

Table 1 Summary of translation considerations for genomic medicine and primary care

Variable in Translation	Primary Care	Genomic Medicine	ELSi Considerations
Patient population	Families, communities, entire practices	Single, genetically unique patient	Respect for persons; relational decision-making;
Technological Capacities	Basic, minimal	Data-intensive sequencing machines	Lack of clinical validity and utility for CCCs; professional responsibilities, patient informed consent, disclosure of information, interpreting actionable genetic risks
Meeting health needs	Holistic, general approaches to care; acuity to physical and psychosocial elements of health and wellbeing	Molecular conception of health and disease	Sociocultural and environmental understanding health; supra-genetic determinants of health
Health information	Electronic health record	Electronic health record	Data-intensive storage platforms needed with controlled access; privacy concerns
Graduate and post-graduate training	Standardized	Under development	Professional responsibilities; lack of specific expertise
Standards of Care	Established by professional medical bodies	Under development	Resource constraints; professional capacities; management of incidental findings; rights 'not to know'
Health education	Frontline health educators for global factors of health and disease	Educators on genomic determinants of disease	Genetic exceptionalism

Table 2 Evaluation questions 42-44 of the ACCE Model [36]

ELSi evaluation	
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42	What is known about stigmatization, discrimination, privacy/confidentiality and personal/family social issues?
43	Are there legal issues regarding consent, ownership of data and/or samples, patents, licensing, proprietary testing, obligation to disclose, or reporting requirements?
44	What safeguards have been described and are these safeguards in place and effective?