# Clinical data successes using machine learning

A survey by Joseph Paul Cohen, PhD Montreal Institute for Learning Algorithms

# Tutorial

Topics:

- 1. Medical Concept Representation
- 2. Clinical Event Prediction



## Where is the Deep Learning research?

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[Shickel, Deep EHR : A Survey of Recent Advances in Deep Learning Techniques for Electronic Health Record, 2018]

#### **Concept Representation**

#### Clinical Note

Mr. Smith is a 63-year-old gentleman with coronary artery disease, hypertension, hypercholesterolemia, COPD and tobacco abuse. He reports doing well. He did have some more knee pain for a few weeks, but this has resolved. He is having more trouble with his sinuses. I had started him on Flonase back in December. He says this has not really helped. Over the past couple weeks he has had significant congestion and thick discharge. No. fevers or headaches but does hav diffuse upper right-sided teeth He denies any chest pains, palpitations, PND, orthopnea, ed **syncope.** His breathing is doing No cough. He continues to smoke half-a-pack per day. He plans or the patches again.

#### Clinical Publication



A plethora of novel antileukemic agents that have emerged, including new classes of drugs, are summarized as well. Finally, an important aspect of the treatment of Representations for:

Patient Doctor Visit Disease Drug Symptom

## Word Embeddings for Biomedical Language

Extract relationships between words and produce a latent representation



### What to do with word embeddings?

- We can compose them to create paragraph embeddings (bag of embeddings).
- Use in place of words for an RNNs (More on this later!)
- Augment learned representations on small datasets



One-hot encoding: binary vector per token

 Example:

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is measured in a word similarity task, and the results are compared to the previously best performing techniques based on different types of means entworks. We observe large improvements in assume at mask lower computational cost, are discission than a day to learn high quality word versus from a 1.6 toffiam result



Mikolov, Efficient Estimation of Word Representations in Vector Space, 2013



Learning in progress



king + (woman - man) = ?

## Follow along online!

#### https://colab.research.google.com/drive/1g4zvEg921sLQK-VsBk5mMb2-h4goCGyd



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Code by github user: mbednarski



model = SkipGram(vocabulary\_size, 2)

Code by github user: mbednarski

## A note on the softmax function



To predict multiple classes we project to a probability distribution

Simplex



Because it is on a simplex; the correction of one term impacts all

Image credits: http://gureckislab.org/





Infinite ways to generate the same output.

A correction of one sends gradients to others

We can learn unseen classes through a process of elimination.

https://github.com/ieee8023/NeuralNetwork-Examples/blob/master/general/simplex-softmax.ipynb

## Softmax and Cross-entropy loss



To predict multiple class we can project the output onto a simplex and compute the loss there.

PMC

Subset of files that are available open access

- Papers available in PDF or XML
- 1.25 million biomedical articles and 2 million distinct words
- Available over FTP for bulk download (CompSci Friendly!)
- Metadata includes journal name and year



#### Example XML data

| Breast  | Cancer Res. |
|---------|-------------|
| Genome  | Biol.       |
| Arthrit | is Res.     |
| BMC Cel | l Biol.     |
| •••     |             |
|         |             |

#### Journal names

https://www.ncbi.nlm.nih.gov/pmc/tools/openftlist/

## Word Embeddings for Biomedical Language

Representations are biased by the data.

We can use this to our advantage to control the domain.

A Comparison of Word Embeddings for the Biomedical Natural Language Processing United Water State And Mad Responsed And And State State State Regime Teleficient United States States Teleficient Desired Teleficients States Teleficient States Teleficient States States Teleficient States States Teleficient States State



Fig. 1: Example clusters in different word embeddings.

Wang, A Comparison of Word Embeddings for the Biomedical Natural Language Processing, 2018

Example medical words and their five post similar words based on each training corpus of text

| The full name of<br>diabetes is "diabetes<br>mellitus" |                    | EHR<br>(Mayo Clinic) |                  | PubMed             | Wikipedia +<br>Gigaword | Google News       | are at increased risk of<br>hypertension (high<br>blood pressure) |  |
|--|--------------------|----------------------|------------------|--------------------|-------------------------|-------------------|---|--|
|  | diabetes           | — m                  | nellitus,        | cardiovascular,    | hypertension,           | diabetics,        | ////  |  |
|  |                    |                      | ntrolled,        | nonalcoholic,      | obesity,                | hypertension,     |   |  |
| Δ  | type of pentic     | ulce                 | r esterolemia,   | obesity,           | arthritis,              | diabetic,         |   |  |
|  | type of peptie     |                      | pidemia,         | mellitus,          | cancer,                 | diabetes_mellitu  | <sup>Is,</sup> One symptom is                                     |  |
|  |                    |                      | rentis           | polycystic         | alzheimer               | heart_disease     | anulcer   |  |
|  | peptic ulcer disea | so so                | eleroderma,      | gastritis,         | ulcers,                 | ichen_planus,     |   |  |
|  |                    | d                    | uodenal,         | alcoholism,        | arthritis,              | Candida_infection | on,   |  |
|  | ion cancer is      | CI                   | rohn,            | rheumatic,         | diseases,               | vaginal_yeast_ir  | nfections,  |  |
| as   |                    | g                    | astroduodenal,   | ischaemic,         | diabetes,               | oral_thrush,      |   |  |
|  | east cancer!       | di                   | iverticular      | nephropathy        | stomach                 | dermopathy        |   |  |
|  | colon cancer       | b                    | reast,           | breast,            | breast,                 | breast,           |   |  |
|  |                    | 0                    | varian,          | mcf,               | prostate,               | prostate,         |   |  |
|  |                    | pi                   | rostate,         | cancers,           | cancers,                | tumor,            |   |  |
|  |                    | p                    | ostmenopausally, | tumor_suppressing, | tumor,                  | pre_cancerous_l   | lesion,   |  |
|  |                    | ca                   | aner             | downregulation     | liver                   | cancerous_polyp   | p   |  |
|  |                    |                      |                  |                    |                         |                   |   |  |

Specific

## Indiana University Hospital Reports

#### Chest X-ray images from the Indiana University hospital network



Indiana University Chest X-ray Collection Kohli MD, Rosenman M - (2013)

Affiliation: Indiana University

ABSTRACT

Comparison: None.

Indication: Positive TB test

Findings: The cardiac silhouette and mediastinum size are within normal limits. There is no pulmonary edema. There is no focal consolidation. There are no XXXX of a pleural effusion. There is no evidence of pneumothorax.

Impression: Normal chest x-XXXX.

NOTE: The data are drawn from multiple hospital systems. Show MeSH Related in: MedlinePlus Request Collection



**OPEN** 

#### 1000 reports available in XML format!

#### Input:

<Abstract>

<AbstractText Label="COMPARISON">None.</AbstractText>
 <AbstractText Label="INDICATION">Positive TB test</AbstractText>
 <AbstractText Label="FINDINGS">The cardiac silhouette and mediastinum size
 are within normal limits. There is no pulmonary edema. There is no focal
 consolidation. There are no XXXX of a pleural effusion. There is no evidence of
 pneumothorax.</AbstractText>
 <AbstractText Label="IMPRESSION">Normal chest x-XXXX.</AbstractText></a>

</Abstract>

Python code to parse the XML

```
def clean(s):
    for c in [".",",",";",";","\"","[","]","<",",",";"]:
        s = s.replace(c, " ").lower()
    return s
corpus = []
for f in os.listdir("ecgen-radiology"):
    tree = xml.etree.ElementTree.parse("ecgen-radiology/" + f)
    root = tree.getroot()
    node = root.findall(".//AbstractText/[@Label='FINDINGS']")[0]
    corpus.append(clean(str(text)))</pre>
```

Output!:

•••

```
['heart size normal lungs ...',
 'the heart size and ...',
 'the heart is normal in ...',
 'the lungs are clear the ...',
 'heart size normal lungs ...',
 'heart is mildly heart ...',
 'the lungs are clear there ...',
 'cardiac and mediastinal ...',
```

Depending on the configuration of the model the embeddings can vary:



We can vary: the dimension of the embedding, learning rate, token words, window size, etc..

## Size of embedding space matters



|    |            | Distance  |
|----|------------|-----------|
| 0  | spine      | 0.000000  |
| 1  | seen       | 6.632637  |
| 2  | evidence   | 8.230038  |
| 3  | infiltrate | 13.233962 |
| 4  | findings   | 17.762381 |
| 5  | disease    | 19.574038 |
| 6  | focal      | 22.267534 |
| 7  | aortic     | 23.346777 |
| 8  | suspicious | 25.558247 |
| 9  | acute      | 29.176380 |
| 10 | within     | 29.798399 |
|    |            |           |

|    |                | Distance |
|----|----------------|----------|
| 0  | spine          | 0.000000 |
| 1  | severe         | 3.304547 |
| 2  | changes        | 3.469765 |
| 3  | anterior       | 3.474130 |
| 4  | mild           | 3.731760 |
| 5  | also           | 3.828588 |
| 6  | thoracic       | 3.838329 |
| 7  | noted          | 3.871284 |
| 8  | calcifications | 3.934170 |
| 9  | vertebral      | 4.004414 |
| 10 | stable         | 4.022851 |
|    |                |          |



\*via t-sne

Dim = 2

Dim = 100

#### Time series medical records





ICD is the foundation for the identification of health trends and statistics globally, and the international standard for reporting diseases and health conditions. It is the diagnostic classification standard for all clinical and research purposes. ICD defines the universe of diseases, disorders, injuries and other related health conditions, listed in a comprehensive, hierarchical fashion (http://www.who.int/)

1893 - Causes of Death (International Statistical Institute)

1975 - ICD-9 - (WHO)

1990 - ICD-10 - (WHO)

2022 - ICD-11 - (WHO)

There are alternative standards but they can require a fee



Example ICD-9 codes:

- 786 Symptoms involving respiratory system and other chest symptoms
- 786.0 Dyspnea and respiratory abnormalities
- 786.1 Stridor
- 786.2 Cough
- 786.3 Hemoptysis
- 786.4 Abnormal sputum
- 786.5 Chest pain
- 786.6 Swelling, mass or lump in chest
- 786.7 Abnormal chest sounds
- 786.8 Hiccough
- 786.9 Other



#### Example ICD-9 codes (786.5)

Cardialgia (see also Pain, precordial) 786.51 Diaphragmalgia 786.52 chest 786.59 anginoid (see also Pain, precordial) 786.51 chest (central) 786.50 atypical 786.59 midsternal 786.51 musculoskeletal 786.59 noncardiac 786.59 substernal 786.51 wall (anterior) 786.52 costochondral 786.52 diaphragm 786.52 heart (see also Pain, precordial) 786.51 intercostal 786.59 over heart (see also Pain, precordial) 786.51 pericardial (see also Pain, precordial) 786.51 pleura, pleural, pleuritic 786.52 precordial (region) 786.51 respiration 786.52 retrosternal 786.51 rib 786.50 substernal 786.51 respiration 786.52 Pleuralgia 786.52 Pleurodynia 786.52 Precordial pain 786.51 chest 786.59 Prinzmetal-Massumi syndrome (anterior chest wall) 786.52 painful 786.52

Lots of grouping!

V97.33XD: Sucked into jet engine, subsequent encounter

V00.15: Heelies Accident

Applicable To Rolling shoe, Wheeled shoe, Wheelies accident.

Supertypes:

- V00-Y99 External causes of morbidity
- V95-V97 Air and space transport accidents
- V00 Pedestrian conveyance accident
- V00.1 Rolling-type pedestrian conveyance accident

#### Time series medical records



Sequence of medical codes over time

Tasks:

- Predict probability of code in future
- Predict duration until next visit
- Find similar patients/codes/visits

#### MLPs on time series data





Word2Vec for time series patient visits with ICD codes.

Embeddings learned for co and demographics.



ICD Codes over time

Multi-layer Representation Learning for Medical Concepts

Edward Cheit" Mohammad Taha Bahadari" Elkabeth Searled' Catherine Gelleg<sup>1</sup> Biosog Seat \* Georgia Institute of Technology † Children: Blahkhene of Athana

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Choi, Multi-layer Representation Learning for Medical Concepts, 2016

**One-hot**: In order to compare with the raw input data, the binary vector  $x_t$  for the visit is used.

**Stacked autoencoder (SA):** Using the binary vector  $x_t$  concatenated with patient demographic information as the input the SA is trained to minimize the reconstruction error. Then will be used to generate visit representations.

**Sum of Skip-gram vectors (word2vec)**: First learn the code-level representations with Skip-gram only. Then for the visit-level representation, add the representations of the codes within the visit.

Multi-layer Representation Learning for Medical Concepts

Edward Chait Mohannead Taha Bahadeat" Elkabeth Searlea<sup>1</sup> Catherine Calley<sup>1</sup> Bursing Seat \* Georgin Institute of Technology \* Caldents Honkheare of Athana

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Choi, Multi-layer Representation Learning for Medical Concepts, 2016

#### Med2Vec



Private

CHOA

550,339

3,359,240

6.1

28,840

10,414

12,892

5,534

7.88

440

(22, 53)

#### Example clinical note

Mr. Smith is a 63-year-old gentleman with coronary artery disease, hypertension, hypercholesterolemia, COPD and tobacco abuse. He reports doing well. He did have some more knee pain for a few weeks, but this has resolved. He is having more trouble with his sinuses. I had started him on Flonase back in December. He says this has not really helped. Over the past couple weeks he has had significant congestion and thick discharge. No fevers or headaches but does have diffuse upper right-sided teeth pain. **He denies any chest pains, palpitations, PND, orthopnea, edema or syncope**. His breathing is doing fine. No cough. He continues to smoke about half-a-pack per day. He plans on **trying the patches again**.

- Notes are still written together with codes selected for each visit.
- Often explaining details which do not have equivalent codes.
- Natural language is very difficult to parse with certainty.

### Predicting codes from notes



Converting text to codes can

- Adapt old databases
- Correct errors
- Upgrade ICD versions

#### Bidirectional RNN for Medical Event Detection in Electronic Health Records

Abbyoday N Jagareatha', Beng Yu'<sup>2</sup> <sup>1</sup> University of Manachimatia, MA, USA <sup>2</sup> Bodivert VANC and CEKIR, MA, USA <sup>2</sup> Bodivert VANC and CEKIR, MA, USA <sup>3</sup> Bodivert VANC and CEKIR, MA, USA

Abstract

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Jagannatha, Bidirectional RNN for Medical Event Detection in Electronic Health Records, 2016

## RNNs, Different types of sequential prediction tasks



Taken from http://vision.stanford.edu/teaching/cs231n/slides/2016/winter1516\_lecture10.pdf and Francis Dutil



An RNN applies a function over a sequence of inputs  $[x_1, x_2, ..., x_T]$ which produces a sequence of outputs  $[y_1, y_2, ..., y_T]$ and each input produces a internal state  $[h_1, h_2, ..., h_T]$ .



Image du blog de Christopher Olah, slide from l'École d'automne 2018, César Laurent

#### **RNNs**

- A simple RNN  $h_t = \tanh(Ux_t + Wh_{t-1})$   $y_t = f(Vh_t)$
- W, U and V are the parameters of the network.
- The weights are shared over time.



Image du blog de Christopher Olah, slide from l'École d'automne 2018, César Laurent

## Unrolling the RNN over time



The weights are shared over time.

Image du blog de Christopher Olah, slide from l'École d'automne 2018, César Laurent

## Unrolling the RNN over time



The weights are shared over time.

## Unrolling the RNN over time



The weights are shared over time.

#### Predicting future events

![](_page_43_Figure_1.jpeg)

## Vanishing gradients

![](_page_44_Picture_1.jpeg)

#### Problem with the basic RNN

![](_page_45_Figure_1.jpeg)

The shade of gray shows the influence of the input of the RNN at time 1. It decreases over time, as the RNN gradually forgets its first input.

Slide from l'École d'automne 2018, César Laurent

### We can get creative with RNN designs

![](_page_46_Figure_1.jpeg)

![](_page_46_Figure_2.jpeg)

#### Stacked RNNs

#### **Bi-directional RNN**

Slide from l'École d'automne 2018, César Laurent

## RNNs for next visit prediction (Doctor AI)

![](_page_47_Figure_1.jpeg)

| Table 1: Dasic statistics of the the chinical records dataset. | Table 1: I | Basic stati | stics of the | the clinical | records | dataset. |
|--|------------|-------------|--------------|--------------|---------|----------|
|--|------------|-------------|--------------|--------------|---------|----------|

| # of patients               | 263,706 | Total # of codes             | 38,594     |
|-----------------------------|---------|------------------------------|------------|
| Avg. # of visits            | 54.61   | Total # of 3-digit Dx codes  | 1,183      |
| Avg. # of codes per visit   | 3.22    | # of top level Rx codes      | 595        |
| Max $\#$ of codes per visit | 62      | Avg. duration between visits | 76.12 days |

Patients from Sutter Health Palo Alto Medical Foundation

- Treat codes equally: ICD diagnosis codes, procedure codes, and medication codes
- Grouped codes into higher-order categories

11

|   |            | Dx     | ,Rx,Tin | ie Recal | l @k   |
|---|------------|--------|---------|----------|--------|
|   | Algorithms | k = 10 | k = 20  | k = 30   | $R^2$  |
|   | Last visit |        | 26.25   |          | a      |
|   | Most freq. | 48.11  | 60.23   | 66.00    |        |
|   | Logistic   | 36.04  | 46.32   | 52.53    | 0.0726 |
| - | MLP        | 38.82  | 49.09   | 55.74    | 0.1221 |
|   | RNN-1      | 53.86  | 65.10   | 71.24    | 0.2519 |
|   | RNN-2      | 53.61  | 64.93   | 71.14    | 0.2528 |
|   | RNN-1-IR   | 54.37  | 65.68   | 71.85    | 0.2492 |
| - | RNN-2-IR   | 54.96  | 66.31   | 72.48    | 0.2534 |

#### Doctor AI: Predicting Clinical Events via Recurrent Neural Networks

Elbeard Clock, Molammat Tale Maladet 2019Blaukanetfloorteaue Lower of Company Design of Company Steers, GA, USA Analy Schnask, Micher P, Brown Analy Schnask, Micher P, Brown Steers (Tellow) Tale Clock, CLOCK Taleard Steer Taleard Taleard Clock Taleard Steer Steel Taleard Steel Taleard Steel Taleard Steel Steel

Abstract

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Choi, Doctor AI: Predicting Clinical Event via Recurrent Neural Networks, 2016

## Pretraining RNNs (Doctor AI)

MIMIC II has 2,695 patients with 2+ visits

Pretrained using a larger Sutter Health dataset ~300,000 patients

![](_page_48_Figure_3.jpeg)

#### Doctor AI: Predicting Clinical Events via Recurrent Neural Networks

Elbeard Clavi, Mohammat Tika Haladeri Dahard Orapita Dahard Shahigi Shahard A. 1. rife Anab Shahard Maller J. Novert Basedi Shahapeard R Dawahakas Shaha Fash

Jimong Sun Collige of Computing Georgia Justinate of Technology Atlanta, 554, 1554

#### Abstract

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Choi, Doctor AI: Predicting Clinical Events via Recurrent Neural Networks, 2016

Lipton, Zachary C et al. "Learning to Diagnose with LSTM Recurrent Neural Networks." International Conference on Learning Representations. 2016

Che, Zhengping et al. "Recurrent Neural Networks for Multivariate Time Series with Missing Values." Nature Scientific Reports. 2018

### Medical Natural Language Inference

| # | Premise   | Hypothesis                                   | Label         |
|---|---|--|---------------|
| 1 | ALT, AST, and lactate were elevated as noted above  | patient has abnormal lfts                    | entailment    |
| 2 | Chest x-ray showed mild congestive heart failure  | The patient complains of cough               | neutral       |
| 3 | During hospitalization, patient became progres-<br>sively more dyspnic requiring BiPAP and then a<br>NRB        | The patient is on room air                   | contradiction |
| 4 | She was not able to speak, but appeared to comprehend well  | Patient had aphasia                          | entailment    |
| 5 | T1DM : x 7yrs , h/o DKA x 6 attributed to poor<br>medication compliance , last A1c [ ** 3-23 ** ] :<br>13.3 % 2 | The patient maintains strict glucose control | contradiction |
| 6 | Had an ultimately negative esophagogastroduo-<br>denoscopy and colonoscopy                                      | Patient has no pain                          | neutral       |
| 7 | Aorta is mildly tortuous and calcified .  | the aorta is normal                          | contradiction |

Lessons from Natural Language Inference in the Clinical Domain

Alexey Remanov Department of Computer Science IBM Almatken Research Center University of Massachusetts Lowell" Lowell, MA 01854 arterartooling.uml.adu ment washed to a liter, more

Abstract

nodaced NLI corpora from maltiple geners (e.g. State of the art models using door neural fation, trevel) seas a welcome size treatile adnetworks have become very good in interdressing these limitations. MultiNLI offers diversity in linguistic phenomena, which makes it more pais. However, they still lack generalization impolition is conditions that differ from the many encountered during training. This is even more challenging in specialized, and knowladge intension domains, where this is a data is limited. To address this gap, we immediate MedPALI<sup>1</sup> - a dataset previously by doctors, porforming a noticeal impange inference task. (NL2), generaled in the modical biosety of pa-tions. We present emergies to: 1) inverses mailer learning using chiesels from the open-

stuffenging. Potient rists is granded by careful access protection due to its senaltive content. Therefore, the common approach of using crowd sourcing playforms to get annotations is not possible in this domain. Moreover, labeling requires domain experts increasing the costs of annotation. Owing to these mutricitions, the cosat of contrastity-driven NLP research facilitated by shared resources has been

MultiNLI corpus (Williams et al., 2018) which in-

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#### MedNLI dataset derived from the MIMIC-III dataset

Romanov, Lessons from Natural Language Inference in the Clinical Domain, 2018

## Medical Natural Language Inference

Studying the errors we can see the limits of the model.

| Category     | Premise  | Hypothesis   | Predicted             | Expected              |
|--------------|--|--|-----------------------|-----------------------|
| Numerical    | On weaning to 6LNC, his<br>O2 decreased to 81-82%                                    | He has poor O2 stats   | neutral               | entailment            |
| Reasoning    | WBC 12, Hct 41.  | WBC slightly elevated  | contradiction         | entailment            |
| World        | The infant emerged with spontaneous cry.   | The infant was still born.                                   | entailment            | contradiction         |
| Knowledge    | No known sick contacts   | No recent travel   | entailment            | neutral               |
| Abbreviation | No CP or fevers.<br>Received GI cocktail for<br>h/o GERD, esophageal<br>spasm        | Patient has no angina<br>Received a proton pump<br>inhibitor | neutral<br>entailment | entailment<br>neutral |
| Medical      | EKG showed T-wave de-<br>pression in V3-5, with no<br>prior EKG for compari-<br>son. | Patient has a normal<br>EKG                                  | neutral               | contradiction         |
| Knowledge    | Mother developed sepa-<br>ration of symphysis pubis<br>and was put in traction.      | She has orthopedic in-<br>juries                             | neutral               | entailment            |
| Negation     | Head CT was negative for bleed.  | The patient has intracra-<br>nial hemorrhage                 | neutral               | contradiction         |
|              | Denied headache, sinus tenderness, or congestion                                     | Patient has headaches  | neutral               | contradiction         |

Table 9: Representative errors made by different models

Romanov, Lessons from Natural Language Inference in the Clinical Domain, 2018

#### Lessons from Natural Language Inference in the Clinical Domain

Alexey Remanov Department of Computer Science University of Massachusetts Lowell\* Lowell, MA 01854 aromanov?en.uni.edu

#### Abstract

State of the art models in the deep sends to introduc has been using pool in intering an uncertain suppoint from inputs to outputs. However, they will lack generalization amplitudes is conditions that differ from the execution states of deep relating. This is not negligible as its send states in the interedge formation density, where unsing states initiated. The alternative language interprets to higher the send states in the send by devices, then, the present emerging to (1) hereing them in the present emerging to (1) hereing which is made to present emerging to (1) hereing the sender the sender of places in the the pretains. The present emerging to (1) hereing

intellenging. Potter this is graceful by careful access protection due to its sensitive context. Therefore, the common approach of oring crowd sourcing prinforms or gar anotherins is any convolution in this donain. Moreover, labeling requires domain experilicensing in the cost of annotherin. Owing to these minimizes, the cost of constantivy-driven NLP research functioned to conversion because in a because

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MultiNLI corpus (Williams et al., 2018) which is nodaced NLI corput from multiple geness (e.g.

fation, trevel) seas a welcome size treatile ad-

dressing these limitations. MultiNLI offers diver-

sity in linguistic phenomena, which makes it more

"While code-based representations of clinical concepts and patient encounters are a tractable first step towards working with heterogeneous EHR data, they ignore many important real-valued measurements associated with items such as laboratory tests, intravenous medication infusions, vital signs, and more." [Shickel et al., 2018]

"While some researchers downplay the **importance** of interpretability in favor of significant improvements in model performance, we feel advances in deep learning transparency will hasten the widespread adoption of such methods in clinical practice." [Shickel et al, 2018] "Many studies claim state-of-the-art results, but few can be verified by external parties. **This is a barrier** for future model development and one cause of the slow pace of advancement." [Shickel et al, 2018]

![](_page_55_Picture_0.jpeg)

Joseph Paul Cohen, PhD

![](_page_55_Picture_2.jpeg)

Mandana Samiei

![](_page_55_Picture_4.jpeg)

ei Francis Dutil

![](_page_55_Picture_6.jpeg)

Martin Weiss

![](_page_55_Picture_8.jpeg)

Mila Medical

Shawn Tan

![](_page_55_Picture_10.jpeg)

![](_page_55_Picture_11.jpeg)

Pr. Yoshua Bengio,

Tristan Sylvain

![](_page_55_Picture_14.jpeg)

Margaux Luck, PhD

![](_page_55_Picture_16.jpeg)

Sina Honari

![](_page_55_Picture_18.jpeg)

Assya Trofimov

![](_page_55_Picture_20.jpeg)

Geneviève Boucher Georgy Derevyanko,

Vincent Frappier, PhD

![](_page_55_Picture_22.jpeg)

Myriam Côté, PhD Ching, T., et al. **Opportunities And Obstacles For Deep Learning In Biology And Medicine**. Journal of The Royal Society Interface. 2018

Shickel, B. et al. **Deep EHR : A Survey of Recent Advances in Deep Learning Techniques for Electronic Health Record**. IEEE Journal of Biomedical and Health Informatics, 2018