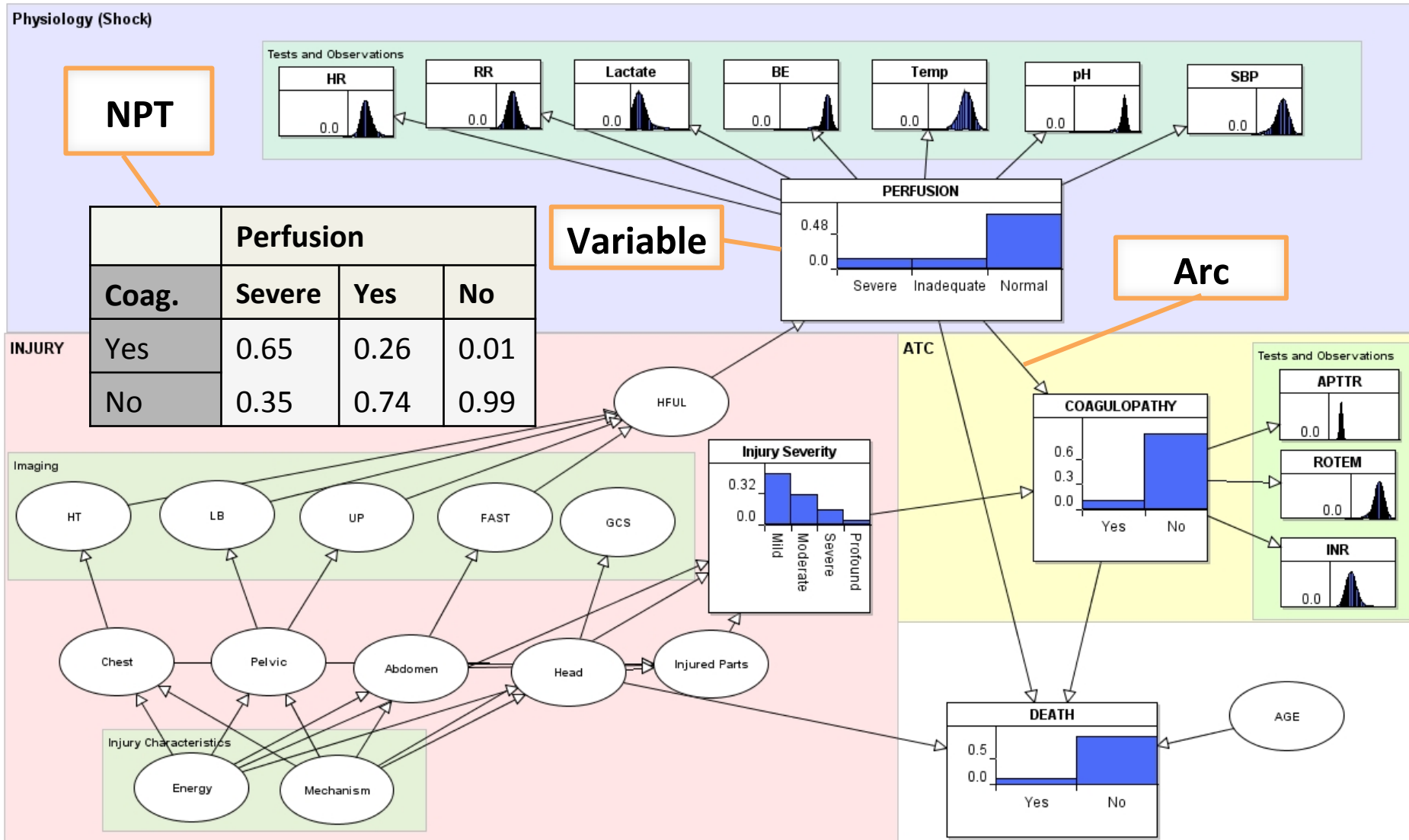


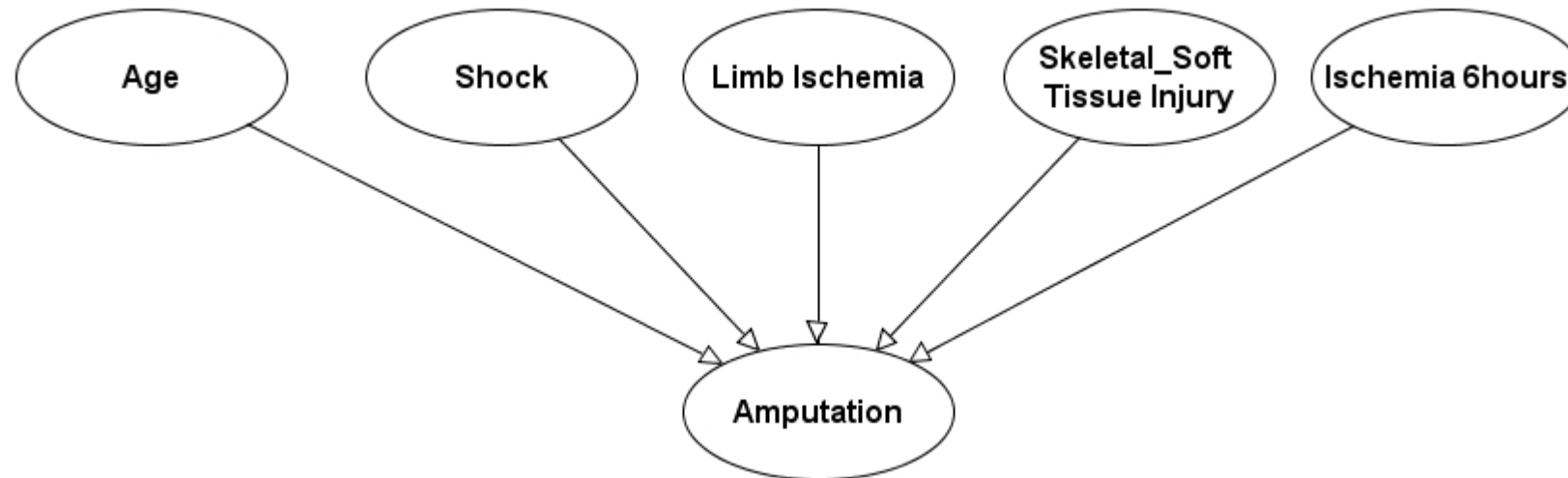
Outline

- Methodology:
 - Bayesian Networks
 - Challenges for Useful Decision Support
- Trauma Models:
 - Clinical Relevance
 - Results

ATC Bayesian Network



BN v MESS Score

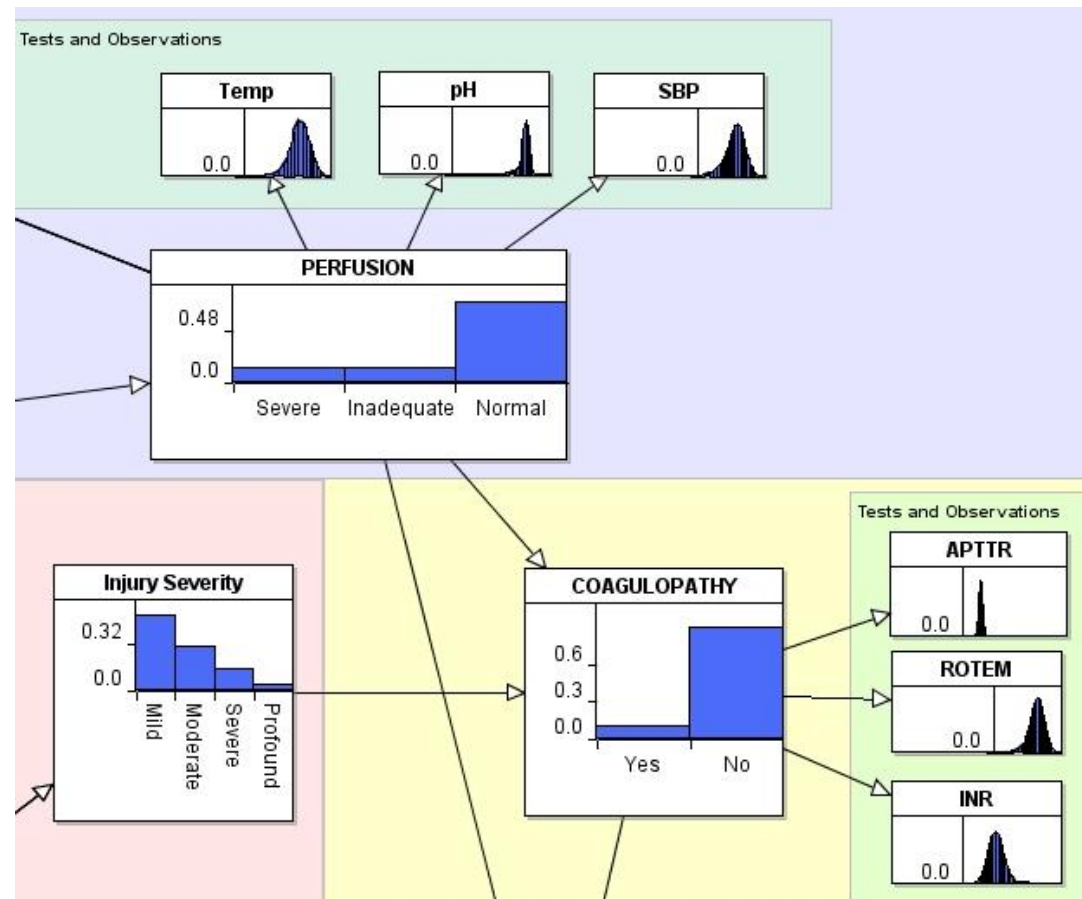


How the BN Model Differs

- Prediction: coagulopathy, death (c.f. GCS, TRISS)
- Flexible inputs
- Patient's physiological state
 - Causal modelling: informed by knowledge

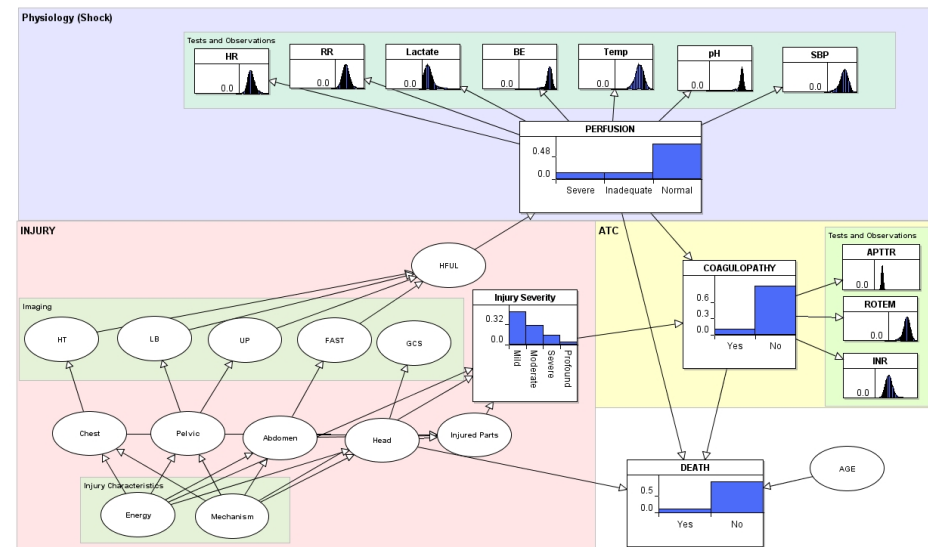
Modelling the Physiological State

- Not directly observed
- Tests available late
- No data
 - Measurements
 - Guided review
 - Learning



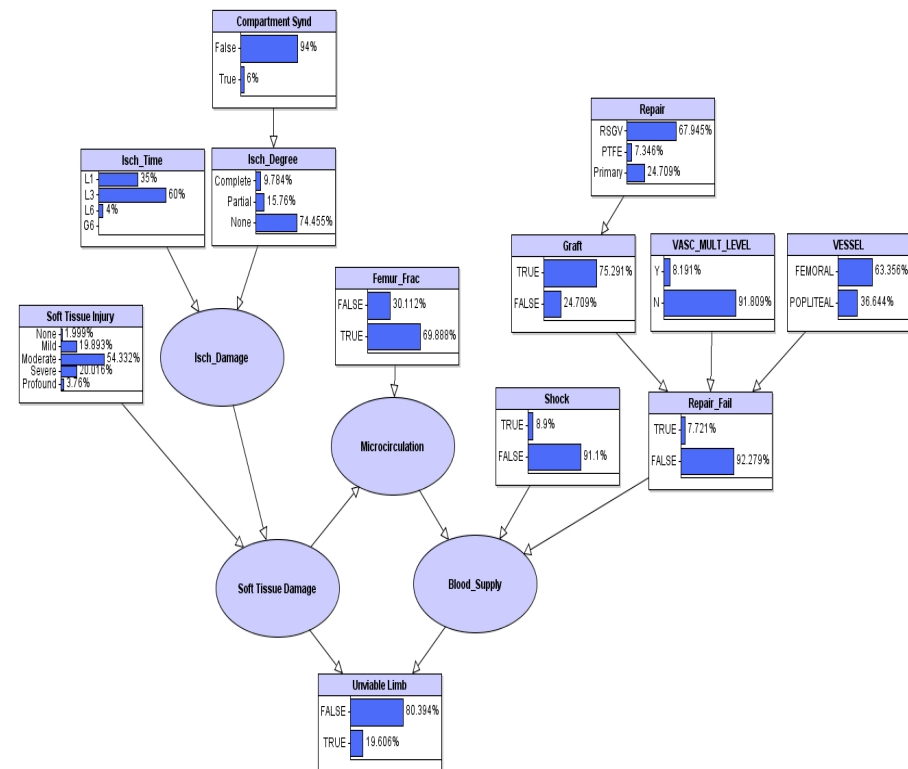
ATC Model Development: Summary

- Structure from
 - Expert panel
 - Literature review
- Parameters estimated from data
- Unobserved variables estimated
 - Clinical knowledge
 - Measurement data



Lower Limb Vascular Injury BN: Summary

- Decision support by predicting the risks and outcomes
- Amount of data differs for different parts of the model:
 - Learn from data
 - Use meta-analysis results and clinical knowledge for parts lacking data



Evidence Behind the Model

- A browser to present the link to clinical evidence supporting or conflicting with the model.

Physiology (Shock)

Tests and Observations: HR, RR, Lactate, BE, Temp, pH, SBP

PERFUSION: 0.40

An evidence base for the ATC Bayesian Network

HypoperfusionEvidence1

Variables

Fragments

Data

Expert

Publication

Evidence Name:	HypoperfusionEvidence1
Evidence Type:	Supporting Evidence
Evidence Description:	Hypoperfusion is the main driver of coagulopathy. There is a dose-dependent prolongation of clotting times with increasing systemic hypoperfusion
Related	Ref10 Ref11 Ref12

An evidence base for the ATC Bayesian Network

Ref10

Variables

Fragments

Data

Expert

Publication

NCBI Resources How To

PubMed.gov

US National Library of Medicine
National Institutes of Health

PubMed Advanced

Display Settings: Abstract Send to:

Curr Opin Crit Care, 2007 Dec;13(6):680-5.

Acute coagulopathy of trauma: mechanism, identification and effect.

Brohi K, Cohen MJ, Davenport RA.

Department of Surgery, The Royal London Hospital, London, UK. karim@trauma.org

Abstract

PURPOSE OF REVIEW: Acute coagulopathy of trauma has only been described relatively recently. Developing early in the postinjury phase, it is associated with increased transfusion requirements



Barts and The London
School of Medicine and Dentistry

www.smd.qmul.ac.uk

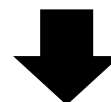
DECISION-SUPPORT FOR SEVERE LOWER LIMB INJURIES



Risk Assessment and Decision
Analysis Research Group



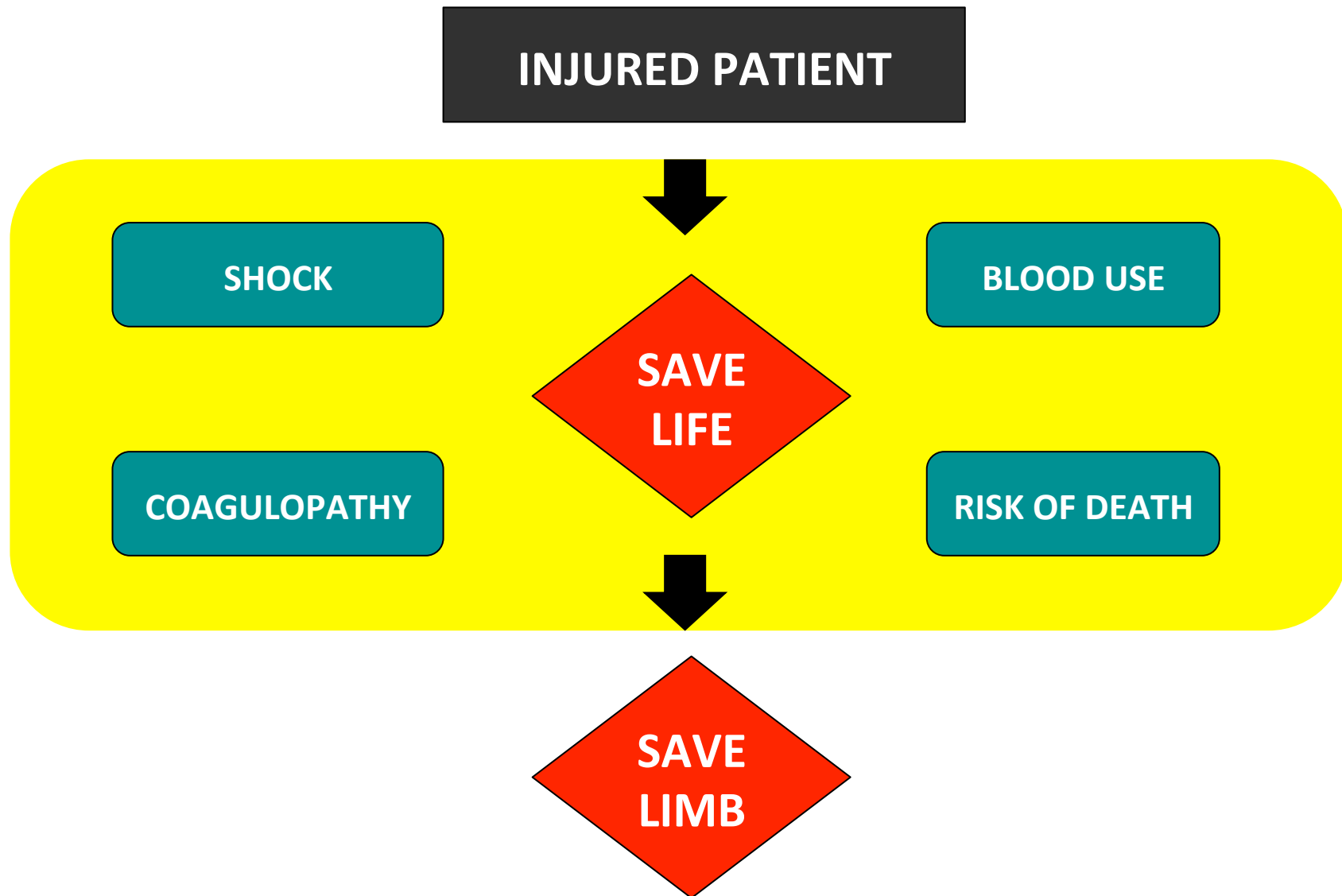
INJURED PATIENT



**SAVE
LIFE**



**SAVE
LIMB**

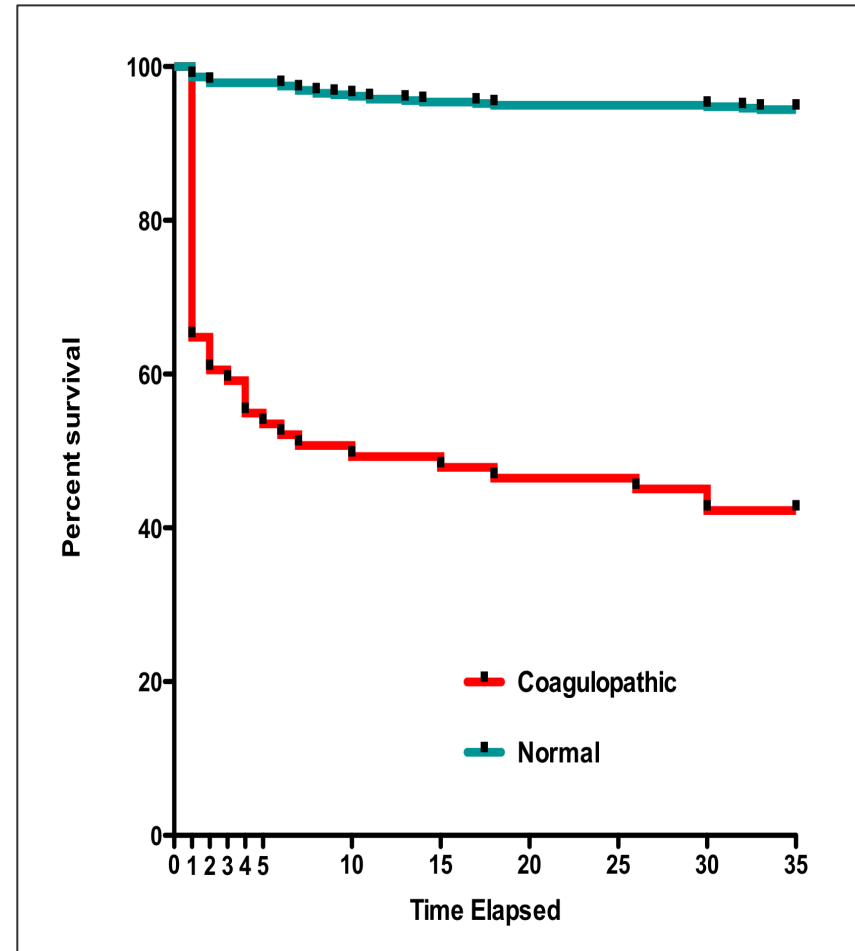
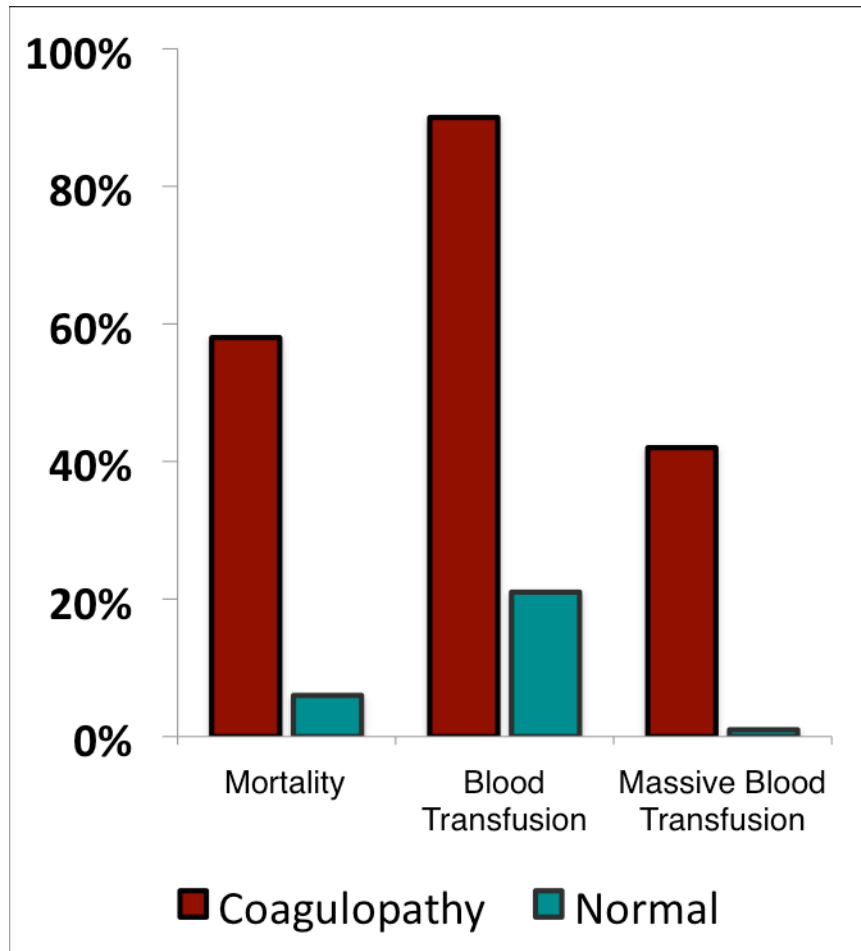


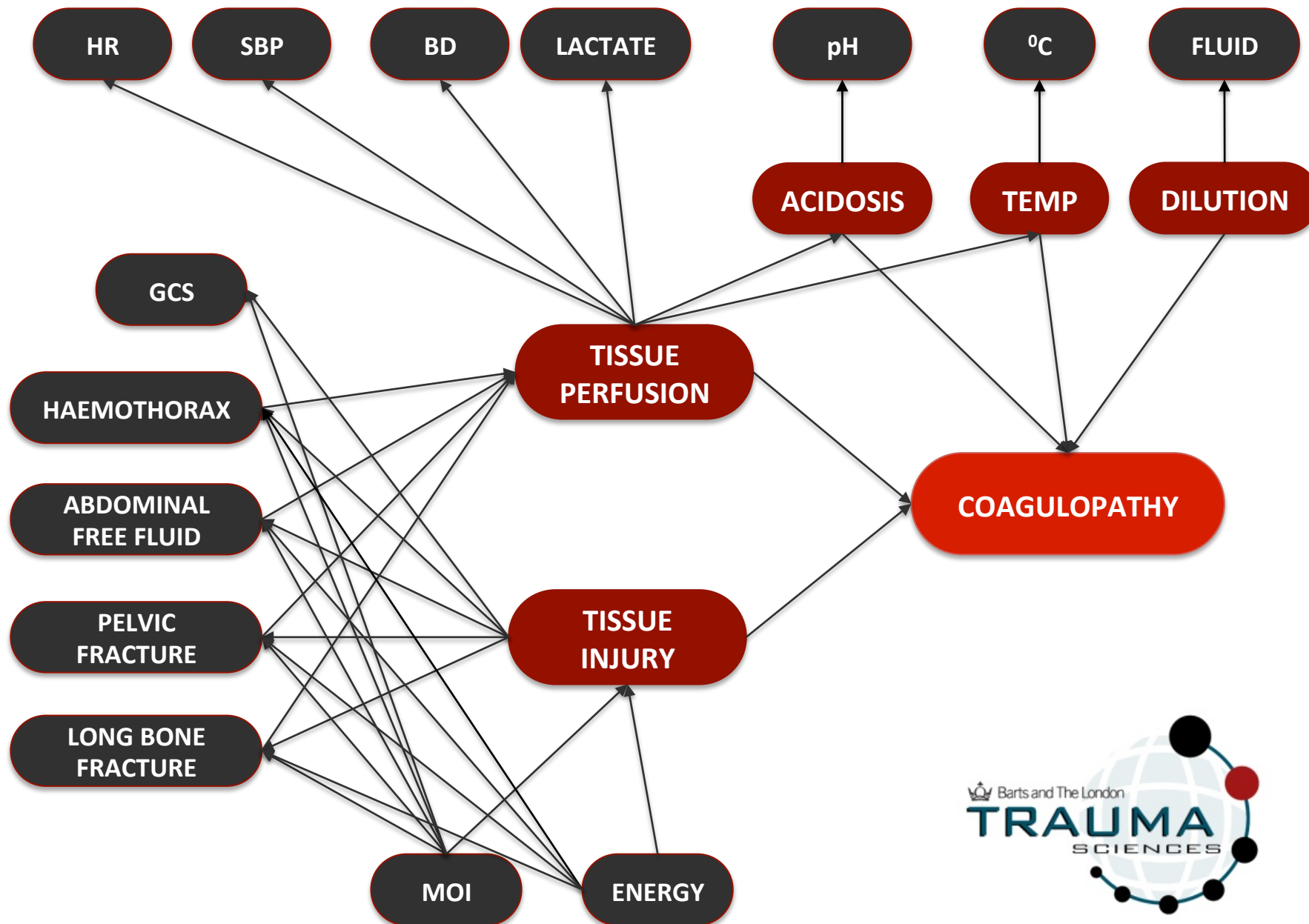
METHODOLOGY

Classification of coagulopathy

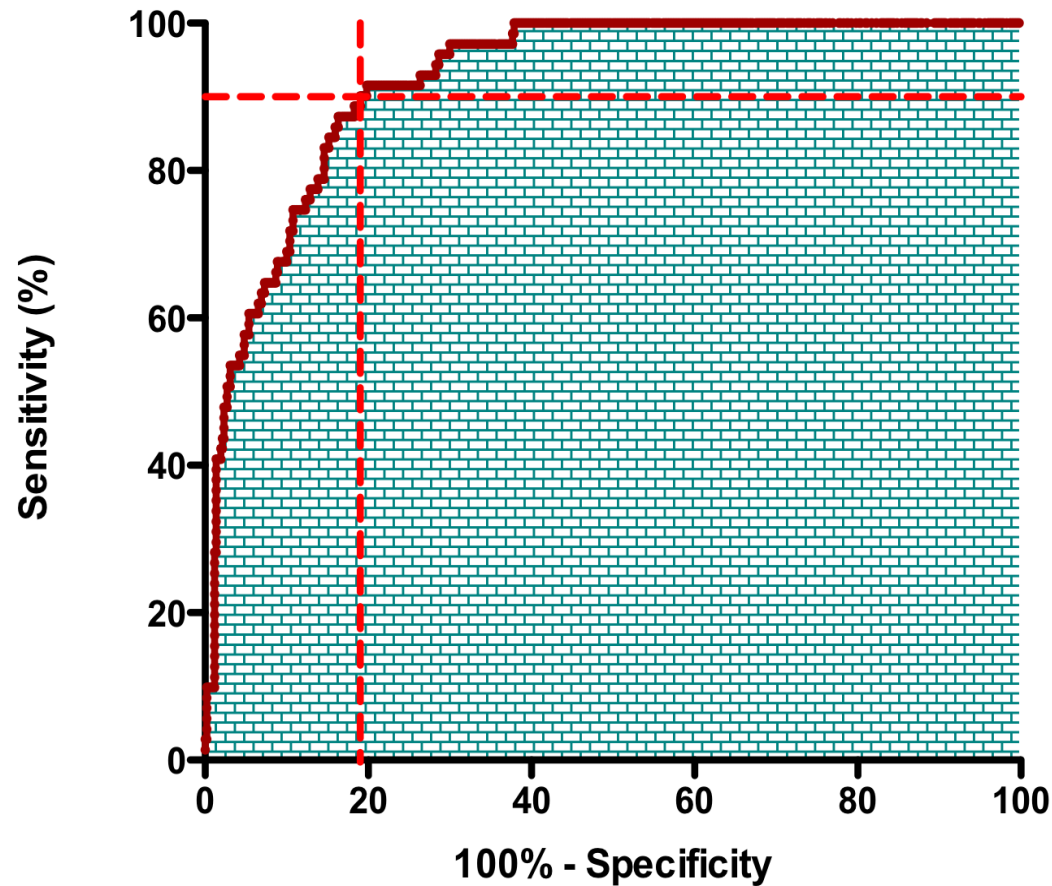
1. Clinical criteria
2. Machine learning
3. Expert review

Clinical relevance





Performance

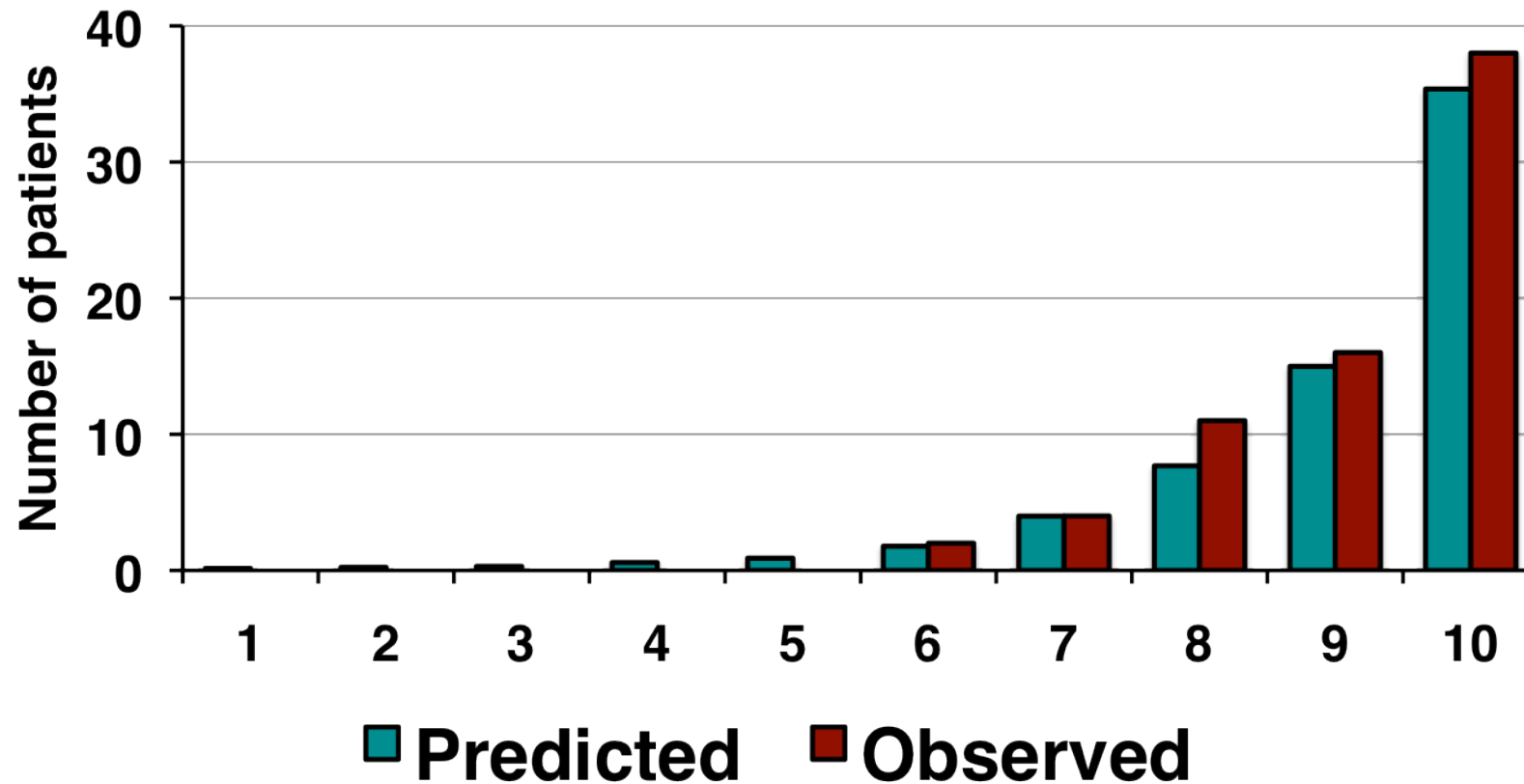


AUROC:
0.924 (0.90 – 0.95)

Sensitivity:
90 %

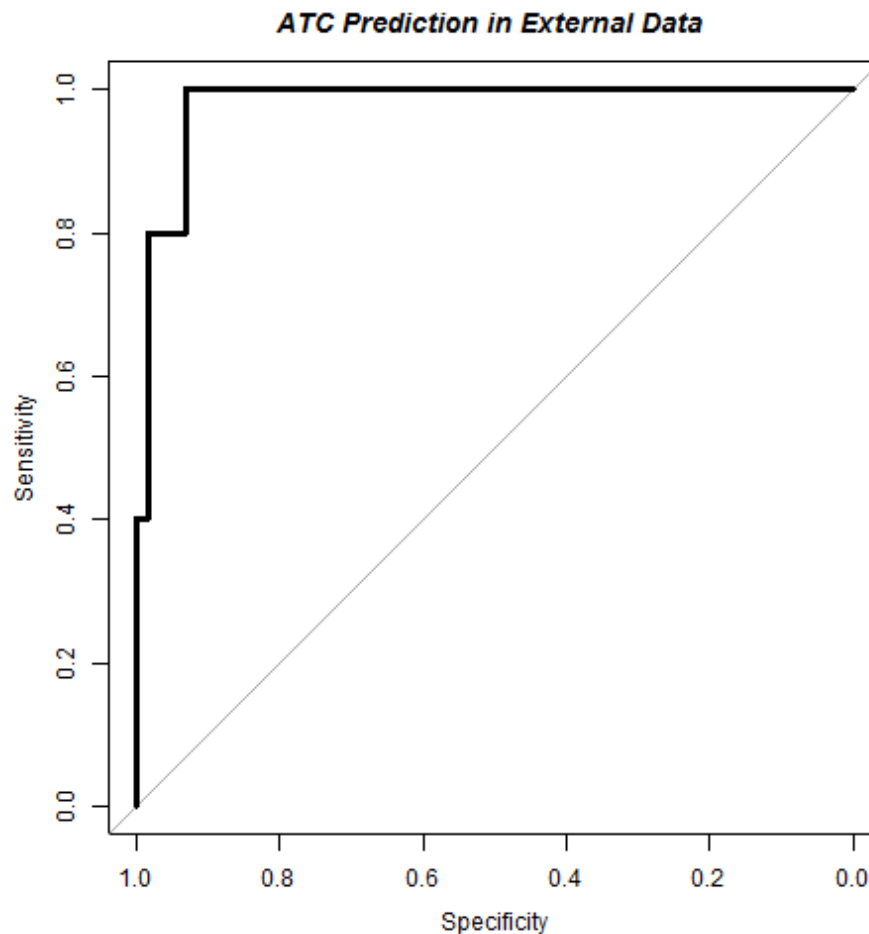
Specificity:
81%

Calibration



HL statistic = 4.4 (p-value = 0.77)

External Validation



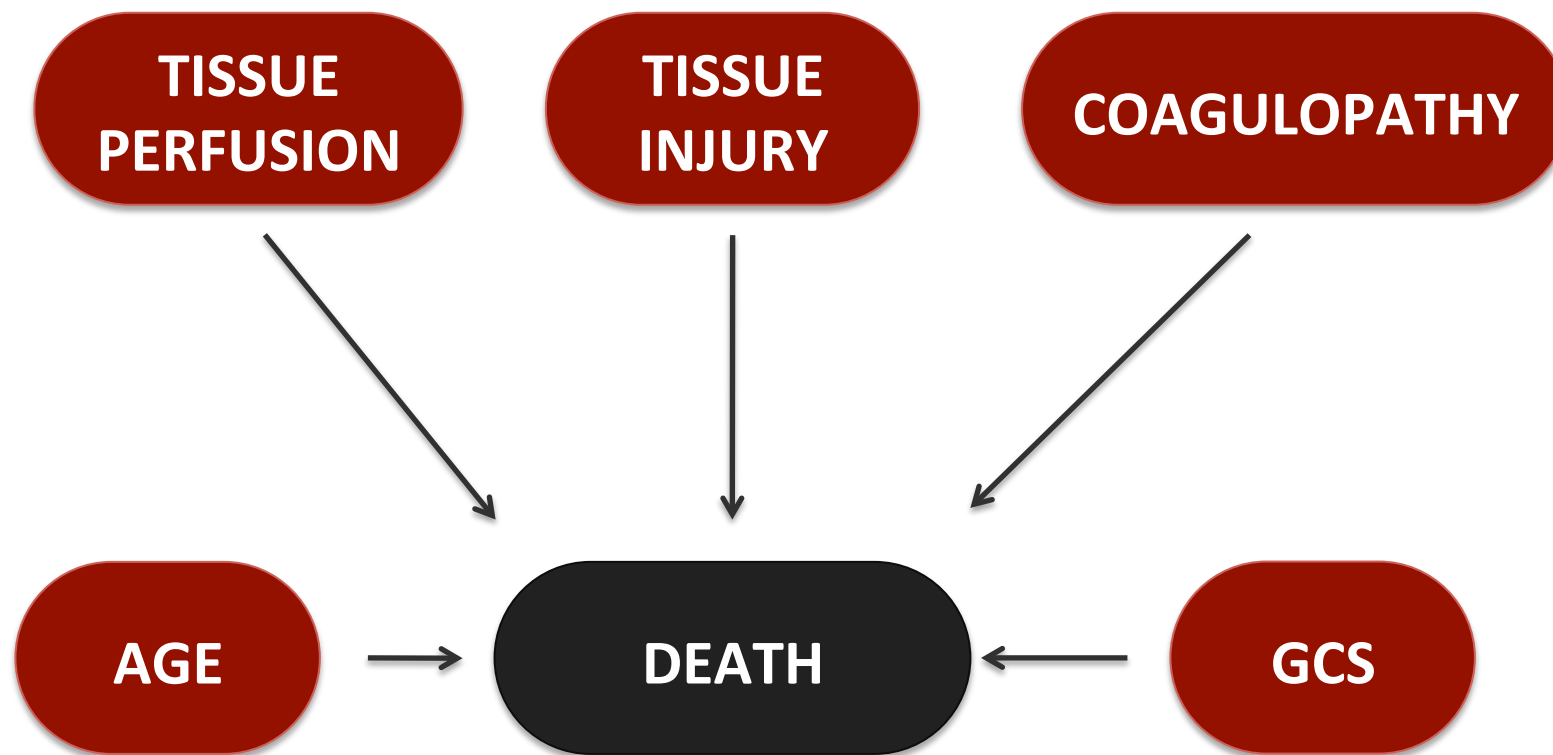
AUROC:
0.979 (0.95 – 1.0)

Sensitivity:
100 %

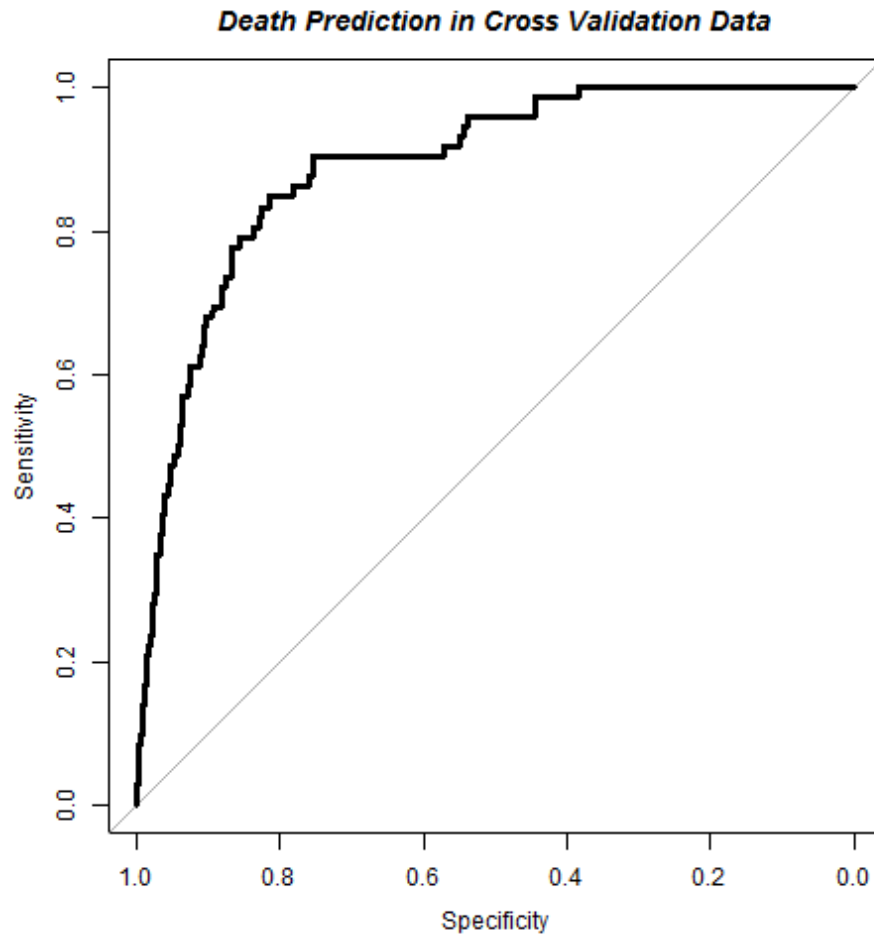
Specificity:
93%

Hosmer-Lemeshow
4.3 ($p = 0.68$)

Risk of Death



Internal Validation



AUROC:

0.89 (95%CI: 0.85 – 0.93)

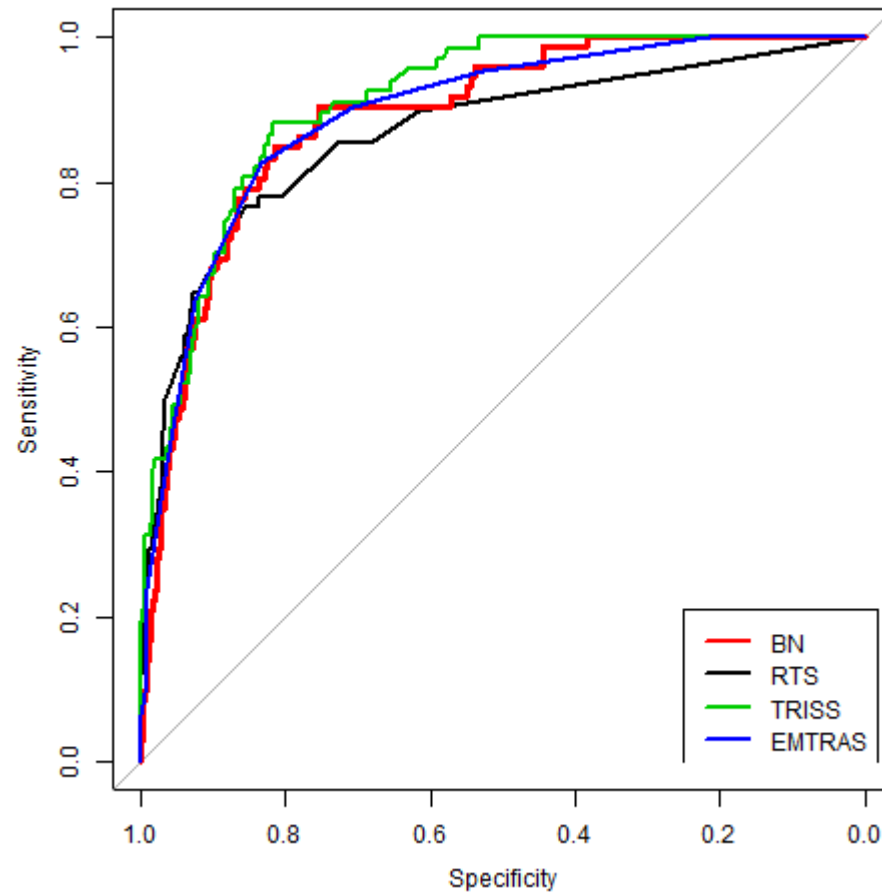
Sensitivity: 90%

Specificity: 75%

Calibration: $p = 0.13$

Mortality Prediction

Comparison of BN, RTS, TRISS, EMTRAS in Cross Validation Data



	AUROC	Specificity
BN	0.889	75%
TRISS	0.910	74%
RTS	0.859	61%
EMTRAS	0.895	70%

Prediction → Decision Support

- Risk categories to present model's predictions

Risk Category	Sensitivity	Specificity	PPV
Yellow	0.90	0.83	0.39
Orange	0.69	0.9	0.49
Purple	0.54	0.97	0.71
Red	0.41	0.99	0.85

ATC Prediction System

Patient ID: pt12345 Prediction ID: 2 Date/Time: 2013-06-10 11:53

Ambulance Service Handover Details:
 Mechanism is Blunt
 Energy is High
 Pre Hospital Fluids (PreHosp) is less than 500ml
 Age is less than 65

Vitals Details:
 Heart Rate (HR) is 100
 Systolic Blood Pressure (SBP) is 110

Primary Survey Results Details:
 Glasgow Coma Score (GCS) is 5
 Haemothorax (HT) is Yes
 FAST is Positive
 Unstable Pelvis (UP) is No
 Long Bone Injury (LB) is No

Blood Gas Analysis Details:
 Base Excess (BE) is -4
 Lactate is 4
 pH is 7.3

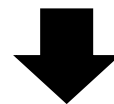
DEATH
 Risk: **Severe**
 The probability of the patient dying is 20.0%

ATC
 Risk: **Moderate**
 The probability of the patient having ATC is 11.0%

HYPERFUSION
 Risk: **Moderate**
 The probability of hyperperfusion for the patient is 75.0%, with a less than 1% pr... of uncompensated shock.

Traffic Lights Bar Graphs

INJURED PATIENT



**SAVE
LIFE**



VIABILITY

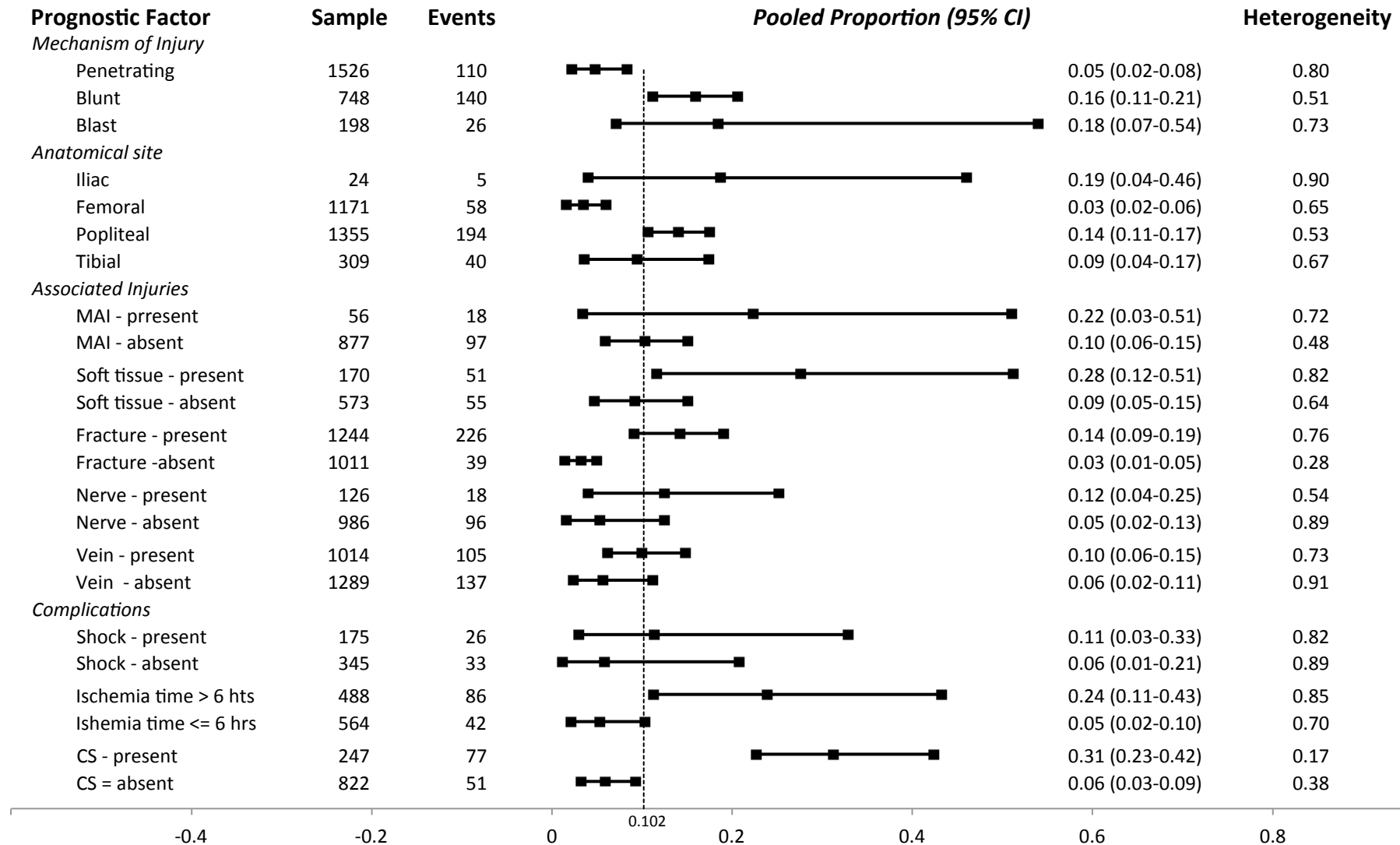
FUNCTION

INFECTION

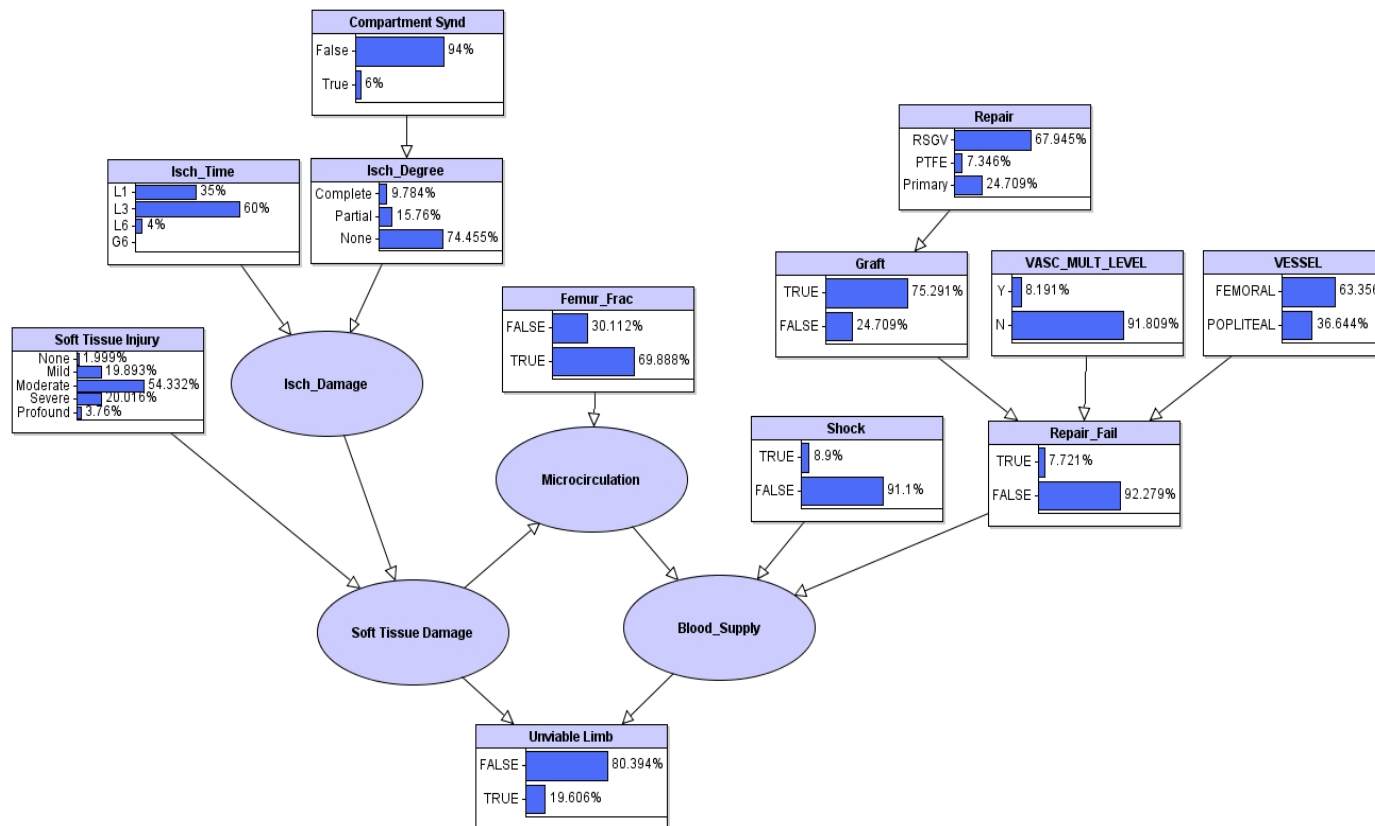
**SAVE
LIMB**

Rx FAILURE

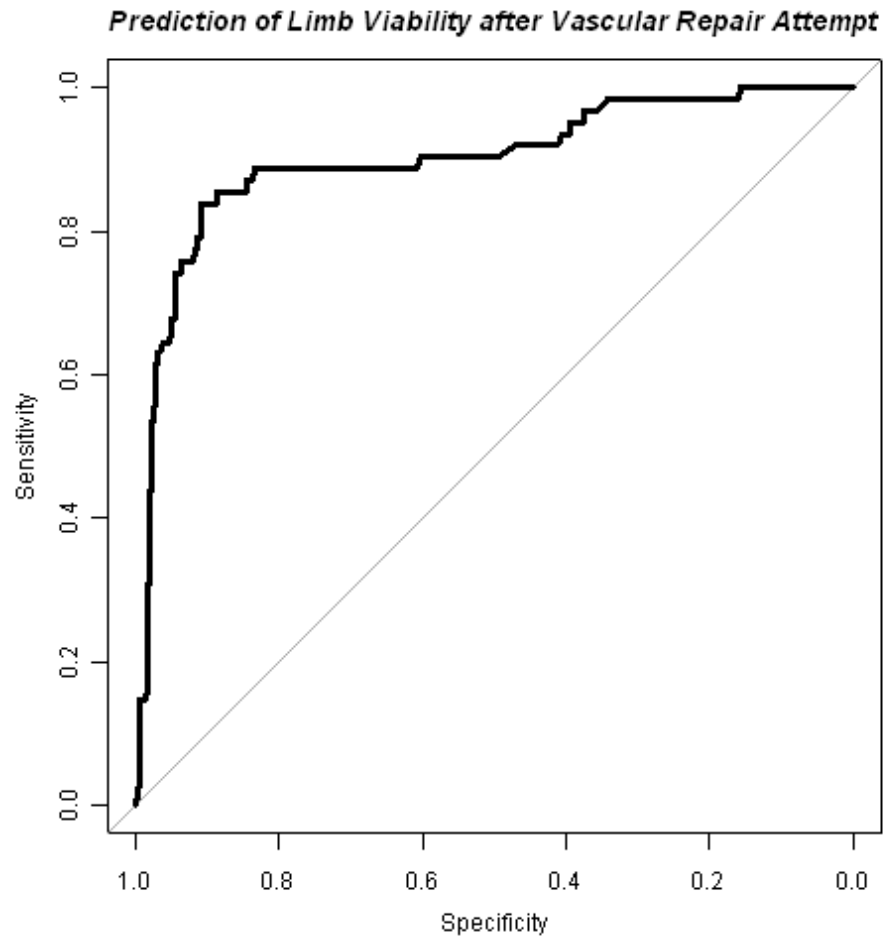
Prognostic Factors for 2nd Amp



Limb Viability Bayesian Network



Validation – Limb Viability



AUROC:

0.901 (95%CI: 0.85 – 0.95)

Sensitivity: 90%

Specificity: 81%

Calibration: $p = 0.01$

Conclusion

- Demonstrated viable alternative to scoring systems
 - For complex decision pathways
- Key features
 - Flexible inputs
 - Causal models: historical data and clinical knowledge
 - Include underlying states
 - Measurement data and guided review
 - Adaptable to new evidence
- Promising application to ATC and Vascular Limb Injuries
- Many potential applications of techniques