

All of Us Research Program: Improving Health Through Technology, Huge Cohorts, and Precision Medicine



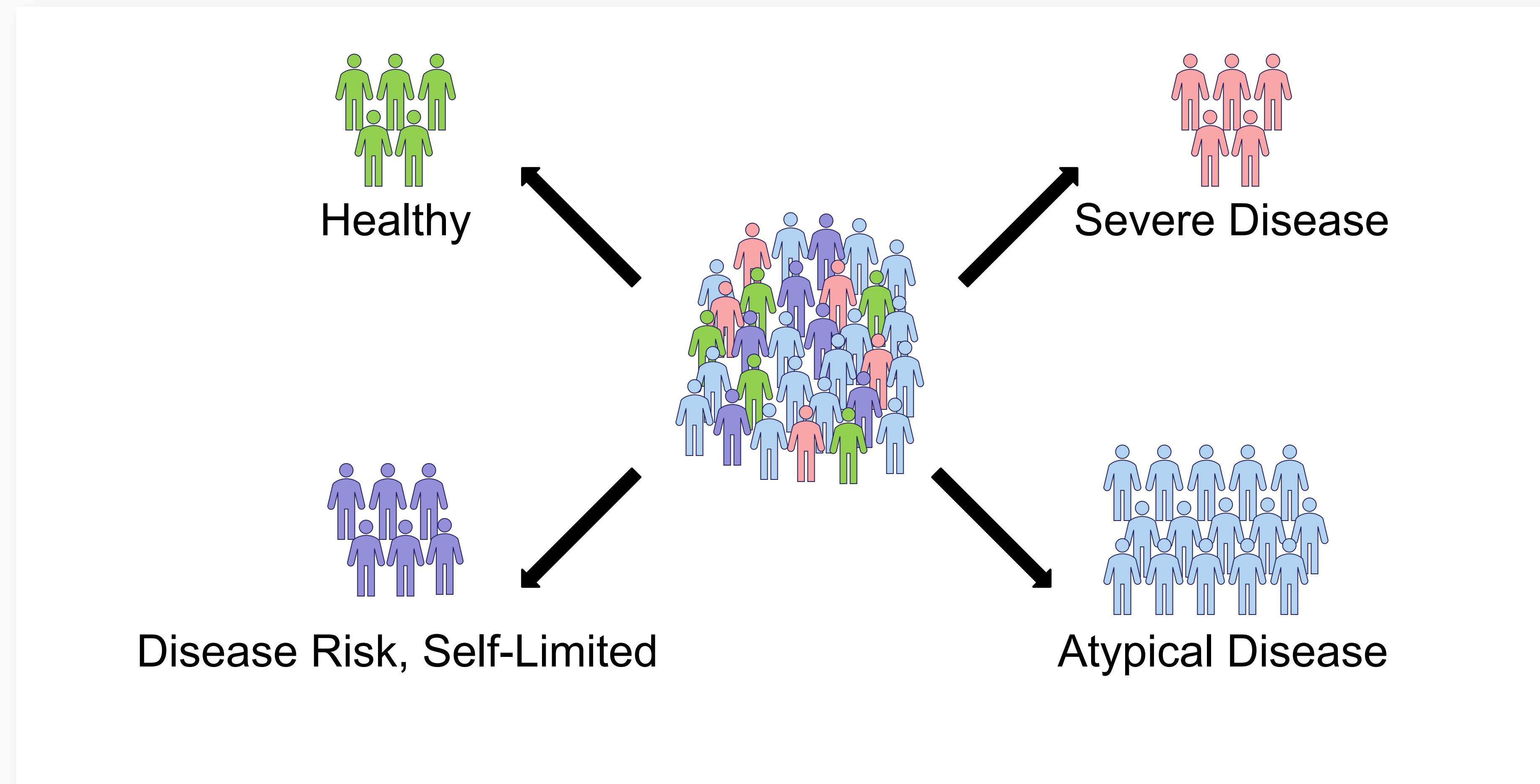
September 30, 2021

Josh Denny, MD, MS
Chief Executive Officer
All of Us Research Program

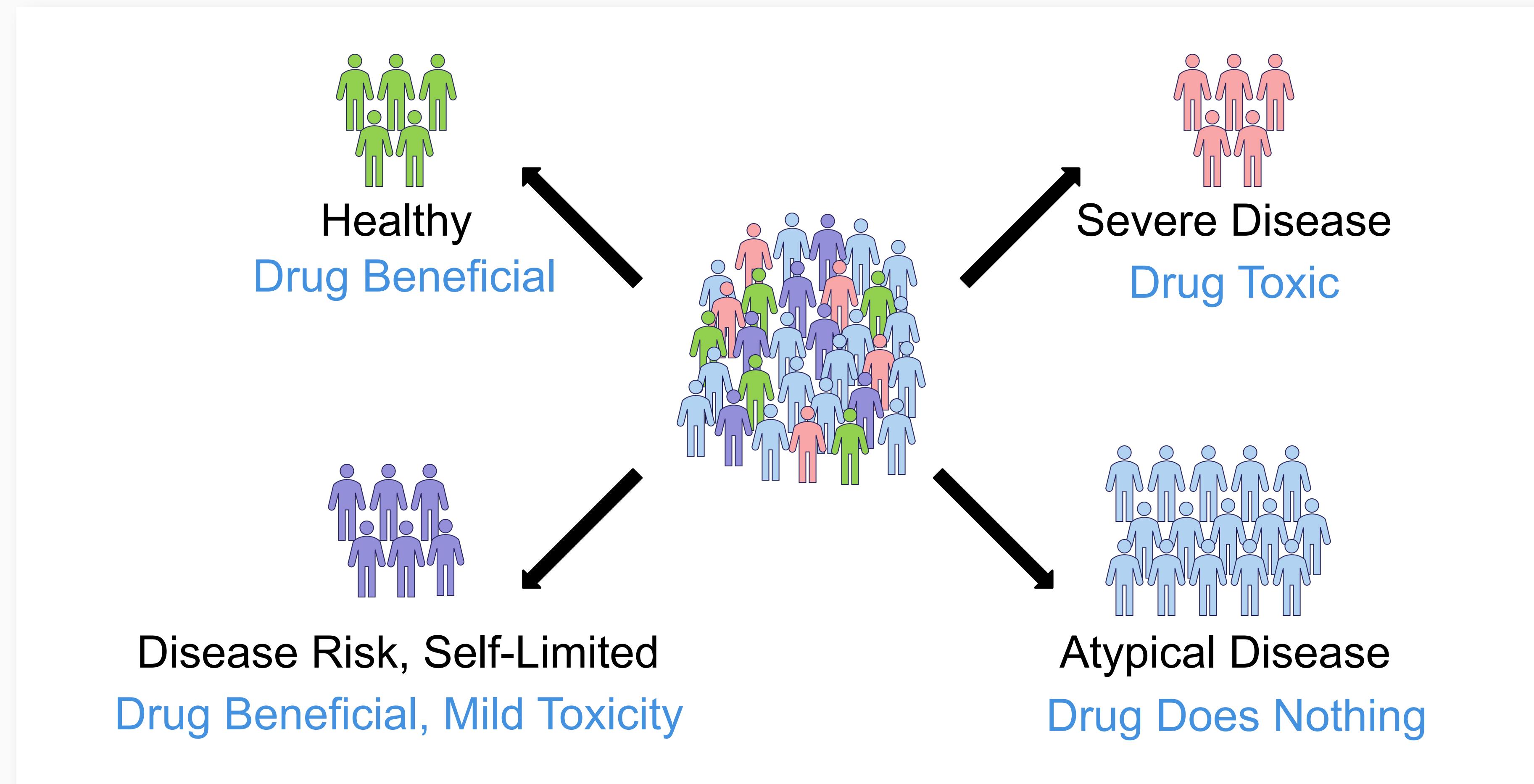
 @AllofUsCEO

 National Institutes of Health

People Have Different Disease Risks

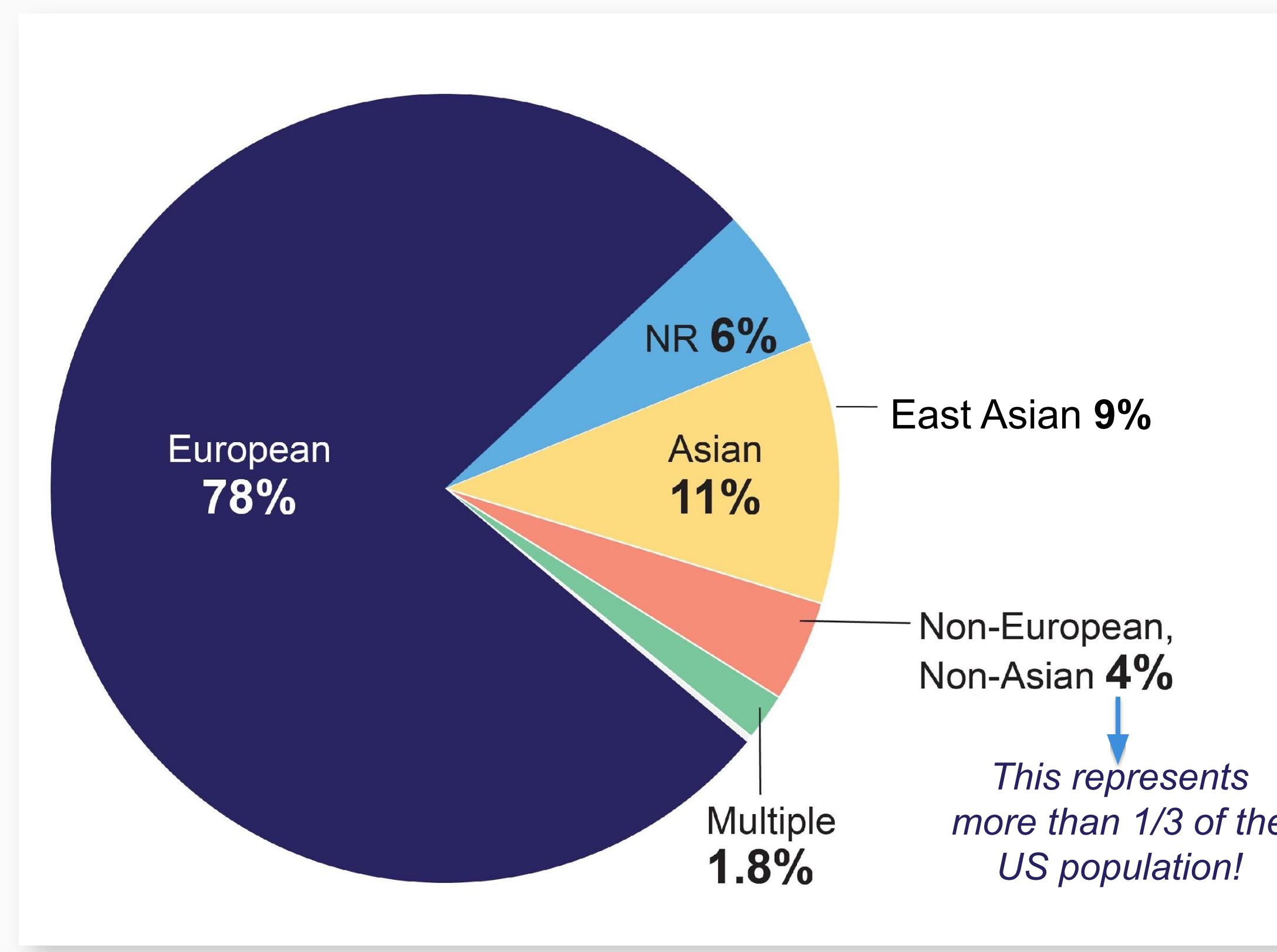


People Have Different Disease Risks and Variable Drug Responses



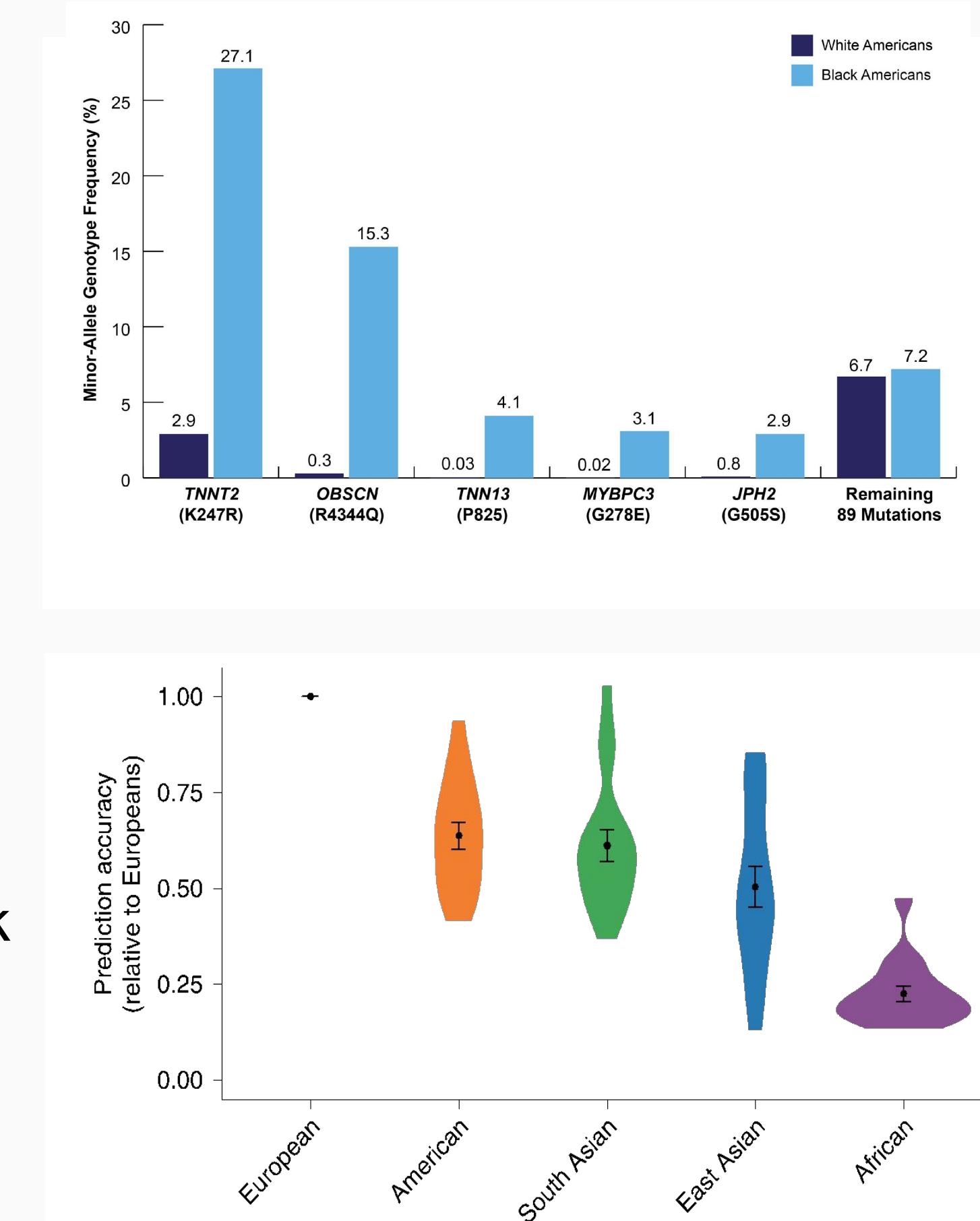
There is a Lack of Diversity in Genomic Studies

There is a lack of diversity in genome-wide association studies.



This affects interpretation of genetic variants...

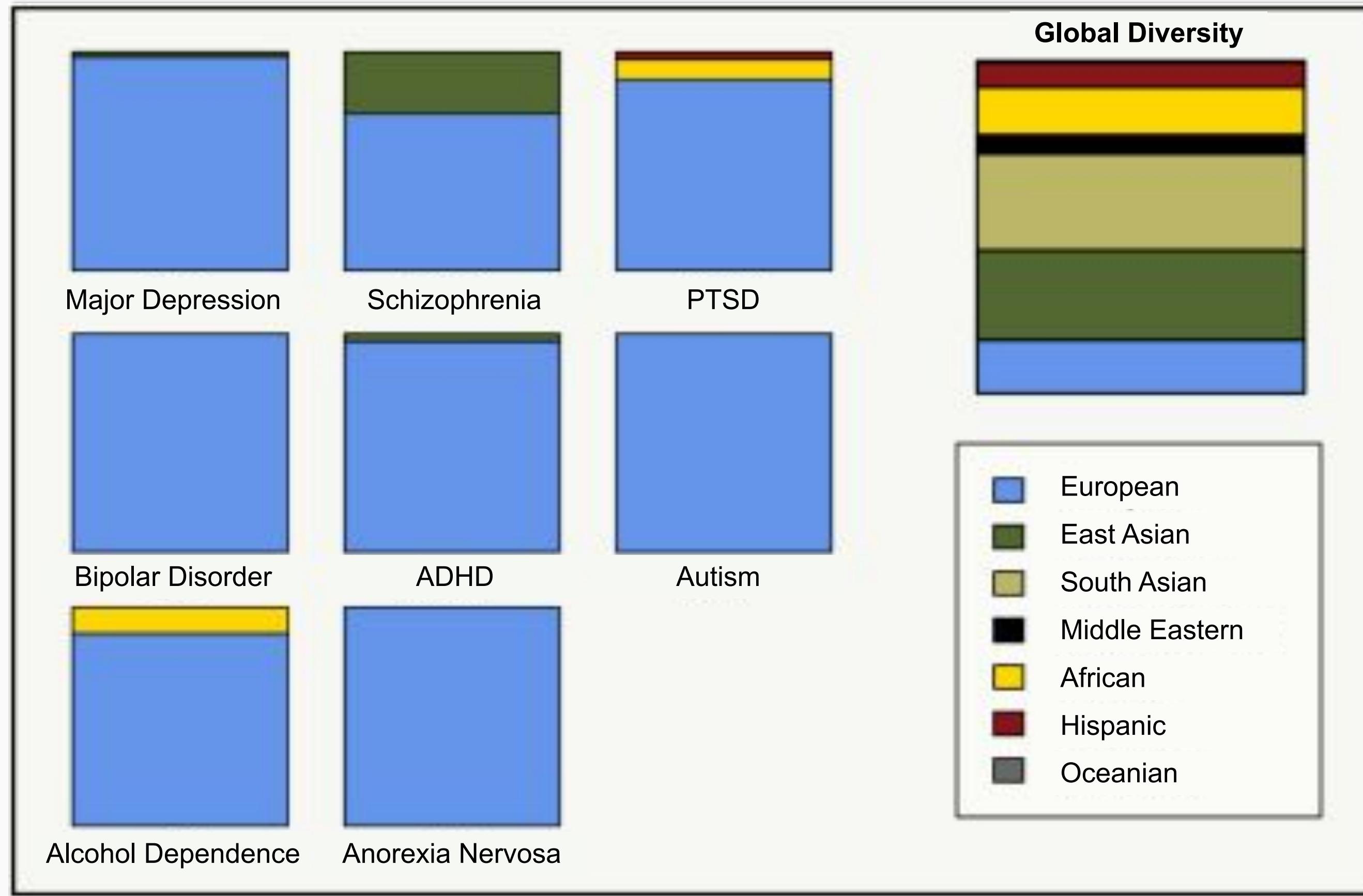
... polygenic risk scores for diseases



... and many other impacts

There is a Lack of Diversity in Psychiatric Genomic Studies also

Diversity in GWAS of Psychiatric Disorders Compared to Global Diversity



This lack of diversity in psychiatric genomic studies results in a poor understanding of disease mechanisms and effective treatment options for all populations.

All of Us Research Program Mission

Nurture relationships

with **one million or more** participant partners, from all walks of life, for decades

Catalyze a robust ecosystem of researchers and funders hungry to use and support it

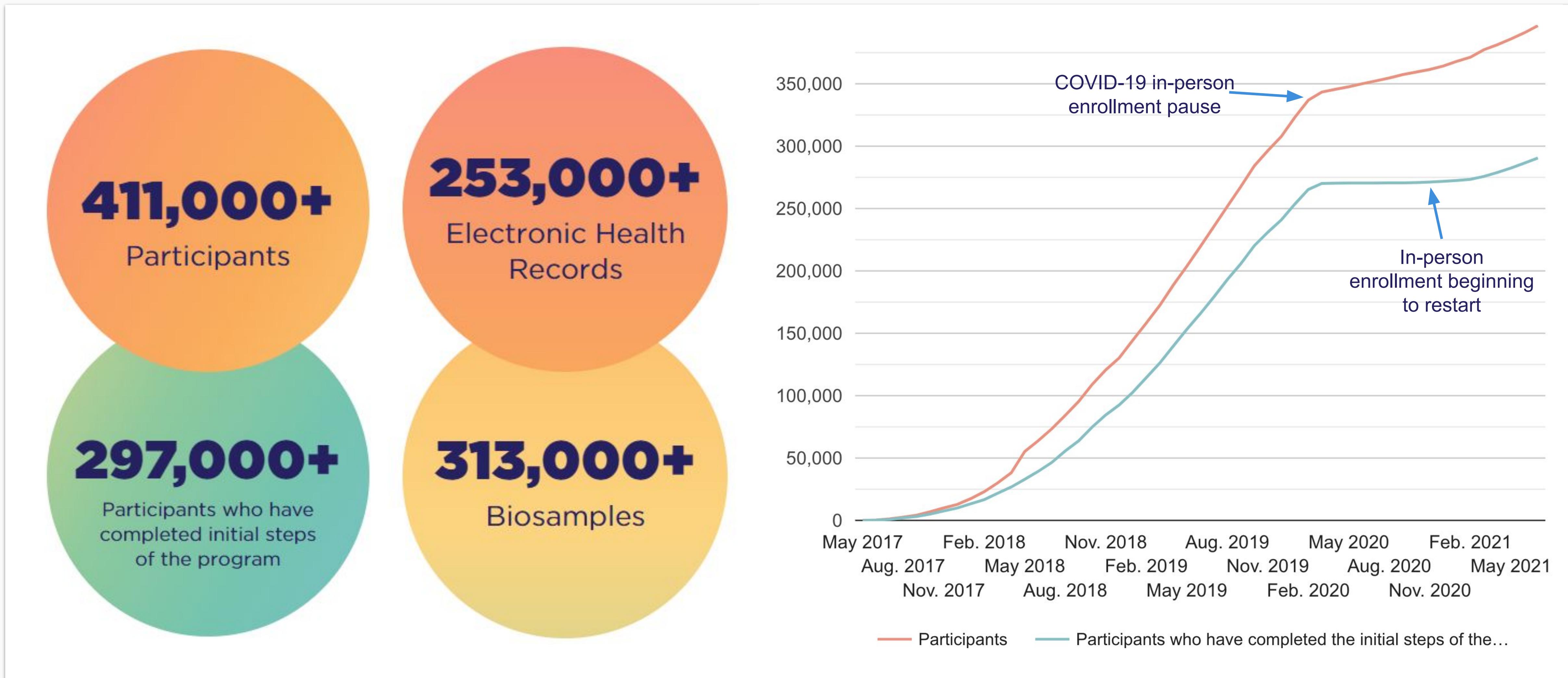
Our mission

Accelerate health research and medical breakthroughs to enable individualized prevention, treatment, and care for all of us

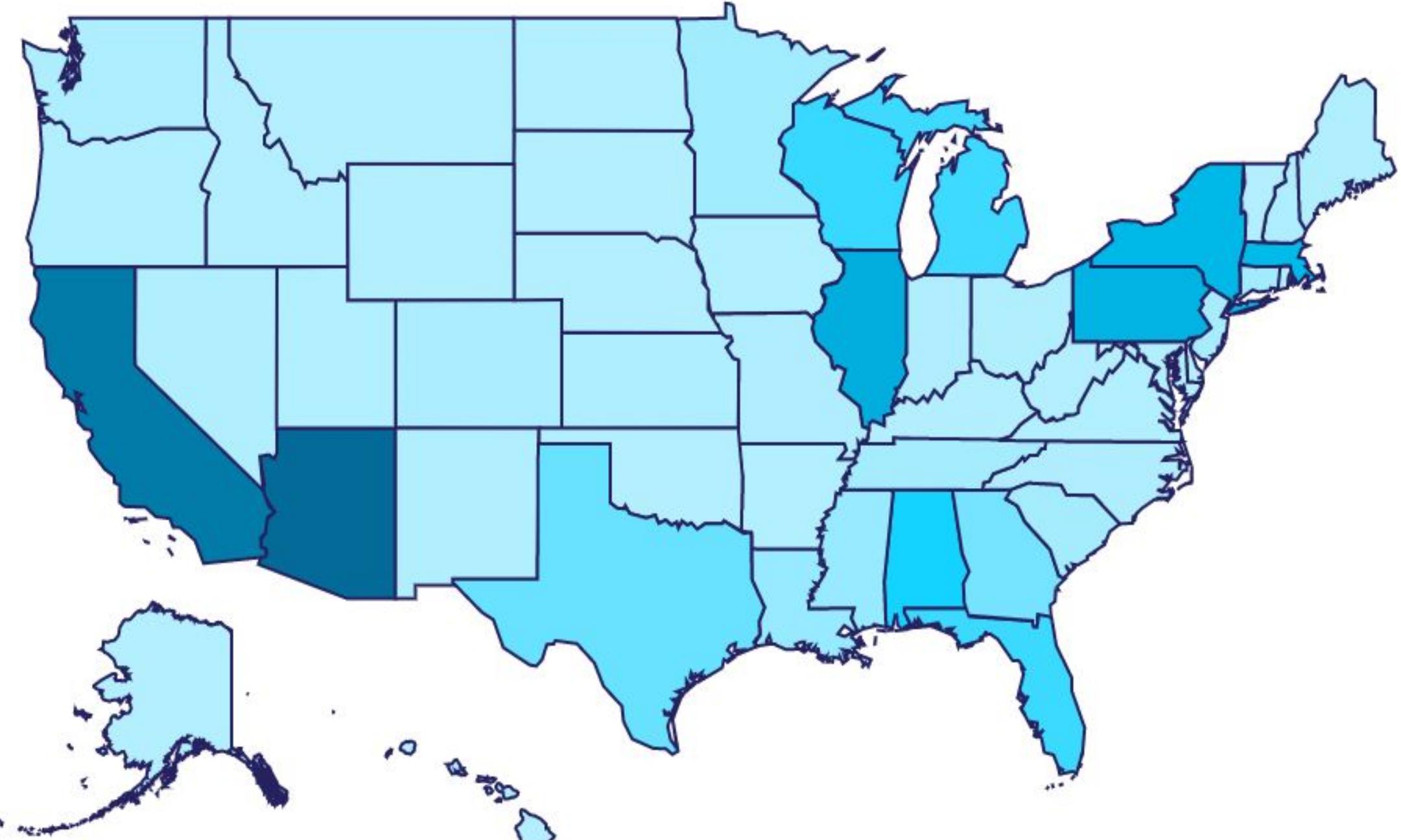


Deliver one of the largest, richest biomedical dataset that is secure and easy to access

Status of the *All of Us* Research Program (as of September 21, 2021)

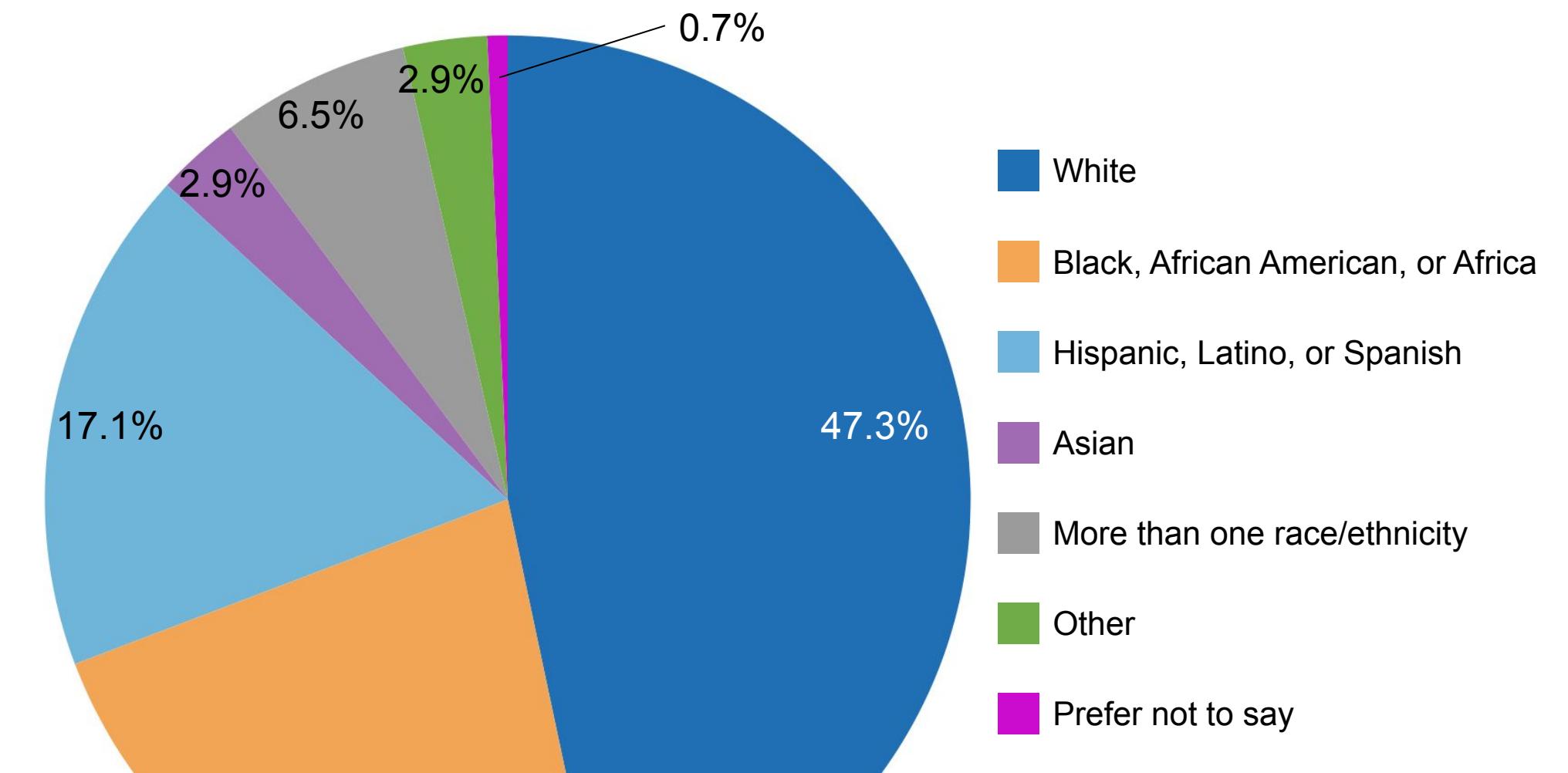


Status of the *All of Us* Research Program (as of September 21, 2021)

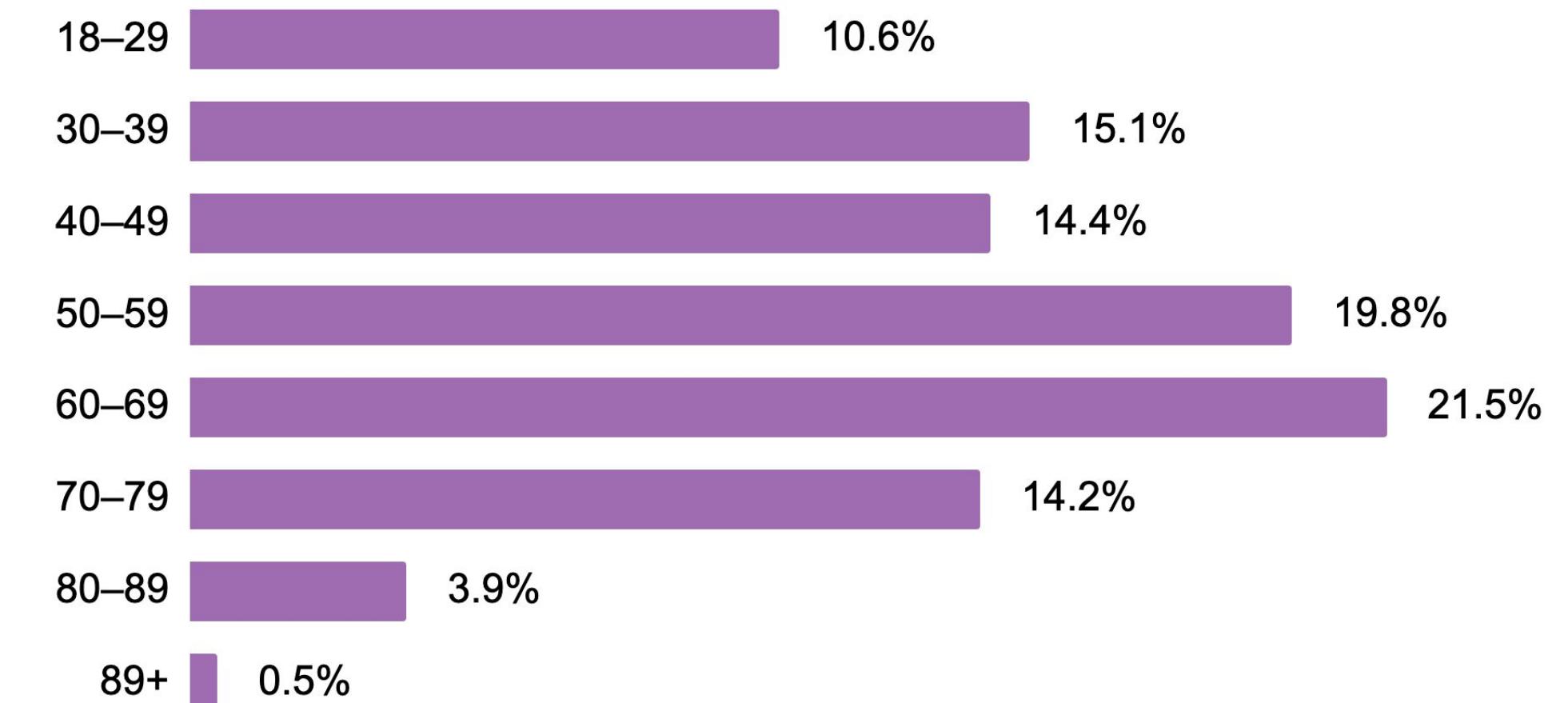


Over 80% of *All of Us* participants are underrepresented in biomedical research

Race and Ethnicity



Age



Data Collected from *All of Us* Participants



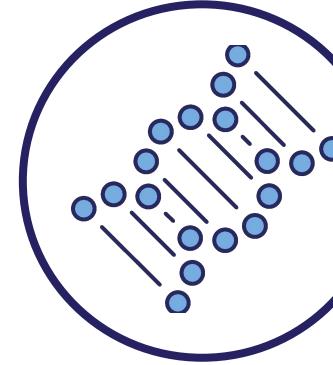
Consent and Electronic Health Records



Participant Surveys



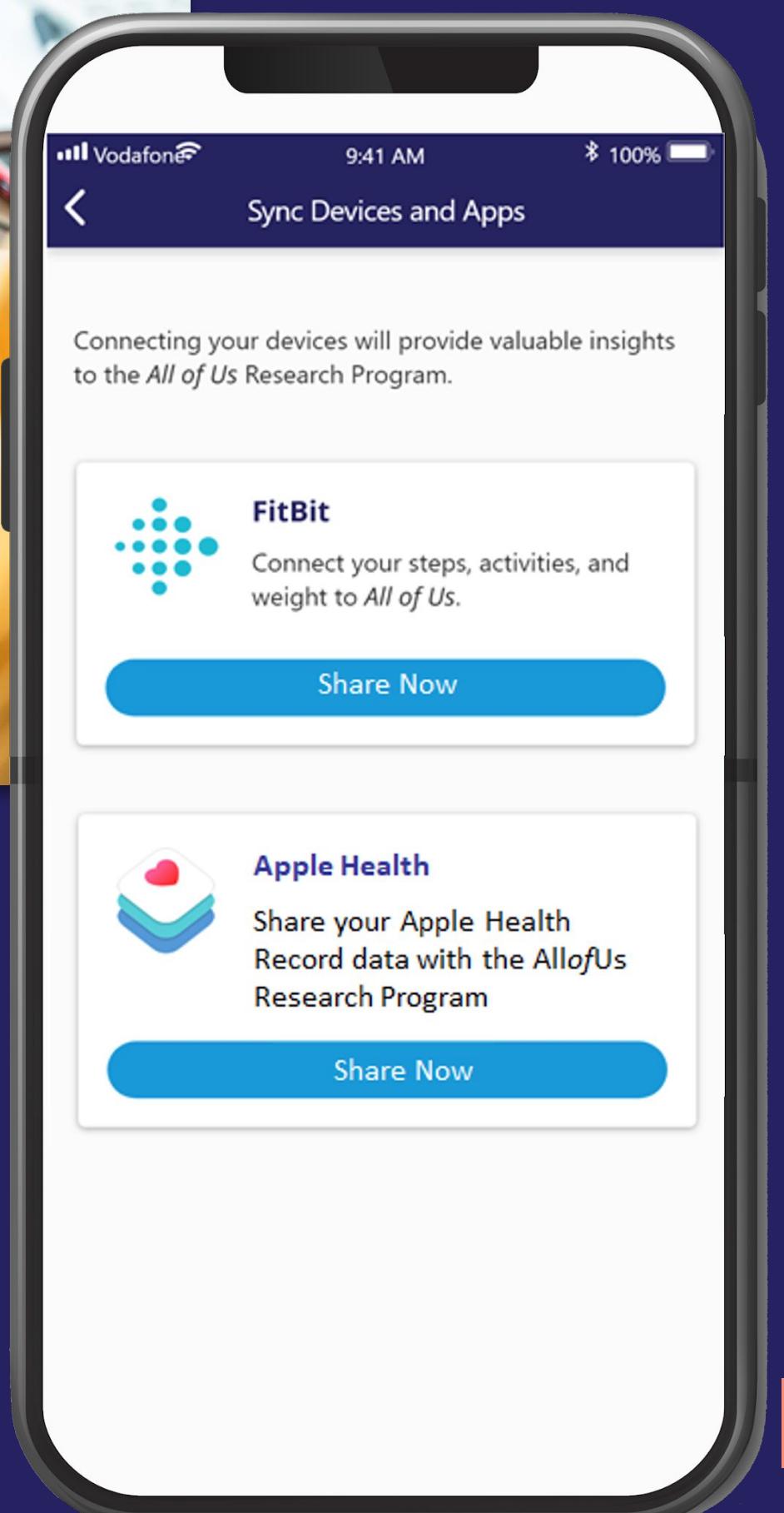
Physical Measurements



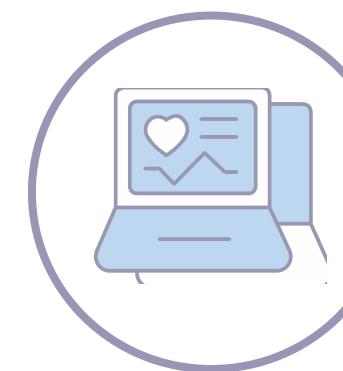
Biosamples



Mobile/Wearable Tech



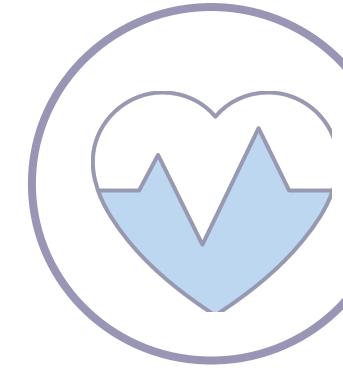
Data Collected from *All of Us* Participants: Surveys



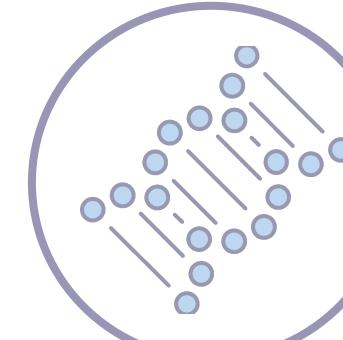
Consent and Electronic Health Records



Participant Surveys



Physical Measurements



Biosamples



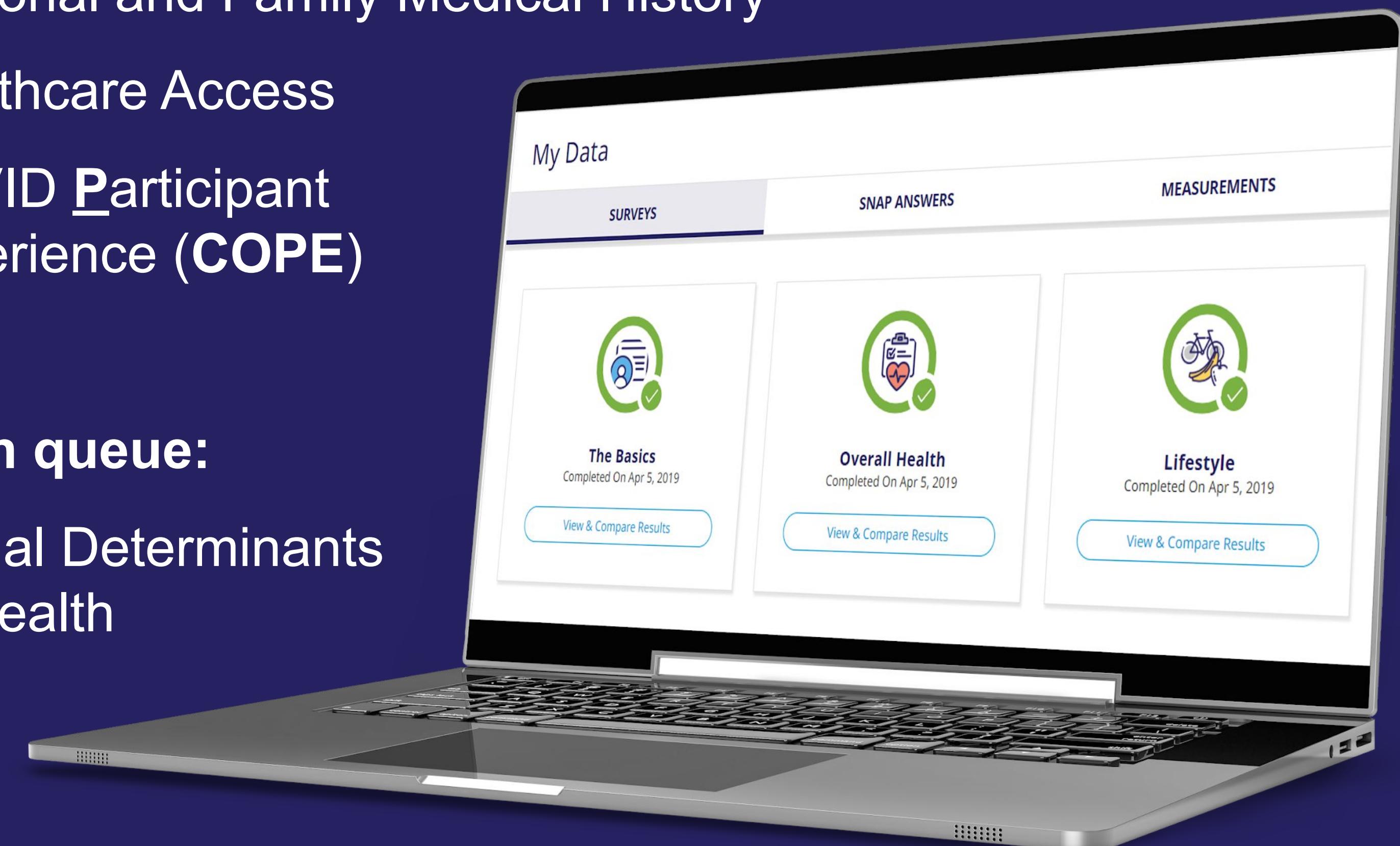
Mobile/Wearable Tech

Current surveys focused on:

- Demographics and Lifestyle
- Personal and Family Medical History
- Healthcare Access
- COVID Participant Experience (COPE)

Next in queue:

- Social Determinants of Health



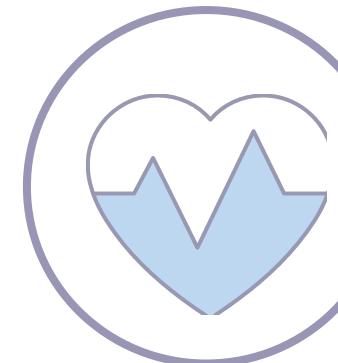
Data Collected from *All of Us* Participants: Biosamples



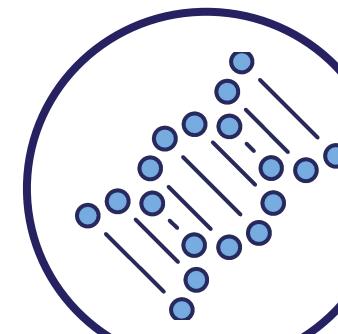
Consent and Electronic Health Records



Participant Surveys



Physical Measurements



Biosamples



Mobile/Wearable Tech

- Blood
 - DNA
 - RNA
 - cfDNA
 - Serum
 - Plasma
- Saliva kits (if not blood)
- Urine





Returning Value to *All of Us* Participants

Returning Value for Participants: Genetic Information

Non-Health Genetic Traits



Traits



Genetic Ancestry

Currently Returning to Participants

>56,000 participants viewed traits/ancestry results

Health-Related Genetic Traits



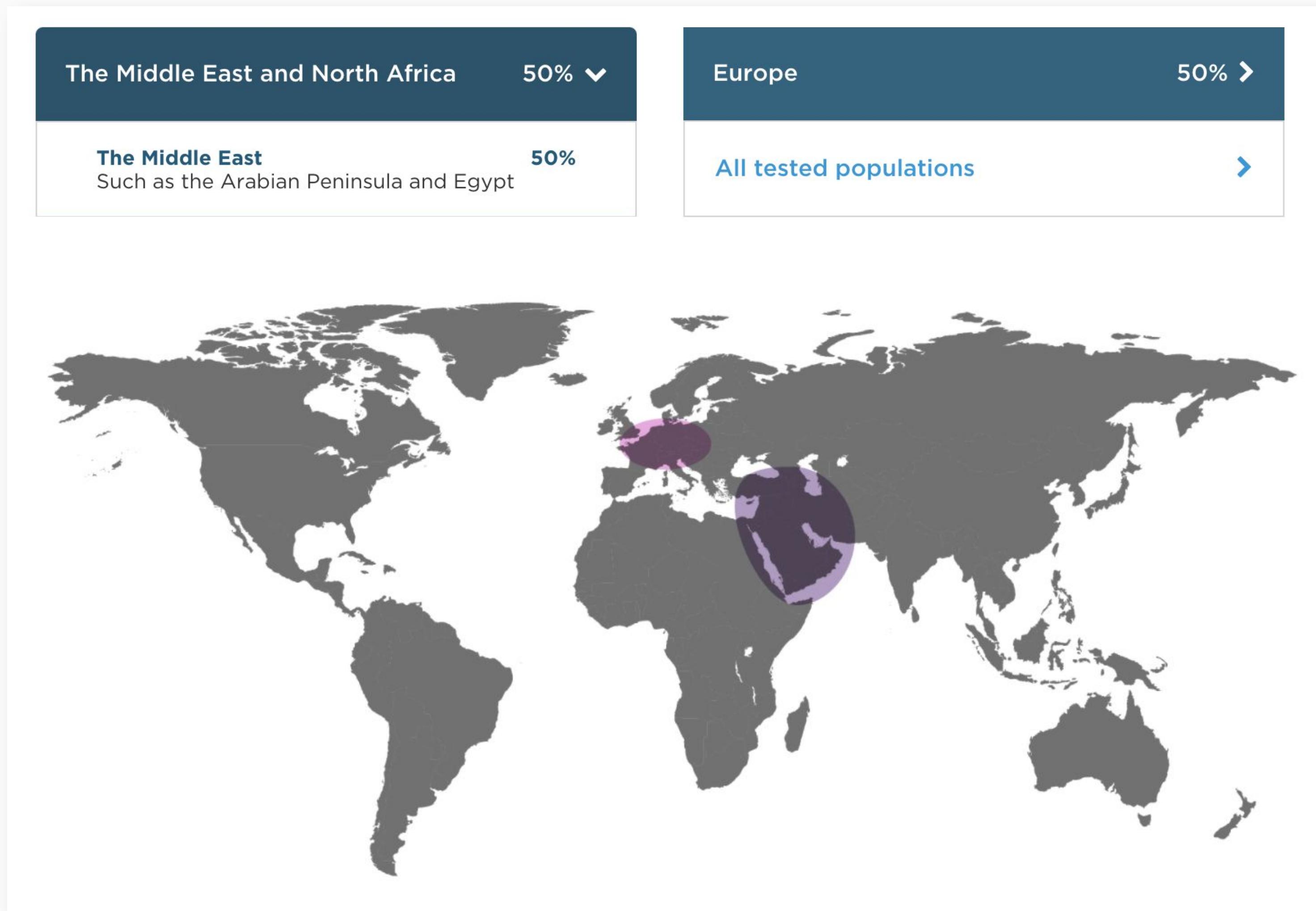
Hereditary Disease Risk (ACMG59)



Medicine and Your Health (Pharmacogenomics)

Launching in 2022

Genetic Ancestry Results



The Middle East and North Africa

This genetic ancestry group represents people from these areas:

- The Middle East
- North Africa
- Western Asia
- The Caucasus ?

Connections near and far

People with recent ancestors from Asia, Europe, and sub-Saharan Africa may have patterns of DNA from this genetic ancestry group. This is likely because of significant trade and migration through the region that continues to this day. The Silk Road and Incense Route connected the Middle East and North Africa to Europe and Asia. Trans-Saharan trade routes connected North Africa to sub-Saharan Africa.

Non-Health Trait Results

Ancestry

 **Genetic Ancestry**
Genetic ancestry can be very interesting, but you may also learn information you didn't expect. [Learn more](#)

Traits

 **Bitter taste perception**
Learn what your genes can tell you about your ability to taste bitter things.

 **Cilantro preference**
Smell and taste work together to influence your cilantro preference.

 **Earwax type**
Flaky or sticky? Earwax type is encoded in your genes.

 **Lactose intolerance**
Your genes code for lactase, which helps you digest milk.

Cilantro preference

Some people like the taste of cilantro and others think it tastes like soap.



What we looked at and why

We looked at a place in your DNA that influences if you have a slightly higher chance of liking or disliking cilantro.¹ The percent of people across the world who dislike cilantro ranges from 3-21%.²

- People who have slightly higher chances of **liking cilantro** may find it fragrant and citrusy.
- People who have slightly higher chances of **disliking cilantro** may find it soapy or moldy.

This place in your DNA only predicts a small amount of your chances of liking or disliking cilantro. Environmental and other genetic factors also play a role.

Scientific details

OR6A2 makes a sensor in the nose that helps us perceive smells. Changes near OR6A2 may impact whether you find cilantro fragrant and citrusy, or soapy or moldy.¹

DNA Marker* ⓘ	Gene	Your result* ⓘ
rs72921001	Near OR6A2	C A

* Each of your parents provides you with a nucleotide at this position, but we don't know which parent gave you which nucleotide.

15

Health-Related Genetic Trait Return of Results: Medicine and Your DNA



JANE DOE
DOB: May 25, 1977
ID: 123456

Specimen: Blood
Barcode: 223 234234 2343
Collected: September 15, 2018
Report date: October 2, 2018

RESEARCH RESULT - Your doctor will need to confirm this result with a clinical test before using it in your care.



Medicine and your DNA

Our genes affect how we respond to medicine.

They do that in many different ways. Some genes help move medicines to the right part of the body. Some genes help break down medicines and clear them from your body. Some genes even change medicines into a form that makes them work properly.

This test looked at a few of the genes in your DNA that can affect how medicines are used. The technical term for this kind of information is "pharmacogenetics."

What is this kind of information used for?

Doctors and pharmacists use this kind of information when they consider why medicines work differently for different people.

But doctors and pharmacists don't make decisions based on just DNA. Some other important considerations can be age, weight, health, diet, and other medicines you are taking at the same time.

IMPORTANT!

- If your doctor has prescribed medicine for you, keep taking it.** It can be dangerous to stop taking a medicine, or to change the dose or timing of it, without first asking your doctor.

Genetic information is really just one piece of the puzzle.

In the **DNA and medicine** section of your results, you'll see a list of medicines that may be impacted by your genetics. Changes in some genes influence how certain medications work in the body.

A lot of other things may affect how someone's body reacts to a medicine. These include other medicines you may be taking, your health history, and your lifestyle.

Health-Related Genetic Trait Return of Results: Medicine and Your DNA

Your Results:

Gene	Version
CYP2C19	*2/*2
What it means	
Poor metabolizer	
A poor or likely poor metabolizer gene may cause the body to process medicines at a much slower rate than normal. If so, some medicines may stay in the body for a longer amount of time than expected . This could increase the risk of side effects from these medicines.	

Gene	Version
DPYD	*1/*1
What it means	
Normal metabolizer	
A normal metabolizer gene may cause the body to process medicines at an average rate. If so, some medicines may stay in the body for the usual amount of time . The medicines work the way we expect them to.	

Gene	Version
SLCO1B1	*1/*5
What it means	
Decreased function	
A “ decreased function ” version of this gene may act at a rate that is much slower than average. This means certain medicines may increase a person’s risk of developing muscle pain .	



Genetics and medicine

DNA and medicine

These medicines **MAY BE impacted by your genetics**.

In some cases, pharmacogenetic information may help doctors and pharmacists choose medicines and doses.

This table points out some medicines that may be affected by your genetic results.

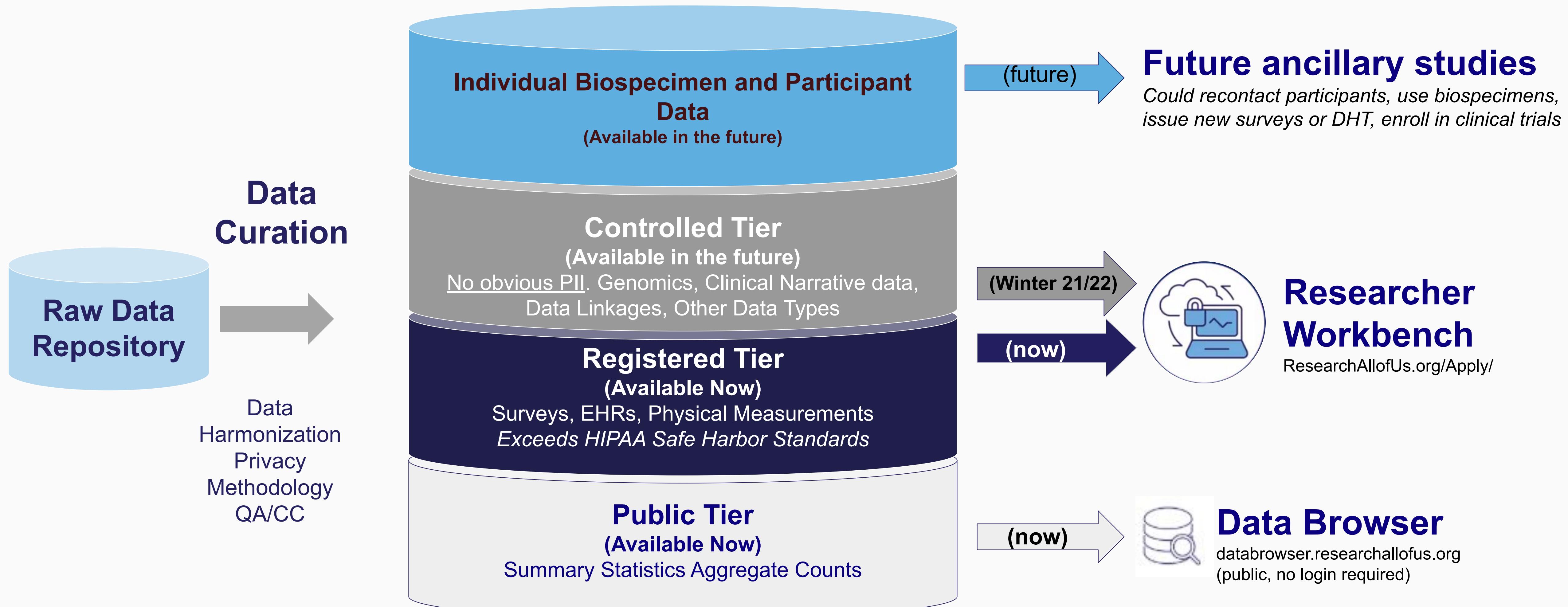
If you are taking one of these medicines, talk with your doctor or pharmacist about whether ordering a clinical pharmacogenetic test is right for you.

Gene: SLCO1B1	1 Medicine
• simvastatin (Zocor®)	
Gene: CYP2C19	10 Medicines
• amitriptyline (Elavil®)	
• clobazam (Onfi®)	
• clomipramine (Anafranil®)	
• clopidogrel (Plavix®)	
• doxepin (Sinequan®)	
• escitalopram (Lexapro®)	
• imipramine (Tofranil®)	
• sertraline (Zoloft®)	
• trimipramine (Surmontil®)	
• voriconazole (Vfend®)	

Just because a medicine is listed here doesn’t mean that you should or should not be taking it. Some people with these genetic results still process these medications normally.

Returning Value to *All of Us* Researchers

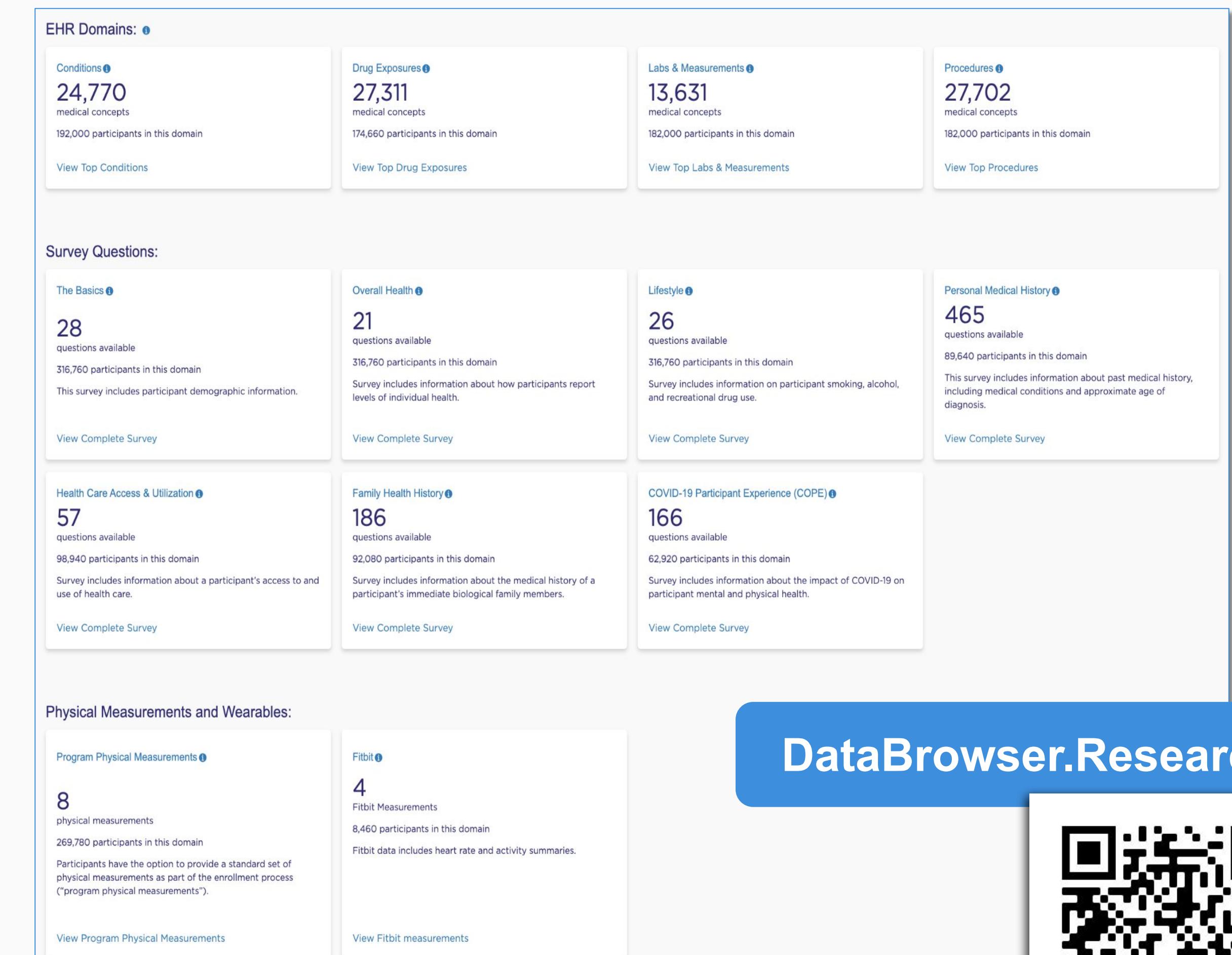
Researcher Data Access



All of Us Research Hub: Public Data Browser

Summary statistics of participant data

- **EHR Data (Conditions, Drug Exposures, Lab & Measurements, Procedures)**
- **Survey Questions (including COVID-19 surveys)**
- **Physical Measurements**
- **Open access (no login required)**



DataBrowser.ResearchAllofUs.org



All of Us Research Hub: Data Browser – EHR Conditions

Search Across Data Types i

Depression  

Data includes 316,760 participants and is current as of 10/1/2020.



EHR Domains: i

Conditions i

47

matching medical concepts

192,000 participants in this domain

[View Results](#)

Drug Exposures i

1
matching medical concepts

174,660 participants in this domain

[View Results](#)

Procedures i

11

matching medical concepts

182,000 participants in this domain

[View Results](#)

All of Us Research Hub: Data Browser – EHR Conditions

Search Across Data Types i

Depression



FAQs



Introductory
Videos



User Guide

Data includes 316,760 participants and is current as of 10/1/2020.

EHR Domains: i

Conditions i

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[View Results](#)

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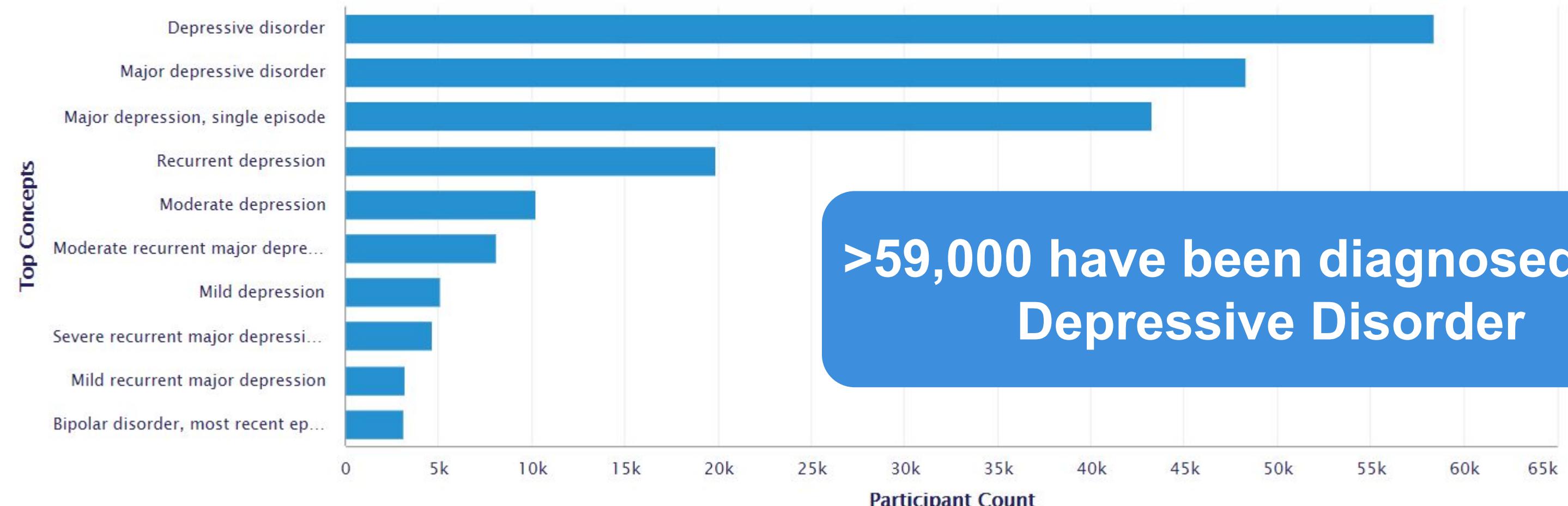
matching medical concepts

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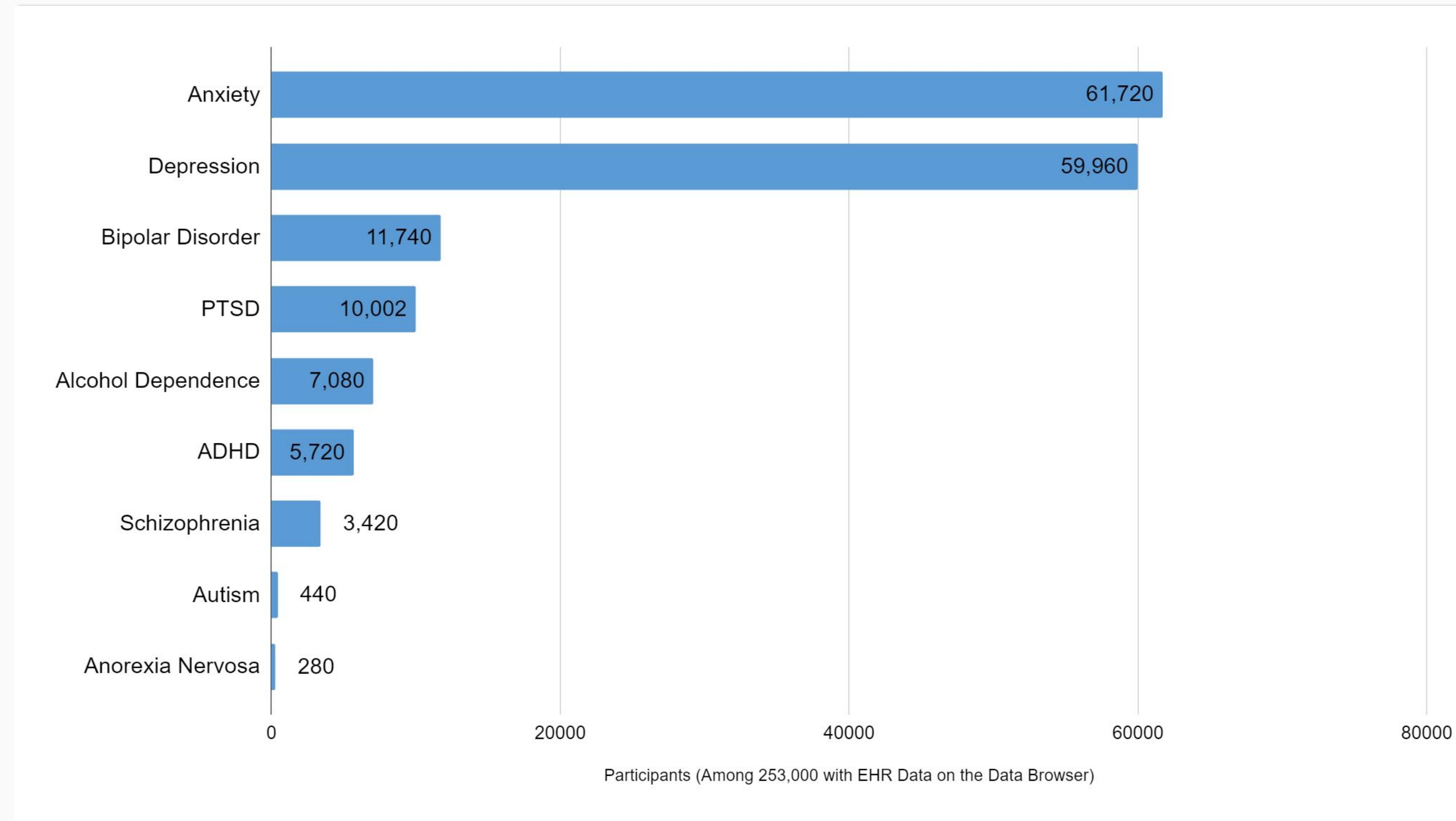
[View Results](#)

Top 10 by Descending Participant Counts i

**Participant numbers are aggregate counts rounded up to counts of 20



All of Us Research Hub: Data Browser – EHR Conditions



All of Us Researcher Workbench: Access to Row-Level Data for Analysis

Researcher Workbench Beta
Launched on May 27, 2020

- Cloud based central resource
- Personally-identified information is removed
- **Passport access model** - just create, describe your workspace, and get to work! No separate IRB approval needed.
- During beta phase, access limited to US nonprofits

The screenshot shows the 'Workspaces' section of the All of Us Researcher Workbench. It displays four featured workspaces: 'Featured Workspace: Dementia', 'All of Us Survey Codebook and Frequency Distributions', 'Featured Workspace: Depression', and 'Featured Workspace - Type 2 Diabetes'. Each workspace card includes the owner (OWNER), last changed date, and a 'Notebook' button. Below this, the 'Recently Accessed Items' section shows six items: 'Case 1 Notebook', 'Dementia Analysis from Cohort Builder', 'Ischemic Heart Disease Analysis', 'Dementia Analysis', 'Type 2 Diabetes Analysis', and 'Ischemic Heart Disease Analysis'. Each item card includes the last modified date and a 'Notebook' button. The interface has a clean, modern design with a light gray background and blue accents for buttons and links.

ResearchAllofUs.org

Researcher Application Process During the *Beta Launch*

Visit
ResearchAllofUs.org/
Apply



CHECK FOR YOUR INSTITUTION'S AGREEMENT

[Check that your institution has signed the Data Use and Registration Agreement.](#) If you do not see your institution listed, please [fill out the form](#) to initiate the process.



REGISTER AS A RESEARCHER

Complete your researcher profile, sign Terms of Services, and agree to the the Privacy Policy. Please note, a Data Use and Registration Agreement must be in place, and you must have an eRA Commons account.



CONNECT eRA COMMONS

Connect your eRA Commons account upon applying to the Researcher Workbench.



COMPLETE *All of Us* RESPONSIBLE CONDUCT OF RESEARCH TRAINING

Understand more about our privacy safeguards and the ethics surrounding the use of participant data.



SIGN AUTHORIZED USER CODE OF CONDUCT

Each user must agree and sign an Authorized User Code of Conduct

Researcher Application Process During the *Beta Launch*



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REGISTER AS A RESEARCHER

Complete your researcher profile, sign Terms of Services, and agree to the the Privacy Policy. Please note, a Data Use and Registration Agreement must be in place, and you must have an eRA Commons account.



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This process takes about ~2 hours of a researcher's time – and then you're on!

Researcher Workbench: By the Numbers (Since Launch in May 2020)

Research on the Researcher Workbench



1100+
Registered
Researchers

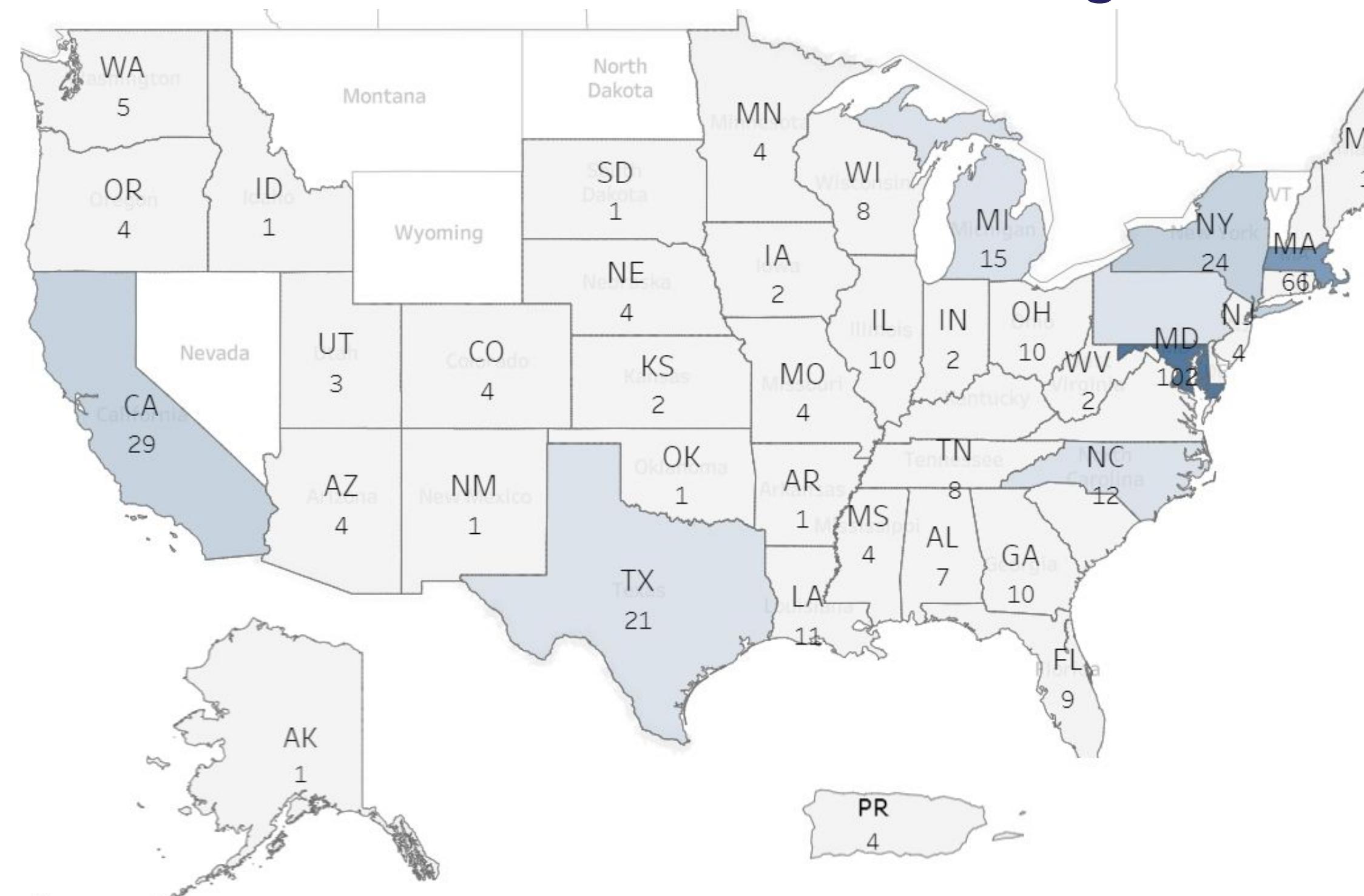


**700+
Active
Projects**



21+ Publications
using *All of Us*
data

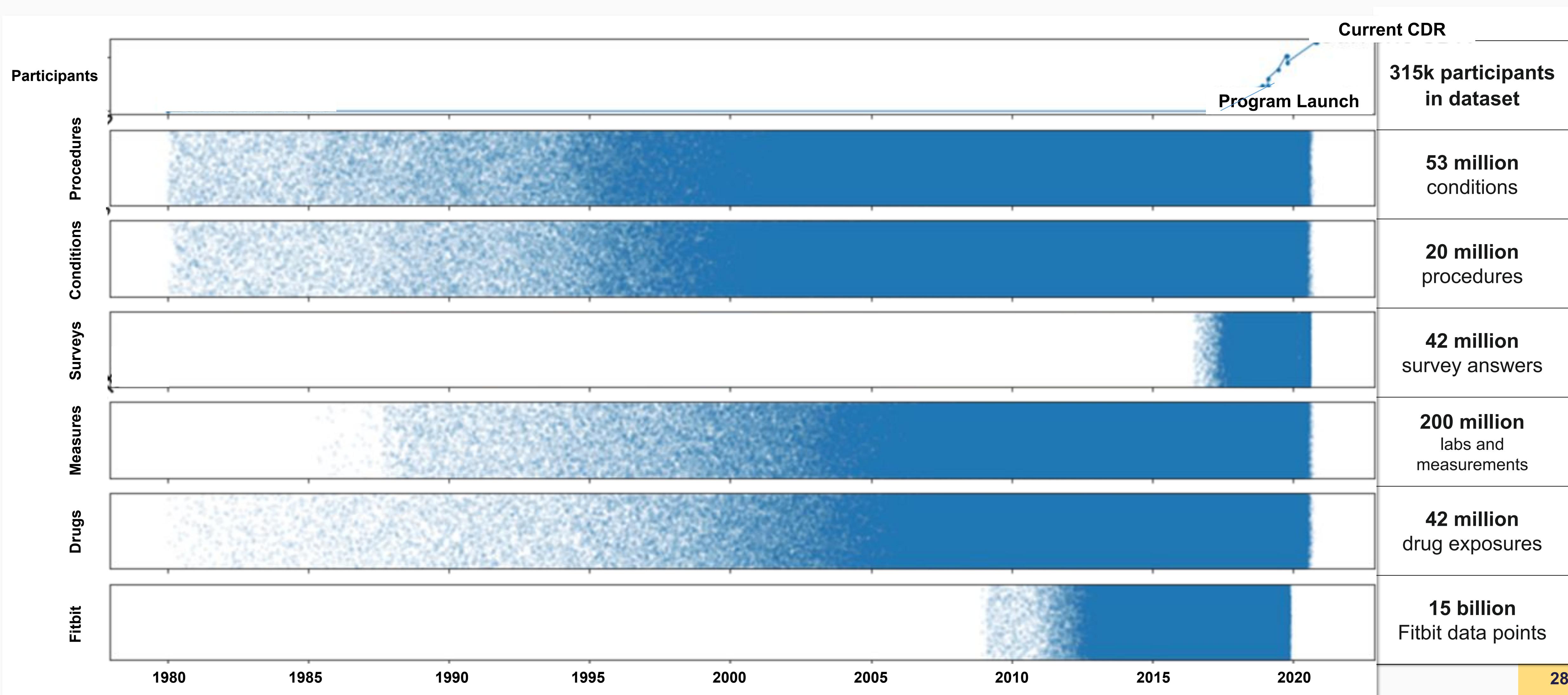
Institutional Agreements



**More than 240
registered institutions**

Over 24% are Historically Black Colleges and Universities, Hispanic Serving Institutions, or Non-Profits

Participant EHRs and Fitbit Provide Longitudinal Data



COVID-19 Serology Study Published in *Clinical Infectious Diseases* (June 15, 2021)

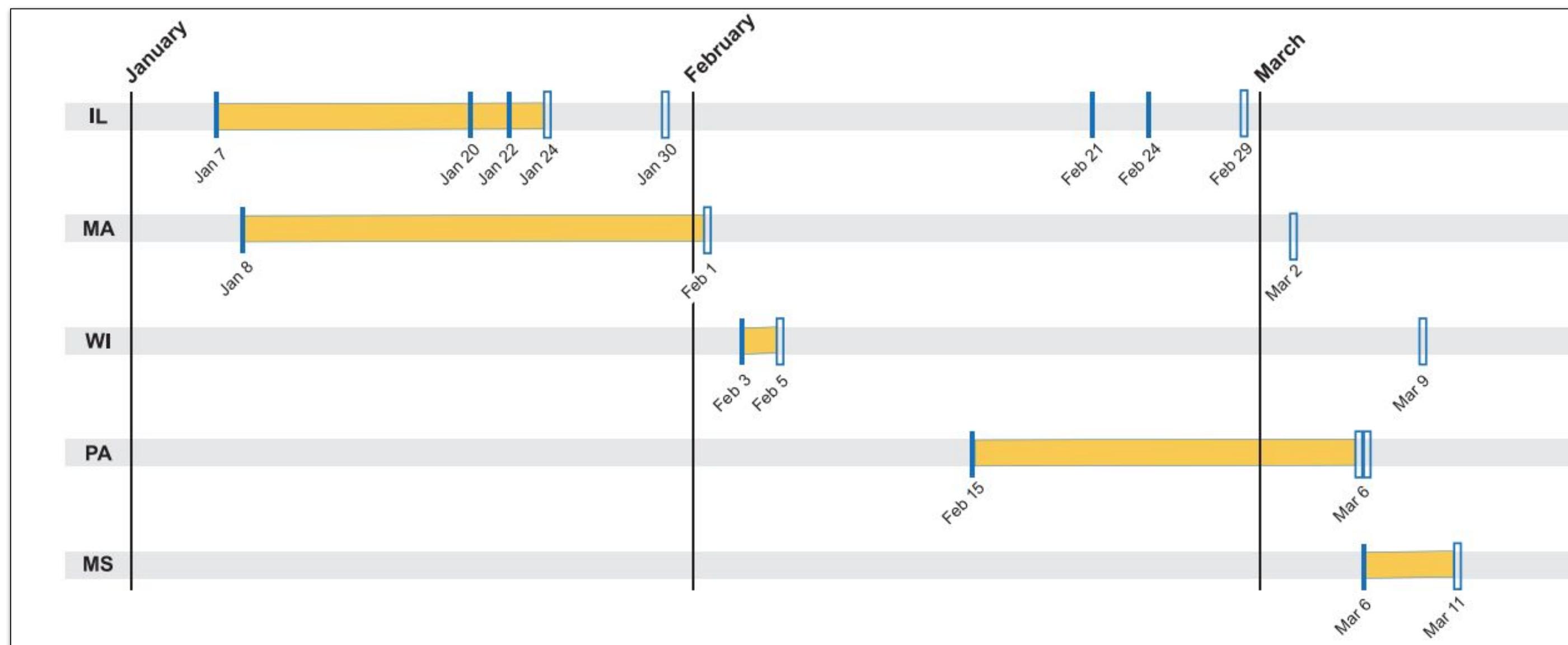
OXFORD
ACADEMIC

Clinical Infectious Diseases

ACCEPTED MANUSCRIPT

Antibodies to SARS-CoV-2 in All of Us Research Program Participants, January 2–March 18, 2020 FREE

Keri N Althoff, PhD, MPH , David J Schlueter, PhD, Hoda Anton-Culver, PhD, James Cherry, PhD, Joshua C Denny, MD, MS, Isaac Thomsen, MD, MSCI, Elizabeth W Karlson, MD, MS, Fiona P Havers, MD, MHS, Mine S Cicek, PhD, Stephen N Thibodeau, PhD ... Show more



9 cases in 5 states (IL, MA, WI, PA, MS) in 24,079 tested samples

7 earlier than known cases in those states

Earliest case January 7, 2020

Returned results to participants



All of Us Team member handles participant samples in the lab

Press Coverage of the *All of Us* COVID-19 Serology Study

The Washington Post
Democracy Dies in Darkness

Sections ▾ Carolyn Denny

Health

NIH study suggests coronavirus may have been in U.S. as early as December 2019

The Coronavirus Outbreak > Maps and Cases States Falling Behind Vaccine Goals Vaccine Maps Vaccines and Children

Scientists Report Earliest Known Coronavirus Infections in Five U.S. States

Blood drawn from nine people in the earliest days of the pandemic tested positive for the infection. But some experts questioned the results.

f g t m



AP

Click to copy

THE WALL STREET JOURNAL.

U.S. Covid-19 Ranged From Illinois to Massachusetts Before States Reported First Cases

Blood samples show people in five U.S. states were infected early, including Illinois in December 2019

LIVE TV

cnn health

NIH researchers find more evidence Covid was circulating in the US in December 2019

By Maggie Fox, CNN

Updated 1:57 PM ET, Tue June 15, 2021

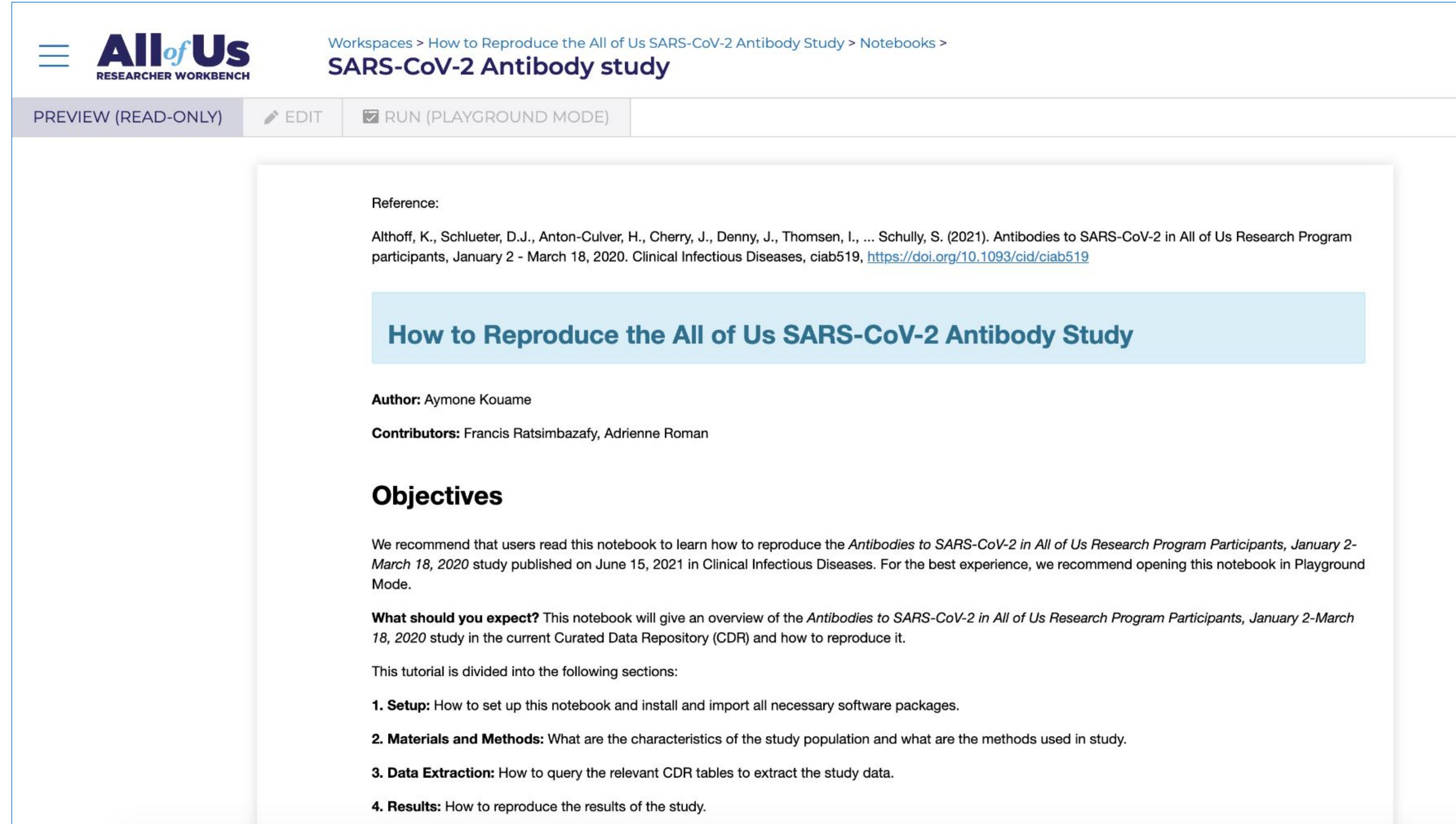
More evidence suggests C...

Top Stories Topics ▾ Video Listen

More evidence suggests COVID-19 was in US by Christmas 2019

By MIKE STOBBE June 15, 2021

Making Research Reusable & Reproducible: *All of Us* Analysis Can Be Accessed by Any Other *All of Us* Researcher



The screenshot shows a web-based interface for the All of Us Researcher Workbench. At the top, there is a navigation bar with the 'All of Us RESEARCHER WORKBENCH' logo, a menu icon, and links to 'Workspaces', 'How to Reproduce the All of Us SARS-CoV-2 Antibody Study', and 'Notebooks'. Below the navigation is a toolbar with buttons for 'PREVIEW (READ-ONLY)', 'EDIT', and 'RUN (PLAYGROUND MODE)' (with the latter being checked). The main content area is titled 'SARS-CoV-2 Antibody study'. It includes a 'Reference' section with a citation: 'Althoff, K., Schlueter, D.J., Anton-Culver, H., Cherry, J., Denny, J., Thomsen, I., ... Schully, S. (2021). Antibodies to SARS-CoV-2 in All of Us Research Program participants, January 2 - March 18, 2020. Clinical Infectious Diseases, ciab519, <https://doi.org/10.1093/cid/ciab519>'. A prominent blue box contains the title 'How to Reproduce the All of Us SARS-CoV-2 Antibody Study'. Below this, author information is listed: 'Author: Aymone Kouame' and 'Contributors: Francis Ratsimbazafy, Adrienne Roman'. A section titled 'Objectives' is present, followed by a paragraph about the study's purpose and a list of four steps for reproduction. At the bottom of the content area is a 'Notebook URL: <https://bit.ly/3h7GnEF>'.

Reference:

Althoff, K., Schlueter, D.J., Anton-Culver, H., Cherry, J., Denny, J., Thomsen, I., ... Schully, S. (2021). Antibodies to SARS-CoV-2 in All of Us Research Program participants, January 2 - March 18, 2020. Clinical Infectious Diseases, ciab519, <https://doi.org/10.1093/cid/ciab519>

How to Reproduce the All of Us SARS-CoV-2 Antibody Study

Author: Aymone Kouame
Contributors: Francis Ratsimbazafy, Adrienne Roman

Objectives

We recommend that users read this notebook to learn how to reproduce the *Antibodies to SARS-CoV-2 in All of Us Research Program Participants, January 2-March 18, 2020* study published on June 15, 2021 in *Clinical Infectious Diseases*. For the best experience, we recommend opening this notebook in Playground Mode.

What should you expect? This notebook will give an overview of the *Antibodies to SARS-CoV-2 in All of Us Research Program Participants, January 2-March 18, 2020* study in the current Curated Data Repository (CDR) and how to reproduce it.

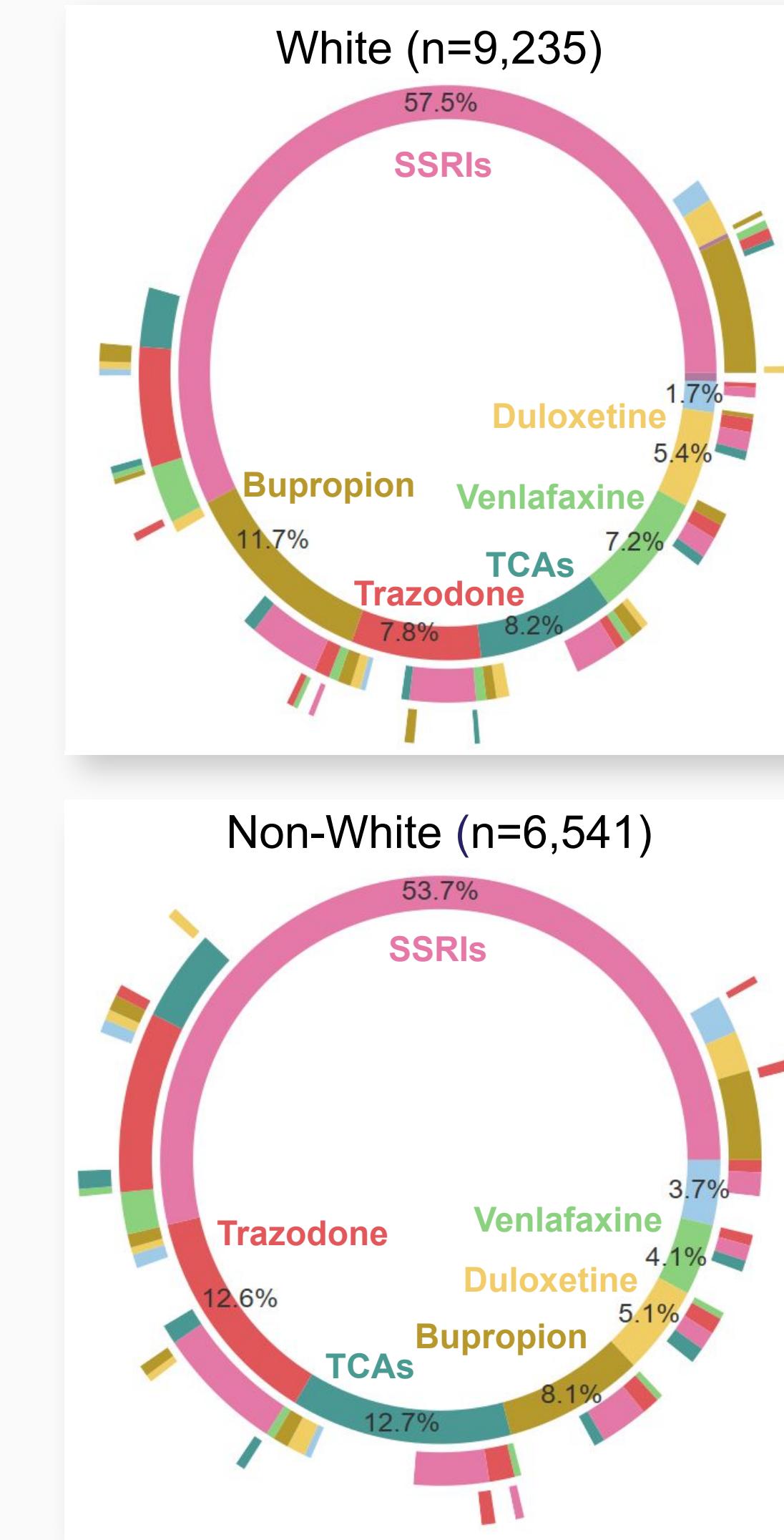
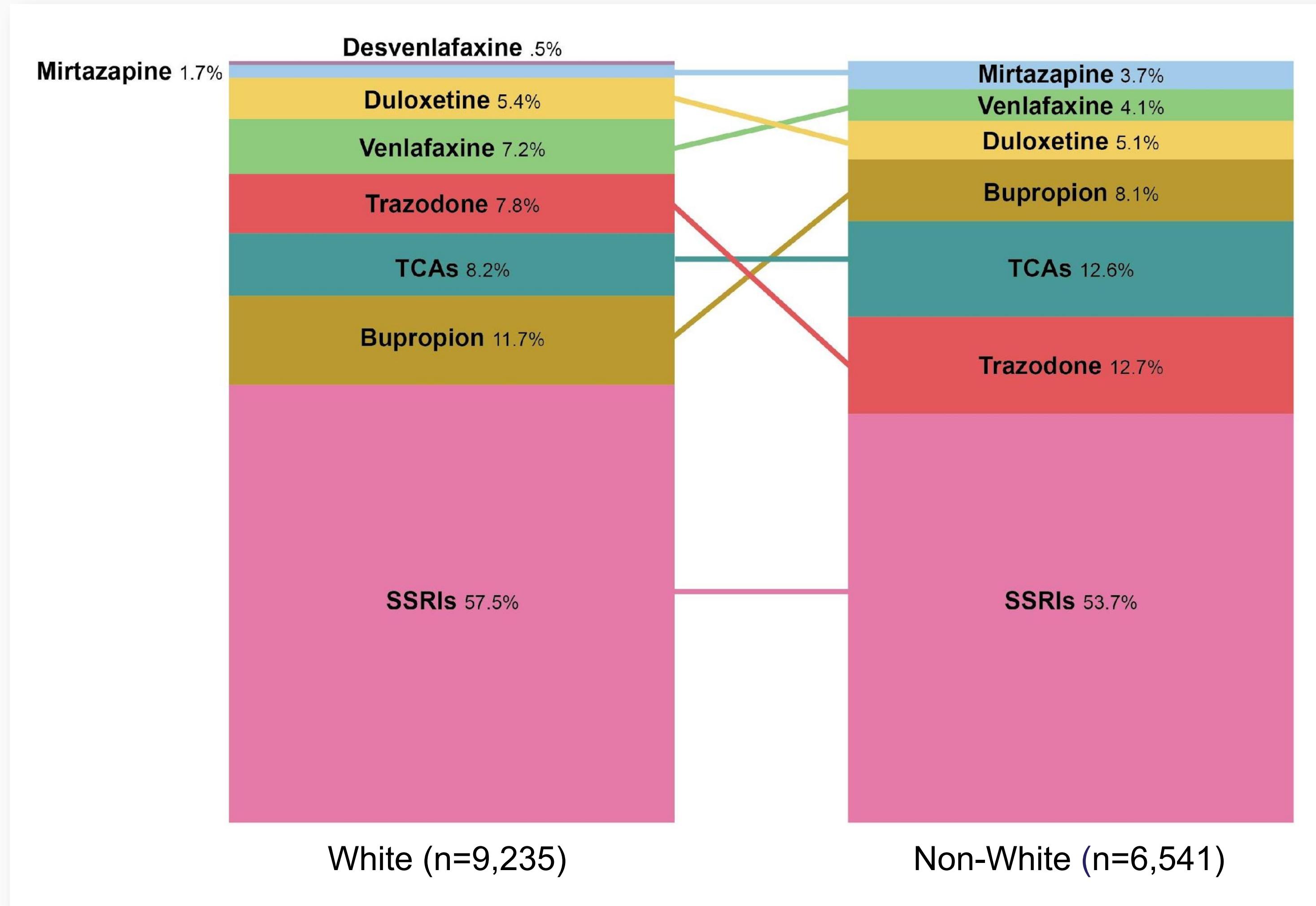
This tutorial is divided into the following sections:

- 1. Setup:** How to set up this notebook and install and import all necessary software packages.
- 2. Materials and Methods:** What are the characteristics of the study population and what are the methods used in study.
- 3. Data Extraction:** How to query the relevant CDR tables to extract the study data.
- 4. Results:** How to reproduce the results of the study.

Notebook URL: <https://bit.ly/3h7GnEF>

Any *All of Us* researcher can review and reuse the exact data and analyses used in the paper

Demonstration Project: Antidepressants Taken by Participants with Depression



COVID-19 Participant Experience (COPE) Survey

Self-report survey covering topics:

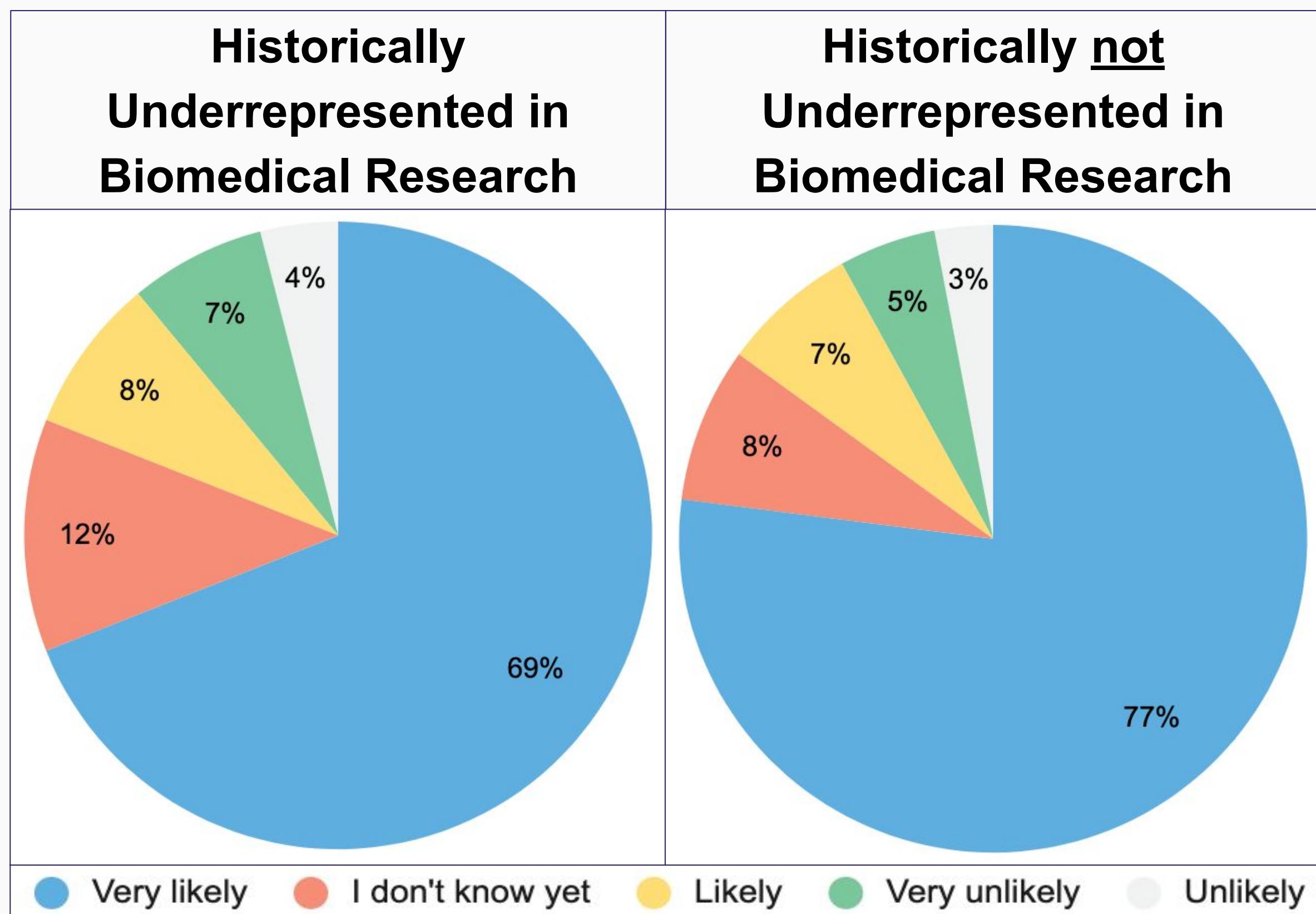
- COVID symptoms, testing, treatment
- COVID vaccine experiences
- Physical activity
- Mental health and well-being (including GAD-7, PHQ-9)
- Social support
- Substance use
- Resilience
- Discrimination

Repeated 6 times from May 2020 to February 2021

99k participants with >275k responses to the six COPE surveys (among >330k participants in CDR)

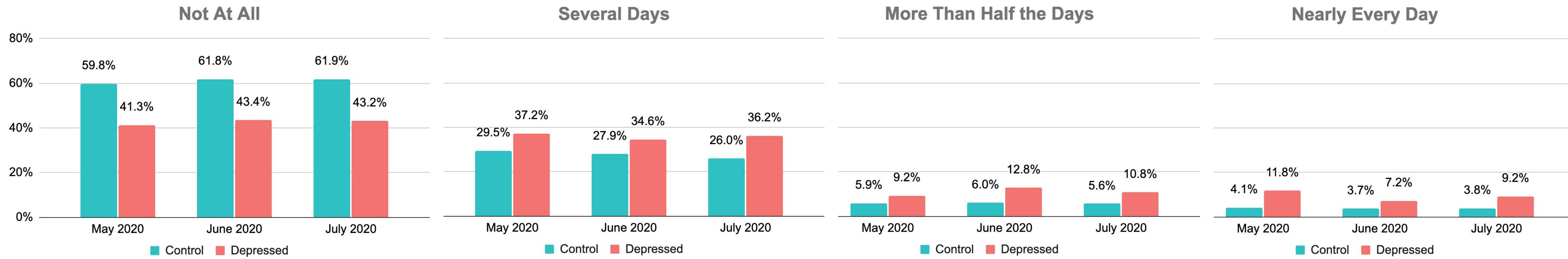
70% from groups that are historically underrepresented in biomedical research

February COPE Results: ***When a COVID-19 vaccine is available, how likely are you to want to receive vaccination?***

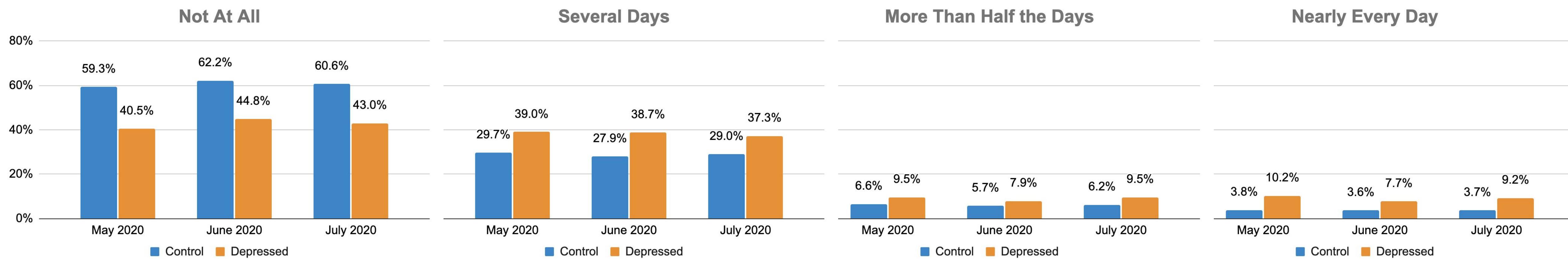


Demonstration Project: Mental Health during COVID-19 of Participants with Depression

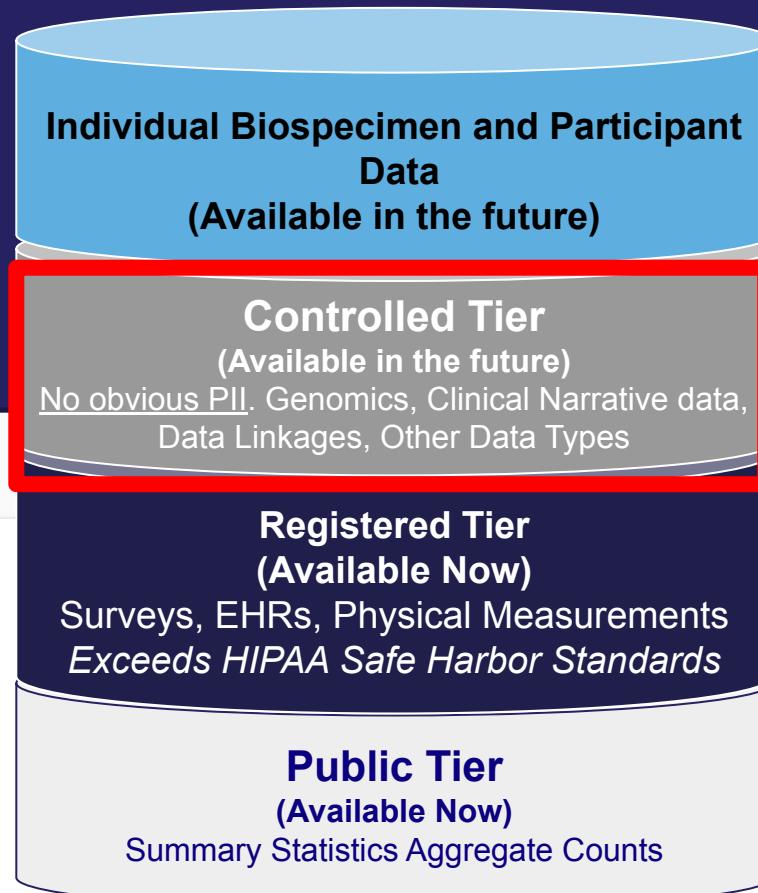
In the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless?



In the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

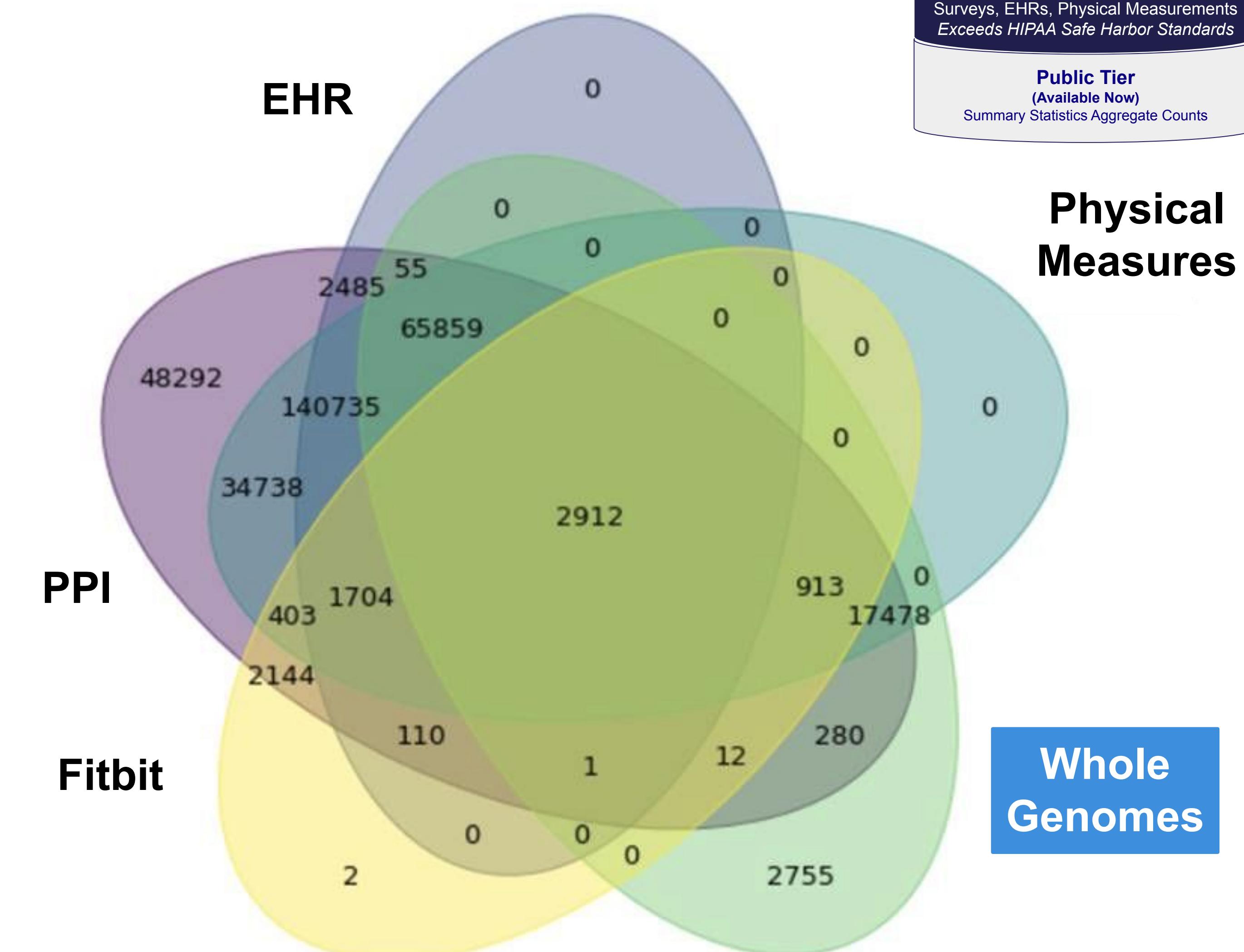


Upcoming Controlled Tier + Genomics Data Release



Coming Winter 2021/2022

- Expected 90,000 WGS + 130,000 arrays
- More participants
- COVID diagnoses and surveys
- More detailed demographic data
- More Fitbit data



Thank You!

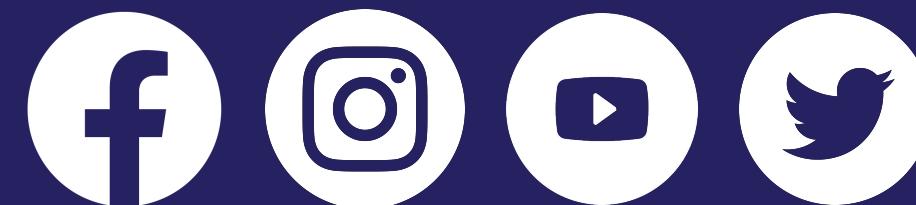


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of Health

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@AllofUsCEO
#JoinAllofUs