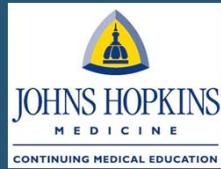




**Human
The Genomics Landscape
Circa 2016**

**Eric Green, M.D., Ph.D.
Director, NHGRI**

 National Human Genome Research Institute 



Current Topics in Genome Analysis 2016

Eric Green, M.D., Ph.D.

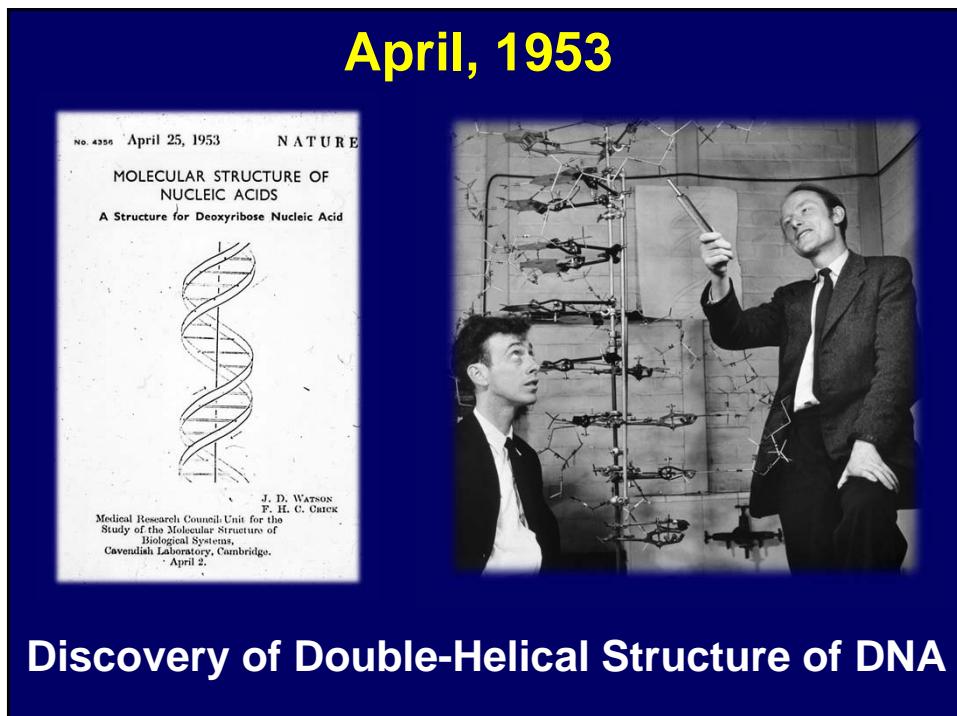
*No Relevant Financial Relationships with
Commercial Interests*


NATIONAL HUMAN GENOME RESEARCH INSTITUTE
Division of Intramural Research

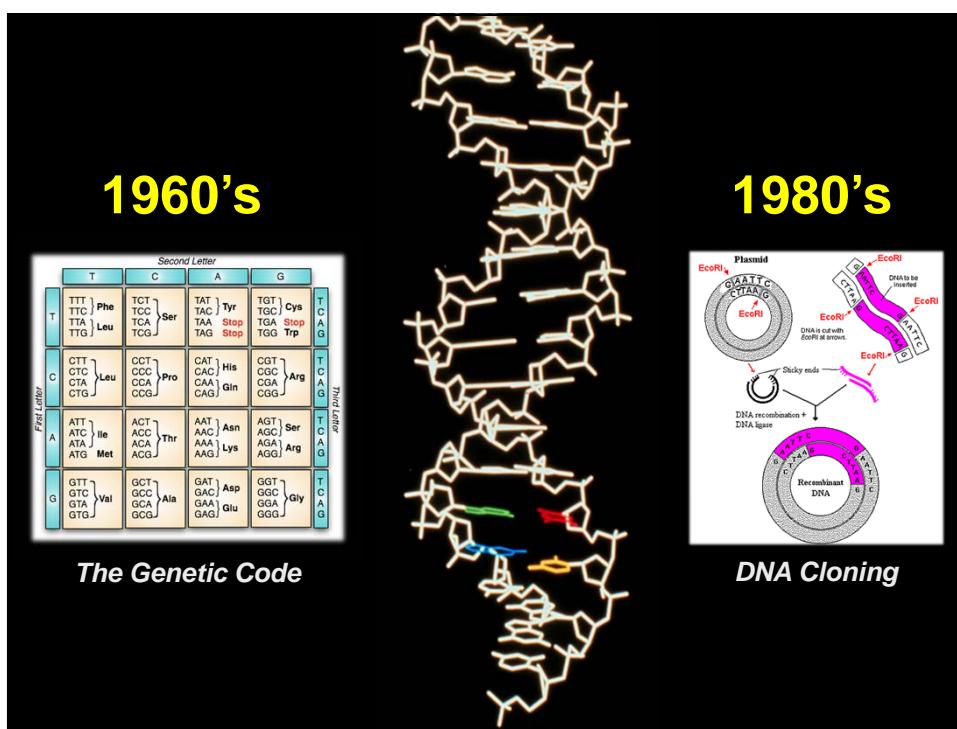
I. Historical Context for Genomics
II. Major Achievements since the Human Genome Project
III. The Human Genomics Landscape: 2016 and Beyond
>> Goal: Place Other Speakers into a Broader Context <<

Foundational Milestones in Genetics & Genomics

Mendel	Miescher	Avery	Watson & Crick
1865	1871	1944	1953



Discovery of Double-Helical Structure of DNA



The Origin of “Genomics”: 1987

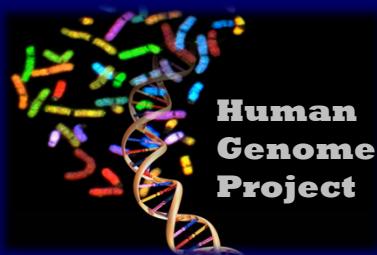
EDITORIAL

A New Discipline, A New Name, A New Journal

Genomics (1987)

“For the newly developing discipline of [genome] mapping/sequencing (including the analysis of the information), we have adopted the term GENOMICS...

Human Genome Project: 1990-2003



Twenty-five years of big biology

The Human Genome Project, which launched a quarter of a century ago this week, still holds lessons for the consortium-based science it ushered in, say Eric D. Green, James D. Watson and Francis S. Collins.

Nature (2015)



Myriad Applications of Genomics

Health, Disease, & Medicine

Genomic Medicine

An emerging medical discipline that involves using genomic information about an individual as part of their clinical care (e.g., for diagnostic or therapeutic decision-making) and the other implications of that clinical use



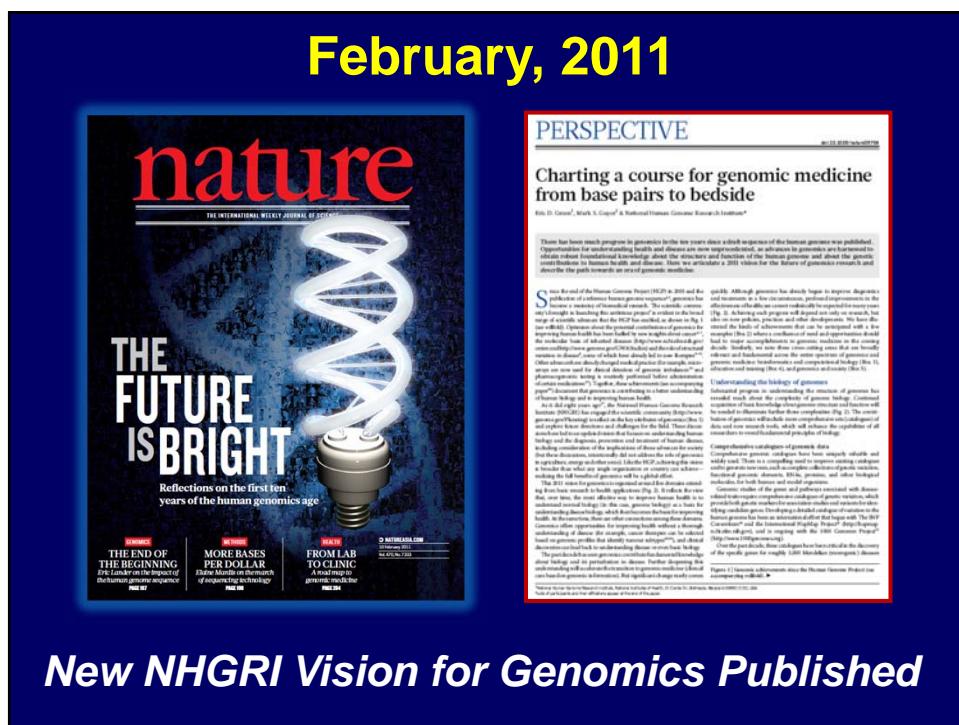
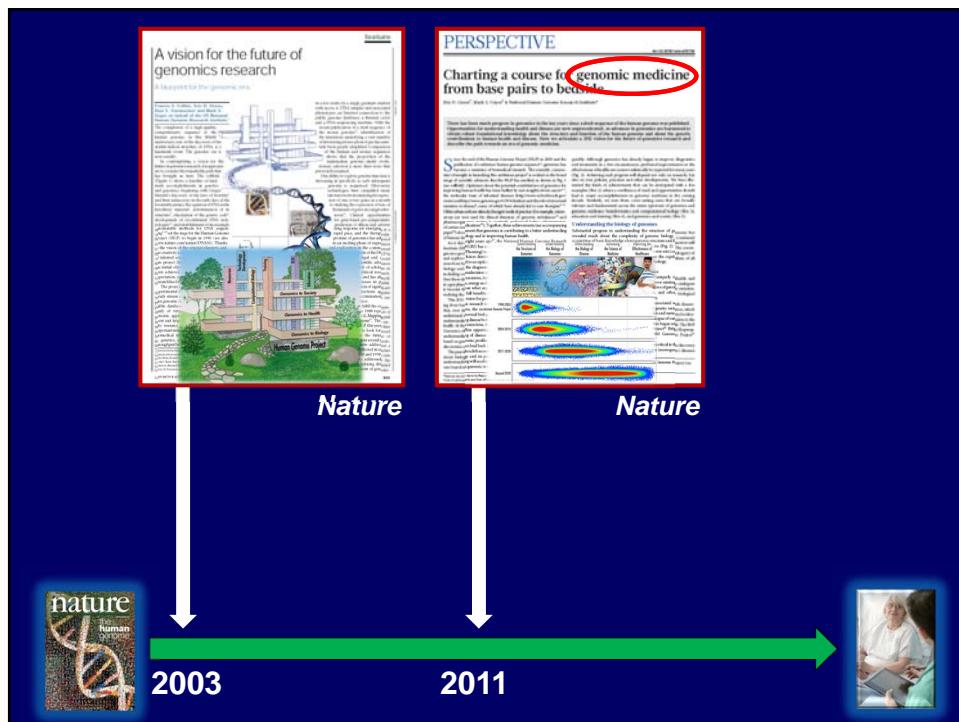
The Path to Genomic Medicine

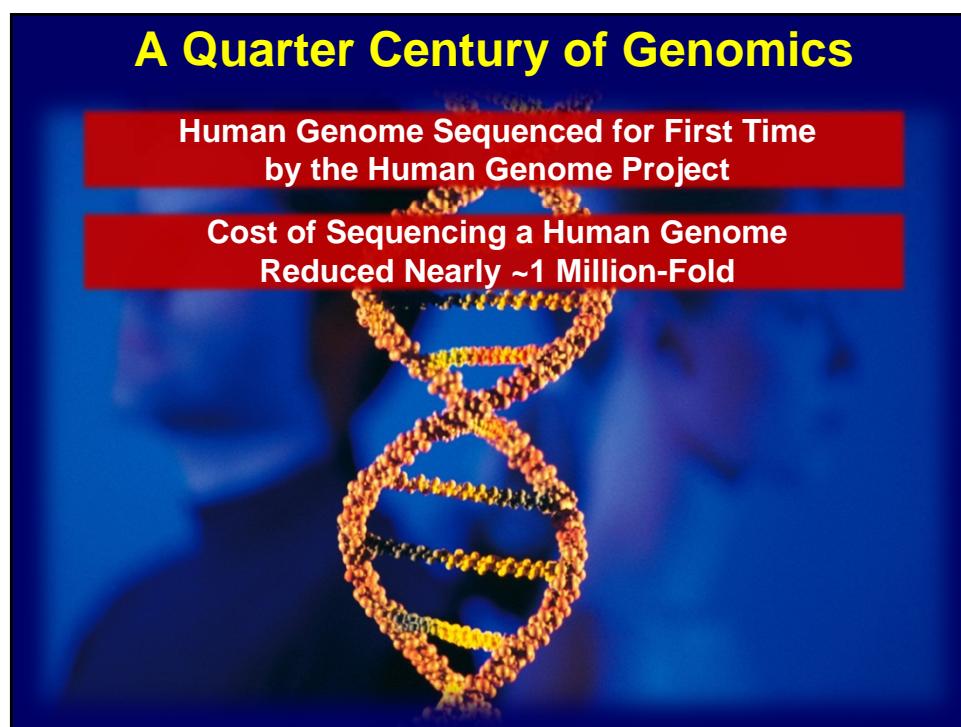
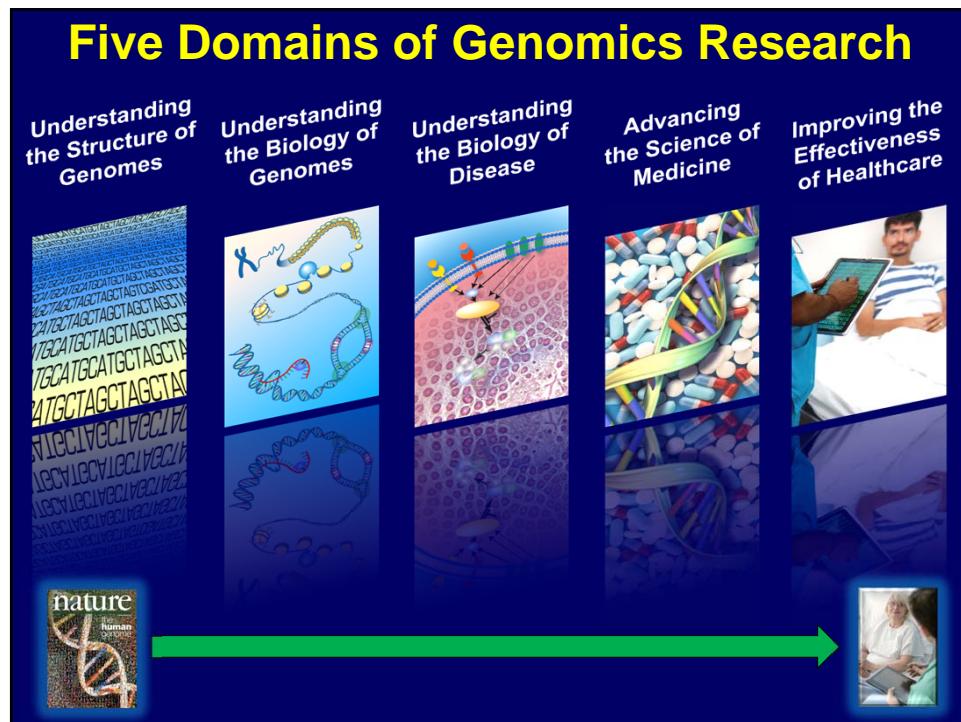


Human
Genome
Project



Realization of
Genomic
Medicine





A vision for the future of genomics research

A blueprint for the genomic era.

Francine S. Collins, Eric D. Green, Alan E. Guttmacher and Mark S. Giger on behalf of the US National Human Genome Research Institute

The completion of a high-quality, comprehensive sequence of the human genome, just one anniversary year of the discovery of the double helical structure of DNA, is a landmark event. The genomic era is now a reality.

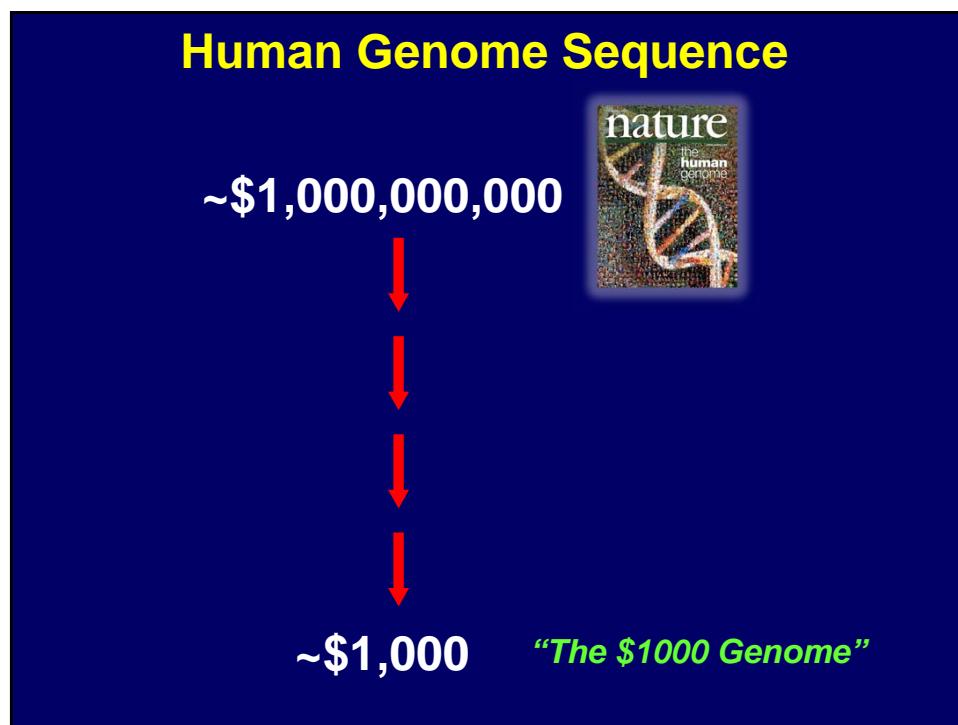
In contemplating a vision for the

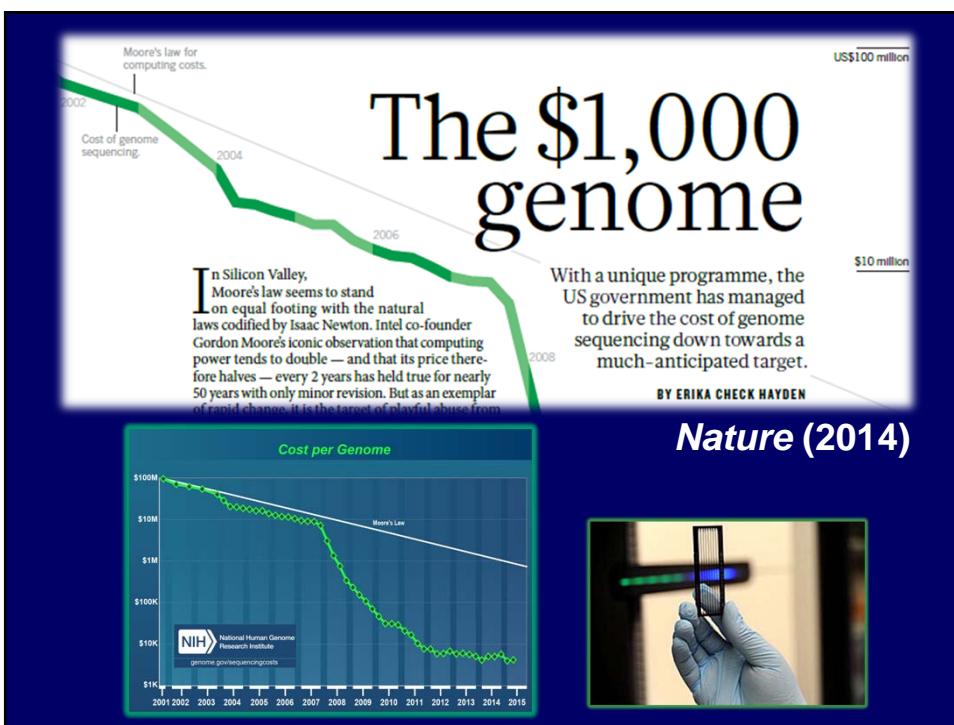
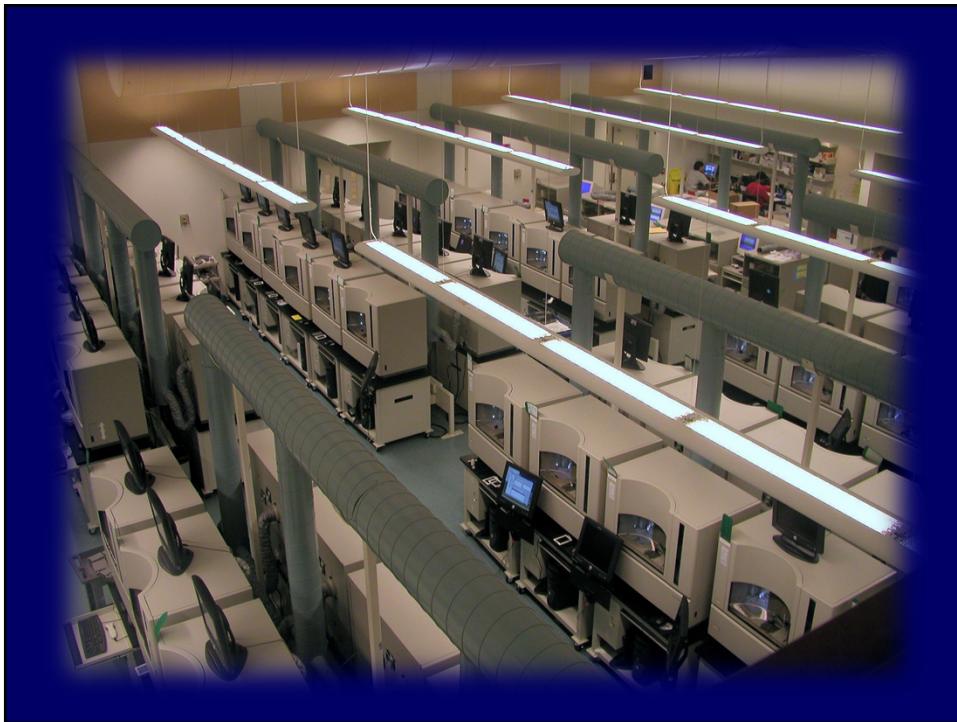
feature

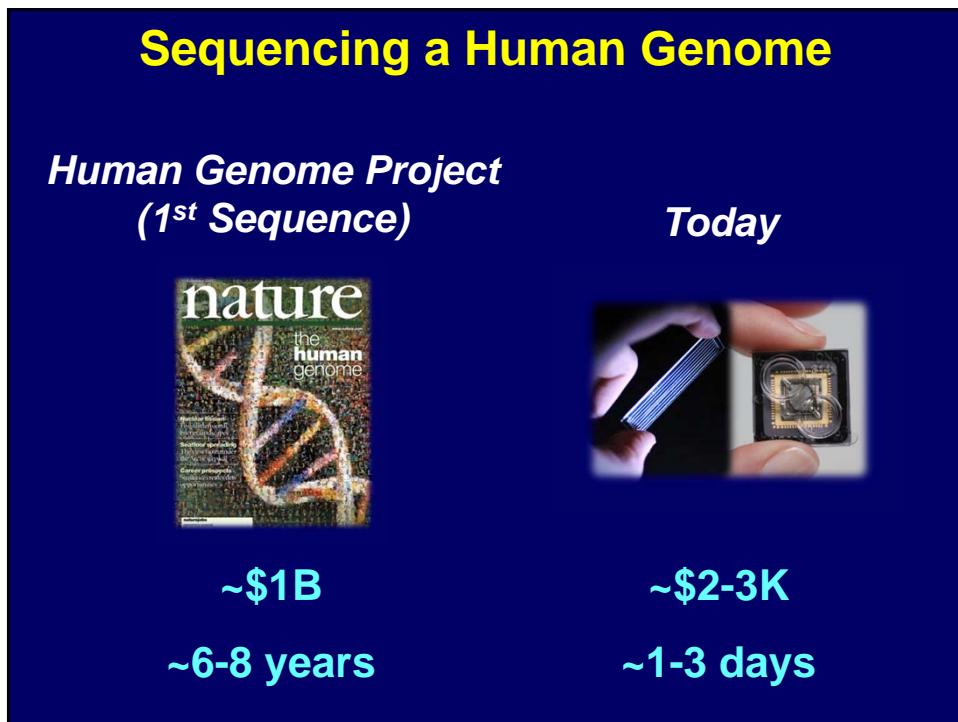
in a few weeks by a single graduate student with access to DNA samples and associated clinical information, a computer, some public genome databases, a thermal cycler and a DNA sequencing machine. With the completion of the genome sequence of the mouse genome, identification of interesting genes and phenotypes has similarly become greatly simplified. Comparison of the mouse and human genomes shows that the proportion of the mammalian genome under evolution

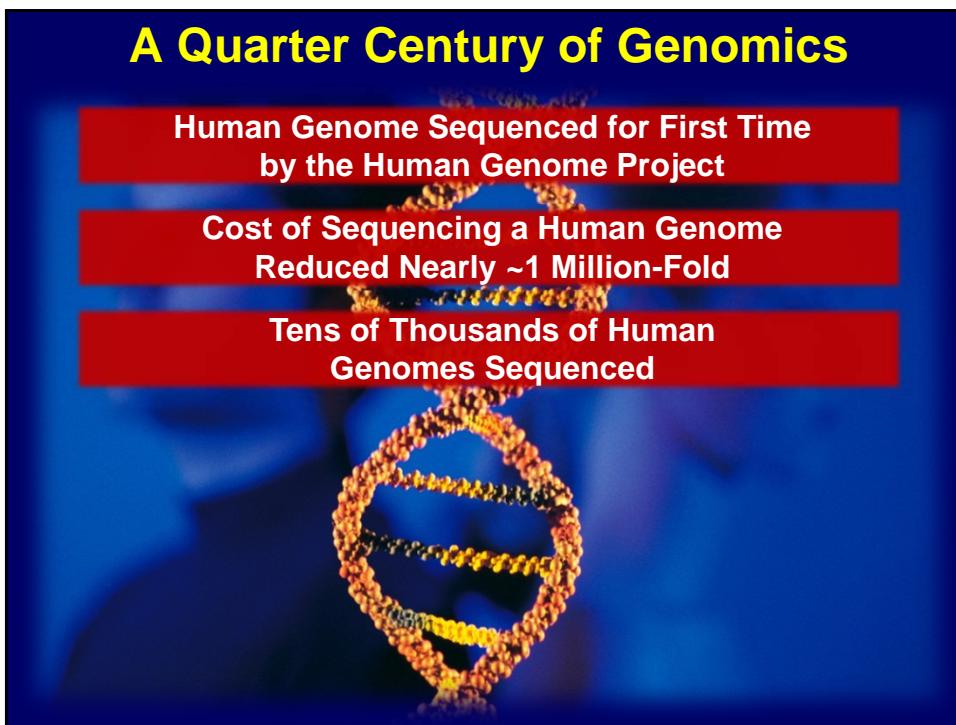
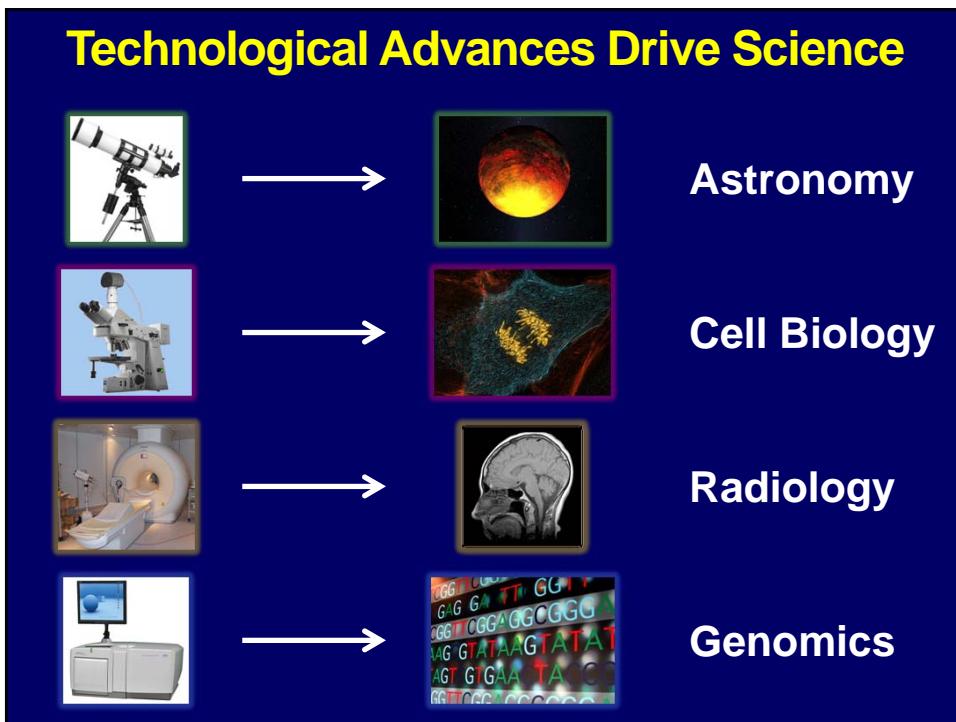
“...‘technological leaps’ that seem so far off as to be almost fictional but which, if they could be achieved, would revolutionize biomedical research and clinical practice.

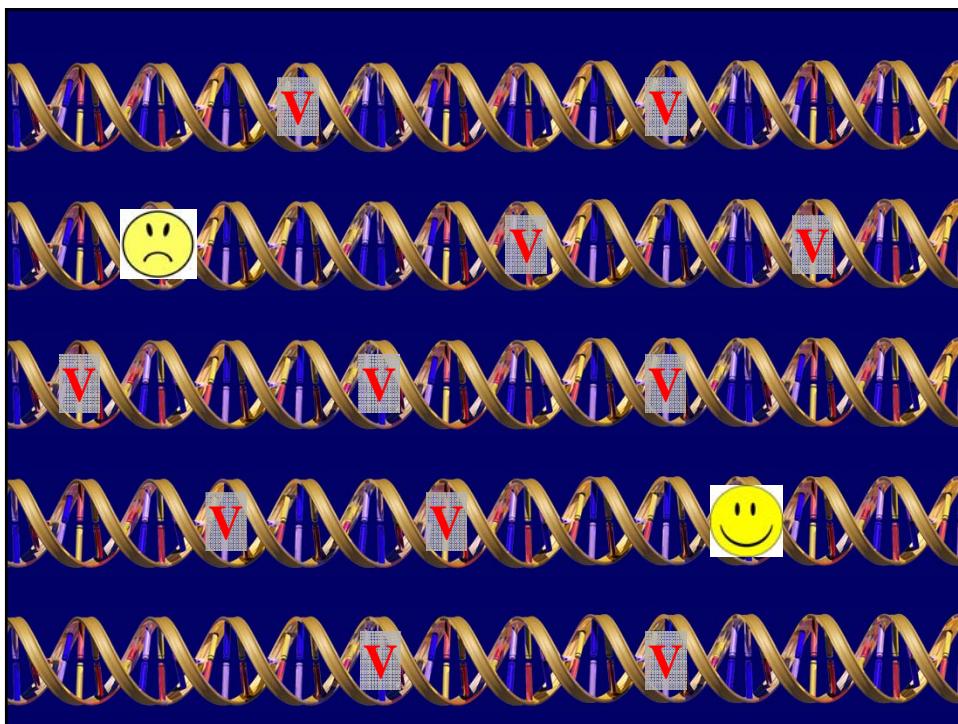
[For example,]...the ability to sequence DNA at costs that are lower by four to five orders of magnitude than the current cost, allowing a human genome to be sequenced for \$1,000 or less.”











International HapMap Project

The International HapMap Consortium*

27 October 2005 | www.nature.com/nature/ | 510 | THE INTERNATIONAL WEEKLY JOURNAL OF SCIENCE

nature

INSIDE
 Why do we sleep?

OPTOELECTRONICS
 Germanium boost for silicon chips

LAW OF THE JUNGLE
 Don't ask a chimpanzee for help

MEN OF LETTERS
 If Darwin and Einstein had e-mail...

THE HAPMAP PROJECT

Chapter and verse on human genetic variation

NATUREJOBS
 Biodefence boom

A haplotype map of the human genome

The International HapMap Consortium*

Inherited genetic variation has a critical but as yet largely uncharacterized role in human disease. Here we report a public database of common variation in the human genome: more than one million single nucleotide polymorphisms (SNPs) for which accurate and complete genotypes have been obtained in 269 DNA samples from four populations. The average minor allele frequency is 0.09, and the average linkage disequilibrium with all other SNPs in each population is 0.94. We show that the commonest genes with an average maximum R^2 of 0.95 in African Americans have an average maximum R^2 of 0.8 in European Americans. These data document the generality of recombination hotspots, a block-like structure of linkage disequilibrium and low haplotype diversity, and the geographic nature of these features. We also show how the HapMap resource can guide the design and analysis of genome association studies, shed light on structural variation and recombination, and identify loci that may have been subject to natural selection during human evolution.

A second generation human haplotype map of over 3.1 million SNPs

The International HapMap Consortium*

We describe the Phase II HapMap, which characterizes over 3.1 million human single nucleotide polymorphisms (SNPs) generated in 270 individuals from four geographically diverse populations and includes 25–35% of common SNP variation in the populations. The map is estimated to capture approximately 90% of common variation with an average maximum R^2 of 0.9 and 0.94 across all populations. We show that the commonest genes with an average maximum R^2 of 0.95 in African Americans have an average maximum R^2 of 0.8 in European Americans. These data also reveal novel aspects of the structure of linkage disequilibrium. We show that 10–30% of pairs of individuals within a population share at least one region of extended genetic identity arising from recent ancestry and that up to 1% of all common SNPs are shared between individuals from different populations. We also find that common variants differentiate very systematically around genes and between genes of different function. Finally, we demonstrate increased differentiation at non-synonymous, compared to synonymous, SNPs, resulting from systematic differences in the strength of natural selection between populations.

Integrating common and rare genetic variation in diverse human populations

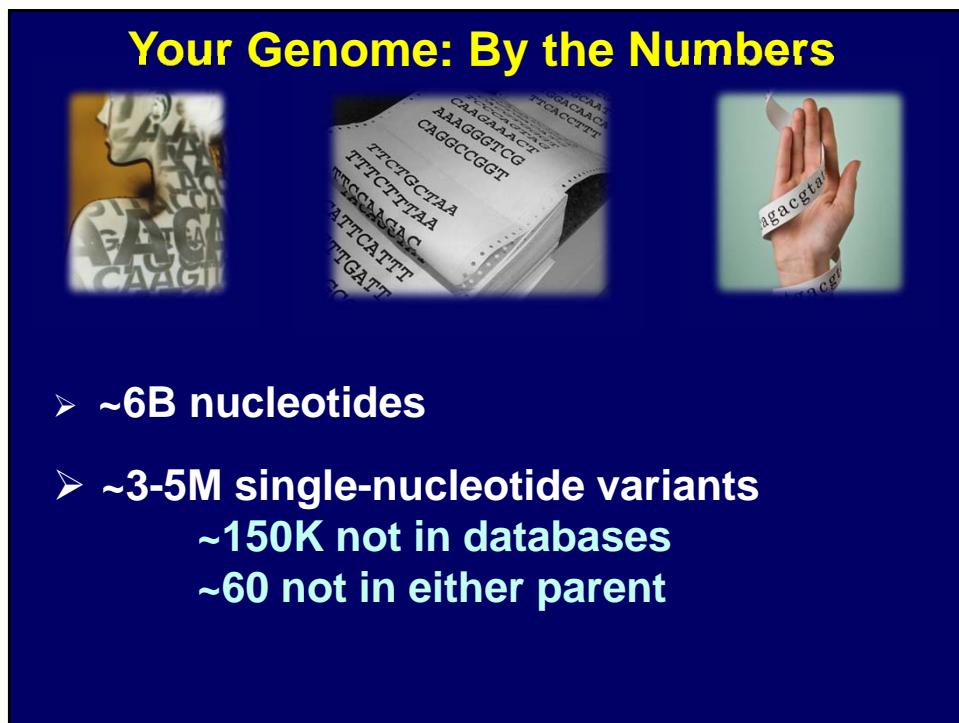
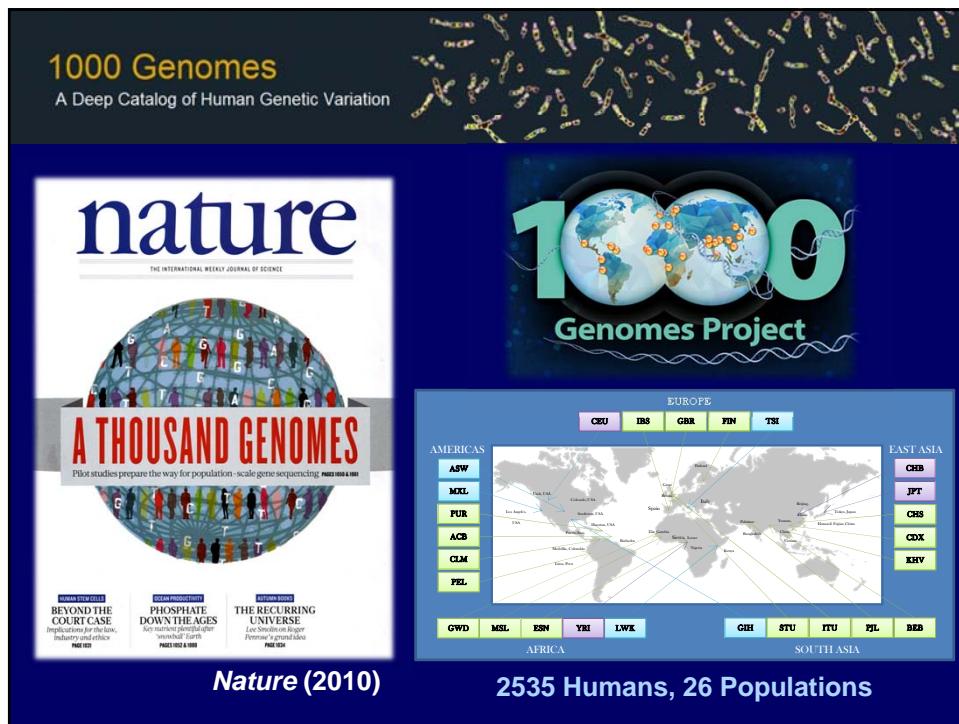
The International HapMap 3 Consortium*

Despite great progress in identifying genetic variants that influence human disease, most heritable risk remains unexplained. A major impediment to genome-wide studies that fully examine less common alleles in populations with a wide range of ancestry. To inform the design and interpretation of such studies, we generated 1.6 million common single nucleotide polymorphisms (SNPs) in 1800 reference individuals from 11 global populations, and sequenced two 100-kilobase regions of the genome for 100 individuals. This dataset includes 1.3 million SNPs and 1.2 million low-frequency SNPs and copy number polymorphisms (CNPs). We characterized population-specific differences among low-frequency variants and found that they are enriched for rare variants. We also identified 1000 CNPs, including 100 CNPs containing SNPs with a minor allele frequency of <5%, and demonstrated the feasibility of mapping newly discovered CNPs and SNPs. This expanded public resource of genome variants in global populations supports deeper interpretation of genomic variation and its role in human disease, and serves as a step toward a high-resolution map of the landscape of human genetic variation.

2005

2007

2010



A Quarter Century of Genomics

Human Genome Sequenced for First Time by the Human Genome Project

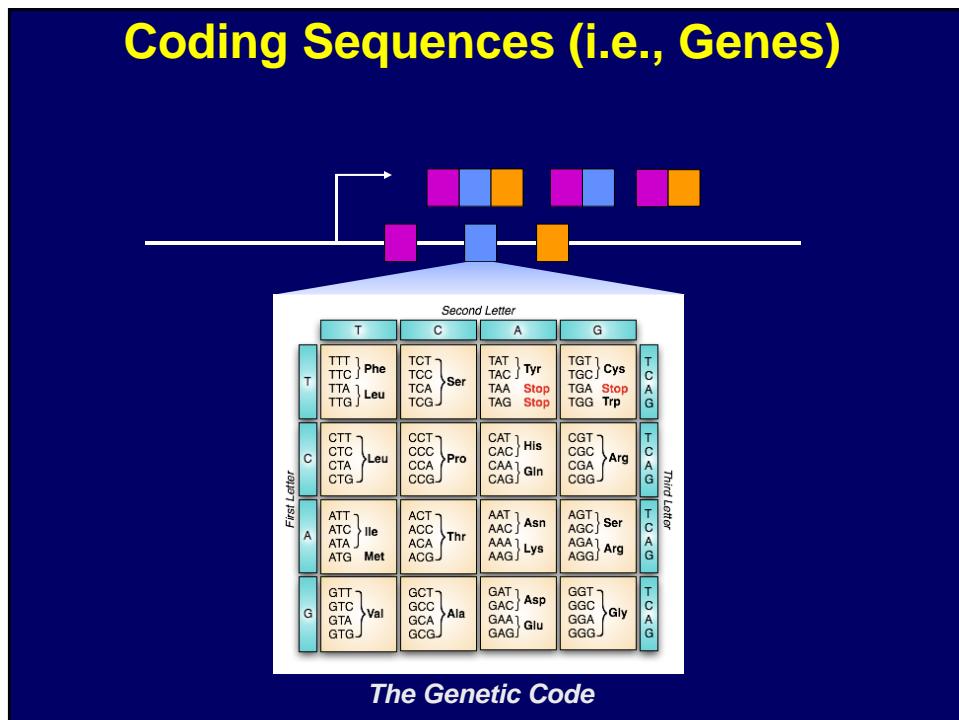
Cost of Sequencing a Human Genome Reduced Nearly ~1 Million-Fold

Tens of Thousands of Human Genomes Sequenced

Profound Advances in Understanding How the Human Genome Functions

~3,000 bp (0.0001%) of Human Genome Sequence

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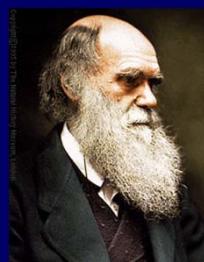


~3,000 bp (0.0001%) of Human Genome Sequence



"It is not the strongest of the species that survives, nor the most intelligent that survives. It is the one that is the most adaptable to change."

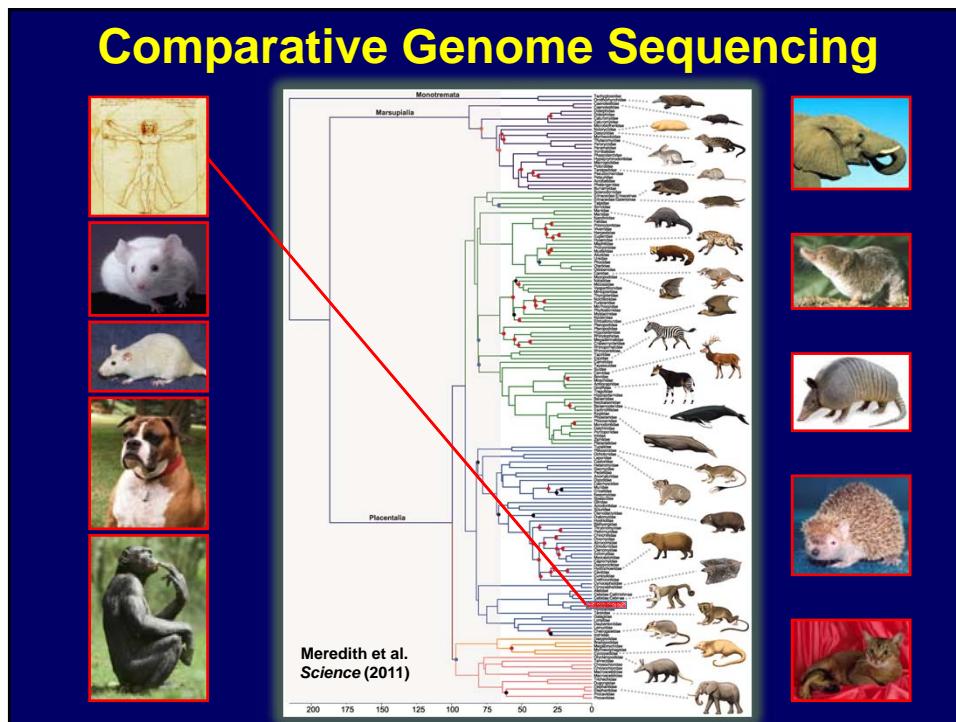
(Attributed to Darwin)



Charles Darwin (1809-1882)

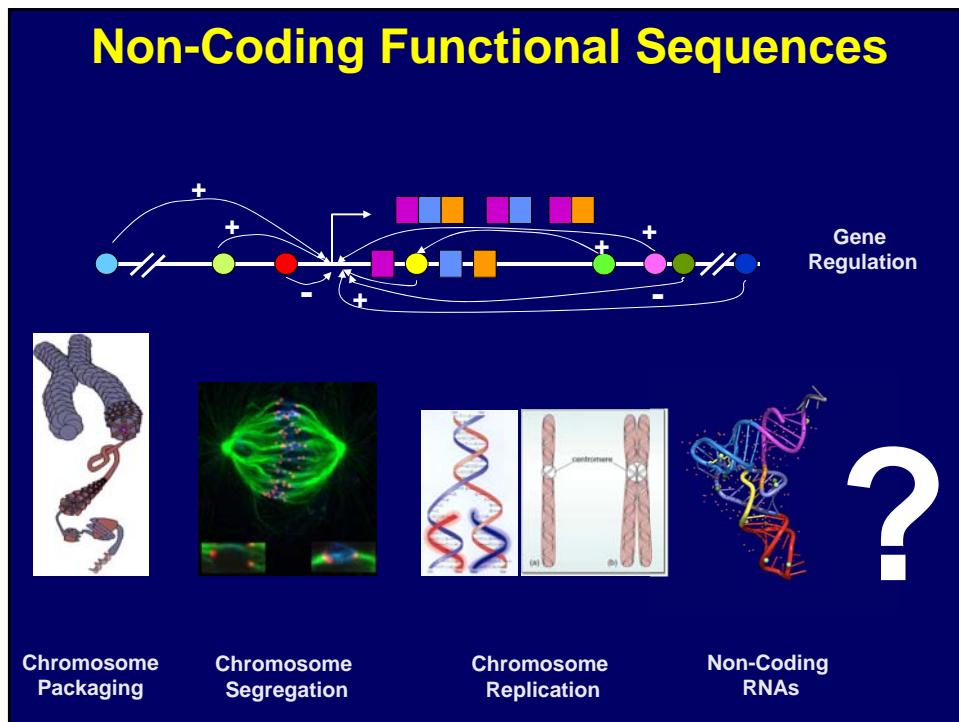
"For the last three and a half billion years, evolution has been taking notes."

— Eric Lander

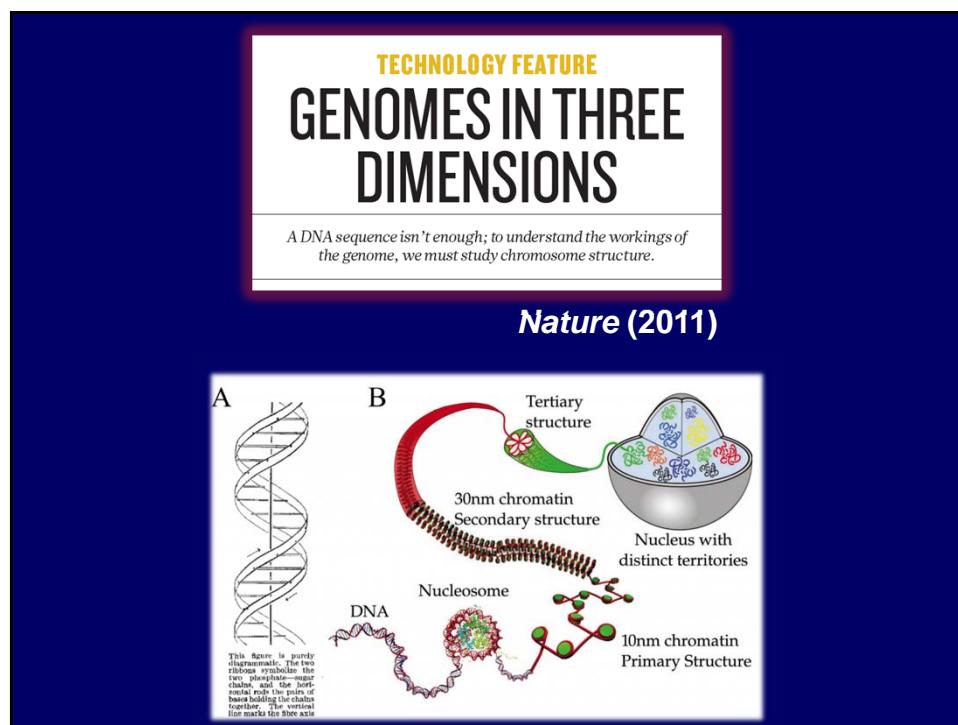
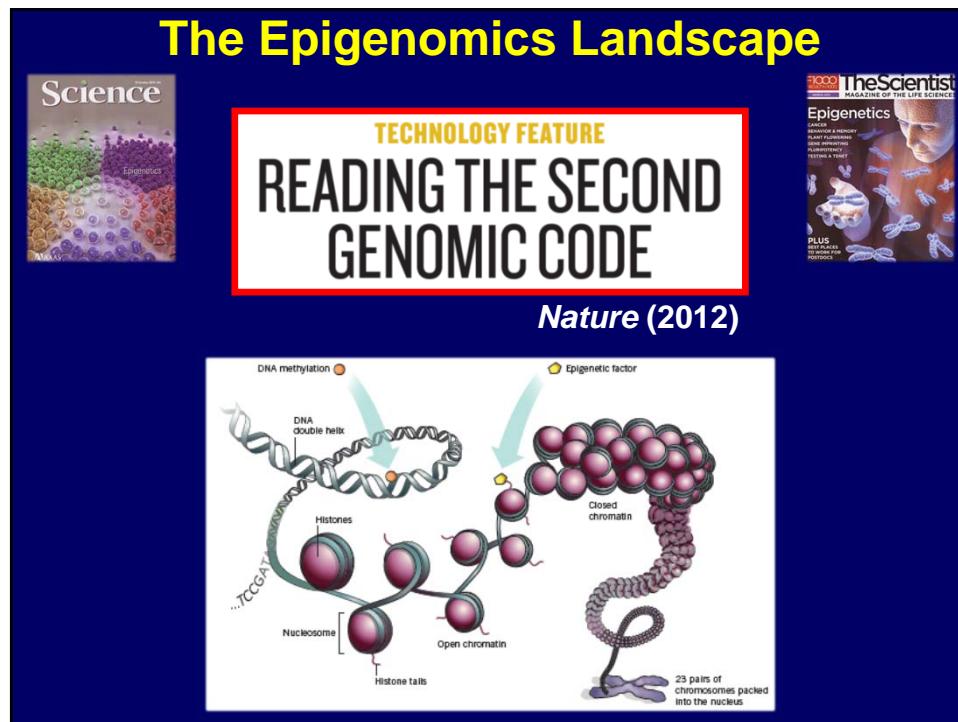


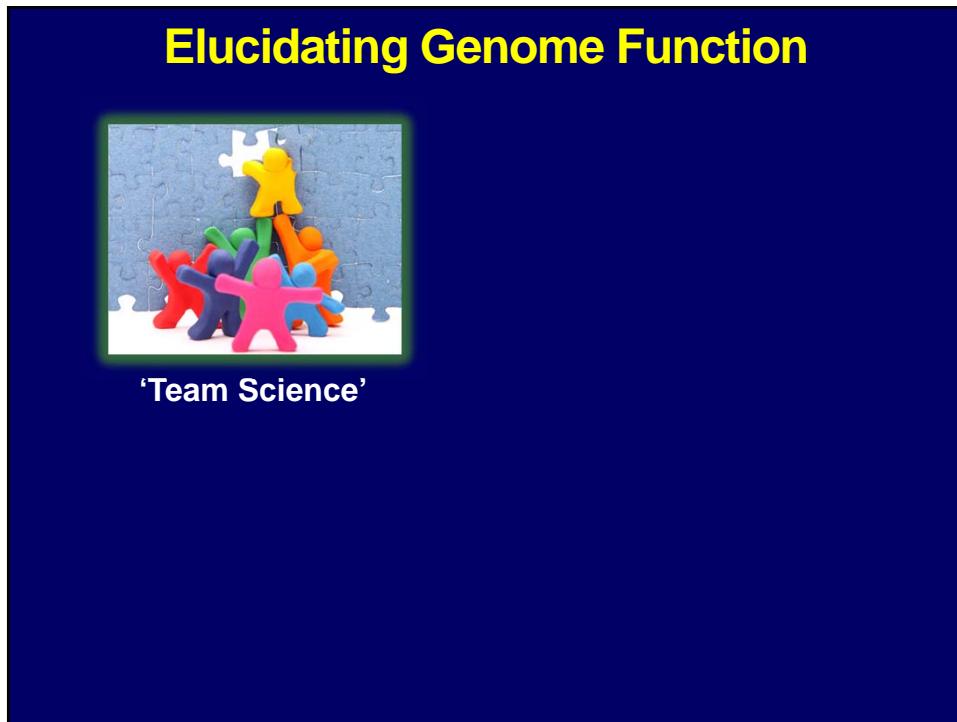
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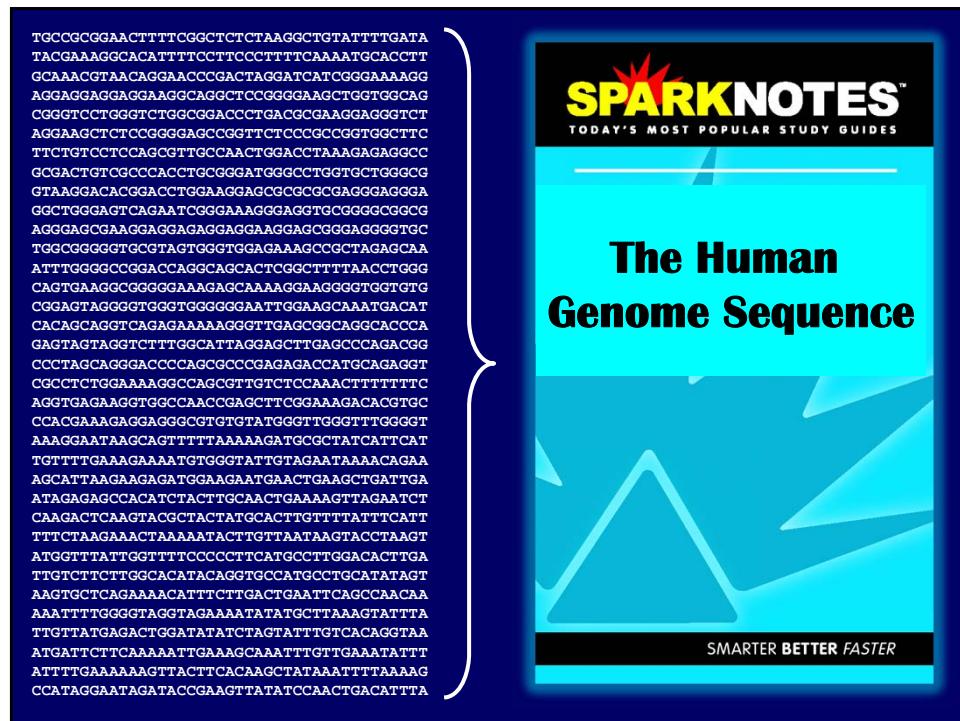
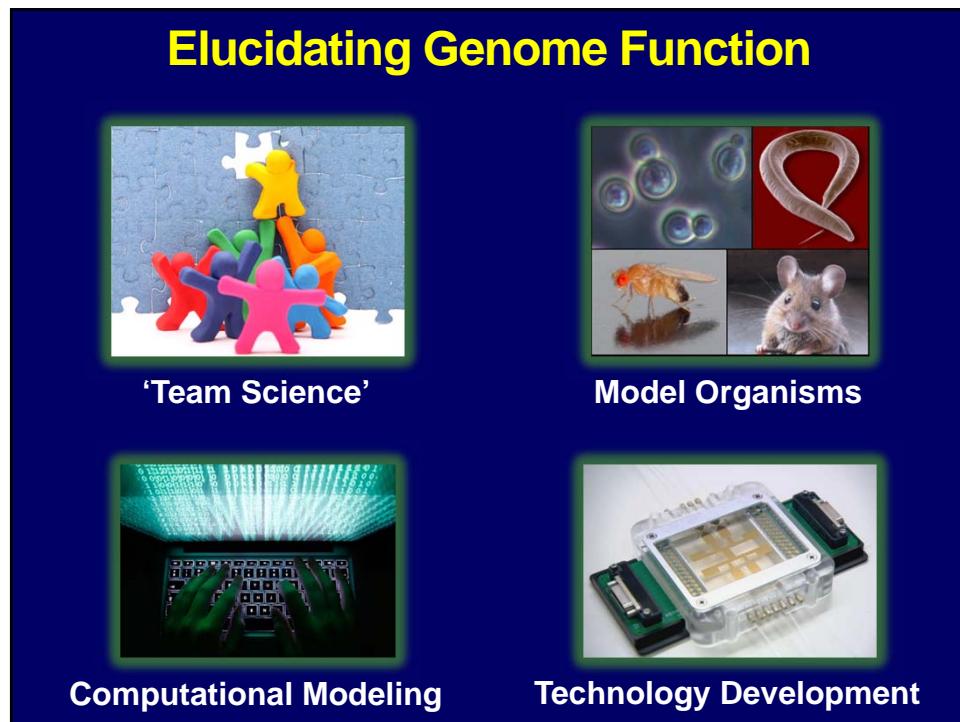
~3,000 bp (0.0001%) of Human Genome Sequence

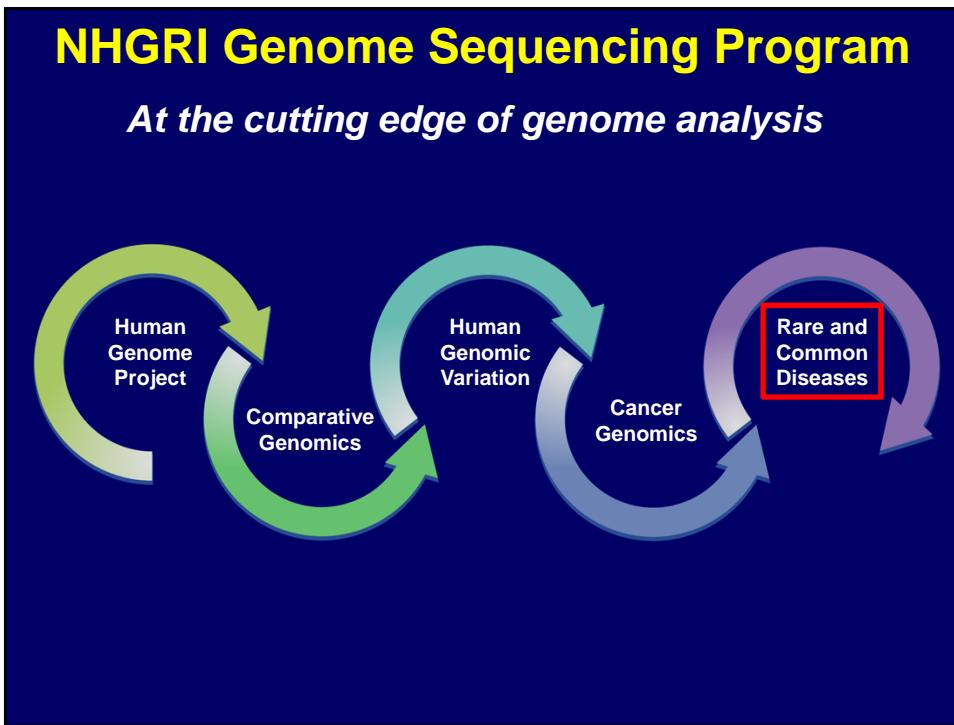
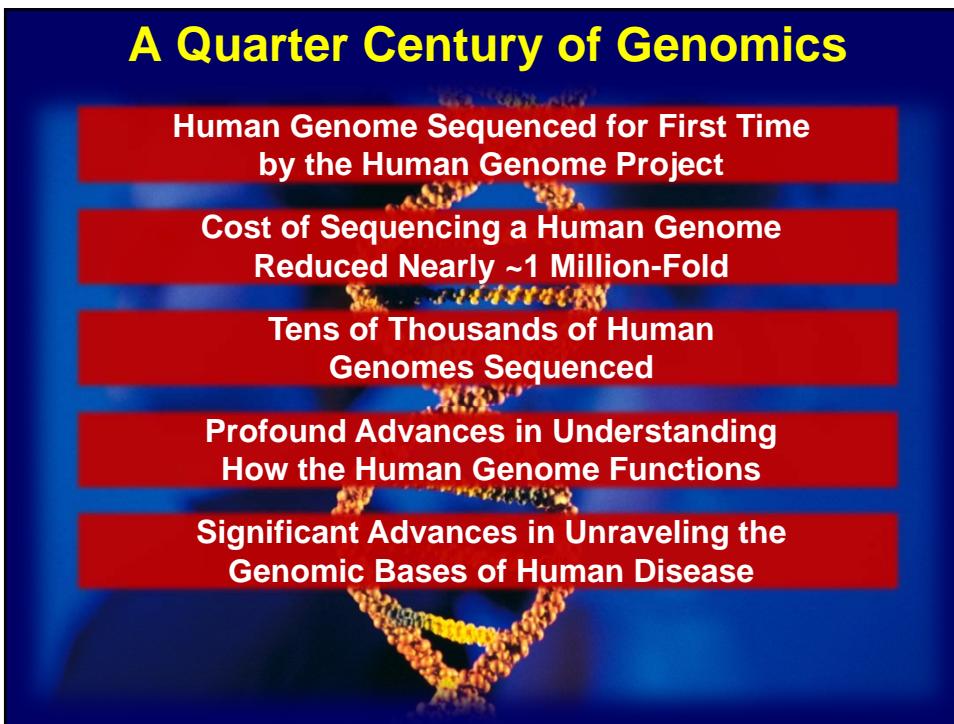


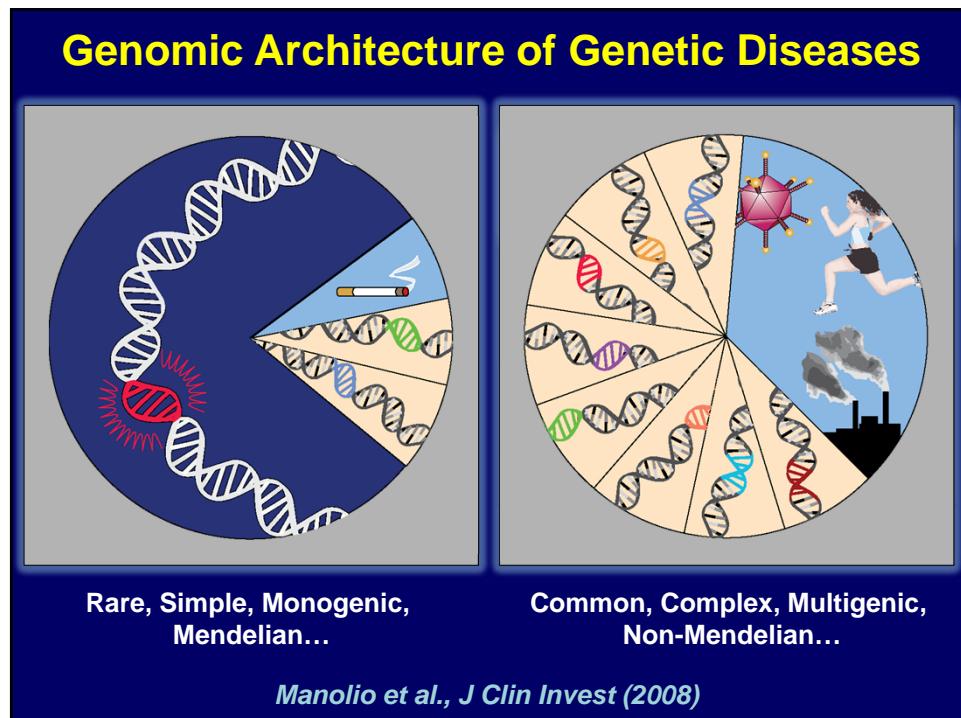


ENCODE: Giving 'GPS' Views of Genomes

The image shows the ENCODE logo at the top left, featuring a stylized DNA double helix with colored segments (green, yellow, blue) and black arrows pointing towards it. Below the logo is a screenshot of the ENCODE genome browser interface. The interface displays various genomic tracks, including tracks for chromatin accessibility, transcription factor binding sites, and other epigenetic features across different cell types. On the right side of the browser, there are detailed data tables and reports, likely providing statistical analysis and experimental details for each track.







The Data Analysis Bottleneck



A Quarter Century of Genomics

Human Genome Sequenced for First Time
by the Human Genome Project

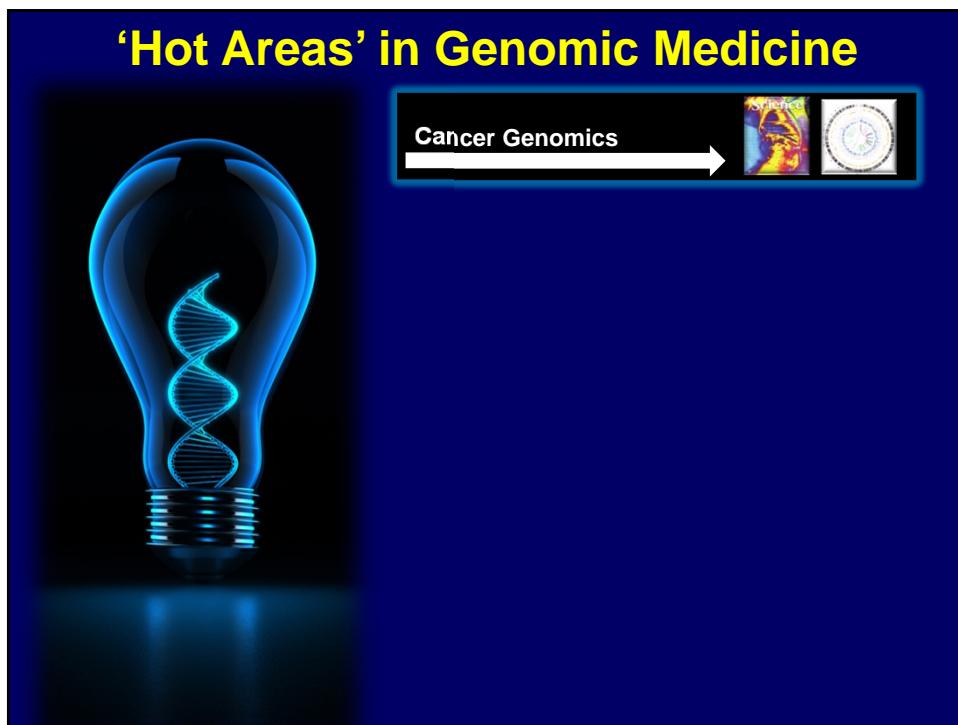
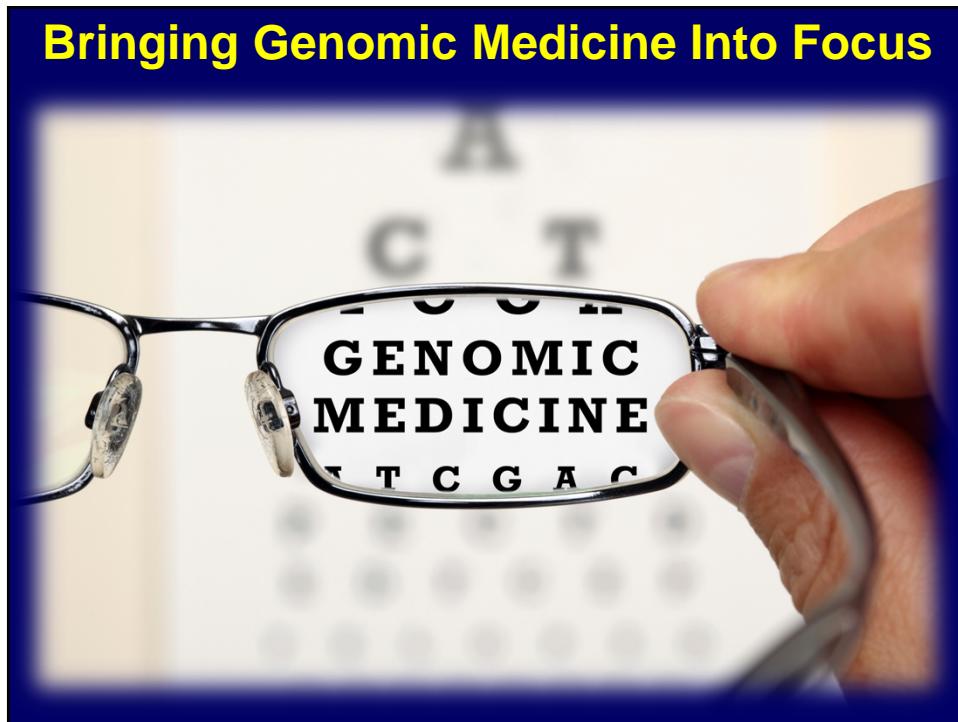
Cost of Sequencing a Human Genome
Reduced Nearly ~1 Million-Fold

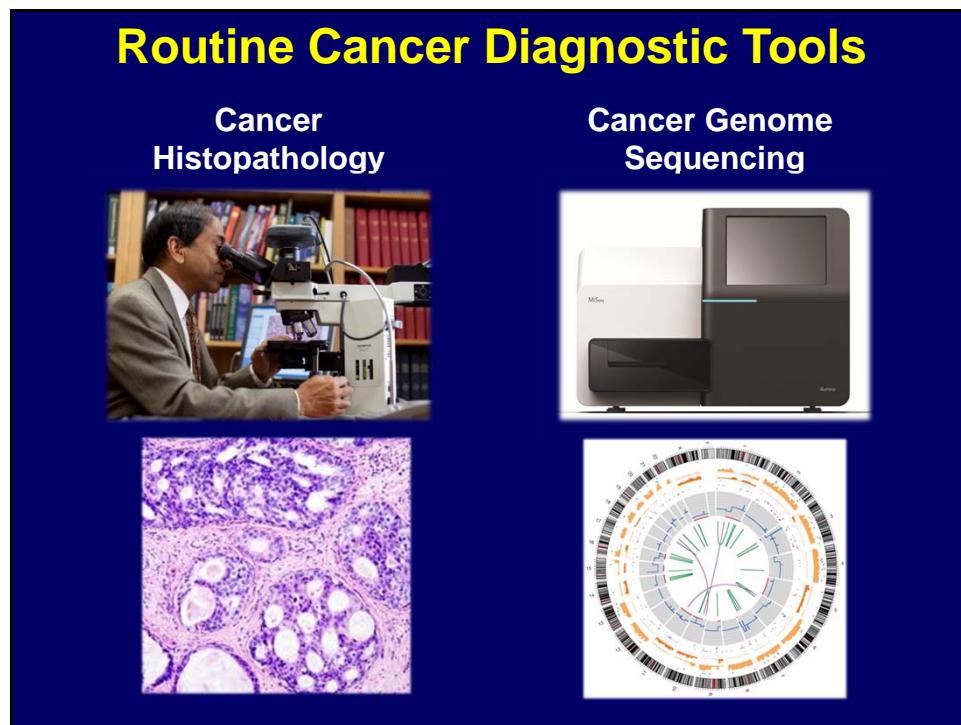
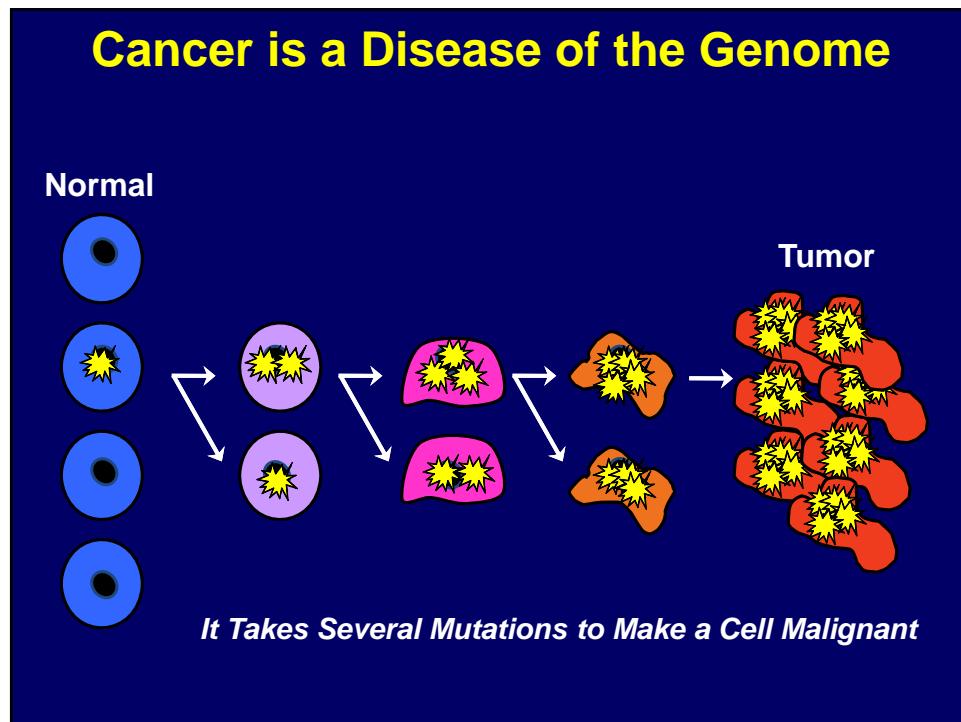
Tens of Thousands of Human
Genomes Sequenced

Profound Advances in Understanding
How the Human Genome Functions

Significant Advances in Unraveling the
Genomic Bases of Human Disease

Vivid Examples of Genomic Medicine
in Action Now Emerging





Genomics and Cancer: Here and Now

Cancer Treatment Centers of America

We're available 24/7 to discuss treatment options. Call anytime (800) 931-9299 Chat online now

ABOUT YOUR CANCER | HOW WE TREAT CANCER | OUR HOSPITALS | COMMUNITY & SUPPORT | search

HOW CAN GENOMIC TESTING HELP PATIENTS NOW?

Every cancer is different. Genomic testing helps our doctors understand a patient's cancer at the molecular level and may reveal more personalized treatment options.

LEARN MORE »

“Genomic testing is the future of cancer treatment.”
Dr. Shayma Kazmi, Medical Oncologist
Cancer Treatment Centers of America

HUNTSMAN
CANCER INSTITUTE
UNIVERSITY OF UTAH
CHANGING THE DNA OF CANCER CARE

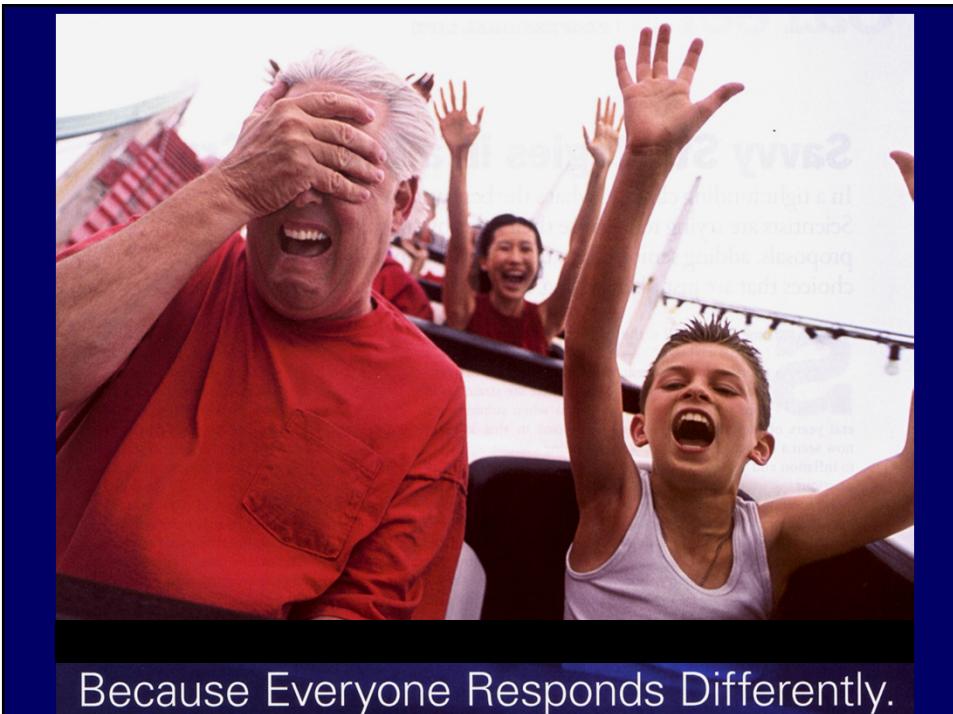
huntsmancancer.org

‘Hot Areas’ in Genomic Medicine



Cancer Genomics → 

Pharmacogenomics → 

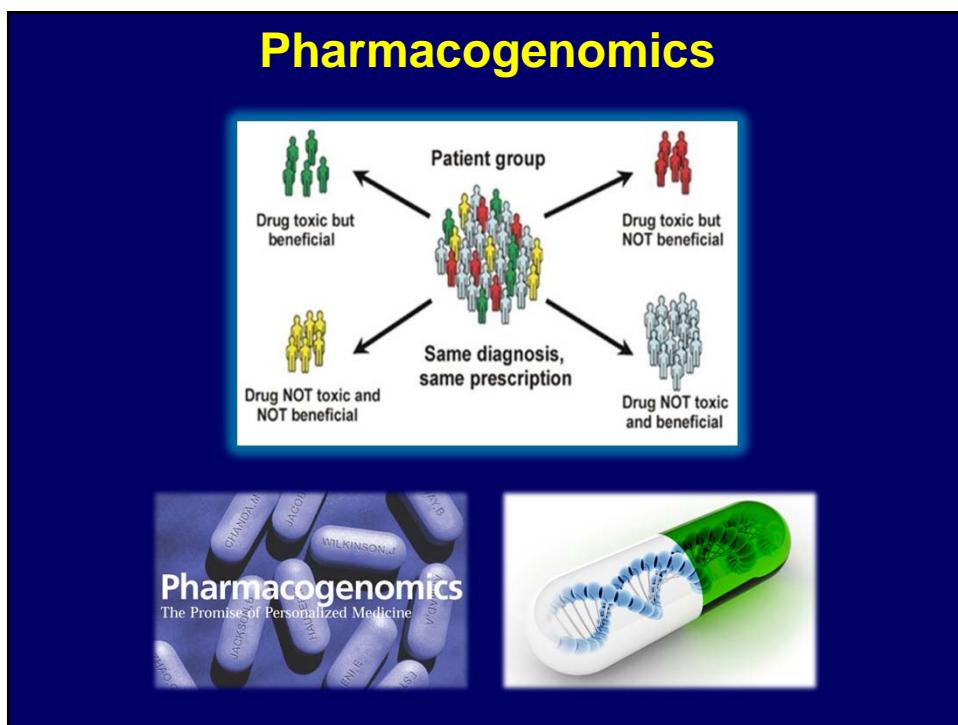
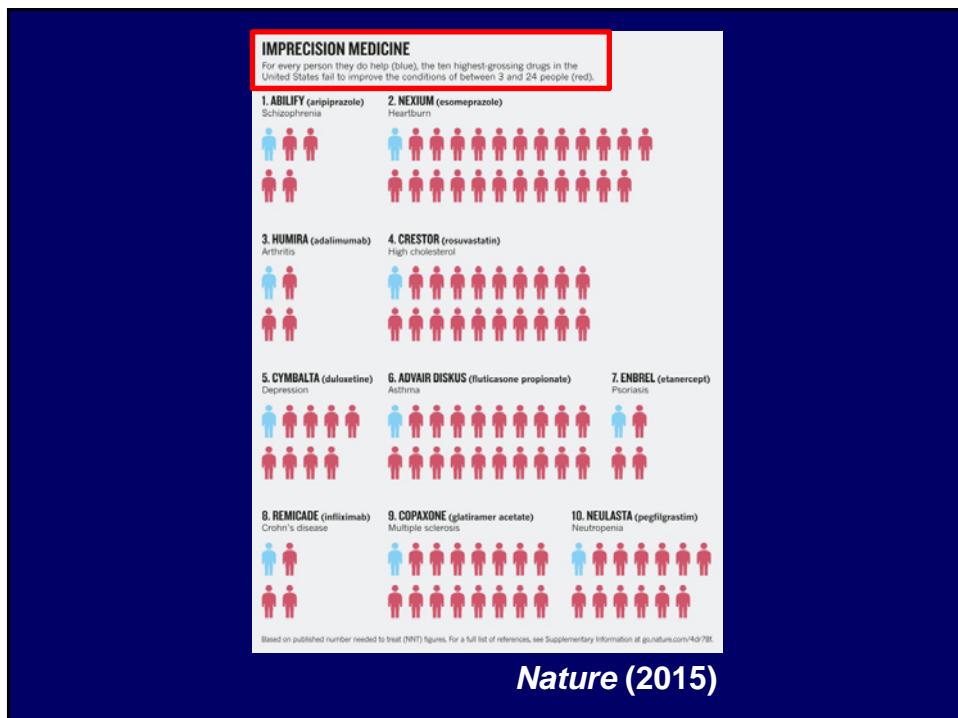


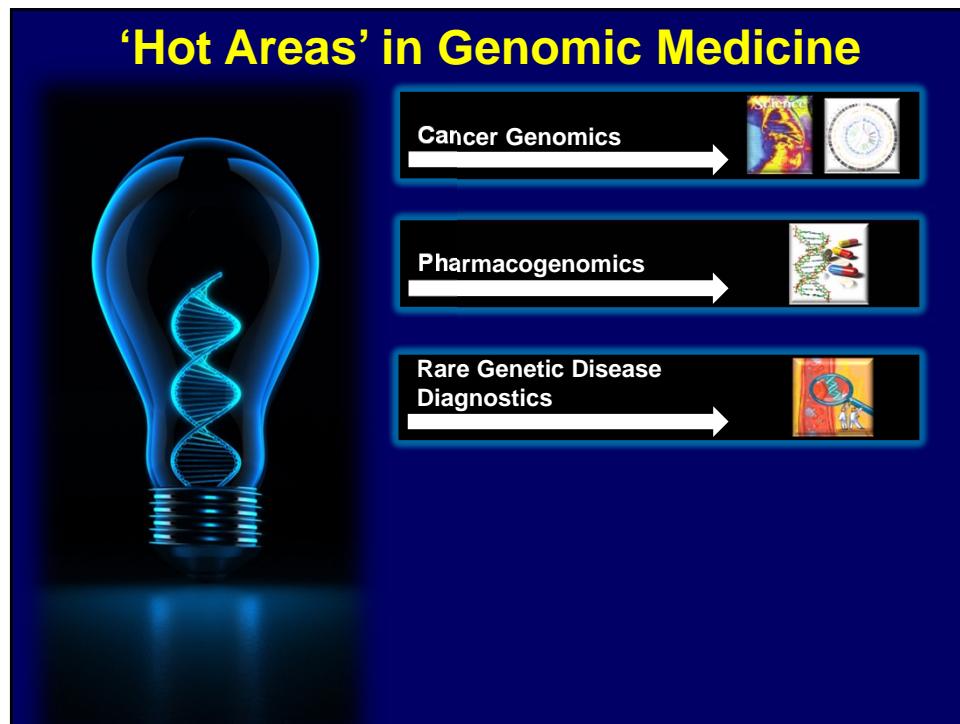
All of these work.

Just not for everyone.

Perlegen may be able to help you sort out which medicine helps which patient. Working with you, we can comprehensively analyze the DNA from thousands of patients taking your drug. Out of the millions of genetic variations between patients, we may be able to help you identify the ones that are associated with strong efficacy, poor efficacy, or side effects. Perlegen's exceptional coverage of the genome and experienced team of analysts could help you get clinically relevant answers, not just data, in a matter of months. We partner with the top pharmaceutical companies around the world. We also license late-stage drugs. If you have a drug that can benefit from our approach, please contact us.

COURTESY OF PERLEGEN





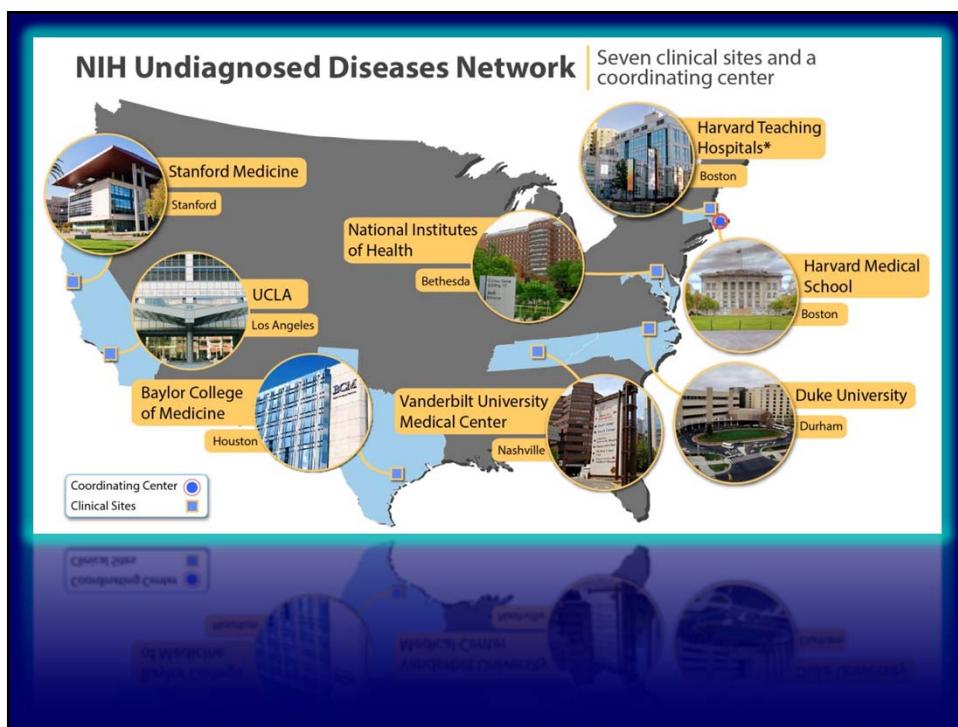
TECHNOLOGY FEATURE

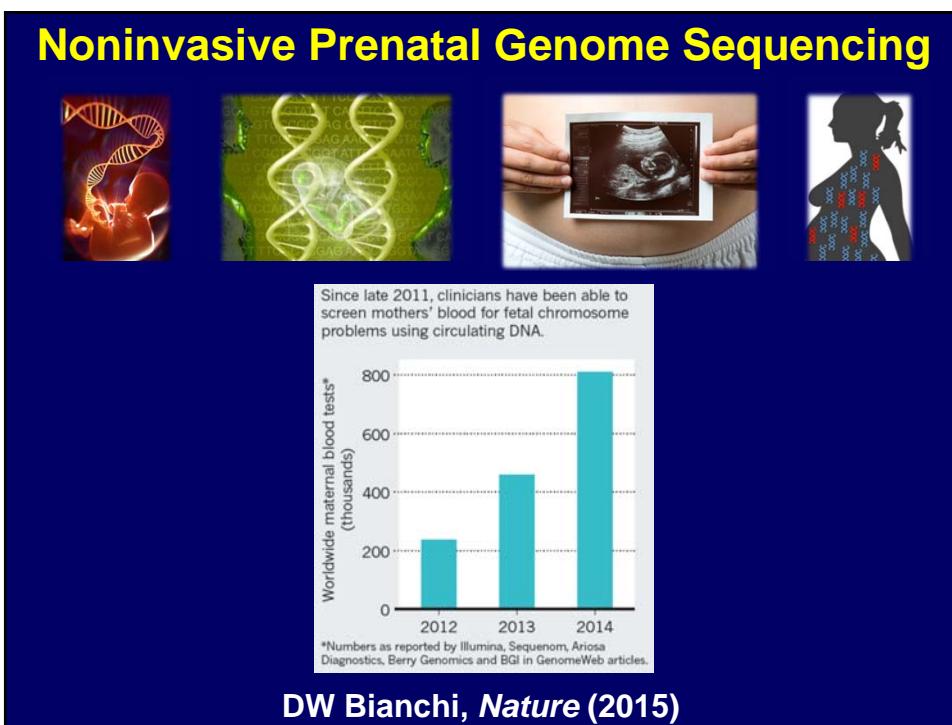
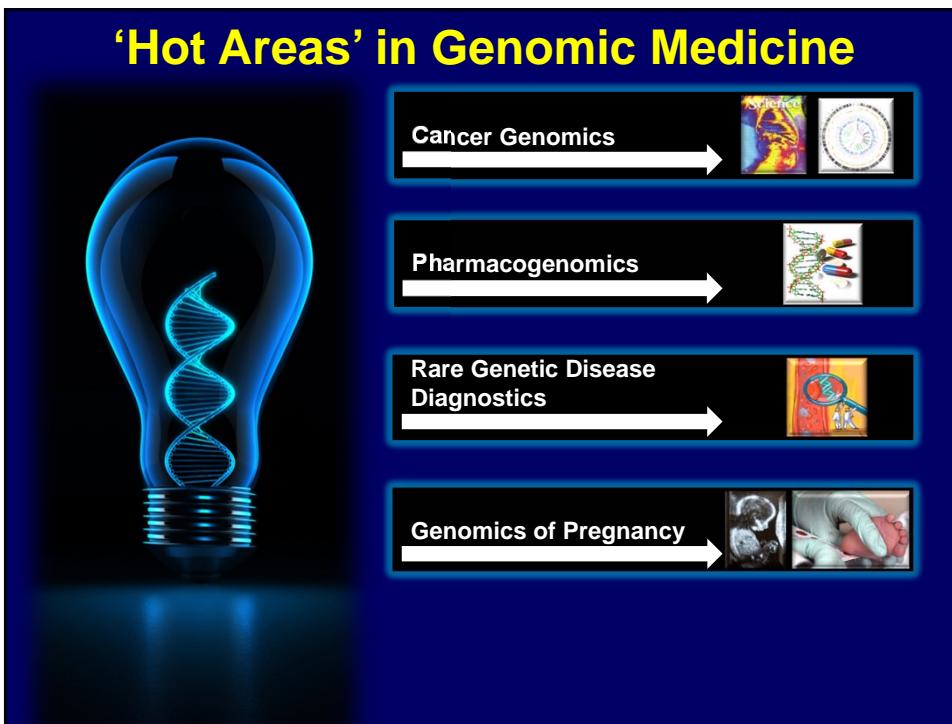
WHEN DISEASE STRIKES FROM NOWHERE

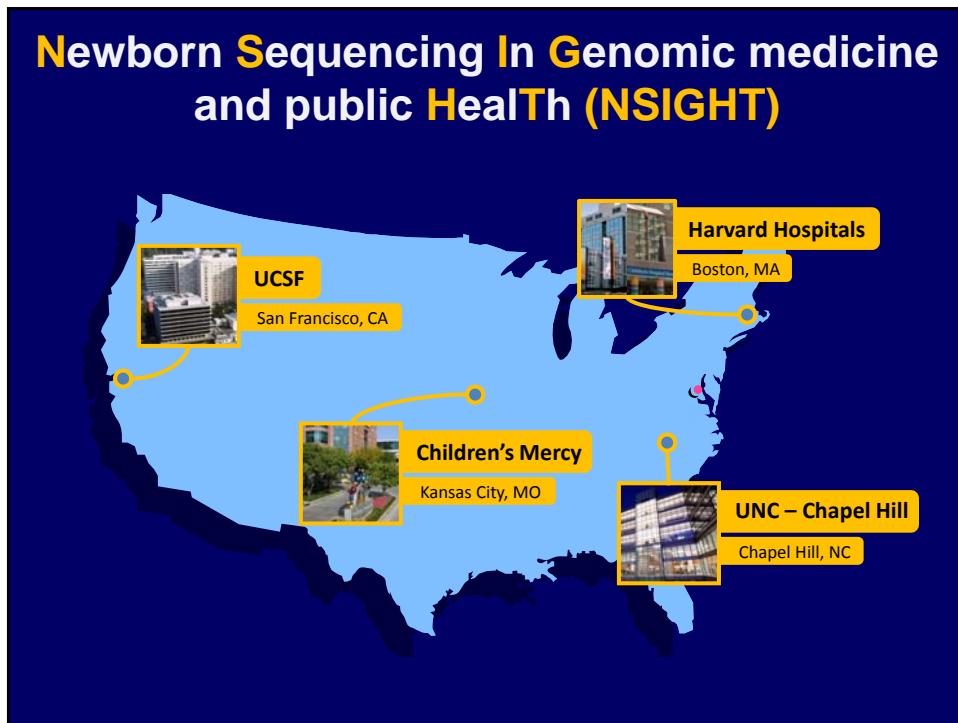
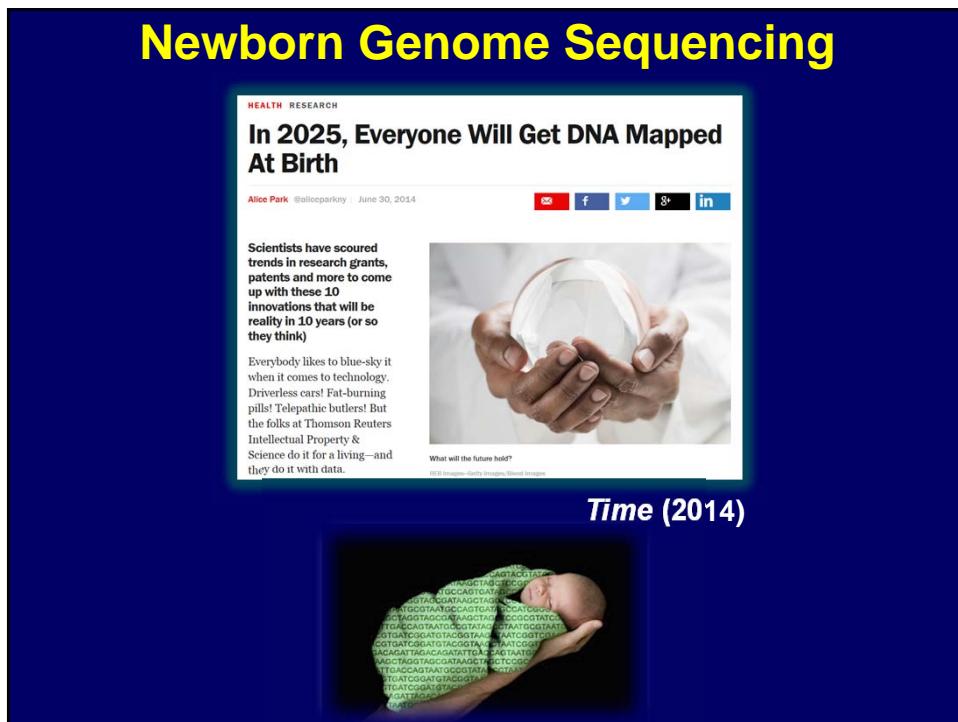
When healthy parents have a child with a genetic disorder, the cause is sometimes a new mutation. Tools are emerging to meet the challenge of finding such changes.

“ ...disorders not readily explained by standard tests can sometimes be diagnosed through genome sequencing and analysis.”

Nature (2014)







Genome Sequencing of Acutely Sick Newborns



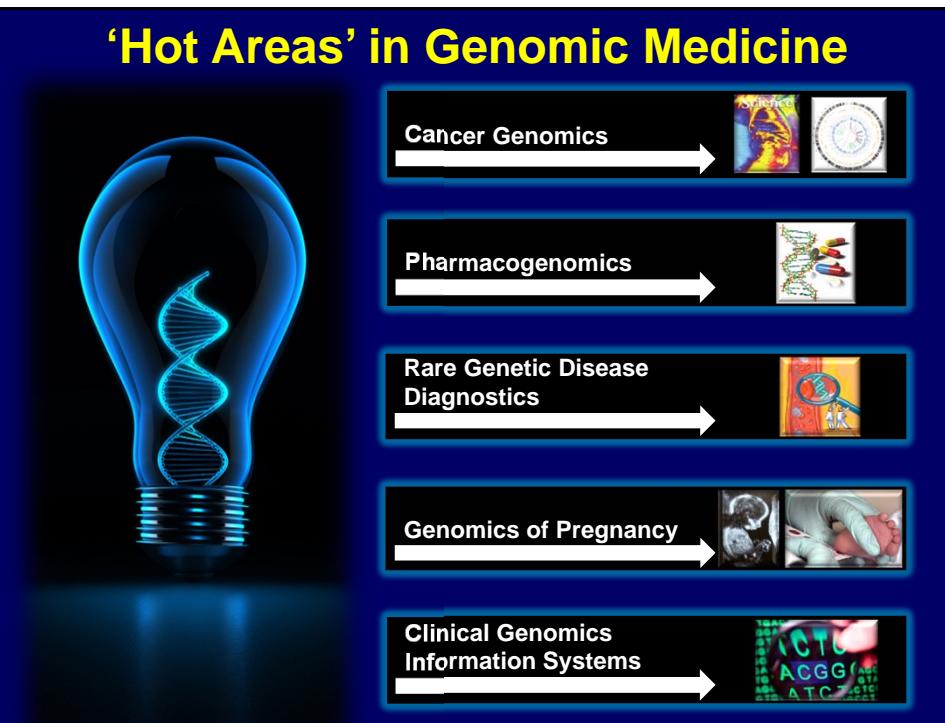
The genomes of ill newborns can be sequenced in less than 24 hours to give clinicians a rapid diagnosis.

GENOMICS

Fast sequencing saves newborns

Rapid analysis of infant genomes is aiding diagnosis and treatment of inexplicably ill babies.

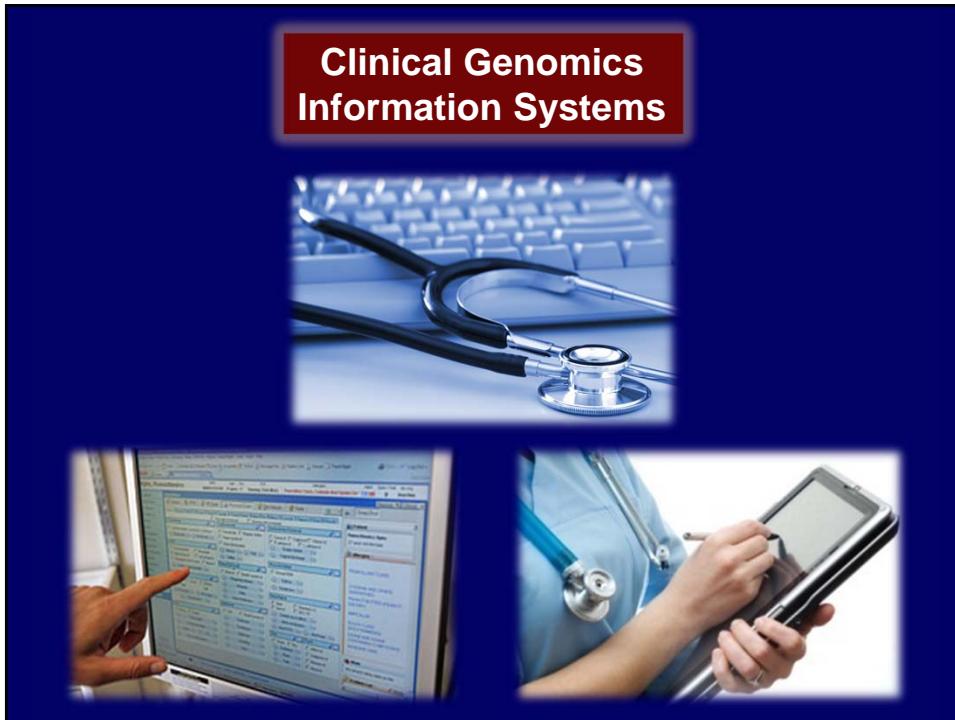
Nature (2014)



Generating a Human Genome Sequence is (Almost) Trivial

TGAAACCCATTGGCACGATCTCCGTGAGGAAACTTGAACACCATTGGGTGAGGAAACTTGAACAC
CACGATGCTCCGTGAGGAAACTTGAACACCATTGGGTGAGGAAACTTGAACAC
TCGAGGAAACTTGAACACCATTGGCACGATGCTCCGTGAGGAAACTTGAACACCATTGGGTGAGG
TGAAACCCATTGGCACGATGCTCCGTGAGGAAACTTGAACACCATTGGGTGAGGAAACTTGAACAC
GGCACGATGCTCCGTGAGGAAACTTGAACACCATTGGGTGAGGAAACTTGAACAC
CACGATGCTCCGTGAGGAAACTTGAACACCATTGGCACGATGCTCCGTGAGGAAACTTGAACACC
TCGAGGAAACTTGAACACCATTGGCACGATGCTCCGTGAGGAAACTTGAACACCATTGGGTGAGG
GGCACGATGCTCCGTGAGGAAACTTGAACACCATTGGGTGAGGAAACTTGAACAC
CACGATGCTCCGTGAGGAAACTTGAACACCATTGGGTGAGGAAACTTGAACAC
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GGCACGATGCTCCGTGAGGAAACTTGAACACCATTGGGTGAGGAAACTTGAACAC





Clinical Genome Resource (ClinGen)

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ClinGen: Sharing Data. Building Knowledge. Improving Care.

Technological advances are quickly allowing genome-wide analysis to become commonplace in the care of patients. However, the ability to detect DNA variants has greatly surpassed the ability to interpret their clinical impact, limiting patient benefit. Improving genomic interpretation will require a coordinated effort from both the clinical and research communities. [Learn more »](#)

clinicalgenome.org

ClinGen — The Clinical Genome Resource

Heidi L. Rehm, Ph.D., Jonathan S. Berg, M.D., Ph.D., Lisa D. Brooks, Ph.D.,
Carlos D. Bustamante, Ph.D., James P. Evans, M.D., Ph.D., Melissa J. Landrum, Ph.D.,
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Stephen T. Sherry, Ph.D., and Michael S. Watson, Ph.D., for ClinGen

NEJM (2015)

The Genomic Medicine Ecosystem

Healthcare Delivery

The Genomic Medicine Ecosystem

Education & Genomic Literacy



The Genomic Medicine Ecosystem

Regulatory Oversight



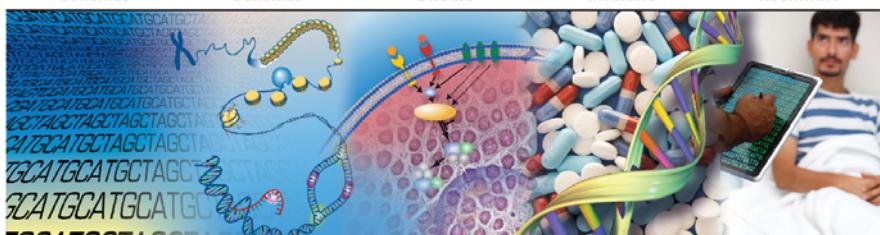
Understanding the Structure of Genomes

Understanding the Biology of Genomes

Understanding the Biology of Disease

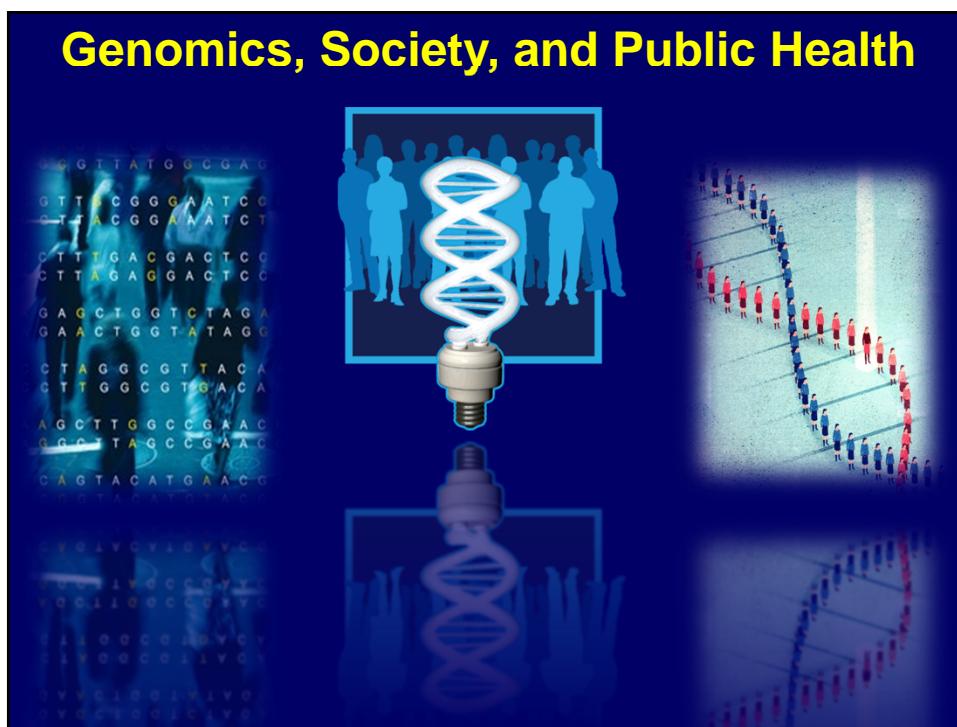
Advancing
the Science of
Medicine

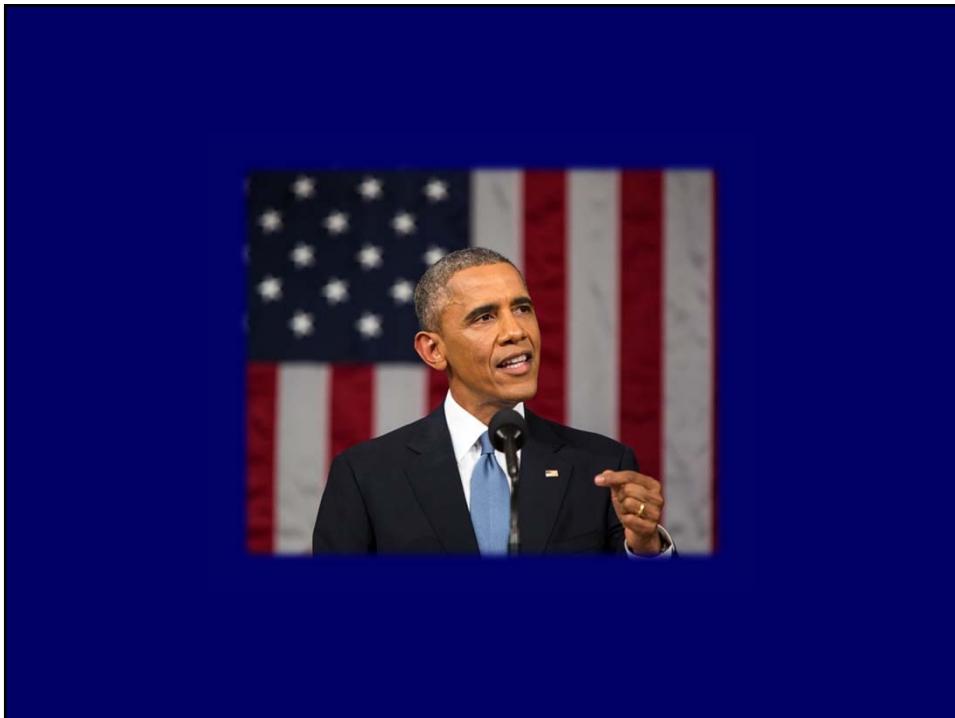
Improving the Effectiveness of Healthcare



**A pessimist sees the difficulty in every opportunity.
An optimist sees the opportunity in every difficulty.**

--Winston Churchill





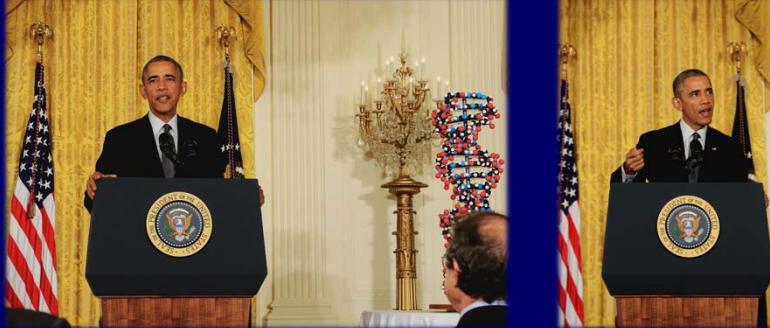
Precision Medicine

- Today: most medical care based on expected response of the average patient
- Tomorrow: medical care based on individual genomic, environmental, and lifestyle differences that enable more precise ways to prevent and treat disease



How do we get from today to tomorrow?





**“...[the] new Precision Medicine Initiative [will bring]
America closer to curing diseases like cancer and
diabetes, and gives all of us access, potentially, to the
personalized information that we need to keep ourselves
and our families healthier.”**

President Barack Obama
January 30, 2015



The NEW ENGLAND JOURNAL of MEDICINE

January 30, 2015

Perspective

A New Initiative on Precision Medicine

Francis S. Collins, M.D., Ph.D., and Harold Varmus, M.D.

“Tonight, I’m launching a new Precision Medicine Initiative to bring us closer to curing diseases like cancer and diabetes — and to give all of us access to the personalized information we need to keep ourselves and our families healthier.”

— President Barack Obama, State of the Union Address, January 20, 2015

The proposed initiative has two main components: a near-term focus on cancers and a longer-term aim to generate knowledge applicable to the whole range of health and disease. Both components are now within our reach because of advances in basic research, including molecular biology, genomics, and bioinformatics. Furthermore, the initiative

U.S. National Research Cohort



- >1 million U.S. volunteers
- Participants to share genomic data, lifestyle information, biological samples – all linked to their EHRs
- Forge new model for ‘doing science’ that emphasizes:
 - Engaged participants
 - Open, responsible data sharing
 - Strong privacy protections

Everything Old is New Again

insight commentary

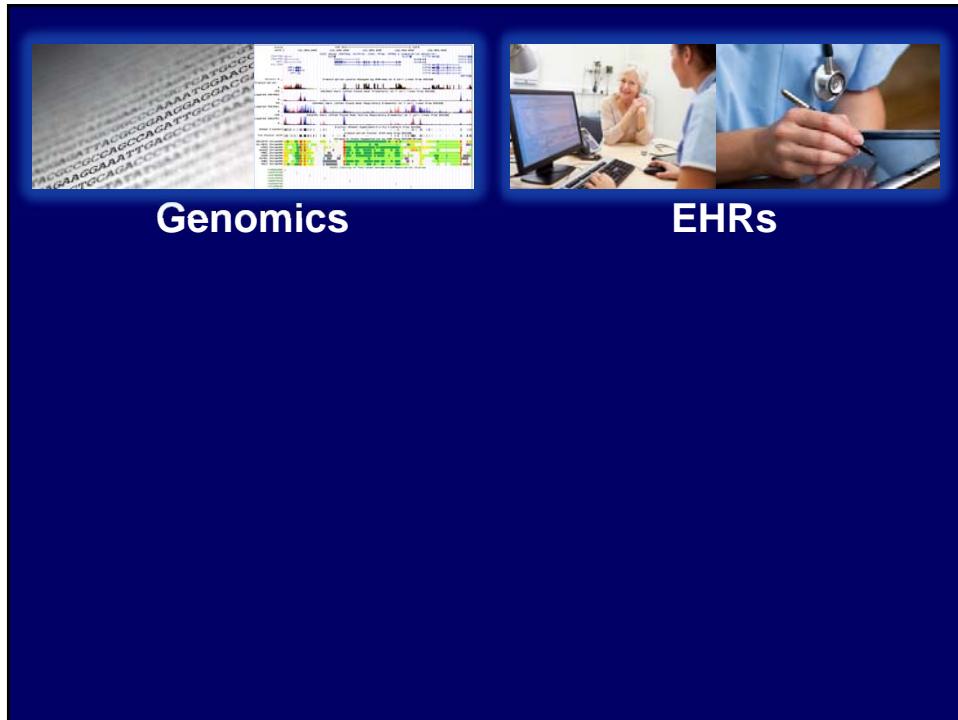
The case for a US prospective cohort study of genes and environment

Francis S. Collins

National Human Genome Research Institute, National Institutes of Health, Building 31, Room 4B09, MSC 2152, 31 Center Drive, Bethesda, Maryland 20892-2152, USA (e-mail: fc23a@nih.gov)

Information from the Human Genome Project will be vital for defining the genetic and environmental factors that contribute to health and disease. Well-designed case-control studies of people with and without a particular disease are essential for this, but rigorous and unbiased conclusions about the causes of diseases and their population-wide impact will require a representative population to be monitored over time (a prospective cohort study). The time is right for the United States to consider such a project.

***Nature* (2004)**



Electronic Medical Records and Genomics (eMERGE) Network

LOGIN TO EMERGE

eMERGE network ELECTRONIC MEDICAL RECORDS AND GENOMICS

451 Number of network publications

47 Number of phenotypes developed

55,028 Number of participants in the Network Cohort

BCM Baylor College of Medicine Sequencing Center

VANDERBILT UNIVERSITY Medical Center Tell Givong Center

COLUMBIA UNIVERSITY IN NEW YORK New York City

HARVARD UNIVERSITY Boston, MA

GEISINGER Danville, PA

BROAD INSTITUTE Cambridge, MA

PARTNERS BOSTON Boston, MA

Northwestern Medicine Chicago, IL

Mayo Clinic Rochester, MN

GroupHealth Seattle, WA

LVA Medicine Salt Lake City, UT

The Children's Hospital of Philadelphia Philadelphia, PA

Children's Hospital Boston Boston, MA

Geisinger Danville, PA

Baylor College of Medicine Houston, TX

Columbia University New York, NY

Harvard University Boston, MA

Partners Boston, MA

Geisinger Danville, PA

Northwestern Chicago, IL

Mayo Clinic Rochester, MN

GroupHealth Seattle, WA

LVA Salt Lake City, UT

Broad Cambridge, MA

Vanderbilt Nashville, TN

eMERGE network ELECTRONIC MEDICAL RECORDS AND GENOMICS

emerge.mc.vanderbilt.edu



THE BODY ELECTRIC

RESEARCHERS WANT TO WIRE THE HUMAN BODY WITH SENSORS THAT COULD HARVEST REAMS OF DATA — AND TRANSFORM HEALTH CARE.

BY ELIZABETH GIBNEY

Nature (2015)

WIRED FOR LIFE Sensors woven into the body could alert people to medical problems before they become seriously ill — if the devices can overcome some daunting challenges.

Sensors mounted on the skin are easy to apply and remove, and can obtain high-quality data on breathing, heart rate, blood pressure and other vital signs. But they must be flexible and stretchy enough to follow the natural movement of the body.

Sensors injected under the skin can access the trove of information carried in the blood by chemical signals called biomarkers. The devices must be long-lived and biocompatible, so that they don't trigger an immune response.

Devices implanted into the heart, brain or other deep tissues can gather data directly from the source and deliver drugs or stimulation exactly where needed. But they must have ways to get power in and data out — without resorting to wires.

The diagram shows a hand with a sensor patch, a cross-section of skin layers with sensors embedded, and a human figure with internal implants. Labels include: Epidermis, Dermis, Subcutaneous tissue, Carbon-nanotube-based sensors, Flexible brain sensor, Flexible heart pacemaker, and Spine-implanted ion pump.





Report on Precision Medicine Initiative Cohort Program



The Precision Medicine Initiative Cohort Program – Building a Research Foundation for 21st Century Medicine

Precision Medicine Initiative (PMI) Working Group Report to the Advisory Committee to the Director, NIH

September 17, 2015

For Immediate Release: Thursday, September 17, 2015

NIH framework points the way forward for building national, large-scale research cohort, a key component of the President's Precision Medicine Initiative

The National Institutes of Health Advisory Committee to the Director (ACD) today presented to NIH Director Francis S. Collins, M.D., Ph.D., a detailed design framework for building a national research participant group, called a cohort, of 1 million or more Americans to expand our knowledge and practice of precision medicine. Dr. Collins embraced the design recommendations made by the ACD, noting the need to remain nimble and adaptable as the initiative progresses. He also thanked the Committee for their recommendations on policy issues and welcomed the opportunity to review them. NIH plans to move quickly to build the infrastructure so that participants can begin enrolling in the cohort in 2016, with a goal of enrolling at least 1 million participants in three to four years.

Precision Medicine Initiative

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PRECISION MEDICINE INITIATIVE

Precision Medicine Initiative

Near-term Goals Longer-term Goals Scale and Scope Participation PMI Working Group Events Announcements PMI in the News Multimedia

Faces of the Precision Medicine Initiative – Dr. Russ Altman NIH Director's blog: Read precision medicine-related blogs by the NIH Director.

ABOUT THE PRECISION MEDICINE INITIATIVE

Too many diseases do not have a proven means of prevention or effective treatments. We must gain better insights into the biology of these diseases to make a difference for the millions of Americans who suffer from them. Precision medicine is an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment, and lifestyle for each person. While significant advances in precision medicine have been made for select cancers, the practice is not currently in use for most diseases. Many efforts are underway to help make precision medicine the norm rather than the exception. To accelerate the pace, President Obama unveiled the Precision Medicine Initiative (PMI) – a bold new enterprise to revolutionize medicine and generate the scientific evidence needed to move the concept of precision medicine into every day clinical practice.

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To sign up for updates please enter your e-mail address.

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www.nih.gov/precisionmedicine

Déjà Vu, All Over Again?



Human Genome Project
Circa Winter 1990

Precision Medicine Initiative
Circa Winter 2015

The Genomics Landscape
A monthly newsletter from the NHGRI Director

October 6, 2015

This month brought a historic 'odometer moment' for the field of genomics – October 1, 2015, marked the 25th anniversary of the launch of the Human Genome Project. I, for one, cannot believe a quarter-century has now passed since many of us started working on the Project. At the same time, it is truly incredible to think about how far genomics has progressed since that time. I thought the significance of this anniversary warranted making this topic the lead story in this month's *The Genomics Landscape*; in addition, I reflect on this important anniversary in a recent video interview now available on the NHGRI web site.

To subscribe, follow link from:
genome.gov/Director

