

# Sequences and Time-Series

July 24, 2020

Applied Data Science  
MMCi Term 4

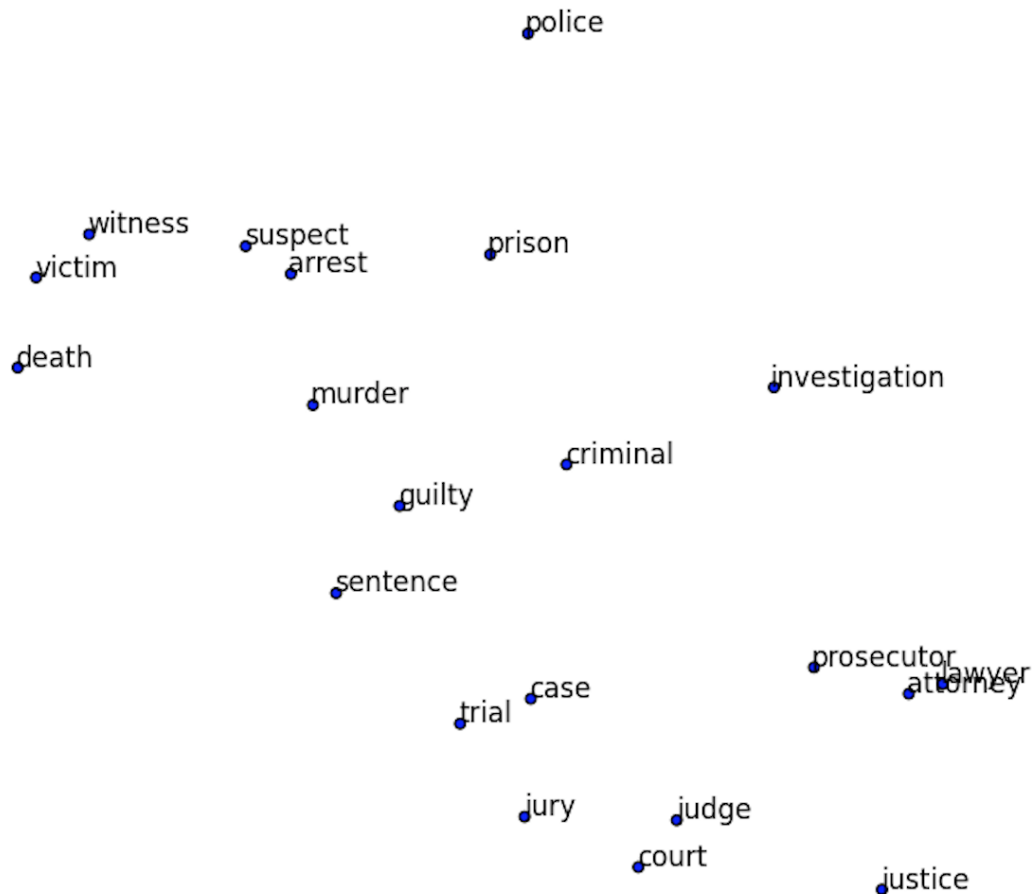
Matthew Engelhard

## Recall: Word embeddings allow us to quantify word meaning

If we zoom in on a small region of our word map, it's all related words.

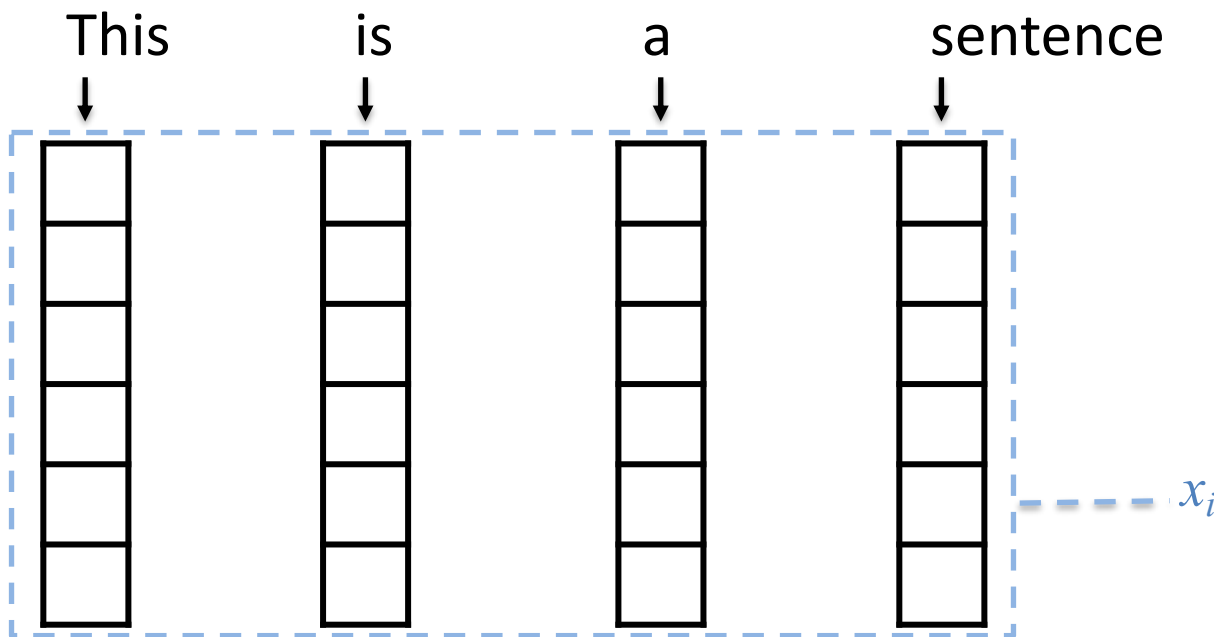
Note the similarity of all the words as a whole, but also of the individual neighbors.

“Lawyer” and “attorney” are nearly identical in space!

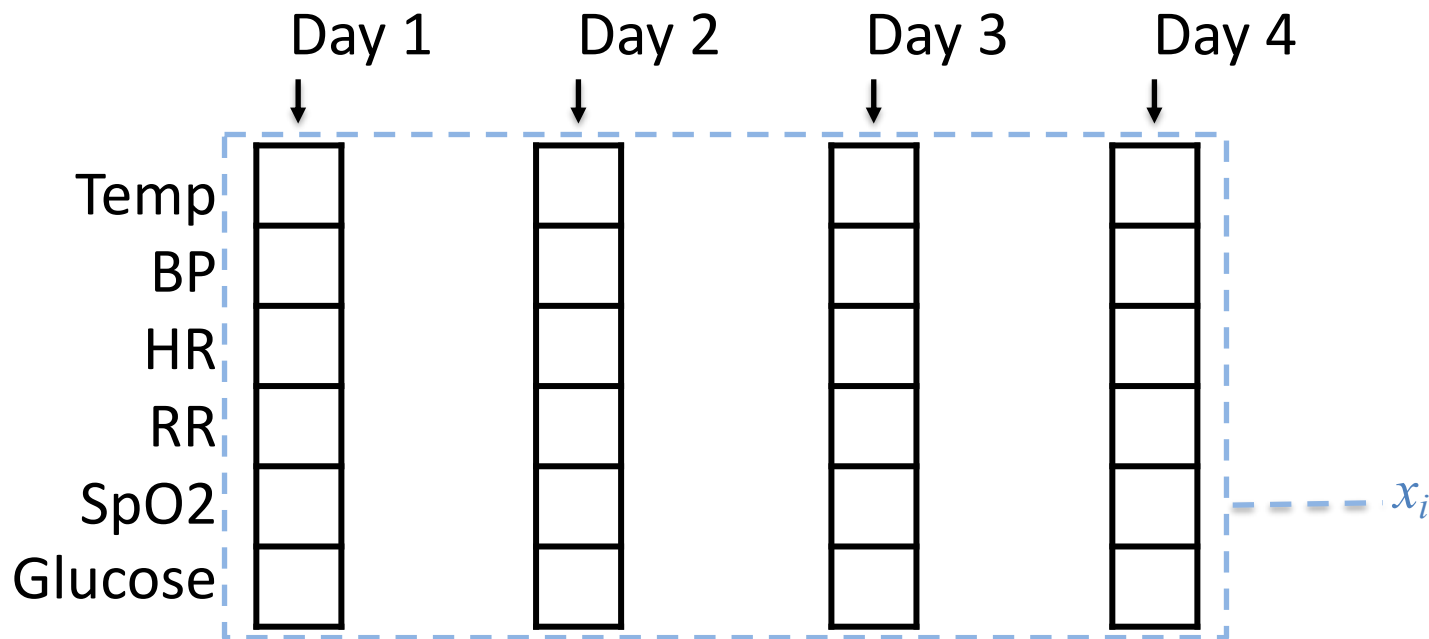


# Applying Word Embeddings to a Sentence

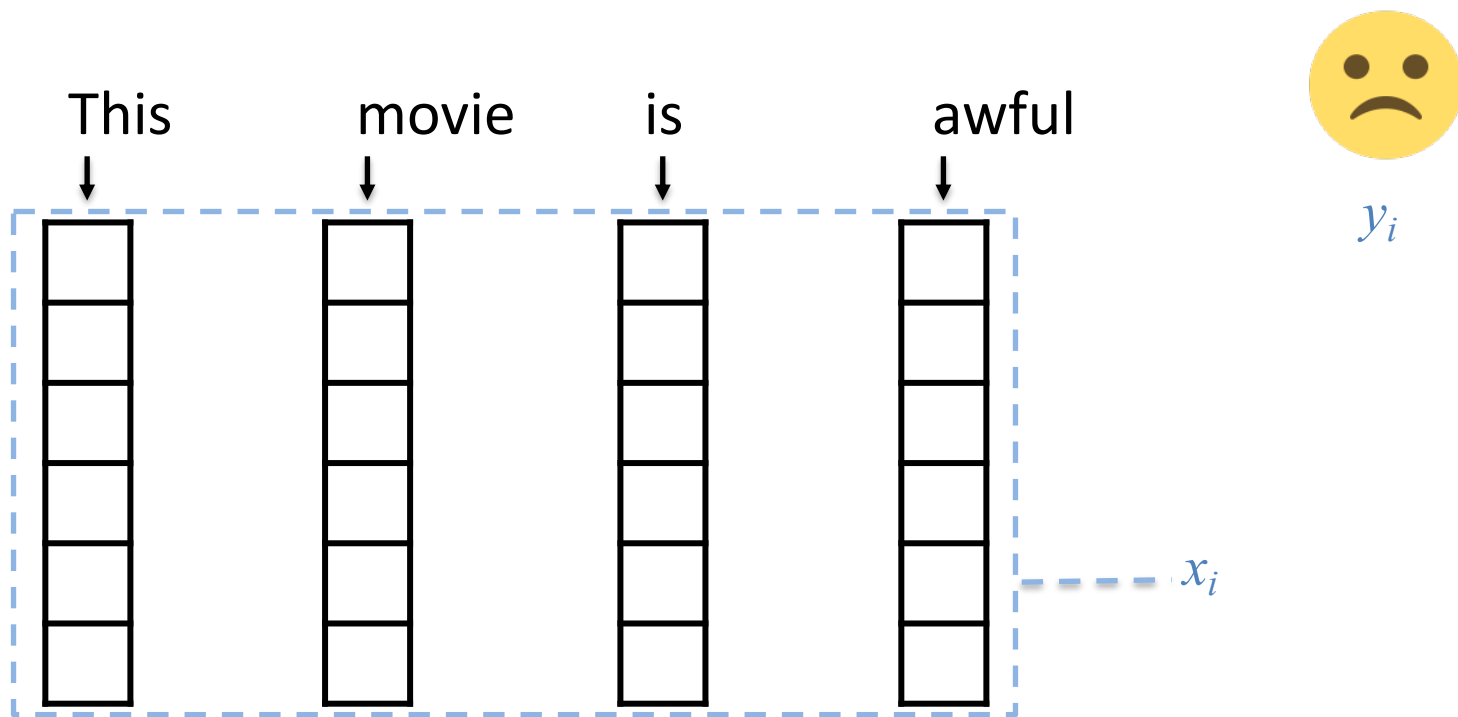
- Look up words individually to obtain their vectors
- Construct a sequence of vectors



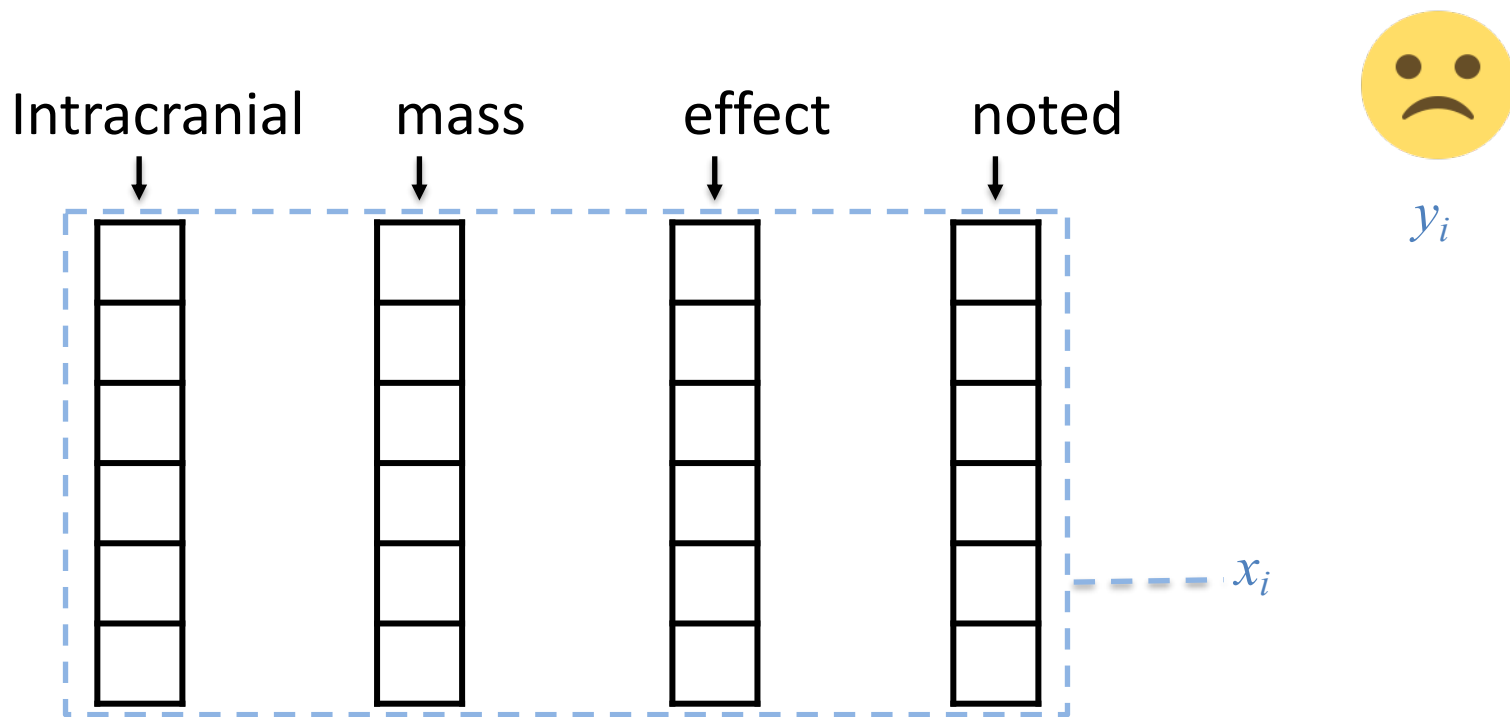
# Sequences of measurements: *same structure*



# Task 1: Predict a label associated with the sentence



# Task 1: Predict a label associated with the report

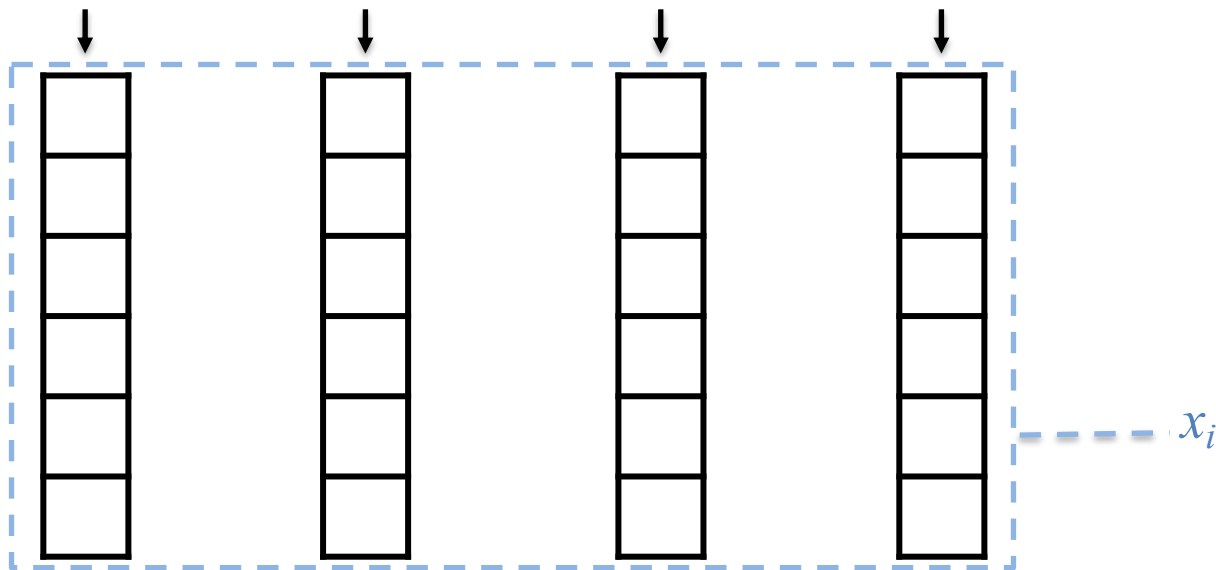


**Classification of radiology reports using neural  
attention models, *IJCNN 2017***



# Task 1: Predict a label associated with the note

Child demonstrates protodeclarative point

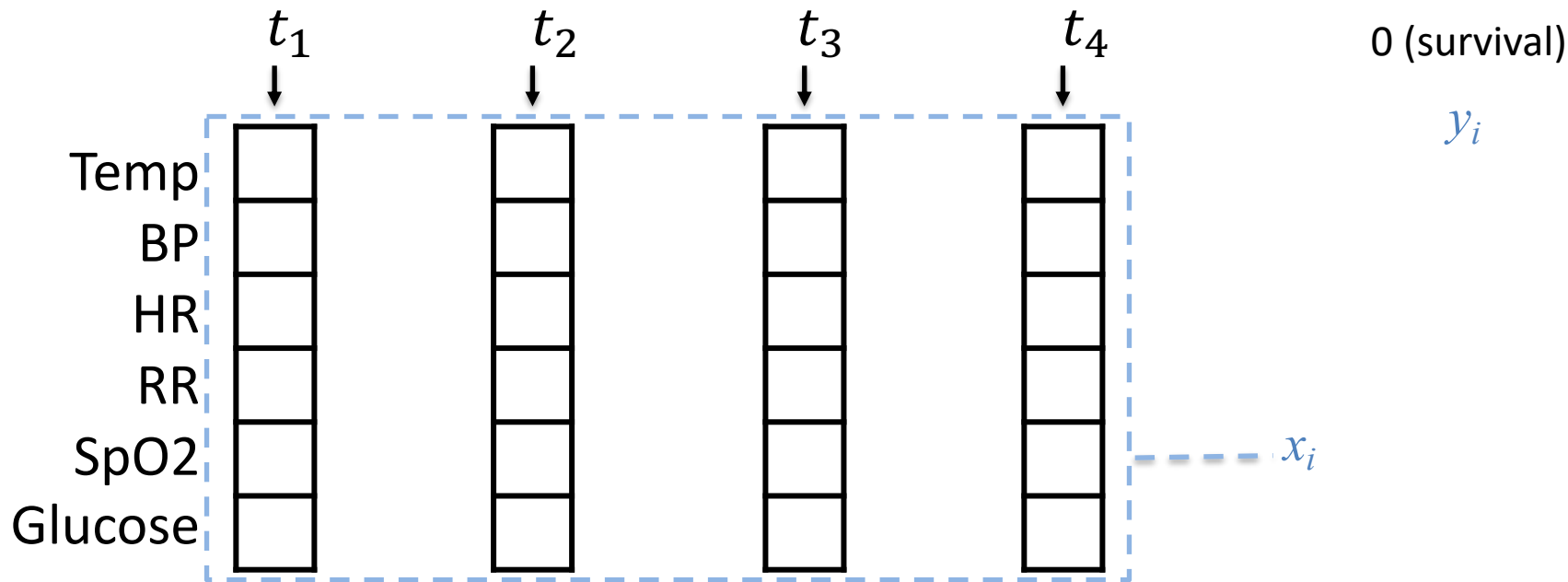


$y_i$

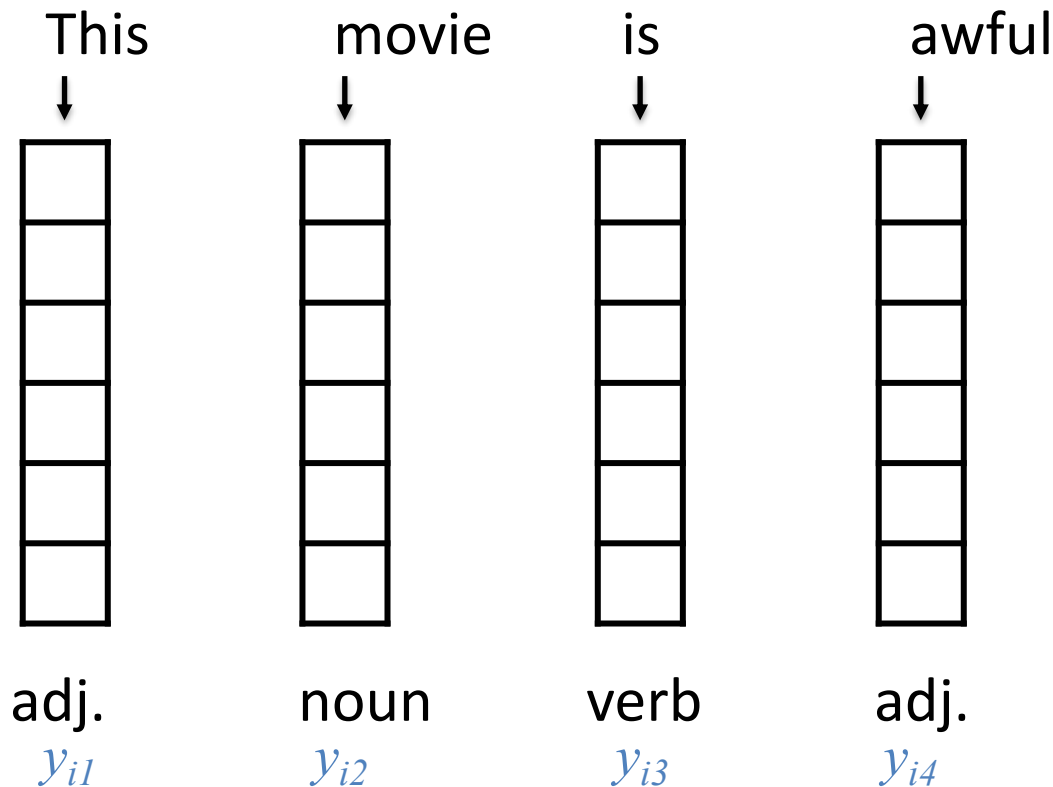
$x_i$



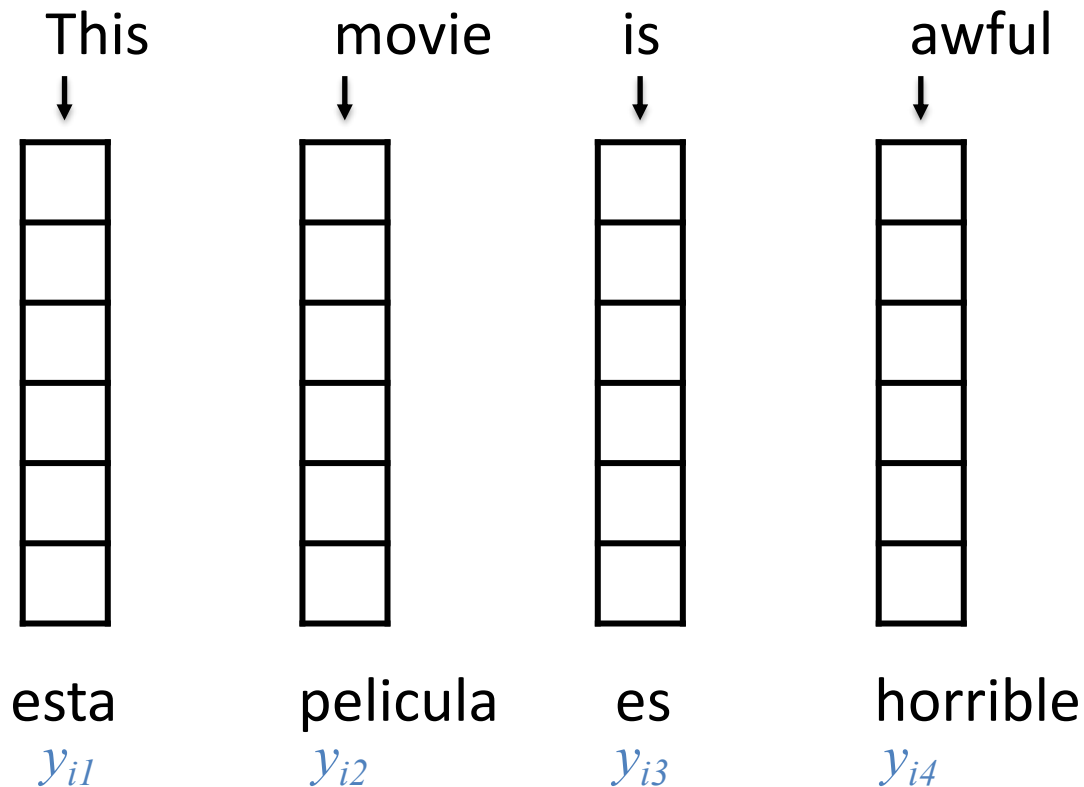
# Task 1: Predict label assoc. with all measurements



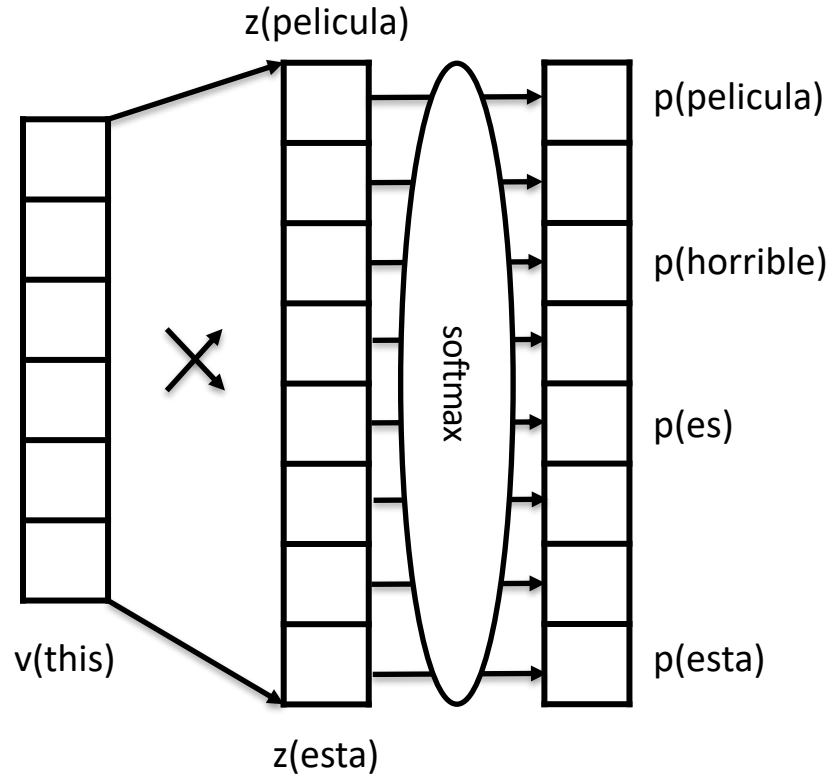
## Task 2: Predict a label associated with each word



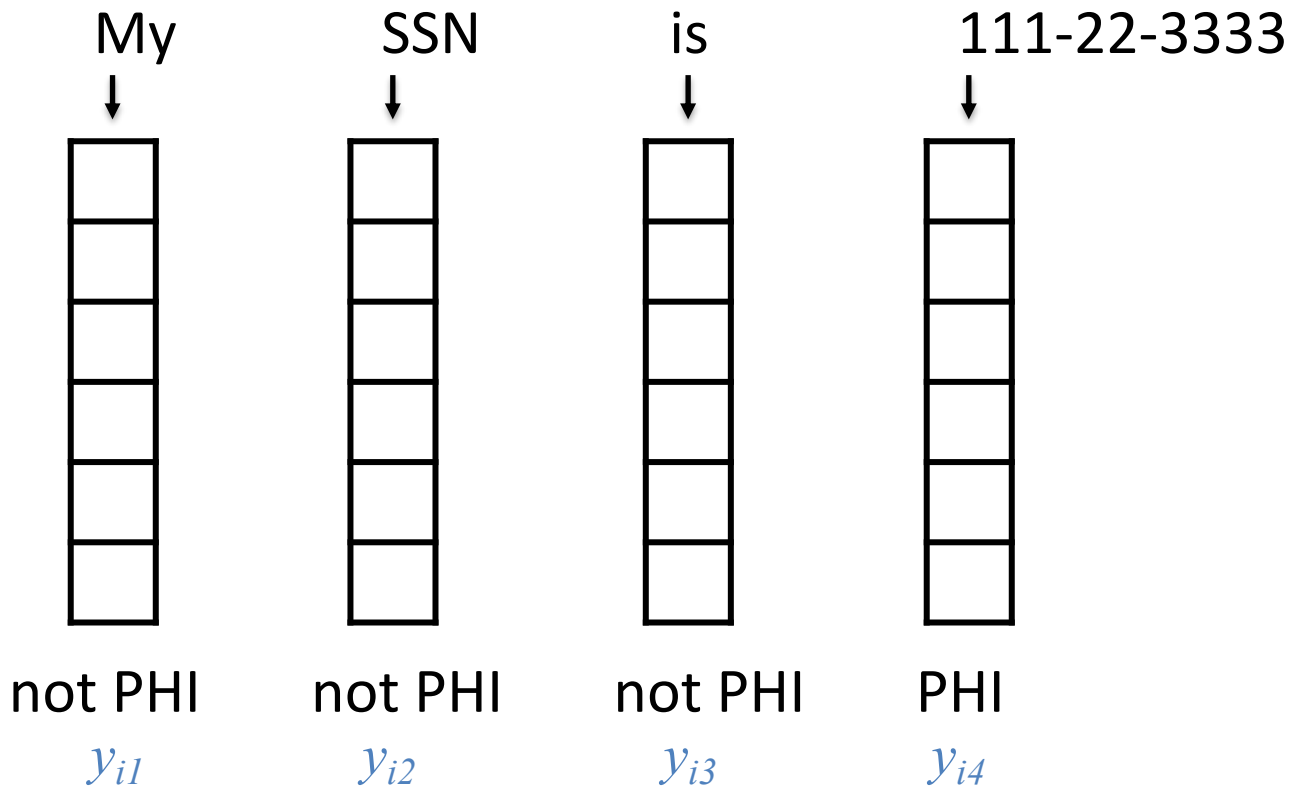
## Task 2: Predict a **label** (?) associated with each word



# Multi-Class Logistic Regression (many classes)



## Task 2: Predict a label associated with each word



# Deidentification of Patient Notes

**Table 5.** Examples of correctly detected PHI instances (in bold) by the ANN

PHI category	ANN
AGE	Father had a stroke at <b>80</b> and died of another stroke at age Personal data and overall health: Now <b>63</b> , despite his FH: Father: Died @ <b>52</b> from EtOH abuse (unclear exact etiology) Tobacco: smoked from age 7 to <b>15</b> , has not smoked since 15.
CONTACT	History of Present Illness <b>86F</b> reports worsening b/l leg pain. by phone, Dr. Ivan Guy. Call w/ questions <b>86383</b> . Keith Gilbert, H/O paroxysmal afib VNA <b>171-311-7974</b> ===== Medications
DATE	During his <b>May</b> hospitalization he had dysphagia Social history: divorced, quit smoking in <b>08</b> , sober x 10 yrs, She is to see him on the <b>29th</b> of this month at 1:00 p.m. He did have a renal biopsy in teh late <b>60s</b> adn thus will look for results, Results <b>02/20/2087</b> NA 135, K 3.2 (L), CL 96 (L), CO2 30.6, BUN 1 Jose Church, M.D. /ray DD: 01/18/20 DT: <b>01/19/0</b> DV: 01/18/20

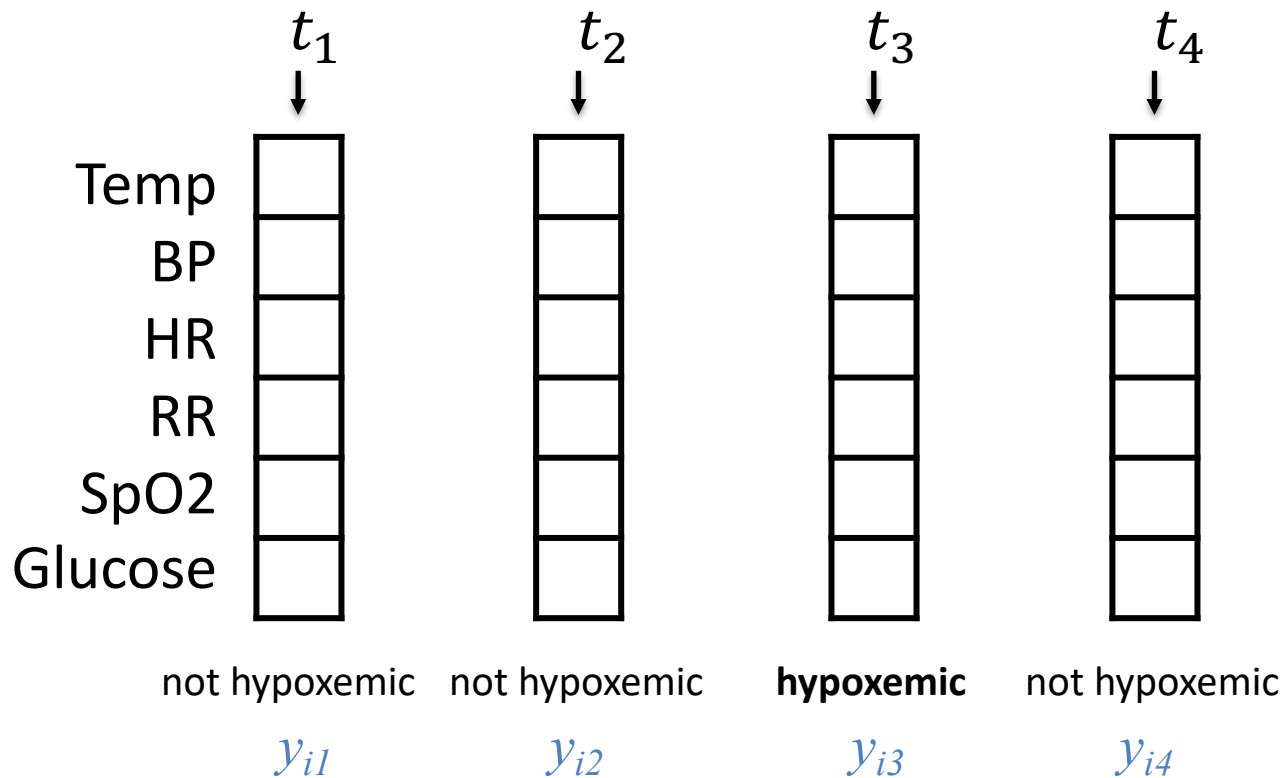
- A bidirectional RNN is used to identify PHI (18 HIPAA fields)
- *i2b2*: 889 discharge summaries, >28k PHI tokens
- *MIMIC*: 1635 discharge summaries, >60k PHI tokens
- State of the art sensitivity and F1 metric on both datasets

## De-identification of patient notes with recurrent neural networks

Dernoncourt F, Lee JY, Uzuner O, Szolovits P

JAMIA 24(3), 2017, 596–606

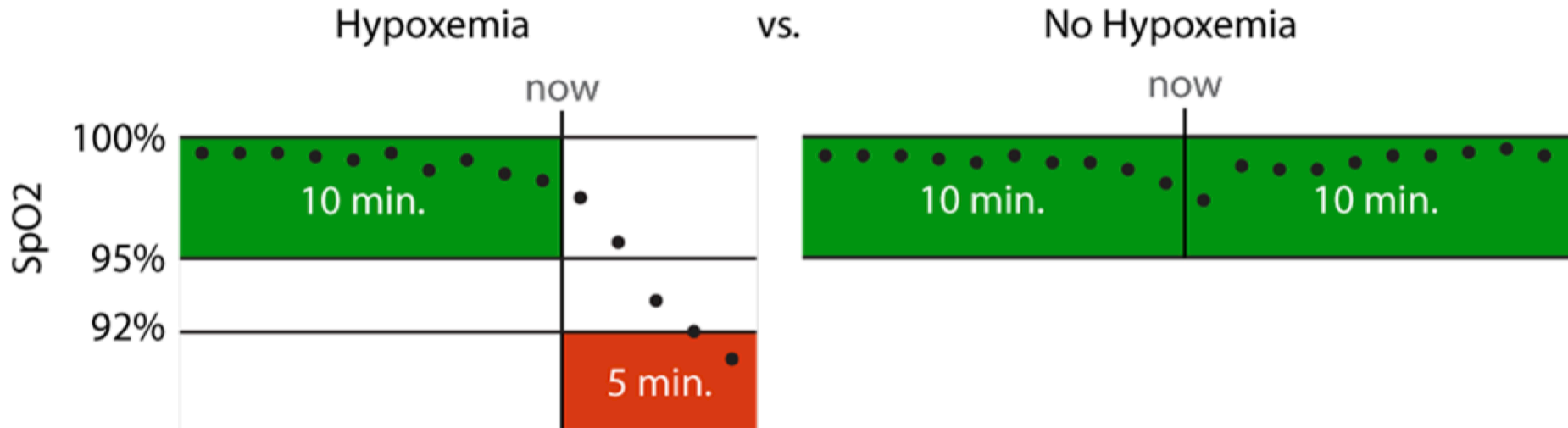
## Task 2: Predict label assoc. with each time point



# Hypoxemia Prediction during Surgery

## Real-time Prediction Task:

- hypoxemia (yes/no) in the next 5 minutes
- based on data from the Anesthesia Information Management System
- static features + real-time features collected up to that time point

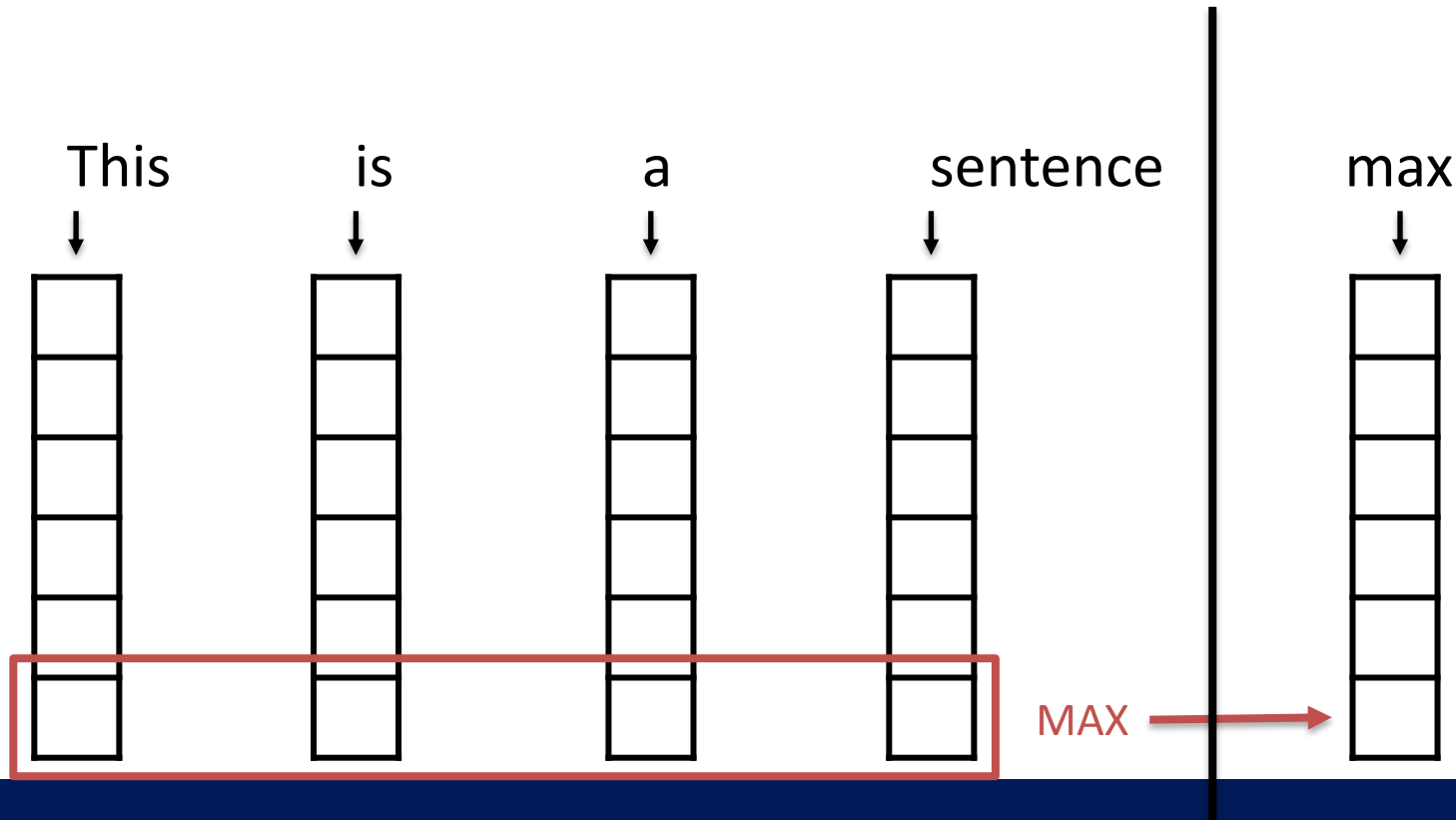




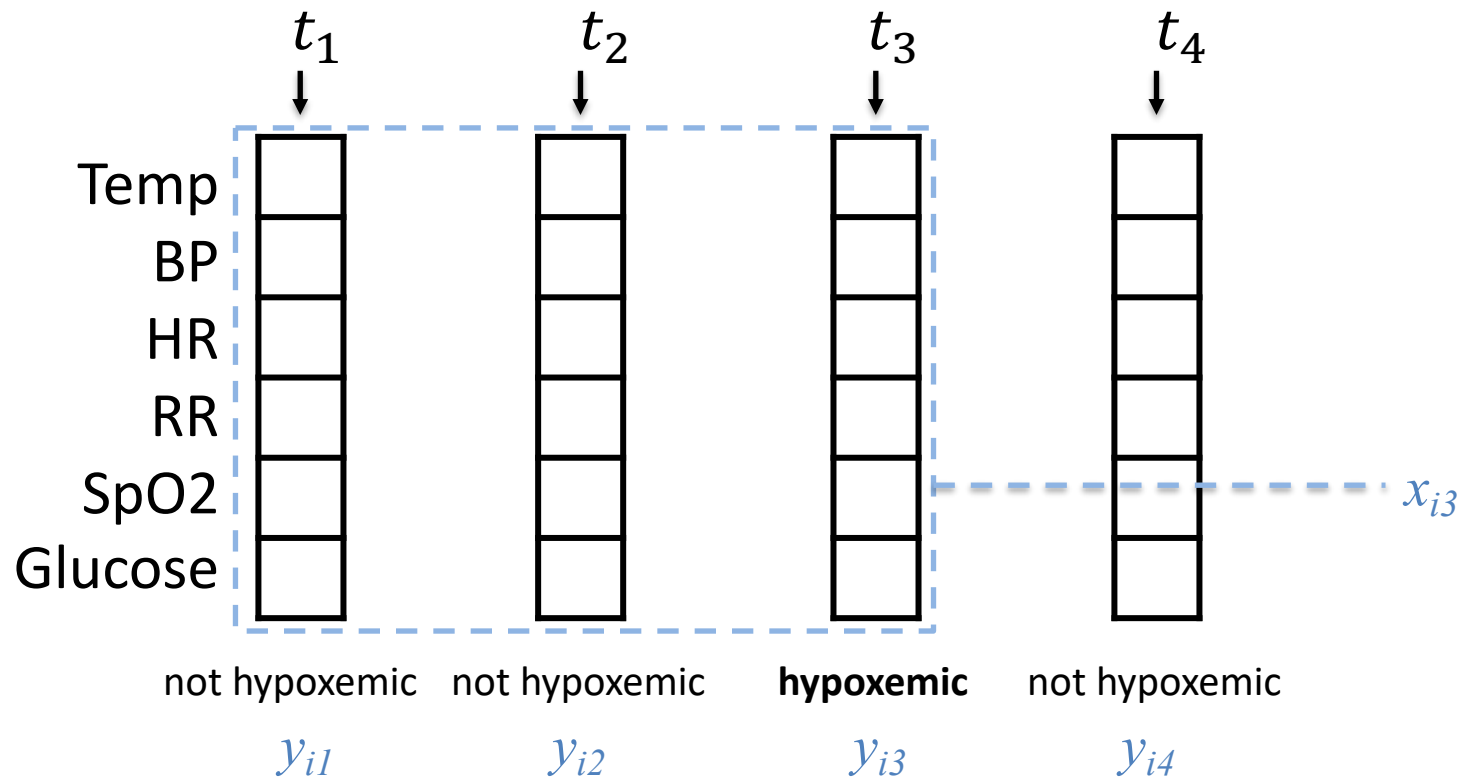
# Problem 1: Sequences Vary in Length

- Sentences/text have different # words
- Time-series have different # measurement times
- Solution 1: aggregate over words/time points

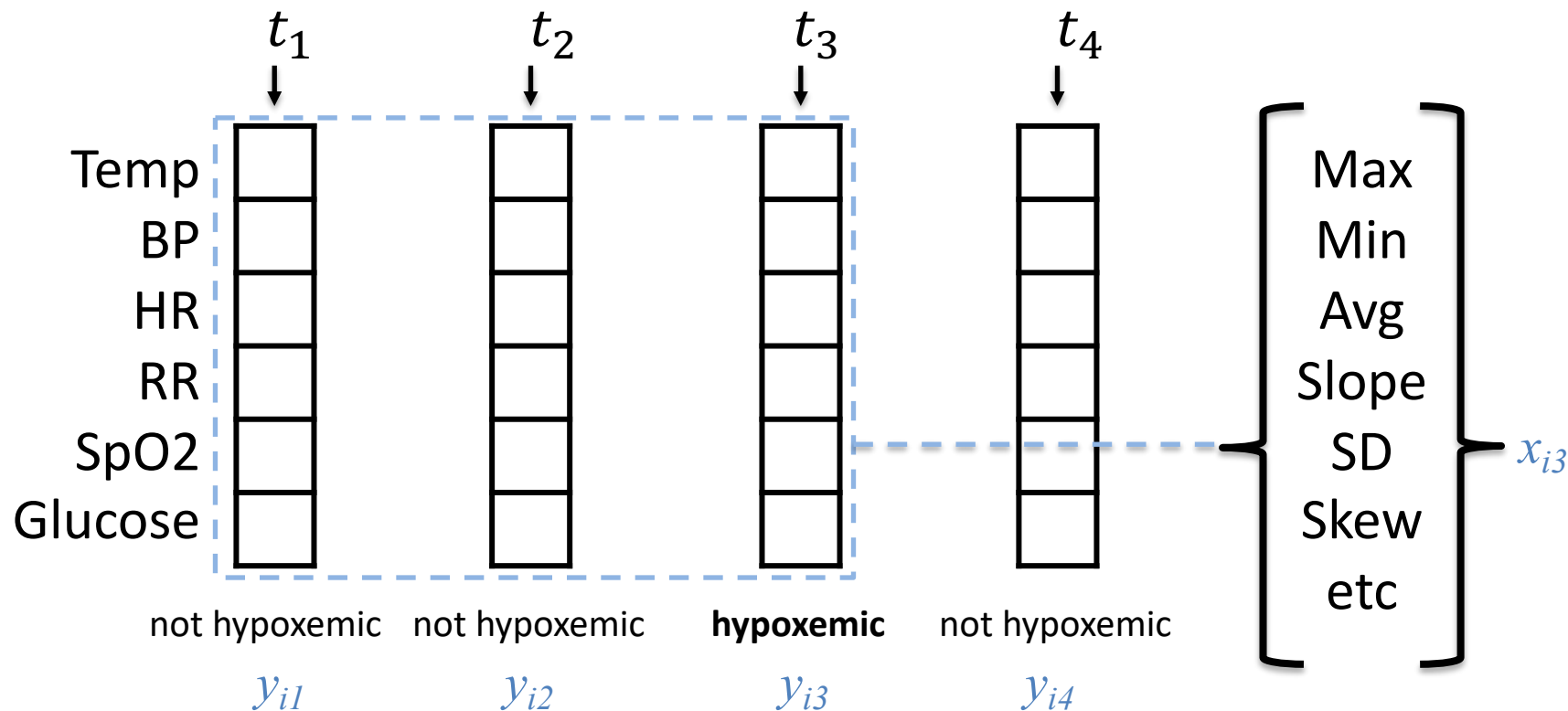
# VSWEM allows us to convert a variable-length sentence to a fixed-length feature vector



Similarly, we can aggregate measurements in a time-series



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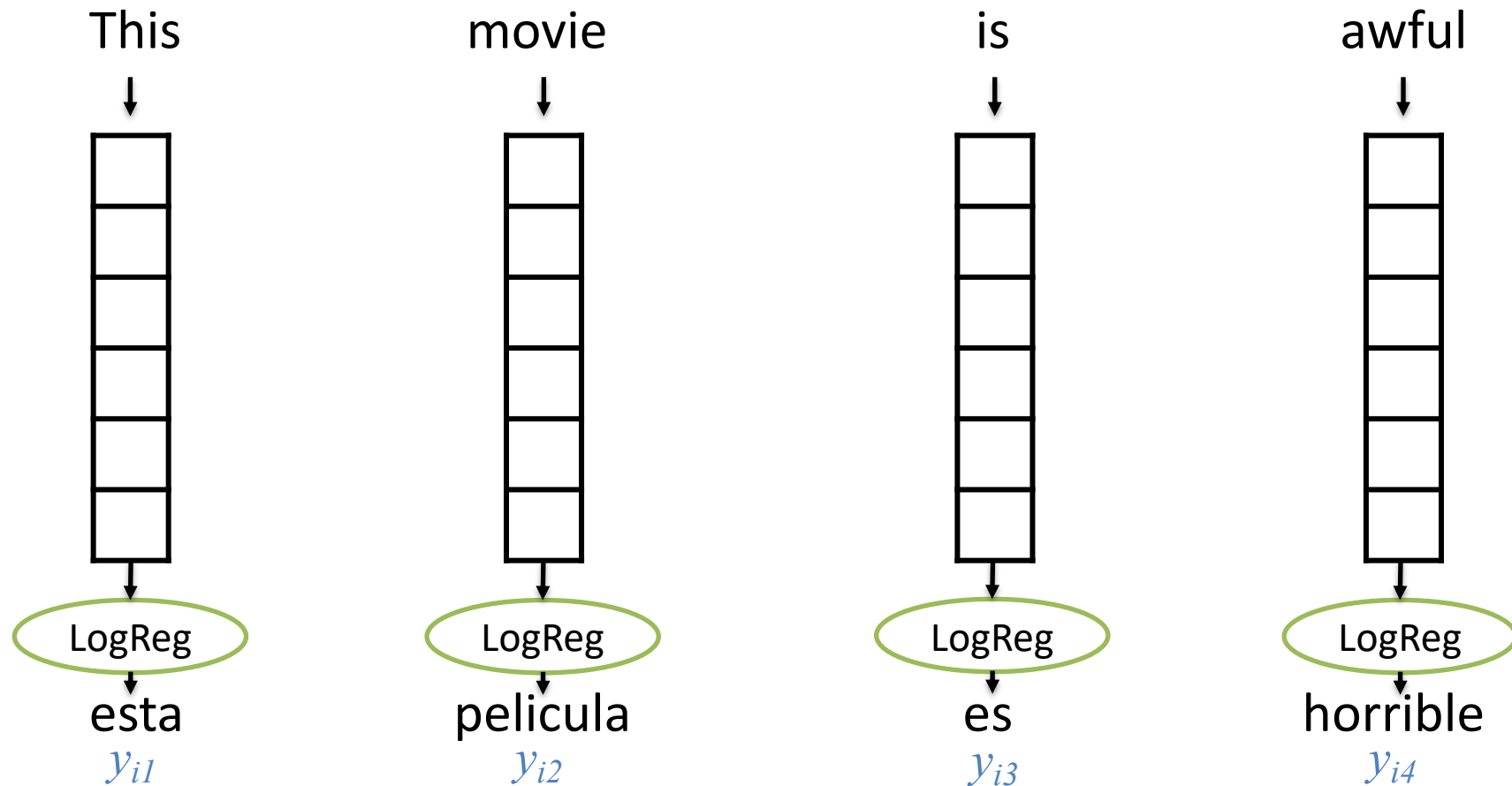


# Problem 2: Interpret Words or Measurements *in Context*

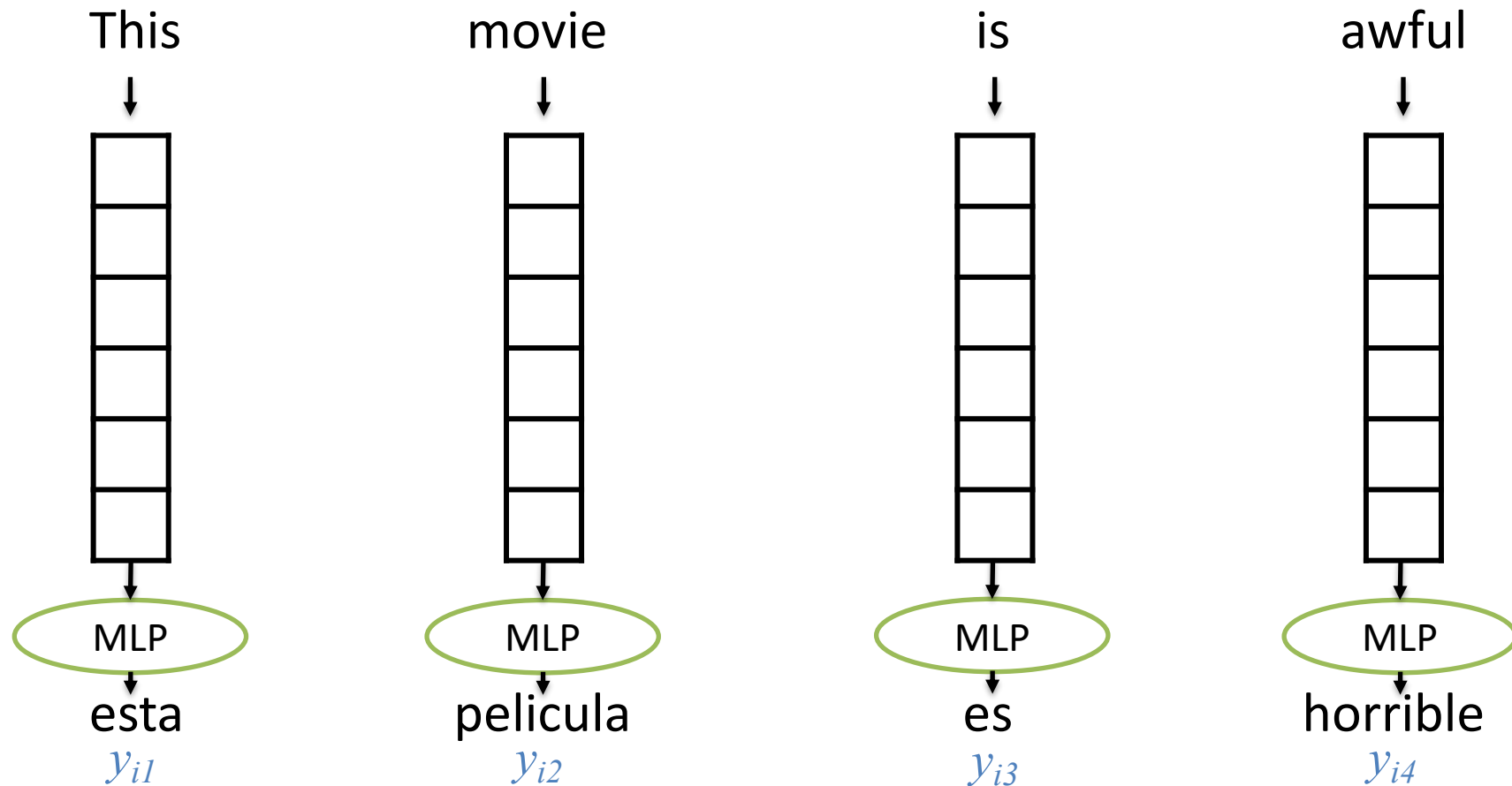
- A sentence is more than the average (or max) of its words
- A time-series is more than the average / min / max / SD of individual measurements
- Deep learning: we *learn* what's important about the sequence rather than choosing features or summary stats

# RECURRENT NEURAL NETWORKS

# Predict a label associated with each word

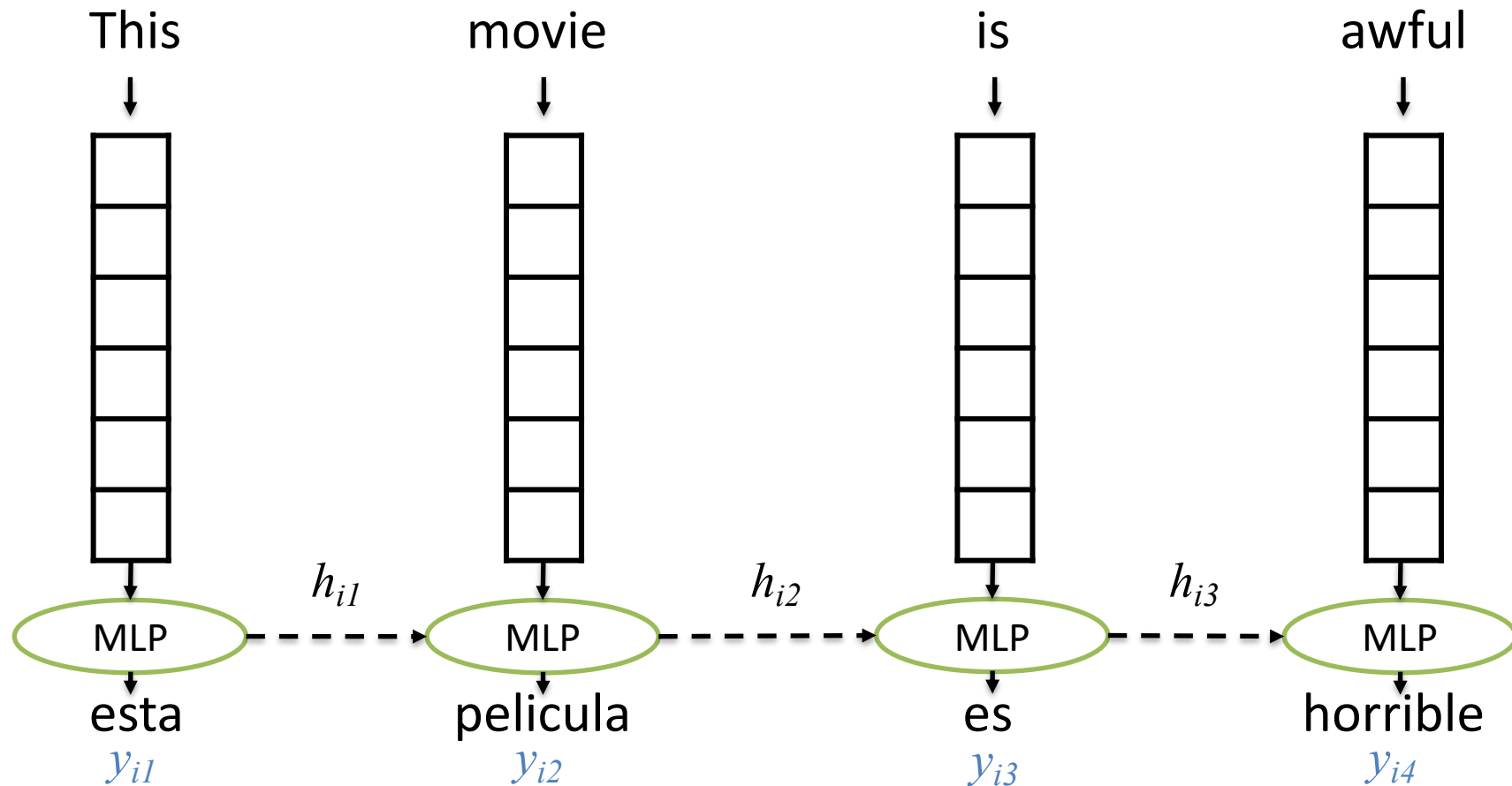


# Predict a label associated with each word

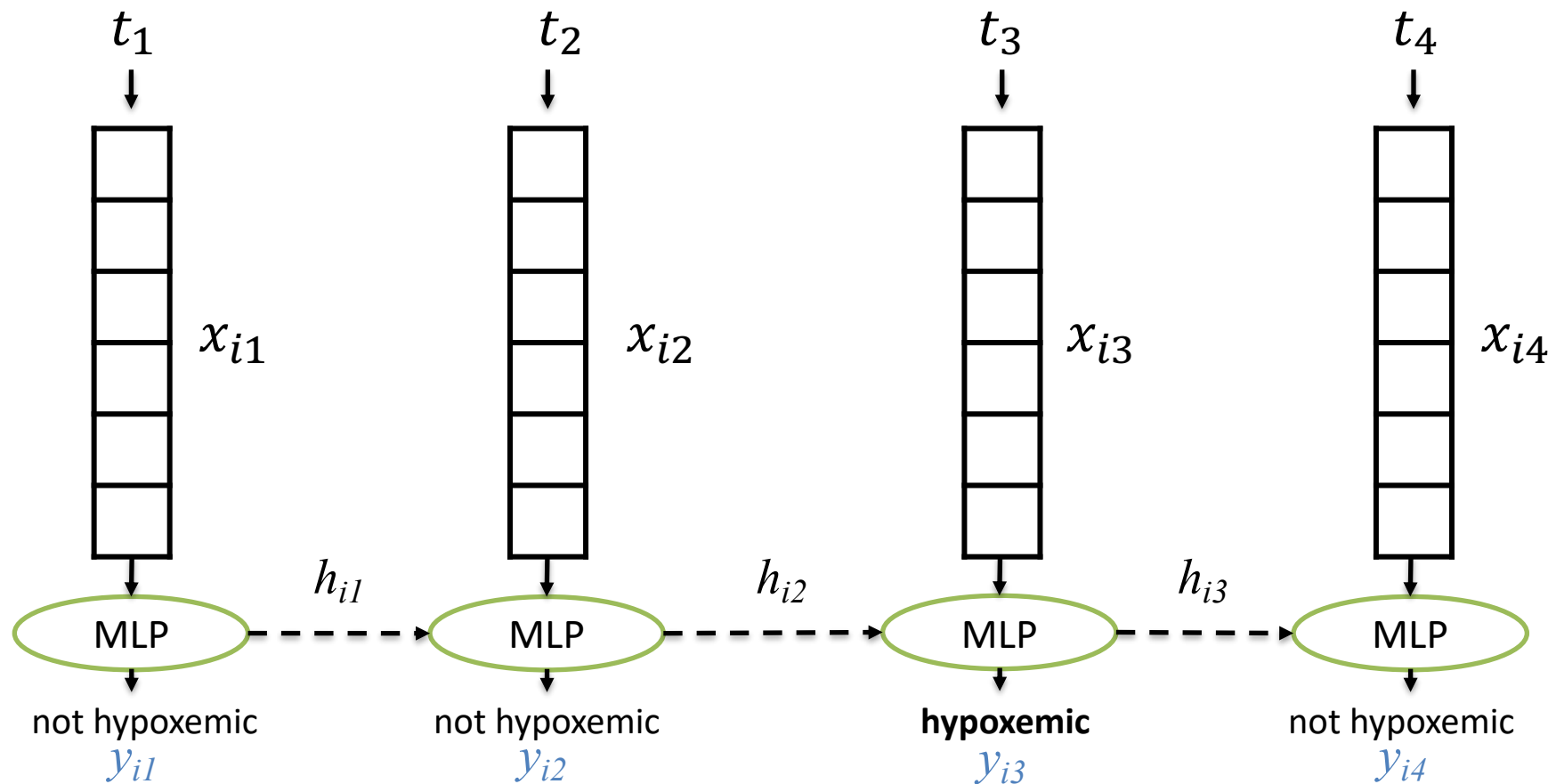




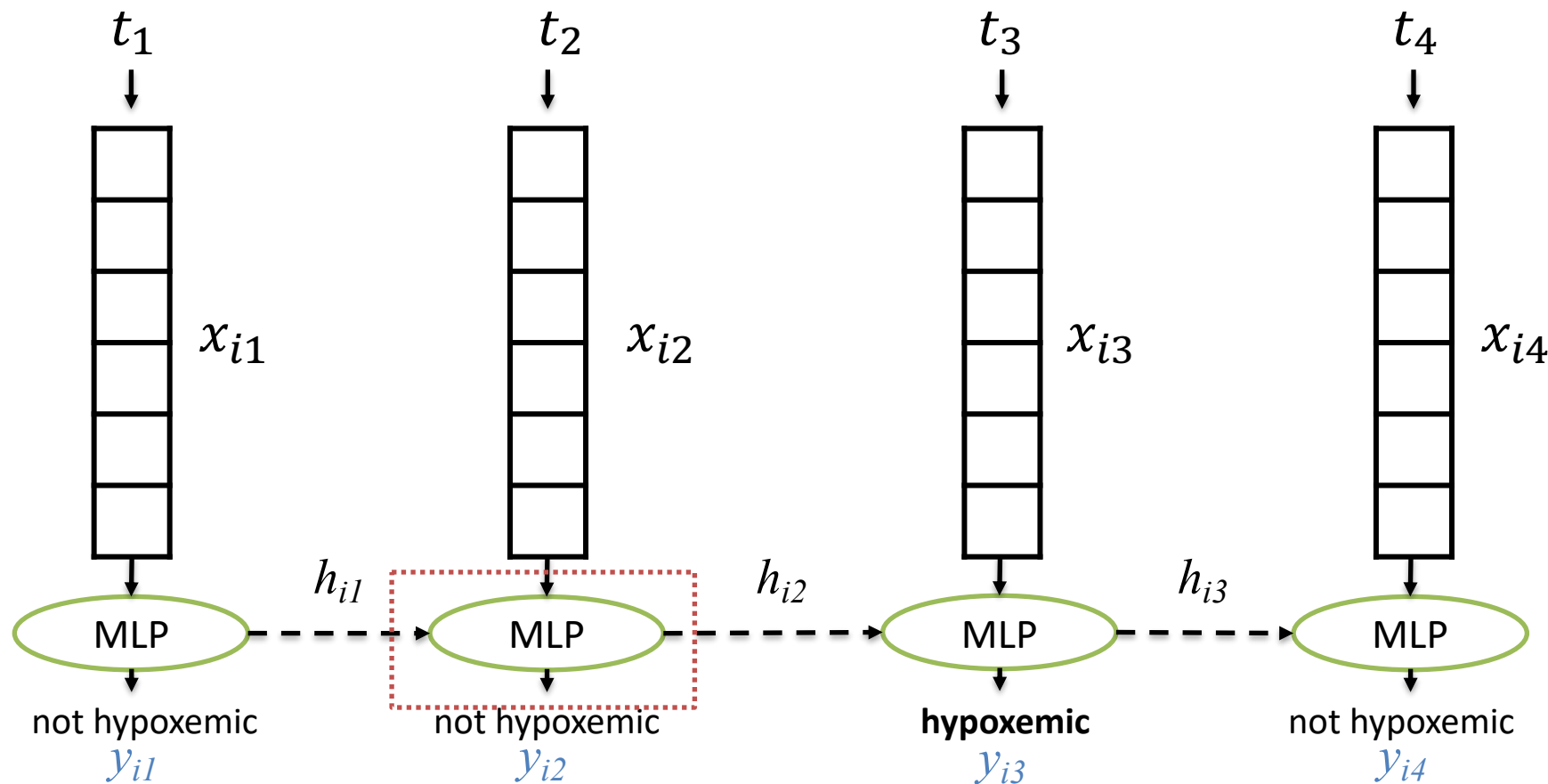
# Transfer *relevant* information about earlier words



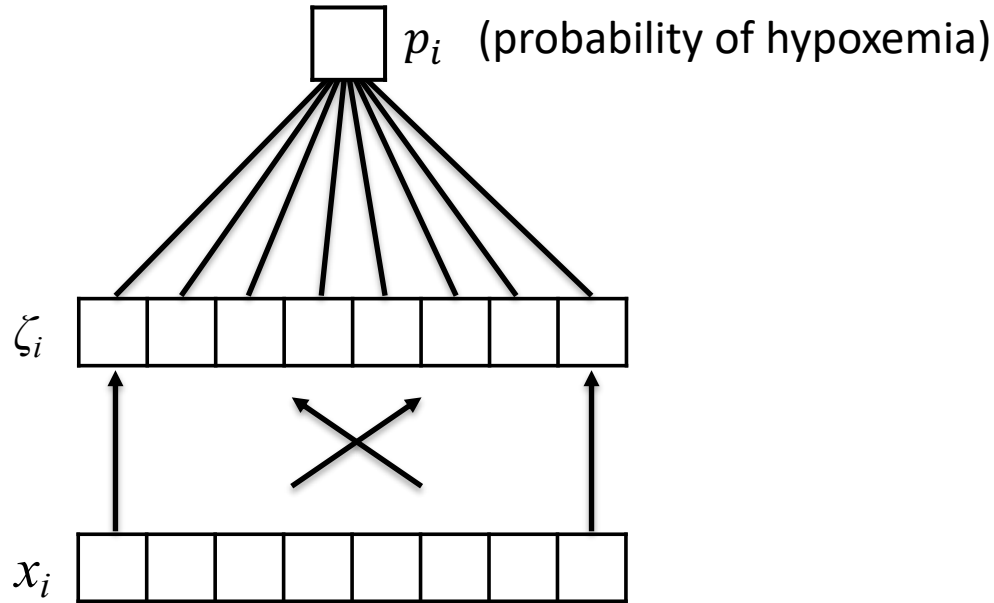
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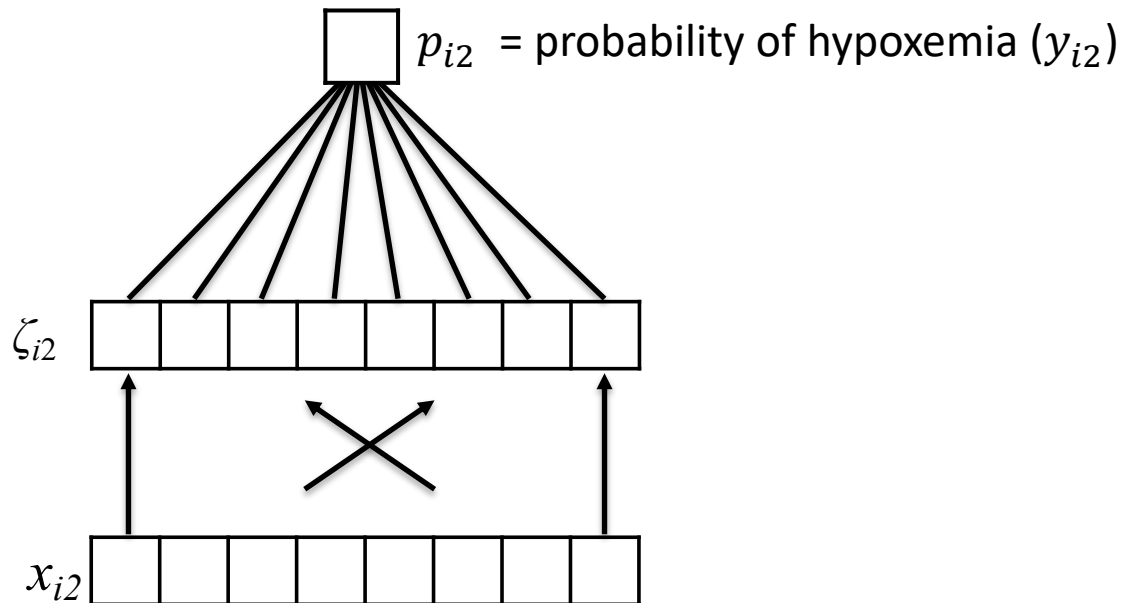


# Back to Lecture 1...

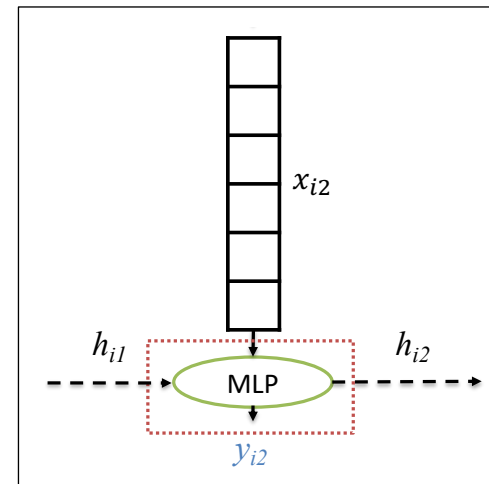


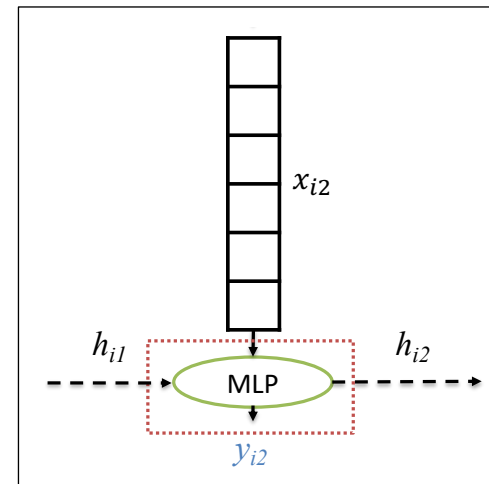
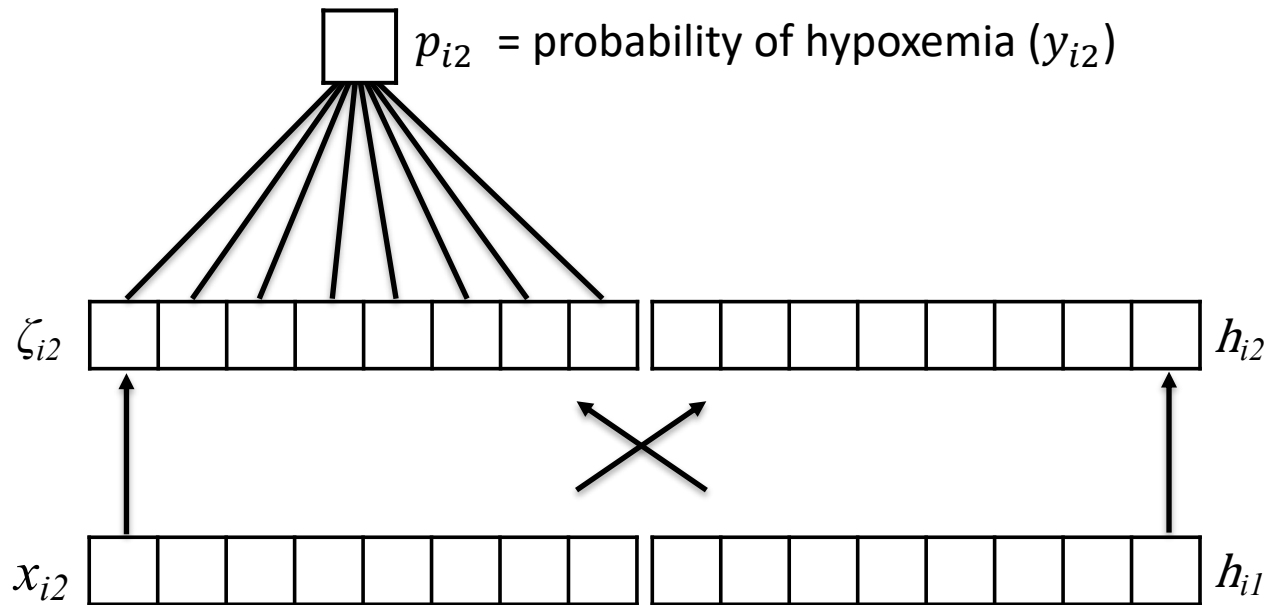
Since they are neither an input nor an output, the features  $\zeta$  are said to be a “hidden” layer

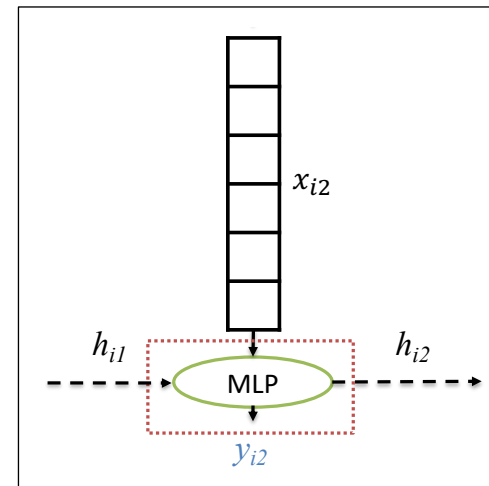
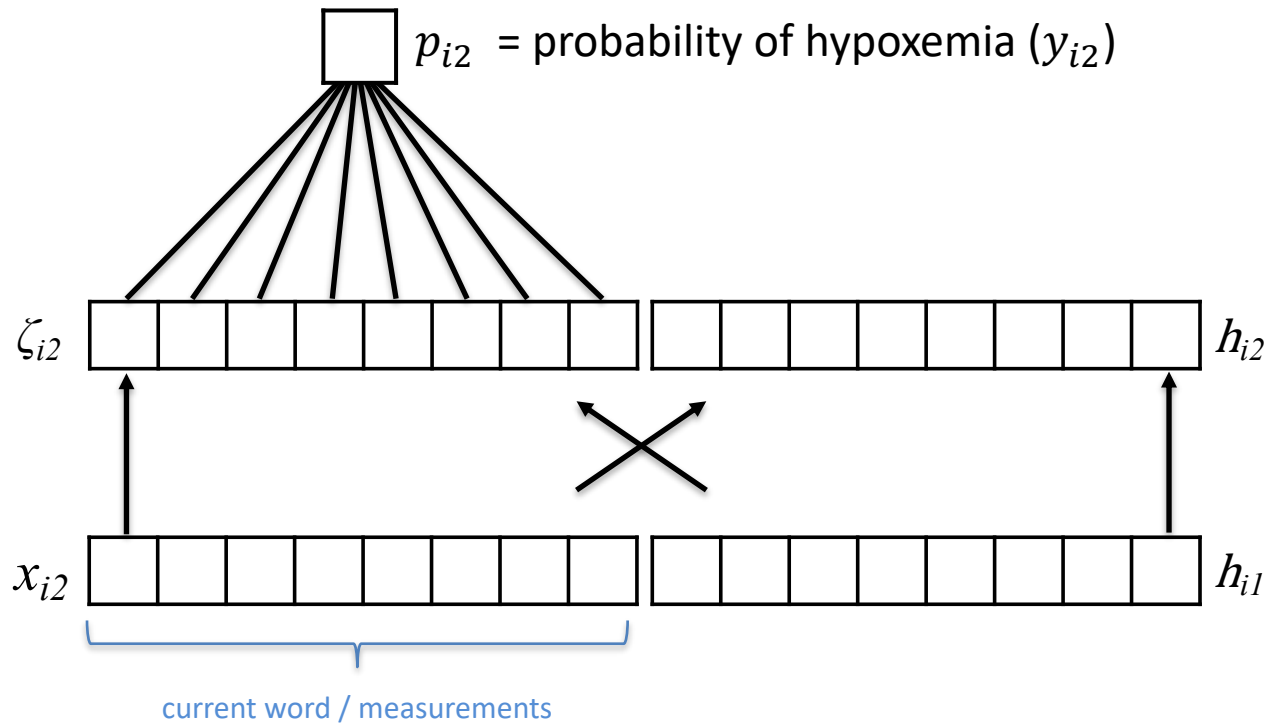
- Instead of predicting  $p_i$  directly from our feature vector  $x$ , introduce a vector of “**latent**” **features**  $\zeta$  (zeta) that we will use to predict  $p_i$
- Think of  $\zeta$  as a learned representation that is useful for predicting  $p$

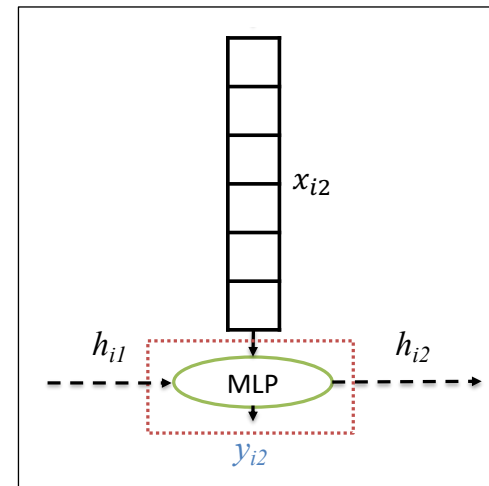
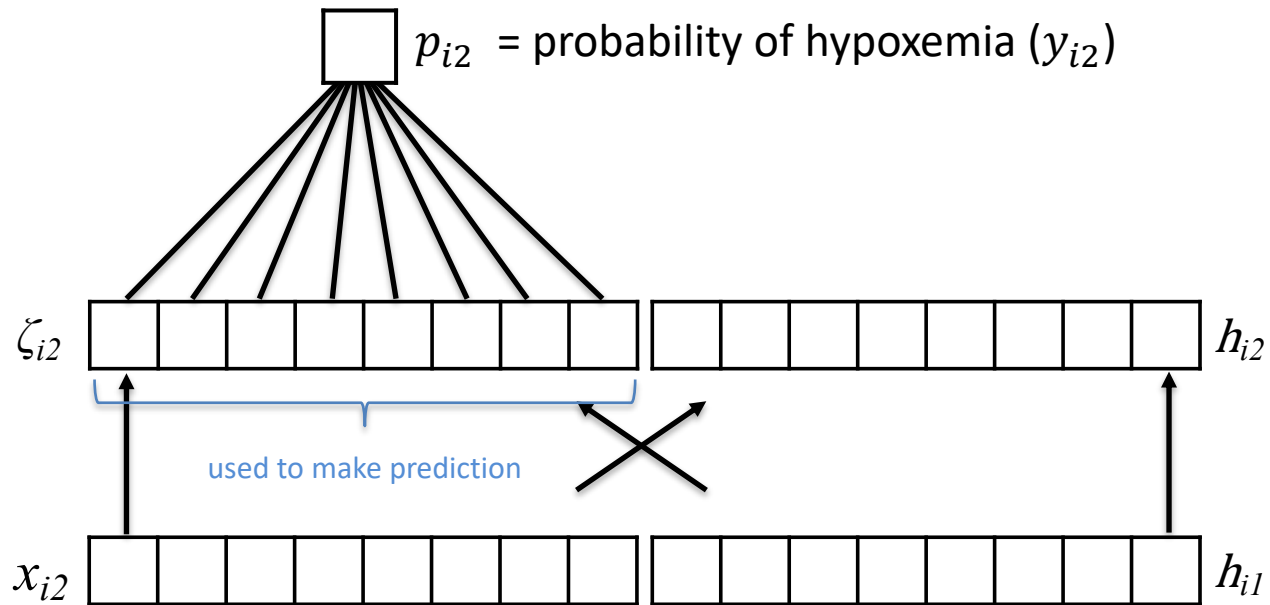


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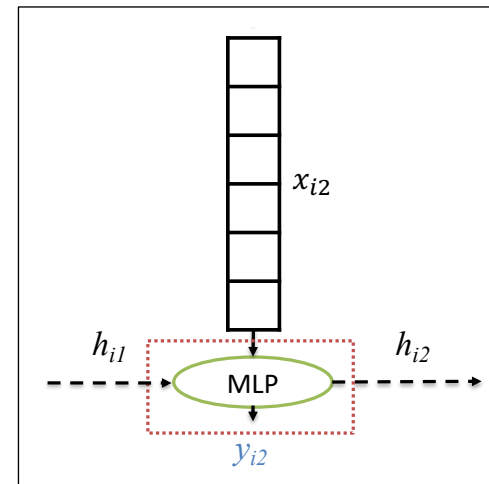
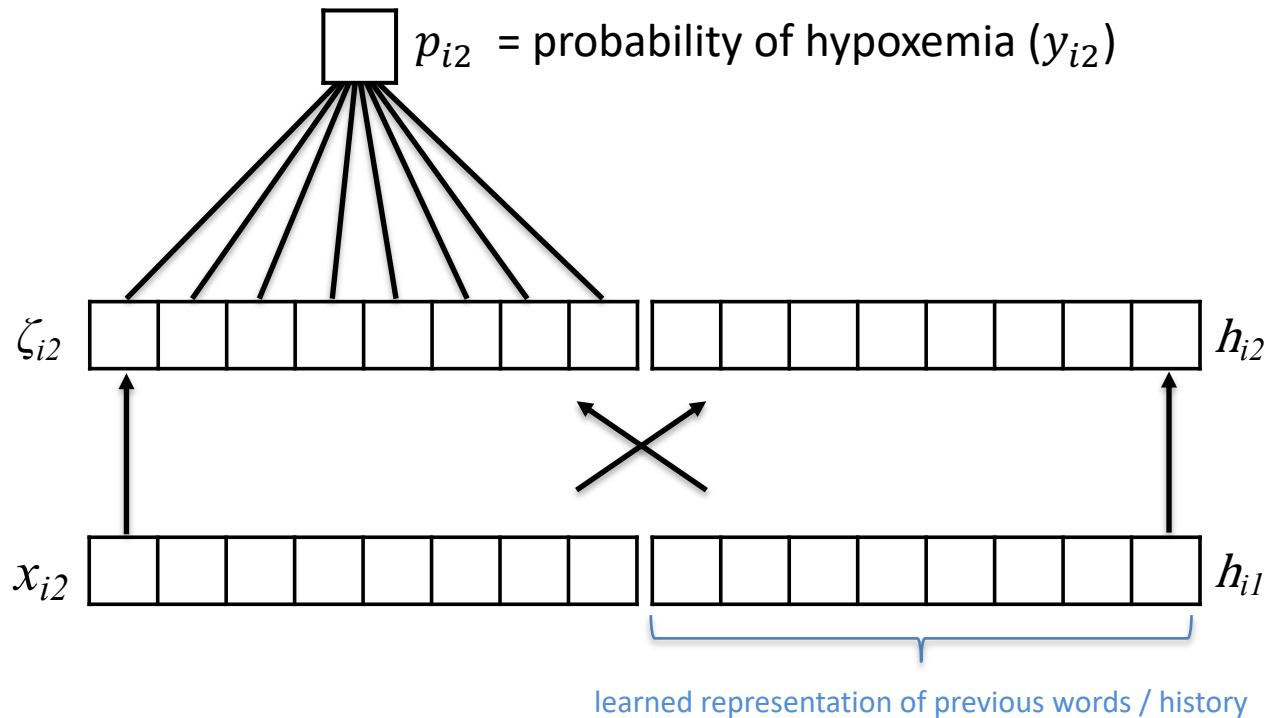


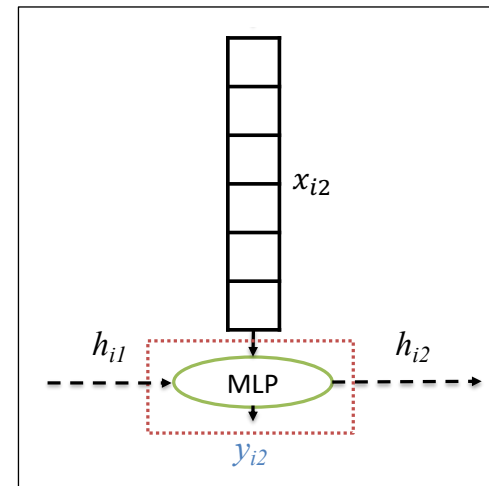
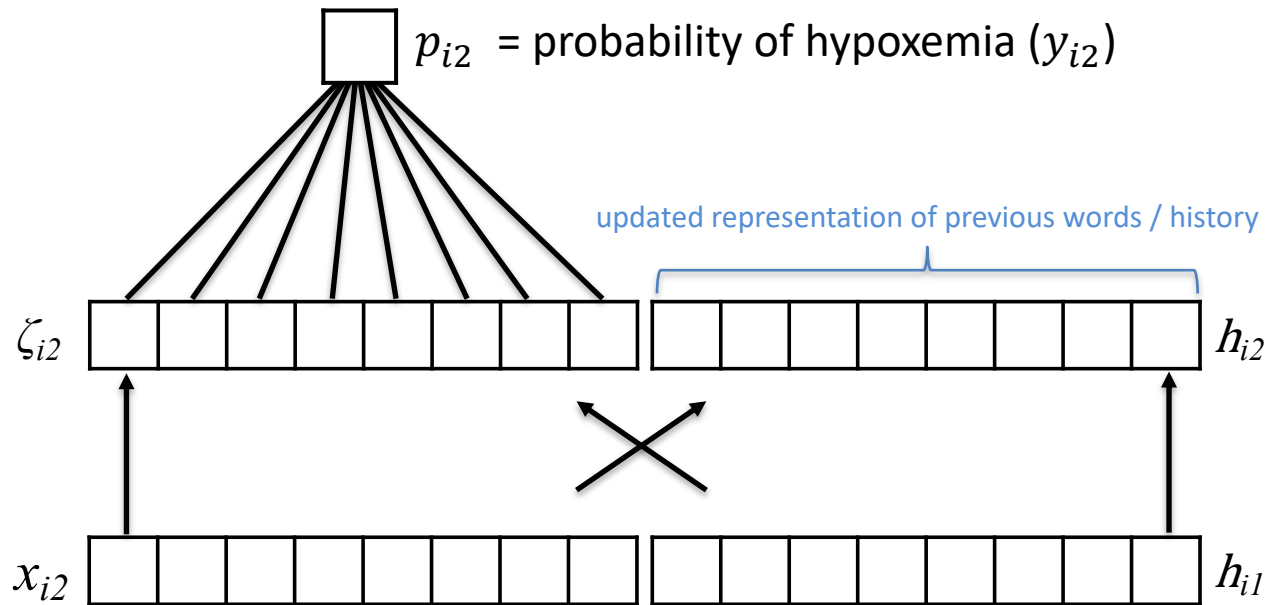




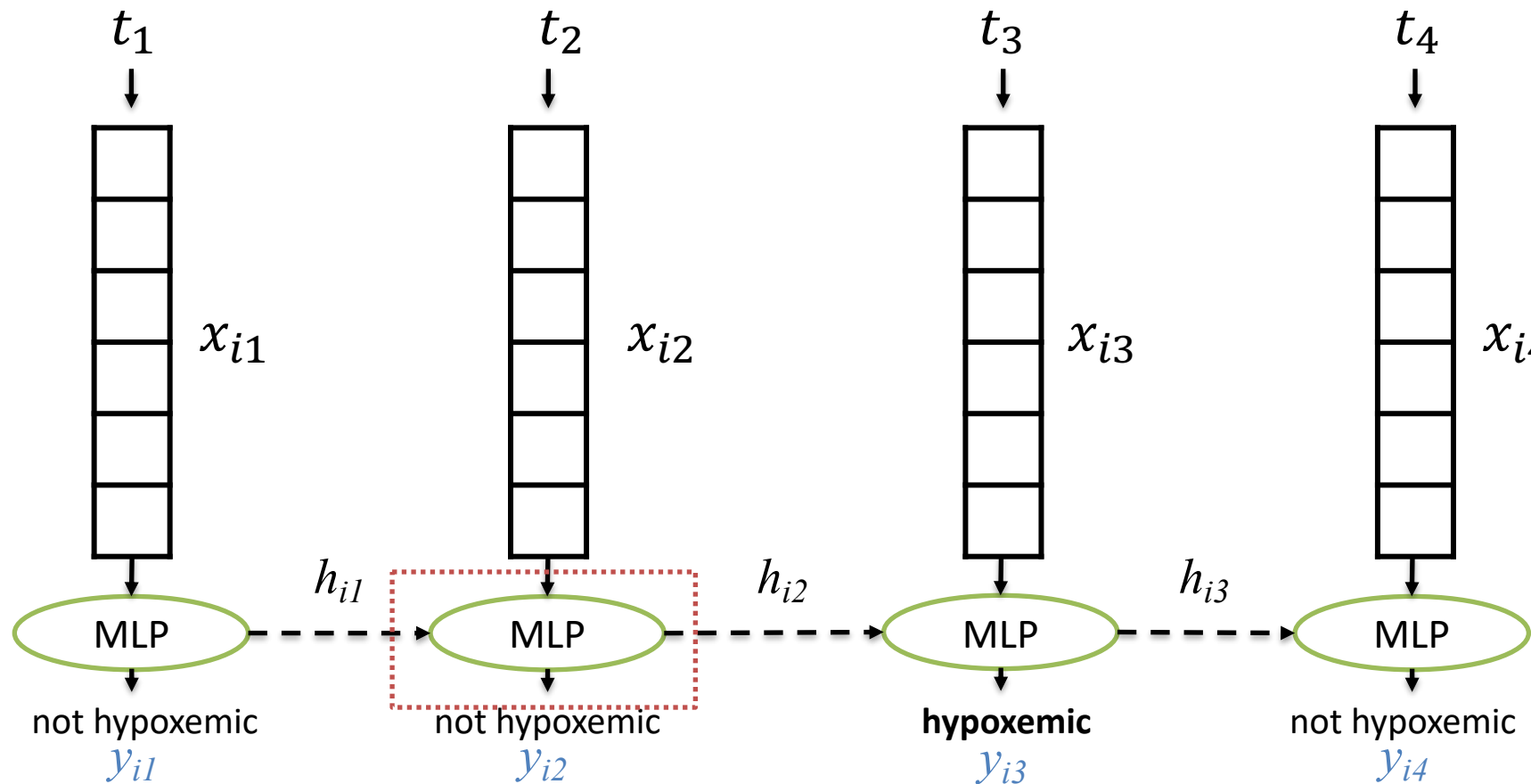




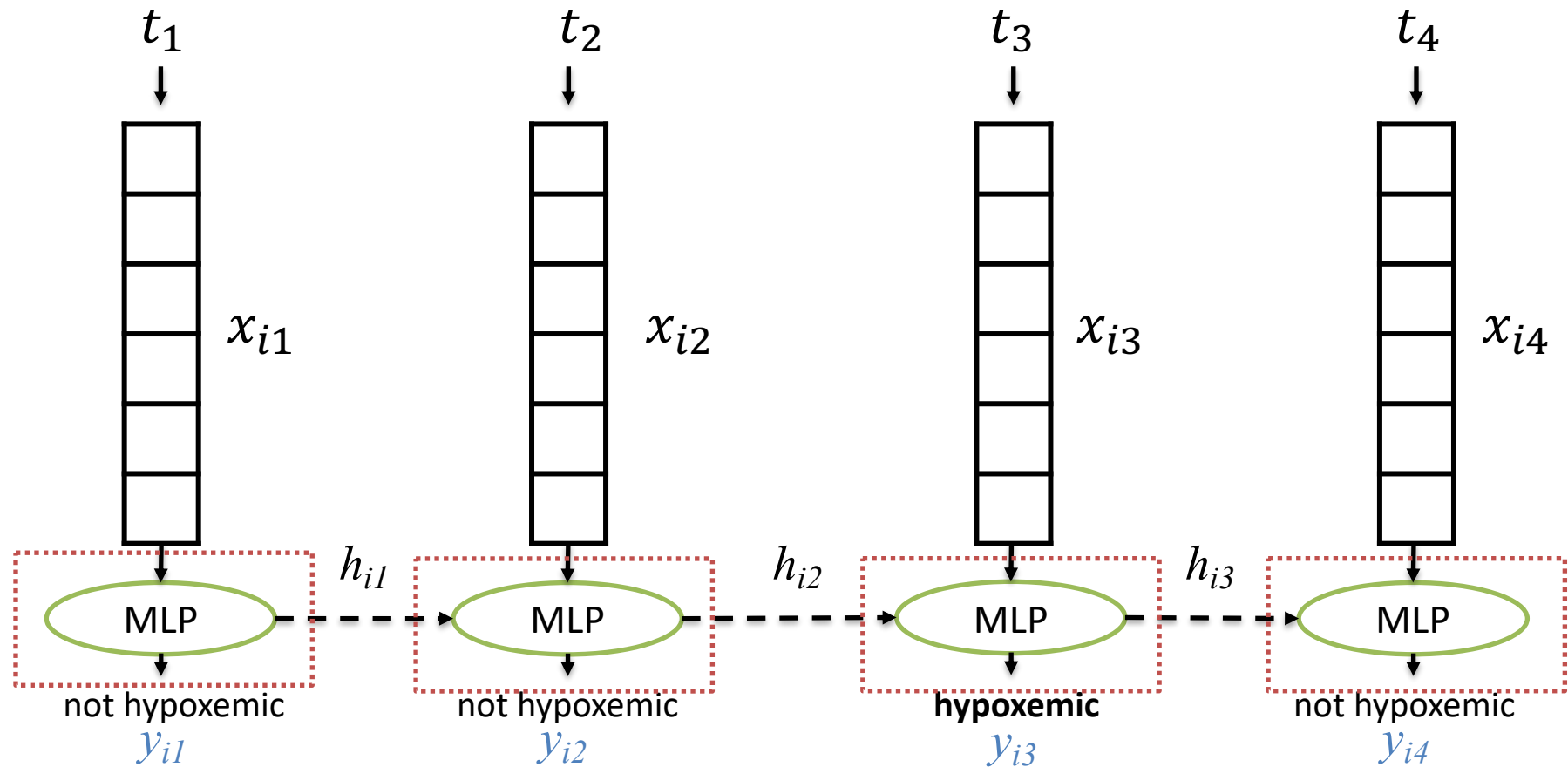




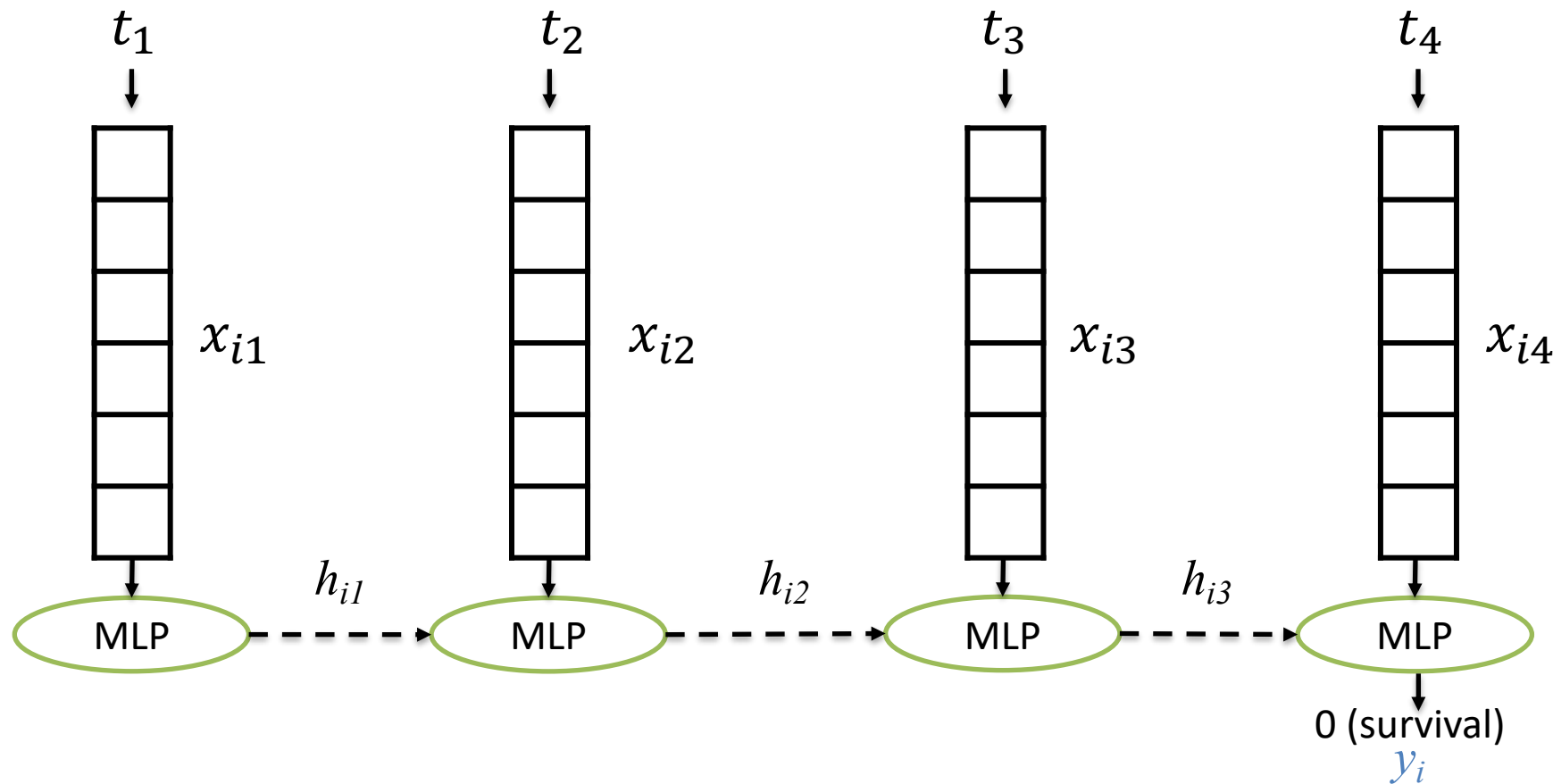
# We learn what's important about previous values



## Recurrent MLP (NN): these are all the same / have same weights



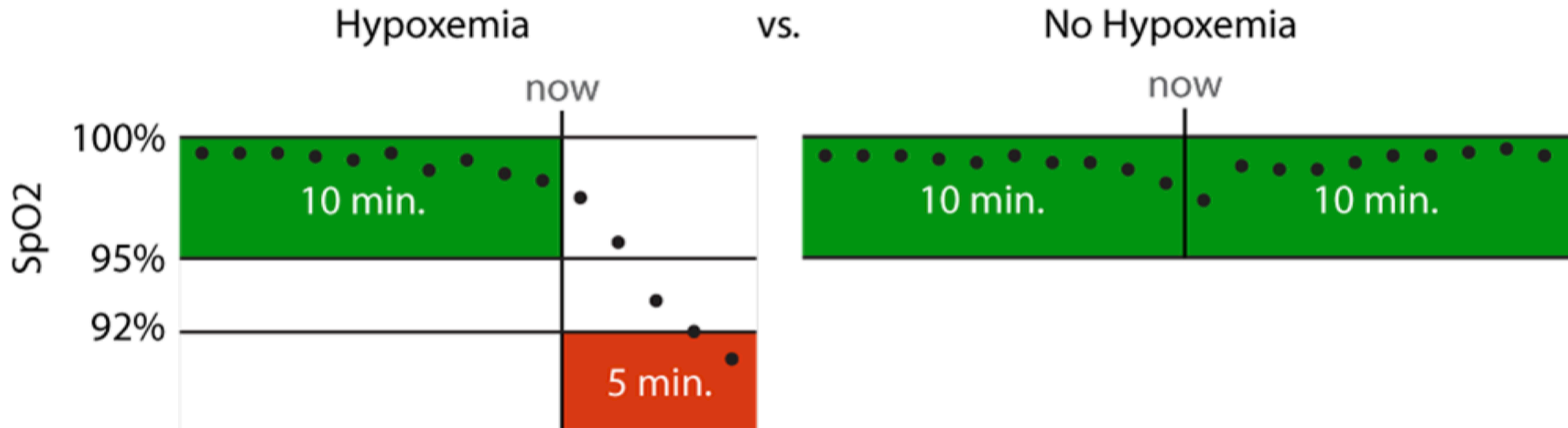
# Task 1: Predict a label associated with the sequence



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# Common RNN Variants

- Gated Recurrent Unit (GRU)
- Long Short Term Memory (LSTM)
- Bidirectional RNNs
  - Look at previous words and upcoming words
  - Usually not appropriate for time-series

# Deidentification of Patient Notes

**Table 5.** Examples of correctly detected PHI instances (in bold) by the ANN

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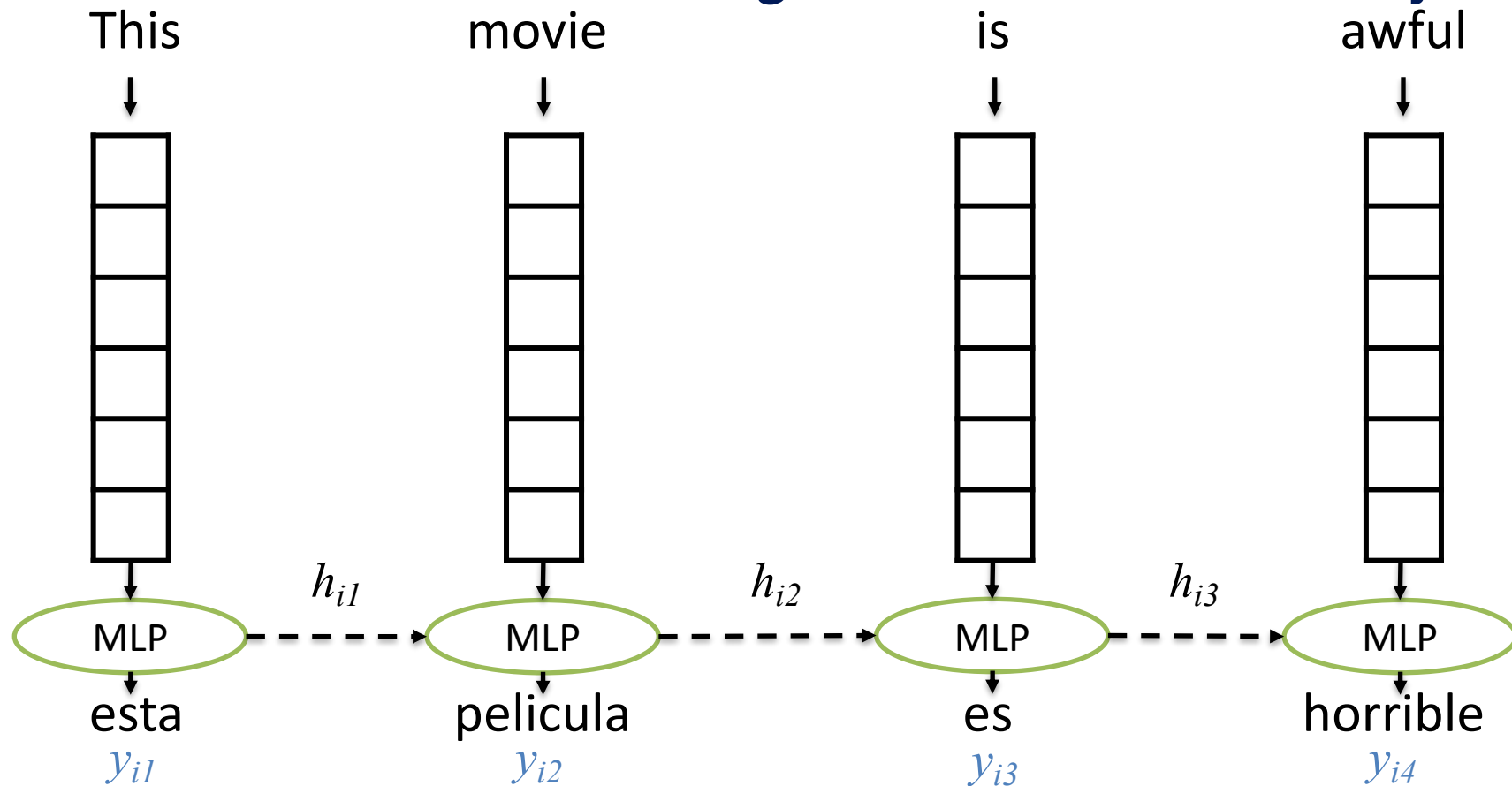
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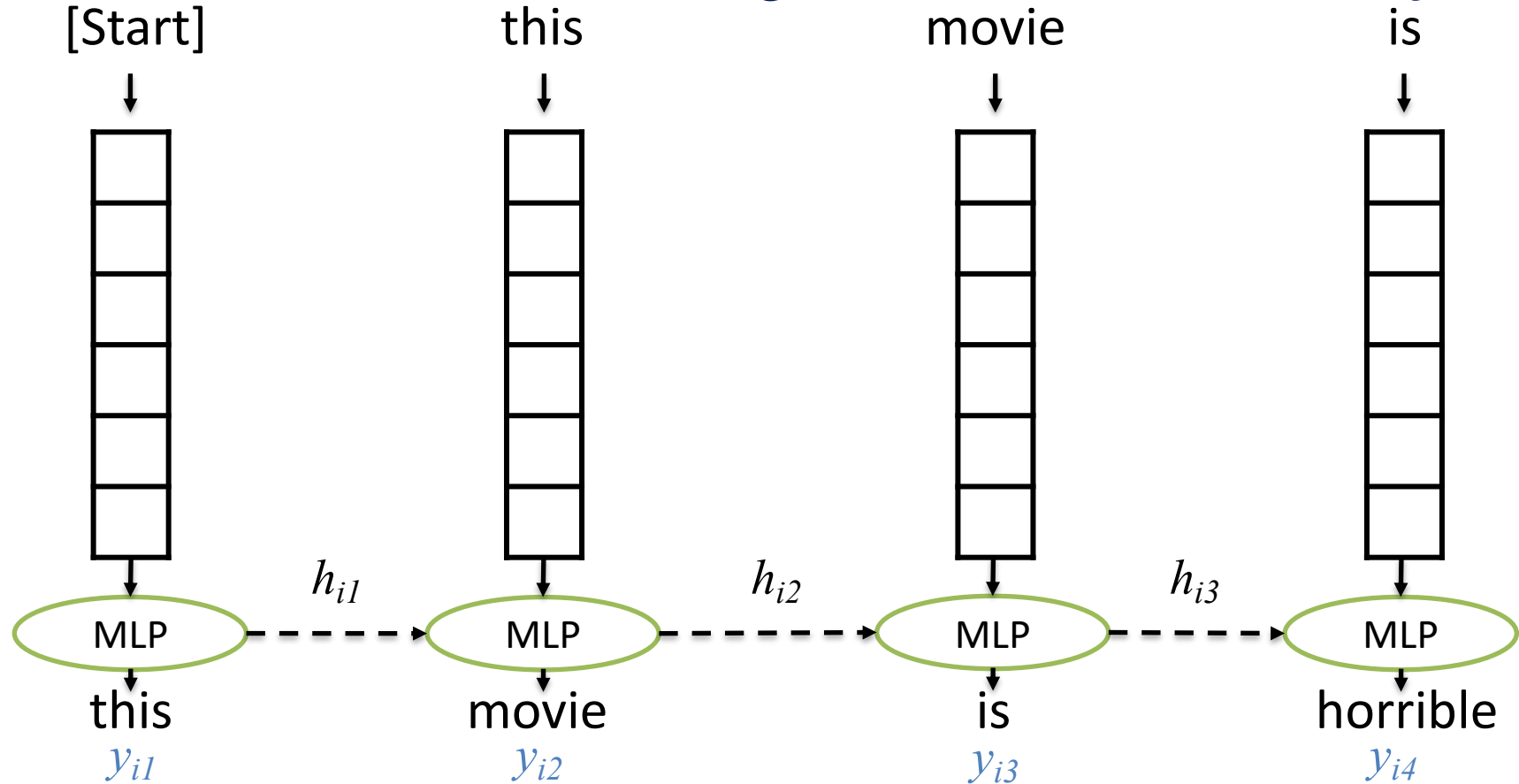
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Note: we can also *generate* text this way.



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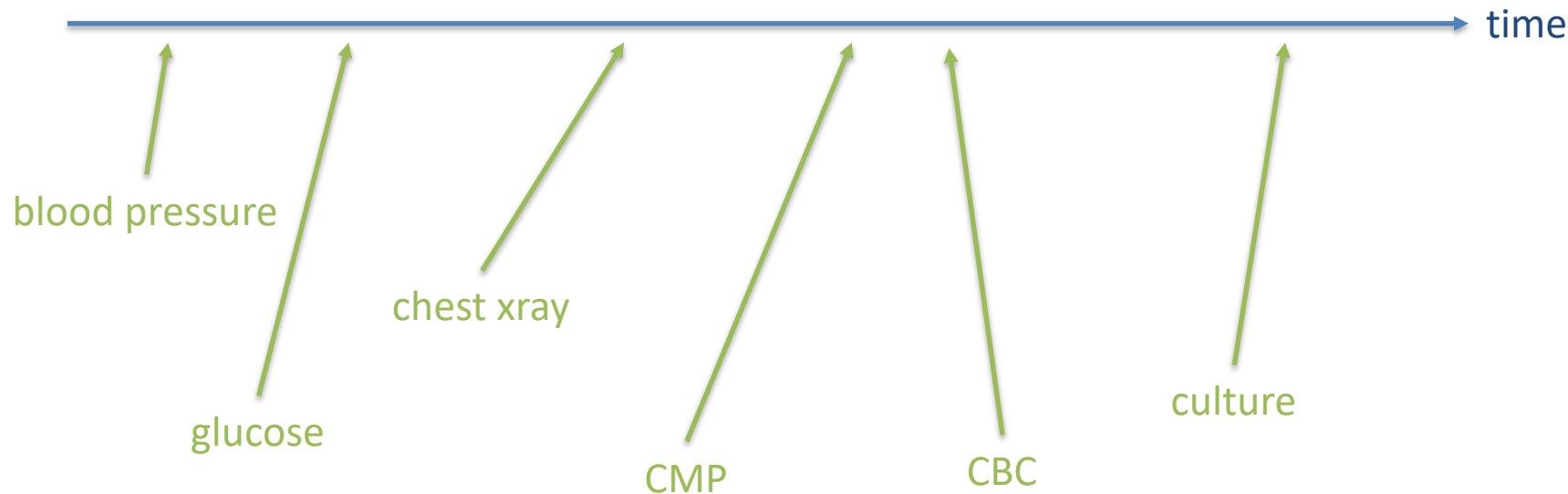


# **WORKING WITH IRREGULARLY SPACED MEASUREMENTS**

# Still Another Problem...

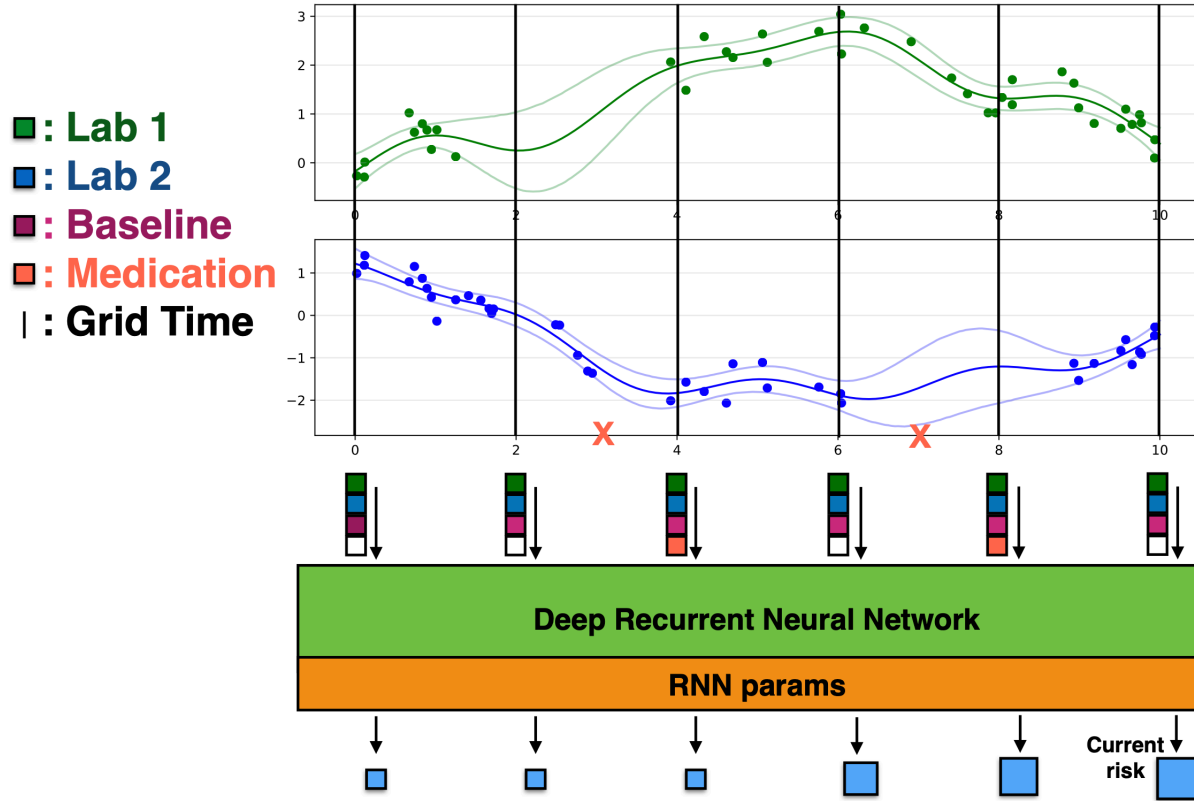
- All of this supposes we have a nice grid of complete measurements
- For text, we do have this.
- But in real-world time-series data – and particularly in healthcare – we usually have incomplete sets of measurements at irregular intervals
- How do we use an RNN?

# Measurements on the Wards...



This is a major difficulty!

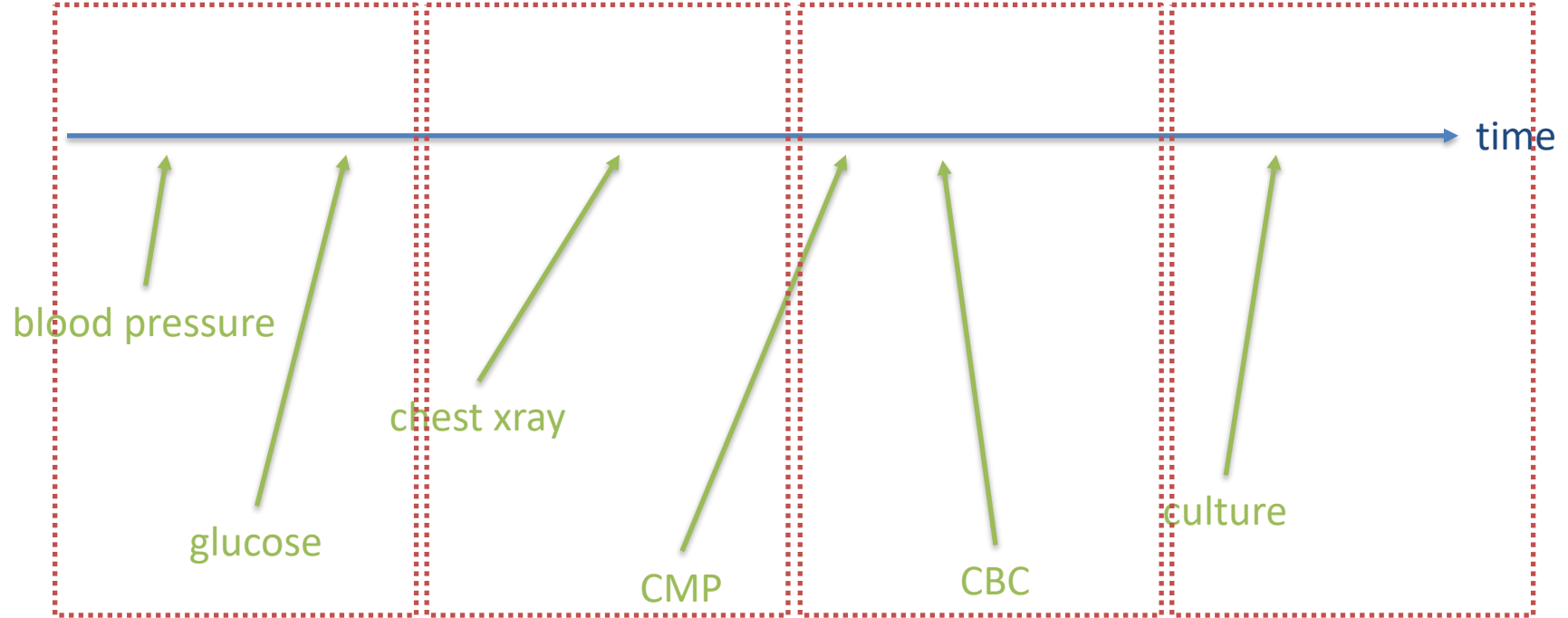
# DIHI Sepsis Watch



<- Use GP regression to predict measurements at regular intervals

<- Predict sepsis risk using an RNN

# Simplest Method...



aggregate in hour 1   aggregate in hour 2   aggregate in hour 2   aggregate in hour 4...

# In the EHR, measurements are highly “sparse”

- Many more missing measurements than non-missing
- Consider diagnosis codes, procedure codes, uncommon labs, etc
- We want to learn from these measurements, but most patients don't have them



# Conclusions

- Often, aggregating measurements/features is sufficient
- RNNs allow us to learn a representation of earlier measurements (or words) that helps us make predictions. But, it can be time and memory intensive to train.
- The RNN is just that: a recurrent / repeating MLP block
- Sparse data (most values are missing) is common in health applications and remains very challenging