i> column
S	All HTN with measurement	Mark if HTN circled under diagnoses in 2 nd column in register, and there is a value for BP in bottom row of the <i>FBG or HbA1c (top) BP (bottom)</i> column, and proceed to “T” – otherwise stop tally.
T	If “W” BP <140/90	If “W”, mark if patient also has BP <140/90 as recorded in <i>FBG or HbA1c (top) BP (bottom)</i> register column

After adding the tallies per page or for the grand total by column, transfer these numbers directly to the cohort report column and corresponding letter row. See Section C for complete instructions.

B. Instructions for using the complications tally sheet (Annex B6b)

These totals will come from the left-hand side of the register, tallying the columns corresponding to the reporting year (record this year at the top of the tally sheet).

The tally sheet is designed to fit under the register columns almost exactly. For each complication type listed (Y-HH), go through each cohort, and looking down the relevant complications category column, tally the number of specific complications (with abbreviation and reporting year (except for TB which is just year) per page.

Note, that when tallying new *Stroke*, check to see if patient also has a new *MI* that year and record a tally mark in the *Stroke OR MI* column (FF) if yes. For New *MI* (only), look down the column and tally as with the other complications.

Record the correct cohort and page number or circle total and add tallies per cohort page for a total per cohort. Transfer the cohort totals to the corresponding letter row in the cohort report.

Use as many tally sheets as necessary. See Section C for complete instructions.

C. Instructions for completing the cohort analysis report* (Annex B6)

Each cohort will have one report (over 60 months or 5 years). Record the cohort year at the top, and fill in the baseline (0), 6 months, 12-, 24-, 36-, 48- and 60-month years under the respective headings. At the end of each year, fill the appropriate set of columns for each cohort. E.g. at the end of 2017, fill Baseline (0) for Cohort 2017, 12 month for Cohort 2016, 24 month for Cohort 2015, 36 month for Cohort 2014, etc.

For each year (and at baseline), there are two columns – the number and the percentage for each indicator as applicable (there are Xs where not applicable).

Row A

Row A will remain unchanged across all columns. This is the number of patients enrolled in care during the cohort year. Count this once (this will equal the cumulative cross-sectional report Table 1 “o” total over four quarters if reported quarterly, or a single value if reported annually). Or, it is possible to simply tally all the patients who were enrolled during the year from the register anew at the end of the year. Fill in this value for “A” across all the columns. There is no percentage for row A.

Rows B to X

At baseline – essentially a single point in time, there will be no movement into or out of the cohort (no transfers out, lost to follow-up, dead) and therefore rows B through D will be blank.

Otherwise, the numbers for rows B through T will be transferred from the cohort analysis report tally sheet (Annex B6a) as detailed in Section A. The corresponding percentages can be calculated using the equations in square brackets.

Rows Y to HH

The numbers for rows AA through II will be transferred from the complications tally sheet (Annex B6b) as detailed in Section B. For FF, New MI OR stroke in last year, this would be ticked as well as the new MI (EE) and/or the new stroke (DD). The corresponding percentages can be calculated using the equations in square brackets.

* While the cohort report’s main objective is to tally treatment outcome indicators based on how long a patient has been on treatment over time, the yearly columns may also be used to tally the same indicators cross-sectionally – at one point in time – i.e. a one-year period -- as necessary. This can be done by aggregating the yearly column numbers across cohort reports for the same calendar year. For example, for the reporting year 2017, add numbers for each row from the 12-month column for the 2016 cohort, 24-month column for the 2015 cohort, 36-month column for the 2014 cohort, etc. However, cross-sectional indicators are intended to capture what has happened in or by the end of a given calendar year. Since the information transferred from the patient card into the register and aggregated into the cohort report for baseline is at a single point in time, and for 6-, 12-, 18- and 24-month outcomes, dependent on the exact start date of treatment for each patient, the aggregation of the 0-, 12- and 24-month columns for any cohort may not match exactly what happened by the end of the calendar year for all patients in that cohort. The outcomes for month 36 (year 3) onwards will be transferred to the register and cohort report at the end of the calendar year for all patients; therefore aggregation of these outcomes would be equal to year-end tallies made for any cross-sectional indicator.