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## Public Health Applications of Genomics

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## Financial Disclosures

No financial interests to report that would influence the content of this presentation

## Today's talk

- Importance of research to shape translation of genomics for Public Health
- Overview of social and behavioral research approaches
- Principles of public health
- Examples of translation research in priority areas
- Take home messages

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## Genomic Translation: research agenda

Optimal application

Lost in translation

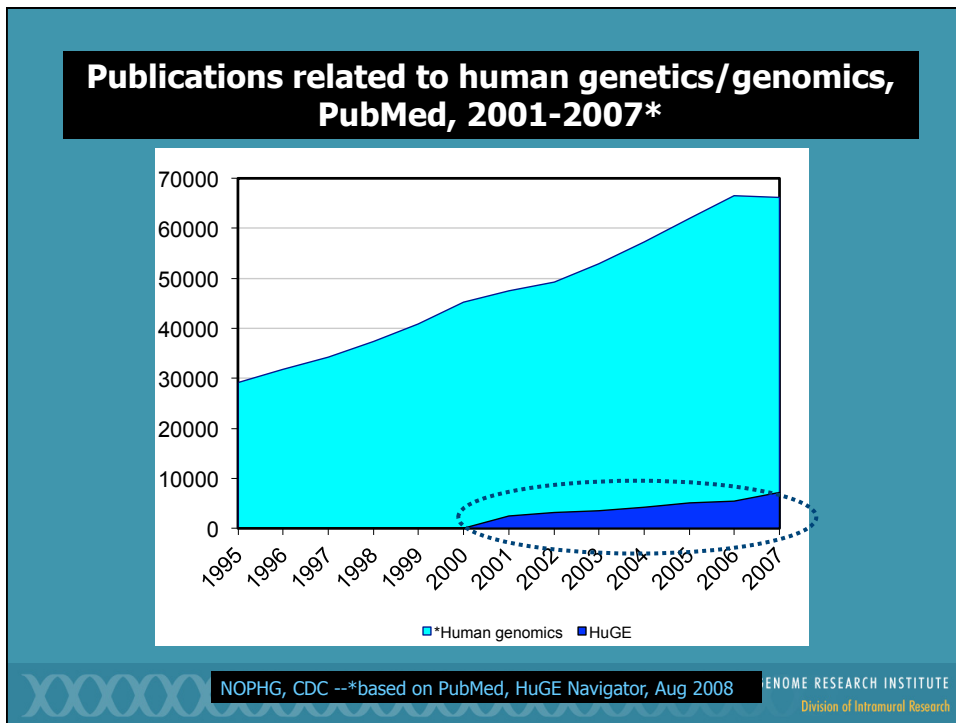


Premature translation



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The image shows a screenshot of the Pathway Genomics website. The website header includes the logo "PATHWAY GENOMICS™" with the tagline "YOUR FUTURE. Only Better!". Navigation links include HOME, HOW IT WORKS, MORE INFO, PRODUCTS, PARTNERS, and ABOUT US. The main content area features a photograph of a family on a wooden ramp with the text "Your Personal DNA Report" and a quote: "Our DNA results provided us peace-of-mind. We've already taken action to reduce our risks". Below the photo is an image of a Pathway Genomics test kit. To the right, a snippet from The Washington Post article is visible, titled "Walgreens won't sell genetic test over FDA objections" by Rob Stein. The article discusses the FDA's concerns over the test's availability and the company's decision to delay sales.



## Challenge

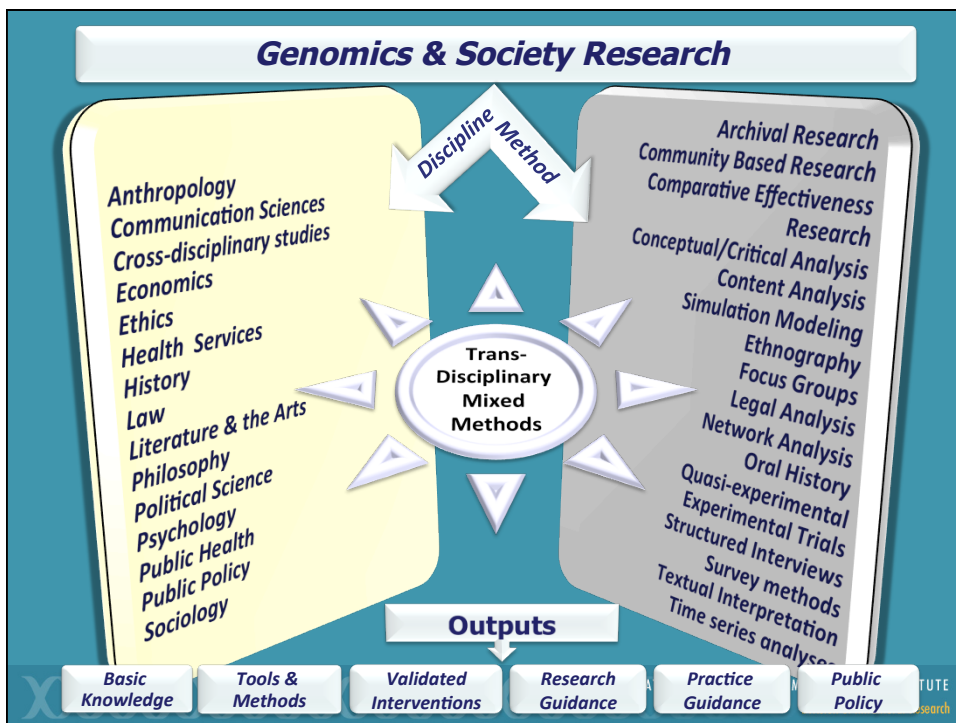
### Assumed Path to Translation

#### Trailblazing

- **Stage 5: Consider existing health challenges/unmet needs**
- **Stage 5: Anticipate how discovery could address challenges**
- **Stage 1:** Basic Research
- **Stage 2:** "Treatment" Development
- **Stage 3/4:** Efficacy/Effectiveness

T1 From Gene Discovery to Health Application	T2 From Health Application to Evidence-based Guideline	T3 From Guideline to Health Practice	T4 From Practice to Health Impact
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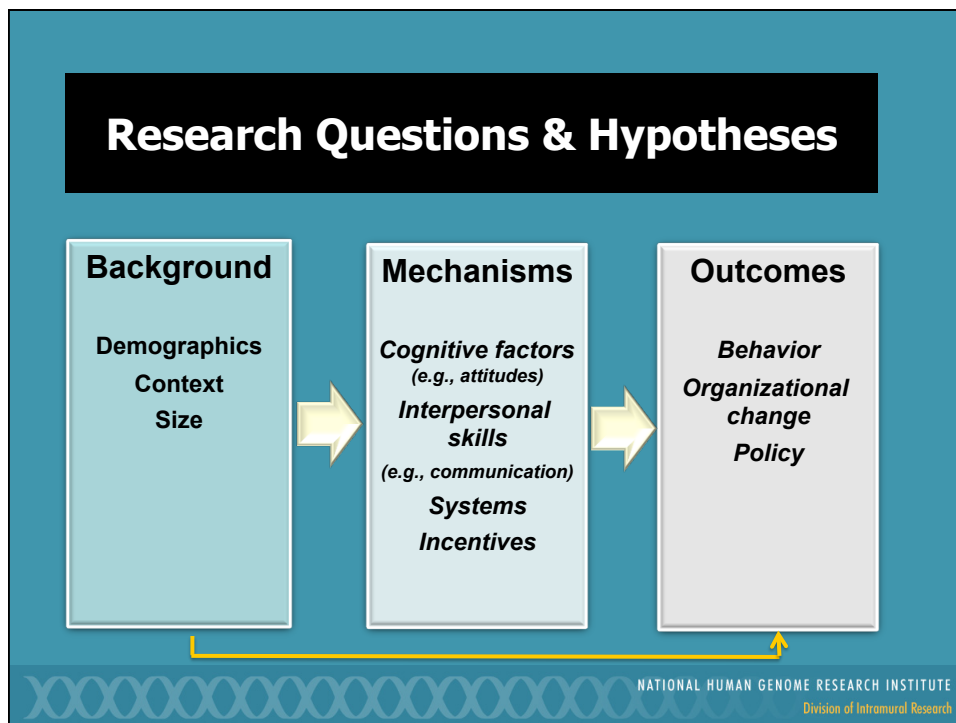
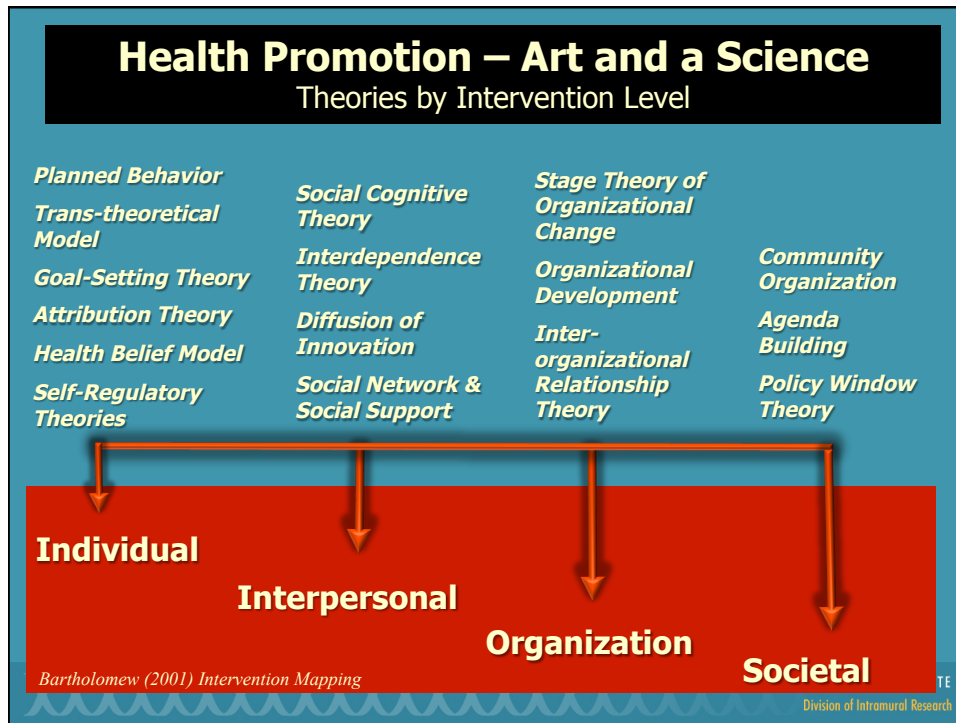
## Social & Behavioral Research Approaches: What is an intervention?

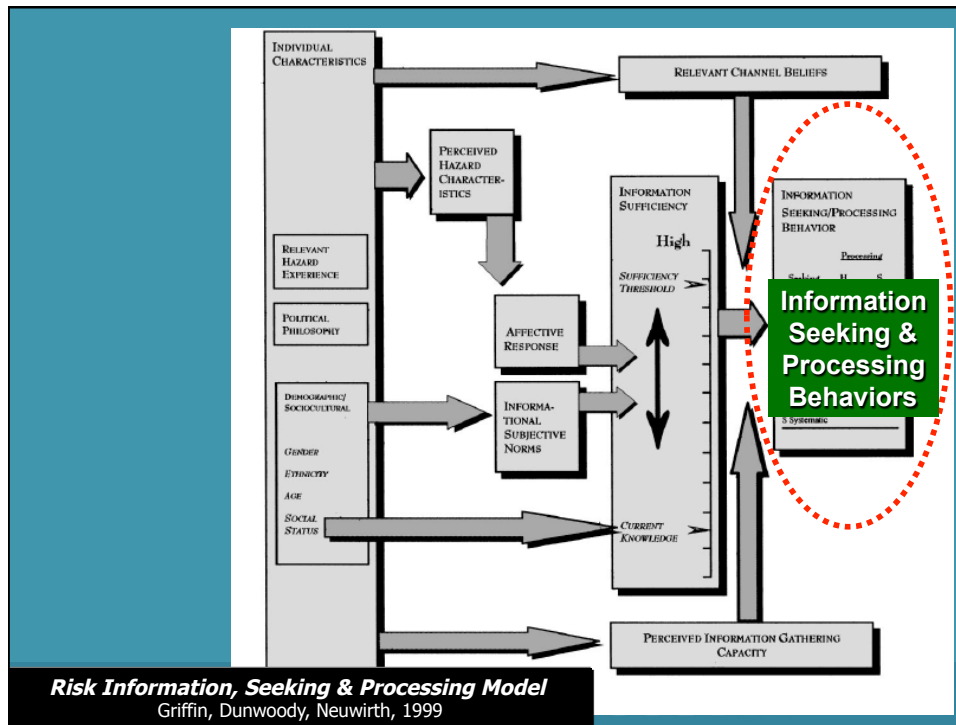
**Efforts directed at a target group to influence a desired outcome:**

- Informed decision-making
- Individual or group behavior change
- Individual or group attitude change
- Public policy change

## Intervention Objectives at the Intersection of Genomic Applications

<b>Primary Prevention</b>	<i>Healthy populations to prevent illness &amp; injury</i>	<i>Susceptibility testing Tailored interventions</i>
<b>Secondary Prevention</b>	<i>Early detection, testing, hazard surveillance</i>	<i>Predictive testing of high risk groups, newborn screening</i>
<b>Tertiary</b>	<i>Those with disease conditions &amp; injuries</i>	<i>Assisting those affected – e.g., living with rare conditions</i>





## Public Health Principles

- Reducing common chronic disease
  - Prevention is key
  - Decrease risk behaviors
  - Public health & primary care
  - Genomic information add value?
  - Widespread health disparities

### Future Health Applications of Genomics

Priorities for Communication, Behavioral, and Social Sciences Research

Colleen M. McBride, PhD, Deborah Bowen, PhD, Lawrence C. Brody, PhD, Celeste M. Condit, PhD, Robert T. Croyle, PhD, Marta Gwinn, MD, Mimi J. Khoury, MD, PhD, Laura M. Koehnly, PhD, Bruce R. Korf, MD, PhD, Thomas W. Valente, PhD, Kenneth McLeRoy, PhD, Kevin Patrick, MD, MS, PhD

**Abstract:** Despite the quickening momentum of genomic discovery, the communication, behavioral, and social sciences research needed for translating this discovery into public health applications has lagged behind. The National Human Genome Research Institute held a 2-day workshop in October 2008 convening an interdisciplinary group of scientists to recommend forward-looking priorities for translational research. This research agenda would be designed to address the top three risk factors (tobacco use, poor diet, and physical inactivity) that contribute to the four major chronic diseases (heart disease, type 2 diabetes, lung disease, and many cancers) and account for half of all deaths worldwide. Three priority research areas were identified: (1) improving the public's genetic literacy in order to enhance consumer skills; (2) gauging whether genomic discovery improves risk perception and adoption of healthier behaviors; and (3) exploring how genomic discovery can elucidate new behavioral targets. Important crosscutting themes also were identified, including the need to: (1) anticipate directions of genomic discovery; (2) take an agnostic scientific perspective in framing research questions asking whether genomic discovery adds value to other health promotion efforts; (3) consider multiple levels of influence and systems that contribute to important public health problems. The priorities and themes offer a framework for a variety of stakeholders, including those who develop priorities for research funding, interdisciplinary teams engaged in genomics research, and communication grappling with how to use the products born of genomics research to address public health challenges.

(Am J Prev Med 2010;36(3):556-561) © 2010 Published by Elsevier Inc. on behalf of American Journal of Preventive Medicine.

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## Public health interventions

*Real World*

*Efficacious Intervention*

*Effectiveness*

*Efficacy* *Reach*

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## Example: HNPCC Genetic counseling

<u>Current approach</u>	<u>Public Health approach</u>
<ul style="list-style-type: none"><li>❖ <b>High dose:</b><ul style="list-style-type: none"><li>▪ 2-3 hour sessions</li></ul></li><li>❖ <b>Resource intensive</b><ul style="list-style-type: none"><li>▪ Certified genetic counselor</li><li>▪ Face to face sessions</li></ul></li><li>❖ <b>Demanding to sustain</b><ul style="list-style-type: none"><li>▪ Few genetic counselors</li><li>▪ Reimbursement lacking</li><li>▪ Expensive</li></ul></li><li>❖ <b>Highly efficacious</b><ul style="list-style-type: none"><li>▪ Low reach</li></ul></li></ul>	<ul style="list-style-type: none"><li>❖ <b>Low dose:</b><ul style="list-style-type: none"><li>▪ &lt; 1 hour</li></ul></li><li>❖ <b>Resource light</b><ul style="list-style-type: none"><li>▪ Implemented by clinic staff or health educators</li><li>▪ Telephone, mail, internet</li></ul></li><li>❖ <b>Sustainable</b><ul style="list-style-type: none"><li>▪ Employ existing infrastructure</li><li>▪ Inexpensive</li></ul></li><li>❖ <b>Effectiveness is the goal</b><ul style="list-style-type: none"><li>▪ Broad reach</li></ul></li></ul>

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## Clinical Genetic vs. Public Health Applications

### Efficacy – Effectiveness Trade-off

<b><u>Current approach</u></b>	<b><u>Public Health model</u></b>
<ul style="list-style-type: none"> <li>• Efficacy = .80</li> <li>• Reach = .10</li> <li>• .80 x .10</li> <li>• Effectiveness = <b>.08</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Efficacy = .20</li> <li>▪ Reach = .50</li> <li>▪ .20 x .50</li> <li>▪ Effectiveness = <b>.10</b></li> </ul>

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**Table 1.** Areas of emphasis for genomic translational research

<b>Priority research areas</b>
Public understanding and use of genomic information
Potential for genomics to improve risk communication and health behavior change
Using genomics and other emerging technologies to identify new behavioral intervention targets and more sensitive intervention outcomes
<b>Crosscutting themes</b>
The need to anticipate directions of genomic discovery
The importance of framing research questions based on the assumption that genomics innovation may or may not add value to either individual or population-level health outcomes
The importance of systems thinking and ecologic or multilevel modeling, and transdisciplinary collaborations


McBride, Bowen, Brody, Condit et al., 2010

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## Public Understanding of Genomics

Contact

### The Multiplex Initiative



New Participants

Returning Participants

Health Care Providers | Researchers

**Supp**

- Public will be exaggerate common diseases/diseases contributors
- Majority of individuals low probability susceptible
- Health care providers would be overwhelmed with patient follow-up
- Inappropriate health care use would increase

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## Multiplex Prototype Test

8 health conditions & 15 genes

- **Diabetes**
  - KCNJ11
  - CAPN10
  - PPARg
  - TCF7L2
- **Heart Disease**
  - APOB
  - NOS3
  - CETP
- **High Cholesterol**
  - LIPC
- **Hypertension**
  - AGT

- **Lung cancer**
  - MPO
- **Colon Cancer**
  - MTHFR
- **Skin Cancer**
  - MC1R
- **Osteoporosis**
  - ESR1
  - IL6
  - COL1A1

Original Paper

Public Health Genomics  
DOI: 10.1159/000236061

Received March 2, 2008  
Accepted after revision May 11, 2009  
Published online September 3, 2009

#### Considerations for Designing a Prototype Genetic Test for Use in Translational Research

C.H. Wade<sup>a,b</sup> C.M. McBride<sup>b</sup> S.L.R. Kardia<sup>c</sup> L.C. Brody<sup>a</sup>

<sup>a</sup>Genome Technology Branch and <sup>b</sup>Social and Behavioral Research Branch, National Human Genome Research Institute, Bethesda, Md., and <sup>c</sup>Department of Epidemiology, University of Michigan, Ann Arbor, Mich., USA

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## Information About Genes

**What is someone's chance of getting diabetes in th KCNJ11 risk versions?**

- People who have **no risk versions** of KCNJ11 will h chance of getting diabetes.
- People who have **1 risk version** of KCNJ11 will hav chance of getting diabetes.
- People who have **2 risk versions** of KCNJ11 will ha chance of getting diabetes.

**How common are the risk versions of KCNJ11?**

- About 65% of people in the general public have **0 risk versions**.
- About 29% of people in the general public have **1 risk version**.
- About 6% of people in the general public have **2 risk versions**.

**Percentage of People With 0, 1, or 2 Risk Versions of KCNJ11 in the General Public**

**Chance of getting diabetes based on the number of (Out of 100 people. People with diabetes are shown in red)**

0 Risk Versions

1 Risk Version

No Risk Versions

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## Study Design

- **NCI-funded Cancer Research Network**
  - Henry Ford Health System clinical recruitment site
    - Group Health Cooperative Survey coordination
- **Sample: Healthy adults**
  - Ages 25-40
  - Without diseases on test battery

**The Multiplex Initiative**

This report will tell you whether you have versions of genes that raise your chances of getting some common health conditions.

**My Results**  
 And What They Mean

**Understanding Your Test Results**

Remember these points when reading your test results:

- Having risk versions of genes means that you are more likely to get the health conditions than people who do not have risk versions.
- Most people will have between 4 and 10 risk versions of the genes on the Multiplex Genetic Test.
- Having risk versions does not mean that you will certainly get any of these health conditions.

**Overview of Your Results**

You have one or more risk versions that raise your chances of getting:

- Heart Disease
- High Cholesterol
- High Blood Pressure
- Type 2 Diabetes
- Obesity
- Lung Cancer
- Colon Cancer
- Skin Cancer

Look inside and at the other information in the folder to see about what your results mean for your chances of getting the health conditions on the Multiplex Genetic Test.

**There's More to It Than Genes**  
 You CAN Lower Your Risk

HEALTHY HABITS • ENVIRONMENT • GENES

Here's what you can do to lower your chance of getting these health conditions no matter what your test results were:

- ✔ Quit Smoking
- ✔ Maintain a healthy weight
- ✔ Eat 5 or more servings of vegetables & fruits every day
- ✔ Exercise for at least 30 minutes most days of the week
- ✔ Limit your time in the sun and use sunscreen
- ✔ See your doctor for a yearly check-up

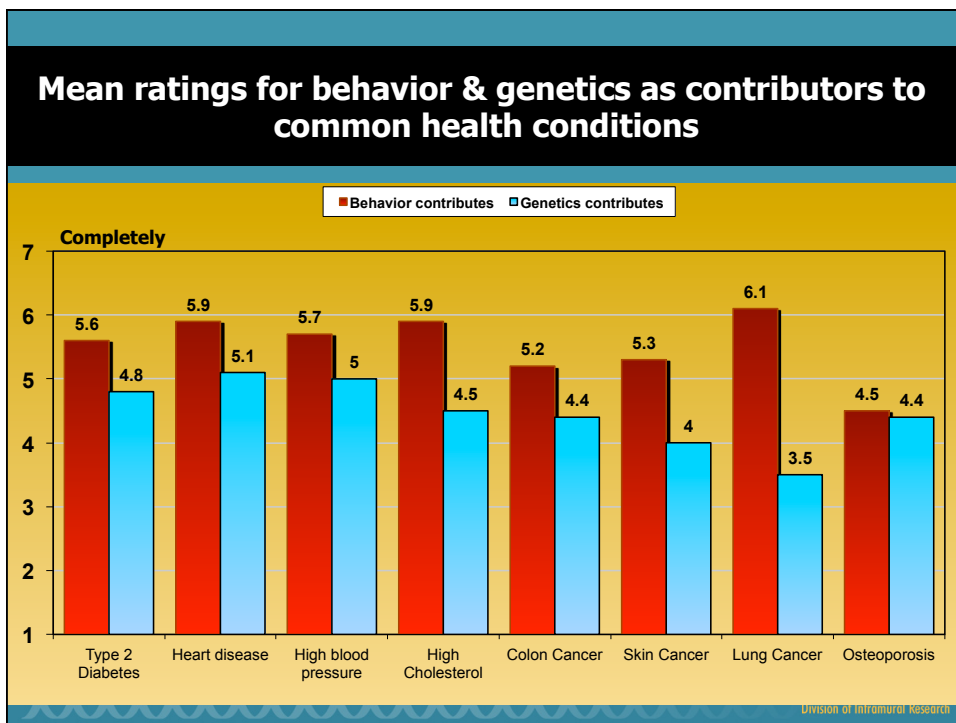
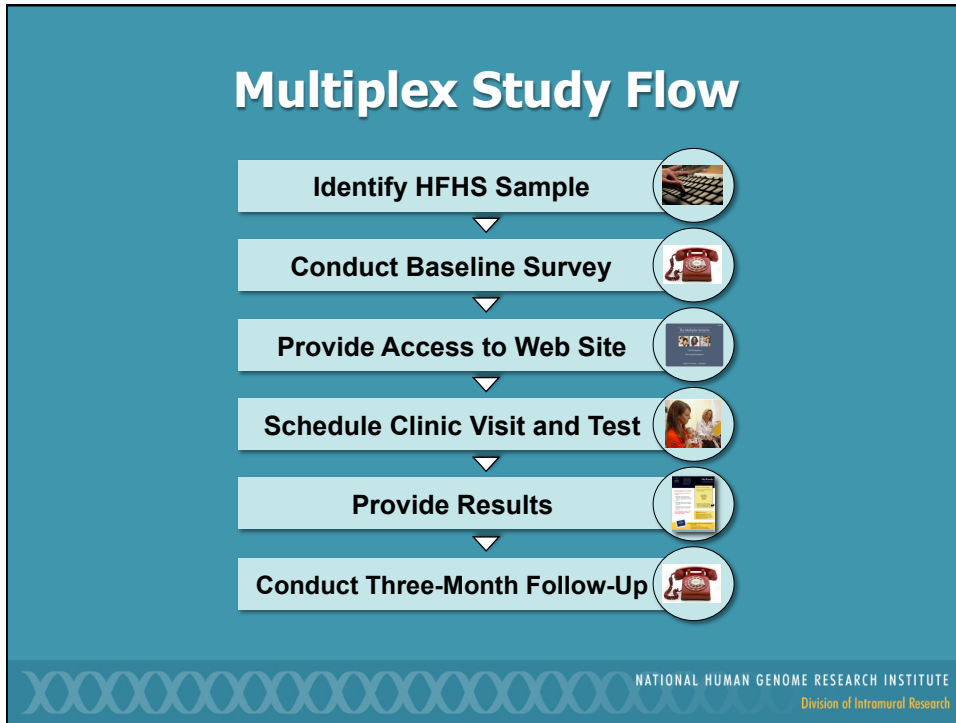
See <http://multiplex.nih.gov> to:

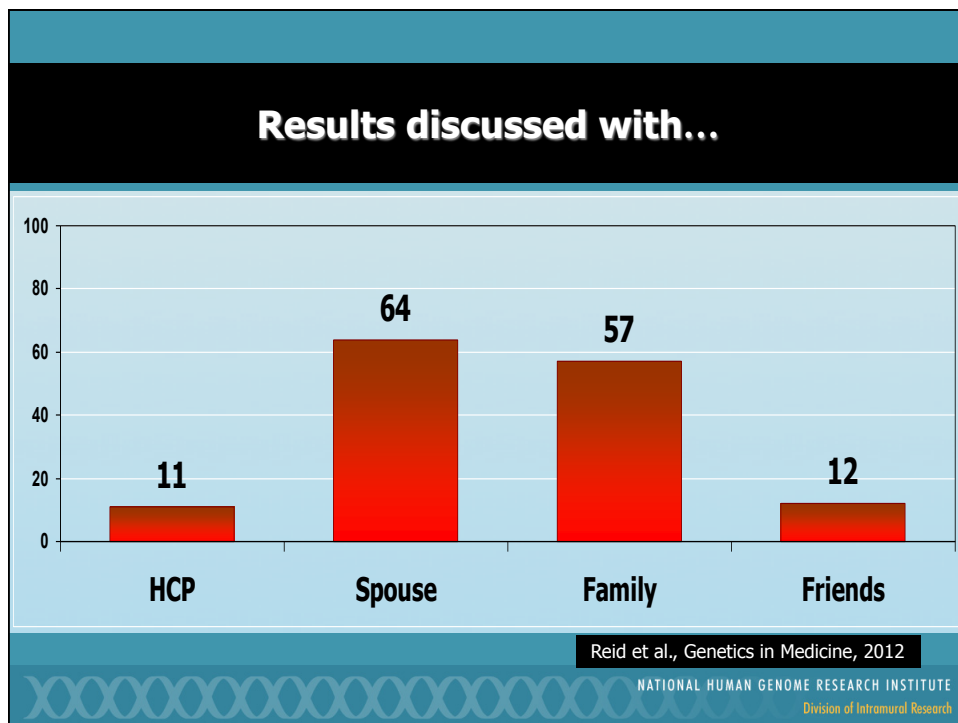
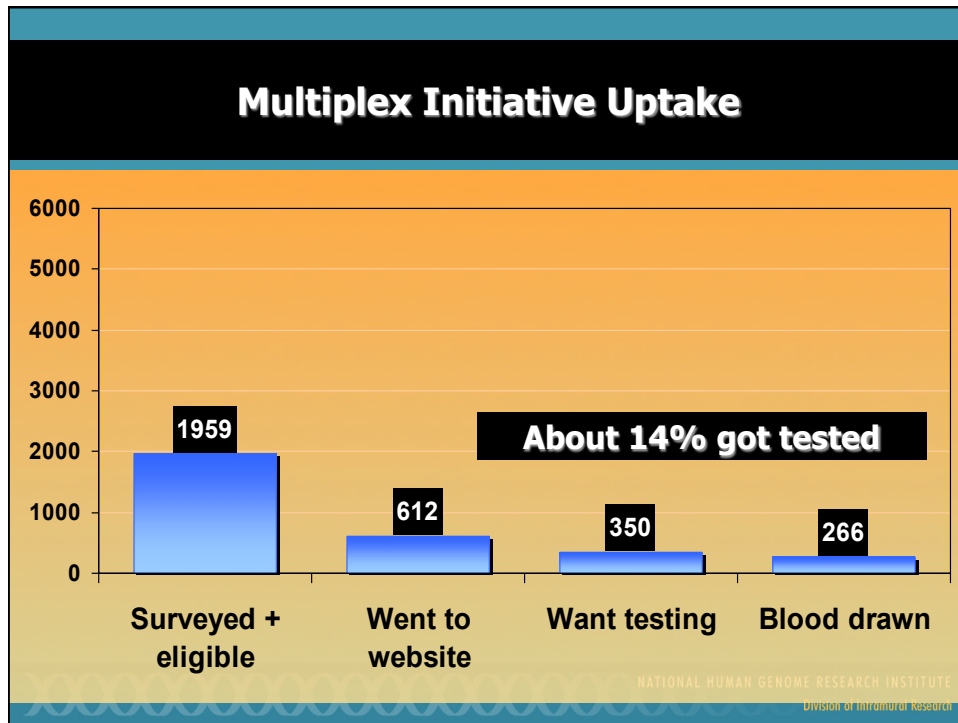
- Learn more about how to assess your disease risk based on your current health habits
- Learn more about how to do family health history
- Find information about how Henry Ford Health System can help you change your health habits

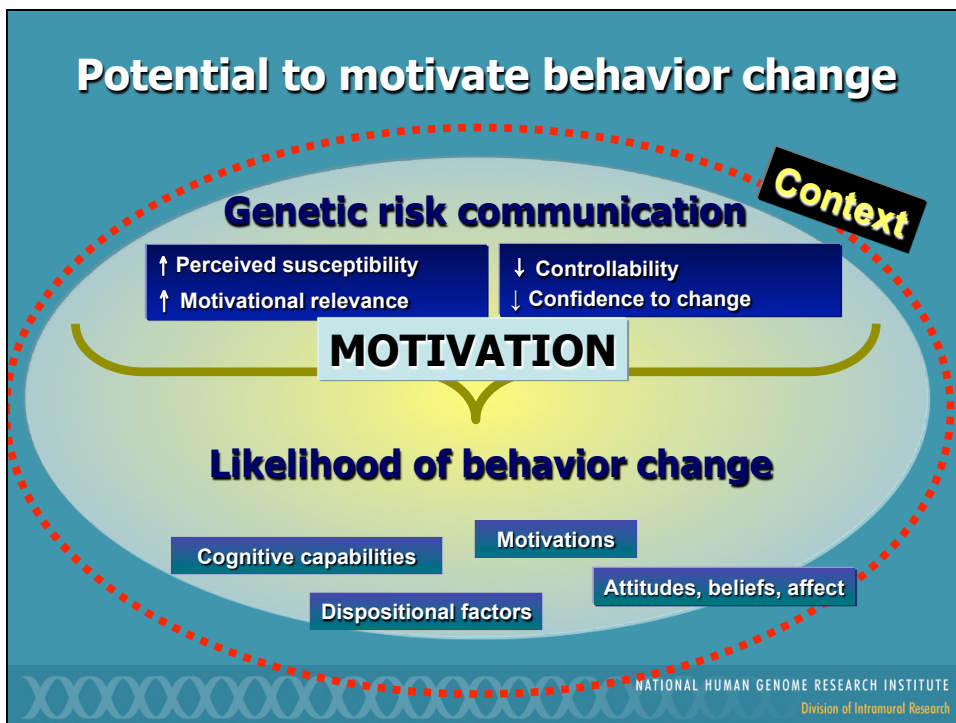
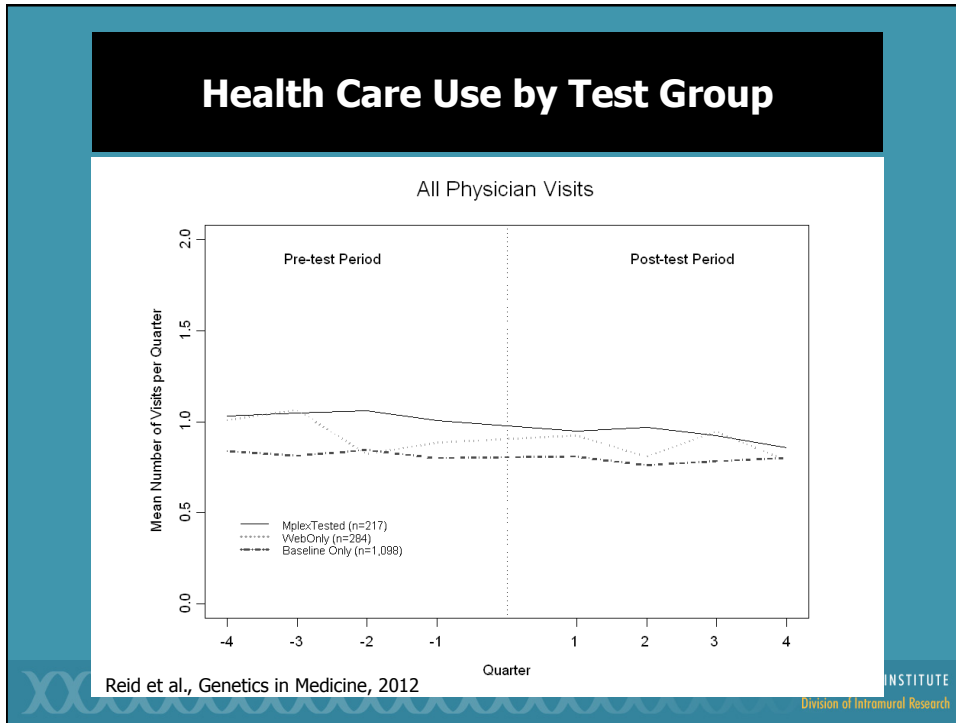
**Your chance of having these health conditions is also affected by:**

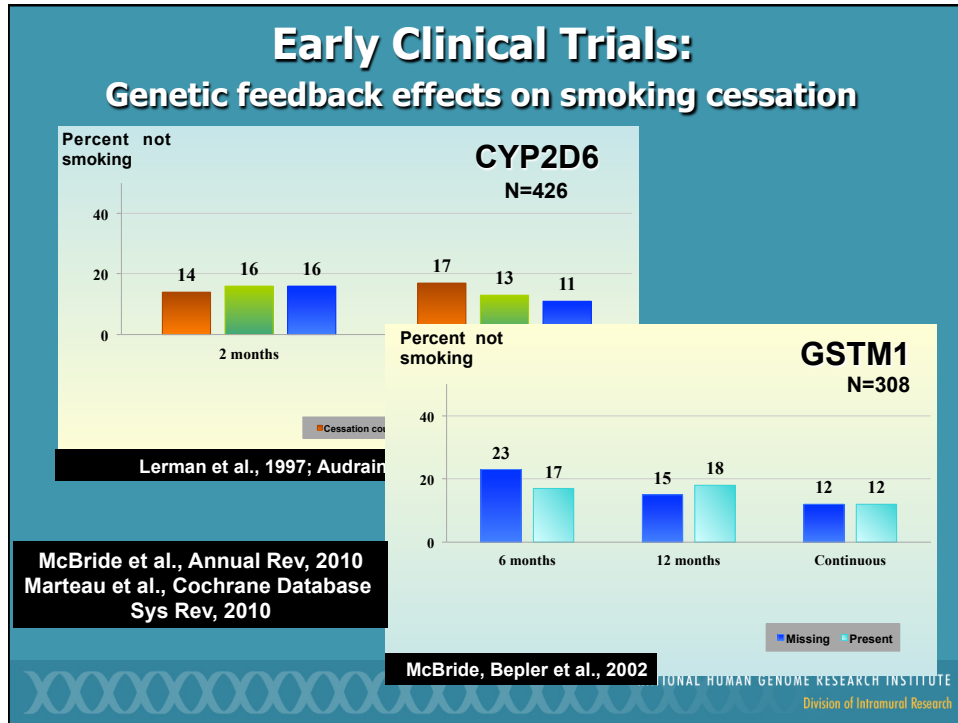
- Your health habits, such as diet, exercise and cigarette smoking.  
 For example: Being a cigarette smoker raises your chance of heart disease and raises your chance for lung cancer 10 times. Smoking is a much greater risk factor than having any of the risk versions of genes on the Multiplex Genetic Test.  
 Having an above normal cholesterol level raises your chance of heart disease slightly more than having some of the risk versions of genes on the Multiplex Genetic Test.  
**Remember: You can not change your genes but you can change your health habits.**
- Your family history of health conditions
- The environment you live in, which might have chemicals at work or secondhand cigarette smoke
- Other genes that were not tested in the Multiplex Genetic Test

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## Can genetic risk information motivate smokers to quit?

Welcome to the  
 FAMILY RISK AND LUNG CANCER STUDY

Thank you for Participating!

NEXT

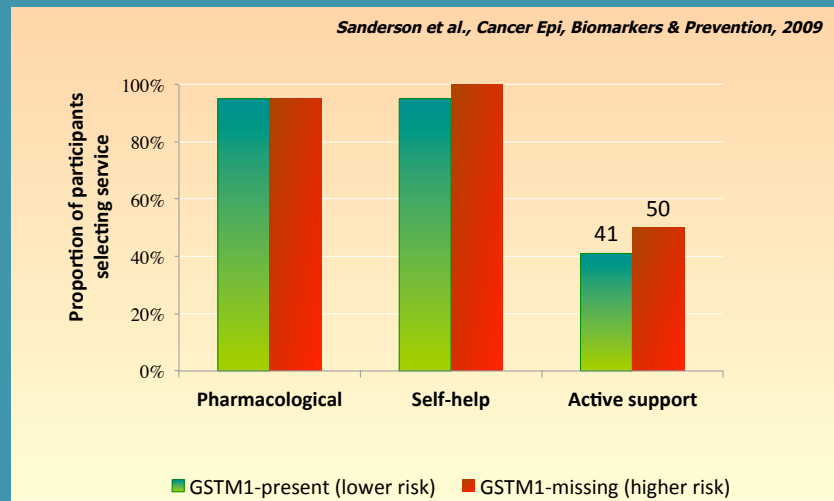
## Which smokers visited the website to consider genetic testing?

<i>Demographics</i>	Logged on (n = 58)	Did not log on (n = 58)	Sig.
Female	59%	48%	NS
Mean Age (yrs)	40.1 (8.3)	36.5 (10.5)	<0.05
Education			
High school or less	28%	36%	NS
Technical degree / some college	50%	41%	
College degree	22%	23%	
Unemployed	14%	14%	NS
Non-Hispanic white	96%	96%	NS
Daily internet use	85%	62%	<0.05
Aware of cancer genetic testing	61%	42%	<0.05
<b>Motivation to quit smoking<sup>1</sup></b>	<b>6.3 (1.1)</b>	<b>5.6 (1.7)</b>	<b>&lt;0.01</b>
Closeness to patient <sup>1</sup>	5.5 (1.1)	5.2 (1.1)	NS

<sup>1</sup>1-7 scale

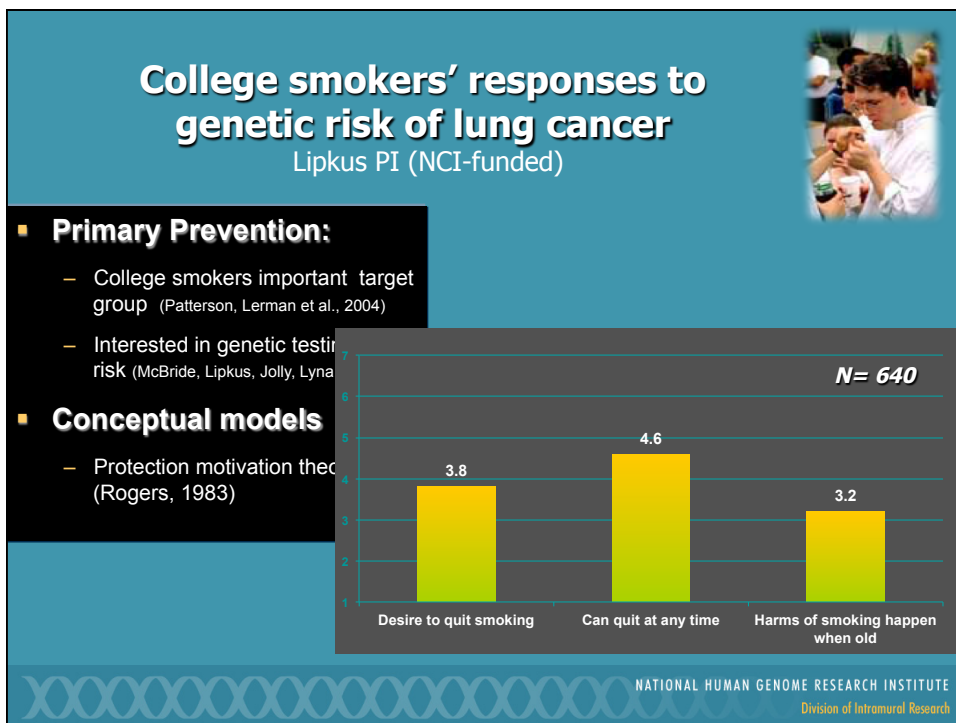
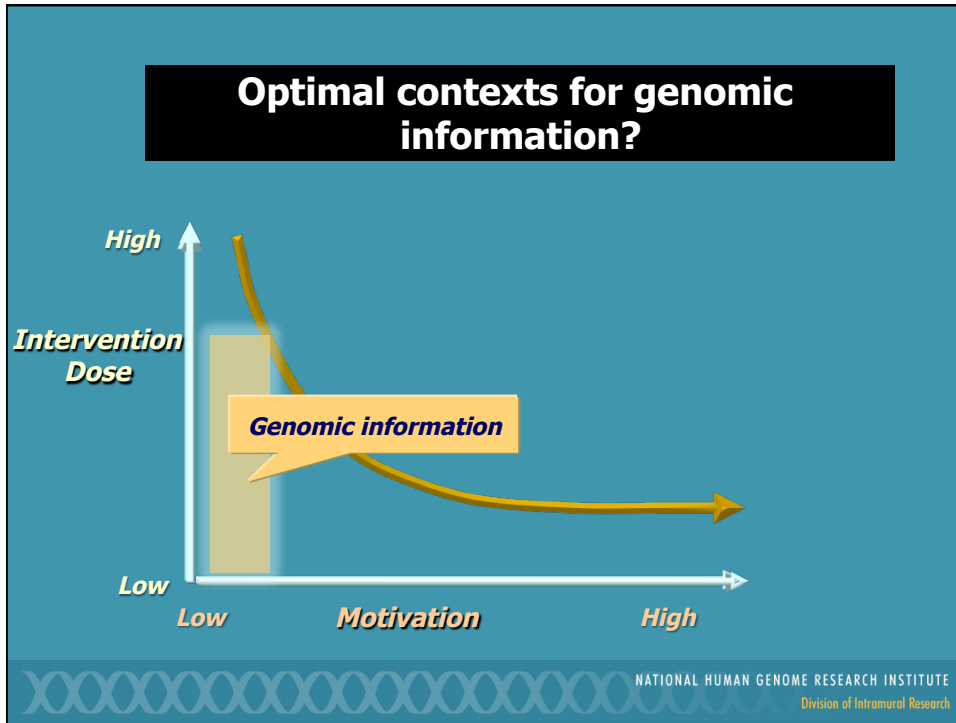
O'Neill et al., *Genetics in Medicine*, 2008

## Uptake of offered cessation services



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- **Primary Prevention:**
  - College smokers important target group (Patterson, Lerman et al., 2004)
  - Interested in genetic testing and risk (McBride, Lipkus, Jolly, Lyna)

- **Conceptual models**
  - Protection motivation theory (Rogers, 1983)



## Use genomic information to counteract backfiring public health messages

Another major theme reported by 32% of participants related to media reports of speed and ease of lung repair after individuals quit smoking, e.g. "Possibly lung cancer, but I'm not too worried about that. On a scale of 1 to 10, I'm a 2 on that worry. It (smoking) helps with school stress and they say that once you quit your lungs will repair within 2 years, or something. So I figure I can quit after graduate school and my lungs will be great by the time I'm 25".

33 structured interviews

Docherty et al., Journal of Community Genetics, 2011

**Leverage points for genetic risk communications**

- **Young smokers do not understand association between susceptibility & exposure**
- **Underestimate potential for addiction**

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## Could social media be a viable tool for engaging target groups in discourse for learning?

Thread / Thread Status	Author	Last Post	Replies	Views
How is Lerna, Silvana's "metabolism genetics" may not be posted.	Administrator	11-09-2009 10:21 PM	2	21,612
www: Defeating weight loss methods is not always a struggle in a struggle.	Administrator	09-12-2007 10:43 PM	0	7,130
www: Struggle or just how calorie counts will be changed in the future. Consider, Bacteria.	Administrator	04-26-2006 10:13 PM	0	7,036
www: Genotype	Administrator	10-29-2003 10:02 PM	1	5,140
Weight habits & sabotaging weight loss? (2) (1/2)	Administrator	02-08-2009 05:36 AM	2	319
Quilt Trial?	Administrator	02-07-2009 01:22 AM	0	66

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**How might genetic risk information affect parenting practices?**  
 Wade, Wilfond, McBride, Genet Med, 2010

**your child's risk estimate**

100 Children with 0 overweight parents

100 Children with 1 overweight parent

Your child is in this group.

**your child's risk estimate**

100 Children with 0 overweight parents

100 Children with 2 overweight parents

Your child is in this group.

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## Challenges for Research on Clinical Integration of Genomics

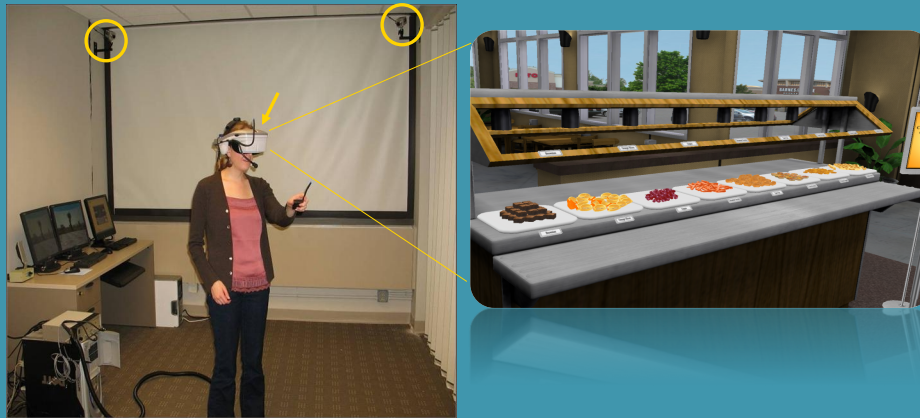
- Changing nature of genomic technology
- Future situations difficult to envision, predict
- Concepts & contexts complicated, technical, unfamiliar

- IVETA useful tool:
  - Improves upon hypothetical scenarios
  - Enables rigorous behavioral outcomes
  - Avoids practical challenges of food preparation

Persky, Kaphingst, Condit & McBride, 2007

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## Immersive Virtual Environment Testing Area



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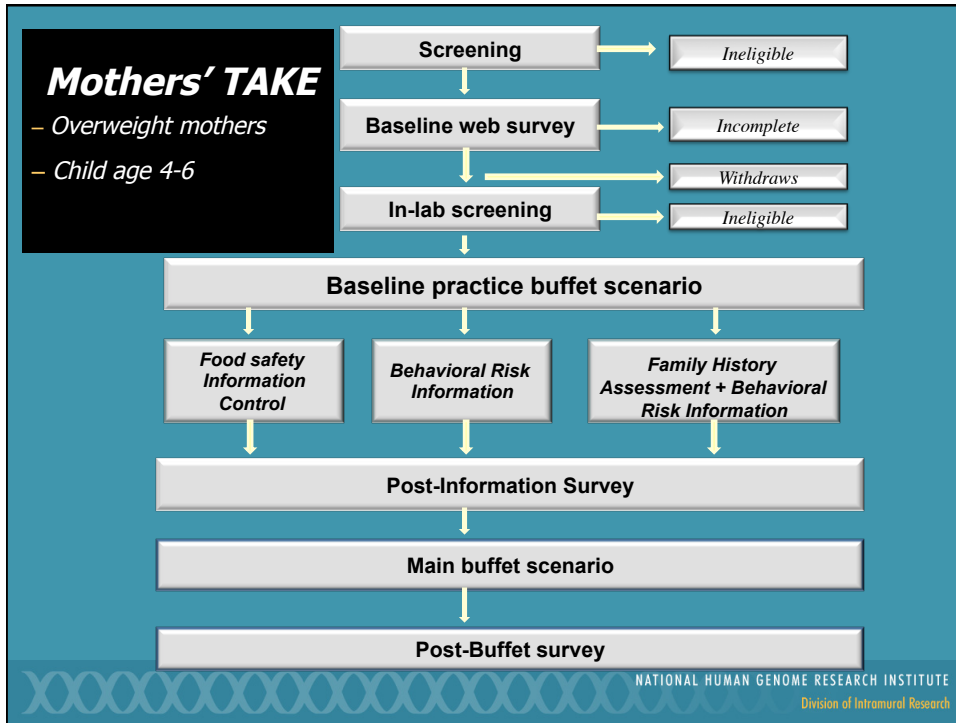
## Mothers' TAKE: Virtual Reality Assessment of Mothers' Behavioral Responses to Children's Genomic Risk

### Aims

- Explore concerns that genetic risk info for obesity may increase restrictive parenting practices
- Evaluate behavioral effects of providing family history-based obesity risk information about children to parents



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### Total Calories by Experimental Arm

	Estimate	SE
Intercept	248.73**	88.83
Pre-calorie	0.67***	0.20
Mother's age	-2.68	1.61
Mother is white	-34.65	18.22
Mother's BMI	2.75	1.80
Beh. Risk arm	-35.48	21.10
Beh + Fam hx arm	-45.26*	21.19
Index child is overweight	15.19	17.80
Index child is male	35.72*	17.32
Family has one child	0.48	20.13

\*p≤0.05; \*\*p≤0.01; \*\*\*p≤0.001; \*\*\*\*p≤0.0001

### Influence of Risk Message on Total Calories for Family Hx Arm

	Estimate	SE
Intercept	176.92	140.27
Pre-calorie	0.73	0.38
Mother's age	-2.66	3.05
Mother is white	21.23	33.29
Mother's BMI	0.75	3.19
<b>Two overweight parents</b>	<b>71.48*</b>	<b>31.97</b>
Index child is overweight	19.38	32.49
Index child is male	23.55	30.47
Family has one child	-23.93	37.91

\*p<0.05

McBride, Persky et al., *Obesity*, 2012

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### Is the effect of risk message specific to the family history arm?

Outcome	Food Safety			Beh Risk Info			Beh Risk + Fam Hx		
	Number of overweight biological parents		sig	Number of overweight biological parents		sig	Number of overweight biological parents		sig
	One	Two		One	Two		One	Two	
	n=31	n=42		n=29	n=43		n=22	N=53	
Plated calories	<u>372.20</u>	406.52	0.275	<u>359.50</u>	368.49	0.784	<u>286.9</u>	360.9	0.051
Sweetened beverage	45.2%	47.6%	0.835	48.3%	51.2%	0.810	<u>13.6%</u>	37.7%	0.039

McBride, Persky et al., *Obesity*, 2012

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## Promoting Global Public Health?



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## Promoting footwear among genetically high-risk children

- Podoconiosis - non-filarial elephantiasis
- Inflammatory lymphatic response to soil irritants
- Clusters in families in Highland Ethiopia.
- Preventable with consistent footwear > inconsistent adherence
- 50% of population < age 15
- Inadequate public health infrastructure
- Targeting shoes to high risk



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## The Characteristics of Study Sites

	Site 1	Site 2	Site 3	Site 4
Number of Cases* <small>*Registered annually with MFTPA</small>	1,754	2,420	2,233	868
Duration of Relationship with MFTPA (Years)	11	<b>28 Focus groups</b> <b>38 Individual interviews</b> <b>7 Case studies</b> <hr style="border: 1px solid white;"/> <b>307 Participants</b>		
Distance from MFTPA (Km)	35			

Ayode et al., Am. J. Tropical Medicine & Hygiene, 2012

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## Common sense beliefs about the cause of podocniosis

### **Heredity**

- ↓ perceived importance of preventive behaviors
- ↑ interpersonal stigmatizing behavior

### **Not Heredity**

- ↑ perceived importance to wear shoes for prevention
- ↑ empathy to patients
- Fear of contagion

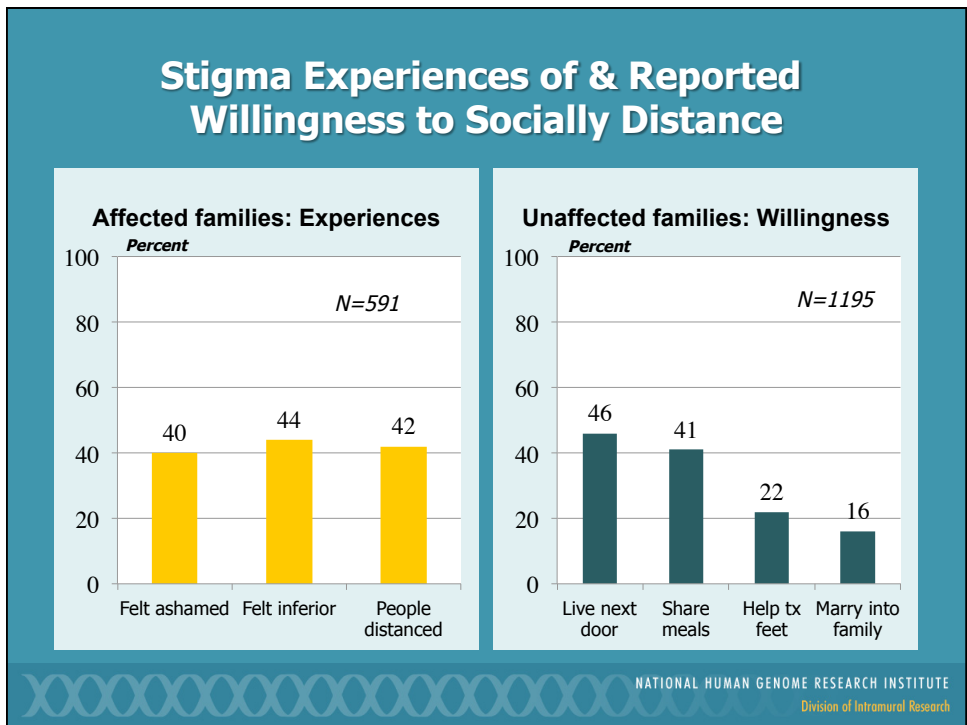
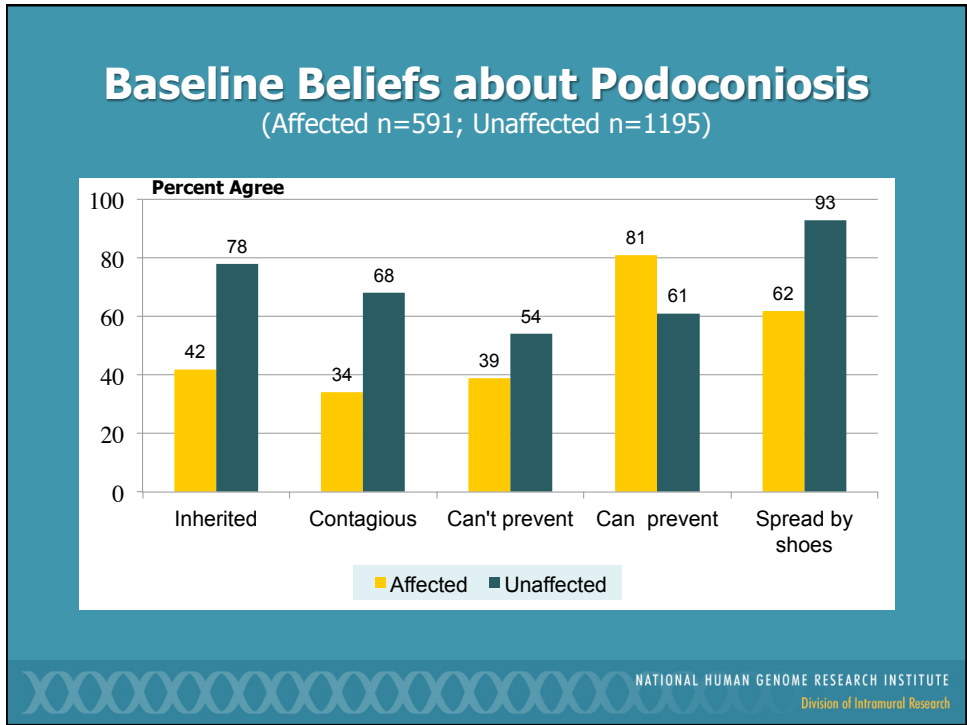


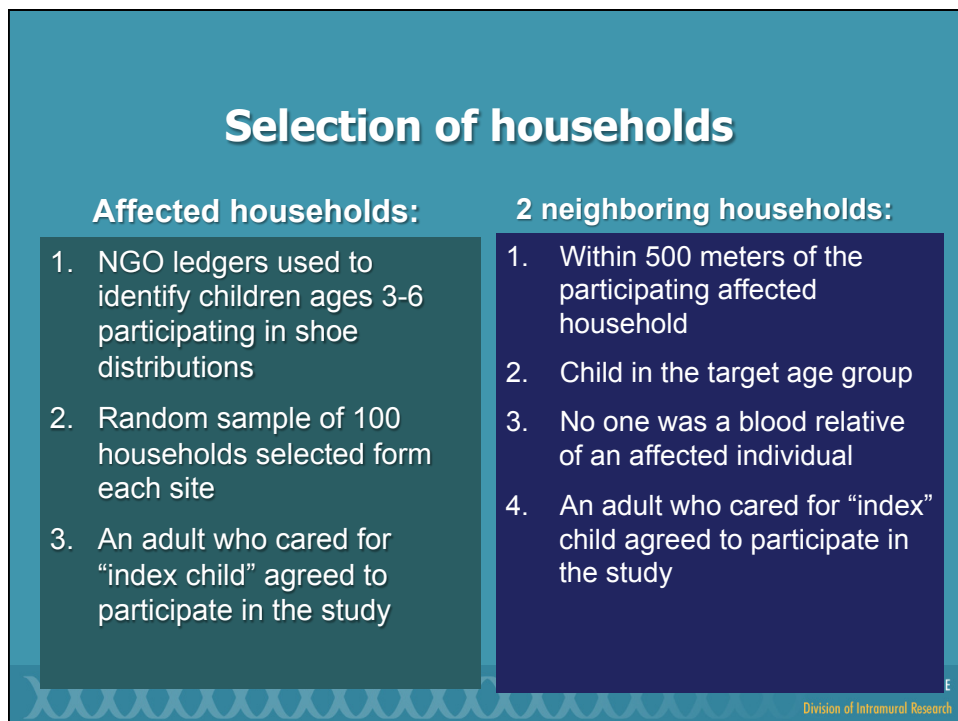
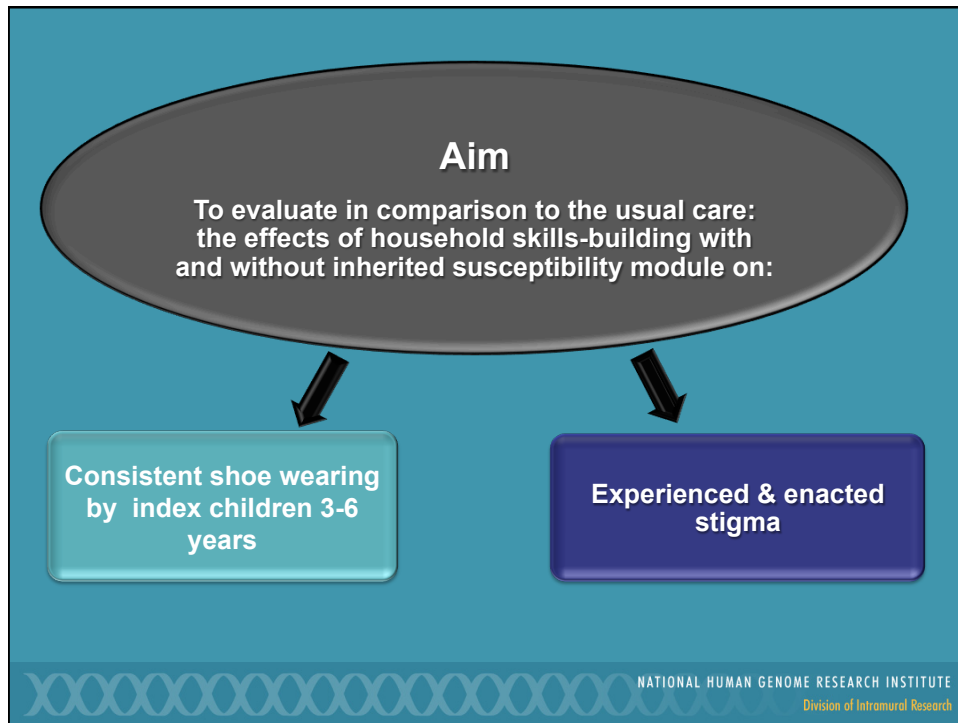
## **Stigma**

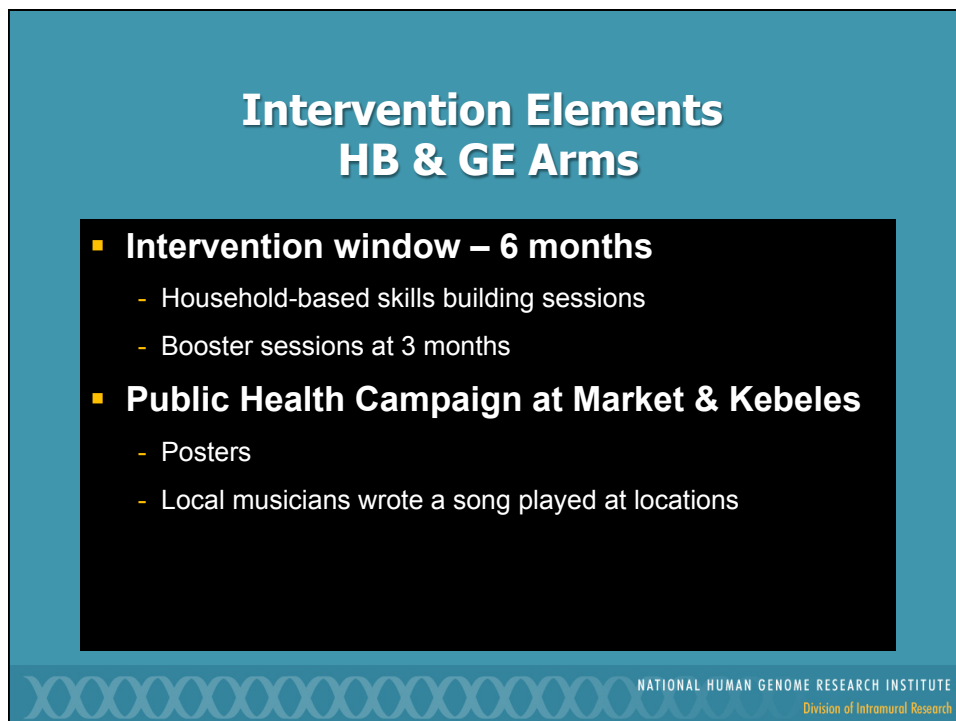
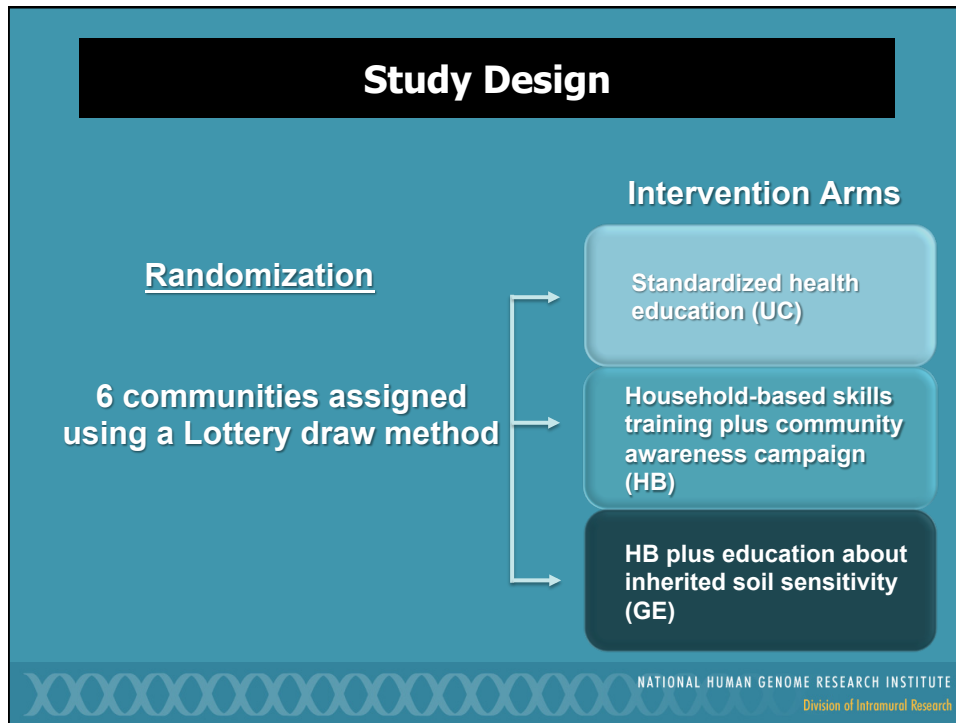
- ❖ Social distancing
- ❖ Partner selection
- ❖ Self stigma

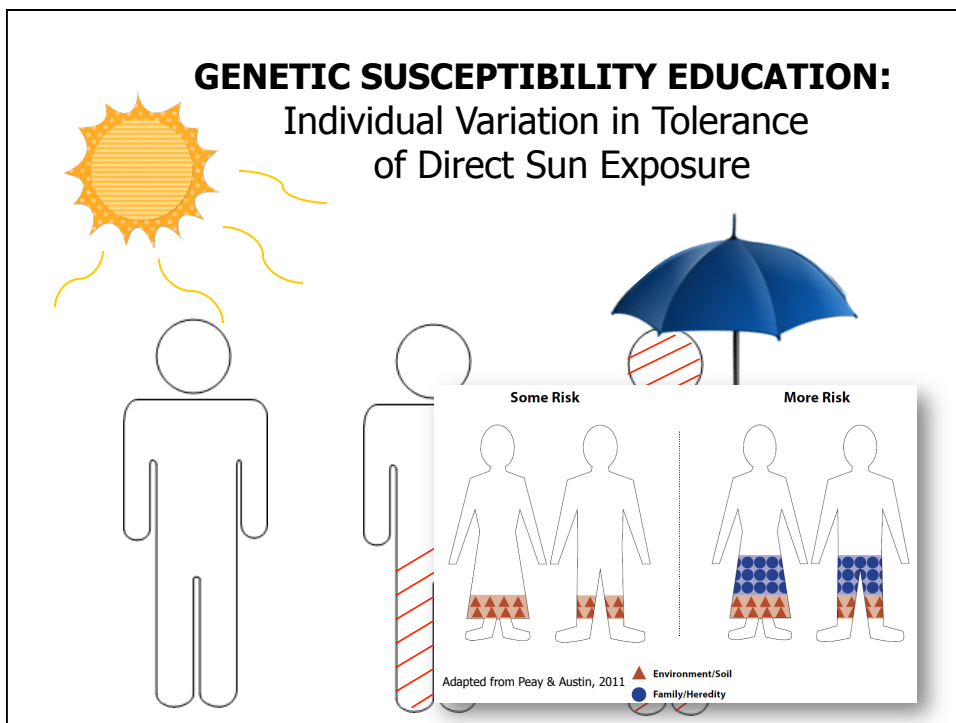
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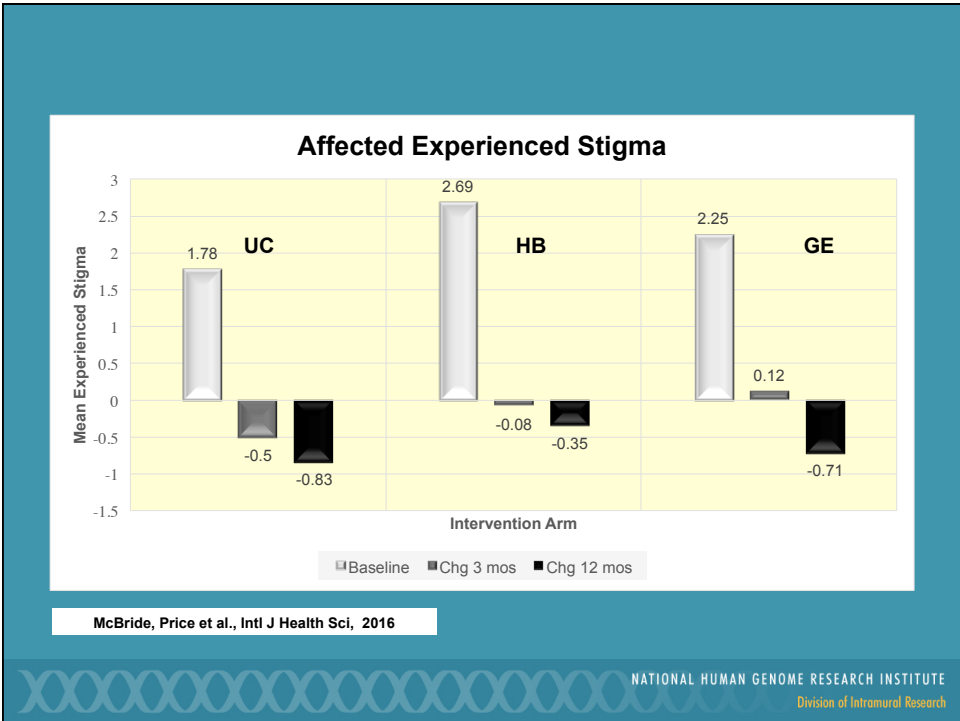
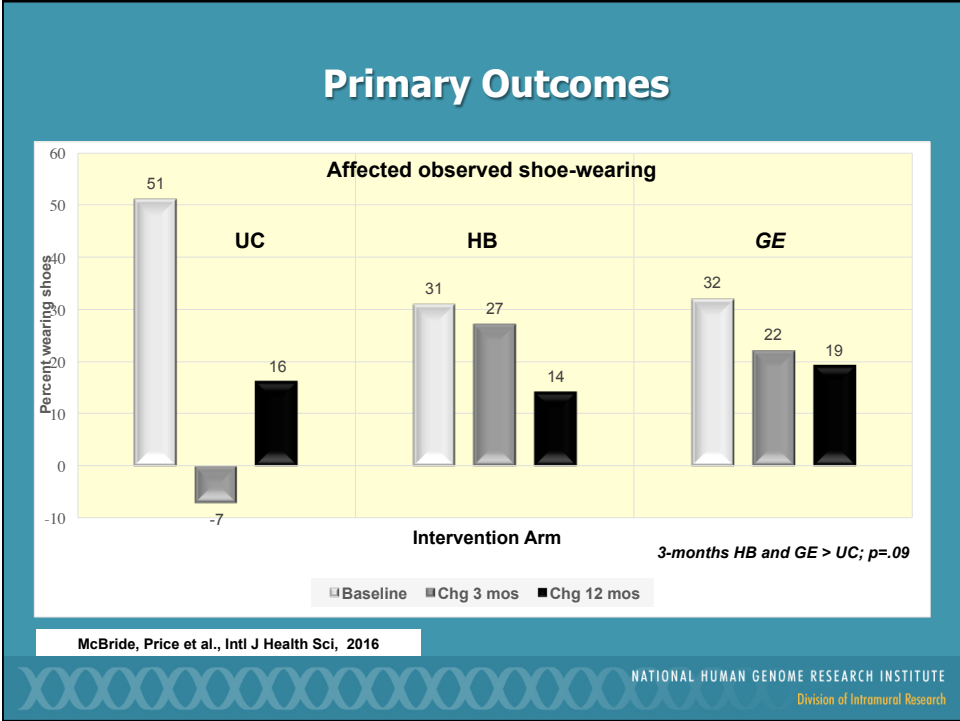


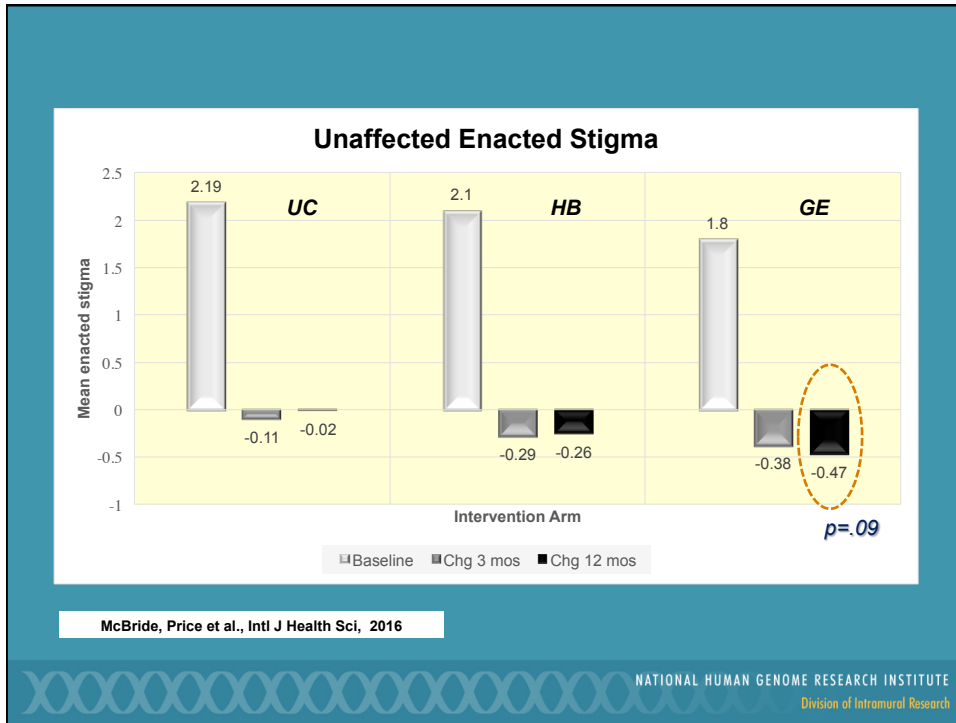












## The Precision Medicine Initiative

- Move away from “one-size-fits-all” treatments
- Treat and prevent disease based on individual differences in genetics, environment and lifestyle

**Precision Public Health for the Era of Precision Medicine**

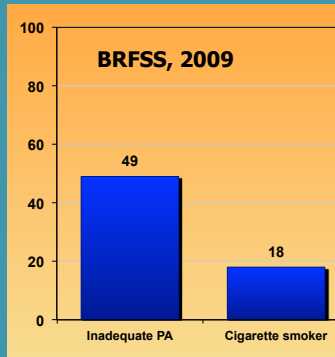
Muin J. Khoury, MD, PhD,<sup>1,2</sup> Michael F. Iademarco, MD, MPH,<sup>1,2</sup> William T. Riley, PhD<sup>2</sup>

**Role of Multidisciplinary Public Health Sciences**

Though precision medicine focuses on individualized

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## Public Awareness The Behavior – Intervention Disconnect



### CLINICAL SIGNIFICANCE

- Over the last 18 years, obesity has increased from 28% to 36%; regular physical activity has decreased from 53% to 43%; and eating 5 or more fruits and vegetables a day has decreased from 42% to 26% among adults aged 40-74 years.
- Adherence to all 5 healthy habits has gone from 15% to 8% ( $P < .05$ ).
- Adherence to healthy habits is no more likely in people with cardiovascular disease, hypertension, diabetes, or hypercholesterolemia.

King et al., AJPM 2009 -- NHANES

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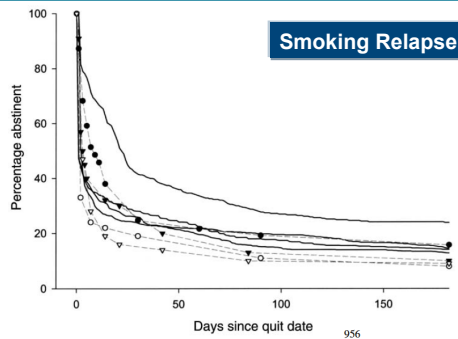


Figure 1. True survival curves (solid lines) and line-graph relapse curves (dotted lines) in self-quitters (o) in control groups (solid circles and triangles) from studies in Table 1.

TATE ET AL

### Weight Regain

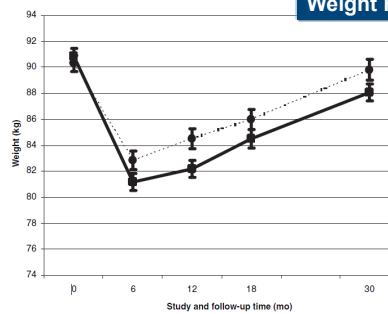
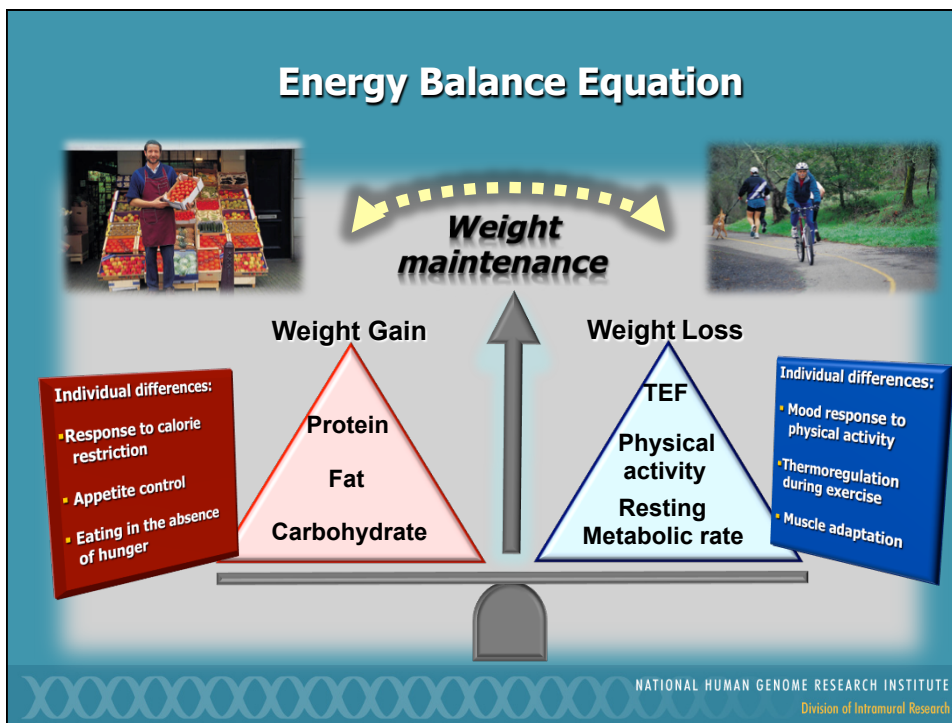
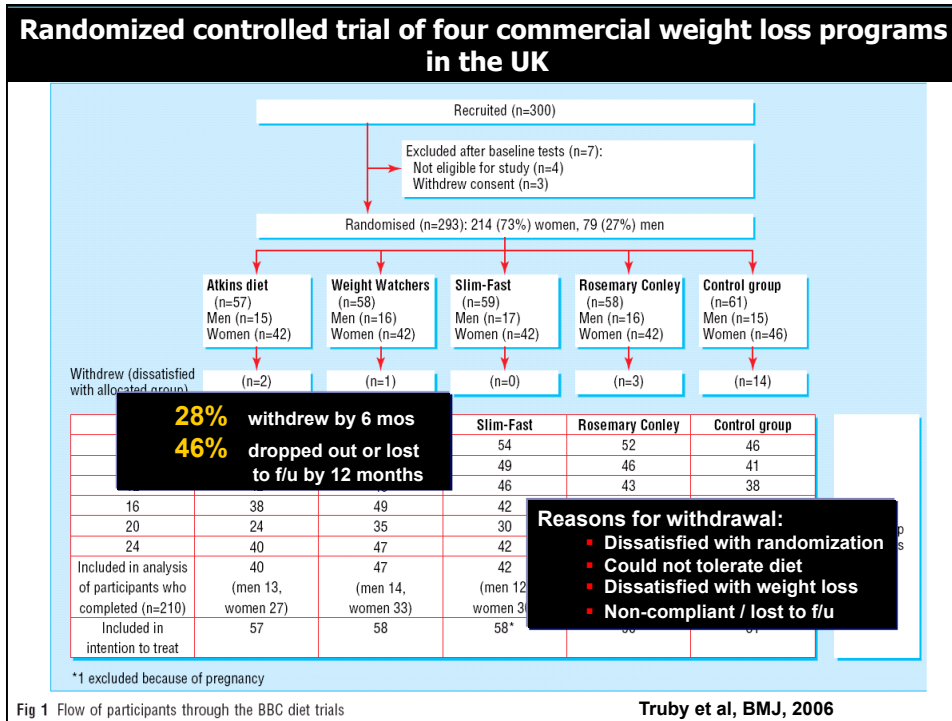
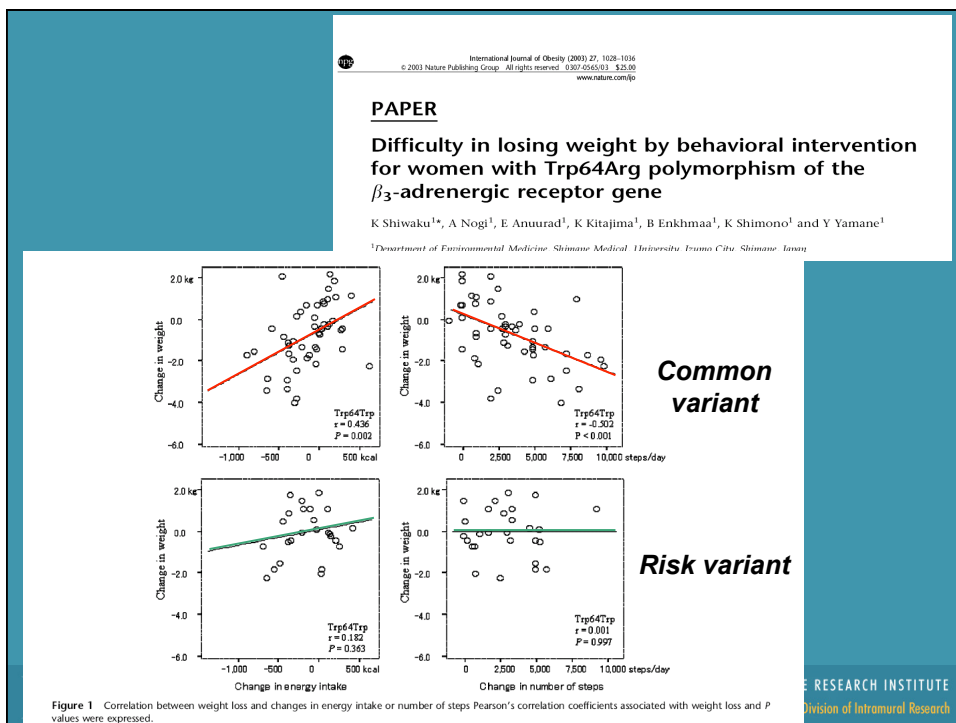
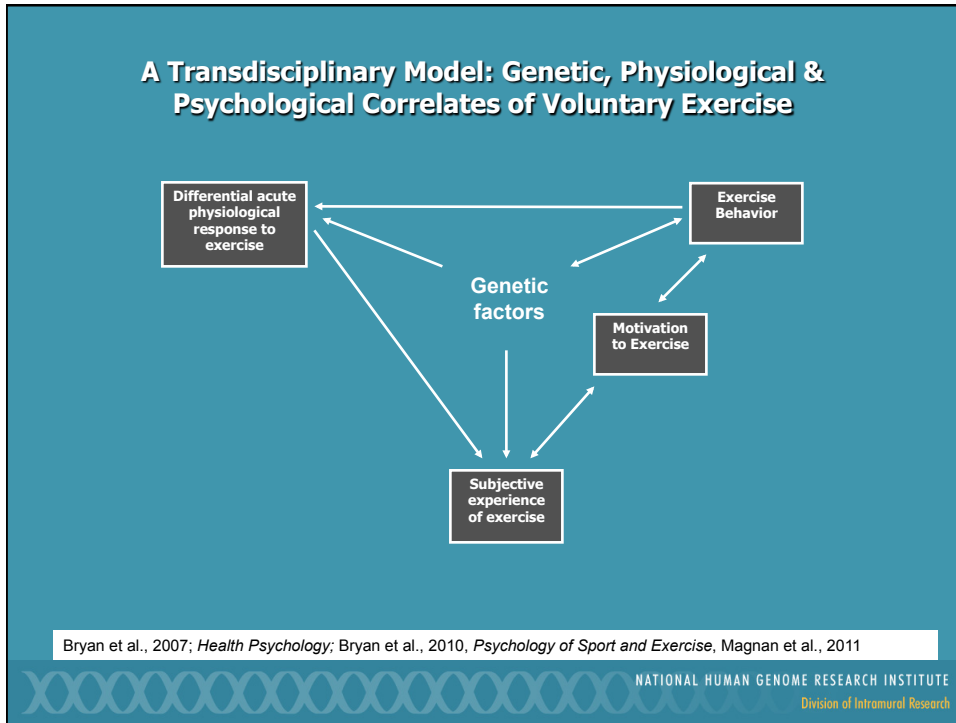
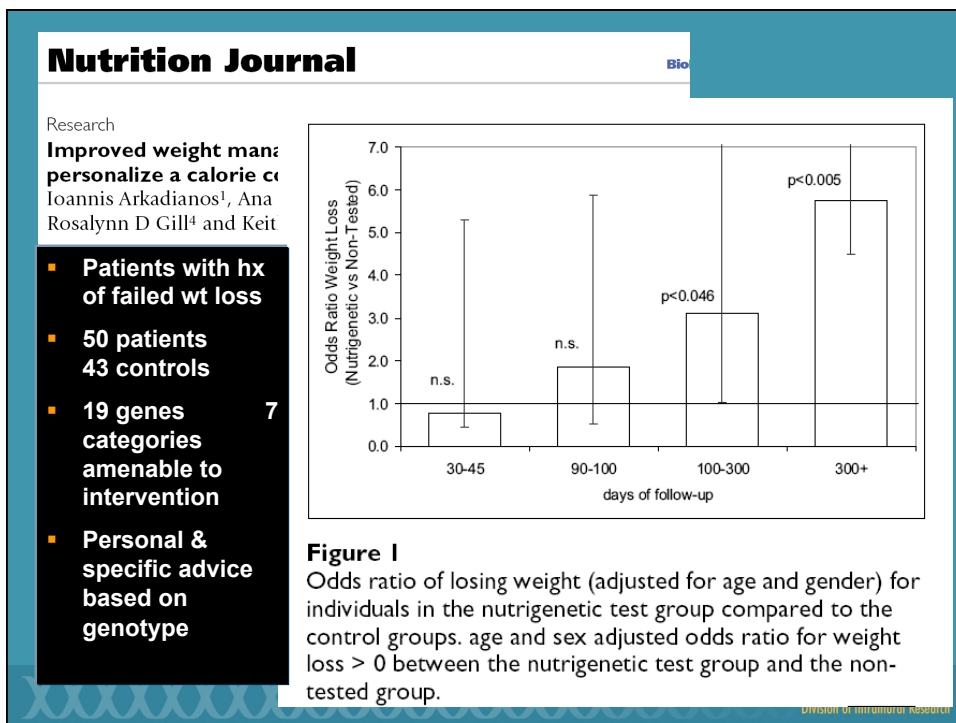
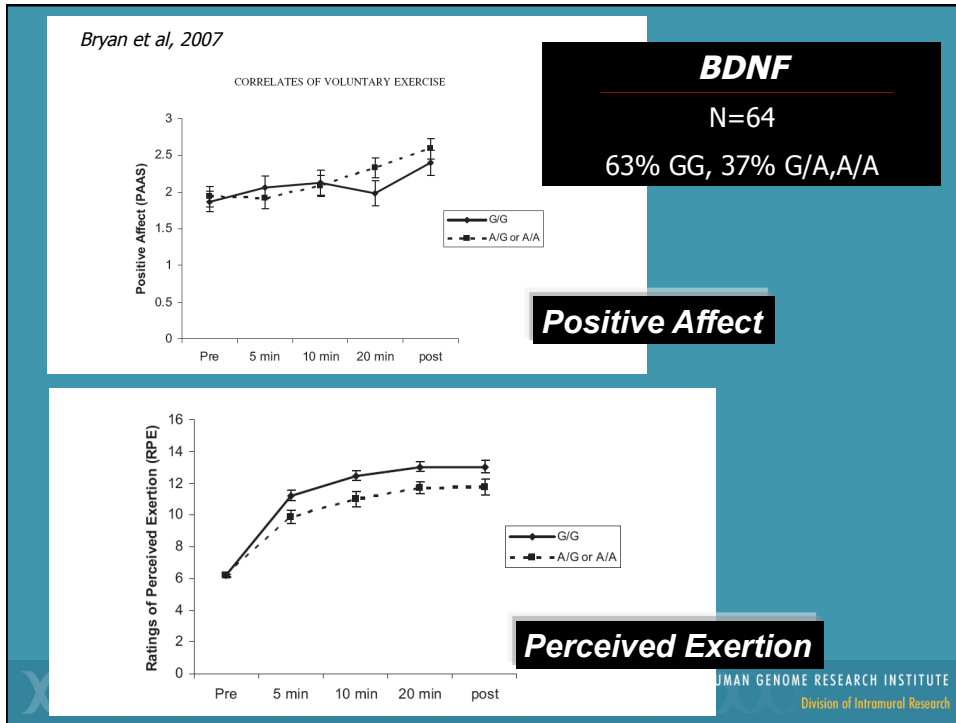


FIGURE 1. Weight by randomized group. ●, Standard behavior treatment group (n = 66); ■, high physical activity group (n = 75). Time effect,  $P < 0.001$ ; treatment × time interaction,  $P = 0.21$  (repeated-measures ANOVA).









**Annals of Internal Medicine** | MEDICINE AND PUBLIC ISSUES

### Comparative Effectiveness Research: A Report From the Institute of Medicine

Harold C. Sox, MD, and Sheldon Greenfield, MD

On 30 June 2009, another milestone was achieved in progress toward a national system to promote medical research that focuses on decision making by physicians and patients. The first steps occurred in late 2007 and early 2008 with a seminal article (1) and an Institute of Medicine (IOM) report that called for a national initiative of research that would support better decision making about interventions in health care (2). One of us was a coeditor of the IOM report. A third milestone was reached when both presidential candidates endorsed this concept. A fourth milestone came when the president signed into law the American Recovery and Reinvestment Act of 2009 (ARRA); this act allocated \$1.1 billion to support this form of research, which had become known as *comparative effectiveness research* (CER). The legislation created a federal council on CER and asked the IOM to elicit input from a broad array of stakeholders on which research topics should have the highest-priority for funding through the ARRA and to then develop a list of the highest-priority topics for the Secretary of Health and Human Services to consider.

By law, the Federal Coordinating Council and the IOM committee to set priorities for comparative effectiveness research reported to the Secretary on 30 June 2009. This issue contains both this article, which is a commentary on the IOM committee report (3) by the committee's coauthors, and a perspective on better research methods for CER (4).

**DEFINITION OF CER**

The IOM committee quickly settled on a working definition of CER, which consisted of the elements of earlier definitions reduced to 2 sentences:

CER is the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat and monitor a clinical condition, or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels.

know, as would a third feature, research designed to identify the clinical characteristics that predict which intervention would be most successful in an individual patient. The same research design would also help policymakers by identifying subpopulations of patients that are more likely to benefit from one intervention than the other.

**HIGH-PRIORITY RESEARCH TOPICS**

The IOM committee sought advice from a broad range of stakeholders and received it in 3 forms across-

CER is the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat and monitor a clinical condition, or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels.

and the Senate Finance Committee white paper does likewise. Accordingly, the IOM committee made several recommendations aimed at a sustainable, trustworthy national

See also:  
**Print**

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## Take home messages

- Translation research is important to do now!
- Many possible avenues for genomics to improve public health
- Conceptual models & practicability to guide research questions
- Full armamentarium of methods
  - to anticipate and test potential applications of genomics
- Research inherently interdisciplinary

## Special Acknowledgements

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David Farrell, People Designs  
Isaac Lipkus, Duke University  
Susan Persky, NHGRI



## Thank You!

*Colleen.marie.mcbride@emory.edu*

### Social and Behavioral Research Branch

National Human Genome Research Institute [www.genome.gov](http://www.genome.gov)