

Deep Learning for Semi-Competing Risks and Statistics in the Community:

Some Thoughts, Current Work, and Future Directions

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PhD Candidate, Biostatistics, University of Michigan

Approximately **1 in 5** cancer deaths are attributed to **lung cancer**



5-year survival rate of **1 in 5** (Bade and Cruz, 2020), with prognosis depending on **individualized risk factors** (Ashworth et al., 2014)

World Health Organization, International Agency for Research on Cancer, Latest global cancer data: Cancer burden rises to 18.1 million new cases and 9.6 million cancer deaths in 2018.

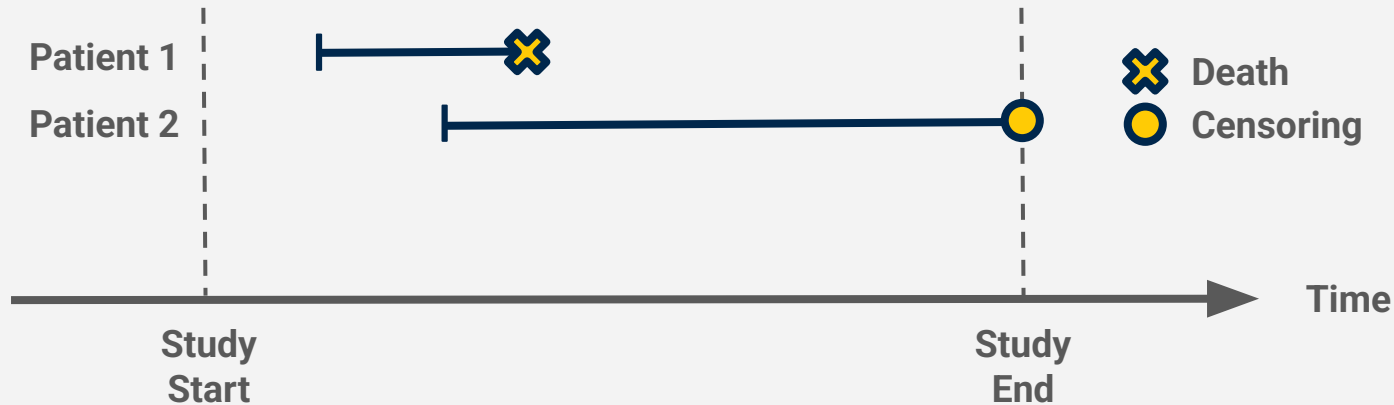


Motivation comes from the ***Boston Lung Cancer Study*** (BLCS), a large cancer epidemiology cohort examining:

1. Complex mechanisms governing relationships between ***risk factors***
2. Efficacy of ***treatments***
3. Methods for accurately ***predicting survival***

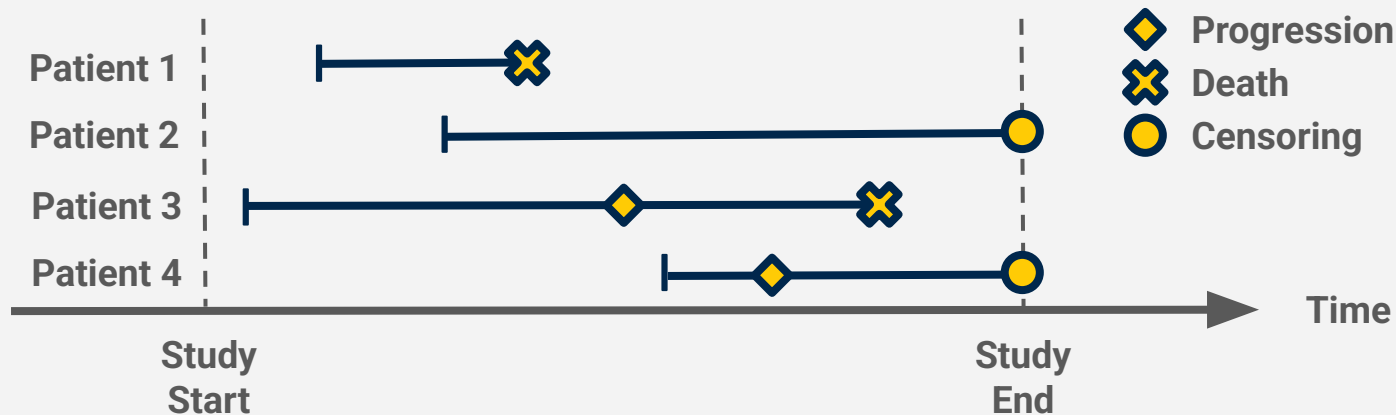
<https://www.medicalnewstoday.com/articles/323434>

Mortality is often the *endpoint of choice* for clinical trials and cohort studies



Survival analysis deals with *time-to-event* outcomes which may be **censored**

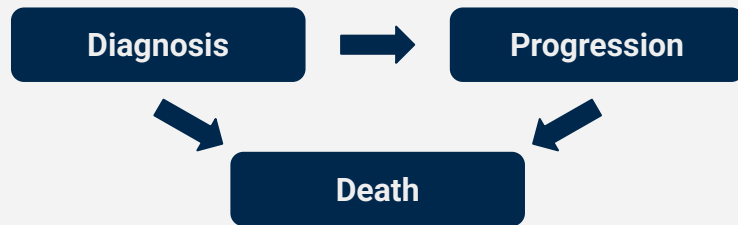
Non-fatal events such as recurrence, progression may occur *prior to death*



Non-fatal and **fatal** events are **semi-competing** (Fine et al., 2001)

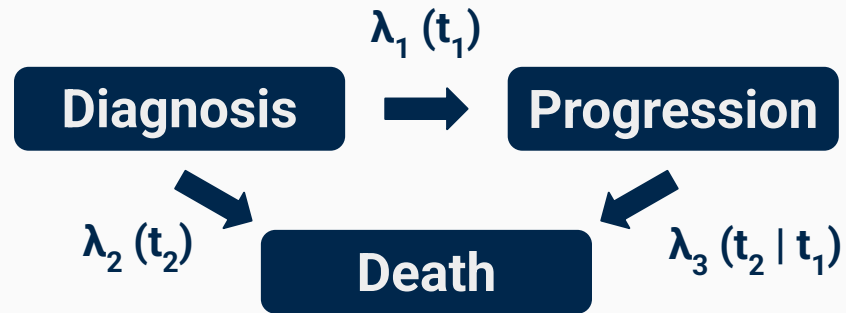
Many studies report on lung cancer **outcomes**, however:

- **Progression-free survival** is used
- Mortality is considered **without other events**



When progression and death **do not correlate well**, this leads to **biased results** (Jazić et al., 2016)

Consider modeling the *hazards* of *transitioning* between *states*:



We can parameterize an *illness-death model* as:

$$\lambda_1(t_1 \mid \gamma_i, x_i) = \gamma_i \times \lambda_{01}(t_1) \times \exp\{h_1(x_i)\}; \quad t_1 > 0$$

$$\lambda_2(t_2 \mid \gamma_i, x_i) = \gamma_i \times \lambda_{02}(t_2) \times \exp\{h_2(x_i)\}; \quad t_2 > 0$$

$$\underbrace{\lambda_3(t_2 \mid t_1, \gamma_i, x_i)}_{\text{Hazard Function}} = \underbrace{\gamma_i}_{\text{Frailty}} \times \underbrace{\lambda_{03}(t_2 - t_1)}_{\text{Baseline Hazard}} \times \underbrace{\exp\{h_3(x_i)\}}_{\text{Risk Function}}; \quad t_2 > t_1 > 0$$

Hazard = Frailty × Baseline Hazard × Risk Function

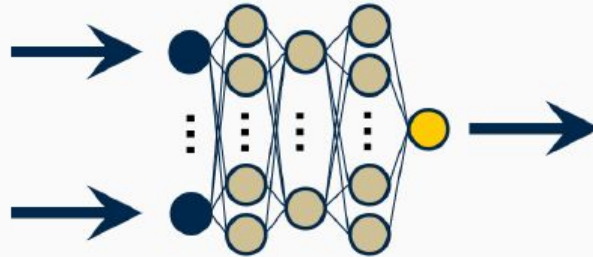
The likelihood for the **observed data**, D , is given by:

$$\begin{aligned}
 L(\psi; \mathcal{D}) = & \prod_{i=1}^n \int_0^{\infty} \frac{\theta^{-\frac{1}{\theta}}}{\Gamma(\frac{1}{\theta})} \times \gamma_i^{\frac{1}{\theta}-1} \times e^{-\frac{\gamma_i}{\theta}} \times \gamma_i^{\delta_{i1}+\delta_{i2}} \times \left[\lambda_{01}(Y_{i1}) e^{h_1(x_i)} \right]^{\delta_{i1}} \\
 & \times \left[\lambda_{02}(Y_{i2}) e^{h_2(x_i)} \right]^{(1-\delta_{i1})\delta_{i2}} \times \left[\lambda_{03}(Y_{i2} - Y_{i1}) e^{h_3(x_i)} \right]^{\delta_{i1}\delta_{i2}} \\
 & \times \exp \left\{ -\gamma_i \left[\Lambda_{01}(Y_{i1}) e^{h_1(x_i)} + \Lambda_{02}(Y_{i1}) e^{h_2(x_i)} + \delta_{i1} \Lambda_{03}(Y_{i2} - Y_{i1}) e^{h_3(x_i)} \right] \right\} d\gamma_i
 \end{aligned}$$

True **risk functions** governed by potentially **complex relationships**

How to ***estimate/predict*** these risk functions ***more accurately***?

Deep learning has emerged as a powerful tool for **survival prediction**, but no work has been done on semi-competing outcomes



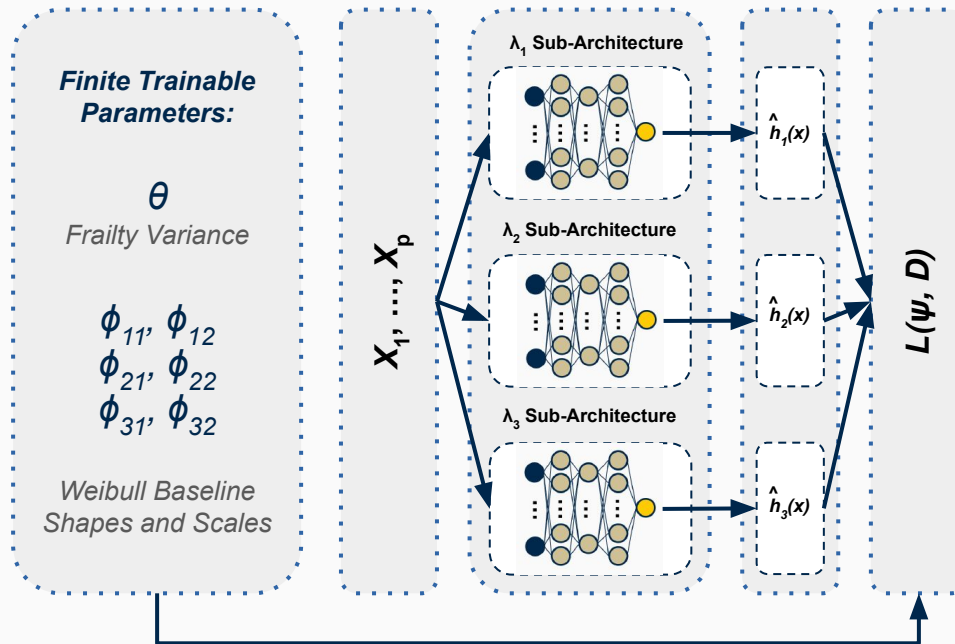
Artificial neural networks try to mirror how the human brain functions, with **nodes** connected through **affine transformations**

We propose a **multi-task deep neural network** with three risk-specific **sub-networks**, corresponding to each state **transition**

And a finite set of **trainable parameters** to specify the **frailty variance** (θ) and the **baseline hazards** ($\varphi_{g1}, \varphi_{g2}$):

$$\lambda_{0g}(s) = \varphi_{g1}\varphi_{g2}s^{\varphi_{g2}-1}; g = 1, 2, 3$$

We propose the use of deep learning to estimate the **risk functions** for each **hazard** (i.e, state transition)

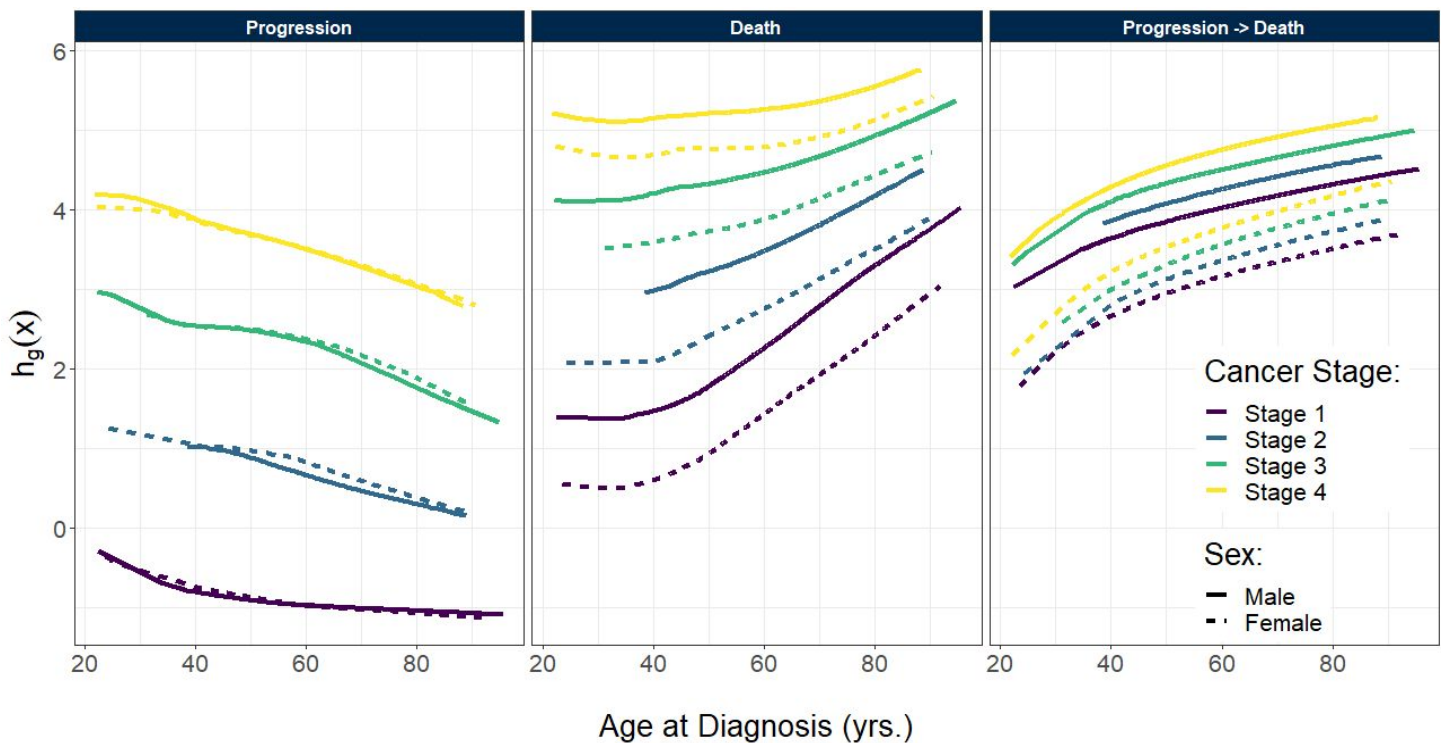


In our ***first project***, focused on ***5,296 patients*** with non-small cell lung cancer, diagnosed between June 1983 and October 2021

Investigated time to ***disease progression*** and ***death***, where progression might be censored by death or the study endpoint

	Progression Observed	Censored
Death Observed	111 (2%)	1,916 (36%)
Censored	224 (4%)	3,045 (58%)

Log-risk functions of age at diagnosis on each state transition, stratified by sex (solid versus dashed lines) and initial cancer stage (line color); <https://www.annualreviews.org/doi/abs/10.1146/annurev-statistics-032921-022127>



Estimated **frailty variance** (θ) to be 3.15, suggesting **progression** is **correlated with death**

Potential **nonlinear effects** of age that differ by event transition, **interactions** between cancer stage, and sex

We assumed ***parametric*** baseline hazards, ***optimized directly***

But ...

We want a ***non-parametric*** model for both the ***baseline hazards*** and covariate ***risk functions*** to achieve greater flexibility and accuracy

But ...

Direct maximization of the likelihood function is ***challenging***

Treating **frailties** as **unobserved**, the **complete data likelihood** is:

$$\begin{aligned}
 L(\psi; \mathcal{D}, \gamma) = & \prod_{i=1}^n \frac{\theta^{-\frac{1}{\theta}}}{\Gamma\left(\frac{1}{\theta}\right)} \times \gamma_i^{\frac{1}{\theta}-1} \times e^{-\frac{\gamma_i}{\theta}} \times \gamma_i^{\delta_{i1}+\delta_{i2}} \times \left[\lambda_{01}(Y_{i1}) e^{h_1(\mathbf{x}_i)}\right]^{\delta_{i1}} \\
 & \times \left[\lambda_{02}(Y_{i2}) e^{h_2(\mathbf{x}_i)}\right]^{(1-\delta_{i1})\delta_{i2}} \times \left[\lambda_{03}(Y_{i2} - Y_{i1}) e^{h_3(\mathbf{x}_i)}\right]^{\delta_{i1}\delta_{i2}} \\
 & \times \exp \left\{ -\gamma_i \left[\Lambda_{01}(Y_{i1}) e^{h_1(\mathbf{x}_i)} + \Lambda_{02}(Y_{i1}) e^{h_2(\mathbf{x}_i)} + \delta_{i1} \Lambda_{03}(Y_{i2} - Y_{i1}) e^{h_3(\mathbf{x}_i)} \right] \right\}
 \end{aligned}$$

EM algorithm provides a **numerically stable** approach to estimation

The ***expected log-complete data likelihood***, or 'Q' function, is

$$Q\left(\psi \mid \mathcal{D}, \psi^{(m)}\right) = Q_1 + Q_2 + Q_3 + Q_4,$$

where Q_1 , Q_2 , Q_3 , and Q_4 are ***separable*** w.r.t the ***model parameters***

'Q' function components:

$$Q_1 = \sum_{i=1}^n \delta_{i1} \mathbb{E}[\log(\gamma_i) | \mathcal{D}, \psi^{(m)}] + \delta_{i1} \{ \log[\lambda_{01}(Y_{i1})] + h_1(x_i) \} - \mathbb{E}[\gamma_i | \mathcal{D}, \psi^{(m)}] \Lambda_{01}(Y_{i1}) e^{h_1(x_i)}$$

$$Q_2 = \sum_{i=1}^n \delta_{i2} \mathbb{E}[\log(\gamma_i) | \mathcal{D}, \psi^{(m)}] + (1 - \delta_{i1}) \delta_{i2} \{ \log[\lambda_{02}(Y_{i2})] + h_2(x_i) \} - \mathbb{E}[\gamma_i | \mathcal{D}, \psi^{(m)}] \Lambda_{02}(Y_{i1}) e^{h_2(x_i)}$$

$$Q_3 = \sum_{i=1}^n \delta_{i1} \delta_{i2} \{ \log[\lambda_{03}(Y_{i2})] + h_3(x_i) \} - \mathbb{E}[\gamma_i | \mathcal{D}, \psi^{(m)}] \delta_{i1} (\Lambda_{03}(Y_{i2} - Y_{i1})) e^{h_3(x_i)}$$

$$Q_4 = \sum_{i=1}^n -\frac{1}{\theta} \log(\theta) + \left(\frac{1}{\theta} - 1 \right) \mathbb{E}[\log(\gamma_i) | \mathcal{D}, \psi^{(m)}] - \frac{1}{\theta} \mathbb{E}[\gamma_i | \mathcal{D}, \psi^{(m)}] - \log \Gamma \left(\frac{1}{\theta} \right)$$

**Sorry for
the eye chart!**



We **extend** the EM algorithm to a **hybrid multi-task deep learning** approach for semi-competing risk prediction:

E-Step: Frailties **imputed** given data, current M-Step estimates

M-Step: Estimate non-parametric **cumulative baseline hazard** by non-decreasing step functions and **frailty variance**

N-Step: Maximize the 'Q' function w.r.t. the **deep neural network parameters** for each risk function, $h_g(x_i)$; $g = 1, 2, 3$

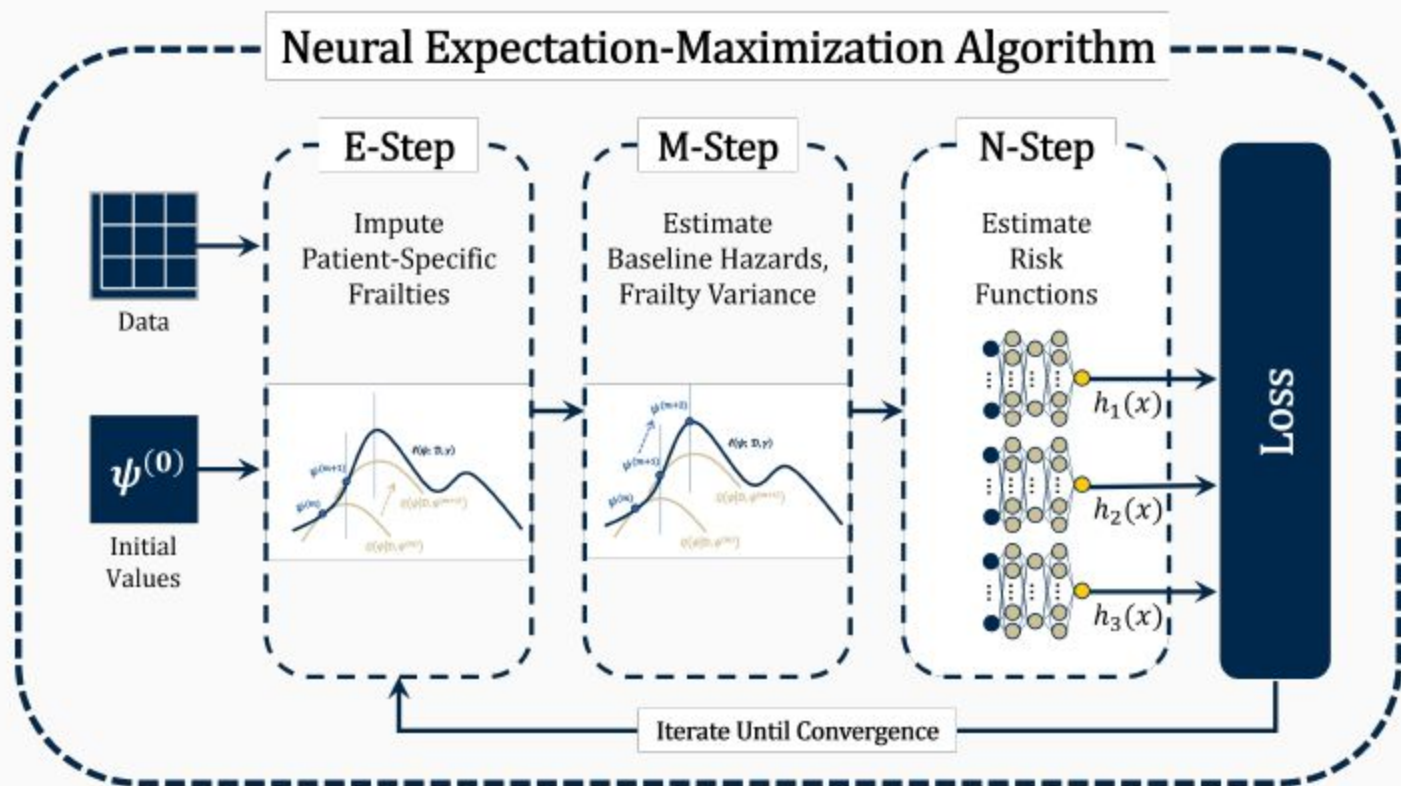


Figure: Overview of our proposed neural expectation-maximization algorithm

Further, no tailored metrics to assess **predictive accuracy**. We propose a **bivariate extension** to the **Brier Score** [Brier et al., 1950]

$$\begin{aligned} BBS_c(t) = & \frac{\pi_i(t)^2 \cdot \mathbb{I}\{Y_{i1} \leq t, \delta_{i1} = 1, Y_{i1} \leq Y_{i2}\}}{\hat{G}_i(Y_{i1})} \\ & + \frac{\pi_i(t)^2 \cdot \mathbb{I}\{Y_{i1} \leq t, Y_{i2} \leq t, \delta_{i1} = 0, \delta_{i2} = 1, Y_{i1} \leq Y_{i2}\}}{\hat{G}_i(Y_{i2})} \\ & + \frac{[1 - \pi_i(t)]^2 \cdot \mathbb{I}\{Y_{i1} > t, Y_{i2} > t\}}{\hat{G}_i(t)} \end{aligned}$$

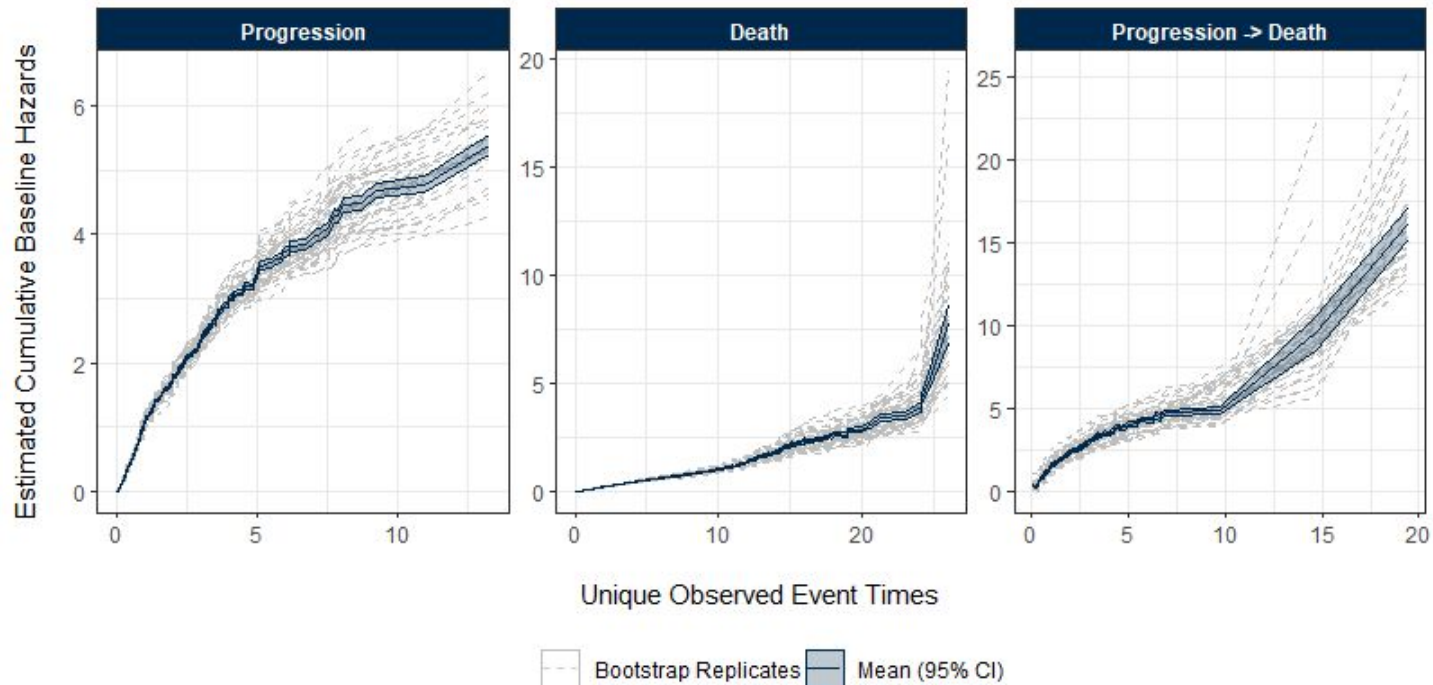
$\pi_i(t)$ is an **estimate of** $S_i(t) = Pr(T_{i1} > t, T_{i2} > t)$, $G_i(t) = Pr(C_i > t) > 0$

$E[BBS_c(t)]$ equals **MSE of** $\pi_i(t)$, plus a **constant** w.r.t. $\pi_i(t)$

Returning to the Boston Lung Cancer Study, baseline hazards ***highest*** in ***sojourn time*** between progression and death

5-year ***iBBS*** for our method was 0.32 vs. 0.68 from a traditional model, suggesting that a linear model might not be ***as predictive***

Estimated *cumulative baseline hazards* and 95% bootstrap CI



Our current work considers:

1

Efficiency

2

Interpretability

3

Causality

Some thoughts...

- Non-fatal events impact ***illness trajectories/treatment decisions***
- Interested in ***'true' effect*** of intervention/exposure on progression
- Progression is ***difficult to estimate*** and associations with risk factors/treatments are forgone despite being of clinical interest

Our proposal...

A three-stage approach for estimating the **causal effect** of treatment on a **non-fatal outcome** in the presence of **dependent censoring**:

1. **Derive** the marginal, non-fatal **survival function**
2. **Impute** our outcome using **jackknife pseudo-values**
3. **Estimate** average treatment effect using **causal deep learning**

1. **Derive** the marginal, non-fatal **survival function**

$$S_1(t) = [S_*(t)^{1-\theta} - S_2(t)^{1-\theta} + 1]^{1/(1-\theta)}$$

Where $S_*(t)$ is the **progression-free** survival function, $S_2(t)$ is the marginal **fatal survival** function, and θ is the **copula parameter**

Based on **Clayton copula** with connection to **previous GFCMM**

1. **Marginal distribution** of non-fatal event time as a function of event-free survival and fatal event survival is **always estimable**

Need to **estimate θ** , the frailty variance (restricted GFCMM) and equivalent **dependency parameter** (Clayton Copula) “ad hoc”

→ Using extended **concordance estimator** of Oakes (1982) proposed in Fine et al. (2001)

2. **Impute** our outcome using **jackknife pseudo-values**

$$\hat{S}_1^i(t) = n \hat{S}_1(t) - (n - 1) \hat{S}_1^{-i}(t)$$

where $\hat{S}_1(t)$ and $\hat{S}_1^{-i}(t)$ are the **estimates** of $S_1(t)$ using **all** n subjects and **excluding** the i th subject, respectively.

This **leave-one-out** estimator for $S_1(t)$ represents the **contribution** of the i th individual in estimating $E[S_1(t)]$ in the sample

3. **Estimate** average treatment effect using **causal deep learning**

The **average causal risk difference** is given by:

$$E[I(T_{i1}^1 > t)] - E[I(T_{i1}^0 > t)]$$

An estimate of the **ATE** for the average causal risk difference is:

$$\hat{ATE} = 1/n \sum_i \hat{S}_{i1}(t | X_i, Z = 1) - \hat{S}_{i1}(t | X_i, Z = 0)$$

For a causal variable of interest, **Z**

3. **Estimate** average treatment effect using **causal deep learning**

Predict **potential outcomes** and estimate the survival ATE by modeling pseudo-values conditional on **risk factors** in **DNN**

Network output optimized under the common **binary cross-entropy** loss function

→ Faster **learning rate/convergence** than MSE due to **steeper gradient** when the predicted output is far from the true output

- **Survival probabilities** are more natural to interpret than hazards
- Because we have a **consistent estimate** of $S_1(t)$
 1. $S_1^i(t)$ is **approximately independent** of $S_1^j(t)$ for $i \neq j$ as $n \rightarrow \infty$
 2. $\lim_{n \rightarrow \infty} E[S_1^i(t) | Z_i, X_i] = S_1(t | Z, X)$
- With (1) and (2), these **pseudo-values** can be used as a **response variables** in our deep learning framework
- Imputed outcome **more efficient** for deep learning

Preliminary Simulations:

Example comparison ATE calculation for parametric vs. proposed method with ***linear*** vs. ***non-linear*** risks generated

Risk Function	Empirical ATE	Parametric		Proposed	
		Bias	MSE	Bias	MSE
Linear	0.3100	0.0183	0.0003	0.0157	0.0002
Non-Linear	0.3283	0.0590	0.0035	0.0343	0.0012

Preliminary Analysis of the BLCS Study:

Considered ***n = 4,700*** patients in the BLCS with ***NSCLC*** and ***stage 1-3a*** (considered operable) at diagnosis

Estimated ***average difference*** in probability of 5-year time-to-progression between ***first-line treatment*** options

→ ***Surgical resection*** vs. ***chemotherapy or radiation***, adjusting for socio-demographic and genetic risk factors

Preliminary Analysis of the BLCS Study:

Estimated survival conditional ***ATE of 0.156***, suggesting potential ***longer-term benefit*** of surgery, consistent with current literature

Estimated ***copula dependence*** between progression and survival to be **$\theta = 4.38$** , corresponding to a ***Kendall's $\tau = 0.6865$***

Overall...

Clinical motivation for this work comes from the **semi-competing** nature of patient **health events** in the **Boston Lung Cancer Study**

Statistical motivation comes from **interest in methods** for high-dimensional survival analysis, deep learning, causal inference


Many **exciting opportunities** for **future development**

Some next steps...

Prediction intervals to quantify uncertainty

Extending these methods and our analysis to ***incorporate***

- ***Longitudinal*** risk factors over disease course
- ***High-dimensional*** covariate, such as ***CT imaging features***
- ***More comprehensive*** events (e.g. second primaries)

A man in a tuxedo and bow tie sits behind a wooden desk on a pebbly beach. The ocean waves are crashing behind him. On the desk, there is a typewriter and a vintage microphone. A semi-transparent dark band across the middle of the image contains white text.

“And now for something completely different.”

Monty Python

**Data science is ubiquitous in big
business and academic research**

What about ...



Ann Arbor Area
Community Foundation

A **community foundation** allocating \$18 million to improve **quality of life** services for seniors?

A **mobile food pantry** determining optimal **service locations** in low-income areas?

A **youth center** predicting **crisis calls** from high-risk, runaway, and homeless youth?



Community organizations also stand to
benefit from statistical insight ...

... they may lack the **time, resources, or knowledge** to collect and analyze data



stat.com | Statistics in the Community

A **community outreach program** that offers the expertise of graduate students, **free of charge**, to non-profit governmental and community partners in the areas of **data organization, analysis, and interpretation.**

- 2001: STATCOM **founded** at **Purdue**

- 2006: **ASA** Member Initiatives **Grant**

- 2006: **10 chapters** chartered, including **Michigan!**

- 2016: Most **defunct**, Michigan **growing**

- 2023: Michigan STATCOM is **thriving**

STATCOM'S ENGAGEMENT

TAKEN FROM WHEN I STARTED IN 2016 UNTIL TODAY

62

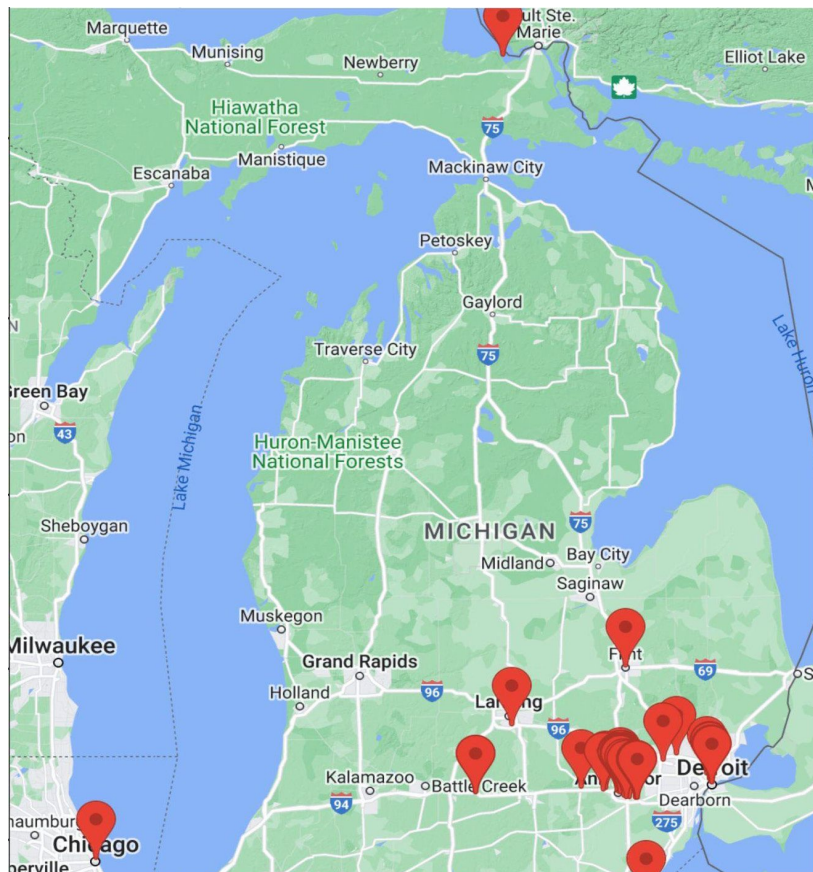
PROJECTS
COMPLETED

255

MEMBERS
ENGAGED

10

DEPARTMENTS
REPRESENTED



Ann Arbor Area
Community Foundation



CATHOLIC
SOCIAL
SERVICES
OF WASHTENAW COUNTY



OSHER
LIFELONG
LEARNING
INSTITUTE

Stand
WITH **Trans** ADVOCATE
CELEBRATE
EDUCATE



food
for thought

ACC & D
Alliance for Contraception
in Cats & Dogs



MICHIGAN
BROADBAND
JUMPSTART



STARR
COMMONWEALTH



food
gatherers
fighting hunger where we live



WASHTENAW COUNTY
WATER RESOURCES COMMISSIONER



MICHIGAN
PUBLIC HEALTH

Area
Agency on
Aging 1-B

Answers you can trust



DETROIT COLLEGE
ACCESS
NETWORK



Genesee County
Health Department
Your Health. Our Work.



ozone
HOUSE
safe place. real support.



the
CHILDREN'S
Center

60+ Survey of Washtenaw County

The AAACF received **\$18 million** dollars to help improve the **quality of life** of older adults **aging in place** within the county, especially those with lower life expectancy and socioeconomic status



Project Overview

AAACF partnered with STATCOM and the Ginsberg Center at UM to write, distribute, and analyze a survey assessing the quality of life of older adults (60+) aging in place in Washtenaw County



Zip Code

48197
48198



Financial

Rent Assistance
Medicaid
Not Enough Money



Living Alone

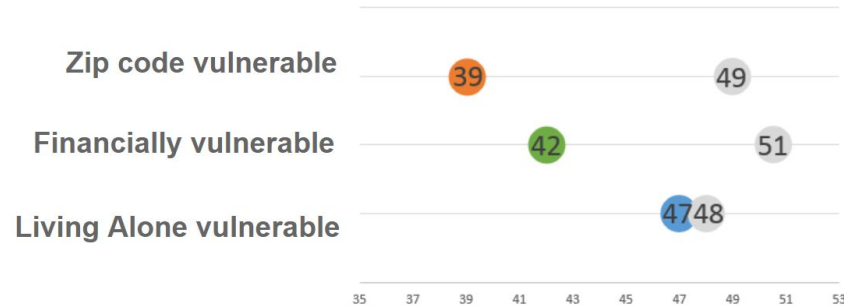
Living Alone



Why This Matters

Results are being used to allocate funding for services to older adult populations within the county, and community reports have informed decision making for local governments in smaller regions of the county

Vulnerable older adults have lower quality of life

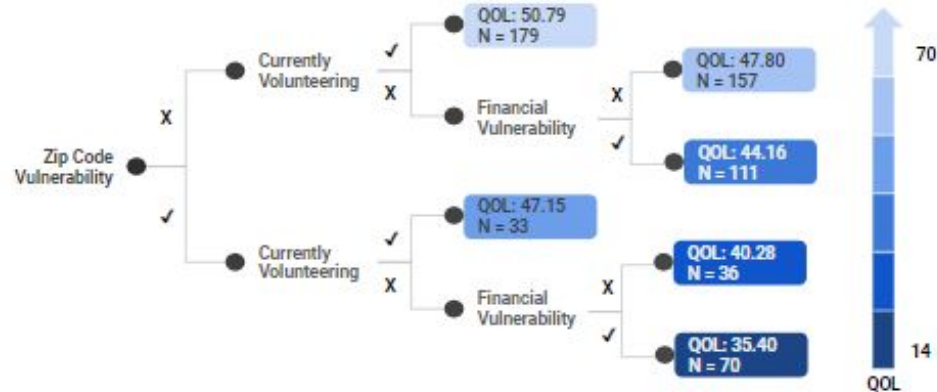




Our Results

Tree-based modeling showed that respondents living in vulnerable zip codes, who were not volunteering, and who were financially vulnerable comprised the lowest average quality of life group.

Zip Code + Not Volunteering + Financial Vulnerability = Lowest QOL



Why was this a **good project**?

1. STATCOM involved from **conception** to **conclusion**
2. Leveraged **community partnerships** for success
3. Findings were used to **inform** policy **decisions**
4. **Students** directly **impacted** this population

Our Current Projects (mine in **yellow**):

- **Starr Commonwealth**
- The Konnection
- **Stand with Trans**
- **Michigan Center for Youth Justice**
- Poverty Solutions

“

It's **incredibly beneficial** having highly trained & knowledgeable STATCOM representatives help us analyze our data on recent graduate outcomes. They helped us get to the **'aha' moment** of understanding the story about what the data was telling us. I am so **thankful for the help** I received at STATCOM.

Shelagh Saenz,
STATCOM Community Partner

”

What has contributed to our growth?

- **Departmental Support/Encouragement**
- **Dedicated Student Volunteers**
- **Strong University Partnerships**

Our department supports **experiential learning**

STATCOM is a **natural way** for students to **apply** what they have **learned** in class while working in a **team-based paradigm**

It develops **important skills** all students should have when pursuing a **graduate degree** while **giving back** to the community

“

STATCOM provides a **great opportunity** to use data to help organizations focused on **public good**. It allows me to use my skills to help these organizations run more efficiently and **answer important questions**.

Tim NeCamp
Former STATCOM President

”

University Partnerships



SCHOOL OF PUBLIC HEALTH
BIostatISTICS
UNIVERSITY OF MICHIGAN



STUDENT LIFE
EDWARD GINSBERG CENTER
UNIVERSITY OF MICHIGAN



CEDER CENTER FOR EDUCATION DESIGN,
EVALUATION, & RESEARCH
UNIVERSITY OF MICHIGAN



RACKHAM
STUDENT GOVERNMENT
UNIVERSITY OF MICHIGAN



SCHOOL OF
PUBLIC HEALTH
UNIVERSITY OF MICHIGAN



MIDAS MICHIGAN INSTITUTE
FOR DATA SCIENCE
UNIVERSITY OF MICHIGAN



LSA COLLEGE OF LITERATURE,
SCIENCE, AND THE ARTS
UNIVERSITY OF MICHIGAN



SCHOOL OF
SOCIAL WORK
UNIVERSITY OF MICHIGAN

Broader Initiatives

AMSTATNEWS

The Membership Magazine of the American Statistical Association

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STATCOM: Revitalization of Statistical Community Service at Universities

1 APRIL 2018 2,938 VIEWS ONE COMMENT

Evan Reynolds and Timothy NeCamp

Universities provide valuable resources for providing pro-bono statistical services, including connections and many statistically inclined students eager to apply their skills. STATCOM of Michigan is leveraging these resources to increase its benefit to both the community. While several universities with graduate statistics and biostatistics programs founded STATCOM in the 2000s, much of their activity has declined since then. In contrast, STATCOM is larger than ever at the University of Michigan.

Thu, 8/6/2020, 3:00 PM - 4:50 PM

566

Teaching Data Science for Good: How University-Based Initiatives Are Shaping Future Statisticians'

Section on Statistical Consulting, Social Statistics Section, Section on Statistics and Data Science Education

Organizer(s): Emily L Morris, Department of Biostatistics, University of Michigan

Chair(s): Emily L Morris, Department of Biostatistics, University of Michigan

3:05 PM [Data for Good in Your Neighborhood: How Graduate Students and Local Communities Benefit from Collaborative Partnerships](#)

[Presentation](#)

Stephen Salerno, University of Michigan

3:35 PM ["Data for Good" at Columbia's Data Science Institute](#)

Tian Zheng, Columbia University

4:05 PM [Data Science Education as an Economic and Public Health Intervention: How \(Bio\)Statisticians Can Lead Change in the World](#)

Jeff Leek, Johns Hopkins Bloomberg School of Public Health

4:35 PM Floor Discussion



NCSU-STATCOM



National Outreach

People



At Columbia University's Mailman School of Public Health

Our Mission

Our outreach program provided to New York City by graduate students in the Department of Biostatistics at Mailman School of Public Health offer professional statistical consulting, free of charge, to non-profit community and local governmental groups in the areas of data organization, analysis, and interpretation.

Our History

STATCOM was founded in 2001 at Purdue University's Department of Statistics with support from a Member Initiatives Grant from the American Statistical Association (ASA). Since then a network of STATCOM programs has been established and active chapters are now operating in Biostatistics departments throughout the country. The Columbia University chapter was founded in 2021 by Dr. Eddie Stoms, Charly Fowler, Steven Lawrence, and Muhine Kwizera with the help of faculty advisor Cody Chuzan.

[Fill out evaluation](#)

Thu, Jun 4, 1:20 PM - 2:55 PM

Organizer(s): Leah Jager, Johns Hopkins Bloomberg School of Public Health

Chair(s): Leah Jager, Johns Hopkins Bloomberg School of Public Health

1:25 PM

[Can Data Science Education Be Used as a Tool for Upward Mobility?](#)

[Presentation](#)

Aboozar Hadavand, Johns Hopkins University, Bloomberg School of Public Health

1:55 PM

[Incorporating Community-Based Learning Into the Classroom](#)

[Presentation](#)

Lynne Steuerele Schofield, Swarthmore College

2:25 PM

[Statistics in the Community: Community-University Partnerships Fostering Data Science Education](#)

[Presentation](#)

Stephen Salerno, Department of Biostatistics, University of Michigan

Bloomberg D4GX (2018)



Data for Public Good Symposium

STATCOM, CTAC, CEDER, and MIDAS host a **symposium** to showcase research efforts and **community-based partnerships** that improve humanity by using **data for good**



Jeff Leek, PhD
 March 24, 2022 | 1:30 PM
Datatrail - Biostatisticians Building Inclusive Data Science Communities

Abstract:

The data science revolution has led to massive new opportunities in technology, medicine, and business for people with data skills. Most people who are able to take advantage of this revolution are already well educated, white-collar workers. In this talk I will describe our effort to expand access to data science jobs to individuals from under-served populations in East Baltimore. I will show how we are combining cloud based data science technologies, high-throughput educational data, and deep, low-throughput collaboration with local non-profits to create a pathway to data science success we call DataTrail. I will also discuss how you can create a DataTrail program in your community. DataTrail illustrates how statisticians have a unique opportunity in this data moment to lead change in the world.



STATCOM hosts a series of **workshops** in R syntax, exploratory **data analysis**, data visualization, and **reproducible research** with RMarkdown/Projects:



{swirl}

Learn R, in R.

swirl teaches you R programming and data science
interactively, at your own pace, and right in the R
console!

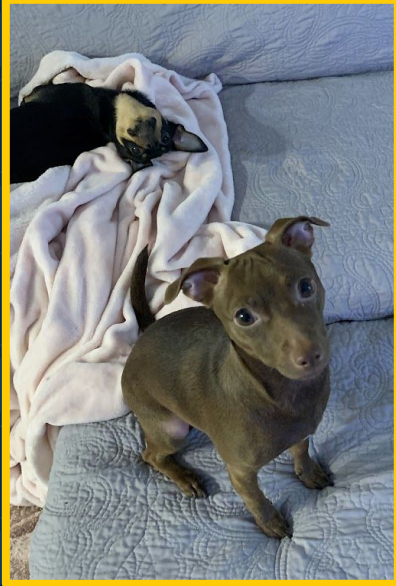
Current Priorities/Goals:

- **Engage** more community partners and students
- Create **sustainable** processes and documentation
- Continue **national outreach** efforts
- **Fund a student** coordinator in our department





Many professional thanks ...



... and personal ones, too!

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