Reviewer’s report

Title: Why genomics researchers are sometimes morally required to hunt for secondary findings

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Reviewer: Benjamin Berkman

Reviewer's report:

The authors claim that there is an emerging consensus that researchers have some moral obligation to at least return findings of high clinical importance that are stumbled upon. I think that this is generally correct but elides a growing controversy about the range of that obligation. Not all research (e.g., secondary research, one-time blood draws) would necessarily have the same obligation as situations where there is a closer clinical relationship.

While it is true that many commentators have argued against a duty to look, I think that the authors underplay some recent scholarship that has argued for more active hunting in some situations. They should address this scholarship more directly (e.g., Gliwa and Berkman) because it covers some of the same ground discussed in this manuscript, particularly in response to Objection 6. Furthermore, IRBs have also been adopting the ACMG guidelines (even though they were limited to the clinical realm) suggesting that a duty to look in the research context is more common than they imply.

They authors suggest that the duty to look was the controversial aspect of the ACMG recommendations. I would counter by arguing that it was really the right not to know that proved to be the main controversy; there wasn't nearly much pushback about the duty to look. In fact, labs were relatively quick to adopt the ACMG recommendations.

While I agree that the duty of easy rescue has been a common grounding for the obligation to return incidental findings, I'm not sure that there is consensus on this point. See, e.g., Rulli and McKay; Henry Richardson. You address some of these arguments later, but I would soften the claim that it is clear that easy rescue is the main grounding for an obligation to return incidental findings.

The authors seem to be conflating Richardson's partial entrustment model for ancillary care with all ancillary care arguments. While it is the most robustly developed, one can imagine other ancillary care models that might leave room for a duty to hunt.

In the collective obligation section, the authors should address the arguments made by Rulli and McKay, and Rulli and Millum about the institutional duty of easy rescue. Garrett's piece is useful but doesn't represent the entire range of views on this topic.

In Objection 6, I don't think that the costs to the healthcare system are relevant to determining whether there is a rescue duty.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes
Does the work include the necessary controls?
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