

Implementing Universal Pediatric Precision Medicine in San Diego

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“CHILDREN ARE AN UNDERSERVED COMMUNITY AS FAR AS RESEARCH GOES. THEY’RE A SMALLER MARKET SEGMENT. THEY’RE OVERLOOKED”



**RADY CHILDREN'S RECEIVES \$120 MILLION GIFT
MONEY TO BE USED FOR GENETIC SEQUENCING AND ANALYSIS**

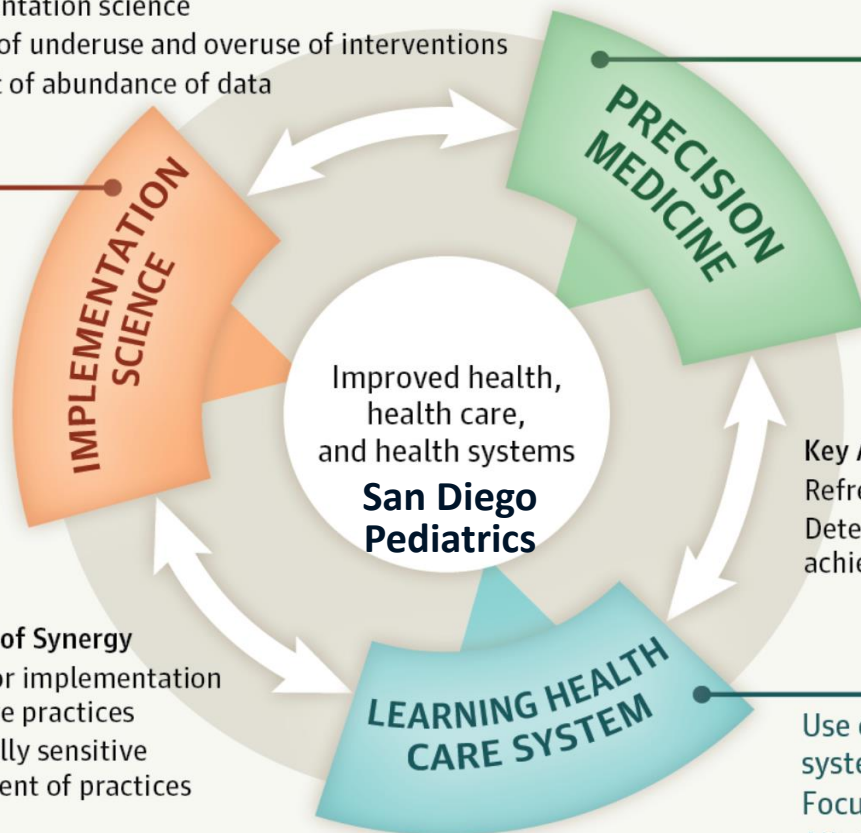
Key Areas of Synergy

Evolution of evidence base for precision medicine and implementation science
Recognition of underuse and overuse of interventions
Management of abundance of data

Optimal integration of effective diagnosis, prevention, and treatment
Understanding of multilevel context
Theories and strategies to drive health care improvement

Key Areas of Synergy

Support for implementation of effective practices
Contextually sensitive improvement of practices



Optimal use of genomics and behavioral data to drive clinical and patient decision making
Ongoing development of genomics evidence base
Personalized and population impact

Key Areas of Synergy

Refresh cycle of evidence base
Determination of degree of achievable personalization of care

Use of ongoing data to drive health system improvement
Focus on iterative and ongoing learning
All stakeholders participate

Rady Children's Our Primary Focus



Rady
Children's
Institute 
Genomic Medicine

14% of US newborns admitted to a NICU



Initial Focus For Precision Medicine- Infants

- 8,000 known genetic diseases
- These affect 3% of US children
 - Leading cause of death in infants,
 - Leading cause of death in PICUs and NICU
- Presentation less confounded by environment
- Biggest timespan for benefit

San Diego Substrate: Illumina + Edico + Rady Children's





00:00

Baby with acute liver failure

00:00

Parents gave consent

00:00

Blood sample from mum, dad and baby

00:02

Transport to Institute

01:00

Isolate DNA

06:00

Prepare DNA for sequencing

24:30

Rapid genome sequencing

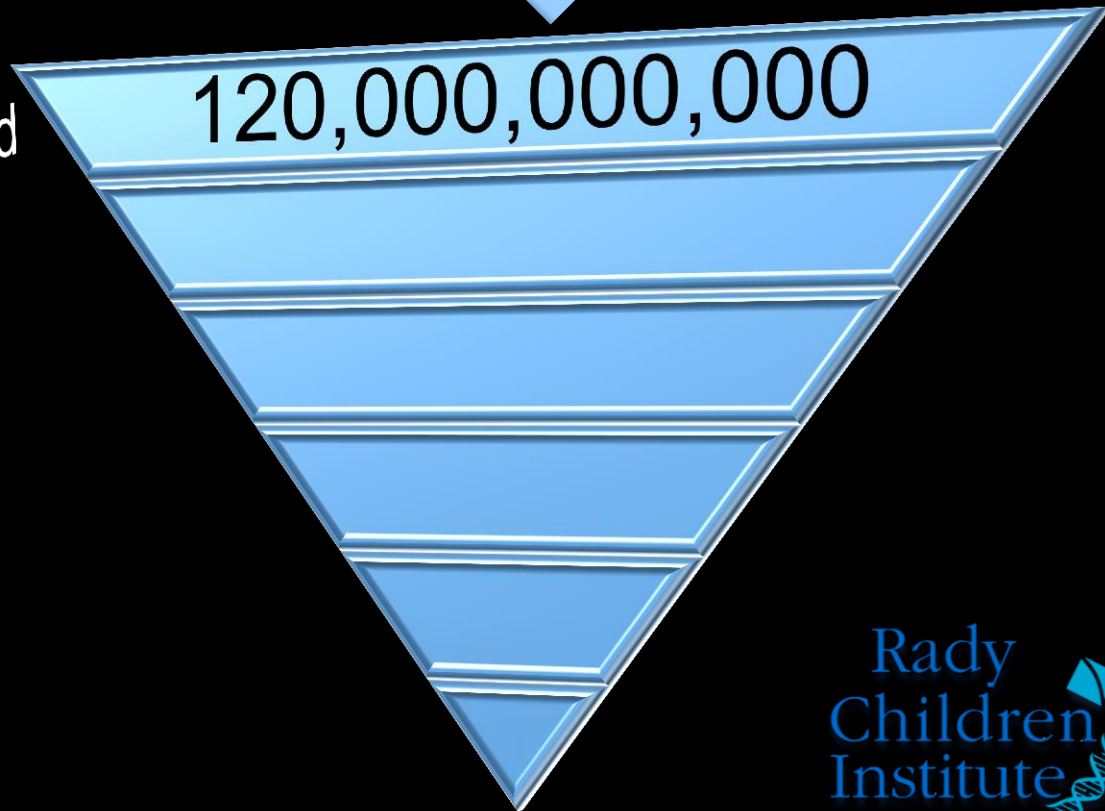
24:30

Infant with liver disease



120,000,000,000

Total DNA letters detected



24:45

Infant with liver disease



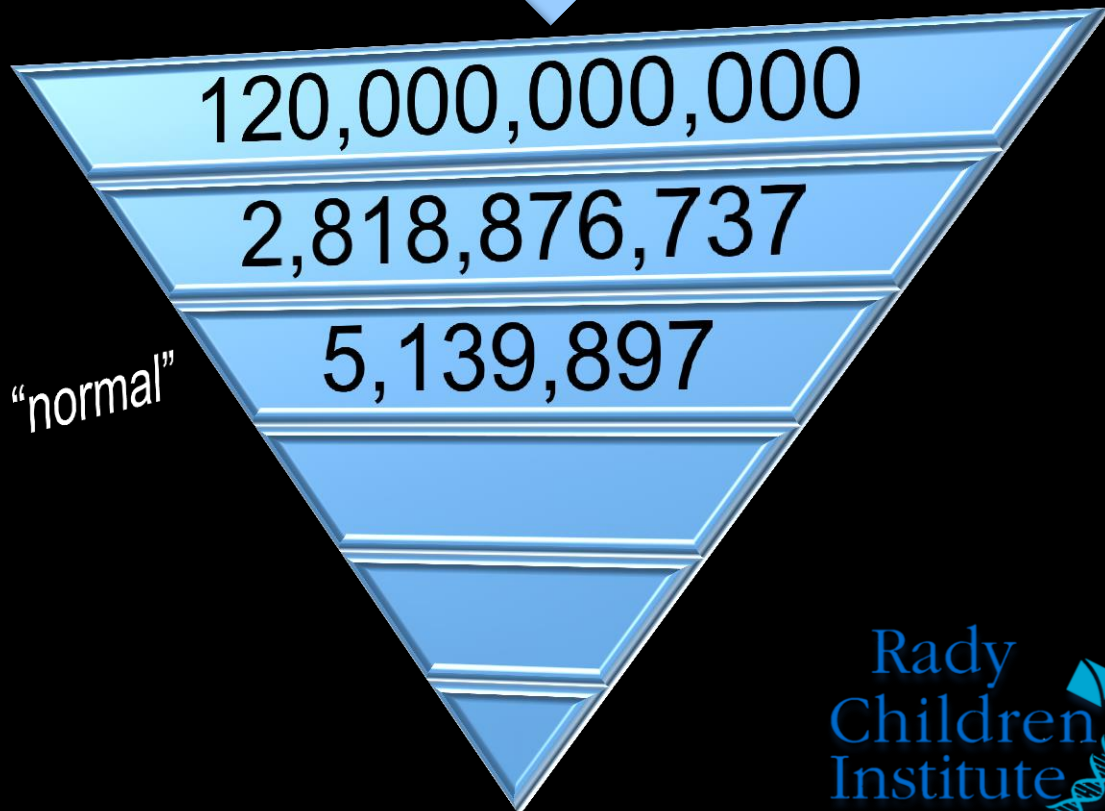
120,000,000,000

2,818,876,737

DNA letters of genome code assigned

25:00

Infant with liver disease



DNA letter changes from "normal"

25:01

Infant with liver disease



120,000,000,000

2,818,876,737

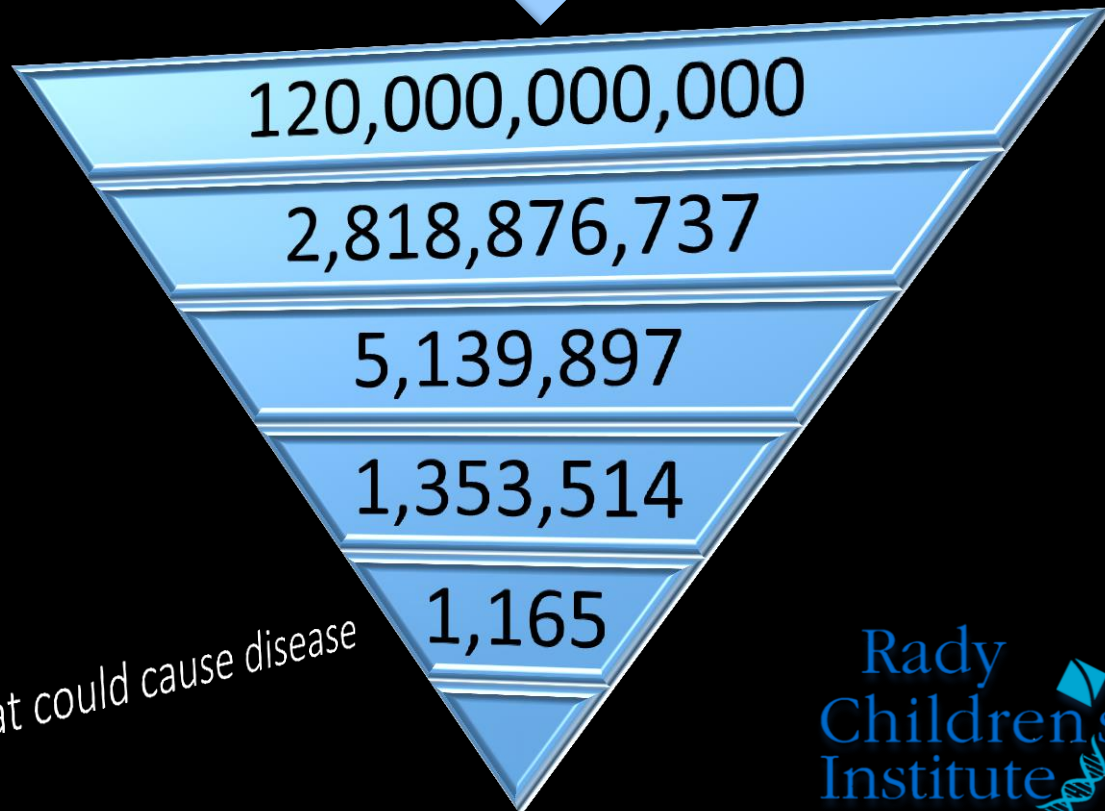
5,139,897

1,353,514

DNA changes present in less 1 in 100 people

25:41

Infant with liver disease



DNA changes that could cause disease

25:42

Computer-Generated List of 341 Possible Diagnoses

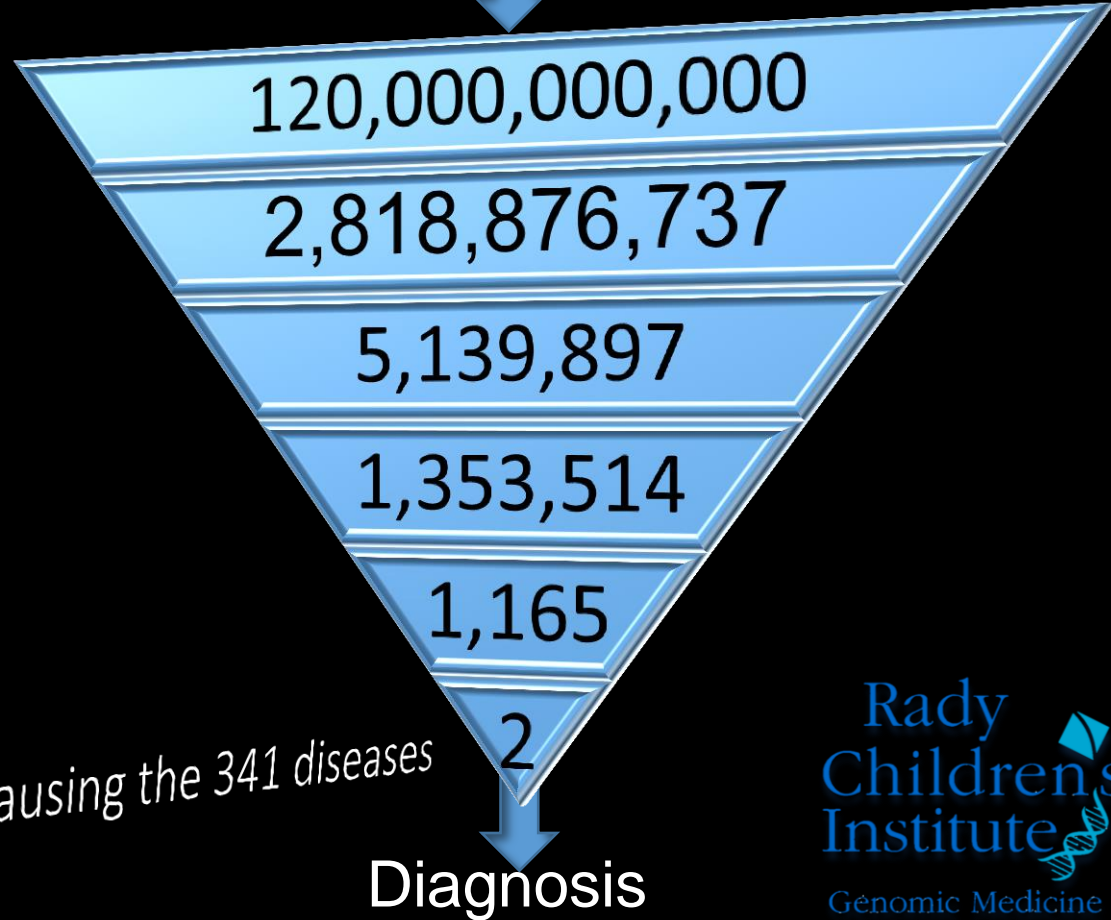
The screenshot displays a web-based medical diagnosis tool. On the left, there is a search bar labeled "Enter features" with a magnifying glass icon, and two buttons labeled "Search" and "Reset". Below the search bar is a table with two columns: "HP ID" and "Symptoms". The table lists several symptoms with their corresponding HP IDs. To the right of the table are two blue buttons with white text: ">>" and "<<". At the bottom of the left panel, there is a pagination control showing "Page 1 of 104" and "View 1 - 100 of 10,303".

HP ID	Symptoms
HP:0001539	Omphalocele
HP:0001873	Thrombocytopenia
HP:0003645	Prolonged partial thromboplastin time
HP:0006254	Elevated alpha-fetoprotein
HP:0006583	Fatal liver failure in infancy
HP:0008151	Prolonged prothrombin time
HP:0010945	Mild fetal pyelectasis

On the right side of the interface, there are two tabs: "Symptoms" and "Diagnosis". The "Diagnosis" tab is currently selected. Below the tabs is a table with three columns: "Disease ID", "Disease Name", and "Genes". The table is currently empty, and there is a vertical scrollbar on the right side of the table area.

25:43

Infant with liver disease



26:00

- *Perforin 1* heterozygous c.1310C>T [p.Ala437Val] LP, supported by case-control studies
- *Perforin 1* heterozygous c.272C>T [p.Ala91Val] P, supported by functional studies
- Diagnosis: Hemophagocytic lymphohistiocytosis type 2
- Treatment: IVIG & Steroids

Outcome

- Coagulopathy resolved on d. 7
- He is now 36 months old, normal liver function
- 79 quality adjusted life years saved





1st 115 babies, 57% diagnosis

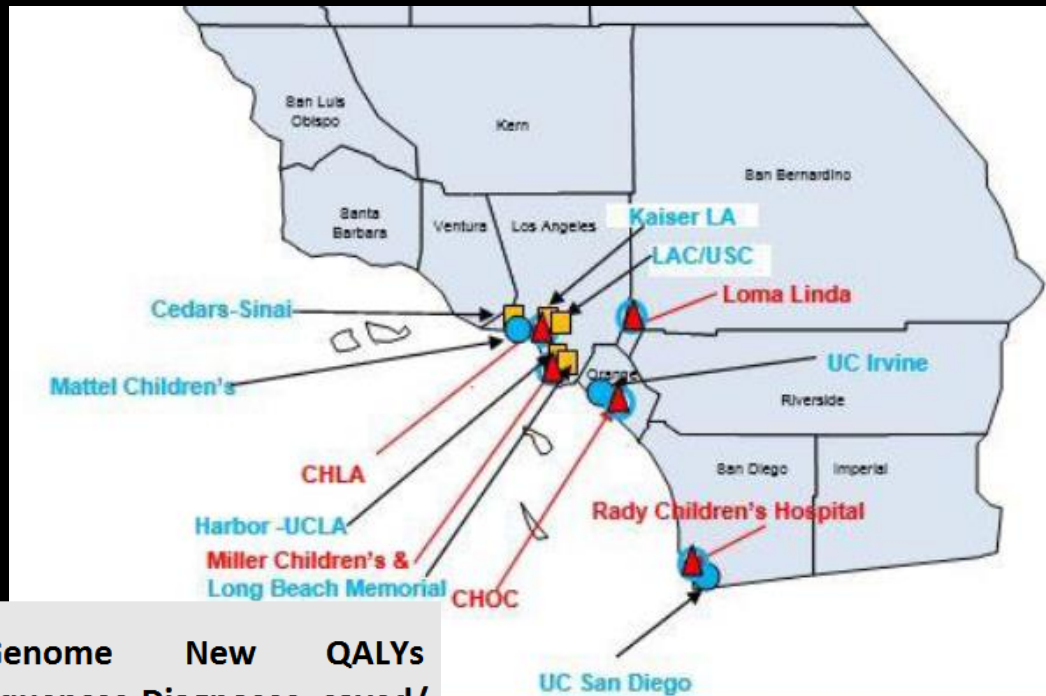


DOES IT
MAKE A DIFFERENCE?

2.9 QALYs per newborn genome

	Kansas City	Melbourne
Change in care	13 (37%)	21 (26%)
Palliative Care Guidance	6 (17%)	0 (0%)
Medication Change	4 (11%)	8 (10%)
Life-saving treatment	1 (3%)	0 (0%)
NICU stay decreased by >1 month	1 (3%)	0 (0%)
Major morbidity avoided	3 (9%)	1 (1%)
Parent or sibling diagnosed	1 (3%)	10 (13%)
Procedure Change	3 (9%)	4 (5%)
Diet Change	2 (6%)	2 (2%)
Complication monitoring	1 (3%)	11 (14%)

10 year vision for Pediatric Precision Medicine



County	Population 2014	Children with Genetic Diseases	Genome sequences / year	New Diagnoses / year	QALYs saved/ year
San Diego	3,263,431	22,126	8,284	1,327	5,773
SD, Imperial, Riverside, Orange	8,917,308	64,458	24,134	3,866	16,818

The children are waiting....

