### Leveraging Expert Knowledge to Improve Machine-Learned Decision Support Systems

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### Disclosure

# Finn Kuusisto discloses that he has no relationships with commercial interests.

## Learning Objective

After participating in this activity, the learner should be better able to:

Collaborate with clinical and/or machine learning experts in decision support system development

## **Opportunity & Problem**

# Great opportunities for machine-learned decision support systems

### But...

Standardized, complete, and sufficient training data is rarely available

## **Upgrade** Prediction



Image Sources:

- NIH wikimedia.org/wiki/File:Woman\_receives\_mammogram.jpg 1.
- Itayba wikimedia.org/wiki/File:Normal.jpg 2.

- UW Hospital and Clinics 3.
- NIH wikimedia.org/wiki/File:Surgical\_breast\_biopsy.jpg 4.

## **Upgrade** Prediction

- 5-15% of core needle biopsies non-definitive
- Approximately 35,000-105,000\* per year
- 80-90% of non-definitive biopsies are **benign**

\* Based on 2010 annual breast biopsy utilization rate

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### ABLe

### **Comprises two parts**

- 1) Definitions of advice sources
- 2) Iterative process for model refinement

## **ABLe - Advice Definitions**

### Task

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- What predictor variables are important?
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### **Parameter Values**

- What is the clinical objective?
- What model parameters best represent that objective?

### **ABLe - Iterative Process**



Repeated iterations to optimize performance

## Phase 1



#### Repeated iterations to optimize performance

\* Cross-validation or preferably new data

## Phase 1

### Task

- Simple probabilistic model (Naïve Bayes)
- Standardized BI-RADS descriptor features
- Some non-standard pathology features and demographics
- Predict probability of **malignancy**
- Assume excision at 2% model score

### Variable Relationships

• Rules predicting **increase/decrease** risk of **malignancy** 

### **Parameter Values**

• None

## Variable Relationships

If-Then rules that suggest **increase/decrease** risk of **upgrade**.

### High-risk mass rule:

#### IF

Irregular mass shape is present OR Spiculated mass margin is present OR High density mass is present OR Abnormality is increasing THEN Risk of upgrade increases

## Biopsies in Practice (2006-11)



### Phase 1 Results

	Data	Rules	Data + Rules
Malignant Excisions Missed (%)	8 (27.6%)	1 (3.4%)	9 (31.0%)
Benign Excisions Avoided (%)	46 (35.9%)	5 (3.9%)	63 (49.2%)

## Phase 2



Repeated iterations to optimize performance

\* Cross-validation or preferably new data

### **Observations**

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  - D more dependent on imaging descriptors

### Refinements

• Focus exclusively on discordant cases

## Discordant Biopsies (2006-11)



### Phase 2 Results

	Data	Rules	Data + Rules
Malignant Excisions Missed (%)	3 (30.0%)	1 (10.0%)	3 (30.0%)
Benign Excisions Avoided (%)	29 (58.0%)	17 (34.0%)	27 (54.0%)

## Phase 3



#### Repeated iterations to optimize performance

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### Refinements

- Make model more conservative
  - Specify different costs for false negatives (FN) versus false positives (FP)
  - Take from utility analysis literature in mammography

### Phase 3 Results

	Data	Rules	Data + Rules
Malignant Excisions Missed (%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Benign Excisions Avoided (%)	5 (10.0%)	5 (10.0%)	12 (24.0%)

## Conclusions

- Presented a framework for collaboration and leveraging domain expert advice
- Demonstrated ABLe on important task
- Achieved best results using ABLe

## Future Work

- Use inductive logic programming (ILP) to automatically infer if-then rules from data
  - $\circ$  Allows automated feature construction/selection
  - $\circ$  Easily control constraints on features
- Evaluate model on unseen data
  - From our own institution
  - $\circ$  At collaborating institutions
- Grow model development data using natural language processing methods

### Thanks

### Questions?