





Condensed Memory Networks for Clinical Diagnostic Inferencing



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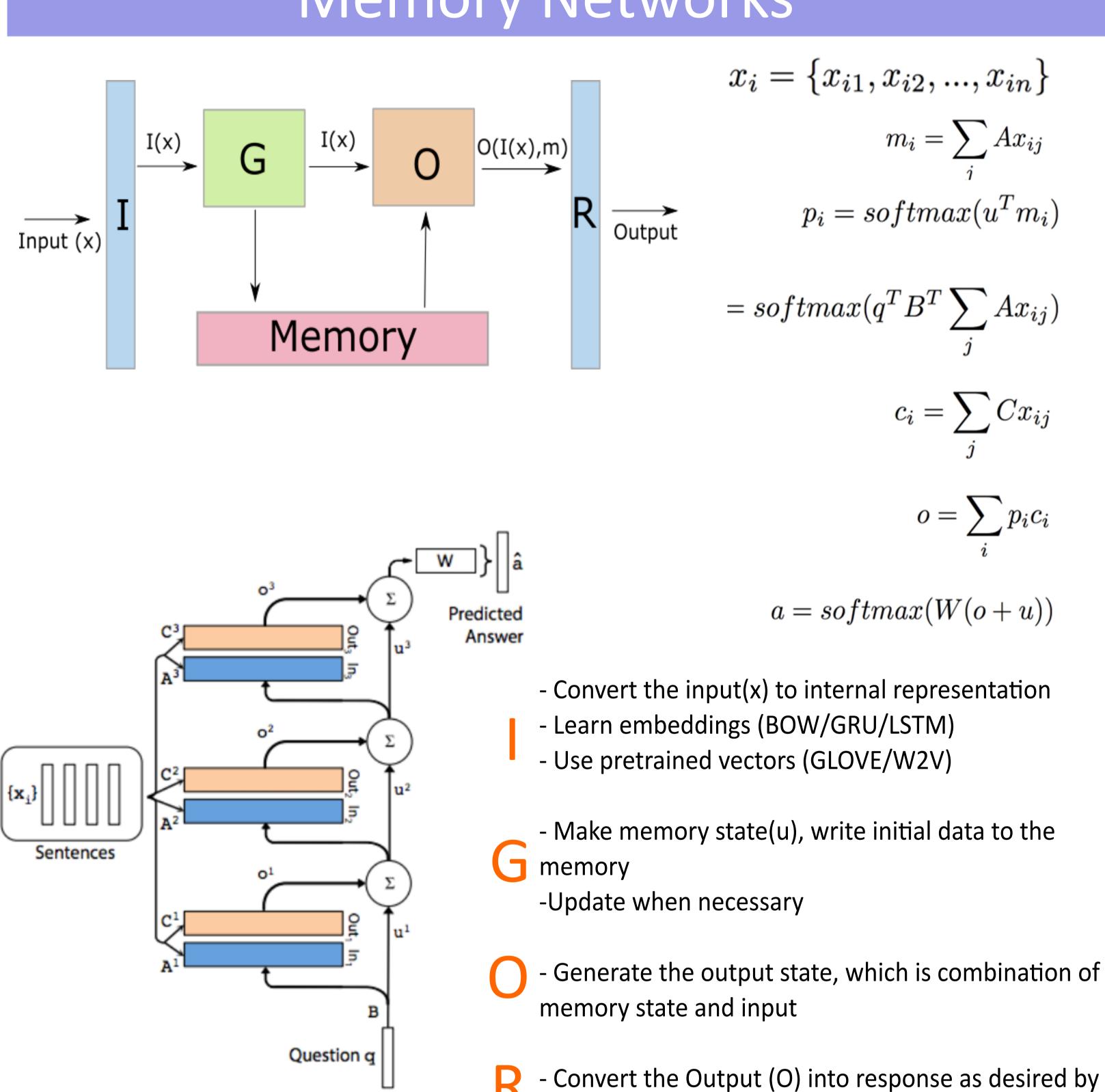
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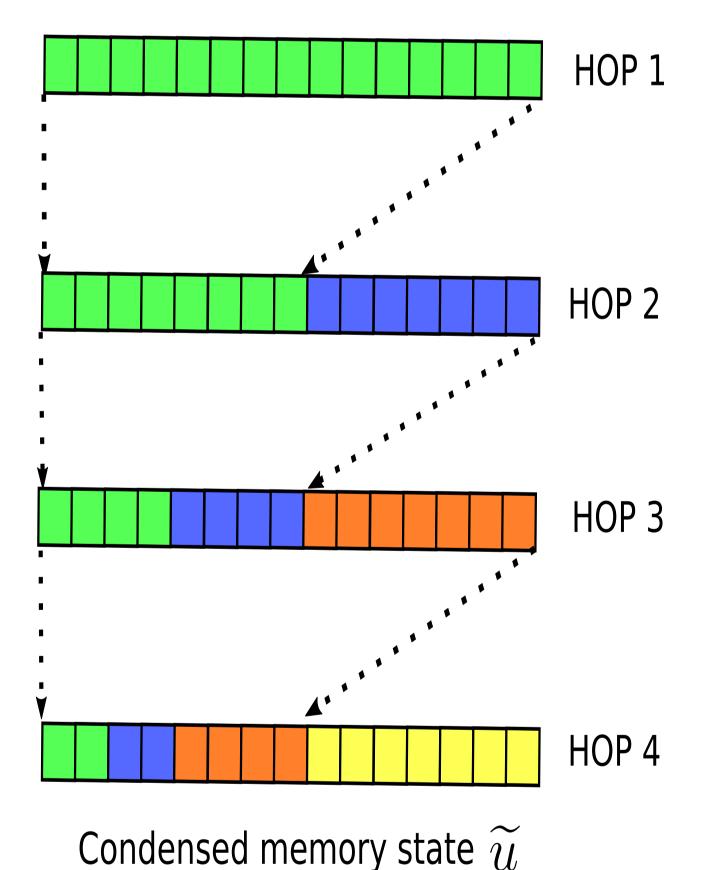
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Memory Networks



Hierarchy in Memory State

the model.



C-MemNN

$$o^k = \sum_i \operatorname{Addressing}(u^k, m_i^k) \cdot c_i^k$$
 $u^{k+1} = u^k + o^k$ $\widetilde{u}^{k+1} = u^{k+1} \oplus \boldsymbol{D_1} \cdot \widetilde{u}^k$ $\hat{y_r} = rgmax_{r \in R} \frac{1}{1 + e^{-1*(\widetilde{u}^{k+1} \cdot \boldsymbol{W})}}$ A-MemNN

$$\widetilde{u}^{k+1} = \widetilde{u}^k + \frac{\widetilde{u}^{k-1}}{2} + \frac{\widetilde{u}^{k-2}}{4} + \dots$$

Experimental Setup

Training

- Distribution of diagnoses has long tail.

- We found 4186 unique dignoses but most occur only once.
- 50 most common diagnoses cover 97% of the notes.
- 100 most common diagnoses covers 99.97% of the notes.
- We used maximum of 600 words in notes and wiki-pages. - Vocabulary size was fixed to 20K. Embedding dimension was 500.
- Adam was used for optimization with learning rate of 0.001; batch size was 100.
- Loss is sum of cross entropy from prediction labels and prediction of memory slots.
- L2 loss and dropout of 0.5 used for regularization.

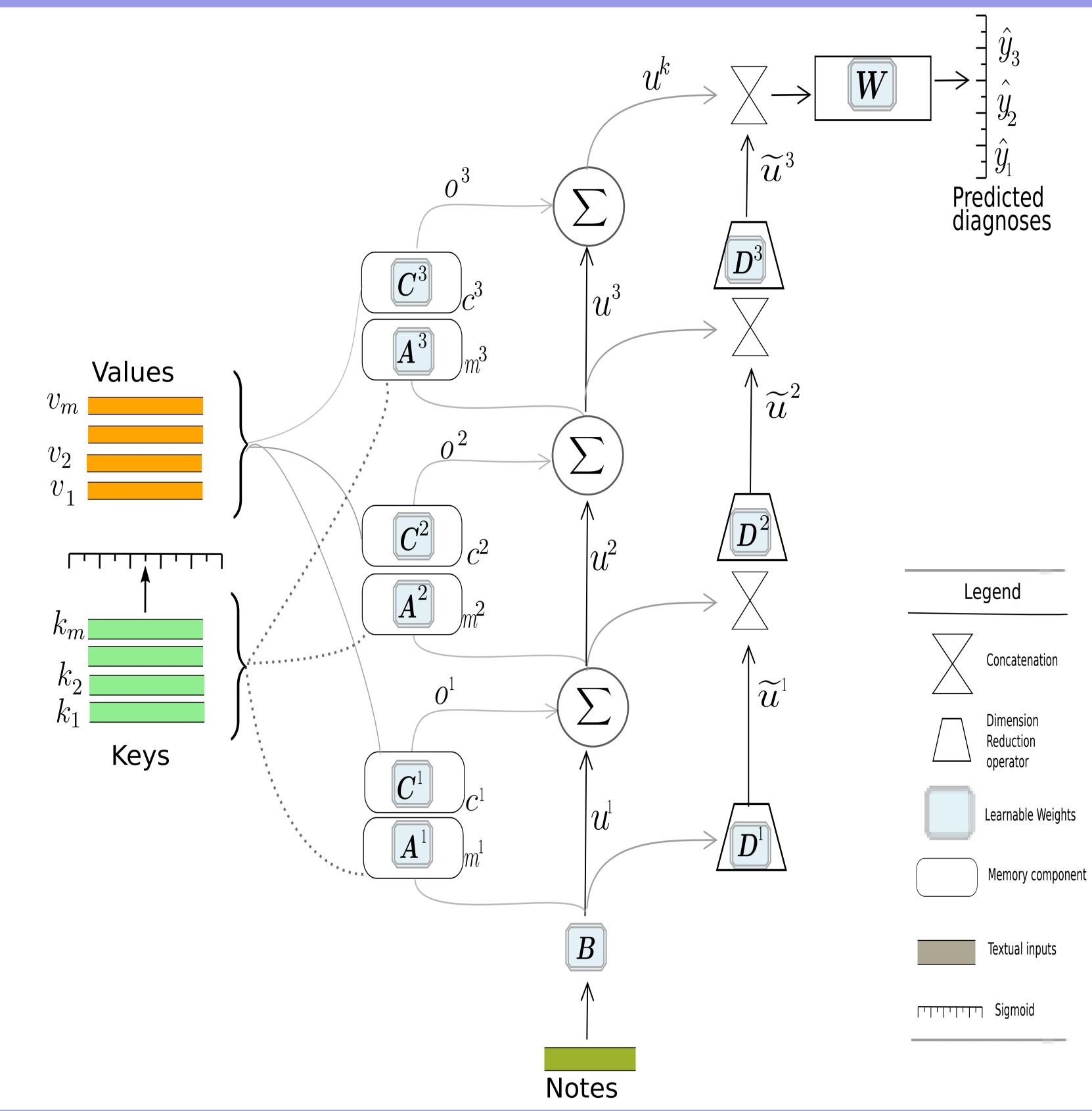
Metrics

- AUC calculated by taking unweighted mean of AUC values.
- Average Precision is reported over top five predictions.
- Hamming loss is reported instead of accuracy because of multi-label classification.
- All results are from 10% of withheld test set after training for 100 Epochs.

Analysis

- Our model outperforms other variants of memory networks.
- Difference in performance is more pronounced at higher hops.
- A-MemNN which does not add any extra parameters also performs better at higher hops.
- Across all models, higher hops is always better with diminishing return.
- C-MemNN has 30% more parameters compared to standard memory networks.
- Training loss plot (->) shows more parameters in our model does not lead to overfitting. - Because of parallel update of condensed memory state, inference time is same across models.

Condensed Memory Networks



Dataset and Knowledge Base

- MIMIC-III noteevents table discharge summaries.
- 58K ICU patients free-text clinical notes.
- Discarded records with rare diagnoses (<50 records).
- -Wikipedia pages of Diagnoses used as KBs (first paragraph and 'Signs and Symptoms' section).
- Wiki page titles are values and page content is key.

Cardiac arrest

Cardiac arrest is a sudden stop in effective blood circulation due to the failure of the heart to contract effectively or at all[1]. A cardiac arrest is different from (but may be caused by) a myocardial infarction (also known as a heart attack), where blood flow to the muscle of the heart is impaired such that part or all of the heart tissue dies...

Signs and symptoms

0.125

Cardiac arrest is sometimes preceded by certain symptoms such as fainting, fatigue, blackouts, dizziness, chest pain, shortness of breath, weakness, and vomiting. The arrest may also occur with no warning ...

Medical Note (partially shown)

Date of Birth: [**2606–2–28**] Sex: M

Service: Medicine **Chief Complaint:**

Admitted from rehabilitation for hypotension (systolic blood pressure to the 70s) and decreased urine output. History of present illness:

The patient is a 76-year-old male who had been hospitalized at the [**Hospital1 3007**] from [**8–29**] through [**9–6**] of 2002 after undergoing a left femoral-AT bypass graft and was subsequently discharged to a rehabilitation facility.

On [**2682–9–7**], he presented again to the [**Hospital1 3087**] after being found to have a systolic blood pressure in the 70s and no urine output for 17 hours.

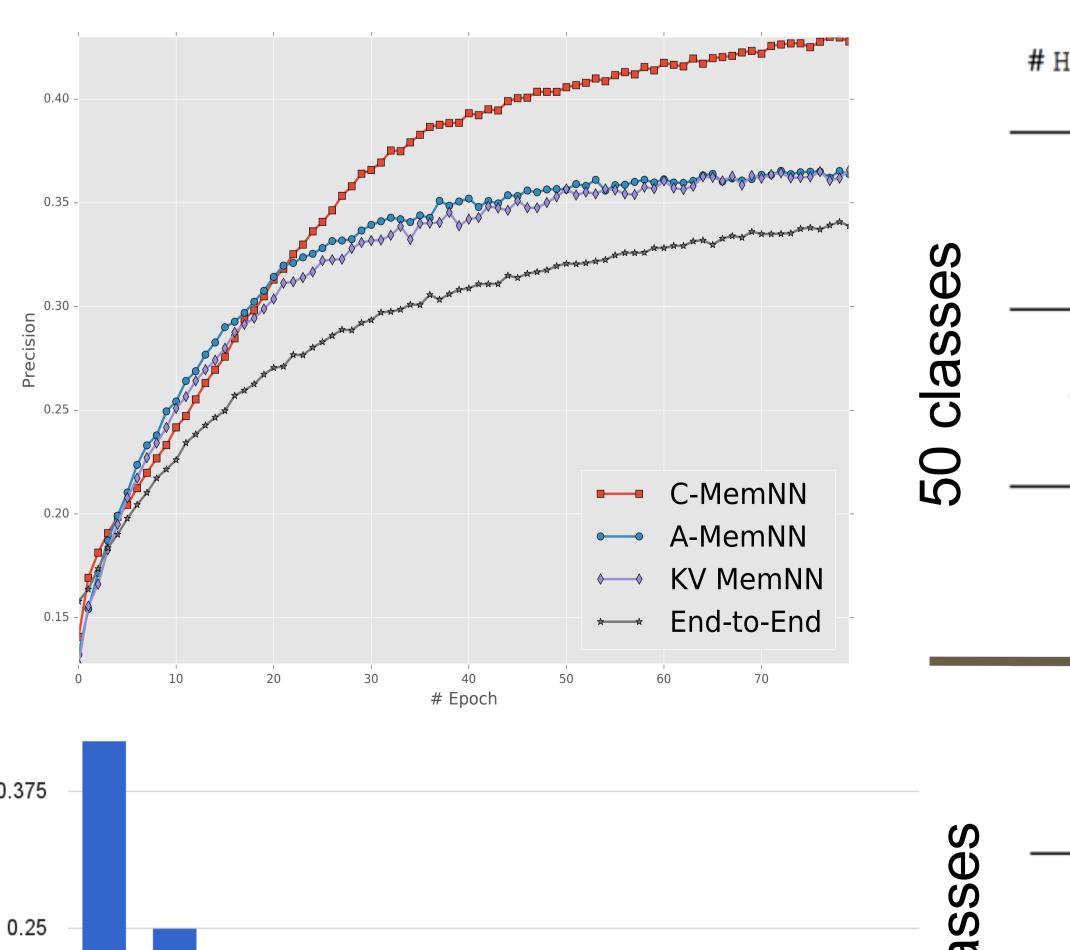
Diagnosis

Cardiorespiratory arrest.

Acute renal failure.

Non-Q-wave myocardial infarction.

Results



of diagnosis

50 classes	# HOPS		AUC	Average	Hamming
		Model	(macro)	Precision	Loss
			↑	@5↑	\downarrow
	3	End-to-End	0.759	0.32	0.06
		KV MemNN	0.761	0.36	0.05
		A-MemNN	0.762	0.36	0.06
		C-MemNN	0.785	0.39	0.05
	4	End-to-End	0.760	0.33	0.04
		KV MemNN	0.776	0.35	0.04
		A-MemNN	0.775	0.37	0.03
		C-MemNN	0.795	0.42	0.02
	5	End-to-End	0.761	0.34	0.04
		KV MemNN	0.775	0.36	0.03
		A-MemNN	0.804	0.40	0.02
		C-MemNN	0.833	0.42	0.01
		End-to-End	0.664	0.23	0.15
		KV MemNN	0.679	0.24	0.14

