Prioritization considerations

- Complexity of disease
  - Lack of environment or other confounders (Prostate cancer)
- Amount of existing data
- Effect size-to be relevantly defined
  - Use of models for assessment of potential impact
  - Prevention vs. therapeutic intervention
  - Differential response to intervention in different populations
  - Large effect for disease risk or protective effect
- Availability of hard endpoints
- Use of existing longitudinal cohorts
  - Availability of genotype information
  - Use of trial data
  - Diversity
    - Risk score application across panethnic, vs. single ethnic
    - Equity

Prioritization considerations

- Multiplex approach in population
  - Increase number in population at high (or low) risk of something
- Amenability to implementation in real-world health care systems
- Polygenic risk altering monogenic disease risk
- Established clinical validity, hypothesis clinical utility
- Characterization of score (PPV NPV rather than sensitivity specificity
- Move away from yes/no endpoints to continuous variables, ordinal
- Add to existing use cases where risk stratification is already in use