# Accelerating Precision Medicine for All of Us



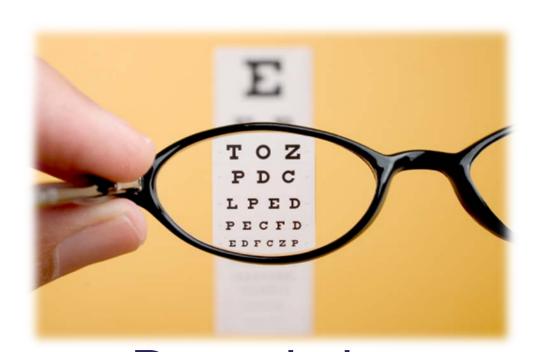




Joni L. Rutter, PhD
Director of Scientific Programs *All of Us* Research Program

#### **Precision Medicine**

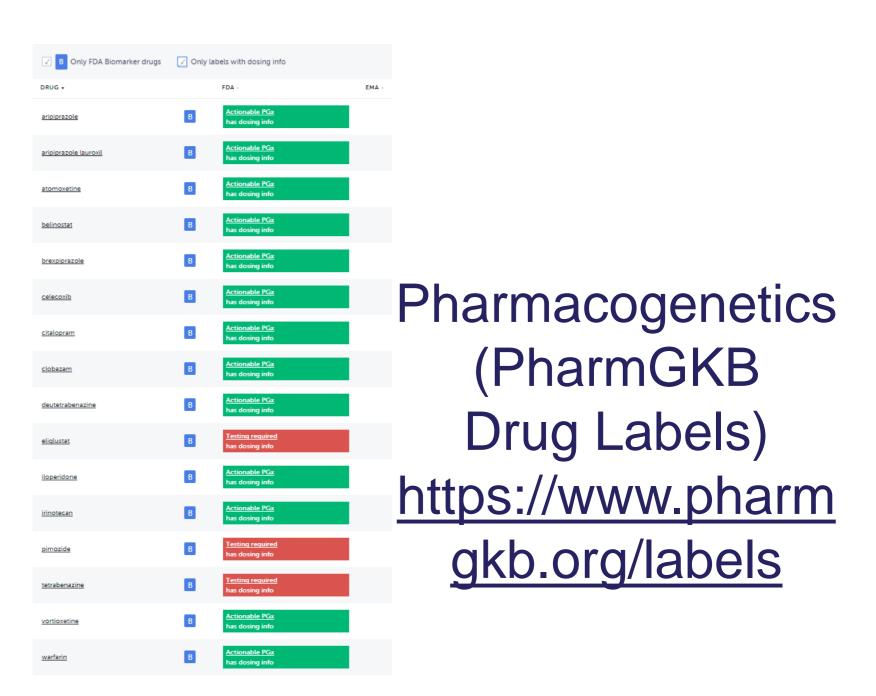
#### Right treatment. Right person. Right time. Right dose.



Prescription Eyeglasses



**Transfusions** 



More research is needed to bring precision medicine to most diseases

#### The cost of Imprecise Medicine



- Health care is often targeted to the average patient, not the individual
- Health problems can take years to unravel, with significant trial and error



#### **Providers**

- Not enough research to draw on for clinical evidence, especially in diverse populations
- Medical records scattered in different places
- Not enough time for analysis one patient at a time



#### Researchers

- Enormous time and cost spent building IT systems vs. doing research
- Siloed data resources and funding opportunities
- Challenges acquiring large sample sizes
- Slow translation of data into knowledge



Now is the time for precision medicine research – a revolutionary approach for disease prevention and treatment that takes into account individual differences in lifestyle, environment, and biology.



#### 21<sup>st</sup> Century Cures Act

- H.R.34, 21st Century Cures Act, enacted
   December 13, 2016 (Pub.L. 114-255)
- Broad bi-partisan support
- Provisions relevant to All of Us:
  - Provides the Precision Medicine Initiative with \$1.455 billion over 10 years
  - Provides flexible funding mechanism,
     Other Transaction Authority
  - Language on diversity, whole genome sequencing, data sharing, privacy
  - Provides important privacy protections critical for engendering trust

H. R. 34

#### One Hundred Fourteenth Congress of the United States of America

#### AT THE SECOND SESSION

Begun and held at the City of Washington on Monday, the fourth day of January, two thousand and sixteen

#### An Act

To accelerate the discovery, development, and delivery of 21st century cures, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

#### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the "21st Century Cures Act".

#### All of Us Research Program: Mission and Objectives

## Nurture relationships with 1 Million or more

participant partners, from all walks of life, for decades



#### **Our mission**

To accelerate health research and medical breakthroughs, enabling individualized prevention, treatment, and care for all of us



# Deliver the largest, richest biomedical dataset ever

that is easy, safe, and free to access

# Catalyze a robust ecosystem

of researchers and funders hungry to use and support it



#### Major building blocks of the All of Us Research Program consortium

### DATA AND RESEARCH CENTER

Big data capture, cleaning, curation, & sharing in secure environment

Vanderbilt, Verily, Broad Institute

#### **BIOBANK**

Repository for processing, storing, and sharing biosamples (35+M vials)

Mayo Clinic

#### PARTICIPANT TECHNOLOGY SYSTEMS CENTER

Web and phone-based platforms for participants

Vibrent Health

# THE PARTICIPANT CENTER / DIRECT VOLUNTEER

Direct volunteer participant enrollment, digital engagement innovation, and consumer health technologies

Scripps Research Institute (with multiple partners)

# HEALTHCARE PROVIDER ORGS NETWORK

HPOs with clinical & scientific expertise, enrollment & retention of participants

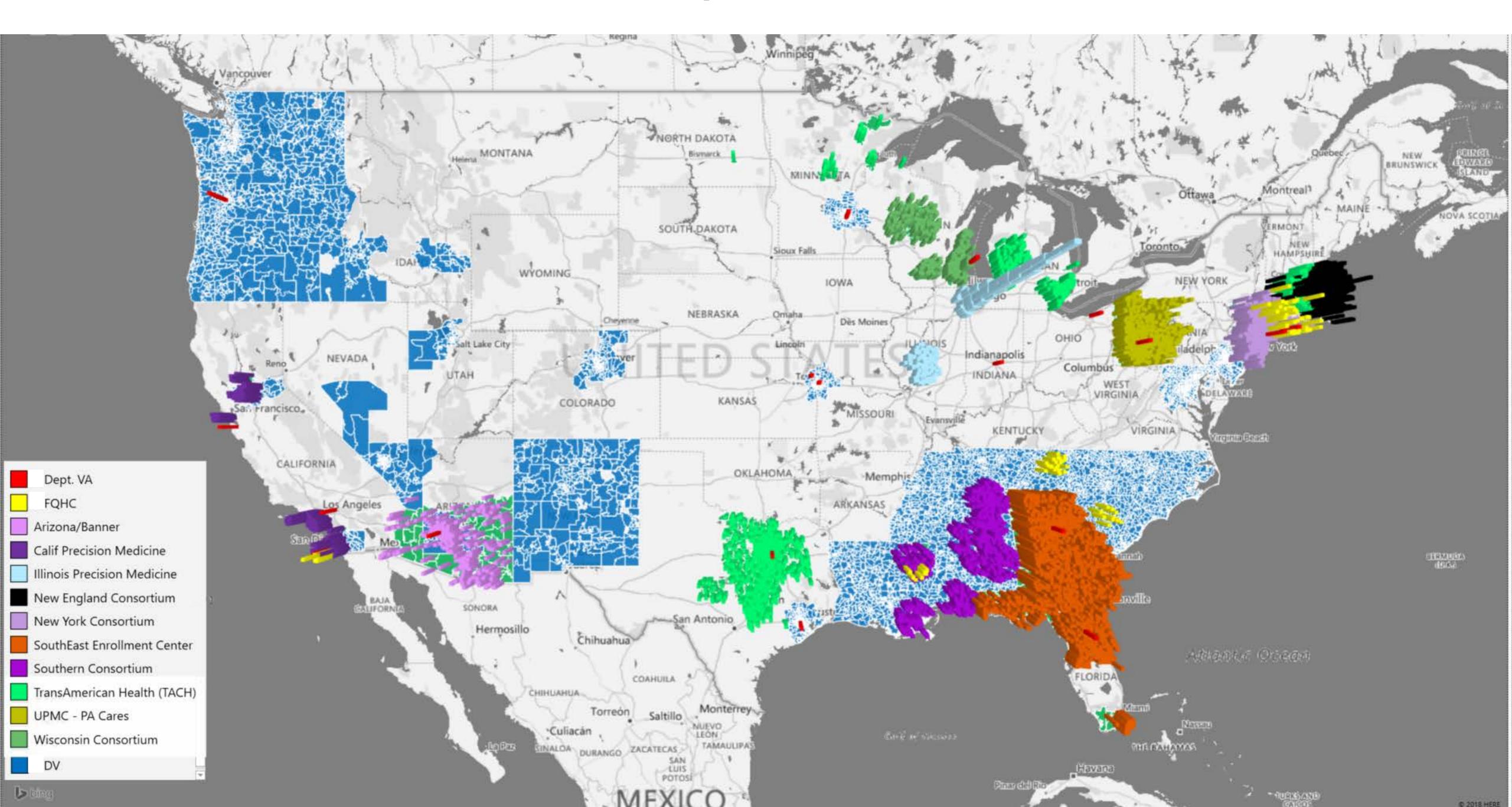
10 regional medical centers,6 FQHCs, VA, totaling165 enrollment sites

### COMMUNICATIONS & COMMUNITY NETWORK

Communications, marketing, and design expertise; engagement coordination and community partners network

Wondros, HCM, 34 community partner orgs, and future awards to grow network

#### **Current Enrollment Centers and Zip-code Catchment**



#### Invent Network of Direct Volunteer Partners



#### Potential capacity of the DV Network

- Reach 90% where all people live, within 20 45 minutes
  - Not all at once--Cycle up or down locations depending on need (~50 at time)
- Convenient locations
- In-Home enrollment (EMSI)
- AoU on wheels Journey Bus







Quest: 2000 locations.









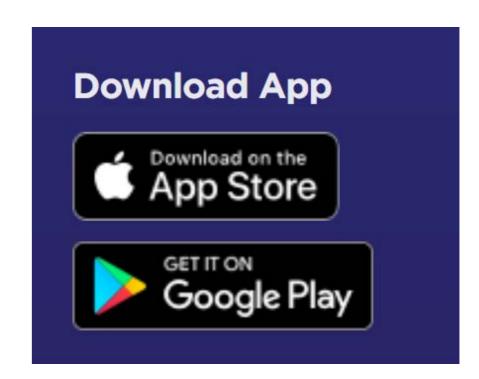




#### Three Ways You Can Participate-- #1: Participants

Joinallofus.org









#### **Direct Volunteers** (DV)







#### **Health Care Provider Organizations (HPO)**









1. Enroll & Consent (incl EHR)



2. Surveys, Journals



3. Baseline Measurements



4. Bio-Samples (Blood/Urine)



5. Apps, Phones & Wearables

#### Three Ways You Can Participate: #2 Providers









































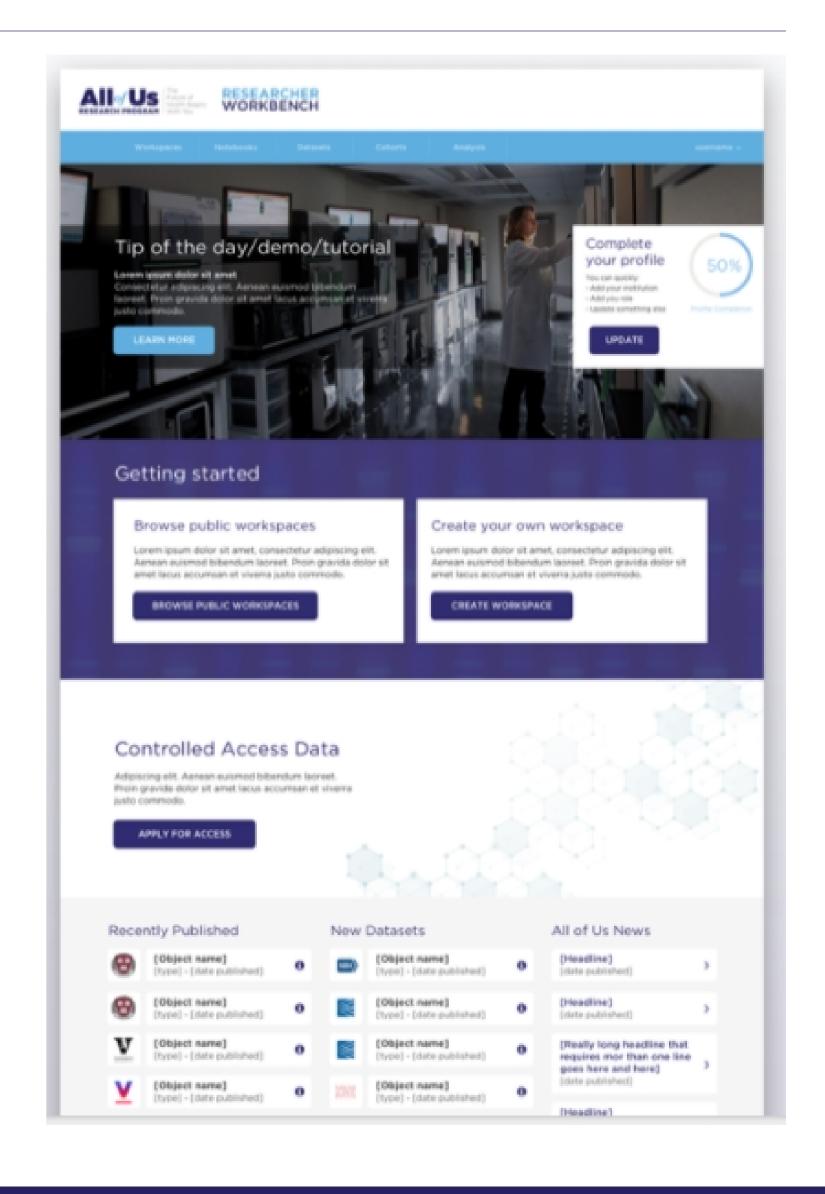


- Hold events to raise awareness for:
  - nurses
  - physicians
  - educators

Contact: Ronnie Tepp- HCM Strategists

#### Three Ways You Can Participate -- #3: Researchers

- The opportunity to save time and resources and accelerate your research breakthroughs by leveraging:
  - A rich resource of data, including biospecimens and increasingly robust electronic health records.
  - A longitudinal dataset that will follow participants as they move, age, develop relationships, get sick, and try treatments.
  - A diverse cohort of participants, including people both healthy and sick, from all walks of life and all parts of the country.
  - Both raw data and data that is already cleaned and curated.
  - Robust computing and analytic tools to support complex data analyses in a secure data environment.
  - A group of engaged participants who may be eager to participate in ancillary studies.



#### Two pathways for EHR data sharing

#### **FOR HPOs**

- Using OMOP v5 Common Data Model
- Starts with limited EHR fields
  - Labs, Dx, medications, etc.
- Focus on quality improvement and mapping to standards
- Will grow over time to include expanded data types

#### **FOR DIRECT VOLUNTEERS**

- Start with pilot of Sync for Science program with top EHR vendors with the goal to "donate your EHR at touch of a button"
  - patient-initiated using an industry-adopted, standard API technology to read data from a Patient Portal
- Exploring partnership opportunities with aggregators to bring in more data – Need to be tested

Initial Data Types	Expanded Data Types (May Include)
<ul> <li>Demographics</li> </ul>	<ul> <li>Physician Notes</li> </ul>
<ul> <li>Visits</li> </ul>	<ul> <li>Mental Health Data</li> </ul>
<ul> <li>Diagnoses</li> </ul>	<ul> <li>HIV Status</li> </ul>
<ul> <li>Procedures</li> </ul>	<ul> <li>Substance Abuse &amp; Alcohol use/misuse</li> </ul>
<ul> <li>Medications</li> </ul>	<ul> <li>Genomic Information</li> </ul>
<ul> <li>Laboratory Visits</li> </ul>	• Images
<ul> <li>Vital Signs</li> </ul>	<ul> <li>Dental Records</li> </ul>

HITECH and CURES Acts: making progress on provider access and use of health information, with individuals at the center of their care, and S4S enabling patient's sharing EHR with researchers

#### **AoU Genomics Platform**

#### AoU Genome Centers (GCs)

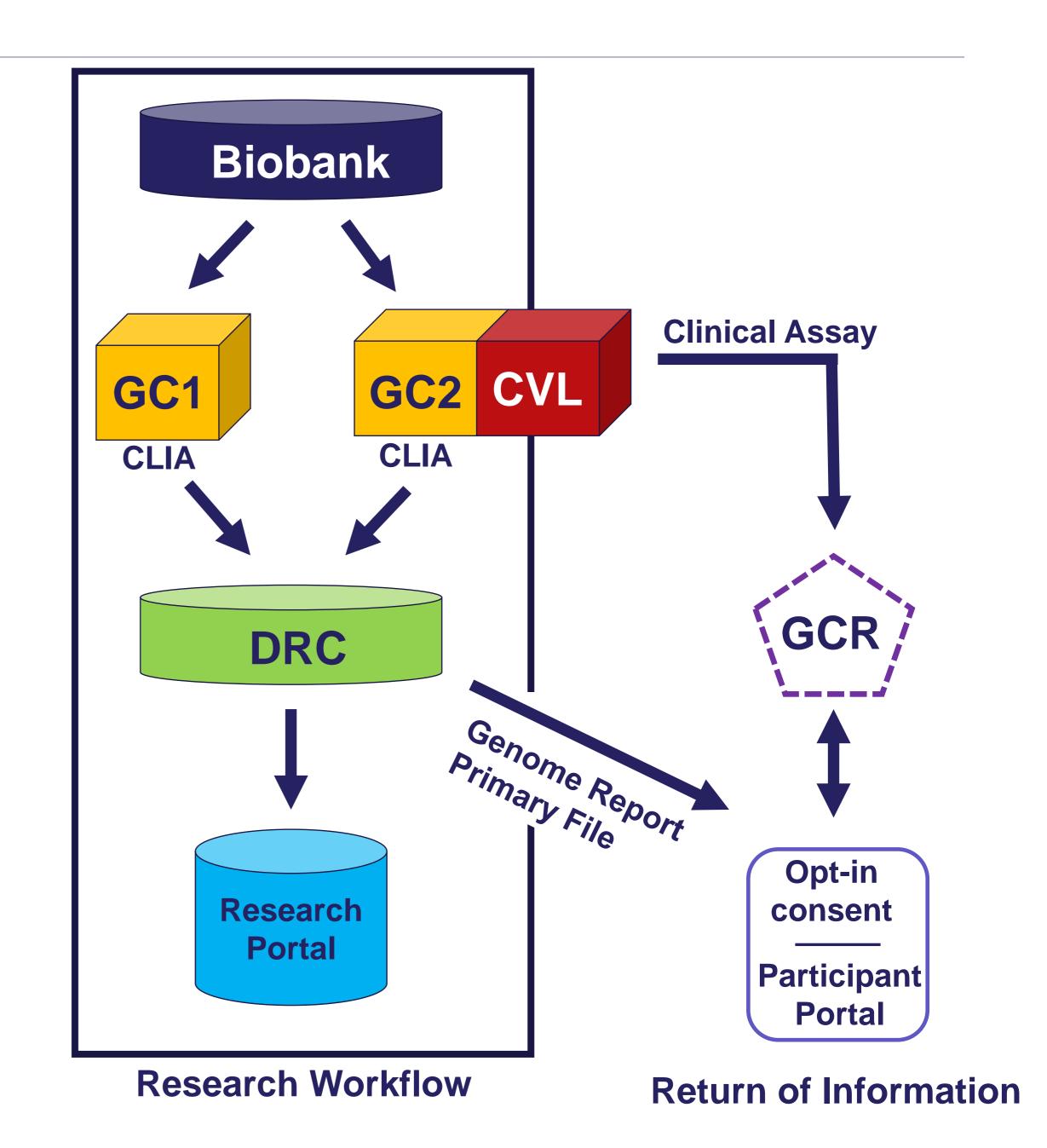
- Genotyping and WGS platforms
- Analysis pipeline includes variant calling and clinical interpretation (in programdefined regions)

#### 2. Clinical Validation Laboratory (CVL)

CLIA/CAP validation assay w/ sign-off

#### 3. Genetic Counseling Resource (GCR)

- Responsible return of actionable results
- Case work approach



#### Data Access | Principles and Framework

#### Breaking down data silos:

- Data available to all types of users
- Employ a secured, cloud-based, analysis platform (no data removal),
- Access will be tiered
- Users will be granted data passports
- Project information will be made public and auditable





Data Science



#### https://www.researchallofus.org/

# There are thousands of research questions. Let's find some answers.

The All of Us Research Program is building one of the largest biomedical resources of its kind to explore how lifestyle, environment, and biological makeup affect health and disease. When it's available, researchers will be able to use the diverse data here to explore a wide range of biomedical and scientific hypotheses.



**Learn more about the** *All of Us* Research Program protocol >

#### Grand Challenges & Opportunities for all of us...

- Risk Populations Need prevalent, incident, and pre-onset age groups (precursors, EHR, medications, lifestyles, demographics, etc);
  - Participants from existing cohorts can -- and are-- invited to participate
- Access to data -- and translating the findings to knowledge that can be tested
- EHR Syntactic harmonization driving towards the use of the same schema to represent the same values (e.g. cognitive tests, brain scans).
  - We're leaning heavily on existing standards and vocabularies; with some heterogeneity
- EHR Semantic harmonization -- ability to compare values across sources (e.g. reference ranges, medication names, prescribing and coding habits).
  - This will be a long and ongoing challenge, need lots of data in place and ready for analysis
  - Use what we learn to feed back into the system

#### TO DATE...

National launch: Sunday May 6, 2018

>124,000 Participants; >69,000 core participants

78% are under-represented in biomedical research

190+ sites now enrolling in 20 states

Biobank > 1M tubes (capacity for 35M)

Developed data warehouse to collect, clean, curate, de-identify the data

#### COMING SOON:

Research Portal to be open with initial public dataset in 2019

Begin enrolling children once plans and protocol approved

Genomics to begin in late 2018/early 2019

#### Participants are our Partners

#### Steering and Executive Committees and **Advisory Panel**

- Provide participant perspectives to oversight and governance
- Help set strategic direction

#### **Participant Ambassadors**

- Co-create and provide input on ongoing work and AoURP program implementation
- Serve on select Working Groups and Task Forces

#### **Director's Think Tank**

- Small group of mid-level professionals/ community members from DMV area to provide feedback to AoURP leadership
- Help shape and co-create new approaches

#### Participant Partners on Steering Committee, **Executive Committee, and Advisory Panel**







Chicago, Illinois

Los Angeles, California



Longwood, Florida





#### **Participant Ambassadors**





#### **Director's Think Tank**









Association



Retired, National Institutes of Health





Consultant



**Davey Yarborough** Musician **Duke Ellington School of Arts** 



American Association of People with Disabilities

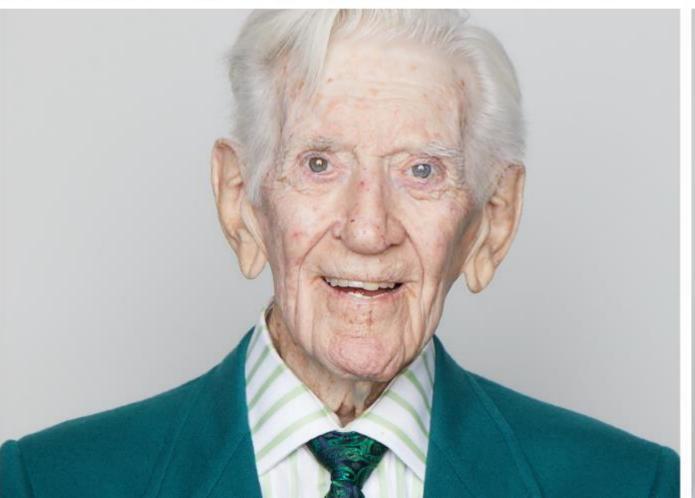


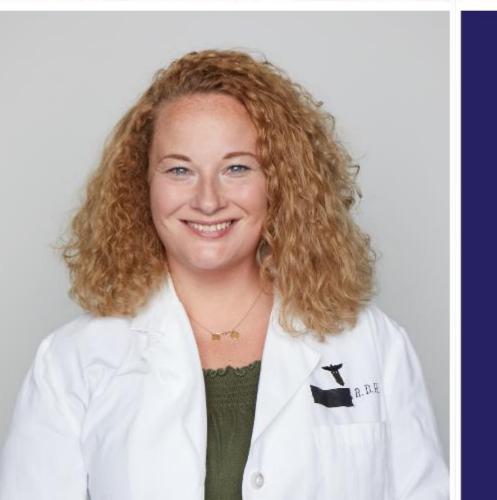














#### **THANK YOU!**

Communication

& Engagement

**WONDROS** 

- NIH website: <a href="https://allofus.nih.gov">https://allofus.nih.gov</a>
- Enrollment site: JoinAllofUs.org

Platform

Development

Follow us on social media: @AllofUsResearch, @JoniRutter, #JoinAllofUs



WONDROS

VANDERBILT