## Master thesis

Jannik Gut 12. may

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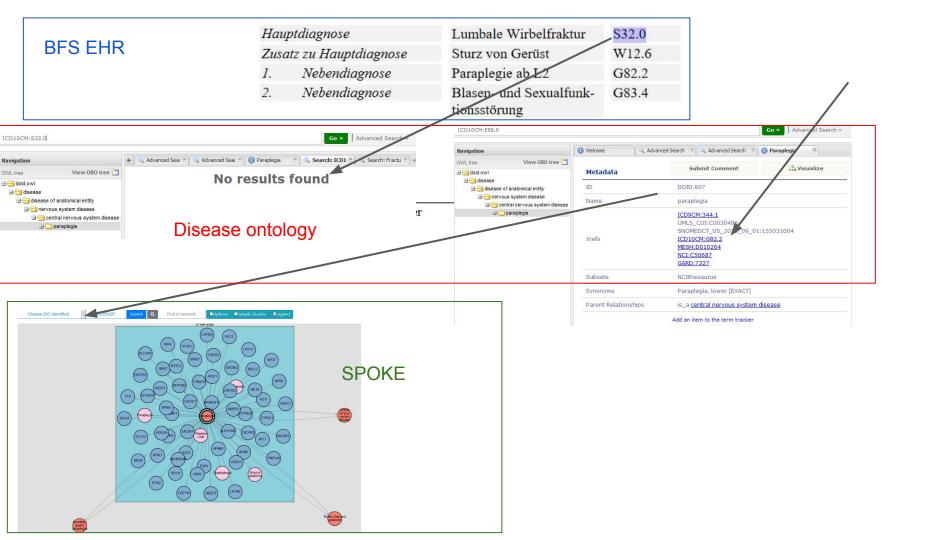
- <u>SubGNN</u> tryouts
  - Also cluster update
- SPOKE test
- Other papers
  - <u>Safe medical recommendations</u>, close to ours
  - EHR Coding with Multi-scale Feature Attention and Structured Knowledge Graph Propagation
  - Other
- Discussion
  - Dataset/knowledge base
  - Next steps

## **SubGNN** tryouts

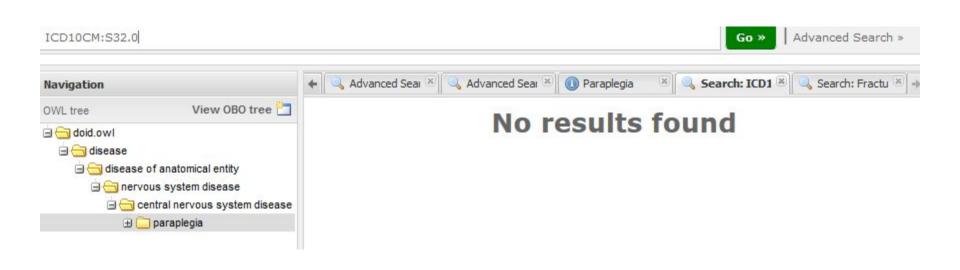
- Google Colab was too problematic considering real data can't be used
- Brother's computer only has Windows and SubGNN needs Linux libraries
- My computer barely has a GPU and can not work with the server libraries
- Cluster
  - Spin up a Linux distro
    - PuTTy and OpenSSH have different key file layouts
    - Now have Markdown with LaTeX
  - Can connect to cluster
  - But gogo scripts do not work → in contact with Kieran
    - No news from dataset
  - Did not look into previous code yet

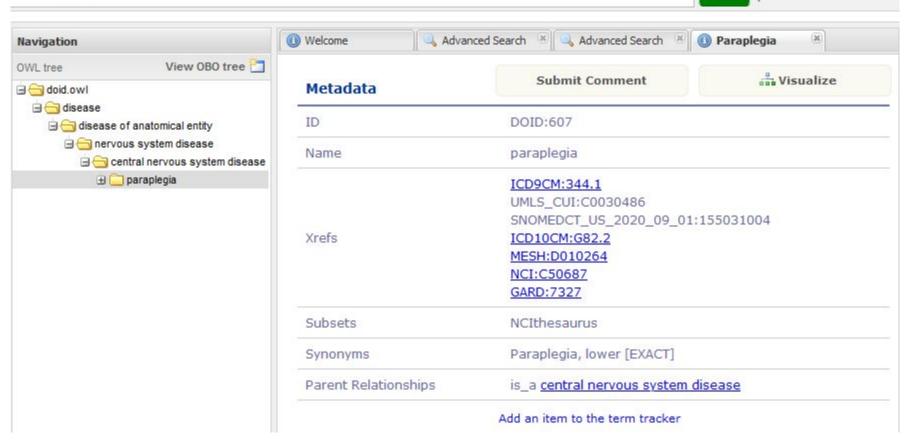
## **SPOKE**

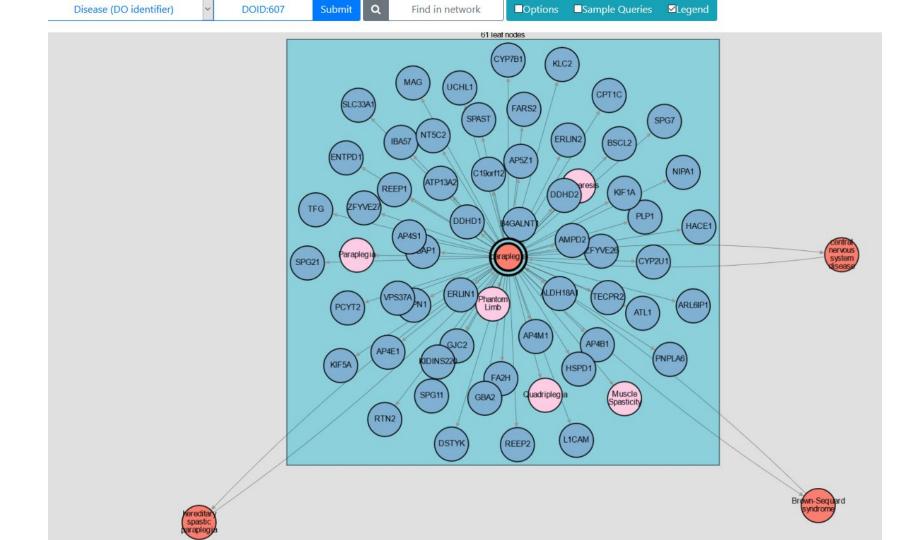
Has the <u>Disease Ontology</u> integrated, which can use ICD codes.



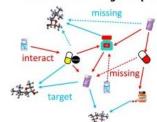
Hauptdiagnose		Lumbale Wirbelfraktur	S32.0
Zusatz zu Hauptdiagnose		Sturz von Gerüst	W12.6
1.	Nebendiagnose	Paraplegie ab L2	G82.2
2.	Nebendiagnose	Blasen- und Sexualfunk- tionsstörung	G83.4





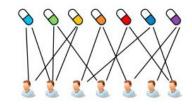






Medical Knowledge Graph

#### **Electronic Medical Records**



- Embed MIMIC-III in DrugBank and ICD-9
  - No better dataset with e.g. "cures"

$$S(q,m_N) = p^T m_n - \sum_{o=1}^{n-1} \left|\left|m_n + r_{interaction} - m_o 
ight|\right|_{L1/L2}$$

- 3 graphs jointly embedded with TransR (triplet translation)
  - Knowledge base (disease → disease, medicine → medicine)
  - Patient → medicine
  - Patient → disease
- Patient is a sum of diseases, which have to be covered by medicine
- Problem of cold start of never seen therapy
- Demographics not used, combinations not possible, no flow between graphs
- Can we model the graph without the patients as intermediate?

# EHR Coding with Multi-scale Feature Attention and Structured Knowledge Graph Propagation

Assign ICD code based on description

EHR NLP data through this NER model

- NLP description of ICD as node representation and run GNN 2-3 times to get leaf representations
- Sigmoid of dot product as metric for probability
- Two MIMIC-III modes, one with all labels and the other with only the top 50
  - somewhat popular

## **Other**

- Many papers that use NLP data to form a knowledge graph
  - Gives good results, even with rudimentary techniques
- No knowledge base between disease and cures
  - If there was, others would have used it
- Tasks
  - Medication rank, considering drug interactions and symptoms
  - Disease prediction, given symptoms
  - Finding new interactions/symptoms

## Discussion

- Dataset
  - Only use ontologies as knowledge base
  - Only take the ones in Disease Ontology
  - Create one by ourselves
  - Other idea?
- Next steps
  - Move forward with cluster if possible
    - Dataset exploration
    - SubGNN testing
  - ???
    - Papers also drying up
  - Else Markdown + LaTeX