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Setting the Scientific Direction of the Cohort Consortium

1. OMB # 0925-0642
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OK

NEXT



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Setting the Scientific Direction of the Cohort Consortium

2. Demographics

* 1. Which best describes your current role on the Cohort Consortium? (check o

- | | |
|---|--|
| <input type="radio"/> Principal Investigator of a cohort (PI) | <input type="radio"/> NCI Intramural Staff Scientist |
| <input type="radio"/> Co-Principal Investigator of a cohort (co-PI) | <input type="radio"/> Program Manager / Coordinator |
| <input type="radio"/> Co-Investigator | <input type="radio"/> Project Officer / Program Director |
| <input type="radio"/> Statistician | <input type="radio"/> Data Manager |
| <input type="radio"/> Post-Doctoral Fellow | |
| <input type="radio"/> Other (please specify) | |

* 2. Which cohort (s) are you affiliated with? (check all that apply)

- N/A
- Agricultural Health Study
- Alpha-Tocopherol, Beta-Carotene Cancer Prevention (ATBC) Study
- Atherosclerosis Risk in Communities Cohort - Cancer (ARIC-Ca)
- Black Women's Health Study (BWHS)
- Breakthrough Generations Study
- Breast Cancer Detection Demonstration Project (BCDDP) Follow-Up Study
- Breast Cancer Family Registry (BCFR) Cohort
- Breast Cancer Surveillance Consortium
- California Teachers Study (CTS)
- The Canadian Partnership for Tomorrow Project (CPTP)
- Canadian Study of Diet, Lifestyle, and Health
- Cancer Prevention Studies (CPS I, CPS II, & CPS II Nutrition Cohort)
- Carotene and Retinol Efficacy Trial (CARET)
- CLUE I & II
- Cohort of Swedish Men
- Colon Cancer Family Registry Cohort (CCFRC)
- CONCORD Cohort, General Cohort of Individuals Who

1 of 6 answered

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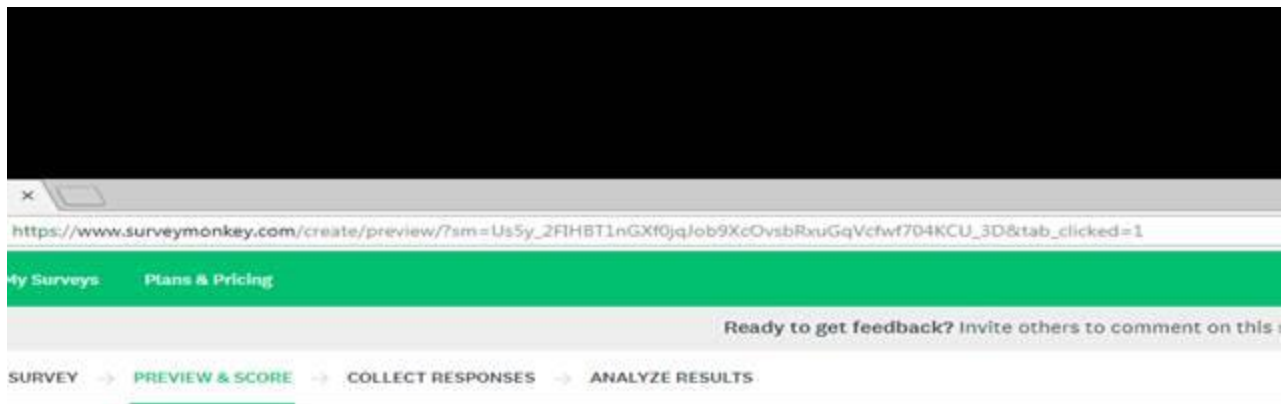
Surveys Plans & Pricing

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- CONOR Cohort: General Cohort of Adults in Norway
- European Prospective Investigation into Cancer and Nutrition (EPIC)
- Generation Scotland: Scottish Family Health Study (GS:SFHS)
- Golestan Cohort Study (GCS)
- Health Professionals Follow-Up Study (HPFS)
- Iowa Women's Health Study
- Janus Serum Bank
- Mayo Mammography Health Study
- Melbourne Collaborative Cohort Study
- Mexican American (Mano a Mano) Cohort
- Mexican Teacher's Cohort (MTC)
- The Millennium Cohort Study
- Multiethnic Cohort Study of Diet and Cancer (MEC)
- National March Cohort
- NIH-AARP Diet and Health Study
- Netherlands Cohort Study (NLCS)
- Northern Sweden Health and Disease Study
- Nurses' Health Study I (NHS I)
- Nurses' Health Study II (NHS II)
- Nutrition Intervention Trials - Linxian

- Physicians' Health Study (PHS) I & II
- Polish Cohort Study (PONS)
- The Prostate Cancer Prevention Trial (PCPT)
- Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial
- RERF Life Span Study, Adult Health Study, and F1 Cohorts (Hiroshima and Nagasaki)
- The Selenium and Vitamin E Cancer Prevention Trial (SELECT)
- Seventh-day Adventist Cohort Study
- Shanghai Cohort Study
- Shanghai Men's Health Study (SMHS)
- Shanghai Women's Health Study (SWHS)
- Singapore Chinese Health Study
- Sister Study
- Southern Community Cohort Study (SCCS)
- Swedish Mammography Cohort (SMC)
- U.S. Radiologic Technologists (USRT) Cohort
- Vitamins and Lifestyle (VITAL) Study
- Women's Health Initiative (WHI)
- Women's Health Study (WHS)
- Women's Lifestyle and Health Study (WLHS)
- Other (please specify)



3. Which type of agency are you affiliated with? (check all that apply)

- Academic
- Clinic/Hospital
- Government
- Non-Governmental Organization (NGO)
- non-U.S.
- Other (please specify)

4. How long have you been involved in the Cohort Consortium? (check only)

- less than 1 year
- 1-5 years
- 6-10 years
- more than 10 years

* 5. From the list below, choose the **TOP 5** scientific topic areas you would consider as key research areas the Cohort Consortium should focus on in the next 5 years? Please consider topics that cannot be accomplished with a small number of collaborators? **Manually rank** from highest **(1)** to lowest **(5)**. On the same line, please **justify** your response.

Rare cancers	<input type="text"/>
Rare exposures	<input type="text"/>
High fatality cancers	<input type="text"/>
Early detection vs. late detection	<input type="text"/>
Environmental exposures	<input type="text"/>
Early life exposures	<input type="text"/>
Healthy aging and longevity	<input type="text"/>
Survivorship research	<input type="text"/>
Co-morbidities	<input type="text"/>
Non-cancer outcomes	<input type="text"/>
Obesity	<input type="text"/>

Medication use

Infectious agents (e.g. HPV, H. Pylori)

G x E interaction

Microbiome

Circulating biomarkers

Molecular patho-epidemiology(timely collection of tumors, integrating tissue biomarkers with other data sources)

Increasing diversity in cohorts

Linkages including health care systems (e.g., electronic health records /electronic medical records), or other sources of passive data collection.

Risk prediction

Informing guidelines and policies (e.g., identifying questions with policy implications) including stakeholder input to



Calibration and standardizations studies (e.g., of exposures, outcomes, other).

Statistical issues, potential sources of bias and other methodologic considerations (e.g., pooled vs. meta-analyses, nested case-control vs. case-cohort vs. full cohort analyses; violation of Cox proportional hazards assumption; variation among cohorts with different baseline exposure periods)

Nesting interventions into cohort studies.

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6. Please list any other key research areas not captured in this list that you think the Cohort Consortium should focus on in the next 5 years and why?

PREV

DONE