

# Machine Learning Supporting Precision Medicine: Real-World Examples from Oncology

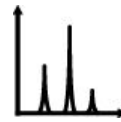
Dr.-Ing. Matthieu-P. Schapranow  
TMF Workshop on Omics in Medical Research  
Dec 5, 2017

# The Challenge

## Distributed Heterogeneous Data Sources



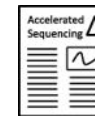
**Human genome/biological data**  
600GB per full genome  
15PB+ in databases of leading institutes



**Human proteome**  
160M data points (2.4GB) per sample  
>3TB raw proteome data in ProteomicsDB



**Hospital information systems**  
Often more than 50GB



**PubMed database**  
>23M articles



**Cancer patient records**  
>160k records at NCT



**Medical sensor data**  
Scan of a single organ in 1s  
creates 10GB of raw data



**Prescription data**  
1.5B records from 10,000 doctors and  
10M Patients (100 GB)



**Clinical trials**  
Currently more than 30k  
recruiting on ClinicalTrials.gov



**Routine Data**  
Medical and  
treatment costs

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2

# Our Motivation

## Turn Precision Medicine Into Clinical Routine

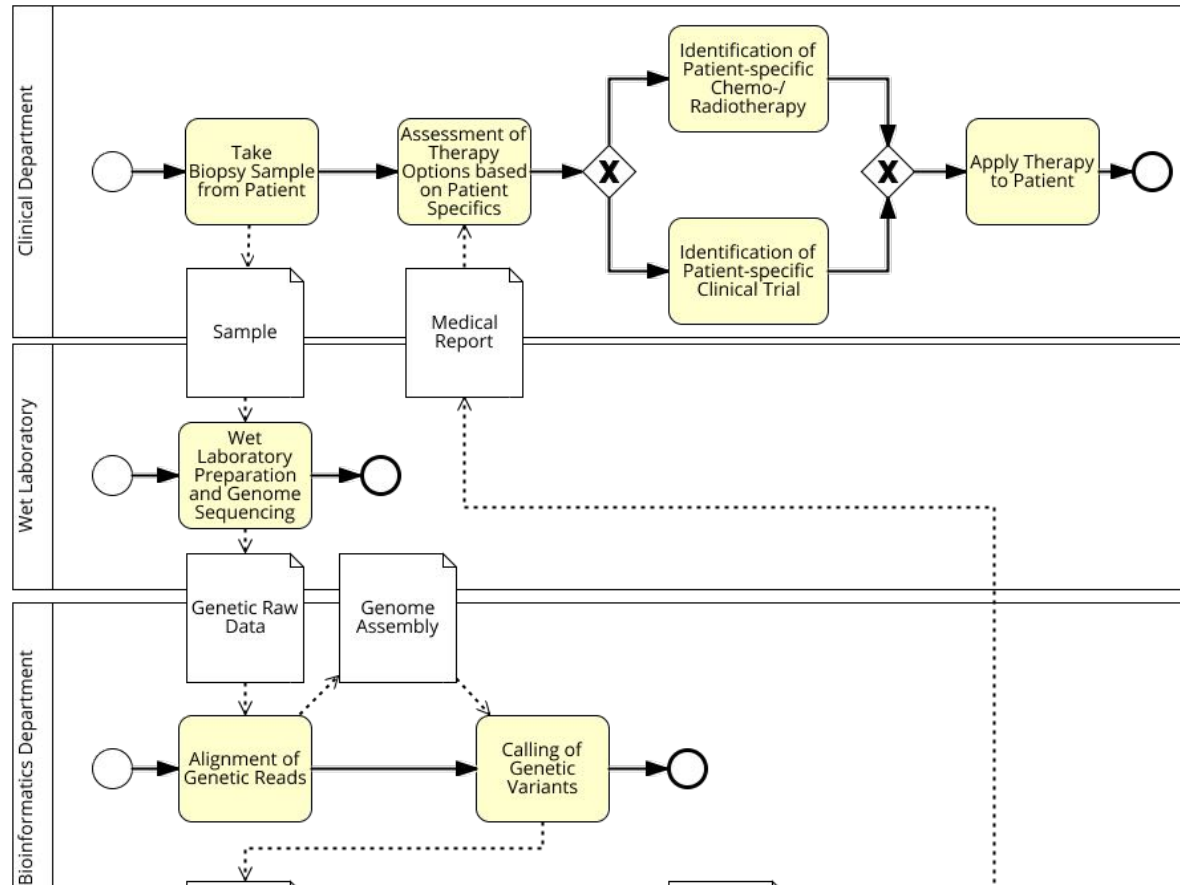


- Can we enable clinicians to:
  - Incorporate all available patient specifics, e.g. \*-omics data, lab results,
  - Access latest worldwide medical knowledge, and
  - Get questions answered interactively, e.g. during tumor board discussions.

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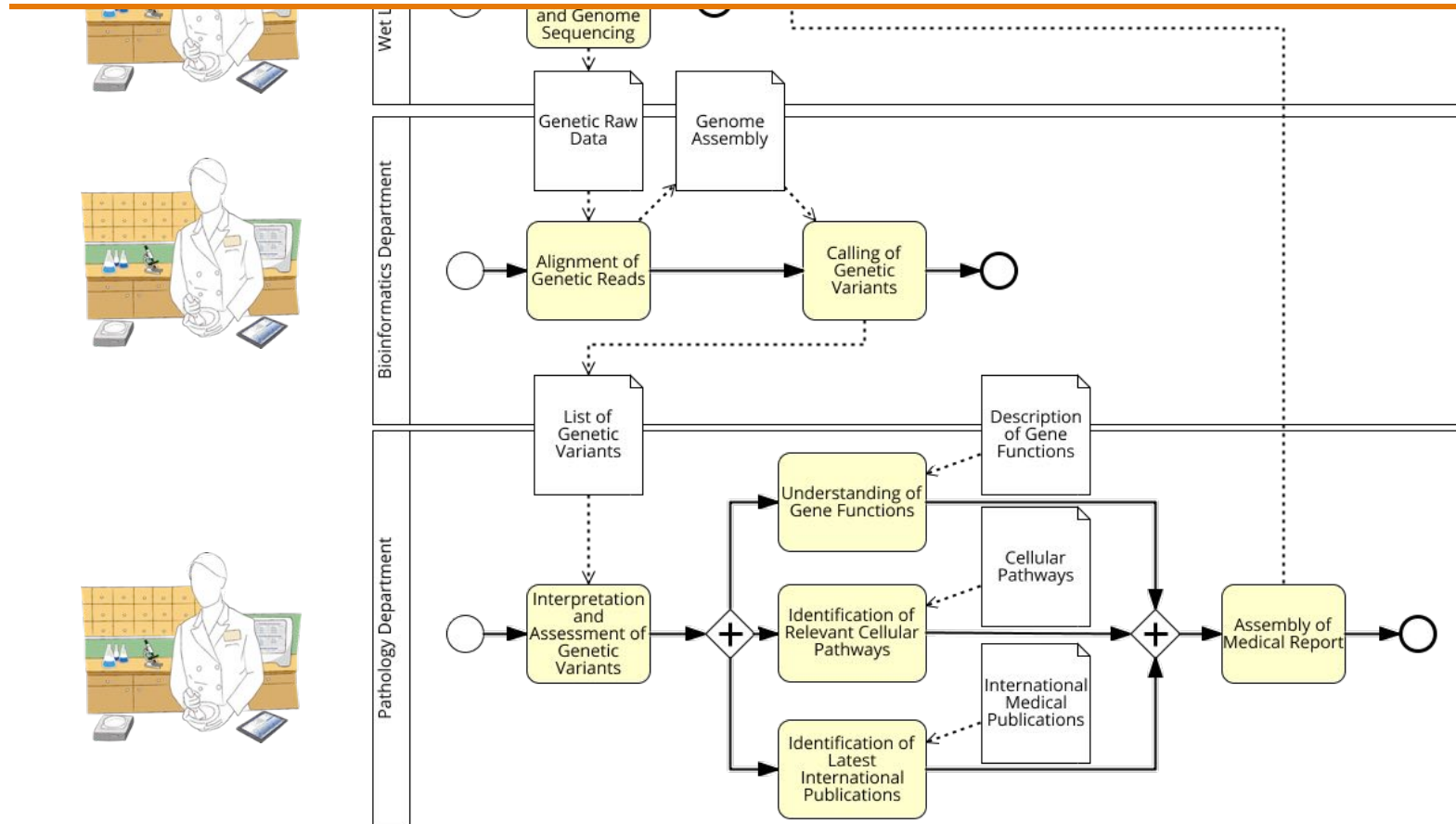
# Simplified Clinical Oncology Process (1/2)



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# Simplified Clinical Oncology Process (2/2)



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Our Approach:  
In-Memory Computing Platform for Big Medical Data

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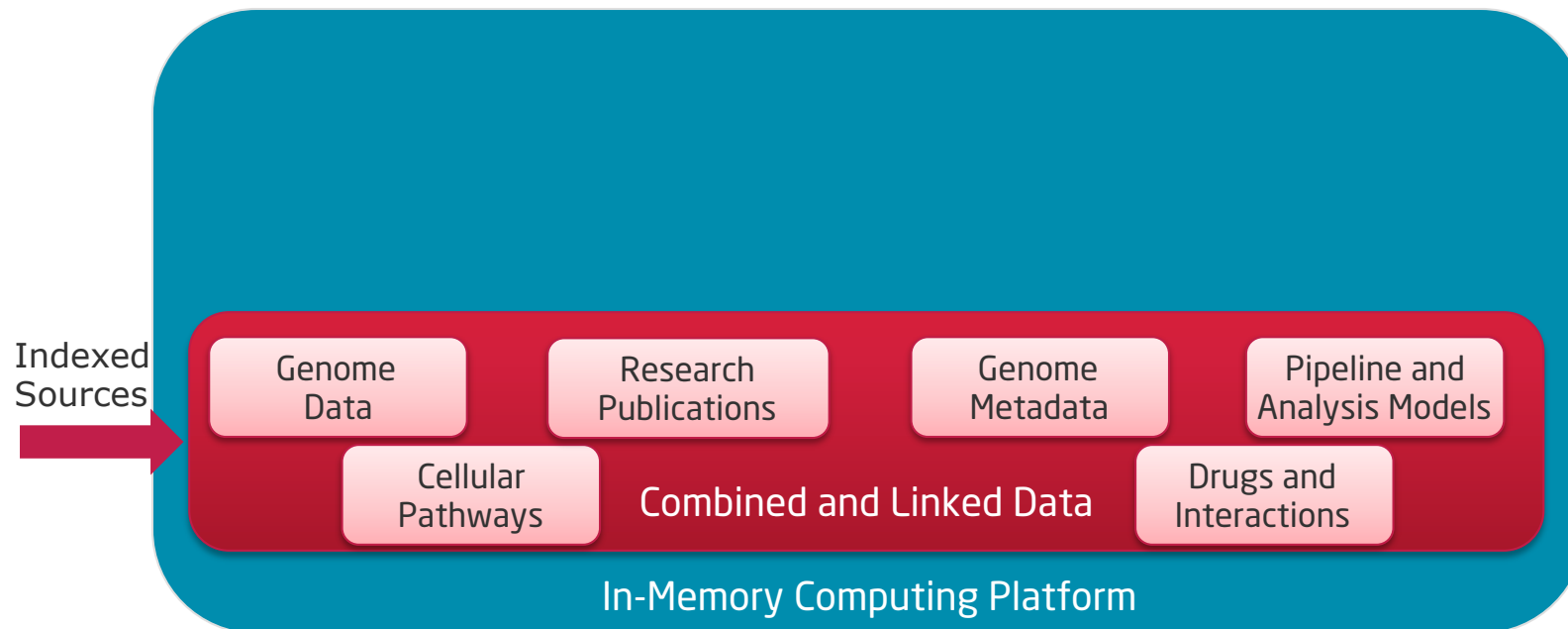
In-Memory Computing Platform

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6

# Our Approach: In-Memory Computing Platform for Big Medical Data

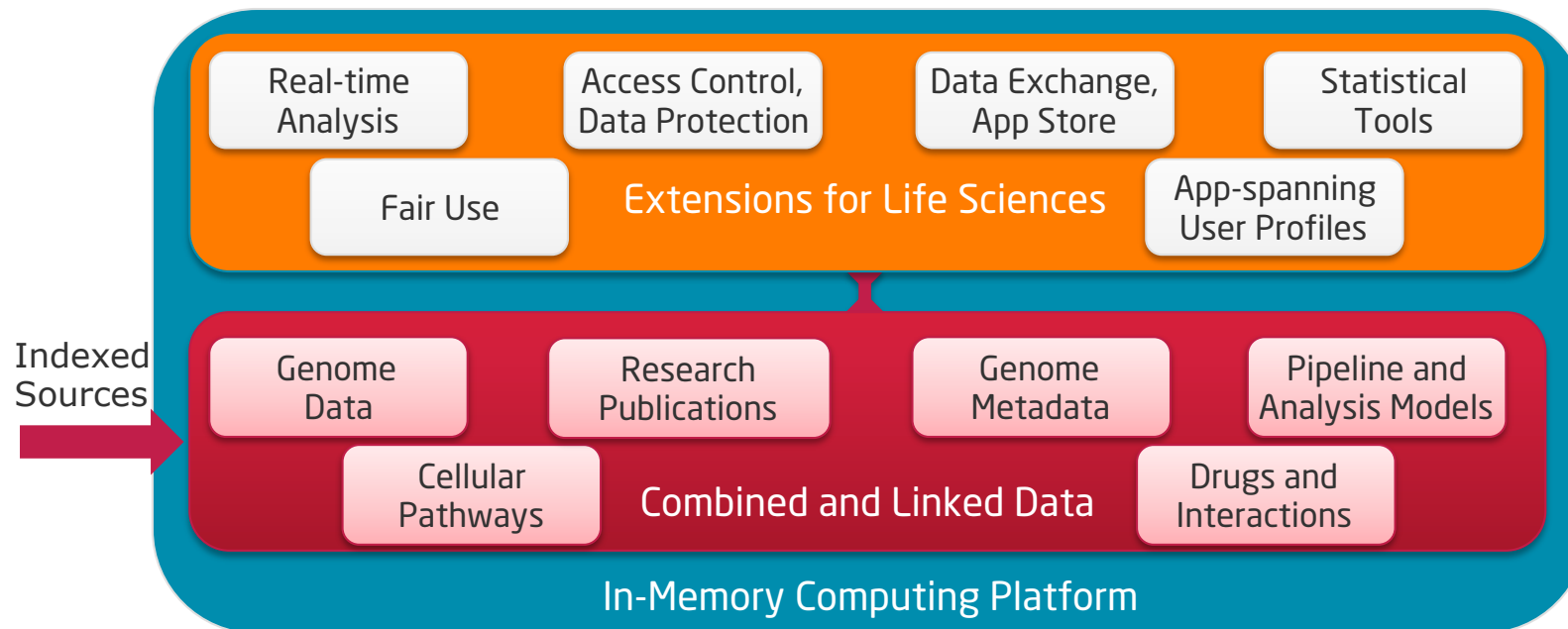


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# Our Approach: In-Memory Computing Platform for Big Medical Data

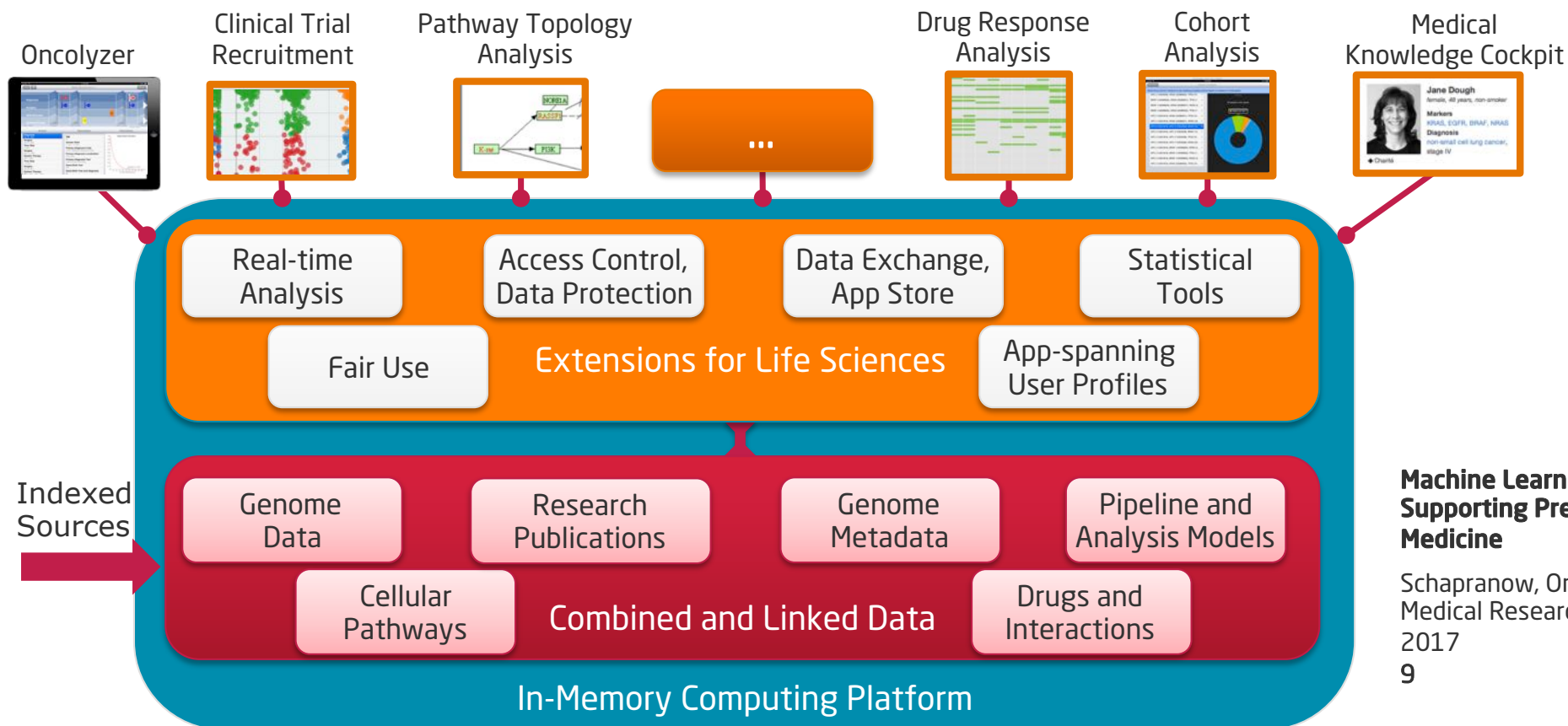


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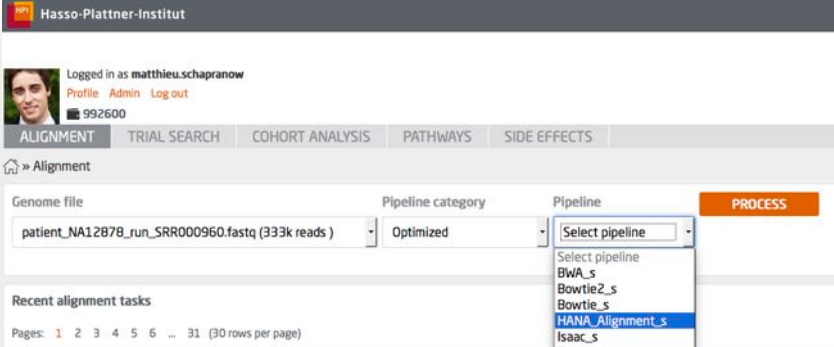
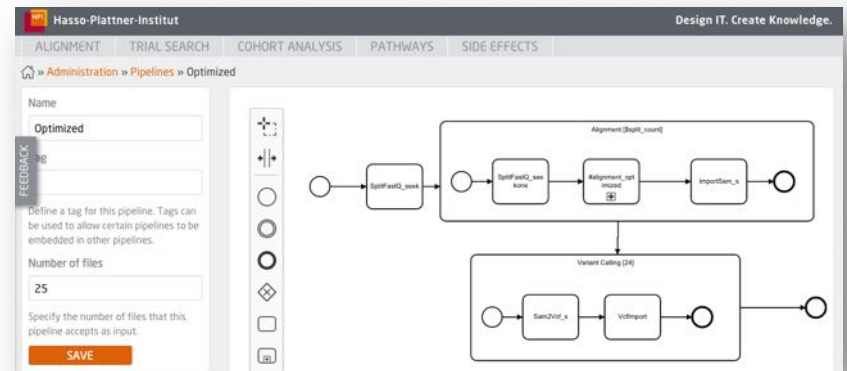
# Our Approach: In-Memory Computing Platform for Big Medical Data



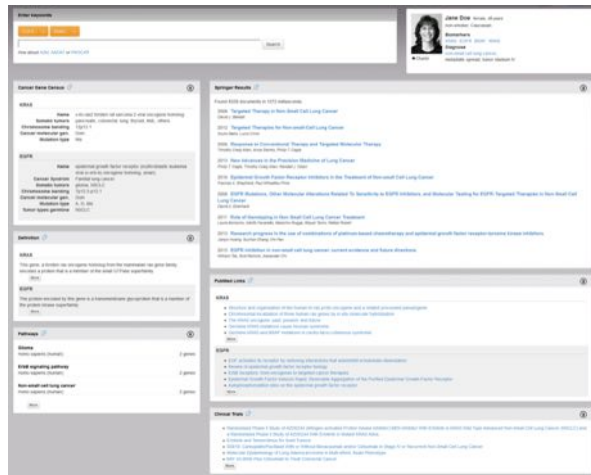
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# Reproducibility Data Processing Modeling of Analysis Pipelines

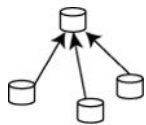
1. Design time (researcher, process expert)
  - Definition of parameterized process model
  - Uses graphical editor and jobs from repository
2. Configuration time (researcher, lab assistant)
  - Select model and specify parameters, e.g. aln opts
  - Results in model instance stored in repository
3. Execution time (researcher)
  - Select model instance
  - Specify execution parameters, e.g. input files



# App Example: Medical Knowledge Cockpit for Patients and Clinicians



- Search for affected genes in distributed and heterogeneous data sources
- Immediate exploration of relevant information, such as
  - Gene descriptions,
  - Molecular impact and related pathways,
  - Scientific publications, and
  - Suitable clinical trials.



**Unified access** to structured and un-structured data sources



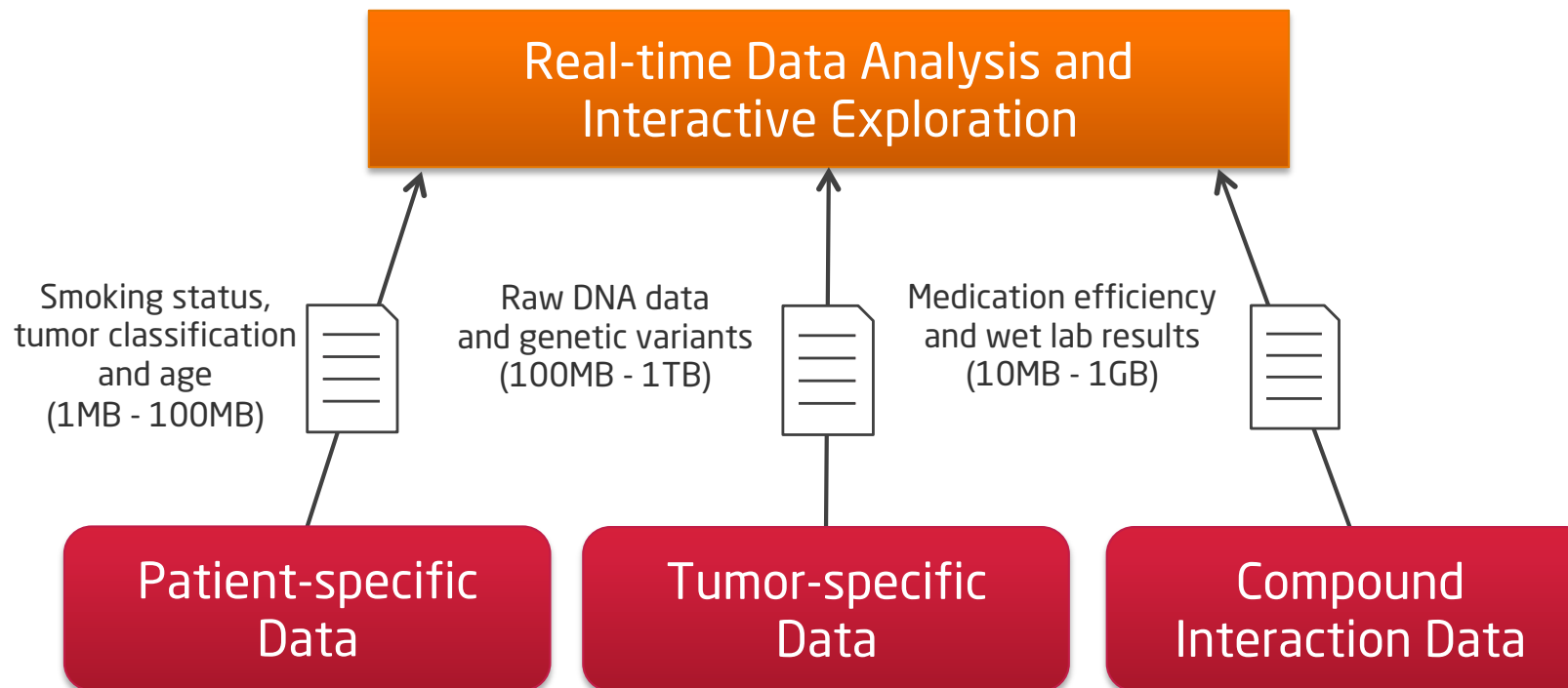
**Automatic clinical trial matching** build on text analysis features

- No manual searching for hours or days:  
In-memory technology translates searching into interactive finding!

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# App Example: Identification of Optimal Chemotherapy



■ Honored by the 2015 PerMediCon Award



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Configuration

Results

1

First step: Choose which drugs' values should be predicted

- 5-FU
- Methotrexat
- Carboplatin
- Docetaxel
- Cetuximab
- Everolimus

**Carboplatin or cetuximab:  
which to choose?**

2

Second step: Choose which data should be factored into the prediction. You can choose a preset (click on the row) or create an own set.

Available Presets

Preset Name	Drug T/C	Drug Recist	Non-functional Changes	Functional Changes via RS	Functional Changes via Genes	Age	Gender	T	N	M	Grading
T/C Basic	✓		✓								
Recist Basic		✓	✓								
T/C Functional RS	✓			✓							
Recist Functional RS		✓		✓							
T/C Basic Complete	✓		✓			✓	✓	✓	✓	✓	✓
Recist Basic Complete		✓	✓			✓	✓	✓	✓	✓	✓
T/C Functional RS Complete	✓			✓		✓	✓	✓	✓	✓	✓
Recist Functional RS		✓		✓		✓	✓	✓	✓	✓	✓

Predict Drug Responses

OR

Classify Drug Responses

You need to define the class borders, which distinguishes effectivity classes of drugs.  
You can choose to use a predefined set, or define your own classes and save them for later use.

### Available Classification Presets Choose one by clicking on a table row

Preset Name	Definition
Recist Basic	0.7 (good) 1.2 (stable) 2.0 (bad)
T/C Basic	25.0 (good) 60.0 (stable) 100.0 (bad)
test2	1.0 (good) 10.0 (ok) 50.0 (bad)

### Custom Set Give a class a name and a class border

Keep in mind whether you want T/C or recist values to be classified, since they differ greatly in value ranges.

**The lowest class border will go from 0 to the defined border.** Subsequent classes set the end of the defined class (so the class ranges from the predecessor class border to the defined border for this class). The largest class border (= the last class) will include all values, which do not fit into any other class, so the last border value is actually not that important.

**Example:** 25 (good), 75 (stable) and 100 (bad) - good ranges from 0-25, stable from >25 to 75, bad from >75 upwards.

Add Class:

Current Classes:

Save Class:

**Predict Drug Response**

Configuration Results

### Result SVM run for Carboplatin

	Drug Class Probabilities <small>Recist</small>			
Tumor	good	stable	bad	Actual Class
10927	0.067	0.205	0.728	bad

### Result SVM run for Cetuximab

	Drug Class Probabilities <small>Recist</small>			
Tumor	good	stable	bad	Actual Class
10927	0.469	0.200	0.331	good

**cetuximab might be more beneficial for the current case**





**PRO > < KONTRA**

30.11.2017

Prof. Dr. Roland Benedikter, Center for Advanced Studies, Eurac Research Bozen (Foto: Univ. Breslau); Dr.-Ing. Matthieu Schapranow, Program Manager E-Health & Life Sciences, HPI, Potsdam

Während der Politikanalytiker Roland Benedikter angesichts großen Transformationspotentials eine breite Debatte über künstliche Intelligenz fordert, wollen Forscher sie endlich nutzen dürfen.

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16

Stay in Contact!

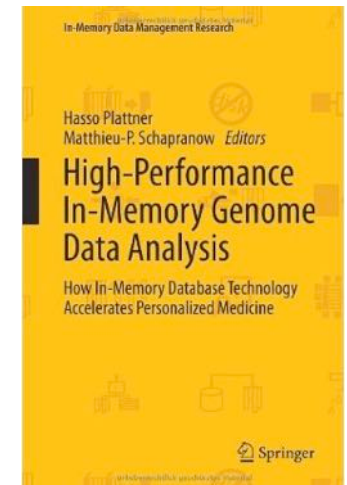


Dr.-Ing. Matthieu-P. Schapranow  
Program Manager E-Health & Life Sciences

Hasso Plattner Institute  
August-Bebel-Str. 88  
14482 Potsdam, Germany

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17