

GMXV: Genomics and Population Screening

Many thanks to the Planning Group!

Jonathan Berg

Gail Jarvik

Bruce Korf

George Mensah

And to the Organizers!

Jenna Cohen

Alvaro Encinas

Brandon Meiklejohn

Jahnavi Narula

Mukul Nerukar

Jerryl Somani

Meredith Weaver



GMXV: Genomics and Population Screening

Goal

To discuss the current state of population genomic screening in the U.S., as well as barriers and opportunities for expanded population screening, impact on clinical practice and outcomes, various genomic screening technologies and costs, and evidence gaps that may inform future research directions.

Objectives

- Review current state of population genomic screening in the US
- Examine obstacles and opportunities for expanded screening and available evidence of impact of screening on outcomes and cost
- Identify research directions to inform expanded screening as appropriate
 - Variants and conditions to be screened for
 - Populations to screen
 - Role of community engagement
 - Providers to order screening and manage results



GMXV: What This Meeting Will Address

- Conditions for which there are well-established professional guidelines for action
- Screening for adults (age 18+) as starting point
- Research directions for the **entire** genomics field, of which NHGRI is only a small (but mighty!) part
- Ask presenters to identify results to be provided and interventions to be recommended when proposing conditions



GMXV: What Will also be Addressed Though Not Specifically Called Out in Agenda

- Evolving/appropriate role of geneticists and genetic counselors in population screening
- Potential role of telehealth and AI
- Importance of keeping approaches and guidelines simple
- Importance of engaging with health systems leadership
- Risks of and dealing with false positives
- Research needed to make healthcare system ready to handle population screening



GMXV: What This Meeting Will *Not* Address

- Not addressing newborn screening, which has its own standing committees and expert bodies, other than as something of a model and source of lessons learned
- Not addressing screening of children (< 18) or parent/guardian consent; focus on adults
- Not debating appropriateness of nor evidence behind potential interventions once a screened-for condition is found
- Not proposing funding opportunities or mechanisms— focus on knowledge gaps and approaches for filling them



Brief Note on Structure of Meeting and Its Aftermath

- Ample time for questions and discussions in each session
- Allow for 1-2 clarifying questions after each speaker
- Moderators to redirect from topics the meeting will not address
- Moderators to save few minutes at end of session to list a few key points made or issues raised
- In person attendees should raise hands to speak
- Online attendees can put questions in Q&A but can't guarantee we'll see and address them during the meeting; can try to address in follow-up on meeting website
- Meeting summary aimed to be posted to website in 4-6 weeks
- If warranted, presenters and moderators will jointly prepare white paper for journal submission



NACHGR Genomic Medicine Working Group Members

Carol Bult

Rex Chisholm

Pat Deverka

Geoff Ginsburg

Gillian Hooker

Gail Jarvik

George Mensah

Dan Roden

Marc Williams

NHGRI

Eric Green

Teri Manolio

Jackson Labs

Northwestern

Deverka Consulting

All of Us Research Program

Concert Genetics

U Washington

NHLBI

Vanderbilt

Geisinger

Erin Ramos

Robb Rowley

Jahn timer 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



Genomic Medicine Colloquium, June 2011

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REVIEW **Genetics in Medicine**

Open

Implementing genomic medicine in the clinic: the future is here

Teri A. Manolio, MD, PhD¹; Rex L. Chisholm, PhD²; Brad Ozenberger, PhD¹; Dan M. Roden, MD³; Marc S. Williams, MD^{4,5}; Richard Wilson, PhD⁶; David Bick, MD⁷; Erwin P. Bottinger, MD⁸; Murray H. Brilliant, PhD⁹; Charis Eng, MD, PhD¹⁰; Kelly A. Frazer, PhD¹¹; Bruce Korf, MD, PhD¹²; David H. Ledbetter, PhD⁵; James R. Lupski, MD, PhD¹³; Clay Marsh, MD¹⁴; David Mrazek, MD¹⁵; Michael F. Murray, MD¹⁶; Peter H. O'Donnell, MD¹⁷; Daniel J. Rader, MD¹⁸; Mary V. Relling, PharmD¹⁹; Alan R. Shuldiner, MD²⁰; David Valle, MD²¹; Richard Weinshtaub, MD²²; Eric D. Green, MD, PhD¹ and Geoffrey S. Ginsburg, MD, PhD²³

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 slow. Key infrastructure needs include: development of reimbursement for genomically driven interventions; and burden to patients and clinicians of assaying, reporting, interpreting, and following up genomic findings. Key infrastructure needs

GM II: Forming Collaborations, Dec 2011

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TOUCH HERE TO START

GM III: Stakeholders, May 2012

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

tec

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

cap

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



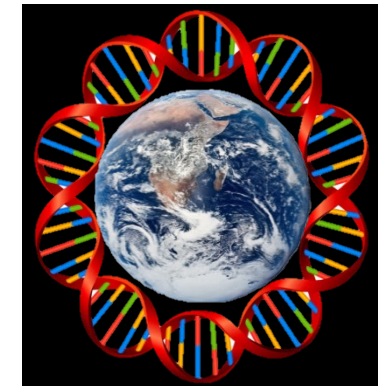
GM VIII: NHGRI's Genomic Medicine Programs, June 2015



GM VII: Genomic CDS, Oct 2014



GM VI: Global Leaders, Jan 2014



Genomic Medicine Colloquium, June 2011

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Implementing genomic medicine in the future is here

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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

irrelevant, lack of reimbursement, and burden to patients and



GM XIII: Clinical Informatics Research Agenda, Feb 2021

GM II: Forming Collaborations, Dec 2011

GM III: Stakeholders, May 2012

GM IV: Physician Education, Jan 2013

GM X: PGx Implementation, May 2017

Gm¹⁰

GM XIV: Genomic Learning Healthcare Systems, Aug 2022

GM IX: Bedside Back to Bench, April 2016

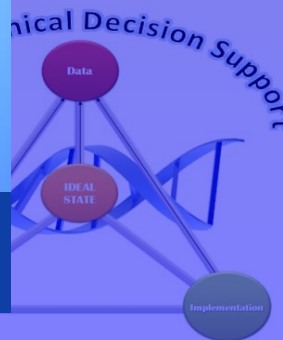


GM V: Medicines



GM XV: Population Screening and Genomics, Nov 2023

Genomic CDS, Oct 2014



Bethesda, MD - October 2-3, 2014

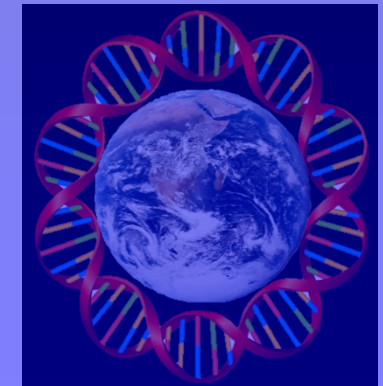
Federal Strategies, May 2013



A Genomic Medicine Policy Framework

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

GM VI: Global Leaders, Jan 2014





Products of GM Meetings

PA-18-167
Variant, Function, Disease

NOT-HG-20-020
Genomic Medicine Modules



NOT-HG-22-011
Patient-Centered Informatics

RFA-HG-23-041/2
Genomic LHS

eConsult
Concept



Clin
Action

eMERGE
PGx

IGNITE
Implementing GeNomics In pracTICE



emerge network
Genomic Risk Assessment

