H3Africa Phenotype Harmonization

Working Group Report
Nov 9, 2014
Dar Es Salaam

- Co-chairs: Alia Benkala & Jeff Struewing

H3Africa Phenotype Harmonization

- Leverage the significant investment being made in cohorts and genomic analyses

- Multi-site and cross-consortium analyses
  - more statistically powerful and informative

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Since last meeting….

- Steering Committee Approved Documents
  - Recommended set of 25 essential and 10 discretionary variables
  - Recommended collection method for each

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"**Essential**" phenotypes

(1) Age & (2) Sex
(3) Country of birth
(4) Current residence
(5) Native language
(6) Ethno-linguistic/tribal affiliation
(7) Country of birth of father and mother
(8) Native language of father and mother
(9) Ethno-linguistic/tribal affiliation of mother and father
(10) Height
(11) Weight
(12) Current medications

(13) Smoking history
(14) Alcohol history

Self-reported personal history (streamlined - yes/no and age at diagnosis):

(15) Hypercholesterolemia
(16) Hypertension
(17) Myocardial infarction
(18) Arrhythmia
(19) Rheumatic heart disease
(20) Asthma or reactive airway disease
(21) Stroke
(22) Diabetes
(23) Kidney disease
(24) HIV
(25) Tuberculosis

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PI	# subj genotyped	# recommended 25 phenotypes	Comment
Adebamowo	12,000	23	
Adu	5,000	25	
Ameni	600	20	
Landoure	900	25	
Matovu	3,000	25	some sites collect 21
Motala	12,600	25	
Nicol	2,000	18	
Owolabi	6,000	25	
Ramsay	12,000	20	

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Remaining Working Group Tasks

Providing input on statistical issues relevant to cross-consortium studies

(Pediatric phenotypes)

WG teleconferences have ended, will restart in a year or so (!)

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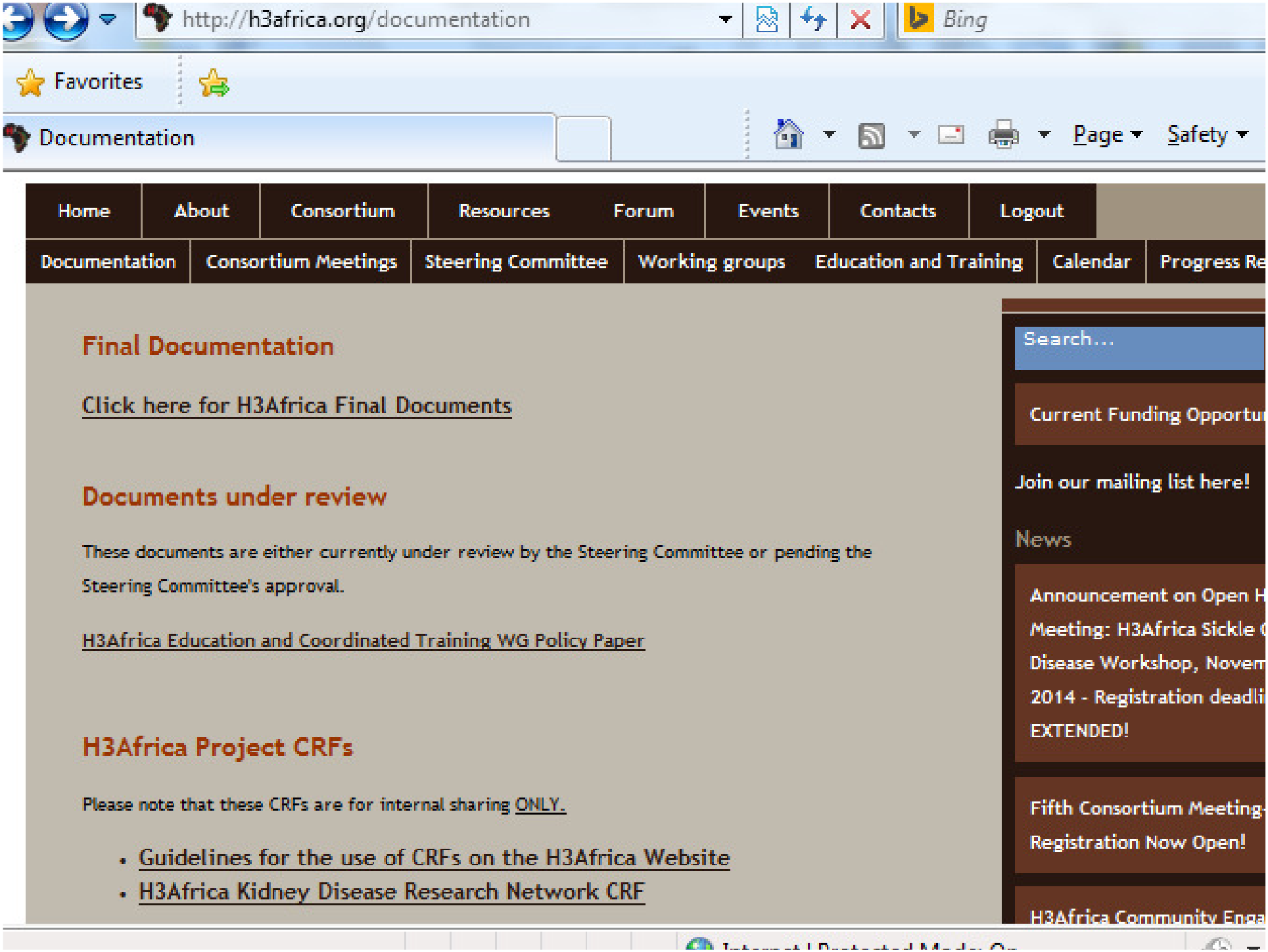
Ongoing activities related to phenotype

- H3A Bionet ontologies project
- CRFs available on H3ABionet
  - h3africa.org/documentation

If you have not submitted your CRF to Jeff or Alia, please do so…..


http://h3africa.org/documentation
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Final Documentation
Click here for H3Africa Final Documents
Documents under review
These documents are either currently under review by the Steering Committee or pending the Steering Committee's approval.
H3Africa Education and Coordinated Training WG Policy Paper
H3Africa Project CRFs
Please note that these CRFs are for internal sharing ONLY.
Guidelines for the use of CRFs on the H3Africa Website
H3Africa Kidney Disease Research Network CRF
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Meeting: H3Africa Sickle
Disease Workshop, Novem
2014 - Registration deadli
EXTENDED!
Fifth Consortium Meeting
Registration Now Open!
H3Africa Community Enga

Appropriate use of H3Africa Case Report Forms stored on the H3Africa web site
25 September 2014

Numerous PIs have agreed to make their Case Report Forms available on the internal (password protected) portion of the H3Africa web site (http://h3africa.org/documentation) in order to foster collaboration within the Consortium.

H3A Consortium members are encouraged to review the CRFs in order to better understand the other studies being conducted. They can also consider adding questions from another study to their own CRF in order to facilitate cross-study analyses. H3ABionet may analyze the CRFs in order to develop a common ontology across all the H3Africa studies.

The CRFs should otherwise be considered confidential and any uses beyond those listed above are prohibited unless the PI has agreed to the additional use. The CRFs should not be shared or distributed outside of the Consortium.

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Shared phenotypes are the glue that binds H3A studies