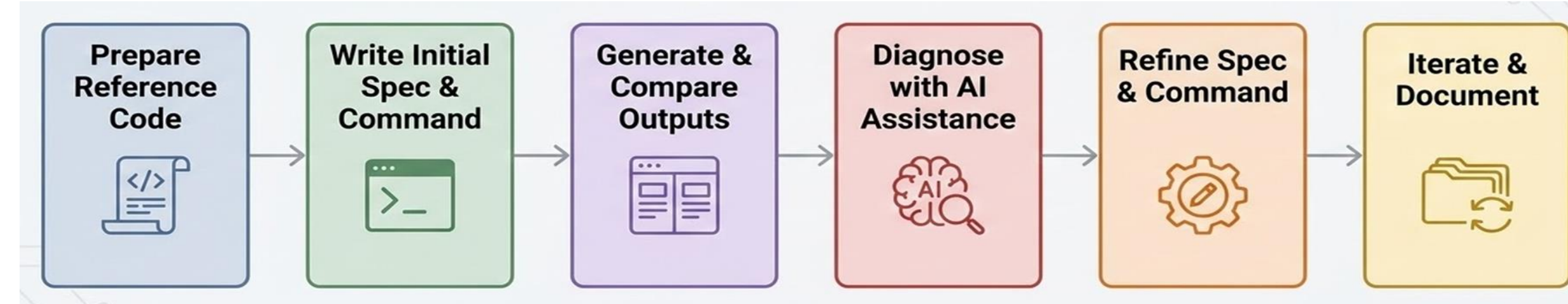


## BACKGROUND

- Clinical data pipelines for survival analysis are complex, brittle, and hard to reproduce small changes to data formats or variables can break everything
- LLMs can generate code quickly but hallucinate and drift from specifications, making them unreliable for rule-heavy clinical data work without a structured approach
- Last semester's pipeline was built manually through iterative Jupyter notebook work, meaning it's tightly coupled to the Dream Pool dataset and can't easily generalize to new data or new clinical questions

## RESEARCH METHODOLOGY



- Collaborative iteration: Team members build on each other's improved spec/command versions, accelerating progress.
- AI-accelerated refinement: AI helps analyze discrepancies and rapidly update and re-test the spec/command, enabling fast iteration.
- Spec-driven code generation: A structured specification file drives the LLM to produce a complete, reproducible pipeline — reducing ambiguity and manual coding
- Automated validation guardrails: Generated outputs are checked against required and forbidden patterns before use, catching errors without human review of every line
- Reducing hallucinations: Splitting the pipeline into narrow-scope chunks (A-D) constrained each LLM call to a single well-defined phase

## TECHNOLOGIES AND LANGUAGES USED

- LLM Models**
  - GPT 5.4
  - Claude Opus 4
  - Gemini 2.5 Pro
- Data & Platforms**
  - Project Data Sphere (PDS) clinical trial datasets
  - De-identified oncology patient data
- Modeling & Statistics**
  - Cox's Proportional Hazards Models
  - Regularized Cox (LASSO) for feature selection
- Tech Stack**
  - Python
  - Lifelines (survival analysis)
  - Pandas / NumPy
  - Matplotlib / Seaborn
- Differences between GenAI models: Claude Opus 4 followed the specs most faithfully and gave the best output that matched the reference code.

## GOALS

- Design specs and commands precise enough that the LLM output is consistently correct
- Generalize the pipeline so it adapts to different datasets and variable schemas rather than hardcoded to one dataset
- Build in automatic error recovery so the system retries and self-corrects without needing manual intervention
- Establish a reusable framework that other team members can extend with new spec version
- Test different LLM models to discover which models follow the spec the best and create the most optimal output.

```
x-atomlin@jupyter-x-atomlin:[Spec Progress] $ python3 "/home/x-atomlin/corporate/jj-data/r
=====
SORT-AGNOSTIC VALIDATION
Both datasets sorted by ALL columns before comparing
=====
Reference dir: /home/x-atomlin/corporate/jj-data/project/Spec Progress/Reference Outputs
Pipeline dir: /home/x-atomlin/corporate/jj-data/project/Spec Progress/Chunk0_V1_Outputs

--- CoreTable ---
ALL 209600 cells match perfectly after sort-agnostic comparison
RESULT: PASS

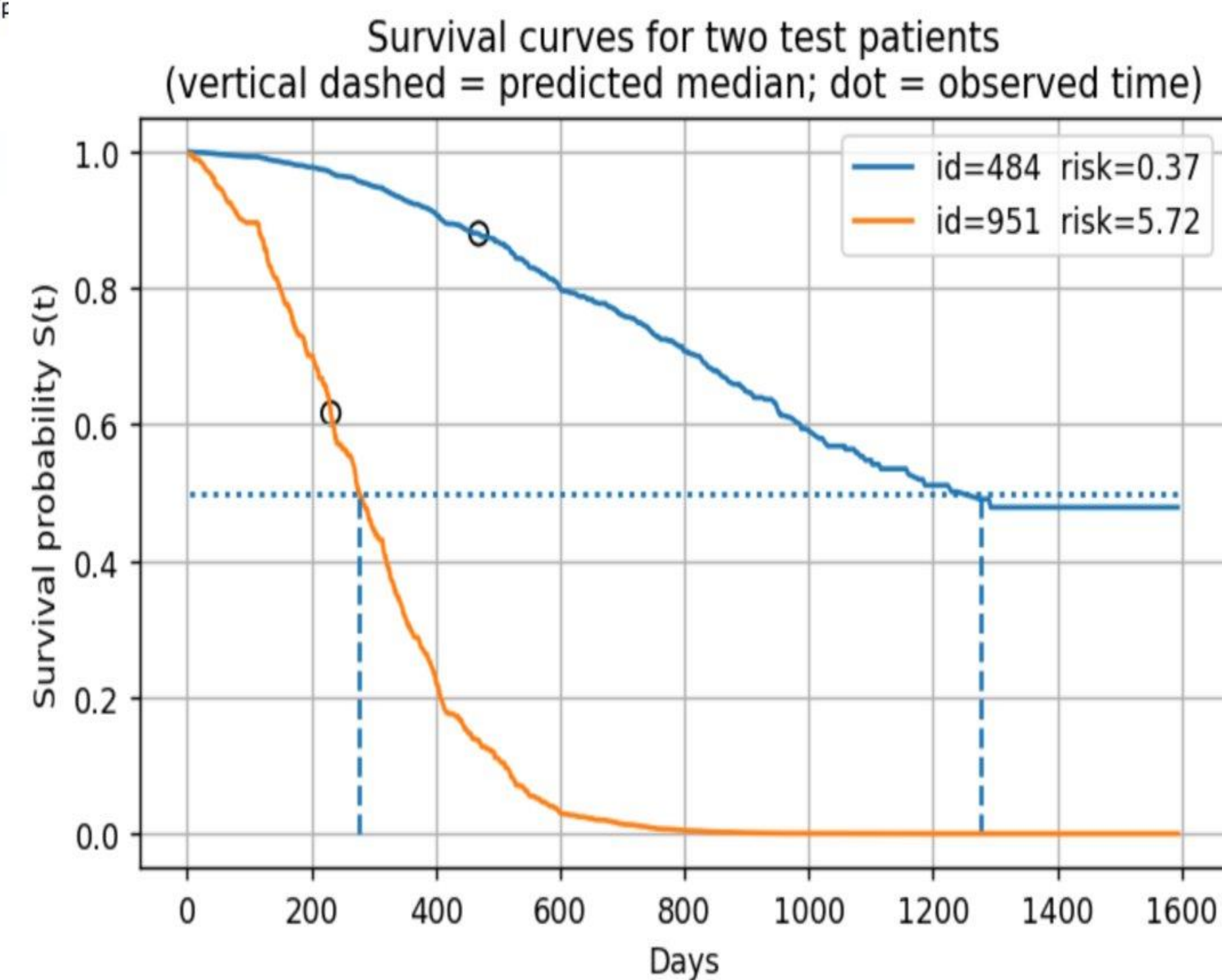
--- LabValue ---
ALL 7484292 cells match perfectly after sort-agnostic comparison
RESULT: PASS

--- LesionMeasure ---
ALL 227225 cells match perfectly after sort-agnostic comparison
RESULT: PASS

--- MedHistory ---
ALL 187450 cells match perfectly after sort-agnostic comparison
RESULT: PASS

--- PriorMed ---
ALL 871910 cells match perfectly after sort-agnostic comparison
RESULT: PASS

--- VitalSign ---
ALL 626025 cells match perfectly after sort-agnostic comparison
RESULT: PASS
```



OVERALL: ALL TABLES PASSED - Data is identical (sort-order independent)  
Any differences in the original validation were purely row-ordering tiebreaks.



## FUTURE GOALS

- Long-Term Vision**
  - A framework where the spec is a portable, auditable, and reusable product across many oncology datasets.
  - Adaptable and customizable to different endpoints
  - Explore using smaller, faster models like Sonnet with the same guardrails to reduce

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