

Update on the NSIGHT Program

- NSIGHT Program Background
- Protocols at 4 sites
- Findings to date
- Upcoming workshop

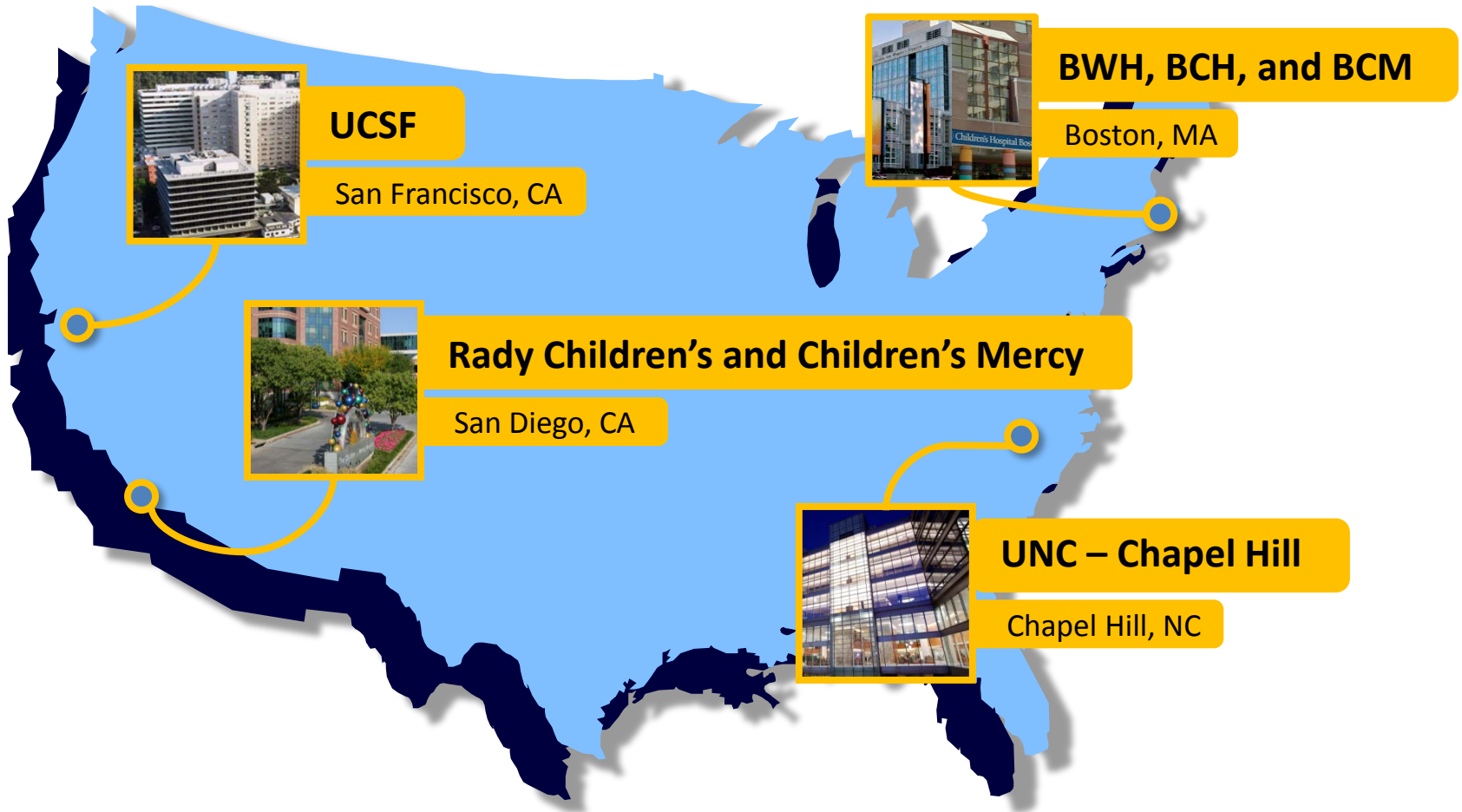


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Newborn Sequencing In Genomic medicine and public Health (NSIGHT)



Newborn Sequencing Questions

For disorders currently screened for in newborns, how can genomic sequencing **replicate or augment** known newborn screening results?

What knowledge about **conditions not currently screened** for in newborns could genomic sequencing of newborns provide?

What additional clinical information could be learned from genomic sequencing relevant to the **clinical care of newborns**?

NSIGHT Sequencing Settings

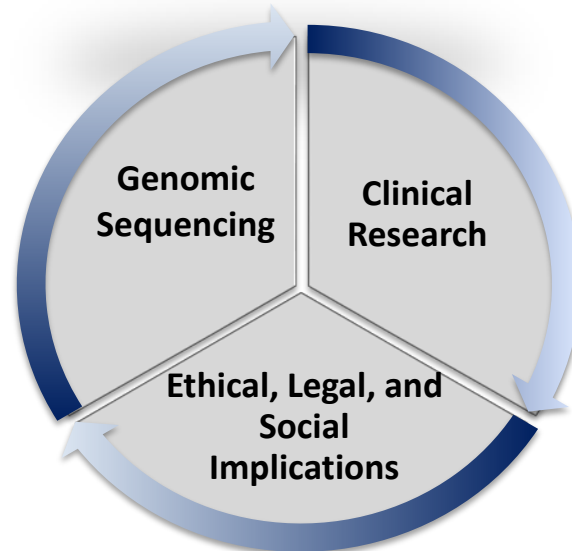
Preventive



Diagnostic



Predictive



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Marker Paper

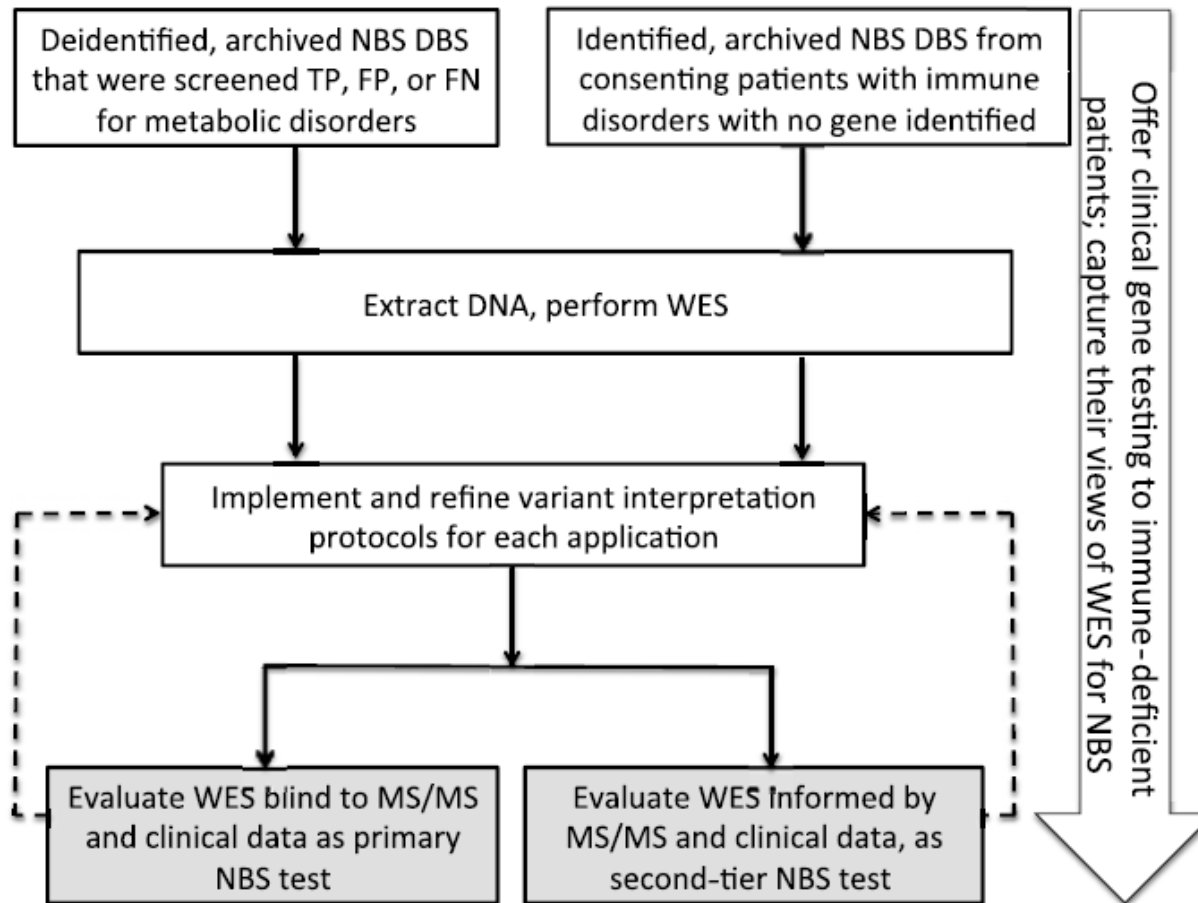
PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

Newborn Sequencing in Genomic Medicine and Public Health

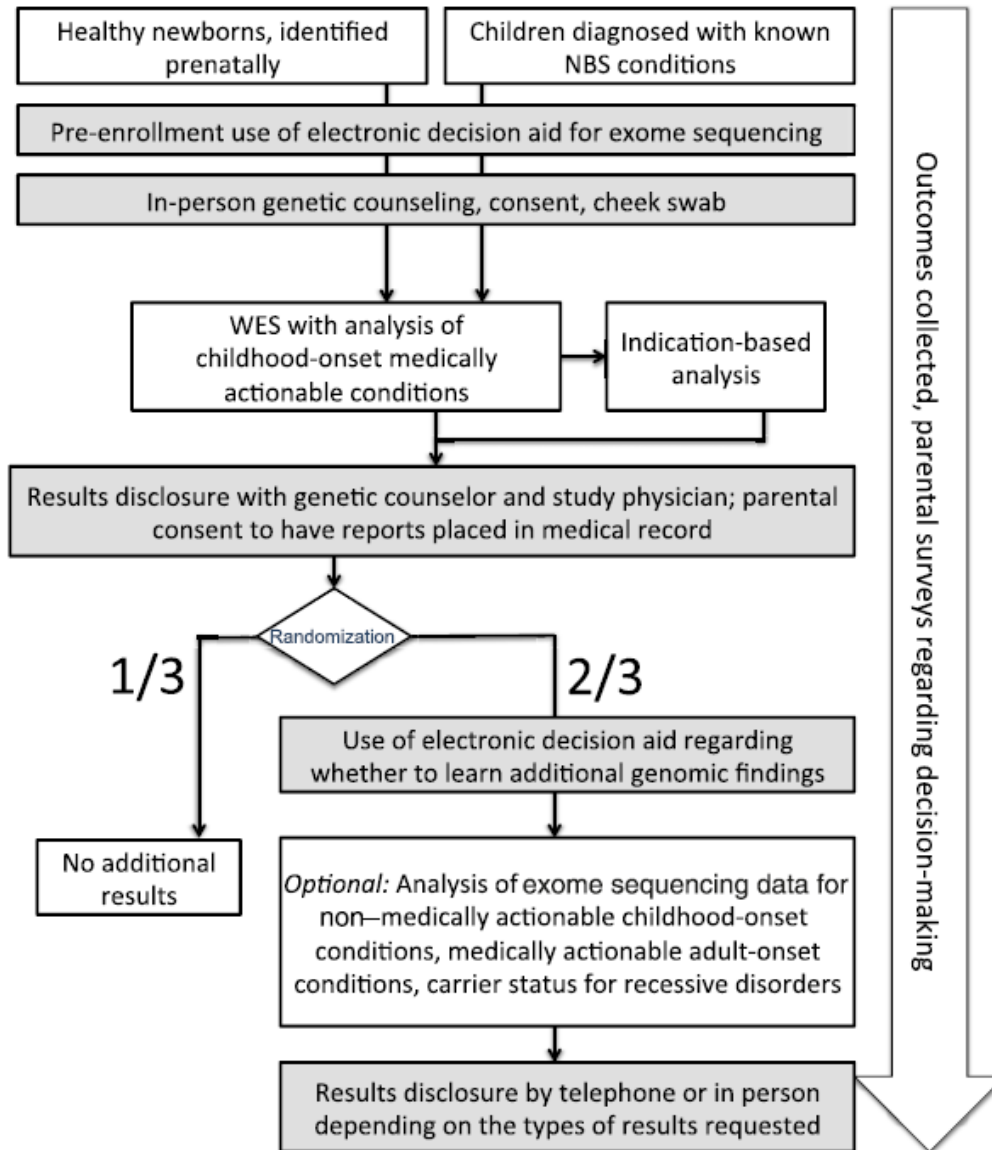
Jonathan S. Berg, MD, PhD,^a Pankaj B. Agrawal, MD, MMSc,^{b,c} Donald B. Bailey Jr., PhD,^d Alan H. Beggs, PhD,^c Steven E. Brenner, PhD,^e Amy M. Brower, PhD,^f Julie A. Cakici, BA, BSN,^g Ozge Ceyhan-Birsoy, PhD,^h Kee Chan, PhD,ⁱ Flavia Chen, MPH,^j Robert J. Currier, PhD,^k Dmitry Dukhovny, MD, MPH,^l Robert C. Green, MD, MPH,^m Julie Harris-Wai, MPH, PhD,^{j,n} Ingrid A. Holm, MD, MPH,^c Brenda Iglesias,^o Galen Joseph, PhD,^p Stephen F. Kingsmore, MD, DSc,^g Barbara A. Koenig, PhD,ⁿ Pui-Yan Kwok, MD, PhD,^{j,q} John Lantos, MD,^r Steven J. Leeder, PharmD, PhD,^r Megan A. Lewis, PhD,^d Amy L. McGuire, JD, PhD,^s Laura V. Milko, PhD,^a Sean D. Mooney, PhD,^t Richard B. Parad, MD, MPH,^u Stacey Pereira, PhD,^s Joshua Petrikin, MD,^r Bradford C. Powell, MD, PhD,^a Cynthia M. Powell, MD,^v Jennifer M. Puck, MD,^w Heidi L. Rehm, PhD,^h Neil Risch, PhD,^j Myra Roche, MS,^v Joseph T. Shieh, MD, PhD,^{j,x} Narayanan Veeraraghavan, PhD,^g Michael S. Watson, MS, PhD,^f Laurel Willig, MD, MS,^r Timothy W. Yu, MD, PhD,^c Tiina Urv, PhD,^y Anastasia L. Wise, PhD^o

UCSF Study Design



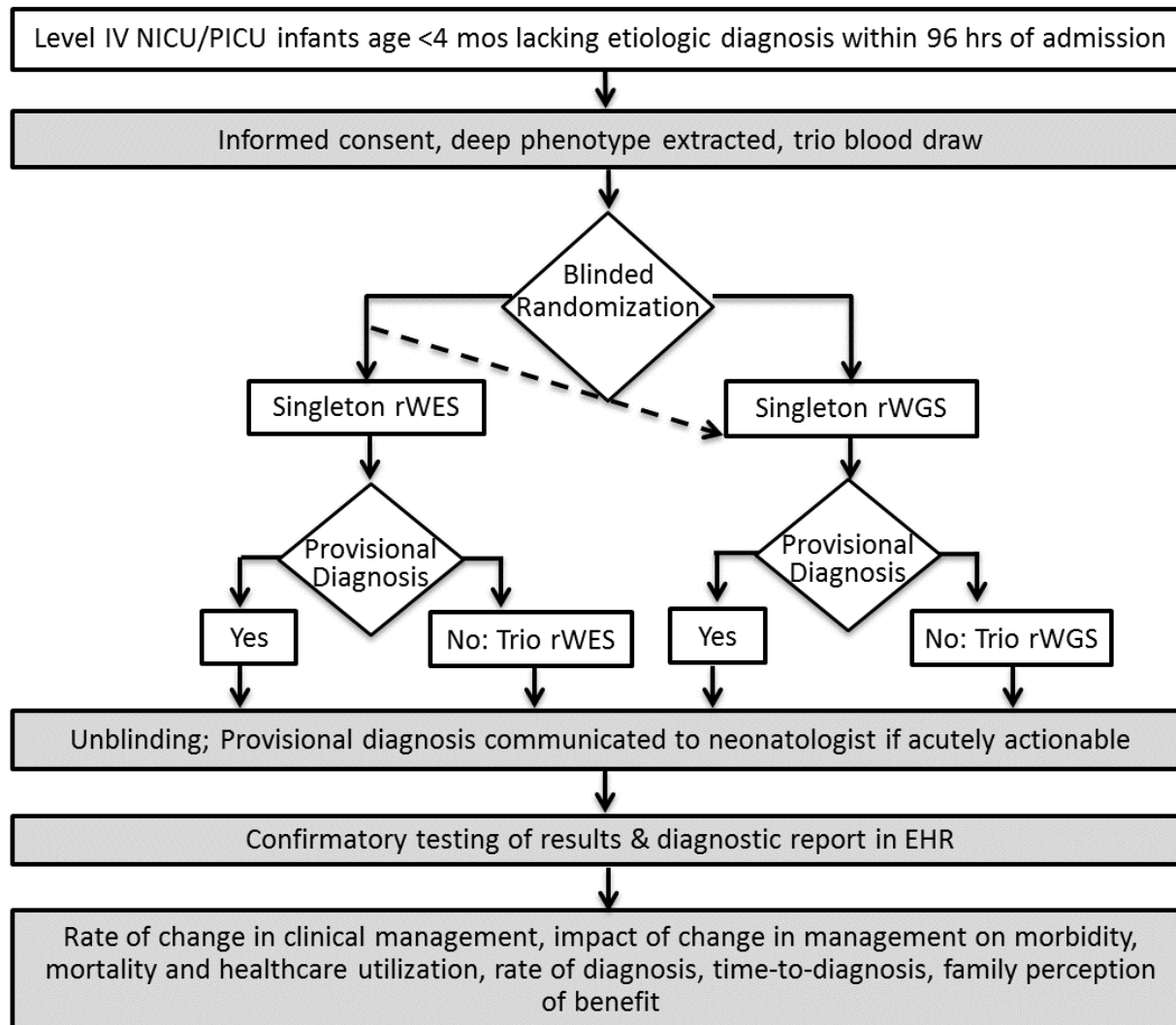
- Dried blood spots, no population bias
- Newborn screening and patients with immune disorders
- Exome seq
- Evaluate seq for newborn screening - focus groups and legal

UNC-CH Study Design



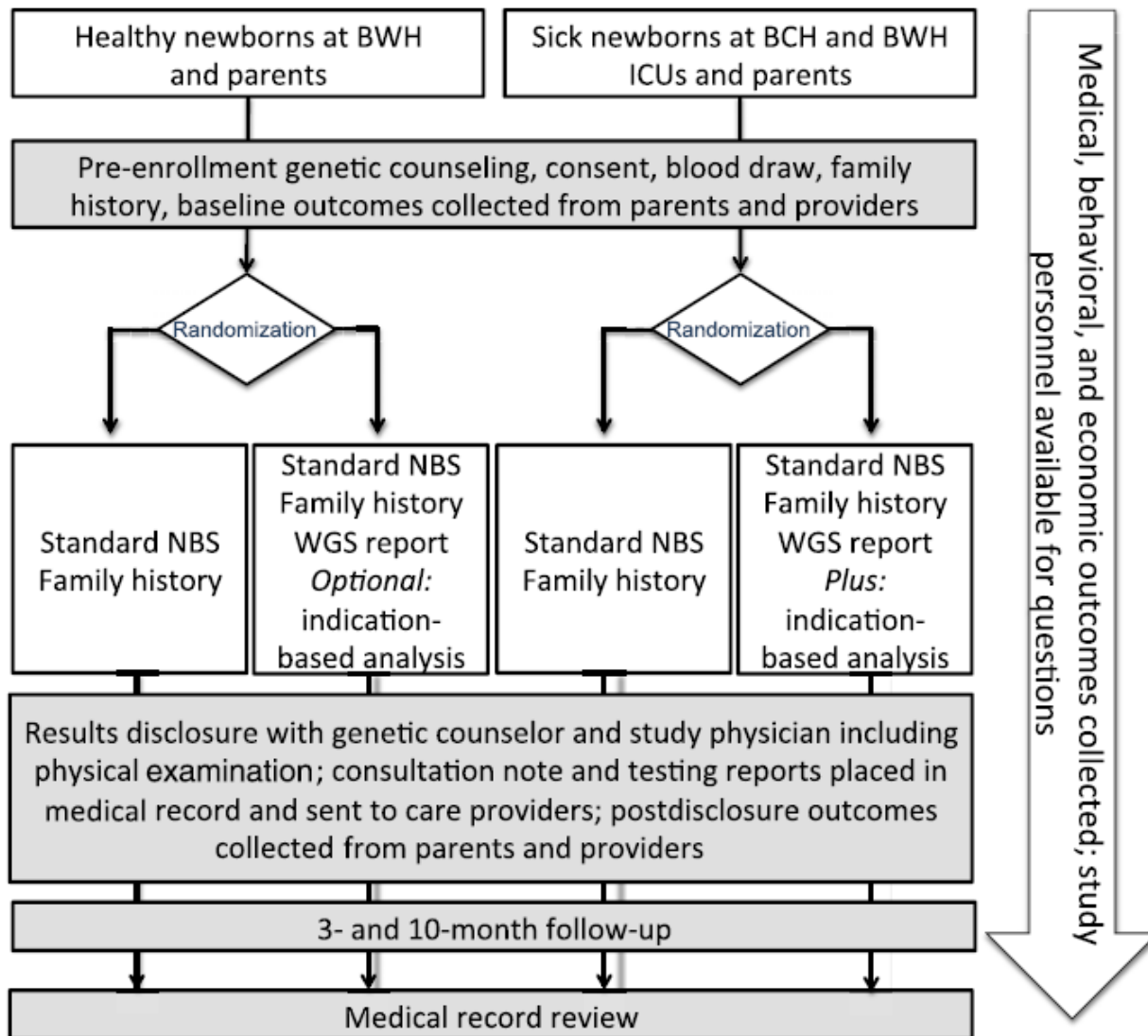
- Healthy and diagnosed with newborn screening conditions
- Saliva samples
- Electronic decision aid
- Randomized decision making for 3 additional types of genomic findings
- Parental follow-up surveys on decision making

RCHSD and CMH Study Design



- NICU infants
- Suggestive of genetic disease
- Randomized to rapid genome seq
- Cross-over allowed
- Parent and clinician follow-up surveys
- Equipoise

BWH, BCH, and BCM Study Design



- Healthy and sick infants
- Randomized to genomic seq
- Optional indication based analysis if genome seq
- Parent and physician follow-up surveys

Medical, behavioral, and economic outcomes collected; study personnel available for questions

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Replicate or Augment Newborn Screening

For disorders currently screened for in newborns, how can genomic sequencing **replicate or augment** known **newborn screening** results?

- Exome sequencing currently cannot replicate known newborn screening results – **of 182 exomes, 12.3% FN**
- Exome sequencing useful to augment newborn screening – **can identify gene**

Knowledge on Conditions Not Screened

What knowledge about **conditions not currently screened** for in newborns could genomic sequencing of newborns provide?

- Develop electronic Decision Aid for parents informed decision-making and evaluating outcome
 - All – **childhood onset medically actionable conditions**
 - Randomized – **childhood onset *not* medically actionable; adult onset medically actionable; and/or carrier status**

Clinical Care of Newborns

What additional clinical information could be learned from genomic sequencing relevant to the **clinical care of newborns?**

- NICU sequencing leads to diagnoses and changes in clinical management
 - **20 out of 35 (57%) infants diagnosed**
 - **13 out of 20 (65%) diagnoses impacted acute clinical management** such as: change in medication, palliative care, or reproductive genetic counselling

Unanticipated Findings

Enrollment and understanding reasons for decline

- Much lower than anticipated based on survey data – **46% reported “very”, or “extremely” interested in newborn genomic testing**
- At first only 7% enrollment – **24 of 345 sick NICU infants, and 138 of 2062 healthy babies**
 - Noted logistical concerns on 1st approach
 - After GC meeting privacy, unclear results, and insurance discrimination concerns noted

Network-wide Working + Writing Groups

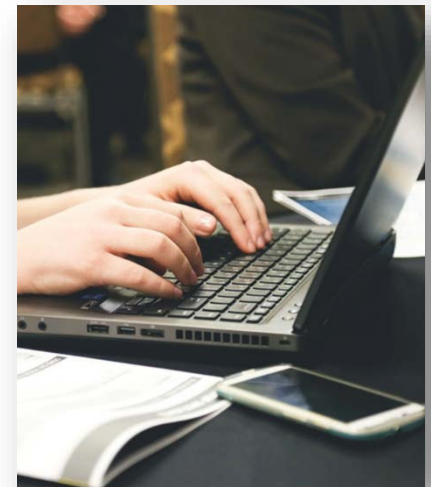


NBSTRN

Newborn Screening
Translational Research
Network

NBSTRN provides coordinating center services to NSIGHT

- **Working Groups:** Common Data Elements and ELSI
- **Writing Groups:**
 - Enrollment
 - NSIGHT FDA Investigational Device Exemption Investigator Experience
 - Variant Interpretation



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