Estimating and interpreting Biological Age

Peter Joshi Unil 10 Feb 2022

Disclosures

Until 2021, Peter Joshi was a tenured member of faculty, and is now an Honorary Fellow, at University of Edinburgh

He is now founder of a genomic advisory business - Geromica He currently advises Humanity Inc and Global Gene Corp, on genetics and healthy aging









Summary

Biological Age (BA)

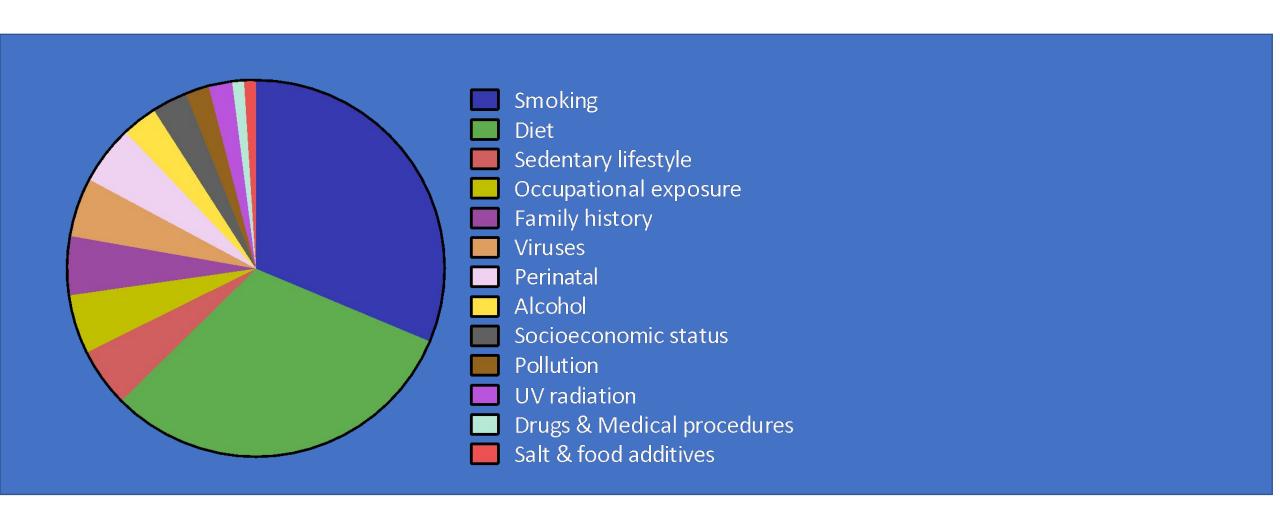
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- BA has immense intuitive meaning to lay people, but is not well defined

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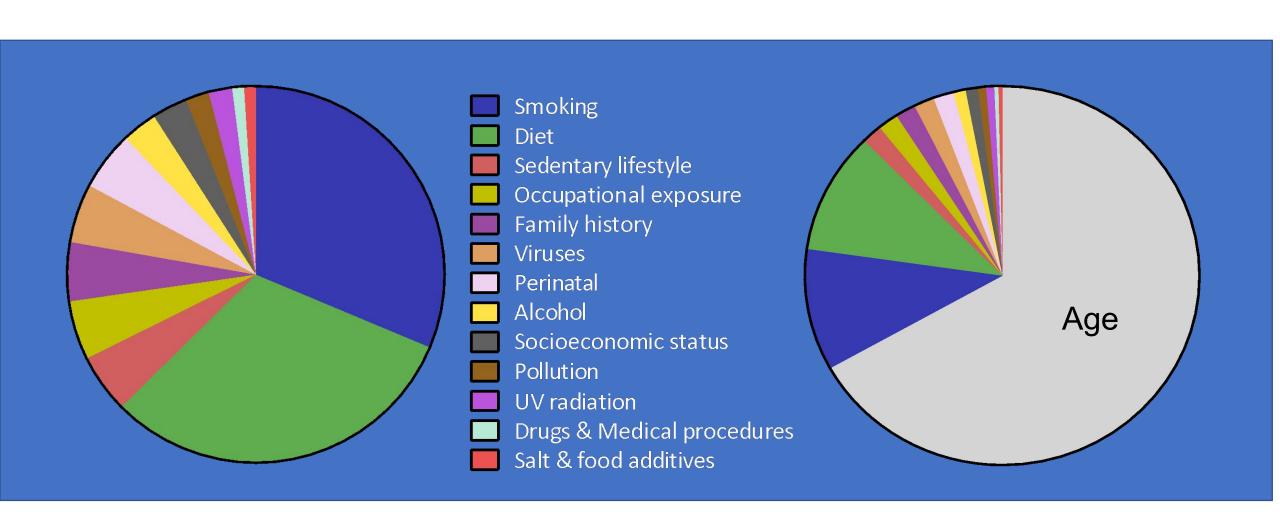
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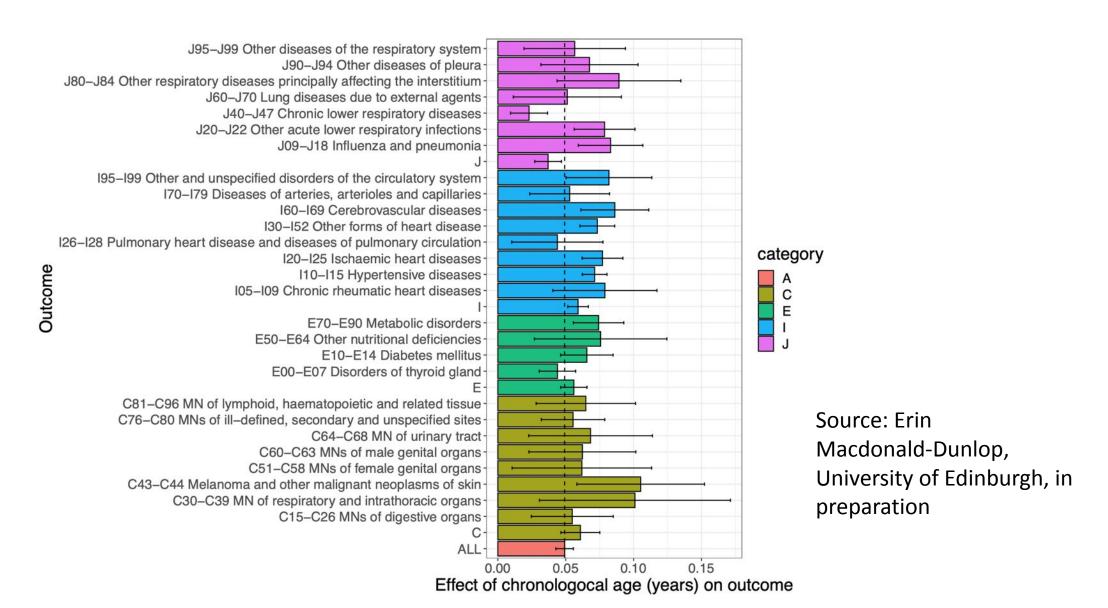
Risk Factors for Cancer



Risk Factors for Cancer



The effect of age on disease



What is Aging?

Passage of time

Molecular changes

shortening of telomeres, genomic instability, DNA methylation pattern, deregulated nutrient sensing, mitochondrial dysfunction, cellular senescence, stem cell exhaustion, loss of proteostasis and altered intercellular communication

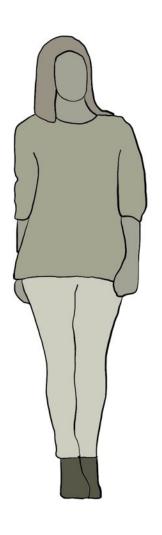
López-Otín, C., Blasco, M. A., Partridge, L., Serrano, M. & Kroemer, G. The Hallmarks of Aging. *Cell* **153**, 1194–1217 (2013)

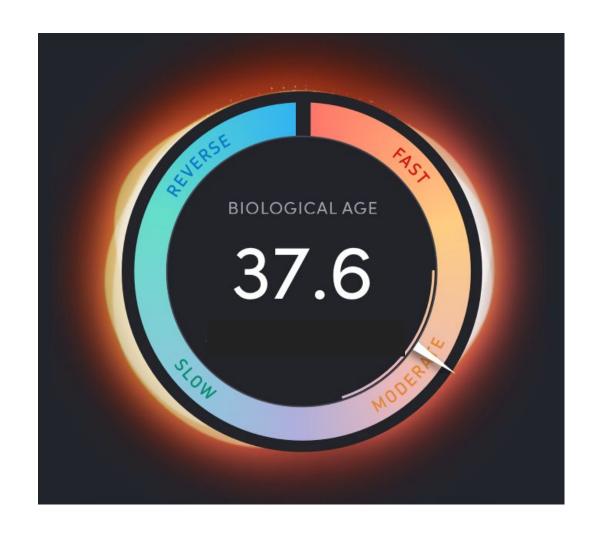
Phenotypic characteristics

greying hair, baldness, loss of skin elasticity and worsening of posture

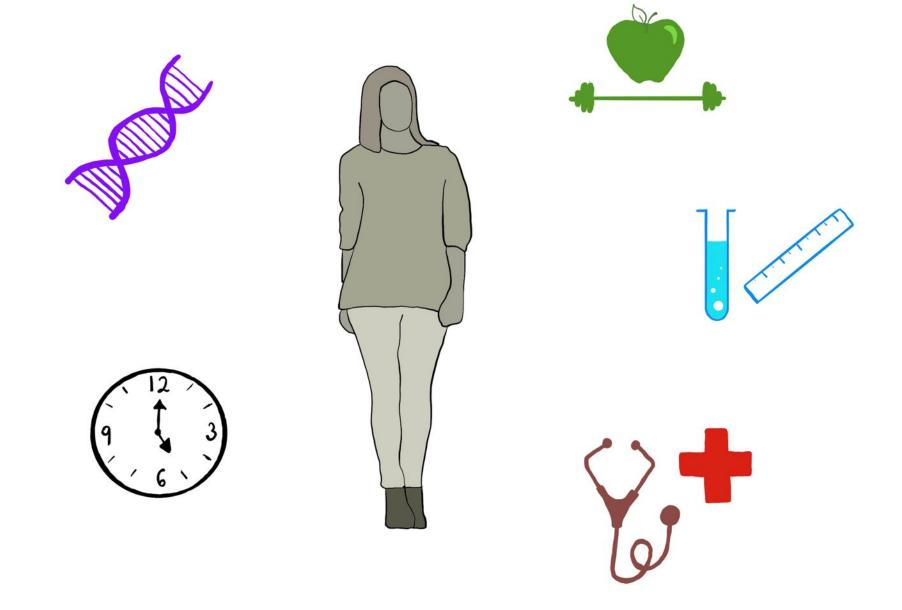
decline in eyesight and hearing and hypertension

Biological Age

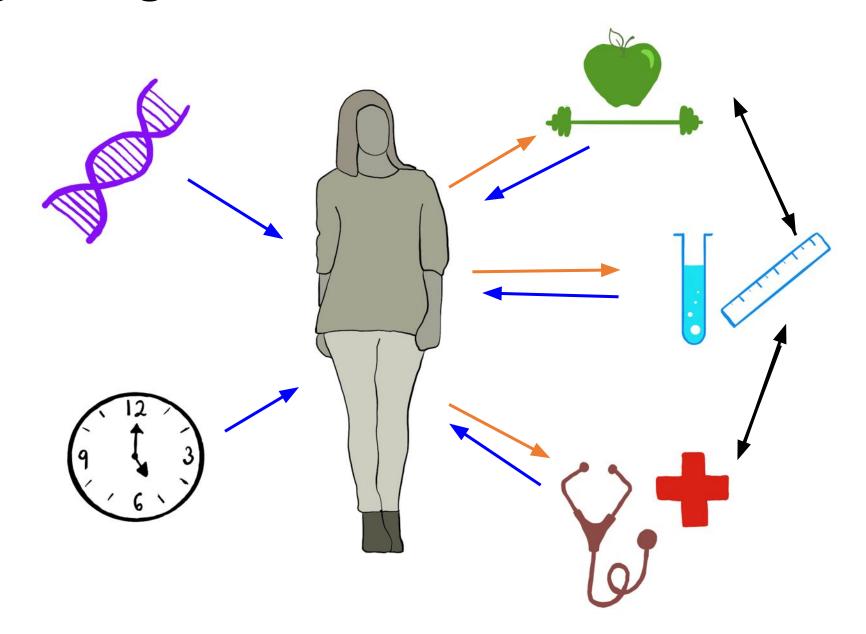




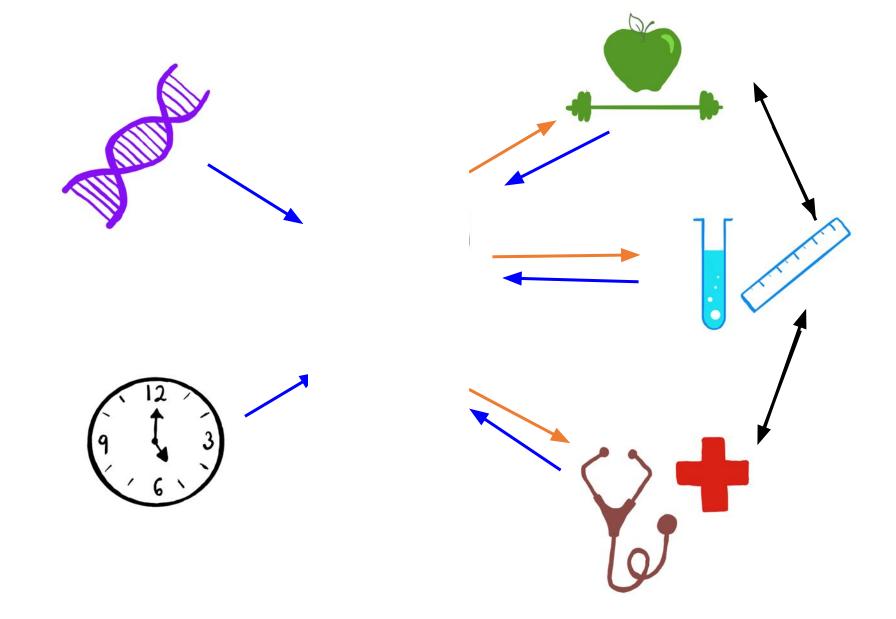
Biological Age associates with



Biological Age causation



Biological Age is hidden



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Abstract — This article presents a conceptual discussion of some aspects involved in biomarkers of aging. A biomarker of aging is a biological parameter of an organism that either alone or in some multivariate composite will, in the absence of disease, better predict functional capability at some late age than will chronological age. The reasons for undertaking biomarker research, criteria for putative biomarkers, measurement and assessment of putative biomarkers, and the new initiative by the National Institute on Aging in biomarker research are discussed.

Key Words: physiological age, chronological age, predictors of functional capability, species longevity, age-associated pathologies, biomarkers of aging, interventions in aging, validity of biomarkers

Beat the birth certificate

3	EXTRAIT DE L'ACTE DE NAISSANCE N° Uittreksel uit de geboorteakte nr. Auszug aus dem Geburtseintrag Nr. Extract from birth registration n°		884			
4	Date et lieu de naissance Geboortedatum en -plaats Tag und Ort der Geburt Date and place of birth	Jo	Мо	An		
5	Nom / Naam / Name / Name					
6	Prénoms / Voornamen / Vornamen / Fo	prenames				
7	Sexe/Geslacht/Geschlecht/Sex M 8	Père / Va	ader / Vater	/ Father	9	Mère / Moeder / Mutter / Mother

Biological Age Suggested Properties

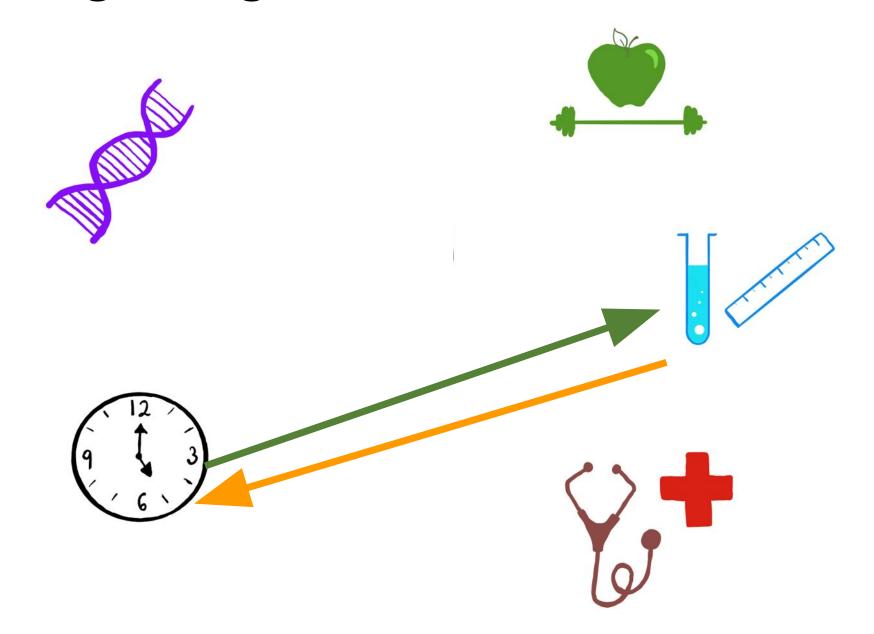
- the average biological age of people is their chronological age
 - -> reference population
- the group of people with a given biological age exhibit the same AVERAGE
 - health outlook or ?
 - biomarkers or
 - both?
 - as the AVERAGE for the group with that chronological age
- biological age should not be subject to mean reversion

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Chronological Age estimation



The NxP prediction problem

Penalised regression

$$y = \mathbf{X}\boldsymbol{\beta} + \boldsymbol{\varepsilon}$$

y: observed outcome (chronological age)

X: nxp matrix of predictors (methylation rates)

$$y = \mathbf{X}\beta + \varepsilon$$

y: observed outcome (chronological age) for 656(n) subjects

X: nxp matrix of predictors (methylation rates) at 450k sites

p>> n

high colinearity amongst the predictors

Ordinary Least Squares

$$y = \mathbf{X}\boldsymbol{\beta} + \boldsymbol{\varepsilon}$$

- likely to lead to overfitting
 - poor prediction in second sample

Principal Components and stepwise Ordinary Least Squares

$$y=PC_n \beta' + \varepsilon$$

- + helps hugely with colinearity
- + / still uses whole predictor set
- difficult to interpret biologically

Penalised regression

$$M(\theta) = L(\theta|x) + \lambda P(\theta)$$

M: the objective function whose value is to be minimised

L: loss function, proportional to the residual sum of squares

P: penalty function

 λ : controls the trade-off between the two parts.

P: penalises non-zero effect estimates - discouraging overfitting

Ridge regression: L₂ penalty

$$M(\theta) = L(\theta|x) + \lambda P(\theta)$$

$$P(\beta) = \sum_{j=1}^{P} \beta_j^2$$

Because derivative of P(0) is zero, many small beta are favoured Issues with colinearity of predictor (eg two perfectly colinear)

LASSO - L₁ penalty

$$M(\theta) = L(\theta|x) + \lambda P(\theta)$$

$$P(\beta) = \sum_{j=1}^{p} |\beta_j|$$

Does not especially favour of small estimates: Variable selection as well as shrinkage

=> Sparse models

Elastic Net - mix of L₁ penalty, L₂ penalty

$$M(\theta) = L(\theta|x) + \lambda P(\theta)$$

$$P(\beta) = \alpha P_1 + (1 - \alpha)P_2$$

 α : fixed or optimised via cross validation

Will focus on LASSO and elastic net

Training and testing

- models risk overfitting
 - Q:how would we know?
 - A:look at quality of prediction in fresh sample
- Training set random (75-90%) subset of data
- Test set complement
- compare r in training and test set
 - similar implies no overfitting

Omics Measures in ORCADES 1

$ \Phi $										
Omic	N	Mean Age	SD Age	Min Age	Max Age	% Female				
DEXA	1158	55.85	14.19	18.02	88	59.93				
DNAme Horvath CpGs	957	52.93	15.66	17.12	100.18	55.38				
MS Fatty Acids Lipidomics	952	53.41	15.49	16.84	91.47	55.78				
MS Metabolomics	861	52.81	15.05	17.12	90.79	57.38				
Clinomics	1815	53.35	15.03	16.5	91.47	59.56				
DNAme Hannum CpGs	1033	53.43	15.68	17.12	100.18	55.86				
UPLC IgG Glycomics	1937	53.13	15.29	16.5	100.18	60.51				
MS Complex Lipidomics	940	53.54	15.27	17.12	91.47	55.74				
NMR Metabolomics	1643	52.96	14.91	16.5	91.47	59.95				
PEA Proteomics	805	52.88	15.59	17.12	91.47	54.91				
Mega Omics	796	53.1	15.31	17.12	91.47	56.78				

Results

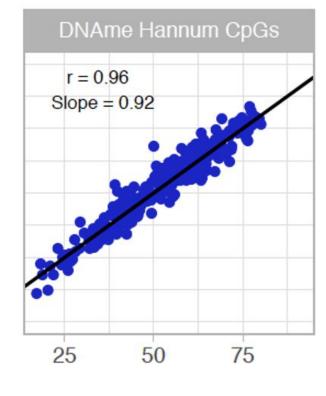
Research Paper

A catalogue of omics biological ageing clocks reveals substantial commonality and associations with disease risk

Erin Macdonald-Dunlop¹, Nele Taba^{2,3}, Lucija Klarić⁴, Azra Frkatović⁵, Rosie Walker⁶, Caroline Hayward⁴, Tõnu Esko^{2,7}, Chris Haley⁴, Krista Fischer^{2,8}, James F. Wilson^{1,4,*}, Peter K. Joshi^{1,*}

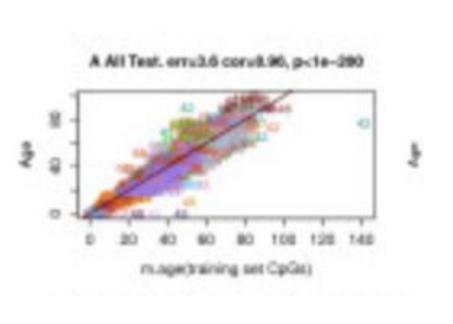
Genome-wide Methylation Profiles Reveal Quantitative Views of Human Aging Rates

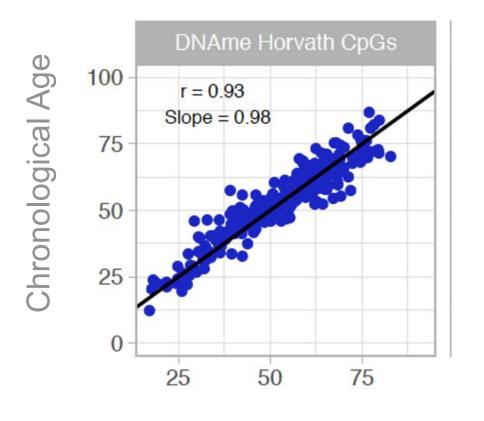
Gregory Hannum^{#1}, Justin Guinney^{#2}, Ling Zhao^{3,4,5}, Li Zhang^{3,4,5,6}, Guy Hughes^{4,5}, SriniVas Sadda⁷, Brandy Klotzle⁸, Marina Bibikova⁸, Jian-Bing Fan⁸, Yuan Gao⁹, Rob Deconde^{1,10}, Menzies Chen¹, Indika Rajapakse¹¹, Stephen Friend², Trey Ideker^{†,1,4,10}, and Kang Zhang^{†,3,4,5}



Chronological Age

Clock Age





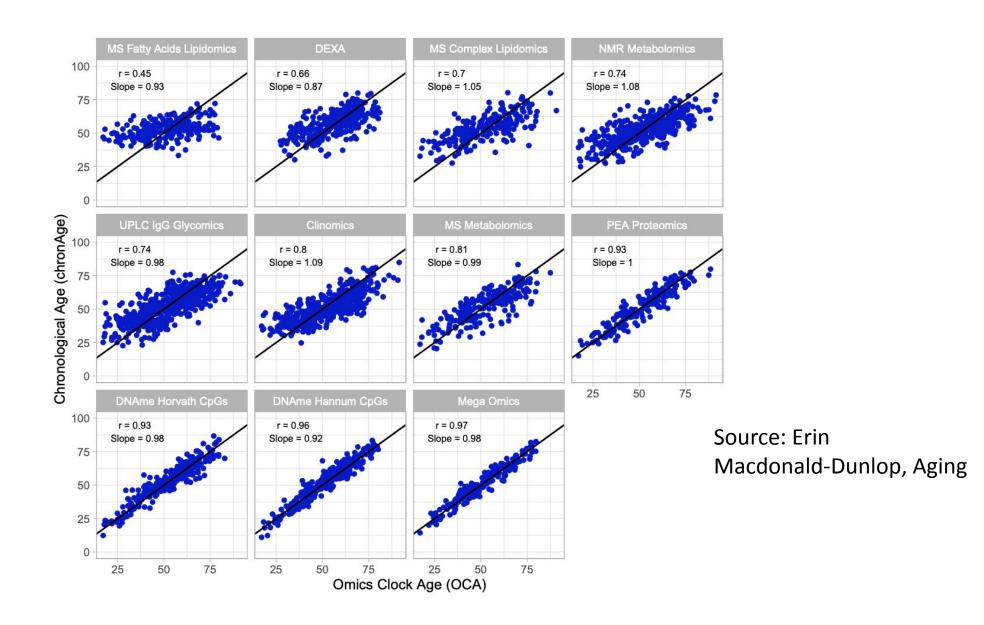
Clock Age

DNA methylation age of human tissues and cell types

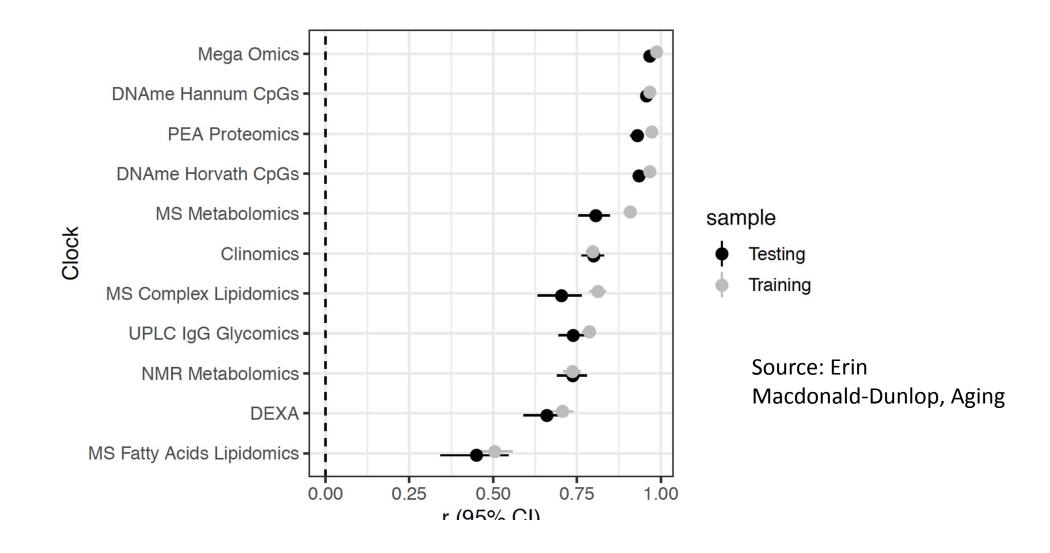
Steve Horvath

PMID: 24138928 PMCID: PMC4015143 DOI: 10.1186/gb-2013-14-10-r115

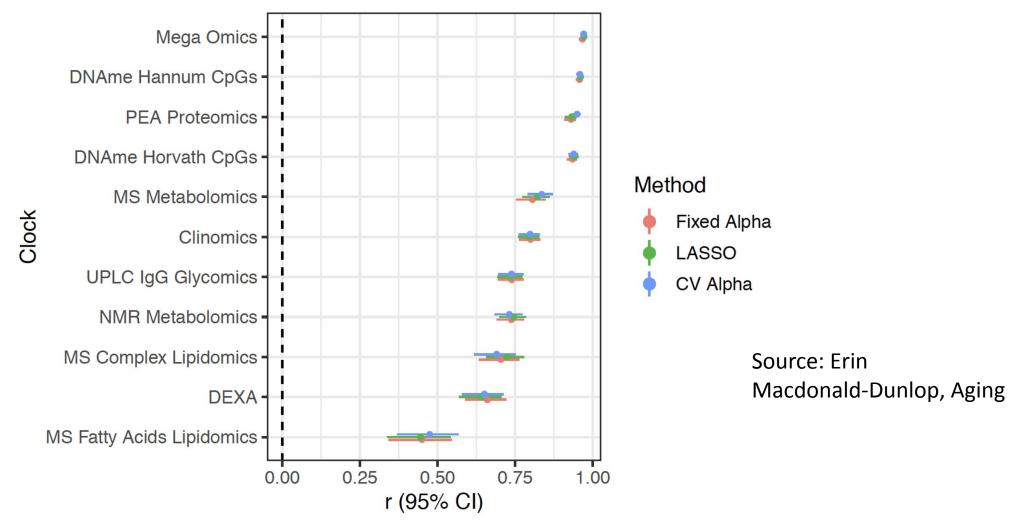
Froe DMC article



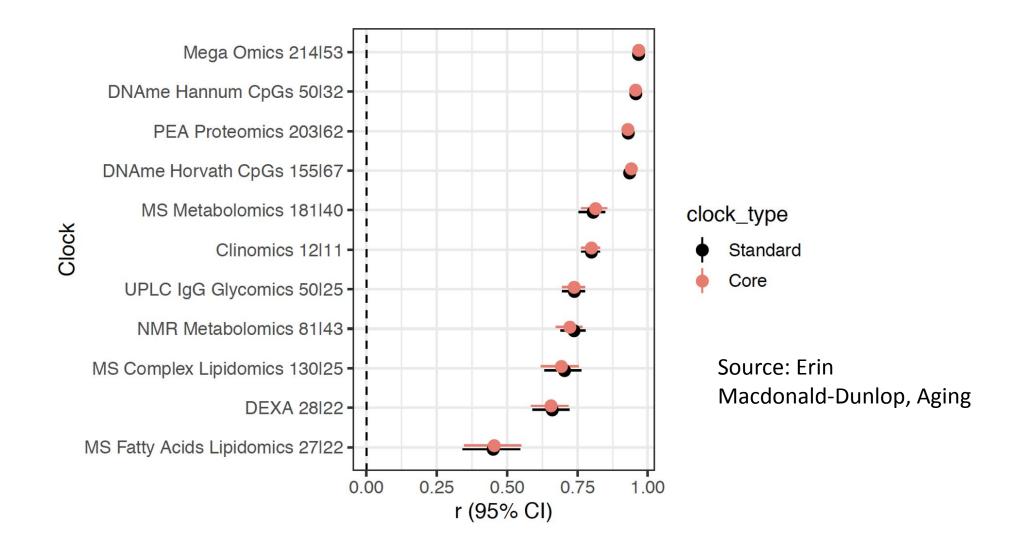
No evidence of substantial overfitting



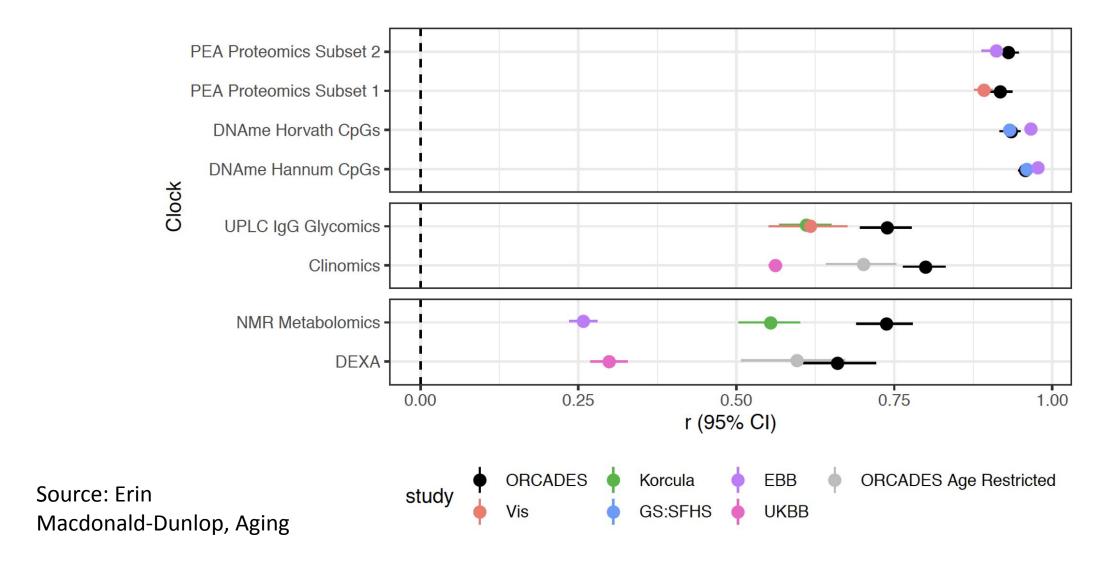
Correlation of ChronAge and OCA consistent, across penalised regression method



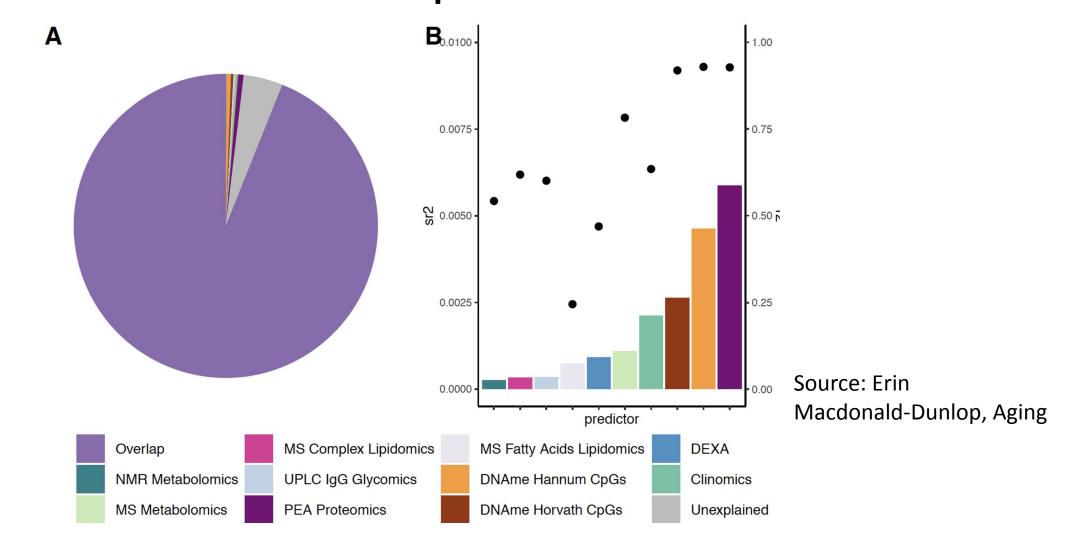
Not penalised enough?



Some predictions generalise, some don't



Most variation captured by multiple clocks -Proteomics most unique



Conclusions

- Penalised regression can create good estimates of chronological age
 - using a wide variety of different -omics assays
 - the assays tend to capture relatively similar features
- Optimising the penalty for correlation using cross validation may include more biomarkers than really needed
- Thoughts
 - use a more intelligent penalty function: L_{0.5}, cost ?
 - is Omics clock age acceleration a biological age, or an artefact

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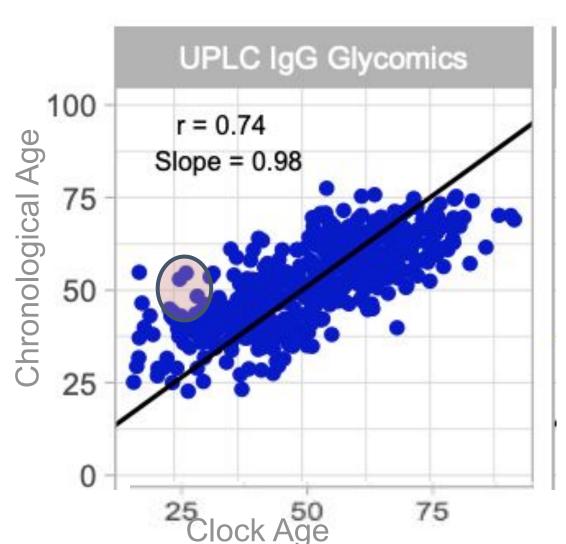
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Biological Age

Omics clock acceleration

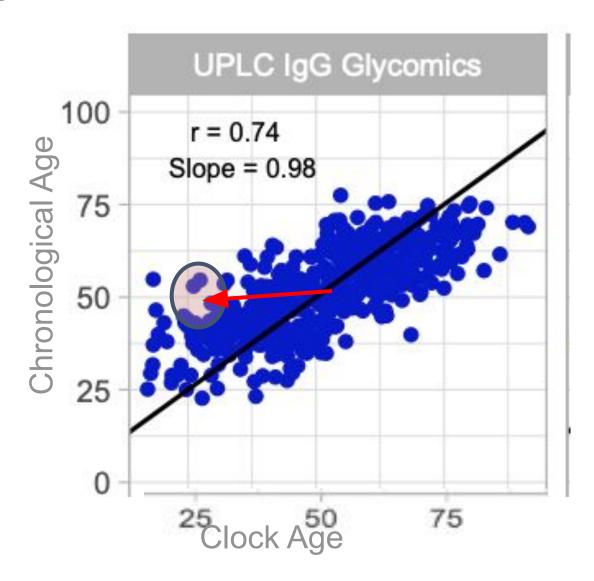
Biological age



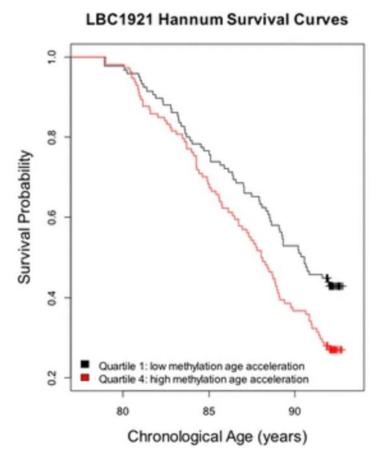
Source: Erin

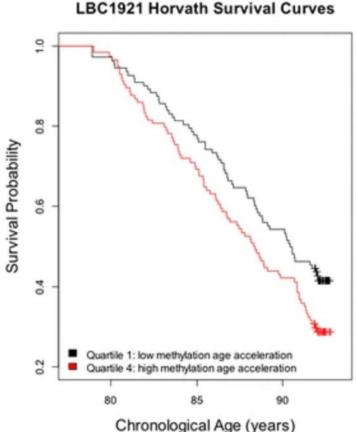
Macdonald-Dunlop, Aging

Biological age



Age acceleration does predict mortality



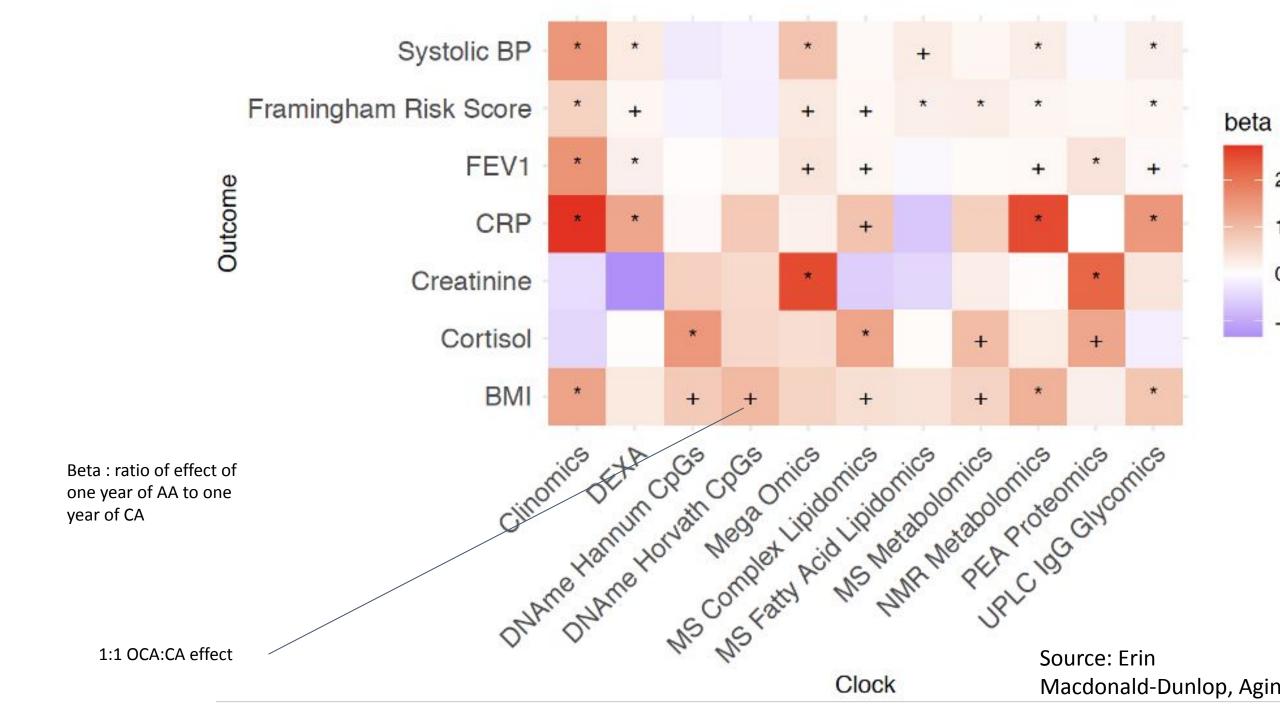


DNA methylation age of blood predicts all-cause mortality in later life

Riccardo E Marioni, Sonia Shah, [...] Ian J Deary

Genome Biology 16, Article number: 25 (2015) | Cite this article

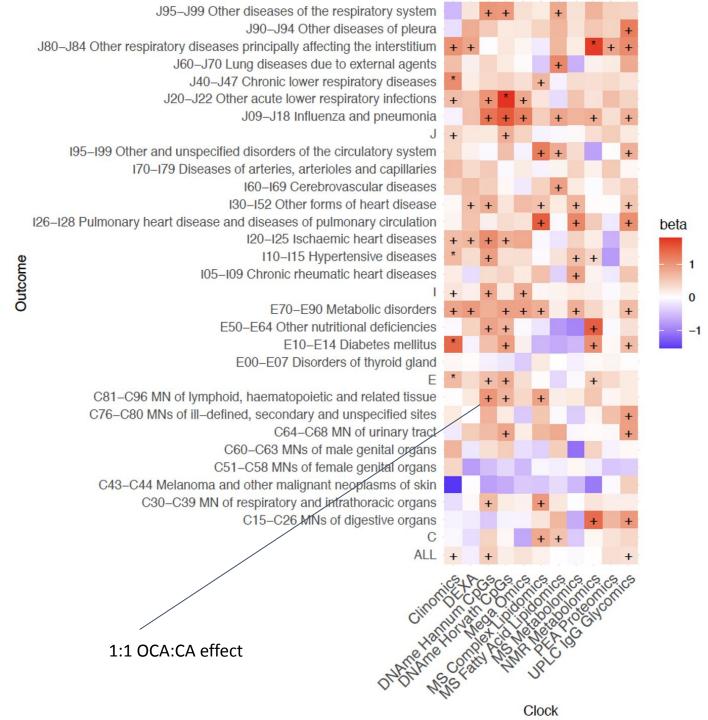
35k Accesses | 466 Citations | 334 Altmetric | Metrics



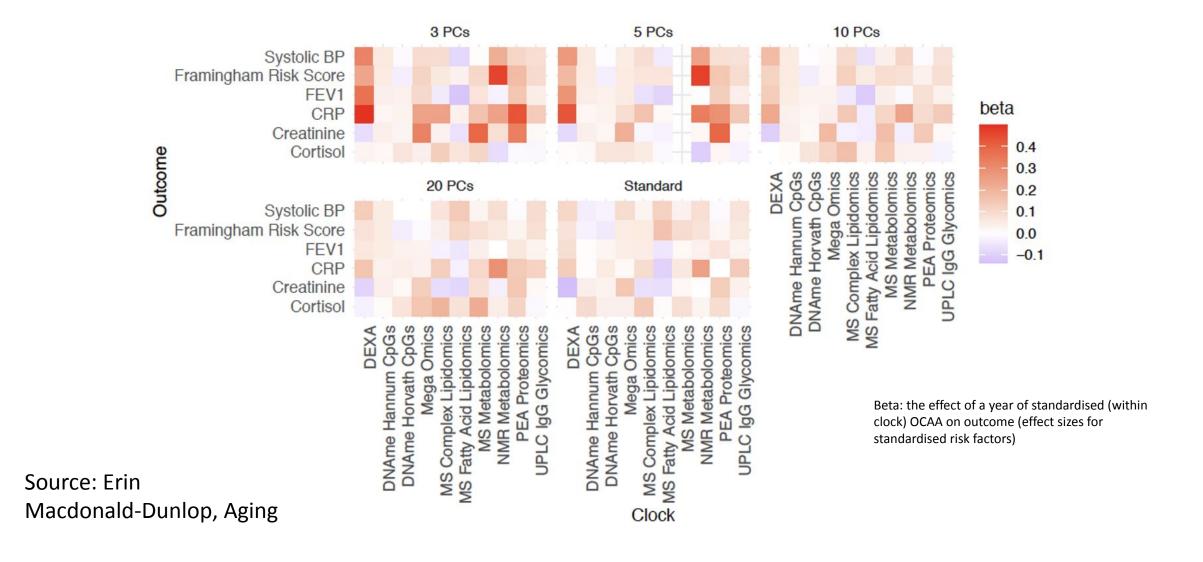
Positive age acceleration associations observed with increased disease risk.

Beta: ratio of effect of one year of AA to one year of CA

Source: Erin Macdonald-Dunlop, Aging



Clock residuals built using a few PCs more predictive



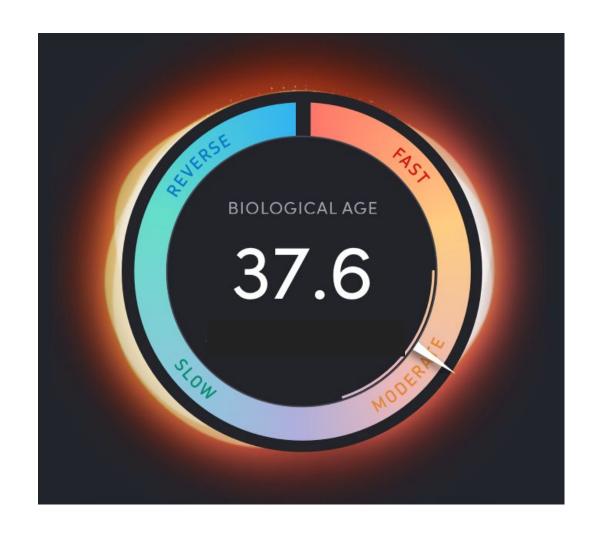
Conclusion

 Chronological age derived biological age models are somewhat predictive of health

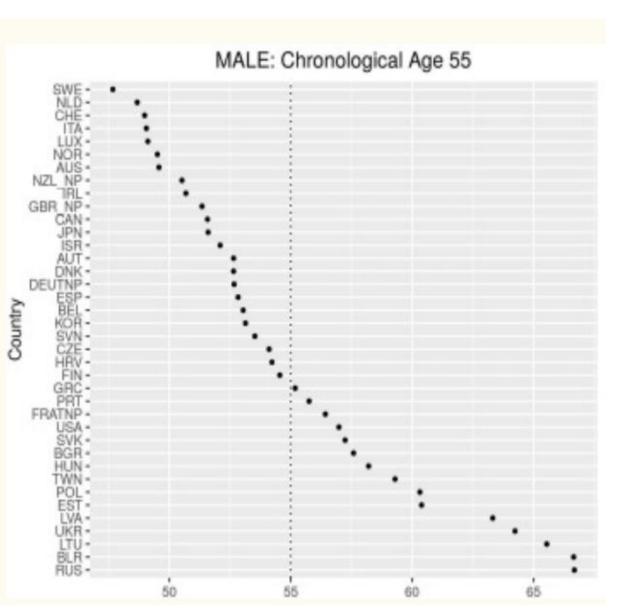
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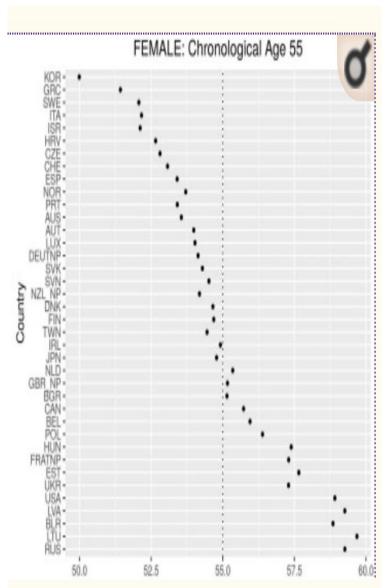
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An alternative approach



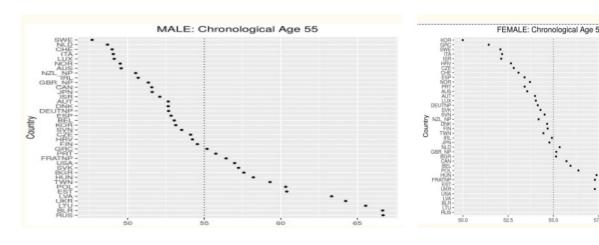


An alternative approach

- Interesting but is it useful?
 - birth certificate
- reference population
- regress -omics age for each country against (period ??)
 expectation of life

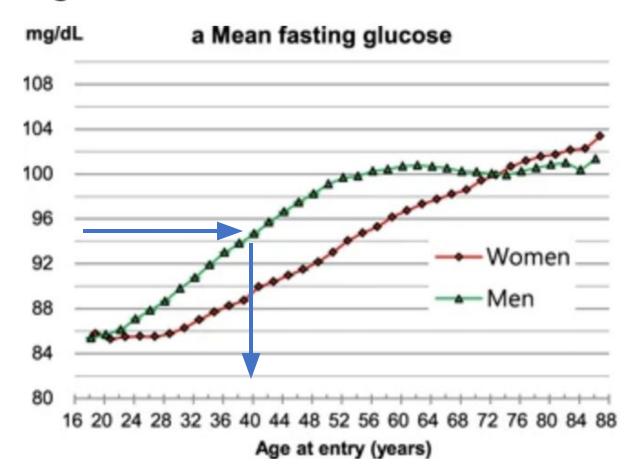
Moshe A. Milevsky

Schulich School of Business, York University, Canada Graduate Faculty of Mathematics and Statistics, York University, Canada



A simpler aging clock

Figure 1



Association between fasting glucose and all-cause mortality according to sex and age: a prospective cohort study

Sang-Wook Yi ⊡, Sangkyu Park, Yong-ho Lee, Hyang-Jeong Park, Beverley Balkau & Jee-Jeon Yi

Scientific Reports 7, Article number: 8194 (2017) Cite this article

3646 Accesses | 25 Citations | 2 Altmetric | Metrics

Outlook

- Chronological age predictors have potential forensic value
 - o in the absence of a verified birth certificate
- Biological age is gaining ground due to its intuitive and helpful interpretation
- Work needs to be done focussing on it providing value beyond the birth certificate
- The field needs to standardise its metrics and agree objectives
 a p-value or AUC are not enough
- Experiments need to be devised to distinguish an intrinsic hidden biological age from its correlates

Acknowledgements









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doi: https://doi.org/10.1101/2021.02.01.429117

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Appendix

We need better metrics

Study	n training	training outcome	r training outcome	second outcome	performance
marioni(horvath)	656	chron age	r=0.91	death	HR 1.11 [1.05,1.16]
levine (PhenoAge)	456	blood marker age	?	death	HR 1.045 [1.04,1.05]
Lui (GrimAge)					HR 1.1 [1.09,1.12]

"It is not meaningful to compare HR estimates (here HR=1.02 and HR=1.10, respectively) because these HR estimates critically depend on the scale/distribution of the respective mortality predictors. To provide a meaningful and scale-independent comparison, we focused on the meta-analysis P-values."