

Data driven interventions in aging

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Center for
Healthy Aging

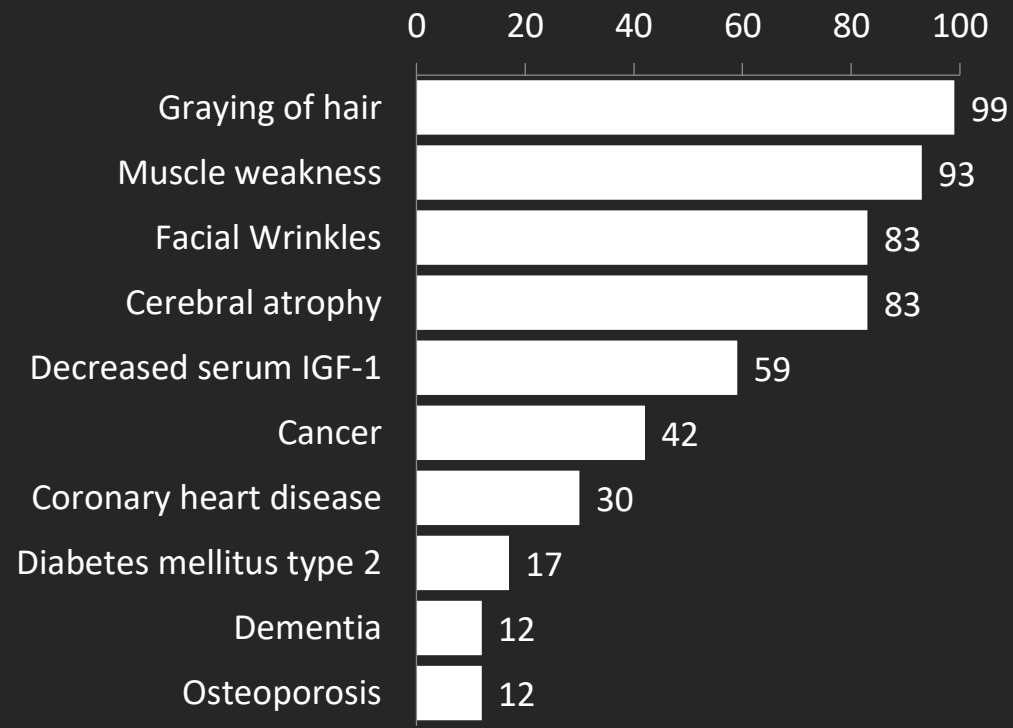
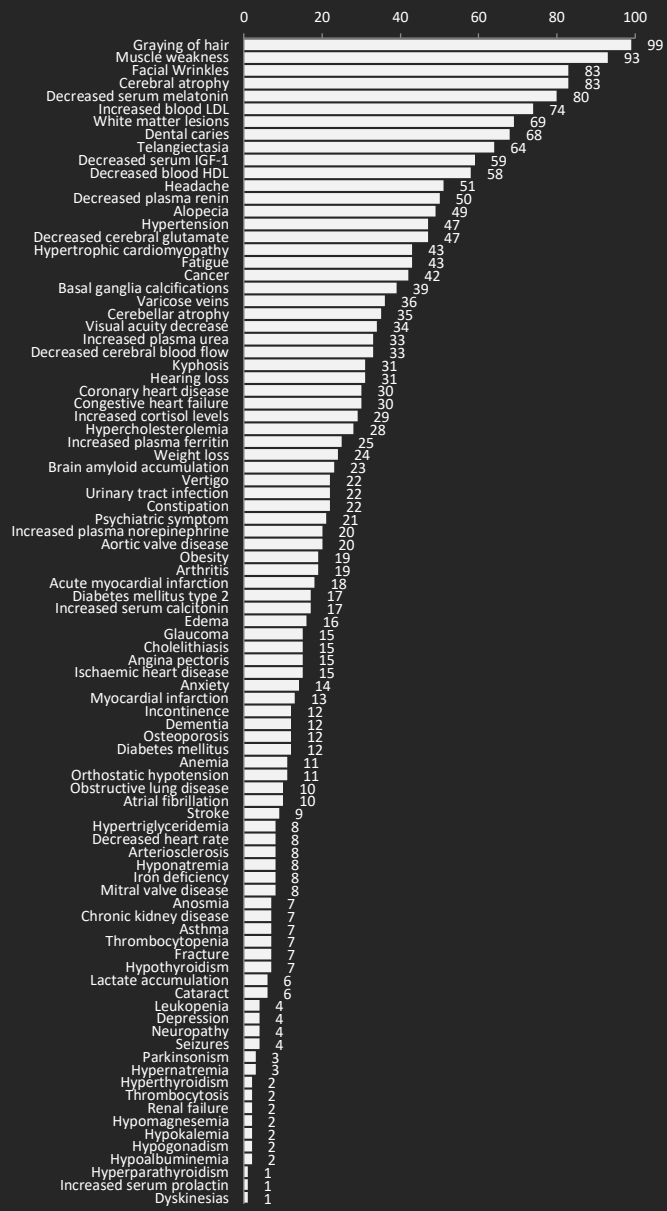


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Disclaimer:

MSK is the founder of Forsoegsperson.dk, Soosys.com and Tracked.bio and consults for the Healthy Longevity Clinic, Longevity Vision Fund, Deep Longevity and Novo Nordisk





Andreassen, Ben Ezra, Scheibye-Knudsen, Aging, 2019

Phenotypes from healthcare records

Handwritten text in Arabic script, likely a medical record or historical document, written on aged, yellowed paper. The text is arranged in two columns, with some lines in red ink. The script is dense and appears to be a form of shorthand or a specific dialect. The paper shows signs of wear, including creases and discoloration.

Can we find patterns
of aging in 33 million
pathology reports?



Hospital Name
Address

Surgical Pathology Report

Patient: Last Name, First Name
MRN: Medical Record Number
DOB: Date of Birth (Age: #)
Gender: M/F

Accession Number: Specimen Identification
Procedure: Date
Attending: Doctor's Name

Clinical History: Large Gastric Mass

Specimen: Gastric Mucosa

Diagnosis

Stomach, Partial Gastrectomy:

- Malignant Epithelioid Gastrointestinal Stromal Tumor
- Tumor Size 10 x 9 x 8 cm
- Cell Type: Epithelioid and Spindled
- High cellularity; present
- Mucosal Invasion: Focally present adjacent to ulceration
- Mucosal ulceration present
- Mitotic Count: 10/50 HPF
- Myxoid background: Focally present
- Foci of necrosis present
- CD117, vimentin, and CD34: uniformly positive

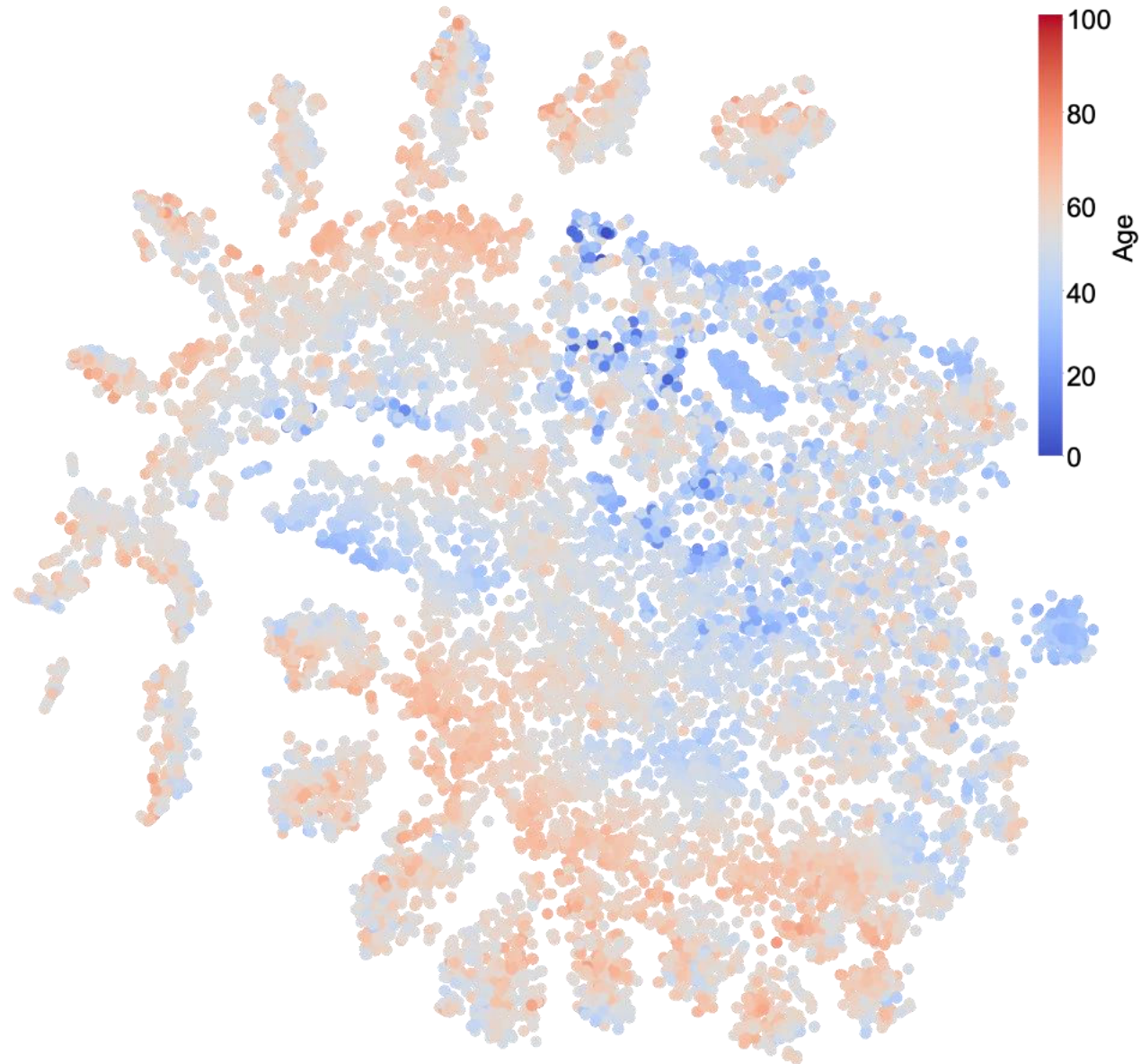
Gross Description

The specimen consists of an approximately 5 x 7 cm portion of gastric mucosa that is surrounded and underlying by a lobulated mass which is 10 x 9 x 8 cm. The central portion of the mass appears to have an approximately 1.5-cm ulcer. The mucosa away from the area of ulceration is partially removed from the underlying tumor. The underlying mass appears encapsulated and lobular. Gross sections show the lesion to consist of several different patterns. A single area has a gray to gray-tan pattern with an area of central necrosis showing a fairly uniform appearance whereas; other regions of the tumor are gray white- and somewhat lobular in appearance. Areas of yellow necrosis are scattered through the tumor. Representative portions submitted.

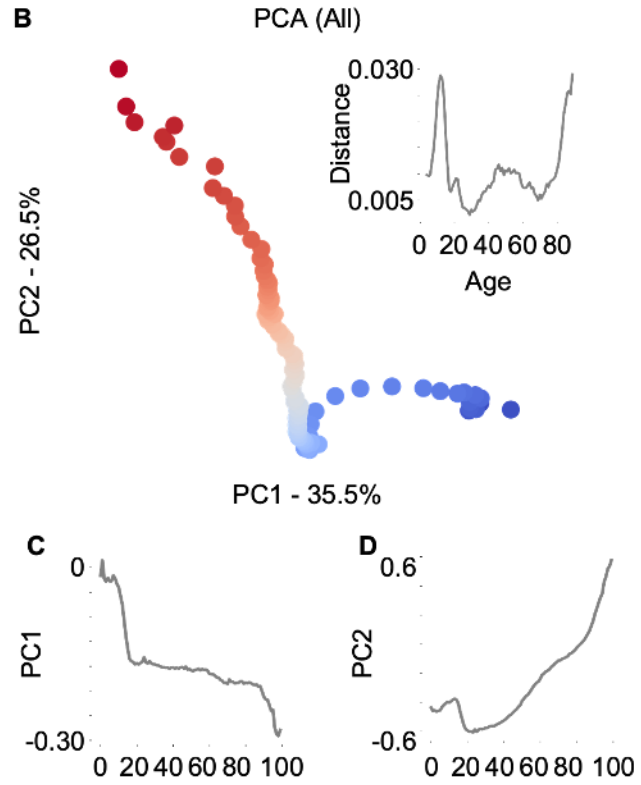
Microscopic Description

Sections through the neoplasm show it to be primarily a high cellular neoplasm. The cells are in part arranged in fascicles and clusters with enlarged elongate nuclei having relatively fine nucleoli. In some areas, the fascicles have an interwoven appearance. Mitotic figure up to 10:50 HPF. A few areas show foci of necrosis with the cells appearing to be surrounded by somewhat myxoid stroma. Foci of displayed necrosis are present. The lesions appear circumscribed, although not specifically encapsulated. It focally involved the mucosa and shows full thickness ulceration. The tumor immediately beneath the mucosal area of ulceration has a nearly lobular somewhat spindled growth pattern. Some areas of the

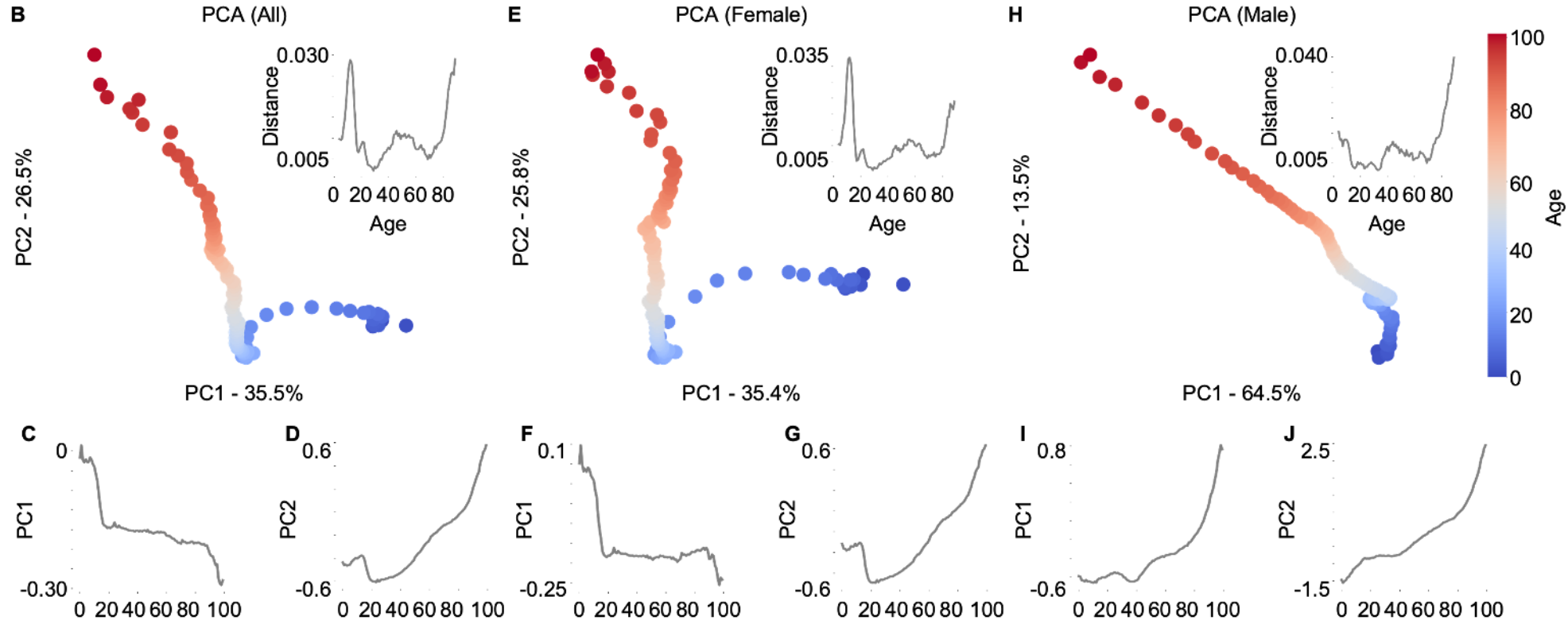
The chaotic nature of aging



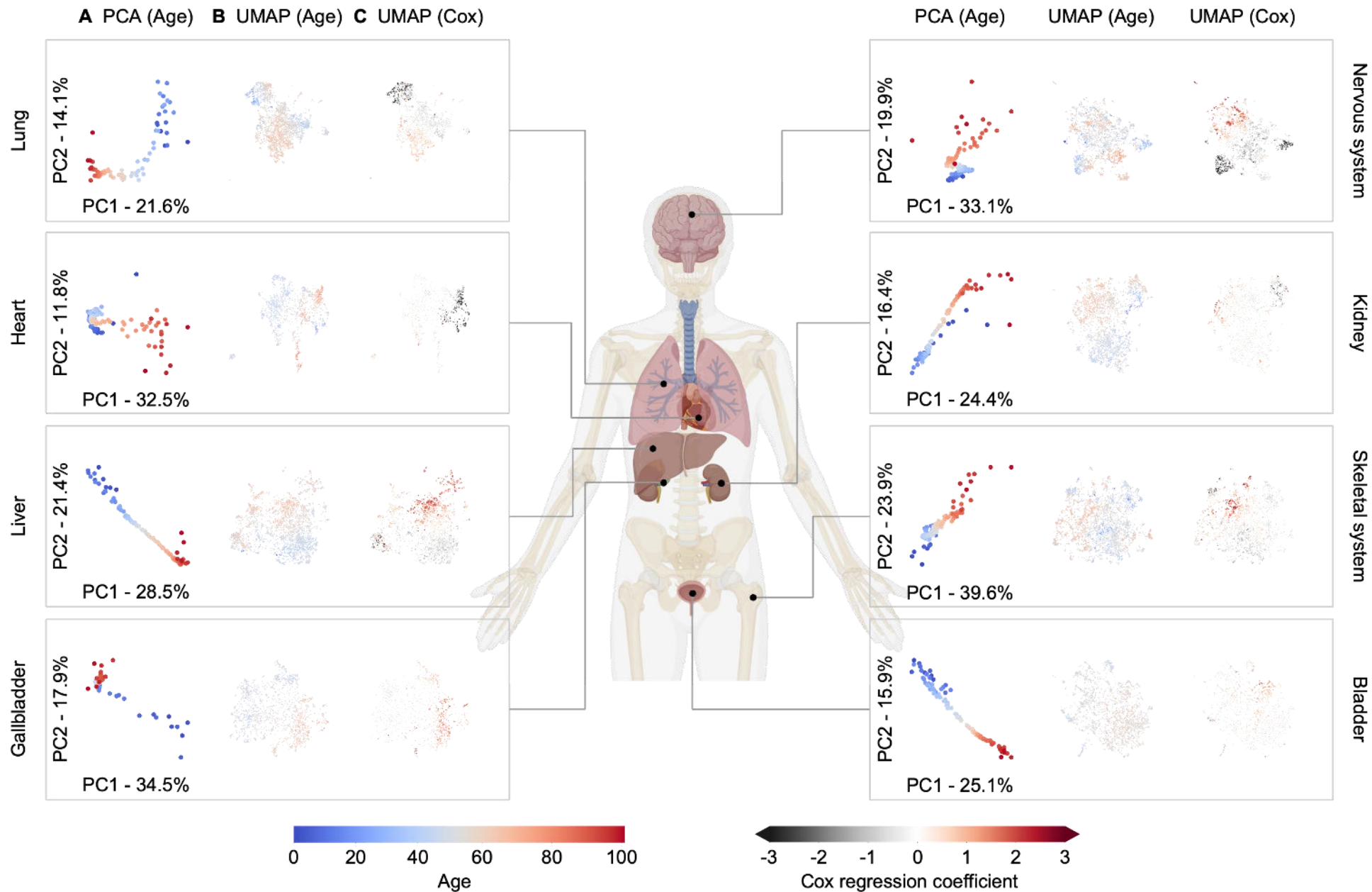
Records strongly correlate with age



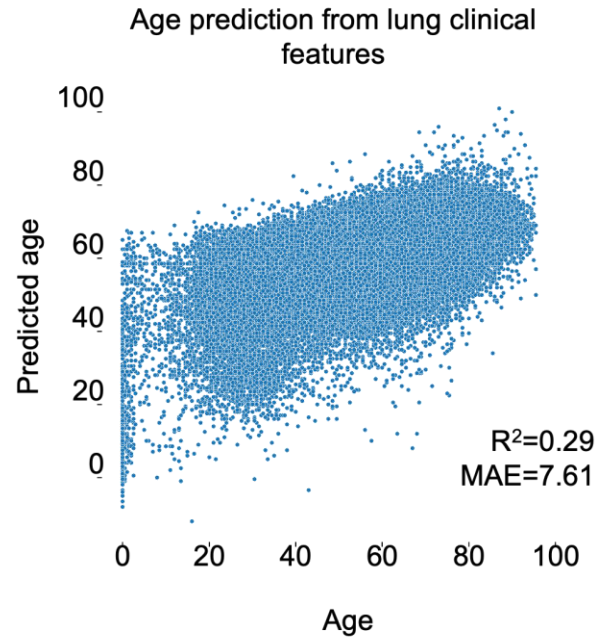
Males age faster but later and females earlier but slower



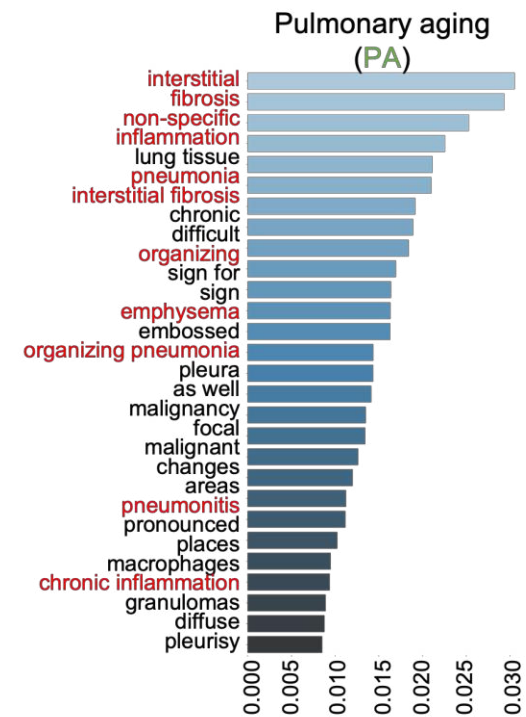
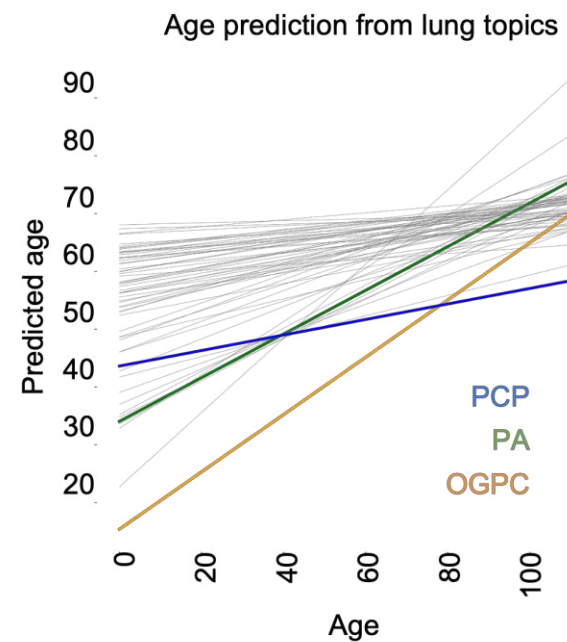
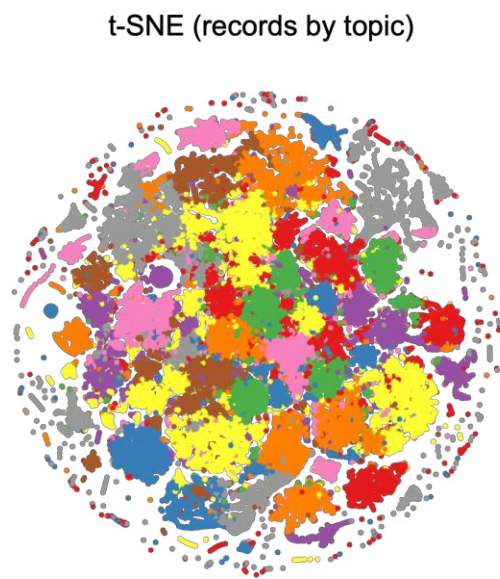
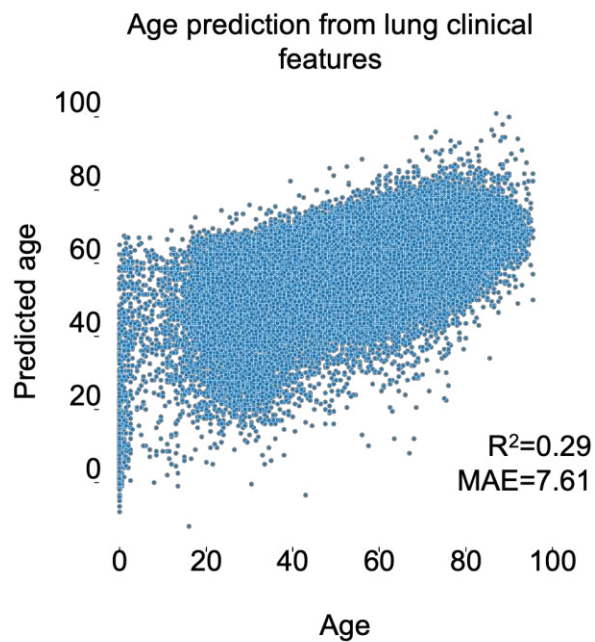
Tissue specific aging trajectories



Predicting age from terms

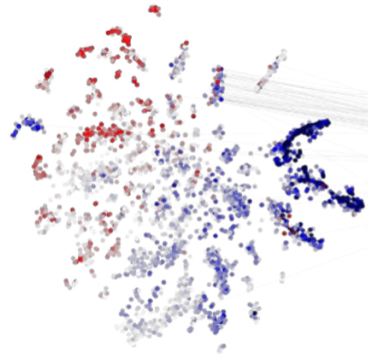


Predicting age from topics

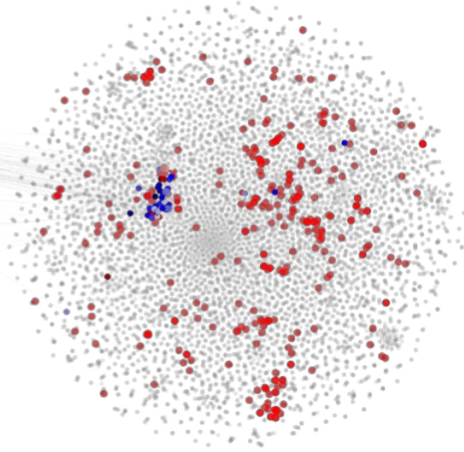


Identifying compounds targeting aging

Pathology Register



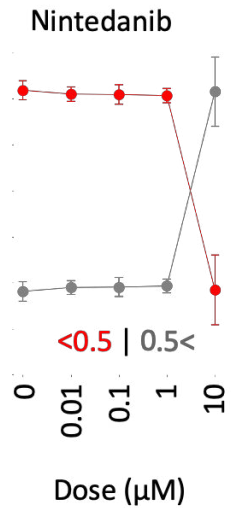
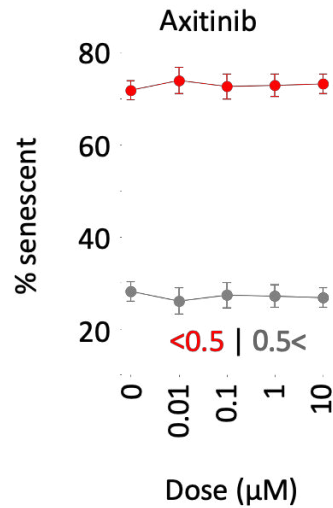
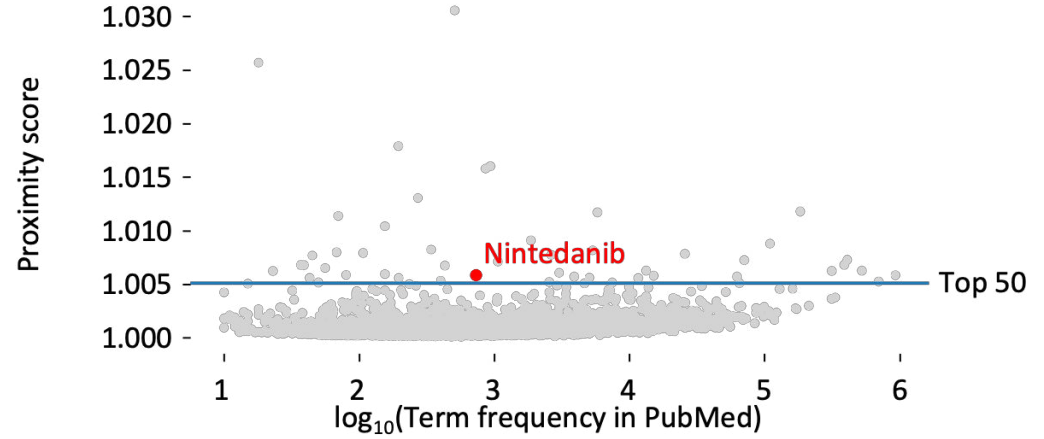
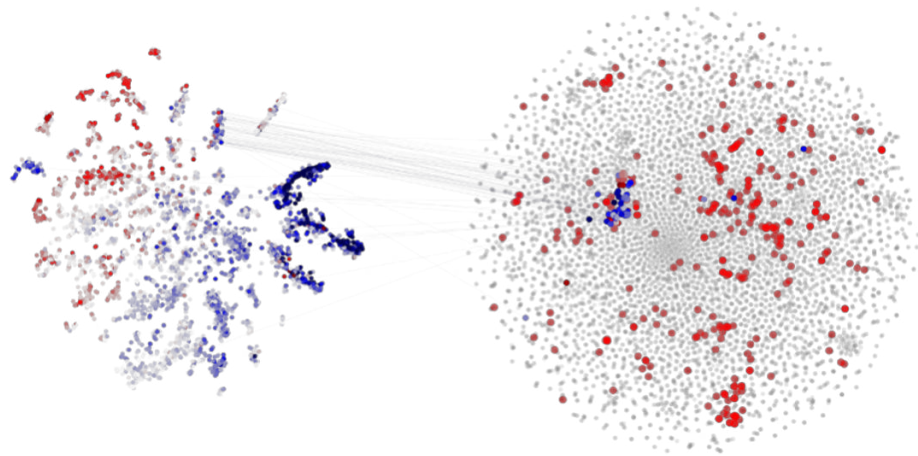
PubMed abstract terms



Identifying compounds targeting aging

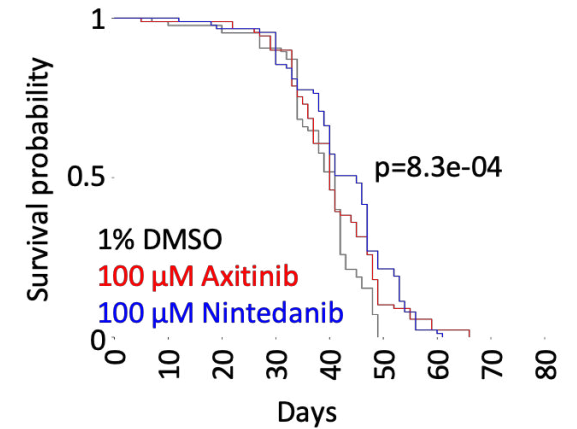
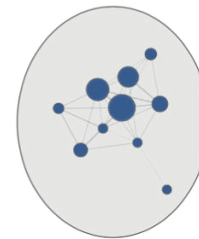
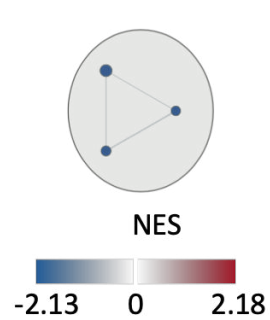
Pathology Register

PubMed abstract terms

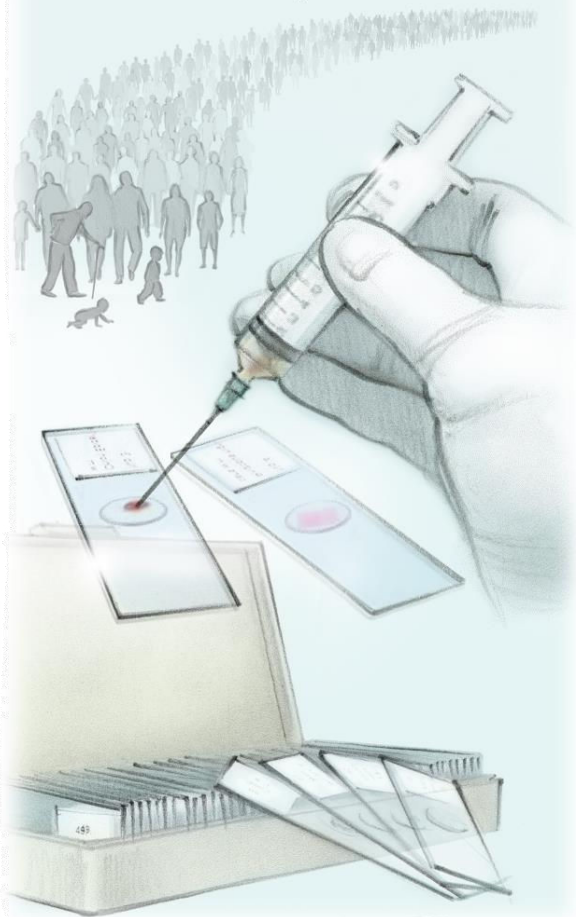


Collagen metabolism

Wound healing



33 million histological samples

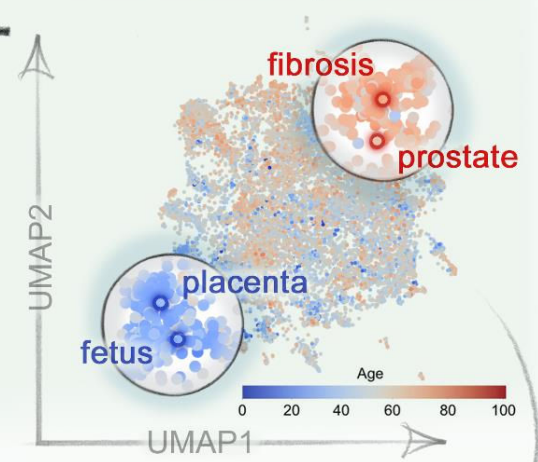


Medium-sized biopsies show some soft tissue transition to an area of **fibrosis** and infiltration a multinucleated **giant** cells, which look r others **osteoclasts**. Single **lymphocyte** inconse Scattered presence of a **fat necrosis** single lym form **phage** infiltrate the pictu a reacti possibly tra igns of malignanc

Clinical text in electronic pathology records



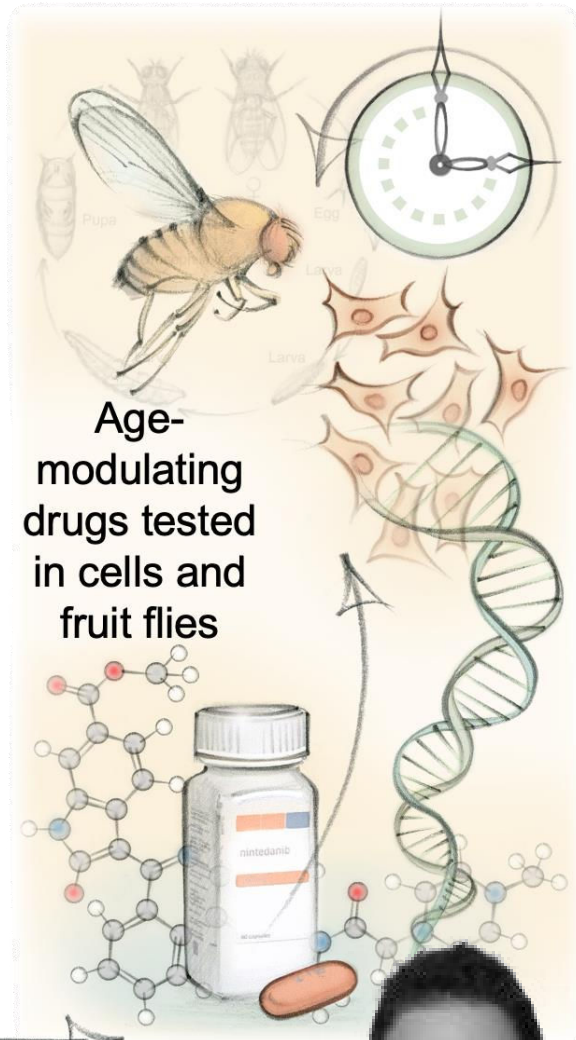
The human pathome

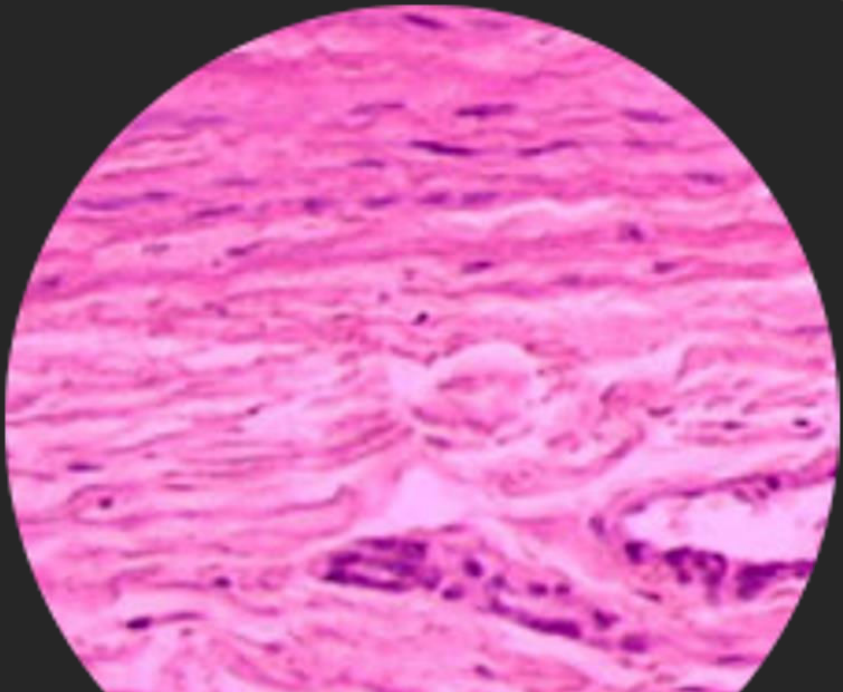
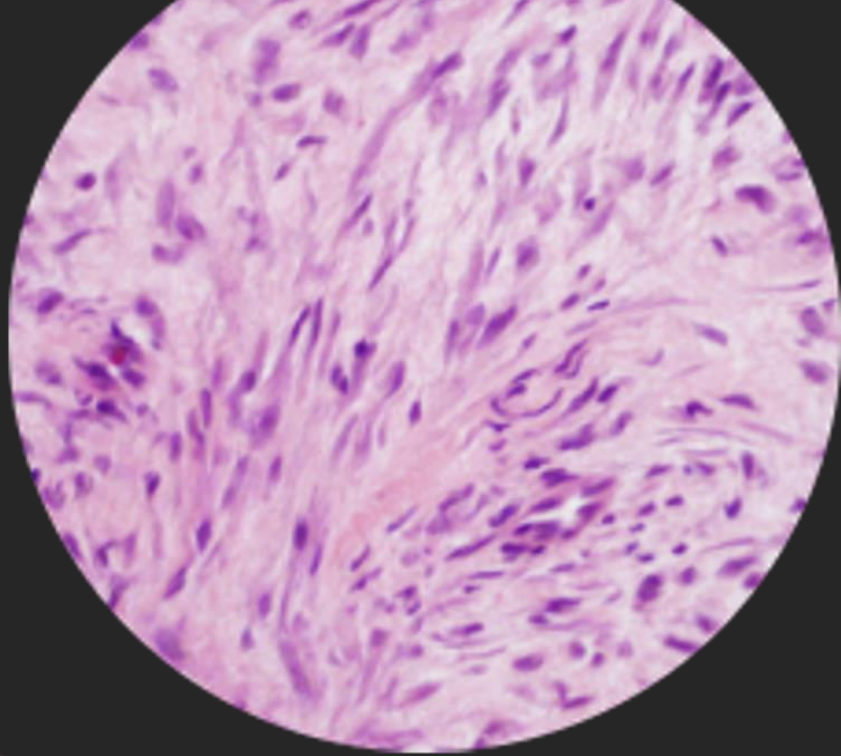
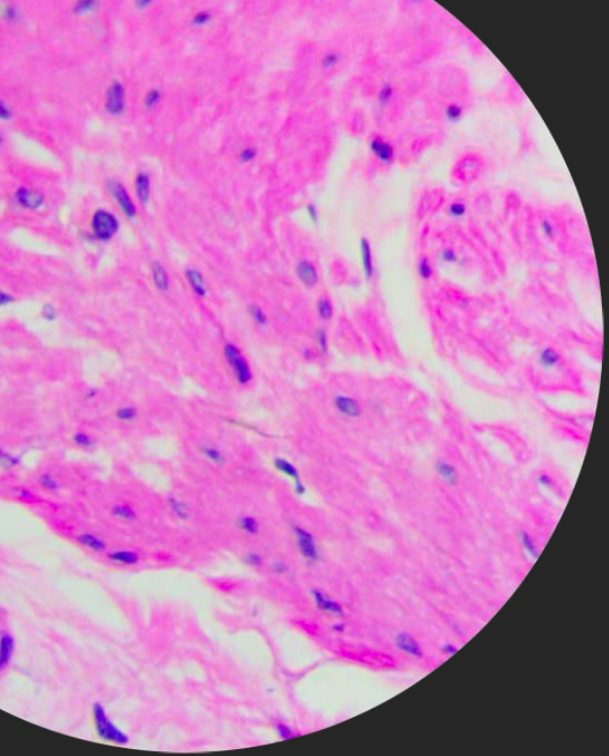


Thousands of age and mortality associated phenotypes

interstitial pneumonia
nintedanib
pneumonitis
fibrosis

Cross-referencing in PubMed for aging interventions

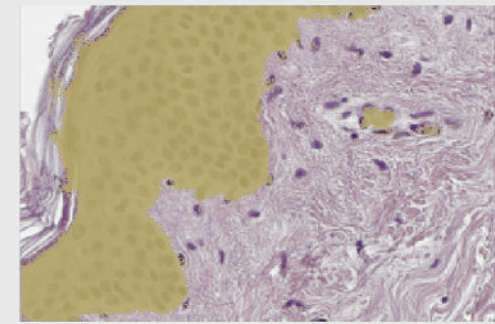
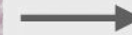
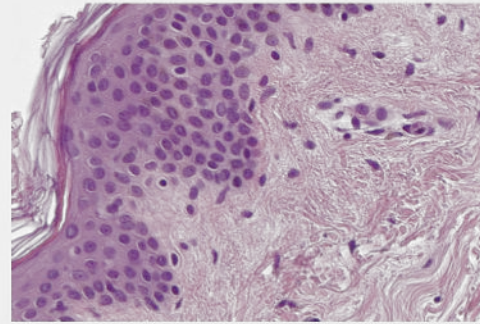




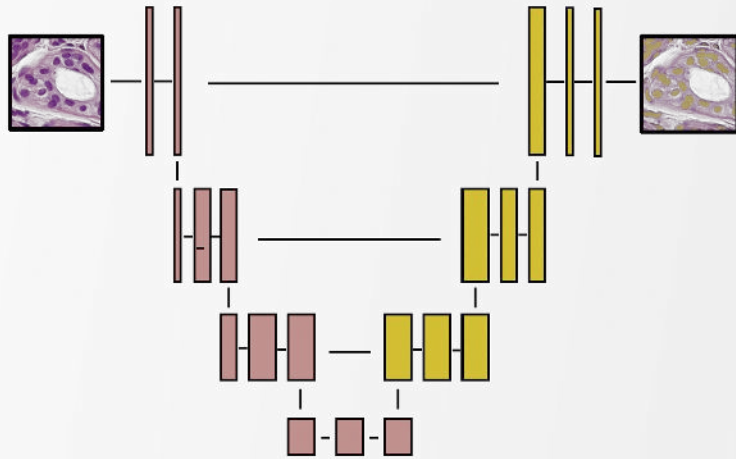
Can we predict
age from
tissues?

Detection and Segmentation

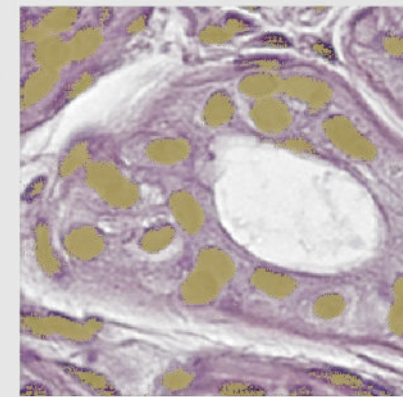
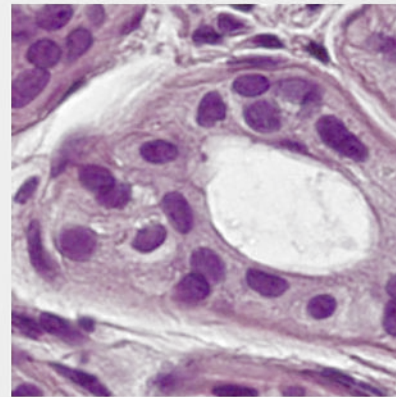
A fully-convolutional neural network (U-net) was trained to recognize tissue types and other sub-cellular features, such as nuclei. Detected regions can be further analyzed.



Detection of the epidermis



U-Net architecture

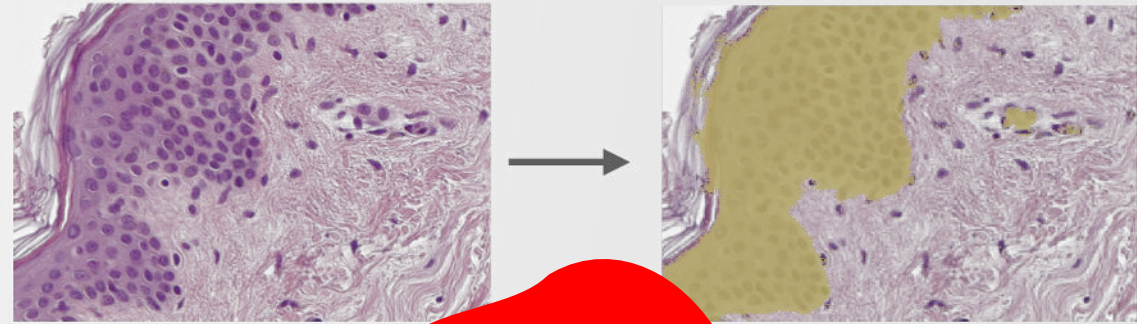


Detection of nuclei

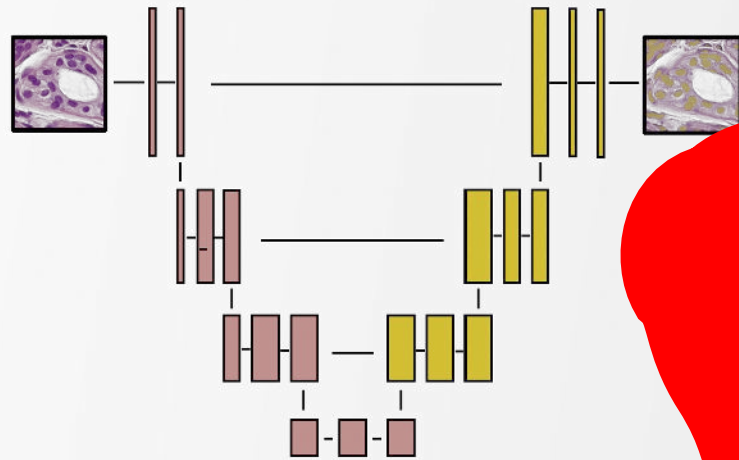
200 skin samples -> 80% training set, 20% test-set

Detection and Segmentation

A fully-convolutional neural network (U-net) was trained to recognize tissue types and other sub-cellular features, such as nuclei. Detected regions can be further analyzed.

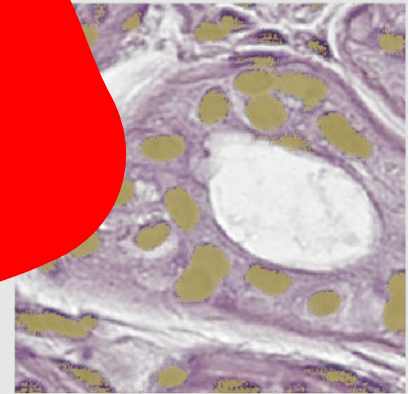


Detection of the epidermis



U-Net architecture

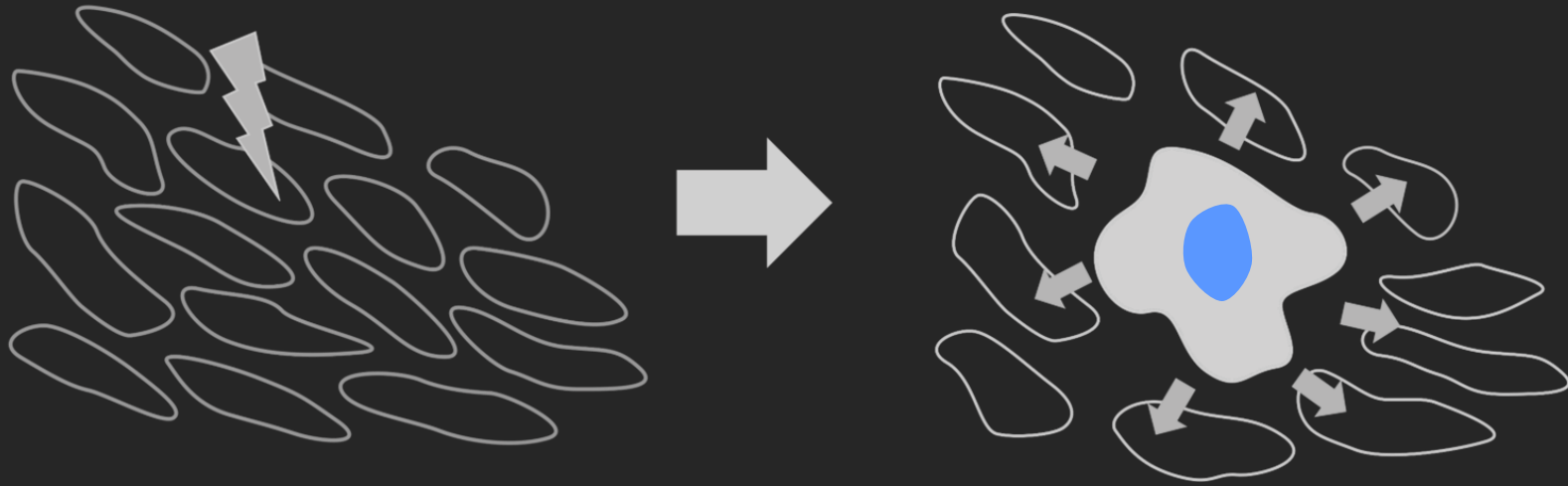
Failed



200 skin samples -> 80% training, 20% test-set

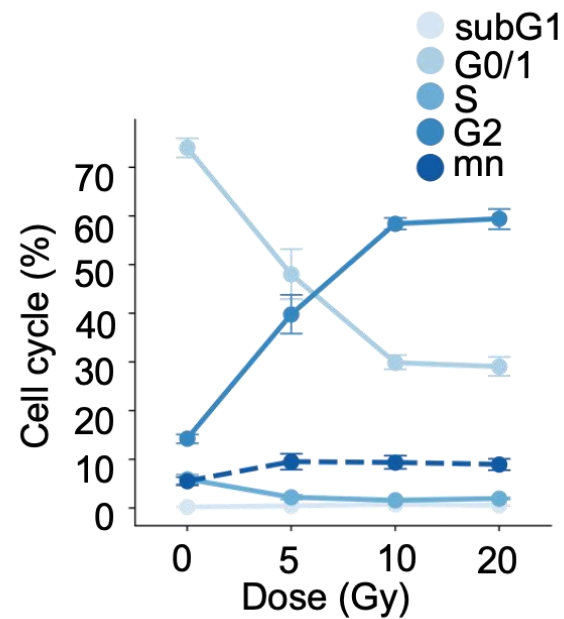
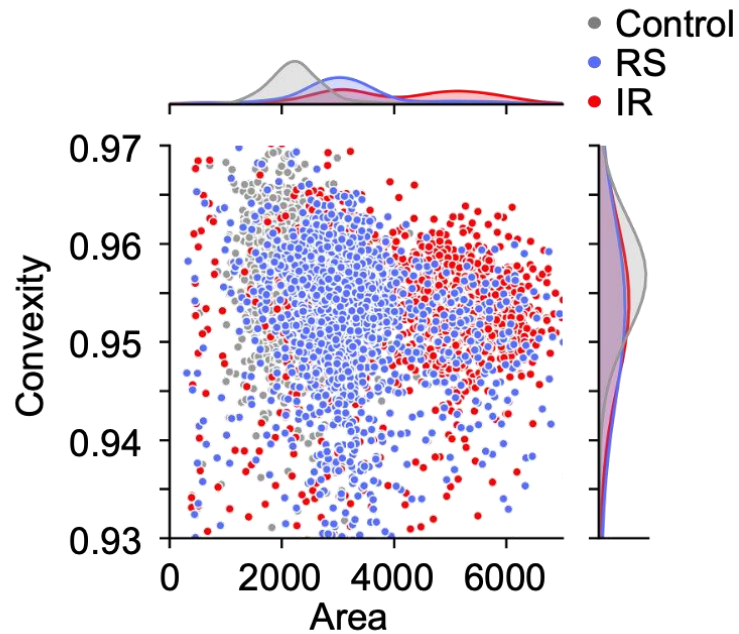
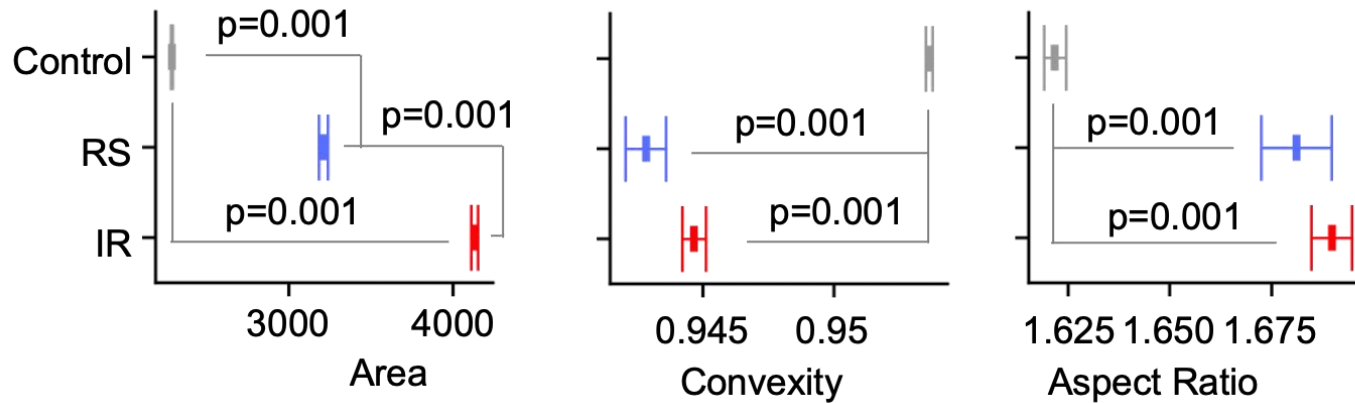
Nuclear morphology in aging



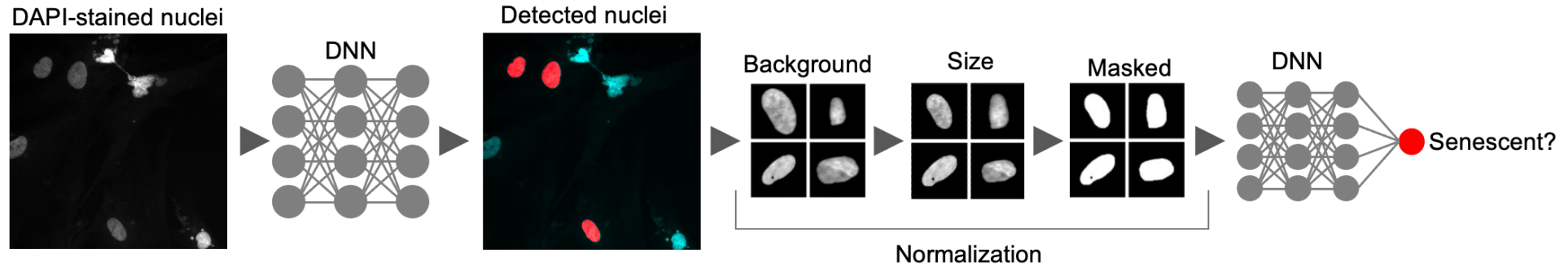


Perhaps we can use nuclear morphology
to identify senescent cells?

Nuclear morphology changes with senescence

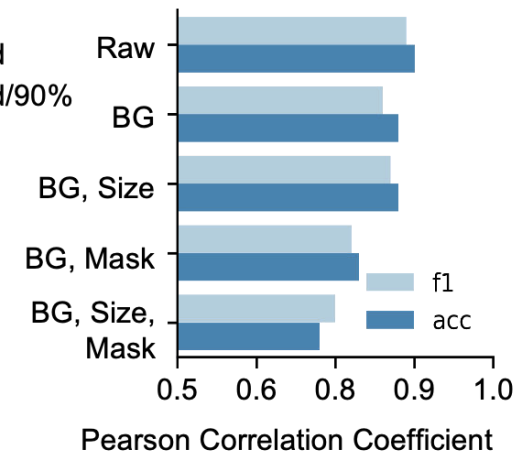
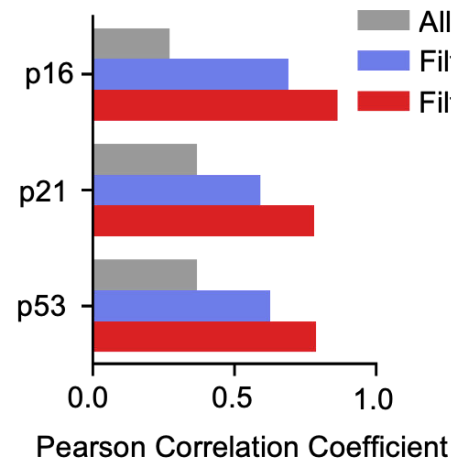
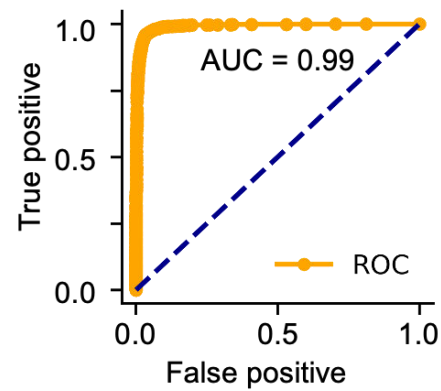


Deep neural network predicts senescence

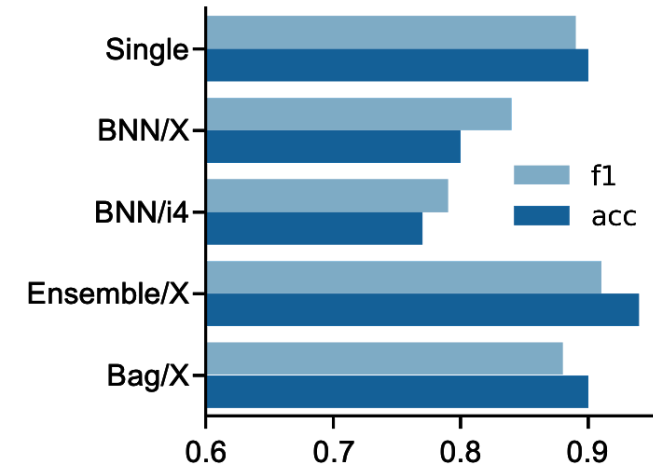
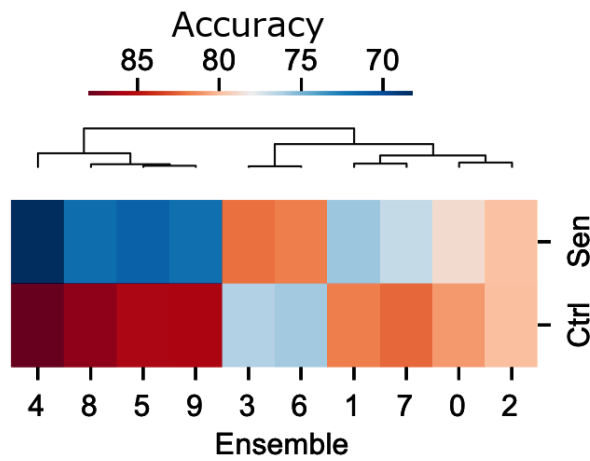
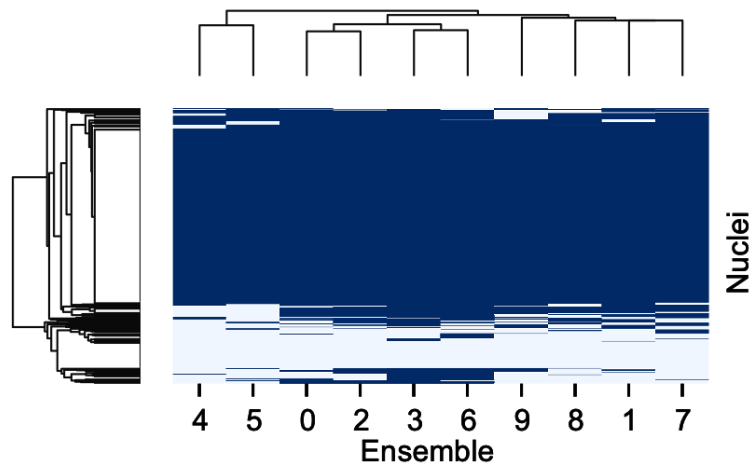


Accuracy on Test Data (Raw Samples)

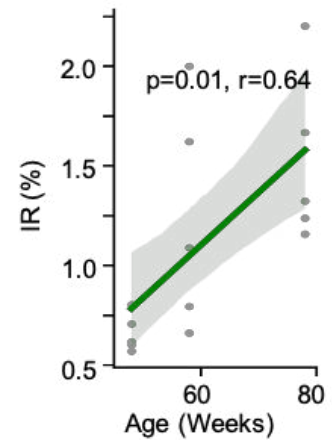
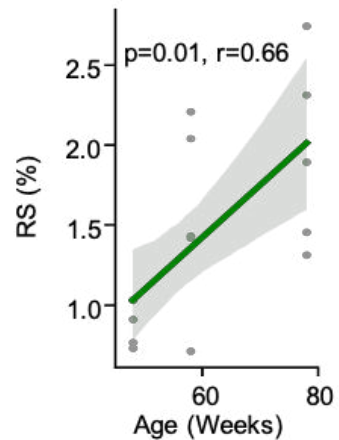
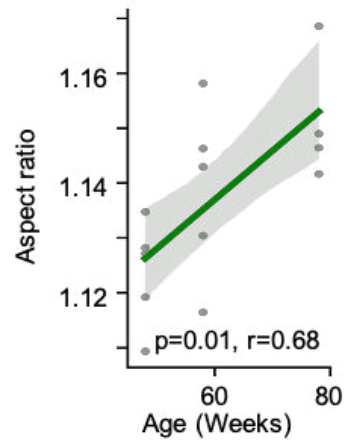
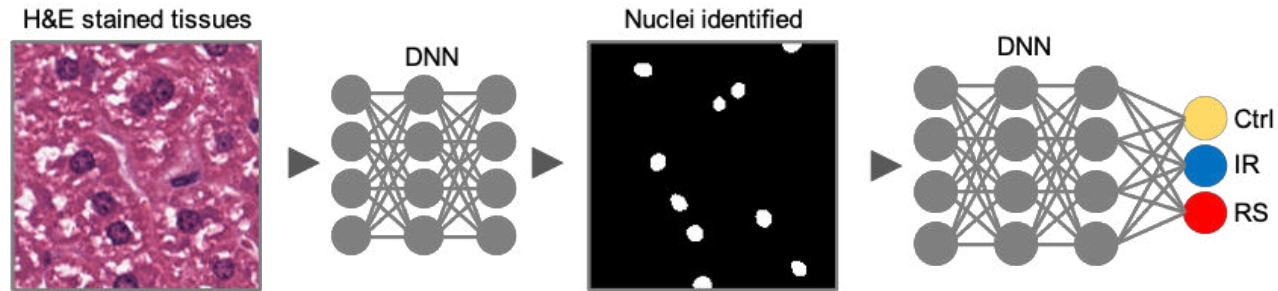
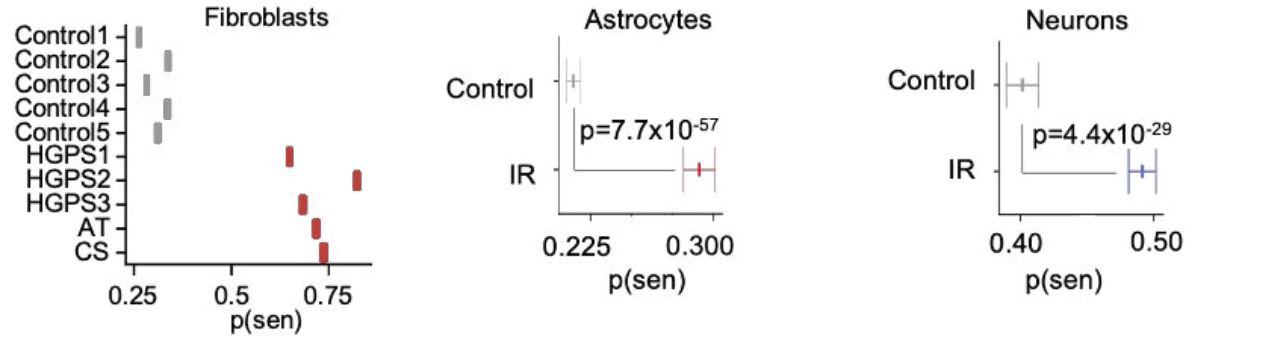
| | No | Yes |
|---------|--------|--------|
| Control | 94.39% | 5.61% |
| RS | 4.41% | 95.59% |
| IR | 1.55% | 98.45% |



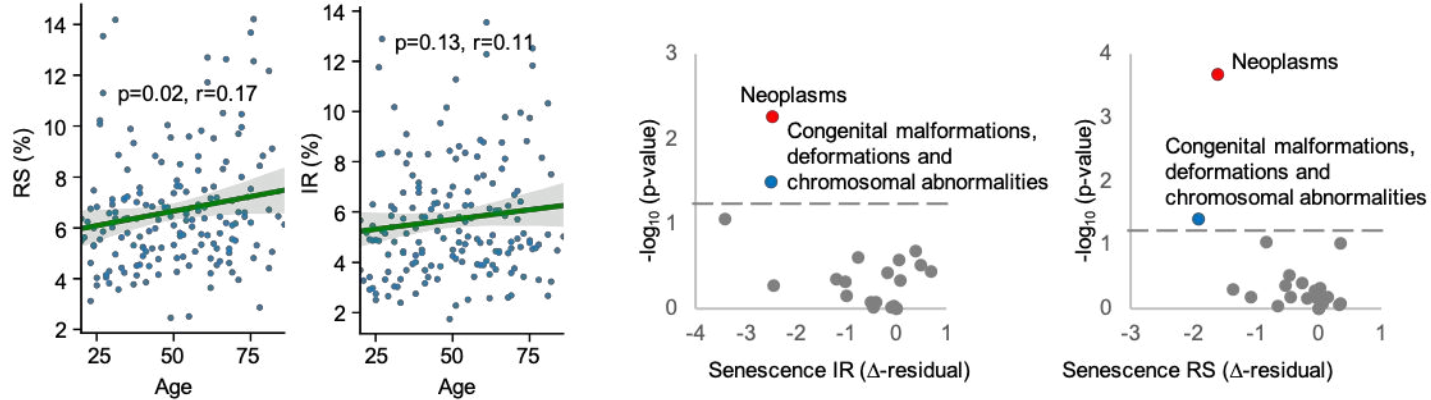
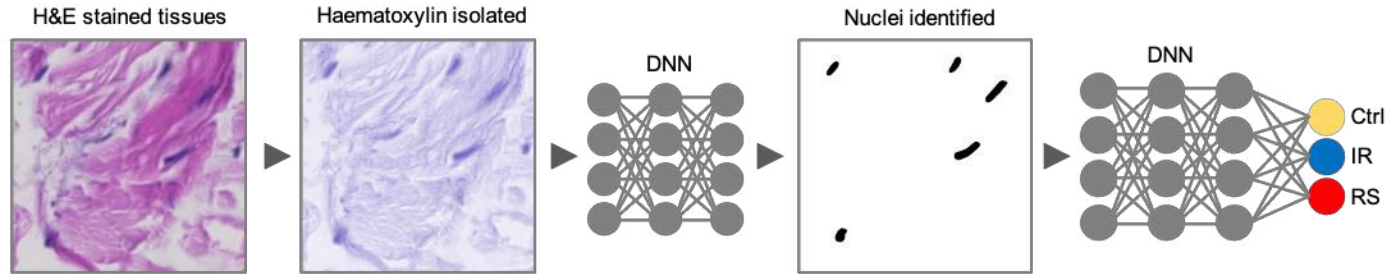
The wisdom of the AI crowd



Nuclear morphology is a universal senescence marker



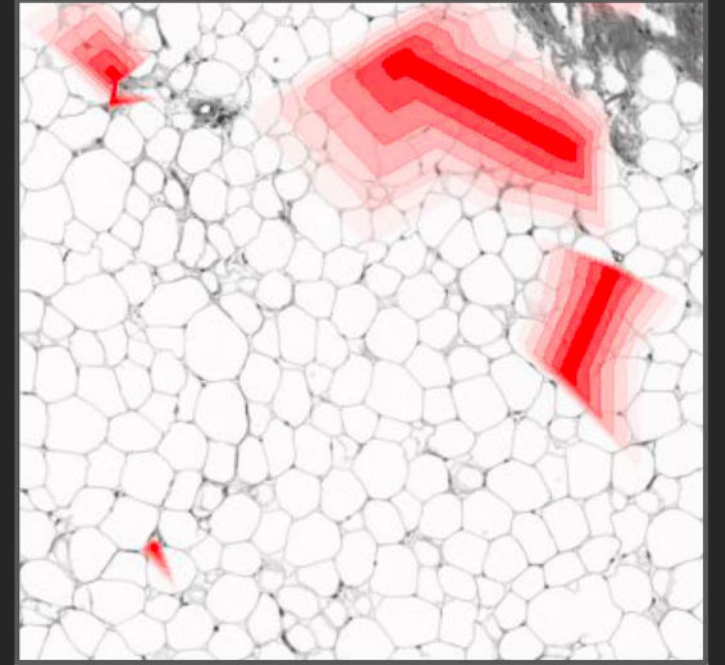
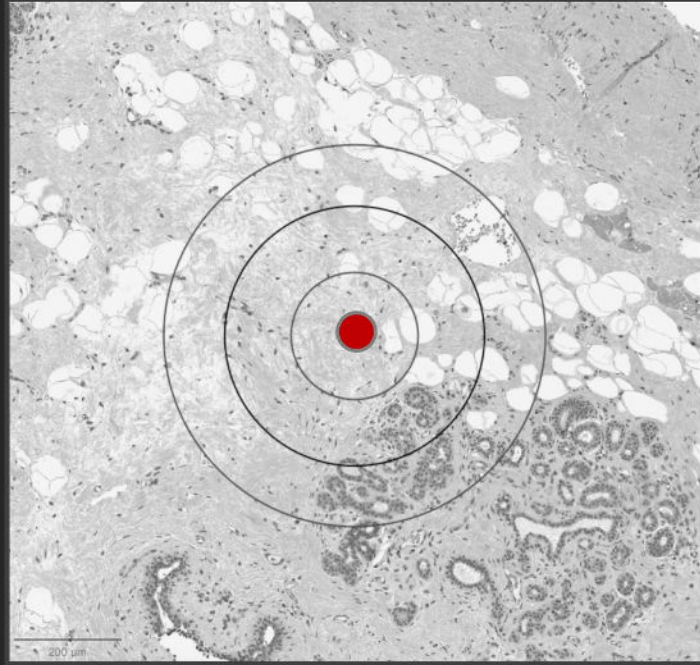
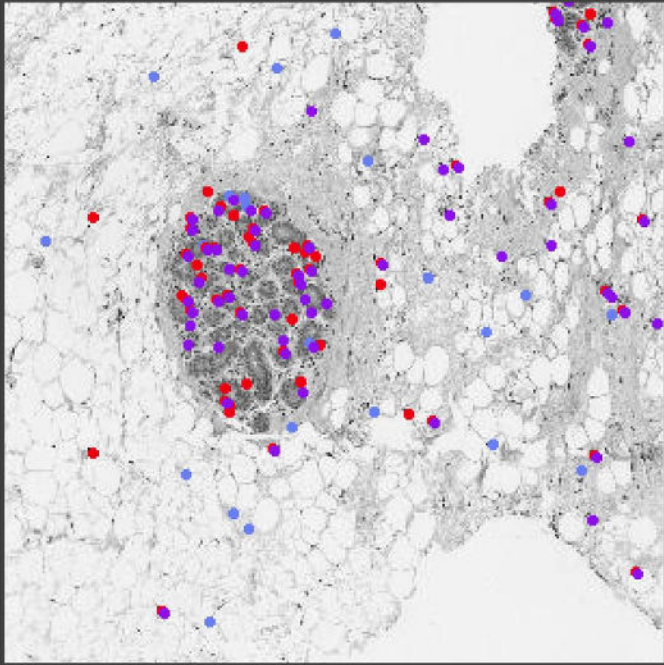
Senescence is a barrier to cancer



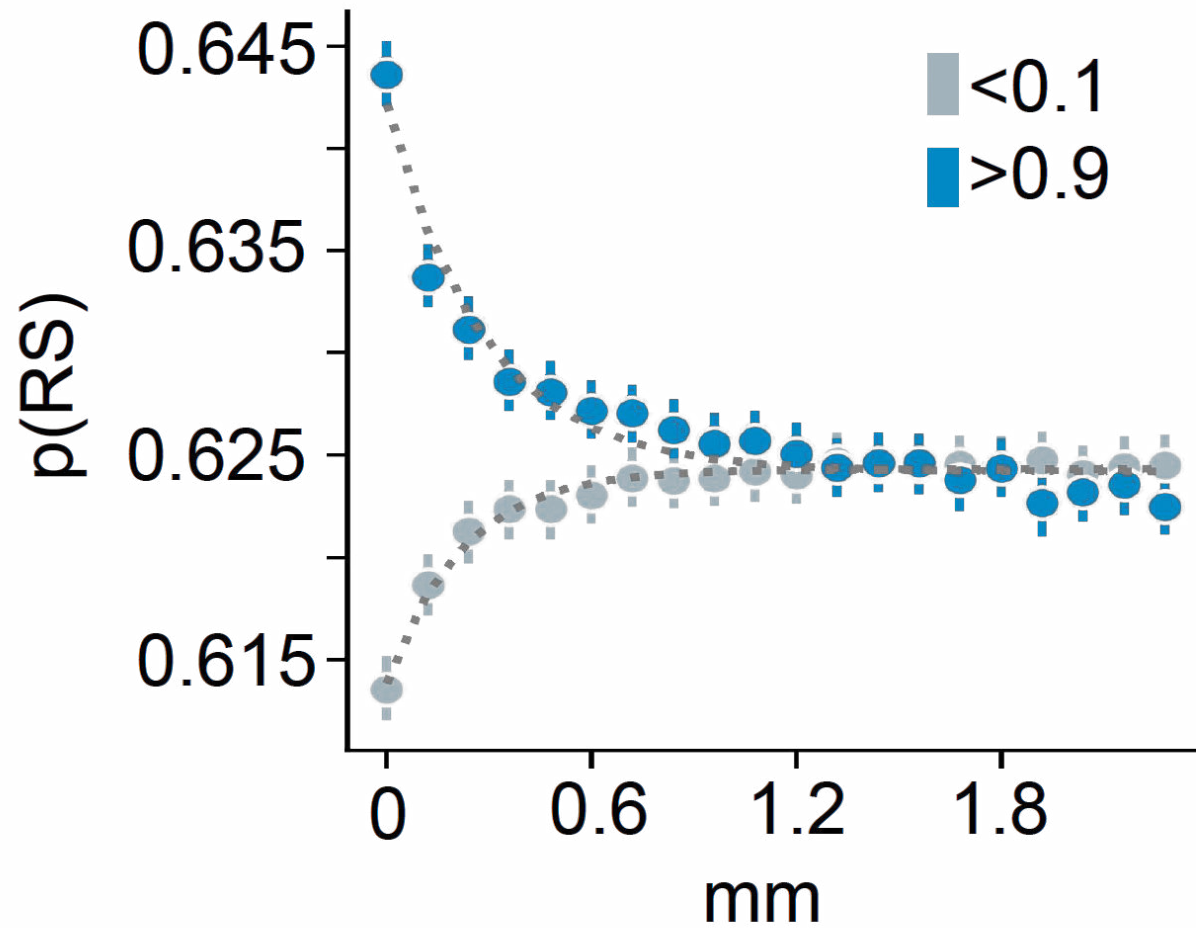
| | Neg | Pos | p-value | Relative Risk Ratio |
|-----------------------------|--------|--------|---------|---------------------|
| Neoplasm (RS) | 85.39% | 65.00% | 0.002 | 0.76 |
| Malignancy (IR) | 61.63% | 42.37% | 0.018 | 0.70 |
| Hypertension (Anti%) | 15.66% | 30.23% | 0.029 | 1.93 |
| Hypercholesteremia (Anti) | 0.00% | 5.33% | 0.047 | 3.62 |
| Hyperlipidemia (Unified) | 3.57% | 12.94% | 0.037 | <i>n.s.</i> |
| Hearing loss (ATV/r) | 7.14% | 0.00% | 0.014 | <i>n.s.</i> |
| Osteoporosis (IR%) | 0.00% | 4.82% | 0.025 | <i>n.s.</i> |
| Osteoarthritis (Unified) | 0.00% | 5.33% | 0.031 | <i>n.s.</i> |
| Cerebral Infarction (Doxo%) | 0.00% | 5.81% | 0.013 | <i>n.s.</i> |
| Sciatica (RS) | 0.00% | 6.67% | 0.022 | <i>n.s.</i> |
| Dyspnea (Anti) | 9.09% | 1.19% | 0.034 | <i>n.s.</i> |



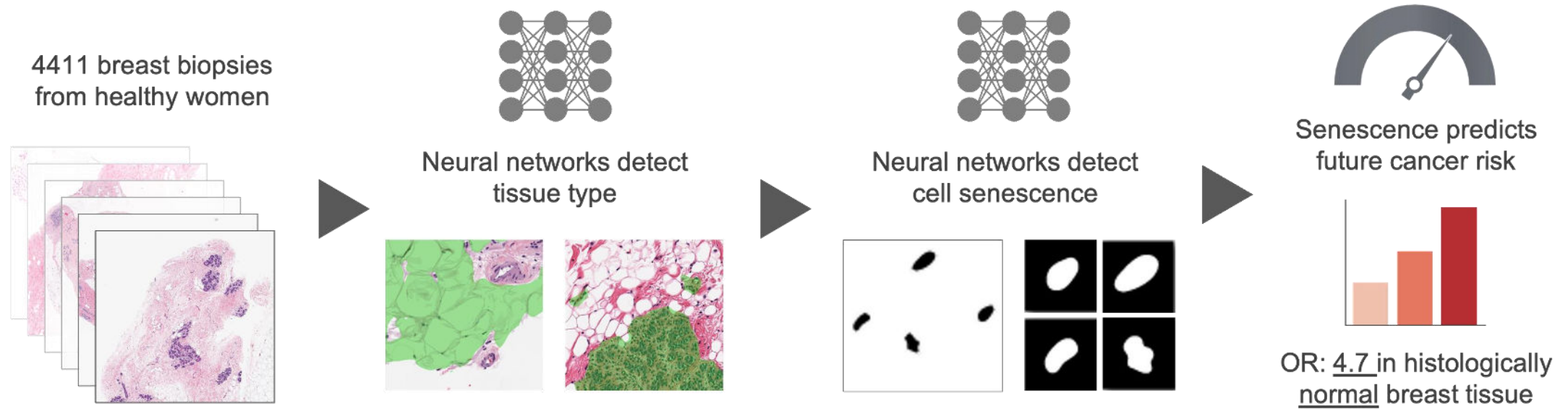
Spatial senescence prediction



Spatial senescence prediction

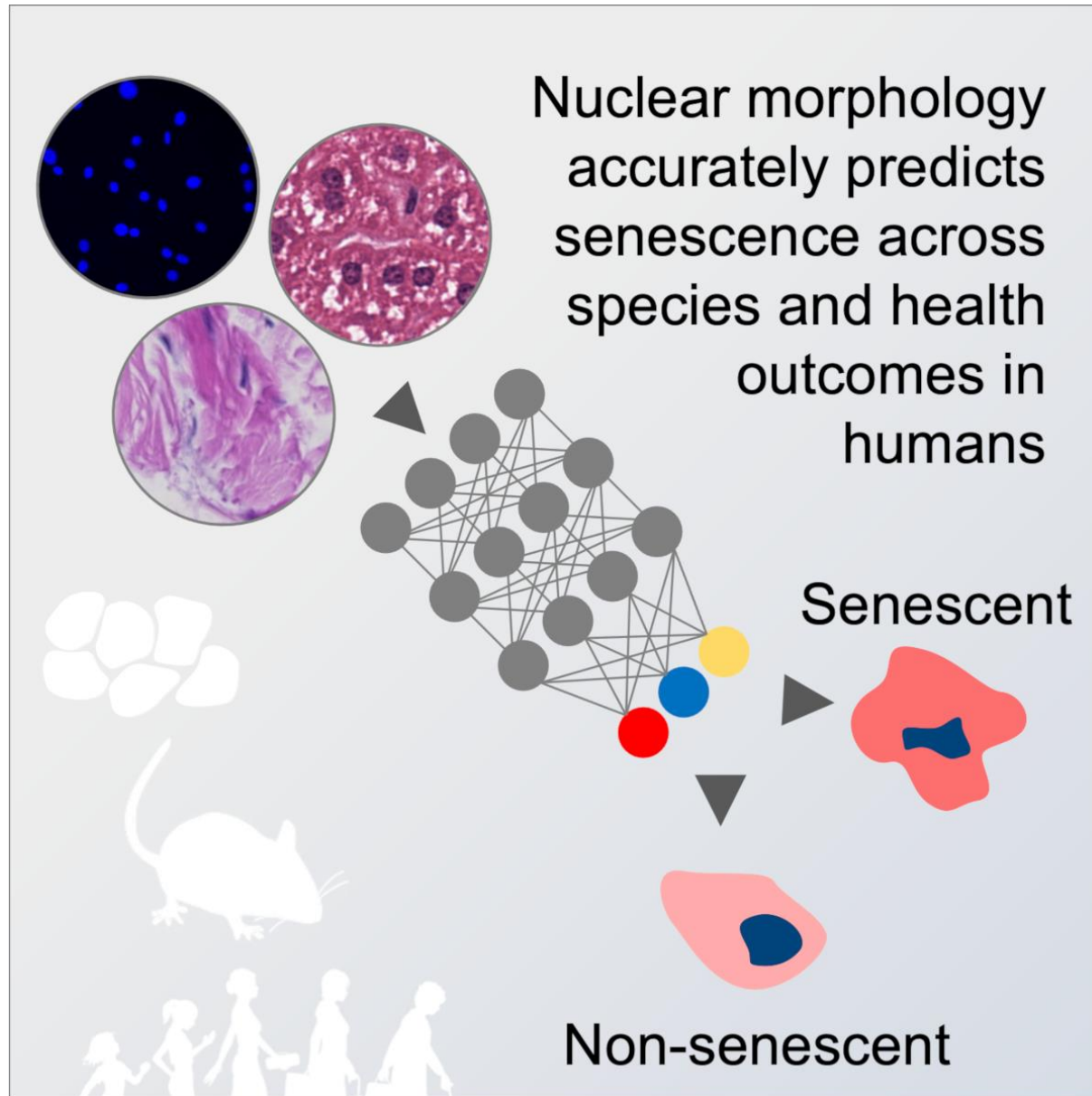


By analysing more than 4000 normal biopsies we find that senescence predicts breast cancer risk



| | OR (95% CI) | p value |
|------------------------|--------------------|---------|
| No risk factor (N=809) | -- | -- |
| AAD/fat only (N=787) | 2.21 (0.98 - 5.45) | 0.066 |
| Gail only (N=763) | 2.70 (1.22 - 6.54) | 0.019 |
| AAD+Gail (N=803) | 4.70 (2.29 - 10.9) | <0.001 |

higher risk



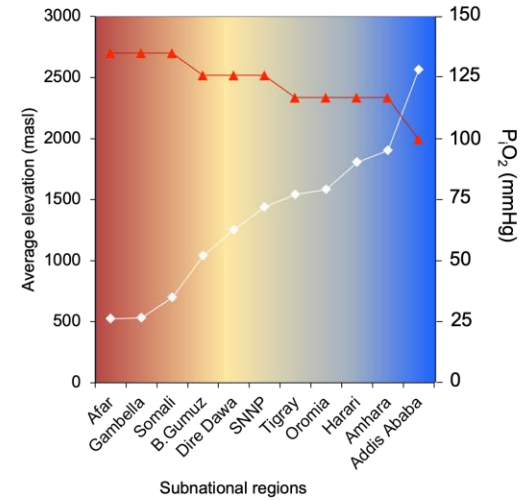
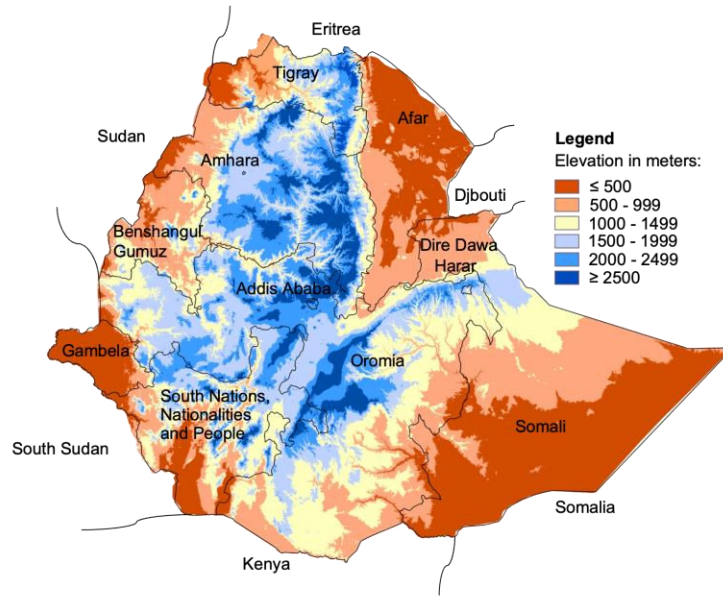
Heckenbach et al., Nat Aging 2022

Utility of the senescence predictor

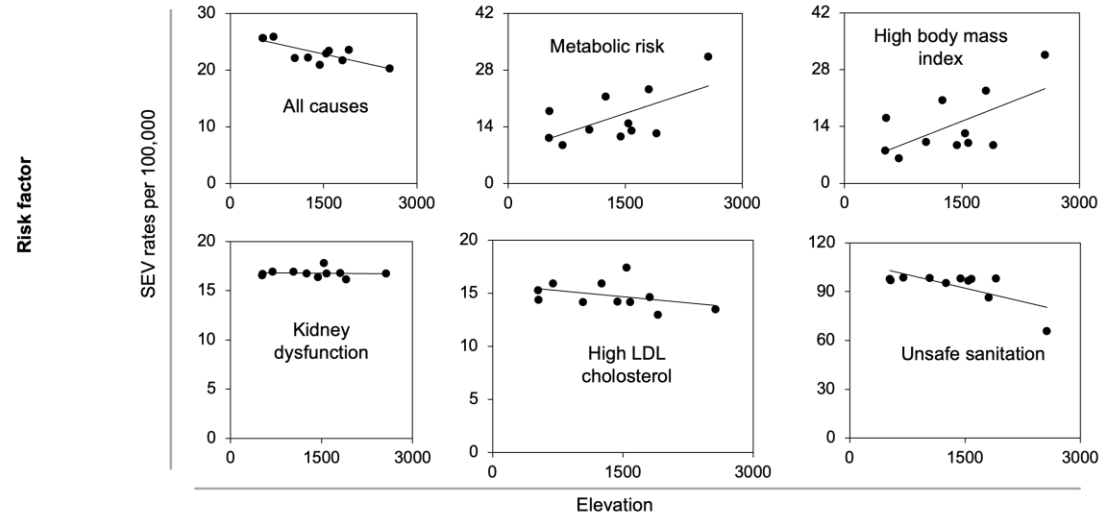
Chronic hypoxia in aging

IKON trial - Double blinded RCT
targeting COPD with NR

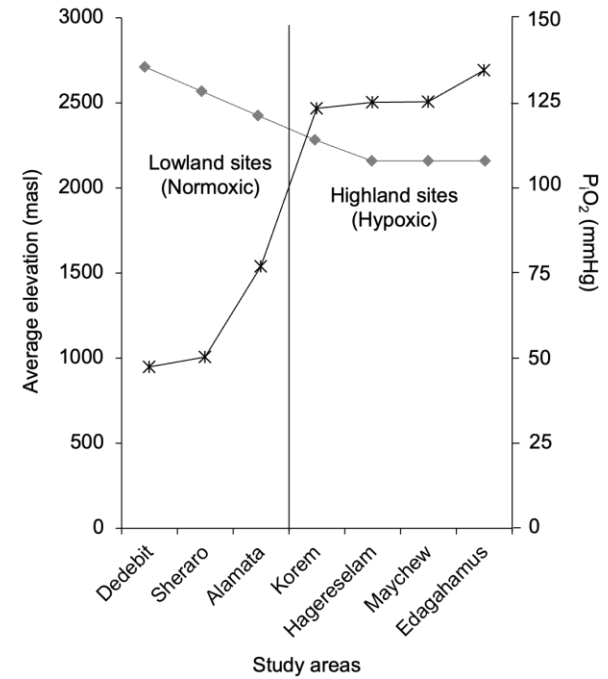
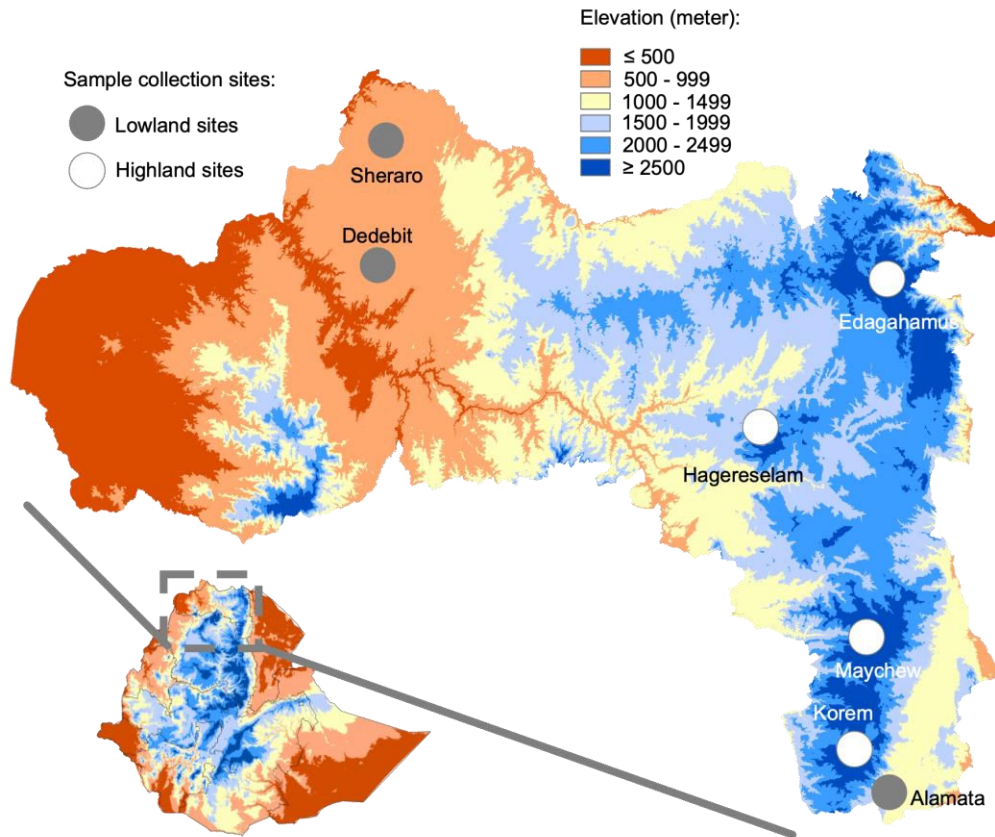
Chronic hypoxia and health



Amanuel Teklu



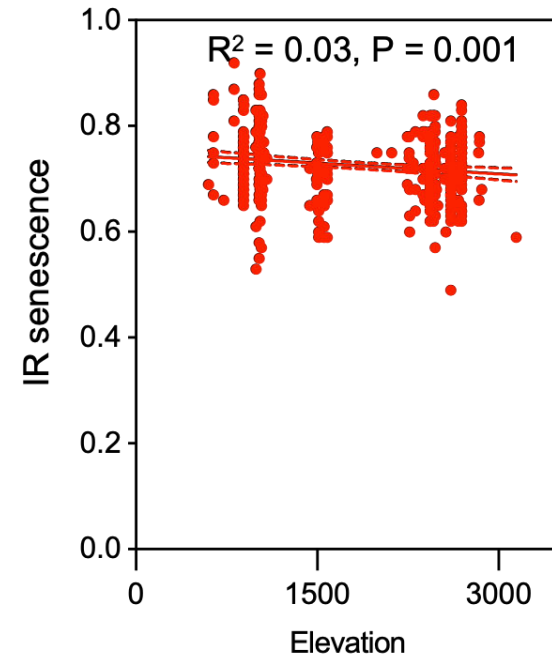
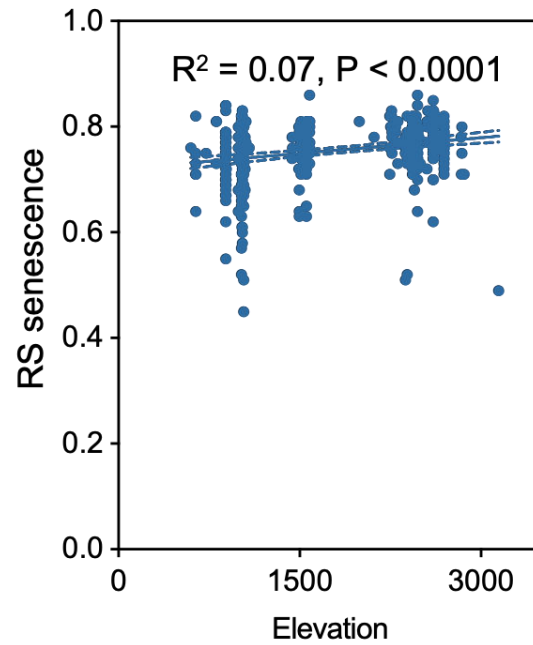
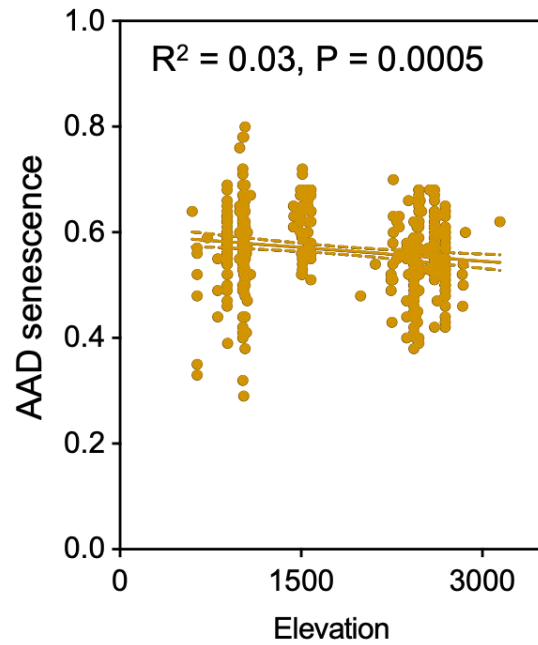
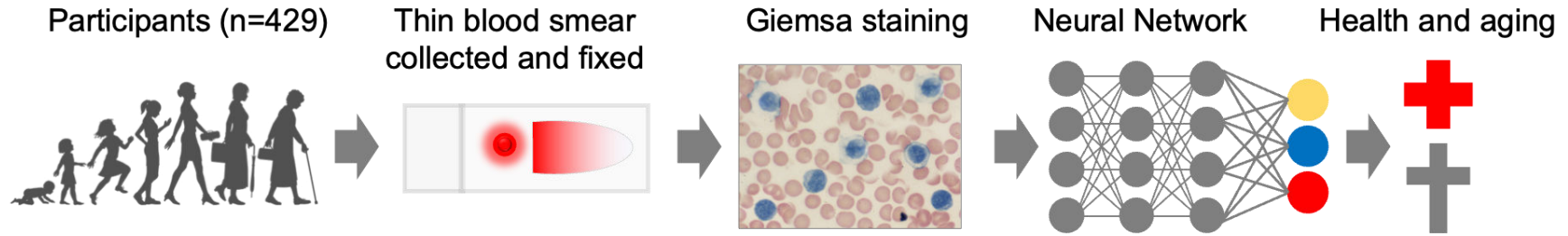
Chronic hypoxia and senescence



Amanuel Teklu



Chronic hypoxia and senescence



Amanuel Teklu



Utility of the senescence predictor

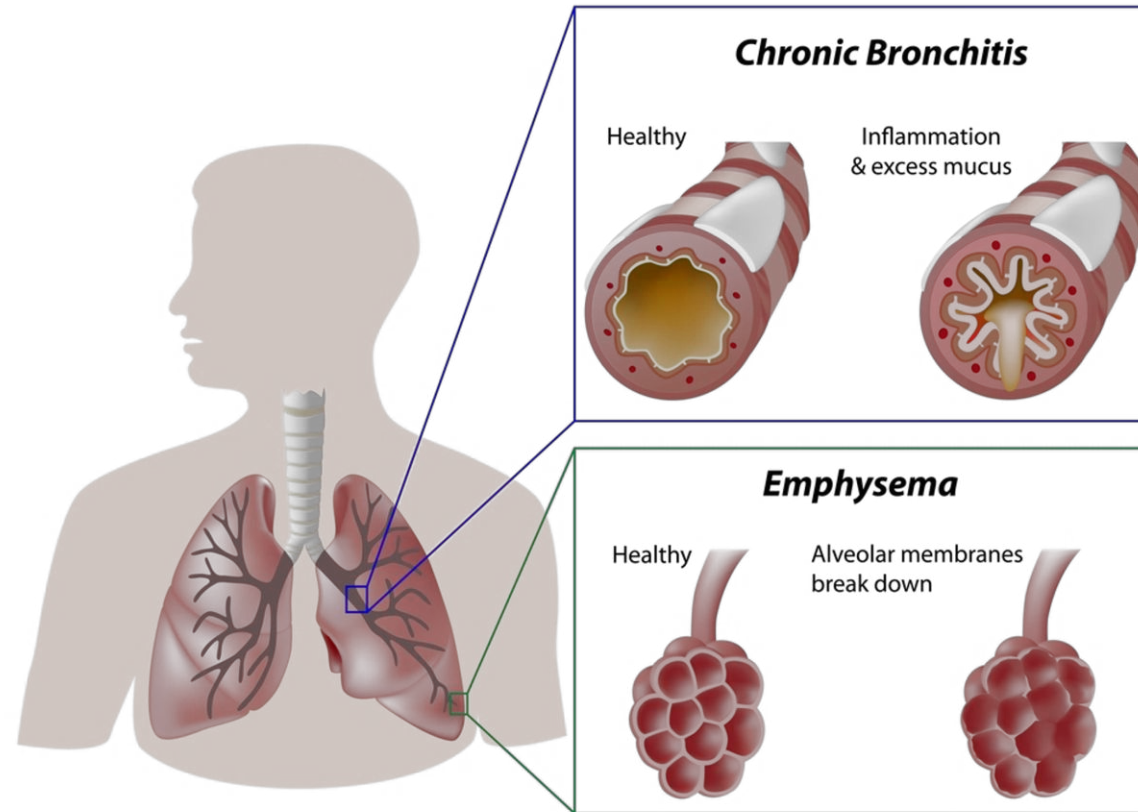
Chronic hypoxia in aging

IKON trial - Double blinded RCT
targeting COPD with NR

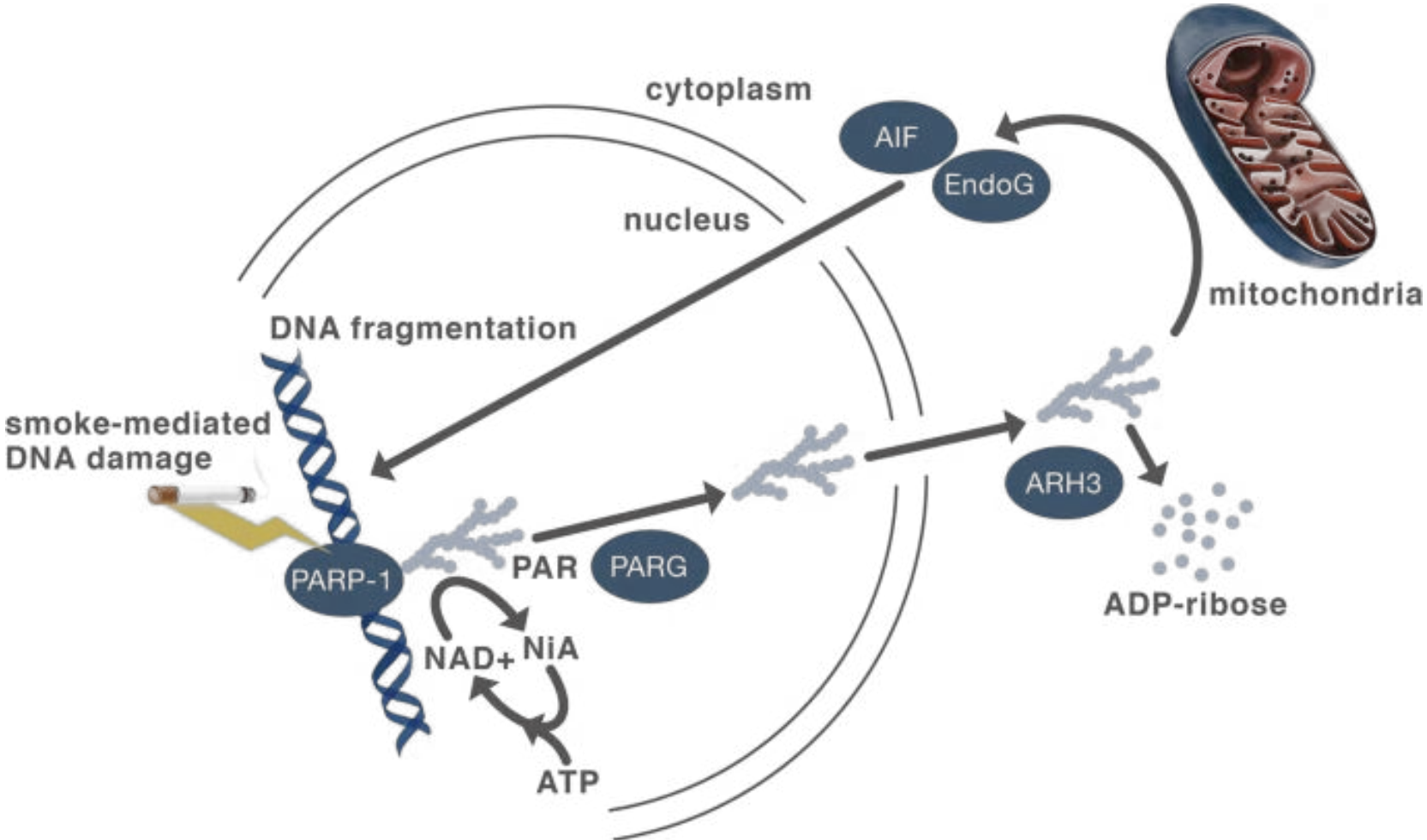
Why Chronic Obstructive Pulmonary Disease?

Third leading cause of death globally

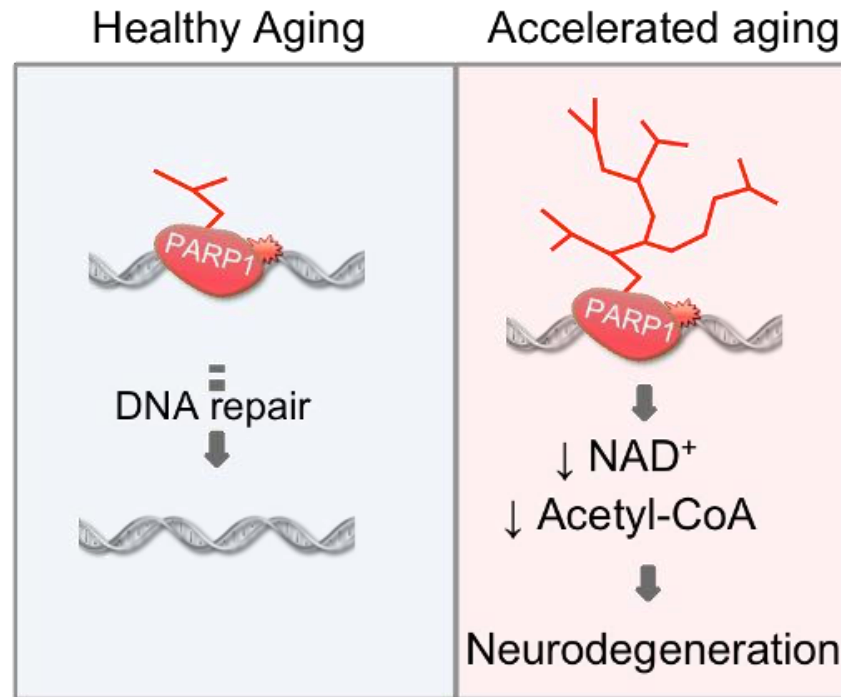
3.3 million deaths per year



Smoking causes DNA damage and PARP1 activation



DNA damage drives NAD loss and premature aging



Scheibye-Knudsen et al. PNAS, 2016

Fang*, Scheibye-Knudsen* et al. Nature Reviews, 2016

Scheibye-Knudsen et al. TiCB, 2015

Scheibye-Knudsen et al. Cell Metabolism, 2014

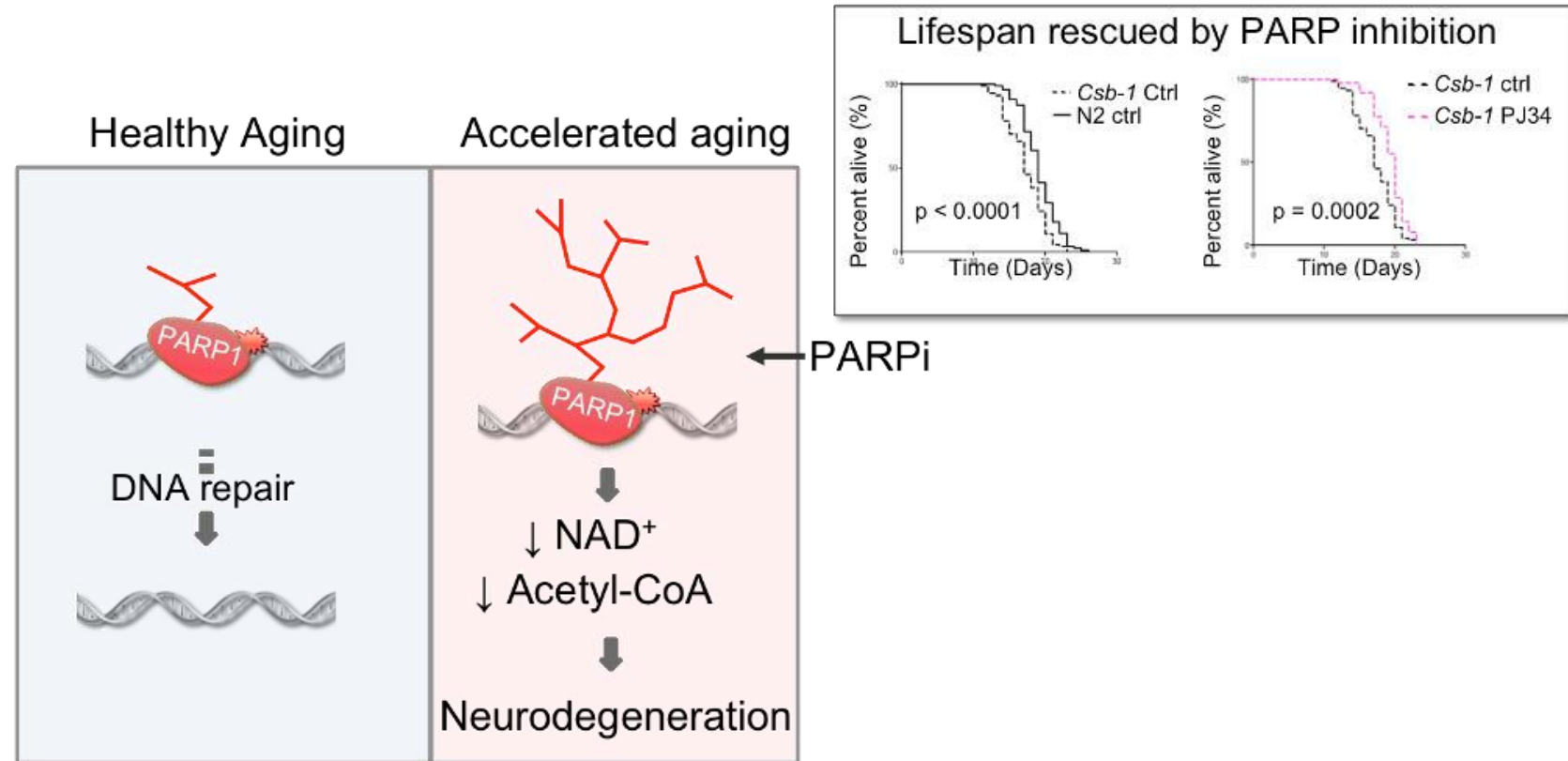
Scheibye-Knudsen*, Fang*, et al., Autophagy, 2014

Fang*, Scheibye-Knudsen* et al. Cell, 2014

Scheibye-Knudsen et al. Aging 2013

Scheibye-Knudsen et al. J. Exp. Med. 2012

DNA damage drives NAD loss and premature aging



Scheibye-Knudsen et al. PNAS, 2016

Fang*, Scheibye-Knudsen* et al. Nature Reviews, 2016

Scheibye-Knudsen et al. TiCB, 2015

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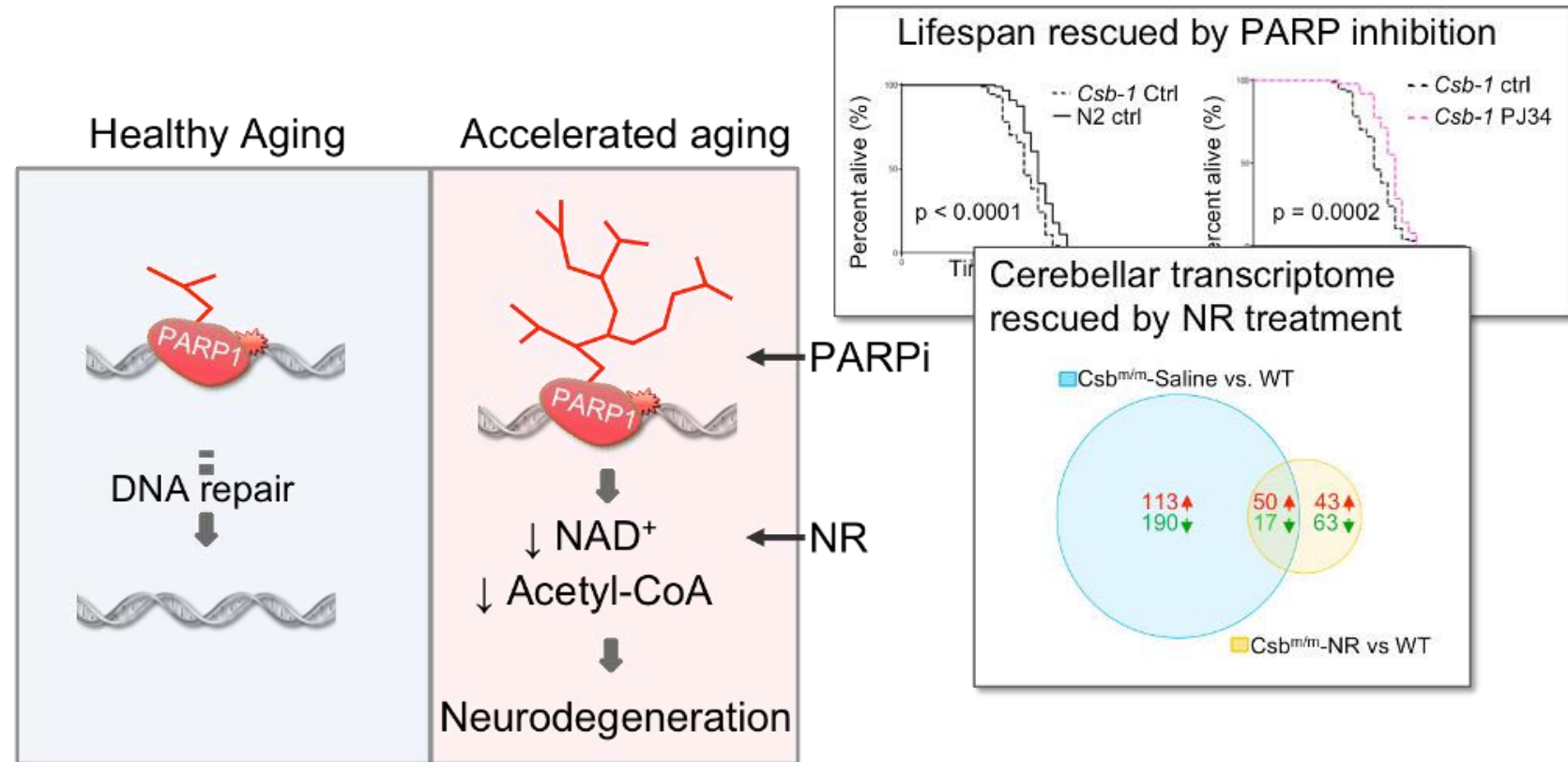
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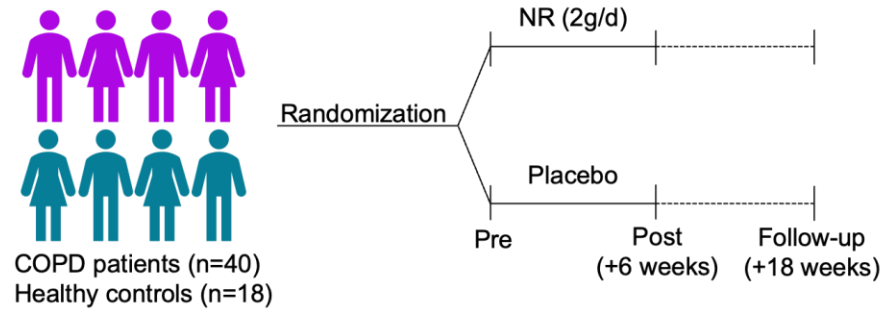
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Fang*, Scheibye-Knudsen* et al. Cell, 2014

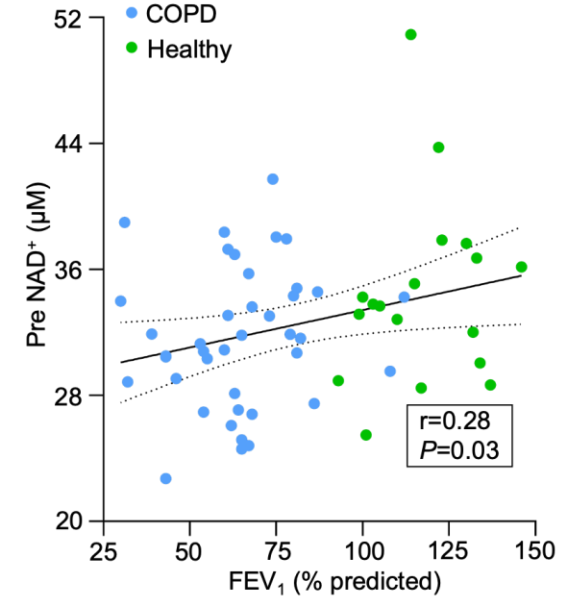
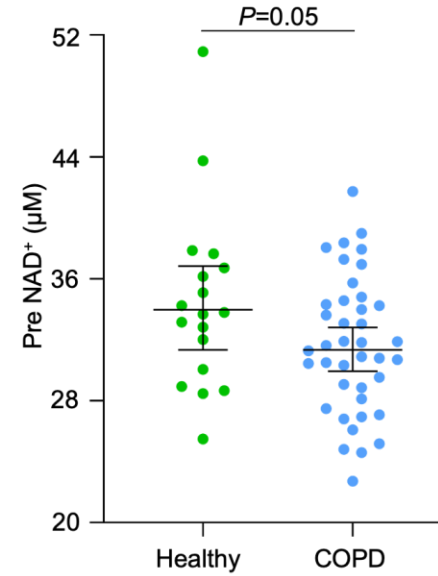
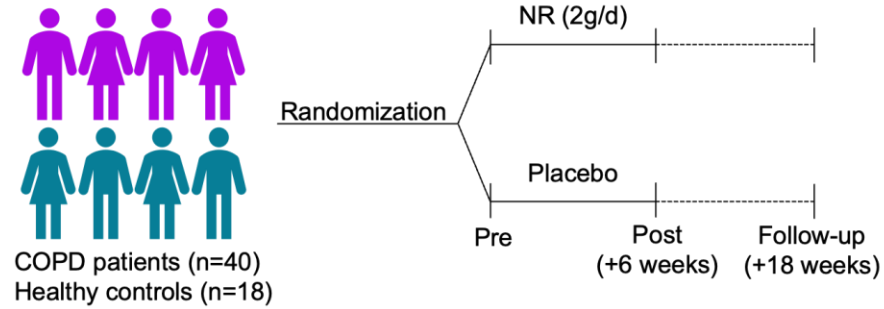
Scheibye-Knudsen et al. Aging 2013

Scheibye-Knudsen et al. J. Exp. Med. 2012

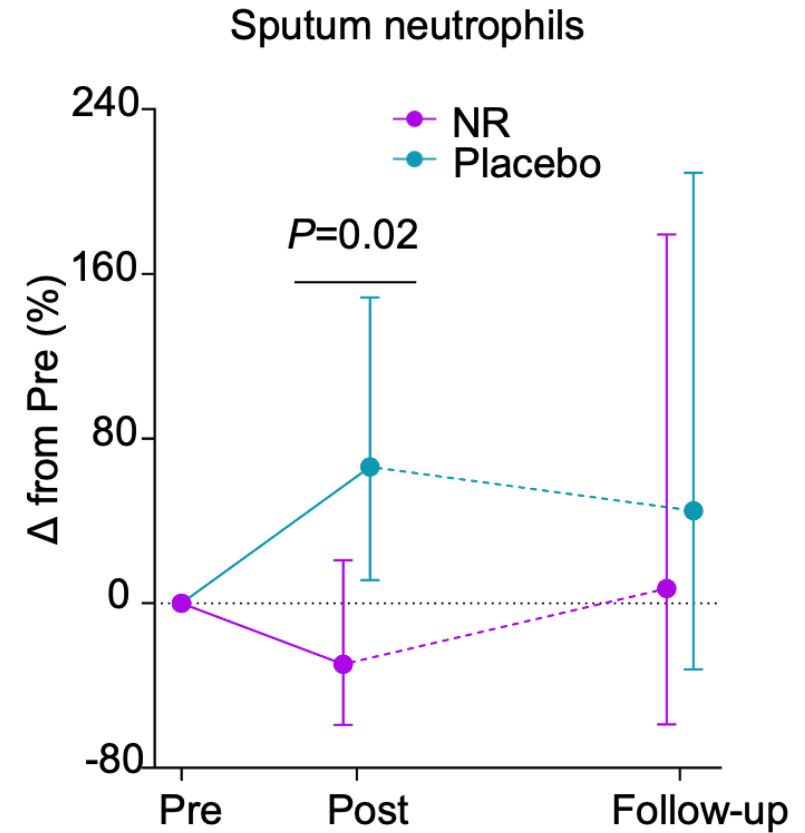
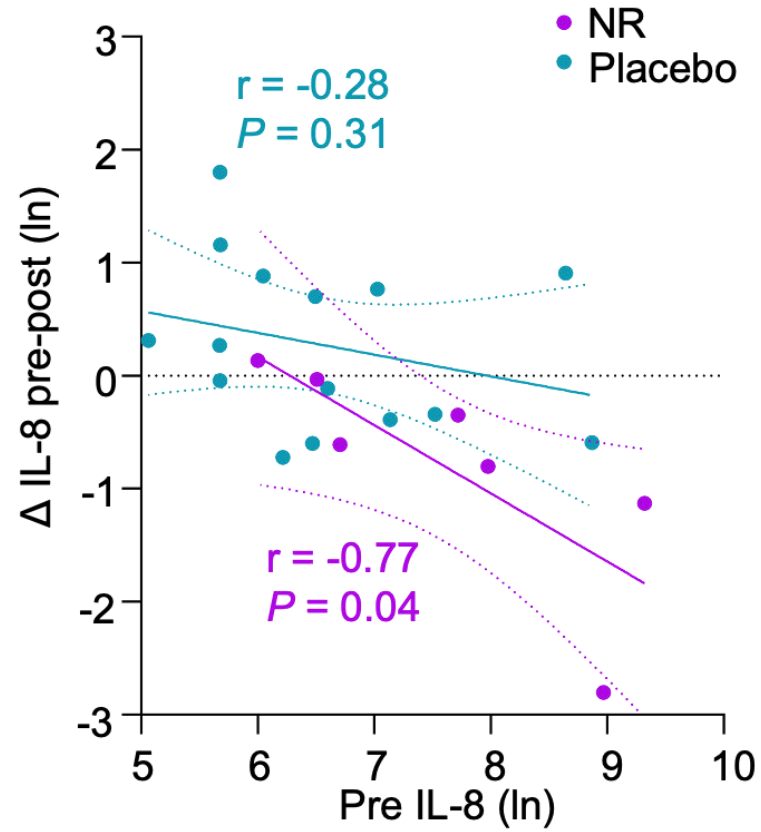
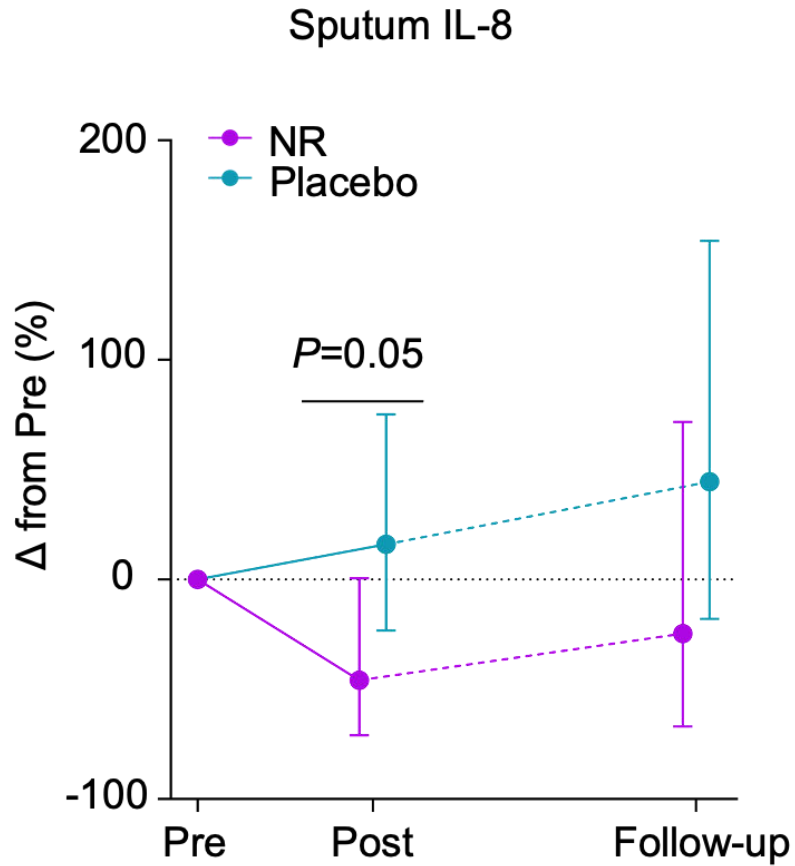
Trial design



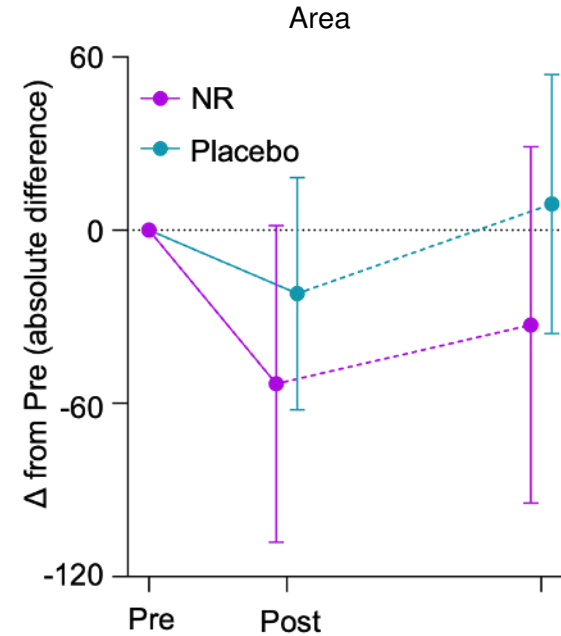
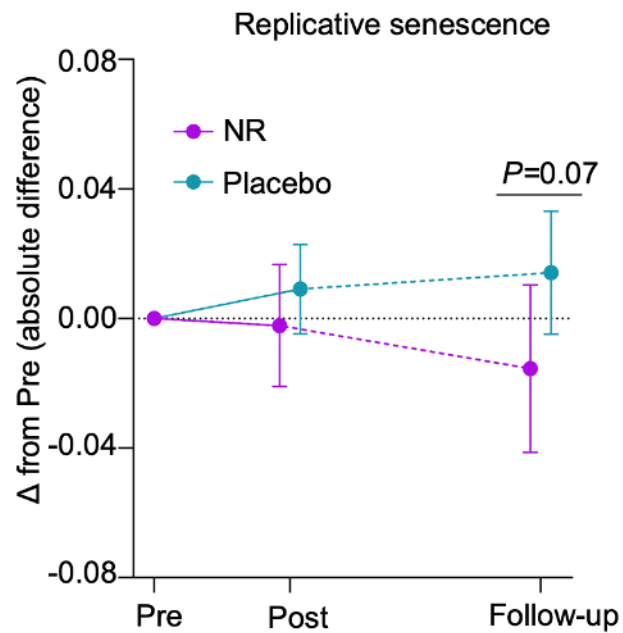
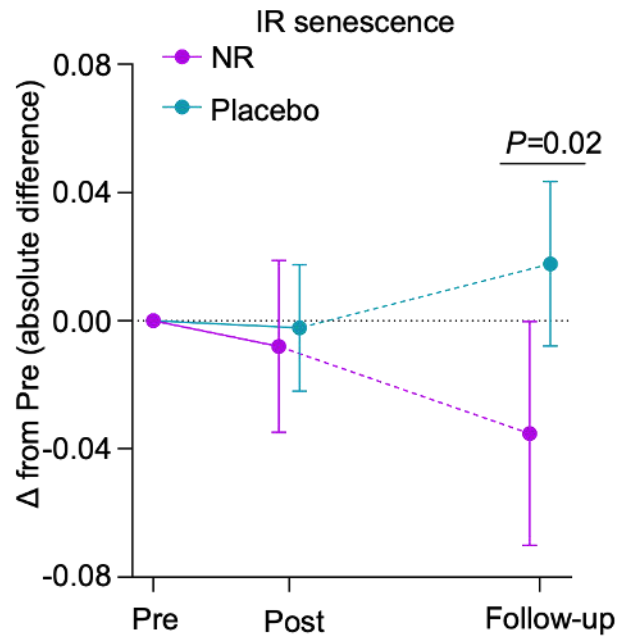
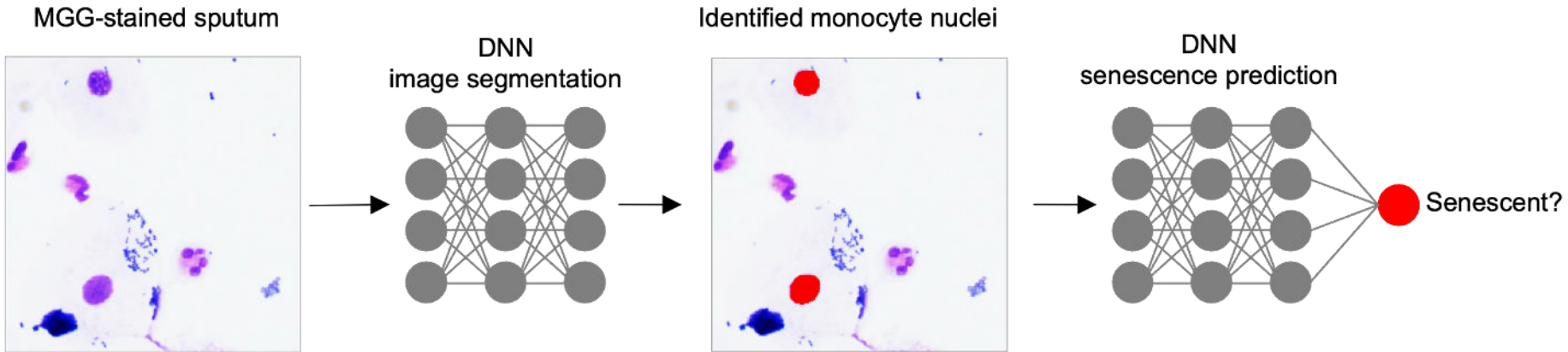
NAD loss in COPD



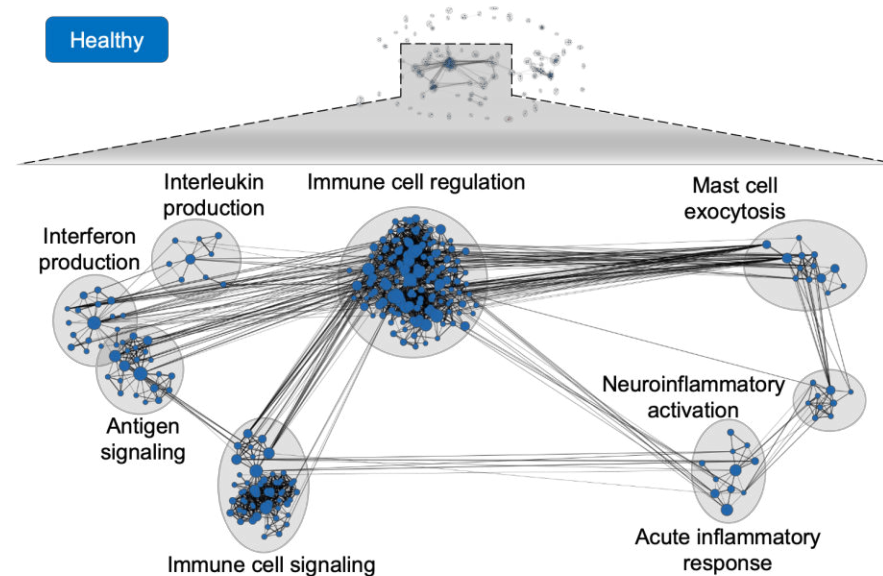
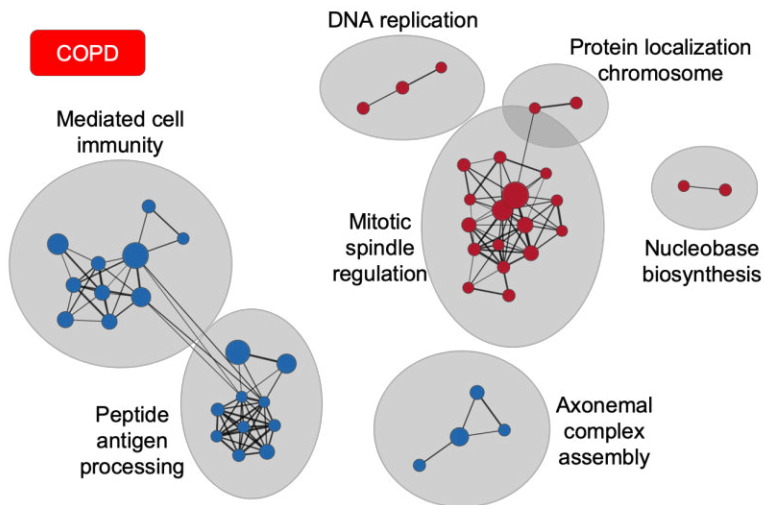
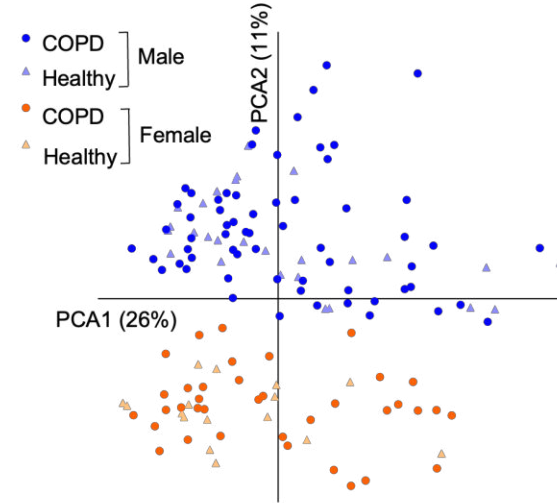
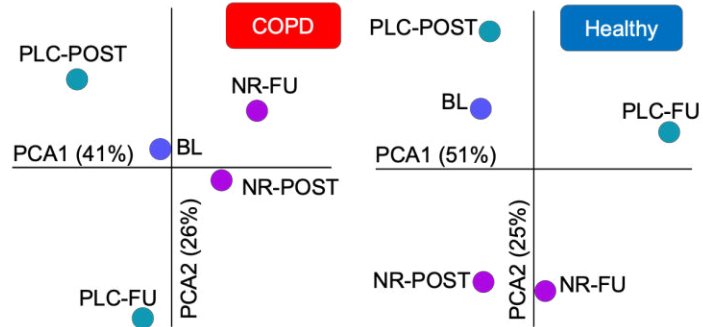
Primary outcome measure: IL-8



NR reduces cellular senescence in the lung of COPD patients



NR reduces inflammatory pathways in airway epithelium in COPD patients



NR reduces airway senescence and inflammation in COPD patients

Kristoffer Norheim



To sum up...

We have thousands of biomarkers of aging

One biomarker, cellular senescence, predicts cancer

We can impact biomarkers of aging and disease with interventions

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