What the new ACMG guidelines really mean

Imagine that you visit your doctor to determine whether you have a genetic propesnity for high cholesterol, and your doctor finds out that you carry the BRCA 1 gene, which can make a woman five times more likely to develop breast cancer. Does you doctor have an obligation to tell you about your increased risk?

Last week the *American College of Medical Geneticists and Genomics* (ACMG) issued new guidelines on how doctors should handle unexpected findings when they sequence a patient's genome. Some news outlets caused a stir by reporting that the guidelines recommend that doctors who sequence a patient's genome should automatically test for dozens of conditions, and should tell the patient the results whether or not they want to know. *The DNA Exchange*, a blog by genetics counselors, has the straight-talk on what the recommendations really mean:

> … First let me emphasize one thing I believe was often obscured in the first-reaction coverage: **the report does not suggest that all incidental findings should be reported. Not even close.** The list of conditions is relatively short (about 35, although the authors acknowledge that it will inevitably get longer) and strictly curated. In each case the result in question has a well-established risk of likely and serious harm, at least potentially amenable to intervention. Likely, serious, preventable: the criteria echo the language of duty to warn, stemming from the famous Tarasoff case in the 1970's.

Read the full post here: Morality and Reality: Two Arguments in Favor of the Recommendations for Return of Incidental Findings Released by the ACMG

Further Reading:

- Recommendations for Reporting of Incidental Findings in Clinical Exome and Genome Sequencing [PDF]. *American College of Medical Genetics and Genomics*.
- Incidental Findings from Genome Sequencing – Nuances and Caveats. *Scientific American*.