

Integrating Genetics Technology into a Health Care System

Wylie Burke MD PhD

Department of Medical History and Ethics

University of Washington, Seattle WA



UNIVERSITY OF WASHINGTON

CENTER FOR GENOMICS & HEALTHCARE EQUALITY

Trends

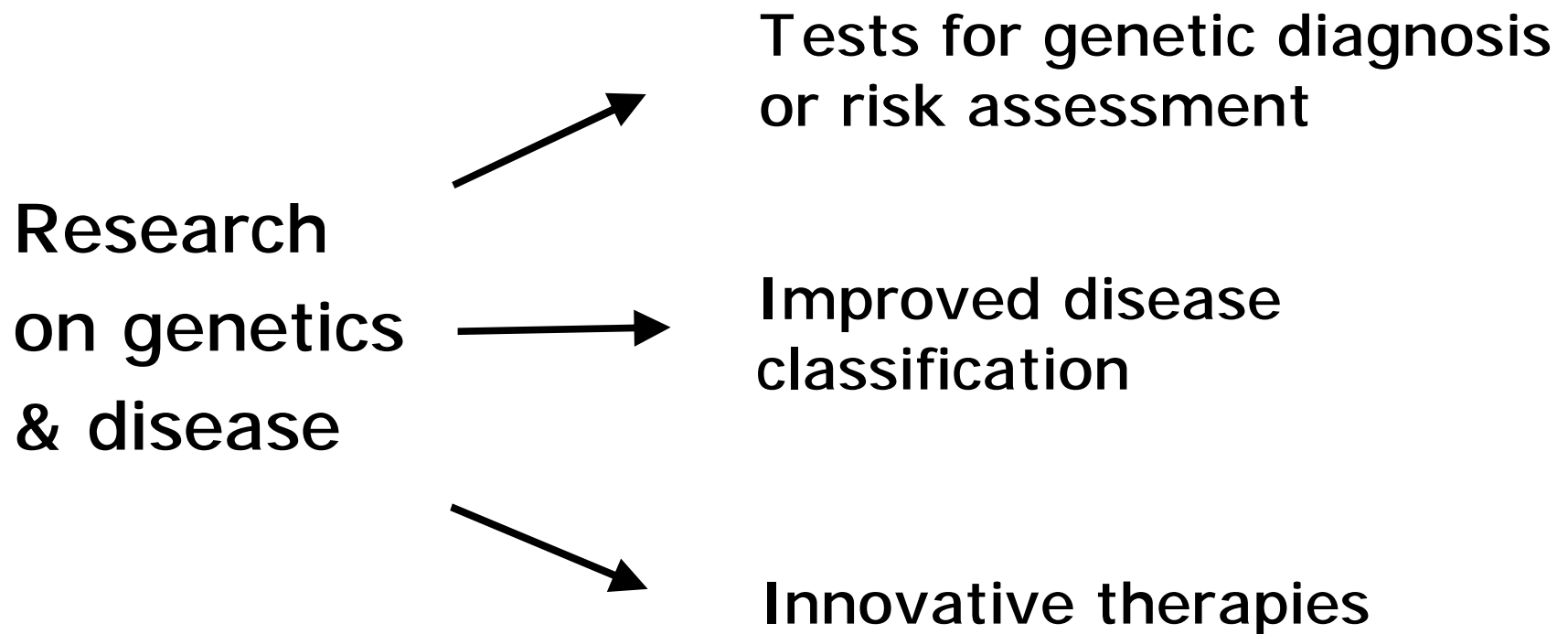
Medical genetics/ specialty à specialty/
primary care

Information as end point à reduction in
morbidity/mortality


Limited information à lots of information



Pathways from genetic research to clinical benefit



Tests for genetic diagnosis and risk assessment

		<i>Measures to improve disease course</i>	
<i>Penetrance of genotype</i>		No	Yes
High		Huntington Disease Prenatal diagnosis	Newborn screening Inherited risk of colorectal CA
Low		ApoE genotyping	Most pharmacogenetics/ genetic susceptibility testing

Based on Burke et al. Am J Med Genet 2001; 106;233



Medical genetics standard: Non-directive counseling

“An attempt to help the individual or family to ... choose the course of action which seems to them appropriate in view of their risk, their family goals, and their ethical and religious standards, and to act in accordance with that decision.”

Am J Hum Genet 1975; 27: 240



Growing presence of genetics in routine obstetrics

Screening for trisomy 21

Carrier screening

Tay-Sachs → Jewish panel

Hemoglobinopathies

Cystic fibrosis

Use of genomic technologies to expand testing?



Newborn screening

Identify infants with phenylketonuria



Institute low phenylalanine diet



Prevent mental retardation



Inherited colorectal cancer risk

Hereditary nonpolyposis colorectal cancer (HNPCC) - Prevalence $\sim 1/500$

- § $\sim 80\%$ lifetime risk of CRC
- § Start screening early 20s
- § Other risks include endometrial CA, ovarian CA

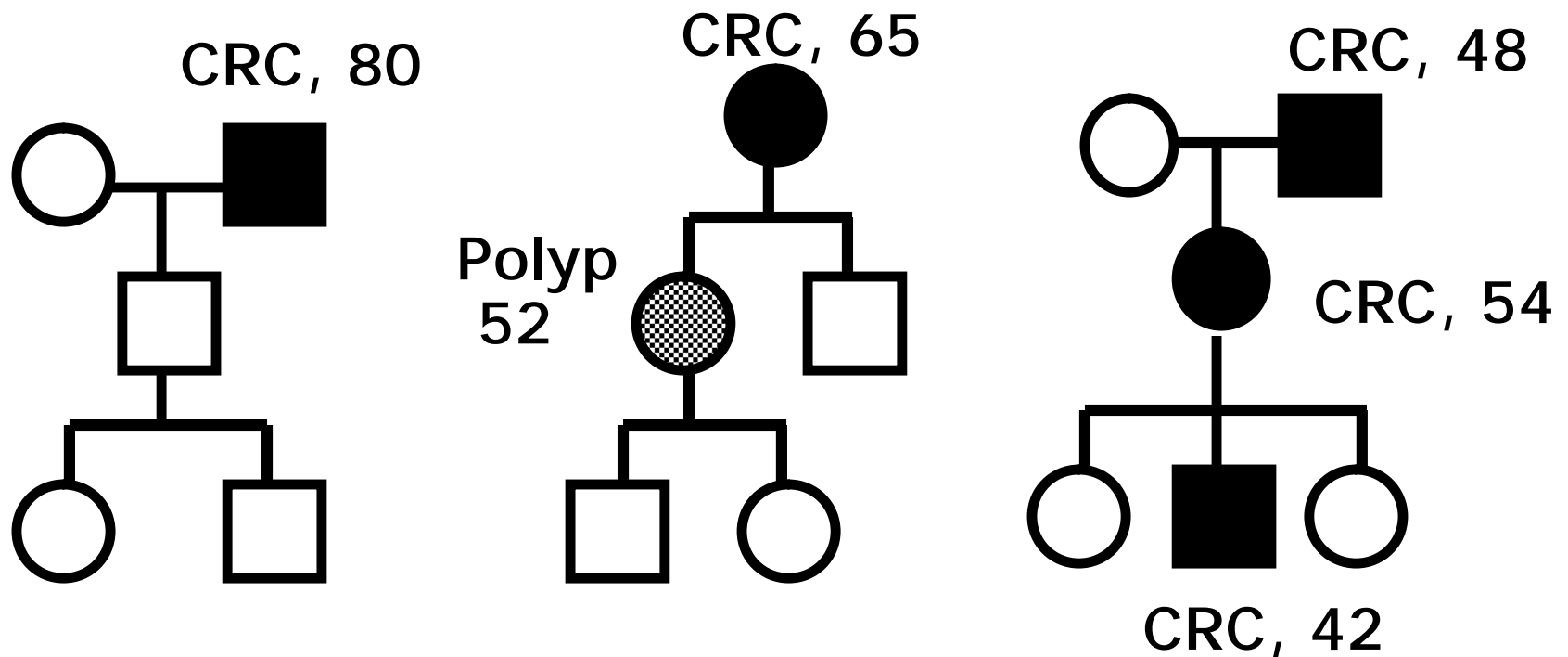
Familial adenomatous polyposis (FAP) - Prevalence $\leq 1/8000$

- § $\sim 100\%$ lifetime risk of CRC
- § Prophylactic subtotal colectomy recommended



Continuum of family history of CRC:

Need for oncology, GI & primary care assessment



CRC = colorectal cancer



APOE4 Testing: A means to predict Alzheimer Disease (AD) risk

§ Apolipoprotein E, lipid carrying protein with 3 variants: APOE2, APOE3, APOE4

§ á risk of AD with APOE4:

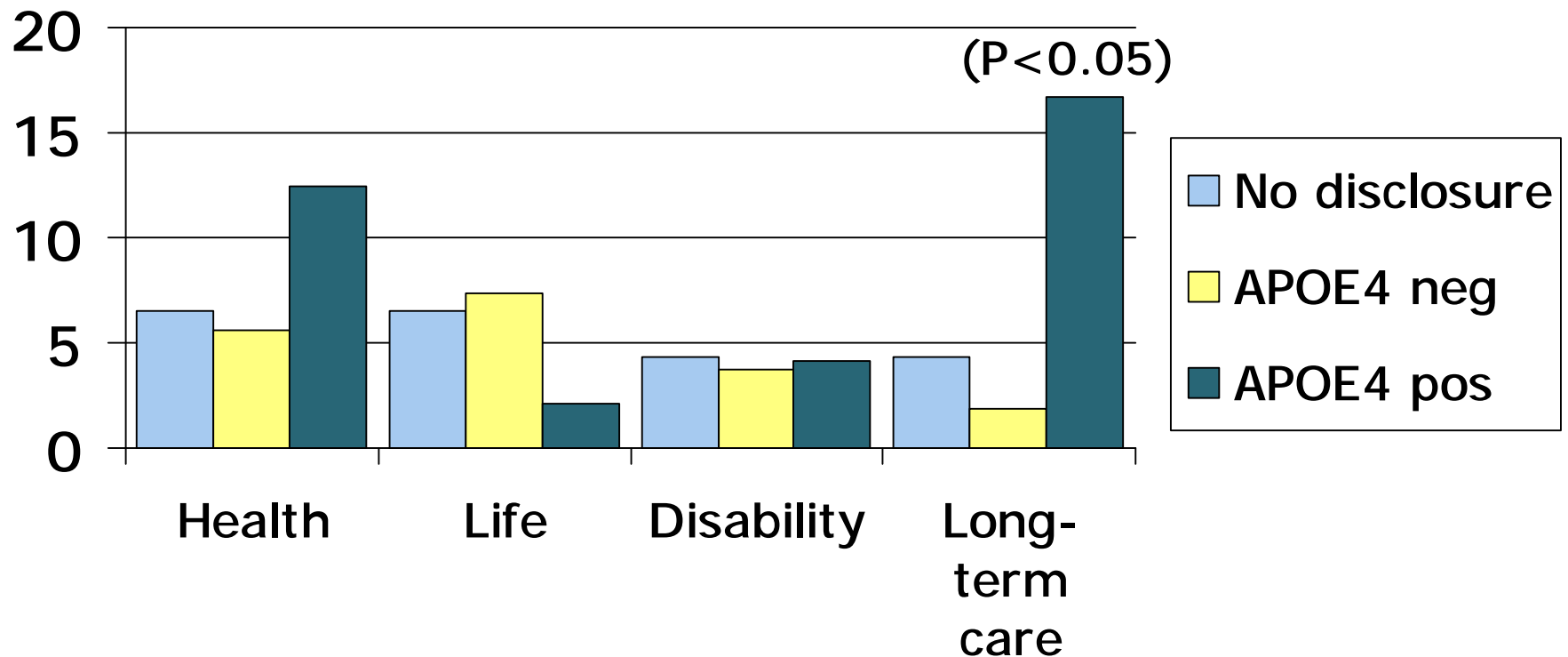
§ 2 copies: 5x higher risk, onset 10 yr earlier

§ 1 copy: 2x higher risk, onset 5 yr earlier

§ No treatment available to reduce risk



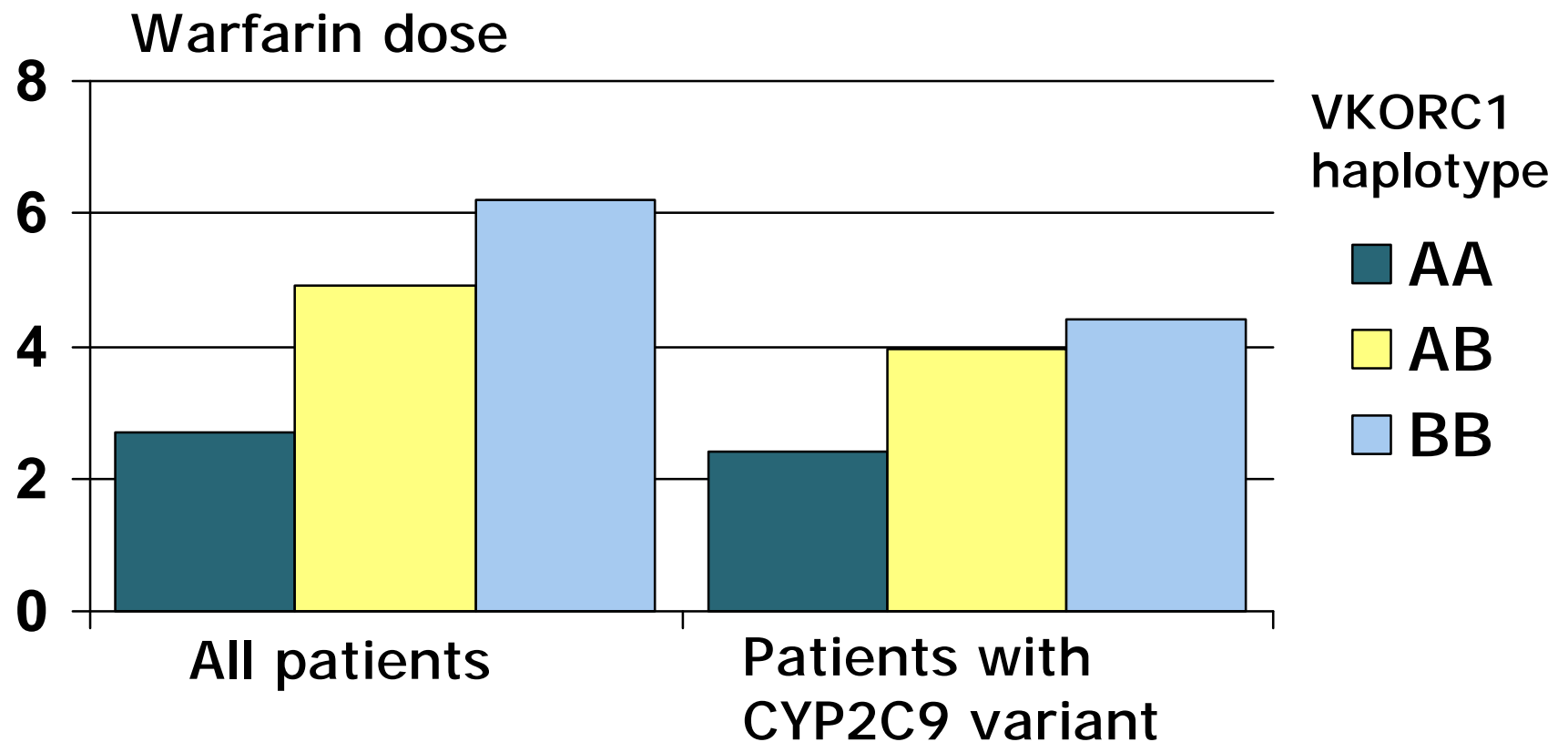
Effect of *APOE4* testing on insurance purchasing



REVEAL Study -Alzh Dis Assoc Dis 2003;17:86



Warfarin dose: Effect of variation in *VKORC1* & *CYP2C9*

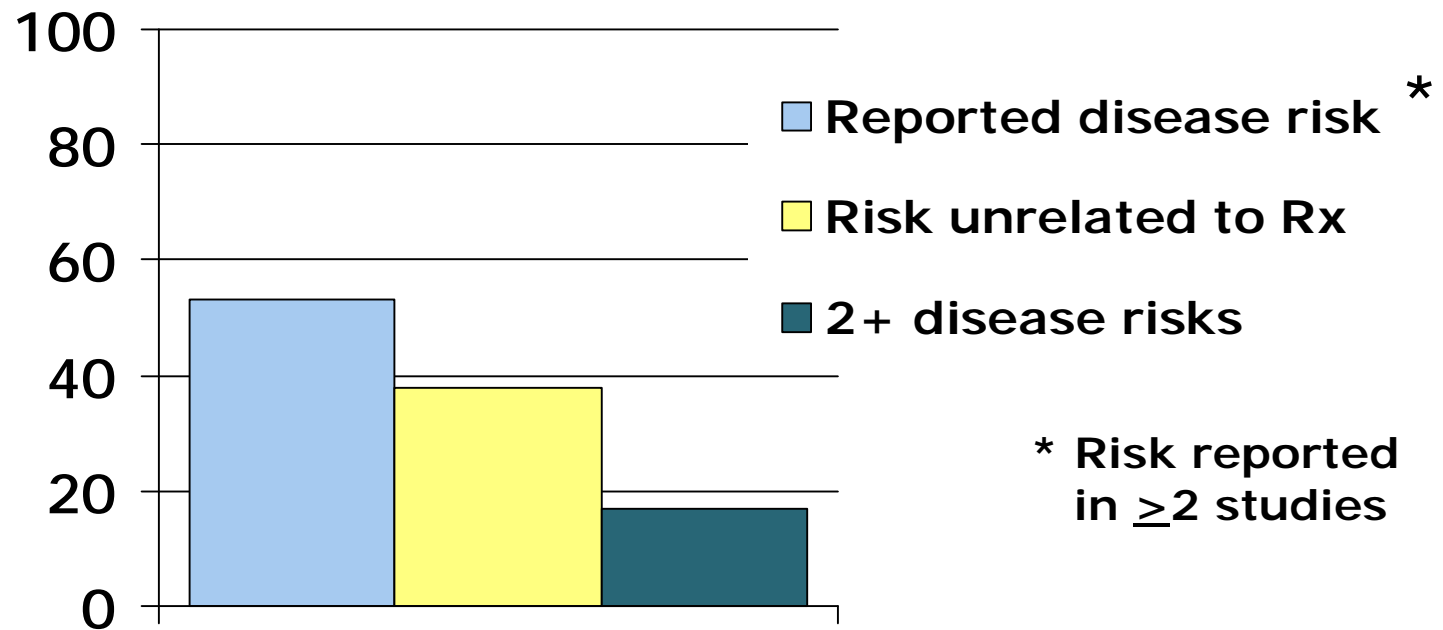


Reider et al NEJM 2005; 352:2285-93



Ancillary risk information as a frequent, unintended consequence

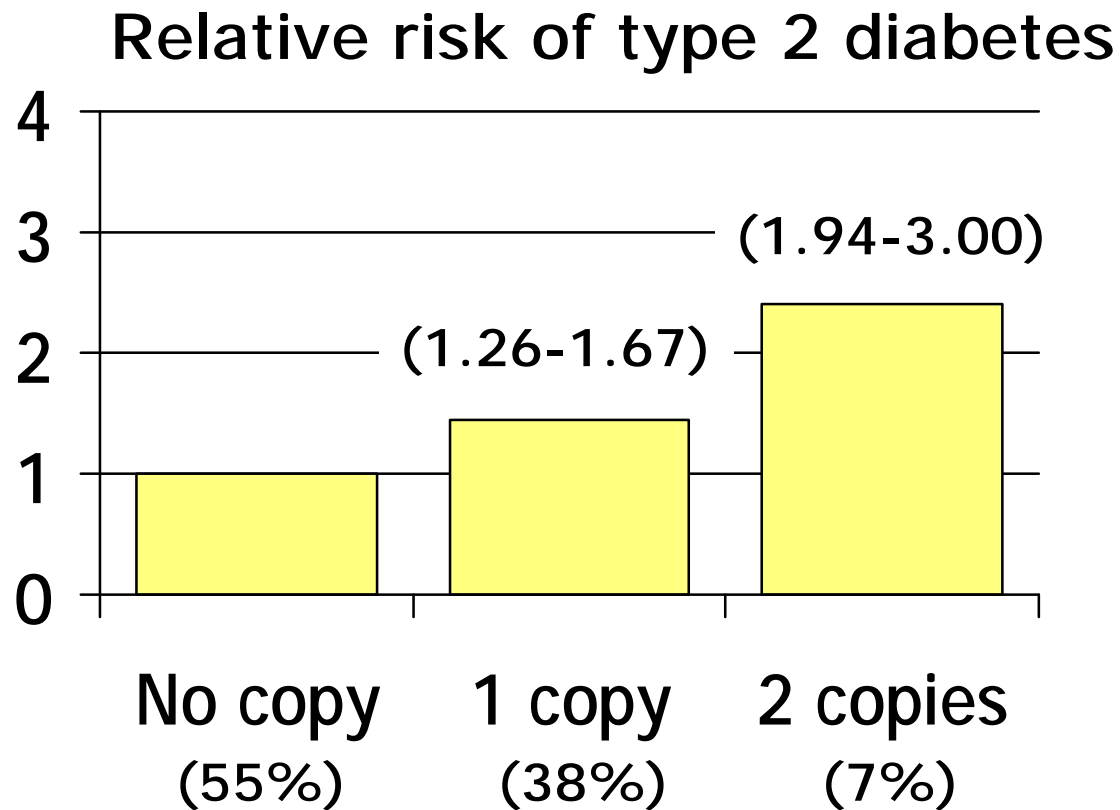
Study of 42 pharmacogenetic variants



Henrikson et al, TPJ, epub May 2007



TCF7L2 variant DG10S468 and type 2 diabetes

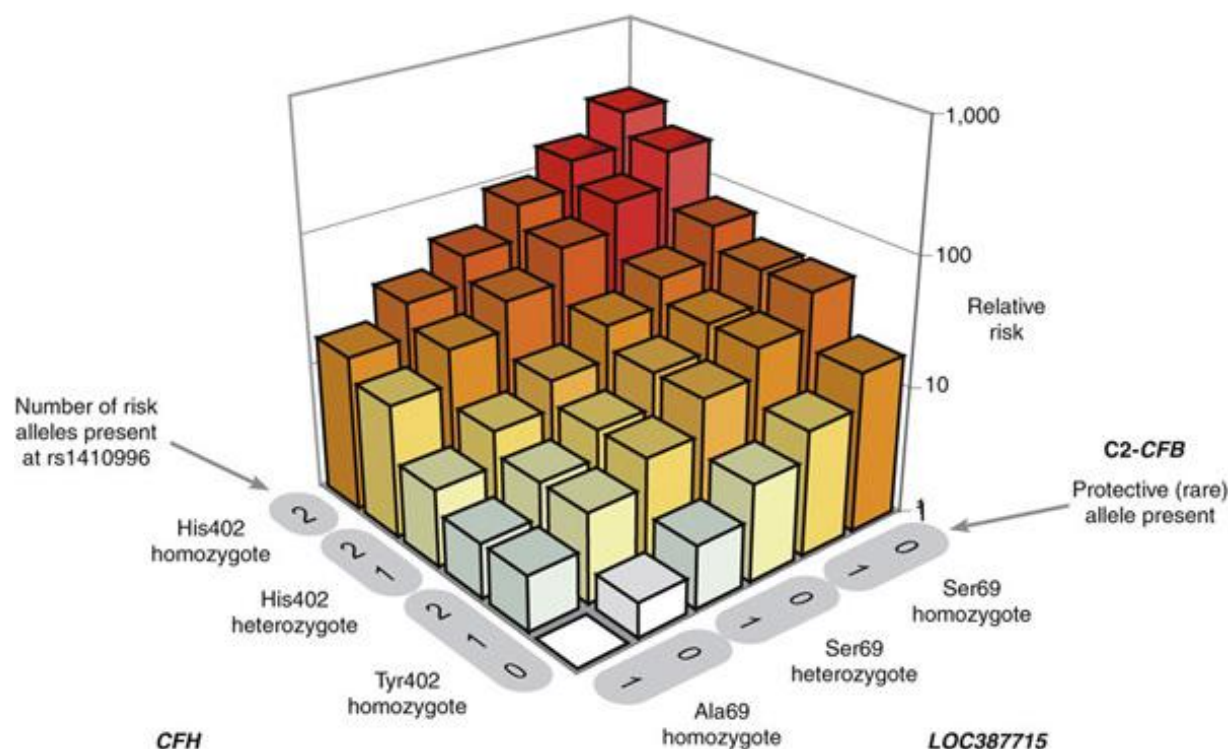


Grant et al Nat Genet 2006; 38: 320



Effect of common variation in 3 genes on risk of age-related macular degeneration

Maller et al Nat Genet 2006;38:1055-9



Estimated lifetime risk of AMD ranges from
<1% (in 2% of population) to > 50% (in 1% of population).
However, most have risk close to population average



Acquired genetic change: Characterizing breast cancer

Her-2-neu amplification: identifying candidates for herceptin therapy

Gene expression profiling (Oncotype Dx, Mammaprint): predicting likelihood of recurrence / identifying candidates most likely to benefit from chemotherapy



Novel therapy for chronic myelogenous leukemia (CML)

Imatinib (Glivec)

Selective inhibitor of BCR-ABL tyrosine kinase

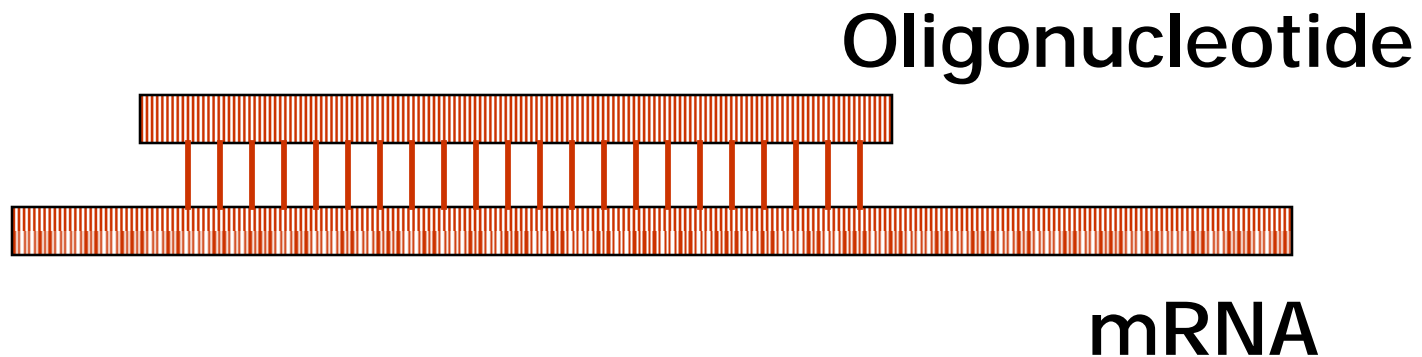
- w Philadelphia chromosome, found in 90% of patients with CML → BCR-ABL
- w Mouse model demonstrated BCR-ABL necessary & sufficient → leukemia

O'Brien et al, NEJM 2003;348:994; Capdeville & Silbermann, Semin Hematol 2003;40:15



Genetic therapy for cytomegalovirus infection of eye (Fomivirsen)

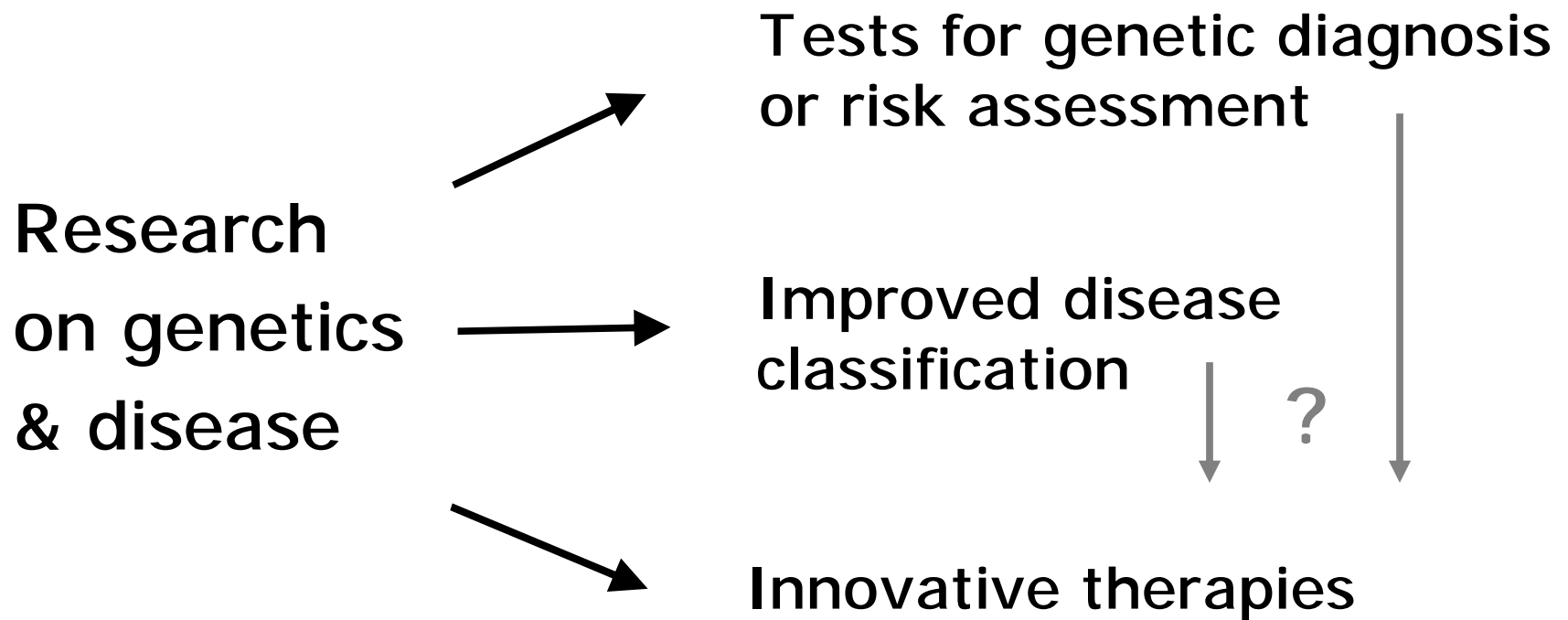
Antisense oligonucleotide binds to messenger RNA → Inhibits expression of essential viral protein



Am J Ophthalmol 2002;133:467



Pathways from genetic research to clinical benefit



Clinician needs

Point of service information

Billable services that improve health outcome

Evidence-based guidelines

High quality, cost-effective educational & counseling strategies

