

Mechanistic models versus machine learning, a fight worth fighting for the biological community?

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90% of the world's data have been generated in the last five years [1]. A small fraction of these data is collected with the aim of validating specific hypotheses. These studies are led by the development of mechanistic models focussed on the causality of input-output relationships. However, the vast majority is aimed at supporting statistical or correlation studies that bypass the need for causality and focus exclusively on prediction. Along these lines, there has been a vast increase in the use of machine learning models, in particular in the biomedical and clinical sciences, to try and keep pace with the rate of data generation. Recent successes now beg the question of whether mechanistic models are still relevant in this area. Said otherwise, why should we try to understand the mechanisms of disease progression when we can use machine learning tools to directly predict disease outcome?

Machine learning models provide predictions on the outcomes of complex mechanisms by ploughing through databases of inputs and outputs for a given problem. Authors such as Tom Mitchell define machine learning as the computer-based process that improves its performance on a given task with the experience of it [2]. This experience may come from interactions with previously collected data or from an interaction with the environment while performing the task. Whilst this approach strongly emphasises the artificial intelligence perspective of machine learning, other fields, such as the database community, view machine learning as the algorithmic part of a much broader "knowledge discovery from databases" process (a rather outdated term now known as data mining) [3].

To provide accurate predictions, machine learning models require large amounts of data or an intensive interaction with the environment, the choice of an adequate algorithm, and the identification of inputs and outputs of interest. The ability to avoid the need to understand complex mechanisms, through the use of large scale data sets, engenders machine learning algorithms scalable and efficient in making predictions in e.g. clinical settings. A recent clinical example is the application of Google's DeepMind technology to 1.6 million NHS patient records. This initiative led to the development of the smartphone app Streams,

37 aimed at addressing “failure to rescue”, where warning signs of deteriorating health are not
38 identified or acted upon quickly enough [4].

39 While machine learning models can be used to isolate relevant inputs from big data sets for
40 a given output, mechanistic modelling relies on the generation of novel hypotheses for
41 causal mechanisms that are generated through observations of the phenomenon of
42 interest. Its purpose is to mimic real-life events through assumptions on the prominent
43 underlying mechanisms. Typically, this involves constructing simplified mathematical
44 formulations of causal mechanisms, and developing and/or using analytical tools to
45 determine whether the range of possible input-output behaviours predicted by the model,
46 and hence the causal hypotheses, are consistent with experimental observations. Like
47 machine learning models, mechanistic modelling relies upon a two-stage process: first a
48 subset of the available data is used to construct and calibrate the model; and subsequently,
49 in a validation phase, further data is used to confirm and/or refine the model, thereby
50 increasing its accuracy. Ideally the resulting mechanistic models can be leveraged for
51 subsequent use in applications where experiments are either impossible or difficult to
52 achieve.

53 A paradigm of the mechanistic modelling approach is provided by the work of Hodgkin and
54 Huxley, first published in 1952 [5]. Hodgkin and Huxley’s model of the generation of the
55 nerve action potential is one of the most successful mathematical models of a complex
56 biological process that has ever been formulated. Their model accounts phenomenologically
57 for the dynamics of independent ion channels in which currents are carried entirely by ions
58 moving down electrochemical gradients. It was calibrated and validated using a series of
59 experiments to determine the macroscale parameters of the ion channels (e.g.
60 conductances, equilibrium potentials, the dynamics of each type of ion channel). Hodgkin
61 and Huxley’s work, which won them the Nobel Prize in 1963, has seen widespread use,
62 pushing forward the boundaries of our understanding of the electrical activity of cells on
63 scales ranging from single-celled organisms right through to the neurons in our brains as
64 well as in cardiac mechanics. Hodgkin and Huxley were able to provide scientists with a
65 basic understanding of how nerve cells work. In addition, their model stimulated a
66 significant amount of research in applied mathematics through the derivation of simple
67 caricature models of excitable systems.

68 Machine learning and mechanistic modelling approaches rely on different types of data and
69 provide access to different types of information, see Table 1. In short, they are two different
70 paradigms. We suggest that, in this sense, they should not be seen as direct competitors or
71 one used at the direct exclusion of another. While mechanistic models provide the causality
72 missing from machine learning approaches, their oversimplified assumptions and extremely
73 specific nature prohibit the universal predictions achievable by machine learning. However,
74 the pros of one are the cons of the other, which suggests that research efforts should be
75 directed towards enabling a symbiotic relationship between both. Returning to the previous
76 example, Hodgkin and Huxley focussed on developing a quantitative model of the action
77 potential produced by the squid giant axon, and multiple variations of this model have been
78 subsequently developed to describe the dynamics of a large number of ion channels.

79 However, efforts to calibrate Hodgkin-Huxley-type models to all possible neurons remain
80 quixotic as this approach cannot be sustained against the recent acceleration in discoveries
81 of new types of ion channels [6]. This is very much evidenced by the barriers to progress
82 encountered by the existing worldwide initiatives in neuroscience. However, one can
83 imagine in the future the realisation of a universal model applicable to all ion channels
84 where individual parameter calibration and model refinement would rely on a machine
85 learning layer overtop the mechanistic framework. More generally, machine learning
86 research could be harnessed to overcome the current scalability limitations of mechanistic
87 modelling, while mechanistic models could be used by machine learning algorithms both as
88 transient inputs and a validating framework.

89 However, such marriage is not always straightforward, especially in the clinical context. Any
90 attempt by machine learning technologies to predict individual patient outcomes from past
91 observations using a patient database is potentially able to identify which of existing
92 treatments is most adequate, but intrinsically unable to suggest new treatment protocols or
93 to provide accurate predictions for new treatments. In the literature, this aspect is referred
94 as the “inductive capability” of the learning algorithms (from past data, one can identify
95 patterns happening in the data). This is vastly different from the deductive capability of
96 mechanistic models in which the combination of logical (mechanistic) principles enables
97 extrapolation to predictions about behaviours not present in the original data [7]. In short,
98 mechanistic models can provide insights and understanding into the mechanistic functions
99 of treatments, and these are necessary to overcome the limitations of machine learning
100 predictions. A recent example is the use of machine learning in predicting the success rate
101 for endoscopic third ventriculostomy (used to treat hydrocephalus) [8]. While the algorithm
102 could predict the success rate of the actual procedure, it was not able to take into account
103 the risks for a particular patient of other general physiological variables to allow the
104 procedure to be favoured over another. The exact risks for any patient depend on so many
105 other variables that a clinical estimate of which procedure is preferable can only be made at
106 the bedside. To be able to compare the global state of the patient, the future risks and the
107 treatments necessary requires a “holistic” understanding, and it cannot be provided using
108 machine learning models built on patient data alone.

109 While the field of fundamental cell biology underpins all advances in our understanding of
110 disease, it remains virtually unaffected by progress in machine learning technologies. One of
111 the reasons for this is that it has traditionally relied on low-throughput means of generating
112 data with a focus on establishing small numbers of input-output relationships. Mechanistic
113 hypotheses generated from the identification of these relationships can often be naturally
114 interrogated using simplified mechanistic models, and causal mechanisms established. More
115 recently, the explosion in high-throughput methods of data collection has reinforced the,
116 often negatively perceived, “butterfly-collecting” nature of cell biology. Yet, the community
117 remains focussed on establishing mechanistic understanding. This dichotomy between data
118 and purpose often leads to the development of a plethora of potential mechanistic models
119 that explain small pieces of a much bigger picture. While these mechanistic models could
120 potentially be assembled as inputs of larger machine learning algorithm, serious efforts in
121 this direction are still lacking.

There are two synergic ways in which mechanistic and machine learning approaches may be combined, see Figure 1. Firstly, within the mechanistic modelling approach, specific components are learnt from the data [9]. An example is the use of multiscale simulations using surrogate models: a machine learning model obtained from the data produced by detailed simulations. Here, only a small number of simulations of the detailed model are run (in order to learn the model), and then the approximate surrogate model is used for future predictions. This approach is used mainly as a method to speed up expensive, computational, multiscale simulations. Secondly, within a machine learning-based pipeline, input information is raw data enriched by derived parameters generated by a mechanistic approach (in the same way improved probabilistic models get the benefit of more informative estimations of the “hidden variables” [10]).

The integration of machine learning approaches and mechanistic modelling in cell biology can be found, for example, in the use of multivariate information measures such as partial information decomposition to identify putative functional relationships between genes from single-transcriptomic data [11]. The validity of the learnt (hypothesised) gene regulatory networks can then be tested using mechanistic modelling approaches, as part of the test-predict-refine-predict cycle so essential in the biological sciences. An example of the use of this approach is in the identification of how pluripotency regulatory networks are reconfigured during the early stages of embryonic stem cell differentiation [12]. However, there remains much work to be done in bringing together machine learning and mechanistic modelling approaches to best effect in the biological sciences.

The lack of progress towards integrating machine learning and mechanistic modelling approaches in fundamental biology studies is at odds with the widespread adoption of machine learning approaches by the clinical community. In fact, many new models and algorithms naturally find their first application in clinical scenarios. This discrepancy of collaboration certainly stems from the relative ease with which one can define the inputs and outputs of a clinical problem, as opposed to the complex fundamental problems tackled by cell biologists. Thus, many of the fast-changing computational approaches spearheaded by interdisciplinary collaborations in the clinical sciences end up escaping entirely this field. Fundamental biology should not choose between small-scale mechanistic understanding and large-scale prediction. It should embrace the complementary strengths of mechanistic modelling and machine learning approaches to provide, for example, the missing link between patient outcome prediction and the mechanistic understanding of disease progression. The training of a new generation of researchers versatile in all these fields will be vital in making this breakthrough. Only then can mechanistic models in cell biology find their real clinical use in the high-throughput world of the 21st century.

Acknowledgment

The authors thank Kate Ellis for her help in designing the figure.

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Table 1: the advantages and disadvantages of mechanistic modelling and machine learning.

Mechanistic modelling	Machine learning
Seeks to establish a mechanistic relationship between inputs and outputs	Seeks to establish statistical relationships and correlations between inputs and outputs
Difficult to accurately incorporate information from multiple space and time scales	Can tackle problems with multiple space and time scales
Capable of handling small datasets	Requires large data sets
Once validated, can be used as a predictive tool where experiments are difficult or costly to perform	Can only make predictions that relate to patterns within the data supplied

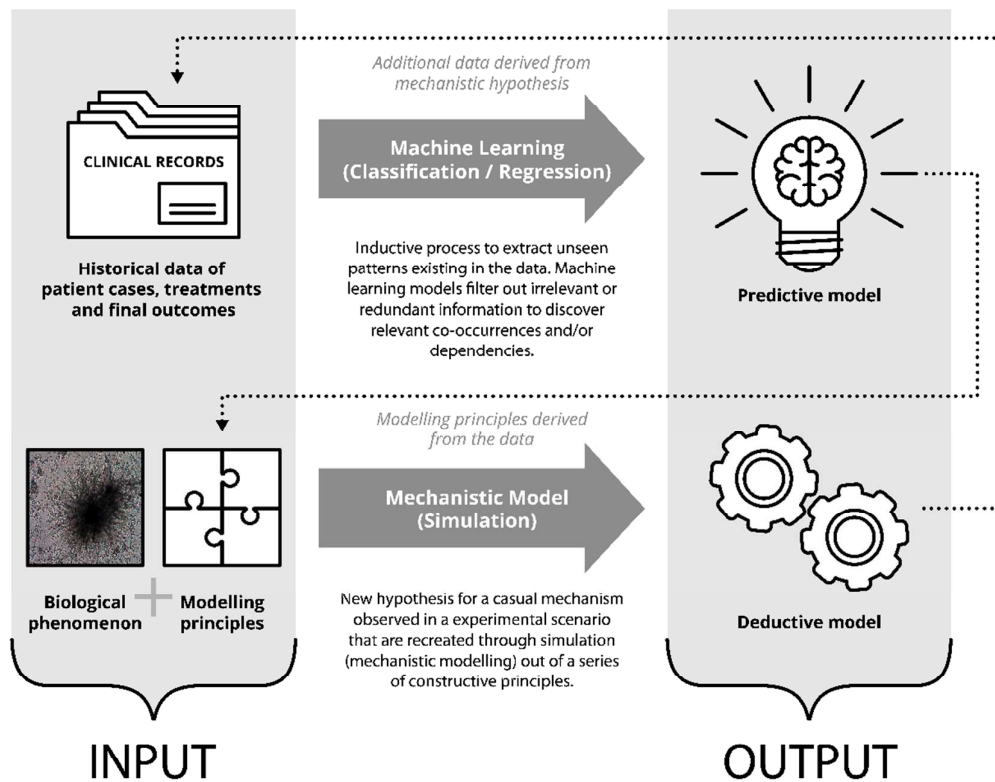


Figure 1: The inputs and outputs from machine learning and mechanistic modelling approaches, and the potential for synergy between the two.

