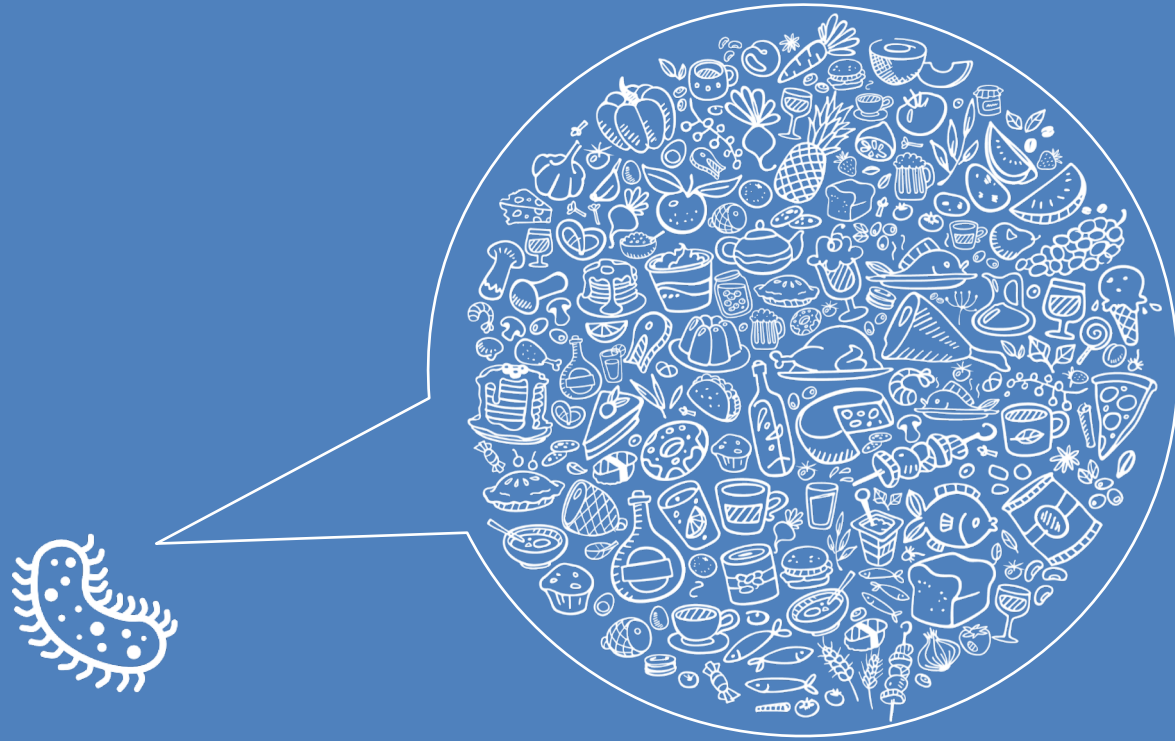
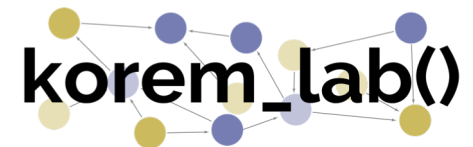


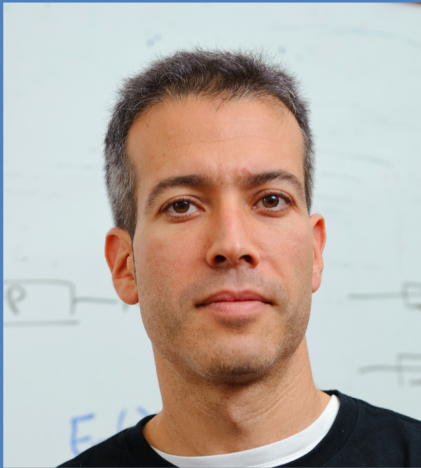


A data-driven approach for personalized dietary interventions

Tal Korem ([@tkorem](#))

Departments of Systems Biology & OB/GYN
Columbia University





Prof. Eran Segal



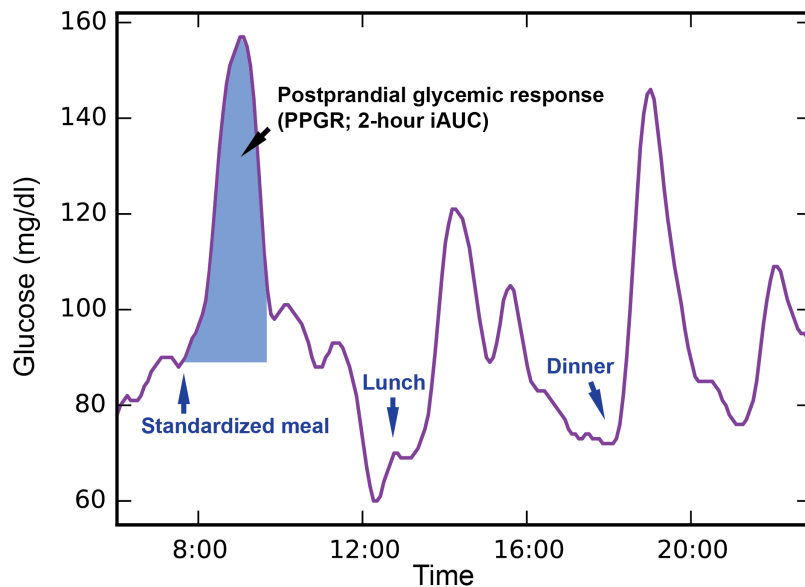
Dr. David Zeevi



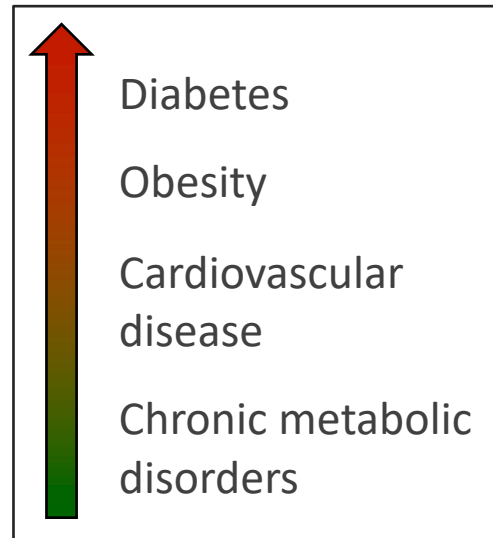
Studying healthy nutrition through
postprandial glycemic responses

Postprandial (post-meal) glucose response as a measure of healthy nutrition

Directly affects fat storage,
weight gain and hunger



Associated with
disease



Glucose responses provide an immediate high-resolution feedback to every meal

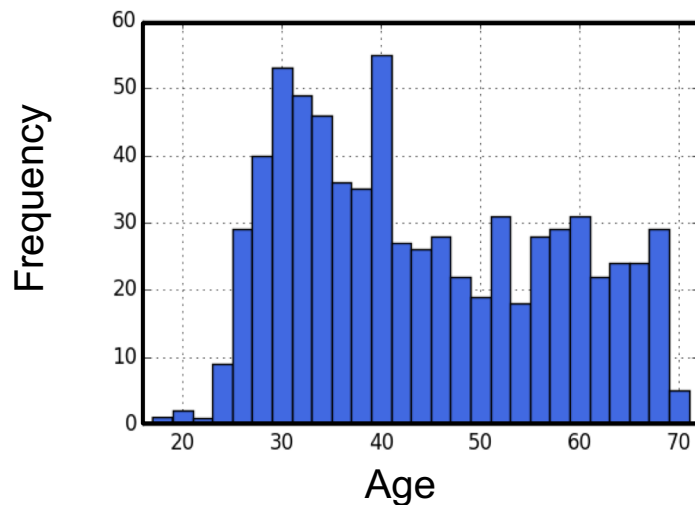
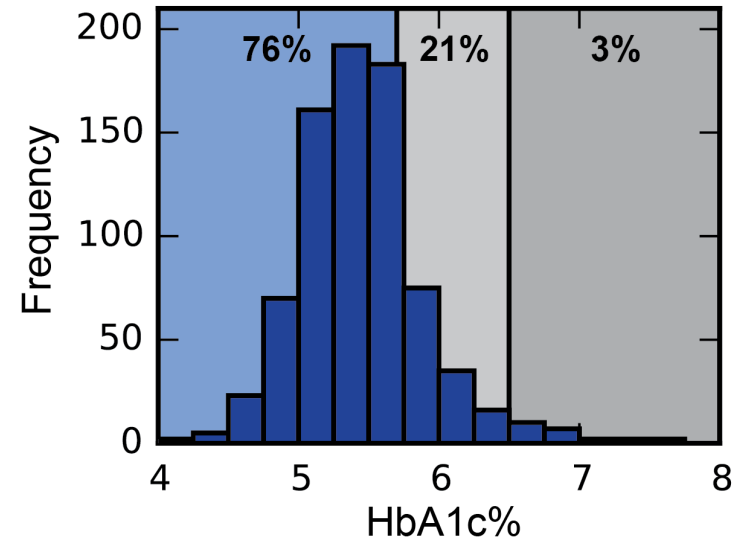
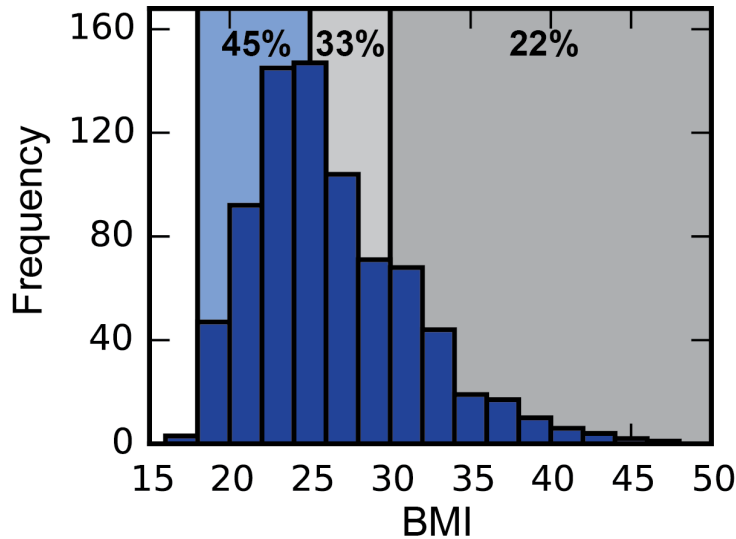


Weight	Post-meal blood glucose levels
Risk factor for many diseases	Risk factor for many diseases
Indirect measure of intervention	Direct measurement of meal effect
Periodic	Immediate
Low-resolution	High-resolution
Few data points per participant	Multiple data point per participant on short time-scales

Maintaining normal blood glucose levels
is key to fighting metabolic disease...

What's the best way to do this?

The Personalized Nutrition Project: Cohort statistics



- 25-70 years of age
- 55% overweight
- 22% obese
- 21% pre-diabetic

Collection of glycemic, nutritional, clinical and microbiome data on a large healthy cohort

Initiation

Gut microbiome

16S rRNA
Metagenomics



Blood tests



Questionnaires

Food frequency
Lifestyle
Medical



Anthropometrics



Continuous glucose monitoring

Using a subcutaneous sensor (iPro2)

130K hours, 1.56M glucose measurements

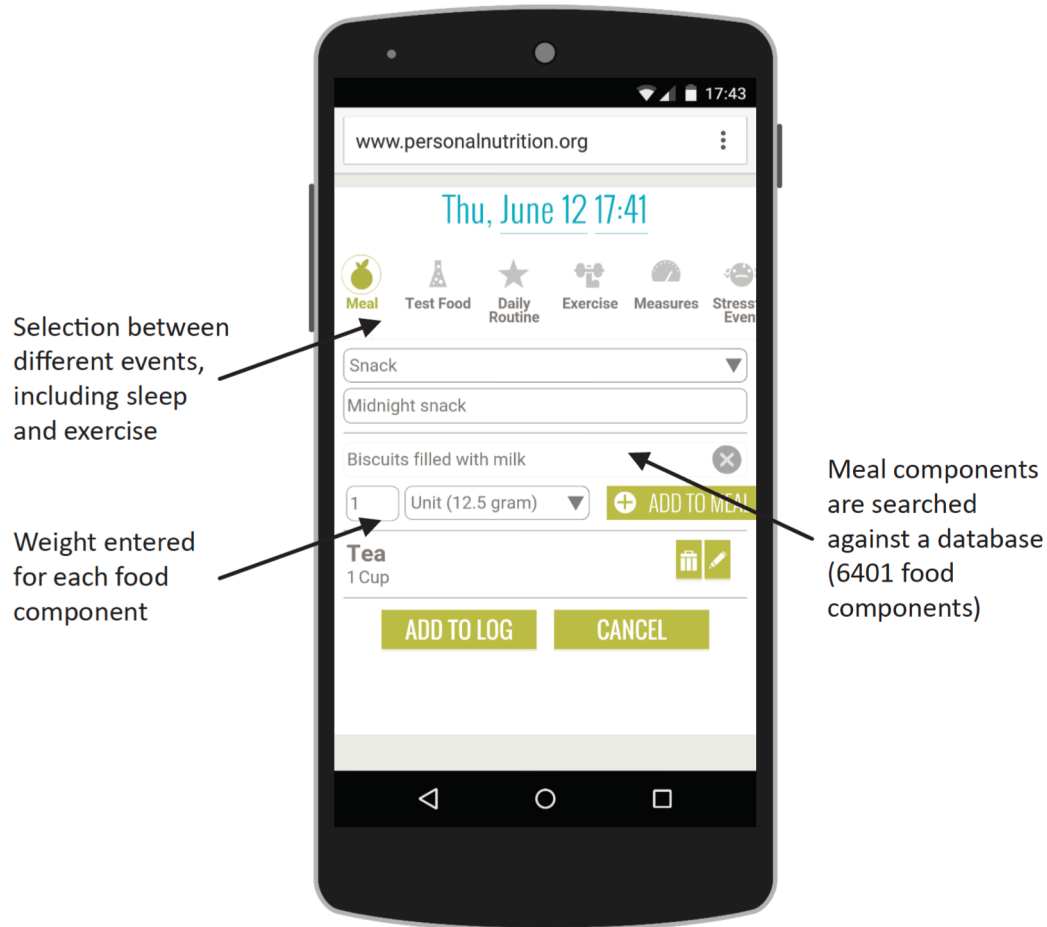


Diary (food, sleep, physical activity)

Using smartphone-adjusted website

5,435 days, 46,898 meals, 9.8M Calories, 2,532 exercises

Real-time food logging



Benefits of real-time logging

- Consumption matched in real-time to actual products, brands, etc.
- Serving sizes considered in real-time
- "Live" database
- Real-time compliance monitoring
- Generally improved compliance

Collection of glycemic, nutritional, clinical and microbiome data on a large healthy cohort

Recruitment

Gut microbiome

16S rRNA
Metagenomics



Blood tests



Questionnaires

Food frequency
Lifestyle
Medical



Anthropometrics



Continuous glucose monitoring

Using a subcutaneous sensor (iPro2)

130K hours, 1.56M glucose measurements



Diary (food, sleep, physical activity)

Using smartphone-adjusted website

5,435 days, 46,898 meals, 9.8M Calories, 2,532 exercises



Standardized meals (50g available carbohydrates)

Day 1 Day 2 Day 3 Day 4 Day 5 Day 6 Day 7



Bread



Bread



Bread &
butter



Bread &
butter



Glucose



Glucose

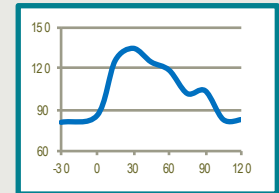


Fructose

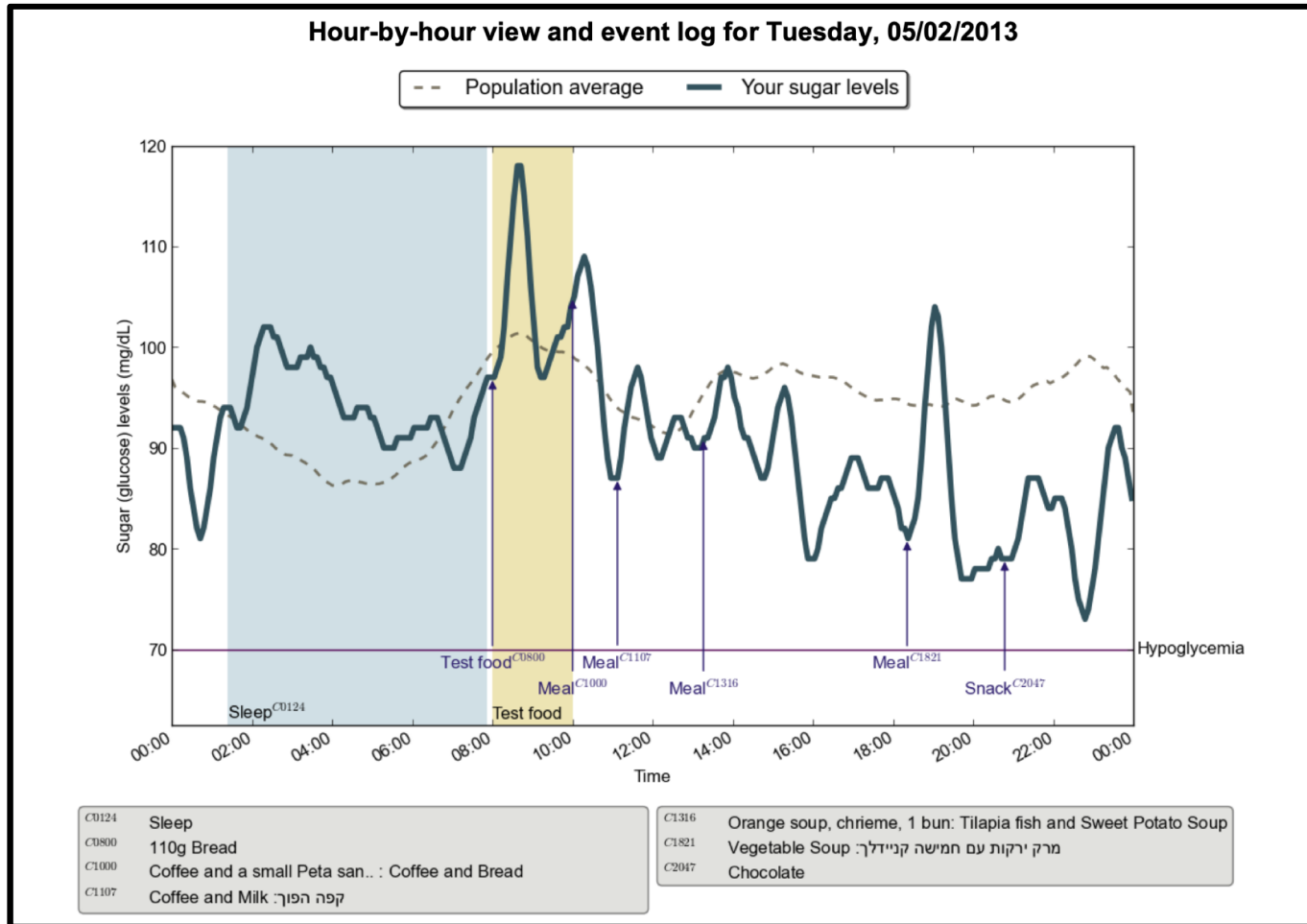
Why would anyone go through this?

What will I learn?

- My response to food
- Know my microbiome
- In the future: Plan a better diet



Full accessibility to collected data

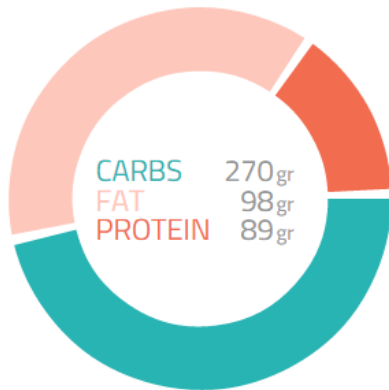


Participant analysis: nutrition, activity & blood tests

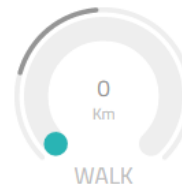
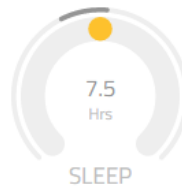
My Food Intake

2789

AVG. DAILY CALORIES



My Activities (DAILY AVG)



My Blood Tests



See All →

Participant analysis: Overview of microbiota composition

My Bacteria

[← Back To My Results](#)

Firmicutes to Bacteroidetes ratio: 0  3
0.7

Bacteroides: **Me** 1 %
Median in population 2.8 %

Bacteroides/Prev **I'm above 25% of the population**

Bacteroidetes: **Bacteroides uniformis**
Low levels are associated with obesity and poor glycemic control
[Read More](#)

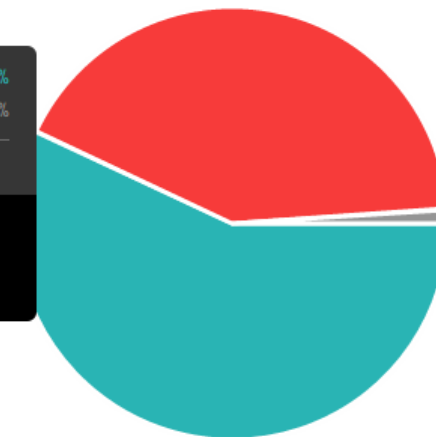
Bacteroides uniformis: 0%  15%
1 %

Lactobacillus: 0%  14%
0.7 %

Bacteroides fragilis: 0%  3%
0.3 %

Odoribacter: 0%  1%
0.4 %

Proteobacteria: 0%  7%
0.3 %



 Bacteroidetes 57%
 Firmicutes 42%
 Other 1%

Participant analysis: Glucose spiking foods

■ 25% - 75% of population

My Blood Glucose



FASTING GLUCOSE

93

mg/dl

Me 95 mg/dl
Median in population 93 mg/dl

I'm above 58% of the population



AVERAGE GLUCOSE

95

mg/dl



RESPONSE TO GLUCOSE

141

mg/dl

My Measured Glucose

Dextrose: 0 52 mg/dl 60

Mango: 0 46 mg/dl 60

Bread: 0 45 mg/dl 60

Pizza: 0 23 mg/dl 60

Light Beer: 0 22 mg/dl 60

Ice cream: 0 22 mg/dl 60

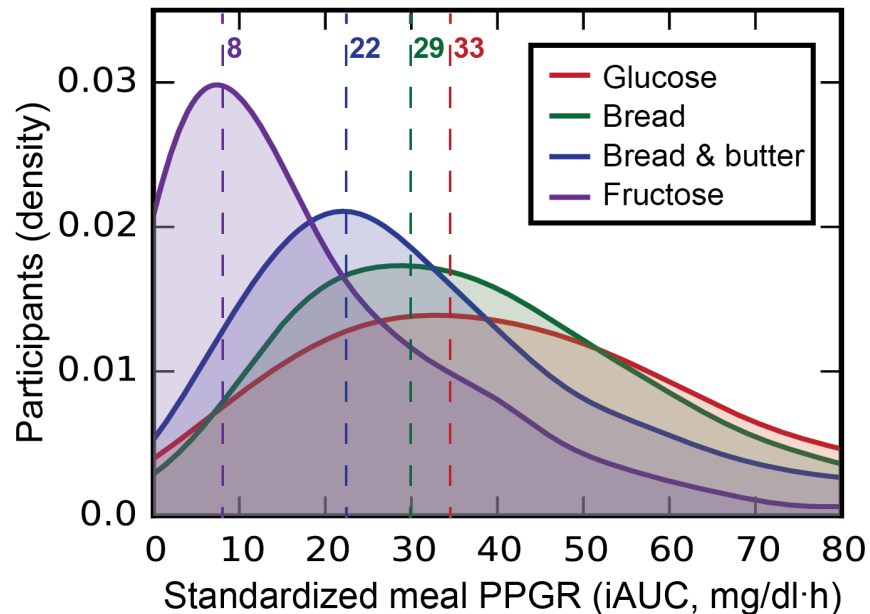
Participants engagement and retention

- Better data
- Easier trial management
- Minimal recruitment effort
 - Finished recruitment of 900 individuals with a wait-list of 3,000

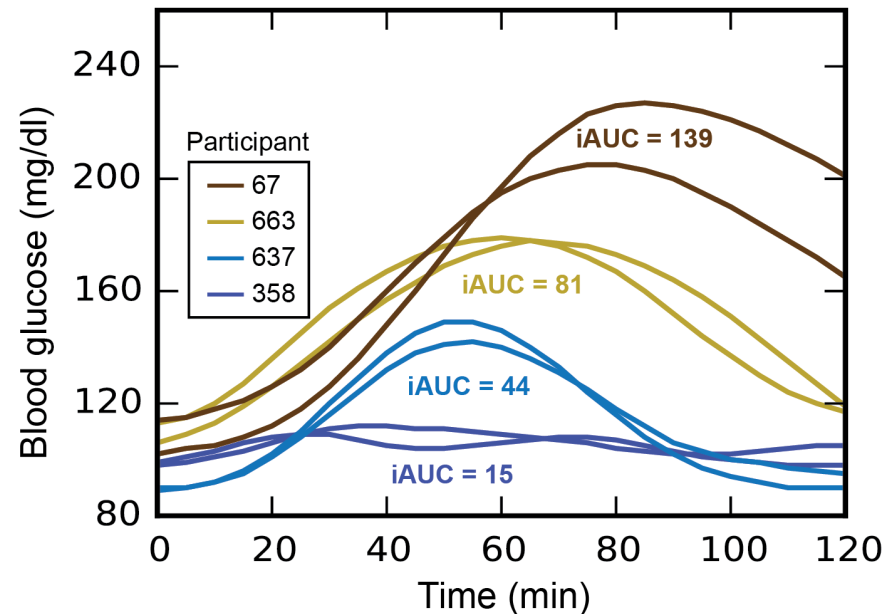
What is the variability across people in the response to the same food?

Different people have widely different post-meal responses to the same standardized meal

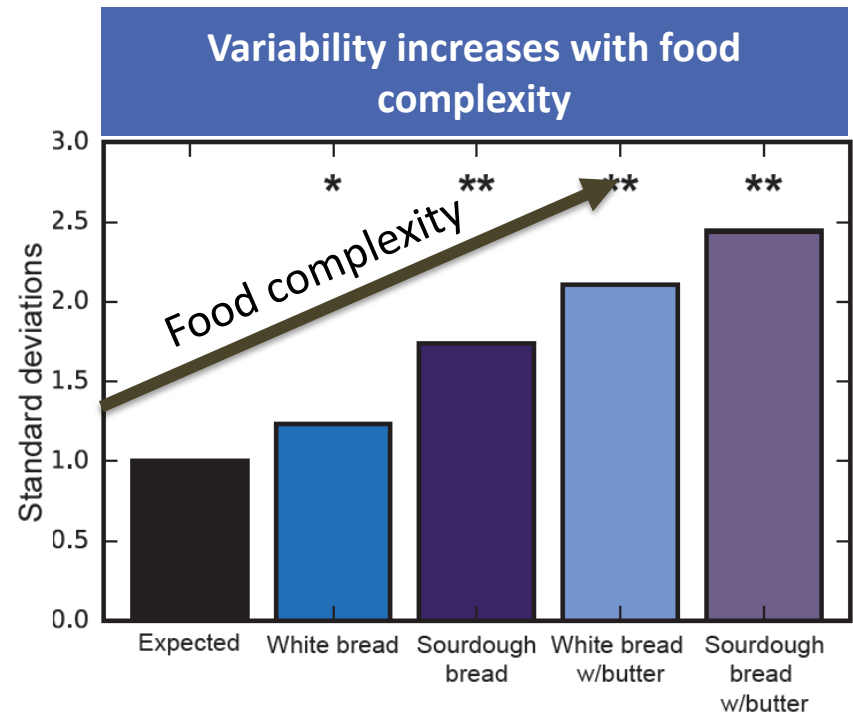
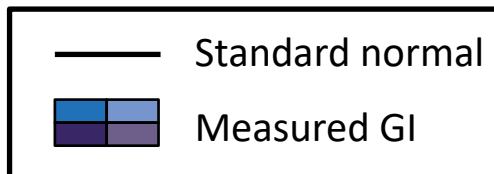
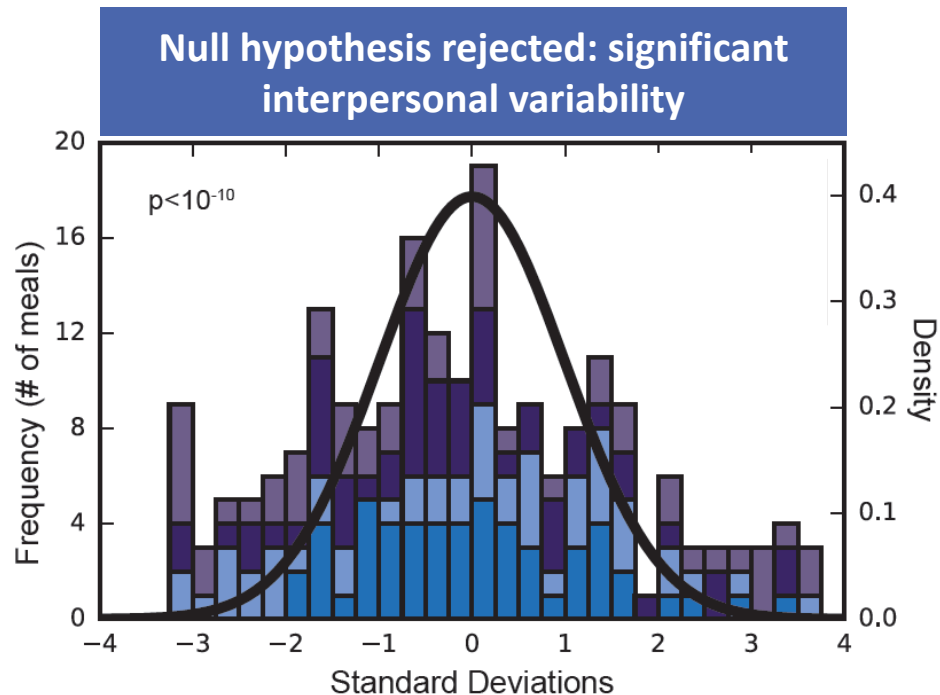
Population Responses to Standardized Meals



Four Individual Responses to Bread



Significant personalized response which increases with food complexity



* $p < 0.05$
** $p < 10^{-3}$

Results replicated and validated by subsequent studies



Original Investigation | Diabetes and Endocrinology

Assessment of a Personalized Approach to Predicting Postprandial Glycemic Responses to Food Among Individuals Without Diabetes

Helena Mendes-Soares, PhD; Tali Raveh-Sadka, PhD; Shahar Azulay, BSc; Kim Edens, MSc; Yatir Ben-Shlomo, BSc; Yossi Cohen, MSc; Tal Ofek, PhD; Davidi Bachrach, BSc, MBA; Josh Stevens, BSc; Dorin Colibaseanu, MD; Lihi Segal, LLB, MBA; Purna Kashyap, MBBS; Heidi Nelson, MD

See corresponding editorial on page 955.

Estimating the reliability of glycemic index values and potential sources of methodological and biological variability^{1–3}

Nirupa R Matthan,^{4} Lynne M Ausman,⁴ Huicui Meng,⁴ Hocine Tighiouart,⁵ and Alice H Lichtenstein⁴*

⁴Jean Mayer USDA Human Nutrition Research Center on Aging, Tufts University, Boston, MA; and ⁵Tufts Clinical and Translational Science Institute, Tufts Medical Center, Boston, MA

General recommendations in nutrition are suboptimal



1943



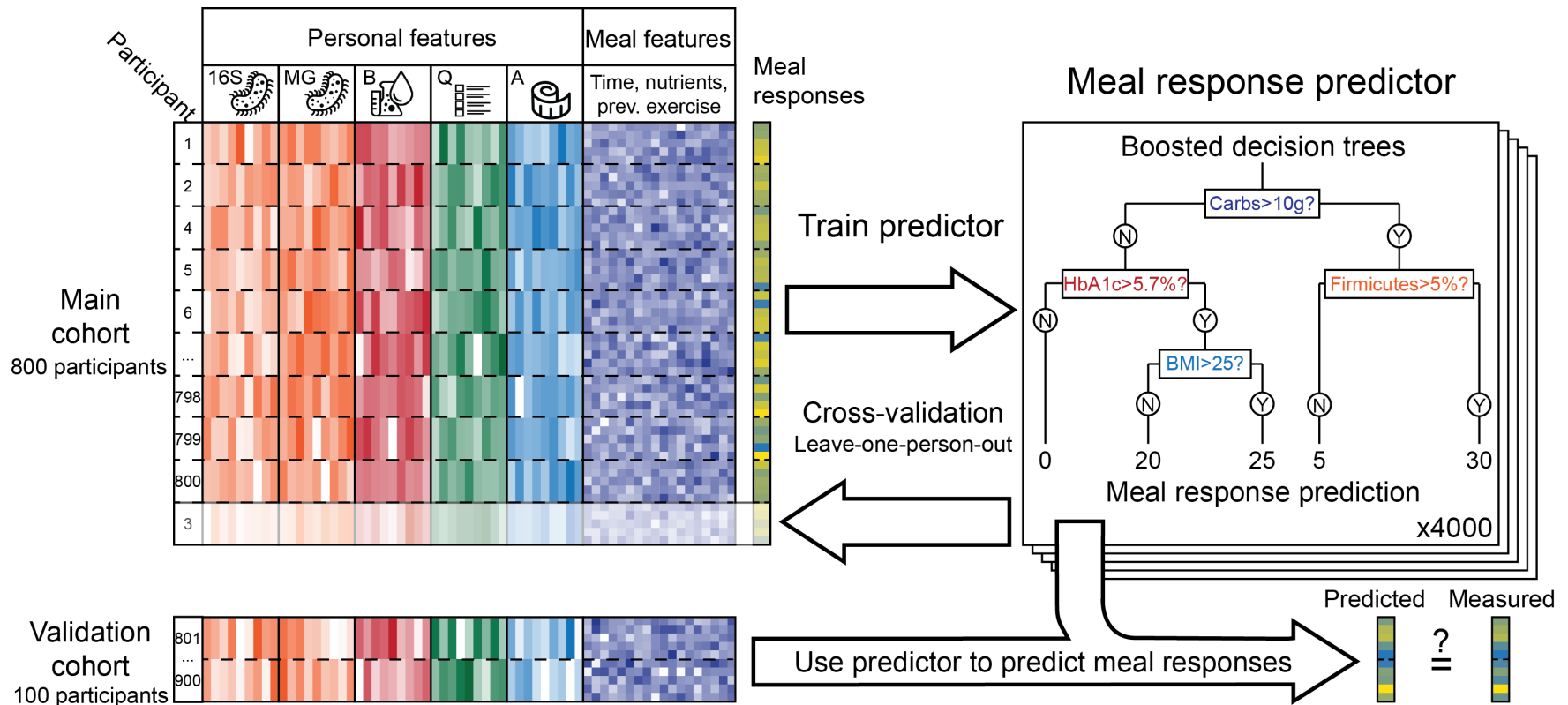
1992



2015

Can we predict the personal post-prandial
glucose response to any complex meal?

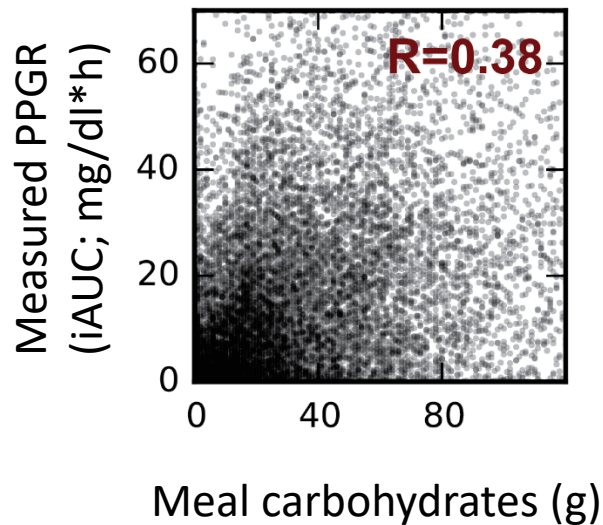
Prediction scheme



Accurate predictions of personalized glucose responses

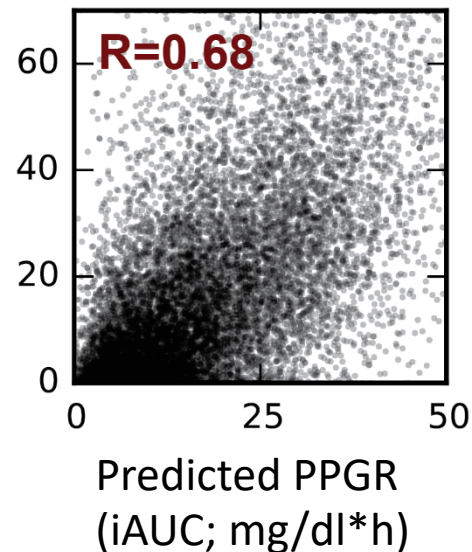
State of the art

Carbohydrate-only prediction



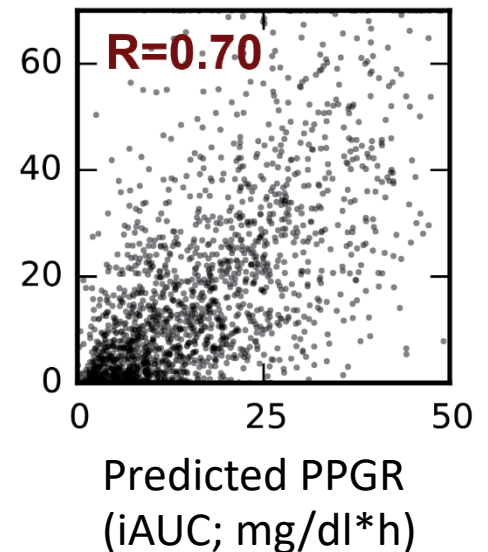
Our prediction 800 participants

Main cohort prediction (cross-validation)



Prediction validation 100 participants

Validation cohort prediction



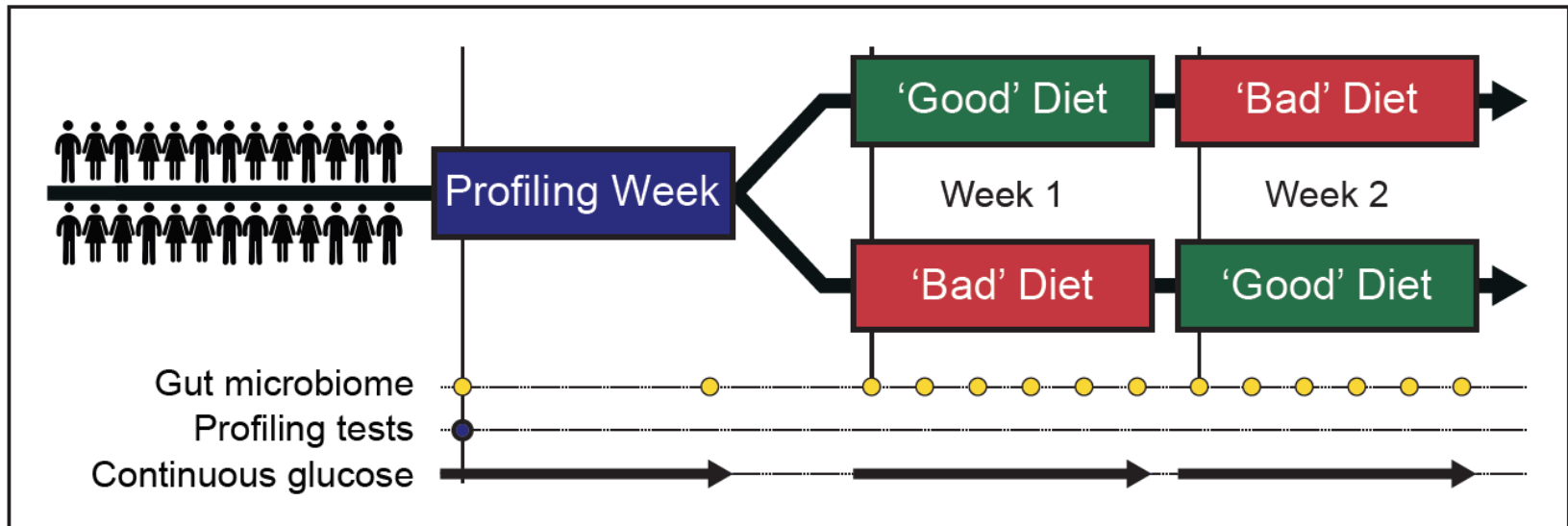
Replication and validation by subsequent studies

Test dataset		R
	IL cohort	0.671
IL cohort	MW US cohort	0.596
	IL cohort	0.643
MW US cohort	MW US cohort	0.605

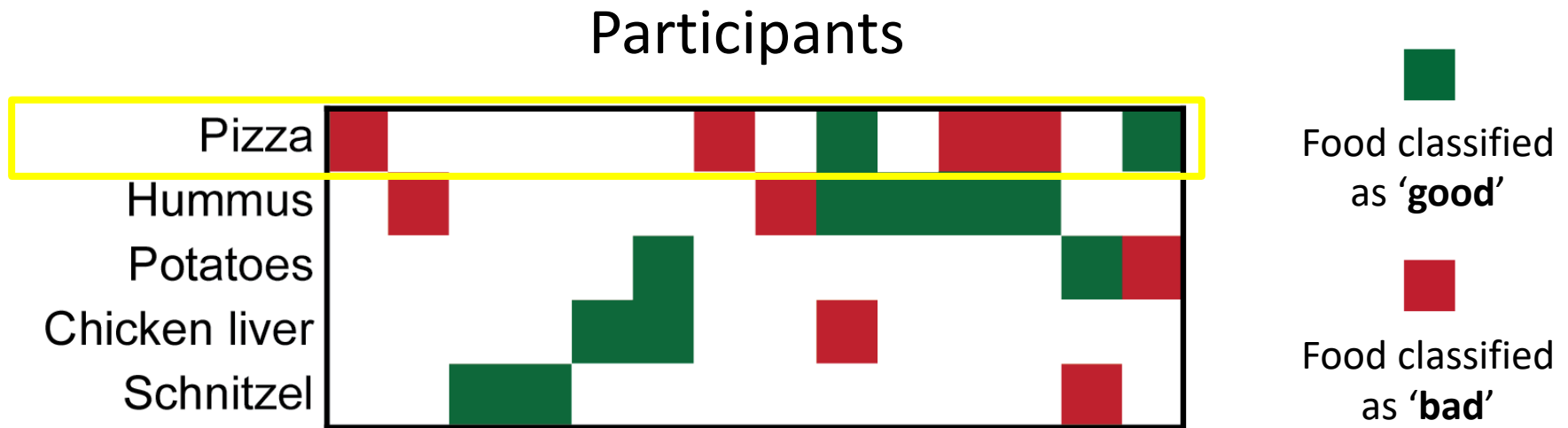
Can glucose response predictions improve
post-prandial glucose responses?

Constructing personally tailored diets that achieve normal post-prandial glucose responses

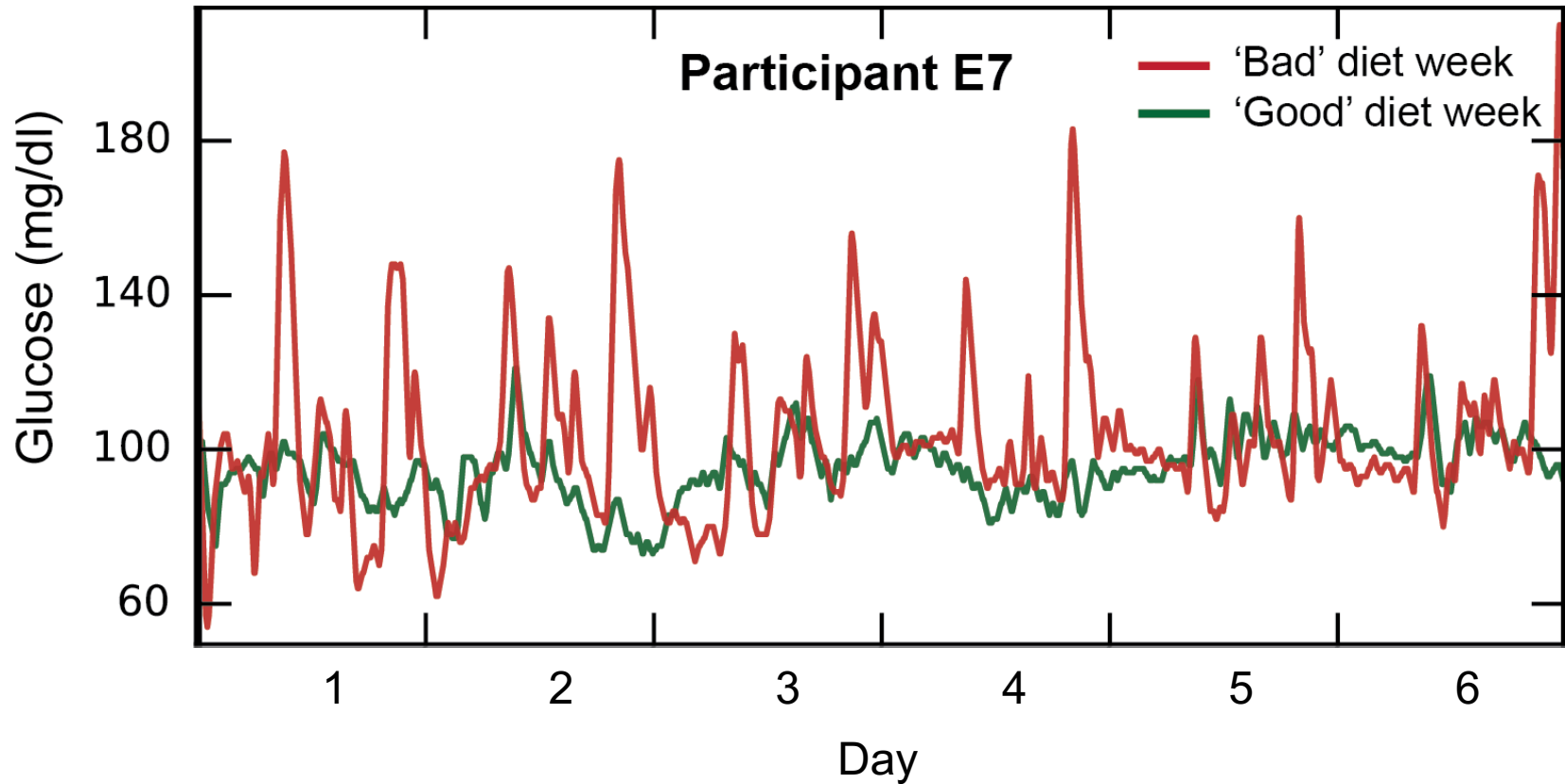
- 12 subjects, mostly prediabetics
- Profiled for one week
- Self-selected isocaloric meals, categorized as good / bad
- Good and bad diets assigned double-blindedly, one week each



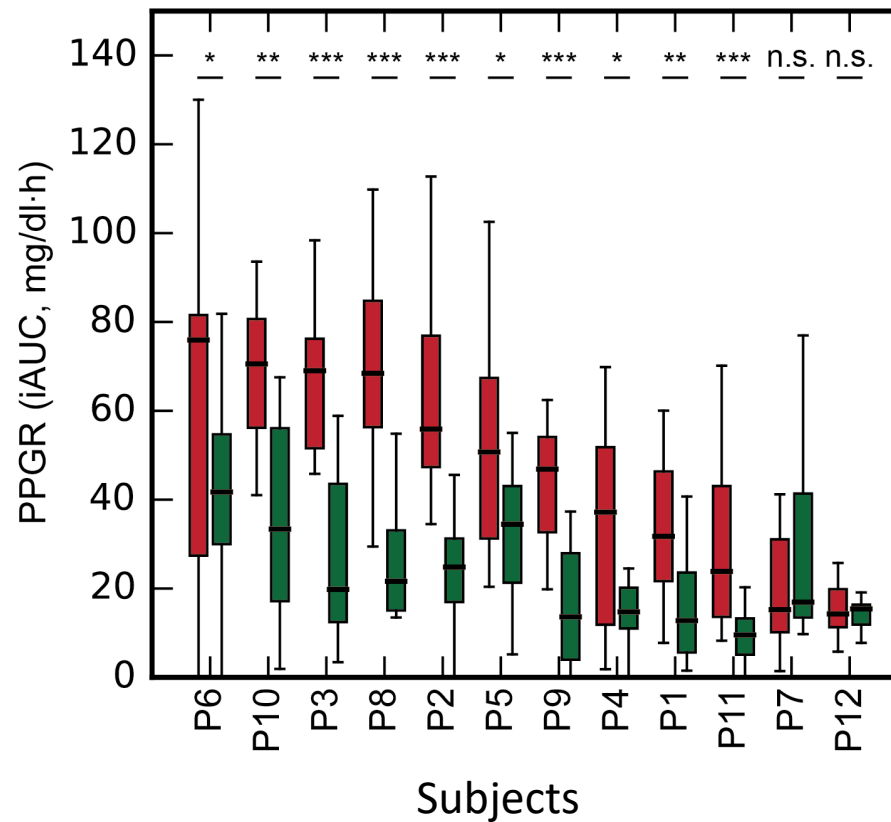
A 'good' meal for one person can be a 'bad' meal for another



Personally tailored diets reduce the post-prandial glucose response



Personally tailored diets improve post-meal responses

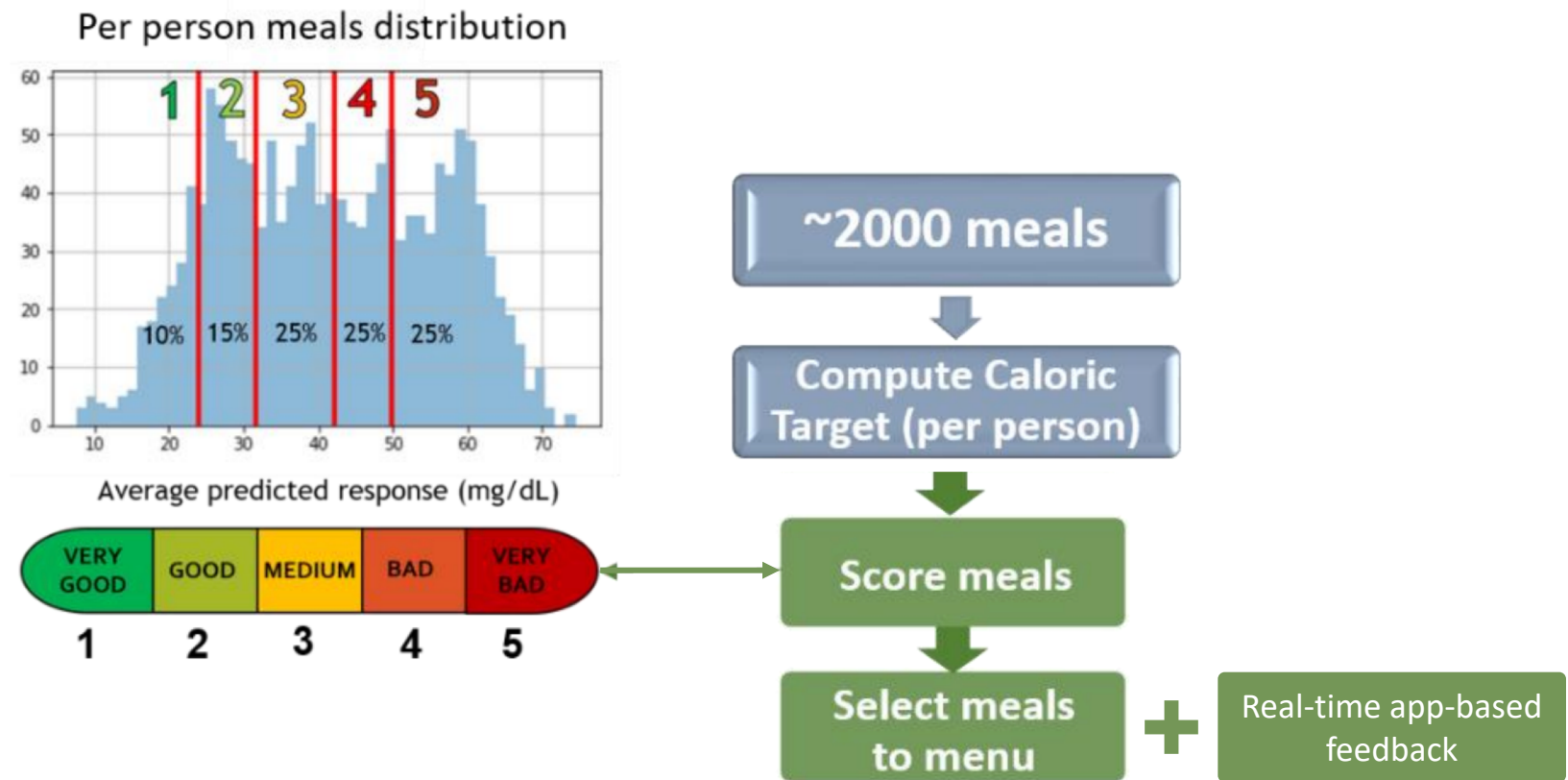


Is this useful for long-term interventions?

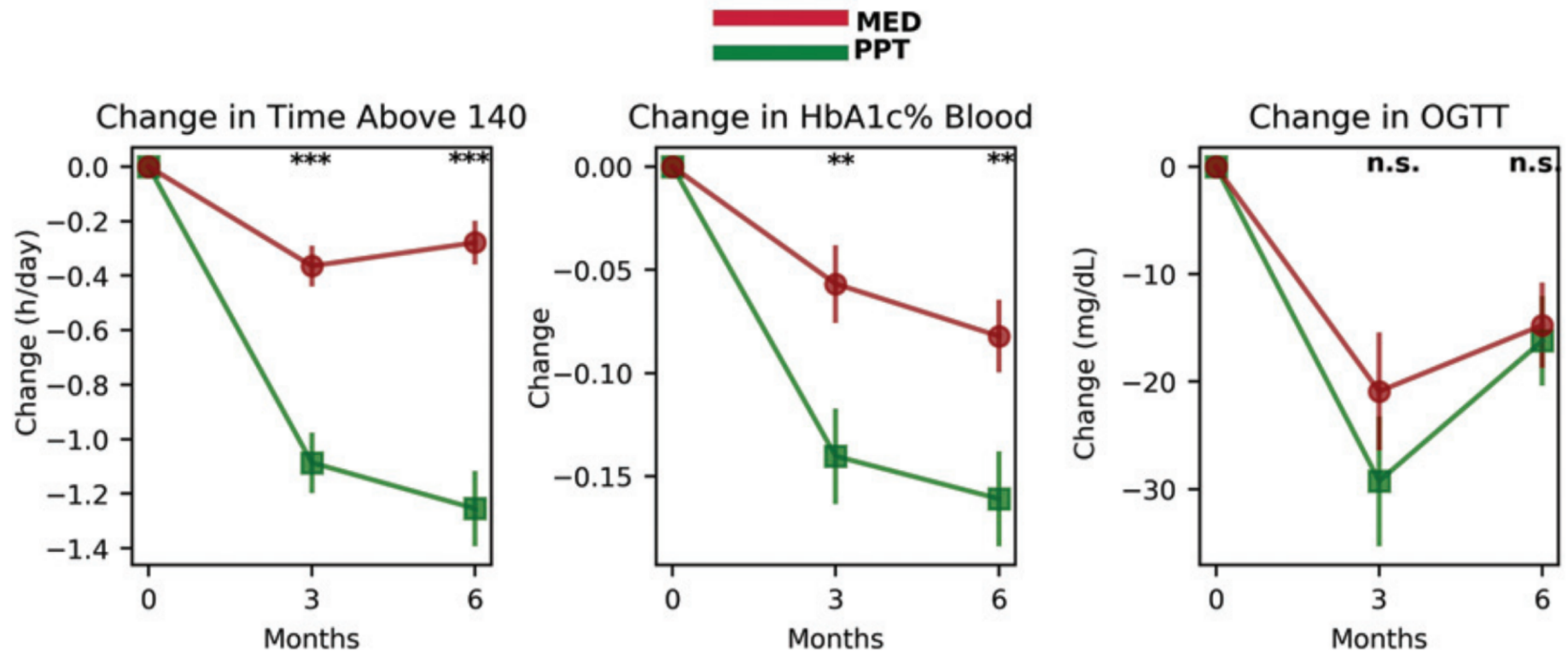
Challenges with translation to interventions

- Scores a meal rather than provide insights
 - Really not what people expect
 - Not straight forward to devise interventions
 - Accounting for preferences is challenging
 - Maintaining caloric target is external to prediction framework
- Strong assumptions on causality
 - Probably easier to make than for “long-term” outcomes
- Requires extensive variables
 - Real potential of using the gut microbiome

Long term, algorithm based intervention



Long term "algorithm-diet" achieves greater glycemic normalization



Rich data-sets facilitates multiple data-driven investigations

Predicting caffeine levels from diet data

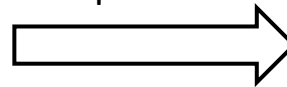


Participant	Logged diet			FFQ	
1					
2					
3					
...					
400					

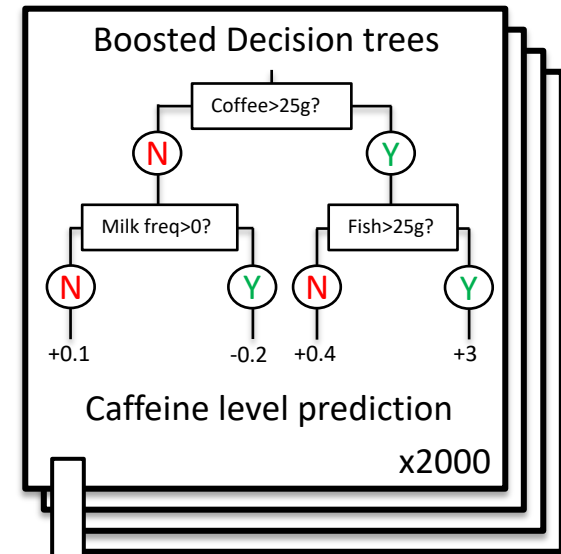
Caffeine levels

0.1
1.1
-0.2
...
-1.4

Train predictor



Caffeine predictor



Use predictor to predict caffeine levels

Predicted

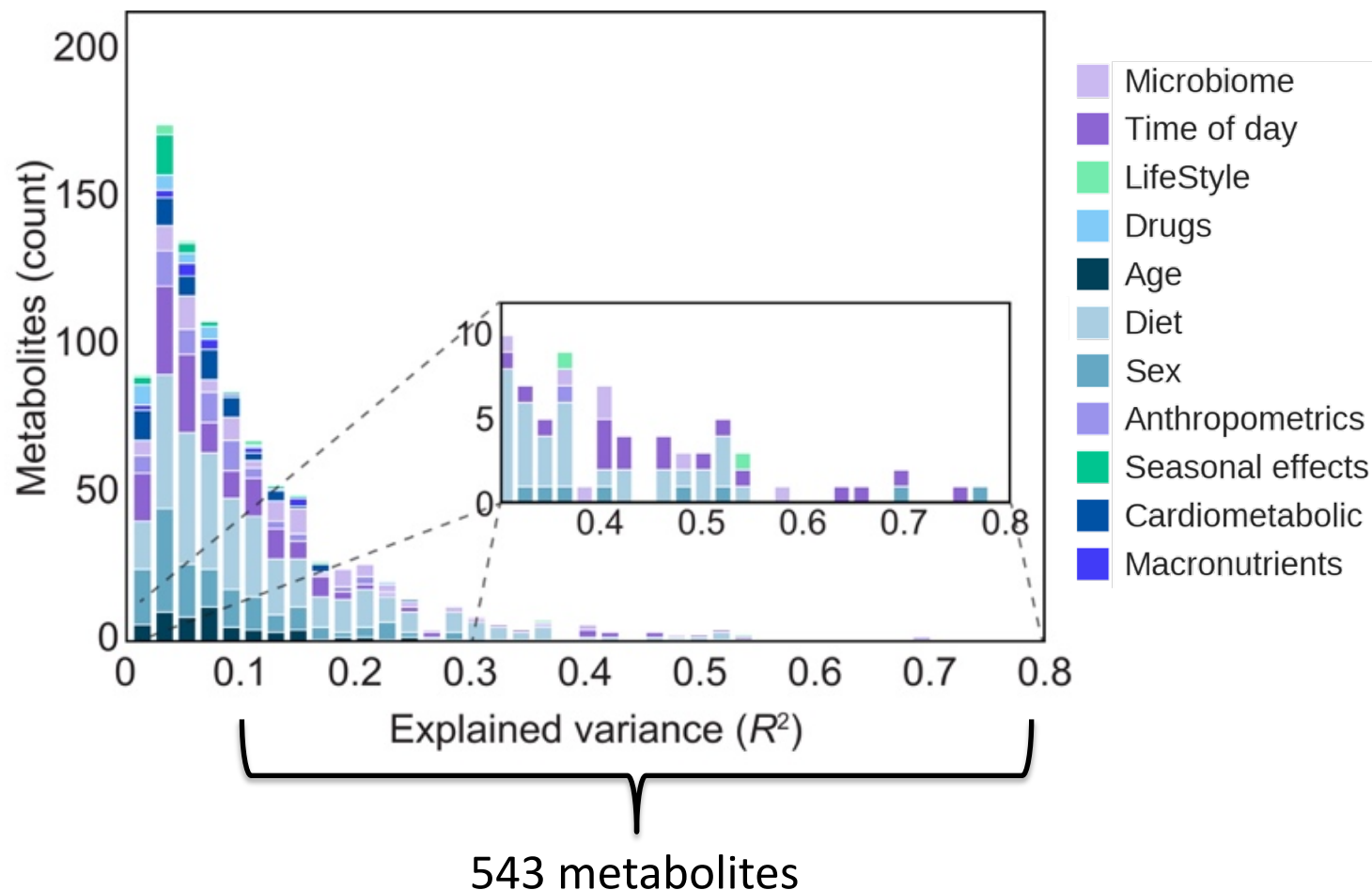
0.2
1.3
-0.5

Measured

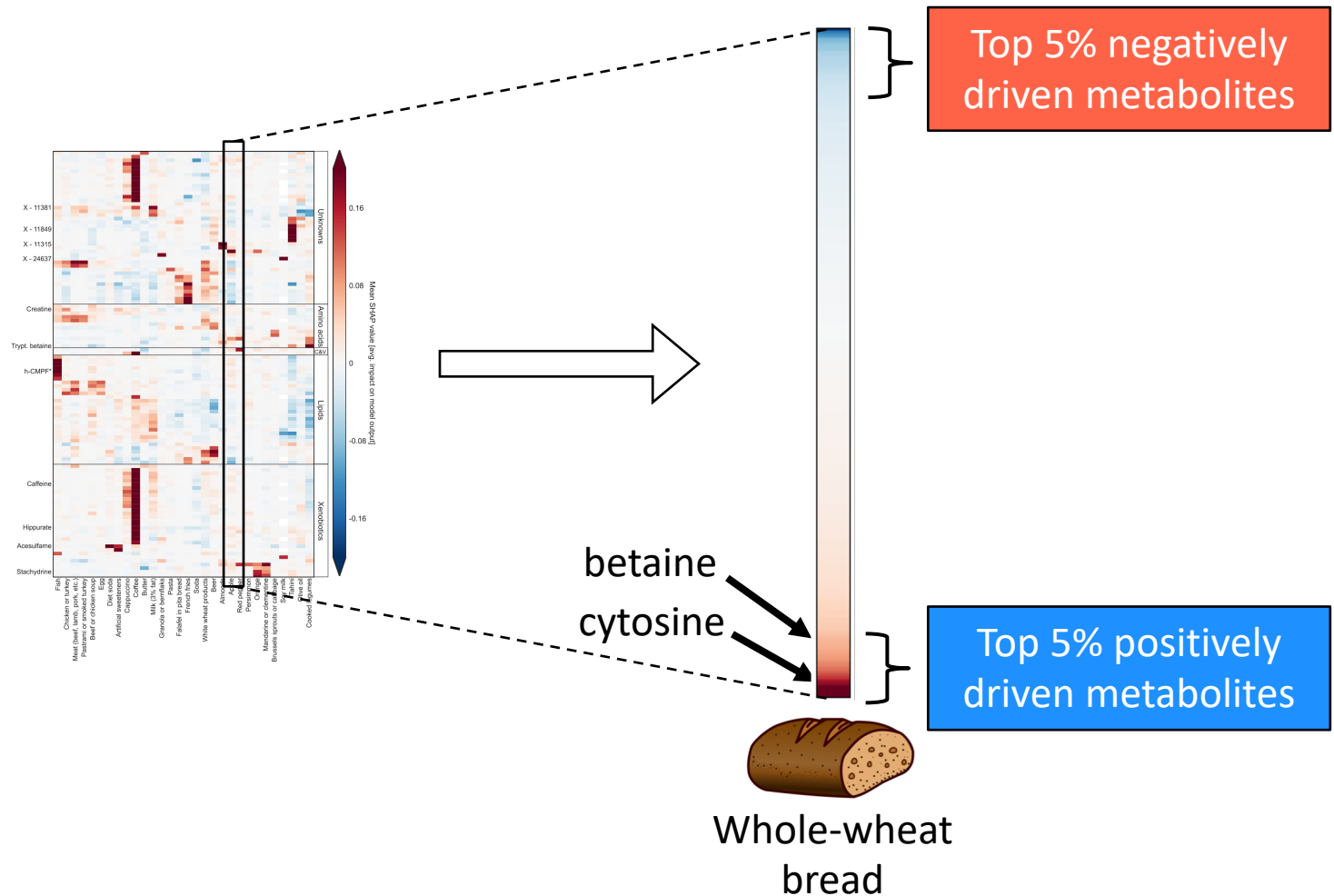
0.3
1
-0.2

?
=

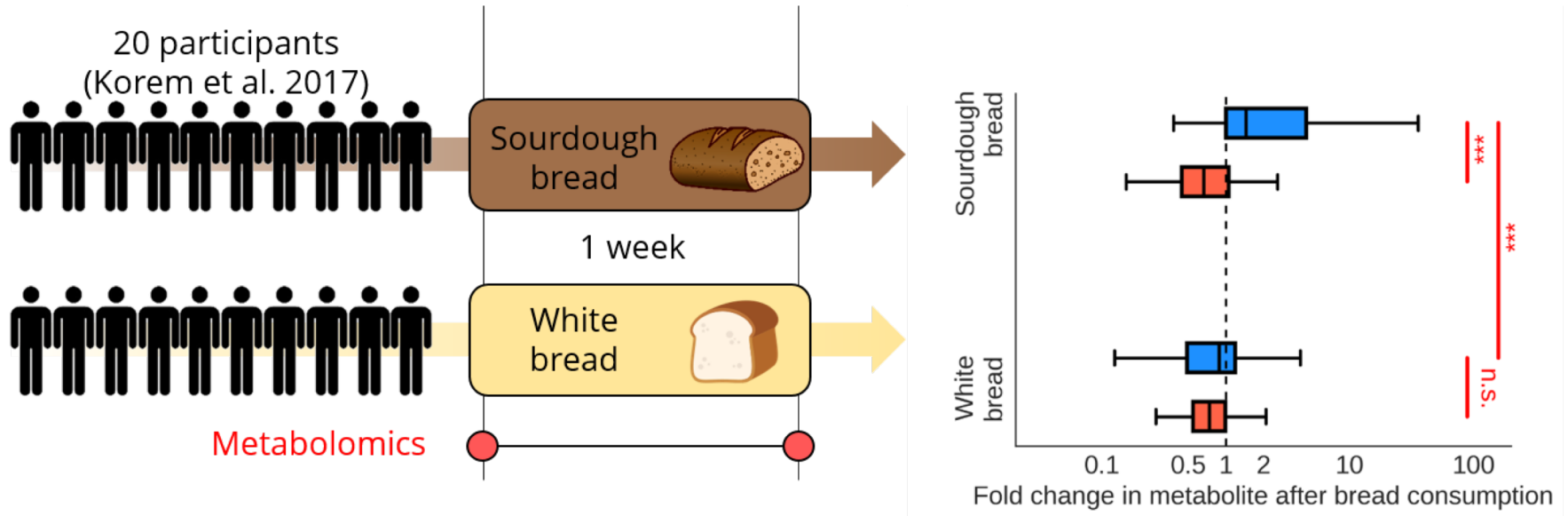
Our predictive models explain over 10% of the variance for 543 metabolites



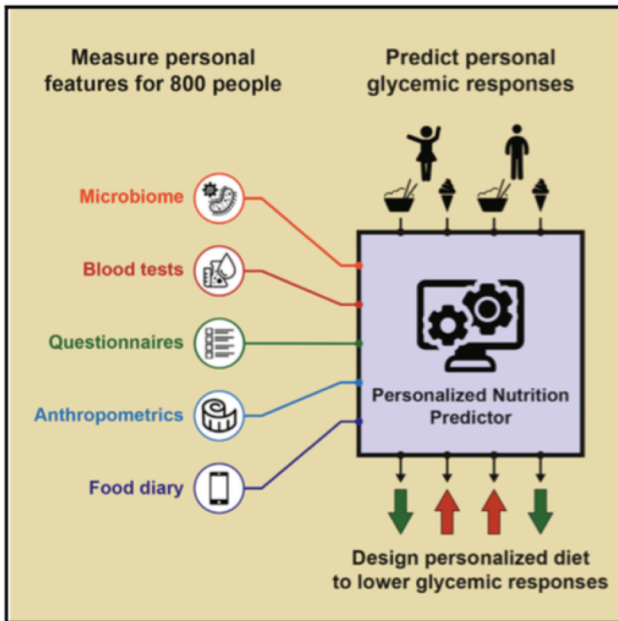
Metabolites associated with sourdough consumption increase after sourdough (but not white bread) intervention



Metabolites associated with sourdough consumption increase after sourdough (but not white bread) intervention

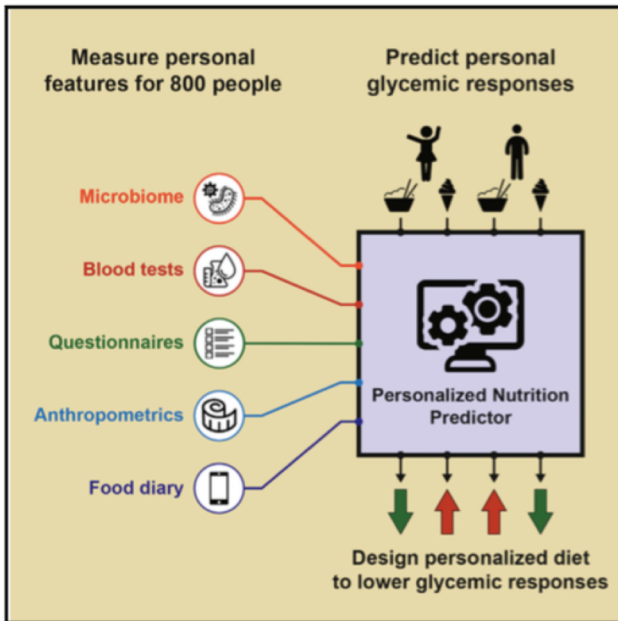


Summary



- **High interpersonal variability** in post-meal glucose response to identical meals
- Personal and microbiome features enables **accurate glucose response prediction**
- Personalized dietary interventions **successfully lower post-meal glucose**

Summary



- Importance of **real-time logging**
- Benefits of **participant engagement** and **data-sharing**
- The **challenges** of using this approach for **long-term dietary interventions**

Acknowledgements

Prof. Eran Segal

Noam Bar

Adina Weinberger

Omer Weissbrod

Noam Bar

Orly Ben-Yacov

Dar Lador

Tali Avnit-Sagi

Maya Lotan-Pompan

Elad Matot

Daphna Rothschild

Gal Malka

Noa Kosower

Michal Rein

Rony Bikovsky

Sigal Leviatan

Dr. David Zeevi

Prof. Eran Elinav

Niv Zmora

Jotham Suez

Jemal Ali Mahdi

Gili Zilberman

Lenka Dohnalova

Meirav Pevsner-Fischer

Prof. Avraham Levy

Ben Z. Goldberg

Dr. David Israeli

Kfar Shaul Medical Center

Prof. Zamir Halpern

Tel-Aviv Sourasky Medical Center

IMI DIRECT consortium

Dr. Tim D. Spector

