PERSONALIZED VS. PRECISION MEDICINE

The emergence of AI-based medicine and digital health innovation

Prof. Evelyne Bischof, MD, MPH, FEFIM









































复旦大学附属肿瘤医院 Fudan University Shanghai Cancer Center

Precision vs. personalized medicine



what are other words for scratch the surface?



skim, scan, study, gather, see,
 know, learn, translate,
 interpret, view



I Thesaurus.plus

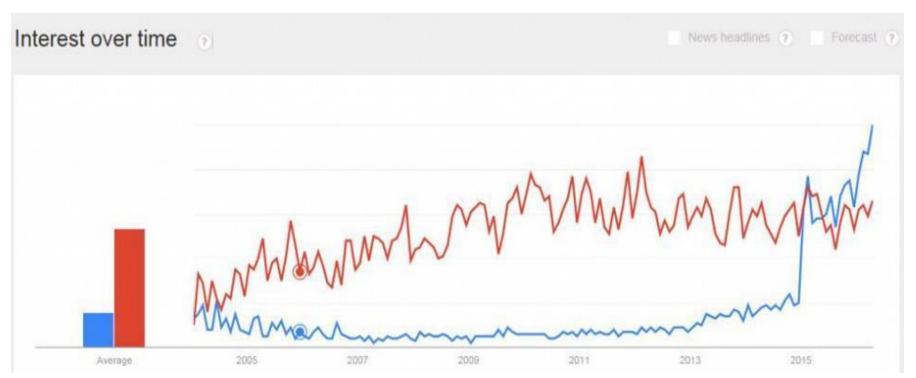
Precision vs. personalized medicine

Is there a difference?



Precision vs personalized medicine

Scientific trend



Relative Interest in Precision Medicine (blue) vs. Personalized Medicine (red), 2005-2016 (Google Trend Search, April 10, 2016)

Precision vs personalized medicine There is a difference!

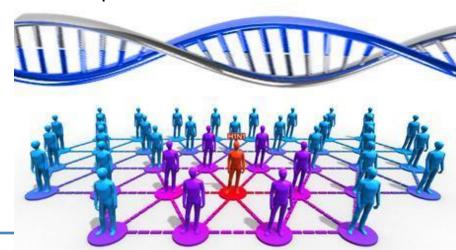
Advances in genomics and other 'omic' technologies perpetuated a new era, inclusive of individual data capturing (bio)variability for treatment and prevention.

Personalized and precision medicine

☐ mostly used as synonyms

prominent shift from

"personalized" towards "precision medicine"



not just semantics!

an important **conceptual shift** in the scientific understanding of health and disease and its application to treatment and prevention



Definitions

U.S. National Institutes of Health (NIH)

"an emerging practice of medicine that uses an individual's genetic profile to guide decisions made in regard to the prevention, diagnosis, and treatment of disease"

U.S. FDA



"the best medical outcomes by choosing treatments that work well with a person's genomic profile or with certain characteristics in the person's blood proteins or cell surface proteins"

President's Council of Advisors on Science and Technology (PCAST)



"tailoring of medical treatment to the individual characteristics of each patient"

Precision vs personalized medicine

Definitions



Published: 06 March 2013

Momentum grows to make 'personalized' medicine more 'precise'

Alla Katsnelson

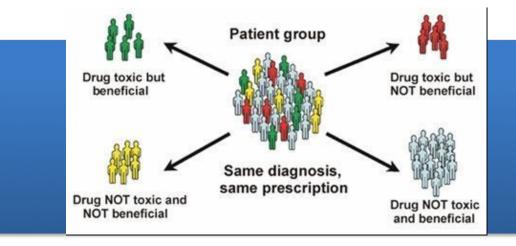
Nature Medicine 19, 249(2013) | Cite this article

425 Accesses | 76 Citations | 107 Altmetric | Metrics

"With the term 'precision medicine', we are trying to convey a more precise classification of disease into subgroups that in the past have been lumped together because there wasn't a clear way to discriminate

between them."

Aim

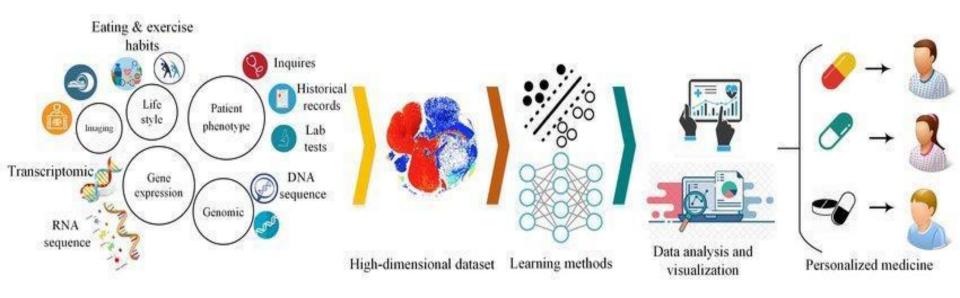


ability to classify
individuals into
subpopulations that differ
in their susceptibility to a
particular disease or their
response to a specific
treatment

new treatment regimen is assessed on a group of carefully selected patients but not individuals

ultimate goal is to furnish the proper treatment to the right person at the right time

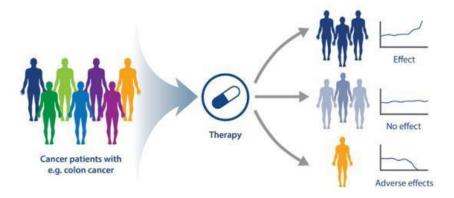
Concept



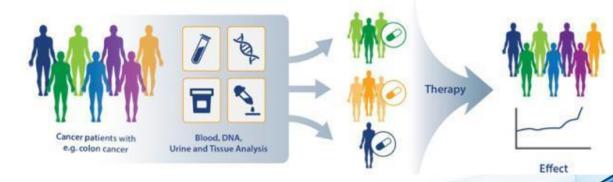
The future is now

One Treatment Fits All





Future Medicine More Personalized Diagnostics



The future is now biomarkers

Find the 'right' biomarkers -> Validate in robust datasets -> Apply

Fundamental questions

When is surgery enough?

Should we use chemotherapy?

Which treatment should we use?

toxicity - many 'equal' therapies

efficacy

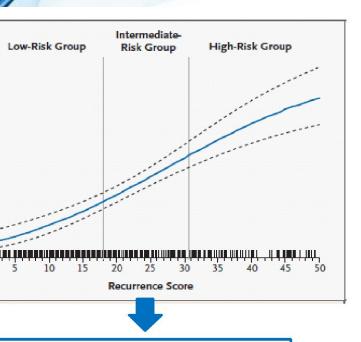
dosage

Phase II

In vivo
Biomarker
Mechanism
Biomarker
validation

https://blog.crownbio.com/pdx-personalized-medicine

The future is now therapy All patients with the same Benefit diagnosis Toxicity + Benefit No Toxicity No Benefit No Toxicity Copyright © American Society of Clinical Oncology Walgren et al. JCO 2005;23:7342-7349 JOURNAL OF CLINICAL ONCOLOGY



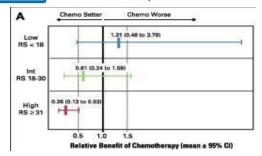


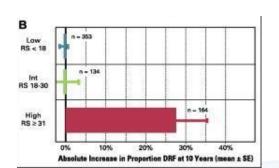
The future is now therapy

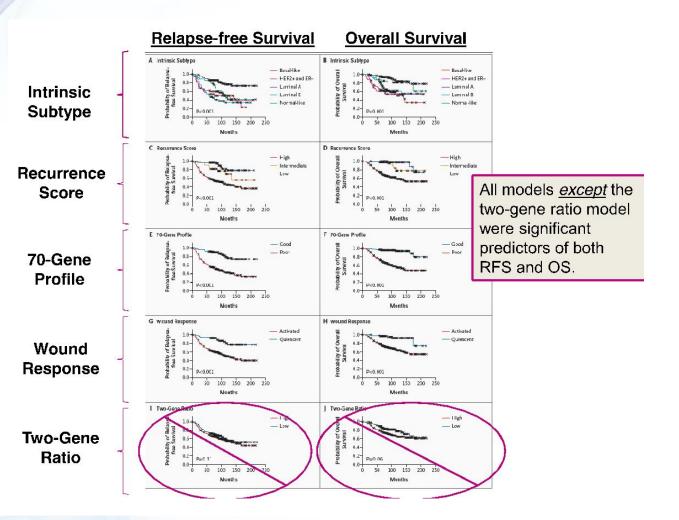
Validated on 651 tamoxifen- or tamoxifen and chemotherapy treated patients from NSABP B-20.

The likelihood of distant recurrence ↑ continuously as the RS ↑

Paik, S. JC(







The future is now therapy

☐ Gene signatures

augment current

clinicopathological

variables in assessing

risk of recurrence

☐ Gene expression profiles may be both prognostic and

predictive for patients

Al transforming medicine



Reactive



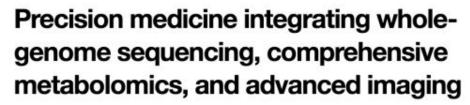


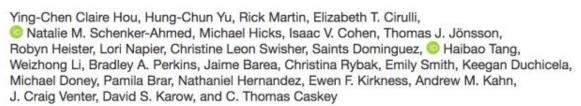
LONGEVITY.

Translation to the clinic



RESEARCH ARTICLE





PNAS February 11, 2020 117 (6) 3053-3062; first published January 24, 2020 https://doi.org/10.1073/pnas.1909378117

Translation and clinic

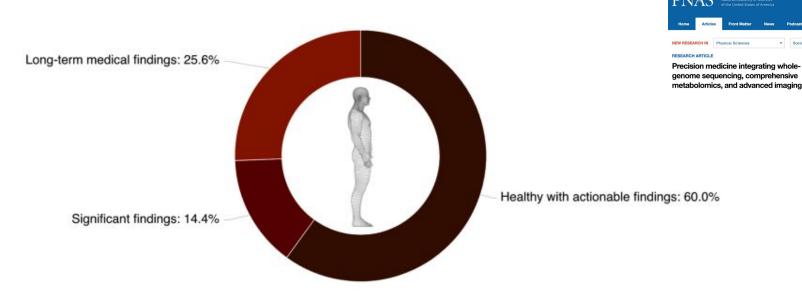


Knowledge is power. Especially when it comes to your health.

Our data has the power to change and even save lives. In a recent study of over 1,000 of our Health Nucleus patients who were largely asymptomatic, 40% required some form of medical intervention to preempt or treat disease, while 14% required urgent attention. For those without the identification of immediate risks, we can help you make changes to aid in the preemption of disease and creation of your healthiest, most prolific lifestyle.

Translation and clinic

Clinically significant findings in Health Nucleus clients*



25.6%

Long-term medical findings that require medical attention and monitoring but are not immediately life threatening

14.4%
Significant actionable findings that require immediate or near-term intervention and follow-up

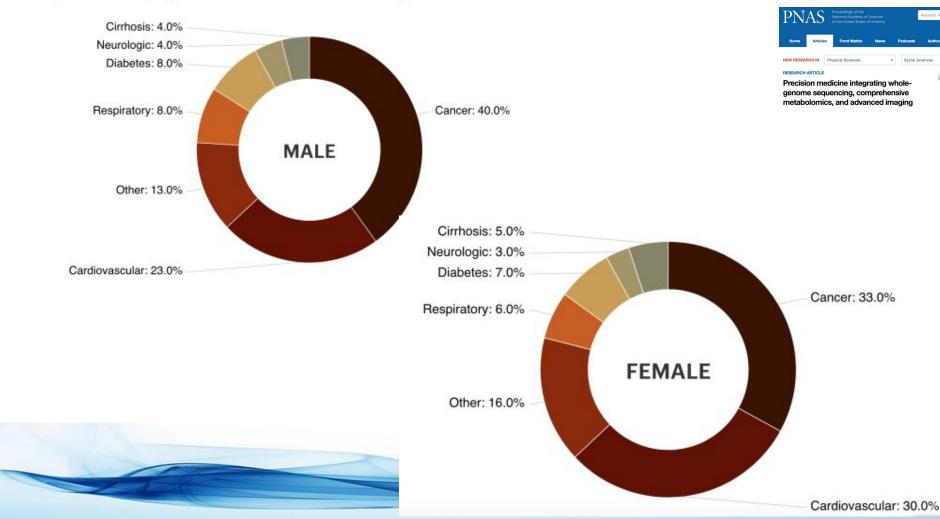
60%

Healthy actionable findings that could enhance quality of health and wellbeing

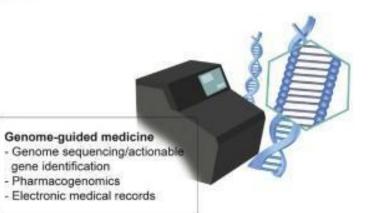
*Clients screened for the first time.

Translation and clinic

Risk of preventable, age-related disease in adults age 50-74



Tools



Therapeutics

- CRISPR
- Zinc finger nucleases
- Chimeric antigen receptor T cells
- Checkpoint inhibition

Diagnostics

- Biomarker discovery
- Co-clinical trials
- Imaging/radiomics/ radiogenomics



- Circulating tumor DNA, RNA
- Single cell/biopsy analysis
- Drug screening



Reproductive longevity tracking

Trends in Pharmacological Sciences

SCIENCE & SOCIETY SPECIAL ISSUE: RISE OF MACHINES IN MEDICINE 1. VOLUME 40, ISSUE 8, PS4E-549, AUGUST 01, 2019

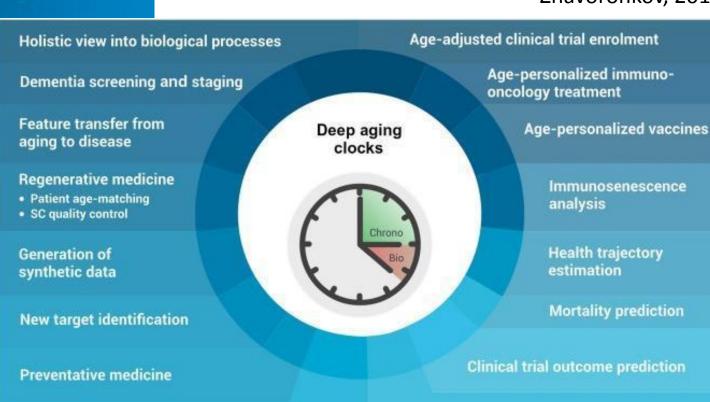
Deep Aging Clocks: The Emergence of Al-Based Biomarkers of Aging and Longevity

Alex Zhavoronkov A = Polina Mamoshina

Deep Aging Clocks

Estimating biological relevance of data type

Zhavoronkov, 2015



Deep Aging Clocks

Medical history-based Aging clocks

Behavior Aging clocks





Deep Microbiome Aging clocks

Zhavoronkov, 2015

Photo Aging clocks





Deep Transcriptome Aging clocks







Deep HRV-based Aging clocks

Deep Hematological Aging clocks





www.aging-us.com

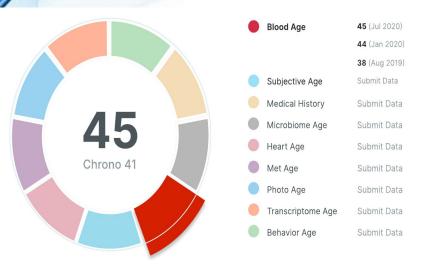
AGING 2019, Vol. 11, No. 22

Review

Deep biomarkers of aging and longevity: from research to applications

Alex Zhavoronkov^{1,2,3}, Ricky Li⁴, Candice Ma⁵, Polina Mamoshina⁶

Deep Aging Clocks

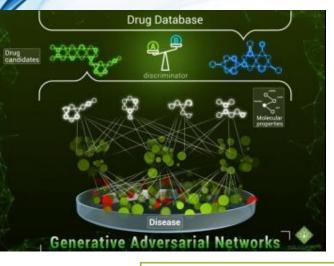


Plots below show the optimal blood parameter values predicted using your recent blood test. In contract to reference ranges, optimal blood parameters are associated with your optimal performance. With the optimal blood parameters, your Blood Age is predicted to reach 36 years.







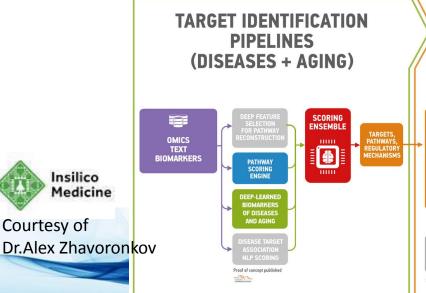


Insilico

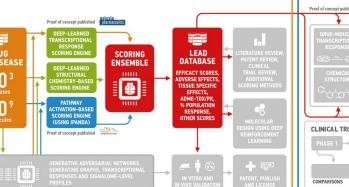
Courtesy of

Therapies

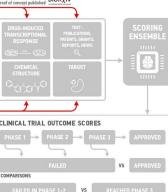




GENERATION OF NOVEL SMALL MOLECULE LEADS



PREDICTORS OF **CLINICAL TRIAL OUTCOMES**



Clinic





Genetic

Phenotype

Biological Data





Insights and Outcomes



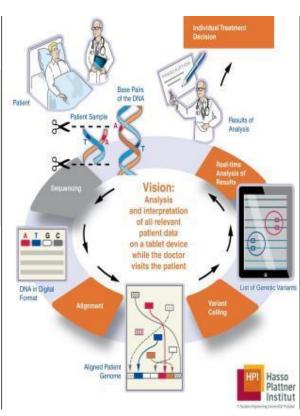




150GB

OF DATA UNIQUE TO YO

Full Body MRI | Whole Genome
Sequencing | Coronary Calcium
Score | Echocardiogram |
Electrocardiogram (EKG) | Wireless
Heart Rhythm Monitoring | Health
Assessment | Comprehensive Labs
| Insulin Sensitivity Testing | Body
Composition | DEXA | Balance
Tracker | Multi-Targeted Stool DNA
Test





Clinic

Optimize targeted therapies

WHAT

Discover novel targeted agents

Increase cure rates in early stage disease

Novel ways of identifying patients benefiting from new targeted agents

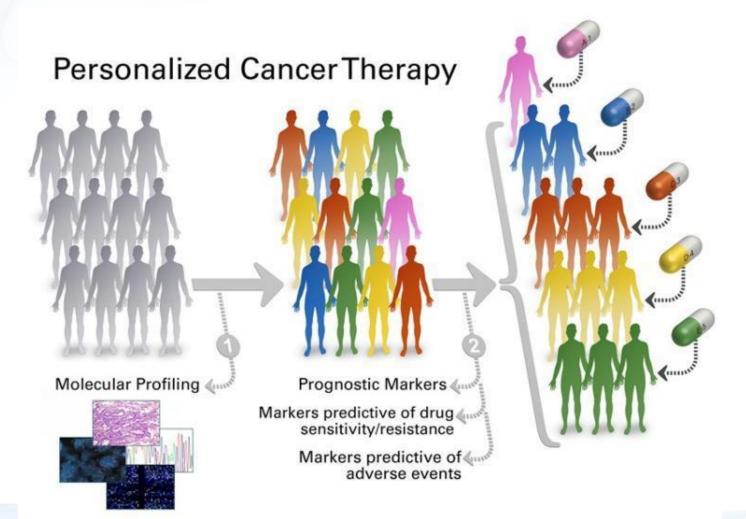
Improve life expectancy and palliation for advanced stages

Luminal B breast cancer and TNBC therapies

Overcome resistance to targeted therapy

DiLeo, 2015

Clinic



MD Anderson https://pct.mdande

4-P medicine

mapping of the risk and protective factors

predictive

cornerstones of clinical medicine model that shifts the healthcare paradigm through the individual's participation

participatory

Pt. educated, engaged in their own health and care

preventive

Primary, secondary, tertiary and health optimization

personalized

Proteo-, geno- transcriptomics, epigenetics, metabolom

Summary

Future Medicine

JOURNALS BOOKS ABOUTUS CONTACTUS

PERSONALIZED MEDICINE, VOL. 11, NO. 2 | PERSPECTIVE

'Personalized medicine': what's in a name?

Anna Pokorska-Bocci™, Alison Stewart, Gurdeep S Sagoo, Alison Hall, Ma

Individualized medicine
Using patients' own cells

Precision medicine
Molecular taxonomy of diseases

P4 medicine
Predictive, preventive, personalized and participatory

Stratified medicine
Biomarkers + diagnostics + drugs

Personalized medicine

Genomics + information technology + patient empowerment

Personalized healthcare
Tailoring of medical management and patient care

https://www.futuremedicine.com/doi/10.2217/pme.13.107



Thank you

Never tire to study and to teach others.



学而不厌海人不倦

