



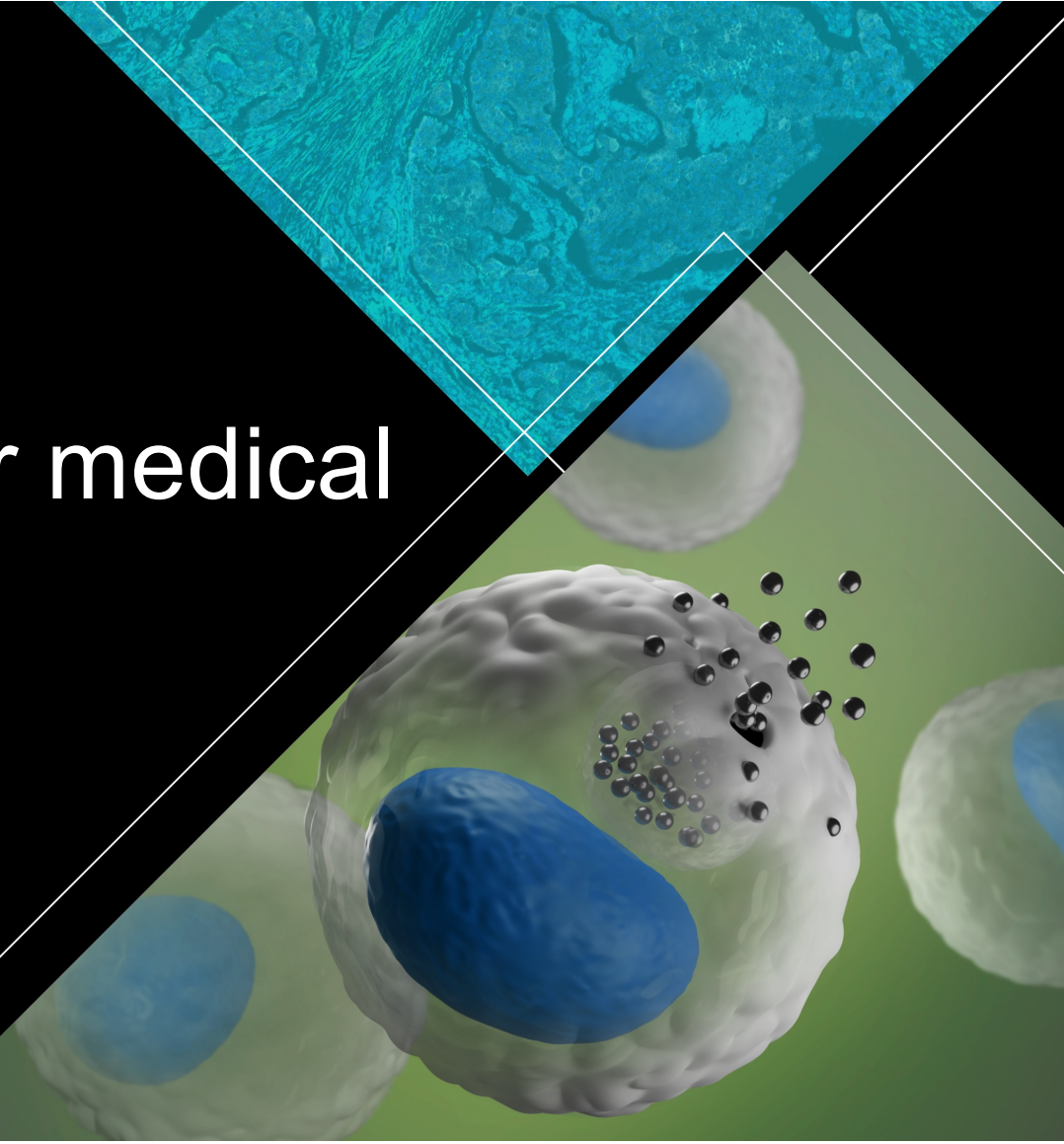
IMPROVE-ing AI for medical applications

Ryan Weil, PhD

Cancer Data Science Initiatives

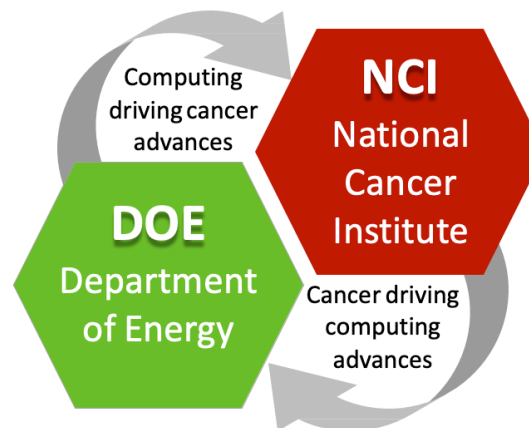
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NCI-DOE Collaboration

Strategic interagency collaboration created in 2016 to accelerate cancer research using emerging exascale computing capabilities.





AI is going to the clinic!

- ***Software as a medical device*** has an expected compounded annual growth rate (CAGR) of 21.9% during 2020–2027 and will be a >\$85B a year area.
 - ◇ Many of these products are expected to have an AI component
 - ◇ FDA with other regulatory agencies has released Good AI/ML practice guidance similar to GMP/GCP*.
- ***AI as a biomarker/companion diagnostic***—especially with mIoT devices—is already being considered for the treatment selection
- There are many challenges to pervasive AI at the edge in medical applications.

*<https://www.fda.gov/medical-devices/software-medical-device-samd/artificial-intelligence-and-machine-learning-software-medical-device>



Barriers to adoption of AI at the edge

Soft problems

- **Liability/Insurance**

- ◇ The problem is as hard or harder than liability for self driving.

- **Data**

- ◇ For most applications in medical AI the training data sets are minuscule compared to the complexity of the data.

- **Control**

- ◇ The mindset has to change in care giver community and patients.

- **Cost**

- ◇ Will the payers determine the value of the prediction is worth the computational and development cost.

- ◇ Are the data required as inputs (tests, sensors, etc) in line with the value of the prediction.



The biosciences are behind physics

- **Physics informed AI is maturing**

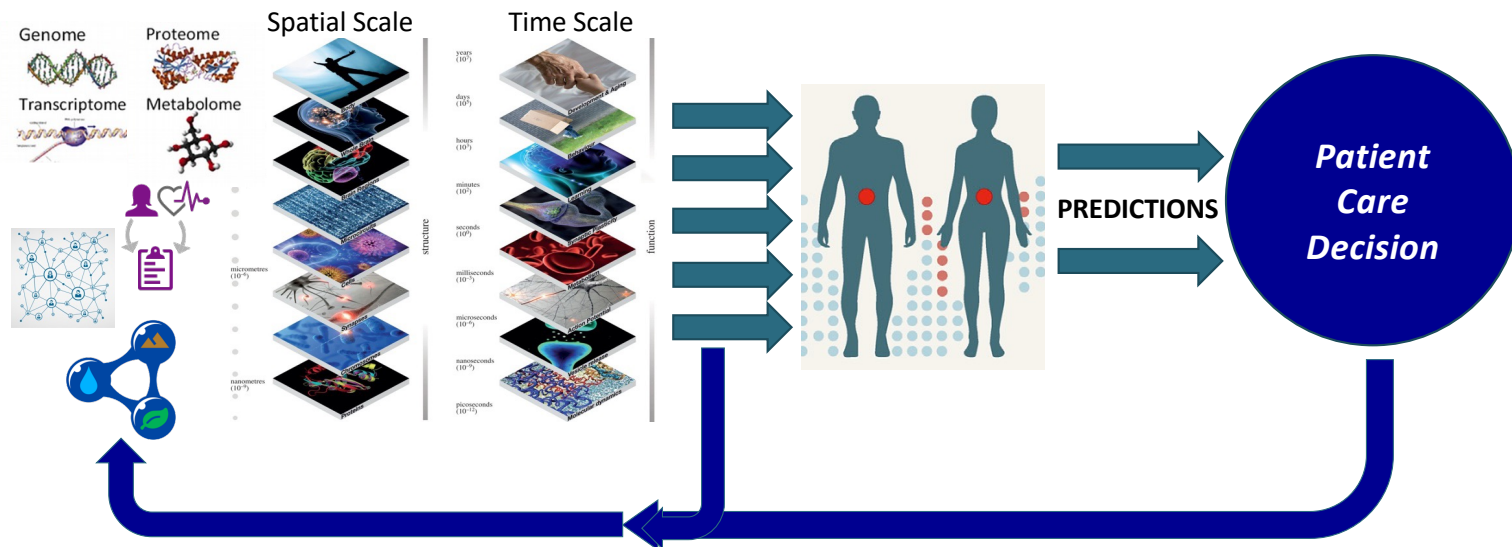
- ◇ It is relatively straight forward for an AI to rederive Bernoulli's equations from lots of training data.
- ◇ Data for physical/mechanical systems are far more readily available.

- **Biomedically informed AI is in its infancy**

- ◇ Fitness watches can identify arrhythmia and insulin pumps can predict dosing, but those use limited data and have a singular output as well as manual override.
- ◇ AI for pathology (whole slide imaging) is maturing and Paige.ai has approved products for **aiding** pathologists in diagnosing cancers.
- ◇ Digital twins are being developed but there is a lot of work to be done.

Digital Twin for Predictive Oncology

Patient-tailored models incorporating multi-omic, clinical, environmental and social data that can evaluate and predict the most effective prevention and therapeutic plans



Hernandez-Boussard, T. *et al.* Digital twins for predictive oncology will be a paradigm shift for precision cancer care. *Nat Med* **27**, 2065–2066 (2021). <https://doi.org/10.1038/s41591-021-01558-5>



Barriers: Data acquisition and use

- **IRBs**

- ◇ IRBs are not generally well setup to assess the *informational risk* to patients.

- **Consent for altruistic reasons is no longer a viable model**

- ◇ Leads to bias since there are significant differences based on race, gender, age, condition, etc.

- ◇ This leads to greater benefits for people that are well represented in the training data.

- **HIPAA**

- ◇ Data sharing laws were not set up for supporting medical AI at scale.

- ◇ Statistical and safe harbor deidentification don't stand up to analysis at scale.

This slide attempts to summarize a talk by Barbara Evans at U of F on Sustainable AI in Clinical Care



Regulatory considerations

- **Depending on their purpose AI models can be considered *in vitro* diagnostic devices and therefore subject to 21 CFR 812 (Investigational Device Exemptions) and require a 510k and post market surveillance in order to be marketed.**
- **Significant risk means an investigational device that:**
 - ◇ (1) Is intended as an implant and presents a potential for serious risk to the health, safety, or welfare of a subject;
 - ◇ (2) Is purported or represented to be for a use in supporting or sustaining human life and presents a potential for serious risk to the health, safety, or welfare of a subject;
 - ◇ ***(3) Is for a use of substantial importance in diagnosing, curing, mitigating, or treating disease, or otherwise preventing impairment of human health and presents a potential for serious risk to the health, safety, or welfare of a subject; or***
 - ◇ ***(4) Otherwise presents a potential for serious risk to the health, safety, or welfare of a subject.***

(21 CFR 812.3(m))



More things to consider from 21 CFR 812

- **Is deidentified data still considered human subjects?**

- ◇ **Subject** means a human who participates in an investigation, either as an individual on whom or on whose specimen an investigational device is used or as a control. A subject may be in normal health or may have a medical condition or disease. (21 CFR 812.3(p))

- **Error handling is higher impact**

- ◇ **Unanticipated adverse device effect** means any serious adverse effect on health or safety or any life-threatening problem or death caused by, or associated with, a device, if that effect, problem, or death was not previously identified in nature, severity, or degree of incidence in the investigational plan or application (including a supplementary plan or application), or any other unanticipated serious problem associated with a device that relates to the rights, safety, or welfare of subjects. (21 CFR 812.3(s))



The more immediate problem

- **Approval for medical devices normally requires proving effectiveness and superiority (or at least non-inferiority).**

- **How is this possible when there is:**

No standard benchmark for testing or training

No standard performance measures for evaluation

No clear consensus approach or method

No clear human baseline to compare with

There is an opportunity to close some of the gaps discussed above.

IMPROVE: Innovative Methodologies and New Data for Predictive Oncology Model Evaluation

Rick Stevens

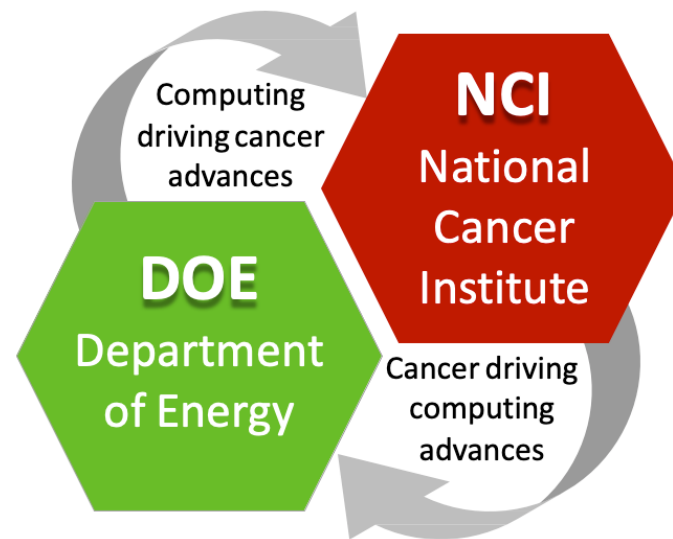
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Research*





Anticipated *Impacts* of IMPROVE

Closing Gaps in the development and application of deep learning models for predictive modeling of therapeutic response, including:

- Well-curated, clinically relevant, standardized training and testing datasets
- Standardized, easily-applicable workflow (including software pipeline, performance metrics, data, etc.) for evaluating and comparing prediction models to drive model improvement
- Understanding the model attributes related to predictive power, interpretability, and uncertainty quantification (including errors and failure to predict and how this is handled)
- Engaging the community for expert opinions and collaborations on developing a model evaluation framework and generating benchmark data

Creating Approaches for evaluating and improving modeling that are intended to be generalizable to deep learning models in other domains in NCI and DOE

- ◇ E.g., materials design, HPC surrogates

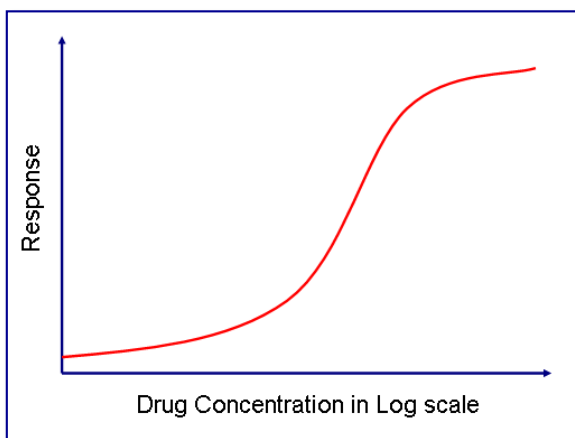
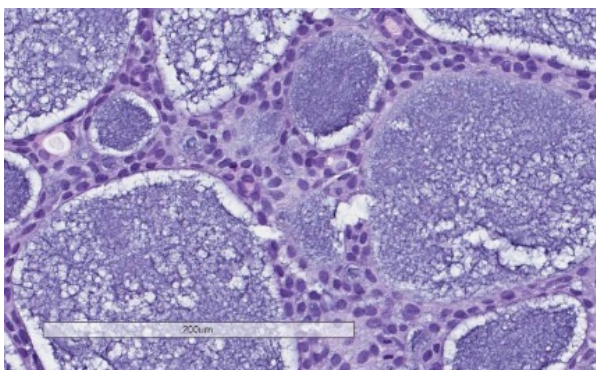
Generating New Hypotheses and identifying previous hidden cancer types and treatment targets.



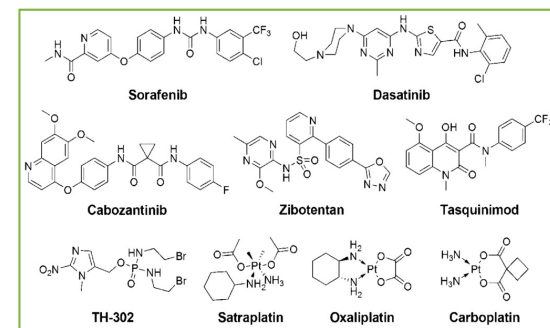
Aims of IMPROVE Project

- Two related aims with the shared goal of **IMPROVING** deep learning models for predicting drug response in tumors:
 - ◇ **Aim 1: IMPROVE Models:** Development of semi-automatic protocols for **comparing deep learning models** and **identifying model attributes** that contribute to prediction performance.
 - ◇ **Aim 2: IMPROVE Data:** Development of protocols for **specifying drug screening experiments and generating new data**

Data Driven Modeling of Cancer Drug Response



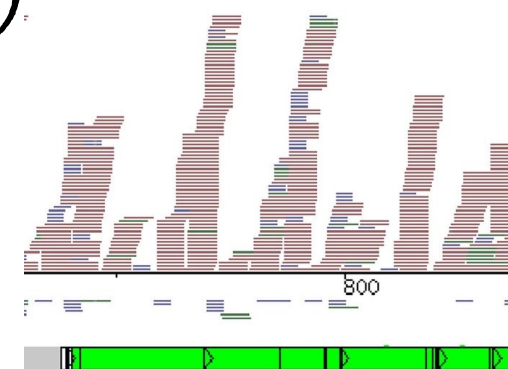
Drug (s)
descriptors
fingerprints
structures
SMILES
dose



$$R = f(T, D, [P]^*)$$

↑
IC50
AUC
GI50
% growth
Z-score
Response

↑
gene expression levels
SNPs
protein abundance
microRNA
methylation
Tumor



$[P]^*$ (patient/treatment history, etc.)



Components that define the predictive power of a model

How much of the predictive power of a given model is due to the **structure and nature of the model** itself vs. the **quality and coverage of the data** the model is trained and tested on?

Our approach focuses on addressing **two key bottlenecks**:

1. **Changing the model structure and tuning hyperparameters**
2. **Improving the datasets used for training and testing**

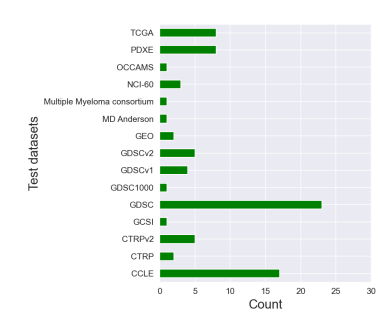
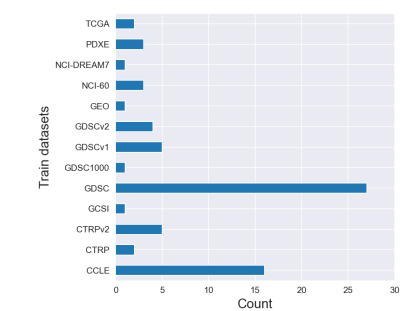
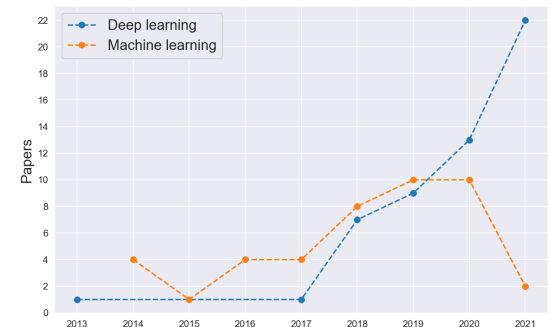
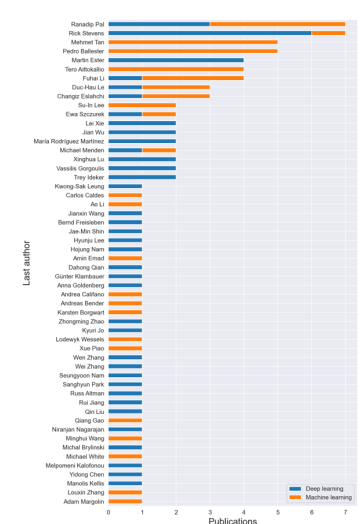
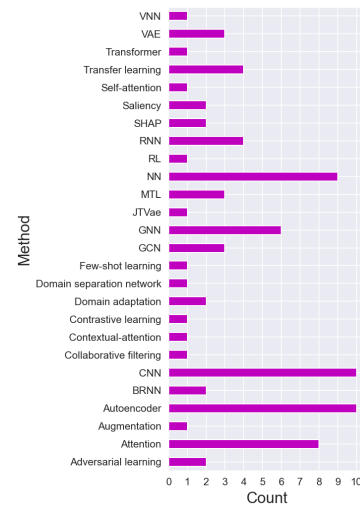
With broad community involvement to improve transferability

IMPROVE Aim 1: Evaluation and Comparison of Drug Response Prediction Models

Comprehensive literature survey to collect information about research groups and models (ongoing task)

- > 100 papers about machine/deep learning drug response prediction
- Categorize models according multiple criteria to select representative ones for comparison study
 - ◇ Model architecture and technique
 - ◇ Functionality, e.g. transfer learning, interpretability and uncertainty quantification
 - ◇ Code availability and documentation
 - ◇ Training and validation data

Adapt and modify code to train and test the models, and conduct reproducibility analysis





IMPROVE Aim 2: Data Generation to Evaluate and Improve Drug Response Models

- **Aim 2 will design and execute high-throughput experiments to generate new data aiming at evaluating and improving drug response prediction models**
- **Data will include RNA-seq and DNA-seq data of cancer models and drug response data with multiple doses and replicates, and potentially other clinically relevant tests.**
- **Cancer models can be patient-derived organoids (PDOs), xenograft organoids (PDXOs), and primary cell lines (PDCs), which are better representations of patient tumors than immortalized cancer cell lines**
- **In addition to data generation, we will continuously curate and standardize new drug screening/response data from the public domain**



Anticipated Resources Developed

Software

- **A pipeline enabling the evaluation of new prediction models and comparison with existing state-of-the-art models; standardized evaluation metrics and scenarios will be implemented.**
 - ◇ GitHub link: <https://github.com/JDACS4C-IMPROVE>
 - ◇ Multiple prediction performance metrics and functional metrics, e.g., interpretability and uncertainty quantification
 - ◇ Multiple cross-validation scenarios

Models

- **Existing state-of-the-art drug response prediction models included in the pipeline that can run in batch mode that have been curated/validated and publicly available for easy adoption by the cancer research community.**
- **Improved prediction models through transfer learning on newly generated/curated data**



Anticipated Translational Goals

Benchmark Data

- Newly generated drug screening data on PDOs, PDXOs, or PDCs.
- Newly curated, standardized, and aggregated drug screening/response data on cell lines, PDOs, PDXs, and patients

Advancing the state of the art

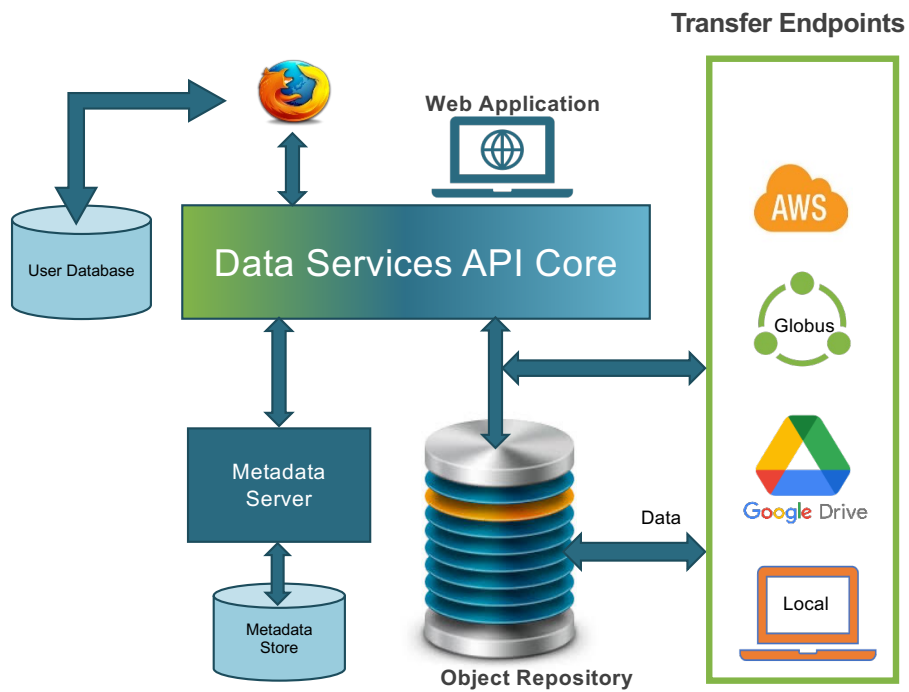
- Systematic errors in the ability of AI to predict outcomes/treatments can indicate novel subtypes and highlight previously unappreciated therapeutic targets.
- Potential help move from stage/grade classification to classification based on treatment classes and the likelihood of a favorable outcome.
- Aiding researchers in knowing, which models are believable and how they can be applied in real-world situations.
- Providing a systematic measurement of the value of each type of test/data in relation to cost and patient impact.



Everything Needs to be Open

- The **IMPROVE** framework, our model analysis results, any improved models and all the data produced will be open source and available to the whole community
- **IMPROVE** will hold development hackathons that will be open and an annual meeting that will be open to the community for participation
- **IMPROVE** will work with the ecosystem to advocate for open models, open data, and open-source enabling replication of modeling results

Predictive Oncology Model & Data Clearinghouse (MoDaC)



- Clearinghouse for annotated mathematical models and datasets from NCI collaborations
- Public facing web interface and RESTful APIs for submitting data.
- Metadata based search capability for locating models and datasets. Browsing and filtering support.
- Models and datasets can be staged in restricted access mode until ready for sharing.
- Multiple endpoint types supported for data transfer.
- DOI Support
 - Global identifier per asset.
 - Shareable link for citations.

<https://modac.cancer.gov>



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Backup slides