

Streaming data for health: sensors, wearables, apps and all that

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The AZ Advanced Analytics Centre (AAC)

Transforming drug development decision making through applied data science



~30 clinical data scientists

Based in UK (Cambridge & Cheshire); Sweden (Gothenburg); US (Washington, DC)





> The emerging role of technology in clinical research

- > Implications for statistics: clinical trials in the balance
- Case studies from personal experience
- Closing thoughts

Digitalization of clinical trials is coming...?



CLINICAL TRIALS







NEWS

En A





1970



2014

Will sensors be a pharmaceutical "game changer"?



Wicks, Hotopf, Narayan, Basch, Weatherall & Gray. (2016, under review). "It's a long shot, but it just might work! Perspectives on the future of medicine". *BMC Medicine*

Smart lens for diabetes (Novartis-Google)





Minimally invasive Technology. Fluid to seep into the sensor and be used to measure blood sugar levels. A wireless antenna, thinner than a human hair, will communicate information to an external device. Google engineers even considered adding LED lights that could warn the wearer for hypoglycemic events, but abandoned the idea.





Technology

ECG **Respiratory rate Body Temp** Activity Coughing



Uric Acid





Medical grade ECG



Metabolic array as glucose, ketones, lactate, uric acid, potassium and sodium

Tissue oxygen level Glucose



Glucose



Glucose in tears

GENTAG

Disposable IA system



3D movement Fall detection **Respiratory rate** Heart rate



Heart Rate **Blood Pressure** Sleep pattern Hydration level





The dawn of eHealth's "Citizen Science"





trial: 3500 enrolled in 72 hours



Speed \odot $\leftarrow \rightarrow$ Representativeness \odot



A vision: clinical trials now...and in the future Striking the statistical balance







Asthma

Diabetes



Asthma prevalence



Asthma cost the US about \$56 billion in medical costs, lost school and work days, and early deaths in 2007*.

*Centers for Disease Control and Prevention

Asthma triggers



Asthma originates from the complex interplay between individual's genetic and environmental factors

Case study: Monitoring the level of disease control in asthma patients





| Rescue Medication | | |
|----------------------|--|--|
| Pollen Count | | |
| Heart Rate | | |
| Activity Monitor | | |
| Coughing | | |









- Uncontrolled asthma
- Classification problem
- Can we predict when/whether a patient is going to have uncontrolled asthma event?
- Which variables are the best personalized predictors (feature importance) of the event?





- Uncontrolled asthma
- Classification problem
- Dynamic model
- Predicted and predictor variables are time series

$$E = f(x_t^1, x_t^2, \dots, x_t^n, x_{t-1}^n, x_{t-1}^2, \dots, x_{t-1}^n)$$

. . .

$$x_{t-m}^1, x_{t-m}^2, \dots, x_{t-m}^n)$$

• For separation of training and test sets, dynamic aspect should be considered





- Uncontrolled asthma
- Classification problem
- Dynamic model
- Variable time lag
- Features might have different time lags (e.g., pollen count has greater time lag compared to Heart Rate)
- Time lags for different variables should be estimated before feeding the model





- Uncontrolled asthma
- Classification problem
- Dynamic model
- Variable time lag
- Patient specific model

As asthma triggers differ between patients, personalized models should be developed





- Uncontrolled asthma
- Classification problem
- Dynamic model
- Variable time lag
- Patient specific model
- Heterogeneous features

Here Pollen Count, Heart Rate, and Activity Monitor measurements are continuous numbers, but Coughing is categorical.



Missing data analysis: different scenarios



- Loss to follow up:
 - Use available data if feasible



Missing data analysis: different scenarios



- Loss to follow up:
 - Use available data if feasible
- Partially missing measurements:
 - Define max allowable missing data
 - Patient specific median
 - k-nearest neighbor
 - Last value carried forward
 - Potential erroneous imputation



Sanity check and transformation of data



- Data sanity checks:
 - Within feasible range
 - Constant value
 - Null value

Data transformations

- Consistent unit of measurement
- Correct time scale
- Include new features (temperature difference)
- Incorporate composite features



Splitting time series data for training and test set



Comparing measurements: correlation and auto-correlation





Smart mobile technology for near real-time data collection

Case study: Continuous glucose monitoring in bariatric surgery patients with dysregulated glucose metabolism – The COLUMBO study



Two live sensor examples generating new insights

Physical exercise generate glucose peaks of the same magnitude as food intake





Example of sensor data benefit (simulated):



Time (hours)



But, there is an inter-day variability



Time (hours)



And, there is an inter-measurement variability



Time (hours)



More data points enables modeling approaches and disease understanding



Time (hours)



In essence: Better precision with more data







Multiple sensor values decrease variance, resulting in smaller clinical trial sample size



Number of data points used for calculation



Data used in this example is taken from an internal CGM study using Dexcom devices.

To resemble the fasting state in the FPG measurements, the CGM values at 04:00 were used

Thanks to Jesper Havsol and Fredrik Öhrn



Closing thoughts



Streaming data in health A grab bag of challenges



The wisdom of the

crowd



Making sense of big data...key challenges

Contextualisation



2 Intelligent aggregation















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