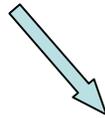


While geneticists have advanced the biology, population and clinical scientists have not done enough to assess its utility.

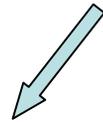
***What is missing are mechanisms to evaluate the contribution of molecular genetics to the treatment and prevention of common disease, and translate this knowledge into practice.***

# Stages of Molecular Research: Discovery to Application

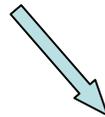
1. Technology to sequence and genotype



2. Localize susceptibility variants in the genome

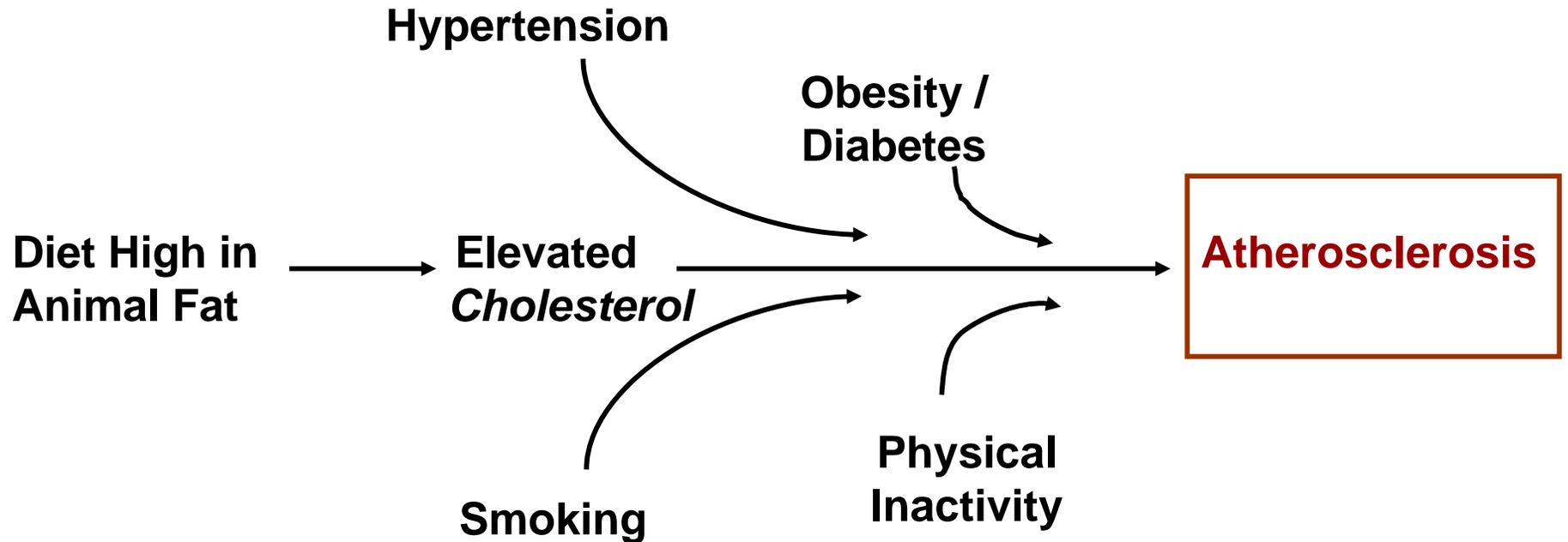


3. Define molecular mechanisms ?



4. Clinical application ??????

# Causal Process in Atherosclerosis



## **Risk stratification : Revisiting the High Risk vs. Population Strategy**

Assumption:

Persons known to be at high risk will benefit from earlier, more intensive interventions, either through lifestyle or drugs.

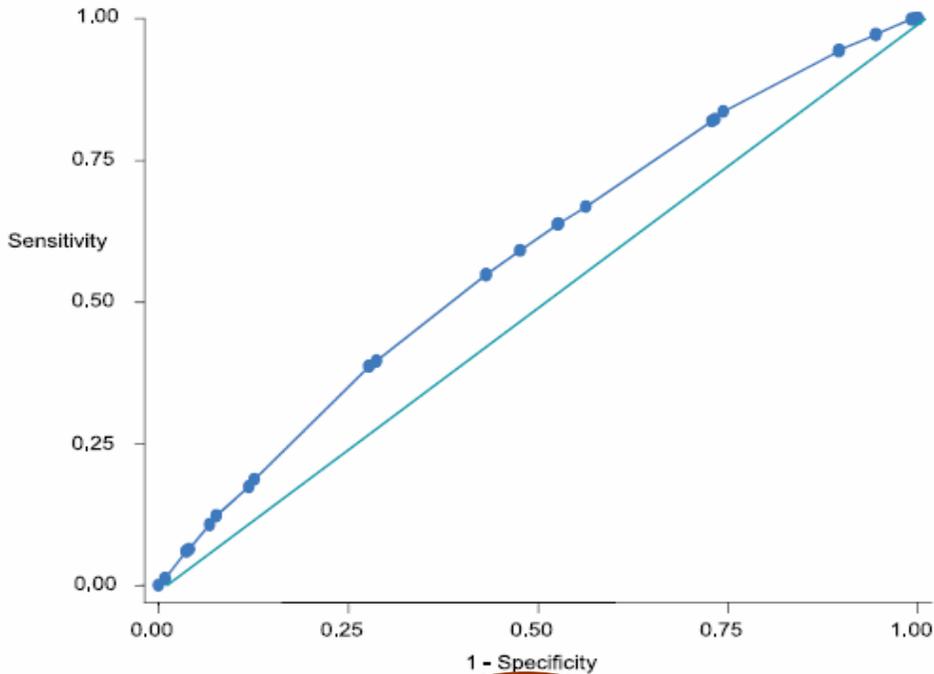
Response:

Risk stratification has important limitations as a public health strategy. When both exposure and susceptibility are widespread, population-wide measures are often the most effective (e.g., smoking, cholesterol).

Likewise, the phenotype (eg,  $\uparrow$  BP) is likely to provide more information than the genotype.

# Predicting Diabetes from Known Susceptibility Genes vs. Clinical Measurements

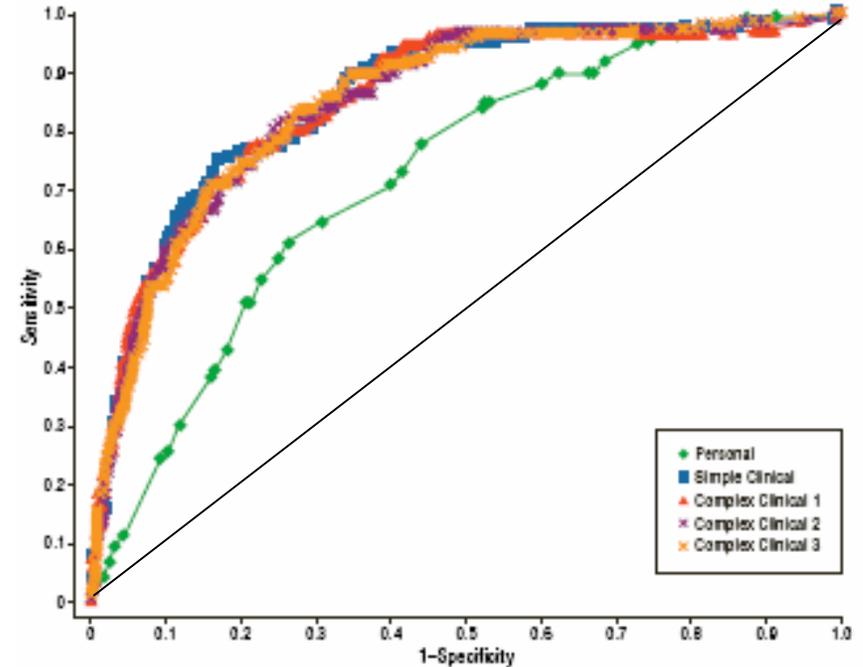
ROC for Information Provided by TCF7L2, PPARG, and CNJ11 Variants



**AUC = 0.58**

Weedon et al. PLoS Med 2006;3:1877

ROC for Information Provided by BMI, FBG, Family Hx, BP, HDL



**AUC = 0.88**

Wilson et al. Arch Int Med 2007;167:1068