RESEARCH ON TAP Health Data Science

Wednesday, November 29, 2023

bu.edu/research/events



Agenda

- Welcome Remarks
- Presentations
 - Kevin Lane
 - Neha Gondal
 - Jonathan Huggins
 - Kayoko Shioda
 - Shariq Mohammed
 - Archana Venkataraman
 - Diane Joseph-McCarthy
 - Pawel Przytycki
 - Heather Hsu
 - Judith J. Lok
 - Vijaya B. Kolachalama
- Closing Remarks



Health Data Science Debbie Cheng

Professor of Biostatistics Director, Population Health Data Science Program Department of Biostatistics, School of Public Health



DATA SCIENCE SHAPING GLOBAL POPULATION HEALTH

The Population Health Data Science Program promotes the development and quality of health data science research. We aim to **create new interdisciplinary research synergies** between health data science researchers, provide **opportunities for education and training** in data science, and ultimately facilitate the **generation of new insights** from large data sources to advance population health worldwide.



2023-2024 Events



NOV 29: Research on Tap: Health Data Science

Nov 29, 2023 | 4-6PM. Kilachand Center (610 Comm Ave), Room 101. Register here. The goals of this Research on Read more

NOV 29: Seed Funding Awards

Attendees at the 11/29 Research on Tap are invited to apply for these \$5K awards. The goal is to facilitate new interdisciplinary collaborations with the School of Public Health to advance data-driven science

109/10/intro_to_machino_loarning_workshon/



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https://sites.bu.edu/ph-datascience/

Goals for Today

- Strengthen our BU health data science community
- Engage new scholars in health data science
- Foster new collaborations across the university
- Provide seed funding opportunity to advance new research



Population Health Data Science Seed Funding Awards

- \$5000 for 1 year period
- 1-Page Proposal (background, aims, approach)
- PI ROT attendee (faculty, postdoc or student)
- Team must include SPH member
- Deadline: 12/13/23

Details: https://sites.bu.edu/ph-datascience/



Cloud Processing and Machine Learning for Local, National and Global Public Health Research

Kevin Lane, PhD MA

Assistant Professor

Chief Data Officer at BUSPH Center for Climate Health

Department of Environmental Health, Boston University School of Public Health



BOSTON UNIVERSITY

Community measurements of aviation-related air pollution near Logan International airport









ML Source Quantification Methods





National Studies of Environmental and Community Social Determinants of Health and Well-Being : Measuring **Geospatial Access to Resources**



Spangler et al. (2023), https://doi.org/10.1016/j.sste.2023.100606







Dennis Milechin, P.E., GISP Scientific Programmer/Analyst IS&T

MCHPCC

in partnership with BU School of Public Health

https://wellbeingindex.sharecare.com/

Figure 1: Illustration of Methods for **Estimating Access to the Nearest Grocery** Store



Potential for Measurement Error in Environmental Variables Indicating Access to Resources, by Distance Measurement Method Amruta Nori-Sarma, Keith Spangler, Nina Cesare, Biqi Wang, Kimberly Dukes, Kevin Lane

Nori-Sarma et al. JESEE 2022

Development of Nationwide Air Pollution and Temperature Models for Health Studies in India



HEALTH

OF INDIA

FOUNDATION

Karolinska

Institutet

of the Negev

CHAIR Study Goals: Develop nationwide 1 km x 1 km daily PM2.5 and Temperature models from 2008 – 2020 for all of India.

BUSPH Researchers: provide technical and structural support for researchers across the globe via scc OnDemand

Mount Sinai



Center for Climate & Health

@BostonUResearch | #researchontap



ASCENT Project 18: Community Measurements of Aviation Contributions to **Ambient Air Quality**







Community **Well-Being Index** in partnership with BU School of Public Health





Amruta Nori-Sarma





School of Public Health Center for Climate & Health









Emma

Gause



Maria

Bermudez

Sean

Mueller



Bre

Van

Loenen









Jon

Levv





Longitude



Amruta



Greg Wellenius





Boston University Office of Research

Muskaan



Zach

Greg Wellenius



Feldscher





Modeling Health Behaviors using Social Network Data

Neha Gondal

Assistant Professor Department of Sociology and Faculty of Computing & Data Sciences



Social Networks and Health

- Health behaviors tend to cluster within social networks. E.g.,
 - Smoking and drinking (McMillan et al. 2018, Cheadle at al 2013))
 - Oral health (Heaton and Gondal 2023; Maupome et al. 2016)
 - Obesity and exercise (Centola and Rijt 2015, Shoham et al 2012)
 - Eating behavior (Fletcher et al 2011)
 - Mental health (Schaefer et al. 2011)
- Two ways to model health outcomes using social network analysis techniques.



ERGMs for Sociometric Data

- What are the micro-level structures that concatenate to produce the overall structure of the network.
- E.g., is there homophily on health behaviors like smoking?





ABMs

- Agent-based models are useful for testing theory when data are unavailable, infeasible, or unethical.
- Agents interact in social networks.
- AMBs can be used to test public health interventions(e.g., should intervention target individual or a network of connected persons) and combined with ERGMs to generate realistic models and outcomes.



Thank You! gondal@bu.edu



More Data, More Problems?

Jonathan Huggins

Assistant Professor Department of Mathematics & Statistics, CAS + Faculty of Computing & Data Sciences



Models: turning data into knowledge

Model = family of possible data-generating processes

- Designed based on scientific / other prior knowledge
- Interpretable



https://www.researchgate.net/figure/Phylogenetic-position-of-peacock-with-respect-to-other-bird-genomes-The-phylogenetic_fig2_327750618

More data, more problems

Models approximate reality

- With only a little data, can't tell that model is wrong
- More data = more detail



Georges Seurat, Parade de cirque (1889)

Example 1: Phylogenetic tree inference

Problem: If two trees are equally good, then standard methods declares one of them is best

- We show: **bagged posterior** resolves the issue
- Example: infer phylogeny of 13 whale species
 - Standard method: X 0 trees the same
 - ➤ Bagged posterior: ✓ 22 trees the same



Example 2: Cell type discovery

Problem: model imperfect + using standard methods: more data \Rightarrow more cell types spuriously "discovered"

 Solution we developed <u>provably</u> solves spurious discovery problem

Clustering accuracy (F-measure)

Dataset	7	8	9	10	11	12
standard approach	0.53	0.48	0.62	0.45	0.54	0.59
our solution	0.63	0.92	0.94	0.99	0.99	0.98
alternative solution	0.67	0.88	0.93	0.99	0.99	0.99



Data Science to Guide Vaccine Policies & One Health Approach

Kayoko Shioda

Assistant Professor Global Health, School of Public Health



Practical & methodological challenges with data and analytic approaches

Robust scientific evidence to guide vaccine policies

Develop new data stream and analytic approaches

Estimating the cumulative incidence of SARS-CoV-2 based on seroprevalence, accounting for antibody waning



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(Shioda, et al. Epidemiology 2021; Shioda, et al. JID 2022)

Recommended

Late-but-allowable

180

150

What is the optimal timing to administer the 2nd dose of mRNA COVID-19 vaccines?

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Plans: PCV, rotavirus vaccines

(Shioda, et al. medRxiv 2023)

Zoonotic pathogens spread via water, food, soil and animal contacts. How many infections are coming from each pathway?

BOSTON <u>univer</u>sity

Transmission dynamic modeling

Findings:

If the **foodborne** pathway is reduced by **50%**, the total *Campylobacter* infection would decrease by **30%** (95% CrI: 24-36%)

Future Plans:

How does this change by weather & climate? What's the optimal climate-resilient control measure?

(Shioda, et al. EHP 2023)

Statistical Methods for Complex Health Data

Shariq Mohammed

Assistant Professor, Department of Biostatistics Rafik B. Hariri Junior Faculty Fellow <u>shariqm@bu.edu</u>

Imaging-genomic associations in gliomas

- Detect imaging markers of tumor heterogeneity associated with molecular characteristics
- Using imaging markers to predict clinical outcomes

Statistical methods

- Bayesian modeling
- Variable selection

PRECISION HEALTH

Functional data analysis

Mohammed et. al. (2023), Med Image Anal Mohammed et. al. (2022), Am J Neuroradiol Mohammed et. al. (2021), Ann Appl Stat

U. Michigan Precision

Health Scholar Award

Understanding tumor micro-environment

Tissue slice

Gene expression change

- Offer localized insights on gene expression changes across the tissue
- Quantify interaction between cell types to predict response to treatment

Statistical methods

- Bayesian modeling
- Spatial statistics
- Differential geometry

Krishnan, Mohammed et. al. (2022), Sci Rep

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BU SPH Early Career Catalyst Award

Cognitive assessment using digital neuropsychological tests

- Quantify performance on digital tests high frequency pen movement data
- Distinguish participant profiles based on novel performance measures
- Potential non-invasive diagnostic tools for early detection

Statistical methods

- Functional data analysis
- Prediction models

Framingham Heart Study **Brain Aging Program Pilot Award**

Digital

Community well-being indices

- Rank zip-codes for overall well-being and its subscales using individual-level survey data
 - Zip-code neighborhood using driving times

Engineering Solutions to Brain Dysfunction

Archana Venkataraman

Associate Professor Department of Electrical & Computer Engineering College of Engineering

Bringing AI into Clinical Neuroscience

Boston University Office of Research

Challenges:

- Small Datasets $N \sim O(10)$ or $N \sim O(100)$
- Patient Heterogeneity
- Interpretability is Paramount
- Noisy/Missing/Inadequate Training Labels

Addressing the Technical (and Data) Challenges

Robust and Adaptable Optimization

Deep Imaging-Genetics for Mental Health

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Ghosal et al., NeuroImage 2021, SPIE 2021, ICLR, 2022

Multimodal Influences of Schizophrenia

Neuronal Action Potential, Extracellular Matrix Secretion

Immunological Synapse, Macrophage Derived Foam Cell Differentiation

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(1)

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Epithelial to Mesenchymal Transition,
 Cardiac Septum/Atrium Morphogenesis

3 Calcium Ion Transport, Calcium Ion into Cytosol

Histone Methylation, Meiotic Cell Cycle

Suppression by Virus of Host STAT/Molecular Activity

Stimulus Involved in Sensory Perception, Pseudouridine Synthesis

Pandemic Mitigation and Response Strategies

Diane Joseph-McCarthy

Executive Director, Bioengineering Technology & Entrepreneurship Center Professor of the Practice Department of Biomedical Engineering, College of Engineering

Map of current readiness with respect to targets, therapeutics, and vaccines

- Enhanced literature review using Large Language Models (LLMs) to reduce timelines
- Novel automated pipeline using prompt engineering strategies to identify drug targets
 - GPT-4 LLM by OpenAI with Zero-Shot-CoT prompting and ensembling top performer
- Applied to SARS-CoV-2 and Nipah Virus
 - Accuracy/F1-score/sensitivity/specificity: 92.87%/88.43%/83.38%/97.82% for SARS-CoV-2 87.40%/73.90%/74.72%/91.36% for Nipah

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J. Yang, K.C. Walker, A. Bekar-Cesaretli, B. Hao, N. Bhadelia, D. Joseph-McCarthy, I. Ch. Paschalidis

Druggable Sites

Identify druggable sites on therapeutic target proteins from structures or homology models

- 10 SARS-CoV-2 targets
- FTMove to assess druggable sites rapidly
- Develop ranking scheme for druggable sites including allosteric/cryptic sites
- AlphaFold for proteins without structure
- Future drug repurposing efforts

FTMove: M. Egbert, M. et al. (2022) *J. Mol. Biol.* 434:167587.
FTMap: D. Kozakov et al. (2015) *Nature Protocols* 10:733.
Kinase Atlas: C. Yueh et al. (2019) *J. Med. Chem.* 62:6512.
AlphaFold: J. Jumper et al. (2021). *Nature* 596:583.

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M. Lazou, A. Bekar-Cesaretli, D. Kozakov, S. Vajda, D. Joseph-McCarthy

AlphaFold Models Sufficient for Hot Spot Mapping

			Any hot spot, %			Top hot spot, %		
		Ν	13+, 50%	13+, 80%	16+, 50%	13+, 50%	13+, 80%	16+, 50%
AlphaFold		62	79.0	66.1	66.1	58.1	46.8	54.8
X-ray structure	Bound	62	77.4	69.3	70.9	56.5	50	56.5
	Unbound	48	77.1	62.5	62.5	56.3	43.7	56.3

Percentages of proteins with any hot spot or top hot spot with 13+ or 16+ probe clusters and at least 50% or 80% overlap with known fragment binder

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A. Bekar-Cesaretli, O. Kahn, N. Thu, D. Kozakov, D. Joseph-McCarthy, S. Vajda, submitted to JCIM

Beta-Lactoglobulin – AlphaFold Generated Ensemble

* Colorbar indicates druggability (# of probe clusters) of binding site

Creating a publicly available resource

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M. Lazou, A. Bekar-Cesaretli, D. Kozakov, D. Joseph-McCarthy, S. Vajda

Deciphering the Role of Cell Types (and States) in Disease

Pawel Przytycki

Assistant Professor Faculty of Computing & Data Sciences

Waddington's Epigenetic Landscape

In individual cells...

Capturing dynamic changes in cell type

Interpreting Genetic Variants

Optimizing Value-Based Care for Health Equity

Heather Hsu, MD MPH

Assistant Professor

Department of Pediatrics, Chobanian & Avedisian School of Medicine

Value-Based Care

Aims to improve healthcare value by linking provider reimbursement to measures of healthcare quality You can't fix what you don't measure

MEASUREMENT is a cornerstone of value-based care

MassHealth Value-Based Care Transformation

Medical complexitySocial complexity

BMC Health System & the MassHealth Value-Based Care Transformation

- Assess impact on quality of care & adequacy of payment
- Identify opportunities for payment model improvement
- Address potential measurement bias

Opportunities for Value-Based Care Optimization

To improve population health & healthcare equity, we must reverse the trend of ↓ Bonus payments ↑ Financial penalties

for the healthcare safety-net

Causal Mediation Analysis and the Promise of a Potential COVID-19 Treatment

Judith J. Lok

Associate Professor, Mathematics and Statistics jjlok@bu.edu

Harvard's Radcliffe Institute for Advanced Studies 2023-2024

Collaborators:

Victoria Herrera, Nicholas Bosch, Nelson Ruiz-Opazo, Allan Walkey Boston University Chobanian and Avedisian School of Medicine

Motivation: direct and indirect effects

Direct and indirect effects decompose the effect of a treatment A on outcome Y into:

- Part that is mediated through covariate *M* (indirect effect).
- Part that is not (direct effect).

Example:

A: blood pressure lowering medication, Outcome Y: heart attack.

How much of the effect of the blood pressure lowering medication A is mediated by the effect of A on blood pressure M, and how much (if any) works through other pathways?

Example:

In COVID patients admitted to the ICU: What is the indirect effect of a treatment A eliminating Despr+ neutrophil nets M on the final SOFA score Y?

SOFA score: describes the degree of multi-organ failure.

Causal diagram: ICU COVID data; exposure: SOFA-1.

M: Despr+ neutrophil nets.SOFA-1: SOFA score at time 1, close to ICU admission.SOFA-2: SOFA score at time 2, the day before ICU-discharge or death.

Causal diagram: ICU COVID data

M: Despr+ neutrophil nets.
Putative exposure A: eliminates Despr+ neutrophil nets.
SOFA-1: SOFA score at time 1, close to ICU admission.
SOFA-2: SOFA score at time 2, the day before ICU-discharge or death.

The organic indirect effect of A that eliminates Despr+ neutrophil nets equals $\int_c E[Y|M = 0, C = c, A = 0] f_C(c) dc - EY^{(0)}$, where C is SOFA-1. We can estimate this by

$$\frac{1}{n}\sum_{i=1}^{n}\hat{E}\left[Y_{i}|M_{i}=0,C_{i}=c_{i},A_{i}=0\right]-\frac{1}{n}\sum_{i=1}^{n}Y_{i}:$$

the average expected outcome Y had all M_i been equal to 0 (if no direct effect), minus the average expected outcome without any treatment/intervention.

No on-treatment outcome data needed for organic indirect effect/pure indirect effect.

Indirect effect estimate: a decrease in time 2 SOFA score of 0.71.

ICU doctors are mostly interested in decreasing the SOFA score of patients with a somewhat high SOFA score at ICU admission (SOFA-1 \geq 2). In those patients, the estimated indirect effect was more promising: 0.98 (95% CI: 0.27-2.13).

Screening Tools for Dementia

Vijaya B. Kolachalama, PhD, FAHA

Associate Professor Department of Medicine Department of Computer Science Faculty of Computing & Data Sciences

Global burden of dementia

- More than 55 million people have dementia worldwide
- Every year, there are nearly 10 million new cases
- In 2019, dementia cost economies globally 1.3 trillion US dollars
- Multiple forms of dementia
 - Alzheimer's disease (60-70% cases)
 - Lewy body dementia
 - Vascular dementia
 - Frontotemporal degeneration
 - Many more...

<u>Global action plan on the public health</u> <u>response to dementia 2017-2025</u>

ВВС

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Some hope...

Alzheimer's drug lecanemab hailed as momentous breakthrough

Alzheimer's Drug May Benefit Some Patients, New Data Shows

The New Hork Times

The drug, lecanemab, made by Eisai and Biogen, also carried risks of brain swelling and bleeding and should be studied further, a report of the findings said.

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The New York Times

New Federal Decisions Make Alzheimer's Drug Leqembi Widely Accessible

The F.D.A. gave full approval to the drug, but added a black-box warning about safety risks. Medicare said it would cover most of the high cost.

Our research

- Using routinely collected clinical data, we are developing Al-based methods that can perform differential diagnosis of dementia
- Such tools can assist neurologists and drug trials
- We are performing pilot studies to evaluate our tools

Check for updates

BRAIN 2020: Page | of | 4

https://doi.org/10.1038/s41467-022-31037-5 OPEN Multimodal deep learning for Alzheimer's disease dementia assessment

Shangran Qiu^{1,2,24}, Matthew I. Miller^{1,24}, Prajakta S. Joshi^{3,4,5}, Joyce C. Lee¹, Chonghua Xue^{1,3}, Yunruo Ni¹, Yuwei Wang¹, Ileana De Anda-Duran ⁶, Phillip H. Hwang ³, Justin A. Cramer⁷, Brigid C. Dwyer⁸, Honglin Hao⁹, Michelle C. Kaku⁸, Sachin Kedar^{10,11,12}, Peter H. Lee¹³, Asim Z. Mian¹⁴, Daniel L. Murman¹⁰, Sarah O'Shea⁸, Aaron B. Paul¹³, Marie-Helene Saint-Hilaire⁸, E. Alton Sartor⁸, Aneeta R. Saxena⁸, Ludy C. Shih ⁶, Juan E. Small ¹³, Maximilian J. Smith¹³, Arun Swaminathan¹⁰, Courtney E. Takahashi⁸, Olga Taraschenko¹⁰, Hui You¹⁵, Jing Yuan ⁶ ⁹, Yan Zhou⁹, Shuhan Zhu⁸, Michael L. Alosco^{8,16}, Jesse Mez^{5,8,16}, Thor D. Stein^{16,17,18,19}, Kathleen L. Poston¹⁰ ²⁰, Rhoda Au^{3,5,8,16,21} & Vijaya B. Kolachalama^{1,16,22,23}

oi:10.1093/brain/awaa137

DURNAL OF NEUROLOGY

nature

ARTICLE

COMMUNICATIONS

Development and validation of an interpretable deep learning framework for Alzheimer's disease classification

Shangran Qiu,^{1,2,*} Prajakta S. Joshi,^{3,*} Matthew I. Miller,^{1,*} Chonghua Xue,^{1,*} Xiao Zhou,² Cody Karjadi,⁴ Gary H. Chang,¹ Anant S. Joshi,⁵ Brigid Dwyer,⁶ Shuhan Zhu,⁶ Michelle Kaku, ⁶ Yan Zhou,⁷ ⁽⁰⁾Yazan J. Alderazi,^{8,9} Arun Swaminathan,¹⁰ ⁽⁰⁾Sachin Kedar,¹⁰ Marie-Helene Saint-Hilaire,⁶ Sanford H. Auerbach,^{4,6} Jing Yuan,⁷ E. Alton Sartor,⁶ Rhoda Au^{3,4,6,11,12} and ⁽⁰⁾Vijaya B. Kolachalama^{1,12,13,14}

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