

Personal Genomics: Establishing the Scientific Foundation for Using Personal Genome Profiles for Risk Assessment, Health Promotion and Disease Prevention NIH GEI Genomics Translation

Research

Recent Initiatives

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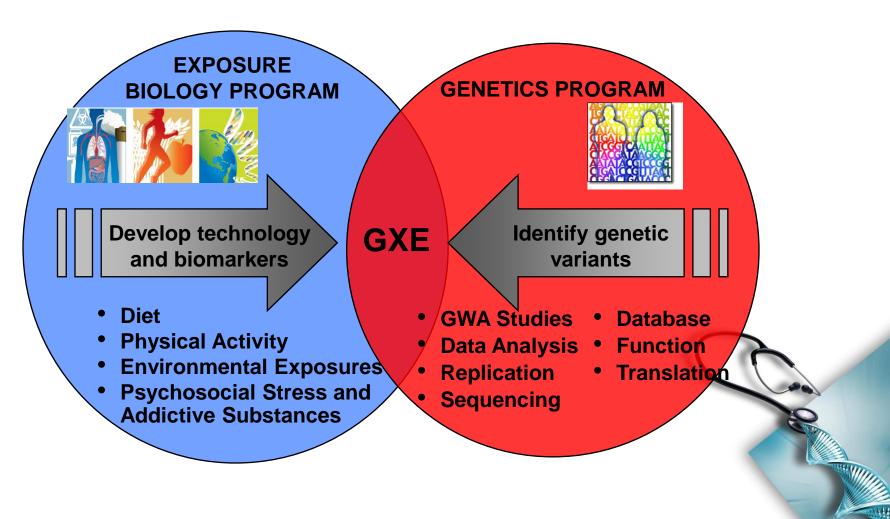
March 10-11, 2008







The Genes, Environment and Health Initiative (GEI): Research on Complex Diseases

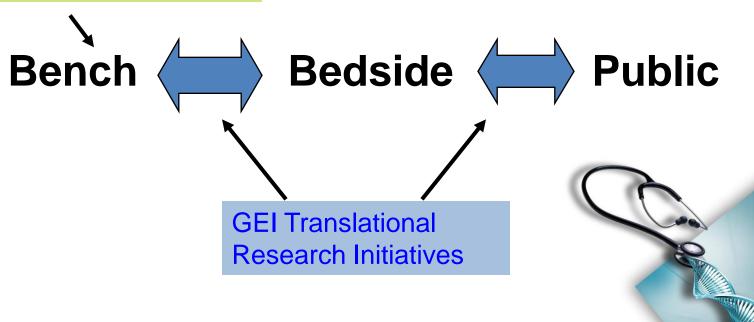




Translation is a key part of GEI research

GEI initiatives

Discovery through GWAS
Replication/fine mapping
Sequencing
Functional studies



Translation moves discoveries into health practice







Translation of genome findings in complex disease is challenging

- Although genomic discoveries for monogenic diseases had led to tests for diagnosis and screening, there are few evidence-based genetic applications for complex diseases
- It is often hard to assess the validity and utility of genomic tests for specific applications
- Translation requires input from practitioners, patients and other stakeholders, as well as researchers
- The opportunities are unprecedented as exciting discoveries in many complex disease areas are being published at a remarkable rate.
- Concern regarding the use and interpretation of personal genomic data by consumers, patients and practitioners











"I got my DNA analysis back. Guess what—I'm a Hapsburg."





 Purpose: To explore the challenges in using GEI basic findings to have a positive impact on health.

 20 presentations over two days on new genetic findings in common diseases, approaches to using those findings for therapeutic or diagnostic purposes, and the ethical and social issues inherent in such research.





Consensus

Development of diagnostics and approaches to development of therapies will be useful

Randomized Clinical Trials using information from GWA studies may be premature

Dissemination of accurate information to patients and practitioners is essential, but there are few data suggesting we know

- a) what is the correct way to use such data,
- b) whether practitioners can use information from **GWA** studies to improve patient behaviors and health
- c) what are patient responses to receipt of information regarding risks outlined from GWA studies, and what are the proper modes of information transmission



- Clinical Utility Is it Worth Testing?
- Will patients change behaviors according to receipt of genetic risk information?
 - For common diseases
 - •If patients won't exercise, modify diet, and take statins in response to receipt of information regarding traditional risk factors, will they respond to dissemination of genetic data?



- Are there adverse consequences to the receipt of genetic information regarding common diseases?
- What are patients'/consumers' abilities to assess risk, and make decisions on receipt of genetic information?



Led to Development of 2 Trans-NIH GEI Initiatives









Rationale: Concerns that the field was not ready for definitive translational or therapeutic studies, but that new tools were necessary and desirable to translate genetic information into clinical practice

The NIDDK on behalf of the NIH Genes, Environment and Health Initiative, solicits Exploratory/Developmental Clinical Research Grant (R21) applications from institutions/ organizations that propose

a) clinical studies using information from genome wide association or other genetic studies in common diseases;

- b) development and assessment of diagnostic, clinical trial, epidemiologic and risk analytic tools for use in clinical research or practice; and
- c) cost-effectiveness studies of clinical applications of genetic information.







Areas of interest included:

Development of diagnostic or other risk factor algorithms that incorporate genetic data;

Pilot interventional studies using findings from genetic studies of common diseases or outcomes related to genetic testing for variants identified in common diseases;

Pilot research on clinical modification of environmental factors known to interact with specific genes variants identified in common diseases; and

Cost effectiveness studies.

The proposed research must focus on using findings from genetic studies of common diseases with complex genetic etiology in clinical or public health settings.

This FOA will support efforts to produce data that may be useful or pivotal in eventually designing large scale clinical trials or studies.







Enthusiastic Response Variety of proposals

Risk assessment
Cost effectiveness
Genetic guided therapy
Feasibility





Diabetes Mellitus (Type 1 and 2)

Asthma

Crohn's Disease/IBD

Nutrition/Hypertension

Vascular Disease

Venous Thrombosis

Autoimmune Disease

Colon, Breast Cancer

Obesity/Metabolic Syndrome

Prevention/Behavior Modification

Provider Education

ESRD/Complications

Atherosclerosis

Hyperlipidemia

Steroid Hormone Metabolism

Smoking Cessation





Rationale: Preliminary studies suggest field is ripe for design of wellcontrolled studies of

- a) patient education regarding and responses to receipt of genetic information,
- b) provider education regarding and responses to receipt and dissemination of genetic information, and
- c) outcome studies of receipt and dissemination of genetic information, and

Programmatic input to guide research development will be essential

The NIDDK on behalf of the NIH Genes, Environment and Health Initiative solicits Implementation Planning Grant (U34) applications planning for multicenter research on

a) educational and communication initiatives for health care providers and consumers regarding interpretation of and findings from genetic studies of common diseases and the results of their dissemination, and

b) behavioral or psychosocial aspects of clinical application of genetic findings.







Areas of interest included:

clinical care and disease prevention.

a) research on patient or provider education
regarding genetic findings or clinical outcomes of genetic testing;
b) research on patient or provider perceptions of environmental or other risk factors that may have specific interactions with gene variants; and
c) assessments of responses to use of personal genetic information in

The proposed research must focus on using findings from genetic studies of common diseases with complex genetic etiology in clinical settings.

This FOA supports planning and preliminary or feasibility studies for investigator-initiated, multi-center clinical studies through implementation planning (U34) grants.







The U34 planning grant is designed to allow Institutes and multi-center groups of investigators to plan for major clinical studies conjointly

The product of a U34 grant is the proposal of a multicenter clinical study cooperative agreement (U01)



Moderate Response

Patient Education
Physician Education
Behavioral Change

Diabetes Mellitus Type 1, Metabolic Syndrome and common diseases







\$4.8 M for RFA-DK-08-004 (and RFA DK-08-003)

\$250 K DC/yr for 2 yrs





Request for Applications (RFA) Number: RFA-DK-08-004
Translation of Common Disease Genetics into Clinical Applications (R21)

Step forward for NIH Clinical Translational Studies in Common Diseases based on GWAS findings

Generate data for use in clinical trials

Clinically meaningful use of new genetic data

Move from bench to bedside and public health domains









Thank you for your attention!

Any questions?









The U34 planning grant is designed to:

- (1) permit early peer review of the rationale for the proposed clinical study;
- (2) permit assessment of the design/protocol of the proposed study;
- (3) provide support for the development of a complete study protocol and associated documents including a manual of operations,
- (4) support the development of other essential elements required for the conduct of a clinical study, and
- (5) carry out key preliminary or feasibility studies.

Required product of a U34 grant is a prerequisite for submission of a multi-center clinical study cooperative agreement (U01) application, which will support the actual conduct of the study.

