SUPPLEMENTAL MATERIAL

**Data S1.** Measurement to Understand Reclassification of Disease Of Cabarrus and Kannapolis (MURDOCK) Study Storefront participants with cardiovascular disease. Reprinted with permission from the MURDOCK storefront (https://ctsi.duke.edu/research-support/duke-kannapolis/murdock-study).



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 enrolment.

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 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*.



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#### MURDOCK Study participants with cardiovascular disease, N=2,798

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

CVD Phenotypes in the MURDO	OCK Study	4.0=0
Atrial fibrillation		1,059
Heart failure		650
Peripheral arterial disease	84	
Stroke		721
Demographics at baseline		
Aae		Baseline
Median (25 <sup>th</sup> , 75 <sup>th</sup> )		65 (56, 73)
Min, Max		<18,90+
Sex		4 404 (500)
		1,494 (53%)
		1,304 (47%)
		10 ( .10()
American Indian & Alaska Native	)	10 (<1%)
Asian		4 (<1%
Black or African American	lolondor	325 (12%)
Native Hawalian & Other Pacific	Islander	1 (<1%)
		2,321 (03%)
Other		67 (2%)
Multiple	a d	56 (2%)
Ethnicity	ea	14 (1%)
Hispanic or Latino		110 (4%)
		2 641 (04%)
Don't know/Not sure/Not answer	be	2,041 (94 %)
	eu	47 (270)
Smoking history at baseline		4 500 (540()
		1,520 (54%)
		1,255 (45%)
Don't know, no response		23 (1%)
20 of 34 solicited medical condit	tions reported ions, listed by d	at baseline escending frequency
High blood pressure		1,719
High cholesterol		1,683
Obesity		878
Osteoarthritis		817
Depression		777
Diabetes		752
Coronary artery disease		712
Heart attack or angina		689
Skin cancer, not melanoma		549
Atrial fibrillation		542
Thyroid disease		463
Osteoporosis/Osteopenia		438
Asthma		420
Stroke		360
Rheumatoid arthritis		325
Congestive heart failure		291
Emphysema or "COPD"		288
Gout		274
Other autoimmune disease		168 (6%
Implantable cardiac defibrillator		152 (5%

y emonnent (	basenne, li ebiuary	2003-1601	uary 2010	11/		
Education at	baseline					
Less than high	n school graduate		256 (9%)			
High school gi	High school graduate, equivalent			694 (25%)		
Some college or associates degree				1,060 (38%)		
Bachelor's degree			476 (17%)			
Master's or hig	her professional de	gree	308 (11%)			
Income at bas	seline					
Under\$10,00	0			192 (7%)		
\$10,000-29,99	99			630 (23%)		
\$30,000-49,9	99			530 (19%)		
\$50,000-69,9	99		436 (16%			
\$70,000-89,9	99		277 (10%)			
\$90,000 or mo	ore		433 (15%)			
Don't know, no	o response			300 (10%)		
Body mass ir	ndex (BMI) at baseli	ne				
<18.5 (underw	veight)			32 (1%)		
18.5 - 24.9 (no	ormal weight)			641 (23%)		
25 - 29.9 (ove	rweight)			1,013 (36%)		
30+ (obese)				1,103 (40%)		
Exercise at b	aseline					
Little to no phy	/sical activity		1,293 (46%)			
Weekend ligh	t exercise			375 (13%)		
Moderate activ	vity 3x per week			756 (27%)		
Heavy activity	3x per week			203 (7%)		
Heavy activity	5x per week			149 (5%)		
Medications,	vitamins, supplem	ents at basel	ine			
Median (25 <sup>th</sup> , 7	75 <sup>th</sup> ) reported		9 (5, 12)			
10+ reported,	n (%)			1,192 (43%)		
Top 5 reporte	d medications (cod	ded)				
Lisinopril			647 (23%)			
metoprolol			526(19%)			
simvastatin			523 (19%)			
omeprazole				511 (18%)		
hydrochloroth	iazide			442 (16%)		
Samples in in	ventory, collected	atbaseline				
Sample	Container, Size	Participants	Aliquots	Freezers		
Plasma	Cryovial, 0.5 mL	2,608	33,327	0.587		
	Cryovial, 4.0 mL	0	0	0		
Serum	Cryovial, 0.5 mL	2,613	21,676	0.382		
	Cryovial, 4.0 mL	0	0	0		
	Cryovial, 5.0 mL	2,320	2,321	0.081		
Whole blood	PAXgene RNA	2,450	5,212	0.303		
	Vacutainer, 2.0 mL	1,144	1,737	0.050		
	Vacutainer, 3.0 mL	0	0	0		
	Vacutainer, 4.0 mL	0	0	0		
Buffy coat	Cryovial, 2.0 mL	1,633	1,634	0.028		
Urine	Cryovial, 0.5 mL	7	7	0.0001		
	Cryovial, 4.0 mL	0	0	0		
	Cryovial, 10.0 mL 2,478			0.610		
Total				2.0411		



#### MURDOCK Study participants with cardiovascular disease, N=2,798

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

Participan	t vital status					
Alive				2,125 (76%		
Deceased				6	73 (24%)	
Current Ag	e				Current	
Median (25 <sup>th</sup> , 75 <sup>th</sup> )				73	64,80)	
Min, Max					25,90+	
Follow-up ı	metrics, study participati	on				
Median (25 <sup>1</sup>	<sup>th</sup> , 75 <sup>th</sup> ) months since enrol	lment	1	29 (1	10, 144)	
Median (25 <sup>1</sup>	<sup>th</sup> , 75 <sup>th</sup> ) years since enrollm	ent		1	1 (9, 12)	
Median (25 <sup>1</sup>	<sup>th</sup> , 75 <sup>th</sup> ) annual follow-ups c	omplete			6 (3, 9)	
Overall com	pleteness of follow-up, n/N	۷(%)	15,771	15,771/22,322 (71%		
At least one	e (1) follow-up survey comp	lete, n (%	)	2,530 (90%		
100% comp	eletion (n, %)			1,040 (37%)		
Last comple	eted follow-up ≤ 18 months	;		1,360 (49%)		
Enrolled in a	one or more other studies			1,44	49 (52%)	
Available E	HR datasets by source (a	nv ICD c	ode)			
Any source				1,2	88 (46%)	
Novant Hea	lth			94	44 (34%)	
Cabarrus He	ealth Alliance			40	03 (14%)	
Cabarrus Ro	owan Community Health C	enters			90 (3%)	
Bethesda H	ealth Center				13 (<1%)	
Community	Free Clinic				11(<1%)	
Atrium (Caro	olinas Healthcare)				0	
Available F	UP data domains					
Diagnoses				1.28	88 (46%)	
Labs			1,003 (36%)			
Vitals				915 (33%)		
Mediaation				970 (35%)		
Allergies				607 (22%)		
Immunizatio	ons			487 (17%)		
Problems				80	)9 (29%)	
Procedures			597 (21%)			
Hospitalizat	ions			478 (17%)		
Insights fro	om available FHR data				( )	
Date range	: July 1993 (first encounter	<sup>-</sup> ). Jan. 2(	)21 (last e	ncou	inter)	
Number of	days between first and last	encount	er:			
Median (25	<sup>th</sup> , 75 <sup>th</sup> )	17	57 (223, 2,881)			
Min, Max	,	0,	10,034			
Phecode	Description	Group			n. ppts	
401.1	Essentialhypertension	circulato	ry system	y system 44		
272.1	Hyperlipidemia	endocrin	e/metabo	lic	439	
250.2	Type 2 diabetes	endocrin	e/metabo	lic	197	
411.4	Coronary atherosclerosis	circulato	ry system		174	
530.1	Esophaditis. GERD	endocrine/metabolic 144			144	
261.4 Vitamin D deficiency endocrine/metabolic			139			
Selectlabo	oratory tests					
Test Lak		bs	s Participant			
Comprehensive metabolic panel 4,6		581 197	626			
CBC and differential 3,4		+27	27 569			
Basic Metabolic Panel 3,5			047	17 539 10 500		
Lipio Panel 2,4			142	12 528		
Hemoglobin A1c 2,1			S01	)1 495		
Hemoglobin ATC 2,6				+00		

New medical condition diagnoses reported in follow-up 17 of 34 solicited medical conditions, listed by descending frequency					
Atrial fibrillation		485/2	2,256 (21%)		
Osteoarthritis		449/1	1.981 (23%)		
Coronary artery disease		421/2	2,086 (20%)		
High cholesterol		341/1	I,115 (31%)		
Rheumatoid arthritis		315/2	2,473 (13%)		
Skin cancer, not melanoma Stroke		302/2 301/2	2,249 (13%) 2,438 (12%)		
Congestive heart failure		294/2	2,507 (12%)		
Heart attack or angina		286/2	2,109 (14%)		
Osteoporosis/Osteopenia		284/2	2,360 (12%)		
High blood pressure		277/1	1,079 (26%)		
Emphysema or "COPD"		244/2	2,510 (10%)		
Depression		234/2	2,021 (12%)		
Thyroid disease		225/2	2,335 (10%)		
Diabetes		225/2	2,046 (11%)		
Obesity		216/1	1,920 (11%)		
Kidney disease		199/	2,672 (7%)		
Procedures reported in follow up					
CT or MRI scan		2	2,012 (72%)		
Chest x-ray		1	l,838 (66%)		
Joint x-ray		1	l,551 (55%)		
Heart/cardiac stress test		1,351 (48%)			
Heart/cardiac catheterization		677 (24%)			
Joint replacement		475 (17%)			
Heart/cardiac angioplasty or stent		414 (15%)			
Coronary artery bypass surgery			187 (7%)		
Hospitalizations reported in follow up					
Participants reporting 1 or more hospitalizations		1	l,632 (58%)		
Unique hospitalizations reported		2,919			
Median (25 <sup>th</sup> , 75 <sup>th</sup> ) hospitalizations report	ed		2 (1, 3)		
Coded reasons for self-reported hospitali listed in descending frequency	zation	Events	Participants		
Uncoded		2,000	1,024		
Surgery		351	264		
Knee Replacement		218	164		
Stroke		211	172		
AFIB		209	153		
Body mass index (BMI) at most recent <18.5 (underweight)	complete	ed follov	vup 44 (2%)		
18.5 - 24.9 (normal weight)			666 (26%)		
25 - 29.9 (overweight)	(overweight) 916 (369		916 (36%)		
30+		896 (36%)			
Modications vitamins supplements a	tmostro	cont foll			
Medications, vitamins, supplements a	iniostre	cention	8 (5 12)		
10+ reported n (%)			945 (34%)		
Top 5 reported medications			5.0 (0170)		
Metoprolol			620 (22%)		
Atorvastatin			616 (22%)		
Lisinopril			456 (16%)		
Omeprazole			433 (15%)		
Levothvroxine			432 (15%)		

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Buffy coat

Urine

Total

Cryovial, 2.0 mL

Cryovial, 0.5 mL

Cryovial, 10.0 mL 605

426

1,961

1

409

1

0.007

0.000

0.155

0.518

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## MURDOCK Study participants with cardiovascular disease, N=2,798 Cardiovascular disease phenotypes in the MURDOCK Study

	Cardiovascular disease pher					
Atrial fibrillation				n=1,	059	
Source of dia	gnosis					
Self-report on	ly			ę	939	
Self-report & E	EHR				90	
EHR only				30		
Samples in ir	ventory, collected	atbaseline				
Sample	Container, Size	Participants	Aliquots	Freezer	s	
Plasma	Cryovial, 0.5 mL	998	12,623	0.222		
	Cryovial, 4.0 mL	0	0	0		
Serum	Cryovial, 0.5 mL	992	8,063	0.142		
	Cryovial, 4.0 mL	0	0	0		
	Cryovial, 5.0 mL	885	885	0.031		
Whole blood	PAXgene RNA	937	1,916	0.111		
	Vacutainer, 2.0 mL	388	584	0.017		
	Vacutainer, 3.0 mL	0	0	0		
	Vacutainer, 4.0 mL	0	0	0		
Buffy coat	Cryovial, 2.0 mL	579	579	0.010		
Urine	Cryovial, 0.5 mL	4	4	0.000		
	Cryovial, 10.0 mL	943	2,833	0.224		
Total				0.757		
Stroke				n=7	721	
Source of dia	agnosis					
Self-report on	ly			6	632	
Self-report & I	EHR				25	
EHR only					31	
Samples in i	nventory, collected	atbaseline				
Sample	Container, Size	Participants	Aliquots	Freezer	s	
Plasma	Cryovial, 0.5 mL	640	8,398	0.148		
	Cryovial, 4.0 mL	0	0	0		
Serum	Cryovial, 0.5 mL	640	5,543	0.097		
	Cryovial, 4.0 mL	0	0	0		
	Cryovial, 5.0 mL	567	595	0.020		
Whole blood	PAXgene RNA	599	1,346	0.078		
	Vacutainer, 2.0 mL	291	452	0.013		
	Vacutainer, 3.0 mL	0	0	0		
	Vacutainer, 4.0 mL	0	0	0		

types in the M	URDOCK Study			
Heart failure				N=650
Source of dia	gnosis			
Self-report on	ly			548
Self-report & E	HR			32
EHR only				26
Samples in ir	ventory, collected	atbaseline		
Sample	Container, Size	Participants	Aliquots	Freezers
Plasma	Cryovial, 0.5 mL	571	7,789	0.137
	Cryovial, 4.0 mL	0	0	D
Serum	Cryovial, 0.5 mL	568	4,786	0.084
	Cryovial, 4.0 mL	0	0	0
	Cryovial, 5.0 mL	486	511	0.018
Whole blood	PAXgene RNA	532	1,216	0.070
	Vacutainer, 2.0 mL	245	404	0.011
	Vacutainer, 3.0 mL	0	0	D
	Vacutainer, 4.0 mL	0	0	D
Buffy coat	Cryovial, 2.0 mL	356	384	0.006
Urine	Cryovial, 4.0 mL	0	D	D
	Cryovial, 10.0 mL	532	1,763	0.139
Total				0.465
Peripheral a	rterial disease			n=84
Source of dia	agnosis			
Self-report on	lv			14
Self-report & I	EHR			1
EHR only				68
Samples in ir	ventory, collected	atbaseline		
Sample	Container. Size	Participants	Aliquots	Freezers
Plasma	Crvovial, 0.5 mL	79	974	0.017
	Cryovial, 4.0 mL	0	0	0
Serum	Cryovial, 0.5 mL	80	652	0.011
	Crvovial, 4.0 mL	0	0	0
	Cryovial, 5.0 mL	62	63	0.002
Whole blood	PAXgene RNA	75	159	0.009
	Vacutainer, 2.0 mL	33	53	0.001
	Vacutainer, 3.0 mL	0	0	0
	Vacutainer. 4.0 mL	0	0	0
Buffy coat	Cryovial, 2.0 mL	46	46	0.0008
Urine	Cryovial, 4.0 mL	0	0	0
	Cryovial, 10.0 mL	75	245	0.019
Total				0.0598

**Figure S1.** Graphical representation of the percent distribution of NTproBNP rule-in, rule-out, and "gray zone" of 1-5yr follow-up (left) and 1-2yr follow-up (right) subgroups.

