The scientific and ethical challenges of precision medicine for the brain

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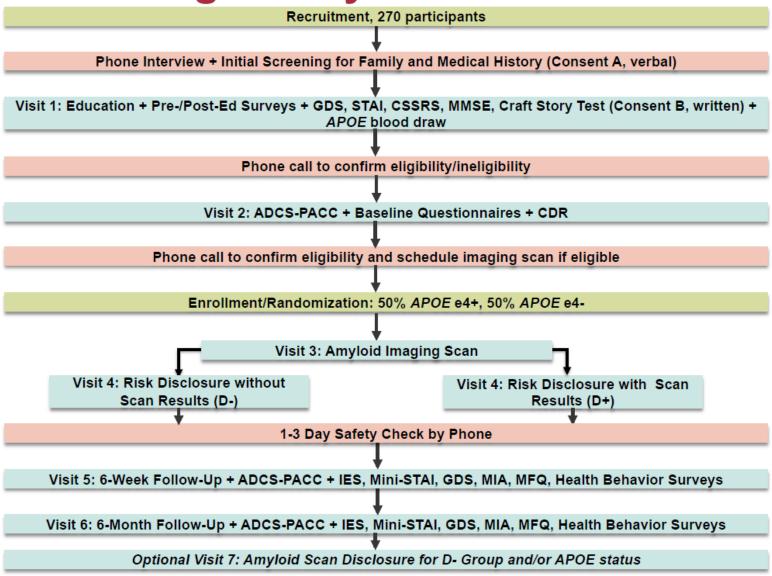
Penn Program on Precision Medicine for the Brain (P³MB)

The Anti-Amyloid in Asymptomatic Alzheimers Study

Sperling RA, Karlawish J, Johnson KA: Preclinical Alzheimer disease-the challenges ahead. *Nature Reviews Neurology* 2012. Randomization (with stratification) Treatment Active completers Treatment N=500 N=350 Obtain PET Αβ+ Telephone In clinic Amyloid MRI on Screen screen **MRI OK** imaging AB+ N=5000 Placebo N >10,000 N=1000 N=3300 N=1100 completers Placebo N=500 N=375 **Natural History** Arm of AB-Natural Harkins K, Sankar P, Sperling S et al. Development of (Age and History AB a process to disclose amyloid imaging results to education completers matched) cognitively normal older adult research participants. N = 350N=500 Alzheimer's Research & Therapy. 2015.

Study of Knowledge and Reactions to Amyloid Testing (SOKRATES). IIRG, Alzheimer's Association.

Impact of disclosing amyloid imaging results to cognitively normal individuals



CONNECT 4 APOE Design

Generation Study potential participants selected to come to the site for *APOE* disclosure and screening



Anticipate 3000 US participants

Baseline assessment (T0): Primary outcomes = 1. Genetic knowledge, 2. diseasespecific distress, 3. satisfaction with genetic services



TELEPHONE DISCLOSURE
(at the study site)
Post disclosure assessments*

VIDEOCONFERENCE DISCLOSURE
(at the study site)
Post disclosure assessments*

Is videoconferencing superior to telephone for remote disclosure of *APOE*4 genotype results?

Are there differences by test result or other patient factors?

^{*} Post disclosure assessments per Generation Study at 2-7 days (T1), 1 month (T2), 6 (T3) and 12 (T4) months.



What else do we need to do?

- Develop best practices for disclosing to patients a gene/biomarker result: expertise, venue, and words
 - Who's an "Alzheimer's expert"
 - in person, telephone, video
 - Elevated/not elevated, positive/negative, AD,
 @riskforAD....
- Improve insurance, employment and privacy protections for persons who are gene or biomarker "positive"
 - Arias and Karlawish. Neurology. 2014

What else do we need to do?

- What risks are acceptable to receive a gene/biomarker result and take a drug?
 - biomedical harms: body & brain
 - social & psychological harms
- What is the value of an intervention that over ~24 to 36 months changes performance on a composite measure of cognition?