



# IGNITE & Beyond Workshop Summary

Chanita Hughes-Halbert  
NACHGR member

May 8, 2017

# IGNITE & Beyond Workshop

- Identify and prioritize scientific opportunities to fill evidence gaps in genomic medicine implementation
- Make recommendations for future research in genomic medicine implementation
- Evaluate the key contributions of IGNITE



# IGNITE Goals



- Develop new collaborations in diverse settings and populations
- Expand and link existing genomic medicine efforts
- Contribute to evidence base of outcomes to support using genomic information in clinical settings
- Incorporate genomic information into EHR systems; new CDS strategies

## IGNITE Goals (cont.)

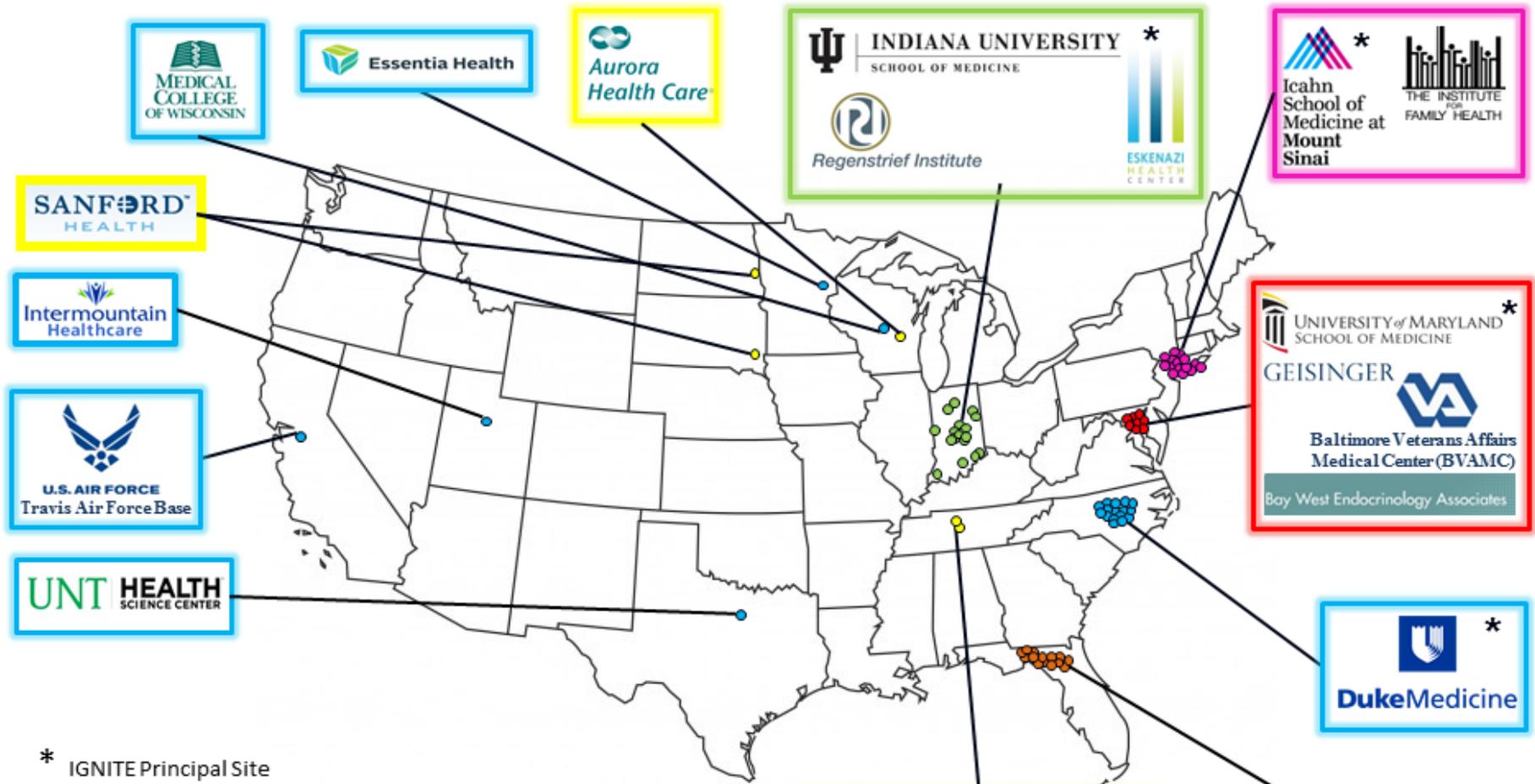


- Develop novel patient and provider educational models to promote genomic literacy
- Engage patients, clinicians, researchers, and payers to demonstrate the value of using genomic information through genotyping, sequencing, and family history
- Define, share, and disseminate best practices of implementation, diffusion, and sustainability

# IGNITE Network



- 6 demonstration projects, hub and spoke design
- Focus on real-world health care delivery
- Coordinating Center
  - Logistics planning
  - Support and coordinate network activities
  - Cultivate communication and collaboration with external groups implementing genomic medicine
  - Increase visibility of IGNITE



\* IGNITE Principal Site

	Duke University	Family History
	Mount Sinai School of Medicine	Hypertension and CKD
	University of Florida	Pharmacogenomics
	Vanderbilt University	Pharmacogenomics
	University of Maryland	Diabetes
	Indiana University	Pharmacogenomics

\* **VANDERBILT UNIVERSITY**  
**MEDICAL CENTER**

Middle Tennessee Research Institute (MTRI) at Nashville Veterans Affairs Medical Center

Nashville General Hospital at Meharry

© Metropolitan Nashville Hospital Authority

**UF UNIVERSITY of FLORIDA** \*

**UFHealth**  
 UNIVERSITY OF FLORIDA HEALTH

health IMPACTS FOR FLORIDA  
 A UF FSU Collaboration Integrating Medical Practice and Community-based Translational Science

## IGNITE Project Sites

Duke  
University

- Family health history risk data collection via web-based platform

Geoff  
Ginsburg,  
Lori  
Orlando

- Variety of practice environments and populations
- Generate high quality risk information for patients

Indiana  
University

Todd Skaar,  
Paul Dexter

- Pharmacogenomic panel for 24 drugs
- 26% of participants have a clinically actionable PGx variants
- Rapid implementation across state system

## IGNITE Project Sites

Mount  
Sinai

- APOL1 testing for adults with hypertension and self-reported African ancestry

Carol  
Horowitz

- High levels of interest in genomics research
- Limited concern regarding testing in patients

University  
of Florida

- CYP2C19 PGx testing for clopidogrel post-PCI
- Improved patient outcome via guided approach

Julie  
Johnson

- Creation of professional education and training programs

## IGNITE Project Sites

University of  
Maryland

Toni Pollin

- Genotyping for 40 genes associated with highly penetrant form of diabetes
- Improved accuracy of diagnosis, reduces unnecessary testing
- Improves overall patient care, limits diagnostic odyssey

Vanderbilt  
University

Josh Denny,  
Mia Levy

- Routine tumor gene mutation testing
- Prospective germline PGx testing for antiplatelet therapy
- Reduce adverse drug side effects

# Diversity in ancestry

**72,147 IGNITE participants**

Race/ethnicity	N	%
White, non-Hispanic	54,698	75
Black or African American	13,004	18
Hispanic/Latino	3,268	4
Asian	1,149	2
American Indian/Alaskan Native	15	0.02
Native Hawaiian/Pacific Islander	13	0.02

# IGNITE contributions to genomic medicine

- Informatics:
  - Variant to phenotype translation; using CDS to provide reliable information and interpretations
  - Developing CDS rules for different EMR systems; CDS-KB
- Reimbursement: Inform coverage decisions
  - Pharmacogenomics:
    - CYP2C19 testing and clopidogrel
- Education:
  - Developed guidelines for clinicians to communicate information about lower-risk testing to patients (e.g. PGx, family history)

# IGNITE SPARK Toolbox

TOOLBOX ▾

PUBLICATIONS

NEWS

EVENTS ▾

NETWORK ▾

ABOUT IGNITE

SEARCH

## Get Started

**Implementing**  
Genomics in Practice?  
Search **Clinical** Tools

Search...

**Researching**  
Genomics in Practice?  
Search **Research** Tools

Search...

Search **All** SPARK Tools

Search...

or

[Explore the SPARK Toolbox](#)



IGNITE at the Genomic Medicine X:  
Pharmacogenomics Meeting  
May 2-3, 2017 | Silver Spring, MD



Monthly CDKSB informatics webinar  
recordings now available in the  
IGNITE SPARK Toolbox  
SPARK Toolbox



Medical students learn how to care  
for patients at the genetic level  
IGNITE in the News

<https://ignite-genomics.org/>

# IGNITE & Beyond Workshop Objectives

- Evaluate the key contributions of IGNITE
- Identify and prioritize scientific opportunities to fill evidence gaps in genomic medicine implementation
- Make recommendations for future research in genomic medicine implementation

***How do we make genomic medicine part of routine clinical care?***

***Outstanding barriers and challenges to uptake?***



# Workshop Format

## Four sessions

- Implementation
- Clinical informatics
- Clinical evidence
- Economic considerations

## Focus topics

- State of the science and gaps
- IGNITE highlights and opportunities
- Recommendations

## Attendees

- IGNITE Network investigators
- IGNITE External Scientific Panel members
- IGNITE Affiliate members
- Scientists engaged in genomic medicine implementation research

Total 86 attendees including 6 Council members

# Key Recommendations: Implementation



- Foster robust **collaborations**: academic + community centers
- Prioritize inclusion of **underrepresented populations** and diverse researchers and clinicians to reduce disparities
  - Focus on linguistic diversity, rural populations, smaller clinics, economic diversity
- Create **genomic medicine resource center**; educational materials

# Key Recommendations: Clinical informatics



- Promote **harmonization** and consolidation of information standards across various EHR/CDS network
- Focus on **CDS interfaces** at different levels (patient, provider, etc.)
- Ensure that **new advances** in genomic medicine or CDS are made available to the community
- Collate CDS rules into a **public repository** using existing resources

# Key Recommendations: Clinical evidence



- Conduct **larger, network-wide studies**
  - Address important clinical issues; **specific outcomes**
  - Generate **evidence**
- Involve representatives from **health insurance companies**
- Utilize **cost effectiveness** information of different treatments
- Communicate **utility of genomic medicine** to different types of clinicians (nurses, residents, etc.)
- Foster systematic collection, creation, evaluation and evidence synthesis of genomic studies made **publically available**

# Key Recommendations: Economics



- Develop measures of **societal and personal utility** for genomic testing
  - Need to validate these measures
- Communicate with **stakeholders** during study development
- Establish **economic data source standards**
- Explore **economic downstream value** of genomic medicine

# Prioritization and Implementation of Recommendations



# Acknowledgements

## IGNITE NHGRI Program Staff

Colette Fletcher-Hoppe

Heather Junkins

Nicole Lockhart

Ebony Madden

Teri Manolio

Jeff Struewing

Simona Volpi

## IGNITE and Beyond Planning Committee

Lon Cardon

Chris Chute

Katrina Goddard

Howard McLeod

Casey Overby

*IGNITE and Beyond* workshop speakers, discussants,  
moderators, and other participants