

سوره الفاتحه

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۱۳۲۰

# بسترهای پزشکی شخصی در ایران

Precision medicine in Iran

**دکتر فریدون عزیزی**

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دانشگاه علوم پزشکی شهید بهشتی

۱۱ مهر ماه ۱۴۰۳

# Agenda

- ❖ **Genomic driven precision medicine**
- ❖ **Practical application of precision medicine**
- ❖ **Precision medicine in diabetes**
- ❖ **Risk prediction of DM**
- ❖ **Pharmacogenetics of DM**
- ❖ **Precision medicine in Iran**
- ❖ **Tehran cardiometabolic genetic study**
- ❖ **Challenges and Conclusions**

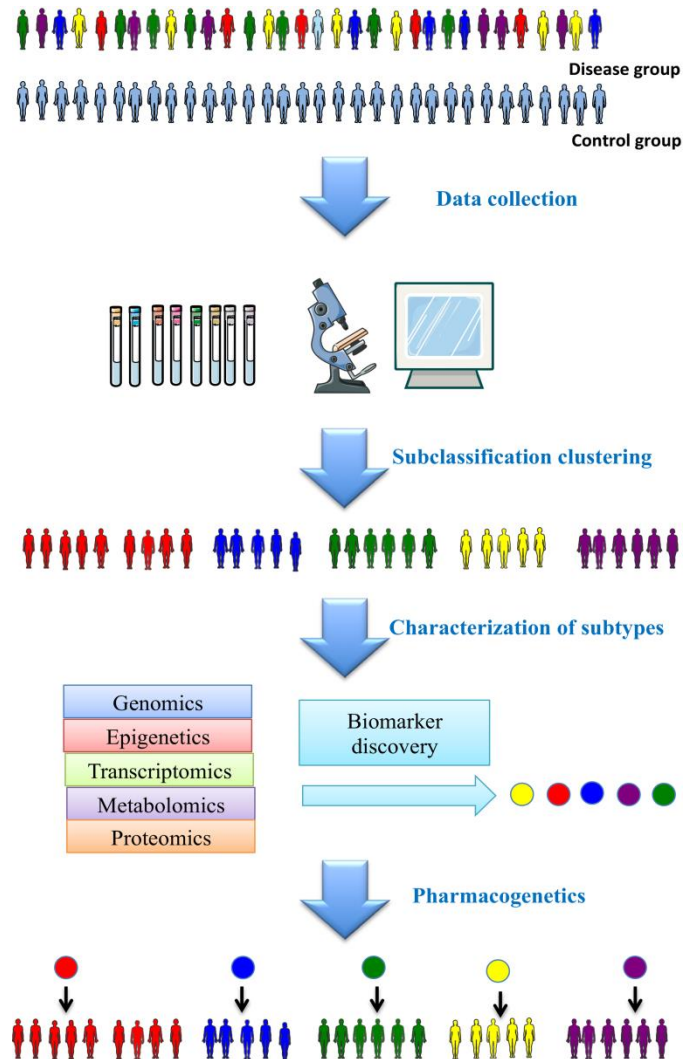
# Multimodal Clinical and High-Throughput Data, Captured in Diverse Ways

Current Discrete Clinical Data	Emerging High-Throughput Data
<b>PHENOTYPIC FEATURES</b> Family history Clinical notes Clinical laboratory tests	Pedigree analysis Exercise Data from wearable devices Biomonitoring
<b>ENVIRONMENT</b> Diagnostic imaging Drugs prescribed Survey instruments	Biomonitoring Drug adherence (data from PBMs) Microbiome Diet Metabolomics Epigenomics
<b>GENETICS</b> Interpreted variants in single genes	Exomes Genomes

# **Precision Medicine: Definition**

**Personalized medicine is defined as a combination of molecular profiling and traditional diagnostic and therapeutic strategies precisely adapted to the individual requirements of patients.**

# An overview of precision medicine approaches



# **PRACTICAL APPLICATIONS**

## **for Precision Medicine**

❖ **Data sharing and regulatory science are critical components of precision medicine.**

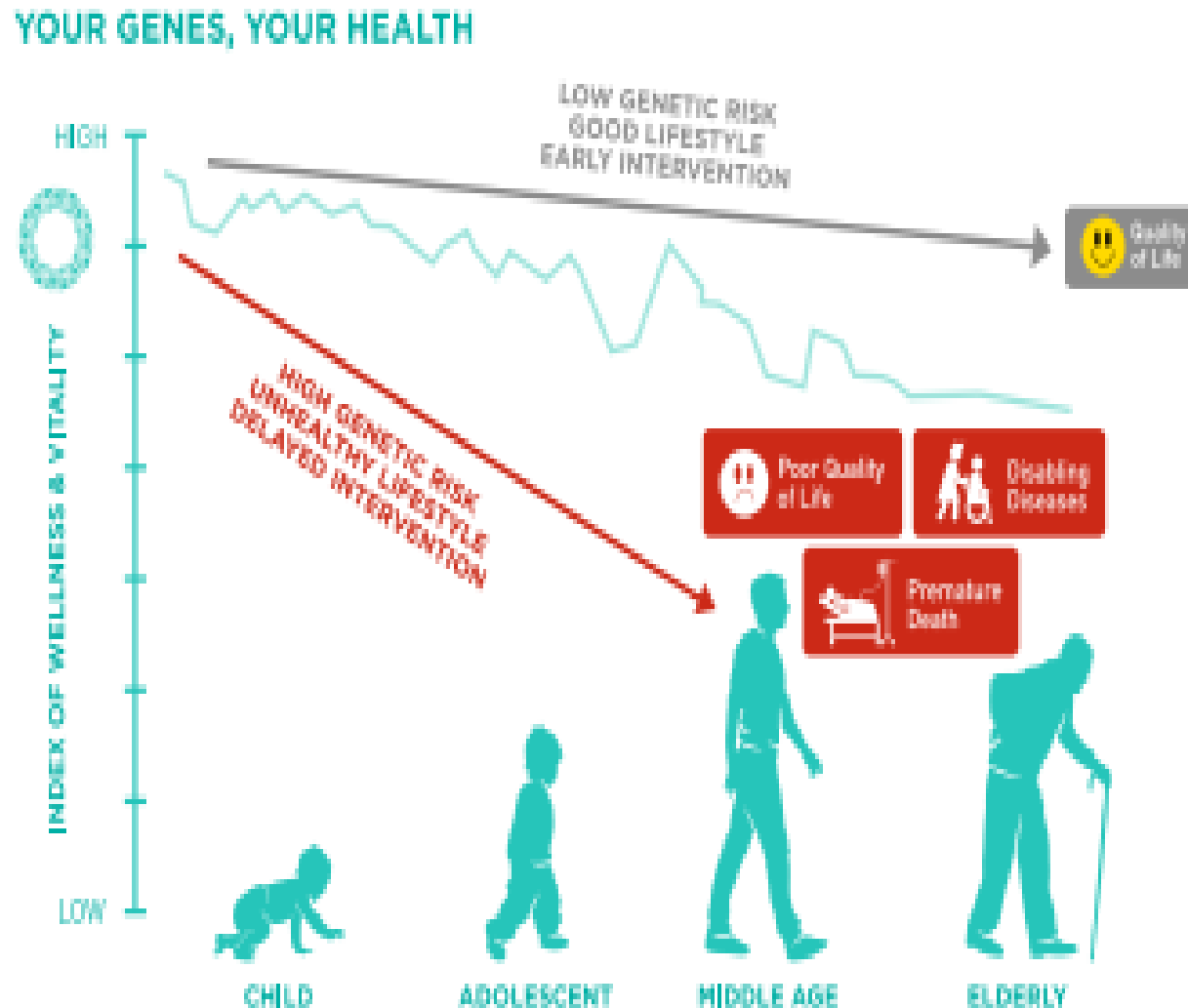
❖ **Analysis of tissue and liquid biopsies, molecular tumor boards, and well-designed prospective trials are needed to move the field forward.**

## **Aims of Personalized Medicine**

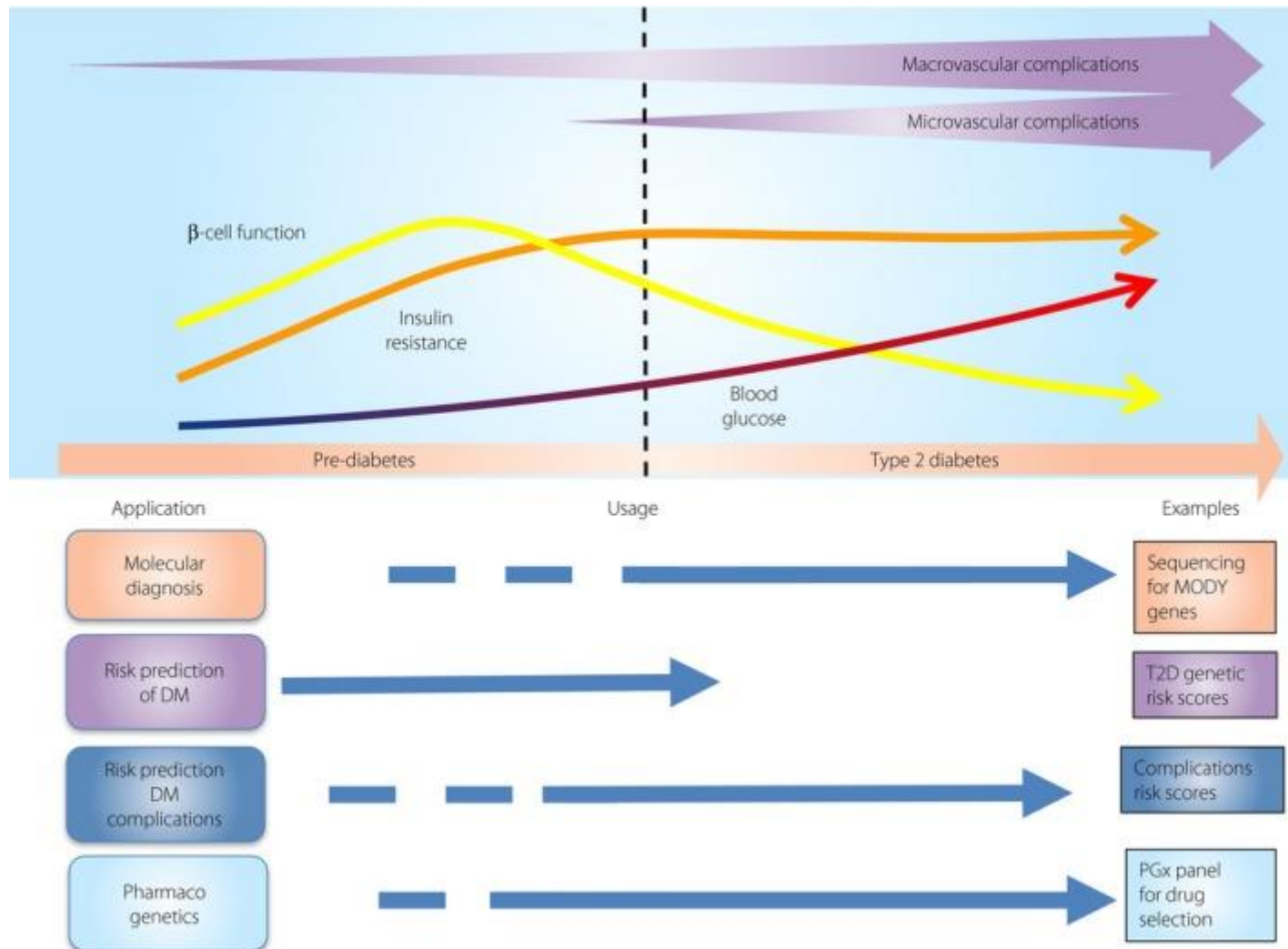
**To couple large amounts of data available from the human genome with established clinical-pathological indexes to devise **diagnostic, preventive, prognostic, and therapeutic policies** specifically adapted to each patients needs and the ensuing research wave of the molecular basis of disease.**



# The basic concept of personalized intervention and substantial interaction of genetic and modifiable risk



# Potential application of precision medicine in diabetes at different stages of diabetes. DM, diabetes mellitus; MODY, maturity-onset diabetes of the young; T2D, type 2 diabetes



# Precision prevention

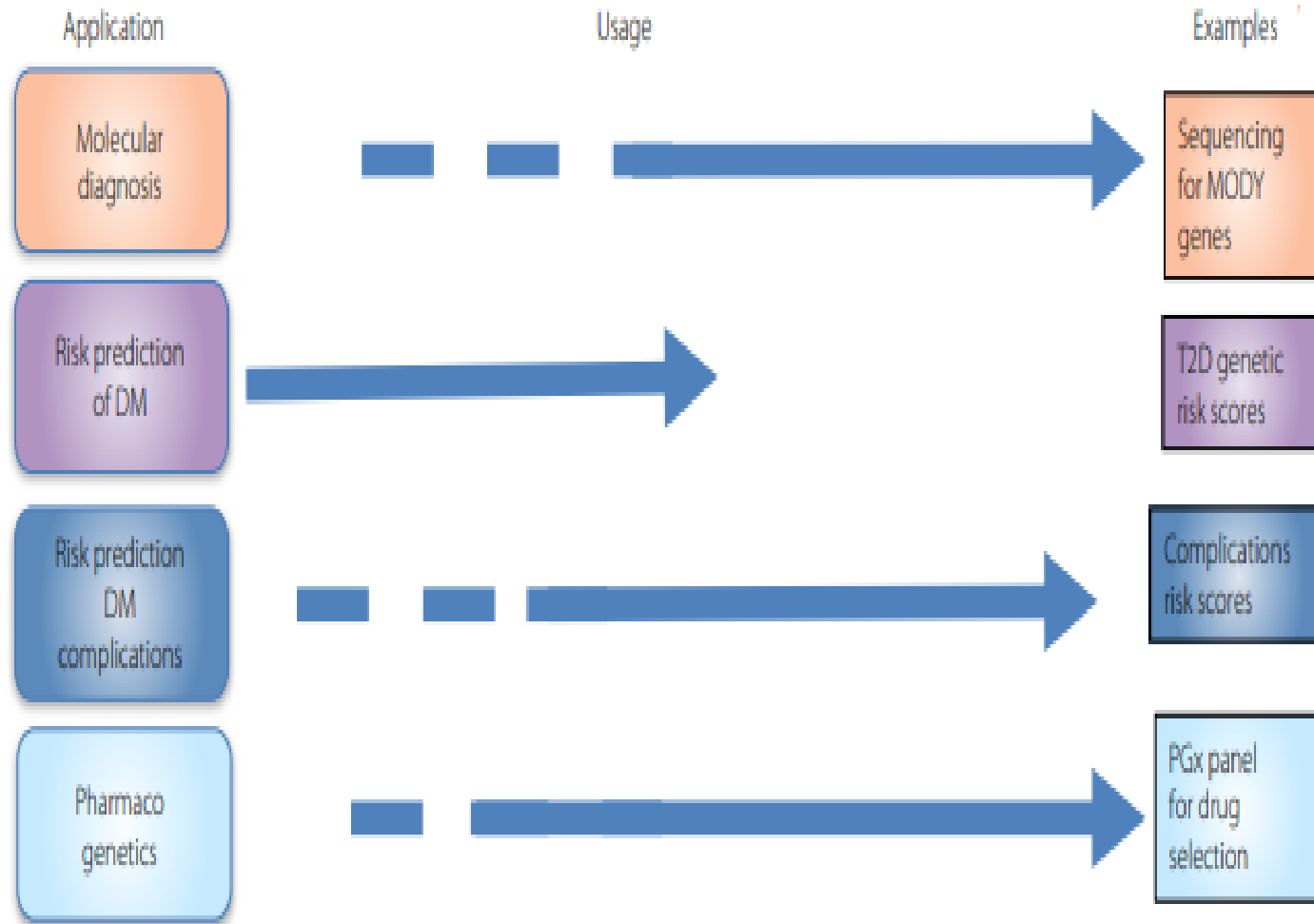
- **Includes taking data about a person's biology, environment, clinical characteristics, social factors, or other features of their context to optimise health interventions focused on maintaining a healthy state (precision health), slowing progression to disease once underway, or reducing complications and consequences of disease.**

# Prevention, monitoring

❖ **Precision prevention of diabetes** should determine the **likely responses to health interventions and risk factors, optimise interventions, and minimise risk factor exposure** for an individual.

❖ **Precision monitoring** includes an **array of concepts** including measuring blood sugar, biological markers, diet, sleep, and psychological and physiological states.

# Potential application of precision medicine in diabetes at different stages of diabetes



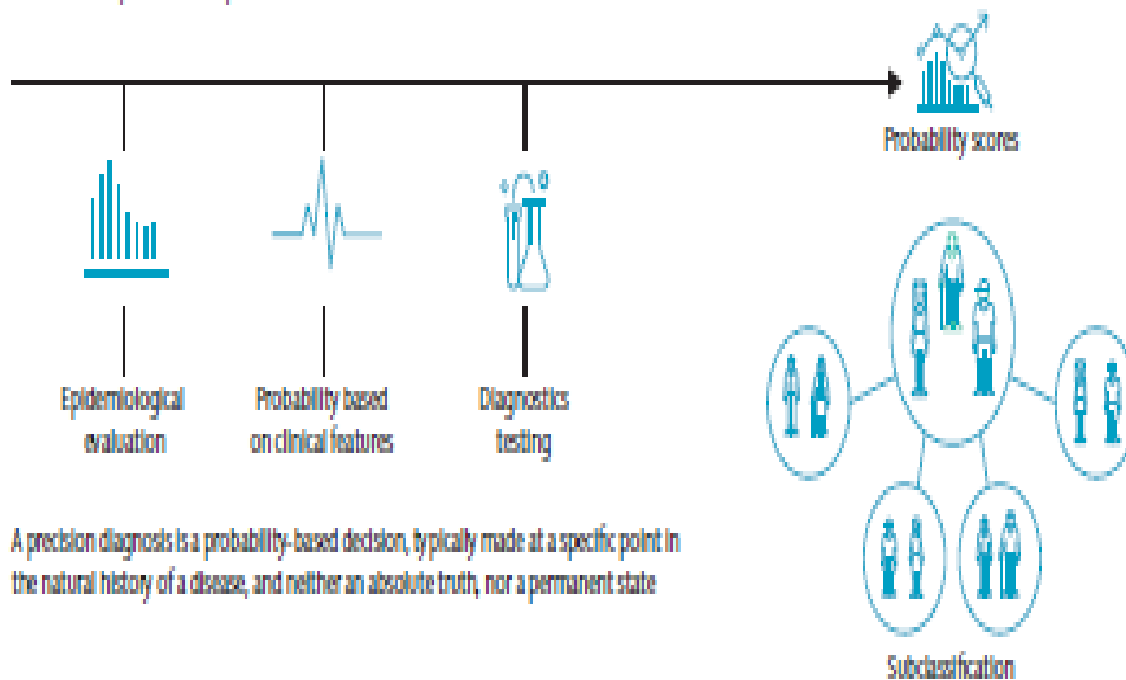
## **Precision diagnosis**

- **Is a refined characterisation of disease diagnosis for therapeutic optimisation or prognostic clarity by use of information about a person's biology, environment, clinical characteristics, social factors, or other features of their context.**
- **Can use a combination of biological markers and data, for example on socioeconomic, gender, lifestyle behaviours, diet, sleep, and psychophysiological stress, to minimise error in the prediction of disease characteristics.**

# Precision diagnosis

## Precision diagnostics

Refining the characterisation of cardiometabolic disease to optimise therapies or prognostication using information about a person's biology, environment, clinical characteristics, social factors, or other features of their context



A precision diagnosis is a probability-based decision, typically made at a specific point in the natural history of a disease, and neither an absolute truth, nor a permanent state

# Precision prognosis

- **Focuses on predicting progression through the disease state, including the development and severity of complications and adverse consequences of treatment or non-treatment.**
- **Precision monitoring can include the detailed assessment of biological markers, such as continuous glucose or blood pressure monitoring, behaviours (eg, physical activity, smoking, or alcohol consumption), diet, sleep, and psychophysiological stress, in addition to assessment of changes in amount of organ damage.**



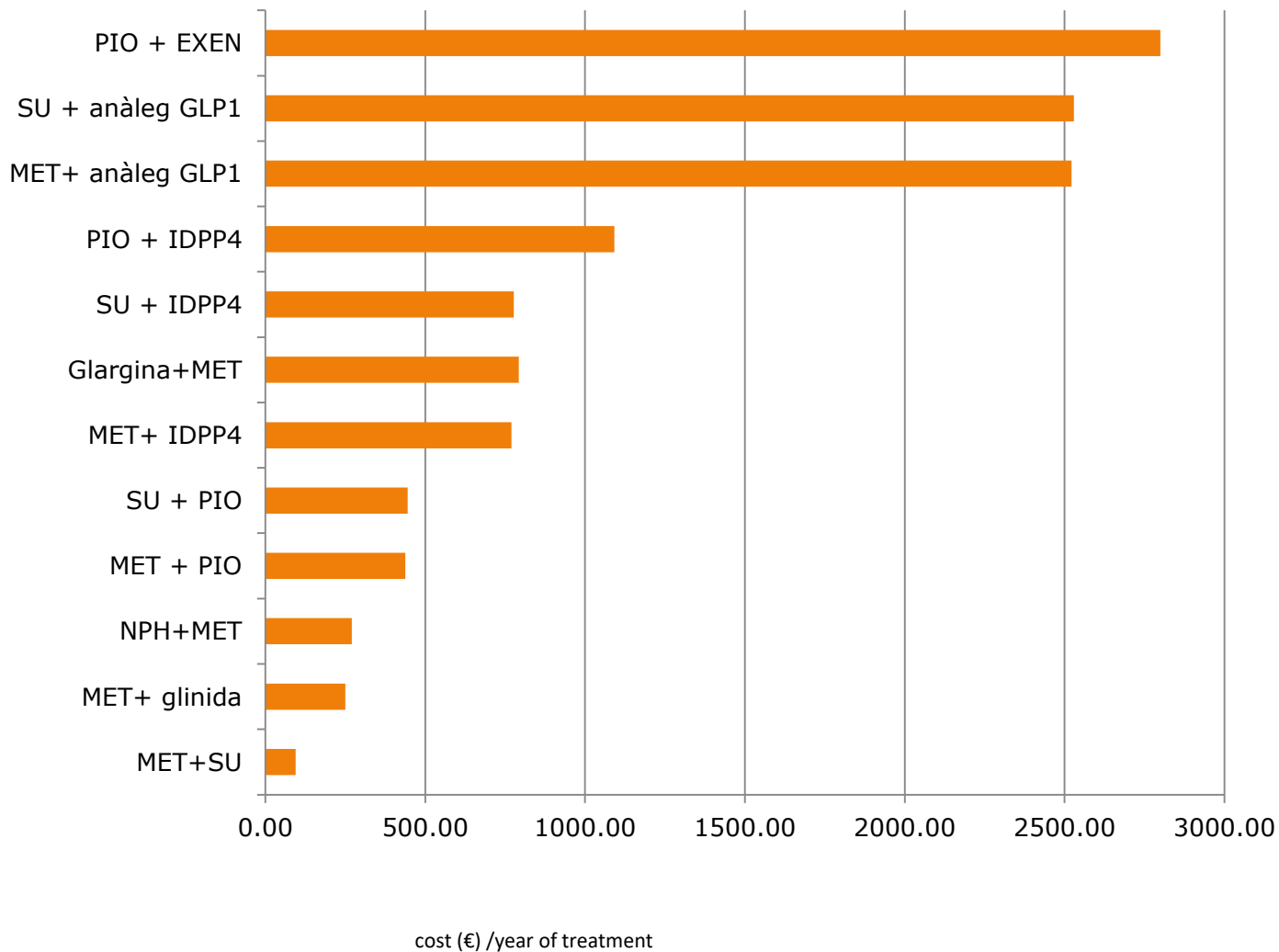
## Precision treatment

- **Includes taking information about a person's biology, environment, clinical characteristics, social factors, or other features of their context to guide the choice of an efficacious therapy to achieve the desired therapeutic goal or outcome, while reducing side-effects and costs.**

# Pharmacogenomics

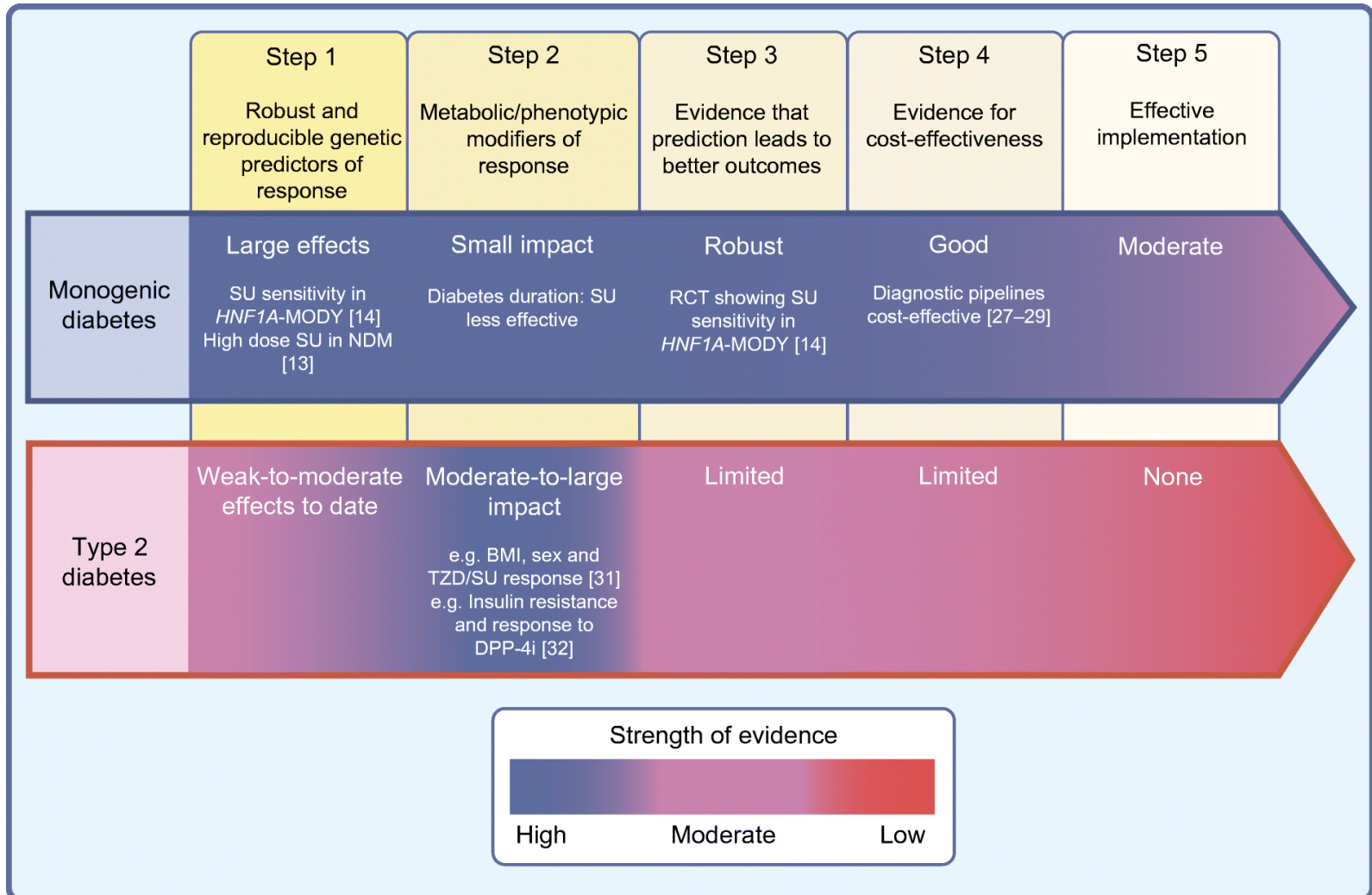
Pharmacogenomics is the study of how a person's reactions to medications is affected by their genetic constitution. It integrates pharmacology and genomics to develop efficient, safe medications and doses individualized to a person's genetic makeup.

# Type 2 diabetes mellitus cost



Source: CatSalut – Generalitat de Catalunya (Local government), 2013

# A roadmap to achieve pharmacological precision medicine in diabetes



# Precision Medicine in Iran

- Where are we today on the **generation and interpretation of big data** with respect to **diabetes?**
- Are we producing the body of knowledge that can be applied to the individual patient in an effort **to enhance precision in diagnostics and therapeutics?**

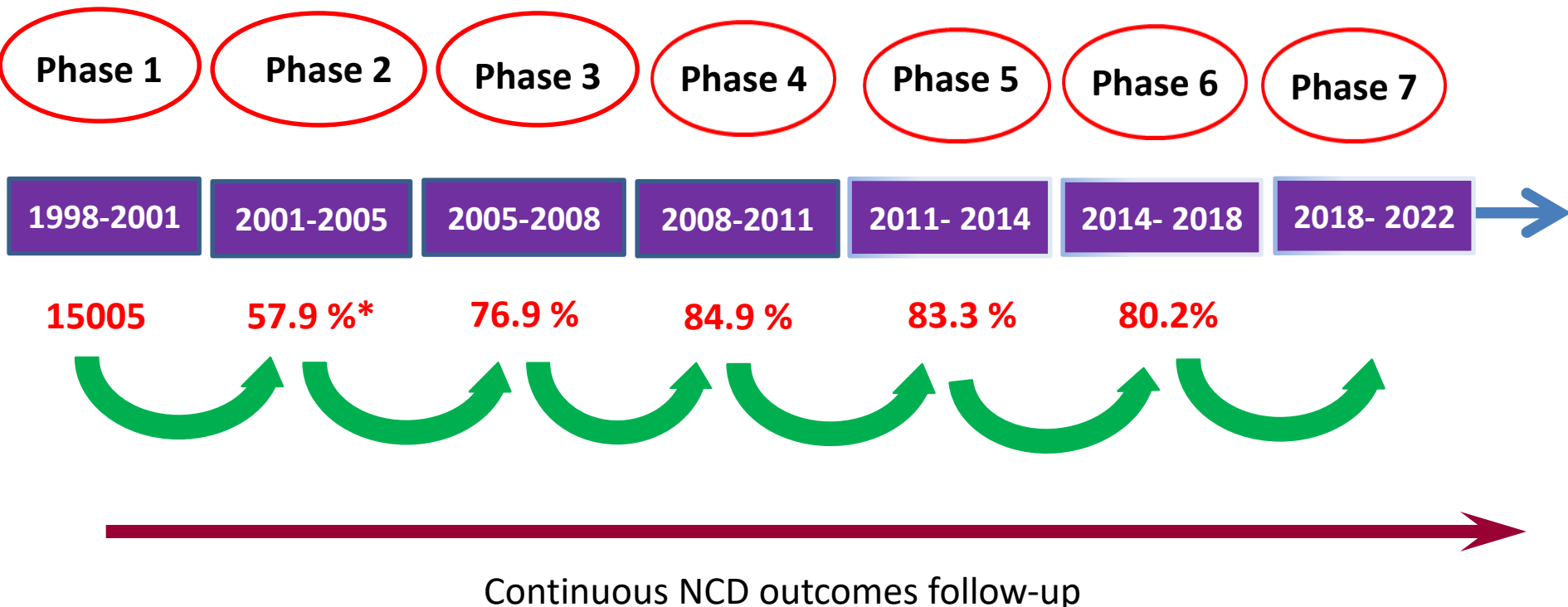
# Prospective Studies of Cardiometabolic Disease and Risk Factors

- **Framingham** Heart Study in US (1948)
- **Puerto Rico** Heart Health program (1965)
- **Bogalusa** Heart Study in US (1972)
- **Honolulu** Heart Program among Japanese Americans (1980)
- **MONICA** (multinational Monitoring of trends and determinants in Cardiovascular disease) in 21 countries (1980)
- **ARIC** (Atherosclerosis Risk in Communities Study) in four US communities (1987)
- **CHS** (Cardiovascular Health Study) in US (1989)
- **SHS** (Strong Heart Study) in American Indians (1989)
- **Rotterdam** Study in the Netherlands (1990)
- **AusDiab** (Australian Diabetes, Obesity and Lifestyle Study) (1999)
- **TLGS** (Tehran Lipid and Glucose Study) in Iran (1998)

***Tehran Lipid  
and  
Glucose Study***



# TLGS Cohort: follow-up phases and Response Rates



\* Denotes percent of participation from previous phase



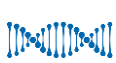
# Tehran Cardiometabolic Genetic Study

23676 person in  
4497 family



1400  
0

More than 600000  
marker in genome



Quality control and  
familial relationship  
assessment

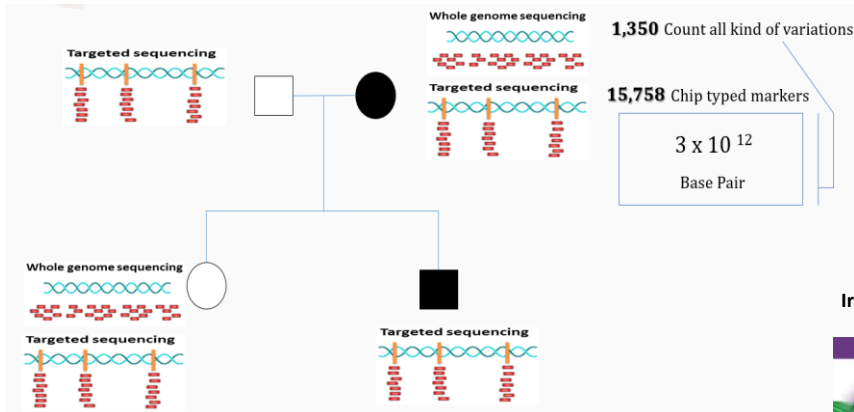
22801 person in 3098  
family and 875  
unrelated person



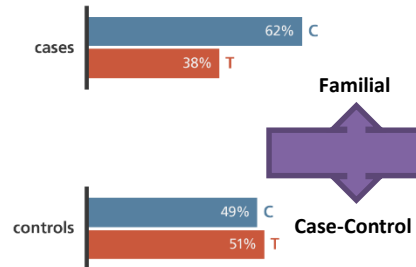
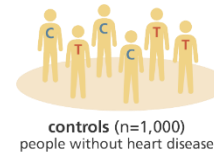
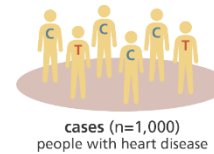
Imputation

Reference	Observation	Prediction
A	A/G	A
A	A/A	A
T	./.	T
G	./.	G
A	A/A	A
T	T/T	T
C	C/G	C

More than 100  
phenotypes in 20 years  
and 6 phases



Iranian Genome  
Project



Familial

Case-Control

Association  
analysis

# کاربردهای ژنوم مرجع ایرانیان

- ❖ بستر سازی برای مطالعات عمیق تر ژنتیک پزشکی
- ❖ انتقال تکنولوژی به ویژه آنالیز داده های حجیم ژنوم انسانی
- ❖ توانمندسازی متخصصان داخلی
- ❖ سرعت بخشیدن به تحقیقات این حوزه از سلامت کاربرد در تشخیص زودهنگام بیماری ها
- ❖ به کارگیری در اقدامات پیشگیری اولیه و ثانویه
- ❖ استفاده از طراحی داروها
- ❖ پیش آگهی پاسخ به درمان های پزشکی
- ❖ به طور اخص ایجاد و گسترش پزشکی شخصی (Personalized Medicine) در ایران

□ تفاوت های ساختاری و بنیادی لزوم هرچه بیشتر استفاده از نقشه ژنومی مطابق با جمعیت ایرانی را در بررسی های گسترده ژنومی، فارماکو ژنتیک و پزشکی فرادقیق نشان می دهد.

□ وجود داده های ژمیران همراه با داده های متابولومیکس و گنجینه داده های فنوتیپی "مطالعه قند و لیپید تهران" نویدبخش حرکت به سوی "پزشکی فرادقیق" ایران در دیابت است.



## **Framework for clinical translation**

- **PM is, a process that seeks to reduce error and improve accuracy in medical decisions and health recommendations. By reducing the time from disease onset an event that is often asymptomatic to diagnosis**
- **Most evidence-based medicine focuses on population-averaged estimates of exposure risk, and treatment efficacy or safety.**
- **Involves the statistical interrogation of a reference population's high-dimensionality data to obtain precise and accurate estimates of risk and response.**
- **Stratifying the reference population into homogeneous subgroups sharing similar risk and response characteristics.**

# Five steps towards the future implementation of pharmacological precision medicine

1. Robust **genetic predictors** of response
2. Metabolic or phenotypic **biomarkers** that modify response
3. **Evidence of better outcomes** with a precision medicine approach
4. **Evidence for cost-effectiveness**
5. Effective and equitable **clinical implementation**

## **Advantages of PM**

- **Deploying therapeutics in a one-size-fits-all manner fails many of those in need.**
- **Standard healthy lifestyle recommendations, even when followed for decades, might have little or no impact on mortality.**
- **Precision medicine optimises health interventions to individual-level characteristics**
- **PM offers safer and more efficacious, more equitable, and less expensive solutions for cardiometabolic disease prevention and treatment.**

# Challenges and conclusions

- **The information captured on a given biological axis in an individual is often incomplete, static & imprecise.**
- **The enormous quantity of information available lends itself to data dredging and spurious findings.**
- **Effect sizes are too modest to be detected.**
- **The multiple dimensions of biological data typically reside in silos.**
- **Tissues of relevance to diabetes are difficult to access.**
- **Results from big data are seldom reproducible, interpretable and seldom clinically useful.**
- **To leverage big data in precision medicine requires a multidisciplinary approach.**

# Ways Ahead

All medical personels are called upon to take part in the development of precision medicine for management of their patients, by accepting the complexities and heterogeneities of disorders and their burden in the population health. This will be a worthwhile investment with significant positive medical and socioeconomic outcomes for achieving “Health for All”.



