# ClinCluster: Aggregating Disease Terms in ClinVar

NCBI's ML/Al Codeathon Feb 26 - Mar 1, 2024



#### ClinVar



# Hypercholesterolemia due to variants in the gene LDLR

Any inherited type of hypercholesterolemia

#### Conditions - Germline ^



	Condition @	Classification (# of submissions)	Review status @	Last evaluated @	Variation/condition record @
_	Hypercholesterolemia, familial, 1	Pathogenic (3)	★★☆☆	Mar 30, 2017	RCV000238513.2
_	Familial hypercholesterolemia	Pathogenic (1)	* ☆ ☆ ☆	Nov 16, 2018	RCV000808601.1

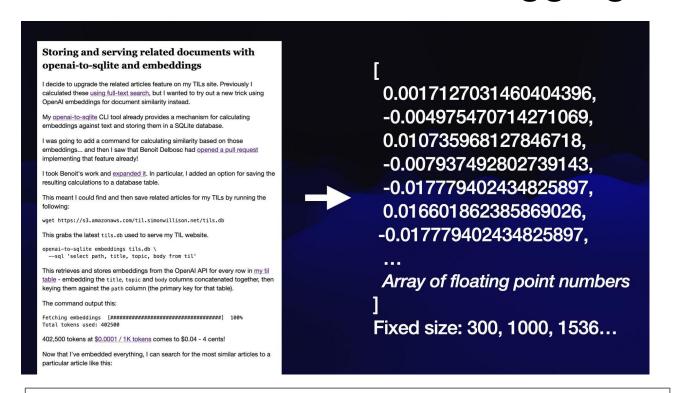


Problem statement: Diseases in ClinVar are very granular and result in many variant-disease records.

Can we use an ML/Al approach to aggregate disease terms in ClinVar to reduce the number of variant-disease records?



#### ClinCluster: Use LLM to aggregate these similar disease terms



Same length, no matter how long the content is

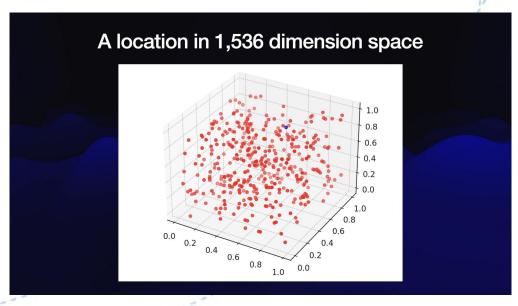
#### Workflow

- Feed the disease names to LLM
- 2. LLM gives a embedding (a array of floating point numbers) for each name
- 3. Use the embeddings to cluster the disease terms



#### **Embeddings in LLM**:

take a piece of content and turn that piece of content into an array of floating point numbers.



#### DBSCAN: cluster the disease names

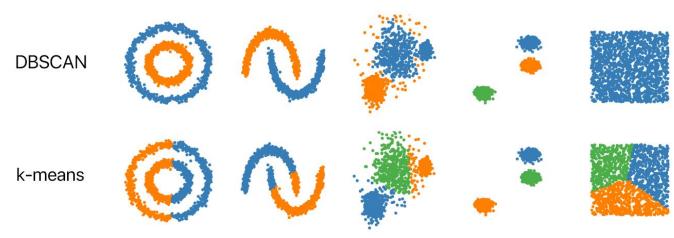
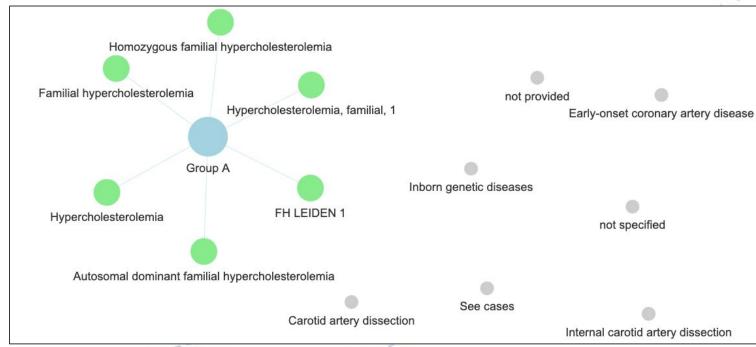


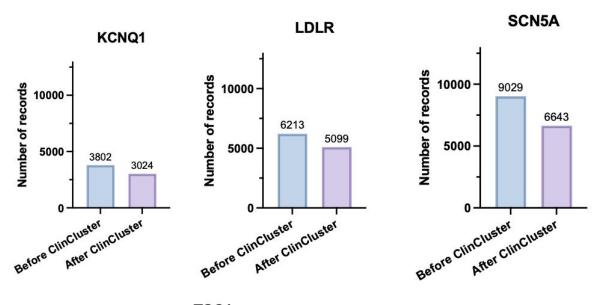
Image from <a href="https://github.com/NSHipster/DBSCAN">https://github.com/NSHipster/DBSCAN</a>

- We forked and modified <u>llm-cluster</u> package <a href="https://github.com/simonw/llm-cluster">https://github.com/simonw/llm-cluster</a>
- We change the k-means clustering algorithms to unsupervised DBSCAN algorithm for clustering the disease names.

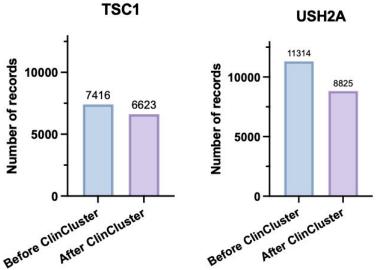


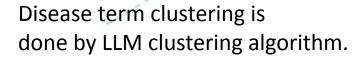
**Result:** 





Significant reduction in the total number of RCV records

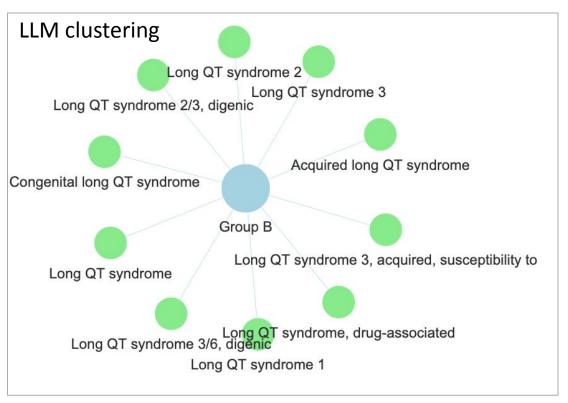


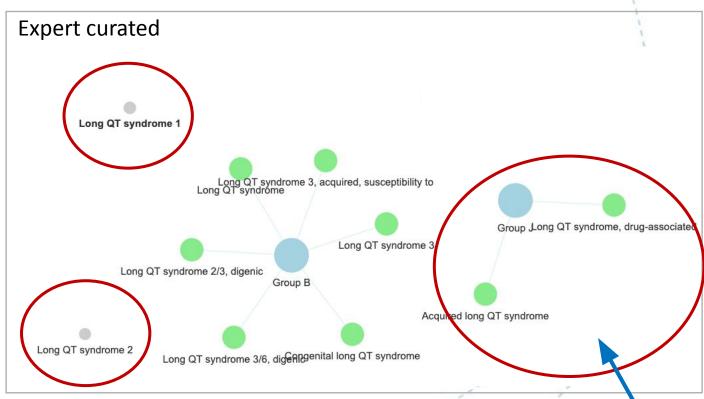




# However, LLM clustering is not perfect...

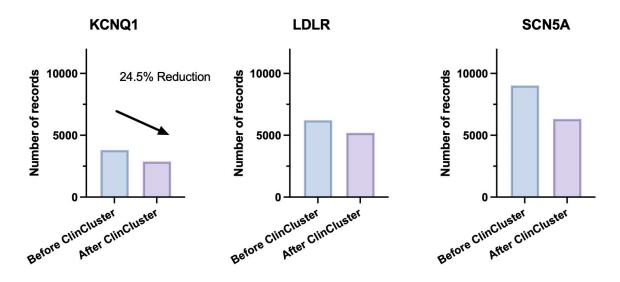
#### Disease clusters for SCN5A gene



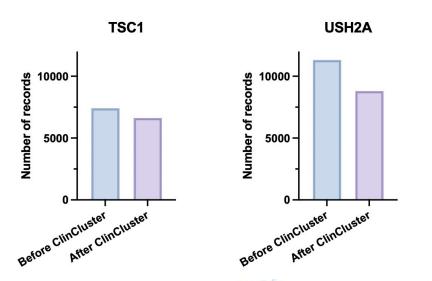


Circled diseases are caused by other underlying conditions



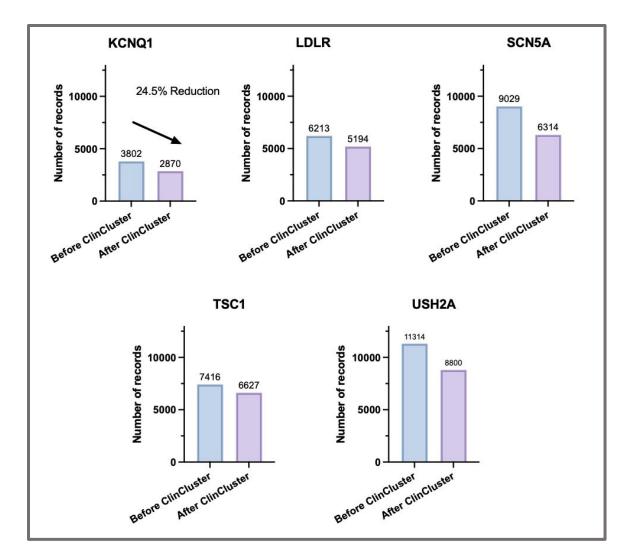


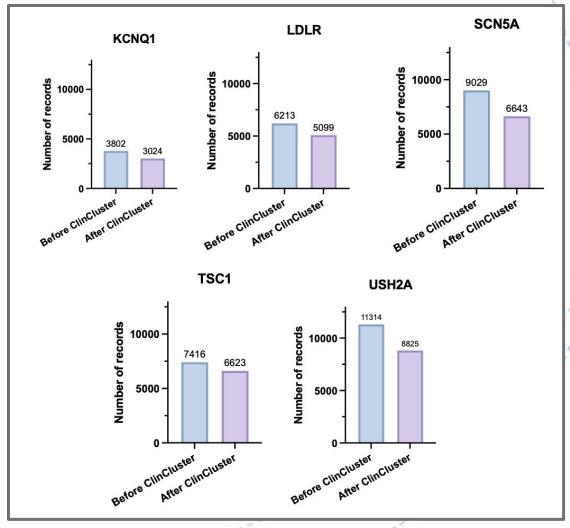
Significant reduction in the total number of RCV records





Disease term clustering is augmented by human expert

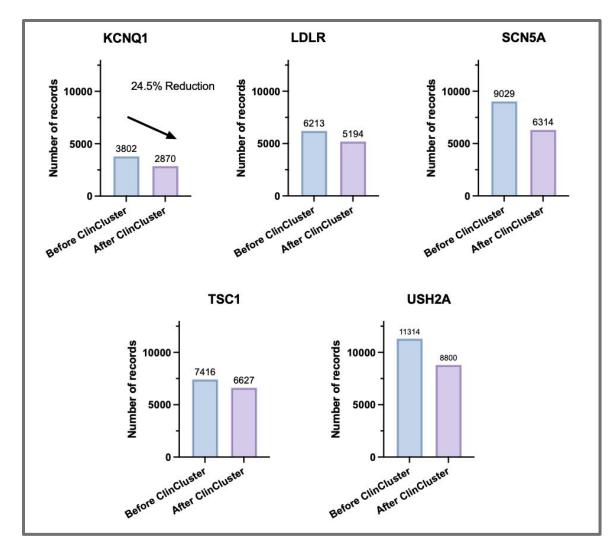


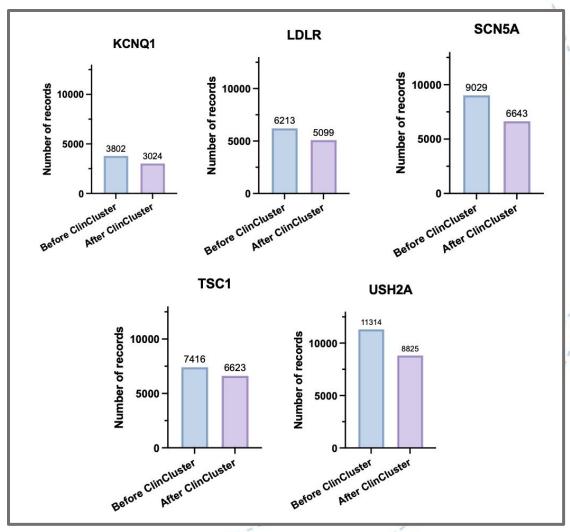




Disease term clustering is augmented by human expert after LLM clustering.

Disease term clustering is done by LLM clustering algorithm.

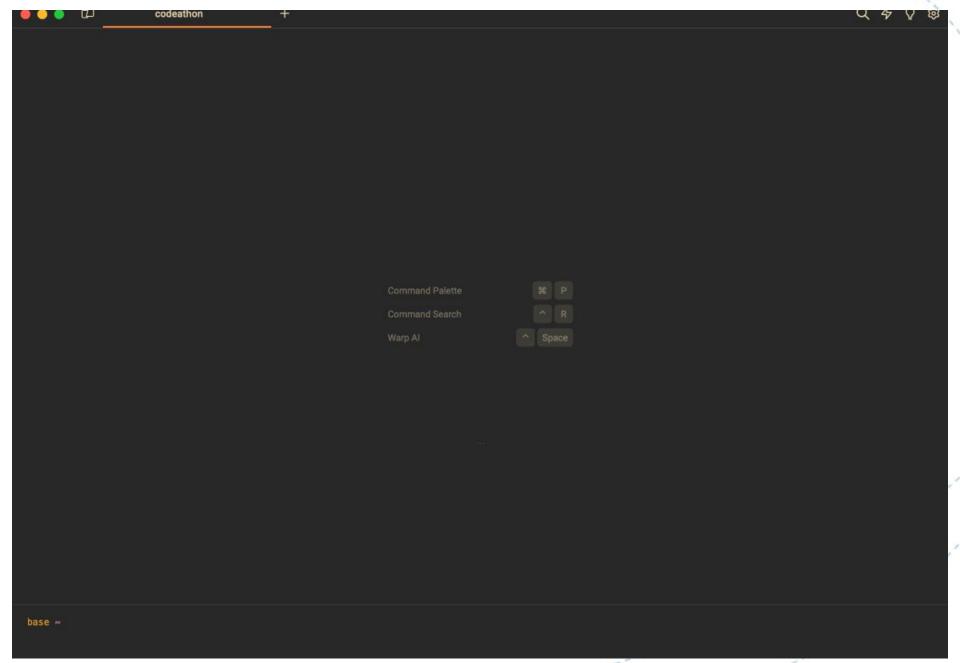




## Reproducible implementation







## Acknowledgements

Lauren Edgar, NIH/NHGRI

Benjamin Kesler, Vanderbilt University

Nicholas Minor, University of Wisconsin

Michael Muchow, Unaffiliated

Rebecca Orris, NIH/NCBI

Wengang Zhang, NIH/NCI

Guangfeng Song, NIH/NCBI (Co-Team Leader)

Melissa Landrum, NIH/NCBI (Co-Team Leader)

