

IBD Investigators Day

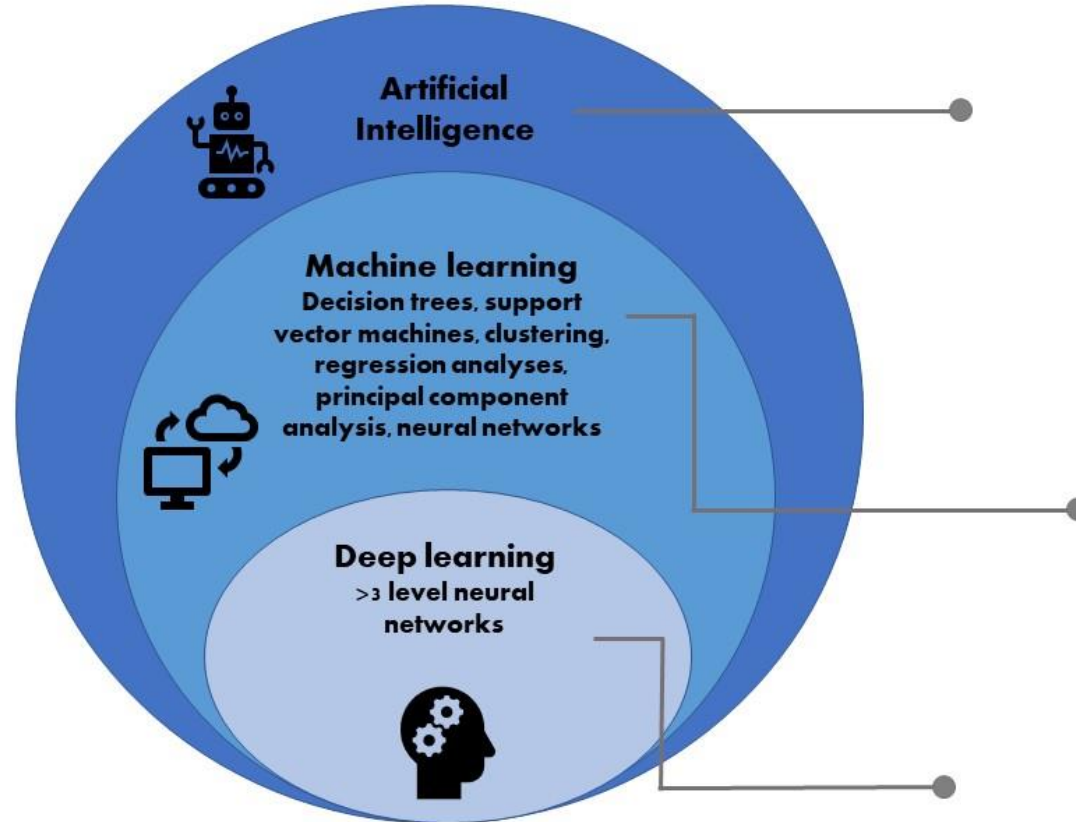


Artificial Intelligence in IBD

Dr James J Ashton

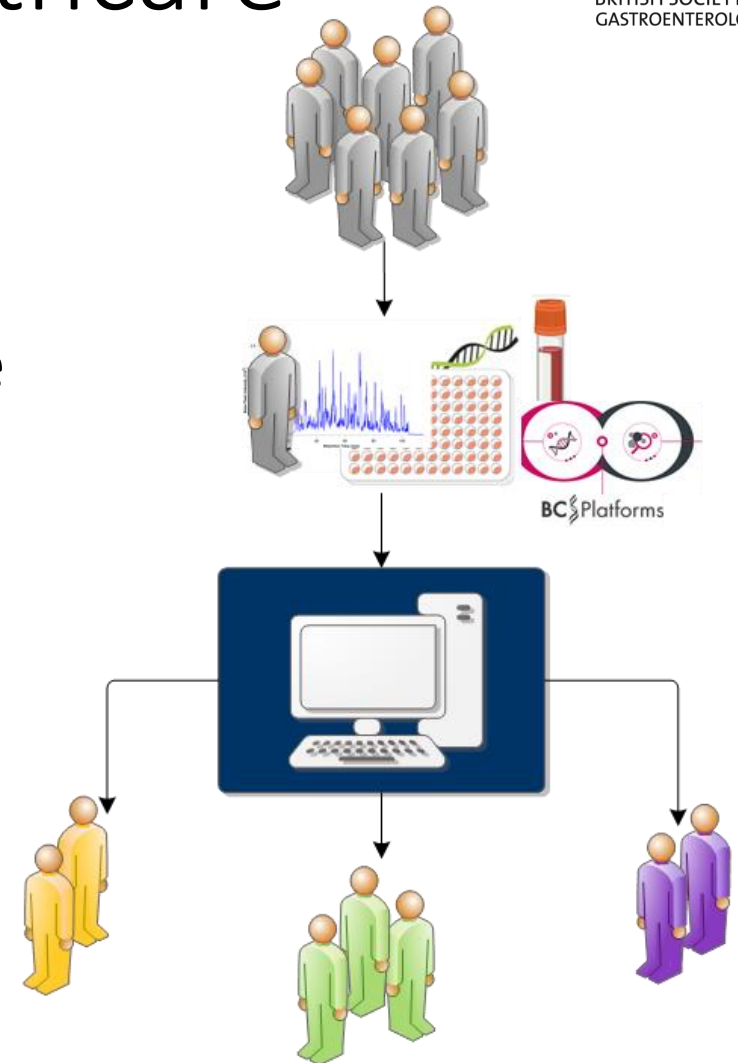
**Department of Paediatric Gastroenterology, Southampton Children's Hospital
Human Genetic and Genomic Medicine, University of Southampton**

What is artificial intelligence?

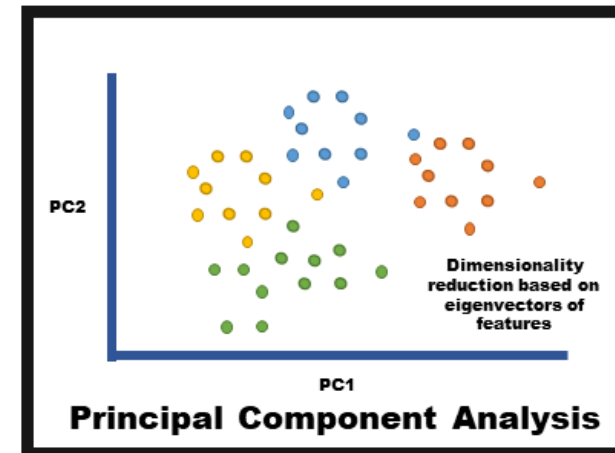
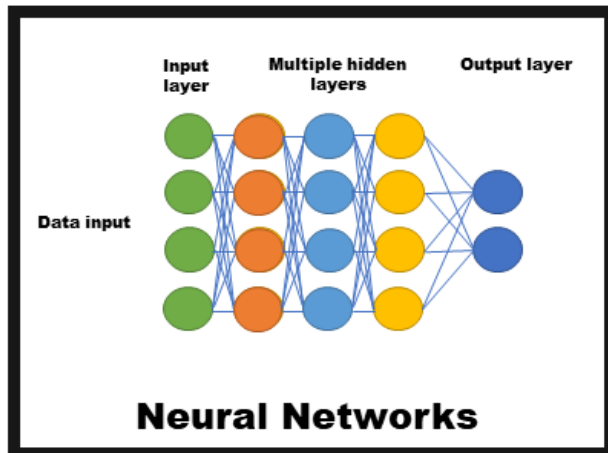
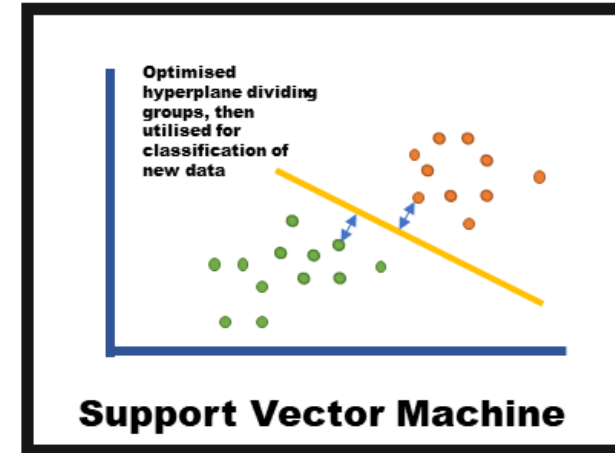
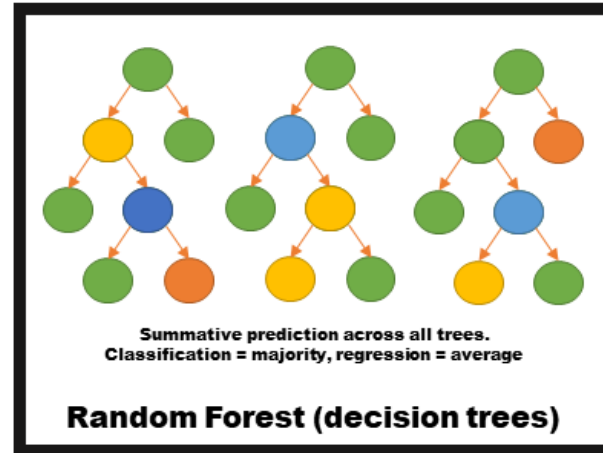
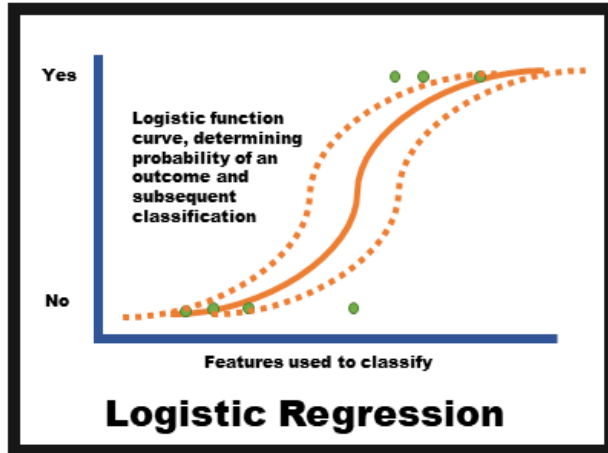


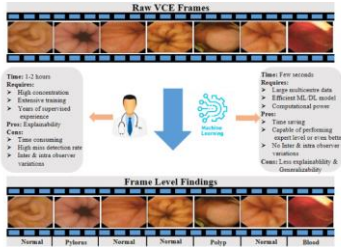
IBD as an exemplar for AI in healthcare

- Highly heterogenous disease with long-term, chronic morbidity
- Difficult to predict who will develop severe disease or complications at the point of diagnosis
- Targeted therapy is limited with no current ability to aim treatment at the underlying cause of inflammation in an individual
- High burden of care for patients
- Interpretation of results, images and endoscopy key to patient monitoring

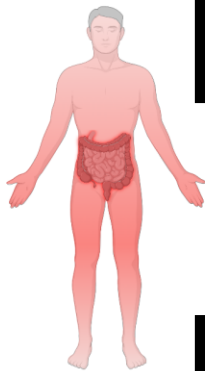


Supervised vs Unsupervised





Patient with IBD symptoms



Endoscopy-diagnosis + classification

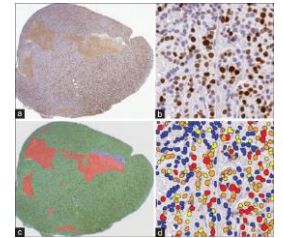
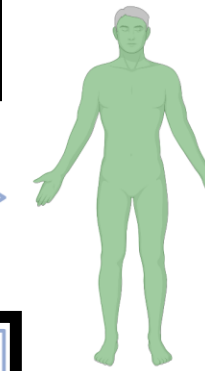
Diagnostics

Multomics-insights into disease pathogenesis

Drug discovery + risk modelling for therapy

Therapeutics and Treatment

Patient with controlled disease



Artificial Intelligence - Machine Learning - Deep Learning

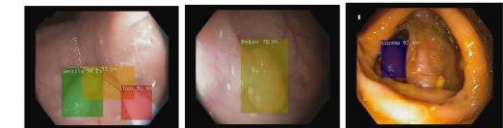
Precision and Personalised Prognosis

Monitoring

Subclassification and clustering to predict outcomes

Multomics-disease classification + prediction

Patient home monitoring apps



Caregiver generated text

Office notes
Nursing updates
Procedure reports
Outside records

Document pre-processing

- Tokenization
- Section tagging
- Part-of-speech

Patient generated text

She is reporting more **urgency and frequency** since transitioning from anti-TNF therapy. She is currently using **anti-integrins** and is not using **mesalamine suppositories**.

Concept identification

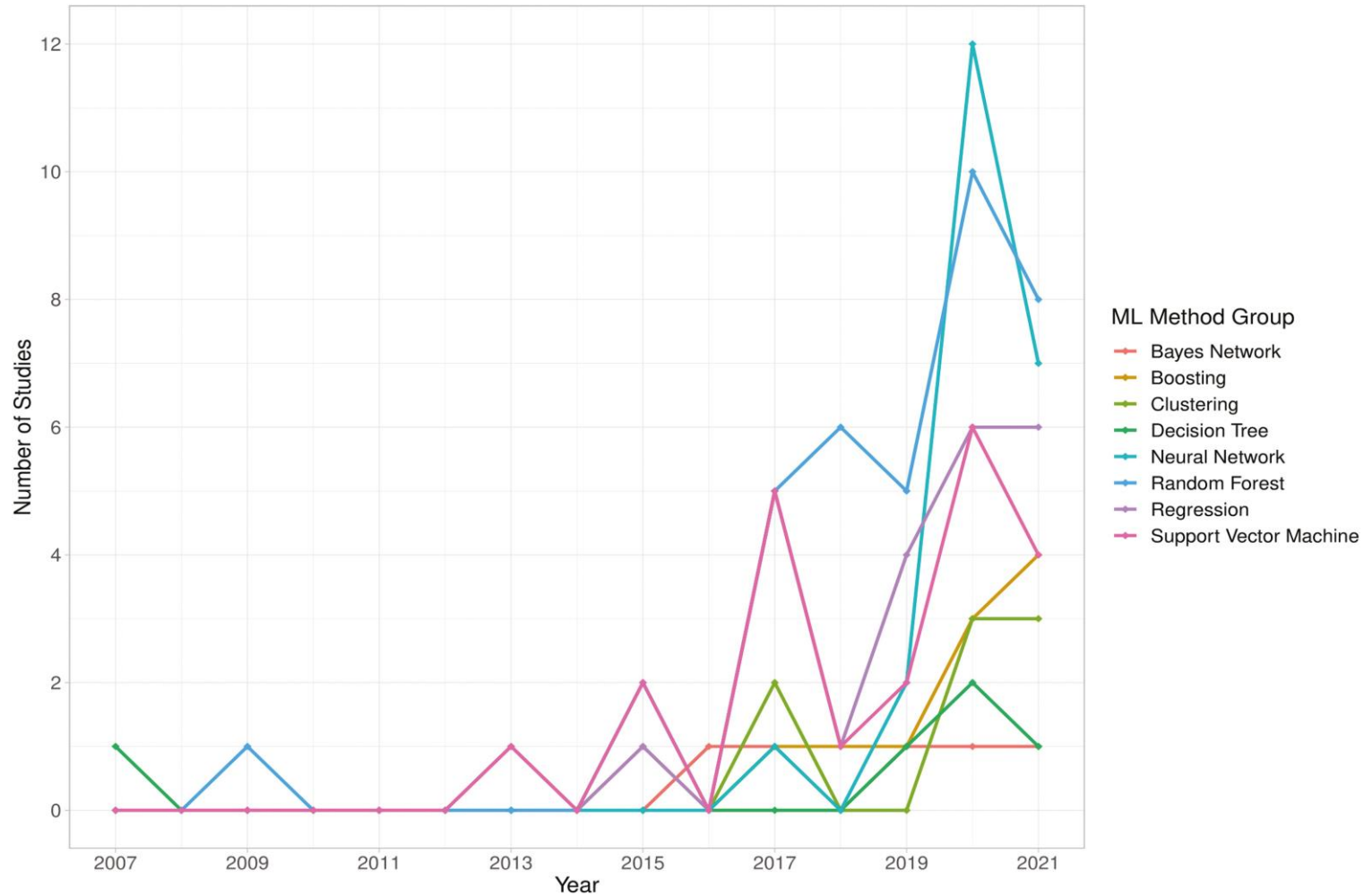
- Disease descriptions
- Medications
- Modifiers or status

Conversion of narrative to structured data

Date	Source	Data type	Feature	Feature class	Feature status
07JAN2022	OV	Med	Not specified	Anti-TNF	Prior
07JAN2022	OV	Med	Vedolizumab	Anti-α4β7	Active, using
07JAN2022	OV	Med	Mesalamine	5-ASA rectal	Active, not using
07JAN2022	OV	Symptom	Focal urgency	Bowel movements	Present, increased
07JAN2022	OV	Symptom	Focal frequency	Bowel movements	Present, increased
07JAN2022	OV	Symptom	Abdominal pain	Pain	Not mentioned

Application of Artificial Intelligence in Inflammatory Bowel Disease

AI in IBD; boom industry.....



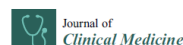
Articles, reviews, opinions.....

SCIENTIFIC REPORTS

OPEN Classification of Paediatric Inflammatory Bowel Disease using Machine Learning

E. Mossotto^{1,2}, J. J. Ashton^{1,3}, T. Coelho^{1,4}, R. M. Beattie¹, B. D. I.

Paediatric inflammatory bowel disease (PIBD), comprising Crohn's disease and inflammatory bowel disease unclassified (IBDU) is a complex and mu increasing incidence. An accurate diagnosis of PIBD is necessary for a pro This study utilises machine learning (ML) to classify disease using endoscopy 287 children diagnosed with PIBD. Data were used to develop, train, test classify disease subtype. Unsupervised models revealed overlap of CD/LUC clear subtype delineation, whereas hierarchical clustering identified four by differing colonic involvement. Three supervised ML models were devel data only, histological only and combined endoscopic/histological data y of 71.0%, 76.9% and 82.7% respectively. The optimal combined model w independent cohort of 48 PIBD patients from the same clinic, accurately i This study employs mathematical modelling of endoscopic and histologi accuracy. While unsupervised modelling categorises patients into four su approaches confirm the need of both endoscopic and histological evidenc Overall, this paper provides a blueprint for ML use with clinical data.



Development of Machine Learning the 5-Year Risk of Starting Bio with Inflammatory Bowel Disease Network Study

Youn I Choi¹, Sung Jin Park², Jun-Won Chung¹, Ky Young Jae Kim², Kang Yoon Lee³, Kwang Gi Kim and Yoon Jae Kim^{1,*}

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FUTURE DIRECTIONS AND METHODS FOR IBD RESEARCH

Machine Learning-Based Gene Priority Candidate Risk Genes for Inflammation

Ofer Isakov, PhD,* Iris Dotan, MD,* and Shay Ben-Shachar, PhD

Background: The inflammatory bowel diseases (IBDs) are chronic inflammatory disorders, associated with genetic, immunologic, and environmental factors. Although hundreds of genes are implicated in IBD etiology, it is likely that additional genes play a role in the disease process. We developed a machine learning-based gene prioritization method to identify novel IBD-risk genes.

Methods: Known IBD genes were collected from genome-wide association studies and annotated with expression and pathway information. Using these genes, a model was trained to identify IBD-risk genes. A comprehensive list of 16,390 genes was then scored and classified.

Results: Immune and inflammatory responses, as well as pathways such as cell adhesion, cytokine-cytokine receptor interaction, and sulfur metabolism were identified to be related to IBD. Scores predicted for IBD genes were significantly higher than those for non-IBD genes ($P < 10^{-29}$). There was a significant association between the score and having an IBD publication ($P < 10^{-29}$). Overall, 347 genes had a high prediction score (>0.8). A literature review of the genes, excluding those used to train the model, identified 67 genes without any publication concerning IBD. These genes represent novel candidate IBD-risk genes, which can be targeted in future studies.

Conclusions: Our method successfully differentiated IBD-risk genes from non-IBD genes by using information from expression data and a multitude of gene annotations. Crucial features were defined, and we were able to detect novel candidate risk genes for IBD. These findings may help detect new IBD-risk genes and improve the understanding of IBD pathogenesis.

Inflamm Bowel Dis 2017;23:1516-1523

Key Words: machine learning, genetics, big data, gene expression, RNA-seq

RESEARCH Open Access

Multi-omics differentially classify disease state and treatment outcome in pediatric Crohn's disease

Gavin M. Douglas¹, Richard Hansen², Casey M. A. Jones², Katherine A. Dunn², André M. Comeau², Joseph P. Bielawski¹, Rachel Taylor¹, Emad M. El-Omar², Richard K. Russell², Georgina L. Hold², Morgan G. I. Langille^{1,3,4*} and Johan Van Limbergen¹

Abstract

Background: Crohn's disease (CD) has an unclear etiology, but there is growing evidence of a direct link with a dysbiotic microbiome. Many gut microbes have previously been associated with CD, but these have mainly been confounded with patients' ongoing treatments. Additionally, most analyses of CD patients' microbiomes have focused on microbes in stool samples, which yield different insights than profiling biopsy samples. **Results:** We sequenced the 16S rRNA gene (16S) and carried out shotgun metagenomics (MGS) from the intestinal biopsies of 20 treatment-naïve CD and 20 control pediatric patients. We identified functional categories within each dataset. We also identified data. We then used a machine learning approach to determine the cl collapsed to different hierarchical groupings, were used independently by CD patients' response to treatment. We found that 16S-identified r accuracy in both cases. Based on follow-ups with these patients, we i were best for predicting disease state and response to treatment, incl By combining the top features from all significant models into a singl importance of these predictive features. We found that 16S-identified state whereas MGS-identified markers perform best for classifying tre

Conclusions: We demonstrate for the first time that useful predictors from shotgun MGS sequencing of biopsy samples despite the compli DNA. The top predictive features that we identified in this study could b CD and treatment response based on sufferers' microbiome in the future. The BSCUT project is funded by a Clinical Academic Fellowship from the **Keywords:** Crohn's disease, Treatment response, Machine learning, Micro



Review

Machine Learning Modeling from Omics Tool for Improvement of Inflammatory Bowel Disease Diagnosis and Clinical Classifications

Biljana Stankovic^{1,*}, Nikola Kotur¹, Gordana Nikcević, Vladimir Gasic, Branka Zukic and Sonja Pavlovic

Laboratory for Molecular Biomedicine, Institute of Molecular Genetics and Genetic Engineering, University of Belgrade, 11042 Belgrade, Serbia; nikola.gordnik@imgg.bg.ac.rs (G.N.); viada.gasic@imgg.bg.ac.rs (V.G.); sonja@sezampro.rs (S.P.)

* Correspondence: biljana.stankovic@imgg.bg.ac.rs
† Authors contributed equally to this work.

Digestive Endoscopy 2021; 33: 903-911

Review

Artificial intelligence-assisted definition of mucosal healing in ulcerative colitis

Hiroshi Nakase¹, Takehiro Hirano, Kohei Wagatsuma, Tadashi Ichimiya, Tsukasa Yamakawa, Yoshihiro Yokoyama, Yuki Hayashi, Daisuke Hirayama, Tomoe Kazama, Shinji Yoshii and Hiro-o Yamano

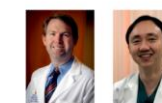
Department of Gastroenterology and Hepatology, Sapporo Medical University School of Medicine, Hokkaido, Japan

The relevance of endoscopic monitoring of ulcerative colitis (UC) has been translated into the new concept of "mucosal healing (MH)" as the therapeutic goal to achieve because a large amount of scientific data have revealed the favorable prognostic value of a healed mucosa in determining the clinical outcome of UC. Recent interest in MH has shifted toward not only endoscopic remission but also histological improvement (so called histological MH). However, we should recognize that there have been no prospectively validated endoscopic scoring systems of UC activity in previous clinical trials. Artificial

intelligence (AI)-assisted endoscopy has been developed for gastrointestinal cancer surveillance. Recently, several AI-assisted endoscopic systems have been developed for assessment of MH in UC. In the future, the development of a new endoscopic scoring system based on AI might standardize the definition of MH. Therefore, "the road to an exact definition of MH in the treatment of UC has begun only now".

Key words: artificial intelligence, histological healing, mucosal healing, red density system, ulcerative colitis

Artificial Intelligence for Disease Assessment in Inflammatory Bowel Disease: How Will it Change Our Practice?



Ryan W. Stoharn^{1,2*}



Kenji Takemaki³

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<https://doi.org/10.1093/ecco-icc/ijad029>

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Review Article

Artificial Intelligence in Inflammatory Bowel Disease Endoscopy: Implications for Clinical Trials

Harris A. Ahmad¹, James E. East², Remo Panaccione^{3,4}, Simon Travis^{5,6}, James B. Canavan⁷, Keith Usiskin⁸, Michael F. Byrne^{4,9}

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Successes for AI in IBD

- Good science, but a lack of clinical translation!

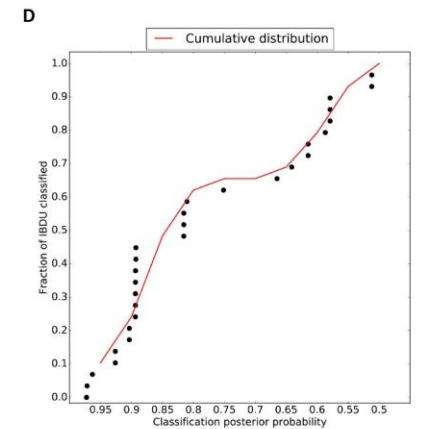
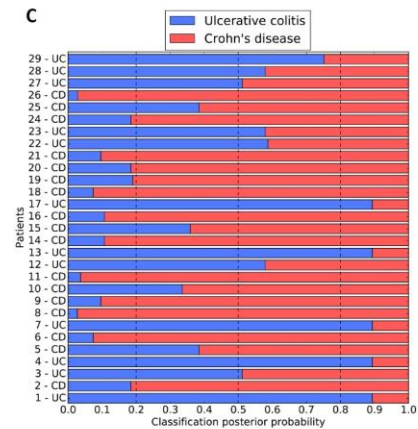
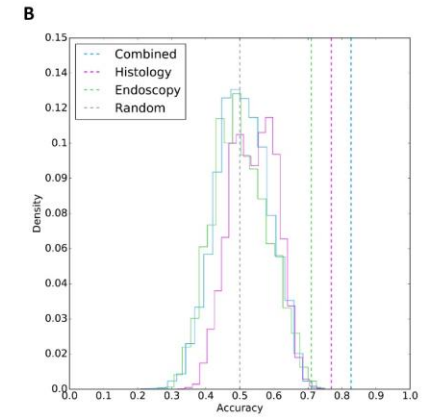
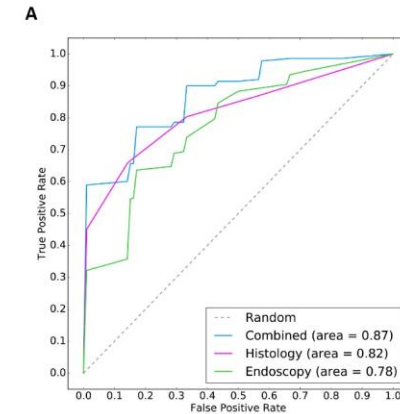
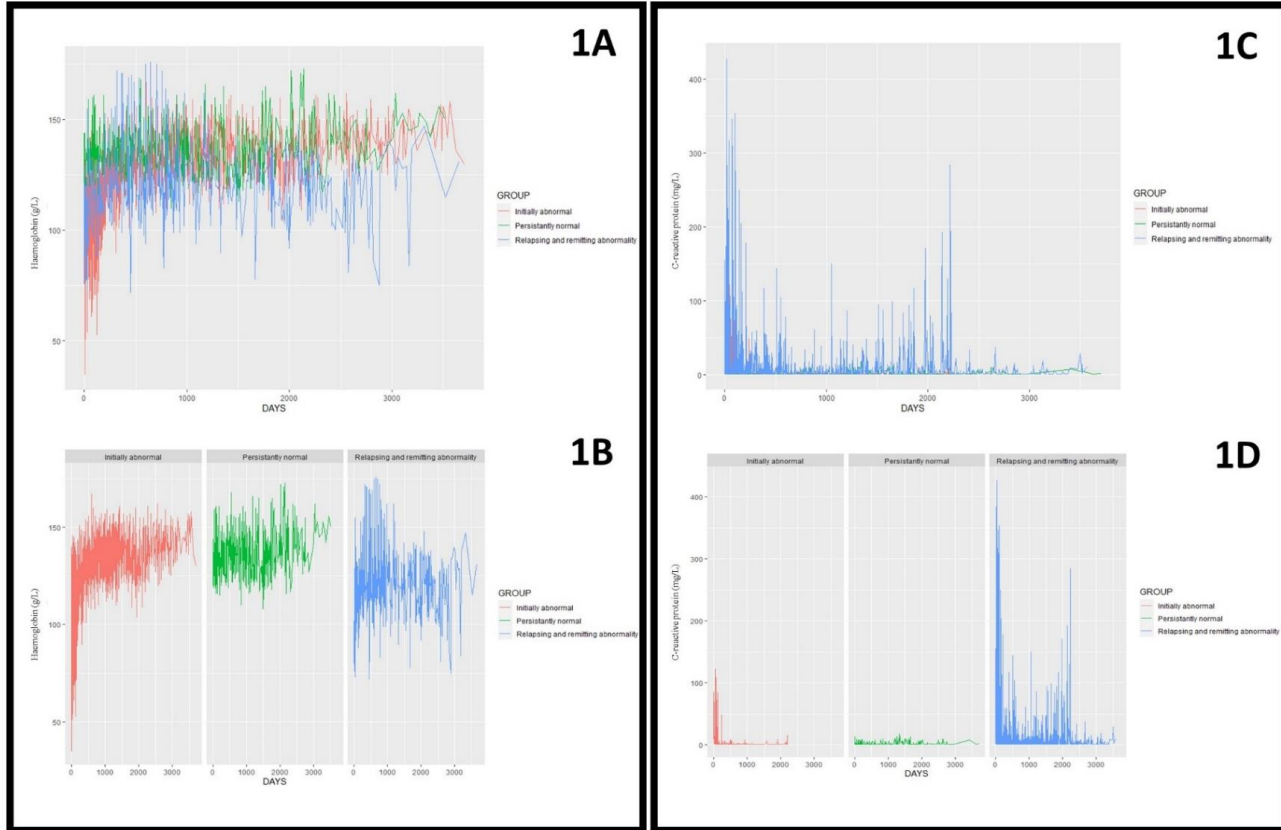
Clinical focus-

- Endoscopy/VCE interpretation
- Video capsule interpretation
- Chatbots (?)
- Clinical notes synthesis

Science focus-

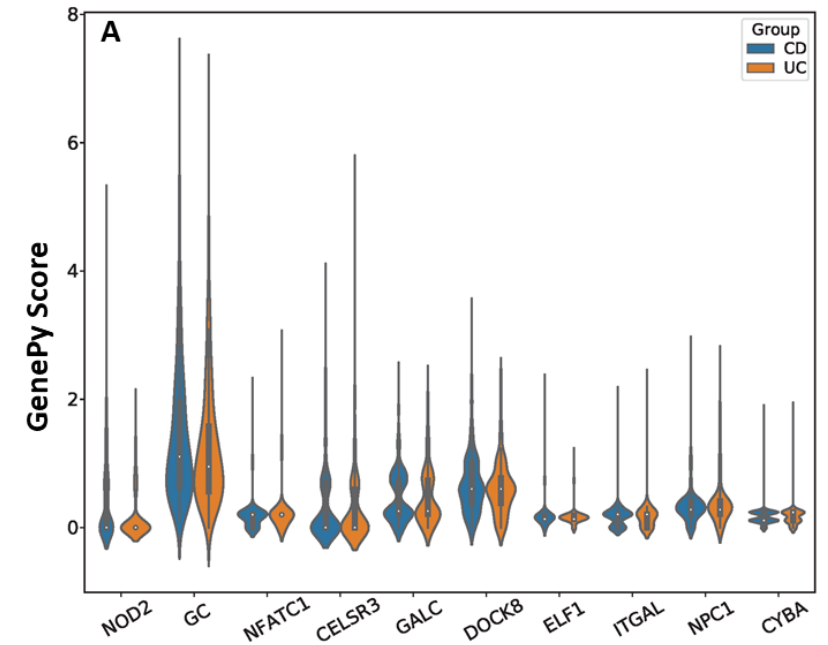
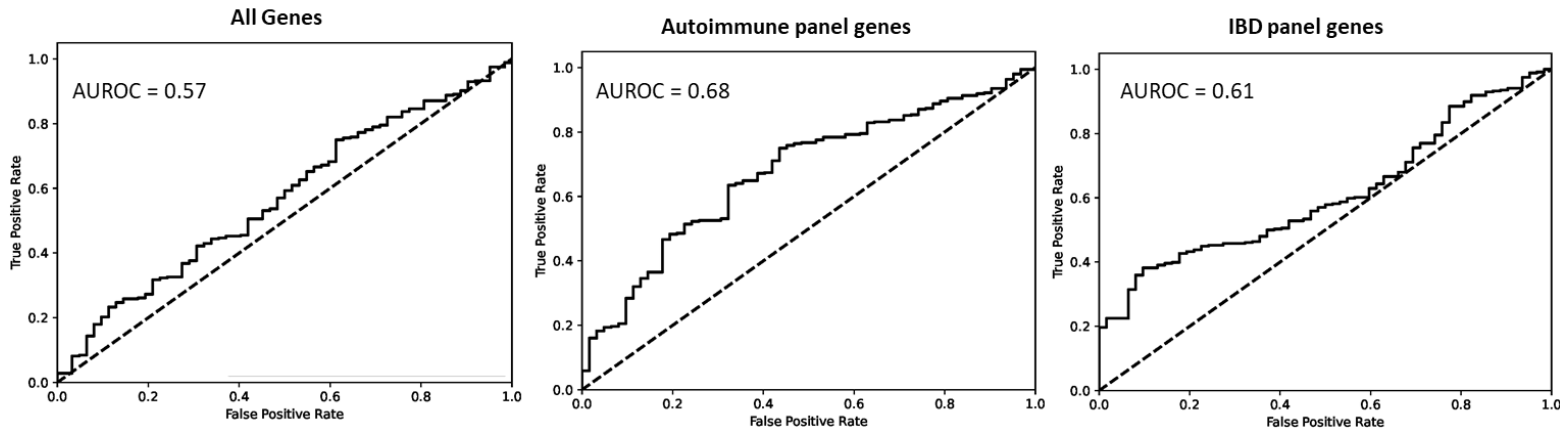
- Classification of disease
- Prediction of outcomes

Clinical data to stratify patients



Future applications of genomics

Genomic data to classify subtypes using machine learning



Healthcare adjunct- not a replacement

- Tools to aid with diagnosis, management and prediction
- Not a replacement (yet....)
- What about ‘intelligent’ chatbots (ChatGPT, Bard etc.)
 - Report writing of procedures
 - Clinic letter summaries
 - Patient resources

Validation (external), generalisability, understandability (of algorithms) and iterative improvement

Potential of AI in IBD; next 5 years

- Precise molecular diagnosis
- Prediction of outcomes
- Utilisation of 'Big Data'
- A road to precision medicine



Huge research opportunity

-> Data access, high-quality data and collaboration are key

Ideas, data, collaborations- get in touch!

BSG Artificial Intelligence in IBD special interest group

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