

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 III 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. 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.*



Congestive heart failure

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Physical Performance Across the Lifespan (PALS), MURDOCK Study nested sub-cohort, N=994

Participant self-reported characteristics at MURDOCK Study enrollment (baseline, [February 2009 - July 2016])

Demographics at baseline	
Age	Baseline
Median (25 th , 75 th)	67 (54, 76)
Min, Max	25, 90+
Sex	
Female	544 (55%)
Male	450 (45%)
Race	
American Indian & Alaska Native	2 (<1%)
Asian	6 (<1%)
Black or African American	80 (8%)
Native Hawaiian & Other Pacific Islander	1 (<1%)
White/Caucasian	864 (87%)
Other	23 (2%)
Multiple	8 (<1%)
Don't know/Not sure/Not answered	10 (<1%)
Ethnicity	
Hispanic or Latino	42 (4%)
Non-Hispanic or Latino	941 (95%)
Don't know/Not sure/Not answered	11 (1%)
Smoking history at baseline	
Smoked	434 (44%)
Never smoked	556 (56%)
Don't know, no response	4 (<1%)
Current or prior medical conditions repo 25 of 34 solicited medical conditions, listed	
High cholesterol	499 (50%)
High blood pressure	432 (43%)
Osteoarthritis	265 (27%)
Obesity	214 (22%)
Skin cancer, not melanoma	214 (22%)
Depression	197 (20%)
Diabetes	148 (15%)
Osteoporosis/Osteopenia	146 (15%)
Thyroid disease	143 (14%)
Asthma	119 (12%)
Coronary artery disease	94 (9%)
Atrial fibrillation	89 (9%)
Rheumatoid arthritis	71 (7%)
Heart attack or angina	70 (7%)
Gout	62 (6%)
Melanoma	47 (5%)
Breast cancer	46 (5%)
Emphysema or "COPD"	45 (5%)
Stroke	43 (4%)
Other autoimmune disease	41 (4%)
Other type of cancer	39 (4%)
Other mental illness	34 (3%)
Prostate cancer	33 (3%)
Kidney disease	31 (3%)
Comparative has not failure	00 (00()

-		-		
Education at	baseline			
Less than high	h school graduate			44 (4%)
High school g	raduate, equivalent			190 (19%)
Some college	or associates degre	е		324 (33%)
Bachelor's de	gree			253 (26%)
Master's or hig	gher professional de	gree		182 (18%)
Income at bas	seline			
Under \$10,000	0			28 (3%)
\$10,000-29,99	99			183 (18%)
\$30,000-49,99	99			192 (19%)
\$50,000-69,99	99			156 (16%)
\$70,000-89,99	99			121 (12%)
\$90,000 or mo	ore			238 (24%)
Don't know, no	o response			76 (8%)
Body mass ir	ndex (BMI) at basel	ine		
<18.5 (underw	veight)			4 (<1%)
18.5 - 24.9 (no	ormal weight)			304 (31%)
25 - 29.9 (ove	rweight)			420 (43%)
30+ (obese)				260 (26%)
Exercise at b	aseline			
Little to no phy	ysical activity			284 (29%)
Weekend light	t exercise			123 (12%)
Moderate activ	vity 3x per week			361 (36%)
Heavy activity 3x per week		117 (12%)		
Heavy activity	5x per week			104 (10%)
Medications,	vitamins, supplem	ents at baseli	ine	
Median (25 th , [°]	75 th) reported			7 (4, 10)
10+ reported,	n (%)			286 (29%)
Top 5 reporte	ed medications			
Lisinopril				162 (16%)
Omeprazole				151 (15%)
Hydrochloroth	iazide			151 (15%)
Levothyroxine				145 (15%)
Simvastatin				141 (14%)
Samples curr	rently in inventory	collected at b	baseline t	ime point)
Sample	Container, Size	Participants	Aliquots	Freezers
Plasma	Cryovial, 0.5 mL	819	6,095	0.107
Serum	Cryovial, 0.5 mL	822	4,450	0.078
	Cryovial, 5.0 mL	890	890	0.031
Whole blood	PAXgene RNA	702	1,095	0.064

Vacutainer, 2.0 mL 229

Cryovial, 10.0 mL 857

Urine

Total

22 (2%)

229

857

13,616

0.007

0.068

0.355



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125 (13%)

Physical Performance Across the Lifespan (PALS), MURDOCK Study nested sub-cohort, N=994

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

Lisinopril

Particinant	vital status					
Alive	Participant vital status		807 (81%)			
Deceased					87 (81%)	
Current Ag				_	Current	
Median (25	th , 75 th)			7	6 (61, 85)	
Min, Max					38, 90+	
Follow-up	metrics, study participat	ion				
Median (25	th , 75 th) months since enro	llment		135 (125, 158)	
Median (25	th , 75 th) years since enrolln	nent		1	2 (11, 14)	
Median (25	th , 75 th) yearly follow-ups c	omplete	е		9 (5, 11)	
Overall com	pleteness of follow-up, n/l	N (%)		7,471 / 9,249 (81%)		
At least one	e (1) follow-up survey com	plete, n	(%)	956 (96%)		
	pletion (n, %)		. ,	459 (46%)		
	eted follow-up ≤ 18 months	\$			182 (48%)	
	one or more other studies				94 (100%)	
	HR datasets by source (any IC				
Any source		any io	5 00		494 (50%)	
Novant Hea	llth			3	385 (39%)	
Cabarrus H	ealth Alliance				149 (15%)	
Cabarrus R	owan Community Health C	Centers			7 (1%)	
	ealth Center				0	
Community	Free Clinic				1 (<1%)	
	olinas Healthcare)				0	
	HR data domains					
Diagnoses				4	94 (50%)	
Labs				417 (42%)		
Vitals				391 (39%)		
Medications	3				890 (39%)	
Allergies					204 (21%)	
Immunizatio	ons				208 (21%)	
Problems Procedures					328 (33%) 258 (26%)	
Hospitalizat				194 (20%)		
	om available EHR data				01 (2070)	
	: Sep. 1993 (first encounte	er), Aug	. 20	22 (last enco	ounter)	
-	days between first and las			•	1	
Median (25	th , 75 th)			1,964 (407	3098.25)	
Min, Max					0, 10044	
	codes, mapped from dia			des	· ·	
Phecode	Description	Group		/mantakalia	n, ppts	
272.1 401.1	Hyperlipidemia Essential hypertension			ne/metabolic 130 pry system 117		
	Esophagitis, GERD &			/ system		
530.1	related diseases	Digest	tive		48	
244.4	Hypothyroidism NOS	endocrine/metabolic 43				
		ne/metabolic 43				
261.4	Vitamin D deficiency	endoc	rine	/metabolic	41	
Test	oratory tests			Labs D	articipants	
	nsive metabolic panel			1,645	267	
CBC and d				1,361	249	
TSH		1,008	213			
Lipid panel				918	207	
Basic meta				1,003	202	
Hemoglobi	n A1c			909	188	
CBC				857	163	

New medical condition diagnoses reported in follow-up

New medical condition diagnoses reported in follow-up 17 of 34 solicited medical conditions, listed by descending frequency				
	ons, listea by de	-		
Osteoarthritis			/ 729 (20%)	
Skin cancer, not melanoma			/ 780 (18%)	
High blood pressure			/ 562 (24%)	
High cholesterol			/ 495 (23%)	
Osteoporosis/Osteopenia			/ 848 (12%)	
Rheumatoid arthritis			/ 923 (10%)	
Atrial fibrillation			/ 905 (10%)	
Depression			/ 797 (10%)	
Coronary artery disease			2 / 900 (8%)	
Thyroid disease			0 / 851 (8%)	
Melanoma			8 / 947 (7%)	
Obesity			9 / 780 (8%)	
Gout			4 / 932 (6%)	
Diabetes			4 / 846 (6%)	
Kidney disease		52	2 / 963 (5%)	
Emphysema or "COPD"		52	2 / 949 (5%)	
Other type of cancer		50	0 / 955 (5%)	
Procedures reported in follow u	qı			
CT or MRI scan			680 (68%)	
Joint x-ray			581 (58%)	
Chest x-ray			568 (57%)	
Heart/cardiac stress test			324 (33%)	
Joint replacement			157 (16%)	
Heart/cardiac catheterization			105 (11%)	
Hospitalizations reported in foll	low up			
Participants reporting 1 or more h	-		526 (53%)	
Unique hospitalizations reported	loopitalizationo		848	
Median (25 th , 75 th) hospitalization	s reported		2 (1, 3)	
Coded reasons for self-reported h			_ (., c)	
listed in descending frequency		Events	Participants	
Uncoded		579	323	
Surgery		109	84	
Knee replacement		71	55	
Pneumonia		58	39	
Fracture		52	47	
Body mass index (BMI) at most	recent comple	eted follo	w up	
<18.5 (underweight)	·		17 (2%)	
18.5 - 24.9 (normal weight)			336 (35%)	
25 - 29.9 (overweight)			369 (39%)	
30+			233 (24%)	
Medications, vitamins, supplem	onte at moet r	acont foll	. ,	
	ients at most i	ecent ion		
Median (25 th , 75 th) reported			6 (3, 9)	
10+ reported, n (%)			225 (23%)	
Top 5 reported medications				
Atorvastatin			176 (18%)	
Levothyroxine			150 (15%)	
Omeprazole			141 (14%)	
Losartan			128 (13%)	



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PALS Visit 1, N=994

n=411

Visit 1 after

MURDOCK Enrollment

(January 2014 - July 2016)

n=583			
Visit 1 concurrent with			
MURDOCK enrollment			
(May 2012 - July 2016)			

PALS Visit 1 Battery

Montreal cognitive assessment (MoCA)	4-meter walk
Physical performance	Single leg stance
Activity (self-report)	Chair stands in 30 seconds
Health (self-report)	6-minute walk test
Nutrition (self-report)	

Specimens in inventory, collected at Visit 1 after enrollment

Sample	Container, Size	Participants	Aliquots	Freezers
Plasma	Cryovial, 0.5 mL	241	309	0.005
Serum	Cryovial, 0.5 mL	285	640	0.011
Total			949	0.016

PALS Visit 2, N=692

Visit time points two years following Visit 1 Range: 617 to 1,707 day (May 2014 - August 2018)

PALS Visit 2 Battery

Montreal cognitive assessment (MoCA)	4-meter walk
Physical performance	Single leg stance
Activity (self-report)	Chair stands in 30 seconds
Health (self-report)	6-minute walk test
Nutrition (self-report)	
Veteran status	
Hormone replacement	
Depression, anxiety, post-traumatic stress disorder (PTSD)	

Specimens in inventory, collected at Visit 2					
Sample	Container, Size	Participants	Aliquots	Freezers	
Plasma	Cryovial, 0.5 mL	428	1,284	0.023	
	Cryovial, 1.0 mL	70	70	0.001	
	Cryovial, 2.0 mL	19	19	0.000	
Serum	Cryovial, 0.5 mL	340	763	0.013	
	Cryovial, 1.0 mL	172	172	0.003	
	Cryovial, 2.0 mL	34	34	0.001	
Total			2,342	0.041	