Response to Letter

Response to Newman et al.

To the Editor:

In their Letter to the Editor, Newman et al. compare some of their findings from interviews of 14 genetic counselors in the UK (1) to our recently published survey of US genetic counselors and clinical geneticists (2). While some differences were highlighted between the studies, overall both studies showed that there is a potential role for genetic specialists in the delivery of pharmacogenomic testing, yet at this time there is variation in perspectives on their level of involvement. Our finding of the higher likelihood to order pharmacogenetic tests by genetic specialists that have been in practice longer may be because of greater familiarity obtained through continuing education, their position as leaders in the field, and/or their involvement in research investigating pharmacogenetic testing or whole-genome sequencing. Newman et al. highlight one potential scenario that may necessitate involvement of genetic specialists, namely that of pharmacogenetic tests that reveal incidental information, or risk information for diseases unrelated to the current clinical issue. Unpublished data from our survey and a focus group study (3) also indicates that genetic specialists perceived a role for themselves in considering the familial implications of pharmacogenetic test results and potential incidental findings.

As highlighted by Callard et al. (1) and others, several factors may be influencing genetic specialists’ perceived limited role regarding the delivery of pharmacogenetic testing and other applications, such as whole-genome sequencing. In particular, the small number of genetic specialists will remain a primary challenge to increasing their role with new genomic applications. Their role is also probably influenced by when testing is conducted. While pre-emptive pharmacogenetic testing may allow for consultation with a genetic specialist, consultation may not be possible if testing is ordered at the time of treatment. Their perceived limited involvement may also be because of unfamiliarity about these new applications.

The ‘brave new world’ of genetics and genomics will affect both genetic and non-genetic specialties alike, necessitating development of continuing medical education resources for current practitioners, updating of educational curricula for future practitioners, and potential changes to the delivery of genetic services. Establishing new care models and/or strengthening relationships with other medical specialties may be warranted. However, in the short-term, professional roles will probably evolve as the evidence for clinical utility of new genomic applications is gathered and use of these applications is initiated across medical specialties.

In addition, development of educational materials for patients should not be overlooked. As patients will probably encounter pharmacogenetic testing for different treatments during their lifetime, promoting patient knowledge will be beneficial and lesson burden on providers and specialists to discuss these tests at length with patients. Therefore, research on the development and assessment of effective educational materials for patients with diverse literacy levels would be greatly helpful.

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