

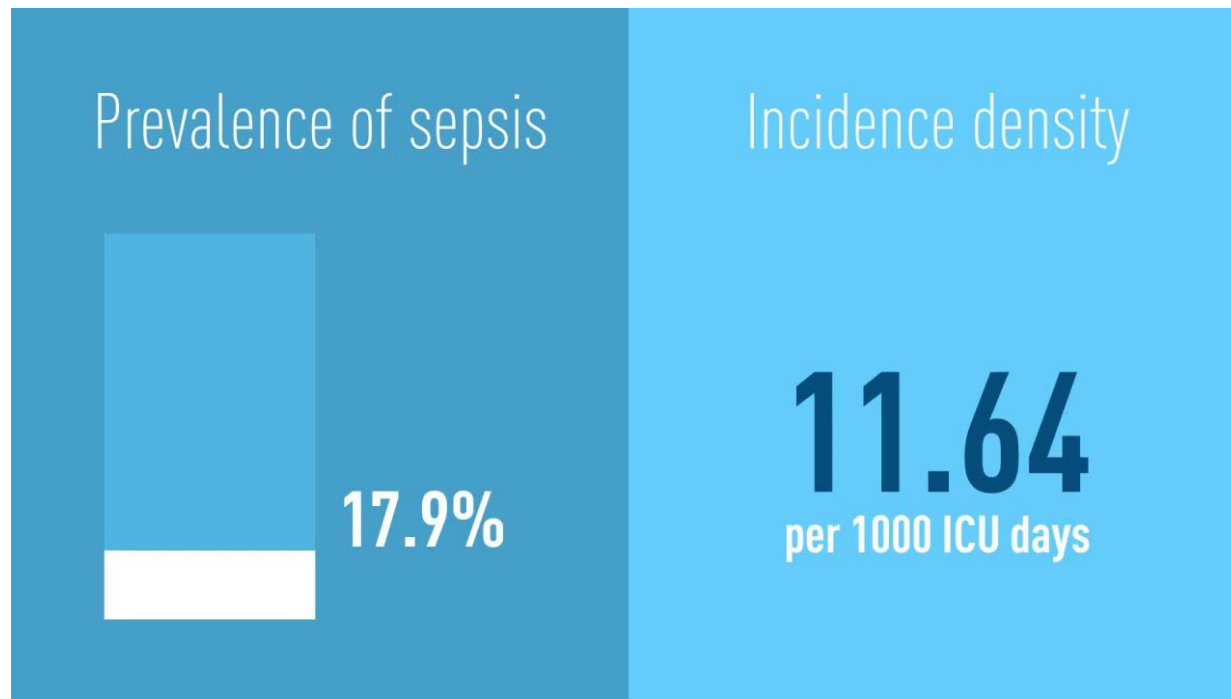
Team 14

**Development and validation of risk prediction model
on novel clinical sepsis phenotype for personalized
management and precise care for sepsis**

sepsis

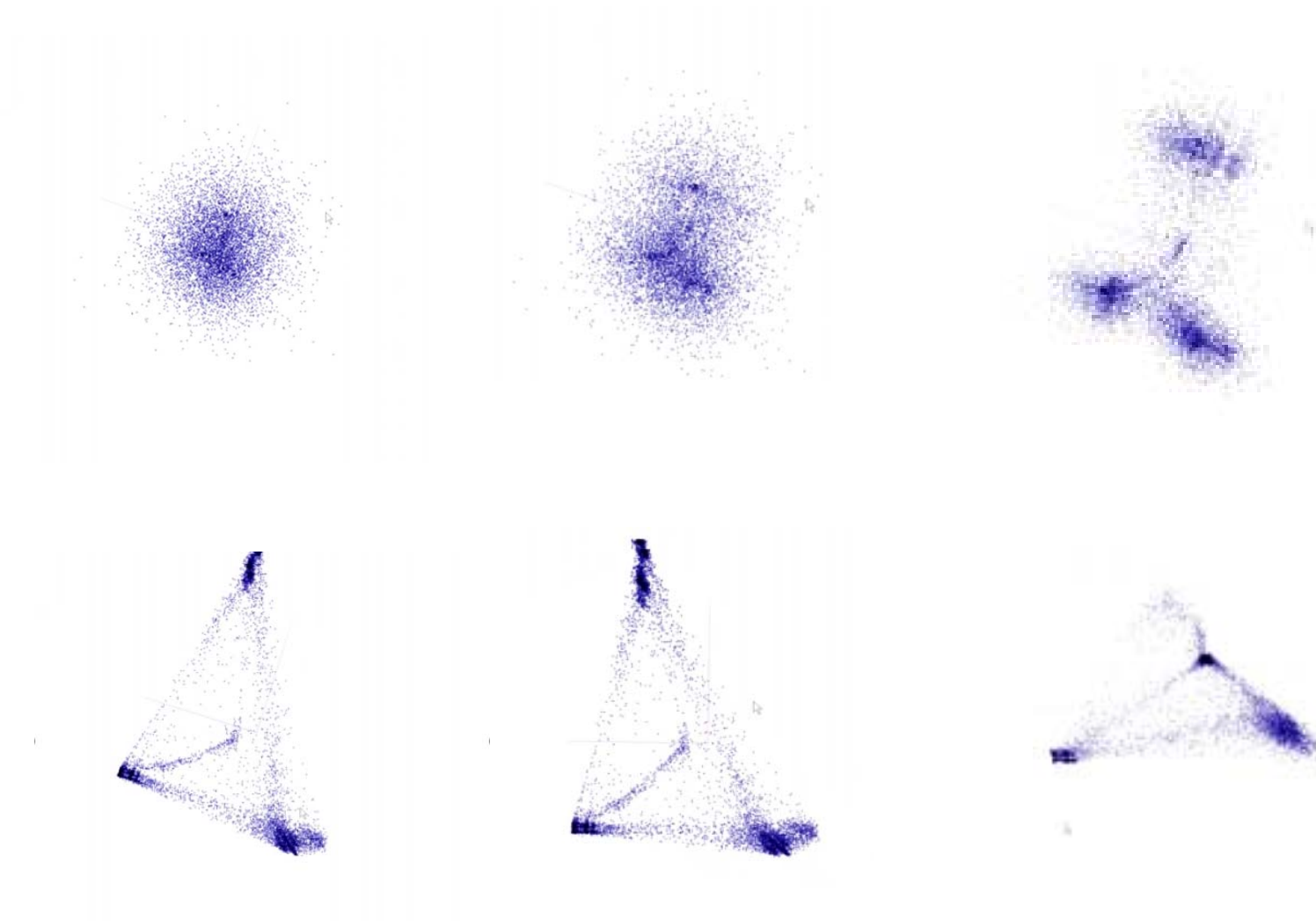
The background of the slide features a blurred image of a hand holding a small globe. The word 'sepsis' is prominently displayed in a large, dark blue font across the center of the image. Surrounding the word and the hand is a word cloud containing various medical and scientific terms in different colors and sizes, including 'microbiology', 'clinical', 'phenotype', 'management', 'precise care', 'risk prediction model', 'validation', 'personalized', and 'care'.

Sepsis



- Sepsis is defined as a dysregulated response infection that leads to acute organ dysfunction (Sepsis-3)
- Sepsis is the leading cause of death in ICUs
- Sepsis accounts for \$17 billion in direct U.S. healthcare expenditures each year
- Sepsis is a syndrome, not a disease and diagnosis is challenging

K-means clustering

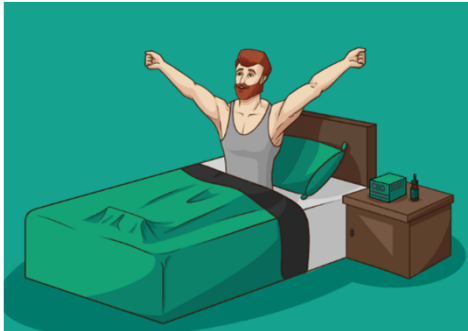


Baseline Characteristics

category	α (N=1878)	β (N=3302)	γ (N=1451)	δ (N=1836)	Pvalue
Age	70.1 \pm 45.5	87.6 \pm 72.4	66.7 \pm 35.8	69.8 \pm 46.2	<0.001
Male	906 (48.2%)	1913 (57.9%)	828 (57.1%)	1092 (59.5%)	<0.001
Vital sign					
Heart rate	115.3 \pm 24.3	117.3 \pm 24.3	121.4 \pm 28.0	131.1 \pm 33.5	<0.001
Respiration rate	32.6 \pm 12.3	33.6 \pm 10.3	35.7 \pm 13.0	1327.7 \pm 54973.1	0.132
Renal					
BUN	32.4 \pm 22.9	39.4 \pm 25.5	56.5 \pm 35.8	62.8 \pm 39.8	<0.001
Creatinine	1.7 \pm 1.8	2.0 \pm 1.9	2.9 \pm 2.6	3.0 \pm 4.4	0.002
Chloride	107.8 \pm 5.6	110.2 \pm 5.9	111.6 \pm 7.1	112.0 \pm 9.3	0.559
ABGA					
PaO2	46.3 \pm 42.4	70.3 \pm 60.8	48.2 \pm 33.0	50.9 \pm 32.9	<0.001
PaCO2	34.1 \pm 28.3	46.8 \pm 24.8	47.2 \pm 25.9	47.8 \pm 23.2	<0.001
HCO3	21.8 \pm 4.5	20.9 \pm 4.6	17.6 \pm 5.4	17.5 \pm 4.9	0.003
Liver					
Total_Bilirubin	0.8 \pm 1.8	1.2 \pm 3.0	2.8 \pm 6.5	5.7 \pm 9.9	<0.001
INR	1.9 \pm 2.4	2.1 \pm 3.1	2.8 \pm 5.8	3.0 \pm 4.3	0.061
Albumin	2.0 \pm 1.4	2.2 \pm 1.4	2.2 \pm 1.1	2.3 \pm 0.9	0.269
Hematologic					
Hemoglobin	9.2 \pm 1.7	9.2 \pm 1.7	8.4 \pm 1.7	8.0 \pm 1.6	<0.001
Platelet	296.7 \pm 100.4	162.3 \pm 43.9	128.1 \pm 76.4	60.8 \pm 34.0	<0.001
Glucose	167.6 \pm 55.6	191.0 \pm 54.8	482.0 \pm 284.5	206.4 \pm 55.6	<0.001
Lactate	1.9 \pm 1.8	2.6 \pm 2.3	4.4 \pm 4.2	4.5 \pm 3.9	0.038
Diagnosis					<0.001
Sepsis	525 (28.0%)	865 (26.2%)	446 (30.7%)	623 (33.9%)	
Cardio-Respiratory	128 (6.8%)	161 (4.9%)	78 (5.4%)	132 (7.2%)	
Neurologic	50 (2.7%)	60 (1.8%)	19 (1.3%)	17 (0.9%)	
Renal	48 (2.6%)	65 (2.0%)	43 (3.0%)	44 (2.4%)	
Cancer	763 (40.6%)	1477 (44.7%)	526 (36.3%)	523 (28.5%)	
Other	364 (19.4%)	674 (20.4%)	339 (23.4%)	497 (27.1%)	
In Hospital Mortality	546 (29.1%)	1043 (31.6%)	638 (44.0%)	949 (51.7%)	<0.001

Results – Clustering

α



- Highest survival
- Normal lactate
- **Lowest mortality↓**

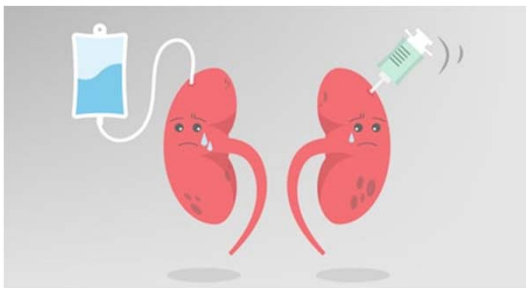
β

Cancer



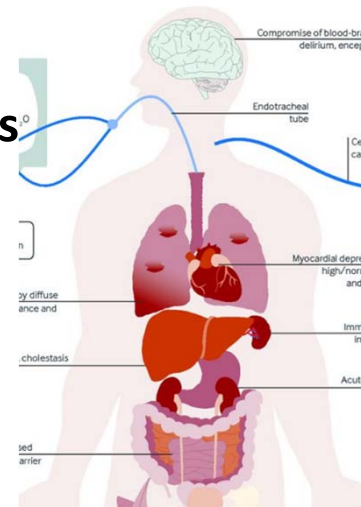
- Oldest
- Cancer

γ



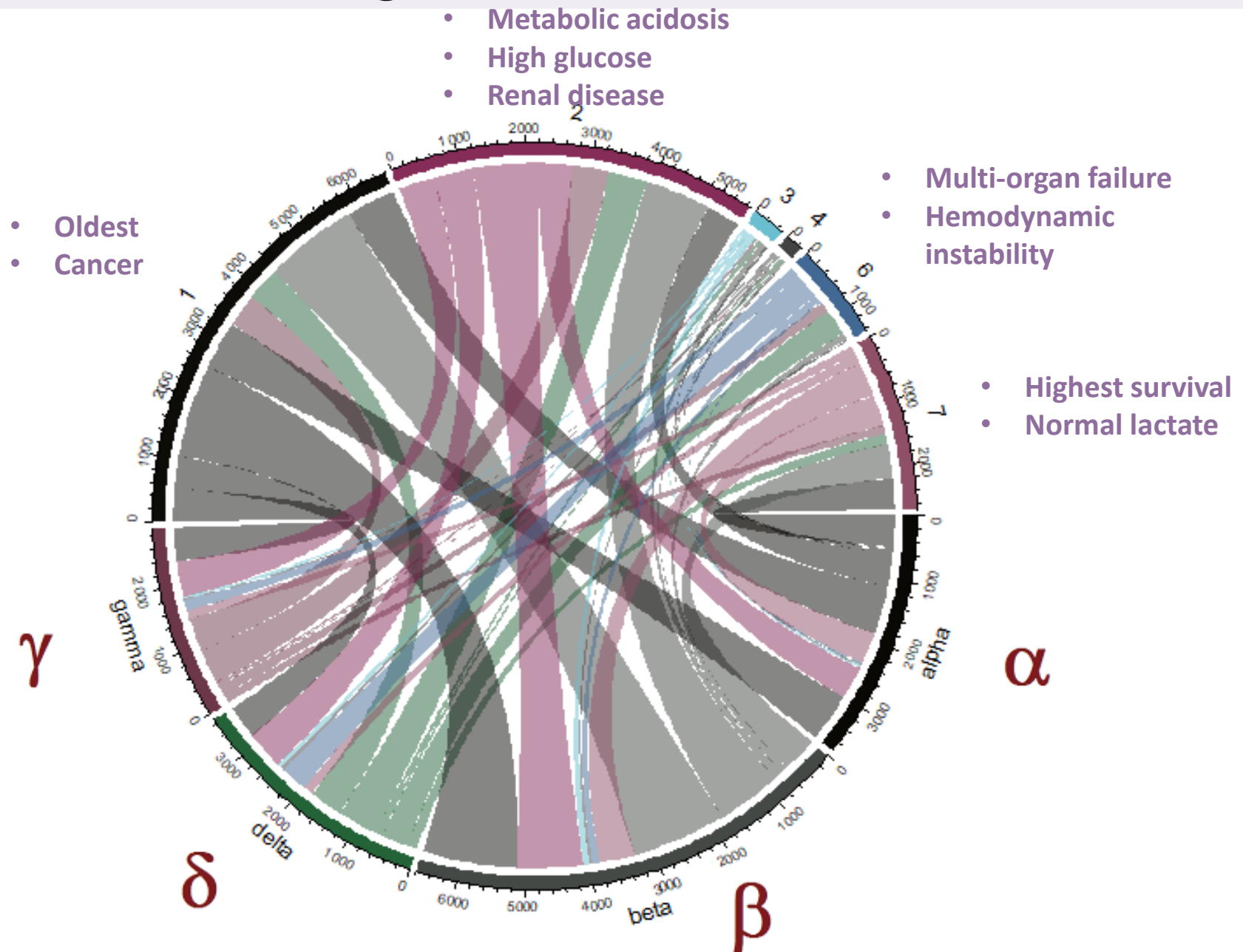
- Metabolic acidosis
- High glucose
- Renal disease

δ

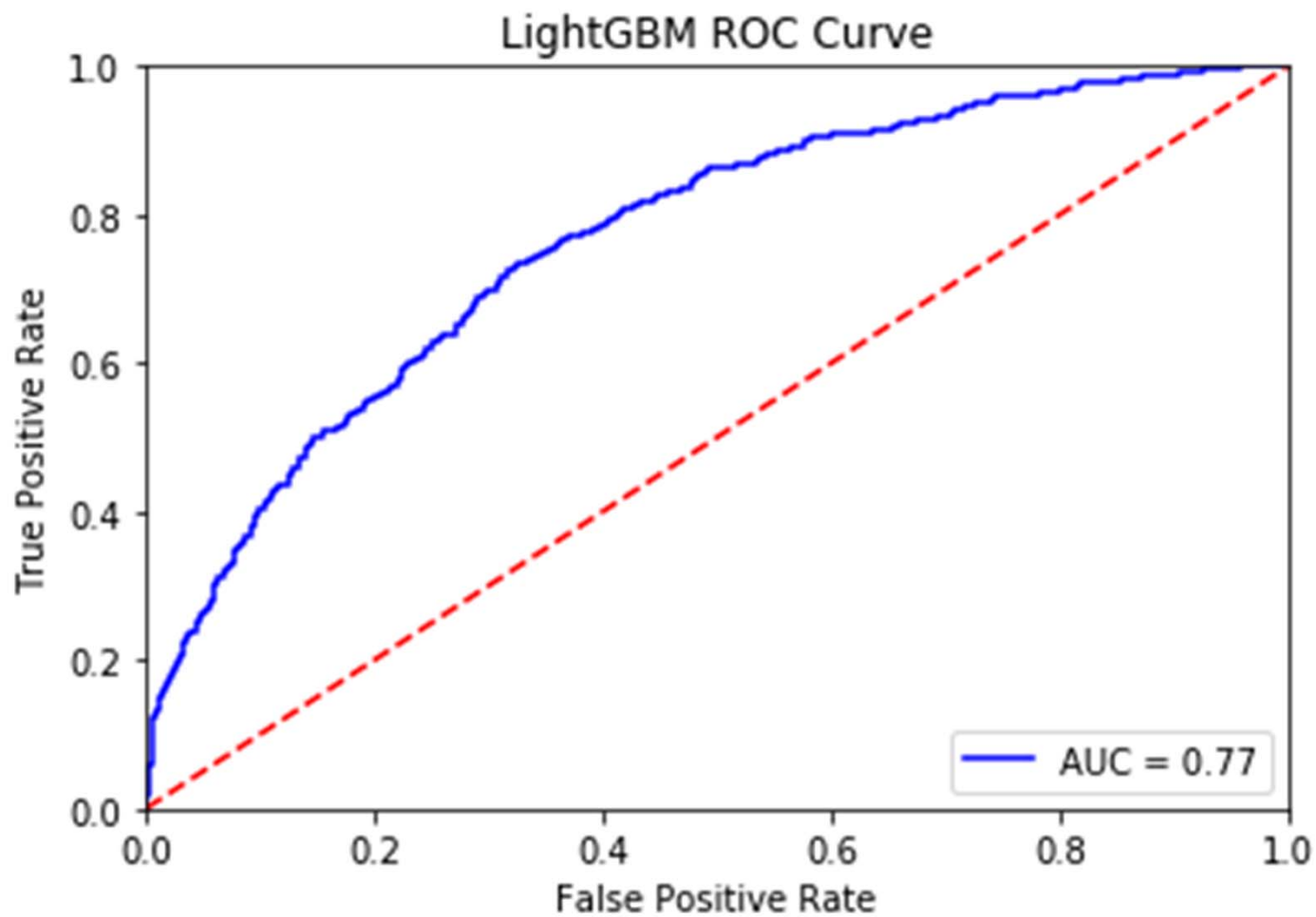


- Multi-organ failure
- Hemodynamic instability
- **Highest mortality↑**

Results – Cord Diagram



Results – ROC Curve



Conclusion

- In this large-scaled clustering analysis of MIMIC-3 data with sepsis, **novel four clinical phenotypes** of sepsis were identified.
- **Novel four phenotypes** were multi-dimensional, differed in their demographics and laboratory abnormalities, patterns of organ dysfunction, and were not homologous with traditional sepsis grouping by severity of illness.
- Novel four clinical phenotypes were identified that correlated with clinical outcomes (mortality) and suggested these phenotypes may help in understanding heterogenic pathophysiology of treatment effects and strategy.