Visualizing Clinical Profiles of Rare Metabolic Diseases

Project Team: Zhong Huang, Nishant Iyengar Project Manager: Zach White Project Lead: Rachel Richesson, PhD

Project Summary

Two undergraduate students spent ten-weeks adopting Latent Dirichlet Allocation, a natural language processing technique, as a clustering mechanism for the comorbidities of rare metabolic diseases.

Data

- 1.2 million DUHS patients over the past 5 years; all have been diagnosed with a "rare disease."
- Includes ICD 9 codes, Event Date, Age, Sex, and Medications (however only ICD 9 codes and Medications were used to cluster patients).







Methodology & Model Validation

Methodology:

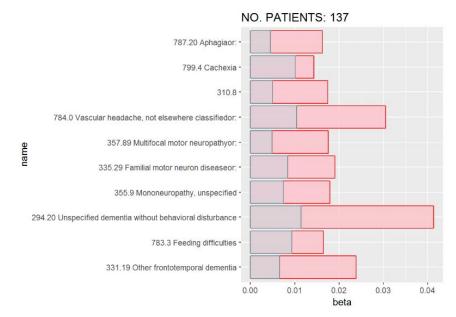
- After parsing out diseases populations from the larger data set, a long-format table was constructed that tallied the number of times a patient ID was associated with an ICD9 code.
- Patients with <5 unique ICD9 codes and ICD9 codes appearing in >50% of all patients were discarded. The table also underwent TF-IDF down weighing, analogous to down weighing "stop words" in natural language processing.
- The table was then fed into the Latent Dirichlet Model, implemented in the topicmodels package.

Model Validation:

- The K value (number of topics/clusters) was selected using the Idatuning package, which integrates metrics from Griffiths (2004), CaoJuan (2009), Arun (2010), and Deveaud (2014).
- The K value was limited between 2 and 6 for practicality.
- Only disease populations that could be modeled with a p-value of (approximately) 0 were selected for continued analysis.

Results / Next Steps

The resultant model produces an optimal K clusters and the top ten most prevalent symptoms/medications in each cluster. Using Principal Component Analysis, it also visualizes the difference between different clusters.



Next Steps

- Invite more clinicians at DUHS to use our custom R Shiny interface to manually down weigh
 ICD9 codes that are irrelevant in a cluster (i.e. downweigh clinically known comorbidities).
- Determine novel correlations between the comorbidities of rare metabolic diseases.
- Conduct a more in-depth statistical analysis within clusters.