**Coordinating Center Use**

**Coordinating Center ID:**

**Received by Coordinating Center:**

**Steering Committee Review Date:**

**Approval/Denial\*\*:**

**Approval to use data from:**

10KFS  SEHS  STRIVE  MI-CARES

**CEECR Collaborative Concept Proposal and Data Request Form**

Complete the form below and send to the CEECR Coordinating Center at [ceecrcc@uwcarbone.wisc.edu](mailto:ceecrcc@uwcarbone.wisc.edu).

**Section 1. Requestor Information**

|  |  |
| --- | --- |
| **1.1 Project Title:** |  |
| **1.2 Project Lead Name and Email Address:** |  |
| **1.3 Name(s) and Email(s) for Co-Applicant(s):** |  |
| **1.4 CEECR Cohorts Involved:** | 10KFS: The 10,000 Families Study  SEHS: Southern Environmental Health Study  STRIVE: The Southern Liver Health Study  MI-CARES: The Michigan Cancer and Research on the Environment Study |
| **1.5 Use for the data:** | Collaborative CEECR Publication  Public Presentation (e.g., conference abstract for poster or talk)  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Section 2. Summary of Project Activities** (1-2 pages maximum for Section 2) | |
| **2.1 Background/Significance** | |
|  | |
| **2.2 Hypotheses/Research Questions/Specific Aims** | |
|  | |
| **2.3 Description of Data Required and Rationale** (Include proposed data linkages. A more comprehensive list of data elements begins on page 4.) | |
| **2.4 Study Design and Statistical Analysis Approach** (e.g., laboratory, cross-sectional, case-control, longitudinal, etc.) | |
|  | |
| **2.5 Impact** | |
| **2.6 Anticipated Coordinating Center Needs** | |
| Dataset Management  Dataset Preparation  Statistical Consult  Statistical Analysis  Manuscript Editor  Other: (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **2.7 Anticipated Timeline** | |
|  | |
| **2.8 Comments/Other** | |
|  | |

\*\*Data Request Proposals that are denied by the CEECR Steering Committee have an opportunity to revise and resubmit after 3 months

**Section 3. Agreement to Data Transfer and Use Procedures**

Please review the following statements and confirm your understanding of the CEECR Research Consortium data sharing policy procedures.

* I understand that this proposal must be approved by the CEECR Steering Committee prior to the start of project activities.
* I understand that I must follow the Guidelines for CEECR Collaborative Publications and the CEECR Data Sharing Policy.
* I understand that (1) the Reciprocal Data Transfer and Use Agreement must be signed by my institution and (2) I must sign Attachment 5 to the DTUA prior to data access.
* I agree to use only approved methods of data sharing and use as authorized in the Reciprocal DTUA for the CEECR Consortium
* I understand that this data may only be used to address the research question above and additional investigations will require a separate application and approval of the CEECR Steering Committee.
* I agree to acknowledge CEECR grant funding in manuscripts resulting from this project. The following language is recommended with appropriate modifications based on the cohorts included in the approved proposal:
  + The data used in this manuscript is supported by the Cohorts for Environmental Exposures and Cancer Risks (CEECR) Research Consortium, National Institutes of Health, National Cancer Institute, National Institute of Environmental Health Sciences (NIEHS) under the following awards: U24CA265813 [CEECR Coordinating Center]; UH3CA265846 [Southern Environmental Health Study (SEHS)]; UH3CA265842 [STRIVE: Southern Liver Health Cohort (STRIVE)]; UH3CA265791 [The 10,000 Families Cohort (10KFS)]; UH3CA267907 [The Michigan Cancer and Research on the Environment Study (MI-CARES)].
* I agree to provide the Coordinating Center with an annual progress report and understand that the Coordinating Center will assess this report in accordance with the proposed timeline and may identify additional action items. Progress reports will include a list of accomplishments (e.g., presentations, abstracts, publications) resulting from the approved use of the data and are due at one-year intervals from the Steering Committee approval date.

**I agree and acknowledge the statements in Section 3 above:**

**Contact Investigator Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution / Affiliation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CEECR Research Consortium Data Request Form**

Please select the cohort datasets from which you are requesting data.

* + MI-CARES
  + SEHS
  + STRIVE
  + 10KFS

Questionnaire data from the following topic areas have been collected across multiple cohorts and are available for coordinated analyses. Biospecimen data are not currently available for request. Please select the data elements that are required for your proposal.

* Study-specific data
  + Study ID
  + Year of enrollment
* Demographics
  + Age at enrollment
  + Race and ethnicity
  + SES (education, income, household size)
  + Marital status
  + Health insurance coverage
  + Immigrant information (country of birth, year or age immigrated, language(s) spoken)
  + Sex, gender identity, sexual orientation
  + Literacy (MI-CARES; SEHS asks about ability to read)\*\*\*
  + Country parents born\*\*\*
  + Serve(d) in armed forces\*\*\*
* Water source
  + Primary sources of drinking water at home and work/school
  + Water filter use and type at home and work/school
  + Well water testing
  + Water consumption
  + Farm or rural area water source, if applicable (10KFS only)
* Job/hobby
  + Current and past occupations (industry, number of years worked, status, hours per week)
  + Work or hobby activities associated with chemicals
  + Other work information (distance from home, sedentary time, physical/manual labor, night shifts)
  + Different occupational exposures asked in 10KFS and SEHS\*\*\*
* Home
  + Current and past residence information (address, years in residence, year built, type)
  + Exposures in current residence (insecticides/pesticides, bugs, mold/mildew, lead, water damage, no smoke detector, inadequate heat)
  + Heating (fuel type, fireplace or wood-burning stove information)
  + Air pollution
  + Loud noise
  + Radon exposure (testing, elevated levels, response)
  + Non-stick cookware use (not asked by SEHS)
  + Home environment information (linoleum/vinyl flooring, wall to wall carpet, carpet/rug/furniture treatment, carpet/drapes professionally cleaned, walls/furniture painted, renovations, new upholstered furniture/mattress; MI-CARES and 10KFS only)
* Personal care products
  + Personal care product use (makeup, cleansing, self-tanning, skin lightening, hair spray, hair dyes or chemicals, shampoo, conditioner, gels, lotions, mouthwash, deodorant, perfume; MI-CARES and STRIVE only)
* Alcohol
  + Alcohol consumption (status, frequency of drinks by age, type, and in last 12 months, binge drinking)
* Smoking
  + Smoked at least 100 cigarettes
  + Smoking habits (age started, frequency of smoking, age stopped, types of cigarettes/tobacco)
  + Secondhand smoke exposure in home and indoor places
* Diet
  + Specific food consumption (cereal, milk, soda, fruit juice, sugar/honey sweetened drinks, artificially sweetened drinks, fruit, leafy greens, other vegetables, potatoes, beans, whole grains, tomato-based food, pizza, cheese, red meat, poultry or fish, processed meat, desserts, popcorn; 10KFS for most with variation in the other 3 cohorts; MI-CARES for fish-specific information)
  + Organic food consumption
  + Meal preparation (meat temperature, cooking method, packaging, frequency of fast food/takeout, pre-packaged, processed meals)
  + Type of diet (MI-CARES only)
* Health habits and measures
  + Height, weight, max weight (10KFS, SEHS)
  + Physical activity type and frequency
  + Sun exposure, sun protection, skin type, eye color\*\*\*
  + Body weight at earlier times (2 years ago) (10KFS); body weight at age 21 (SEHS); body shape (STRIVE)\*\*\*
* Medical history
  + Comorbidities (cardiovascular disease, stroke, asthma, COPD, ulcer, diabetes, kidney disease, arthritis, lupus, polymyalgia rheumatica, dementia, liver damage, cancer, AIDS; from Charlson Comorbidity Index)
  + Disability status (MI-CARES only)
  + Medication use (aspirin, acetaminophen, ibuprofen, opioid pain medication, methadone or buprenorphine, antibiotics, management of blood pressure, blood sugar, cholesterol, depression, hormone replacement therapy)
  + Cancer screening and vaccinations (cancer-all types, HPV testing, other disease screenings, HPV vaccine (MI-CARES only)))
  + Family history (immediate family cancer history)
  + Visited a health care provider in the past year\*\*\*
  + Visited a dentist, dental insurance, gum disease, lost teeth, hearing\*\*\*
* Reproductive health
  + Female reproductive health information (menarche, pregnancy, contraceptives, breast feeding, infertility, menopause)
  + Female reproductive diagnoses/procedures and age (PCOS, uterine fibroids, endometriosis, removal of uterus, ovaries, or Fallopian tubes, tubal ligation, endometrial ablation; 10KFS only)
  + Male reproductive diagnosis/procedures and age (enlarged prostate, prostatitis, vasectomy, erectile dysfunction, infertility, low sperm count, undescended testicle, varicocele, hormone imbalance)
  + Male reproductive health information (puberty, number of children fathered)
* Well-being
  + Stress (ability to control important things or personal problems, things going wrong, insurmountable difficulties)
  + Global/overall health
  + Sleep (hours per night, quality, wakefulness during activities)
  + Discrimination\*\*\*
  + Adverse childhood experiences\*\*\*
* Data linked from other sources (proposed linkages will be carried out by the designated cohort (s))\*\*\*
* Electronic medical record data (may include full dates or length of time relative to enrollment date)
* State or national cancer registry data
* Vital statistics registry data
* Geocoded addresses and geospatial indexes (rural/urban, socioeconomic)
* Claims data

\*\*\*Not currently in collaborative survey