NATIONAL HUMAN GENOME RESEARCH INSTITUTE Division of Intramural Research



Family history, genetic testing, & public health practice: The role of social and behavioral sciences

10th Anniversary of Public Health Genomics Centers for Disease Control, January 23, 2008

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Decade Ahead: 2008......2018

- Using genomics to reduce burden of common health conditions
 - Primary prevention of common disease
- Important role for social & behavioral research
- Challenges for next steps



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Transform Medicine Through Discovery

Personalized

Predictive

Preemptive

Zerhouni, May 4, 2006

Applying genomics to public health challenges

- Common chronic disease
- Prevention=behavior change
- Genetic service delivery ≠ public health intervention
- More promise than products
- Research to shape not just translate new discovery
- Address widespread disparities

Personalization:

Using genomic risk in behavior change interventions

Preemption:
Effective clinical integration

Personalization

Behavioral Adherence

Primary Prevention

- Behavioral risk f do...dallengiti (smoking r at to do...de to do.ablished (smoking r at to do.le to do.le to do.ablished (smoking r at to do.le to do

Genetic feedback effects on smoking cessation



Confidence & Attitudes about Weight Management by Mutation Status

Obese Women (N=30)



Harvey-Berino et al., 2001



S. Kelada, University of Michigan

What is understanding?





Accuracy of understanding by test result



Lipkus, McBride et al, Health Psychology, 2004



Hypothetical & Actual Interest in Genetic Testing

<u>Hypothetical Vignette</u> <u>Method</u>

"If a free test was available that could tell you whether you had a gene that gave you a higher than average chance of getting lung cancer, which of the following describes whether you would want to be tested in the next 6 months?" *Definitely not, Probably not, Possibly, Probably, Definitely would*

Actual behavior

- Logged On
- Chose testing
- Concordance score for each with hypothetical interest
- Range:



Concordance between interest in hypothetical test & behavior (N=116)



Welcome to the FAMILY RISK AND LUNG CANCER STUDY

Thank you for Participating!

Behavioral outcomes

Objective observation of how individuals engage with information

NEXT

Family Risk & Lung Cancer Study

Cigarette smoke contains about 4,000 harmful chemicals. At least 50 are known to cause cancer.

Benzo(a)pyrene

A chemical that damages your genes so that your body can not stop the growth of tumors that can lead to lung and other cancers.

Arsenic

a poison used to kill rats, and DDT used to kill insects are just two of the chemicals that you breathe in when you smoke.

Nicotine

The chemical that causes addiction.

Carbon monoxide (CO)

A poisonous gas that makes it harder for the blood to carry oxygen to the body's organs.

Adapted from a poster by the National Anti-Smoking Society of Fiji Acetone Paint stripper

Naphthylamine Used to make dye and rubber

> Methanol Rocket fuel

*Pyrene Smoke of burning garbage

> Napthalene Mothballs

*Cadmium Used in car batteries

Carbon Monoxide Car Exhaust

*Benzo(a)pyrene Made by burning insecticide

> *Vinyl Chloride Used to make plastics

Hydrogen Cyanide Poison used in gas chambers

Session 1

*Toluidine Used as a base in dyes

Ammonia Floor cleaner

Urethane Used to make adhesives

Toluene Industrial solvent

Arsenic Ant poison

Phenol Found in fertilizer

Butane Lighter fuel

*Polonium-210 Used in nuclear weapons production

DDT Insecticide

* Known cancer-causing substances





Cells are in all parts of our lungs. Healthy cells in your lungs divide in a controlled and orderly way.

Family Risk & Lung Cancer Study

Session 1

What Is Lung Cancer?



Lung cancer happens when these cells become abnormal and grow quickly.

NEXT

Family Risk & Lung Cancer Study

Session 1

Here's how it works ...







Healthy Lung cells At first, the abnormal cells (shown in dark purple) grow slowly.

Repeated exposure to chemicals in cigarette smoke, over a number of years can increase the number of these abnormal cells.

NEXT

Family Risk Participation



Predictors of who logged on

	OR	95% CI
Motivated to quit smoking	1.71	(1.22, 1.67)**
Aware of cancer genetic testing	3.14	(1.28, 3.87)*
Daily internet use	1.39	(1.17, 1.95)**

*p < .05. **p < .01.

O'Neill et al, Genetics in Medicine, in press

Interpretation of test results



JTE

Review of test information by result



Uptake of offered cessation services



ITUTE

GSTM1-present (lower risk)

Genetic feedback effects on smoking cessation



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Genetic feedback effects on smoking cessation



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Combined effect of genetic variants



Weedon et al., 2006; Vineis et al., 2007

Preemptive

THE U.S. SURGEON GENERAL'S FAMILY HISTORY INITIATIVE

BEFORE YOU START

Gathering What You Need To Create Your Own Family Health Portrait

Knowing your family's health history can save your life and the lives of those you love. Tracing the illnesses suffered by your parents, gra your doctor predict the disorders to which you m you and your family healthy. To help you organiz U.S. Surgeon General has developed an online to which is available at https://familyhistory.hhs.

Before you start using this tool, you will need to t gather more details about their health histories. I plan and conduct those important conversations

Getting Ready

Make a list of relatives.

Write down the names of the blood relatives that yhistory. The most important relatives to talk to are and your children. Next should be grandparents, u any half-brothers or half-sisters. It is also helpful to well as cousins.

Prepare your questions.

Write out your questions ahead of time because it will

Among the questions to ask are: Do you have any chronic illnesses, such as heart Have you had any other serious illnesses, such a How old were you when you developed these il Have you or your partner had any difficulties wi What medications are you currently taking?

Also ask questions about other relatives, both livin What is our family's ancestry - what country did had learning or developmental disabilities? Whi How old were they when they died? What cause

Find a good time to talk.

Consider talking with your relatives when your family is together in a relaxed setting. A good time may be at reunions, cookouts or holidays, such as Thanksgiving. If it's not possible to talk to your relatives in person, you can also talk with them over the telephone, or send them questions by mail or e-mail.

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Family History Assessment

Clinical Integration

Counseling

Screening

Chemoprevention

- Tobacco cessation
- Physical activity
- Lap/shoulder belt
- Bike/motorcycle helmet use
- Problem drinking
- Driving while intoxicated
- Limit fat & cholesterol
- Adequate calcium intake
- STD prevention
- Contraception
- Smoke detector
- Safe storage of firearms
- Visits to dental providers
- Flace

Total hours per day

1101 water meater set

- Blood pressure
- Pap test
- Mammogram
- CBE
- Height & Weight
- Total blood cho
- FOBT
- Sigmoidoscopy
- Problem drinkir
- Rubella serolog
- Vision screenin

- Multivitamin use
- Hormone prophylaxis

- Family history taking
- Counseling re: genetic testing & interpretation of results
- Arranging referral
- Asses for hearing impairment
 - 7.4

Family Physicians' Views (N=1042)



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Figure 2: Structural Model to Predict Uptake of Genetics Education



Disease I=liver, lung, and cervical cancer Disease II=breast, colon, and ovarian cancer Disease III= addiction, Alzheimer's, asthma, and biopolar disorder

Disease IV=coronary heart disease, diabetes, obesity, and stroke

Pathway 1 ← Pathway 2 ← Too Many Referrals of Low-risk Women for BRCA1/2 Genetic Services by Family Physicians? White et al., *Cancer Epi & Biomarkers* under review

2x2x2 Factorial Design

Terry presents:

- White vs. black
- High worry vs. Not high
- Insured vs. not mentioned

Terry is not appropriate for referral



Immediate challenges to take on.....

Attracting social, behavioral, public health scientists to the field

Openness to returning test results in the context of research protocols

Test prototypes for research

Increasing rigor of science in social & behavioral science related to genomics

McBride, Chronic Disease 2005; McBride & Brody 2007 ESEARCH INST

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Phased Research Agenda for Genetic Information Interventions (GII)



Definitive

Continuum of increasing evidence for the Genetic Information Interventions

Translators...

- Bench science sets priorities
- Interpret & disseminate discoveries
- Passive role

Trail-blazers...

- Actively participate in directing research priorities
- Anticipate clinical & behavioral challenges