

Development of

Clinically Informing application based on Recurrent Neural Network (CIReNN)

Seng Chan You, MD, ¹, Peter R. Rijnbeek, PhD², Rae Woong Park, MD, PhD^{1,3}

- ¹Department of Biomedical Informatics, Ajou University School of Medicine, Suwon, Korea;
- ²Erasmus University Medical Center, Rotterdam, The Netherlands;
- ²Department of Biomedical Sciences, Ajou University Graduate School of Medicine, Suwon, Korea

Ajou Marine Marity School of Marity Scho

Background

- Risk prediction for individual patient has been one of the most important themes in clinical research and patient care.
- Traditional approaches usually have used regression-based models, such as the logistic model and the Cox model. These models have been clinically useful and widely accepted because they use a small number of variables which can be easily obtained in clinical practice. However, these models cannot represent more complex relationship among individual predictors and do not model their temporal relationship.
- The Recurrent Neural Network (RNN) model can represent temporal and non-linear relationship among high-dimensional features.

Purpose

- The objective is to build a predictive model based on a recurrent neural network by using temporal features extracted from OMOP-CDM database: **CIRENN** (Clinically Informing application based on Recurrent Neural Network).
- CIReNN is expected to facilitate prediction of important clinical events by analyzing flexible and temporal relationships in health care data.

Experiment

- Objective of experiment is to predict 5 year mortality in Korean general elderlies.
- Database
 - -National health insurance service (NHIS) sample cohort was converted into OMOP-CDM version 5
 - -This database contains consecutive observation for randomly sampled one million general Korean population from 2002 to 2013
- Cohort
 - -Target cohort at risk: Subjects who were 65 year or older at index date (2009-01-01)
 - -Outcome cohort: Subjects who died between 2009 and 2013 by any cause
 - -Among 89,391 target subjects at risk, total of 15,754 (17.6%) developed outcome from 2009 to 2013.
- Train, validation and test set were divided by 0.7, 0.1 and 0.2 ratio, respectively.
- Hyper-parameters of RNN model in the experiment
- -RNN model: single-layer GRU
- -drop-out rate: 0.2
- -activation function: sigmoid
- -optimizer: RMSProp

Model

The whole process of model has 5 steps:

- 1. Create the risk and outcome cohort by using ATLAS
- 2. Extract temporal features from the cohort by using temporal_features branch of the feature extraction package
 - The following information is extracted from OMOP-CDM: age, sex, observation, diagnosis history and drug history. For each patient, multi-hot label vectors are generated for representing the patient's medical history as shown in **Fig 1**.

N-dimensional vector

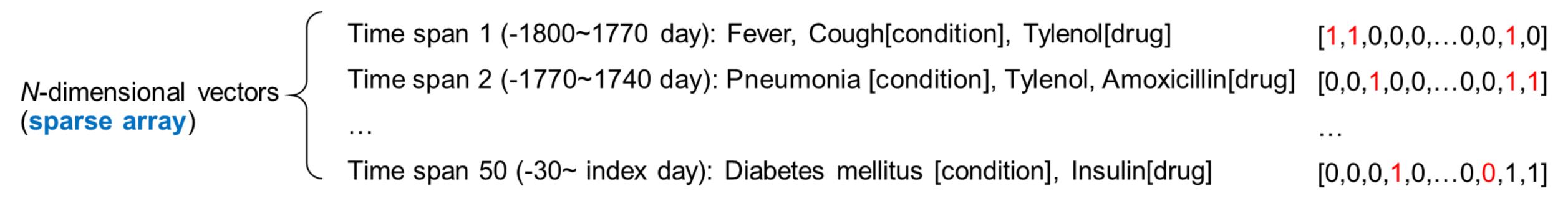


Fig 1. The structure of data containing temporal features, which fed to RNN model

- 3. Create model settings
 - The model basically use gated recurrent units (GRU), because GRU usually requires less amount of data compared with LSTM.
 - Greedy search algorithm was applied to recommend the best hyper-parameter options by using validation data set.
- 4. Fitting the model
 - By using Keras with tensorflow backend in R, an RNN model is trained to predict the binary outcome.
- 5. Evaluate the model
- Acknowledgment: This research was supported by a grant of the Korea Health Technology R&D Project through the Korea Health Industry Development Institute (KHIDI), funded by the Ministry of Health & Welfare, Republic of Korea grant number: HI14C3201
- Conflict of interest : none

Experimental result

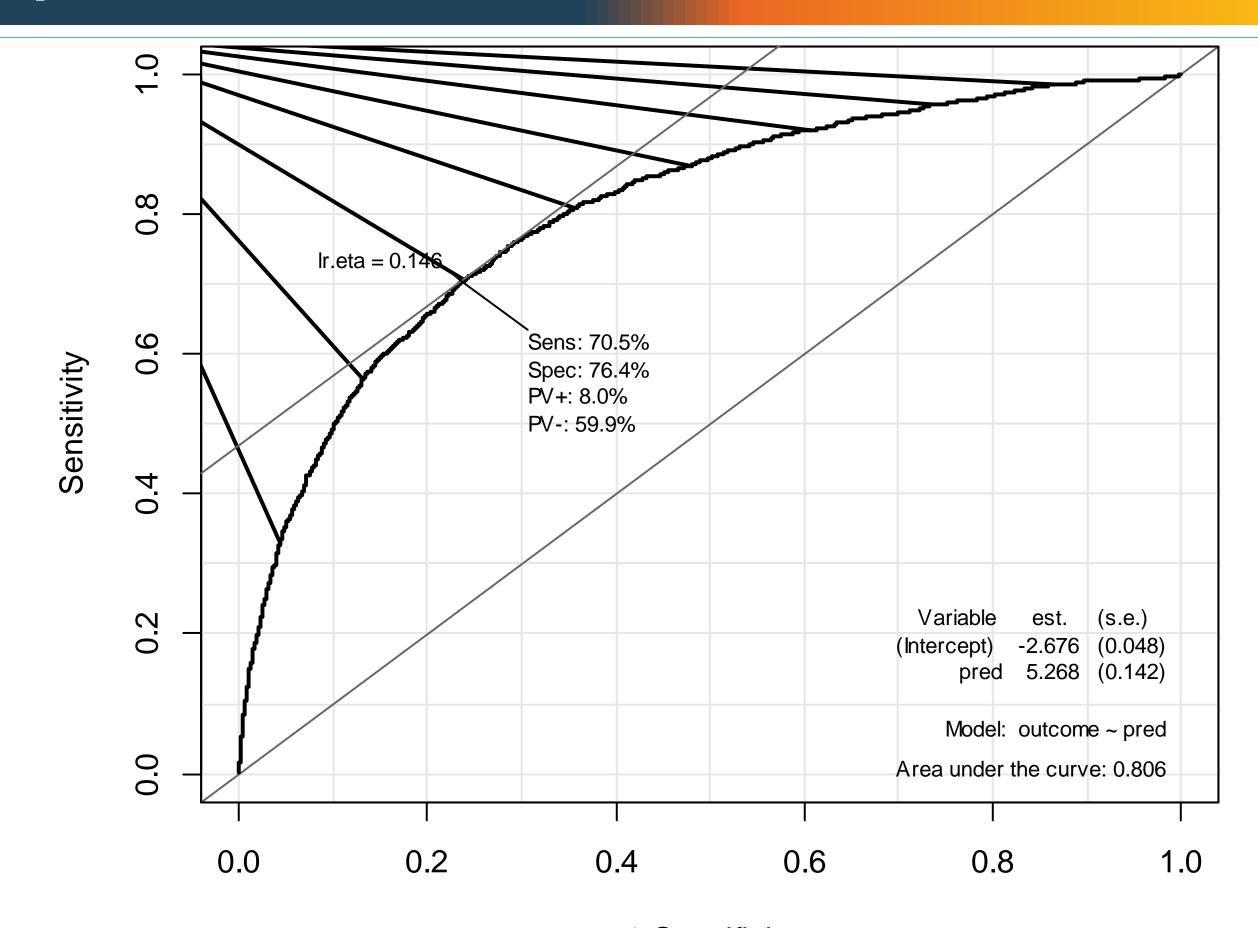


Fig 2. ROC curve for predicting 5-year mortality in elderlies (AUROC = 0.806)

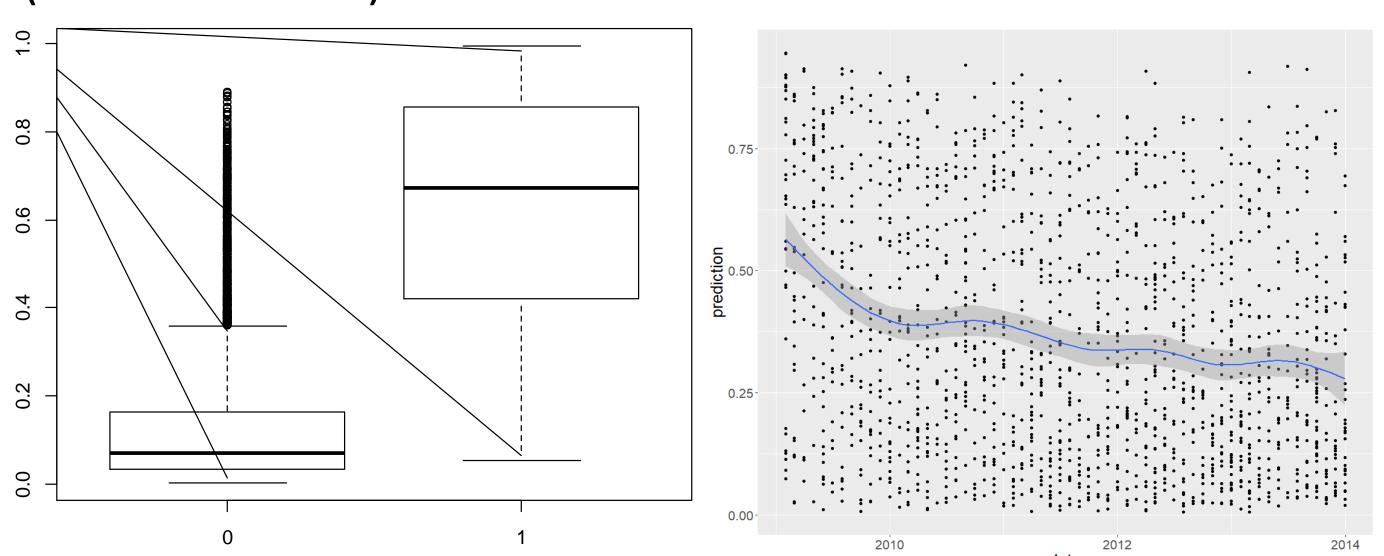


Fig 3. Box plot for prediction value from the model between cohort with and without outcome

Fig 4. Prediction value for only subjects who died according the death year

- The Area under the ROC curve (AUROC) was 0.8. By taking the optimal cut-off value, positive predictive value and negative predictive value are 0.37 and 0.93, respectively (Fig 2).
- The box plot demonstrates that the prediction value from the model has discriminative power to predict 5-year mortality in elderlies (Fig 3).
- The predicting power of model decreases as outcome develops later in the target cohort at risk as shown in **Fig 4**.

Conclusion

- We developed a recurrent neural network model, called **CIReNN** for the prediction of future events based on OHDSI platform.
- The feasibility of CIReNN was demonstrated in the experiment, which predicted 5-year mortality in elderlies.
- CIReNN will be integrated into PatientLevelPrediction package in the future