



*Presents*

# Genetics in Primary Care

## A Brown-Oxford Transatlantic Videoconference

- Theme:** *Application of pharmacogenetics to chronic illness care to enable individually-tailored therapies*
- Date:** April 10, 2003
- Time:** 8 am – 2 pm EST (Providence) / 1 pm – 7 pm GMT (London)
- Locations:** (1) George Auditorium, Rhode Island Hospital, 593 Eddy Street, Providence, RI, 02905, USA\*  
(2) Cancer Research UK Video Conference Facility, 6-10 Cambridge Terrace, London, NW14JL, UK\*\*

### Rationale

“Until recently, many physicians and other health care professionals considered medical genetics as the province of specialists in tertiary care medical centers, who spent their time evaluating unusual cases of Mendelian disorders, birth defect syndromes, or chromosomal anomalies. Asked whether genetics was part of their everyday practice, most primary care practitioners would say no. That is all about to change.” *JAMA* 2001;285(5):540-4.

Francis Collins, MD, PhD – Director, National Human Genome Research Institute

### Conference Objectives

Attendees will:

1. Gain a broad understanding of the emerging role of the new genetics in primary care
2. Develop a skill set to identify, screen, and counsel patients with heritable risk of cancer and other illnesses
3. Address key policy and ethical implications of genetics for primary care
4. Identify strategies for organizing primary care office systems to promote the use of genetic technology
5. Envisage the new frontier of primary care genetics research from “bench to bedside to policy”

*This conference is funded by National Cancer Institute grant #1 R13 CA101634-01, The Brown University Center for Primary Care and Prevention, The Brown University Centers for Behavioral & Preventive Medicine, and by Memorial Hospital of Rhode Island.*



\*Memorial Hospital of Rhode Island is accredited by the Rhode Island Medical Society to sponsor intrastate continuing medical education for physicians. Memorial Hospital of Rhode Island designates this educational activity for a maximum of six (6) Category I credits towards the American Medical Association Physician's Recognition Award. Each physician should claim only those hours of credit that he/she actually spent in the educational experience.

\*\*PGEA Approved

# Conference Program

<b>7:00-8:00 EST/12:00-1:00 GMT</b>	<b>Late Registration and Continental Breakfast (US) / Appetizers (UK)</b>
<b>8:00-8:15 EST/1:00-1:15 GMT</b>	<b>Welcome and Introduction</b> <i>Conference Co-Chairs:</i> <u>Dr. Sean David (Brown University) &amp; Dr. Peter Rose (University of Oxford)</u>
<b>8:15-9:15 EST/1:15-2:15 GMT</b>	<b>Keynote Speech:</b> “How will the new genetics make an impact on primary care?” <i>Keynote Speaker:</i> <u>Dr. David Hunter (Harvard School of Public Health)</u>
<b>9:15-10:00 EST/2:15-3:00 GMT</b>	<b>Plenary Session:</b> “Improving the quality of primary health care through evidence-based genetic medicine.” <i>Plenary Speaker:</i> <u>Dr. Jon Emery (University of Cambridge)</u>
<b>10:00-10:15 EST/3:00-3:15 GMT</b>	<b>Coffee / Tea Break</b>
<b>10:15-11:15 EST/3:15-4:15 GMT</b>	<b>Lecture:</b> “Pharmacogenetics for the primary care physician: ‘So, doctor, can genetics help me quit smoking?’” <i>Lecturers:</i> <u>Dr. Jeanne McCaffrey (Brown University)</u> Part 1: Molecularly tailored behavioral therapies for smoking cessation  <u>Dr. Robert Walton (University of Oxford) &amp; Dr. Sean David (Brown University)</u> Part 2: Molecularly tailored pharmacological therapies for smoking cessation
<b>11:15-12:00 EST/4:15-5:00 GMT</b>	<b>Lecture:</b> Predictive cancer genetics: “The challenge of risk assessment and communication in generalist practice” <i>Lecturer:</i> <u>Dr. Robert Gramling &amp; Ms. Jennifer Scalia (Brown University)</u>
<b>12:00-1:00 EST/5:00-6:00 GMT</b>	<b>Lunch (US) / Dinner (UK)</b>
<b>1:00-2:00 EST/6:00-7:00 GMT</b>	<b>Expert Panel Discussion:</b> Policy implications of the new genetics  The use of genetics tests in primary care has major policy implications. While evidence-based guidelines exist for use of genetic screening for cancer prevention, policy makers must deal with who should have access to genetic information (e.g., insurance companies), who will provide genetic counselling (e.g., doctors, genetic counsellors), how payment will be made for the testing and counselling, and how doctors will be trained to approach the patient in a mutual, shared decision-making fashion. An interactive dialogue representing health systems in North America and the United Kingdom will address these questions and identify priorities for health policy makers.