



Managed by  Duke Clinical & Translational Science Institute

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).

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. 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 currently 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 or 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 are captured as free-text responses as written by participants. Responses are coded, when possible, in order to list the most frequently reported 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 are summarized by domain in the EHR dataset. Counts are unique participants with one or 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 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 kidney disease, N=823
Participant self-reported characteristics at MURDOCK Study enrollment (baseline, February 2009 – February 2018)
Demographics at baseline

Age	Baseline
Median (25 th , 75 th)	63 (51, 72)
Min, Max	19, 90+
Sex	
Female	528 (64%)
Male	295 (36%)
Race	
American Indian & Alaska Native	3 (<1%)
Asian	0
Black or African American	132 (16%)
Native Hawaiian & Other Pacific Islander	0
White/Caucasian	575 (70%)
Other	87 (11%)
Multiple	12 (1%)
Don't know/Not sure/Not answered	14 (2%)
Ethnicity	
Hispanic or Latino	113 (14%)
Non-Hispanic or Latino	696 (85%)
Don't know/Not sure/Not answered	14 (2%)
Smoking history at baseline	
Smoked	379 (46%)
Never smoked	437 (53%)
Don't know, no response	7 (1%)

Current or prior medical conditions reported at baseline
26 of 34 solicited medical conditions, listed by descending frequency

High blood pressure	554 (67%)
High cholesterol	504 (61%)
Obesity	337 (41%)
Kidney disease	296 (36%)
Diabetes	273 (33%)
Depression	262 (32%)
Osteoarthritis	227 (28%)
Thyroid disease	178 (22%)
Asthma	138 (17%)
Osteoporosis/Osteopenia	135 (16%)
Skin cancer, not melanoma	132 (16%)
Rheumatoid arthritis	118 (14%)
Heart attack or angina	118 (14%)
Coronary artery disease	114 (14%)
Gout	111 (13%)
Atrial fibrillation	83 (10%)
Emphysema or "COPD"	77 (9%)
Other autoimmune disease	67 (8%)
Other type of cancer	67 (8%)
Stroke	65 (8%)
Congestive heart failure	63 (8%)
Liver disease	44 (5%)
Multiple sclerosis	42 (5%)
Other mental illness	41 (5%)
Melanoma	41 (5%)
Implantable cardiac defibrillator	29 (4%)

Education at baseline

Less than high school graduate	128 (16%)
High school graduate, equivalent	207 (25%)
Some college or associates degree	304 (37%)
Bachelor's degree	122 (15%)
Master's or higher professional degree	62 (8%)

Income at baseline

Under \$10,000	70 (9%)
\$10,000-29,999	209 (25%)
\$30,000-49,999	147 (18%)
\$50,000-69,999	104 (13%)
\$70,000-89,999	56 (7%)
\$90,000 or more	102 (12%)
Don't know, no response	135 (16%)

Body mass index (BMI) at baseline

<18.5 (underweight)	6 (1%)
18.5 - 24.9 (normal weight)	150 (18%)
25 - 29.9 (overweight)	288 (35%)
30+ (obese)	373 (46%)

Exercise at baseline

Little to no physical activity	440 (53%)
Weekend light exercise	117 (14%)
Moderate activity 3x per week	176 (21%)
Heavy activity 3x per week	41 (5%)
Heavy activity 5x per week	41 (5%)

Medications, vitamins, supplements at baseline

Median (25 th , 75 th) reported	8 (4, 12)
10+ reported, n (%)	347 (42%)

Top 5 reported medications

Lisinopril	186 (23%)
Omeprazole	152 (18%)
levothyroxine	146 (18%)
Simvastatin	139 (17%)
Hydrochlorothiazide	138 (17%)

Samples in inventory, collected at baseline

Sample	Container, Size	Participants	Aliquots	Freezers
Plasma	Cryovial, 0.5 mL	776	10,438	0.184
	Cryovial, 4.0 mL	0	0	0
Serum	Cryovial, 0.5 mL	776	6,754	0.119
	Cryovial, 4.0 mL	0	0	0
	Cryovial, 5.0 mL	685	685	0.024
Whole blood	PAXgene RNA	742	1,662	0.096
	Vacutainer, 2.0 mL	388	626	0.018
	Vacutainer, 3.0 mL	0	0	0
Buffy coat	Vacutainer, 4.0 mL	0	0	0
	Cryovial, 2.0 mL	520	520	0.009
Urine	Cryovial, 4.0 mL	0	0	0
	Cryovial, 10.0 mL	744	2,350	0.186
Total				0.636

MURDOCK Study participants with kidney disease, N=823

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

Participant vital status

Alive	618 (75%)
Deceased	205 (25%)

Current Age

Median (25 th , 75 th)	70 (59, 79)
Min, Max	25, 90+

Follow-up metrics, study participation

Median (25 th , 75 th) months since enrollment	126 (104, 142)
Median (25 th , 75 th) years since enrollment	11 (9, 12)
Median (25 th , 75 th) yearly follow-ups complete	6 (3, 9)
Overall completeness of follow-up, n/N (%)	4,500 / 6,507 (69%)
At least one (1) follow-up survey complete, n (%)	750 (91%)
100% completion (n, %)	277 (34%)
Last completed follow-up ≤ 18 months	430 (52%)
Enrolled in one or more other studies	379 (46%)

Available EHR datasets by source (any ICD code)

Any source	473 (57%)
Novant Health	353 (43%)
Cabarrus Health Alliance	141 (17%)
Cabarrus Rowan Community Health Centers	57 (7%)
Bethesda Health Center	15 (2%)
Community Free Clinic	14 (2%)
Atrium (Carolinas Healthcare)	0

Available EHR data domains

Diagnoses	473 (57%)
Labs	389 (47%)
Vitals	330 (40%)
Medications	400 (49%)
Allergies	238 (29%)
Immunizations	200 (24%)
Problems	313 (38%)
Procedures	237 (29%)
Hospitalizations	217 (26%)

Insights from available EHR data

Date range: Oct. 1993 (first encounter), Jan. 2021 (last encounter)	
Number of days between first and last encounter:	
Median (25 th , 75 th)	2,072 (565, 2,995)
Min, Max	0, 9,752

Select phecodes, mapped from diagnosis codes

Phecode	Description	Group	n, ppts
401.1	Essential hypertension	circulatory system	188
272.1	Hyperlipidemia	endocrine/metabolic	170
585.3	Chronic renal failure	Genitourinary	96
250.2	Type 2 diabetes	endocrine/metabolic	95
530.1	Esophagitis, GERD	Digestive	85
296.2	Depression	mental disorders	68

Select laboratory tests

Test	Labs	Participants
Comprehensive metabolic panel	2,397	271
CBC and differential	1,807	244
Basic metabolic panel	2,005	222
TSH	1,008	213
Hemoglobin A1C	1,147	211
Lipid panel	950	200
CBC	1,595	185

New medical condition diagnoses reported in follow-up

15 of 34 solicited medical conditions, listed by descending frequency

Kidney disease	389 / 527 (74%)
Osteoarthritis	149 / 596 (25%)
Rheumatoid arthritis	114 / 705 (16%)
High cholesterol	102 / 319 (32%)
Osteoporosis/Osteopenia	85 / 688 (12%)
Thyroid disease	84 / 645 (13%)
Congestive heart failure	81 / 760 (11%)
Depression	80 / 561 (14%)
Skin cancer, not melanoma	78 / 691 (11%)
High blood pressure	77 / 269 (29%)
Emphysema or "COPD"	74 / 746 (10%)
Diabetes	73 / 550 (13%)
Atrial fibrillation	70 / 740 (9%)
Gout	69 / 712 (10%)
Coronary artery disease	69 / 709 (10%)

Procedures reported in follow up

CT or MRI scan	580 (70%)
Chest x-ray	495 (60%)
Joint x-ray	441 (54%)
Heart/cardiac stress test	309 (38%)
Joint replacement	120 (15%)
Heart/cardiac catheterization	117 (14%)
Heart/cardiac angioplasty or stent	73 (9%)
Coronary artery bypass surgery	33 (4%)

Hospitalizations reported in follow up

Participants reporting 1 or more hospitalizations	449 (55%)	
Unique hospitalizations reported	787	
Median (25 th , 75 th) hospitalizations reported	2 (1, 4)	
Coded reasons for self-reported hospitalization listed in descending frequency	Events	Participants
Uncoded	683	313
Surgery	108	80
Knee replacement	43	34
Stroke	41	33
Pneumonia	43	32
Kidney stone	36	29

Body mass index (BMI) at most recent completed follow up

<18.5 (underweight)	15 (2%)
18.5 - 24.9 (normal weight)	189 (25%)
25 - 29.9 (overweight)	246 (33%)
30+	296 (40%)

Medications, vitamins, supplements at most recent follow up

Median (25 th , 75 th) reported	8 (4, 12)
10+ reported, n (%)	279 (34%)

Top 5 reported medications

Levothyroxine	165 (20%)
Atorvastatin	146 (18%)
Metoprolol	138 (17%)
Amlodipine	134 (16%)
Omeprazole	123 (15%)