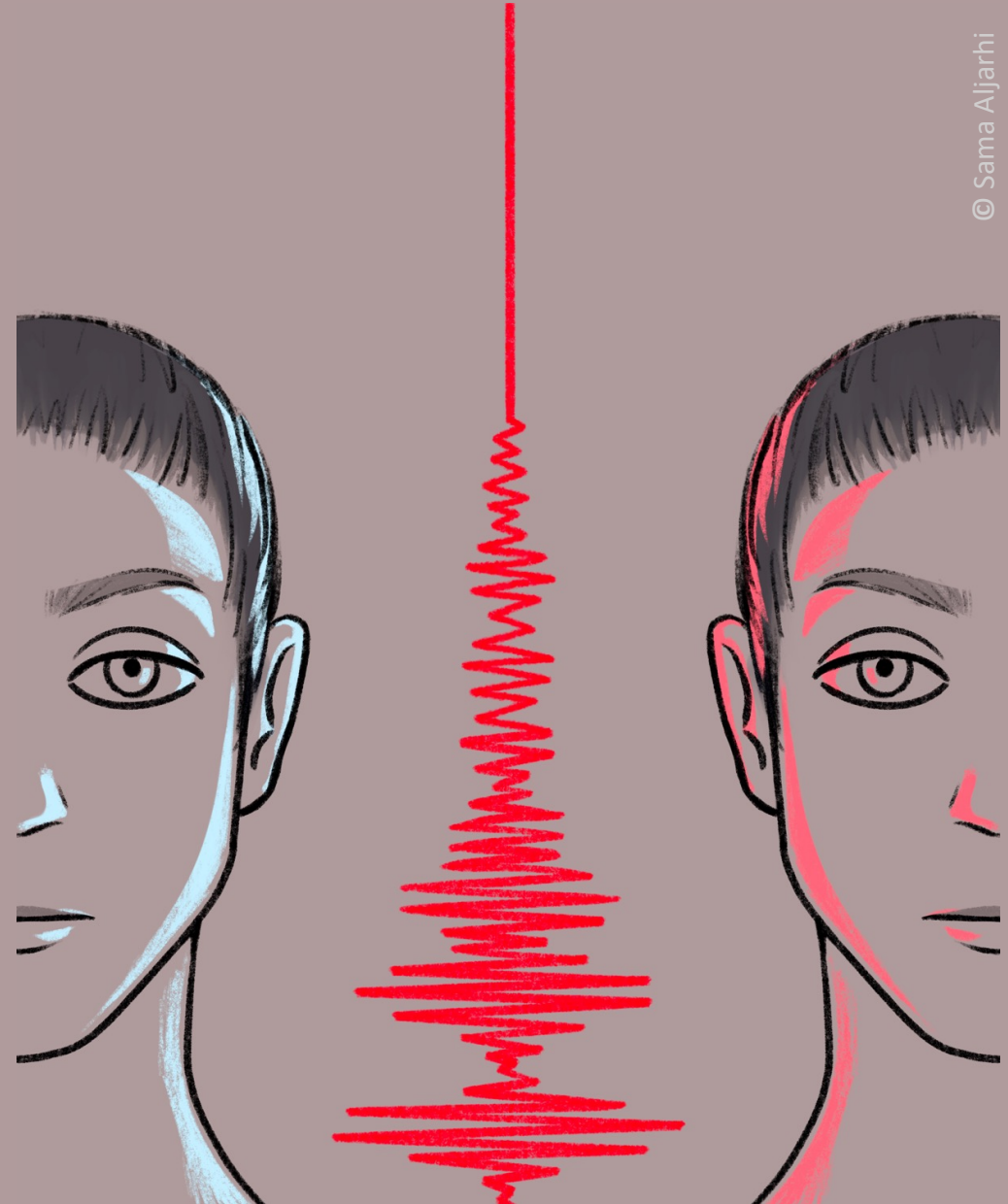


Infrared molecular spectroscopy
to better understand human health and disease

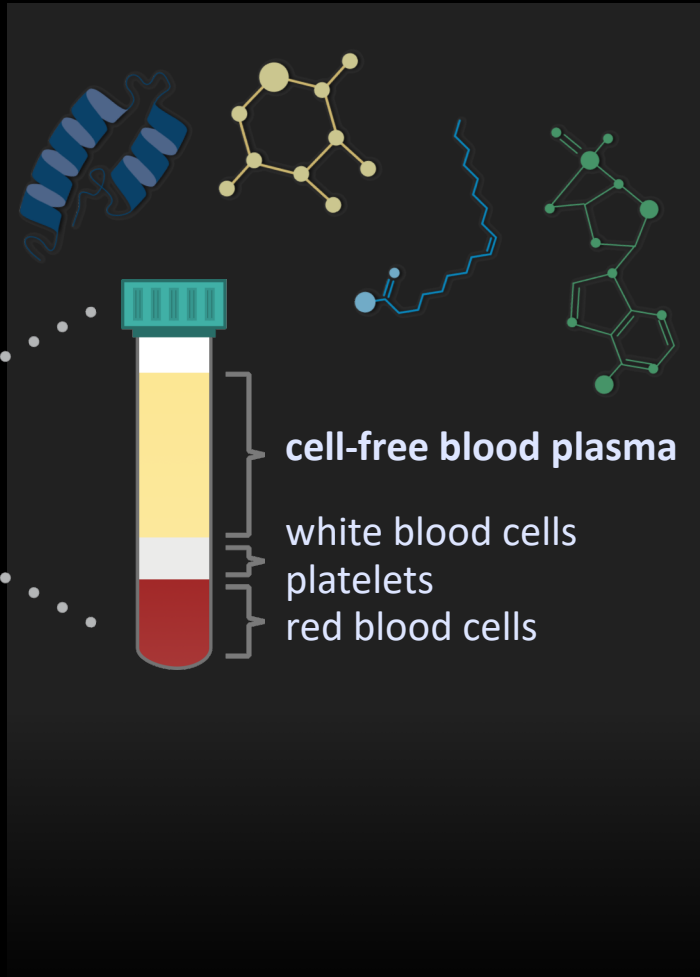
Mihaela Žigman



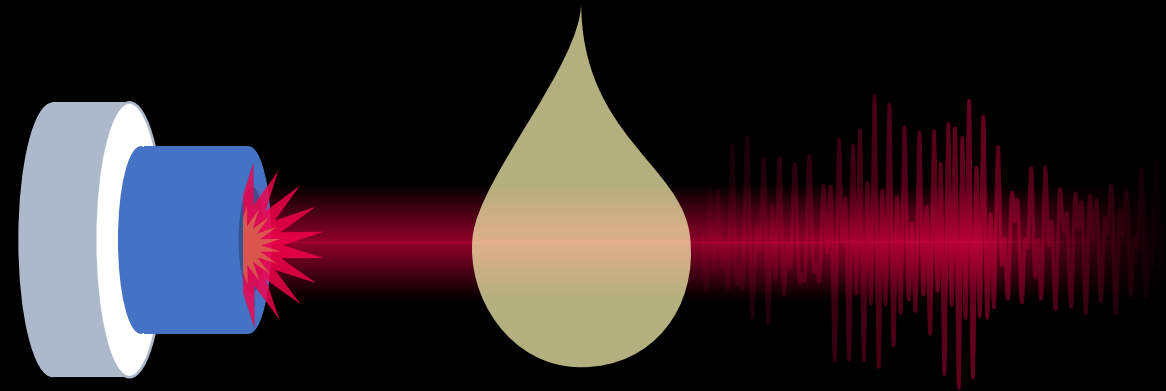
- Establish and apply *infrared molecular spectroscopy* and analytics to quantify system-level physiology.
- Profiling multi-molecular, health and cross-disease patterns, to identify strategies that improve patient outcomes.



Phenotypic cross-molecular probing for *in vitro* medical diagnostics

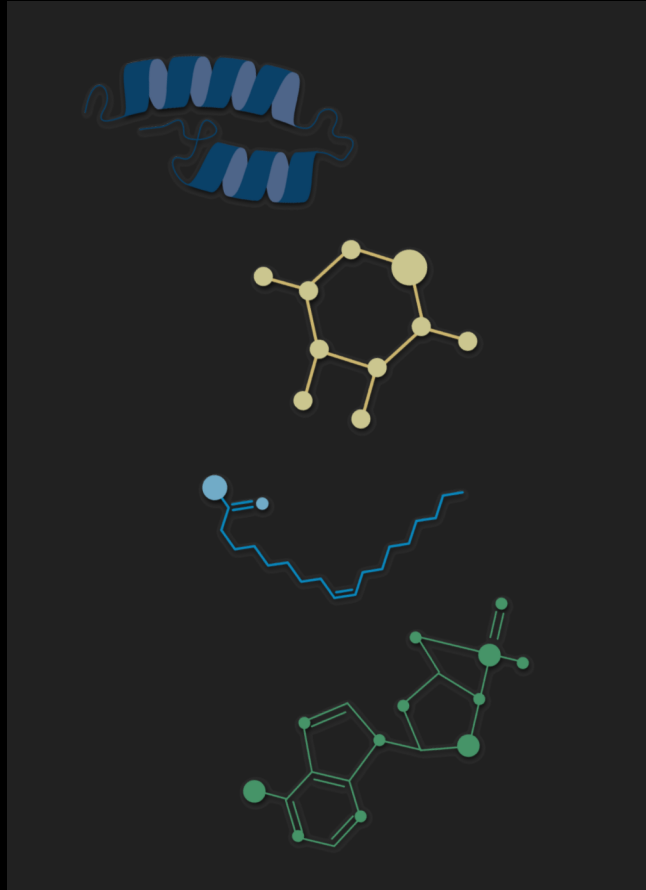


BROADBAND midIR VIBRATIONAL SPECTROSCOPY



- combination of patterns >> **INFRARED MOLECULAR FINGERPRINT**
- amplitude > quantity of bonds
- positioning > chemical bond identity

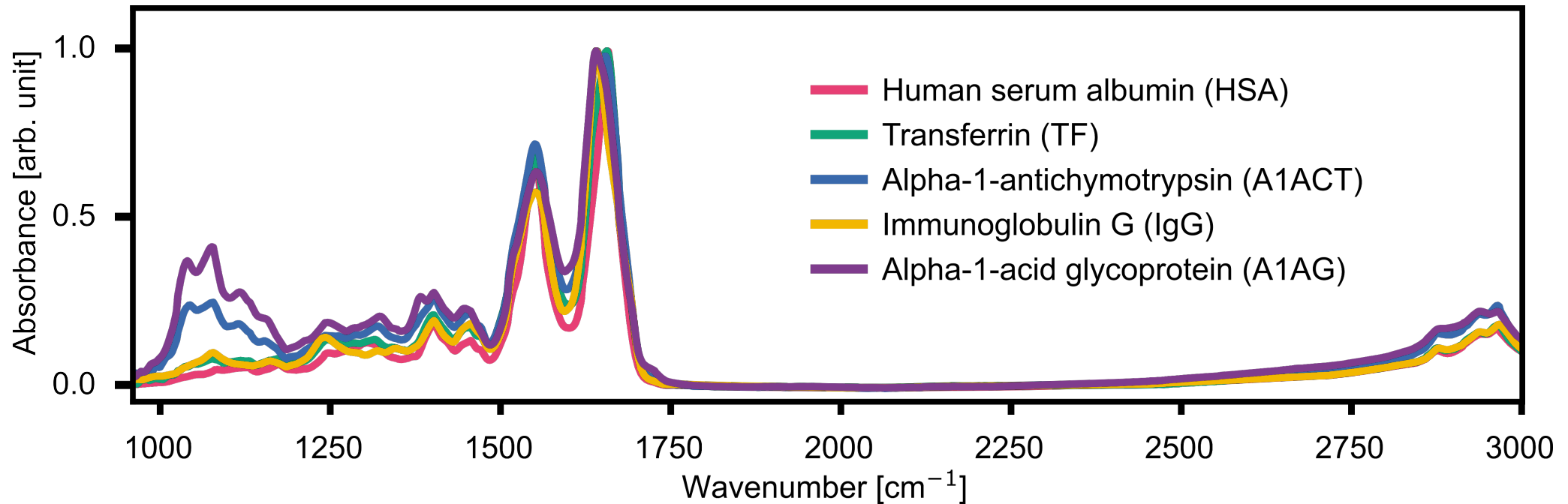
Molecular complexity of human blood-based matrices



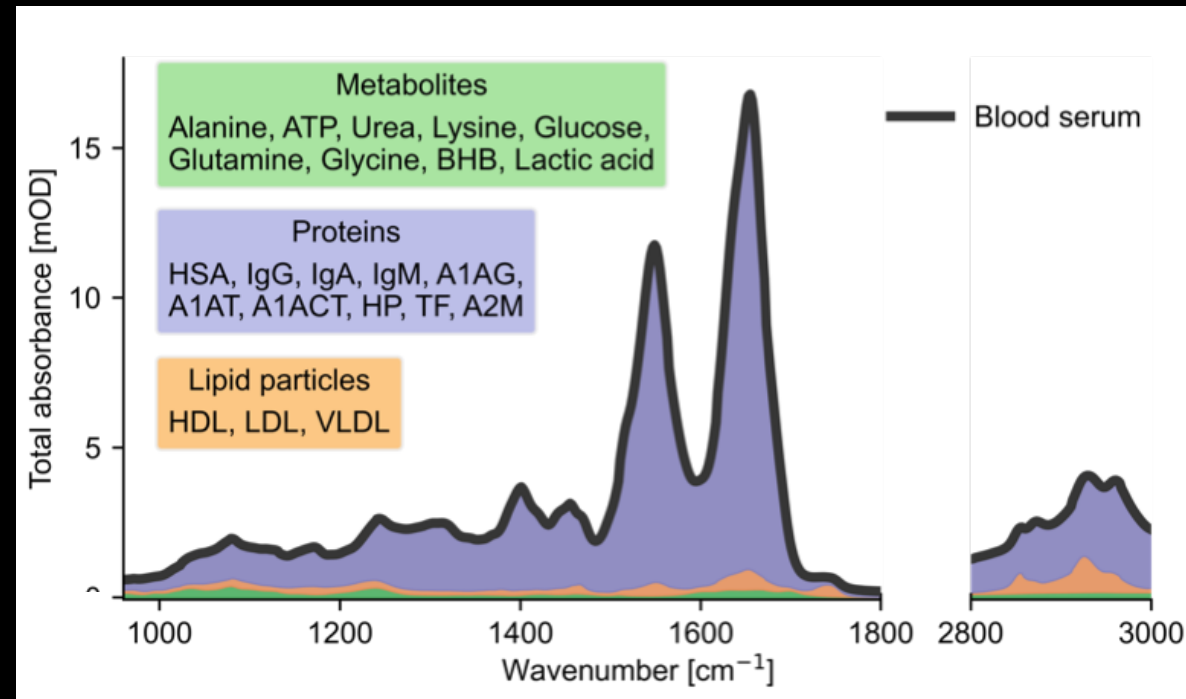
	PROTEINS	GLYCO- PROTEINS	METABOLITES	LIPIDS	GLYCANS
estimate (total)	75.000 (millions of isoforms)	>7.000	200.000 (millions of isoforms)	3.000	≥7.000
detected in blood plasma	12.000	2.000	18.000	590	>300

Molecular complexity of human blood-based matrices

Proteins

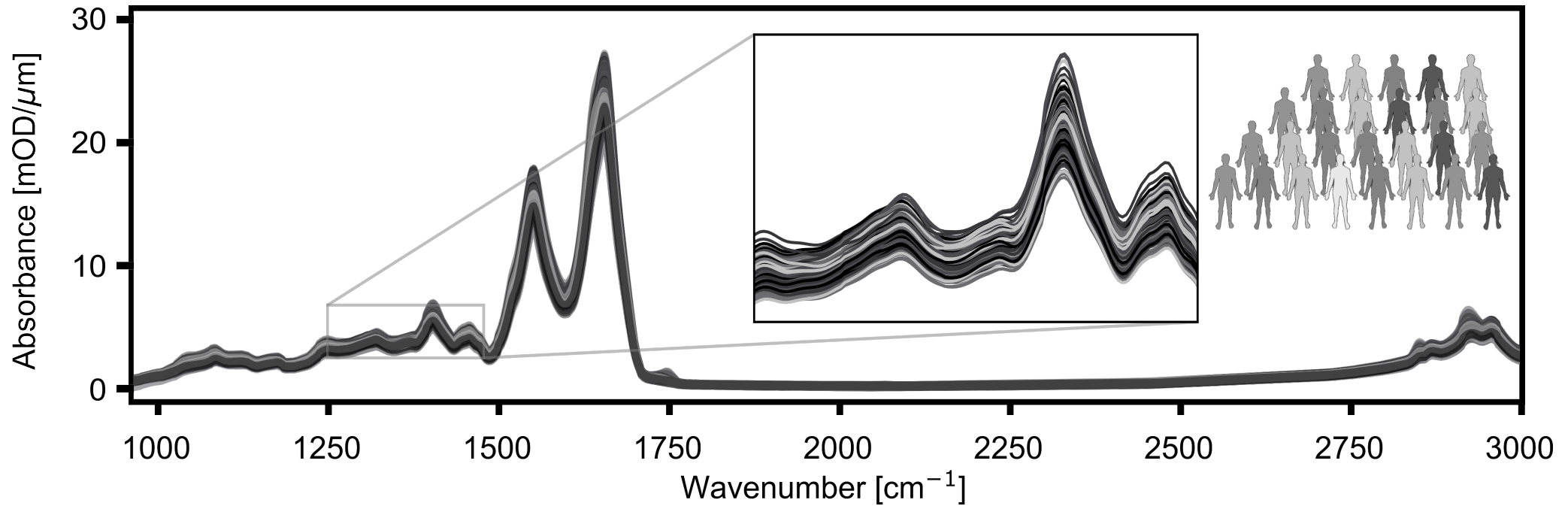


Decoding & Understanding of infrared molecular fingerprints



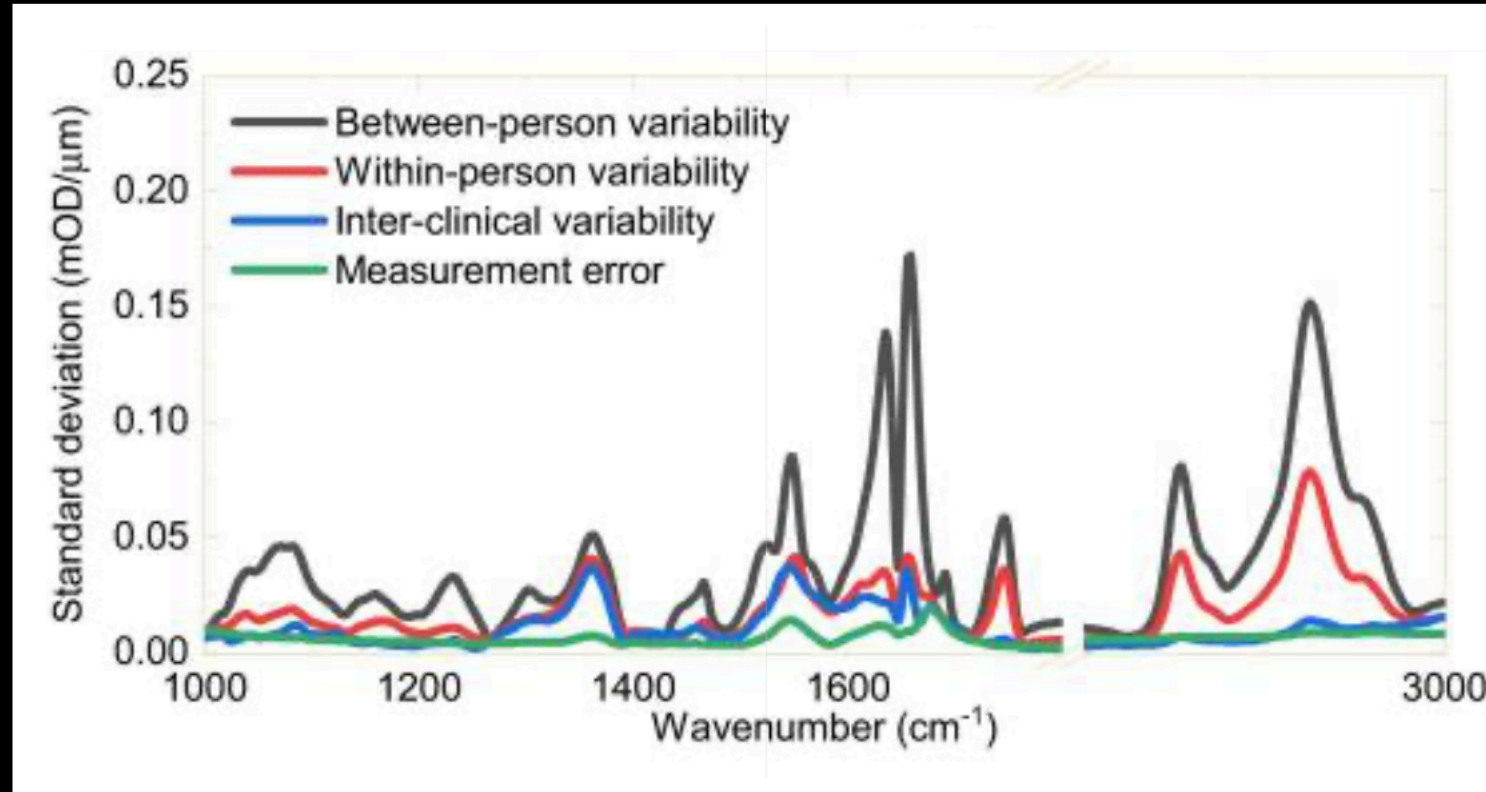
Infrared spectroscopy to probe complex multi-molecular matrices

probing crude human blood plasma



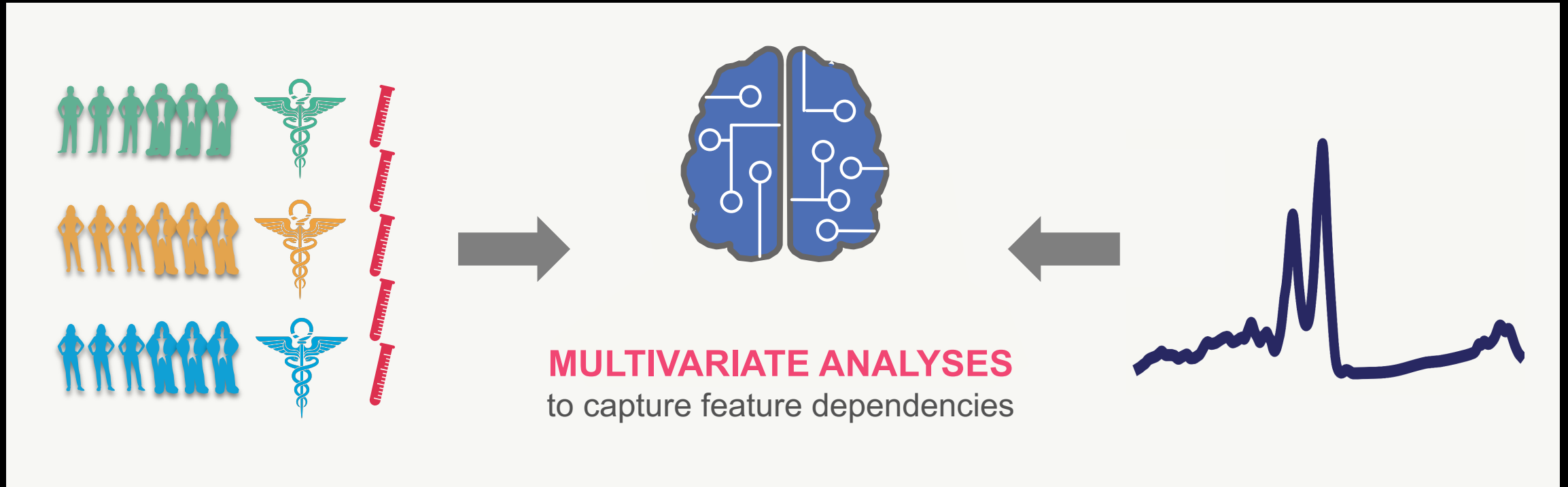
Infrared spectroscopy to probe complex multi-molecular matrices

probing crude human blood plasma



Huber et al., Zigman. *Nature Communications*, 2021

Transforming IR fingerprints into medical insights with predictive analytics



CLINICAL STUDIES

INFRARED SPECTROSCOPY

Molecular interrogation of clinical health-to-disease quantification

Lasers4Life (L4L)

LMU Munich, BIRD team

>6.300 volunteers enrolled
cross-sectional, multi-centric, case-control study



Health4Hungary (H4H)

CMF Hungary

>13.500 volunteers enrolled with
already > 5 longitudinal follow ups, multi-centric, 10 years



KORA study

Helmholtz Institute, Munich

>5.500 samplings studied with IR spectroscopy
populational longitudinal follow ups, 3-5 year intervals

HELMHOLTZ
MUNICH

Biomarkers of Personalised Medicine (BioPersMed)

University Graz, Austria

44 volunteers enrolled with already > 330 samplings
longitudinal follow ups, over 8 years already IR analyzed



CAD - CHIP study

Deutsches Herzzentrum München

1.341 CAD patients studied with IR spectroscopy
longitudinal follow ups up to 11 years



Biomarkers of Early Lung Cancer

University of Navarra, Pamplona, Spain

>500 high-risk volunteers followed in LDCT cancer screening
longitudinal follow ups, over 15 years

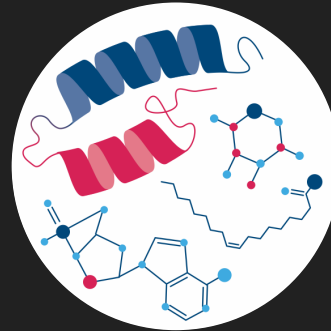


Why infrared spectroscopy?

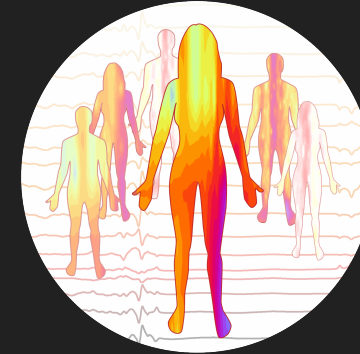
minimally invasive,
small sample volume



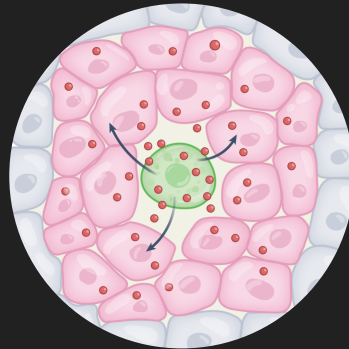
cross-molecular
fingerprinting



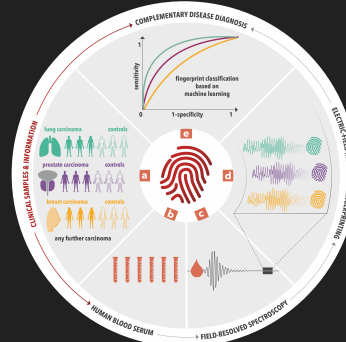
detecting
multimorbid physiologies



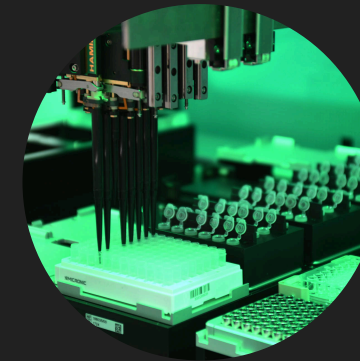
not dependent on
tumor-shed analytes



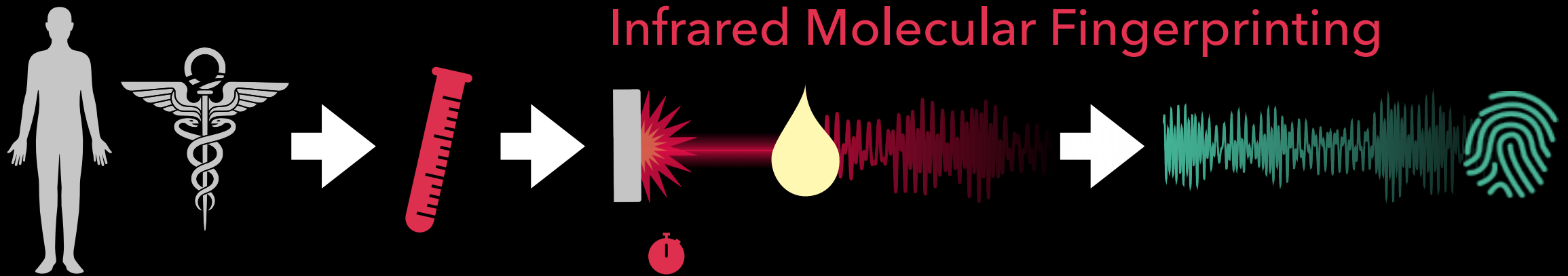
phenotype-agnostic
fingerprinting



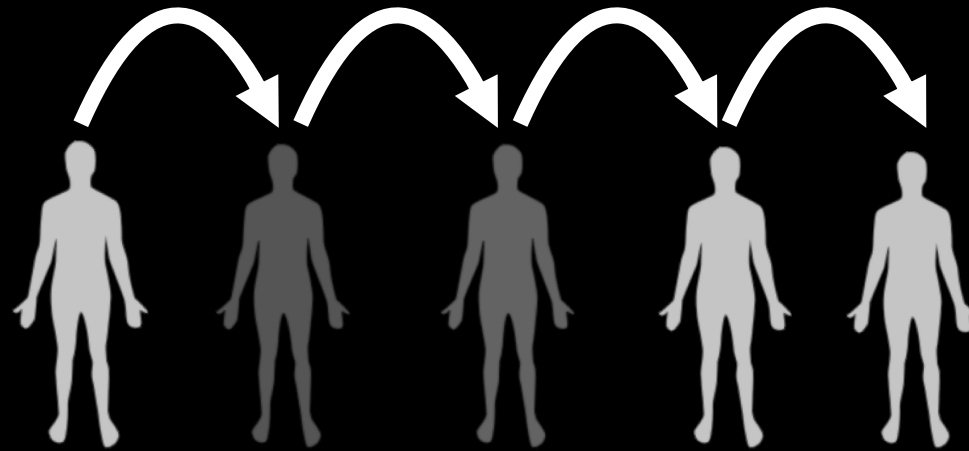
high-throughput,
cost-effective



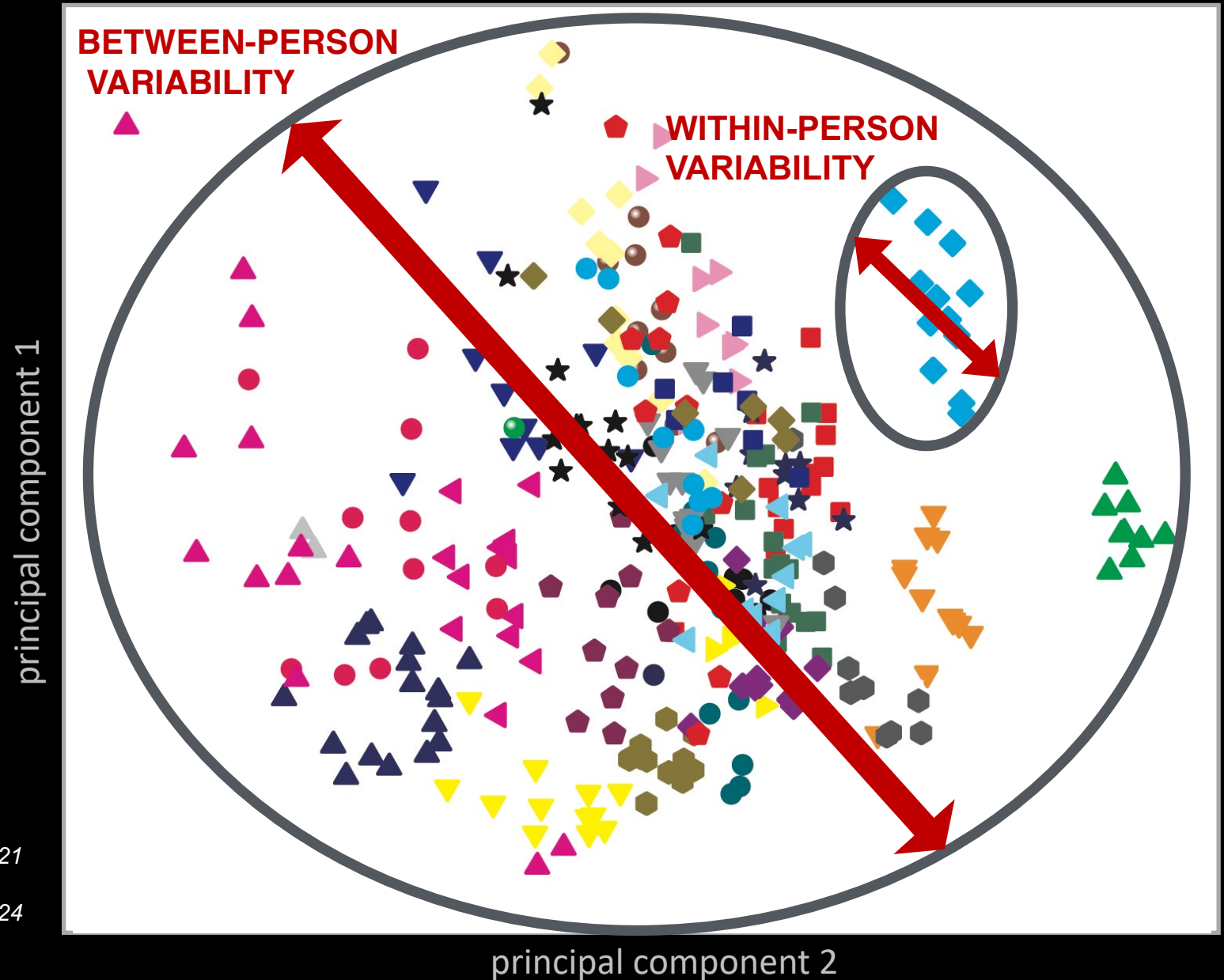
Profiling health physiologies using optical spectroscopy



How to molecularly capture clinically meaningful physiological changes?



Infrared fingerprinting can
robustly profile healthy
phenotypes over time,
longitudinally



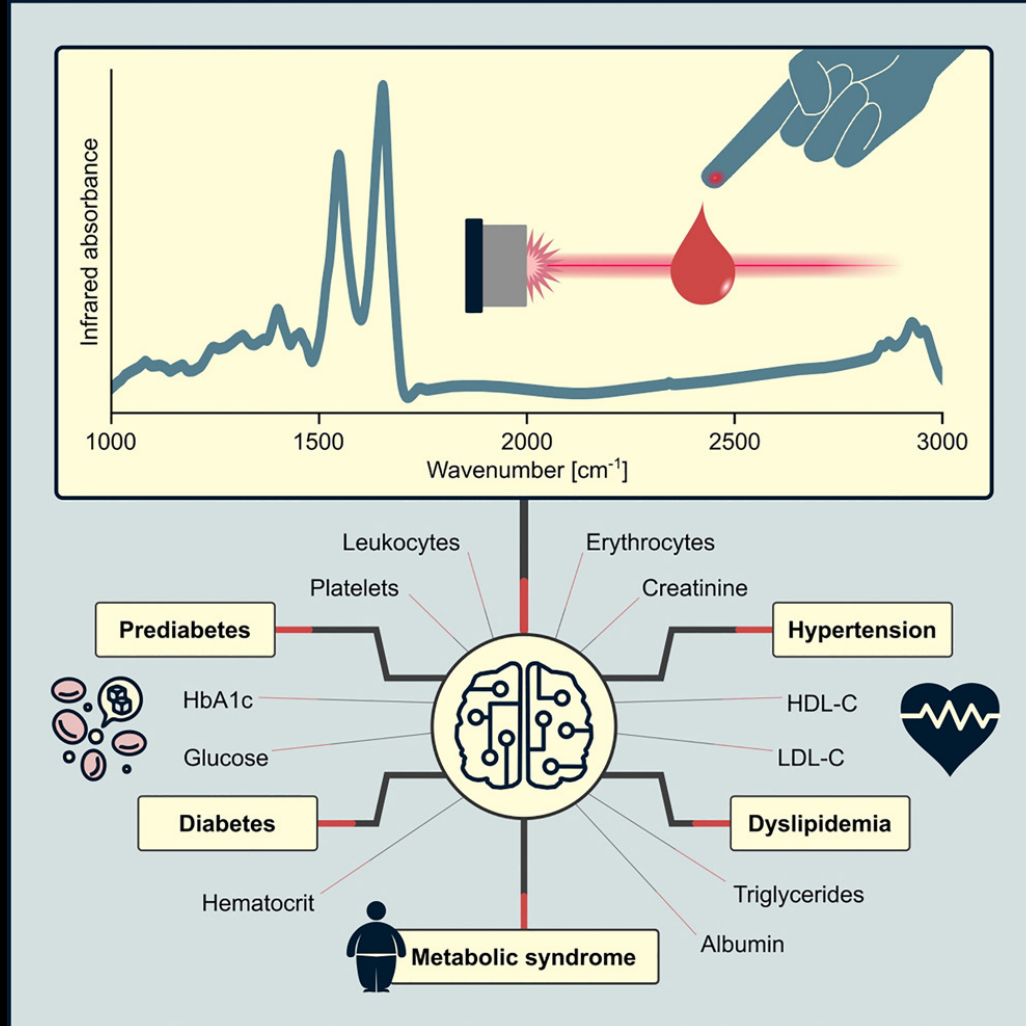
Huber et al., Zigman. *Nature Communications*, 2021

Eissa et al., Zigman. *PNAS Nexus*, 2024

What health deviations can be profiled with infrared spectroscopy?



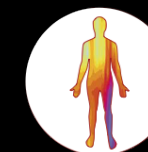
Infrared spectroscopy of blood plasma can :



- **Detect common Non-Concomitant Disease (NCD)**
(*Cell Rep Medicine* 2024)
- **Distinguish different comorbid physiologies: Metabolic Syndrome (MetS)**
(*Cell Rep Medicine* 2024)
- **Profile & distinguish between Common Cancers**
(*eLife* 2021, *ACS Central Science* 2024)
- **Effectively phenotype large-scale heterogenous cohorts & populations**
(*Nat Comms* 2021, *Cell Rep Medicine* 2024, *unpublished*)
- **Predict patient's outcomes (e.g., NSCLC, MetS)**
(*BMC Medicine* 2024, *unpublished*)
- **Distinguish relevant multimorbid states (with/without MetS, Cancer)**
(*manuscript unpublished*)
- **Risk stratify Coronary Artery Disease (CAD) & Clonal hematopoiesis of indeterminate potential (CHIP)**
(*manuscript unpublished*)

In vitro diagnostics of common cancers

therapy naïve pre-metastatic cancer detection



Lasers4Life

LMU Munich, BIRD team
> 6.700 now enrolled

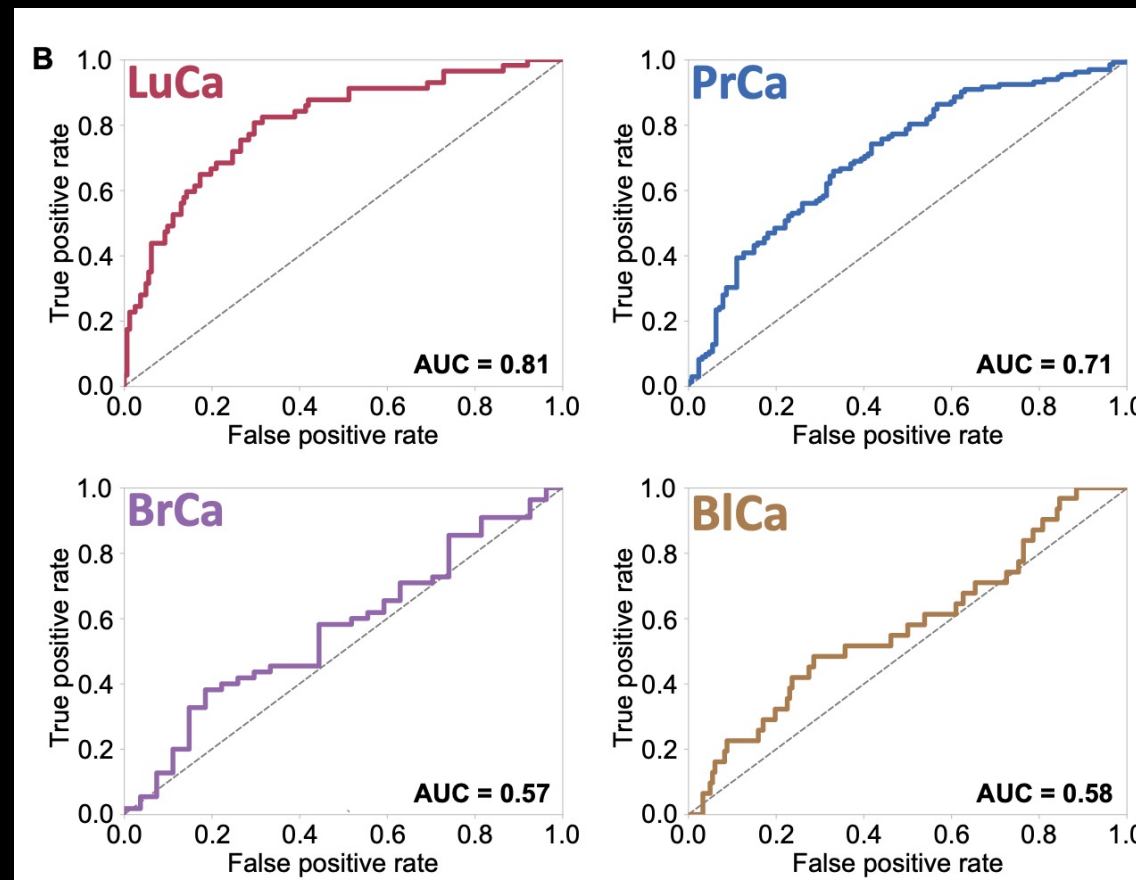
training data

Group	# Individuals	Age (years)	% Female	BMI (kg/m ²)
Lung Cancer Training Cohort				
Cases	471	68 ± 9	46	26 ± 5
Controls	471	62 ± 10	59	26 ± 5
Prostate Cancer Training Cohort				
Cases	296	64 ± 10	0	27 ± 4
Controls	296	59 ± 15	0	27 ± 5
Breast Cancer Training Cohort				
Cases	144	60 ± 14	100	26 ± 5
Controls	144	60 ± 13	100	26 ± 6
Bladder Cancer Training Cohort				
Cases	183	72 ± 10	22	26 ± 4
Controls	183	71 ± 9	20	27 ± 5

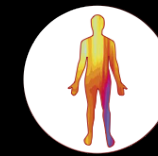
test data

Group	# Individuals	Age (years)	% Female	BMI (kg/m ²)
Lung Cancer Test Cohort				
Cases	57	68 ± 9	42	26 ± 6
Controls	162	66 ± 10	28	27 ± 5
Prostate Cancer Test Cohort				
Cases	132	67 ± 9	0	27 ± 4
Controls	127	67 ± 9	0	27 ± 4
Breast Cancer Test Cohort				
Cases	27	60 ± 14	100	25 ± 5
Controls	55	63 ± 13	100	26 ± 5
Bladder Cancer Test Cohort				
Cases	31	69 ± 10	26	25 ± 5
Controls	182	66 ± 11	30	27 ± 5

analysis involving 2.533 matched individuals



Towards early disease detection

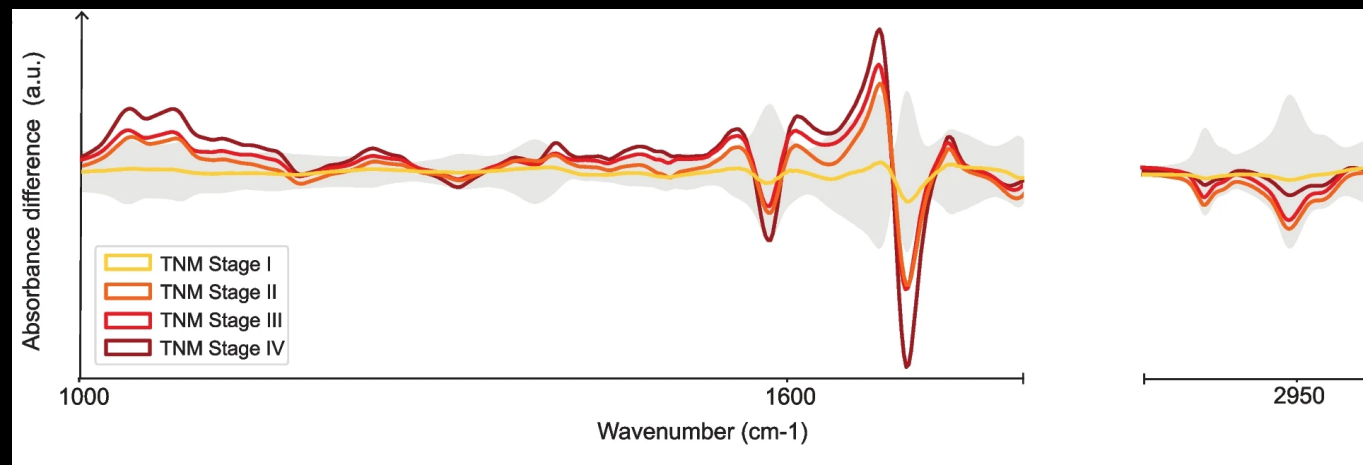
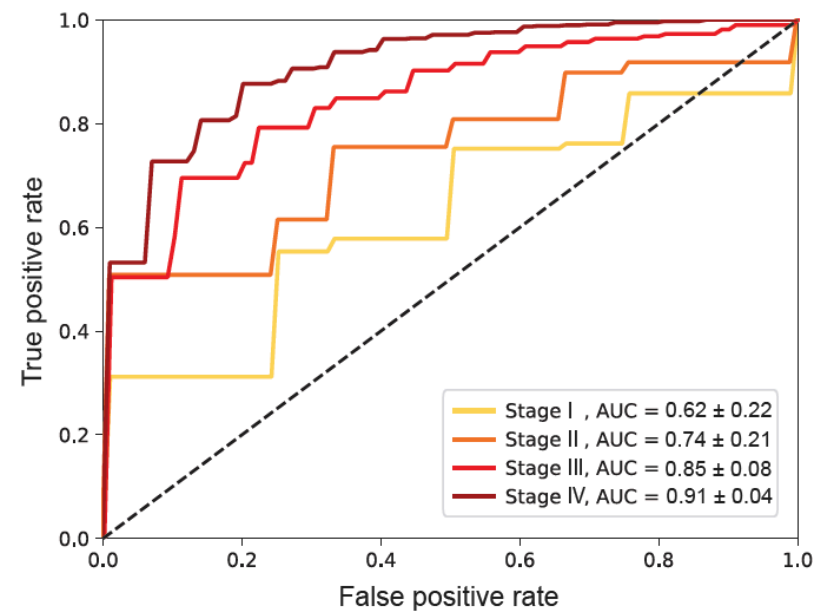


Stage I		
Group	# individuals	Age (years)
Cases	39	70 ± 9
Controls	39	70 ± 9

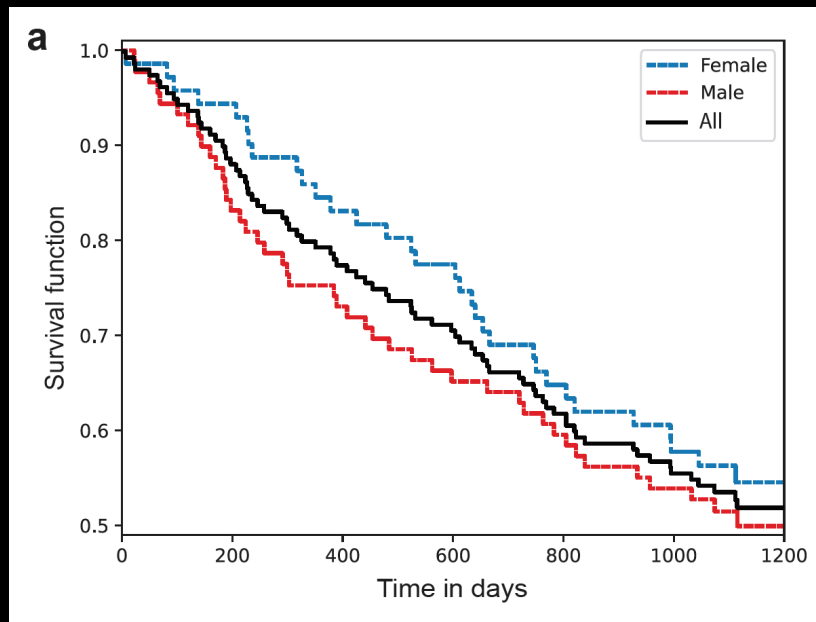
Stage II		
Group	# individuals	Age (years)
Cases	33	69 ± 8
Controls	33	69 ± 8

Stage III		
Group	# individuals	Age (years)
Cases	94	68 ± 10
Controls	94	68 ± 10

Stage IV		
Group	# individuals	Age (years)
Cases	151	68 ± 9
controls	151	68 ± 9



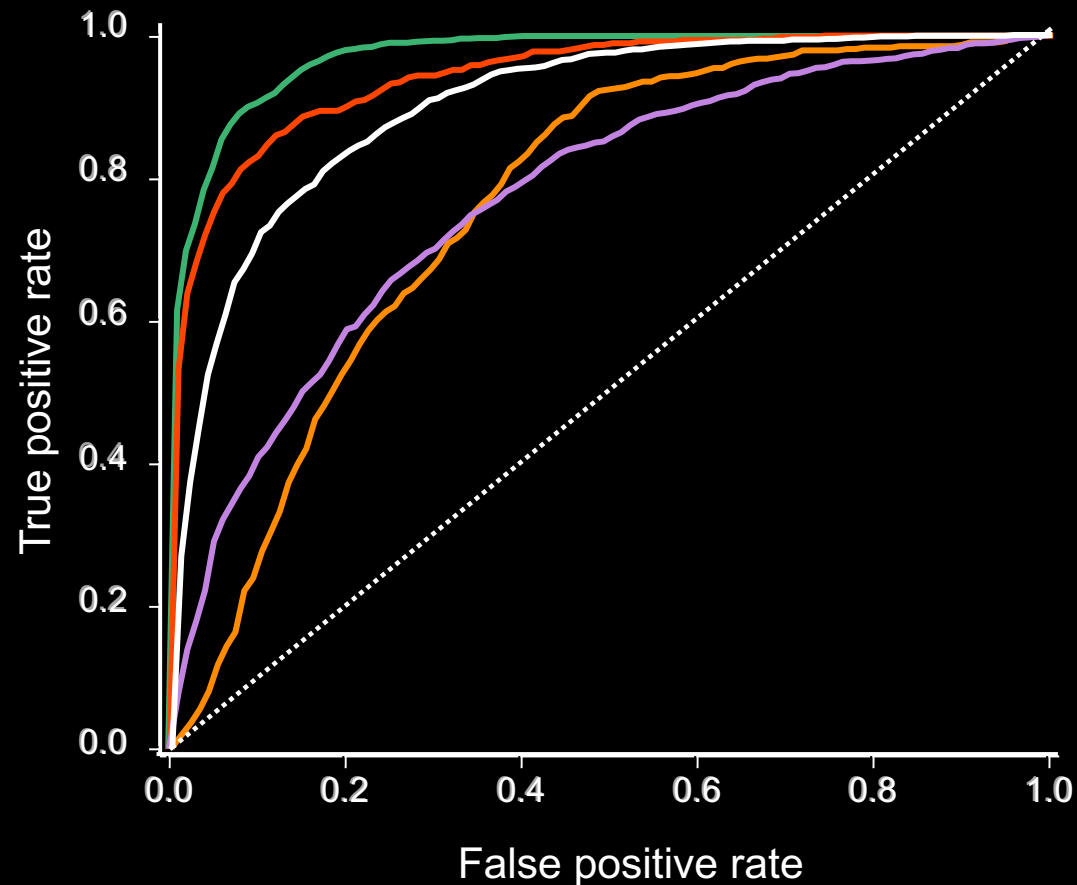
> FORECASTING SURVIVAL in Lung Cancer patients - within 4.5 years after primary diagnosis



Parameter	C-index Markers	C-index IMFs	# Patients
IMFs		0.63 ± 0.12	160
Stage	0.67 ± 0.16	0.68 ± 0.12	95
NSE	0.64 ± 0.15	0.65 ± 0.12	132
CEA	0.59 ± 0.18	0.66 ± 0.12	147
CYFRA-21-1	0.72 ± 0.10	0.68 ± 0.10	144
Hemoglobin	0.57 ± 0.10	0.64 ± 0.09	159
Leukocytes	0.63 ± 0.12	0.64 ± 0.09	159
CRP	0.34 ± 0.15	0.63 ± 0.12	160

Profiling common medical outcomes with IR fingerprinting

> binary classifications in a naturally heterogenic population (5.184 samplings)

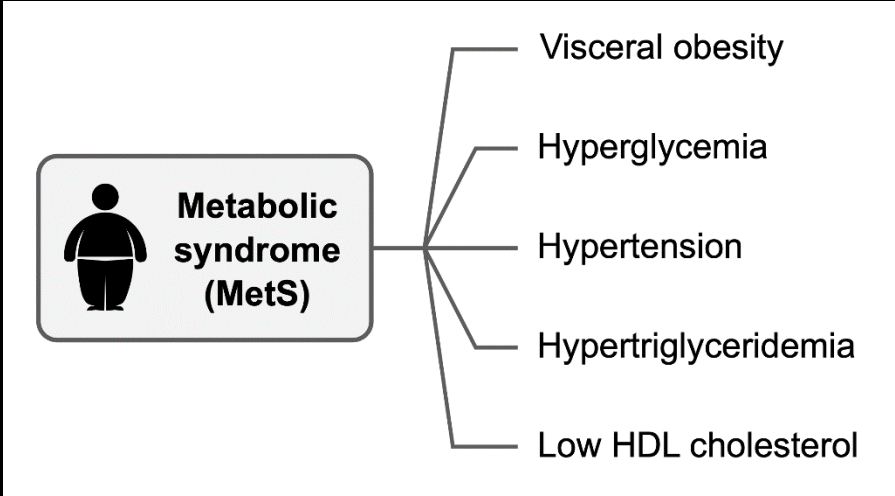
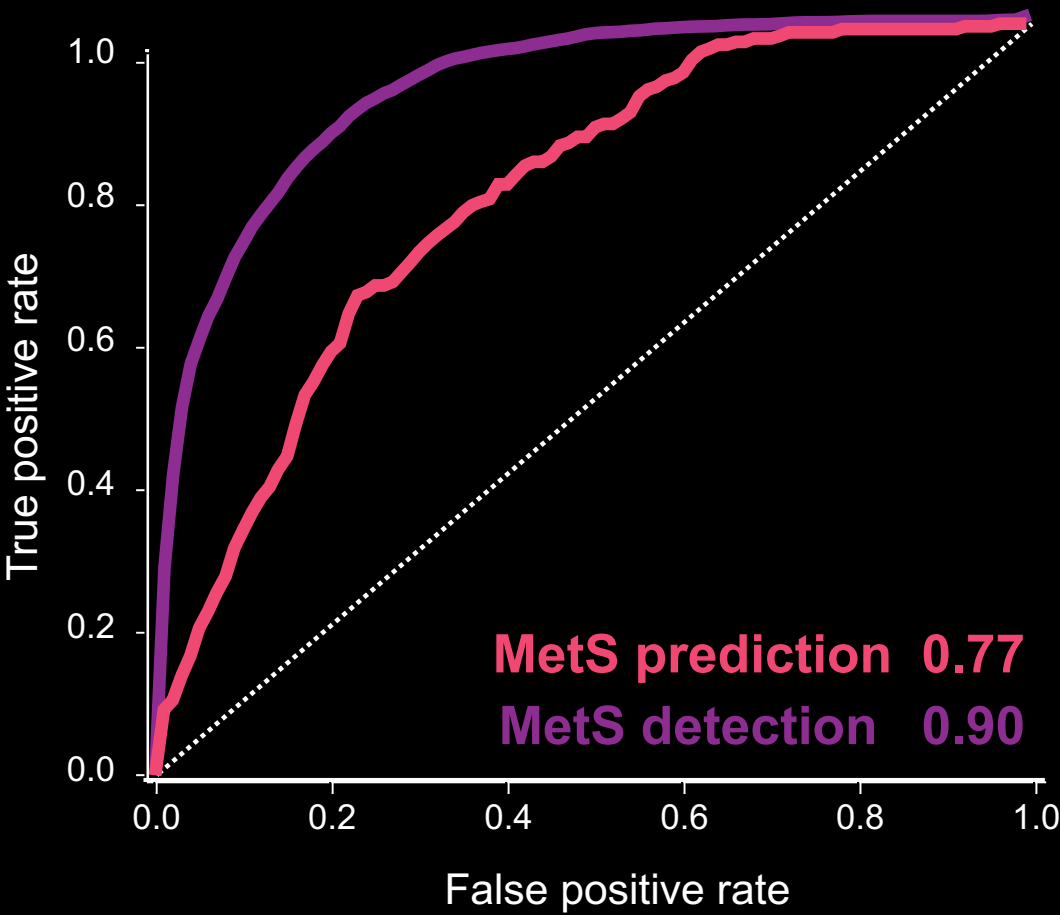


Independent testing (AUC)

Dyslipidemia	0.97 ± 0.00
Type 2 diabetes	0.94 ± 0.01
Prediabetes	0.76 ± 0.04
Hypertension	0.77 ± 0.02
HEALTHY	0.90 ± 0.01

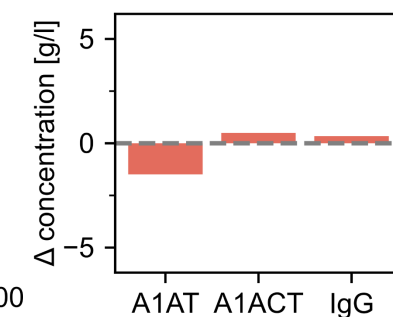
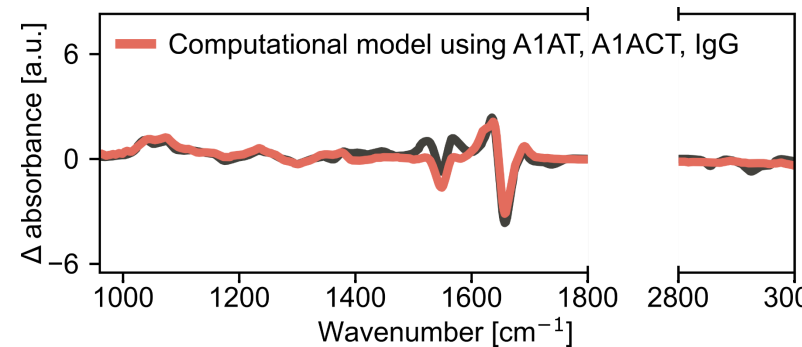
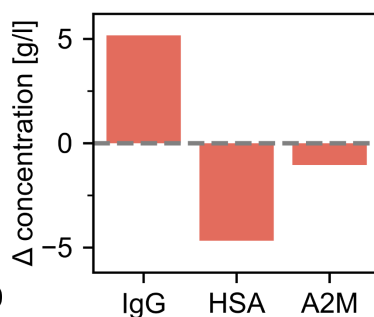
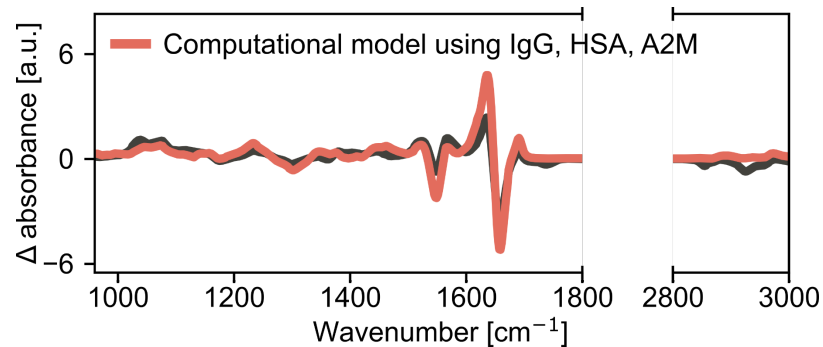
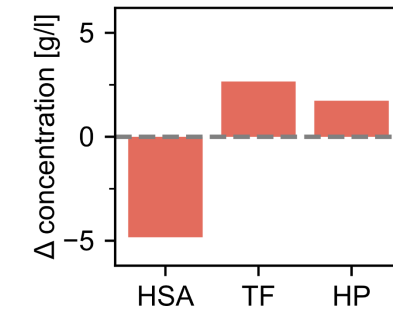
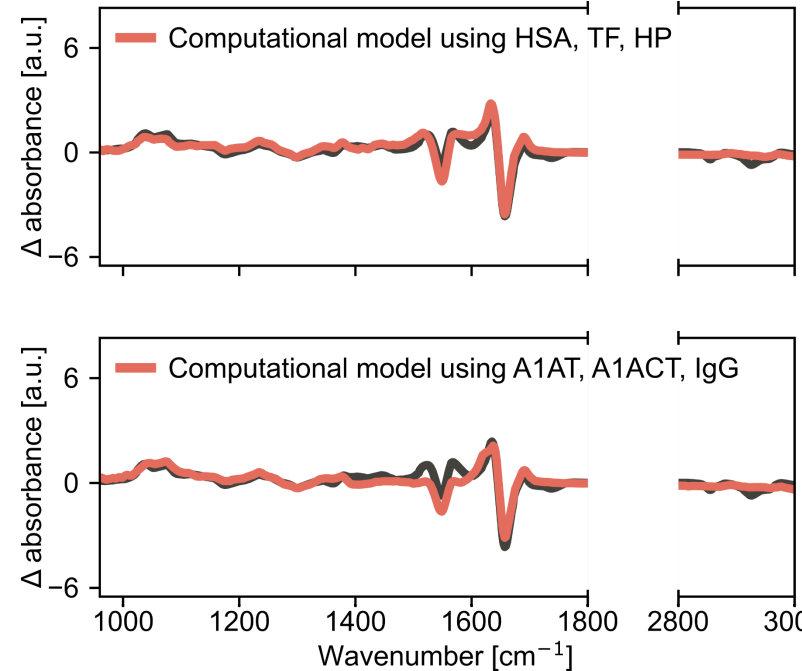
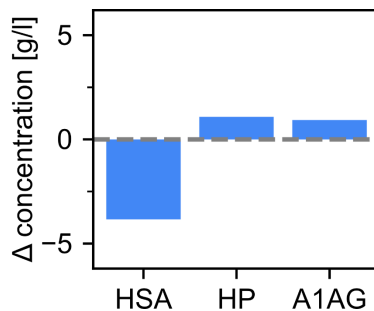
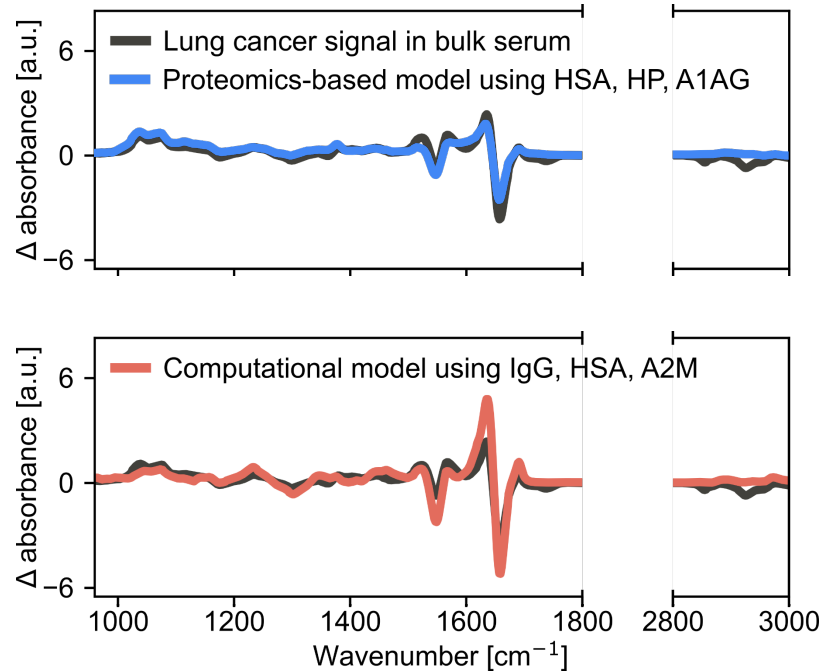
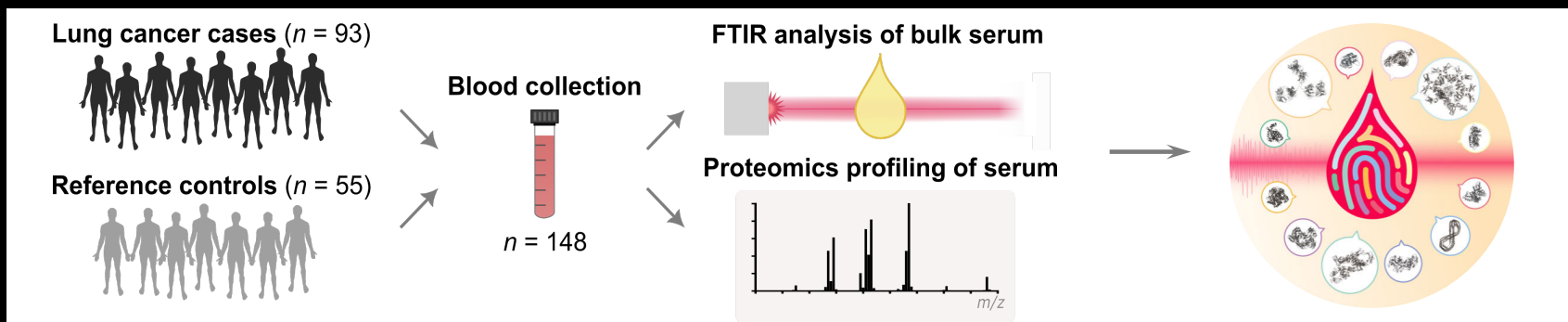
Forecasting the development of Metabolic Syndrome - upcoming 6.5 years

Predictive power for stratifying health risk



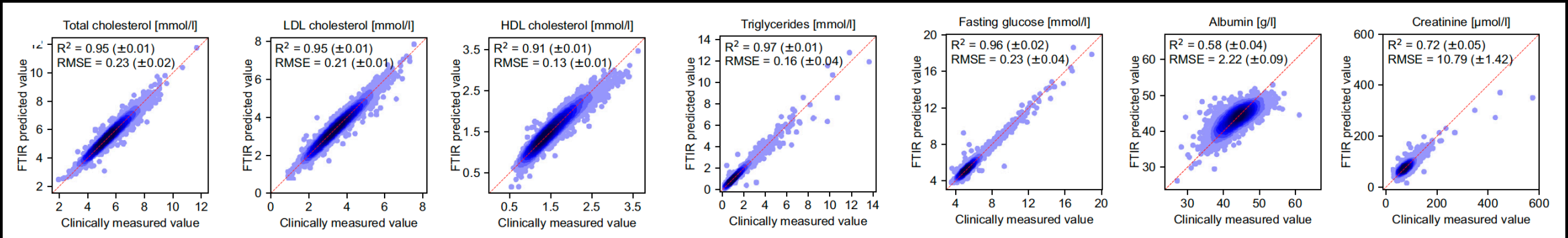
What molecules encode infrared fingerprints?

Decoding & Understanding of infrared molecular fingerprints



add I.) molecular interpretability

Uncovering the information content of multi-omic infrared profiling

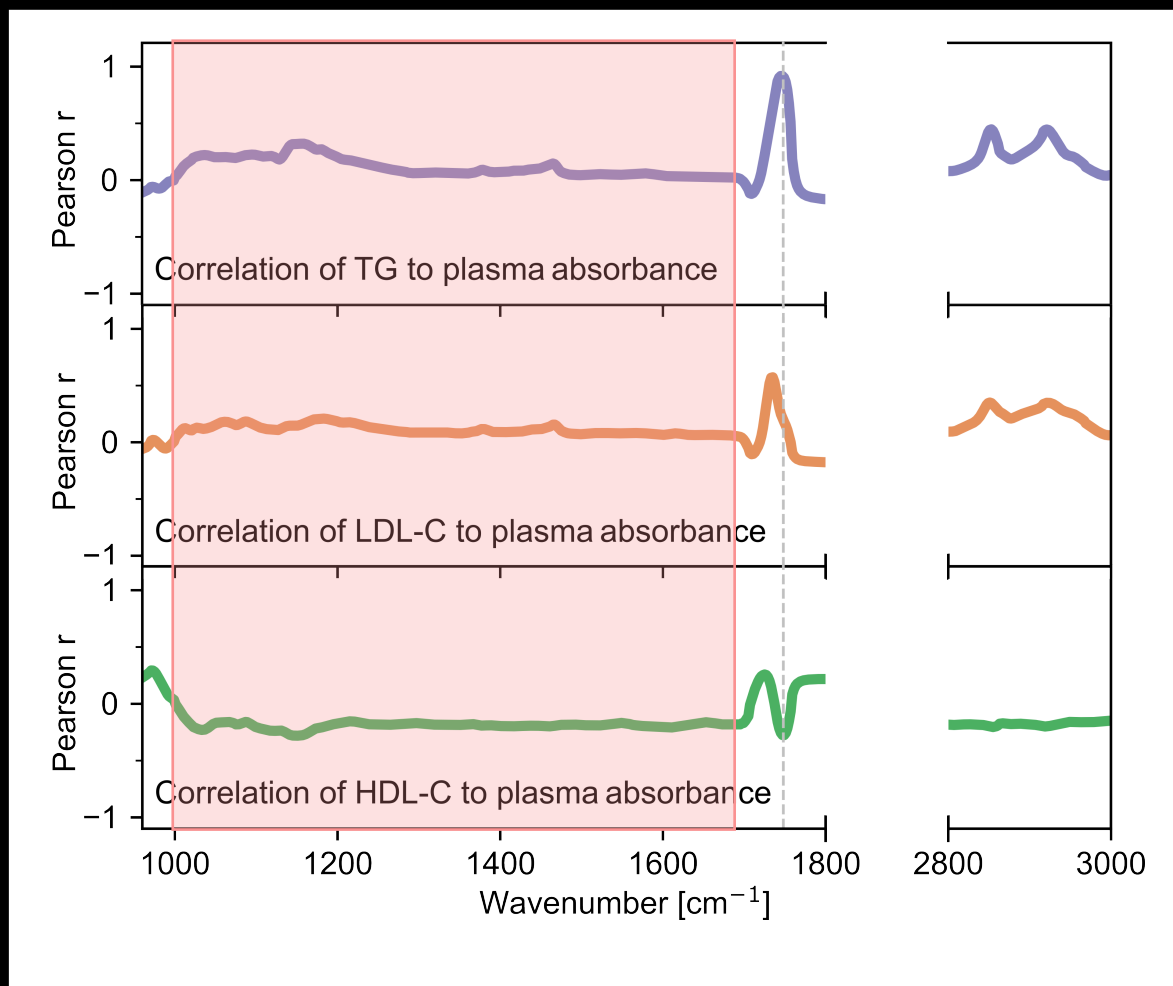


Eissa et al., Zigman. *Cell Reports Medicine*, July 2024

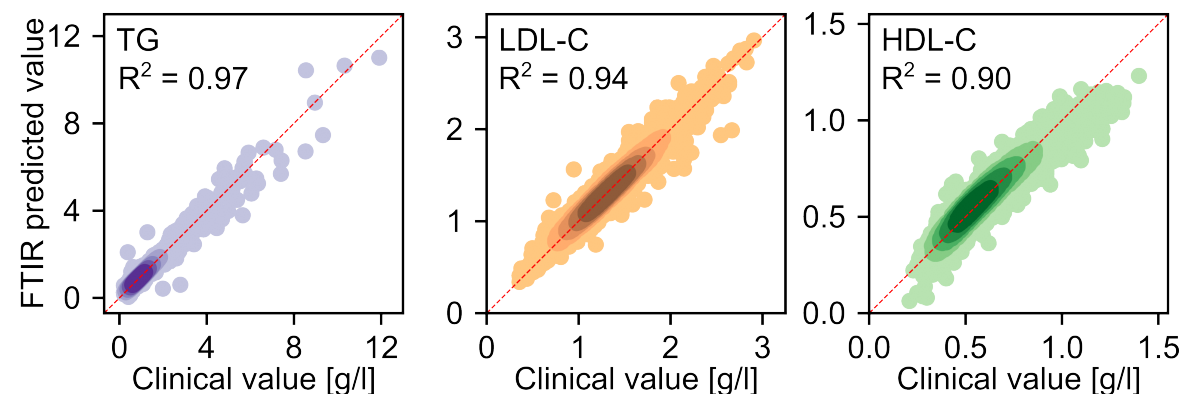
add II.) medical & molecular interpretability

Quantifying the concentrations of analytes in molecularly complex spectra

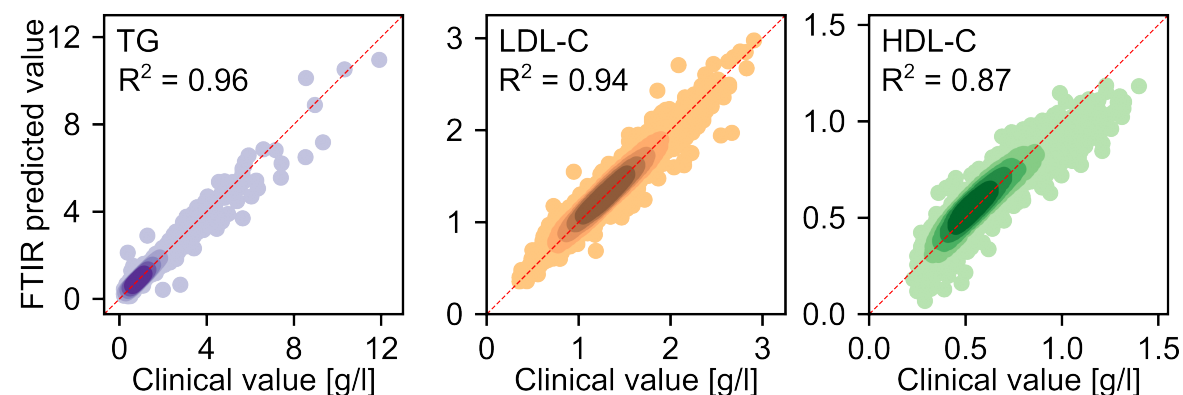
Using a ridge regression algorithm



Concentration prediction using whole spectral range (960–3000 cm^{-1})



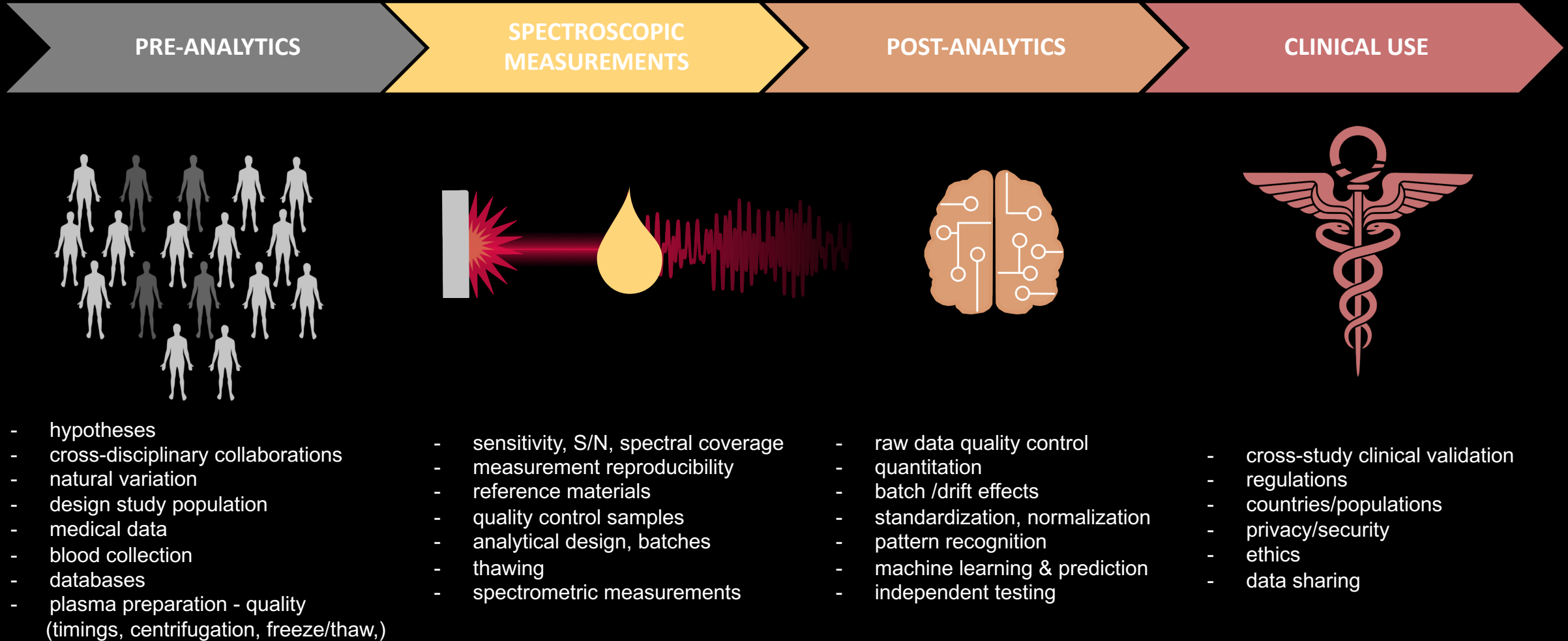
Concentration prediction using a truncated spectral range (1000–1700 cm^{-1})



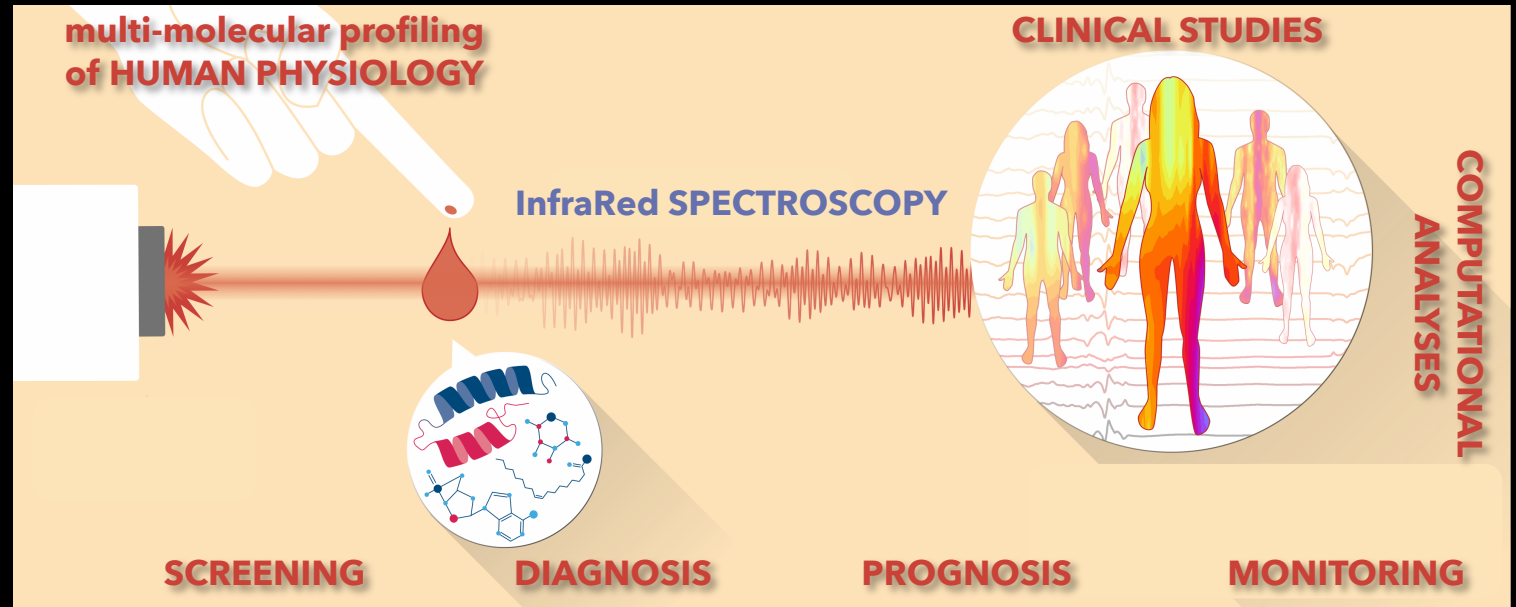
→ Multivariate analysis can uncover masked spectral signals.

→ There is a lot of redundant data in IR spectra, with many possible feature combinations yielding similar results.

>>> from exploratory measurements >>> to medical implementation:



Infrared Molecular Fingerprinting

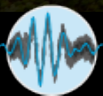


- Ability to molecularly profile complex human biological matrices
- Feasible monitoring of health states and tracking person-specific changes over time
- Assesses individual risk for health deviations (e.g., metabolic, cardiovascular)
- Detects single and multimorbid *-medically relevant-* phenotypes and health states
- Forecasts and predicts future physiological deviations
- Enabling affordable, molecule-agnostic, disease-independent, high-throughput *in vitro* diagnostics

ACKNOWLEDGEMENTS

Broadband InfraRed Diagnostics team (BIRD)

All study volunteers



ACKNOWLEDGEMENTS



MAX PLANCK INSTITUTE
OF QUANTUM OPTICS



Prof. Dr. Ferenc Krausz
LMU Physics,
Max Planck for Quantum Optics,
Center for Molecular Fingerprinting



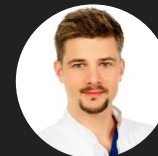
Prof. Dr. Nadia Harbeck
LMU Klinikum,
Brustzentrum



Prof. Dr. Thomas Kolben
LMU Klinikum,
Klinik für
Frauenheilkunde



Prof. Dr. Christian Stief
LMU Klinikum,
Urologische Klinik



Dr. Michael Chaloupka
LMU Klinikum,
Urologische Klinik



Prof. Dr. Jürgen Behr
LMU Klinikum,
Medizinische Klinik V



Prof. Dr. Amanda Tufman
LMU Klinikum,
Medizinische Klinik V



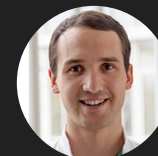
Prof. Dr. Jens Ricke
LMU Klinikum,
Klinik für Radiologie



Prof. Dr. Maximilian Reiser
LMU Klinikum,
Klinik für Radiologie



Prof. Dr. Julia Mayerle
LMU Klinikum,
Medizinische Klinik II



Dr. Moritz von der Scheidt
TUM Universitätsklinikum,
Deutsches Herzzentrum München



Prof. Dr. Frederick Klauschen
LMU Klinikum,
Pathologisches Institut



Prof. Dr. Rudolf Kaaks
Epidemiologie von
Kreberkrankungen,



Prof. Dr. Heribert Schunkert
TUM Universitätsklinikum,
Deutsches Herzzentrum
München



Prof. Dr. Niels Reinmuth
Asklepios Klinik,
Onkologie



Dr. Tamás Radovits
Simmelweis
University,
Cardiovascular Center



Prof. Dr. Barbara Obermayer-Pietsch
Medizinische Universität Graz,
BioPersMed

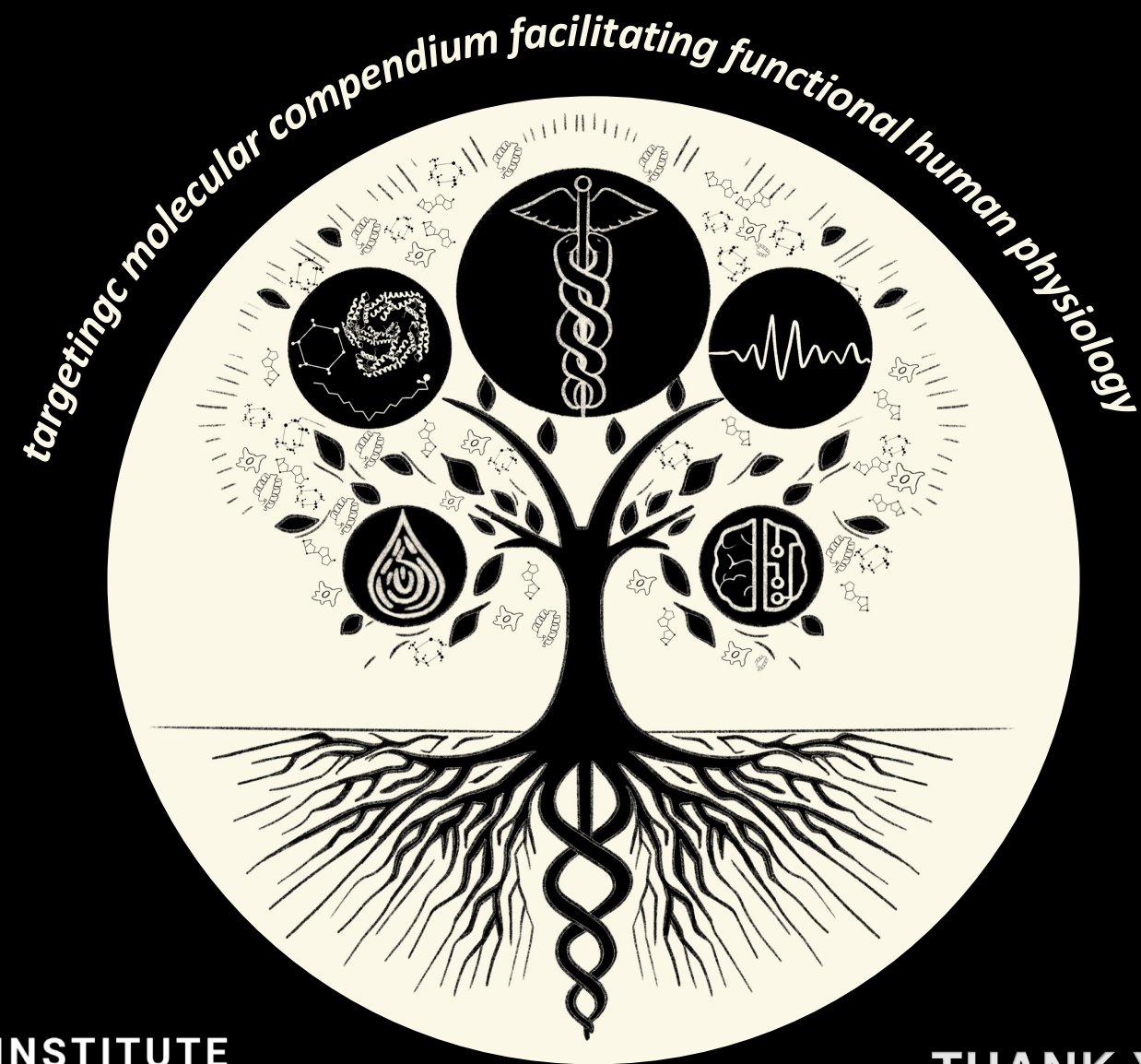


Prof. Dr. Annette Peters
Helmholtz Zentrum
München,
KORA, NAKO



Prof. Dr. Christian Grohé
Evangelische Lungenklinik
Berlin,
Lungenkrebszentrum

ACKNOWLEDGEMENTS



**MAX PLANCK INSTITUTE
OF QUANTUM OPTICS**

THANK YOU !

mihaela.zigman@mpq.mpg.de