**Cohort Profiles-Eng. v1 (20140325)**

**Format**
Each profile is required to follow a similar format, using the subheadings:

**Title and Author List:**

**Abstract:**A short free form summary (150 – 200 words) should describe why the cohort was set up, cohort participants, data collection phases, main categories of data, and data access.

**Key Messages**: A ‘Key messages’ box should be included in every cohort profile. It should not reiterate information that is already in the Summary, but in 3-4 short bullet points it should summarise the main contributions of the cohort in terms of scientific findings. (Please write in Korean.)

**Introduction** What was the rationale for setting up the cohort including the original research questions it was set up to address? Where is it located and how is it funded?

**Study participants**Describe the study design; the methods used to recruit participants; numbers invited and numbers who entered the study (give response proportion); and differences between responders and non-responders at baseline (ideally as a table of socio-demographic characteristics comparing responders to non-responders or responders to the general population from which the responders came).

**Ethical Consideration**

**Measurements**

Give broad categories for each follow-up phase, e.g.

|  |  |
| --- | --- |
| **Phase** | **Measurements** |
| Baseline 1935-40 | Fasting blood samples taken, DNA extracted, fasting glucose, lipids, insulin assayed, serum aliquots stored at –80OCSelf-reported socio-economic positionAnthropometric measures: weight, height, waist & hip circumferenceBlood pressureSelf-reported major behavioural CVD risk factors |
| Follow-up 1950 | Questionnaire only: Self-reported major diseases and treatment Self-reported socio-economic position and behaviours |
| Ongoing | All participants are flagged with routine data sources providing deaths since baseline and cancer registry entries since 1980 |

Provide descriptions of unusual measurements (e.g. specialised scans; unique assays) and/or measurements that have been undertaken in sub-groups of the cohort.

This section should describe any linkages to morbidity, mortality and other routine data sources.

**Key findings (and publications)**  This should not be an exhaustive list, but an indicative summary of the most important findings generated by the cohort. If there is a web-page with a complete list of publications please note this and supply the web-address. We strongly encourages authors to illustrate one or two of their main findings with a table or figure, in addition to describing the findings in the text. Please note it is expected that descriptions of key findings, albeit brief, will inform the reader what has been found rather what has been examined.

**Strengths and weaknesses**  Please make sure both strengths and weaknesses are covered. It may be useful to readers setting up new cohorts to state briefly what you would do differently if you could start again and anything you regret leaving out. You may also comment on anything you feel is particularly valuable but might not be possible today because of data protection or other difficulties.

**Data Accessibility**

The purpose of cohort profiles is to foster collaboration and maximise use of existing data. If the data are open access a web address must be provided. If an application is required to access the data, indicate where the application form can be found and the process for submitting an application. If access to the data is more limited please describe opportunities for collaboration. In all cases the name and contact details of a researcher to whom enquiries and queries can be submitted must be provided.