

# Exploratory, Confirmatory, & Predictive Big Cancer Data Analytics

Ivo D. Dinov

Statistics Online Computational Resource  
Health Behavior & Biological Sciences  
Computational Medicine & Bioinformatics  
Michigan Institute for Data Science

University of Michigan

<http://SOCR.umich.edu>



SCHOOL OF NURSING  
UNIVERSITY OF MICHIGAN

STATISTICS ONLINE COMPUTATIONAL RESOURCE (SOCR)

Model-based (p-value) Statistical Inference



Model-free Machine-Learning Clinical  
Decision Support (prediction reliability)

- Predicting univariate clinical outcomes (e.g., cancer staging)
- Processing unstructured clinical notes and medication data
- Generating machine-learning models of association



Dinov, Springer (2018)



# Head and Neck (HnN) Cancer Dataset

## Demographics (n=343)

GENDER  
AGE\_NOW  
MARITAL\_STATUS  
RACE  
DEATH\_DATE  
SMOKER\_STATUS  
ALCOHOL\_STATUS  
ILLCIT\_DRUG\_USE  
CANCER\_FAM\_HX  
DEMENTIA\_FAM\_HX  
HYPERTEN\_FAM\_HX

## Encounters (10,672)

PT\_ID  
CPI  
VISIT\_NUM  
FINANCIAL\_CLASS  
SERVICE  
VISIT\_DATE  
DISCHARGE\_DATE  
LOS\_DAYS  
LOS\_HOURS  
CHARGE\_SUM  
MSDRG\_CD  
MSDRG\_DESC  
ADMIT\_TYPE  
DISCH\_DISP  
ADMISSION\_DX  
ADMISSION\_DX\_DESC  
SEER\_STAGE

## Outpatient Medications (2,815)

PT\_ID  
CPI  
VISIT\_NUM  
ORDER\_DATETIME  
RX\_ORDER\_DESC  
RX\_ORDER\_DOSE\_PER\_DAY  
RX\_ORDER\_FREQ  
RX\_ORDER\_TOTAL\_DOSE\_QTY  
RX\_TOTAL\_DOSE\_QTY  
RX\_STRENGTH\_UNIT  
MEDICATION\_SUMMARY



## Predicting univariate clinical outcomes (e.g., cancer staging)

### □ Naïve Bayes Classifier – predict Cancer State (early vs. late)

- PID: coded patient ID
- Seer\_stage: SEER cancer stage (0=In situ, 1=Localized, 2=Regional by direct extension, 3=Regional to lymph nodes, 4=Regional (both codes 2 and 3), 5=Regional, NOS, 7= Distant metastases/systemic disease, 8=Not applicable, 9=Unstaged, unknown, or unspecified). See: <http://seer.cancer.gov/tools/ssm>
- Y= 0(early) vs. 1 (late)

Seer_Stage	0	1	2	3	4	5	7	8	9
Proportion	0.03402	0.39886	0.071833	0.147448	0.069943	0.018903	0.124763	0.020794	0.113422

- X=Medication\_summary: brief description about medication brand and usage

hn\_med\_corpus[[1]]\$content = "(Zantac) 150 mg tablet oral two times a day"  
 hn\_med\_corpus[[2]]\$content = "5.000 unit subcutaneous three times a day"  
 hn\_med\_corpus[[3]]\$content = "(Unasyn) 15 g IV every 6 hours"

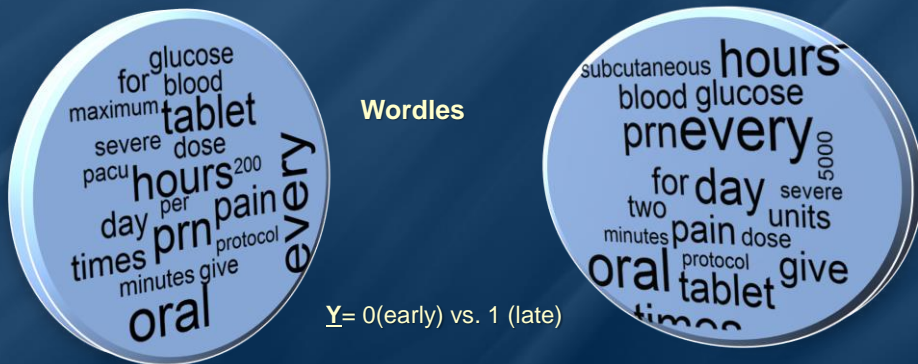
...

<http://Predictive.Space>



## Predicting univariate clinical outcomes (e.g., cancer staging)

- Visual Analytics



- Naïve Bayes Classifier – predict Cancer State (early vs. late)

<http://Predictive.Space>



## Predicting univariate clinical outcomes (e.g., cancer staging)

- Naïve Bayes Classifier – predict Cancer State (early vs. late)

##	hn_med_test\$stage		
## hn_test_pred	early_stage	later_stage	Row Total
## early_stage	91	35	126
## later_stage	2	5	7
## Column Total	93	40	133

Independent (out-of-bag) testing/validation, Laplace=15,  
Accuracy 72% ( $acc=96/133$ )

Accuracy can be improved to 80% by model adjustment and  
by using alternative model-based and model-free classifiers

<http://Predictive.Space>



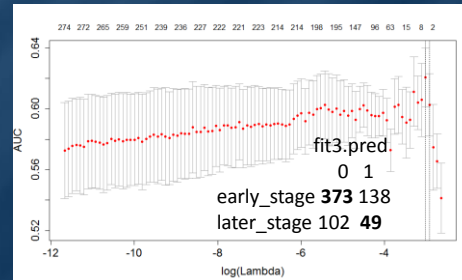
# Processing unstructured clinical notes and medication data

LASSO estimates minimize a modified cost function

$$\min_{\beta \in \mathbb{R}^k} \left\{ \frac{1}{N} \|y - X\beta\|_2^2 + \lambda \|\beta\|_1 \right\},$$

Ridge regression minimizes a similar objective function (different norm):

$$\min_{\beta \in \mathbb{R}^k} \left\{ \frac{1}{N} \|y - X\beta\|_2^2 + \lambda \|\beta\|_2^2 \right\},$$



```
medCorpus<-VCorpus(VectorSource(cancer$MEDICATION_SUMMARY))
dtm.tfidf<-DocumentTermMatrix(medCorpus, control=list(weighing=weightTfidf))
fit3 <- cv.glmnet(x=dtm.tfidf, y=dtm.$stage, family = 'binomial',
  alpha = 1, # LASSO penalty
  type.measure = "class", # interested in the area under ROC curve
  nfolds = 10, # 10-fold cross-validation
  thresh = 1e-3, # high value is less accurate, but faster training
  maxit = 1e3 # lower number of iterations for faster training)
```

<http://Predictive.Space>

$TF$  = ratio (a term's occurrences in a document)/(the number of occurrences of the most frequent word within the same document)  
 $IDF$  = the inverse of the share of the documents in which the regarded term can be found



# Generating Machine-Learning Models of Association

For item-sets  $X$  and  $Y$ , the **support** of an item-set measures how frequently it appears in the data:

$$support(X) = \frac{count(X)}{N},$$

where  $N$  is the total number of transactions in the database and  $count(X)$  is the number of observations (transactions) containing the item-set  $X$ . Of course, the union of item-sets is an item-set itself, i.e., if  $Z = X, Y$ , then

$$support(Z) = support(X, Y).$$

For a rule  $X \rightarrow Y$ , the **rule's confidence** measures the relative accuracy of the rule:

$$confidence(X \rightarrow Y) = \frac{support(X, Y)}{support(X)}$$

This measures the joint occurrence of  $X$  and  $Y$  over the  $X$  domain. If whenever  $X$  appears  $Y$  tends to be present too, we will have a high  $confidence(X \rightarrow Y)$ . The ranges of the support and confidence are  $0 \leq support, confidence \leq 1$ .

<http://Predictive.Space>



## Generating Machine-Learning Models of Association

The *lift* column shows how much more likely one medicine is to be prescribed to a patient given another medicine is prescribed. It is obtained by the following formula:

$$\text{lift}(X \rightarrow Y) = \frac{\text{confidence}(X \rightarrow Y)}{\text{support}(Y)}$$

Note that  $\text{lift}(X \rightarrow Y)$  is the same as  $\text{lift}(Y \rightarrow X)$ . The range of *lift* is  $[0, \infty)$  and higher *lift* is better. We don't need to worry about the support, since we already set a threshold that the support must exceed.

<http://Predictive.Space>



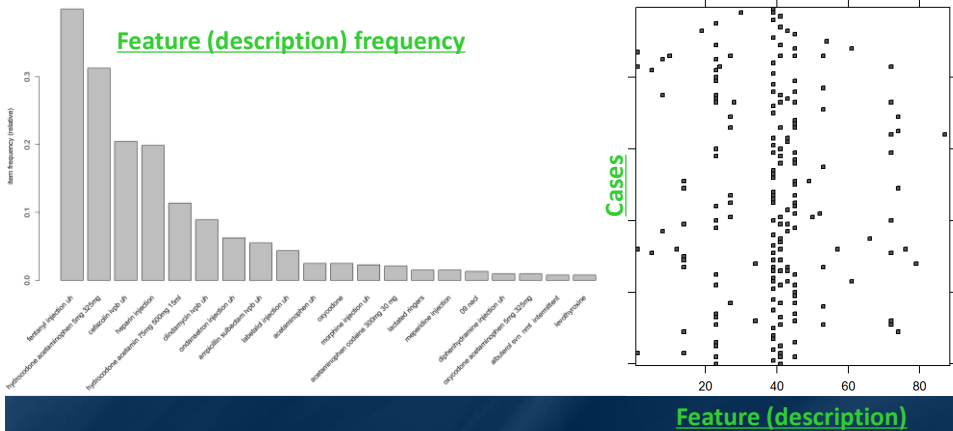
## Generating Machine-Learning Models of Association

MEDICATION DESC.1	MEDICATION DESC.2	MEDICATION DESC.3	MEDICATION DESC.4	MEDICATION DESC.5
acetaminophen uh	cefazolin ivpb uh	NA	NA	NA
docusate	fioricet	heparin injection	ondansetron injection uh	simvastatin
hydrocodone acetaminophen 5mg 325mg	NA	NA	NA	NA
fentanyl injection uh	NA	NA	NA	NA
cefazolin ivpb uh	hydrocodone acetaminophen 5mg 325mg	NA	NA	NA

<http://Predictive.Space>



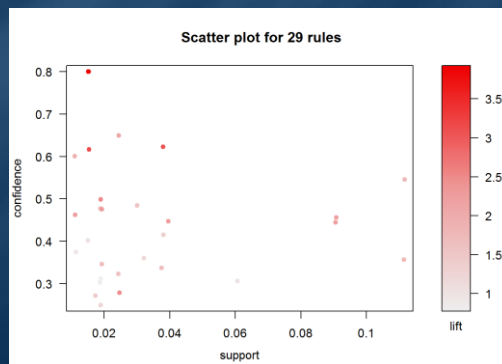
# Generating Machine-Learning Models of Association - Meds



<http://Predictive.Space>



# Generating Machine-Learning Association Mining



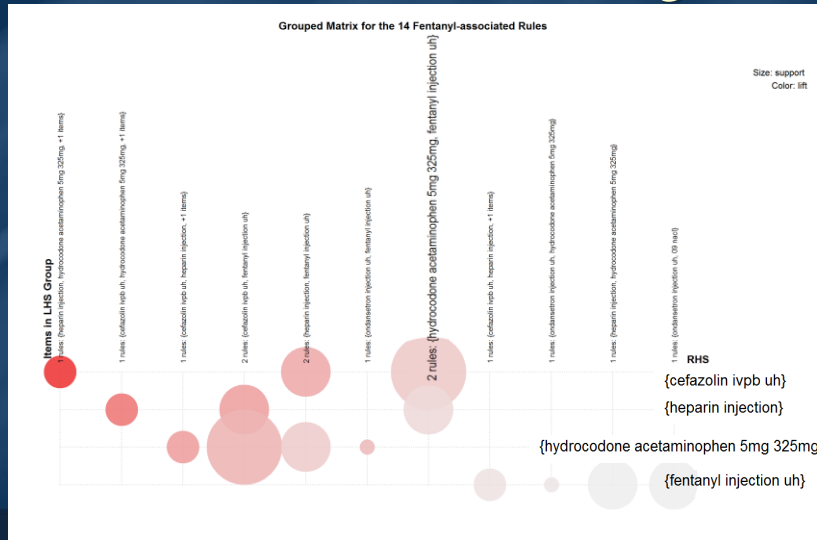
```
inspect(apriori_med_rule[1:3])
```

##	lhs	rhs	support	confidence	lift	count
## [1]	{acetaminophen uh}	=> {cefazolin ivpb uh}	0.01136364	0.4615385	2.256410	6
## [2]	{ampicillin sulbactam ivpb uh}	=> {heparin injection}	0.01893939	0.3448276	1.733990	10
## [3]	{ondansetron injection uh}	=> {heparin injection}	0.01704545	0.2727273	1.371429	9

<http://Predictive.Space>



# Generating Machine-Learning Association Mining



<http://Predictive.Space>



## Acknowledgments

### Funding

NIH: P20 NR015331, U54 EB020406, P50 NS091856, P30 DK089503, P30AG053760, UL1TR002240  
NSF: 1734853, 1636840, 1416953, 0716055, 1023115  
The Elsie Andresen Fiske Research Fund

<http://SOCR.umich.edu>

### Collaborators

- **SOCR**: Alexandr Kalinin, Selvam Palanimalai, Syed Husain, Matt Leventhal, Ashwini Khare, Rami Elkest, Abhishek Chowdhury, Patrick Tan, Gary Chan, Andy Foglia, Pratyush Pati, Brian Zhang, Juana Sanchez, Dennis Pearl, Kyle Siegrist, Rob Gould, Jingshu Xu, Nellie Ponarul, Ming Tang, Asiyah Lin, Nicolas Christou, Hanbo Sun, Tuo Wang, Simeone Marino
- **LONI/INI**: Arthur Toga, Roger Woods, Jack Van Horn, Zhuowen Tu, Yonggang Shi, David Shattuck, Elizabeth Sowell, Katherine Narr, Anand Joshi, Shantanu Joshi, Paul Thompson, Luminita Vese, Stan Osher, Stefano Soatto, Seok Moon, Junning Li, Young Sung, Carl Kesselman, Fabio Macciardi, Federica Torri
- **UMich MIDAS/MNORC/AD/PD Centers**: Cathie Spino, Chuck Burant, Ben Hampstead, Stephen Goutman, Stephen Strobbe, Hiroko Dodge, Hank Paulson, Bill Dauer, Brian Athey



