



Dr Patrick Gladding

Cardiologist

North Shore Hospital, Auckland

Personalised and Genomic Medicine for GPs - Concurrent Workshop

Saturday, 22 June 2013

Start 4:30pm

Duration: 60mins

Monet



 **Rotorua GP CME 2013** 

General Practice Conference & Medical Exhibition

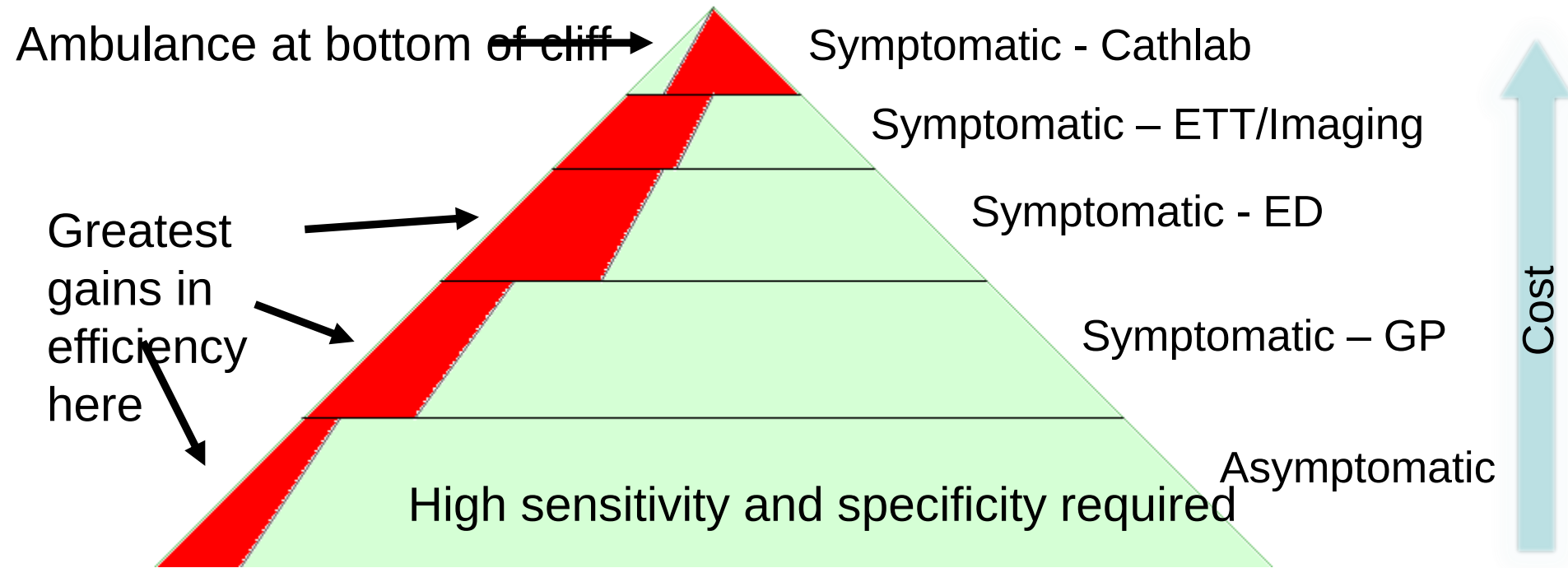
20-23 June 2013 | Energy Events Centre | Rotorua

Personalised medicine

Medicine for the Quantum age....

*Dr. Patrick Gladding, MBChB, PhD
Cardiologist, WDHB*

Medicine's needs



“There’s plenty of room at the bottom”

- *Reference to nanotechnology and quantum mechanics*

Richard Feynman - American Physical Society, Caltech, December 29, 1959

Rocket science



Problems with contemporary medicine

- Clinical decisions are based on outdated clinical trial data
- Clinical trials have traditionally taken heterogeneous populations and demonstrated results only for the “average patient”

However

- Personalized risk predictions can be made using databases containing e.g. genomic data, imaging data (EMR) and models



Current medicine is reductionistic

“The whole is more than the sum of its parts.”

– Aristotle, *Metaphysica*

Interconnected and Interdependent Systems

Translating Knowledge to Practice



Good Outcome

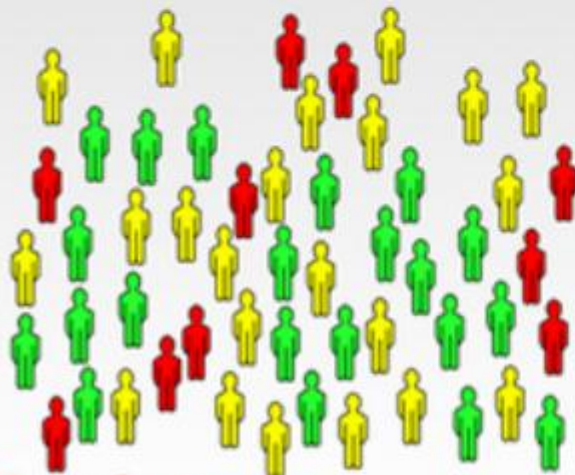


Intermediate Outcome



Bad Outcome

Outcomes From a Study



Mean Treatment Difference



Translating Knowledge to Practice



Good Outcome



Intermediate Outcome

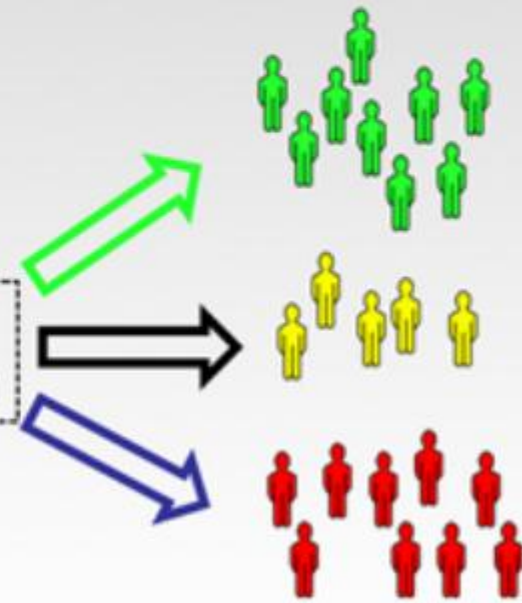


Bad Outcome

Outcomes From a Study

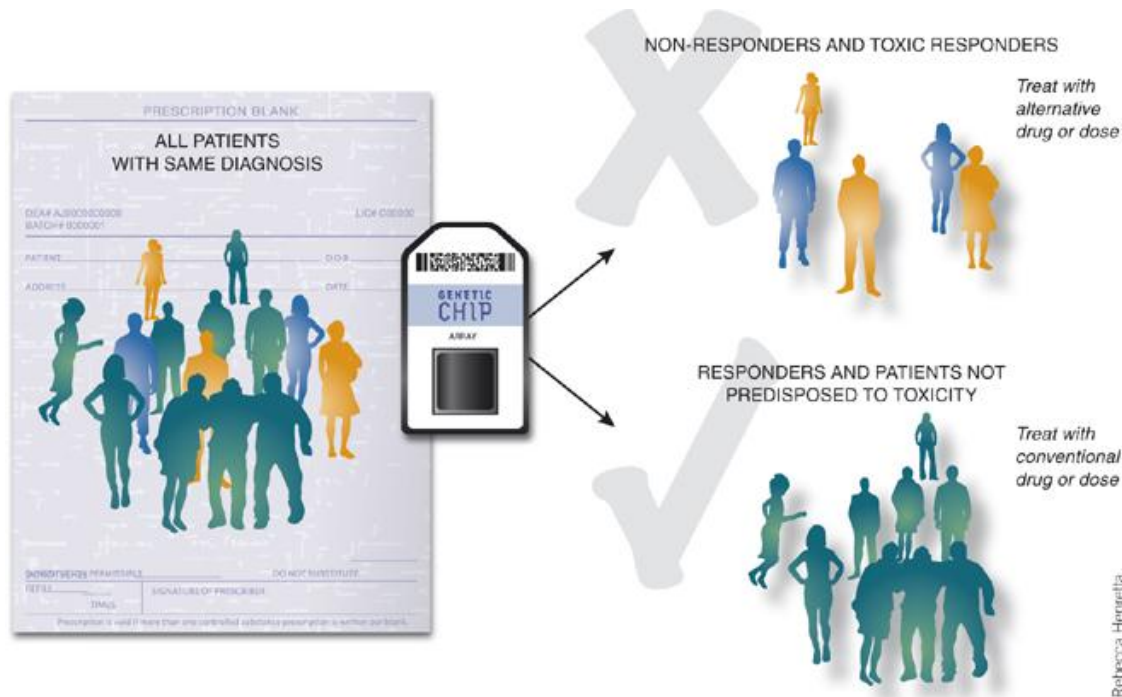


Risk Stratification



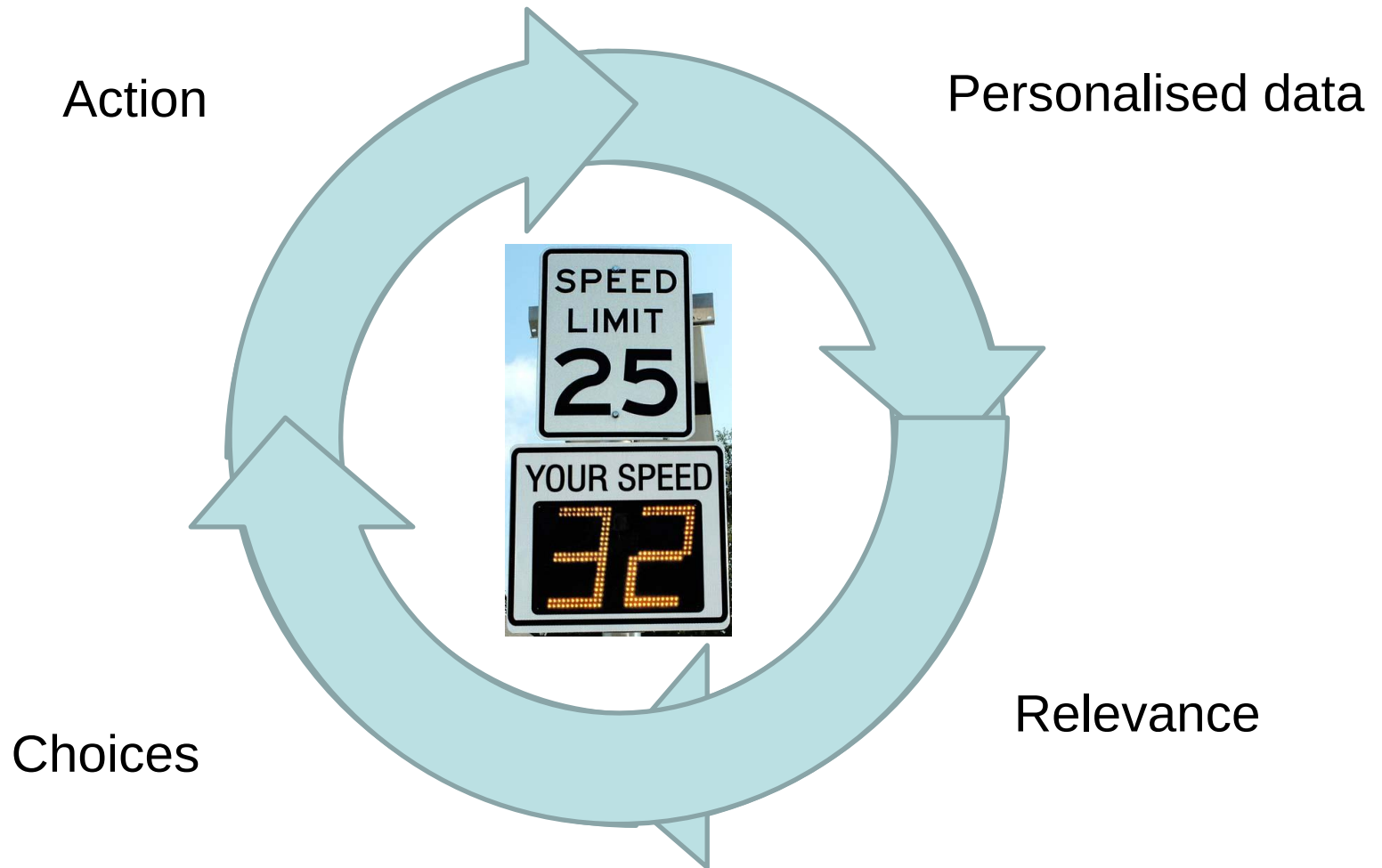
Personalised Medicine

- Its about:



- populations as much as individuals
- Increasing efficiency and resource utilisation
- In a world of limited resources only option is to personalise

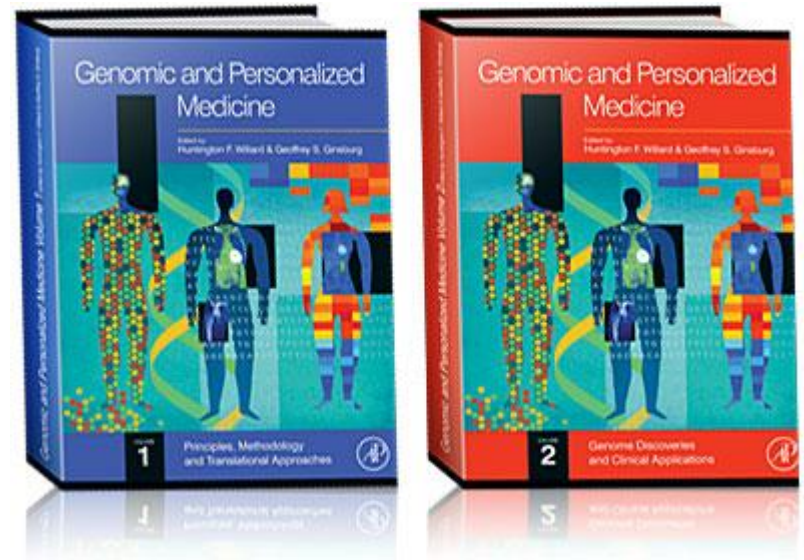
Feedback loops – giving patients their information



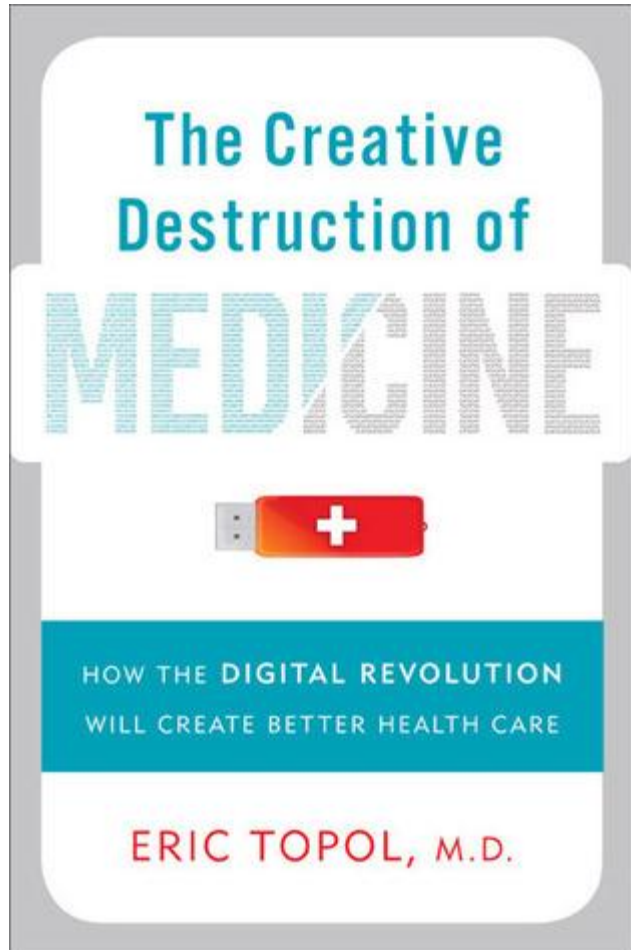
A Learning system

Genomic and Personalised Medicine

- Genomics, proteomics, metabolomics
- Information technology
- Artificial intelligence
- Supercomputing
- Imaging
- Nanomedicine
- Biosensors



Superconvergence



- Ubiquitous Cloud Supercomputing
- Low-cost genome sequencing
- Digital medicine
- mHealth

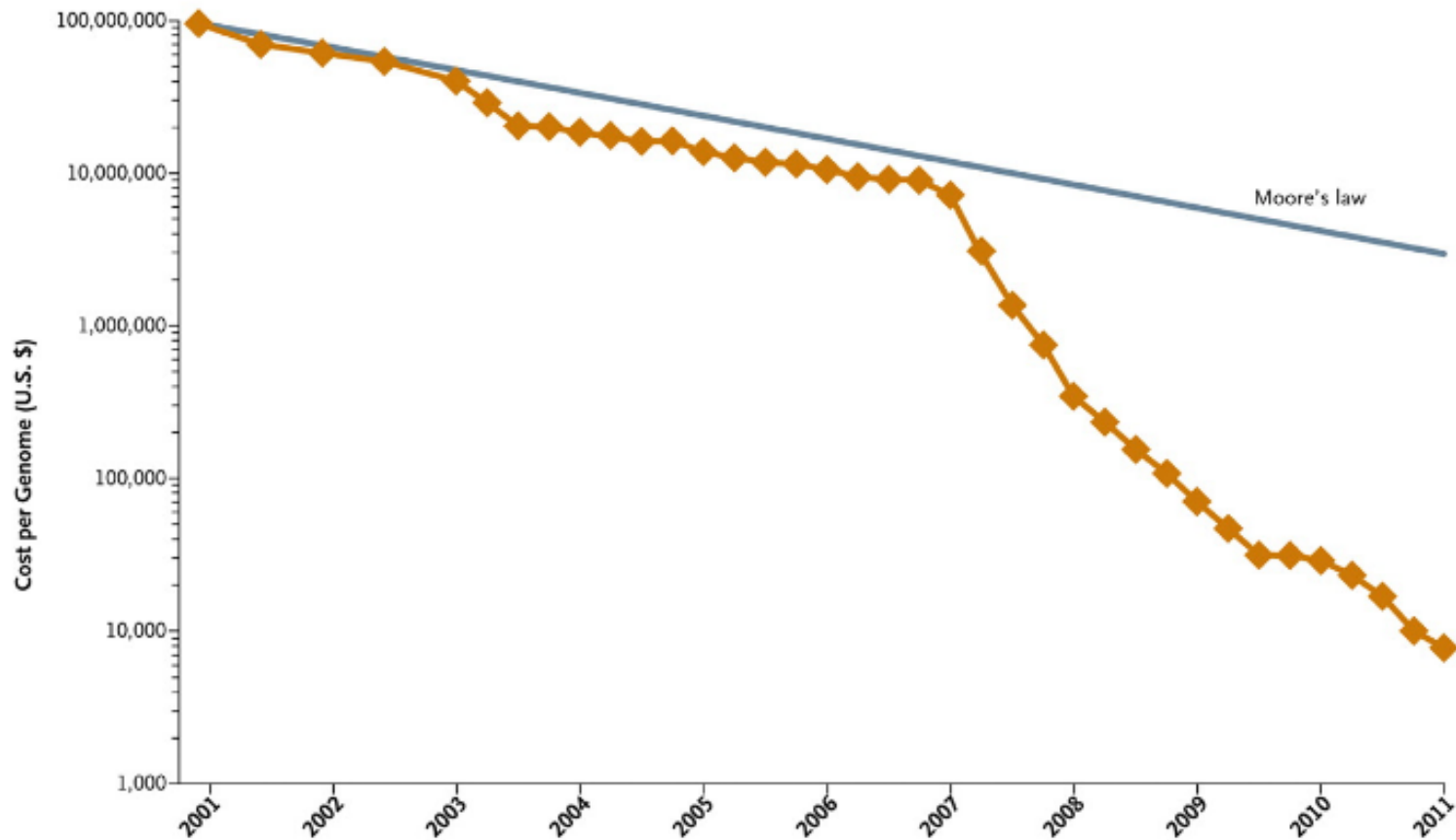
tgaagccctcttttctctccttctatttctctctagagcactcaagactttactgacgaaaa
ctcagggaatcctctatcacaagagggttggcaactaaactaagacattaaagga
aaatacdaatgccactctgcagggttgcaataactactacttactggatacattcaaa
ccctccagaatcaacagttatcaggtaaccaacaagaatgcaagccgtcgacaa
cctcacctctgcgcctggtaacaccagtctgtgcaccagagactacaaaatcaccca
ggtcctcttcccactgctctacactgtcctgtttttgttggaacttatcacaatggcctggc
gatgaggattttctttcaaattccggagtaaatacaactttattttttcttaagaacacag
tcatttctgatcttctcatgattctgacttttccattcaaaaattcttagtgatgccaaactggg
aacaggaccactgagaacttttgtgtgtcaagttacctccgtcatattttatttcacaatgt
atatcagtatttcattcctgggactgataactatcgatcgctaccagaagaccaccagg
ccatttaaaacatccaacccccaaaaatctcttggggggctaagattctctctgttgtcatct
gggcattcatgttcttactctctttgcctaacatgattctgaccaacaggcagccgagag
acaagaatgtgaagaatgctctttccttaaatcagagttcgggtctagtctggcatgaa
atagtaaattacatctgtcaagtcattttctggattaatttcttaattgttattgtattataca
ctcattacaaaagaactgtaccgggtcatacgtaagaacgagggggtgtaggtaaagt
ccccaggaaaaagggtgaacgtcaaagttttcattatcattgctgtattctttatttgttgtt
cctttccattttgcccgaattccttacaccctgagccaaacccgggatgtctttgactgca
ctgctgaaaataactctgttctatgtgaaagagagcactctgtgggttaacttccttaaatgc
atgcctggatccgttcattctatttttcctttgcaagtccttcagaaattccttgataagtatg
ctgaagtgccccaattctgcaacatctctgtcccaggacaataggaaaaa ayaaca
ggatgggtggtgacccaaatgaagagactccaatgtaaacaaattaactaaggaaat

tgaagccctcttttctctccttctatttctctctagagcactcaagactttactgacgaaaa
ctcaggaaatcctctatcacaagagggttggcaactaaactaagacattaaaagga
aaataccatcagccactctgcaggttgcaataactactacttactggatacattcaaa
ccctccagaatcaacagttatcaggttaaccaacaagaatgcaagccgtcgacaa
cctcacctctgcgcctggtaacaccagtctgtgcaccagagactacaaaatcaccca
ggtcctcttcccactgctctacactgtcctgtttttgttggaacttatcacaatggcctggc
gatgaggattttctttcaaataccggagtaaatacaactttattttttcttaagaacacag
tcatttctgatcttctcatgattctgacttttccattcaaaaattcttagtgatgccaaactggg
aagagaccatgtgaaactttttgttcaagttactctctatattttatttttttttttttt
atatcagtaattcattccctgggactgataactcagatcgtclaccagaagaccacagc
ccatttaaaacatccaac
gggcattcatgttcttactctcttngccaaacatgattctgaccaacaggcagccgagag
acaagaatgtgaagaaatgctctttccttaaatcagagttcgggtctagtctggcatgaa
atagtaaattacatctgtcaagtcattttctggattaatttcttaattgttattgtatgtataca
ctcattacaaaagaactgtaccggtcatacgttaagaacgaggggtgtaggtaaagt
ccccaggaaaaaggtgaacgtcaaagttttcattatcattgctgtattctttatttgtttgtt
cctttccattttgcccgaattccttacaccctgagccaaaccgggatgtctttgactgca
ctgctgaaaatactctgttctatgtgaaagagagcactctgtgggtaacttccttaaatgc
atgcctggatccgttcacatctatttttcctttgcaagtccttcagaaattccttgataagtatg
ctgaagtgccccaattctgcaacatctctgtcccaggacaataggaaaataagaaca
ggatgggtggtgacccaatatgaagagactccaatgtaaacaaattaactaaggaaat

Single Nucleotide Polymorphisms (SNPs)

~1 letter every 1,200

Genome sequencing > Exponential reduction in cost



10101011010010101010001010010101001010010000010001
1001010010101010010100100000101111100101010100110
100100101000101010001010010100100100101011111111
1111111111111111100000010100100010010000010001001
11000101001010100101001010010100110010100001001
1111111111111111111110000010010110111110011001010
10101101011110101010010101001010110100101001001
01010010111111110010101010101010101001010100101
001010010111111111111111111111111001010101001010
101010010010100101010010010010100101010010100
101010010010010010101001001001001010100101011
1111111111111111111111111001010101001010100101
001001010101000001010111111111111111110101001010
0100000000000000000000000101010010100101010010100
1010101011001000010101010010101001010100010101010
0010101001010010001010101111010001000100011111000
0010011111000101010001010111100100101010010101001
010011111001010101001010010010001000111111111111
00010101010000010111111100010111010101000101010
001011111001001010011111001010010111010010111001

Single Nucleotide Polymorphisms (SNPs)
~1 letter every 1,200

Pharmacogenomics

Tailoring treatment
Maximising efficiency

Epidemiology: Cholesterol hypothesis – too narrow

W.P. Castelli / Atherosclerosis 124 Suppl. (1996) S1–S9

S3

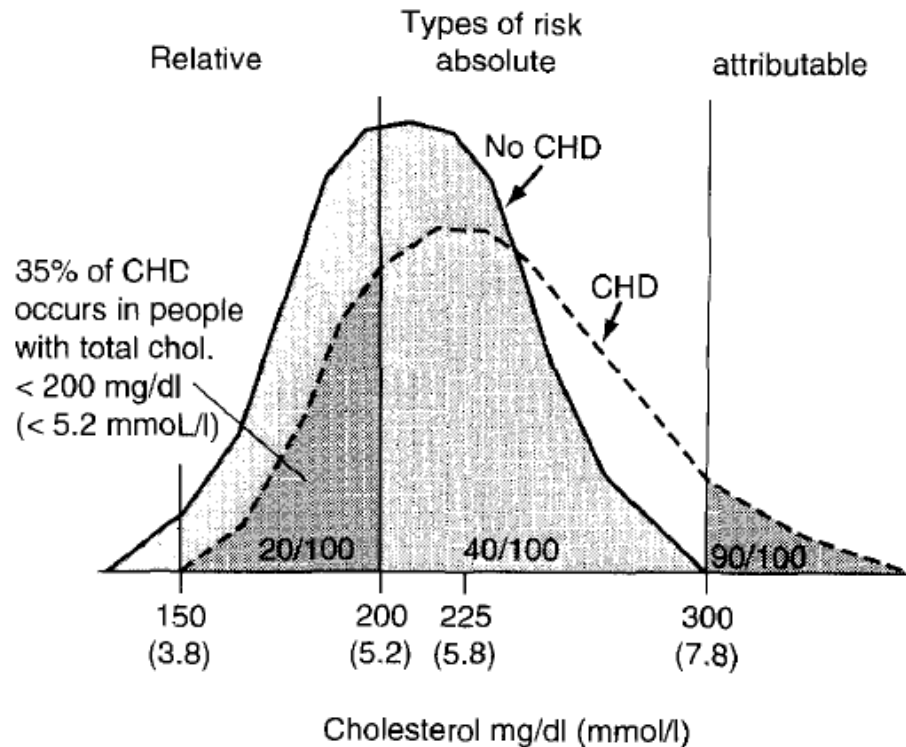


Fig. 1. The incidence of MI in relation to total cholesterol levels in the Framingham Study, 26 year follow-up. Taken from [29].

Statins and risk of incident diabetes: a collaborative meta-analysis of randomised statin trials



Naveed Sattar, David Preiss, Heather M Murray, Paul Welsh, Brendan M Buckley, Anton J M de Craen, Sreenivasa Rao Kondapally Seshasai, John J McMurray, Dilys J Freeman, J Wouter Jukema, Peter W Macfarlane, Chris J Packard, David J Stott, Rudi G Westendorp, James Shepherd, Barry R Davis, Sara L Pressel, Roberto Marchioli, Rosa Maria Marfisi, Aldo P Maggioni, Luigi Tavazzi, Gianni Tognoni, John Kjekshus, Terje R Pedersen, Thomas J Cook, Antonio M Gotto, Michael B Clearfield, John R Downs, Haruo Nakamura, Yasuo Ohashi, Kyoichi Mizuno, Kausik K Ray, Ian Ford

Summary

Background Trials of statin therapy have had conflicting findings on the risk of development of diabetes mellitus in patients given statins. We aimed to establish by a meta-analysis of published and unpublished data whether any relation exists between statin use and development of diabetes.

Lancet 2010; 375: 735–42

Published Online

February 17, 2010

DOI:10.1016/S0140-

BMJ

BMJ 2013;346:f880 doi: 10.1136/bmj.f880 (Published 20 March 2013)

Page 1 of 10

Use of high potency statins and rates of admission for acute kidney injury: multicenter, retrospective observational analysis of administrative databases

 OPEN ACCESS

Colin R Dormuth *assistant professor*¹, Brenda R Hemmelgarn *associate professor*², J Michael

Conclusions Use of high potency statins is associated with an increased rate of diagnosis for acute kidney injury in hospital admissions compared with low potency statins. The effect seems to be strongest in the first 120 days after initiation of statin treatment.



- Being more selective for low and intermediate risk patients

Statin myopathy is predictable

The NEW ENGLAND
JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

AUGUST 21, 2008

VOL. 359 NO. 8

SLCO1B1 Variants and Statin-Induced Myopathy —
A Genomewide Study

The SEARCH Collaborative Group*

- Liver transporter gene variant accounts for 60% of myopathy cases
- Common in the population
- Patients with two gene copies have x16 risk of myopathy

Personalised antiplatelet Rx



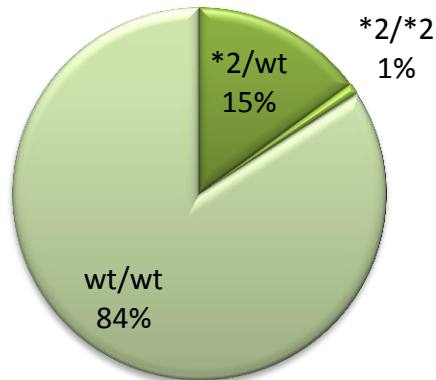
Increasing potency, bleeding risk and cost



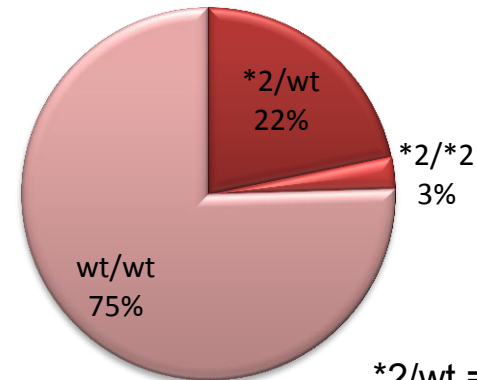
- Newer agents are only beneficial in nonresponders to old Rx

Ethnic rates of nonresponders

European

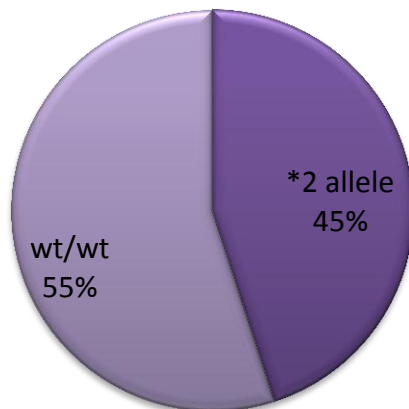


Maori

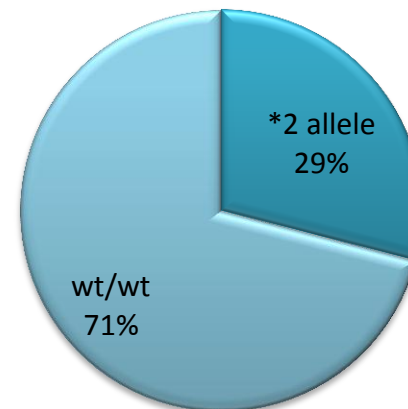


*2/wt = higher dose
*2/*2 = alternative drug

Pacific Peoples



Asian



Genomic basis of disease

New insights

Longitudinal study of a 9p21.3 SNP using a national electronic healthcare database

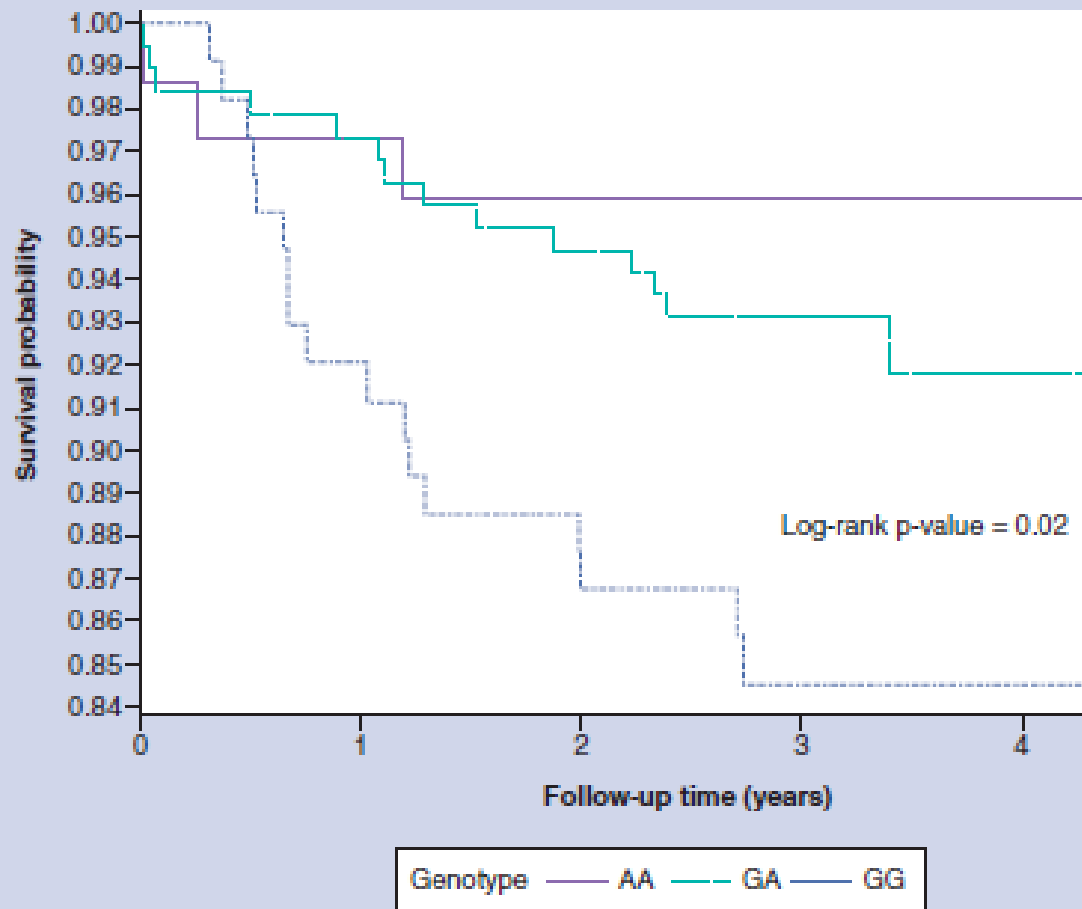
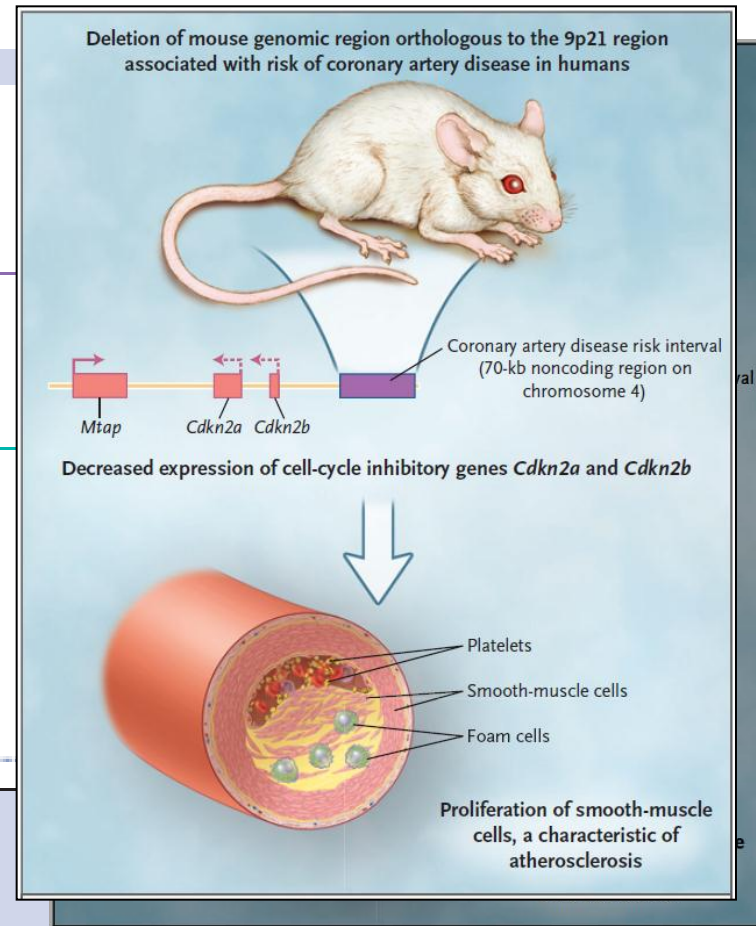


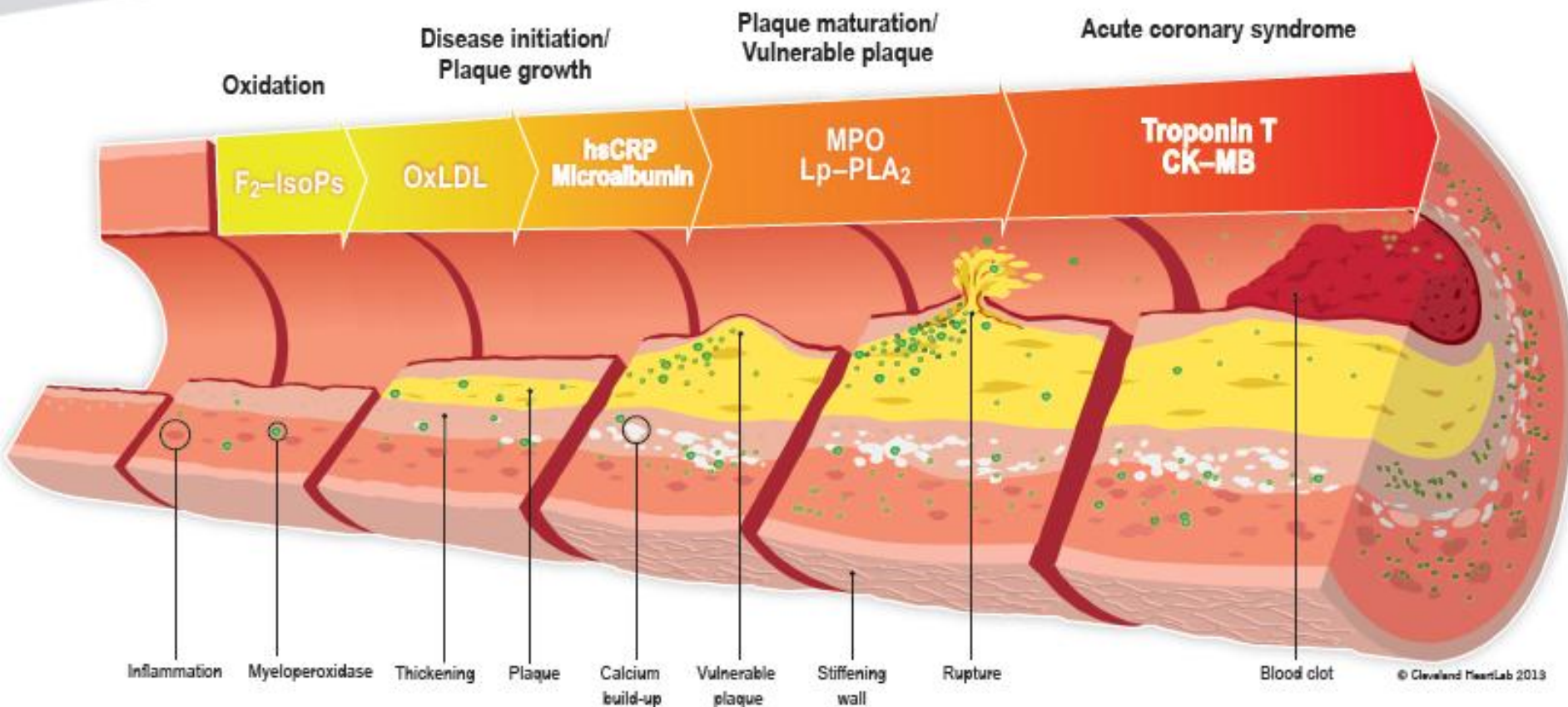
Figure 1. All-cause mortality and the rs10757278 genotype in patients with severe coronary artery disease.



Know your risk.

Inflammatory Biomarkers and the Progression of Atherosclerosis

The progression of atherosclerosis is marked by specific inflammatory biomarkers, and their levels can be measured to determine a patient's risk for heart disease and cardiac events.



Genomics altering treatment decisions

Genetics

Independent Susceptibility Markers for Atrial Fibrillation on Chromosome 4q25

Circulation. 2010;122:976-984.

Journal of the American College of Cardiology
© 2012 by the American College of Cardiology Foundation
Published by Elsevier Inc.

Vol. xx, No. x, 2012
ISSN 0735-1097/\$36.00
<http://dx.doi.org/10.1016/j.jacc.2012.01.070>

Symptomatic Response to Antiarrhythmic Drug Therapy Is Modulated by a Common Single Nucleotide Polymorphism in Atrial Fibrillation

Babar Parvez, MD, Joseph Vaglio, MD, Shane Gayle Kucera, RN, Tanya Stubblefield, RN, Shafiq Dawood Darbar, MD
Nashville, Tennessee

Journal of the American College of Cardiology
© 2010 by the American College of Cardiology Foundation
Published by Elsevier Inc.

Vol. 55, No. 8, 2010
ISSN 0735-1097/10/\$36.00
doi:10.1016/j.jacc.2009.11.041

QUARTERLY FOCUS ISSUE: HEART RHYTHM DISORDERS

Chromosome 4q25 Variants and Atrial Fibrillation Recurrence After Catheter Ablation

Daniela Husser, MD,* Volker Adams, PhD,† Christopher Piorkowski, MD,* Gerhard Hindricks, MD,* Andreas Bollmann, MD, PhD*
Leipzig, Germany

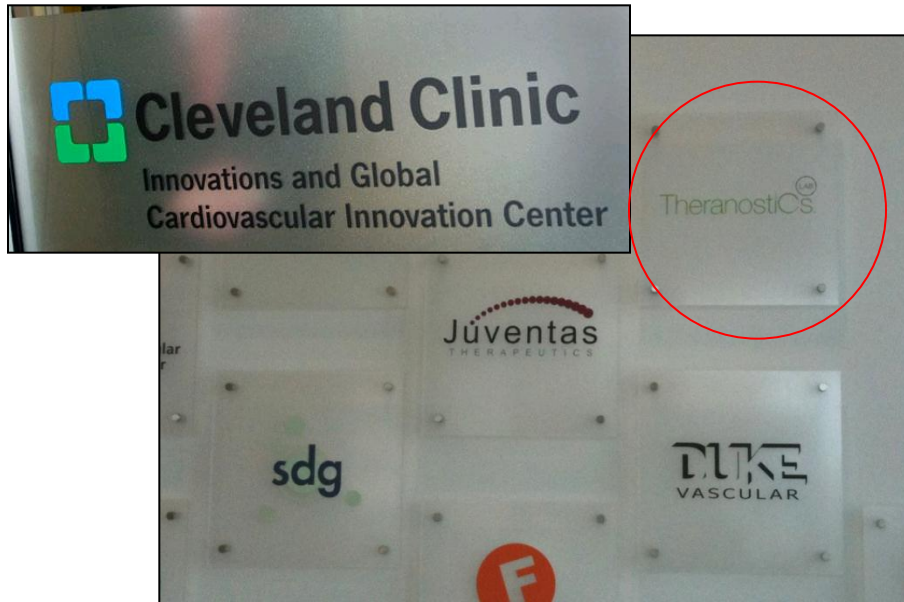


Non-profit
Socially responsible
Virtual company

Jobs and NZ knowledge economy

TheranostiC^{LAB}S. Your Genes. Your Health.

Disclosures - IP



CardioMPO
Australasia

Clopidogrel
Pharmacogenomics
PCT phase US, China, Japan,
Europe, Australia, New Zealand



- Founder of non-profit Theranostics Laboratory
- USPTO issued patent; Licensing fees and royalties

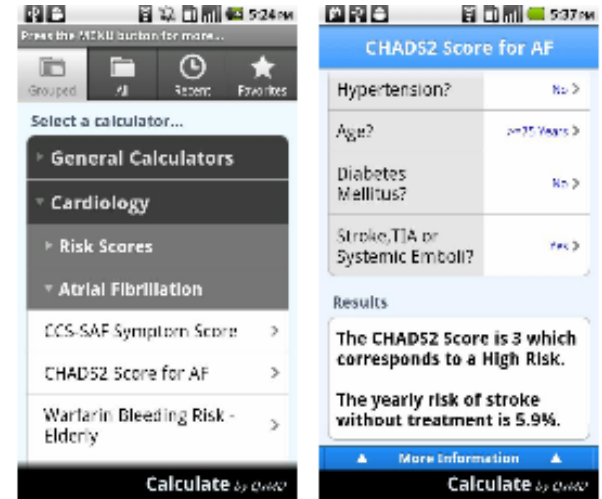
Rapid low-cost genotyping - NSH

1



Waitemata
District Health Board
Te Wai Awhina

Making a healthy difference to the community



- MALDI-TOF MS
- Cheap <\$30

2

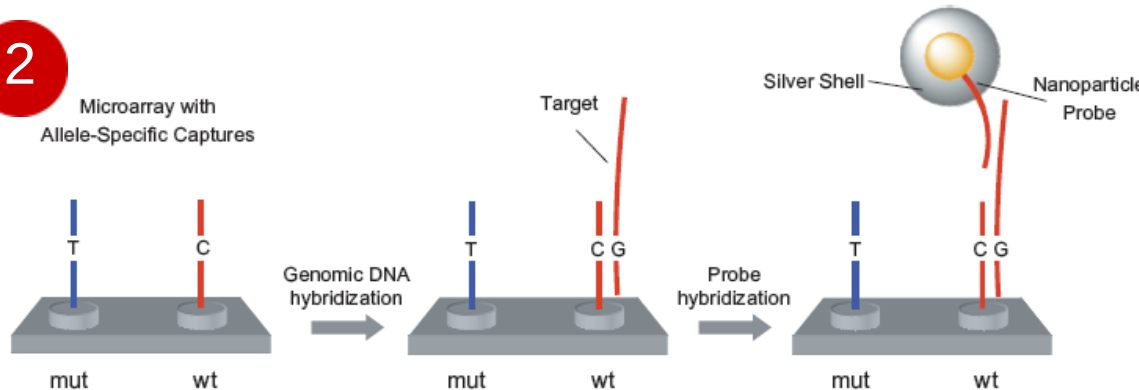


Figure 1. Fragmented unamplified genomic DNA and gold nanoparticle probes are sequentially hybridized to the SNP microarray containing capture probes representing the two possible alleles. After the two hybridization steps, the array is subjected to stringency washes and a silver development step. The scatter signal from the test sites is imaged subsequently to obtain genotyping results.

- Nanosphere
 - Rapid 2hrs
 - Blood->result
 - Clopidogrel/warfarin PGx
 - Norovirus
 - Hypervirulent C. diff

Mass Spectrometry MALDI-TOF



1

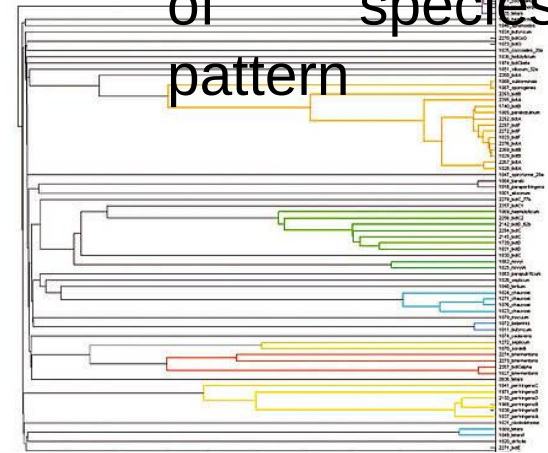
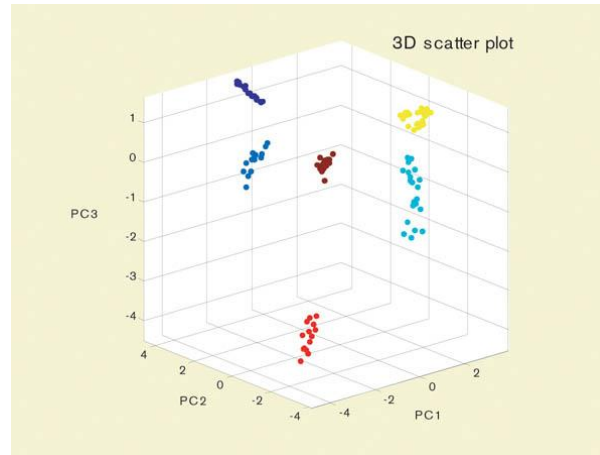
- Culture specimen
- Ionise
- Analyse

2

- Pattern recognition of spectral output
- 'Machine learning'

3

- Dendrogram: assignment of species pattern



4

Analyte Name	Analyte ID	Organism (best match)	Score Value	Organism (second best match)	Score Value
D2 (+++)	referenz	Escherichia coli DH5alpha BRL	2.382	Escherichia coli ATCC 25922 THL	2.226
D3 (+++)	MB 20	Burkholderia multivorans LMG 14293 HAM	2.457	Burkholderia dolosa DSM 16088 HAM	1.855
D4 (+++)	MB 20	Burkholderia multivorans LMG 14293 HAM	2.462	Burkholderia dolosa DSM 16088 HAM	1.996

- Species identification based on probabilistic

Cardiac mHealth projects

Cloud based Ultrasound

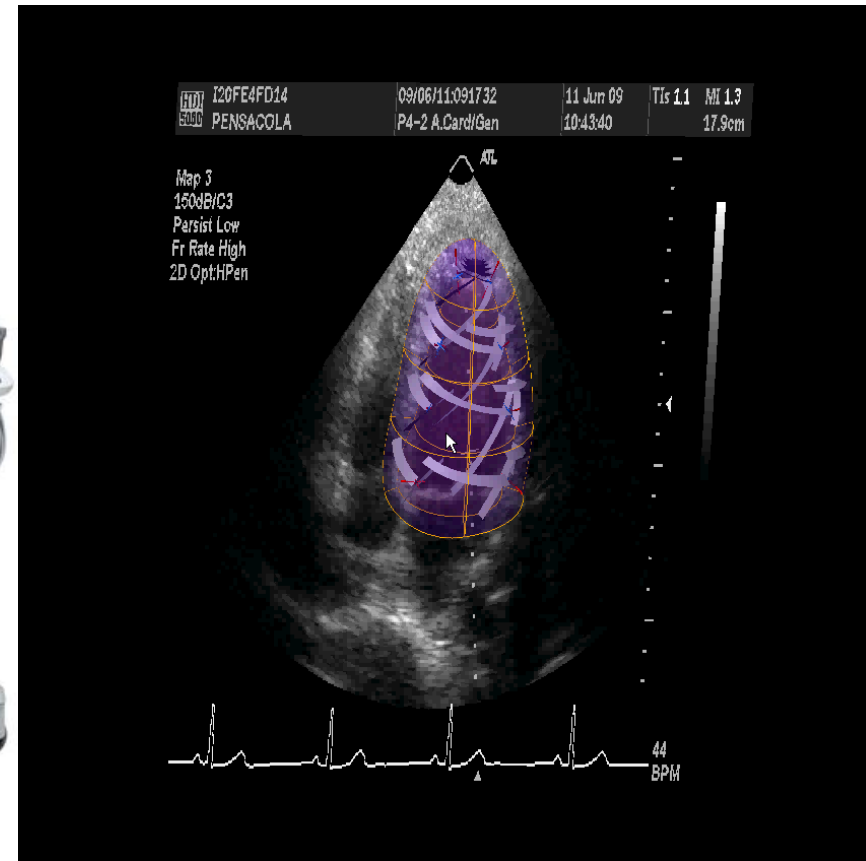
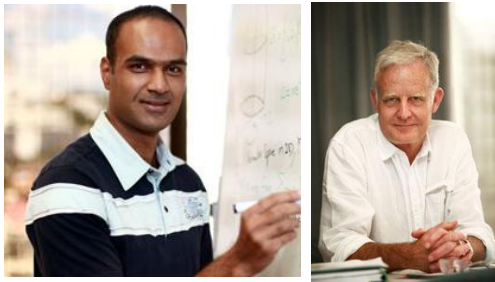
Remote advanced ECG



Making a healthy difference to the community

Cardiac ultrasound project

- Modeling astronaut's heart
- NZ Employment



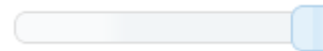
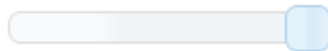
Auckland 03 Sept 12 10:47 NZST

MR. John E. Dtotu
5543AT75

Referring Physician: Dr James Thomas

1071, Kna street,
Kapiti Coast

04-971-3343

Male
10-12-1975163 cm
90 kgs**Scans** **Models**

4Views

Stress14

Pretrial

P4LVX

Created on: 31 Sept 2012

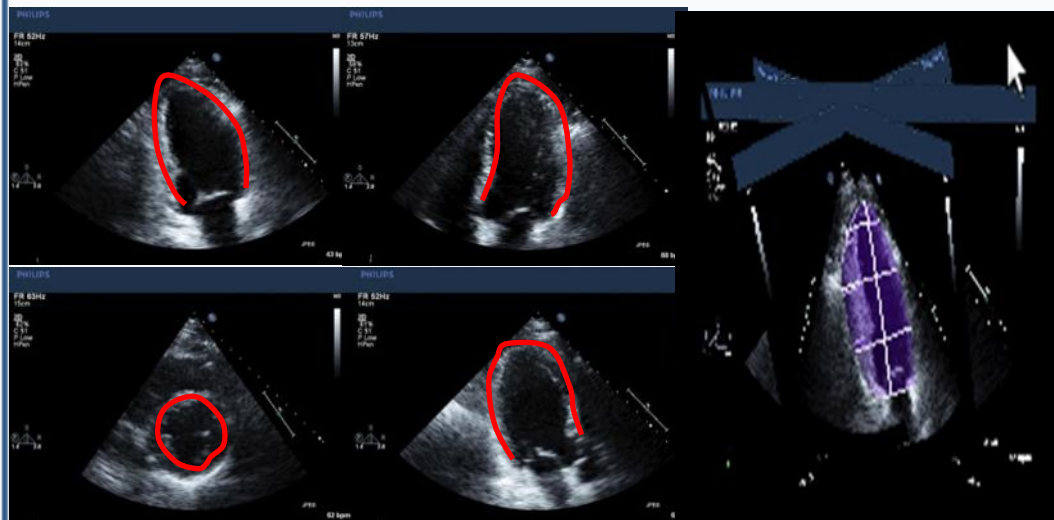
Created by: Dr. Patrick Gladding

Status: Validated (Dr James Thomas)



Analysis

Worksheet

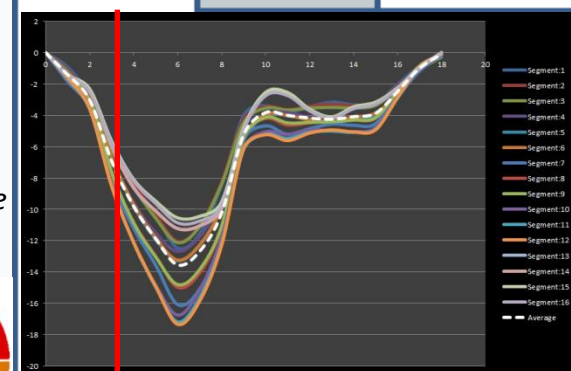


- ☒ APLAX
- ☒ 4CH
- ☒ 2CH
- ☐ SAX
- ☒ Surface
- ☒ Lines

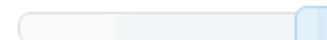


Normal

Fiber



Epi

 Endo

CLEAR ALL

SAVE

Software developed in New Zealand

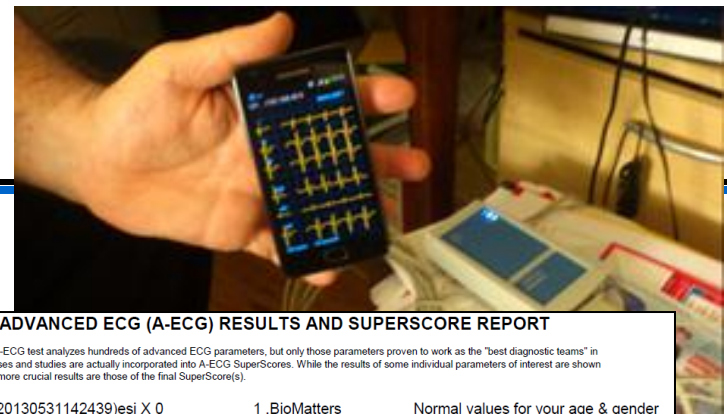


Prof. Peter Hunter, Former astronaut Leroy Chao, Ellen Baker, David Hilmer, Robert Satcher; PI Dr. Jin Thomas

Advanced ECG analysis in the Community

Advanced ECG

- WiFi based ECG
- Ultraportable, \$3,000
- Deconvolutes ECG components
- Advanced pattern recognition, artificial intelligence

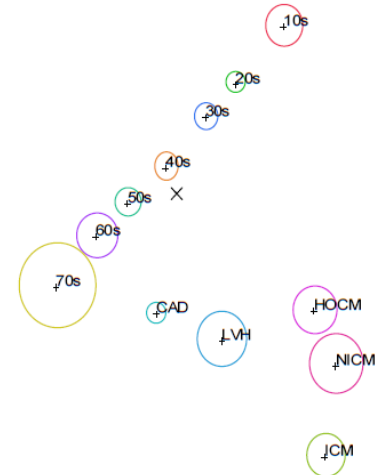


ADVANCED ECG (A-ECG) RESULTS AND SUPERScore REPORT

Note: the A-ECG test analyzes hundreds of advanced ECG parameters, but only those parameters proven to work as the "best diagnostic lemons" in our databases and studies are actually incorporated into A-ECG SuperScores. While the results of some individual parameters of interest are shown below, the more crucial results are those of the final SuperScore(s).

Date: (20130531142439)esi X 0	1. BioMatters	Normal values for your age & gender	
	↓	↓[Male40s]	
<u>3-Dimensional (3D) ECG (via Kors' transform):</u>			
Spatial Mean QRS-T angle (deg.)	39	<	88
Spatial Peaks QRS-T angle (deg.)	17	<	52
Spatial Ventricular Activation Time (ms)	44	<	51
Z-lead QRS integral above 5 Hz (mV*ms)	1.80	<	12.79
3D QRS magnitude@20 ms (mV)	0.376	<	0.482
Spatial Ventricular Gradient (SVG, mV*ms)	0.113	>	0.056
Elevation angle of SVG (deg.)	31	>	25
X-lead area of T-wave (mV*ms)	52.9	>	18.2
Sagittal direction of QRS@30 ms (deg.)	137	>	40

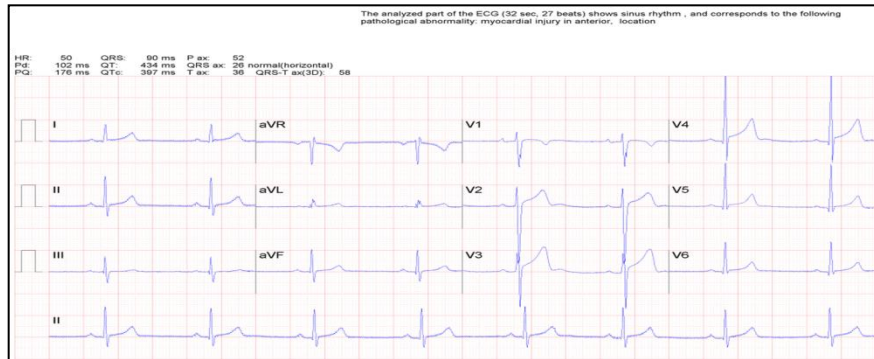
Waveform Complexity (by singular value d
 Complexity ("PCA") Ratio of T wave (%)
 Intradipolar Ratio (IDR) of T-wave (%)
 QRS Wave Nondipolar Voltage Sum (mV)
 First Eigenvectors QRS-T angle (deg.)



Advanced ECG for general practice



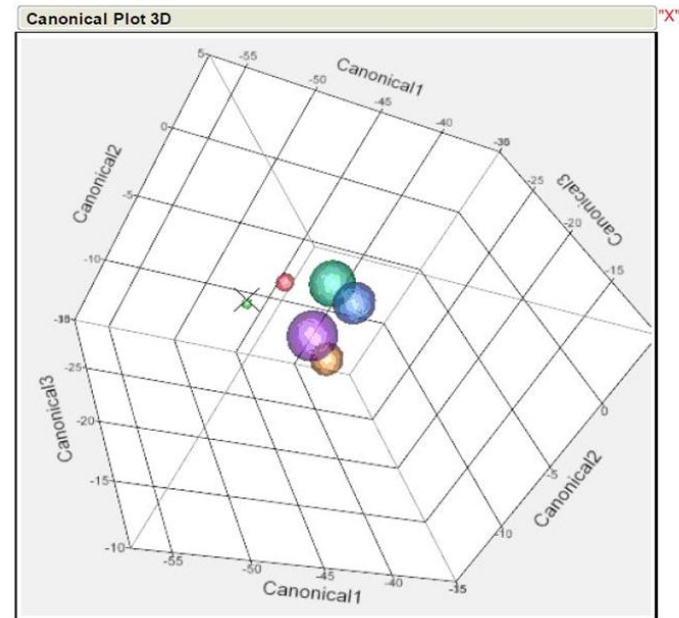
- Sensitive, high sampling frequency, accurate.



- Contact me for more details:
patrickg@theranosticslab.com

A-ECG DISCRIMINANT TEST FOR MOST COMMON HEART DISEASES

Color Code: Small Lime-Green Circle = Healthy Population; Red Circle = Coronary Artery Disease (CAD) Population; Aqua Circle = Left Ventricular Hypertrophy (LVH) Population; Blue Circle = Hypertrophic Cardiomyopathy (HOCM) Population; Purple Circle = Non-Ischemic (or "Dilated") Cardiomyopathy (NICM) Population; Orange Circle = Ischemic Cardiomyopathy (ICM) Population



 **Waitemata**
District Health Board
Te Wai Awhina

Making a healthy difference to the community



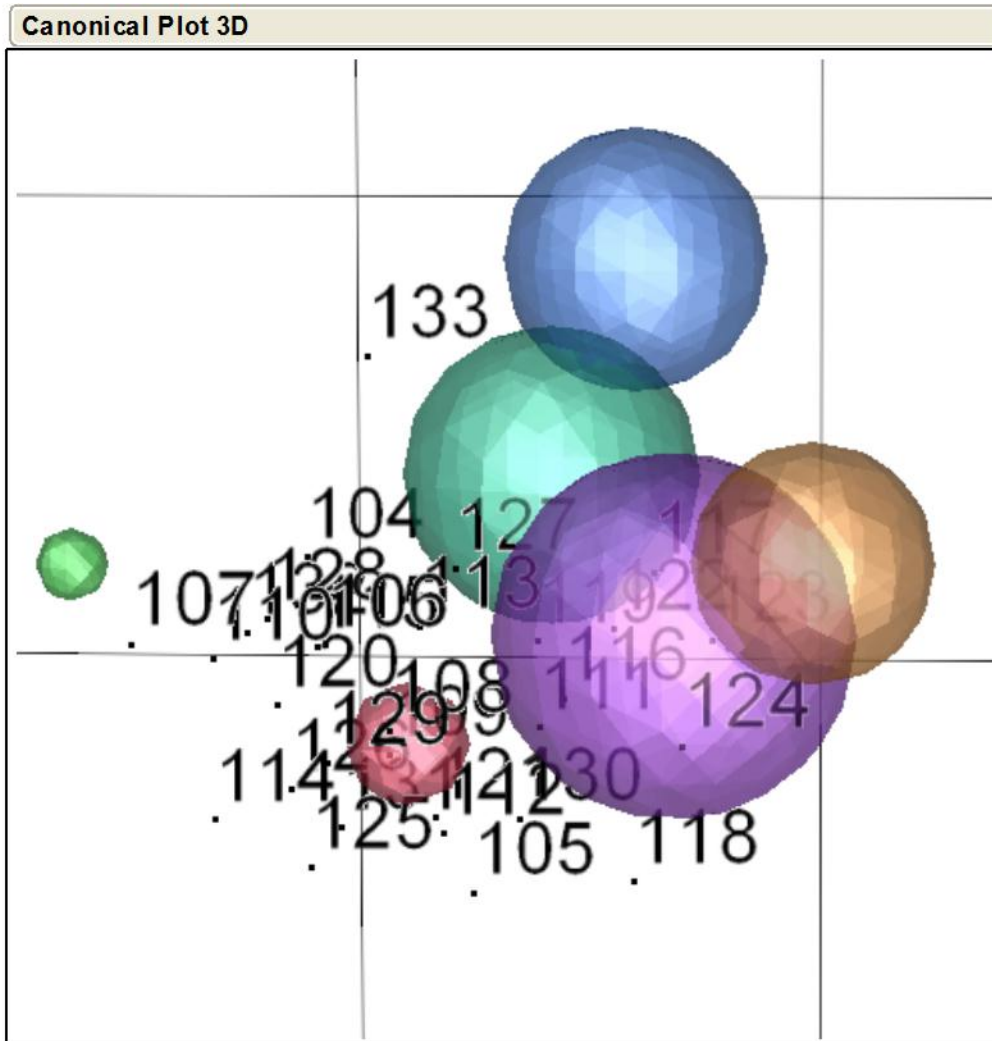
Advanced ECG

- Standard 12L snap-shot resting ECG from Mortara, Philips, Cardiax machine
- 12L ECG is 'spectralised' into multiple parameters
- Pattern recognition, artificial intelligence applied to resulting parameters
- Higher diagnostic yield than standard 12L ECG for CAD, HCM, NICM, ICM

Enhancement of ETT with AECG

- **Problem:** Limited access to exercise treadmill testing for patients with chest pain
- ETT Sensitivity 67%, specificity 78%
- n=58 patients (10 normal, 48 severe disease on coronary angio)
- All with positive treadmill “coronary disease”
- One excluded due to noise and six due to other cardiac abnormalities on echo

A-ECG results



- Lime - Healthy
- Red – CAD
- Blue - HCM
- Aqua - LVH
- Purple - NICM
- Orange - ICM

Advanced ECG - Results

- A-ECG sensitivity of 97.2% and specificity of 53% for the angiography results
- 8 healthy patients with abnormal ETT would have been identified correctly with A-ECG
- Theoretically reducing unnecessary invasive coronary angiograms by 53%
- Cost saving \$528/A-ECG

Conclusion

- Personalised medicine is emerging as the fastest evolving field of medicine
- Significant relevance to general practice
 - Pharmacogenomics (statins, antiplatelets, dabigatran),
 - Genomics – inflammatory markers (MPO), atrial fibrillation
 - Informatics – advanced ECG
- Available through Theranostics Laboratory, North Shore hospital
- Needs your help!
patrickg@theranosticslab.com
 - Acknowledgements: Innovation Hub, North Shore hospital laboratory staff



Non-profit
Socially responsible
Virtual company

Jobs and NZ knowledge economy

Therano**ti**C^{LAB}_S. Your Genes. Your Health.

