

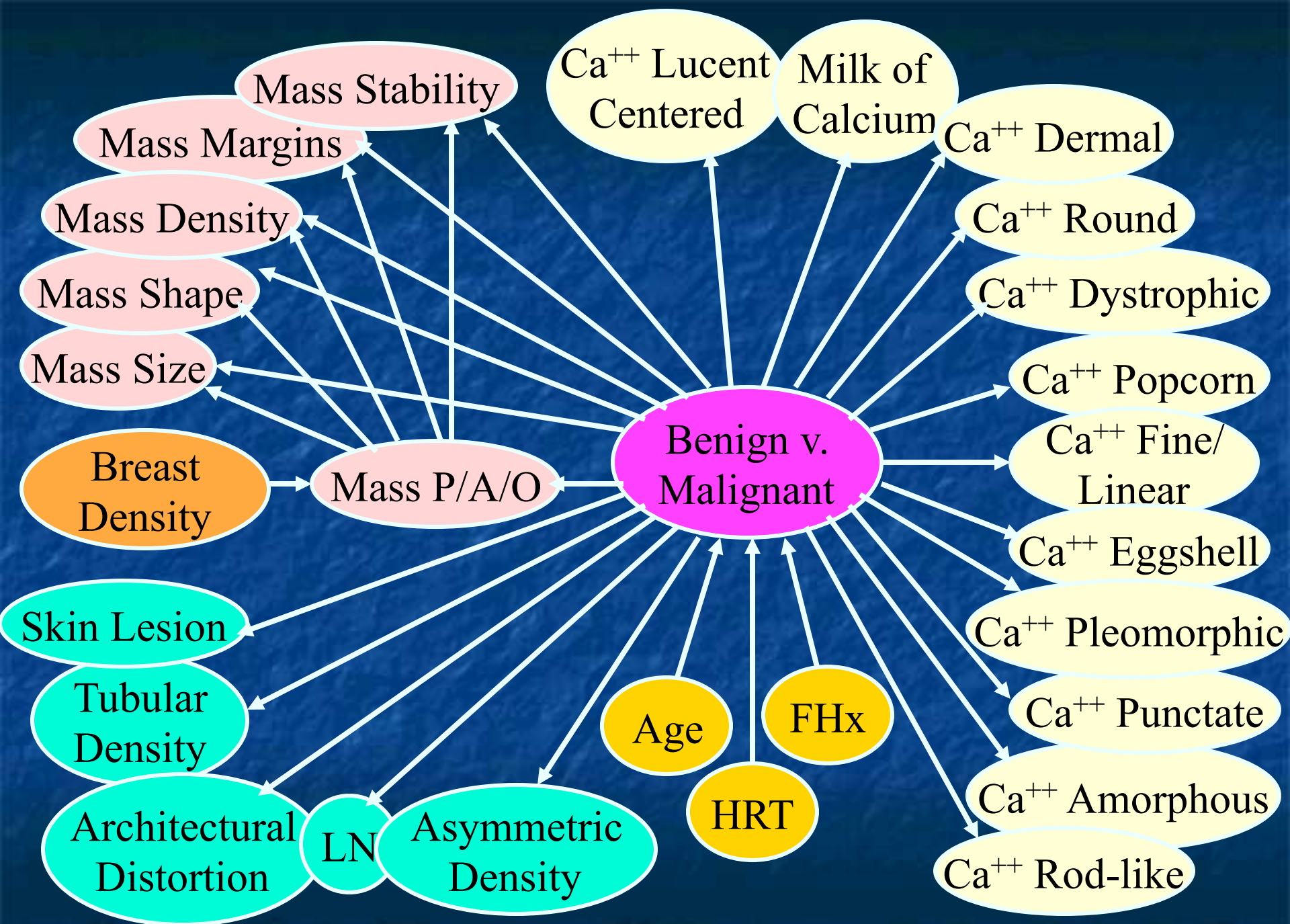
# Application: Mammography

- Provide decision support for radiologists
- Variability due to differences in training and experience
- Experts have higher cancer detection and fewer benign biopsies
- **Shortage of experts**



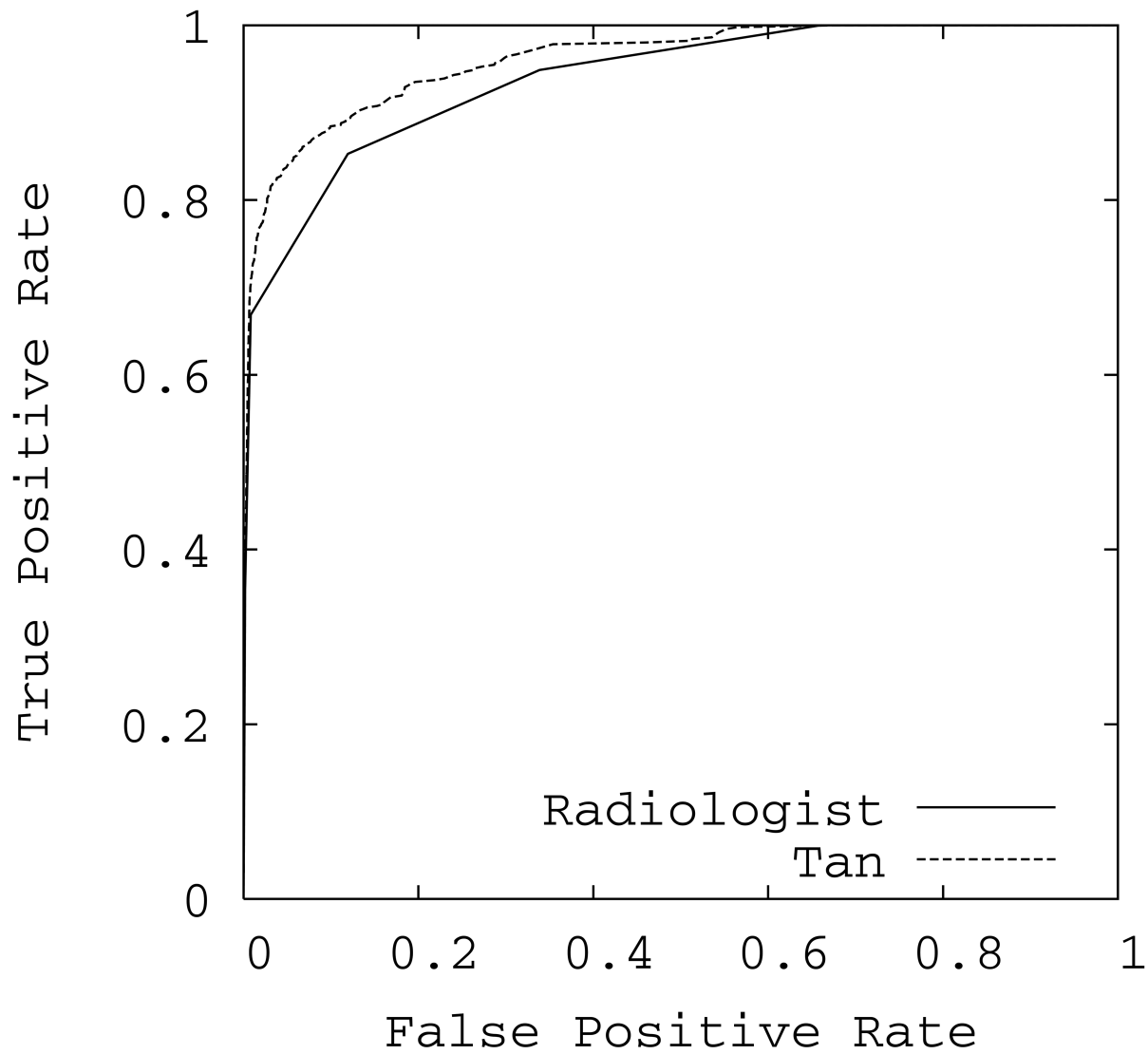
# Bayes Net for Mammography

- Kahn, Roberts, Wang, Jenks, Haddawy (1995)
- Kahn, Roberts, Shaffer, Haddawy (1997)
- Burnside, Rubin, Shachter (2000)
- Bayes Net can now outperform general radiologists and perform at level of expert mammographers: area under ROC curve of 0.94





# ROC: Radiologist vs. BN (TAN)






# Technical Issue for Rest of Talk

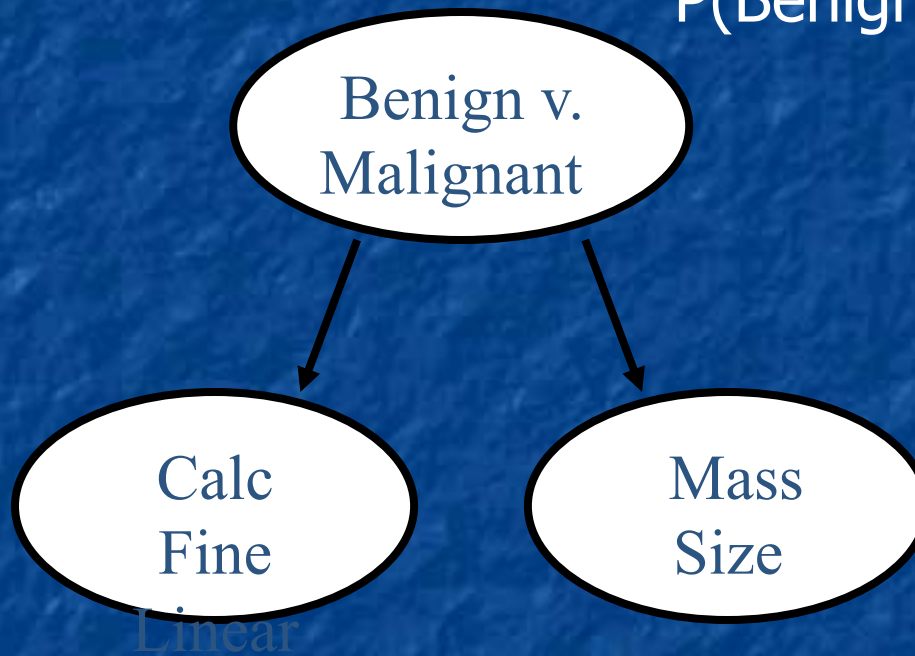
- *Q: Can learning improve the expert constructed Bayes Net?*
  - Learning Hierarchy
    - Level 1: Parameter
    - Level 2: Structure
    - Level 3: Aggregate
    - Level 4: **View**
- } Standard ML
- } New Capabilities

# Mammography Database

Patient	Abnormality	Date	Calcification Fine/Linear	...	Mass Size	Loc	Benign/ Malignant
P1	1	5/02	No		0.03	RU4	B 
P1	2	5/04	Yes		0.05	RU4	M
P1	3	5/04	No		0.04	LL3	B
P2	4	6/00	No		0.02	RL2	B
...	...	...	...		...	...	...

# Level 1: Parameters

$$P(\text{Benign}) = .99$$



$$P(\text{Yes} | \text{Benign}) = .01$$

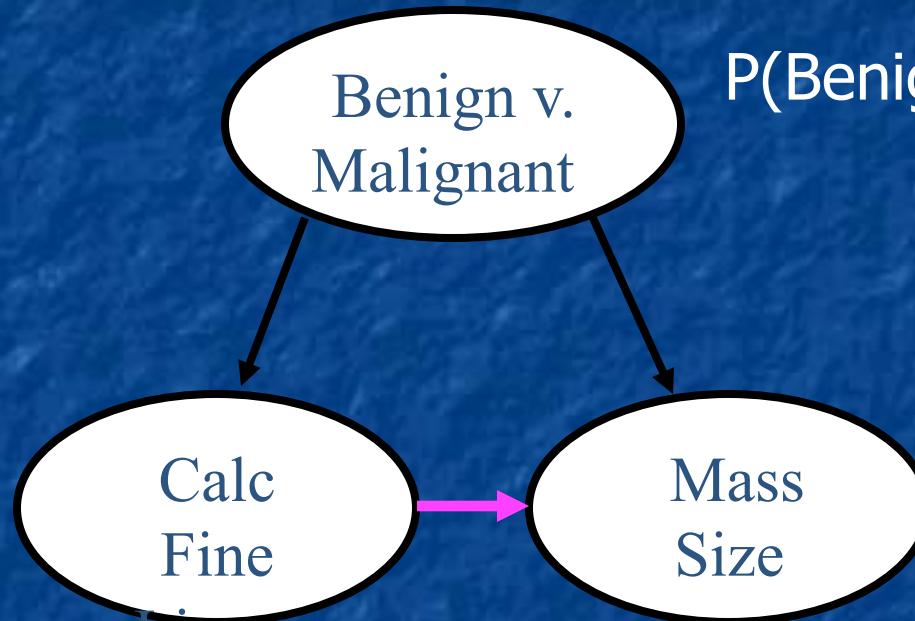
$$P(\text{Yes} | \text{Malignant}) = .55$$

$$P(\text{size} > 5 | \text{Benign}) = .33$$

$$P(\text{size} > 5 | \text{Malignant}) = .42$$



# Level 2: Structure + Parameters



$$P(\text{Benign}) = .99$$

Linear

$$P(\text{Yes} | \text{Benign}) = .01$$

$$P(\text{Yes} | \text{Malignant}) = .55$$

$$P(\text{size} > 5 | \text{Benign} \wedge \text{Yes}) = .4$$

$$P(\text{size} > 5 | \text{Benign}) = .33$$

$$P(\text{size} > 5 | \text{Malignant} \wedge \text{Yes}) = .6$$

$$P(\text{size} > 5 | \text{Malignant}) = .42$$

$$P(\text{size} > 5 | \text{Benign} \wedge \text{No}) = .05$$

$$P(\text{size} > 5 | \text{Malignant} \wedge \text{No}) = .2$$

# Data

- Structured data from actual practice
- National Mammography Database
  - Standard for reporting all abnormalities
- Our dataset contains
  - 435 malignancies
  - 65,365 benign abnormalities
- Link to biopsy results
  - Obtain disease diagnosis – our ground truth

# Hypotheses

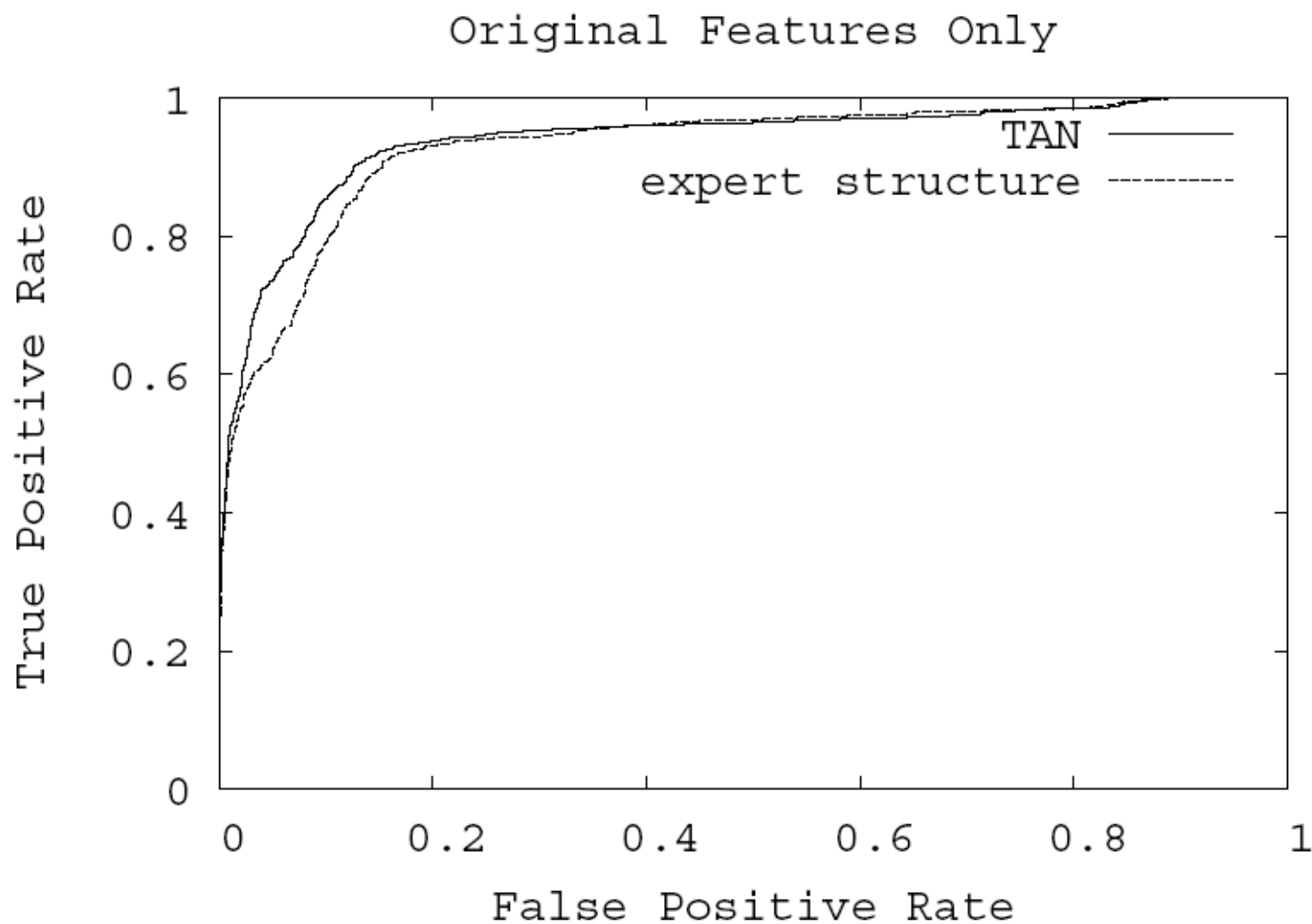
- Learn relationships that are useful to radiologist
- Improve by moving up learning hierarchy



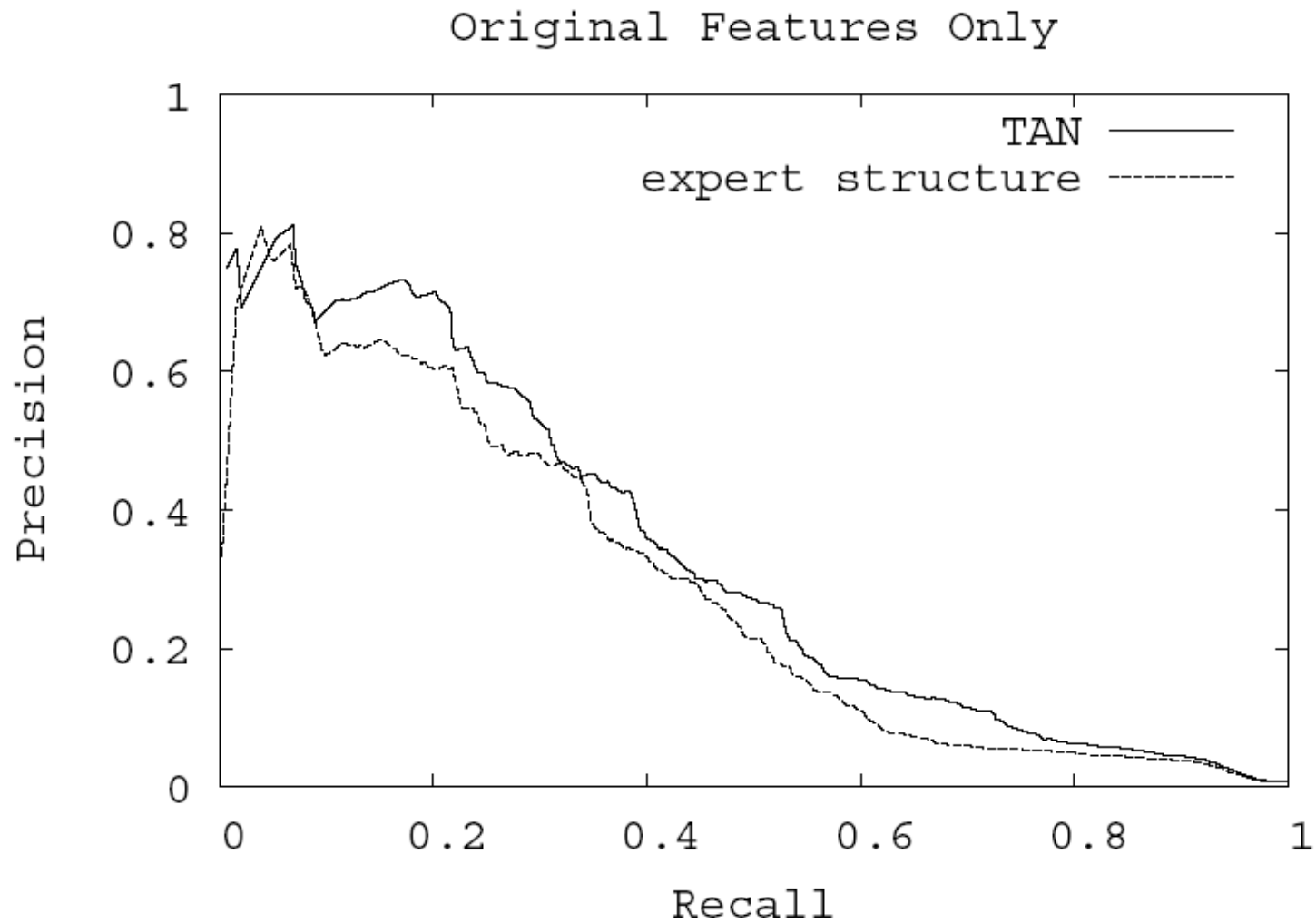
# Results

- Trained (Level 2, TAN) Bayesian network model achieved an AUC of 0.966 which was significantly better than the radiologists' AUC of 0.940 ( $P = 0.005$ )
- Trained BN demonstrated significantly better sensitivity than the radiologist (89.5% vs. 82.3% — $P = 0.009$ ) at a specificity of 90%
- Trained BN demonstrated significantly better specificity than the radiologist (93.4% versus 86.5%— $P = 0.007$ ) at a sensitivity of 85%

# ROC: Level 2 (TAN) vs. Level 1



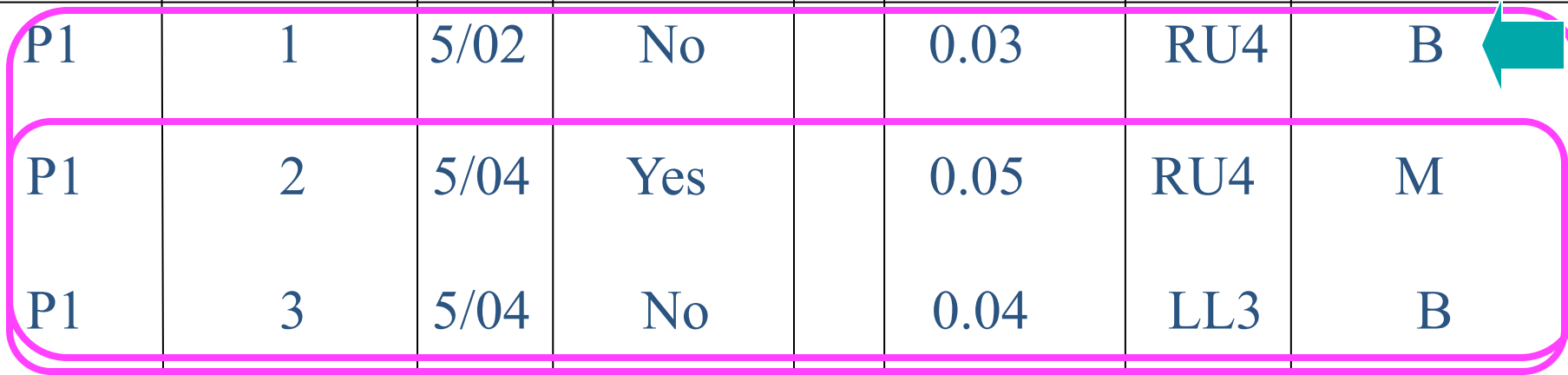
# Precision-Recall Curves





# Mammography Database

Patient	Abnormality	Date	Calcification Fine/Linear	...	Mass Size	Loc	Benign/ Malignant
P1	1	5/02	No		0.03	RU4	B
P1	2	5/04	Yes		0.05	RU4	M
P1	3	5/04	No		0.04	LL3	B
P2	4	6/00	No		0.02	RL2	B
...	...	...	...		...	...	...



# Statistical Relational Learning

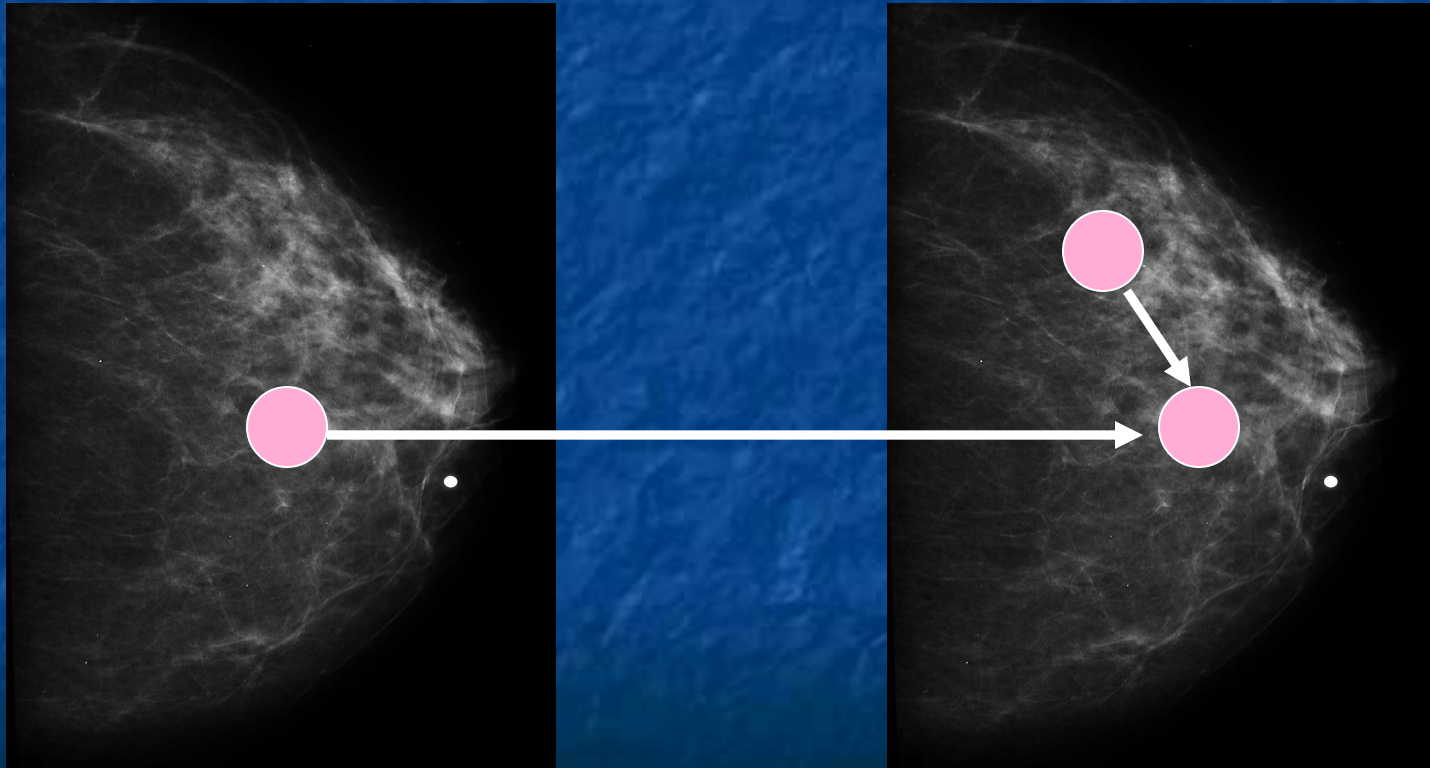
- Learn probabilistic model, but don't assume iid data: there may be relevant data in other rows or even other tables
- Database schema: defines set of features

# Connecting Abnormalities

May  
2002

Patient 1

May  
2004



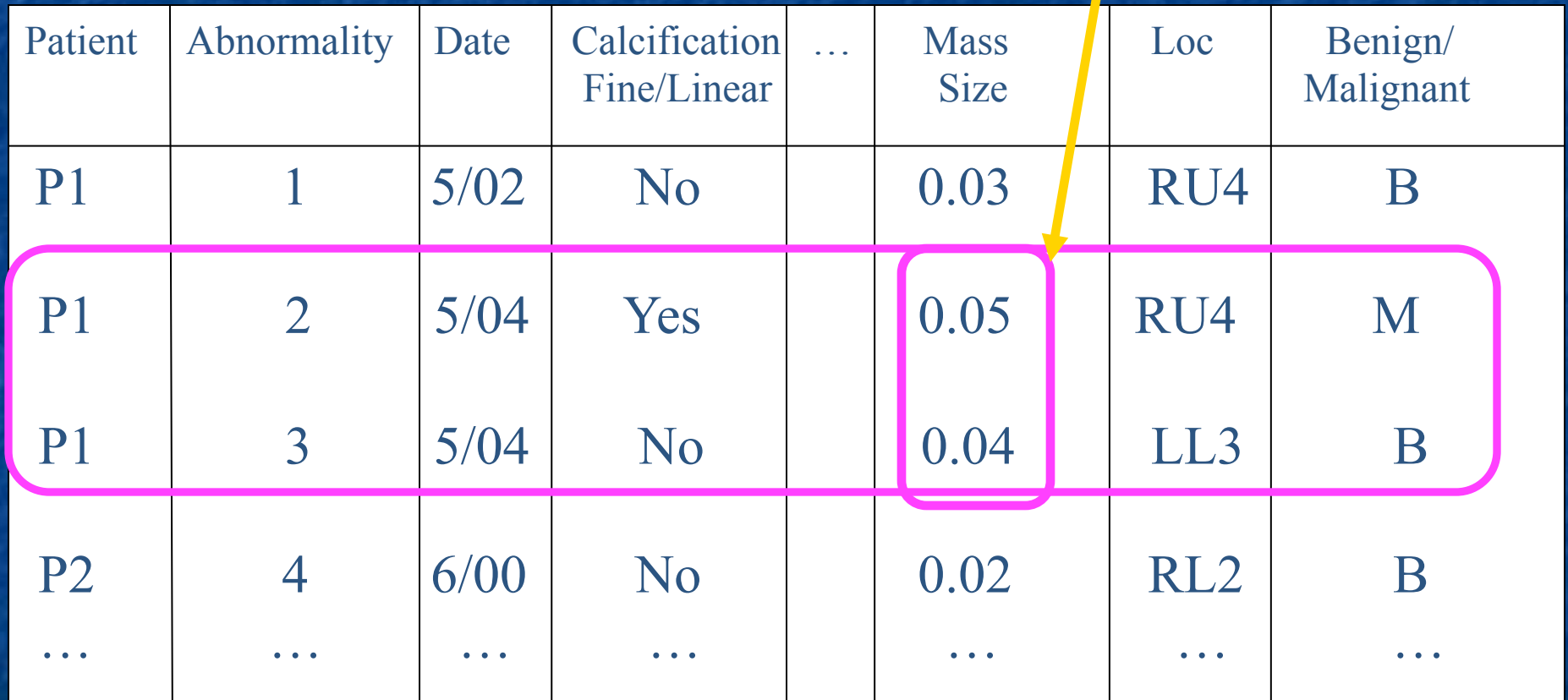
# SRL Aggregates Information from Related Rows or Tables

- Extend probabilistic models to relational databases
- Probabilistic Relational Models  
(Friedman et al. 1999, Getoor et al. 2001)
  - Tricky issue: one to many relationships
  - Approach: use aggregation
- PRMs cannot capture all relevant concepts



# Aggregation Function: Aggregate Illustration, etc.

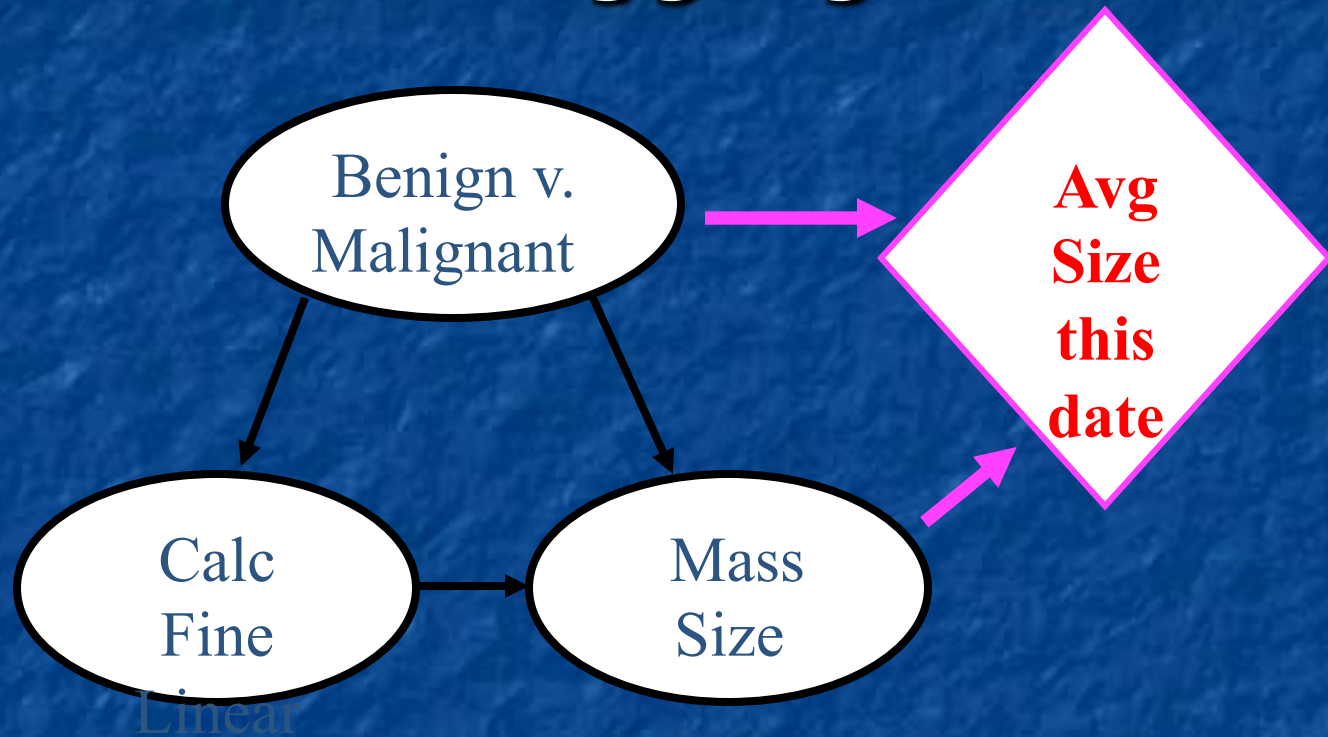
Patient	Abnormality	Date	Calcification Fine/Linear	...	Mass Size	Loc	Benign/ Malignant
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P1	2	5/04	Yes		0.05	RU4	M
P1	3	5/04	No		0.04	LL3	B
P2	4	6/00	No		0.02	RL2	B
...	...	...	...		...	...	...



# New Schema

Patient	Abnormality	Date	Calcification Fine/Linear	...	Mass Size	<b>Avg Size this Date</b>	Loc	Benign/ Malignant
P1	1	5/02	No		0.03	<b>0.03</b>	RU4	B
P1	2	5/04	Yes		0.05	<b>0.045</b>	RU4	M
P1	3	5/04	No		0.04	<b>0.045</b>	LL3	B
P2	4	6/00	No		0.02	<b>0.02</b>	RL2	B
...	...	...	...		...	...	...	...

# Level 3: Aggregates



Note: Learn parameters for each node

# Database Notion of **View**

- New tables or fields defined in terms of existing tables and fields known as **views**
- A **view** corresponds to alteration in database schema
- Goal: automate the learning of **views**



# Possible View

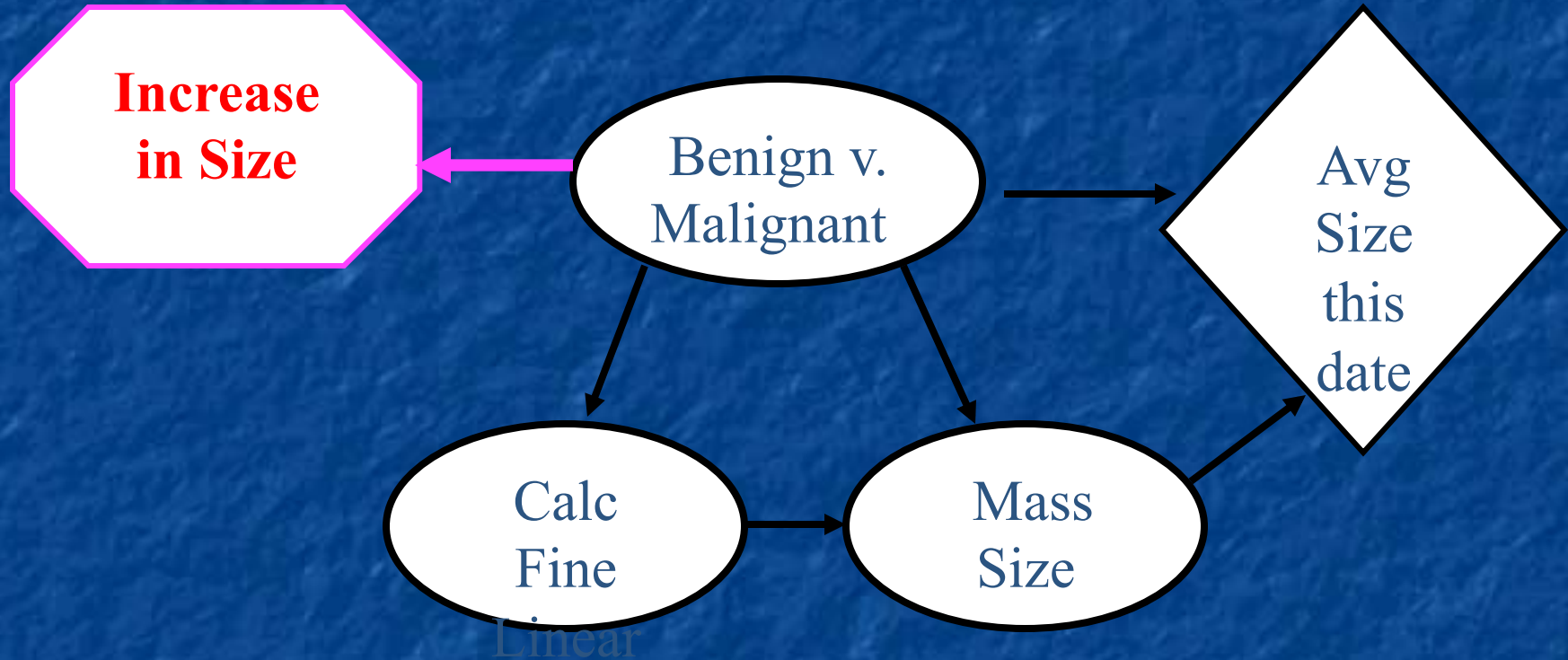
Patient	Abnormality	Date	Calcification Fine/Linear	...	Mass Size	Loc	Benign/ Malignant
P1	1	5/02	No		0.03	RU4	B
P1	2	5/04	Yes		0.05	RU4	M
P1	3	5/04	No		0.04	LL3	B
P2	4	6/00	No		0.02	RL2	B
...	...	...	...		...	...	...

The diagram illustrates a possible view of data from a table. The table has columns: Patient, Abnormality, Date, Calcification (Fine/Linear), ..., Mass Size, Loc, and Benign/Malignant. The first two rows are highlighted with yellow boxes, and the second two rows are highlighted with pink boxes. Arrows indicate relationships between the highlighted cells: a curved arrow from the '0.03' cell to the '0.05' cell, another from the 'RU4' cell in the second row to the 'RU4' cell in the third row, and a third from the 'B' cell in the first row to the 'M' cell in the second row.

# New Schema

Patient	Abnormality	Date	Calcification Fine/Linear	...	Mass Size	<b>Increase In Size</b>	Loc	Benign/ Malignant
P1	1	5/02	No		0.03	<b>No</b>	RU4	B
P1	2	5/04	Yes		0.05	<b>Yes</b>	RU4	M
P1	3	5/04	No		0.04	<b>No</b>	LL3	B
P2	4	6/00	No		0.02	<b>No</b>	RL2	B
...	...	...	...		...	...	...	...

# Level 4: View Learning



Note: Include aggregate features  
Learn parameters for each node

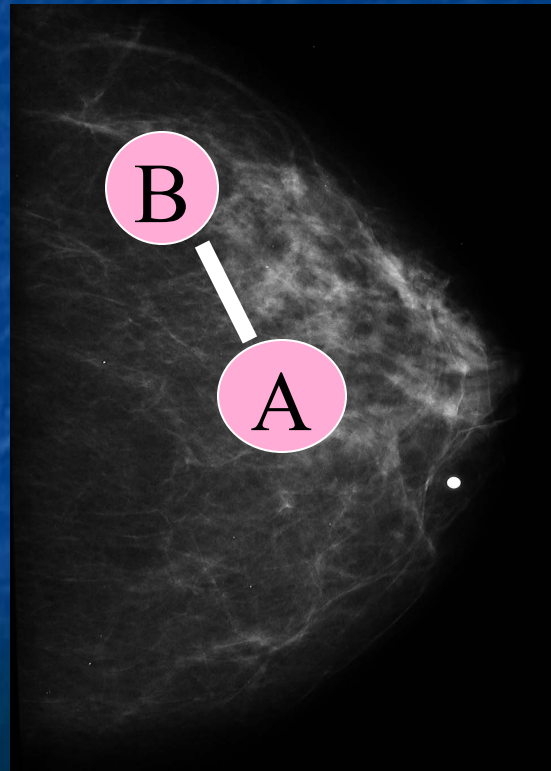
# Level 4: View Learning

- Learn rules predictive of “malignant”
  - We used Aleph (Srinivasan)
- Treat each rule as a new field
  - 1 if abnormality matches rule
  - 0 otherwise
- New view consists of original table extended with new fields



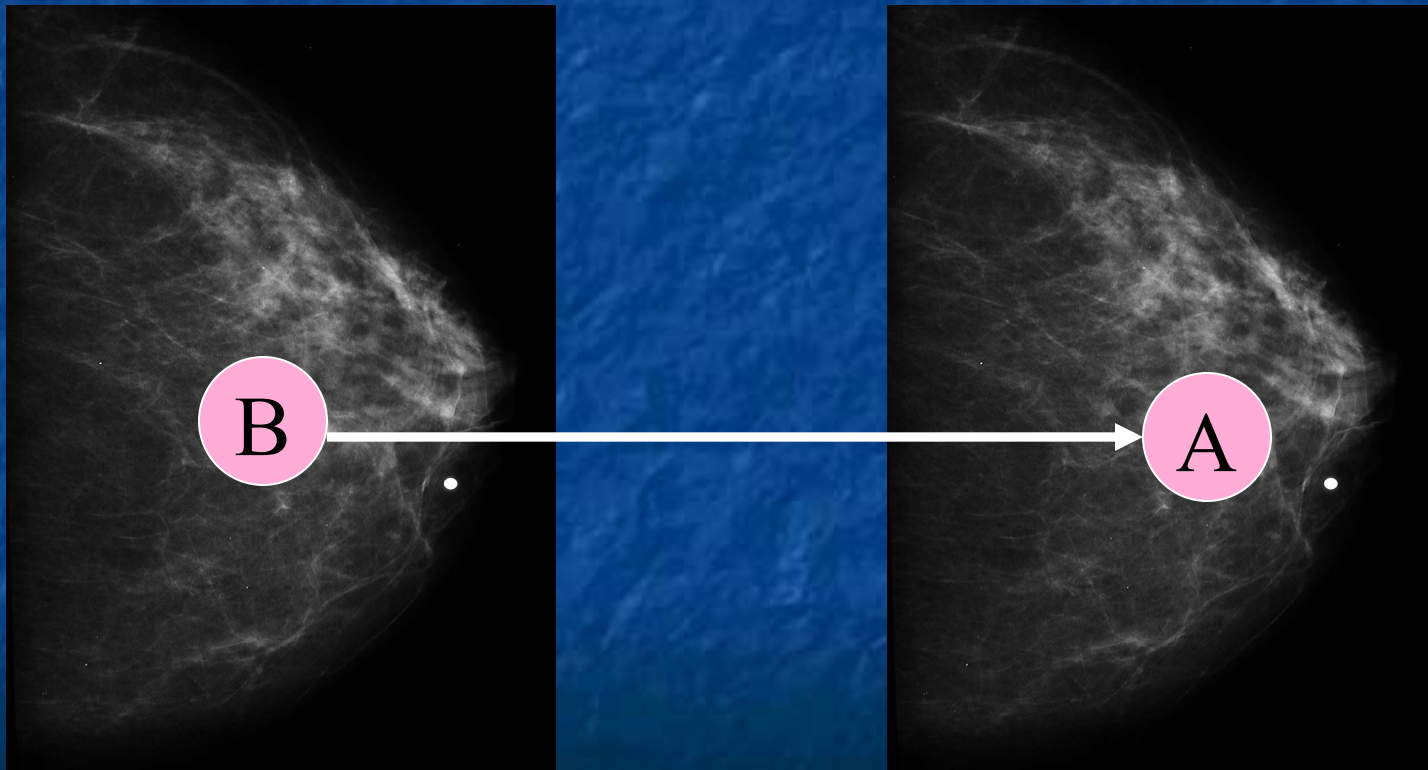
# Key New Predicate I

`in_same_mammogram(A,B)`



# Key New Predicate II

`prior_mammogram(A,B)`



# Experimental Methodology

- 10-fold cross validation
- Split at the patient level
- Roughly 40 malignant cases and 6000 benign cases in each fold
- Tree Augmented Naïve Bayes (TAN) as structure learner (Friedman, Geiger & Goldszmidt '97)



# Approach

- Level 3: Aggregates
  - 27 features make sense to aggregate
  - Aggregated over patient and mammogram
- Level 4: View
  - 4 folds to learn rules
  - 5 folds for training set



# Sample View

[Burnside et al. AMIA05]

malignant(A) :-

birads\_category(A,b5),

massPAO(A,present),

massesDensity(A,high), 

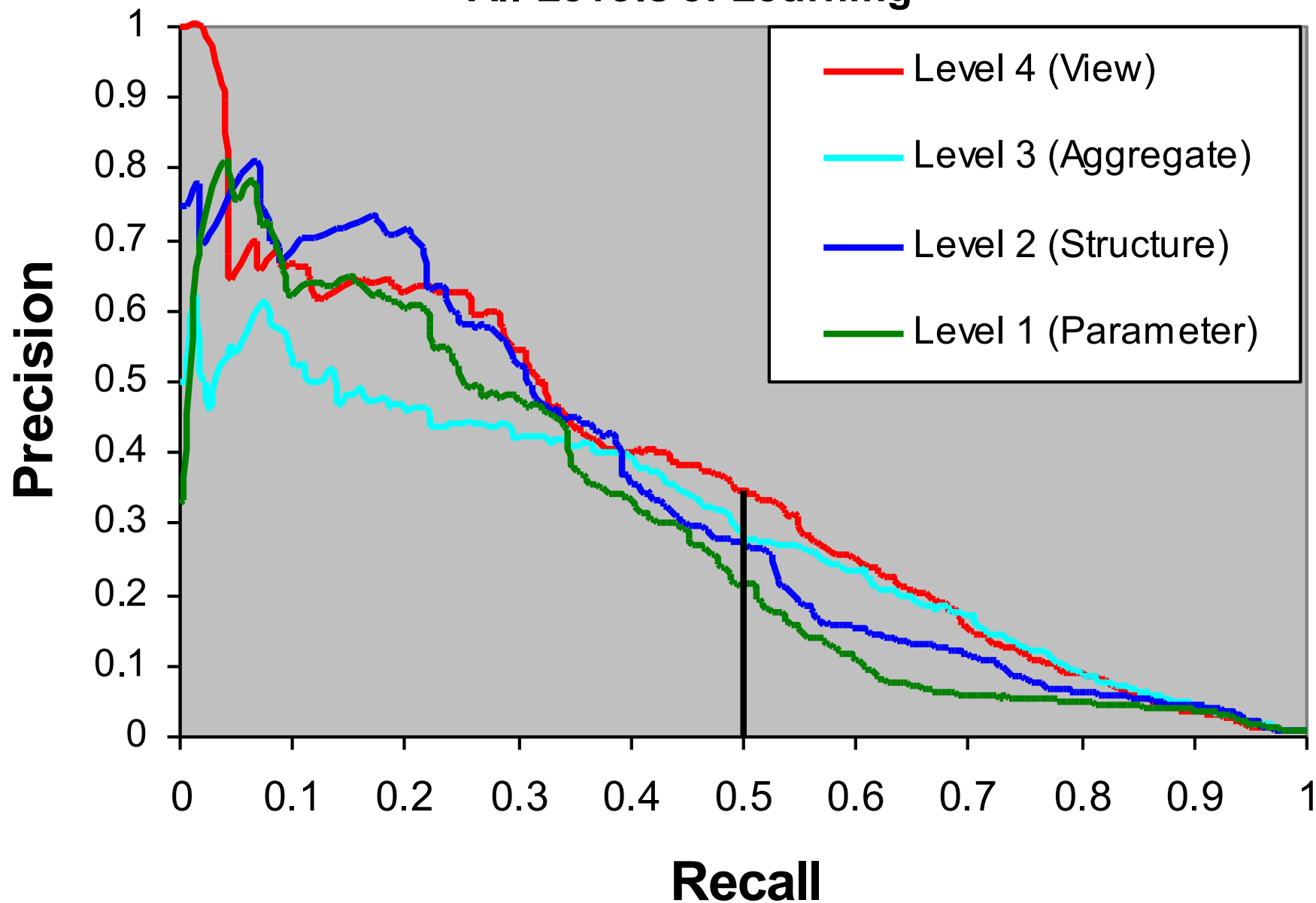
ho\_breastCA(A,hxDCorLC),

in\_same\_mammogram(A,B), 

calc\_pleomorphic(B,notPresent),

calc\_punctate(B,notPresent).

# All Levels of Learning



# View Learning: First Approach

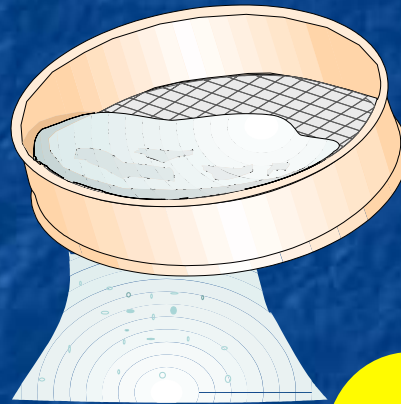
[Davis et al. IA05, Davis et al. IJCAI05]

Step 1



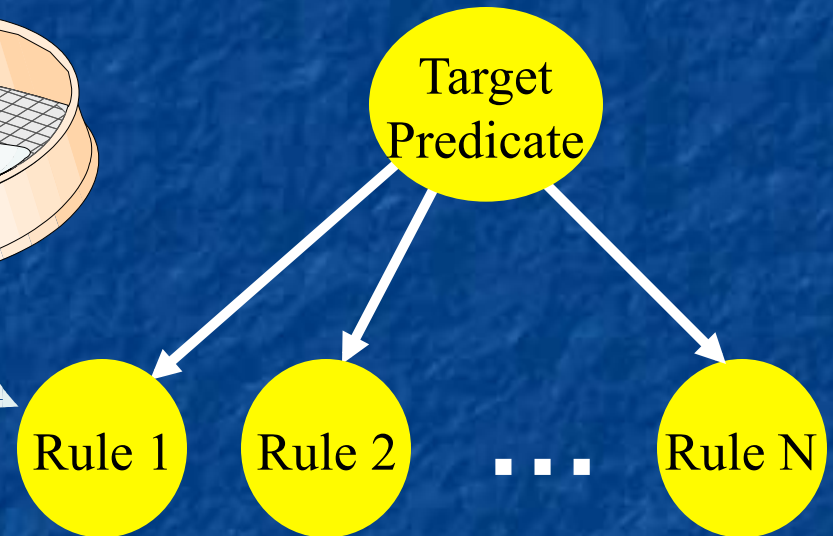
Learn

Step 2



Select

Step 3



Build Model

# Drawback to First Approach

- Mismatch between
  - Rule building
  - Model's use of rules
- Should **Score As You Use (SAYU)**



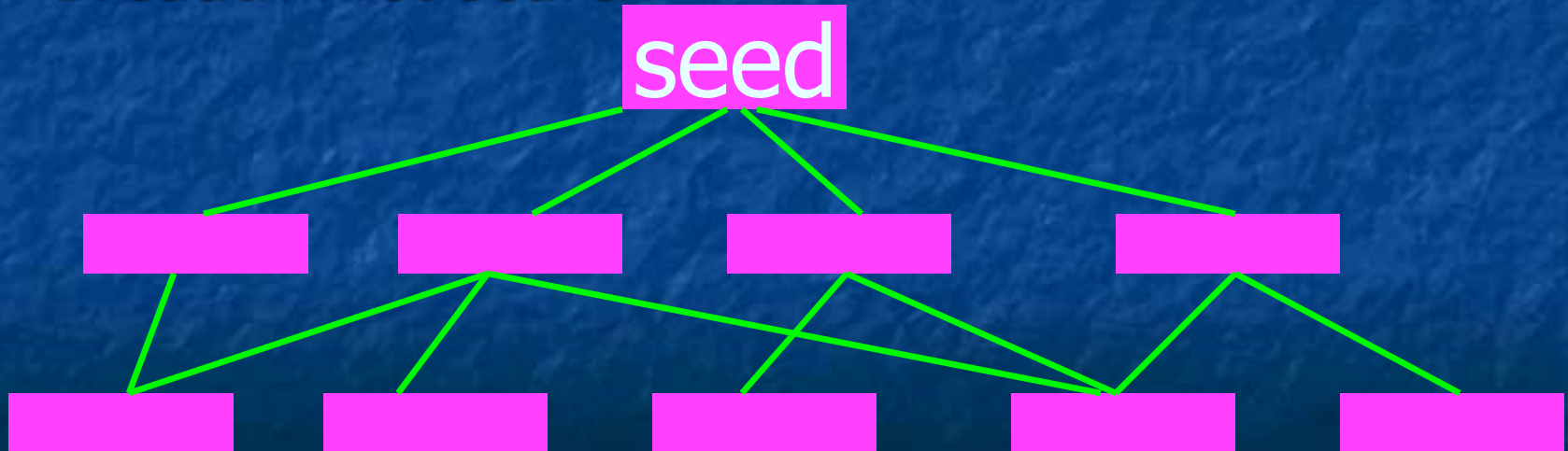
# SAYU

[Davis et al. ECML05]

- Build network as we learn rules  
[Landwehr et al. AAAI 2005]
- Score rule on whether it improves network
- Results in tight coupling between rule generation, selection and usage

# SAYU Details

- Based on Aleph algorithm
- Randomly pick positive example as seed
- Build 'bottom' clause
- Breadth first search

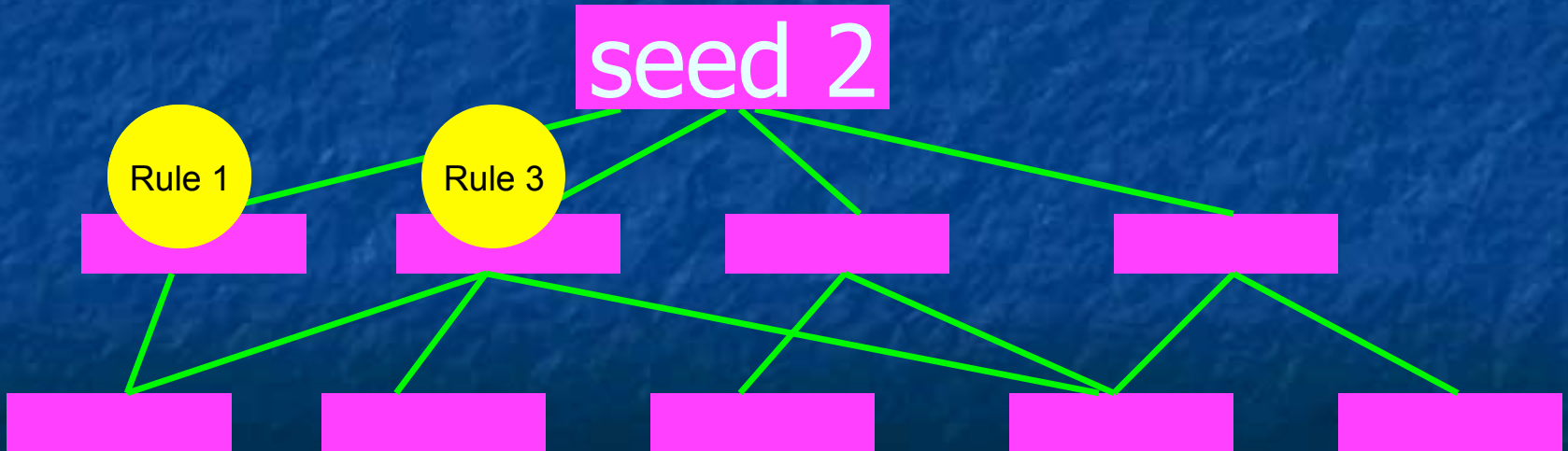
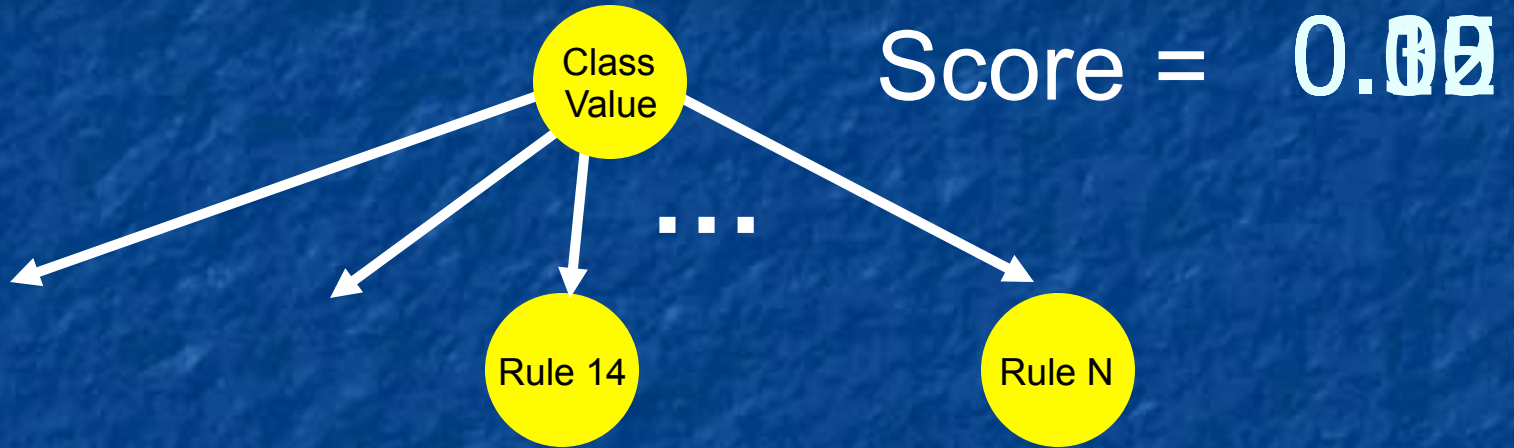


# Differences from Standard Rule Learner (Aleph)

- Score rule by adding it to network
- Switch seeds after incorporating a rule into the network



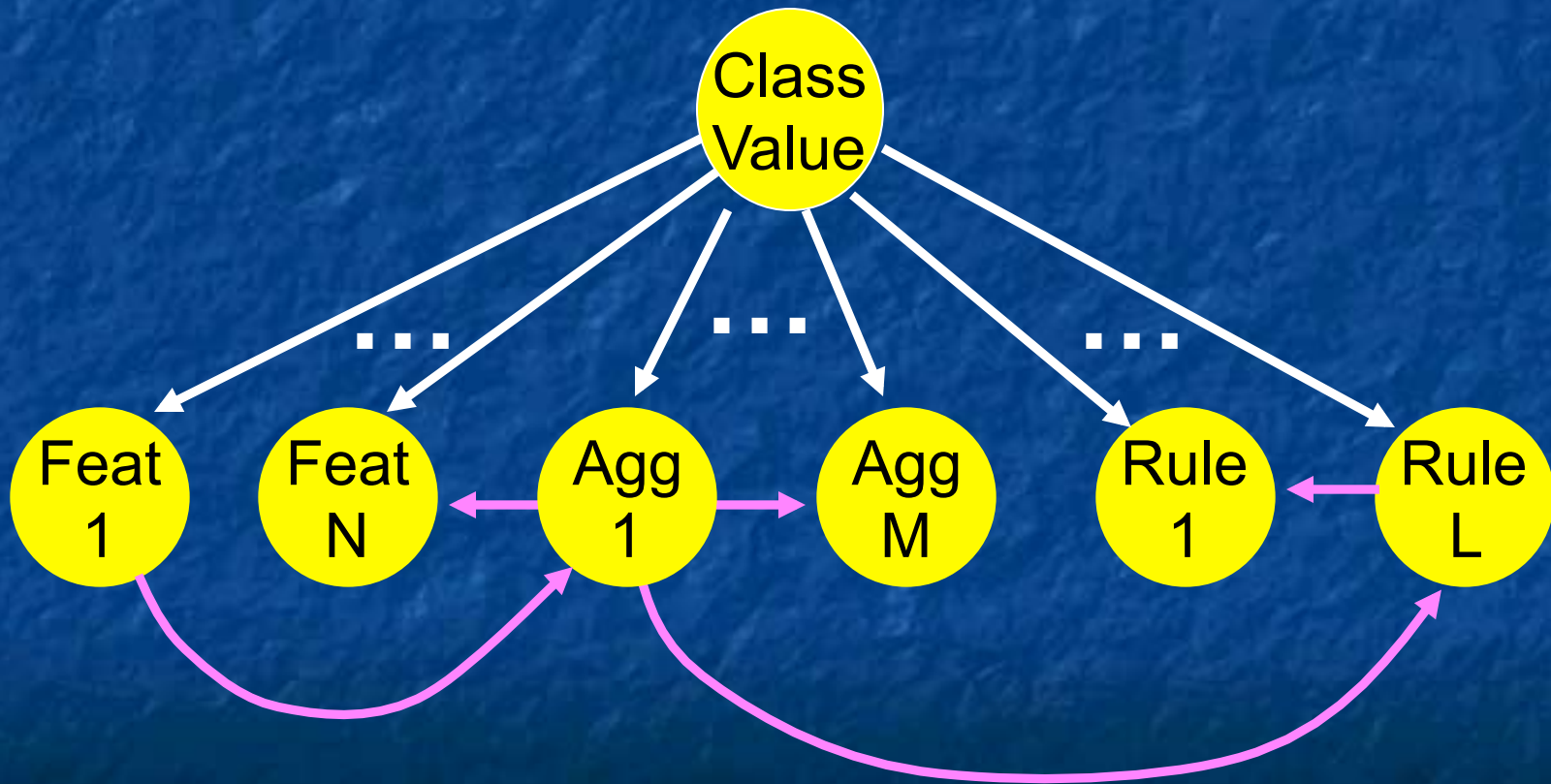
# SAYU-NB





# SAYU-View

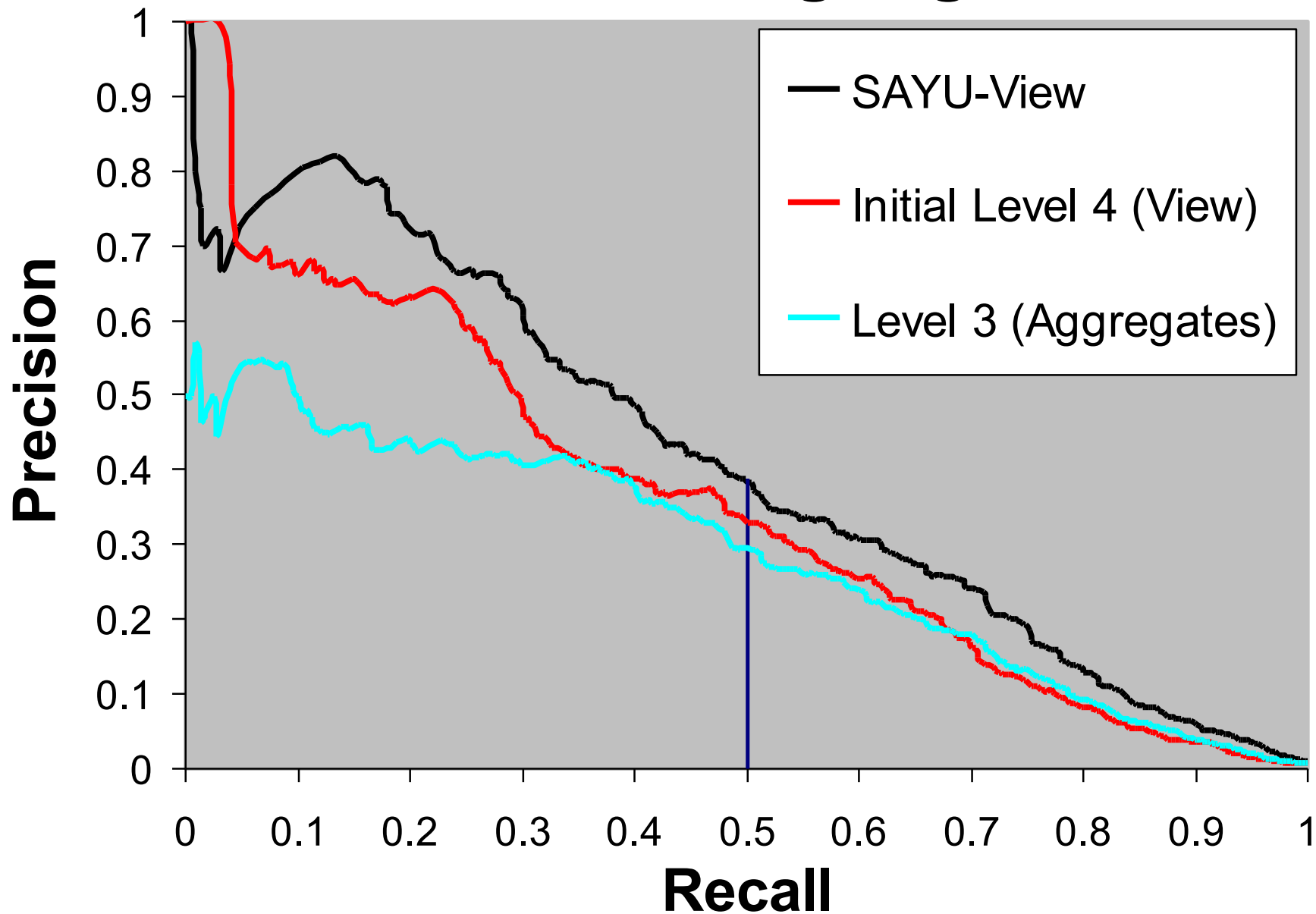
[Davis et al. Intro to SRL 06]



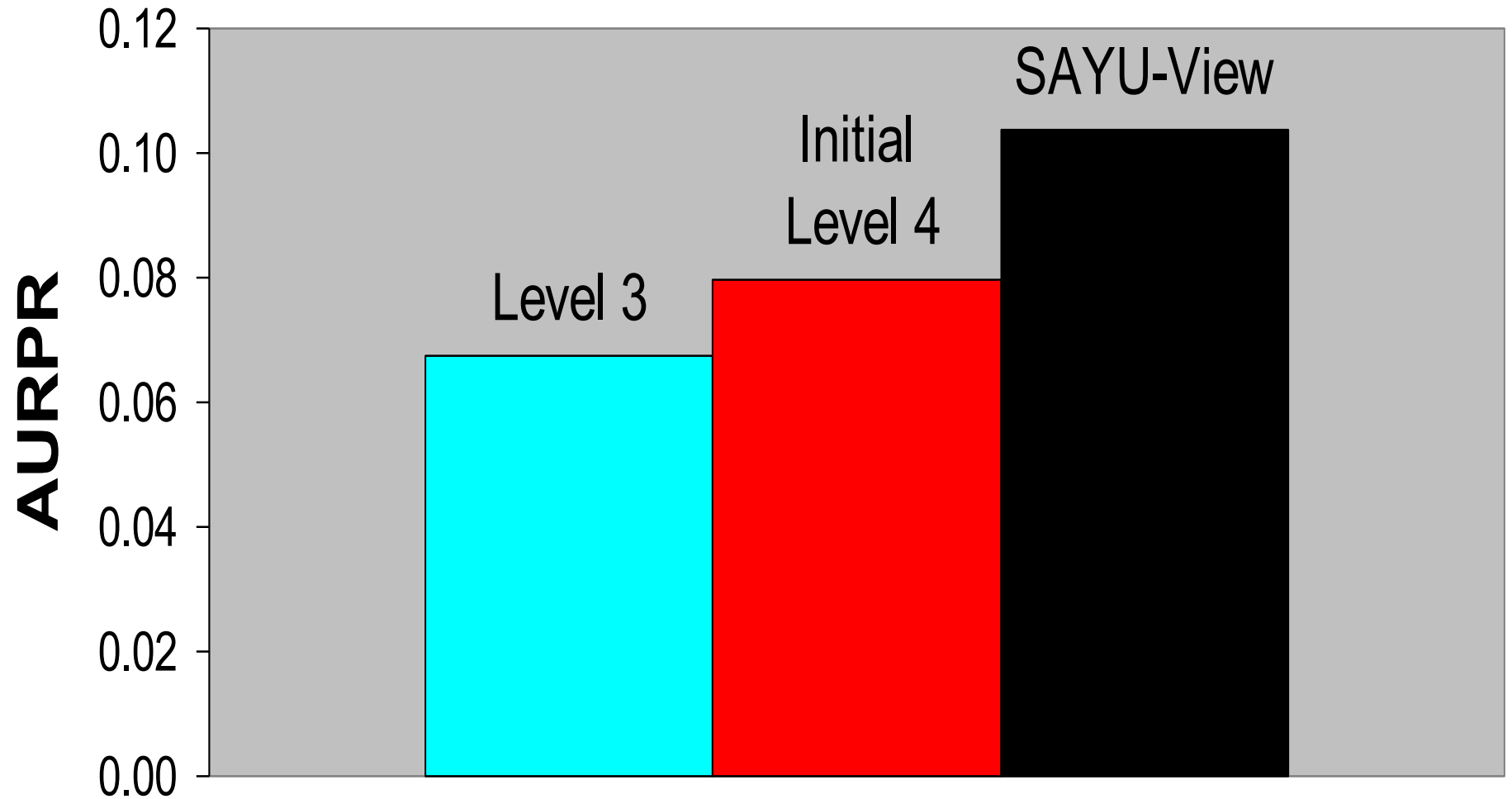
# Parameter Settings

- Score using AUC-PR (recall  $\geq .5$ )
- Keep a rule: 2% increase in AUC
- Switch seeds after adding a rule
- Train set to learn network structure and parameters
- Tune set to score structures

# Relational Learning Algorithms



# Average Area Under PR Curve For Recall $\geq 0.5$





# Acknowledgements

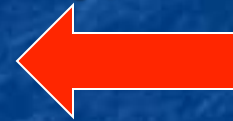
- Jesse Davis (his thesis work)
- Beth Burnside, MD, MPH, Chuck Kahn, MD
- Vitor Santos Costa, Jude Shavlik, Raghu Ramakrishnan
- Funding
  - NCI (R01, UWCCC core grant)
  - NLM (training grant in biomedical informatics)
  - NSF (relational learning)
  - DOD (Air Force – relational learning)

# Using Views

malignant(A) :-

archDistortion(A,notPresent),

prior\_mammogram(A,B),



ho\_BreastCA(B,hxDCorLC),

reasonForMammo(B,s).