

SYNTHETIC DATA HACKATHON 2020

Team TEMB
Bioinformatics track

WHO ARE WE?

Team TEMB

- **Thomas Koefoed** (Danish, BSc. Mol. Biomedicine)
- **Ella Hedeboe** (Danish, Mol. BSc. Biomedicine)
- **Maria Matorra** (Spanish, BSc. Genetics)
- **Brede Sørland** (Norwegian, BSc. Bioinformatics)

4 students from University of Copenhagen,
studying a Master's degree in Bioinformatics 😊



OUR APPROACH



Data exploration



Hypotheses



DATA EXPLORATION

INVESTIGATION SHOWS MISSING EXPECTED CORRELATIONS

Investigation

Average number of diagnoses per patient
in each age group

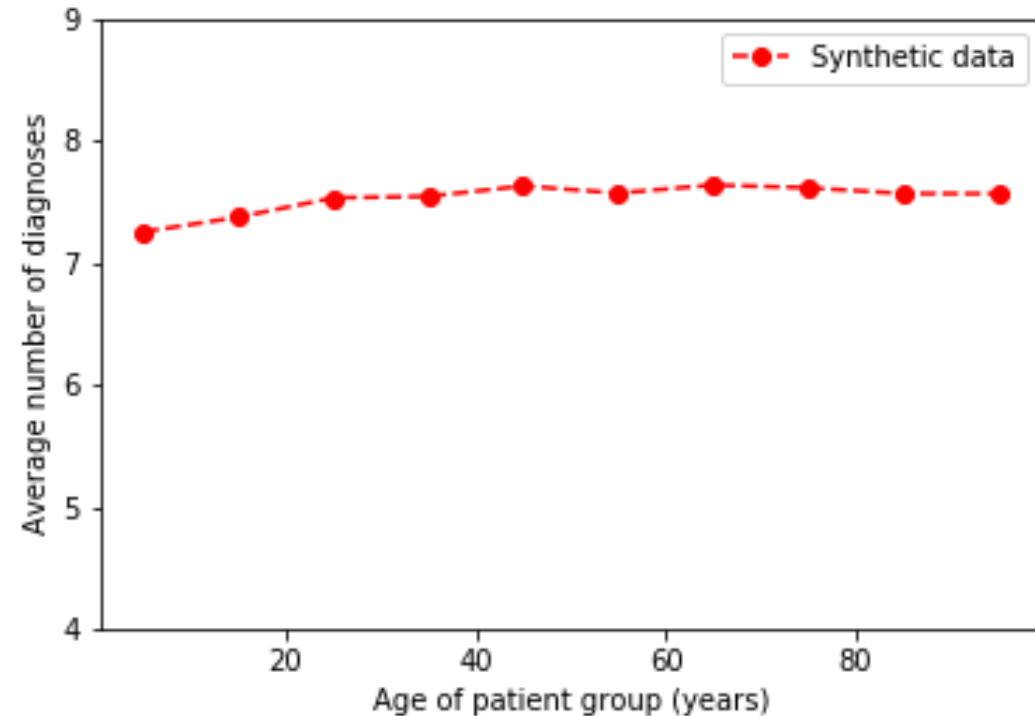
Expectation

Strong positive correlation

Observation

No correlation

What about the real, un-synthesized?



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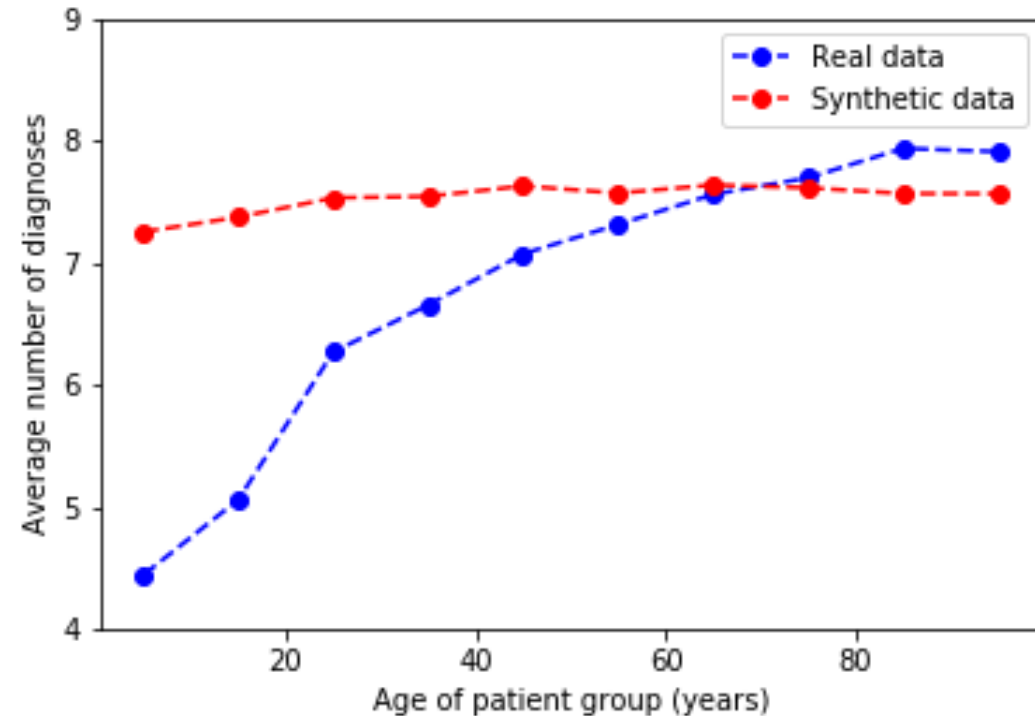
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SYNTHETIC VS. REAL DATA SET

CORRELATION MATRIX OF VARIABLES

Synthetic



Real



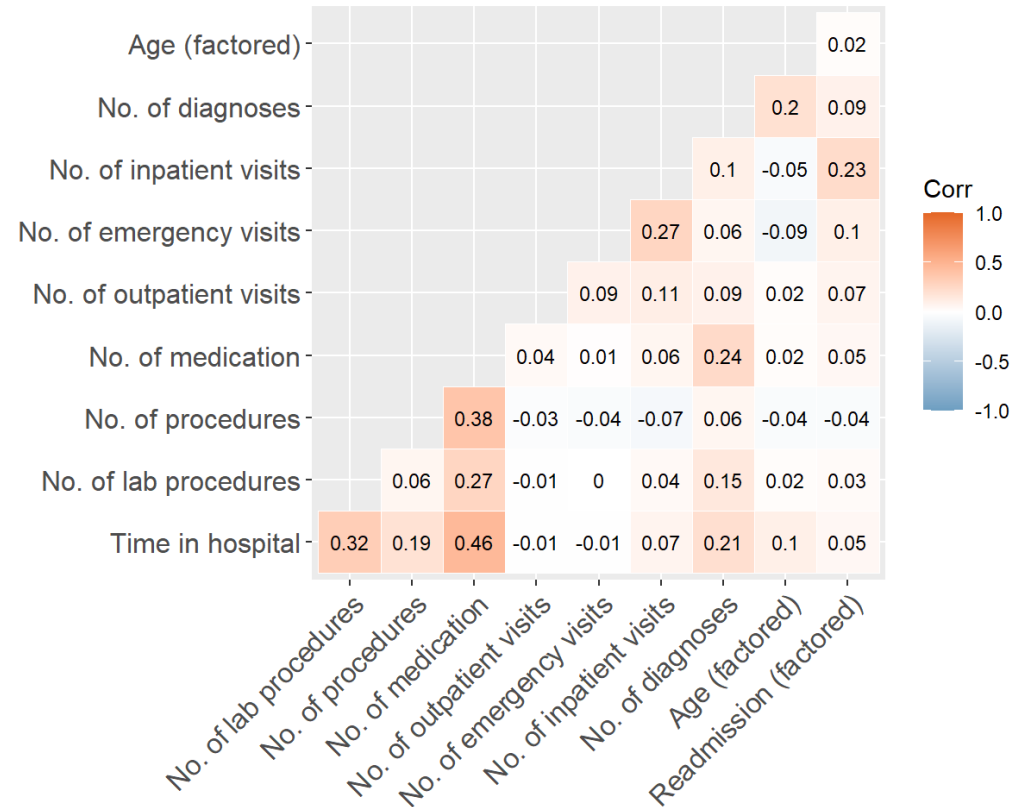
SYNTHETIC VS. REAL DATA SET

CORRELATION MATRIX OF VARIABLES

Synthetic 2.0



Real



SYNTHETIC VS. REAL DATA SET

PREDICTING TIME IN HOSPITAL USING LINEAR REGRESSION

Synthetic, $R^2 = 0.003$

Standardized variables	Weight
Age	-0.02
# lab procedures	0.02
# procedures	0.07
# medications	0.05
# out-patient visits	0.04
# emergency visits	0.04
# in-patient visits	0.13
# diagnoses	0.006
Intercept	4.03

Real, $R^2 = 0.27$

Standardized variables	Weight
Age	0.22
# lab procedures	0.60
# procedures	0.10
# medications	1.12
# out-patient visits	-0.11
# emergency visits	-0.06
# in-patient visits	0.15
# diagnoses	0.22
Intercept	4.42





CONCLUSION

- Synthetic data is a very useful approach, but important signals may be lost
- Quality must be investigated thoroughly before building predictive models

IDEAS FOR FUTURE WORK

- Use linear regression with more, non-numerical variables relevant for diabetes
- Use logistic regression instead of linear regression to predict future re-admission



**THANKS TO THE ORGANIZERS
FOR HOSTING THIS EVENT!**

