

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. 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 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 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.



Breast cancer

Stroke

MURDOCK Study participants with liver disease, N=486

Participant self-repor	rted characte	ristics at MURDOCK St	udy enrollmen	t (baseline, March	2009 – Febru	ary 2018)
Demographics at baseline			Education at baseline				
Age		Baseline	Less than high school graduate				57 (12%)
Median (25 th , 75 th)		56 (48, 64)	High school graduate, equivalent			112 (23%)	
Min, Max		, , , ,		or associates degre	192 (40%)		
Sex	,	Bachelor's degree			75 (16%)		
Female	318 (65%)			gree		50 (10%)	
Male	168 (35%) Income at baseline		·			00 (1070)	
Race	100 (0070)					53 (11%)	
American Indian & Alaska Native		2 (<1%) \$10,000-29,				106 (22%)	
Asian		1 (<1%)	\$30,000-49,999				
Black or African American		50 (10%)	\$50,000-49,999		76 (16%)		
Native Hawaiian & Other Pacific Is	lander	368 (76%)	\$70,000-89,999		62 (13%)		
White/Caucasian	idildoi	49 (10%)	\$90,000 or more		47 (10%)		
Other		5 (1%)			79 (16%)		
Multiple		11 (2%)	Don't know, no response				63 (13%)
Don't know/Not sure/Not answered		2 (<1%)	Body mass index (BMI) at baseline				
Ethnicity		2 (~170)	<18.5 (underweight)		8 (2%)		
Hispanic or Latino		66 (14%)	18.5 - 24.9 (normal weight)		86 (18%)		
Non-Hispanic or Latino			25 - 29.9 (overweight)			144 (30%)	
Don't know/Not sure/Not answered	1	410 (84%)	30+ (obese)				242 (50%)
		10 (2%)	Exercise at baseline				
Smoking history at baseline			Little to no physical activity			244 (50%)	
Smoked		234 (48%)	Weekend light exercise			73 (15%)	
Never smoked		248 (51%)	Moderate activity 3x per week			122 (25%)	
Don't know, no response		4 (1%)	Heavy activity 3x per week			25 (5%)	
Current or prior medical conditions reported at baseline 27 of 34 solicited medical conditions, listed by descending frequency			Heavy activity 5x per week 18 (4%)				
High blood pressure	is, listed by de	253 (52%)	Medications,	vitamins, supplem	ents at basel	ine	
High cholesterol		234 (48%)	Median (25th, 75th) reported			7 (3, 11)	
Obesity	254 (46%)		10+ reported, n (%)			156 (32%)	
Liver disease		203 (42%)	Top 5 reported medications				` ,
Depression		181 (37%)	Lisinopril				99 (20%)
Diabetes		146 (30%)	Hydrochlorothiazide			79 (16%)	
Osteoarthritis		124 (26%)	•			76 (16%)	
Thyroid disease		90 (19%)	Metformin				
Asthma		80 (16%)	Levothyroxine			75 (15%)	
Osteoporosis/Osteopenia		66 (14%)	Omeprazole			72 (15%)	
Skin cancer, not melanoma		57 (12%)	-	rently in inventory (
Rheumatoid arthritis		54 (11%)	Sample	Container, Size	Participants	Aliquots	Freezers
Other autoimmune disease		49 (10%)	Plasma	Cryovial, 0.5 mL	453	5,463	0.096
Emphysema or "COPD"		47 (10%)	Serum	Cryovial, 0.5 mL	457	3,930	0.069
Gout		44 (9%)		Cryovial, 5.0 mL	389	389	0.014
Other mental illness		42 (9%)	Whole blood	PAXgene RNA	436	968	0.056
Kidney disease		35 (7%)		Vacutainer, 2.0 mL	222	363	0.011
Coronary artery disease		34 (7%)	Buffy coat	Cryovial, 2.0 mL	0	0	0.000
Multiple sclerosis		31 (6%)	Urine	Cryovial, 10.0 mL	427	427	0.034
Other type of cancer Atrial fibrillation		28 (6%) 27 (6%)	Total			11,540	0.280
Heart attack or angina		26 (5%)					
Crohn's disease/ulcerative colitis		20 (4%)					
Congestive heart failure		19 (4%)					
Melanoma		18 (4%)					
Describeration		14 (00()					

14 (3%)

13 (3%)



MURDOCK Study participants with liver disease, N=486

Participant status and data from MURDOCK Study	y follow-up surveys and electronic health records
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Participan	t vital status	o una aat		DOON Oluc	New medical condition diagnoses reported in	follow-u	0	
Alive			388 (80%)		16 of 34 solicited medical conditions, listed by descending frequency			
Deceased				98 (20%)	Liver disease		/ 283 (78%)	
Current A	ne .			Current	Osteoarthritis	85 / 362 (23%)		
Median (25			e	66 (57, 73)	High cholesterol	75 / 252 (30%)		
Min, Max	, 10)			26, 90+	Kidney disease	72 / 451 (16%)		
	metrics study narticinati	ion		20, 301	High blood pressure	71 / 233 (30%)		
Follow-up metrics, study participation Median (25th, 75th) months since enrollment 139 (118.75.				0 75 155)	Rheumatoid arthritis	66 / 432 (15%)		
,	5 th , 75 th) years since enrolln			8.75, 155) 12 (10, 13)	Diabetes	62 / 340 (18%)		
	5 th , 75 th) yearly follow-ups c			, ,	Osteoporosis/Osteopenia	61 / 420 (15%)		
,	mpleteness of follow-up, n/i	•	2 067 / 4	7 (3, 10) 317 (69%)	Skin cancer, not melanoma	51 / 429 (12%)		
	e (1) follow-up survey com	` '		453 (93%)	Other autoimmune disease	49 / 437 (11%)		
	pletion (n, %)	piete, ii (%		159 (33%)	Obesity	47 / 281 (17%)		
	`			244 (50%)	Thyroid disease	45 / 396 (11%)		
•	leted follow-up ≤ 18 months one or more other studies	•		, ,	Other mental illness	40 / 444 (9%		
				238 (49%)	Depression	38 / 305 (12		
	EHR datasets by source (any ICD o			Gout	3	7 / 442 (8%)	
Any source				267 (55%)	Asuma		35 / 406 (9%)	
Novant He				203 (42%)	Procedures reported in follow up			
	lealth Alliance			77 (16%)	CT or MRI scan		349 (72%)	
	Rowan Community Health C	Centers		21 (4%)	Chest x-ray		301 (62%)	
	Health Center			7 (1%)	Joint x-ray	269 (55%)		
•	/ Free Clinic			6 (1%)	Heart/cardiac stress test	177 (36%)		
Atrium (Ca	rolinas Healthcare)			0	Joint replacement	73 (15%		
Available	EHR data domains				Heart/cardiac catheterization		53 (11%)	
Diagnoses		267 (55%)		Heart/cardiac angioplasty or stent	34 (7%)			
Labs		222 (46%)		Coronary artery bypass surgery	19 (4%)			
Vitals 192 (40%			192 (40%)	Hospitalizations reported in follow up				
Medications				220 (45%)	Participants reporting 1 or more hospitalizations			
Allergies		123 (25%)		Unique hospitalizations reported	742			
Immunizations		114 (23%)		Median (25 th , 75 th) hospitalizations reported	2 (1, 4)			
Problems		175 (36%)		Coded reasons for self-reported hospitalization		2 (1, 4)		
Procedures			146 (30%)		listed in descending frequency	Events	Participants	
Hospitalizations				116 (24%)	Uncoded	408	181	
Insights fr	om available EHR data				Surgery	68	44	
	: July 1993 (first encounter		•	ounter)	Fracture	25	20	
Number of Median (25	days between first and last	t encounte	er: 2138.5(43	0 0047.5	Chest pain	22	20	
Min, Max)"', / O"')		2138.5(43	2, 3347.5) 0, 10552	Knee replacement	25	17	
	ecodes, mapped from diag	anosis co	des	0, 10002	Pneumonia	23	15	
Phecode -	Description	Group		n, ppts	Body mass index (BMI) at most recent comple	eted follo		
272.1	Hyperlipidemia	endocrine	e/metabolic	80	<18.5 (underweight)	•		
401.1	Essential hypertension	circulator	y system	80	18.5 - 24.9 (normal weight)	6 (1%)		
571.5	Other chronic nonalcoholic liver disease	Digestive		58	25 - 29.9 (overweight)		89 (20%) 153 (34%)	
250.2	Type 2 diabetes	endocrine	e/metabolic	39	25 - 29.9 (overweight) 30+			
278.1	Obesity	endocrine	e/metabolic	37		204 (45%)		
296.2	Depression	mental di	sorders	37	Medications, vitamins, supplements at most i			
	oratory tests				Median (25 th , 75 th) reported		7 (4, 12)	
Test Comprehe	nsivo motabolio nanol			articipants	10+ reported, n (%)		160 (33%)	
	nsive metabolic panel lifferential		1,582 1,211	151 143	Top 5 reported medications			
CBC and differential Hemoglobin A1C			723	121	Omeprazole	90 (19%)		
Lipid panel			574	120	Levothyroxine	82 (17%)		
Basic metabolic panel			860	119	Metoprolol	76 (16		
TSH		601	116	Lisinopril	74 (15%)			
CBC			790	111	Metformin		73 (15%)	