

MMCI Practical Data Science

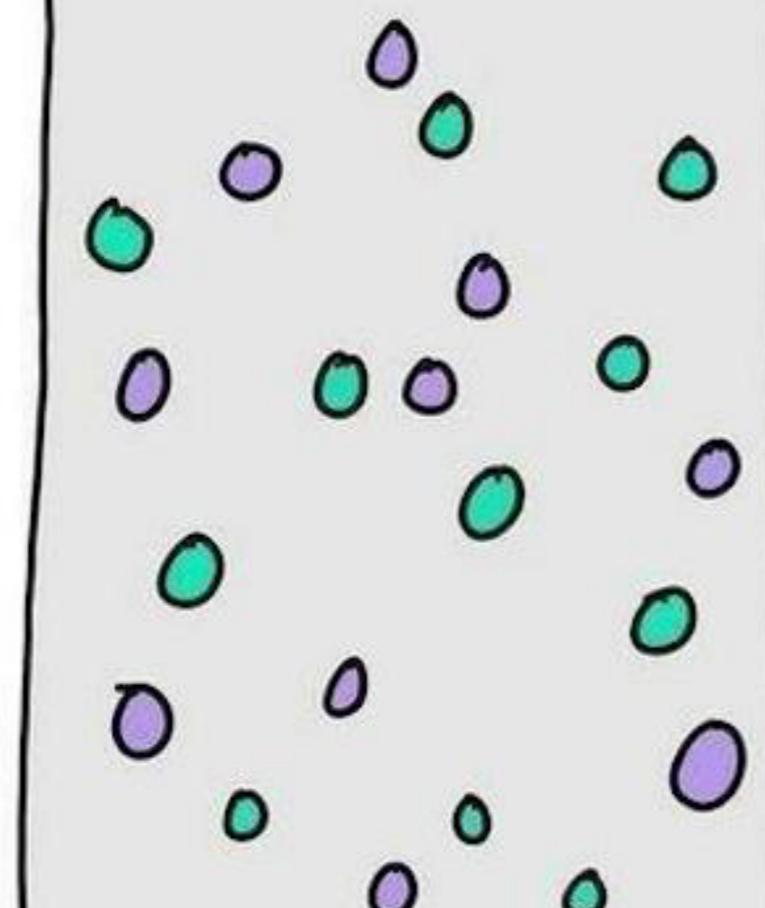
lecture 02

erich s. huang
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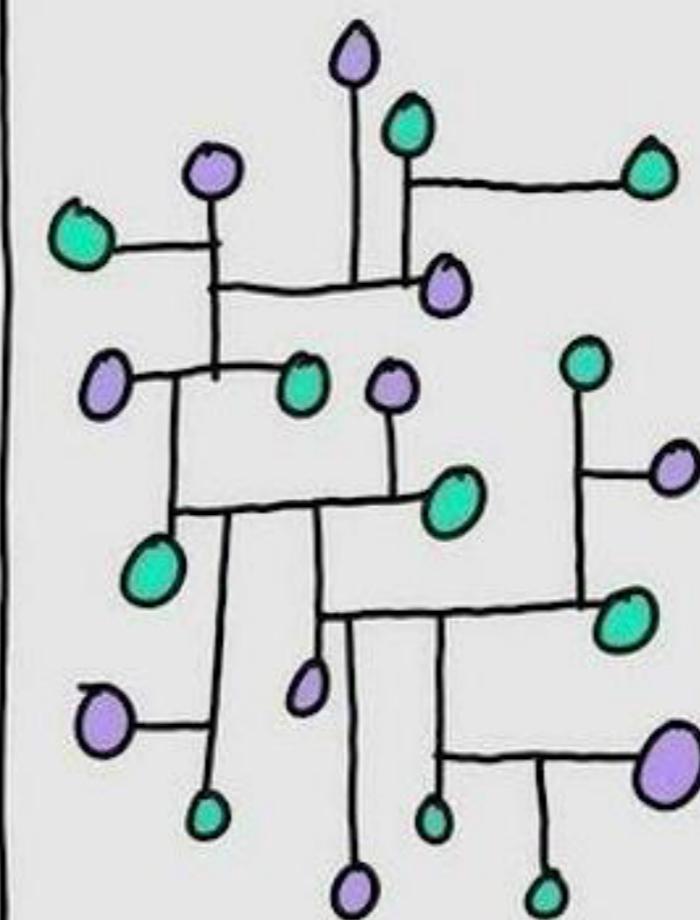
Scene from "The Knick"

How is knowledge acquired?

Knowledge



Experience



The NEW ENGLAND JOURNAL of MEDICINE

VOL. 366 NO. 2

ESTABLISHED IN 1812

JANUARY 12, 2012

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200 NEJM

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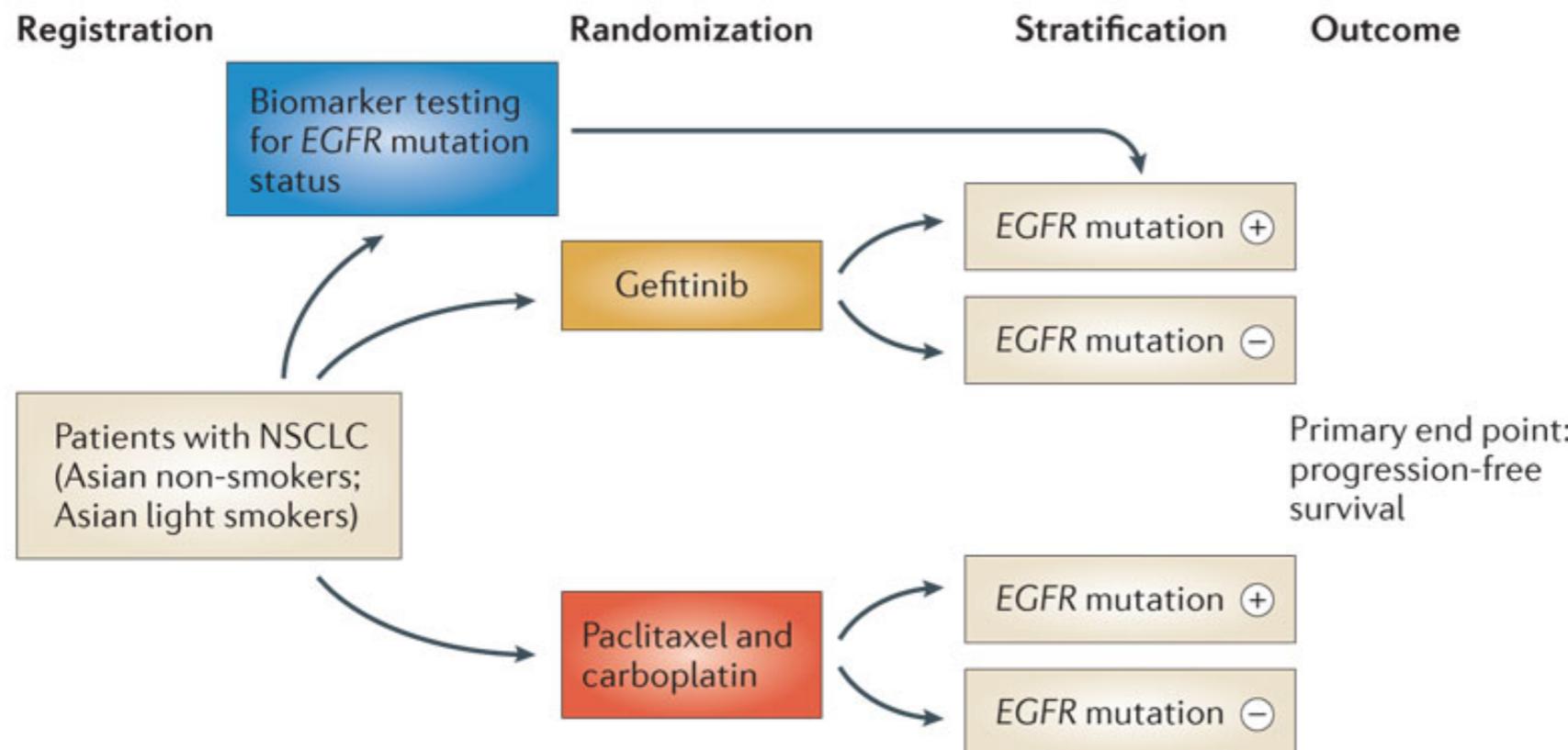
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IMIS (FOR, FamilyPractice) (Patient: CAFFREY, JENNIE)

Action View Setup Activities Billing Reports Utilities Windows Help

Check Out - CAFFREY, JENNIE (15401)

Date: 04/23/11 Office: 0001 Pt: All

Appointments (04/23/2011)

Goodman, George
1. R 11:00 AM 08:00 AM EADE, JOHN (10731)
2. R 12:30 PM 09:00 AM AARON, JOHN (9851)
3. R 10:00 AM 10:00 AM BAARE, John (14033)
4. R 12:45 PM 11:00 AM CAFFREY, JENNIE (15401)
5. R 12:45 PM 11:30 AM OAKS, Merr (17110)
6. R 12:30 PM 12:30 PM SABADIO, John (17502)
7. R 12:45 PM 12:45 PM IBARGUEN, Mike (7896)

Case: GENERAL 02

Phone: (W) (H) (510) 555-4101

Address: 456 E Groop Street
Rogersville MO 65742

Verify system Date: Race:

Primary Doctor: HOLLOWAY, Christina
Referral Doctor:

Auth. No.:

P Click here to RE-VERIFY patient detail
Click here to EDIT PATIENT detail
Click here to EDIT CASE detail

Insurance ID Priority Start Date End Date Group No Copay S I

P BC/BS OF MINNESOTA LT 5345345 Primary 25 M

Send Inquiry Eligible History P= Patient Ins. C= Case Ins. S= Insurance Card I= Insured By M= Missing V= View

Today's SuperBill: Copay (Collected \$25.00) Bal. 25.00 CR

CPT	Amount	Allow. Amt	Copay	Note
1. 93000 EKG ROUTINE	41.00	41.00	25.00	
	41.00	41.00	25.00	

Follow Up Note: Options:
Give Patient Education Handout - On the Printer Print VN , 1 letter(s), 2 careplan(s)
Fax VN Prescription 2 Careplan added
Follow Up Follow Up Reminder
Copy (Collected \$25.00) Super Bill
Rx Dispense Lab Test
Letter (Visit Note) Print Label

Print Appointment Card: S Date Time Provider
1. 05/07/2011 08:00 AM Goodman, George

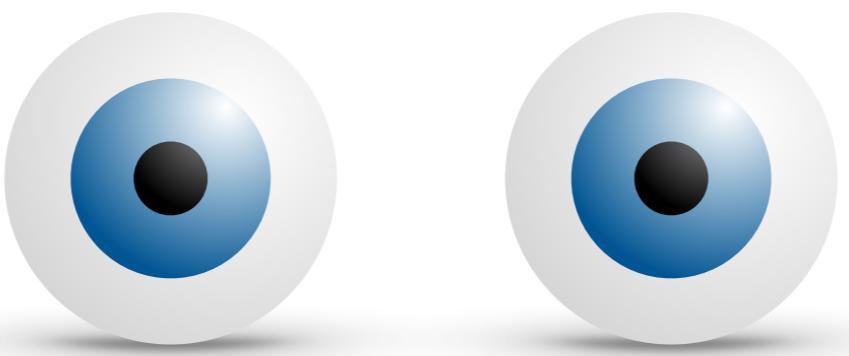
Select All Deselect All

Click here to print appointment card

Ready

Start IMIS (FOR, FamilyPrac... Desktop 4:23:11 21:40:13 9:40 PM

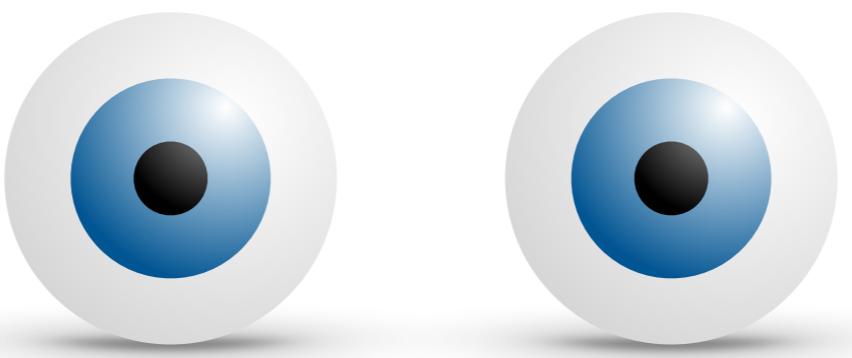




Generalizable

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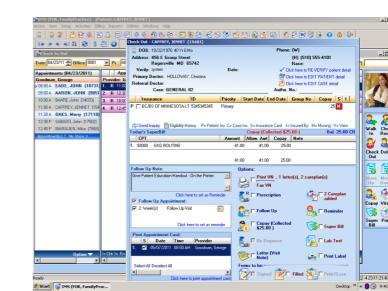
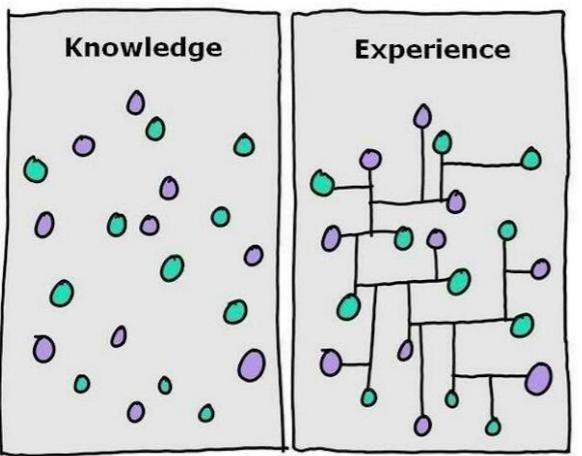
Scalable



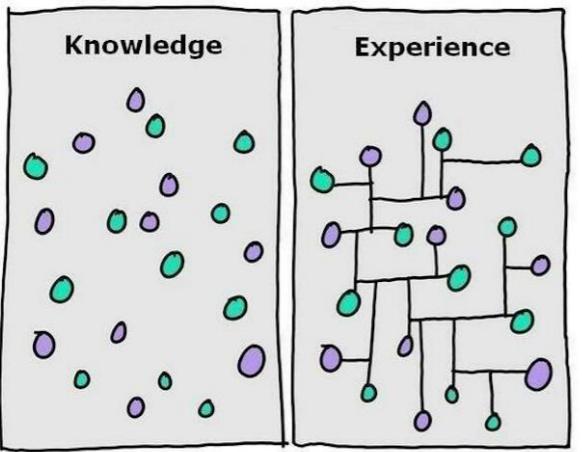




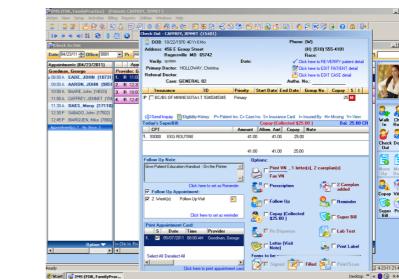
Clinical Decision

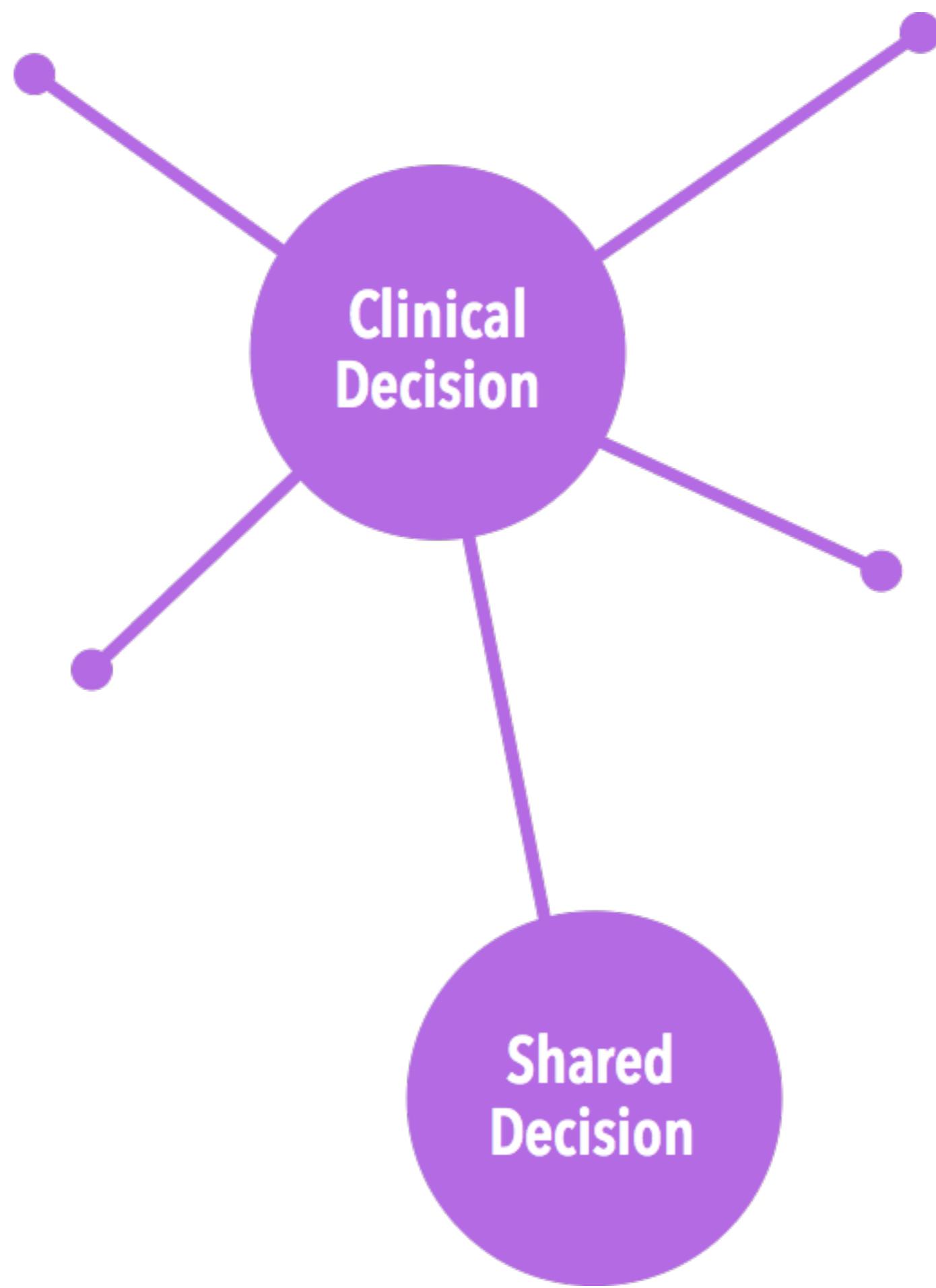


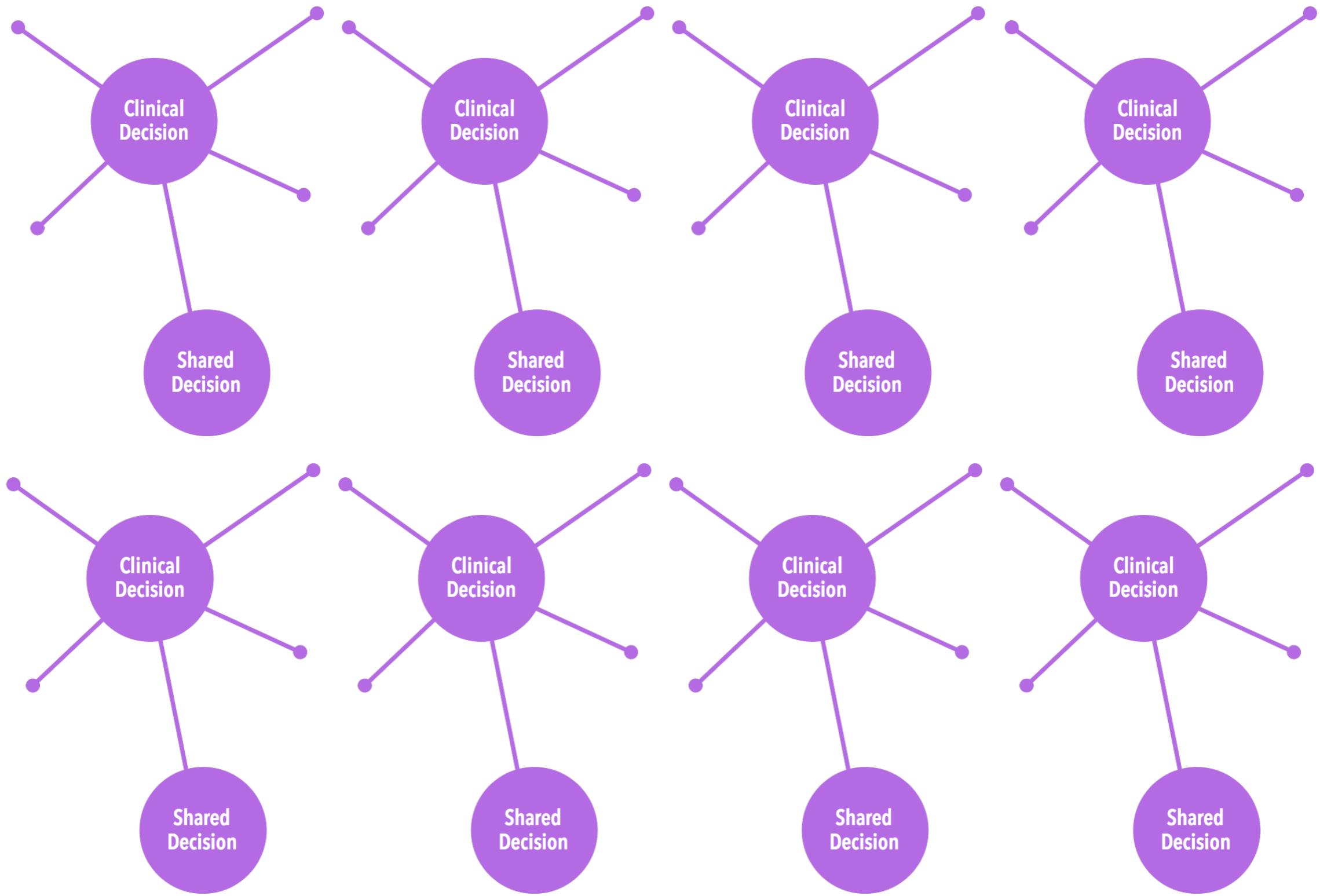
Clinical Decision



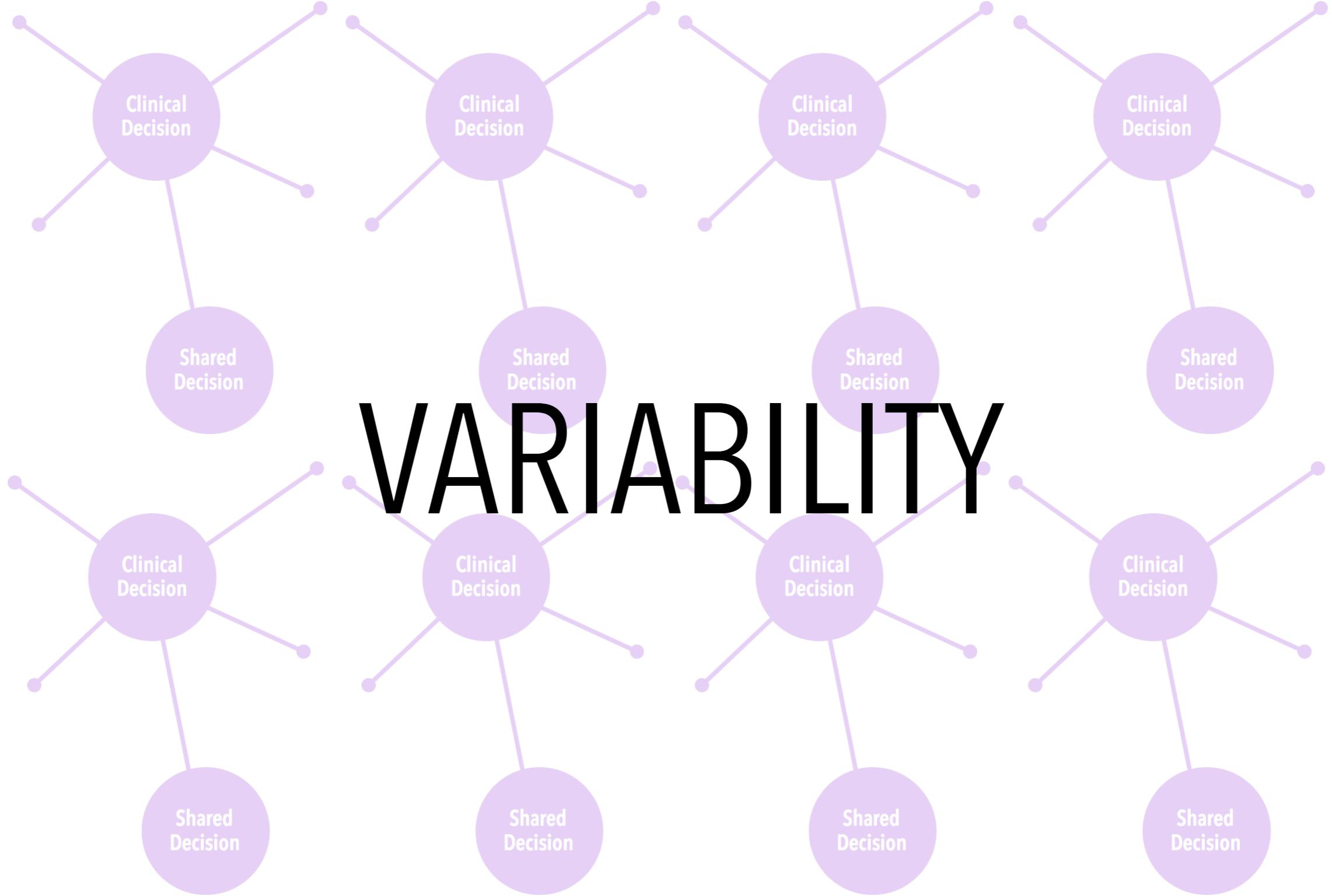
Shared Decision





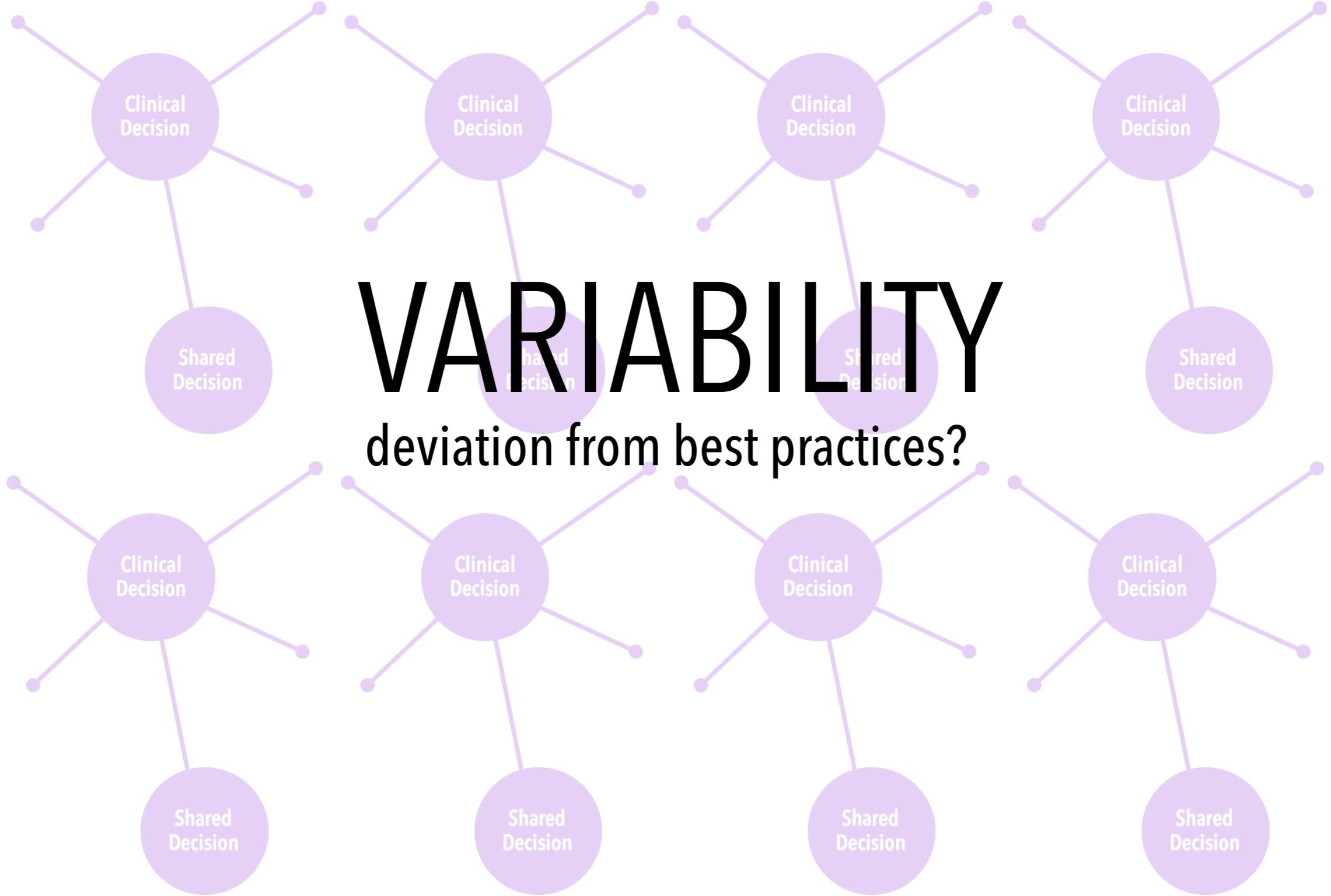


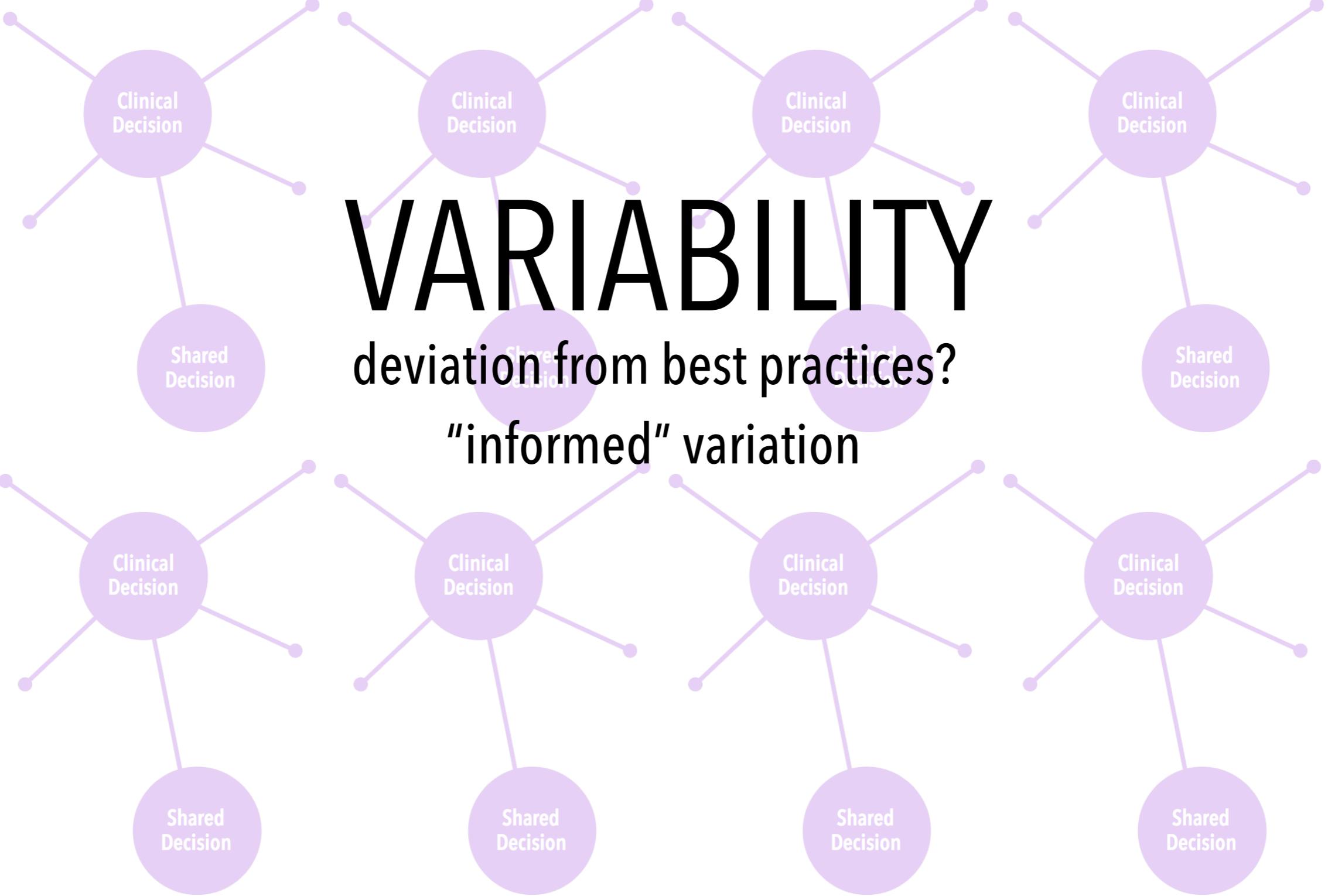
VARIABILITY



VARIABILITY

deviation from best practices?

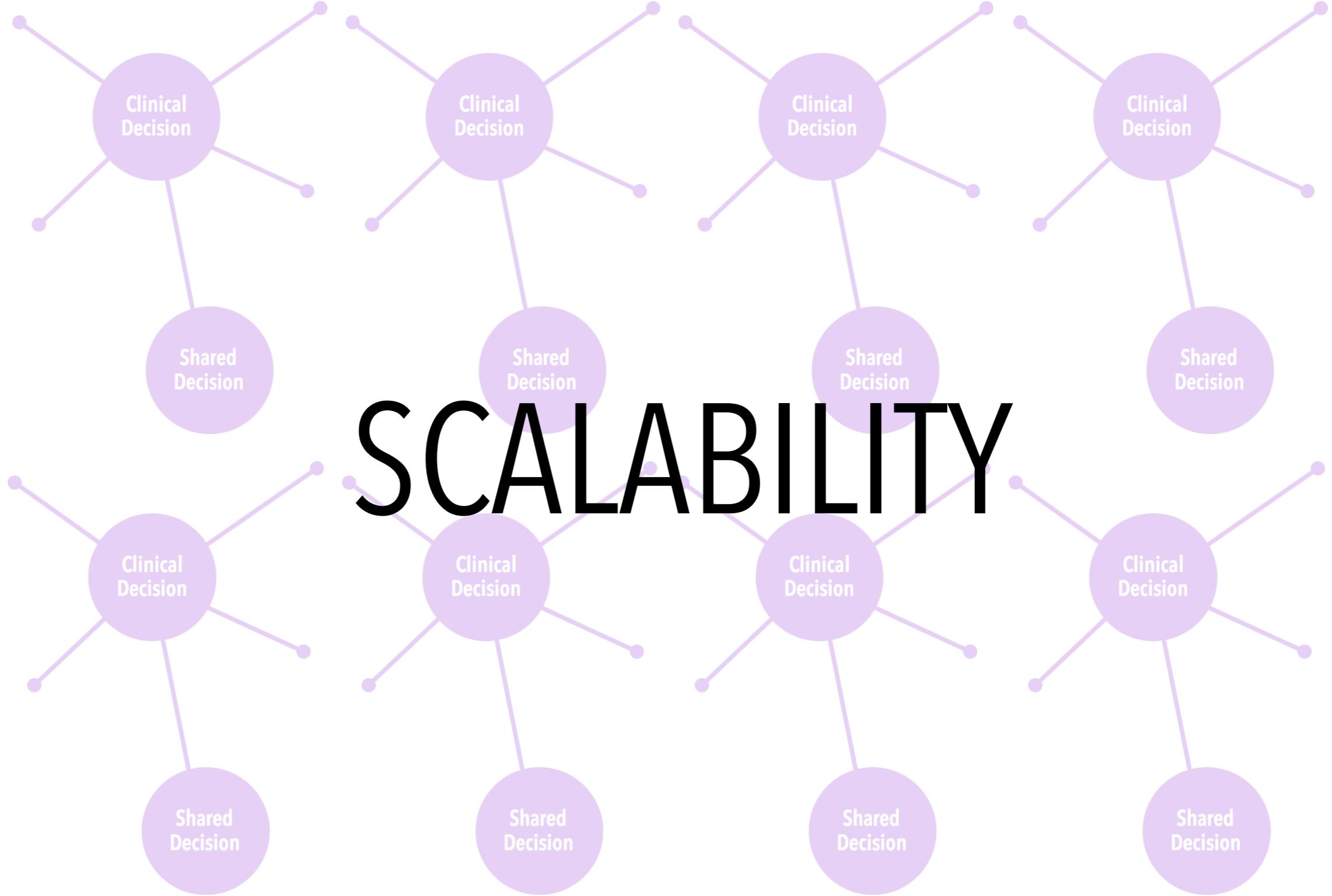




VARIABILITY

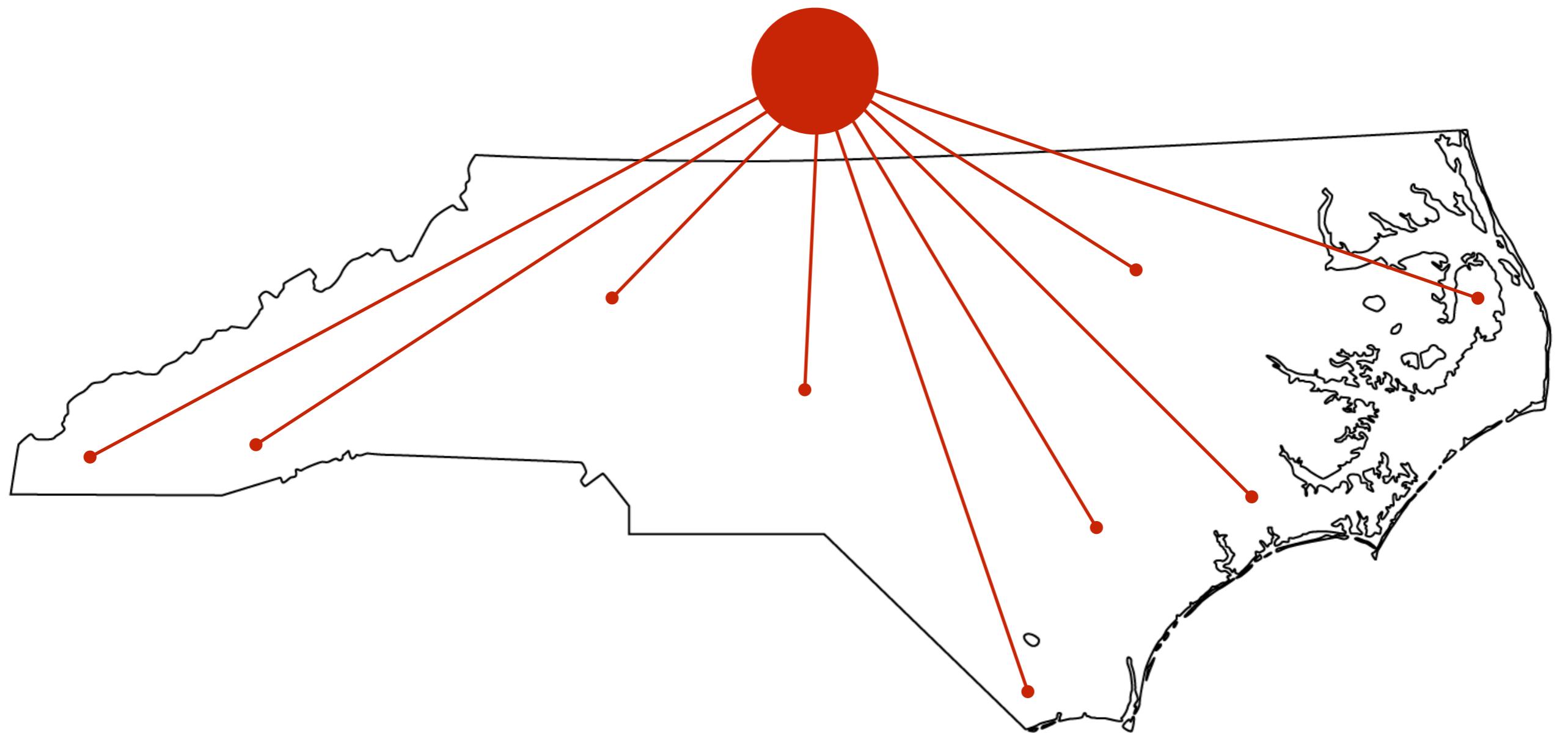
deviation from best practices?
“informed” variation

SCALABILITY





Duke Cancer Institute



Vinod Khosla says technology will replace 80 percent of doctors – sparks indignation

MATT MARSHALL SEPTEMBER 2, 2012 9:12 PM



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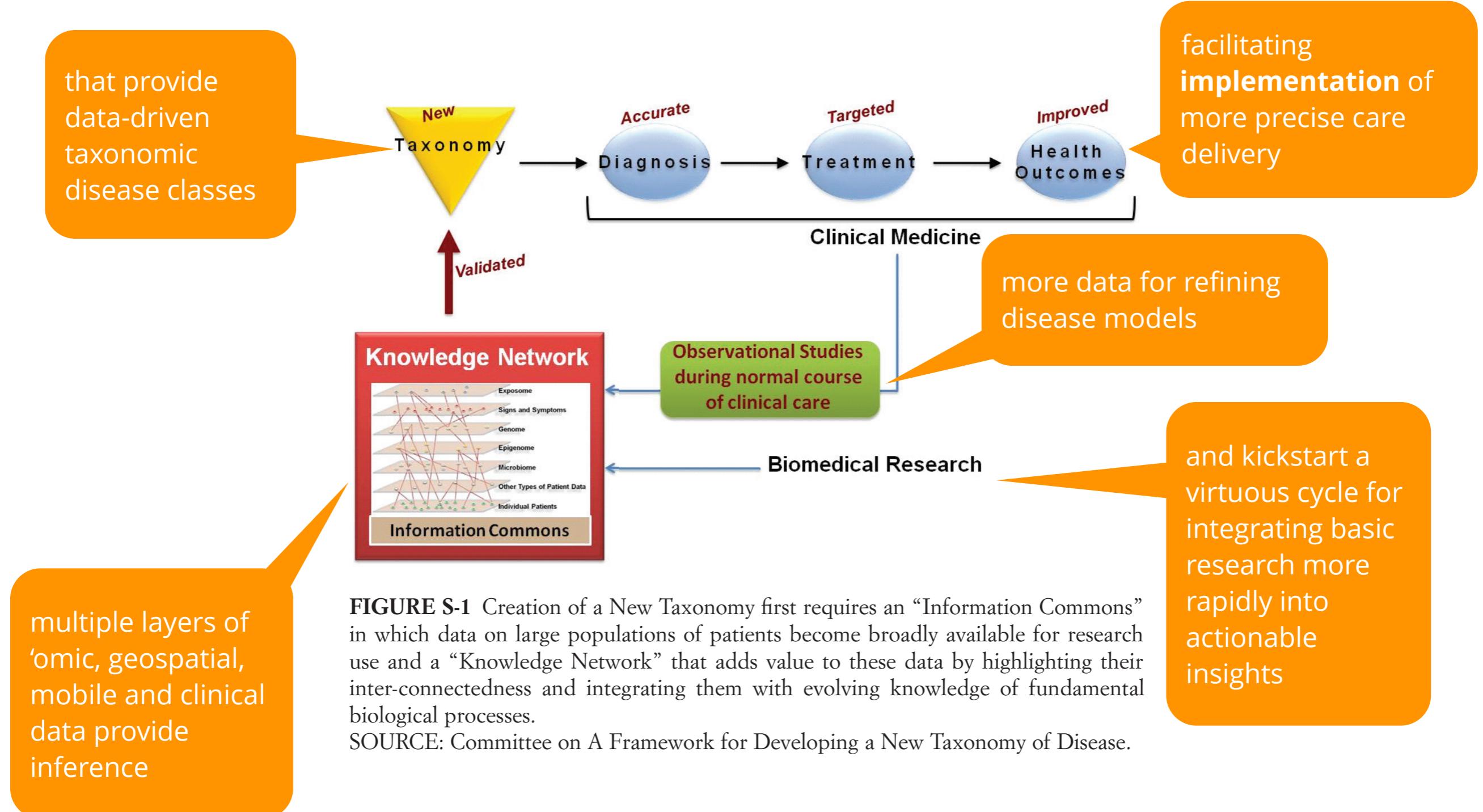
THE PRECISION MEDICINE INITIATIVE

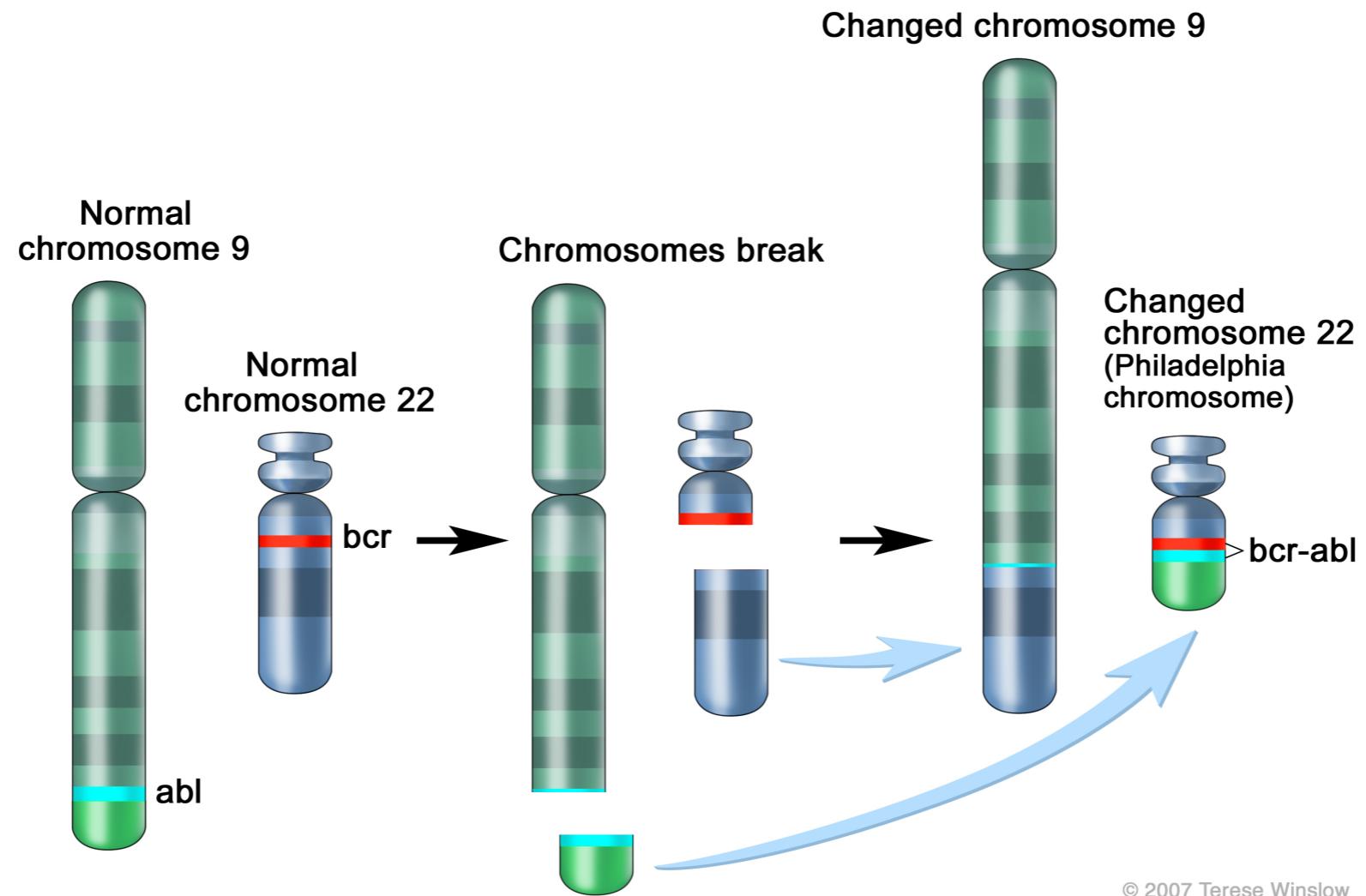
[PRECISION MEDICINE](#)[THE INITIATIVE](#)[PRINCIPLES](#)[STORIES](#)

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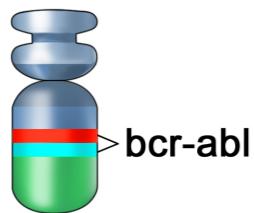
“Doctors have always recognized that every patient is unique, and doctors have always tried to tailor their treatments as

The National Academy's Report on **Precision Medicine**





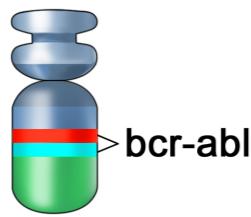
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seen in ~95% of patients with
chronic myeloid leukemia (CML)

encodes a novel fusion protein that
is “always on” and induces
dysregulated cell proliferation

in 2000, the death rate for CML in the first
year was 25 to 50 percent

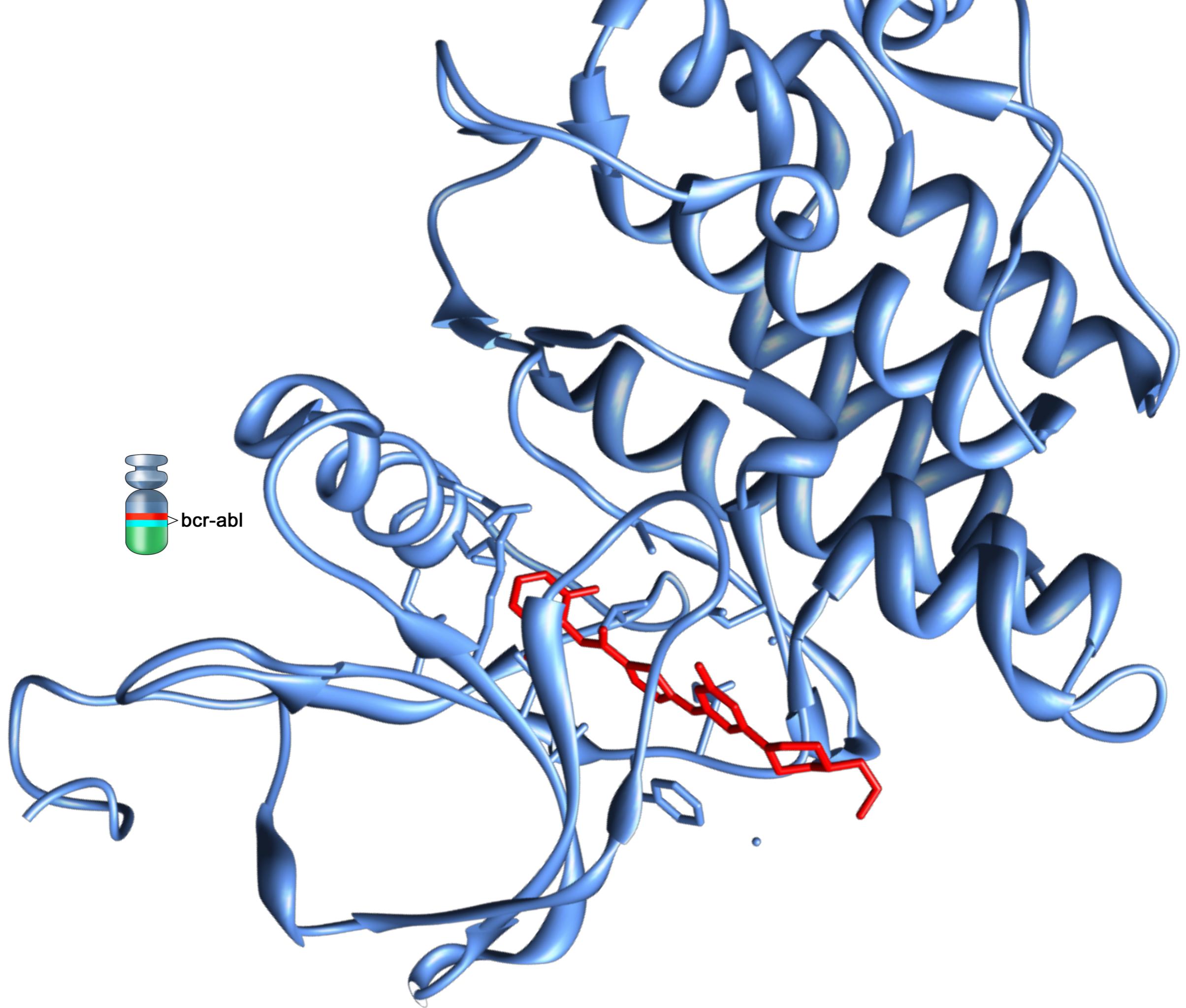


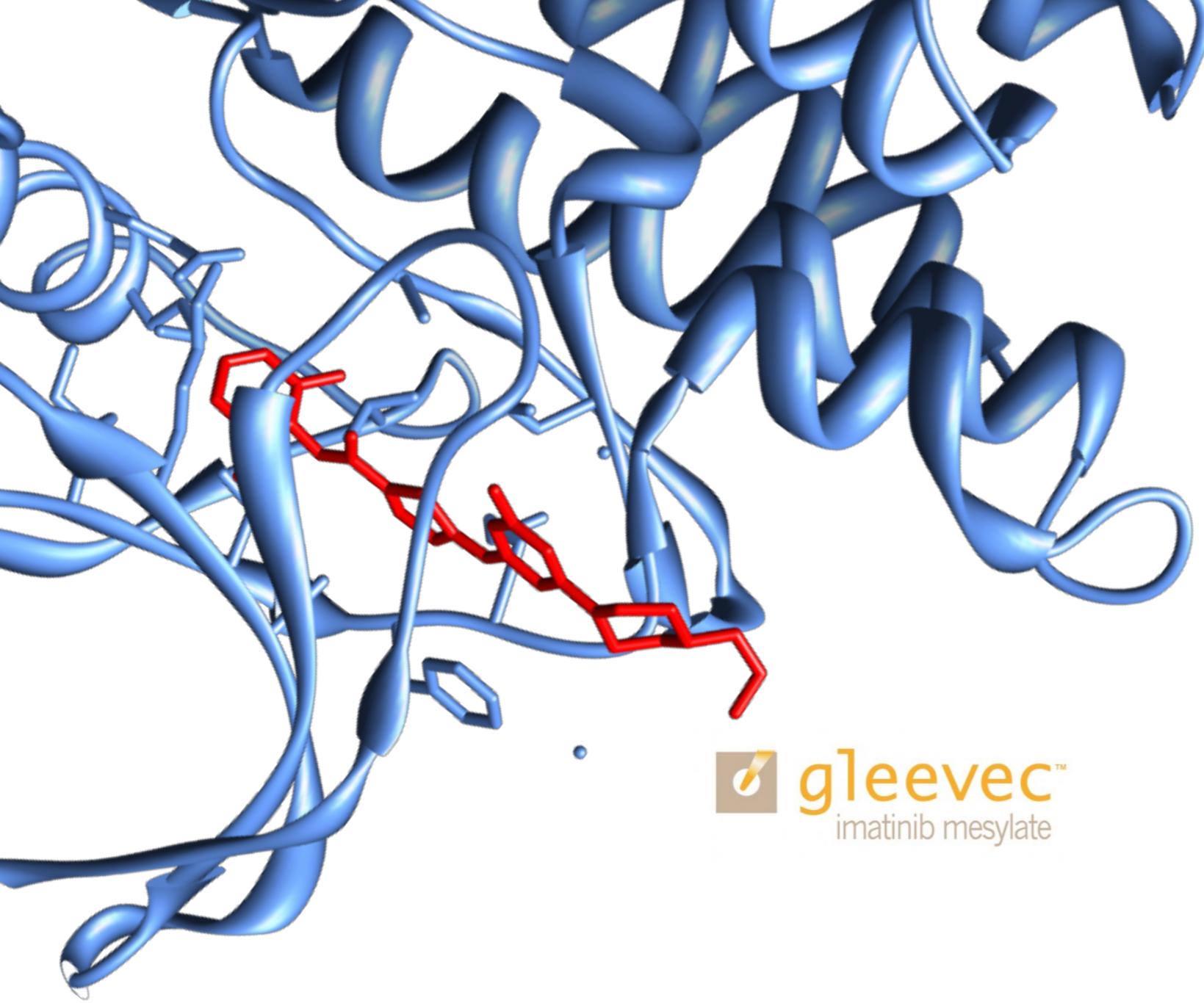
“

The way I'd been trained, cancer was seen as something like a light switch that was stuck in an "on" position. You were given a baseball bat, which was chemotherapy, and told to knock the light out with the bat. I thought, "Why don't we just try to figure out *why* the light is stuck on, then we can fix it without breaking everything."

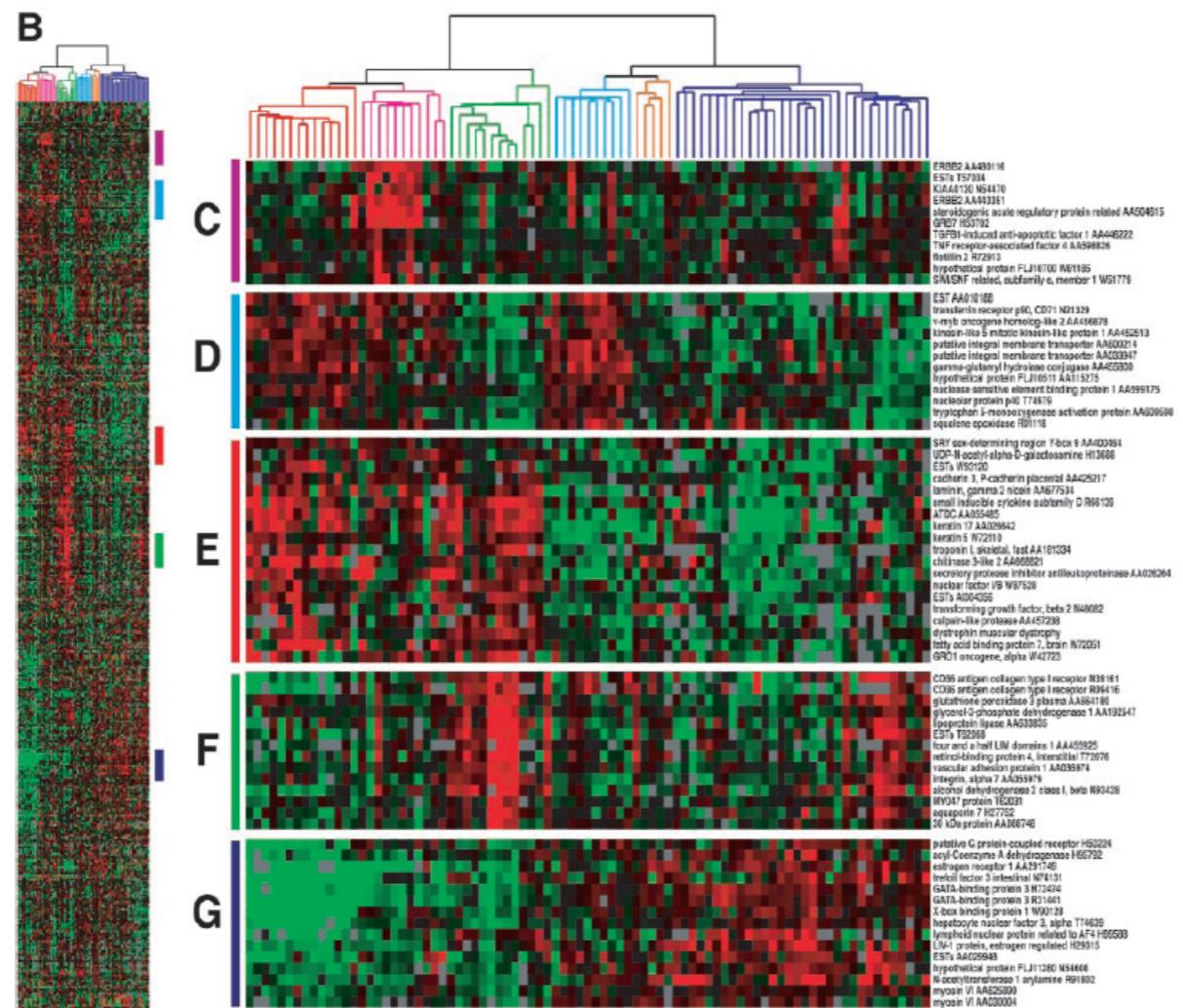
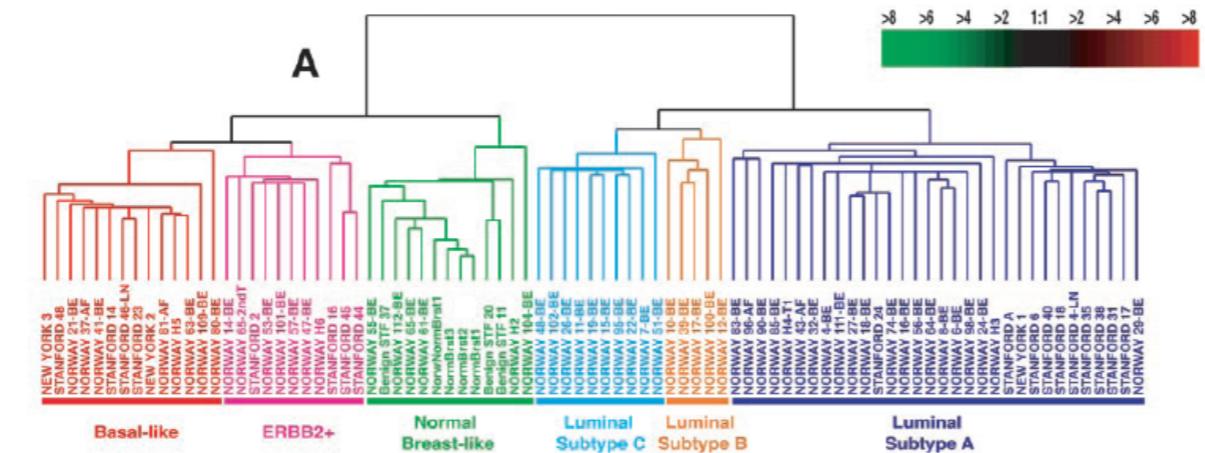
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– Brian Druker



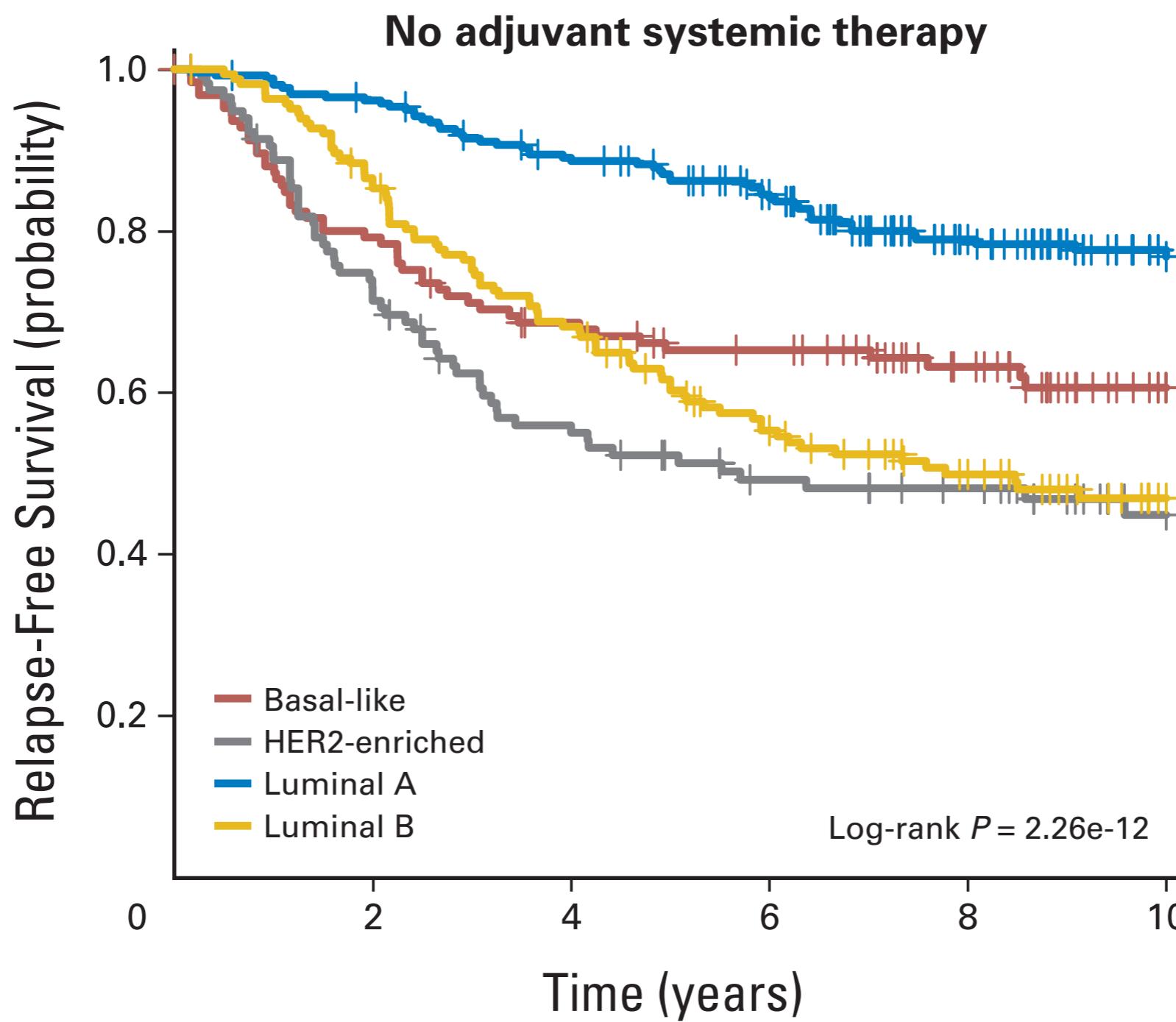


> 95% of patients with stable cytogenetic response are alive at 8 years



breast cancer class discovery

PNAS 2001
hierarchical clustering in 78
Norwegian patients (not
model-based class
discovery)

A

A prediction needs...

Discussion

Discussion Questions

1. As Harlan Krumholz describes, over the last decade other industries have been taking advantage of 'big data' and 'machine learning'. Why hasn't this happened in healthcare? What are the main barriers? And how do we surmount them?
2. Obermeyer and Emanuel's *NEJM* editorial paints a sanguine picture of what machine learning will bring to clinical medicine. What fallacies do they point out? Importantly, what do they fail to point out? They point to three areas of disruption; what potential issues are they glossing over?



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Perspective

Uncertainty in the Era of Precision Medicine

David J. Hunter, M.B., B.S., Sc.D.

N Engl J Med 2016; 375:711-713 | August 25, 2016 | DOI: 10.1056/NEJMp1608282

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Article References Metrics

A National Research Council report on “precision medicine” explains that the term “refers to the tailoring of medical treatment to the individual characteristics of each patient.” The report goes on to say, “It should be emphasized that in ‘precision medicine’ the word ‘precision’ is being used in a colloquial sense, to mean both ‘accurate’ and ‘precise.’”¹ In the colloquial sense, “precision” also implies a high degree of certainty of an outcome, as in “precision-guided missile” or “at what precise time will you arrive?” So will precision medicine usher in an age of diagnostic and prognostic certainty?

In fact, the opposite will probably result. The new tools for tailoring treatment will demand a greater tolerance of uncertainty and greater facility for calculating and interpreting probabilities than we have been used to as physicians and patients.

Oncology has been called “the clear choice for enhancing the near-term impact of precision medicine.”² New tools extract information from cancer genomes that include both the mutations that occur somatically (cancer genome sequencing) and the functional changes that result from both

NIGHTMARE #2

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Discussion Questions

1. Lazer *et. al.* talks about "big data hubris". When is data being "bigger" not necessarily better? What about the issue of transparency and reproducibility?
2. Darcy *et. al.* raises the issue of privacy. Are privacy and machine learning reconcilable?

Microsoft Azure Lab