Python Based Standardization Tools for ClinicalTrials.Gov



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Abstract

ClinicalTrials.Gov is a government database that stores clinical trials from around the world. This database is growing fast, partially because some requirements of reporting clinical trial results are now supported by U.S. law. Despite the growth of database, the data stored there is still not widely used for modeling and simulation, partially because the database is still a relatively new tool, and partially because the data there is not standardized. Since data is entered by multiple entities into this semi-structured text based database, and since clinical trials have a large variety, the data is not immediately suitable for modeling. Although the National Library of Medicine scrutinizes this data, the scrutiny level is for human comprehensible data, while modeling requires computer comprehension.

For this reason, there is a need to clean data towards tasks such as disease modeling. This work will discuss a set of Python tools that were used to process ClinicalTrails.Gov and aim towards standardization. The tools parse XML data, index the information for easier processing, and then uses Machine Learning and Natural Language Processing to cluster the data, The clustering algorithm is used to assist a human user look at similar information provided by a Graphical User Interface.

These Python tools were used to extract 21,094 units from 30,763 different clinical trails with results. These quantities show a clear need of standardization to be used in future computer modeling efforts.

Difficulties Making Medical Data Machine Comprehensible

Data Source

- Electronic Medical Records
- Public datasets and databases:
 - ClinicalTrials.Gov
 - Physionet
 - Many others ...
- Publications
 - Medical journals in electronic form
 - Web sites
 - Printed
- Knowledge held by physicians

Difficulty

- Restricted and splintered
- New and needs standardization
 - Fast Growing supported by law
 - Multiple datasets
 - Assorted
- Free Text not standardized
 - Made for humans + some cost
 - Unorganized non centralized data
 - Assorted and hard to access
- Not Machine Accessible

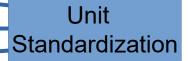
ClinicalTrials.Gov is a good source to start machine comprehension due to: accessibility, size, variety, and potential growth

Existing Medical Data Specifications/Standards

- Unified Medical Language System (UMLS)
- Snomed CT
- Clinical Data Interchange Standards Consortium (CDISC):
 - Foundational: PRM, SEND, CDASH, SDTM, SDTMIG, SDTMIG-Pgx, ADaM, QRS
 - Data Exchange: CTR-XML, ODM-XML, SDM-XML, Define-XML, DataSet-XML, LAB, RDF
 - Therapeutic Areas 27 areas including Alzheimer's, Diabetes, Cardiovascular, Influenza, Cancers
 - CDISC Share
 - Semantics
 - Domain information Model
 - Has units classification
- Intentional Classification of Diseases (ICD)
- HL7 Fast Healthcare Interoperability Resources Specification (FHIR®)
- The Unified Code for Units of Measure (UCUM)

So many specifications!

Yet, so much data is still not interchangeable More work is needed!



About ClinicalTrials.Gov

- National Institutes of Health (NIH) Project
- Maintained by the National Library of Medicine (NLM)
- Accumulates Clinical Trial Data internationally
- Fast growing database

Date	Number of Trials	Studies with Results
20-Apr-2018	271,510	30,763
3-Nov-2017	258,046	28,785
12-Feb-2017	236,687	24,251
27-Sep-2016	226,460	22,614
7-Apr-2015	187,653	Not collected

• Now many clinical trials are required to register in this data base by law: PUBLIC LAW 110–85—SEPT. 27, 2007 - TITLE VIII—CLINICAL TRIAL DATABASES. Section 801 of the Food and Drug Administration Amendments Act of 2007. Online: https://www.gpo.gov/fdsys/pkg/PLAW-110publ85/pdf/PLAW-110publ85.pdf#page=82

ClinicalTrials.Gov Capabilities

- Has web entry system to collect data from multiple sources
- Entered data is scrutinized for accuracy at the human level
- Stores numeric trial results as well as clerical information
- Has a useful human web interface
 - Has a sophisticated search capability that handles medical terms, acronyms and filtering
 - Offers expert search for programmers
- Trial data can be exported to XML for machine readability
- XML scheme is published

ClinicalTrials.Gov is a great new tool!

Yet, it requires standardization for machine comprehension

Imported Data Can be Used for **Population Generation**

Data imported from ClinicalTrials.Gov can be used for

generation of synthetic population to mimic statistics.

– Heterogeneity = generate individuals

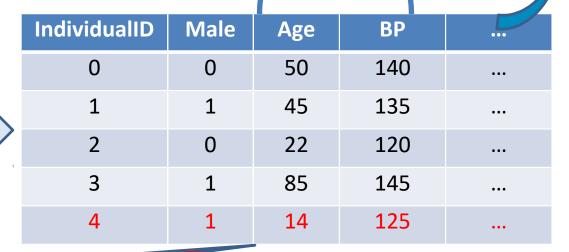
Multiple characteristics per individual

Correlated

Allow correlations

Allow restrictions

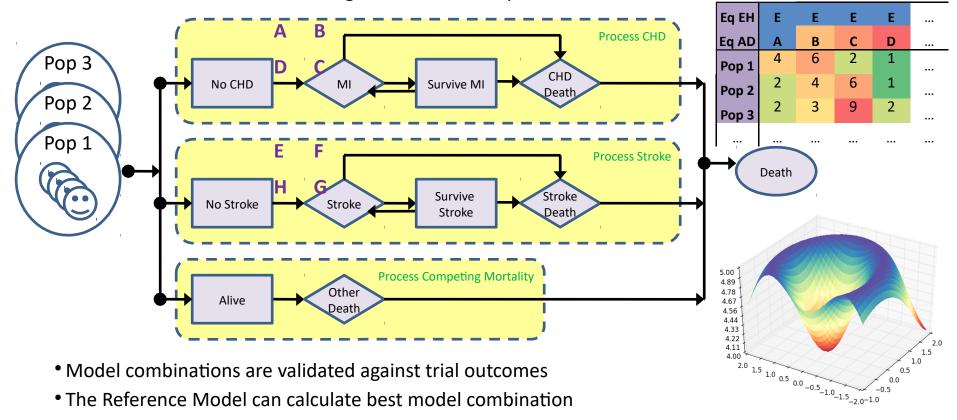
Generation Code / **Equations**



Restrict Age

Disease Model Validation with Simulation Using Outcomes

- The Reference Model for Disease Progression is an ensemble model
- The model accumulates knowledge: models= assumptions and facts = trial data



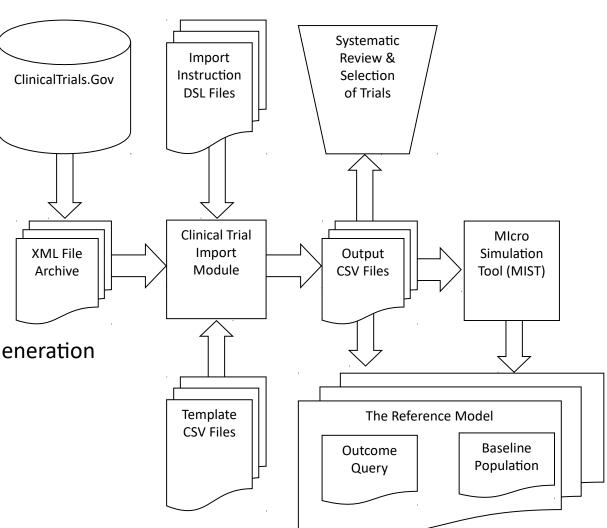
Importing ClinicalTrials.Gov Data

Three Import stages:

- Systematic Review
 - Human Selection

- Import Populations
 - Synthetic Population Generation

- Import Outcomes
 - Model Validation



Issues Encountered During Import

- Systematic review
 - Organizing results in tabular human readable format
 - Extracting meaningful numbers from convoluted free text
- Population generation
 - Code generation from data
 - Name matching
 - Unit conversion context sensitive
 - Time extraction from free text
- Outcome conversion
 - Scaling numbers to similar reference
 - Cohort matching
 - Calculation of missing outcomes for full trial

The human natural language used in ClinicalTrials.Gov is harder for machines to understand and process!

More importantly, machines cannot interpret numbers without scaling units!

Python Based Standardization of ClinicalTrials.Gov

- The entire database with results was downloaded on 20-Apr-2018
 - 30,763 XML files of trials were loaded
- A set of python scripts were written with the following purposes:
 - Import XML data and organize it
 - 61 batches were required to handle the big data
 - Index all XML tags and their values
 - 387 different tags = fields were processed
 - Index unit tags with association to title tags
 - 21,094 different units were detected
 - Find similarity between unit names
 - Include CDISC units in similarity matrix
 - Cluster units by similarity
 - 110 clusters were created
 - Create Graphical User Interface for users to manually map units

Several stages required work in smaller batches to fit into memory.

This issue should gain attention in the future due to database growth

Natural Language Processing (NLP) Issues

- In addition to ClinicalTrials.Gov units, 6645 CDISC units and their synonyms, including UCUM mapping were added for auxiliary matches
- Unicode characters required special handling
- Synonyms of common words were replaced in pre-processing to help the system with matching, e.g. 'Percent' = '%'
- Distances between text of units was were using two different functions:
 - difflib calculating charter changes to match words
 - scikit-learn Term Frequency—Inverse Document Frequency (TFIDF) calculated using 3-6
 - characters combined with cosine similarity
- Similar units were further ranked:
 - CDISC units were considered more important
 - Common units are ranked first if similar to rare units

Those python libraries produced satisfactory results. An attempt was made with the spaCy library that parses text yet it did not produce better results than the tools used.

Clustering Units

- To help a user see similar units together, clustering methods were used
- The similarity score between units was used as a metric to cluster similar units
- The MiniBatchKMeans clustering function within scikit-learn was used to reduce memory footprint
- Three clustering passes were made with variations of the similarity score to handle both loose neighbors and very close neighbors

- Clusters in different passes were intersected to capture very close neighbors together
- After clustering, small clusters were merged to larger clusters to improve clustering results by remerging close neighbors that were split

Graphic User Interface (GUI)

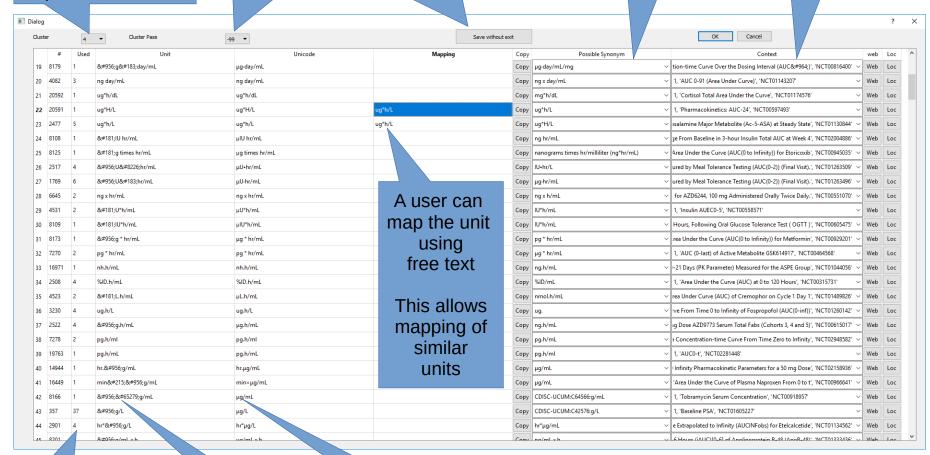
A user can summon specific cluster #

A user can explore clustering level

A user can save mapping with version #

Suggested synonym

Unit context in trial

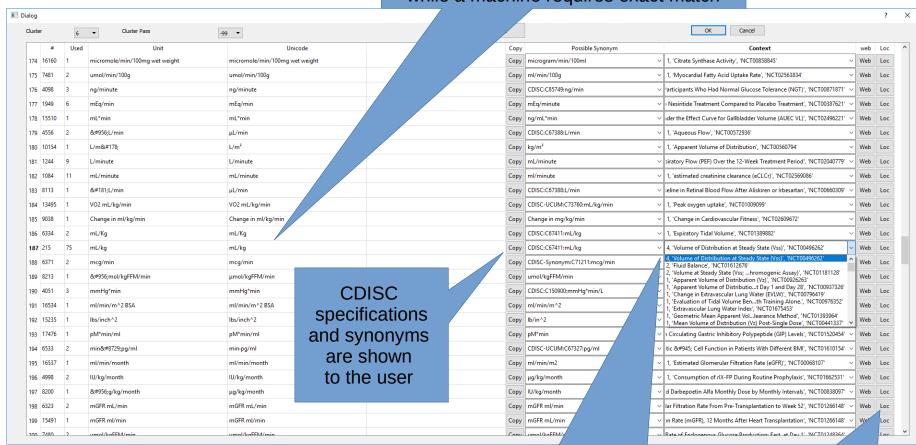


Shows number of unit occurrences

Show Unicode Escape Shows the unit as user sees it

The GUI Assists Human User

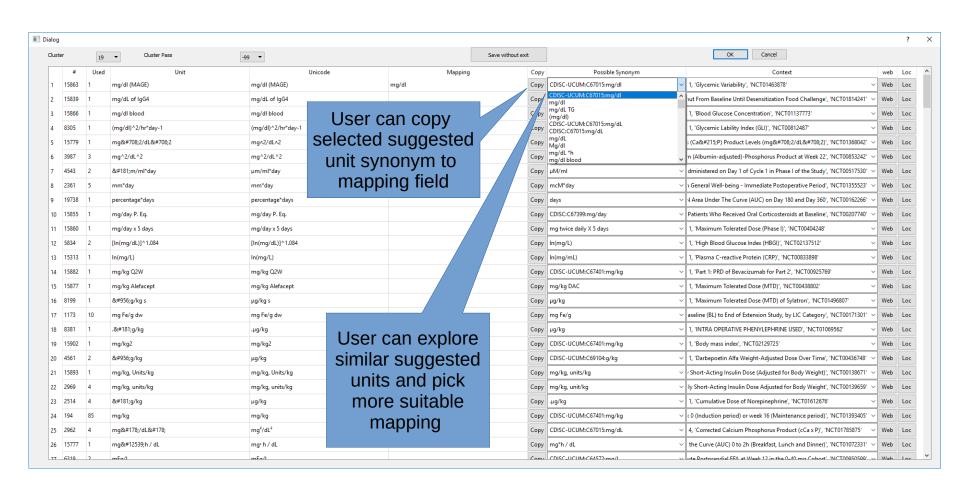
For a human, those units are the same while a machine requires exact match



User can view multiple contexts of the same unit and focus on those online

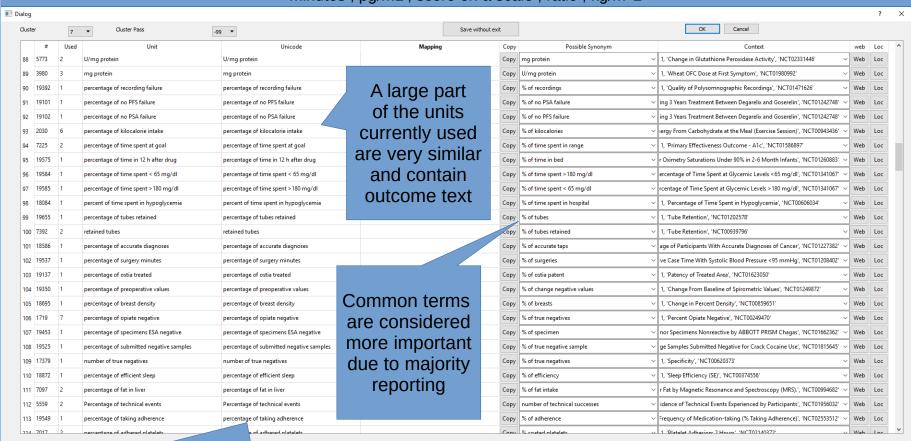
A user can go online focusing on the unit in the trial web page

The GUI Helps Save Time by Providing Suggestions



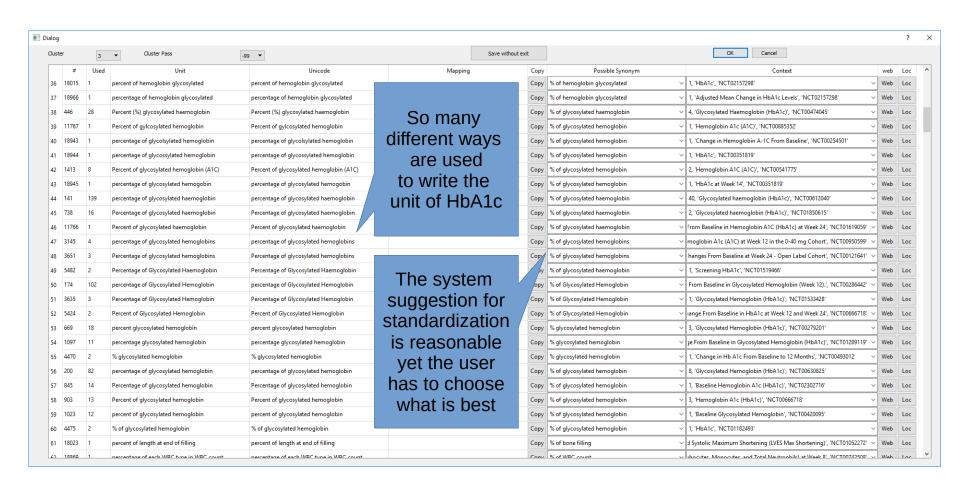
Very Common Units and Terms

Units appearing more than 1000 times: Participants, participants, years, units on a scale, percentage of participants, months, Units on a scale, Years, mg/dL, ng/mL, days, Subjects, mmHg, scores on a scale, Percentage of Participants, Scores on a scale, percent change, hours, Months, Days, mm, kg, mmol/L, subjects, minutes, pg/mL, score on a scale, ratio, kg/m^2



Many numbers are proportions and in that sense unit-less, yet represented as percentage So the unit text represents scaling

Standardization is Important



Standardization Reveals Mistakes



Future work

• In the Foreseeable Future:

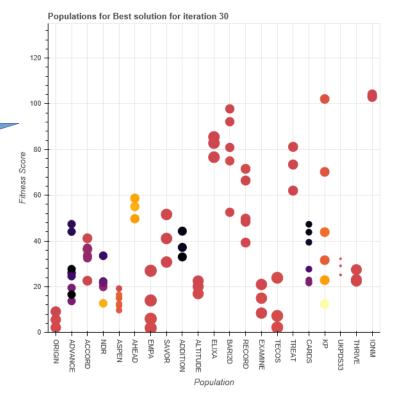
- Standardizing units from ClinicalTrials.Gov into into CDISC and UMLS and possible collaboration with the Simulation Interoperality Standards Organization - SISO
- Parallel efforts expanding SBML to represent disease models
- The Reference Model is continuously absorbing new knowledge in the form of models and data to better map our cumulative computational understanding

A map that shows our computational gap of understanding of clinical trials is already possible!

Much due to ClinicalTrials.Gov data availability

• In the Much Farther Future:

- Computer comprehension of clinical data.
- Allow applications such as:
 - Personal computerized medical adviser
 - Preventative medical predictor



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 - Leandro Watanabe, University of Utah, USA
 - Lucian Smith, Caltech, USA
 - Jacek Swat, Simcyp Ltd. (Certara), UK

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- J. Barhak, The Reference Model Visualizes Gaps in Computational Understanding of Clinical Trials, 2018 IMAG Futures Meeting March 21-22, 2018 @ NIH, Bethesda, MD. http://sites.google.com/site/jacobbarhak/home/Poster_IMAG_MSM2018_ Map Upload 2018 03 17.pdf
- J. Barhak, The Reference Model: A Decade of Healthcare Predictive Analytics with Python, PyTexas 2017, Nov 18-19, 2017, Galvanize, Austin TX. Presentation: http://sites.google.com/site/jacobbarhak/home/PyTexas2017_Upload_2017 11 18.pptx Video: https://youtu.be/Pj N4izLmsl

Related Future Standardization Efforts for Models and Data

- Jacob Barhak, Chris Myers, Leandro Watanabe, Lucian Smith, Maciek Jacek Swat, Healthcare Data and Models Need Standards. Simulation Interchangeability Standards Organization (SISO) 2018 Fall Innovation Workshop. 9-14 Sep 2018 Orlando, Florida. Presentation: http://sites.google.com/site/jacobbarhak/home/SISO_SIW_2018_08_14.pp tx
- L. Smith, M. J. Swat, J.Barhak . Sharing Formats for Disease Models.
 SummerSim 2016 24-27 July, Montreal, CA. Paper: https://doi.org/10.22360/SummerSim.2016.SCSC.010
- L. Watanabe, J. Barhak, C. Myers, Towards Reproducible Disease Models using the Systems Biology Markup Language. Simulation 2018. http://dx.doi.org/10.1177/0037549718793214 Accompanying Source code: https://github.com/Jacob-Barhak/DiseaseModelsSBML