

# GAZEL - 20,000 Volunteers for Medical Research

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Last update : 01/15/2021 | Version : 5 | ID : 3476

## General

### Identification

Detailed name 20,000 Volunteers for Medical Research

Sign or acronym GAZEL

CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation CNIL # 105 728

### General Aspects

Medical area  
Biology  
Cancer research  
Cardiology  
Disability/handicap  
Endocrinology and metabolism  
Gastroenterology et hepatology  
Hematology  
Neurology  
Occupational Medicine  
Pneumology  
Psychology and psychiatry  
Rheumatology  
Traumatology  
Urology, andrology and nephrology

Study in connection with Covid-19 No

Health determinants  
Genetic  
Geography  
Healthcare system and access to health care services  
Lifestyle and behavior  
Medicine  
Nutrition  
Occupation  
Pollution  
Social and psychosocial factors

Keywords GenarI-purpose cohort, adults, occupational health,

**Scientific investigator(s)  
(Contact)**

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**Collaborations**

Participation in projects, networks and consortia	Yes
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Details	Consortiums and collaborations :- Sickness Absence Research Collaboration (SARC) : <a href="http://ucl-sarc.org/index.html">http://ucl-sarc.org/index.html</a> - IDEAR (Integrated Datasets across Europe for Ageing Research)- BBMRI-LPC-P3G
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**Funding**

Funding status	Public
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Details	CCAS, IReSP, various grants
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**Governance of the database**

Sponsor(s) or organisation(s) responsible      INSERM

Organisation status      Public

## Additional contact

## Main features

### Type of database

Type of database      Study databases

Study databases (details)      Cohort study

Database recruitment is carried out by an intermediary      A population file  
An administrative base or a register

Database recruitment is carried out as part of an interventional study      No

Additional information regarding sample selection.      All eligible subjects were asked by mail to participate  
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## Database objective

Main objective      GAZEL was set up in 1989 among workers of Électricité de France-Gaz de France (EDF-GDF). It was designed as an 'open epidemiologic laboratory' characterized by a broad coverage of health problems and determinants and accessible to the community of researchers. At study inception in 1989, the GAZEL Cohort Study included 20,625 volunteers (15,011 men and 5,614 women) then aged from 35 to 50 years. The data routinely collected cover diverse dimensions and come from different sources: annual self-administered questionnaire (morbidity, lifestyles, life events, etc.); personnel department of EDF-GDF for social, demographic, and occupational characteristics; EDF-GDF special social insurance fund (for sickness absences and cancer and ischemic heart disease registries), occupational medicine (occupational exposure and working conditions), Social Action Fund (healthcare utilization), Health Screening Centres for standardized health examination and the National Death Register (causes of death); a biobank including more than 8,000 blood samples was also set up. Today, more than 40 ancillary projects on diversified themes have been set up in the GAZEL Cohort Study by some 30 French and foreign teams from Denmark, Germany, Belgium,

Canada, Great Britain, Sweden, Finland, and USA. Health problems as diverse as migraine, postmenopausal osteoporosis, ischemic heart disease, depression, musculoskeletal diseases, or traffic accidents have been the object of research projects in this cohort. They take into account risk factors that are behavioural, social, psychological, occupational, and medical. A substantial proportion of the research work has focused on the problem of social inequalities in health and their occupational, personal, and social determinants using a life course perspective.

Inclusion criteria EDF-GDF workers aged 35-50 at inception.

## Population type

Age Adulthood (45 to 64 years)  
Elderly (65 to 79 years)

Population covered General population

## Pathology

Gender Male  
Woman

Geography area National

Detail of the geography area All France

## Data collection

### Dates

Date of first collection (YYYY or MM/YYYY) 1989

Date of last collection (YYYY or MM/YYYY) 2019

### Size of the database

Size of the database (number of individuals) Greater than 20 000 individuals

Details of the number of individuals 20 625

### Data

Database activity Current data collection

Type of data collected	Declarative data Paraclinical data Biological data Administrative data
Declarative data (detail)	Paper self-questionnaire
Paraclinical data (detail)	Weight, height, waist-hip ratio, body fat mass, visual acuity, hearing, spirometry, electrocardiogram, blood pressure, assessment of cognitive function (Mini Mental State Examination (MMSE), Digit Symbol Substitution Test (DSST), Free and Cued Selective Reminding Test with Immediate Recall (FCSRT-IR), Trail Making Test (TMT A& B), semantic fluency ), assessment of physical function (Standing Balance Test, Walking Speed, Handgrip Strength Test, Finger-Tapping Test (FTT))
Biological data (detail)	Blood count, glucose, total cholesterol, HDL cholesterol, ALT, creatinine, triglycerides, micro albumin, Gamma GT
Administrative data (detail)	Job history, health care consumption, hospital stays.mortality data.
Presence of a biobank	Yes
Contents of biobank	Whole blood Plasma Buccal cells DNA
Details of biobank content	Serum, lithium heparin plasma, EDTA K3 plasma, natrium citrate plasma, buffy coat.
Health parameters studied	Health event/morbidity Health event/mortality Health care consumption and services Quality of life/health perception
Care consumption (detail)	Hospitalization Medical/paramedical consultation Medicines consumption
<b>Procedures</b>	
Data collection method	Yearly self-questionnaire. Follow-up also through national health and socioeconomic administrative databases.
Participant monitoring	Yes
Monitoring procedures	Monitoring by contact with the participant (mail, e-

mail, telephone etc.)  
Monitoring by crossing with a medical-administrative database

Details on monitoring of participants      Yearly self-questionnaire. Linkage to the French national health and socioeconomic administrative databases. Periodic health examination.

Links to administrative sources      Yes

Linked administrative sources (detail)      EDF-GDF files, health care consumption, hospital database, causes of death database.

## Promotion and access

### Promotion

Link to the document      [Goldberg et al, Int J Epid 2015.pdf](#)

Description      List of publications in HAL

Link to the document      [http://www.ncbi.nlm.nih.gov/pubmed/?term=\(gazel\)NOT+Gazel\[Author\]](http://www.ncbi.nlm.nih.gov/pubmed/?term=(gazel)NOT+Gazel[Author])

Description      List of publications in Pubmed

Link to the document      <http://www.hal.inserm.fr/GAZEL>

Link to the document      [http://www.ncbi.nlm.nih.gov/pubmed/?term=Gazel+NOT+Grotte\[Title%2FAbstract\]+NOT+Gazel\[Author\]+NOT+TEMPO+NOT+12766468\[uid\]+NOT+11151601\[uid\]](http://www.ncbi.nlm.nih.gov/pubmed/?term=Gazel+NOT+Grotte[Title%2FAbstract]+NOT+Gazel[Author]+NOT+TEMPO+NOT+12766468[uid]+NOT+11151601[uid])

### Access

Presence of document that lists variables and coding procedures      Yes

Terms of data access (charter for data provision, format of data, availability delay)      Permanent call for research projects  
Data catalogue available on dedicated website

Access to aggregated data      Free access

Access to individual data      Access on specific project only