Neural topic modelling for automatic phenotyping from EHR data and PheWAS analysis

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Outline

Phenome-wide association studies using EHR data

Graph-informed EHR topic modeling GETM: Graph-embedded topic model GAT-ETM: an end-to-end graph-topic model

Phecode-guided EHR topic modeling MixEHR-guided: a phecode-guided multimodal topic model MixEHR-seed: a seed-guided VAE-EM hybrid topic model

Genome-wide association studies (GWAS)



- Only one phenotype is investigated yet many traits share causal SNPs
- Many genetically correlated or the upstream causal phenotypes are often unknown





UK Biobank pheno/genotyping of half million individuals [Bycroft et al., 2018]



PheWAS reveals pleiotropic SNPs



Electronic Medical Records and Genomics (eMERGE) Network [Denny et al., 2013]

Electronic health records contain rich patient-level data [Jensen et al., 2012]



Jensen et al., Nature Rev. Gen. 2012

- Clinical notes (unstructured free-form text)
- Billing code: International Classification of Disease (ICD-CM)
- Billing code: ICD Current Procedural Terminology (ICD-CPT)
- Lab tests: Logical Obs. Identifiers Names & Codes (LOINC)
- Pharmaceutical: Prescription data (RxNorm)
- Radiology, electrocardiogram, MRI, etc

Rapid adoption of EHR in the US hospitals 2008-2015



International Classification of Diseases (ICD)



ICD-9 taxonomy: https://icdlist.com/icd-9/index ICD-10 taxonomy: https://icdlist.com/icd-10/index

Focus of this talk: unsupervised learning of disease topics to aid phenome-wide association studies





Phenotype clusters



Represent EHR as a bag of words

- We can expand EHR code count vector n_d in patient d into a long vector of code indices x_d of length equal to N_d
- Each patient EHR profile is a "document"
- Each record code is a "token"
- The *i*th token in document *d* is the *i*th EHR code from patient *d*
- The total count of EHR "word" w in patient document d is the sum of the tokens that are word w:

$$n_{wd} = \sum_{i} [x_{id} = w]$$



Document exhibits mixture of topics [Blei et al., 2003] "Arts" "Budgets" "Children" "Education"

NEW	MILLION	CHILDREN	SCHOOL
FILM	TAX	WOMEN	STUDENTS
SHOW	PROGRAM	PEOPLE	SCHOOLS
MUSIC	BUDGET	CHILD	EDUCATION
MOVIE	BILLION	YEARS	TEACHERS
PLAY	FEDERAL	FAMILIES	HIGH
MUSICAL	YEAR	WORK	PUBLIC
BEST	SPENDING	PARENTS	TEACHER
ACTOR	NEW	SAYS	BENNETT
FIRST	STATE	FAMILY	MANIGAT
YORK	PLAN	WELFARE	NAMPHY
OPERA	MONEY	MEN	STATE
THEATER	PROGRAMS	PERCENT	PRESIDENT
ACTRESS	GOVERNMENT	CARE	ELEMENTARY
LOVE	CONGRESS	LIFE	HAITI

The William Randolph Hearst Foundation will give \$1.25 million to Lincoln Center, Metropolitan Opera Co., New York Philharmonic and Juilliard School. "Our board felt that we had a real opportunity to make a mark on the future of the performing arts with these grants an act every bit as important as our traditional areas of support in health, medical research, education and the social services," Hearst Foundation President Randolph A. Hearst said Monday in announcing the grants. Lincoln Center's share will be \$200,000 for its new building, which will house young artists and provide new public facilities. The Metropolitan Opera Co. and New York Philharmonic will receive \$400,000 each. The Juilliard School, where music and the performing arts are taught, will get \$250,000. The Hearst Foundation, a leading supporter of the Lincoln Center Consolidated Corporate Fund, will make its usual annual \$100,000 donation, too.



Meng, X.*, Wang, M., ..., Li, Y.* (2022) Integrative PheWAS analysis in risk categorization of major depressive disorder and identifying their associations with genetic variants using a latent topic model approach. *Translational Psychiatry*

Inferring multimodal topics from EHR¹



¹Li, Y.^{*} et al. Inferring multimodal latent topics from electronic health records. *Nat Commun* 11, 2536 (2020). [Li et al., 2020]

Learning accurate phenotypes from EHR data

Challenges:

- noisy and sparse EHR
- topic interpretability and identifiability

Three strategies (<u>trainees</u>, ..., *correspondence):

Modelling specialist-specific decision process:

 Song, Z., ..., Li, Y.* (2021) Supervised multi-specialist topic model with applications on large-scale EHR data. In 12th ACM Conference on Bioinformatics, Computational Biology, and Health Informatics (ACM-BCB)

Leverage taxonomical knowledge graphs:

- Wang, Y., ..., Li, Y.* (2022) A graph-embedded topic model enables characterization of diverse pain phenotypes among UK Biobank individuals. *iScience* 104390
- <u>Zou Y.</u>, ..., Li, Y.* (2022) Modeling electronic health record data using a knowledge-graph-embedded topic model. arXiv.

Leverage expert-curated phenotype definitions as guides:

- Anjuha, Y., ..., Li, Y.*. (2022) MixEHR-Guided: A guided multi-modal topic modeling approach for large-scale automatic phenotyping using EHR. (in rev.)
- Song, Z., ..., Li, Y.* (2022) Automatic phenotyping by a seed-guided topic model. In Proceedings of the 28th ACM SIGKDD Conference on Knowledge Discovery and Data Mining

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Graph-ETM (GETM)²



²Wang, Y., ..., & Li, Y. (2022) A graph-embedded topic model enables characterization of diverse pain phenotypes among UK Biobank individuals. *iScience*

Modeling conditions and medications data of 450K individuals from UK Biobank [Bycroft et al., 2018]

- 457,461 individuals of European descent individuals to reduce confounding caused by different ethic groups
- 802 active ingredients for medications
- 443 phenotypic conditions

In collaboration with Audrey Grant at the Department of Anesthesia

Visualize embedding of topics and conditions/medications



(d)

(c)





Prediction performance on chronic musculoskeletal pain



- Logistic regression was performed using θ obtained from GETM with 128 topics to predict CMK pain.
- The baseline used raw conditions and medications data as input features.
- We experimented on seven data configurations with different condition sets and medication sets as indicated by x-axis.

Top topics for chronic musculoskeletal pain ${}^{\scriptscriptstyle{(a)}}$



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Predicting chronic pain types on different body sites



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Graph Attention neTworks (GAT) [Cucurull et al., 2017]



$$\alpha_{ij} = \frac{\exp(\mathbf{a}^{\top}[\mathbf{W}\mathbf{h}_{i},\mathbf{W}\mathbf{h}_{j}])}{\sum_{k\in\mathcal{N}_{i}}\exp(\mathbf{a}^{\top}[\mathbf{W}\mathbf{h}_{i},\mathbf{W}\mathbf{h}_{k}]}, \quad \mathbf{h}_{i} = \sigma(\sum_{j\in\mathcal{N}_{i}}\alpha_{ij}\mathbf{W}\mathbf{h}_{j})$$
$$h_{i} = \|_{k=1}^{K}\sigma(\sum_{j\in\mathcal{N}}\alpha_{ij}^{k}\mathbf{W}^{k}\mathbf{h}_{j}), \quad h_{i}^{(f)} = \sigma(\frac{1}{K}\sum_{k=1}^{K}\sum_{j\in\mathcal{N}_{i}}\alpha_{ij}^{k}\mathbf{W}^{k}\mathbf{h}_{j})$$

End-to-end training of GAT-ETM³



³Zou Y., ..., & Li, Y. (2022) Modeling EHR data using GAT-ETM. arXiv.

GAT-ETM evaluation on Montreal PopHR data⁴

Montreal PopHR Dataset [Shaban-Nejad et al., 2017]:

- 5107 unique ICD codes
- 1057 unique ATC (i.e., medication) codes
- 1.2 million patients (6/2/2 training/validation/testing)

Model	Recon.	Topic Quality [ICD,ATC]				
	NLL.	topic coherence	topic diversity	topic quality	TQ(ave.)	
ETM	198.26	0.113, 0.233	0.373, 0.423	0.0421, 0.0986	0.0704	
GETM	184.32	0.167, 0.271	0.86, 0.83	0.1436 , 0.2249	0.1843	
GAT-ETM	172.69	0.18, 0.314	0.76, 0.787	0.1368, 0.2471	0.1920	

 $^{^4\}mathsf{PopHR}$ data accessed via collaboration with David Buckeridge from School of Public Health at McGill

Embedding of EHR codes generated by the GAT



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Key Idea: based on patients' ICD-9 codes from a particular dataset, infer 1500 Phecode-guided topics Phecode Map 1.1 with ICD-9 codes

This is the previous version of the map used in the HLA analysis. You can download this with the Export All button.

					Clear Filters Export All Export Visible
ICD9 🕚 🗸	ICD9 String 🕕 🗸 🗸	PheCode 🕚 👻	Phenotype 🕕 🗸 🗸	Excl. Phecodes 🌐 🛛 👻	Excl. Phenotypes 🍈 🗮
icd9	description	code	phenotype	excl. phecode	excl. range name
001	Cholera	008	Intestinal infection	001-009.99	Intestinal infection
001.0	Cholera due to Vibrio cholerae	008	Intestinal infection	001-009.99	Intestinal infection
001.1	Cholera due to Vibrio cholerae el tor	008	Intestinal infection	001-009.99	Intestinal infection
001.9	Cholera NOS	008	Intestinal infection	001-009.99	Intestinal infection
002	Typhoid and paratyphoid fevers	008	Intestinal infection	001-009.99	Intestinal infection
002.0	Typhoid fever	008.5	Bacterial enteritis	001-009.99	Intestinal infection
002.1	Paratyphoid fever A	008	Intestinal infection	001-009.99	Intestinal infection
002.2	Paratyphoid fever B	008	Intestinal infection	001-009.99	Intestinal infection
002.3	Paratyphoid fever C	008	Intestinal infection	001-009.99	Intestinal infection
002.9	Paratyphoid fever NOS	008	Intestinal infection	001-009.99	Intestinal infection
003	Other salmonella infections	008.5	Bacterial enteritis	001-009.99	Intestinal infection
003.0	Salmonella gastroenteritis	008.5	Bacterial enteritis	001-009.99	Intestinal infection
003.1	Salmonella septicemia	038.1	Gram negative septicemia	010-041.99	bacterial infection
003.2	Localized salmonella infections	008.5	Bacterial enteritis	001-009.99	Intestinal infection
003.20	Localized salmonella infection, unspeci	008.5	Bacterial enteritis	001-009.99	Intestinal infection
003.21	Salmonella meningitis	320	Meningitis	320-326.9	INFLAMMATORY DISEASES OF THE C
003.22	Salmonella pneumonia	480.1	Bacterial pneumonia	480-488.99	Pneumonia and influenza
003.23	Salmonella arthritis	711	Arthropathy associated with infections	710-716.99	Arthropathies
003.24	Salmonella osteomyelitis	710.1	Osteomyelitis	710-716.99	Arthropathies
003.29	Other localized salmonella infections	008.5	Bacterial enteritis	001-009.99	Intestinal infection
003.8	Other specified salmonella infections	008.5	Bacterial enteritis	001-009.99	Intestinal infection
003.9	Salmonella infection NOS	008.5	Bacterial enteritis	001-009.99	Intestinal infection
004	Shigellosis	008.5	Bacterial enteritis	001-009.99	Intestinal infection
004.0	Shigella dysenteriae	008.5	Bacterial enteritis	001-009.99	Intestinal infection
4 1	/ 623 🕨 🕨 25 🗸 items per pag	je			1 = 25 of 15558 items

MixEHR-Guided⁵



⁵Anjuha, Y., ..., **Li, Y.**^{*}. MixEHR-Guided: A guided multi-modal topic modeling approach for large-scale automatic phenotyping using EHR. (in rev.)

Top 5 features for each of 9 diverse disease phenotypes



Automatic phenotyping performance



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MixEHR-seed model⁶



⁶Song, Z., ..., & Li, Y. (2022) Automatic phenotyping by a seed-guided topic model. In Proceedings of the 28th ACM SIGKDD Conference

Inferred age-dependent phenotypes in 1/4 Montreal PopHR

a. MixEHR-seed PGM

b. Amortized variational inference of topic prior



Application on UK Biobank data (unpublished & prelim.)

ICD-10 processing:

- 500,000 UKB subjects (including all races)
- 6807 unique ICD-10 codes are mapped 1484 PheCodes
- Remove PheCodes with frequency < 10 subjects
- 6.12 million observed ICD-10 records

Drug code processing:

- Group all same drugs with different dosage, tablet/liquid to a unique ATC codes
- Remove ATC with frequency < 10
- 803 unique ATC codes
- 1.19 million ATC records

Drug usage prediction:

- 139 PheCodes have at least one known drug treatment
- Remove patients that use any of those drugs in the first visit
- For patients in the following visits, they were labelled as positive if they took the phecode-linked drugs
- Average AUPRC: 60% (in contrast to 40% using 2-PMM or 20% using only PheCode)

Select phecode-guided topics inferred from the UKB data



PheWAS of lipoprotein(a) (LPA) genetic variant rs10455872 using non-UKB data⁷



⁷13,900 adults from DNA biobank at Vanderbilt University Medical Center; Wu, P. et al. Mapping ICD-10 and ICD-10-CM Codes to Phecodes: Workflow Development and Initial Evaluation. Jmir Medical Informatics 7, e14325 (2019). [Wu et al., 2019]

Phenome-topic-wide associations with LPA variant rs10455872 from UK Biobank



Fine-mapped SNPs for metabolic measurements⁸



 $^8 \underline{Zhang}, W.$, Najafabadi, H., **Li, Y.*** SparsePro: an efficient genome-wide fine-mapping method integrating summary statistics and functional annotations. bioRxiv (under review)

PhenoTopicWAS on the fine-mapped SNP rs1260326



Summary

- Modelling multi-modal EHR data allows us to better quantify phenotypic risk as the topic probabilistic score
- Harnessing knowledge graph in representational learning help deriving interpretable topics from otherwise sparse and noisy EHR data
- Anchoring 1500 phecode-defined phenotypes enables inferring identifiable and interpretable phenotypic topics that can be used for downstream PheWAS

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 - Ziyang Song (PhD cand.)
 - Yuanyi Hu (undergrad)
- UK Biobank data analysis:
 - Ziqi Yang (undergrad)
 - Wenmin Zhang (PhD cand.)

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- Dr. David Buckeridge
- Dr. Xiangfei Meng

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- McGill initiative of Computational Medicine (MiCM)

We are recruiting! Welcome to apply: thesis-based master, PhD, postdoc Homepage: https://www.cs.mcgill.ca/~yueli/

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