

# **Network-centric Biomedicine: re-engineering the Knowledge Enterprise**

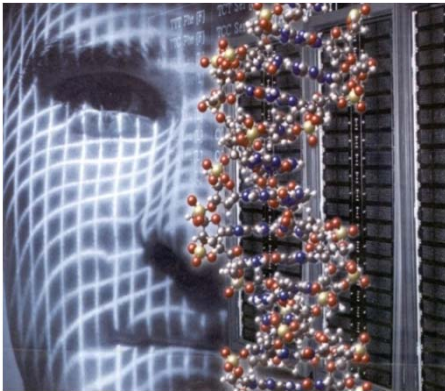
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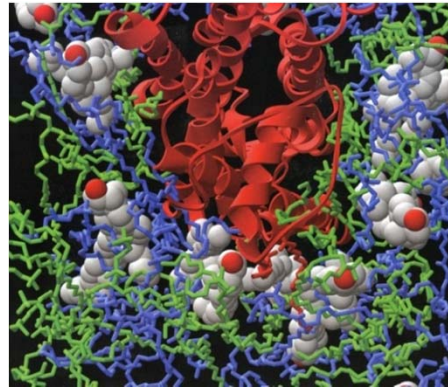
**Bio IT World  
2012**

# Determining The Molecular Basis of Disease: The Intellectual Foundation of Rational Diagnosis and Treatment Selection

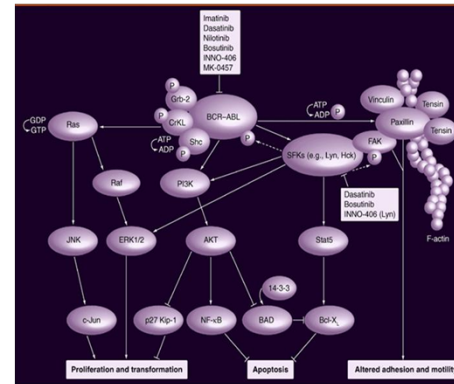
## Genomics



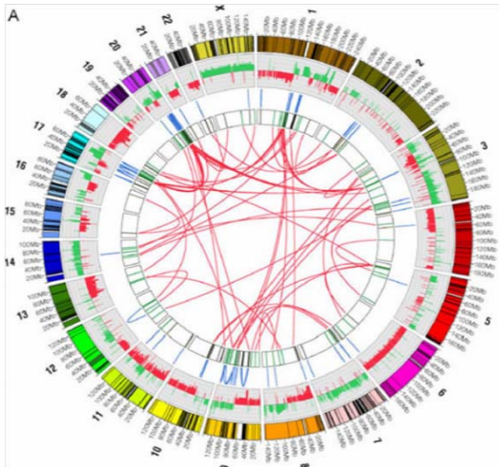
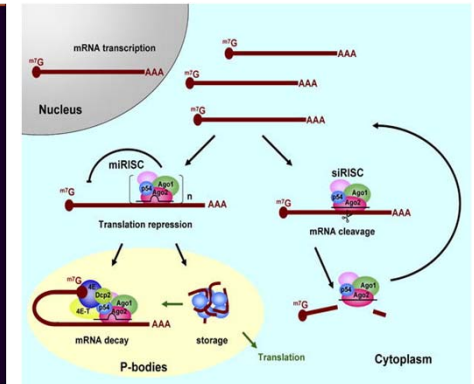
## Proteomics



## Molecular Pathways and Networks



## Network Regulatory Mechanisms



**ID of Causal Relationships Between  
Network Perturbations and Disease**



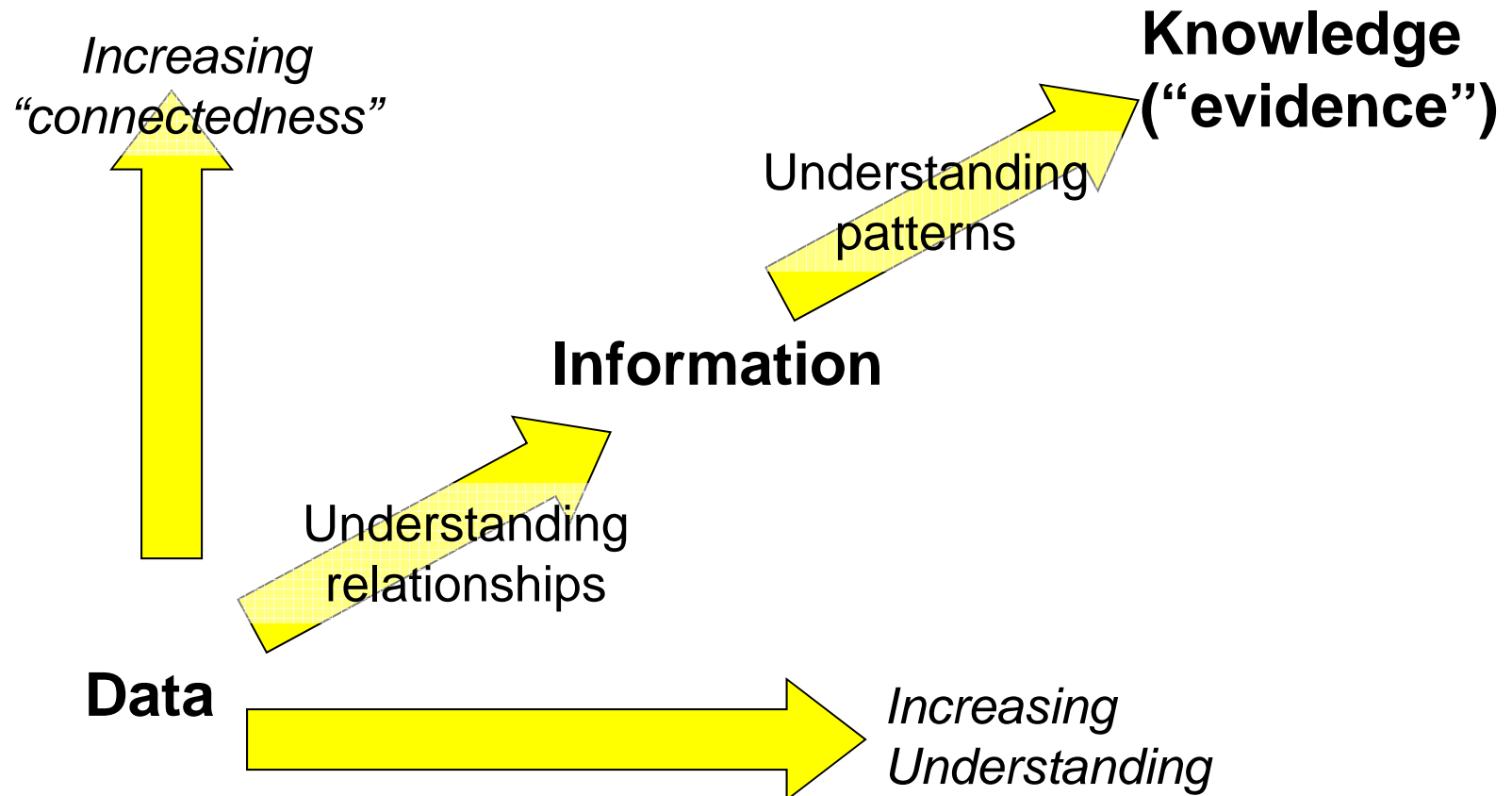
**Patient-Specific Signals and Signatures of Disease  
or Predisposition to Disease**

Courtesy G. Poste

# Data are the life blood of biomedicine

- **Diverse types**
  - Clinical Observation
  - Clinical Laboratory
  - Imaging
  - Registry
  - Molecular Characterization
  - Biospecimens
  - Reference
- **Distributed sources**
  - Research Center
  - Care Delivery Setting
    - Hospital
    - Practice
    - Laboratory
  - Registry
  - Consumer
  - Industry

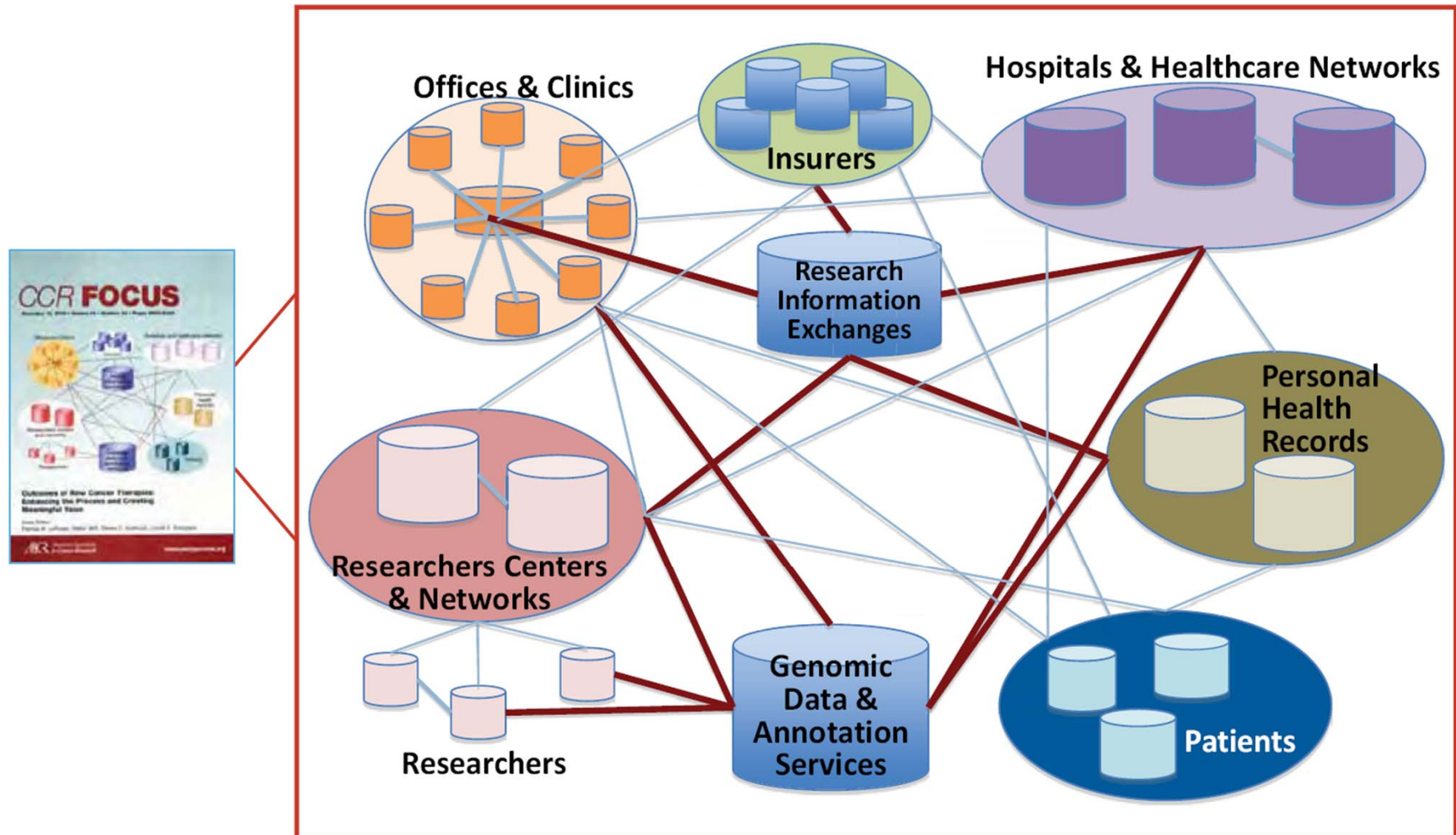
# Generating “evidence”



From Bellinger et al, <http://www.systems-thinking.org>



# The Multiple Users and Complex Connectivities for Seamless Information Transfer in the HIT Ecosystem



W. Dalton et al, Clin Cancer Res; 16 (24) December 15, 2010

# Biomedicine: “fallen and can’t get up”

- Healthcare ecosystem is broken
- Poor understanding of the underlying biological complexity – current dominance of reductionist paradigm
- Vertically integrated development model (FIPCo) vs networked model (FIPNet) that dominates other sectors
- Exponential fragmentation of health information
- Impending “*Pharmageddon*”\*: Declining R&D Productivity with Rising Costs

**need to embrace biomedicine as *SYSTEM***

\* from M. King Jolly, Pharm.D. Quintiles, Inc. DIA 2011

# Biomedicine: a Complex Adaptive System

“the whole is more than the sum of the parts”

- Diverse stakeholders: multidimensional, interacting “**ecosystem**”
  - Industry, Academe, Government, **NGOs**
  - Physicians, Regulators, Researchers, **Payors, Consumers, Public Health Officials**
  - Biology, Chemistry, Medicine, Business, **Sociology, Anthropology**
- Adaptive behaviors (dynamic as opposed to static)
- Emergent properties (or unintended consequences)
- Interdependencies
  - Resources
  - **Information**

# Strategies for “Managing” Complexity

- **Networking**
  - **Differentiated functions** connected through well-defined **interfaces** – e.g.
    - Biologic processes
    - Manufacturing
- **Layering**
  - **Abstracted combinations of functions** into hierarchical/multidimensional strata which connect through well defined **interfaces** –e.g.
    - Quantum physics – Newtonian physics
    - Biologic complexity : cell, organism, society
    - Organizational hierarchies



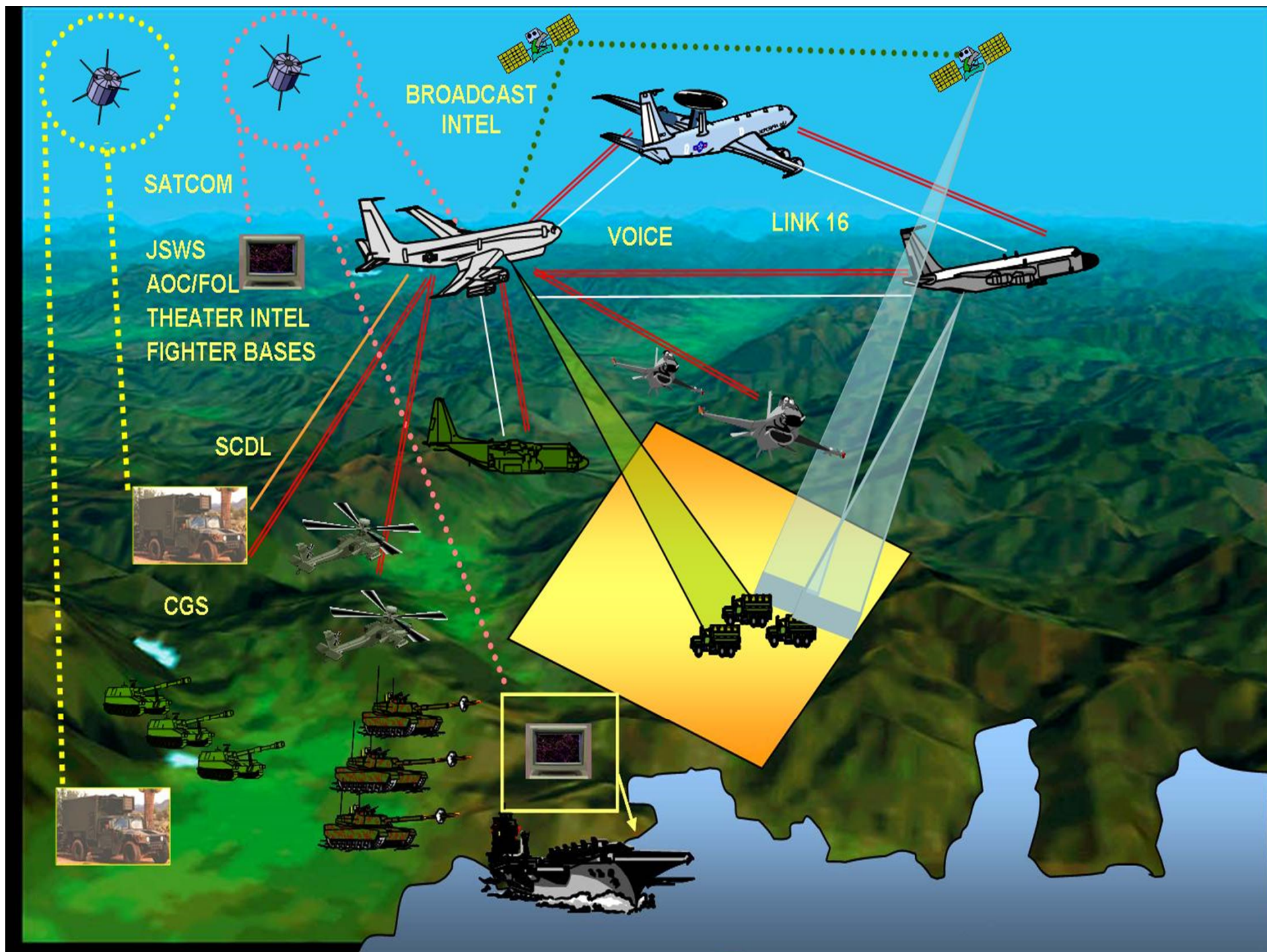
# Network-centric “warfare”

A military doctrine or theory of war pioneered by the United States Department of Defense. It seeks to translate an information advantage, enabled in part by information technology, into a competitive warfighting advantage through the robust networking of well informed geographically dispersed forces. This networking, combined with changes in technology, organization, processes, and people - may allow new forms of organizational behavior.

Specifically, the theory contains the following four tenets in its hypotheses:

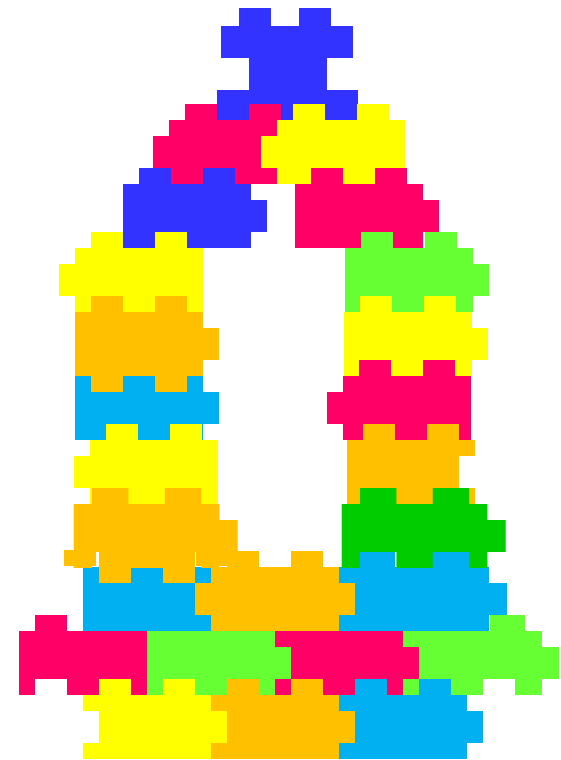
- A robustly networked force improves information sharing;
- Information sharing enhances the quality of information and shared situational awareness;
- Shared situational awareness enables collaboration and self-synchronization, and enhances sustainability and speed of command; and
- These, in turn, dramatically increase mission effectiveness.

(Wikipedia)



# Applying CAS Principles to Facilitate Information Flow

- Define ***modules*** that address specific needs
- Connect ***through “well-defined electronic interfaces”***
- ***Semantic Interoperability***
  - Defined ***syntax***
  - Defined ***semantics***



# Complicating Considerations

- **Nature of Data**
  - “Data Validity”: Garbage In- Garbage Out
  - Human Subjects Protections
  - Intellectual Property
- **Technical**
  - Secure access
  - Volume/Magnitude
  - Need for integration
    - Diverse Data
    - Multiple Source
  - Need for choreography
- **One size does not fit all**
  - Nature of the data to be accessed
  - The question one wants to answer

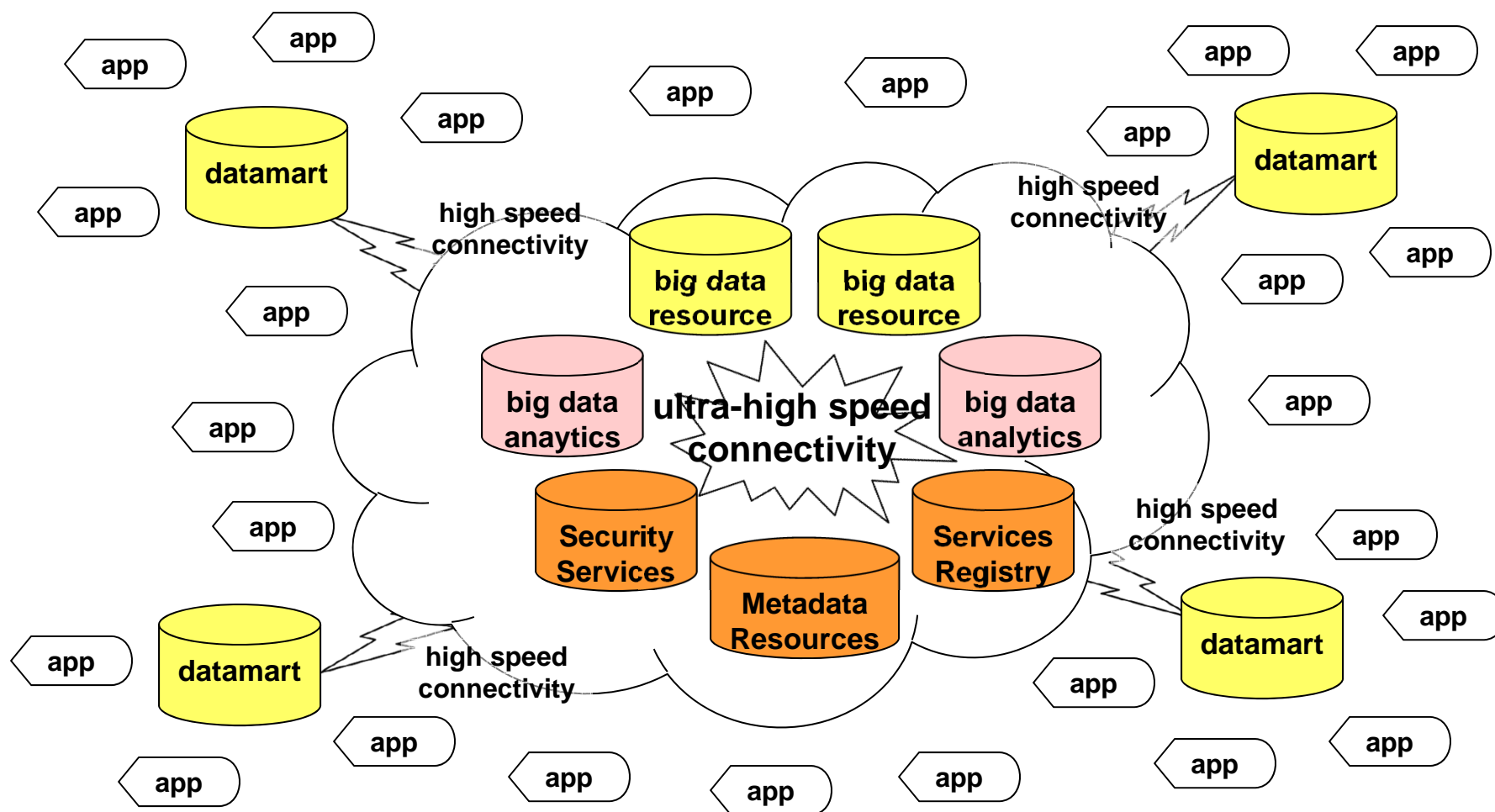
**Continuum of need mediates the need for adding layers of complexity**

# Strategies for Addressing Complexity

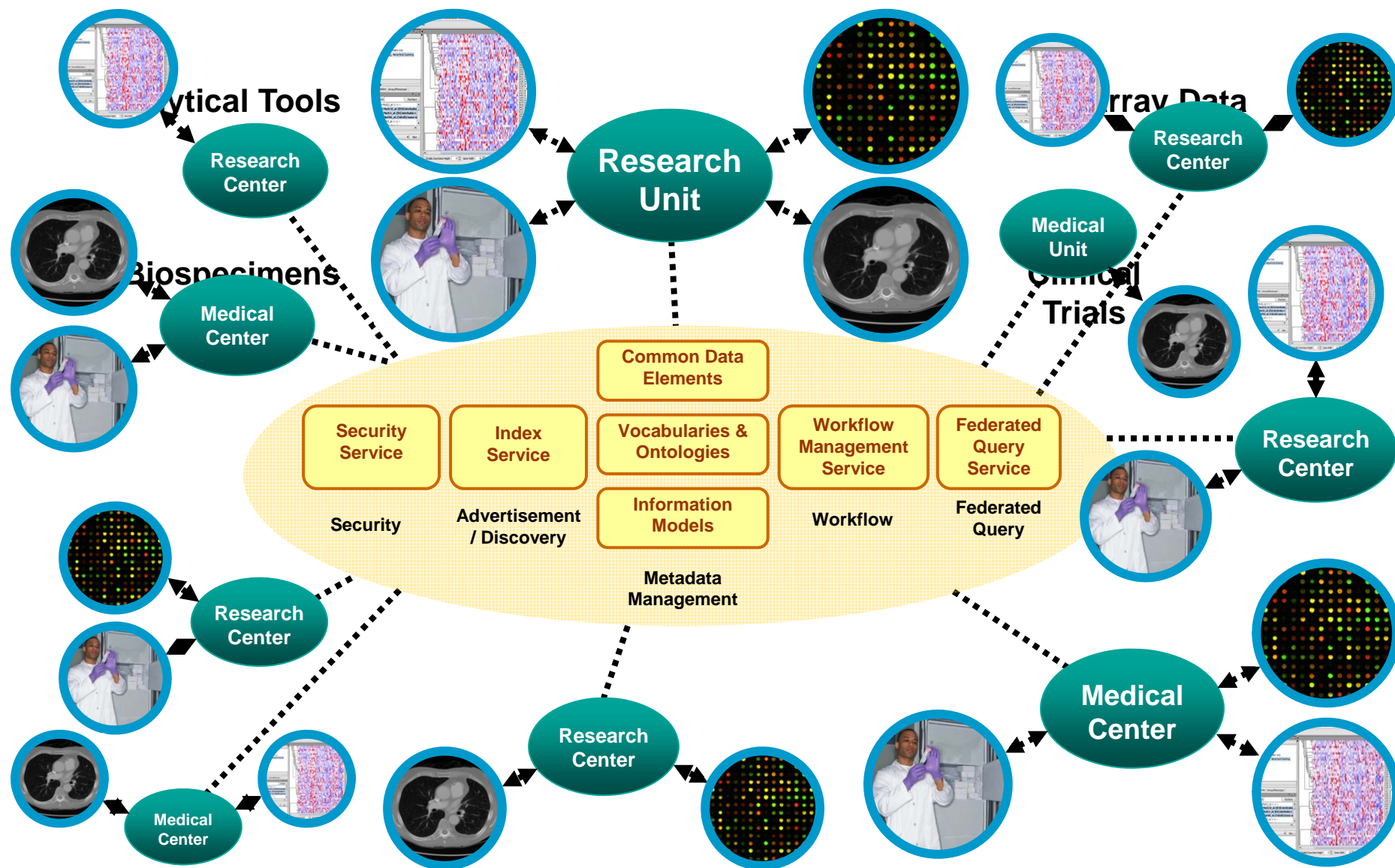
- Diversity of APIs that support paradigms within given communities (expose multiple “flavors” where possible)
- Adding modules to address issues ONLY when necessary
- Federating Access: Data control remains local
- Escalating introduction of standards-based metadata
- Analytics go to the data/co-reside with the data
- Virtual Communities where access to individual level data is needed

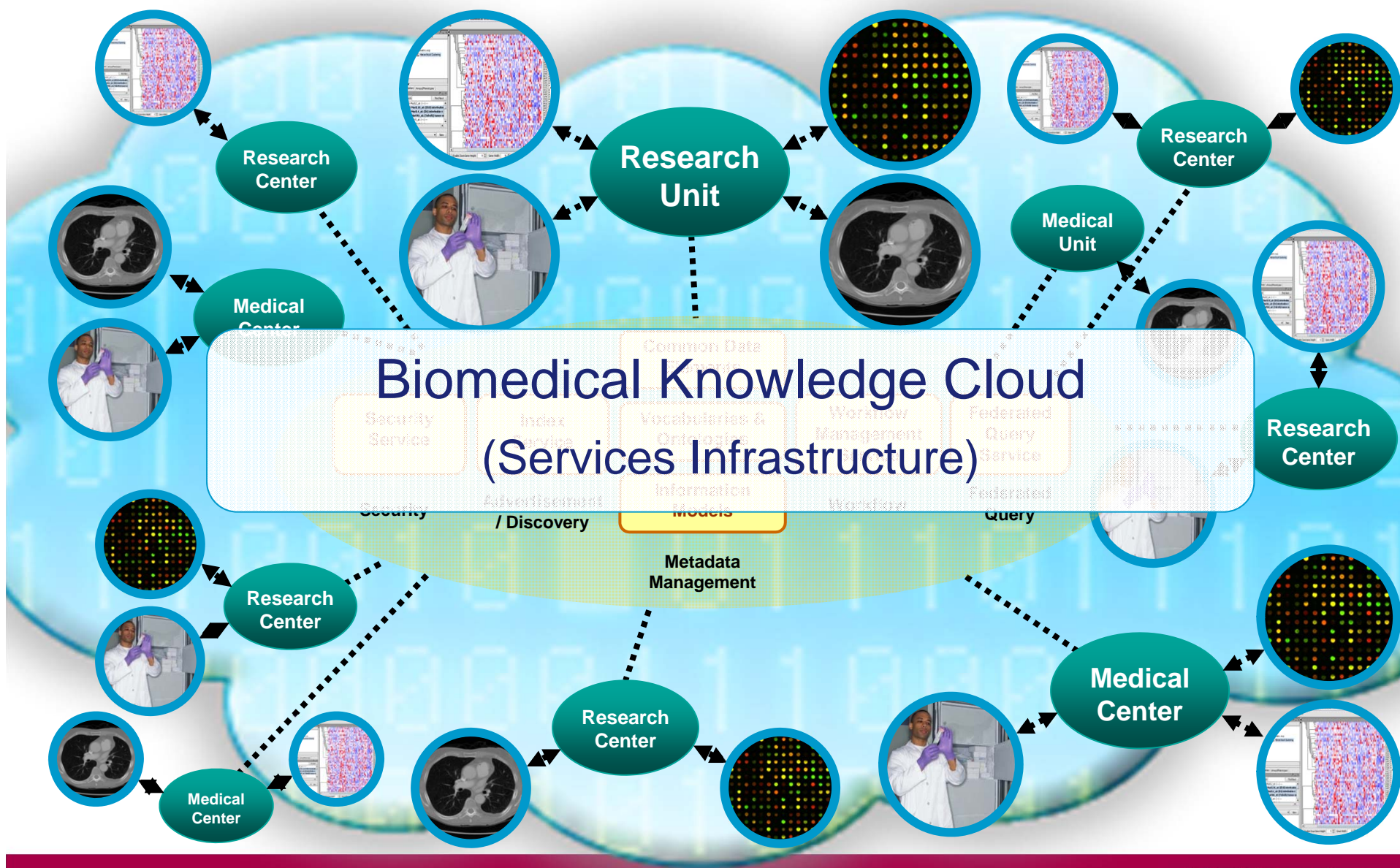


# A Biomedical Informatics Ecosystem

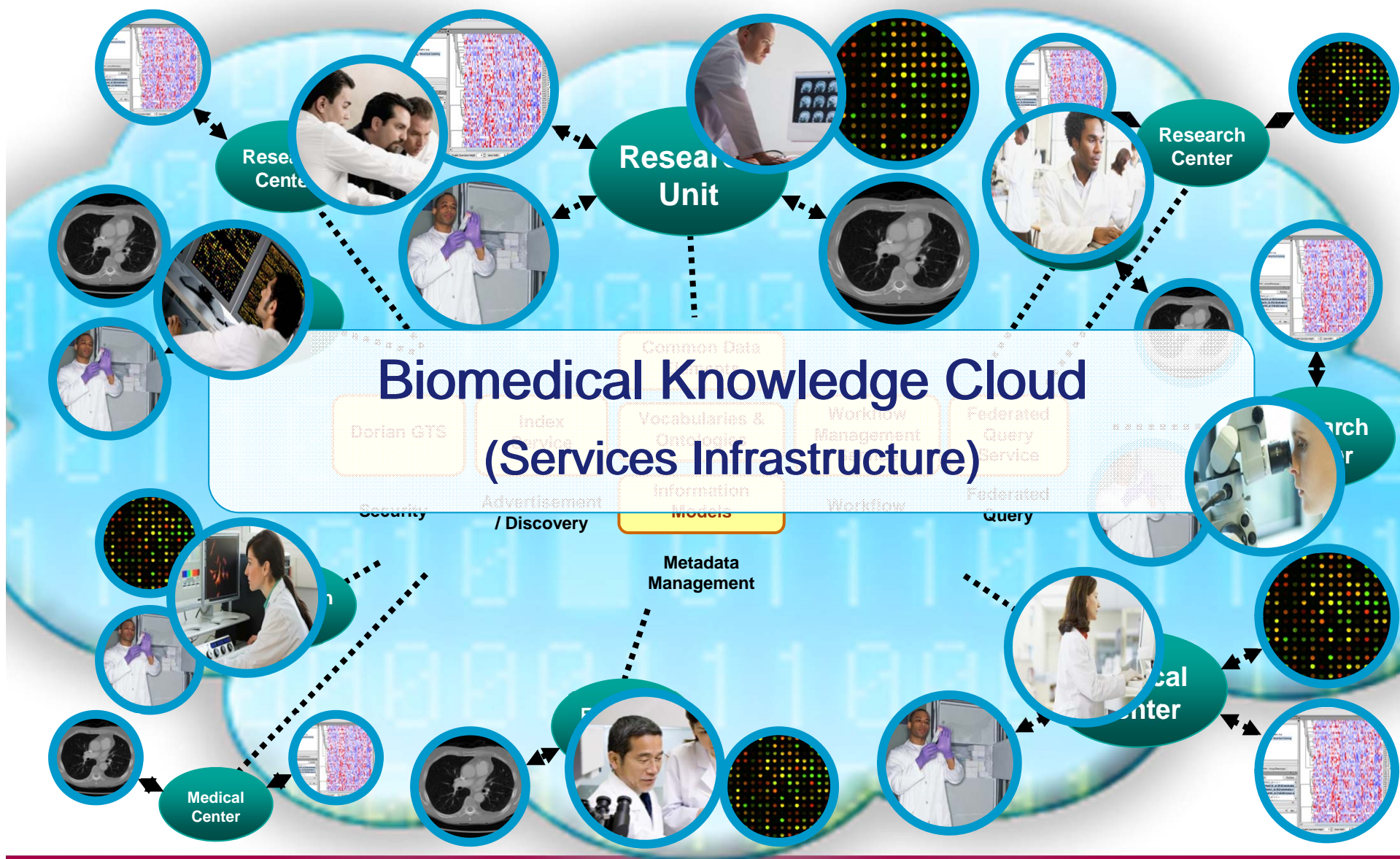












# How do we get there from here?

- Approach as **Ultra Large Scale Systems** problem
  - “**City planning**” as opposed to “**building architecture**”
    - “**Building codes**”
    - Over-arching **framework**
  - **Incremental**, problem-directed, implementation
  - Bias toward “**working code**”
- **Coalition of the Willing**
- **Policy** to address **regulated environment** and **cultural barriers**

# Summary

- Approaching **Biomedicine as a Complex Adaptive System** may help address some of the challenges it currently faces
- **Information**, and as such Information Technology can serve as the glue to **connect the Ecosystem**
- It is **technically feasible** to create and deploy technology to exchange information within and between members of the ecosystem
- A **multi-stakeholder, multidimensional community** will be necessary to create a sustainable ecosystem