

# GENOMED4ALL

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Genomics and Personalized Medicine for  
all through Artificial Intelligence in  
Haematological Diseases



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# Genomics for Next Generation Healthcare

## Our mission

GenoMed4All is the European initiative to transform the response to **Haematological Diseases** by seizing the power of **Artificial Intelligence**

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The project represents a quantum leap in **advanced precision medicine**, pooling **genomic/ '-omics' health data** through a secure and trustworthy **Federated Learning** platform.

Our disruptive AI models, scaled up by **High-Performance Computing**, will boost the processing capacity of data repositories from **10 clinical sites** across Europe, empowering forward-thinking research of common and rare Haematological Diseases



# Meet the Team

23 organizations from 8 EU countries



**ThermoFisher**  
SCIENTIFIC



**Datawizard**



**HUMANITAS**  
RESEARCH HOSPITAL



ASSISTANCE PUBLIQUE  HÔPITAUX DE PARIS



**ESIEE**  
PARIS

**CINECA**

**GENOMED4ALL**

# Unleashing the power of AI

## Our ambition

The massive connection of **-omics** and **clinical data** repositories across Europe offers:

More **accurate** Deep Neural Networks, VE and **advanced generative models using** genomic and other omics information, clinical and contextual information

**Optimal fusion architectures** to obtain novel knowledge which cannot be made without the use of AI in a sufficient number of data, and **standardization of genomics** data generated from different platforms and clinical partners: defining genomics data exchange format, standardize phenotypic data using phenopackets

## What are we aiming for?

**Starting from 10 to reach 86+** Clinical repositories with genomics data connected across 15 EU countries

**15%** Accuracy improvement in specific genomic markers for prognosis and treatment

**20%** Increase in the adoption of open standards for -omics data per clinical site

**80%** Time reduction in AI analysis and model training through Supercomputing

# An open source data hub for haematological diseases

## Our principles



### Innovation

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Using Graph Neural Networks to distributedly train deep learning algorithms



### Interoperability

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Enabling collaborative, cross-border data sharing that is standard-compliant: [Phenopackets](#)



### Trust

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Offering security and privacy by design in all data exchanges, model training and storage



### Scalability

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Using containerization to build modularity and facilitate massive replicability

## Data sources

- Imaging data
- omics data
- Bio bank
- Clinical data
- Population health
- Other public data sources

## Registry control

EuroBloodNet  
registry source



EUPID  
pseudo-id

Genetic data



Crypt4GH  
encryption

Hospital  
EHRs



Lab/  
pharmacy  
subsystems



EUPID  
pseudo-id

Linked raw  
data store  
HL7 FHIR



## Hospital control

## GENOMED4ALL platform

High  
Performance  
Computing



Open Access  
Data  
FAIR principles



Ethical  
AI



New care &  
treatment  
pathways

eXplainable  
AI models

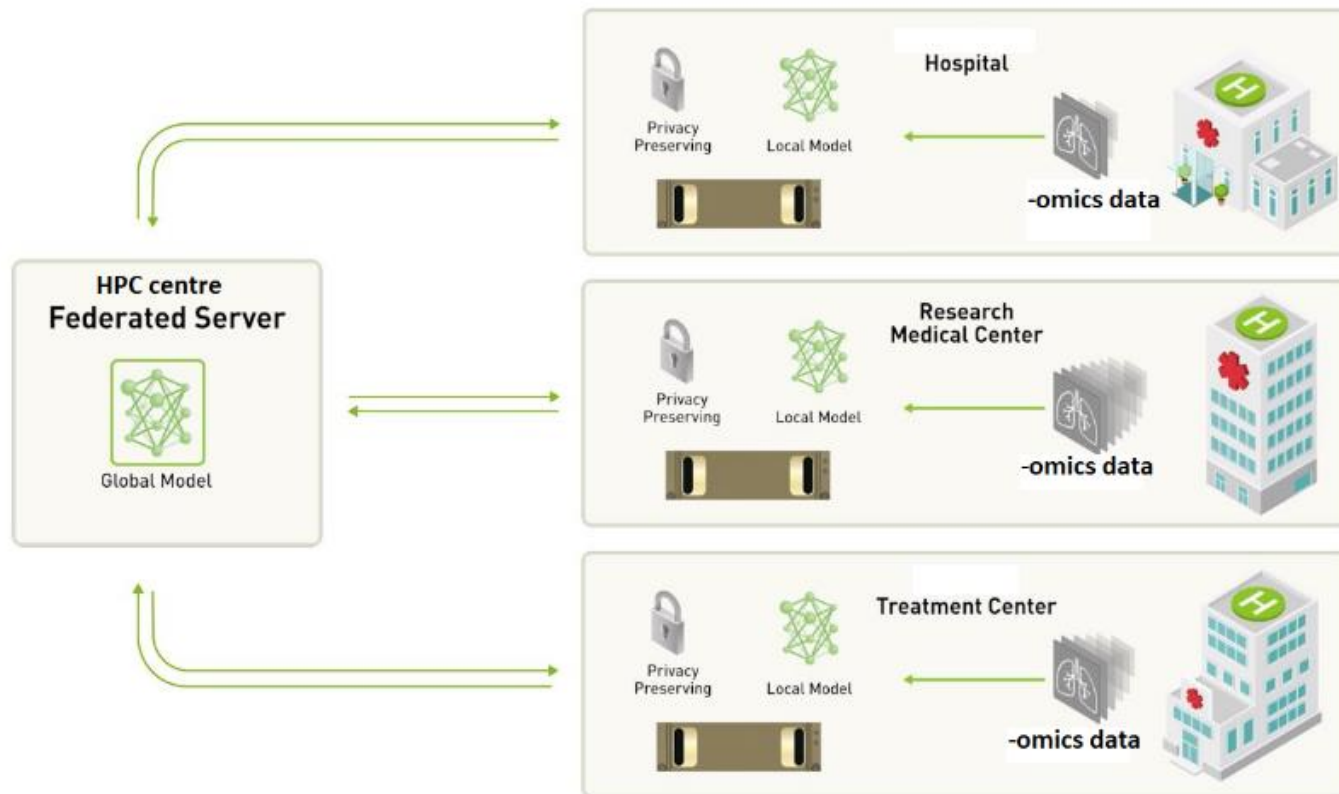


Project level  
anonymised  
data

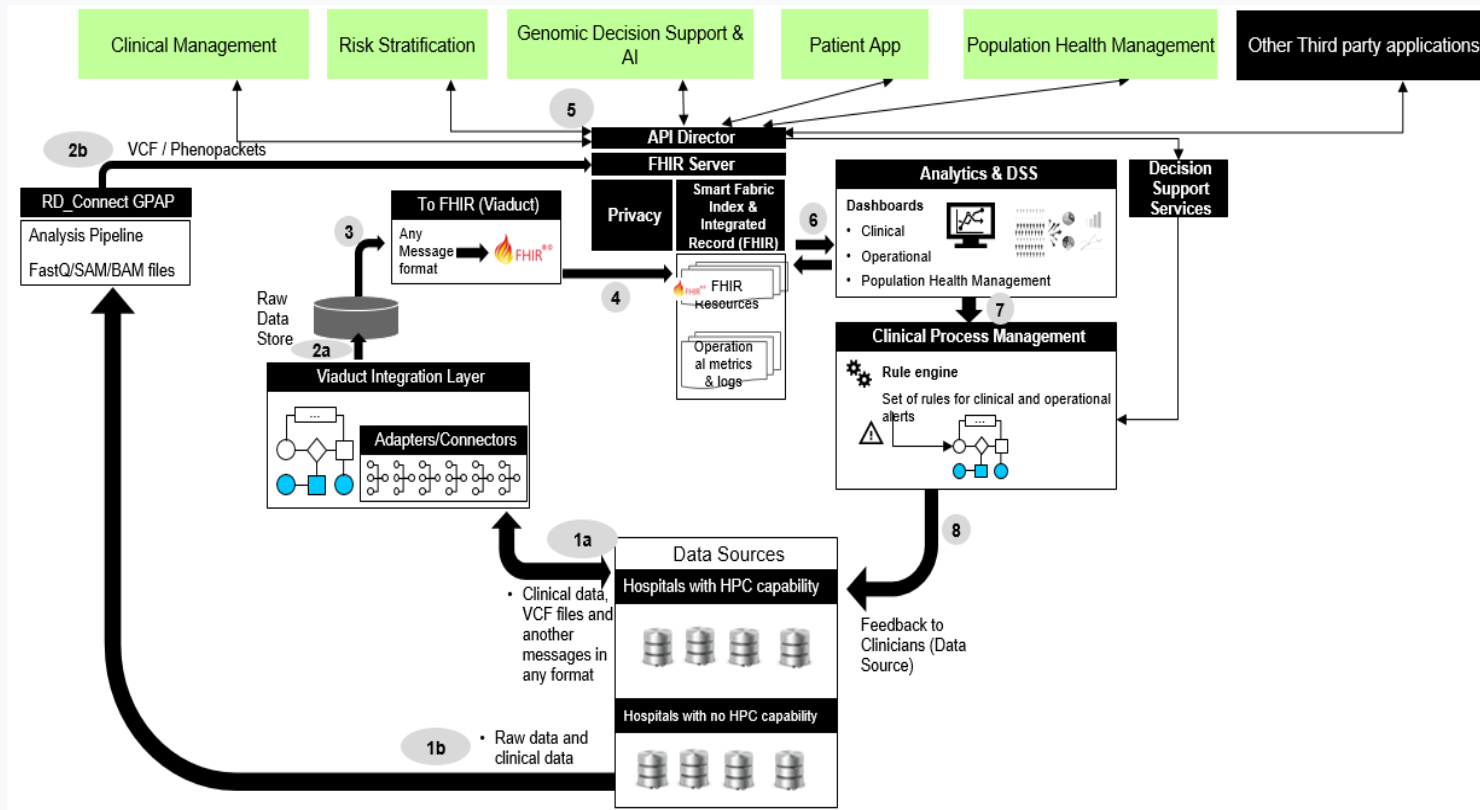


Publications &  
clinical guidelines

# Federated Learnign platform approach: A privacy respectful secure machine learning framework



## Data flow in the platform (for your files!)





# The context for Haematological Diseases

## Our challenges



### Most have a genetic background

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There are up to 450 variants (oncological and non-oncological) resulting from abnormalities in blood cells, lymphoid organs and coagulation factors



### They represent a growing public health challenge

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Haematological malignancies account for 5% of cancers, most can cause chronic health problems and many are life-threatening conditions



### EU repositories are unconnected

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The number of available samples for haematological disorders remains small and there are currently no centralized big data repositories

# Exploring new models in genomics for precision medicine

## AI- based services for clinical support

GenoMed4All will deploy 'white box' AI models in 3 real-world pilots for common and rare oncological (**Myelodysplastic syndromes** and **Multiple Myeloma**) and non-oncological (**Sickle Cell Disease**) haematological diseases



### Diagnosis

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AI algorithms for early identification of high-risk individuals



### Prognosis

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Prediction algorithms for insights on disease development



### Treatment

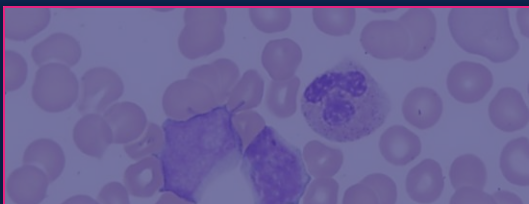
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Clinical algorithms to aid decision-making in risk stratification

# Myelodysplastic syndromes

## The disease

Myelodysplastic syndromes (MDS) are a group of bone marrow failure disorders that typically affect the elderly. Patients suffer from blood cytopenia (low blood cell counts), since their bone marrow is no longer able to produce enough healthy blood cells. The disease is also known as a form of blood cancer, and in some patients can evolve into acute myeloid leukemia (AML), which is usually fatal if not treated.



## Validation

### Prevention based on Genomic Screening

Investigate factors that influence the development of MDS, enabling early-stage identification of individuals at risk.

### Omics-based Classification and Prognosis

Personalized predictive models through integration of comprehensive genomic and clinical information.

### Omics-based Clinical Decision Making

AI-based algorithms to stratify the individual probability of response to specific treatments.

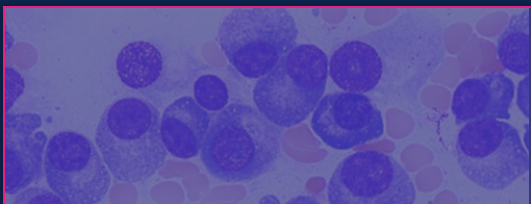
### Drug Repurposing

Build a rationale for drug repurposing in specific subsets of MDS.

# Multiple Myeloma

## The disease

Multiple Myeloma (MM) is a type of bone marrow cancer originating in plasma cells, a type of white blood cell responsible for producing antibodies to fight off infections. In patients with MM, cancerous plasma cells accumulate in the bone marrow and produce abnormal proteins instead, which can lead to decreased blood cell numbers, bone and kidney damage.



## Validation

### Understand Disease Complexity

Describe the different layers of MM heterogeneity integrating baseline genomic and imaging data.

### Identify Evolution Dynamics

Define the quantitative and qualitative dynamics of the disease in time.

### Study Risk Progression

Develop a prognostic risk score for the baseline and the disease remaining after therapy.

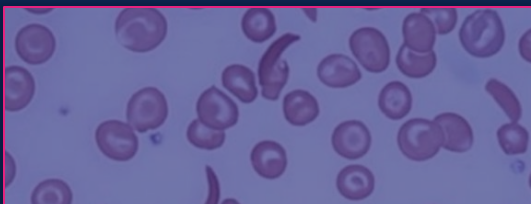
### Integrate Radiomics and Radiogenomics

Develop and validate a model to predict treatment response and determine progression-free survival.

# Sickle Cell Disease

## The disease

Sickle Cell Disease (SCD) is a group of hereditary red blood cell disorders. It is a rare, chronic and life-threatening disease, in which red blood cells become C-shaped in resemblance to a sickle, the farming tool the disease is named after. Sick cells die early and tend to clog the blood flow when going through small blood vessels, so patients usually suffer from low red blood cell counts, infections, acute chest syndrome and strokes.



## Validation

### Identify gene mutations associated to inflammation markers

Correlations between genetic inflammatory risk profiles CRP level to develop high inflammation prediction models.

### AI allocation of SCD patients to a sickling risk profile

Understand which genetic loci (GWAS) are associated with SCD patient-specific blood rheology and the point of sickling (PoS).

### Develop a combined model to predict clinical outcome

Using the extent of renal damage expressed as microalbuminuria as gold standard, together with other known genetic modifiers.

### AI-based Radiomics

Build a probability score using AI-based brain MRI image analysis to predict incidents of silent infarction in young SCD patients.

# USE CASES – DATA COLLECTION

- Available data from GENOMED4ALL partners
- EU Reference Networks on RD (ERN)
- EU REGISTRIES
- EXITING REPOSITORIES / RESEARCH NETWORKS

## CONNECTIONS WITH EU FUNDED INITIATIVES OR INFRASTRUCTURES



# DATA COLLECTION 1 - data from EXITING REPOSITORIES / RESEARCH NETWORKS

The logo for GEN MED4ALL, featuring the word "GEN" in blue, a stylized blue and green circular icon, and "MED4ALL" in teal.The logo for SYNTHEMA, featuring a stylized orange and red "S" icon followed by the word "SYNTHEMA" in red.The logo for EuroBloodNet, featuring the text "EuroBloodNet" in red and blue, with a blue circular icon of dots to the right.The logo for MDS, featuring a stylized red figure and the letters "MDS" in black.

- 20,012 patients with Myeloid Neoplasms
- 103 centers across Europe, America, Asia and Australia
- Diagnosis:
  - 6,311 Acute Myeloid Leukemias
  - 7,378 Myelodysplastic Syndromes
  - 2,597 Myeloproliferative Neoplasms
  - 3,726 Myelodysplastic/Myeloproliferative Neoplasms

# DATA COLLECTION 2 - Available data from EU REGISTRIES

## SICKLE CELL DISEASE - USE CASE



- ENROL, the European Rare Blood Disorders Platform, has been conceived in the core of ERN-EuroBloodNet as an umbrella for both new and already existing registries on RHD. ENROL aims at avoiding fragmentation of data by promoting the standards for patient registries' interoperability released by the EU Rare Disease platform.
- ENROL will map at the EU level demographics, survival rates, diagnosis methods, genetic information, main clinical manifestations and treatments in order to obtain epidemiological figures and identify trial cohorts for basic and clinical research.
- ENROL will enable the generation of evidence for better healthcare for RHD patients in EU as ultimate goal.



# RADeep Rare Anemia Disorders European Epidemiological Platform

## Strategy for data sharing within Genomed4all

RADeep is an initiative endorsed by ERN-EuroBloodNet for pooling data from patients affected by a Rare Anemia Disorders (RAD)

- RAdDeep is built in line with the EU Rare Disease Platform recommendations for patients' registries on rare disorders and ENROL
- RAdDeep contributes to ENROL by sharing a sub-set of patients' pseudonymised data

➡ possibility to share and pool data

➡ reach critical numbers

➡ perform clinical trials, research projects

➡ knowledge generation (evidence)

➡ better care for RADs patients



# Other techniques supported by AI

## Synthetic and causal modalities

- ❑ In order to help the federated learning process and allow further research, there are some research lines in AI as well to be explored
- ❑ Synthetic data generation: increasing available data in 2 ways
  - Same feature space to generate similar patients
  - Different feature space to generate novel patients not following the same pattern so novel
- ❑ In addition it is providing anonymization to the data!
- ❑ In the research of causal models (causal Deep learning) and better explainability of the results of AI
- ❑ Better optimal fusion of clinical, genomic and radiomics information

# Thanks!

Any questions?

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