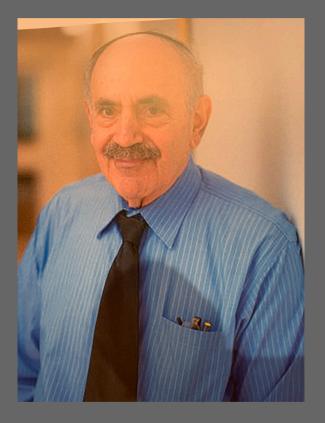
Update on how digital devices might allow us to follow symptom transitions and the effects of the fabric of life on chronic conditions

(why it will be valuable and how we might retain some self navigation)

Inspire2Live Assembly Jan 30, 2020 Stephen Friend MD PhD University of Oxford 4YouandMe Sage Bionetworks

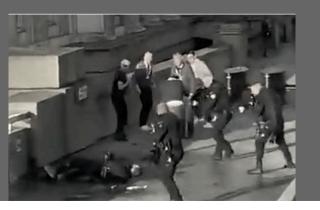












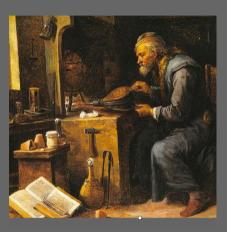




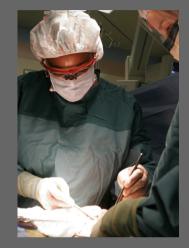


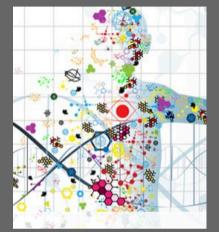








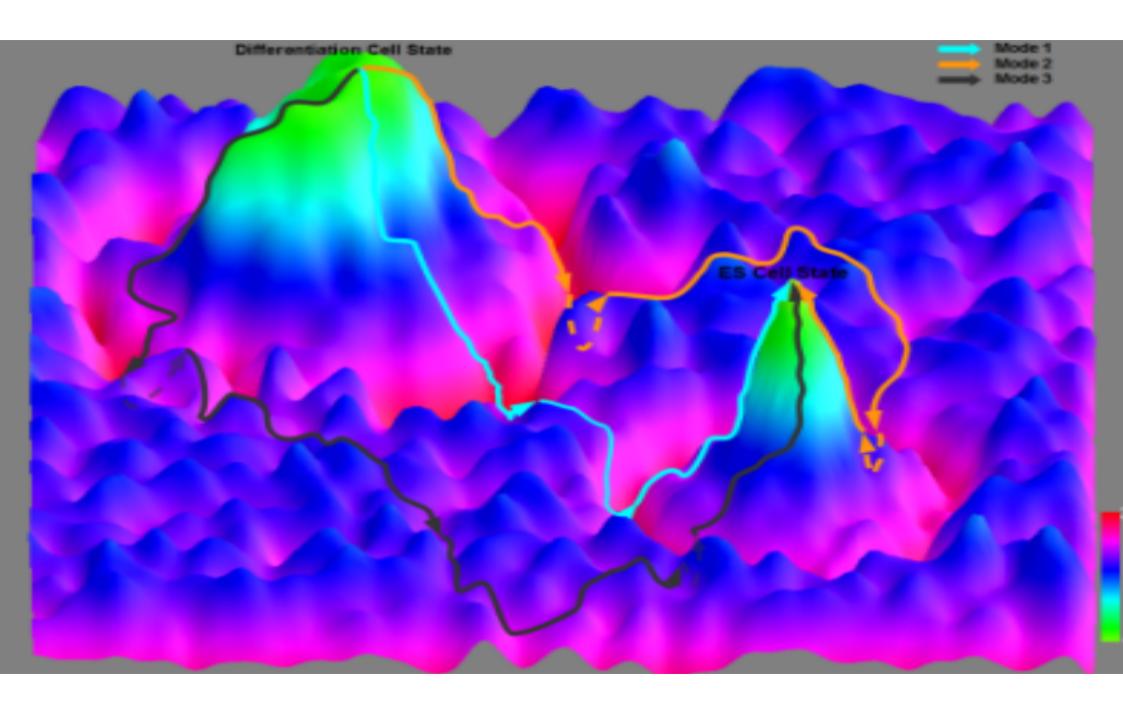


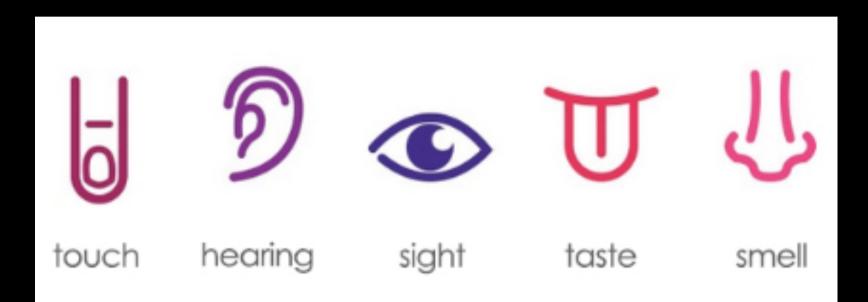


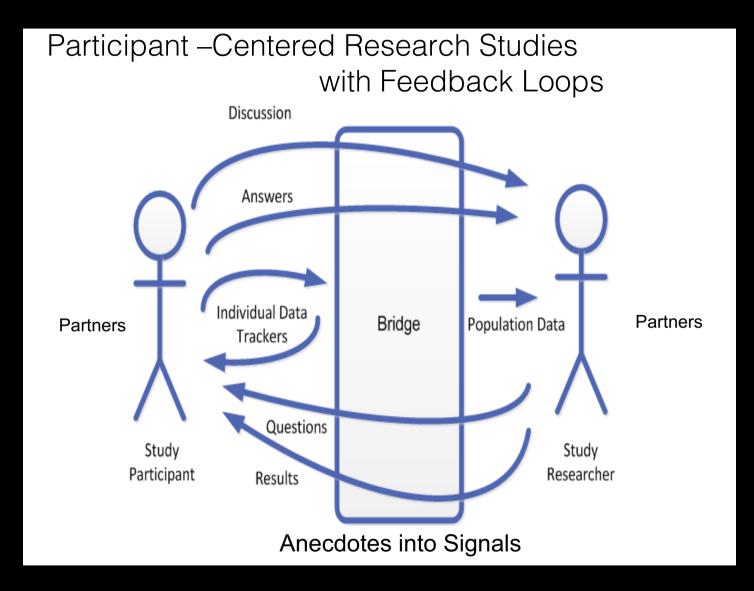


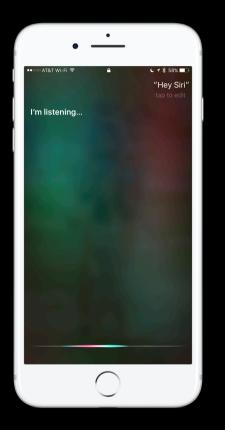
## limited to linear courses of disease

missing ability to say what will occur for an individual assumes interventions to be provided by experts for fees







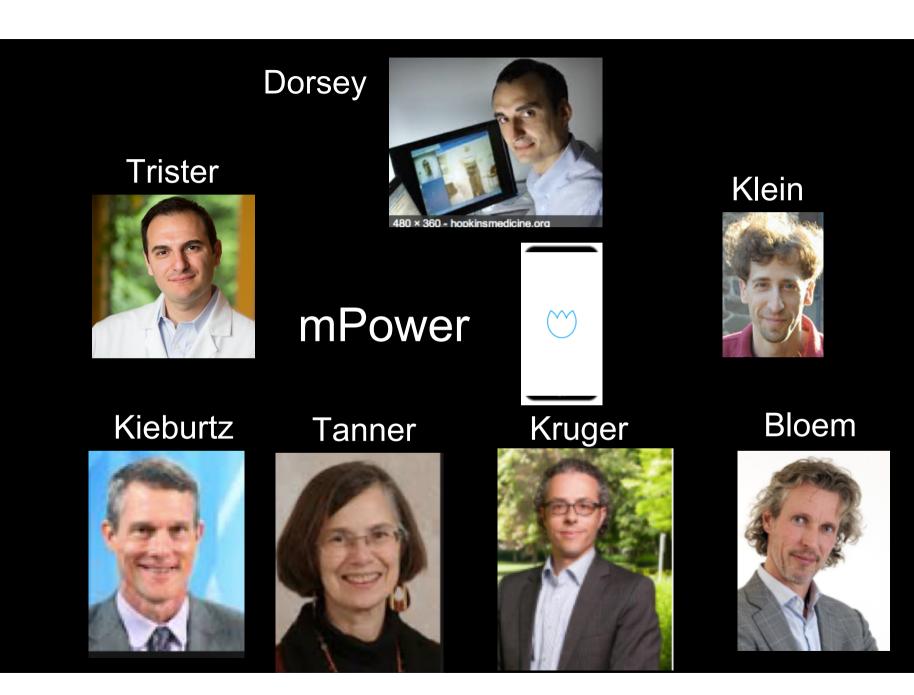






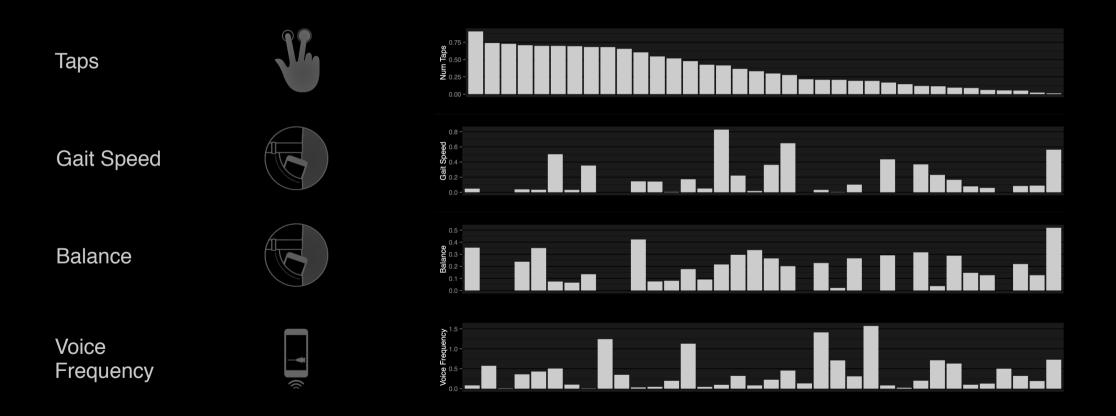
Jeff Williams, senior vice president of operations at Apple, introduces ResearchKit at an event in San Francisco.

🙆 JEFF WILLIAMS, SENIOR VICE PRESIDENT OF OPERATIONS AT APPLE, INTRODUCES



# Inter-individual Diversity

no "average humans," and no single measures for those with Parkinson's Disease



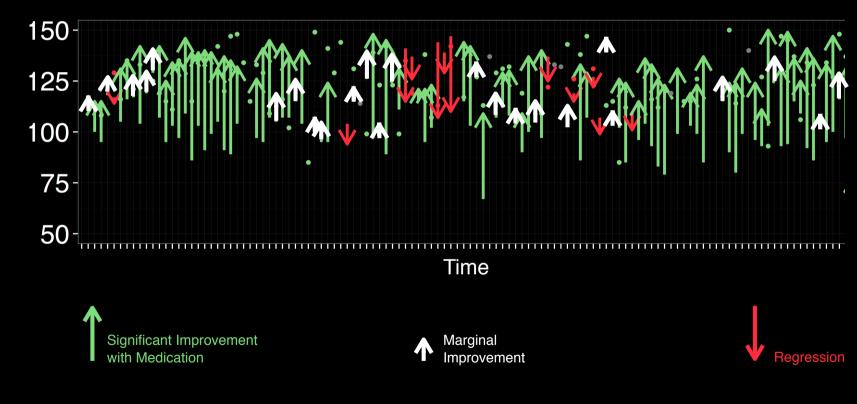
# Intra-individual Diversity

among patients with Parkinson's disease

#### Changes

Pre Med Taps —————— Post Med Taps





Responses to Why Changes?

### Large scale beneficial alerts



#### Enabling irregular rhythm notifications

- 1. Make sure that the software on your iPhone and Apple Watch is up to date.
- 2. On your iPhone, open the Health app.
- Follow the onscreen steps. If you aren't prompted to set up, tap the Health Data tab, then go to Heart > Irregular Rhythm Notifications.
- Once enabled, you can turn irregular rhythm notifications on or off in the Apple Watch app on your iPhone: Open the Apple Watch app, tap the My Watch tab, then go to Heart > Irregular Rhythm.

#### What to do when you receive an alert

If you receive a notification, Apple Watch identified an irregular rhythm suggestive of AFib and confirmed it with multiple readings.

If you have not been diagnosed with AFib by a physician, you should talk to your doctor.

# Benifits of large Scale longitudinal high resolution data

#### The NEW ENGLAND JOURNAL of MEDICINE

#### ORIGINAL ARTICLE

### Large-Scale Assessment of a Smartwatch to Identify Atrial Fibrillation

Marco V. Perez, M.D., Kenneth W. Mahaffey, M.D., Haley Hedlin, Ph.D., John S. Rumsfeld, M.D., Ph.D., Ariadna Garcia, M.S., Todd Ferris, M.D., Vidhya Balasubramanian, M.S., Andrea M. Russo, M.D., Amol Rajmane, M.D., Lauren Cheung, M.D., Grace Hung, M.S., Justin Lee, M.P.H., Peter Kowey, M.D., Nisha Talati, M.B.A., Divya Nag, Santosh E. Gummidipundi, M.S., Alexis Beatty, M.D., M.A.S., Mellanie True Hills, B.S., Sumbul Desai, M.D., Christopher B. Granger, M.D., Manisha Desai, Ph.D., and Mintu P. Turakhia, M.D., M.A.S., for the Apple Heart Study Investigators\*

#### ABSTRACT

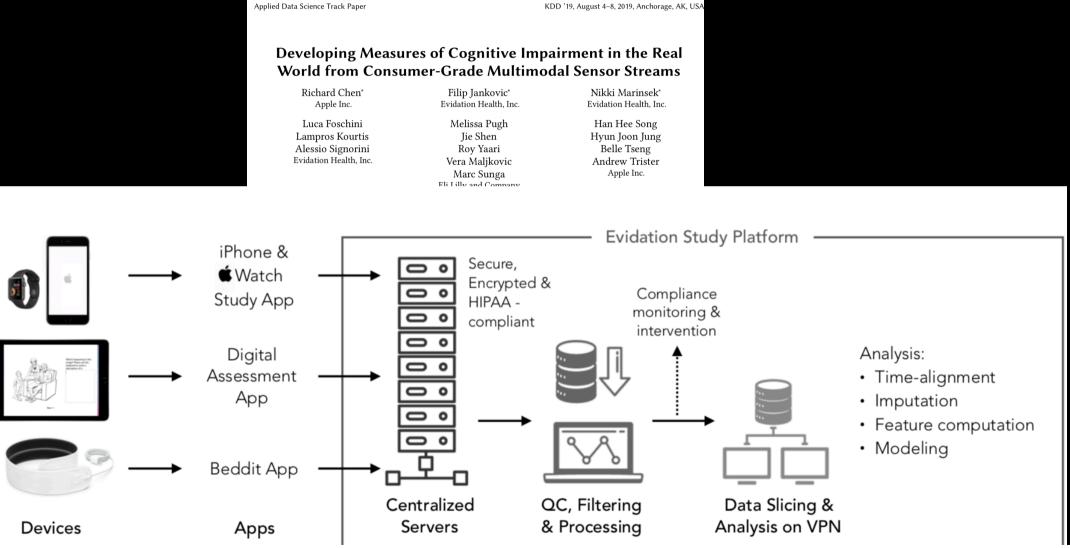
#### BACKGROUND

Optical sensors on wearable devices can detect irregular pulses. The ability of a smartwatch application (app) to identify atrial fibrillation during typical use is unknown.

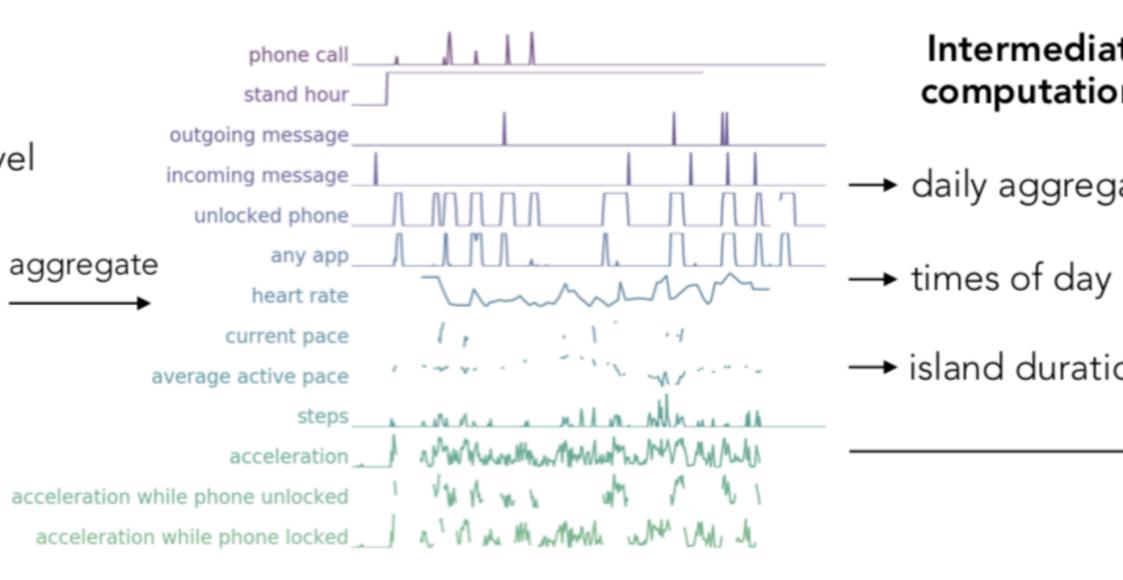
rable 11 end detensites of 1 differpar	is Entoned in the Apple .	leart oraay at basenne.	
Characteristic	Total Cohort (N=419,297)	Notification Subgroup (N=2161)	ECG Patch Subgroup (N =450)
Sex — no. (%)†			
Female	177,087 (42)	461 (21)	102 (23)
Male	238,700 (57)	1672 (77)	335 (74)
Other	396 (0.1)	0	0
Not reported	3,114 (0.7)	28 (1.3)	13 (2.9)
Age — yr	41±13	57±15	59±14
Age distribution — no. (%)			
≥65 yr	24,626 (5.9)	775 (36)	181 (40)
55–64 yr	42,633 (10)	556 (26)	114 (25)
40–54 yr	132,696 (32)	488 (23)	106 (24)
22–39 yr	219,179 (52)	341 (16)	49 (11)
Not reported	163 (<0.1)	1 (<0.1)	0
Race or ethnic group — no. (%)†			
White	286,190 (68)	1747 (81)	379 (84)
Hispanic	48,775 (12)	104 (4.8)	20 (4.4)
Black	32,275 (7.7)	106 (4.9)	16 (3.6)
Asian	26,156 (6.2)	87 (4.0)	8 (1.8)
American Indian	4,696 (1.1)	20 (0.9)	3 (0.7)
Pacific Islander	1,493 (0.4)	6 (0.3)	0
		- 1 <b>-</b> 11	

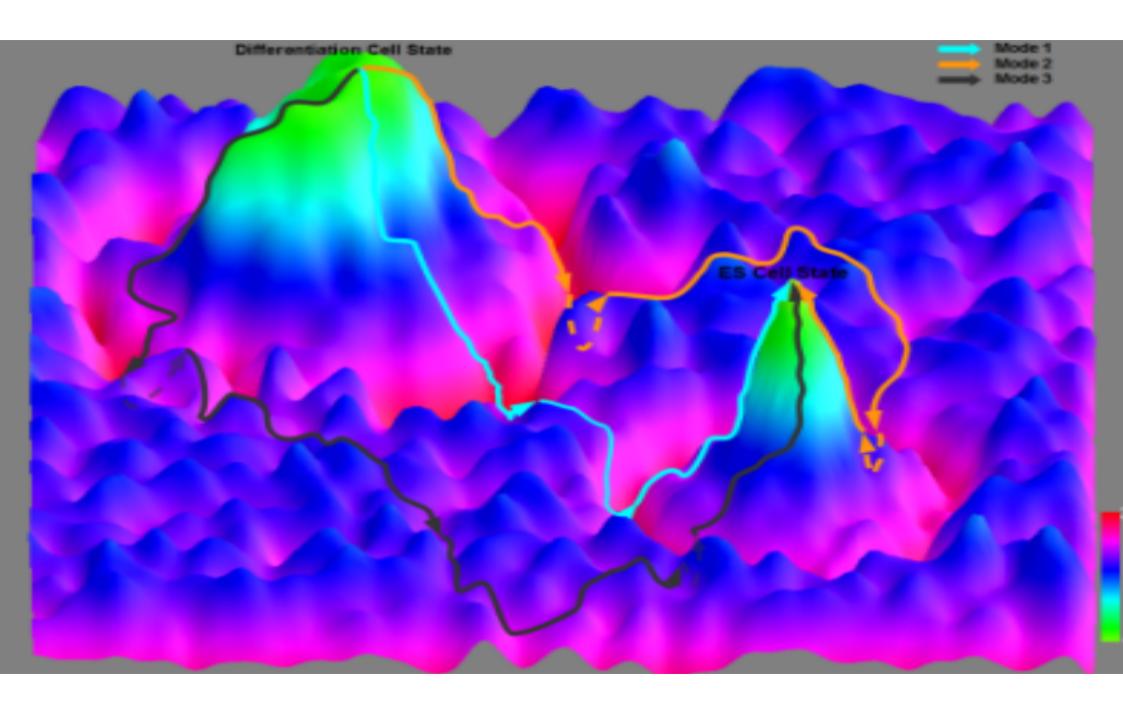
Table 1. Characteristics of Participants Enrolled in the Apple Heart Study at Baseline.\*

# Benefits of large Scale longitudinal high resolution data to follow a symptom: cognition



## Minute-level Behaviorgram





A nonprofit founded to tackle the fundamental unknowns using smart phones and wearables to enable individual forecasting of symptom transitions and how to effectively return it to individuals wishing to navigate with health and disease where all data, findings, algorithms, and apps as possible will be put in the public domain.



### PARTICIPATORY STRATEGIC FUNDERS



suggestions

# all-day sensing & recording







- heart rate
- breathing
- voice
- facial expressions
- app usage
- motion & orientation

#### Health Assessments | Signals to Symptoms (examples) Exercise & prosthe minutes Ace the seales and call alon PedestianDistance Device lock history THOMO CONSOLOUS and see the content GP Bactoround HR Voice sandles Accelerometer NOTONO HR Gyroscope Steps Smart Phone Smart Watch Other Decreased ability to navigate Cognition ٠ Driving slowly . ٠ Decreased vocabulary Change in grammar Disruptive speech cadence Typing speed Mood ٠ Decreased vocabulary Disruption of normal cadence Reduced social engagement ٠ ٠ • Apathy • • • • Sleep disruptions ٠ ٠ Sleep Sleep fragmentation ٠ ٠ Lower amount of REM ٠ ٠ Heart rate variability ٠ Gait speed ٠ ٠ Gait ٠ Variability of gait ٠ ٠ Arm swing ٠ ٠ Heart rate Fatigue ۲ Total activity • ٠ ٠ ٠ • Reduced mobility

### FATIGUE

COGNITION

EMESIS

GAIT

EDEMA

MOOD

HYPERTENSION

STRESS

Symptom (Prevalence)	Signals
(Fatigue) Tiredness (45.50%) Poor Sleep (27.50%) Back Pain (19.50%) Vaginal Discharge (17.60%) (Cognition) Forgetfulness (15.70%) Headache (14.50%) Vivid Dreams (13.90%) Taste Smell Changes (13.70%) Change in Nipples (13.30%) Nausea (12.60%) Change in Libido (11.20%)	Raw IMU (accel + gyro + magnetometer) Minute-level steps Resting Heart Rate Minute-level HR Opportunistic second-level HR RR-intervals Raw PPG
Hip Pelvic Pain (10.60%) Constipation (10.10%) Food Cravings (9.10%) Reflux (8.90%)	Opportunistic HRV Continuous HRV
Leg Cramps (8.60%) Dizziness (8.50%) Stretch Marks (7.80%) Greasy Skin Acne (7.50%) Restless Legs (7.20%) Dry Mouth (7.10%) Breast Pain (6.50%) Altered Body Image (6.30%)	Opportunistic BP Continuous BP Active Tests Sleep macros (TTA, WASO, SOL, SE) Sleep stage classification (30-second epochs)
(Emesis) Vomiting (6.20%) Sore Nipples (6.00%) (Dyspnea) Shortness of Breath (5.00%)	SPO2 Respiration Rate
Itch (4.50%) Snoring (4.30%) Varicose Veins (4.10%) Incontinence (3.80%) Carpal Tunnel (3.40%) Sciatica (3.30%) (Mood) Anxiety (3.00%) Chloasma (3.00%) Thrush (2.50%) Painful Vein in Vagina (2.50%) Fainting (2.50%) Hemorrhoids (1.50%)	Body Weight/Fat % Body Temperature Air quality (CO2 Particulate) Opportunistic Voice Recordings Continuous acoustic signal Continuous GPS GPS at location changes
(Mood) Feeling Depressed (1.50%) Heart Palpitations (1.00%) Cognition-beyond memory (N/A) Edema (N/A) Gait Change (N/A) Glycaemia (N/A) Hypertension (N/A) Infection (N/A)	Indoor location Bedroom temperature, illumination, doors ope User-mediated event mark Phone usage (pick up, time on phone) Social networks usage Eye movements



# **Equipment Needed**

### Three wearable devices will be provided to study participants

### Fitbit Versa

- 3-axis accelerometer
- 3-axis gyroscope
- Optical heart rate monitor
- Altimeter
- Vibration motor
- WiFi Antennas (802.11 b/g/n)
- 4+ days battery Life



### Oura Ring 2

- Heart Rate, Resting Heart Rate (RHR)
- Heart rate variability (HRV)
- Respiration rate, breathing variance
- Sleep stages and quality metrics
- Body temperature variation
- Duration, intensity, and timing of activities
- Inactivity, sedentary time



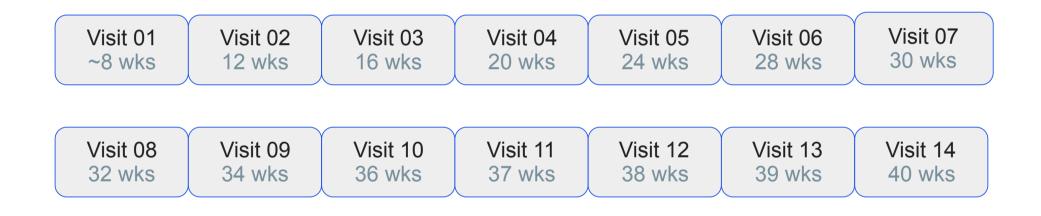
#### **BodyPort Smart Scale**

- Weight
- Pre-ejection Period
- BMI
- Ejection Time
- Impedance
- PEP/LVET
- Peripheral Fluid Content
- Pulse Wave Velocity
- Balance
- Pulse Transit Time
- Pulse Rate
- Pulse Arrival Time
- Heart Rate Variability
- Ejection Force





### **Study Visit Schedule**







### **Participant Mediated Health Data**

Through a combination of passive trackers and active tests administered through the 4YouandMe Study App, participants provide objective data with minimal burden

Passively Collected		Active Tests
<ul> <li>Oura Ring         <ul> <li>Temperature</li> <li>Sleep Quantity</li> <li>Sleep Quality</li> <li>Resting Heart Rate</li> <li>Heart Rate Variability</li> <li>Respiration Rate</li> <li>Activity</li> </ul> </li> <li>BodyPort Smart Scale         <ul> <li>Pulse rate</li> <li>Heart rate variability (HRV</li> <li>Cardiac waveforms</li> <li>Systolic time intervals</li> <li>Body weight</li> <li>Body impedance</li> <li>Balance analysis</li> <li>Temperature and humidity</li> </ul> </li> </ul>	Fitbit Versa • Steps • Activity Level Smartphone • RealizD • Phone pickups • Screen time • Study app • GPS • WiFi • Battery level • User-app interactions Facebook, Instagram • Bio, posts, likes	<ul> <li>Gait Active Task</li> <li>Video Diary</li> <li>Memory Active Task</li> <li>Psychomotor Vigilance Test</li> <li>Executive function active Task</li> <li>Ster 4 of 7 Coord</li> <li>Valk up to 20 steps in a straight line.</li> </ul>
indMe		• = □ ←



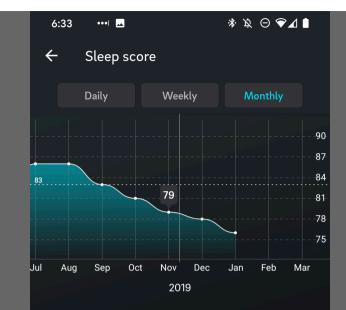


#### **Sleep Efficiency**

Sleep efficiency is the percentage of time you actually spend asleep after going to bed.

For adults, a generally accepted cut-off score for good sleep efficiency is 85%. It's common for sleep efficiency to slightly decrease with age.

For a maximum positive contribution to your sleep score, your sleep efficiency needs to be 95%. You'll see a lowered sleep score if it has taken more than 20 minutes for you to fall asleep, or if you experience one long or multiple shorter wake-ups during the night.



#### Sleep Score

Ranging from 0-100, the sleep score is an overall measure of how well you slept.



#### **Resting Heart Rate**

Resting Heart Rate (RHR) is the number of times your heart beats per minute when you're at rest. It's a reliable measurement of your recovery status, and an important contributor to your readiness.

Normal RHR for adults can range anywhere from 40-100 BPM. Oura evaluates the optimal level for your RHR by studying your data after active days and recovery days for a couple of weeks. Once it knows your normal range, your Readiness Score will start to become more accurate.

For Oura, a RHR slightly below your average is a sign of good readiness. An exceptionally high or low RHR indicates that an easier day may be in order. An intense training day, a late night workout, elevated body temperature, or a heavy meal just before bed can keep your RHR elevated during the night, often resulting to a lowered Readiness score.

To learn more, check out <u>Heart Rate While Sleeping –</u> Look for These 3 Patterns article in the Oura blog.



#### Heart Rate Variability

When a person is relaxed, a healthy heart's beating rate shows variation in the time interval between heartbeats. By calculating this variation i.e. your heart rate variability (HRV) while you sleep, Oura can help you better understand your health, fitness and recovery status.

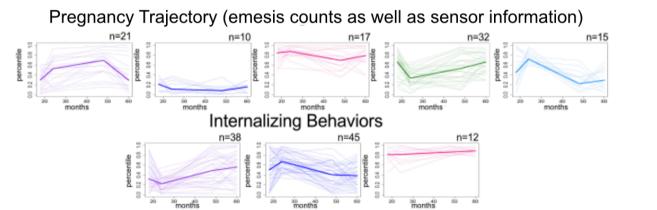
Your HRV can range from anywhere below 20 to over 100. Your own minimum and maximum values depend on several factors, such as your age, health status and fitness level. High HRV is typically a sign of general health and fitness, whereas lowered HRV can be a sign of stress or overtraining.

Read more about HRV tracking in the Oura blog: <u>What is</u> heart rate variability and what you can learn from it

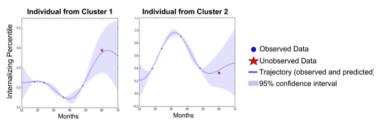
### **Trajectory clustering**



- 1. Identify trajectories of individuals (using clinical measures over time/ continuous sensor measures/active monitoring data through apps)
- 2. Use a similarity measure and cluster e.g.



3. Build a model for each of the clusters to predict future trajectory for specific individuals within a cluster





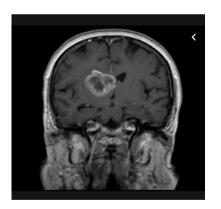
Detection of and forecasting symptom transitions and consequences of stress and lifestyles impacting those symptom transitions in chronic diseases

# Why not?



Can we devise continuous early warning systems for tumors?

# Helping Enable Real time Observational Studies "HERO" Studies



gb sma sma sma



CNS

Pancreas

Ovarian

Mark Foundation

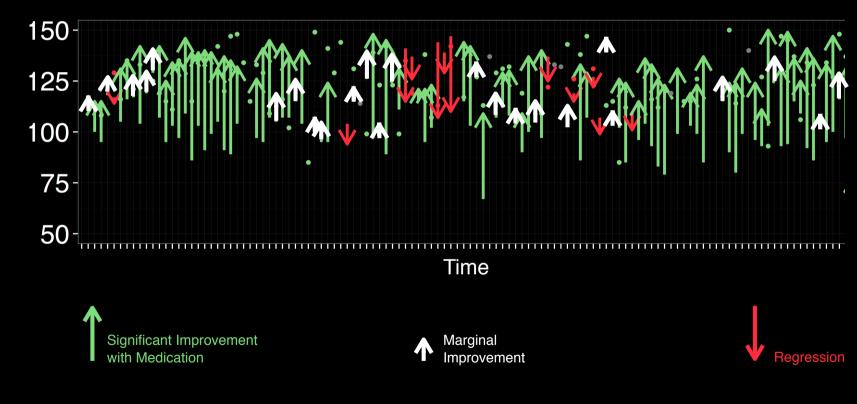
# Intra-individual Diversity

among patients with Parkinson's disease

#### Changes

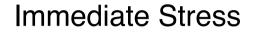
Pre Med Taps —————— Post Med Taps



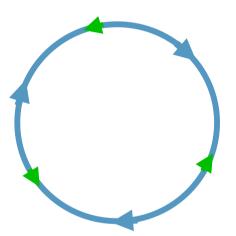


Responses to Why Changes?

subjective vs objective



End Organ Deterioration



Intermediate Consequences Engineering signals from wearable devices to signs of stress to end organ damage

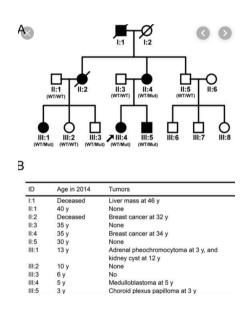
Machine learning and artificial intelligence

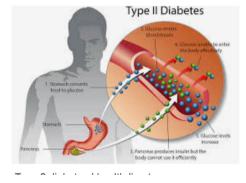
Engineering signals			
Smart rings, watches, scales and body patches	Temperature Sleep quantity/quality Sleep quality Resting HR HRV Respiration rate Breathing variance Activity (duration, intensity, frequency) Relative BP EDA Pulse rate Cardiac waveforms Systolic time intervals Body weight Body impedance Balance Cortisol Cytokines	Objective signs of stress Physiologic Neuroendocrine Immune Cognition Sleep	End organ damage Chronic disease symptoms
Smartphone passive	Google Takeout – Online interaction RealizD – Phone usage Facebook/Instagram – Social activity Apps – GPS, WIFI, battery, app usage	Psychological	
Smartphone active	Cognitive tasks Video diaries – facial and speech EMA surveys – subjective symptoms, life events	Subjective signs of stress	

## Exploring the effects of "the fabric of our lives" on us



Crohn's (The Helmsley Trust)





#### Diabetes

# "modifyable factors"

#### Li-Fraumeni Syndrome

## Building better ways to objectively assess Stress

## "Scan Scare"



Marlene Kok

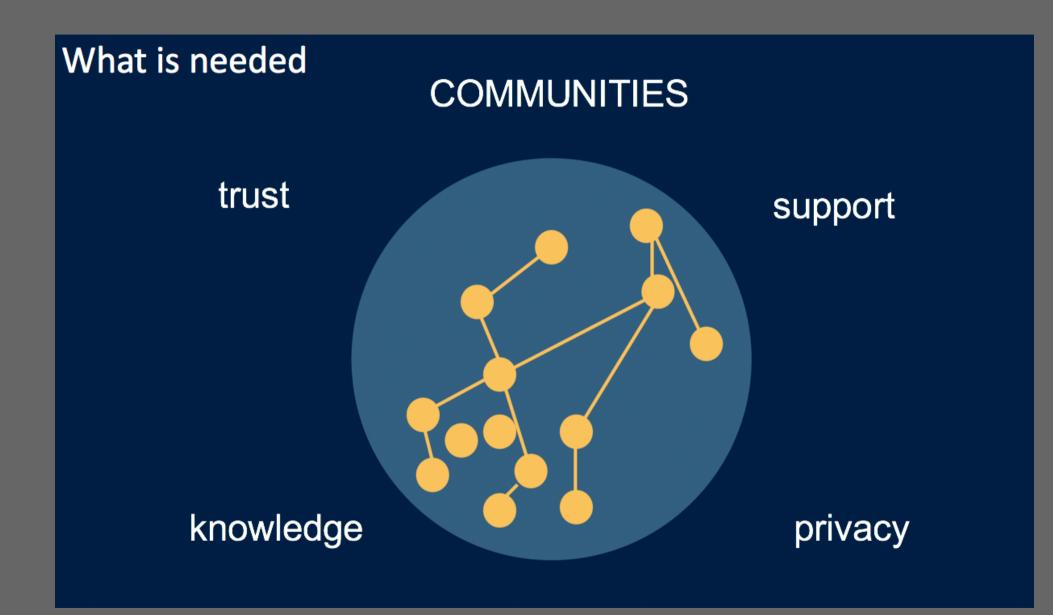
Sabine Linn EmielRutgers Luis Diaz

### What is needed



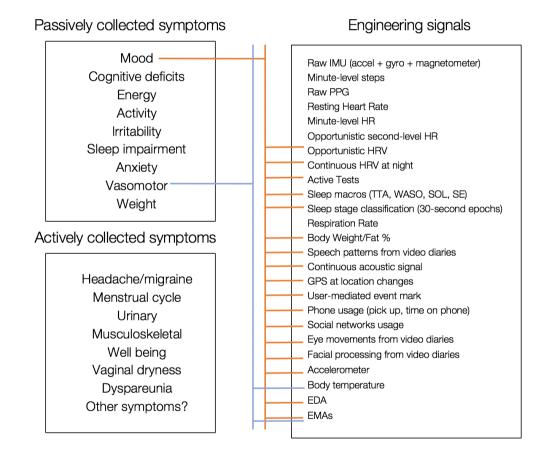
### What is needed





## :"Our Menopause"

Thematic example for passive collection of mood and vasomotor symptoms







participant designed and funded - built by each other for each other

"Our digital century was to have been democracy's Golden Age. Instead, we enter its third decade marked by a stark new form of social inequality best understood as "epistemic inequality."

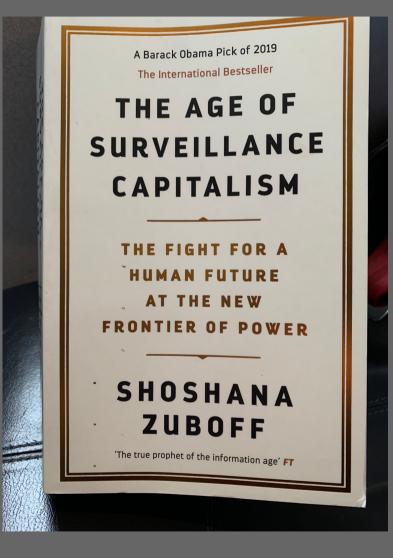
It recalls a pre-Gutenberg era of extreme asymmetries of knowledge and the power that accrues to such knowledge, as the tech giants seize control of information and learning itself."

Shoshana Zuboff

### **Open Band Project**







# Sur-veil-lance Cap-i-tal-ism, n.

1. A new economic order that claims human experience as free raw material for hidden commercial practices of extraction, prediction, and sales; 2. A parasitic economic logic in which the production of goods and services is subordinated to a new global architecture of behavioral modification; 3. A rogue mutation of capitalism marked by concentrations of wealth, knowledge, and power unprecedented in human history; 4. The foundational framework of a surveillance economy; 5. As significant a threat to human nature in the twenty-first century as industrial capitalism was to the natural world in the nineteenth and twentieth; 6. The origin of a new instru-