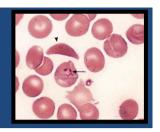


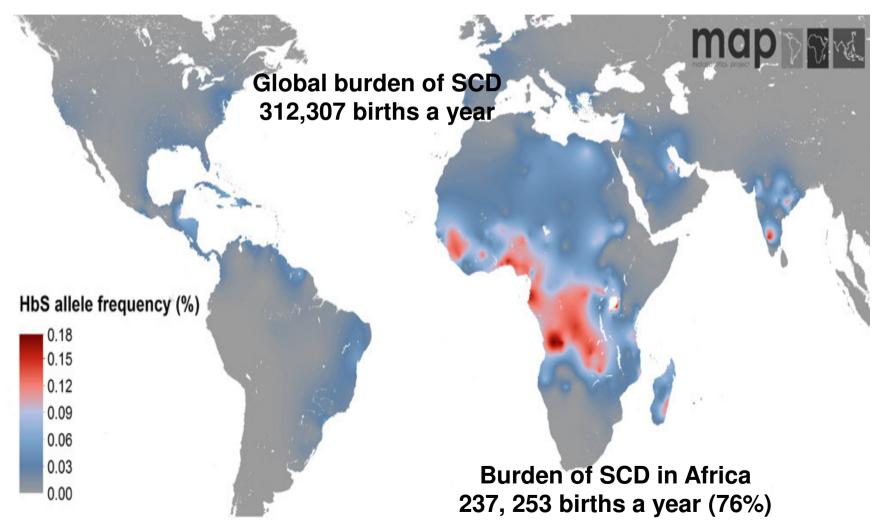
# EXPLORING PERSPECTIVES ON GENOMICS AND SICKLE CELL PUBLIC HEALTH INTERVENTIONS

PI: A Wonkam

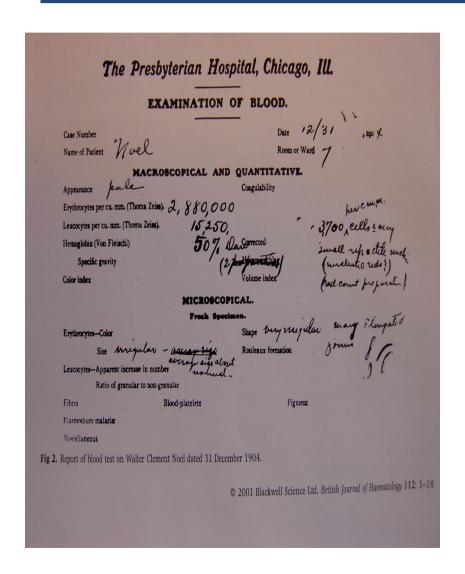
**Co-PI/ Collaborators:** J Makani, K Ohene-Frempong, G Tangwa, M Treadwell, S McCurdy, J de Vries

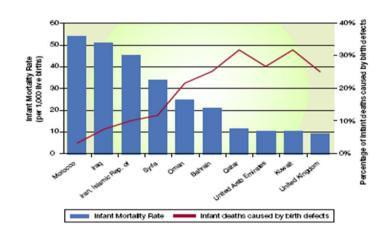
# Global Burden of SCD: The situation in Africa

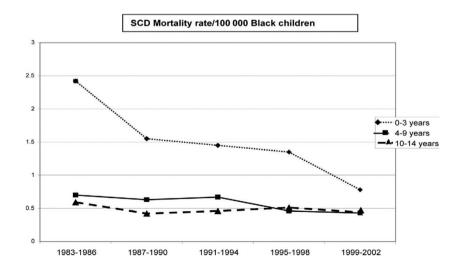




# Background: Epidemiologic transition



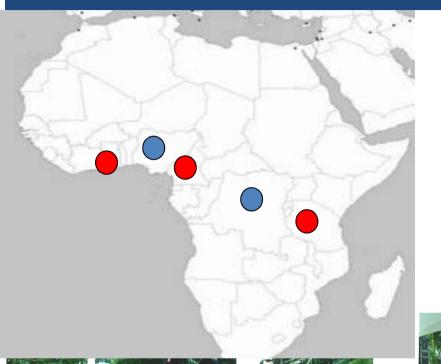




# Sickle Consortium of Healthcare, Advocacy, Research and Training in Africa



# SICKLE CHARTA & REDAC



THE SICKLE CITY DISEASE RESEARCH NETWORK OF CENTRAL APPICA-THE THIRD REDIAG SYMPOSIUM & SICKLE CELL AWARENESS DAY

### MANAGING SICKLE CELL IN AFRICA

SICKLE CELL SYMPOSIUM 2012: Friday 1st & Saturday 2nd June at Kunduchi Beach Hotel

SICKLE CELL AWA Saturday 2nd Ju

4<sup>ème</sup> Symposium international du REDAC à Yaoundé, Cameroun

### 13 - 15 juin / June 2013





### Drépanocytose chez l'enfant Sickle cell disease in childhood

Dép<mark>istage</mark> neonatal · Génétique · Transfusion sanguine et complications Neonatal screening Genetics Blood transfusion and complications

· Hydroxycarbamide · Infections · Doppler transcranien · Transition enfant-adulte

Hydroxycarbamide · Infections · Transcranial doppler · Child-adult transition

### Appel à communications jusqu'au 15 mai 2013 Callfor papers: deadline-may 15 <sup>6</sup> 2013

Infections

Comité scientifique /S cientific committee

Comité d'organisation / Organizing committee

redac4yaounde2013 @yahoo.f + baron gasia@gmail.com

Lieu / Venue Hôtel Mont Febe

# CAMEROON: the birth place, 2009



# Background: H3Africa

- Unprecedented opportunity to study / genomics & SCD in Africa
- H3 Africa draws increased attention to longstanding/ and emerging issues:
  - informed consent and community engagement,
  - privacy and confidentiality,
  - reciprocity/benefit sharing, and ownership
  - return of research results and incidental findings (e.g. GWAS)
  - the inclusion of children in genomic research.
- There is a dearth of published research on the views/perspectives of Africans regarding several genomic and ELSI issues.
- Little empirical data are available about the perceptions, utility, and impact of genomic research and SCD-related public health strategies in Africa.

# Genetics in prevention & Care of SCD

Primary "prevention"
Prenatal Diagnosis

Secondary prevention

Guidance with Genetic modifiers (Hb F)

### Therapy

Transplantation: stem cells / bone marrow

Gene therapy: reactivation of HbF

### ORIGINAL RESEARCH

# Cameroon

# Acceptability of Prenatal Diagnosis by a Sample of Parents of Sickle Cell Anemia Patients in Cameroon (Sub-Saharan Africa)

Ambroise Wonkam • Alfred K. Njamnshi • Dora Mbanya • Jeanne Ngogang • Caryl Zameyo • Fru F. Angwafo III

Proper Diggs 2011. 3

Prenat Diagn 2011; 31: 1210–1212.

Published online 26 October 2011 in Wiley Onlin (wileyonlinelibrary.com) **DOI**: 10.1002/pd.2896

.....

article

Knowledge and attitudes concerning medical genetics amongst physicians and medical students in Cameroon (sub-Saharan Africa)

Ambroise Wankam, MD, Alfred K. Njamnshi, MD, and Fru F. Angwafo III, MD

### RESEARCH LETTER

# Initiation of prenatal genetic diagnosis of sickle cell anaemia in Cameroon (sub-Saharan Africa)<sup>†</sup>

Ambroise Wonkam<sup>1,2</sup>\*, Cedrik Ngongang Tekendo<sup>1</sup>, Huguette Zambo<sup>1</sup> and Michael A. Morris<sup>3</sup>



European Journal of Medical Genetics

journal homepage: http://www.elsevier.com/locate/ejmg

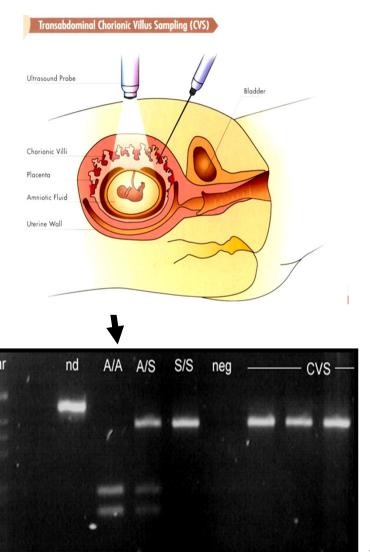


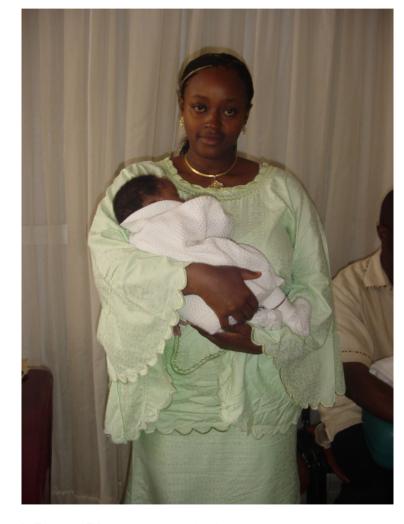
Original article

Initiation of a medical genetics service in sub-Saharan Africa: Experience of prenatal diagnosis in Cameroon

Ambroise Wonkam <sup>a,b,\*</sup>, Cedrik Ngongang Tekendo <sup>a</sup>, Dohbit Julius Sama <sup>a</sup>, Huguette Zambo <sup>a</sup>, Sophie Dahoun <sup>c</sup>, Frédérique Béna <sup>c</sup>, Michael A. Morris <sup>c</sup>

# GENETICS PND OF SCD INITIATE THE PRACTICE OF MEDICAL GENETICS IN CAMEROON

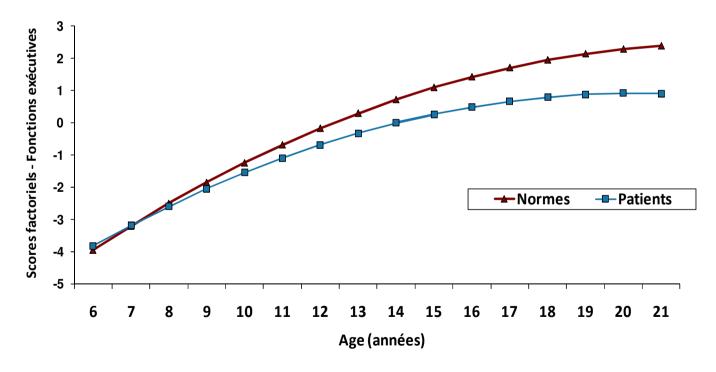




Wonkam A et al. Prenat Diagn. 2011;31(12):1210-2.
Wonkam A, et al. Morris MA. Eur J Med Genet. 2011;54(4):e399-404.
Wonkam A, et a. Public Health Genomics. 2010;13(7-8):492-4

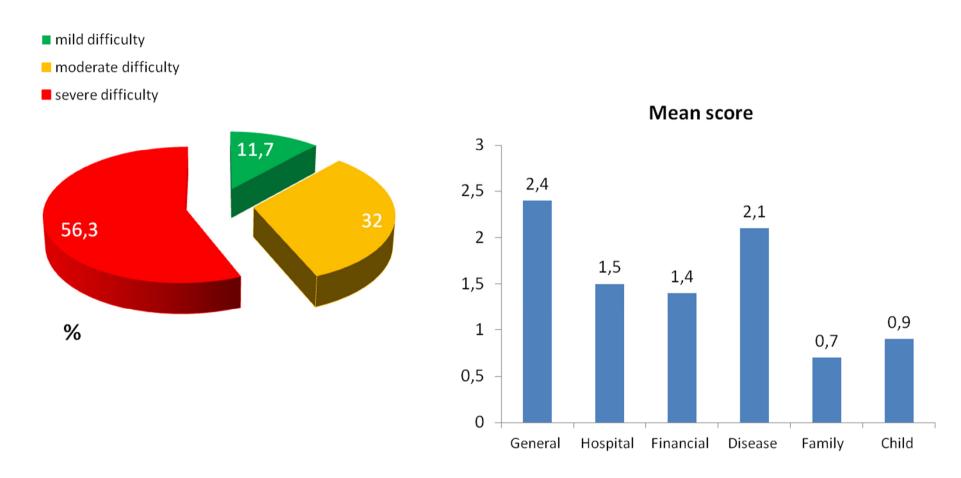
# Severe phenotypes

- Median age at diagnosis: 24 months
- Stroke prevalence of 7 % in Cameroonian SCD
- 16.5 % and 22.7 % had moderate and severe deficit

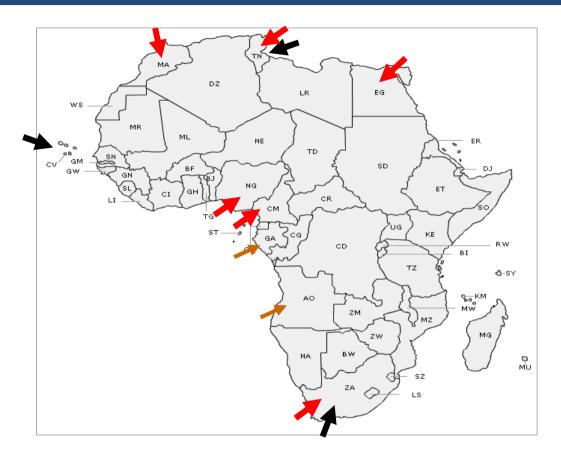


Njamnshi, AK; Wonkam, A et al, J Neurol Sci. 2009; 285: S161-S161. Ruffieux, Njamshi Wonkam et al., . Child Neuropsychol. 2013

# In general how difficult is to coping with your affected disease child?



# Africa & Restrictive abortion laws

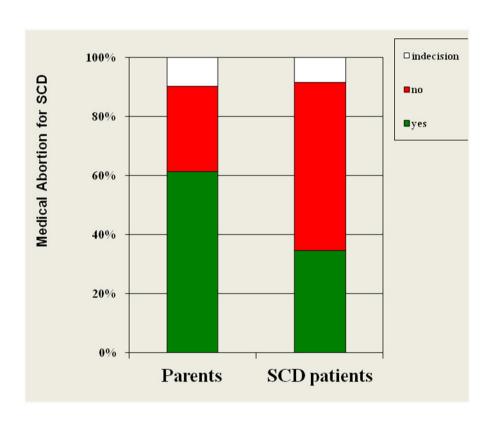


Voluntary abortion is a criminal offense but medical abortion is allowed:

"...if it is done by an authorized professional and justified by the need to save the mother from grave health jeopardy"

(Act 339; exception 1; the Cameroonian Penal Code).

# Differential attitudes to SCD's medical abortion



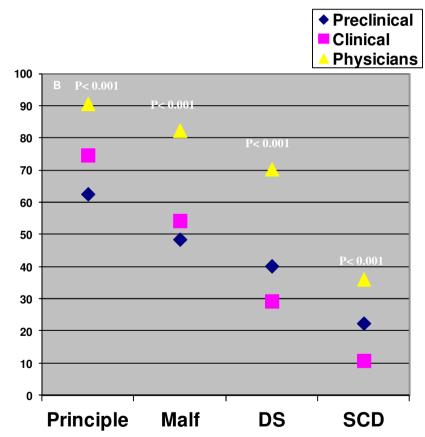
Wonkam A, et al. *J Genet Couns*. 2011 Oct;20(5):476-85

Wonkam & Hurst. The Lancet, 2007, june 16; **369**: 1999

Wonkam et al. Genet Med, 2006, june; **8**:331-8

Wonkam et al. Prenat diagn, 2006; **26**: 760-1

Wonkam et al. J med Ethics, 2013



### Differential attitudes to SCD's medical abortion

10 June 2013 23:24

Dear Editor and Co-Authors,

Please can you remove my name from the list of authors as I do not agree with what it's said on the prenatal diagnosis and the tendency of predilection of termination of pregnancy. I debate on this theme with all the team and I asked to be removed from the list of authors.

Thank you for the comprehension.

Best regards,

## Ghana

J Health Care Poor Underserved. 2007 Feb;18(1):1-5.

Heroes and great ideas column: crossing borders: Dr. Kwaku Ohene-Frempong. Rouse CM.



### Concerted Global Effort to Combat Sickle Cell Disease

The First Global Congress on Sickle Cell Disease in Accra, Ghana

Isaac Odame, MB, ChB, MRCP, Roshni Kulkarni, MD, Kwaku Ohene-Frempong, MD

Nat Genet. 2009 June; 41(6): 657-665. doi:10.1038/ng.388.



# Genome-wide and fine-resolution association analysis of malaria in West Africa

OPEN & ACCESS Freely available online

PLos **on**e

# Mortality in Sickle Cell Anemia in Africa: A Prospective Cohort Study in Tanzania

Julie Makani<sup>1,2</sup>\*, S

RED CELLS, IRON, AND ERYTHROPOIESIS

Brief report

Genetics of fetal hemoglobin in Tanzanian and British patients with sickle cell anemia

"Julie Makeni," 2 "Stephen Menzel, 2 Siene Nkye, 1 Sheron E. Cox, 1/4 Emme Dreser, 2/4 Deografius Soke, 1 Albert N. Komba Josephine Mgaye, 1 Helen Rooks, 2 Nisha Vasavda, 2 Gregory Fegan, 3/4 Charles R. Newton, 1/4/7 Martin Farrall, 2 and Swee Lay Thein 2/4

Hematological and Genetic Predictors of Daytime
Hemoglobin Saturation in Tanzanian Children with and
without Sickle Cell Anemia

A global network for investigating the genomic epidemiology of malaria

Sharon E. Cox, 1,2 Julie Makani, 2,3 Cl

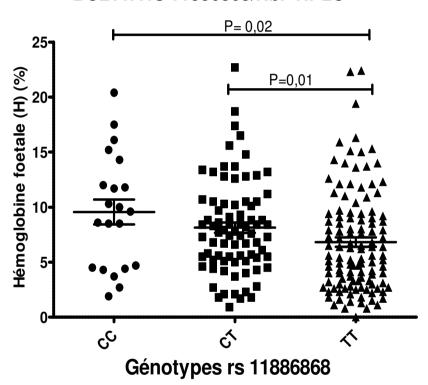
The Malaria Genomic Epidemiology Network\*

# SNPs & Hb F & SCD

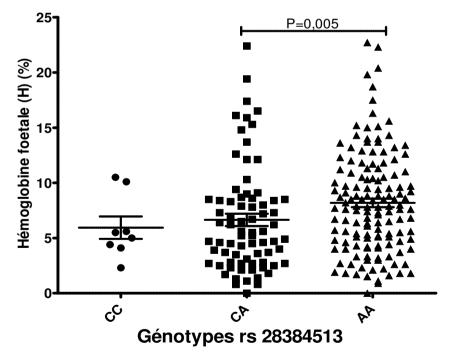
				Cameroon				Tanzania				USA: CSSCD		
Locus	SNP	Position sur le chr*	Allèle changé	MAF	Effet	HWP	n	MAF	Effet	P	n	MAF	Effet	P
Chromoso me 2														
BCL11A	rs11886868	60720246	T>C	0,28		0,00043	587	0,26	-0,406	3,00E-30	1000	0,31	0,524	4,00E-35
BCL11A	rs4671393	60720951	G>A	0,27		0,69229	594	0,30	-0,412	3,90E-28	845	0,27	0,598	2,00E-42
Chromoso me 6														
HBS1L- MYB	rs28384513	135376209	A>C	0,2		0,31745	596	0,21	-0,146	1,90E-04	1021	0,2	-0,102	0,04
HBS1L- MYB	rs9376090	135411228	T>C	Homo	ozygote	NA	580	0,01	0,471	1,60E-02	1021	NA	NA	NA
HBS1L- MYB	rs9399137	135419018	T>C	0,05		0,000002	555	0,01	0,668	8,30E-06	975	0,06	0,571	5,00E-11
HBS1L- MYB	rs9389269	135427159	T>C	0,18		1,08E-07	568	0,03	0,400	1,40E-05	1016	NA	NA	NA
HBS1L- MYB	rs9402686	135427817	G>A	0,03		0,64572	591	0,06	0,342	1,60E-04	1013	NA	NA	NA
HBS1L- MYB	rs9494142	135431640	T>C	0,12		0,19510	583	0,13	0,085	6,00E-02	1014	NA	NA	NA
Chromoso me 11														
HBG2	rs7482144	5276169	G>A	0,006		0,89661	539	0,01	0,562	1,60E-04	991	0,7	0,407	4,00E-07
OR51B5/6	rs5006884	5373251	C>T	0,08		0,02484	592	0,05	0,164	2,40E-02	957	NA	NA	NA

# SNPs & HbF

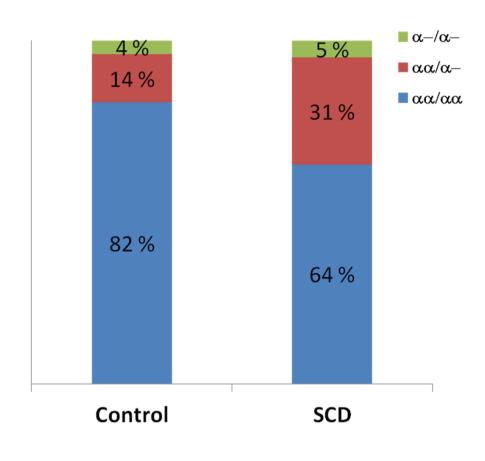
### **BCL11A rs 11886868/HbF HPLC**

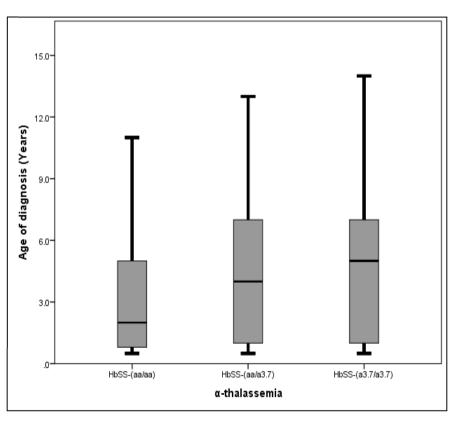


### HBS1L-MYB rs28384513/HbF HPLC



# Alpha-Thalassemia & SCD





# Background: Sites' Selection

(

Cameroon

Genomics, PND &

psychosocial research

**USA** 

U Texas Children hospital Oakland (CA)

Genomics, SCD, ELSI and policy

South
Africa
UCT

**Tanzania** 

:genomics studies

Ghana

newborn screening

### **AIMS**

### Aim 1:

To explore perspectives and attitudes regarding genomic research and its implementation and implications in Cameroon, Ghana and Tanzania.

### Aim 2:

To assess perceptions about public health interventions to increase awareness, early detection, and prevention of SCD-related complications.

# Н M A C 0 N Ε N

# Recruitment and Data Collection



G

U

D

1- Interview guide2- selections of ruralSettings

### **Pilot & training**

FGs & Interviews 15 Key Informants

Identification of stake holders & community leaders

### 36 Focus groups (urban and rural)

- SCD-affected families (patients, parents)
  - Health professional and promoter

1- Perceptions / experience with SCD and SCT,
Genomics and public
Health interventions
(screening , PND, counseling, stigmatization etc....)



(consent, community engagement, result return, benefit /data sharing ect...)

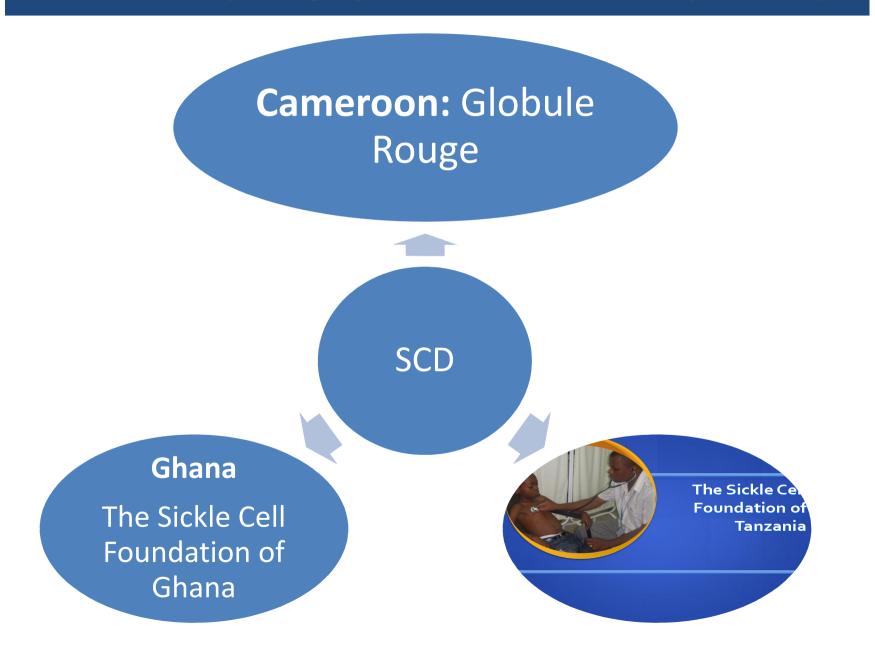


### 60 In-depth Interviews (urban and rural)

Community leaders, policy influencing people (health, traditional, religious)



## Community Engagement: Advocacy Groups



# Training and Sustainability

### 1) link and expertise of existing network

- Bioinformatics Network and H3Africa community
- Wellcome trust and ETHOX Centre, Duke University
- H3Africa ELSI working group

### 2) Registration for formal PhD/MSc training and Co-supervision

Social Sciences/ELSI: Drs McCurdy, Treadwell, deVries, Royal, Tangwa

Genomic/SCD: Drs Ohene-Frempong, Makani, Wonkam

### 3) Additional funding for ELSI-Sickle scholarships

### Importance of the Knowledge to be Gained

- There is a paucity of data on ELSI of genetic research on SCD on the African continent.
- An accurate evaluation of the relevant ELSI issues requires grounding in empirical data on the awareness, attitudes, and experiences of professionals, students, affected families, SCD patients, stakeholders and community leaders.
- Obtaining these information will allow the identification of specific practical, psychosocial and ethical challenges that are associated with genomics in general and genomics and SCD prevention and care in Sub-Saharan Africa
- Findings from our study will help to guide recommendation for preventive and care policies that do not conflict with community perceptions, behaviors and culture.

# Timeline

Year 1	1Q	•	Hire Research Assistants; Develop focus group guide; Prepare and submit protocol for ethics Committee approvals, Training of research assistants (Dr Treadwell, Dr McCurdy Dr DeVries); Commentary paper
	2Q	•	Recruit and schedule focus group participants Recruit and Schedule key informants for interviews
	3Q	•	Pilot instruments and make adjustments as needed.
	4Q	•	Conduct and transcribe focus group and in-depth interviews Cleaning the transcription Begin data analysis

# Overview of management plans

Advasory boad H3Africa ELSI working group H3Africa Steering Committee



**Senior management Board: Pis** 

Weeky site /country co-PI supervision meetingsMonthly PIs' Skype meetings



**Operational management** 

Reseach assistants and trainees

On-site Weekly meetingMonthly Report

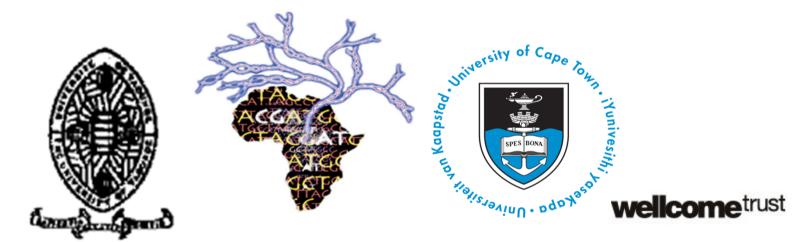
# Publications policies

- Project publications: at least 2 (FGs & in-dept intertiews).
- Countries' Report: at least 1 publications per countries
- Authorship: defined jointly by PIs according to the work involvement in the project and the manuscript preparations.
  - H3Africa consortium to be included as author in all the publications
- **Arbitrations:** H3Africa publications' committee.



FOA: RM12-005, 1 U01 HG007459-01





# **THANKS**