PRECISION MEDICINE RESEARCH WHERE GENOMICS MEETS BIG DATA BIOMEDICAL INFORMATICS



November 3, 2017

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Dana C. Crawford, PhD Associate Professor

Population and Quantitative Health Sciences

Institute for Computational Biology

Precision Medicine A New Initiative



Lancet 385:2448-2449 (2015)

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- Launched January 20, 2015
- 2016 budget of \$215M





AKA Personalized Medicine

• Not a new concept

EPISCATE HEACIDE F. CM. and the first

https://en.wikipedia.org/wiki/Hippocrates

It's far more important to know what person the disease has than what disease the person has. – Hippocrates (c. 460 – c. 370 BC)



Accelerated Genomic Discovery



GWAS as of 5/29:

2,940 publications

36,066 associated SNPs (10⁻⁵)

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Cost-effective Clinical Sequencing

- Whole exome ~\$5,000 \$7,000
- Whole genome ~\$10,000

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www.phgfoundation.org

The rapid rise of EHRs:

As of 2014, 3 out of 4 US hospitals have at least a basic EHR

Figure 1: Percent of non-Federal acute care hospitals with adoption of at least a Basic EHR with notes system and possession of a certified EHR: 2008-2014

Health T.gov



From https://www.healthit.gov/sites/default/files/data-brief/2014HospitalAdoptionDataBrief.pdf

WHAT'S AN ELECTRONIC MEDICAL RECORD (EMR)?

• A digital version of a patient's paper chart





WHAT'S IN AN EMR?

- Demographics
- Vitals
- Medical History
- Medical encounter
- Orders and prescriptions
- Test results

Structured and unstructured text

Structured

Structured data and unstructured text

Structured data and unstructured text

Structured data

Structured data



WHAT'S IN AN EMR?

- International Classification of Diseases (ICD) codes
 - Aka billing codes
 - Coding system used to code signs, symptoms, injuries, diseases, and conditions
 - ICD-9-CM (Ninth Revision, Clinical Modification)
 - ICD-10-CMS/PCS
- Current Procedural Terminology (CPT) codes





WHAT'S IN AN ELECTRONIC MEDICAL RECORD (EMR)?

Clinical narrative

- Social history
- Behavior/lifestyle
- Family history
- Unstructured data



Subject Status: 🔘 Includer	d 🔾 Excluded 🔾 U	Indetermined 💿 I	Not Reviewed
Select tabs to display 👻	\sim		
Documents × Medic	ations × Labs ×	ICD9 Codes \times	Comments × 9
Open Filters Open Highl	ight)		
High Value Documents	Other Documents	Problem Lists	
 Mother(70): Deceased, C Father(40): Deceased, std Siblings(x10): Four deceased, std Daughter(39): Unknown to SOCIAL HISTORY: Martial status: Single Education: Completed 8th Unemployed: Disability/S Tobacco: None Alcohol; No history Illicit drug use: No history EXAMINATION 	HF, hypertension mach ulcers, colitis ised,diabetes, CAD, MI, blood disorder n grade SI	, hypertension	

WHAT'S AN ELECTRONIC HEALTH RECORD (EHR)?

• A digital version of a patient's paper chart



- EHRs go beyond the data collected in the provider's office and include a more comprehensive patient history.
 - Designed to contain and share information from all providers involved in a patient's care.
 - Data can be created, managed, and consulted by authorized providers and staff from across more than one health care organization.
 - Also allow a patient's health record to move with them—to other health care providers, specialists, hospitals, nursing homes, and even across states.



EHRs make population-scale research possible



https://en.wikipedia.org/wiki/Medical_record





- Do we have the data for this?
- What will this require?



Need More Data?

- More genetic data
- Other 'omic data
- **Co-morbidities**

Longitudinal data **Environmental exposures**

EHRs and Exposure Data Consistently Inconsistent



Emerging Tools for Patient-Provided Data mHealth, Wearables, and Patient Portals





EHRs and Follow-Up

- Patients enter and leave systems
- Some clinic visits/services outside of system
- Valuable longitudinal data lost



Genomic data based mostly on studies of European-descent

Bustamante, Burchard, de la Vega (2011) *Nature* 475:163-165

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SAMPLING BIAS

Most genome-wide association studies have been of people of European descent.



Getting Better?

Popejoy and Fullerton (2016) Nature 538: 161-164

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Diversity in Research Matters

SPECIAL ARTICLE

Genetic Misdiagnoses and the Potential for Health Disparities

Arjun K. Manrai, Ph.D., Birgit H. Funke, Ph.D., Heidi L. Rehm, Ph.D., Morten S. Olesen, Ph.D., Bradley A. Maron, M.D., Peter Szolovits, Ph.D., David M. Margulies, M.D., Joseph Loscalzo, M.D., Ph.D., and Isaac S. Kohane, M.D., Ph.D.

N Engl J Med 2016; 375:655-665 August 18, 2016 DOI: 10.1056/NEJMsa1507092

REPORT

Association of Trypanolytic ApoL1 Variants with Kidney Disease in African Americans

Giulio Genovese^{1,2,*}, David J. Friedman^{1,3,*}, Michael D. Ross⁴, Laurence Lecordier⁵, Pierrick Uzureau⁵, Barry I. Freedman⁶, Donald W. Bowden^{7,8}, Carl D. Langefeld^{8,9}, Taras K. Oleksyk¹⁰, Andrea L. Uscinski Knob⁴, Andrea J. Bernhardy¹, Pamela J. Hicks^{7,8}, George W. Nelson¹¹, Benoit Vanhollebeke⁵, Cheryl A. Winkler¹², Jeffrey B. Kopp¹¹, Etienne Pays^{5,†}, Martin R. Pollak^{1,13,†}

+ Author Affiliations

u[†]To whom correspondence should be addressed. E-mail: mpollak@bidmc.harvard.edu (M.R.P.); epays@ulb.ac.be (E.P.)

 $_{a}$ * These authors contributed equally to this work.

Science 13 Aug 2010: Vol. 329, Issue 5993, pp. 841-845 DOI: 10.1126/science.1193032

National Precision Medicine A New Initiative

1 Million Cohort





Large

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Oversample subgroups

Wide age range

Linked to EHR and payer databases

Recontact for return of results

Sophisticated lifestyle data collection

Rare and common disease

Extensive follow-up

Precision **Medicine** Initiative Cohort **Program**

(Photo credit: Dr. Janina Jeff at the 2017 New Balance Bronx 10 Mile)





Health Care Provider Organizations

10 Regional Centers, including

University of Arizona, Tucson in partnership with Banner Health, Phoenix (PI: Dr. Akinlolu O. Ojo)





Local Precision Medicine CLE is All In!





The CLE is All In! Diversity

White

Black

American Indian

Asian

Pacific Islander

Other

28.3 % minority

4.7 % Hispanic

2010 US Census

The CLE is All In! Diversity

- Ranked #18 in population for US urban areas
- Median age is 40.5 years
- High urban (34.2%) versus suburban (12%) poverty rate



	Cleveland, OH	Cuyahoga County, OH	United States
Population	396,815	1,280,122	308,745,538
Persons under 18 years	24.6	22.7	24.0
Persons 65 years and over	12.0	15.5	13.0
White alone	37.3	63.6	72.4
Black or African American alone	53.3	29.7	12.6
High school graduate or higher	77.4	87.8	86.3
Bachelor's degree or higher	15.2	30.3	29.3
With a disability, < 65	15.3	10.2	8.5
Without health insurance, < 65	18	10	12.0
Median household income	\$26,179	\$44,203	\$53,482
Persons in poverty	35.9	19.6	14.8
Mean travel time to work (min.)	24.2	24.1	25.7





African American

European American



The CLE is All In! Local Precision Medicine







2.9 million lives (>75% of all healthcare in Cleveland)



MetroHealth Epic installed in 1999; stage 7 (as of 2014)



Allscripts installed in 2011; stage 6 (as of 2014)



Epic installed in 2002; stage 7 (as of 2014)

Cleveland Clinic



CLEARPATH:

<u>CLE</u>veland <u>Area</u> <u>Research</u> <u>Platform for</u> <u>Advancing</u> <u>Translational</u> <u>Healthcare</u>

- Resource offered by the CWRU ICB
- Biomedical Big Data Warehouse
 - Provide a platform to capture and integrate multiple streams of data
 - Provide access and resources to
 - Query the data

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- Develop datasets for research
- Analyze the data and interpret the results



CLEARPATH: CONCEPTUAL MODEL



CLEARPATH Architecture





David Kaelber, MD Chief Medical Informatics Officer



John Sedor, MD

MetroHealth



John O'Toole, MD



Will Bush, PhD, MS



Jessica Cooke Bailey, PhD



- Cleveland's first academic medical center (1837) 731-bed hospital 17 outpatient sites
- Annually, the system has approximately 900,000 outpatient visits 100,000 ED visits 30,000 inpatient admissions.







- Survey participants about attitudes towards PMI-like efforts
- Ascertain participants for biospecimen collection and 'omics

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	Demographic Group	Weighted N	% who said the study definitely or probably should be done	Beta	S.E.	p-value	% definitely or probably willing to participate in hypothetical biobank	Beta	S.E.	p-value
Total		2,601	79%				54%			
Gender	Men	1,251	77%	-0.160	0.098	0.10	54%	0.007	0.080	0.93
	Women	1,350	80%	ref			54%	ref		
Race and Ethnic Group	White, non- Hispanic	1,721	79%	ref			53%	ref		
	Black, non- Hispanic	296	77%	-0.032	0.156	0.84	55%	0.100	0.131	0.44
	Hispanic (all races)	385	78%	0.136	0.149	0.36	59%	0.291	0.123	0.02
	Other non- Hispanic	200	81%	0.555	0.541	0.31	56%	0.058	0.167	0.73
Survey language, among Hispanics	Spanish	186	80%	0.159	0.252	0.53	61%	0.383	0.205	0.06
	English	199	80%	ref			56%	ref		
Age	21–29	447	81%	-0.047	0.048	0.32	60%	-0.156	0.039	<0.0001
	30–44	694	80%				58%			
	45–59	735	79%				53%			
	60+	724	77%				47%			

Kaufman et al *PLoS One* 11(8):e0160461 (2016)

Since February 2016:

101 patients surveyed at Nephrology Clinic

- >70% participation rate
- 50% African American
- 55% female
- Mean age 60.8 years (range: 18 – 77 years)





Would you be willing to allow your health records and genetic information to be stored in a national biorepository coordinated by the government as a part of their "Precision Medicine Initiative"? If so this information may be available to researchers nationally and internationally with the understanding that your privacy would be protected.



70% YES 68% YES

Would you be willing to install a free phone app that would be able to track your physical activity, measures of your health and location with the understanding that your privacy would be protected?



40% YES 46% YES



Would you be willing to allow the information collected using the phone app (question 3) to be sent to the national coordinating center where it may be shared with researchers nationally and internationally with the understanding that your privacy would be protected?



40% YES 52% YES



If you participated in a study that collected your genetic and health information, how important is it to you that you receive results from the study? Circle the number that is closest to how you feel.

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What type of results would you like to receive, please check all that apply

- A Information about average results no personal results
- B Information about yourself your doc may have already told you
- C Information about your genes that may influence your doc's approach to care
- D Information about your genes that has uncertain significance and won't change treatment
- E I do not want to receive any results





~29.7% EVERYTHING

~10% NOTHING

Survey Summary and Comparisons:

 Higher willingness to participate 70% v ~54%



- Same willingness to send data via phone app 46% v ~43% (to share social media data)
- More interested in genetic data 88% (at least) v 74%



- Survey participants about attitudes towards PMI-like efforts
- Ascertain participants for biospecimen collection and 'omics

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Since February 2016:

135 donated biospecimens

3 EDTA tubes

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- Two for aliquoting/extracting whole blood
- One to spin and save the plasma and buffy coat







UNIVERSITY **OF MIAMI**





Native American

0.4

0.5









Subset sequenced using immunoSEQ



RECEPTOR PROFILING



Precision Medicine Research is Multidisciplinary

Biostatistics Computer Genomics Medicine Omics Human Biomedical Big Bioethics Science **Bioinformatics** Genetics

What Degrees and Training Do You Need?



Genetics and Molecular Biology Emory University 2000



EIS 2000-2002



Genome Sciences University of Washington 2002-2006

What Degrees and Training Do You Need? **PhDs in Human Genetics**



Research Scientist (Academia)



What Degrees and Training Do You Need? Bioethics and Human Genetics





Aaron Goldenberg, PhD Associate Professor Case Western Reserve University

INSTITUTE FOR COMPUTATIONAL BIOLOGY Jessica Cooke Bailey, PhD Assistant Professor Case Western Reserve University

What Degrees and Training Do You Need? Bioinformatics, Computational Biology, Computer Science





Sarah Pendergrass, PhD, MS Assistant Professor Geisinger Health System Will Bush, PhD, MS Assistant Professor Case Western Reserve University



What Degrees and Training Do You Need? Biomedical Informatics and Doctorate of Medicine







David Kaelber, MD Chief Informatics Officer MetroHealth System John Sedor, MD John O'Toole, MD Nephrologists Cleveland Clinic



What Degrees and Training Do You Need? Biostatistics, Data Management/Architects





Kristin Brown-Gentry, MS (Health Outcomes Scientist, Magellan Health)

Robert Goodloe, MS (Consultant Statistician, Eli Lilly)

Bob McClellan, BS (Senior Application Developer, Vanderbilt University Medical Center)

Jonathan Boston, BS (Software Developer, Cicayda)



CWRU/ICB Collaborators



Jonathan L. Haines, PhD



William S. Bush, PhD, MS



Jill Barnholtz-Sloan, PhD



Jessica Cooke Bailey, PhD



Devin Tian, PhD



MetroHealth Collaborators

David Kaelber, MD

John Sedor, MD

John O'Toole, MD





Questions?







