

# Written Evidence Submitted by Dr Yiannis Mavrommatis (COG0007)

## My background/disclosure

I hold the following positions:

- Programme Director (and developer) of the MSc Nutrition and Genetics at St Mary's University.
- Group leader of the Nutrition and Genetics Research group at St Mary's University.
- Head of nutrigenetics for Nell Health, a start-up in health and well-being.

## 1. There is a need for distinction between lifestyle/wellbeing genotyping and medical/diagnostic genotyping.

### Summary:

- To date, most evidence within this consultation is focused on commercialisation of medical/diagnostic genetics.
- Genotyping for health and wellbeing is different to medical testing. It is based predominantly on nutrition and fitness profiling and therefore targets the entire population.
- There are currently more than 100 companies that offer well-being genotyping tests in the UK.
- The two areas share the same platform of genetics but require different interpretation. For example, medical genotyping requires input for treatment or management following diagnosis whereas wellbeing genotyping requires counselling to explain the (limited) contribution of genetics without overinflating it (usually the case).

**Suggestion:** To consider a two-tier approach and distinguish between diagnostic/medical testing and wellbeing testing.

## 2. Education

### Summary:

- Currently in the UK, there are medical genetic counsellors who can responsibly and knowledgeably provide counselling to individuals with genetic predispositions or diagnoses to disease. The NHS offers such expertise and equally DTCs are able to employ geneticists to offer counselling.
- This is not the case for wellbeing DTC companies. Wellbeing DTCs employ either geneticists who can explain genetic results but are not able to provide diet/lifestyle advice or nutritionists/personal trainers who can provide lifestyle advice but cannot interpret genetics outputs.
- There is an inherent lack of genetics education in the curriculum of allied health professions and these professions are not fit to deal with the surge of genetics requests. The result of this is bad practice, ignorance of evidence and overpromising of genetics services.

- Health professionals are exposed to a number of unregulated resources and training opportunities offered by non-qualified individuals. False education is worse than no education.
- There is only one university course in nutrition and genetics in the UK that complies with UK Quality Assurance Agency standards. There are no validated courses for any other lifestyle parameter, including exercise. Note that the most popular DTC in the UK links exercise and genetics and that is indicative of the need for education in this area.

**Suggestion:** To offer consistent and standardised education to allied health professionals during their training. Education opportunities should also be offered to practising professionals (eg dietitians and nutritionists).

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