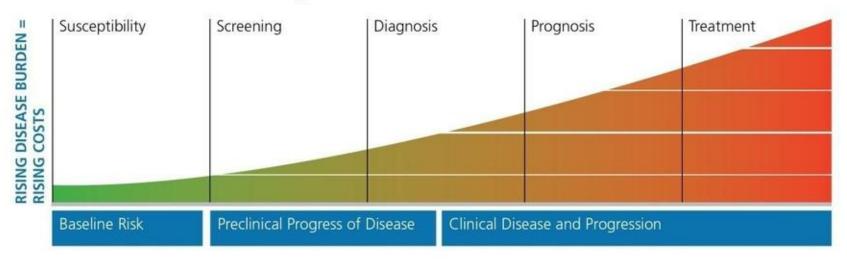
Personalized Medicine Technology Trends: Impact on Anesthesiology

Society for Technology in Anesthesia January 9, 2013

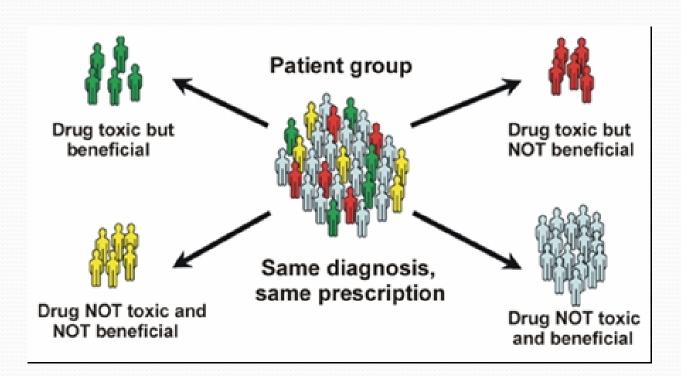
Ken Holroyd, MD, MBA Associate Professor of Anesthesiology and Medicine Medical Director, Center for Technology Transfer and Commercialization Assistant Vice Chancellor for Research

Personalized Healthcare

Personalized Care for Every Phase of Health



Personalized Medicine: Right Drug, Right Dose, The First Time







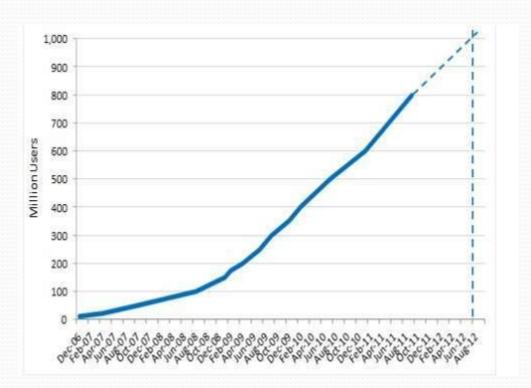
The Possibilities of Personalized Medicine

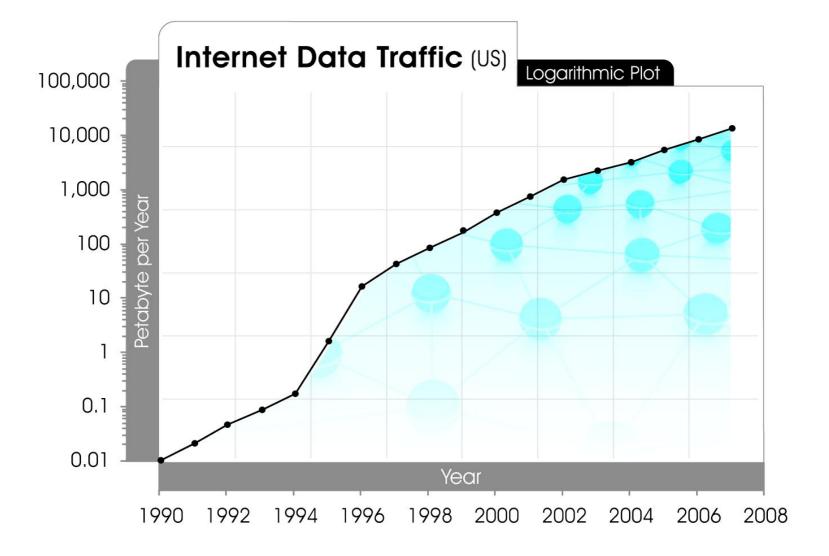
"Any sufficiently advanced technology is indistinguishable from magic"

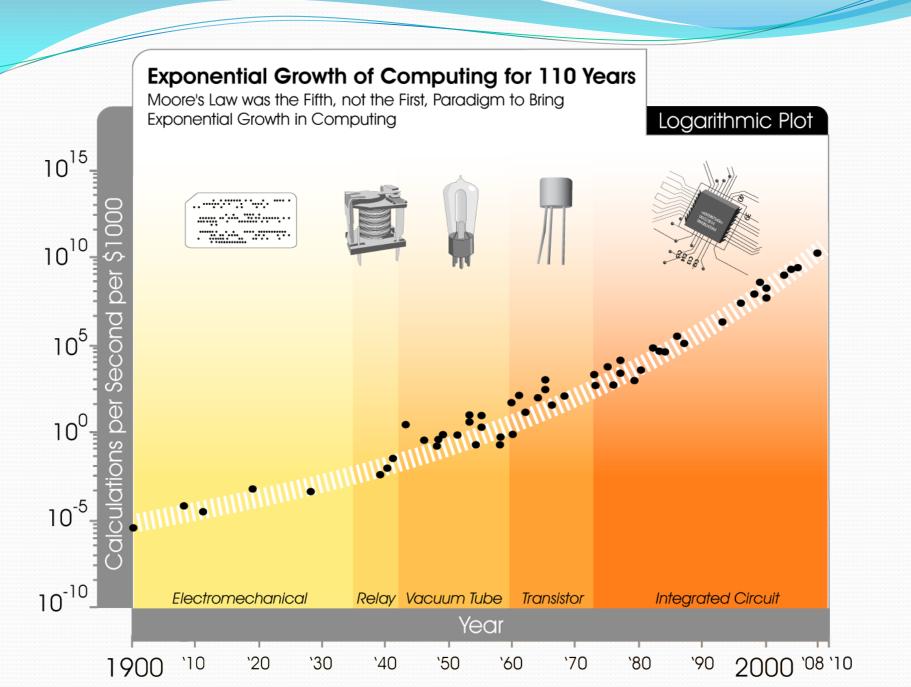
Arthur C. Clarke

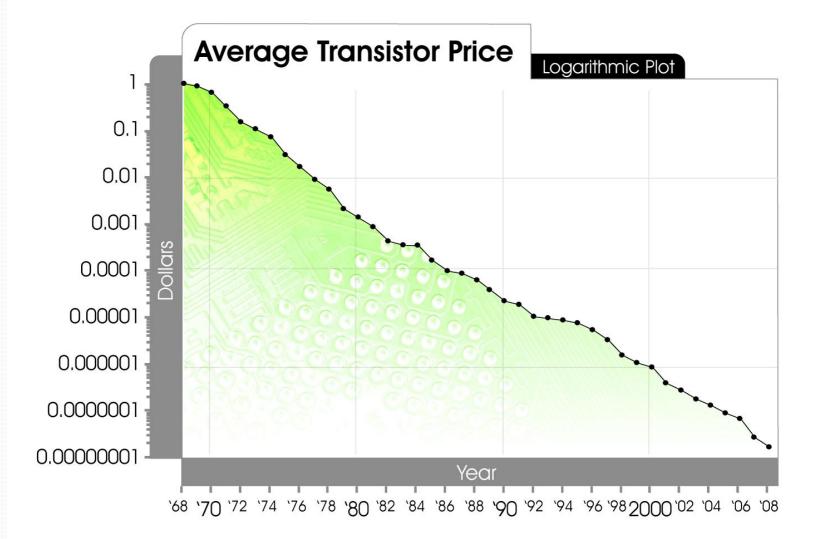
"Hazards of Prophecy: The Failure of Imagination", in *Profiles of the Future* (1962)

Facebook Millions of Users





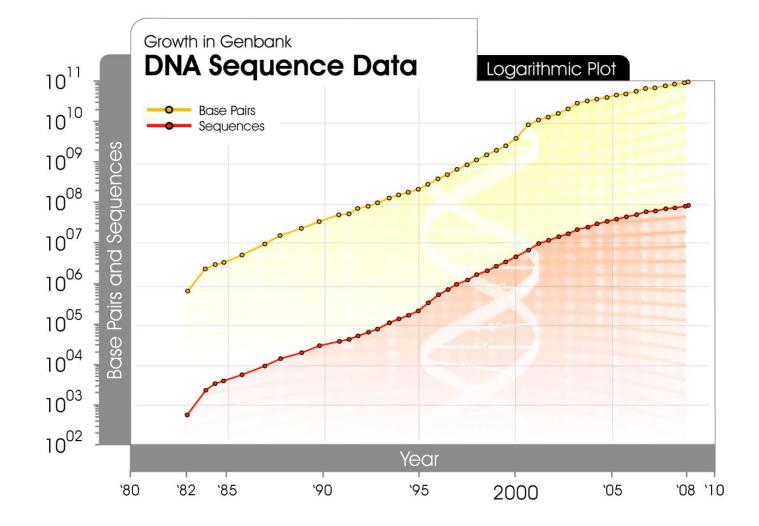




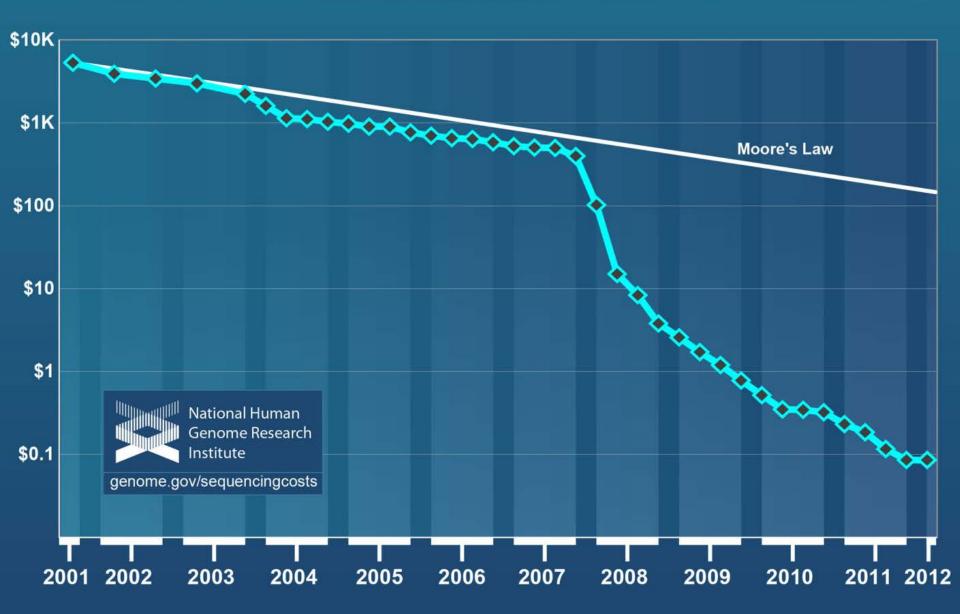
"We tend to overestimate what can be achieved in the short term (because we tend to leave out necessary details)

We underestimate what can be achieved in the long term (because the exponential growth is ignored)"

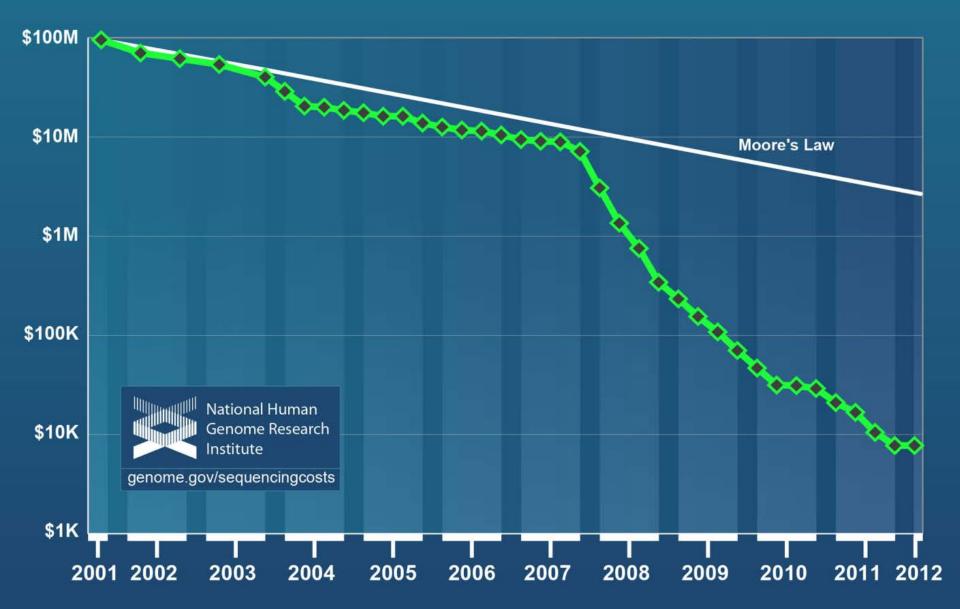
Ray Kurzweil-modified from Roy Amara



Cost per Raw Megabase of DNA Sequence



Cost per Genome



Whole Genome Sequence Data

Cost of whole genome sequencing to 0.1% accuracy projected continuing to decline

Whole exome sequencing now \$999

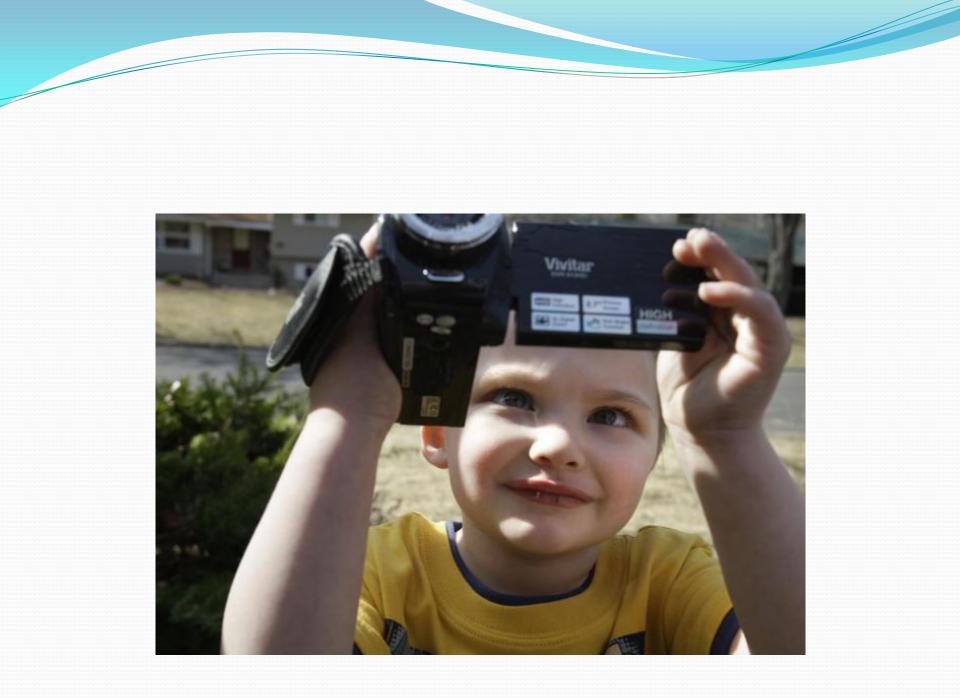
Still greater accuracy of sequence needed for clinical care

Managing and annotating the data, delivering to point of patient care a challenge

Understanding the meaning will require a lot of additional research and significant costs as it develops

First Life Saved by Genome Sequencing?





Other New Applications

- Diagnosing other rare conditions thought clinically likely to be genetic in origin—has guided therapy—including "compound heterozygote" disorders
- The first "sequencing autopsy"
- Genetic characterization of cancer guiding targeted cancer therapy
- "Consumer" genomics including pharmacogenomics some controversies—about 100,000 consumer have bought the tests over four years

Human Complexity—DNA Level Information

DNA sequence 3 billion base pairs

Genes 20,000

Genes are about 1.5% of the genome (make proteins)

Another 3.5% of the genome makes regulatory and other RNA

Single Nucleotide Polymorphisms (SNPs) 3 million (0.1% of genome—used in genome wide association studies)

Duplicated "Copies" Gene Sequences (12% of genome)

Copy Number Variation (0.4% of genome)

DNA Sequence and Common Diseases

Identical and fraternal twins used to estimate heritability of common diseases such as diabetes, asthma, schizophrenia, coronary artery disease

Hope was that genome wide association studies (GWAS) with one million SNPs would explain a lot of the heritability

However, only 10% of heritability explained thus far for most common diseases (macular degeneration risk best explained)

Thus far about as good as taking a good family history

Human Complexity—DNA Sequence Information What Might Explain the "Heritability Gap"

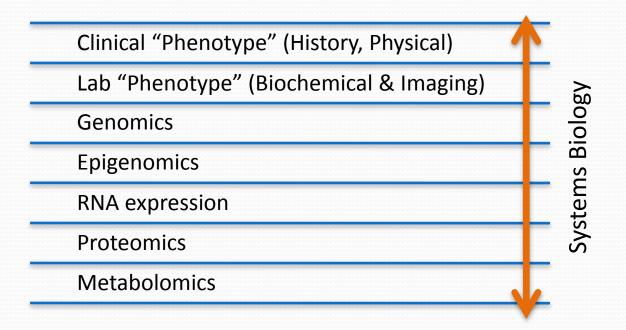
Copy number variation

Maternal or fraternal inheritance effects

DNA modifications that inactive or activate genes

Somatic cell mutation processes

Contribution of Different Categories of "Omics" Information to Clinical Decisions: Undergoing Intense Investigation and Logarithmic Data Growth



All Lab Tests for Normal and Diseased Tissues

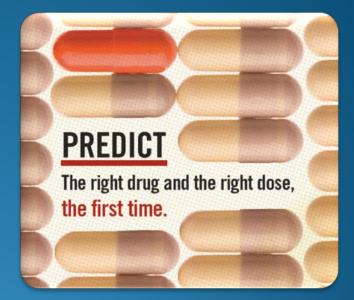
DNA Sequence: Predictive Pharmacogenomics

- Succinylcholine
- Inhalational agents
- Clopidogrel activity and dosing—ongoing in Vanderbilt Cardiac Catheterization for clinical care, for last year and a half
- Warfarin dosing
- Statins induced myopathy
- Tamoxifen activity
- Hepatitis C drug activity
- Azathioprine toxicity
- Beta adrenergic receptor agonist and antagonists?

DNA sequence level information dose predict some of the variable metabolism and resultant efficacy or safety of a number of drugs investigated thus far—a relative success story thus far

PREDICT

Pharmacogenomic Resource For Enhanced Decisions In Care & Treatment



Prospective Genetic Testing Using the Prognostic Model

Prognostic Model identifies patients who are highest risk for starting warfarin, clopidogrel, or statin therapy within the next three years as candidates for preemptive genotyping

Factors include:

- Age, gender, race, and BMI when height is available (or weight when BMI is not available)
- History of...Type II Diabetes, coronary disease, atrial fibrillation, hypertension, atherosclerosis, congestive heart failure, previous clot, and dialysis

What is Tested?

- DNA extracted from the patient's blood
- Specimen genotyped for 184 common polymorphisms within 34 genes associated with drug absorption, distribution, metabolism, and excretion

Illumina Vera Code ADME Core Panel Assay

FDA Labels with

Pharmacogenomic Biomarkers

CytochromeP450

- Quinidine
- Carvedilol
- Clopidogrel*
- Metoprolol
- Prasugrel
- Propafenone
- Propranolol
- Ticagrelor
- Warfarin*
- Atomoxetine
- Fluoxetine
- Fluvoxamine
- Risperidone
- Tiotropium
- Tamoxifen*
- Tacrolimus*

Other Simvastatin* Azathioprine* Warfarin* Estimated Adverse Events Prevented Over 5 years

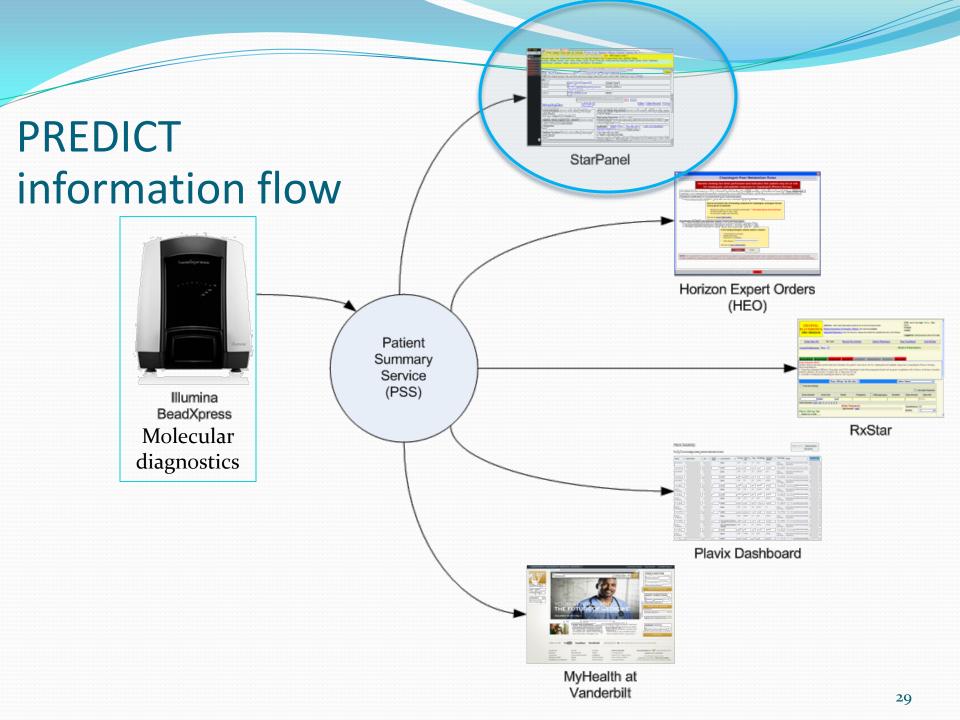
- Abacavir 3
- Azathioprine 17
 - Clopidogrel 79
 - Simvastatin 19
 - Tamoxifen 15
 - Warfarin 265
 - Total 398

Preemptive Genetic Testing Launched

Prognostic Model testing began early 2012 in several outpatient clinics

- Internal Medicine—Medical Center East (MCE) Adult Primary Care Ste I-IV & Hillsboro Medical Group, One Hundred Oaks (OHO), Green Hills Clinic, Edward Curd Lane in Franklin
- VHVI & Cardiology—cardiac catheterization lab, MCE, OHO, Franklin-TN, Murfreesboro
- Eskind Adult Diabetes
- MyHealthTeam at Vanderbilt (MHTAV)

Represent over 300 providers



PREDICT Program Evolution

Project Planning

Project Team: Marc Beller Jill Pulley Josh Denny Jim Jirjis John McPherson

Pilot Launch

Program Expansion:

Project Team:

Jim Jirjis **Jill Pulley** Josh Denny Josh Peterson Bill Gregg Marc Beller Iennifer Mitchell Azim Munivar Marla Carter Wendy Kiepek Azim Munivar Neal Patel Leslie Mackowiak **Jack Starmer** Frank Harrell Cindy Vnencak-Jones Mike Laposata Jonathan Schildcrout Ellen Clayton Ann Neff Holli Dilks Kyle Brothers Anne Miller Nate Gilmer Candis Kinkus

Emily Kurtz John Howser P&T committee Doug Selph Trent Rosenbloom Sergio Fazio Sara van Driest Betsy Brandes Ed Shultz Ken Holroyd Mary Beth Bauer Russ Wilke Dana Crawford **Beverly Coccia** Adeola Davis Karla Davis Jay Cowan Melissa Basford Yaping Shi Lijun Wang Dario Giuse Ioana Danicu Jana Shirey-Rice Alan Bentley

Medical tech staff

Collin Mothupi

Full Scale:

Integration into operations

BioVU

- De-identified ongoing medical record
- Matched DNA sample (gradually being partially sequenced)
- Research tool including for genetic associations (with IRB controls)
- Unique resource for research
- Match a well defined clinical condition ("phenotype") to DNA sequence information ("PheWAS")

MyCancerGenome.Org

- Informatics approach matching genetic tests on cancer tissue to specific genetically targeted therapies
- Includes matching to clinical trials, for genetically targeted drugs in development
- Implemented at Vanderbilt -Ingram Cancer Center with results incorporated into StarPanel / StarChart

Impact of Whole Genome Sequencing for Anesthesiology

We will know our patients' genetic risk factors including

- Pseudocholinesterase deficiency—implications for succinylcholine and cocaine use in the operating room
- Malignant hyperthermia
- Codeine metabolism—genetics clinically most important now for maternal use passing on to newborns
- Oxycodone metabolism
- Morphine metabolism
- Risk factors for common diseases with anesthetic and perioperative implications

Impact of Whole Genome Sequencing for Anesthesiology Translational Research

- Ask association of a heritable clinical condition or perioperative outcomes with gene sequence, with large numbers of individuals de-identified medical records
- Examples:
 - beta-blocker perioperative use?
 - post-operative cognitive dysfunction?
 - predicting the difficult airway based on the medical record before the patient is seen?

Further in the Future

Real time diagnosis and monitoring of the following rapidly developing information sources in fluids and tissues:

- epigenome
- RNA (transcriptome)
- protein (proteome)
- metabolome
- microbiome

This complex information will power better clinical and healthcare decisions

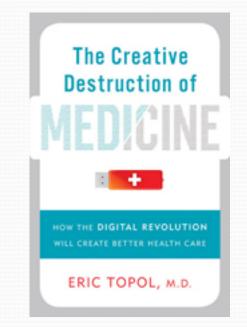
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Interested in Learning More About New Digital Technologies in Medicine?

View Online Eric Topol's Fall 2011 Vanderbilt Discovery Lecture



Thank you for your time and attention!

Your questions and discussion?