Association Rule and Frequent Pattern Mining using the OMOP-CDM

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Background

Data mining tasks aim to extract and analyze information to support decision making [1]. This includes pattern mining, dating back to the early 1990’s. Initially, stated as a problem in the ‘market basket’ domain, pattern mining aims to discover structure and correlations in databases. Applying such methods to observational health data seems promising to reveal interesting and sometimes unexpected patterns [2]. For example, association rule mining aims to answer the question, “Given a cohort of patients, which concepts are most likely to occur together?” It could be used to measure the association between two or more concepts from any domain in the Common Data Model (CDM), such as conditions, drugs, procedures, etc. Association rules are usually required to satisfy a user-specified minimum support and a user-specified minimum confidence at the same time.

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<th>Parameter</th>
<th>Description</th>
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<td>minimum support</td>
<td>threshold for the minimum number of patients that should have the concept set in their medical history, e.g., {obesity, diabetes}</td>
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<tr>
<td>minimum confidence</td>
<td>threshold for determining how often the left side of the rule occurs together with the right side, e.g., {obesity, diabetes} -&gt; {heart failure}</td>
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Another example are frequent pattern mining methods that take into account the chronological ordering of concepts. These methods can be used to answer the question, “What are the most frequent sequences of concepts observed in a cohort of patients?” Frequent patterns are required to satisfy minimum support.

Here we present ongoing work on the R package AssociationRuleMining, a framework to perform association rule and frequent pattern mining analysis using data in the OMOP-CDM. The framework provides an opportunity to assess the temporal structures of the medical history of patients which can be used to characterize patients or can be used in patient-level prediction.

Methods


The AssociationRuleMining Package is fully integrated in the OHDSI framework using DatabaseConnector [10] and FeatureExtraction [11], and runs on any defined cohort. The resultant frequent patterns can be automatically added as custom covariates for use with other OHDSI packages, such as PatientLevelPrediction [12].
Results

After execution, the generated association rules or frequent patterns can be explored in R. Depending on the size of the cohort and the settings, the number of extracted patterns can be very large. We are therefore working on methods to visualize the results interactively. We are exploring interactive networks (Figure 1) to visualize rules and interactive Sankey diagrams to visualize frequent patterns (Figure 2).

![Figure 1: Top 15 rules with highest support in a myocardial infarction cohort.](image1)

![Figure 2: Sankey diagram showing frequent patterns in a myocardial infarction cohort.](image2)

Conclusions

Our ultimate aim is to assess the value of different association rule and frequent pattern methods for characterizing patients, and as potential predictors in prediction problems. Therefore, we will further develop this R Package in the upcoming months and will evaluate this in a number of clinical problems.

References


