

Association for Molecular Pathology Promoting Clinical Practice, Basic Research, and Education in Molecular Pathology 9650 Rockville Pike, Bethesda, Maryland 20814 Tel: 301-634-7939 • Fax: 301-634-7990 • Email: amp@amp.org • www.amp.org

September 26, 2011

Amy Patterson, M.D. Associate Director for Science Policy, National Institutes of Health Submitted by email to: gtr@od.nih.gov

RE: AMP Comments Regarding the NIH Genetic Test Registry

Dear Dr. Patterson:

The Association for Molecular Pathology (AMP) is an international professional association representing approximately 2,000 physicians, doctoral scientists, and medical technologists who perform genetic and genomic diagnostic laboratory testing. Our members populate the majority of laboratories that perform clinical DNA and RNA-based testing in the United States. Their efforts are central to the development and clinical introduction of genetic and genomic assays that are applied daily for diagnosis, prognosis and patient management in all medical specialty areas, including cancer, infectious diseases, heritable disorders, and histocompatibility testing.

As primary providers of genetic and genomic tests, AMP members bring a practical perspective, real world experience, and accurate, current information on the development, validation, and utility of genetic and genomic tests. We have previously provided comments regarding the proposed Genetic Testing Registry (GTR) and appreciate the opportunity for continuing discussion. We will respond to the four points in the Request for Comments.

• Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility;

The format as proposed includes levels of details that may result in confusing information. The following are a list of general concerns which will be addressed in further detail later in this document.

- The GTR should differentiate between the data elements for manufacturers, research and clinical laboratories.
- Some data elements address detailed issues of laboratory policy that are inappropriate for inclusion in the GTR and raise legal and liability concerns.
- Some data fields request information that is not relevant or useful for the purposes of the GTR.

• Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

The NIH has grossly underestimated the burden to provide the information as to the average number of submissions per respondent, the estimated time for submission, and the mean hourly wage for data entry. In addition, no burden estimate is included for updating the Registry as tests are improved.

The entries on GeneTests, the NCBI-hosted online medical genetics information resource, are by disease, with further information regarding the type of testing, *i.e.*, targeted mutation or mutation panel, gene sequence, deletion/duplication analysis. A laboratory may offer multiple tests for the same disease, such as a common mutation panel, gene sequencing, deletion/duplication analysis and family specific mutation (targeted sequencing). As each of these may be ordered separately or in a reflexive manner, in the proposed format each test and test combination would need to be listed separately, as they have different indications for testing, clinical sensitivities, methods, instruments etc. Because of this, the estimated time for submission is also underestimated.

As many of the genetic tests are complex, those entering the data will need to be very familiar with the test. These will most likely be done by genetic counselors, laboratory supervisors or laboratory directors, all of which are paid more than the mean hourly wage of \$22.85 listed for laboratory technicians.

• Enhance the quality, utility, and clarity of the information to be collected;

Certain fields need simplification or clarification. Certain fields address laboratory policies with legal implications that are inappropriate for the GTR. We recommend that these are removed from the GTR. These include data fields pertaining to

- 1. <u>Performance characteristics (and related fields)</u>: NIH should consider what technical information is important to the intended audience and limit the requested data to a more targeted set of fields. Such detail included in test methodologies, platforms and instruments is not necessary for most genetic tests and such information may become confusing. Proprietary information should not be requested.
- 2. <u>Variants of Unknown Significance (and related fields)</u>: This issue only is significant for sequencing-based tests and not for other more routine genetic tests. It intrudes into laboratory policies that may have legal implications.
- 3. <u>Proficiency Testing (and related fields)</u>: Laboratories are required to perform Proficiency Testing under CLIA, and such testing is performed for all tests regardless of whether a formal program is available or the laboratory performs an alternative assessment. Note inter-laboratory exchange and intra-laboratory testing are types of alternative assessment. Individuals seeking test information through the GTR may not understand information on proficiency testing provided in this format, and such information could easily be misconstrued.

• Minimize the burden of the collection of information on those who are to respond

AMP recommends several ways to minimize the burden for those submitting data.

- As the intent of the GTR is to provide a centralized, online location for test developers, manufacturers, and researchers, the data fields should be customized for each of category of submitters.
- For information such as clinical validity and utility that are not laboratory-specific, but will be common among all laboratories, these need to be addressed in a centralized manner using materials from experts in the field. This can be extended also to common disease-specific or target-specific elements.

AMP requests that, in consideration of the ongoing deliberations by the U.S. Food and Drug Administration (FDA) regarding exercise of its authority over Laboratory Developed Tests (LDTs), NIH proceed with caution in designing a test registry. Furthermore, as we noted in our survey, laboratory tests do not necessarily fall into discrete categories. Overly broad inclusion requirements may create unintended consequences and vague categories.

Thank you for the opportunity to submit this information in response to the Request for Information and for the consideration of our comments. AMP respectfully offers our assistance in designing a practical, useful genetic test directory that will be beneficial to all stakeholders.

Sincerely,

Elaine Lyon, PhD Chair, Professional Relations Committee