Large Population Studies
Hunt Willard, Ph.D., Facilitator

DR. TUCKSON: Then that's terrific. Let's move onto the discussion of our proposed plans for dealing with other priority issues. Let's start with large population studies.

Hunt Willard?

DR. WILLARD: Thank you, Reed.

I'm supposed to lead the discussion for us as a committee to plan how we wish to move forward, or not move forward, on planning a session or meeting for large population studies.

The task force that was to deal with this issue was a dream task force for those who always cringe at the thought of being appointed to such things, in that we actually neither met nor even were able to schedule a telephone conference. So we all worked indirectly by email and returns of faxes to Amanda and Sarah and the team.

What you have in front of you is a three-pager setting out from the staff perspective with input from members of the task force on potential topics, and I stress the word potential, for areas that we might productively spend some time focusing on.

I think my advice to this conversation here would be to briefly discuss the pros and cons of the different potential topics, and then move into a discussion, a reality-based discussion, of how actually we would fit this into this committee's game plan moving forward.

It is very tempting to conclude that everything is a top priority, and yet, we're backlogged in our future meetings. Certainly I have great enthusiasm for this topic as being an important one that this committee could weigh in on, probably needs to weigh in on, and that the Secretary needs to be informed of. But I'm also aware that there are other groups within HHS that take this issue equally seriously.

So in front of you are four, really three different topics, and then the fourth one is sort of an all purpose wrap up. Four potential topics dealing with allowing this committee to become more informed about the nature of cohort studies that are under way in other countries around the globe, projects that are either underway, or under discussion in this country, and then the inevitable but certainly important social, policy, and ethical issues that are relevant to the planning of a cohort study in this country.

I think to me, it is just trying to frame the issue. There really are two questions. But both of them really are around the issue of should this country, should we advise the Secretary to support finding resources to mount a large cohort study in this country? What information do we need in order to make that assessment?

The United States is organized differently, both as a society and certainly as a health system, than other countries around the globe, and it may be that there are both some advantages as well as disadvantages to trying to mount an effort like that in this country that we would need to debate, and become informed in doing so by learning more about efforts in other countries where there are different organizational structures, both in terms of society and their health systems that have enabled them to do what they are doing.

The suggested names that are on this list in front of you are nothing more than a sort of menu of possible individuals who might be called upon. It is not an exhaustive list by any means. So I would urge the committee not to take these as being prescriptive in any way, or limiting in any way, but simply potential opportunities.

So Mr. Chairman, I would just open it up to committee discussion. We can either take it topic by topic or just general comments on this particular issue.

DR. TUCKSON: Before we actually do that, can I ask one background question? I think I'm also confused about where is the state-of-the-art status now within HHS around this population studies issue? Because I know that somewhere along the line, somebody is kicking around, and I think it is actually, Alan, in your area. And Sherrie Hans of the VA also may know something.

So would you mind, Hunt, if I could just get the background as to where they are today?

DR. GUTTMACHER: Yes, that's a very good question. Thank you. I think the way you put it is interesting, and probably an accurate description, being kicked around within HHS. I think that is probably the technical term of art for this.

There is a group within the NIH that is trying to figure out what the science of such a study might look like. A working group was empaneled to explore this topic over the course of the summer. They explored it. Staff of a couple of NIH institutes are looking at this and trying to develop a document, or at least some sort of summary of the science of this for higher ups at the NIH, and potentially the department to take a look at.

So that is where we are at the moment, is trying to figure out exactly what the science of such a study would look like, what the pros and cons of different participant sizes might look like, something about of course what the costs would be, and what kind of phenotypic, genotypic, and environmental exposure data one might want to gather.

DR. TUCKSON: Could I assume that some of the people in HHS that are looking at this would include at a minimum, NIH and CDC?

DR. GUTTMACHER: CDC and other agencies have been somewhat involved through the working group. But this is really primarily at this point an effort within NIH to figure out the science of that with some communication with other agencies for their expertise.

DR. HANS: Really, the VA is in sort of a similar spot. Perhaps even earlier than what Alan just described. We are sort of kicking around the idea as well. We've taken a little step back, and are spending some time talking to the communities that would be involved, both internal and our external constituents about this. So it is very early on in the discussion of what we might be interested in.

DR. TUCKSON: And finally, do we have any idea of, or do you all have any timeline by which you want to bring your fact finding effort to closure? Or is this an open-ended process?

DR. GUTTMACHER: I sure hope it's not open-ended. We would certainly aspire to have something more that we could share with the committee, for instance, at its next meeting. That would be our hope. Whether that will be realistic, I'm not sure, both in terms of trying to get the science of this gathered, but also depending upon what that says in terms of people higher up within the department or other parts of the federal government, feeling that it was ready to bring

something up for comment. I don't know whether that can be realized by February or not, but that would be my hope.

DR. TUCKSON: And finally, given the door that Hunt opened up here, is there anything that we can do, that we need to do, to facilitate you all's efforts? Do we need to ? - I'm just making sure that it is not something as easy and simple as do we send a letter to the Secretary saying that the VA and CDC and NIH genome folk all ought all to get on the same page, or are you all capable of doing that without spurring ? -

DR. GUTTMACHER: I think we're pretty capable of doing that without being spurred, particularly because I think the realization of all those involved in this that if the federal government were in any way to participate in such a large study, it would require both the expertise, the logistical support, and the finances of more than any one of those agencies.

So I think even if those partners didn't want to play together, which I believe they do, they would have to play together to achieve this. So I don't think that needs to be ? - on the other hand, I think it might be helpful if the committee felt that that was appropriate for them, to recommend to the Secretary that such a large cohort study has real potential to be of help, and you would recommend that the department take seriously the question of exploring such a thing, and that it has potential real benefit to the health and well being of the American public.

DR. TUCKSON: By the way, I really appreciate the way you phrased and answered that. But I think that what you have said, and I want to just be explicit, is that the work of determining whether there is something there and can be done, is really going forward.

DR. GUTTMACHER: Yes.

DR. TUCKSON: And so you really don't need us to be bugging anybody about it right now.

DR. GUTTMACHER: I don't think you need to bug us, but I think it is helpful for a group outside of those doing this work who have expertise to say to the Secretary, as your advisory committee about genetics health and society, do you realize that a large population-based cohort study prospectively done could bring real value if that is something that the committee, a statement that the committee would be willing to make. I think having the Secretary hear that from the committee could be quite useful.

DR. McCABE: I would see it a little bit differently, because I think there probably are going to be competing influences, or competing projects within HHS. You know, and so that I would be cautious that we not find ourselves saying ? - maybe we could say A, or the concept is appropriate, but not the large population study. I don't think that's what you were implying.

DR. GUTTMACHER: Absolutely. I'm not even sure what "the" would describe.

DR. McCABE: Right.

DR. GUTTMACHER: Also, I'm not sure that there will be competing things that come up. But whether they do or not, I'm not going to endorse anything that the committee hasn't even seen, but endorse the concept of such a thing.

DR. McCABE: On the other hand, I think we should hear what are the U.S. activities in this area, and perhaps also have some folks from other countries around the world who may be a little

further along than us.

Certainly, the U.K. BioBank has had a number of speed bumps along the way, some of them several stories tall, from what I understand. I think it would be good for us all to hear some of those lessons.

I think having heard David Korn, and I'll now give a personal opinion on this, and seeing what other populations around the world are doing, and knowing that there may be intellectual property that flows from this, this is the business plan of DeCode genetics, that it is important for us to recognize what these issues are, and I think important for us to know what is going on in this country, and to recognize the importance of this in terms of intellectual property.

We, the American people, will own our genes, or the intellectual property flowing from our genes in the future. So I would endorse that we need further discussion of this.

DR. WILLARD: A question I would pose for the committee is whether we should plan such a session if we were interested in one now, or whether we wait until we have some communication from the HHS group so we have something to sort of reflect off of, and look at that potential proposal and concept paper, and then say well, what it may be missing is this. And that is where we need information or where we don't need information. I would throw that open to the committee.

DR. McCABE: Again, I don't think we're in a position to reflect on the science of the proposal. I really think that there are excellent people doing that.

But I think if our charge is genetics, health, and society, we can bring not a broader view, because there is the breadth of expertise within the agencies to deal with this, but I think it would bring a more public discussion of some of these issues related to genetics, health, and society. I think that would be really one of the values in this presentation.

DR. WILLARD: My concern would only be trying to avoid duplication of effort when we have plenty of competing things on our plate for the coming meeting or two.

Alan, is there any written summary of who the actual group is that is exploring the science here? Ed professed great confidence in it, but I don't know who or what "it" is.

DR. GUTTMACHER: I don't know that there is a written list. I can tell you that for instance the working group did involve having folks from both U.K. BioBank and DeCode participate in some of their working group meetings. The working group consisted of both people from within the federal government, and outside experts, some of whom I noticed were suggested for the panels on this sheet. So, you know, it is general expertise.

I don't think personally, I mean, the committee should clearly decide this for itself. The kind of meeting you have on paper here seems like a logical way to inform the committee so that everyone will be approaching it with a fund of knowledge. I suspect a lot of people on the committee already have a fairly good fund of knowledge of this, but others may not.

So to have that first, whether ideally again, we would have something more for you all to react to or whatever at this meeting. But if not, you would still have done the groundwork I think of preparing the committee well to be able to consider it perhaps at the next meeting kind of thing.

DR. TUCKSON: We also need to be, I'm reminded from Sarah, that there is a more formal relationship actually between our committee and your work, and that's Chris Hook who serves on that as our liaison to the effort. So it is no more formal.

So in terms of bringing this to closure, I think what I've got on my notes is that, and let me see if this is what you're proposing, is that we send a letter to the Secretary saying that we have indicated this is one of our priority issues, that we believe that there may be some good possibilities, and there may be benefits that are derived from a well done population-based study that we are urging that the feasibility of such a population study be undertaken urgently, and that we are aware that in fact some efforts may be underway to do that, and we hope that that will be done expeditiously and with attentiveness from his office.

Let me just throw that out as a stocking horse, and you guys beat up on it.

DR. WILLARD: Comments? Debra, and then Ed.

DR. LEONARD: I didn't think we were quite ready to send a letter yet. I thought we were going to have a meeting first to inform the committee and get a better idea of whether we wanted to write a letter or not.

In looking at what is proposed here, it is quite thorough. I would ask that when you have the international cohort individuals come, there may be some information they could provide about cost. Also depending upon how far along these are, what are they learning?

Is the effort scientifically and medically productive, and useful? So some of these are further along. Is it worth the money that they spent doing it? And asking also Ed's question of how are they handling the IP issues when they are making these discoveries?

A lot of the people invited seem to be more academic-based. I don't know if there is a good balance. I know there are a lot of industry efforts in this area.

DR. WILLARD: Just to repeat myself, these are simply what if names. No one has been invited.

DR. LEONARD: Oh, no. I know. But looking at the list, it does seem to be much more academically than industry-oriented. I think there are other industry efforts that might inform the meeting.

DR. WILLARD: I think the question you raised, Debra, whether we should write a very general support the concept letter now, or wait until after we have been better informed, the reality is if we're going to even have half or a one-day meeting, we are looking at June of '05 before we can actually have such a session.

Is that true, Sarah?

MS. CARR: It sort of depends on what the committee decides regarding pharmacogenomics, the next high priority issue. Then we wanted to conclude with some other possible topics for February. So we'll have to kind of add up.

But I do think that you all have to make some decisions about priority topics for the meeting. The other thing I wanted to say about the letter to the Secretary, it is not the same thing. But the Secretary will know as soon as he receives your road map report that this is a topic of great

importance to the committee.

So you can rest assured that he will be aware of that. It doesn't get exactly to the endorsement of the concept, but at least he's aware that we're looking at it. If you decide to do that.

DR. WILLARD: Other comments from the group?

Ed?

DR. McCABE: Yes, I just wanted to lay out. The concern, when I mentioned about competing initiatives, a topic that I am almost as passionate about as genetic discrimination, is children. So one of the issues that I would definitely want to be sure, because I know whenever there are competing initiatives, children usually lose out.

So part of my concern is that we not endorse one initiative knowing of course that that will mean that the kids will not benefit from a single initiative. I just wanted to lay that out, knowing that depending on decisions that are made and my term on this committee, I might not be here to express that passion as loudly as I have the antigenetic discrimination passion.

DR. GUTTMACHER: If I can just join as another member of the American Academy of Pediatrics. The National Children's Study which Ed is referring to, is obviously a very important concept. Again, I should assure the members of the committee that the folks looking at this at the NIH have included people that are intrinsic to the National Children's Study, and we really have been looking about how you might have both a children's study and a study that looked at older individuals as complimentary ones.

I think it underscores the need to, at this time, if the committee does decide to write any kind of letter, to be done that just endorsed the concept in general.

It also would be fair, while I've got the floor, to say if you wanted to say that, you know, any effort to look at this should be cognizant of those efforts done already in other countries, we have tried to take steps to do that. But I think whether we had or not, that would certainly be wise counsel, as Hunt and others have been implying before, and not act as though we are inventing this for the first time.

I think also the other thing that we've done a lot of is looking at how might one interdigitate this with various existing and/or planned cohort studies that are already there, so not to be duplicative.

DR. WILLARD: Emily?

DR. WINN-DEEN: So I just wanted to ask if there were any minutes of your previous meetings that were available that we could get sort of compiled so that we have at least the background information on where you are to date with that program?

DR. WILLARD: There are no publicly available minutes. There are some notes that the working group members have, and that is all there are.

DR. McCABE: And I think that is one of the advantages of bringing this topic to this committee, which brings it into public discussion.

DR. WILLARD: Brad?

MR. MARGUS: I'd just make a small suggestion that I think the Women's Health Initiative might be a group that you'd want to invite, too. I understand they've collected about 165,000 samples or something. They must have tremendous experience.

DR. TUCKSON: Hunt, can you just clarify that in terms of where you see where we are in terms of our decisionmaking here? Are we sort of saying now that we want to have a meeting? Do we want to start trying to plan for that? Are we waiting? Is it sequential based on other work? Where are we coming to a consensus?

DR. WILLARD: I mean, I'm certainly hearing some enthusiasm for a session. I might suggest that we table the discussion at the moment, go on to pharmacogenomics, which is a little more mature in terms of our thinking and the work of the task force, make a decision on that, and then come back to this if in fact there is room at the February/March issue for at least a half a day to have some discussion.