

Challenges to Mathematical Modelling, Simulation and Data Analysis Arising in Clinical Medicine



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PLAN OF THE REPORT

Challenges in the clinical medicine:

In Populational research
In Personalized medicine
In Basic science research

GLOBAL CHALLENGES IN CLINICAL MEDICINE 2018





LEVEL ON THE TOP: Populational Research

- Diseases and risk factors research. Global Burden of Disease Study in the world, Russia and other countries. Pilot region to conduct global study on "big data" in epidemiology
- Medical-informational center in Russia and Bashkortostan



WHAT IS GLOBAL BURDEN OF DISEASES STUDY(GBD)?

The Global Burden of Disease (GBD) is a systematic, scientific effort to quantify the comparative magnitude of health loss due to diseases, injuries, and risk factors by age, sex, and geographies for specific points in time.

About GBD | Institute for Health Metrics and Evaluation. (2018). Healthdata.org. Retrieved 13 June 2018, from http://www.healthdata.org/gbd/about



FOCUS ON ALL ASPECTS OF HEALTH

-Mortality

-Incidence, prevalence

-Years of life lost (YLLs) to premature death

- -Years lived with disability (YLDs)
 - Time spent sick or injured
- -Disability adjusted life years (DALYs)
 - Years of healthy life lost

DATA COLLECTED GLOBALLY



GLOBAL: DALY

DALY stands for disability-adjusted life years.

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2017. Available from http://vizhub.healthdata.org/gbdcompare.



GLOBAL: RISK FACTORS



COMPARE TO GERMANY

DALY stands for disability-adjusted life years.

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2017. Available from http://vizhub.healthdata.org/gbdcompare.



COMPARE TO USA

DALY stands for disability-adjusted life years.

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2017. Available from http://vizhub.healthdata.org/gbdcompare.



COMPARE TO RUSSIA

DALY stands for disability-adjusted life years.

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2017. Available from http://vizhub.healthdata.org/gbdcompare.



RUSSIA: RISK FACTORS



RUSSIA:PREMATURE DEATH



COMPARE TO CHINA

DALY stands for disability-adjusted life years.

Institute for Health Metrics and Evaluation (IHME). GBD Compare Data Visualization. Seattle, WA: IHME, University of Washington, 2017. Available from http://vizhub.healthdata.org/gbdcompare.



CHINA: RISK FACTORS



2016 ranking		% change 2005-2016
1	Dietary risks	4.1%
	High blood pressure	13.4%
3	Торассо	-6.7%
4	Air pollution	-19.5%
5	Alcohol & drug use	10.5%
	High fasting plasma glucose	0.2%
	High body-mass index	36.1%
8	High total cholesterol	22.6%
9	Occupational risks	1.6%
	Impaired kidney function	11.1%

Malnutrition

-58.8%

CHINA: PREMATURE DEATH (YLL)



-6.8%

25.9%

-24.2%

17.2%

6.1%

49.8%

-49.4%





The capital – the city of $\ensuremath{\text{UFA}}$



The population of the region is 4,1 mln people



The total area is **143 000 sq. km.**

The Republic ranks **7th** in population in Russia The density of population is -28,3 people per 1 square kilometer against average **8,3** people in Russia

Gross regional product

Industrial output







Ranks 9th in gross regional product in Russia



In Republic: 15000 physicians 45000 nurses

REPUBLICAN MEDICAL INFORMATIONAL-ANALYTICAL SYSTEM IN REPUBLIC BASHKORTOSTAN



CENTER FOR SITUATION AND PROJECT DECISION OF BASHKORTOSTAN REPUBLIC MORTALITY IN REGION



INTERREGIONAL CENTER OF INSULIN PUMPS OF BSMU CLINIC



- Experience with pumps 4 generations.
- Installed and used more than 300 insulin pumps with a good result.







 ✓ Round-the-clock remote monitoring of glucose with data output in electronic and printed form.

WHY MEDICAL STANDARDS DO NOT FUNCTION IN 100 % OF CASES ?



Evidence based medicine on clinical trials and population studies

Evidence based medicines in special monogenous cohorts

Personalized medicine

PERSONALIZED TREATMENT (AT THE EXAMPLE OF COLORECTAL CANCER)





STEP DOWN: CHALLENGE IN PERSONALIZED MEDICINE DATA ANALYSIS

✓Biomarker analysis
✓Digital therapeutics
✓Genetics

DRUG ADMINISTRATION DECISION-MAKING SYSTEMS



BIOMARKERS SCREENING AS ONE OF THE BASES OF PERSONALIZED MEDICINE



MULTIMARKER ANALYSE



log2d

0 1 -2 -1.5 -1 -0.5 0 0.5 1 1.5 2

peptide 8

WHAT IS DIGITAL THERAPEUTICS?

Panacea Cloud is a first in Russia Digital Therapeutic solution.

Digital therapeutics, is a health discipline and treatment option that utilizes a digital and often online health technologies to treat a medical condition.

Could be scalable and cost effective yet not enough evidence.



PANACEA CLOUD

First Digital Therapeutic Solution in Russia and developed in Bashkortostan



РБК

Минздрав заинтересован в блокчейн-проекте ученых из Башкирии

Основатели «Panacea.Cloud» обсудили с экспертами из Министерства здравоохранения, Росздрава и других госучреждений возможности внедрения медицинских информационных систем на основе

ВУЛАТ ИДРИСОВ: Мы не хотим зарабатывать на болезнях людей, цель – достичь благоприятного результата

Роман Якимчук - 29/07/2018

«Клиника в облаке» авторов из Башкирии победила в хакатоне в Петербурге

«Система похожа на большую библиотеку, где на каждую болезнь написан свой алгоритм»

METABOLIC SYNDROME TREATMENT



Diabetes Prevention Program Research Group. (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. New England journal of medicine, 346(6), 393-403.

- Effectiveness of the curriculum was established in RCTs
- Later the digital analog of the curriculum in the USA was shown to be as effective as the original
- Panacea Cloud is a pioneer of digital therapeutics in Russian speaking world and currently undergoing pilot tastings

HOW PANACEA.CLOUD WORKS?

Online guide that helps to form healthy habits on nutrition, physical activity and mental health via

- •Smartphone
- •Case management
- •Disease Control Prevention Program
- •Just in time adaptive intervention
- •Tokens to stimulate health behaviors





PANACE.CLOUD: ADVANTAGE

Evidence-Based Curriculum of CDC Diabetes Prevention standards.

Clinical effectiveness demonstrated in clinical trials



PANACEA CLOUD PROTOTYPE

Chat bot prototype video link https://youtu.be/plCeZLmqigQ

Case managers interface prototype https://youtu.be/vetfU6tLLik





Real-world data e.g. Electronic Medical Records, health wearables, Internet of Things, digital media, social media, is combining with scalable technologies and advanced analytics to fundamentally change how and where healthcare is delivered, bridging to the health of populations, and broadening the responsibility for both. It reveals how this shift in healthcare delivery will significantly improve patient outcomes and the health system.

-Digital innovations

- -Lean innovations
- -Around the patient innovation
- -Value innovation

HEALTHCARE DISPARITIES

- Will poor have better quality of care with emerging technologies
- Will emerging technologies improve care for those living in poverty expanding quality and lowering costs?



PERSONALIZED MEDICINE. THE OUTLINE OF THE FUTURE




BASHKIR STATE MEDICAL UNIVERSITY AND UFA STATE AIRCRAFT TECHNICAL UNIVERSITY

HIGH-PERFORMANCE COMPUTING CLUSTER (SUPERCOMPUTER)





Peak performance ~ 40 TFlops



3D-Room CAVE-type

OPTIMIZATION OF A SCAR AND FLAP GEOMETRY AT STAGE OF PLANNING OF A SURGERY























Urothelial carcinoma of the bladder. Reconstructive-plastic restoration of the defect of the anterior abdominal wall by a free thoraco-dorsal flap.

BLOOD FLOW AT THE AORTA



MSU AND BSMU ROBOT-ASSISTING SURGERY COLLABORATION











Medical Tactile Endosurgical complex

Prototype of the Surgeon-Robot

Center for Robotic Surgery Clinic BSMU



Step down: Challengers in Basic Research data analysis:

✓Cell migration and rolling✓Raman spectroscopy

OPENING OF CENTER OF ROBOTIC SURGERY AND CENTER OF CELL CULTURE IN UNICLINIC OF BSMU (NOVEMBER 2018) WITH PROF. WOLF WIELAND









Bashkir state medical university

MICROFLUIDICS

Microfluidics is both the science which studies the behavior of fluids through micro-channels, and the technology of manufacturing microminiaturized devices containing chambers and tunnels through which fluids flow or are confined.





Microfluidics deal with very small volumes of fluids, down to femtoliters (fL) which is a quadrillionth of a liter. Fluids behave very differently on the micrometric scale than they do in everyday life: these unique features are the key for new scientific experiments and innovations.

[https://www.elveflow.com/]

Biomedical Acoustics Laboratory Biomedical Engineering Cellular Biomechanics and Biotransport Laboratory

In vitro (microfluidic flow systems)



Snapshot of cells migrating in a rectangular micro-channel, according to our numerical simulation. A bigger and less deformable red-colored cell is located closer to the wall than smaller and more deformable green-colored cells.

• **PI: Damir B. Khismatullin, Ph.D.** Associate Professor

 Project: Quantitative Biomechanical Models of Circulating Cell Interactions

Blood-borne leukocytes (white blood cells) are recruited from peripheral blood into infected tissues during inflammation through a complex series of events involving leukocyte capture by activated (dysfunctional) endothelial cells, leukocyte rolling on and firm adhesion to endothelium, and leukocyte transendothelial migration (diapedesis). Currently, it is not well understood how endothelial dysfunction and associated leukocyte adhesion develop in the body and how these pathophysiological processes can be prevented or blocked without causing dangerous side effects. In our laboratory, we study the adhesion of leukocytes and other cirulating cells to dysfunctional vascular or lymphatic endothelium. Our computational algorithm can simulate the dynamics of multiple circulating cells with different deformability and size (left picture).

[http://www.tulane.edu/~damir/research.html]

CANCER METASTASIS



[1] Khismatullin and Truskey, *Biophys. J.* **102**, 1757 - 1766 (2012)
[2] Chen and Khismatullin, *Inflammation* **36**, 309-319 (2013)
[3] Wang and Bennett, *Circ. Res.* **111**, 245 - 259 (2012)
[4] Jackson, *Nat. Med.* **17**, 1423 - 1436 (2011)

COMPUTATIONAL MODELLING DATA: EFFECT OF CYTOPLASMIC VISCOSITY ON CELL ROLLING

Figure :

A

 $t = 0.0 \, s$

0.5 s

1.0 :

1.5 s

2.0 s

- (A) Cell deformation with a cytoplasmic viscosity of 10 Pa · s during rolling on the receptor-coated lower surface of the microchannel, according to the VECAM computational algorithm. The shear stress of the wall is 0.05 Pa.
- (B) Leukocyte shape when rolled on the inner surface of a collagen tube coated with endothelium (provided by E. Damiano, Boston U.).





MATHEMATICAL MODEL OF CELL MIGRATION







Deformation of cells of different diameters during passage through a narrowing of 8.1 μ m in the microchannel, according to the computational model. The ratio of the diameter of the cell to the width of the narrowed section is 1 (at the top), 2 (center) and 3 (bottom).

MATHEMATICAL MODEL OF CELL MIGRATION



Snapshot of cells migrating in a rectangular microchannel, according to our numerical simulation. A bigger and less deformable red-colored cell is located closer to the wall than smaller and more deformable green-colored cells. This explains that leukocyte margination and red blood cell aggregation in small vessels are caused by the differences in deformability and size between these types of blood cells.

SPECTROSCOPY OF COMBINATIONAL DISPERSION (RAMAN-SPECTROMETRY)

Spectroscopy of combinational dispersion is the method of spectroscopy, which bases on ability of investigated system (molecules) for inelastic (Raman or combinational) dispersion of monochromatic colour.

Horiba XploRA plus (Horiba, Ltd., Япония)





532 nm 638 nm

FAST INTERPRETATION OF RAMAN SPECTROSCOPY RESULTS (MACHINE LEARNING AND DATA MINING)





Rapid interpretation of spectrograms for intraoperative pathology diagnostics is not developed. We propose a new algorithm based on a multi-stage mathematical signal processing with the subsequent use of deep learning (neural network). The quality of the solution in many cases is now comparable, and in some cases exceeds the efficiency of "protein" experts.

OPTIMAL ALGORITHM OF CELL DIAGNOSTICS BY RAMAN SPECTROSCOPY



CHALLENGES: FROM POPULATION SCIENCES TO BASIC RESEARCH



Adapte from Alyass et al. BMC Medical Genomics (2015)

THANK YOU FOR ATTENTION!



Welcome to Bashkortostan !

OUR TEAM

1932 _{Уфа}









Сколково







- V. Pavlov
- W. Wieland
- V. Starodubov
- M. Sokolov
- E. Khusnutdinova
- D. Khismatullin
- B. Idrisov
- I. Akhatov
- I. Rakhmatullina
- V. Viktorov
- A. Bilyalov
- N. Zagidullin
- A. Izmaylov
- R. Safiullin
- M. Urmantzev
- A. Korzhenevsky
- K. Danilko
- I. Kabirov