

## Goal

Identify patients at highest risk for cardiovascular death based on their ECG signal to efficiently avert adverse outcomes.

### Challenges

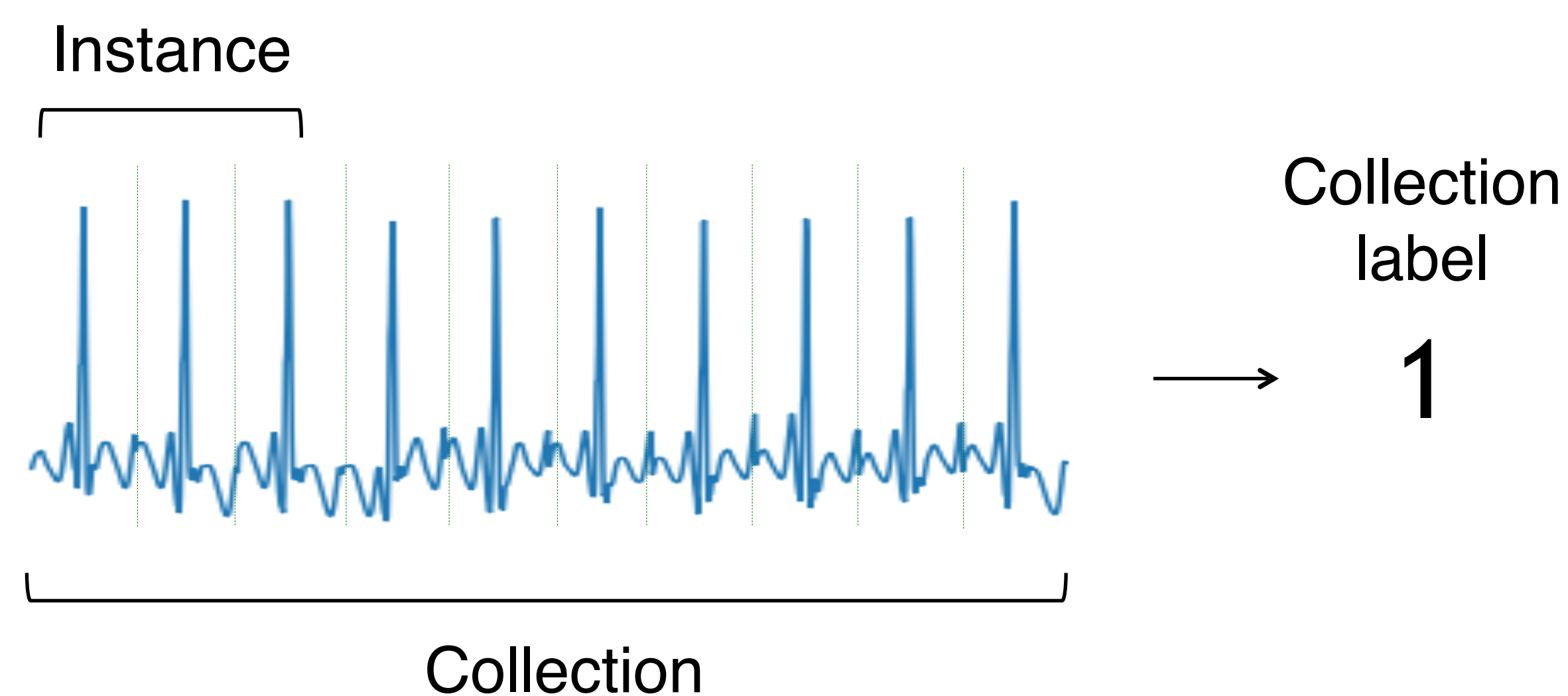
- Large number of heartbeats share one global label
- Most beats are not indicative of outcome

**How do we accurately classify signals, given no outcome annotations for heartbeats?**

## Background

Tackle problem using *multiple instance learning* (MIL)

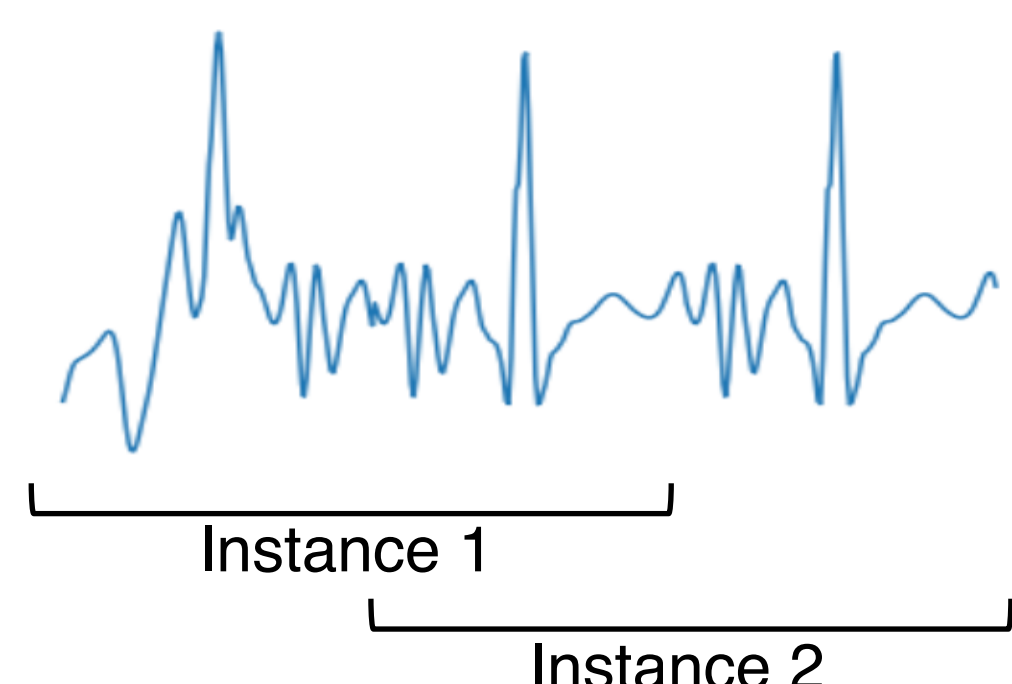
MIL: Classify collections of instances, given only collection-level labels



## Method

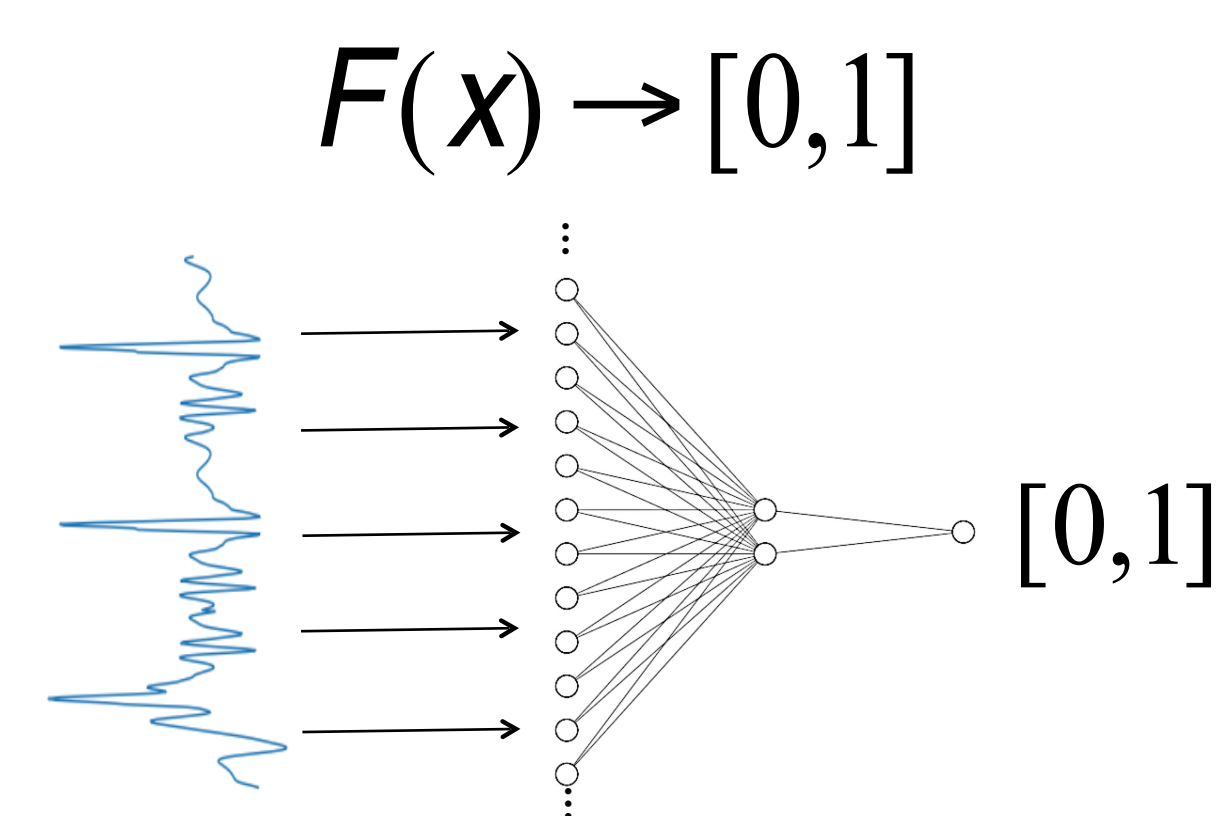
### (1) Separation

How do we separate collections into instances?



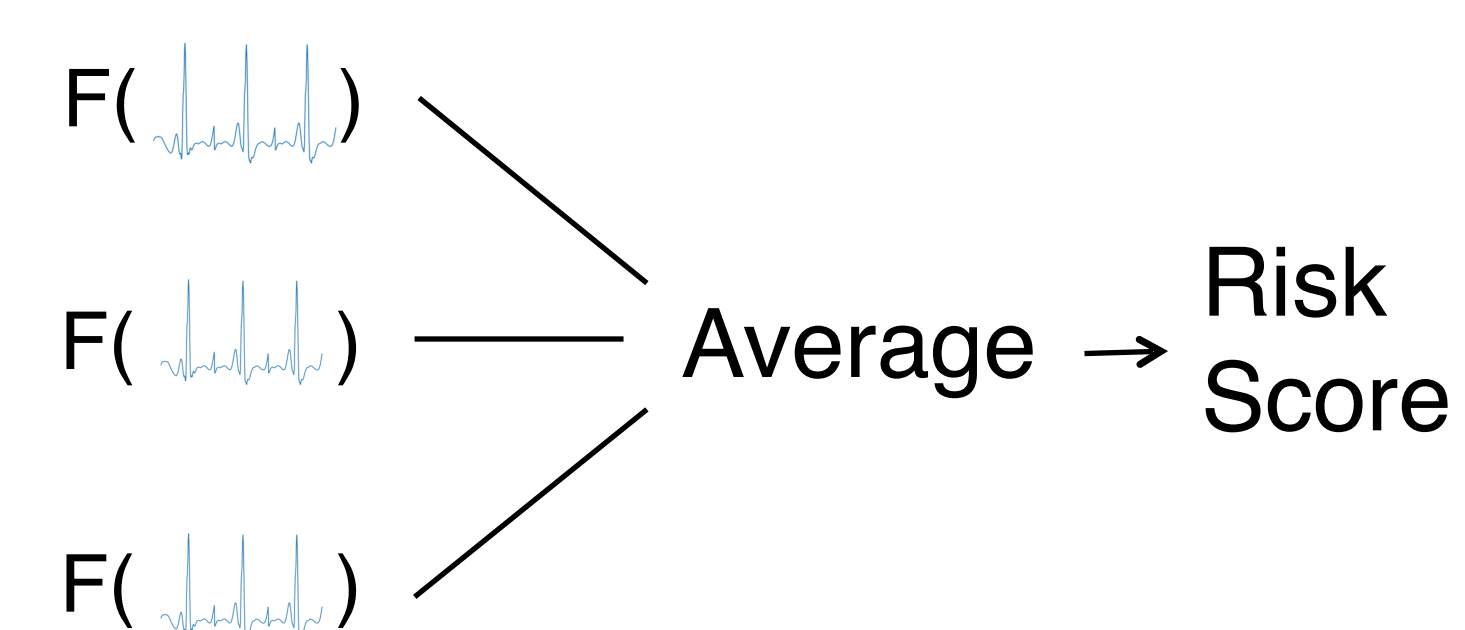
### (2) Classification

How do we map each instance to a collection label?



### (3) Aggregation

How do we assign a collection label based on instance predictions?

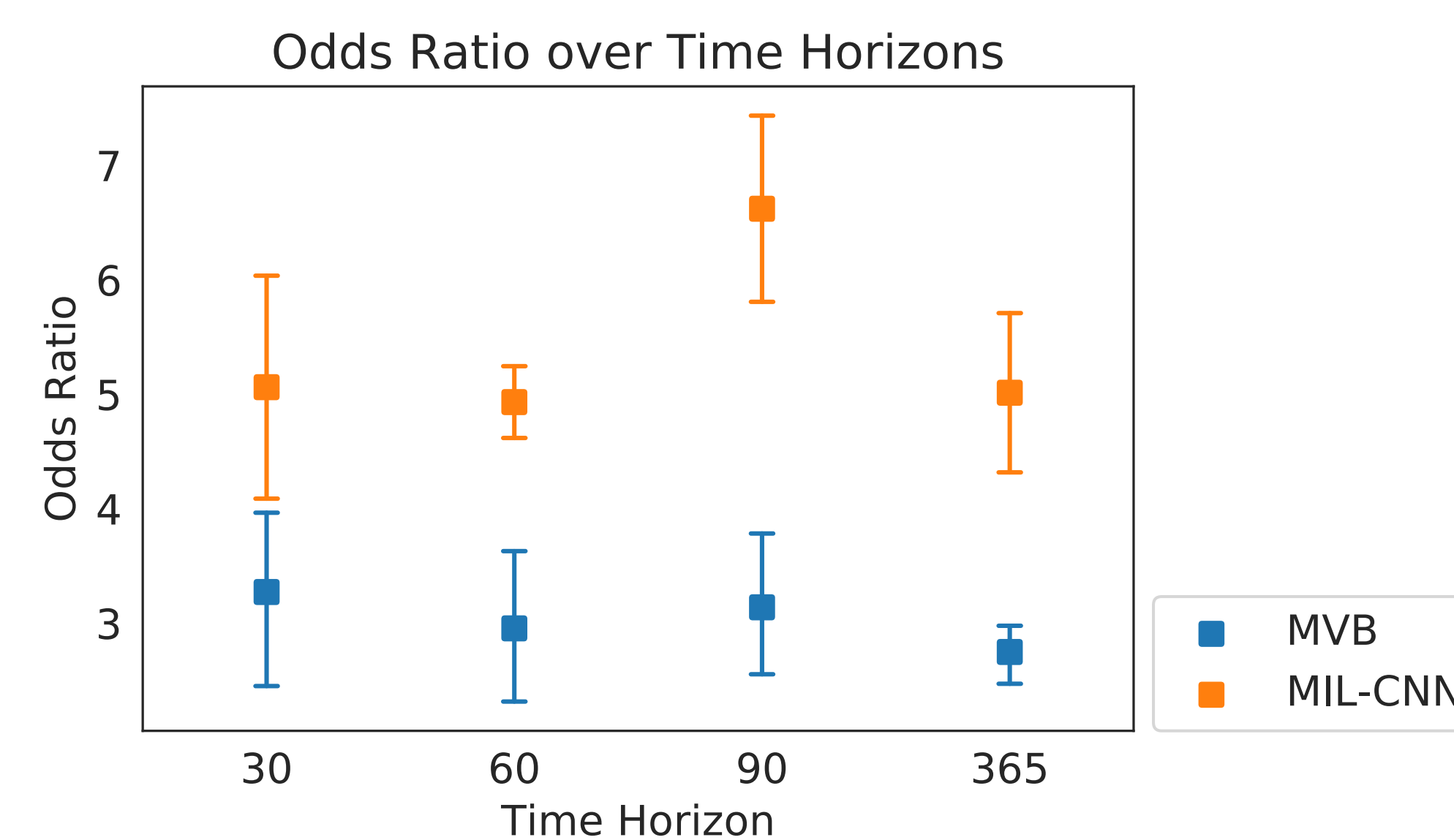


## Takeaway

We propose a general-purpose method for incorporating very long time series into risk models and produce a state-of-the-art ECG-based risk score for cardiovascular death.

## Results

- Outperforms state-of-the-art ECG-based risk metric across multiple time horizons.



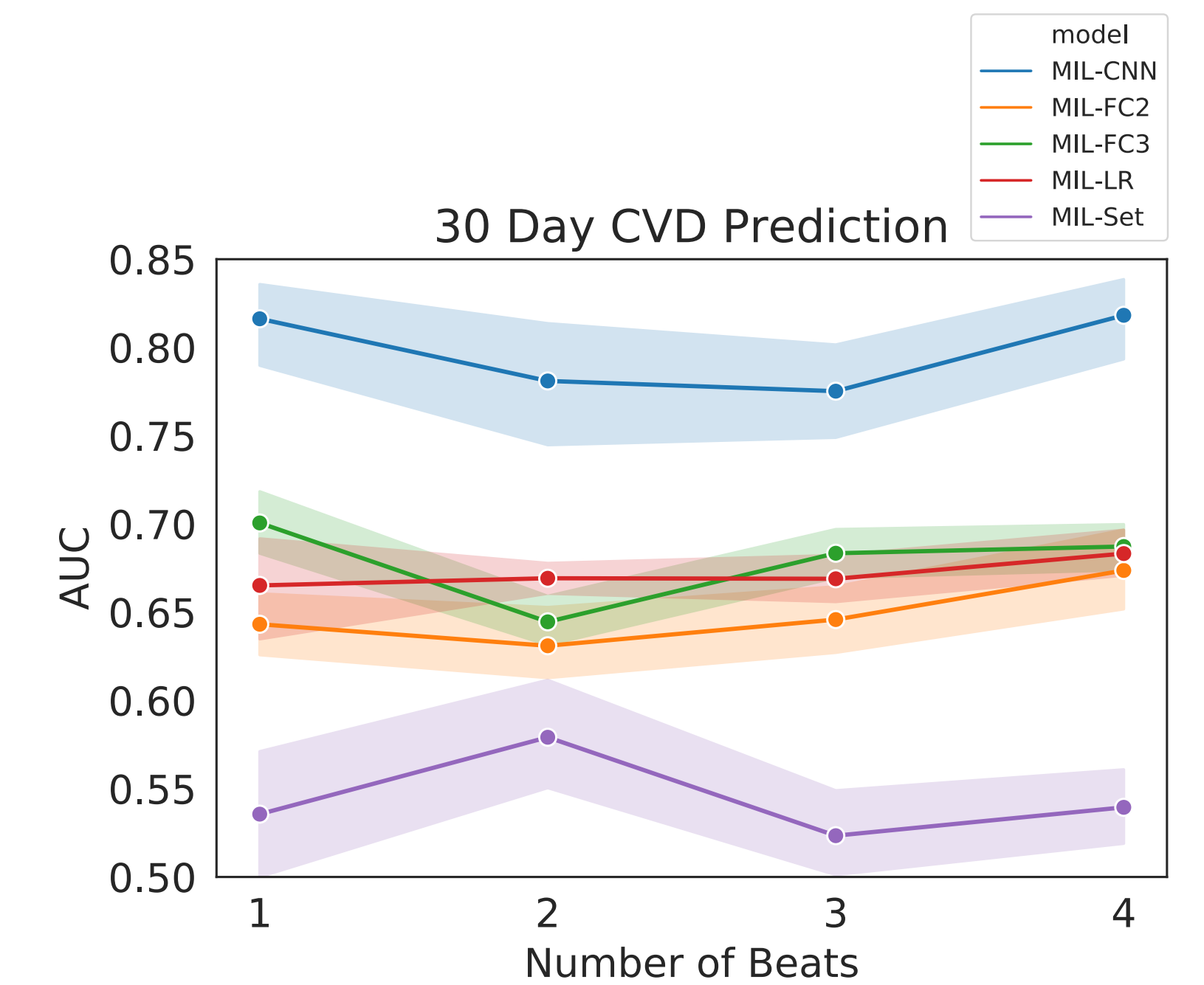
- Outperforms existing CVD risk metrics and MIL methods.



## Robustness

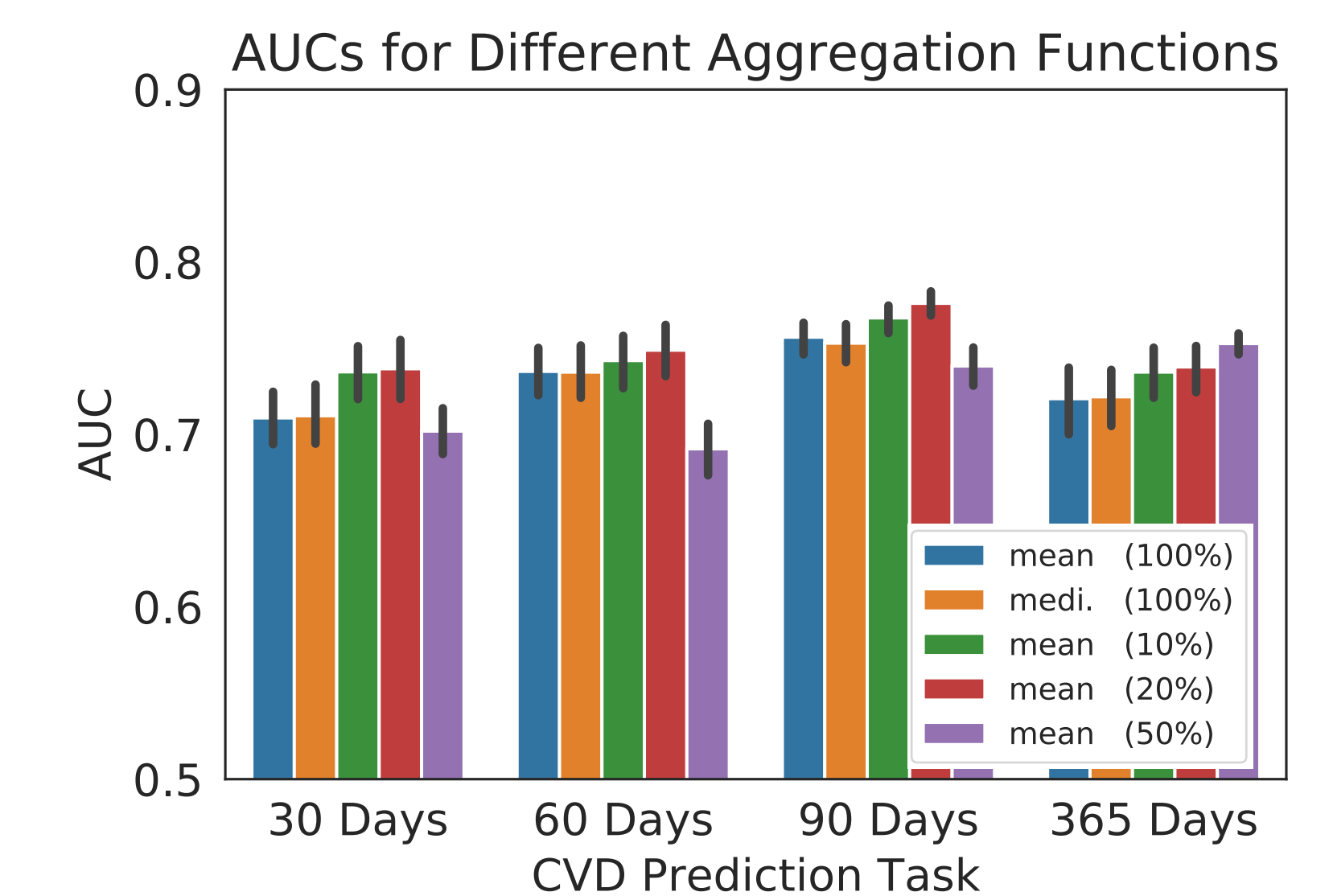
### (1) Instance choice

MIL-CNN is robust to instance choice across 1-4 adjacent beats



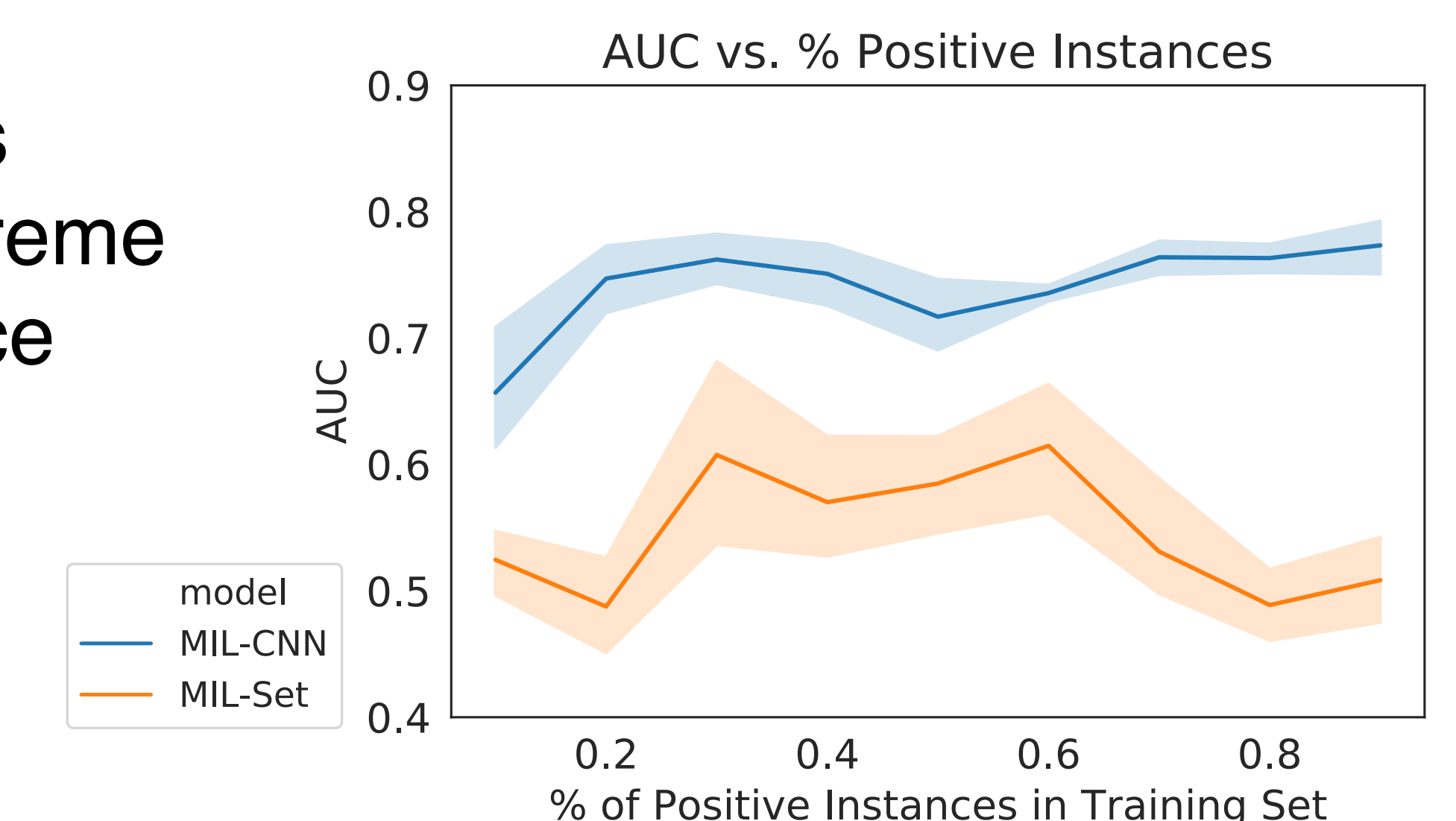
### (2) Aggregation function

Choice of aggregation function has no significant effect on model performance



### (3) Class imbalance

Model remains resilient to extreme class imbalance



## Conclusion

- Method to include time series in risk models
- Strong performance despite training on soft labels
- Validates application of MIL to risk stratification