

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, employ ment 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 phy sical 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 cry ovials. Urine was collected and aliquoted in cry ovials. Sample collection was not done sy stematically 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.



Kidney disease

Other type of cancer

Participants 50 to 59 years of age at baseline, N=2,723

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

Participant self-reported ch	aracteristics at MURDOCK St	udy enrollmen	it (baseline, [Februa	ry 2009 - Ma	rch 2018])		
Demographics at baseline		Education at	baseline					
Age	Baseline	Less than hig	h school graduate			194 (7%)		
Median (25th, 75th)	55 (52, 57)	High school g	566 (21%)					
Min, Max	50, 59	Some college	or associates degre	e		997 (37%)		
Sex		Bachelor's de	gree			572 (21%)		
Female	1,851 (68%)	Master's or hi	gher professional de	gree		394 (14%)		
Male	872 (32%)	Income at ba	seline					
Race		Under \$10,00				214 (8%)		
American Indian & Alaska Native	12 (<1%)	\$10,000-29,9				418 (15%)		
Asian	13 (<1%)	\$30,000-49,9				382 (14%)		
Black or African American	435 (16%)	\$50,000-69,9				367 (13%)		
Native Haw aiian & Other Pacific Islander	1 (<1%)	\$70,000-89,9				294 (11%)		
White/Caucasian	2,025 (74%)	\$90,000 or more			760 (28%)			
Other	155 (6%)	Don't know, no response				288 (11%)		
Multiple	57 (2%)		·			200 (1170)		
Don't know /Not sure/Not answ ered	25 (<1%)	•	ndex (BMI) at base	line		/ /-/\		
Ethnicity		<18.5 (under	o /			22 (<1%)		
Hispanic or Latino	219 (8%)				688 (25%)			
Non-Hispanic or Latino	2,465 (91%)	25 - 29.9 (overweight)			912 (34%)			
Don't know /Not sure/Not answ ered	39 (1%)	30+ (obese)				1,086 (40%)		
Sm oking history at baseline		Exercise at l	oaseline					
Smoked	1,226 (45%)	Little to no ph	ysical activity			1,001 (37%)		
Never smoked	1,475 (54%)	Weekend light exercise				587 (22%)		
Don't know, no response	22 (1%)	Moderate act	742 (27%)					
Current or prior medical conditions rep		Heavy activity	/ 3x per w eek			233 (9%)		
Select medical conditions (25 of 34), listed	Heavy activity	149 (5%)						
High cholesterol	1,204 (44%)	Medications	, vitamins, supplen	ents at base	line			
High blood pressure	1,139 (42%)	Median (25th,	75th) reported			5 (3, 9)		
Obesity	861 (32%)	10+ reported,	n (%)			583 (21%)		
Depression	852 (31%)		ted medications					
Osteoarthritis	551 (20%)	Lisinopril				453 (17%)		
Diabetes	506 (19%)	levothyroxine	324 (12%)					
Asthma	402 (15%)	Metformin	318 (12%)					
Thyroid disease	368 (14%)	Hydrochlorotl	niazida		313 (11%)			
Osteoporosis/Osteopenia	309 (11%)	Omeprazole	liaziue		268 (10%)			
Multiple sclerosis	296 (11%)							
Rheumatoid arthritis	242 (9%)	-	rently in inventory					
Skin cancer, not melanoma	233 (9%)	Sample	Container, Size	Participants	Aliquots	Freezers		
Other autoimmune disease	191 (7%)	Plasma	Cryovial, 0.5 mL	2,536	30,891	0.545		
Emphysema or "COPD"	151 (6%)	Serum	Cryovial, 0.5 mL	2,559	22,470	0.396		
Heart attack or angina	139 (5%)		Cryovial, 5.0 mL	2,145	2,145	0.076		
Other mental illness	121 (4%)	Whole blood	PAXgene RNA	2,438	5,515	0.322		
Coronary artery disease	117 (4%)		Vacutainer, 2.0 mL	1,259	1,997	0.058		
Gout	115 (4%)	Buffy coat	Cryovial, 2.0 mL	0	0	0.00		
Atrial fibrillation	88 (3%)	Urine	Cryovial, 0.5 mL	6	6	0.000		
Breast cancer	77 (3%)		Cryovial, 10.0 mL	2,414	2,414	0.192		
Stroke	77 (3%)	Total			65,438	1.589		
Liver disease	76 (3%)							
Congestive heart failure	70 (3%)							

70 (3%) 69 (3%)



Participants 50 to 59 years of age at baseline, N=2,723

Parti	cipant status and	l data f	rom M	urd	OC	(St	udy	fol	low-u	ıp surve	eys and	d e	lectron	ic h	nealt	hred	cord	S
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Participar	nt vital status	as arra aa	ia iroini ivi ora	oon olaa	New medical condition diagnoses reported				
Alive			2.5	27 (93%)	17 of 34 solicited medical conditions, listed b		equency		
Deceased				196 (7%)	High cholesterol	412 / 1,5	19 (27%)		
Current A	ae			100 (7 707	Osteoarthritis	410 / 2,17	72 (19%)		
Median (2	_		6	5 (63, 69)	High blood pressure	332 / 1,58	84 (21%)		
Min, Max	0 , 10 ,		Ů	56, 74	Osteoporosis/Osteopenia	329 / 2,4	14 (14%)		
Follow-up metrics, study participation				00, 1 1	Obesity	219 / 1,86	62 (12%)		
	5th, 75th) months since enro		1// (1:	19.5, 159)	Skin cancer, not melanoma	216 / 2,4	490 (9%)		
,	5th, 75th) years since enroll				Rheumatoid arthritis	215 / 2,4	481 (9%)		
,	5th, 75th) yearly follow -ups		1.	2 (10, 13)	Diabetes	198 / 2,2	198 / 2,217 (9%)		
	mpleteness of follow -up, n		16,668/25,8	7 (2, 10)	Depression	196 / 1,87	196 / 1,871 (10%)		
	in pleteriess of rollow -up, name (1) follow -up survey con	` '			Thyroid disease	163 / 2,3	163 / 2,355 (7%)		
	pletion (n, %)	ipiete, ii (%		14 (89%) 27 (30%)	Other autoimmune disease	148 / 2,5	532 (6%)		
	. ,	•			Coronary artery disease	117 / 2,6	117 / 2,606 (4%)		
	leted follow -up ≤ 18 months			33 (53%)	Asthma	111 / 2,3	111 / 2,321 (5%)		
	one or more other studies			35 (49%)	Emphysema or "COPD"		107 / 2,572 (4%)		
	EHR datasets by source	(any ICD		77 (470/)	Gout		103 / 2,608 (4%)		
Any sourc				277 (47%)	Atrial fibrillation		98 / 2,635 (4%)		
Novant He				909 (33%)	Other mental illness		90 / 2,602 (3%)		
	Health Alliance	. .		113 (15%)	Procedures reported in follow up				
	Row an Community Health (Centers		136 (5%)	CT or MRI scan	1.64	1,647 (60%)		
	Health Center			35 (1%)	Joint x-ray		1,313 (48%)		
,	Free Clinic			24 (1%)	Chest x-ray		1,174 (43%)		
,	rolinas Healthcare)		0		Heart/cardiac stress test		685 (25%)		
	EHR data domains		1,277 (47%)		Joint replacement		305 (11%)		
Diagnoses Labs				99 (37%)	Heart/cardiac catheterization		212 (8%)		
Vitals				881 (32%)	Heart/cardiac angioplasty or stent		100 (4%)		
Medications				009 (37%)	Coronary artery bypass surgery		61 (2%)		
Allergies				182 (18%)	Hospitalizations reported in follow up		- (=70)		
Immunizations				154 (17%)	Participants reporting 1 or more hospitalization	ns 1.0°	14 (37%)		
Problems				720 (26%) 573 (21%)	Unique hospitalizations reported	1,0	1,540		
Procedures Hospitalizations				136 (16%)	Median (25th, 75th) hospitalizations reported		1 (1, 3)		
	rom available EHR data			100 (1070)	Coded reasons for self-reported hospitalizations	in .	1 (1,3)		
Date range	e: Jul. 1993 (first encounte	er), Aug. 20	022 (last enco	unter)	listed in descending frequency		articipants		
	days betw een first and las	st encount		= = 0.40=\	Uncoded	1,103	614		
Median (2	5 th , 75 th)		1,865 (27		Surgery	302	233		
Min, Max	ecodes, mapped from di	annosi s c	ndes	0, 10563	Knee replacement	127	90		
Phecode	Description	Group	oucs	n, ppts	Chest pain	88	71		
401.1	Essential hypertension		ry system	322	Hip replacement	75	56		
272.1	Hyperlipidemia	endocrir	ne/metabolic	315	Body mass index (BMI) at most recent con	npleted follow (up		
250.2	Type 2 diabetes		ne/metabolic	136	<18.5 (underw eight)		32 (1%)		
261.4 278.1	Vitamin D deficiency		ne/metabolic ne/metabolic	123	18.5 - 24.9 (normal w eight)	62	24 (26%)		
	Obesity Esophagitis, GERD and			116	25 - 29.9 (overweight)		00 (33%)		
530.1	related diseases	Digestive	Э	116	30+		953 (40%)		
Select lal	boratory tests				Medications, vitamins, supplements at mo		` ′		
Test			Labs Participants		Median (25th, 75th) reported		6 (3, 9)		
Comprehensive metabolic panel CBC and differential			4,123 3,337	614 558	10+ reported, n (%)	5/	49 (20%)		
TSH			1,993	467	Top 5 reported medications	32	.5 (2070)		
Lipid pane			1,947	446		24	00 (450/)		
Hemoglobin A1c			2,011	429	Lisinopril	399 (15%) 379 (14%)			
	abolic panel		1,680	387	Atorvastatin	379 (14%)			
CBC			1,638	360	Cholecalciferol		57 (13%)		
					Levothyroxine		39 (13%)		
					Metformin	31	12 (11%)		