

Blue Team Members:

Han Kim Hieu "Hugh" Nguyen Qingchu Jin Sharmila Tamby Tatiana Gelaf Romer Eric Sung

Biomedical Pls:

Dr. Robert Stevens

Dr. Jose Suarez

Dr. Christian Storm

Engineering Pls:

Dr. Raimond Winslow

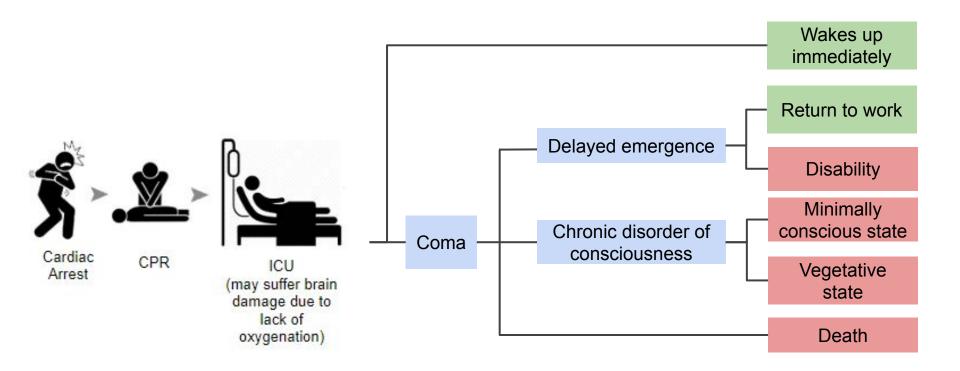
Dr. Joseph Greenstein

Teaching Assistant:

Ran Liu



Problem Introduction



Significance and Innovation

More than
500,000
annual cases in the US

\$140,000 cost incurred



per QALY for continuing aggressive treatment in high-risk patients

Fewer than 10%



leave hospital without neurological damage

Large Unmet Need



for accurate and reliable methods to predict post-CA prognostication

We bring to the table...



Integration of physiological time series



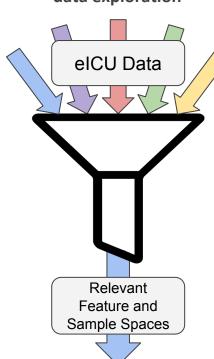
Large database from 200+ hospitals



Clinical and engineering expertise

Approach

Aim 1: Data preprocessing and data exploration



Aim 2: Prediction of cardiac arrest outcomes

Electronic Health Physiological Record Time Series Prediction Algorithms Neurological Mortality **Outcomes**

Machine Learning Algorithms:

GLM: LASSO & Elastic Net

Random Forest

Gradient Boosting

XGboost

Neural Networks (LSTM, GRU)

Transfer Learning

Model Refinement:

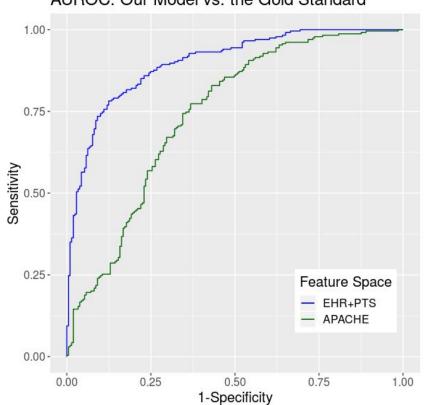
Optimization Techniques

Combination of Models (stacking)

Results

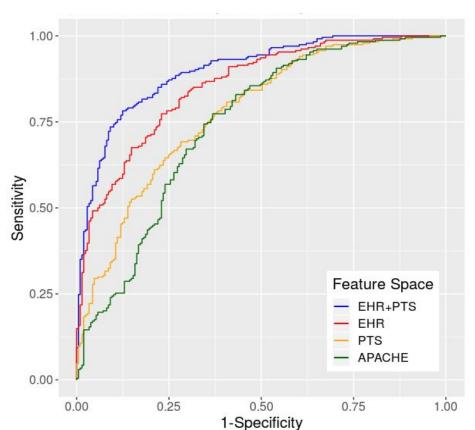
Neurological Outcome

AUROC: Our Model vs. the Gold Standard



	Clinical Baseline	Our Model
Area Under the ROC Curve	0.74	0.87
Sensitivity	0.77	0.78
Specificity	0.63	0.88

Results



	Clinical Baseline	EHR	PTS	EHR + PTS
AUC	0.74	0.83	0.78	0.87
Sensitivity	0.77	0.77	0.66	0.78
Specificity	0.63	0.77	0.74	0.88

With further validation, our models could:

- aid physicians in clinical decision making to allocate appropriate treatment regimens
- help identify previously overlooked predictive features which merit further investigation

Acknowledgements



Dr. Robert Stevens



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Dr. Christian Storm



Dr. Raimond Winslow



Dr. Sridevi Sarma



Dr. Joseph Greenstein



Ran Liu