

**The Evolving Landscape for Precision Oncology:
Multidisciplinary Integration, Big Data, Artificial Intelligence
and New Collaboration Networks**

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Slides Available at: **<https://casi.asu.edu/presentations/>**

Dr. David Samuel Alberts

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No GAI Platforms Were Used in Content Selection, Design, Assembly and Formatting This Presentation



Scientific Advisory Board



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Presentation Outline

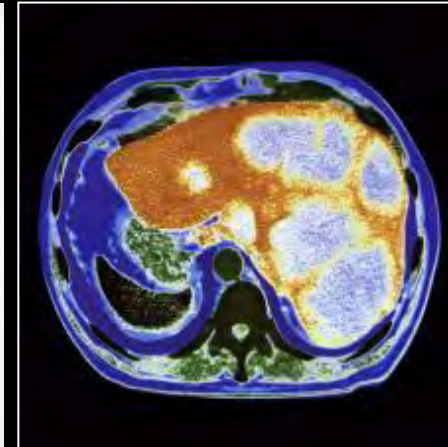
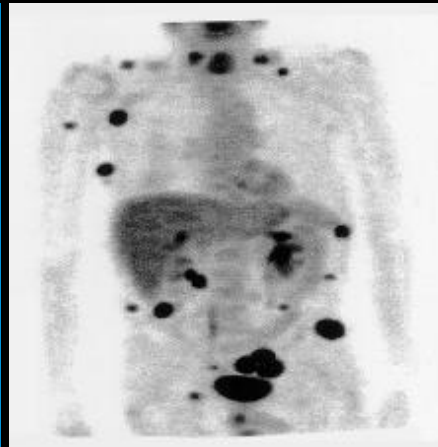
- **strategic drivers of the precision oncology ecosystem**
- **from silos to systems**
- **the challenge of integration of large-scale, multidisciplinary, multimodal data**
 - **molecular, clinical, environmental**
 - **longitudinal profiling of the health to disease continuum**
 - **new diagnostic and treatment paradigms**
- **cancer (and all disease) as complex adaptive systems**
- **‘big data’ in biomedical research and clinical medicine**
- **sustaining scientific and clinical competencies in an environment of rapid technological change and escalating complexity**

Confronting the Clinical, Economic and Human Toll of Cancer



Cancer (2022): New Diagnoses 1.95 million; Deaths: 709, 820

Projected Increase in Incidence of 25% by 2030 and 35% by 2040

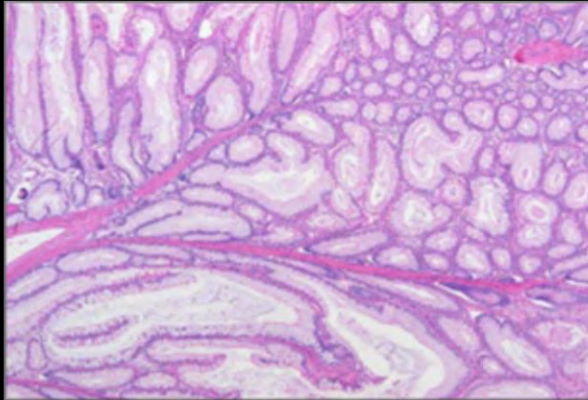


Progress in Cancer Treatment: A Scorecard

- **major progress in hematopoietic cancers versus solid tumors**
- **significant PFS benefits in solid tumors for targeted agents and immunotherapy (alone or more typically in combination) in subsets of patients**
 - **lack of predictive diagnostics (Dx) to identify responders/non-responders (R/NR) patients**
- **survival for stage 4 solid tumors**
 - **modest but uneven improvements for breast, lung, prostate, CRC**
 - **glacial outcome in improvements for pancreatic, upper GI cancers and glioblastoma**
 - **disparities in access and affordability of care**

The Complex Biology of Cancer Progression and Treatment Resistance

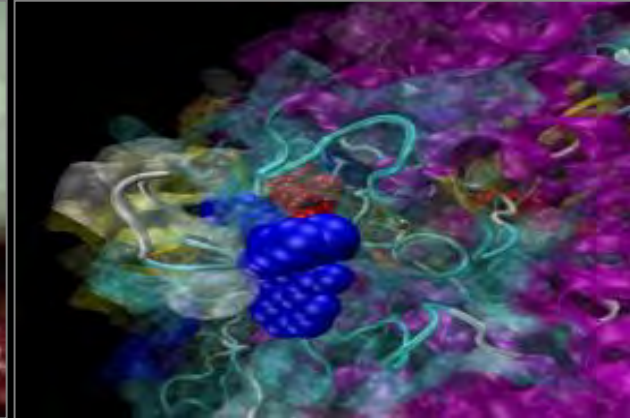
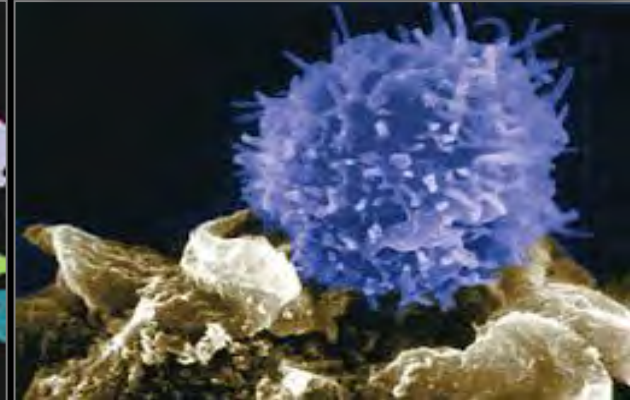
**Escape From Controls
for Normal
Tissue Architecture**



**Genome Instability
and Emergence of
Clonal Variants**



**Evasion of Detection/
Destruction by Host Immune
System**



**Use of Host
Systems to
Promote Progression**

**Invasion
and
Metastasis**

**Drug-Resistant Clones:
intrinsic, acquired**

Precision Oncology

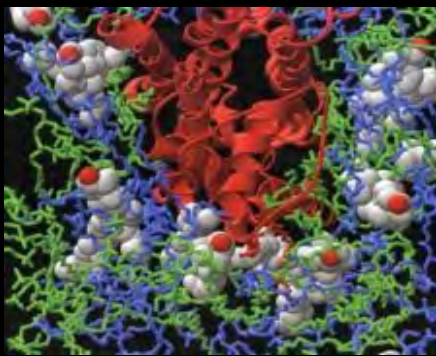
**The Design of Health Interventions to Reflect
the Unique Features of Disease Risk, Onset
and Progression in Individuals and Populations**

Precision Oncology and Deep Phenotyping: Mapping The Molecular Signatures of Disease as the Intellectual Foundation of Rational Diagnosis and Treatment Selection

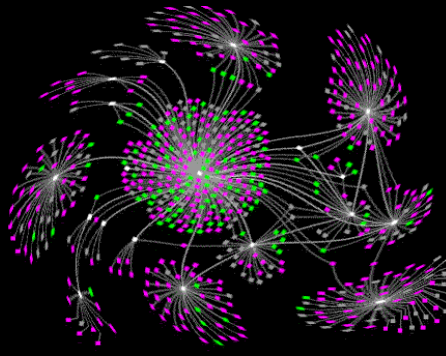
(Epi)Genomics



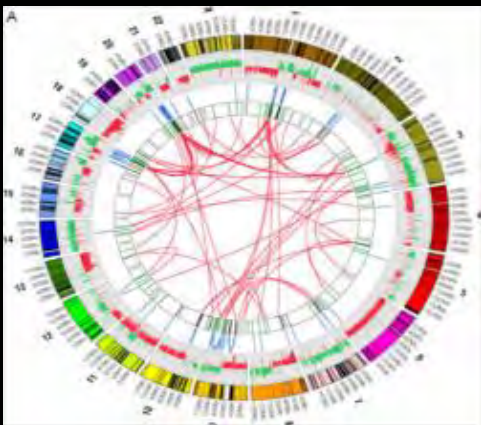
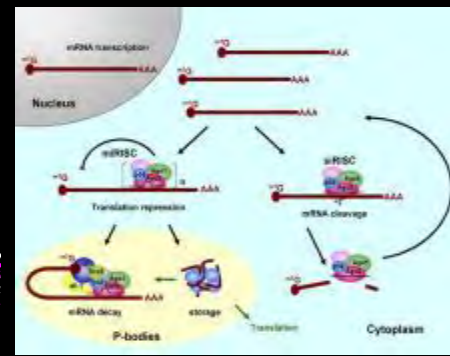
Proteomics



**Molecular Pathways
and Networks**



**Network Regulatory
Mechanisms**



**ID of Causal Relationships Between
Molecular Network Perturbations and Disease**



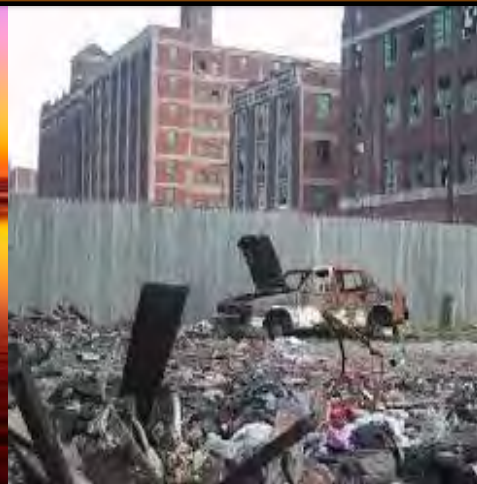
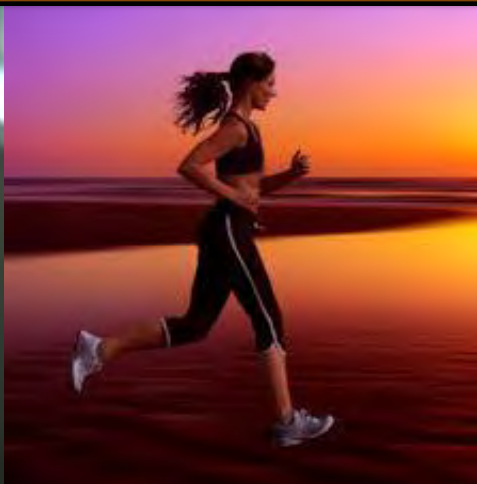
**Patient-Specific Disease Signatures:
Disease Predisposition; Disease Subtyping; R_x Selection**

Deep Phenotyping: “Much More Than MultiOmics”

From Womb to Tomb: Longitudinal Integration of Diverse Health Data



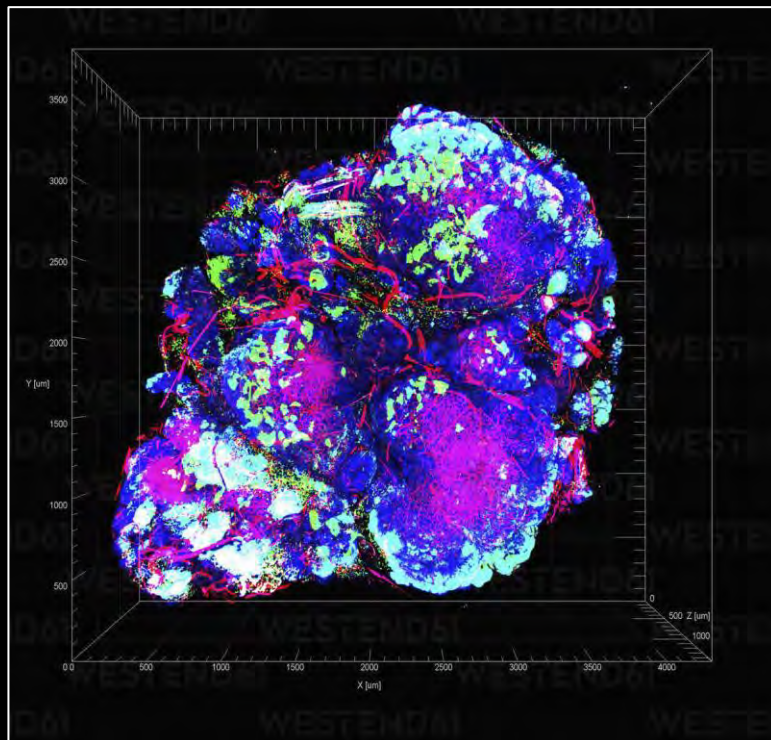
SDoH, Lifestyle, Environment, Health Disparities



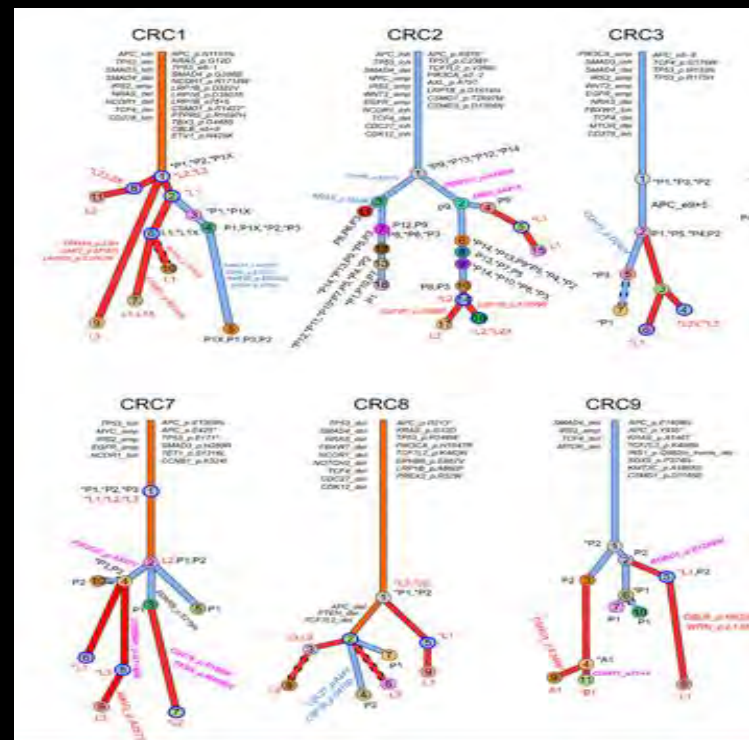
Circumventing Tumor Cell Heterogeneity: The Grand Challenge in Oncology

**Intratumoral Clonal Heterogeneity
and Different Patterns of
Tumor-Host Cell Interactions**

**Evolution of Clonal and Subclonal
Heterogeneity in Disease Progression
and Metastatic Dissemination**



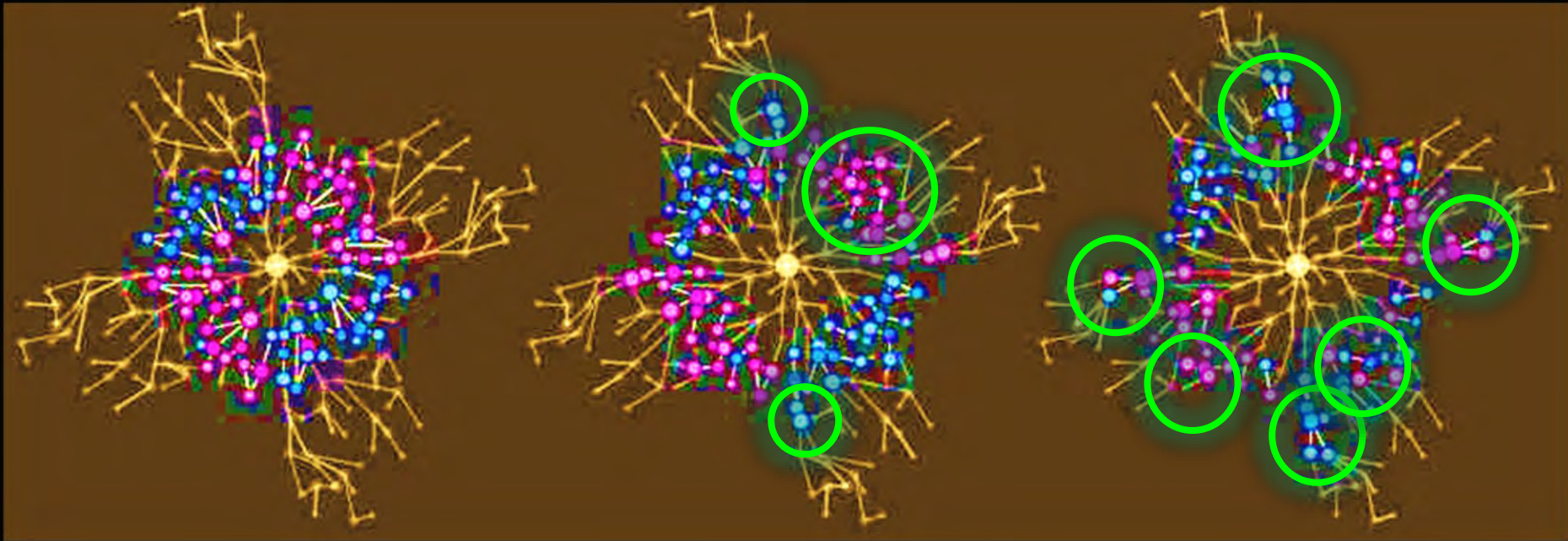
<https://www.westend61.de/en/imageView/CUF06167/transparent-tumor-tomography-visualising-tumor-microenvironment-showing-a-mouse-model-for-her2-positive-breast-cancer-with-hypoxic-areas-of-cancer-cells-in-green>



H. X. Dang et al. (2020) Science Advances 6:1-11;
doi.org/10.1126/sciadv.aay9691

**Understanding Disease Processes as Complex Adaptive Systems:
The Core Tenet for Precision Oncology**

Cancer as a Complex Adaptive Biological System: System State Shifts (Phenomes) and Cumulative Perturbations in Molecular Signaling Networks in the Health to Disease Continuum



$T_{1(n)}$

health

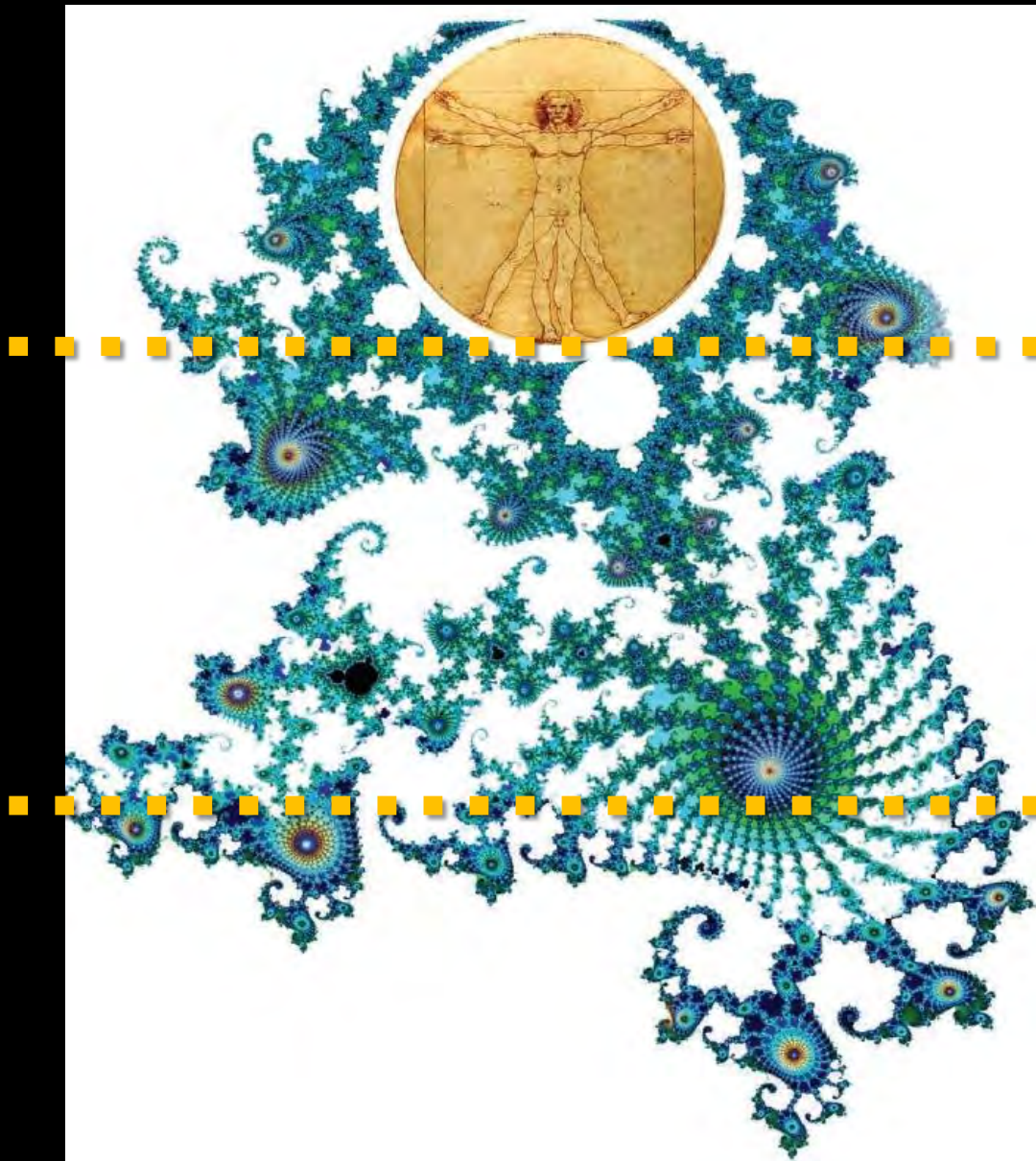
$T_{2(n)}$

subclinical
disease

$T_{3(n)}$

overt
disease

The Health to Disease Continuum: Dynamic Geno-phenotypic Transitions in Cell Lineages Across Large SpatioTemporal Scales



physiology
(homeostasis)

subclinical disease

- disease predisposition
- acquired genomic perturbations

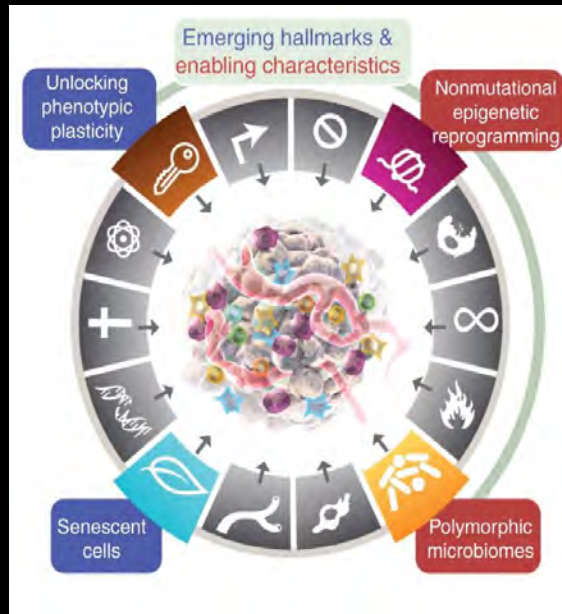
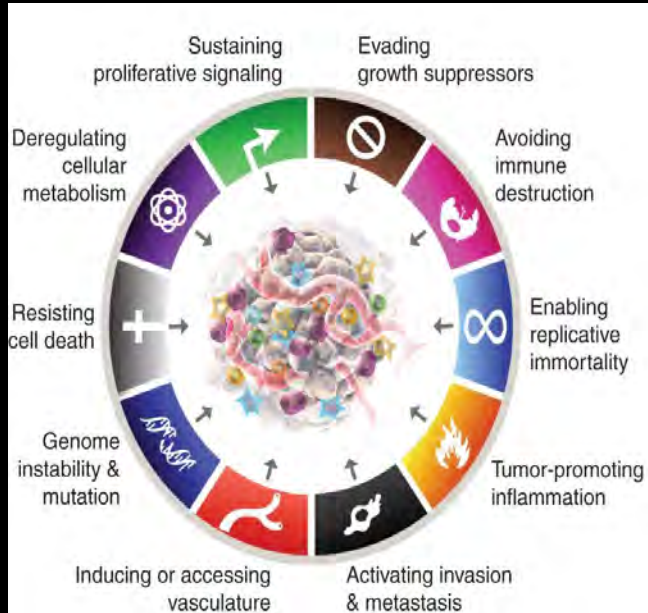
clinical disease
(pathology)

- disease subtypes and phenotypes

Moving Beyond Static Isolated Snapshots to Comprehensive Longitudinal Profiling of Dynamic Transitions in the Health to Disease Continuum



The Confluence of the Hallmarks of Cancer, Aging and Immunosenescence



D. Hanahan (2022) Cancer Discov. 12:31–46; doi.org/10.1158/2159-8290.CD-21-1059

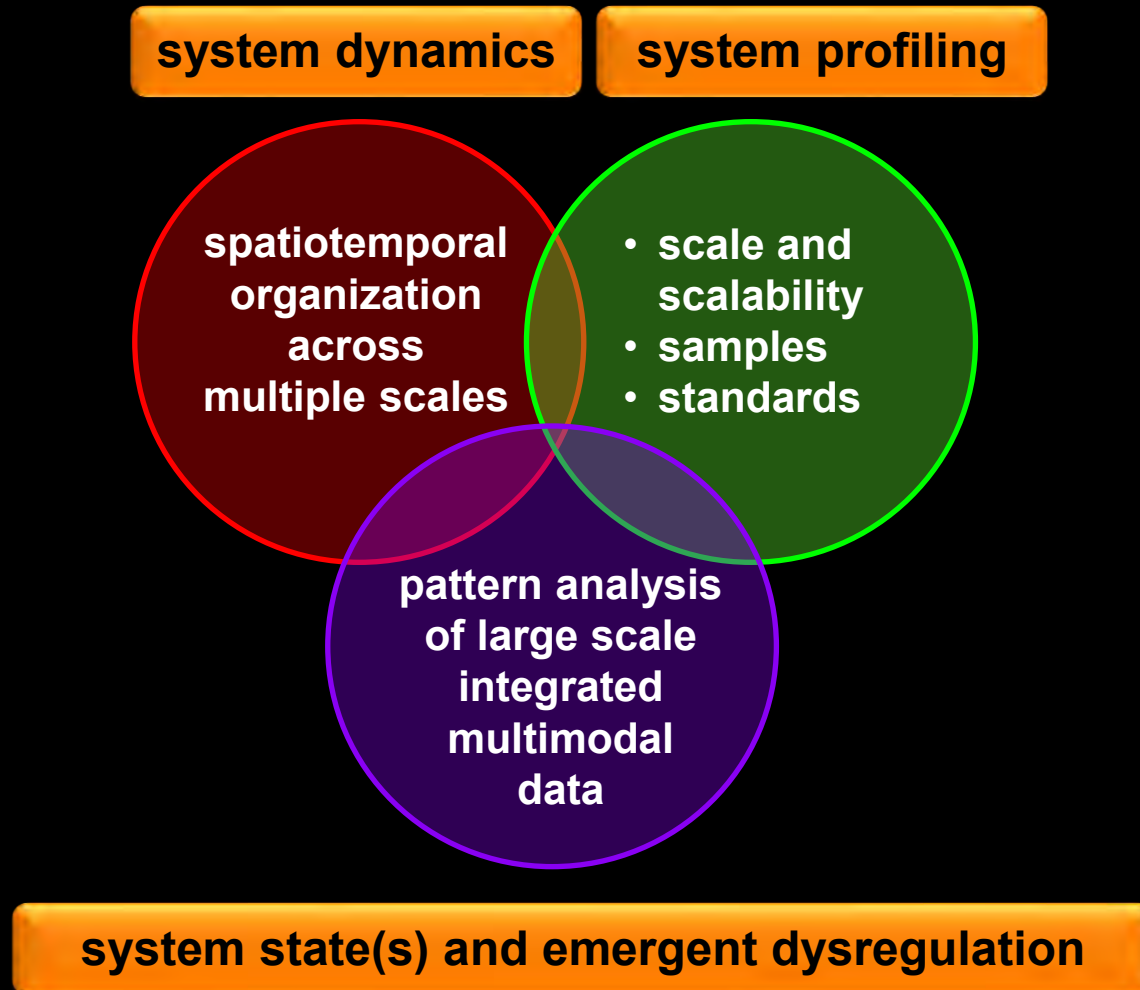


C. Lopez-Otin, et. al. (2013) CELL 153:1194-1217; doi.org/10.1016/j.cell.2013.05.039

The “Hallmarks” of Complex Adaptive Systems (CAS)

- **system state(s) determined by the interactions of multiple subsystem components**
- **system behavior cannot be predicted from knowledge of the properties of different subsystem components**
- **many system properties reflect non-linear subsystem interactions**
- **adaptation and emergence**
 - **resilient (robust) to commonly encountered evolutionary selection pressures**
 - **exhibit fragility (instability) in response to novel/infrequent selection pressures**
 - **extinction (maladaptive loss of fitness) or adaptive system shift to new state space with different properties (emergence)**

The Health to Disease Continuum: Dynamic State Transitions in Complex Adaptive Systems



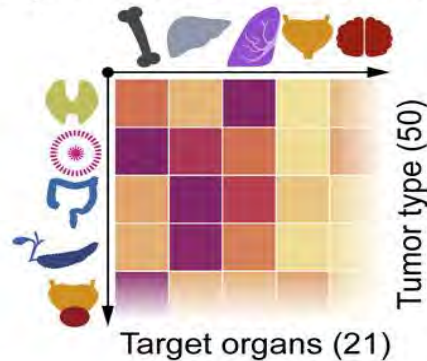
Scale, Samples and Standards

- the reproducibility problem in the biomedical literature
- the multidimensionality curse and overfitting in multiOmics profiling
 - large N analytes ($>10^5$ - 10^7)
 - small sample sets ($< 10^2$ - 10^3)
- variable (or not reported) preanalytical sample processing protocols
- “samples of convenience” versus samples with defined provenance and clinical data
- poorly characterized geno-phenotypic drift in continuous cell lines grown as 2D monolayers versus homologous cell types in vivo

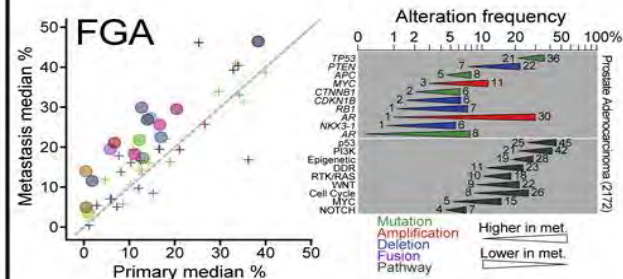
Scale:

Profiling Large N MultiOmics Feature Sets in Large N Samples

Map of cancer metastasis



Primary vs Metastasis



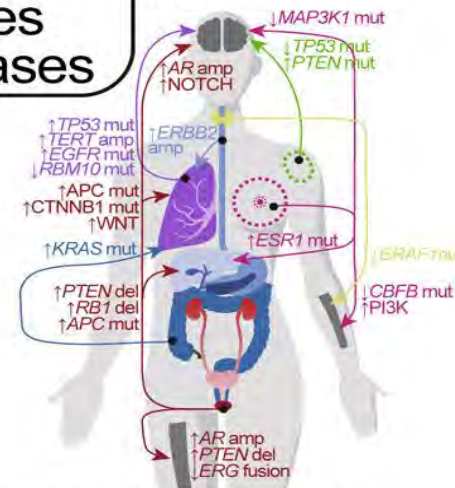
Clinical data
extracted from
electronic health records

MSK-MET
25,755 patients
50 tumor types
99,419 metastases

Targeted sequencing
341-468 cancer genes
OncoKB annotation

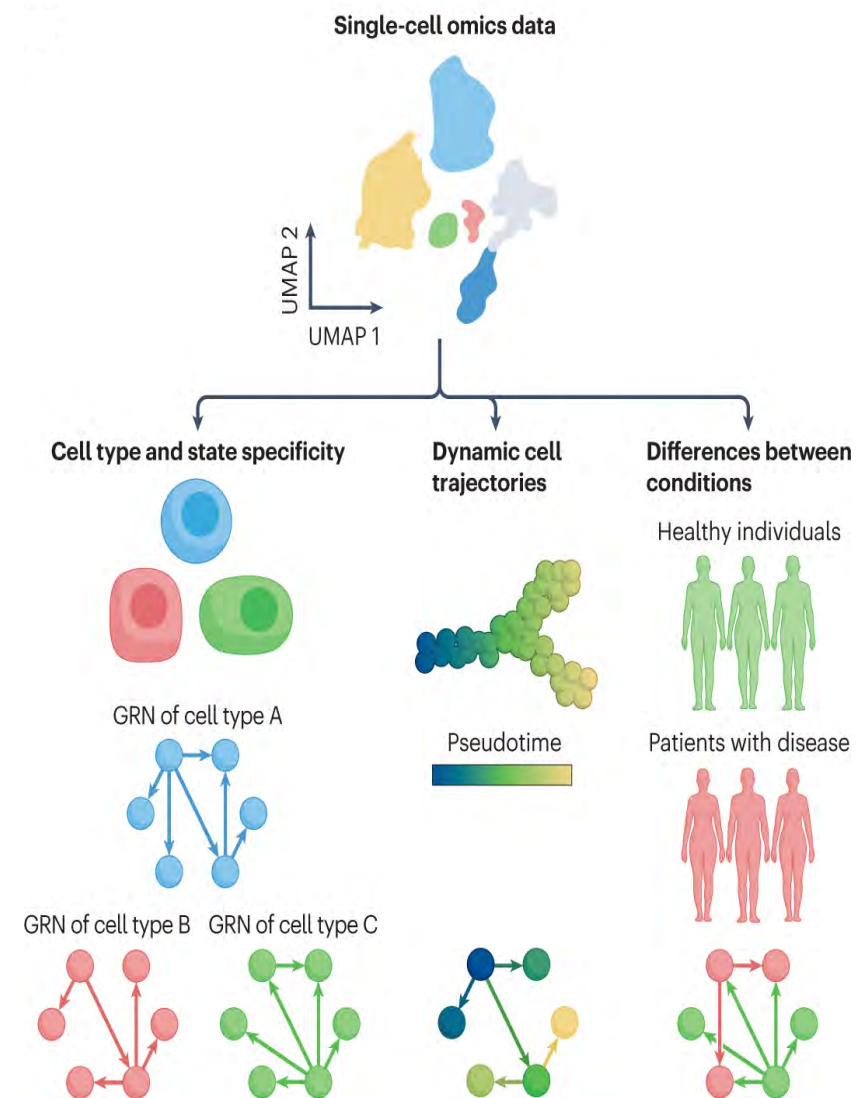
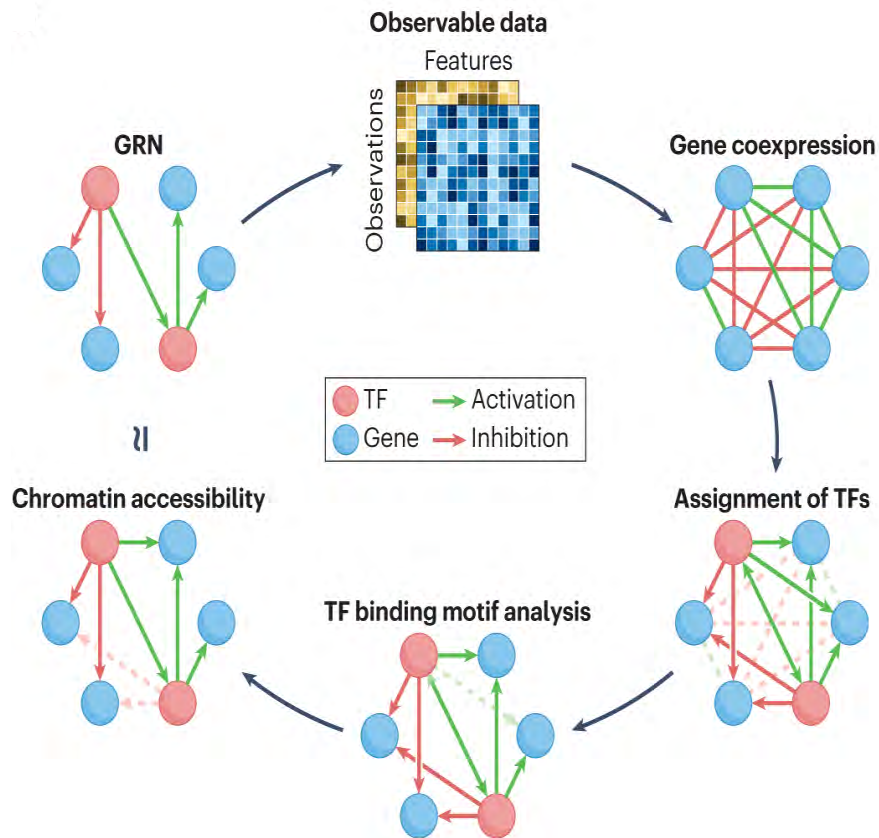


Metastatic burden



Organotropism

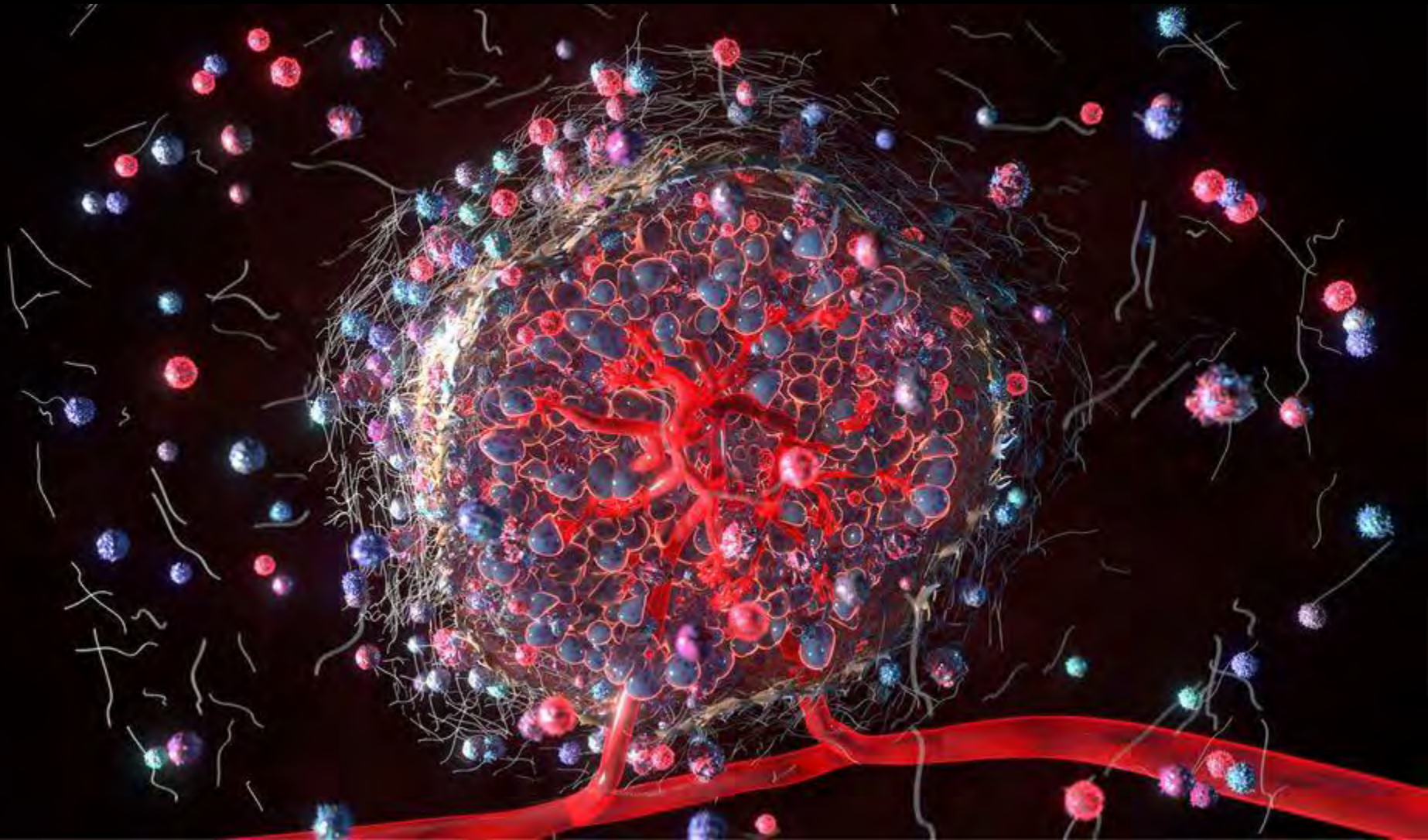
Elucidation of Gene Regulatory Networks (GRNs) and Characterization of Cell State/Fate Trajectories



The Next Level of Large-Scale Holistic Data Integration for Comprehensive MultiOmics Profiling

- **whole genome sequencing**
- **cell, tissue and individual-specific differential gene expression and transcription kinetics**
- **epigenetic modifications: DNA, histones and RNAs**
- **integrate effects of coding and non-coding regulatory variants across the entire genome**
- **transcription factor-promoter: enhancer interactions**
- **protein-RNA interactions**
- **RNA-RNA interactions**
- **chromosomal topologies/adjacencies chromatin interactions, gene neighborhoods and other long-range interactions (the 3-D genome)**

Mapping Host and Tumor Cell Signatures in the Tumor Microenvironment (TME)



Mapping the Spatiotemporal Dynamics of the Complex Cellular Heterogeneity of the Tumor Microenvironment (TME)

- **frequency and localization of different cell (sub)types and their functional states**
 - **host cell populations (resident, migratory)**
 - **tumor clones and subclones**
- **inhibitory or permissive microenvironments for proliferation of different tumor subclones**
- **characterization of the immunosuppressive TME**
 - **immunoavoidance (intrinsic tumor clone phenotypes and acquired Rx resistance)**
 - **tumor co-option of host cell functions**

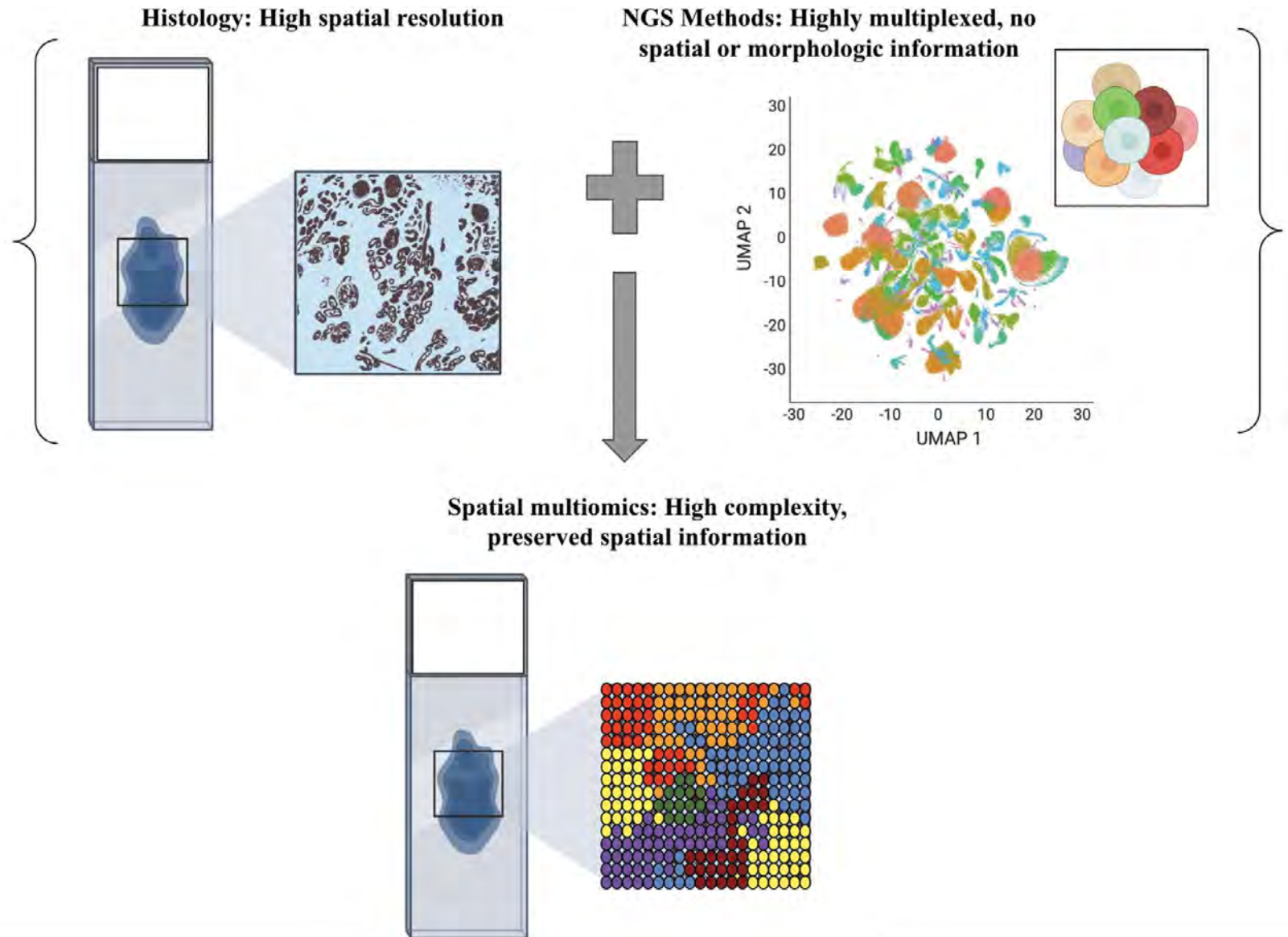
The Challenge of Profiling the TME in Disseminated Metastases

- **utility of liquid biopsy?**
 - **monitoring cf/ctDNA, CK/LKs (plasma) and circulating immune cell subtypes (buffy coat)**
 - **level of phenotypic fidelity in reflecting the ‘state spaces’ of tumor- host components in the tissue environment?**
 - **Rx ID of response/resistance phenotypes?**

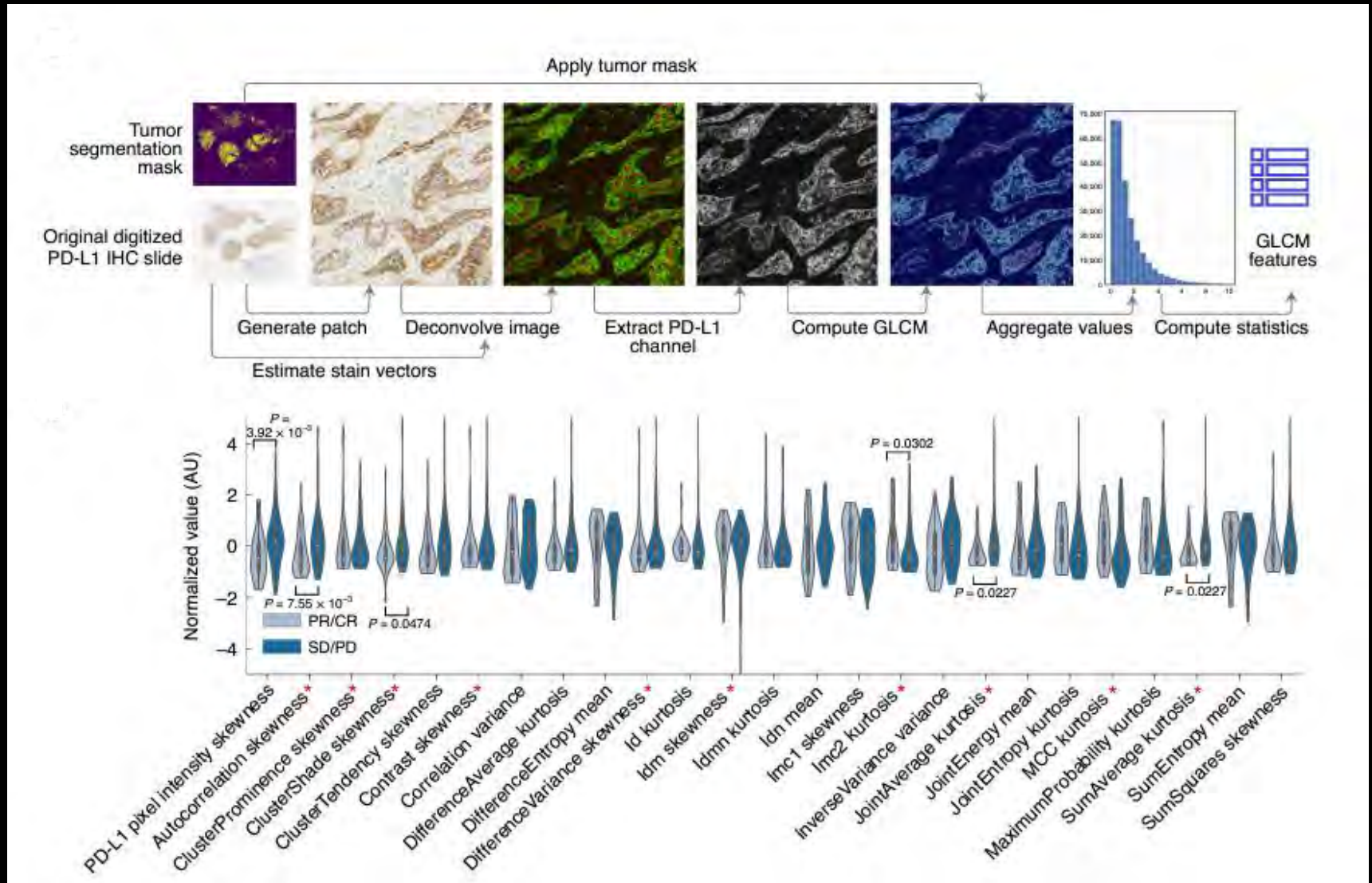
The Evolution of RNA Sequencing (RNAseq) in Gene Expression Profiling

- **bulk RNA-seq averages expression profiles**
 - **masks potentially important patterns of cellular heterogeneity**
- **single cell RNAseq (scRNAseq) to document cellular heterogeneity**
 - **but unknown effects of tissue dispersal methods on expression profiles**
- **spatial transcriptomics and relationship of expression profiles to cellular morphologies, location patterns within tumor foci and frequency homotypic and heterotypic cell interactions (“cell neighborhoods”)**

Whole Slide Imaging and Spatial Omics



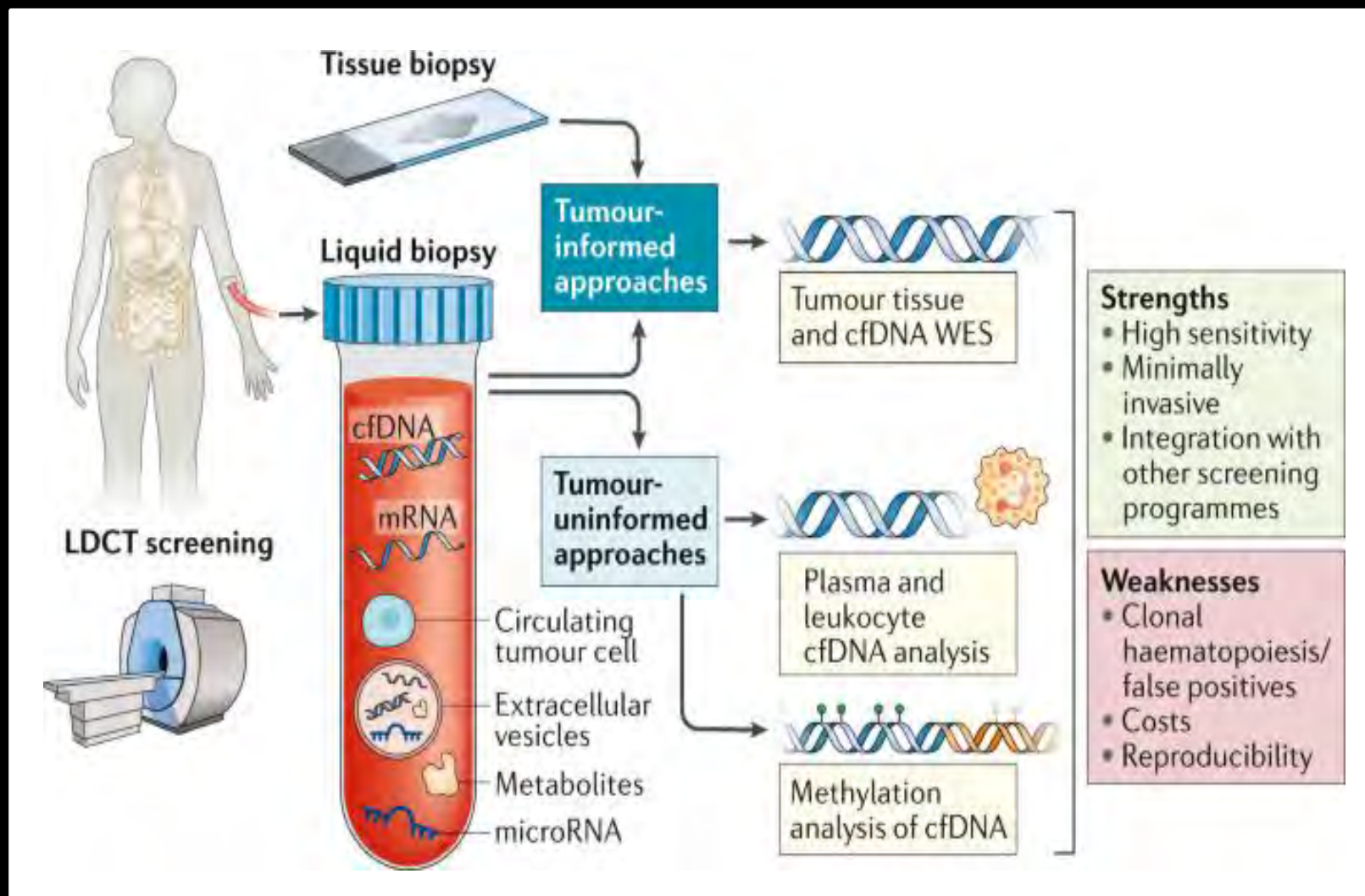
Spatial Mapping of NSCLC Cell Morphologies and Prediction of Response to ICB



Large Scale Biobanks: A Core Resource for Precision Medicine

- **consent**
 - broad to allow de-identified reuse
 - opt-out provision
 - recontact provision
- **biospecimens**
 - provenance and processing standards
 - tissue and Whole Slide Imaging (WSI)
 - blood/serum/plasma/bloodspot; saliva; microbiome
- **multimodal data integration**
 - imaging data
 - multiOmics, immunOmics, metabolOmics
 - digital pathology and spatial multiOmics
 - age, sex, race, ethnicity clinical history and socioeconomic factors
 - gaps in clinical history
 - GWAS, PheWAS and ICD-EHR codes
 - ML/AI platforms for unstructured but potentially informative data

Detection of Blood-based Tumor Biomarkers (Liquid Biopsy): A Potentially Transformative Platform for Cancer Screening and Improved Clinical Case Management



Blood-Based Liquid Biopsy: Early Detection Tests

- **expand screening to broader range of cancers than current USPSTF recommendations for population-based cancer screening**
 - **breast, cervical, colorectal, lung**
- **increase screening uptake (convenience, minimally invasive and reduced disparities)**
- **objective to shift clinical/economic burden from advanced stage III/IV cancers to earlier detection and intervention**
 - **assay performance in detection of stage I/II cancers**
 - **specificity, sensitivity, NPV, PPV**
 - **detect tissue of origin**

Large Scale Multi-Institutional Initiatives on Validation of Blood-Based Liquid Biopsy in Cancer Detection and Treatment



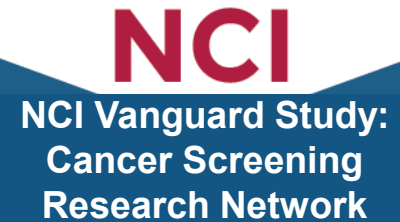
FRIENDS
of CANCER
RESEARCH



MCED
MULTICANCER EARLY DETECTION CONSORTIUM



BLOODPAC



NCI
NCI Vanguard Study:
Cancer Screening
Research Network

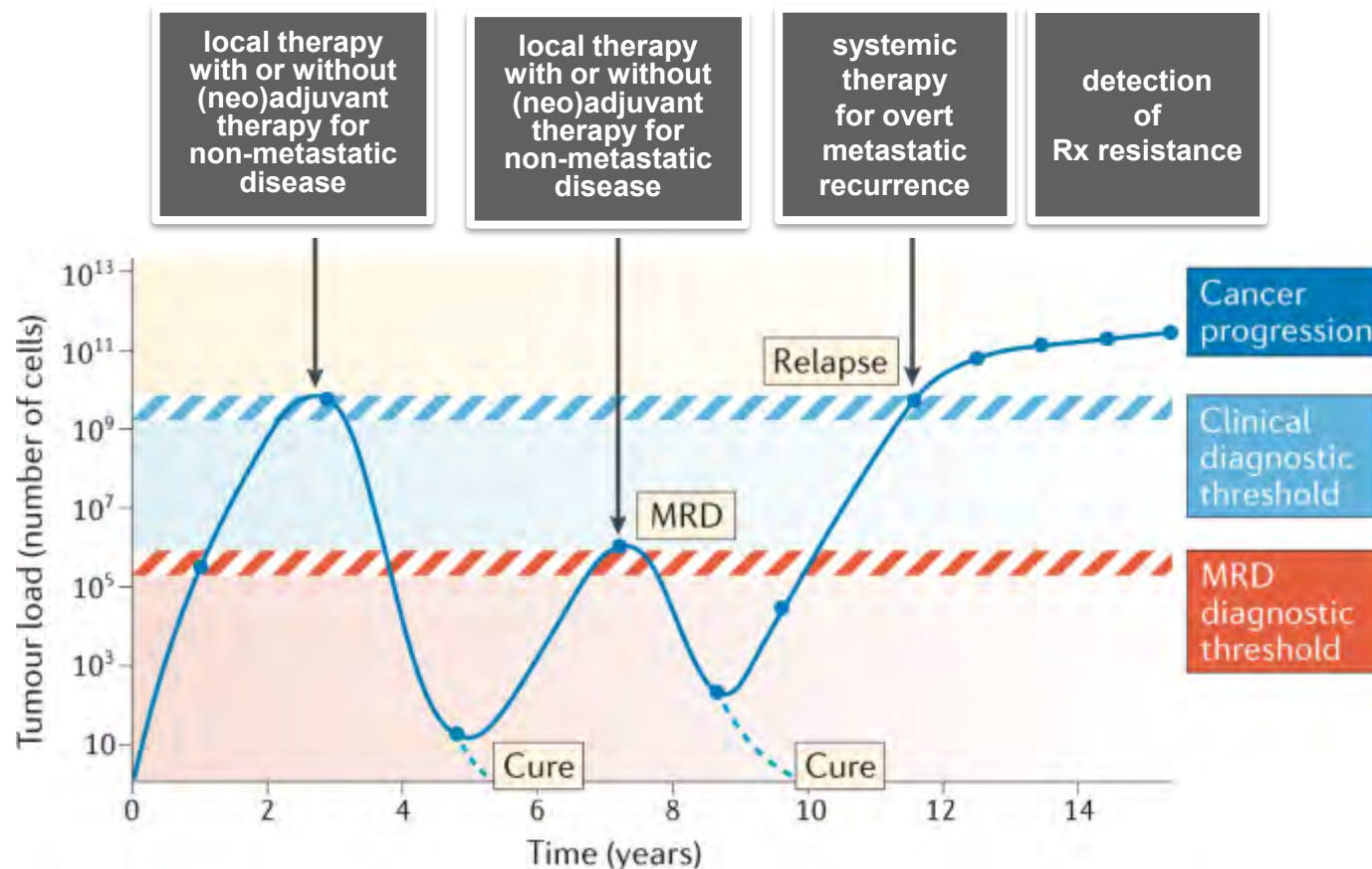
- **driven by non-profit entities but extensive membership from private sector companies**
 - **prospective clinical trial design and endpoints**
 - **harmonization of assay standards and interoperability**
 - **regulatory issues**
- **reported performance**
 - **low sensitivities (25 – 40%) for stage I/II cancers**
 - **major differences in ctDNA shedding in different malignancies**

Blood-Based Multicancer Early Detection (MCED) Tests

The Benefit: Harm Calculation

- **acceptable levels of false positives and negatives?**
- **importance of tissue-of-origin specificity in guiding follow-up on positive test results**
- **costs for clinical evaluation of false positives**
 - **immediate evaluation**
 - **protocols for follow-up testing: frequency/duration**
 - **sociopsychological impact**
- **risk of overtreatment of indolent (slow growing) cancers detected by MCED tests**
- **merits of population screening versus focused profiling of individuals with known predisposition risk or symptomatic patients referred for potential cancer diagnosis**

The Use of Cancer Liquid Biopsy Assays in Clinical Case Management



Adapted from: K. Pantel & C. Alix-Panabieres (2019) Nat Rev Clin Onc volume 16:409–424; doi.org/10.1038/s41571-019-0187-3

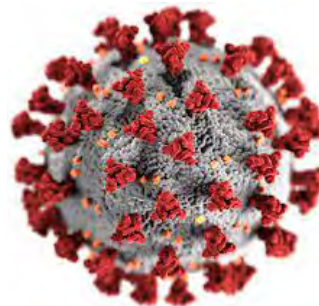
The Changing Landscape for Regulatory Oversight of High Complexity MultiOmics Diagnostic Tests

theranos



23andMe

consumer genomics
profiling for disease
predisposition



EUA and
withdrawal of
COVID-19 tests



New Proposed Rule (Sept. 2023) for Regulation of Laboratory Developed Tests (LDTs)

- **amend FDA regulations to expand oversight of LDTs by classification as medical devices**
- **replace current oversight by CMS of LDTs developed in CLIA-certified laboratories**
- **concern that historical mechanisms developed for single analyte LDTs are insufficient to validate the performance and reproducibility of ‘higher complexity’ multianalyte diagnostics (e.g., multiOmics)**
 - **use in management of life-threatening diseases and decisions on Rx selection**
 - **many vendors use LDT pathways to avoid Agency review for marketing**
 - **lack of standards and potential harm to patients**

**The Search for New Therapeutic Targets
and New Drug Classes with Novel Mechanisms of Action**

Moore's Law and Eroom's Law

The New Drug Pipeline Productivity Dilemma

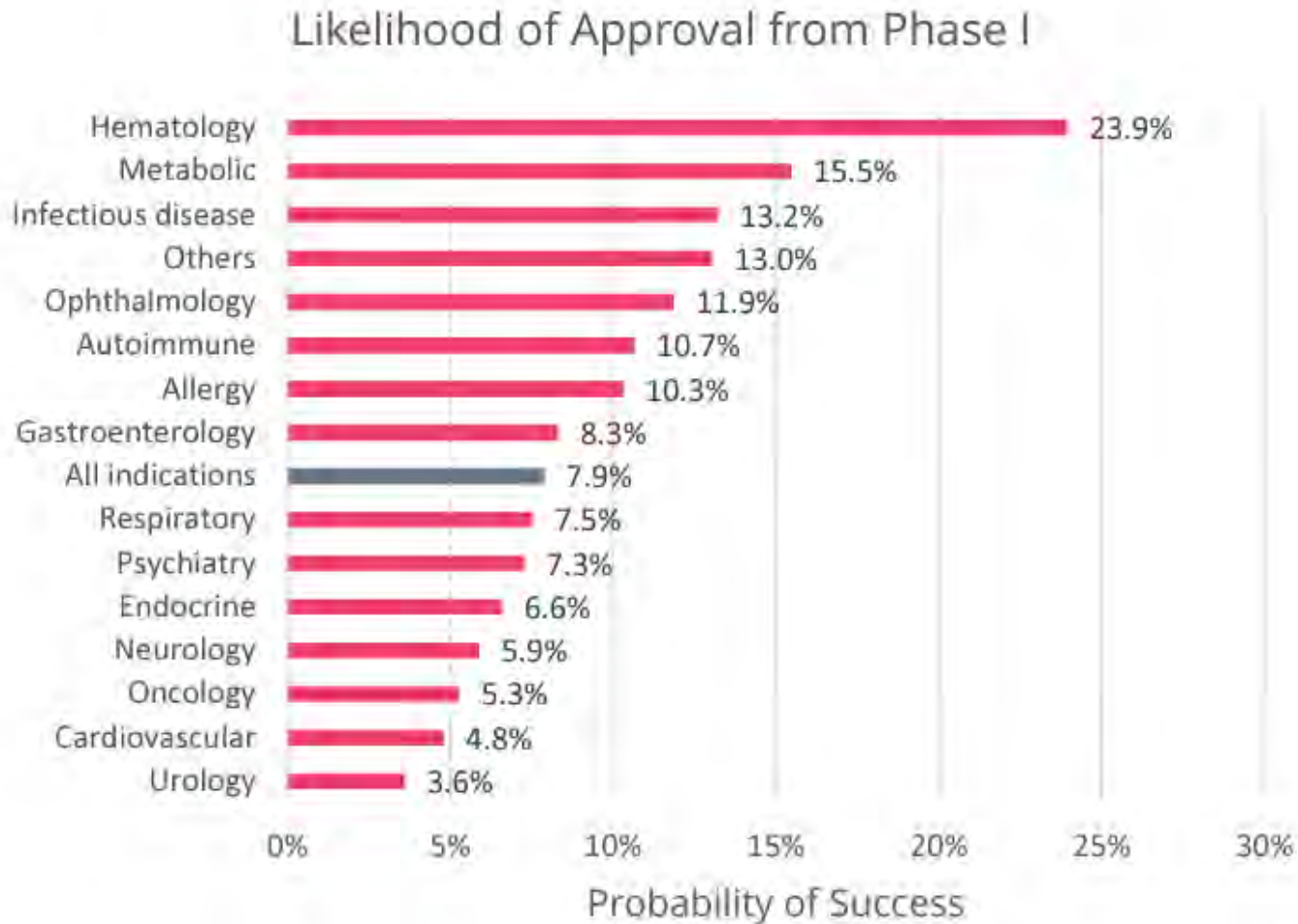
Moore's Law (Gordon Moore, Intel 1965)

- **number of transistors on an integrated circuit doubles every two years (originally one year)**
- **dramatic increase in computing power performance at lower costs and rapid growth of IT-based industries**

Eroom's Law (Sanford Bernstein 2012 Nature Rev. Drug Disc. 11,191)

- **Moore's Law in reverse**
- **drug discovery and development are becoming slower and more expensive despite impressive technology advances**
- **average cost of successful NDA/BLA now \$1 to 3.8 billion**
- **inflation-adjusted cost roughly doubles every nine years**

Overall Likelihood of Approval by Disease Area



Investigational Clinical Trials in Oncology: Derisk R&D Investment and Improve Patient Access to Innovative Rx

- **reduce high failure rate, particularly for high-cost Phase III trials**
- **shorten overall completion time for trials and regulatory approval**
 - **inflation Reduction Act (IRA) and new windows for post-approval market exclusivity**
 - **improved predictive methods to identify responder: non-responder patients/cohorts for accelerated enrollment**
- **multiOmics profiling and new clinical trial designs**
- **reduce high rate of protocol deviations and patient dropouts**

Identification of Novel Molecular Targets for New Classes of Cancer Therapeutics

- diversification of product classes in the therapeutic portfolio
- small molecules
 - transition from cytotoxics to targeted agents
- biologicals
 - monoclonal antibodies, ADCs, biospecifics, T-cell engagers
 - PROTACs, molecular glues
 - immunotherapeutics
- cell and gene therapies
- cancer vaccines against tumor neoantigens
- new molecular probes for improved in vivo imaging and radiomics

Antibody-Drug Conjugates

- **higher ORR than same Rx as single agent**
 - **validation in adjuvant setting**
 - **lower toxicity due to targeted intracellular Rx release versus non-targeted drug**
- **anticipated progression to first line indications and replace chemo in multiple settings**
- **major investment momentum**
 - **over 200 trials registered in ClinicalTrials.gov**
 - **51 M&A/BD investments in 2022 and 1H/2023**

Immune Checkpoint Blockade and Cancer Immunotherapy

- **a seminal advance in cancer treatment**
 - **varied efficacy against different tumor lineages and significant fraction of non-responder patients**
 - **lack of predictive markers for proactive identification of responders/non-responders**
- **FDA criticism of proliferation of ‘follower’ checkpoint inhibitors for solid malignancies with limited therapeutic differentiation**

CAR-T Cell Therapy

- **impressive efficacy of CAR-T therapies in hematological cancers**
 - **6 products approved for relapsed and/or refractory B cell malignancies**
- **efficacy of CAR-T in solid tumors still uncertain**
- **high cost, complex clinical management protocols**
 - **acute AEs and unknown long-term sequelae**

Genomic Reprogramming of T Cells to Induce More Durable Anti-Tumor Efficacy in Adoptive Cell Therapy

- **anti-tumor activity declines under chronic antigenic stimulation (exhaustion)**
- **differentiate into dysfunctional states**
 - **expression of inhibitory receptors (PD-1, LAG3, TIM-3)**
 - **reduced cytokine production**
 - **altered transcriptome and chromatin landscapes**
- **engineer therapeutic T cells to improve durable anti-tumor response (fitness)**

Genomic Reprogramming of T Cells to Induce More Durable Anti-Tumor Efficacy in Adoptive Cell Therapy

- **unbiased gene-wide screens to identify new Rx targets**
- **tune CAR-T regulation/signaling via promoter regulation of endogenous TCR alpha construct (TRAC)**
- **CRISPR-Cas9 ablation of genes that restrict durable anti-tumor activity**
 - **loss-of-function screens**
- **CRISPR activation gain-of-function screens and knock-in screens**
- **novel synthetic surface receptors that alter tonic responses to external signals**

**see F. Blaeschke et al. (2023) Cell 186, 4216*

GMP Manufacturing for Cell and Gene Therapy



Trends in Design of CAR-T Cell Therapies: The Shift from Autologous to Allogeneic T-Cells

Patient-derived (autologous) T-cells



- + Host compatibility, FDA approved
- Cell quantity and quality concerns
- Time-consuming and costly manufacturing process

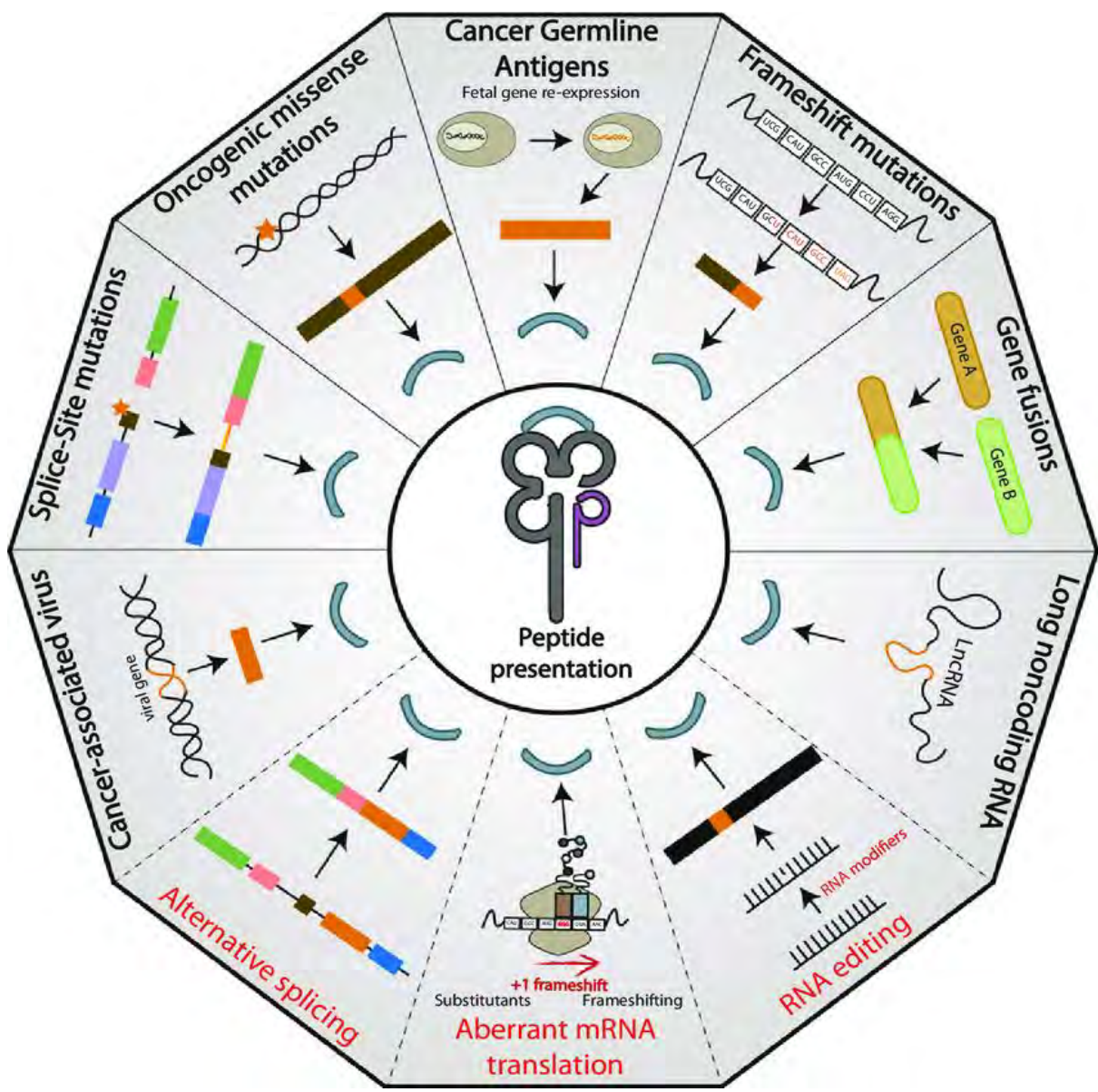


Healthy Donor (allogeneic) T-cells



- + Unlimited pool of healthy donors
- + Reduced cost and manufacturing timeline eases patient access
- GvHD and rejection

New Strategies for Immune-Mediated Targeting of Cancer Neoantigens



Personalized RNA neoantigen vaccines stimulate T cells in pancreatic cancer

[Luis A. Rojas](#), [Zachary Sethna](#), [Kevin C. Soares](#), [Cristina Olcese](#), [Nan Pang](#), [Erin Patterson](#), [Jayon Lihm](#), [Nicholas Ceglia](#), [Pablo Guasp](#), [Alexander Chu](#), [Rebecca Yu](#), [Adrienne Kaya Chandra](#), [Theresa Waters](#), [Jennifer Ruan](#), [Masataka Amisaki](#), [Abderezak Zebboudj](#), [Zagaa Odgerel](#), [George Payne](#), [Evelyna Derhovanessian](#), [Felicitas Müller](#), [Ina Rhee](#), [Mahesh Yadav](#), [Anton Dobrin](#), [Michel Sadelain](#), ... [Vinod P. Balachandran](#)  [+ Show authors](#)

BioNTech:Genentech

[Nature](#) **618**, 144–150 (2023) | [Cite this article](#)

Personalized anti-cancer vaccine combining mRNA and immunotherapy tested in melanoma trial

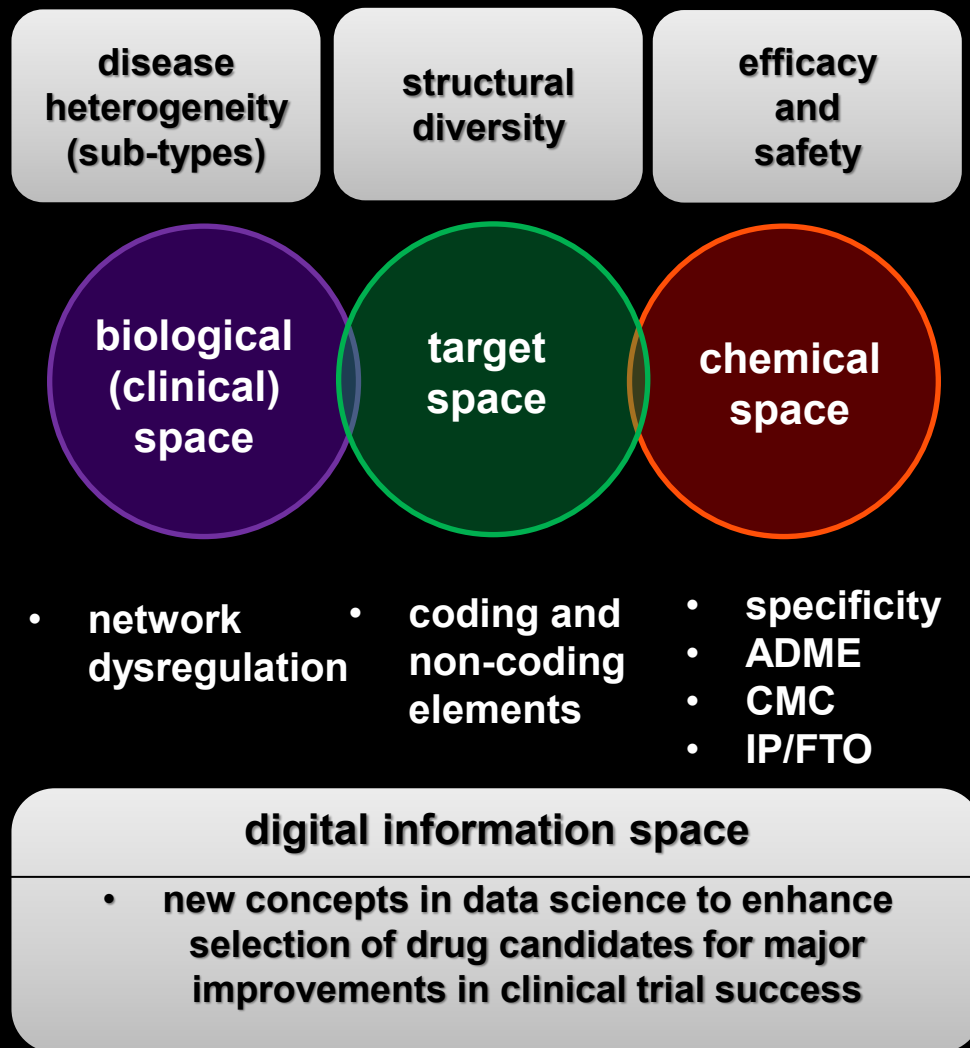
Nature Medicine explores the latest translation and clinical research news, with a phase 3 trial from Merck and Moderna testing mRNA-4157 combined with pembrolizumab in melanoma.

T. Carvalho (2023) *Nature Medicine* 29:2379

The Druggability Challenge

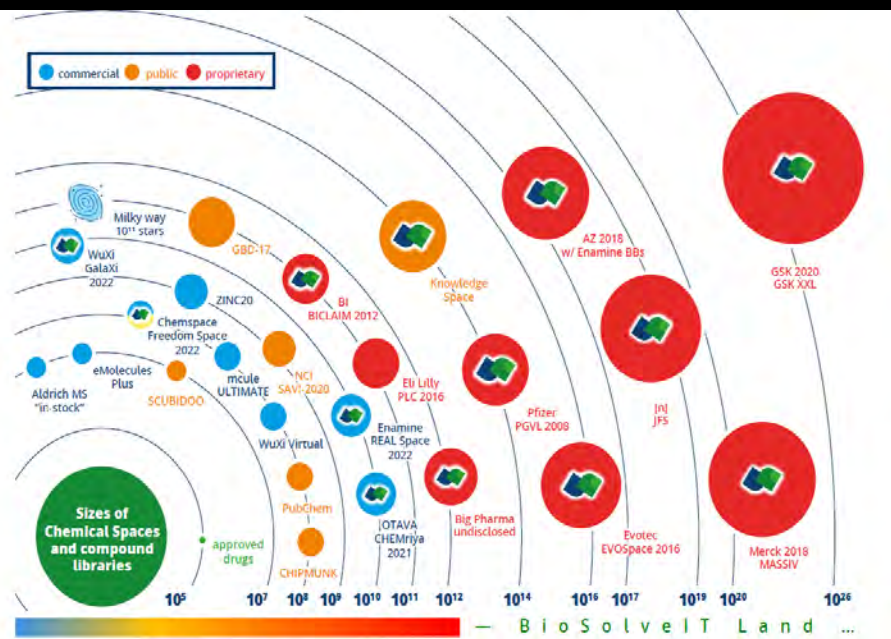
AI and Accelerated Drug Discovery: Hype or Reality?

The Druggability Challenge:



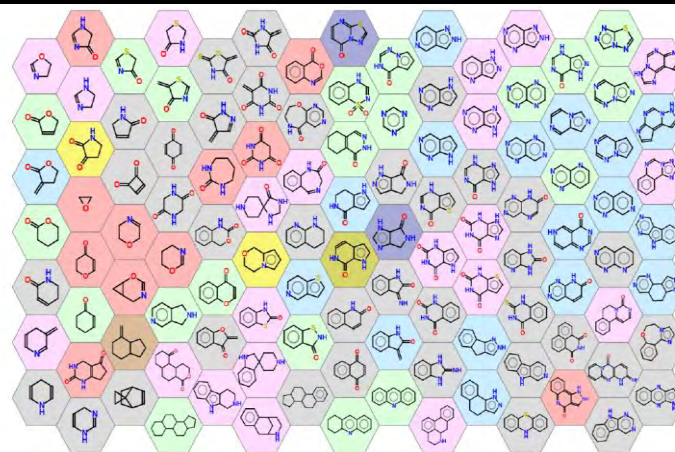
“Intelligent Informatics in Drug Discovery” Reducing Very Large Structural Reaction Space to Experimentally Tractable Opportunities

Chemical Space and Compound Libraries



<https://www.biosolveit.de/2022/06/17/recap-drugspace-symposium-2022-recordings-and-slides-available/>

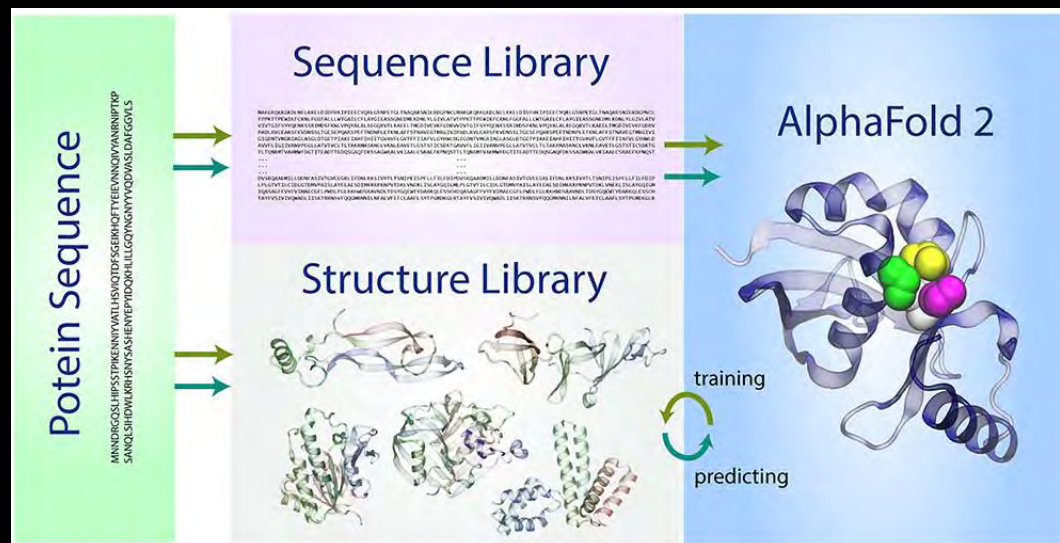
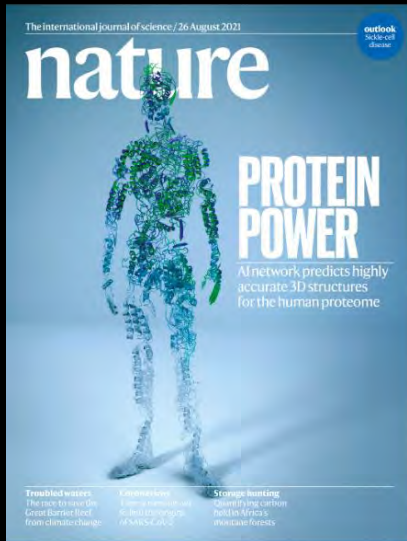
Small Molecule Bioactive Structural Domains



Targets:

- GPCRs
- kinases
- proteases
- other enzymes
- nuclear receptors
- ion channels
- epigenetic
- other
- multiple

AI and Protein Design: From 1-D Code to 3-D Complexity The Next Dimension in Rational Drug Design

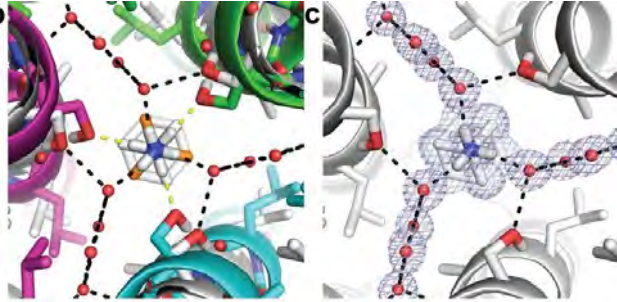


Genome-Wide Prediction of Pathogenic Missense Mutations



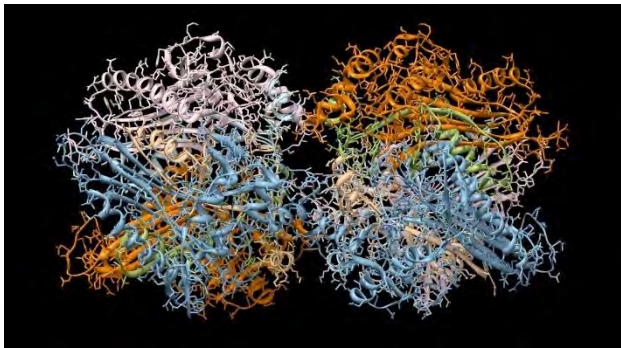
- **650 million-parameter protein language model**
- **predict estimated 450 million possible missense variants in the human genome**
- **outperformed earlier models in classifying 150,000 clinVar/HGMD missense variants as pathogenic or benign**
- **2 million variants predicted as damaging only in specific protein isoforms**

Use of ML-AI Protein Structure Prediction in Drug Discovery and Synthetic Biology



J. Park et. al. (2019) Elife doi.org/10.7554/eLife.47839

- Improved Drug-Pocket Affinities and Expanded Modulation of Allosteric Sites



<https://www.cnet.com/science/biology/googles-deepmind-ai-predicts-3d-structure-of-nearly-every-protein-known-to-science/>

- Design of Protein-Protein Interactions



- Expanded Inventory of Novel Protein Structures, Designer ADME, Targeting Systems for Drug Delivery and Cellular Therapy

E. Callaway (2023) Nature 619:236-238; doi.org/10.1038/d41586-023-02227-y

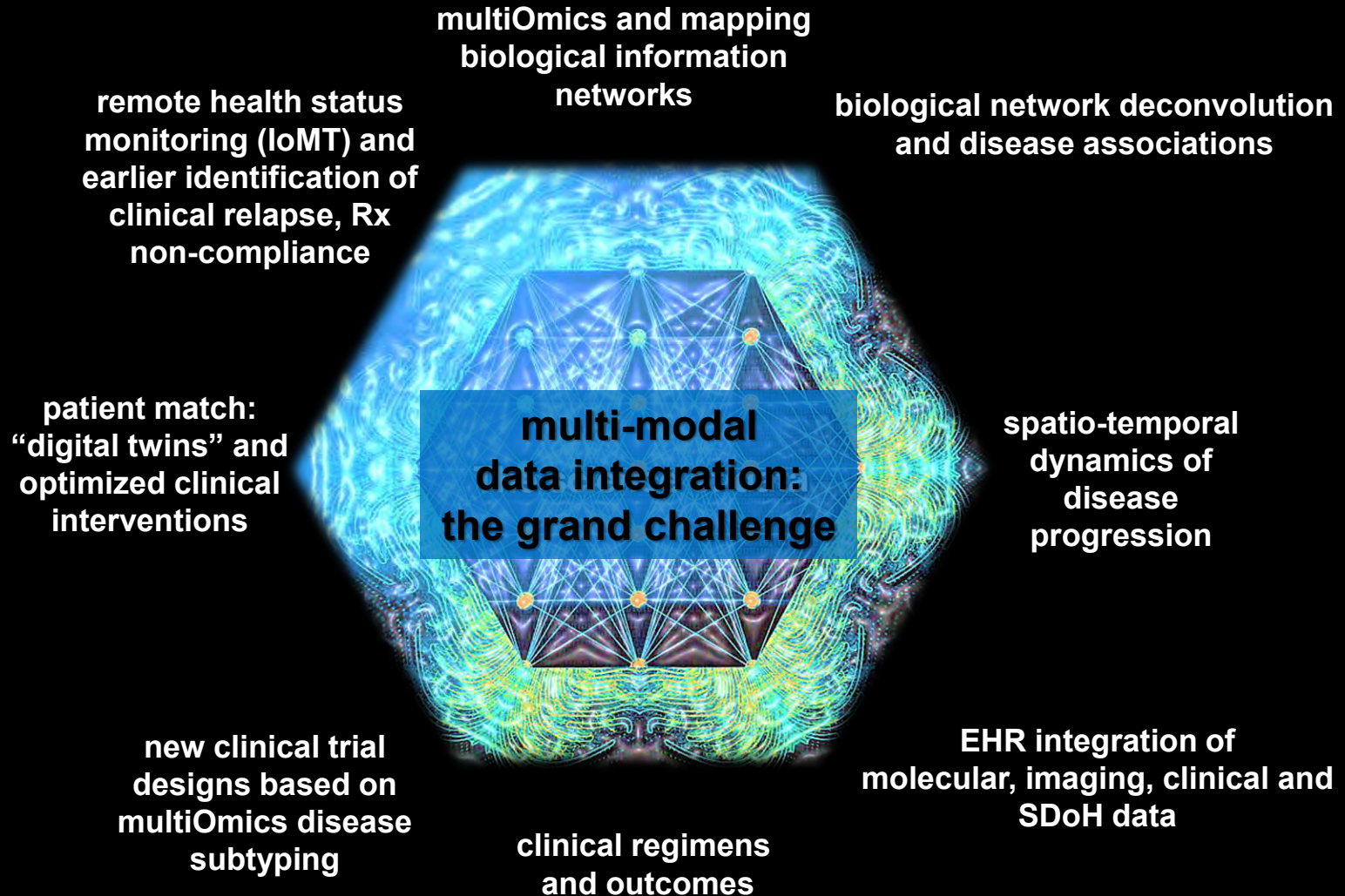
Now Comes the Hard Part!

**Driving Precision Oncology and Large Scale
Data Analytics into Routine Practice**

**New Competencies, Processes
and Organizational Structures**

**New Participants and New Models
for Research and Care Delivery**

Precision Health and Digital Health: The Evolution of a Data-Centric Ecosystem



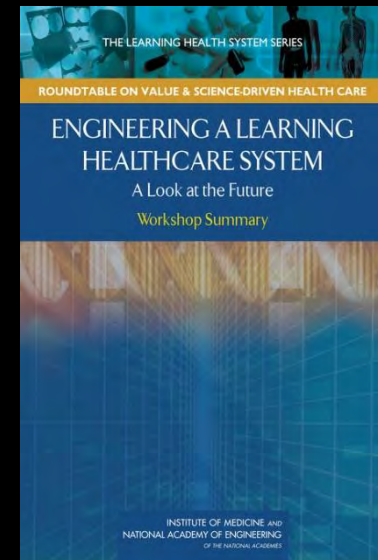
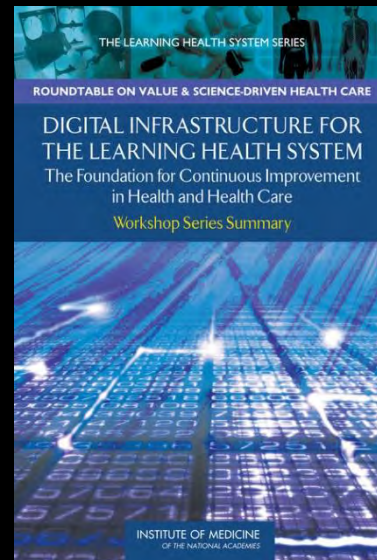
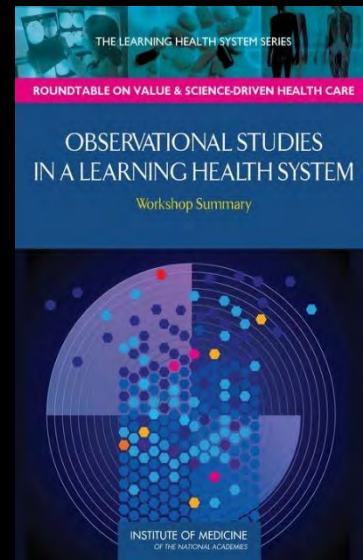
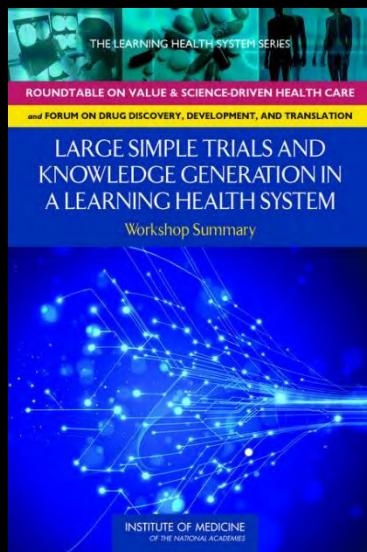
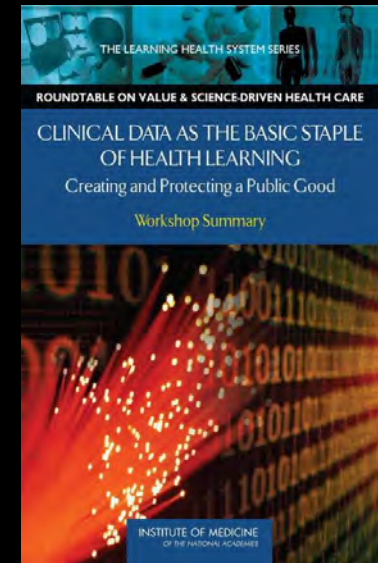
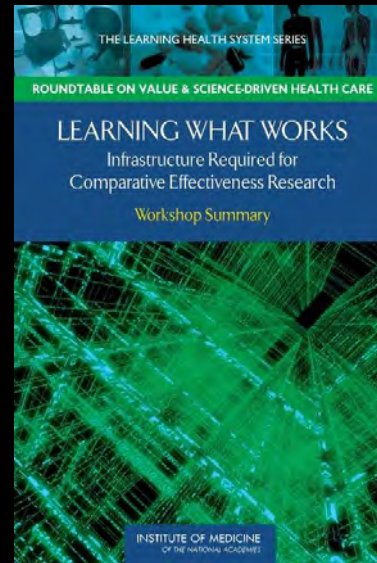
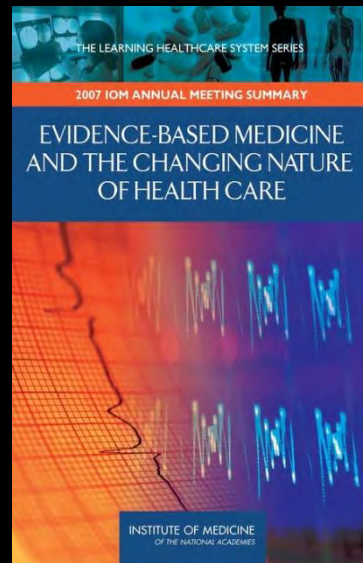
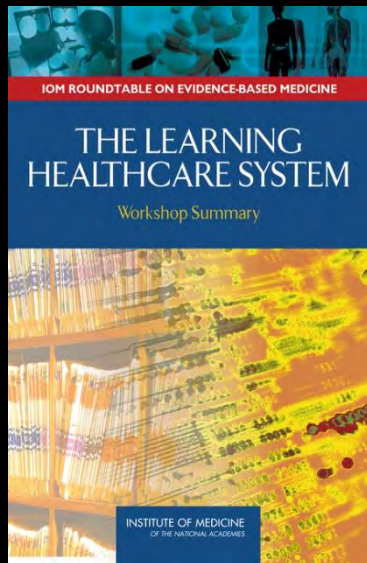
Big Biology and Biomedicine Meets Big Data


**The Pending Zettabyte Era
1,000,000,000,000,000,000,000**



**Integration of Large Scale, Multi-Disciplinary Datasets
Will Not Be a Simple Extrapolation from Current
Bioinformatics and HIT Platforms**

The Learning Healthcare System





HELL IS THE PLACE WHERE NOTHING CONNECTS — T.S. ELIOT



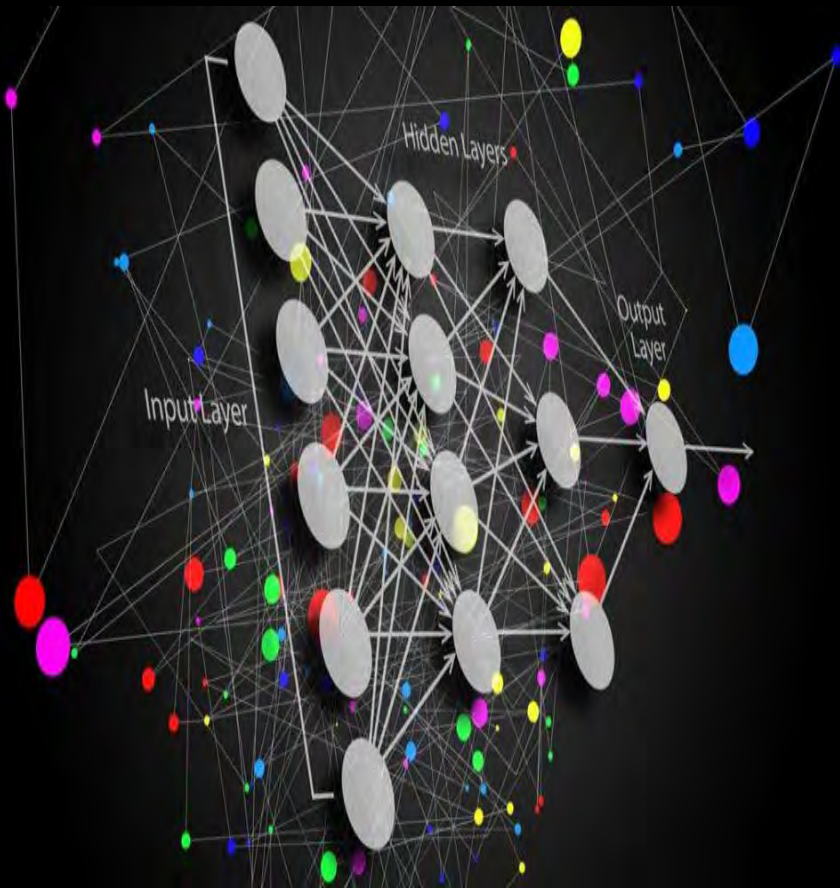
**Welcome to
The World of
Biomedical Research
and
Healthcare Information Systems**

Biomedical Data: Vast, Growing Rapidly But Poorly Used

- **inadequate standardization**
- **fragmented, incomplete, inaccurate data and uncertain provenance**
- **incompatible data formats as barrier to data integration and sharing**
- **obstacles to EHR integration of new data classes (multi-Omics; wearables; IoMT)**
- **legislative barriers to data transfer based on well intentioned privacy protections (HIPAA)**
- **organizational, economic and cultural barriers to open data sharing**
- **static, episodic snap shots of complex dynamics in disease progression**
- **major impediments to research productivity, optimum clinical decisions and continuity-of-care for patients**

ML-AI Large Language Models (LLMs): Transformation of the Research Process and Clinical Decision-Making

GAI and Transformer Platforms



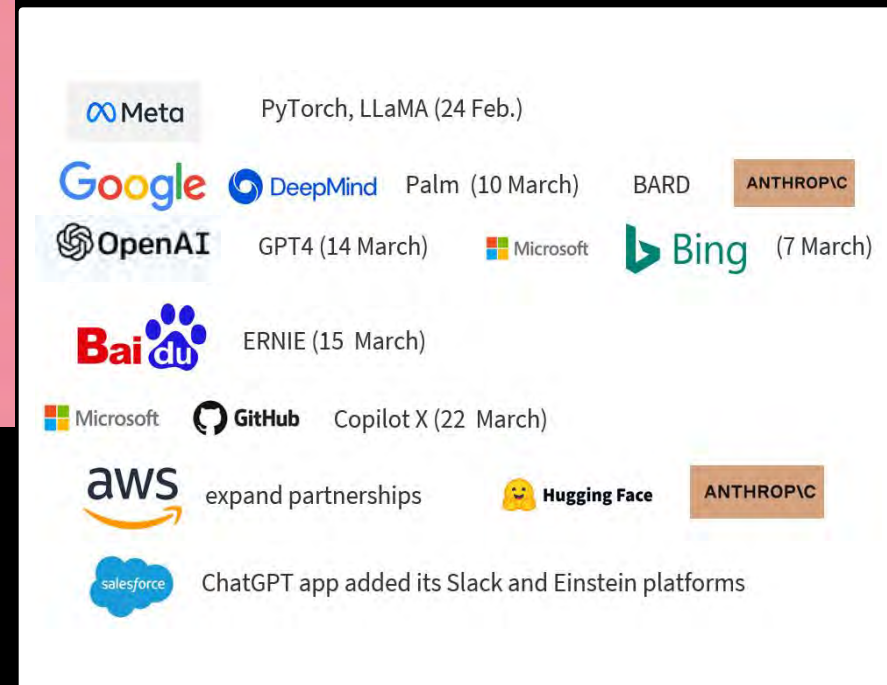
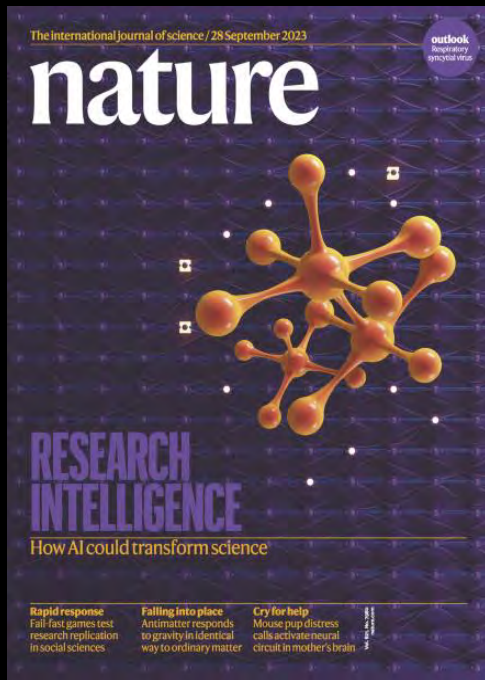
<https://insidebigdata.com/2023/10/01/video-highlights-vicuna-gorilla-chatbot-arena-and-socially-beneficial-llms-with-prof-joe-gonzalez/>

Deep Learning and Pattern Analysis in Multi-model Data Integration

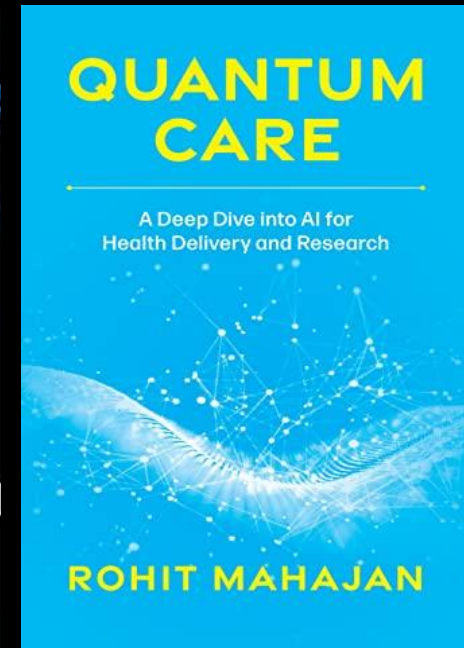
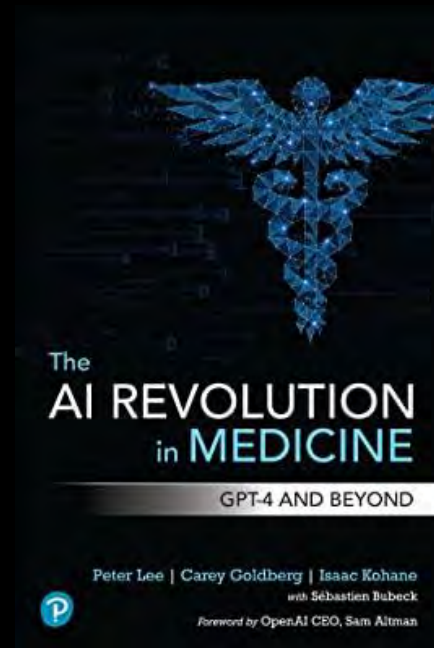
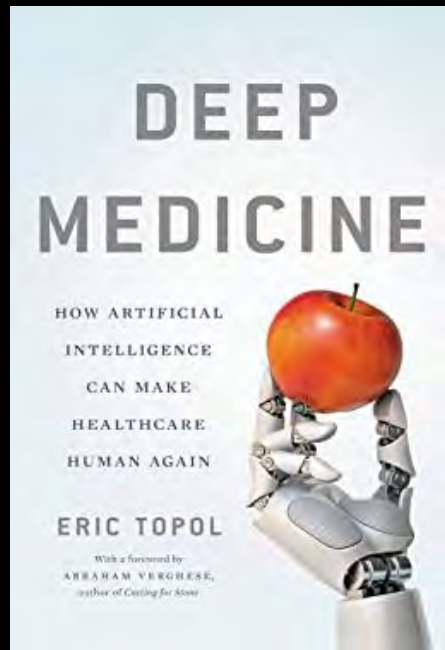
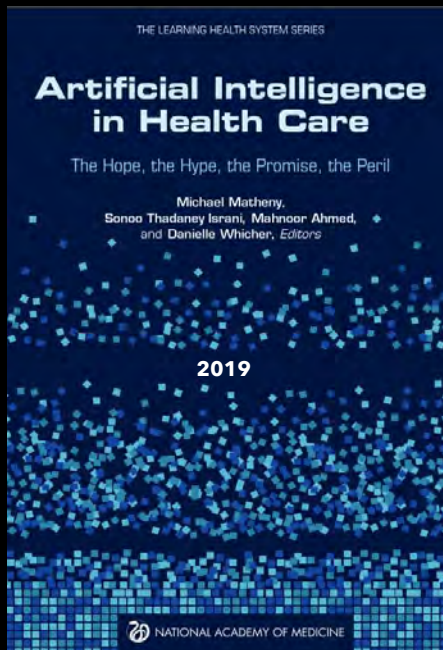


<https://techxplore.com/news/2023-07-chatgpt-people-surprisehere-technologies-difference.html>

AI and LLM Platforms and Disruptive Transformation of Biomedical Research and Healthcare Delivery



Generalized Artificial Intelligence and Healthcare



No Shortage of Commentaries on the Potential of AI for Limitless Benefits or the Road to Dystopian Futures and Machine Control?





OCTOBER 30, 2023

FACT SHEET: President Biden Issues Executive Order on Safe, Secure, and Trustworthy Artificial Intelligence

Machine Learning and Image Analysis in Clinical Medicine

pathology



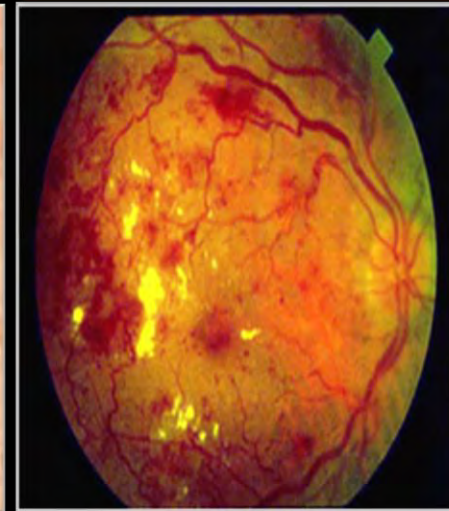
radiology



dermatology



ophthalmology



- large scale training sets and classification parameters
- standardized, reproducible and scalable
- 260 million images/day for \$1000 GPU

The Adoption of ML- AI Platforms in Clinical Medicine

- **from early applications in image analysis to assembly and interpretation of multi-modal deep phenotyping data to define ‘signatures’ of individual health status and risk prediction**

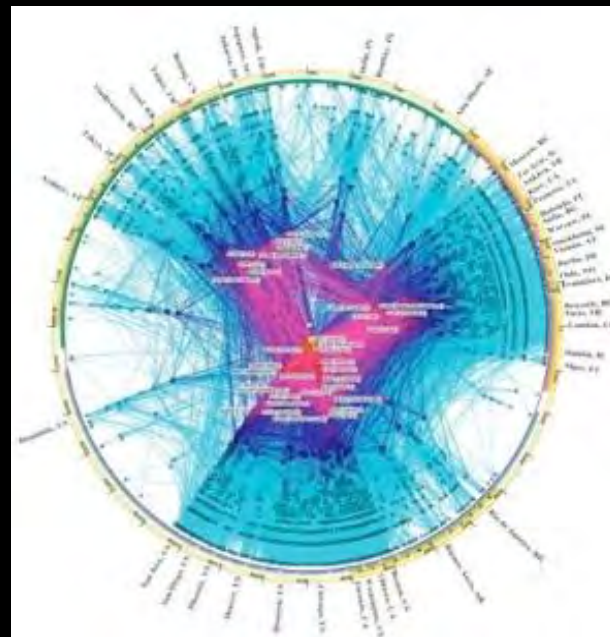
The Emergence of Big Data and ML-AI Platforms Changes the Questions That Can Be Asked



**Isolated Siloed
Data**

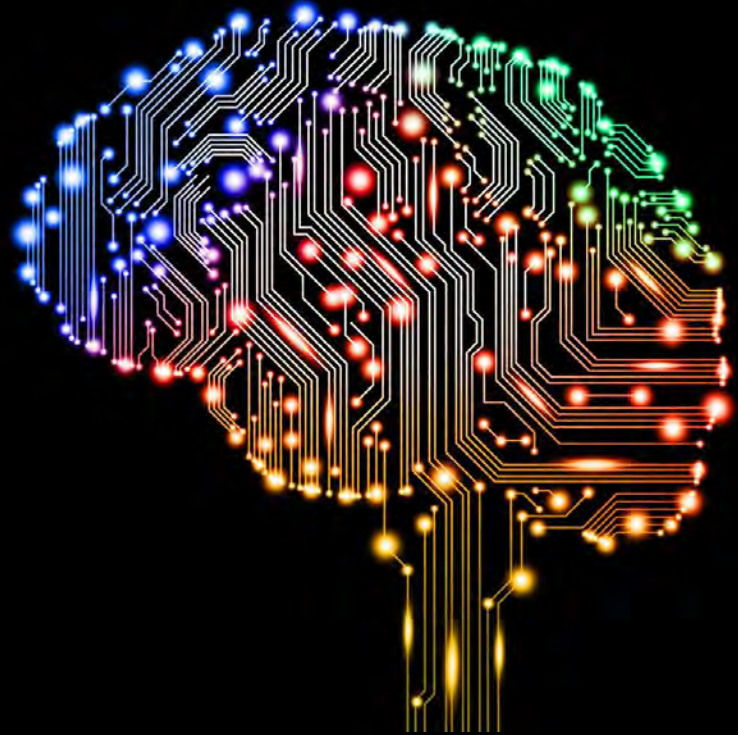
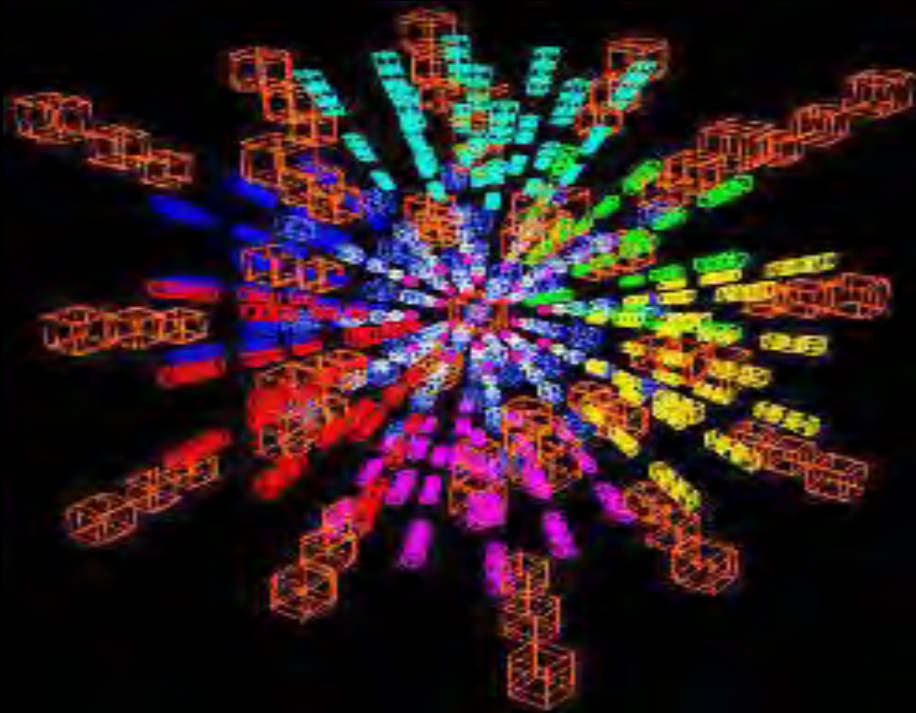


**Complex
Networked Data**



**Complex
Computational Data**

Automated Context: Data Finding Data “Intelligence at Ingestion”



**Feature
Extraction
and
Classification**



**Context
Analysis**
↕
**Persistent
Context**



- **Relevance Mapping**
- **Learning Systems**



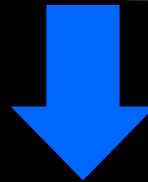
- **Situational Awareness**
- **Rapid, Robust Decisions**

Building Personalized 'Digital Twins': Matching Individual Deep Phenotypes to 'Best Match' Cohorts

Individual Data

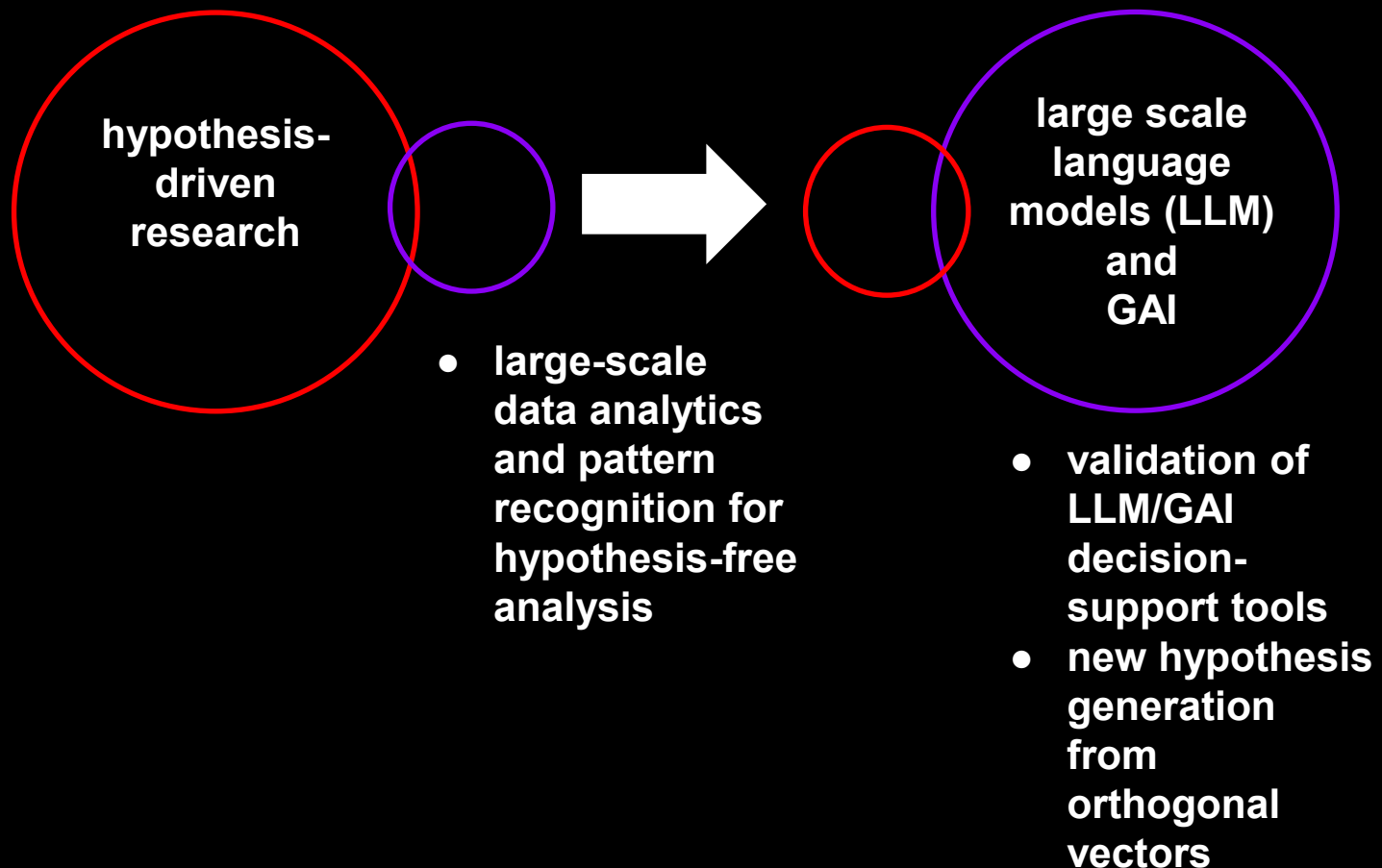


Population Databanks



- 'digital twins and siblings' and imputed computed phenotypes
- disease predisposition and prevention
- earlier detection of subclinical disease and intervention
- selection of optimum treatment regimen for overt disease
- improved outcomes and QOL

Will ML-AI Alter the Fundamental Intellectual Framework for Research Investigation and Decisions?



**Large-Scale Data Science, Creation of New Research Paradigms
and the Entry of New Private Sector Enterprises
Into the Biomedical Ecosystem**

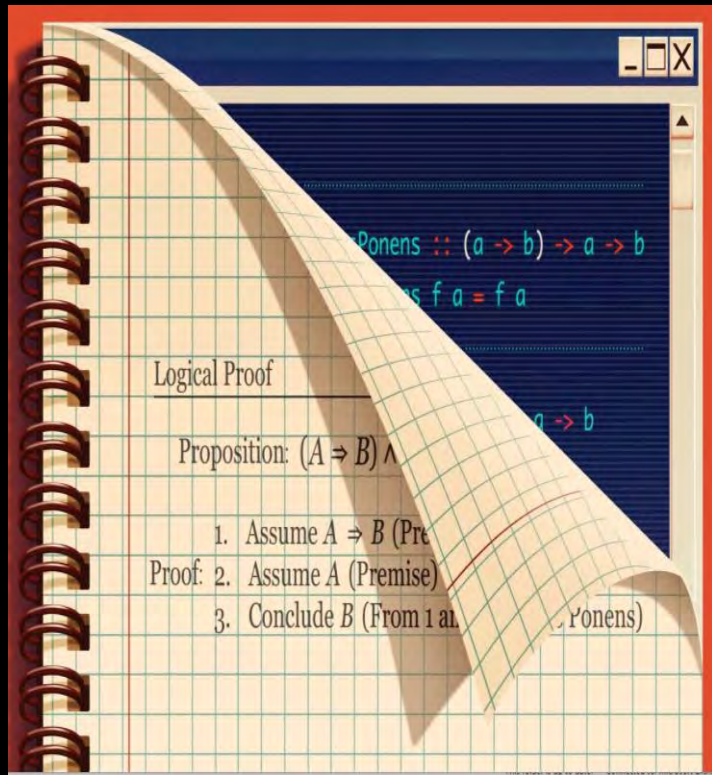
**Implications for the Future Organization, Conduct and
Funding of Research, Care Delivery, Education and Training**

Just What the Data Ordered

ML-AI LLM
Algorithms for Clinical Diagnosis
and Treatment Decisions

Black Box Medicine?

Regulatory Oversight and Validation of Large Language Model (LLM) AI Platforms in Biomedicine



- most LLMs released globally but international harmonization guidelines yet to be defined
- new validation complexities not addressed by current regulatory criteria for pre-LLM machine learning algorithms
 - FDA: software as medical device (SaMD)
- availability of regulatory expertise and resources to accommodate pace of adoption of GPT platforms?
 - integration of next wave of multi-modal data will exacerbate the challenge
 - voice-to-text, video
 - AR/VR/XR platforms



MITRE



Agency for Healthcare
Research and Quality



MAYO CLINIC



OPTUM

The Office of the National Coordinator for
Health Information Technology



Microsoft

Google

Stanford
University

Duke
UNIVERSITY

UCSF

University of California
San Francisco



VANDERBILT
UNIVERSITY



JOHNS HOPKINS
UNIVERSITY

Berkeley
UNIVERSITY OF CALIFORNIA



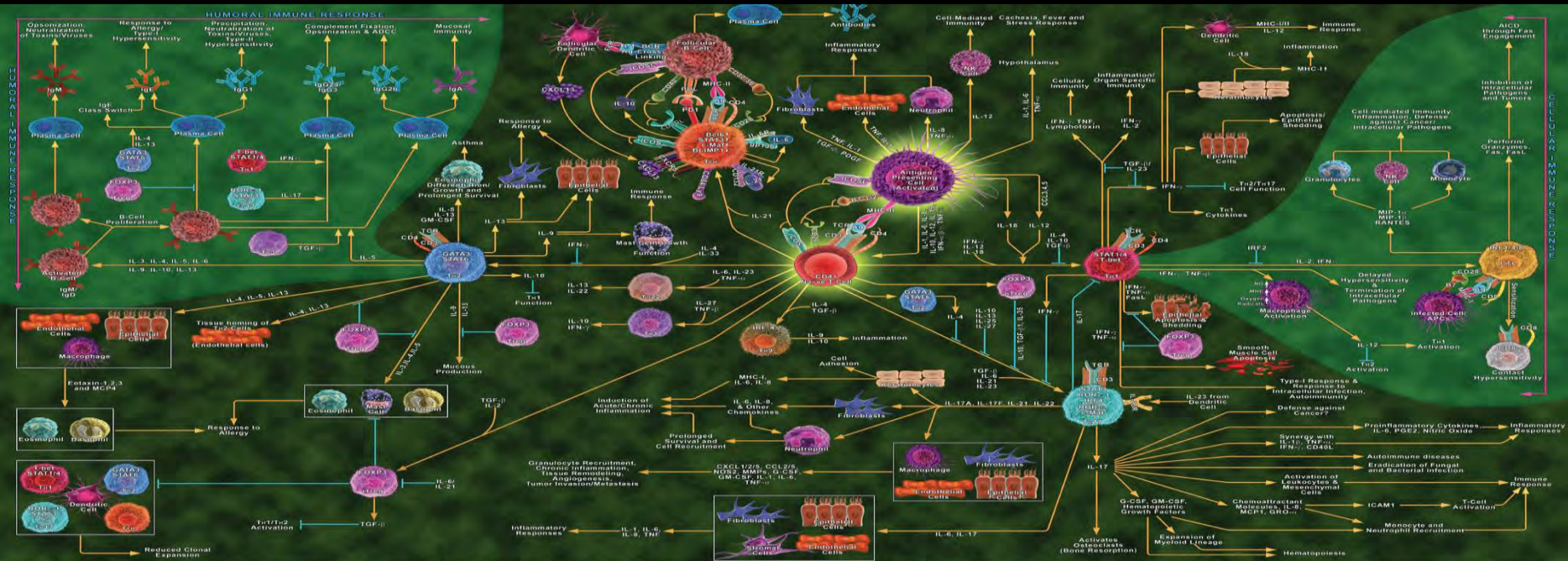
PARTNERSHIP ON AI

GORDON AND BETTY
MOORE
FOUNDATION

Inadvertent Disclosure Risks in GPT Platforms

- **all data (prompts) provided to GPT platforms are not confidential and not HIPAA complaint**
- **employees asking ChatGPT to draft text/PowerPoint presentations using confidential and/or unpublished data creates potential risk of exposure to third party prompts to retrieve the deposited information**
 - **Samsung data breach (April 2023)**
- **physician inputs patient's name and condition into ChatGPT to draft a letter to insurance company justifying treatment**
 - **third party can then ask ChatGPT what clinical condition(s) does 'patient X' have and the bot could answer breaching patient confidentiality**
- **Verizon, JP Morgan Chase, USG agencies and several US states prohibit employee use at work**

Navigation of Escalating Scientific and Clinical Complexities



www.biologend.com
Interactive Poster: biologend.com/immunologicnetworks

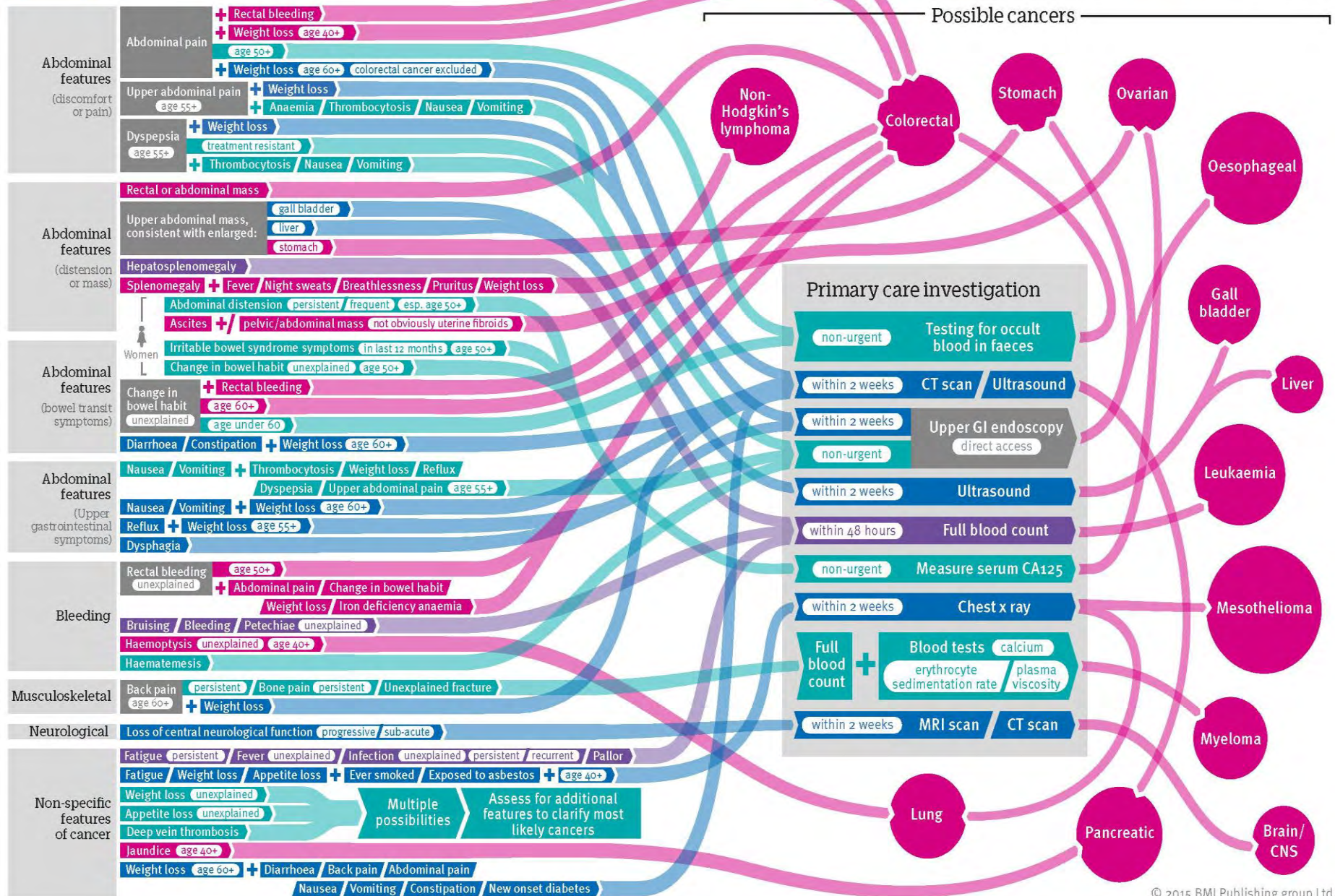
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Phone: (858) 455-9588 Fax: (877) 455-9587
Email: customerservice@biologend.com, techsupport@biologend.com
Created by ProteinLounge.com in Sep 2011

We would like to thank **Dr. Vijay K. Kuchroo** of Harvard Medical School for his contributions to this poster.





Technology Acceleration and Convergence: The Escalating Challenge for Professional Competency, Decision-Support and Future Medical Education

Data Deluge



Cognitive Bandwidth Limits



Automated Analytics and Decision Support

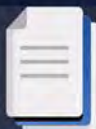


Facile Formats for Actionable Decisions

GAI and the Rise of Chatbots in Healthcare

For medical professionals

clinical documentation



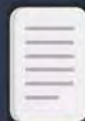
radiology interpretation

creating discharge summaries



suggesting treatment options

generating clinical notes



designing treatment plans

insurance pre-authorization



diagnostic assistance

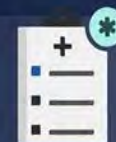
summarizing research papers



medical triage

For patients

analyzing laboratory results



symptom assessment

disease descriptions



analyzing wearables' data

interpreting physician notes



mental health chatbot

personalized health recommendations



medication adherence

health risk prediction



rehabilitation guidance

Regulatory Oversight and Validation of Large Language Model (LLM) AI Platforms in Biomedicine

- **transparency and patient informed consent when AI tools used in their care**
- **malpractice liabilities**
 - **harm from use (platform developers, HCPs, or the health systems which approved adoption)**
 - **harm from failure to use or ignored recommendations when AI-decision support systems are integrated into SOC, professional guidelines or regulatory labeling**

Major Transitions in Medical Education and Healthcare

MEDICAL EDUCATION IN THE UNITED STATES AND CANADA

A REPORT TO
THE CARNEGIE FOUNDATION
FOR THE ADVANCEMENT OF TEACHING

BY
ABRAHAM FLEXNER

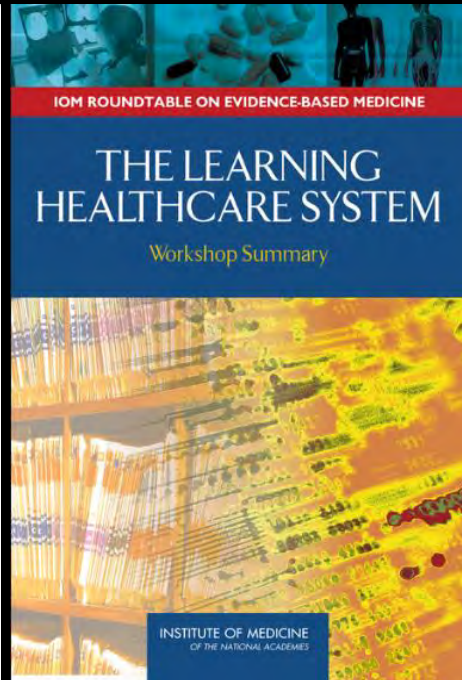
WITH AN INTRODUCTION BY
HENRY S. PRITCHETT
PRESIDENT OF THE FOUNDATION

BULLETIN NUMBER FOUR (1910)
(Reproduced in 1960)
(Reproduced in 1978)

437 MADISON AVENUE
NEW YORK CITY 10022

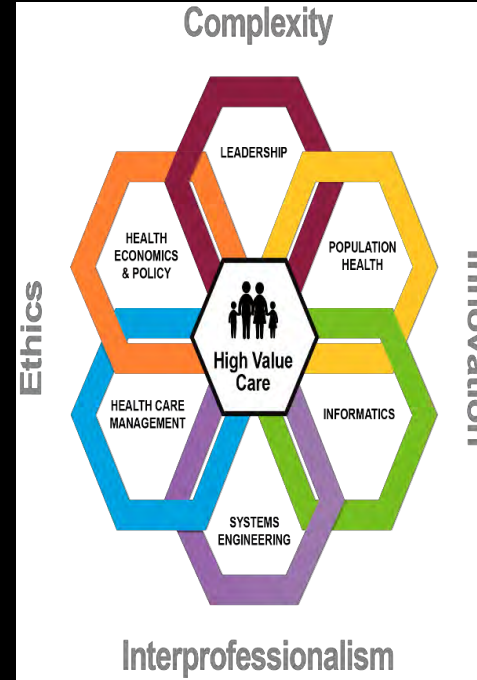
1910 - present

(science-centric)



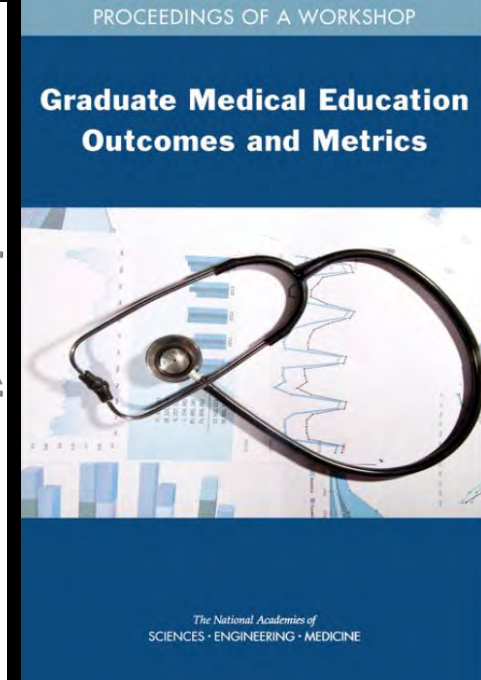
2000 - present

healthcare as a
learning system
(data-centric)



2015 - ?

mastery of escalating complexity
and massive data (network-centric)



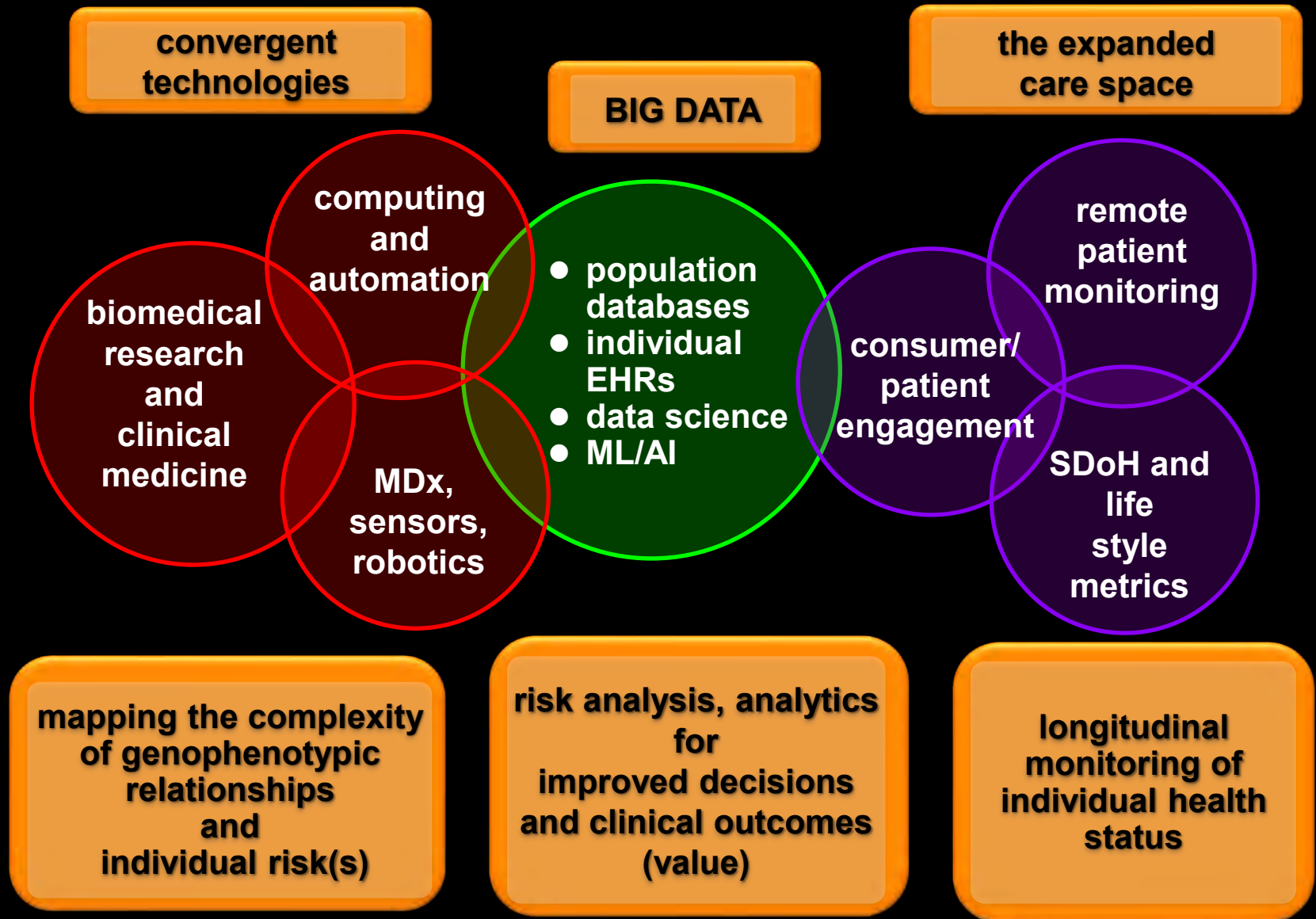
New Patterns of Learning



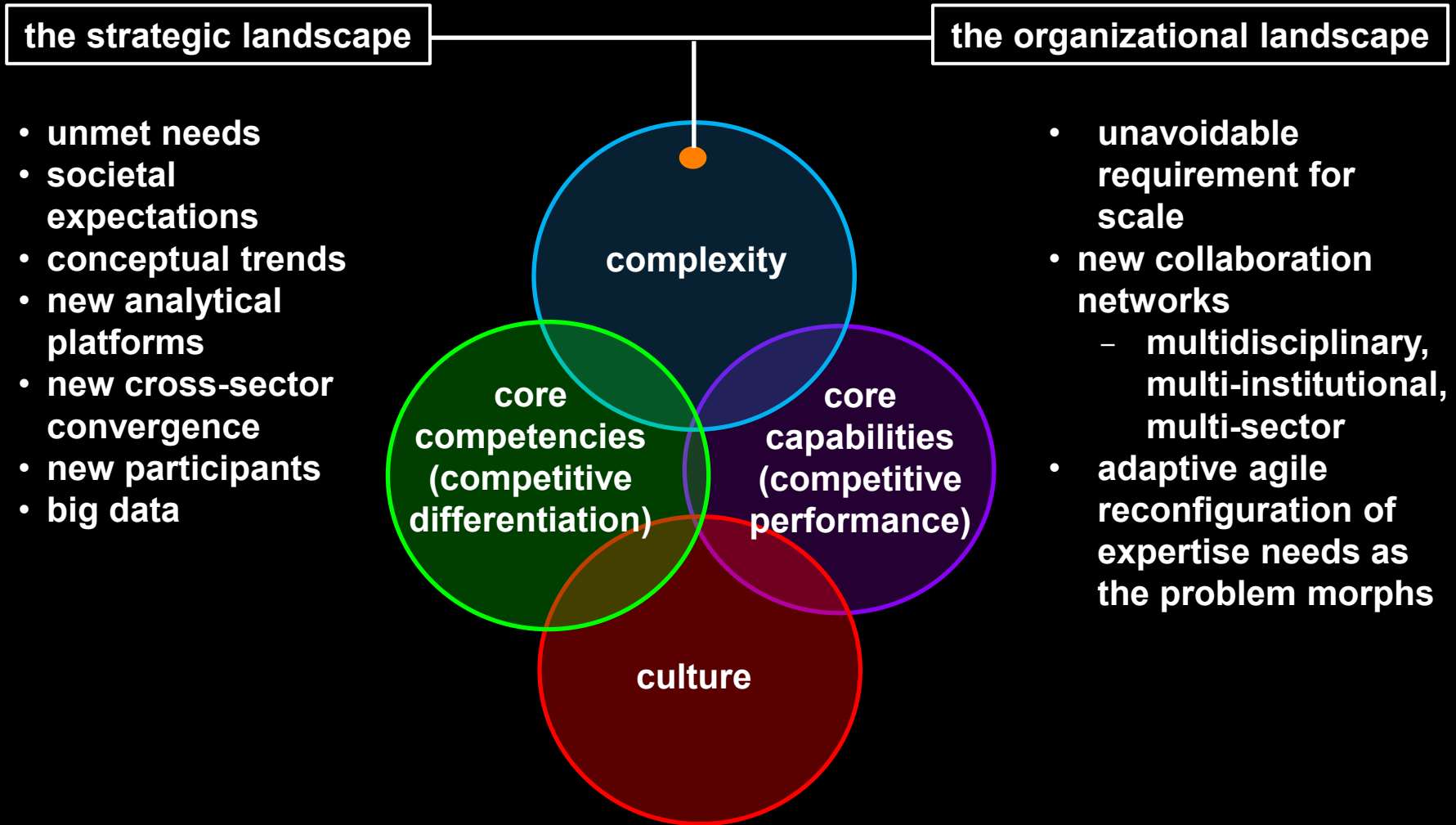
“Digital Darwinism”: A Looming Digital Divide

- **understanding data structure and its productive application/customization for acceleration of research and clinical care will become a critical institutional competency**
- **major skill gaps and personnel shortages in biomedicine**
- **training of a new cadre of data scientists (medical and non-medical)**
- **institutions lacking adequate computational infrastructure and critical mass in data analytics will suffer ‘cognitive starvation’ and relegation to competitive irrelevance**

The Co-Evolution of Precision Health, Digital Health: Making Learning Healthcare Systems A Reality

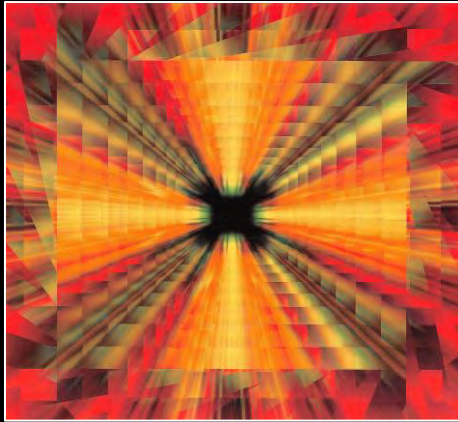


The Innovation Ecosystem



The Evolution of Data-Intensive Precision Health

**Technology
Convergence
and Acceleration**



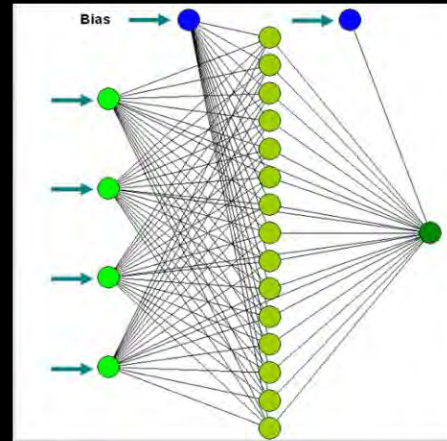
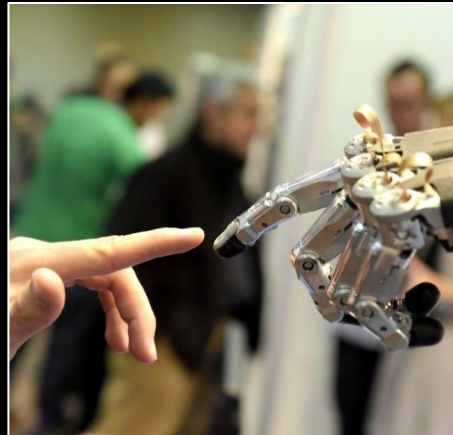
**Mapping
Geno-Phenotype
Complexity**



**Topology of
Biological
Information
Networks**



Big Data



**Data Security
and Privacy**

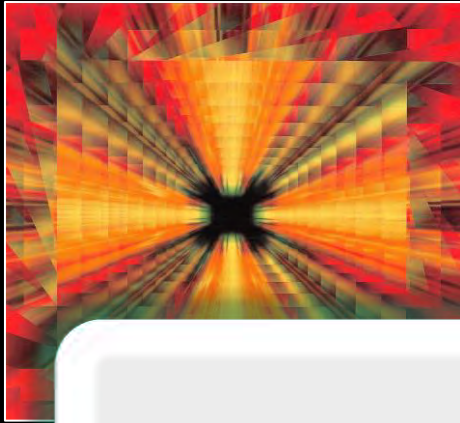
**Artificial Intelligence
and Decision Support**

**Robotics and Human
Machine Interactions**

**Public Policy:
Ethics, Risk and
Regulation**

The Evolution of Data-Intensive Precision Health

**Technology
Convergence
and Acceleration**



**Mapping
Geno-Phenotype
Complexity**



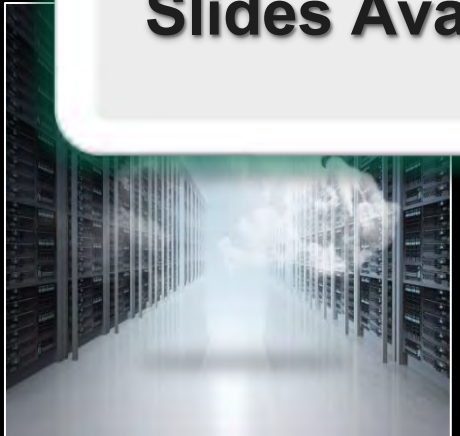
**Topology of
Biological
Information
Networks**



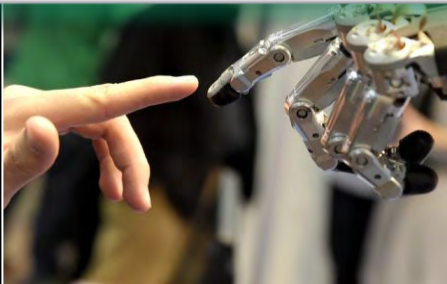
Big Data



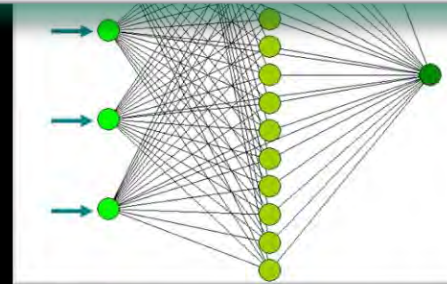
Slides Available @ <http://casi.asu.edu/presentations>



**Data Security
and Privacy**



**Artificial Intelligence
and Decision Support**



**Robotics and Human
Machine Interactions**



**Public Policy:
Ethics, Risk and
Regulation**