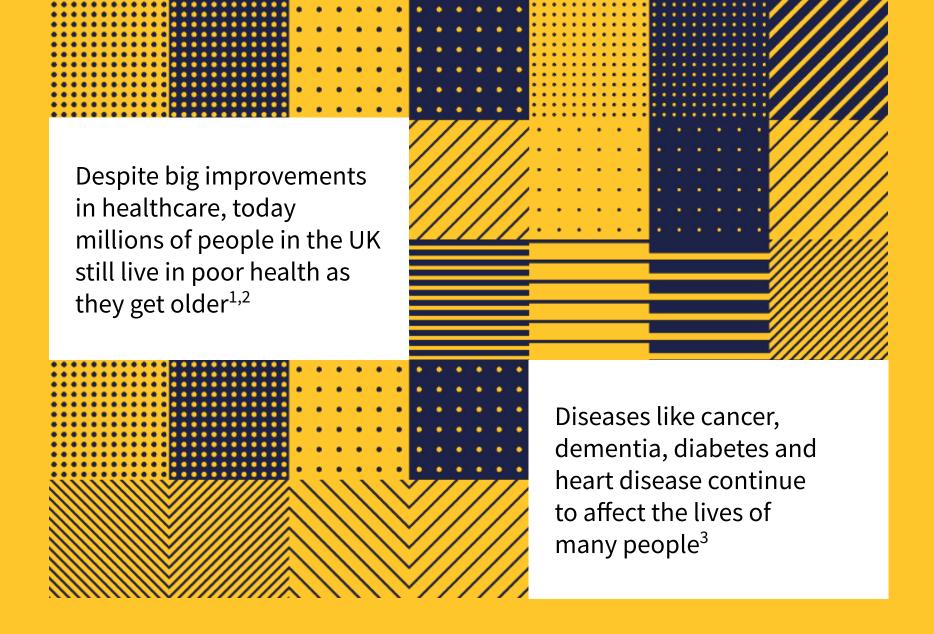
A new national health research cohort in the UK for early detection and prevention research



Andrew Roddam CEO



^{1.} Office for National Statistics. Voices of our ageing population: Living longer lives. Available at: https://bit.ly/3KcWiRp. Accessed: February 2023; 2. Age UK. 1.4 million older people aren't getting the care and support they need – a staggering increase of almost 20% in just two years. Available at: https://bit.ly/3lDRHgP. Accessed: February 2023; 3. World Health Organisation. WHO reveals leading causes of death and disability worldwide: 2000–2019. Available at: https://bit.ly/40Ze7JC. Accessed: February 2023.

Like many countries, we face an increasing burden in the UK from treating late-stage chronic disease

In the UK, there are 2.5 million people living with **cancer**¹ and by 2030 this figure may be as high as 4 million²

The number of people with **diabetes** is expected to increase from 3.9 million people in 2017 to 4.9 million in 2035³

There are more than 100,000 hospital admissions each year due to heart attacks. **CVD** is estimated to cost £19 billion a year⁴

The cost of **dementia** is expected to more than double from £26 billion in 2015 to £55 billion in 2040⁵

Despite the advances in health care, increases in healthy life expectancy have stalled⁶

Adapted from The King's Fund, 2023.

CVD 1. N at: h http 5. A

CVD, cardiovascular disease.

1. NHS England. Living with and Beyond Cancer. Available at: https://bit.ly/3XEPC1o. Accessed: February 2023; 2. NCRI. Living With and Beyond Cancer. Available at: https://bit.ly/3IuSKIM. Accessed: February 2023; 3. GOV.UK. New centre opens to search for next generation of diabetes treatment. Available at: https://bit.ly/3It6lAB. Accessed: February 2023; 4. British Heart Foundation. UK Factsheet. Available at: https://bit.ly/2O7jqBc. Accessed: February 2023; 5. Alzheimer's Research UK. Action plan for dementia. Available at: https://bit.ly/2Nx7coZ. Accessed: February 2023; 6. The King's Fund. What is happening to life expectancy in England? Available at: https://bit.ly/3KuC45Z. Accessed: February 2023.

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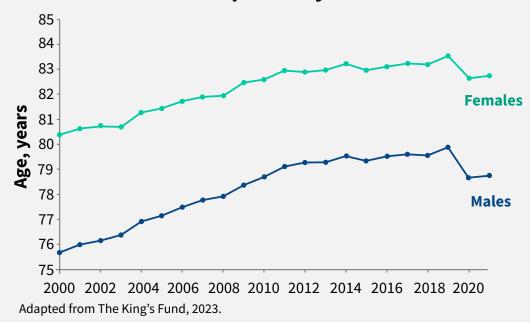
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Life expectancy at birth



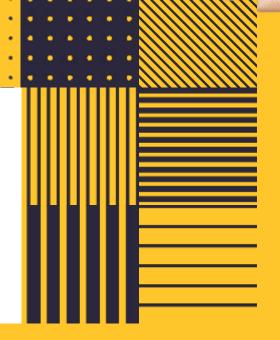
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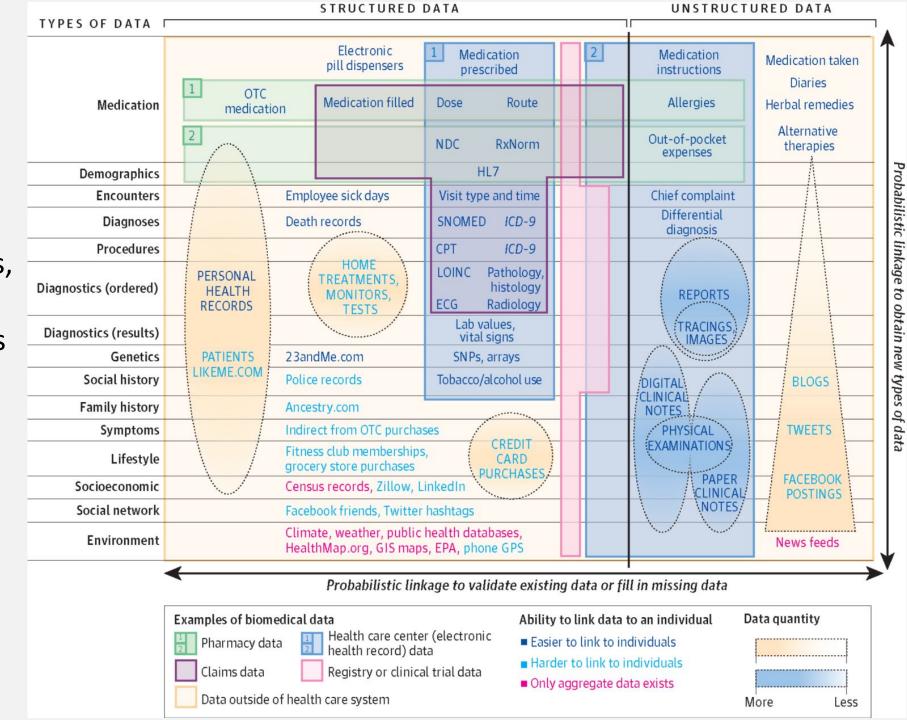


If we could spot the patterns of how and why diseases start, treatments could begin sooner, and might be more effective

It might even be possible to prevent some illnesses from developing in the first place



To truly make an impact on the lives of individuals, we need to broaden our focus from what happens when someone seeks care, to preventing them from developing the disease

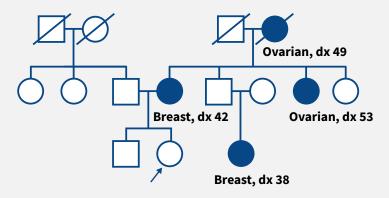




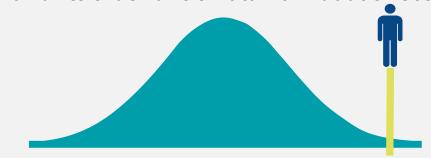
How can genetics tackle the problem of chronic disease?

Mendelian inheritance of single gene disorders¹

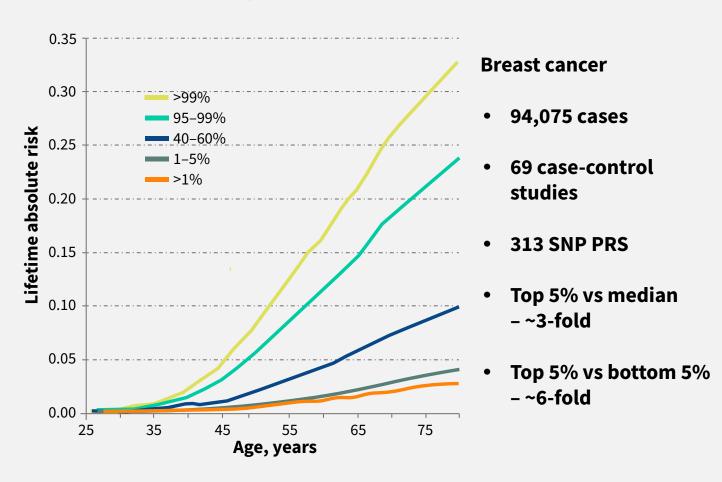
Classic BRCA1 pedigree



Polygenic risk – a normal distribution of risk composed of a large number of gene variants that have small individual effects



Risk according to PRS percentile²



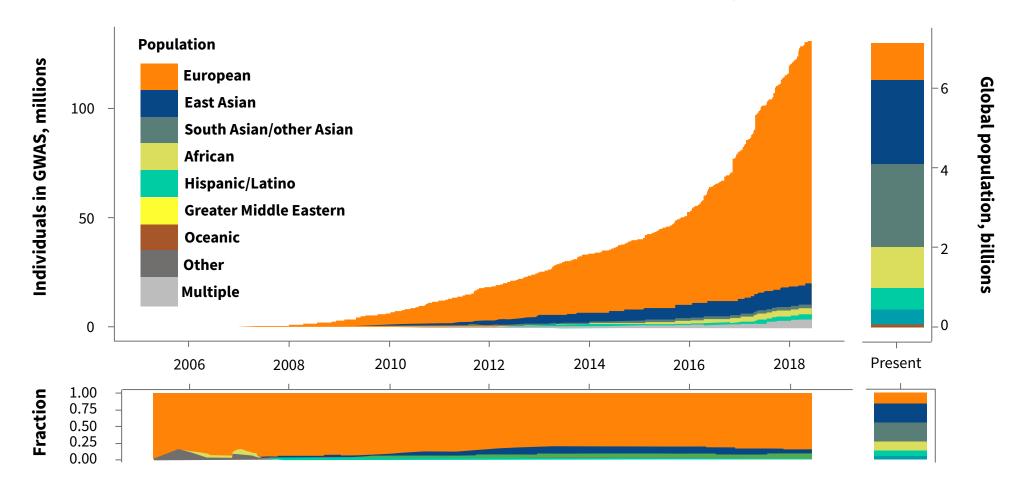
BRCA1, breast cancer gene 1; dx, oncotype DX; PRS, polygenic risk score; SNP, single nucleotide polymorphism.

^{1.} Adapted from PDQ Cancer Genetics Editorial Board (2022). Genetics of Breast of Gynecologic Cancers (PDQ®): Health Professional Version. National Cancer Institute (US): Bethesda;

^{2.} Adapted from Mavaddat N, et al. Am J Hum Genet. 2019;104:21–34.

However we need to be cautious as it may further exaggerate health disparities

Ancestry of GWAS participants over time compared with the global population







A world-leading resource for early detection and prevention research

- The UK's largest ever health research programme, designed to enable the discovery and testing of more effective approaches to prevention, earlier detection and treatment of diseases
- It will collect and link multiple sources of health and health-relevant information, including genetic data, across a cohort of 5 million people that truly reflects the UK population
- A resource for academic and commercial researchers to undertake discovery research on early indicators of disease, plus the opportunity to re-contact participants on a risk-stratified basis for further research

At enrolment:

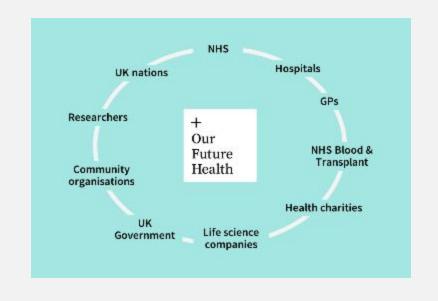
- Self-report health and lifestyle questionnaire
- Physical measures
- Blood sample

- Consent to link with NHS records and additional data sources
- Consent for re-contact to offer feedback to participants, including genetic risk
- Consent to re-contact for invite to provide additional data collection, samples, or to take part in new clinical studies

- Stored baseline plasma, buffy coat and DNA samples
- Genotype array on all participants
- Possibility of additional sources such as digital/wearable device data collection in the future

Our Future Health is designed to harness the power of collaboration across the life sciences sector and health ecosystem

- We're combining support from industry, charities and government to build a world-leading health research programme
- Backed by £160m from industry founding members, £79m from Innovate UK and supported by 14 charities



Funders Affiliate charities



























RANDOX



CHANGE ATTITUDES. FIND A CURE.

JOIN US.











RGC









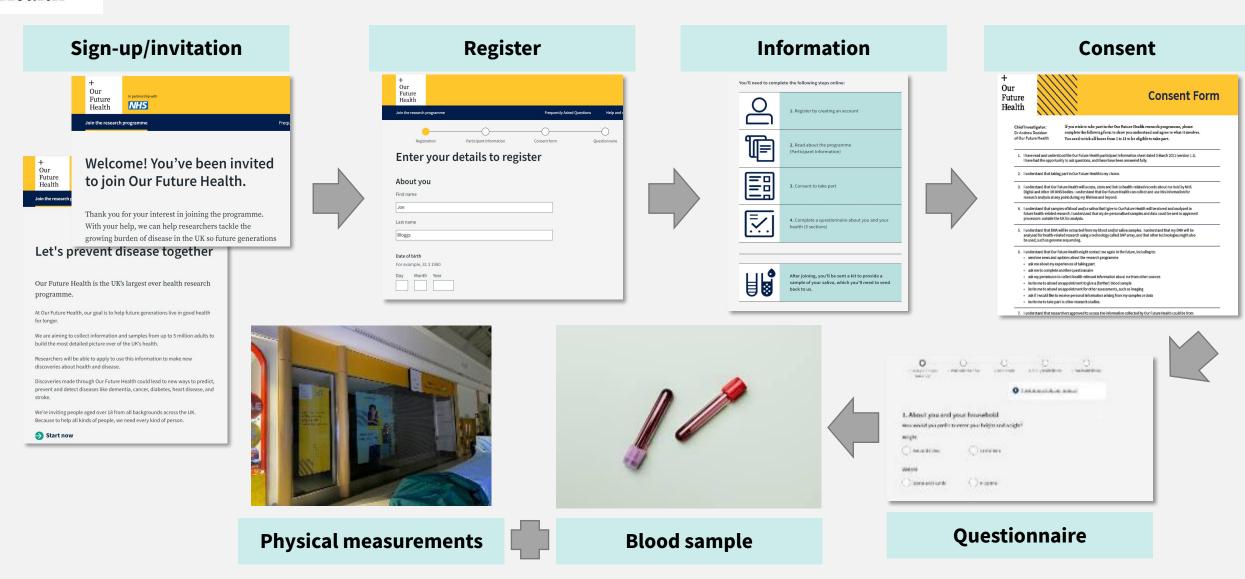








Our Future Health will recruit 5 million adults into a prospective cohort that truly reflects the UK population



Recruitment commenced in October 2022; we are seeing approx 1500 participants per day at 23 venues in 4 regional areas

Shopping Centres



Universities

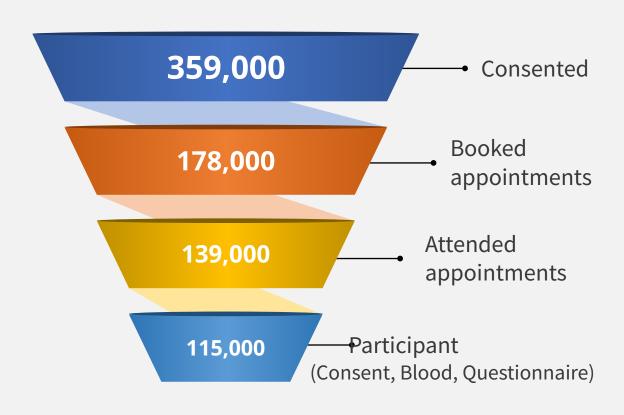


Pharmacies



Mobile units

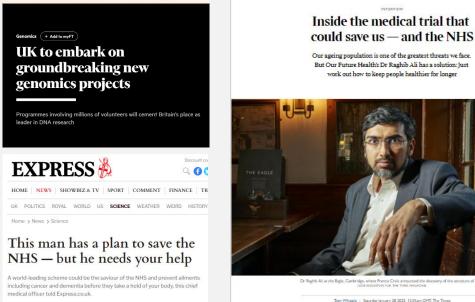






We have had significant national and local media coverage – 500+ hits over 3 months

- ITV News; Talk TV/radio
- Features in FT, The Times, Daily Express
- Local press in our recruitment locations e.g. Birmingham, Wakefield, Bradford, Bolton, Rochdale





NHS

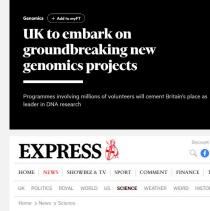
ANDREW RODDAM



New hospital research to 'revolutionise' healthcare

ally grateful



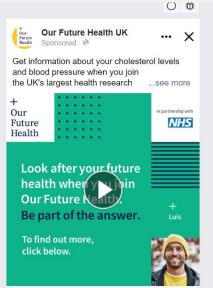


FINANCIAL TIMES

We use continuous advertising to build awareness and drive response to invitations

- Reinforcing and maintaining awareness following initial launch
- Combination of outdoor (bus sides, posters) and geo-targeted social media (FB, Instagram, Youtube)
 - 33.9m digital ads displayed (October to January)
 - 3.72m engagements (views, likes, shares, comments)
 - 3.08m video views









High impact branding and collateral at recruitment sites

- Raising awareness on the ground in community locations
- Window displays across high traffic retail sites
- Mobile unit branding
- Collateral to engage walk ups, drive sharing and referrals

Thank you card



Social sharing card



Walk in leaflet



Mobile unit branding



Retail site clinic branding







We've have amazing support across government, academia, NHS, industry and community groups

- Launch events held in each region to meet stakeholders and discuss opportunities for joint working and promotion
- Regional advocates identified to help promote the programme, provide support in local media, hold VIP visits
- Plus, ongoing high level engagement with opinion formers in government, industry and the NHS



"We all stand to benefit from Our Future Health having participants from a wide range of socioeconomic backgrounds and ethnicities, and I would urge all of our communities to get involved"

Mayor of Newham, Rokhsana Fiaz

"Leeds City Council is delighted to see Our Future Health begin its regional roll-out here. This is a large and ground-breaking programme."

Tom Riordan, Chief Executive of Leeds City Council

Simon Lightwood MP on why he's supporting Our **Future Health**

The Member of Parliament for Wakefield is encouraging his constituents to join our programme so they can learn about their own health while helping the wider community



Professor Karim Raza: 'Our Future Health can be the next great success story' Spotlight - 28 October 2022

As Our Future Health launches a hub in Birmingham, local rheumatology researcher and clinician Professor Karim Raza speaks about the game-changing power of our



'This is a golden opportunity to future-proof our health': Why the Medical Director of **Bolton NHS Trust is proud to** join our programme

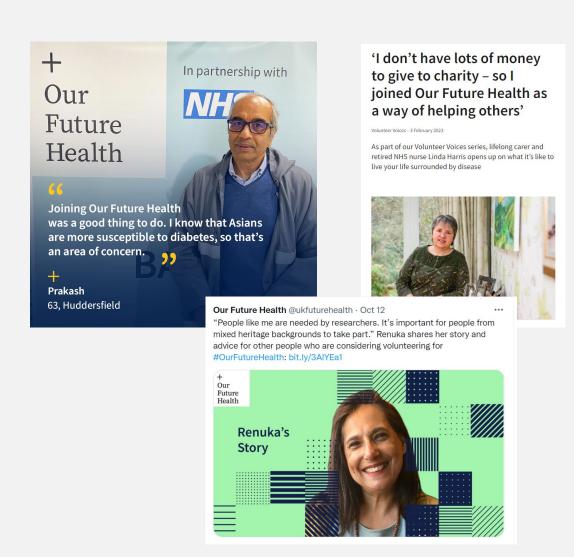
Spotlight - 24 January 2023

Dr Francis Andrews is encouraging the people of Bolton to volunteer for Our Future Health. He explains why he believes it will benefit people now - and in the future





We're running a powerful series of volunteer testimonials on our digital channels





'My mother's dementia changed the course of my life. I want to help beat this terrible disease'

Volunteer Voices – 12 January 2023

When Malcolm Gill became a full-time carer, he was horribly unprepared for the life he would lead. Now he's joining Our Future Health so that research can change the way we look at the condition



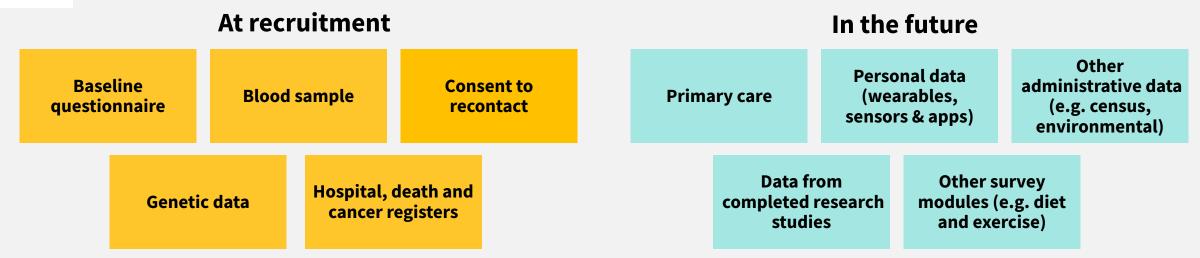
'I joined Our Future Health because I want to improve diversity in health research'

Volunteer Voices - 20 December 2022

Digital Health Futurist Maneesh Juneja speaks about the power of our programme for future generations – and how it's fixing a problem from the past



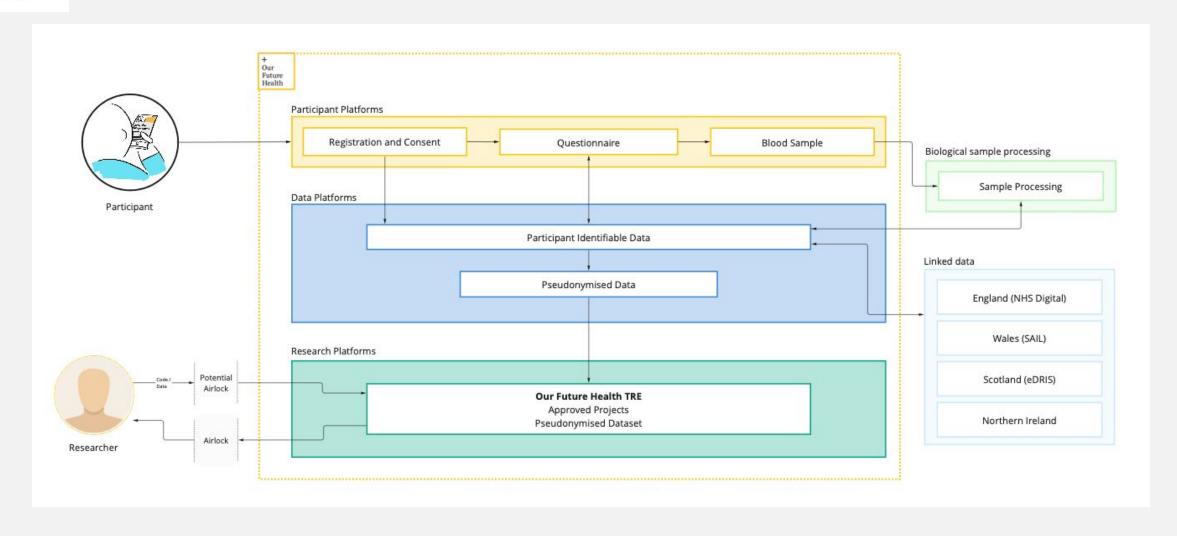
Building a detailed picture of our volunteers using health-related data



Delivering a unique resource enabling discovery and translational research studies

- Data will be made available in a Trusted Research Environment from June 2023
- Research can be based on existing data and stored samples (by end of this year)
- Volunteers provide consent to be contacted for deeper phenotyping, clinical, behavioural, research

Our Future Health Participant & Data Platform





Our Future Health will deliver evidence on the use of genomics in prevention and population health

- In partnership with Illumina, genotype the whole cohort with a custom SNP array incorporating up-to-date sets of disease- and phenotype-associated genetic variants and a backbone optimised for multi-ethnic imputation capability
- In partnership with Genomics plc make available PRSs on 53 common diseases and traits

We will

- Make the genetic and PRS data available to the research community in our TRE
- Offer participants the option of receiving personalised risk assessments incorporating their PRS results
- Work closely with representatives from across the UK health and care sector, including the NHS, to develop
 the approach to feedback and support if needed
- Invite participants based on their PRS results to participate in future research studies

How will the resource interface with the NHS?

- As part of recruitment, we are measuring and providing to participants information about their BMI, BP, Cholesterol and advice to seek clinical care if appropriate
- We plan to offer health related feedback this needs to be in collaboration with the NHS to provide a supportive environment. Such feedback will not be "clinical grade" but what do we do about enabling in the clinical record?
- We will have information about PGx genetic variants on up to 5m invidiuals how could this information help prescribing in the future?
- We will be generating information about detailed blood typing to the NHS Blood & Transplant Service enabling a continual improvement of the donation/transfusion service
- BUT in the future how can we effectively inter-operate with the clinical record allowing clinicians access to data we have if appropriate



How are we viewing the potential for use of SNOMED?

- We need to architect our data store which enables the storage of the data types we are considering and allows for future use cases in a way which is reproducible and flexible
- The research community have multiple preferences for "data models"
- Often healthcare data comes in an "aggregated" coding system e.g. instead of SNOMED codes from EHRs we get ICD coded summaries
- In the UK, once we get primary care data flows, SNOMED will be critical
- But there remain challenges
 - What about participant recorded information? How do we represent genomic data?
 - At what point in the data architecture do we "adopt"?



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