

Clinically Relevant Variants Resource

Erin M. Ramos, PhD, MPH
Division of Genomic Medicine
National Human Genome Research Institute

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NATIONAL
HUMAN GENOME
RESEARCH INSTITUTE

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OF HEALTH

DEPARTMENT OF
HEALTH & HUMAN SERVICES - USA

Imperatives for Genomic Medicine

Imperatives for genomic medicine



Opportunities for genomic medicine will come from simultaneously acquiring foundational knowledge of genome function, insights into disease biology and powerful genomic tools. The following imperatives will capitalize on these opportunities in the coming decade.

Making genomics-based diagnostics routine. Genomic technology

development so far has been driven by the research market. In the next decade, technology advances could enable a clinician to acquire a complete genomic diagnostic panel (including genomic, epigenomic, transcriptomic and microbiomic analyses) as routinely as a blood chemistry panel.

Defining the genetic components of disease. All diseases involve a genetic component. Genome sequencing could be used to determine the genetic variation underlying the full spectrum of diseases, from rare Mendelian to common complex disorders, through the study of upwards of a million patients; efforts should begin now to organize the necessary sample collections.

Comprehensive characterization of cancer genomes. A comprehensive genomic view of all cancers⁴⁻⁷ will reveal molecular taxonomies and altered pathways for each cancer subtype. Such information should lead to more robust diagnostic and therapeutic strategies and a roadmap for developing new treatments.⁷⁻¹⁵

Practical systems for clinical genomic informatics. Thousands of genomic variants associated with disease risk and treatment response are known, and many more will be discovered. New models for capturing and displaying these variants and their phenotypic consequences should be developed and incorporated into practical systems that make information available to patients and their healthcare providers, so that they can interpret and reinterpret the data as knowledge evolves.

The role of the human microbiome in health and disease. Many diseases are influenced by the microbial communities that inhabit our bodies (the microbiome)¹⁰¹. Recent initiatives^{102,103} (<http://www.human-microbiome.org>) are using new sequencing technologies to catalogue the resident microflora at distinct body sites, and studying correlations between specific diseases and the composition of the microbiome¹⁰⁴. More extensive studies are needed to build on these first revelations and to investigate approaches for manipulating the microbiome as a new therapeutic approach.

Practical systems for clinical genomic informatics:

“...many variants associated with disease risk and treatment response are known...”

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synthesis & evaluation of findings to identify clinically relevant variants

Need for Centralized Resource

- Genomics and health information technology systems: Exploring the issues (Apr 2011)
- Genomic Medicine Colloquium (Jun 2011)
- IOM Workshop on Integrating Large-scale Genomic Information into Clinical Practice (Jul 2011)
- NHLBI Workshop on Integration and Display of Genetic Test Results within EHRs (Aug 2011)

Characterizing and Displaying Genetic Variants for Clinical Action

December 1-2, 2011

Goal
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Workshop Recommendations

- Support clinical conservation
- Service organizations regarding
- Development for infrastructure

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The image shows a YouTube video player interface. At the top left is the YouTube logo. To its right is a search bar and navigation links for 'Browse' and 'Movies'. The video title is 'Opening Remarks - Marc Williams'. Below the title are buttons for 'GenomeTV', '+ Subscribe', and '355 videos'. The video frame shows a man with glasses and a beard, wearing a dark suit and a pink shirt, speaking at a podium with a microphone. The video player controls at the bottom show a play button, a volume icon, a progress bar at 0:09 / 1:25, and icons for closed captions, settings, and a timer. Below the video player, there are buttons for 'ClinAction Workshop - December 2011' and 'GenomeTV'.

<http://www.genome.gov/27546546>

Complex Decision Making Process

What is related?

Genotype-Phenotype Resources

What could be done?

Clinically Relevant Variants Resource

What will be done?

Clinicians, Institutions, Payers, Patients

ClinVar
GWAS Catalog
ISCA
OMIM
PharmGKB



Complex Decision Making Process

**Clinically
Relevant Variants
Resource**

Clinically Relevant Variants Resource: RFA-HG-12-016

Purpose: Support a process for identification and dissemination of consensus information on genetic variants relevant to clinical care

Goals:

1. Identify genetic variants with likely implications for clinical care and incorporate these variants and evidence into a resource
2. Establish a process for transferring this information to appropriate clinical organizations for guideline development
3. Build upon existing programs, unify, reduce duplicative efforts across research/clinical organizations

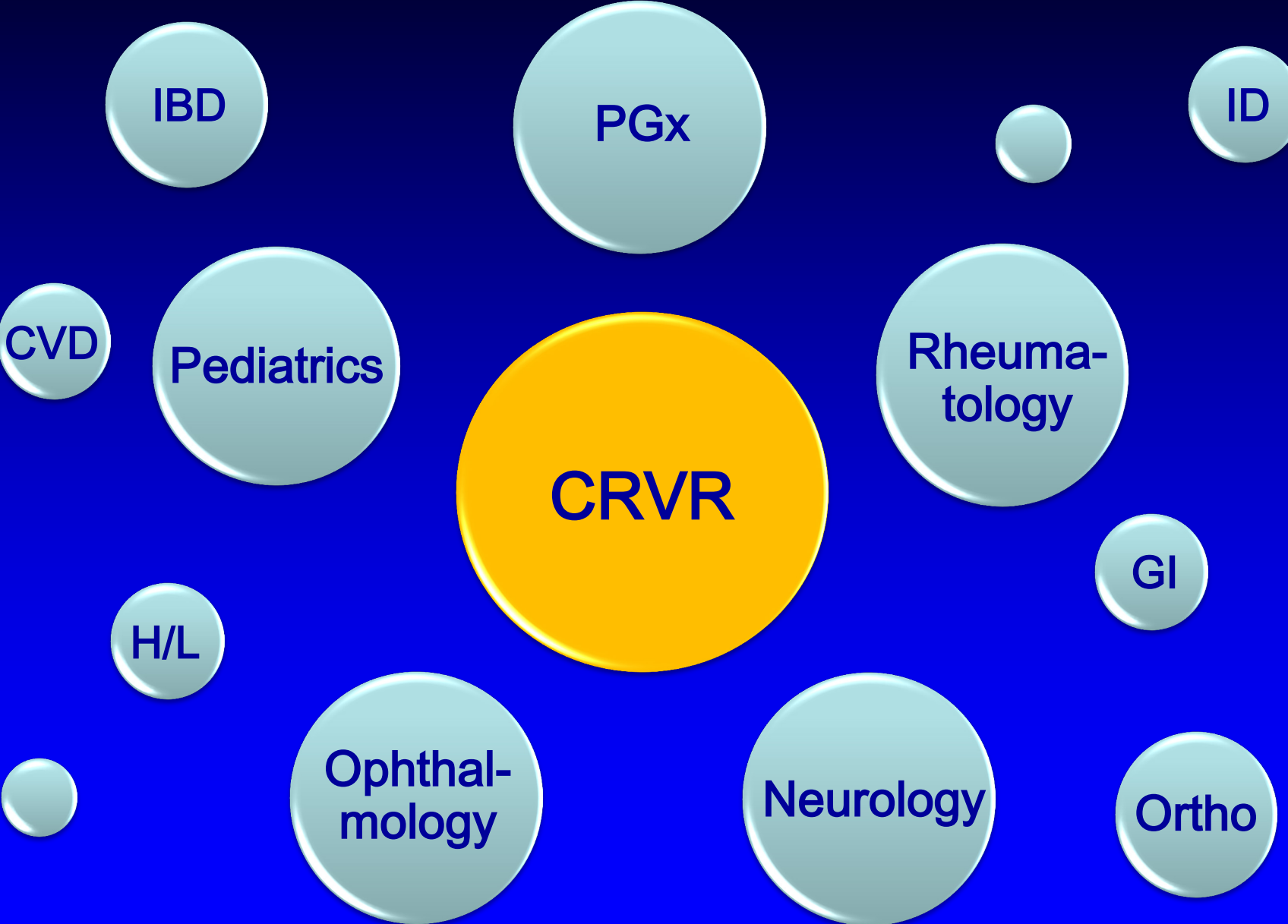
Funding

- Cooperative Agreement (U01)
- \$2M in FY13, \$4M/yr for FY14-FY16
- Program kick-off in Summer 2013
- Consider continuation if effectively developed and increasingly used

Synthesis/Curation

- Survey existing efforts, solicit participation
- Develop framework for evaluating available data and assessing degree of potential clinical relevance
- Generate sets of genes, variants, and supporting evidence for evaluation of clinical relevance
- Develop approaches for distributing curation & review of variants

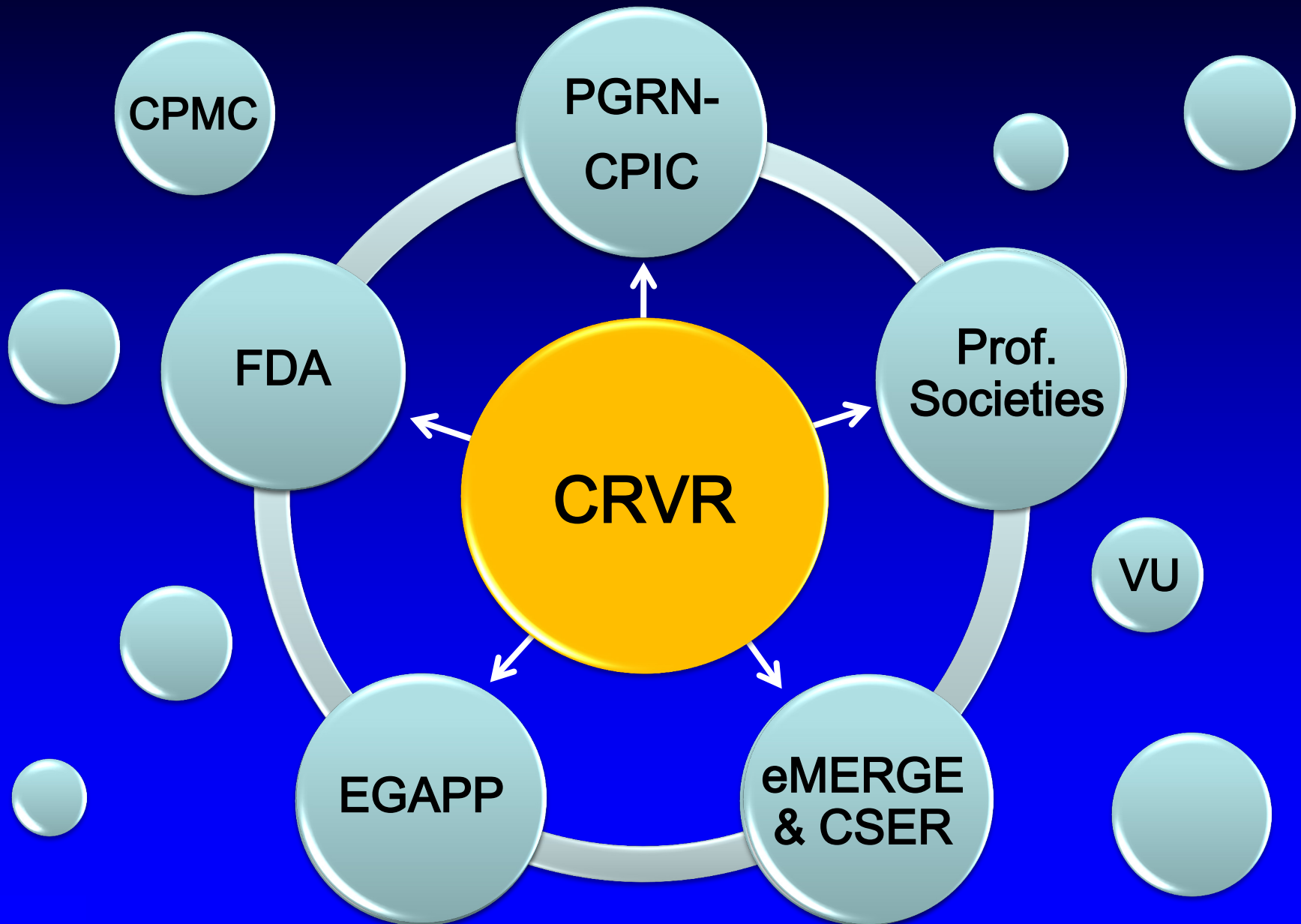
Consider Distributing Curation/Consensus Efforts



Dissemination

- Vet the specifications of the CRVR (data formats/interface) with relevant user communities
- Create user-friendly resource that includes the agreed-upon clinically relevant variants and their supporting evidence
- Ensure integration with other data resources (e.g., ClinVar)
- Disseminate consensus findings to clinical & research communities

Ensuring Coordination with Related Efforts

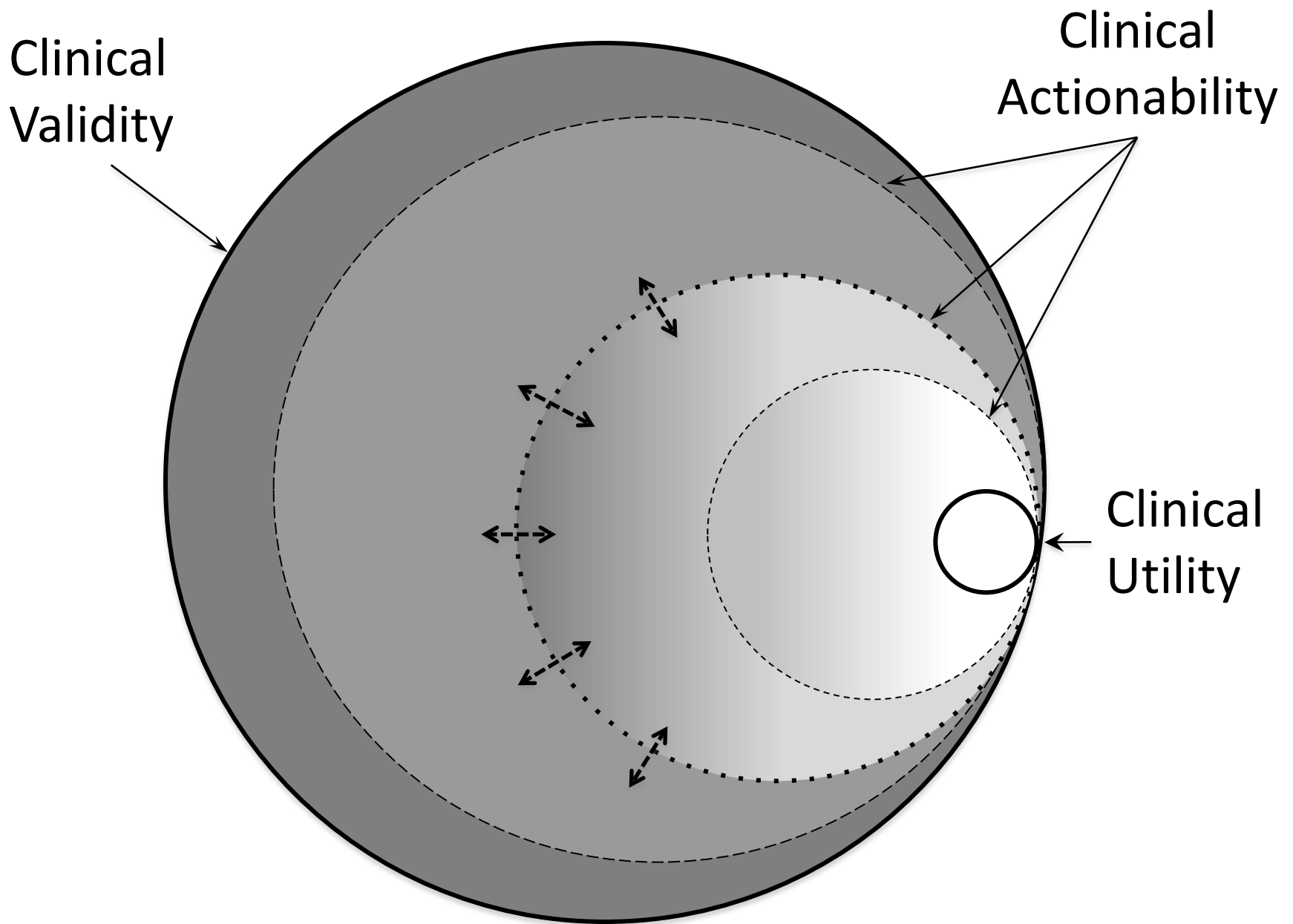


CRVR Professional Organizations Committee

- Provide input on development and use of CRVR
- Facilitate interactions between stakeholders
- Meetings
 - 2+ teleconferences/year
 - Joint teleconference w/ Steering Committee (SC)
 - Representatives to attend SC meetings



genome.gov



Legend: Schematic diagram showing overlap of clinical validity (outer boundary, containing all genetic variants with a valid clinical association), clinical utility (inner white circle), and the boundaries of clinical actionability (shaded circles). Depending on the criteria used to define "actionability" (depicted by double arrows) the boundaries could be more or less inclusive (dashed circles).

Courtesy: J. Berg

Workshop Recommendations

- Encourage the dissemination of decision support logic and interpretive tools, including making a publicly available library, to enable diverse EHR systems to use the same logic and tools when developing clinical decision support tools.
- Coordinate with US and UK agencies (AHRQ, ONC, NHS), EHR vendors, and others to address data interoperability and viable approaches for integrating genomic information & actionable variants into EHR systems