

# Machine Learning & Gynecological Oncology

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# **Intro to Machine Learning**

**AKA Artificial Intelligence**

AKA Predictive Analytics



**vs.**



# Do the math...

$$19038 + 9054 * 98 = ?$$



vs.



# Find the cats...



**VS.**



# Find the cheapest fare...

From	To	Fare
Atlanta, GA (ATL)	Brussels, Belgium (BRU)	\$1,459
Atlanta, GA (ATL)	Venice, Italy (VCE)	\$1,519
Atlanta, GA (ATL)	Seoul-Incheon, South Korea (ICN)	\$1,782
Boston, MA (BOS)	Dublin, Ireland (DUB)	\$1,759
Boston, MA (BOS)	London-Heathrow, United Kingdom (LHR)	\$1,849
Detroit, MI (DTW)	Beijing, China (PEK)	\$1,536
Detroit, MI (DTW)	Seoul-Incheon, South Korea (ICN)	\$1,672
Detroit, MI (DTW)	Shanghai, China (PVG)	\$1,622
Houston-Intercontinental, TX (IAH)	Paris-Charles de Gaulle, France (CDG)	\$1,679
Los Angeles, CA (LAX)	Amsterdam, Netherlands (AMS)	\$1,159
Los Angeles, CA (LAX)	Shanghai, China (PVG)	\$1,962
Minneapolis, MN (MSP)	Tokyo-Haneda, JP (HND)	\$2,009
New York-Kennedy, NY (JFK)	Zurich, Switzerland (ZRH)	\$1,609
Pittsburgh, PA (PIT)	Paris-Charles de Gaulle, France (CDG)	\$1,049
Seattle, WA (SEA)	Hong Kong, Hong Kong (HKG)	\$1,182
Seattle, WA (SEA)	Seoul-Incheon, South Korea (ICN)	\$1,153
Seattle, WA (SEA)	Shanghai, China (PVG)	\$1,906
Seattle, WA (SEA)	Tokyo-Narita, Japan (NRT)	\$1,561



VS.



# Cross a duck and an otter...



**vs.**



# Objective



Calculations

Pattern  
Recognition

High volume

Creativity

Calculations

+





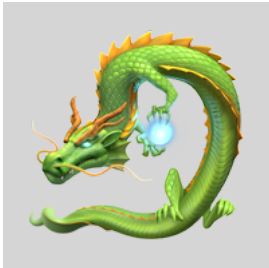

High volume



Pattern  
Recognition



# Training process

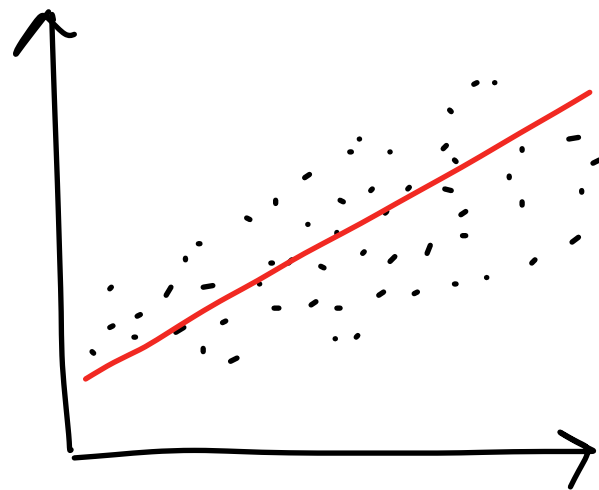
<b>Data</b>					...		
<b>Labels</b>	<b>Not Cat</b>	<b>Cat</b>	<b>Not Cat</b>	<b>Not Cat</b>		<b>Not Cat</b>	<b>Cat</b>



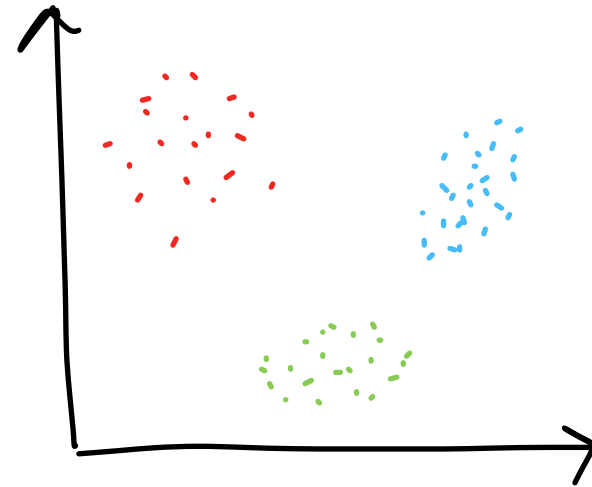
Cycles through data till it finds the least wrong mathematical relationship (model)  
between Data & Labels

There are procedures to ensure the model is not overly specific

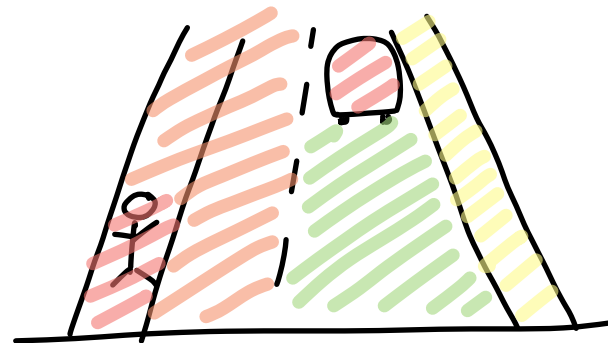
# Not limited to finding cats...



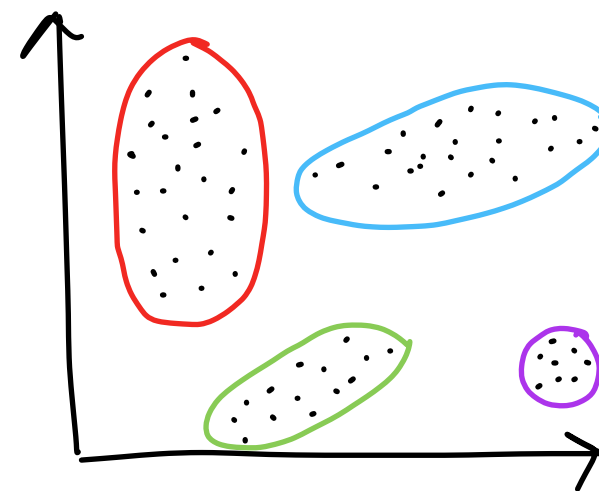
**Regression**



**Classification**



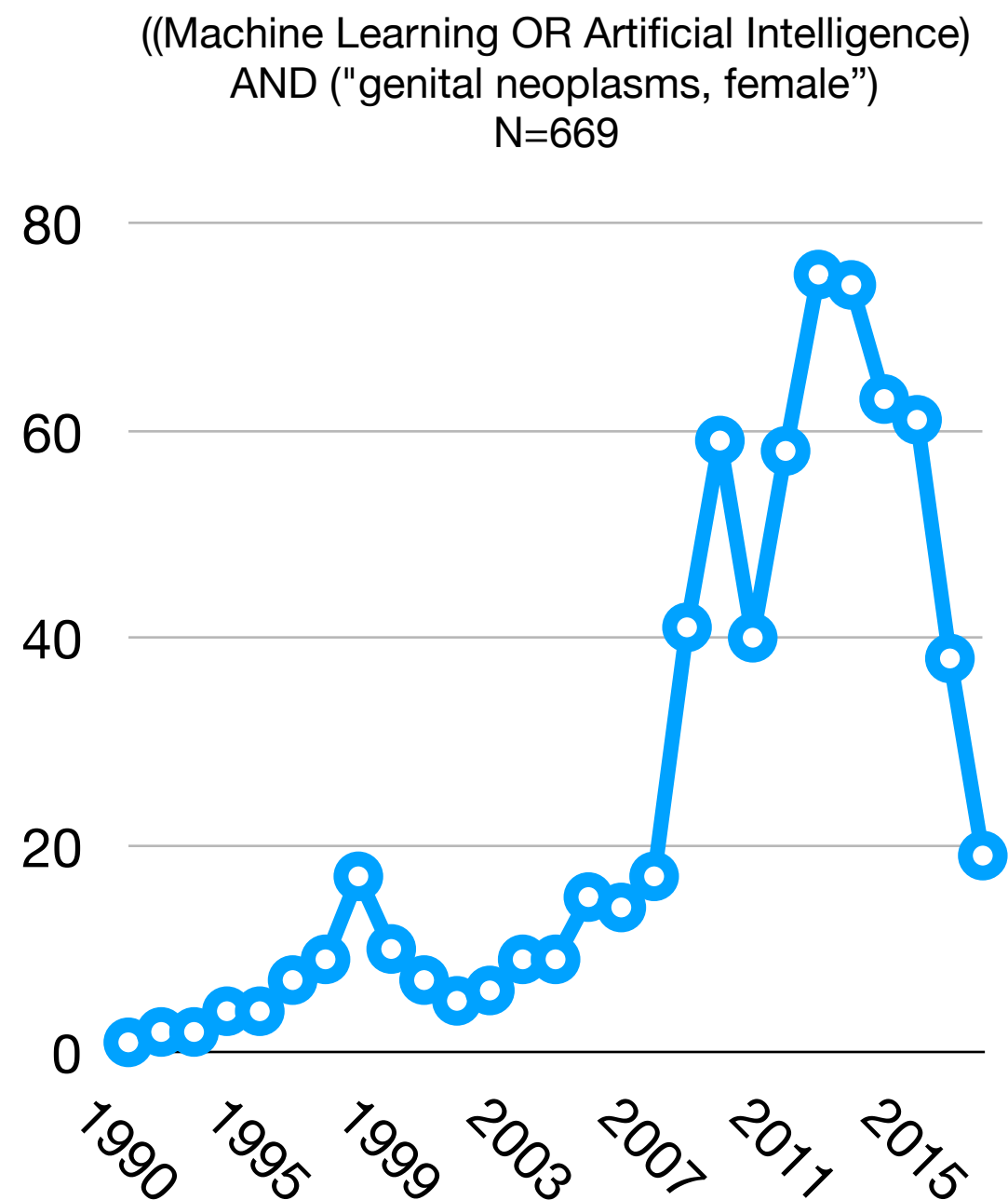
**Reinforcement**



**Unsupervised**

**How does this relate  
to Gyn Onc?**

# Where's the literature at?



When we drop the AI → N=45

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*Prediction of 5-year overall survival in cervical cancer patients treated with radical hysterectomy using computational intelligence methods.*

*A pilot study in using deep learning to predict limited life expectancy in women with recurrent cervical cancer.*

*Integration of data mining classification techniques and ensemble learning to identify risk factors and diagnose ovarian cancer recurrence.*

*Autodelineation of cervical cancers using multiparametric magnetic resonance imaging and machine learning.*

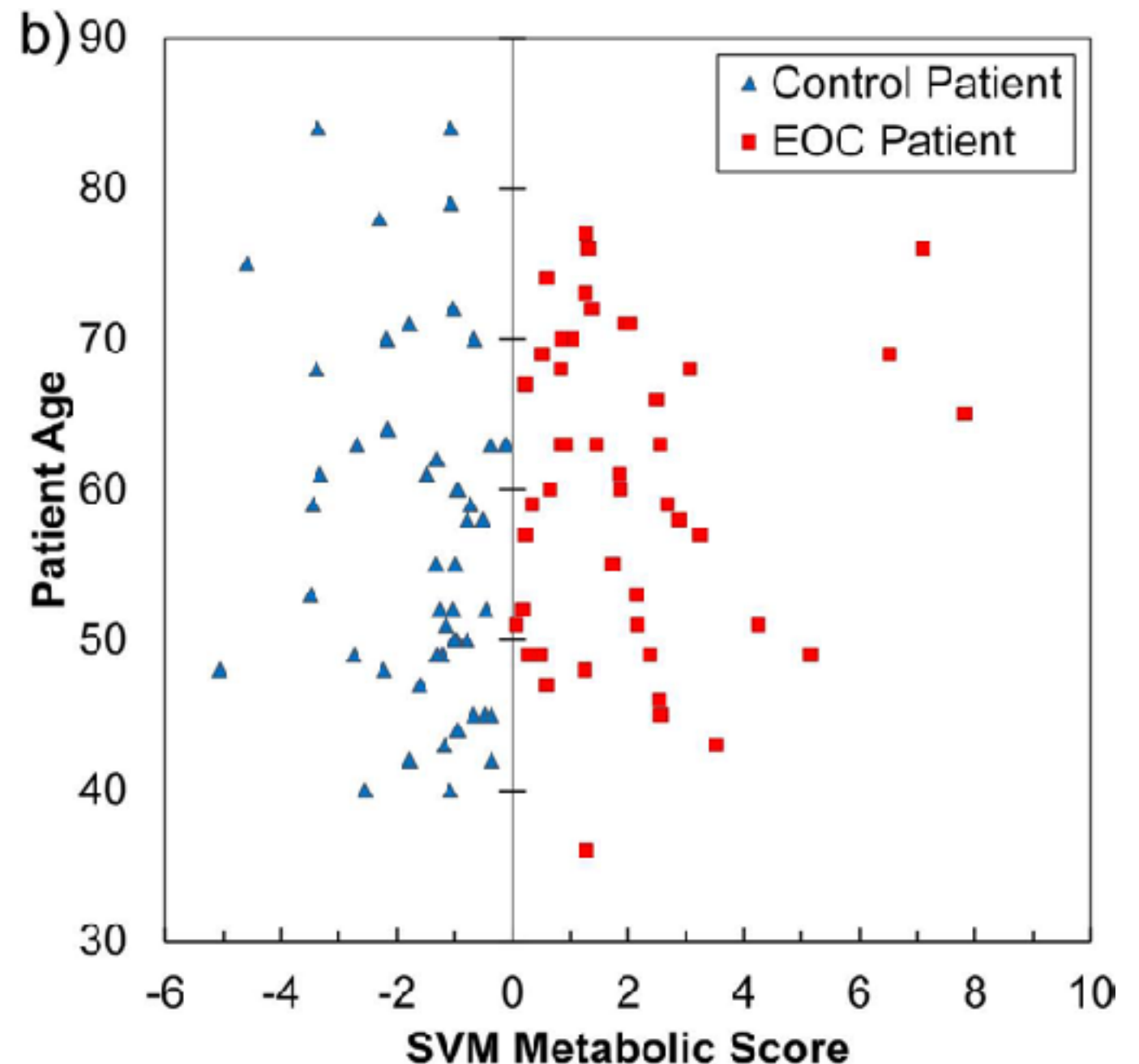
*Gene set-based analysis of mucinous ovarian carcinoma.*

# Highly-accurate metabolic detection of early-stage ovarian cancer

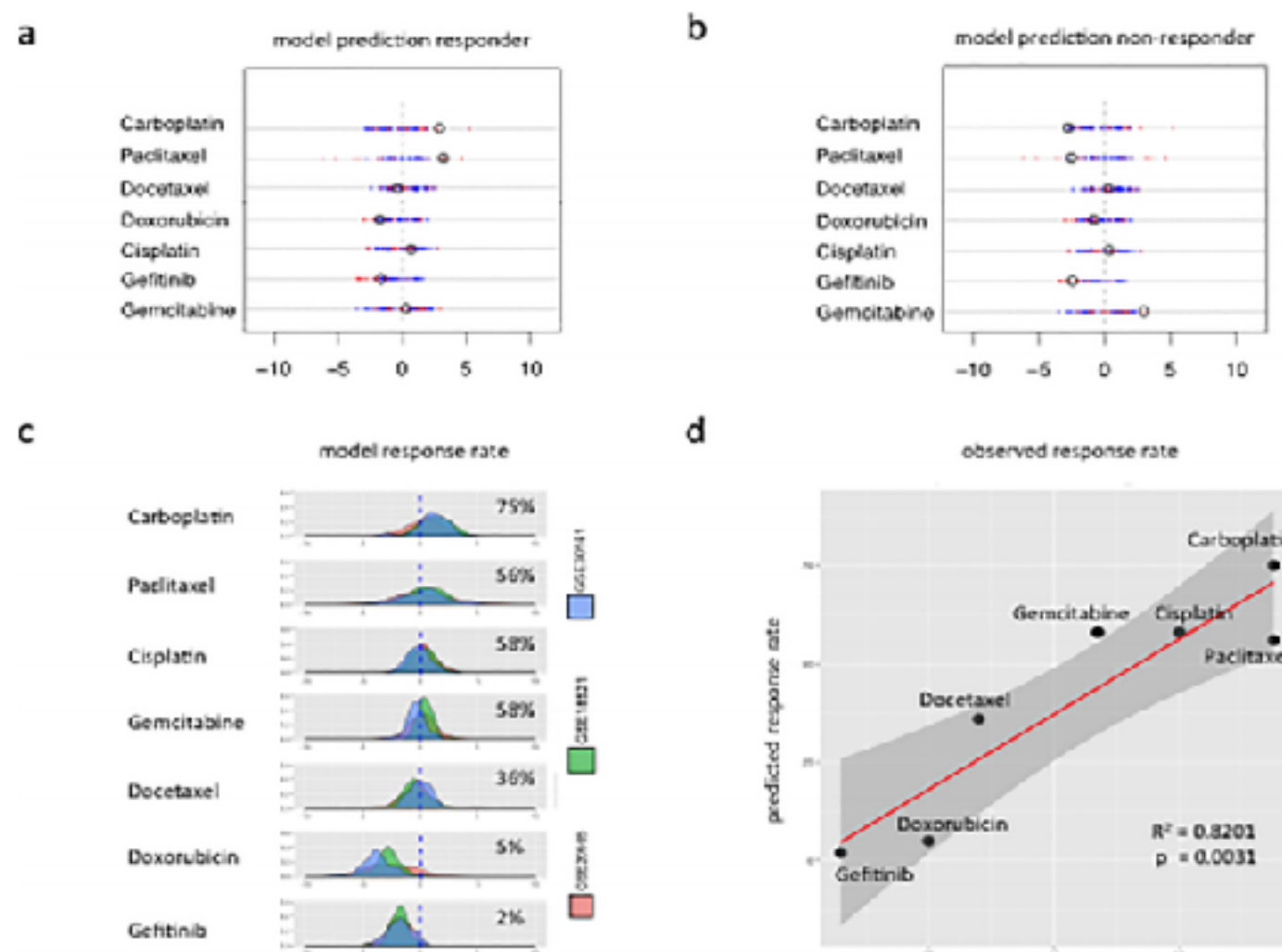
Serum metabolome mass spectrometry on early-stage ovarian cancer (EOC) patients and controls.

Thousands of metabolites  
→ 16 diagnostic (FA metabolism)

Potential for eventual diagnostic or screening tests



# Prediction of optimal cancer drug therapies



Learn personalized drug responses from gene expression profiles (NCI-60)

Accurately predicts responsiveness (NCI-DREAM)

Ovarian cancer: predictions consistent with current lit.

# Puff piece: IBM Watson for cervical cancer

Natural language processing to provide oncologists with ranked, evidence-based treatment options for cancer.

WFO recommendations compared to practice at Gachon University.

80.8% were concordant (299/370)



# Final thoughts

Always ask “how generalizable is this model?”

The devil is in the data: garbage in → garbage out

How will these models be useful in clinical practice?

Potentially promising toolset - with a ton of hype. We need approach it critically.



# Appendix



**VS.**

**VS.**

**VS.**



**VS.**

**VS.**

**VS.**



**VS.**

**VS.**

**VS.**



**VS.**



**VS.**

**VS.**



**VS.**

