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