MSGene: Estimating Lifetime Risk using multistate models in the UK Biobank EHR

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Methods: Multistate Model

alternative conditions

· Generalizability: Good internal and external

· Natural adjustment for competing risk of any

· Account for accumulated exposures through time

And lifetime risk for an individual of progressing to state k from state j where L is the maximum age of life and a is the currently observed age.

10 starting states and 10 unique ending states

· Fit an age-specific generalized linear model with

from every starting state i to ending state i conditional on chosen covariates Covariates are time-fixed (primordial) covariates:

Obviates the need for time-correlated and

hazards, or linear interactions with time

sex, genetics, smoking status

binomial error term for the odds of progressing

medication-confounded biometric measurements

Avoid parametric assumptions about proportional

Allow for dynamically updated projections with

validation in international cohorts

MASSACHUSETTS

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Introduction

BROAD

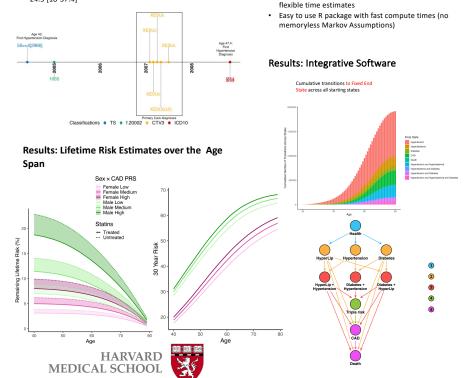
- · Younger individuals at high lifetime risk are substantially underrecognized by existing risk stratification algorithms which tend to focus on short-term risk and don't reflect underlying
- · Lifetime risk algorithms are sorely missing, and don't reflect genetics
- Ability to estimate risk in younger individuals to guide earlier implementation of preventive strategies to those who will benefit the most

Goals

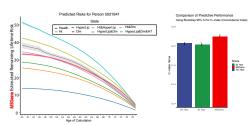
- · Estimating CVD-free years gained following preventive treatment strategies
- · Ability to assess the effect of individual treatment strategies on CVD free years gained

Data

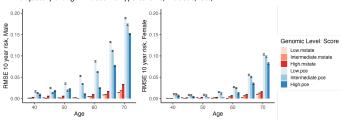
- · 481,686 Individuals enrolled in UKB Primary Care linking outpatient, prescription, hospitalization and operational codes from 1940 to present
- Median FU: 44y [30-58]
- · Median first observation age
- 24.5 [18-37.4]



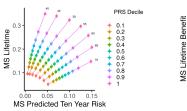
Results: Interactive and accurate flexible risk assessments

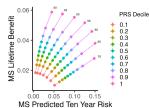


- · Extract smoothed per year, covariate combination annual risk of transition to Coronary Artery Disease
- · Allow for updated state-specific computation: i.e., how does my trajectory change if I become hypertensive, Diabetic,. etc,

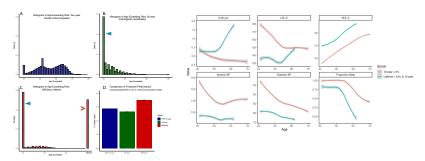


Results: Intuitive Lifetime Risk assessment and Absolute Risk Reduction





Conclusions: Improved Identification of those at high lifetime risk dynamic stratification over time



- Uniquely identify subgroups of individuals at high lifetime risk unrecognized by existing equations
- · Rapid recalibration for new populations and an intuitive R package