

# The University of Vermont

# LARNER COLLEGE OF MEDICINE

# **Nested Active Learning for Efficient Model Contextualization and Parameterization**

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Extreme-scale Model Exploration With Swift (EMEWS) Workflow

### **Background - Sepsis**

- Dysregulation of inflammatory signaling network dynamics
- Affects ~1 million people/year
- •Mortality rate: 28-50%
- •Treatments:
  - Focused on manipulating single mediator/cytokine
- •Single dose or very short course (<72 hrs) •Reasons for failure:

•Nonlinear inflammatory signaling network • Chaotic "error" propagation due to individual response



**EMEWS** combines existing machine learning/model exploration libraries (i.e., Keras, Tensorflow) with the Swift/T parallel scripting language to run scientific workflows in an HPC environment. This work was performed on the Edison supercomputer at NERSC.



#### **Background – Modeling Philosophy**

#### **Model and Methods**

- Model Content: parameterization of internal model rules
- •Model Context: description of the environment in which a biomedical simulation operates
- Defining the boundaries of model content and context is necessary to represent biological heterogeneity in complex dynamical models

### **Nested AL Workflow Pseudocode**

- Initialization of initial dataset *I* (consisting of the Internal Parameterizations), training pool P, number of samples added on each step *m*, the final size of the dataset *f*, network architecture, and learning parameters.
- Train network on *I*.
- While |/|<*f*: 3.
  - a. obtain the rank *rj* for every *xj* in *P* using an acquisition function, A





Model Content is shown on the left as an influence diagram between key elements in the simulation. Model context is illustrated above and represents the environmental circumstances under which an *in silico* patient develops sepsis.



- b. Sample point set S; |S|=m with maximal variance ranks r<sub>i</sub>
  - i. Perform AL to determine boundaries of CR space using External Parameterization dataset
- ii. Return volume, center-point of CR space c. Add S to /

d.Remove S from P

- e. Train NN on /
- f. Calculate stopping metrics, stop if appropriate

**AL Visualization Example** 

In order to test the generalizability of our lower-level AL scheme, we tested on a variety of synthetic data. Red: class 1; Teal: class 2; Green: sampled pts; Dark Blue: predictions for class 2

spaces

## **Active Learning:**

- •Used when there is lots of unlabeled data, data expensive to label
- •Algorithm adaptively queries data •Lower level AL determines the clinically relevant region of parameter space for a given internal parameterization •Lower-level AL seeks to minimize uncertainty in class prediction (clinically relevant or not)
- Upper-level AL predicts CR volume and centroid location.
- Upper-level AL samples parameterizations which maximize output variance

#### Results



Error in Calculated Volume per CR Iteration

The lower-level AL achieves >95% accuracy while sampling



We tested a variety of machine learning models to be used in the lowerlevel AL module. Artificial Neural Networks were the superior option for this problem, both in terms of simulation accuracy and efficiency, and in terms of total wall-time necessary to complete the calculation. The Upper-Level AL scheme determines the centroid location with very minimal error; error in predicted volume appears to stabilize slightly above 90%.

an average of 2% of the possible external parameterizations. The upper-level AL regression stabilized after seeing approximately 2000 samples out of over 40 million evenly discretized internal parameterizations. Using nested active learning instances, we have generated comprehensive map linking model content and context using only 1/1,000,000 of the simulations that would have been required using brute-force. We anticipate that more advanced techniques will lead to greater gains in both efficiency, accuracy, and utility.

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