

Cohort Overview

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Study Objectives

Comprehensive research resource using new technologies and methods for the scientific community to study:

Cancer Etiology

Precursor to Tumor Progression
Cancer Risk Prediction
Early Detection of Cancer
Survivorship



Connect Designed to Address Key Research Priorities



Emerging exposures



Novel biomarkers, genomics



Cutting-edge methodology



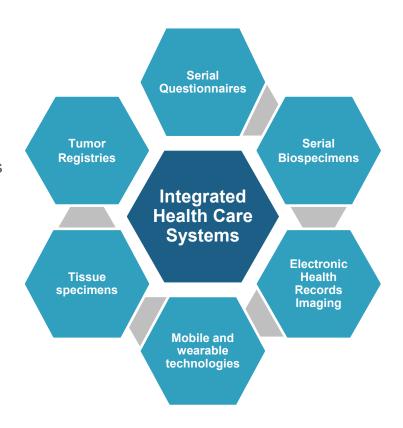
Diverse and special populations

Cohort Study Design Overview



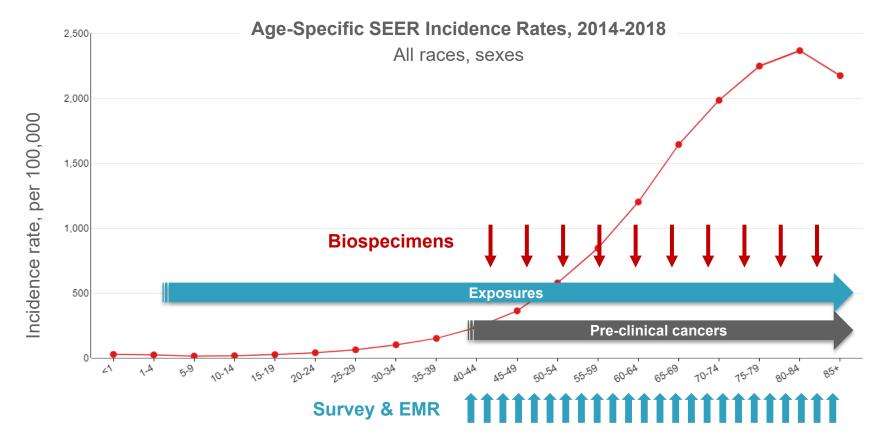
Key Features of Connect as a Trans-NCI Resource

- ► 200,000 adults across the US
 - ✓ Aged 40-65 years
 - ✓ No history of cancer
 - ✓ Patients or members of partner health care systems
- ► Long-term follow-up
- Serial assessments
- Comprehensive cancer outcomes
- ➤ Flexible infrastructure for enhancement studies

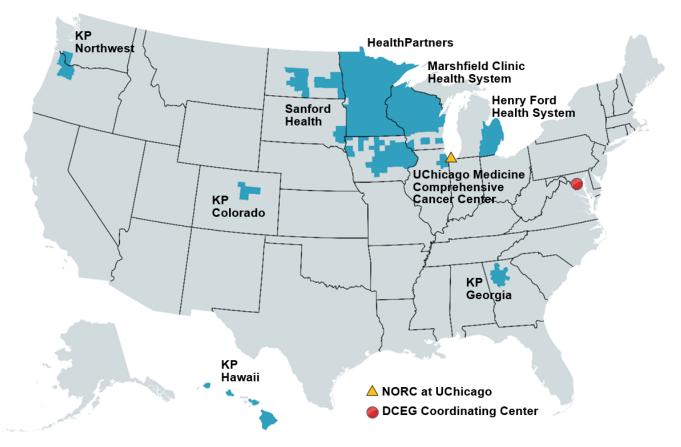




Serial Assessments to Observe Longitudinal Changes

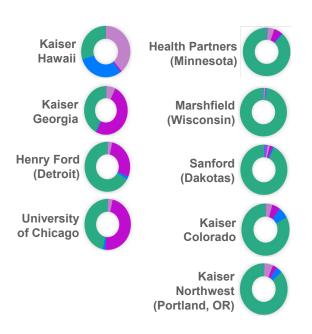


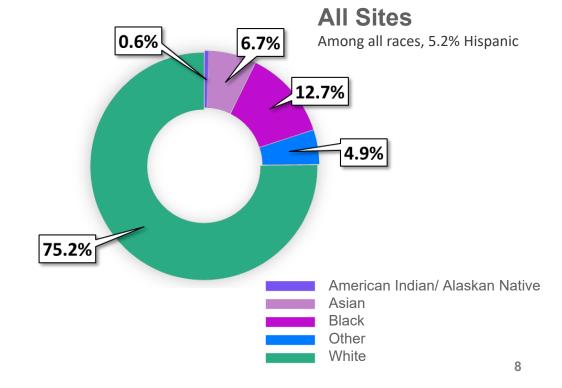
Recruitment at Partner Health Care Systems





Diversity of Catchment Population: Race and Ethnicity







Participant Engagement

Recruitment Materials & Strategy

- Value proposition to anchor communications
- Prevention-focused messaging
- Materials designed to engender trust, enthusiasm, and inclusivity
- Incentives
- Active and passive recruitment

Connect today. Prevent cancer tomorrow.



Retention Strategies

- Candid messaging about participant burden for the long-term
- Responsive communication using multiple channels
- Incentives for retention, such as return of results





Ongoing Engagement Strategies

- Digital engagement
- Regular contact every 6 months beyond those for study <u>activities</u>
- "Study anniversary" mailing
- Monitor real-time metrics to pivot engagement strategy





MyConnect Participant App: Communication and Study Activity Hub

Reminders & Communication









Healthcare Provider App



Health App



Mobile/ Wearable Technologies

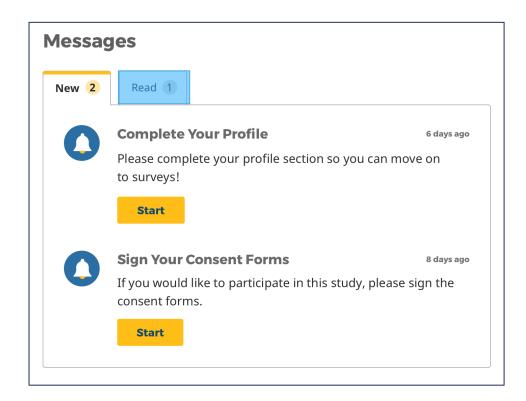


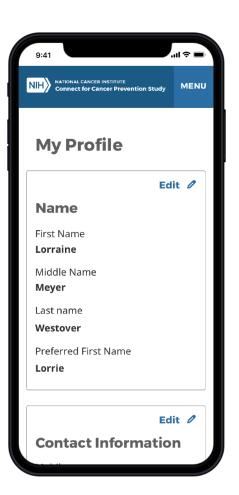


MyConnect Participant App

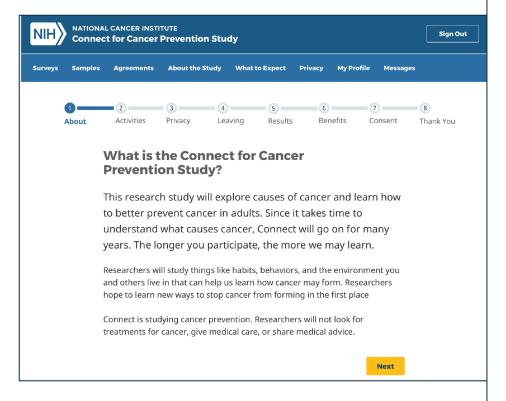


Messages and Data Input





Educational Module before Long Form Consent







Informed Consent

In order to join Connect, we need to you to give your informed consent by reviewing the full consent form and electronic health records release form, and signing your name.

Informed consent form

This is a more detailed explanation of what it means to take part in Connect.

Download an unsigned copy of the consent form

Overview of Study Activities and Data Collection

Study Activities

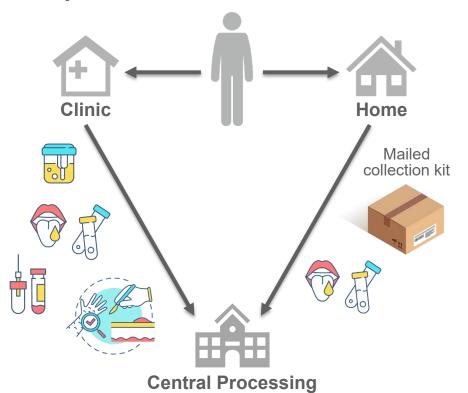
Timing	Type of Study Activity		
	Participant actively completing	Occurring in the background	
Recruitment	Surveys	EHR data transfer	
	Specimen donation	Benign breast biopsies, colon adenomas, other tissues	
Follow-up	Surveys	EHR data transfer	
	Specimen donation	Clinical archived/ discard specimens	
	Physical measurements	Linkages	
	Wearable devices, downloaded apps	Pathology and radiology imaging	



Biospecimen Collections



Biospecimen Collections at Recruitment



& Biorepository

	No. Tubes	Fraction	Tube Type	
Buccal	1		Saliva-mouthwash kit	
Blood	2	Serum	10ml Red top	
	1	Plasma/ buffy coat	10ml Lavender top (EDTA)	
	1	Plasma/ buffy coat	10ml Green top (Heparin)	
	1	Whole blood	6ml ACD	
Urine	1		10ml Urine kit	
Tissue			Precursor tissue blocks, if available	



Biospecimen Collections at Follow-up

- Timed on average two to three years
 - More frequent for participants at higher risk of cancer
- Series of same biospecimens and new types of biospecimens
- Located at healthcare system, external clinic, home
- Paired with questionnaires and other relevant data collection



Surveys



Background and Overall Health

- Background information
- Medical History
- Family History of Cancer
- General Health
- Education and Occupation

Medications, Reproductive Health, Exercise, and Sleep

- Medications
- Women's Reproductive Health
- Physical Activity
- Sleep

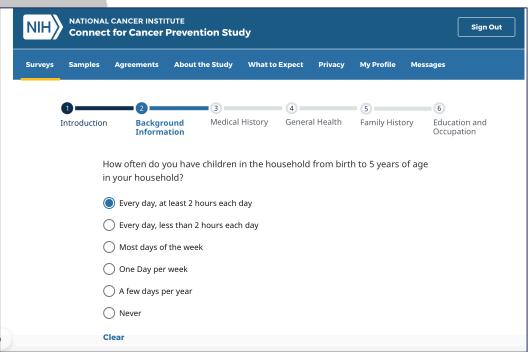
Smoking, Alcohol, and Sun Exposure

- Tobacco
- Marijuana
- Alcohol
- Sun Exposure

Where You Live and Work

- Residential History
- Commuting

Baseline Questionnaire Module Topics & Display in MyConnect





Biospecimen Questionnaires

Blood

- Covid-19 exposure and vaccination
- Menstrual cycle dates (last, next)
- Recent exposures to food, drink, pharmaceuticals

Urine

- Menstrual cycle dates (last, next)
- Recent exposures to food, drink, pharmaceuticals

Mouthwash

- Oral health and care
- Recent exposures to food, drink, pharmaceuticals
- Collection parameters, if home collection



Planned Follow-up Surveys

6 Months

Diet food frequency questionnaire (DHQ)

Within 24 Months

Repeated 24-hour recalls for diet (ASA24) & physical activity (ACT24)

12 Months

Screening Quality of life Psychosocial

2 Years

Update on baseline exposures, additional questions of covered and other topics

Survey at cancer diagnosis

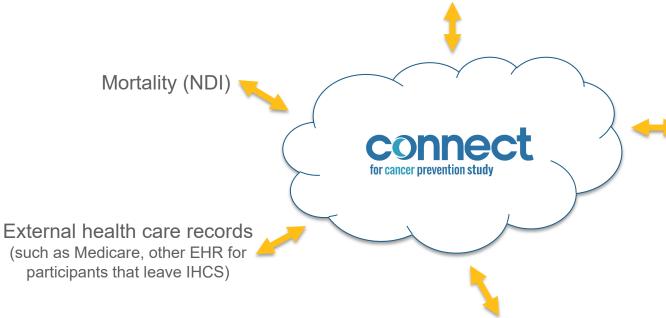
Data Linkages

Data Linkages

Mortality (NDI

(such as Medicare, other EHR for participants that leave IHCS)

Cancer registries, virtual tumor registry



Geospatial data (such as outdoor air quality data, other EPA MyEnvironment, WATERS data, US Census)

Health outcomes data (such as HIV registry)

Geographic Information: Future Activities

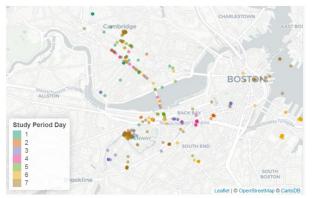
 Geocode 20-year address histories (collected on baseline survey)

 Enable linkages to datasets for numerous external risk factor and exposure information

Useful for planning ancillary field studies

• Add daily movement and travel to exposure information via MyConnect

information via MyConnect







Wearable Devices and Apps

- Connect will have research-grade and consumer-oriented devices available
- Key domains where tech can improve assessment of exposures and risk factors:
 - sleep
 - light at night
 - air pollution
 - physical activity





Estimated Outcomes

Estimated total number of incident invasive cancers

Campan alta	Total Number of Expected Incident Cancers		
Cancer site	10 years of follow up	15 years of follow up	
Prostate (males only)	1,951	3,595	
Breast (females only)	1,566	2,553	
Lung & Bronchus	1,151	2,165	
Colorectal	877	1,566	
Melanoma of the Skin	410	681	
Non-Hodgkin Lymphoma	369	649	
Uterine Corpus	345	579	
Urinary Bladder	327	622	
Thyroid	232	356	
Pancreas	221	410	
Leukemia	203	365	
Ovary	146	246	

Estimated Total Number of Precursor Lesions

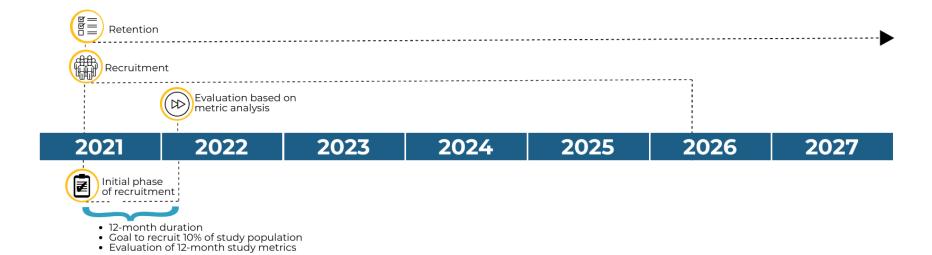
	Total Number of Expected Precursor Lesions		
Lesions	Retrospective at Baseline	Prospective at 10 Years of Follow Up	
Colorectal Adenomas	5,778	18,311	
Benign Breast Biopsies (females only)	2,339	4,942	
Dysplastic Nevus	2,311	3,779	
Cervical Biopsies (females only)	2,137	2,822	
High-Grade Prostatic Intraepithelial Neoplasia (males only)	238	384	
Lung Nodules	165	349	

Timeline

Launching July 2021



Timeline



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Resource Access Principles



Connect Resource Access Principles



Research resource for scientific community



Broad data sharing policies

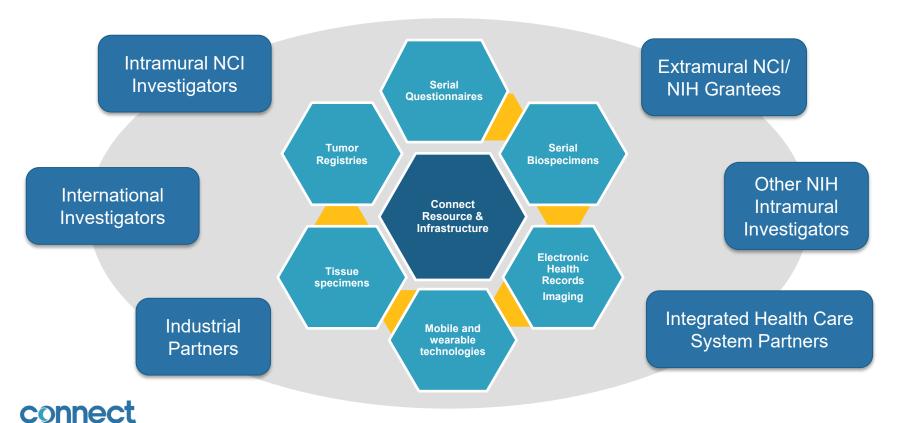


Participant privacy and confidentiality

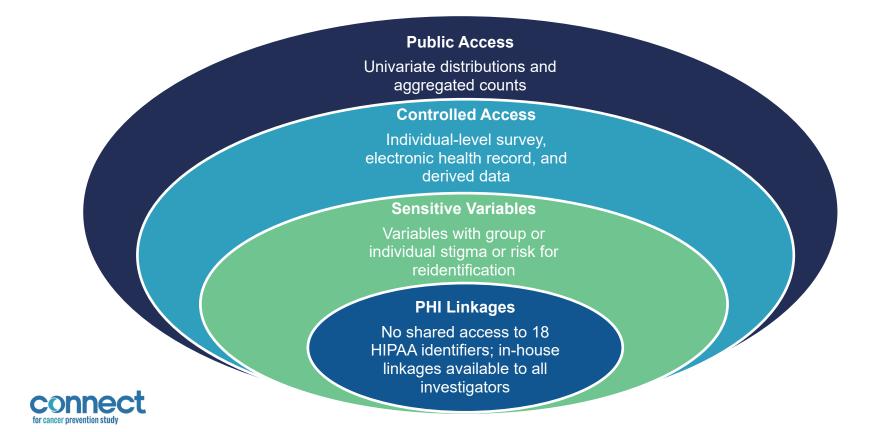


F.A.I.R. data infrastructure

Resource Access for All*



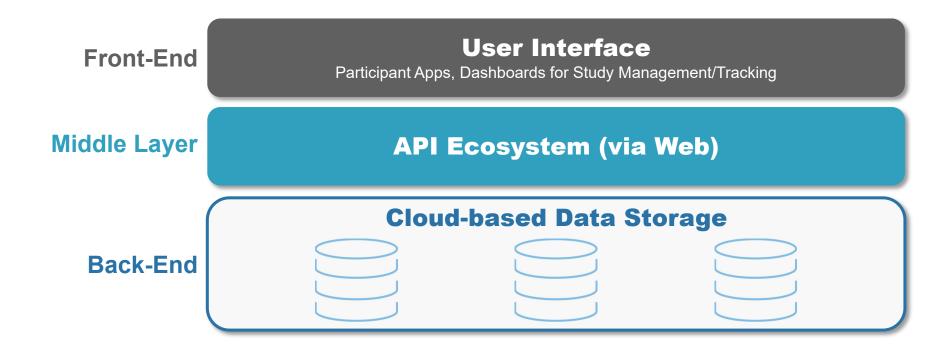
Levels of Data Access



Data System Infrastructure & Digital Assets



Data Ecosystem Provides Flexible Infrastructure



Data Moving at the API Level

Baseline Recruitment

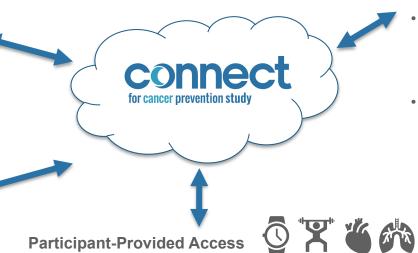


- Deidentified data on eligible members/patients
- Verification of consented individuals in MyConnect
- Study activity flags

Study Services



- Communications, Twilio
- Incentives



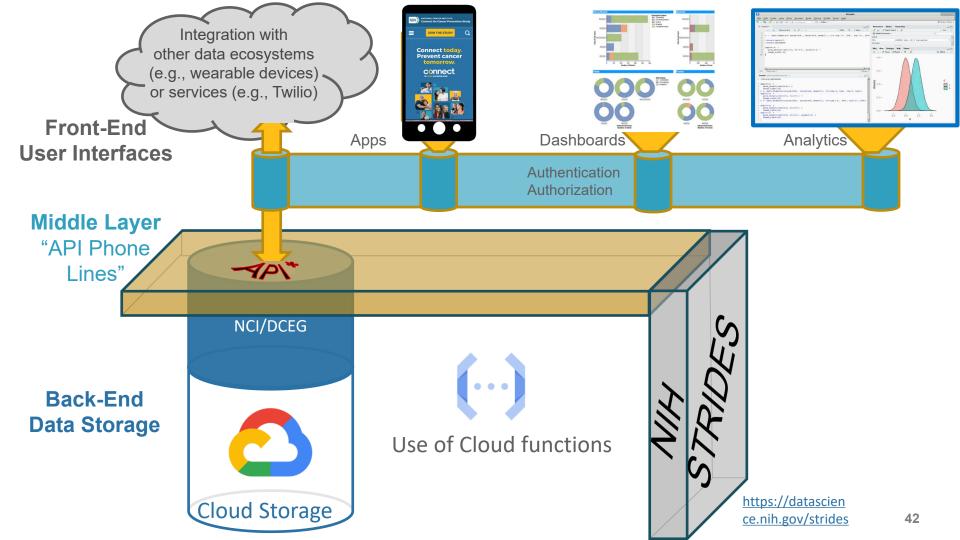
Participant-Provided Access

- Wearable devices: FitBit, air monitors, etc.
- External health care records: Medicare, other EHR for participants that leave partner healthcare systems, etc.

Data Linkages



- Health outcomes: cancer registries, virtual tumor registry, NDI mortality, HIV registry
- Geospatial data: outdoor air quality data, other EPA data, US Census



Governance & Organizational Structure



Connect Governance

Connect Leadership and Coordinating Center

Governing Board

Stephen Chanock (Chair)

Executive Leadership

Steering Committee

Chief Scientist (Chair), DCEG Connect Pls, Coordinating Center Leadership, DCEG Associate Directors

Executive Committee

Chief Scientist (co-Chair), Rotating Site PI (co-Chair), Steering Committee Members, Site PIs, Participant Advisory Board Lead, Support Service Contractor Leads

External Advisory and Review Groups

International Scientific Advisory Board

Naomi Allen, Eric Boerwinkle, Julie Buring, Chris Haiman, David Hunter, Roger Milne, Alpa Patel

National Cancer Institute (NCI) Board of Scientific Counselors (BSC) – Clinical Sciences and Epidemiology

Participant Advisory Board (PAB)

Connect Executive Committee

DCEG Senior Investigators



Montse Garcia-Closas, PI of Record



Mia Gaudet, Chief Scientist



Paul Albert



Amy Berrington



Nico Wentzensen



Christian Abnet



Jonas Almeida, Chief Data Scientist

DCEG Staff



Mandy Black, Contract Rep



Hannah Yang, Contract Rep



Michelle Brotzman, Operations Lead



Stephanie Weinstein, Resource Access Lead



MJ Horner, Scientific Development Lead

Site PIs



Ben Rybicki, Henry Ford



Pam Pawloski, Health Partners



Robert Greenlee, Marshfield



Heather Feigelson, KP Colorado



Stacey Honda, KP Hawaii



Katrina Goddard, KP NW



Jenn Gander, KP Georgia



Habib Ahsan, U Chicago



Chun-Hung Chan, Sanford Health

Other Contract Leads



Carmit McMullen, PAB Lead



Stephen Smith, NORC Lead

Connect Leadership and Organization

Governing Board

Executive Leadership

Steering Committee

Executive Committee

Coordinating Center

Mia Gaudet, Chief Scientist of Connect

Resource Access Committee

Representatives from the Connect Coordinating Center, Executive Committee, external investigators, study participants, ethics experts, and funding agencies

Ad hoc Expert Review Panels

Subcommittees

Biospecimens • Questionnaires • Devices • Medical Records

Ad hoc Working Groups

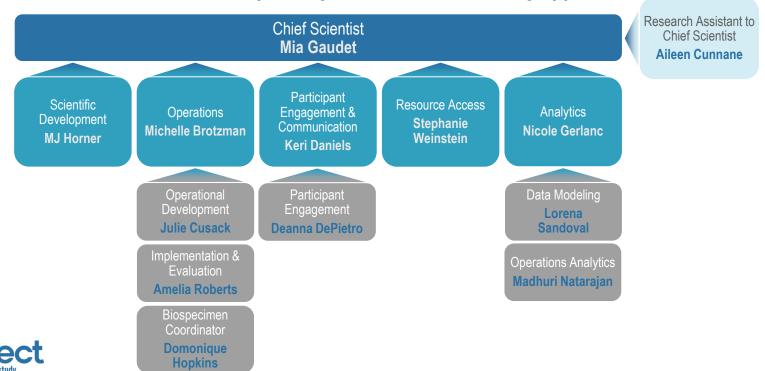
EpiSphere Data Science & Engineering Research Group

Jonas Almeida, Chief Data Scientist



Connect Coordinating Center

Organizes and develops scientific proposals and protocols, operations, and resource utilization; monitors study progress and budget; manages contracts to IHCS sites, support services, and biorepository; obtains NIH IRB study approvals



EpiSphere Data Science & Engineering Group

Advances research and infrastructure for data-intensive precision prevention studies

