

# Genomic Medicine Working Group Update

**Teri Manolio, M.D., Ph.D.**

National Advisory Council for Human Genome Research  
February 13, 2023



National Human Genome  
Research Institute

—  
The **Forefront**  
of **Genomics**<sup>®</sup>  
—

# NACHGR Genomic Medicine Working Group Members

Carol Bult	Jackson Labs
Rex Chisholm	Northwestern
Pat Deverka	Veranex
Geoff Ginsburg	All of Us Res Prog
Gail Jarvik	U Washington
George Mensah	NHLBI
Mary Relling	St. Jude
Dan Roden	Vanderbilt
Marc Williams	Geisinger

## NHGRI

Eric Green	Erin Ramos
Teri Manolio	Robb Rowley
Jahnvi Narula	



# Genomic Medicine Working Group Charge

Assist in advising NHGRI on research needed to evaluate and move genomics into routine medical practice

- Review current progress, identify research, implementation, and education gaps and approaches for filling them
- Identify and publicize key advances
- Plan genomic medicine meetings on timely themes
- Facilitate collaborations, coordination, long-term availability of genomic resources





# Accomplishments in Genomic Medicine

Search for specific publications by title, author, category and/or by date range. For an explanation about the categories, see the [list of categories and their definitions](#).

Category

- Any -

From

mm/dd/yyyy

To

mm/dd/yyyy

Search

2023

January 04, 2023 - **Noninvasive prenatal screening (NIPS) for fetal chromosome abnormalities in a general-risk population: An evidence-based clinical guideline of the American College of Medical Genetics and Genomics (ACMG)**

**First Author:** Dungan JS

**Category:** Educational Resource

# Accomplishments in Genomic Medicine: Categories and Definitions

The criteria for **notable accomplishments**:

- Involve use of patients' genomic variant information in clinical decision making.
- Demonstrate impact of direct clinical implementation on health outcomes or behaviors.
- Demonstrate the potential for clinical implementation.
- Are likely to be generalizable beyond original setting.
- Are likely to have implications for healthcare systems or practice guidelines.
- Are important considerations for diversity and health equity.
- Are sufficiently large and rigorous to overcome sampling error and other bias.
- Are broadly representative of the field beyond NHGRI-sponsored or US-funded programs.

## Categories:

- Genomic Medicine Resource
- Pilot Implementation
- Systematic Implementation
- Risk Assessment/Prediction
- Pharmacogenomics
- Oncology
- Undiagnosed Diseases
- Gene-Disease Validation
- Sequencing
- Variant Classification
- Impact/Outcomes
- Secondary Findings
- Health Disparities
- Other



# YEAR IN REVIEW

Am J Hum Genet 2019;105:1072-75.

Gen

Teri A

Gail I

Robb

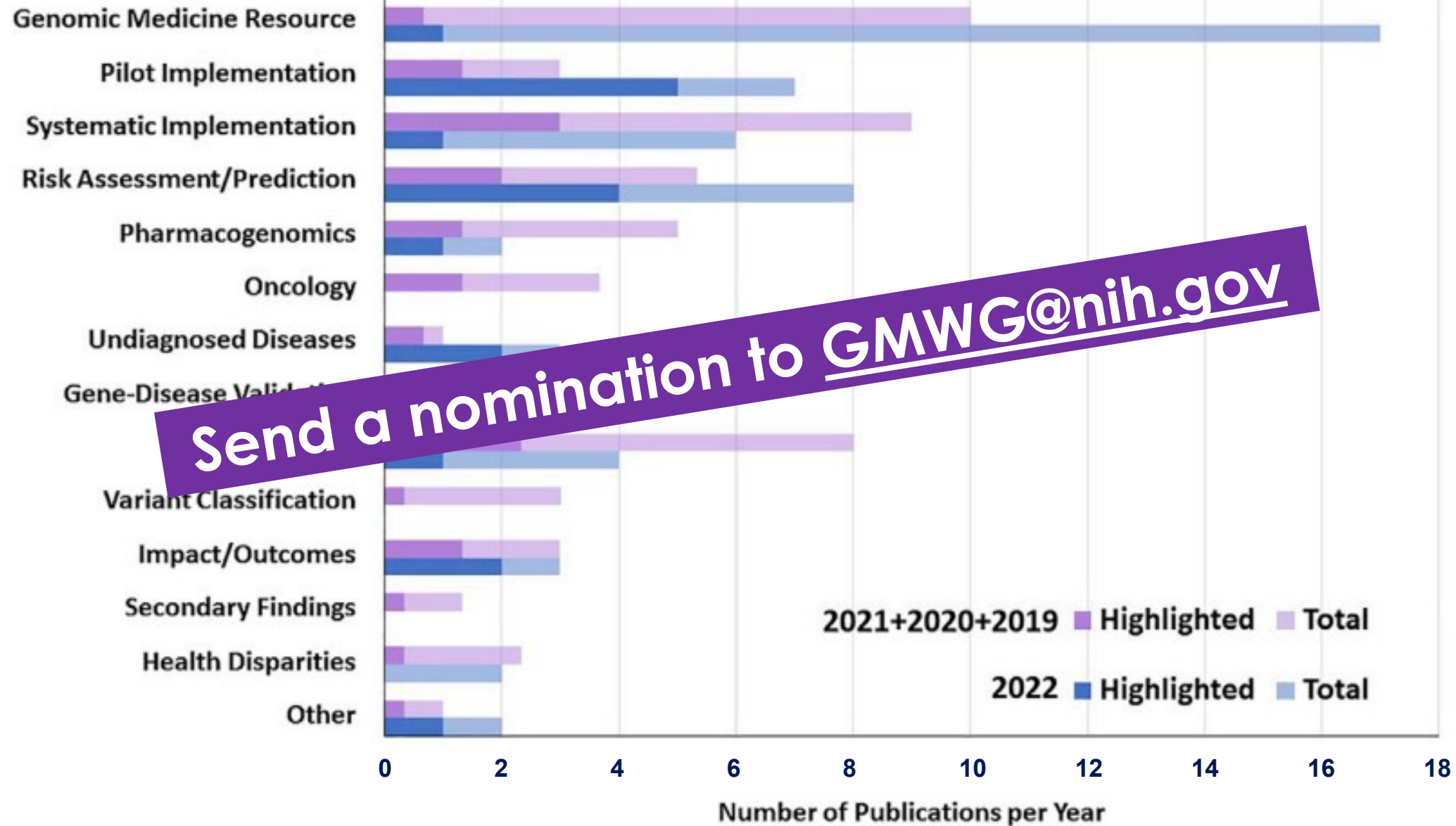
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Send a nomination to [GMWG@nih.gov](mailto:GMWG@nih.gov)

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## Genomic Medicine Colloquium, June 2011

Open

Genetics in Medicine

Implementing genomic medicine in the clinic: the future is here

Teri A. Manolio, MD, PhD<sup>1</sup>; Rex L. Chisholm, PhD<sup>2</sup>; Brad Ozenberger, PhD<sup>1</sup>; Dan M. Roden, MD<sup>3</sup>; Marc S. Williams, MD<sup>4,5</sup>; Richard Wilson, PhD<sup>6</sup>; David Bick, MD<sup>7</sup>; Erwin P. Bottinger, MD<sup>8</sup>; Murray H. Brilliant, PhD<sup>9</sup>; Charis Eng, MD, PhD<sup>10</sup>; Kelly A. Frazer, PhD<sup>11</sup>; Bruce Korf, MD, PhD<sup>12</sup>; David H. Ledbetter, PhD<sup>5</sup>; James R. Lupski, MD, PhD<sup>13</sup>; Clay Marsh, MD<sup>14</sup>; David Mrazek, MD<sup>15</sup>; Michael F. Murray, MD<sup>16</sup>; Peter H. O'Donnell, MD<sup>17</sup>; Daniel J. Rader, MD<sup>18</sup>; Mary V. Relling, PharmD<sup>19</sup>; Alan R. Shuldiner, MD<sup>20</sup>; David Valle, MD<sup>21</sup>; Richard Weinshtaub, MD<sup>22</sup>; Eric D. Green, MD, PhD<sup>1</sup> and Geoffrey S. Ginsburg, MD, PhD<sup>23</sup>

Although the potential for genomics to contribute to clinical care has long been anticipated, the pace of defining the risks and benefits of incorporating genomic findings into medical practice has been

slower, and the burden to patients and clinicians of assaying, reporting, interpreting, and following up genomic findings. Key infrastructure needs

## GM II: Forming Collaborations, Dec 2011

metree™

Welcome to MeTree. This program will ask questions about your health and your family's health. Your answers will be used to give you personalized suggestions for your health care. Please answer as best you can.

TOUCH HERE TO START

## GM III: Stakeholders, May 2012

Technology Assessment Supports Health Plans and Other Stakeholders in Developing Evidence-based Policies

Medical Policy

Coverage Policy

Payment Policy

## GM IV: Physician Education, Jan 2013



## GM X: PGx Implementation, May 2017



## GM XI: Clinical Implementation, Sept 2018



## GM XII: Genomics and Risk Prediction, May 2019



## GM V: Federal Strategies, May 2013

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A Genomic Medicine Policy Framework

The College of American Pathologists  
Debra G.B. Leonard, MD, PhD, FCAP

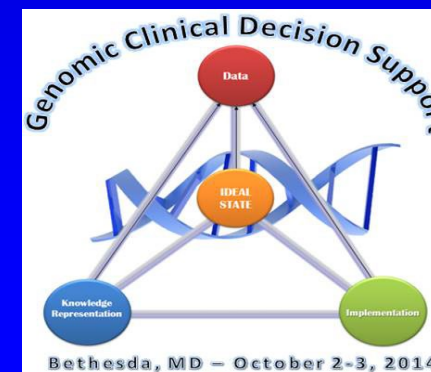
## GM IX: Bedside Back to Bench, April 2016



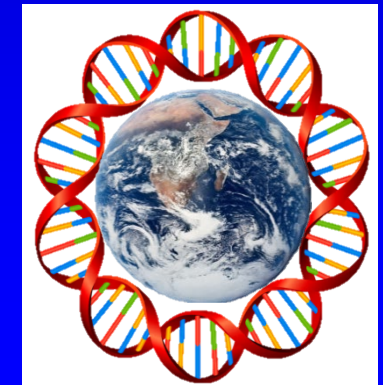
## GM VIII: NHGRI's Genomic Medicine Programs, June 2015



## GM VII: Genomic CDS, Oct 2014



## GM VI: Global Leaders, Jan 2014





## Genomic Medicine Colloquium, June 2011

REVIEW **Genetics in Medicine**

Open

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**Tec**

Medical Policy | Coverage Policy | Payment Policy

## GM IV: Physician Education, Jan 2013



## GM X: PGx Implementation, May 2017

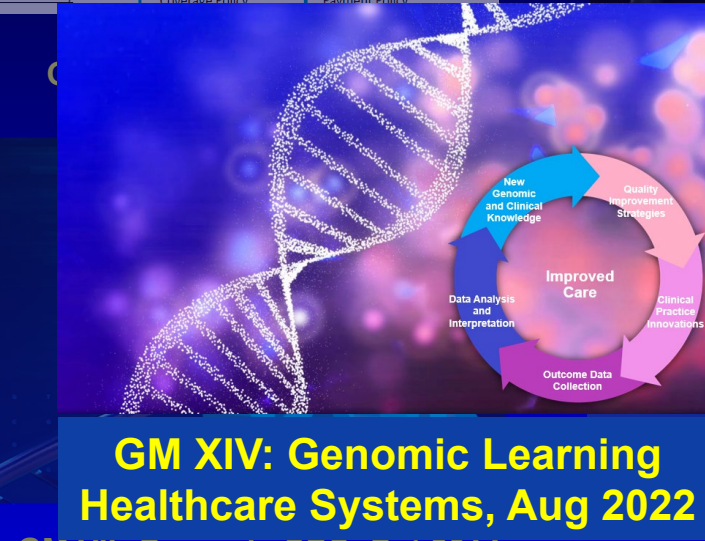


## GM XIII: Clinical Informatics Research Agenda, Feb 2021

## GM IX: Bedside Back to Bench, April 2016

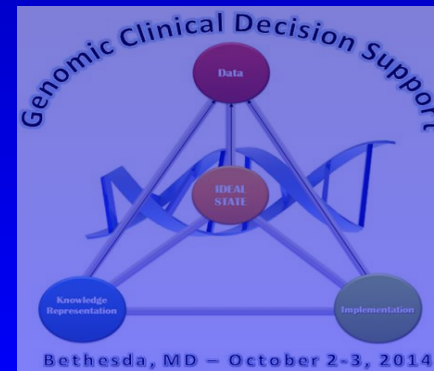


## GM VIII: NHGRI's Genomic Medicine Programs, June 2015



## GM XIV: Genomic Learning Healthcare Systems, Aug 2022

## GM VII: Genomic CDS, Oct 2014

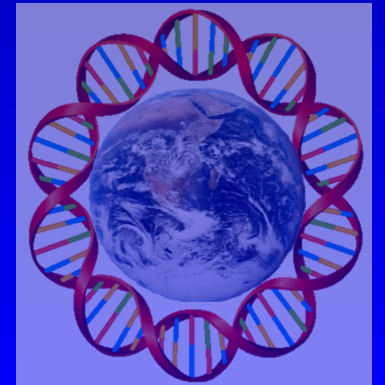


## Federal Strategies, May 2013

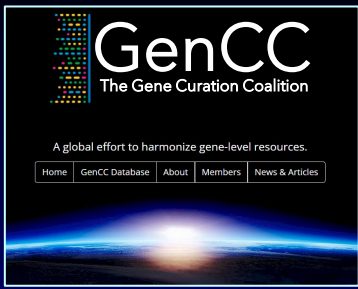
**Genomic Medicine Framework**

College of American Pathologists  
S.B. Leonard, MD, PhD, FCAP

## Global Leaders, Jan 2014







# Products of GM Meetings

Employers Health and Wellness

**STAY TUNED**

Variant, Function, Disease

**NOT-HG-20-020**  
Genomic Medicine Modules

**NOT-HG-22-011**  
Patient-Centered Informatics



**ISCC**

**Clin Action**



**emerge network**  
Genomic Risk Assessment



**G2MC**



**IHCC**

# Genomic Medicine Meetings



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Research Institute

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## Genomic Medicine XIV: Genomic Learning Healthcare Systems

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applic

### Summaries

- [Executive Summary](#)
- [Meeting Summary](#)

SM XIV: Welcome and Introductions

From a national research institute

**Genomic Medicine XIV:  
Genomic Learning  
Healthcare Systems**

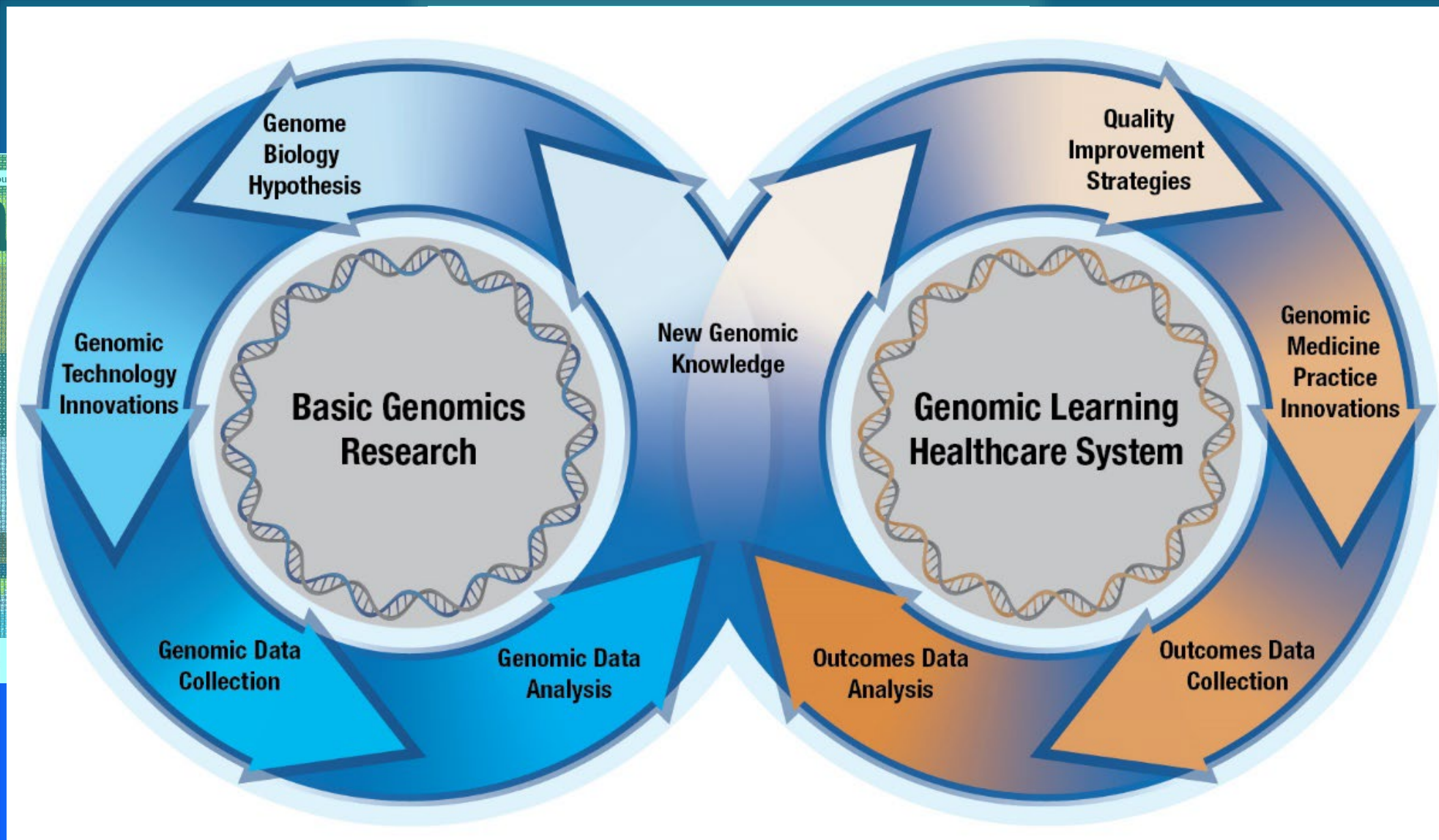
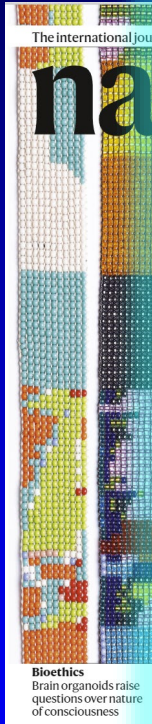
August 31 - September 1, 2022

Watch on YouTube

The Forefront  
of Genomics



# 2020 NHGRI Strategic Vision



**Frontiers**  
**Genomics**<sup>®</sup>

Green E. *et al.*, Strategic research priorities and opportunities for improving human health at The Forefront of Genomics. *Nature*, 2020; 586:683-92.



**Aug 31 – Sep 1, 2022, Virtual**

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## **Genomic Medicine XIV: Genomic Learning Healthcare Systems**

**Co-Chairs:** Pat Deverka, Renee Rider

### **Objectives:**

- Explore real-world examples of how gLHS apply cycles of genomic medicine implementation, evaluation, adjustment, and updated implementation practices across delivery systems.
- Examine barriers and identify potential solutions, focusing on lessons learned from effective gLHS and their potential transportability to other settings.
- Determine ways to develop and share solutions and form collaborations to facilitate research on implementing gLHS.



## Genomic Medicine XIV: Genomic Learning Healthcare Systems

### Key recommendations:

- Build on and extend interoperability of methods for integrating genomic data into care and exchanging with other systems.
- Create a national LHS network to gather data from collaborating gLHS on genomic medicine practice, quality improvement, and benchmarking.
- Create a consult service or expert panel to help educate clinicians about genetic test orders, interpretation, and determining next steps.
- Develop “learning community of practice” listserv to provide information and updates, potentially supplemented with a panel of experts.
- Promote equity of implementation in low-resourced and underserved settings.



# NHGRI's Genomic Medicine Program and FY22 Funds, 9/30/2022

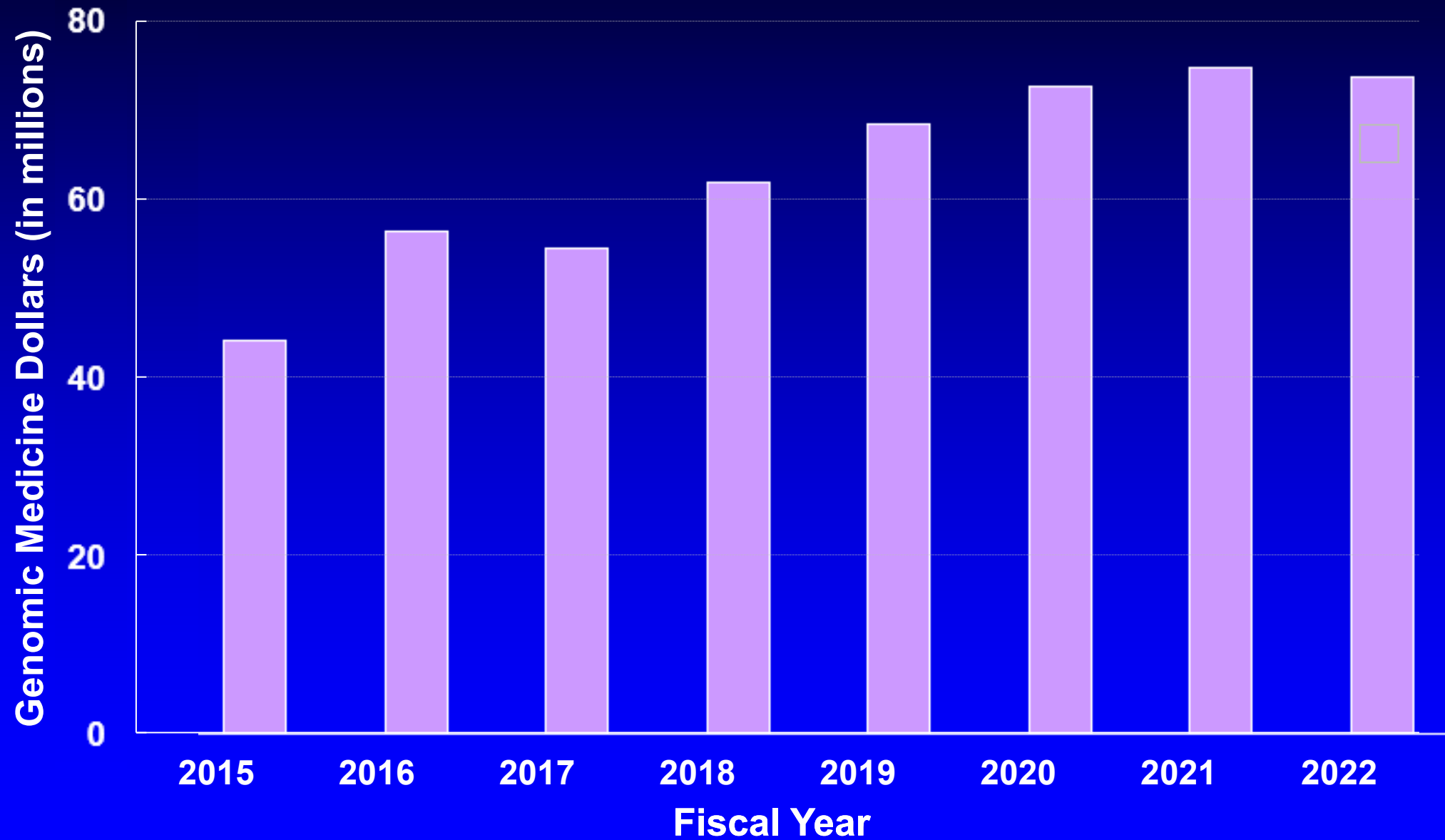
Program	Goal	\$M	Years
UDN <sup>1</sup>	Diagnose rare and new diseases by expanding NIH's Undiagnosed Diseases Program	16.4	FY13-22
CSER <sup>2</sup>	Generate evidence of clinical utility of sequencing in diverse clinical settings	0	FY12-21
eMERGE	Develop, implement, and disseminate multi-ethnic genomic risk assessment and management tools for clinical use	19.6	FY07-24
IGNITE	Conduct pragmatic clinical trials of genomic interventions ( <i>APOL1</i> testing and PGx for pain and depression treatment)	9.9	FY13-24
ClinGen <sup>2</sup>	Develop and disseminate consensus information on genes and variants relevant to clinical care	13.7	FY13-24
ClinGen <sup>3</sup> Curation	Establish expert panels for genes and variants relevant to participating NIH Institutes and Centers	5.6	FY20-
Investigator-Initiated	Advancing genomic medicine research, genetic counseling processes, dissemination and implementation	25.6	FY15-
Training	Institutional training grants, fellowships, career development	5.2	FY16-

**FY22 total genomic medicine funding \$96M; \$74M NHGRI (35% investigator-initiated)**  
**FY22 total extramural budget \$441M (~18% genomic medicine)**

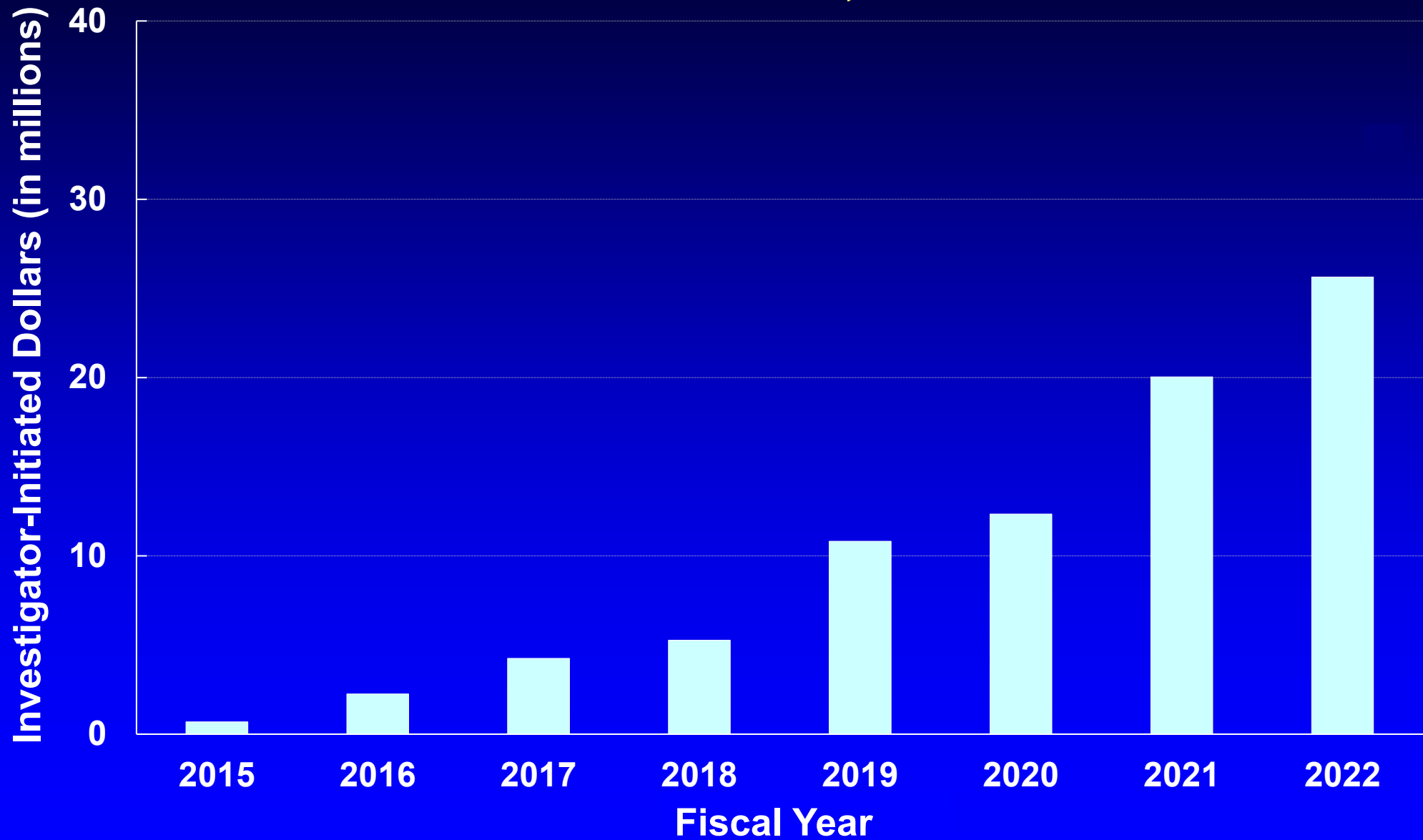
<sup>1</sup>NIH Common Fund; <sup>2</sup>Co-Funded by NCI. <sup>3</sup>Funded by 5 partner ICs .



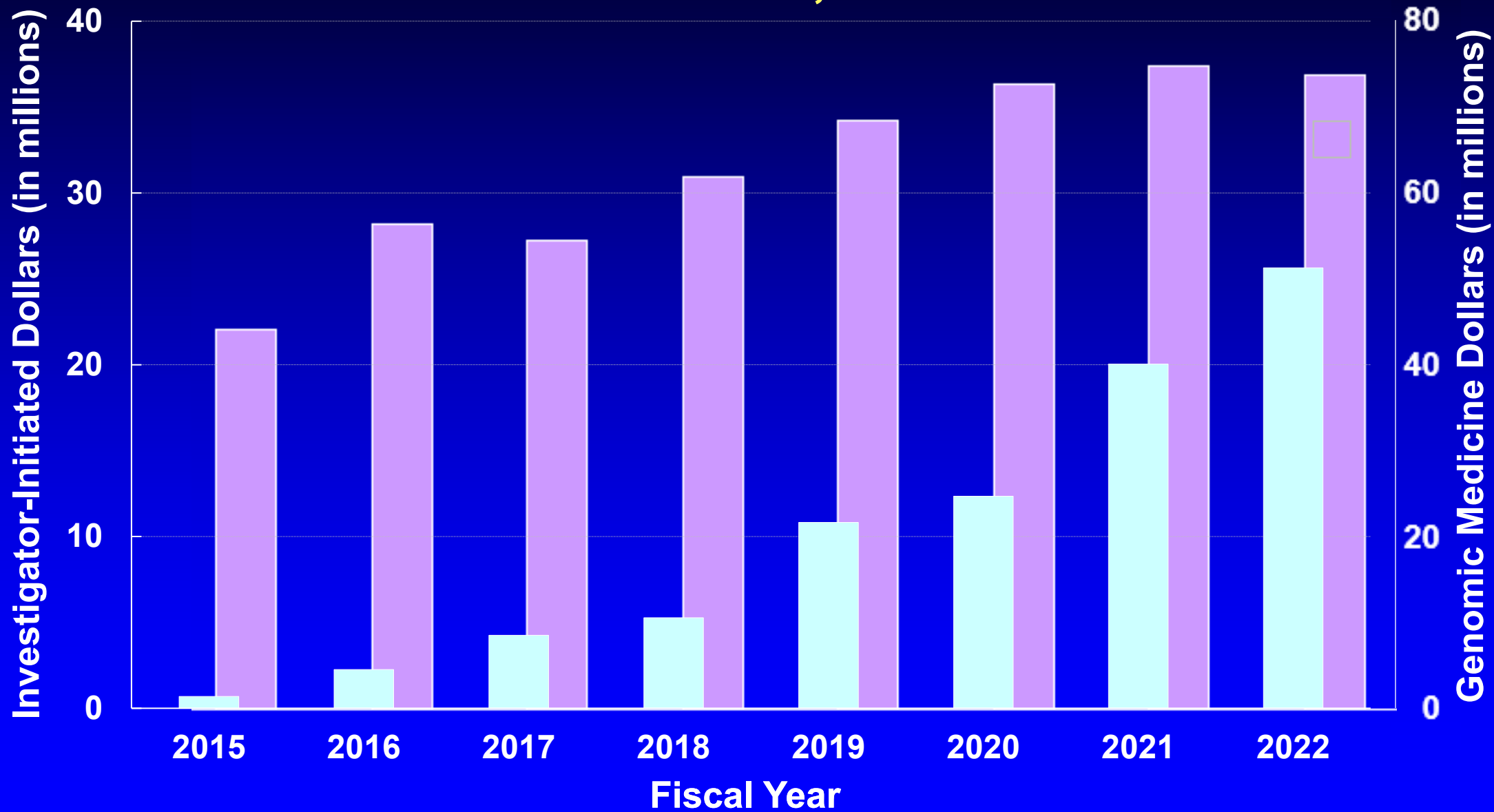
# NHGRI Funding for Genomic Medicine Research, 2015-2022



# NHGRI Funding for Investigator-Initiated Genomic Medicine Research, 2015-2022

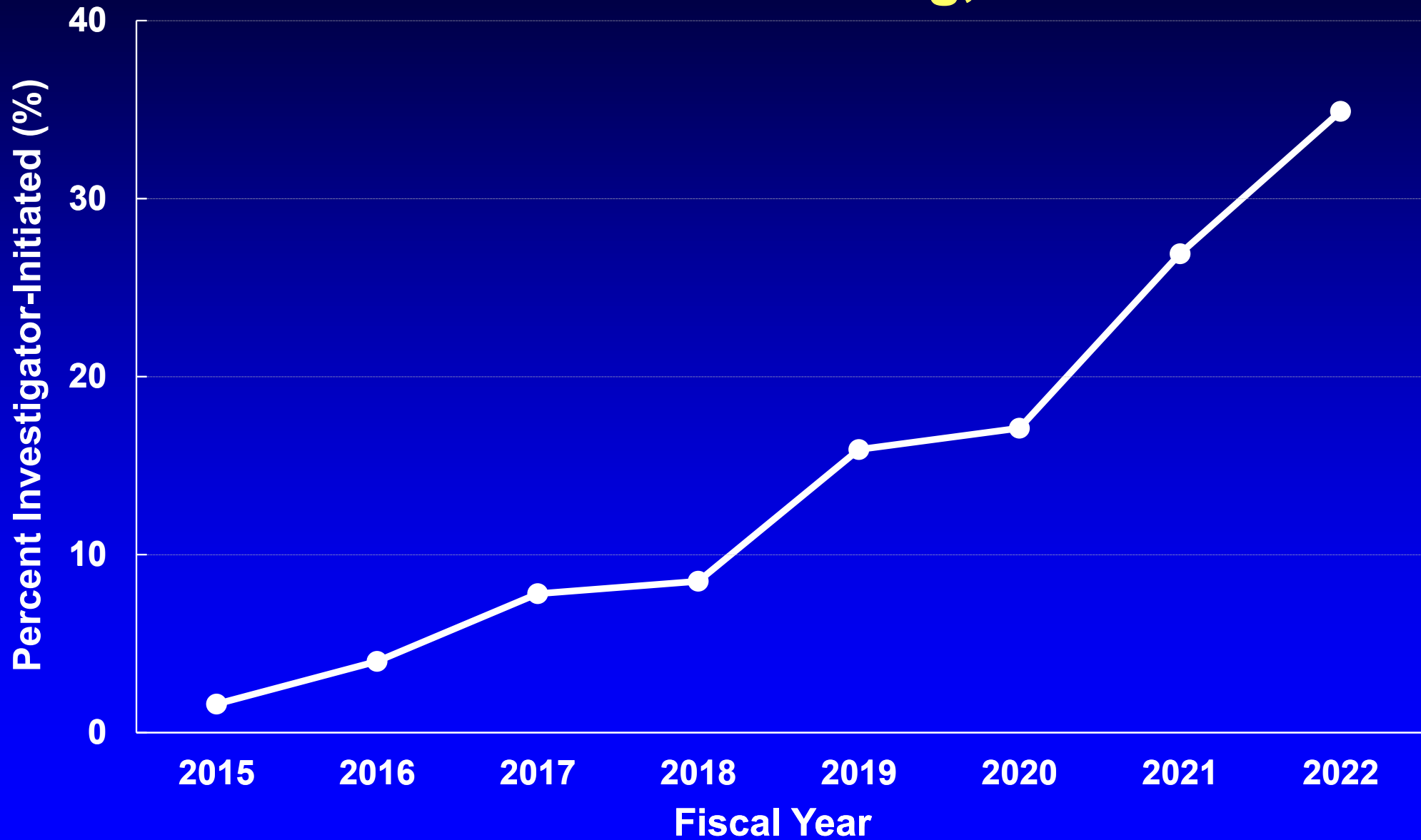


# NHGRI Funding for Investigator-Initiated Genomic Medicine Research, 2015-2022





# Investigator-Initiated Funding as Percent of Genomic Medicine Research Funding, 2015-2022





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