

# Quantitative Human Phenotyping: Opportunities for Convergent Science in the Novel Measurement of Health and Disease

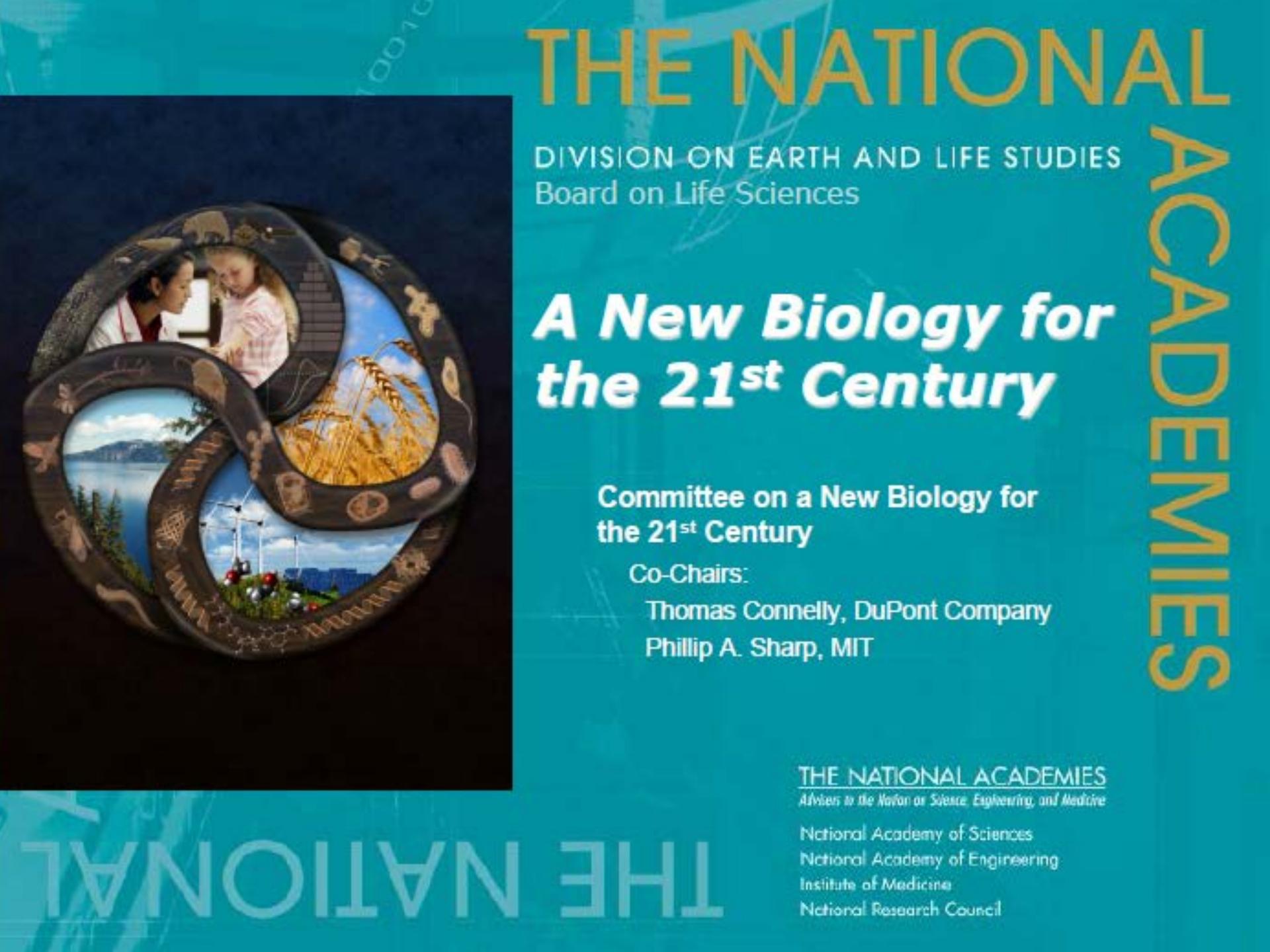
Dennis Ausiello, M.D.  
Founder and Director,  
Center for Assessment Technology and  
Continuous Health (CATCH)



Physician-in-Chief *Emeritus*, MGH



Jackson Distinguished Professor of Clinical Medicine,  
Harvard Medical School



# THE NATIONAL

DIVISION ON EARTH AND LIFE STUDIES  
Board on Life Sciences

## *A New Biology for the 21<sup>st</sup> Century*

Committee on a New Biology for  
the 21<sup>st</sup> Century

Co-Chairs:

Thomas Connelly, DuPont Company  
Phillip A. Sharp, MIT

THE NATIONAL ACADEMIES

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National Academy of Sciences

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ACADEMIES

# THE NATIONAL

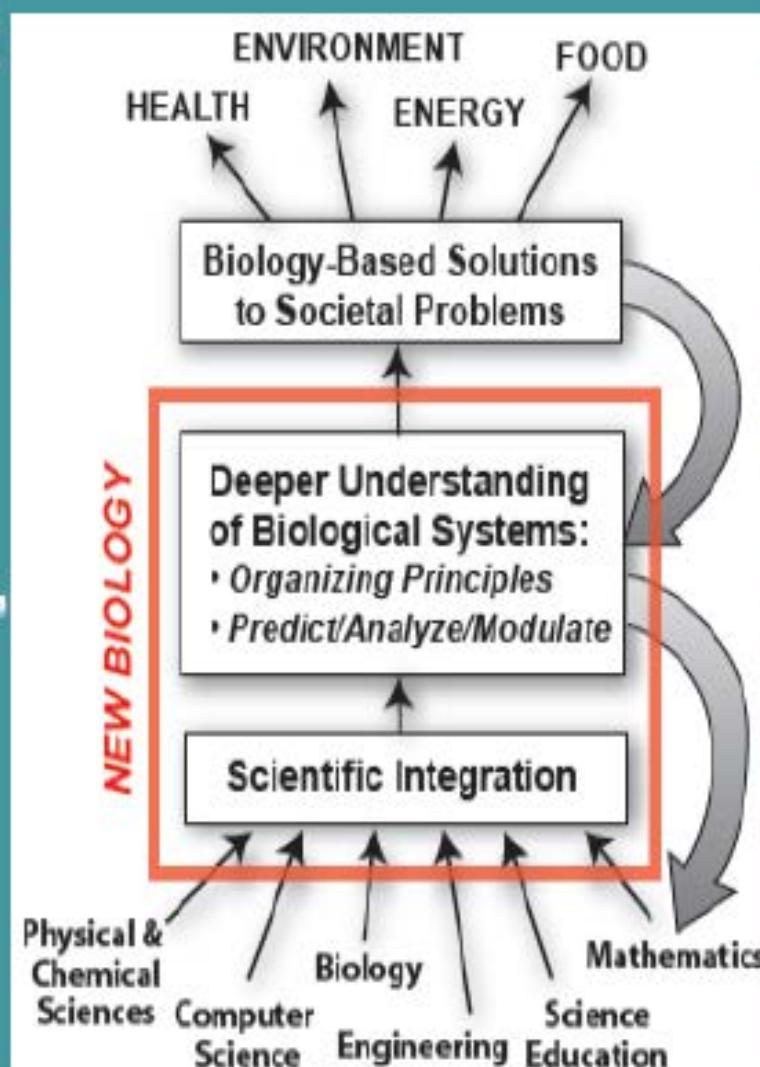
# ACADEMIES

## An opportunity for a New Biology with unprecedented impact

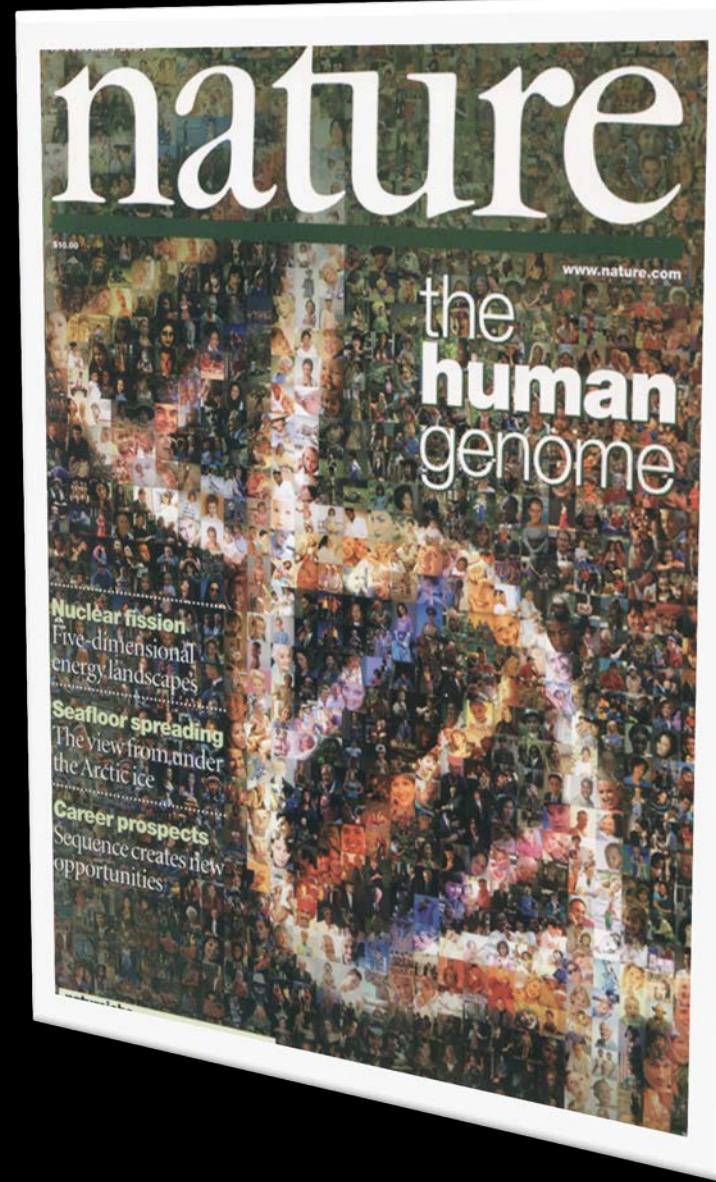
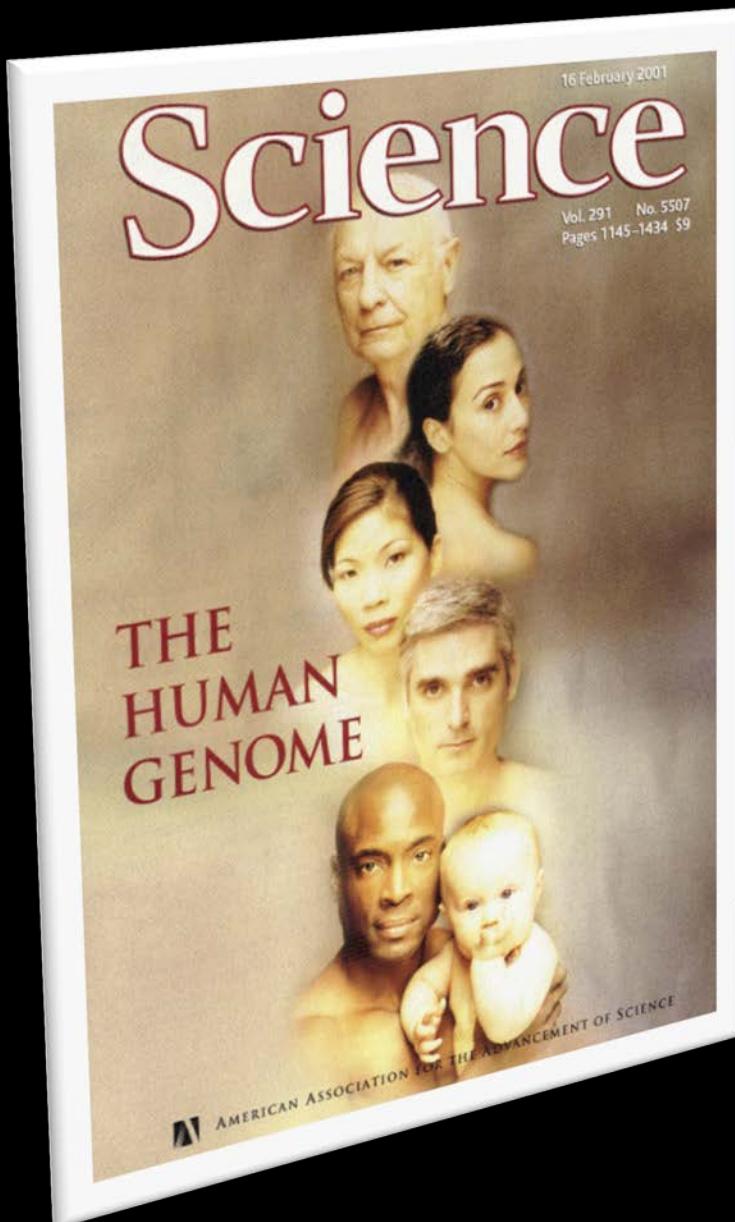
Integration of subdisciplines within biology

Cross-discipline integration: life science research performed by physical & computational scientists, engineers

Technological advances enable biologists to collect data unprecedented in quantity and quality



# Promise and excitement of the human genome project



# A success story for genetics: targeted therapies in oncology

## The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

MAY 20, 2004

VOL. 350 NO. 21

### Activating Mutations in the Epidermal Growth Factor Receptor Underlying Responsiveness of Non-Small-Cell Lung Cancer to Gefitinib

Thomas J. Lynch, M.D., Daphne W. Bell, Ph.D., Raffaella Sordella, Ph.D., Sarada Gurubhagavatula, M.D., Ross A. Okimoto, B.S., Brian W. Brannigan, B.A., Patricia L. Harris, M.S., Sara M. Haserlat, B.A., Jeffrey G. Supko, Ph.D., Frank G. Haluska, M.D., Ph.D., David N. Louis, M.D., David C. Christiani, M.D., Jeff Settleman, Ph.D., and Daniel A. Haber, M.D., Ph.D.

## EGFR (NSCLC)

## The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

OCTOBER 28, 2010

VOL. 363 NO. 18

### Anaplastic Lymphoma Kinase Inhibition in Non-Small-Cell Lung Cancer

Eunice L. Kwak, M.D., Ph.D., Yung-Juee Bang, M.D., Ph.D., D. Ross Camidge, M.D., Ph.D., Alice T. Shaw, M.D., Ph.D., Benjamin Solomon, M.B., B.S., Ph.D., Robert G. Maki, M.D., Ph.D., Sai-Hong I. Ou, M.D., Ph.D., Bruce J. Dezube, M.D., Pasi A. Jänne, M.D., Ph.D., Daniel B. Costa, M.D., Ph.D., Marileila Varella-Garcia, Ph.D., Woo-Ho Kim, M.D., Thomas J. Lynch, M.D., Panos Fidias, M.D., Hannah Stubbs, M.S., Jeffrey A. Engelman, M.D., Ph.D., Lecia V. Sequist, M.D., M.P.H., WeiWei Tan, Ph.D., Leena Gandhi, M.D., Ph.D., Mari Mino-Kenudson, M.D., Greg C. Wei, Ph.D., S. Martin Shreeve, M.D., Ph.D., Mark J. Ratain, M.D., Jeffrey Settleman, Ph.D., James G. Christensen, Ph.D., Daniel A. Haber, M.D., Ph.D., Keith Wilner, Ph.D., Ravi Salgia, M.D., Ph.D., Geoffrey I. Shapiro, M.D., Ph.D., Jeffrey W. Clark, M.D., and Luisa Lafita, M.D., Ph.D.

## ALK (NSCLC)

### ORIGINAL ARTICLE

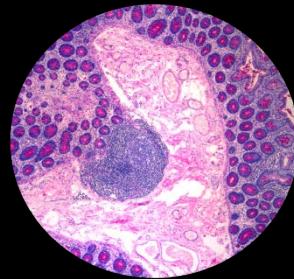
### Improved Survival with Vemurafenib in Melanoma with BRAF V600E Mutation

Paul B. Chapman, M.D., Axel Hauschild, M.D., Caroline Robert, M.D., Ph.D., John B. Haanen, M.D., Paolo Ascierto, M.D., James Larkin, M.D., Reinhard Dummer, M.D., Claus Garbe, M.D., Alessandro Testori, M.D., Michele Maio, M.D., David Hogg, M.D., Paul Lorigan, M.D., Celeste Lebbe, M.D., Thomas Jouary, M.D., Dirk Schadendorf, M.D., Antoni Ribas, M.D., Steven J. O'Day, M.D., Jeffrey A. Sosman, M.D., John M. Kirkwood, M.D., Alexander M.M. Eggermont, M.D., Ph.D., Brigitte Dreno, M.D., Ph.D., Keith Nolop, M.D., Jiang Li, Ph.D., Betty Nelson, M.A., Jeannie Hou, M.D., Richard J. Lee, M.D., Keith T. Flaherty, M.D., and Grant A. McArthur, M.B., B.S., Ph.D., for the BRIM-3 Study Group\*

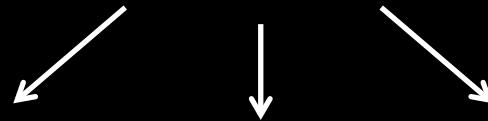
## Braf (Melanoma)

# A success story for genetics: targeted therapies in oncology

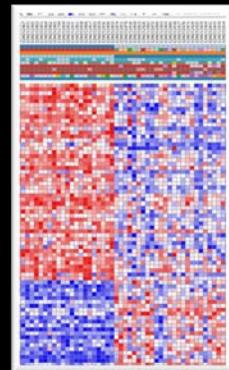
Somatic mutations  
*Routine sampling of patient cells*  
*Unification of patient care and clinical discovery/research*



*Histology*



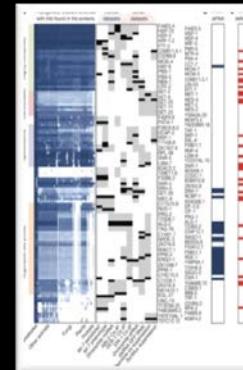
*Genomics*



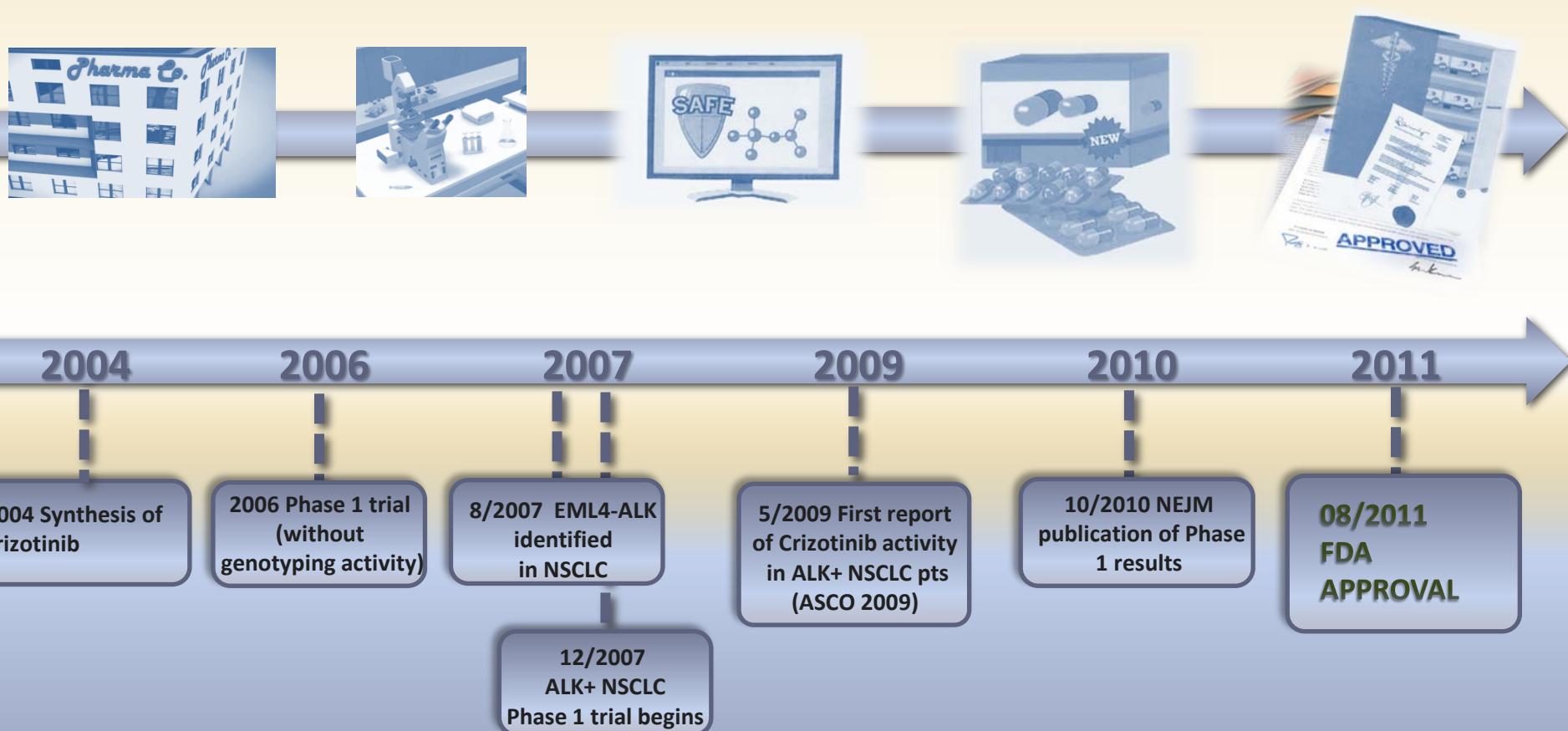
*Molecular imaging*



*Chemical/  
RNAi screens*



# Stratification 'rescues' a drug



From description of genetic mutation (EML4-ALK) in non-small cell lung cancer to FDA approval:

**4 years !**

However, our ability  
to generalize this  
paradigm for chronic  
diseases remains  
limited !



# The promise of the 'genetic revolution' for stratification of cardiovascular disease?

Accuracy predicting 10 year risk of CVD

Using Risk Factors*	
10 yr CVD	0.787

## Risk Factors



Sex



Cholesterol



Smoking



Age &  
family history



Blood  
pressure

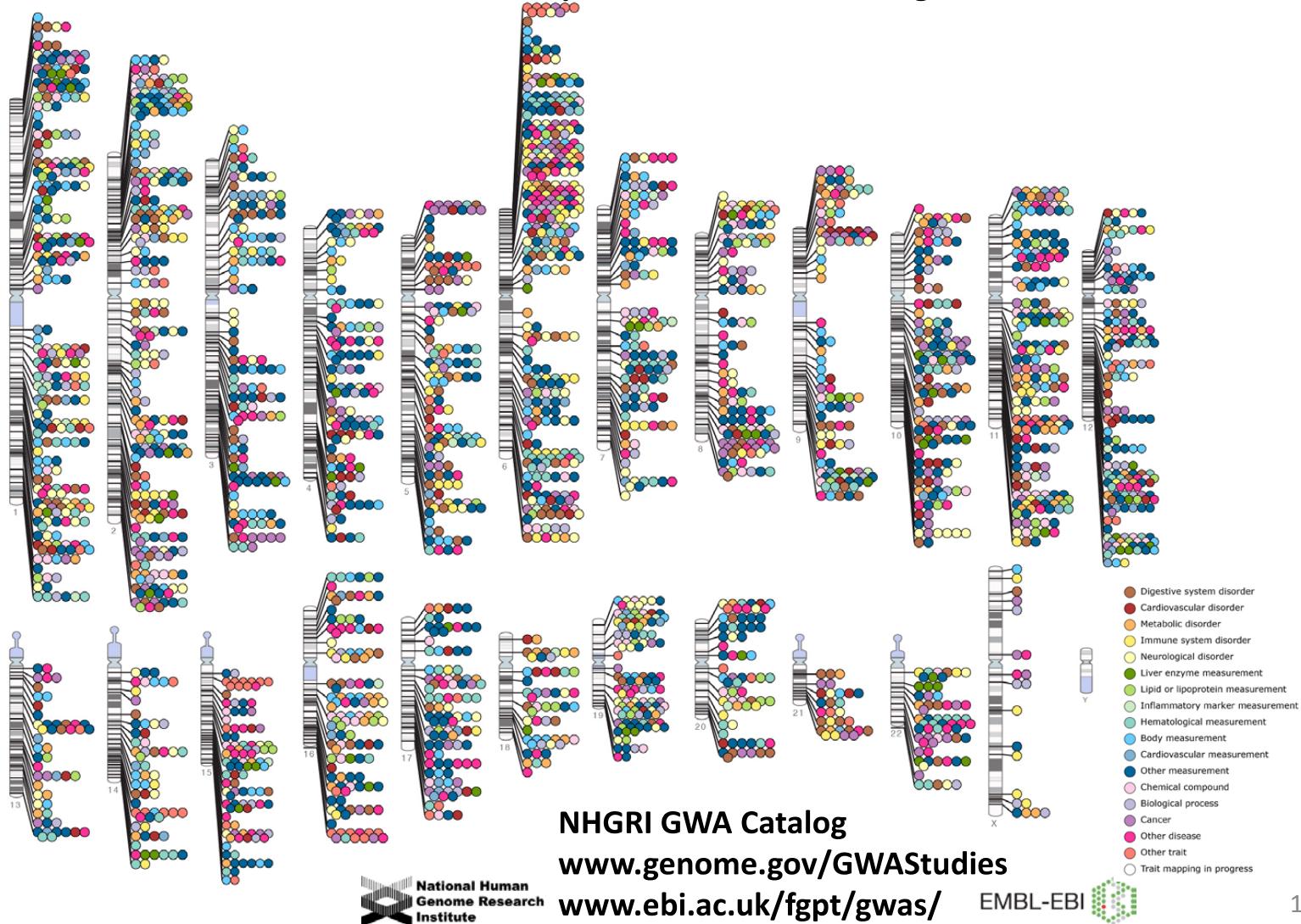


Food

# GWAS and the 'genetic revolution'

Published Genome-Wide Associations through 07/2012

Published GWA at  $p \leq 5 \times 10^{-8}$  for 18 trait categories



# The promise of the 'genetic revolution' for stratification of cardiovascular disease?

Accuracy predicting 10 year risk of CVD

	Using Risk Factors*	+ Genetic Risk Score
10 yr CVD	0.787	0.788

## Risk Factors



Sex



Cholesterol



Smoking



Age & family history



Blood pressure



Food

# Converging revolutions:

Genetic



Digital



Integrative Science



# Measurements used in medicine have largely not changed

- Heart rate, blood pressure
- Height, weight
- Electrocardiogram (ECG)
- Blood glucose, hemoglobin A<sub>1</sub>C
- Blood lipids



Center for Assessment Technology and Continuous Health

# A renewed focus on phenotypes

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The human phenotype must be measured

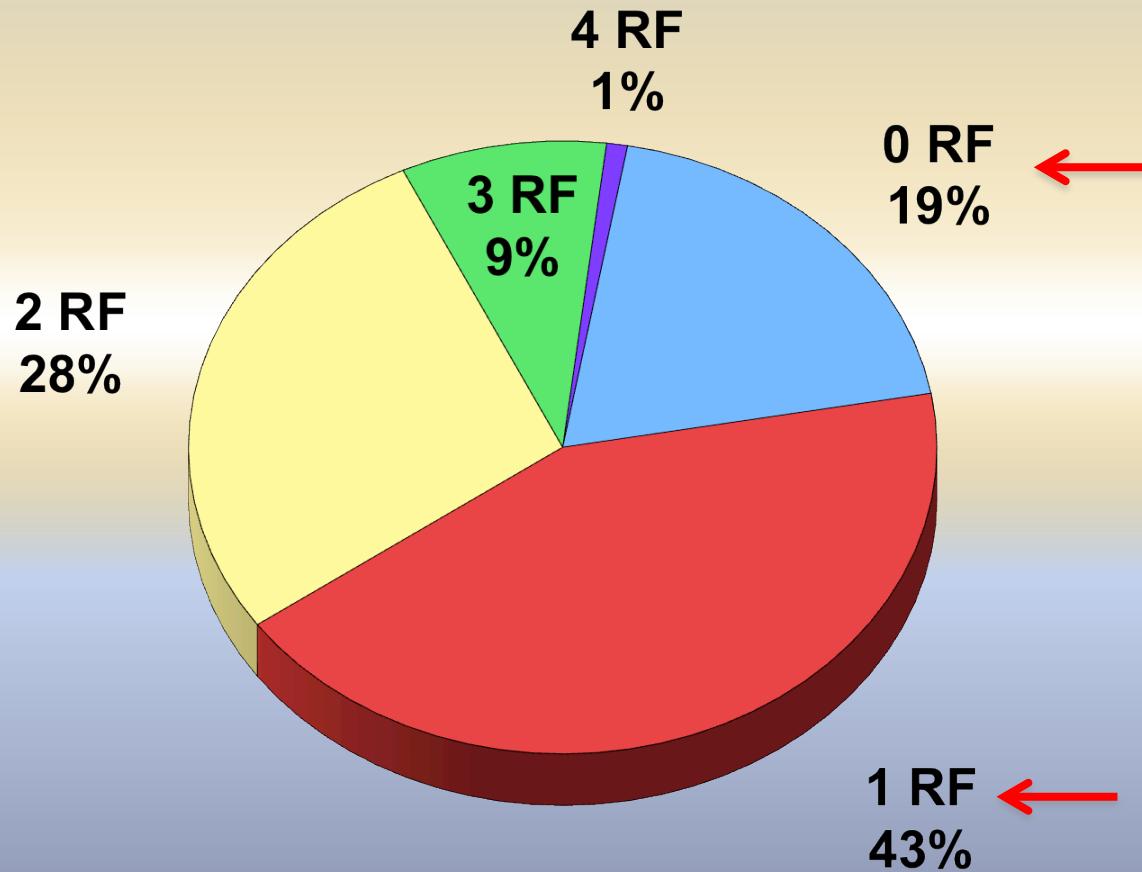
... with the same **precision** that we expect of genetic data

... in real-time to provide a **perpetual** read out

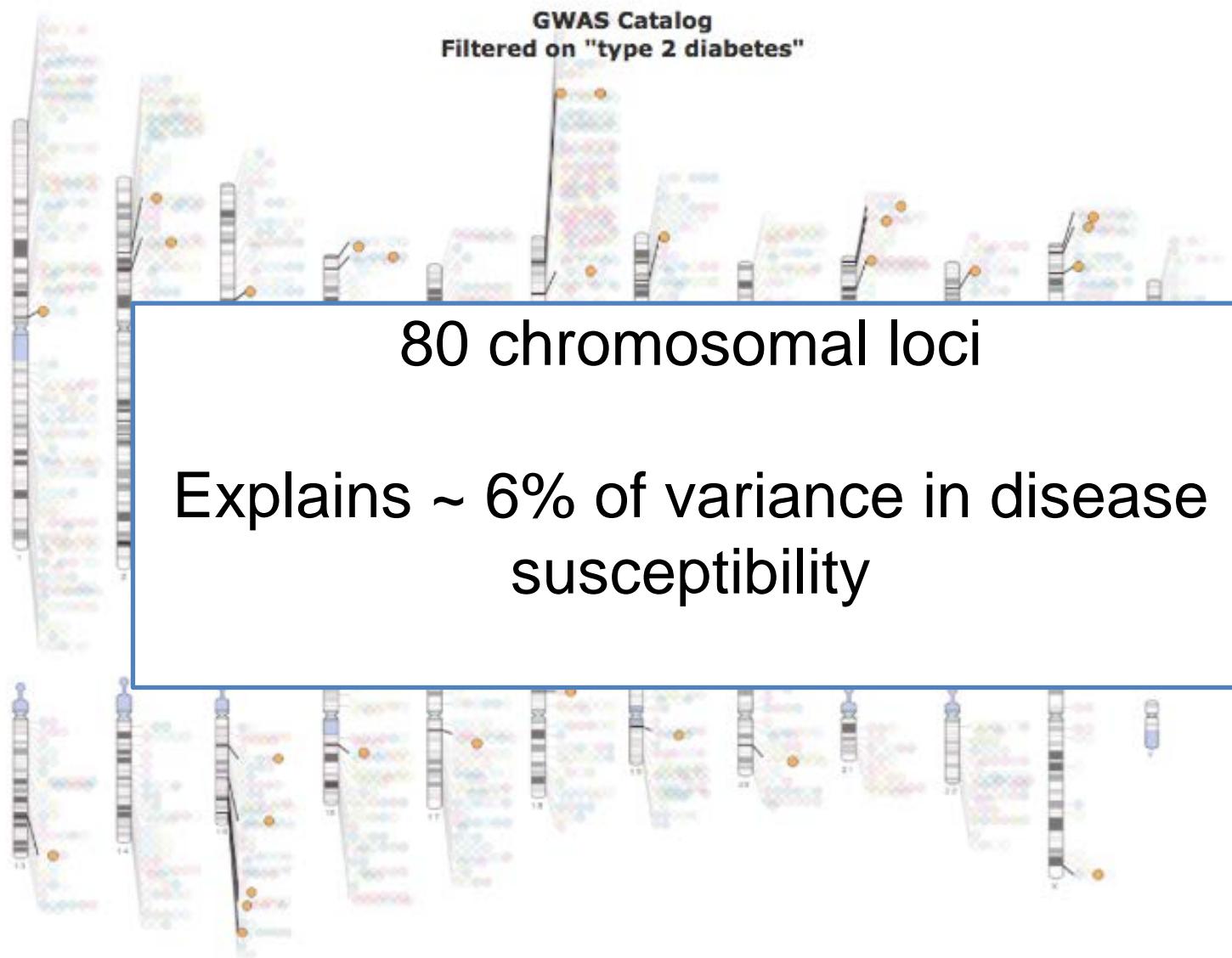
... in the context of multiple **perturbations** (such as drugs and environment)

... and must ultimately create actionable new knowledge for **healthcare performance**

# Not all individuals with coronary heart disease have traditional risk factors

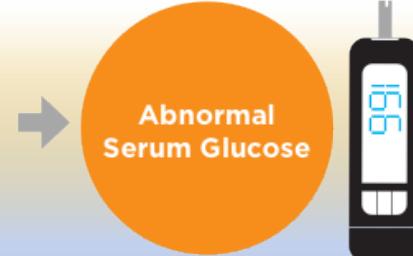


# Type 2 diabetes: increasing physiologic and genetic understanding



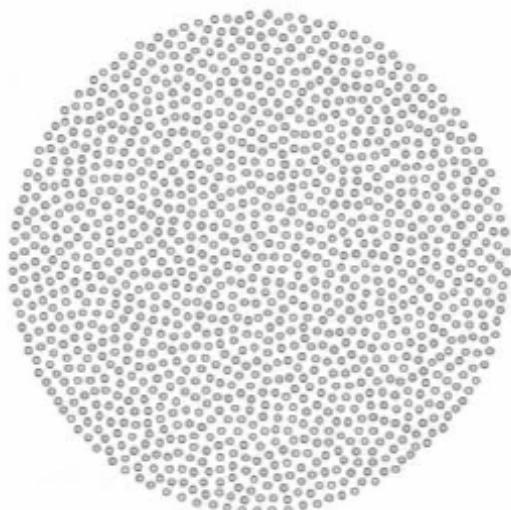
# But what do we follow clinically?

BLACK BOX

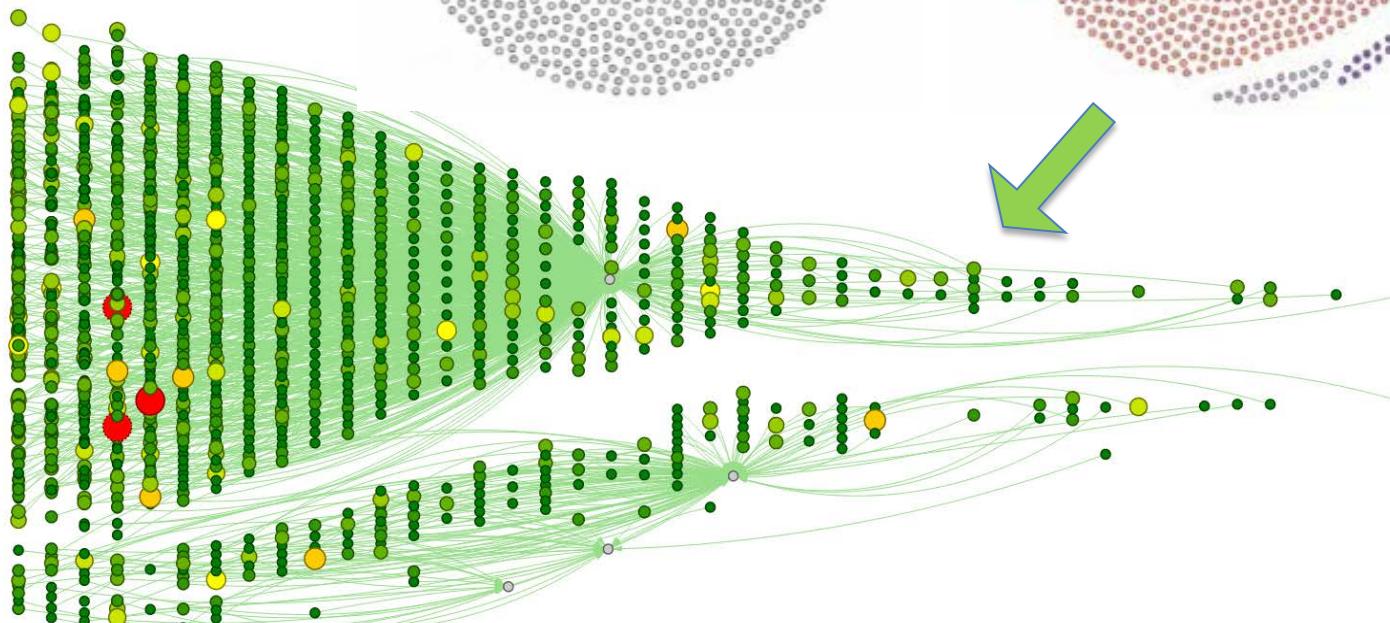
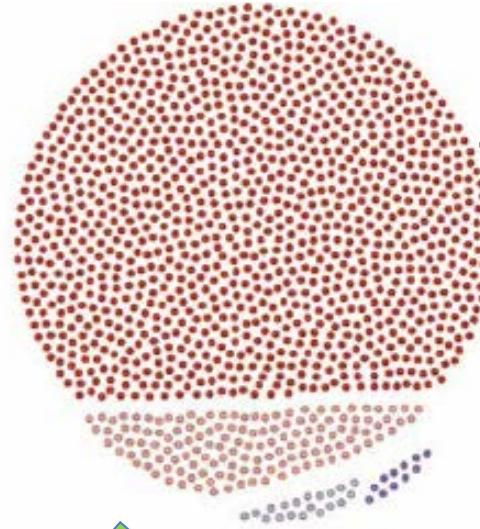


# Unlocking what makes patients more different than the same - Data Analytics and Phenotyping

1,000 MS Patients:  
grouped by  
what they have  
in common



1,000 MS Patients:  
grouped by  
disease stage



Grouping MS patients by what makes them different:  
stratified by frequency of relapses, duration of disease, and severity of flares

# Episodic and Symptomatic



**Saturday, February 15,  
2014**

8:00	<b>Ms. Doe</b>
8:15	
8:45	
9:00	

# Episodic and Symptomatic



2014

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
6	7	8	9	10	11	
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Sun	Mon	Tue	Wed	Thu	Fri	Sat
23	24	25	26	27	28	1
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12

Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

Sun	Mon	Tue	Wed	Thu	Fri	Sat
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9

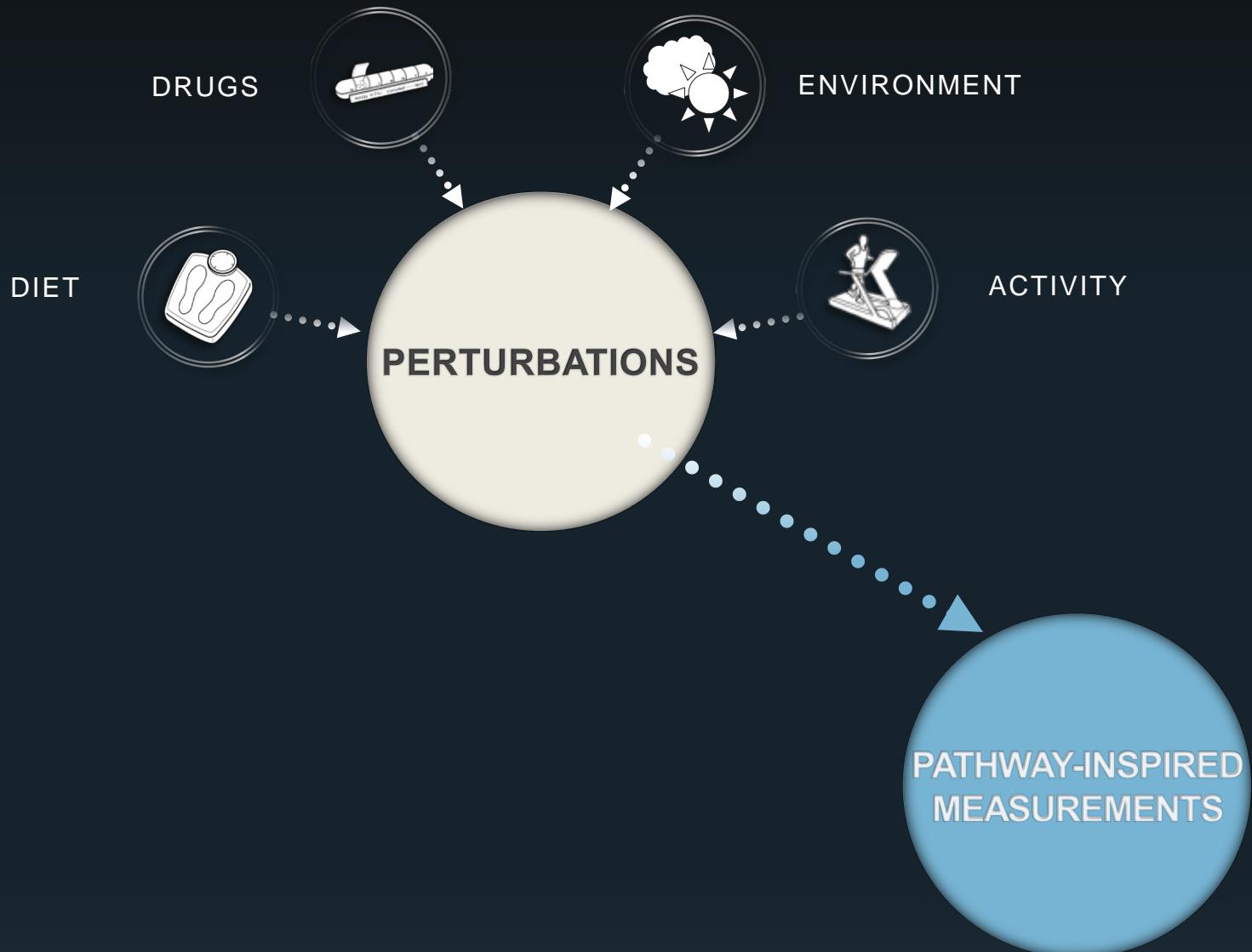
Sun	Mon	Tue	Wed	Thu	Fri	Sat
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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

February 15,  
2014

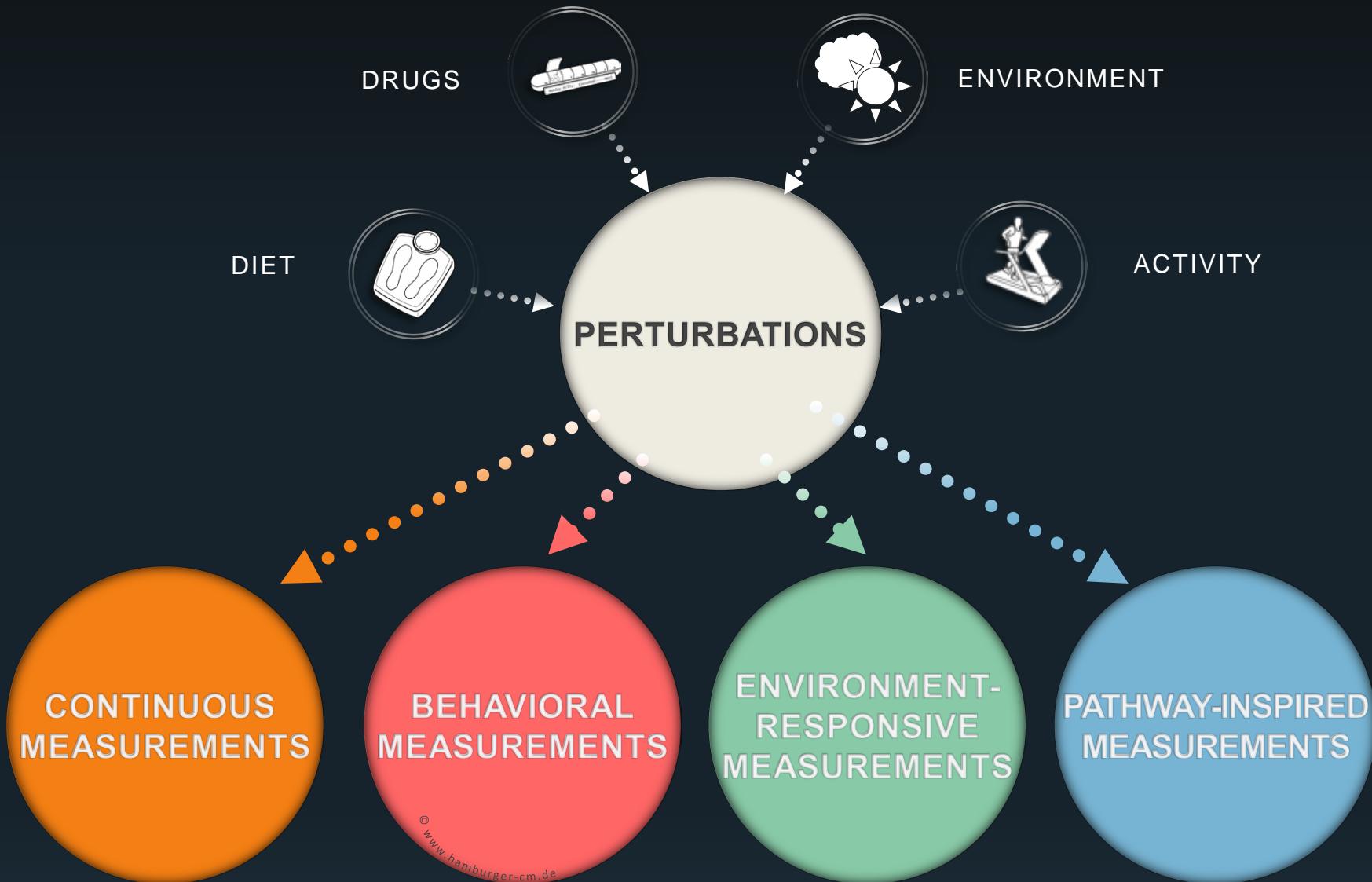
Doe

9:00

# Novel phenotypes, analyzed in the context of perturbations



# Novel phenotypes, analyzed in the context of perturbations

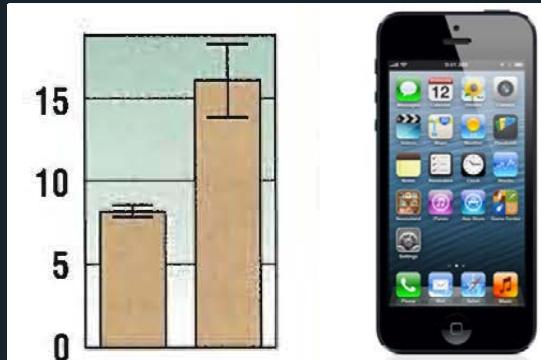


**The integration of data from *different scales* and *different sources*, analyzed with a *broadening array of techniques*.**

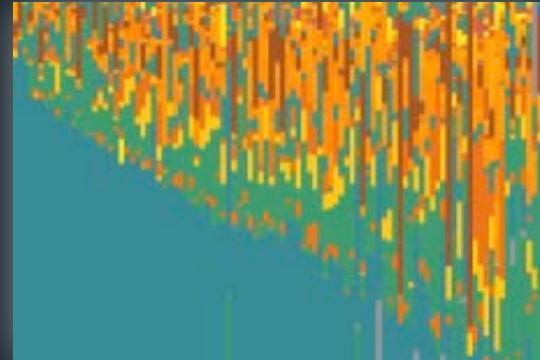
# Repurposed data to yield new ideas



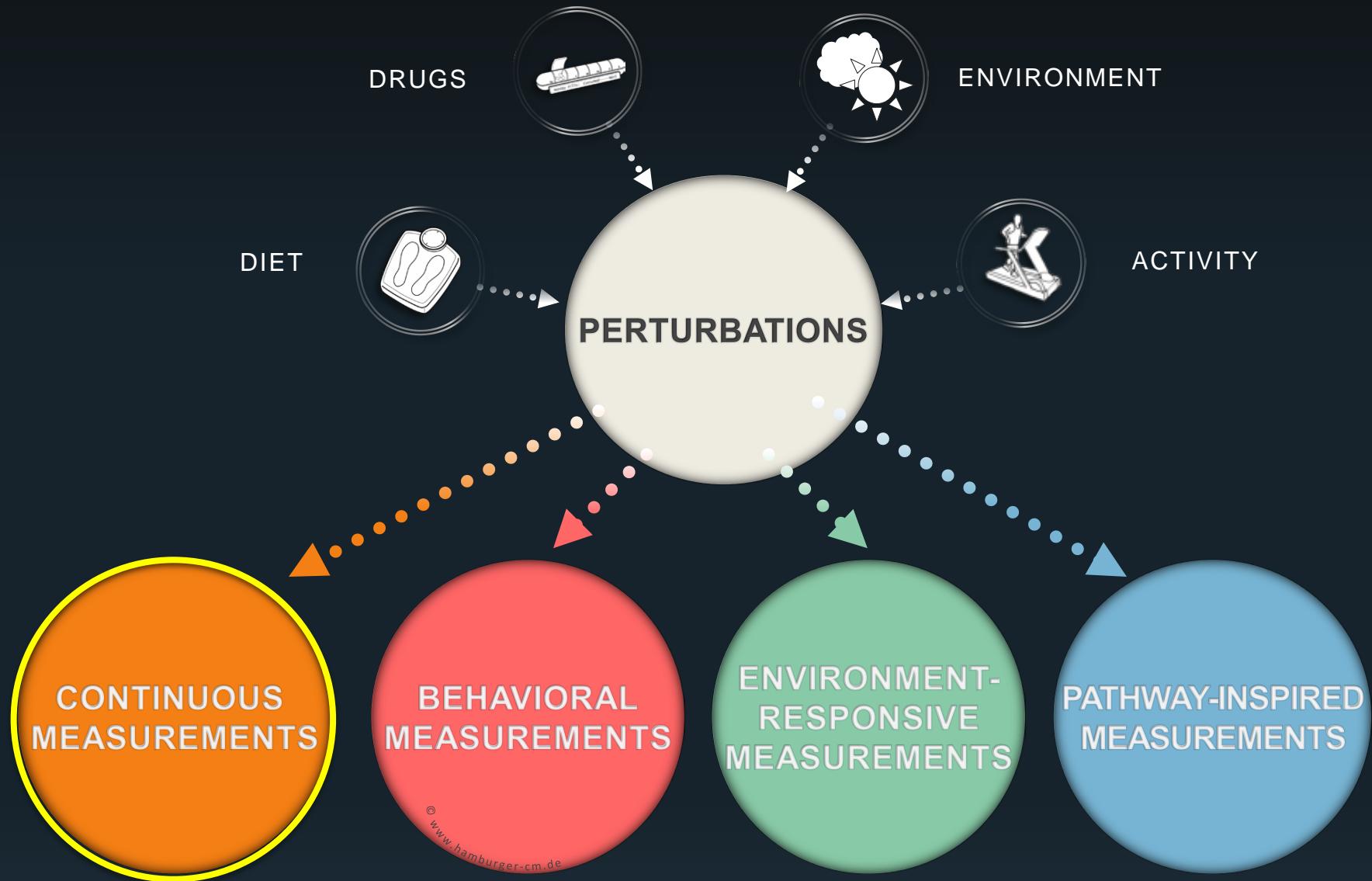
# Data collected via new methods



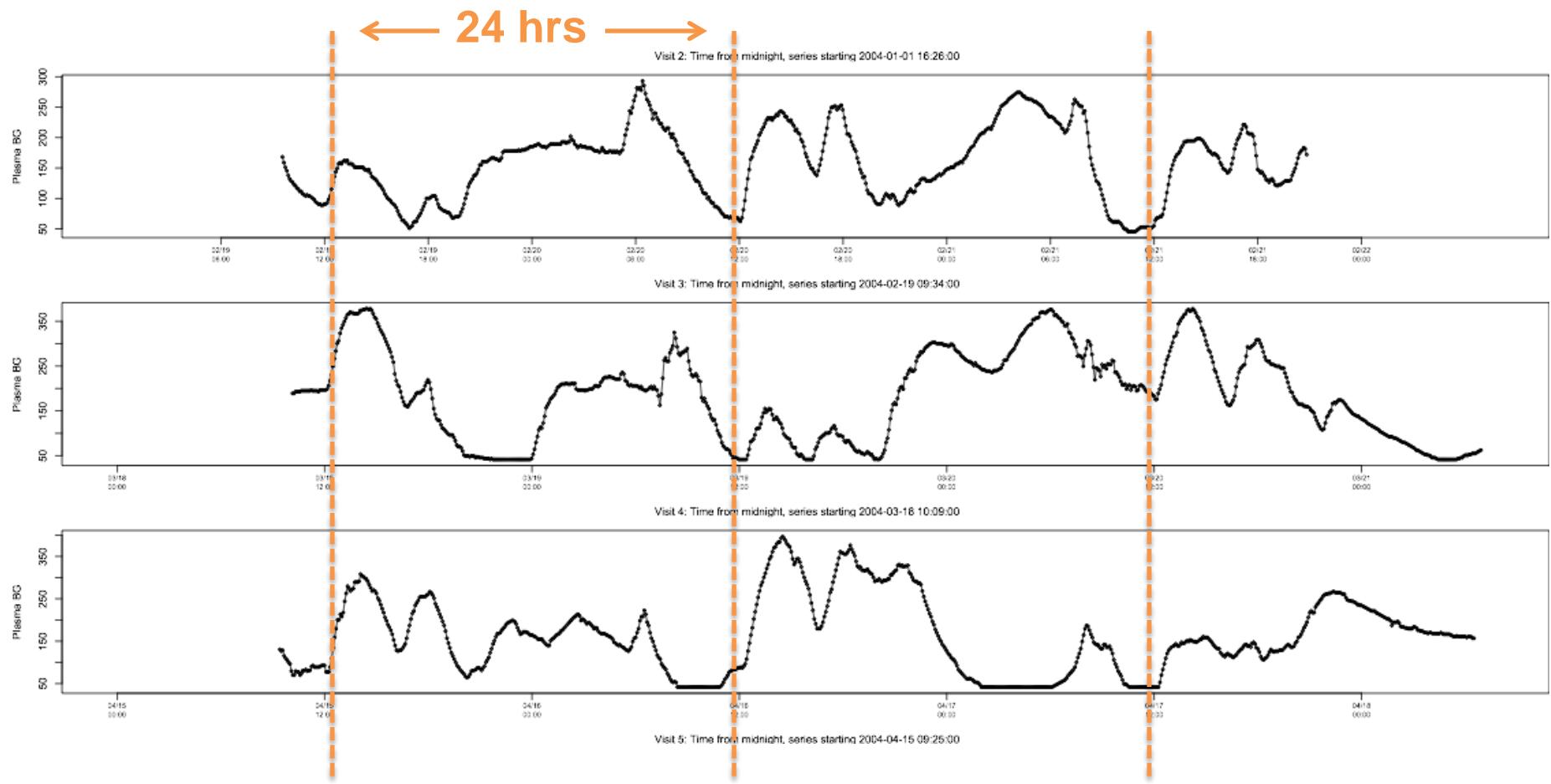
# High Dimensional Data Sets



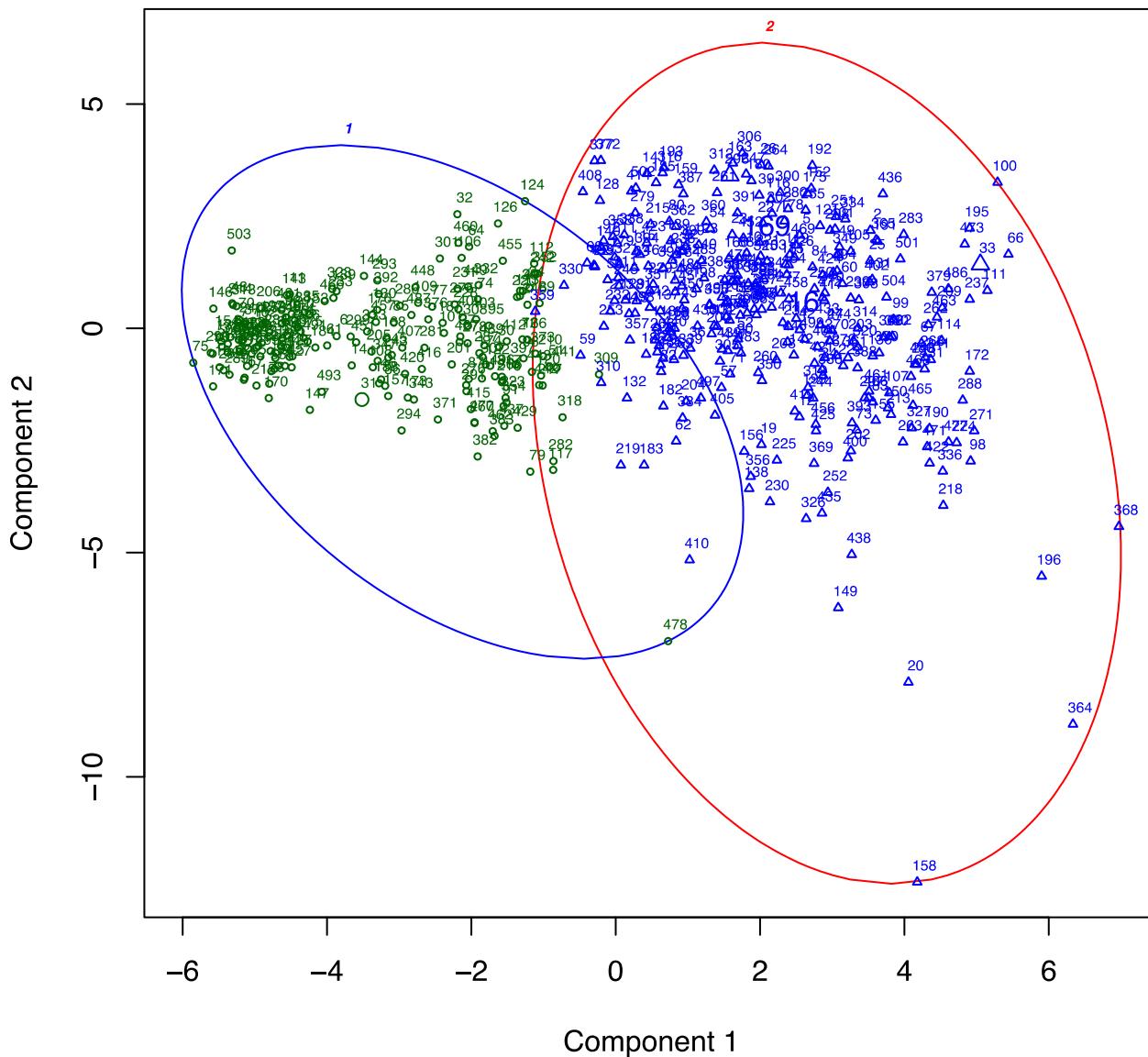
# Novel phenotypes, analyzed in the context of perturbations



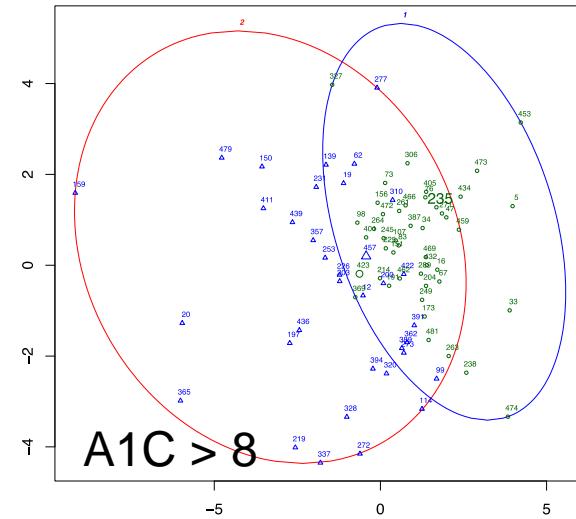
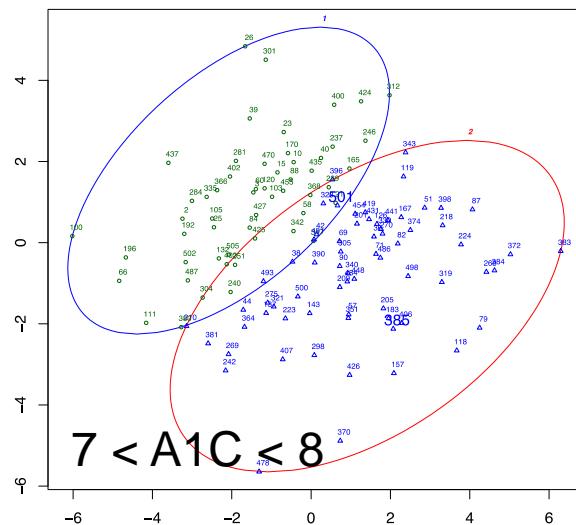
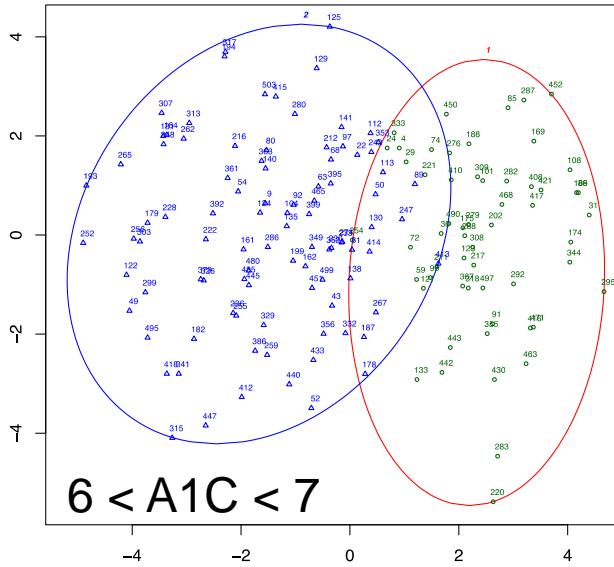
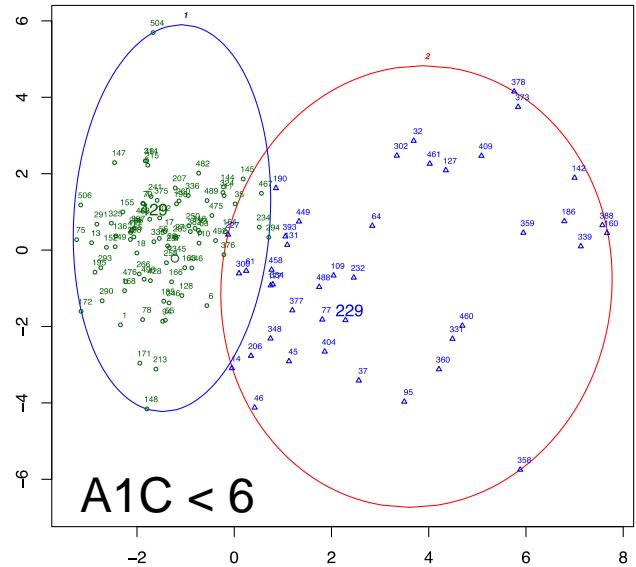
# Physiologic insights from a therapeutic device: Continuous Glucose Monitoring



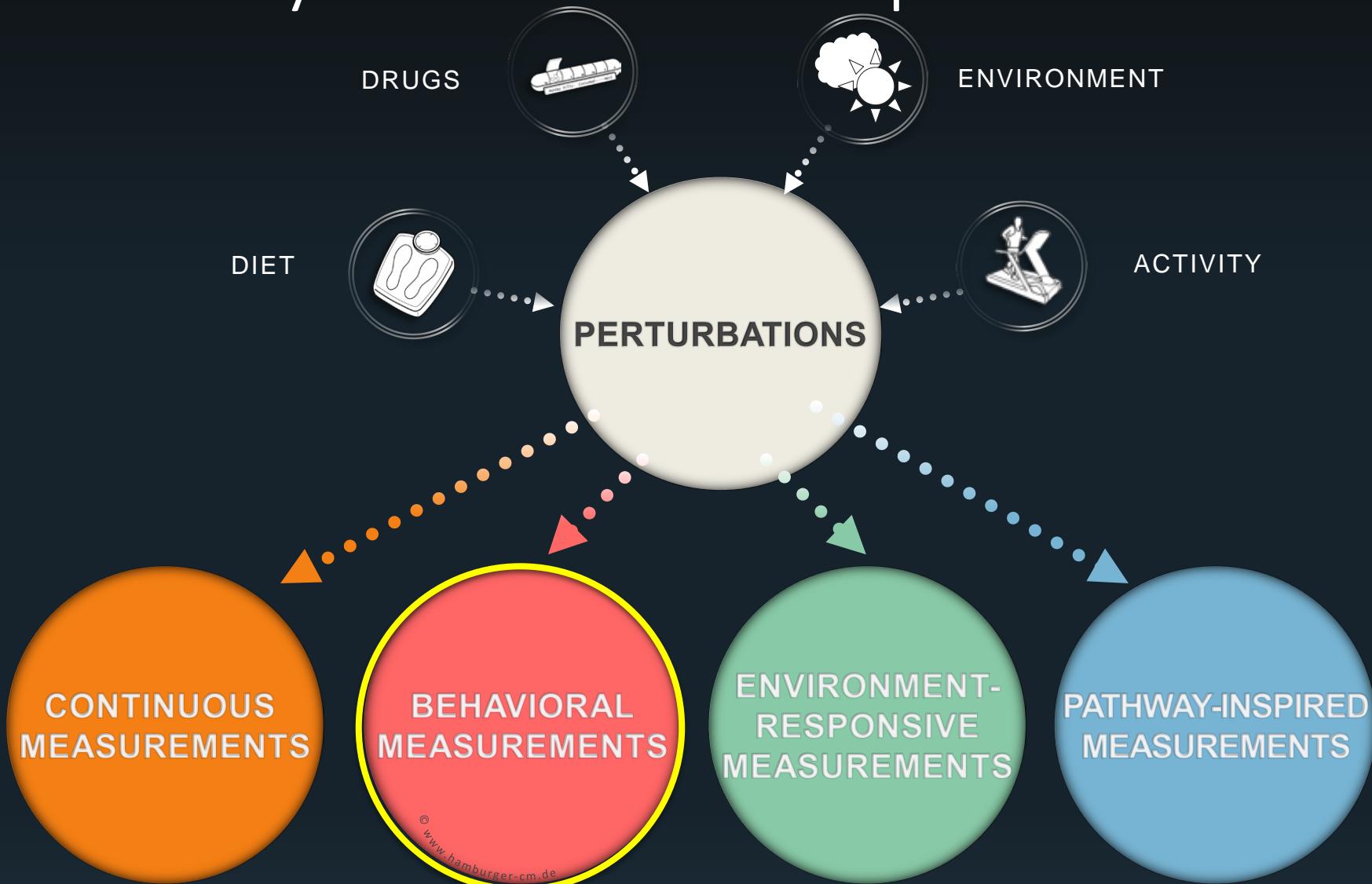
# CGM data clusters participants (determined by Principal Component Analysis)



# Clusters persist across diabetes status, glucose control, medication



# Novel phenotypes, analyzed in the context of perturbations



# Behavioral Measurements

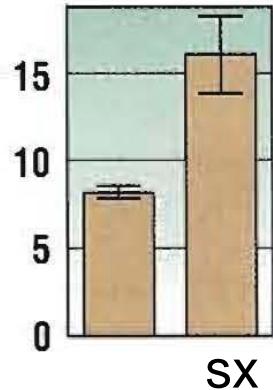
As we begin to assess health holistically  
we need to turn again to non-traditional technology

Minimally Invasive

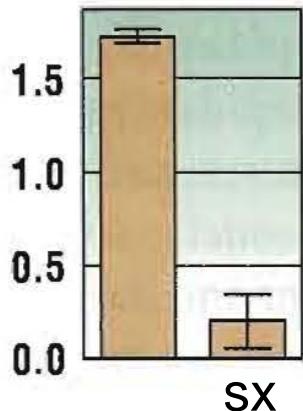
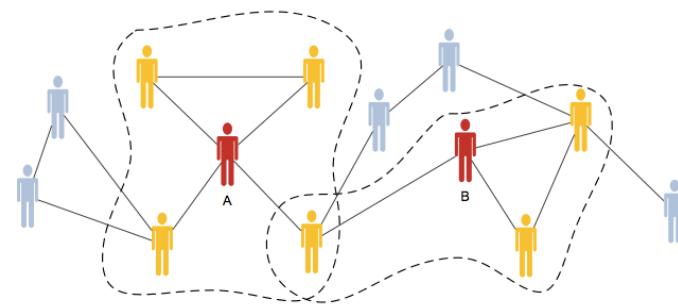
Minimally Intrusive



# Phenotypes at home: Passive and active behavioral analytics



Runny nose:  
Late night/early morning  
communication



Fever, influenza:  
WLAN 'entropy'

Social contacts for  
peer incentives:  
BEHAVIOR

Sandy Pentland (MIT Media Lab)

# Phenotypes at population scale

Wearable Sensors, Electronic Medical Records,  
biospecimens and integrated analysis for  
discovery



FROM RESEARCH POPULATIONS ...

... TO “REAL-WORLD” INDIVIDUALS

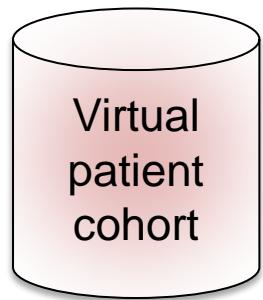
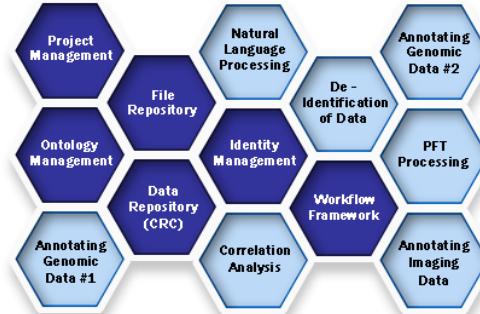


# EMRs to integrate research with clinical care and patient cells

Partners EMR (~4M patients)



i2b2 analysis software (phenotype extraction)



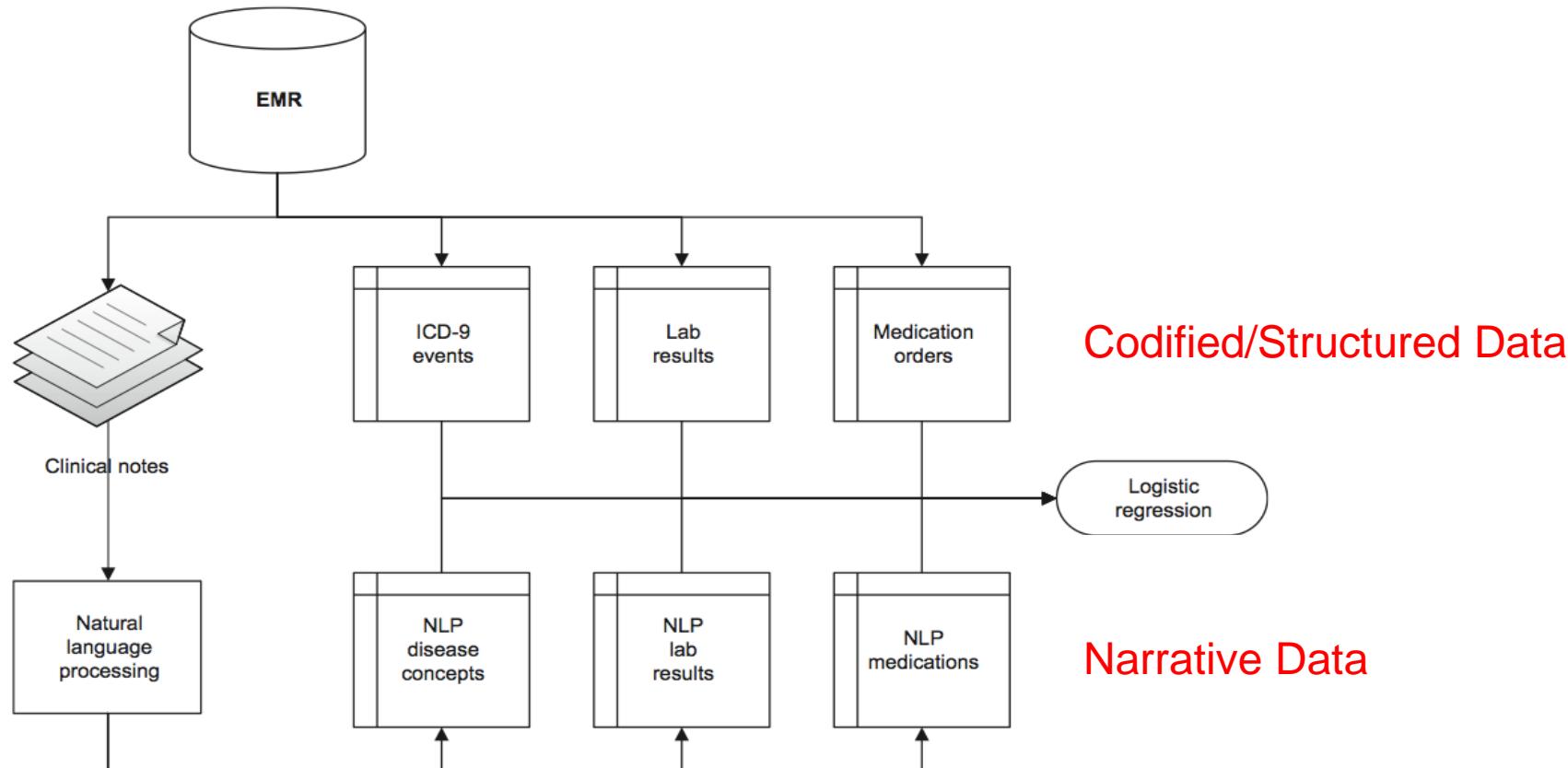
(De-identified)



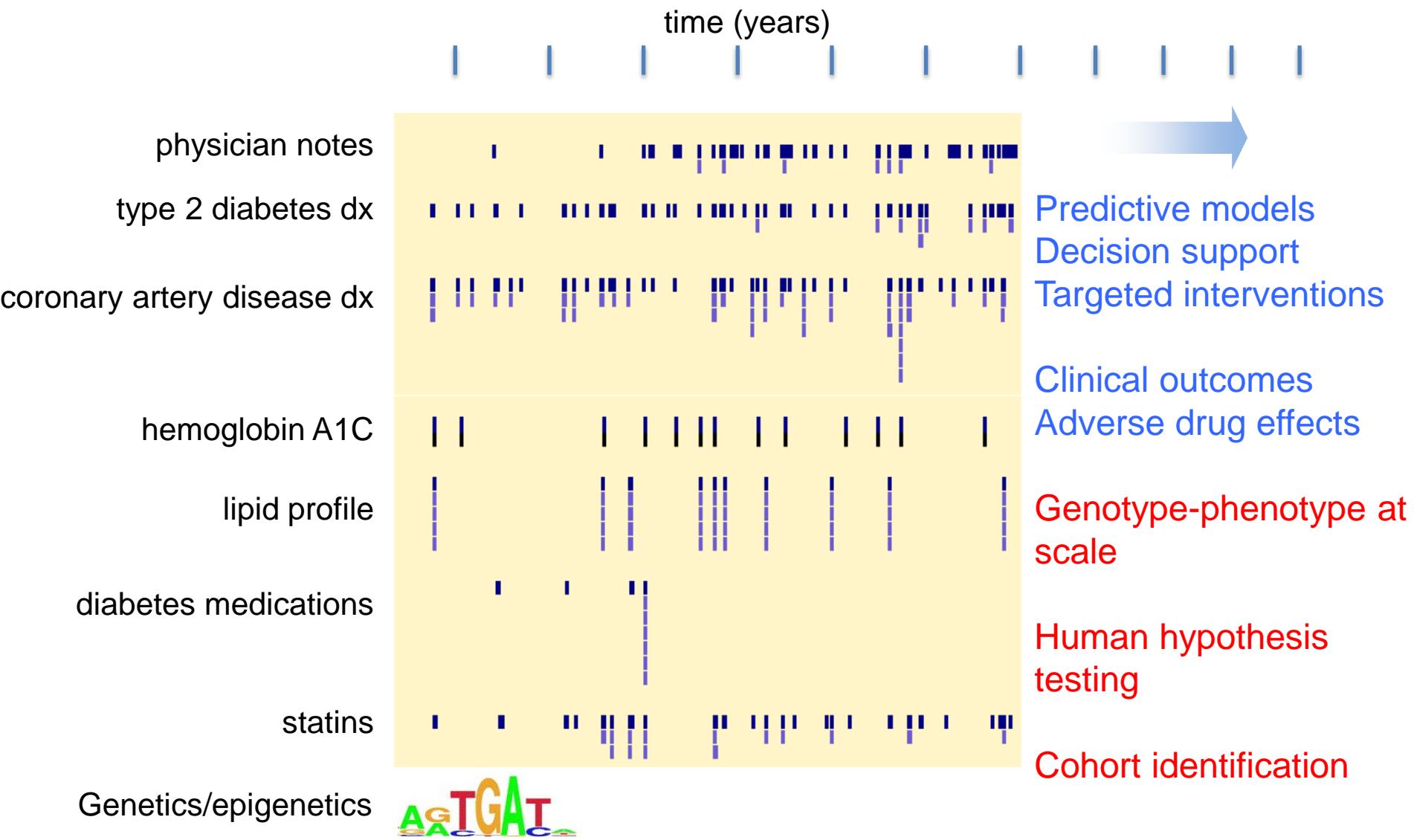
Matched,  
de-identified biospecimens  
from clinical labs  
(Crimson)

Cost-effective measurement of genetic variation and phenotypes of large populations  
“Real world” patients  
Maintain patient privacy

# Advanced phenotyping using data from routine clinical care

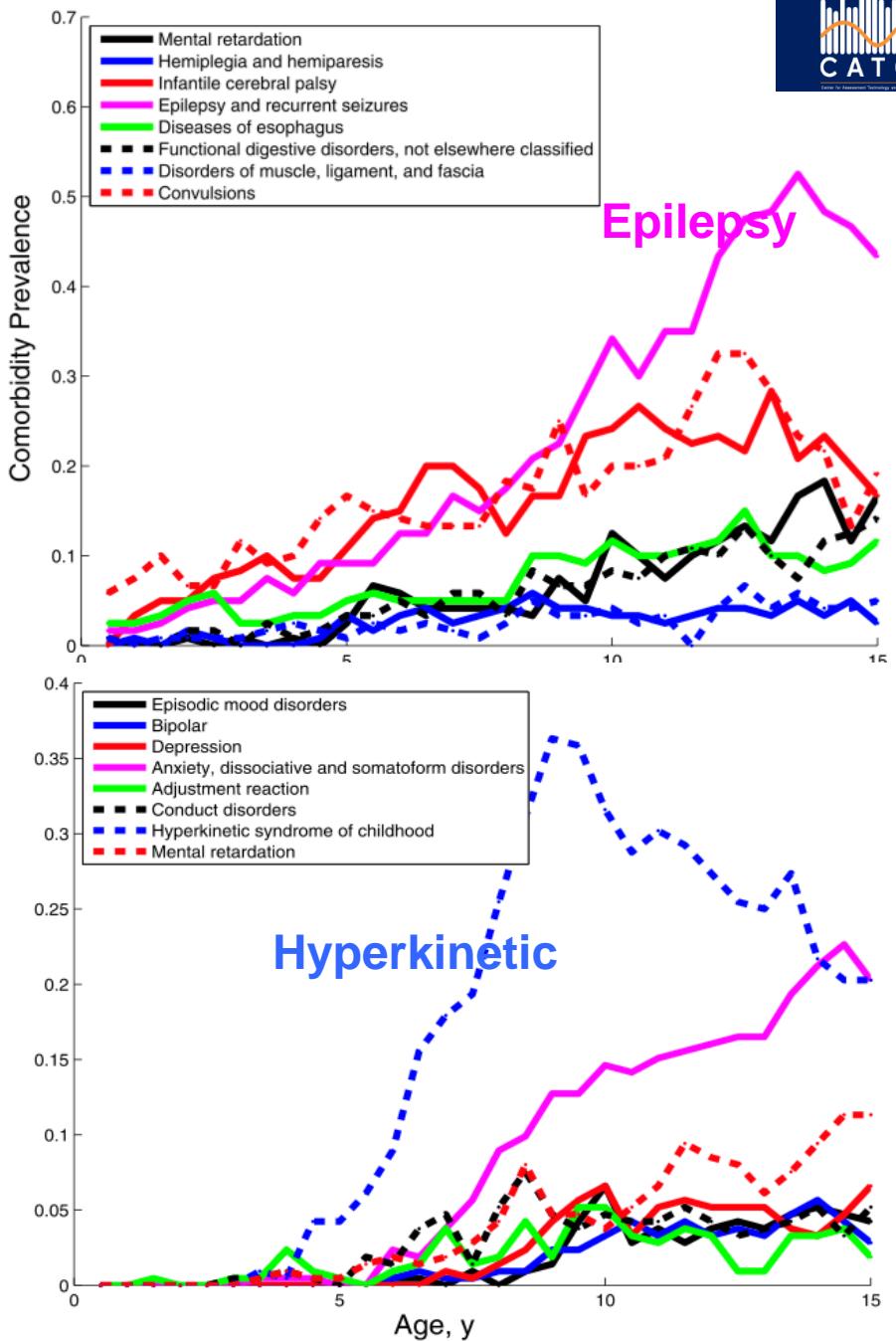
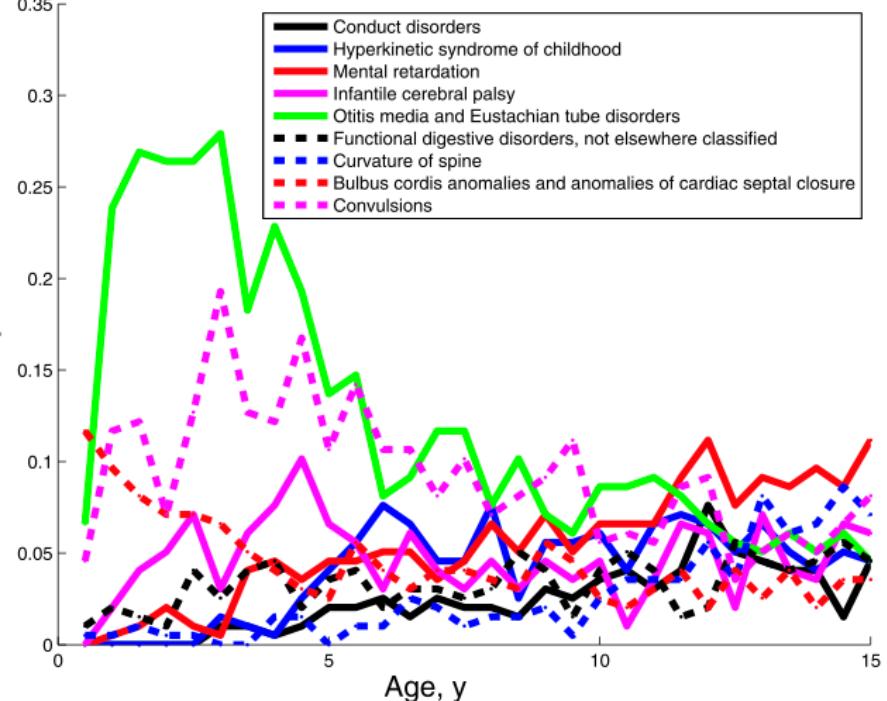


# Towards predictive models for outcomes



# Stratifying natural history of autism via EMR

## Ear infections



We have the genetic and digital revolutions  
helping to guide health.

What about the power of social media?

# Moving from social media and tweets .... to Health!

<p><b>Raf Castillo</b>   This #nsng / #banting diet is no joke. Am tempted to get crp, esr, hba1c, and maybe Fbs and blood lipids done. BP today was 110/70  <span style="border: 1px solid black; padding: 2px;">110/70</span>  <span style="border: 1px solid black; padding: 2px;">110/70</span></p>	<p>Thu Apr 24 14:15:37</p>	<p><b>kristopher latimer</b>   i have been sick since Sunday blood pressure 190/100 better now thank you Lord.  <span style="border: 1px solid black; padding: 2px;">190/100</span></p>	<p>Wed Apr 23 02:47:09</p>
<p><b>Cassandra</b>   Perfect timing! Drs visit- BP 110/70 , Pulse 82 and my blood work should be coming in shortly #drvisit #beginningstats #cassandra goes vegan  <span style="border: 1px solid black; padding: 2px;">110/70</span></p>	<p>Thu Apr 24 15:45:32</p>	<p><b>aaron karlo</b>   Just had my bp checked by my sister. 180/100. I haven't done any rigorous activity in the past hour. Hindi normal toh db?  <span style="border: 1px solid black; padding: 2px;">180/100</span></p>	<p>Wed Apr 23 08:51:15</p>
<p><b>melaine mudukuti</b>   Blood pressure at the Dr was 110/70. #StressFree o^~^o  <span style="border: 1px solid black; padding: 2px;">110/70</span>  <span style="border: 1px solid black; padding: 2px;">#praiseJesus #worrylesspraymore</span></p>	<p>Fri Apr 25 13:24:23</p>	<p><b>self intitled idiot</b>   @Korozjin I talked to my doctor about my 3-4 headaches I was getting daily that last 3-5 hours at a time and he took my Bp. It was 170/90  <span style="border: 1px solid black; padding: 2px;">170/90</span></p>	<p>Sun Apr 20 21:29:34</p>
<p><b>jinglejang</b>   90 lbs since Oct. Bp 110/70. LDL 72. Dropped 100 points in that time. Still going strong. Now it's time to quit smoking. /rage face  <span style="border: 1px solid black; padding: 2px;">110/70</span></p>	<p>Fri Apr 25 13:43:03</p>	<p><b>Veronica Jo</b>   My BP was 170/90 in January when I was really sick with strep. Today it was 118/69! Yay for health!!! □ #prayerswork  <span style="border: 1px solid black; padding: 2px;">170/90</span>  <span style="border: 1px solid black; padding: 2px;">118/69</span></p>	<p>Thu Apr 24 13:42:54</p>
<p><b>Genevieve C. Opeña</b>   I'M Done for my medical check-up . My blood pressure is 110/70.. i tot high blood me... tnx GOD,, FOR guiding my HEALTH... :::::  <span style="border: 1px solid black; padding: 2px;">110/70</span></p>	<p>2014-04-26 02:54:33</p>	<p><b>Bettina A delRosario</b>   Heat is killing me! BP 160/100. Ice pack on head stat.  <span style="border: 1px solid black; padding: 2px;">160/100</span></p>	<p>Thu Apr 24 08:58:06</p>
<p><b>Brittany Eirwin-Maqueda</b>   In the last 15 months I have gone from resting blood pressure of 120-125/80-85 to 100-110/60-70! &lt;3 Zumba &lt;3  <span style="border: 1px solid black; padding: 2px;">120-125/80-85</span>  <span style="border: 1px solid black; padding: 2px;">100-110/60-70</span></p>	<p>Fri Apr 25 21:26:00</p>	<p><b>Kenny Gartner</b>   My blood pressure at the doctors the other day? 160/100. I'm healthy and 25 years old. Guarantee that working overnights contributes.  <span style="border: 1px solid black; padding: 2px;">160/100</span></p>	<p>120/80 BP 72 beats per min. 95% oxygen saturation. 1st Dr. Visit in years.</p>

# Social Media for Healthcare has already arrived with patientslikeme®



patientslikeme®

Account | Settings | FAQ | Crisis | Log out | [Help](#)

[Open Private Messages preview.](#)

My profile   Patients   Forums   **Conditions**   Treatments   Symptoms   Research

My conditions: Choose one of your conditions: ▾

Learn About Obesity   Conditions > Obesity > How It Affects People

Overview   **How Obesity affects people**   Follow

Community goals   How it affects people   How people treat it   Meet People   Member journals   Who's New   Join the Endocrine, Metabolism and Nutrition Forum

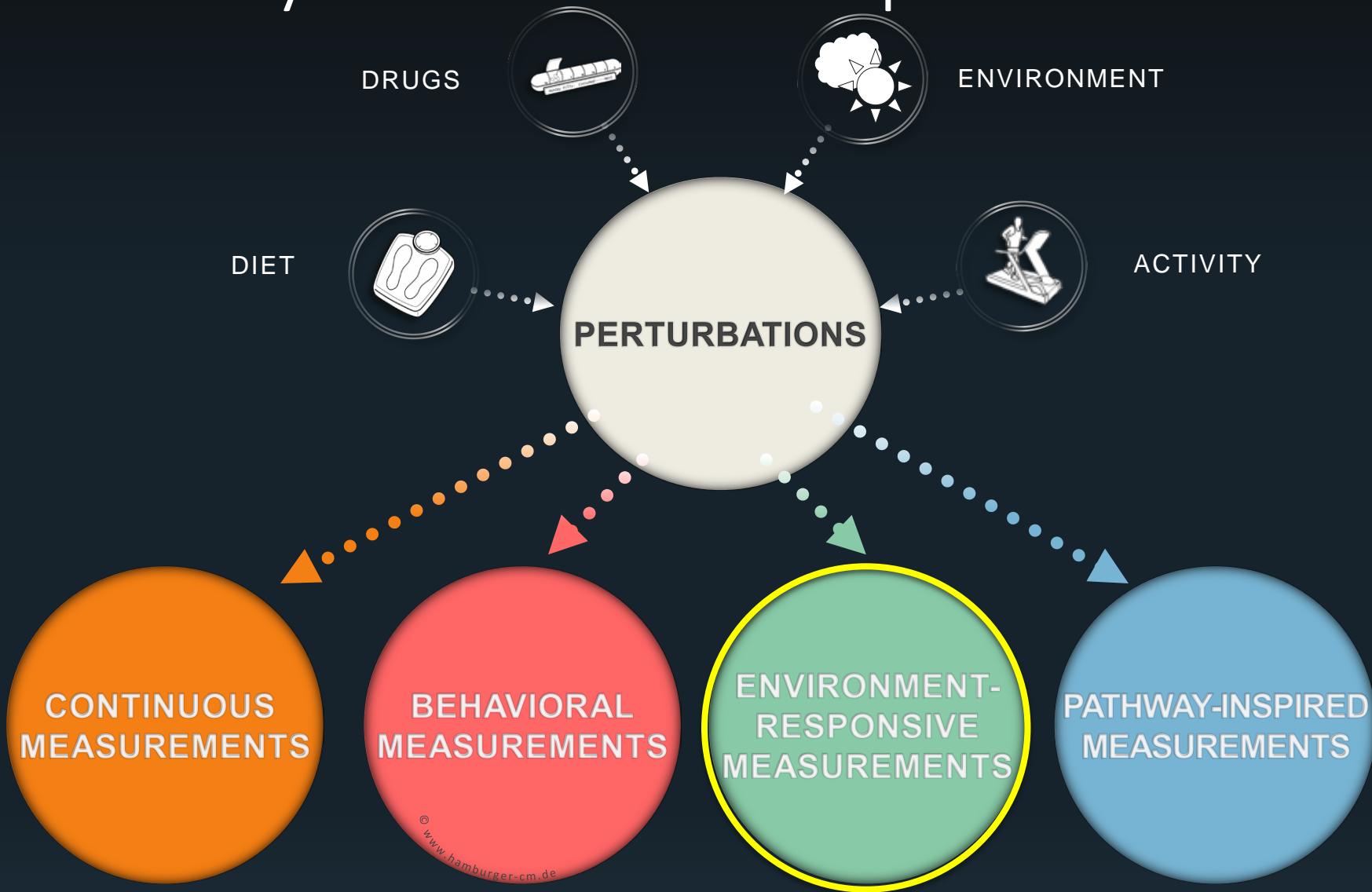
Common symptoms	How bad it is	What people are taking for it
Fatigue		Modafinil, Sleep Study for Sleep Apnea, Rest
Pain		Tramadol, Hydrocodone-Acetaminophen, Ibuprofen
Anxious mood		Alprazolam, Clonazepam, Lorazepam
Depressed mood		Duloxetine, Bupropion, Fluoxetine
Insomnia		Zolpidem, Trazodone, Melatonin

Reports may be affected by other conditions and/or medication side effects. We ask about general symptoms (anxious mood, depressed mood, insomnia, fatigue, and pain) regardless of condition.

Last updated: May 28, 2014

Severe   Moderate   Mild   None

# Novel phenotypes, analyzed in the context of perturbations



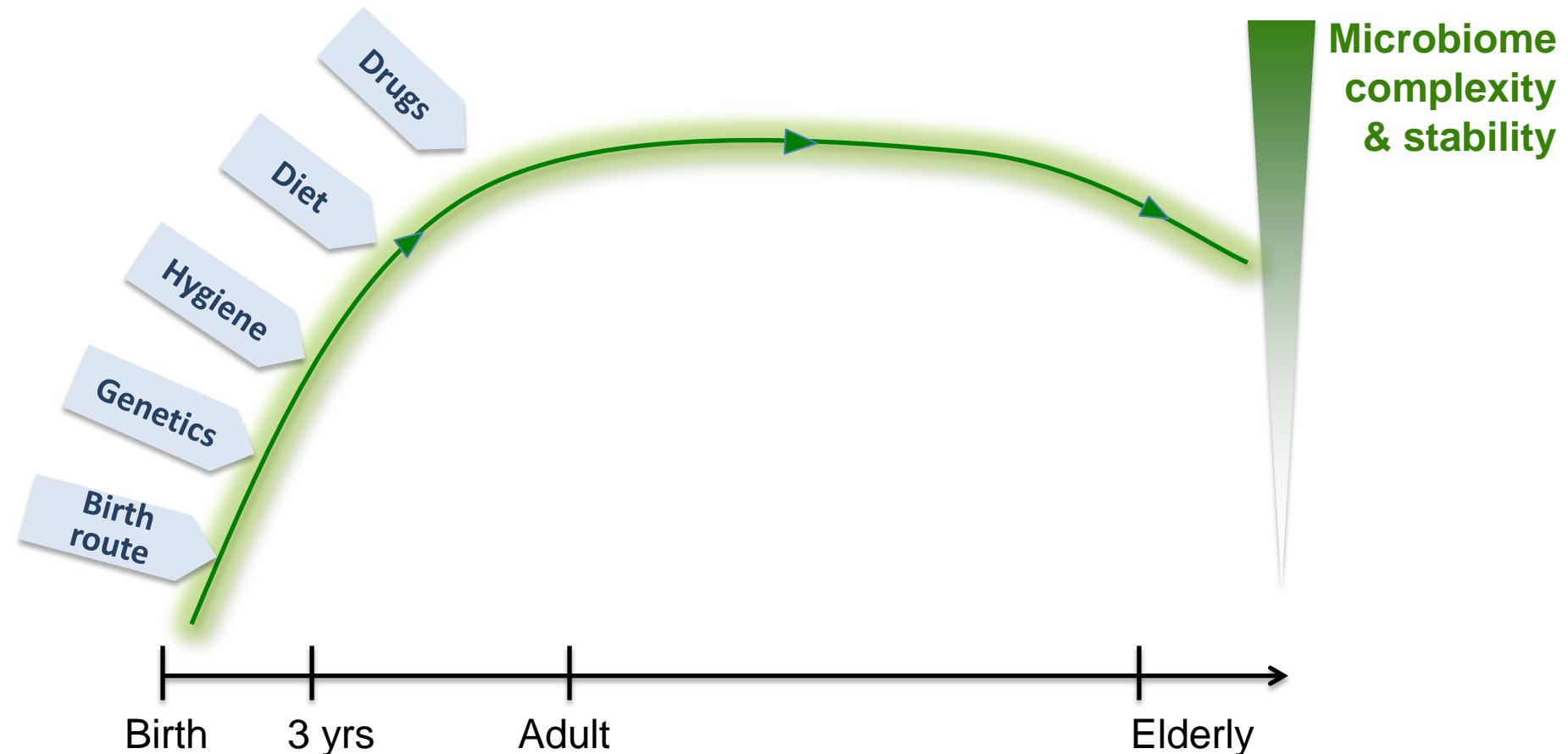
# The Human Microbiome

What we know about them:

- Microbes outnumber human cells **10 to 1**
- They collectively hold **8 million** unique genes
- There are **10,000** species of microbes
- You carry **2 - 6 lbs** of bacteria

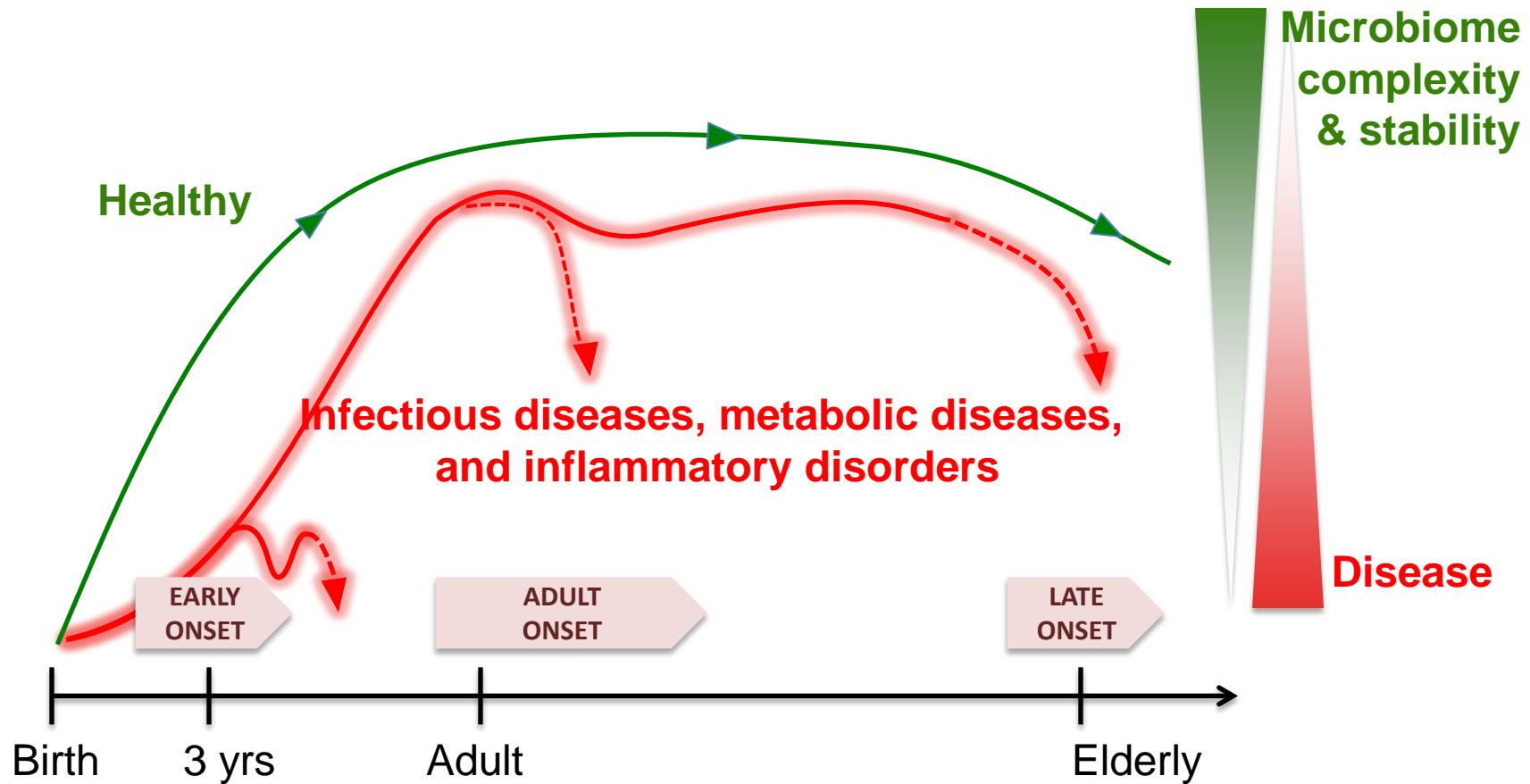


# A healthy microbiome *in* a healthy body



Genetics and environmental factors contribute to the development of the microbiome

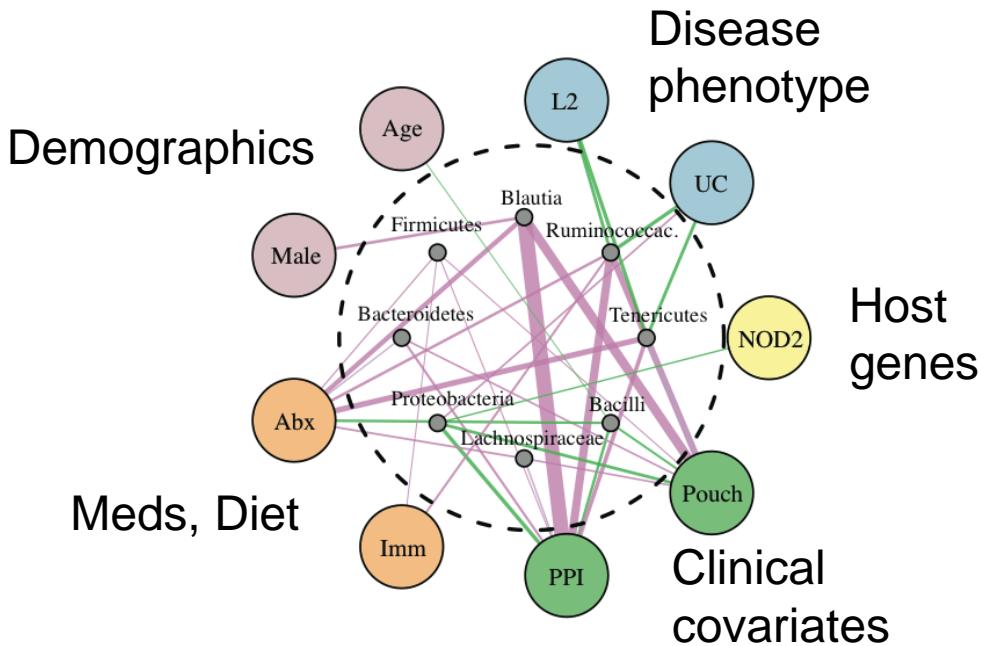
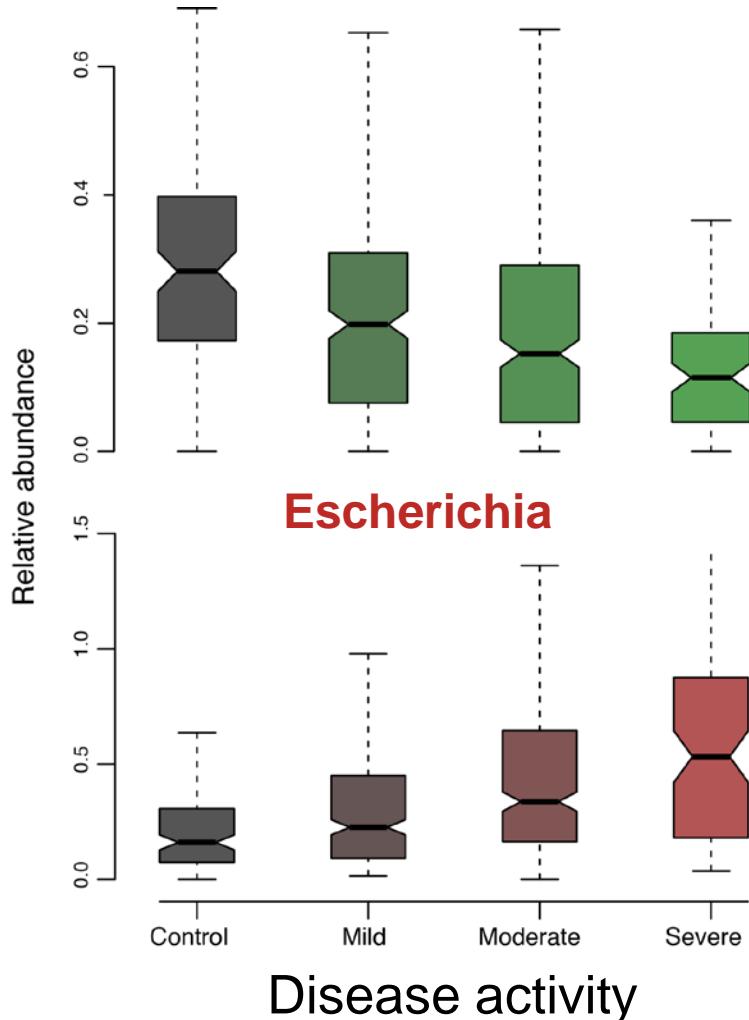
# Dysbiosis is implicated in diseases



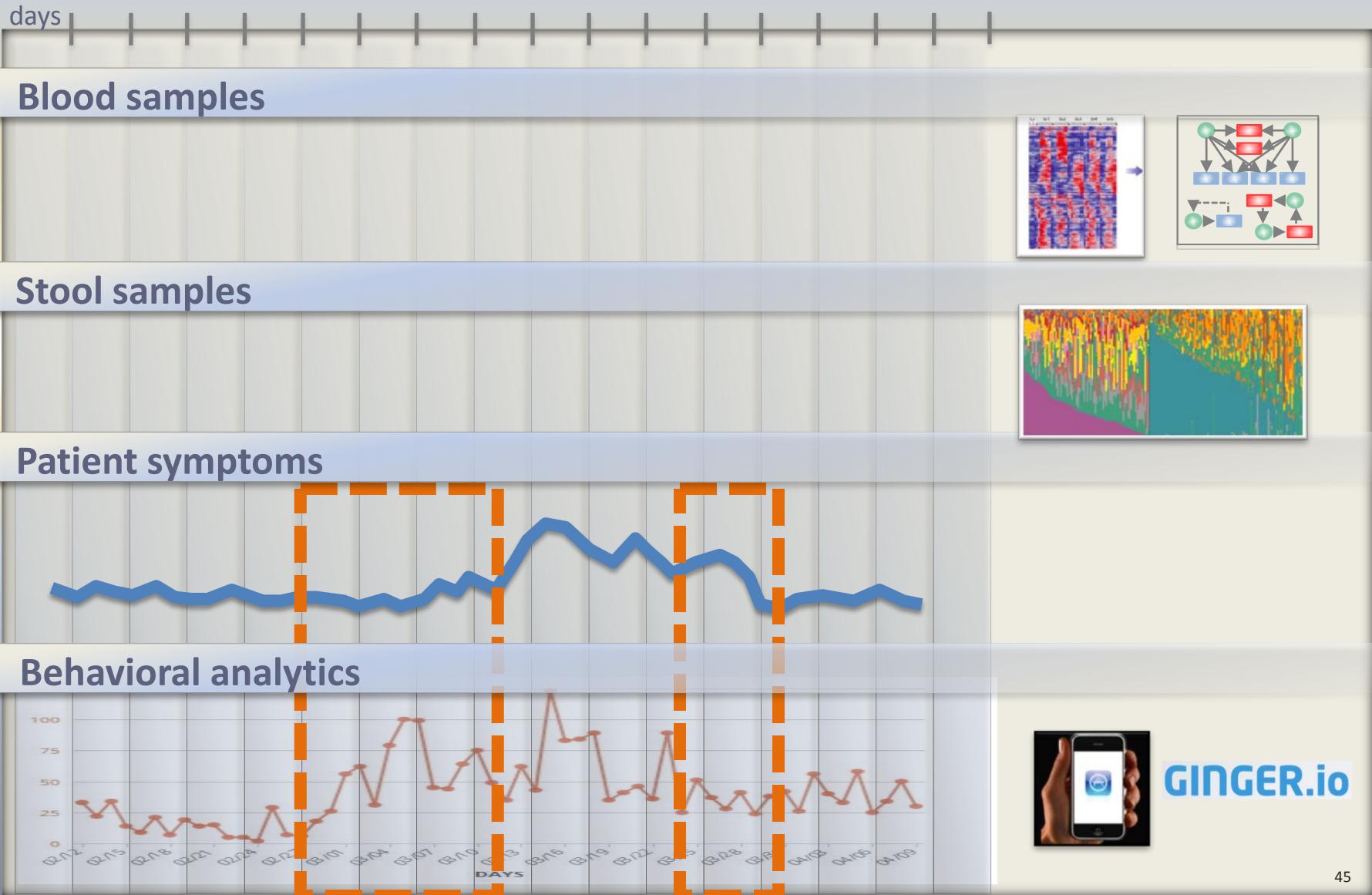
Opportunity to use this information to diagnose, predict, and treat diseases

# Microbiome interacts with host genome, environment, disease phenotypes

## Faecalibacterium



# Integrating phenotypes at many levels: chronic diseases with periodic flares



# An ecosystem outside of medicine



## Boston Quantified Self

Home Members Photos Pages Discussions More [Join us!](#)



**Quantified Self**  
Cambridge, MA  
Founded Jan 12, 2010

Self-Quantifiers 1,026  
Group reviews 24  
Past Meetups 19  
Our calendar

[f](#) [t](#) [g](#) [y](#) [c](#) [b](#)

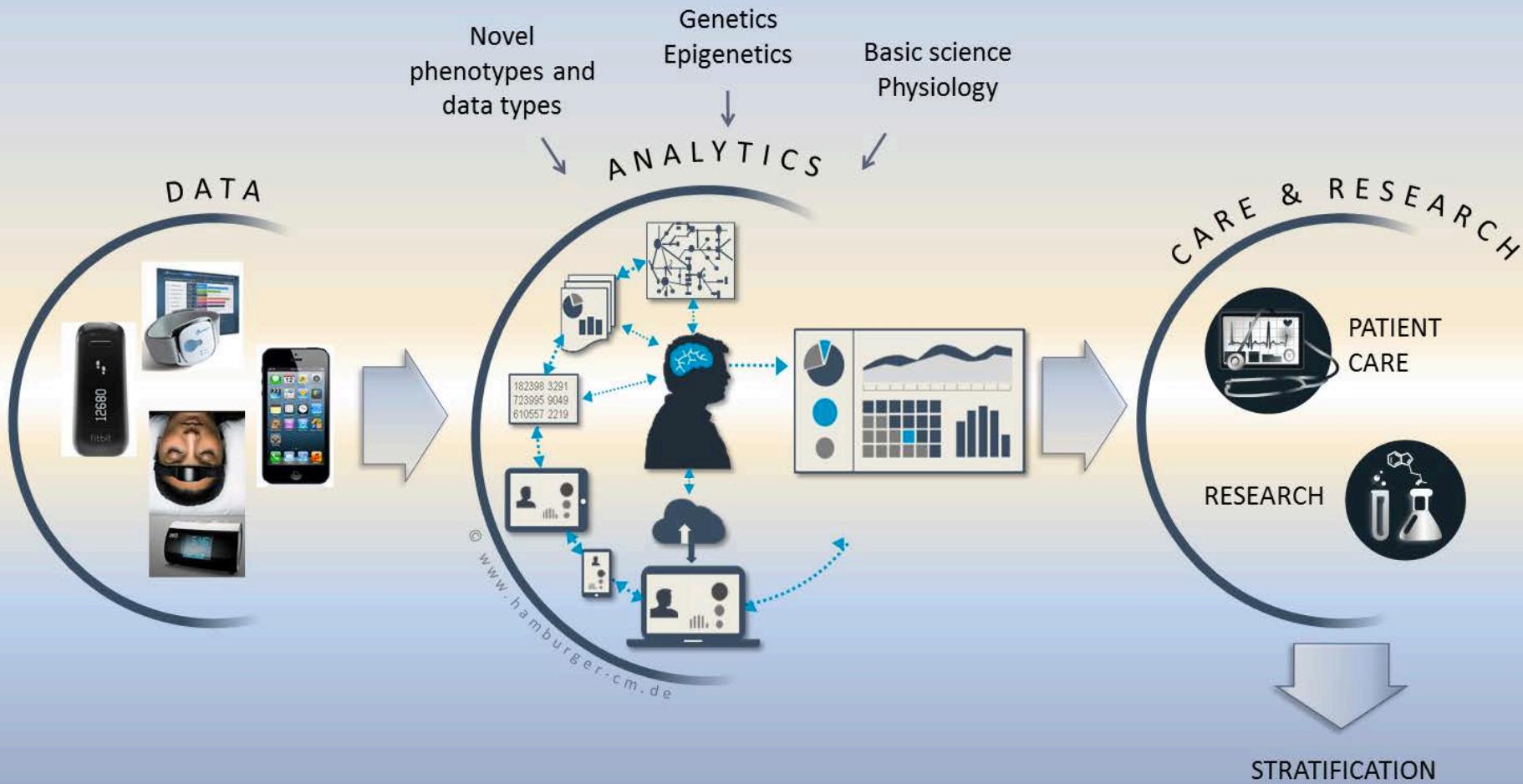
We're about:  
Business Networking - Web  
Technology - Business Strategy and  
Marketing - New Technologies - Self

The Boston Quantified Self Meetup (@QSboston) is inspired by the Bay Area Quantified Self Show & Tell meetings started in 2008 by Gary Wolf and Kevin Kelly in the Bay Area. It's a regular show and tell for people who are tracking data about their body and conducting their own personal investigations and research into their bodies, minds, and selves. Anything is game -- from personal genetics to ways to digitize and track information, from how to self-diagnose to how to self-experiment with data and statistics.

Topics include, but are not limited to:

- \* Self Experimentation
- \* Personal genetics and genome sequencing
- \* Generating, capturing, and working with biometric
- \* Lifelogging, lifecaching, lifestreaming
- \* Chemical Body Load Counts
- \* Self Experimentation
- \* Risks/Legal Rights/Duties
- \* Behavior monitoring, tracking, and modification (including studying habit forming and breaking)
- \* Location tracking
- \* Non-invasive Probes
- \* Digitizing Body Info

# An ecosystem outside of medicine



# A new partnership with patients



## Engaged, participatory

## Two-way information and learning exchange

## Patient-controlled data

## Unify wellness with spirit of inquiry



# Convergence of multiple disciplines

