

alzheimer's association®

**AAIC >17**

**ALZHEIMER'S ASSOCIATION INTERNATIONAL CONFERENCE®**

JULY 16–20 > LONDON, ENGLAND

# THE FUTURE OF ELECTRONIC HEALTH RECORDS AND BIG DATA IN DEMENTIA RESEARCH



- Consultancy
  - Optum labs
  - Eisai
  - SomaLogic
  - Janssen/J&J
- Research funding/collaboration
  - AstraZeneca
  - Lilly
  - EFPIA companies through IMI
- Intellectual property
  - Patents related to biomarkers for AD held by KCL and Proteome Sciences

# What is Big data?



# What is Big data?



Volume



Variety



Velocity



Complexity

- Enabling cohort and real world data for dementia research
  - European Medical Information Framework (IMI-EMIF)
  - Case Records Interactive Search (UK-CRIS)
- Using molecular and real world clinical data in drug development
  - From phase 0 to phase IV
- Looking ahead
  - Future platforms for better dementia research and care

# European Medical Information Framework (IMI-EMIF)

## ACADEMIC PARTNERS

38



## SME PARTNERS

9



## EPPIA PARTNERS

10



## PATIENT ORGANISATION

1

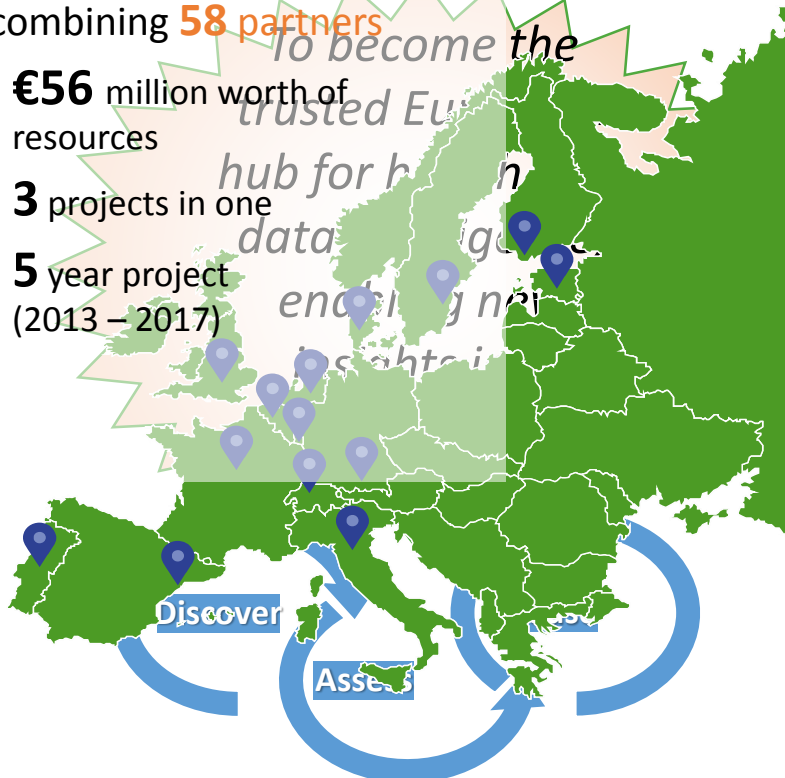


14 European countries  
combining 58 partners

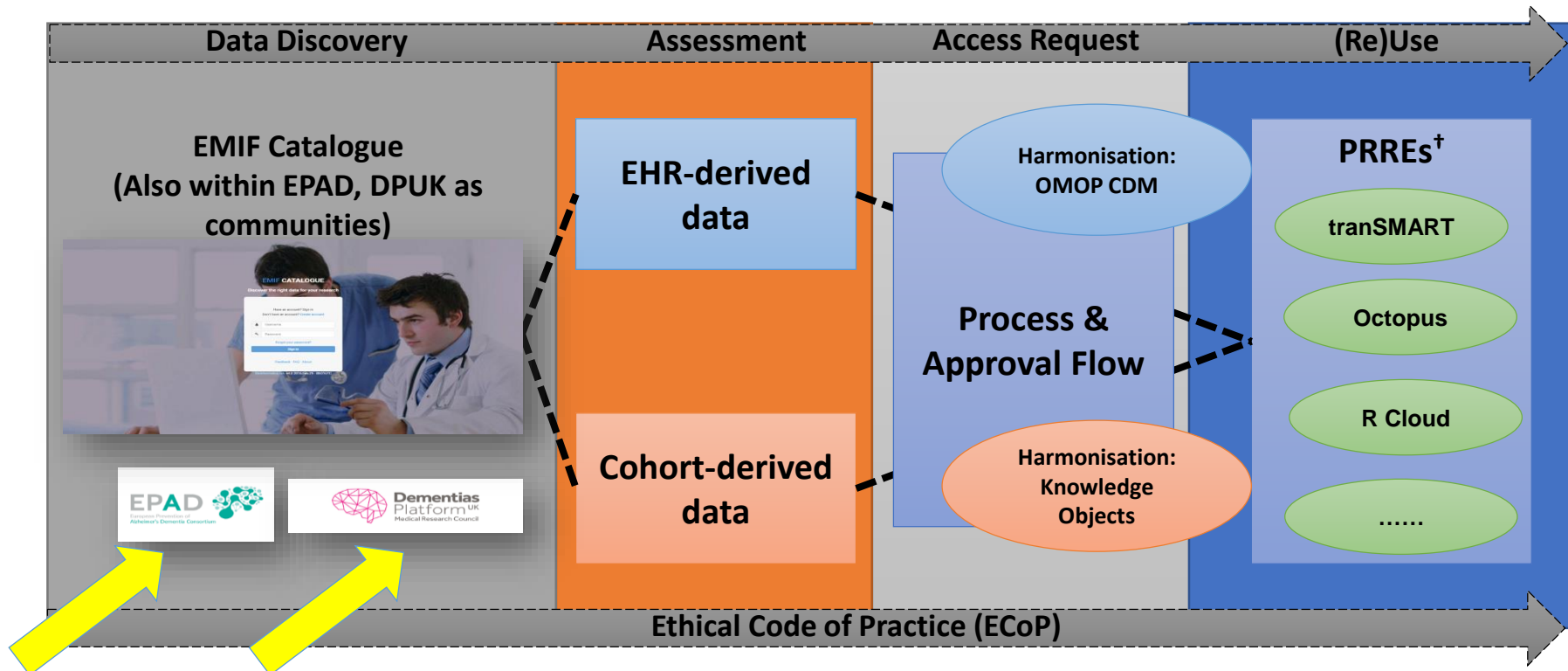
€56 million worth of  
resources

3 projects in one

5 year project  
(2013 – 2017)



# EMIF pipeline – discover, assess, use

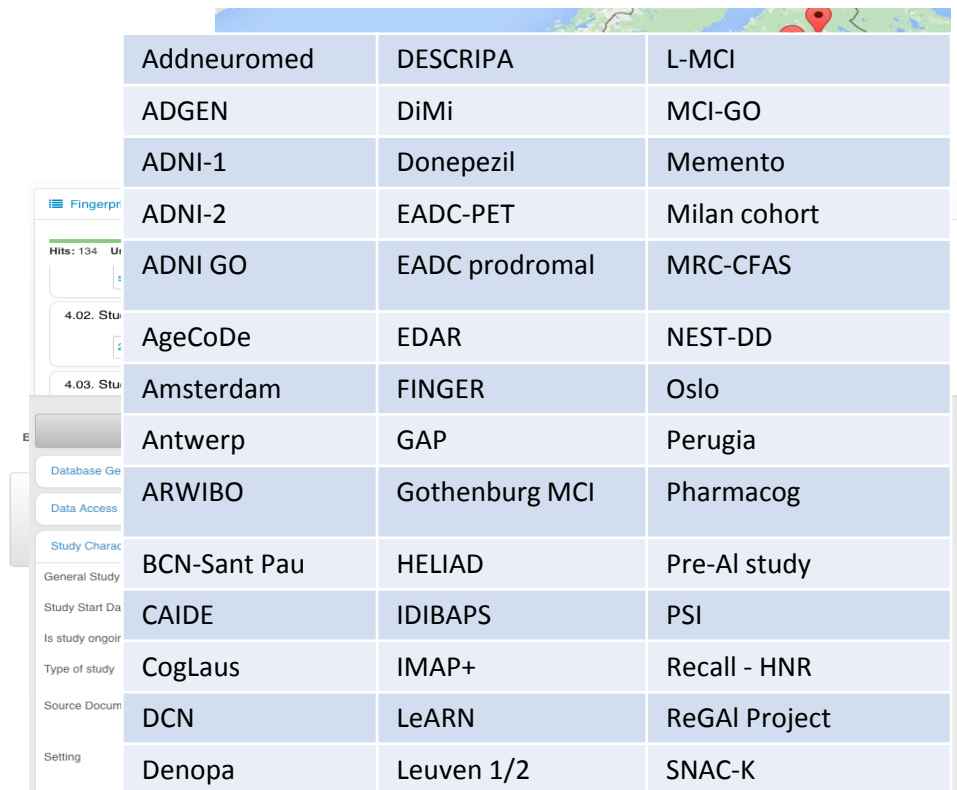


† Private Remote Research Environment



# EMIF-AD data discovery: catalogue ([emif-catalogue.eu/index](http://emif-catalogue.eu/index))

- Overview of Alzheimer's disease studies in Europe
- Detailed information from every study
- Advanced search techniques
- Compare cohorts



Addneuromed	DESCRIPA	L-MCI
ADGEN	DiMi	MCI-GO
ADNI-1	Donepezil	Memento
ADNI-2	EADC-PET	Milan cohort
ADNI GO	EADC prodromal	MRC-CFAS
AgeCoDe	EDAR	NEST-DD
Amsterdam	FINGER	Oslo
Antwerp	GAP	Perugia
ARWIBO	Gothenburg MCI	Pharmacog
BCN-Sant Pau	HELIAD	Pre-AI study
CAIDE	IDIBAPS	PSI
CogLaus	IMAP+	Recall - HNR
DCN	LeARN	ReGAI Project
Denopa	Leuven 1/2	SNAC-K



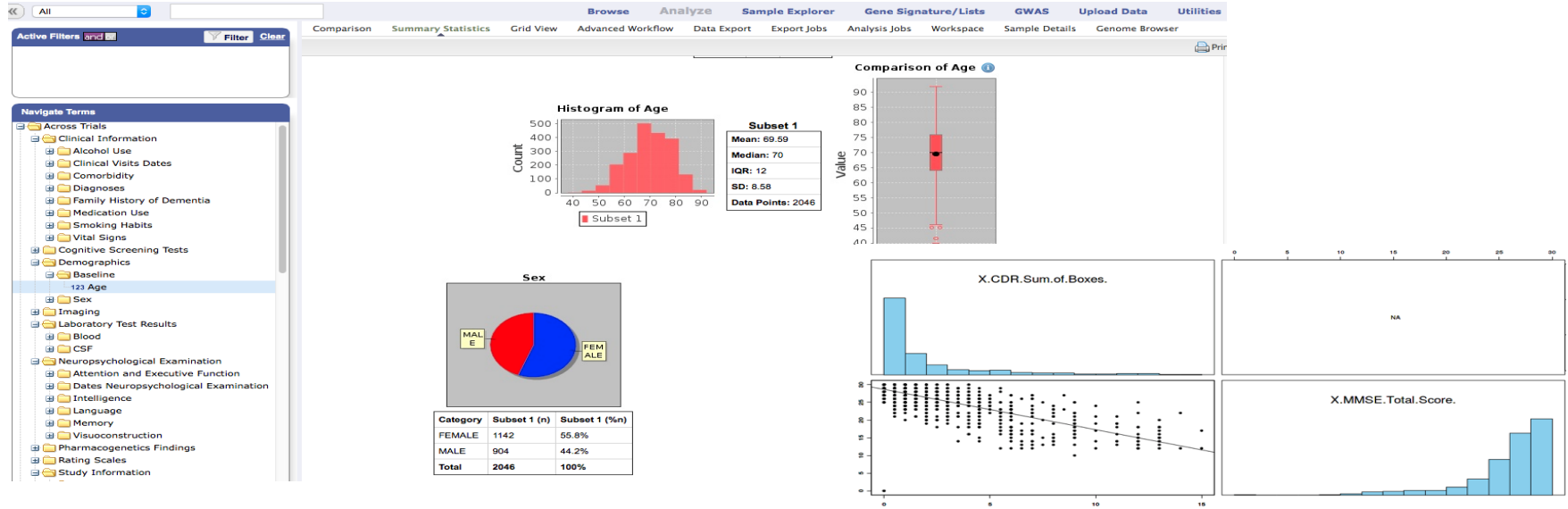
# EMIF-AD data discovery: research cohorts and real-world

Research cohorts for dementia	Number of subjects
Normal cognition	31,376
Subjective cognitive complaints	4,369
Mild cognitive impairment	11,287
Probable/possible Alzheimer's disease	9,754
Other dementia	2,453
<b>Total</b>	<b>~ 60,000</b>

Real world datasets	Number of subjects
Aarhus (DK)	2.3 million
Regional DB Tuscany (IT)	4.8 million
GePaRD (DE)	17 million
THIN (UK)	> 11 million
IPCI (NL)	2.9 million
Health Service (IT)	>2 million
Pharmo (NL)	> 7 million
UK cohorts (CVS, diabetes)	~ 500,000
EGCUT (EE)	52,000
<b>Total</b>	<b>~ 48 million</b>



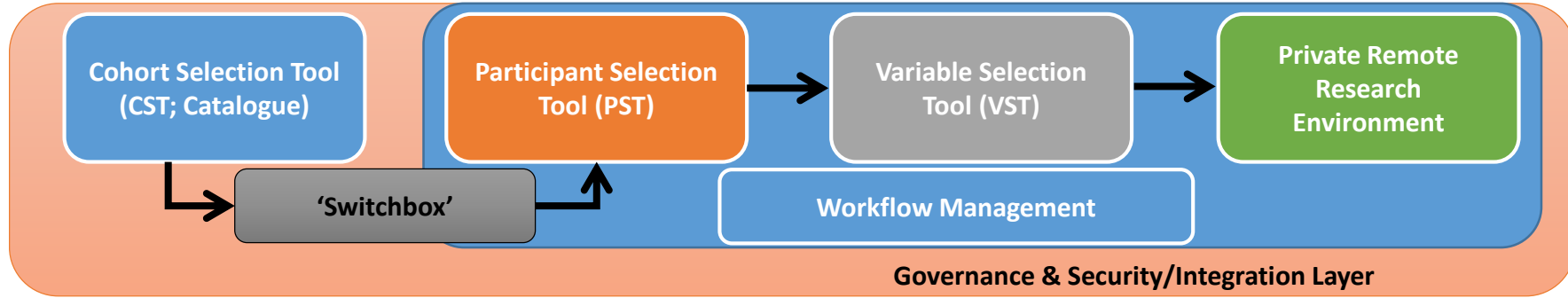
Pre-competitive  
reutilisation of research and  
real-world data



10 cohorts; > 4000 subjects; multiple phenotypes – demographics, imaging biomarkers, cognitive scores; molecular phenotypes and genotypes in process

# EMIF pipeline – discover, assess, use

RESEARCH COHORTS

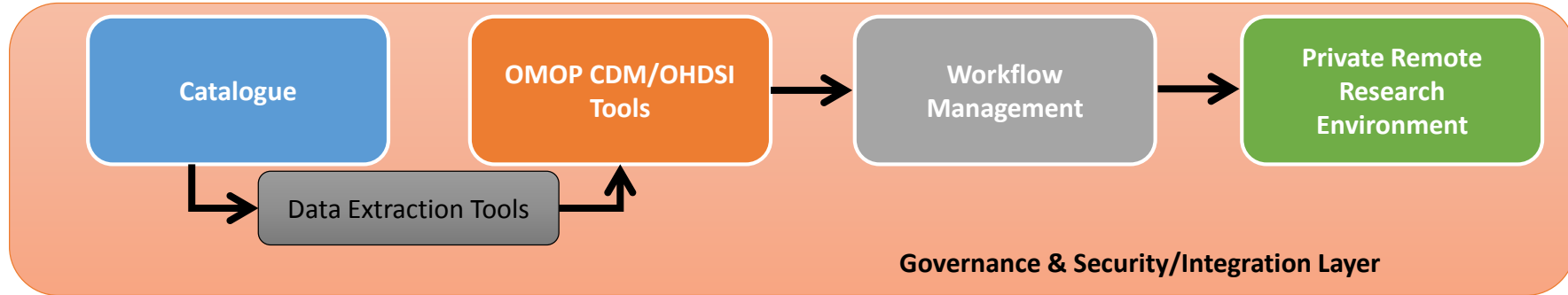


Discovery

Assessment

(Re)Use

REAL WORLD DATA



# Case Records Interactive Search (UK-CRIS)

14

NHS Mental Health  
Trusts across the UK

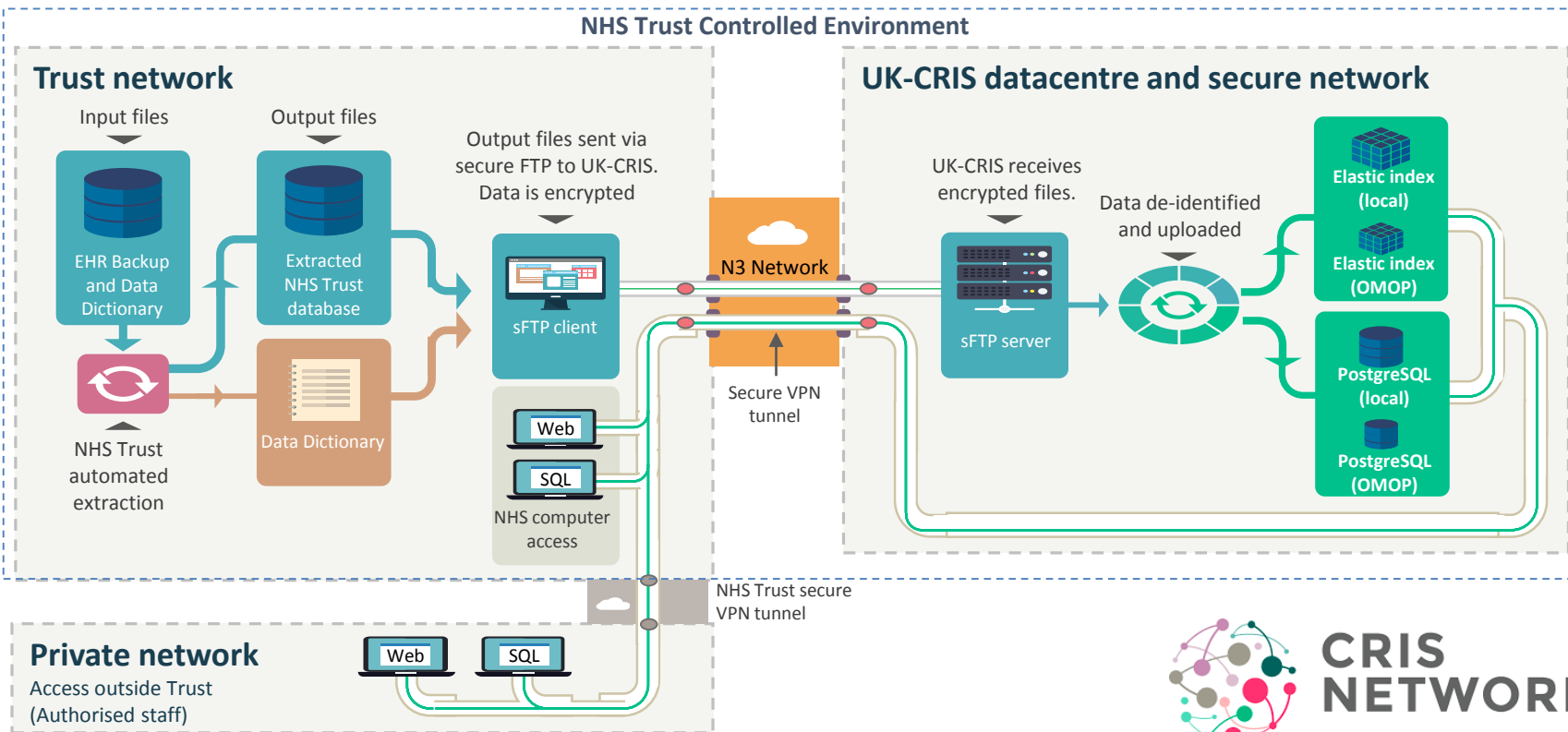
2.5m+

De-identified electronic  
patient records



- 1 Avon and Wiltshire Mental Health Partnership NHS Trust
- 2 Cambridgeshire and Peterborough NHS Foundation Trust
- 3 Camden and Islington NHS Foundation Trust
- 4 Devon Partnership NHS Trust
- 5 Kent and Medway NHS and Social Care Partnership Trust
- 6 Mersey Care NHS Foundation Trust
- 7 North East London Foundation Trust
- 8 Nottinghamshire Healthcare NHS Foundation Trust
- 9 Northumberland, Tyne and Wear NHS Foundation Trust
- 10 Oxford Health NHS Foundation Trust
- 11 Southern Health NHS Foundation Trust
- 12 South London and Maudsley NHS Foundation Trust
- 13 South West London and St George's NHS Foundation Trust
- 14 West London Mental Health NHS Trust

# UK-CRIS: safe, secure and *complete*

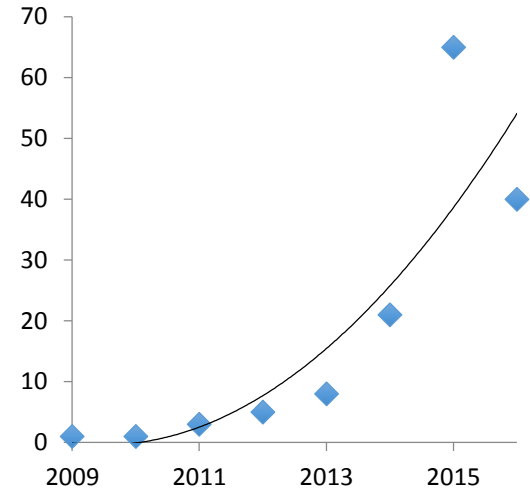


- EMIF publications

- <http://www.emif.eu/results>
  - or search EMIF EU references
- > 85 papers 2012-2017

- CRIS publications

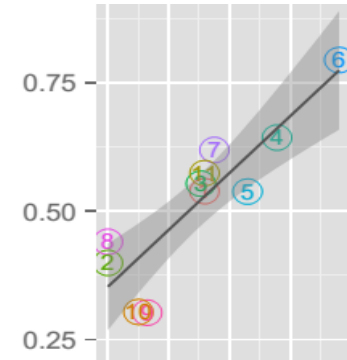
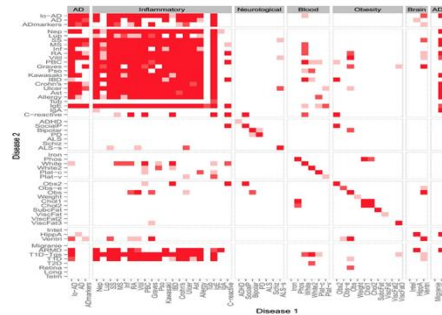
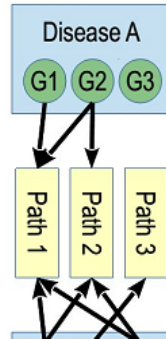
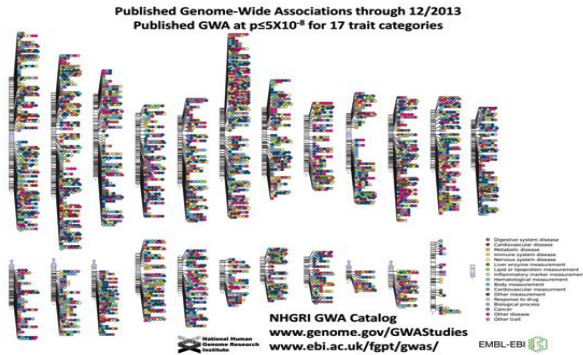
- <http://www.maudsleybrc.nihr.ac.uk/facilities/clinical-record-interactive-search-cris/cris-publications/>
  - or search CRIS BRC references
- > 65 papers 2009-2017



# Data reutilisation to accelerate drug development in AD

- Target nomination and proof of concept
- Biomarkers for clinical trials
- Participant identification and recruitment
- Phase IV
- Regulatory / payer approval





- Generate pathways from complete GWAS datasets and perform clustering analysis for shared pathways
- Correlate pathway load per disease with risk relationship between disease and Alzheimer's *from real world data*
- Perform proof of concept in human samples *using EMIF catalogue*

Molecular Psychiatry (2014) 19, 88–98

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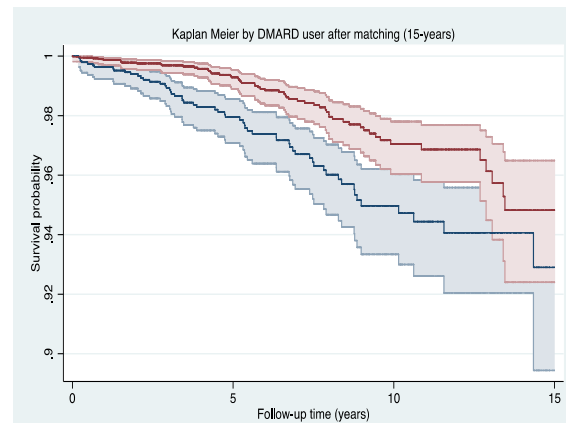
www.nature.com/mp

Open

ORIGINAL ARTICLE

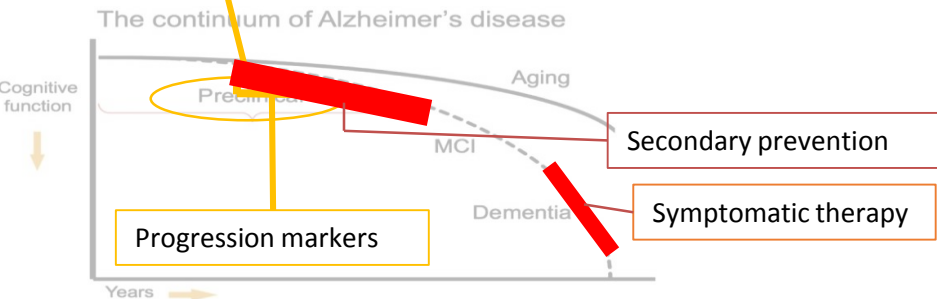
## Clusterin regulates $\beta$ -amyloid toxicity via Dickkopf-1-driven induction of the wnt–PCP–JNK pathway

R Killick<sup>1,6</sup>, EM Ribe<sup>3,6</sup>, R Al-Shawi<sup>2</sup>, B Malik<sup>1</sup>, C Hooper<sup>1</sup>, C Fernandes<sup>1</sup>, R Dobson<sup>1</sup>, PM Nolan<sup>2</sup>, A Lourdasamy<sup>1</sup>, S Furney<sup>1</sup>, K Lin<sup>1</sup>, G Breen<sup>1</sup>, R Wroe<sup>1</sup>, AWM To<sup>1</sup>, K Leroy<sup>4</sup>, M Causevic<sup>1</sup>, A Usardi<sup>1</sup>, M Robinson<sup>1</sup>, W Noble<sup>1</sup>, R Williamson<sup>1</sup>, K Lunnon<sup>2</sup>, S Kellie<sup>5</sup>, CH Reynolds<sup>1</sup>, C Bazenet<sup>1</sup>, A Hodges<sup>1</sup>, J-P Brion<sup>4</sup>, J Stephenson<sup>1</sup>, J Paul Simons<sup>2</sup> and Simon Lovestone<sup>1</sup>



- Generate disease signature using differential transcriptomics with validation in vitro and in vivo using ***open access and repurposed datasets***
- Identify compounds from 90k screen and in silico using Broad cMAP; confirm hits
- Proof of concept for compound hit class using ***real world data***

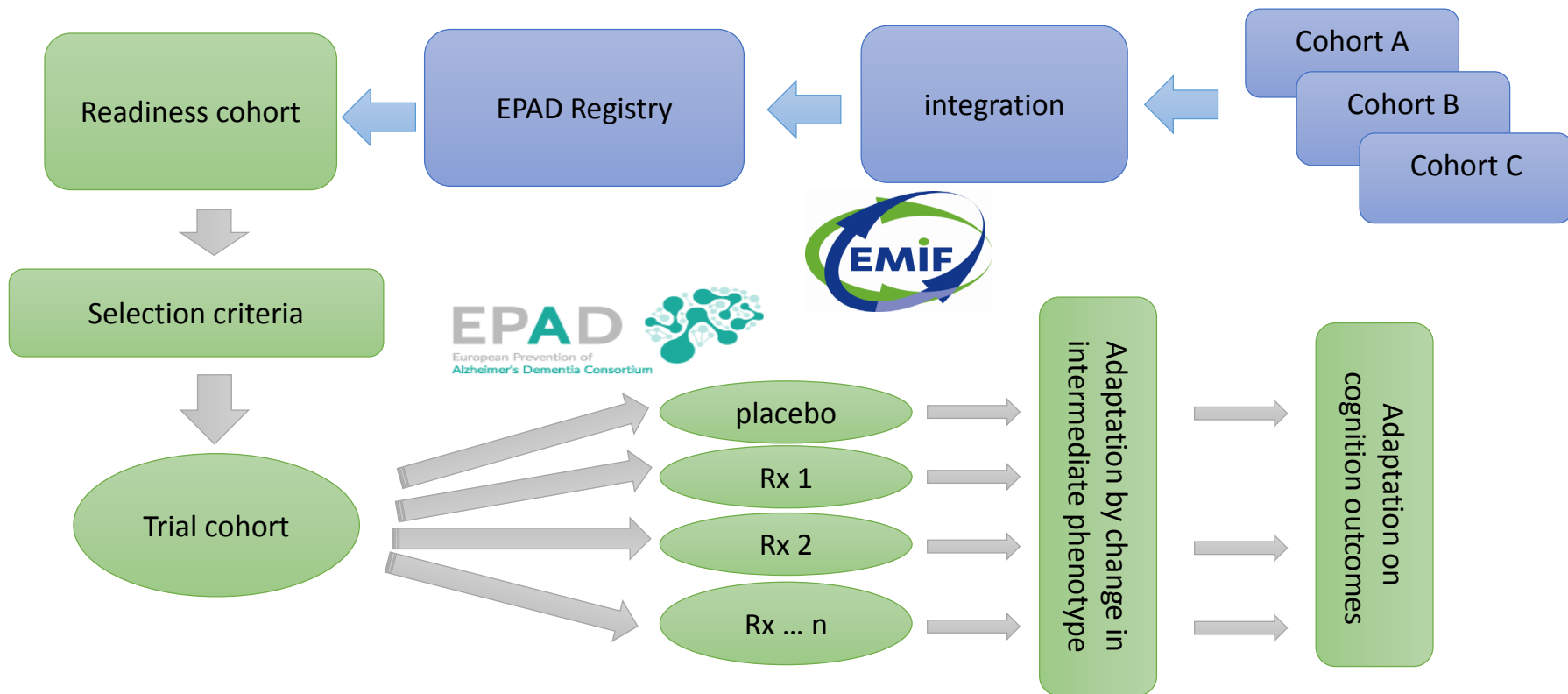
## Selection and stratification markers



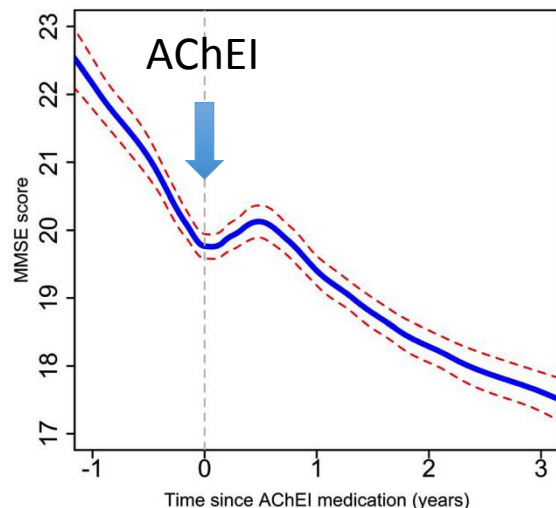
- Finding 'impossible' cohorts
  - **EMIF 500 and EMIF 1000**
  - discovery of blood based correlates of CSF and PET measures of amyloid load
  - Replicating markers with PPV 0.86

Clinical study	'n'	Cost of A $\beta$ PET screen failure	Cost of A $\beta$ /tau PET screen failure	Screen failure saving with a blood biomarker
Deep and Frequent trial	250	£450k	£1.2m	£318k / £848k

# Participant identification and recruitment



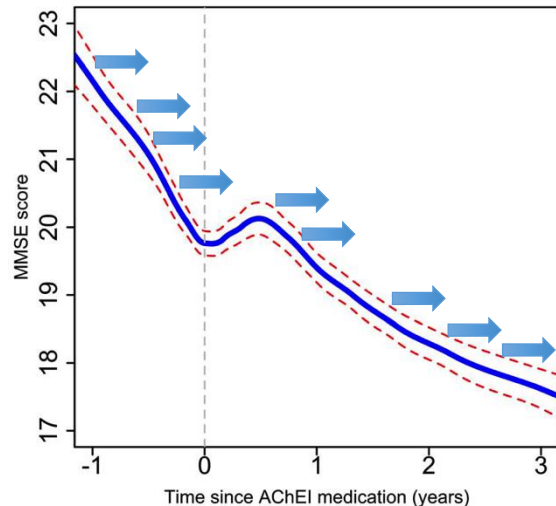
## *Potential to deliver post-marketing data at scale and in real-world contexts*



- South London & Maudsley NHS FT **CRIS** data
- n=2460; dementia treatment with AChEIs
- MMSE derived from **coded and uncoded** data
- Improvement by 4.2 units per year in first 6 months
- Predictors of response:
  - Better early response in non-white patients
  - Worse early response in vascular dementia

G. Perera, *et al.*, Factors associated with response to acetylcholinesterase inhibition in dementia: a cohort study from a secondary mental health care case register in London. *PLoS One* **9**, e109484 (2014).

## ***Beyond research data modeling - using CRIS for real-world, individual level costs***



- Destination from uncoded data and linkage
- N=3075 (5624 6m windows)
  - 25% alone; 52% ADL problems
  - 37% physical illness; 45% moderate severity
- Mean costs of severe dementia >2x that for mild
- Increased care costs associated:  
*with severity, functional problems, agitation, living alone  
but not physical illness, depression or gender*

M. Knapp *et al.*, Predictors of care home and hospital admissions and their costs for older people with Alzheimer's disease: findings from a large London case register. *BMJ open* 6, e013591 (2016).

# Big data – velocity missing



Volume



Variety



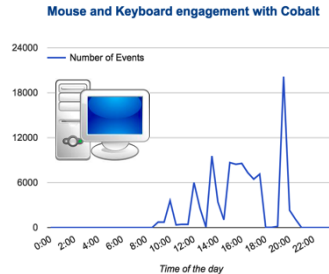
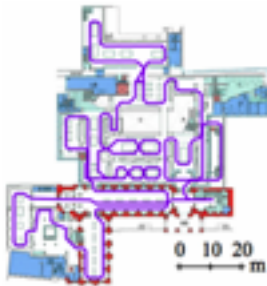
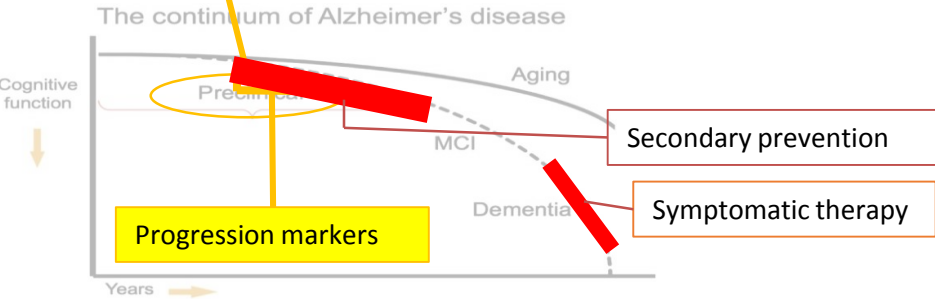
Velocity

Complexity



# Deep & Frequent Phenotyping

## Selection and stratification markers



## • Deep phenotyping

- Amyloid and tau PET
- Blood, CSF, MRI, MEG, EEG, retinal, cognition, gait, connected devices for activity and function

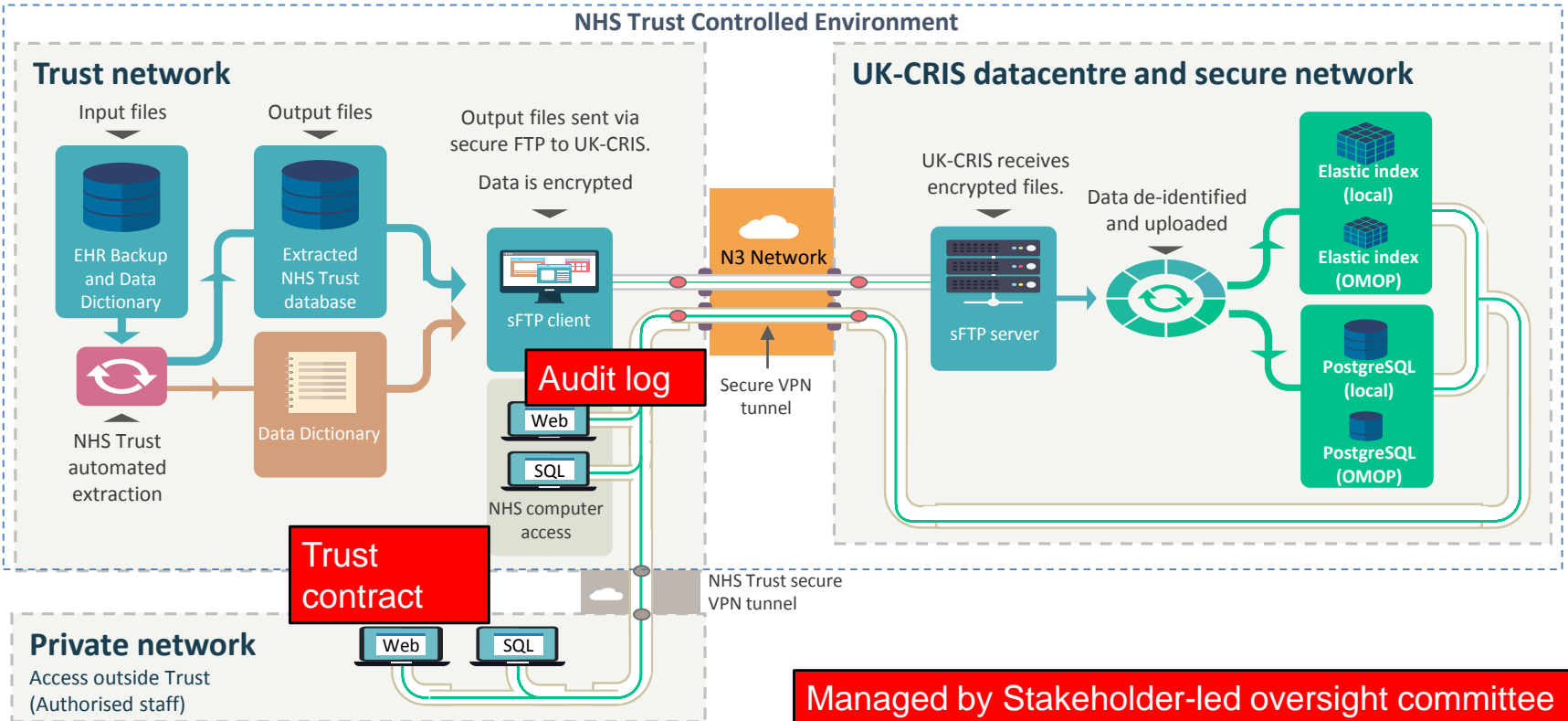
## • Frequent phenotyping

- ~2-3 month repeat measures
- Near continuous measures possible

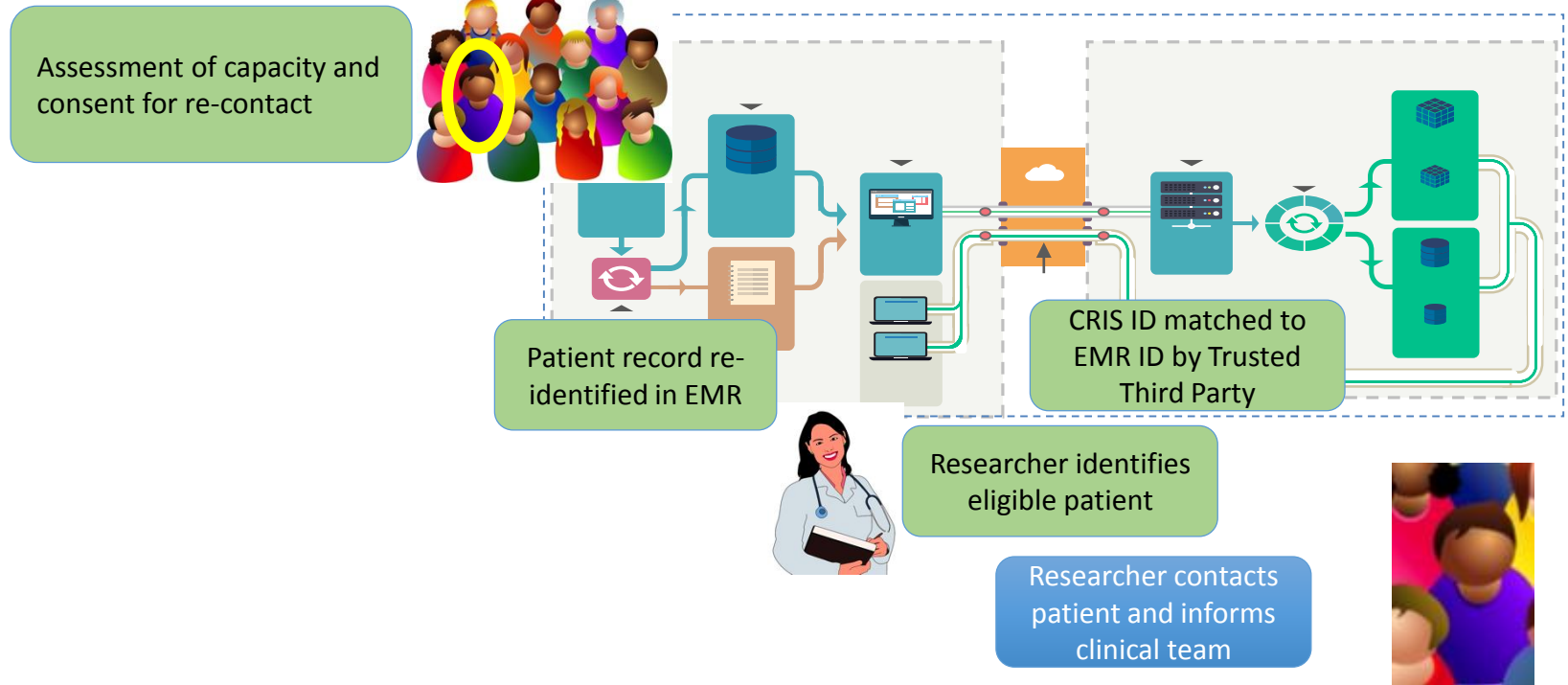
## • Open science

- data sharing planned from outset

# Information governance



# CRIS consent for contact model



**Research Consent**

The SLAM Specialist Biomedical Research Centre for Mental Health is seeking to generate a database of SLAM service users who are willing to be contacted about current and future research projects and are willing for researchers to identify them from their case records. This form is to be used to record whether this service user agrees or not to this. For children and adults lacking capacity to consent, agreement can be sought from an appropriate other party. The service user or other person providing agreement should be provided with a copy of the relevant information sheet to assist them with this decision.

**Capacity**

This section to be completed by a relevant clinician, e.g the care-coordinator.

Date Asked\*      Asked By\*      Team/Ward\*

Please select one of the following:\*

Adult patient has capacity to give this consent

Adult patient lacks capacity and is deemed unlikely to regain capacity to give this consent

Child i.e. under 16 years old

For young children, an adult with parental responsibility should be asked to act on behalf of the child. However, if you have assessed the young person as having the capacity to consent to be contacted they may give consent.

For adult patients that lack capacity and CAMHS patients, please select the contact that will be acting on his/her behalf.

**Contact**

Name

Address

Relationship

Add

Comments

## 74% agreement

20,000 consents and samples in 3 years

**Permission To Contact**

This section to be completed by a relevant clinician, e.g the care-coordinator.

Date Asked\*      Asked By\*      Team/Ward\*

Following discussion with the patient or the parent/carer if the patient lacks capacity, please confirm if he/she consents to both the following:

- I agree to be contacted by a researcher offering the opportunity to take part in relevant research projects if they think I may be a suitable participant.
- If I agree to be contacted as a potential participant in relevant research projects, I understand that sections of the clinical record may be looked at by responsible individuals from a research team to see if I am eligible to be approached about particular projects. I give permission for these individuals to have access to my records for this reason and to be approached to explain the relevant projects(s).

Information leaflet provided      Permission asked at      Response

Yes      - Please Select -       Yes  No

Add

Comments

**Approaches and Participation**

This section should be completed by BRC researchers

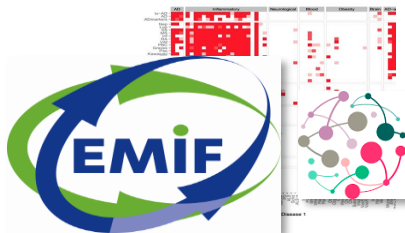
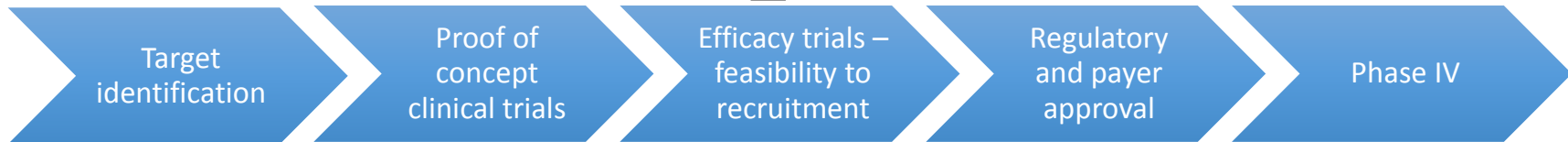
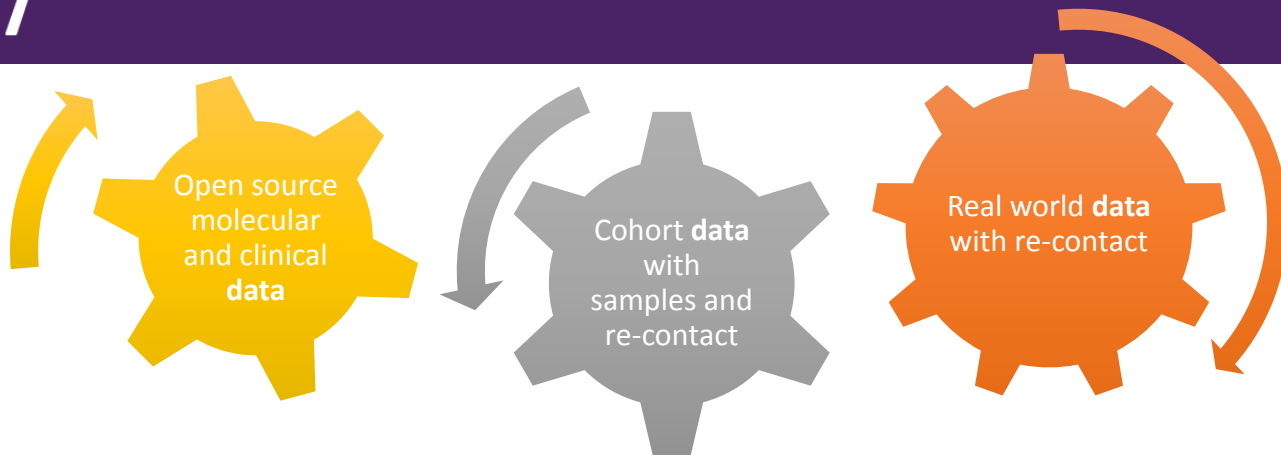
It should be used to record all occasions where the patient was invited to participate in a potentially suitable project. An end date should be entered at the start if known, e.g based on study recruitment period length or length of study ethics approval.

Date Asked      Asked By      Project      Ethics Approval Ref      Response      End Date

Yes  No

Add

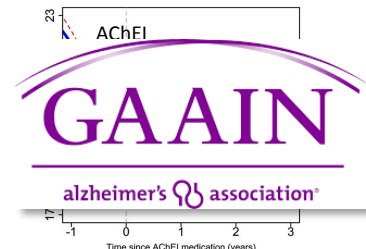
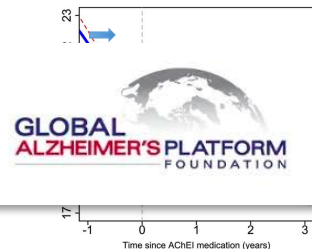
# Platforms for dementia research



EPAD



Dementias Platform UK  
Medical Research Council



- CRIS

- Mike Denis (Oxford)
- Rob Stewart (KCL)
- Matthew Broadbent (KCL/SLaM)
- Tanya Smith (Oxford)
- Felicity Callard (KCL)

- EMIF

- Bart Vannieuwenhuysse (J&J)
- Johannes Streffer (J&J)
- Pieter Jelle Visser (VuMC)
- Jose Luis Oliveira (Aveiro)
- Michel Van Speybroeck (J&J)

- EPAD

- Serge Van Der Geyten (J&J)
- Craig Ritchie (Edinburgh)
- Jose Luis Molinuevo (BBBRC)

- Oxford (targets & markers)

- Alejo Nevado-Holgado
- Chi-Hun Kim
- Danielle Newby
- Laura Winchester
- Tim Johanssen
- John Davis
- Andrew Judge
- Alison Baird
- Sarah Westwood
- Jennifer Lawson
- Chris Hinds
- Ivan Koychev
- Lynn Rochester (Newcastle)



Innovative Medicines Initiative





# DataParasites

# DataPhilanthropists

# DataSavesLives