# MEDGENOME Leveraging big data using a novel clinical database and analytic platform based on 323,145 individuals with and without of Diabetes

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#### Introduction

Diabetes is a chronic disorder of glucose metabolism and is a major cause of heart disease and end-stage renal disease in world populations. It is also the single biggest cause of preventable blindness, the leading cause of non-traumatic lower extremity amputation and major cause of premature mortality. 415 million people have diabetes globally and is expected to reach 642 million by 2040<sup>1</sup>. Large volumes of diabetes biomedical data are being produced every day, but it has not been used effectively. Leveraging such voluminous amount of patient data using data science approaches help to uncover hidden patterns, unknown correlations, and other insights of the disease. Integration of diverse genomic data with comprehensive electronic health records (EHRs) exhibit challenges, but essentially, they provide a feasible opportunity to better understand the underlying diseases, treatment patterns and develop an efficient and effective approach to identify biomarkers for diagnosis and improve therapy.

### Diabetome

A unique clinical database for diabetes R&D to enable new insights into diabetes, and its risk factors and complications for research, development and clinical diagnosis.

## Data

Clinical phenotype data was collected from EHR of a tertiary care diabetes centre across 20 locations in India. It encompasses >20 million data points on *323,145* patients registered over 25 years.

Here, we describe a big data solution for diabetes - *Diabetome*, providing an efficient and responsive scientific discovery platform for researchers.

## Challenges in diabetes R&D today

#### Type of patient data

- Demographics
- Clinical characteristics
- Biochemical results
- Family history
- Treatment history
- Drug responses
- Genotypes
- Secondary complications of diabetes



#### Subjects with secondary complications of diabetes

Diabetic retinopathy (75,449)	Cardio vascular disease (8,508)	
Diabetic nephropathy (66,395)	Peripheral vascular disease (6,500)	
Diabetic neuropathy (74,833)	Non-alcoholic fatty liver disease (13,157)	

## Tools

Analytical tools to compute descriptive statistics and compare cohorts and visualization



## Sample reports and visualizations in Diabetome

(1) A summary report showing the demographics and clinical characteristics between two cohorts – T1DM with complications and those without complications.

(2) Visualization of progression of diabetes in normal glucose tolerant, pre-diabetes and Type 2 diabetes subjects based on fasting blood glucose

## Conclusion

 Diabetome is a large, unique repository of clinical phenotype data of diabetes, and a scientific discovery tool for researchers to

#### Table 1: Demographic and clinical characteristics of subjects included in the study

Parameters	T1DM with no complications ( <i>n</i> =1,097)	T1DM with complications ( <i>n</i> =499)	<i>P</i> -value
Age	23.5 ± 11.51 *	31.0 ± 12.03 *	4.332263e-39
Gender (Male %)	53.4%	54.9%	-
Body mass index (kg/m²)	18.5 ± 4.02 *	21.2 ± 4.58 *	6.386865e-28
Waist/hip ratio	0.9 ± 0.13	0.9 ± 0.09	0.2663739
Fasting blood glucose (mg/dl)	206.6 ± 104.91	205.8 ± 105.63	0.872414
Haemoglobin A1c (%)	9.9 ± 2.40	9.9 ± 3.01	0.7660573
Systolic BP (mmHg)	108.2 ± 15.59 *	118.0 ± 17.21 *	9.896045e-27
Diastolic BP (mmHg)	70.8 ± 8.22 *	75.0 ± 9.08 *	8.244098e-19
Total cholesterol (mg/dl)	162.6 ± 40.44 *	171.2 ± 45.20 *	0.0000941693
HDL cholesterol (mg/dl)	48.8 ± 12.12	47.7 ± 12.61	0.08778644
LDL cholesterol (mg/dl)	94.7 ± 28.52 *	101.8 ± 33.88 *	0.00001171061
Triglycerides (mg/dl)	88.7 ± 53.22 *	110.1 ± 116.16 *	7.529424e-7

**Methodology:** Descriptive statistics were used to generate a profile of each group (Table 1). Data were analysed using one-way ANOVA to identify differences between groups. p < 0.05 was considered significant. Results are presented as mean ± standard deviation (SD).

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Summary Report





investigate diabetes and related complications at clinical and molecular levels.

 It caters to early stage pharma drug discovery and development endeavours by leveraging the abundant clinical data.

## References

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