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# Decision Curve Analysis

Dr. Fani Deligianni,

[fani.deligianni@glasgow.ac.uk](mailto:fani.deligianni@glasgow.ac.uk)

Lecturer (Assistant Professor)

Lead of the Computing Technologies for Healthcare Theme

<https://www.gla.ac.uk/schools/computing/staff/fanideligianni>

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# Clinical Consequences

- Breast cancer detection as a use case:
  - A false-negative result is much more harmful than a false-positive result
  - A model with greater specificity but slightly worse sensitivity could have a better AUC
  - Worse choice for a clinical decision system for breast cancer detection



# Decision Analysis

- Decision Trees
  - Assign probabilities and
- Explicit valuation of health outcomes
  - Number of complications prevented
  - Quality-adjusted life-years saved



# A Simpler Method

For each model:

For  $p_t$  in range(a,b):

- Calculate the number of true- and false-positive results using  $p_t$  as the cut-point for determining a positive or negative result.

$$Net\ Benefit = \frac{True\ Positives}{N} - \frac{False\ Positives}{N} \times \frac{p_t}{1 - p_t}$$



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- Plot net benefit on the y axis against  $p_t$  on the x axis.
- Repeat steps assuming all patients are positive
- Draw a straight line parallel to the x-axis at  $y=0$  representing the net benefit associated with the strategy of assuming that all patients are negative



# Decision Curve Analysis - Examples

- Prostate cancer with elevated PSA – intervention would mean a biopsy
- In patients with an infection – intervention would mean antibiotics
- In preventing heart disease – intervention might be statins/medication
- Decision curve analysis includes results for
  - ‘intervention for all’
  - ‘intervention for none’

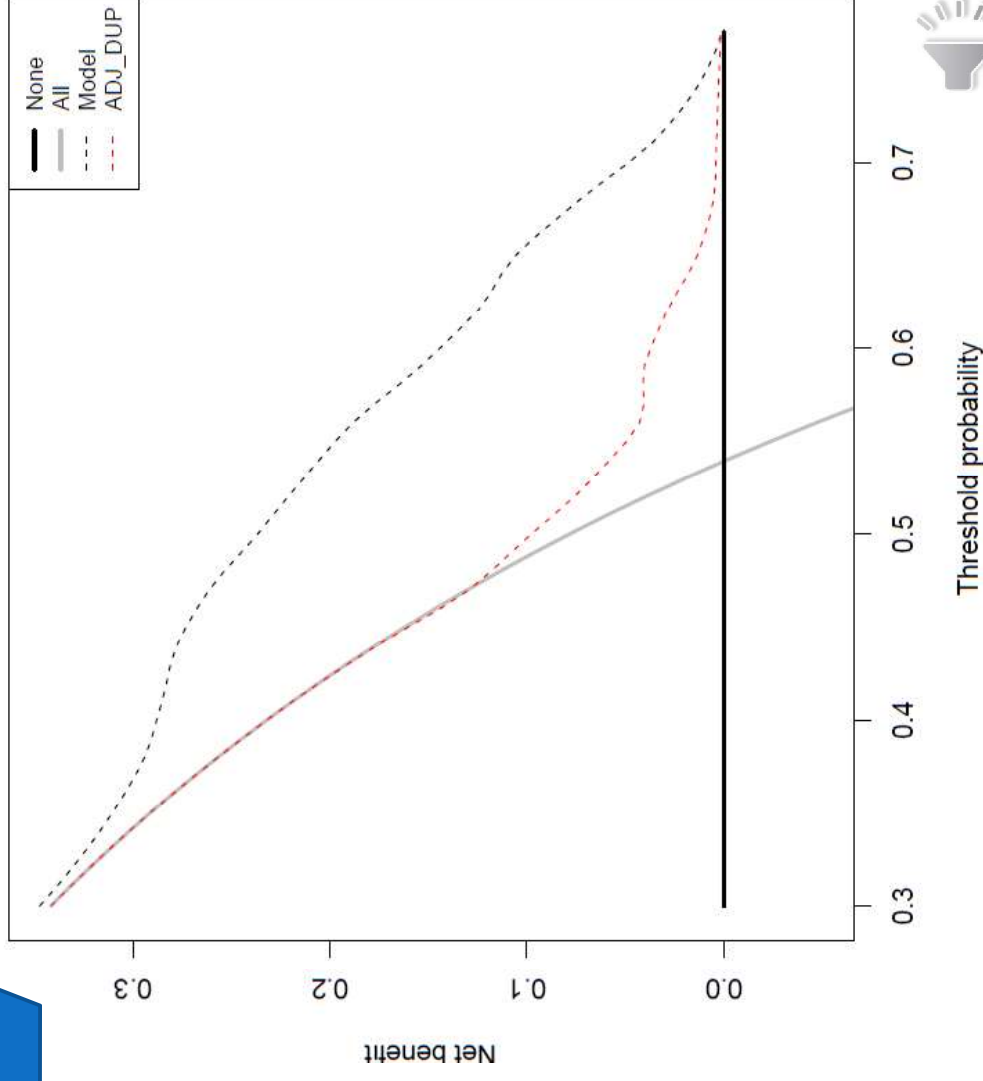
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# Decision Curve Analysis

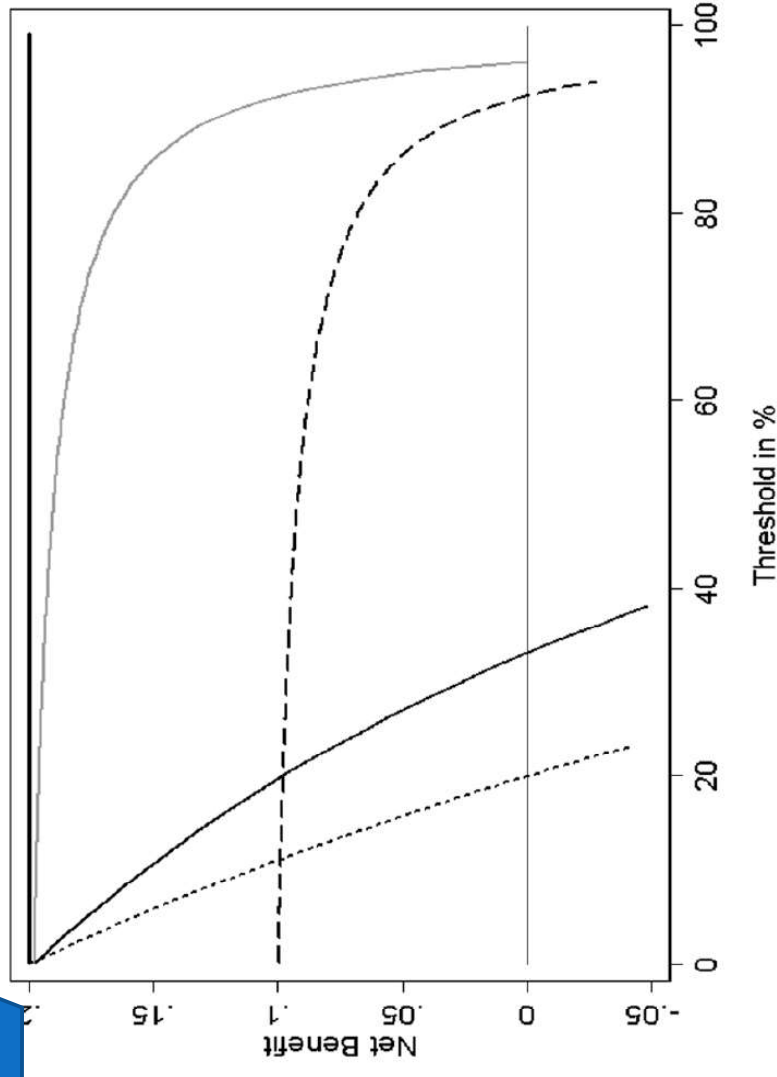
- Compare model with treating all positive, treating none or treating based on the duration of untreated psychosis alone
- Treatment probability threshold: 40-60%



Leighton et al. 2021

# Theoretical Examples

- Disease incidence is 20%
- Sensitivity vs Specificity across threshold probabilities



*Net Benefit*

$$= \text{sensitivity} \times \text{prevalence} - (1 - \text{specificity}) \times (1 - \text{prevalence}) \times \frac{\text{Threshold Probability}}{1 - \text{Threshold Probability}}$$

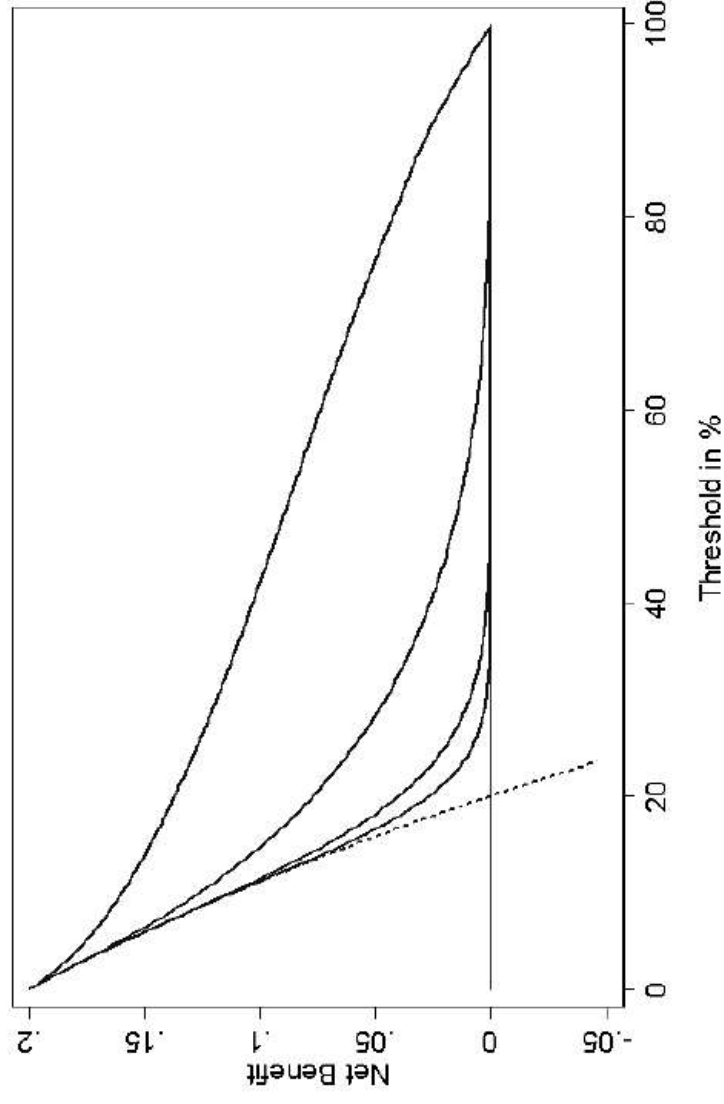


Vickers et al. 'Decision curve analysis: a novel method for evaluating prediction models', 2006



# Theoretical Examples

- Disease incidence is 20%
- Laboratory test, normally distributed



*Net Benefit*

$$= \text{sensitivity} \times \text{prevalence} - (1 - \text{specificity}) \times (1 - \text{prevalence}) \times \frac{\text{Threshold Probability}}{1 - \text{Threshold Probability}}$$



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# Summary

- Incorporating clinical consequences is important in clinical decision models
- Clinical benefits can be easily quantified with decision curve analysis
- Decision curve analysis is an intuitive way to compare prediction models
- Decision curves do not replace other forms of validation and measures of accuracy



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