

Science Collaborative for Health disparities and Artificial intelligence bias REduction

Machine Learning Unveiled as a Bridge-building Trailblazer (really a set of bridging paths falling under the AI* umbrella!)



A. ML Essentials: roots in data analysis methods

B. Computational Strategies: varied forms of 'learning' and applying 'learning' algorithms...

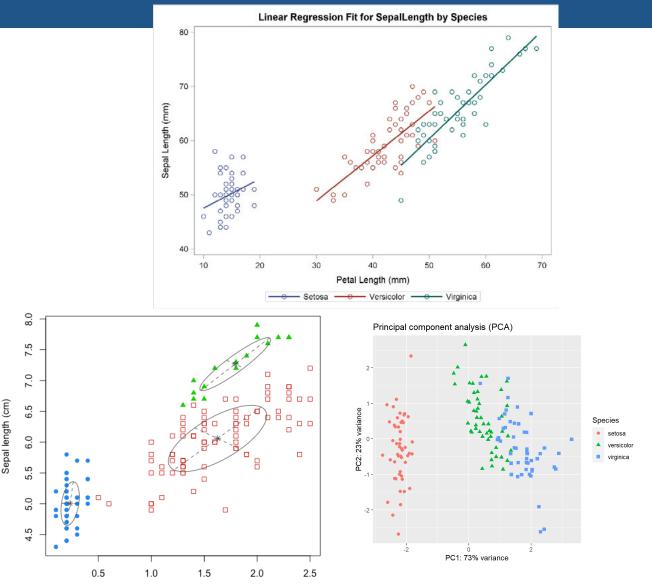
* Recall *cynical* definition offered at recent NIH meeting: if it *actually* works in practice somehow, it's 'machine learning' otherwise it may just be termed 'artificial intelligence' that still has more to learn...



National Institute of Diabetes and Digestive and Kidney Diseases

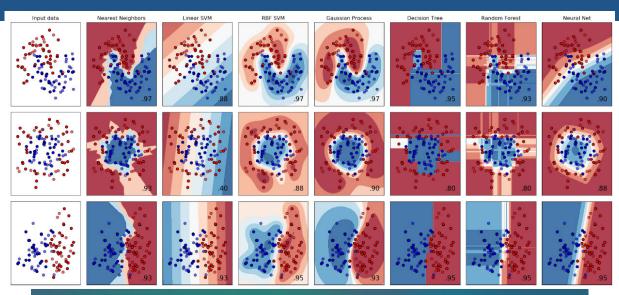
ML Essentials: roots in data analysis methods 🧭

- Data analysis methods to 'learn' how to predict patterns in data
 - Classic iris flower regression example
- Data analysis methods to 'learn' *novel* patterns in data: clustering & mixture modeling'
 - Discover 'clusters' by length measures
 - Data reduction by principal components



ML Essentials: roots in data analysis methods (

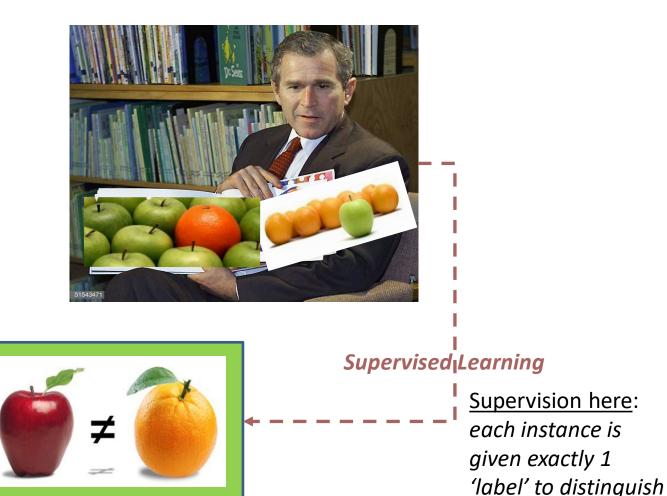
- Data analysis methods to 'learn' how to predict patterns in data
- Data analysis methods to 'learn' *novel* patterns in data: clustering
- Relates to UN-supervised v. semisupervised v. Supervised learning
 - Hearken back to prior ScHARe Think-a-thon
 - Underway: PHASE 2 of NIDDK CR Data-Centric Challenge (till Jan 22, 2024)





'Machine Learning' as a tool for Data Science (thus, for health equity research)

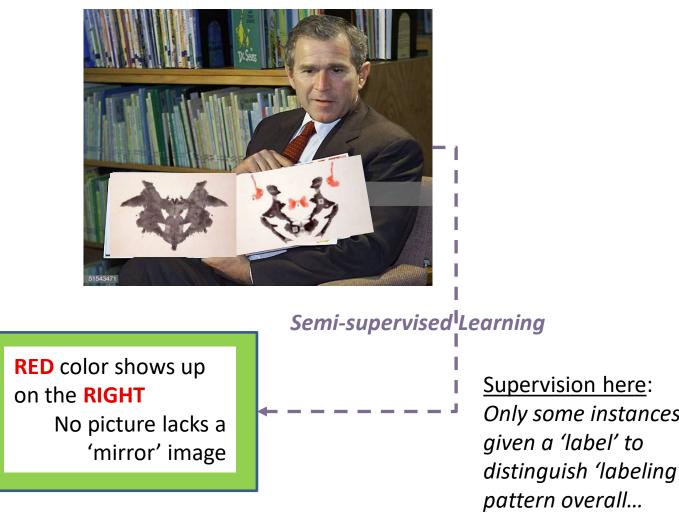
- Does one term cover all approaches? Types of ML, matching use cases & data
- e.g. (extent of 'supervision'; goals of analysis)



• What does "extent of 'supervision" mean in this context?

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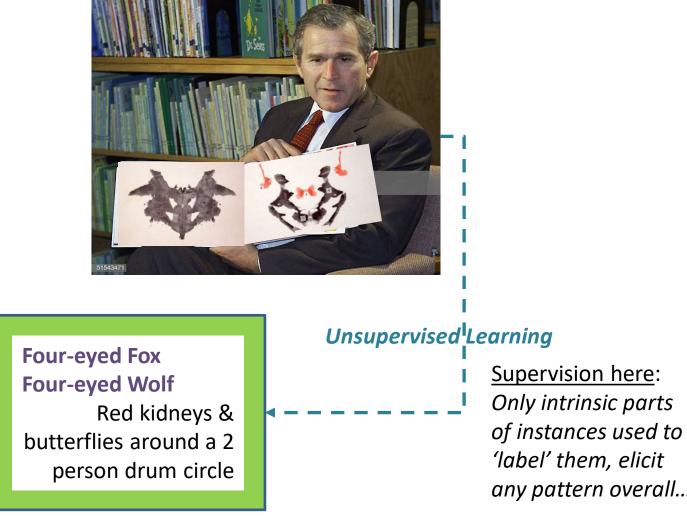
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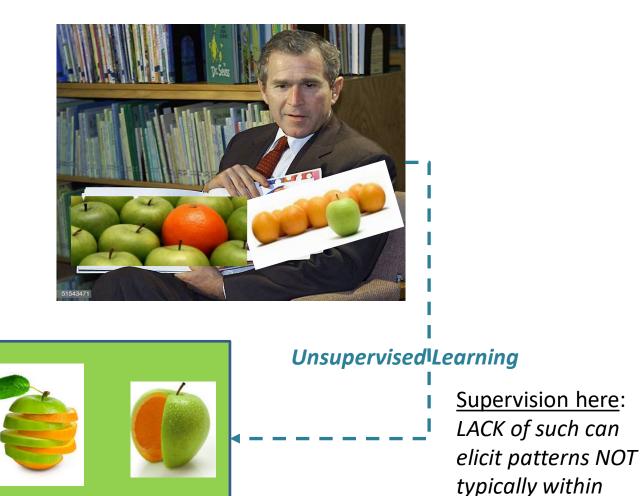
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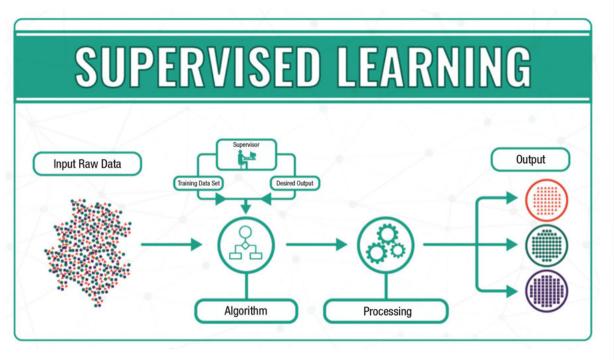
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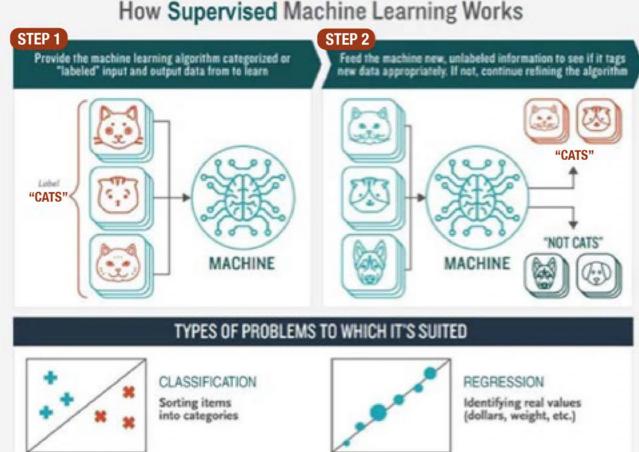


human intuition

• What does "extent of 'supervision" mean in this context?

• From Booz Allen Team for CKD





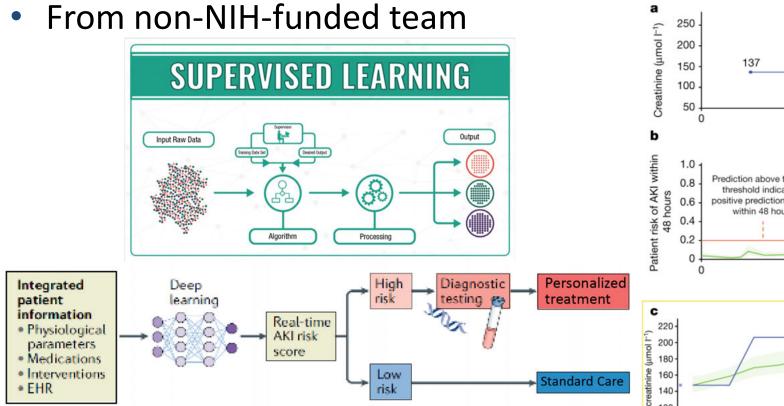
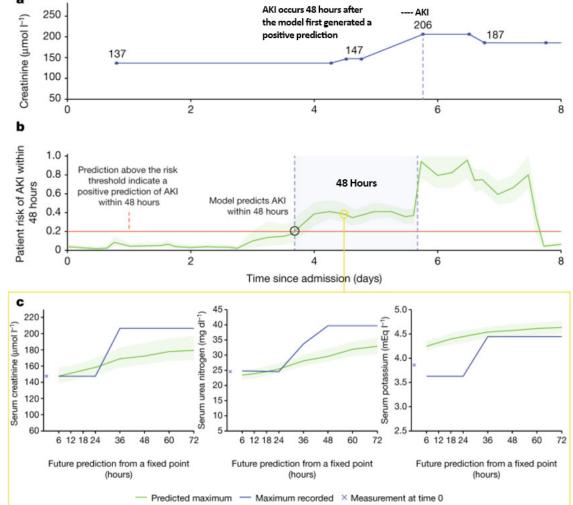


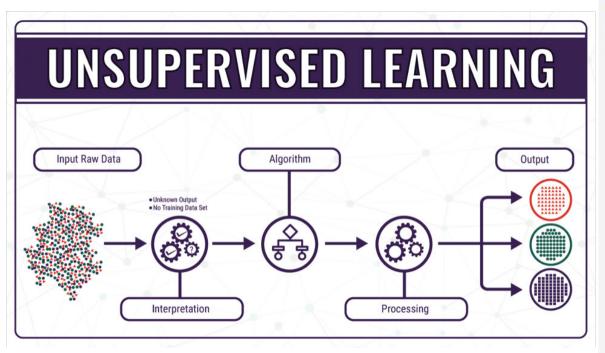
Fig. 1 Implementation of deep learning algorithms to identify patients at high risk of AKI. Deep learning algorithms developed to support clinical decisions in real time should be based on integrated patient information, including electronic health records (EHRs) with detailed medical history (including ongoing problems and procedures), physiological parameters (such as vital signs and laboratory results) and medication details. Acute kidney injury (AKI) risk scores derived from such an algorithm would stratify patients and inform clinical decisions, including the use of additional diagnostics to enable personalized treatment.

Figures 1 from editorial on and paper of DeepMind's AKI approach in Tomašev, N. et al. A clinically applicable approach to continuous prediction of future acute kidney injury. *Nature* **572**, 116–119 (2019).

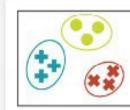


"We make use of several open-source libraries to conduct our experiments: the machine learning framework TensorFlow (<u>https://github.com/tensorflow/tensorflow</u>) along with the TensorFlow library Sonnet (<u>https://github.com/deepmind/sonnet</u>)"

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TYPES OF PROBLEMS TO WHICH IT'S SUITED



Identifying similarities in groups

CLUSTERING

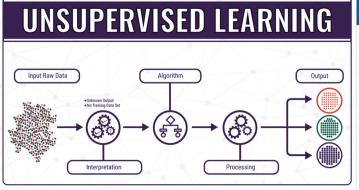
For Example: Are there patterns in the data to indicate certain patients will respond better to this treatment



ANOMALY DETECTION

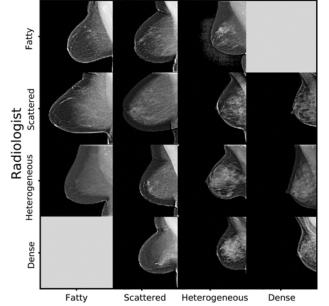
Identifying abnormalities in data

For Example: Is a hacker intruding in our network?

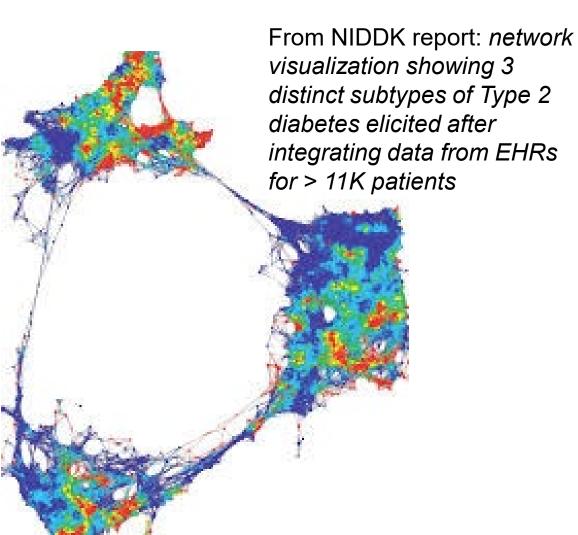


- From NIDDK-funded team →
- From other NIH-funded team \downarrow
 - Mammograms
 - Role of density
 - Blend: un+sup

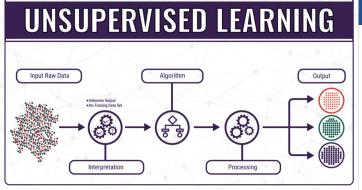
Figure 1d: Test set assessment. Comparison of the original interpreting radiologist assessment with the deep learning (DL) model assessment for **(a)** binary and **(c)** four-way mammographic breast density classification. **(b, d)** Corresponding examples of mammograms with concordant and discordant assessments by the radiologist and with the DL model.



DL Model



https://www.nature.com/articles/d42473-019-00035-5 Credit: Andre Kahles, Gunnar Rätsch, Chris Sander



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	Fatty	Scattered	Heterogeneous Iodel	Dense	
Dense	0 (0.0%)	4 (1.0%)	267 (66.3%)	132 (32.8%)	1
Radiologist Heterogeneous Scattered	1 (0.0%)	562 (18.2%)	2477 (80.0%)	56 (1.8%)	T
logist Scattered	. 221 (5.0%)	3631 (82.6%)	543 (12.4%)	1 (0.0%)	1
Fatty	. 444 (56.1%)	345 (43.6%)	3 (0.4%)	0 (0.0%)	1

From NIDDK report: *network visualization showing 3 distinct subtypes of Type 2 diabetes elicited after integrating data from EHRs for > 11K patients*

https://www.nature.com/articles/d42473-019-00035-5 Credit: Andre Kahles, Gunnar Rätsch, Chris Sander

Machine Learning Computational Strategies

• We now engage participants to check our mutual understanding