

Learning the many languages of biomedicine

Dr Patrick Schwab (Head of Biomedical AI) on behalf of the team. EFGCP Better Medicines for Children Conference 2024

GSK.ai Biomedical AI group



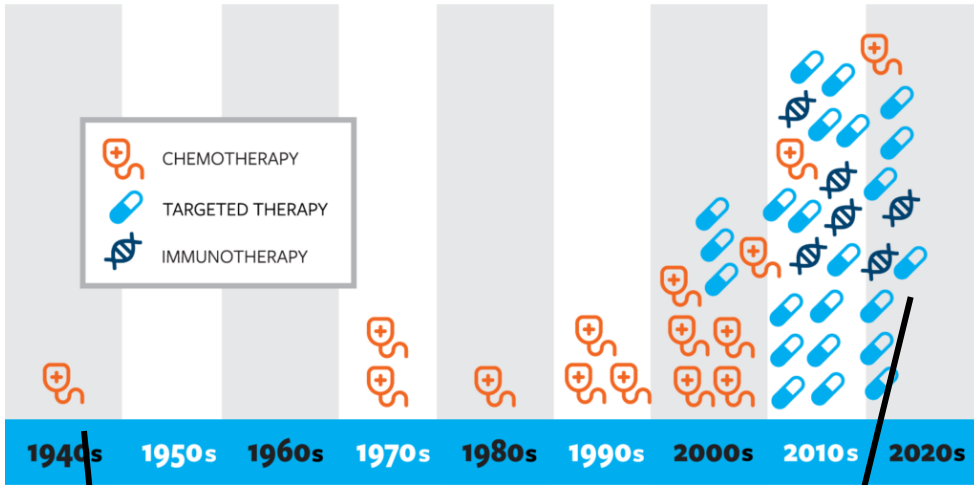
- AI for Health and Biology, Software, and Technology
- Based in Heidelberg/Germany, Zug/Switzerland and London/UK
- We **help identify, monitor, and treat disease** with Clinical AI
- We **create a map of the immune system** using AI-guided experimentation
- We **advance the science of AI for Health** in partnership with leading European/Swiss institutions (e.g., ETH Zurich, Oxford, Cambridge, King's College)

the team



The good: drug development works for society

FDA approved therapies for lung cancer over time



Source: Lung Cancer Research Foundation

Mechlorethamine
Hydrochloride

Candidate chemical warfare agent
research

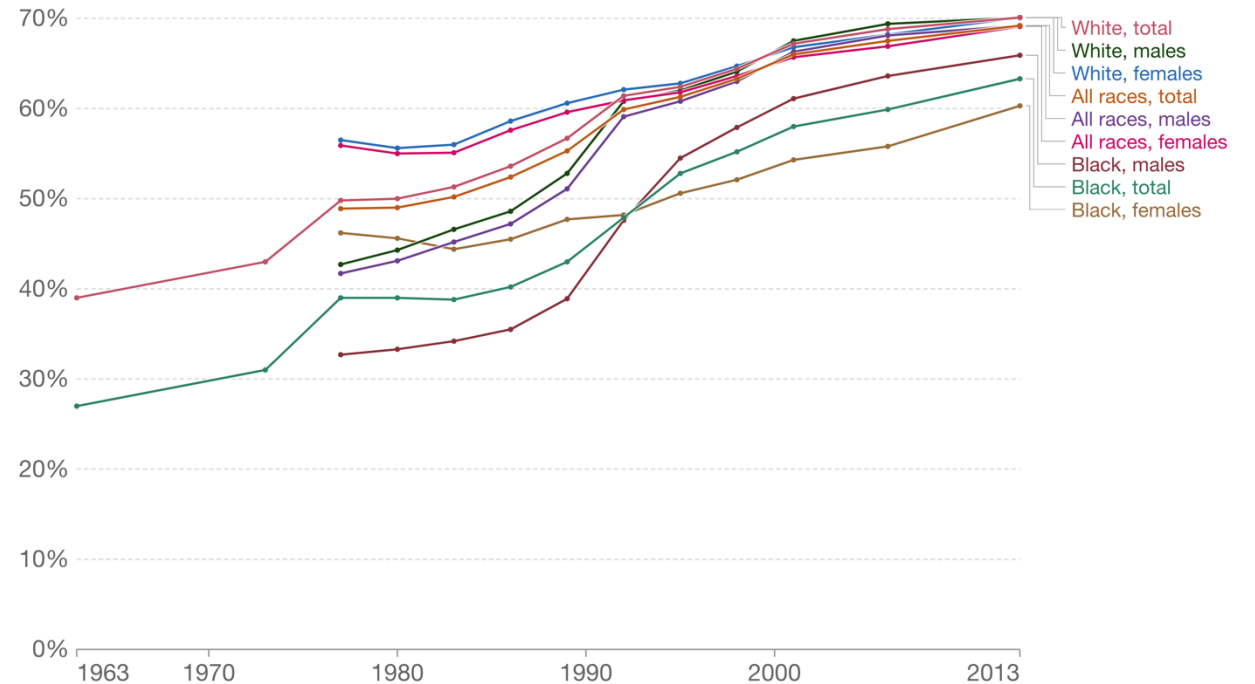
Mobocertinib

NSCLC with EGFR exon 20 insertion w/
progression after platinum therapy

Five-year cancer survival rates by sex and race, 1963 to 2013

Percentage of cancer patients surviving at least five years following diagnosis of any cancer type. This is shown by sex and race in the United States.

Our World
in Data

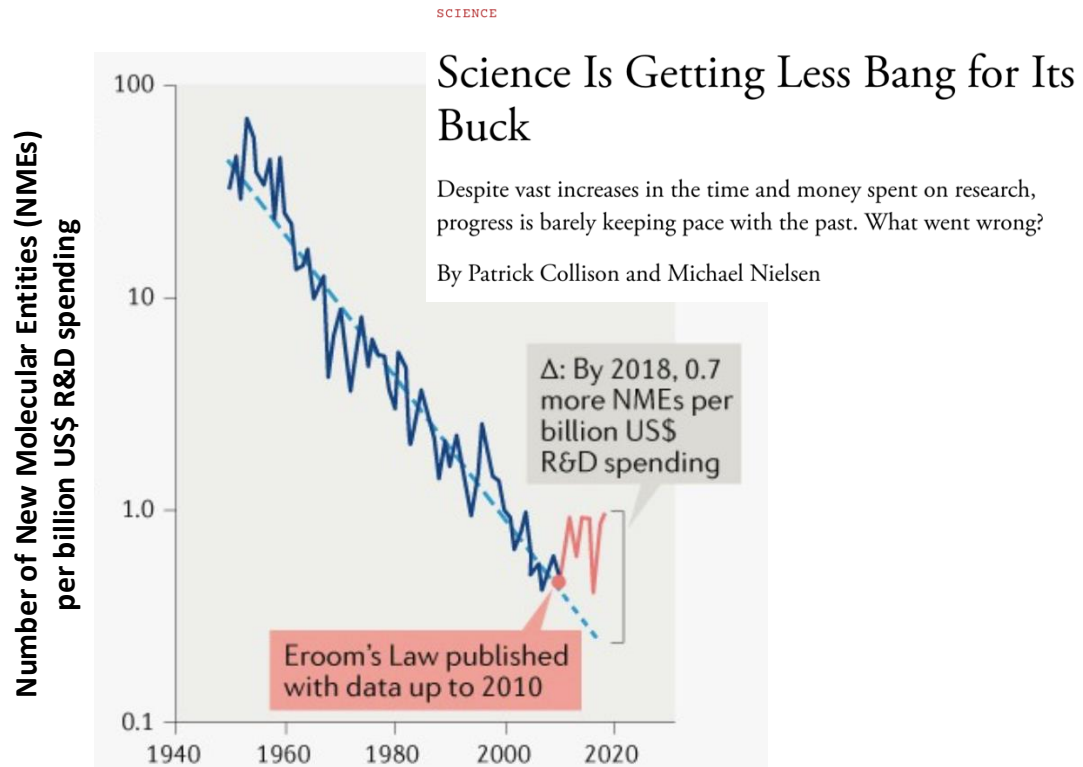


Source: National Cancer Institute

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Innovative medicines play a crucial role in enabling humans to live longer, healthier lives.

The bad: we are doing less with (exponentially) more



“Eroom’s law”:
Exponential drop in R&D productivity.

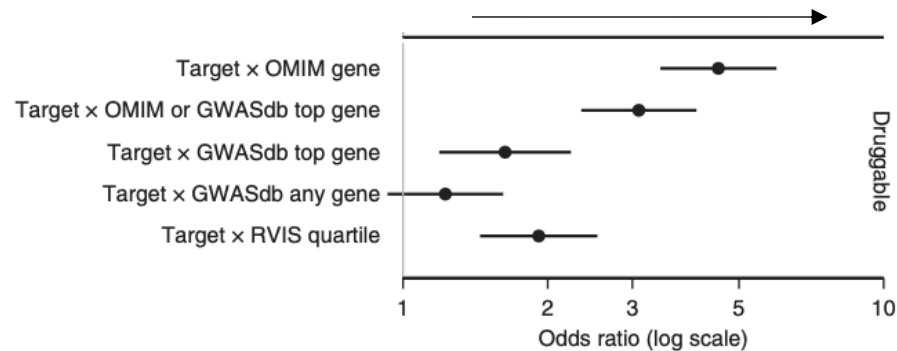
- **Failure is the norm:** Probability of success for a new medicine is **~5.5%**
- **Median cost** of a new drug is **\$1.1 billion**
- Trend stable for decades with recent reversal (potentially) due to **increasing personalization** and **molecular/genetic evidence**.

What do we know works?

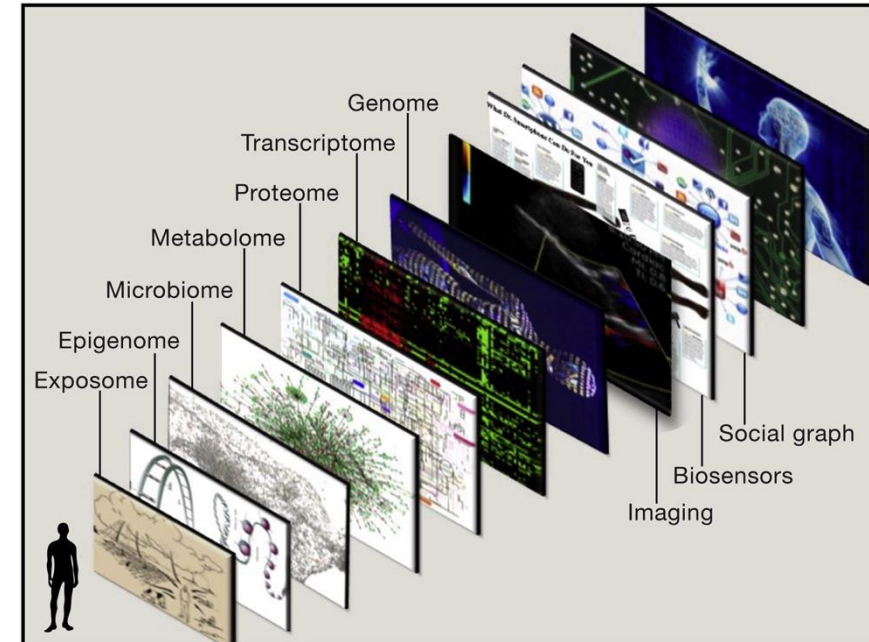
Population-scale Biobanks – Variation in Genetic Background (>100'000 people)



Higher probability of approval (EU/US)



Targeted Biomarkers supporting Therapy 2x (immune) to 8x (oncology) higher probability of trial success



A causal & targeted link between disease of interest and a molecular mechanism substantially improves our chances of successful translation.

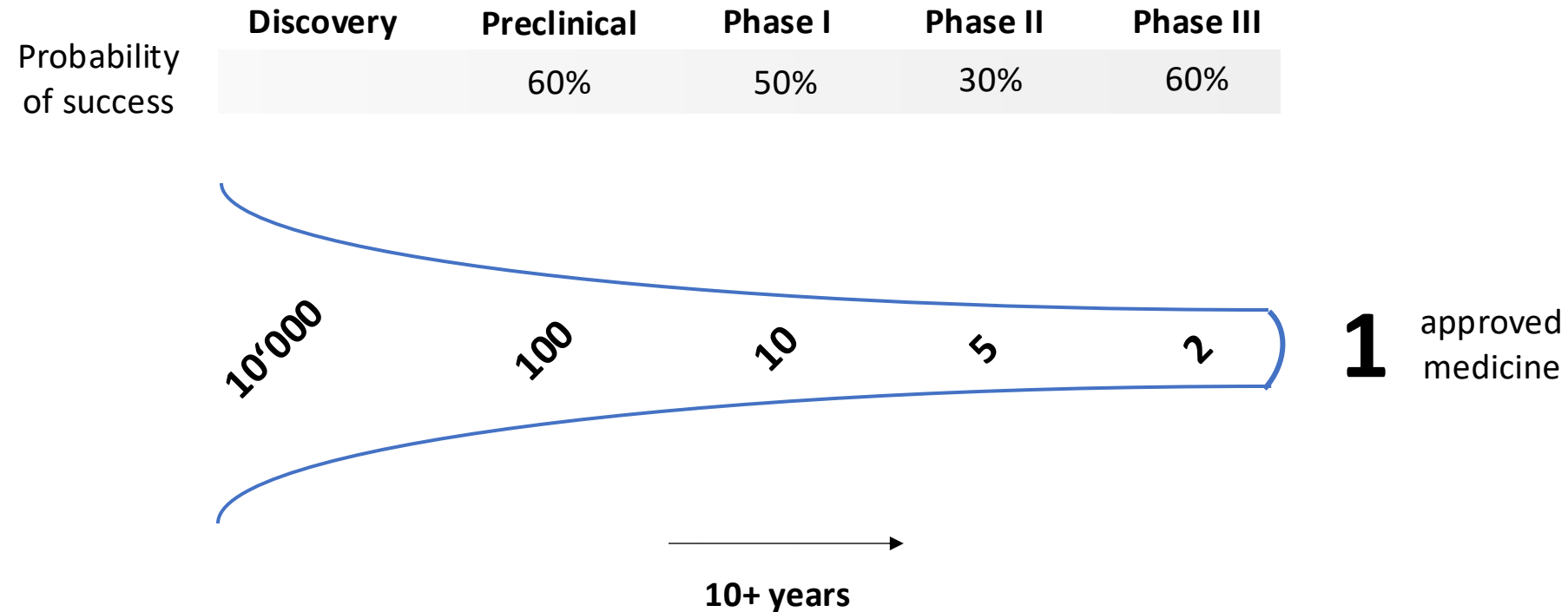
Wong et al. "Estimation of clinical trial success rates and related parameters" Biostatistics (2018)

Topol, Eric J. "Individualized medicine from womb to tomb." Cell 157.1 (2014): 241-253.

Nelson, Matthew R., et al. "The support of human genetic evidence for approved drug indications." Nature genetics 47.8 (2015): 856-860.

Ringel, Michael S., et al. "Breaking Eroom's Law." Nature reviews Drug discovery (2020).

Drug development process



Drug discovery is an information science mainly concerned with making optimal decisions under uncertainty at every step of the development process.

Possibly the most complex human endeavor.

What would the ideal patient journey look like?



Diagnosis
we identify at risk
patients early for testing

Prevention
we reduce risk of future
disease

Treatment
we provide access to precise medicines
with high success rates

Monitoring
we understand individual
long-term risk at any time

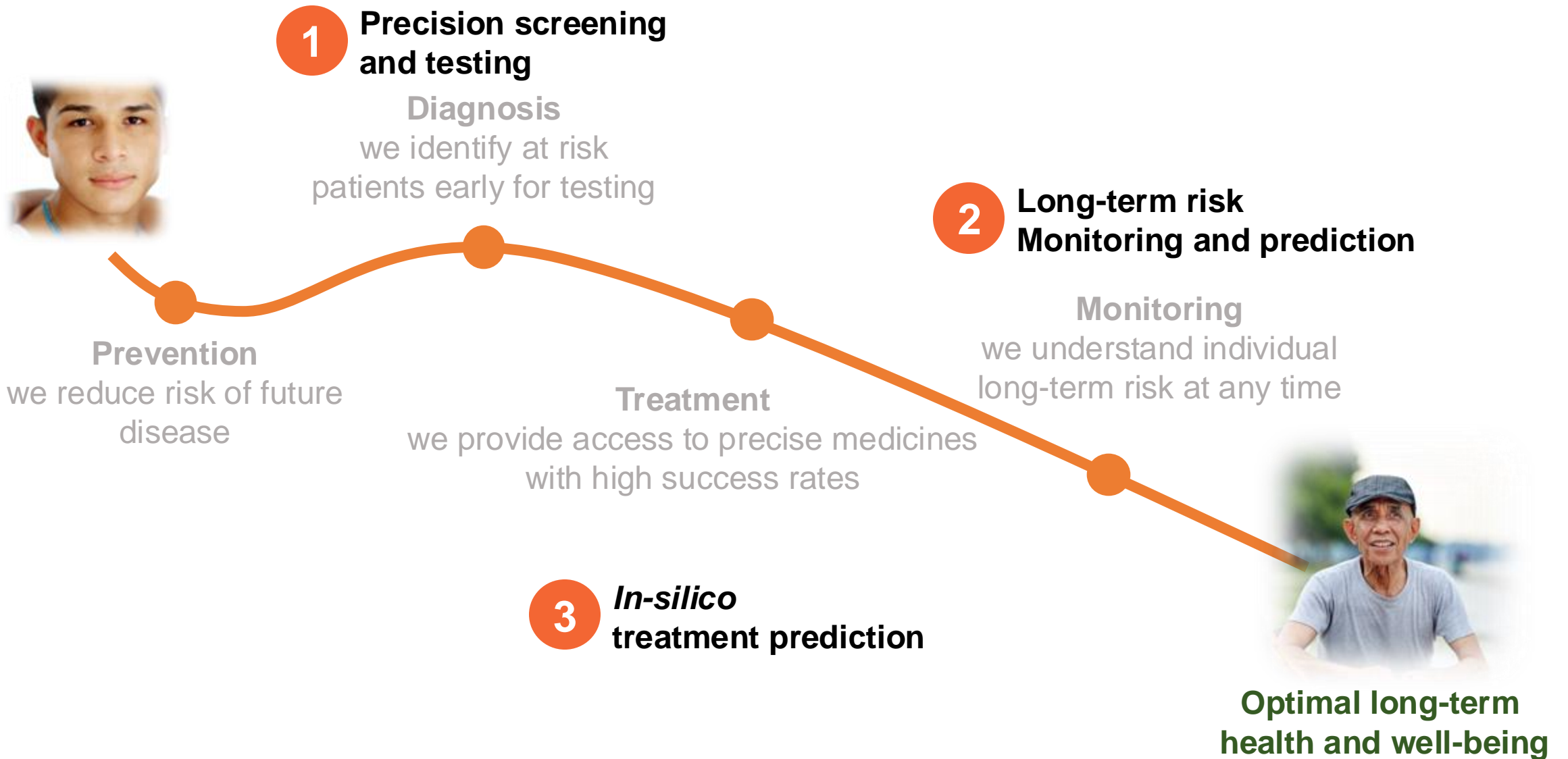


**Optimal long-term
health and well-being**

► Enormous potential for improvements in clinical care

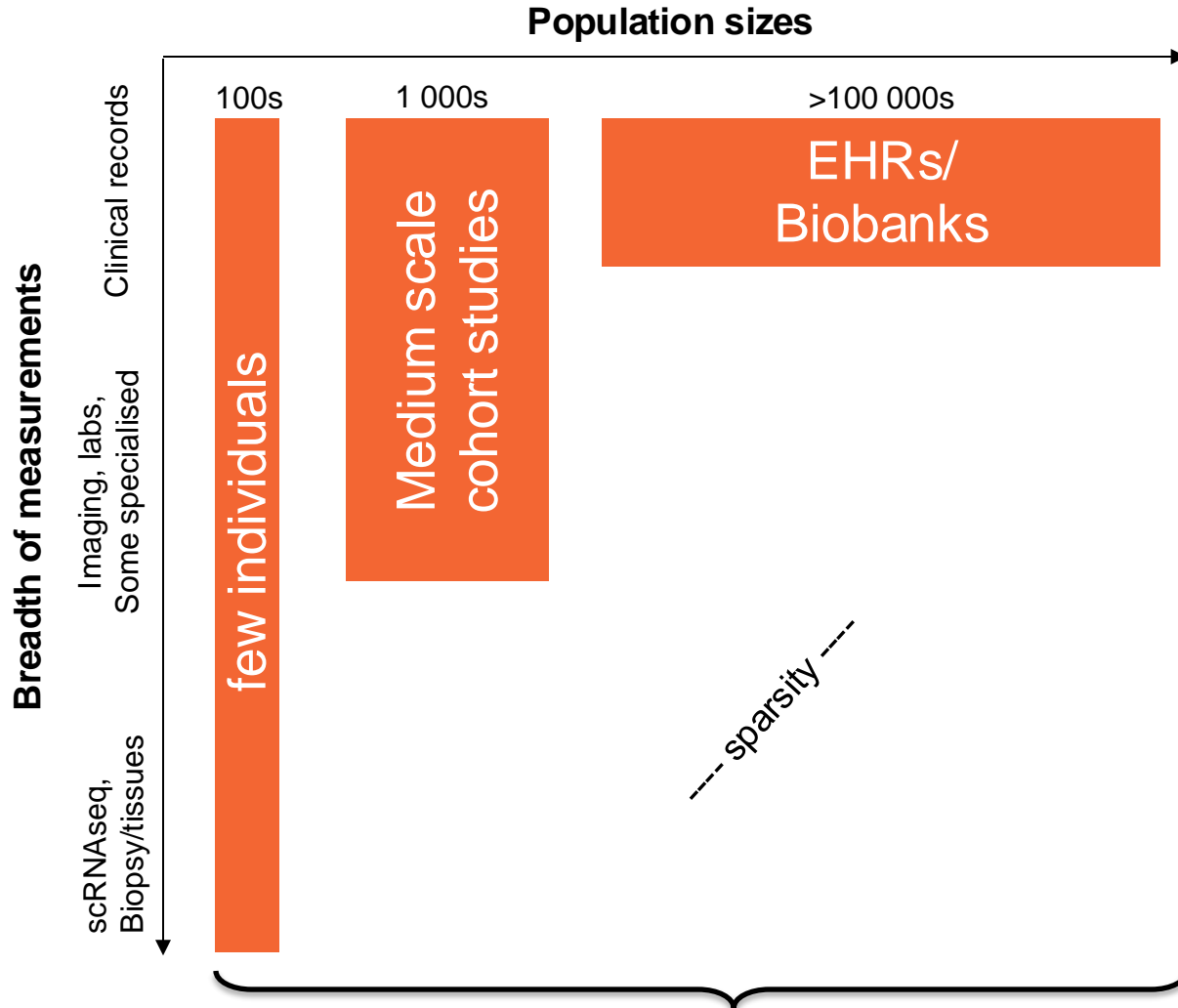
- Patients often face diagnostic delays (e.g., 3+ years in attention-deficit/hyperactivity and Autism spectrum disorders^{1,2})
- Patients are undertreated (e.g., 30% untreated in ADHD – some 3m in US³)
- When treated, they often do not respond well (e.g., response rates as low as 20% to some ASD treatments)
- Frequently poorly understood and limited long-term monitoring⁴

How can AI help us do better for patients?



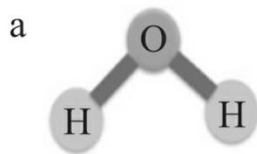
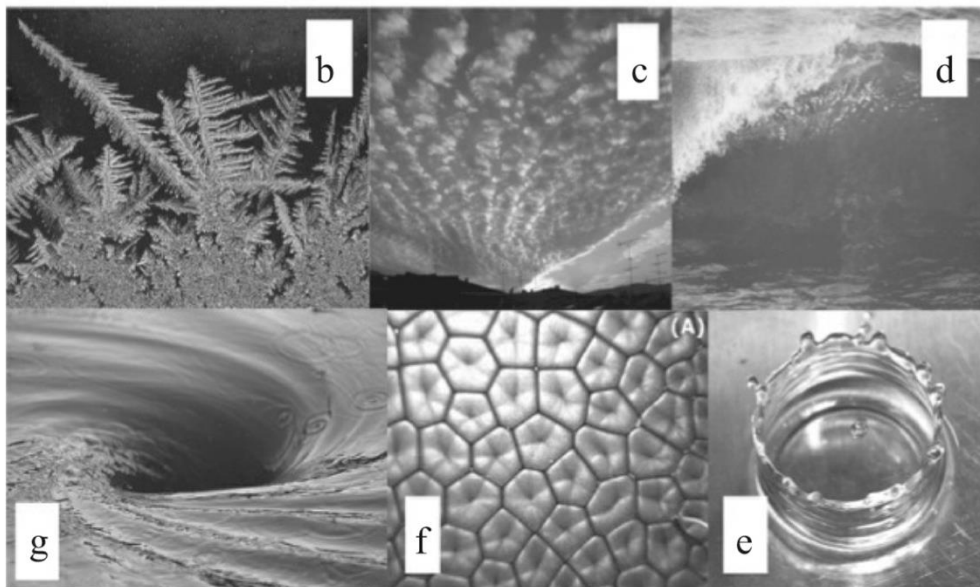
Challenge 1: The disease tensor

Sparse multiscale and multimodal data informs disease understanding and causal biomarkers



- The lower right of the disease tensor is **sparse**
- The sparsity is **associated with measurement complexity**
- The **sparsity alters over time**: new tech extends dimensionality, grows outwards as tech becomes scaled
- Different people at different scales, bias towards severity and social/economic in complex bucket
- AI/ML is well suited for continuously learning from this (growing) resource

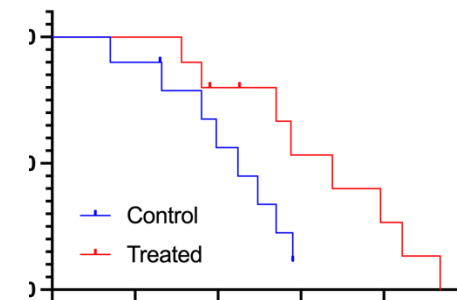
Challenge 2: Disease is a system level function



Our world is full of examples of (apparently) **simple components** and **underlying governing rules** giving rise to **enormous macroscale complexity and diversity** (emergence/self-organisation).

Macroscale Phenomena

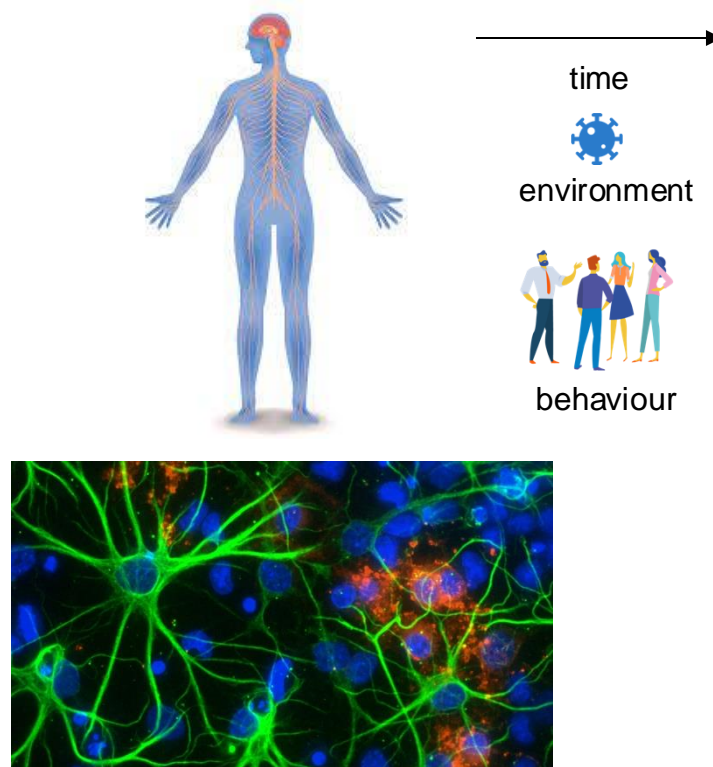
we measure clin. outcomes here



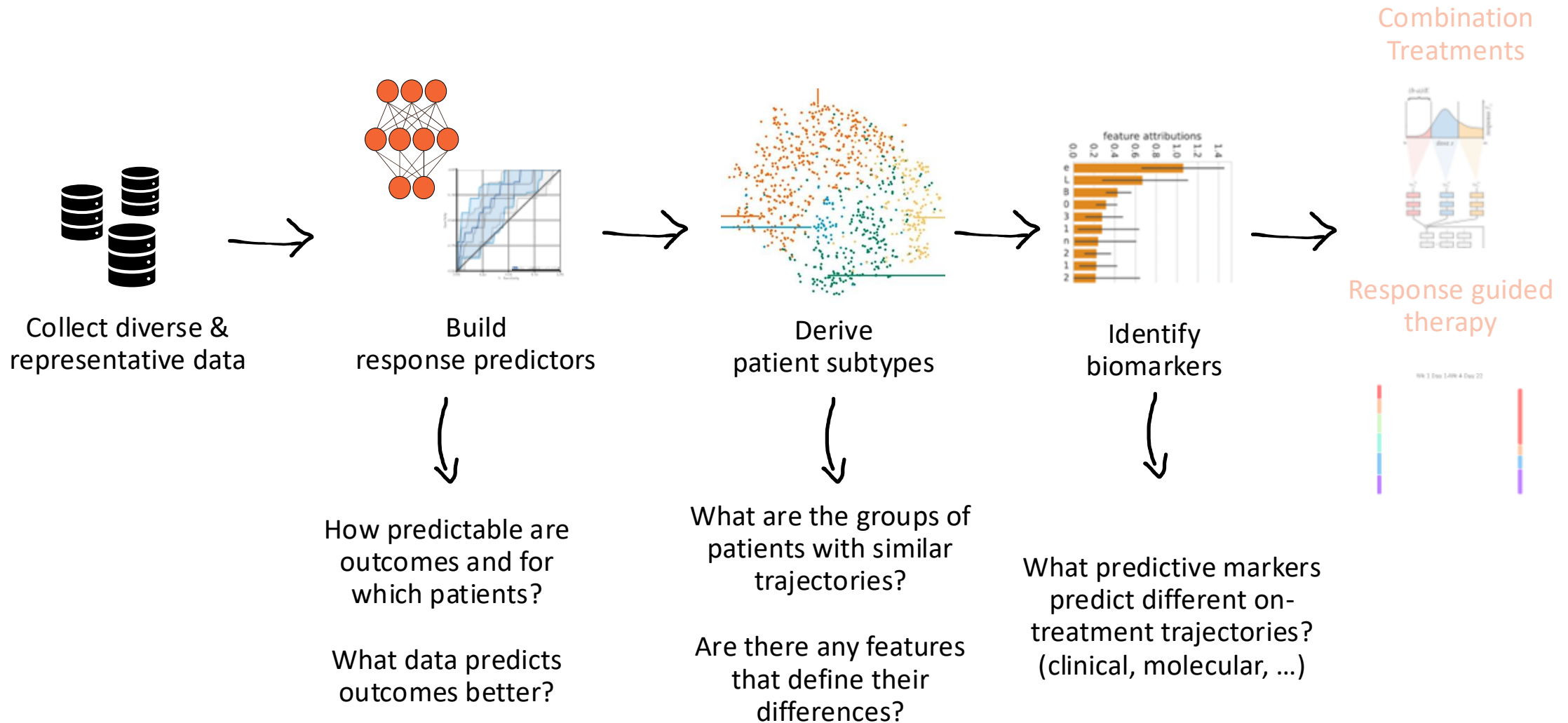
What we look for happens here

?? -- Complex Unknown Process -- ??

Microscale Interactions



A flowchart for unravelling patient heterogeneity from patient data



Data example: A patient's journey in clinical records

Patient demographics

Age, sex, location, ...

Diagnoses

Diabetes, Type 1

Fatigue

Hepatitis B

Cirrhosis

Hepatocellular carcinoma

Prescriptions

Insulin

NSAIDs

Antivirals

Lab tests

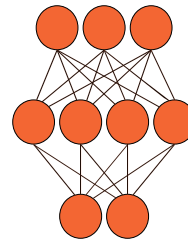
Albumin

SBP

Bilirubin ↑

Alpha feto-protein (AFP)
↑

Could we learn to understand the “language” of clinical records?



Who might carry, unknown to them,
Hepatitis B?



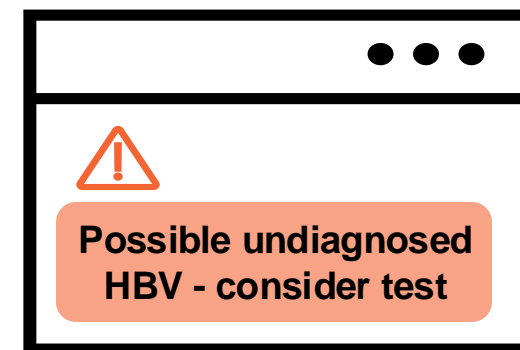
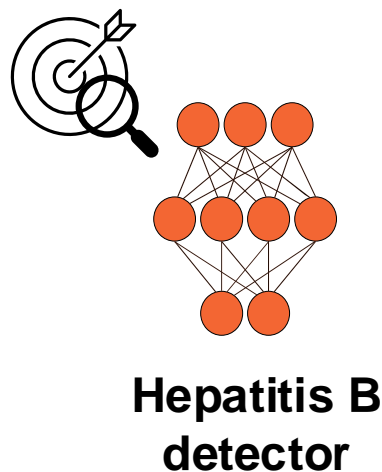
Who is at risk of **Cirrhosis** or
Hepatocellular Carcinoma?

70'000 individuals from 3'000+ clinics

AI/ML models uncover the hidden patterns of Hepatitis B infection ...

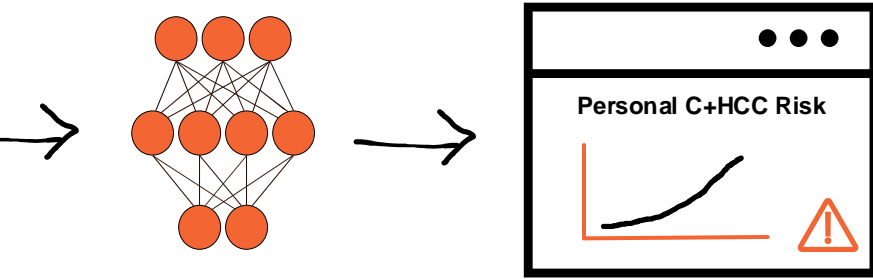


- Analgesics use and abdominal pain
- Male (2x risk)
- Body weight
- Low white blood cell count
- Increased bilirubin
- estimated glomerular filtration rate (eGFR) reduced

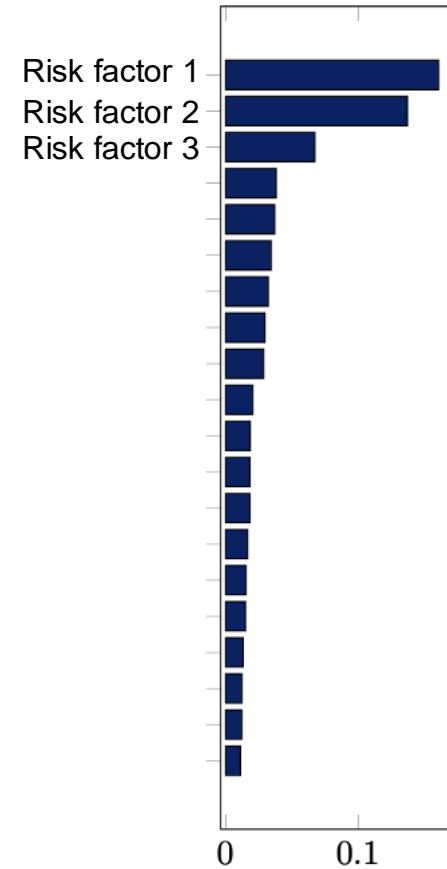


May enable prioritization for **targeted HepB screening**.

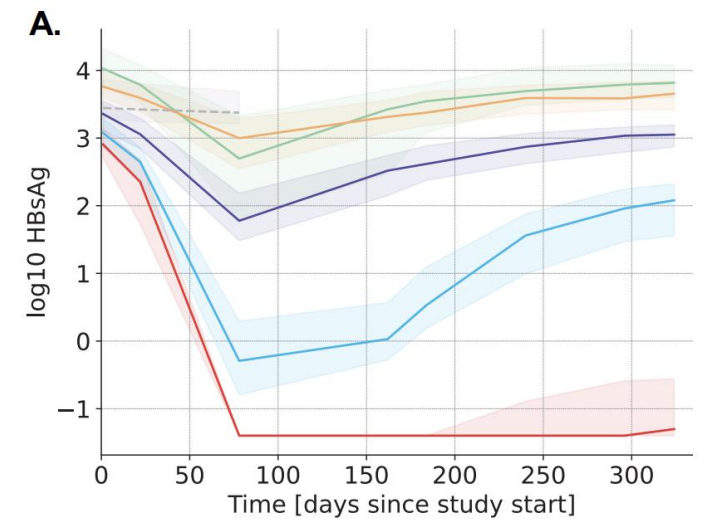
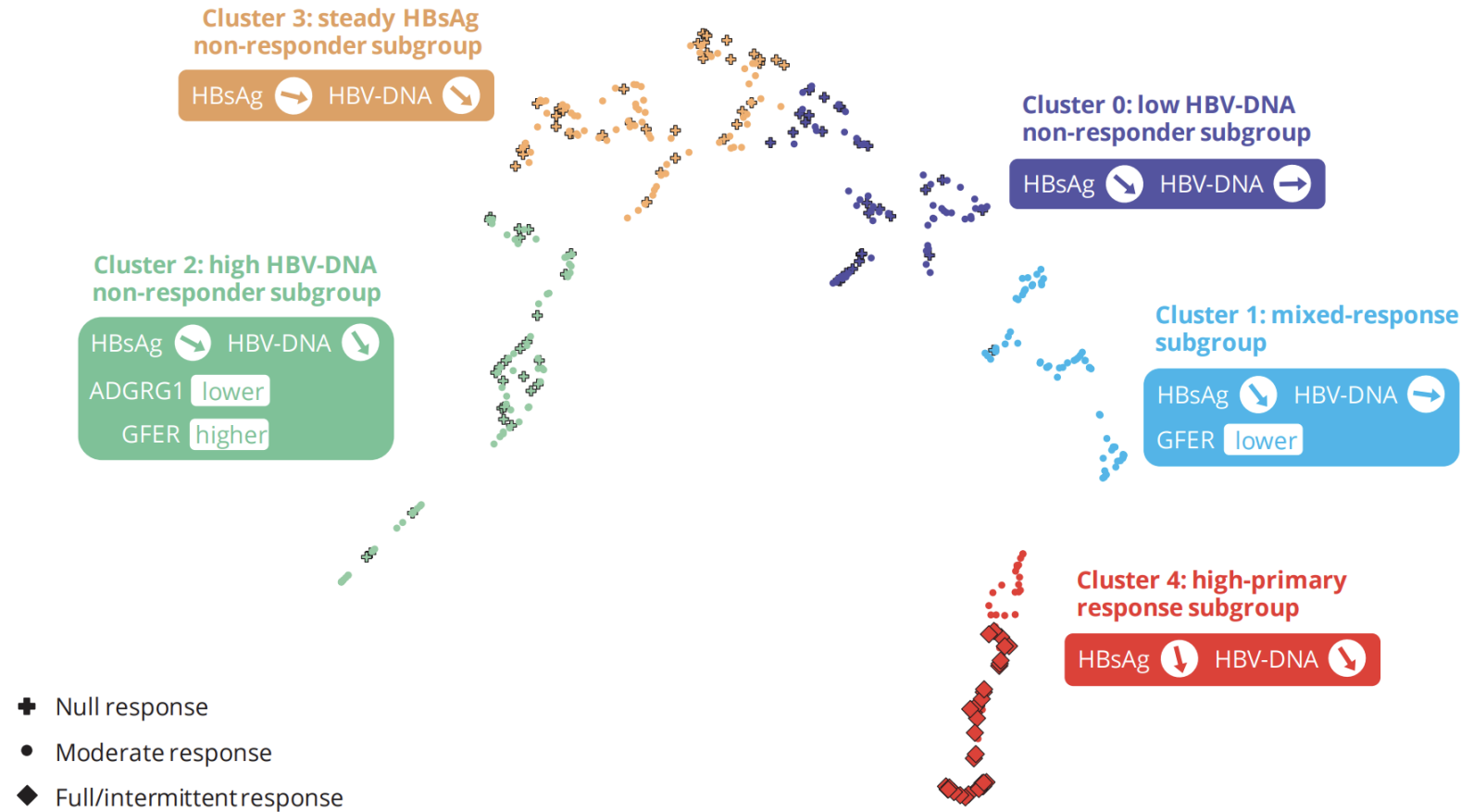
... tell us about *why* a patient may be at particularly high risk



Hepatocellular carcinoma risk



... and also enable mapping of response to investigational medicines

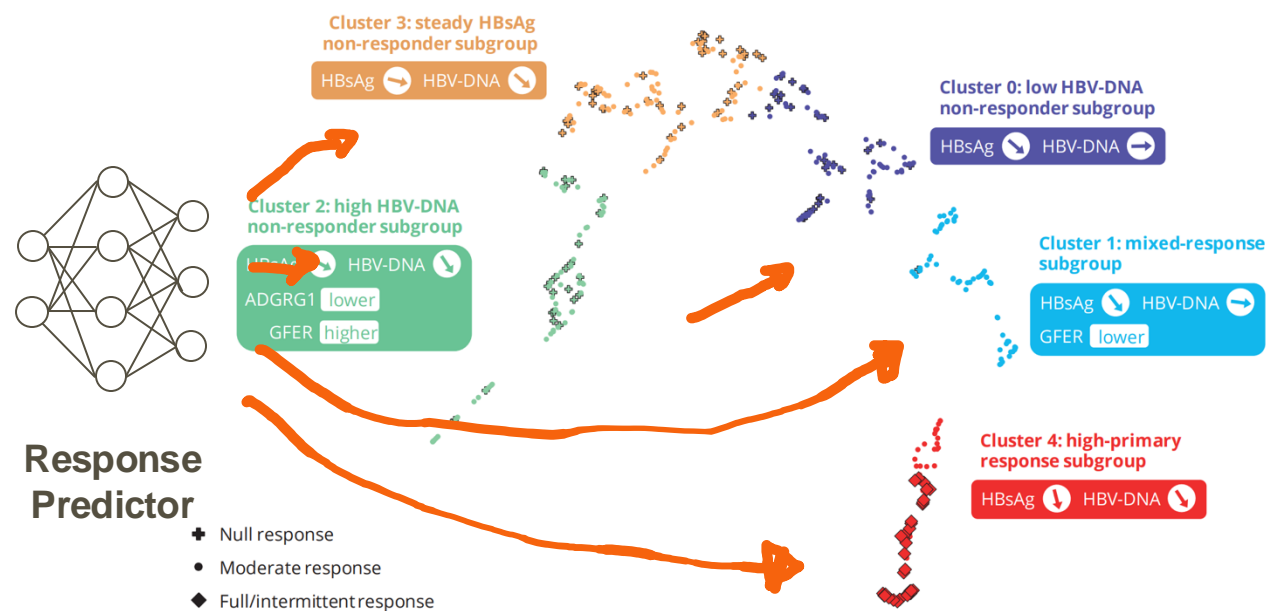


Response maps facilitate multi-modal prediction of on-treatment trajectories

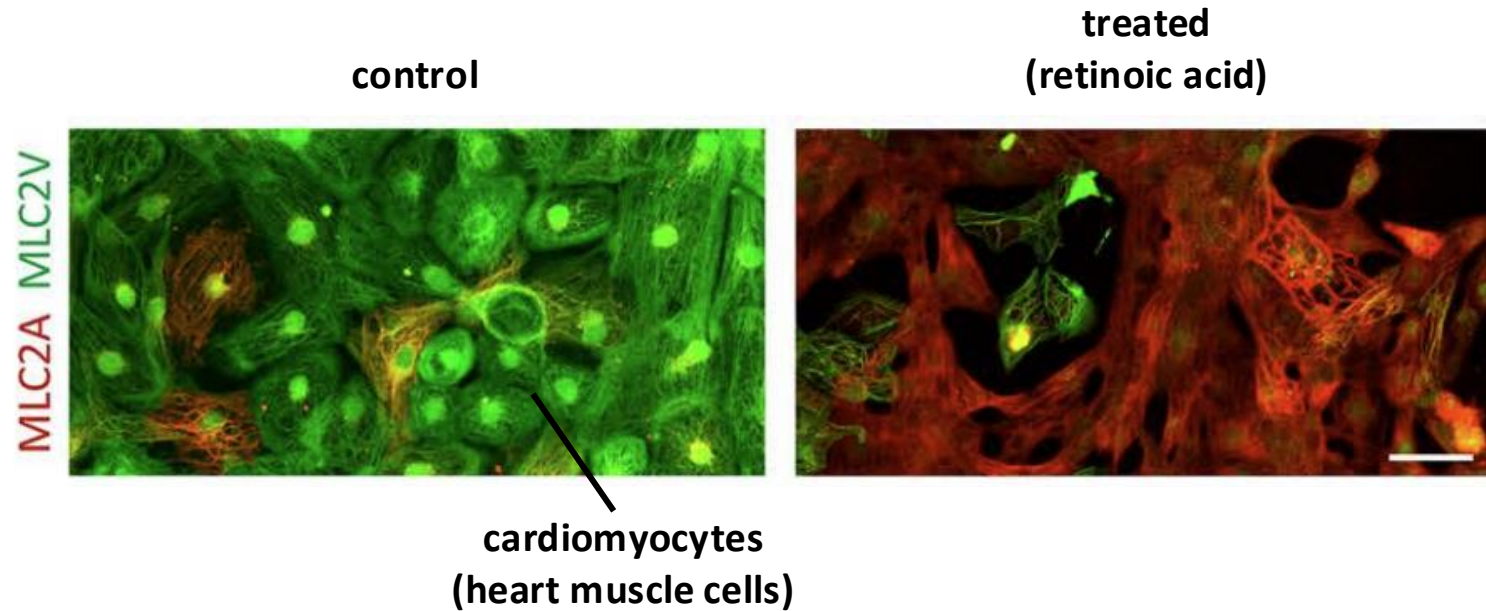
Pre-treatment individual measurements



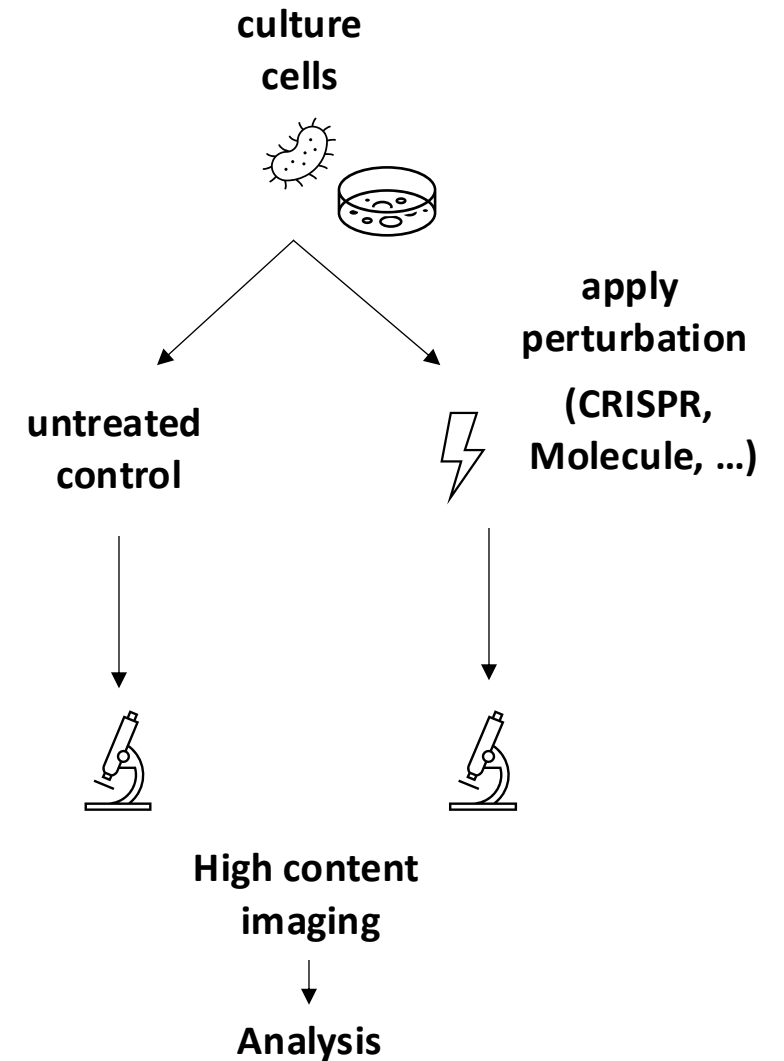
Proteomics *	Olink
Transcriptomics (Microarray)	Epistem
IgM	PPD
Enhanced liver fibrosis (ELF)	Nordic
N-terminal pro-peptide of type III collagen (PRO-C3)	
TLR8 mutations	Virology
Clinical & subject-level markers	various



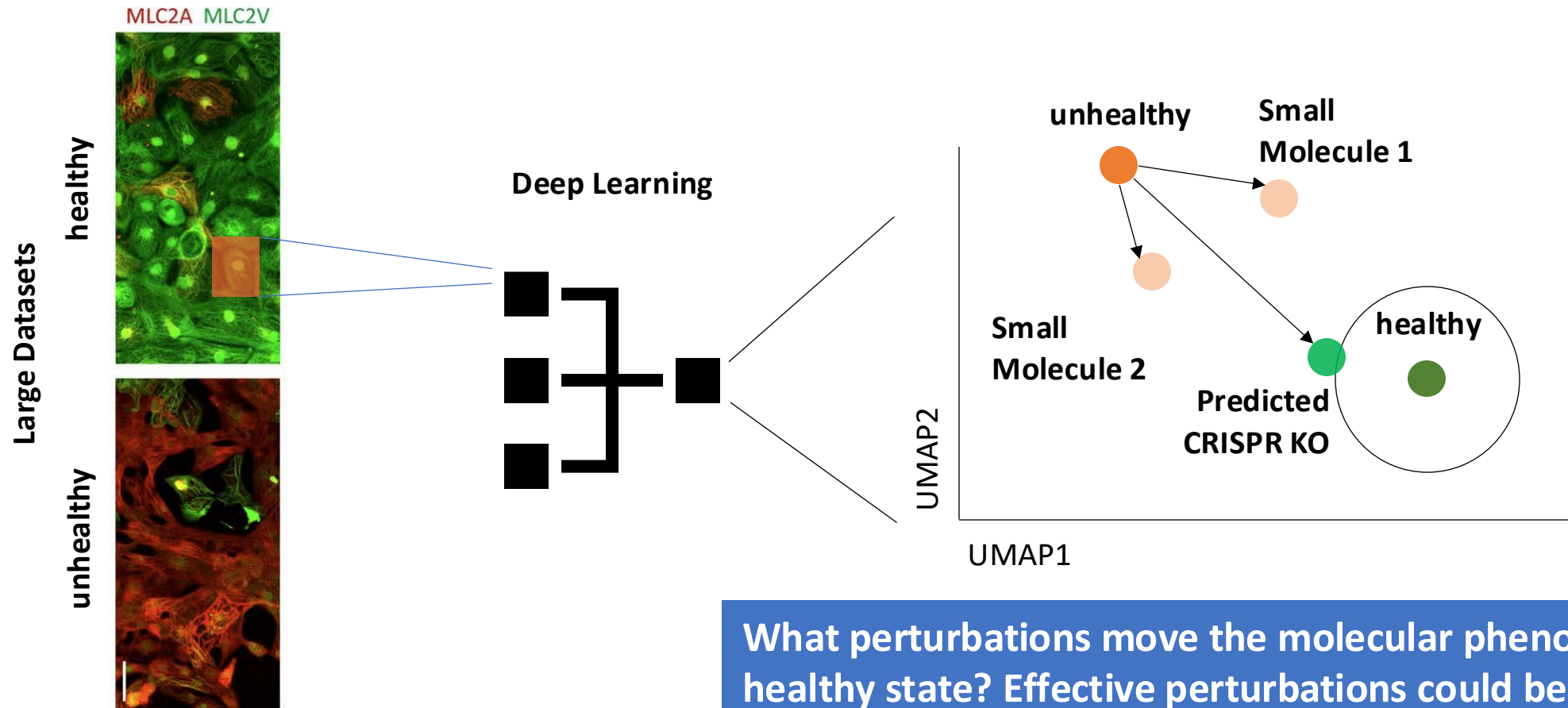
Decoding the language of the cell with perturbation experiments



Comparison between experimental readouts in control and intervention settings enables us to understand causal effects of perturbations.

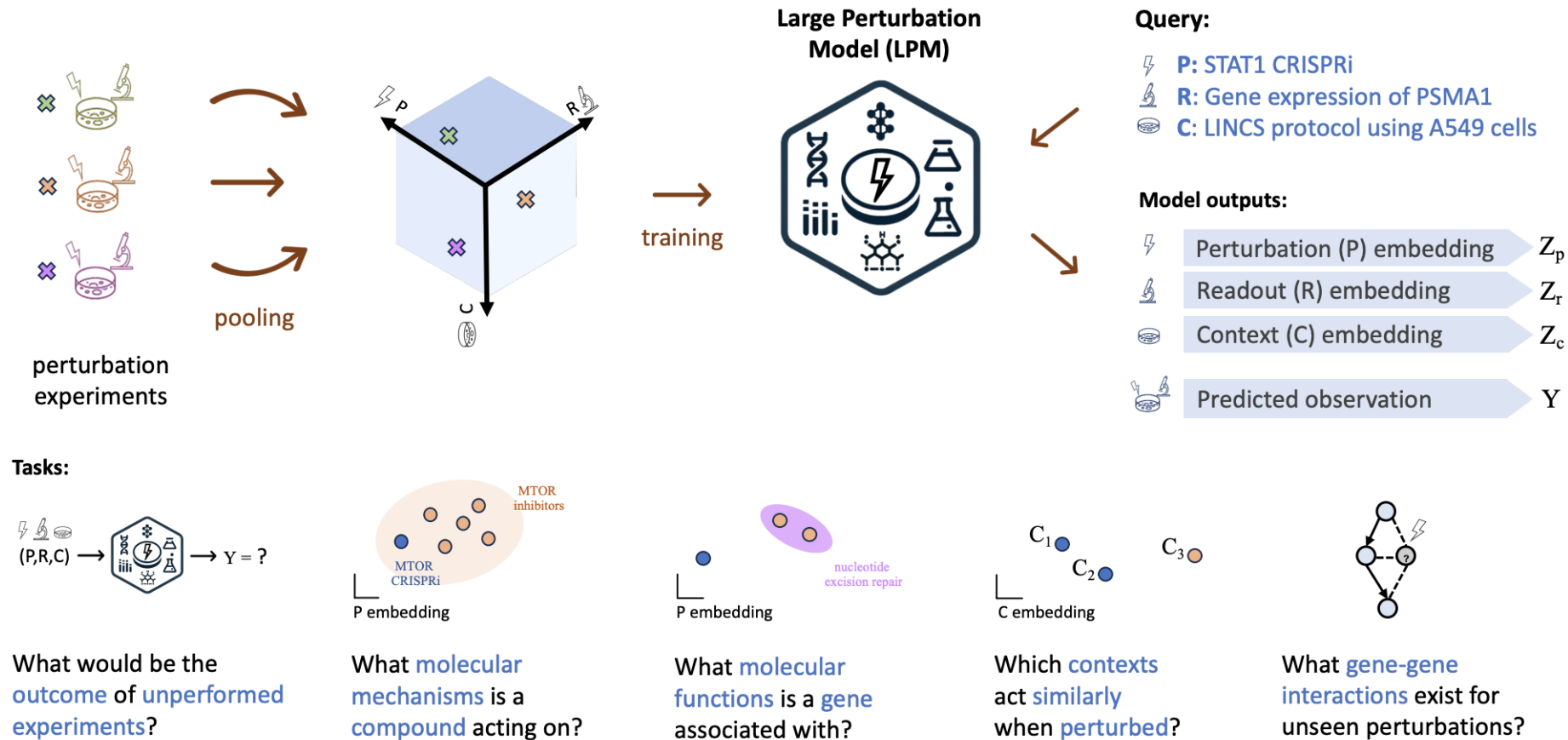


Decoding the language of the cell with perturbation experiments

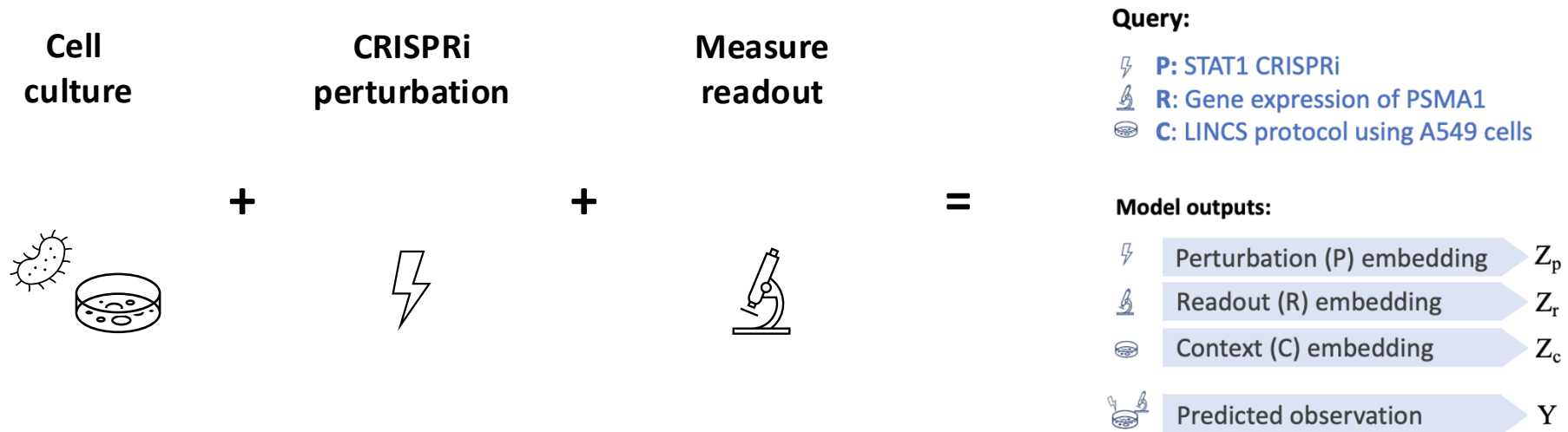


What perturbations move the molecular phenotype towards the healthy state? Effective perturbations could be attractive treatments for further development.

Joint embedding of readout (R), context (C), and perturbation (P) achieves broad understanding of biology across environments



LPMs permit a query-answer interaction mode to specify and simulate context, readout and perturbation of interest

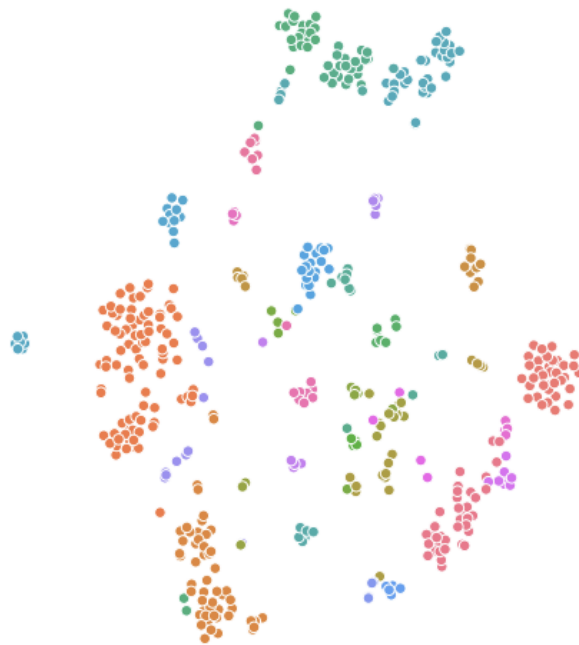


LPMs internally create a map of perturbations by their similarity



We find that LPMs internally organize perturbations by their mechanistic similarity, and this even across different types of perturbation (e.g. chemical versus genetic perturbation).

LPMs internal map also reflects functional properties of perturbations

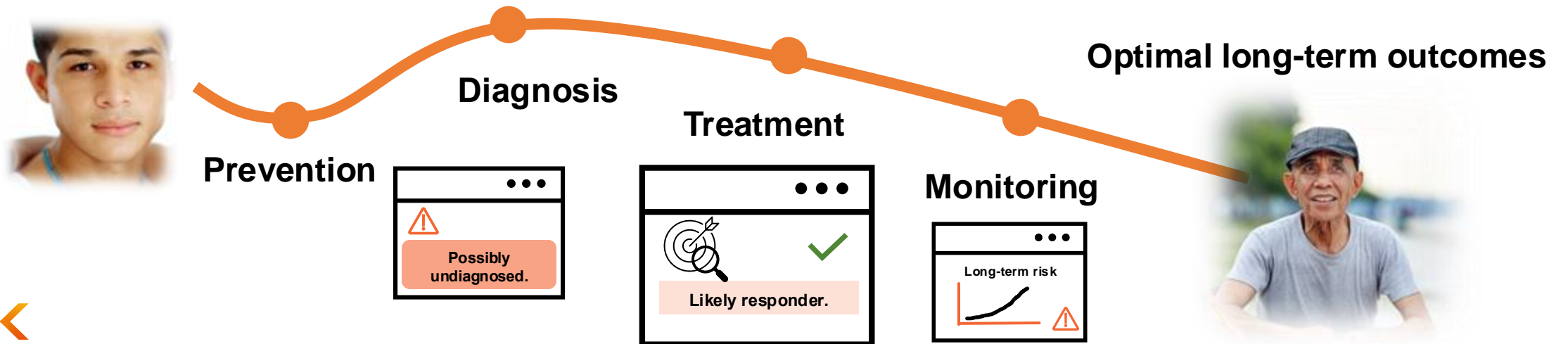


- mitochondrial protein translocation, tRNA synthesis, EIF2
- 39S ribosomal subunit, mitochondrial
- 40S ribosomal subunit, cytoplasmic
- 60S ribosomal subunit, cytoplasmic
- histone acetylation 1
- INO80 complex
- glycolysis
- translocon/protein glycosylation
- vesicular trafficking
- nuclear export
- ESCRT complex
- chromosome segregation
- SNARE complex
- NuA4 histone acetyltransferase complex and TTT complex
- Mediator complex
- TFIIH/nucleotide excision repair
- histone/nucleosome synthesis
- m6A mRNA methylation
- Chaperonin TCP-1
- Paf complex
- spliceosome
- COP9 signalosome
- exosome and mRNA turnover
- DNA replication
- EIF3 2
- EIF3 1/Ku antigen complex
- Pol I and rRNA biosynthesis
- Integrator complex 1
- nonsense-mediated decay
- mitochondrial transcriptional regulation
- mTOR signaling
- 28S ribosomal subunit, mitochondrial
- NELF complex
- proteasome
- TFIID complex

... and this also extends to classifying molecular functions associated with different perturbations.

Summary

- Real world care is challenging and leaves tremendous potential for **improving patient journeys using data-driven precision medicine.**
- Rich and diverse data from previously treated patients can help us **make informed and objective decisions** with the individual at the center.
- Machine learning empowers to **leverage these data for better decisions and discovery at scale.**



Thank you! Questions more than welcome.



- Weis et al. Deep learning cluster analysis reveals subtypes in response to antisense oligonucleotide therapy in chronic hepatitis B. EASL (2023)
- Mehrjou et al. GeneDisco: A Benchmark for Experimental Design in Drug Discovery. ICLR (2022)
- Träuble et al. Multi-megabase scale genome interpretation with genetic language models. In submission. (2024)
- Chevalley et al. CausalBench: A Large-scale Benchmark for Network Inference from Single-cell Perturbation Data. (2022) <https://arxiv.org/abs/2210.17283>



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