



The Future of Pathology: Complexity, Convergence, and Change

Carolyn Compton, MD, PhD

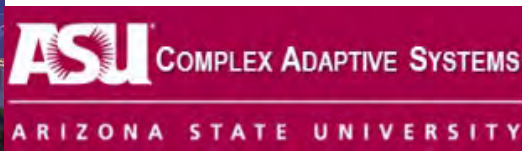
Professor of Life Sciences, Arizona State University

Professor of Laboratory Medicine and Pathology, Mayo Clinic School of Medicine

Adjunct Professor of Pathology, The Johns Hopkins School of Medicine

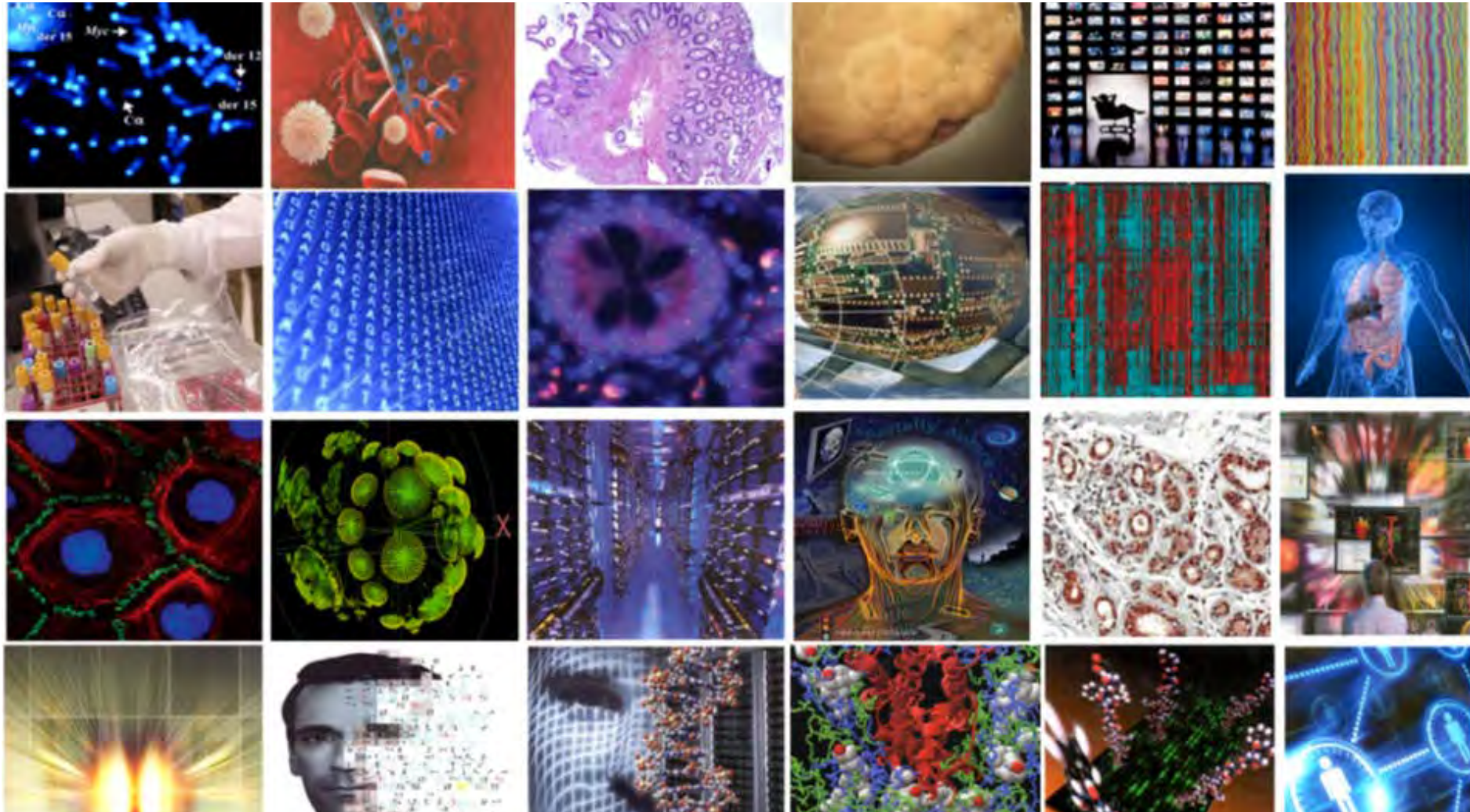
CMO, National Biomarker Development Alliance

CMO, Complex Adaptive Systems Institute




Brindley Lecture
UTMB Department of Pathology
Galveston, TX
May 15, 2017

The Changing Landscape of Medicine; New Tools, New Knowledge, New Era



The Convergence of Advanced Technologies, Molecular Biology, and Data Science



**We are in the midst of a defining moment in medical history:
unprecedented potential for exponential progress**

Cover of *Nature* 2001
First draft of human genome published



BioIT World 2011 - by **Sorena Nadaf, M.S. M.MI**
Director - Translational Informatics, CIO

Technology Development

Unleashing the Potential for Progress

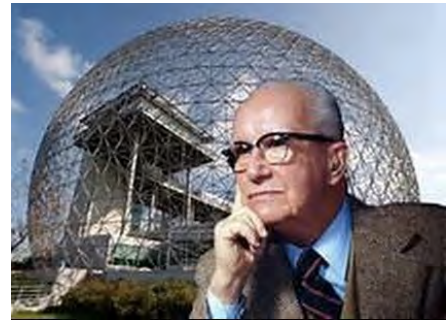


- **Technological change is exponential, not linear**
 - **Moore's Law (1965)** - Intel's Gordon Moore predicts that the power of computing technology* would double every 18 months (exponential progress)
 - *Number of transistors in a dense integrated circuit (computer microprocessor)
 - **Became the mantra of technology development in general**
 - **Faster, better AND cheaper**
- **Explosive technology development has created a tsunami of new data**

Technology Development

Unleashing the Potential for Progress

- Exponential ↑ in data has resulted in exponential ↑ in human knowledge
 - 90% of world's data produced in last 2 years (held true for 30+ years)
 - In 2025, the amount of data produced in a week will equal all of the data produced by mankind during its entire existence up until 2013
- Buckminster Fuller's Human "Knowledge Doubling Curve"
 - Until 1900, doubled every century
 - By end of WWII – doubling every 25 years
 - Current average – doubling 12 months
 - With build-out of the Internet of Things – doubling every 12 hours



The Internet of Things (IoT), the Growth of Human Knowledge, and the Connection of the Medical Universe

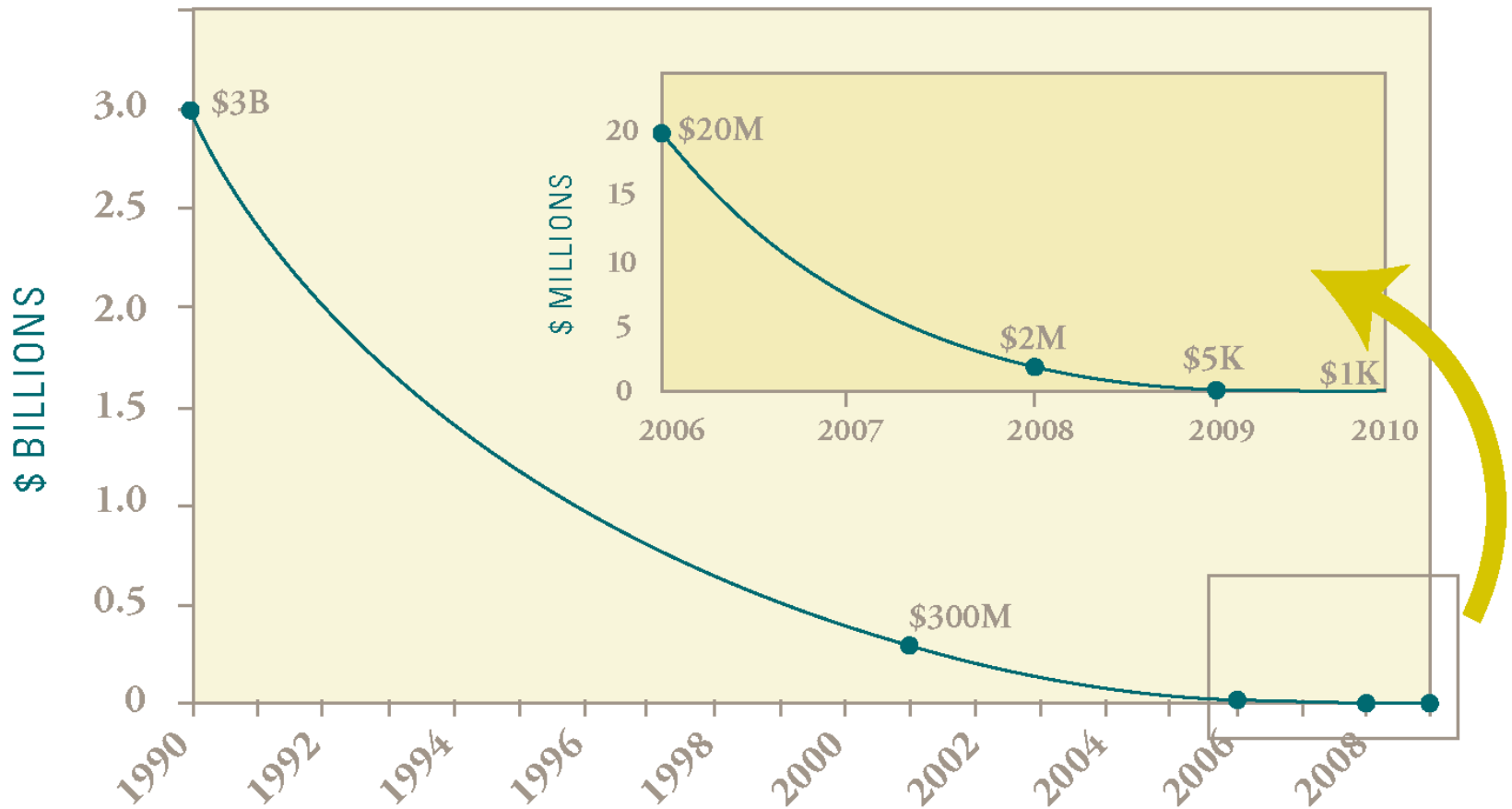
- The IoT interconnects embedded sensors and computing devices within the internet structure
 - Smart objects, automation, wearables, machine-2-machine
- IoT uses:
 - Energy management
 - Environmental sensing systems
 - Urban planning
 - Transportation systems
 - Management of cities / urban systems
 - Law enforcement
 - Warfare
 - **Medicine and healthcare systems**



Disruptive Technological Advances: Changes in the Science and Practice of Medicine

- **High-throughput, inexpensive molecular analysis: the \$1000 genome**
- Large-scale GWAS linking genetic variation to disease and treatment response
- Data science that analyzes, integrates and models huge amounts of data representing complex layers of biology
- Information technology removing the limitations of human cognitive capacity

Disruptive Technological Advances: The \$1K Genome



Sources: Wheeler DA et al., *Nature* 2008; 452:872-6; Mardis E. *Genome Biology* 2006; 7:112; Keim B. *Wired Science* October 06, 2008; The 2009 and 2010 values are projected. Current cost of complete genome sequencing (as of April 2009) is \$60,000 (*Applied Biosystems*).

Personalized Medicine Coalition. *The Case for Personalized Medicine*. Available at: http://www.personalizedmedicinecoalition.org/communications/pmc_pub_5_09.php. Accessed August 26, 2009.

The \$1000 Genome; Are We There Yet? Yes, Finally!



Matthew Herper
Forbes Staff

PHARMA & HEALTHCARE

1/14/2014 @ 9:14PM | 33,669 views

The \$1,000 Genome Arrives -- For Real, This Time

- FORBES 2014



Illumina HiSeqX:

- 16 genomes per day for \$16,000
- Cost of machine: \$16M

Disruptive Technological Advances: Whole Genome Sequencing Becomes the New CBC

Yesteryear*

1990

- 8 years
- \$3 billion

Y2K

2000

- 6-12 months
- \$100 million

Today

2017

- <24 hours
- \$1000

Tomorrow

2017+

- 8 hours
- \$100+

*Mike and I are at MGH

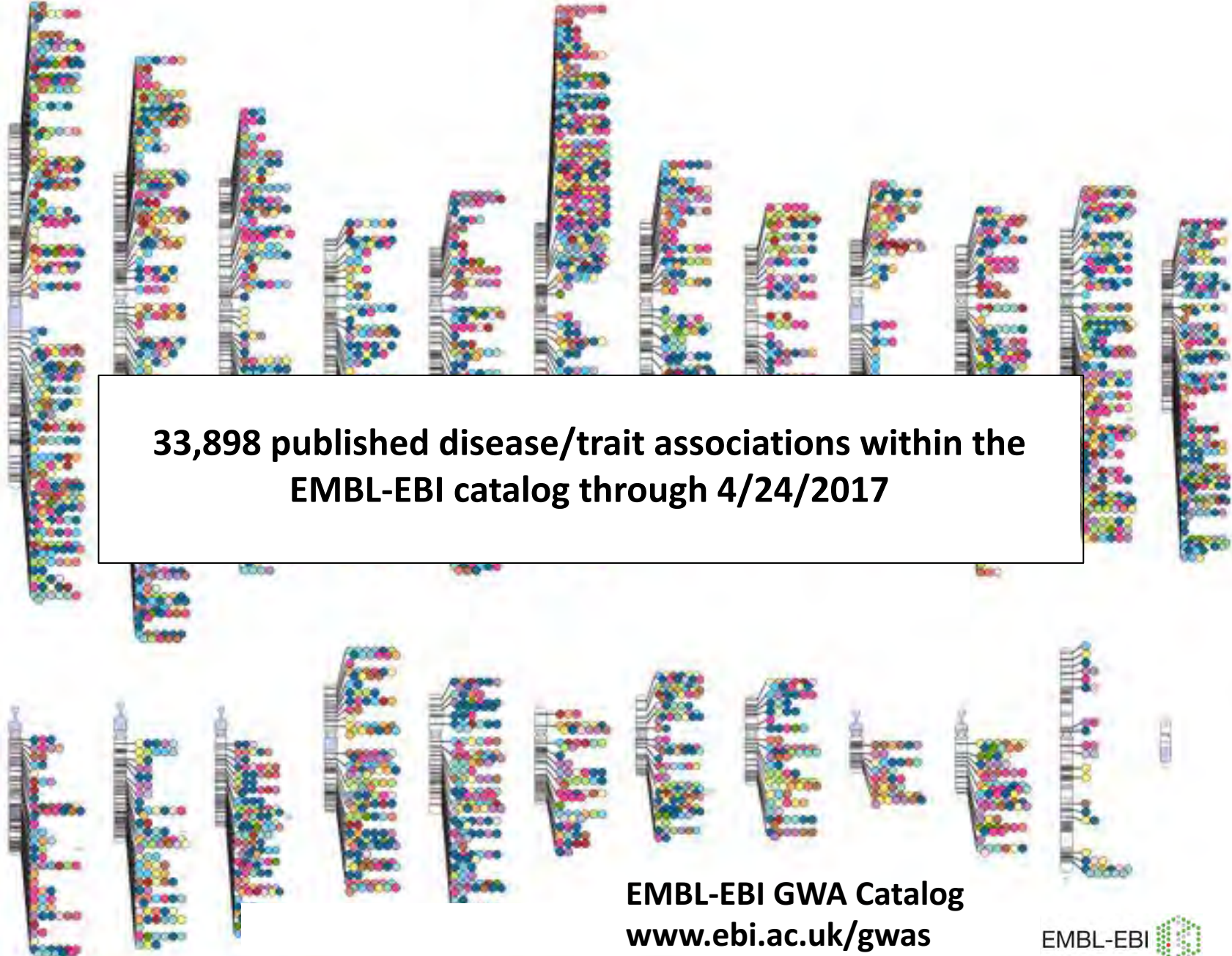
Disruptive Technological Advances: Changing the Science and Practice of Medicine

- High-throughput, inexpensive molecular analysis: the \$1000 genome
- **Large-scale genome-wide association studies (GWAS) linking genetic variation to disease risk**
- Data science that analyzes, integrates and models huge amounts of data representing complex layers of biology
- Information technology removing the limitations of human cognitive capacity

Accelerating Pace of Discovery of Genomic Basis of Disease Risk



Published Genome-Wide Associations through 12/2014



**33,898 published disease/trait associations within the
EMBL-EBI catalog through 4/24/2017**

EMBL-EBI GWA Catalog
www.ebi.ac.uk/gwas

Coming Next: The Internet of DNA

**MIT
Technology
Review**

Internet of DNA

A global network of millions of genomes could be medicine's next great advance.

Availability: 1-2 years

by Antonio Regalado

MIT Tech Review 2015

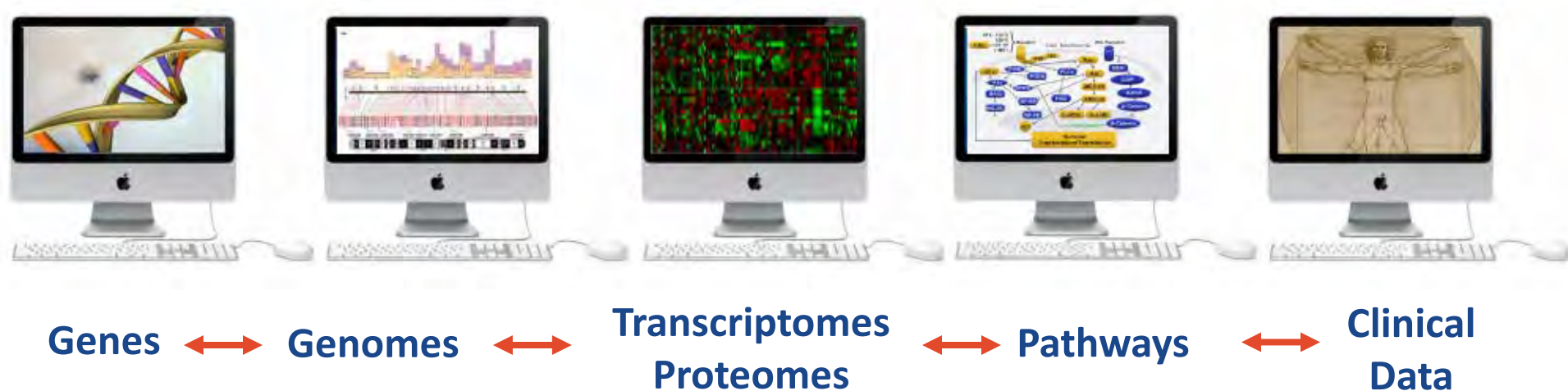
Disruptive Technological Advances: Changing the Science and Practice of Medicine

- **Rapidly approaching the \$1000 genome**
- **Large-scale GWAS linking genetic variation to disease and treatment response**
- **Data science that analyzes, integrates and models huge amounts of data representing complex layers of biology and clinical medicine**
- **Information technology removing the limitations of human cognitive capacity**

Democratization of Technology and Data Access

Empowerment of researchers and clinicians to access increasing amounts and types of complex data at high speed

..... from molecules to pathways to systems to clinical phenotypes

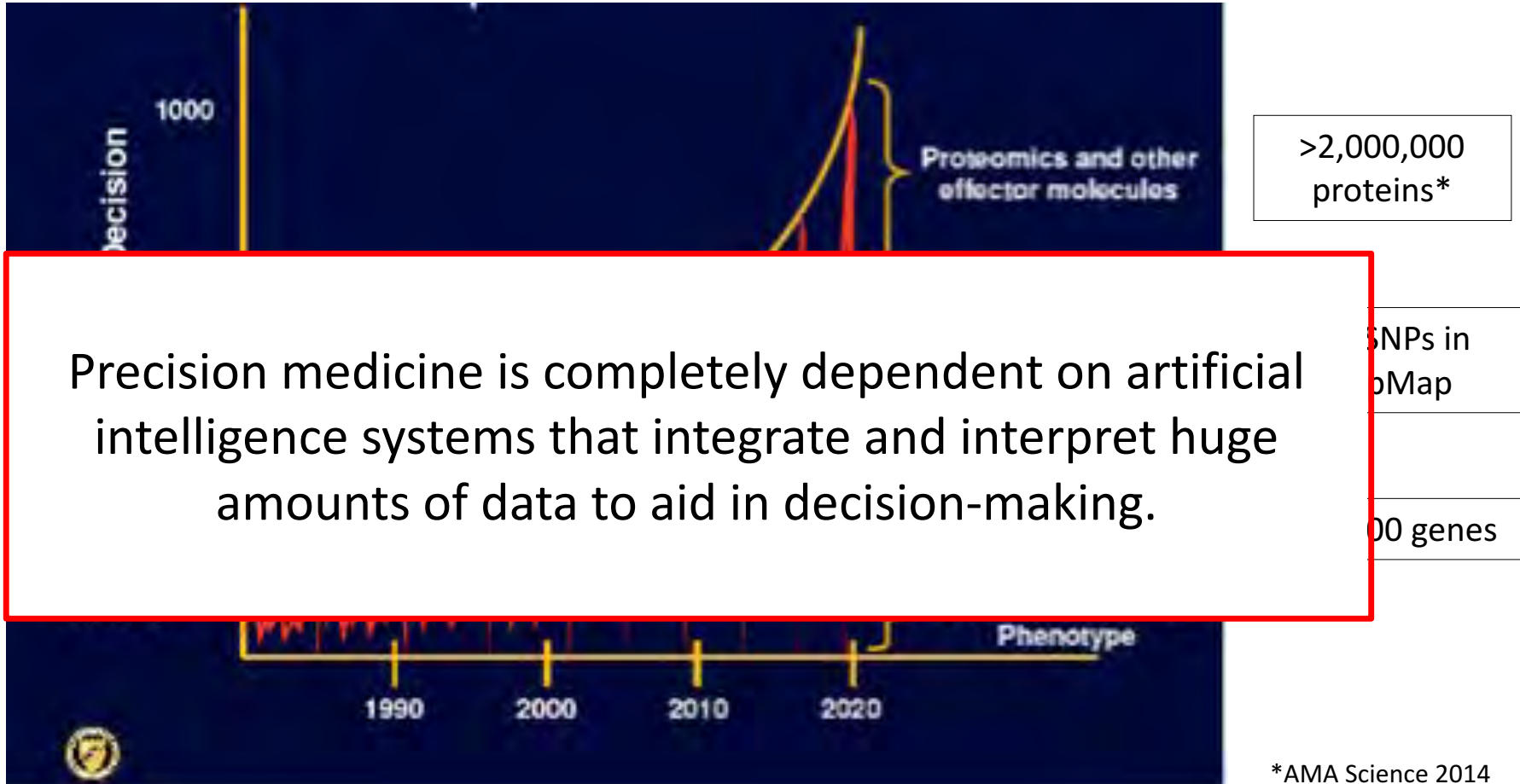


All from their computer... tablet.... smart phone...

Disruptive Technological Advances: Changing the Science and Practice of Medicine

- High-throughput, inexpensive molecular analysis: the \$1000 genome
- Large-scale GWAS linking genetic variation to disease and treatment response
- Data science that analyzes, integrates and models huge amounts of data representing complex layers of biology
- **Information technology removing the limitations of human cognitive capacity**

Biomedical Data Have Far Outstripped the Cognitive Capacity of Human Beings

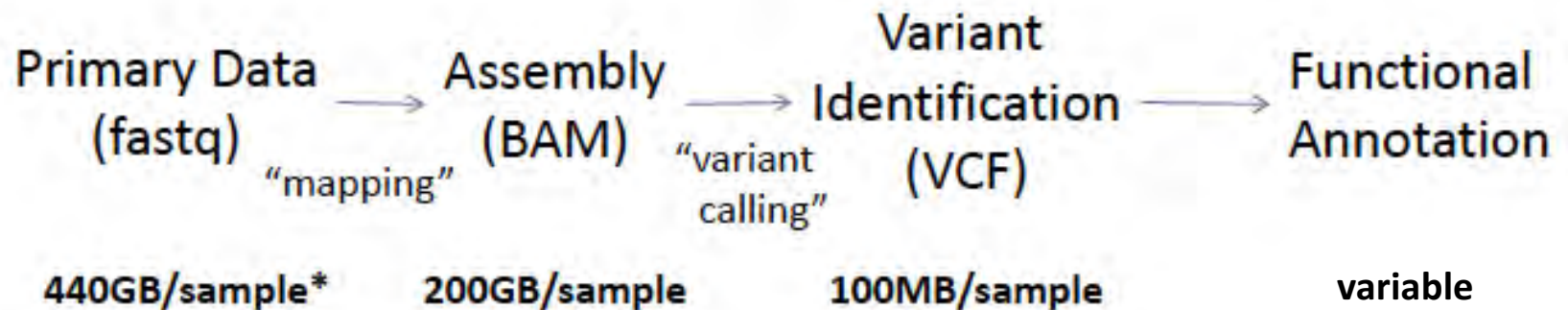


Stead W. Beyond Expert Based Practice. Presented at: Institute Of Medicine; October 8, 2007.

Precision Medicine Is a Big Data Dilemma

Exhibit #1: Sequencing a Genome

Human genome = 3.2 billion base pairs



Whole Genome Analysis (60x coverage)

→ ≈1,000 GB/sample*

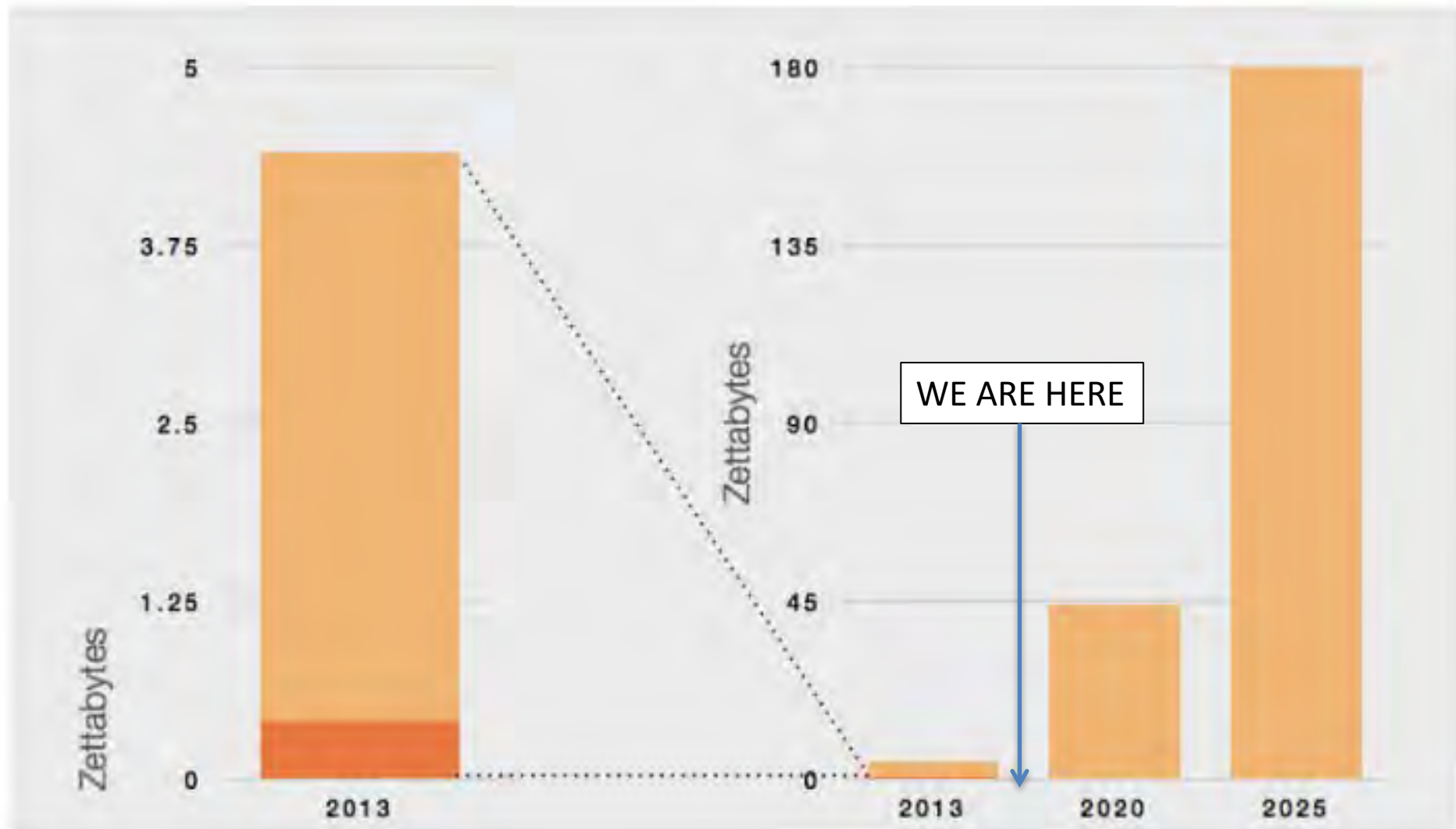
*Each biopsy sample of a cancer may have a different genome.

Data: How Big Is Big?

- **1,000 gigabytes = 1 terabyte**
 - **1 TB = 333,333 MP3 songs (sound compression files)**
 - **235 TB = entire contents of the Library of Congress**
- **1,000,000 gigabytes = 1,000 terabytes (1,000 genomes) = 1 petabyte**
 - **1 PB = entire storage capacity (hard drive) of the human brain**
 - **1 PB = 63,000 “dumb” smart phones (16 GB)**
 - **1 PB of MP3 songs would take 2,000 years to play**
 - **2 PB = content of all US research libraries**
 - **50 PB = entire written works of humankind from the beginning of time**
 - **Large Hadron collider produces 100 PB per day!**
- **The zettabyte era (1,000,000,000,000,000,000,000 bytes) is upon us**



The Zettabyte Era

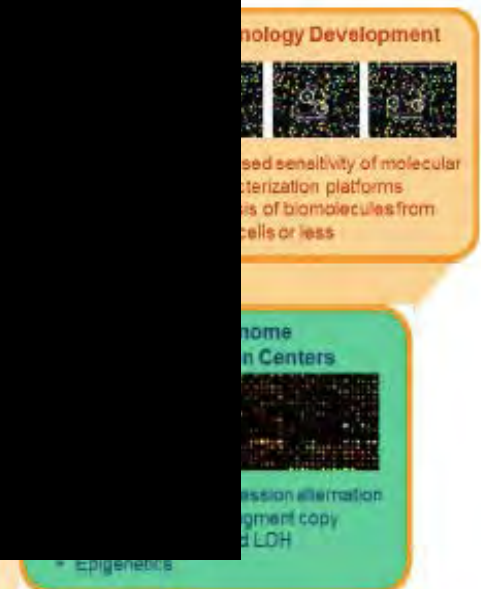
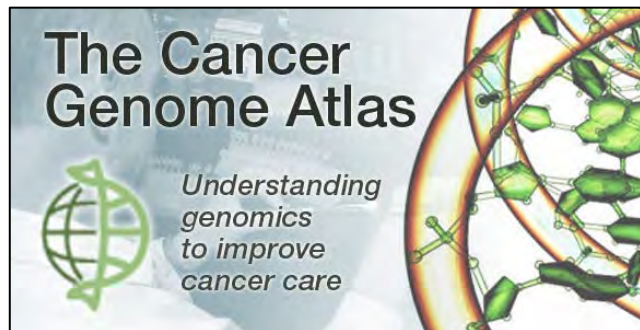


Research: Cancer, Team Science, Whole Genome Sequencing and Large-Scale Data Production

- Cancer is the best example of enterprise-wide genomic, transcriptomic, methylomic and (now) proteomic analysis and to enable precision medicine

Research has become a 4-M effort:

- Multi-expert
- Multi-modality
- Multi-institutional
- Multi-million

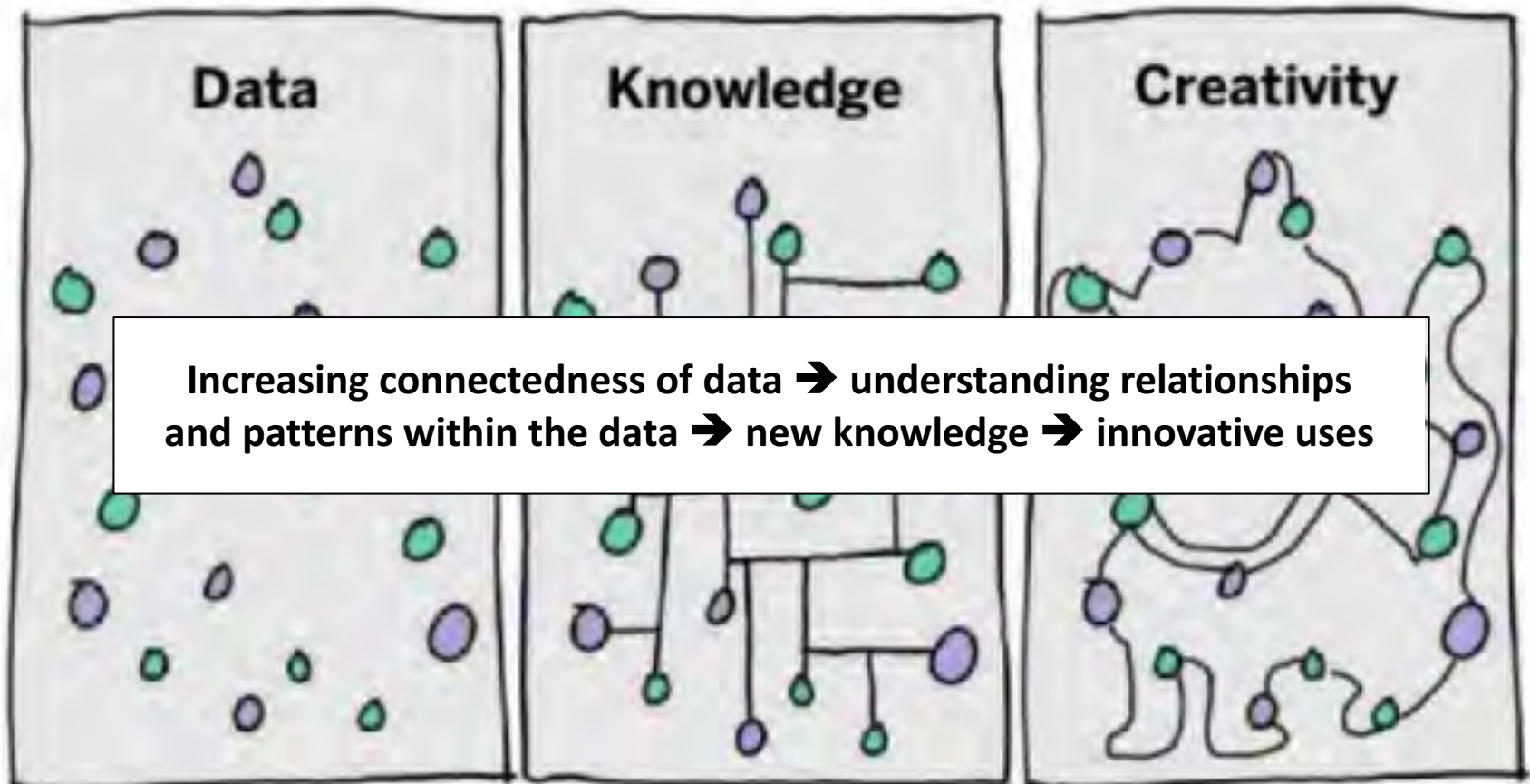


As Has Medical Practice: Healthcare Has Progressively Evolved Into a Big-Business, Data-Intensive Enterprise



Clinical data, laboratory data, imaging data, outcomes data, billing data, operational data, quality management data, personnel data, compliance data, revenue data, costs data, logistics data, malpractice data, insurance data, etc, etc. etc.

Payoffs for Patients Are Dependent on the Evolution of Data into Progress



But Its Complicated: Data Quality and Data Sharing Challenges must Be Overcome

- **The standards needed to assure data quality and reproducibility within and across these activities are lacking.**
- **The incentives to change this have been lacking**
 - **Require time, effort and resources for standards development and enforcement**
- **We have been misled into thinking that data volume can compensate for poor or unknown data quality**
- **The incentives to share data have been weak and the incentives to hoard data have been strong (e.g., IP and privacy).**



The unfolding calamity in genomics is that a great deal of life-saving information, though already collected, is inaccessible.

And We Don't Know What We Don't Know: We Need To Be Prepared for Disruption



**Hon. D. Rumsfeld
US Secretary
of Defense**

Response to query about
evidence on weapons of
mass destruction and the
Iraq government

“known knowns”

- Validated knowledge
- Decisions with high predictability of success

“known unknowns”

- Known knowledge gaps (complete or incomplete) about relevant factors
- Limitations of predictability and accuracy of decisions

“unknown unknowns”

- Conceptual and cognitive blank spaces
- Rude shocks/disruption by unanticipated interactions between known factors or completely new interactions between unknown/unrecognized factors

Other Big Challenges for Integration of Big Data into Clinical Care

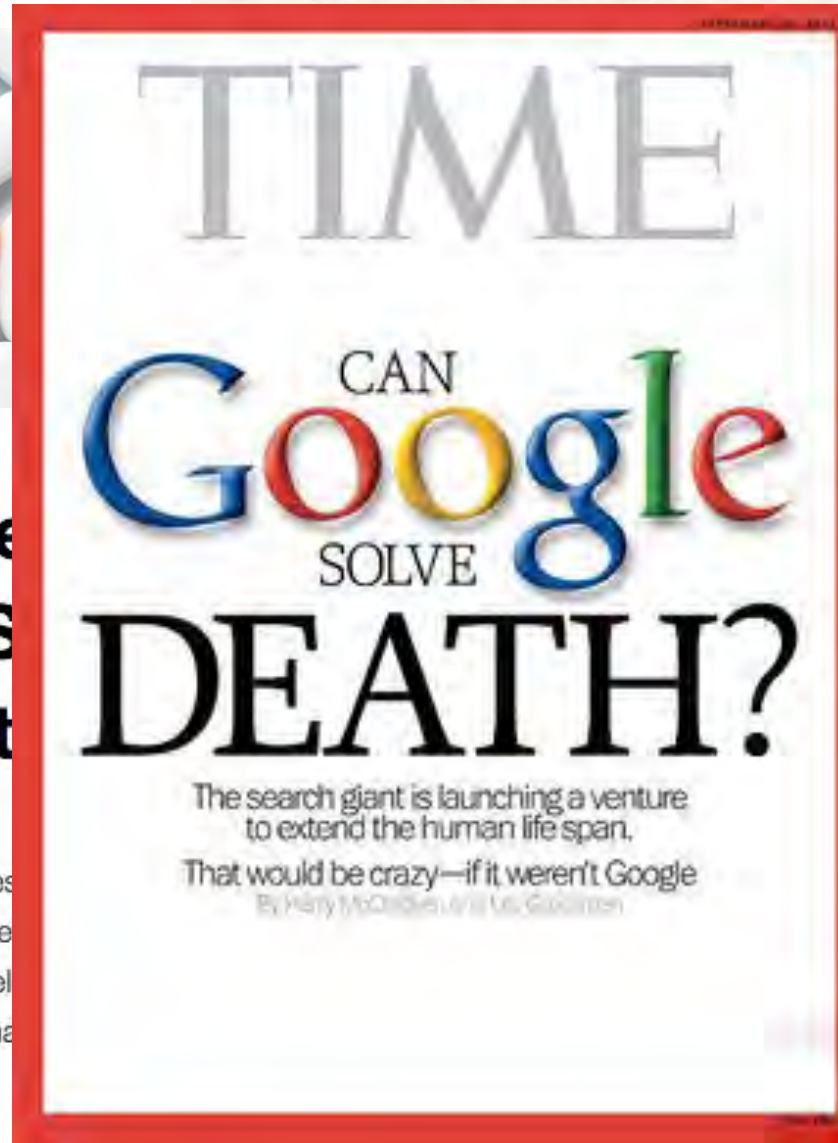


Google's Mastery of Big Data Provides Big Opportunities



Google is Developing Nanoparticle Sensor for Biomarker Detection

Andrew Conrad, Head of Life Sciences at Google, announced last week at the Wall Street Journal Digital conference that Google is developing a wearable sensor that can receive signals from circulating nanoparticles.



Cancer



This Thursday, Jan. 3, 2013 file photo shows Google's headquarters in Mountain View, Calif.



Much of the World's Data Is Unstructured: Technology Is Meeting this Challenge



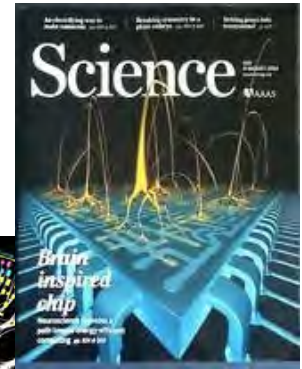
- **IBM's Watson:** Processes natural language and uses cognitive computing to make decisions
- Instantly “reads” all medical literature and medical records, makes associations to answer questions
- **Machine learning:** constantly adapting to shifts in knowledge
- **Utility for medical purposes** is currently under study at major cancer centers



Human Brain vs. Neuromorphic Computing

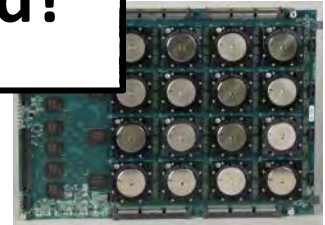
Current Scorecard: Wetware vs. Hardware

- Human brain: Excels at complex tasks with low energy usage
 - No programming needed
 - 100 billion neurons; 100 trillion synapses
- Super computer brain (in evolution):



Can the virtual house officer be far behind?

- Would require 12 gigawatts to perform at brain speed
- 12 gigawatts = combined power consumption of LA and NYC
- IBM's TrueNorth neuromorphic computer, (transistors wired to form 1M digital “neurons” with 256M “synapses”) accomplishes complex tasks like pattern recognition at high speed and low energy: “brain on a chip”
- Google's Deep Mind technology: goal – create “intelligence” by combining machine learning and neuroscience to build algorithms for decision-making



AI will create 'useless class' of human, predicts bestselling historian

Smarter artificial intelligence is one of 21st century's most dire threats, writes Yuval Noah Harari in follow-up to *Sapiens*

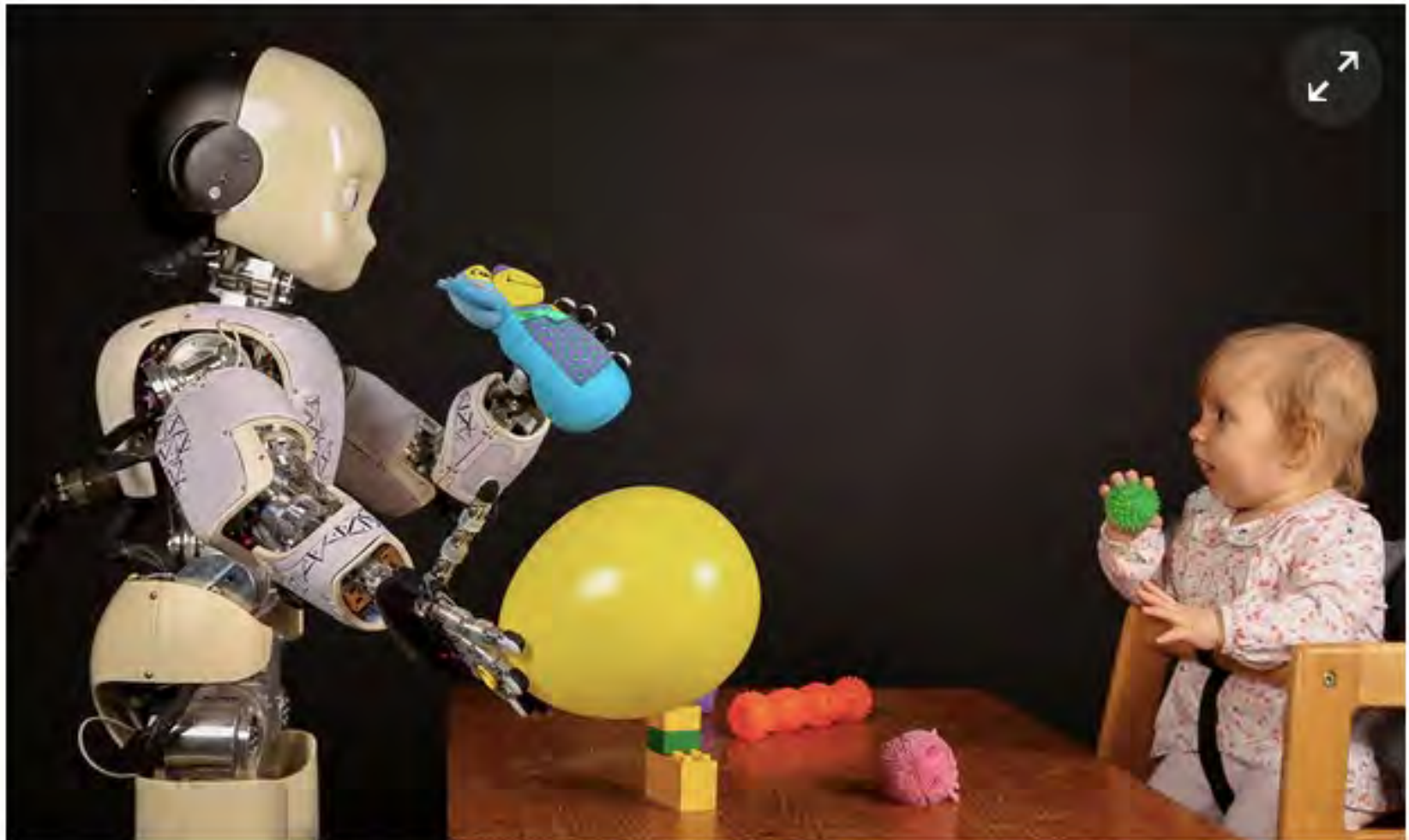
Artificial
Output

The deep
with back
By Sage Lazz

Micros
In Image

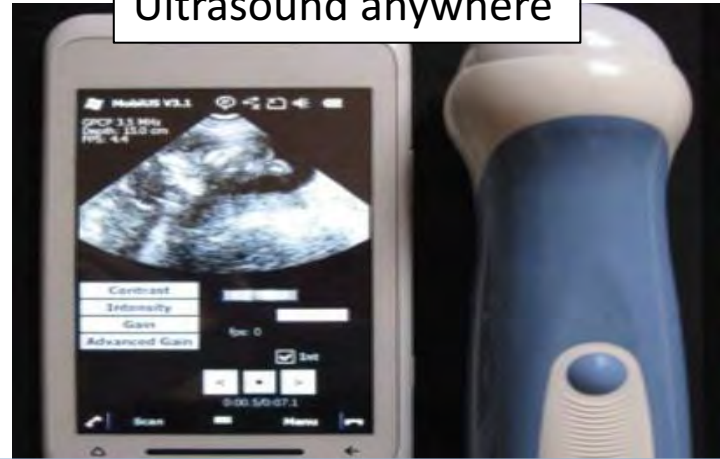
Artificial
Data

By Je
Post



Technology Is Changing the World of Clinical Data Collection and Analysis

Ultrasound anywhere



HEALTH

Facial-recognition software finds a new use: diagnosing genetic disorders

By KATE SHERIDAN @sheridan_kate / APRIL 10, 2017



Doctor Android

In the same way that Luther challenged the Catholic Church, smartphones are poised to upend the medical profession.

THE WALL STREET JOURNAL.

Biosensor Technology Is Expanding the World of REAL TIME Data Collection and Health Assessment

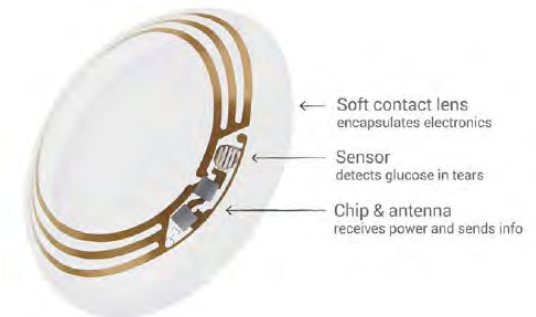


Telehealth
“wearables”
monitoring
devices

shipments of telehealth devices grow to about 7 million by 2018

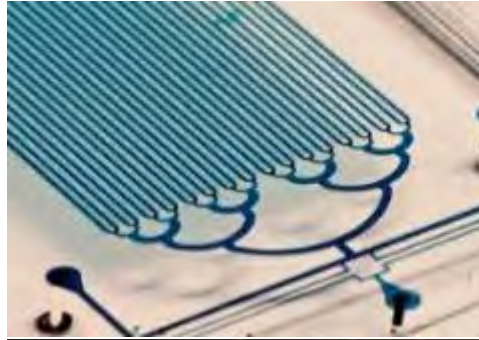
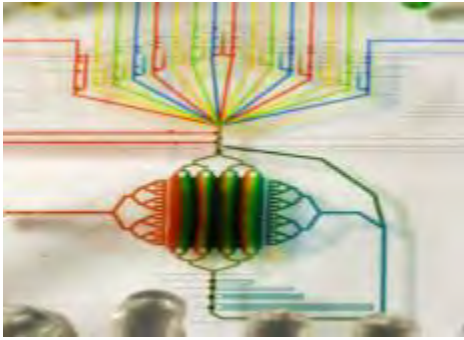
Source: www.ihs.com World Market for Telehealth – 2014 Edition

Google’s “smart” contact lens
measures glucose levels

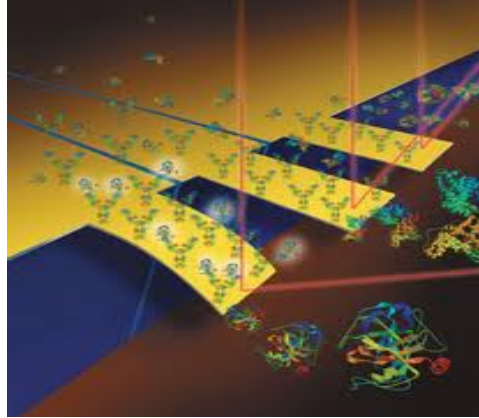
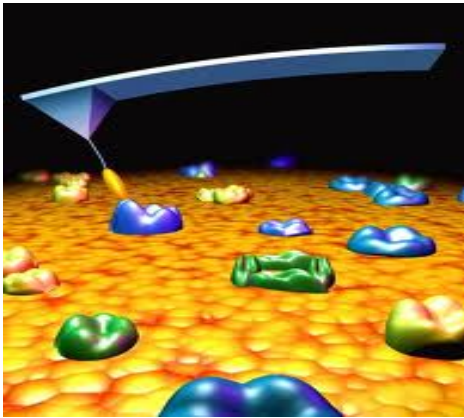


Take two wearables, and call me in the morning.

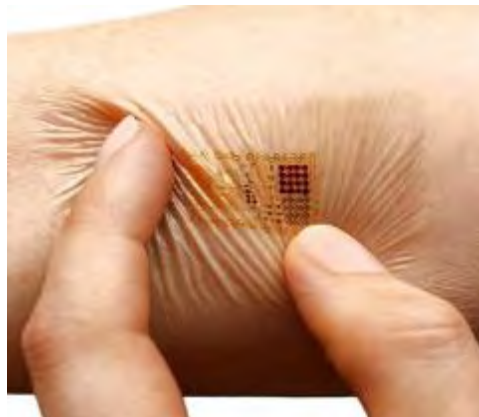
Technology Is Changing the World of Real Time, Point-of-Care Molecular Analysis



“Lab-on-a-Chip”



“Lab-on-a-Tip”



**“Lab-Always On”
and
“Lab-On-Me”**

Beyond Real Time, Point-of-Care Molecular Analysis to Real Time Point-of-Care Therapy



Continuous

transmission to

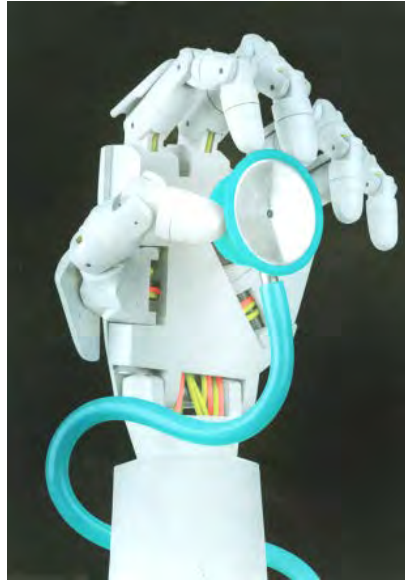


Technology Is Changing the World of Physician-Patient Interactions, Follow-Up, Consultations: Medical Skype, Mobile Devices, and Telemedicine



Technology Is Changing the World of Home Healthcare: Robotics and Telemedicine

**RP-VITA Remote Presence Robot:
(iRobot Corp) FDA 501(k) clearance 1/24/13**



DocBot Physician Assistant

Technology Is Changing the World of Hospital Healthcare and Expanding the Abilities of Physicians

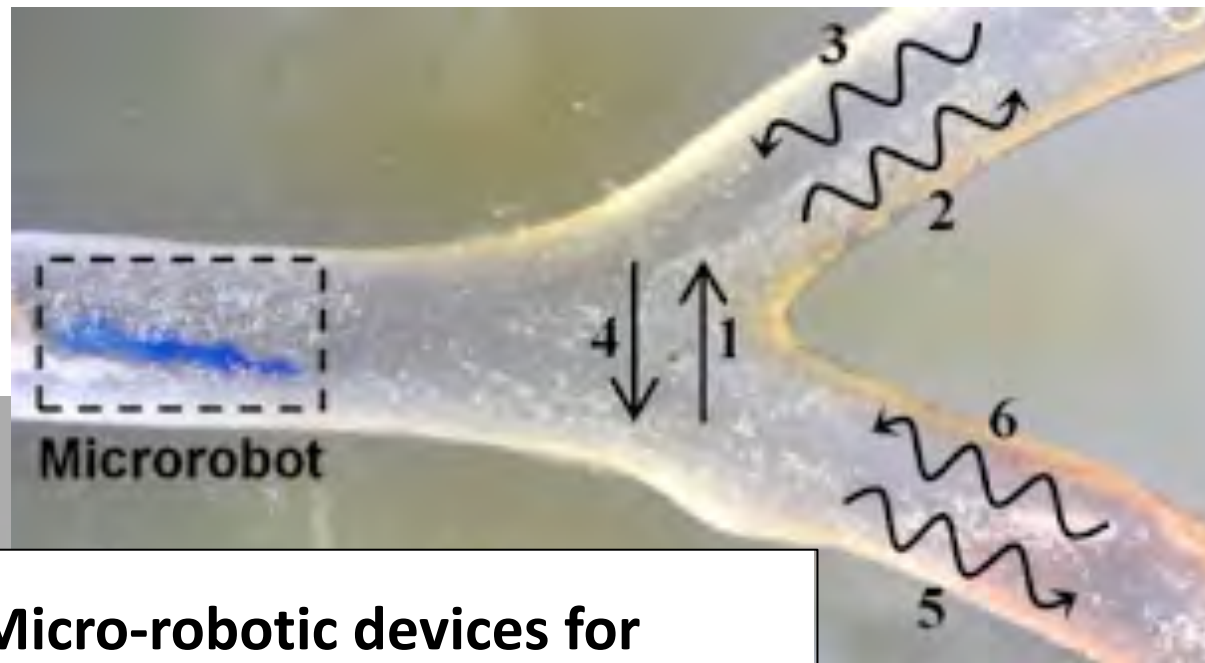


Robotic Surgery: Augmented Control, Visualization, Dexterity

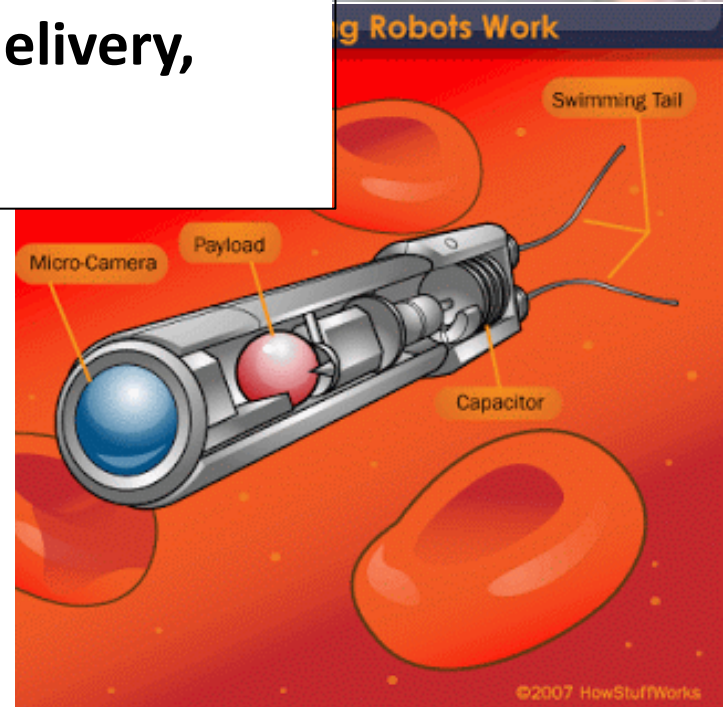
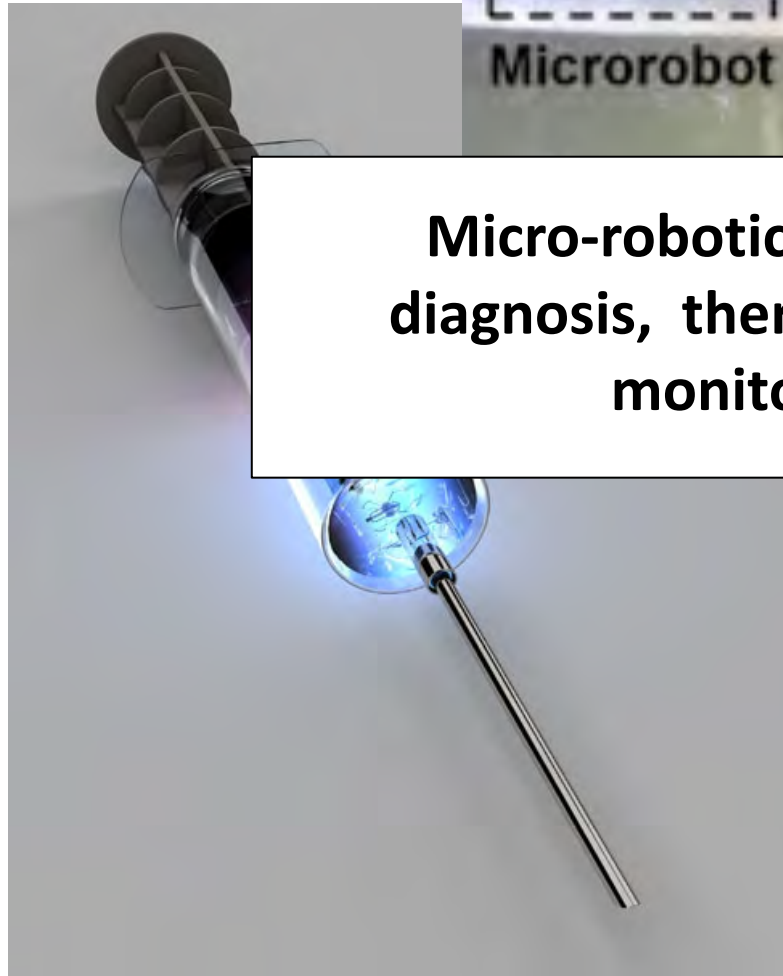


Google Glass: Augmented Reality

Robotic Tools of All Sizes Are Changing Medicine



**Micro-robotic devices for
diagnosis, therapy delivery,
monitoring**



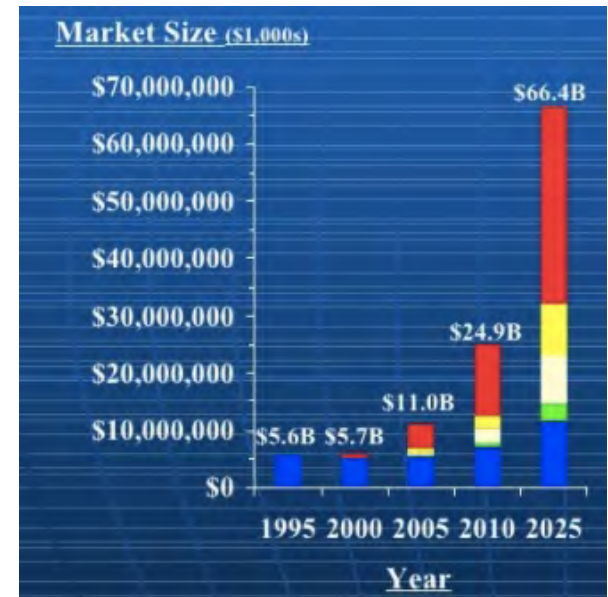
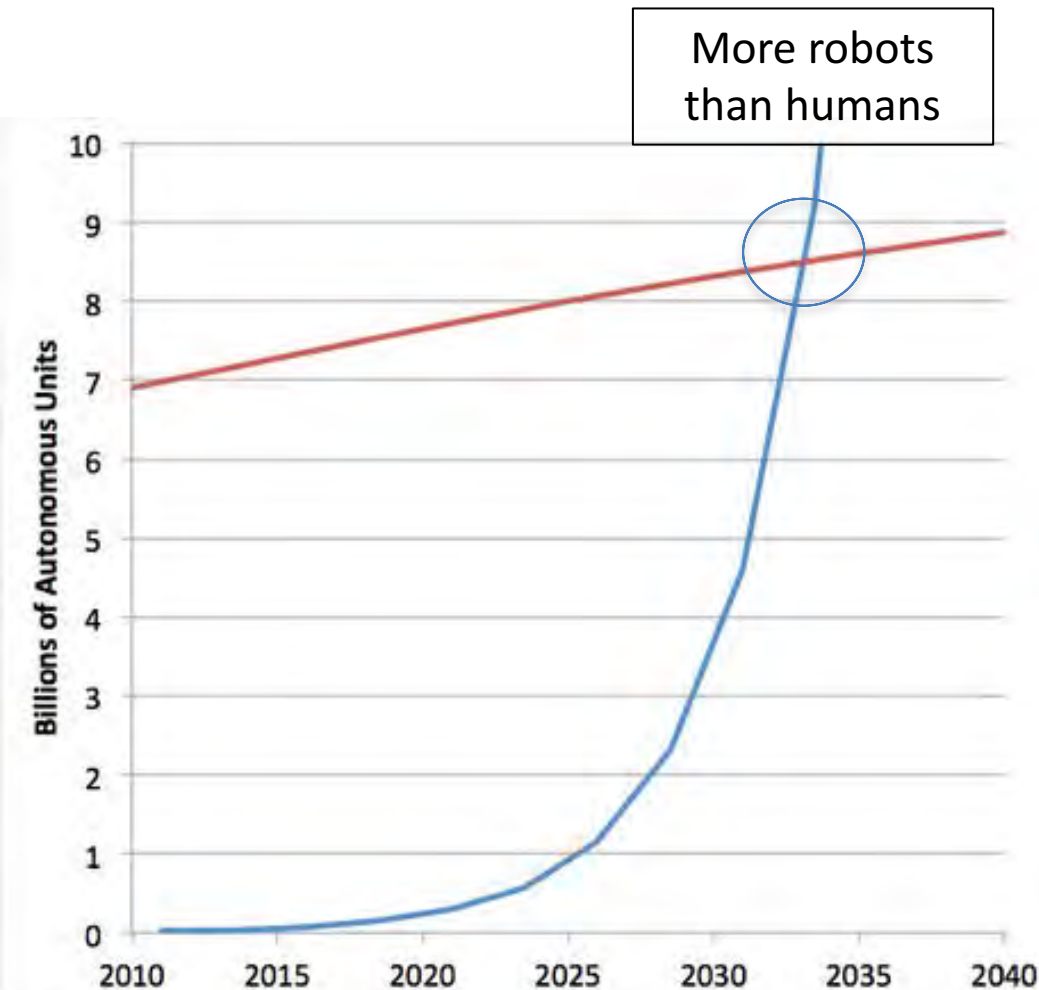
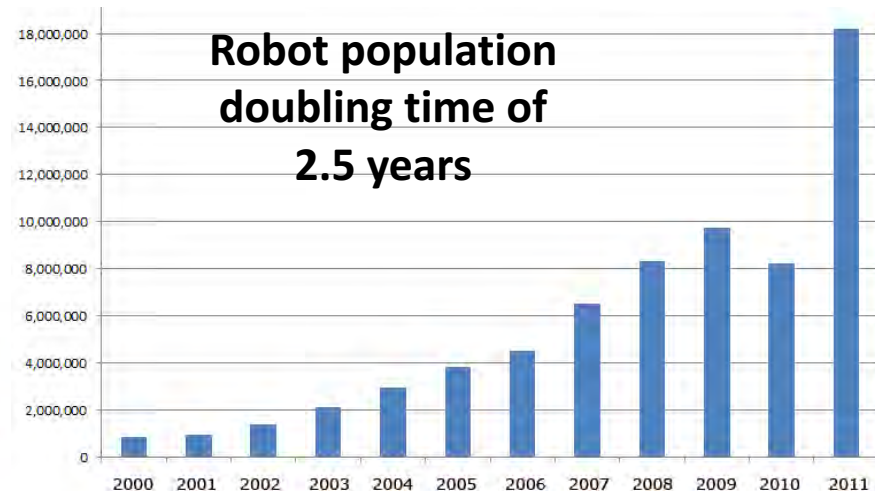
Next Up: Nanorobotic Surgery?

Nanorobot - Cell Surgery





World Robot Population (Not Counting Micro- or Nano-Robotics)



Yellow = Medical Market

There's Much More Technology Coming

**Biotechnology,
Synthetic
Biology**



“Bio-Space”

**Ubiquitous
Sensing
Devices &
Social Networks
(IoT)**



**“Connected
Space”**

**Advanced
Computing
and Modeling**



**“Cyberspace”
and
“Simulation Space”**

**Human-Machine
Interactions**



**“Cognitive
Space”**

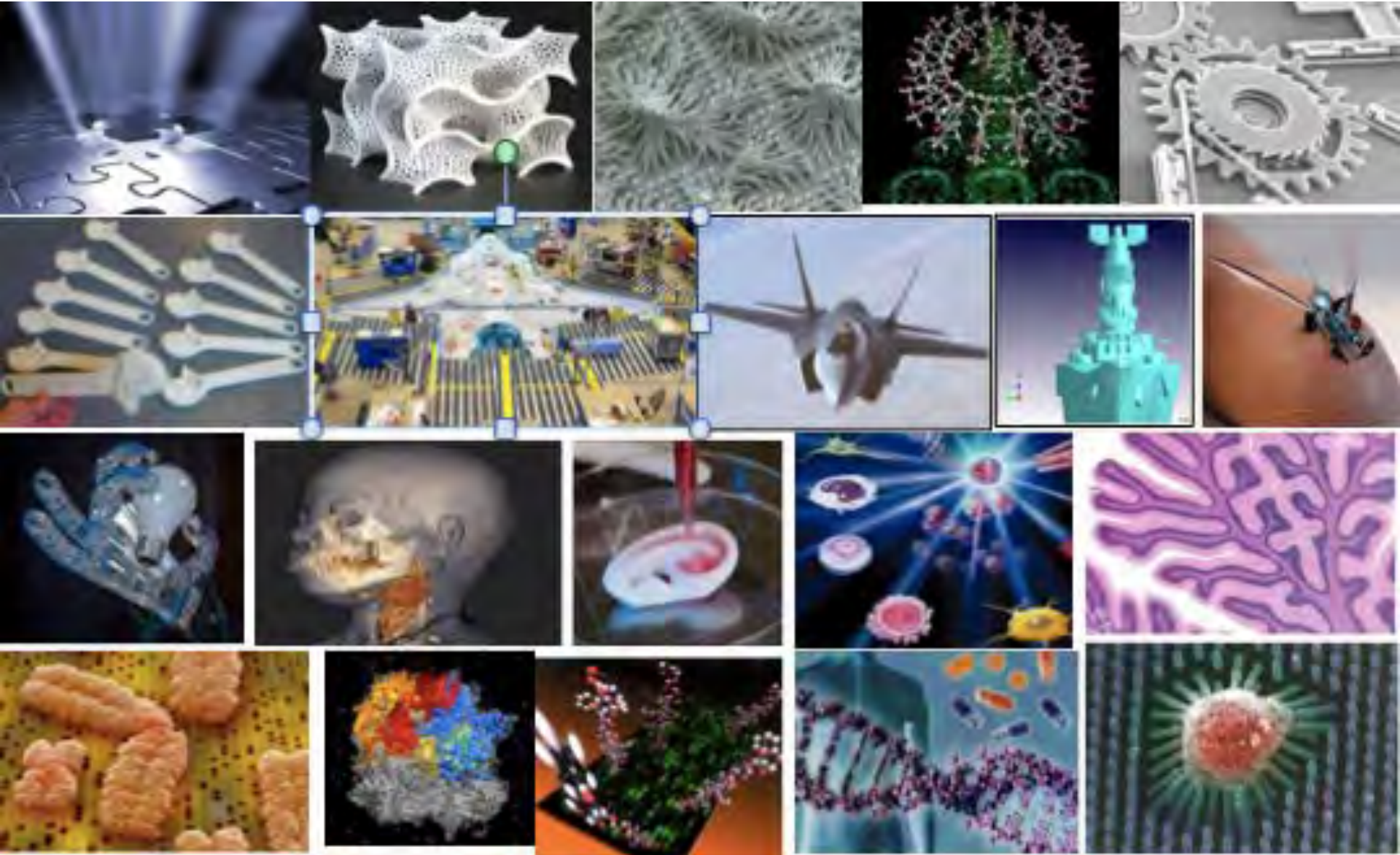
**Disruptive
Technologies
To Come**



**“Competition
and
Opportunity
Space”**

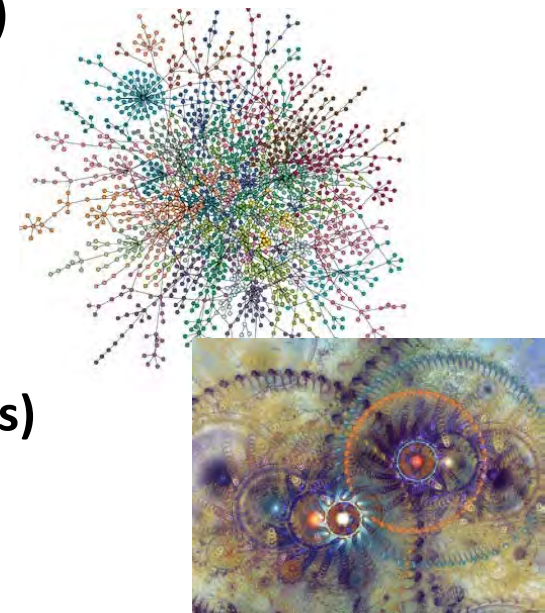
**New Patterns of Technology Fusion,
Evolution, and Adoption**

Supported by Advanced Manufacturing, 3-D Fabrication, Nanofabrication and New Assembly Technologies

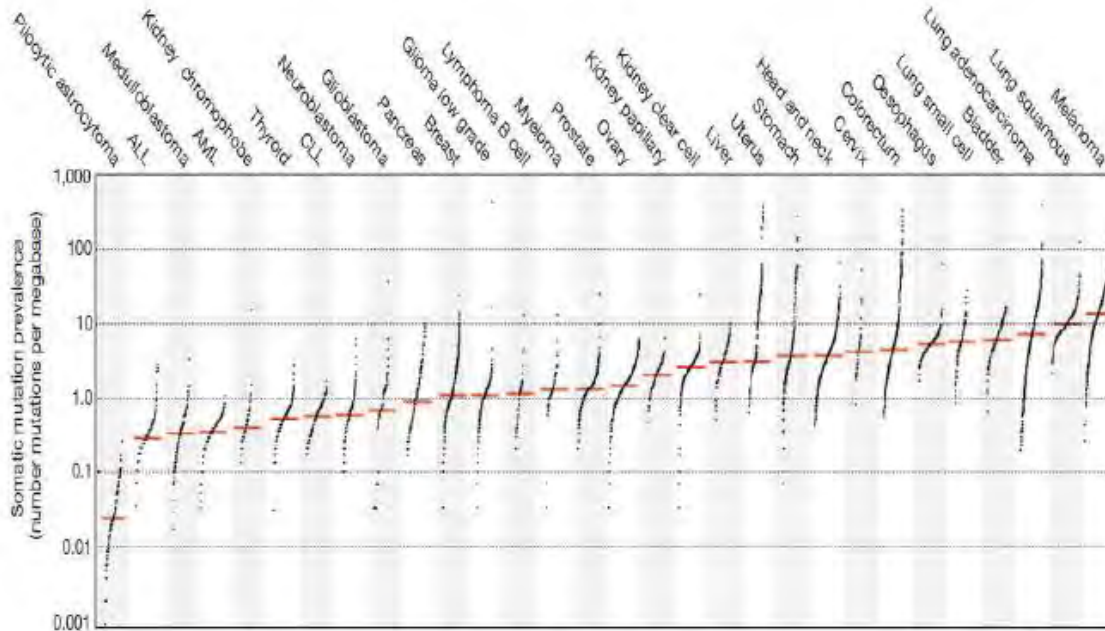


Astonishing Biomedical Insights Enabled by Technology: Quintessential Example Is Cancer Complexity

- **Cancer genome complexity revealed: Formidably complex catalog of genomic changes and molecular network disruptions**
 - **Networks are highly interactive and redundant**
- **Cancer evolution exposed: Continued accumulation of genomic alterations generating numerous clones and sub-clones with different genomic alterations and phenotypes (heterogeneity)**
 - **In a patient**
 - **Within a lesion**
 - **Between lesions**
 - **Between patients**
 - **Treatment-driven evolution (selection and fitness)**



Panorama of Extravagant Genomic Alterations in Cancer

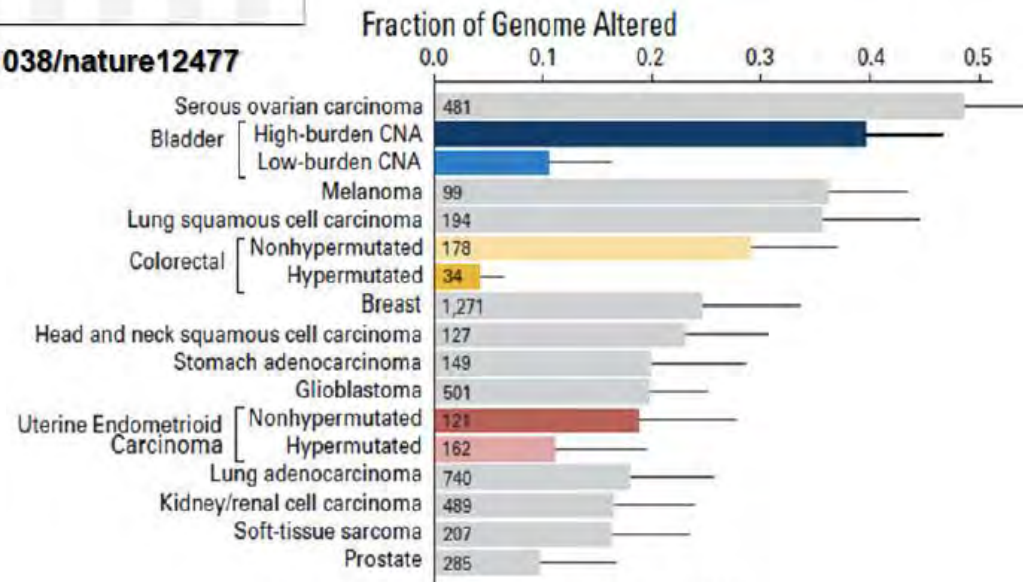


Mutations per megabase tumor DNA
(3K megabases in human genome)

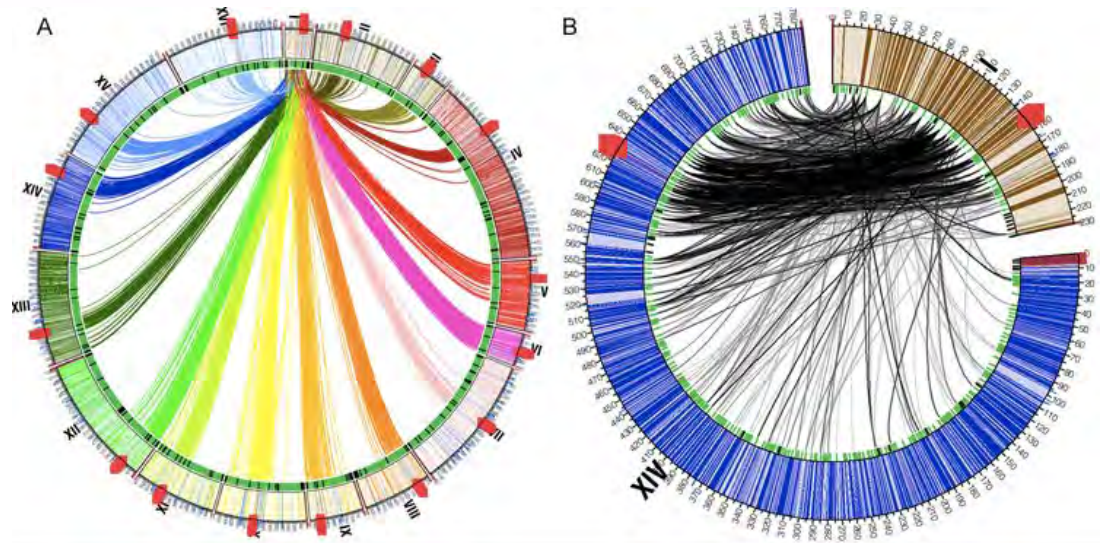
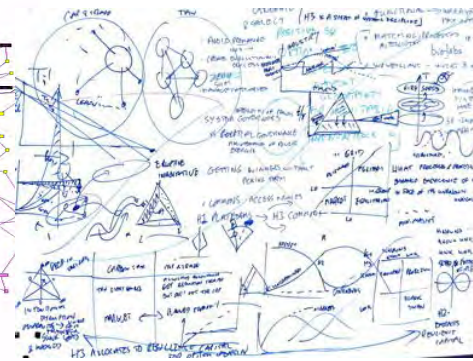
Average 10 per megabase for
lung cancer and melanoma

From: L. B. Alexandrov et al. (2013) Nature doi:10.1038/nature12477

Copy number alterations in solid tumors

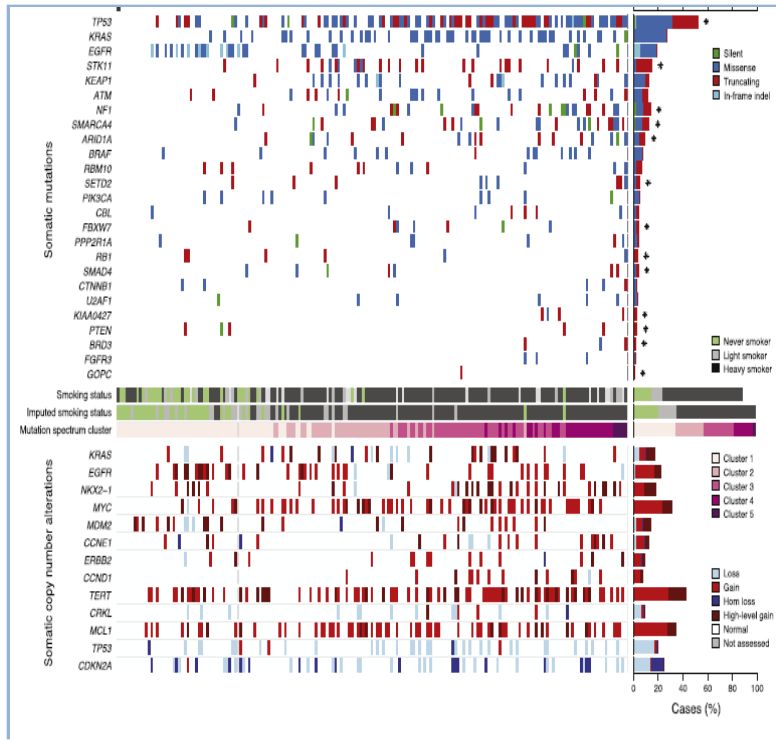


From: G. Iyer et al. (2013) JCO 31, 3133

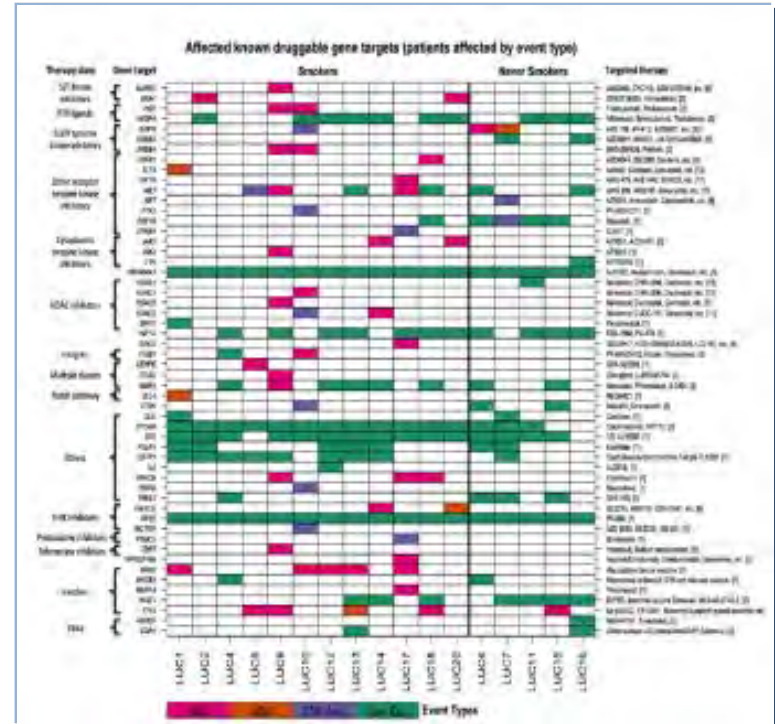


Landscape of Extreme Heterogeneity of Genomic Alteration in Lung Cancer

Each column is a separate cancer



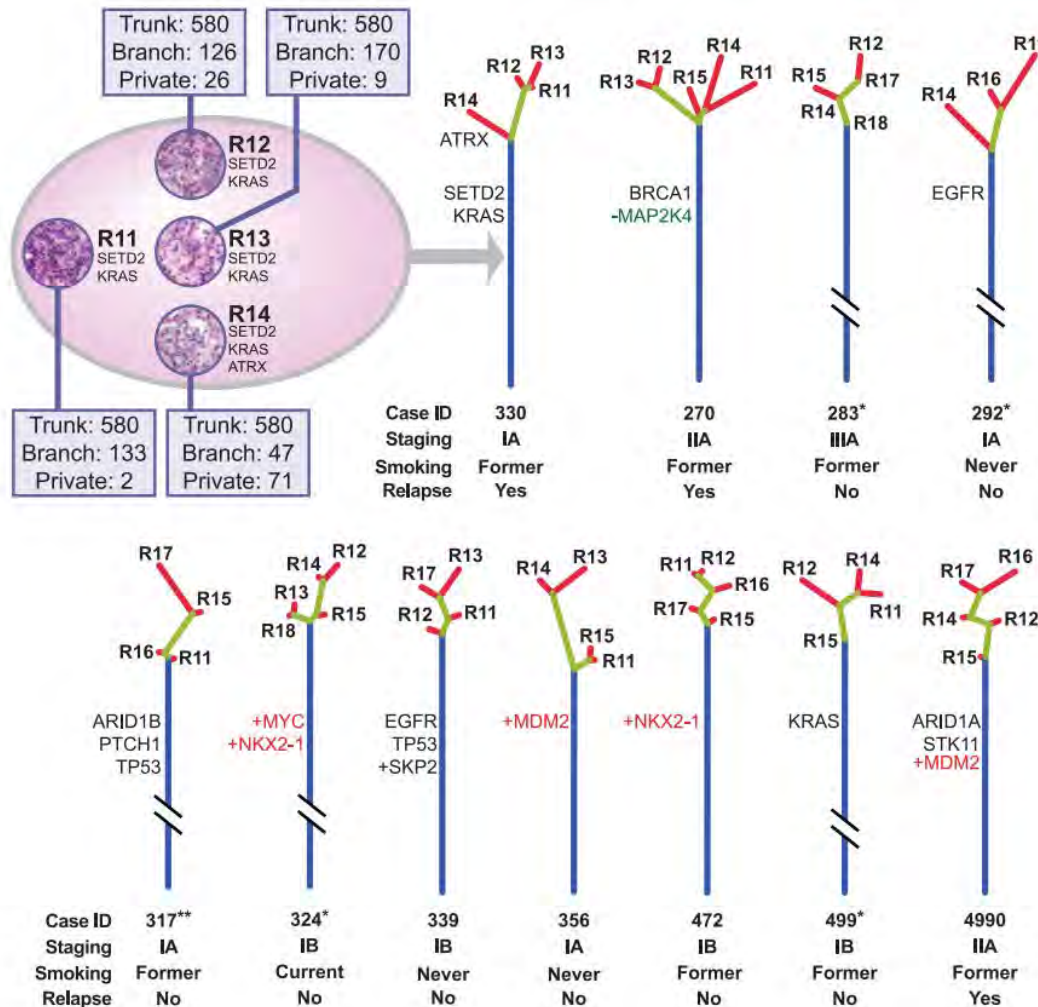
Mutations in Individual Non-small Cell Lung Cancer



Drug Targets in Individual Non-Small Cell Lung Cancers

- “Malignant snowflakes”: each cancer carries multiple unique mutations and other genome perturbations (such as epigenomic changes)
- Disturbing implications for therapeutic ‘cure’ and development of new Rx

Phylogenetic Profiles of Intratumoral Clonal Heterogeneity in 11 Lung Cancers:

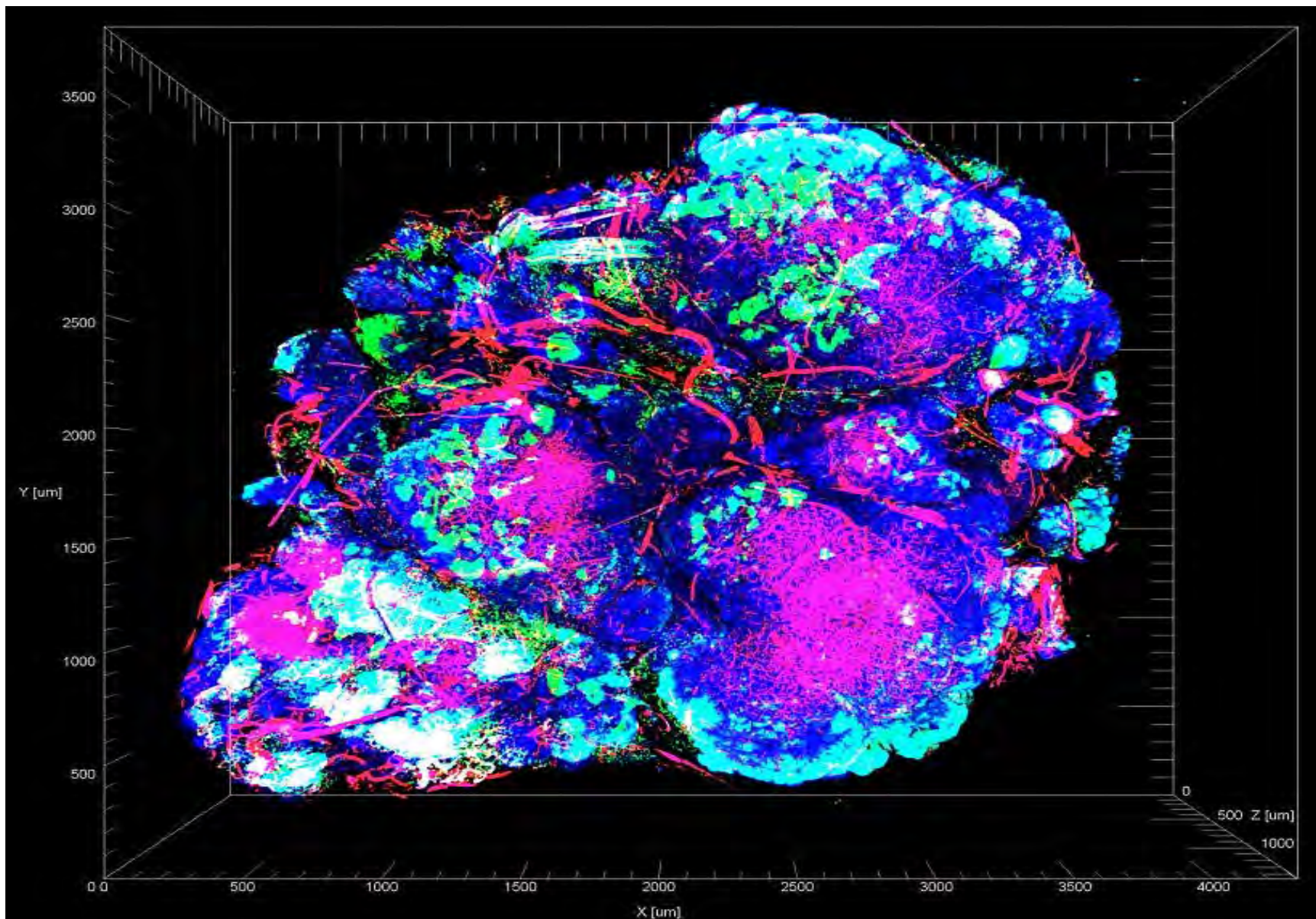


DIFFERENT CLONES IN SAME CANCER

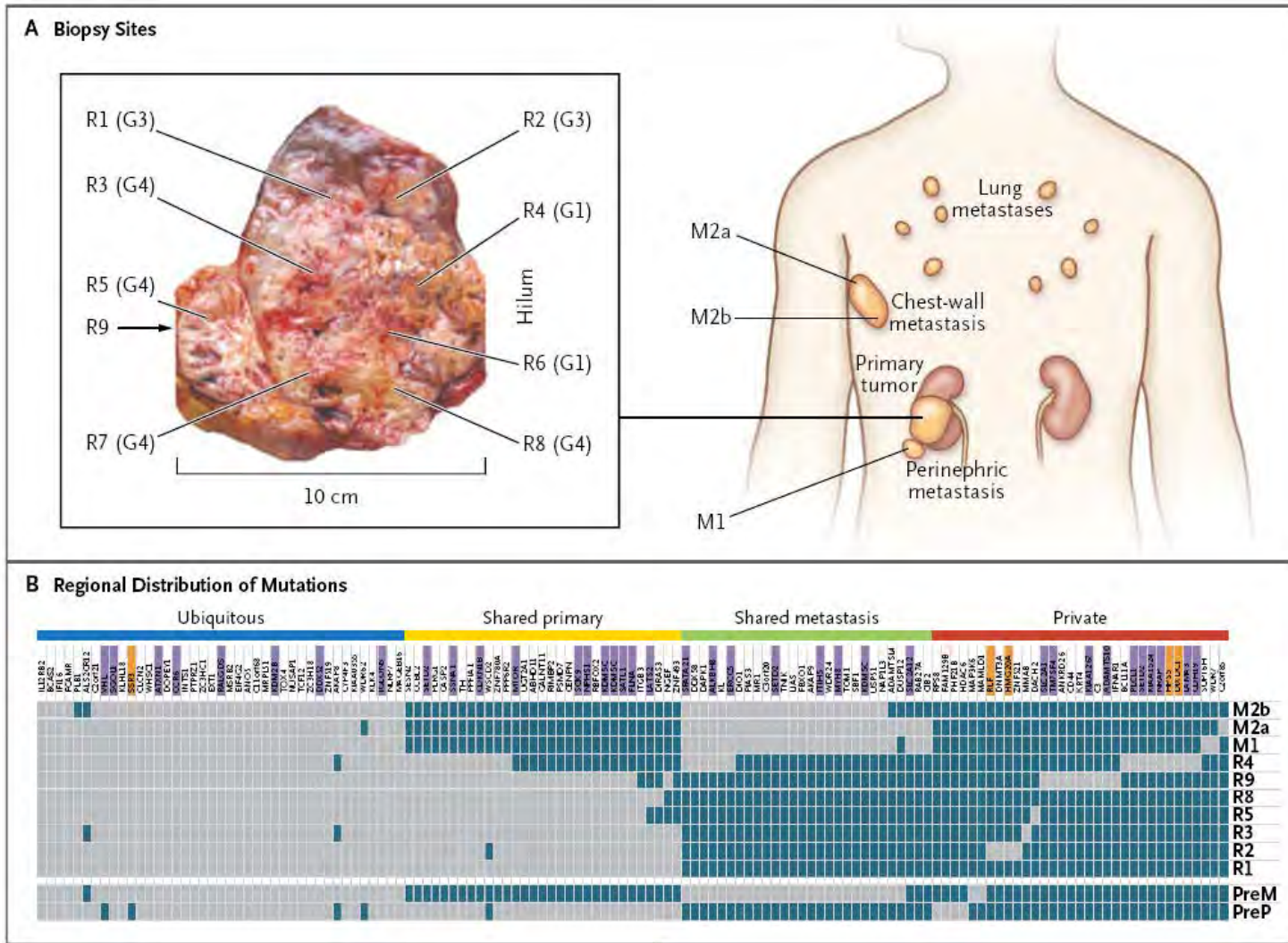
- **Trunk (Blue):** Mutations present in all regions
- **Branch (Green):** Mutations present in some regions
- **Private (Red):** Mutations present in only one region

Zhang et al. Science 2014; Oct 10

Mapping Tumor Heterogeneity



Intra-Tumoral Genetic Heterogeneity: Multiple Regions of Primary Kidney Cancer and 3 Different Metastases



Malignant Snowflakes

Review

How many molecular subtypes? Implications of the unique tumor principle in personalized medicine

Shuji Ogino, Charles S Fuchs & Edward Giovannucci

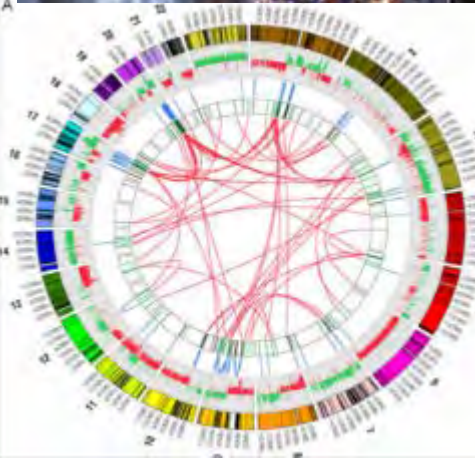
Pages 621-628 | Published online: 09 Jan 2014

Essentially, each tumor possesses its own unique characteristics in terms of molecular make-up, tumor microenvironment and interactomes within and between neoplastic and host cells. Starting from the

Integrating the

Normal and

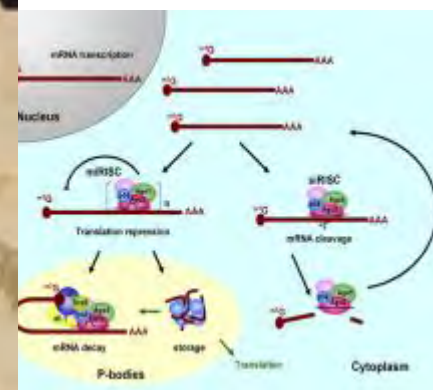
Genomics



ID of Causal Relationships
Network Perturbations and Disease



Network Regulatory
Mechanisms



and Signatures of Disease
or Predisposition to Disease

Closing Thoughts.....

- Everything I have talked about there today was non-existent when I became a pathologist.

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•
•
**PRACTICE RECKLESS
OPTIMISM.**

And change the world!!!!

ys



The Future of Pathology: Complexity, Convergence, and Change

Carolyn Compton, MD, PhD

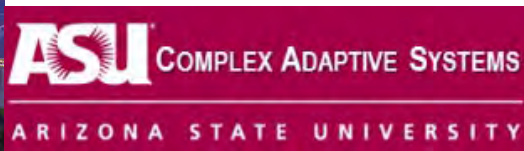
Professor of Life Sciences, Arizona State University

Professor of Laboratory Medicine and Pathology, Mayo Clinic School of Medicine

Adjunct Professor of Pathology, The Johns Hopkins School of Medicine

CMO, National Biomarker Development Alliance

CMO, Complex Adaptive Systems Institute



Brindley Lecture
UTMB Department of Pathology
Galveston, TX
May 15, 2017