Clinical Data Miner (CDM) Towards more efficient clinical study support

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Outline

Clinical diagnostic model research

- Electronic Data Capture (EDC)
- Integrated data analysis
- Machine-learning automation
- Conclusions & Future work

- Importance of diagnostic procedures:
 - Diagnosis \rightarrow disease management
 - UK, 2009: late diagnosis \rightarrow 5k 10k cancer deaths

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- Impediments:
 - Cost
 - Invasive
 - False positives

- Importance of diagnostic procedures:
 - Diagnosis \rightarrow disease management
 - $\blacktriangleright\,$ UK, 2009: late diagnosis $\rightarrow\,$ 5k 10k cancer deaths

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- Impediments:
 - Cost
 - Invasive
 - False positives
- \Rightarrow Clinical diagnostic model research

Patient data



Patient data + Gold standard diagnosis

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Patient data + Gold standard diagnosis ↓ Machine-learning model

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Patient data + Gold standard diagnosis ↓ Machine-learning model ↓ Diagnostic predictions

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ROC curves for several ovarian tumour diagnostic models, a.o. RMI and LR2. Source: Sayasneh et al. (2013).

International Endometrial Tumour Analysis (IETA)

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- Consortium of gynaecologists specialized in ultrasound imaging

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International Endometrial Tumour Analysis (IETA)

- Started in 2008 by Van den Bosch, Timmerman
- Consortium of gynaecologists specialized in ultrasound imaging
- Aim: diagnostic models for endometrial pathology (a.o. cancer)



Source:

http://www.wisegeek.org/what-is-the-endometrial-cavity.htm

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- Aim: diagnostic models for endometrial pathology (a.o. cancer)
- 3 different studies; overlapping CRFs: common variables: 75 (nominal: 31; ordinal: 8; continuous: 14; text: 13; date: 4)



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- Aim: diagnostic models for endometrial pathology (a.o. cancer)
- 3 different studies; overlapping CRFs: common variables: 75 (nominal: 31; ordinal: 8; continuous: 14; text: 13; date: 4)
- Similar workflow as for IOTA studies



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Clinical diagnostic model research Workflow



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International Endometrial Tumour Analysis (IETA)

Ultrasound Obstet Gynecol 2010; 35: 103-112 Published online 15 December 2009 in Wiley InterScience (www.interscience.wiley.com). DOI: 10.1002/uog.7487

Terms, definitions and measurements to describe the sonographic features of the endometrium and intrauterine lesions: a consensus opinion from the International Endometrial Tumor Analysis (IETA) group

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KEYWORDS: diagnosis; endometrial disease; endometrial neoplasms; endometrium; myoma; sonography; terminology; ultrasonography; uterus

ABSTRACT

The IETA (International Endometrial Tumor Analysis group) statement is a consensus statement on terms, with an endometrial thickness of 5 mm or more, an evaluation of endometrial morphology and vascularization using gray-scale and Doppler ultrasound imaging with or without the added use of sonohysterography (instillation

IETA consensus paper

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Clinical diagnostic model research International Endometrial Tumour Analysis (IETA)

Ultrasound definitions for endometrium



Figure 2 (a) Diagram and accompanying ultrasound image showing measurement of the endometrial thickness in the absence of intracavitary fluid; the endometrial thickness in the absence of appears to be at its discust. (b) When intracavitary fluid is present, the thickness of both single layers is measured in the signification and the sum is recorded. The measurement should be taken where the thickness should also be reported separately.

diameters in millimeters, rounded up to one decimal point. The volume of the lesion may be calculated from the three orthogonal diameters using the formula for a prolate ellipsoid ($d1 \times d2 \times d3 \times 0.523$). In myomas, the distance from the back of the myoma to the serosa should also be measured if a surgical resection is considered.

The amount of intracavitary fluid is defined by its

symmetrical anterior and posterior sides. This definition includes the different appearances seen throughout the menstrual cycle and the monolayer pattern found in most postmenopausal patients. A 'uniform' endometrium includes the three-layer pattern, as well as the homogeneous theprechogenic, hypoechogenic and isoechogenic endometrium (Figure 3). The echogenicity is defined as 'non-uniform' if the endometrium appears heterogeneous, asymmetrical or cystic (Figure 4).

The endometrial midline is defined as 'linear', if a straight hyperechogenic interface within the endometrium is visualized, as 'non-linear' if a waved hyperechogenic interface is seen, and as 'irregular' or as 'not defined' in the absence of a distinct interface (Figure 5).

The 'bright edge' is the echo formed by the interface between an intracavitary lesion and the endometrium (Figure 6)¹⁶.

In some patients the endometrial interface is better detected by genely pushing the transvaginal probe against the uterine corpus, which makes the two endometrial surfaces slide against each other (i.e. the 'slidling sign'). This technique may also be used to help characterize pathology, as small amounts of fluid in the cavity may help delineate structures in the cavity.

The endometrial-myometrial junction¹⁷ should be described as 'regular', 'irregular', 'interrupted' or 'not defined' (Figure 7).

Synechiae are defined as strands of tissue crossing the endometrium (Figure 8). Congenital anomalies are not

IETA consensus paper



Requirements

- Inclusion of pictograms
- Multi-centre
- Userfriendly

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Generic

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Requirements



- Multi-centre
- Userfriendly
- ► Generic

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Enter patient U	pdate patient						Login	Help
Patient ID:								
Day of scan	Patient history	Ultrasound Unenhanced	Validation Sonoh	yst or Fluid Ovaries	Dutcome			
🔿 optimal 🔿	suboptimal 🔿 fail	led 🔿 not performed 🥯 pre-existi	ig fluid in the uterine ca	nity				
	Is the thickness endometrium me	of the 💿 no 🐵 yes assurable?						
	L	1: anterior layer		mm	Ċ			
	E	2: posterior layer		mm				
	Т	otal endometrium thickness:						
	le s	s the endometrial thickness ymmetric?	⊖ no ⊖ yes					
	C	utline of background endometriun	smooth	• endometrial fold	s oplypoid	Cirregular		
	E	chogenicity of background ndometrium	○ uniform ○ nor	+uniform				
	C	iolour score of background ndometnium	(1) no few	(2) minimal flow	(3) moderate flow	(4) abundant fow		

CDM's data collection user interface

Methodology



Modular, layered architecture

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Methodology

- Scrum
 - Regular meetings

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End-user input

Methodology

- Scrum
 - Regular meetings
 - End-user input











How the customer explained it

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What engagement described to the customer

How the system designe designed it

low the project was documented



What the programmer developed

/hat was delivered



How the customer was billed



hat the customer really needed

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Methodology



- Test-Driven Development (TDD)
 - Good test coverage guarantees quality
- Design patterns
- Dependency injection

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 \rightarrow Maintainable

Methodology

Module	Production code (SLOC)	Test code (SLOC)	Line coverage (%)	Branch coverage (%)
cdm-common	5862	7023	91	94
cdm-server	15260	28109	92	90
cdm-client	3595	7607	88	91
cdm-client-gwt	4090	5123	53	42
cdm-webapp	321	177	34	100
	(sum)		(weighted average)	
Overall	29128	48039	85	84

Source Lines of Code (SLOC) and test coverage per module.

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Survey

- Sent to 42 experienced CDM users
 - \blacktriangleright > 10 IETA entries, or
 - inter-rater agreement study

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 \Rightarrow 28 responses (66.7% response rate)

Electronic Data Capture Survey



Average agreement level (0 = no agreement; 10 = full agreement).

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Electronic Data Capture Survey



Percentage of CDM user interactions exhibiting software issues.

Electronic Data Capture Survey

Would you consider using CDM for your own studies?



IETA Data collection



24 centres; 39 participants

IETA Data collection

Study Complete Incomplete Total IETA #1a 603 142 745 IETA #1b 723 192 915 IETA #1c 165 96 261 IETA #3 562 120 682 IETA #4 667 423 1090 Total 2720 973 3693				
IETA #1a603142745IETA #1b723192915IETA #1c16596261IETA #3562120682IETA #46674231090Total27209733693	Study	Complete	Incomplete	Total
IETA #1b723192915IETA #1c16596261IETA #3562120682IETA #46674231090Total27209733693	IETA #1a	603	142	745
IETA #1c 165 96 261 IETA #3 562 120 682 IETA #4 667 423 1090 Total 2720 973 3693	IETA #1b	723	192	915
IETA #3 562 120 682 IETA #4 667 423 1090 Total 2720 973 3693	IETA #1c	165	96	261
IETA #46674231090Total27209733693	IETA #3	562	120	682
Total 2720 973 3693	IETA #4	667	423	1090
	Total	2720	973	3693

Inclusion numbers

Studies

IETA #1, #3, #4	Van den Bosch, Timmerman
cytoreduction study	Testa
IPULA	Bourne, Condous
IETA #5	Van den Bosch, Fenning

Ongoing and future CDM studies.

User interface for inter-rater agreement studies



Modified CDM user interface

User interface for inter-rater agreement studies

Influence of pictograms	Installé
Polycystic ovaries	Van Schoubroeck
Uterine anomalies	Van Schoubroeck
Endomyometrial junction	Votino
IETA #2	Valentin
Image enhancement	Bourne

Inter-rater agreement studies.

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Advantages

Export/import

CRF structure

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Data querying & preprocessing

DataManager

+newDescriptor(studyId:String): DataDescriptor +stripText(descriptor:DataDescriptor): DataDescriptor +stripDptional(descriptor:DataDescriptor): DataDescriptor +stripDates(descriptor:DataDescriptor): DataDescriptor +flatten(descriptor:DataDescriptor): DataDescriptor +createFactorProxies(descriptor:DataDescriptor): DataDescriptor +normalize(descriptor:DataDescriptor): DataDescriptor +select(descriptor:DataDescriptor, identifiers:String[]): DataDescriptor +deselect(descriptor:DataDescriptor,

identifiers:String[]): DataDescriptor +merge(descriptors:DataDescriptor[]): DataDescriptor +label(descriptor:DataDescriptor,

+subset(data:LabelledData,fromIndex:int,

toIndex:int): LabelledData

+dump(data:Data,writer:PrintWriter)

- Dummy variables
- Merge studies
- Structurally missing variables

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Data querying & preprocessing

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identifiers:String[]): DataDescriptor +deselect(descriptor:DataDescriptor,

identifiers:String[]): DataDescriptor +merge(descriptors:DataDescriptor[]): DataDescriptor +label(descriptor:DataDescriptor.

identifiers:String[]): LabelledDataDescriptor +load(descriptor:DataDescriptor): Data +shuffle(data:LabelledData,random:Random): LabelledData +stratifv(data:LabelledData.outputField:Field. relativeSizes:int[]): LabelledData[]

+subset(data:LabelledData.fromIndex:int. toIndex:int): LabelledData

+dump(data:Data,writer:PrintWriter)

- Dummy variables
- Merge studies
- Structurally missing variables

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- Randomize order
- Stratify

Machine-learning



- (Currently:) classifiers \rightarrow WEKA
- Prediction outcomes: binary / probability
- Learning curves

Machine-learning



CDM's machine-learning API enables generation of learning curves.

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Statistical analysis



- inter-rater agreement: Cohen, Fleiss
- percentage agreement
- jackknife sampling
- paired t-test

Interactive scripting



• bridge Jython \leftrightarrow CDM

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Interactive scripting

< <utility>></utility>		
dm		
Exposes CDM's DataManager interface		
+dm: DataManager		
+study(studyId:String): DataDescriptor		
+acceptFilter(): DataPointFilter		
+rejectFilter(): DataPointFilter		
+duplicatesFilter(): DataPointFilter		
+suffixFilter(field:Field,s:String): DataPointFilter		
+equalsFilter(field:Field,s:String): DataPointFilter		
+inFilter(field:Field,ary:String[]): DataPointFilter		
+notFilter(filter:DataPointFilter): DataPointFilter		
+andFilter(f1:DataPointFilter,f2:DataPointFilter): DataPointFilter		
+stripOptional(desc:DataDescriptor): DataDescriptor		
+stripText(desc:DataDescriptor): DataDescriptor		
+stripDates(desc:DataDescriptor): DataDescriptor		
+select(desc:DataDescriptor,identifiers:String[]): DataDescriptor		
+deselect(desc:DataDescriptor,identifiers:String[]): DataDescriptor		
+label(desc:DataDescriptor,identifiers:String[]): DataDescriptor		
+addPatientId(desc:DataDescriptor): DataDescriptor		
+addUserName(desc:DataDescriptor): DataDescriptor		
+createFactorProxies(desc:DataDescriptor): DataDescriptor		
+flatten(desc:DataDescriptor): DataDescriptor		
+normalize(desc:DataDescriptor): DataDescriptor		
+filter(desc:DataDescriptor,filter:DataPointFilter): DataDescriptor		
+load(desc:DataDescriptor): Data		
+shuffle(data:Data): Data		
+subset(data:Data,fromIndex:int,toIndex:int): Data		
+stratify(data:Data,outputField:Field,relativeSizes:int[]): Data[]		
+dumpFields(fields:Field[])		
+findField(fields:Field[],fieldPath:String): Field		

- bridge Jython \leftrightarrow CDM
- data querying / preprocessing

Interactive scripting

- bridge Jython \leftrightarrow CDM
- data querying / preprocessing
- machine-learning

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Interactive scripting

< <utility>> stats</utility>	
+stat: Statistics	
+mean(sample:Double[]): Double	
+stddev(sample:Double[]): Double	
+median(sample:Double[]): Double	
+percentiles(sample:Double[],percentages:int[]):	Double
+jackkifeSampler(): Sampler	
+cohenKappaCalculator(): KappaCalculator	
+fleissKappaCalculator(): KappaCalculator	
+kappaFunctor(calculator:KappaCalculator,	
categories:List <v>): Functor</v>	
+percentageAgreementFunctor(categories:List <v>):</v>	KappaFunctor
+pairedTTest(samplel:Double[],sample2:Double[]):	double

- bridge Jython \leftrightarrow CDM
- data querying / preprocessing
- machine-learning
- statistical analysis

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Example 1: Learning curve

```
import dm
# 1. Specify data to load
study_ids = [ 'ieta_1a', 'ieta_1b', 'ieta_1c',
              'ieta 3'. 'ieta 4' ]
desc_1 = dm.merge(*[ dm.study(id) for id in study_ids ])
# 2. Preprocess data
desc_2 = dm.stripOptional(dm.stripText(dm.stripDates(desc_1)))
desc 3 = dm.label(desc 2, 'ieta outcome.*')
desc 4 = dm.createFactorProxies(dm.flatten(dm.normalize(desc 3)))
data = desc 4.load()
# 3. Calculation of learning curves
import weka.classifiers.functions.Logistic as Logistic
import ml
classifier = ml.newWekaClassifier(Logistic())
output_field = dm.findField(data.getOutputFields(),
    'ieta outcome.endometrium.malignancv')
perf_map = ml.sweep(classifier, data, output_field,
    'yes', 50, range(50, data.size(), 50))
# 4. Generate and save plots
plots = ml.create_plots([ perf_map ], [ 'IETA' ])
for plot in plots:
    ml.savePlot(plot, plot.getTitle() + '.pdf')
```

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Example 1: Learning curve



Learning curve generated by script (outcome variable: endometrial malignancy)

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Example 2: Contingency table

```
import copy
import dm
# 1. Load combined data of all IETA studies and select fields
study_ids = [ 'ieta_1a', 'ieta_1b', 'ieta_1c', 'ieta_3', 'ieta_4' ]
data = dm.merge(*[ dm.study(id) for id in study_ids ]).load()
field1 = dm.findField(data.getFields(), 'ieta hist.menopausal status')
field2 = dm.findField(data.getFields(), 'ieta_outcome.endometrium')
# 3. Count occurrence of each category.
inner = dict([ (c, 0) for c in field1.type().getValues() ])
outer = dict([ (c, copy.copy(inner)) for c in field2.type().getValues() ])
for p in data:
    v1 = p.getValue(field1)
    v2 = p.getValue(field2)
    if v2 != None:
        outer[v2][v1] += 1
    elset
        outer['N/A'][v1] += 1
# 4. Print distribution
total = float(data.size())
print 'outcome,', ', '.join([ d for d in field1.type().getValues() ])
print
for c in field2.type().getValues():
    print c,
    for d in field2.type().getValues():
        print ', %.1f' % (outer[c][d] * 100 / total).
    print
                                                      イロン 不通 とう マロン イロン
```

Example 2: Contingency table

Outcome	Pre-menopausal (%)	Post-menopausal (%)
atrophy	1.3	9.1
proliferative endometrium	8.0	1.9
secretory endometrium	7.0	0.6
hyperplasia without atypia	2.8	1.3
atypical hyperplasia	0.3	0.3
malignancy	2.6	22.9
endometrial polyp	14.1	11.5
intracavitary myoma	4.1	0.6
endometritis	0.3	0.0
other	1.8	1.1
N/A	5.7	2.6

Contingency table tabulating the frequency distribution of menopausal status versus outcome.

- Can machine-learning be automated?
 - Data analysis APIs integrated
 - IOTA study \rightarrow required manual preprocessing

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Methodology

- ► Example: IOTA data
 - 46 variables
 - ► 3511 data points

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Methodology

- Example: IOTA data
 - 46 variables
 - 3511 data points
- Machine-learning algorithms
 - Logistic regression
 - Least-Squares Support Vector Machines (LS-SVM)

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 + RBF kernel



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Conclusion

No need for complex, manual preprocessing

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Considerably simplifies automation

Conclusion

- No need for complex, manual preprocessing
 - Considerably simplifies automation
- Limitations:
 - Analysis on single data set
 - No interpretability
 - No feature selection in workflow

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 $\rightarrow \mathsf{Future} \ \mathsf{work}$

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Conclusions

UI for patient data collection

- User-friendly
- Multi-centric
- Generic
- High user satisfaction

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Conclusions

UI for patient data collection

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- High user satisfaction
- UI for inter-rater agreement studies

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Conclusions

UI for patient data collection

- User-friendly
- Multi-centric
- Generic
- High user satisfaction
- UI for inter-rater agreement studies
- Data analysis integration
 - No data export & import

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- Preprocessing
- Learning curves

Conclusions



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Future work

 Goals of TBM: "Endometrial cancer diagnosis based on predictive computer models within an International Endometrial Tumour Analysis (IETA) collaboration"

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- IETA diagnostic model
- Integrate model in prediction UI

Future work

 Goals of TBM: "Endometrial cancer diagnosis based on predictive computer models within an International Endometrial Tumour Analysis (IETA) collaboration"

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- IETA diagnostic model
- Integrate model in prediction UI
- Initiate other studies
Conclusions & future work

Future work

- Goals of TBM: "Endometrial cancer diagnosis based on predictive computer models within an International Endometrial Tumour Analysis (IETA) collaboration"
 - IETA diagnostic model
 - Integrate model in prediction UI
- Initiate other studies
- CDM
 - More sophisticated preprocessors & M-L algorithms

- UI for study coordinators
- Teaching tool

Conclusions & future work

Future work



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Thank you!





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