## PROJECT PROPOSAL REQUIREMENTS

- 1) Identify and motivate the problems that you want to address in your project. **Ishan and Boshika**
- 2) Conduct literature search to understand the state of arts and the gap for solving the problem. **Ishan and Boshika**
- 3) Formulate the data science problem in details (e.g., classification vs. predictive modeling vs. clustering problem). **Ishan and Boshika**
- 4) Identify clearly the success metric that you would like to use (e.g., AUC, accuracy, recall, speedup in running time). **Param**
- 5) Setup the analytic infrastructure for your project (including both hardware and software environment, e.g., Azure or local clusters with Python, PyTorch and all necessary packages). **Ishan**
- 6) Discover the key data that will be used in your project and make sure an efficient path for obtaining the dataset. This is a crucial step and can be quite time-consuming, so do it on the first day and never stops until the project completion. **Dan**
- 7) Generate initial statistics over the raw data to make sure the data quality is good enough and the key assumption about the data are met. **Dan**
- 8) Identify the high-level technical approaches for the project (e.g., what algorithms to use or pipelines to use). **TEAM (Ishan to Document)**
- 9) Prepare a timeline and milestones of deliverables for the entire project. Boshika and Param

## Notes:

Clinical notes suffer from "curse of dimensionality" Clinical notes also exhibit a hierarchical sequential structure: a longitudinal patient record includes a time series of notes, each itself consisting of a sequence of words. Framing the problem as a temporal problem e.g. Using Patient A clinical notes sequentially to predict progression of disease, co-morbidity etc

Can be used for annotation: The National Center for Biomedical Ontology (NCBO) Annotator (LePendu et al., 2013), which extracts occurrences of terms in an expansive vocabulary of biomedical terms compiled from a collection of controlled terminologies and biomedical ontologies.

Can be used for normalization unique biomedical concepts using the Unified Medical Language System MetaThesaurus, which provides a mapping of strings to Concept Unique Identifiers (CUIs)

## **Problem Statements**

Compare different embedding techniques including word2vec(which are word level embeddings) and comparing it with say document level embeddings(patient level embeddings), understanding how different embeddings can affect prediction models.

Papers

<u>file:///Users/boshikatara/Downloads/Learning\_Effective\_Representations\_from\_Clinical\_N.pdf</u> <u>https://web.stanford.edu/class/archive/cs/cs224n.1174/reports/2744372.pdf</u>

modeling high-cost tasks like ER, ICU stay durations using in-hospital mortality and stay duration using clincal notes. We can also frame this problem as co-morbidity problem using MTL

https://www.nature.com/articles/s41467-021-20910-4

http://tjn.mit.edu/pdf/whats-in-a-note.pdf

MTL: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6568068/

https://psb.stanford.edu/psb-online/proceedings/psb19/ding.pdf