

Recent Activities of The American College of Medical Genetics and Genomics

The American College of Medical Genetic and Genomics (ACMG) is the professional home to over 1750 members, nearly 80% of whom are board certified clinical and laboratory geneticists and genetic counselors; it is the only nationally recognized medical organization dedicated to improving health through the practice of medical genetics and genomics. ACMG's mission, as redefined in the 2015-2019 Strategic Plan, is to "develop and sustain genetic and genomic initiatives in clinical and laboratory practice, education and advocacy." Thus, three guiding pillars underpin ACMG activities: 1) Clinical and Laboratory Practice: Establish the paradigm of genomic medicine by issuing statements and evidence-based or expert clinical and laboratory practice guidelines and through descriptions of best practices for the delivery of genomic medicine. 2) Education: Provide education and tools for medical geneticists, other health professionals and the public and grow the genetics workforce. 3) Advocacy: Work with policymakers and payers to support the responsible application of genomics in medical practice. This report highlights key activities of the ACMG between February and April 2015.

Leadership, Advocacy and Practice Updates

New Directors and Board Officers Began Terms on April 1st

The following individuals have begun new terms or offices on the ACMG Board of Directors: Gerald Feldman, MD, PhD, FACMG (President); Gail E. Herman, MD, PhD, FACMG (Past President); Louanne Hudgins, MD, FACMG (President-Elect); Christa L. Martin, PhD, FACMG (VP, Laboratory Genetics); Maren T. Scheuner, MD, MPH, FACMG (VP, Clinical Genetics); Soma Das, PhD, FACMG (Secretary); Robert D. Steiner, MD, FACMG (Treasurer); Tina Cowan, PhD, FACMG (Biochemical Genetics Director); Susan D. Klugman, MD, FACMG (Clinical Genetics Director); Mary C. (Katy) Phelan, PhD, FACMG (Cytogenetics Director) and Amy Roberts, MD, FACMG (Clinical Genetics Director). [Note: Dr. Mary Norton was originally elected as a new ACMG Board member but was subsequently selected as president-elect of the Society for Maternal-Fetal Medicine, which precluded her from serving simultaneously on the ACMG Board.]

Five ACMG Directors completed their terms on the ACMG Board in 2015: Greg Grabowski, MD, FACMG; Anthony R. Gregg, MD, FACMG; Wayne Grody, MD, PhD, FACMG; John Mulvihill, MD, FACMG; and Kathleen Rao, PhD, FACMG.

Advocacy Updates

ACMG continues to address the issues presented by FDA's new guidance on the regulation of Laboratory Developed Tests (LDTs). Many in the laboratory community consider the LDTs to be locally developed and delivered clinical procedures rather than the types of classical laboratory tests to be regulated by FDA.

ACMG is also working with Congressional offices that are interested in improving the education of providers and patients who have to make decisions about pregnancies identified as being at risk of genetic diseases based on results of non-invasive prenatal screening (NIPS).

We continue to monitor the implications of the Protecting Access to Medicare Act for genetic testing laboratories. It is clear that in this area of testing, reducing reimbursement to the lowest level of any payer would have significant implications for the viability of academic laboratories and the innovation required to improve genetic and genomic testing, as well as the access of patients to services.

New ACMG Position Statement Addresses Clinical Utility of Genetic and Genomic Services

In response to a statement put forth by the Centers for Medicare and Medicaid Services the ACMG Board of Directors recently published *Clinical utility of genetic and genomic services: a position statement of the American College of Medical Genetics and Genomics* [PMID: 25764213; and see attached]. In the broadest sense, we define "clinical

utility” as the likelihood that a given intervention (*e.g.*, genetic or genomic testing information) will lead to an improved health outcome. In this case, a clinical genetics evaluation, with or without testing, can provide information about diagnosis and etiology, treatment, management, or prevention of a disease that will be helpful patients and their family. ACMG argues that there is important clinical utility related to genetic/genomic information in three main areas: 1) Clinical Utility for Individual Patients; 2) Clinical Utility for Families; and 3) Clinical Utility for Society.

ACMG’s Past-President, Dr. Gail Herman, FACMG said, "The value of a genetic diagnosis is immeasurable — not just psychologically but also financially. It often brings resolution to the costly diagnostic odyssey that is pursued — sometimes over the course of years — in a quest to establish a diagnosis. New DNA sequencing technologies are greatly expanding the number of causative genes known for genetic disorders. We are finding that for many rare genetic disorders identified in children, there is a new mutation not carried by either parent. This finding dramatically lowers the recurrence risk for future children and is extremely important for family planning. Further gene identification is a necessary first step for future development of specific treatment [as well as for establishing eligibility for clinical trials]. Finally, for many adult disorders, such as inherited forms of cancer susceptibility, specific diagnosis enables testing other at risk family members and can often prevent disease or lead to earlier diagnosis with greatly improved prognosis."

This new ACMG Position Statement has been well received by the scientific and public policy communities, and will be published in the June 2015 print issue of *Genetics in Medicine*. It can be accessed online at https://www.acmg.net/docs/ACMG_Position_Statement_Clinical_Utility_of_Genetic_and_Genomic_Services_AOP.pdf

ACMG Collaborates with National Reproductive Genetics Leaders: Joint Statement on Expanded Carrier Screening in Reproductive Medicine Released

The American College of Medical Genetics and Genomics, along with the American College of Obstetricians (ACOG) and Gynecologists, the National Society of Genetic Counselors, the Society for Maternal-Fetal Medicine and Perinatal Quality Foundation recently released a new Joint Statement, *Expanded Carrier Screening in Reproductive Medicine - Points to Consider*. (*Obstetrics and Gynecology* 125(3): 653-662, March 2015)

Anthony R. Gregg, MD, FACOG, FACMG, ACMG’s outgoing VP for Clinical Genetics and a co-author of the Joint Statement said, “This document is ... a blueprint of expanded carrier screening in clinical practice. It serves obstetric care providers by helping them navigate pretest information to share with patients and concepts applicable to posttest follow-up. Importantly, pitfalls surrounding expanded carrier screening are described. ...[T]his document does not advocate for or against the universal implementation of expanded carrier screening. There is a paucity of scientifically sound information to guide professional organizations in taking a firm stance. For now, currently available practice guidelines (summarized in the joint document) authored by ACMG and ACOG prevail and these represent a minimum screening standard. Professional organizations may, at a later time, determine whether and to what extent patients should be informed of expanded screening technology.”

As an educational resource for clinicians and laboratories regarding the use of expanded genetic carrier screening in reproductive medicine the Statement illustrates an approach for healthcare providers and laboratories that wish to or who are currently offering expanded carrier screening to their patients. While not intended to replace existing practice guidelines and policy statements, it "offer[s] an opportunity for healthcare providers to better understand expanded carrier screening. Many more conditions, genes and variants are analyzed when expanded carrier screening is used compared with current screening approaches... However, [expanded carrier screening] introduces complexities that require special considerations." These span from issues related to informed consent and patient decision making, to inter-population variability, test interpretation, and laboratory concerns regarding panel development and test performance. A referral to a medical genetics healthcare professional is recommended, as appropriate, when following up on test results.

ACMG Issues New Joint Guidelines for Determining Disease-Causing Potential of DNA Sequence Variations

In an effort to standardize interpretation and reporting of genomic test results, ACMG was joined by colleagues from the Association for Molecular Pathology and the College of American Pathologists to develop an evidence-based gene variant classification system and accompanying standard terminology. *Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology*. [PMID: 25741868] is published in the May 2015 issue of *Genetics in Medicine*. The new system that is the subject of this lengthy guideline is designed to assist genetic testing laboratories and clinical geneticists in the critical task of assigning the disease-causing potential to the many different genetic variants that individuals have in their DNA. For the first time, labs will now be able to classify and report genomic variants in the same way, using standardized definitions. To develop the guidelines the multi-disciplinary workgroup

sought input from the clinical genetics community through surveys and workshops at professional society meetings. The result is a consensus document that reflects that input.

Navigating the complexity of genetic evidence and weighing the strength of that evidence remains challenging for laboratories. This guideline will help provide a consistent framework for that process. As clinical laboratories increasingly share their variant interpretations in the public domain through ClinVar, differences in variant interpretation will be identified. It is the authors' hope that laboratories will use the ACMG guidelines as a best standard in resolving any differences in variant interpretation. The new ACMG guideline provides five standard classifications: "pathogenic," "likely pathogenic," "uncertain significance," "likely benign," and "benign," along with standard definitions for each term. These new standards may place more variants in the variant of uncertain significance (VUS) category, because there is not enough scientific evidence to state with confidence that they do or do not cause disease. The new guidelines recommend that a VUS should not be used in clinical decision-making. The workgroup stressed that physicians should combine genomic results with other evidence of disease whenever possible. Although these guidelines are targeted to clinical laboratories, the same approaches can be applied in the research setting and help improve the quality of published literature and the genetic claims being made.

The ACMG strongly recommends that clinical molecular genetic testing be performed in a CLIA-approved laboratory with results interpreted by a board-certified clinical molecular geneticist or molecular genetic pathologist or equivalent. Finally, it should be noted that these new guidelines cover only genetic variants that are inherited, not those genetic changes that arise in a specific cell within a tumor. Neither do the guidelines cover genetic changes that may contribute to complex diseases such as diabetes or heart disease. Guidelines for the interpretation of complex disease traits remain under study.

Grant and Contract Updates

The Clinical Genome Resource Project (ClinGen)

Much of ACMG's involvement in ClinGen relates to ClinGen's Clinical Domain Work Groups. In addition to Work Groups now meeting in the areas of pharmacogenetics, metabolic disease genetics, cardiovascular genomics, and heritable cancer genomics, somatic cancer genetics is now meeting and neurogenetics will be the next domain to be developed. We also work closely with external groups that may become external expert groups in other or already operating domains.

ClinGen /DECIPHER Public Meeting to be held May 27-28: Formerly known as the International Collaboration for Genomics Annual Meeting, this year the ClinGen Project will be collaborating with colleagues from DECIPHER to co-host a two-day meeting, "Advancing Genomic Medicine through Collaboration and Data Sharing". The meeting will be held at the Renaissance Washington, DC Downtown hotel, May 27-28, 2015. More information can be found at <http://www.clinicalgenome.org/events-news/events-conferences/2015-clingen-meeting/>. (DECIPHER, the **D**atabas**E** of **g**enomi**C** **v**ariation and **P**henotype in **H**umans using **E**nsembl **R**esources, is an interactive web-based database supported by the Sanger Institute in the UK, which incorporates a suite of tools designed to aid the interpretation of genomic variants.)

The Newborn Screening Translational Research Network (NBSTRN)

Now in its seventh year at ACMG, the mission of the NICHD-NIH funded Newborn Screening Translational Research Network (NBSTRN) is to improve the health outcomes of newborns with genetic or congenital disorders through an infrastructure that allows investigators access to robust resources for newborn screening research. The NBSTRN infrastructure includes three tools; the Virtual Repository of Dried Blood Spots (VRDBS), the Longitudinal Pediatric Data Resource (LPDR), and the Region 4 Stork Database (R4S). Recently, the NBSTRN launched the ELSI Advantage, a new resource for NBS researchers that addresses ethical, legal and social issues. This tool is comprised of an interactive website that contains information on IRB's, NBS related FAQ's, and templates to customize your own Consent Forms. Visit the NBSTRN.org for more information.

Much of the current activity in the NBSTRN involves responding to recent changes in the Newborn Screening Saves Lives Act that has required consent for the use of newborn dried blood spots in federally-funded research. This put the multistate pilot study for Pompe disease on hold until it was recently determined that it did not meet the federal definition of research and, therefore, was allowed to continue. However, the implications of this law for other pilots under development (*e.g.*, Duchenne and Becker muscular dystrophies) remains to be resolved when OHRP responds to their charge of aligning newborn screening research with the common rule.

The National Coordinating Center for the Regional Genetic Service Collaboratives (NCC)

Since 2004, ACMG has served as the National Coordinating Center (NCC) for the seven Health Resources and Services

Administration (HRSA) Genetics Collaboratives (RCs), through a cooperative agreement with HRSA. In February, ACMG responded to a funding announcement to continue in our role as the NCC for a two-year renewal period. In late March, we received notice that funding had been awarded funding to continue our cooperative agreement with HRSA. Genetic Alliance will remain a valued and important partner in this effort by coordinating the National Genetics Education and Consumer Network (NGECN), a key component of the NCC.

The 2015-2017 funding cycle represents the beginning of a new direction for the HRSA NCC/RC system. The following NCC goals outline this new direction. The NCC will: 1) develop a framework for regional genetic care centers; 2) provide an infrastructure that strengthens communication and collaboration between the RCs, offer technical and clinical expertise as needed, promote and disseminate outcomes of RC activities; and 3) implement the NGECN.

To support the first goal, the NCC has begun holding listening sessions in advance of a national needs assessment. Participants are currently being queried about their perspectives on what are considered genetic services, existing gaps and unaddressed needs in genetic services, strategies for addressing identified needs, the public health role in genetics, and to provide guidance on the overall project. Individuals interested in participating should contact Alisha Keehn, NCC Project Manager, at akeehn@acmg.net.

June 15th Dialogue: Addressing and Paying for Genetic Services in Integrated Delivery Systems. During its current funding cycle the NCC has worked to address gaps in access to and financing of genetic services across the lifespan and across healthcare delivery systems. At the time of the rollout of the ACA and the state exchanges the NCC was funded to carry out several system-wide projects aimed at understanding the impact of the ACA on essential healthcare services and access for individuals with genetic conditions.

As the culmination of this work one of these projects, *Genetic Considerations for Accountable Care Organizations and Integrated Care Delivery Systems*, is convening a (free) national meeting of insurers, policymakers, healthcare providers, delivery systems, consumers, regional collaborative leadership, advocacy organizations and public health on June 15, 2015 at the Hyatt Capitol Hill, Washington, DC. The goal of the meeting is to engage as broad a group of thought-leaders and stakeholders as possible to further identify essential genetic/genomic healthcare services and the approaches and barriers to providing those needed services. Through a structured dialogue we hope to identify gaps and feasible solutions that can be developed into a framework the NCC/RC system can use to collaborate with integrated delivery systems and payers to move towards solutions that will improve access to and availability of genetic services across the lifespan and across service delivery systems. The Registration link is ncchafacgt.eventbrite.com.

Genetics in Medicine Update

The following laboratory practice guideline was published in ACMG's monthly journal, *Genetics in Medicine (GIM)*, between February and May 2015.

Richards S, Aziz N, Bale S, Bick D, Das S, Gastier-Foster J, Grody WW, Hegde M, Lyon E, Spector E, Voelkerding K, and Rehm HL: on behalf of the ACMG Laboratory Quality Assurance Committee. **Standards and guidelines for the interpretation of sequence variants: a joint consensus recommendation of the American College of Medical Genetics and Genomics and the Association for Molecular Pathology.** *Genet Med* 17(5):405-424 (May 2015) PMID: 25741868

Use the URL <http://feeds.nature.com/gim/podcast/current> to access *Genetics in Medicine's* monthly Podcast, known as *GenePod*, to hear live a discussion of a timely (and often controversial) article from the most recent published journal.

Meetings and Education Updates

ACMG's Monthly Live Online Genomics Case Conferences to Resume in September

Case Conferences provide a valuable opportunity to learn from an exchange of ideas by a multidisciplinary team of experts, all of whom bring unique perspectives to solving a clinical problem. Each month between November 2014 and May 2015 ACMG ran a very popular series of monthly live genomics case conferences, reaching physicians, geneticists, laboratory personnel, genetic counselors and other healthcare professionals via a live, interactive webcast. Each conference featured a team from a selected institution leading a discussion, and answering viewer questions about intriguing, complex or difficult patient cases with a main focus on the adaptation of exome or genome sequencing technology in clinical care — from pediatric to cancer, adult, cardiac and reproductive genetics. It is estimated that over 1000 viewers have participated in each session in real time.

The Case Conferences are held on the third Wednesday of each month from 2:00-3:00 PM ET. The last session before the summer break will be on May 20th, hosted by the Albert Einstein College of Medicine. Online attendance is free and

ACMG members are given first access to registration. For those unable to attend, the taped Case Conference can be viewed at a later date through the ACMG Online Learning Center at www.acmg.net/education. *ACMG is grateful to QIAGEN Bioinformatics and the Ingenuity Clinical Decision Support Platform for their support of this educational series.*

Report from the 2015 ACMG Annual Clinical Genetics Meeting

ACMG's Annual Meeting, held in Salt Lake City, Utah from March 24-28 was noteworthy for its record-breaking attendance, number of exhibits and outstanding educational opportunities that met the needs of everyone who attended. The continuing growth pattern of the ACMG Annual Meeting — well above the national average for scientific and medical society meetings — is a direct reflection of rapid developments in medical genetics and genomics. Professional attendance at the meeting was 2,365, with an overall attendance of 3,036 including guests, press, and exhibit personnel — a 17% increase over the 2013 meeting. The Exhibition was the largest to date for ACMG, with 150 exhibiting companies occupying 22,000 square feet of exhibit space, 14 Exhibit Theater Presentations and over 700 Poster Presentations displaying the latest research in genetics and genomics.

Educational sessions consisted of short courses, workshops, scientific plenary and concurrent sessions, and oral platform presentations, all covering a wide range of topics in clinical and laboratory genetics, genetics education, public health and policy. Nearly 500 attendees participated in the two preconference Short Courses — *Cancer Genetics: Translation of New Concepts to Clinical Care* and *Clinical Exome Sequencing*. There were also a number of events just for residents, fellows and other medical genetics trainees throughout the meeting.

One afternoon of the meeting was devoted to the 46th Annual March of Dimes Clinical Genetics Conference, *Interdisciplinary Approach to Disorders of Sex Development (DSD): From Genes to Quality of Life*. This session highlighted recent advances in genetic diagnosis of DSD using next generation sequencing technologies, overall management strategies for DSD, questions of genital surgery and gender assignment, issues around fertility in DSD, and the psychosocial management of these complex conditions. The R. Rodney Howell Symposium, *Genomics for the Healthy: Opportunities and Challenges in Applying Genomics to the Sphere of Public Health*, presented the full spectrum of public health genomic applications in the adult population, including emerging opportunities as well as challenges that must be addressed and overcome. *Big Data Meets Big Sequencing - A Vision for the Future* was the theme for a very well received Highlights Plenary. David Glazer, Director of Engineering at Google spoke on using big data to interpret the genome on a population level and Heidi Rehm, PhD, of Harvard Medical School, spoke about deciphering the genome with community-driven approaches and ClinVar activities. Finally, the Closing Plenary Session, held in conjunction with the Society of Inherited Metabolic Disorders meeting, featured joint plenary sessions, *Could It Be Metabolic? Practical Approaches to Common Presentations* and *Diagnosis of Metabolic Disease in the 21st Century*. The presentations explored follow-up sequence variants in genes in metabolic pathways, new approaches to metabolic testing, and how to incorporate phenotypic and laboratory data.

Those unable to attend the meeting may visit the ACMG YouTube Channel for a highlights video featuring the many activities that took place at the meeting. In addition, the scientific sessions and oral platform presentations were captured with audio synched to PowerPoints and these recordings are now available for purchase online at www.prolibraries.com/acmg. CME and CEU credits are available for an additional cost of \$30. After reviewing the sessions, individuals will take a test, complete an evaluation, access references and be able to print out a certificate.

2015 Genetics and Genomics Review Course

The 2015 Genetics and Genomics Review Course will be held in Tampa, FL, June 18-21, 2015. On-site and online options will be available. Registration information can be found at https://www.acmg.net/ACMG/ACMG_Events/Genetics_and_Genomics_Review_Course_2015/ACMG/ACMG_Events/2015_Genetics_Review_Course/GRC_Hompage.aspx?hkey=5bd262fd-6bf8-4c01-b2a3-ae5a27895.

2016 Annual Clinical Genetics Meeting Returns to Tampa

The 2016 ACMG Annual Meeting will be held March 8-12, 2016 in Tampa, FL. Registration, housing and online Abstract Submission will open at www.acmgmeeting.net in September 2015.

ACMG Foundation Updates

The ACMG's Foundation for Genetic and Genomic Medicine set new records in award making during the March Annual Clinical Genetics Meeting. The Foundation gave six awards — two of which were given for the first time — to nine recipients, for a total \$380,000. These awards were made possible by the generosity of our corporate partners and

individual donors, to whom the Foundation extends its greatest appreciation. A summary of the ACMG Foundation awards follows; more information is available at www.acmgfoundation.org.

- Anne O'Donnell Luria, MD, PhD, of Boston Children's Hospital, Mari Mori, MD, of Duke University, and Laurie Robak MD, PhD, of Baylor College of Medicine, are the 2015-2016 recipients of the **Pfizer/ACMG Foundation Clinical Genetics Combined Residency for Translational Genomic Scholars Fellowship Award**. This award provides in-depth clinical research training at a premier medical center with expertise and significant clinical volume in the area of biochemical genetics, including lysosomal storage diseases, as well as in therapeutics and clinical trials involving patients with these and other metabolic diseases, thereby to increasing the number of medical geneticists with interest, knowledge, and expertise in this area.
- Amy Kritzer, MD, of Boston Children's Hospital, and Ronit Marom, MD, PhD, of Baylor College of Medicine, are the 2015-2016 recipients of the **Genzyme/ACMG Foundation Medical Genetics Training Award in Clinical Biochemical Genetics**. This objective of this award is to: support training programs that advance education, research, and standards of practice in medical genetics; develop and expand clinical and laboratory expertise in medical genetics; and initiate and develop a broad-based infrastructure for industry funding of high quality projects in the fields of medical genetics. The award gives two individuals the opportunity to participate in an in-depth clinical and research experience at a premier medical center with expertise and significant clinical volume in the area of biochemical genetics, and grants a year of funding to each recipient's institution for the sponsorship of clinical genetics subspecialty training in biochemical genetics following residency.
- Patricia L. Hall, PhD, FACMG, of Emory University, received the **2015 Richard King Trainee Award** for her manuscript titled, "Postanalytical tools improve performance of newborn screening by tandem mass spectrometry," which was published in the December 2014 issue of *Genetics in Medicine*. Named for Dr. Richard King in recognition of his instrumental role in creating *Genetics in Medicine (GIM)* and serving as the first and founding Editor-in-Chief of the journal, this award was instituted by the ACMG Foundation to encourage ABMGG, international equivalents, or genetic counseling trainees in their careers and to foster the publication of the highest quality research in *GIM*. The *GIM* editorial board selects each year's winner by reviewing all articles published in the journal during that year, in which an ABMGG or genetic counseling trainee was either a first or corresponding author.
- Mindy H. Li, MD, of the University of Pennsylvania and Children's Hospital of Philadelphia, was the 2015 recipient of the **ACMG Foundation/PerkinElmer Diagnostics Travel Award** for her platform presentation, "Phenotype Capture and Utilization of a Common Electronic Health Record System to Evaluate Pediatric Individuals with Intellectual Disability Undergoing Exome Sequencing." Signature Genomics created this award in 2008 to recognize an ACMG member who is early in his/her career and first author of a platform presentation abstract for the scientific program.
- Stephanie Harris, MS, CGC is the first recipient of the **ACMG Foundation Carolyn Mills Lovell Award** and was selected for her poster presentation, "The Impact of Variant Reclassification on Hypertrophic Cardiomyopathy Research". She currently works as a genetic counselor in Cardiovascular Genetics at Brigham and Women's Hospital in Boston, MA. ACMG's Medical Director David Flannery, MD, FAAP, FACMG established this award to honor genetic counselor Carolyn Mills Lovell, MAT, MS, CGC. Dr. Flannery worked with Ms. Lovell for over 15 years while he was at the Medical College of Georgia of Georgia Regents University, and wanted to recognize the contributions and accomplishments of genetic counselors through an award. This award is given for the best abstract submitted by a genetic counselor to the ACMG Clinical Genetics Meeting and will be presented to one recipient annually through 2025.
- Marcus Miller, PhD, Molecular Genetics Laboratory Fellow at Baylor College of Medicine, is the proud recipient of the inaugural **ACMG Foundation/David L. Rimoin Inspiring Excellence Award**. He was selected to receive this award for his platform presentation at the Annual Meeting, "Metabolomic Analysis Uncovers Significant Trimethylamine N-oxide Production in Patients with Inborn Errors of Metabolism Requiring Supplemental Carnitine Despite Dietary Meat Restrictions." The David L. Rimoin Inspiring Excellence Award was created in memory of the late Dr. David L Rimoin, one of the founders of ACMG who passed away in 2012. Dr. Rimoin touched the lives of generations of patients as well as trainees and

colleagues. This award is given to a selected student, trainee, or junior faculty ACMG member whose abstract submission is chosen as a platform presentation during the ACMG Annual Clinical Genetics Meeting and complements the David L. Rimoin Lifetime Achievement Award, which will begin at the 2016 ACMG Annual Meeting.

The **2015 Summer Genetics Scholars Program (SGSP)** is ready to begin, with summer break rapidly approaching. Twenty-four institutions in seventeen states were selected to participate in this year's program, and two dozen rising second-year medical students have received their assignments for a 6-8 week hands' on experience in medical genetics and genomics. Continued support for SGSP is included in the ongoing fundraising efforts of the ACMG Foundation, with the intention of expanding the Program to include more deserving medical students in future years.

Further information about all ACMG activities and a full listing of our press releases and clinical genetics laboratory and practice guidelines can be found on our website at www.acmg.net. The ACMG website now houses an Online Learning Center, as well. ACMG uses Facebook, LinkedIn, YouTube, and Twitter to augment its educational and advocacy missions, provide news and resources related to medical genetics, and improve communication with and among its members and stakeholders.

*Submitted by Michael S. Watson, MS, PhD, FACMG
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