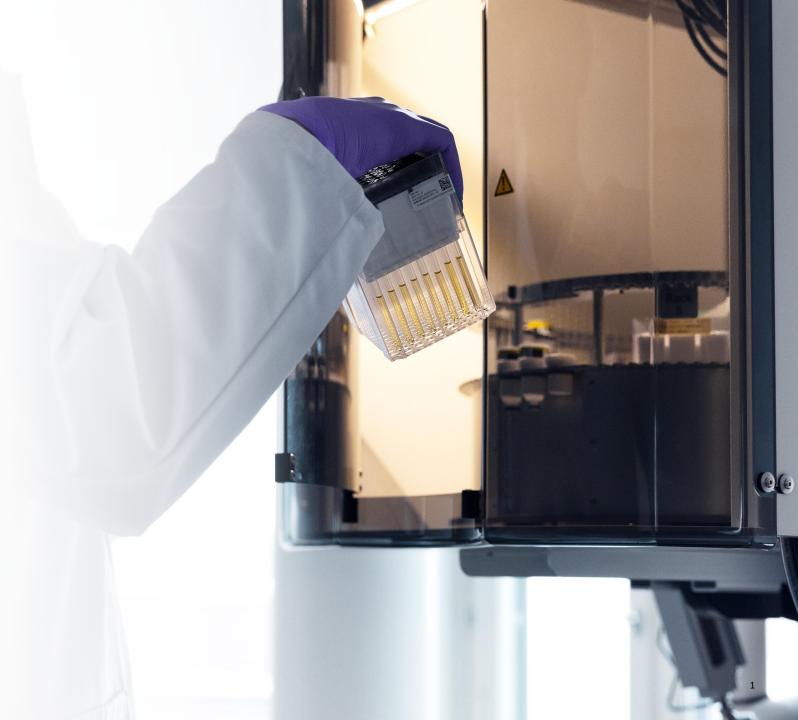
25-09-2024 World Congress of Epidemiology

Metabolomic determinants of common and rare disease at population scale

Kirsten Schut Data Scientist

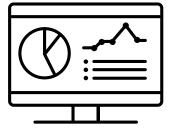


Today's topics



NMR metabolomics in the UK Biobank

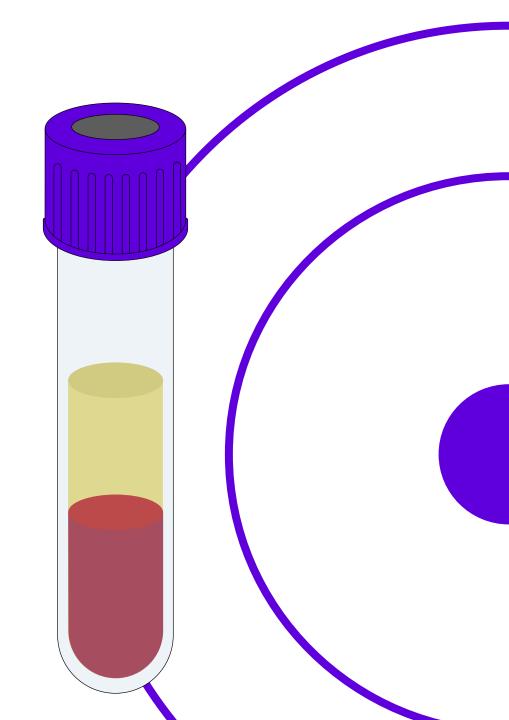
The development of metabolomic risk scores

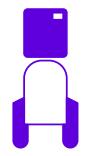


Predicting disease in the real world

NMR metabolomics in the UK Biobank

Some background on the available data





NMR metabolomics

Nightingale Health

Blood testing technology based on nuclear magnetic resonance (NMR) spectroscopy and an automated quantification algorithm that translates the spectrum into absolute biomarker concentrations.

From one blood sample, 39 clinically validated biomarkers

Routine biomarkers

Cholesterol

Total cholesterol VLDL cholesterol Clinical LDL cholesterol HDL cholesterol

Triglycerides Total triglycerides

Fatty acids & Fatty acid ratios

Total fatty acids Omega-3 fatty acids Omega-6 fatty acids Polyunsaturated fatty acids Monounsaturated fatty acids Saturated fatty acids Docosahexaenoic acid Linoleic acid **Apolipoproteins** Apolipoprotein B Apolipoprotein A1 Ratio of apolipoprotein B to apolipoprotein A1

Amino acids Alanine Glycine Histidine

Branched-chain amino acids Total concentration of branchedchain amino acids (leucine + isoleucine + valine) Isoleucine Leucine Valine

Aromatic amino acids

Phenylalanine Tyrosine

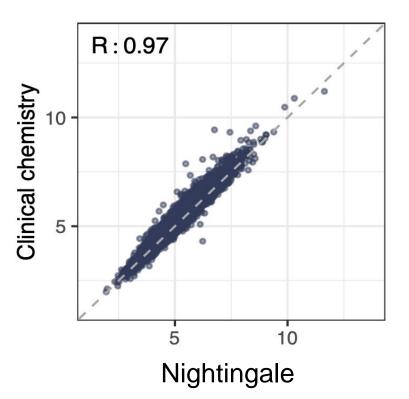
Glycolysis related metabolites Glucose Lactate

Fluid balance Creatinine

Albumin

Inflammation Glycoprotein acetyls

Replace clinical tests



And more for research use, so a total of 250 biomarkers

mmol/l

mmol/l

mmol/l

| Cholesterol | |
|------------------------------------|--------|
| Total cholesterol | mmol/l |
| Total cholesterol minus HDL-C | mmol/l |
| Remnant cholesterol | mmol/l |
| (non-HDL, non-LDL -cholesterol) | |
| VLDL cholesterol | mmol/l |
| Clinical LDL cholesterol mmol/l | |
| LDL cholesterol | mmol/l |
| HDL cholesterol | mmol/l |
| | |
| Triglycerides | |
| Total triglycerides | mmol/l |
| Triglycerides in VLDL | mmol/l |
| Triglycerides in LDL | mmol/l |
| Triglycerides in HDL | mmol/l |
| | |
| Phospholipids | |
| Total phospholipids in lipoprotein | mmol/l |
| particles | |
| Phospholipids in VLDL mmol/l | |
| Phospholipids in LDL | mmol/l |
| Phospholipids in HDL | mmol/l |
| | |
| Cholesteryl esters | |
| Total esterified cholesterol | mmol/l |
| Cholesterol esters in VLDL | mmol/l |
| Cholesterol esters in LDL mmol/l | |
| Cholesterol esters in HDLmmol/I | |
| | |
| Free cholesterol | |
| Total free cholesterol | mmol/l |
| Free cholesterol in VLDL mmol/l | |
| Free cholesterol in LDL mmol/l | |
| Free cholesterol in HDL mmol/l | |
| | |

Total lipids

| Total lipids in lipoprotein particles | mmol/l |
|---------------------------------------|--------|
| Total lipids in VLDL | mmol/l |
| Total lipids in LD | mmol/l |
| Total lipids in HDL | mmol/l |

| Lipoprotein particle concentrations | |
|--|--------|
| Total concentration of lipoprotein particles | mmol/l |
| Concentration of VLDL particles | mmol/l |
| Concentration of LDL particles | mmol/l |
| Concentration of HDL particles | mmol/l |
| Lipoprotein particle sizes | |
| Average diameter for VLDL particles | nm |
| Average diameter for LDL particles | nm |
| Average diameter for HDL particles | nm |
| Other lipids | |
| Phosphoglycerides | mmol/l |
| Ratio of triglycerides to ratio | |
| phosphoglycerides | |
| Total cholines | mmol/l |
| Phosphatidylcholines | mmol/l |
| Sphingomyelins | mmol/l |
| Apolipoproteins | |
| Apolipoprotein B | g/I |
| Apolipoprotein A1 | g/I |
| Ratio of apolipoprotein Bratio | |
| to apolipoprotein A1 | |
| Fatty acids | |
| Total fatty acids | mmol/l |
| Degree of unsaturation degree | |
| Omega-3 fatty acids | mmol/l |
| Omega-6 fatty acids | mmol/l |
| Polyunsaturated fatty acids | mmol/l |
| | |

Monounsaturated fatty acids

Docosahexaenoic acid mmol/l

Saturated fatty acids

Linoleic acid

| Fatty acid (FA) ratios | |
|---|--------|
| Ratio of omega-3 fatty acids to total FA | % |
| Ratio of omega-6 fatty acids to total FA | % |
| Ratio of polyunsaturated FA to total FA | % |
| Ratio of monounsaturated FA to total FA | % |
| Ratio of saturated FA to total FA | % |
| Ratio of linoleic acid to total FA | % |
| Ratio of docosahexaenoic acid to total FA | % |
| Ratio of omega-6 FA to omega-3 FA | ratio |
| Ratio of polyunsaturated FA | ratio |
| to monounsaturated FA | |
| | |
| Amino acids | |
| Alanine | mmol/l |
| Glutamine | mmol/l |
| Glycine | mmol/l |
| Histidine | mmol/l |
| Branched-chain amino acids | |
| Isoleucine | mmol/l |
| Leucine | mmol/l |
| Valine | mmol/l |
| Total concentration of branded –chain | mmol/l |
| amino acids (leucine + isoleucine + valine) | |
| | |
| Aromatic amino acids | |
| Phenylalanine | mmol/l |
| Tyrosine | mmol/l |
| | |

Glycolysis related metabolites

| Glucose | mmol/l |
|----------|--------|
| Lactate | mmol/l |
| Pyruvate | mmol/l |
| Citrate | mmol/l |
| Glycerol | mmol/l |
| | |

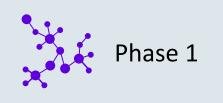
Ketone bodies

| 3-Hydroxybutyrate Acetate Acetoacetate Acetone | mmol/l mmol/l mmol/l |
|---|------------------------------|
| Fluid balance | |
| Creatinine | mmol/l |
| Albumin | g/I |
| Inflammation | |
| Glycoprotein acetyls | mmol/l |
| Particle concentration a | and lipid |
| composition for 14 lipo | protein |
| subclasses | |
| Particle concentration | mmol/l |
| Total lipids | mmol/l |
| Phospholipids | mmol/l and % of total lipids |
| Cholesterol | mmol/l and % of total lipids |
| Cholesteryl esters | mmol/l and % of total lipids |
| Free cholesterol | mmol/l and % of total lipids |
| Triglycerides | mmol/l and % of total lipids |

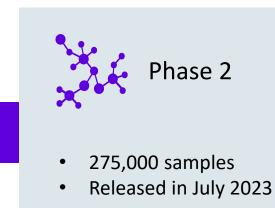
The UK Biobank is the largest cohort we have profiled to date

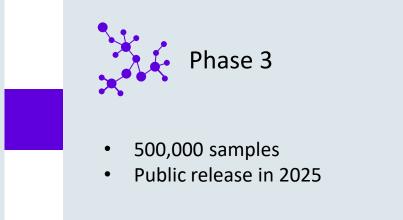
| UK Biobank 500,000 sampl | | | an Biobank 00 samples | Т | HL Biobank (Finland 40,000 samples |) | Mexico Prospective 150,000 sa | e Study | | BELIEVE (Bangladesh) 0,000 samples |
|------------------------------|---|-------------------------|--|---|---------------------------------------|---|---|------------------|----|--|
| Uganda Genome Resource | | wegian T study | Copenhagen General Population Stud (DK) | У | Rotterdam Study (NL) | I | NTERVAL blood donors (UK) | TWINS- | UK | PREDIMED plus (Spain) |
| China Kadoorie Biobank | - | Cong Birth t of 1997 | Healthy Twin Study Korea | | Singapore Chinese Cohort | | Mass General righam Biobank (USA) | ARIC Str (USA | - | And many more |

NMR metabolomics for the full UK Biobank



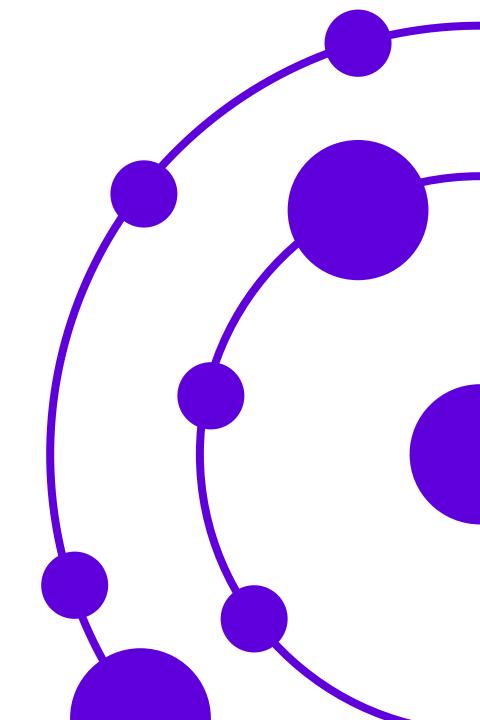
- 120,000 samples
- Released in July 2021





The development of metabolomic risk scores

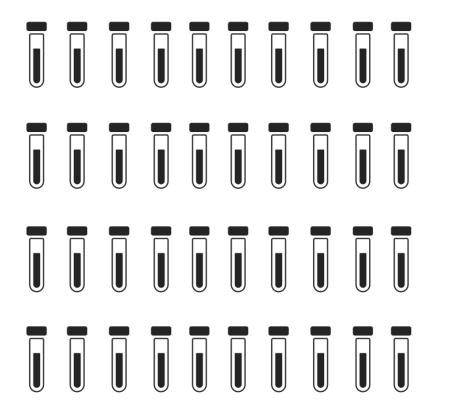
One of many research applications



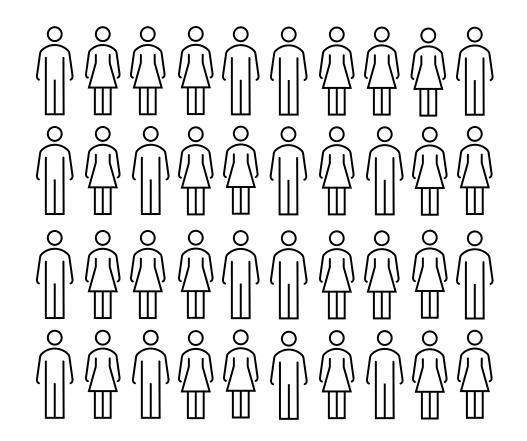




Blood sample drawn 2006-2010



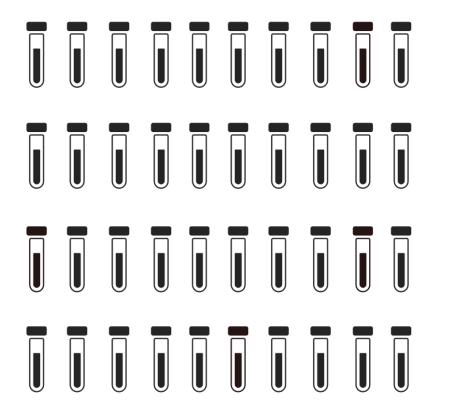
Collection of health records present







Blood sample drawn 2006-2010



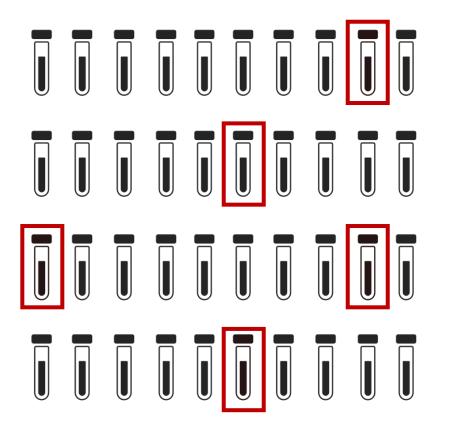
Collection of health records present



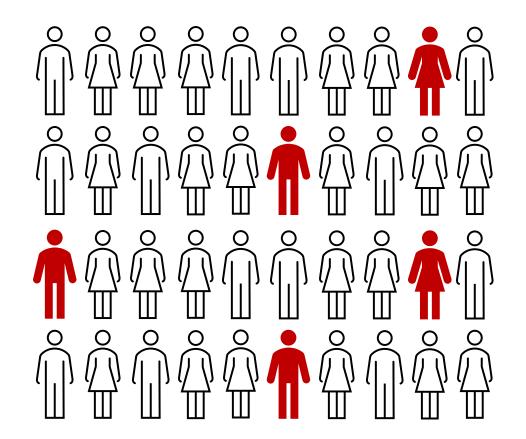




Blood sample drawn 2006-2010



Collection of health records present





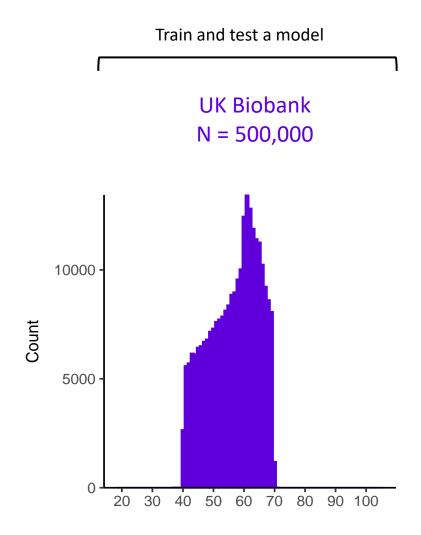


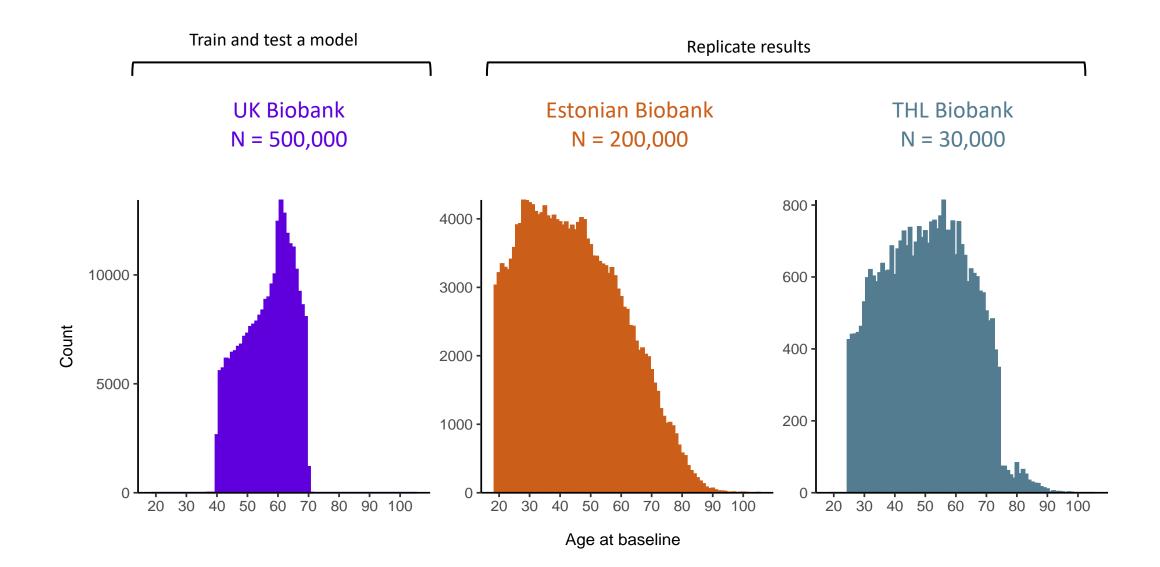
Train a model Cox proportional hazards regression Calculate risk scores Weighted sum

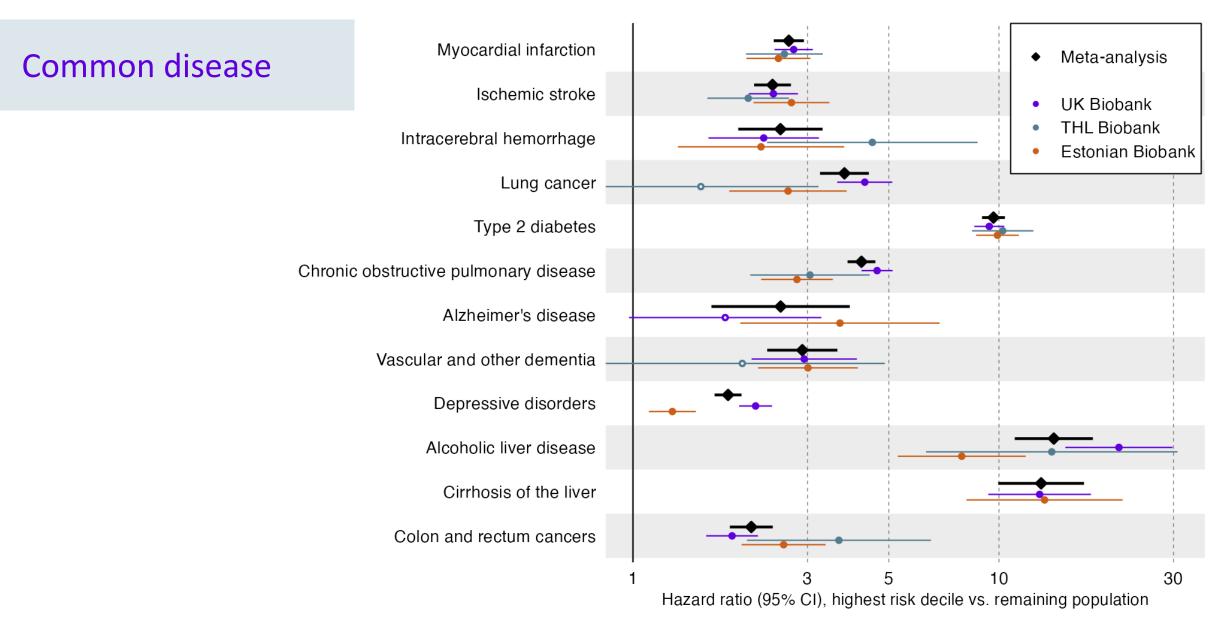
| Biomarker | Coefficient |
|---------------------|-------------|
| Age | 1.32 |
| SexMale | 0.87 |
| Total cholesterol | 0.35 |
| Total triglycerides | 0.21 |
| Omega-3% | -0.19 |
| Valine | Dropped |
| Albumin | -0.01 |
| Glucose | 0.15 |
| GlycA | Dropped |
| | |

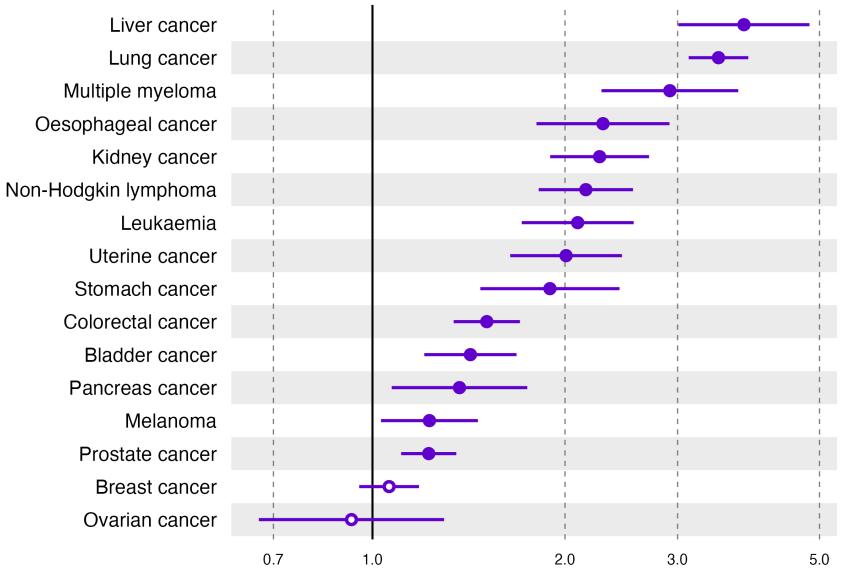
 $\boldsymbol{\beta}_1 \times bmr_1 + \boldsymbol{\beta}_2 \times bmr_2 + \boldsymbol{\beta}_3 \dots$

= metabolomic risk score









Age- and sex-adjusted HRs for highest risk decile vs. rest (95% CI)

Cancers

Predicting disease in the real world

Clinical implementation in Finland

Terveystalo adopted Nightingale's blood analysis technology

From January 2024



Private health care provider in Finland.

They cover occupational health care for 30% of Finland's workforce.

Terveystalo offers a Health Check, which now includes Nightingale's blood measurements and disease risk assessments.



Nightingale Health Check

Input: blood sample + age + sex

Output:

- 1. Clinical blood results
- 2. Additional blood results
- 3. Multi-disease report
 - Cardiovascular disease
 - Myocardial infarction
 - Type 2 diabetes
 - Chronic kidney disease
 - Liver fibrosis and cirrhosis
 - Alcoholic liver disease
 - Chronic obstructive pulmonary disease
 - Lung cancer

| e, Jane | | EX. | emale, 52 | Oct 6, 2023 | | 1. | |
|------------------|--------------------------------------|------------------------------|--|--|--|--|---|
| | Blood Test ample (DBS) | t Results | | | | | |
| 2 results wit | thin recomm | Doe, Jane | | Female, 52 O | oct 6, 2023 | | |
| Code | Name | | al Blood T ample (DBS) | lest Results | | | |
| LDL-C | LDL cholesterol | 14 results wi | thin referenc | Doe, Jane | Female, 52 | Oct 6, 2023 | |
| HDL-C | HDL cholesterol | | | Clinical Risk Assessm | nent | | |
| Total-C | Total cholestero | Cholester _{Code} | OIS Name | 3 diseases in low risk | 2 diseases in el | levated risk | 1 disease in high risk |
| АроВ | Apolipoprotein E | VLDL-C | VLDL cholestero | Myocardial infarction Heart attacks primarily result from ha | irdening of the arteries. | Cardiovascular d | ular diseases |
| ApoA1 | Apolipoprotein / | Fatty Acid | Is | The best prevention methods are avo active, and eating healthy. | kding smoking, staying | arteries. In seven serious cerebrow can mitigate the | e cases, this can lead to a heart attack or ascular problems. Embracing a healthy lifestyle risk. |
| ApoB/ApoA1 | Ratio of apolipo apolipoprotein # | Total-FA | Total fatty acids | Risk category | : | Risk category | Elevated risk |
| Total-TG | Total triglycerids | Omega-3 % | Ratio of omega- total fatty acids | Risk of incidence: 1% | 5% 9% | Poigh G | fincidence: 4% 10% 17% |
| Creatinine | Creatinine | Omega-6% | Ratio of omega- total fatty acids | In the low-risk category, on average, one or will have a heart attack within the next 10 y Compared to your reference gro | | | category, on average, 10 out of every hundred a cardiovascular disease within the next 10 years.* your reference group |
| eGFR | Estimated glom rate (eGFR) | Omega-6/ Omega-3 | Ratio of omega- omega-3 fatty a | Your risk is higher than 99% of the reference Average risk | k | | han 99% of the reference group (women aged 45–54) Average risk |
| | | DHA% | Ratio of docosal to total fatty aci | Lower than average * Among adults aged 40 to 70. Based on a nationwide biobase | Higher than average | Lower than average | |
| | | MUFA % | Ratio of monour acids to total fat | Type 2 diabetes Diabetes is a condition where your blo | ood sugar level is | Long-term liver d | is and cirrhosis |
| | | PUFA % | Ratio of polyuns acids to total fat | constantly too high. Type 2 diabetes o without proper treatment it can lead t complications. An inactive lifestyle an risk factors. | to serious health | liver. As this prog which can advan | resses, the liver forms scar tissue, or fibrosis, ce to cirrhosis. |
| * According to | local clinical guide | PUFA/MUFA | Ratio of polyuns acids to monour acids | Risk category High risk | ¢ | Risk category | Elevated risk |
| | | * Interval of ve | lues containing 99 | Risk of incidence: 4% In the high-risk category, on average, four will develop type 2 diabetes within the next | 16% 32% out of every hundred people t 10 years.* | | ncidence: <0.1% 0.3% % category, on average, less than one out of every ill develop liver fibrosis and cirrhosis within the next |
| | | | | Compared to your reference gro Your risk is higher than 97% of the reference | | Compared to y | your reference group nan 87% of the reference group (women aged 45–54) |
| | | | | Average risk | e Higher than average | Lower than average | Average risk Higher than average |

Power your own research



Data availability in UK Biobank



Dozens of research opportunities



Real-world applications

Thank you!

research@nightingalehealth.com