



DATA BUSINESS CHALLENGE

Group 3

A TEAM OF 4 DATA SCIENTISTS TO HELP YOU CREATE VALUE FROM YOUR DATA



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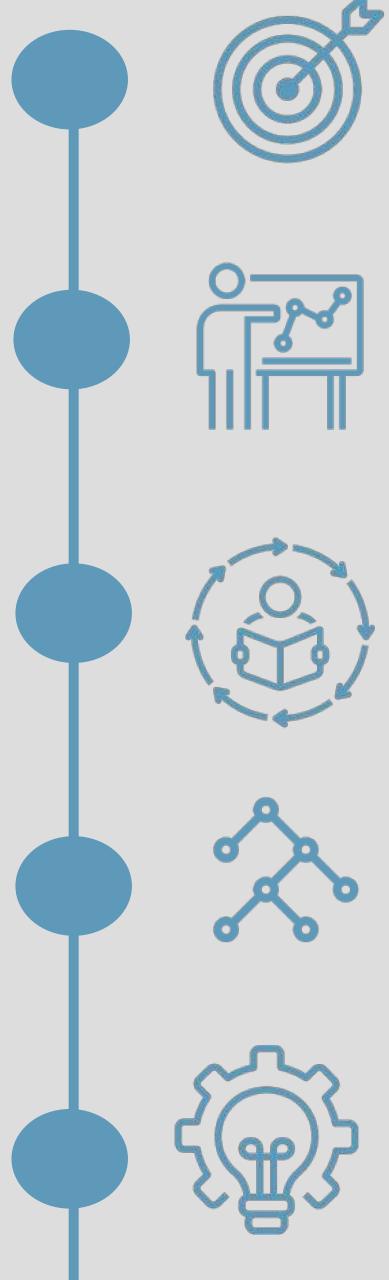
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PROJECT PRESENTATION & OBJECTIVES

DATA ANALYSIS

OUR METHODOLOGY

MODELS & RESULTS

SUGGESTIONS, LIMITATIONS & NEXT STEPS



DATA SOLUTIONS TO AID MEDICAL PROFESSIONALS

KEY OBJECTIVES AND EXPECTED BENEFITS



PROJECT OBJECTIVES

- Extract and **structure** the **valuable information** from treatment journals
- Create a model that **identifies patients** who may suffer from a disease



BUSINESS IMPACT

- Develop early, **accurate diagnoses**, which lead to quicker treatment and mitigate the long-term damage caused by the disease
- **Reduce risk** of misdiagnoses



OUR APPROACH

- Develop **Personalize solutions** for each disease

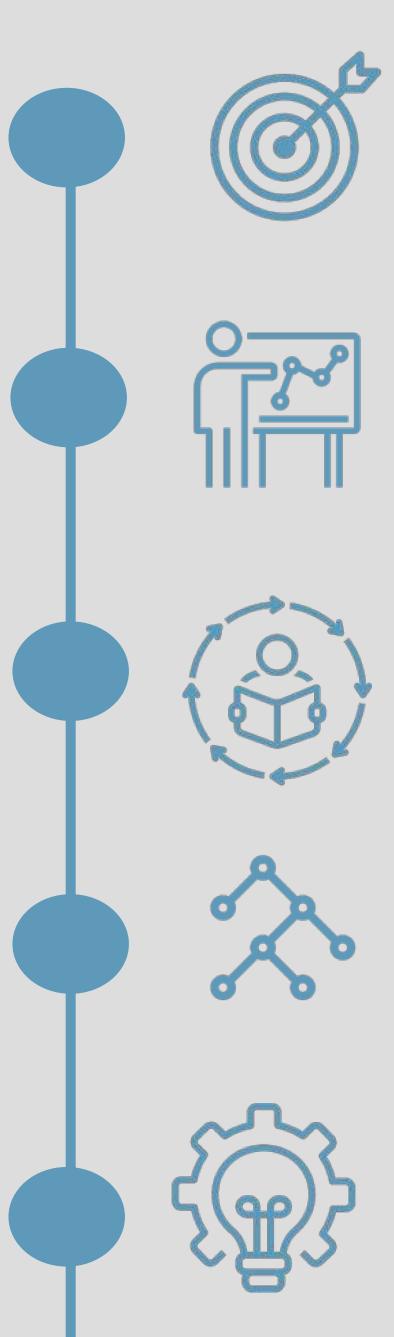
DATA AVAILABLE

PATIENT INFO

ANAMNESTIC DATA

DIAGNOSIS

LAB RESULTS



PROJECT PRESENTATION & OBJECTIVES

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OUR METHODOLOGY

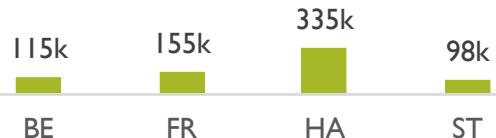
MODELS & RESULTS

SUGGESTIONS, LIMITATIONS & NEXT STEPS

NUMEROUS DATA ON PATIENTS AND YET LIMITED DATA ON SOME DISEASES

OVERVIEW OF THE DATA

702 258 patients



on which we have a **lot of data**

on average

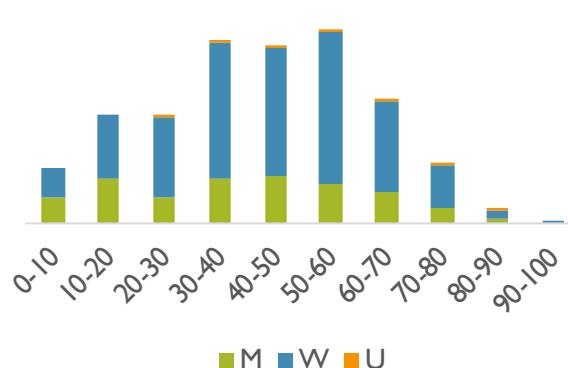
12 appointments
in **4** years
100 rows per patient

data from **1985 to 2020** on

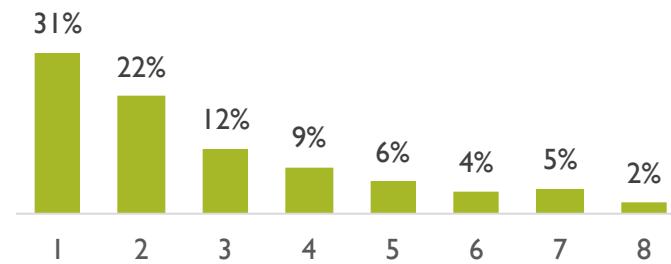
c. 6000 diseases

75% of them concern
less than **60** patients

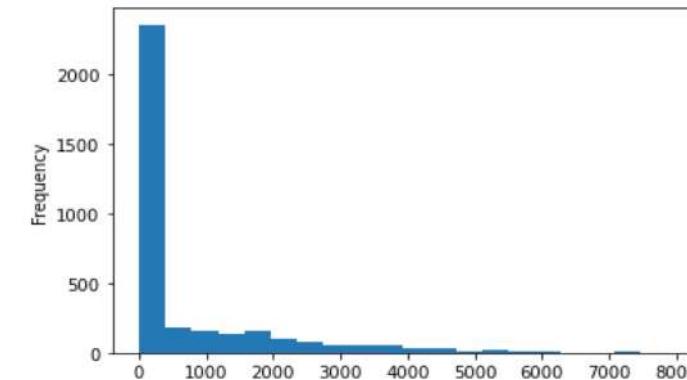
Age distribution by sex



Number of distinct diseases among
diagnosed patients



Distribution of time between
diagnosis and first visit (in days)

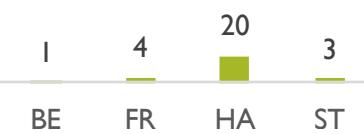


A HETEROGENEOUS NUMBER OF PATIENTS FOR EACH DISEASE

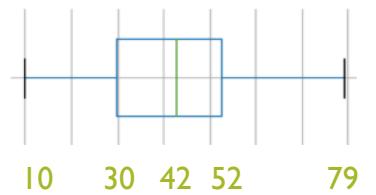
OVERVIEW OF THE 4 DISEASES

GAUCHER DISEASE – E75.22

28 patients

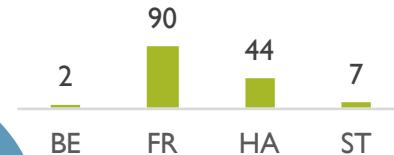


53% women
diagnosed at 43 y-o on avg

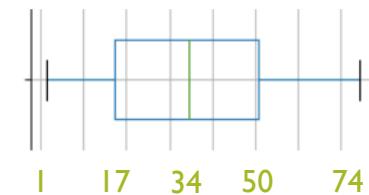


FAMILIAL HYPERCHOLESTEROLEMIA – E78.01

143 patients



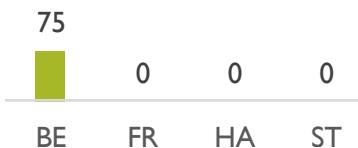
70% women
diagnosed at 34 y-o on avg



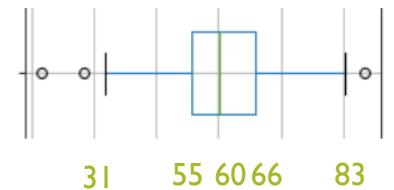
DISEASES

CHYLOMICRONEMIE – E78.3

75 patients



65% men
diagnosed at 60 y-o on avg

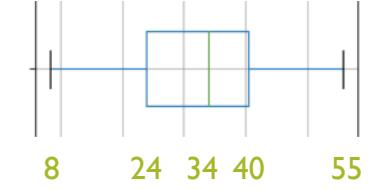


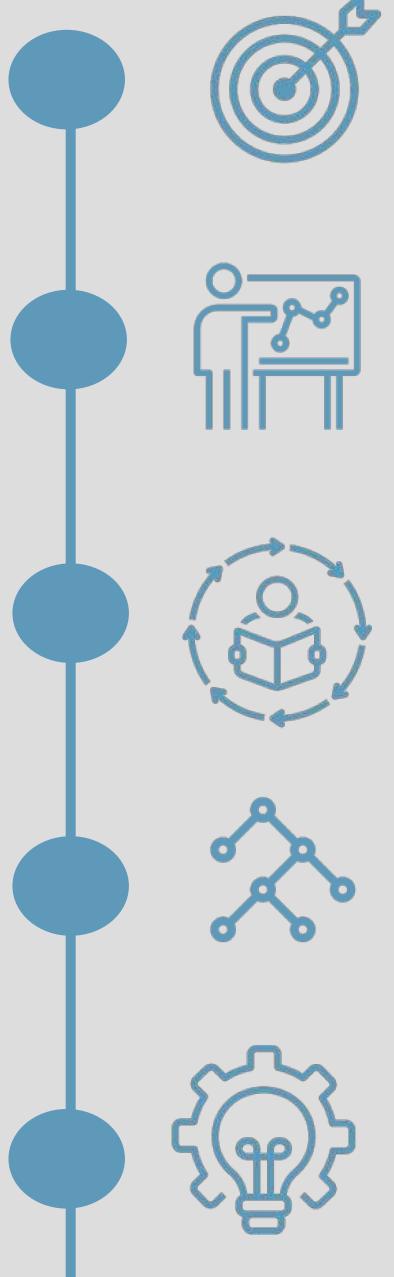
BETA OXYDATION DEFECT – E71.3

11 patients



65% men
diagnosed at 31 y-o on avg





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THE TEXT COLUMN COMPLETES PROVIDES **VALUABLE INFORMATION TO PROCESS**

FEATURE EXTRACTION

PATIENT_HASH	ZENTRUM_ID	PATIENT_ID	PAT_GEBDATUM	PAT_GESCHLECHT	DATUM	TYP	TYP_EXT	TEXT	ICD10	SICHERHEIT
145858	FRA01	150256	07.07.07	W	27.11.17	Y		GLU=71; HS=2.9; GPT=15; GOT=32; GGT=9; AP=259;...	NaN	NaN
145858	FRA01	150256	07.07.07	W	27.11.17	A		Jessica wird uns zur Beurteilung der Körperhö... der Körperhö...	NaN	NaN
145858	FRA01	150256	07.07.07	W	15.11.18	Y		GLU=107 +; HS=3.6; GPT=14; GOT=33; GGT=10; AP=...	NaN	NaN
145858	FRA01	150256	07.07.07	W	10.01.19	*		Hypercholesterinämie	E78.0	G

Age

Sex

Test results

Symptoms

Co-morbidity

Average age of
the patient (between
the first and last visit)

Sex of the patient

Results of a
selection of
relevant tests

Does the patient
show any relevant
symptoms?

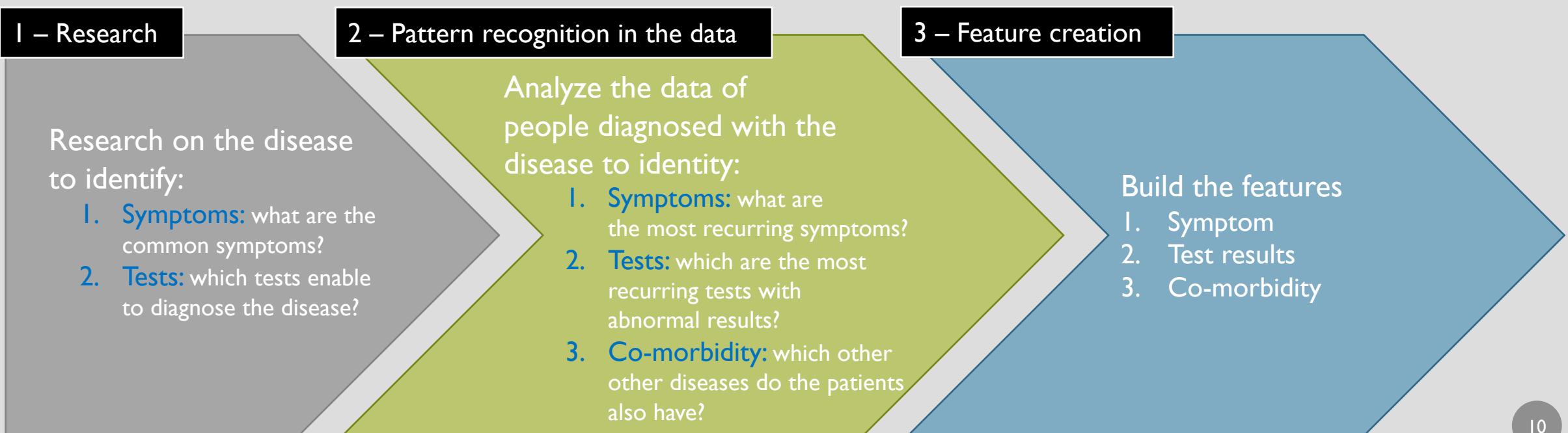
Does the patient
have any other
relevant diseases?

OUR METHODOLOGY

Preprocessing

- **DATUM:** convert to Datetime (e.g. "10.06.50", "10.06.90", "31.12.20")
- **PAT_GESCHLECHT:** convert to Datetime (e.g. "27.19.19")
- **ICD10:** treat missing values
- **SICHERHEIT:** treat missing values
- **TEXT:** interpret test results (from MCV=99.2 + to MCV = High)

For each of the four diseases:



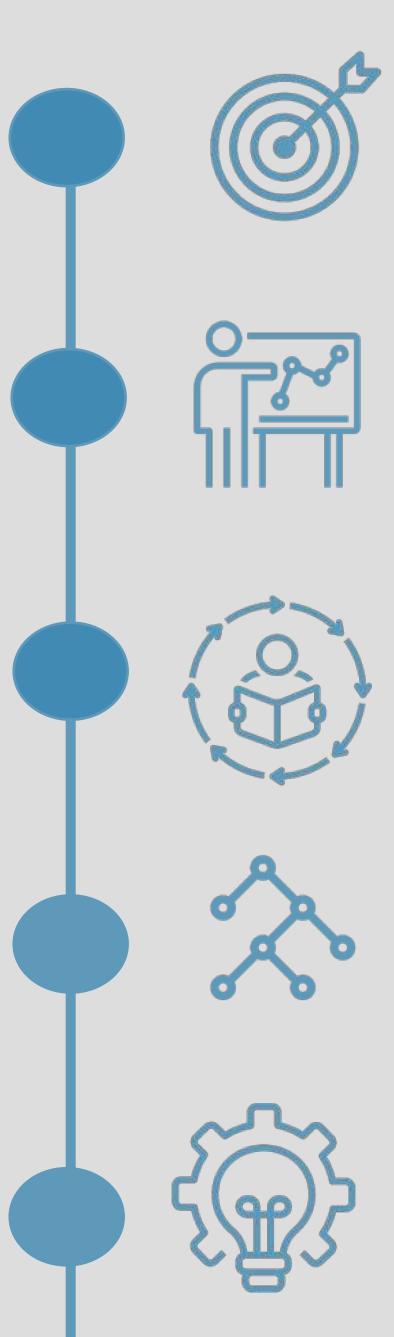
EXAMPLE : GAUCHER DISEASE

I – Research

- **Reasons for referral:**
 - Splenomegaly
 - Hepatosplenomegaly
 - Bone Involvement
 - Chololithiasis
 - Thrombocytopenia
 - Pancytopenia
 - Leucopenia
 - Anemia
 - Member of patient family
- **Diagnosis**
 - Enzyme test called Beta-glucosidase leukocyte (BGL) test

2 – Pattern recognition in the data

- **Symptoms**
 - Fatigue
 - Bone pain
 - Splenomegaly
 - Thrombocytopenia
- **Co-Morbidity**
 - E55.9: Vitamine D deficiency
 - I10.90: Hypertension
 - D69.61: Thrombocytopenia
 - G93.3: Fatigue Syndrom
 - R16.1: Splenomegaly
- **Relevant tests**
 - High Osteocalcin (68%)
 - High Kappe Free Light chains (48%)
 - High Albumin (36%)
 - Low Thrombocytes (36%)
 - High Ferritin (32%)
 - Low Transferrin saturation (32%)
 - High DPD (32%)
 - High GGT (32%)
 - Low MCH (32%)
 - Low Hematocrit (32%)



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ADABOOST ALGORITHM ALLOWS US TO OBTAIN A 68% RECALL

MODELING METHODOLOGY

Model intuition

Patient ID	Sex	Age	Test results	Symptoms	Co-morbidity	diagnosed
●	1
●	1
●	0
●	0
●	0

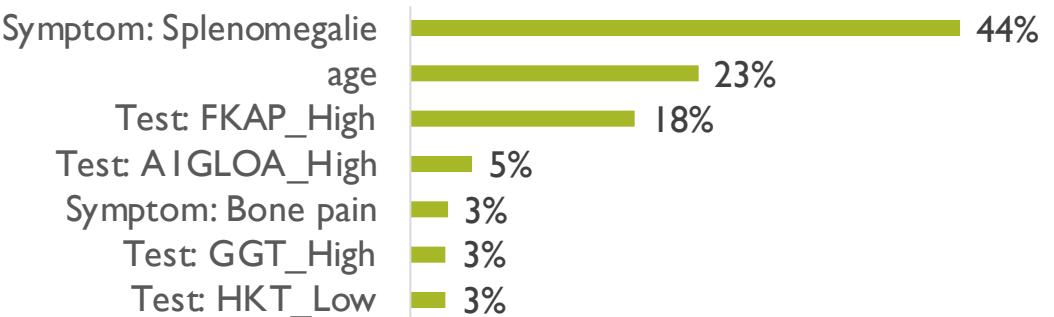
Best performing model

AdaBoost Classifier

Scores after hyper-parameter tuning and resampling :

- Classifies correctly 68% of positive patients
- Classifies correctly 99% of negative patients
- Accuracy: 96%

Feature Importance for Gaucher Disease



ADABOOST ALGORITHM ALLOWS US TO OBTAIN A 91% ACCURACY ON THE DETECTION OF NEGATIVE PATIENTS

MODELING METHODOLOGY

Example on Gaucher Disease

Dataset definition

Prevalence of Gaucher Disease: 1/40000

We have 32 patients with GD : we need a sample of size 1.28 million to match the prevalence!

How to define the dataset on which to run and evaluate the model? How many non-GD patients to pick?

Proportion of patients with Gaucher Disease

- Berlin : 0.017 %
- Frankfurt : 0.066 %
- Hamburg : 0.319 %
- Stuttgart : 0.373 %

$$\text{minimum} = 0.017 \% \quad / \quad \# \text{ diagnosed} = 32 \\ \Rightarrow 32 / 0.017 \% = 188 \ 000$$

Model Results with size 1880

Best performing models

Logistic Regression 0.989

Positives:	56.00000000000001 % misclassified	18 / 32
Negatives:	0.0 % misclassified	3 / 1798

Decision Tree 0.981

Positives:	47.0 % misclassified	15 / 32
Negatives:	1.0 % misclassified	18 / 1798

Neural Net 0.986

Positives:	59.0 % misclassified	19 / 32
Negatives:	0.0 % misclassified	6 / 1798

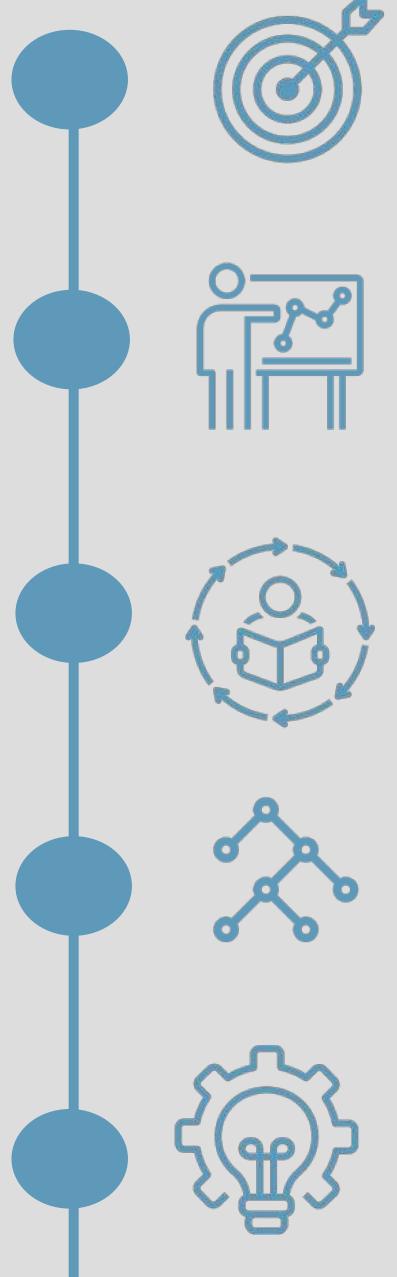
AdaBoost 0.986

Positives:	50.0 % misclassified	16 / 32
Negatives:	1.0 % misclassified	9 / 1798

After Hyperparameter Tuning and Resampling (SMOTE and Edited Nearest Neighbors Undersampling)

AdaBoost

Positives:	19.0 % misclassified	6 / 32
Negatives:	9.0 % misclassified	167 / 1798



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MORE ACCURATE DETECTION THROUGH MORE DETAILED DATA PROCESSING

Limitation and Next steps

NEXT STEPS



Extract more information from the anamnestic data using natural language processing techniques



Improve the model performance by enriching data with external datasets



Build a more global model that can detect any disease





RECOMMENDATIONS ON NOTES AND FORMAT FOR AMEDES

Limitation and Next steps

OUR SUGGESTIONS

Data quality

- Reducing missing values (columns ICD10, SICHERHEIT)
- Date formatting (year with 4 digits)

Standardization

- Laboratory test codes
- Diseases names

Additional information

- Subcategories in doctor notes (symptom, diagnosis, treatment)
- Specialty of doctor (GP, specialist)



A MODEL HAS BEEN DEVELOPED FOR EACH OF THE DISEASES

Limitation and Next steps

EXECUTIVE SUMMARY

KEY OBJECTIVE



Generate **business value** from Amedes' treatment journals using **machine learning**

OUR APPROACH



Develop **personalized solutions** for each disease based on **research** and **pattern recognition** from the data

FEATURES



Create features based on **tests, symptoms** and **co-morbidity**

INTERPRETABILITY



Relevant **interpretability** as we based our approach on disease characteristics

RESULTS



Algorithms that allow us to **detect** diseases with a **relevant accuracy**

APPENDIX



EXAMPLE : β -oxidation defect

I – Research

- **Reasons for referral:**
 - Adrenoleukodystrophy
 - Adrenomyeloneuropathy
 - Member of patient family

2 – Pattern recognition in the data

- **Symptoms**
 - Fatigue
 - Abdominal pain
 - Adrenal insufficiency
 - Irritability
- **Relevant tests**
 - High SHGB Protein
 - High Thyroxine
 - Low Red blood cell level
 - Low Uric acid
- **Co-Morbidity**
 - E27.1 : Primary adrenocortical insufficiency
 - E06.3 :Autoimmune thyroiditis
 - G40.9 : Epilepsy
 - M62.89 : Other specified disorders of muscle
 - G40.6 : Grand mal seizures



EXAMPLE : Hypercholesteramie

I – Research

- **Reasons for referral:**
 - Chest pain
 - Family History
 - Member of patient family

2 – Pattern recognition in the data

Symptoms:

- Cholesterol deposits in the eyelids
- Chest pain
- Sudden stroke-like symptoms

Relevant tests

- LDL Tests
- GGT Tests
- MGV Tests