

BIG DATA INSTITUTE

Li Ka Shing Centre for Health Information and Discovery



Using wearables and machine learning to predict cardiovascular disease

Aiden Doherty

*Nuffield Department of Population Health
NIHR Oxford Biomedical Research Centre*

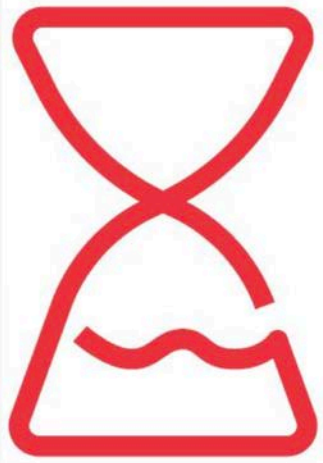
With many thanks to:

Shing Chen, Rosemary Walmsley, Khizr Nawab, Alaina Cockerell, Matthew Willetts, Sven Hollowell

Chris Holmes, Derrick Bennett, Will Herrington, Terry Dwyer, Rema Ramakrishnan, Cecilia Lindgren, Michael Holmes, Karl Smith-Bryne, Teresa Ferreira, Sarah Pulit, Louis Aslett

Nick Wareham, Soren Brage, Vincent van Hees, Dan Jackson, Nils Hammerla, Thomas Plotz, Simon Sheard, Rob Gillions,

Martin Landray, Gil McVean, and many others...



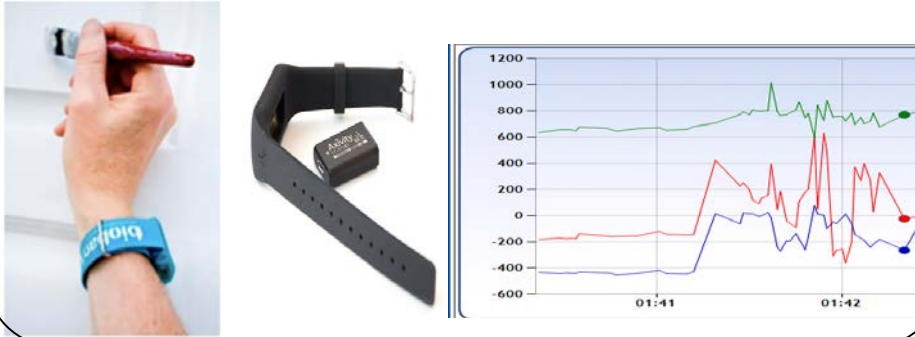
**Every
8 minutes**
someone in the UK
dies from coronary
heart disease

Most people with heart disease are identified too late

Many cardiac events not predicted by current models

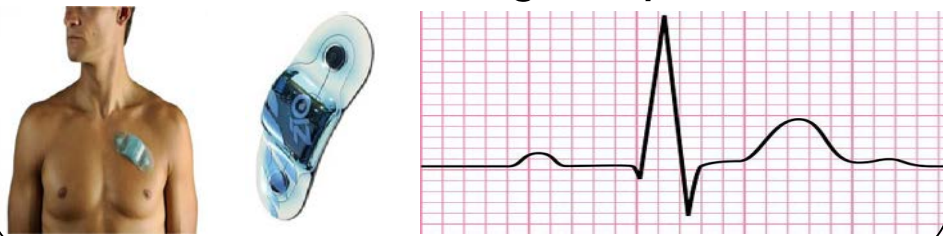
6.8 million regular wearable users in the UK

Accelerometer



Potential to identify new powerful signals of disease risk from sensors

Electrocardiogram patch



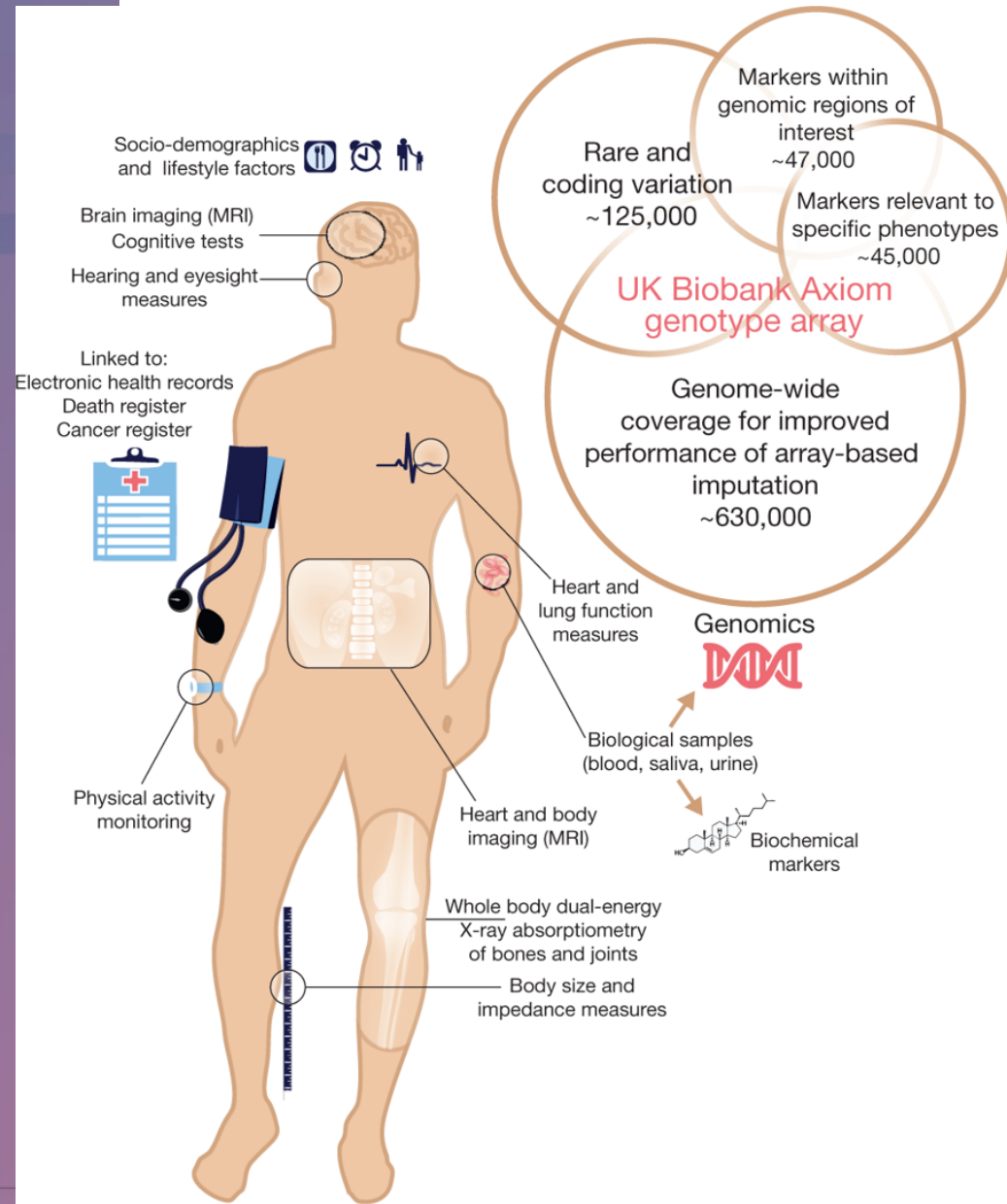
Could these signals help improve current models used in clinical practice?



UK BIOBANK

Genetic and health data
from half a million people
in the United Kingdom

PAGES 194, 203 & 210



TECHNOLOGY

TIME TO THINK SMALL

Fleets of tiny satellites could change space exploration

PAGE 185

OPTOELECTRONICS

TURNING UP THE LIGHT

Boost in performance for perovskite LEDs

PAGES 197, 245 & 249

DEVELOPMENTAL BIOLOGY

TWO WAYS TO GROW

A second source for the cells that line blood vessels

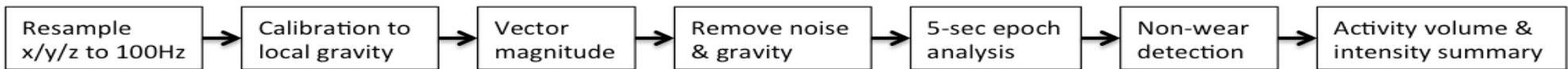
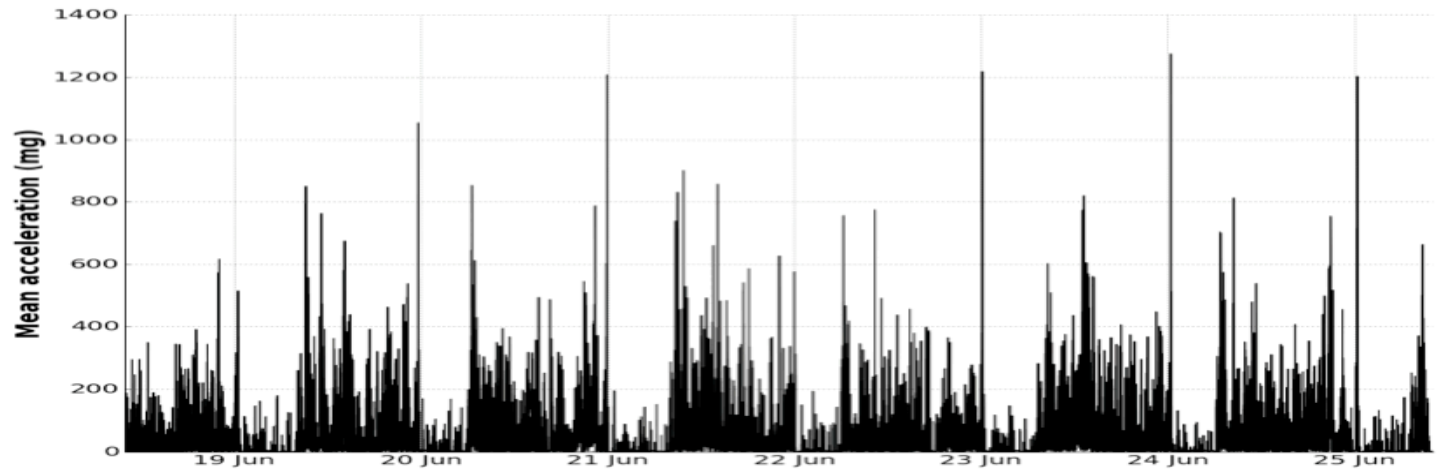
PAGES 195 & 223

NATURE.COM

11 October 2018

Vol. 562, No. 7726

Careful phenotyping is very important



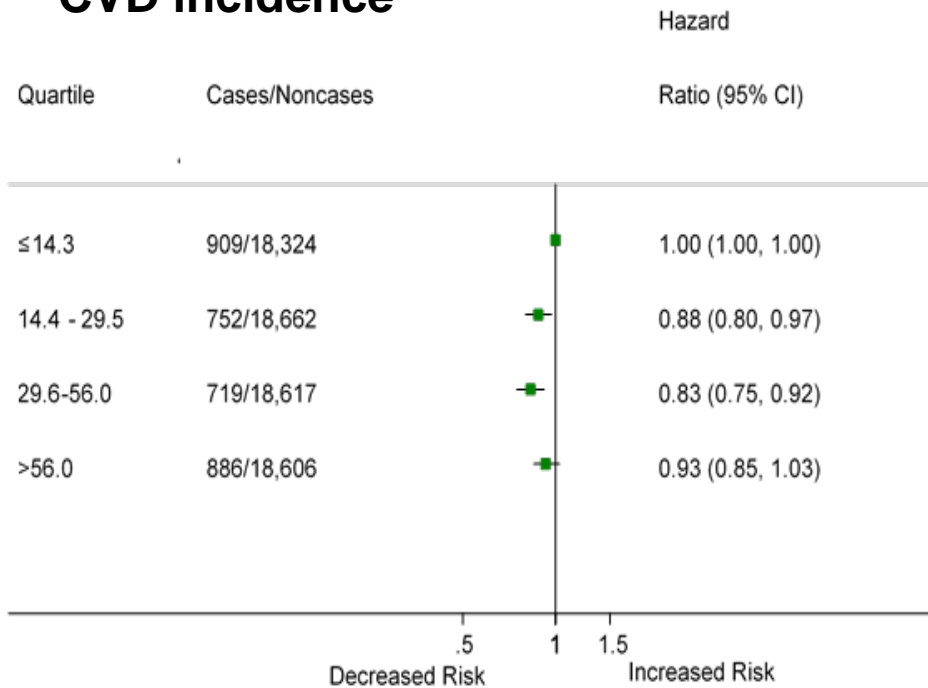
$n = 103,712$

Asked to wear for 7 days

~180 million data points per person per week

Physical activity & incident CVD

Self-report - 17% reduction in CVD incidence

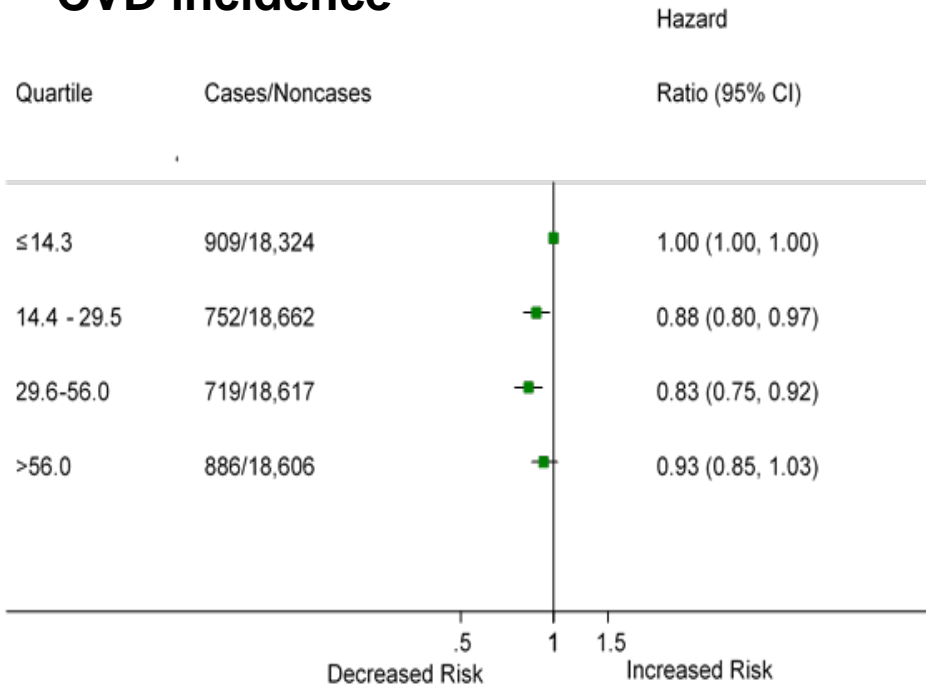


Hazard ratios^a for incident cardiovascular disease (CVD) by equal fourths of measured physical activity.

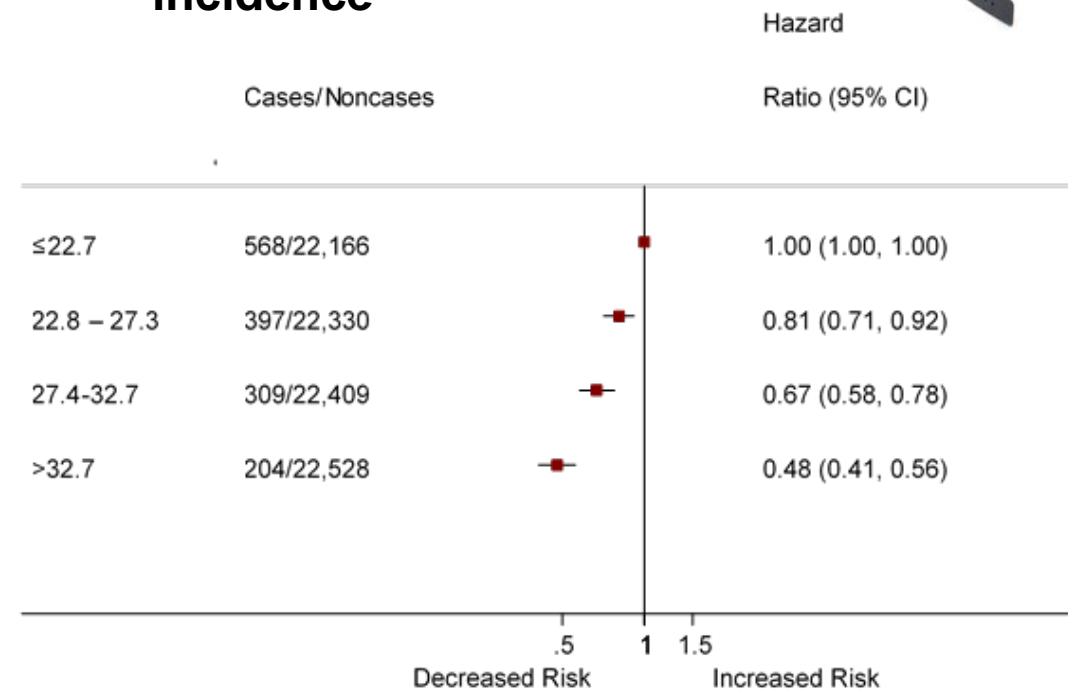
^a Stratified by age-at-risk and adjusted for ethnicity, education, Townsend Deprivation Index, smoking, and alcohol consumption

Physical activity & incident CVD

Self-report - 17% reduction in CVD incidence



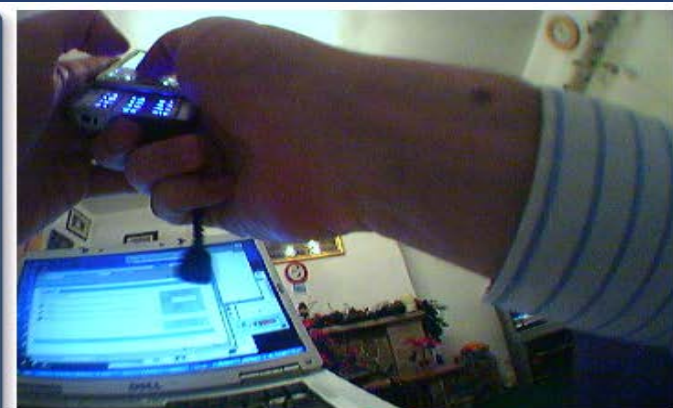
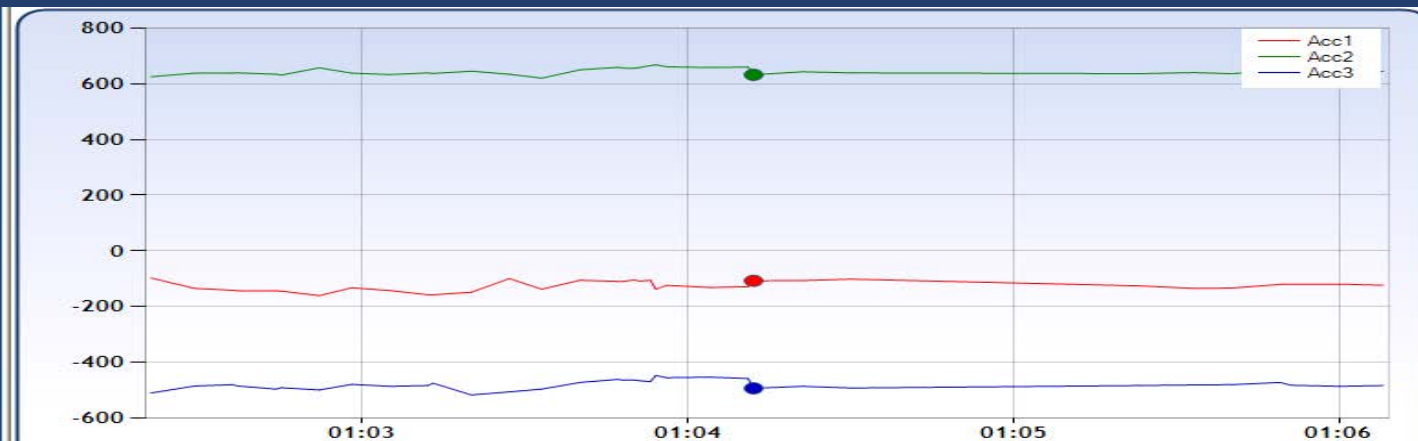
Device - 52% reduction in CVD incidence



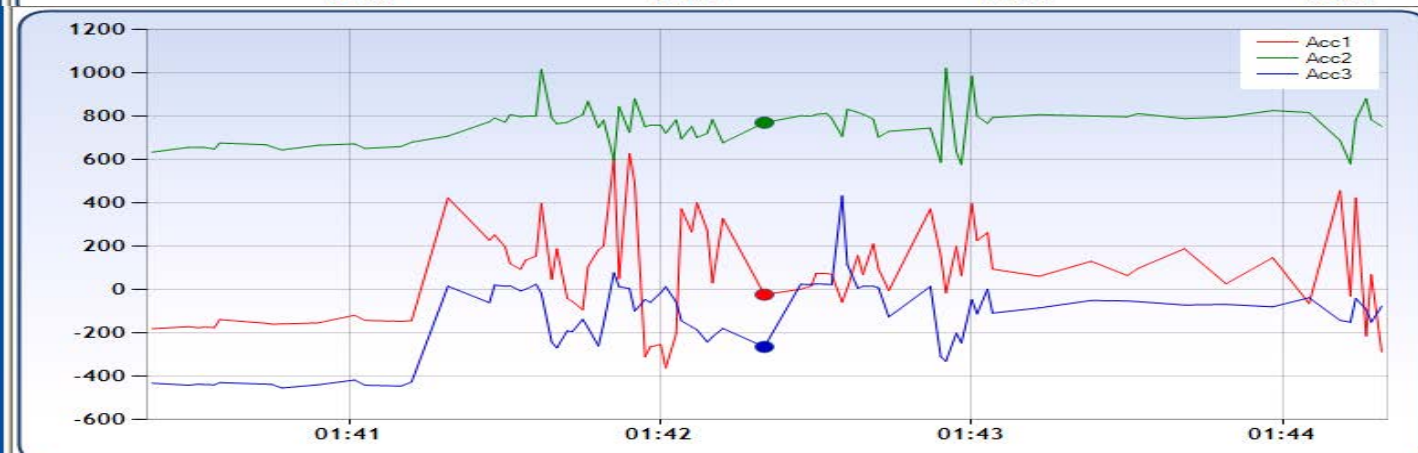
Hazard ratios^a for incident cardiovascular disease (CVD) by equal fourths of measured physical activity.

^a Stratified by age-at-risk and adjusted for ethnicity, education, Townsend Deprivation Index, smoking, and alcohol consumption

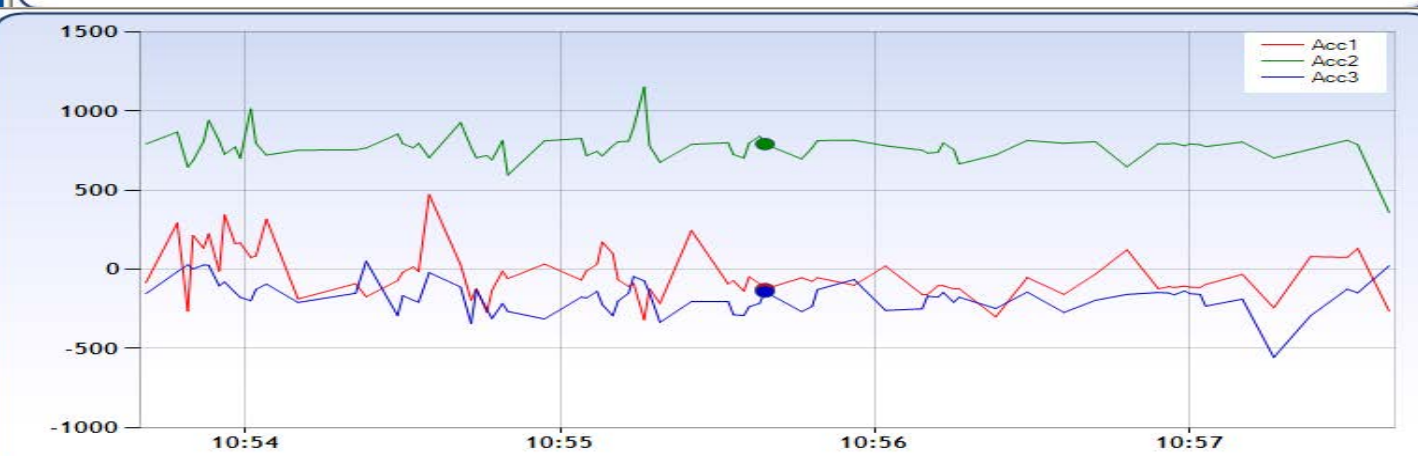
AI to learn functional activities from wearables



Sitting



Walking



Driving



Machine learning of behaviours from acc data

150 people – activity monitors + cameras



Behaviour classification – free living groundtruth

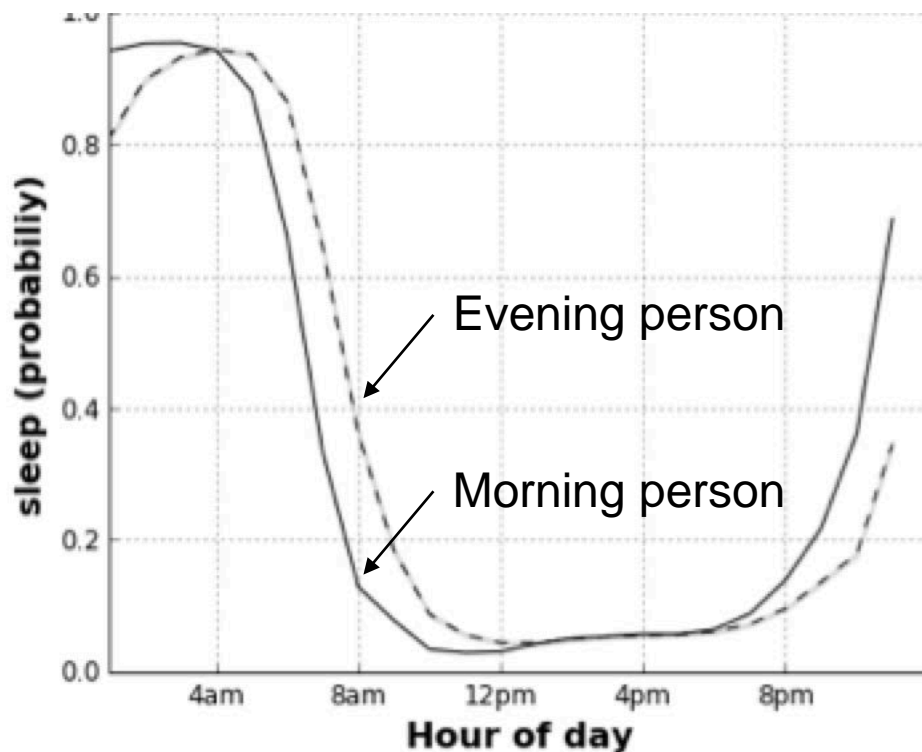
- 188,355 mins annotated behaviour from 153 people
- 230 different behaviours types
- Kappa = 0.74 (accuracy = 83%)

Prediction→ Ground truth↓	Sleep	Sedentary	Tasks-light	Walking	Moderate activity
Sleep	91%	8%	<1%	<1%	<1%
Sedentary	6%	81%	5%	3%	6%
Tasks-light	<1%	29%	25%	20%	26%
Walking	<1%	11%	15%	58%	16%
Moderate	<1%	12%	14%	15%	58%

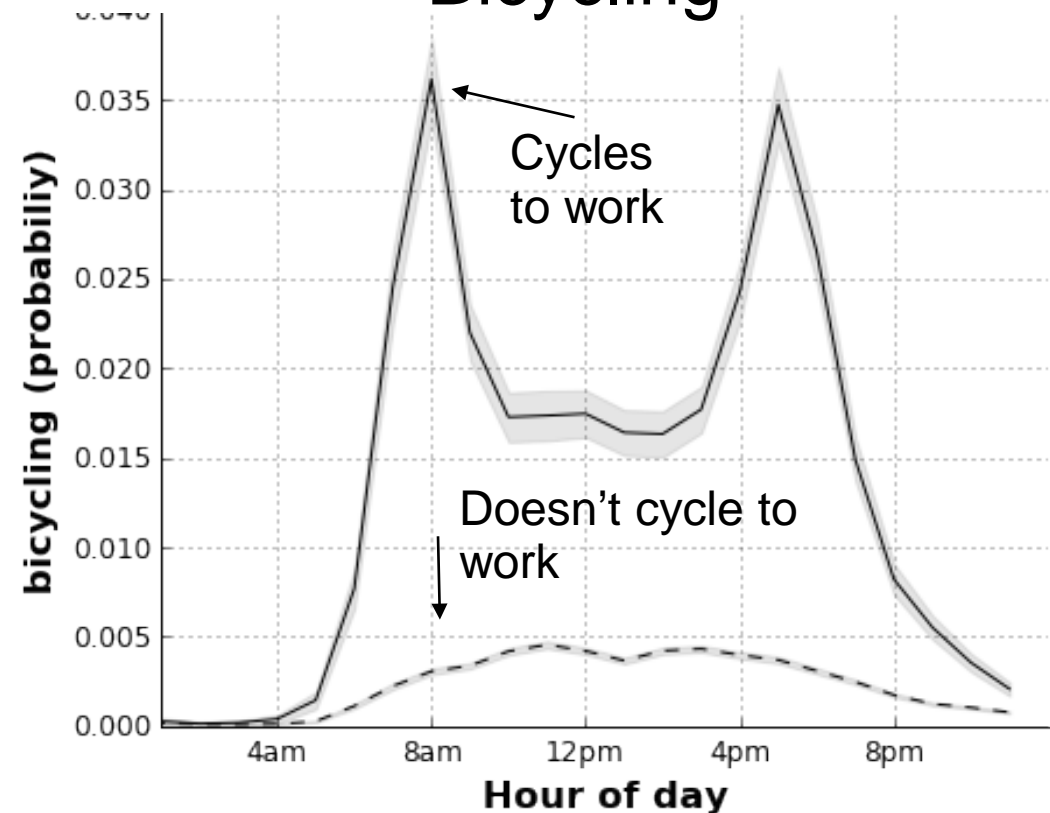
Behaviour classification – face validity

Variation in accelerometer-measured behaviour types (2013–2015) across the day by participant characteristics (measured 2007–2010): the UK Biobank study.

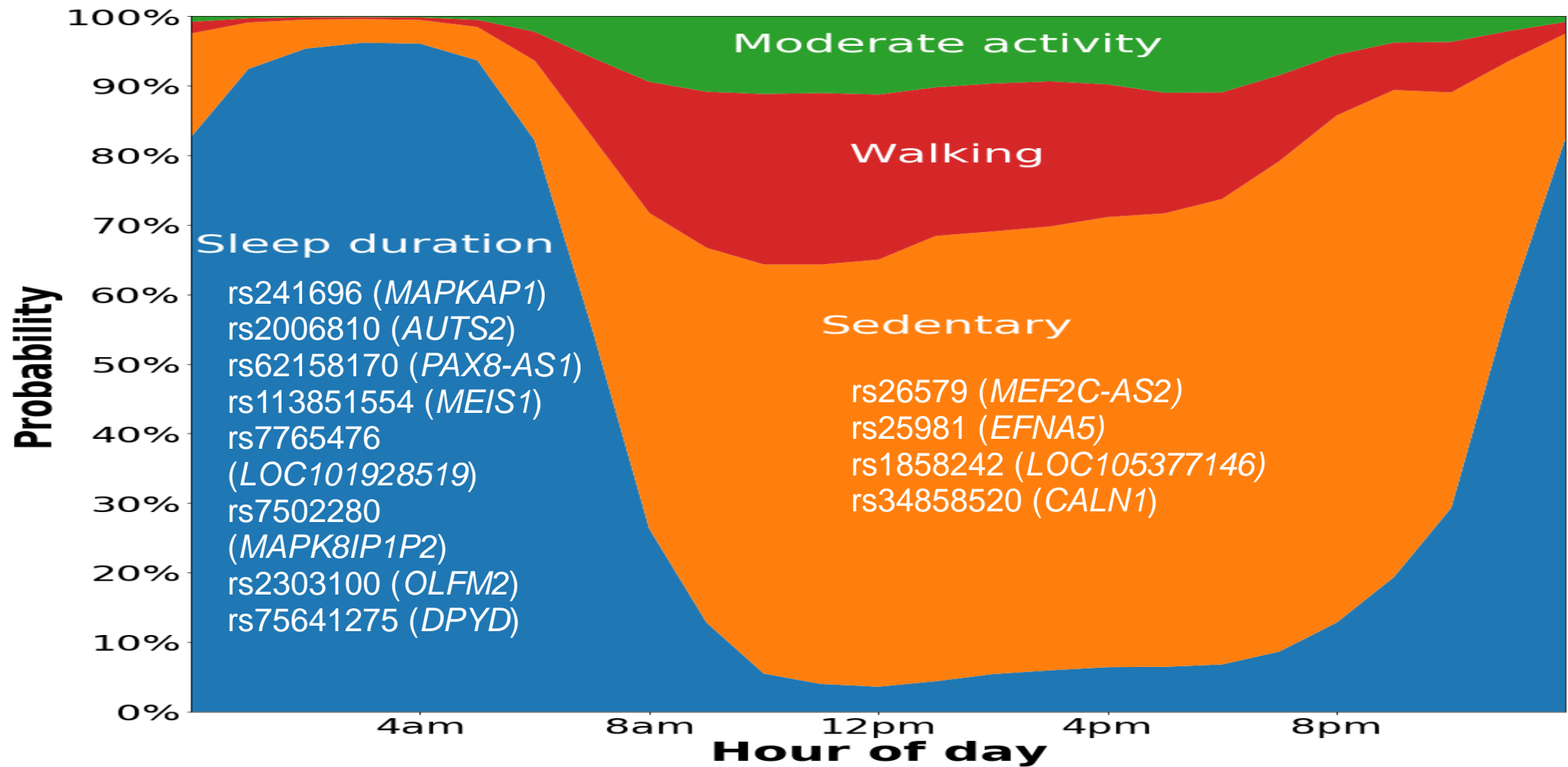
Sleep



Bicycling



Objectively measured activity behaviours in UK Biobank (n=91,105)



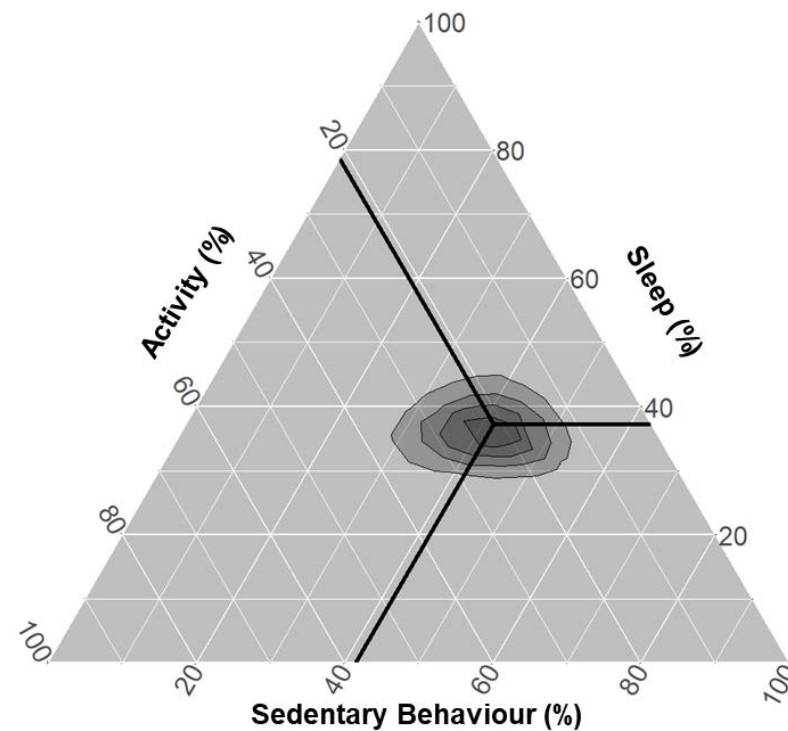
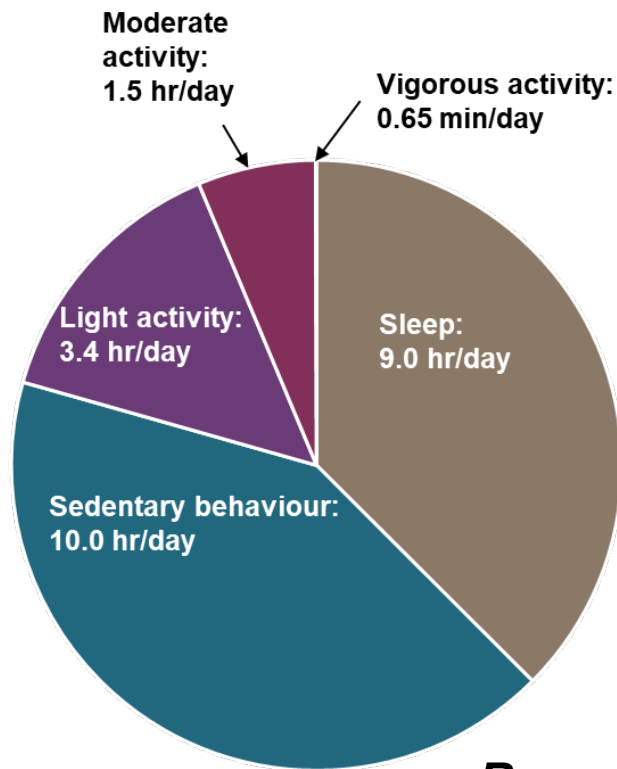
Mendelian randomization (MR) suggests that increased overall activity reduces:

- odds of depression ($\beta/SD: -0.95, SE=0.19, p=9.5 \times 10^{-7}$)
- odds of hypertension ($OR/SD: 0.85, SE=0.03, p=4.5 \times 10^{-7}$)

Time use association with future disease

Time use can be considered as compositional data.

We use a compositional data analysis approach, based on isometric log ratio transformation



Representations of time use compositions of 89,957 UKB participants

Robustness of machine learning methods

A small change to the input causes a large, highly confident, change to the prediction

The anatomy of an adversarial attack

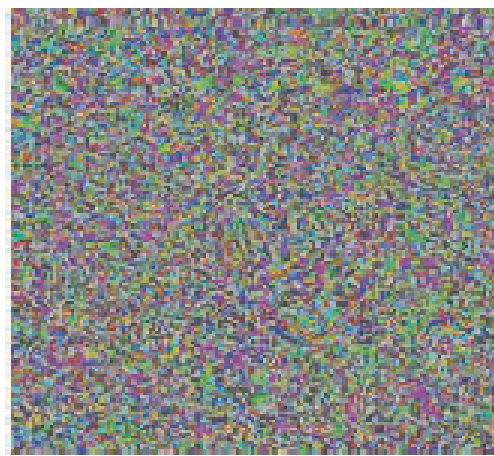
Demonstration of how adversarial attacks against various medical AI systems might be executed without requiring any overtly fraudulent misrepresentation of the data.

Original image



+ 0.04 ×

Adversarial noise

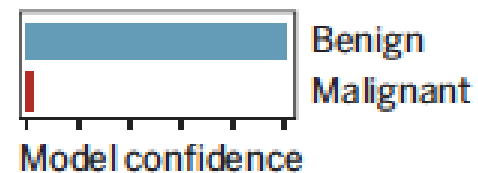


=

Adversarial example

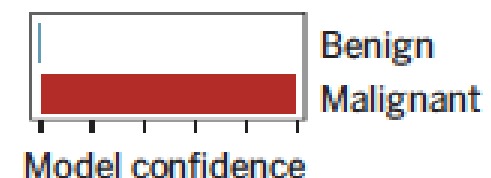


Dermatoscopic image of a benign melanocytic nevus, along with the diagnostic probability computed by a deep neural network.



Perturbation computed by a common adversarial attack technique. See (7) for details.

Combined image of nevus and attack perturbation and the diagnostic probabilities from the same deep neural network.



Reproducibility of machine learning in health care

There is a broad concern around the lack of reproducibility, replicability and robustness in science

MIMIC data challenge - large deviation in reported sample sizes

Neuroimaging - similarity coefficients between tools range from 0 - 0.74 while completing the same task.

Health data science - data often only accessed in restricted safe-havens

		Data	
		Same	Different
Analysis	Same	Reproducible	Replicable
	Different	Robust	Generalisable

'The Turing Way' - A handbook for reproducible data science | The Alan Turing Institute.

New Online Views **3,710** | Citations **0** | Altmetric **131** | Comments

Viewpoint

ONLINE FIRST FREE

January 6, 2020

Challenges to the Reproducibility of Machine Learning Models in Health Care

Andrew L. Beam, PhD^{1,2}; Arjun K. Manrai, PhD^{2,3}; Marzyeh Ghassemi, PhD^{4,5}

[» Author Affiliations](#) | [Article Information](#)

JAMA. Published online January 6, 2020. doi:<https://doi.org/10.1001/jama.2019.20866>

Reproducibility has been an important and intensely debated topic in science and medicine for the past few decades.¹ As the scientific enterprise has grown in scope and complexity, concerns regarding how well new findings can be reproduced and validated across different scientific teams and study populations have emerged. In some instances,² the failure to replicate numerous previous studies has added to the grow-

BIG DATA INSTITUTE

Li Ka Shing Centre for Health Information and Discovery



Next steps:

Deep learning of sensor data for disease prediction

Reproducible machine learning



Replication in other cohorts

The Alan Turing Institute



***Can we collaborate with Japanese cohorts?
wearable sensor, genomic, & outcome data***