

# Constances in the international scientific context:

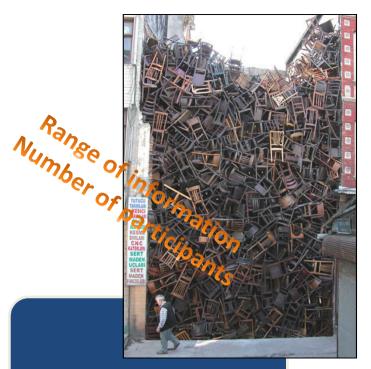
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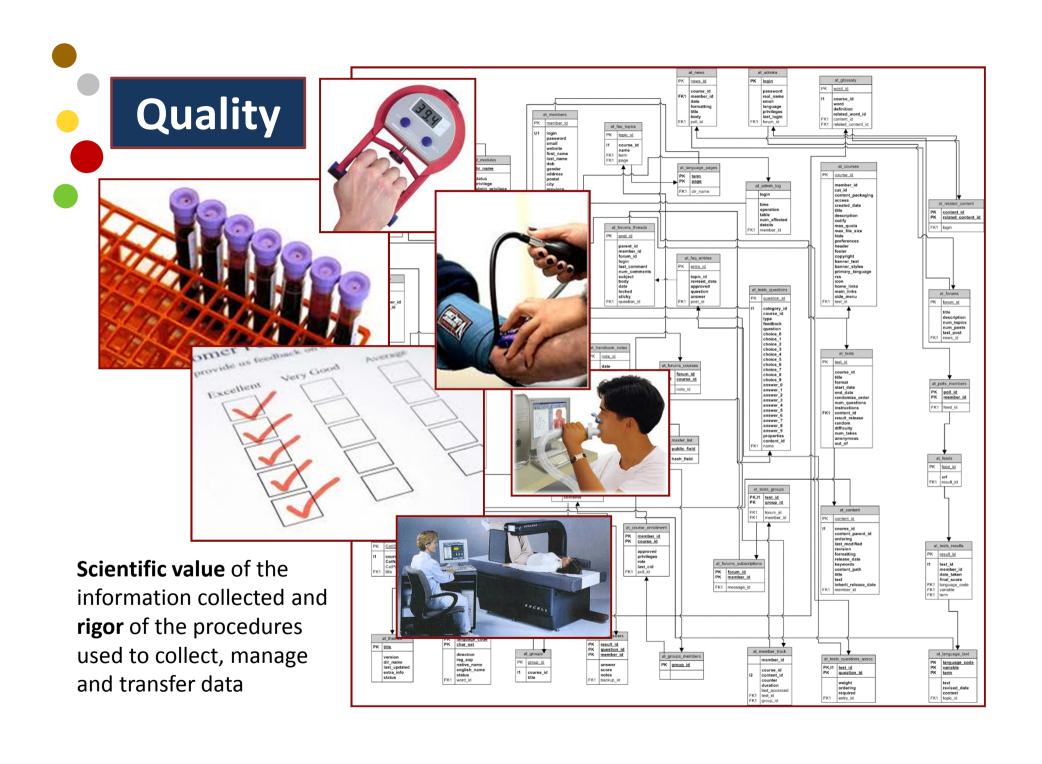
Quality



Quantity



Usage





### Quantity

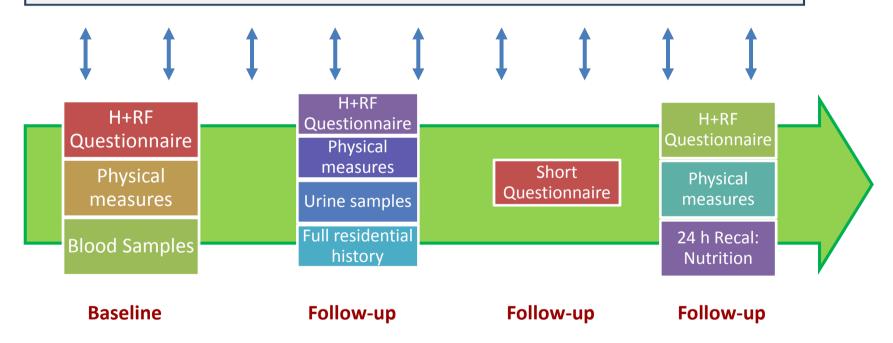
- Access to the information required to answer the needs a broad range of <u>future</u> users
  - Health and risk factor questionnaires
  - Physical measures
  - Bio-samples
  - Information extracted from registries (e.g. health outcomes, geo-coded environmental exposures, socio-economic environment)
  - Clinical outputs...
- Sufficient number of participants/cases
  - Large samples
  - Potential for collaboration/harmonization with other cohorts

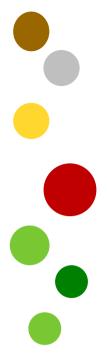


- Generate interest (buy-in) from the scientific community/users
- Implement adequate infrastructures :
  - Security, confidentiality, trust
  - Stable through time
  - Access to data: simple procedures, low cost
  - Proper access to information/documentation (e.g. access to SOPs, variable list and characteristics, descriptive statistics, etc.) ...

### A cohort, a living entity...

Linkage with registries/governmental databases
Social, environmental (noise, pollutant) and health indicators





# Portrait of population-based studies across the world

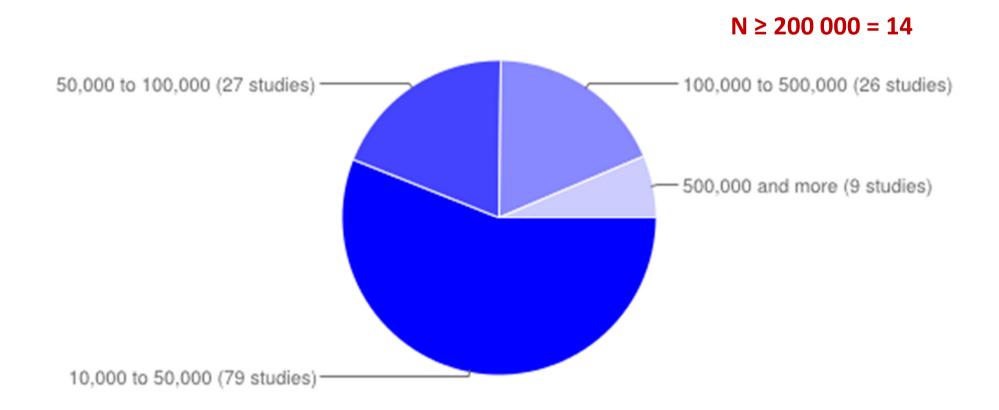
#### Survey 170 population-based studies with

- More than 10 000 healthy individuals
- Collect information on health status and health determinants
- Collect biological samples



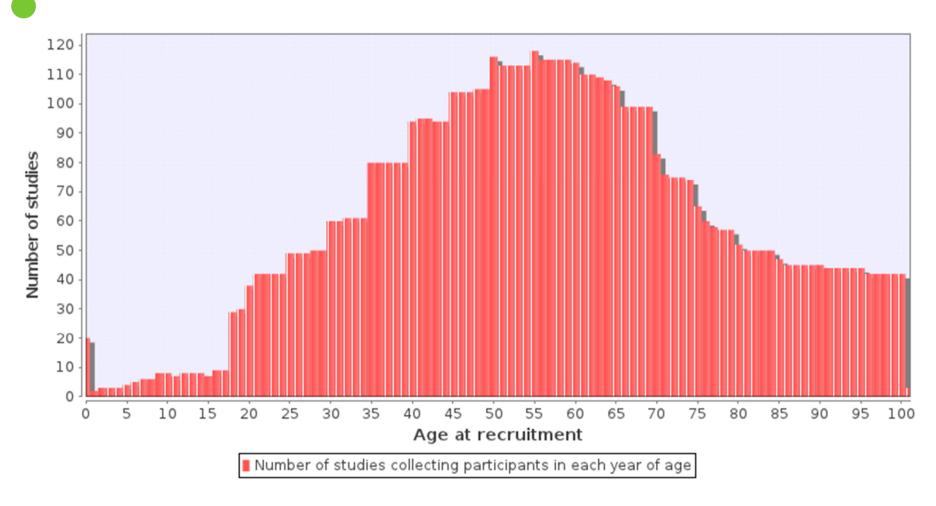
#### Number of participants targeted

(recruited or to be recruited) (N = 141)





### Age of participants at recruitment (N = 146)





### **Bio-samples collected**

• Blood 93%

• Urine 32%

Buccal cells 23%

• Saliva 15%



### Domain of information most frequently collected (questionnaire) (N=48)

Domain	Coverage (>80%)
Individual disease history	
Neoplasms, endocrine, cardiovascular,	
respiratory, digestive diseases (>80%)	98%
Tobacco use	98%
Medication intake	96%
Physical activity	94%
Alcohol use	92%
Medical health intervention	90%
Working status	90%
Familial disease history	88%
Nutrition	88%
Household status	88%
Education level	88%
Environmental exposures	81%

Also collected by Constances!!



## Physical measures most frequently collected

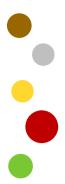
Physical measures	Coverage (>50%)
Weight/height	97%
Blood pressure	94%
Waist/hip circumference	77%
Heart rate	68%
Bone density	53%



### Constances vs other cohorts (exemples of key domains collected)

Domain of information (	questionnaire)	Coverage across cohorts
Life habits/Behavior	Illicit drug use	8%
	Sexual behaviours	19%
Physical environment	Occupational exposures*	29%
SES characteristics	Parents working status/history	5%
	Partner working status/history	21%

Physical measuresv	Coverage across cohorts
Cognitive Function	26%
Vision	29%
Hearing	21%



### **CONSTANCES** strengths

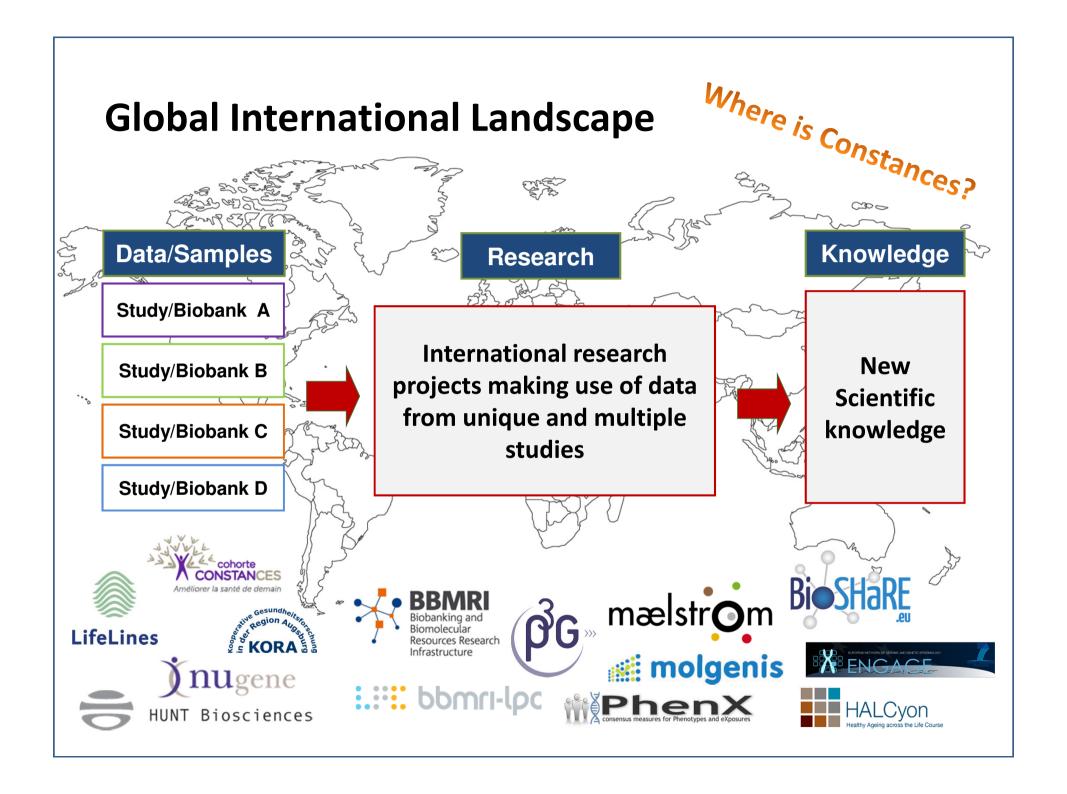
- A vision: Long term project with structured regular followup of participants
- An infrastructure: Linkage and integration with "health system/ registries/governmental data repository"
- A scientific resource: Generic, BUT unique...
  - All "basic/minimal" information/samples collected
  - Data collected for specific (and key) area of information will ensure Constances to have a "niche" in the biobanking world!
  - Will permit generation of a large number of scientific papers

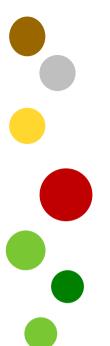


### Increasing need of the scientific community to extend the impact of individual studies

#### Use data from multiple studies/biobanks to:

- Compare data:
  - Better understand similarities and differences across studies or jurisdictions.
- Integrate data:
  - Obtain numbers and statistical power required to investigate gene-environment interactions, less common events...





### Thanks!

