

Information Theory and Bayesian Modeling of prognosis in Lassa Fever patients



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INTRODUCTION

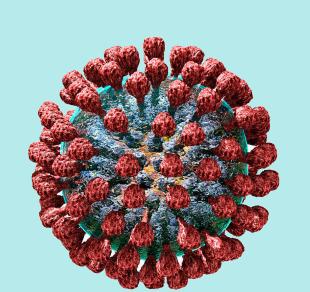
With the global rise in human infectious disease outbreaks¹, faster and more throughput methods must be developed to improve patient diagnosis and treatment. Machine learning is often used as a rigorous approach to predict prognosis, yet most of these techniques are restricted to large datasets with complete information, posing a problem during an epidemic, since patient profiles often contain missing values. We developed a robust pipeline that can effectively model patient prognosis, even in the cases where the data base is small and/or incomplete by incorporating both information theory and machine learning techniques.

We applied our method to analyze clinical data from approximately 200 patients who suffered from Lassa Fever, an acute viral hemorrhagic disease endemic in parts of west Africa. Despite causing thousands of deaths per year, relatively little is known of the clinical course or predictors of disease outcome. We created data-driven predictive models with an accuracy of over 90% to help health care workers more accurately determine severity and better assess the needs of patients.

CASE STUDY: LASSA FEVER

Lassa Virus:

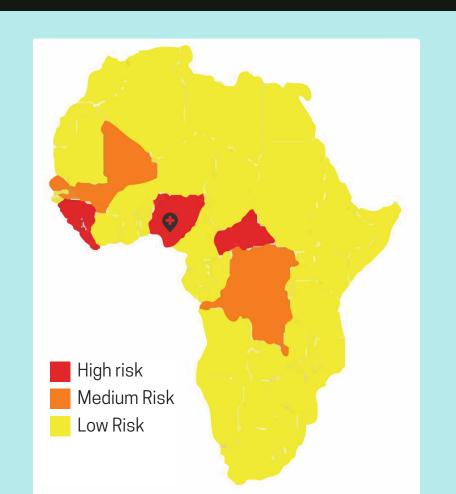
- Negative-strand RNA virus carried and spread by the multimammate rat, the virus' main resevoir².
- 100,000 to 300,000 people are estimated to be infected, with approximately 5,000-10,000 deaths per year².
- No vaccine is currently available, though Lassa Fever can be treated with the anti-viral drug Ribavirin².



RNA virus. The Lassa virus is spread by the rodent Mastomys na talensis^{4,5}. Lassa feve infections can be difficult to distinguish from other hemorrhagic fevers such as Ebola and Marburg³.







Risk map of Lassa Fever in Africa. ISTH one of the few sites with capacity to conduct on-site diagnostics and treatment for Lassa Fever patients³.

Data:

- Demographic, symptomatic, laboratory, and SNP data collected from 203 confirmed Lassa Fever patients between 2012-2013.
- Data collected from the Irrua Specialist Teaching Hospital (ISTH) in Nigeria.

METHODOLOGY

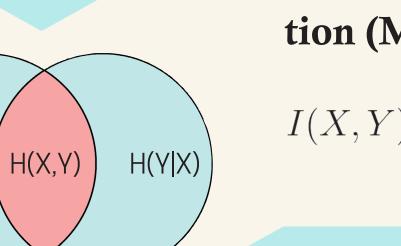
Variable Selection

We developed Mirador, a data visualization and exploratory analysis tool used to identify and rank highly correlated variables.

Deviation of Estimate from True MI

H(X|Y)





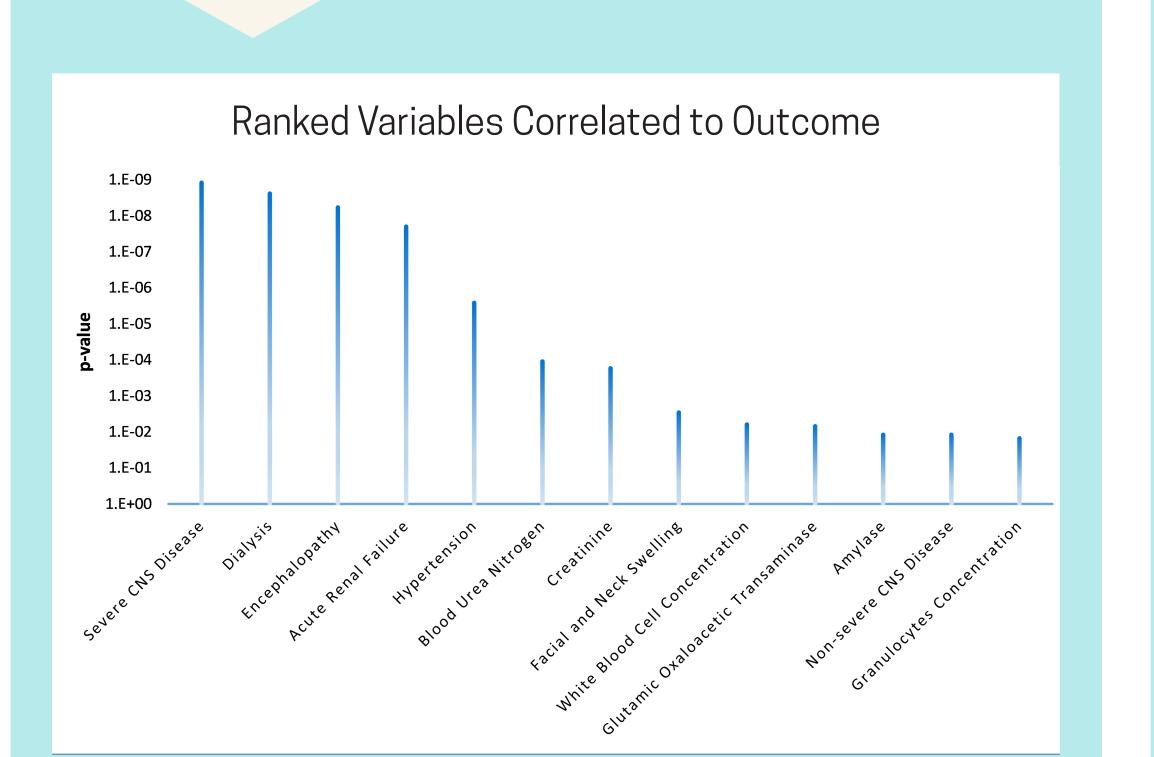
Estimated relative dependence of variables using Mutual Information (MI).

$$I(X,Y) = \sum_{y \in Y} \sum_{x \in X} p(x,y) log \frac{p(x,y)}{p(x)p(y)}$$

The distribution of the MI statistic for independent variables can be approximated with a Gamma Distribution⁶.

$$\hat{I}(X, Y|Z=z) \ \Gamma(\frac{1}{2}(\chi-1)(Y-1, \frac{1}{N}))$$

Variables are compared against outcome and sorted by p-value. Variables within a 10% False Discovery Rate are selected for futher processing to control for type I errors (false positives) when conducting multiple comparisons.



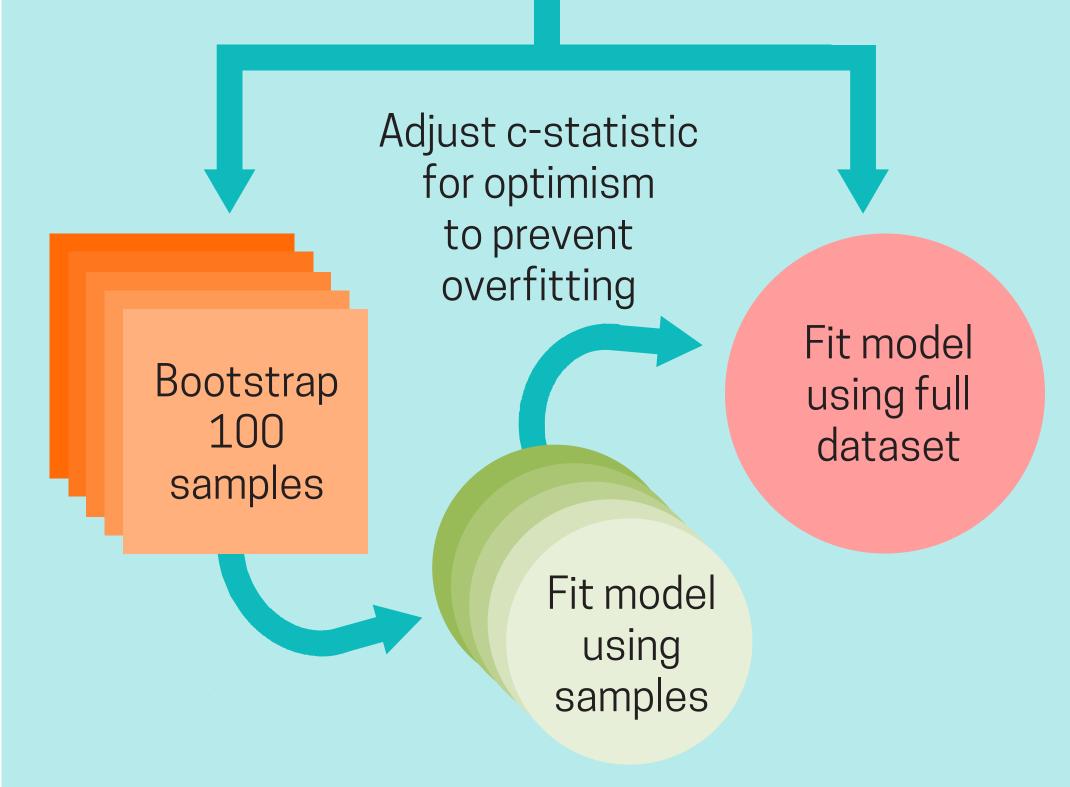
Correlation Ranking. Variables were sorted by p-value and those within 10% FDR were considered for further analysis.

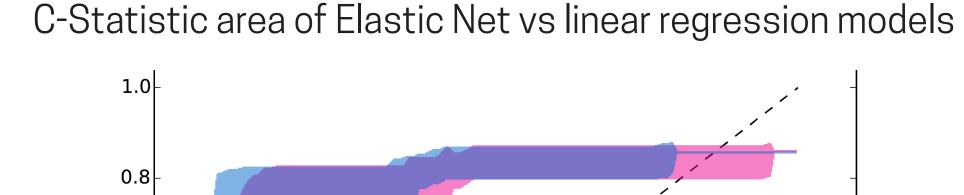
Method Selection

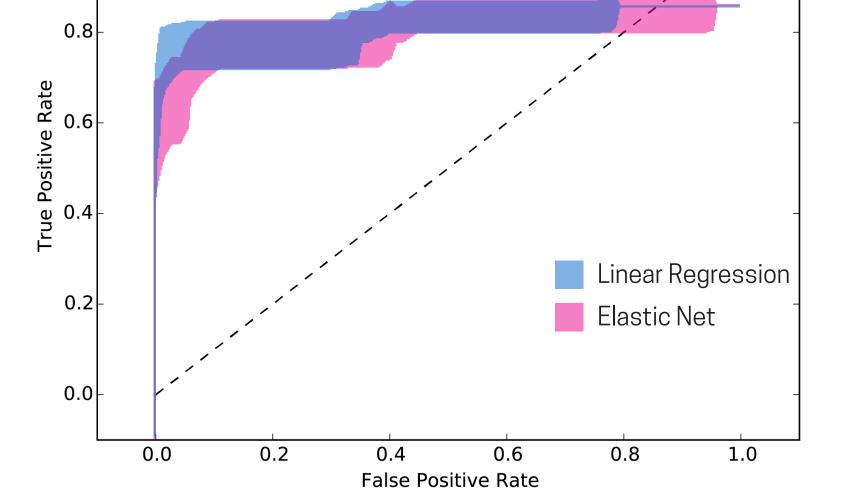
We compared the performance of nine different linear regression methods, and found that the Elastic Net model gave the highest c-statistic. We favored selection reduction methods since more simplistic models are easier for health care workers to implement. The Elastic Net model selected 9 of the top 13 variables in its model.







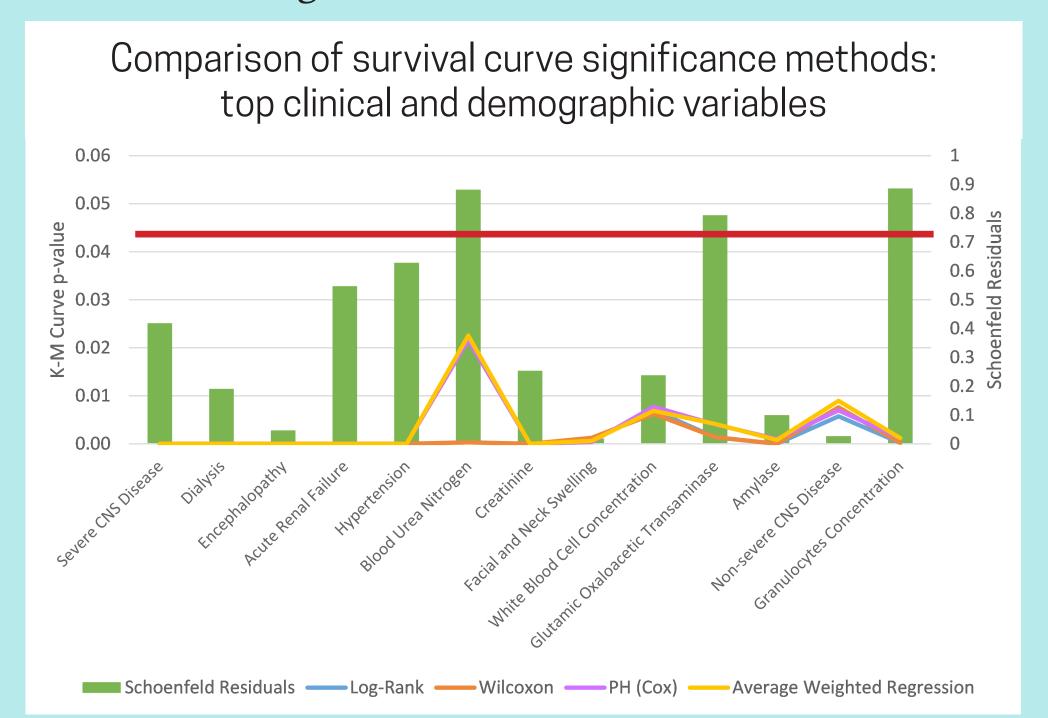




C-Statistic. The elastic net method had the highest c-statistic, which is the area under the receiver operator characteristic curve, indicating better predictive performance.

Survival Analysis

We analyzed survival using Kaplan-Meier (K-M) curves to better understand the effects of highly correlated variables on survival. Schoenfeld residuals were used to test the non-proportional hazards assumption. Significance between two groups was measured using an average weighted regression model to adjust for non-proportional hazards⁷. All variables had p-values below 0.05 for every survival curve significance test.



Comparison of Survival Significance. A non-significant relationship between residuals and time support the proportional hazards assumption, so Average Weighted Regression test was used when Schoenfeld Residuals were below 0.05.

CONCLUSIONS

The detection of highly correlated variables through mutual information is an exploratory tool for a data-driven hypothesis-generating approach. Our univariate analysis and model selection pipeline was successful in predicting outcome for both Ebola and Lassa Fever. This pipeline has been used to determine dependencies in a diverse range of datasets. Software can be found at http://fathom.info/mirador/.

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