



*the Franca Fund*

# Empirical Data on the Path to Universal Newborn Sequencing

Robert C. Green, MD, MPH

Professor of Medicine (Genetics)

Harvard Medical School



# Support and Disclosures



Research: National Institutes of Health  
NHGRI, NIA, NICHD, NHLBI, NCATS  
US Department of Defense  
Snite Foundation  
Franca Sozzani Fund for Preventive Genomics

Advisory: Allelica, Fabric, GenomeWeb, GenomicLife

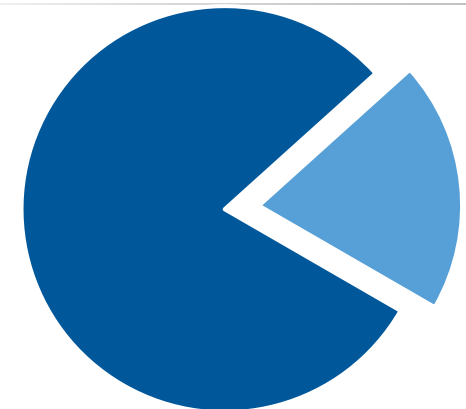
Co-Founder: Genome Medical, Nurture Genomics



# MedSeq Project

...first randomized trial of comprehensive genome sequencing in healthy adults

**80%**  
NO MDR  
FOUND



**20%**  
MDR  
FOUND

# Genomic Findings in Healthy Individuals Based on ~6000 genes



## Monogenic dominant/biallelic



20%

with  
dominant  
mutations

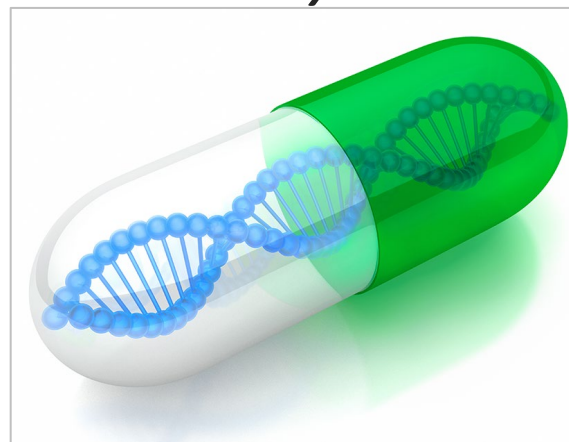
## Monogenic recessive carrier



91%

with  
recessive  
mutations

## Pharmacogenomic analyses



80%

with  
atypical  
responses  
to meds

## Polygenic analyses



50%

Elevated  
polygenic risk  
in at least one  
condition

Christensen et al GIM, 2018; Vassy et al Annals 2017; Ceyhan-Birsoy et al. AJHG, 2019; Frampton et al, 2016; Khera et al, 2018; Mahajan et al, 2018; Schmit et al, 2018; Schumacher et al, 2018; Seibert et al, 2018



# The BabySeq Project

*“...whether you like it or not, a complete sequencing of newborns is not far away”*  
*Francis Collins, 2012*



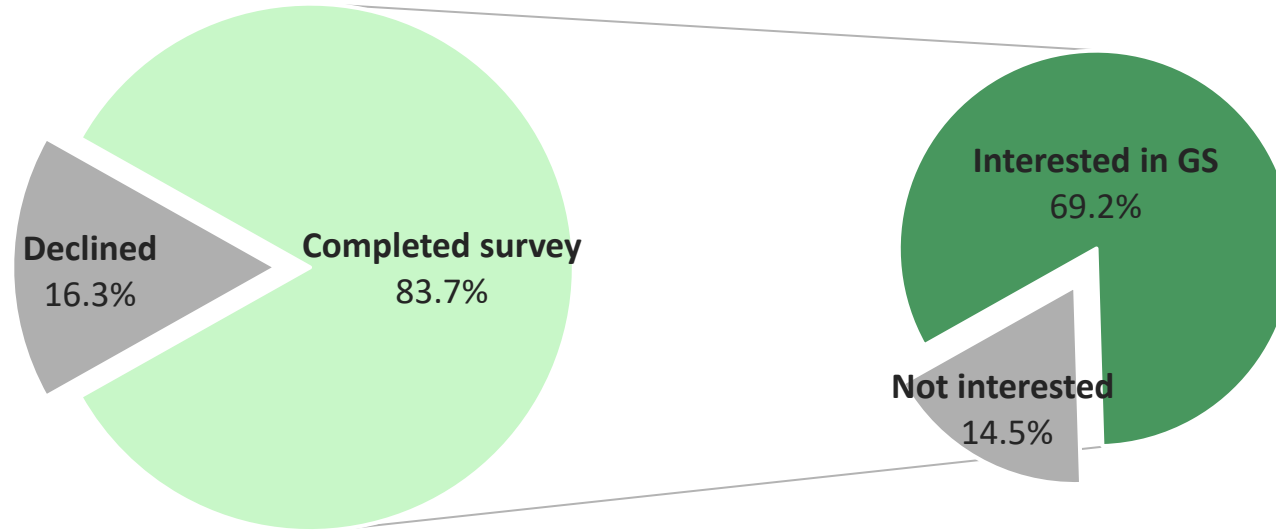
**BCM**  
Baylor College of Medicine

 **Mass General Brigham**

# Parental survey and parental recruitment



**Hypothetical survey**  
(n= 1309 parents)

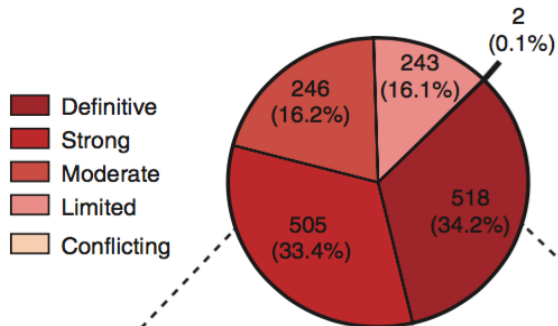


Waisbren et al., *Genetics in Medicine* 2015; Genetti et al., *Genetics in Medicine* 2019

# Curating the BabySeq gene list

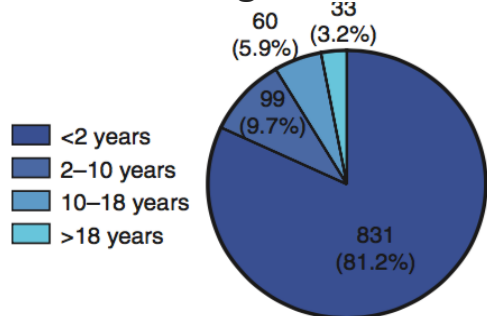


Gene-disease validity (n=1,514)

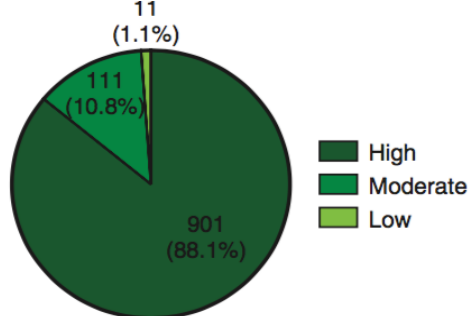


Genes with strong and definitive evidence (n=1,023)

Age of onset



Penetrance



Genes with highly penetrant, childhood onset disease (i.e. Duchenne muscular dystrophy, n=884)

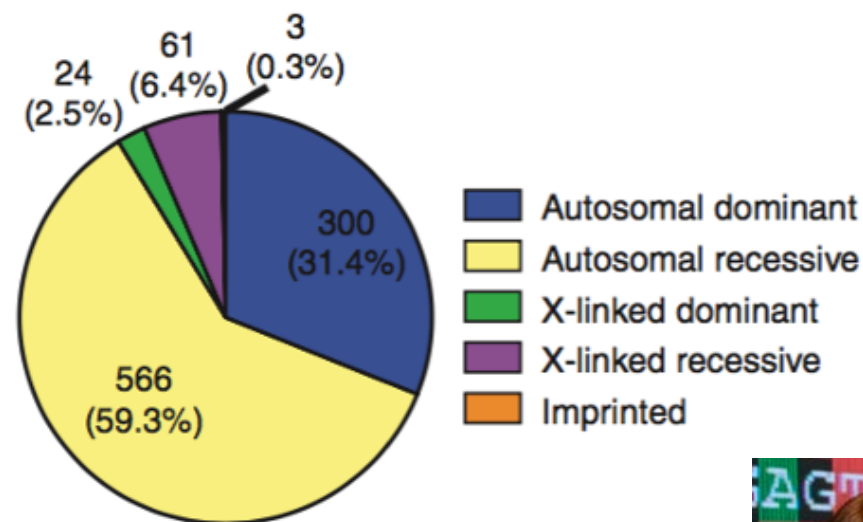


Genes with high actionability (i.e. cancer predisposition syndromes, n=70)



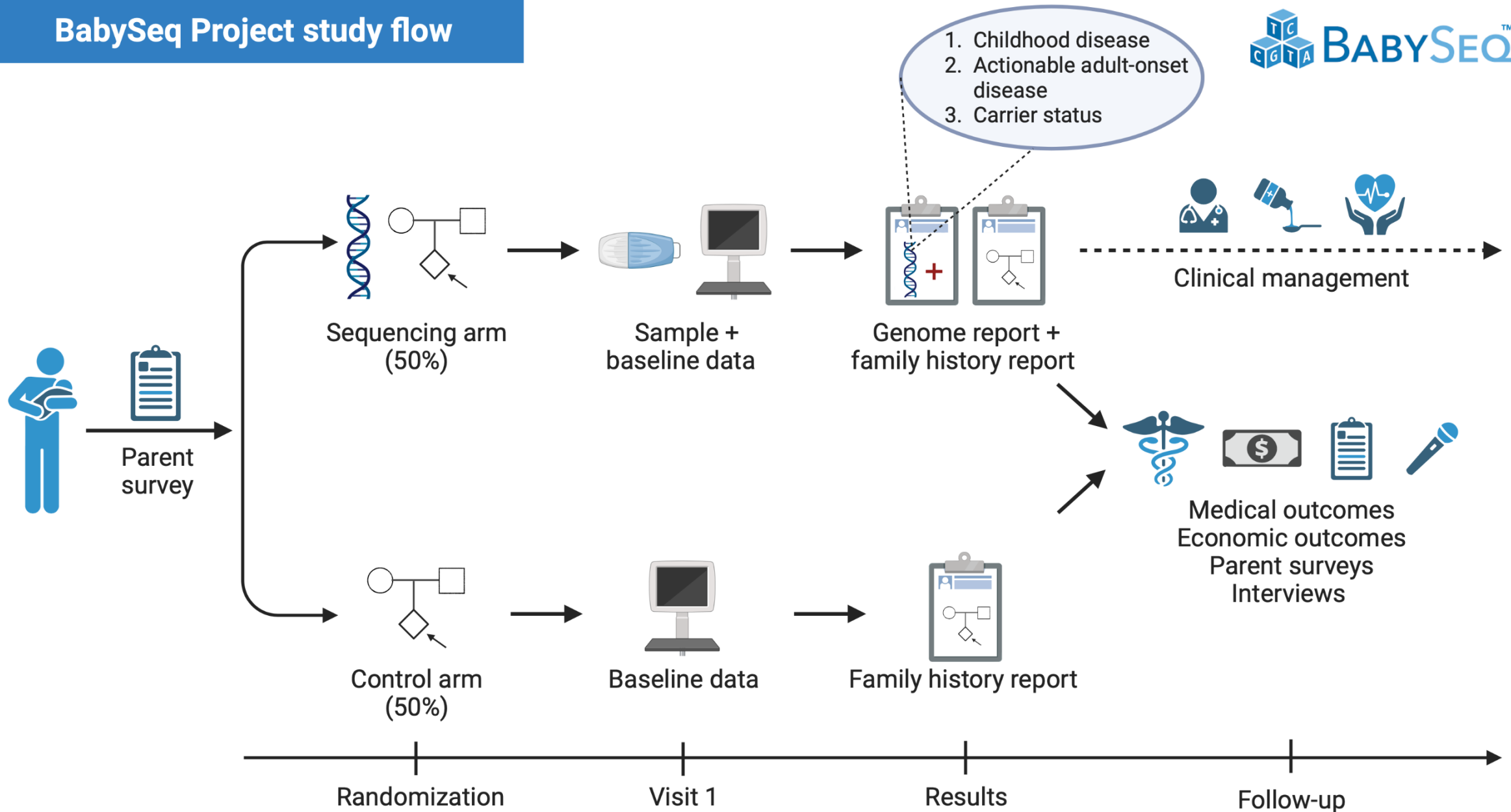
954 genes meet BabySeq reporting criteria

Inheritance pattern of genes meeting BabySeq reporting criteria (954)



Ceyhan-Birsoy et al. Genetics in Medicine, 2017.

# BabySeq Project study flow

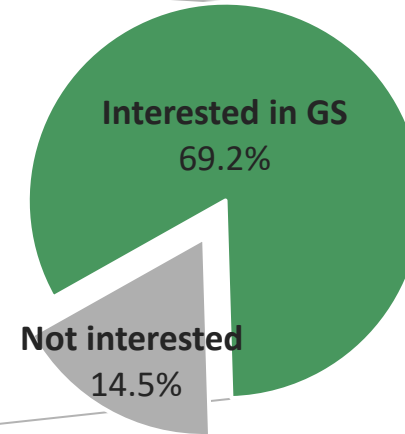
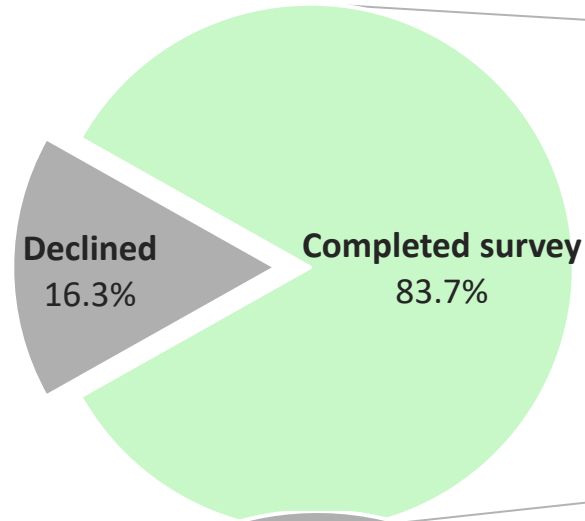




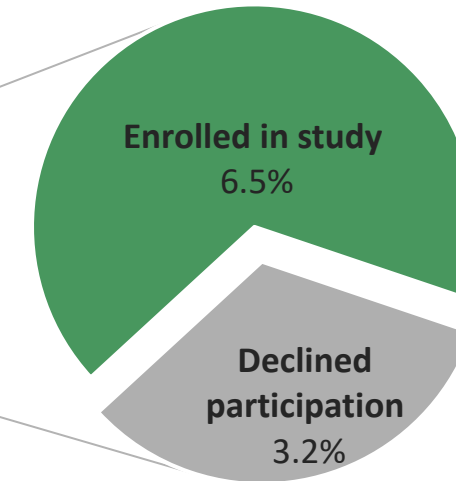
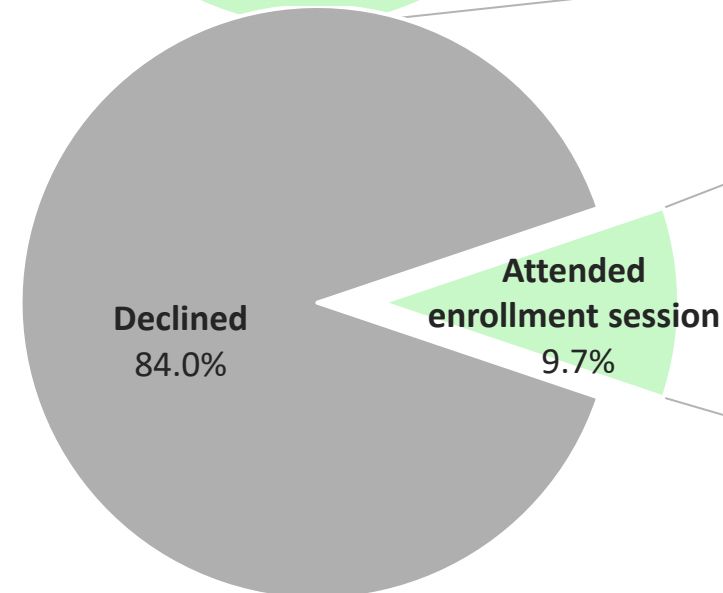
# Parental survey and parental recruitment



**Hypothetical survey**  
(n = 1309 parents)



**Approached for BabySeq**  
(n = 3424 parents)



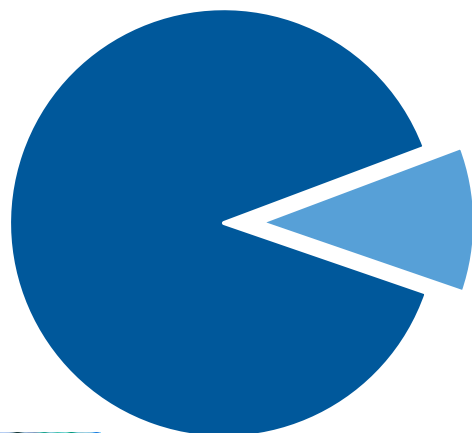
Waisbren et al., *Genetics in Medicine* 2015; Genetti et al., *Genetics in Medicine* 2019

# Unanticipated monogenic findings



## Whole Exome Sequencing Infants (N=159)

**89%**  
NO MDR  
FOUND



**11%**  
MDR  
FOUND

Gene	Condition	Phenotypic evidence
<b>ANKRD11</b>	KBG syndrome; <i>AD</i>	Yes
<b>BTD</b>	Biotinidase deficiency; <i>AR</i>	Yes
<b>ELN</b>	Supravalvular aortic stenosis; <i>AD</i>	Yes
<b>GLMN</b>	Glomuvenous malformations; <i>AD</i>	Yes
<b>KCNQ4</b>	Non-syndromic hearing loss; <i>AD</i>	Family history
<b>SLC7A9</b>	Cystinuria; <i>AR</i>	Family history
<b>TTN (4)</b>	Dilated cardiomyopathy; <i>AD</i>	Family history (2/4)
<b>BRCA2 (2)</b>	Hereditary breast and ovarian cancer; <i>AD</i>	Family history
<b>MSH2</b>	Lynch syndrome; <i>AD</i>	Family history
<b>MYBPC3</b>	Hypertrophic cardiomyopathy; <i>AD</i>	No
<b>VCL</b>	Dilated cardiomyopathy; <i>AD</i>	No
<b>CD46</b>	Atypical hemolytic-uremic syndrome; <i>AD</i>	No
<b>CYP21A</b>	Congenital adrenal hyperplasia due to 21-hydroxylase deficiency; <i>AR</i>	No
<b>G6PD</b>	Glucose-6-phosphate dehydrogenase deficiency; <i>XL</i>	No

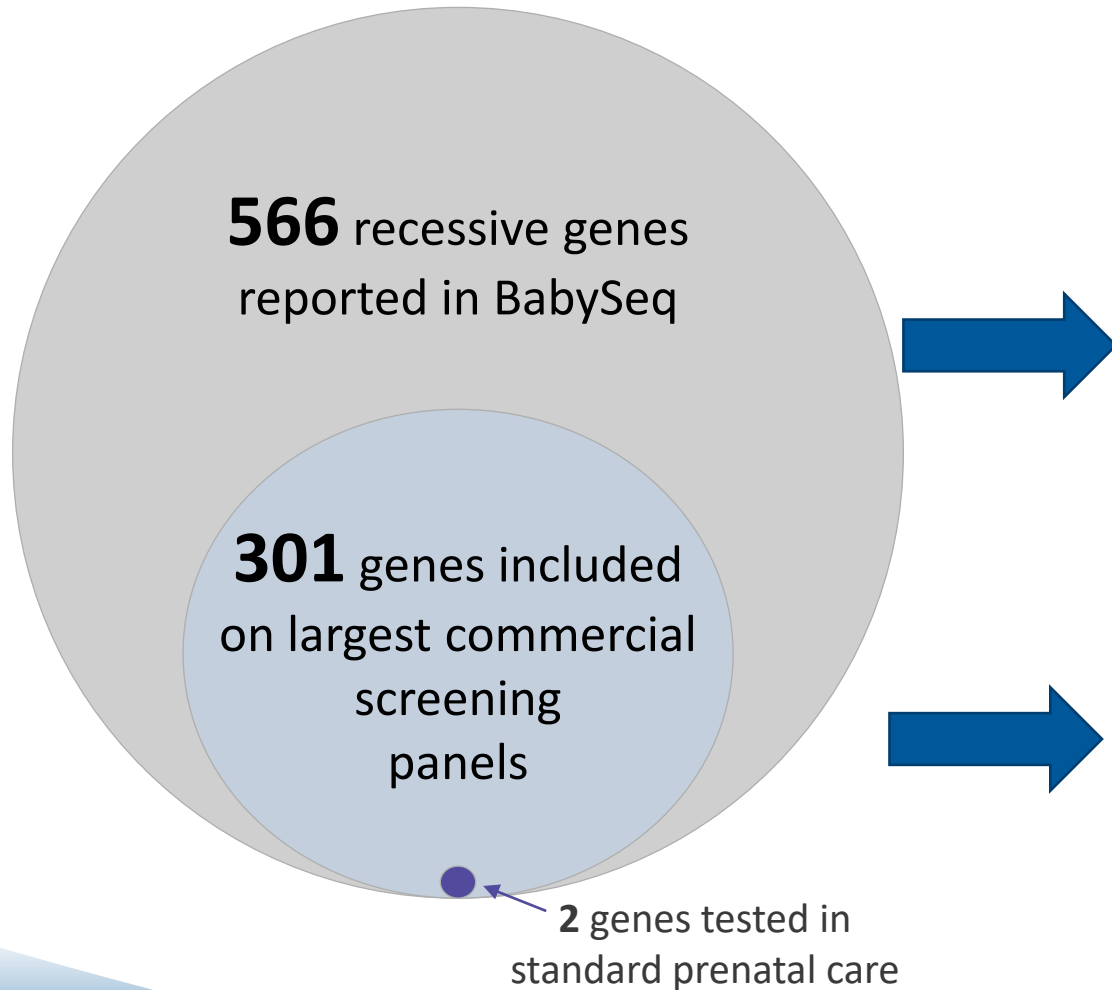


Ceyhan-Birsoy et al. *Am J Hum Genet*, 2019.

# Comparison with conventional carrier screening



*88% of infants had at least 1 PV/LPV for a recessive carrier condition*



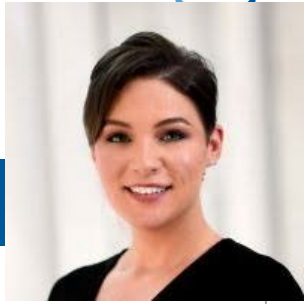
**47%** of reported variants would have been missed by commercial “expanded screening” panels

**99%** of reported variants would have been missed by routine care

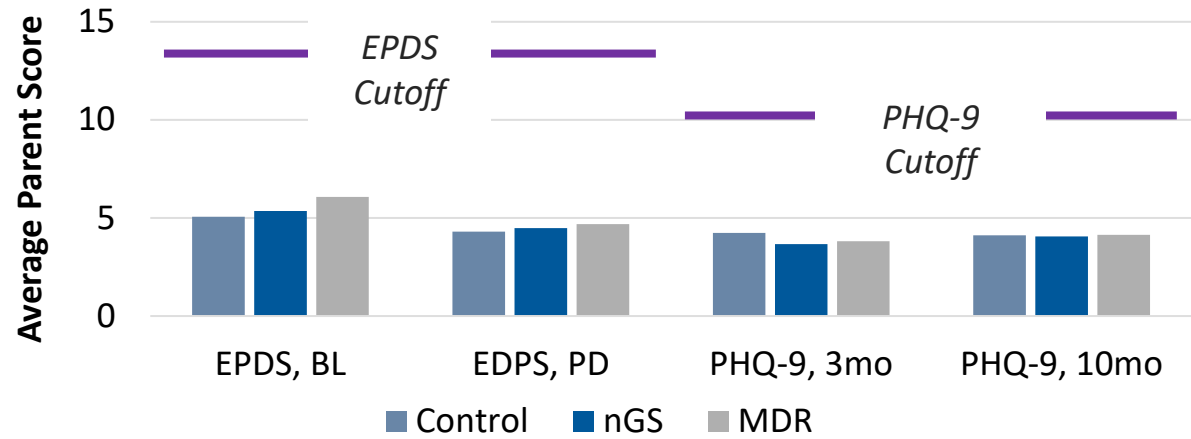


*VanNoy et al. Pediatrics, 2018.*

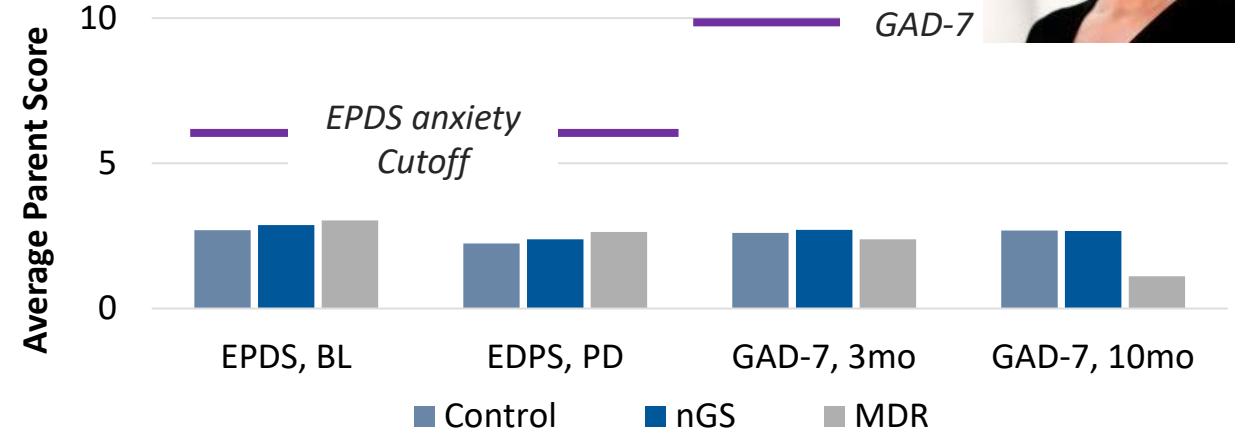
# No increased distress



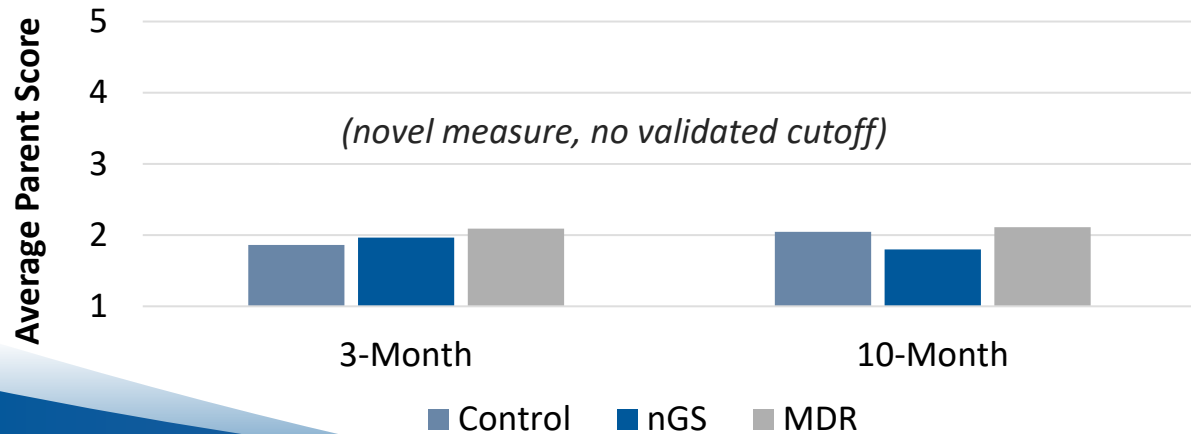
## Parental depression



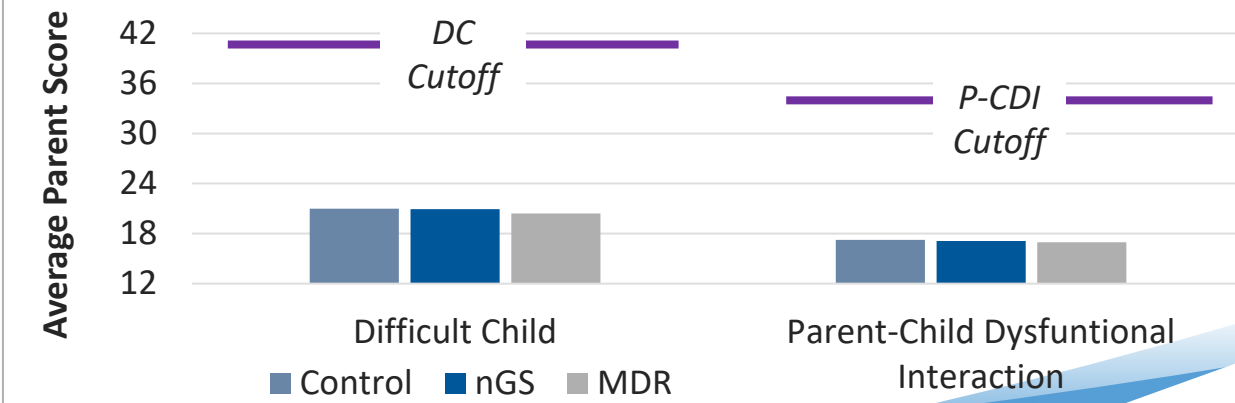
## Parental anxiety



## Parental self-blame



## Parental perception of child & relationship



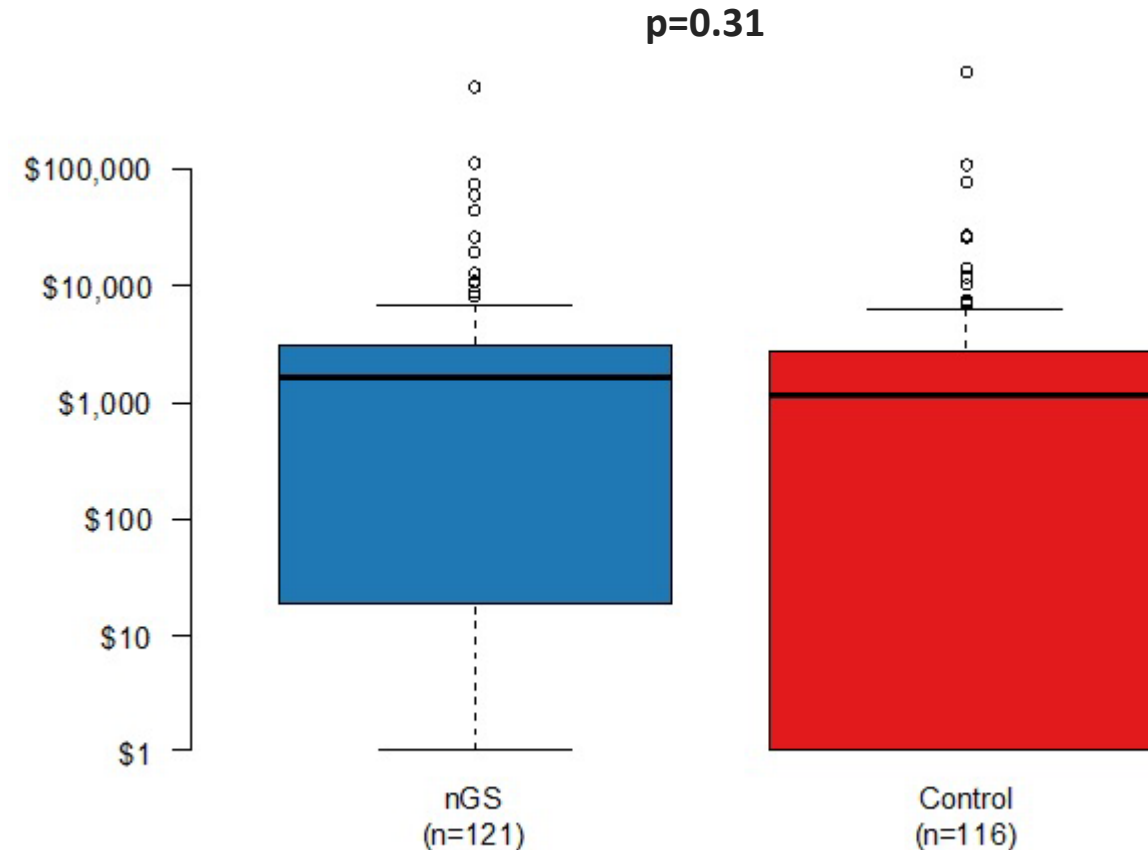
# Preliminary data: No significant increase in healthcare costs



Healthcare costs through 10 months

Healthcare utilization through 10 months

	Well Babies	
	nGS (n=120)	Control (n=116)
Days hospitalized	0.0	0.1
Health care visits	5.9	5.4
Number of medications	1.4	1.7
ER Visits	0.4	0.3



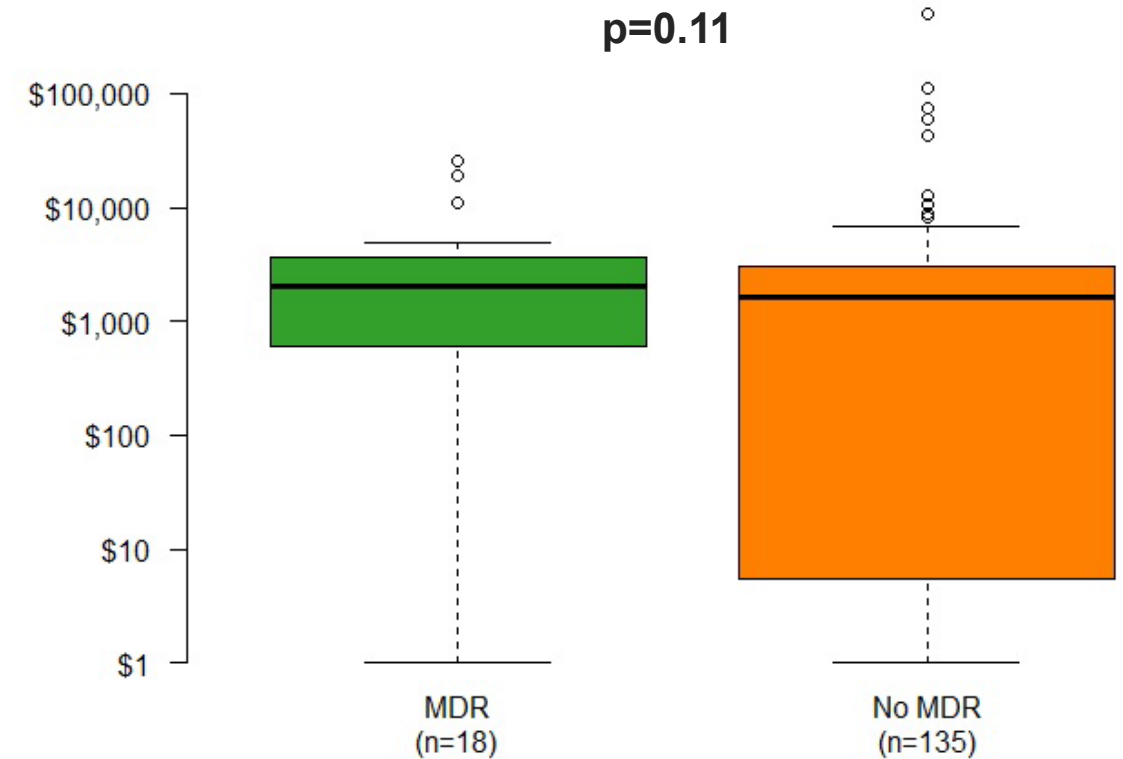
Christensen et al., in preparation

# Preliminary data: Appropriate follow-up for genomic findings



\$2,044 for newborns with monogenic disease risks and \$1,606 for newborns without.

Variant	Follow-up
BTD (Biotinidase deficiency)	Genetics/metabolics visit (2), biotin supplements
CD46 (Atypical hemolytic-uremic syndrome)	Nephrology visit
ELN (Supravalvular aortic stenosis)	Cardiology visit (3), ECG (3), Echo (2)
TTN x3 (Dilated cardiomyopathy)	Cardiology visit, ECG, Echo
VCL (Dilated cardiomyopathy)	Cardiology visit, ECG, Echo
ANKRD11 (KBG syndrome)	Genetics visit (2)
GLMN (Glomuvenous malformations)	Dermatology visit, CBC



*Appropriate follow-up contributed to non-significant increases in healthcare costs*

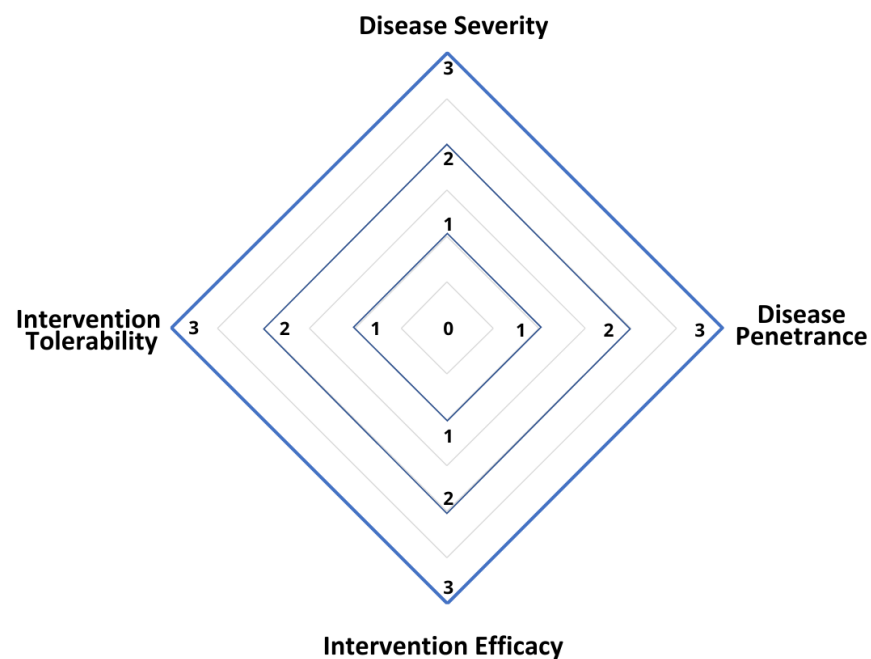
Christensen et al., in preparation

# Long term follow-up of infants with uMDR

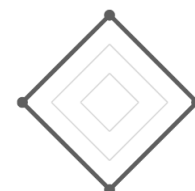
## ARTICLE

### Actionability of unanticipated monogenic disease risks in newborn genomic screening: Findings from the BabySeq Project

Robert C. Green,<sup>1,2,3,4,16,\*</sup> Nidhi Shah,<sup>2,5,6,16</sup> Casie A. Genetti,<sup>5,16</sup> Timothy Yu,<sup>4,5</sup> Bethany Zettler,<sup>1,3</sup> Melissa K. Uveges,<sup>7</sup> Ozge Ceyhan-Birsoy,<sup>8</sup> Matthew S. Lebo,<sup>1,2,4,9</sup> Stacey Pereira,<sup>10</sup> Pankaj B. Agrawal,<sup>4,5,11</sup> Richard B. Parad,<sup>4,12</sup> Amy L. McGuire,<sup>10</sup> Kurt D. Christensen,<sup>4,13</sup> Talia S. Schwartz,<sup>14</sup> Heidi L. Rehm,<sup>2,4,15</sup> Ingrid A. Holm,<sup>4,5</sup> Alan H. Beggs,<sup>2,4,5</sup> and The BabySeq Project Team

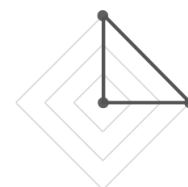


#### Key:



**Example:**  
*FBN1* Marfan syndrome

- ✓ Severe genetic condition
- ✓ High penetrance
- ✓ Highly effective intervention
- ✓ Highly tolerable intervention



**Example:**  
*HD* Huntington's disease

- ✓ Severe genetic condition
- ✓ High penetrance
- ✗ Highly effective intervention
- ✗ Highly tolerable intervention

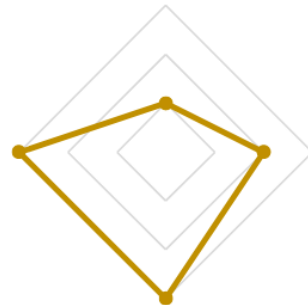
Green et al, Am J Hum Genetics, 2023

# Clinical actionability of uMDR genes identified in BabySeq



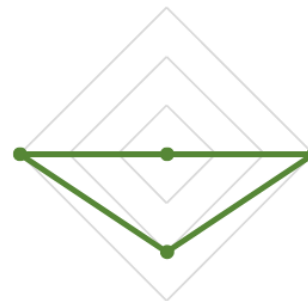
**BTD**

Biotinidase deficiency



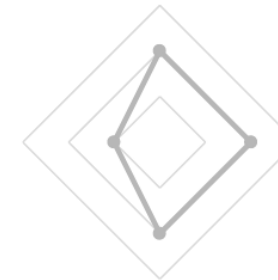
**G6PD**

Glucose-6-phosphate  
dehydrogenase deficiency



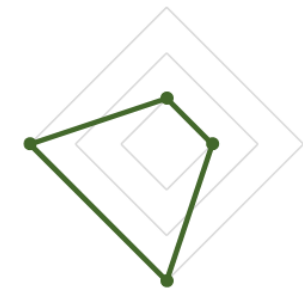
**GLMN**

Glomuvenous  
malformations



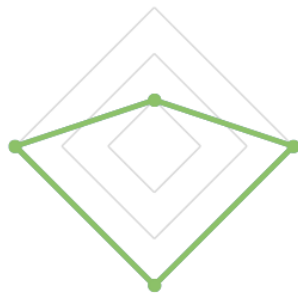
**CD46**

Atypical hemolytic-uremic  
syndrome



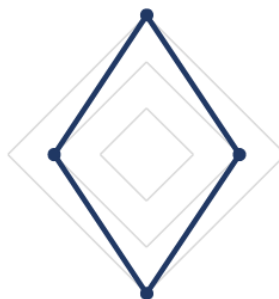
**SLC7A9**

Cystinuria



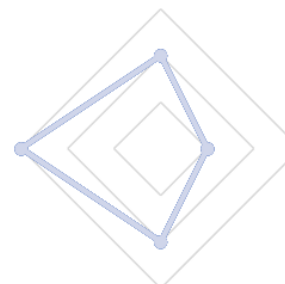
**KCNQ4**

Non-syndromic hearing loss



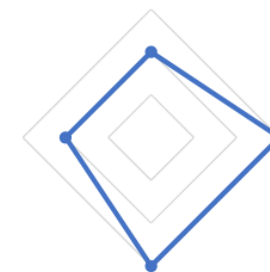
**MYBPC3**

Hypertrophic  
cardiomyopathy



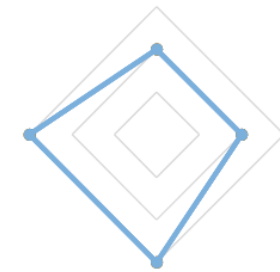
**TTN**

Dilated cardiomyopathy



**MSH2**

Lynch syndrome



**ELN**

Supravalvular aortic  
stenosis

**CYP21A2**  
Congenital adrenal hyperplasia  
due to 21-hydroxylase  
deficiency

**VCL**  
Dilated cardiomyopathy

**BRCA2**  
Hereditary breast and  
ovarian cancer syndrome



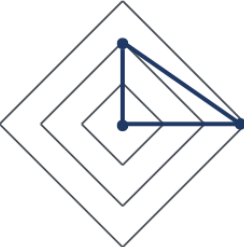
# Actionability Changes With Treatment



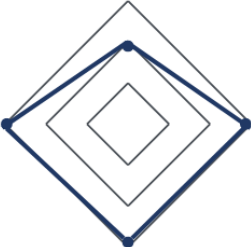
Before treatment available

After treatment available

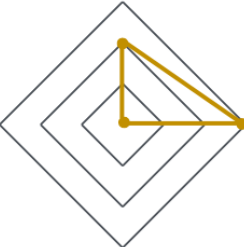
Rett syndrome



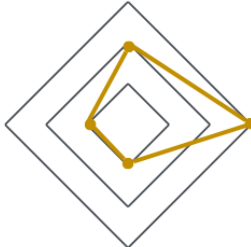
*Trofinetide*



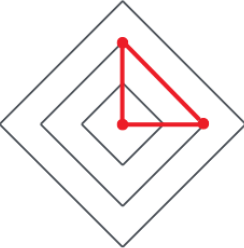
Duchenne muscular dystrophy



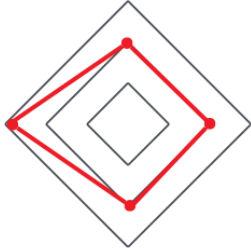
*Sarepta*



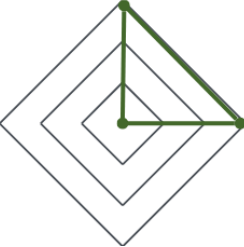
Sickle cell anemia



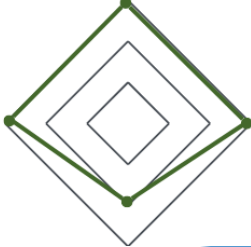
*Oxbryta*



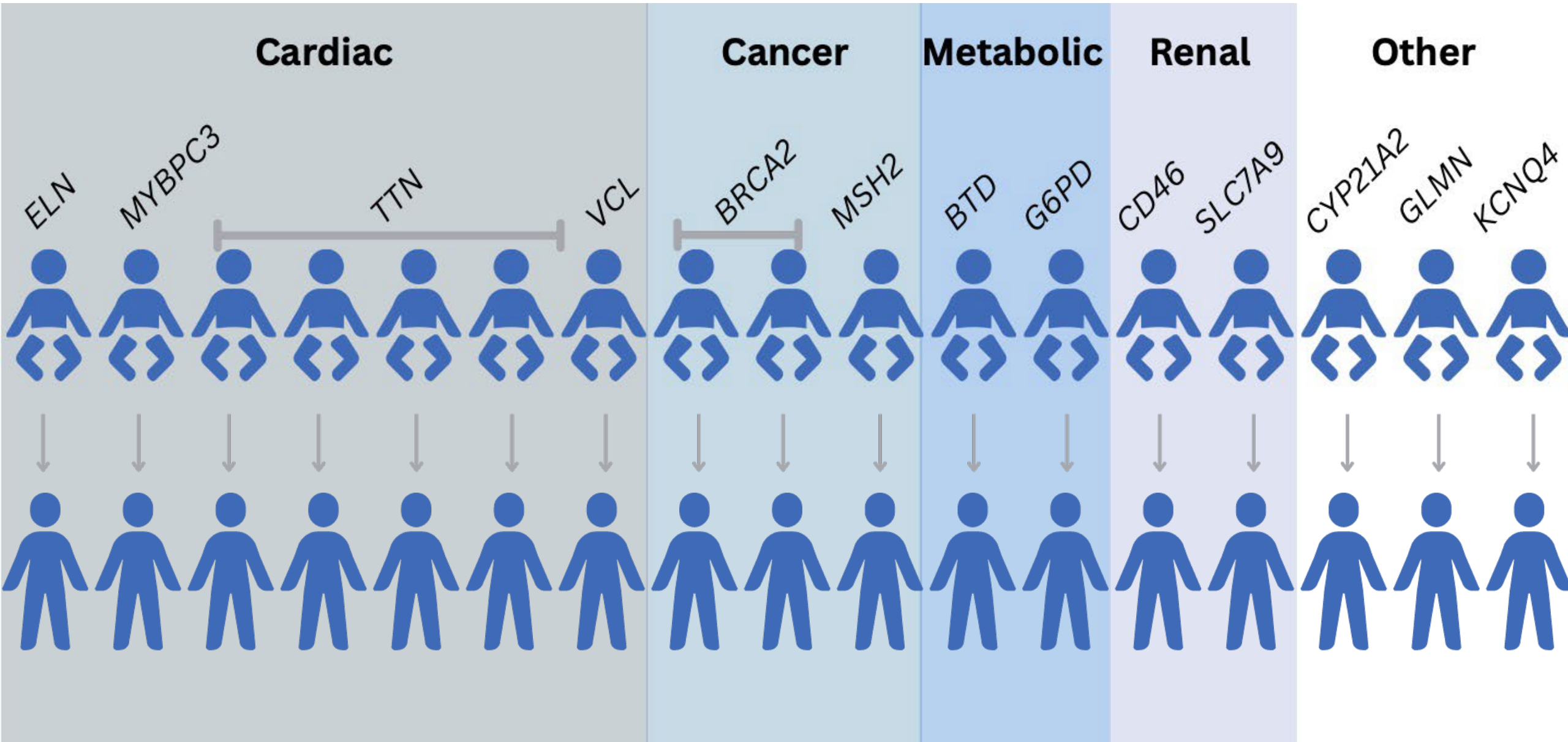
Spinal muscular atrophy



*Evrysdi*



# Infants and families with unanticipated monogenic disease risks



Cardiac

Cancer

Metabolic

Renal

Other

70.6% of infants were referred for specialized care



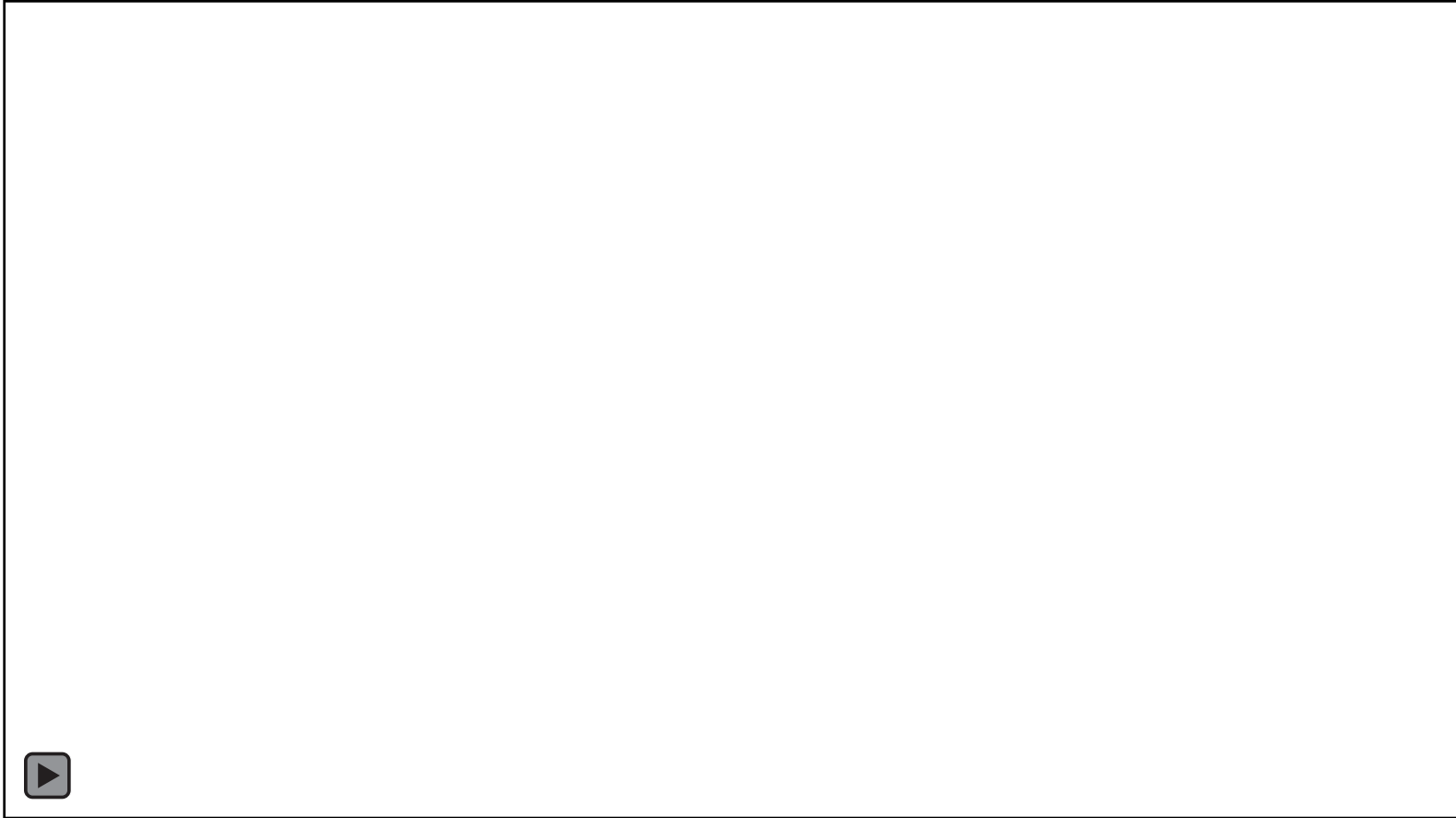
*ELN MYBPC3 TTN TTN TTN TTN VCL BRCA2 BRCA2 MSH2 BTD G6PD CD46 SLC7A9 CYP21A2 GLMN KCNQ4*



70.5% of parents were referred for specialized care

76.5% of families had one or more members referred for specialized care

# Genomic screening expands within families



**Cardiac**

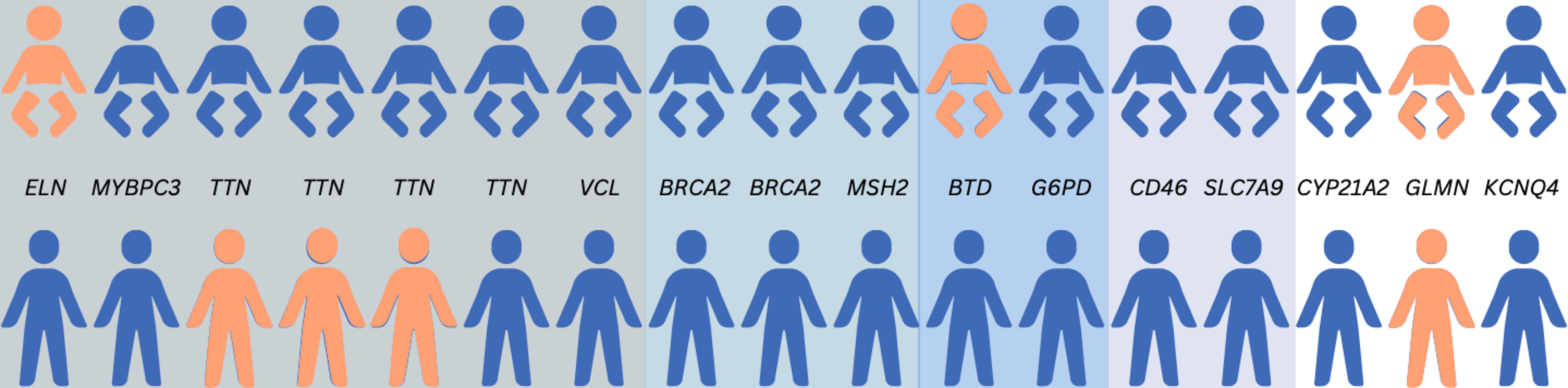
**Cancer**

**Metabolic**

**Renal**

**Other**

**17.6%** of infants with an unanticipated monogenic disease risk were found to have a related phenotype\*



**23.5%** of parents were found to have a related phenotype\*

**35.3%** of family units were found to have a related phenotype\*

\*Clinical, laboratory, or imaging

## Cardiac

## Cancer

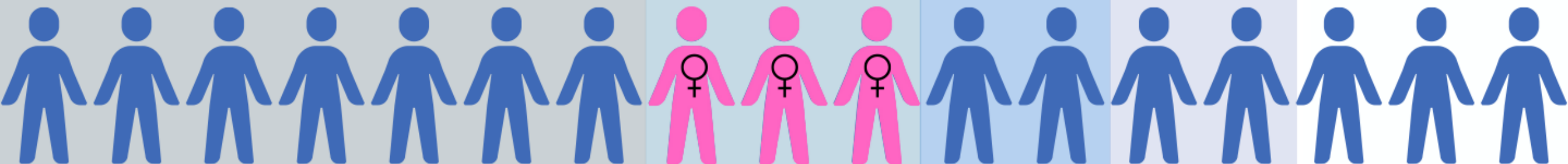
## Metabolic

## Renal

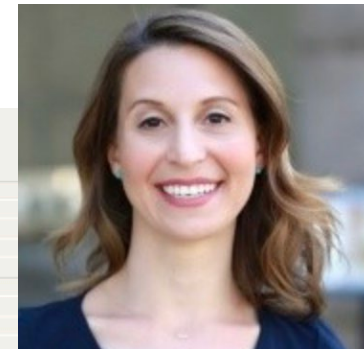
## Other



*ELN MYBPC3 TTN TTN TTN TTN VCL BRCA2 BRCA2 MSH2 BTD G6PD CD46 SLC7A9 CYP21A2 GLMN KCNQ4*



**3/3** parents with a genetic cancer predisposition  
underwent risk-reducing surgery



Original Investigation | Pediatrics

## Perspectives of Rare Disease Experts on Newborn Genome Sequencing

Nina B. Gold, MD; Sophia M. Adelson, BA; Nidhi Shah, MD; Sharda Williams, MEd; Sarah L. Bick, MD; Emilie S. Zoltick, ScD, MPH; Jessica I. Gold, MD, PhD; Alanna Strong, MD, PhD; Rebecca Ganetzky, MD; Amy E. Roberts, MD; Melissa Walker, MD, PhD; Alexander M. Holtz, MD, PhD; Vijay G. Sankaran, MD, PhD; Ottavia Delmonte, MD, PhD; Weizhen Tan, MD; Ingrid A. Holm, MD, MPH; Jay R. Thiagarajah, MD, PhD; Junne Kamihara, MD, PhD; Jason Comander, MD, PhD; Emily Place, MS, CGC; Janey Wiggs, MD, PhD; Robert C. Green, MD, MPH

RX Genes	Treatable ID	Treatable by HSCT	Commercial panels	Pediatric cancer predisposition
681 genes	137 genes	127 genes	74 genes	11 genes

Duplicate genes deleted (287)

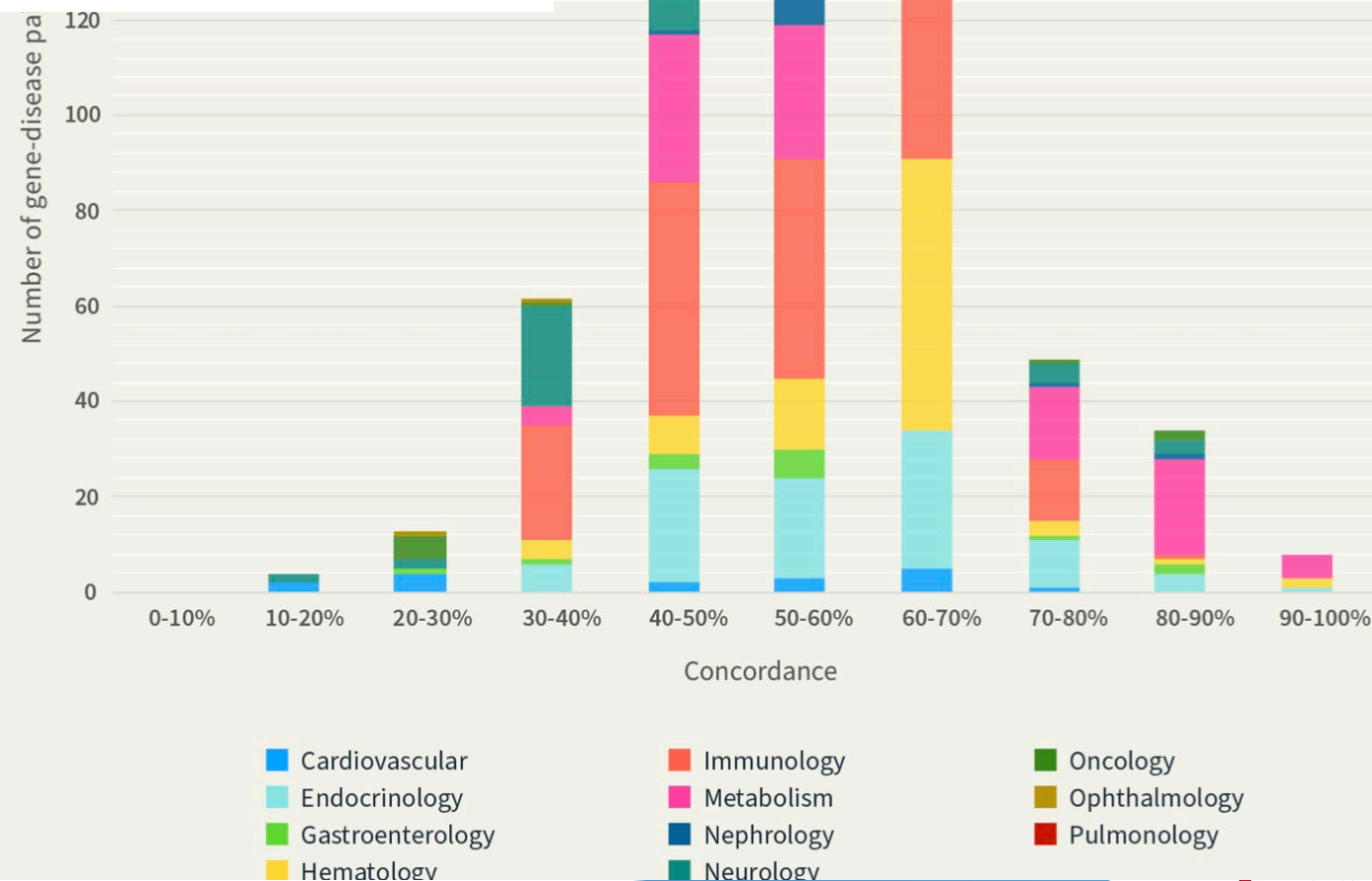
743 genes

92 RUSP primary and secondary conditions deleted

651 genes

Cardiovascular (17 genes)	Immunology (167 genes)	Neurology (83 genes)
Endocrinology (95 genes)	Inherited metabolic disorders (137 genes)*	Oncology (18 genes)
Gastroenterology (14 genes)	Nephrology genes (24 genes)	Ophthalmology (4 genes)
Hematology (90 genes)		Pulmonology (2 genes)

\*Two IMD gene-disease pairs were incorrectly annotated and were deleted from the list of genes.





Original Investigation | Pediatrics

## Perspectives of Rare Disease Experts on Newborn Genome Sequencing

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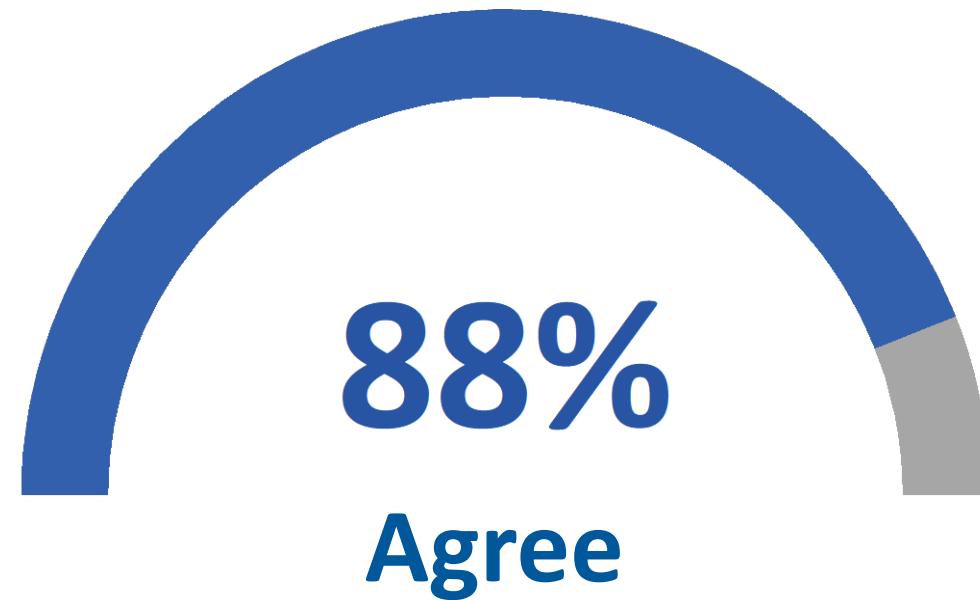
Gene	Disease	Clinical area	No. (%)			Responses, No.	Prevalence of disease (per 100 000)	Age of onset	Orthogonal test for at-risk infants	Intervention
			Yes	No	Unsure					
OTC	Ornithine transcarbamylase deficiency	Metabolism	61 (98.4)	1 (1.6)	0	62	1.5	Infancy to adulthood	Orotic acid level, plasma amino acids	Protein restriction, citrulline, nitrogen scavengers, liver transplant
G6PC	Glycogen storage disease Ia	Metabolism	57 (93.4)	3 (4.9)	1 (1.6)	61	0.04	Infancy	No	Cornstarch, nighttime intragastric continuous glucose infusion, low-carbohydrate and high-protein diet
SLC37A4	Glycogen storage disease Ib	Metabolism	56 (93.3)	4 (6.7)	0	60	0.04	Infancy	No	Cornstarch, nighttime intragastric continuous glucose infusion, allopurinol, statin, granulocyte colony-stimulating factor, immunomodulators, low-carbohydrate and high-protein diet
CYP11B1	Congenital adrenal hyperplasia due to 11-β-hydroxylase deficiency	Endocrinology	35 (92.1)	2 (5.3)	1 (2.6)	38	0.8	Infancy to adolescence	Serum 11-deoxycortisol and 11-deoxycorticosterone levels	Hydrocortisone
ARSB	Mucopolysaccharidosis type VI	Metabolism	54 (91.5)	3 (5.1)	2 (3.4)	59	0.3	Childhood	Arylsulfatase B enzyme activity, urine glycosaminoglycans	Galsulfase enzyme replacement, HSCT
F8	Hemophilia A	Hematology	37 (90.2)	4 (9.8)	0	41	7.5	Infancy to adolescence	Factor VIII level	Factor VIII
F9	Hemophilia B	Hematology	37 (90.2)	4 (9.8)	0	41	1.3	Infancy to adolescence	Factor IX level	Factor IX
SLC2A1	GLUT1 deficiency syndrome 1	Metabolism	55 (90.2)	3 (4.9)	3 (4.9)	61	1.7	Infancy	Blood glucose, cerebrospinal fluid glucose	Ketogenic diet, carnitine supplementation, avoid barbiturates, methylxanthine, valproic acid



**Expert  
perspectives  
on NBSeq**

**Newborn screening should  
include...**

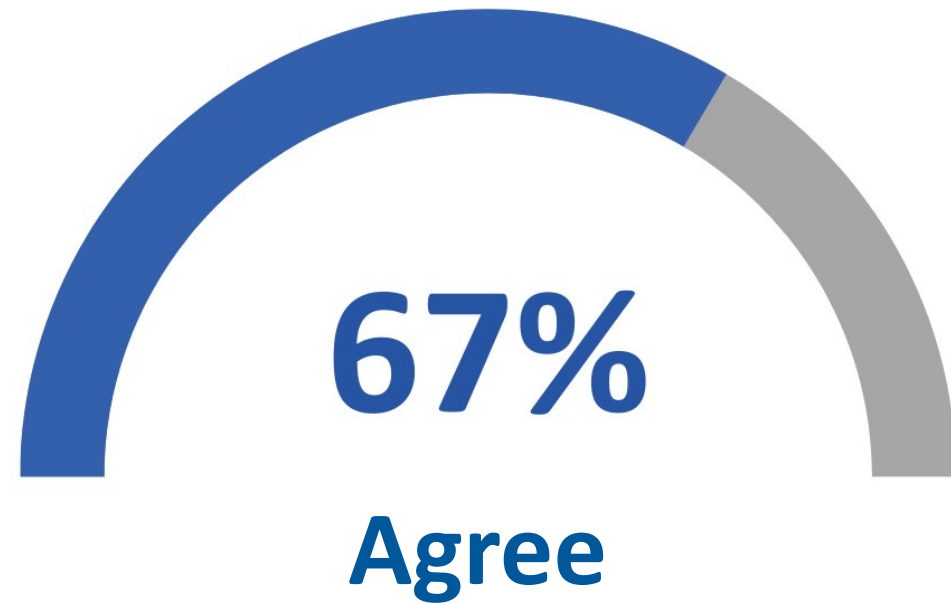
**Genome sequencing for treatable conditions**



**Expert  
perspectives  
on NBSeq**

**Newborn screening should  
include...**

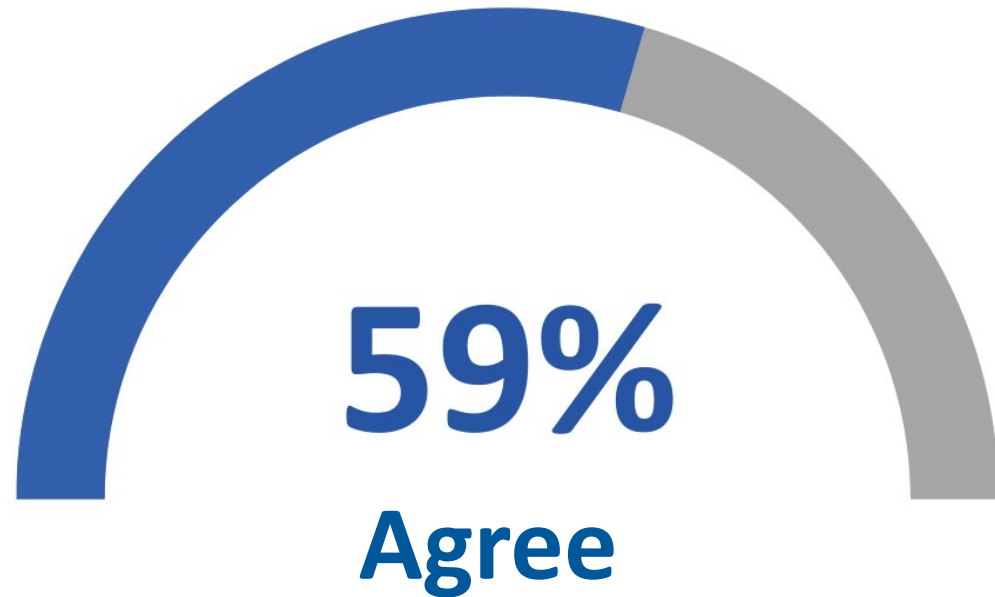
**Conditions that are not treatable but have established  
guidelines for management or surveillance**



**Expert  
perspectives  
on NBSeq**

**Newborn screening should  
include...**

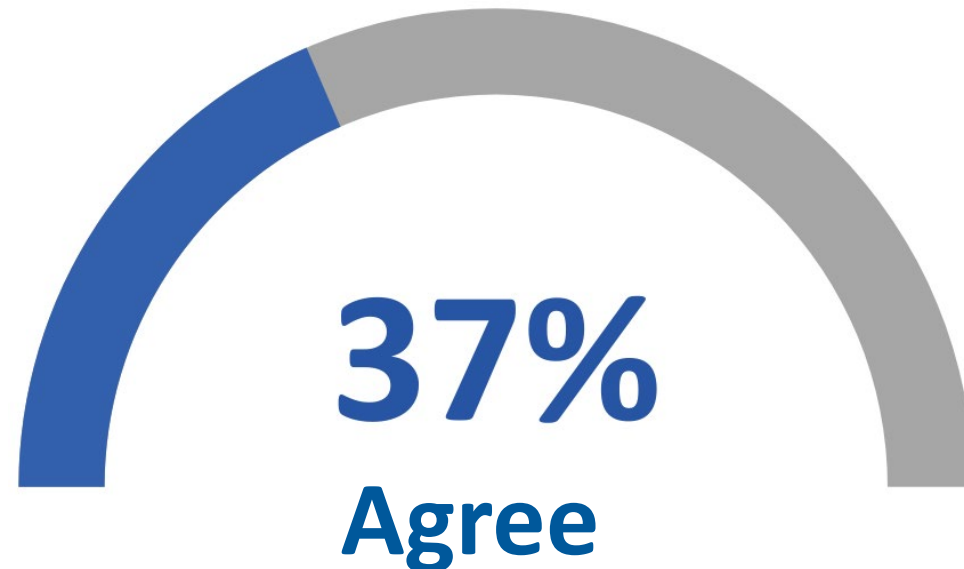
**Treatable conditions with low penetrance**



**Expert  
perspectives  
on NBSeq**

**Newborn screening should  
include...**

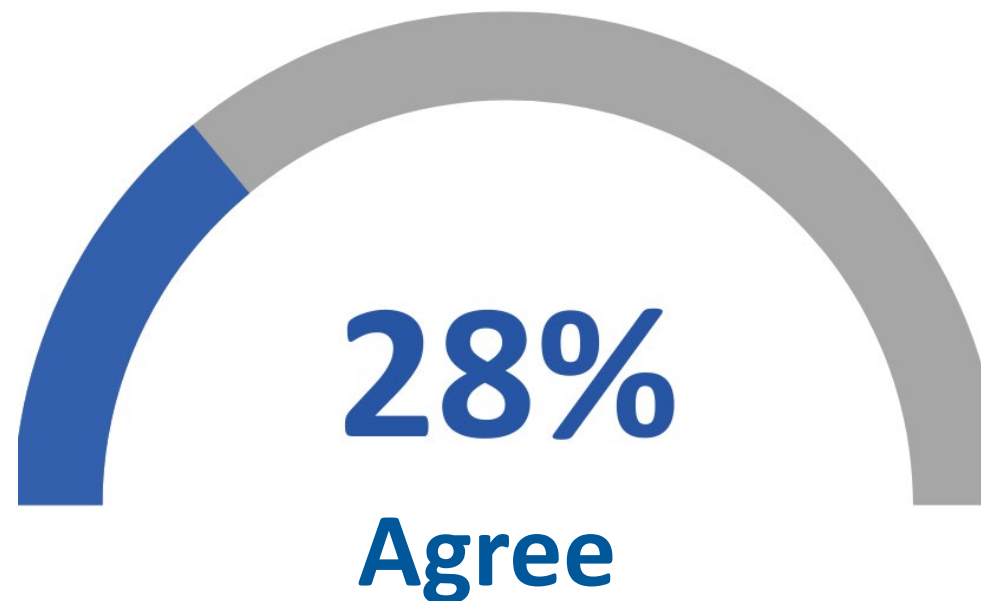
**Actionable adult-onset conditions to  
facilitate cascade testing in parents**



**Expert  
perspectives  
on NBSeq**

**Newborn screening should  
include...**

**Childhood onset conditions with no  
established targeted therapies or expert  
management guidelines**





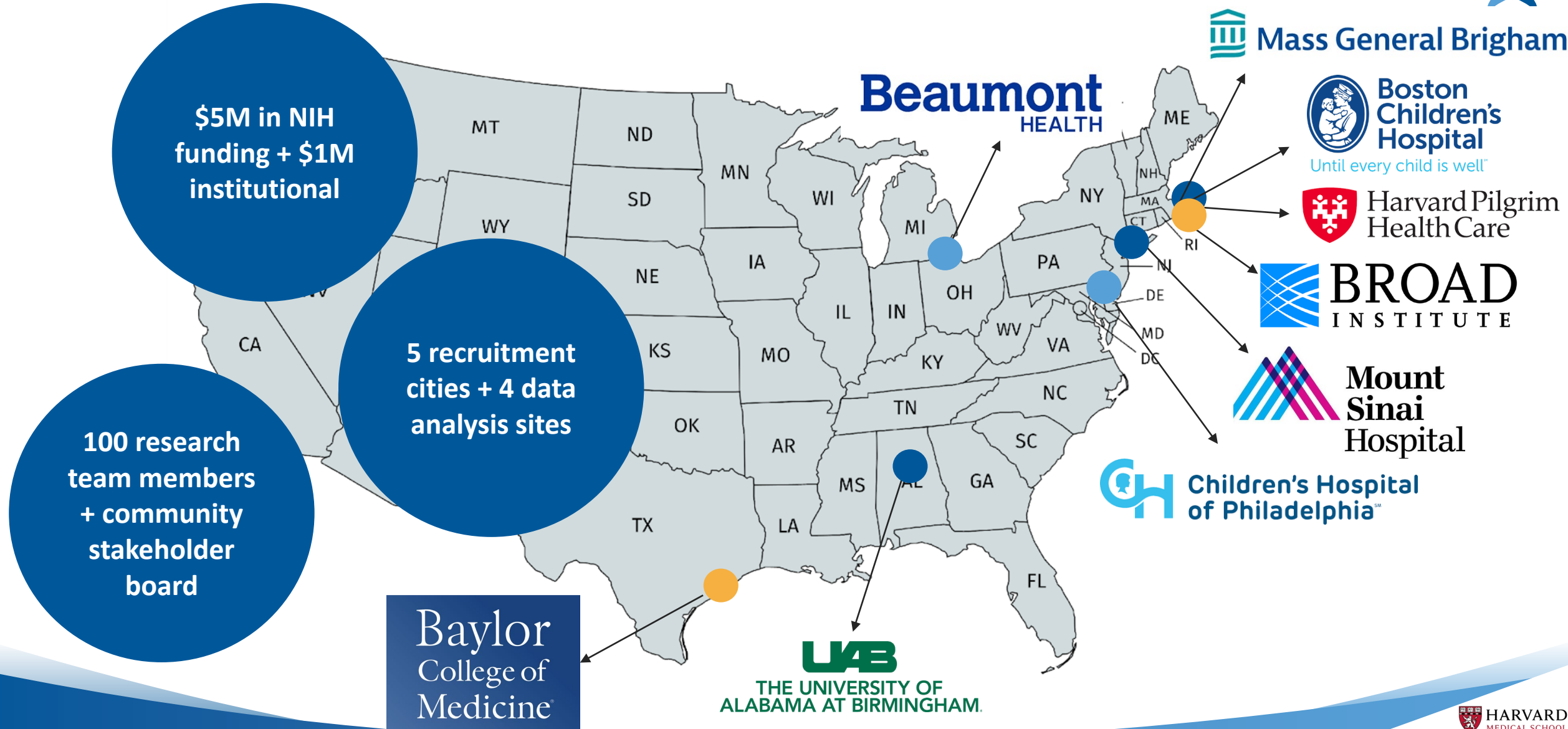
National Center  
for Advancing  
Translational Sciences

# The BabySeq2 Project

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*Implementation of preventive genomics  
in a diverse cohort of healthy infants*

# BabySeq2: 9 Sites and Growing





**International Consortium/Conference  
on  
Newborn Sequencing**



# ICoNS Steering Committee



**Robert C. Green**

ICoNS Co-Chair  
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**Lilian Downie**

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**Nicolas Encina**

ICoNS Director  
Ariadne Labs, Harvard University

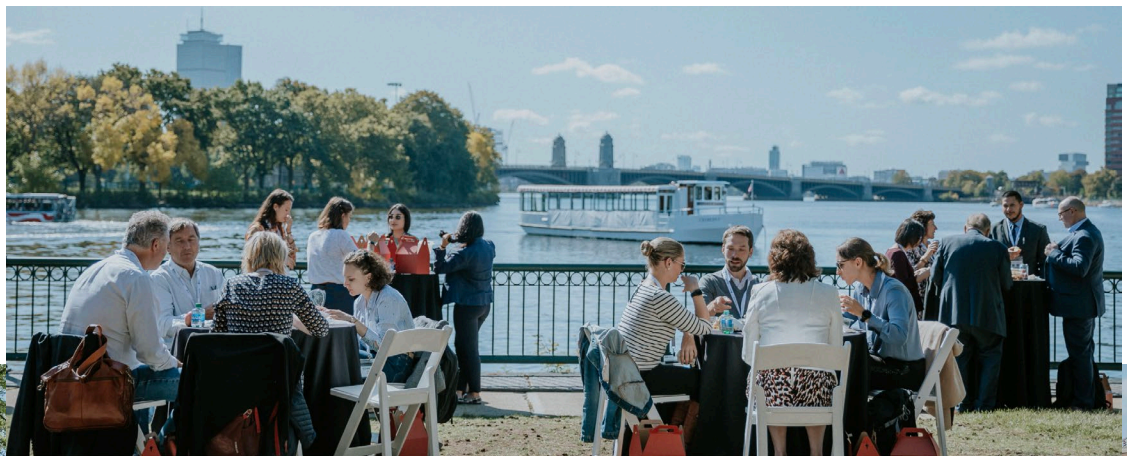


[www.iconseq.org](http://www.iconseq.org)



# ICNS

INTERNATIONAL CONFERENCE ON NEWBORN SEQUENCING



# 2023 Conference: The Royal Institution, London October 5-6, 2023



**See video at 14:06 in the recording**



BabySeq uses genetic testing and family history information to look for risk markers that might cause health problems in childhood.

# BabySeq Collaborators

Pankaj B. Agrawal  
Sienna Aguilar  
Jessica Alfoldi  
Heather Andrighetti  
Maria Argos  
Danielle Renee Azzairiti  
Madeleine Ball  
Natalie Bartnik  
Alan H. Beggs  
Marcy Belliveau  
Melverta Bender  
Tala Berro  
Dawn Berry  
Wendi N. Betting  
Alexander George Bick  
Steven Bleyl  
Carrie L. Blout  
Salvador Borges-Neto  
Glenn Braunstein  
James Burke  
Jeffrey Burns  
Deanna Alexis Carere  
Maria Carrillo  
Rick Caselli  
Ozge Ceyhan-Birsoy  
Clara Chen  
Kurt Christensen  
Allison L Cirino  
Martha Combs  
Adolfo Correa  
Mick P. Coupler  
Kenneth Covinsky  
Scott Crawford

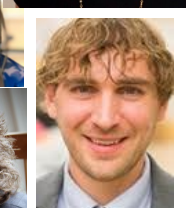
Tshaka Cunningham  
Adrienne Cupples  
Bridgette Tippin Davis  
Mauricio de Castro  
Stephanie Deward  
Lisa R. Diller  
Michael Donohue  
Dmitry Dukhovny  
Kathryn E. Dunn  
Lynette Ekebbe  
Ed Esplin  
Preston Estep  
Altovise Ewing  
Romy Fawaz  
Shawn Fayer  
Candice Finnila  
Leslie A. Frankel  
Bethany Friedmann  
Cubby L. Gardner  
Jenny Gauerke  
Casie A. Genetti  
Nina Gold  
Sarah Gollust  
Erynn Gordon-Fishman  
Chet Graham  
Stacy Gray  
Joshua Grill  
Cynthia Gubbles  
Amanda Gutierrez  
Maegan Harden  
Kristin Harkins  
Joe Harrison  
Eden Haverfield

Allison Hazell  
Nancy Heard-Costa  
Madhuri Hegde  
Robyn Heister  
Margaret H. Helm  
Ally Hempel  
Jim Hendrix  
Carolyn Y. Ho  
Jodi Hoffman  
Lillian Hoffman-Andrew  
Jennifer Hogan  
Ingrid A. Holm  
Rebecca Hsu  
Jillian Hunsanger  
Barbara Inglese  
Carmen Isasi  
Rubaia Islam  
William Jagust  
Anthony Johnson  
Jane Juusola  
Sarah S. Kalia  
Kimberly Kaphingst  
Robert Kaplan  
Jason Karlawish  
Aaron Kesselheim  
Amy K. Kiefer  
Jacqueline Killian  
Scott Kim  
Barbara A. Koenig  
Robert Koeppe  
Peter Kraft  
Joel B. Krier  
Rebecca C. LaMay

Latrice Landry  
William J. Lane  
Kenneth Langa  
Kostantinos Lazaridis  
Lorena de la Vega Lazo  
Lan Q Le  
Matthew S. Lebo  
Justin Leighton  
Debra Leonard  
Harvey L. Levy  
James Lillard  
Michael Linderman  
Jennifer Lingler  
Christina Liu  
Courtney Livingston  
Xingquan Lu  
Daniel MacArthur  
Kalotina Machini  
Calum Archibald Macrae  
Joseph Maher  
Mara Mather  
Megan Dora Maxwell  
Thomas May  
Michelle McCart  
Molly McGinness  
Amy L. McGuire  
Zoe McKay  
Meredith McNeil  
Mollie Minear  
Tanya A Moreno  
Cynthia Casson Morton  
Joanna L. Mountain  
Jaclyn B. Murry

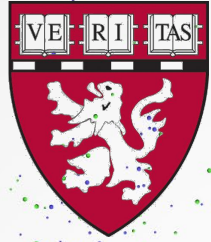
Medha Naik  
Ilya Nasrallah  
Tiffany T. Nguyen  
Daiva Nielsen  
Jenny Ostergren  
Vaibhav Pandya  
Richard B. Parad  
Peter J. Park  
Hayley A. Peoples  
Stacey Pereira  
Emma Perez  
Devan Petersen  
Kaela Plant  
Laura Raffield  
Vasan Ramachandran  
Uma Ramamurthy  
Vivek Ramanathan  
Heidi L. Rehm  
Luisel Ricks-Santi  
Amy Roberts  
Scott Roberts  
Jill O. Robinson  
Serguei Roumiantsev  
Charmaine Royal  
Mack T. Ruffin  
Laura Saad  
David Salmon  
Saskia Sanderson  
Talia S. Schwartz  
John Seibyl  
Christian E Seifman  
Lisa Slehmman

Julie Smith  
Heather Snyder  
Tamar Sofer  
Benjamin Solomon  
Reisa Sperling  
Greta Lee Splansky  
Elanor B. Steffens  
Joan Steyermark  
Sheila Sutti  
Kathleen Swenson  
Gregory Talavera  
Meghan C. Towne  
Tina K. Truong  
Bastian Greshake Tzovaras  
Wendy Uhlmann  
Melissa Uveges  
Maureen Valentino  
Grace E. VanNoy  
Jason Vassy  
Susan E. Waisbren  
Catharine Wang  
Kareem Washington  
Caroline M. Weipert  
Kathie Welsh-Bohmer  
Keith Whitfield  
Angelia Williams  
Susan M. Wolf  
David Wolk  
Timothy W. Yu  
Bethany Zettler  
Emilie Zoltick





Mass General Brigham



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[@genomes2people](https://www.instagram.com/genomes2people)



[rcgreen@bwh.harvard.edu](mailto:rcgreen@bwh.harvard.edu)

