



Testing the genomic medicine paradigm in practice

The Clalit 100K Israeli Genomes RCT

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OVERALL AIM

To evaluate **clinical** and **economic** outcomes of implementing a comprehensive genomic medicine approach into usual primary care clinical service.

Comparison of outcome between intervention and control clinics.

Randomized Controlled Study

Cluster Randomization by Clinic type

40 primary care clinics

in Clalit's Haifa/WG District

- 20 intervention clinics
- 20 matches usual care clinics

**Largest Health Care
Provider in Israel**



“Secondary” outcome

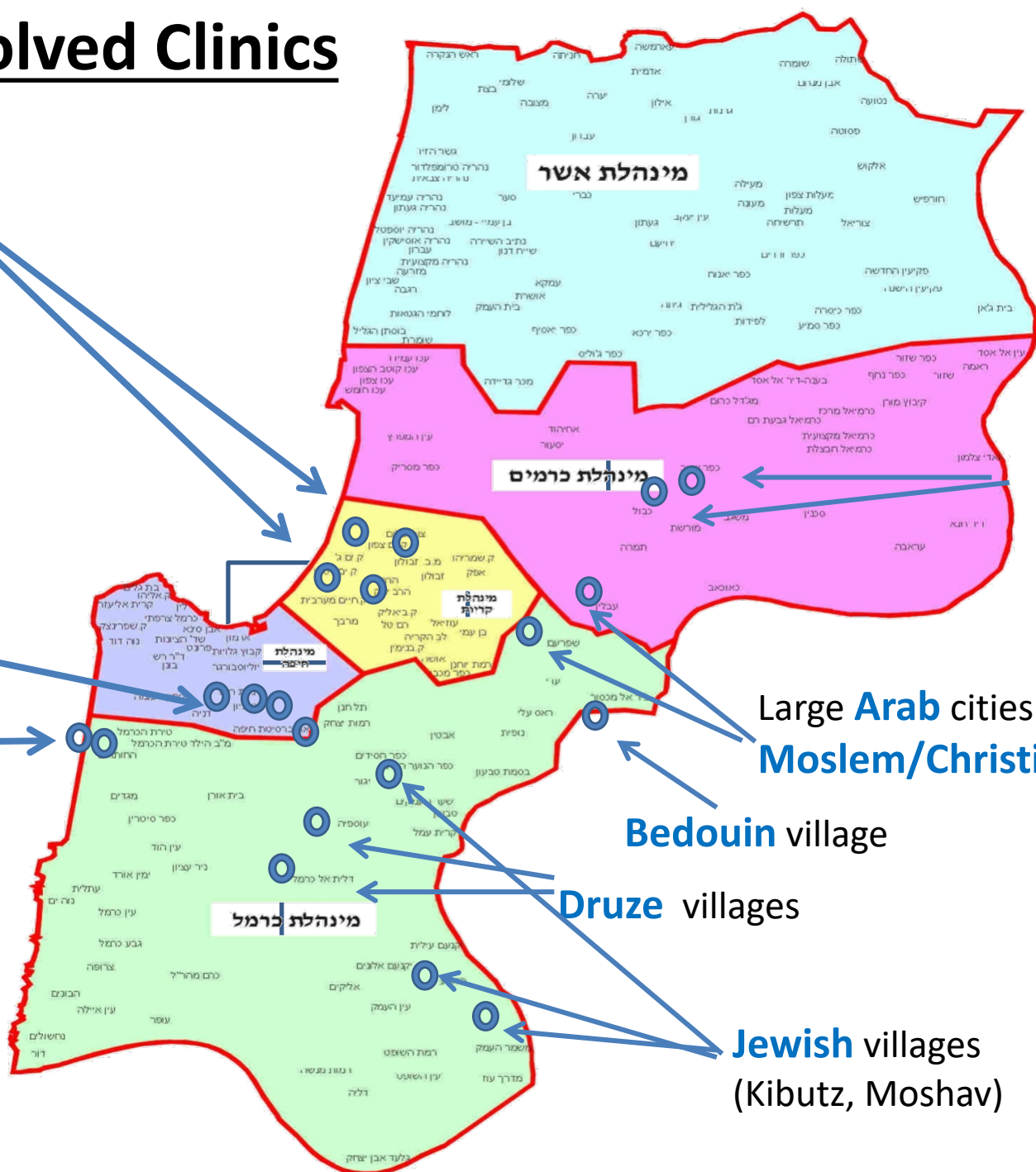
- Genomic atlas of Israeli populations (Jewish, Moslem, Christian, Druze, Bedouin)
- Identification of gene-disease associations (all genes vs. all diseases, all treatments)

Involved Clinics

Mid SES
Jewish
cities

High SES
Jewish
Big City

Low SES
Jewish
Small city



Arab
Villages

Large Arab cities
Moslem/Christian

Bedouin village

Druze villages

Jewish villages
(Kibutz, Moshav)

Five Study phases

OUTCOMES ANALYSIS

CLINICAL ACTION-

Delivery of
actionable results

BIOINFORMATICS

GENETIC TESTING

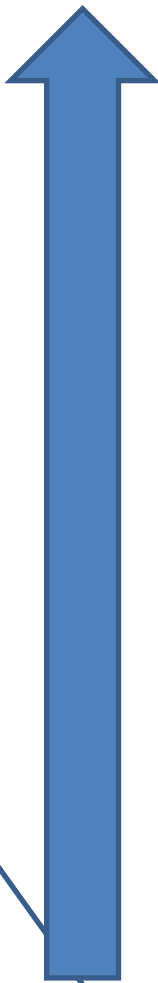
WES/WGS + 750K SNPs array

PRIMARY CARE CLINIC TEAM

Attitudes, genetics course, scenario practice

POPULATION

Attitudes, agreement to test, education, sample collection



Current Status – breaking ground

- Clinics randomized
- Population phase
 - 2 focus groups X 3 clinics, to identify barriers
 - While discussing barriers and worries **ALL** participants agreed to give blood (selection?)
 - Preparing questionnaire to total target population
- Clinic phase –
 - Introductory meeting with clinic leaders (chief physician, nurse and pharmacist) of 3 first clinics
- May 2018: National Genetic IRB approved consent form (process started in 2016)
- **2019 - Launched: 1st Clinic, 1500 joined**
- **2020 - COVID19 : full stop**

**Thank you
from
HAIFA**

