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Obama to seek $215 million for precision-medicine plan

Details emerge as White House prepares to release budget request to Congress.

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US President Barack Obama announced today that he is seeking US$215 million for an effort that will match patients' genetic and physiological data to treat their health conditions more precisely. Obama proposed the plan, known as the Precision Medicine Initiative, in his annual State of the Union address last week. But it is not clear whether he is seeking enough money to fulfil his ambitious goals.

Details of the plan come as Obama prepares to release his fiscal year 2016 budget request to Congress on 2 February. The White House is seeking $130 million for the US National Institutes of Health (NIH) to develop a national cohort of at least one million volunteers for a longitudinal study. Their medical, physiological and genomic data would be integrated in a massive database that would be made available to researchers.

The US Food and Drug Administration would receive $10 million to build databases to support precision-medicine research and regulation as part of the initiative. Those funds would also be used to develop a new approach for reviewing advanced genetic-sequencing technologies and to determine whether the agency needs to revamp its regulatory review process for personalized therapies. The NIH's National Cancer Institute would receive $70 million to find cancer-related markers in individuals' genomes, which could lead to more-targeted treatments. And the Department of Health and Human Services office that coordinates health-information technology would receive $5 million to develop new protocols to standardize and secure data.

Slim budget

Keith Yamamoto, a biologist at the University of California, San Francisco, suggests that the budget outlined by Obama will not be sufficient to achieve the programme's goals. "It's not even close," says Yamamoto. But he is optimistic that researchers working for the programme would still discover genetic correlations and risk factors for disease that could improve treatments.

How far the programme will be able to stretch its dollars depends, in part, on how well it can incorporate data from existing studies — such as the long-running, NIH-funded Framingham Heart Study. That would mean that the NIH would not have to recruit one million new patients, says NIH director Francis Collins.

Although the Framingham study has not been approached about participating in the latest initiative, one of its principal investigators says that he would welcome the development. "Absolutely we'd like to get involved," says Vasan Ramachandran, a cardiologist at Boston University in Massachusetts. "Every study would like to be a contributing force for precision medicine." The Framingham study has produced nearly seven decades of medical records and physiological data, plus genome sequences for more than 4,000 people, Ramachandran adds.

Collins says that the NIH and other agencies will soon establish a "blue ribbon panel" of experts to hash out plans for patient enrolment and engagement, and data management. The NIH is also due to hold a conference on the precision-medicine effort on 11–12 February.

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