

A Path Toward Precision Audiology: Familiar and Unfamiliar Steps

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Disclosure

Dennis Barbour has an ownership interest in Bonauria, LLC, and may financially benefit if the company is successful in commercializing products that are related to this research.

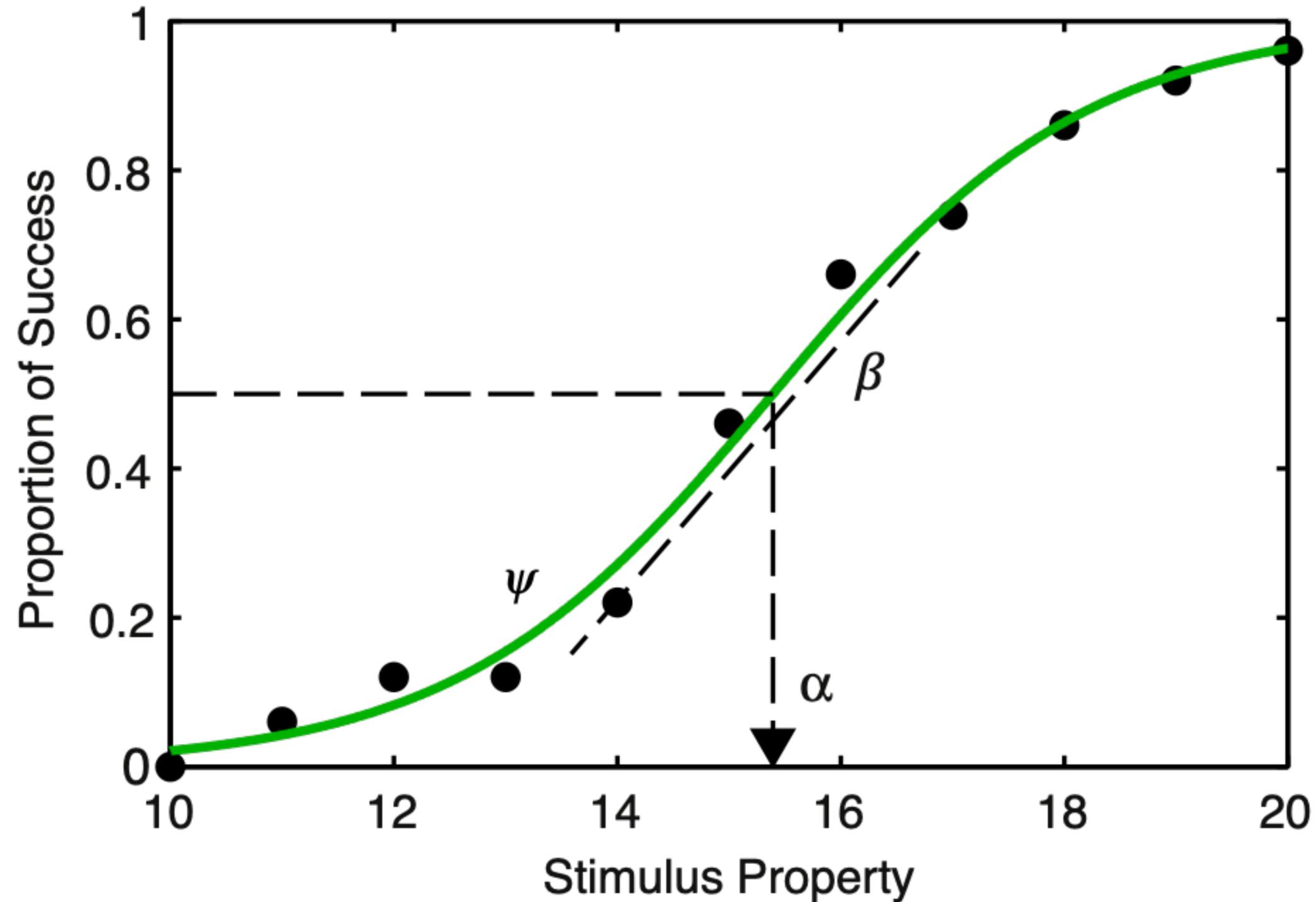
Outline

- Psychometric function estimation
- Comparison of machine learning audiogram (MLAG) to Hughson-Westlake audiogram (HWAG)
- How MLAG enables improvements
- MLAG extensions leading to augmented audiometry
 - Multitone audiometry (multiplexed estimation)
 - Bilateral audiometry (conjoint estimation)
 - Dynamic masking
 - Diagnostic classification (differential selection)
- MLAG as a metaphor for individualized diagnostics and therapeutics

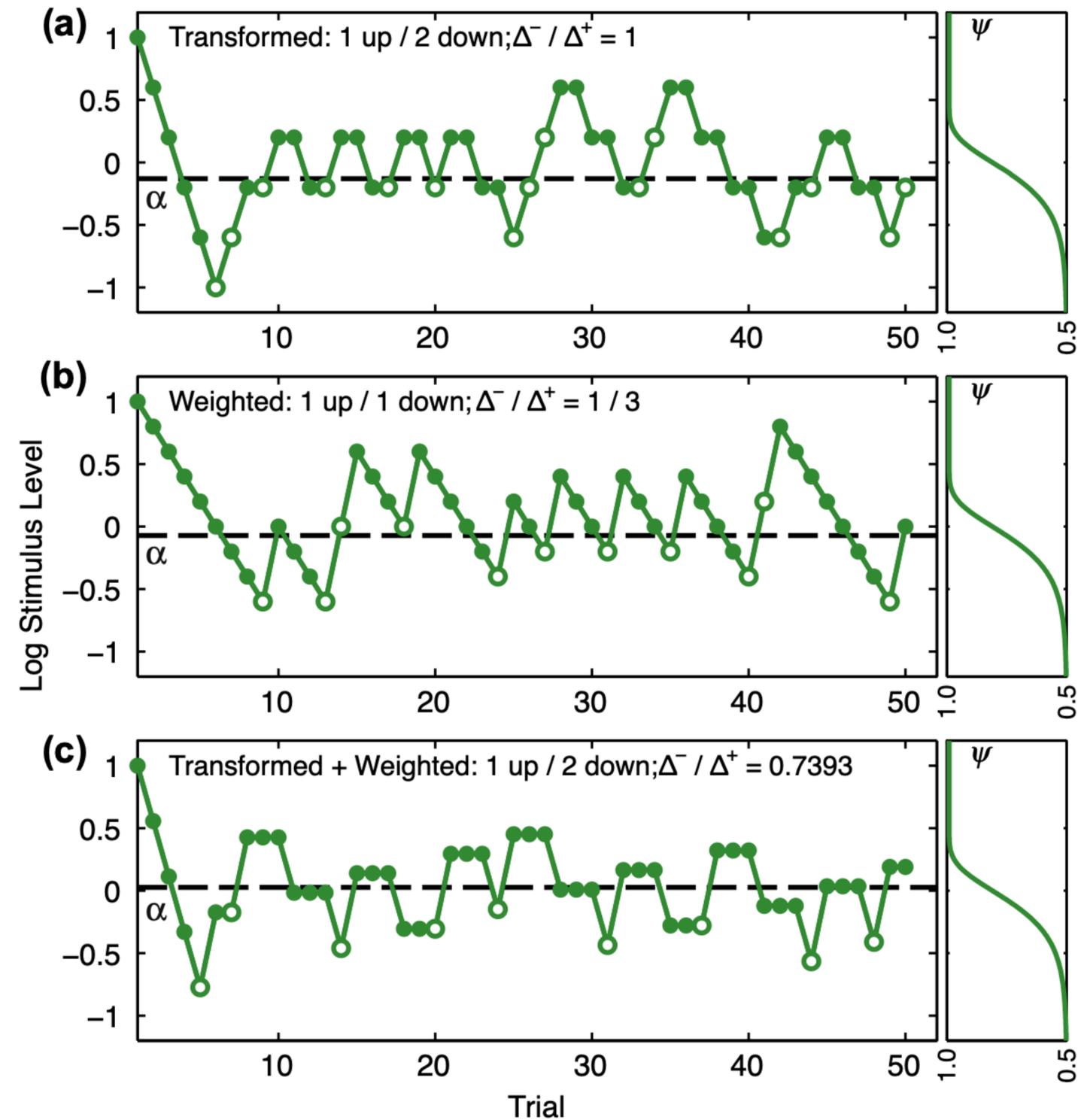
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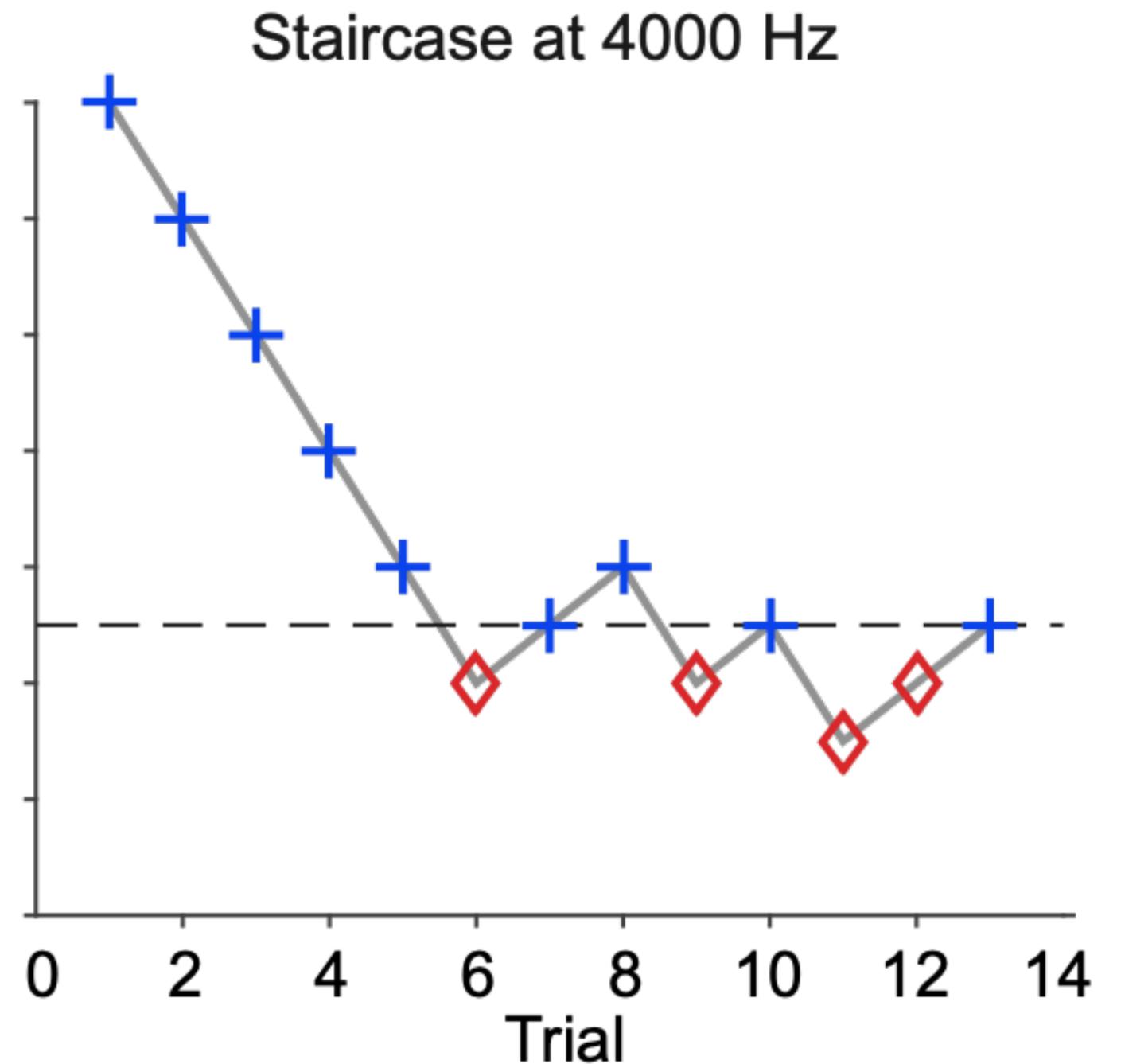
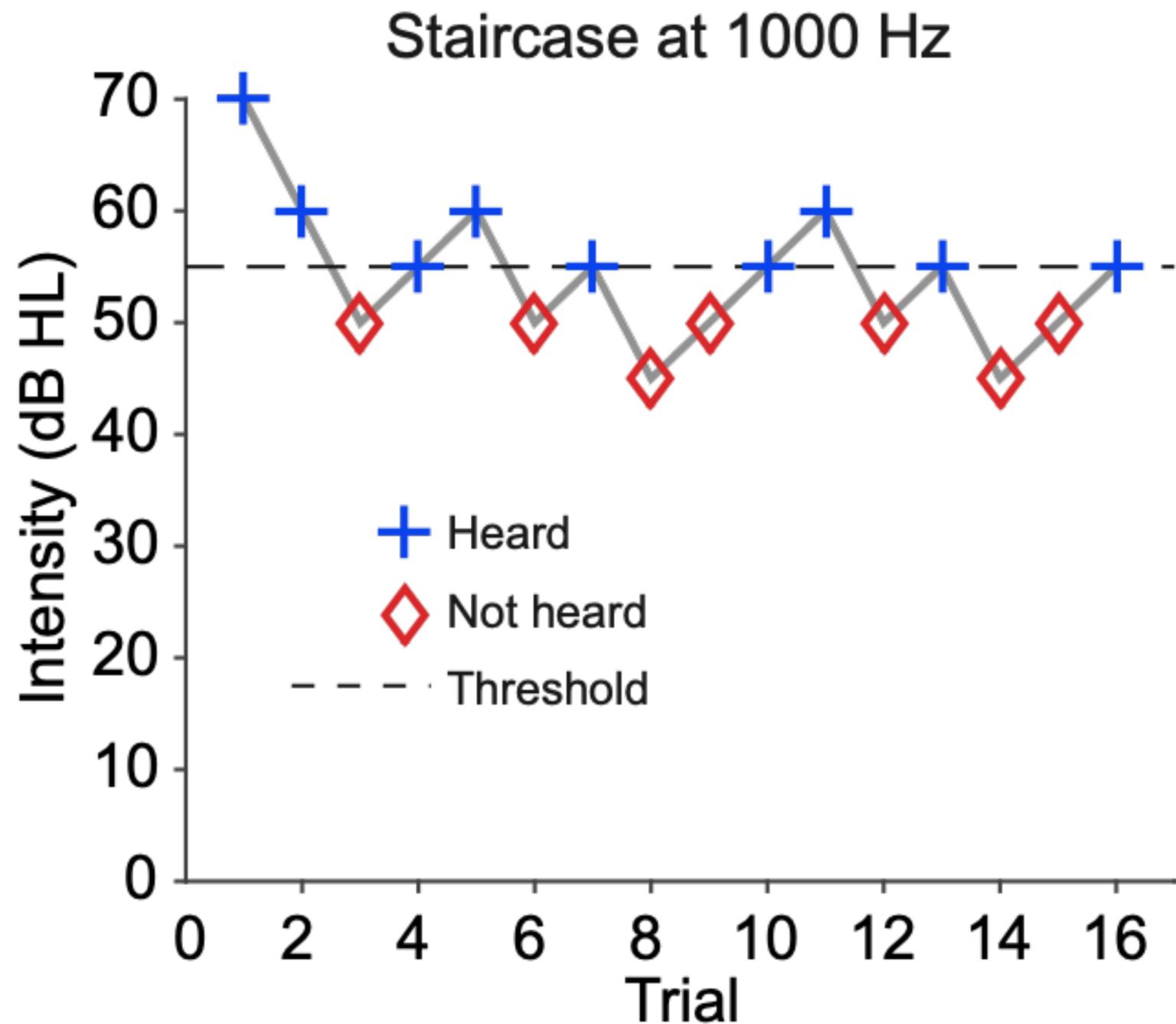
Psychometric functions include threshold and spread estimates



Up-down or staircase procedures estimate thresholds only



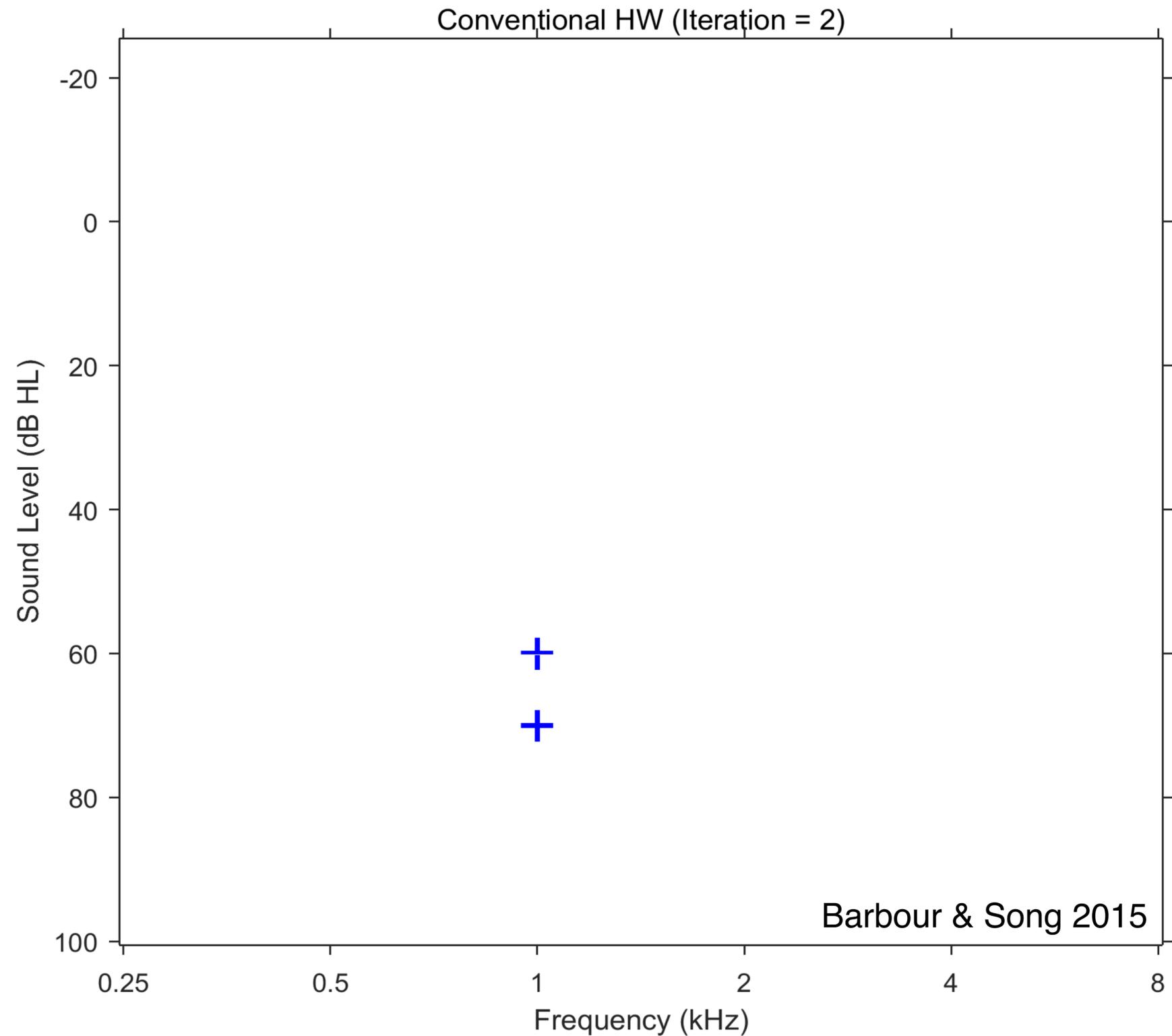
Up-down procedures are often repeated for multidimensional applications



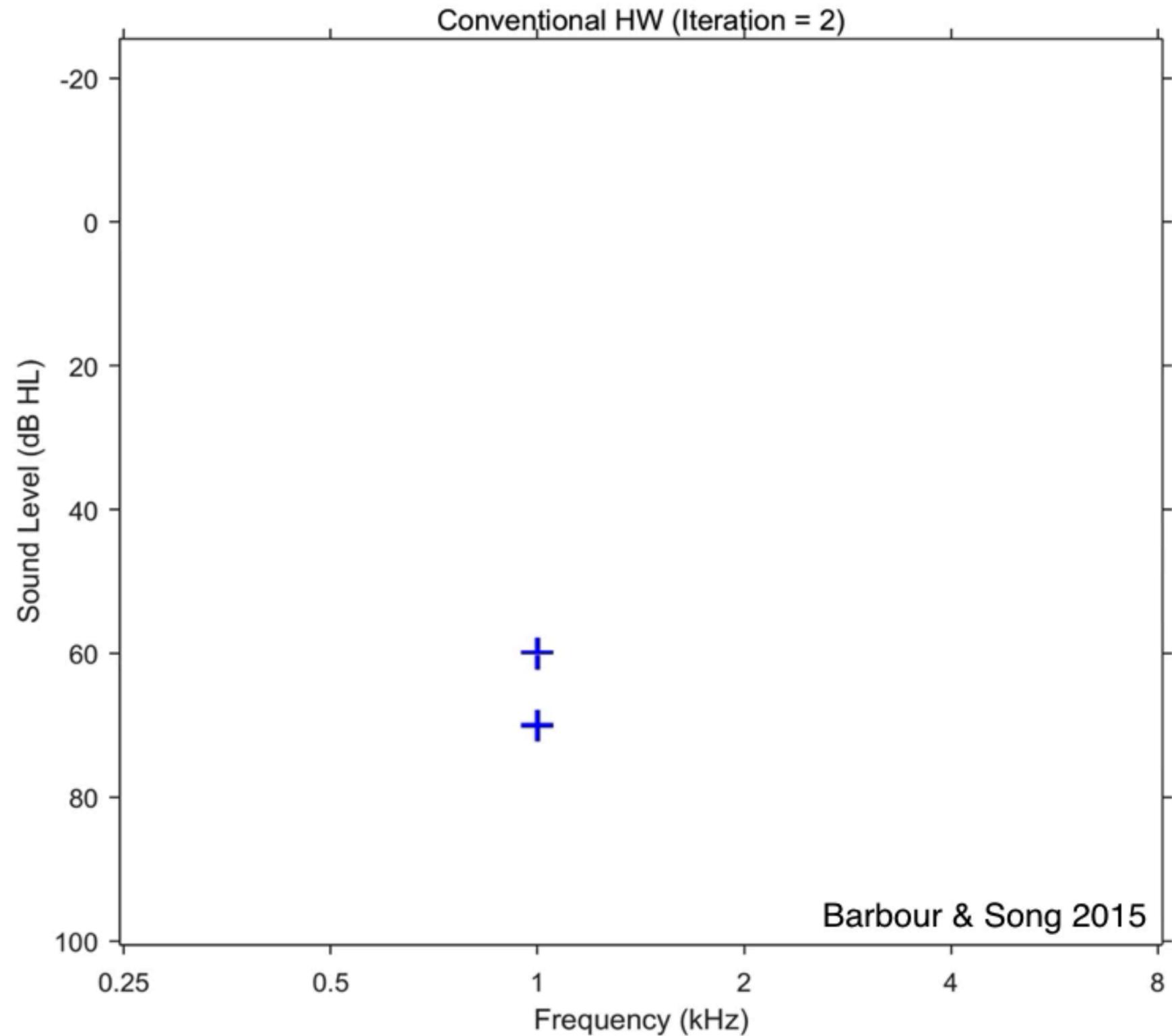
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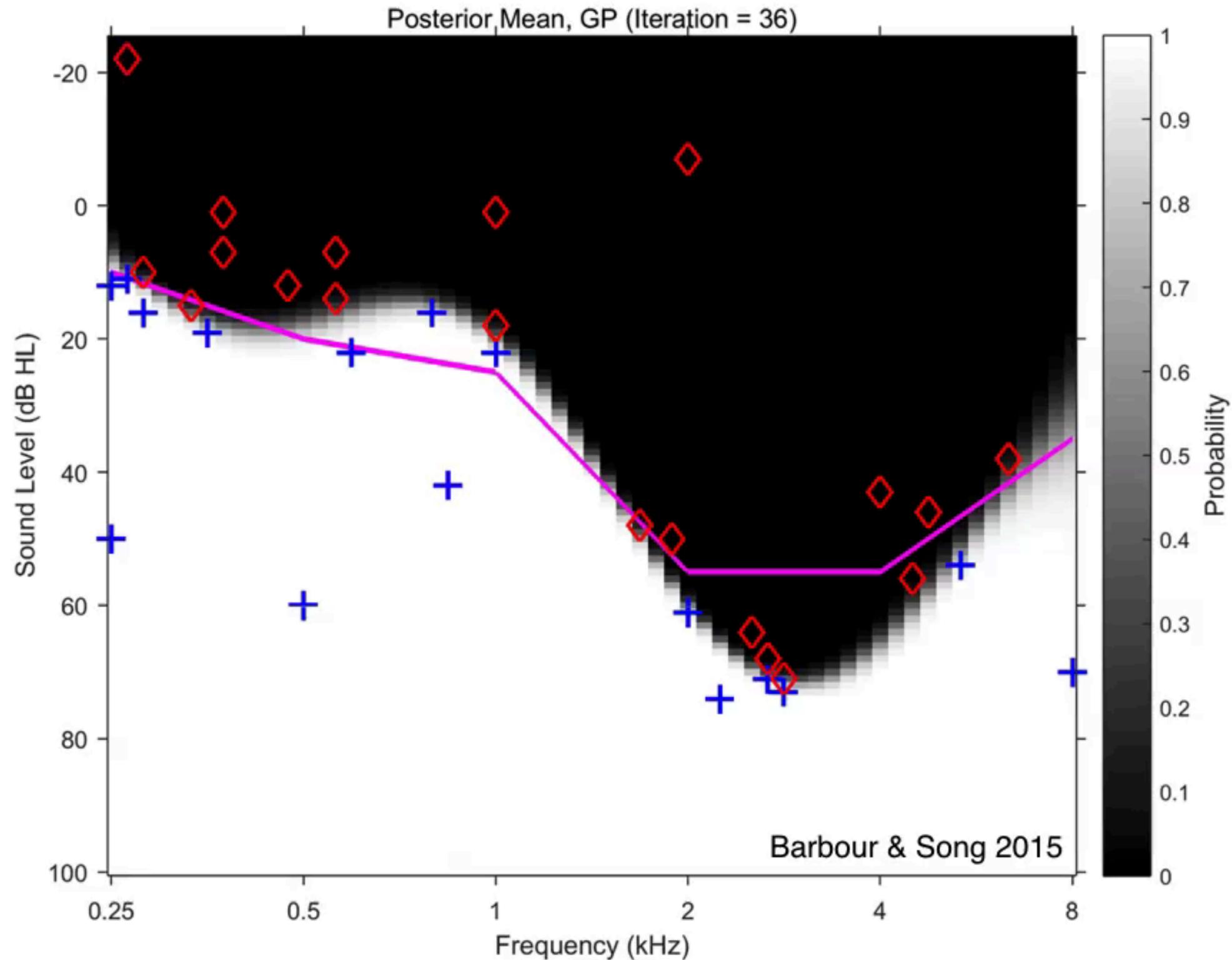
Hughson-Westlake AudioGram (HWAG) reflects a 2D psychometric function



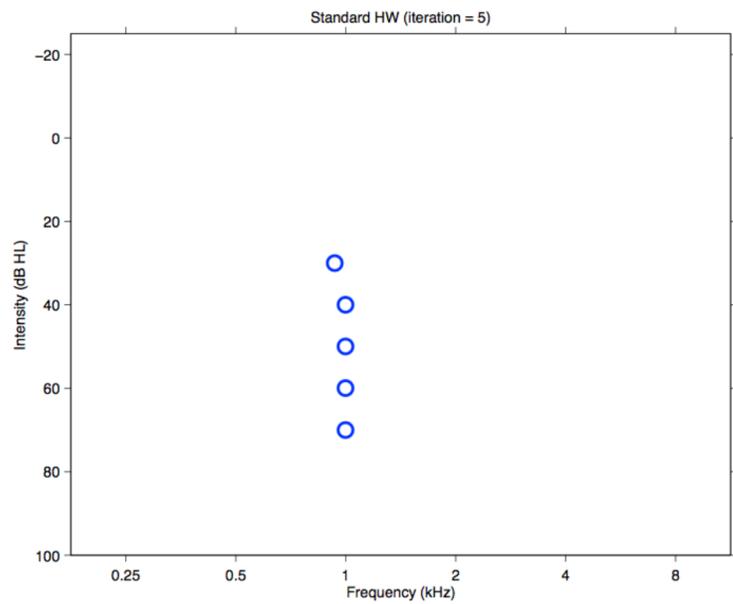
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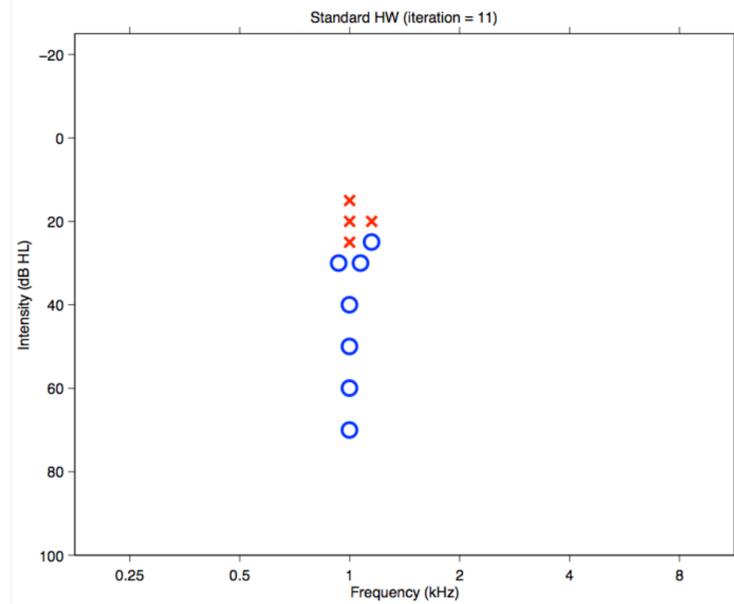
Machine Learning AudioGram (MLAG) determines the most informative queries



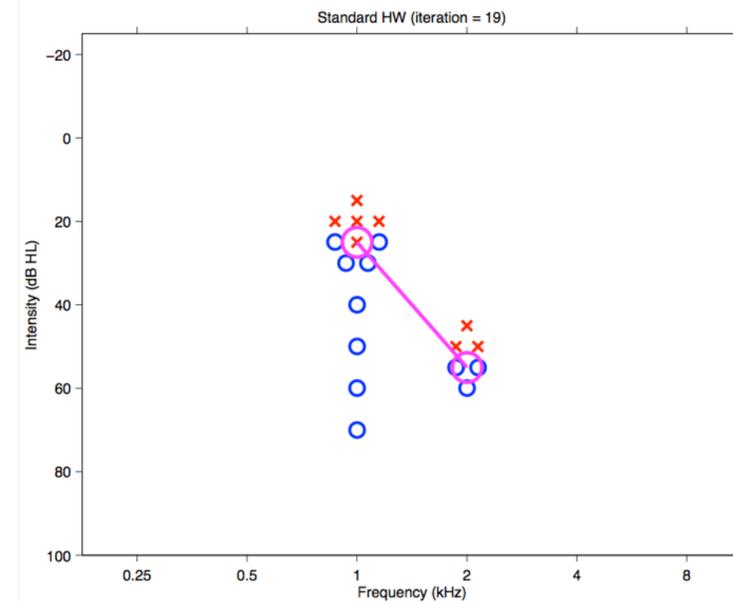
MLAG delivers both threshold and slope estimates across frequency



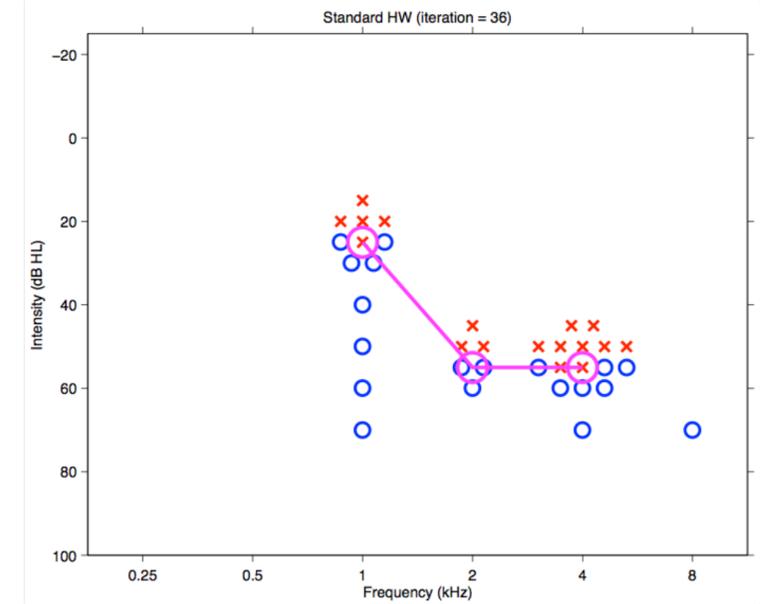
5 trials



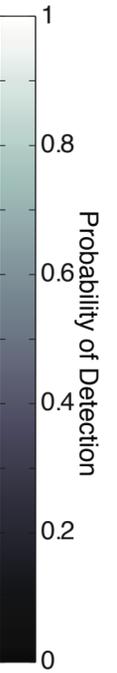
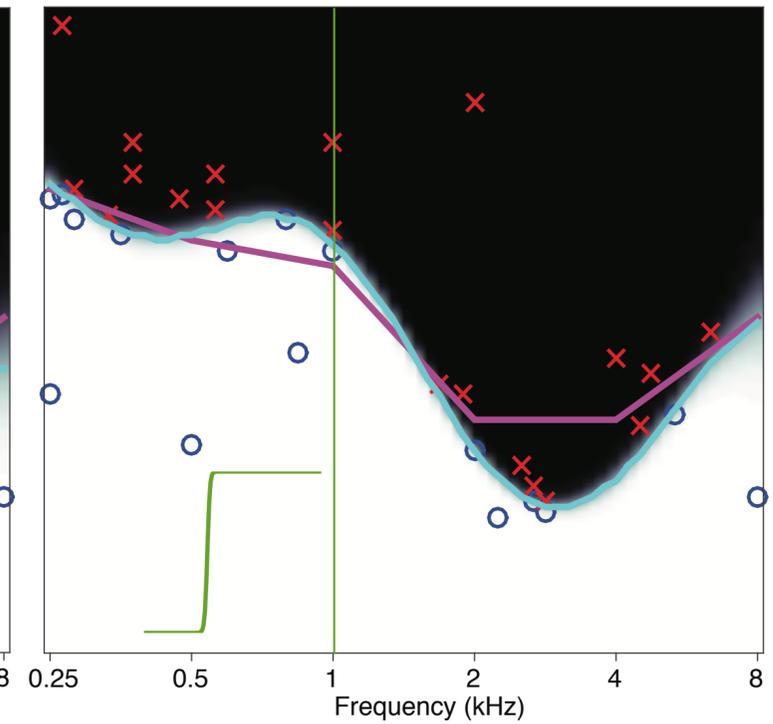
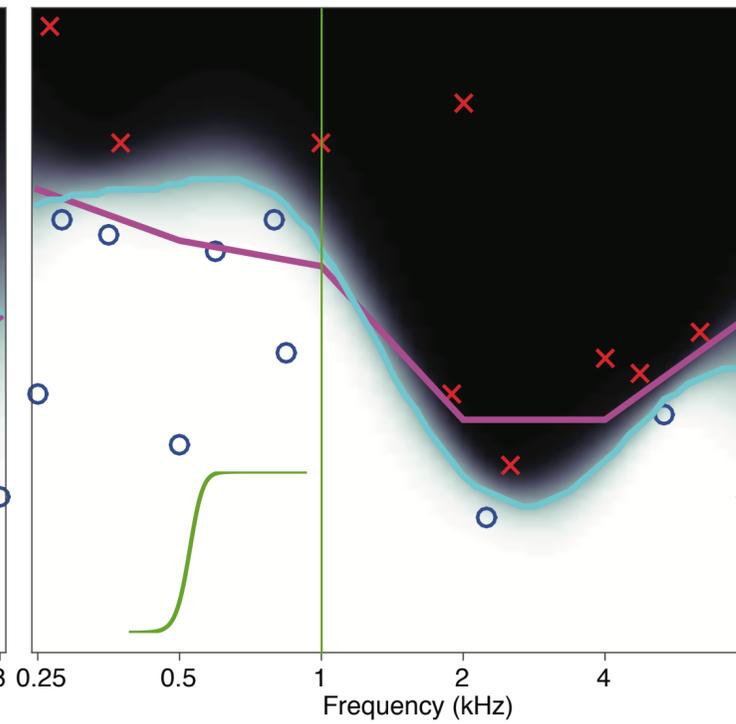
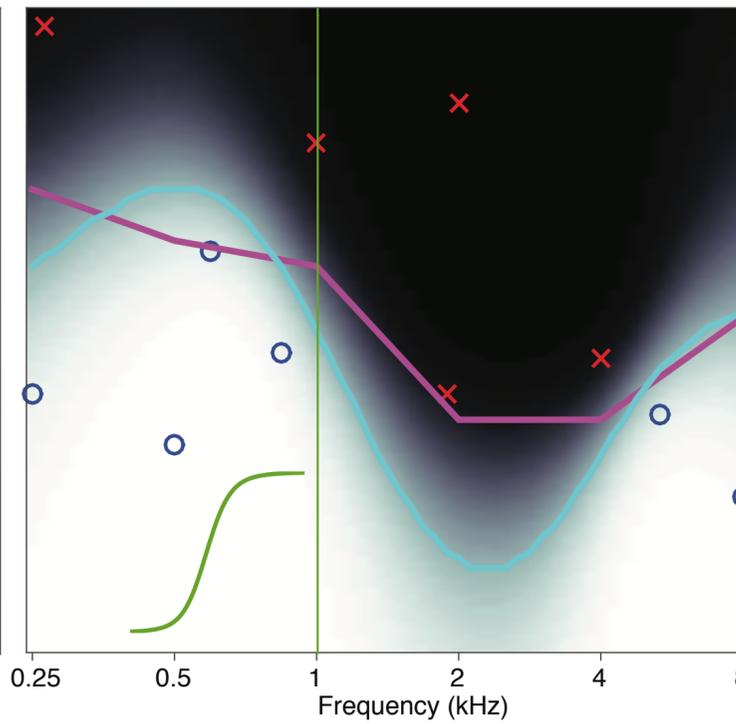
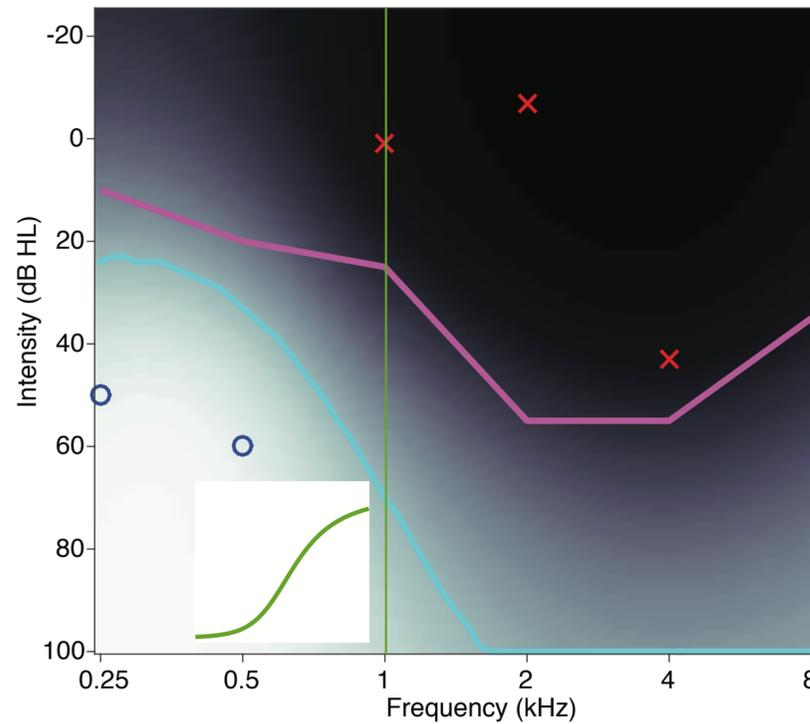
11 trials



19 trials



36 trials



MLAG threshold estimates are consistent with conventional HWAG

Frequency (kHz)	0.25	0.5	1	2	4	8	All
Mean differences and standard deviations vs. HW							
Mean difference (dB HL)	1.80	-1.43	0.138	0.244	1.14	-1.69	-0.011
Standard deviation (dB HL)	6.25	4.88	4.48	4.38	5.57	7.23	5.61
Absolute Mean differences and standard deviations vs. HW							
Mean absolute difference (dB HL)	4.80	3.75	3.44	3.53	4.48	5.17	4.16
Standard deviation (dB HL)	4.36	3.41	2.85	2.57	3.46	5.30	3.76
Percent 5-dB maximum difference from HW							
Percent 5-dB max difference	61.25	82.5	80.0	78.75	61.25	48.75	68.75

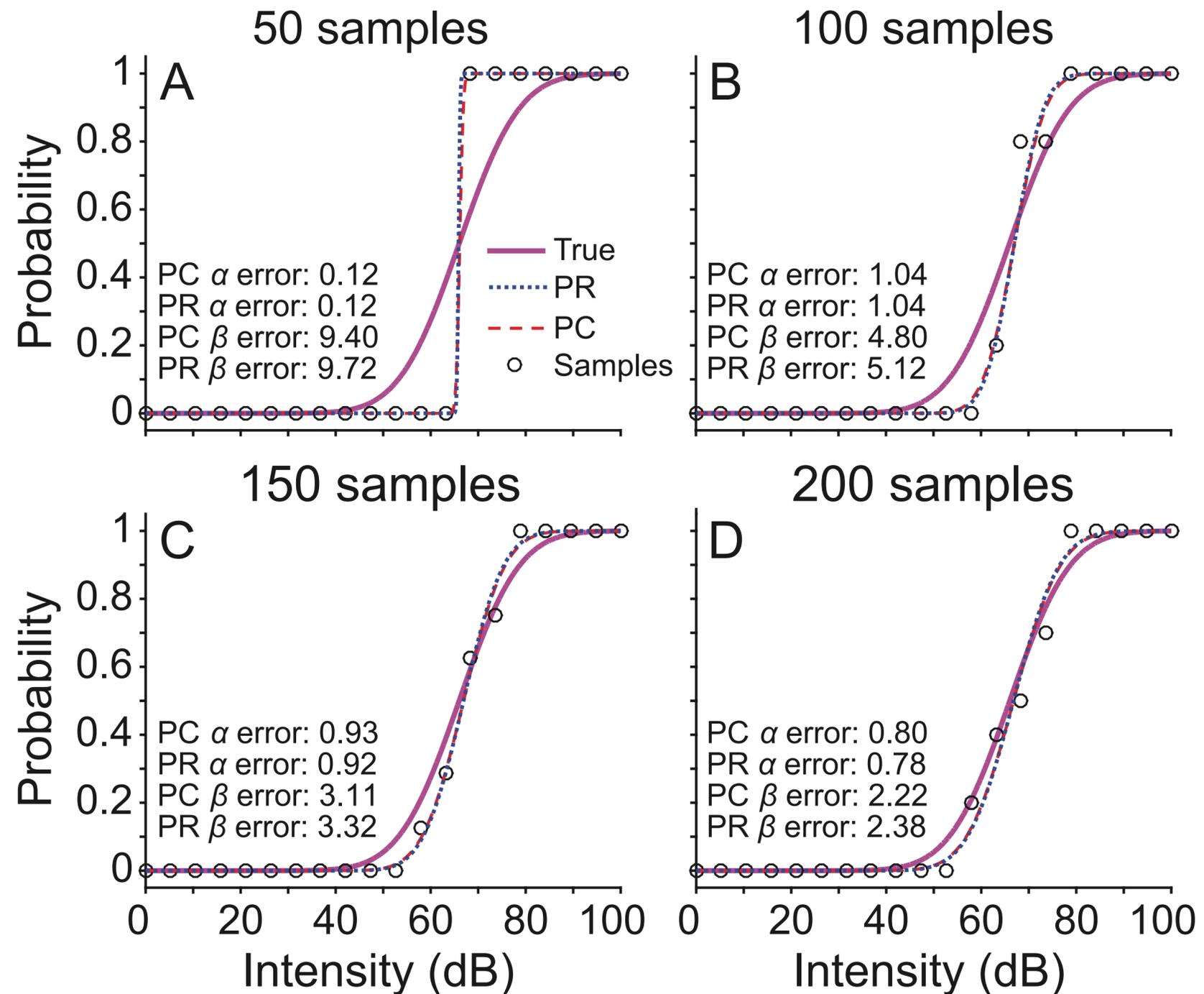
Test-retest reliability of MLAG is within clinical criteria

Frequency (kHz)	0.25	0.5	1	2	4	8	All
Mean differences and standard deviations							
Mean difference (dB HL)	-0.15	1.55	1.63	0.26	1.03	0.032	0.75
Standard deviation (dB HL)	6.27	7.03	4.14	5.34	6.78	8.11	6.29
Mean absolute differences and standard deviations							
Mean absolute difference (dB HL)	4.80	5.05	3.58	3.95	5.03	4.74	4.51
Standard deviation (dB HL)	3.97	5.07	2.60	3.55	4.59	6.52	4.45

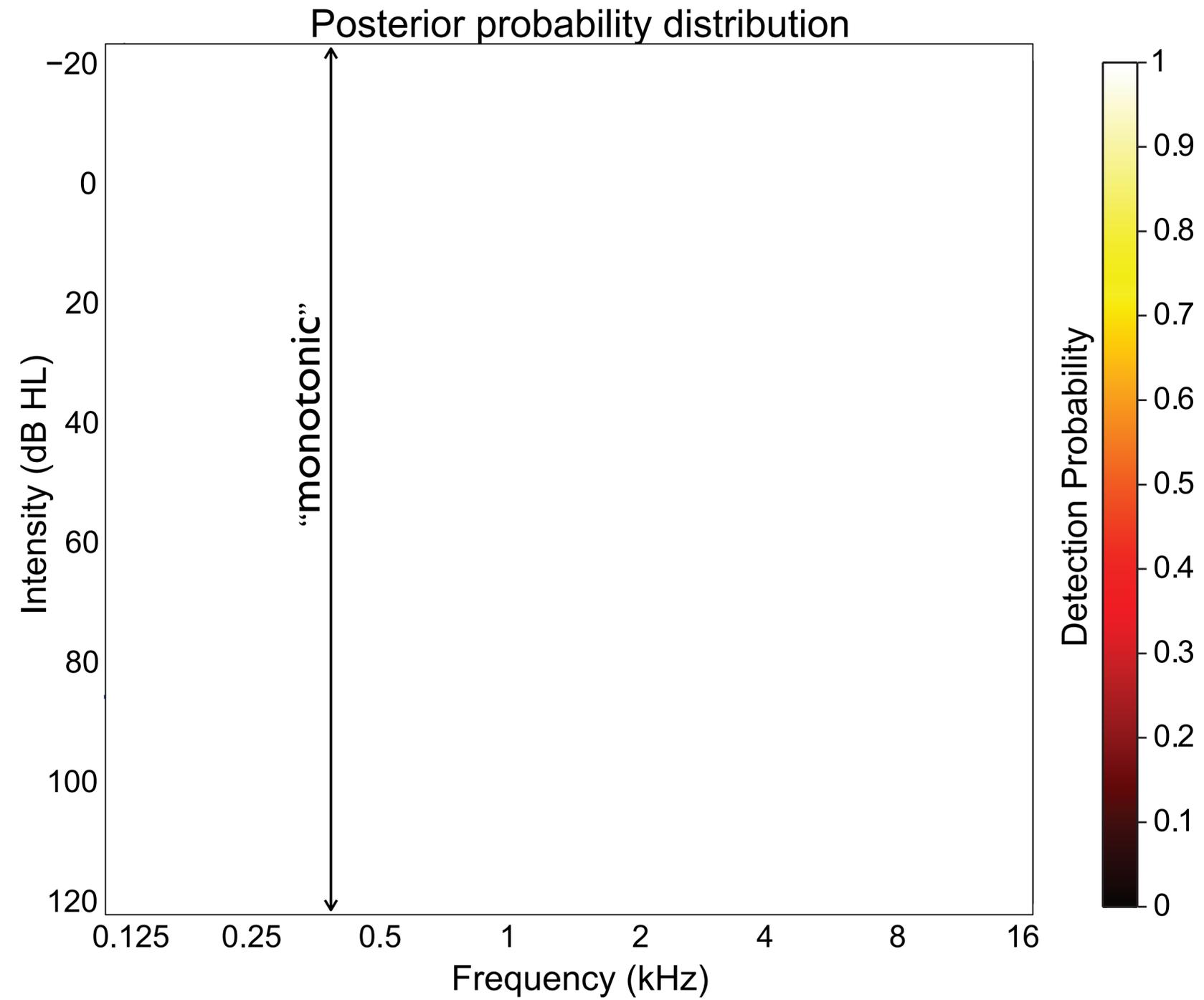
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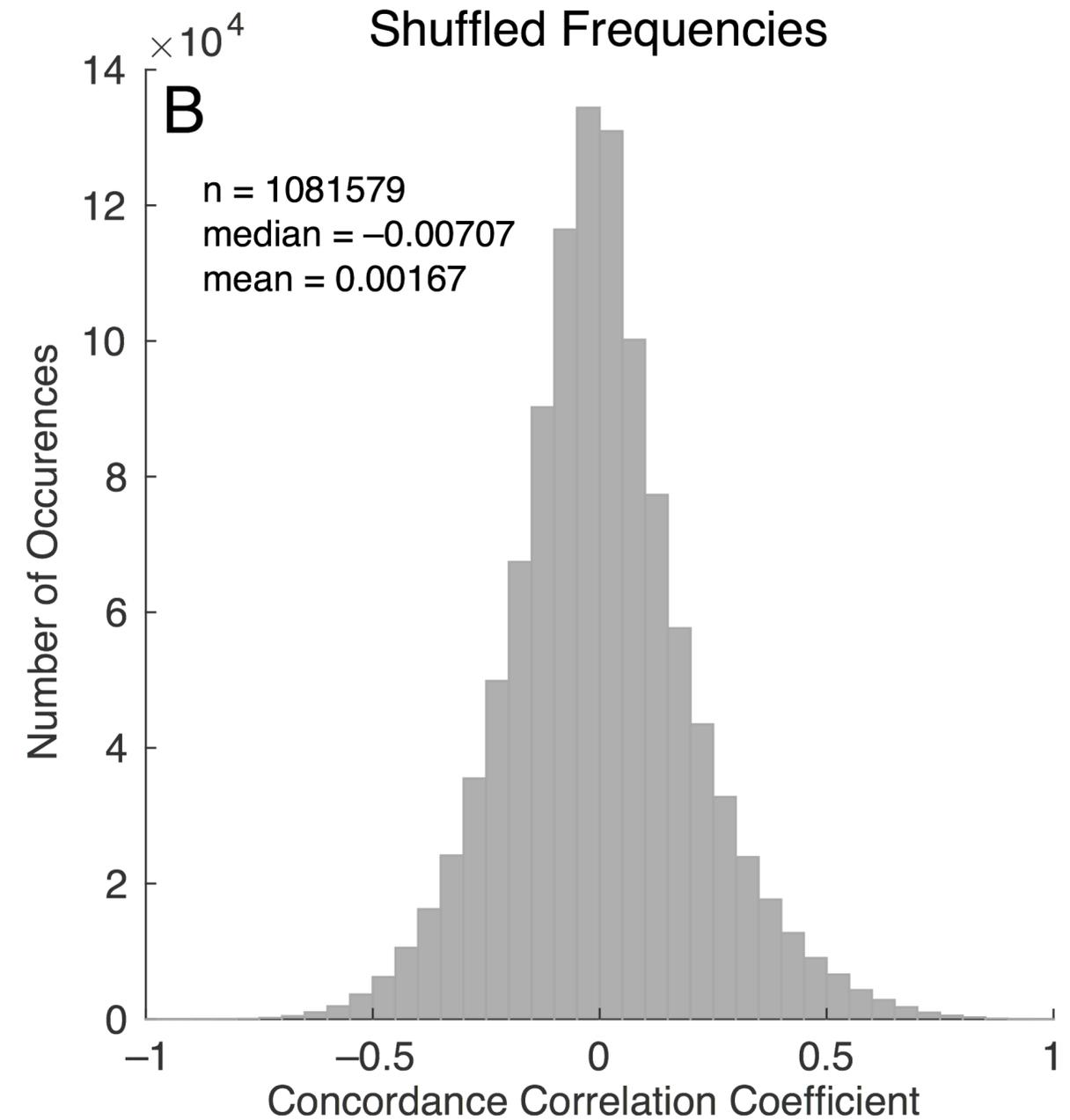
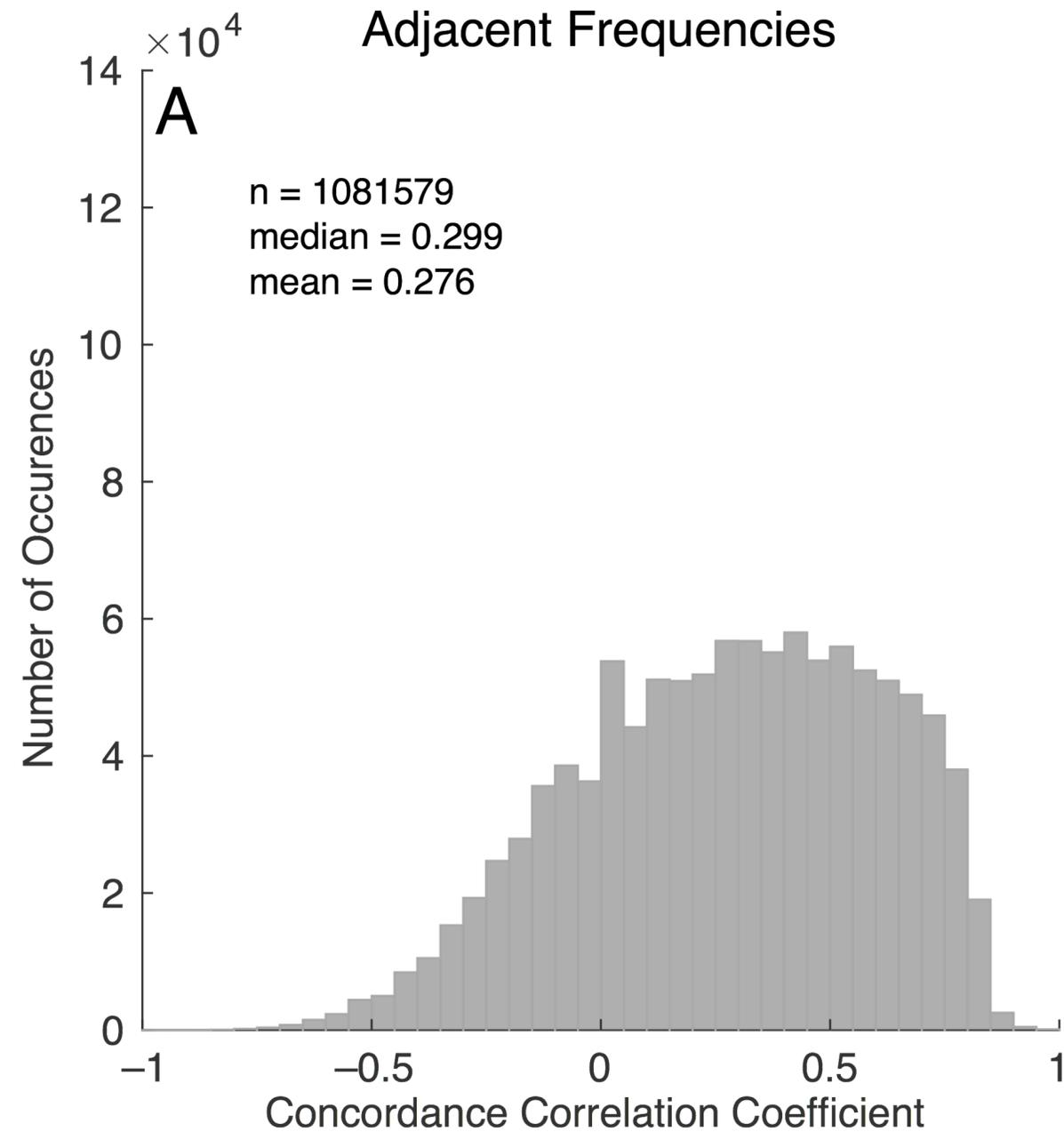
Probabilistic classification and probit regression exhibit similar error profiles as sample number increases



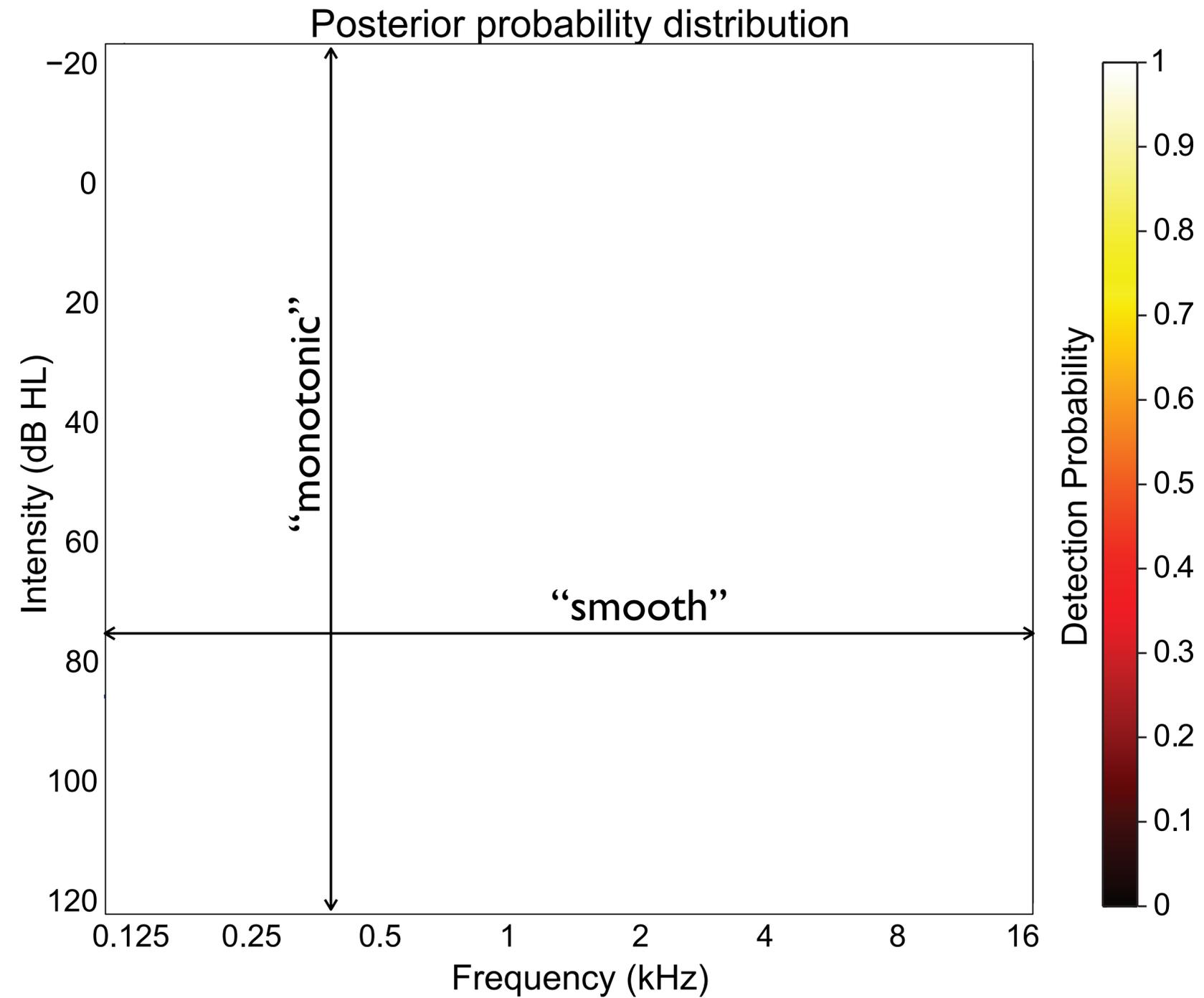
Audiogram model constraint for intensity is monotonicity



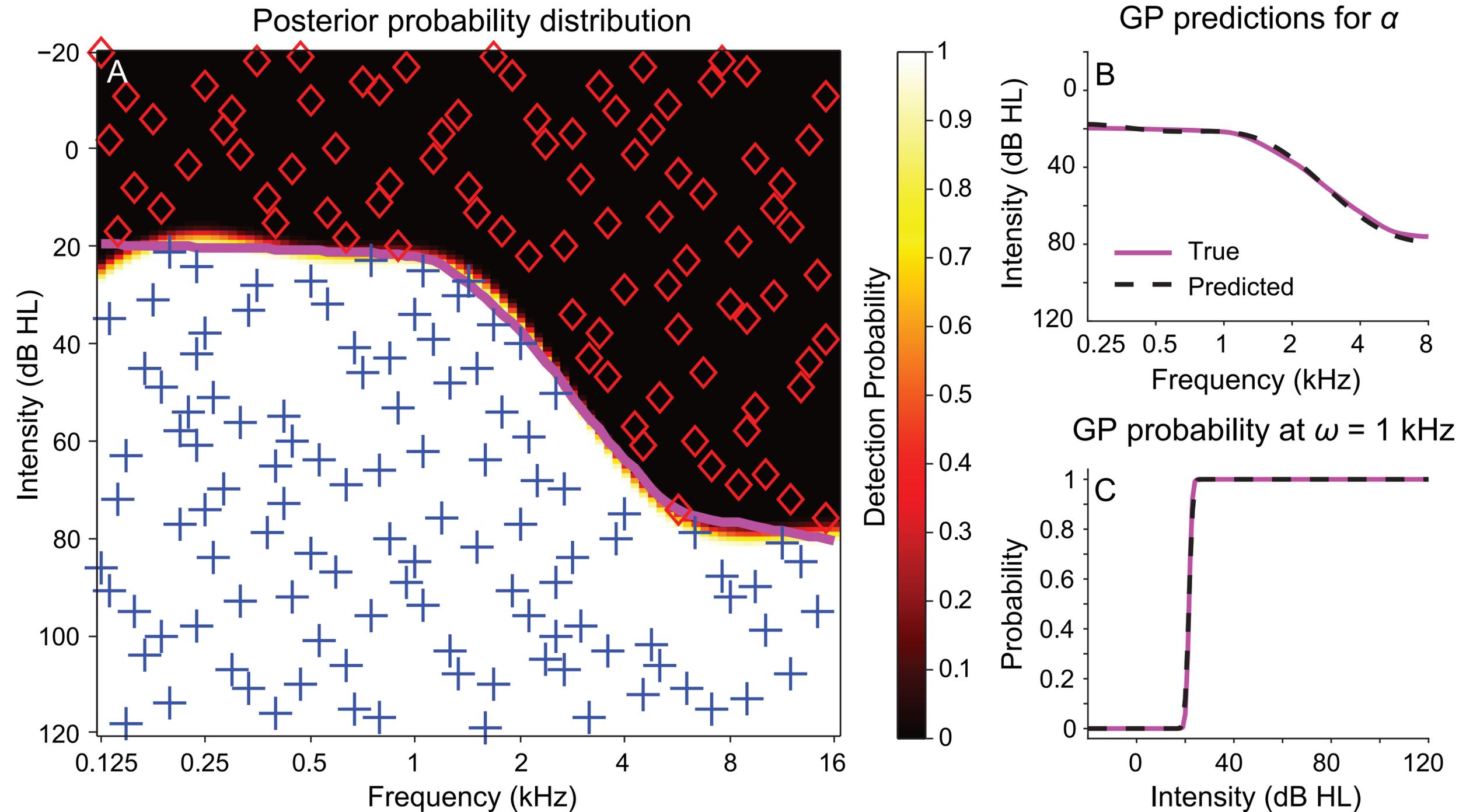
Hearing thresholds vary systematically across frequency



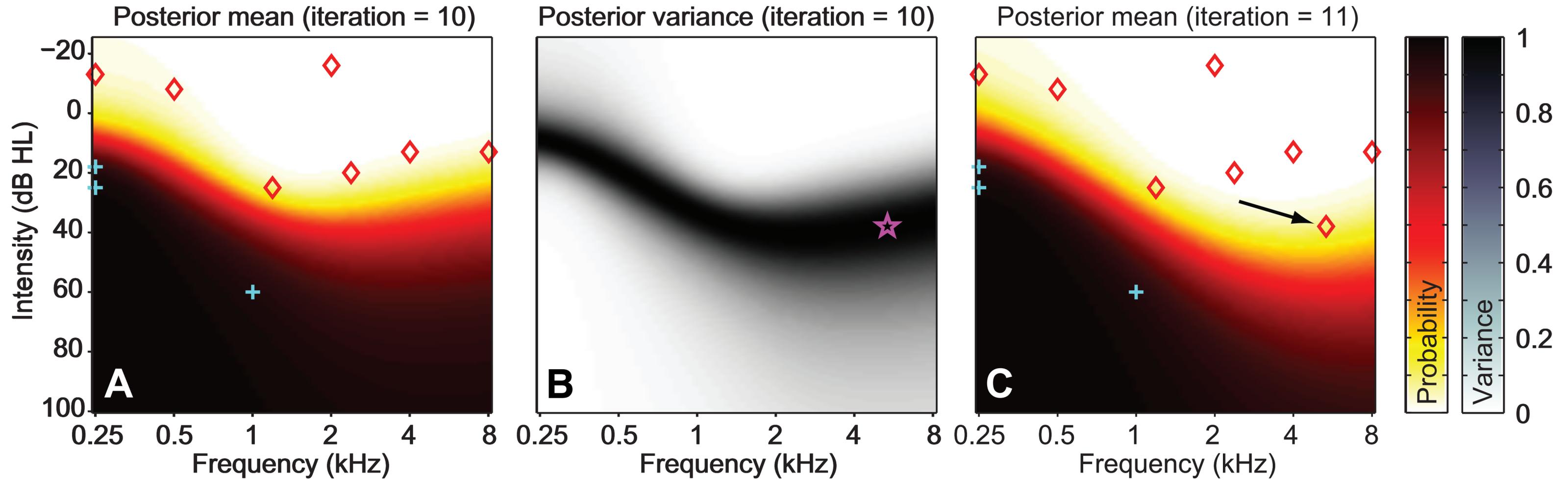
Audiogram model constraints for frequency are continuity and smoothness



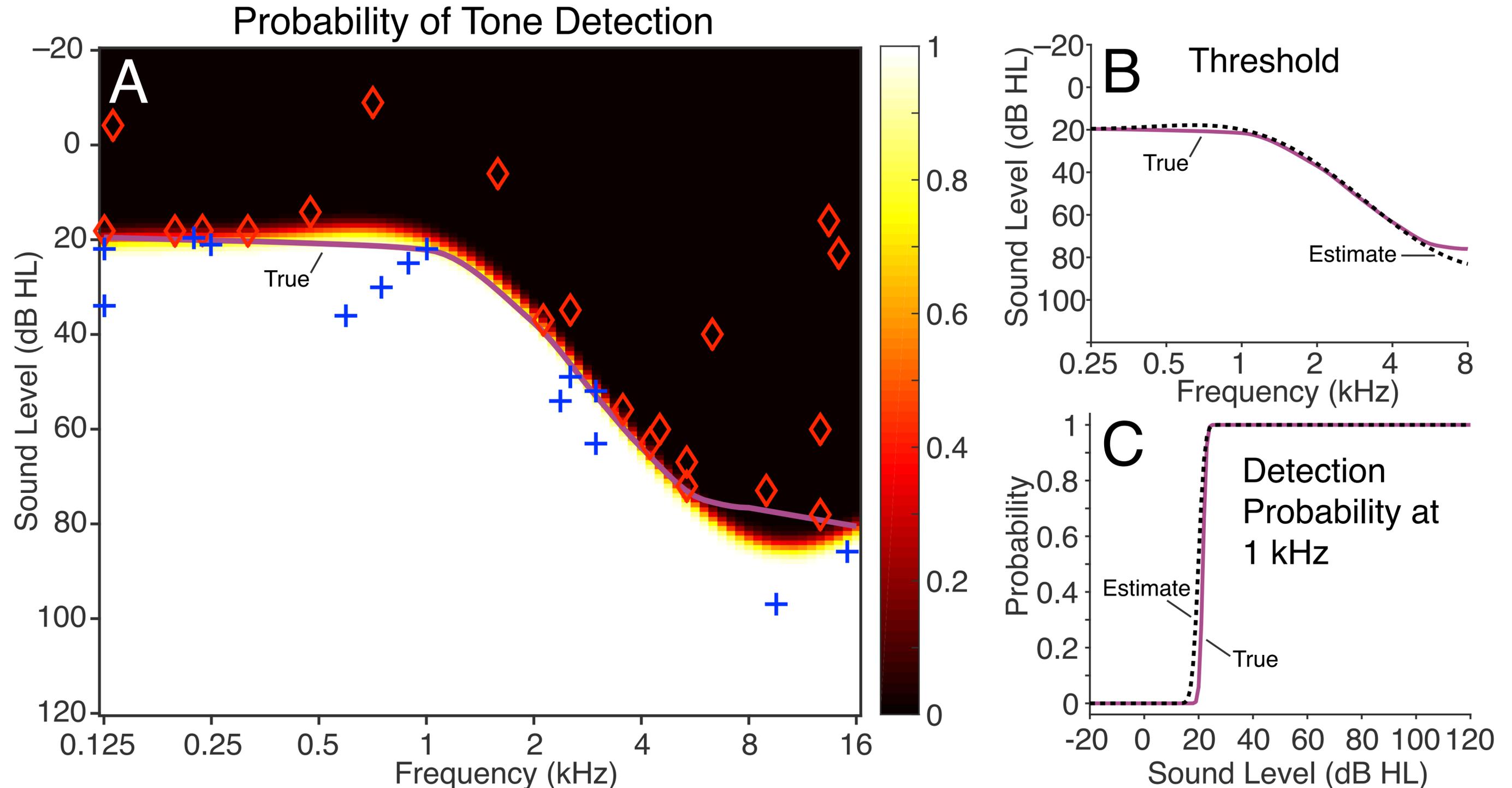
Gaussian process classification provides accurate threshold and spread estimates for the multidimensional audiogram



Bayesian active learning ensures that samples are acquired where needed most



Gaussian process classification with Bayesian active learning yields accurate multidimensional psychometric threshold and spread estimates with few samples



Online MLAG can be compared directly to online HWAG



Test Parameters

Test Type:

GPA BALUS 1.0



Tone Type:

Pulse



Hardware Profile*:

Uncalibrated*



Ear:

Both Ears (Simultaneous)



Minimum Test Frequency (Hz):

250

-

+

Maximum Test Frequency (Hz):

8000

-

+

Minimum Tone Count:

20

-

+



Maximum Tone Count:

40

-

+



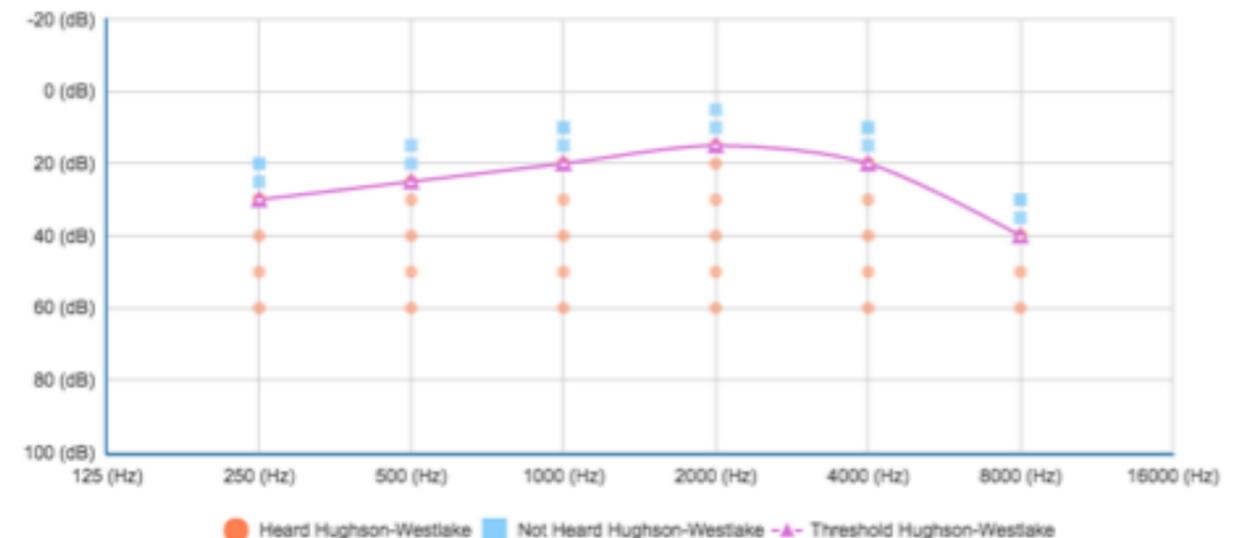
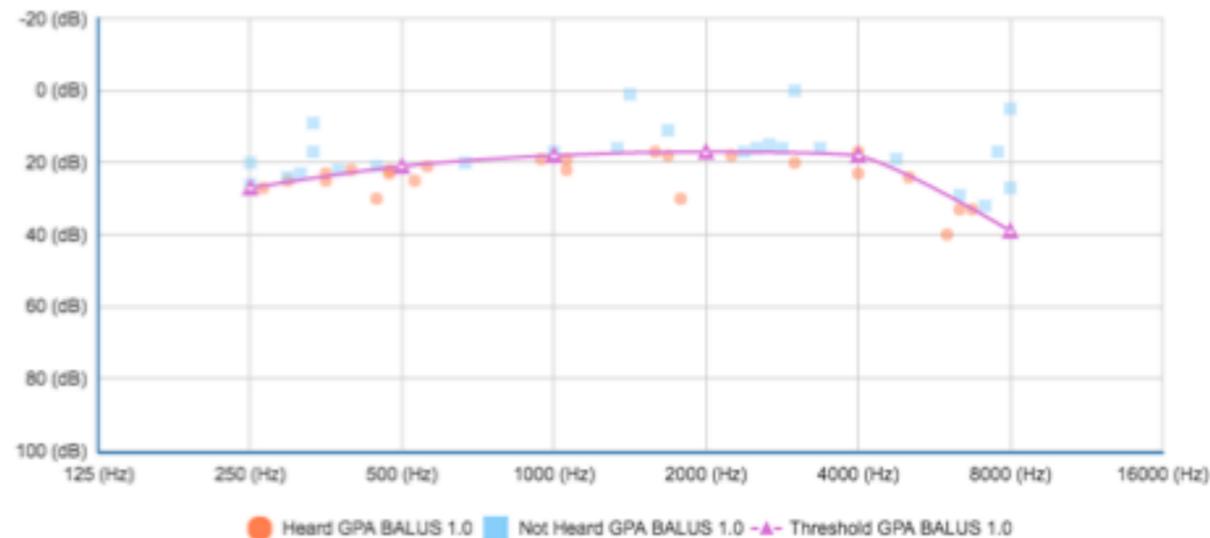
Hyperparameter Learning:

Off



Sample Resolution:

Standard

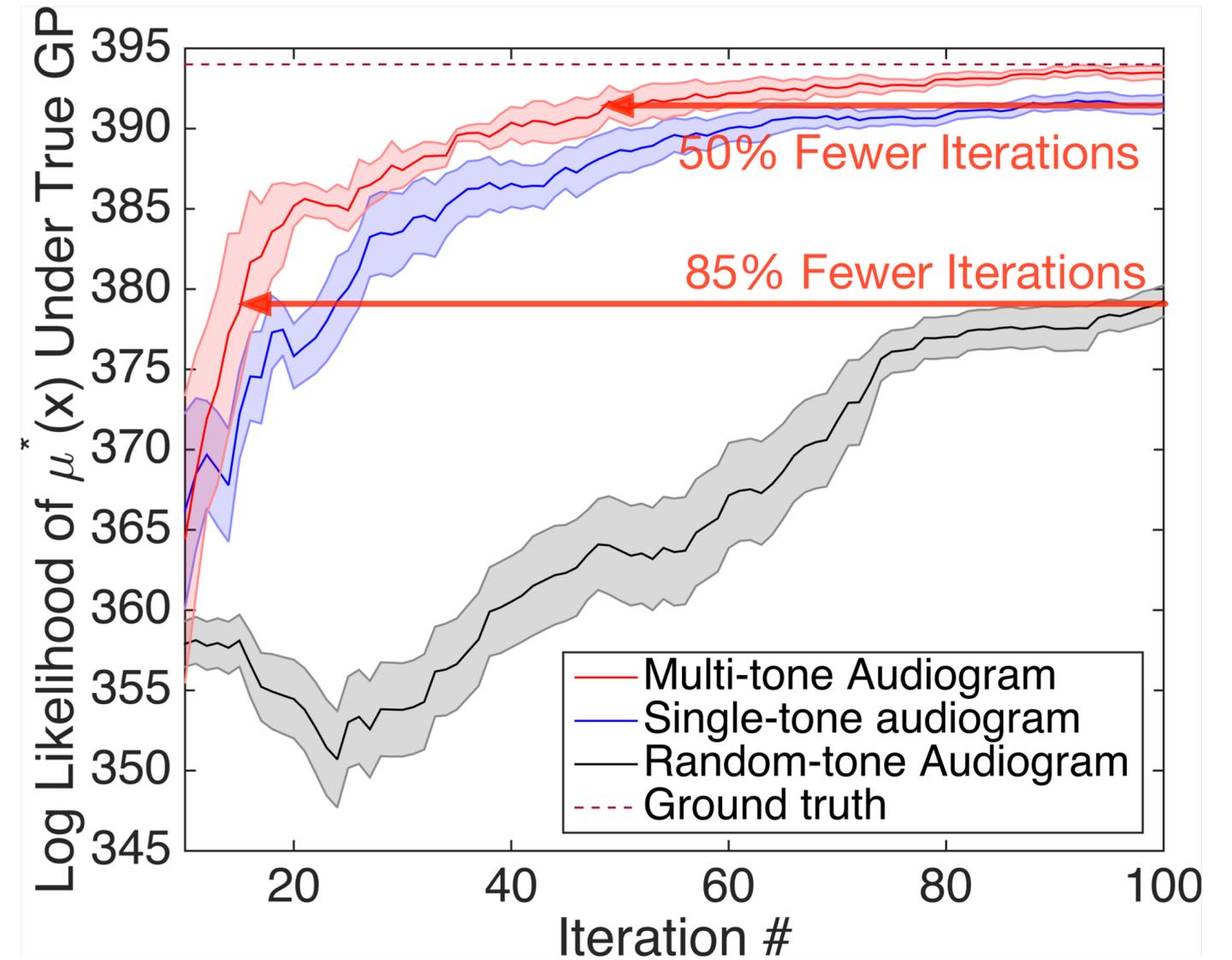
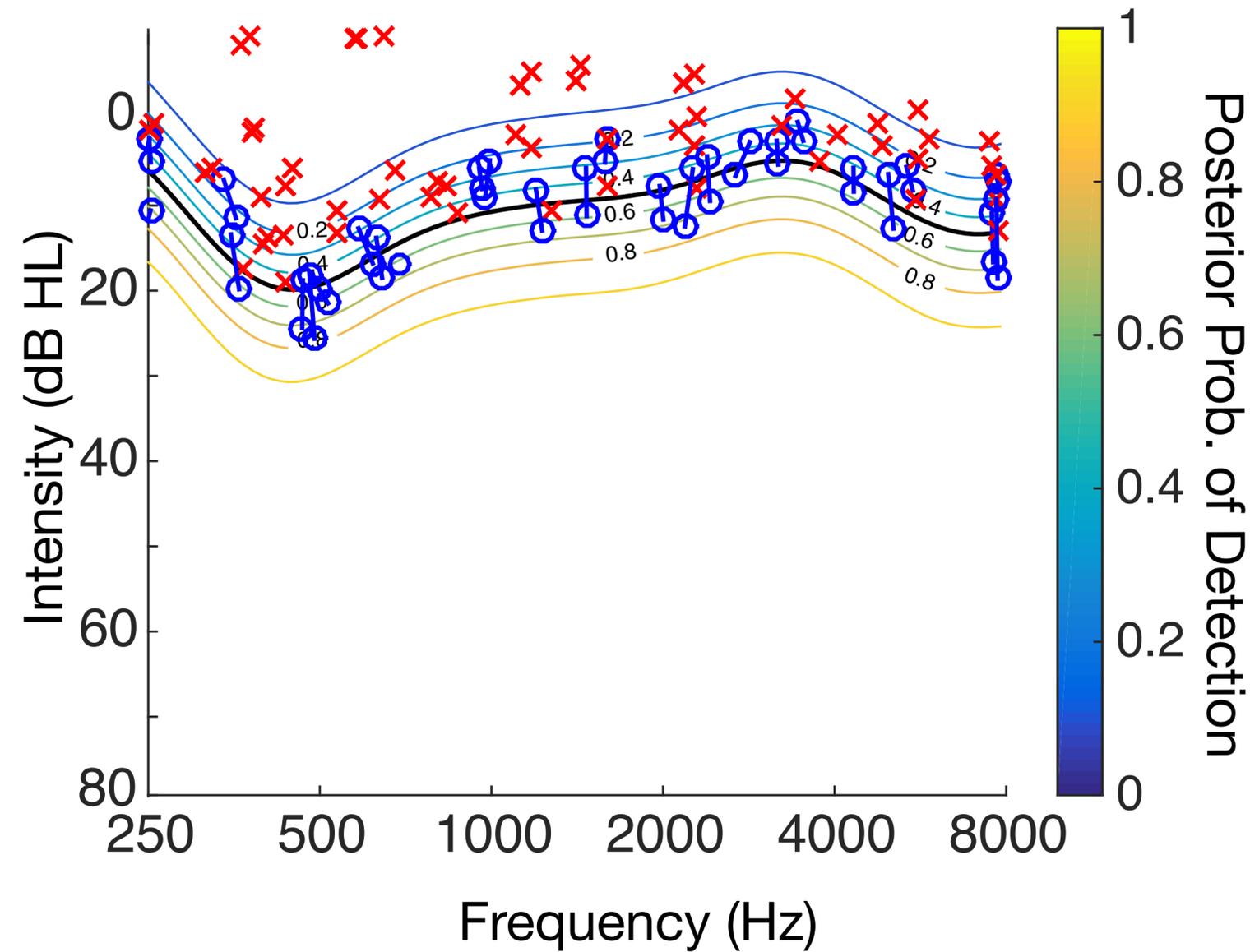


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Multitone audiometry accelerates active learning

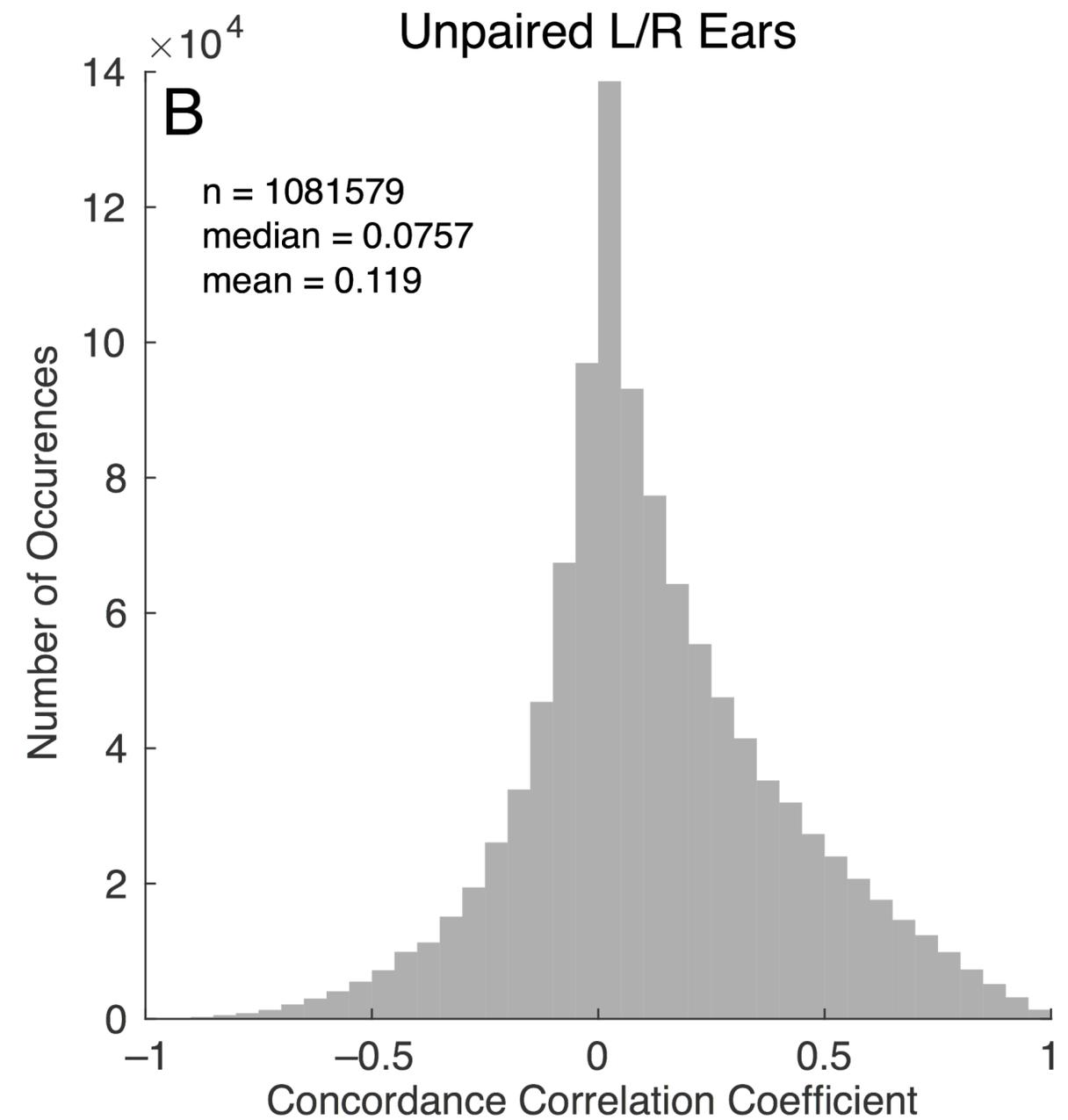
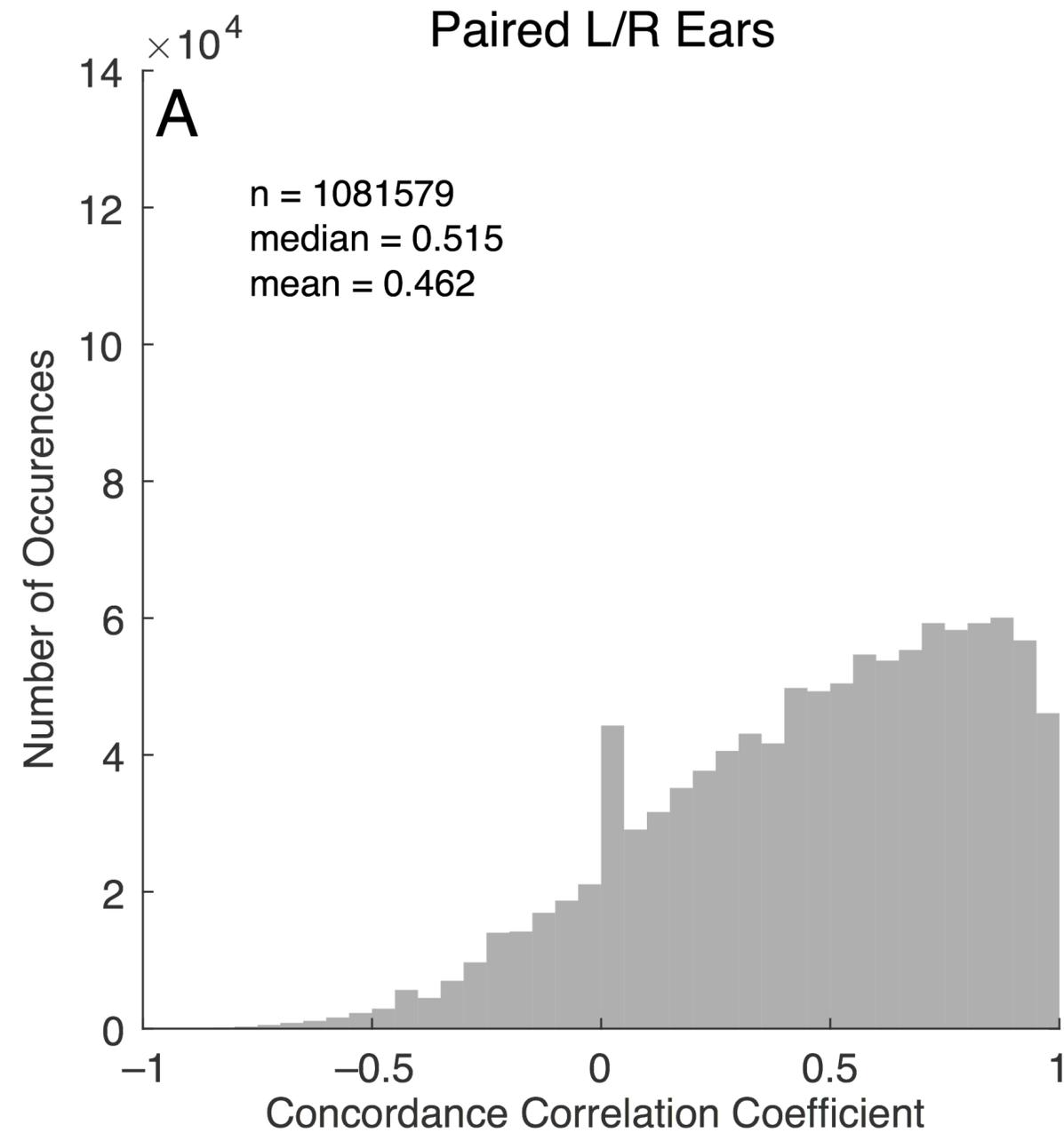
Multi-tone GP Audiogram, 60 Iterations



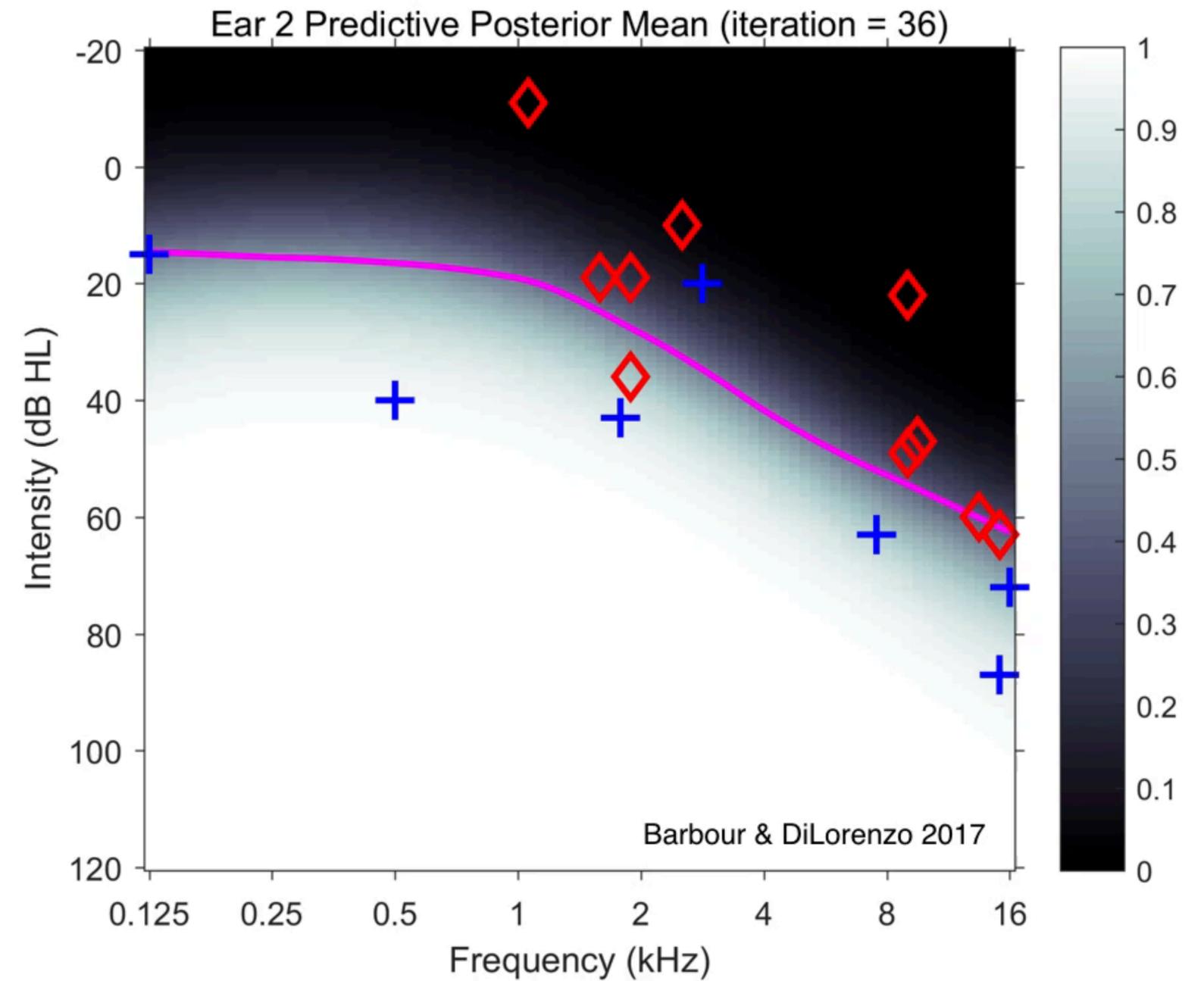
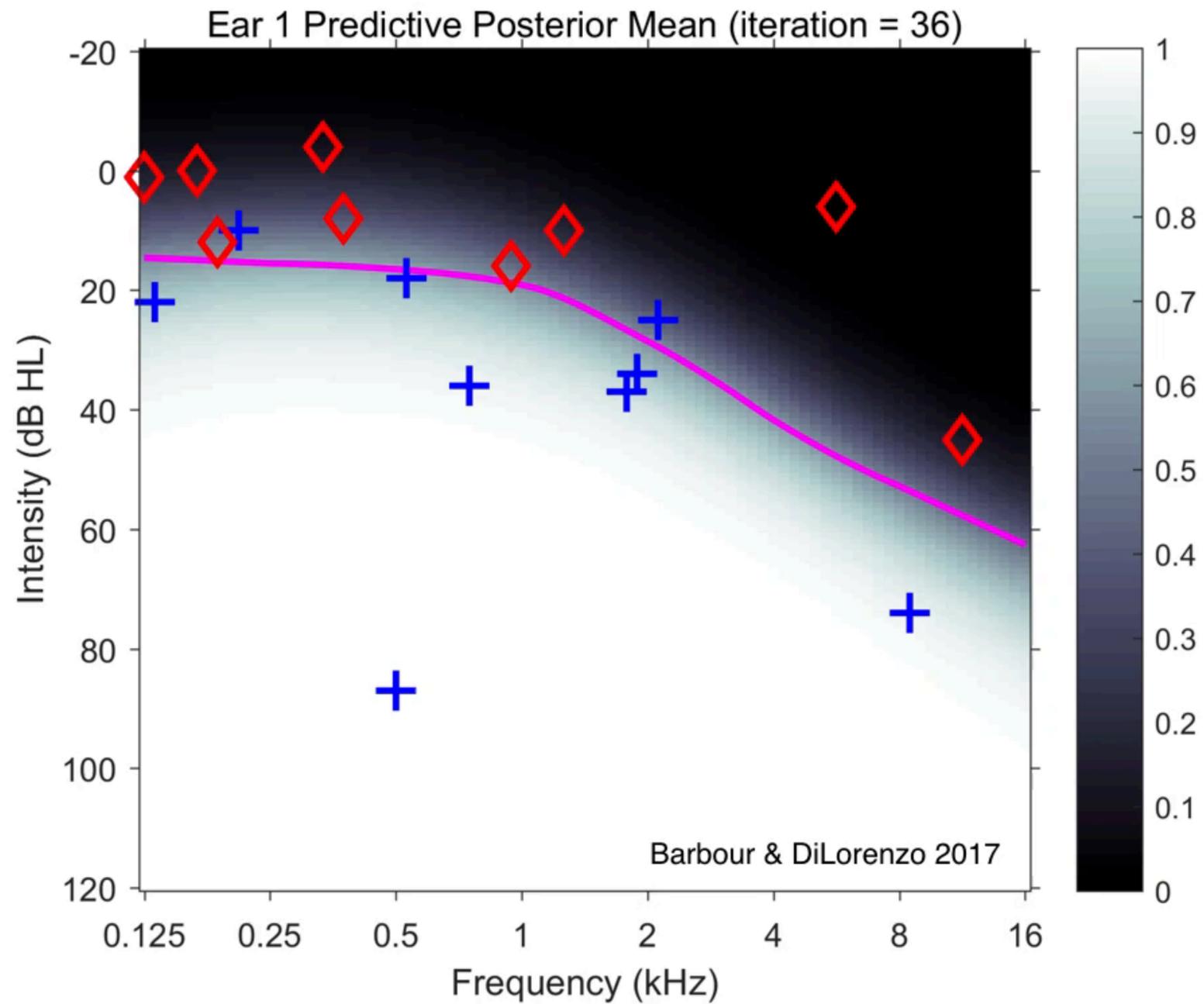
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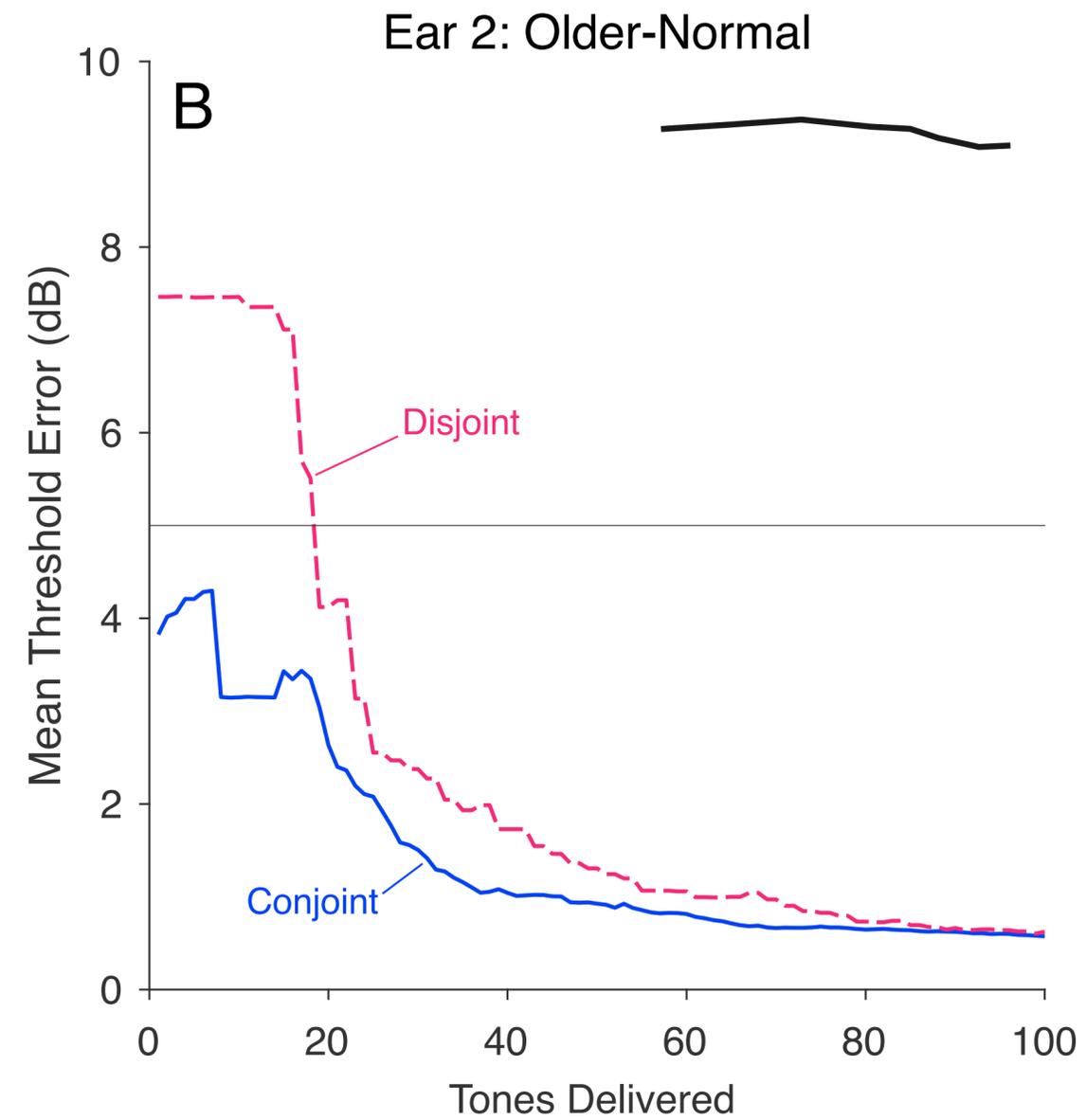
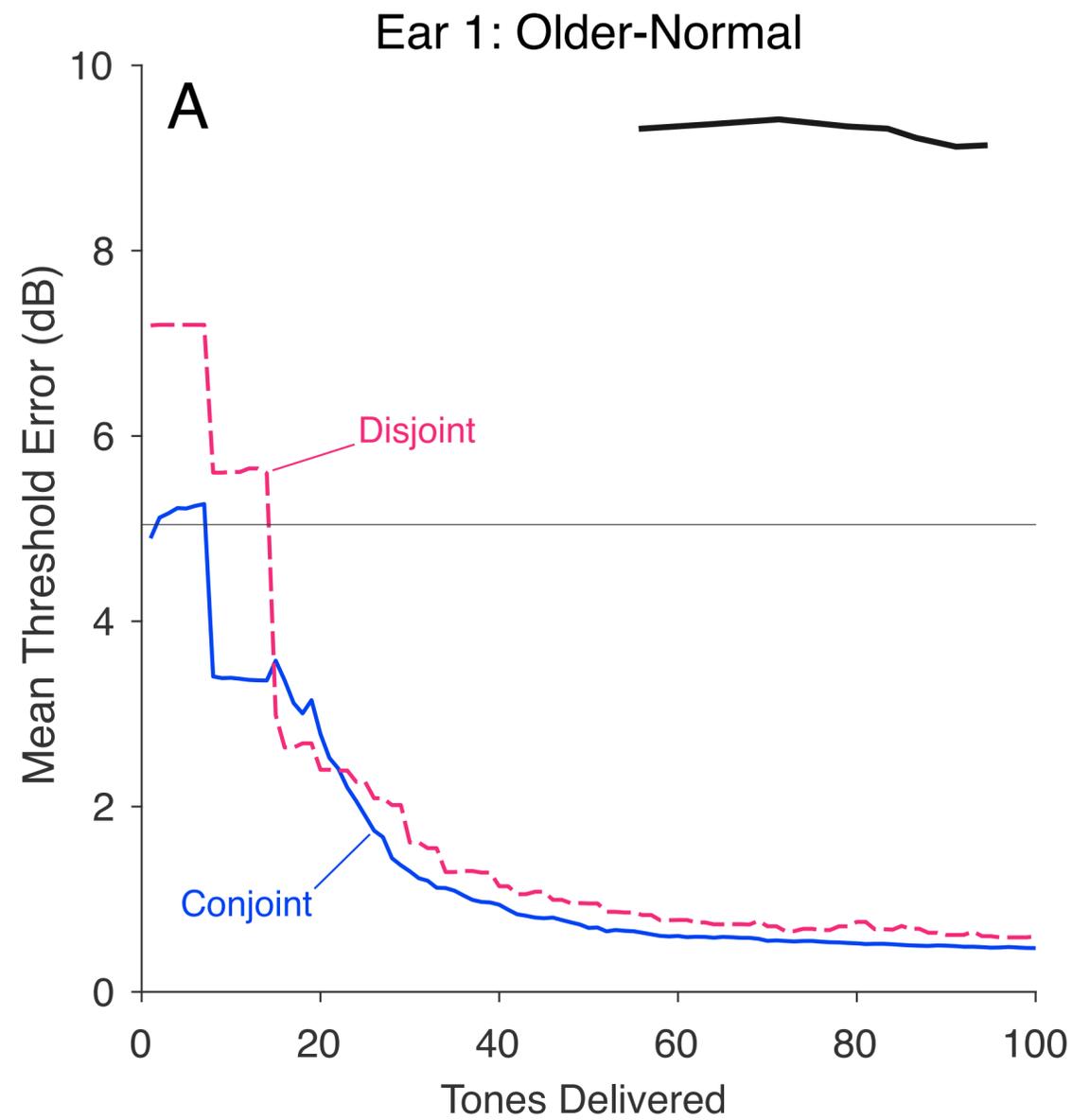
Hearing thresholds of a person's two ears are highly correlated



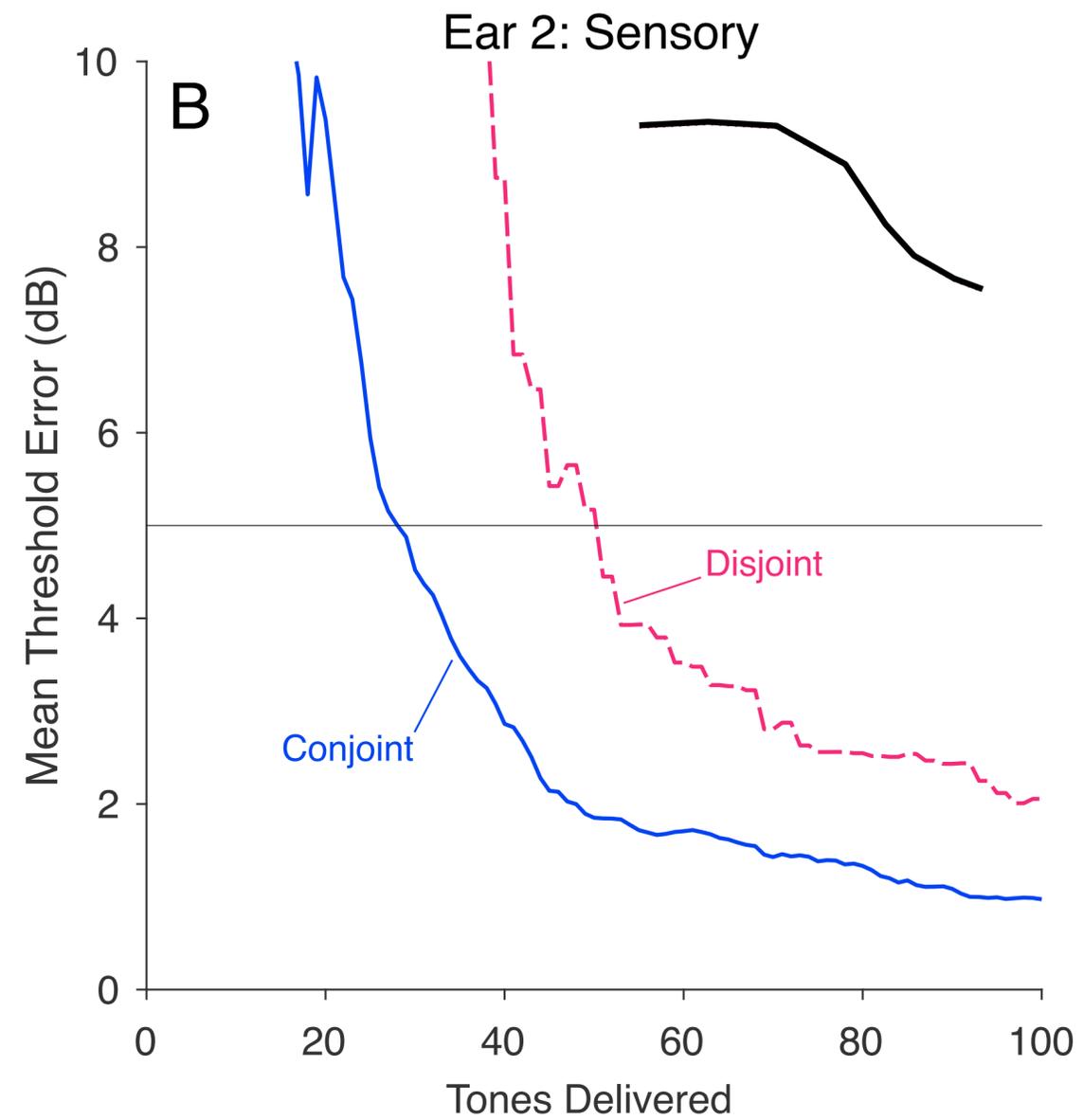
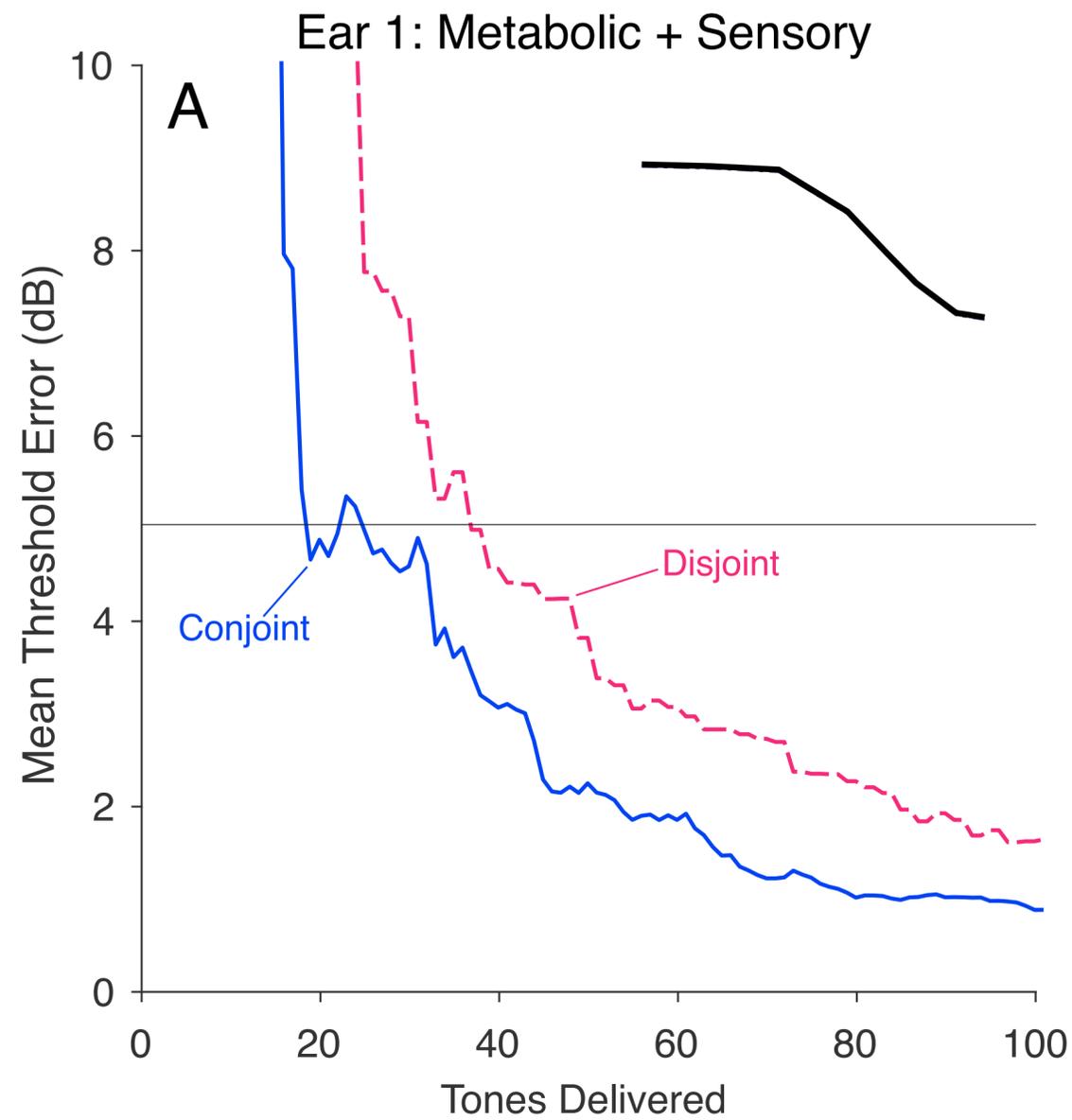
Active mutual conjoint estimation enables rapid assessment of both ears



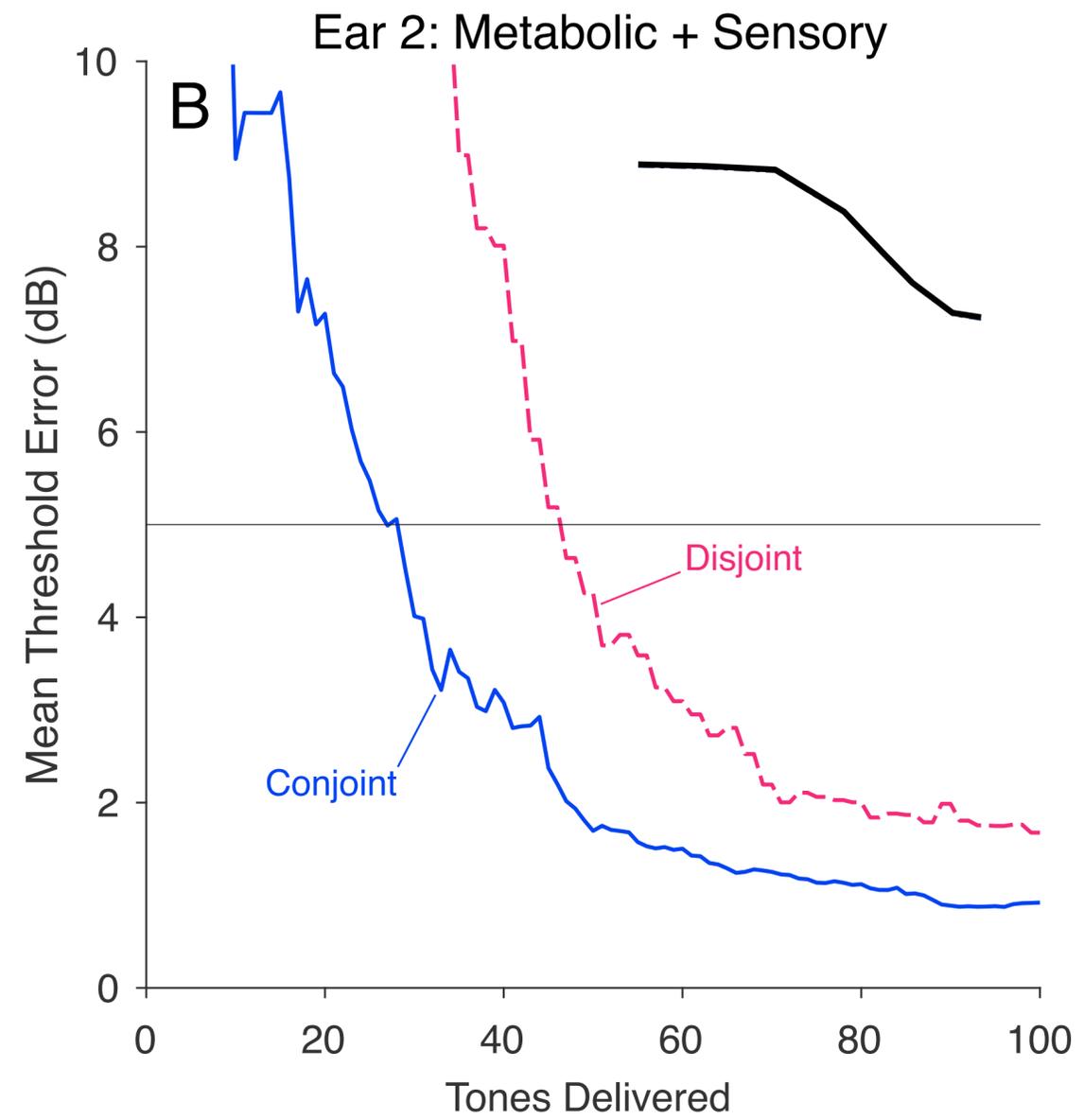
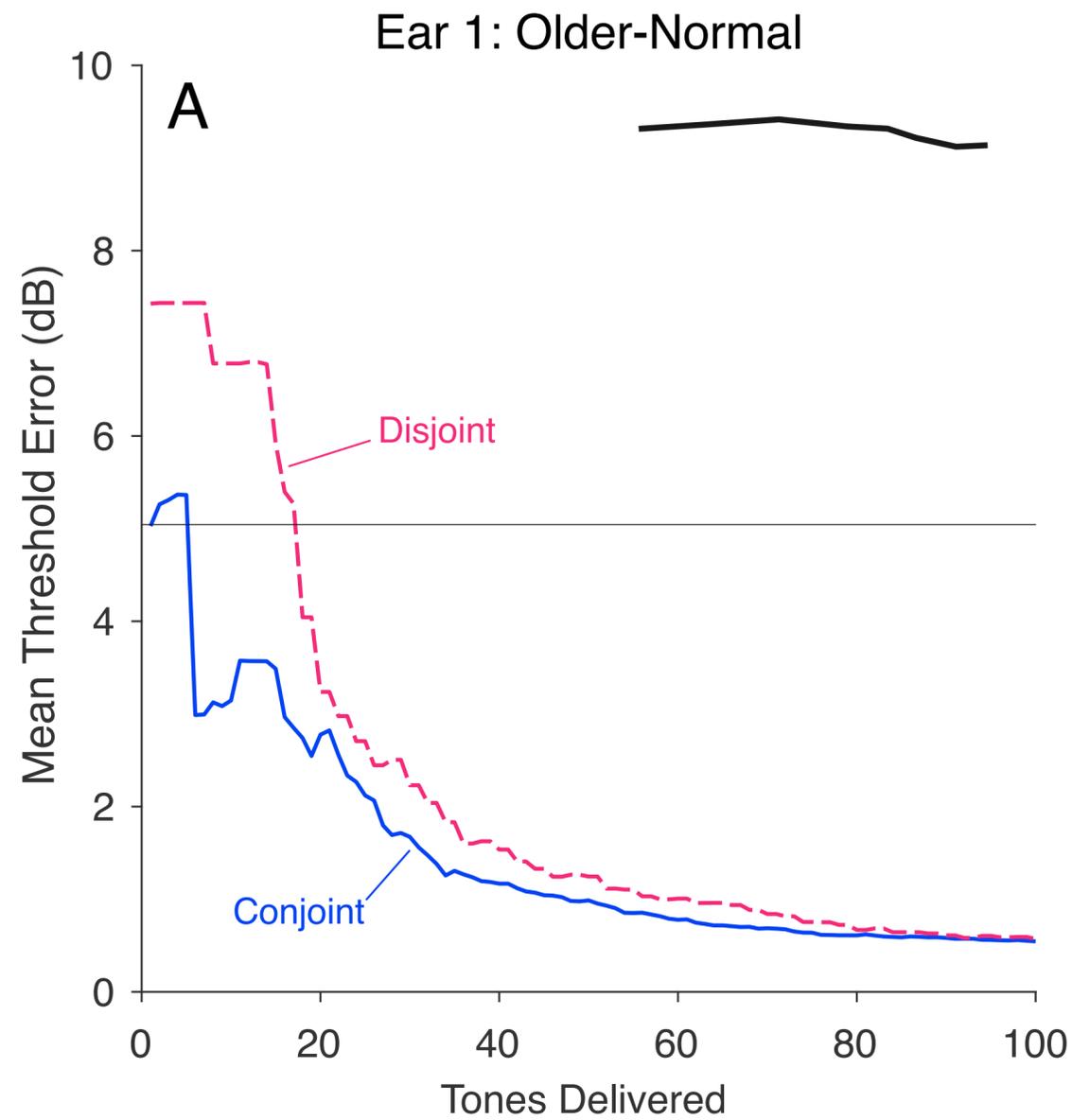
Conjoint estimates tend to converge faster than disjoint estimates



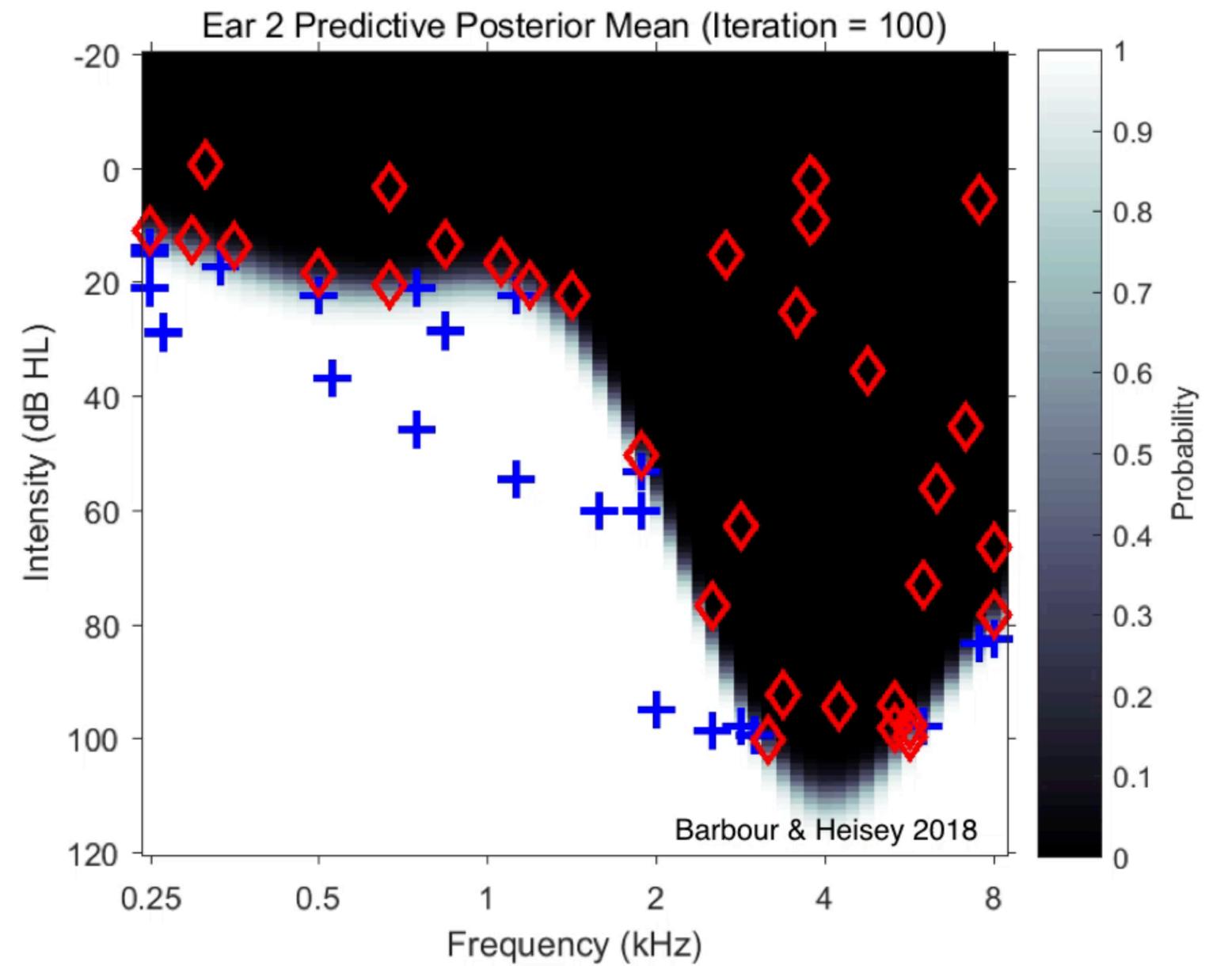
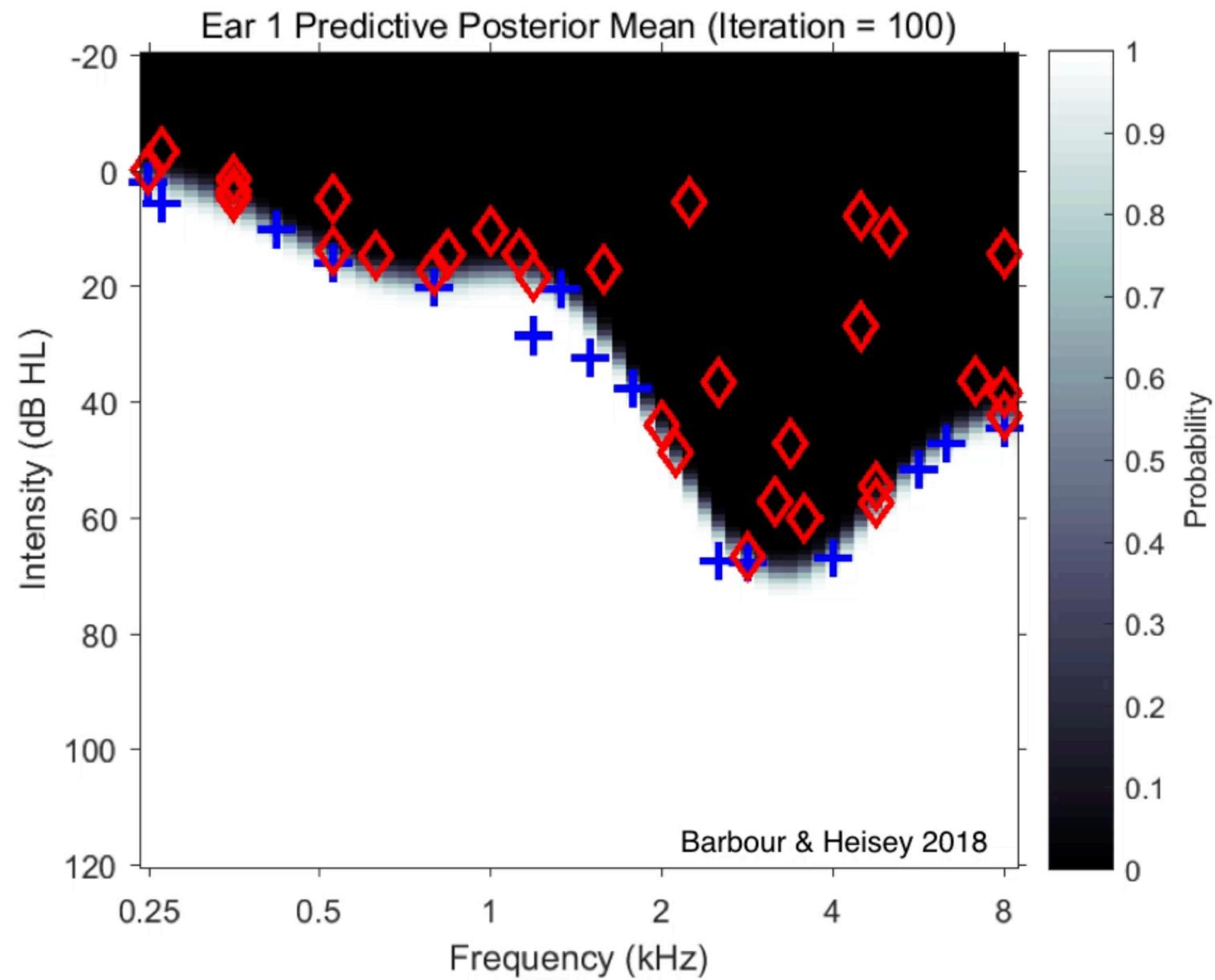
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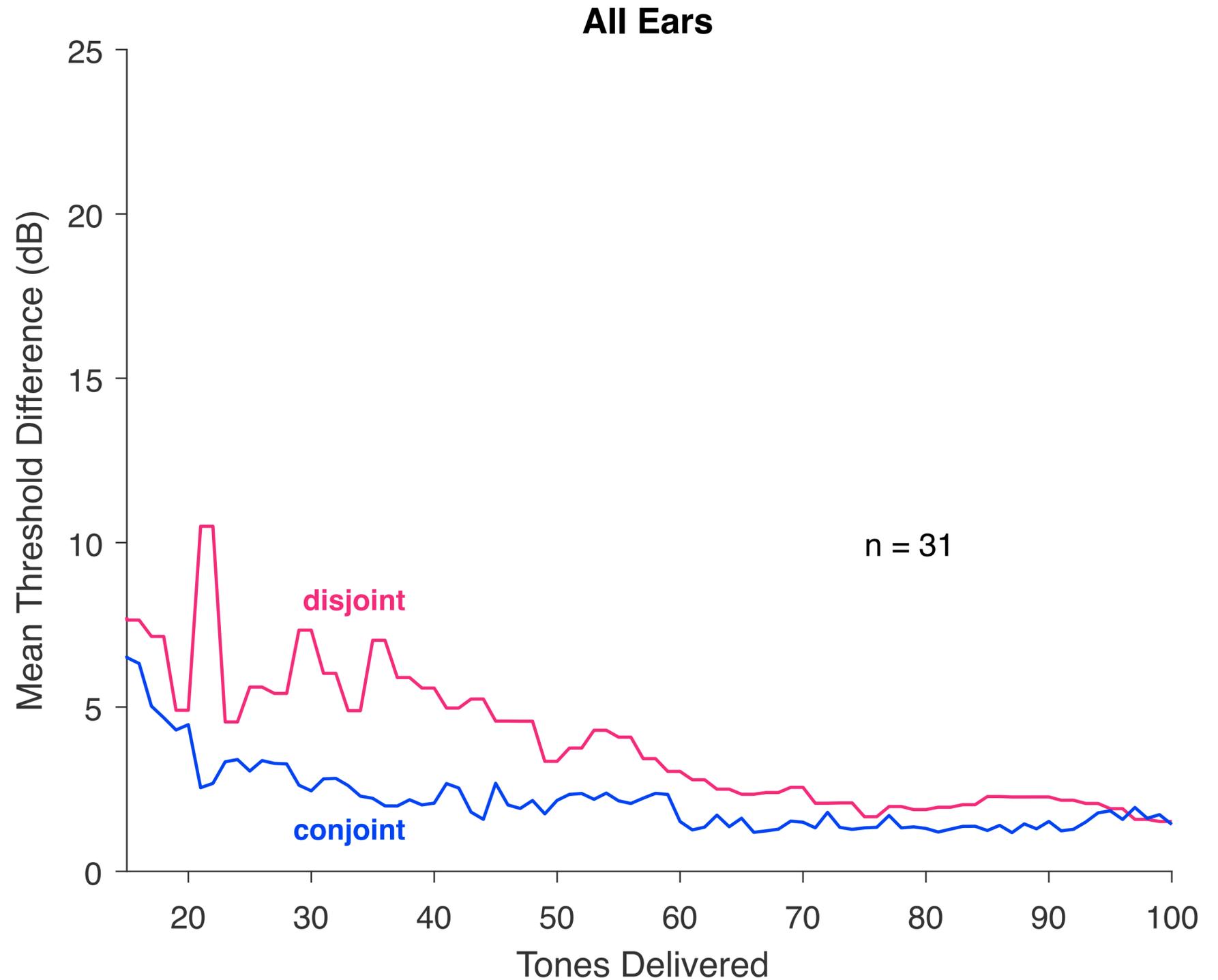
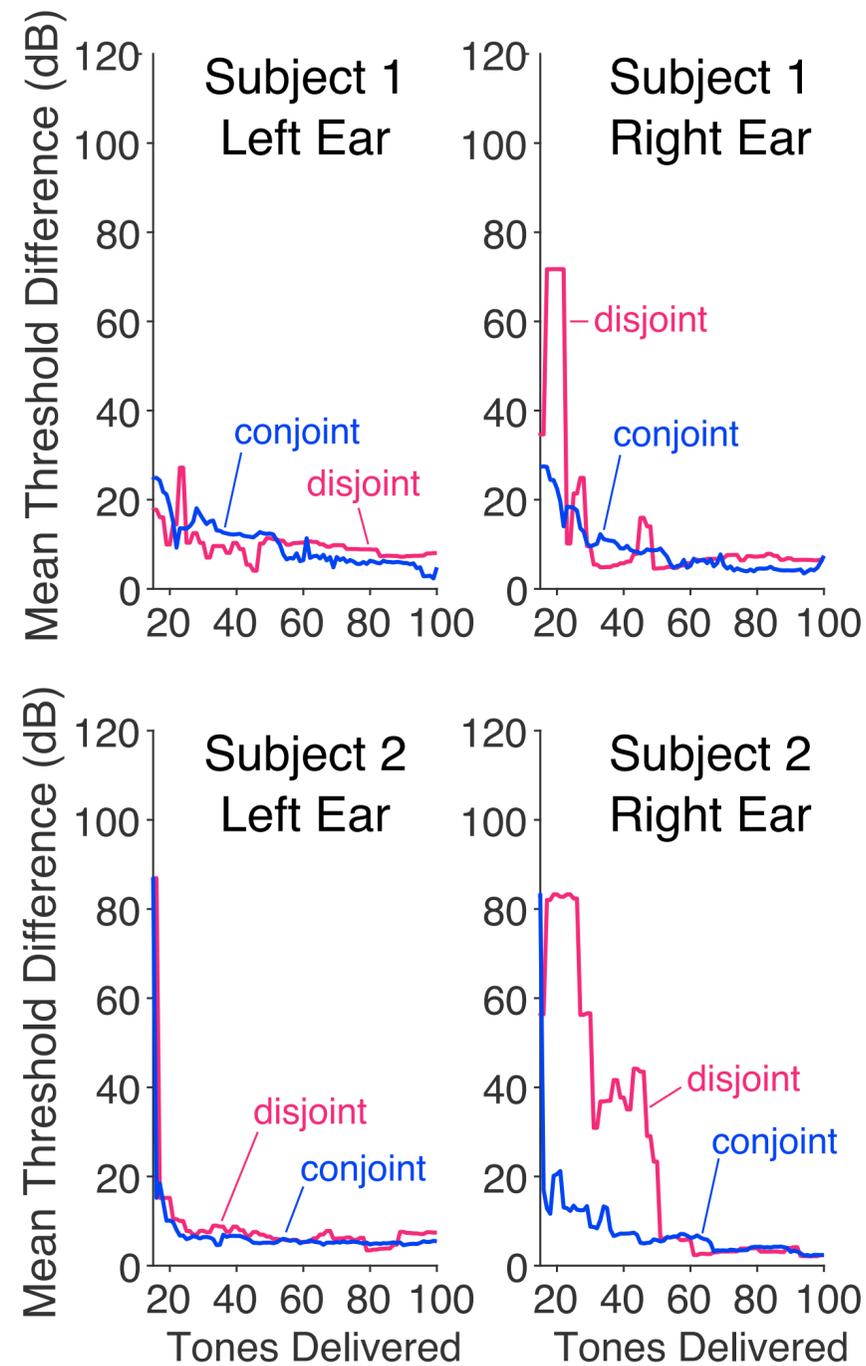
Conjoint estimates tend to converge faster than disjoint estimates



Active mutual conjoint estimation enables rapid assessment of both ears



Conjoint estimates converge faster on average than disjoint estimates



Conjoint estimates tend to converge faster than disjoint for various subgroups

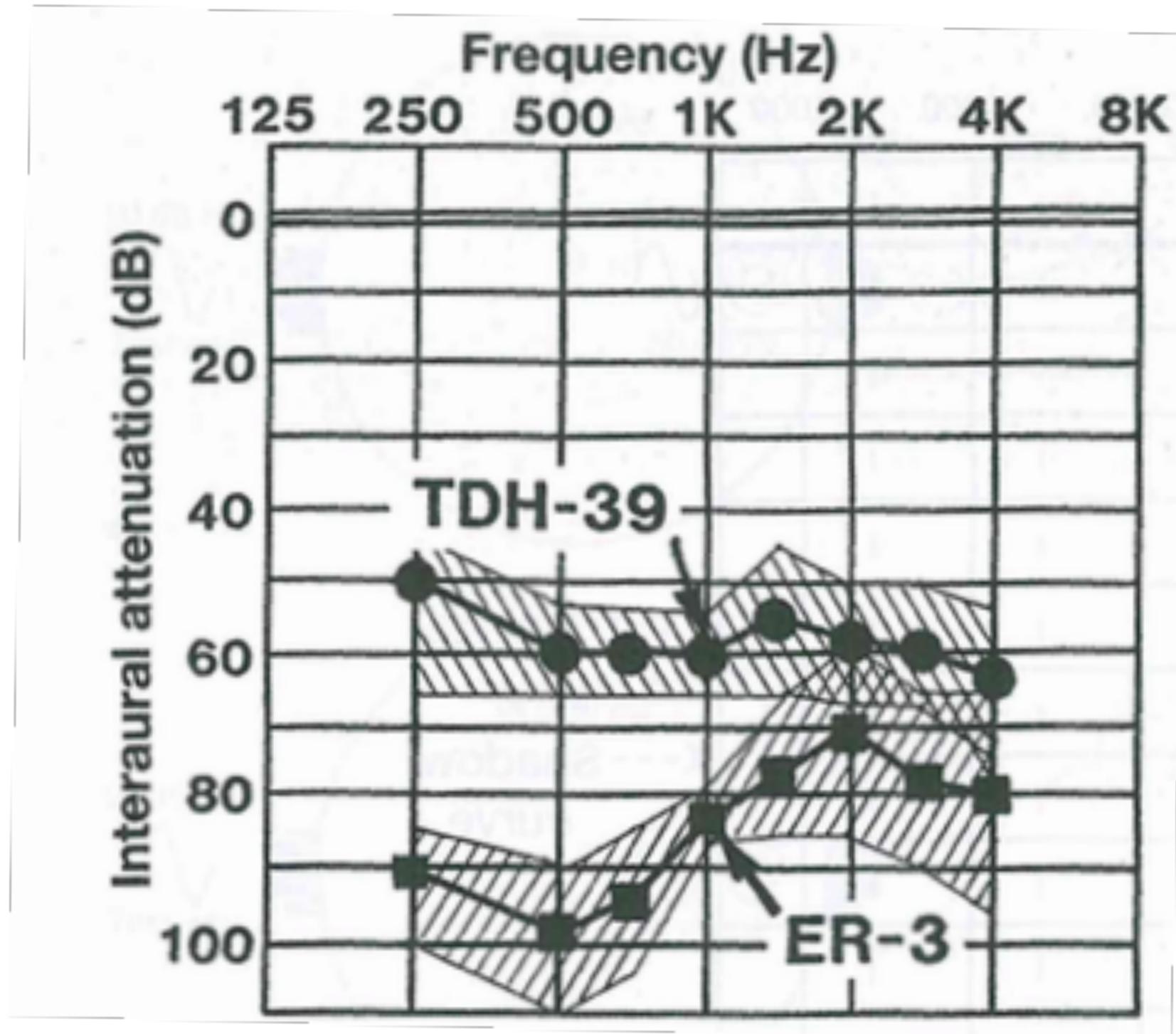
	Conjoint	Disjoint	n
All	18 ± 8.8	45 ± 10	31
Normal	5 ± 4.7	23 ± 5.5	8
Loss	21 ± 14	49 ± 15	23
Symmetric	17 ± 6.5	33 ± 7.5	19
Asymmetric	43 ± 17	71 ± 18	12

mean ± standard deviation tone count to 5 dB threshold accuracy

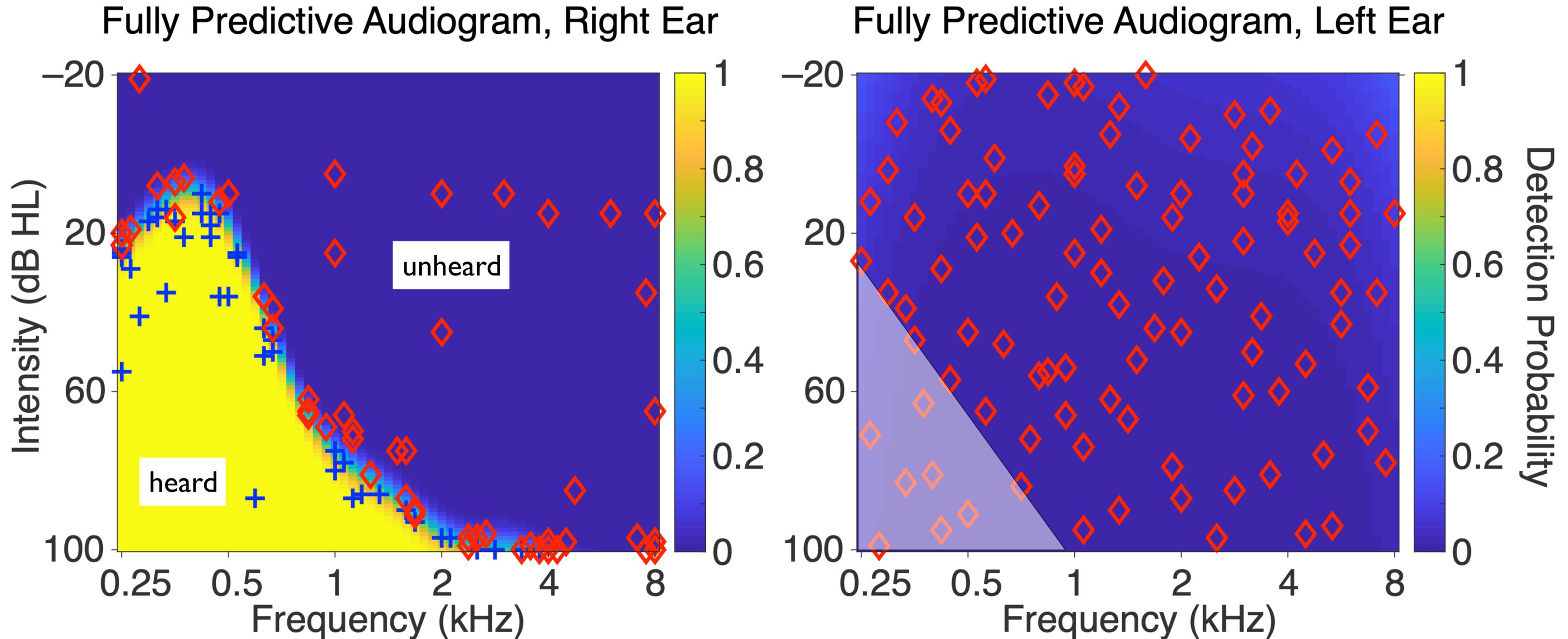
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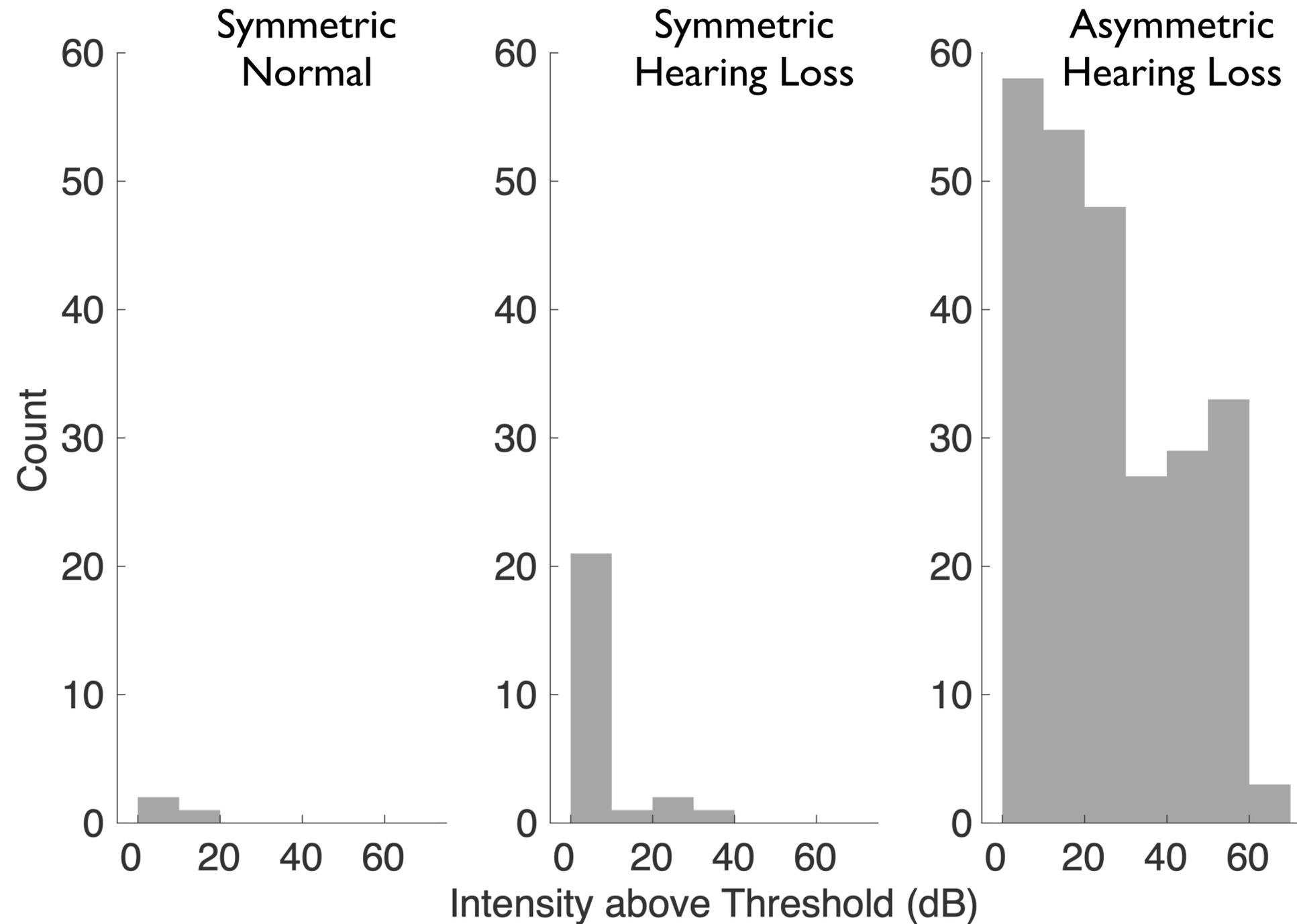
Interaural attenuation for two transducers measured in a reference group



Dynamically masked MLAG estimates true thresholds despite asymmetry



Few contralateral maskers are delivered over threshold for symmetric hearing

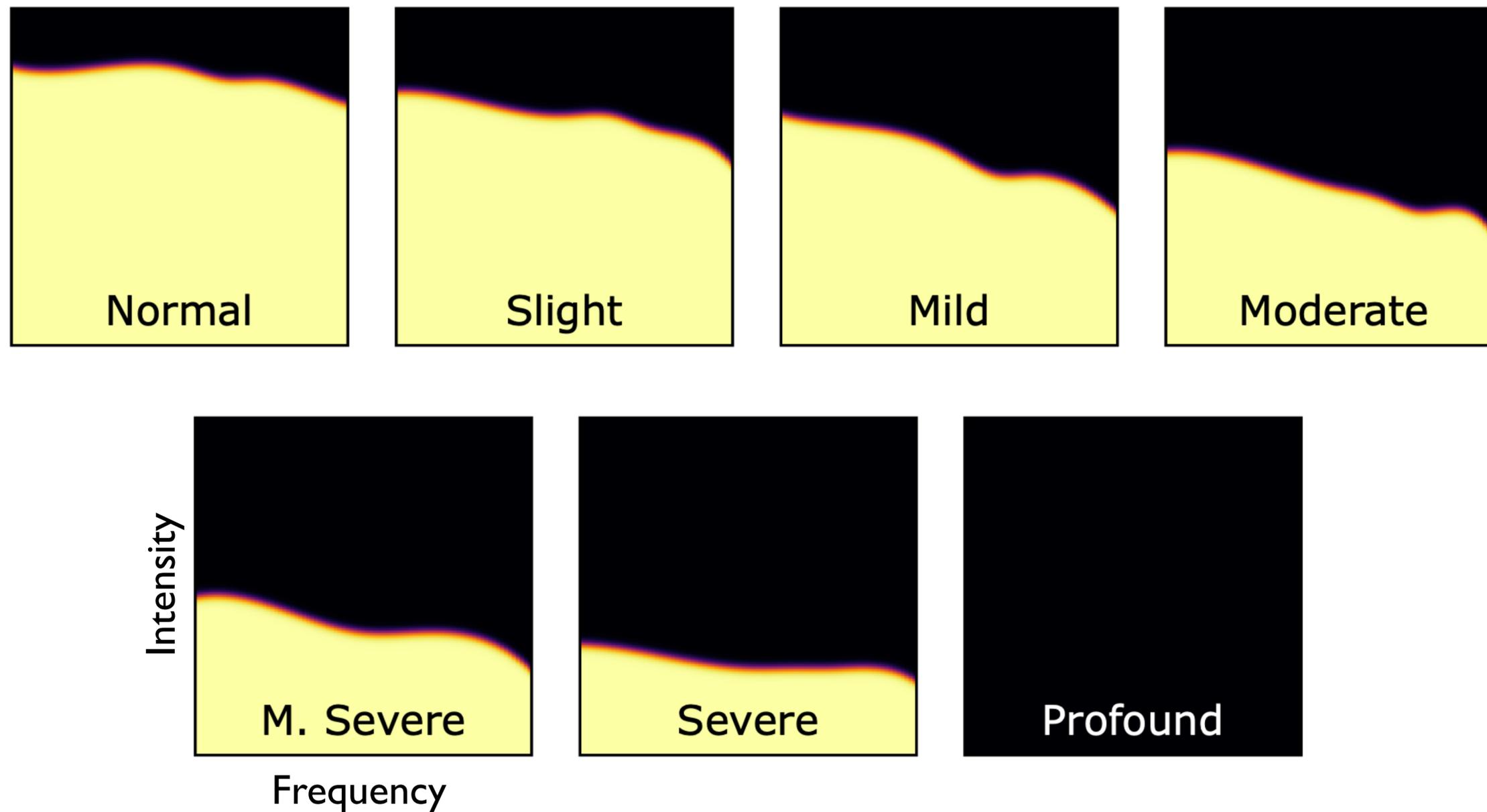


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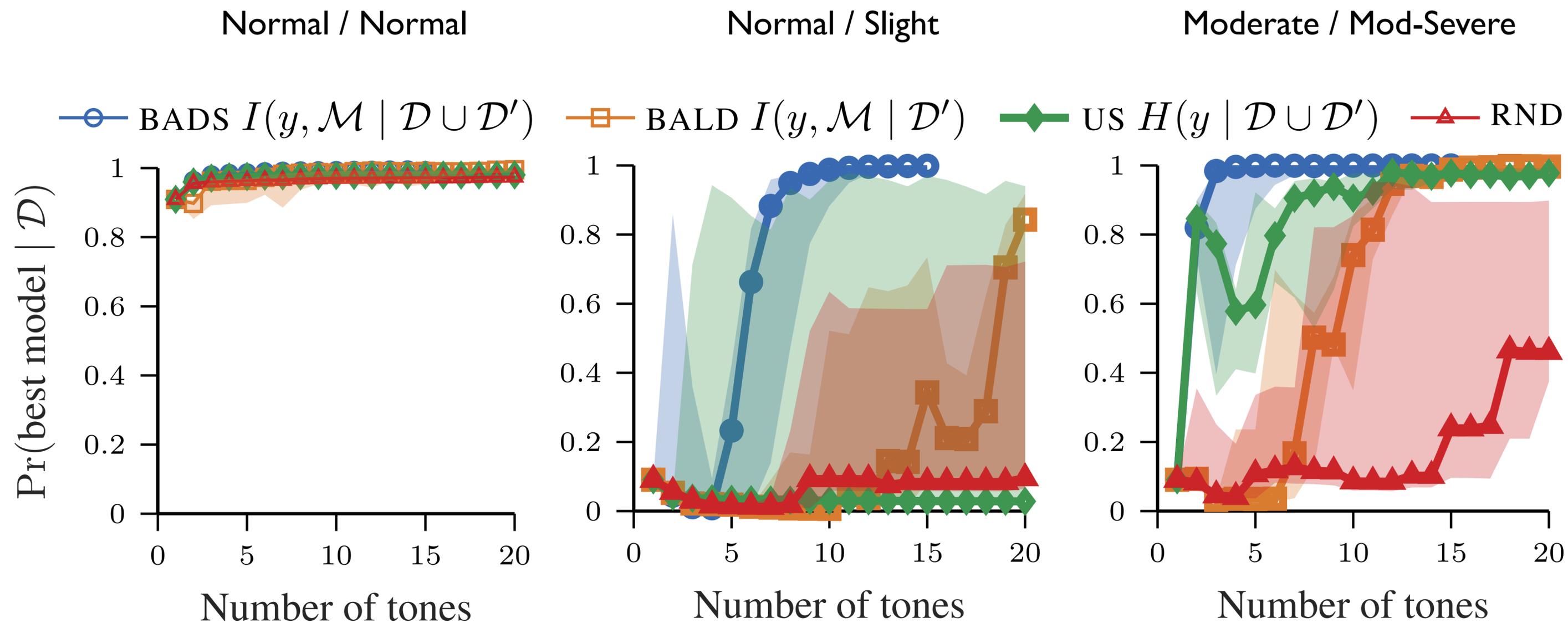
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Models of hearing created from a large database of adult audiograms

Classes of Hearing Loss



BADS enables diagnostic decisions faster than other methods



Correct decisions of “same” or “different” fall into different clusters

		Patient Models						
		Normal	Slight	Mild	Moderate	M. Severe	Severe	Profound
Reference Models	NEW OLD							
Normal		7.2 ± 1.6	5.8 ± 2.9	3.8 ± 0.79	3.7 ± 0.48	3.5 ± 0.53	3.7 ± 0.48	3.5 ± 0.53
Slight		5.0 ± 0.47	5.4 ± 0.70	4.9 ± 1.8	3.2 ± 0.42	3.3 ± 0.48	3.1 ± 0.32	3.0 ± 0
Mild		4.5 ± 0.53	6.7 ± 3.6	4.1 ± 0.32	4.2 ± 2.5	2.7 ± 0.48	2.9 ± 0.32	2.9 ± 0.32
Moderate		4.1 ± 0.32	4.5 ± 0.53	7.4 ± 4.1	6.3 ± 3.4	4.1 ± 2.6	3.0 ± 0	2.6 ± 0.52
M. Severe		4.4 ± 0.52	4.3 ± 0.48	7.5 ± 2.8	16 ± 8.0	3.9 ± 0.88	11 ± 2.6	2.8 ± 0.42
Severe		4.2 ± 0.63	4.2 ± 0.42	4.3 ± 0.48	8.2 ± 3.4	14 ± 9.2	4.2 ± 1.1	2.7 ± 0.48
Profound		3.0 ± 0	3.0 ± 0	3.5 ± 0.53	3.6 ± 0.84	3.3 ± 0.48	4.2 ± 0.63	—

conclude “different”

conclude “same”

conclude “different”

Query counts for correct conclusions at high confidence are generally low

		Patient Models						
		Normal	Slight	Mild	Moderate	M. Severe	Severe	Profound
Reference Models	NEW							
	OLD	Normal	Slight	Mild	Moderate	M. Severe	Severe	Profound
Normal		7.2 ± 1.6	5.8 ± 2.9	3.8 ± 0.79	3.7 ± 0.48	3.5 ± 0.53	3.7 ± 0.48	3.5 ± 0.53
Slight		5.0 ± 0.47	5.4 ± 0.70	9.9 ± 1.8	3.2 ± 0.42	3.3 ± 0.48	3.1 ± 0.32	3.0 ± 0
Mild		4.5 ± 0.53	6.7 ± 3.6	4.1 ± 0.32	12 ± 2.5	2.7 ± 0.48	2.9 ± 0.32	2.9 ± 0.32
Moderate		4.1 ± 0.32	4.5 ± 0.53	7.4 ± 4.1	3.8 ± 0.63	11 ± 2.6	3.0 ± 0	2.6 ± 0.52
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Profound		3.0 ± 0	3.0 ± 0	3.5 ± 0.53	3.6 ± 0.84	3.3 ± 0.48	4.2 ± 0.63	—

Comparison of HWAG and MLAG properties

	Stimuli	Data	Resolution	Reliability	Automatable?	Extendable?	Confidence?	Spread Estimate?	Predictive?	Understandable?
HWAG	tones	more	octave	3–4 dB	yes	no	no	no	no	yes
MLAG	tones (or other)	less	arbitrary	4–5 dB	yes	yes	yes	yes	yes	no

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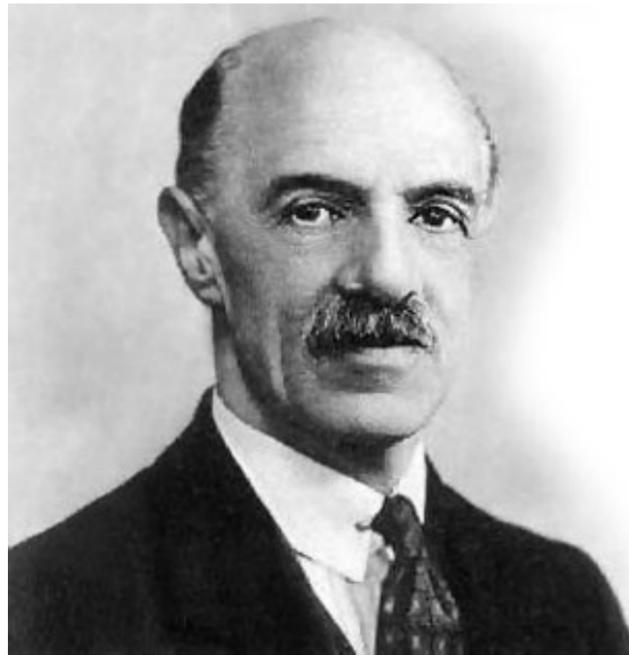
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Science is widely regarded to be about patterns across entities

All knowledge—beyond that of bare isolated occurrence—deals with uniformities.

[S]ome few [uniformities] have a claim to be considered absolute, such as mathematical implications and mechanical laws. But the vast majority are only partial; medicine does not teach that smallpox is inevitably escaped by vaccination, but that it is so generally....

Charles Spearman, 1904



Inference can be drawn either across or within individuals

measurement
sciences
nomothetic
quantitative
common
experimentation

logic
groups
explaining
particular



interviews
humanities
idiographic
qualitative
unique
history

anecdotes
individuals
understanding
general
biography



Diagnostic expansion of lung cancer site over the decades

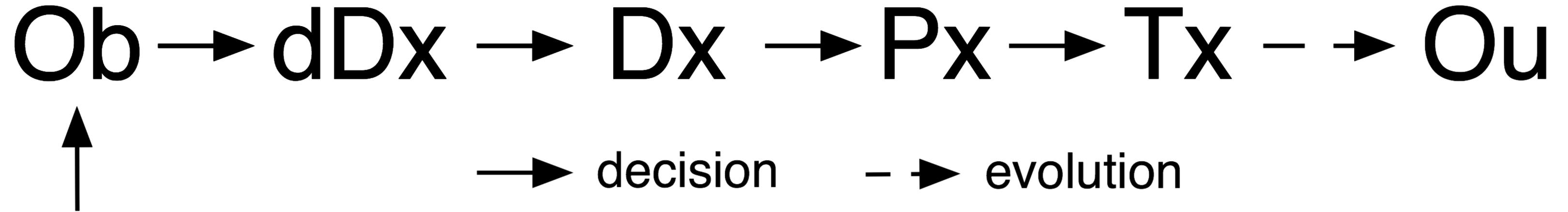
ICD-2, 1910

- 051 Malignant neoplasm of the left lung
- 052 Malignant neoplasm of the right lung
- 059 Malignant neoplasm of the lung, unspecified

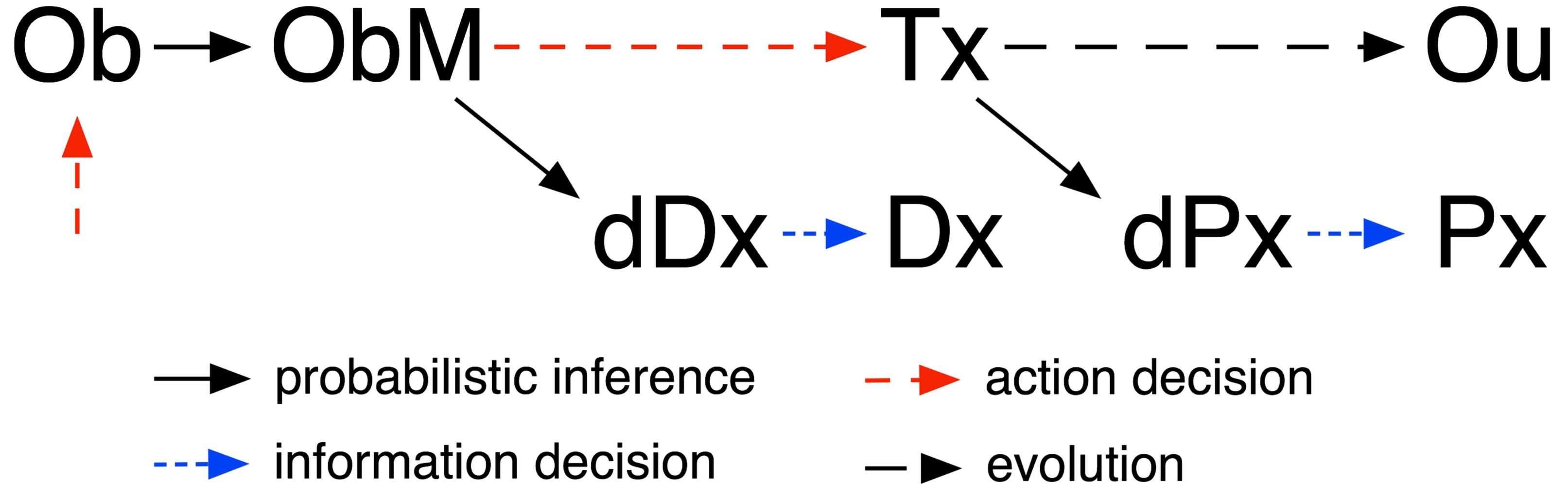
ICD-10-CM, 2015

- 01458 Malignant neoplasm of bronchus and lung
- 01459 Malignant neoplasm of main bronchus
- 01460 Malignant neoplasm of unspecified main bronchus
- 01461 Malignant neoplasm of right main bronchus
- 01462 Malignant neoplasm of left main bronchus
- 01463 Malignant neoplasm of upper lobe, bronchus or lung
- 01464 Malignant neoplasm of upper lobe, unsp bronchus or lung
- 01465 Malignant neoplasm of upper lobe, right bronchus or lung
- 01466 Malignant neoplasm of upper lobe, left bronchus or lung
- 01467 Malignant neoplasm of middle lobe, bronchus or lung
- 01468 Malignant neoplasm of lower lobe, bronchus or lung
- 01469 Malignant neoplasm of lower lobe, unsp bronchus or lung
- 01470 Malignant neoplasm of lower lobe, right bronchus or lung
- 01471 Malignant neoplasm of lower lobe, left bronchus or lung
- 01472 Malignant neoplasm of overlapping sites of bronchus and lung
- 01473 Malignant neoplasm of ovrlp sites of unsp bronchus and lung
- 01474 Malignant neoplasm of ovrlp sites of right bronchus and lung
- 01475 Malignant neoplasm of ovrlp sites of left bronchus and lung
- 01476 Malignant neoplasm of unspecified part of bronchus or lung
- 01477 Malignant neoplasm of unsp part of unsp bronchus or lung
- 01478 Malignant neoplasm of unsp part of right bronchus or lung
- 01479 Malignant neoplasm of unsp part of left bronchus or lung

Traditional medical inference employs a taxonomy of disease



Advanced medical inference centralizes individual predictivity



Partial observation models are already utilized in some clinical fields



OD (Right)	(SPH) +0.25	(CYL) -1.00	Axis 107
OS (Left)	(SPH) 0.00	(CYL) -1.00	Axis 90
NV-ADD	None		
PD: 68			

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