

# CONSTANCES - Cohort of Consultants from Health Examination Clinics

Head :Zins Marie, UMS 011 Cohortes épidémiologiques en population  
Goldberg Marcel, UMS 011 Cohortes épidémiologiques en population

Last update : 05/14/2014 | Version : 2 | ID : 3395

General	
Identification	
Detailed name	Cohort of Consultants from Health Examination Clinics
Sign or acronym	CONSTANCES
CNIL registration number, number and date of CPP agreement, AFSSAPS (French Health Products Safety Agency) authorisation	CNIL approval no. 910486
General Aspects	
Medical area	Biology Cancer research Cardiology Endocrinology and metabolism Geriatrics Neurology Ophthalmology Pneumology Psychology and psychiatry Rheumatology Traumatology Urology, andrology and nephrology
Health determinants	Addictions Genetic Geography Iatrogenic Nutrition Occupation Pollution Social and psychosocial factors
Keywords	representative sample, public health indicators, health examination clinic, adult population, women's health, generalist cohort, ageing, occupational risk, chronic illness, environment, behaviour
Scientific investigator(s)	

## (Contact)

Name of the director	Zins
Surname	Marie
Address	HOPITAL PAUL BROUSSE 16 AVENUE PAUL VAILLANT COUTURIER 94807 VILLEJUIF CEDEX FRANCE
Phone	+33 (0)1 77 74 74 28
Email	marie.zins@inserm.fr
Unit	UMS 011 Cohortes épidémiologiques en population
Organization	INSERM &

Name of the director	Goldberg
Surname	Marcel
Address	HOPITAL PAUL BROUSSE 16 AVENUE PAUL VAILLANT COUTURIER 94807 VILLEJUIF CEDEX FRANCE
Phone	+33 (0)1 77 74 74 26
Email	marcel.goldberg@inserm.fr
Unit	UMS 011 Cohortes épidémiologiques en population
Organization	INSERM &

## Collaborations

Details	BBMRI-LPCIDEARP3G
---------	-------------------

## Funding

Funding status	Mixed
----------------	-------

Details	CONSTANCES is carried out in partnership with the State Health Insurance Fund for Salaried Workers (CNAMTS) and has received support from the French General Health Directorate (DGS), Ministry of Health, Youth, Sport and Community Life in the Île-de-France region. Financial contributions were received from the IReSP (French Public Health Research Institute) for 3 years as part of the "TGIR-Cohortes" (Very Large Research Infrastructures). CONSTANCES receives ANR "Investment for the
---------	--

Future" funding as a Biology and Health Infrastructure since 2012. Public/private partnerships (through INSERM Transfer).

## Governance of the database

Sponsor(s) or organisation(s) responsible	Université Versailles Saint Quentin en Yvelines (UVSQ)
---	--

Organisation status	Public
---------------------	--------

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 selection of health institutions and services
--	---

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

Additional information regarding sample selection.	- Random selection by unequal probability sampling design. Over-representation of individuals with a higher non-voluntary probability according to the usual variables (age, sex, PCS). Random selection is conducted by the French National Old Age Pension Fund (CNAV) with the national inter-scheme directory of those receiving national health insurance (RNIAM), matched with the French National Career Management System (SNGC). ? The invitation to participate is provided along with an invitation to attend a health examination in one of the health examination clinics (CES). Randomly selected individuals receive a letter describing the project and CES, along with a reply card.
--	---

## Database objective

Main objective	The objective is to establish a major epidemiological representative cohort of the general population and large workforce, in order to contribute to the
----------------	--

development of epidemiological research and to provide information regarding public health.

- This is an infrastructure for epidemiological research based on the active workforce, quality and diversity of data and surveillance procedures. Objectives focus on the epidemiology of chronic illness, ageing, behaviour and the environment, as well as determining occupational and social health factors. It may also allow projects to be initiated for various topics, given to the wide accessibility for researchers.

- This is a public health tool that supports the State and CNAMTS public health objectives and assesses the achievement of these objectives through a comprehensive monitoring tool and the collection of diverse information, due to the varied and supplementary methods that call on various data sources.

- This is an epidemiological monitoring tool through a partnership established with the French Institute for Public Health Surveillance (InVS) (particularly on the topic of occupational risk from the Department of Occupational Health (DST)-InVS).

#### Inclusion criteria

Adults between 18 and 69 years old and affiliated with the General Social Security Fund.

#### Population type

Age  
Adulthood (19 to 24 years)  
Adulthood (25 to 44 years)  
Adulthood (45 to 64 years)  
Elderly (65 to 79 years)

Population covered  
General population

Gender  
Male  
Woman

Geography area  
National

Detail of the geography area  
Participants residing in 16 départements in mainland France.

#### Data collection

#### Dates

Date of first collection (YYYY or MM/YYYY)  
06/2012

Date of last collection (YYYY or MM/YYYY)	2012
Size of the database	
Size of the database (number of individuals)	Greater than 20 000 individuals
Details of the number of individuals	200.000
Data	
Database activity	Current data collection
Type of data collected	Clinical data Declarative data Paraclinical data Biological data Administrative data
Clinical data (detail)	Direct physical measures Medical registration
Details of collected clinical data	Examination in health screening clinics. Return to clinical record for validation of case incidents.
Declarative data (detail)	Paper self-questionnaire Face to face interview
Paraclinical data (detail)	For all: weight, height, waist-hip ratio, body fat, blood pressure, heart rate, vision, hearing and spirometry. For participants aged 45 and over: - cognitive function tests: 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) and semantic fluency .- physical function assessment: (standing balance test, walking speed, handgrip strength test, Finger-Tapping Test (FTT))
Biological data (detail)	Fasting glucose, lipid profile, liver function assesment, creatinine, complete blood count, urine test.
Administrative data (detail)	Social position and employment status.
Presence of a biobank	Yes
Contents of biobank	Whole blood Serum Plasma

Fluids (saliva, urine, amniotic fluid, ?)  
DNA  
Others

Details of biobank content

Blood: serum (plasma lithium heparin, K2-EDTA plasma, K2-EDTA whole blood, whole blood with specific RNA additive), urine.

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

Procedures

Data collection method

Inclusion: self-assessment questionnaires completed at home + periodic health examination in a clinic for the collection of health data (clinical, paraclinical), and supplementary questionnaires (occupational exposure throughout life, self-administered questionnaire to be completed in clinics by females). - Active follow-up: annual self-administered questionnaire sent to the subject's home by post; invitation to attend a clinic (CES) every 5 years is planned for the entire cohort ? Passive follow-up of socio-professional events and health data. Major socio-professional events are regularly extracted from the CNAV database (Annual Declaration of Social Welfare Data, Quarterly Personal Data, unemployment, absence due to illness, RMI, maternity). Health data regarding vital status and cause of death is available from the National Directory for The Identification of Natural Persons (RNIPP) and the CépiDc-INSERM database; major health events are extracted from the National Health Insurance Cross-Schemes Information System (SNIIRAM), such as: reimbursement data, long duration disease (LDD) and for each hospital stay: principal diagnosis and associated diagnoses, diagnostic and therapeutic procedures.

Participant monitoring

Yes

Details on monitoring of participants

The follow-up period should be as long as possible due to the broad cohort objectives. As such, the duration is indefinite. As the included population ages throughout the cohort follow-up, participants will need to be changed so that the

sociodemographic structure remains comparable to the source population over time.

Links to administrative sources	Yes
---------------------------------	-----

Linked administrative sources (detail)	PMSI, SNIIRAM, CNAV, CépiDc.
--	------------------------------

## Promotion and access

### Promotion

Link to the document	<a href="http://www.constances.fr/">http://www.constances.fr/</a>
----------------------	---

### Access

Terms of data access (charter for data provision, format of data, availability delay)	Call for projects selected by the Scientific Committee.
---	---

Access to aggregated data	Access on specific project only
---------------------------	---------------------------------

Access to individual data	Access on specific project only
---------------------------	---------------------------------