

# Pareto-Optimal Diagnostic Policy Learning in Clinical Applications via Semi-Model-Based Deep Reinforcement Learning

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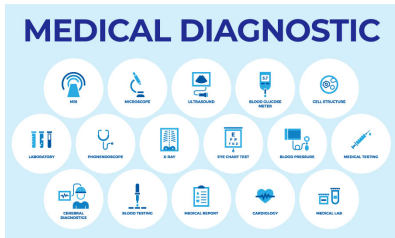
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Apr, 2023

# Sequential Decision Making in Medical Diagnostics



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Trade-off between diagnose accuracy and testing costs

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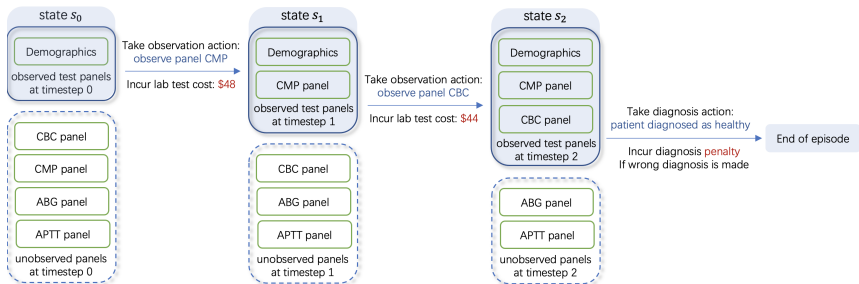


Figure: Sequential decision making model for medical diagnostics process

## Definition (Cost- $F_1$ Pareto Front of Multi-Objective Policy Optimization)

The Pareto front  $\Pi^*$  for cost-sensitive dynamic diagnosis is the set of policies such that

$$\Pi^* = \cup_{B>0} \operatorname{argmax}_{\pi} \{F_1(\pi) \text{ subject to } \operatorname{Cost}(\pi) \leq B\}$$

Here we consider the  $F_1$  score metric:

$$F_1(\pi) = \frac{\operatorname{TP}(\pi)}{\operatorname{TP}(\pi) + \frac{1}{2}(\operatorname{FP}(\pi) + \operatorname{FN}(\pi))} = \frac{2\operatorname{TP}(\pi)}{1 + \operatorname{TP}(\pi) - \operatorname{TN}(\pi)}$$

# Finding Cost- $F_1$ Pareto Front via Reward Shaping

## Theorem

*The Cost- $F_1$  Pareto front is a subset of the collection of all reward-shaped solutions, given by*

$$\Pi^* \subseteq \bar{\Pi} := \bigcup_{\lambda \geq 0, \rho \leq 0} \operatorname{argmax}_{\pi} \{TN(\pi) + \lambda \cdot TP(\pi) + \rho \cdot \text{Cost}(\pi)\}.$$

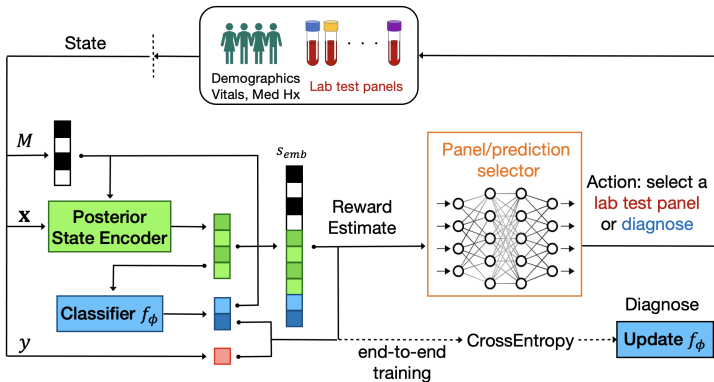
Note the unconstrained policy optimization problem:

$$\max_{\pi} TN(\pi) + \lambda \cdot TP(\pi) + \rho \cdot \text{Cost}(\pi).$$

is a standard cumulative-sum MDP problem, with reshaped reward:

$$R(s, a) = \begin{cases} \rho \cdot c(a), & \text{if } a \in [D] \text{ (choosing task panels)} \\ \lambda \cdot \mathbf{1}\{y = P\}, & \text{if } a = P \text{ (true positive diagnosis)} \\ \mathbf{1}\{y = N\}, & \text{if } a = N \text{ (true negative diagnosis)} \end{cases}.$$

# Semi-Model-Based Deep Diagnosis Policy Optimization

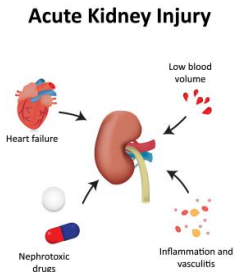


**Figure:** Dynamic diagnostic policy learning via semi-model-based proximal policy optimization. The full policy  $\pi$  comprises of three modules: posterior state encoder, classifier, and panel/prediction selector.

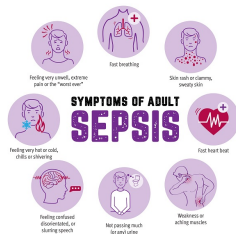
# Empirical Results on Three Clinical Tasks



(a) Ferritin abnormality detection



(b) Acute kidney injury prediction



(c) Sepsis mortality prediction



# Empirical Results on Three Clinical Tasks

**Table:** Comparison with full observation, fixed selection, random selection and dynamic selection baselines under no budget constraints. Our approach achieves up to 85% reduction in testing costs.

Models	Ferritin			AKI			Sepsis			Test Selection	
	Metrics	$F_1$	AUC	Cost	$F_1$	AUC	Cost	$F_1$	AUC	Cost	Strategy
LR		0.539	0.935	\$290	0.452	0.797	\$591	0.506	0.825	\$591	Full
RF		0.605	0.938	\$290	0.439	0.764	\$591	0.456	0.801	\$591	Full
XGBoost		0.617	0.938	\$290	0.404	0.785	\$591	0.431	0.828	\$591	Full
LightGBM		<b>0.627</b>	<b>0.941</b>	<b>\$290</b>	0.474	0.790	\$591	0.500	0.844	\$591	Full
3-layer DNN		0.616	0.938	\$290	0.494	0.802	\$591	0.517	0.845	\$591	Full
LR (2 panels)		0.401	0.859	\$92	0.473	0.797	\$92	0.488	0.811	\$92	Fixed
RF (2 panels)		0.504	0.887	\$92	0.425	0.768	\$92	0.478	0.828	\$92	Fixed
XGBoost (2 panels)		0.519	0.895	\$92	0.410	0.781	\$92	0.459	0.877	\$92	Fixed
LightGBM (2 panels)		0.571	0.901	\$92	0.491	0.792	\$92	0.502	0.864	\$92	Fixed
FS		0.585	0.927	\$74	0.434	0.787	\$98	0.500	0.837	\$90	Fixed
RS		0.437	0.845	\$145	0.424	0.748	\$295	0.473	0.789	\$295	Random
CWCF		0.554	0.718	\$256	0.283	0.510	\$326	0.112	0.503	\$301	Dynamic
SM-DDPO <sub>pretrained</sub>		0.607	0.925	\$80	<b>0.519</b>	<b>0.789</b>	<b>\$90</b>	<b>0.567</b>	<b>0.836</b>	<b>\$85</b>	Dynamic
SM-DDPO <sub>end2end</sub>		<u>0.624</u>	<u>0.928</u>	<u>\$62</u>	0.495	0.795	\$97	0.562	0.845	\$90	Dynamic

# Empirical Results on Three Clinical Tasks

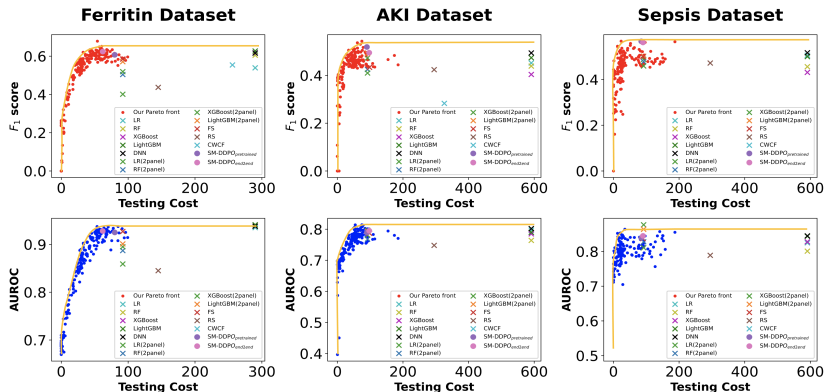


Figure: Cost- $F_1$  Pareto Front for maximizing  $F_1$ -score on Ferritin, AKI and Sepsis Datasets

- 1 Extension to time-series diagnostic tasks
- 2 Consideration of temporal costs and constraints
- 3 Inclusion of various types of diagnostic data via multimodal learning