

The MURDOCK Study Community Registry and Biorepository is a 12,526-participant community-based longitudinal cohort recruited from a 20-Zip Code region in the Southeastern United States (U.S.) that is centered in the city of Kannapolis, NC and encompasses Cabarrus County, NC.

Creation of the cohort was funded by a gift to Duke University from the David H. Murdock Institute for Business and Culture, with operational support from Duke's Clinical and Translational Science Award (CTSA) grant (UL1TR002553) and the Duke Clinical and Translational Science Institute (CTSI).

Managed by U Duke Clinical & Translational Science Institute

Consenting participants complete a baseline health questionnaire at enrollment, as well as a brief physical exam and collection of blood and urine. Consent includes permission to access to information from medical records, storage of collected samples in the biorepository, access to collected data and biospecimens for future approved research studies and contact regarding new research study opportunities.

Data have been organized into "storefronts" that summarize characteristics of a population of research interest as well as available data and samples for that population. The following sections summarize the sources of data in the MURDOCK Study database, as well as important descriptions and definitions to help understand the data presented in the "storefronts".

1 Participant self-reported data at baseline. The baseline questionnaire collects contact information, current residential street address, and primary physician; alternate contact information; date and place of birth; demographics; current or past diagnosis of 34 medical conditions; menopausal status in women; medications, vitamins and supplements; dietary and physical activity assessment; hours of sleep per night; tobacco and alcohol use; second-hand smoke exposure; and selected PROMIS® participant-reported outcomes domains. Socioeconomic data collected at baseline included marital status, highest level of education of participant and participant's mother and father, employment status, mother's and father's occupations, housing (type, how paid for, number of adults and children in the household) and total household income. In addition, a brief physical exam (vital signs, height, weight, and waist circumference) was conducted at enrollment.

Medical conditions: "Do you have, or have you ever had, any of the following [medical conditions]?" (yes, no, don't know). Counts are unique participants reporting yes to specific condition. Medications: "Please list any pharmaceutical and/or natural medications (including vitamins) that you are currently taking." Data are captured in free-text format as written by the participant and coded using RxNorm. Summary metrics are based on everything reported. Top 5 reported medications are limited to reported prescriptions.

2 Biorepository samples. Blood was collected at baseline and processed into the following specific samples: whole blood in EDTA for DNA extraction, whole blood in PAXgene for RNA extraction, plasma, serum and buffy coat in cryovials. Urine was collected and aliquoted in cryovials. Serial sample collection was not done systematically for MURDOCK enrollees; however, some nested sub cohorts and other studies enrolling MURDOCK registry participants include sample collection at follow up time points. All samples are stored at -80°C in a central biorepository current managed by Fisher BioServices, a division of Thermo Fisher Scientific, under a contractual agreement with Duke University.

Samples in inventory: Data are summarized by sample type as well as specific container and size. Participant counts are unique individuals with one ore more aliquots. Aliquot counts are all unique samples for a given type and container, size. Freezers is a calculation of approximate storage requirements based on sample type/size, box size, and number of boxes that can be stored per freezer.

3 Participant self-reported changes in health via annual follow up. Participants are asked to complete a follow-up form once a year around the time of their original enrollment date. Participants may update contact information, primary care physician/practice and alternate contact. PROMIS domains are repeated at each annual time point in order to capture changes in participant-reported outcomes over time. The form collects new incidence/diagnosis of the same 34 medical conditions surveyed at baseline. Hospitalizations during the past year are collected along with reason, as well as specific medical procedures. Participants may update their medication list to reflect current medications, vitamins and supplements being taken at the time of follow up form completion.

Vital status: Death reported by family member or alternate contact is confirmed by obituary as the primary source. Cause of death is not captured. Follow-up metrics: Follow-up is defined as complete if participant fills out the survey online or by mail or phone. Completeness is measured as surveys completed relative to years eligible to complete follow-up. Medical conditions: "Please indicate if you have received a new diagnosis of any of the following medical conditions in the past year (yes, no, don't know)". Counts and percentages are unique participants reporting yes to specific condition in follow-up for participants that did NOT report yes at baseline. Procedures: "Please indicate if you have any of the following medical procedures in the past year". Counts are unique participants reporting the specified procedure one or more times during follow up. Hospitalizations: Participants are asked to report if they have been hospitalized within the last year, for each hospitalization they are asked to list reason(s) for hospitalization, admission date and hospital name. Reasons for hospitalization. Medications: (see note above for medications reported at baseline). The denominator for data based on last follow-up are participants with at least one follow-up survey complete.

4 Electronic health record (EHR) data from regional healthcare providers. Duke has partnered with regional healthcare providers to integrate data from EHR systems for consented MURDOCK Study participants. Participants are identified in EHR systems with robust matching algorithms using common identifiers from the MURDOCK and EHR databases. Data are transferred under a data use agreement (DUA) with the specific provider organization which specifies the scope of data and frequency of transfers. Data availability vary by participant and depend on whether or not a participant has had one or more encounters with the healthcare provider system during the time period included in the dataset.

Available EHR datasets: Data are summarized by healthcare provider organizations. Counts are unique participants with one or more ICD codes in the EHR dataset. Available EHR domains: Data area summarized by domain in the EHR dataset. Counts are unique participants with one of more records (rows of data) for the specified domain. Insights from available EHR data: Specific EHR data related to the population of research interest is presented with granularity when possible.

5 Additional data collection from studies with MURDOCK participants. MURDOCK Study participants may be recruited to enroll in additional research study opportunities by Duke researchers or other collaborators. Data sharing is a condition of collaboration with with the MURDOCK Study; therefore, data collected from MURDOCK Study participants and/or generated from biospecimens as part of additional research studies is returned for integration with all other MURDOCK registry data.

"Storefronts" for nested sub-cohorts summarize surveys, assessments and/or other data collected specifically as part of enrollment and participation in the study. **Samples in inventory**: Samples are summarized if collected (see note above for samples collected at baseline). **Participation in other studies**: Counts are participants from the population of research interest enrolled in the specified study listed. *Brief descriptions of relevant studies are listed along with a summary of study procedures and/or data collected.*



MURDOCK Study participants with asthma, N=2,069

Participant self-reported characteristics at MURDOCK Study enrollment (baseline, February 2009 – March 2018)

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Demographics at baseline	
Age	Baseline
Median (25 th , 75 th)	53 (41, 63)
Min, Max	<18, 90+
Sex	
Female	1,504 (73%)
Male	565 (27%)
Race	
American Indian & Alaska Native	4 (<1%)
Asian	12 (1%)
Black or African American	368 (18%)
Native Hawaiian & Other Pacific Islander	2 (<1%)
White/Caucasian	1,506 (73%)
Other	93 (5%)
Multiple	67 (3%)
Don't know/Not sure/Not answered	17 (1%)
Ethnicity	
Hispanic or Latino	147 (7%)
Non-Hispanic or Latino	1,881 (91%)
Don't know/Not sure/Not answered	41 (2%)
Smoking history at baseline	
Smoked	988 (48%)
Never smoked	1,058 (51%)
Don't know, no response	23 (1%)
Current or prior medical conditions reported	. ,
26 of 34 solicited medical conditions, listed by	
Asthma	1,608 (78%)
High blood pressure	931 (45%)
High cholesterol	922 (45%)
Obesity	808 (39%)
Depression	793 (38%)
Osteoarthritis	536 (26%)
Diabetes	431 (21%)
Thyroid disease	330 (16%)
Emphysema or "COPD"	296 (14%)
Osteoporosis/Osteopenia	256 (12%)
Rheumatoid arthritis	235 (11%)
Skin cancer, not melanoma	205 (10%)
Other mental illness	169 (8%)
Other autoimmune disease	157 (8%)
Multiple sclerosis	150 (7%)
Heart attack or angina	131 (6%)
Coronary artery disease	128 (6%)
Atrial fibrillation	116 (6%)
Gout	112 (5%)
Stroke	89 (4%)
Congestive heart failure	86 (4%)
Kidney disease	73 (4%)
Other type of cancer	70 (3%)
Melanoma	62 (3%)
Crohn's disease/ulcerative colitis	47 (2%)
Liver disease	47 (2%)
	71 (278)

udy enrollment (baseline, February 2009 – March 2018)						
Education at	baseline					
Less than high	n school graduate			186 (9%)		
High school g	raduate, equivalent			448 (22%)		
Some college	or associates degre	e		824 (40%)		
Bachelor's de	gree			386 (19%)		
Master's or hig	gher professional de	egree		224 (11%)		
Income at ba	seline					
Under \$10,000	D			196 (9%)		
\$10,000-29,99	99			424 (20%)		
\$30,000-49,99	99		360 (17%)			
\$50,000-69,99	99		278 (13%)			
\$70,000-89,99	99		204 (10%			
\$90,000 or mo	ore			355 (17%)		
Don't know, ne	o response			252 (12%)		
Body mass ir	ndex (BMI) at base	line				
<18.5 (underw	18.5 (underweight)			22 (1%)		
18.5 - 24.9 (no	ormal weight)			420 (20%)		
25 - 29.9 (ove	rweight)			629 (31%)		
30+ (obese)				986 (48%)		
Exercise at b	aseline					
Little to no physical activity		915 (44%)				
Weekend light	Weekend light exercise		376 (18%)			
Moderate activity 3x per week		507 (25%)				
Heavy activity 3x per week		166 (8%				
Heavy activity	Heavy activity 5x per week		90 (4%			
Medications,	vitamins, supplem	nents at baseli	ine			
Median (25 th ,	75 th) reported			7 (3, 11)		
10+ reported, n (%)		682 (33%)				
Top 5 reporte	ed medications					
Albuterol				424 (20%)		
Fluticasone			330 (16%			
Omeprazole			302 (15%			
Lisinopril				284 (14%)		
Levothyroxine			278 (13%)			
	ventory, collected	at haseline		,		
Samples in in	Container, Size	Participants	Aliquots	Freezers		
Plasma	Cryovial, 0.5 mL	1,909	25,800	0.455		
	Cryovial, 4.0 mL	0	0	0		
Serum	Cryovial, 0.5 mL	1,917	0 17,456	0.307		
	Cryovial, 4.0 mL	0	0	0		
	Cryovial, 5.0 mL	1,659	1,659	0.058		
Whole blood	PAXgene RNA	1,825	4,185	0.244		

Vacutainer, 2.0 mL 1,011

Cryovial, 10.0 mL 1,868

1,382

6

Vacutainer, 3.0 mL 0

Vacutainer, 4.0 mL 0

Cryovial, 2.0 mL

Cryovial, 0.5 mL

Buffy coat

Urine

Total

1,633

1,382

5,961

0

0

6

0.047

0.024

0.0001

0.473

1.608

0

0



MURDOCK Study participants with asthma, N=2,069

Participant status and data from MURDOCK Study follow-up surveys and electronic health records

	Participant statu	is and da	ata from w	υκυ	OCK Stu	
Participant	t vital status					
Alive				1,858 (90%)		
Deceased				2	11 (10%)	
Current Ag	e				. ,	
Median (25	th , 75 th)			61	l (50, 72)	
Min, Max	. ,				24, 90+	
,	metrics, study participa	tion			,	
	th, 75th) months since enro		1	27 (·	104, 142)	
	th , 75 th) years since enroll			11 (9, 1		
	th, 75th) yearly follow-ups (5 (2, 9		
	npleteness of follow-up, n/	•		10,291/17,021 (60%		
	e (1) follow-up survey com	· · /				
	bletion (n, %)	ipiete, ii (70)	, (
	. ,	-		628 (30%)		
	eted follow-up ≤ 18 month			1,044 (50%)		
	one or more other studies			9	70 (47%)	
Available E	EHR datasets by source	(any ICD	code)			
Any source				1,044 (50%)		
Novant Hea	alth			7	36 (36%)	
Cabarrus H	ealth Alliance			3	77 (18%)	
Cabarrus R	owan Community Health	Centers			110 (5%)	
Bethesda H	lealth Center				13 (1%)	
Community	Free Clinic				15 (1%)	
Atrium (Car	olinas Healthcare)				0	
Available B	EHR data domains					
Diagnoses				1.0	44 (50%)	
Labs				820 (40%)		
Vitals				681 (33%)		
Medication	3			769 (37%)		
Allergies			473 (23%)			
Immunizati	206			364 (18%)		
Problems	5115			555 (27%)		
Procedures				· · · ·		
				404 (20%)		
Hospitalizat				3	10 (15%)	
	om available EHR data : July 1993 (first encounte	r) Ion 2	021 (last o	0000	ntor)	
	days between first and las			icou	nier)	
Median (25				7 (22	4, 3,029)	
Min, Max	, ,				0, 10,034	
Select phe	codes, mapped from dia	ignosis (codes			
Phecode	Description	Group			n, ppts	
401.1	Essential hypertension		ory system			
272.1	Hyperlipidemia		ne/metabolic 215 ne/metabolic 112			
250.2 512.8	Type 2 diabetes Cough	respira				
530.11	GERD	digestiv				
278.1	Obesity		ne/metabolic 100			
	oratory tests					
Test			Labs	Pa	rticipants	
Comprehensive metabolic panel		2,795		478		
CBC and differential		2,089		398		
TSH		1,410		360		
Lipid panel Hemoglobin A1C		1,245 1,437		323 300		
CBC		1,437		293		
Basic metal	bolic panel		1,637		290	
	-					

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edical condition diagnoses reported in follow-up	

New we die die en did en die weere en enterdie fallen van	
New medical condition diagnoses reported in follow-up	
15 of 24 policited medical conditions listed by descending fragues	2014
15 of 34 solicited medical conditions, listed by descending frequer	icy

15 of 34 solicited medical condition	ons, listed by de	•		
Asthma		436	/ 461 (95%)	
Osteoarthritis		300 /	1,533 (20%)	
High cholesterol		265 / 1,147 (23%)		
High blood pressure		221 / 1,138 (19%)		
Obesity		205 / 1,261 (16%)		
Rheumatoid arthritis		195 / 1,834 (11%)		
Osteoporosis/Osteopenia		192 / 1,813 (11%)		
Emphysema or "COPD"		188 / 1,773 (11%)		
Depression		169 / 1,276 (13%)		
Skin cancer, not melanoma		157 / 1,864 (8%)		
Diabetes		154 / 1,638 (9%)		
Other autoimmune disease		144 / 1,912 (8%)		
Thyroid disease			/ 1,739 (8%)	
Other mental illness		125	/ 1,900 (7%)	
Coronary artery disease		102 / 1,941 (5%)		
			, , ,	
Procedures reported in follow	up			
CT or MRI scan			1,286 (62%)	
Chest x-ray			1,132 (55%)	
Joint x-ray			1,029 (50%)	
Heart/cardiac stress test			613 (30%)	
Joint replacement		249 (12%)		
Heart/cardiac catheterization			192 (9%)	
Heart/cardiac angioplasty or sten	t		87 (4%)	
Coronary artery bypass surgery		45 (2%)		
Hospitalizations reported in fol	low up			
Participants reporting 1 or more h	nospitalizations		879 (42%)	
Unique hospitalizations reported		1,443		
Median (25th, 75th) hospitalization	•	2 (1, 3)		
Coded reasons for self-reported l	nospitalization			
listed in descending frequency		Events	Participants	
Uncoded		1,080	570	
Surgery		200	156	
Knee replacement		124	87	
Pneumonia		108	69	
Chest pain		76	61	
Fracture		59	48	
Body mass index (BMI) at mos	t recent comple	eted follo	w up	
<18.5 (underweight)			26 (1%)	
18.5 - 24.9 (normal weight)			355 (20%)	
25 - 29.9 (overweight)		534 (30%)		
30+			860 (48%)	
Medications, vitamins, supplen	nents at most r	ecent fol	low up	
Median (25th, 75th) reported			7 (3, 11)	
10+ reported, n (%)			549 (27%)	
Top 5 reported medications				
Albuterol			335 (16%)	
Levothyroxine		294 (14%)		
Omeprazole		290 (14%)		
Fluticasone		269 (13%)		
Atorvastatin		251 (12%)		
			. ,	