



Genomics2020 Strategic Planning Process

The document that follows is an initial draft of the **2020 National Human Genome Research Institute (NHGRI) Strategic Plan**, which will be published in October 2020. This document is being openly distributed in an effort to solicit final community input about the 2020 NHGRI Strategic Plan; this will be the final major step of the ~2-year Genomics2020 Strategic Planning Process (for additional details, go to [genome.gov/about-nhgri/strategic-plan/overview](https://www.genome.gov/about-nhgri/strategic-plan/overview)).

Because of the intentionally incomplete and draft nature of this document – and the anticipated substantial changes that will occur prior to its submission for final publication – NHGRI is respectfully requesting adherence to the following etiquette:

Please do not:

- Write or report about this document in any press coverage
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Adhering to this requested etiquette would match the spirit in which this draft document has been made broadly available – that is, encouraging discussion and soliciting edits that will ultimately yield the highest quality and most impactful 2020 NHGRI Strategic Plan. *Press coverage and social media postings about the final strategic plan will be welcome upon its publication in October 2020!*

Such input is being collected by various means, including feedback that can be given about any aspect of the draft document at [genome.gov/2020draft](https://www.genome.gov/2020draft). The deadline for providing that feedback is **5:00 pm ET on April 26, 2020**.

For questions, please email genome2020@nih.gov.

Thanks for your engagement and contributions for finalizing the 2020 NHGRI Strategic Plan!

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**Strategic research priorities and opportunities for
improving human health at *The Forefront of Genomics***

Abstract

To be drafted following receipt of feedback about draft document in April.

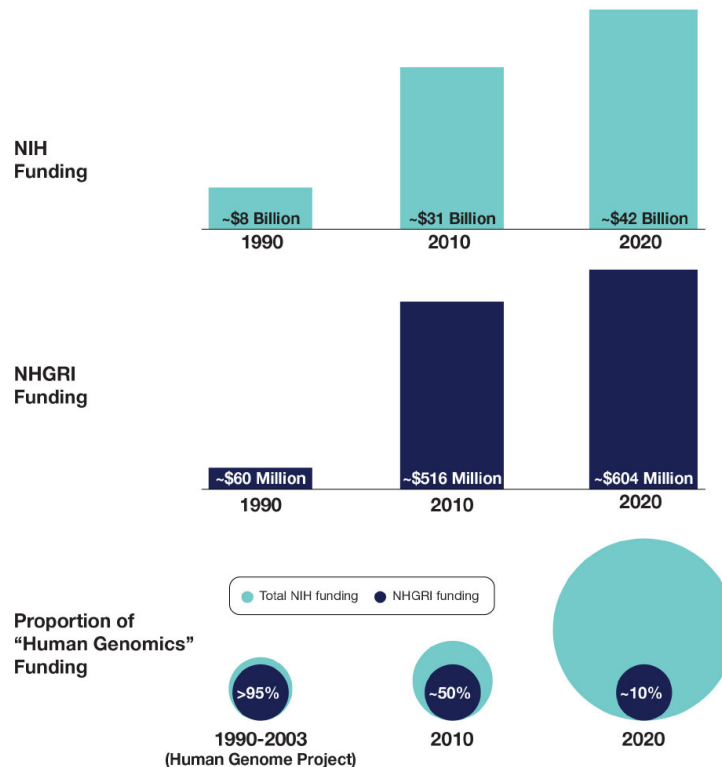
Introduction

Three decades ago this month, a pioneering group of international researchers began an audacious journey to generate the first map and sequence of the human genome, marking the start of a 13-year odyssey called the Human Genome Project. The project’s successful and early completion in 2003 catalyzed enormous progress in genomics research. Leading the signature advances has been a greater than one million-fold reduction in the cost of DNA sequencing. This has allowed the generation of hundreds of thousands of human genome sequences, both in research and clinical settings. With this, researchers have been enabled to create rich catalogs of genomic variants, to gain an ever-deepening understanding of the functional complexities of the human genome, and to elucidate the genomic bases of thousands of human diseases. In turn, the last half-decade has brought the initial realization of genomic medicine, as research successes have been converted into powerful tools for use in healthcare, including somatic genomic testing for cancer (enabling the development and use of targeted therapeutics) and genome-sequencing tests for autism, intellectual disability, and birth defects, among others. These advances were unimaginable when the Human Genome Project began and continually lead to scientific and clinical opportunities beyond our expectations.

Embracing its leadership role in genomics, the National Human Genome Research Institute (NHGRI) has developed strategic visions for the field at key inflection points, in particular at the end of the Human Genome Project in 2003 and then again at the beginning of the last decade in 2011. These visions outlined the most compelling opportunities for human genomics research, in each case informed by a multi-year

45 engagement process that captured input from numerous stakeholders with diverse
46 expertise.

47
48 Catalyzed by the implementation of these strategic visions, the human genomics
49 enterprise has expanded considerably since the end of the Human Genome Project,
50 becoming widely disseminated across biomedicine. Historical funding trends at the U.S.
51 National Institutes of Health (NIH) offer one means for illustrating this phenomenon
52 (Figure 1). During the Human Genome Project, NHGRI was NIH's primary funder of
53 human genomics research, but the past two decades have brought a greater than ten-
54 fold increase in the relative fraction of funding coming from other parts of NIH as
55 genomics became integrated in their research portfolios.
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58
59 **Figure 1: Funding trends of NIH and NHGRI over the past 30**
60 **years.** The total funding levels for NIH (top panel) and NHGRI
61 (middle panel) are indicated for 1990, 2010, and 2020, respectively.
62 Also shown is the relative proportion of funds supporting “human
63 genomics” research provided by NHGRI versus all of NIH (as
64 derived from NIH funding databases) for three corresponding time
65 intervals (bottom panel). Note that while the NHGRI budget
66 increased roughly ten-fold over the last 30 years (middle panel), the
67 Institute’s proportion of total NIH funding for human genomics
68 research decreased from >95% during the Human Genome Project
69 to ~10% at the beginning of the current decade (bottom panel),
70 reflecting a greater than ten-fold increase in non-NHGRI funding.

71 Noting the accelerating pace of genomic advances since 2011, NHGRI endeavored to
72 start the new decade with an updated strategic vision for human genomics research.
73 Through an engagement and outreach process that involved over 50 events (e.g.,
74 dedicated workshops, conference sessions, and webinars) over the last two-plus years
75 ([genome.gov/genomics2020](https://www.genome.gov/genomics2020)), the Institute collected input from an even-more diverse
76 set of stakeholders than was done during previous rounds of strategic planning. The
77 process consistently revealed the highly disseminated nature of human genomics
78 research, the impracticality of being comprehensive with respect to planning across all
79 areas of genomics, and thus the need to focus on the most cutting-edge opportunities in
80 human genomics research. We ultimately linked NHGRI's recently conceived
81 organizational mantra *The Forefront of Genomics* directly to this process and asked the
82 participating stakeholders to reflect on this theme in formulating their strategic
83 input. From the ensuing discussions, it became apparent that *responsibility* is a central
84 aspect of being at *The Forefront of Genomics*, specifically in the following four areas:

- 85 I. Providing a socially responsible and highly ethical framework for conducting human
86 genomics research by establishing and adhering to guiding **principles and values**;
- 87 II. Maintaining and improving a robust **foundation** for genomics research;
- 88 III. **Breaking down barriers** in genomics through advances that create new research
89 opportunities; and
- 90 IV. Defining and pursuing audacious genomics **research projects** focused on
91 elucidating genome function, understanding human disease, and improving human
92 health.

93
94 What follows are summaries of each of these four areas, which together highlight
95 NHGRI's view of the most compelling biomedical and clinical research opportunities in
96 human genomics for the immediate future. This strategic vision is intentionally limited to
97 applications of genomics in biomedicine, which is provided with a deep appreciation of
98 the growing impact of genomics in numerous others research areas. In articulating a
99 forward-thinking vision for human genomics, we faced the inherent tension between
100 describing a view of the broader field and representing an identity for NHGRI as a
101 research funder; we acknowledge the challenge of consistently separating these two
102 aims, but nonetheless endeavored to emphasize broad strategic goals for the field as
103 opposed to implementation tactics for actually funding the research.

104 **I. Establish and Adhere to Guiding Principles and Values for**
105 **Conducting Human Genomics Research**
106

107 As genomics has matured as a discipline, the field has embraced a growing set of
108 fundamental principles and values that together serve as a guiding compass for the
109 research efforts. Anticipating the growing complexities of genomics and its many
110 applications (especially into medicine), it is important to reaffirm and even sharpen
111 these tenets, such as those highlighted in Box 1. This commitment to exploring the real
112 and potential impact of science on society reflects the long-standing attentiveness of the
113 genomics research community to the broader implications of scientific progress; this is
114 exemplified by a subdiscipline of the field that focuses on ethical, legal, and social
115 implications (ELSI) research – an area of continued importance and relevance at *The*
116 *Forefront of Genomics* (see Box 2).

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Box 1: Guiding Principles and Values for Human Genomics Research

- **Maintain an overarching focus on using genomics to understand biology, to enhance knowledge about disease, and to improve human health** – *genomics is now foundational across the entire continuum of biomedical research, from deciphering fundamental principles of biology to translating that knowledge into medical advances.*
- **Embrace the interdisciplinary and team-oriented nature of genomics research** – *starting with the Human Genome Project, some of the most challenging genomics endeavors have benefited from the creation and management of large, interdisciplinary research collaborations.*
- **Pursue advances in genomics as part of a vibrant global community of genomics researchers and funders** – *the challenges in genomics require the collective energies and creativity of an international ecosystem of researchers, funders, and other stakeholders.*
- **Champion open science, data sharing, and attention to rigor and reproducibility in genomics research** – *the genomics enterprise has a well-respected history of leading in these areas, and that commitment must be built upon and continually reaffirmed.*
- **Promote robust and consistently applied standards in genomics research** – *adherence to carefully defined standards (e.g., those for generating, analyzing, storing, and sharing data) has benefited genomics in significant ways, and this must include appropriate privacy and data-security protections for those participating in genomics research.*
- **Embrace equity and global diversity in all aspects of genomics research, committing to the systematic inclusion of ancestrally diverse and underrepresented individuals in major genomic studies** – *attention to diversity in genomics research is both socially just and scientifically essential, including meaningful, sustained partnerships with communities in the design and implementation of research studies, the propagation of research findings, and the development and use of new technologies.*
- **Maximize the utility of genomics for all members of the public, including the ability to access genomics in healthcare** – *engagement, inclusion, and understanding the needs of diverse and underrepresented groups are required to ensure that all members of society benefit equally from genomic advances, with particular attention paid to the use of genomics in healthcare so as to avoid exacerbating healthcare disparities.*
- **Provide a conceptual framing that consistently conveys the role of both genomic and non-genomic contributors to health and disease** – *routinely considering the importance of social and environmental contributions to human health (and the interactions among those components and genomics) will be important for the comprehensive understanding of most human diseases.*

Box 2: ELSI Research at *The Forefront of Genomics*

Starting with the Human Genome Project, the field of genomics adopted a proactive approach to studying the ethical, legal, and social implications (ELSI) of genomics research. Rather quickly, the ELSI name became a well-recognized area of research associated with genomics. What began as a series of important questions related to the initial sequencing of the human genome has broadened in scope and scale within genomics and even extended to other fields (e.g., neuroscience and data science). ELSI research efforts have directly informed policies to address genetic discrimination, approaches for appropriately consenting participants in genomics research, and strategies for returning genomic information to individuals. ELSI research often attempts to anticipate and prepare for future research developments – for example, the initial policies governing CRISPR-Cas germline editing were informed by ELSI research conducted a decade before this specific genome-editing method was actually developed.

Looking ahead, a broad and robust ELSI research portfolio will be essential to ensure that the potential benefits of genomics are available to all members of society. This will be particularly important as genomics expands beyond the core group of investigators familiar with ELSI research. Specifically, researchers new to genomics are likely to re-discover ELSI research questions that have already been addressed and generate new questions as the use of genomics expands into new areas. For example, the rapidly expanding use of genomic and other multi-omic data coupled with health records and non-medical data raises challenging questions about data control, privacy, consent, and participation of under-represented populations. Similarly, new types of data collection and uses call for research examining downstream implications ranging from law-enforcement applications to considerations of race, ancestry, community, and family. ELSI research could also seek to understand the implications of studying genetic associations with non-medical traits (e.g., intelligence, sexual behavior, and social status), to address the challenges of health equity that accompany the implementation of genomic medicine (including the communication of genomic risk and therapeutic interventions), and to assess how genomics influences fundamental concepts of privacy and social identity. Finally, to support the core values of equity and diversity, ELSI research should explore how priorities and values concerning the use of genomics differ among communities. The successful use of genomics requires engaging and developing partnerships with diverse communities during all phases of research. Descriptions of some emerging and future ELSI research efforts that address issues at the interface between genomics and society are provided below.

205 **II. Maintain and Improve a Robust Foundation for Genomics Research**

206

207 Over the last three decades, genomics has grown from an emerging field to a well-
208 established discipline. The tools of genomics are now routinely and expansively used
209 throughout biomedical research. As a consequence, there is widespread reliance on a
210 robust foundation for using genomic approaches. A key responsibility at *The Forefront*
211 *of Genomics* is the maintenance and improvement of that foundation. Together, the
212 various parts of this foundation are important for the full range of anticipated genomic
213 advances, from increasing our basic understanding of genome biology to unraveling the
214 genomic bases of human disease to the use of genomic information in medicine. But to
215 be clear, this foundation reflects more than just infrastructure and resources; rather it
216 also includes a number of dynamic areas of technology development and research,
217 including those involved in generating an ever-advancing understanding of genome
218 structure and function, providing key capabilities in data science focused on genomic
219 analyses, addressing myriad issues at the interface of genomics and society, and
220 ensuring appropriate training and genomic workforce development.
221

222 **Genome structure and function**

223

224 **Enable the routine generation of genome sequences, transcriptome sequences,**
225 **and epigenomic datasets.** No truly complete and contiguous mammalian genome
226 sequence has been generated to date, yet the comprehensive analyses of genomes
227 requires the ability to generate high-quality and complete (telomere-to-telomere and
228 phased) genome sequences on a routine basis. Such efforts will rely on the continued
229 refinement and enhanced utility of the human genome reference sequence(s). Similarly,
230 understanding how genomes choreograph the establishment of different cell states
231 during development and how this choreography is influenced by environmental
232 exposures requires the ability to generate high-quality transcriptomic and epigenomic
233 data, including at single-cell resolution and for multiple data types simultaneously.
234 Removing the obstacles for generating all of these datasets in a comprehensive,
235 scalable, and inexpensive fashion requires sustained efforts in the development of
236 technologies and analytic tools, with success in this area being critical for understanding
237 the genomic bases of health and disease in the research setting and, ultimately, for
238 using genomics as a clinical tool for prevention, diagnostics, and management.
239

240 **Establish robust approaches for analyzing genome-sequence, transcriptome,**
241 **epitranscriptome, and epigenome data.** The ability to analyze increasingly
242 heterogeneous genomic data types in a comprehensive and inexpensive fashion will
243 enable characterizing the genomic contributions to health and disease in both research
244 and clinical practice. However, the sheer size of the datasets and the various
245 dimensions under study – including biological context (e.g., life stage and cell state),
246 environment, and genomic variation – present major computational and inferential
247 barriers. The underlying biology also presents inherent complexities, such as linking
248 individual regulatory elements to their functionally associated gene(s) and establishing
249 the complete repertoire of potential regulatory influences on a given gene. To address
250 these challenges, scalable and inexpensive methods for analyzing genomic data that

251 keep pace with the generation of large and multidimensional datasets are needed; such
252 methods must be both robust in their performance and readily accessible for use by a
253 broadening community of researchers. Particularly in this area, partnerships involving
254 academic and industrial/commercial groups have proven to be effective for improving
255 data quality and reducing the costs of data generation.

256

257 **Facilitate the use of evolutionary and comparative genomic data to advance**
258 **understanding of genome function.** Understanding natural genomic variation within
259 and between species, conservation of genomic elements across species, and rapid
260 evolutionary changes in genomic regions that can be correlated with specific traits is
261 critical for attaining a comprehensive view of genome function. The study of a wide
262 range of organisms continues to be instrumental for understanding the structure and
263 function of genomes and for experimentally determining how genomic variation
264 influences biology and how evolution shapes genomes. To capitalize on the multi-
265 species genomic data being generated, community accepted standards for data,
266 metadata, and data interoperability are needed, along with new methods for integrating
267 functional data from diverse species and for visualizing and exploring increasingly
268 complex comparative genomic datasets.

269

270 **Genomic data science**

271

272 **Ensure facile storing, sharing, and computing on large genomic datasets.**

273 Managing large genomic datasets requires robust hardware, algorithms, software,
274 standards, and platforms. Barriers to the efficient and effective utilization of such
275 datasets include the lack of interoperable genomic data resources (which limits access,
276 integration, and analyses, thereby inhibiting innovation) and the absence of controlled
277 and consistently adopted data and metadata vocabularies and ontologies. To enable
278 the effective management of genomic datasets requires a broad and cooperative effort
279 aimed at developing the necessary skills, creating resources, and building consensus
280 across the community about various data-related issues. For example, appropriate
281 incentives are needed for biologists to learn data-management skills and for data
282 scientists to learn biology (see below). Also needed are user-friendly systems that
283 capture scalable, intelligent, and cost-effective metadata. Success will depend on
284 improving access to all types of genomic data and the associated phenotypic and other
285 metadata. Meanwhile, all relevant elements must function in a future data ecosystem
286 that will be highly distributed.

287

288 **Develop novel methods and build sustainable data resources for genomic**
289 **sciences.** All major breakthroughs in genomics have been accompanied by the
290 groundbreaking development of computational and statistical methods for analyzing the
291 data. Accordingly, a continued focus is needed for developing advanced computational
292 and statistical approaches (including machine learning) that generalize across genomic
293 applications. Work in this area should include enhancing strategies for integrating
294 genomic and non-genomic data, visualizing multi-dimensional information at scale, and
295 assessing analytical performance and accuracy. Further, with increasing amounts and
296 uses of generated genomic data, the biomedical research community requires accurate,

297 curated, accessible, secure, and interoperable genomic data repositories and
298 informatics platforms. Support for crucial data and informatics resources requires
299 carefully considered funding strategies, including a global, multi-funder model that
300 ensures their long-term sustainability. Approaches for improving the efficiency of such
301 resources include the use of shared storage and computing infrastructure, the adoption
302 of common data-management processes, and the development of automated data-
303 curation methods. Innovations in technology and policy should be integrated to develop
304 data-stewardship models that ensure open science and reduce data-access burdens, all
305 while honoring study consents and participant preferences.

306
307 **Develop integrated knowledgebases and informatics methods for genomic**
308 **medicine.** Integrating genomics into routine medical practice requires informatics and
309 data-science advances that effectively connect the growing genomic knowledge to
310 clinical decision-making at the point of care. To make genomic information readily
311 accessible and broadly useful to clinicians, user-friendly electronic health record (EHR)-
312 based clinical decision support (CDS) tools that interact with a variety of EHR and data
313 systems (laboratory, pharmacy, and radiology, among others) are needed. Such CDS
314 tools will play a major role in using genomic information about individual patients to
315 stratify risk – be that of disease onset or progression, adverse or salutary response to
316 medications, or rare or undiagnosed diseases. All of this will require well-curated, highly
317 integrated, and up-to-date knowledgebases that connect genomic information to clinical
318 characteristics, other phenotypic data, and information on family health history. Another
319 foundational element in this area will be robust risk-stratification algorithms that
320 incorporate both common and rare genomic variants, phenotypic data, and
321 environmental information into the risk modeling; such algorithms will need to be
322 evaluated in a variety of study designs that can assess the validity and impact of using
323 genomic information with respect to patient outcomes and healthcare utilization. Finally,
324 it will be important to evaluate these genomics-oriented CDS tools through rigorous
325 usability studies to ensure that they are acceptable to practitioners from all clinical
326 disciplines and that their limitations are understood and addressed (if possible) over
327 time.

328 329 **Genomics and society**

330
331 **Understand the appropriate role of genomics in broader social and cultural**
332 **contexts.** Genomic risk factors interact with environmental risk factors in the
333 manifestation of multi-factorial health conditions. At present, such interactions are, in
334 general, poorly understood. Studies of common, complex diseases must increasingly
335 account for the social and environmental determinants of health in addition to genomic
336 risks. Moreover, most genomic medicine implementation studies to date have occurred
337 in a limited number of social and cultural contexts, limiting generalizability; determining
338 the optimal implementation strategies in a broader set of contexts should be a priority.

339
340 **Empower people to make well-informed decisions about genomic data and**
341 **develop data-stewardship systems that reinforce their choices.** Genomic data
342 combined with phenotypic data have become a highly valued commodity, especially as

343 calls for open science increase. Decisions about access to and use of genomic and
344 phenotypic data should involve the individuals and communities from whom those data
345 were generated. Better insights are needed to identify the key issues influencing
346 peoples' choices about the provision of personal data for research, including the values
347 and goals that guide those decisions. Such information should be incorporated into the
348 design and study of tools that acknowledge peoples' concerns, aid decision-making,
349 and promote individuals' access to and use of their own data. Data-stewardship
350 infrastructures that include appropriate policies, robust technologies, and human
351 governance must be developed and assessed to ensure alignment between individuals'
352 decisions about their data and the practices of researchers and clinicians.
353

354 **Training and genomic workforce development**

355
356 **Ensure that the next generation of genomic scientists is sufficiently trained in**
357 **data science and that there are adequate numbers of data scientists trained in**
358 **genomics.** Appropriate skills and training in data science are now prerequisites for
359 becoming a genomics researcher. Furthermore, given the ever-expanding use of
360 genomics in basic, translational, and clinical research, a greater number of scientists will
361 need fundamental data-science skills appropriate for the specific genomic applications
362 being utilized. Establishing and maintaining data-science competencies for conducting
363 genomics research will require a series of interrelated educational and training efforts,
364 including the recruitment of a cadre of data scientists into genomics and the reciprocal
365 exchange of expertise between genomics researchers and data scientists. While
366 generic training approaches may be suitable in most cases, consideration and support
367 will be needed for individual genomic researchers who require more specialized data-
368 science skills.
369

370 **Train healthcare providers to integrate genomics into the clinical workflow.**
371 Providers need to be equipped with current information to manage questions from
372 patients who receive genomic information, including that from direct-to-consumer
373 testing. The full spectrum of medical professionals should be included in this training
374 effort. Education modules that are components of curricula tailored to specific user
375 groups should be designed to adapt rapidly to advances in genomics and data science
376 technologies; these should be available on demand and, where appropriate, integrated
377 into existing clinical systems. Research is also needed, such as that focused on the
378 educational methodologies for train-the-trainer approaches, the implementation of
379 standards and competency-based education, and the strategies for enhancing genomic
380 literacy among all healthcare providers. The involvement of patients, caregivers,
381 educators, professional organizations, and accreditation boards will be critical to
382 success.
383

384 **Enhance the diversity of the genomics workforce.** Developing the genomics
385 workforce of the future requires intentional efforts to include women, underrepresented
386 racial and ethnic groups, disadvantaged populations, and individuals with disabilities.
387 For example, the U.S. genomics workforce – as with the general biomedical research
388 workforce – does not reflect the diversity of the nation's population, which limits the
389 opportunity for diverse minds to contribute to scientific and clinical innovation. New

390 strategies and programs to reduce barriers to career opportunities in genomics are
391 required, as are innovative approaches to promote workforce diversity and inclusion
392 practices. Diversity-enhancing efforts should not focus exclusively on early-stage
393 recruitment; rather, they must also include incentives to recruit and retain a diverse
394 workforce at all career stages.

395
396 **Increase the genomic literacy of public educators to meet the expanding**
397 **educational and workforce needs.** An increase in the understanding of key genomic
398 principles and applications will facilitate the use of genomics for advancing human
399 health, promoting equity and diversity in genomics, and increasing the broad uptake of
400 genomic medicine. The heterogeneous educational needs of the general public must be
401 met by leveraging innovative tools that are shared, assessed, and improved as new
402 strategies are developed. Academic institutions need to build scalable curricula for
403 training the full range of public educators as well as provide basic education about the
404 key ethical and social issues in genomics that will help the public and the genomic
405 workforce navigate complicated genomic questions as they emerge.

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406 **III. Break Down Barriers in Genomics to Create New Research**
407 **Opportunities**

408
409 Since the inception of the field, genomics has benefited enormously from the proactive
410 identification of major obstacles impeding progress and the subsequent focused efforts
411 to break down those barriers. Prototypic successes include the call for a “\$1000
412 Genome” in 2003 following completion of the Human Genome Project and a proposed
413 set of actions to facilitate the early implementation of genomic medicine in 2011; in
414 these cases, both the risks of failure and the benefits of success were high. Not
415 unexpectedly, some prior barriers remain while some new ones have emerged, with
416 some illustrative examples described below. Once again, breaking down these barriers
417 – in particular those related to fundamental technologies and biological insights – would
418 accelerate progress and create new genomics research opportunities at *The Forefront*
419 *of Genomics*.

420
421 **Fundamental technologies**

422
423 **Develop methods for generating and analyzing increasingly heterogeneous data**
424 **types for studying human health and disease.** Data types beyond primary DNA
425 sequence (e.g., readouts of transcription levels, epigenetic markers, proteins, and
426 metabolic markers as well as environmental and lifestyle data) are needed to fully
427 understand the relevance of genomic variants in different biological contexts. Sustained
428 efforts are needed for developing the technologies to generate these various data types
429 in increasingly complex ways (e.g., from different cells in human tissues, at single-cell
430 resolution, and for multiple data types simultaneously) in a comprehensive, scalable,
431 and inexpensive fashion. In parallel, readily available analytic tools, including but not
432 limited to those utilizing machine-learning and artificial-intelligence approaches, will
433 become increasingly vital for assimilating, sharing, integrating, and analyzing these
434 heterogeneous data types, including those in existing and new multi-omic datasets.

435
436 **Enable the routine generation and use of synthetic nucleic acids in genomics**
437 **research.** The ability to generate nucleic acid molecules with defined sequences (i.e.,
438 synthetic genomics) would enable a wide range of genomic applications. Novel and
439 innovative technologies are needed for longer, more accurate, faster, and cheaper
440 nucleic acid synthesis on a large scale. Current limitations in our understanding of
441 genome function hamper the ability to judiciously design synthetic nucleic acids for
442 experimentation, but this situation will improve to create new opportunities. The use of
443 synthetic genomics could also enable significant advances in genome editing, including
444 the ability to make precise *in vivo* genomic changes, to characterize large genomic
445 regions, and to test the effect of changes across large genomic distances. Improved
446 systems for delivering large synthetic nucleic acid fragments into cells would also be
447 important.

448
449 **Biological insights**

450

451 **Establish the means to determine functional consequences of any genomic**
452 **variant affecting human health and disease.** Understanding the biological relevance
453 of genomic variants, the genes they affect, their interplay with other genomic variants,
454 and how they impact human health and disease is central to the application of genomics
455 to human biology and medicine. The last decade has brought major leaps in the
456 identification of genomic variants that are statistically associated with a given
457 phenotype, but reliably establishing the mechanistic links connecting a specific variant
458 to that phenotype remains challenging. Multiple complementary efforts are needed to
459 overcome this barrier; these range from developing assays that model and test the
460 effects of every possible variant in a genomic region to integrating multiple data types
461 (e.g. association data, gene-expression information, model organism information, and
462 protein localization/interaction data) for deducing influences of variation on genome
463 function.

464
465 **Identify and characterize somatic mutations and genetic mosaicism in human**
466 **phenotypes.** As progress is made in establishing the general consequences of
467 inherited genomic variants, there is also the need to account for the reality that humans
468 are mosaics with different variants in different cells (both somatic and germline). Despite
469 its prevalence and the increasing familiarity of several well-studied examples, there is a
470 paucity of detailed knowledge of mosaicism, such as how and when it contributes to
471 human phenotypes. New methods for readily detecting genomic mosaicism at high
472 spatial and temporal resolution are needed as are new experimental and clinical
473 approaches for assaying for mosaicism, especially in ways that are relatively non-
474 invasive (e.g., requiring minimal amounts of tissue).

475
476 **Understand and leverage population structure and admixture to facilitate human**
477 **genetics studies.** Technological advances have enhanced the ability to generate,
478 integrate, and analyze genomic and phenotypic data from highly diverse and recently
479 admixed human cohorts. These large datasets can be leveraged for human genetics
480 studies that address questions relevant to health and disease. In particular, the growing
481 availability of high-quality, well-characterized genome-sequence data can be analyzed
482 with new analytic tools to enable rapid progress in several areas. For example,
483 examining genome-wide association signals in different populations can be used to
484 more precisely map functional genomic elements (e.g., regulatory segments) and to
485 reduce the size of genomic regions defined by genetic-association studies. In the case
486 of the latter, such regions often contain many genomic variants, and identifying the
487 exact one(s) conferring risk for the disease remains difficult. Analyzing the genomes of
488 individuals from diverse ancestral origins can be particularly helpful for delimiting these
489 regions; eventually pinpointing the precise genomic variant(s) responsible for disease
490 risk can lead to a better understanding of the molecular mechanism underlying that
491 disease. More routine and robust abilities to study diverse and recently admixed
492 collections of healthy individuals and those with known diseases would both reveal the
493 range of genomic variation present in our species and lead to a deeper understanding
494 of the variants contributing to both rare and common diseases.

495 **IV. Lead the Pursuit of Compelling Genomics Research Projects**

496

497 Starting with the Human Genome Project, the field of genomics has routinely benefited
498 from a willingness to articulate ambitious – at times even audacious – research efforts
499 that aim to address questions and acquire knowledge that (at the time) may seem out of
500 reach. Such boldness has often served to stimulate interest in emerging opportunities,
501 recruit new expertise for addressing difficult problems, and propel the field forward.
502 While by no means comprehensive, the areas described below illustrate the broadening
503 range of compelling research projects that should be pursued at *The Forefront of*
504 *Genomics*; each has meaningful potential for leading to the next set of significant and,
505 at times, unexpected genomic advances.

506

507 **Establish the roles and relationships of all genes and regulatory elements in**

508 **pathways, networks, and phenotypes.** The current and anticipated future
509 technological and computational capabilities to analyze genomes provide an opportunity
510 to decipher the integrated function of individual genomic components in an increasingly
511 comprehensive way, including how genomic variants influence those functions.
512 Because genes and regulatory elements do not function in isolation, the challenge of
513 assessing their individual and combined biological roles and their resulting contributions
514 to phenotype encompasses a nearly boundless experimental space. Nonetheless, that
515 is the space that must be explored in an increasingly comprehensive fashion. In addition
516 to using new methodologies for data generation, robust computational models that
517 accurately predict cellular and organismal phenotypes from genome-sequence data
518 need to be developed and applied in conjunction with enhanced visualization tools for
519 understanding multidimensional information. A complete understanding of these
520 genomic complexities must also account for functional redundancy and differences in
521 biological activity in different physiological contexts, environmental conditions, and
522 genetic backgrounds.

523

524 **Elucidate the genetic architecture of all human diseases and traits.** While progress

525 in the last decade has illustrated the promise of genomics for unraveling the genetic
526 underpinnings of human disease (to date most notably for rare diseases), the field is
527 now poised to begin capturing a more complete understanding of the genetic
528 architecture of all human diseases and traits. Systematic approaches will be needed for
529 establishing the phenotypic consequences of all genomic variants – individually and in
530 combinations – and this will undoubtedly require multifaceted experimental modalities
531 (including perturbation assays, large-scale molecular phenotyping in cells and tissues,
532 and studies of animal models). However, myriad complexities can be anticipated. For
533 example, any given genomic variant or combination of variants may affect more than
534 one disease or trait (i.e., pleiotropy). Similarly, variant effects can differ by orders of
535 magnitude; can confer risk or be protective; can act additively, synergistically, and/or
536 through intermediates; and can be mosaic in an individual. Multiple, sometimes
537 thousands, of genes can contribute to a phenotype. The use of new methods for
538 analyzing data from large studies of ancestrally diverse human participants, coupled
539 with a growing knowledge of genotype-phenotype relationships, will enable the
540 discovery of associations and interactions among genomic variants and environmental

541 factors as well as estimates of penetrance and expressivity. These efforts would be
542 greatly enabled by redesigning the approaches used for assembling samples (e.g.,
543 DNA) for genomic studies of human disease. In addition to advancing the general
544 knowledge about pathophysiology, more comprehensive insights about the genetic
545 architecture of human diseases will enhance the clinical utility of genomic information
546 for predicting risk, prognosis, treatment response, and, ultimately, clinical outcomes.

547
548 **Determine the value of linking genome sequencing to the delivery of clinical care**
549 **within healthcare systems.** The evidence base documenting the value of genomic
550 information in clinical care is currently in a nascent state, but new opportunities for
551 significant growth are quickly being realized. For example, healthcare systems are
552 emerging as effective testbeds for genomic medicine implementation, including the use
553 of genome-sequence data. Providing genome sequencing to all members of a
554 healthcare system, performed in conjunction with research and participant engagement,
555 can establish the clinical utility of genomic information for a broad range of conditions
556 and may allow providers to improve disease diagnosis and management, lead to better
557 informed patient care, and enable more favorable patient and provider outcomes. As an
558 example, understanding the needs for (and utilization of) genomic information by
559 providers is critical, especially for those without extensive expertise in genomics (who
560 actually deliver most clinical care). Opportunities to investigate how genomics-related
561 interventions can reduce health disparities should also be prioritized. Studies within a
562 single healthcare system allow for examination of the interactions among patients,
563 providers, and laboratories, which, in turn, can be used to optimize approaches for
564 effectively returning genomic information to both patients and providers. Extending such
565 studies across multiple healthcare systems should reveal common challenges and
566 solutions, thereby enhancing the learning healthcare model for genomic medicine more
567 broadly. Such clarity would pave the way to conducting research in these learning
568 healthcare environments, yielding more data at lower cost and encouraging the
569 widespread use of genomic information.

570
571 **Evaluate multi-omic approaches for the diagnosis and management of human**
572 **disease.** Tissue- and cell-specific data from multiple assays (i.e., multi-omics) can
573 provide real-time snapshots of biological and disease processes, yielding insights
574 beyond those that can be captured from currently available datasets. For example,
575 integrating data about genomes, epigenomes, transcriptomes, proteomes, and
576 metabolomes with clinical variables and outcomes should advance understanding of
577 disease onset and progression, leading to improved predictive and prognostic models
578 for a wide range of conditions. Such studies will require the integration of high-
579 dimensional multi-omic data with CDS tools and EHRs to enable adoption and
580 appropriate clinical use. Ultimately, these efforts could yield an understanding of the
581 relationships among genomic, environmental, and behavioral variation and facilitate a
582 transition from treating disease to maintaining health.

583 **Closing Thoughts**

584

585 *To be drafted following receipt of feedback about draft document in April (and will*
586 *include a reference to Box 3).*

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Box 3: Bold Predictions for Human Genomics by 2030

To be written following receipt of feedback about draft document in April.

- **Bold prediction 1** – *brief explanatory text.*
- **Bold prediction 2** – *brief explanatory text.*
- **Bold prediction 3** – *brief explanatory text.*
- **Bold prediction 4** – *brief explanatory text.*
- **Bold prediction 5** – *brief explanatory text.*
- **Total Number: To Be Determined**

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