What motivates adopted individuals to pursue elective genetic testing? Findings from the Sanford Chip Program



Hadley Stevens Smith, PhD, MPSA (1,3), Kurt D. Christensen, PhD (1,3)

- (1) PRecisiOn Medicine Translational Research (PROMoTeR) Center, Harvard Pilgrim Health Care Institute, Boston MA
- (2) Sanford Imagenetics, Sioux Falls SD
- (3) Department of Population Medicine, Harvard Medical School, Boston MA

Correspondence: madison_hickingbotham@hphci.harvard.edu

Background

- Elective genetic testing (EGT) may help individuals who are adopted (adoptees) with limited access to family history information understand their inherited risks.
- In 2018, Sanford Health launched the Sanford Chip, an EGT program available to primary care patients that included panel pharmacogenomic testing and optional screening for Mendelian disease risks.

Methods

*p<0.05

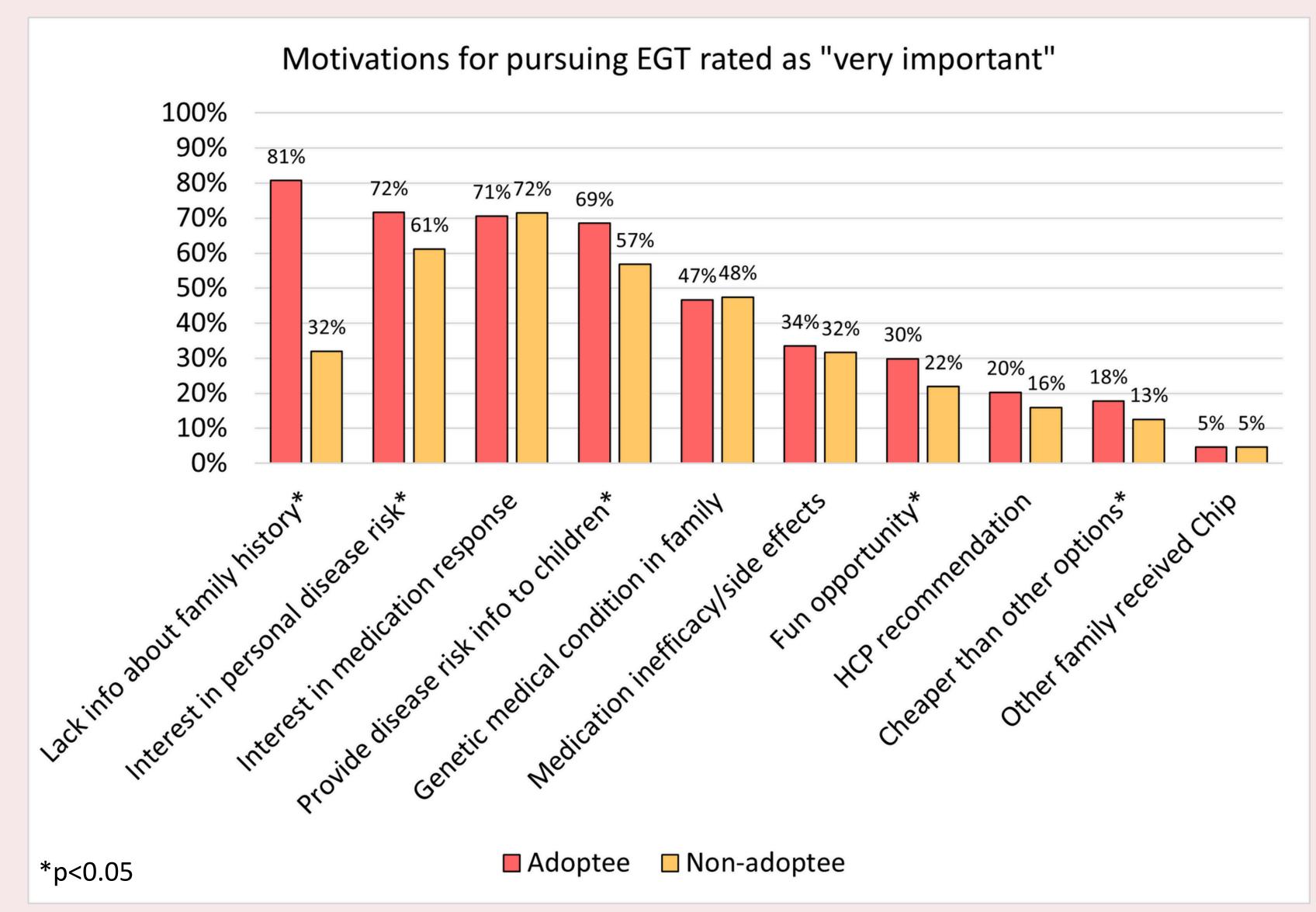
- A survey was administered upon program enrollment from August 2020 to April 2022.
- Survey items assessed participants' motivations, expectations, and concerns about pursuing testing, as well as demographic characteristics, including adoption status.
- Additional demographic data was collected from the electronic medical record (EMR).
- To be included in analyses, patients must have received EGT results, have answered the adoption status question, and have demographic data available from the EMR.
- Data were analyzed using bivariate analyses.

Demographic characteristics

	Adoptee (n=197)	Non-adoptee (n=5,602)	p-value
Age (median, IQR)	48.7 (17.7) years	52.0 (25.9) years	0.044*
Male Female	119 (60.4%) 78 (39.6%)	3,530 (63.0%) 2,072 (37.0%)	0.457
BMI, mean (sd)	33.6 (9.1)	31.6 (8.4)	0.001*
Current smoker	31 (15.7%)	418 (7.5%)	<0.001*
Currently married	126 (64.0%)	3,847 (68.7%)	0.170
Number of children, mean (sd)	1.9 (1.4)	1.8 (1.4)	0.477
Self-reported race American Indian or Alaska Native Asian Black or African American Native Hawaiian or Pacific Islander White Other race Two or more races	8 (4.1%) <5 (<3%) <5 (<3%) <5 (<3%) 170 (86.3%) <5 (<3%) 10 (5.1%)	25 (<1%) 28 (<1%) 27 (<1%) <5 (<1%) 5,344 (95.4%) 34 (<1%) 119 (2.1%)	<0.001*
Self-reported ethnicity Hispanic or Latino Non-Hispanic or Latino	9 (4.6%) 186 (94.4%)	107 (1.9%) 5,476 (97.8%)	0.008*

Results

Figure 1



- Adoptees were more likely than non-adoptees to report lack of information about their family history as a very important motivation for pursuing the Sanford Chip (81% vs 32%; p<0.001; Figure 1); moreover, they were more likely to rate it as their most important motivation (45% vs 5%; p<0.001).
- Adoptees were more likely than non-adoptees to expect that the Sanford Chip would explain a family history of disease (52% vs 43%; p=0.004).
- There were no differences in concerns between adoptees and non-adoptees.

Conclusions

- A lack of family history information is an important reason why EGT is pursued by adoptees, who may hope it will identify inherited risks for disease.
- Findings may provide insight into the motivations for pursuing EGT among other populations who may similarly lack family history information, such as donor-conceived individuals.

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