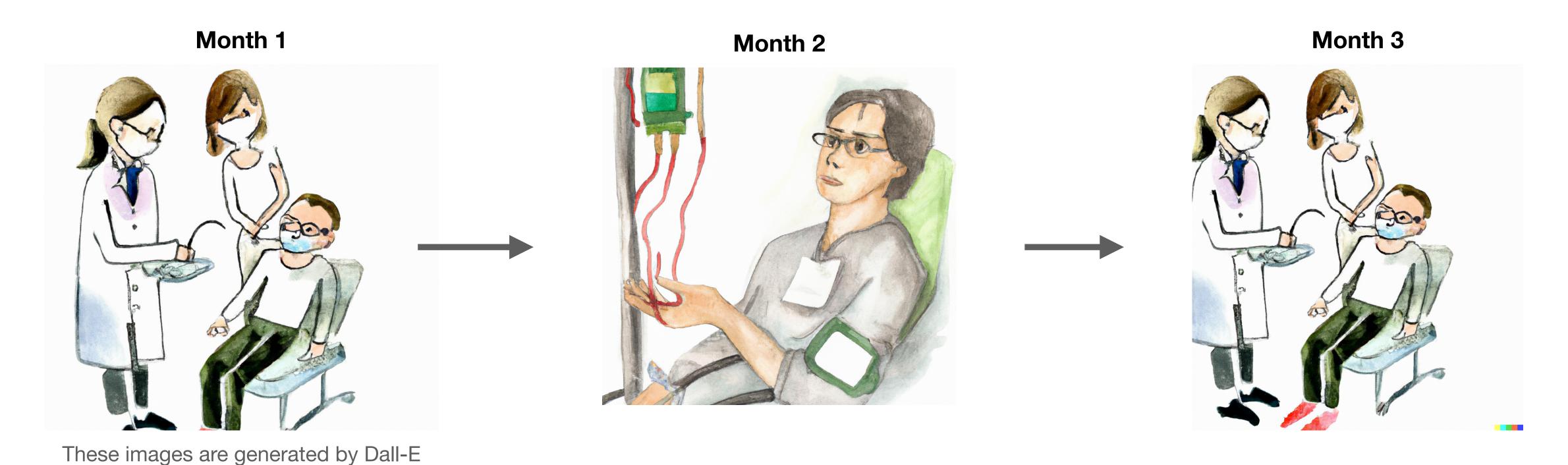
On optimal dynamic treatment regimes (full reinforcement learning)

Nilanjana Laha





Broad goal



Chronic diseases demand ongoing treatments. Can we apply reinforcement learning for optimal, **patient-specific**, data-driven treatment policy?

Dynamic treatment regimes (DTR)/ Full RL

Dynamic treatment regimes (DTR)/ Full RL

Offline reinforcement learning

Dynamic treatment regimes (DTR)/ Full RL

Offline reinforcement learning

Statistics

Individualized treatment regimes (ITR)

Statistics Dynamic treatment regimes Individualized treatment (DTR)/ Full RL regimes (ITR) Offline reinforcement learning Causal inference

Statistics Dynamic treatment regimes Individualized treatment (DTR)/ Full RL regimes (ITR) Offline reinforcement learning Causal inference Nonparametric statistics

Outline

- Example: sepsis
- Problem formulation
- Proposed method
- Open questions

Example: sepsis

Cause: Body's response to infection injures own tissues, organs.



Image source: MedicineNet

Cause: Body's response to infection injures own tissues, organs.

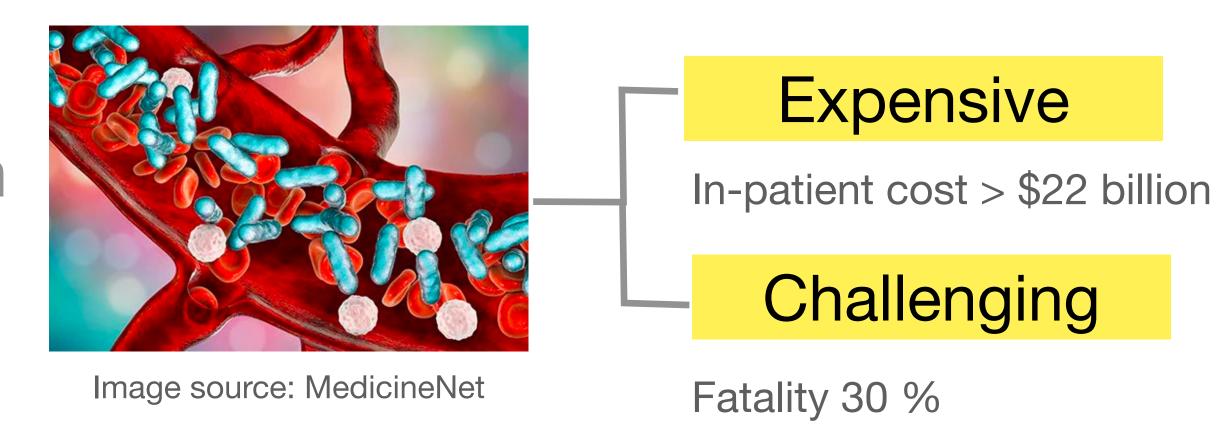


Image source: MedicineNet

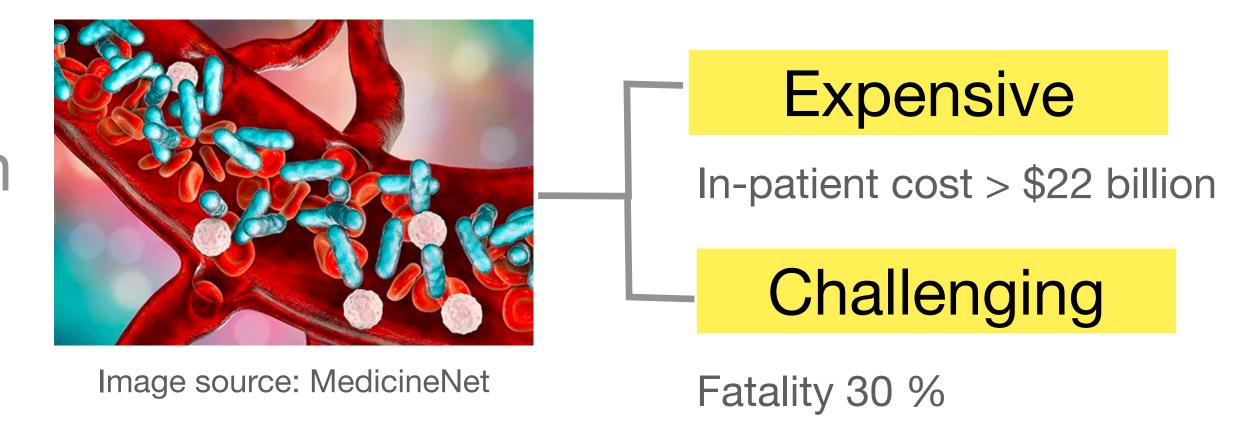
Expensive

In-patient cost > \$22 billion

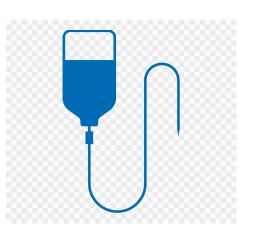
Cause: Body's response to infection injures own tissues, organs.



Cause: Body's response to infection injures own tissues, organs.

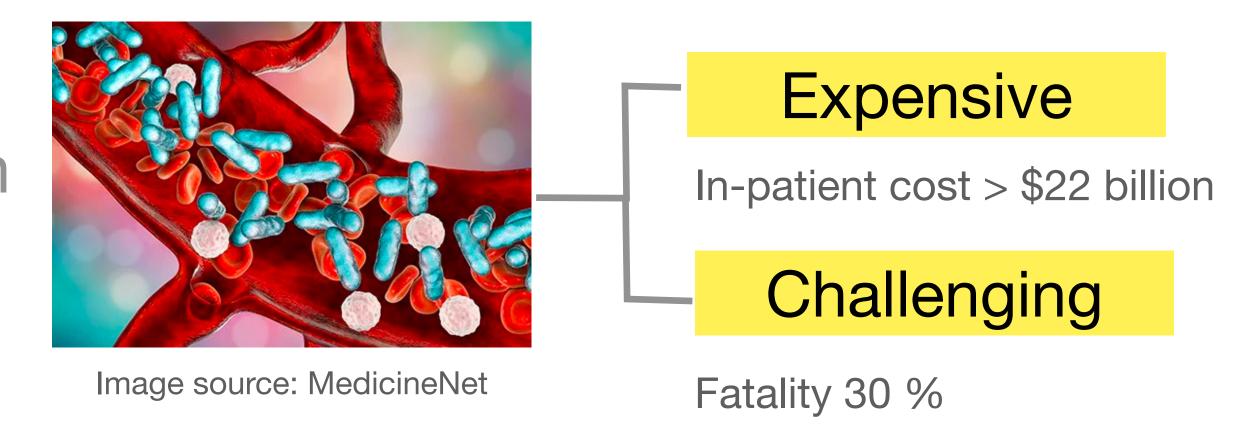


Popular treatment:

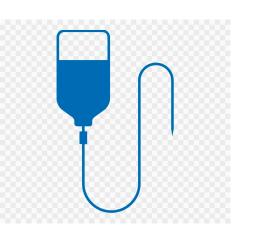


IV-fluid administration

Cause: Body's response to infection injures own tissues, organs.



Popular treatment:



IV-fluid administration

Goal: policy learning for IV-fluid administration

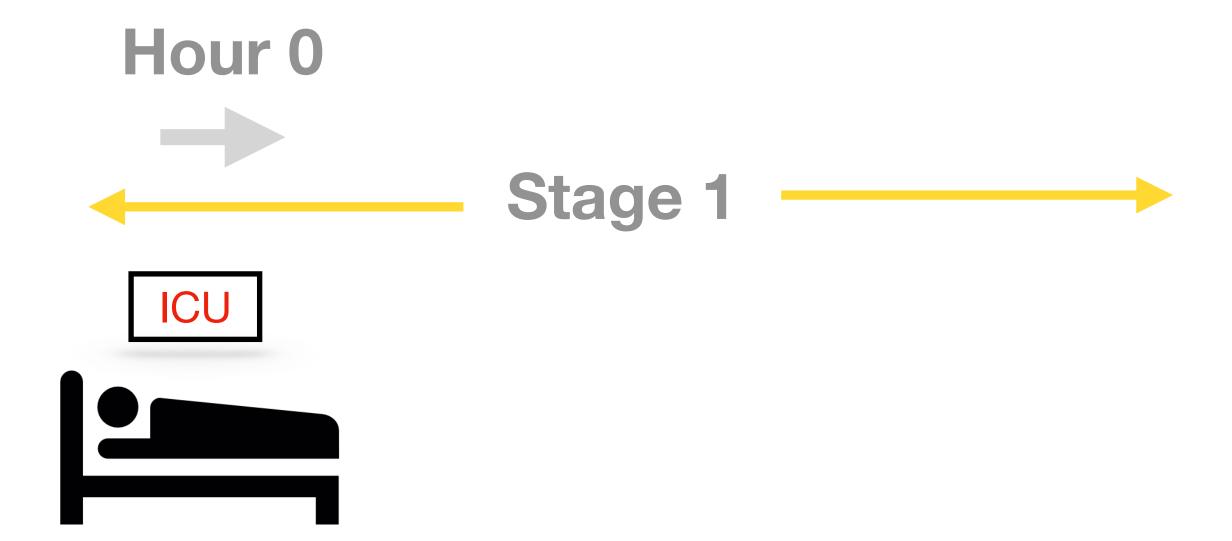
Hour 0





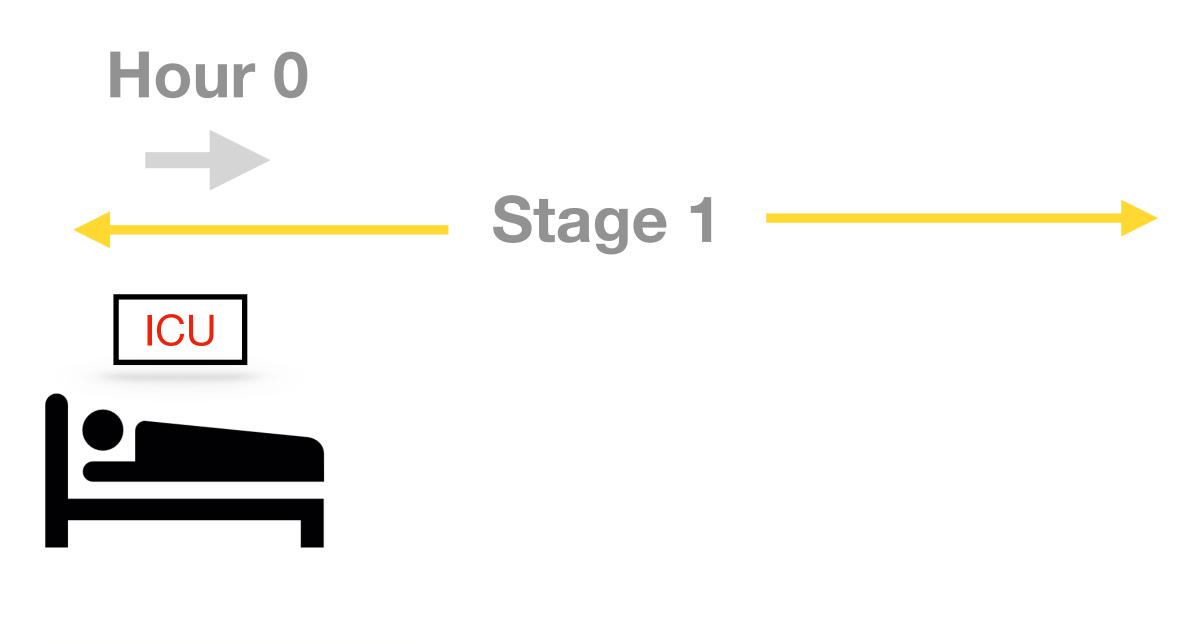




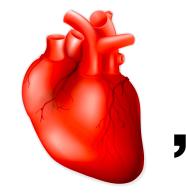


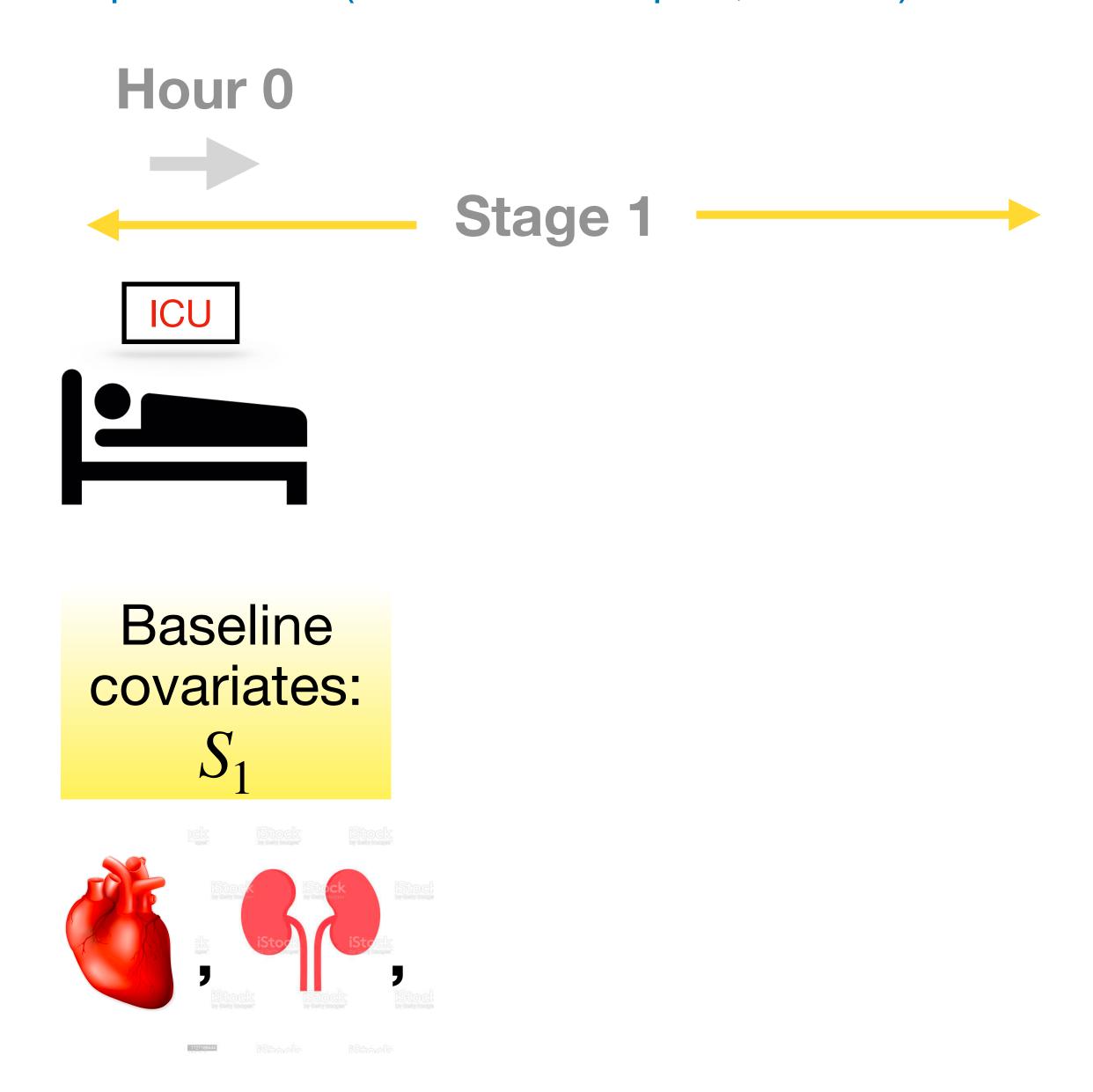


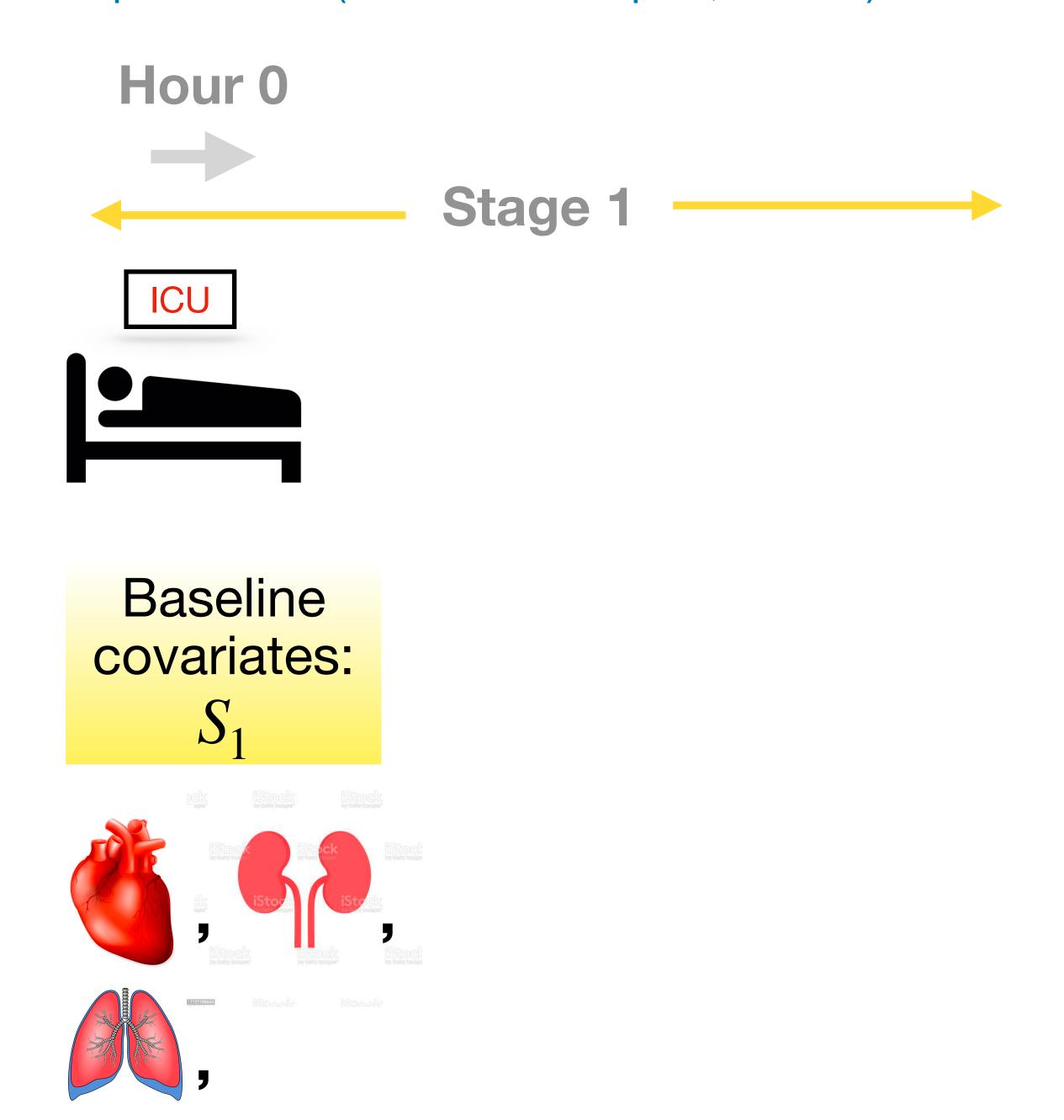
Baseline covariates: S_1

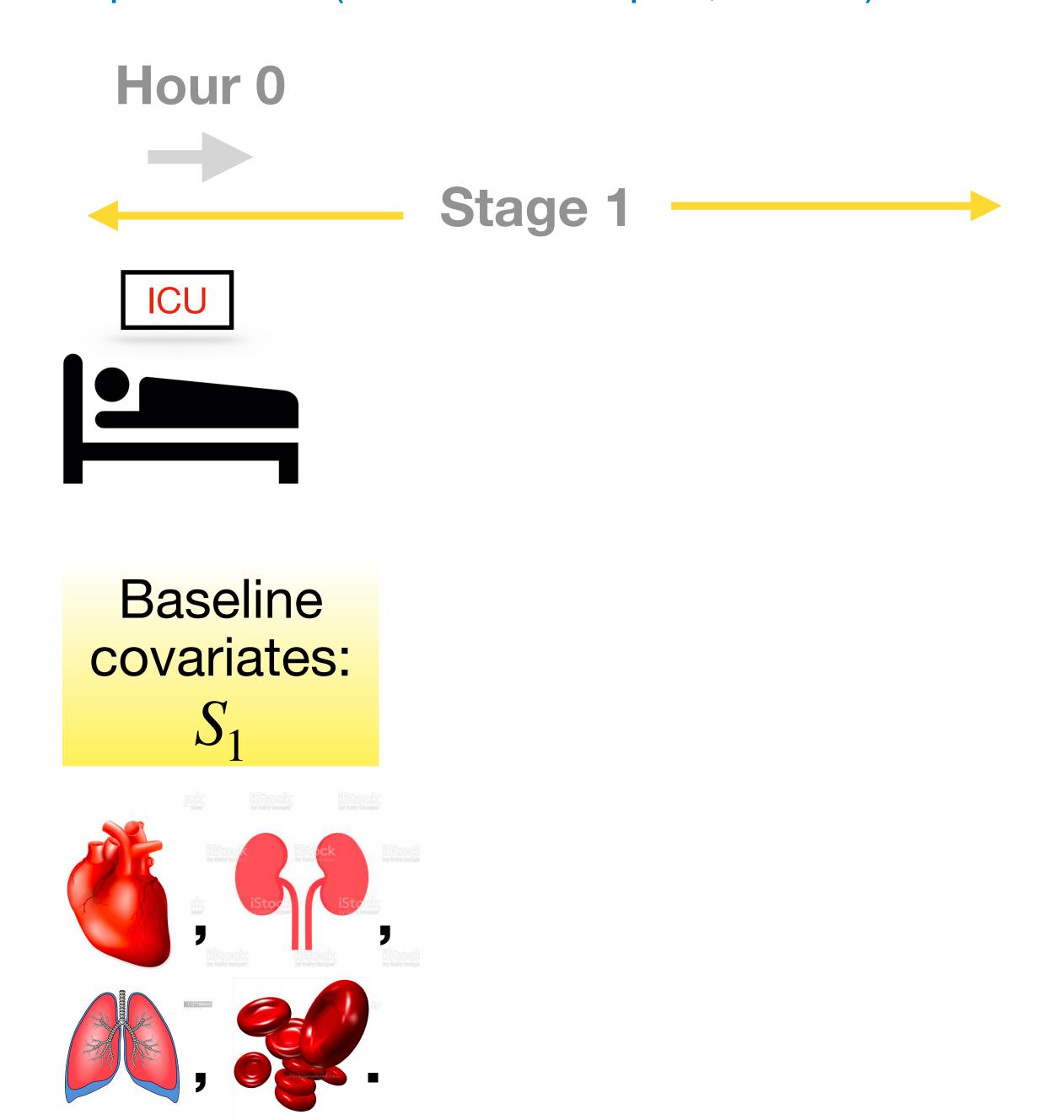


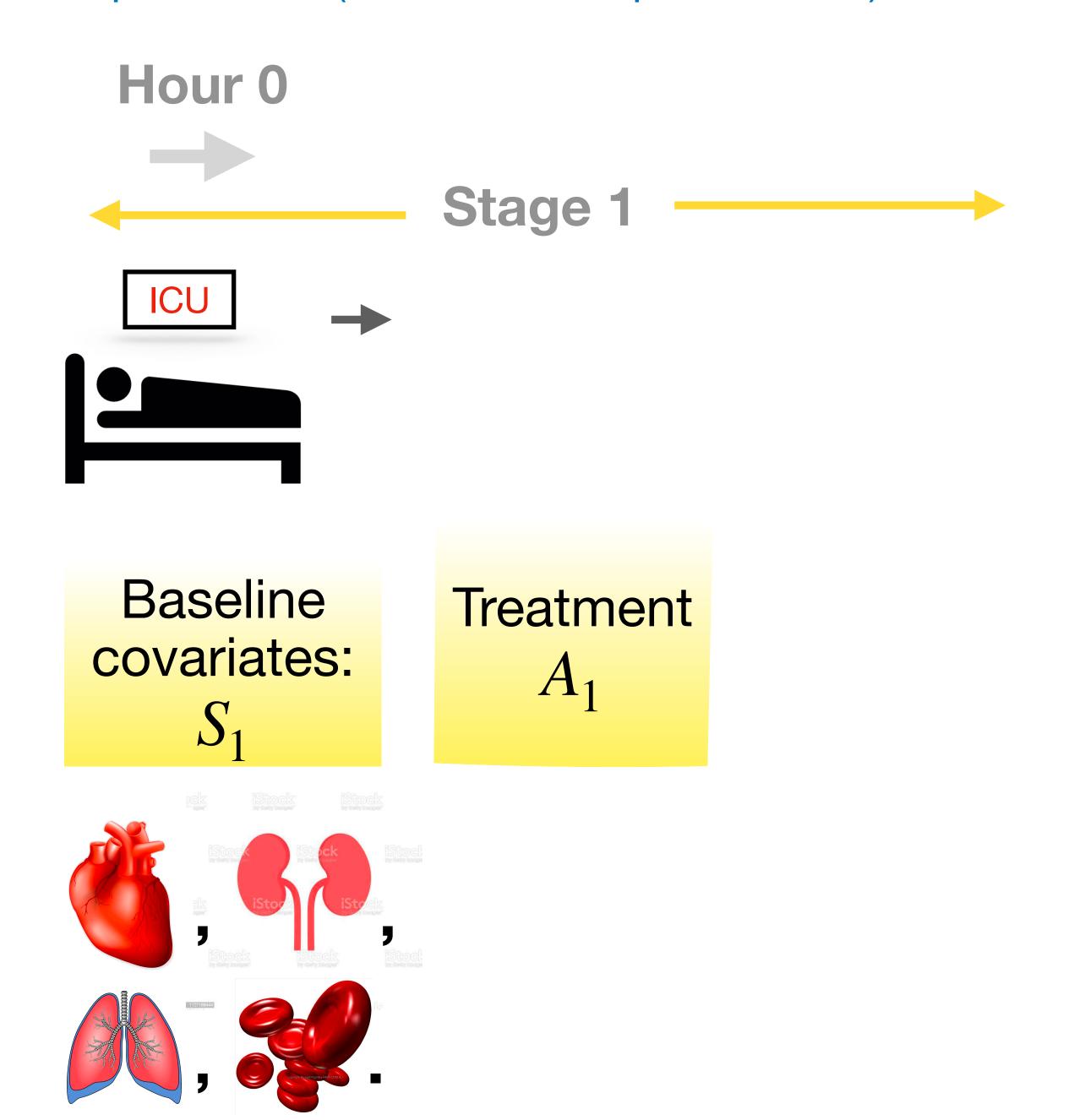
Baseline covariates: S_1

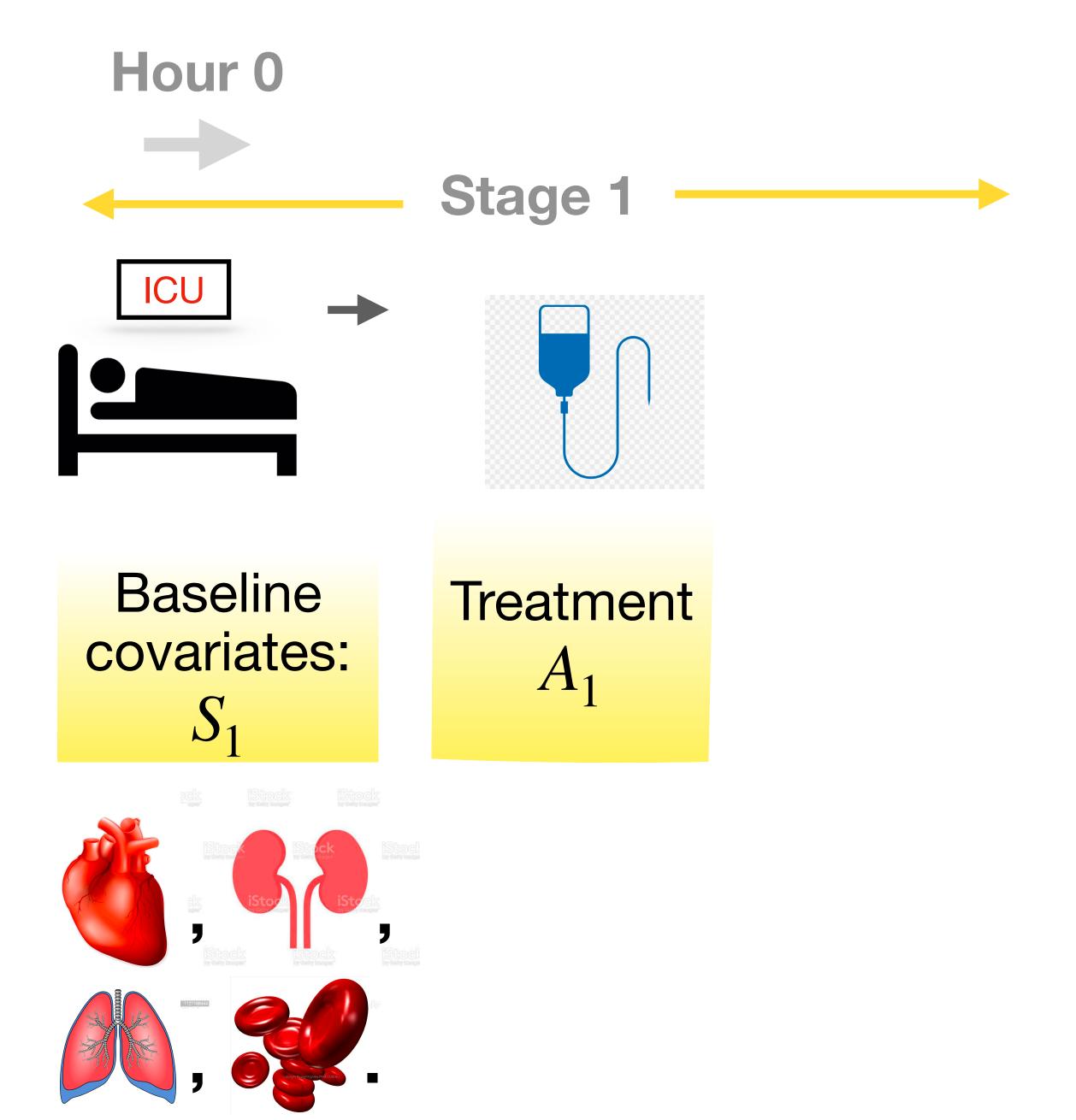


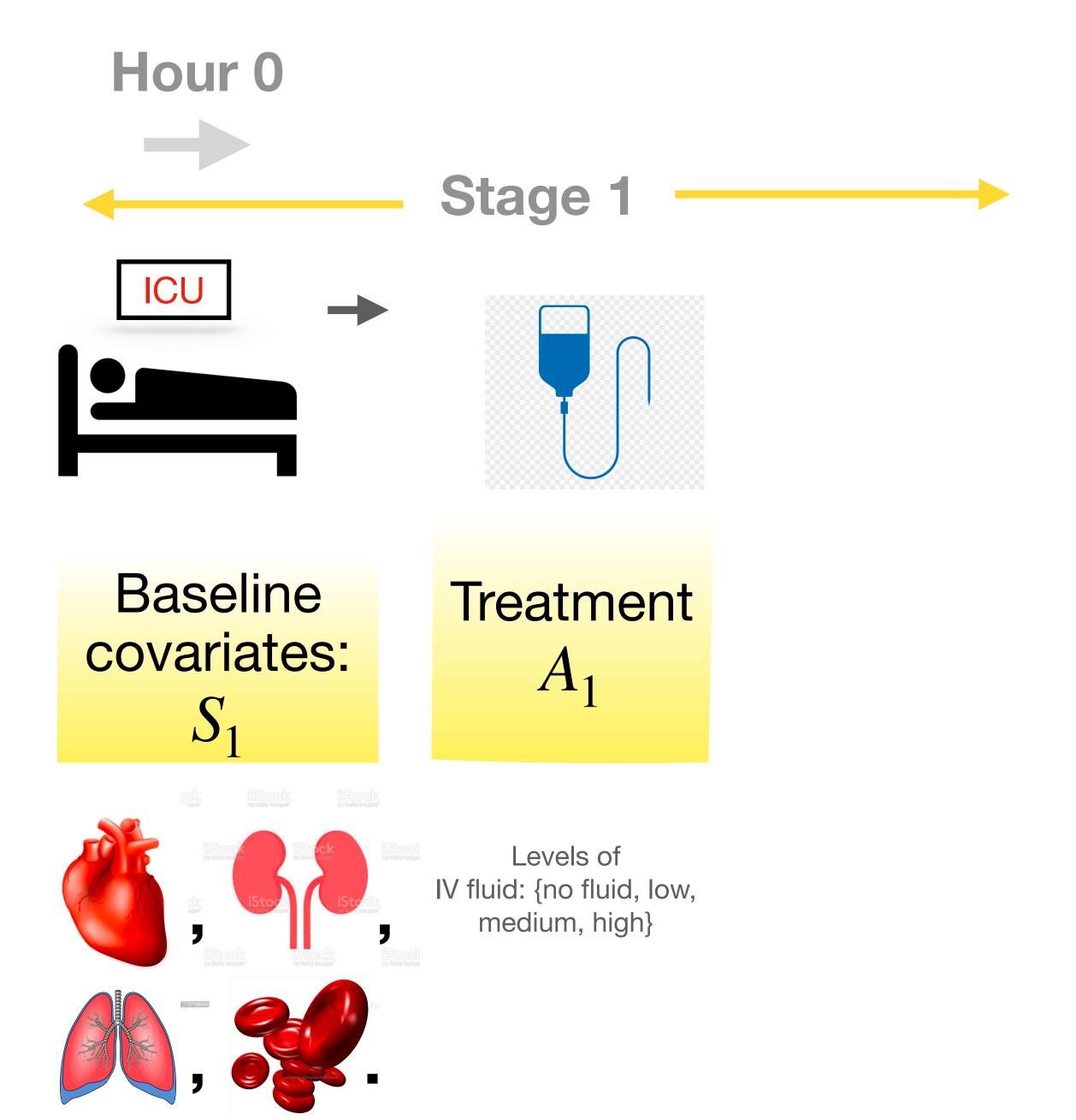


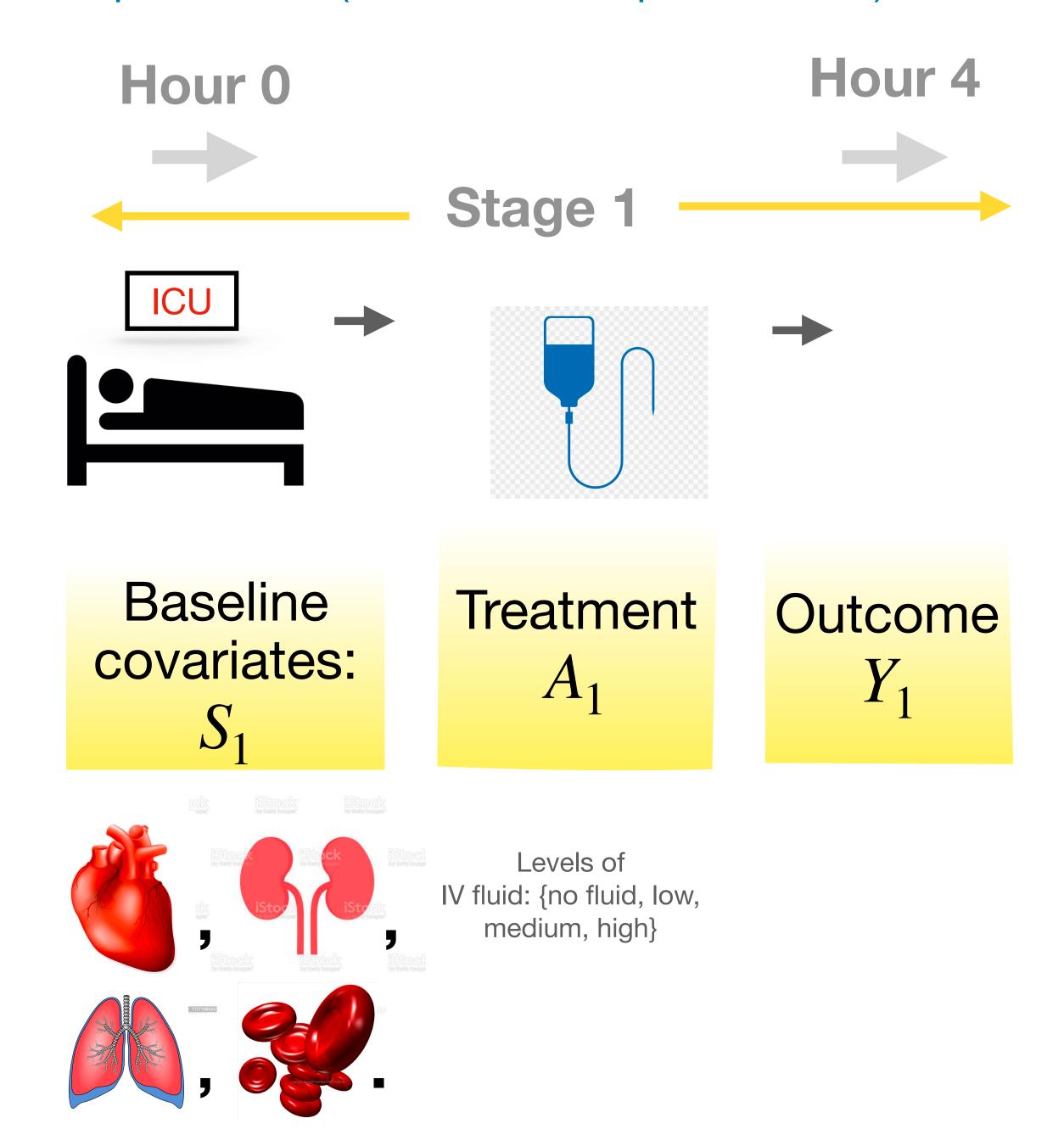


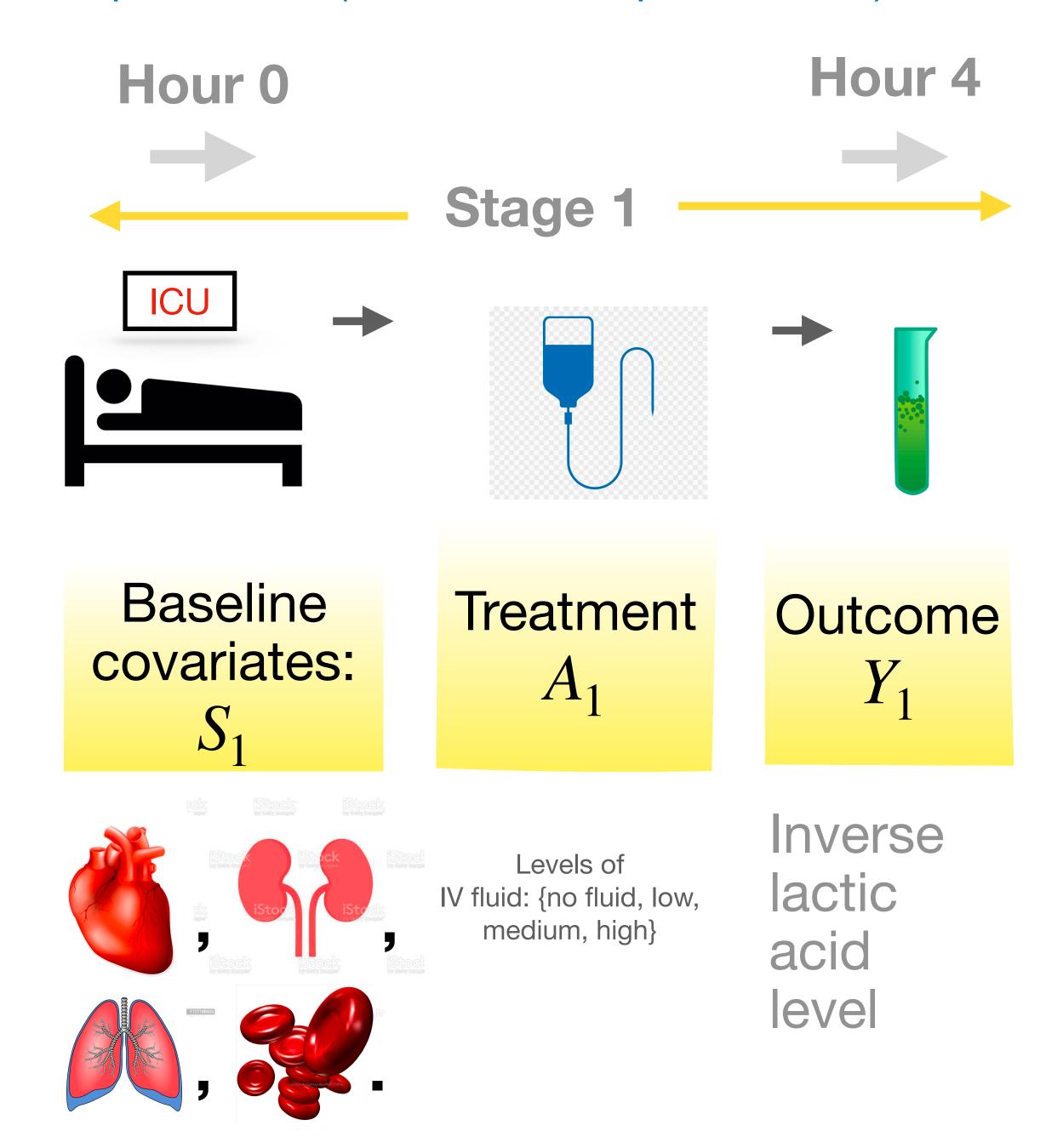


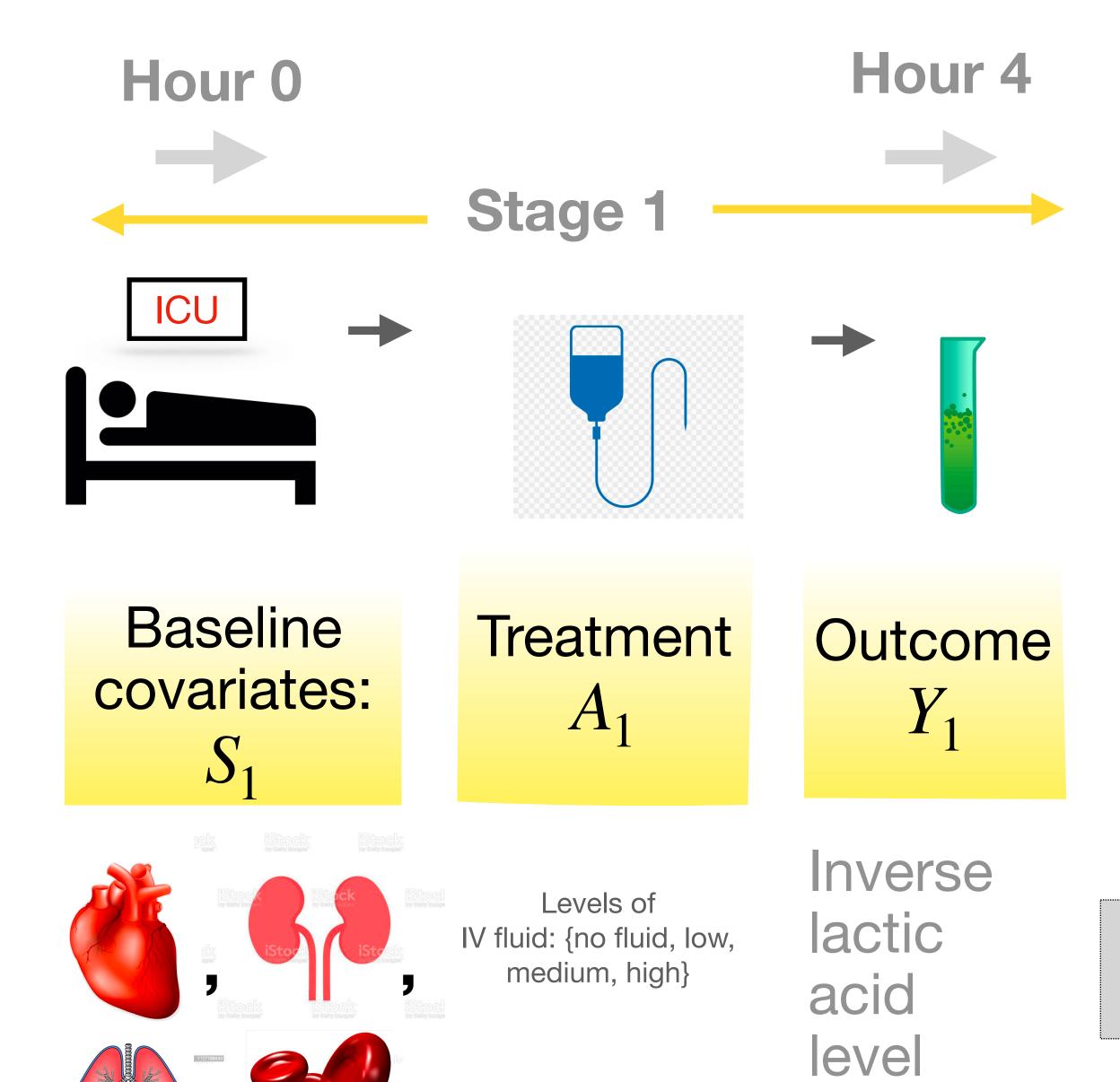




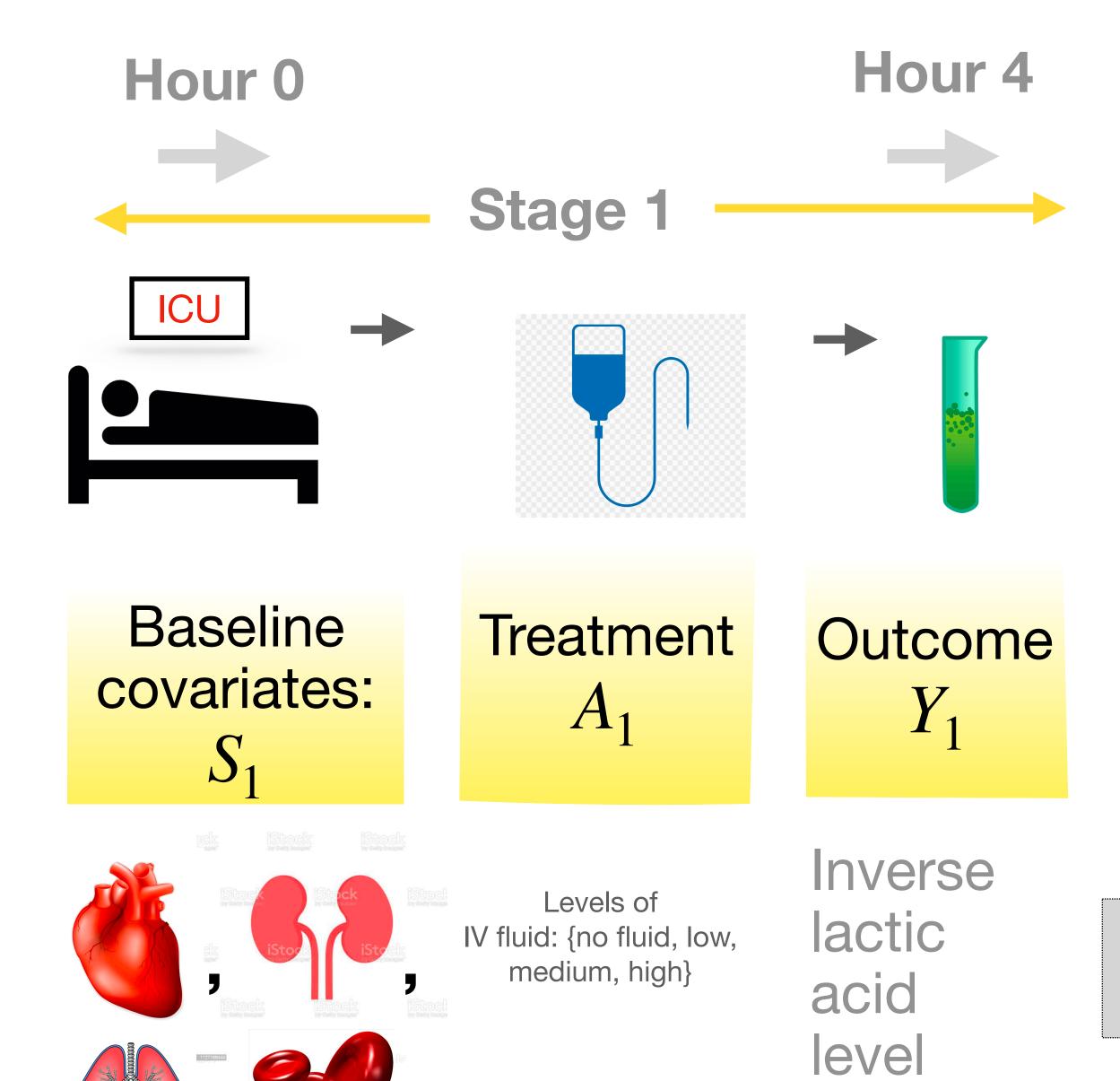






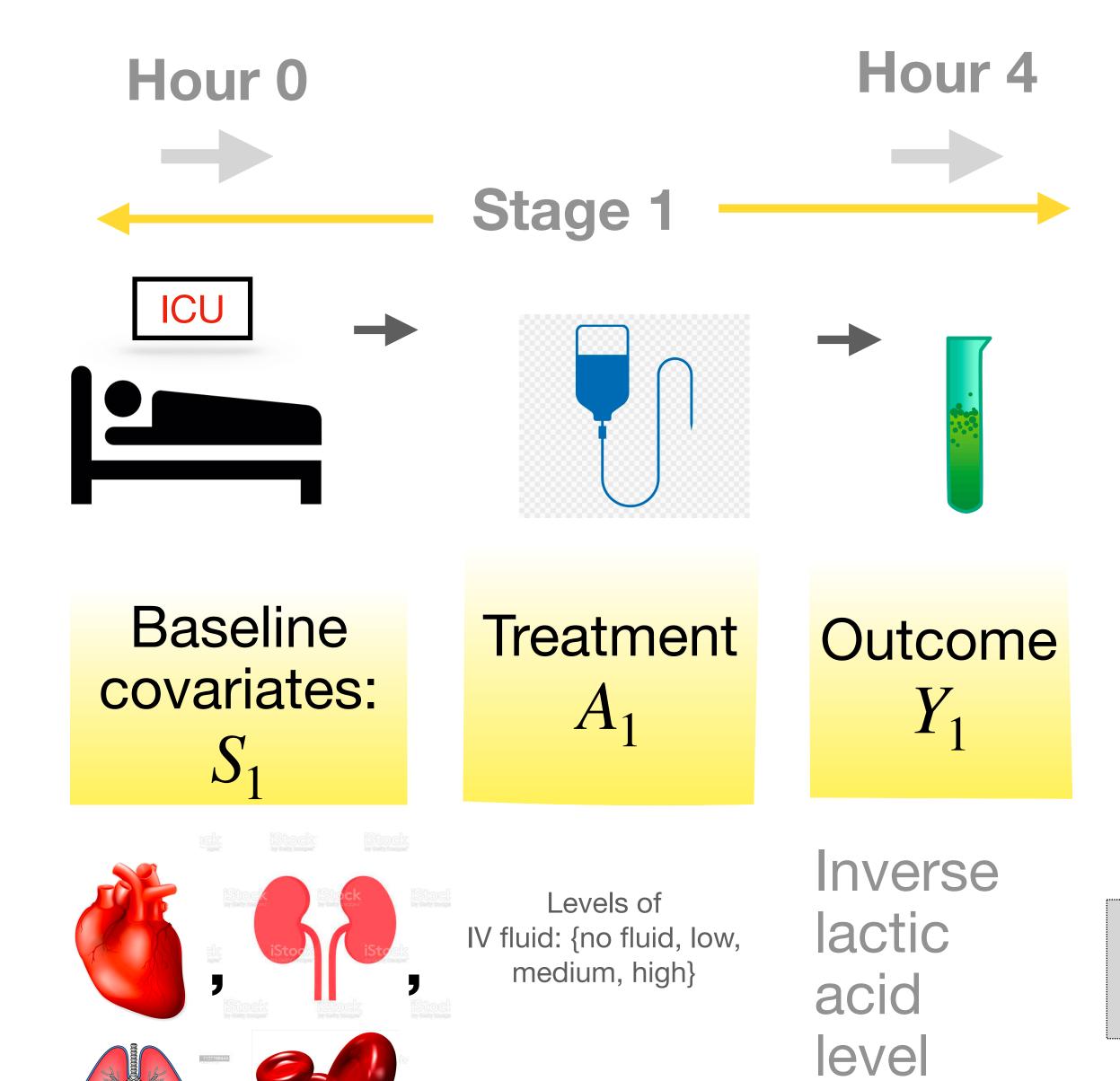


Inverse lactate level



Inverse lactate level

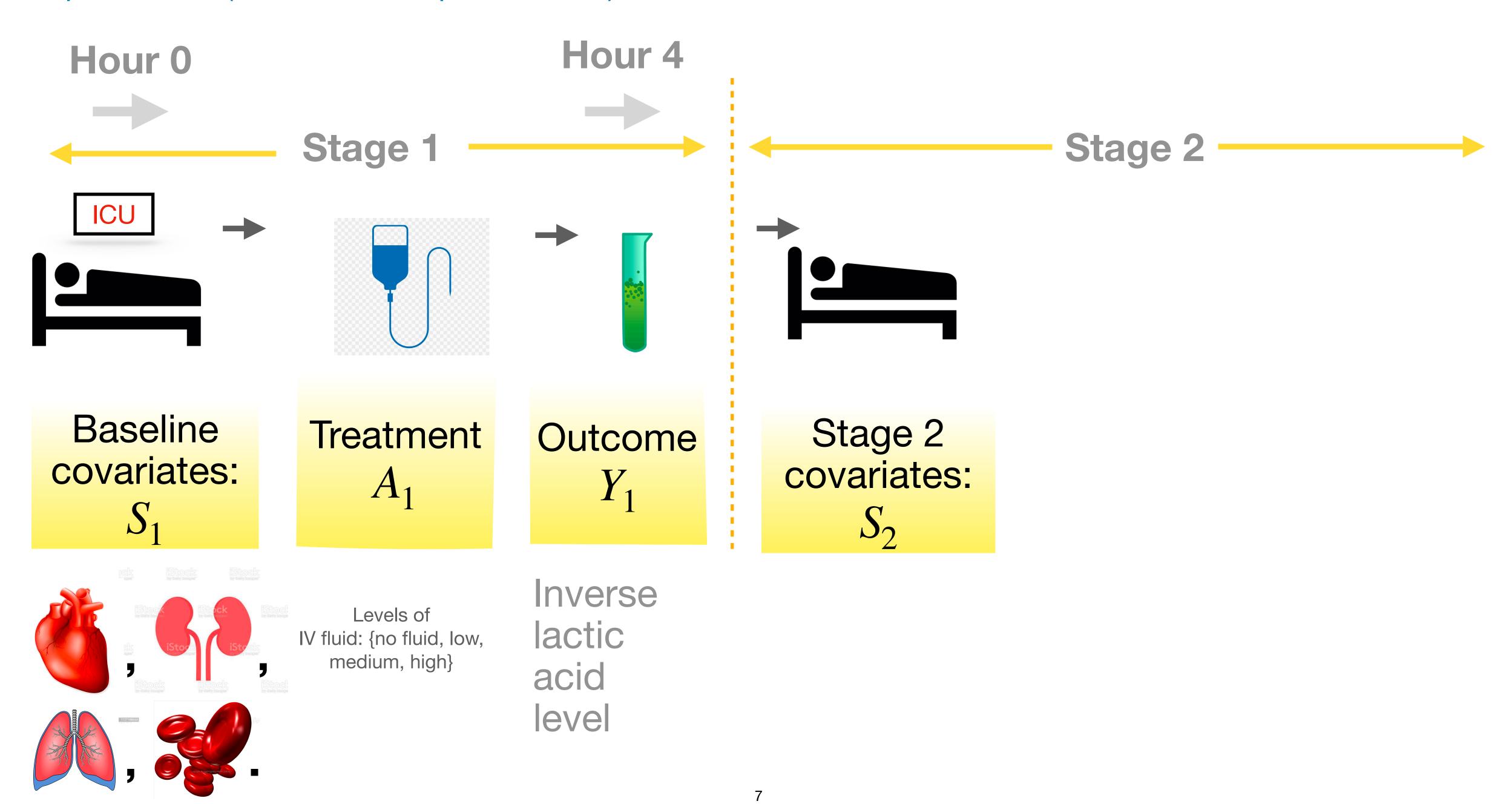


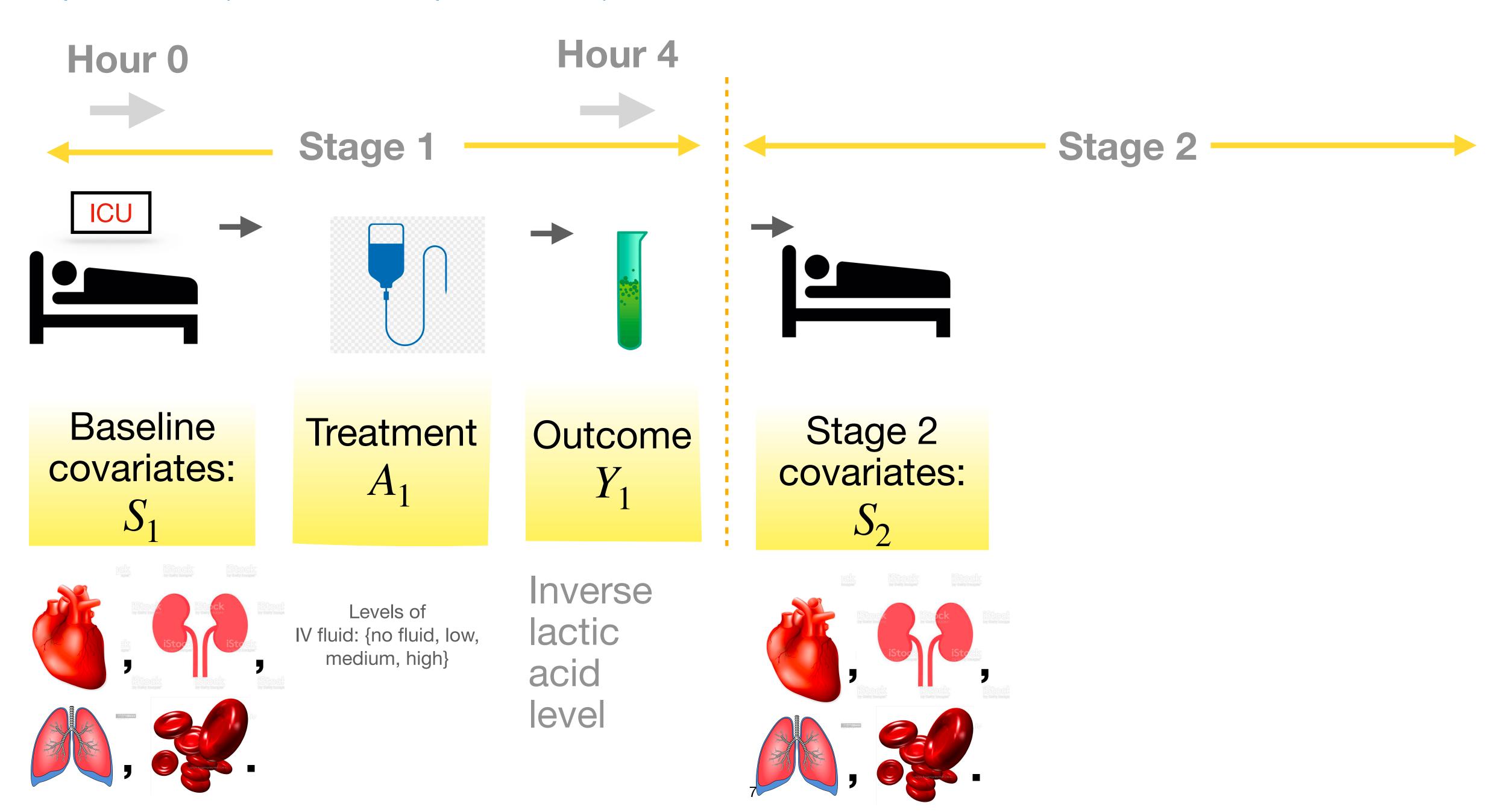


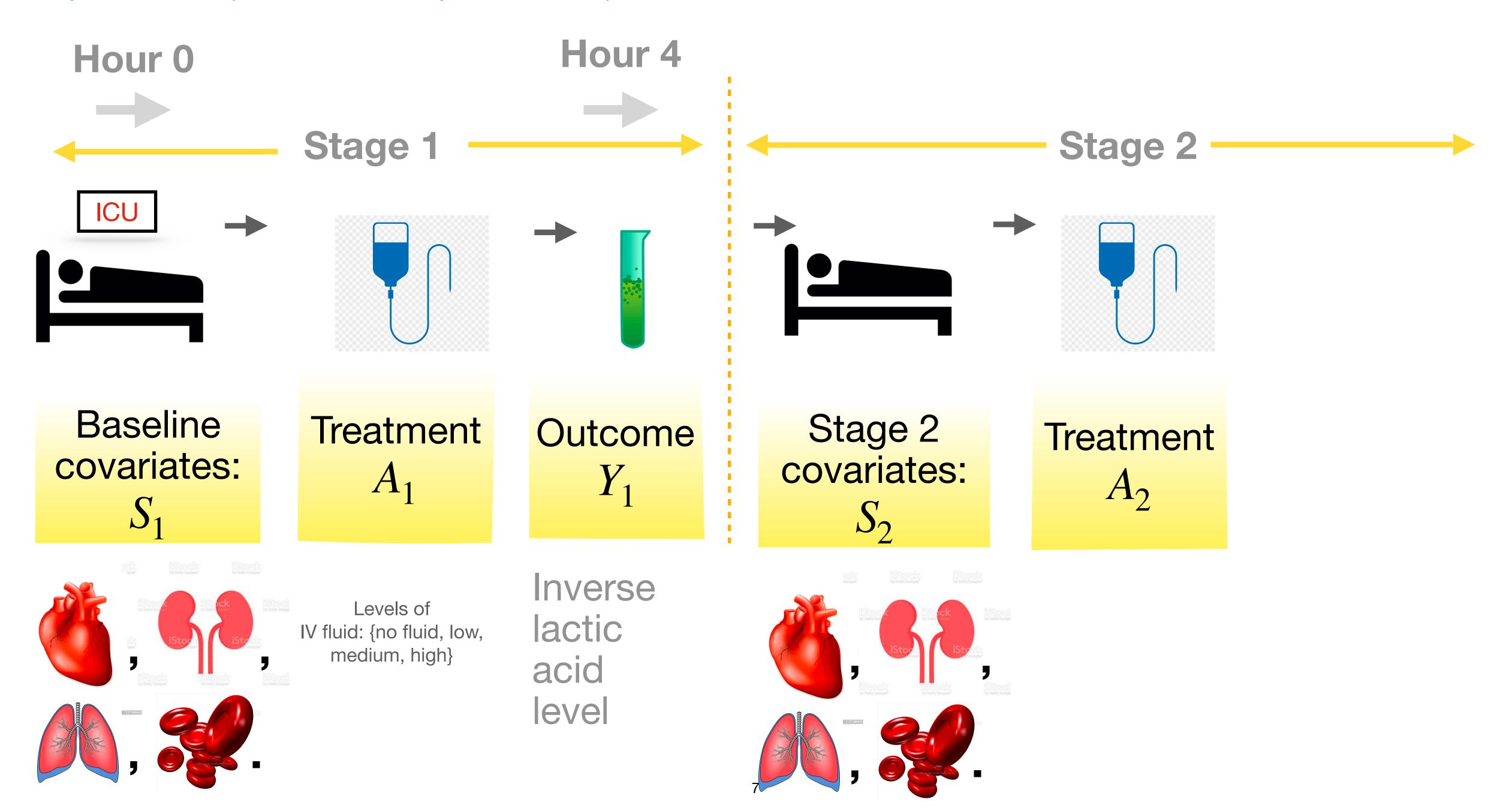
Inverse lactate level



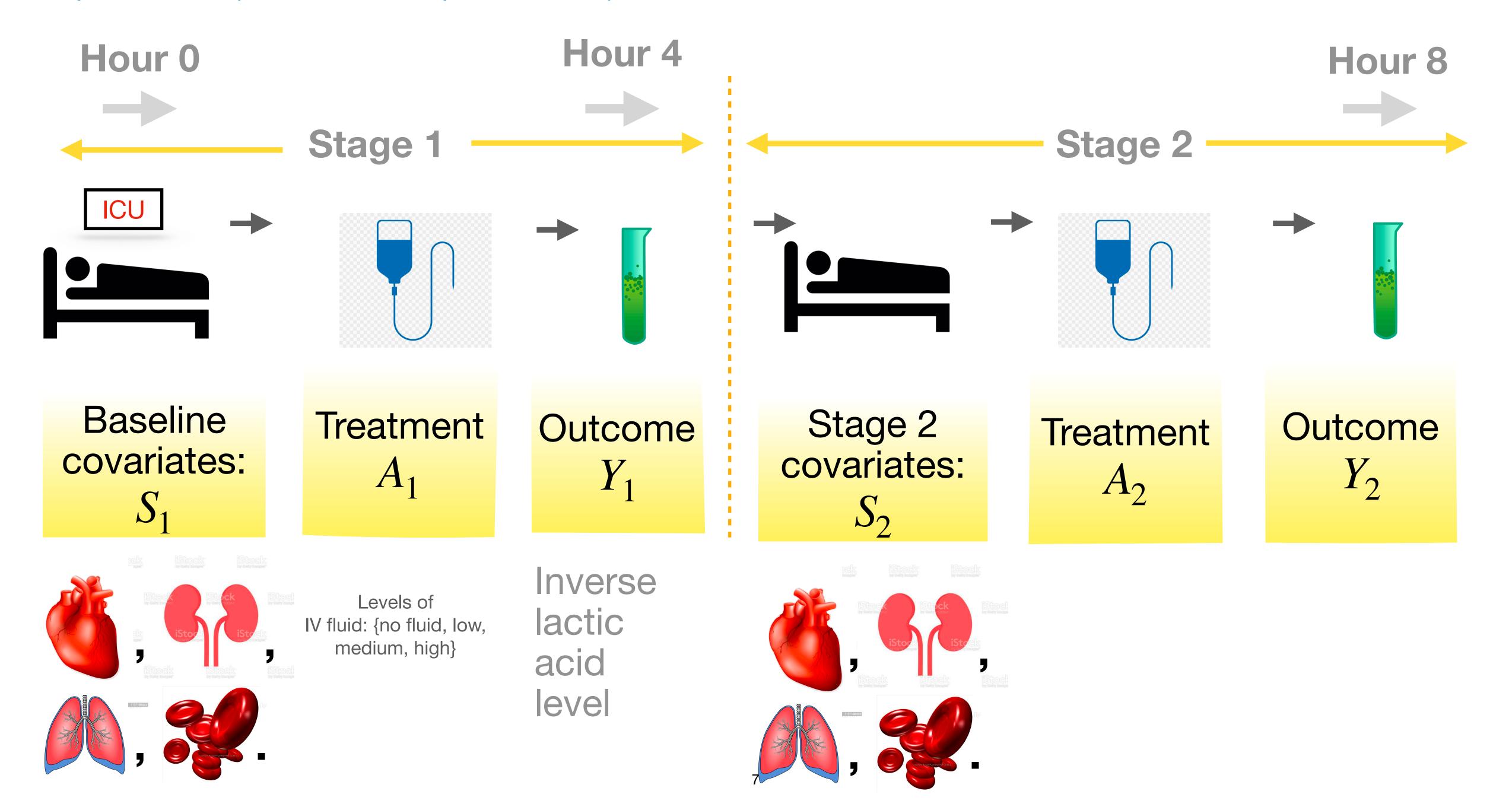
Treatment working

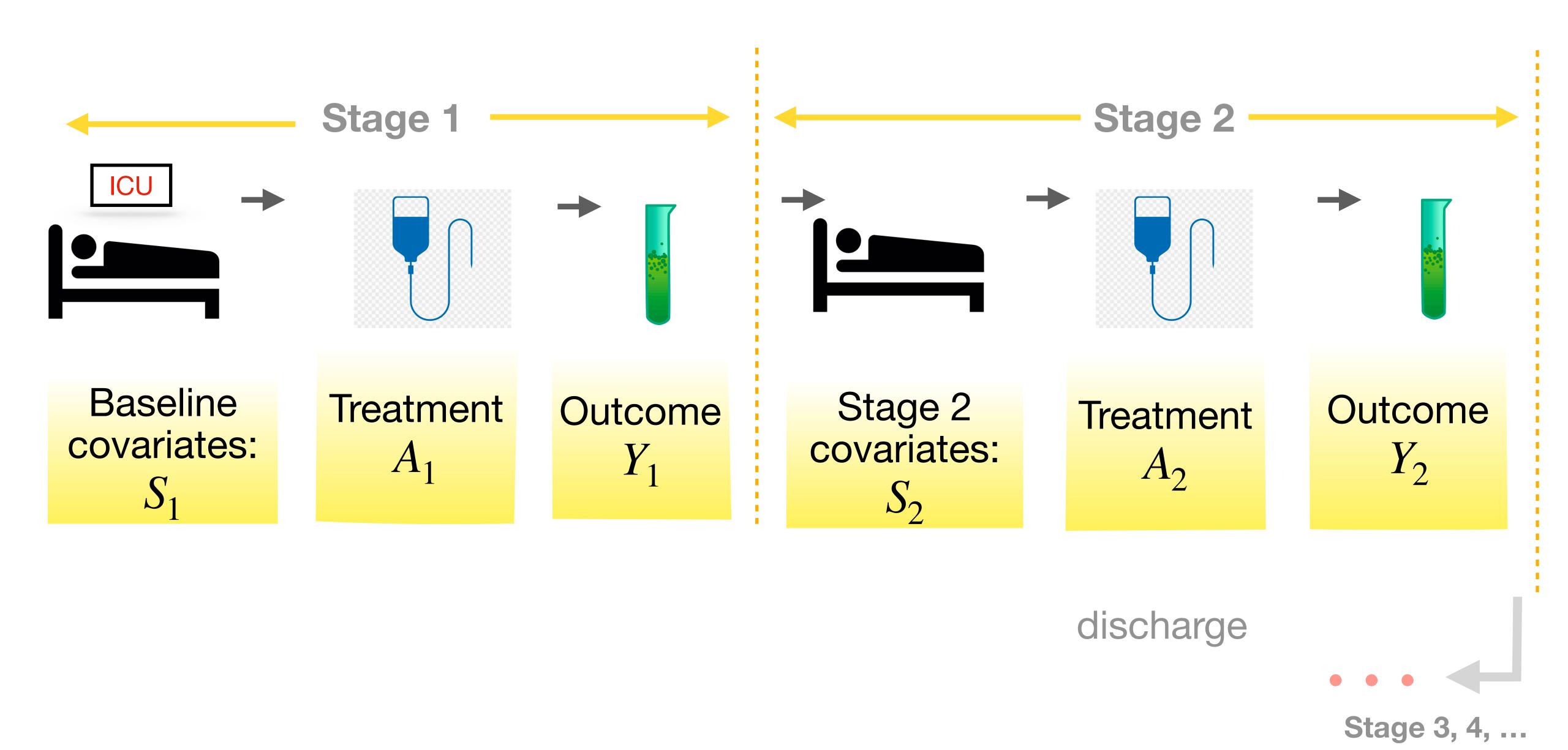




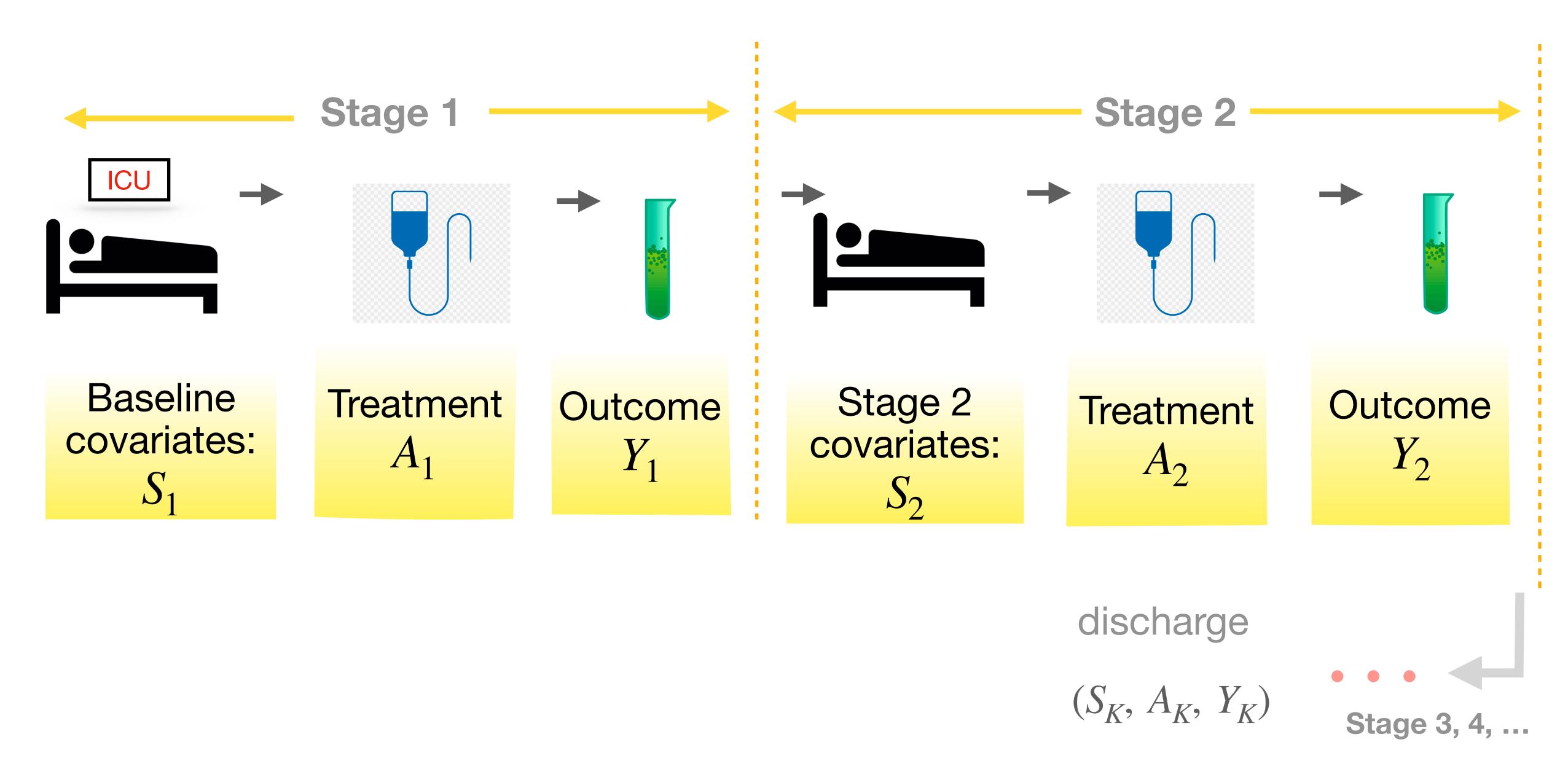


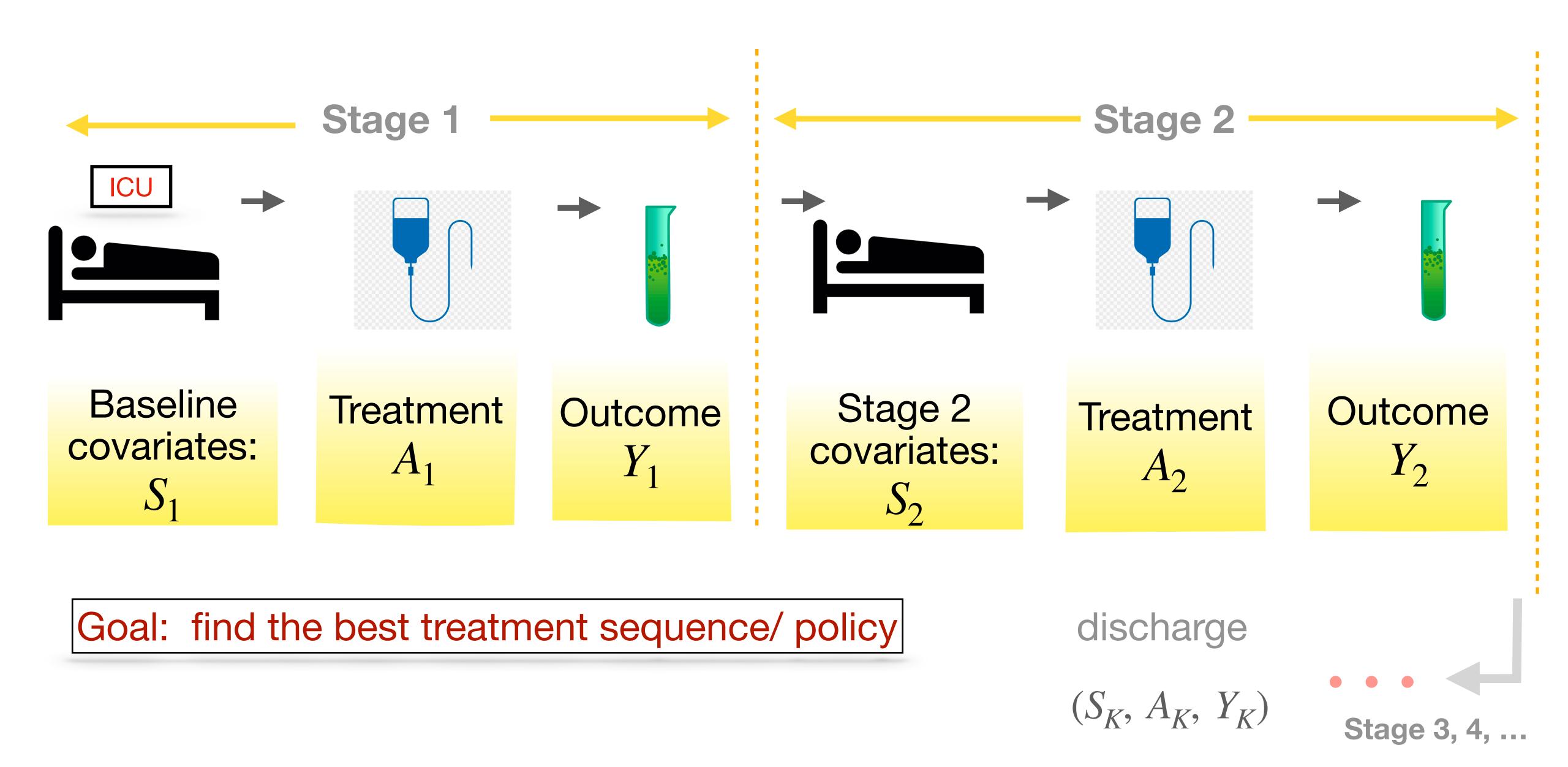
Sepsis-3 data (Beth Israel Hospital, Boston)

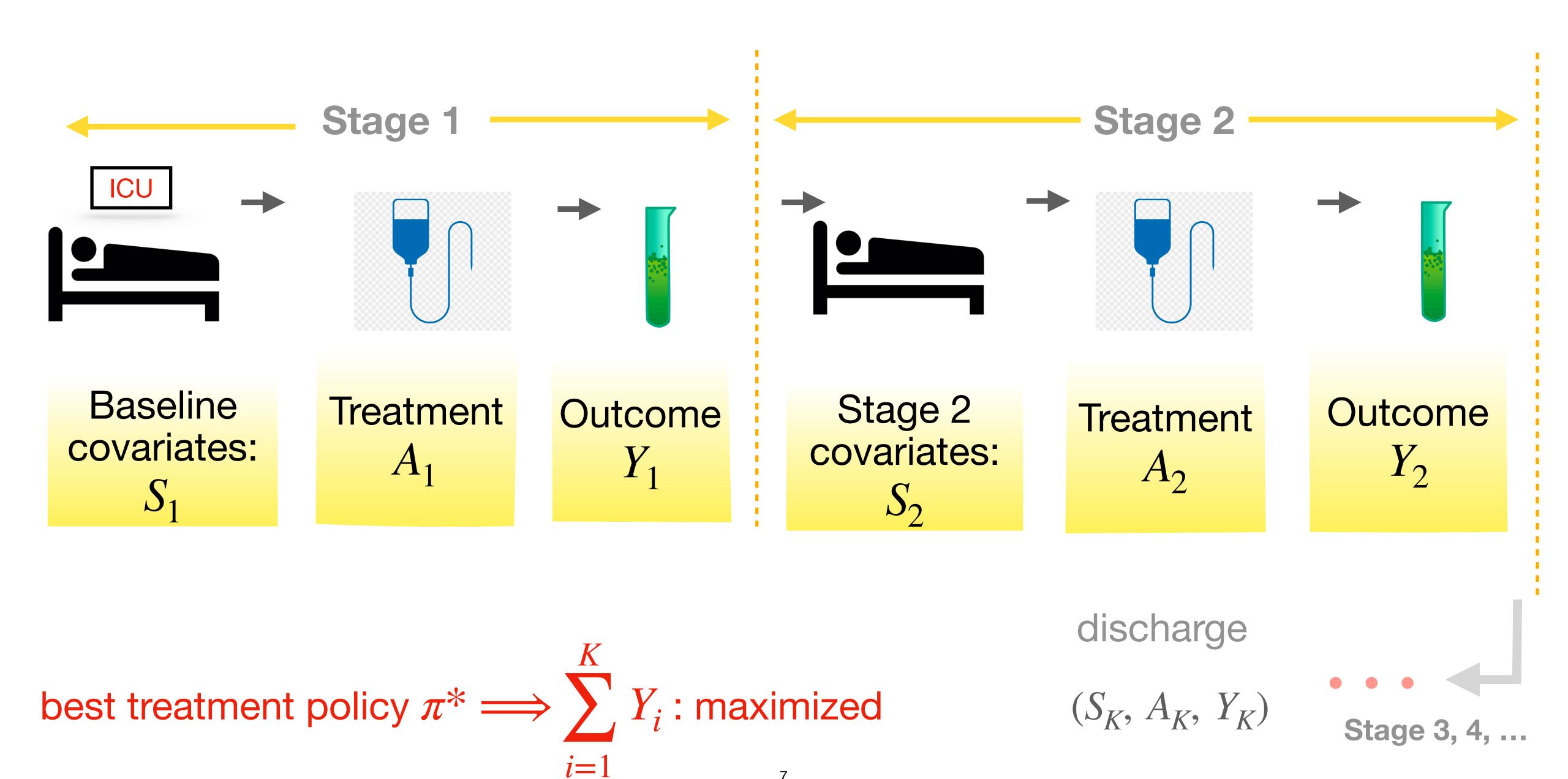


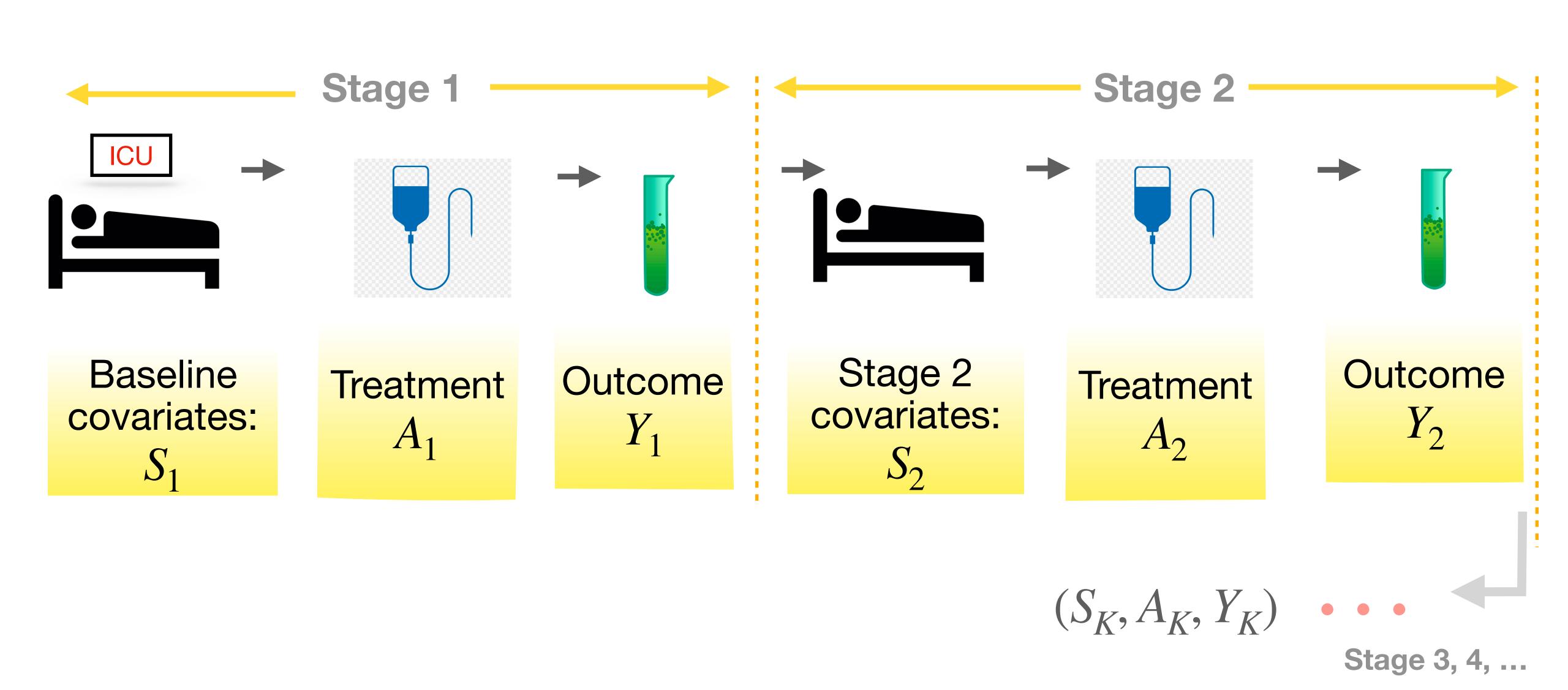


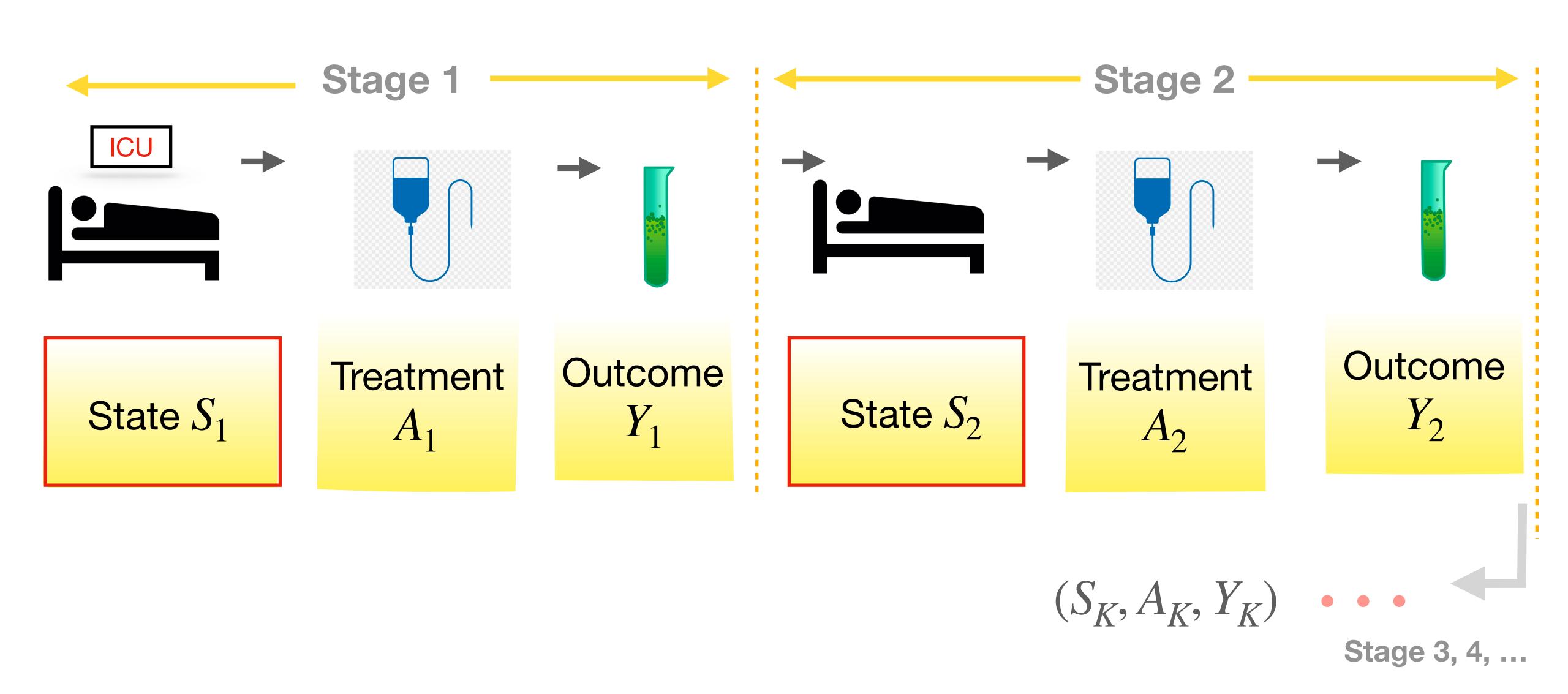
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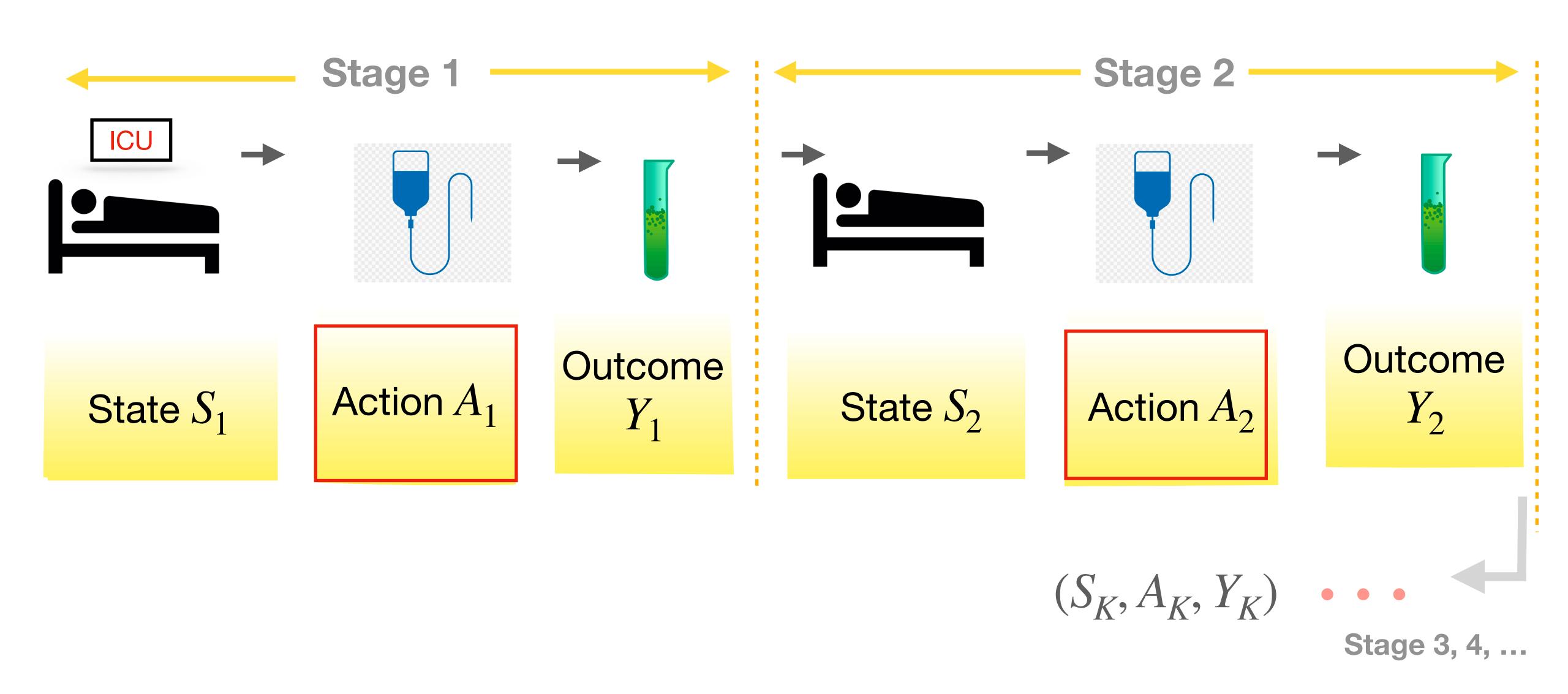


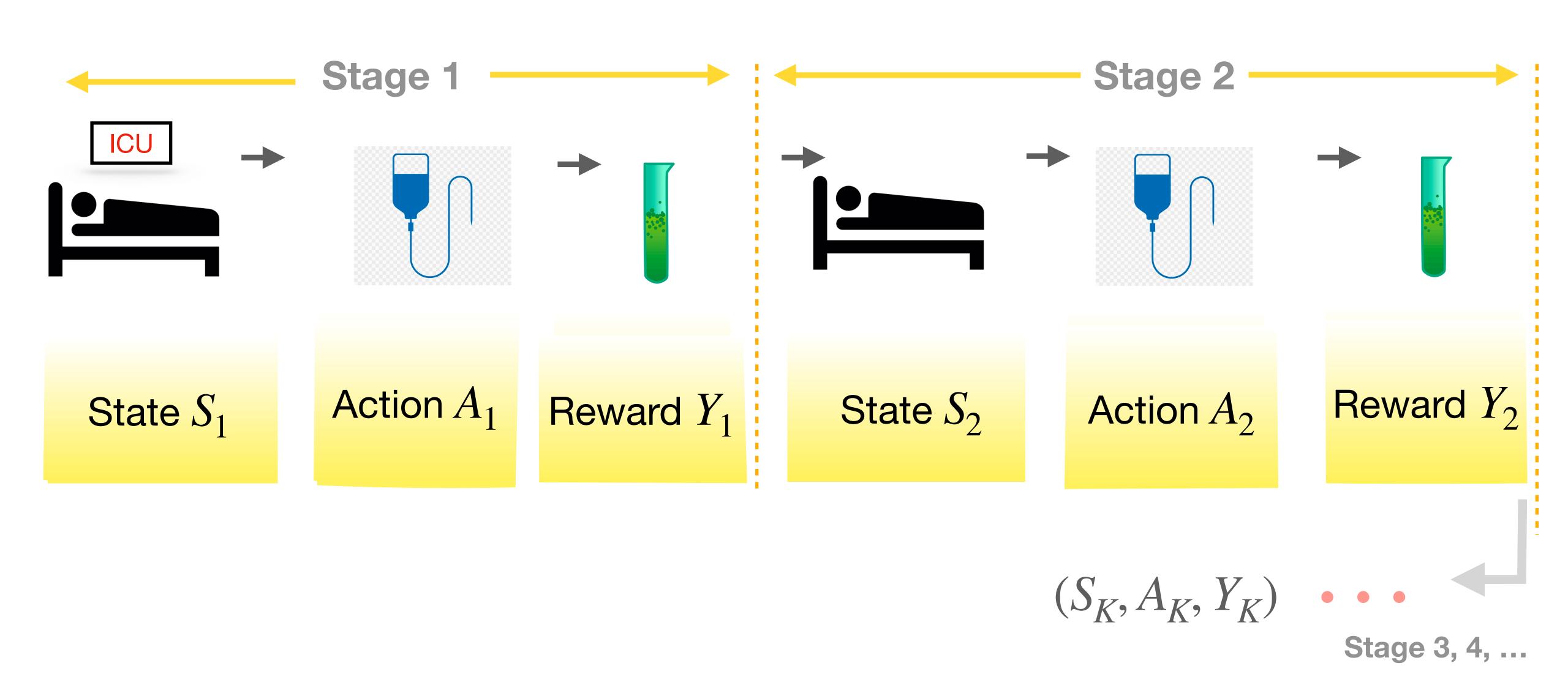


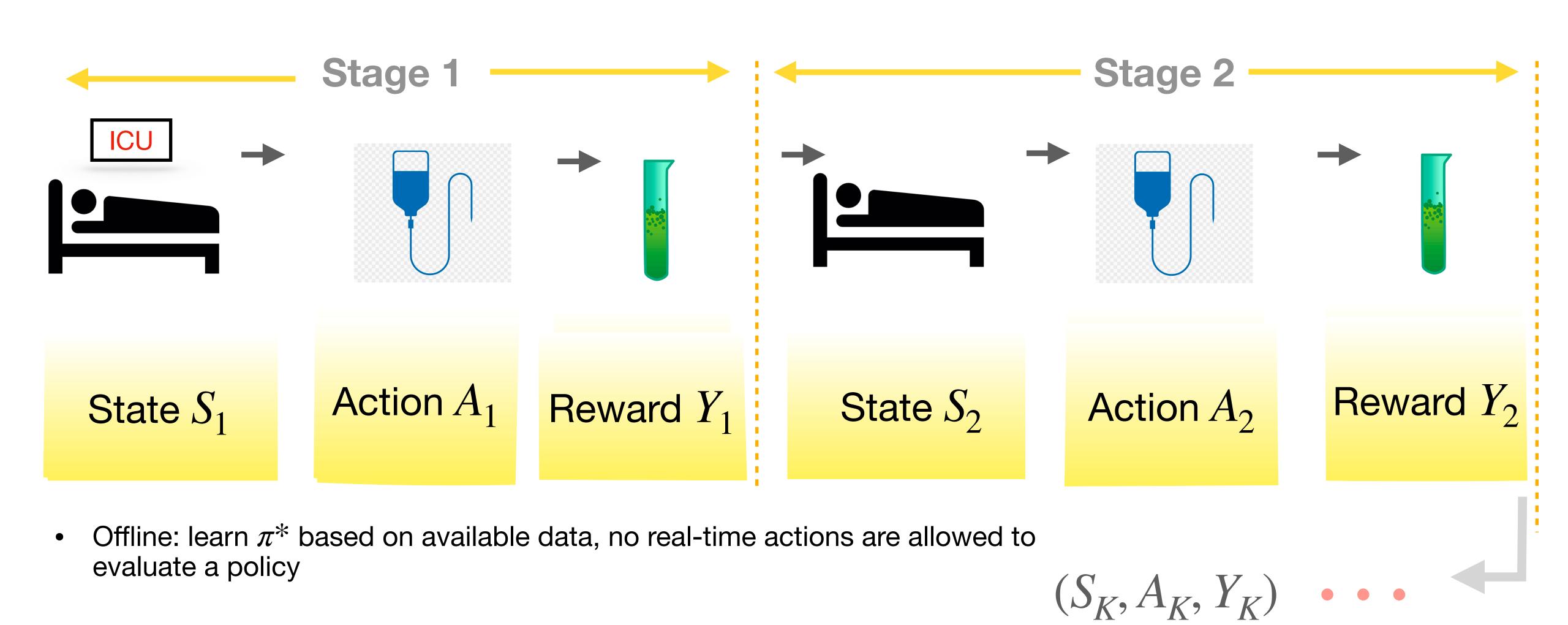




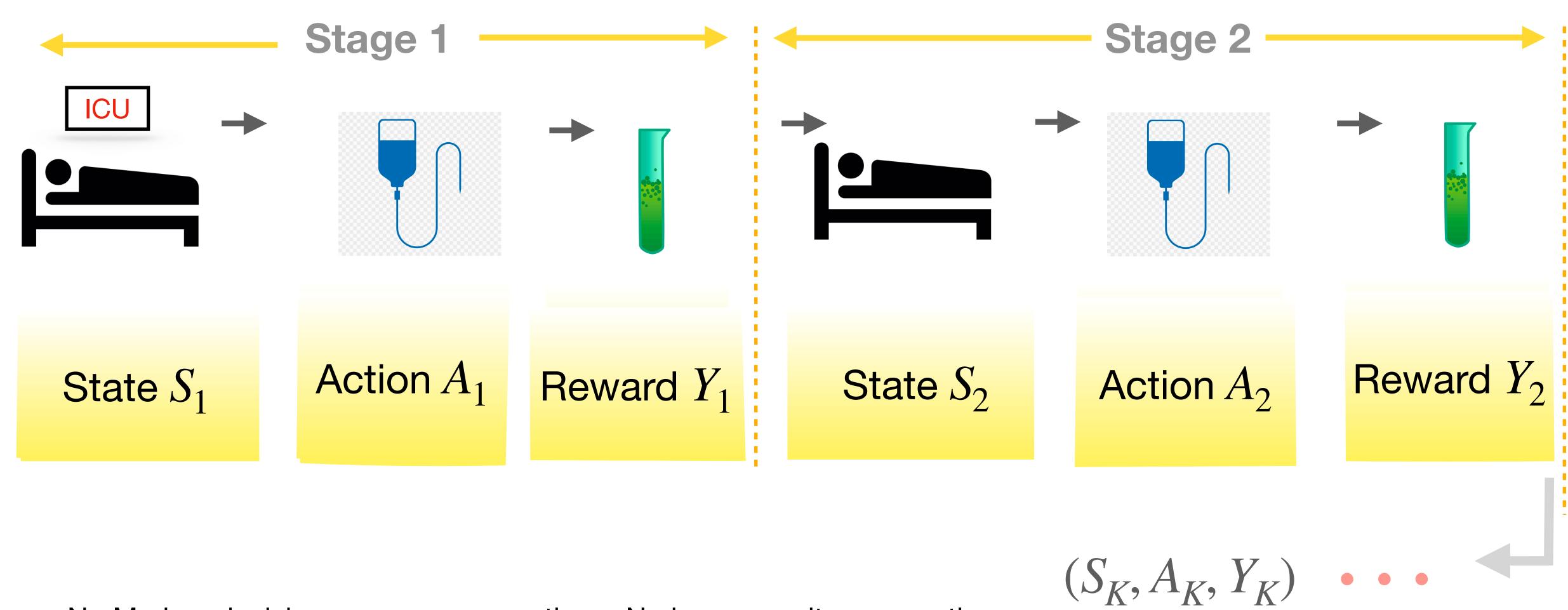






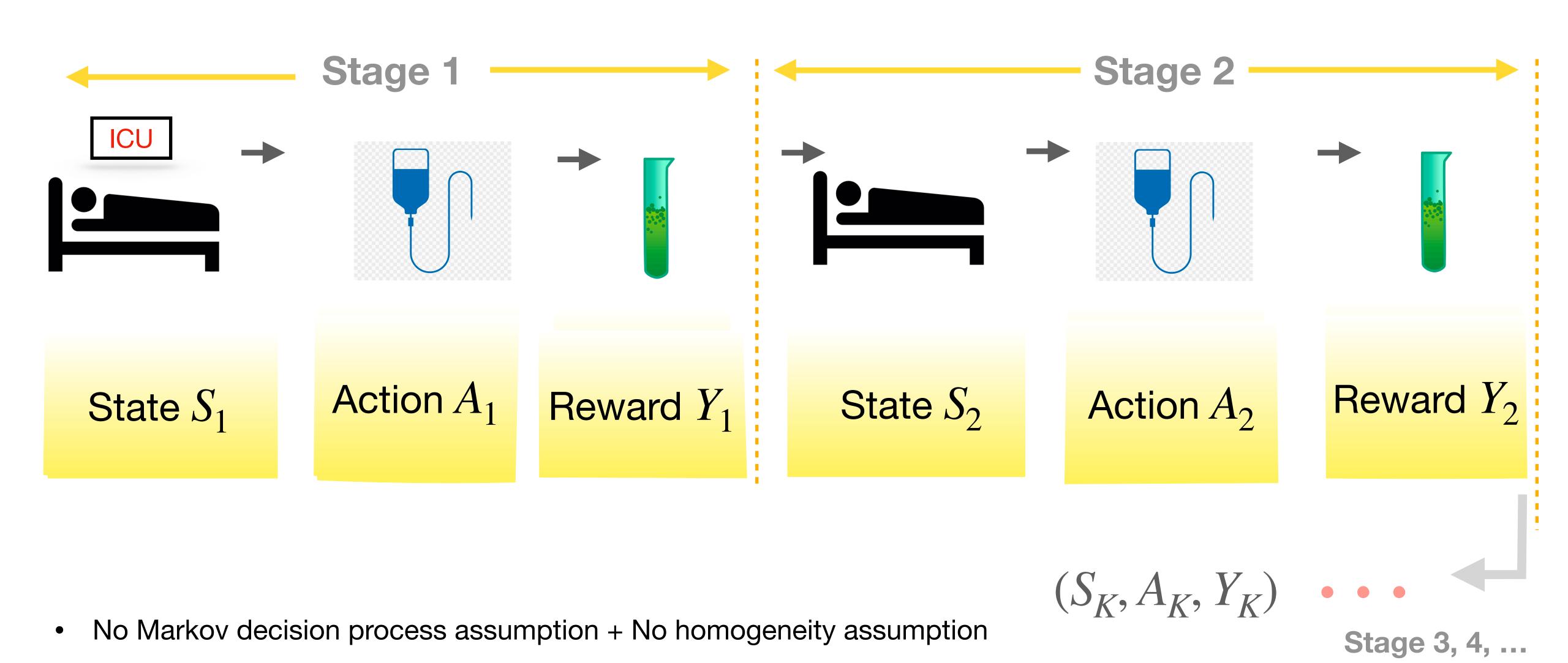


Stage 3, 4, ...



No Markov decision process assumption + No homogeneity assumption

Stage 3, 4, ...



Hence called Full reinforcement learning

Outline

- Example: sepsis
- Problem formulation
 - A. Mathematical formulation
 - B. Existing approaches
- Proposed method
- Open questions

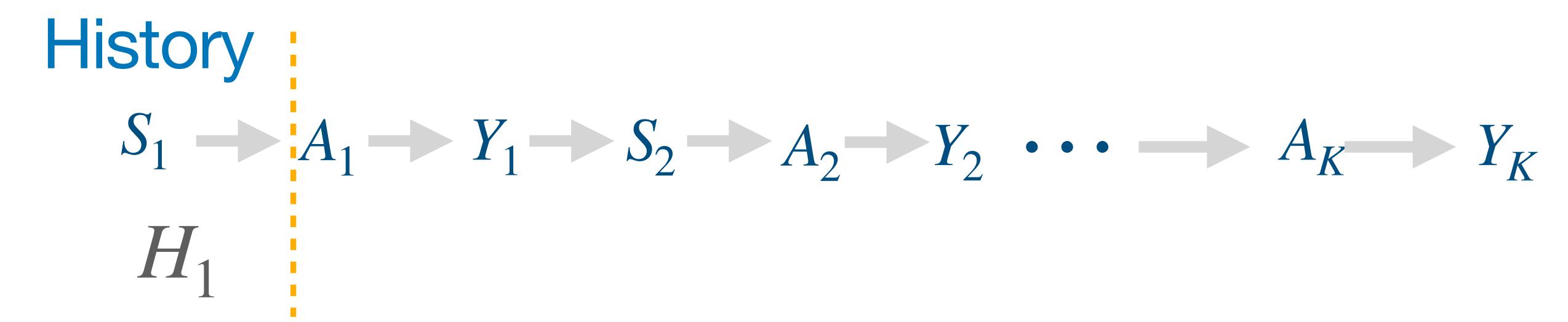
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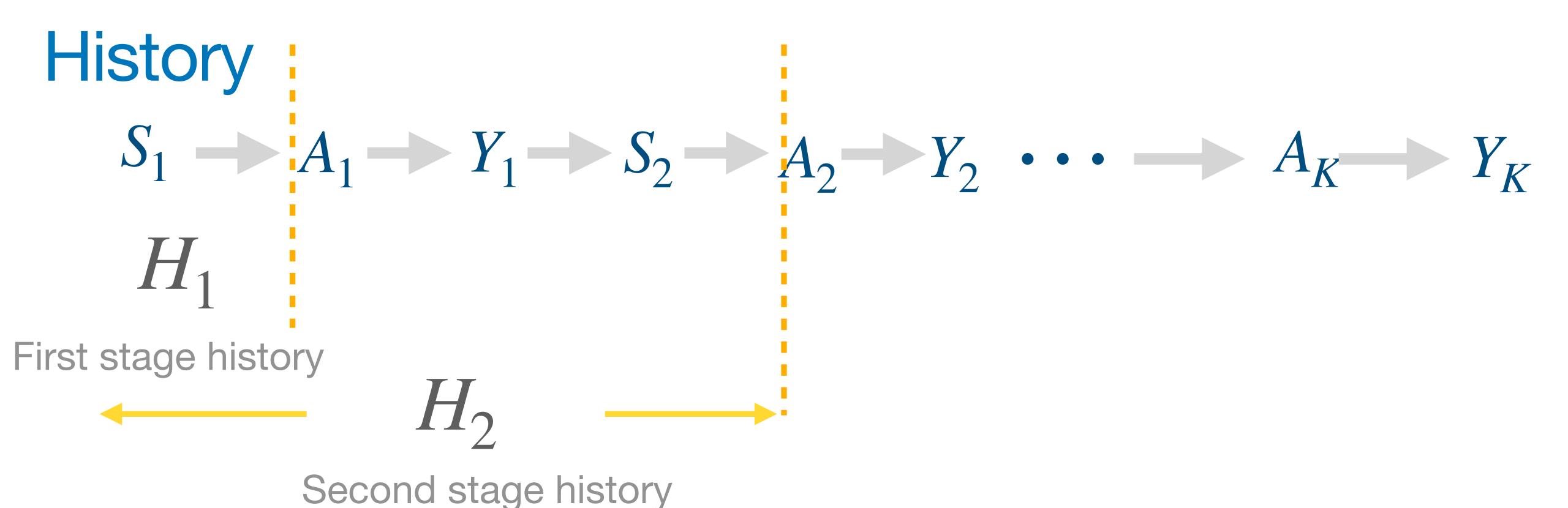
Mathematical formulation

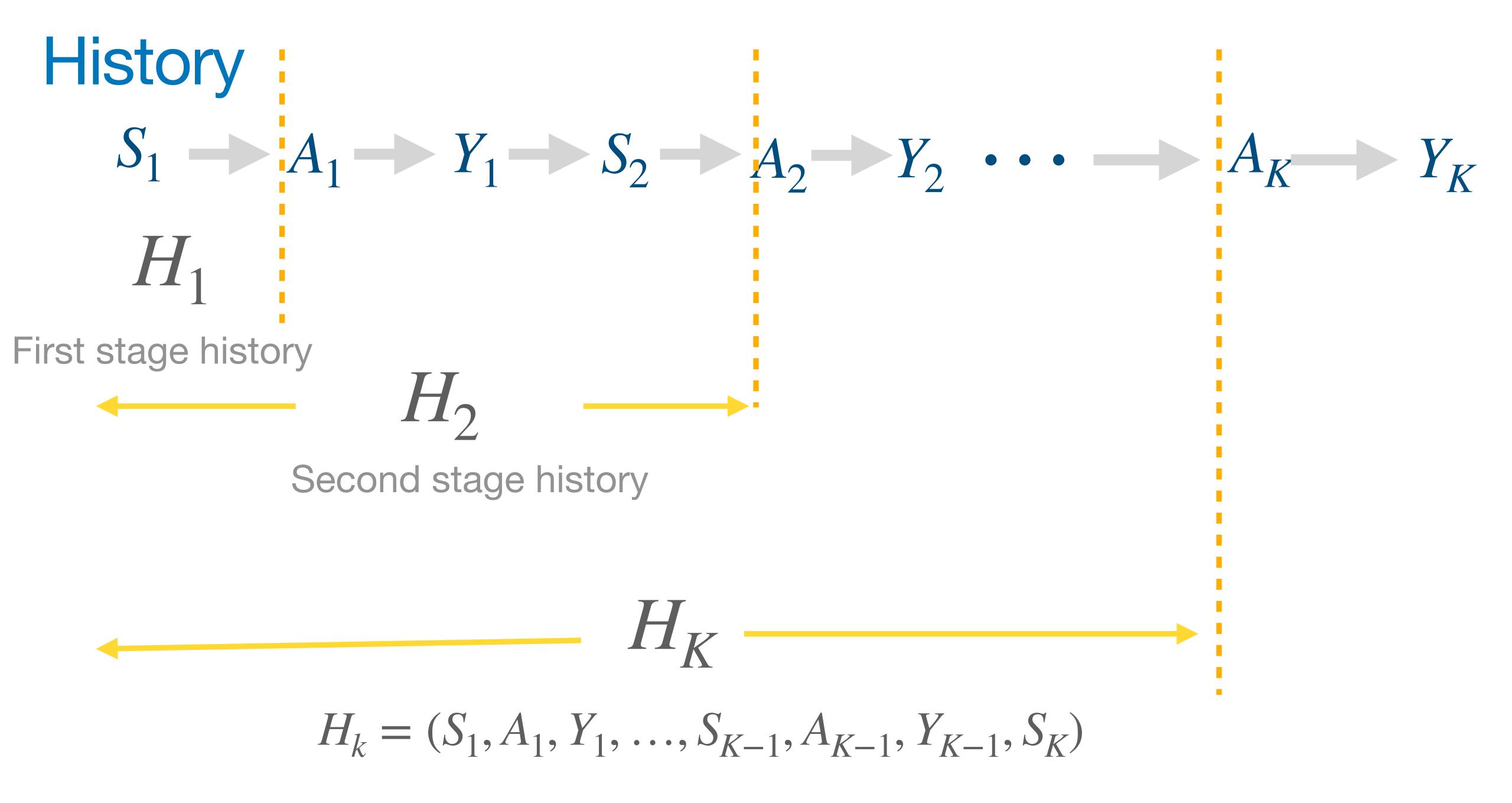
History

$$S_1 \longrightarrow A_1 \longrightarrow Y_1 \longrightarrow S_2 \longrightarrow A_2 \longrightarrow Y_2 \longrightarrow A_K \longrightarrow Y_K$$



First stage history

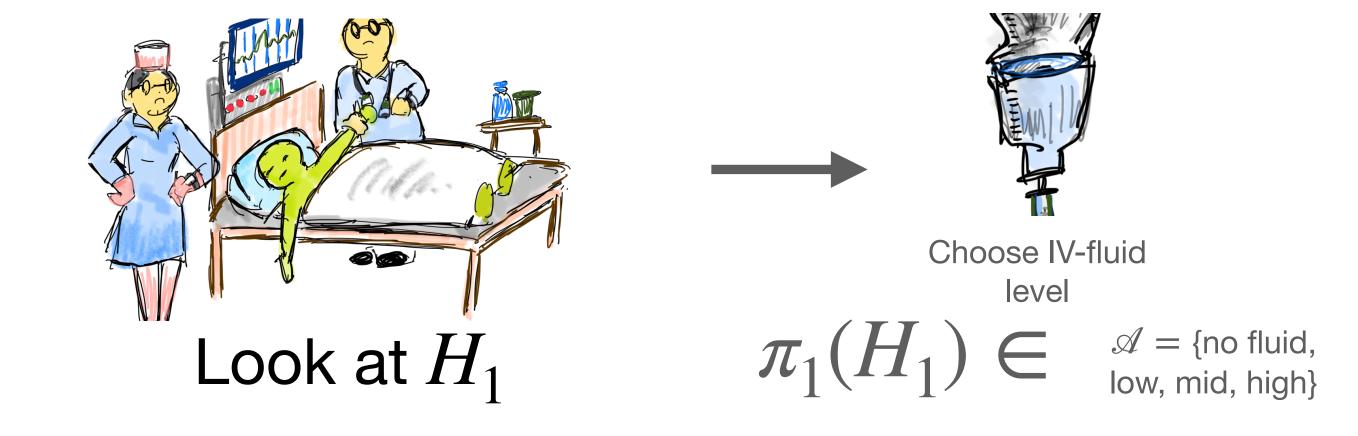




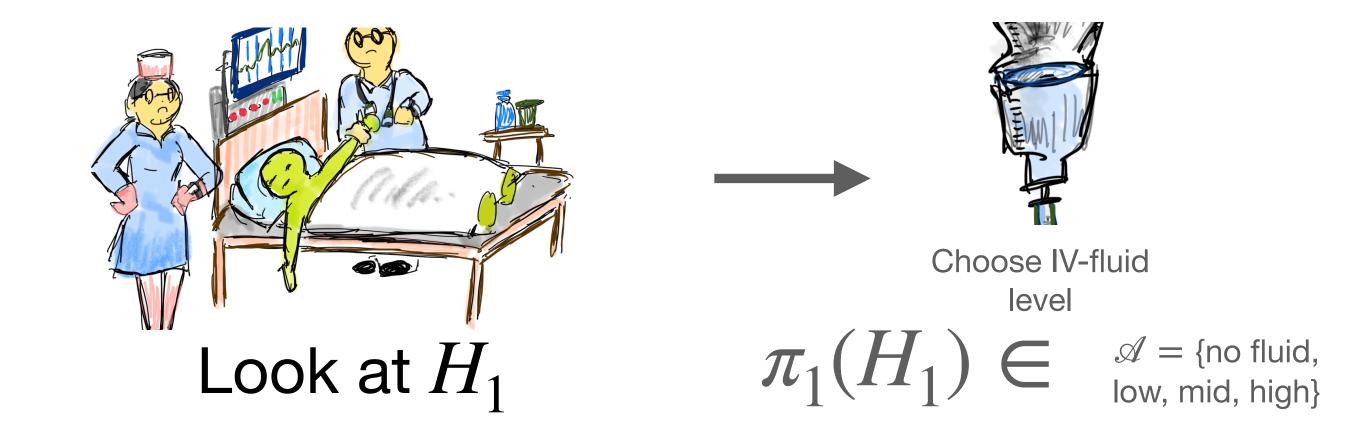
Stage 1



Stage 1



Stage 1



Treatment Assignments

$$\pi_1: H_1 \mapsto \mathcal{A}$$

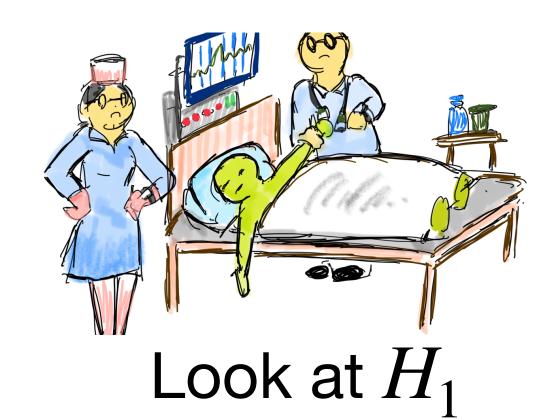
Stage 1

Choose IV-fluid level $\mathcal{A} = \{\text{no fluid}, \\ \text{low, mid, high}\}$ Look at H_1 Stages 2, 3, 4, ...

Treatment Assignments

$$\pi_1: H_1 \mapsto \mathcal{A}$$

Stage 1



Choose IV-fluid

level

 $\mathscr{A} = \{ \text{no fluid},$

low, mid, high}

Stages 2, 3, 4, ...

Stage k



Look at H_k



$$\pi_1: H_1 \mapsto \mathcal{A}$$

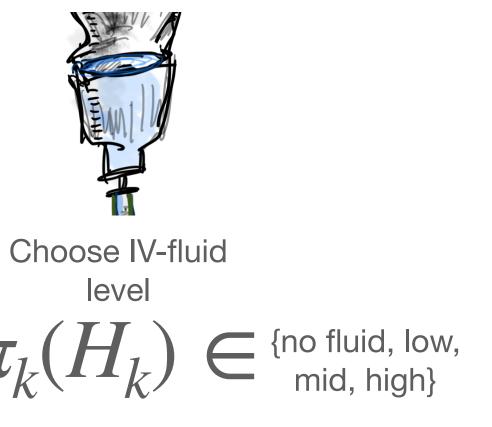
Choose IV-fluid level Look at H_1 Stages 2, 3, 4, ...

Stage k

Stage 1



Look at H_k



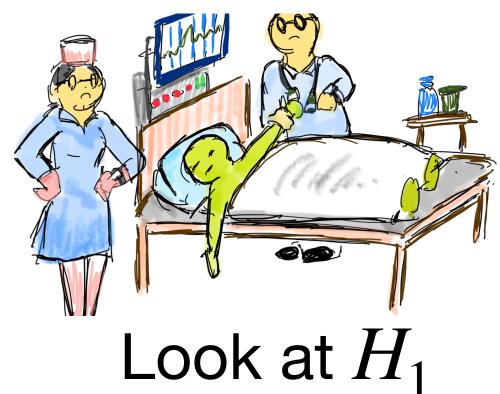
 $\mathscr{A} = \{ \text{no fluid},$

low, mid, high}

Treatment Assignments

$$\pi_1: H_1 \mapsto \mathcal{A}$$

Stage 1



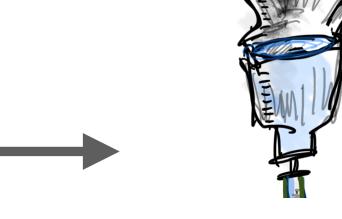
LOUK at 11

Stages 2, 3, 4, ...

Stage *k*



Look at H_k



Choose IV-fluid level

$$\pi_1(H_1) \in \mathcal{A} = \{\text{no fluid, low, mid, high}\}$$



Choose IV-fluid level

$$\pi_k(H_k) \in {}^{ ext{no fluid, low,}}$$

Treatment Assignments

$$\pi_1: H_1 \mapsto \mathcal{A}$$

$$\pi_k: H_k \mapsto \mathscr{A}$$

Stage 1

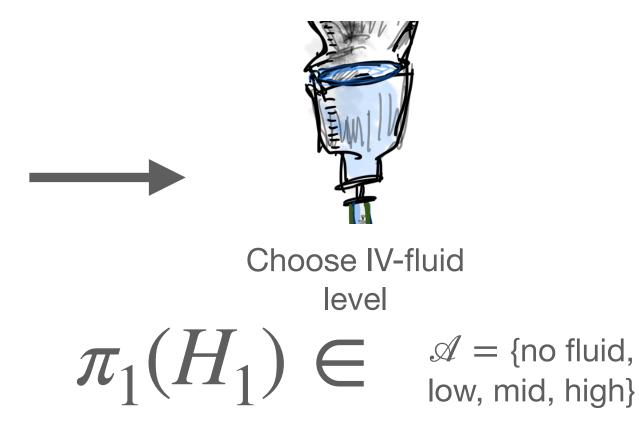
Look at H_1

Stages 2, 3, 4, ...

Stage k



Look at H_k



Treatment Assignments

$$\pi_1: H_1 \mapsto \mathcal{A}$$

Policy
$$\pi = (\pi_1, \dots, \pi_K)$$

Choose IV-fluid level

$$\pi_k(H_k) \in {}^{ ext{no fluid, low,}}$$

 $\pi_k: H_k \mapsto \mathscr{A}$

Stage 1:

Stage 1:

T₁

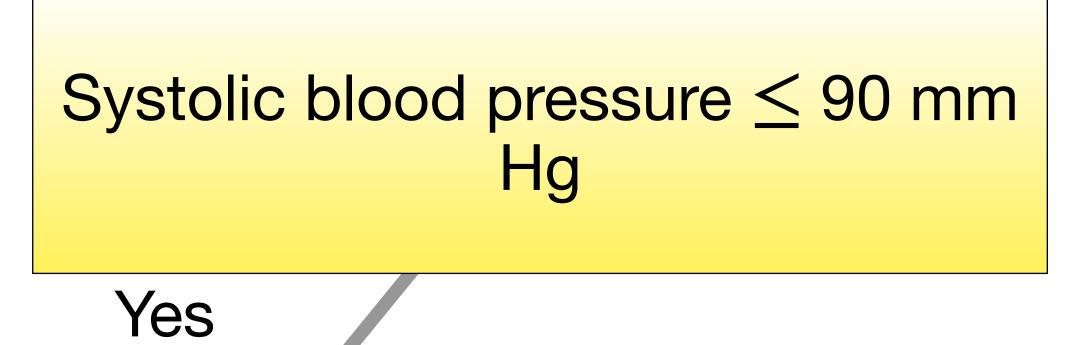
Systolic blood pressure ≤ 90 mm Hg

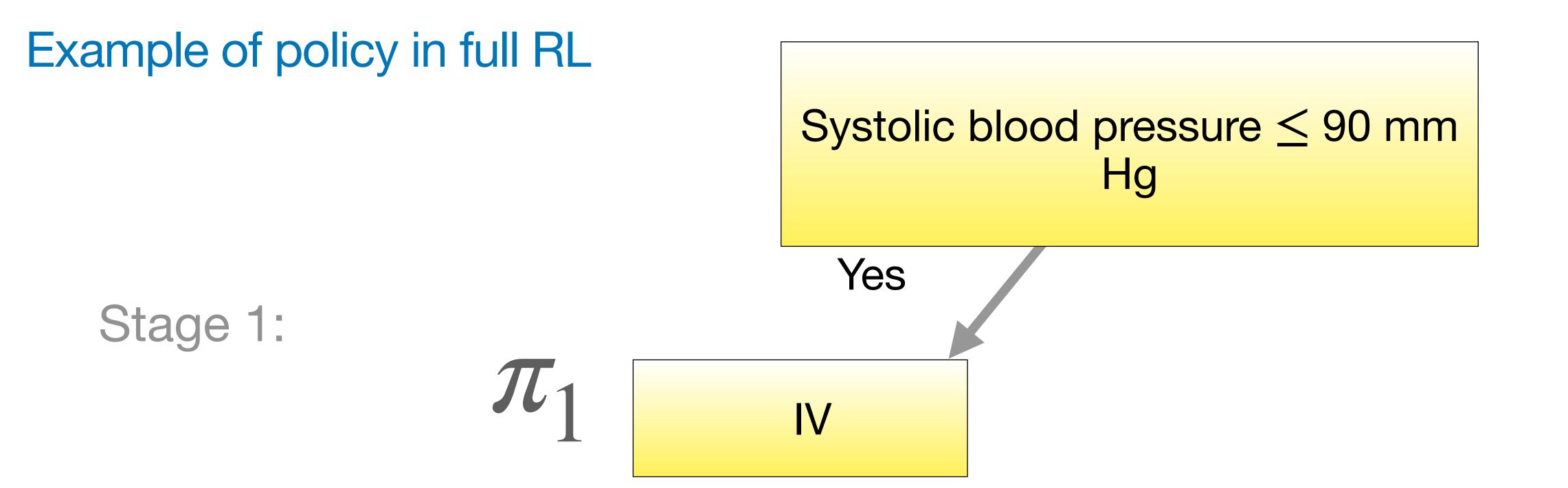
Stage 1:

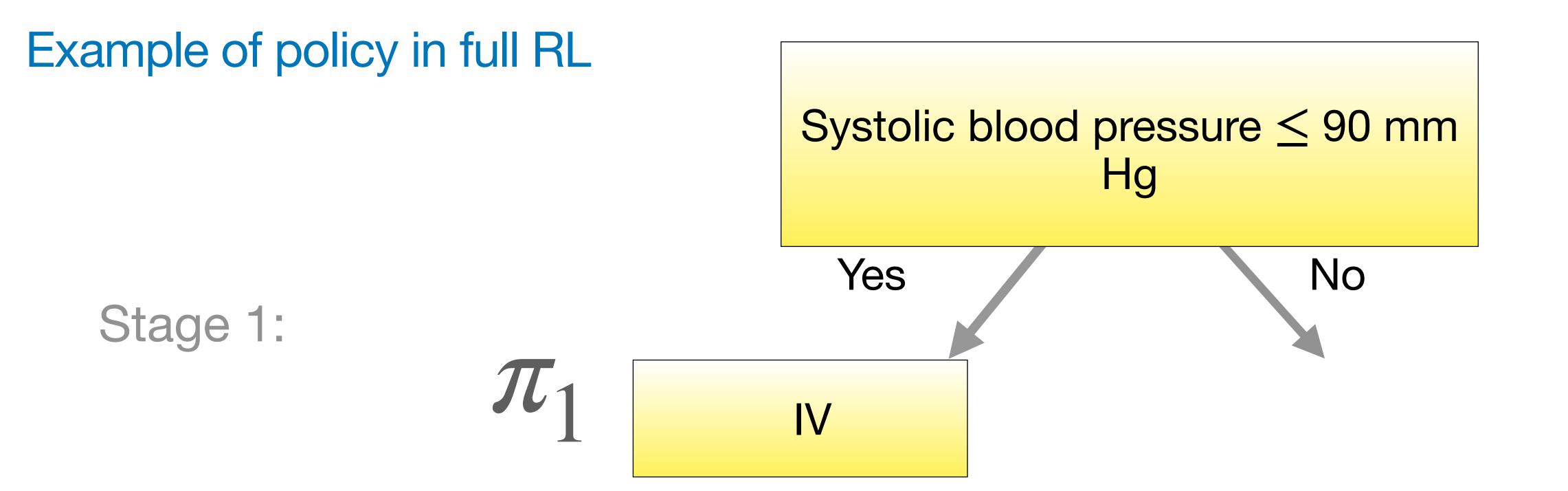
 π_1

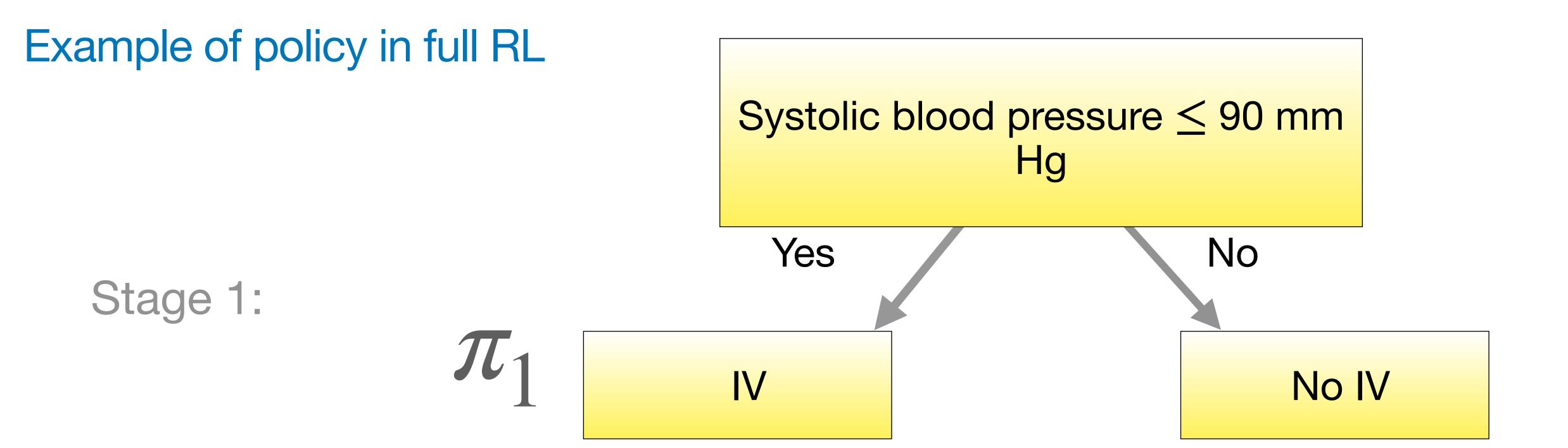
Stage 1:

 π_1









Example of policy in full RL Systolic blood pressure \leq 90 mm Hg No IV

Stage k:

t = 2, ..., K.

Example of policy in full RL Systolic blood pressure ≤ 90 mm Hg Yes No Stage 1:

IV

No IV

Stage k:

$$t = 2, ..., K$$
.

 \mathcal{T}_{k}

Example of policy in full RL

Systolic blood pressure ≤ 90 mm Hg

No

Stage 1:

T₁ IV No IV

Stage k:

$$t = 2, ..., K$$
.

Systolic blood pressure ≤ 90 mm Hg for the most recent two stages and lactate ≥ 4 mmol/L

 π_k

Yes

Example of policy in full RL

Systolic blood pressure ≤ 90 mm Hg

Stage 1:

 π_1

IV

Yes

No IV

No

Stage k:

$$t = 2, ..., K$$
.

 π_k

Systolic blood pressure ≤ 90 mm Hg for the most recent two stages and lactate ≥ 4 mmol/L

Yes

Example of policy in full RL Systolic blood pressure ≤ 90 mm Hg Yes No Stage 1: IV No IV Systolic blood pressure ≤ 90 mm Hg for the most recent two stages Stage k: and lactate ≥ 4 mmol/L t = 2, ..., K. Yes 13

Example of policy in full RL Systolic blood pressure ≤ 90 mm Hg Yes No Stage 1: IV No IV Systolic blood pressure ≤ 90 mm Hg for the most recent two stages Stage k: and lactate ≥ 4 mmol/L t = 2, ..., K. No Yes 13

Example of policy in full RL Systolic blood pressure ≤ 90 mm Hg Yes No Stage 1: IV No IV Systolic blood pressure ≤ 90 mm Hg for the most recent two stages Stage k: and lactate ≥ 4 mmol/L t = 2, ..., K. No Yes No IV IV 13

 $Y_k(\pi)$: potential outcome at stage k had policy π been followed

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Value function of π :

$$V^{\pi} = E[Y_1(\pi)... + Y_K(\pi)]$$

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Value function of π :

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$$\pi^* = \operatorname*{argmax}_{\pi} V^{\pi}$$

 $Y_k(\pi)$: potential outcome at stage k had policy π been followed

Value function of π :

$$V^{\pi} = E[Y_1(\pi)... + Y_K(\pi)]$$

$$\pi^* = \operatorname{argmax}_{\pi} V^{\pi}$$

Optimal policy

 $Y_k(\pi)$: potential outcome at stage k had policy π been followed

Value function of π :

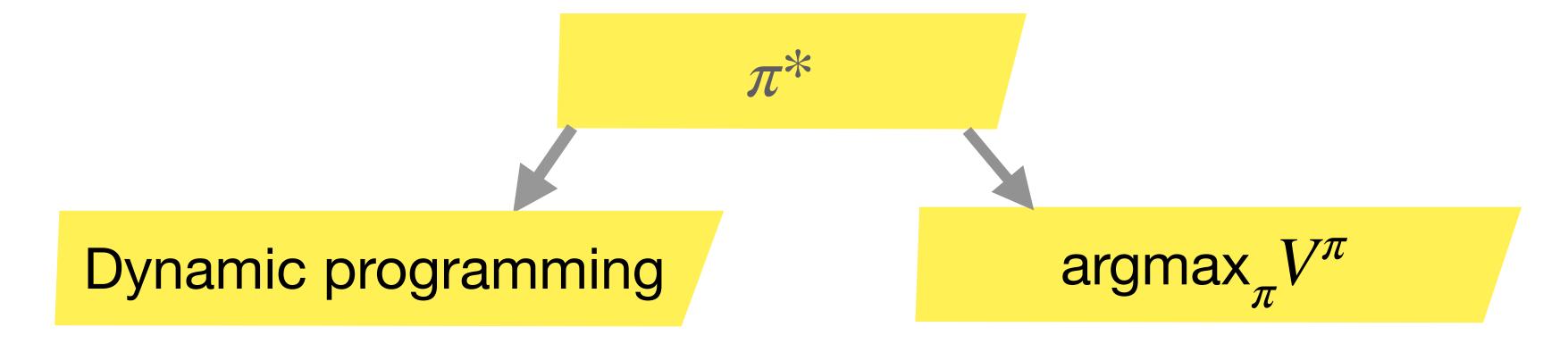
$$V^\pi = E[Y_1(\pi) \ldots + Y_K(\pi)] \longrightarrow$$
 Not observed random variables

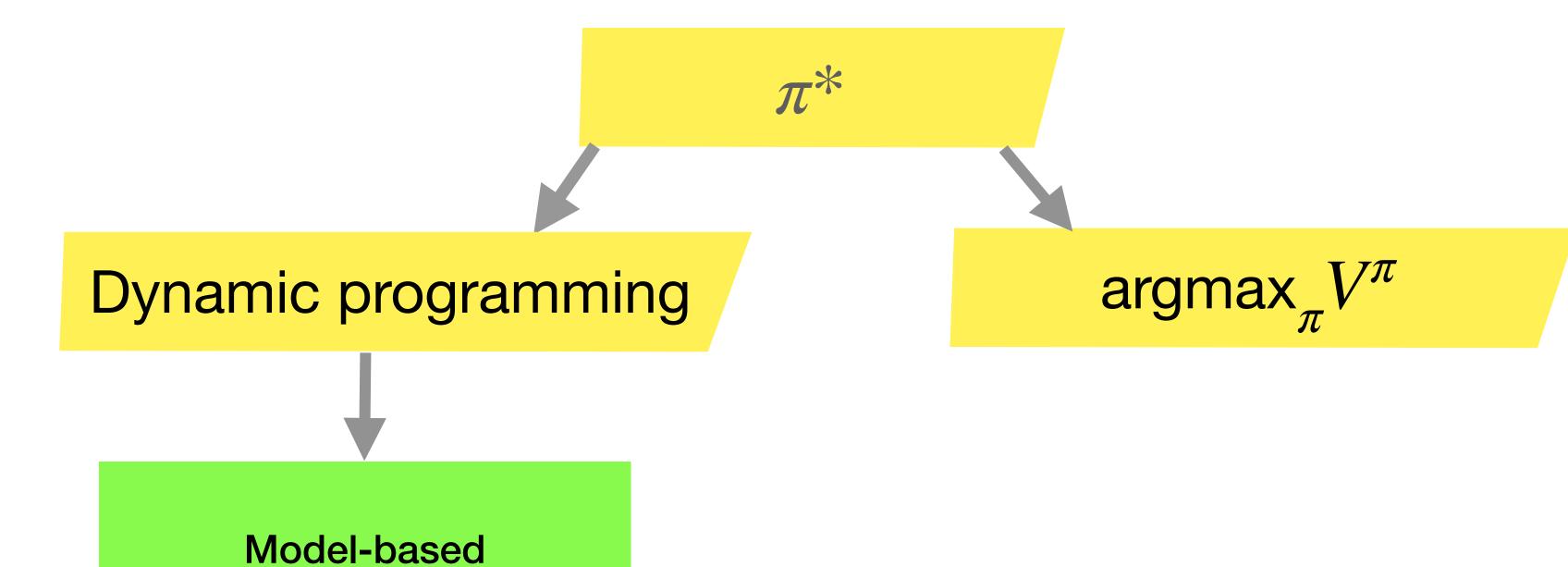
$$\pi^* = \operatorname{argmax}_{\pi} V^{\pi}$$

Outline

- Example: sepsis
- Problem formulation
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Existing approaches

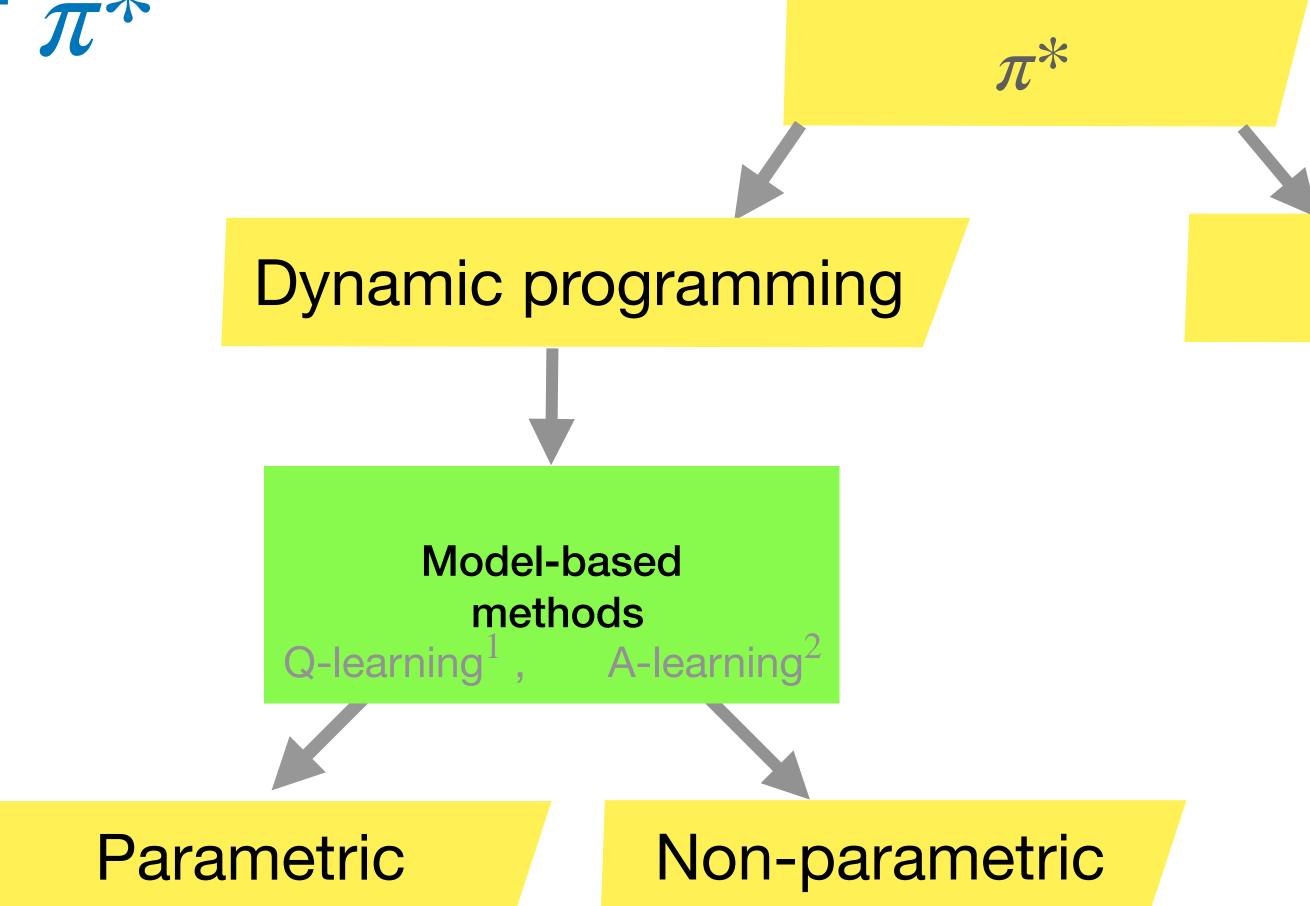




- 1. Watkins, 1989; Schulte et al. 2014
- 2. Murphy, 2003; Robins, 2004

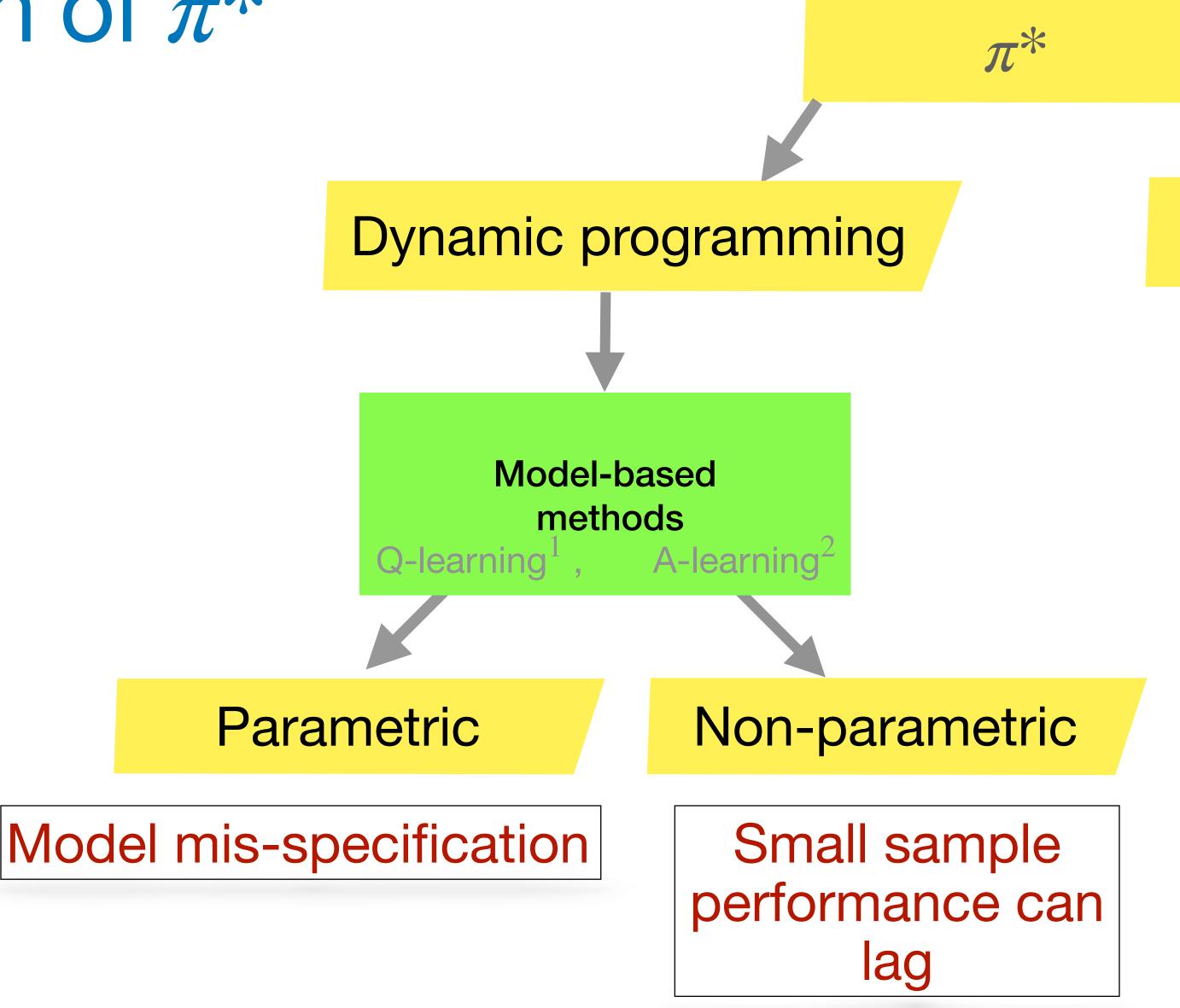
methods

Q-learning¹, A-learning²



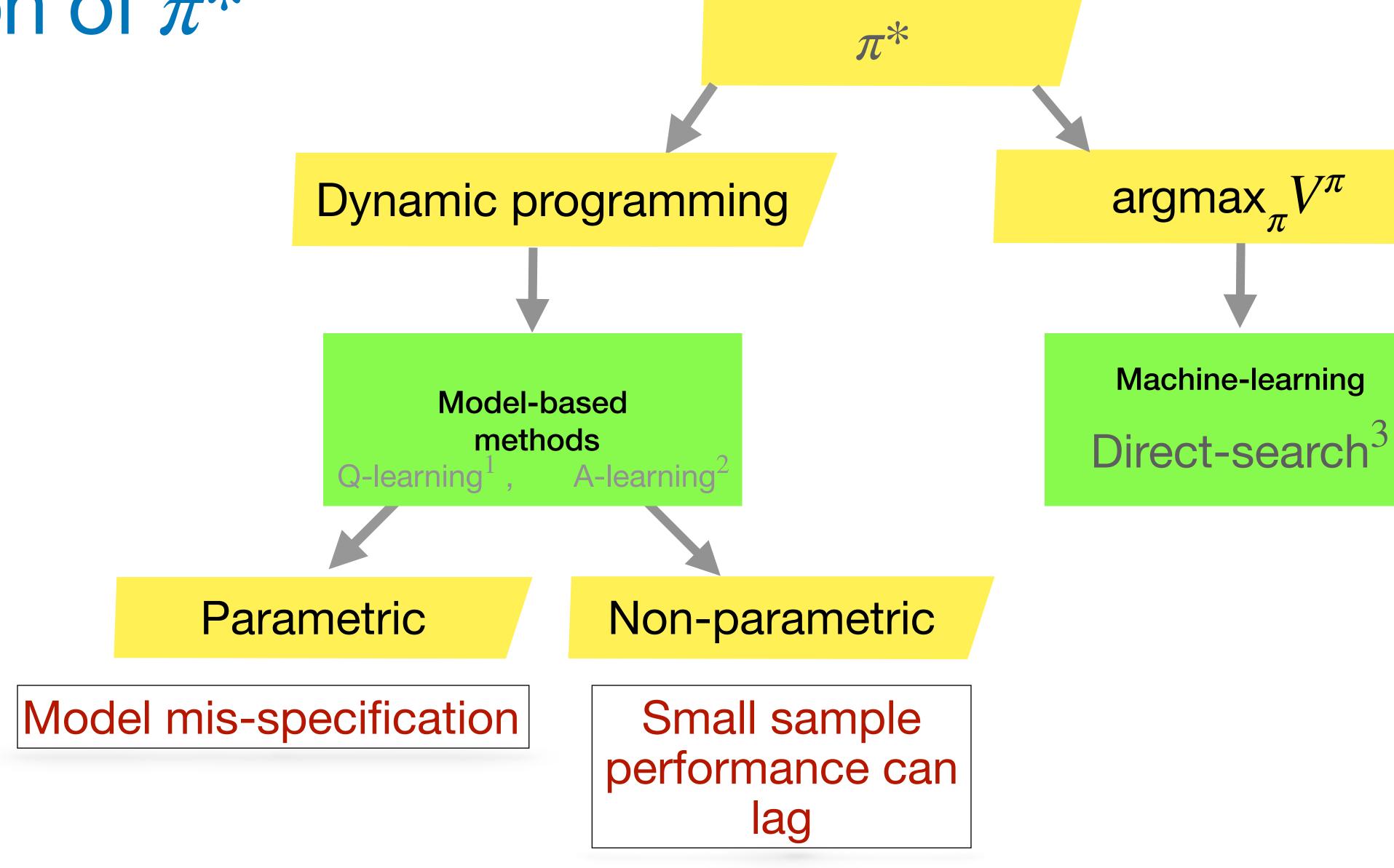
 $\operatorname{argmax}_{\pi}V^{\pi}$

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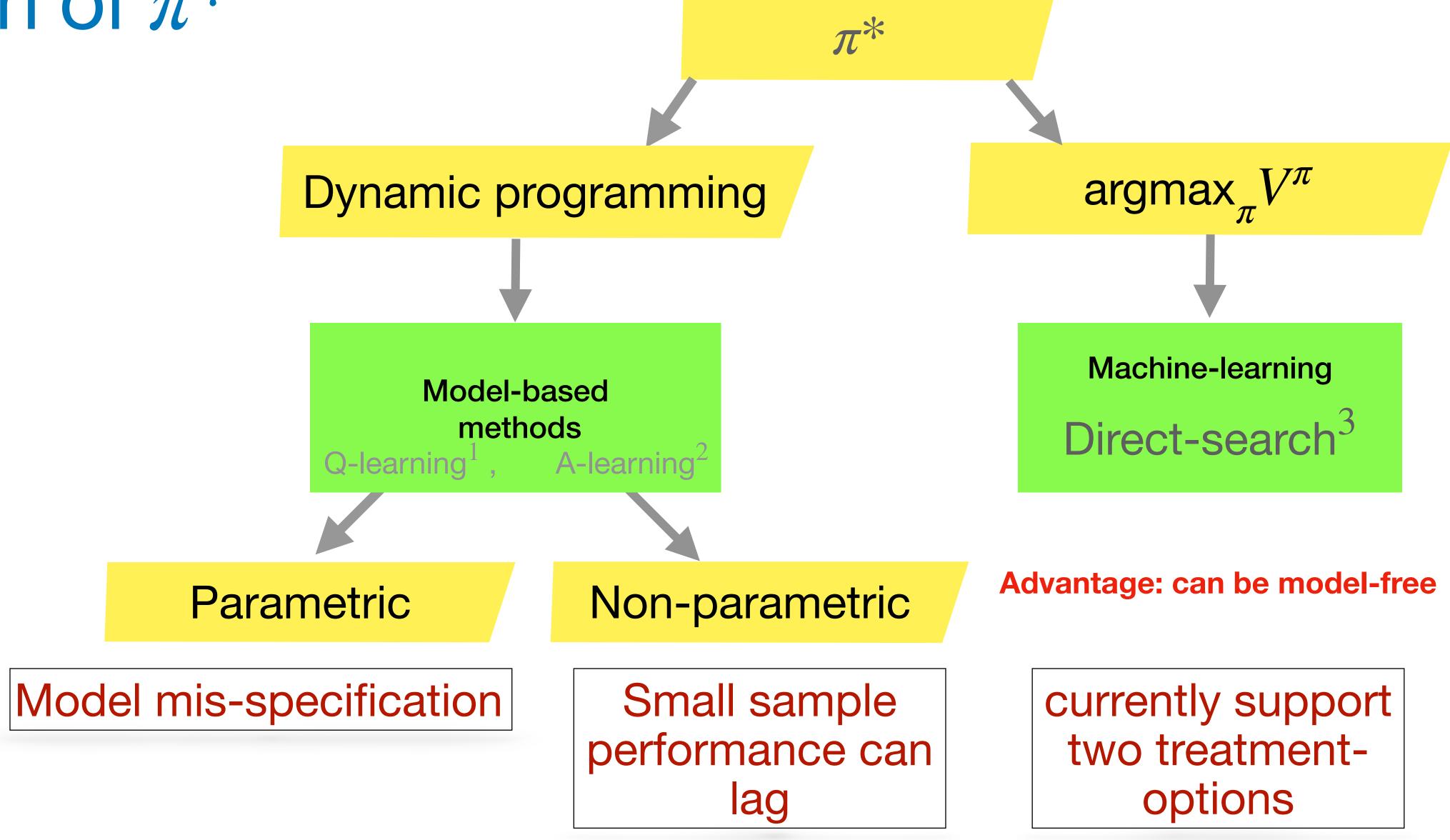


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Goal of the project: Q-learning¹, Parametric

Dynamic programming

Model-based methods

Q-learning 1 , A-learning 2

Model mis-specification

Non-parametric

Small sample performance can lag

 $\operatorname{argmax}_{\pi}V^{\pi}$

Machine-learning

Direct-search³

Advantage: can be model-free

currently support two treatment-options

- 1. Watkins, 1989; Schulte et al. 2014
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Goal of the project:

1. direct search for arbitrary number of treatments

Dynamic programming

Model-based methods

Q-learning¹, A-learning²

Parametric

Model mis-specification

Non-parametric

Small sample performance can lag

 $\operatorname{argmax}_{\pi}V^{\pi}$

Machine-learning

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currently support two treatment-options

- 1. Watkins, 1989; Schulte et al. 2014
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Goal of the project:

- 1. direct search for arbitrary number of treatments
- 2. Computationally efficient and scalable

 $\operatorname{argmax}_{\pi}V^{\pi}$ Dynamic programming Machine-learning Model-based Direct-search³ methods Q-learning¹, A-learning²

Parametric

Model mis-specification

Non-parametric

Small sample performance can lag

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Outline

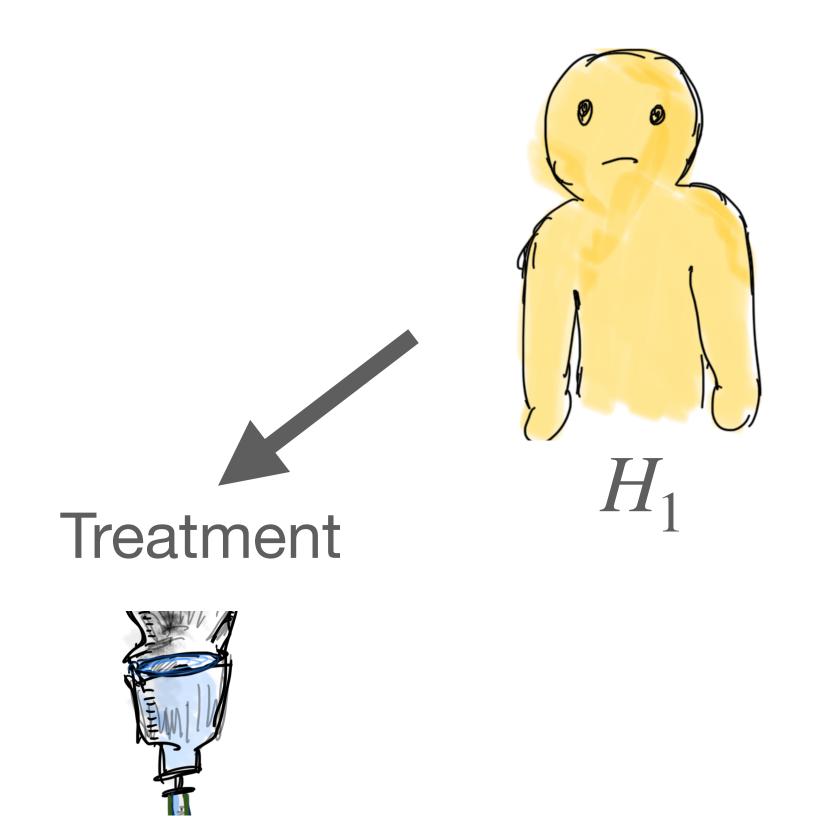
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- Proposed method
 - A. Methodology
 - B. Example on a toy data
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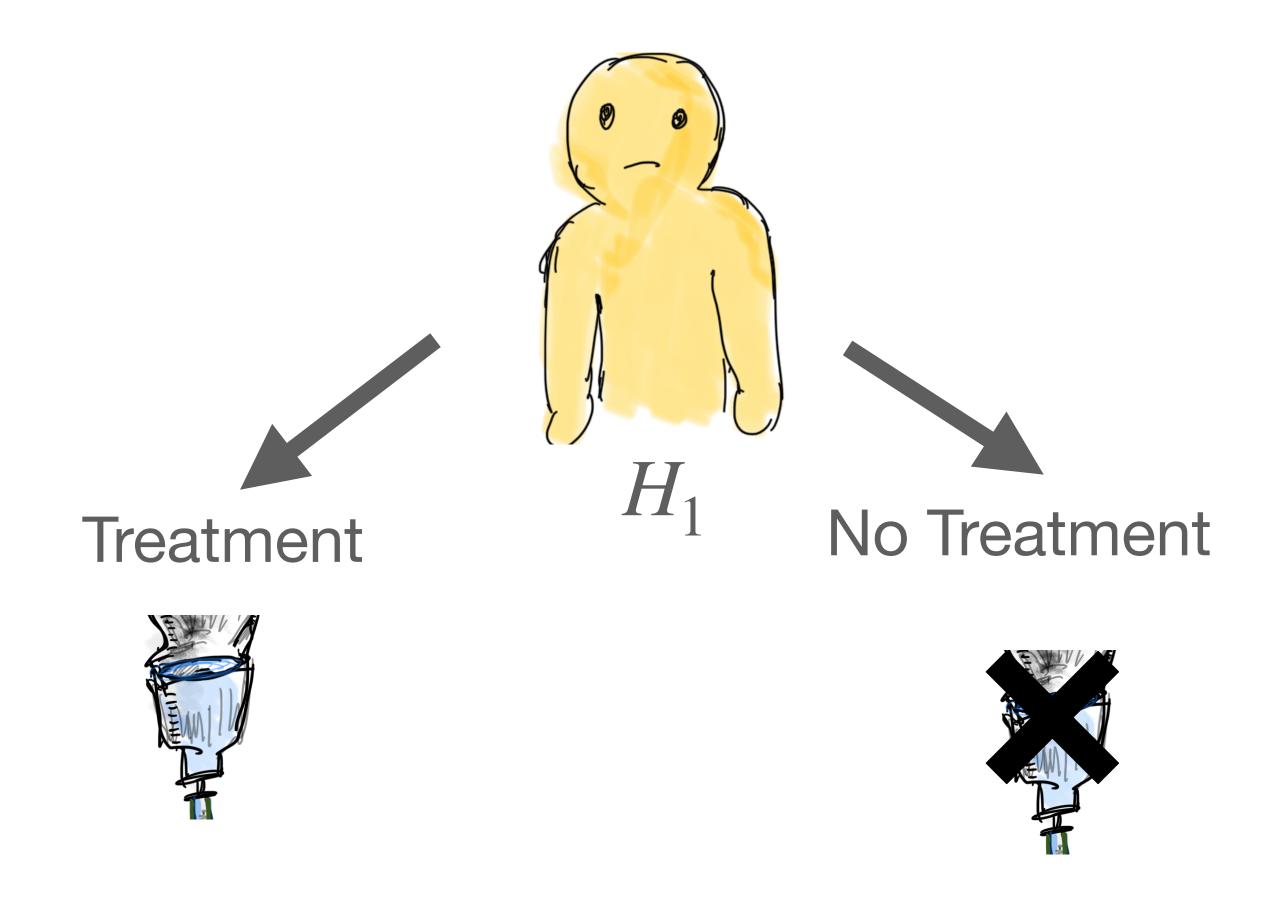
Outline

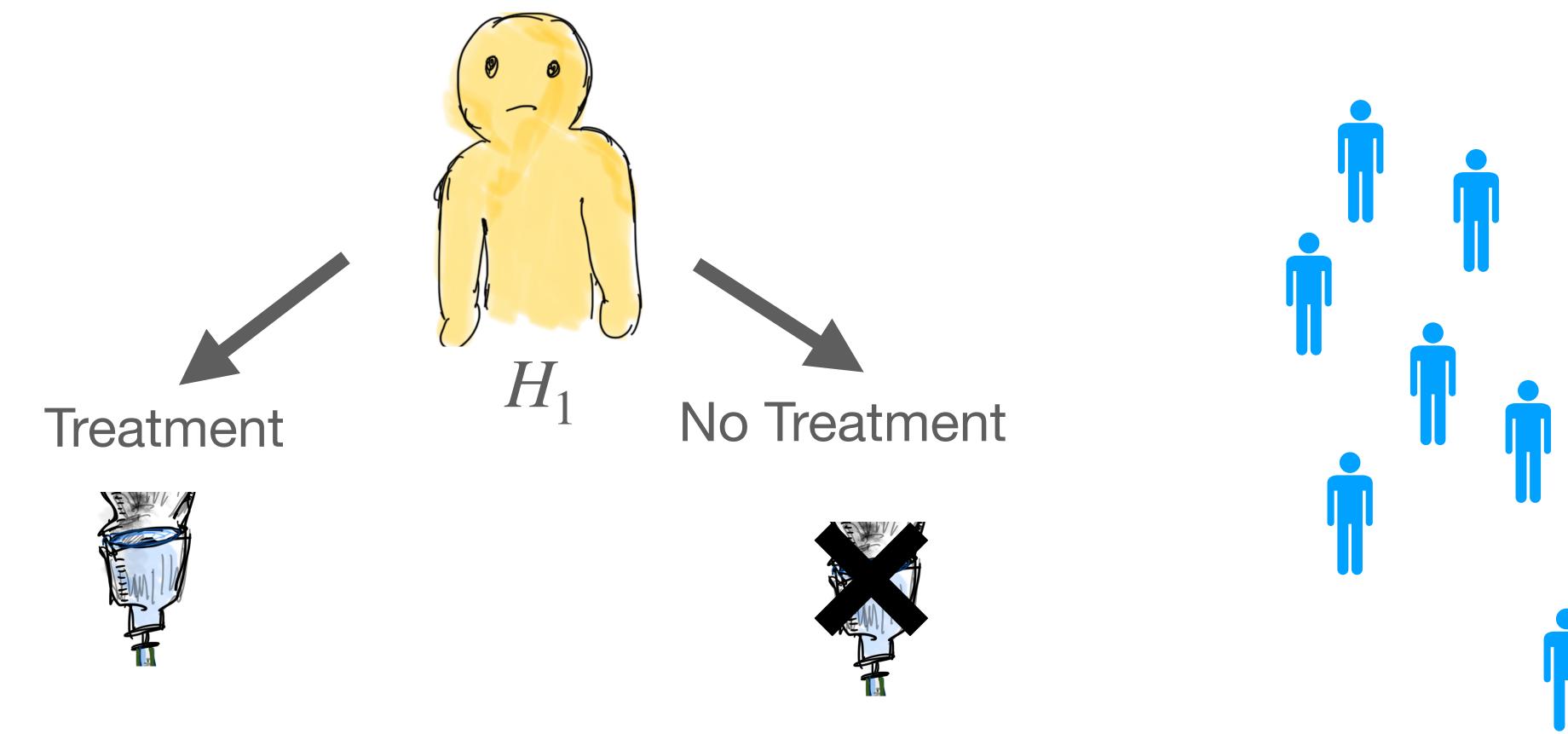
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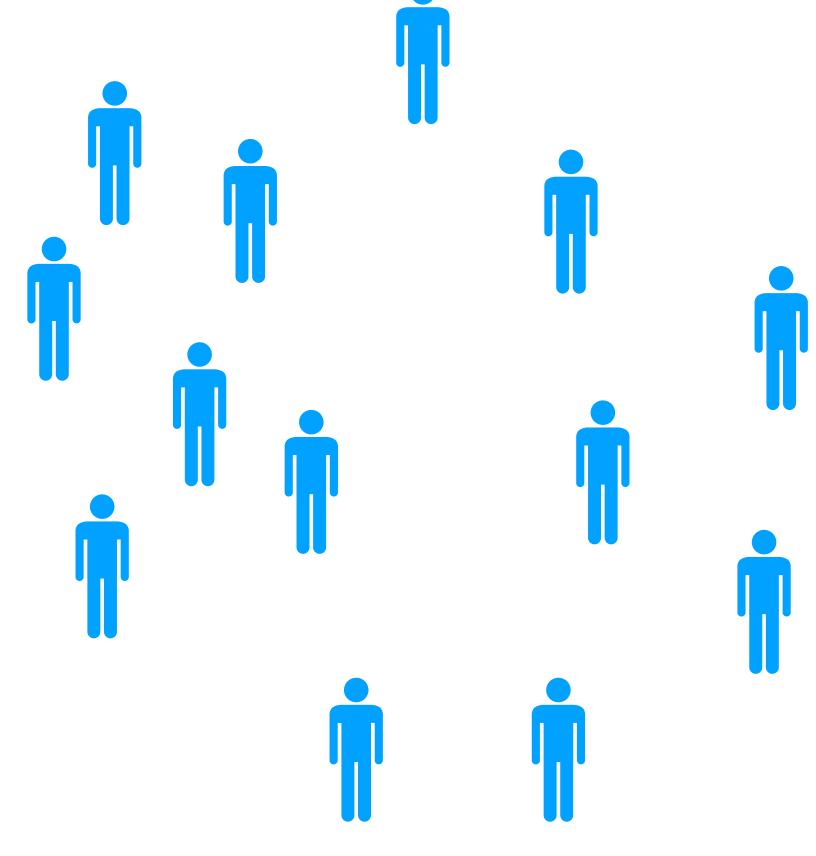
Proposed method



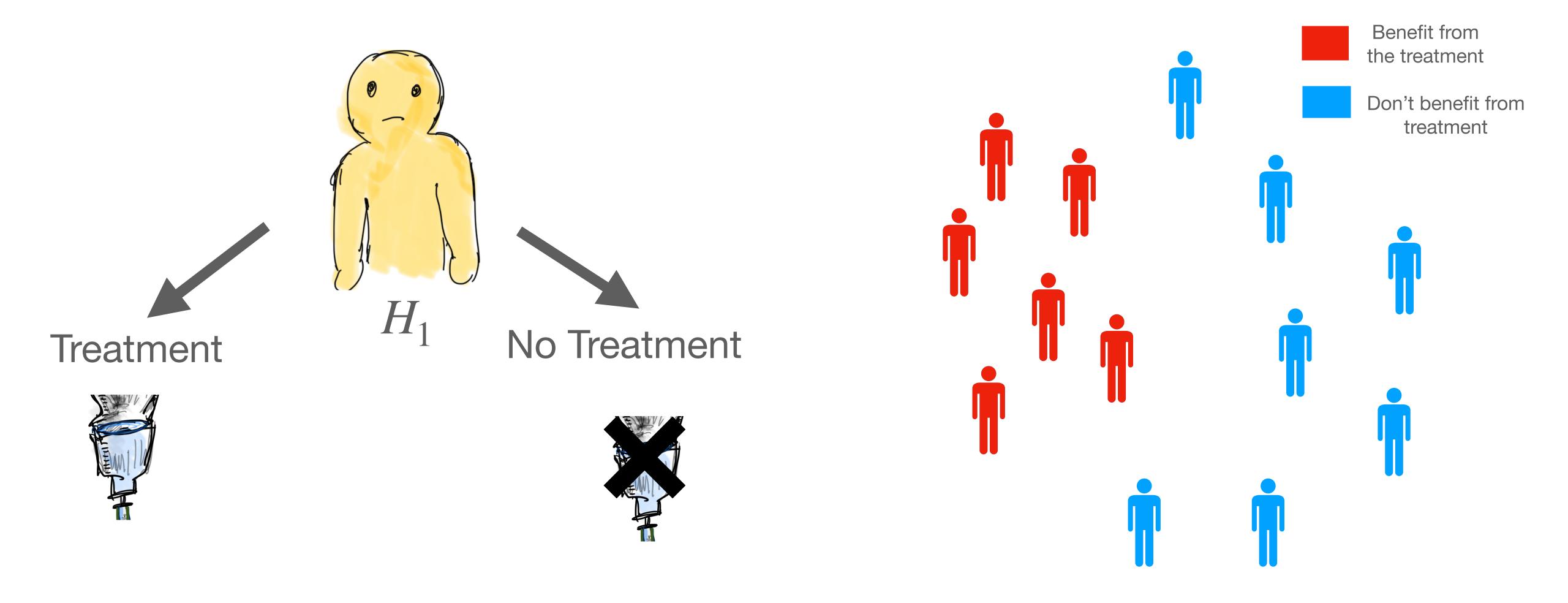






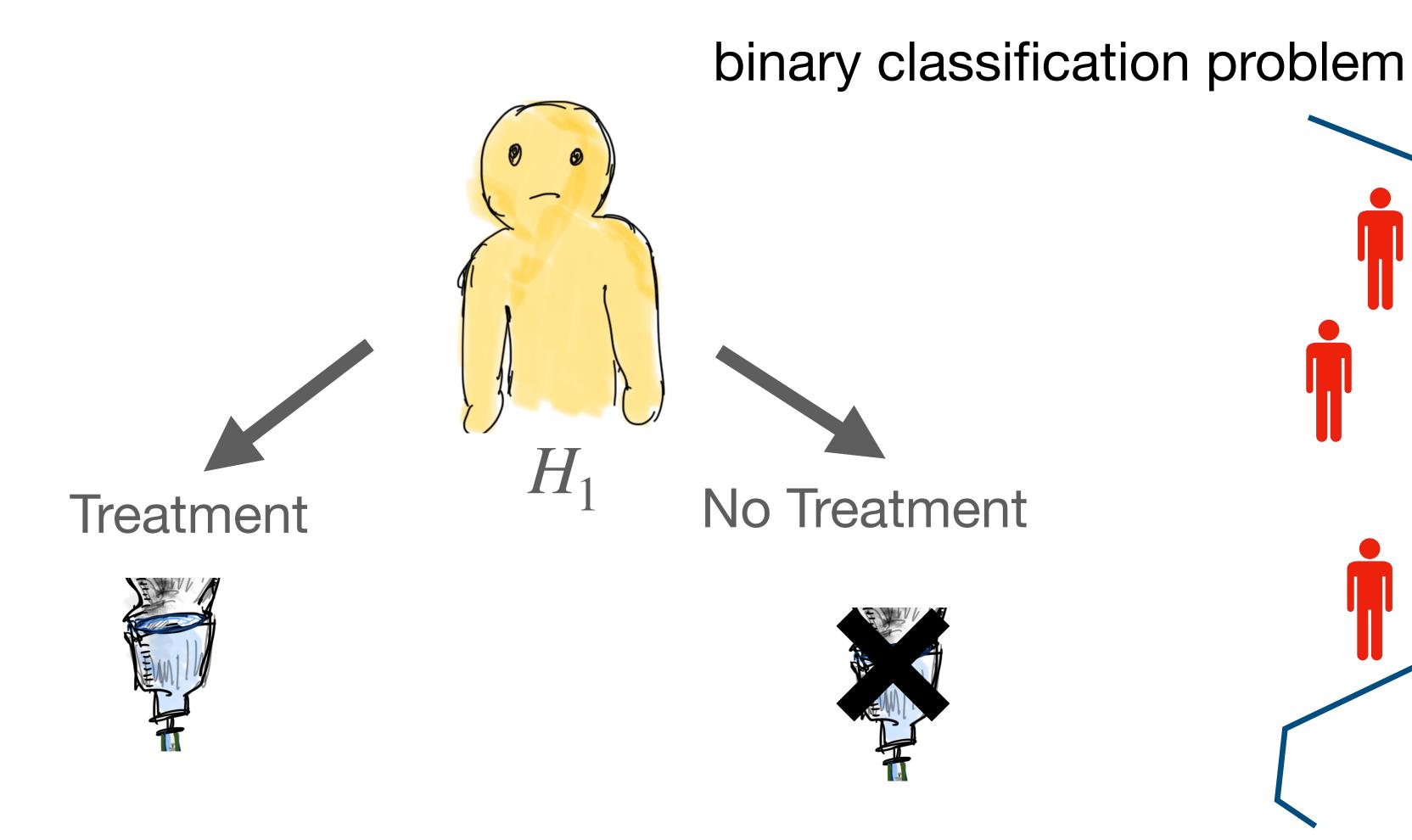


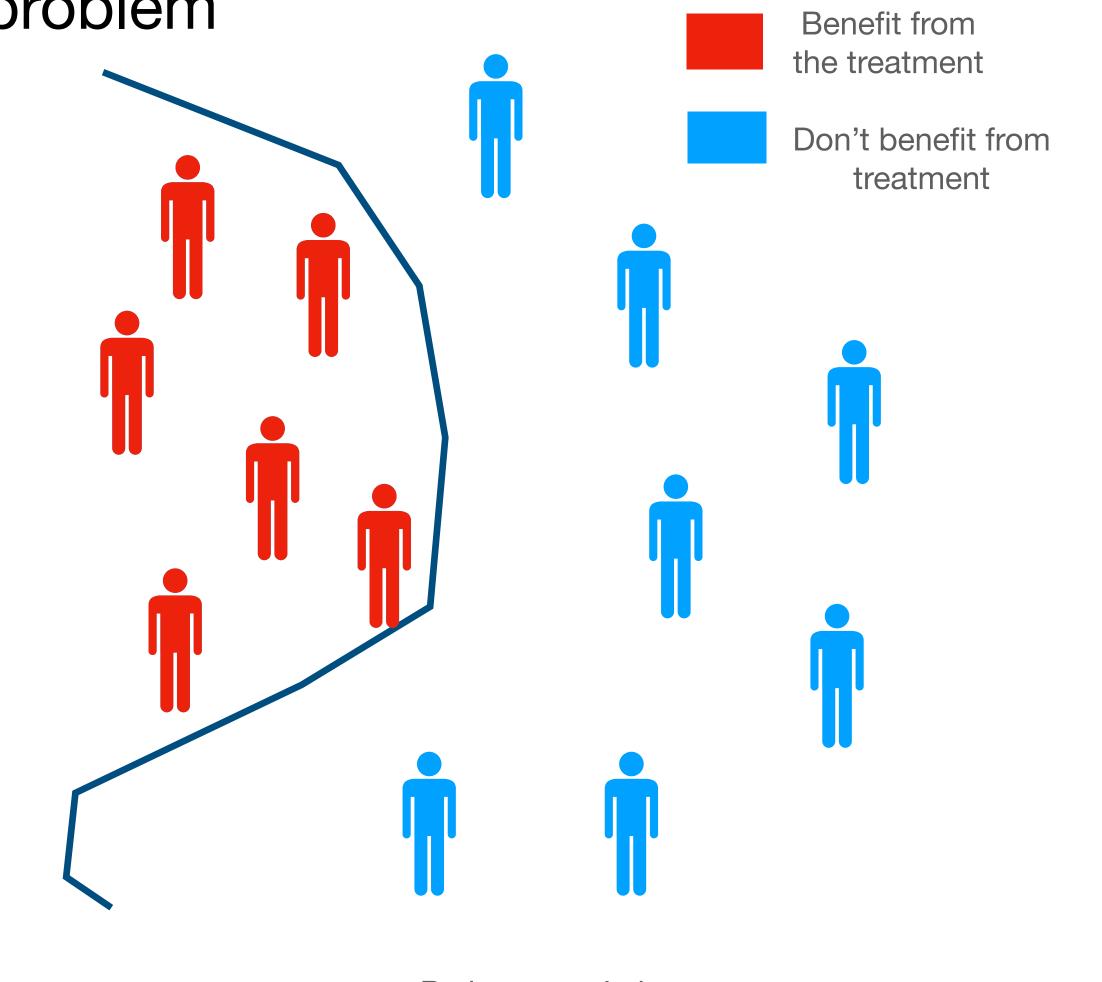
Patient population



Patient population

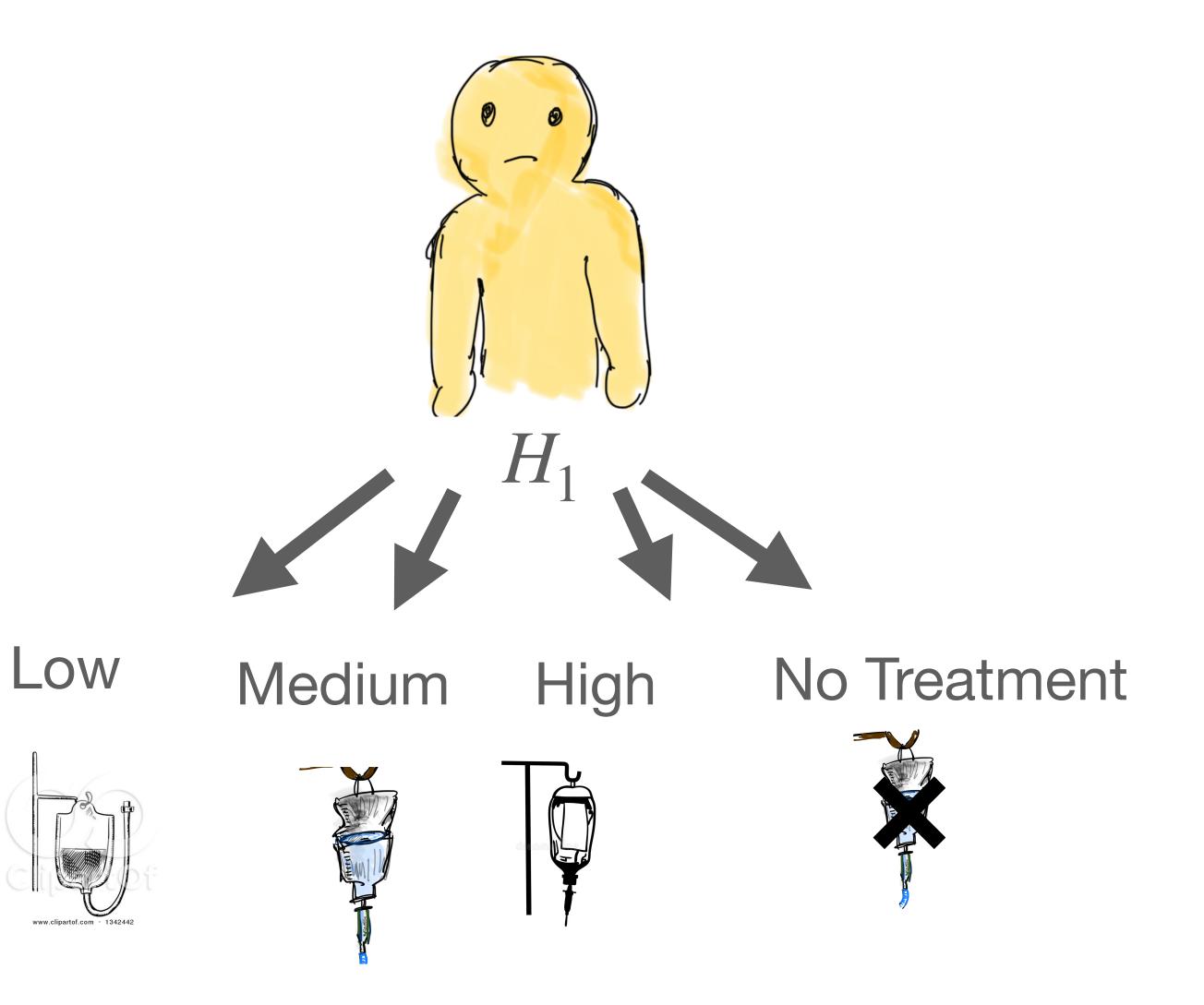
Treatment assignment at each stage:



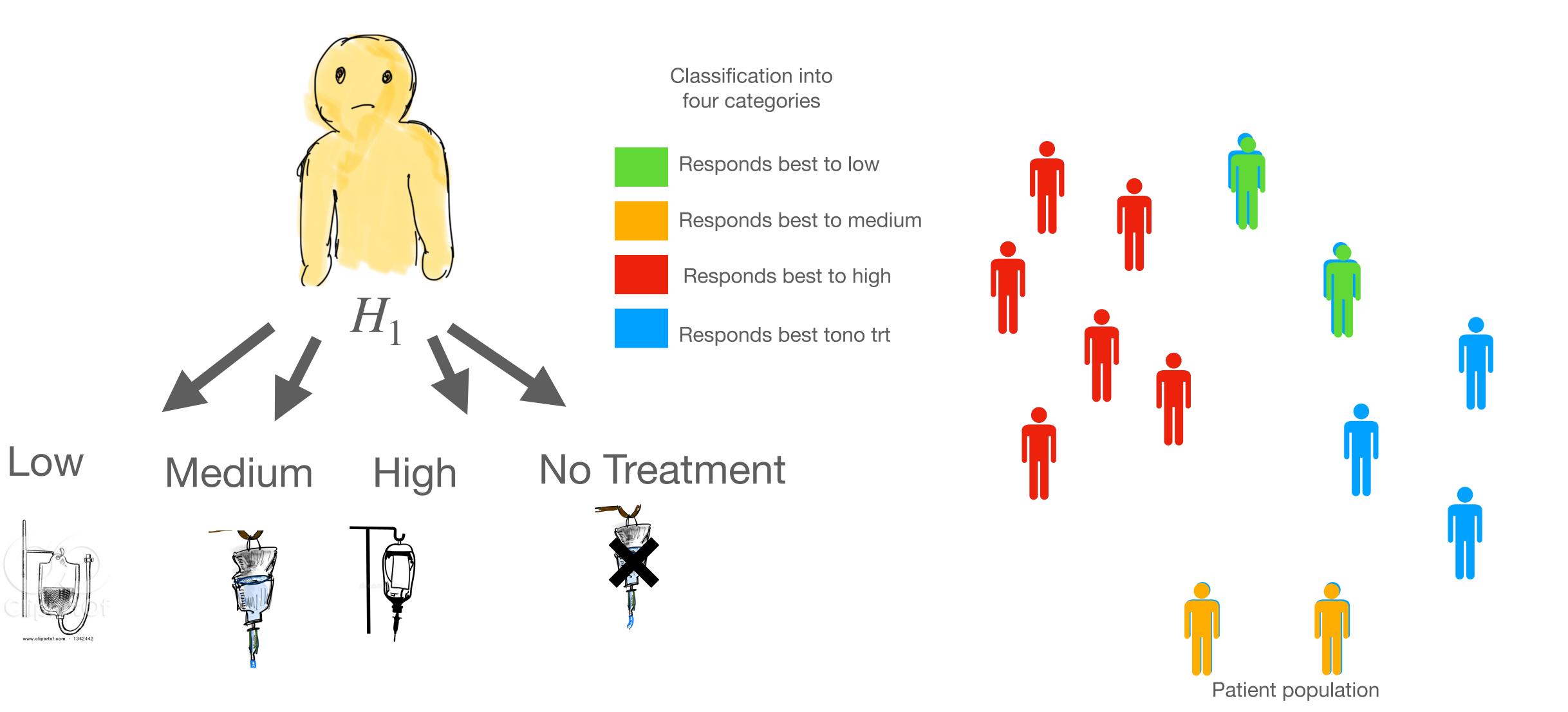


More than two treatment option

More than two treatment option

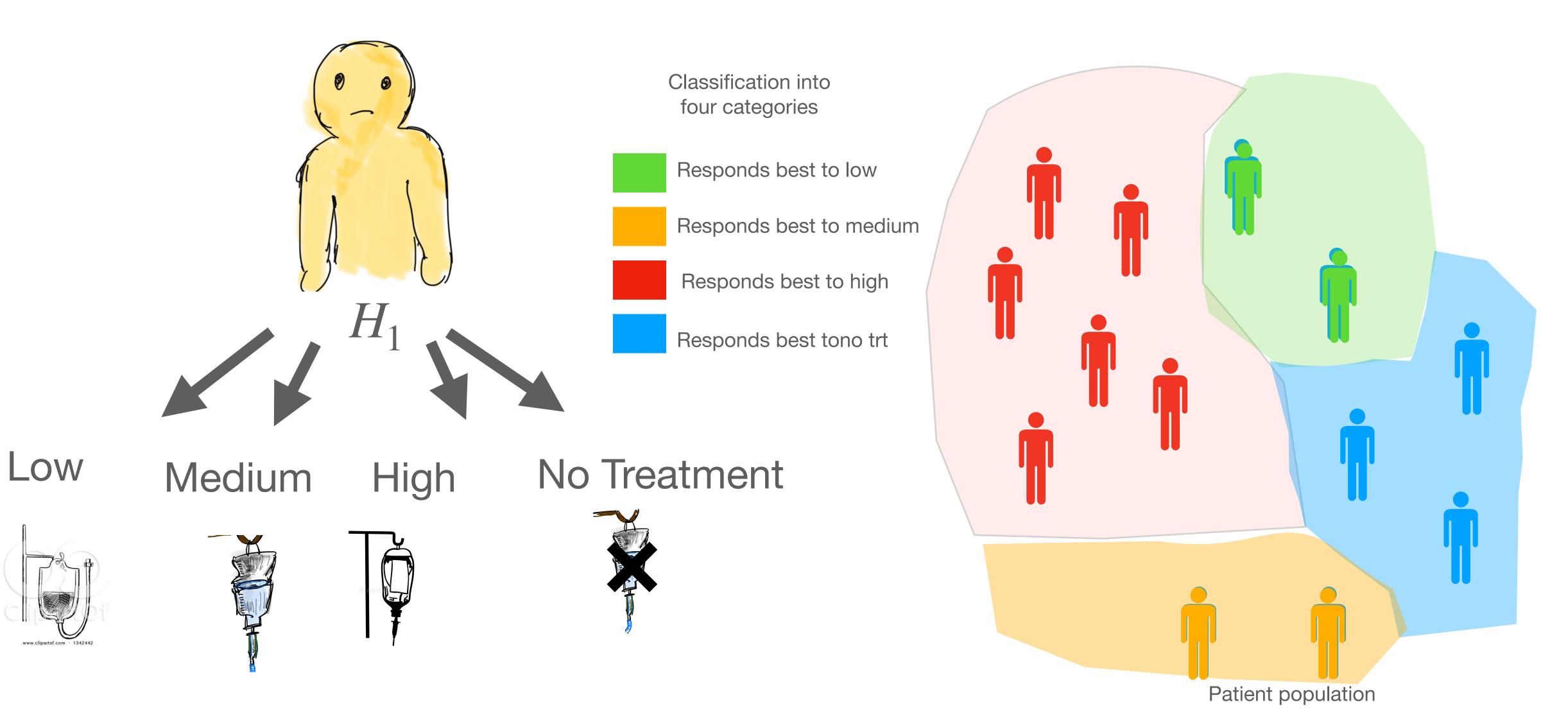


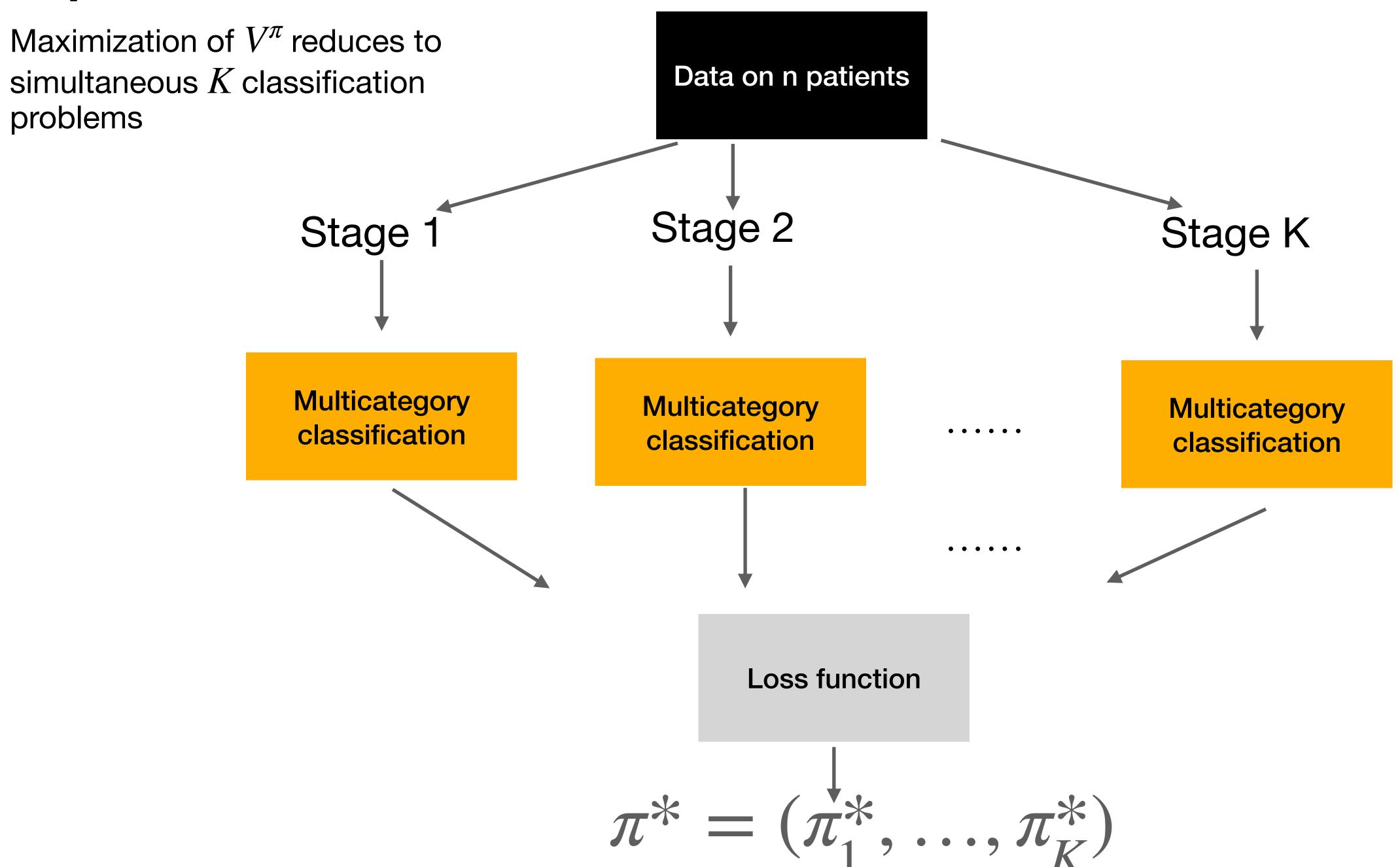
More than two treatment option

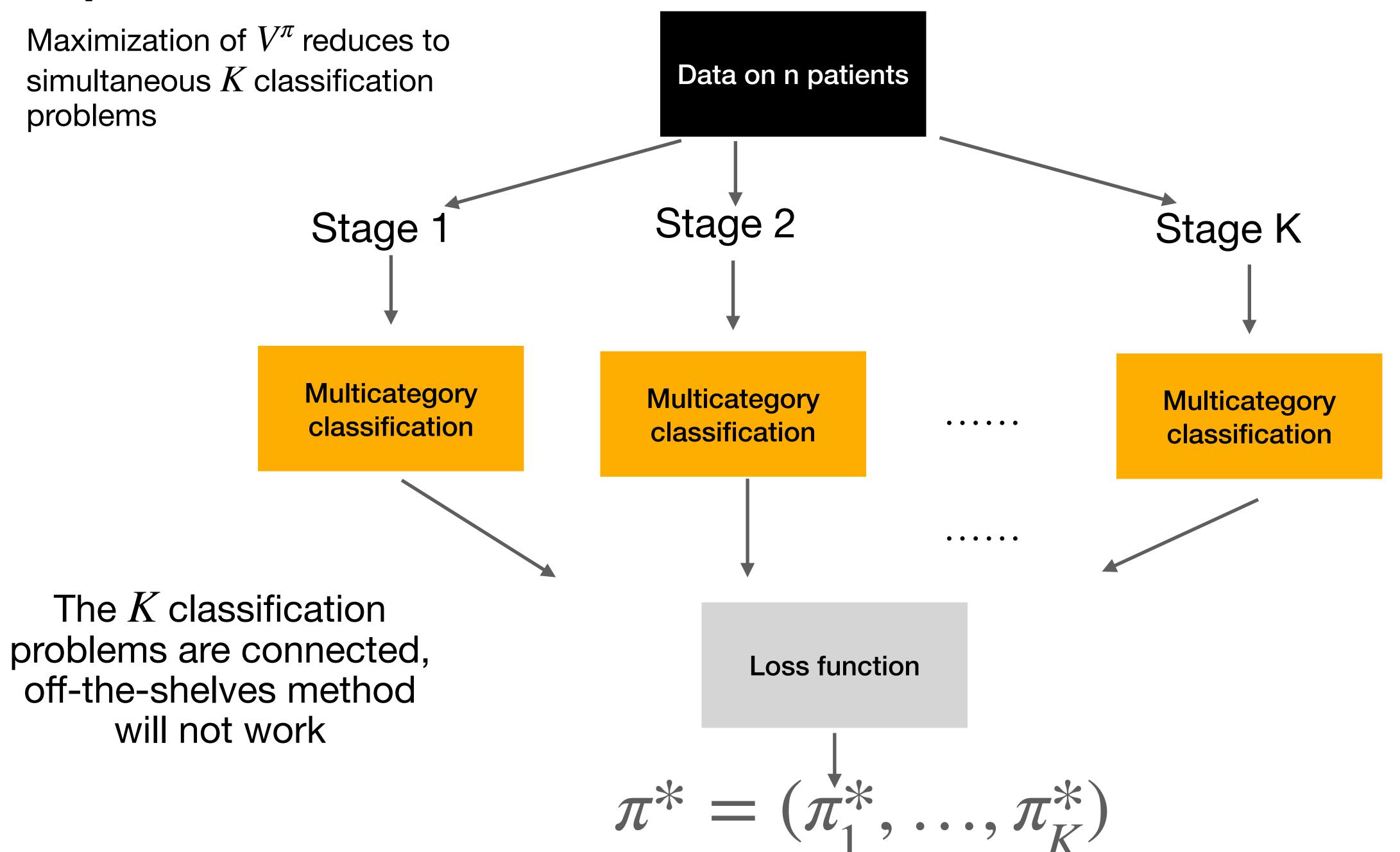


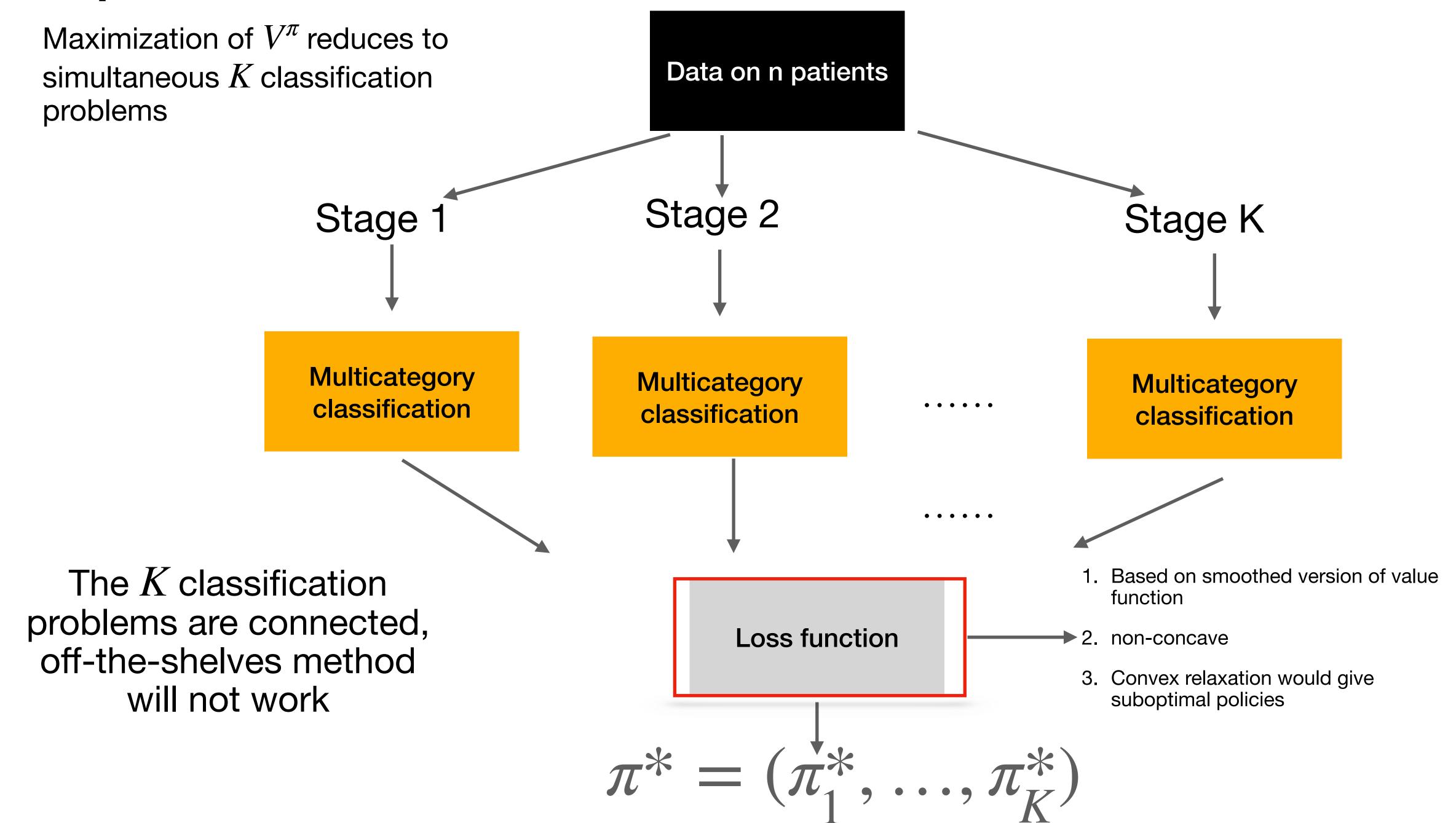
More than two treatment option

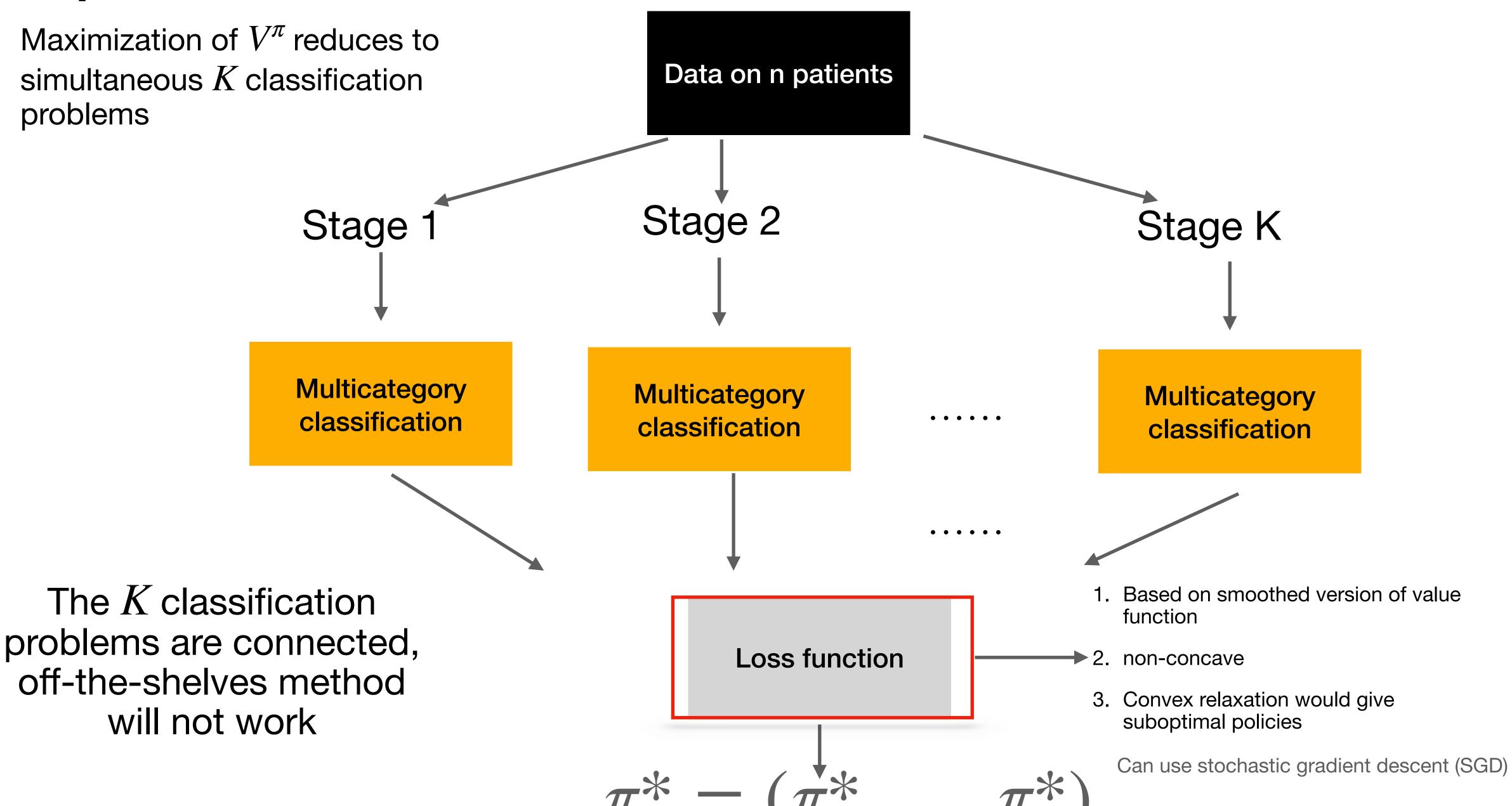
Treatment assignment at each stage: multicategory classification problem











Maximization of V^{π} reduces to simultaneous K classification problems

> Multicategory classification

Stage

The K classification problems are connected, off-the-shelves method will not work

Data on n patients

Stage 2

Multicategory classification

Loss function

Population level solution $\pi^* = (\pi_1^*, \dots, \pi_K^*)$

Estimated policy will be consistent if we use nonparametric methods, e.g., neural networks, for the classification

Stage K

Multicategory classification

Based on smoothed version of value function

2. non-concave

3. Convex relaxation would give suboptimal policies

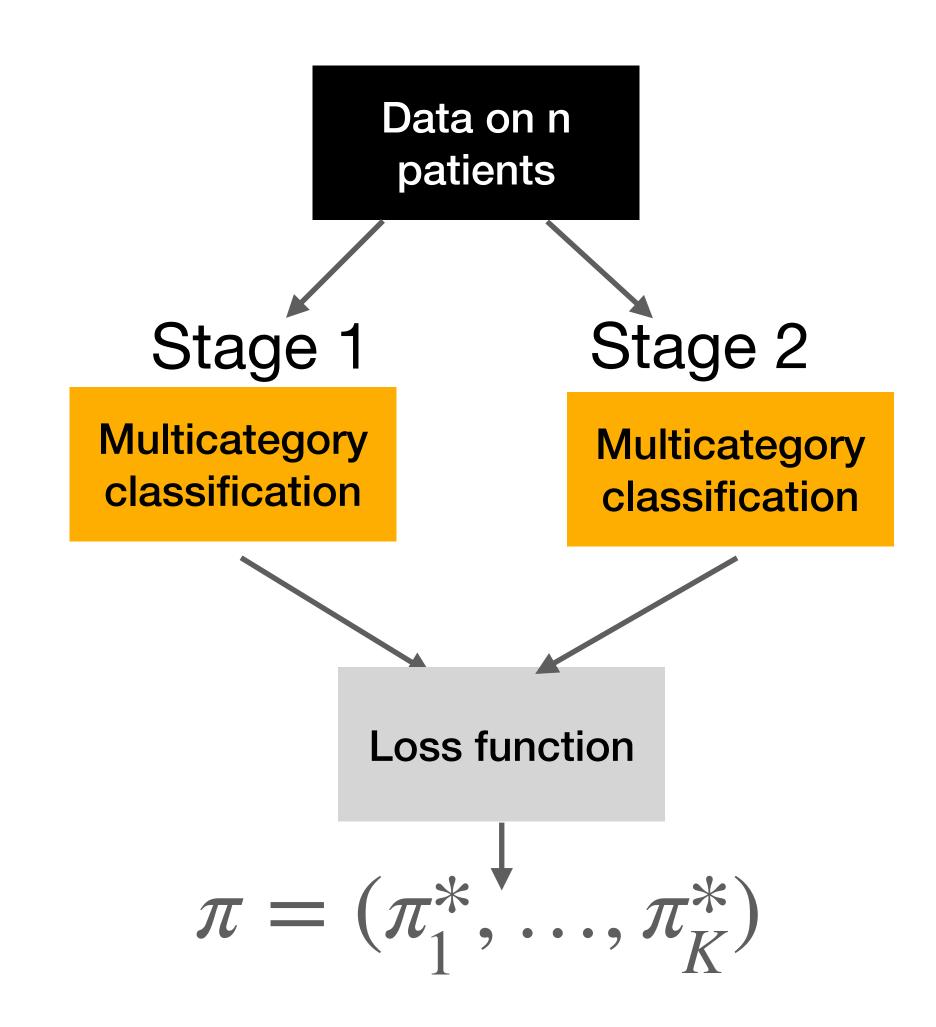
Can use stochastic gradient descent (SGD)

Outline

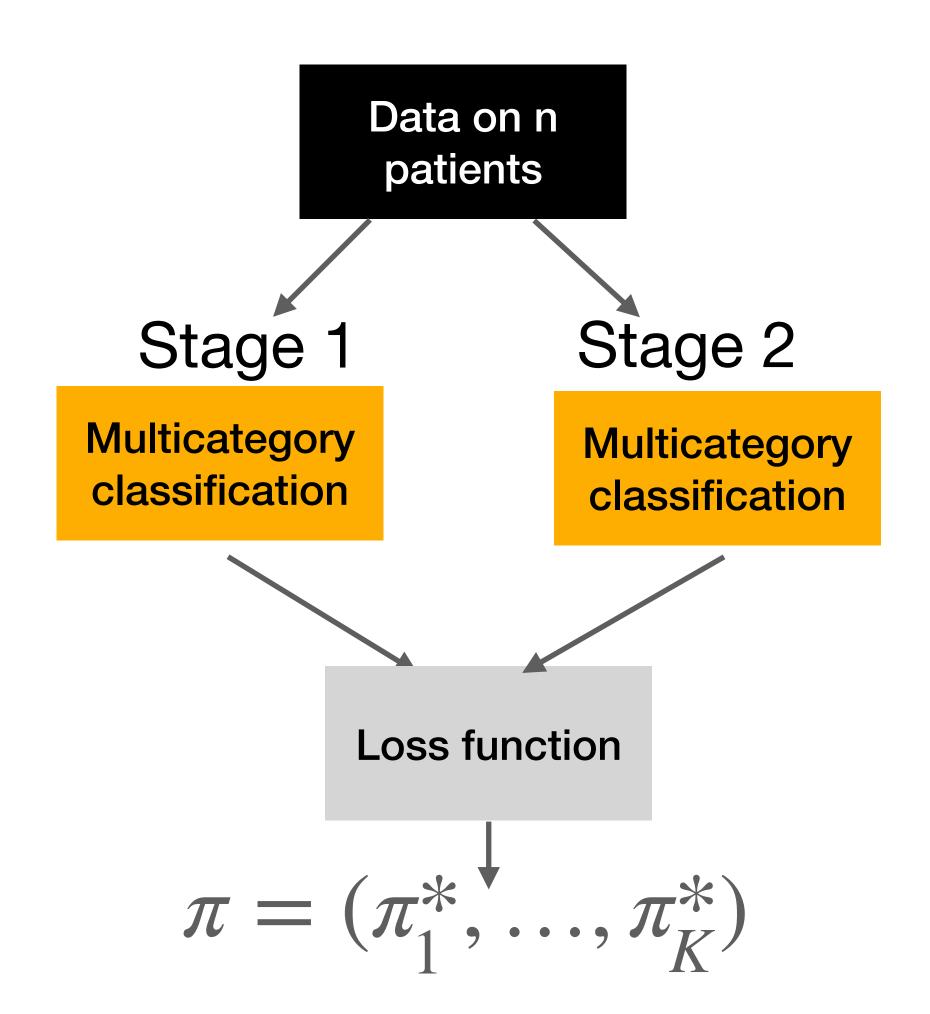
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- Proposed method
 - A. Methodology
 - B. Example on a toy data
- Open questions

Example with toy data

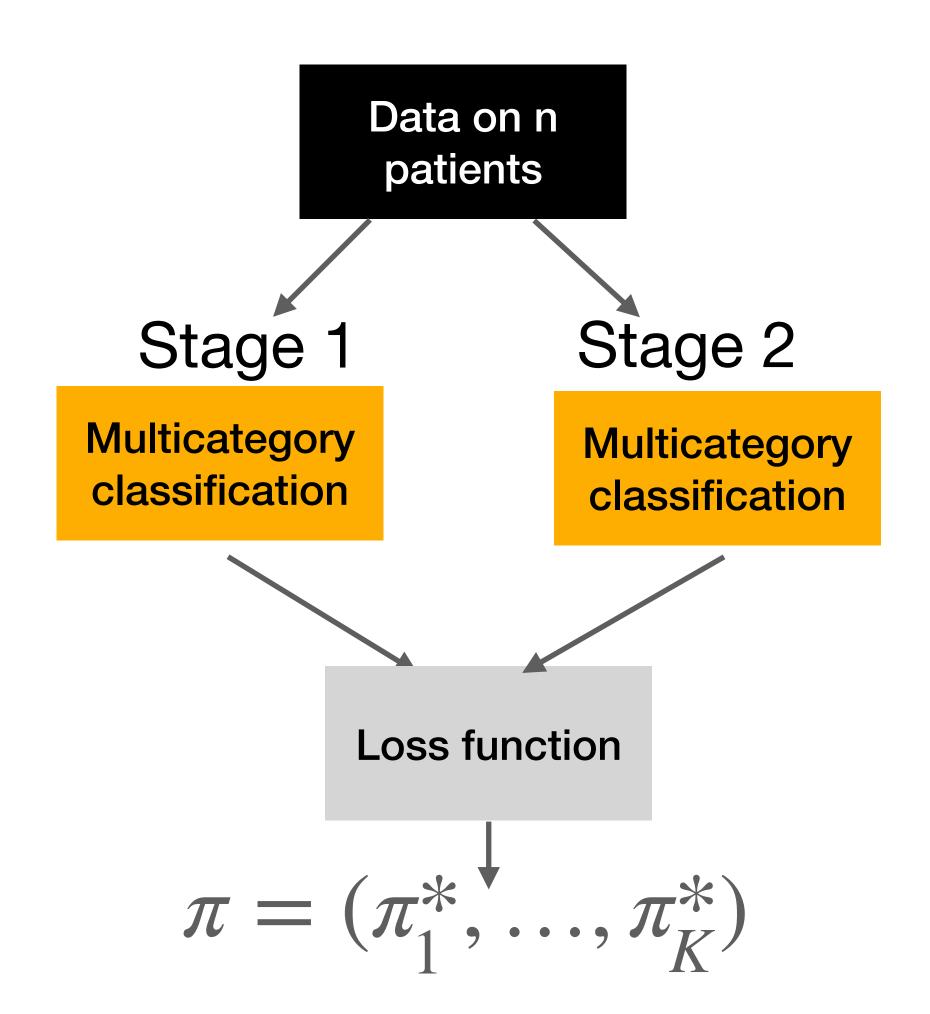
*This work is by Sneha Mishra, my former summer RA



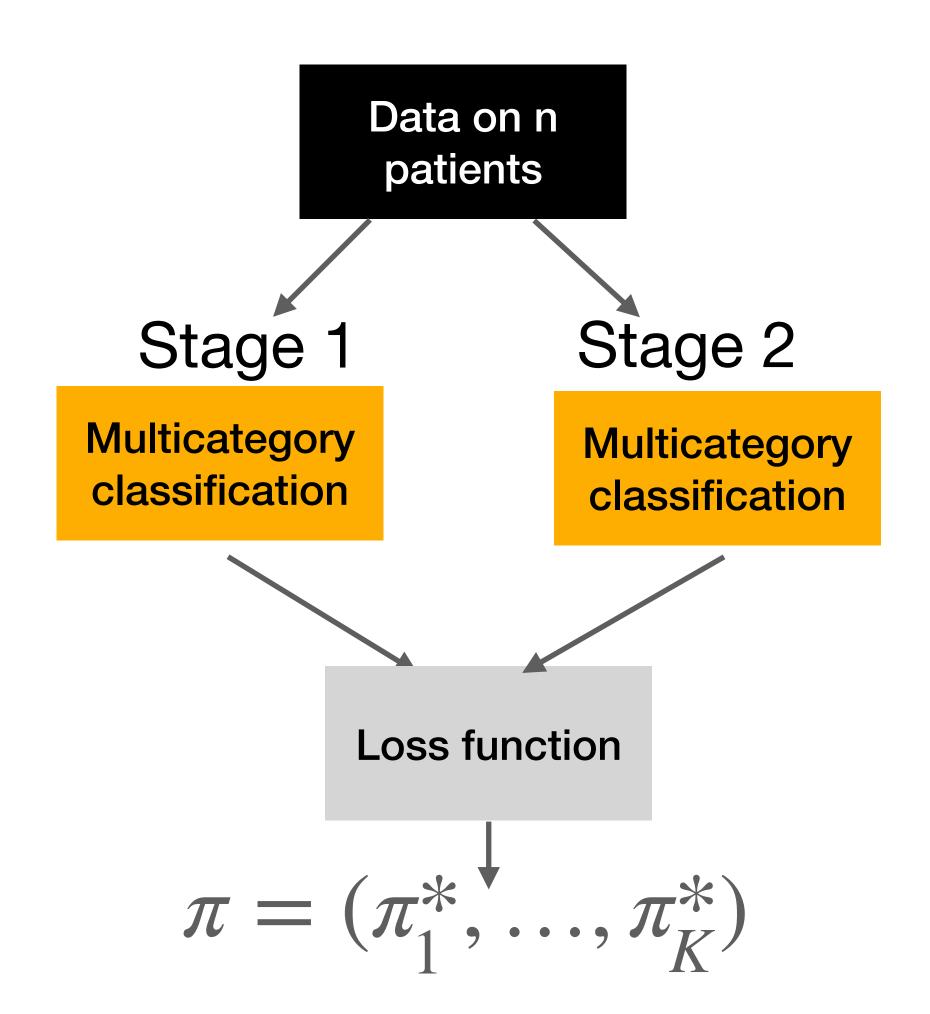
• Suppose number of stages, i.e., K=2



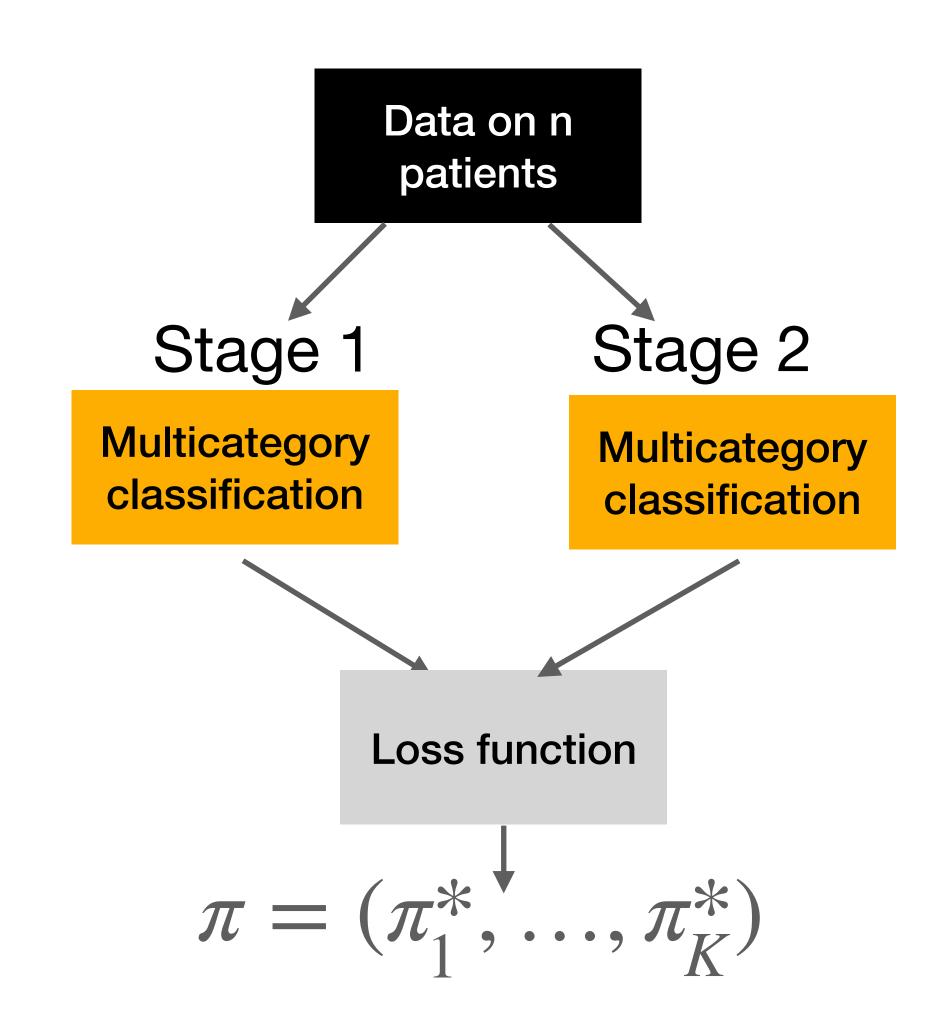
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- Number of treatments at each stage: 3.



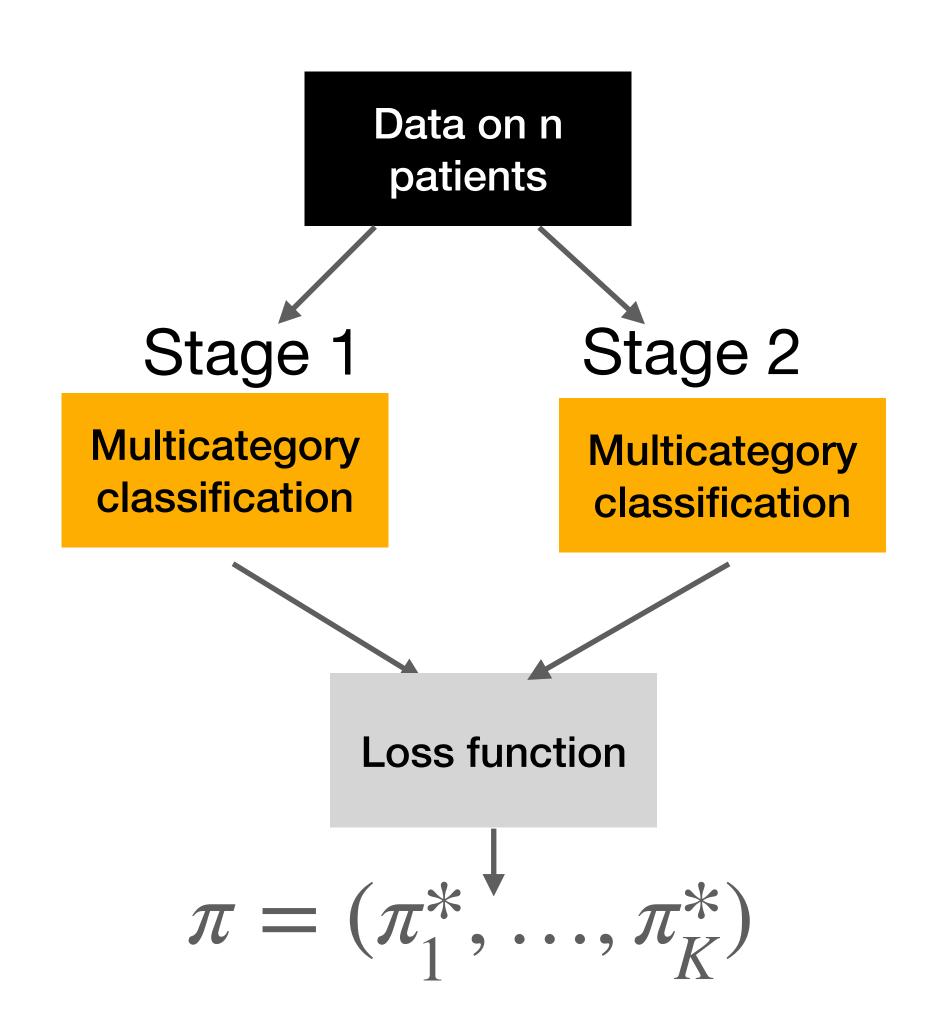
- Suppose number of stages, i.e., K = 2
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- Use neural network classifiers



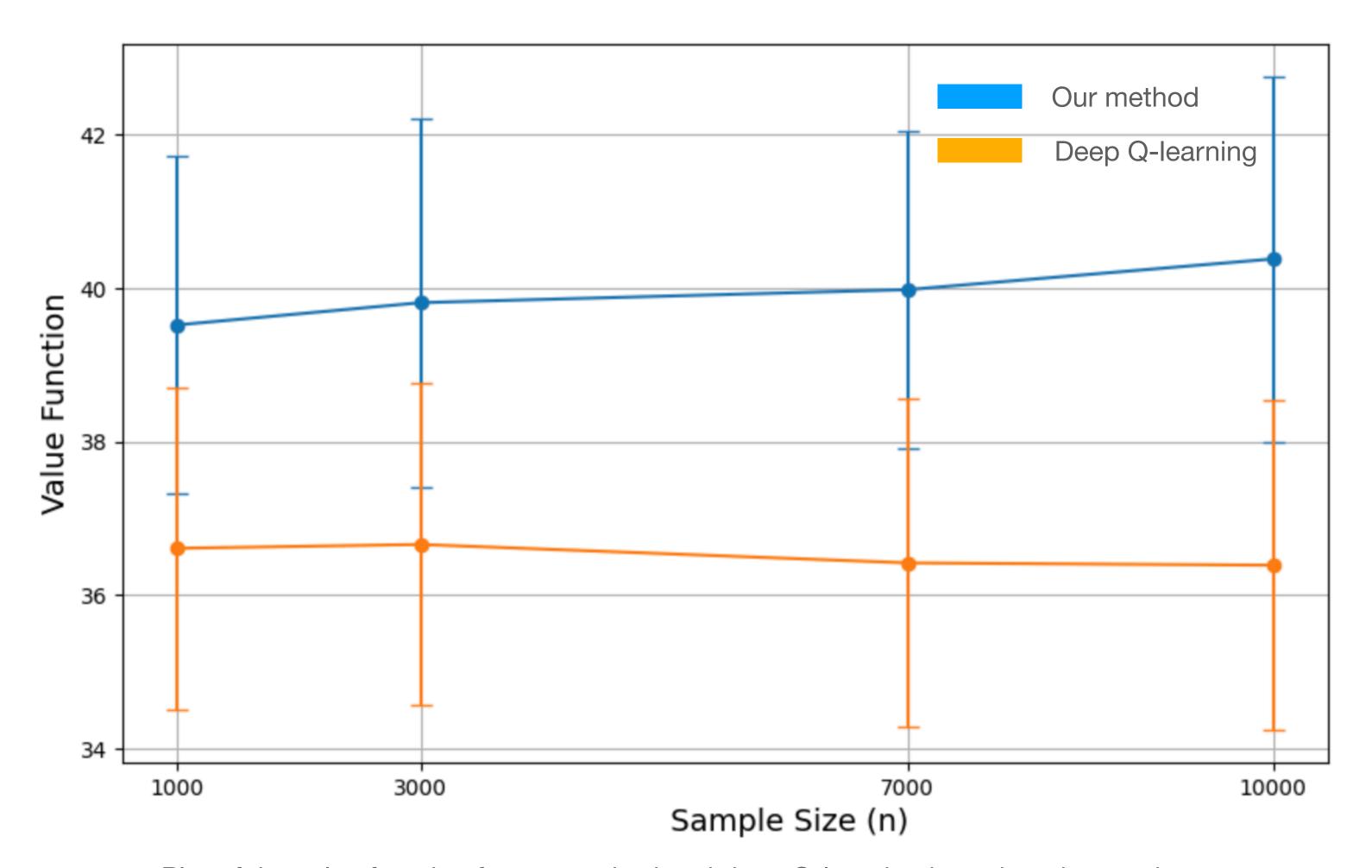
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- The covariates and rewards were Gaussian, and the rewards were generated by a linear model.



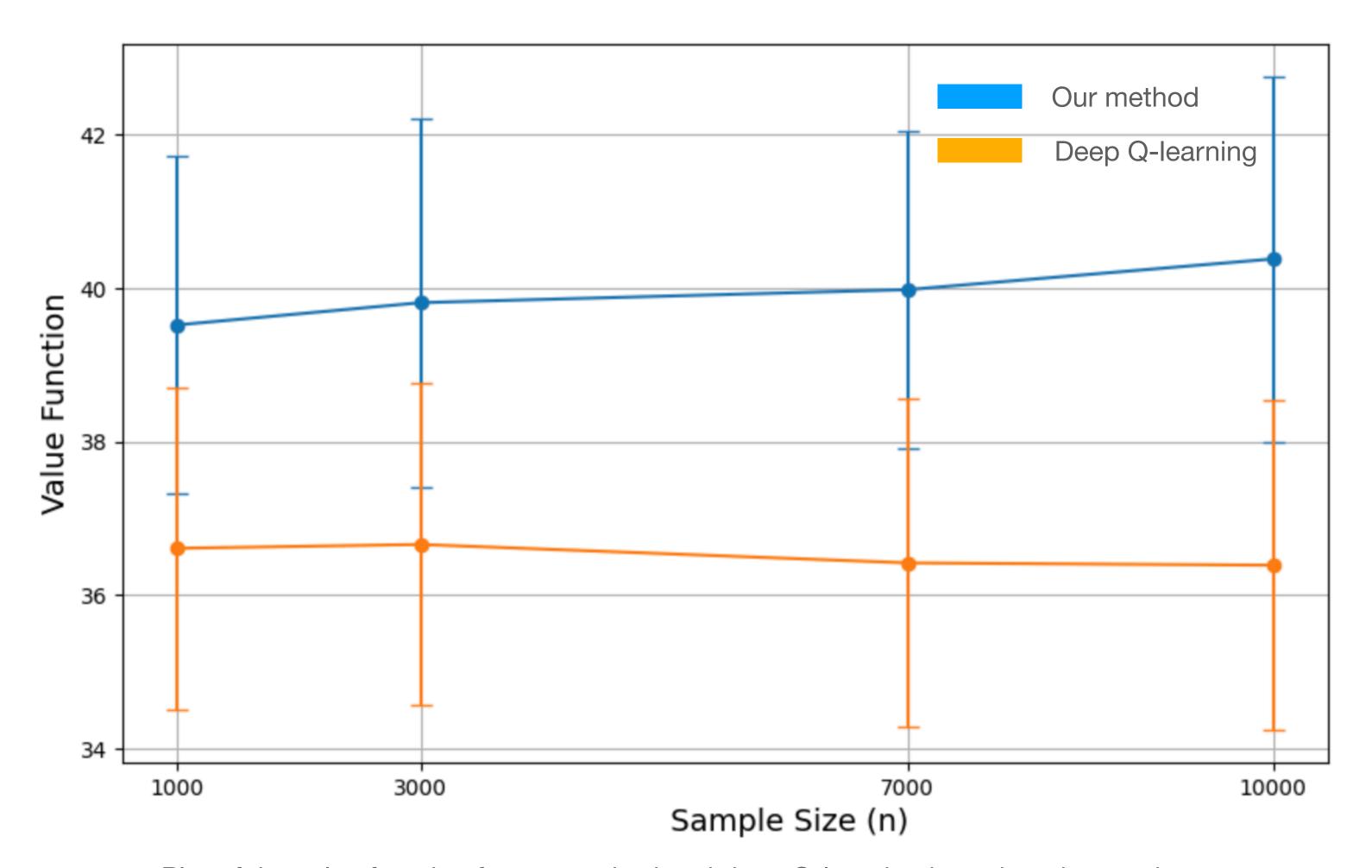
Plot of the population-level value functions



The deep Q-learning line represents the optimal policy generated by deep Q-learning method for DTR — that is current gold standard

Plot of the value function for our method and deep Q-learning based on the toy data

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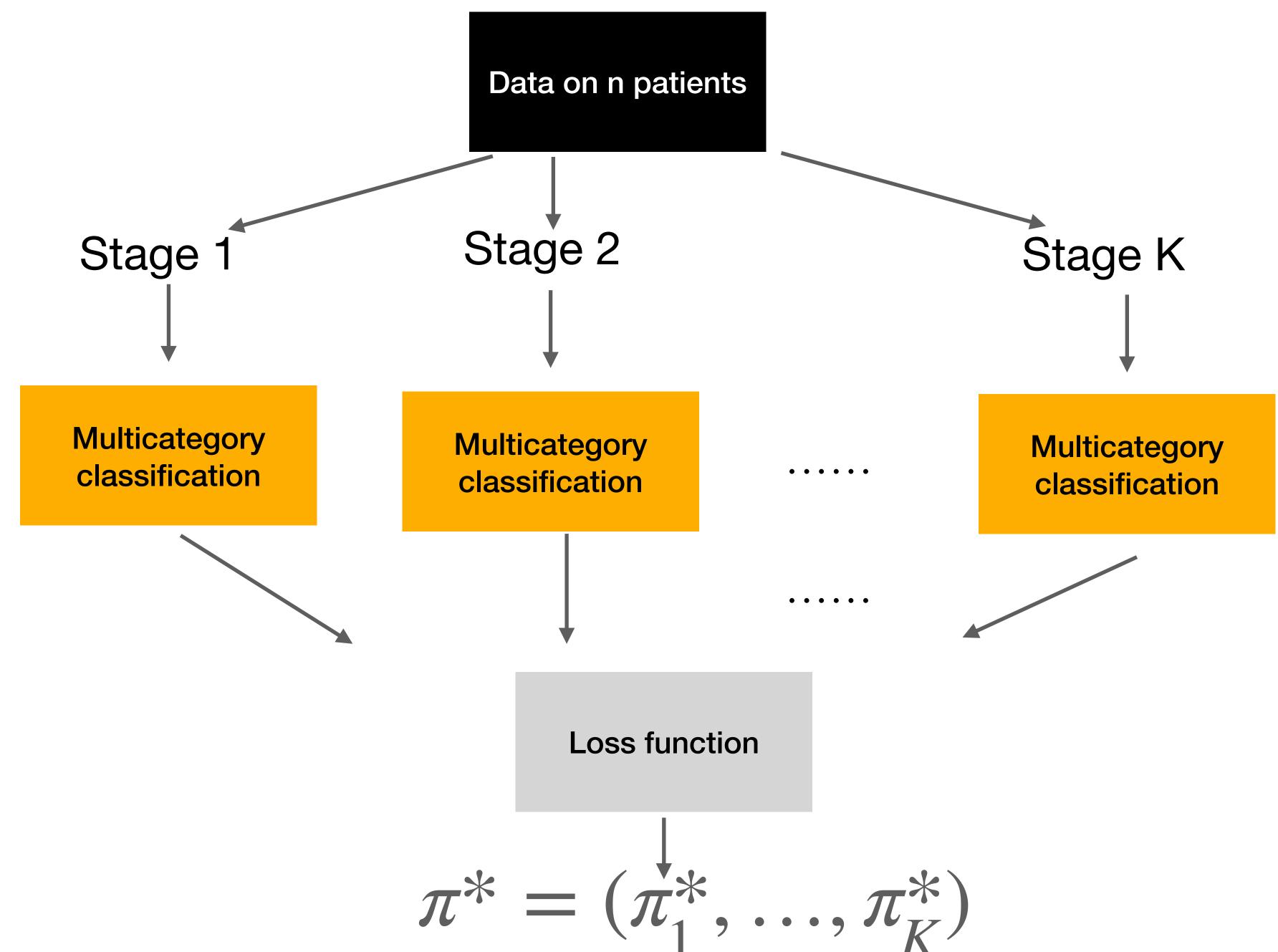
Outline

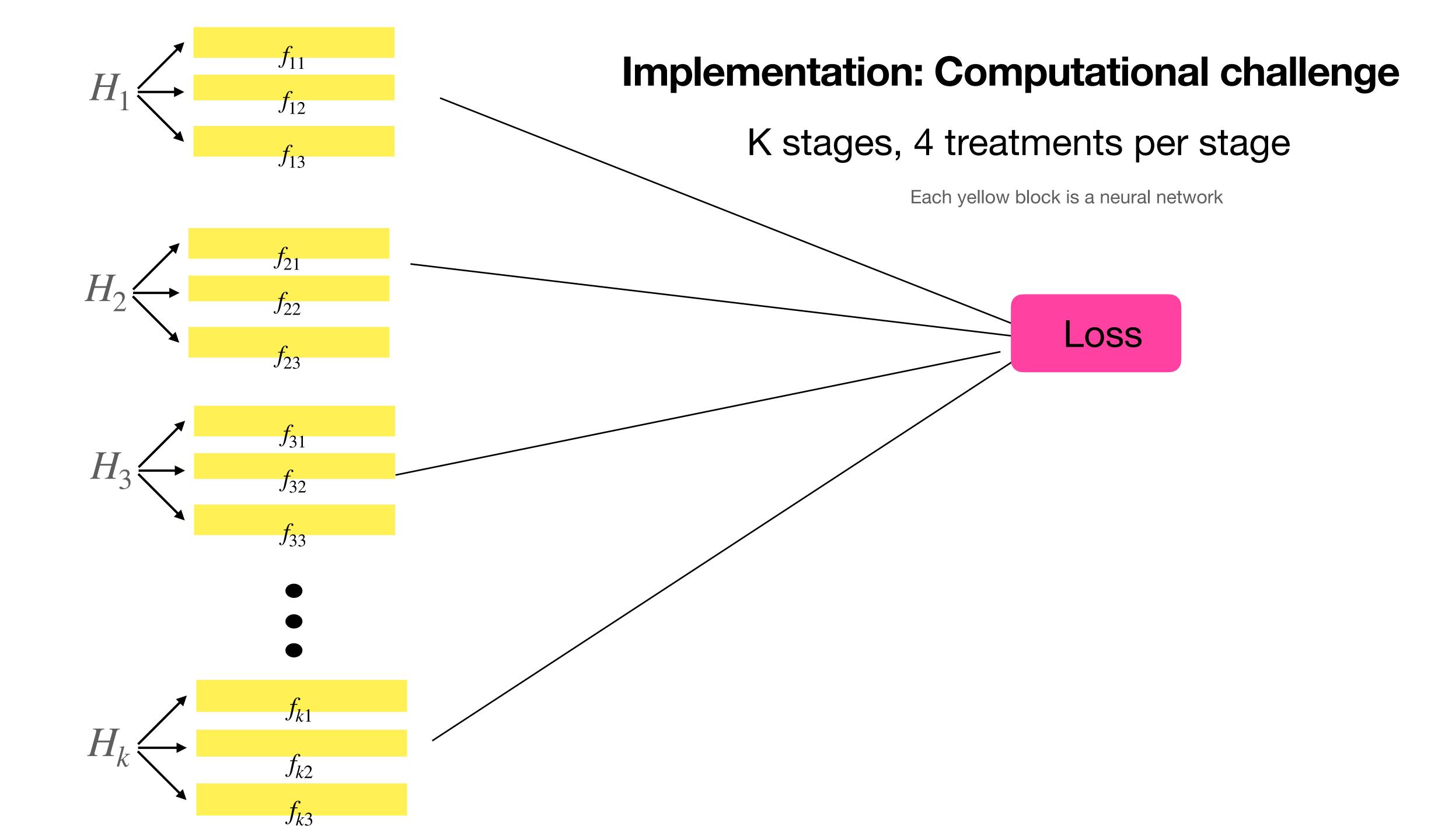
- Example: sepsis
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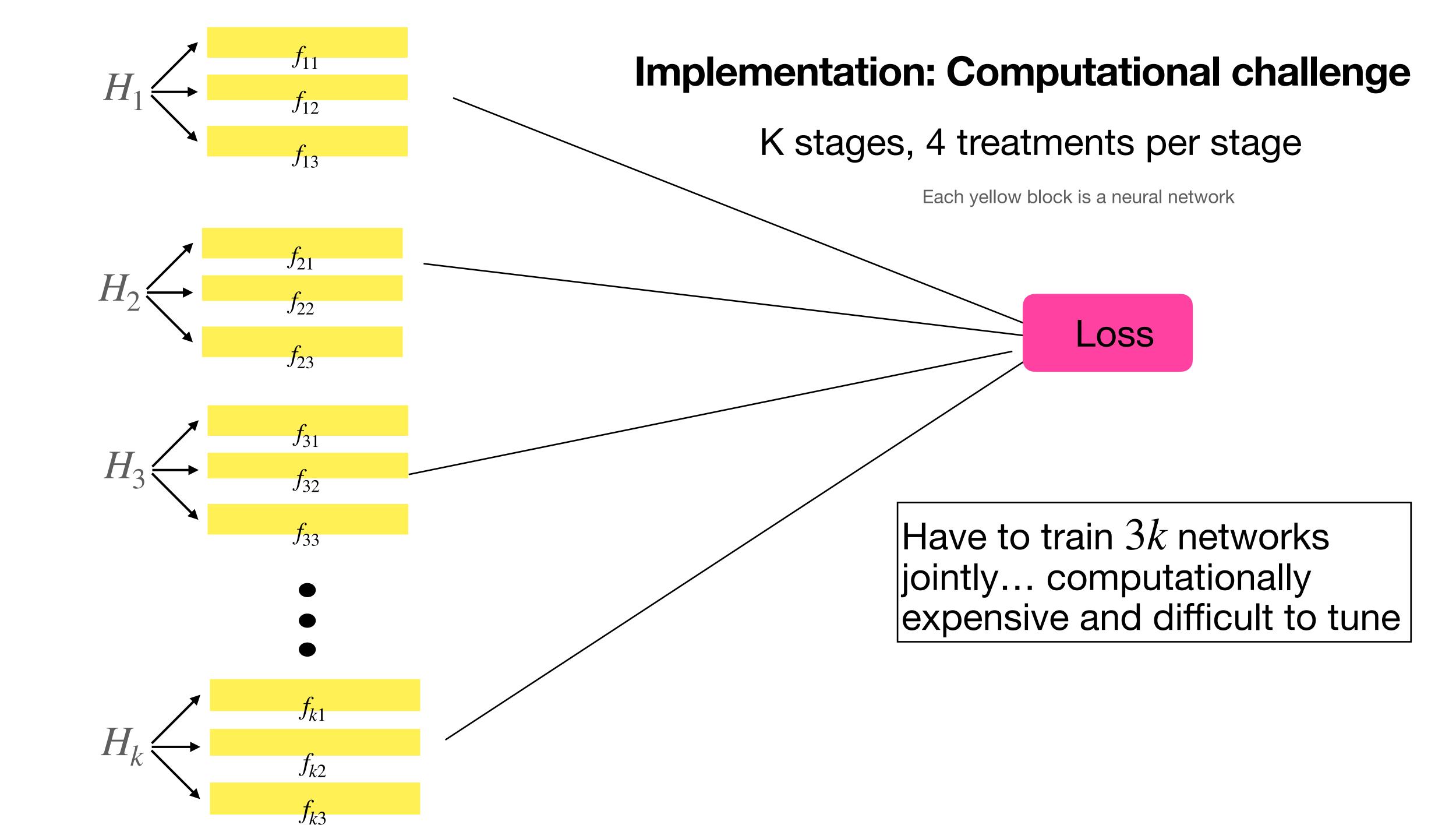
Outline

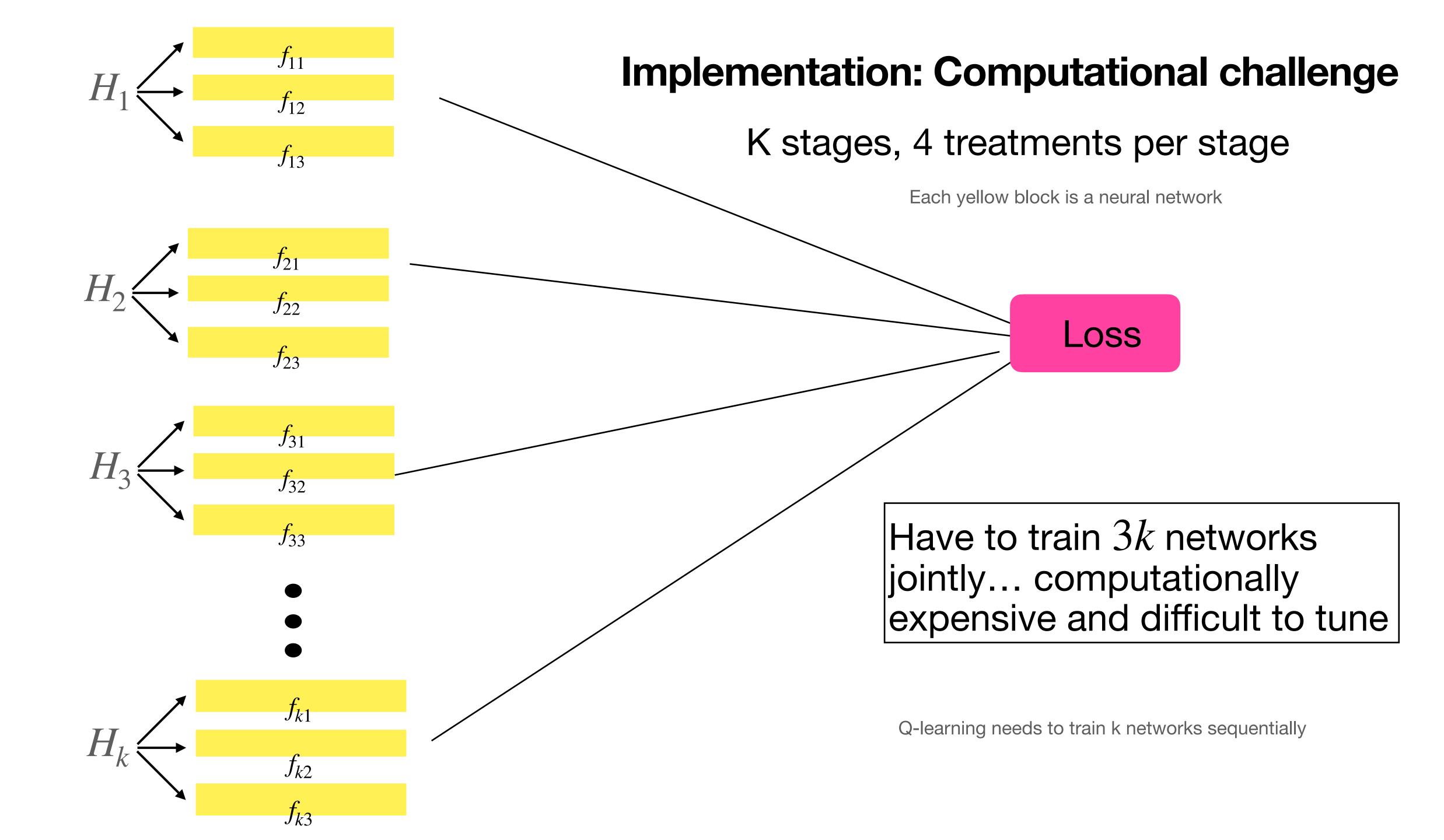
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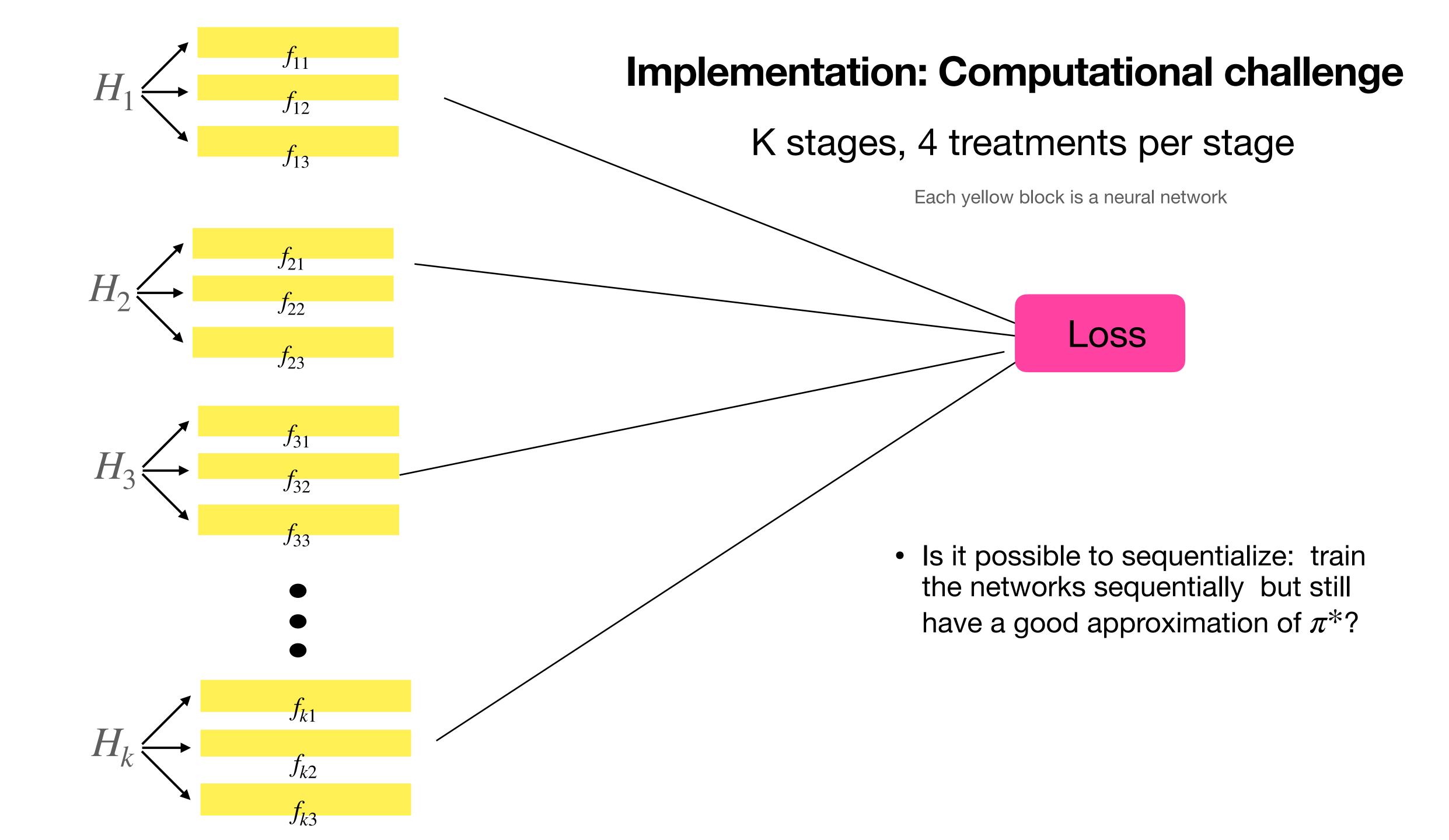
Implementation

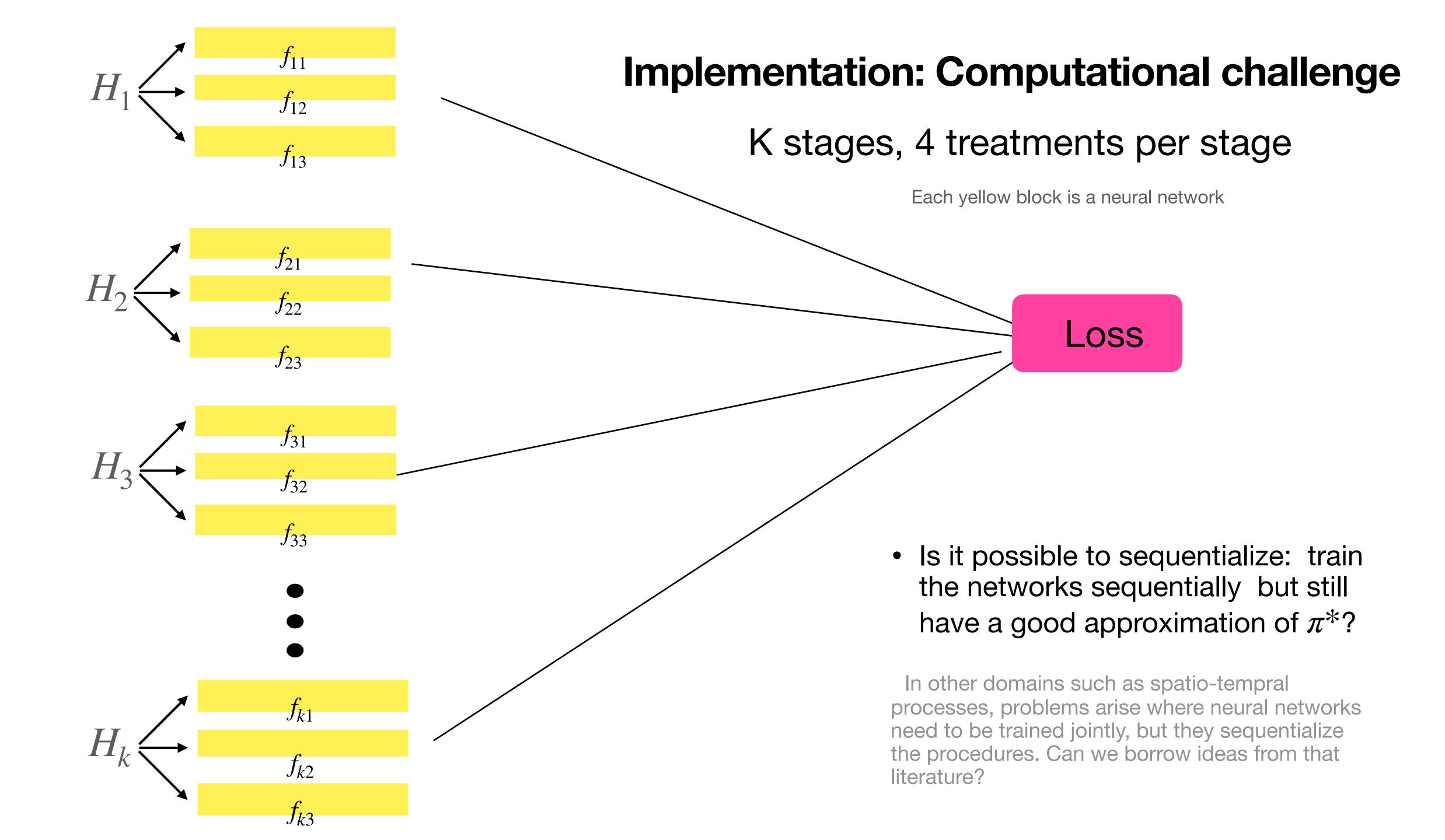












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Will require analysis of the optimization landscape

^{1.} Nguyen et al., 2017 and 2019

^{2.} Laha et al., 2022

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Existing deep learning results: can be used¹.

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Existing deep learning results: can be used¹.

Challenges: loss non-standard, existing results not directly applicable

^{2.} Laha et al., 2022

Optimization landscape

K=1, 3 treatments, one covariate ($S_1 \in \mathbb{R}$), linear classifier

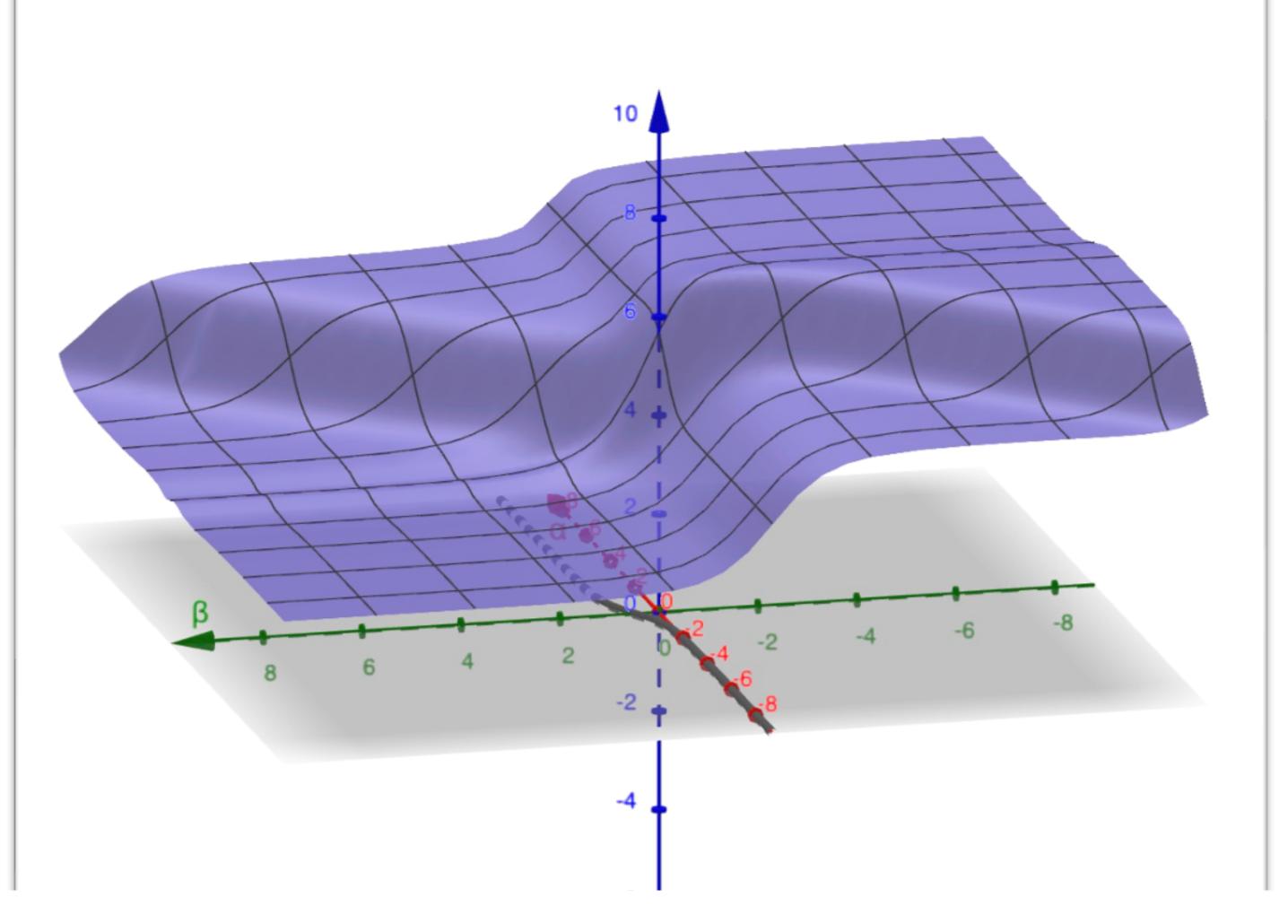
Neural network classifiers:

Existing deep learning results: can be used¹.

Challenges: loss non-standard, existing results not directly applicable

• Linear classifiers:

optimization surface — specific properties: No local minima + regions with small gradient²



- 1. Nguyen et al., 2017 and 2019
- 2. Laha et al., 2022

DTR

DTR
PyTorch

DTR

PyTorch

Working with deep neural nets

DTR

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Working with deep neural nets

Convergence of optimization-methods for non-convex problems¹

DTR

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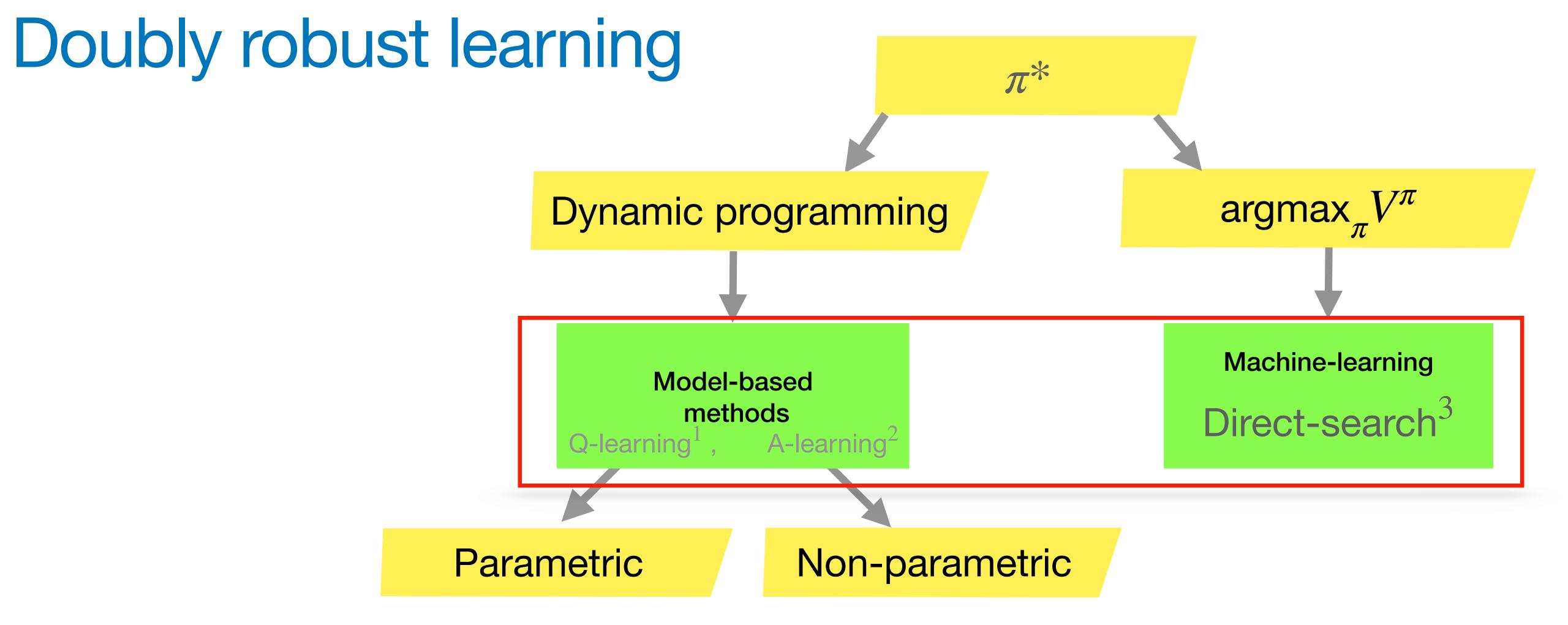
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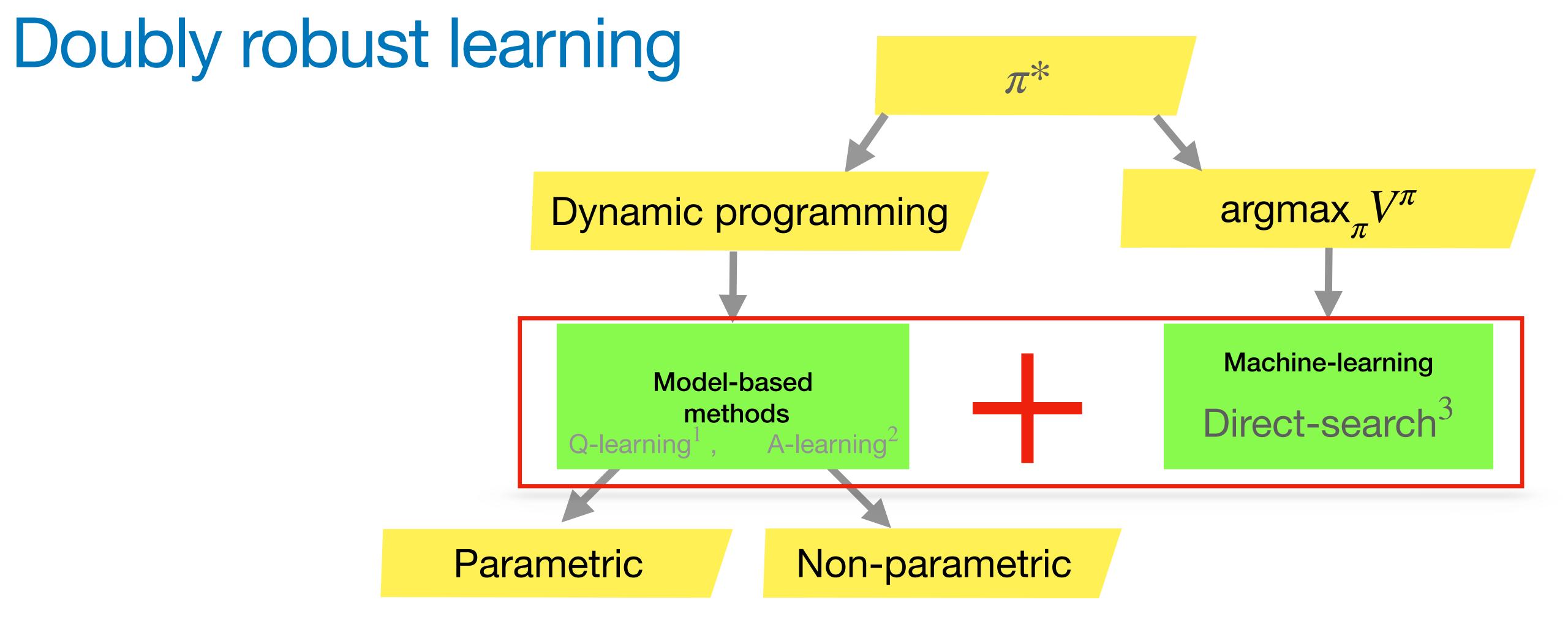
- 1. DTR
- 2. Empirical risk minimization theory
- 3. Some theory on multicategory classification
- 4. Some theory on policy learning in offline RL

Outline

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- 1. Watkins, 1989; Schulte et al. 2014
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Hybrid method (idea taken from offline RL)

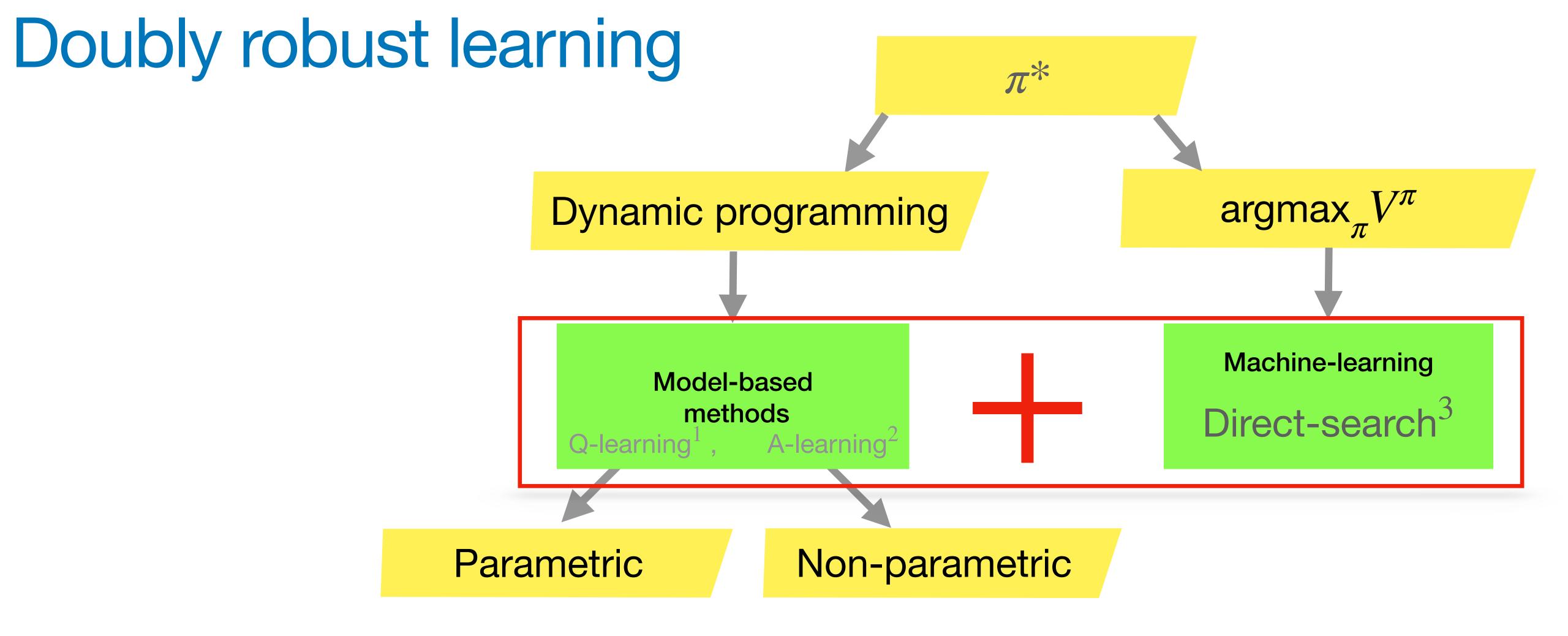
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Doubly robust learning $\operatorname{argmax}_{\pi}V^{\pi}$ Dynamic programming Machine-learning Model-based Direct-search³ methods Q-learning¹, A-learning² Parametric Non-parametric

Hybrid method (idea taken from offline RL)

If either the Q-learning model assumptions or the estimation of treatment assignment probabilities correct, then π^* consistently estimated

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Doubly robust learning

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- 1. DTR
- 2. Q-learning

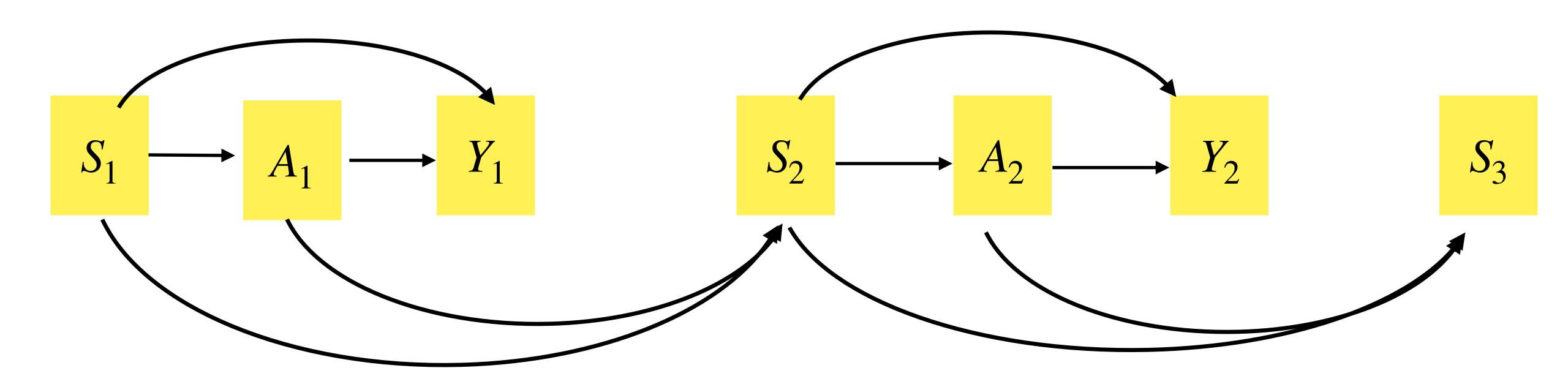
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- 3. doubly robust offline RL

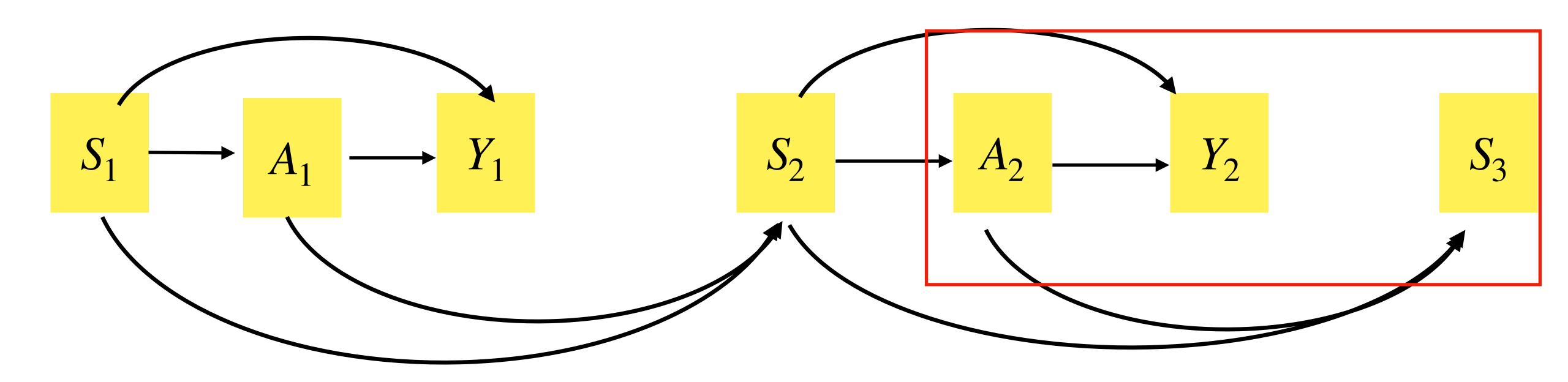
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- 1. DTR
- 2. Q-learning
- 3. doubly robust offline RL
- 4. Some doubly robust literature in causal inference

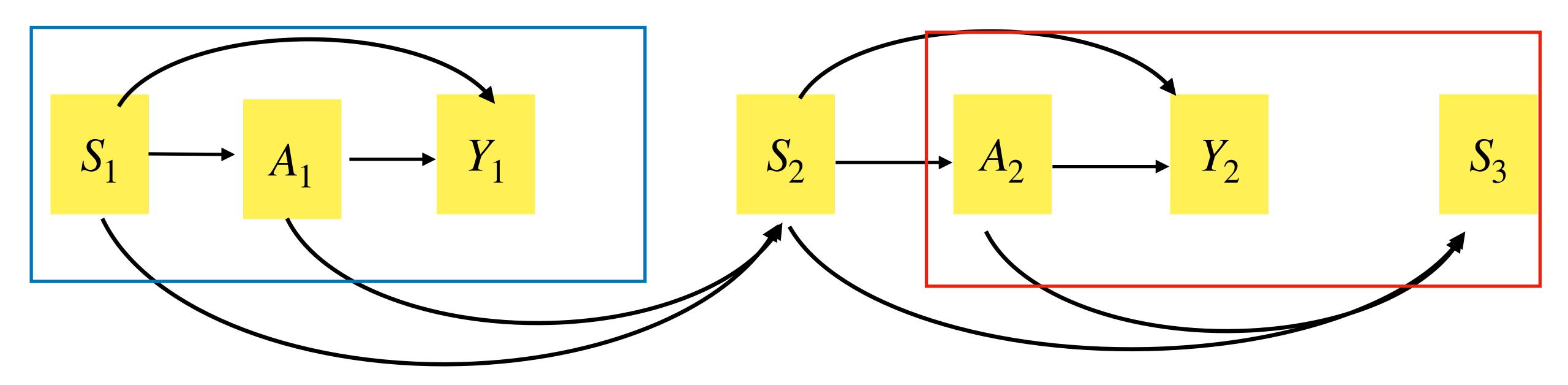
We do not make Markov decision process (MDP) assumption

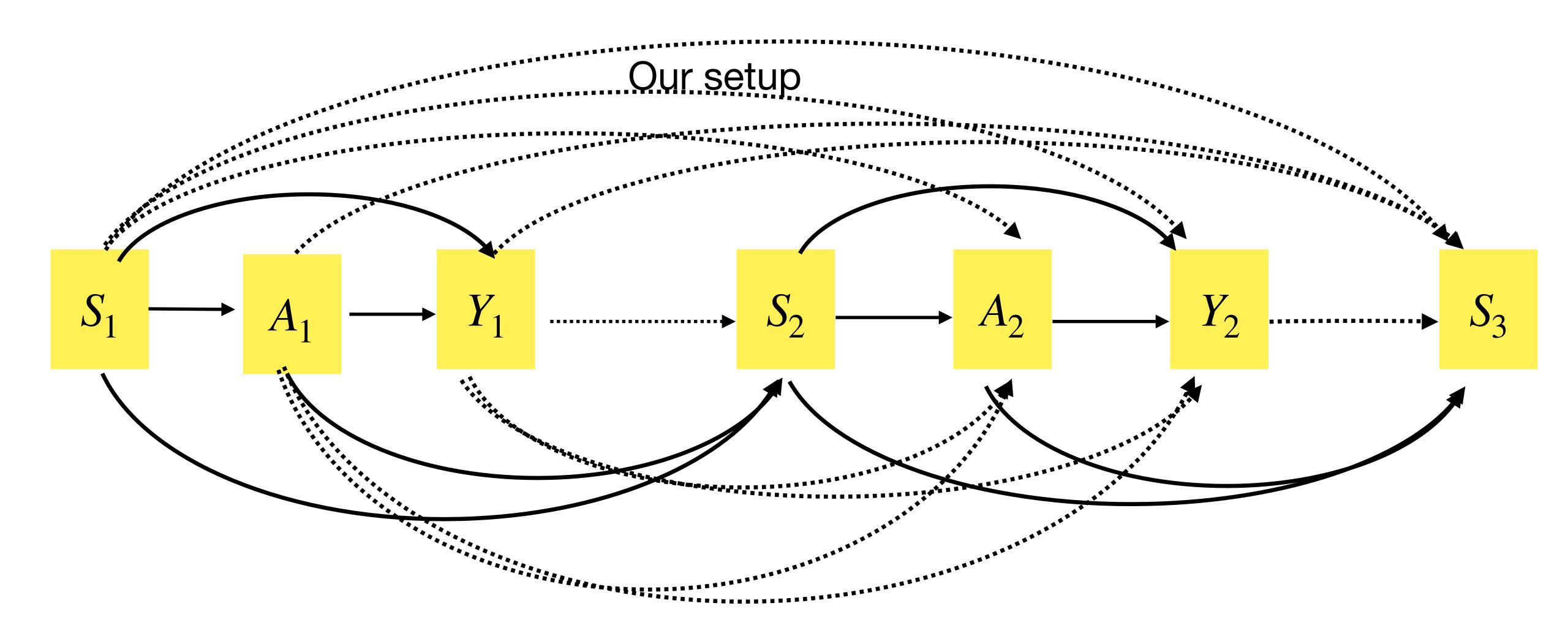


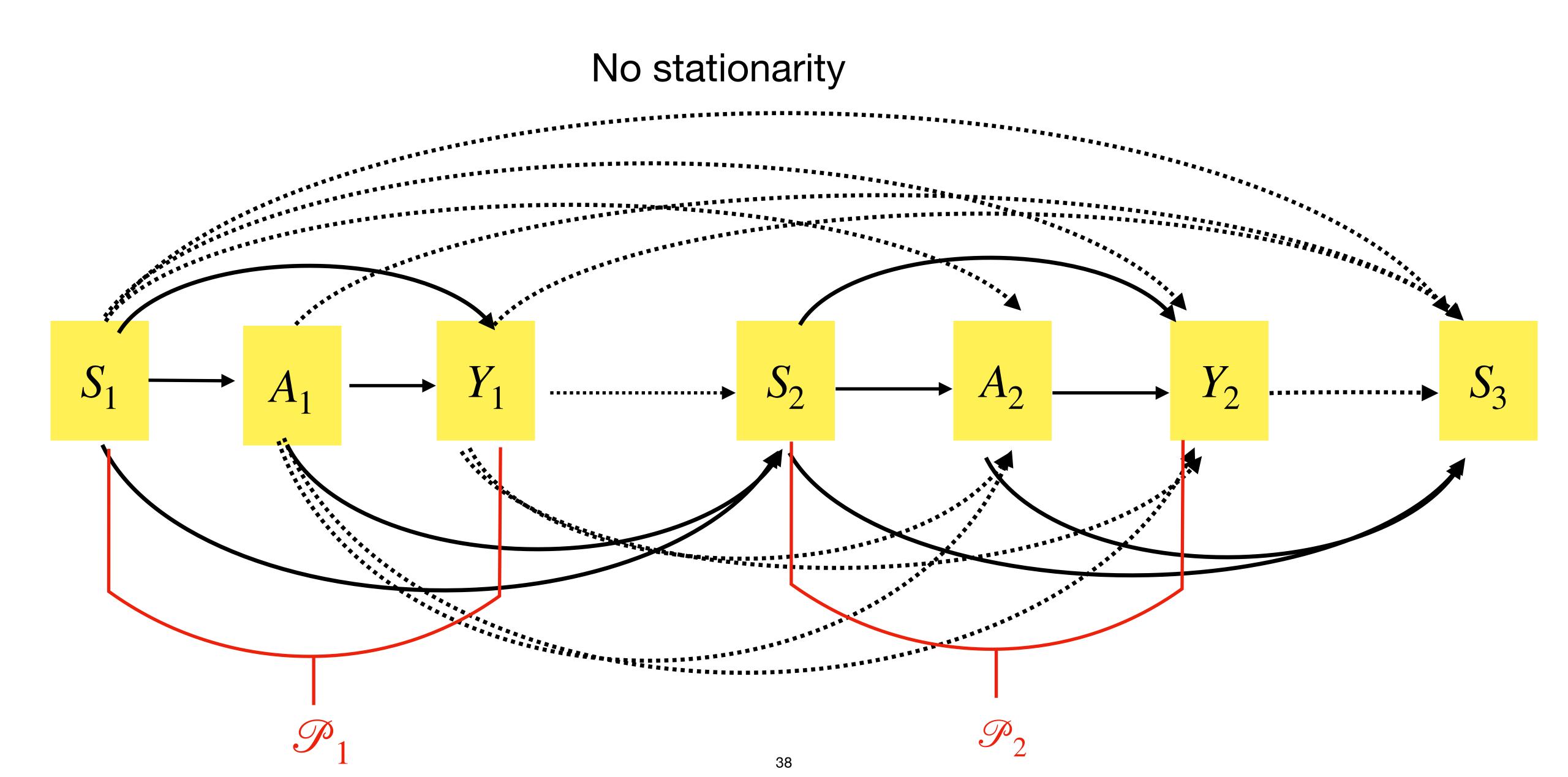
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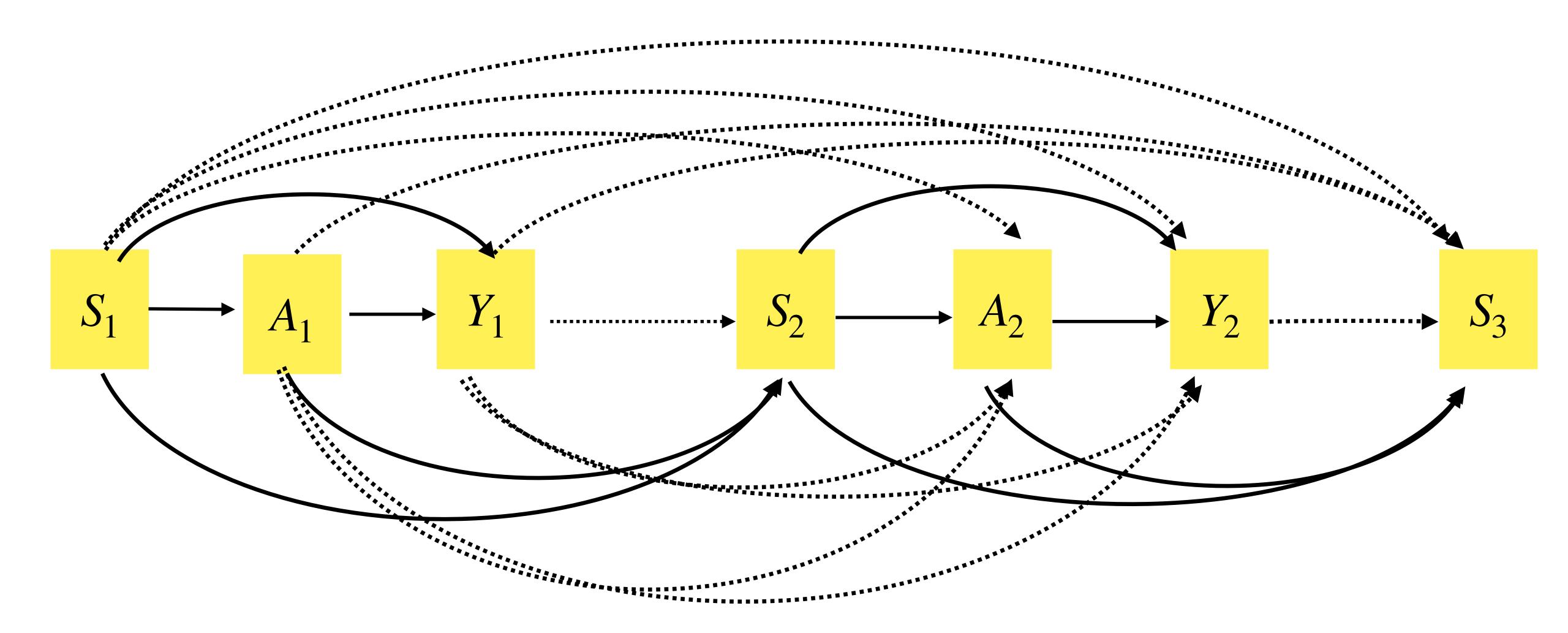
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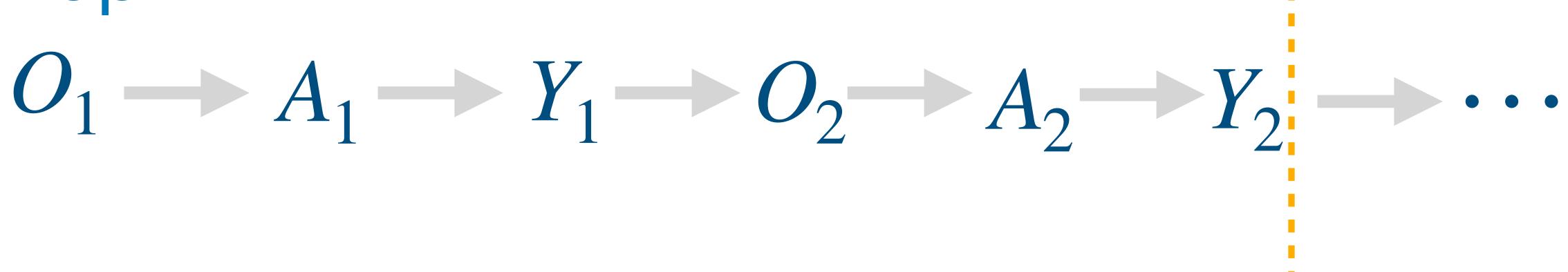
Full reinforcement learning



Set-up

$$O_1 \longrightarrow A_1 \longrightarrow Y_1 \longrightarrow O_2 \longrightarrow A_2 \longrightarrow Y_2 \longrightarrow \cdots$$

Set-up

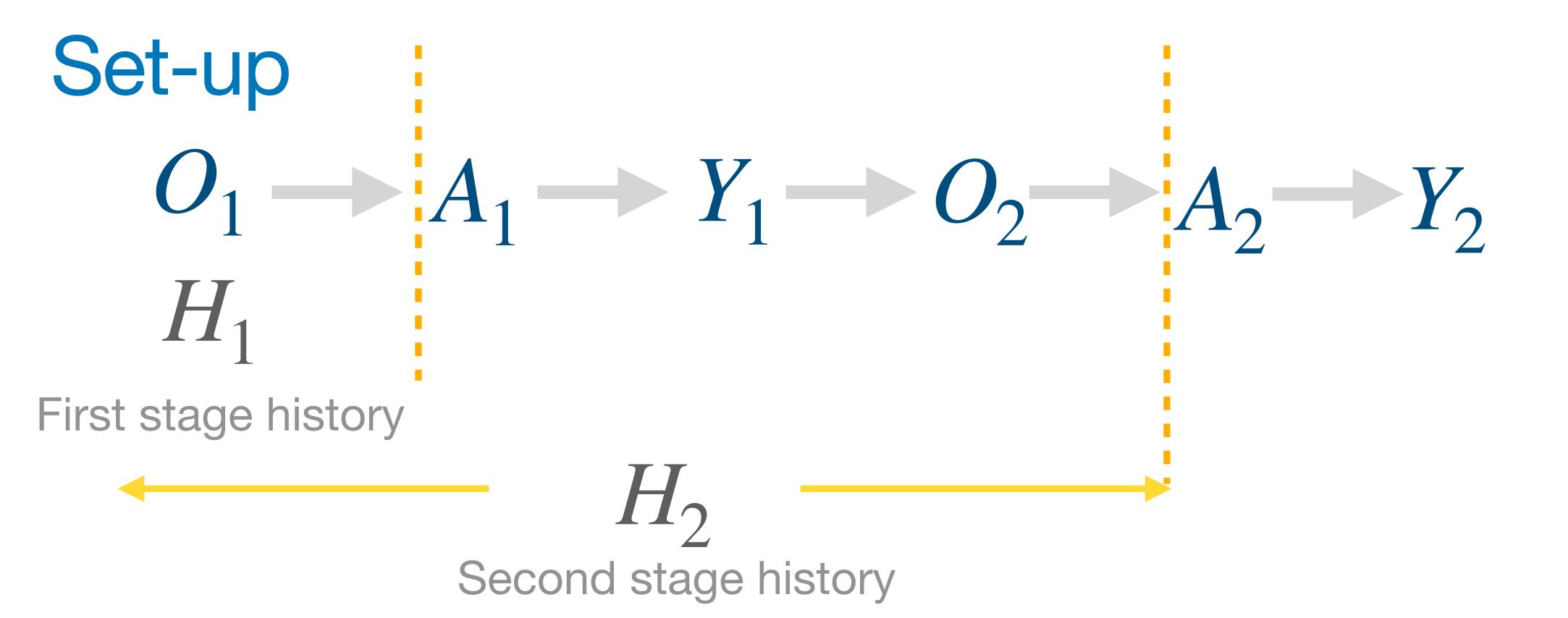


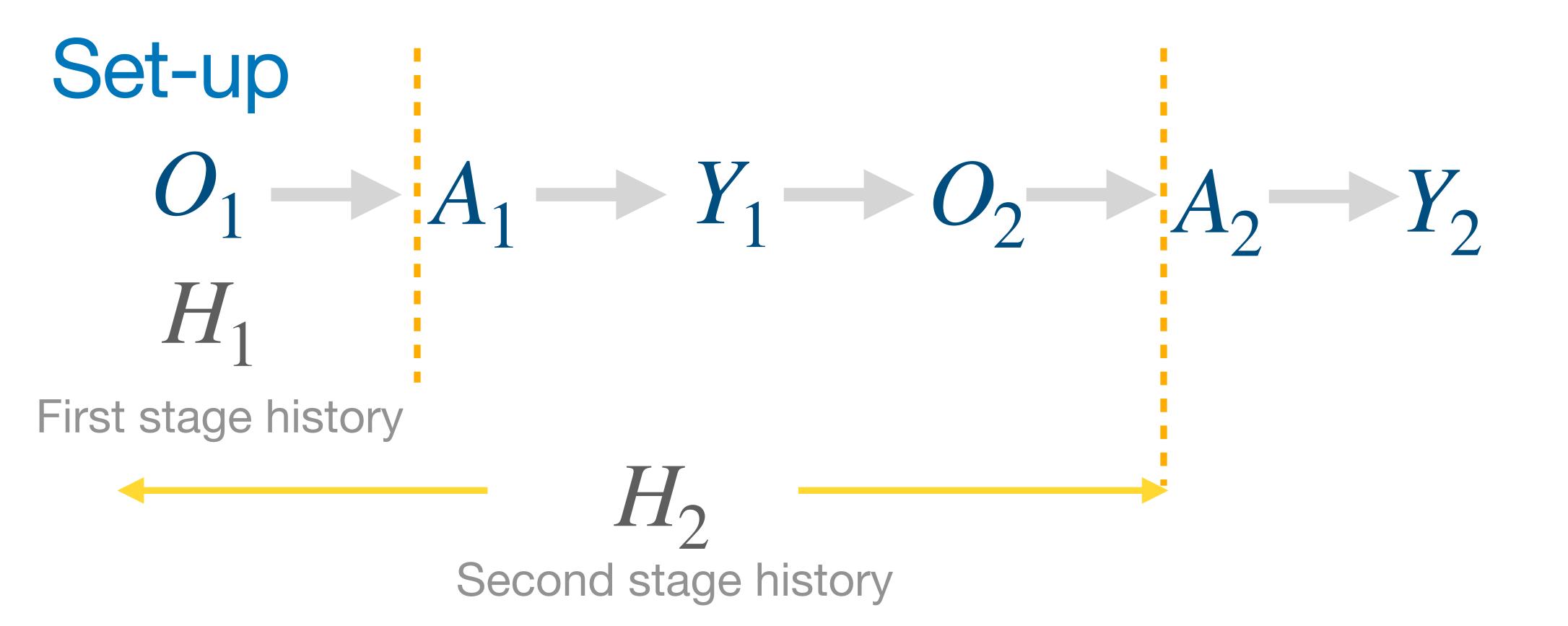
K=2

Set-up

$$O_1 \longrightarrow A_1 \longrightarrow Y_1 \longrightarrow O_2 \longrightarrow A_2 \longrightarrow Y_2$$

K=2





Treatment policy
$$\pi = (\pi_1, \pi_2)$$

$$V^{\pi} = \mathbb{E}[Y_1(\pi) + ... + Y_K(\pi)]$$

$$V^{\pi} = \mathbb{E}[Y_1(\pi) + \dots + Y_K(\pi)]$$

Potential outcomes

Under standard identifiability assumptions*,

$$V^{\pi} = \mathbb{E}\left[(Y_1 + \dots + Y_K) \frac{\pi_1(A_1 \mid H_1) \dots \pi_K(A_K \mid H_K)}{\pi_{b,1}(A_1 \mid H_1) \dots \pi_{b,K}(A_K \mid H_K)} \right]$$

 $\pi_{b,k}$'s behavior policy: ratio called inverse probability weights

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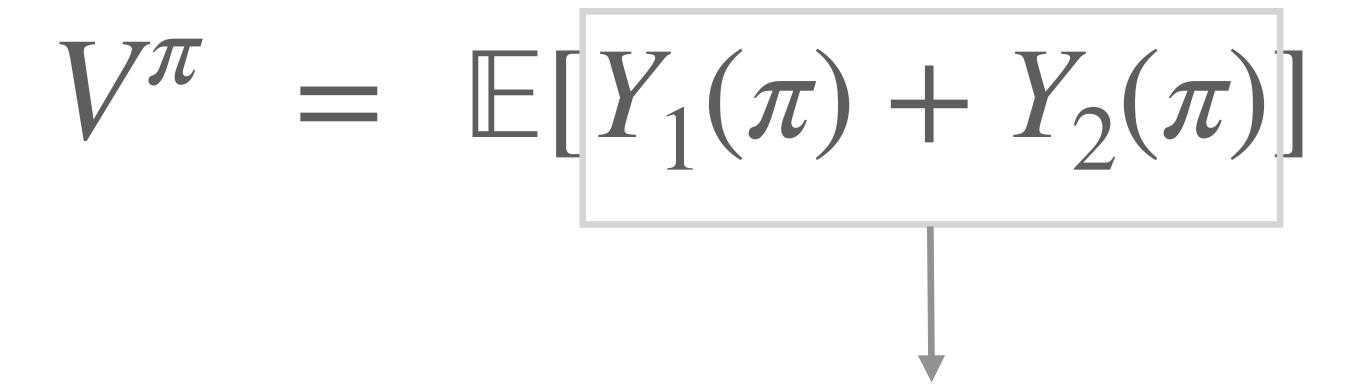
$$V^{\pi} \approx \mathbb{P}_n \left[(Y_1 + \ldots + Y_K) \frac{\pi_1(A_1 \mid H_1) \ldots \pi_K(A_K \mid H_K)}{\pi_{b,1}(A_1 \mid H_1) \ldots \pi_{b,K}(A_K \mid H_K)} \right]$$

 \mathbb{P}_n : empirical distribution function

Optimal treatment policy
$$\pi^* = \operatorname{argmax}_{\pi} V^{\pi}$$

$$V^{\pi} = \mathbb{E}[Y_1(\pi) + Y_2(\pi)]$$

Optimal treatment policy $\pi^* = \operatorname{argmax}_{\pi} V^{\pi}$



Potential outcomes

Optimal treatment policy $\pi^* = \operatorname{argmax}_{\pi} V^{\pi}$

Under standard identifiability assumptions*,

$$V^{\pi} = \mathbb{E}\left[(Y_1 + Y_2) \frac{1\{\pi_1(H_1) = A_1\} \ 1\{\pi_2(H_2) = A_2\}}{P(A_1 \mid H_1) \ P(A_2 \mid H_2)} \right]$$
observed random variables

Optimal treatment policy $\pi^* = \operatorname{argmax}_{\pi} V^{\pi}$

Under standard identifiability assumptions*,

$$V^{\pi} \approx \frac{1}{n} \sum_{i=1}^{n} \left((Y_{1i} + Y_{2i}) \frac{1\{\pi_1(H_{1i}) = A_{1i}\} \ 1\{\pi_2(H_{2i}) = A_{2i}\}}{P(A_{1i} \mid H_{1i}) \ P(A_{2i} \mid H_{2i})} \right)$$

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Maximize V^{π} over a. Class of policies

Optimal treatment policy $\pi^* = \operatorname{argmax}_{\pi} V^{\pi}$

Under standard identifiability assumptions*,

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Discontinuous + non, convex

Direct optimization not computationally feasible

$$\min_{f:H\mapsto\mathbb{R}^4} E\left[C(H_1,Y_1)\times 1[\operatorname{argmax}(f(H_1))\neq A_1]\right]$$

•
$$\min_{f:H\mapsto\mathbb{R}^4} E\left[C(H_1,Y_1)\times 1[\operatorname{argmax}(f(H_1))\neq A_1]\right]$$

$$C(H_1,Y_1)=\frac{Y_1}{P(A_1\mid H_1)}$$

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If I don't know what doctors were thinking, need to model the probabilities

$$\min_{f: H \mapsto \mathbb{R}^4} E\left[C(H_1, Y_1) \times 1[\operatorname{argmax}(f(H_1)) \neq A_1]\right]$$

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Bad estimation

 $\hat{\pi}$ bad estimator of π^*

$$\min_{f: H \mapsto \mathbb{R}^4} E\left[C(H_1, Y_1) \times 1[\operatorname{argmax}(f(H_1)) \neq A_1]\right]$$

$$C(H_1, Y_1) = \frac{Y_1}{P(A_1 \mid H_1)}$$

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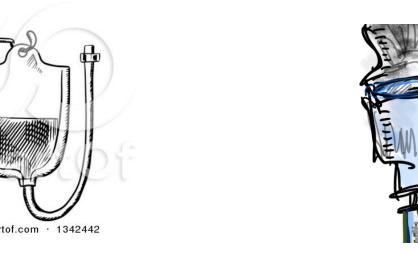
 $P(A_1 | H_1)$ is small \Longrightarrow the estimator of $C(H_1, A_1)$ can be highly variable

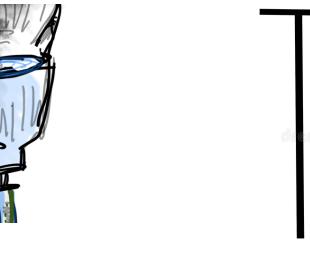
Loss function when stage K=1





Possible categories

















Classifier:

$$f = (f_1, ..., f_4)$$

 $f_i: H_1 \mapsto \mathbb{R} \quad i = 1, ..., 4$



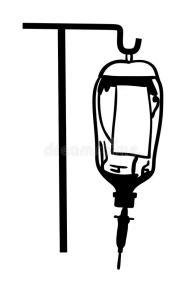












Possible categories







$$f_4(H_1)$$

Classifier:

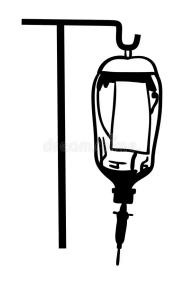
$$f = (f_1, ..., f_4)$$

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Possible categories







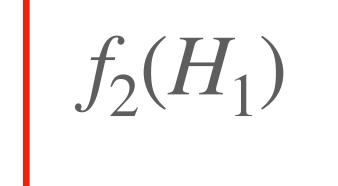








$$f_1(H_1)$$



Maximum

$$f_3(H_1)$$

$$f_4(H_1)$$

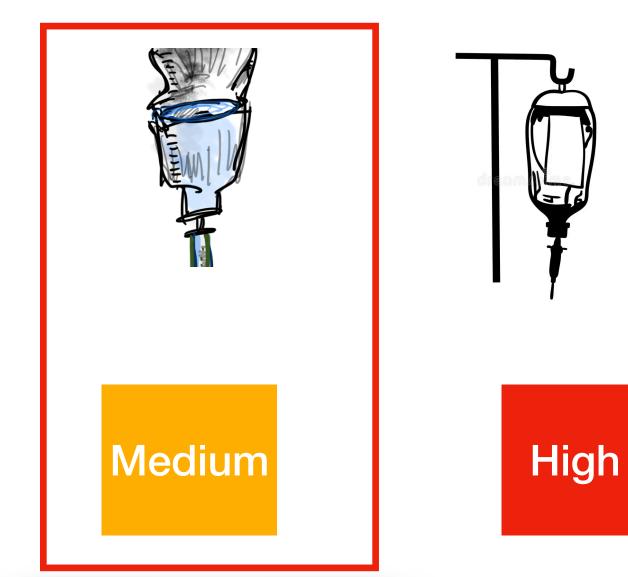


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Possible categories



$$H_1$$
) $f_2(H_1)$

$$f_3(H_1)$$

$$f_4(H_1)$$

No IV

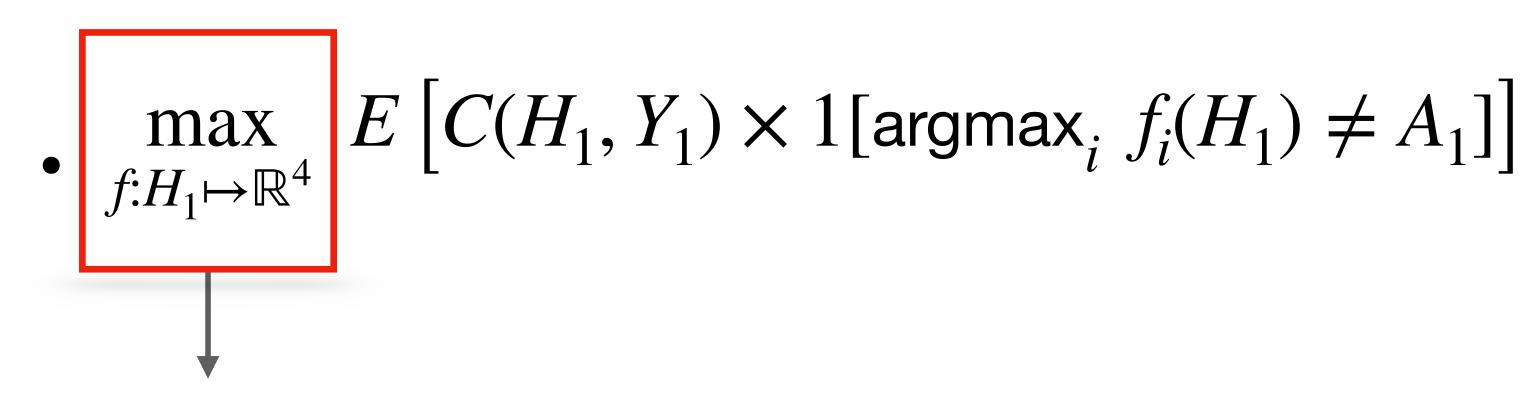
Maximum

$$\pi_1(H_1) = \operatorname{argmax}_i f_i(H_1)$$

Case T=1

$$\max_{f:H_1\mapsto\mathbb{R}^4} E\left[C(H_1,Y_1)\times 1\left[\operatorname{argmax}_i f_i(H_1)\neq A_1\right]\right]$$

Case T=1

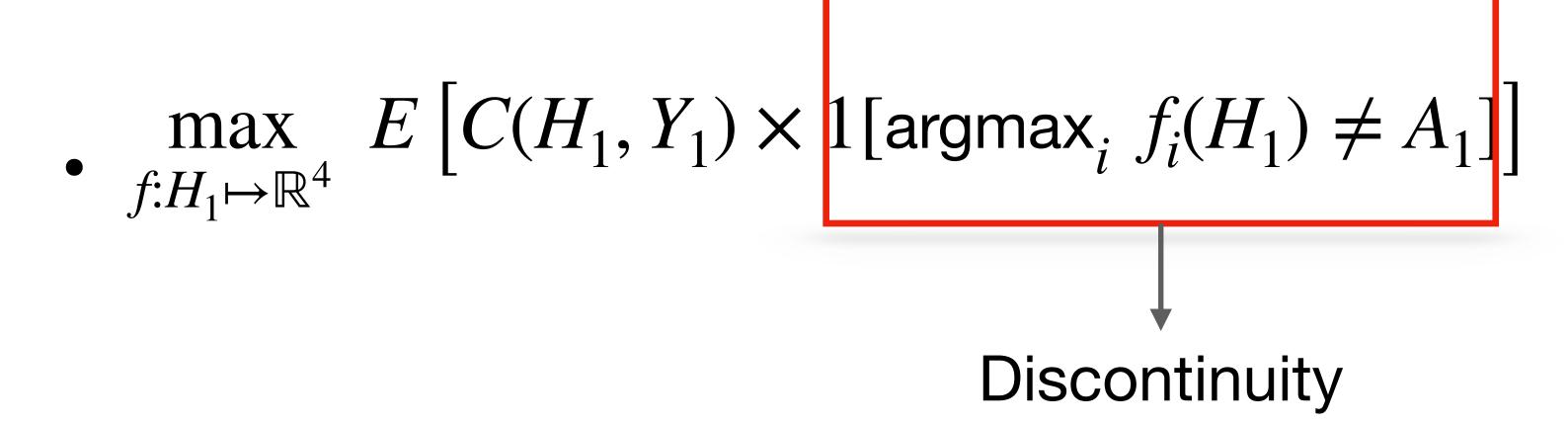


In practice search over a smaller class, currently we consider neural network classes

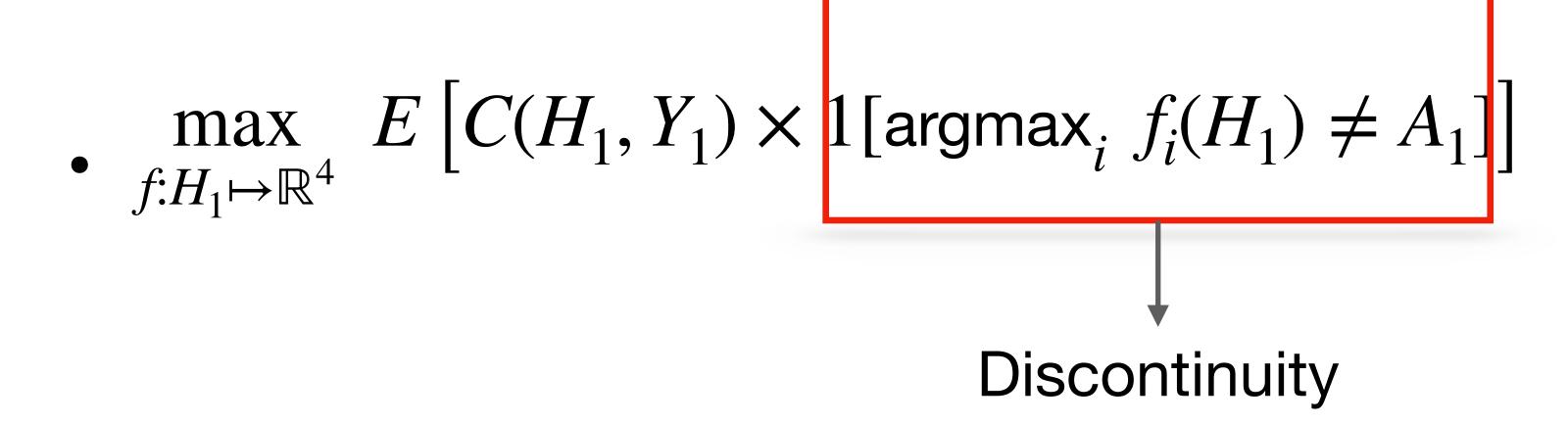
Case T=1

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Case T=1

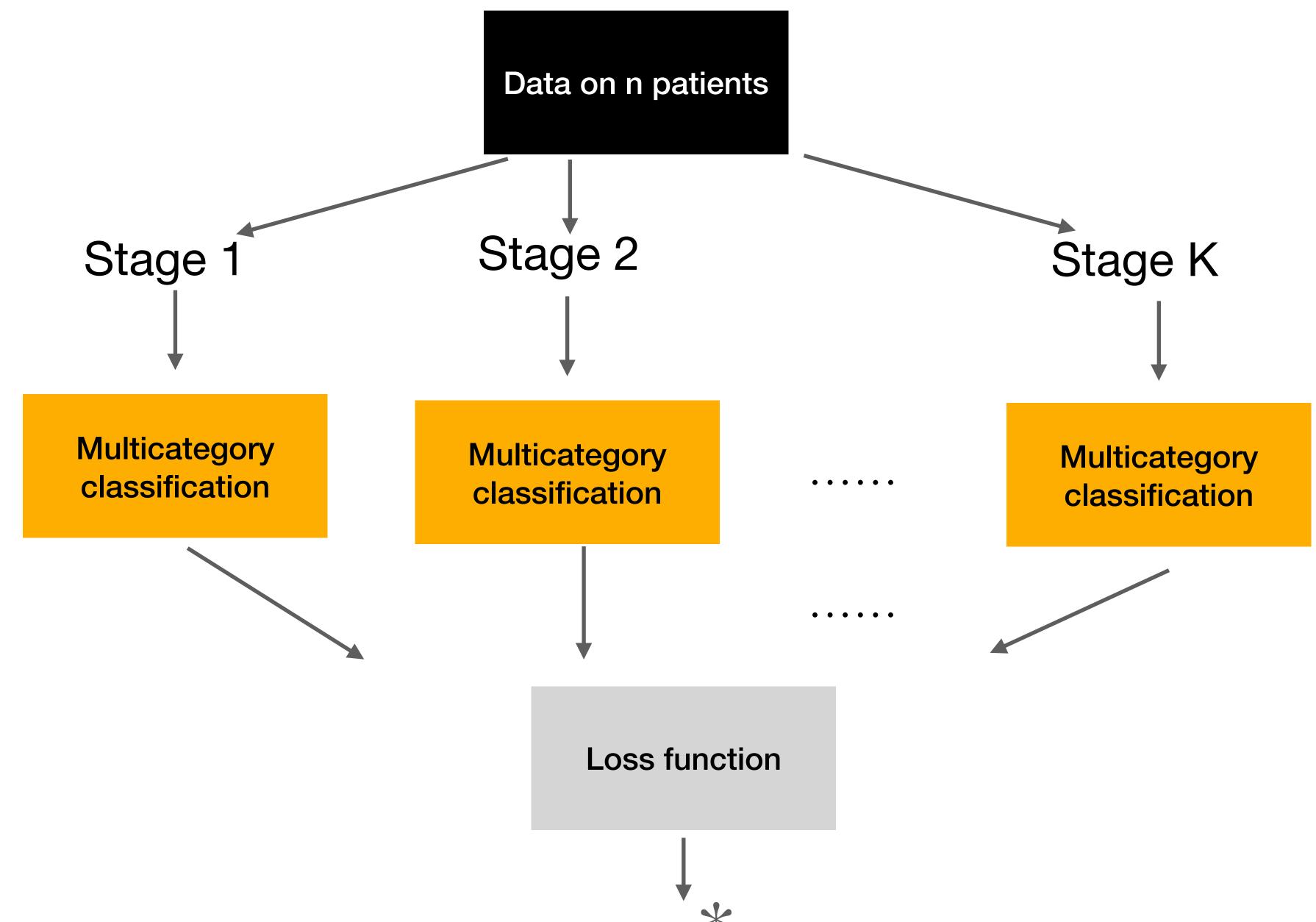


Case T=1



Our proposal: smooth out the sources for discontinuity at each step

Smoothed loss function



Smoothed loss function Data on n patients Stage 2 Stage K Stage 1 Multicategory Multicategory Multicategory classification classification classification • • • • • **Smoothing:** Loss function

Smoothed loss function Data on n patients Stage 2 Stage K Stage 1 Multicategory Multicategory Multicategory classification classification classification **Smoothing:** Loss function The smoothed method will still lead to the optimal DTR at the population-level

Smoothed loss function Data on n patients Stage 2 Stage K Stage Multicategory Multicategory Multicategory classification classification classification **Smoothing:** Meaning: rich class of classifiers, Loss function e.g. neural network \Longrightarrow The smoothed method will still lead to the estimated policy consistent. optimal DTR at the population-level