



## Precision Medicine and Personalized Health Concepts, Opportunities and Challenges



Urs Albert Meyer  
Biozentrum of the University of Basel  
Basel, Switzerland  
[www.ursmeyer.biozentrum.unibas.ch](http://www.ursmeyer.biozentrum.unibas.ch)

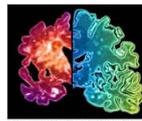
4th ESPT Summer School supported by SPHN, Geneva, Switzerland  
September 24-27, 2018

## Agenda

- Challenges to healthcare
- Variability in disease risk and response to treatment
- Strategies: Personalized Medicine / Precision Medicine
- Tools and Technologies
- Pharmacogenomics
- The digital transformation of medicine, BIG DATA, AI
- Translational challenges

## Challenges to Healthcare

- Demographic changes
- Scientific and technological advances
- Digitalization
- Greater patient expectations
- Increasing healthcare expenditures



## More Challenges to Healthcare

- There are no effective drugs for many chronic diseases
- Existing drugs do not work in all patients
- Adverse drug events the 4th leading cause of death

## Health

How should we define health ?

**WHO 1948:** « A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity »

**Alternative:** « Ability to adapt and self manage in the face of social, physical and emotional challenge »

*Huber M et al, BMJ 343: 253-237 (2011)*



## Lifespan versus Healthspan

**Healthspan or Healthy Life Expectancy :** The period of one's life that one is healthy, or free of serious disease (number of years of good health that a newborn can expect)

### Life expectancy (LE) at birth

Global: **72 years** (74.2 ♀ / 69.8 ♂)  
Range: 87.1 (♀ Japan) to 51 (♂ Lesotho)  
Increase global 5.5 years since 2000

### Healthy life expectancy (HALE) at birth\*

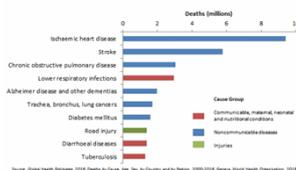
Global: **63.3 years** (64.8 ♀ / 62.0 ♂)  
Range: 76.2 (Singapore) to 44-48 (Subsahara)



~ 9 years difference between Lifespan and Healthspan  
Huge differences between low-income & high-income countries

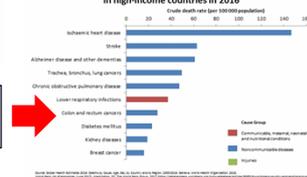
## Lifespan versus Healthspan

Top 10 global causes of deaths, 2016



**Serious diseases global**

Top 10 causes of deaths in high-income countries in 2016



**Serious diseases High income countries**

7

## Lifespan versus Healthspan Switzerland

Lifespan

Healthspan

73.5 years

83.3

This means that we, in Switzerland, now live ~10 years of our lives «unhealthy». This is a long and costly time

8

## Lifespan versus Healthspan

### Obvious Questions

How can we shorten the gap between healthspan and lifespan ?

What are the causes of diseases and how can we prevent them or better treat them ?

How can we extend the healthy life expectancy of an individual by designing the best prevention and treatment for this individual ?

9

## Agenda

Challenges to healthcare

**Variability in disease risk and response to treatment**

Strategies: Personalized Medicine / Precision Medicine

Tools and Technologies

Pharmacogenomics

The digital transformation of medicine, BIG DATA, AI

Translational challenges

10

## A major problem



**Why me ?  
Why you ?**

Interindividual or person-to-person variability in disease risk, severity & course of disease, and response to treatment

**Diseases are heterogeneous as are their hosts**

11

## The Origins of Variability

**Each individual: Unique set of genes ( GENOTYPE )**

**Each individual: Unique features ( PHENOTYPE )**



Each individual is unique and differs in disease risk, course of a disease and response to treatment

12

## Genetic and acquired causes of diseases

Anamnestic facts

Personal «Omics»

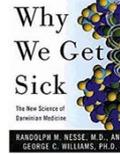
Environment Lifestyle

Age  
Gender  
Family history  
Previous Diseases  
Medications

Genome  
Transcriptome  
Proteome  
Metabolome  
Epigenome  
Microbiome

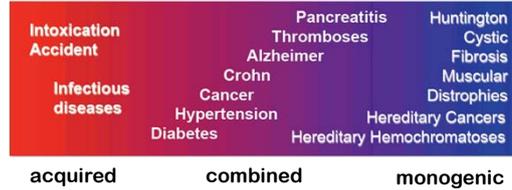
Ethnic background  
Nutrition  
Drugs (DDIs)  
Chemical exposure  
Socioeconomic status  
Microbiome

13



## Genotype and Phenotype

How much is genetic, how much is acquired?

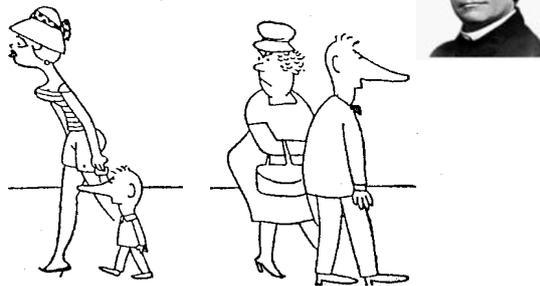


Courtesy Stylianos Antonarakis

14

## Gregor Mendel's curse

How much is genetic, how much is environmental?



## Genotype and Phenotype

Lifestyle or behavioural risk factors



Tobacco use  
Unhealthy diet  
Being overweight  
Physical inactivity  
Alcohol  
Drugs



16

## The Big Questions



*How much of the variability in disease risk and in response to treatment is due to genetic variation?*

*How much is contribution by environmental and other factors?*

*How much of this variability is measurable and predictable?*

Sydney Brenner: „Science is about making predictions“

17

## Agenda

Challenges to healthcare

Variability in disease risk and response to treatment

**Strategies: Personalized Medicine / Precision Medicine**

Tools and Technologies

Pharmacogenomics

The digital transformation of medicine, BIG DATA, AI

Translational challenges

18

## The Strategies

Initiatives to accelerate progress in medical research and health care

- Personalized Medicine / Individualized Medicine
- Genomic Medicine (use of genome information)
- Stratified Medicine (groups with shared findings)
- Translational Medicine (bench to bedside)
- Precision Medicine

**Shared Tools: Biomarkers – Molecular Diagnostics  
Genome Sequences – Omics Data**

19

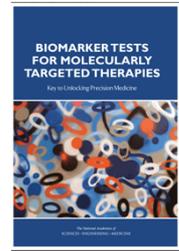
## Biomarkers – Molecular Diagnostics

### Biomarkers

Genomic  
Epigenomic  
Transcriptomic  
Proteomic  
Metabolomic

### Where ?

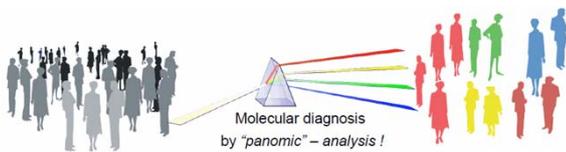
Body fluids  
«Liquid biopsy»  
Tissue  
Imaging  
Avatars



National Academic Press  
2016

( More on Biomarkers in lecture Denis Hochstrasser )

## From «average» to «personal» / «individual» or »precise«



**Medicine Today**  
Reactive, population-based, one-size-fits-all model of care

**Personalized Medicine / Precision Medicine**  
Predictive, preventive, increasingly patient-centric model of care

21

## Personalized Medicine

Definition in EU Horizon 2020 documents

#ICPerMed

Personalized medicine refers to a medical model using molecular profiling for tailoring the right therapeutic strategy for the right person at the right time, and/or to determine the predisposition to disease and/or deliver timely and targeted prevention

„Personalized medicine is a strategy to prevent, diagnose, and treat disease so as to achieve an optimal result for the individual.“

Meyer UA, *Clin Pharmacol Ther* 91, 373, 2012

22

## The Strategies

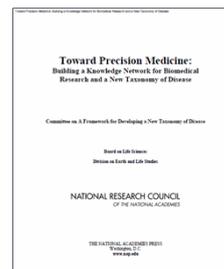
Initiatives to accelerate progress in medical research and health care

- Personalized Medicine / Individualized Medicine
- Genomic Medicine (use of genome information)
- Stratified Medicine (groups with shared findings)
- Translational Medicine (bench to bedside)
- **Precision Medicine**

**Shared Tools: Biomarkers – Molecular Diagnostics  
Genome Sequences – Omics Data**

23

## High-profile endorsement



www.nap.edu



“Tonight, I’m launching a new Precision Medicine Initiative to bring us closer to curing diseases like cancer and diabetes — and to give all of us access to the personalized information we need to keep ourselves and our families healthier.”  
— President Barack Obama, State of the Union Address, January 20, 2015

**A New Initiative on Precision Medicine**

Francis S. Collins, M.D., Ph.D., and Harold Varmus, M.D.  
*N Engl J Med* 2015; 372:733-736 | February 26, 2015 | DOI: 10.1056/NEJMp1505053

24

**What is Precision Medicine ?**  
Precision = more accurate, precise

President Obama's Precision Medicine Initiative is developing better approaches to preventive care and medical treatments by:

**Helping patients gain access to their health information** so they can collaborate in their own care

**Consider each individual's specifics**, like genes, environment, lifestyle

**Bringing new, effective medical technologies to the market faster**

**Building a research network** of 1 million or more U.S. volunteers

wh.gov/PMI

Personalized Medicine, Individualized Medicine, Stratified Medicine, Precision Medicine

**What's in a Name ?**

*Precision Medicine and Personalized Medicine / Health are not strictly defined and have common goals.*

*Congflation of the two terms leads to the situation that they are used interchangeably*



«one size fits all» average patient model is out

To take interindividual variability into account is the common concept of all these strategies

**Precision / Personalized Medicine in Practice Today**

**Driver mutations in cancer cells predicting efficacy**

Imatininb, gefitinib, trastuzumab, vemurafenib, crizotinib.... (~30 drugs, but only ~ 15 % of patients eligible, only 6.6 % benefit ; *Science* 360:365 (2018)

**Predictors of non-response**

**K-ras** mutations and anti-EGFR , **CYP2C19** variants and clopidogrel

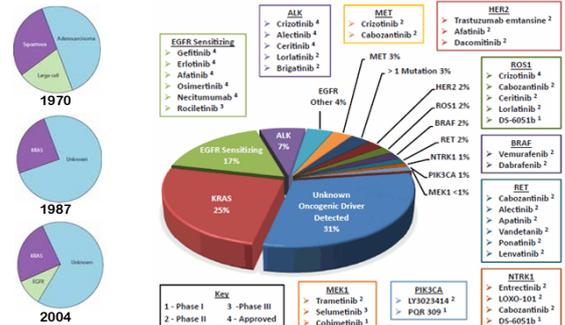
**Avoiding serious adverse events by pharmacogenomics**

**HLA** variants and Abacavir, Carbamazepine, etc

**Pharmacogenomics (germline) in general**

7% of approved drugs, 18 % of prescribed drugs have "actionable pharmacogenomic consequences; Variants of 20 genes affect efficacy and safety of ~ 90 drugs

**Frequency of Molecular Aberrations in Driver Oncogenes in Lung Adenocarcinoma**



J of Thoracic Oncology 11: 613-638 (2016)

**Agenda**

Challenges to healthcare

Variability in disease risk and response to treatment

Strategies: Personalized Medicine / Precision Medicine

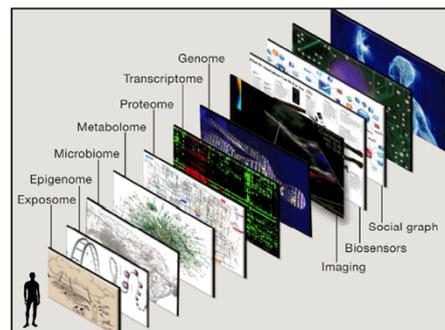
**Tools and Technologies**

Pharmacogenomics

The digital transformation of medicine, BIG DATA, AI

Translational challenges

**Defining the Medical Essence of a Human Being**



Eric Topol: Individualized Medicine from Prewomb to Tomb  
Cell 157: 241-253, 2014



**There is no wild-type «Human Genome»  
There are only «Individual Genomes»  
We are all Mutants**

**Genomes by the Thousands**

[www.1000genomes.org](http://www.1000genomes.org)

A global reference for human genetic variation

October 1, 2015

An integrated map of structural variation in 2,504 human genomes

Nature 526: 68 - 74, 2015  
Nature 526: 75 - 81, 2015

A typical individual genome differs from the haploid reference human genome assembly at **~ 4 to 5 million sites**

SNPs, SNVs, structural variants, protein changing variants, new mutations

**Total sequene variation ~ 1 % (~ 30 million basepairs)**

**From DNA to function**

Genome	What could happen
Epigenome	What might be happening
Transcriptome	What might be happening
Proteome	What is probably happening
Metabolome	What is happening
Clinical outcome	What is really happening

**Agenda**

- Challenges to healthcare
- Variability in disease risk and response to treatment
- Strategies: Personalized Medicine / Precision Medicine
- Tools and Technologies
- Pharmacogenomics**
- The digital transformation of medicine, BIG DATA, AI
- Translational challenges

**Pharmacogenetics – Pharmacogenomics**



**Essential component of:**

- **Personalized Medicine / Individualized Medicine**
- **Genomic Medicine**
- **Stratified Medicine**
- **Precision Medicine**

**Pharmacogenetics - Pharmacogenomics**



**Study of how genome diversity (or genetic variation) is related to inter-individual variation in the clinical response to drug therapy**

- Pharmacogenetics:**  
Variability in drug response due to heredity. *Vogel, 1959*
- Pharmacogenomics:**  
Role of the genome in human drug response. *After 2001*

**Drug efficacy and drug safety**

90 % of treatments are effective in only 30 to 60 % of patients  
5 -15 % of patients have adverse drug reactions (ADRs)



## Goals of Pharmacogenomics

Identify the conditions in which **heritable factors** allow pharmacogenomic testing to:

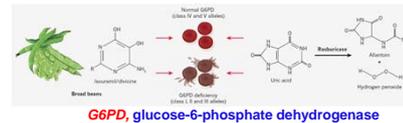
**Predict the «precise» individual dose**

**Predict nonresponders & responders to therapy**

**Predict which individuals are at risk of drug toxicity**

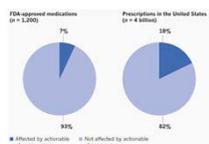
## History of Pharmacogenetics

**G6PD deficiency and «Favism»**  
Hemolysis after ingestion of Fava beans  
A first example of pharmacogenetics ?



- 510 BC Pythagoras recognized danger of ingesting broad beans (*Vicia faba*)
- 1954 Primaquine hemolysis - **G6PD** (Dern et al.)

## Pharmacogenetics – Pharmacogenomics



Relling & Evans  
Nature 526: 343-350 (2015)

95-96 % of individuals have one or more genetic variants in important PGx genes

In the USA ~7% of approved drugs, 18 % of prescribed drugs are affected by “actionable” pharmacogenes

Variants of ~20 genes, so-called pharmacogenes, affect efficacy and safety of ~ 90 drugs

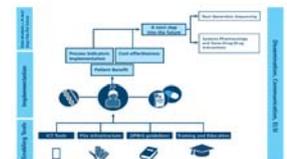


( lecture Ron van Schaik, many other examples next 3 days, session at FEAM conference)

## Consortia, Programs, Data resources



PG4KDS: Clinical Implementation of Pharmacogenetics



## Agenda

Challenges to healthcare

Variability in disease risk and response to treatment

Strategies: Personalized Medicine / Precision Medicine

Tools and Technologies

Pharmacogenomics

**The digital transformation of medicine, BIG DATA, AI**

Translational challenges

41

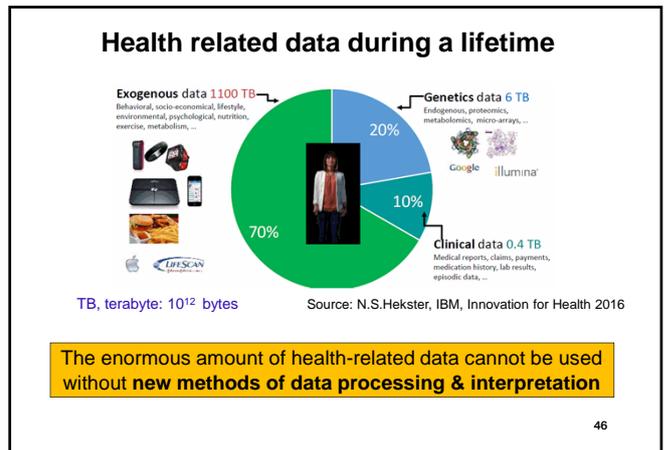
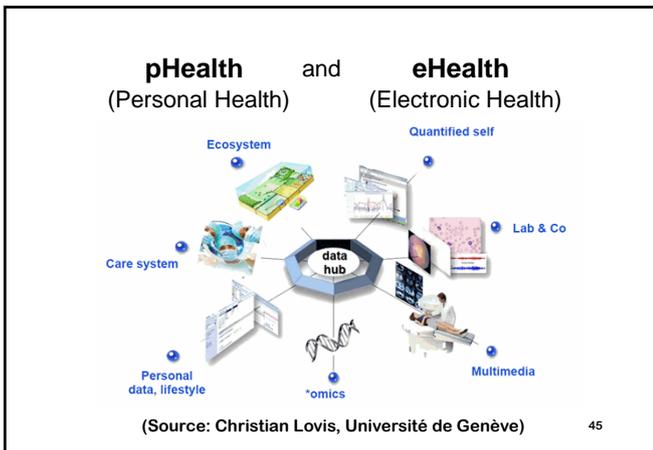
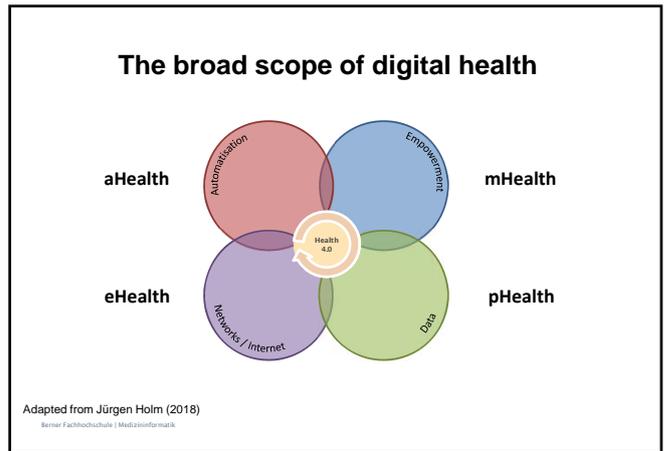
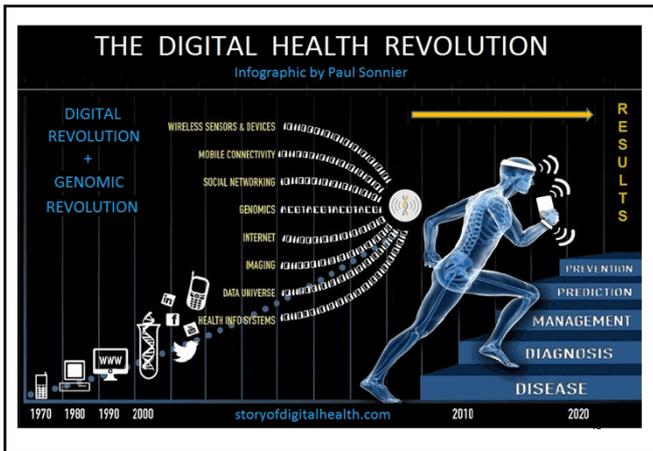
## Digital Health & Digital Medicine

(My personal) overlapping definitions

**Digital Health** Application of digital technologies to improve health, healthcare, living, and positively affect society

**Digital Medicine** Application of digital technologies to improve the practice of medicine and help to make it more individualized

42



## Big Clinical Data

The Influence of Big (Clinical) Data and Genomics on Precision Medicine and Drug Development

Denny et al Clin Pharmacol Ther 103:409-418 (2018)

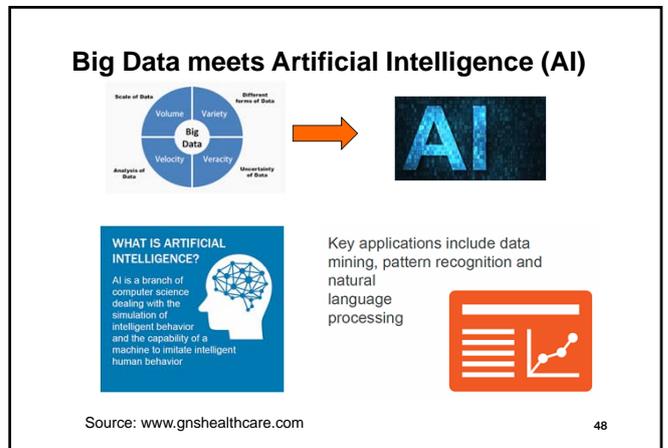
Volume 103, Issue 3  
Breaking Down Barriers to Effective Patient Care  
Pages: 351-529  
March 2018

Denny et al Clin Pharmacol Ther 103:409-418 (2018)

Biobank	Region	Start Year	Size	Website
Biobank				
eMERGE	US	2007	105,325	gwas.net
BioVU	US	2007	>247,000	vict.vanderbilt.edu/pub/biovu
UK Biobank	UK	2006	512,000	ukbiobank.ac.uk
Million Veteran Program	US	2011	>580,000 Goal: 1 million	www.research.va.gov/MVP/default.cfm
Kaiser Permanente Biobank	US	2009	240,000	www.rpgh.kaiser.org
China Kadoorie Biobank	China	2004	510,000	ckbiobank.org
All of Us Research Program	US	2017	Goal: 1 million or more	joinallofus.org
Taiwan Biobank	Taiwan	2005	86,695 Goal: 200,000	www.twbiobank.org.tw
Geisinger MyCode	US	2007	>150,000	

Limited to cohorts exceeding 100,000 individuals with biosamples. Sizes reported are as of 9/2017. eMERGE, Electronic Medical Records and Genomics Network.

( see Lecture Vincent Mooser, Christine Currat ) 47

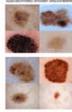


## Promising AI studies in medicine

### Diagnoses more precise than doctors can make ?

**Skin cancer:** Deep learning algorithm does as well as dermatologists, or outperformed the average dermatologist.

*Esteva et al Nature 542:115-118 (2017). Based on 129'450 clinical images.*



**Diabetes-related eye problems:** Deep learning algorithm for detection of diabetic retinopathy in fundus photographs.

*Gulshan et al. JAMA 316: 2402-2410 (2016). Based on ~10'000 images in ~5000 patients. FDA permitted marketing of IDx-DR device by company IDx ([www.eyediagnosis.net](http://www.eyediagnosis.net))*

**Medication adherence:** Using AI to reduce the risk of non-adherence in patients on anticoagulation therapy. ~ 50 % improvement.

*Labovitz et al. Stroke 48: 1416-1419 (2017)*



49

## AI in oncology



Empowering the Oncology Community for Cancer Care

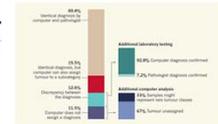


© copyright 2017 IBM Watson Health's oncology clients span more than 35 hospital systems

### Machine learning classifies cancer

Brain tumours are often classified by visual assessment of tumour cells, yet such diagnoses can vary depending on the observer. Machine-learning methods to spot molecular patterns could improve cancer diagnosis. See [NATURE 555: 469-474 \(2018\)](https://doi.org/10.1038/nature18967)

*Capper et al Nature 555: 469-474 (2018)*



50

## What AI can and can't do right now

AI can equal or outperform humans at simple, repetitive tasks.

By using deep learning algorithms AI can diagnose disease in many cases as well as physicians.

AI can understand natural language and human speech.

The Achilles'Heel of AI: It requires a large amount of good data.

Because AI can provide predictions based on deep learning algorithms and self-developed functions, one **cannot** tell which features the machine uses to make predictions !!

51

## Agenda

Challenges to healthcare

Variability in disease risk and response to treatment

Strategies: Personalized Medicine / Precision Medicine

Tools and Technologies

Pharmacogenomics

The digital transformation of medicine, BIG DATA, AI

**Translational challenges**

52

## eHealth

### (Electronic Health)



*Multiple definitions.* Providing healthcare supported by electronic processes, informatics and communication

**Range of services and systems for increased efficiency, quality of care, patient safety**

**eHealth networks for storage and exchange of data:**

Electronic Medical Records / Electronic Health Record (EMR / EHR))

Clinical Decision Support (CDS)

ePrescribing

Telemedicine devices (CVD, Asthma, COPD, T2D, etc)

Cloud data management

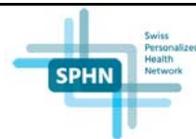
Data from Biobanks

Safety issues / Cybersecurity

etc



53



**SPHN – Planned Activities and Work Packages**  
*(as suggested by the Data Expert Group, 27.01.17)*

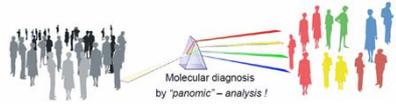


- 1) Clinical Research Data Warehouses (CDW)
- 2) Semantic Interoperability and Data Quality
- 3) Infrastructure and Security
- 4) Bioinformatics and Data Analytics (BioDAX)
- 5) Interoperability with Biobanking (SBP)
- 6) Training and internal communication
- 7) Data Coordination Center
- 8) Development activities and „driver“ projects

[www.sphn.ch](http://www.sphn.ch)

52

## The digital future of health and medicine



**Medicine Today**  
Reactive, population-based, one-size-fits-all model of care

**Personalized Medicine**  
Predictive, preventive, digital patient-centric model of care

- An enormous and rapidly growing amount of health-related data is generated daily
- Digital technologies are used to make healthcare more efficient, increase the quality of clinical decisions and involve the patient as an active «manager» of his personal health
- The health-related data also have the power to be used for research and innovation including drug development

55



## Precision Medicine and Personalized Health Concepts, Opportunities and Challenges

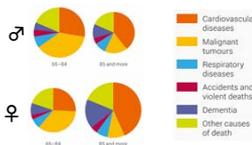
**THANK YOU FOR YOUR  
ATTENTION**

4th ESPT Summer School & SPHN, Geneva, Switzerland  
September 24-27, 2018

56

## Lifespan versus Healthspan

Data for **Switzerland** (at birth)  
Lifespan: **83.3 years** av both sexes, 81.2 ♂, 85.2 ♀  
Healthspan: **73.5 years** av both sexes, 72,4 ♂, 74.5 ♀



Switzerland Leading causes of death 2015 by age group (FSO 2017)

**Difference lifespan – healthspan almost 10 years**

57

## An ever increasing digital database

**PharmGKB**  
Pharmacogenomics Knowledge Base  
<http://www.pharmgkb.org>



### Clinically-Relevant PGx

- Well-known PGx associations
- Clinically relevant PGx summaries
- PGx drug dosing guidelines
- Drug labels with PGx info
- Genetic tests for PGx
- Star (\*) allele translations

### PGx Research

- **VIP: Very Important PGx gene summaries**
- View PharmGKB pathways
  - Alphabetically
  - By therapeutic category
- Annotated SNPs by gene
- Drugs with genetic information

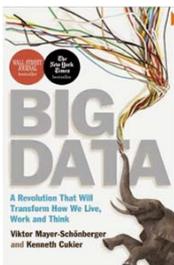
Drugs	645
Drug labels	509
Dosing guidelines	100
Clinical annotations	3901

Pathways	132
VIPs (Very important pharmacogenes)	65
Variant annotations	20'867

Accessed September 23, 2018

58

## Scope of Big Data in the Health Sector



Berner Fachhochschule | Medizininformatik

Vayena et al Bull World Health Organ 96: 66-68 (2018) 59