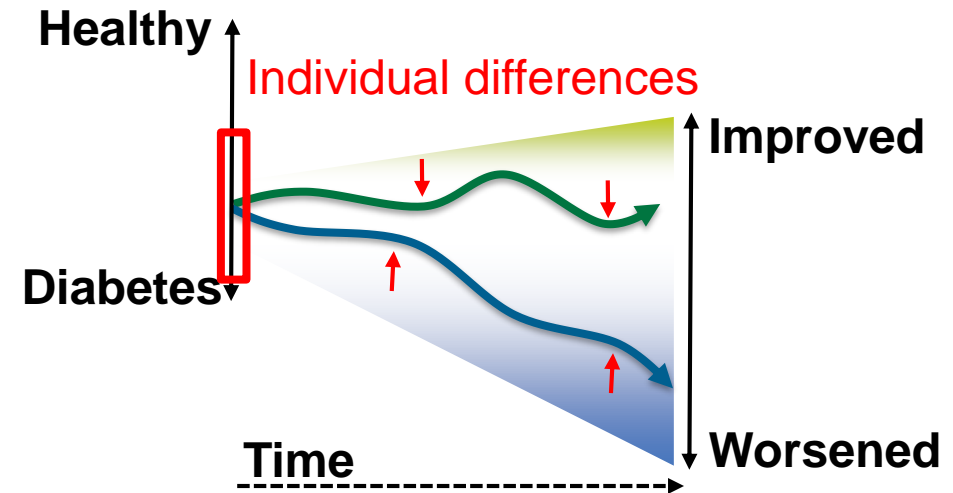
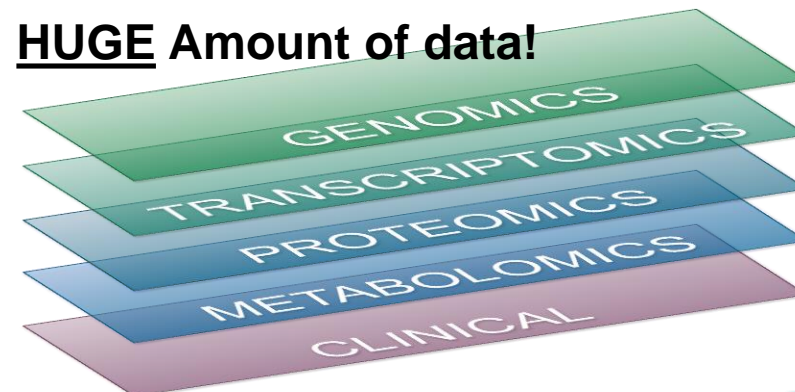


Overall Aim of DIRECT: Develop personalized medicine approaches in the prevention and treatment of type 2 diabetes

- **Glycaemic Deterioration | Therapeutic Response | Bariatric Surgery | Systems Biology | Omics**
Leads: Ewan Pearson (Dundee) & Hartmut Ruetten (Sanofi)
- I focus **Glycaemic Deterioration WP**
Leads: Paul Franks (Lund) & Imre Pavo (Lilly)
I helped Paul coordinate this WP
- 2 **new** European multicentre prospective cohorts
 - 'prediabetes': N ~ 2000
 - 'type 2 diabetes': N ~ 800
- **Multiple Timepoints** (0, 18, 36/48 months)
- **Deep phenotyping:** Clinical Measures, Blood and Urine Biochemistry, MRI, Accelerometry, Diet, Genomics, Transcriptomics, Proteomics, Metabolomics, Metagenomics ...

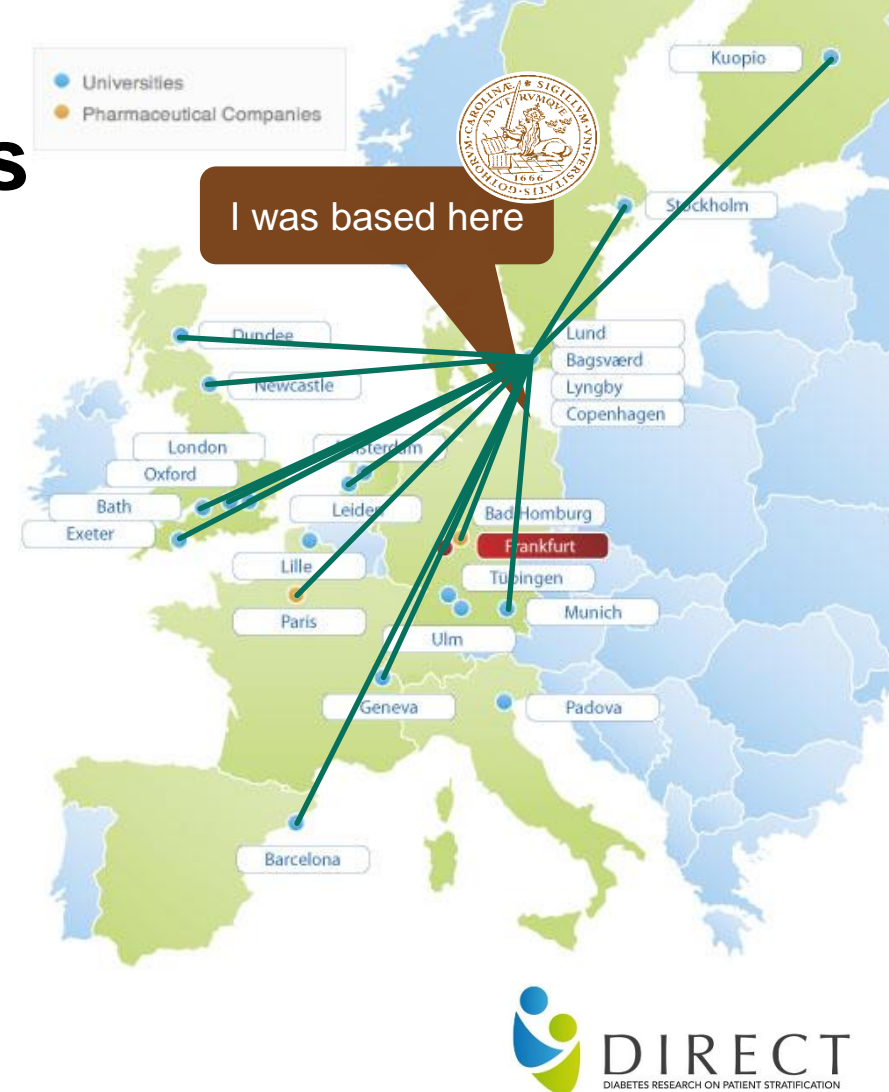


HUGE Amount of data!



IMI collaborations helped overcome many challenges

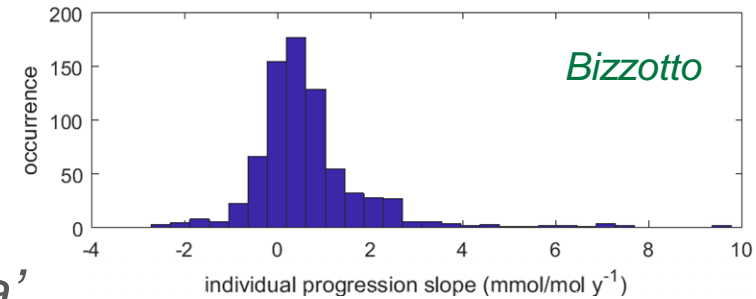
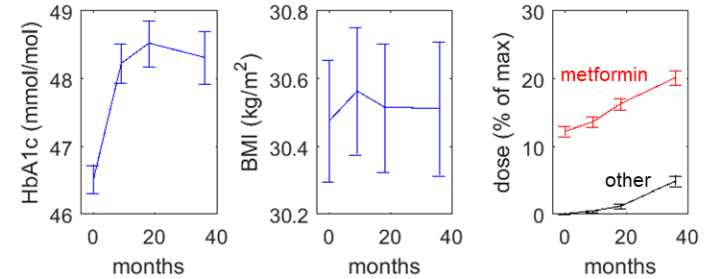
- Large number of samples and big data create opportunities to overcome big challenges!
 - Data: Central data repositories, central analysis clusters, satellite data processing centres
 - Samples: Central biobanks, central and satellite assaying labs
- 22 Academic Partners, 5 Industry Partners
- Meetings: Plenum, Managing Board, Analyst + countless smaller meetings and workshops, weekly tele/video conferences
- Requires funding (DIRECT ~45M Eur.) and organisation!
- **Hugely collaborative scientific environment, a lot of science being shared!**



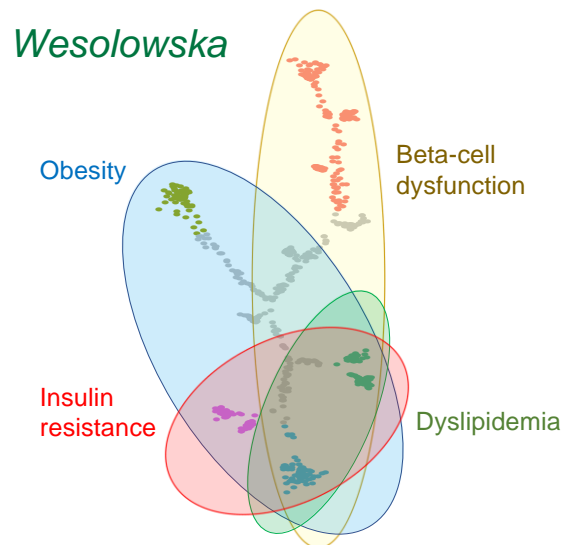
Showcase: Central project challenges

Glycaemic Deterioration Trajectories

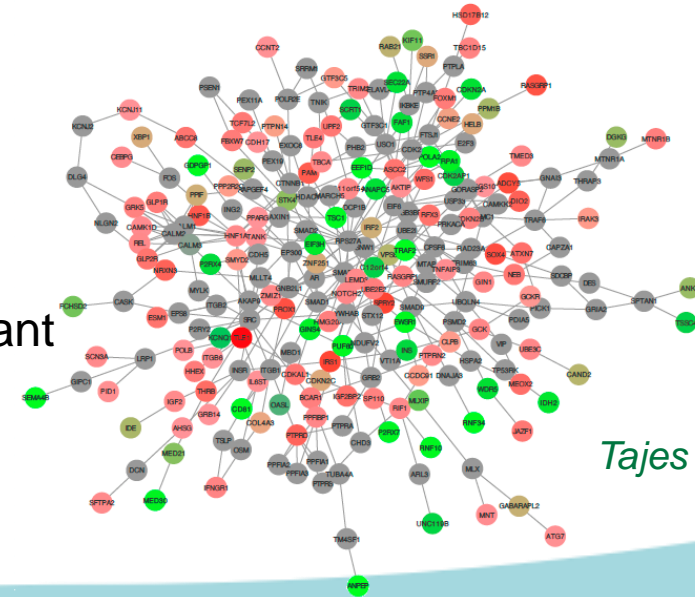
- Complexities in modeling ‘trajectories’ in time series data for glycaemic deterioration
 - Treatment/lifestyle, methods, linearity
- Ability to quantify glycaemic deterioration
 - Central to all prospective analyses
 - Actually understanding T2D progression



Sub-clustering Diabetes | Multi-Omic ‘Big Data’



- Subclusters of Diabetes / Prediabetes using clinical data
 - Pre-emptive personalised treatment
- Biological networks and participant clusters using multi-omic data
 - Novel aetiology insight
 - Pre-emptive personalised treatment

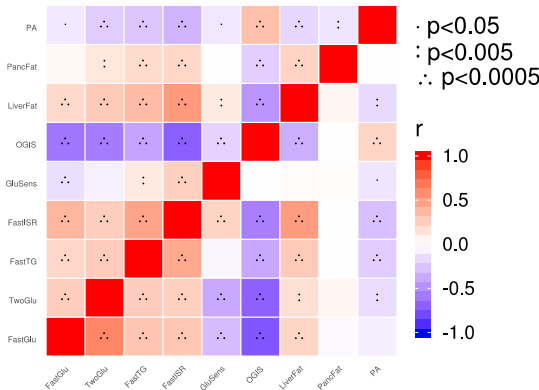
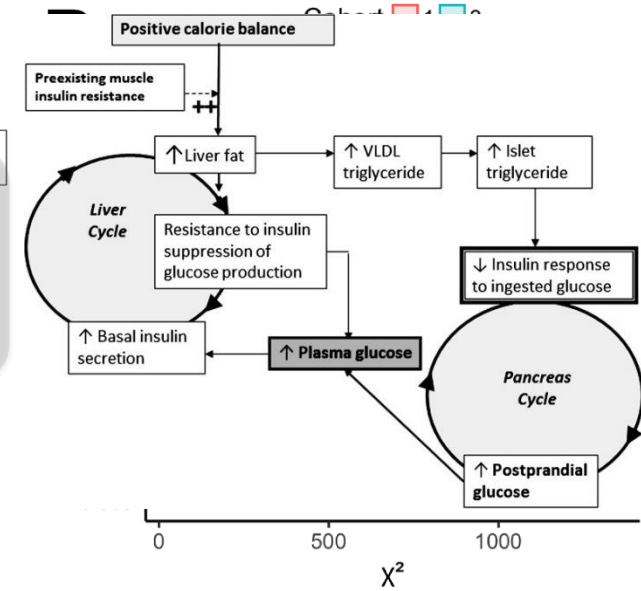
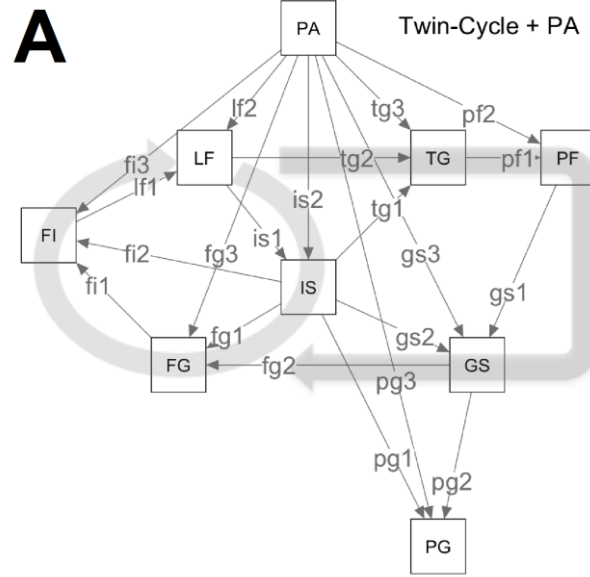


Unpublished results, with thanks to all IMI DIRECT partners!

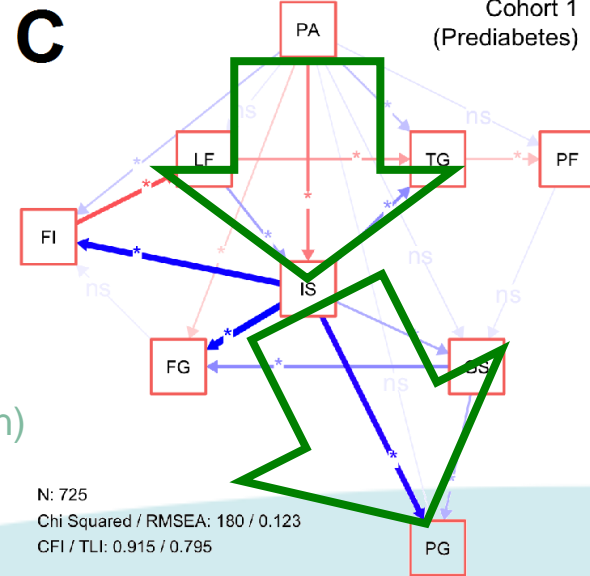
Showcase: One of my own projects

Testing complex existing network hypotheses

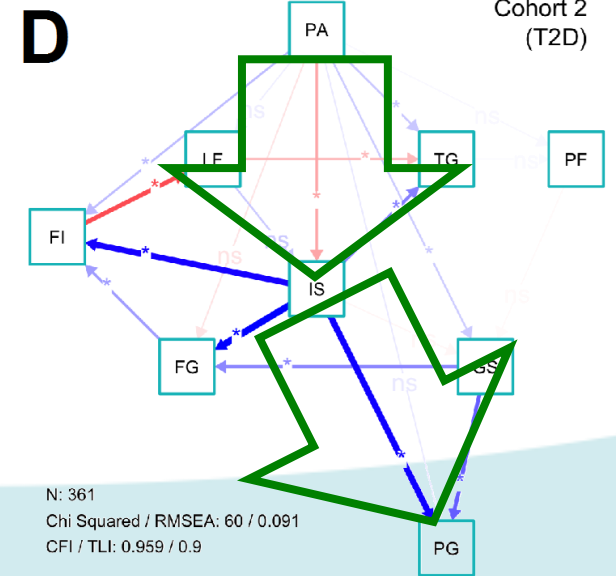
- Physical activity improves glycaemic control, why?
 - Metabolic variables largely correlated so what's the mechanism?
 - Taylor Twin-Cycle hypothesis (Diabetes 2013)?
- Twin-cycle fits (largely)
 - Insulin sensitivity mediates physical activity – glycaemia



Koivula RW, 2018 (in submission)



N: 725
Chi Squared / RMSEA: 180 / 0.123
CFI / TLI: 0.915 / 0.795



N: 361
Chi Squared / RMSEA: 60 / 0.091
CFI / TLI: 0.959 / 0.9