April 2018

FAMILY HEALTH HISTORY STUDY NEWSLETTER
FINAL VISITS OF RESEARCH STUDY COMPLETED, ANALYSIS NOW IN PROGRESS

Our entire study team thanks you for your participation in this unique research study to assess family health history. Without the voluntary participation of individuals like yourselves, willing to give their time and effort for research, this study would never have been possible. Thank you so much!

Family history is the most cost-effective and well known "genetic test" we have in clinical practice today. Understanding your family history helps identify risk, both environmental and genetic. It can help direct care towards targeted risk reduction and genetic testing when needed.

The long term purpose of this study was to implement MeTree, which calculates your risk from the information you enter and tells you what options are available to lower your risk. This study was part of IGNITE, a larger multistudy network funded by the National Human Genome Research Institute.

Enrollment ran from April 2014 to March 2017, with all participants completing the study by October 2017. One hundred primary care providers in 19 clinics at Duke University, Essentia Health, University of North Texas Health Science Center, and Medical College of Wisconsin enrolled 2,514 adult patients. Data analysis is ongoing and is expected to be completed in 2019.

Site Spotlight

The Duke Site was the overall coordinating center for the project. The MeTree program was developed by study Co-Principal Investigators Geoffrey Ginsburg, MD, PhD and Lori Orlando, MD at the Duke Center for Applied Genomics and Precision Medicine. The study team continues to develop the program for full integration in the electronic medical record in the near-future. For updates on MeTree or to inquire about our current research, please do not hesitate to contact us at support_familyhistory@duke.edu

The Duke site was very fortunate to have seven clinics participate: Duke Primary Care Pickett Road, Duke Outpatient Clinic, Duke Family Medicine Center, Duke Primary Care Henderson, Sutton Station, Triangle Family Practice, and Duke Primary Care Croasdaile.

Through the combination of the efforts of our physician champions, innovative technology, but mostly because of the many great Duke patients like you, Duke was able to recruit 77% of the total study population!
These graphs show some of our collected demographic data. Enrolled patients were 69% female and 22% minority. Female (81.3%) and white (90.4%) participants were more likely to complete the study once enrolled. Participant survey responses indicated MeTree was easy to use (95%), and patient-participants would recommend it to family/friends (91%).

Our conclusion is that a family health history-based risk assessment can be implemented in diverse primary care settings and can effectively engage patients and providers. Because risk assessment is ideally performed during young adulthood, our future research will focus on finding better ways to engage young adults, males, and minorities in preventative healthcare. Our study team is now working on analyzing the outcome data which will show the overall effect MeTree can have on patient health.
Grow your Family Tree knowledge

- Duke Center for Applied Genomics & Precision Medicine  
  [https://precisionmedicine.duke.edu/patients](https://precisionmedicine.duke.edu/patients)
- IGNITE network  
  [https://ignite-genomics.org/about-ignite/](https://ignite-genomics.org/about-ignite/)
- White House Precision Medicine Initiative  
  [https://obamawhitehouse.archives.gov/precision-medicine](https://obamawhitehouse.archives.gov/precision-medicine)
- Patient advocacy website  
  [https://www.patientslikeme.com/](https://www.patientslikeme.com/)
- Genome Magazine  
- Surgeon General’s Family Health History Initiative  

Recent publications from this study

1. The IGNITE network: a model for genomic medicine implementation and research.  
2. Protocol for the "Implementation, adoption, and utility of family history in diverse care settings" study.  
3. Clinical utility of a Web-enabled risk-assessment and clinical decision support program.  
5. Health Services Impact of Implementing Family Health History Risk Stratification in Primary Care.  

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