



The BabySeq Project: Sequencing Healthy Newborns and the Path to Preventive Genomics

Robert C. Green, MD, MPH

Professor of Medicine (Genetics)

Brigham Health, Broad Institute, Harvard Medical School

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



 Mass General Brigham

Support and Disclosures



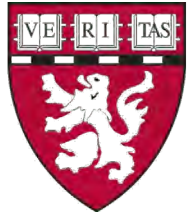
Research: National Institutes of Health
NHGRI, NIA, NICHD, NHLBI, NCATS
Department of Defense
Broad Institute of MIT & Harvard
Snite Foundation
Franca Sozzani Fund for Preventive Genomics

Advisory: AIA, Grail, SavvySherpa, Verily

Co-Founder: Genome Medical

What is the evidence required to implement genomics in day-to-day medical care?





REVEAL



PGen

MedSeq

AllofUs Research Program

BabySeq

MGB Biobank / eMERGE III/IV

MilSeq

Verily Project Baseline

PeopleSeq

PopSeq

BabySeq Project team



Pankaj Agrawal

Matthew Lebo

Vivek Ramanathan



Alan Beggs

Harvey Levy

Heidi Rehm

Ozge Ceyhan-Birsoy

Xingquan Lu

Amy Roberts

Kurt Christensen

Kalotina Machini

Jill Robinson



Lisa Diller

Zoe Mackay

Serguei Roumiantsev

Dmitry Dukhovny

Amy McGuire

Hadley Smith



Romy Fawaz

Jaclyn Murry

Talia Schwartz

Leslie Frankel

Medha Naik

Tina Truong

Casie Genetti

Tiffany Nguyen

Melissa Uveges

Robert Green

Richard Parad

Susan Waisbren

Amanda Gutierrez

Hayley Peoples

Timothy Yu

Maegan Harden

Stacey Pereira

Bethany Zettler

Ingrid Holm

Devan Petersen

Emilie Zoltick

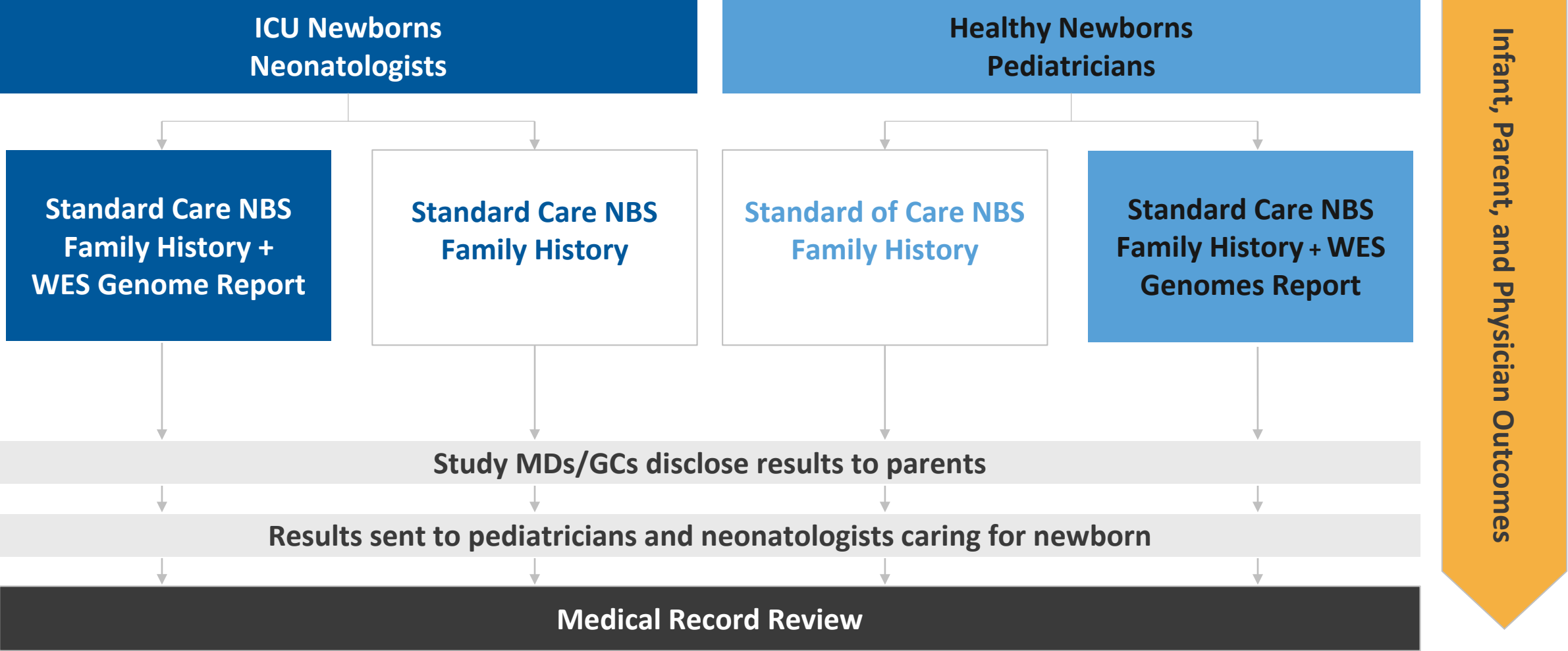


Joel Krier

Uma Ramamurthy



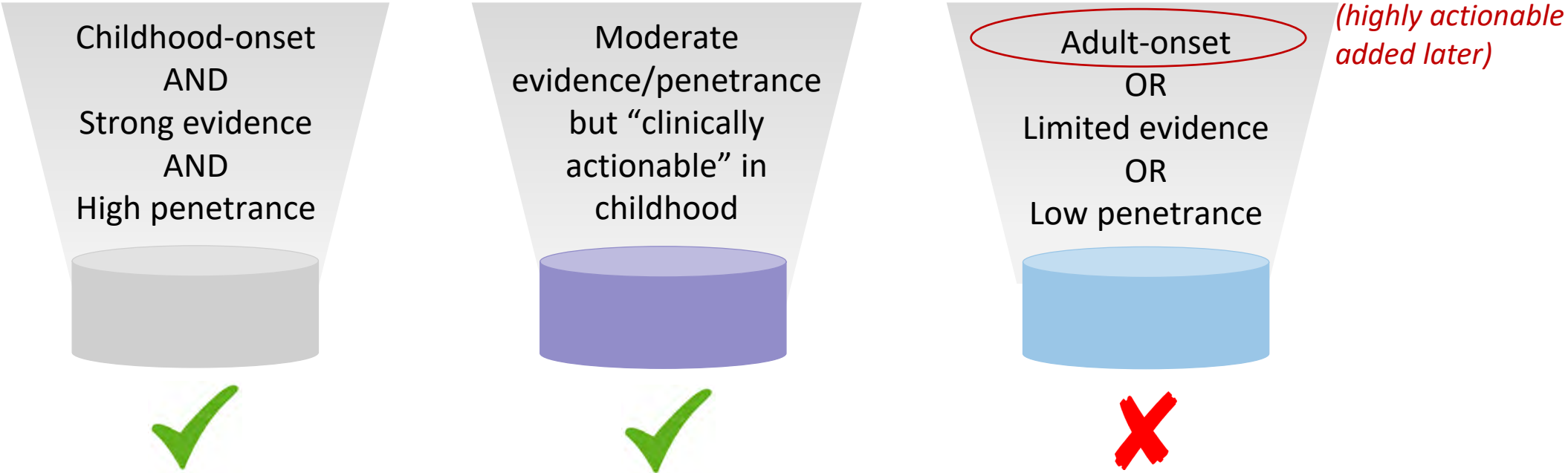
The BabySeq Project: A controlled trial of WES and comprehensive interpretation



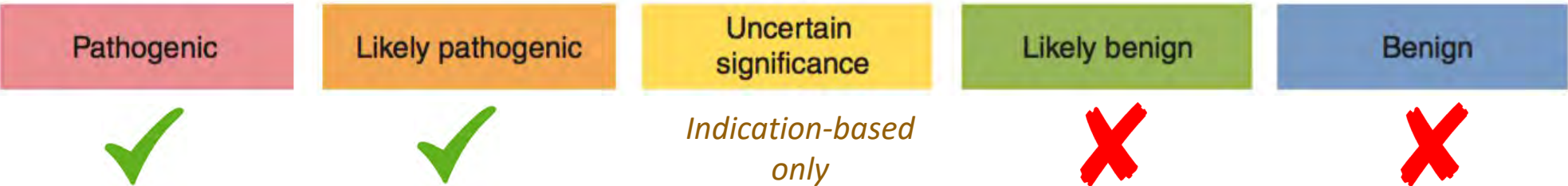
Newborn Genomic Sequencing Report



~1000 genes analyzed based on disease validity, penetrance, and age of onset:



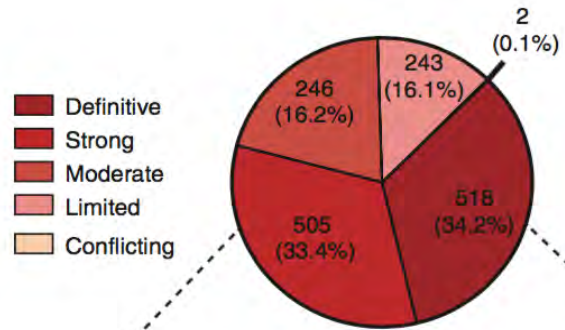
Variants reported based on evidence for harm:



Curation of BabySeq gene list

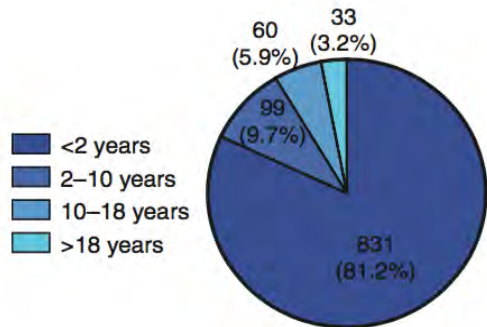


Gene-disease validity ($n=1,514$)

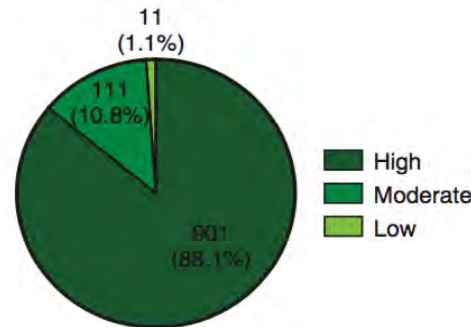


Genes with strong and definitive evidence ($n=1,023$)

Age of onset



Penetrance



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

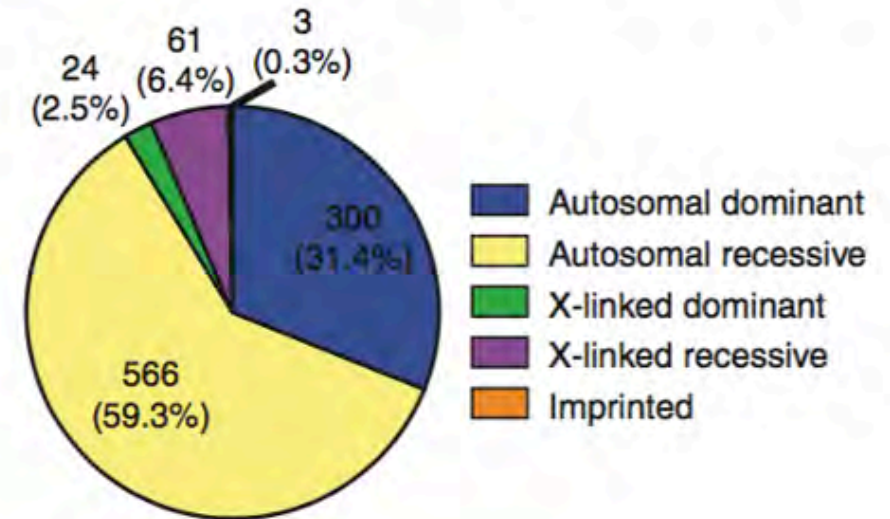


Genes with high actionability (i.e. cancer predisposition syndromes, $n=70$)



954 genes meet BabySeq reporting criteria

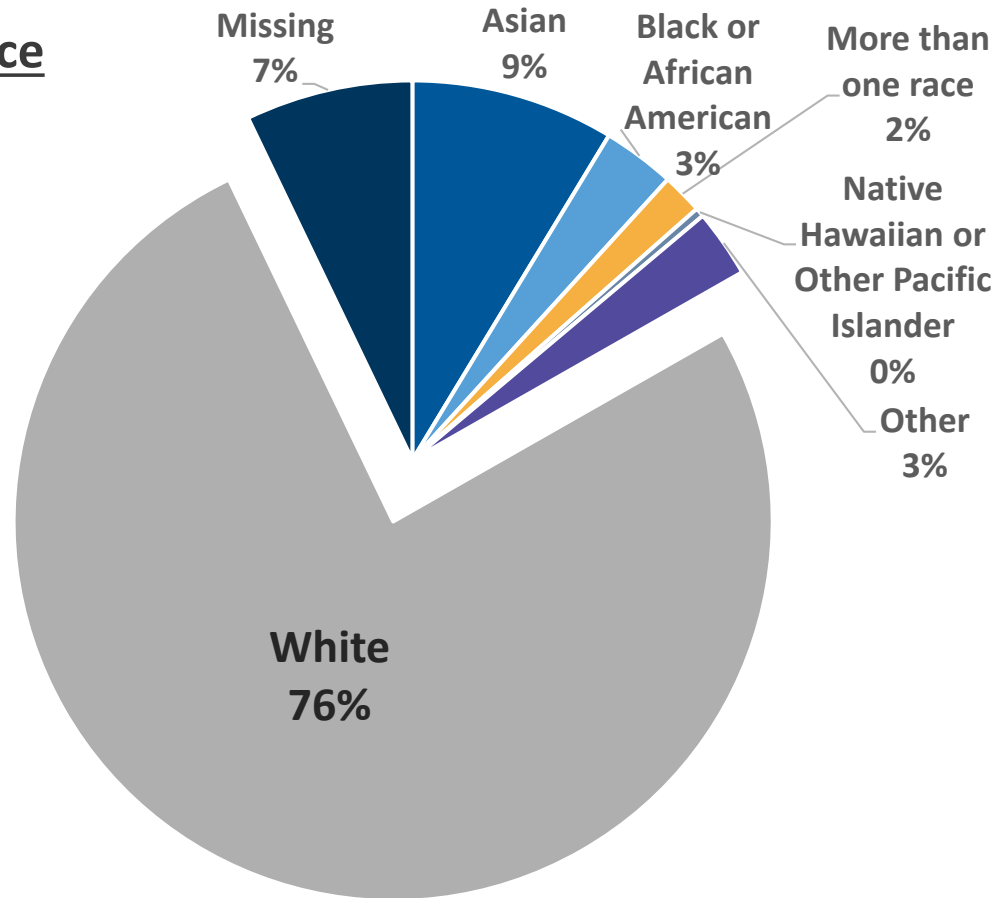
Inheritance pattern of genes meeting BabySeq reporting criteria (954)



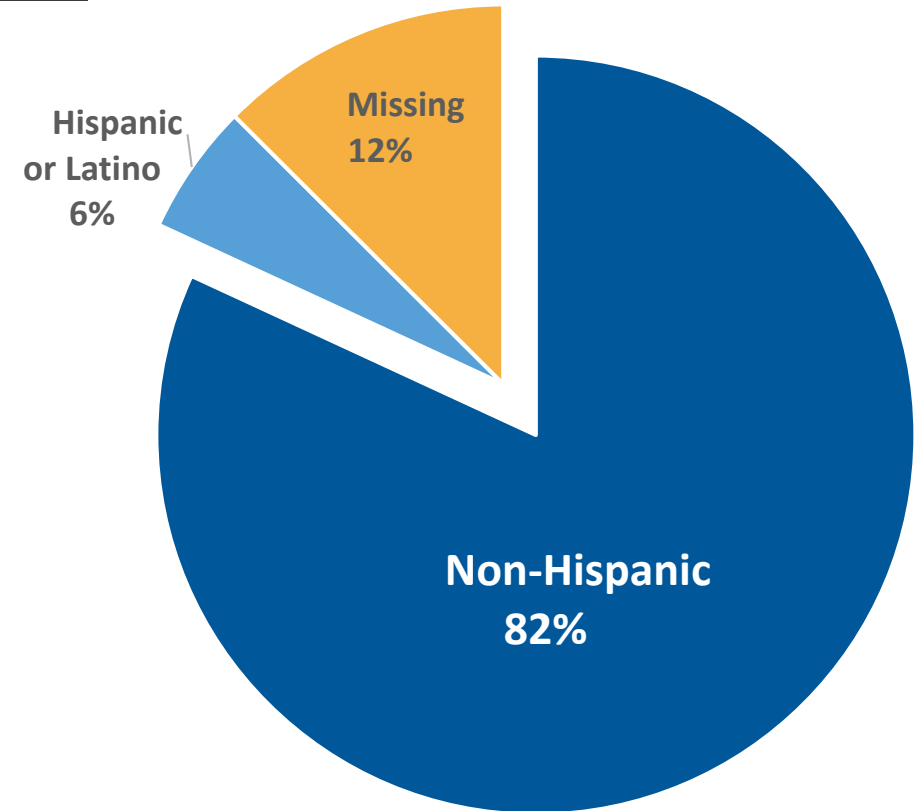
Demographics of Enrolled Parents in BabySeq



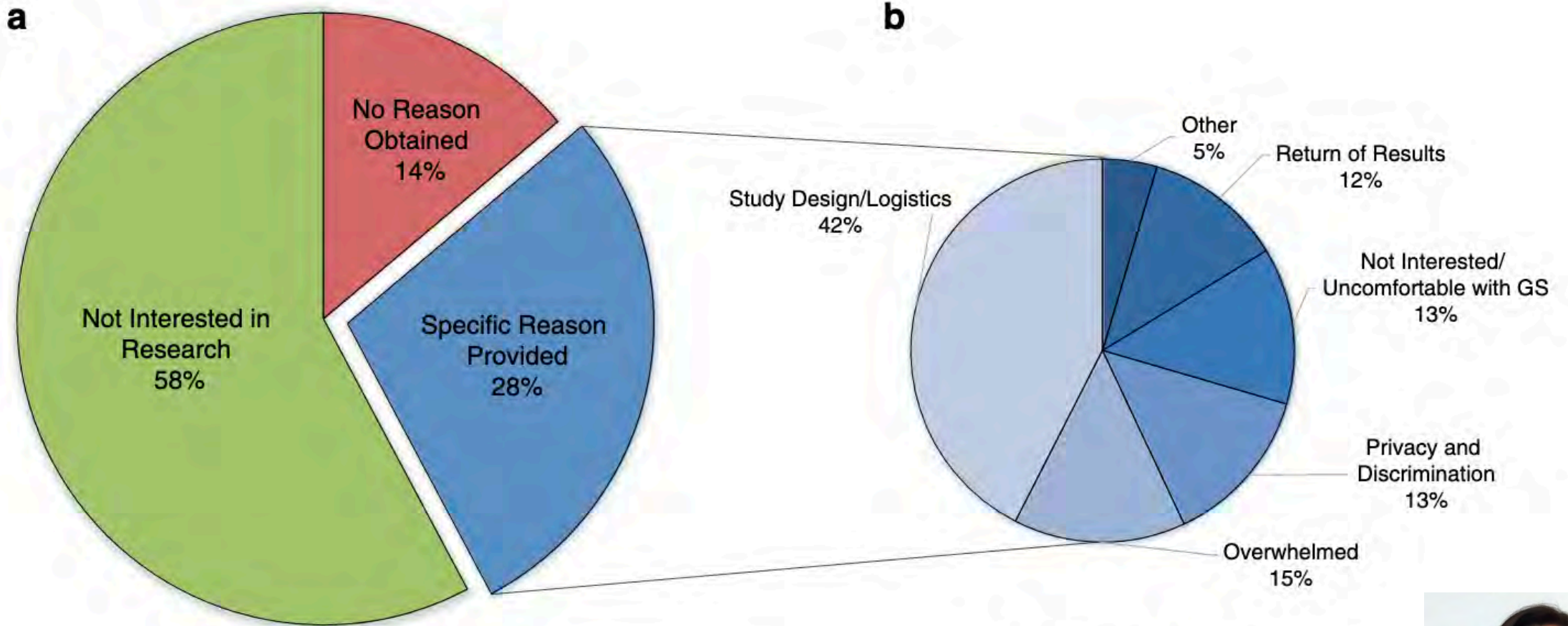
Race



Ethnicity



Reasons parents declined participation



n=1,760 Families that Declined

n=659 Reasons for Decline
(avg. 1.3 reasons per family)

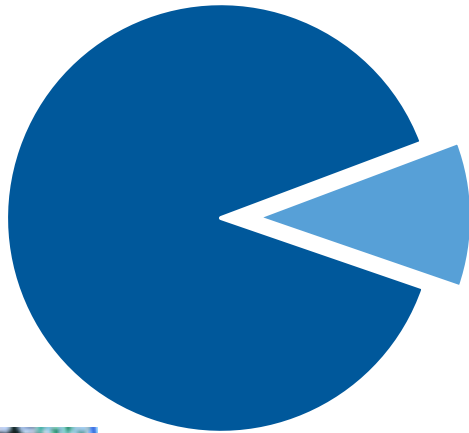


The BabySeq Project: Unanticipated monogenic findings



Whole Exome Sequencing Infants (N=159)

89%
NO MDR
FOUND

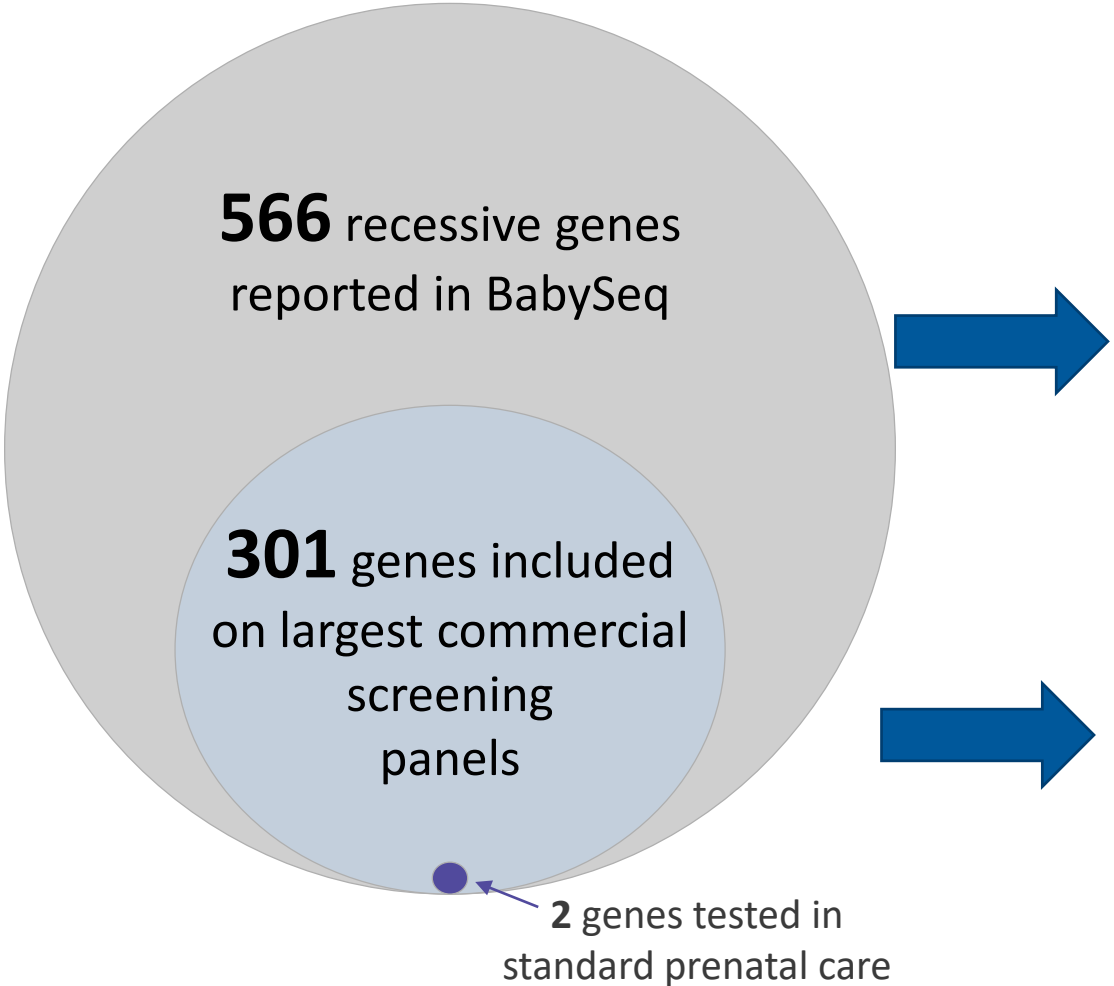


11%
MDR
FOUND

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



88% of infants had at least 1 PV/LPV for a recessive carrier condition: Comparison with conventional carrier screening



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

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



The BabySeq Project: Comparison with conventional NBS

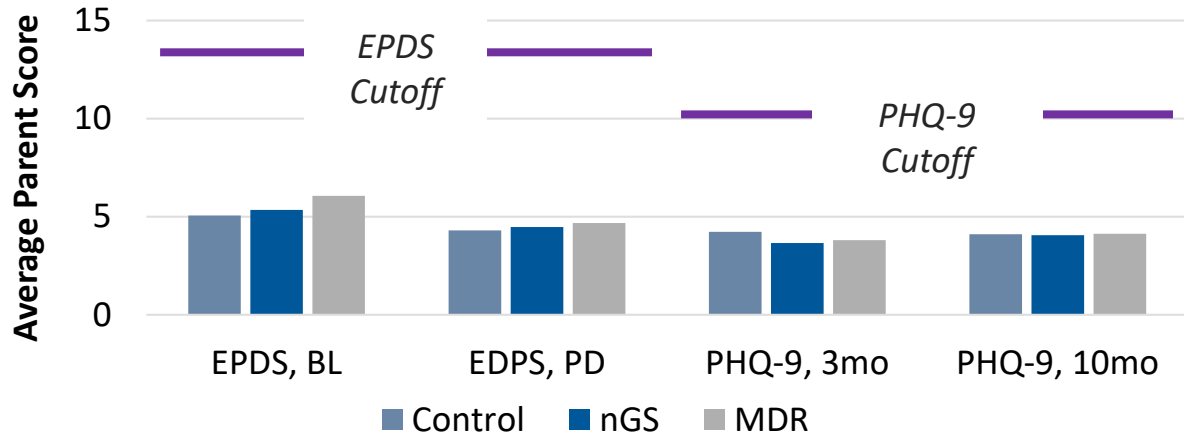


| (n=159) | Sequencing positive | NBS positive |
|-----------------------|--|--|
| True positive | <p>Phenotype positive: 4</p> <ul style="list-style-type: none"> • KBG syndrome • Biotinidase deficiency* • Supravalvular aortic stenosis • Glomuvenous malformations <p>Family history supported: 7</p> <ul style="list-style-type: none"> • Non-syndromic hearing loss • Cystinuria • Dilated cardiomyopathy (2) • Hereditary breast and ovarian cancer (2) • Lynch syndrome | <p>Phenotype positive: 3</p> <ul style="list-style-type: none"> • Biotinidase deficiency* • (Hemoglobin FAV) • (Hemoglobin FAB) |
| False positive | <p>No phenotype or family history: 7</p> <ul style="list-style-type: none"> • Hypertrophic cardiomyopathy • Dilated cardiomyopathy (3) • Atypical hemolytic-uremic syndrome • Congenital adrenal hyperplasia • Glc-6-phosphate dehydrogenase deficiency | <p>False positive: 9 (7 NICU)</p> <ul style="list-style-type: none"> • Thyroid abnormality (5) • Amino acid abnormalities + thyroid abnormality + severe combined immunodeficiency • Thyroid abnormalities + homocystinuria • Phenylketonuria • Amino acid abnormalities |
| Total | 18/159 = 11.3% | 12/159 = 7.5% |

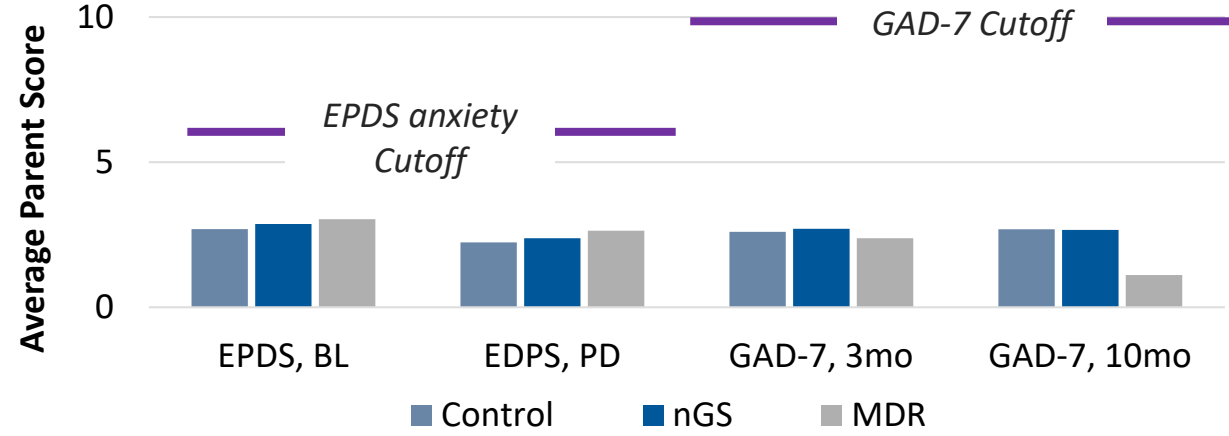
BabySeq Project: No increased depression/anxiety, self-blame, or relationship dysfunction by randomization arm or MDR



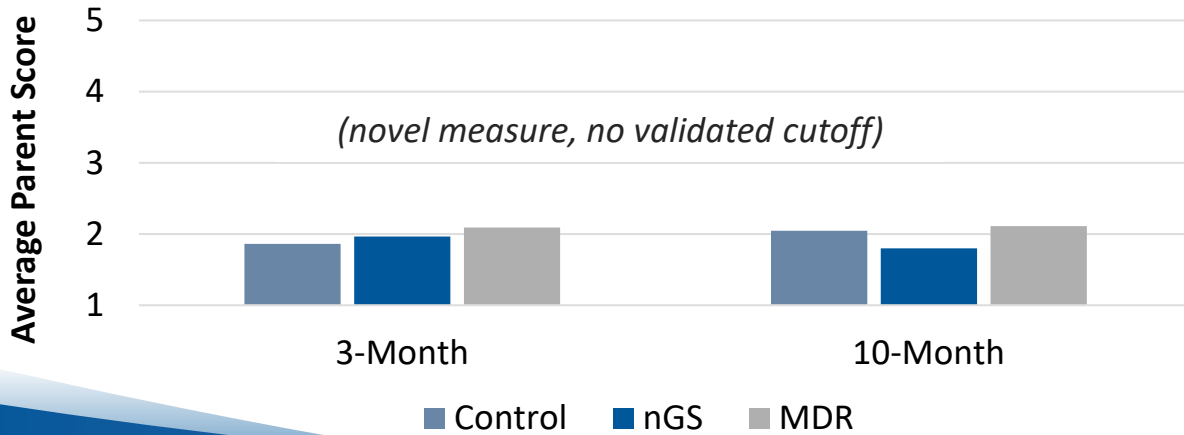
Parental depression



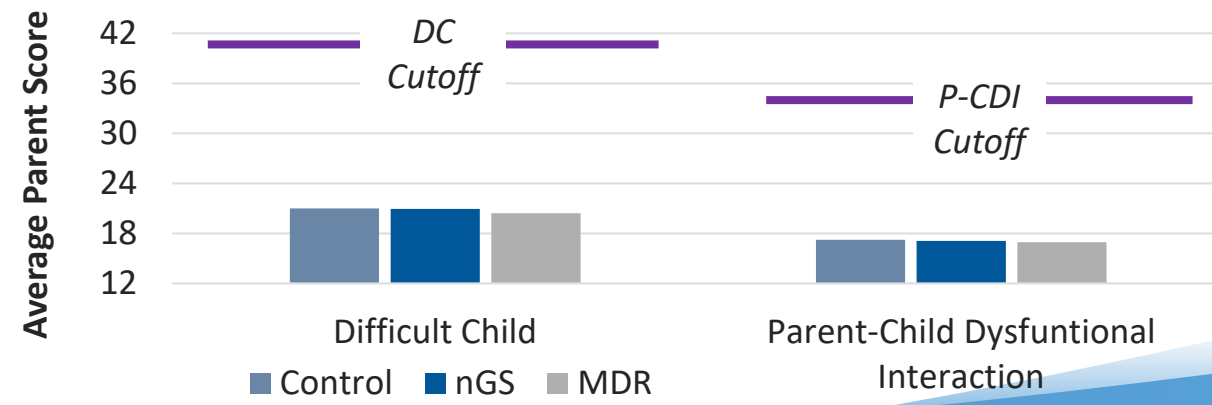
Parental anxiety



Parental self-blame



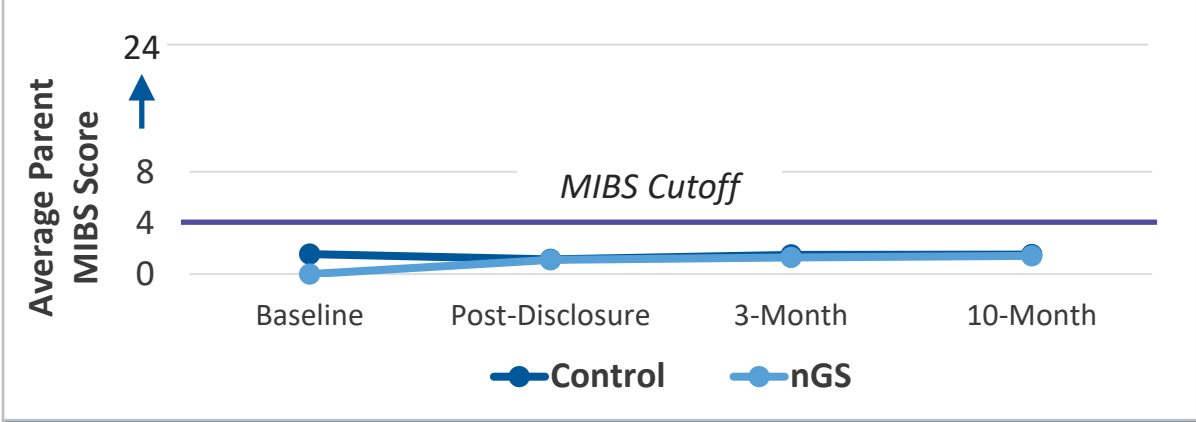
Parental perception of child & relationship



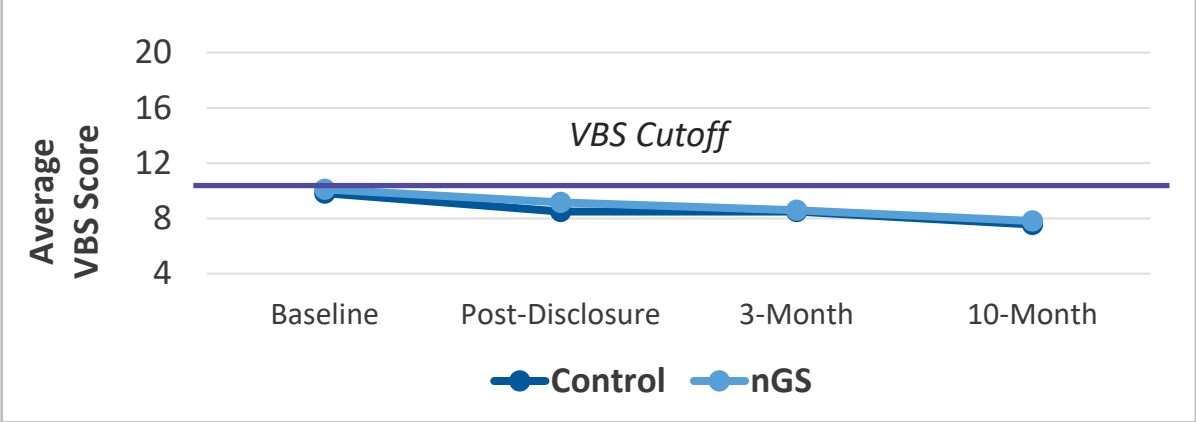
The BabySeq Project: No disruption of parent-child bond or increased perception of child vulnerability



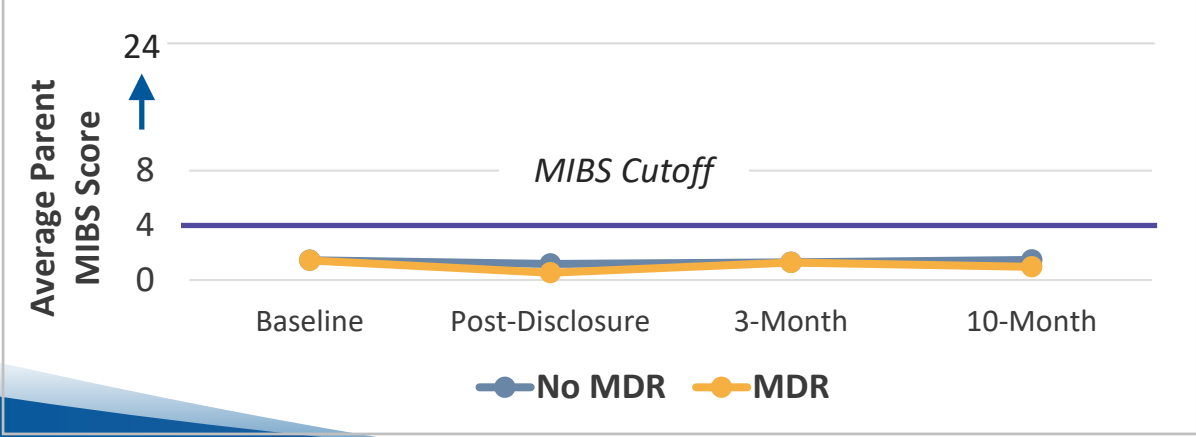
Parent-child bond



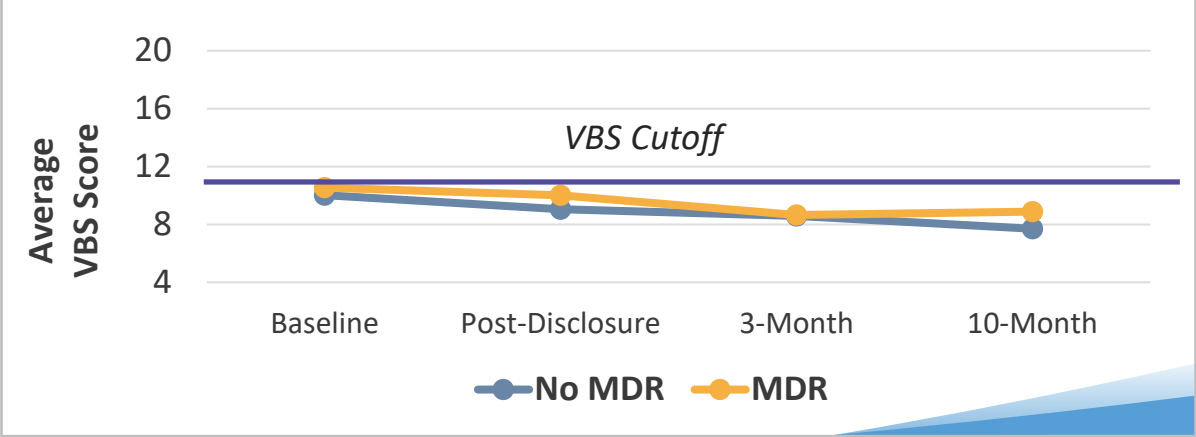
Child vulnerability



Parent-child bond



Child vulnerability



Assessing downstream medical impact of genomic sequencing



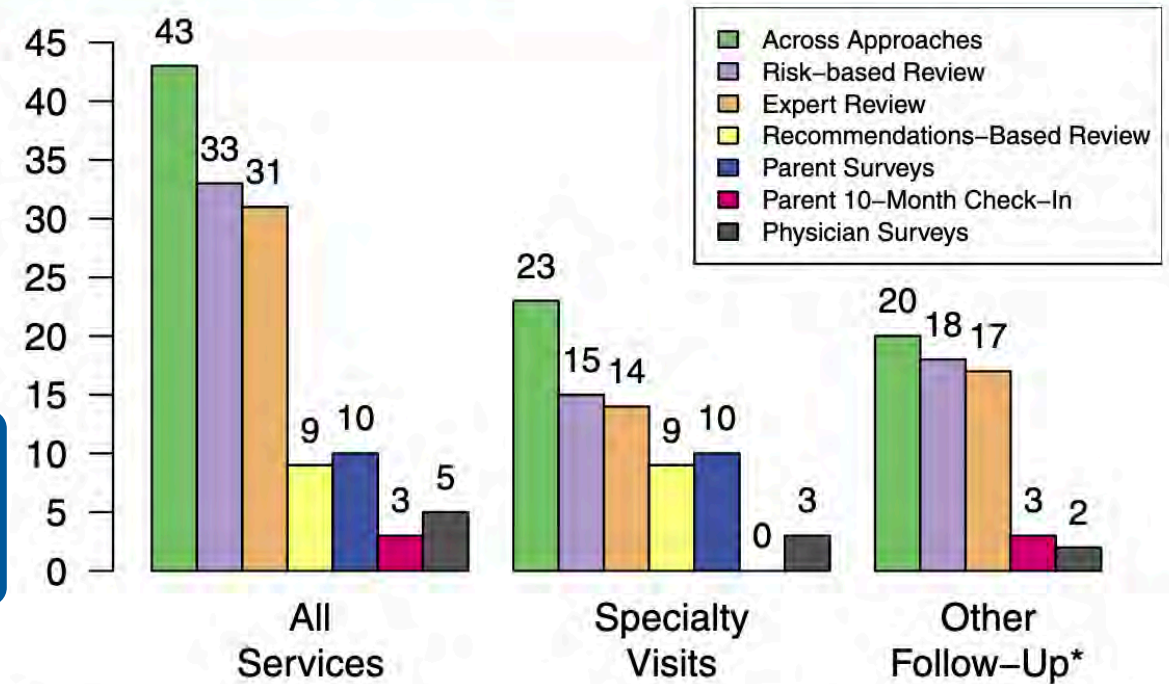
•17 newborns with unanticipated genomic findings

•43 services associated with follow-up care

•23 specialty visits

•20 other resources (*i.e. labs, imaging*)

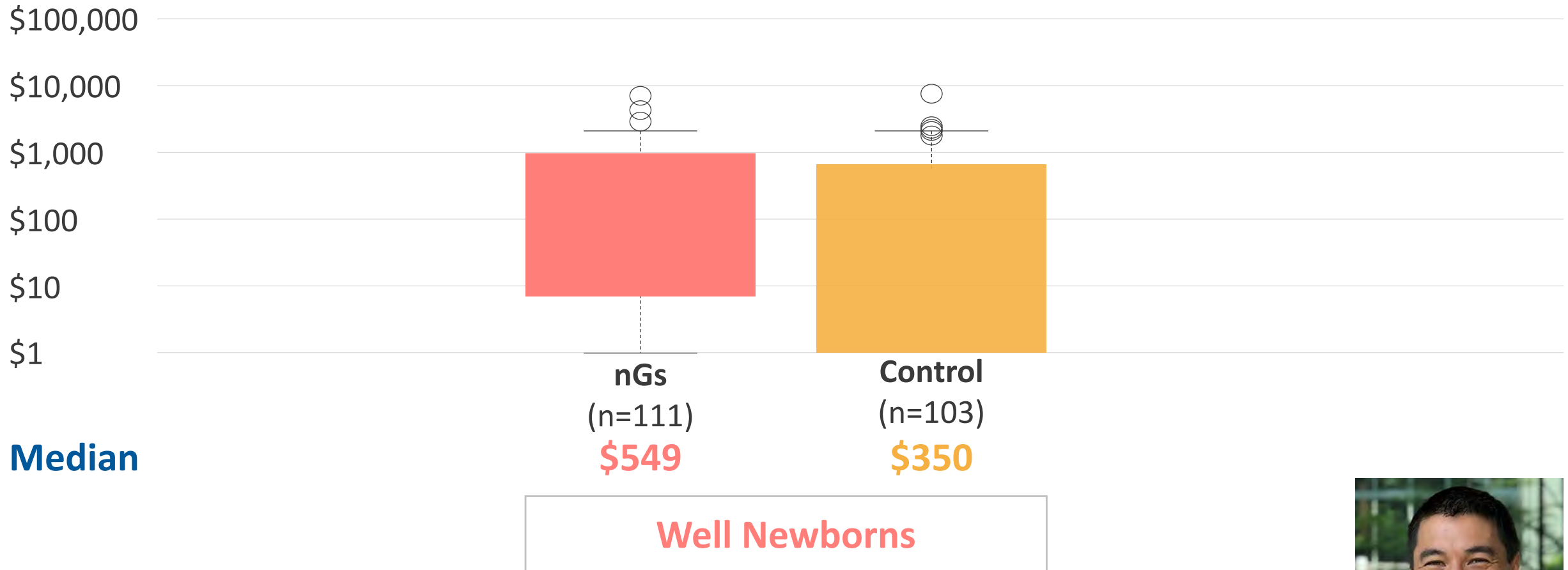
Figure 1. Number of healthcare services associated with follow-up of secondary findings from newborn genomic sequencing using different approaches.



*Parent surveys were omitted because they included no items to assess healthcare utilization other than specialist visits.



Health care spending in newborns after sequencing



Median

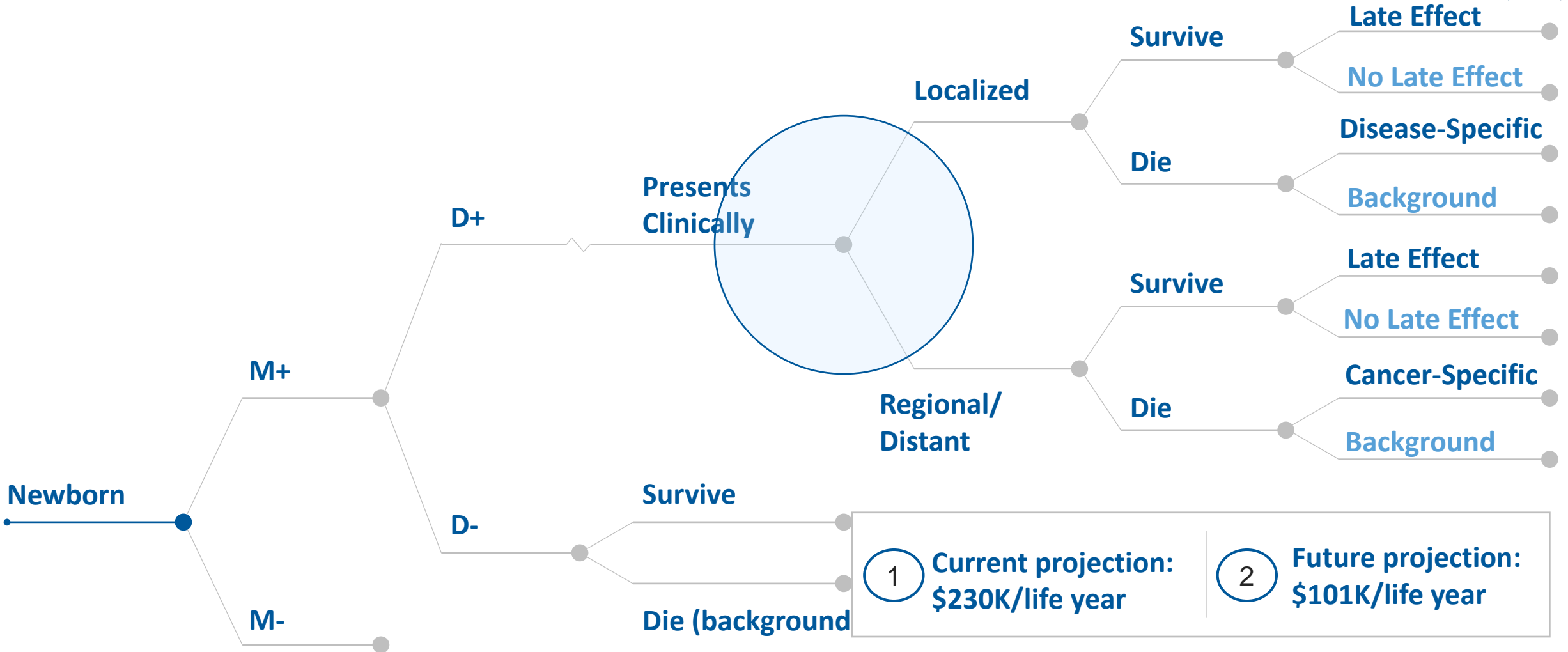
No significant differences in healthcare costs



Christensen et al., in preparation.

Modeling lifetime benefits and costs

(slide courtesy Kurt Christensen)



Comprehensive sequencing and analysis of many genes



Monogenic (Strong effect)

21%

11%

15%

Monogenic (Weak effect)

54%

Polygenic (>2 OR)

62%

Carrier Status

92%

88%

88%

Pharmacogenomics (atypical)

80%

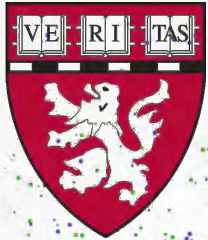
5%
(limited to childhood
relevance)

100%

Christensen et al. *Genetics in Medicine*, 2018; Vassy et al. *Annals of Internal Medicine*, 2017;
Ceyhan-Birsoy et al. *Am J Human Genetics*, 2019.



Mass General Brigham



Thank You!



genomes2people.org



[@robertcgreen](https://twitter.com/robertcgreen)
[@genomes2people](https://twitter.com/genomes2people)



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



rcgreen@bwh.harvard.edu