

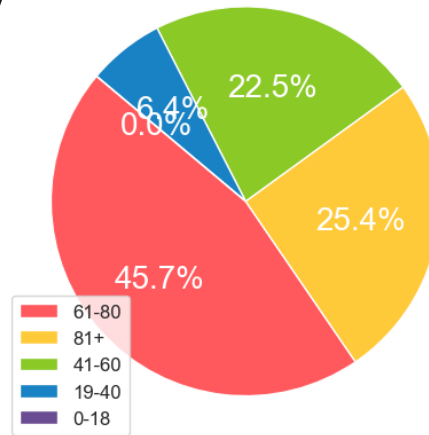
Sepsis Subphenotype Clustering: Critical Timing and Early-Warning Prediction

Presenter: Panyu Chen, Jiayu Gao

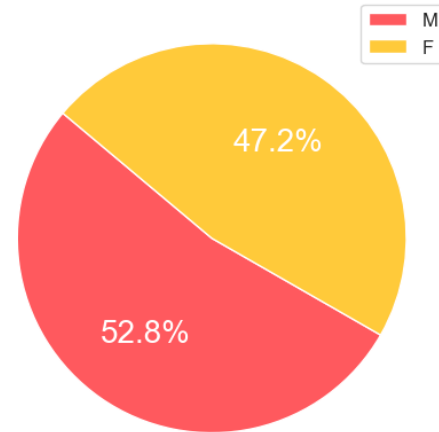
Sepsis -- Reality

- “Sepsis, a syndrome of physiologic, pathologic, and biochemical abnormalities induced by infection” [1]

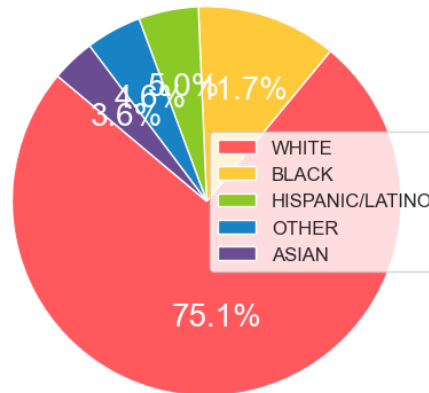
Age Group Distribution



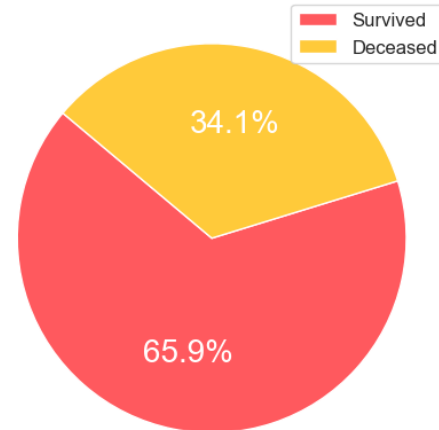
Gender Distribution



Ethnicity Distribution



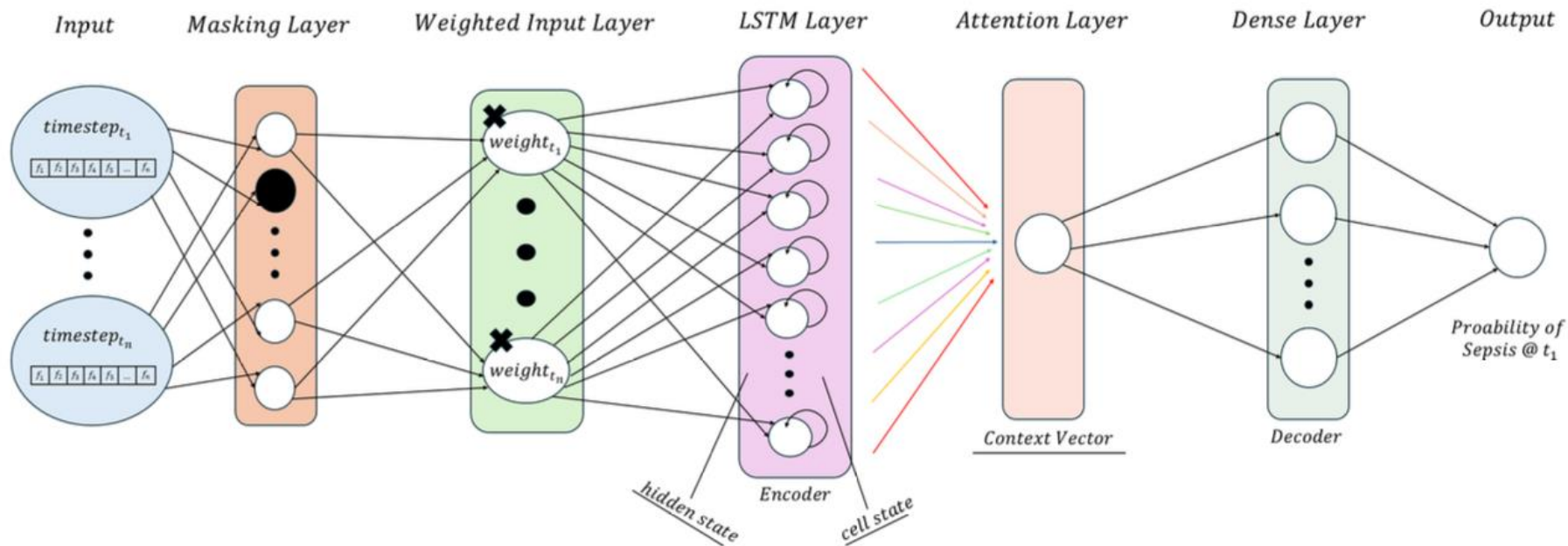
Mortality Distribution



	Score				
System	0	1	2	3	4
Respiration					
PaO ₂ /FIO ₂ , mm Hg (kPa)	≥400 (53.3)	<400 (53.3)	<300 (40)	<200 (26.7) with respiratory support	<100 (13.3) with respiratory support
Coagulation					
Platelets, ×10 ³ /μL	≥150	<150	<100	<50	<20
Liver					
Bilirubin, mg/dL (μmol/L)	<1.2 (20)	1.2–1.9 (20–32)	2.0–5.9 (33–101)	6.0–11.9 (102–204)	>12.0 (204)
Cardiovascular	MAP ≥70 mm Hg	MAP <70 mm Hg	Dopamine <5 or dobutamine (any dose) ^b	Dopamine 5.1–15 or epinephrine ≤0.1 or norepinephrine ≤0.1 ^b	Dopamine >15 or epinephrine >0.1 or norepinephrine >0.1 ^b
Central nervous system					
Glasgow Coma Scale score ^c	15	13–14	10–12	6–9	<6
Renal					
Creatinine, mg/dL (μmol/L)	<1.2 (110)	1.2–1.9 (110–170)	2.0–3.4 (171–299)	3.5–4.9 (300–440)	>5.0 (440)
Urine output, mL/d				<500	<200

Sepsis – Related Works

- Sepsis Prediction [2][3]



processing

Patch 0

Patch 1


Patch 2

Patch 3

...

Patch n

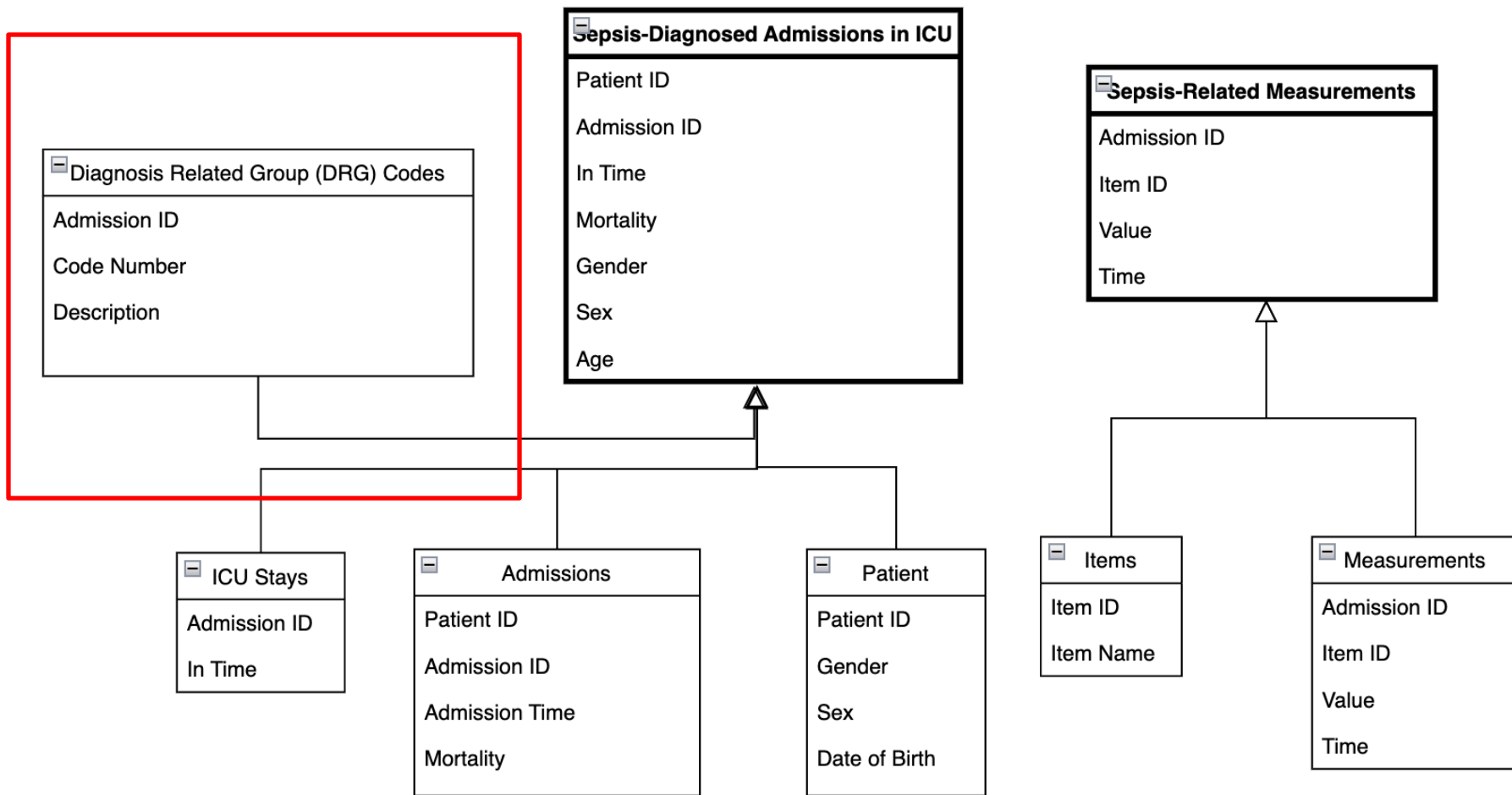
Related Works

- 
- Disease Subphenotype Clustering
Latent Dirichlet Allocation[4]
Sepsis -- Hierarchical Clustering [5]
COVID 19 -- Consensus K-Means Clustering[6]
 - No Time-Series Data is used!

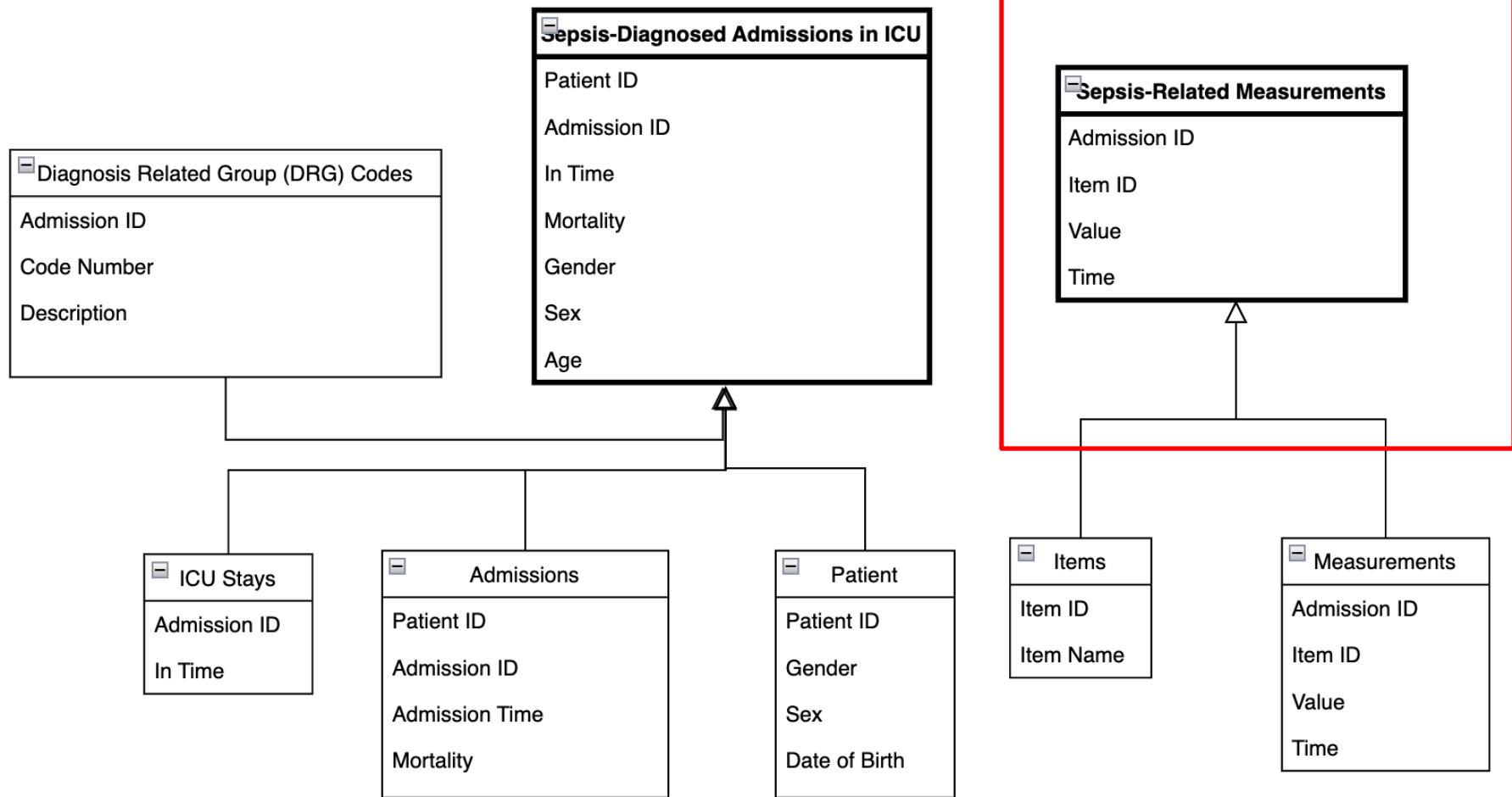
Related Works

- Sepsis Detection with Time-Series Data
 - Jensen-Shannon's Divergence [7]
- Disease Subphenotype Clustering with Time-Series Data
 - Acute Kidney Injury Subphenotype [8]
 - Liver Diseases Subphenotype [9]
 - Sepsis Sub-Phenotyping with Lung, Kidney, Heart-Related Diagnosis Calibration [10]**

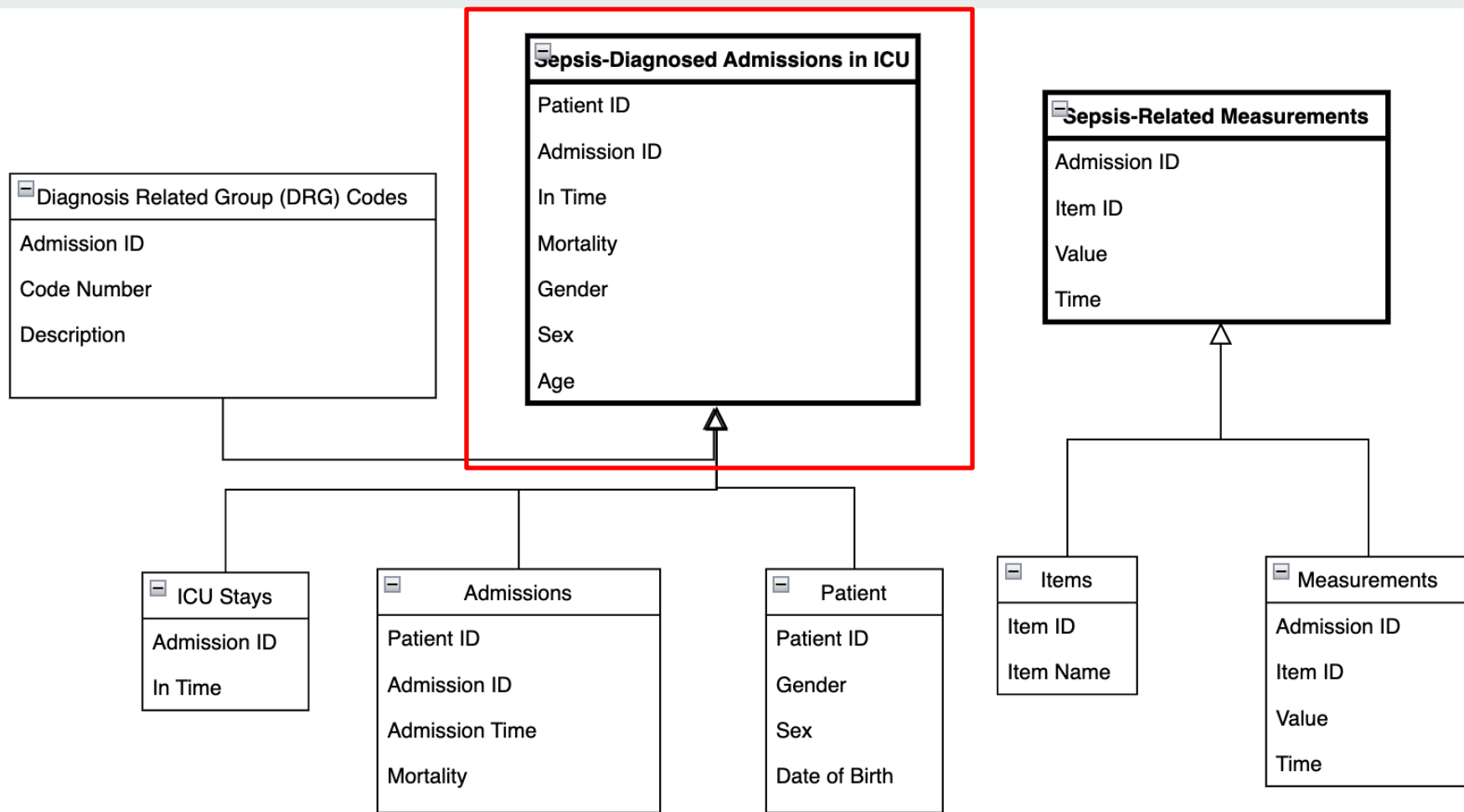
ICU Admissions in MIMIC-III



ICU Admissions in MIMIC-III



ICU Admissions in MIMIC-III



MIMIC-III: Sepsis-Related Items

Measured

- #220210, #224688, #224689, #224690 -- Respiratory Rate (Respiratory)
- #227457 -- Platelet Count (Coagulation)
- #225651, #225690, #226998 – Bilirubin (Renal)
- #220045 -- Heart Rate (Cardiovascular)
- #220615, #226751, #226752, #227005 – Creatinine (Renal)
- #224828 -- Base Excess (Liver)

Workflow

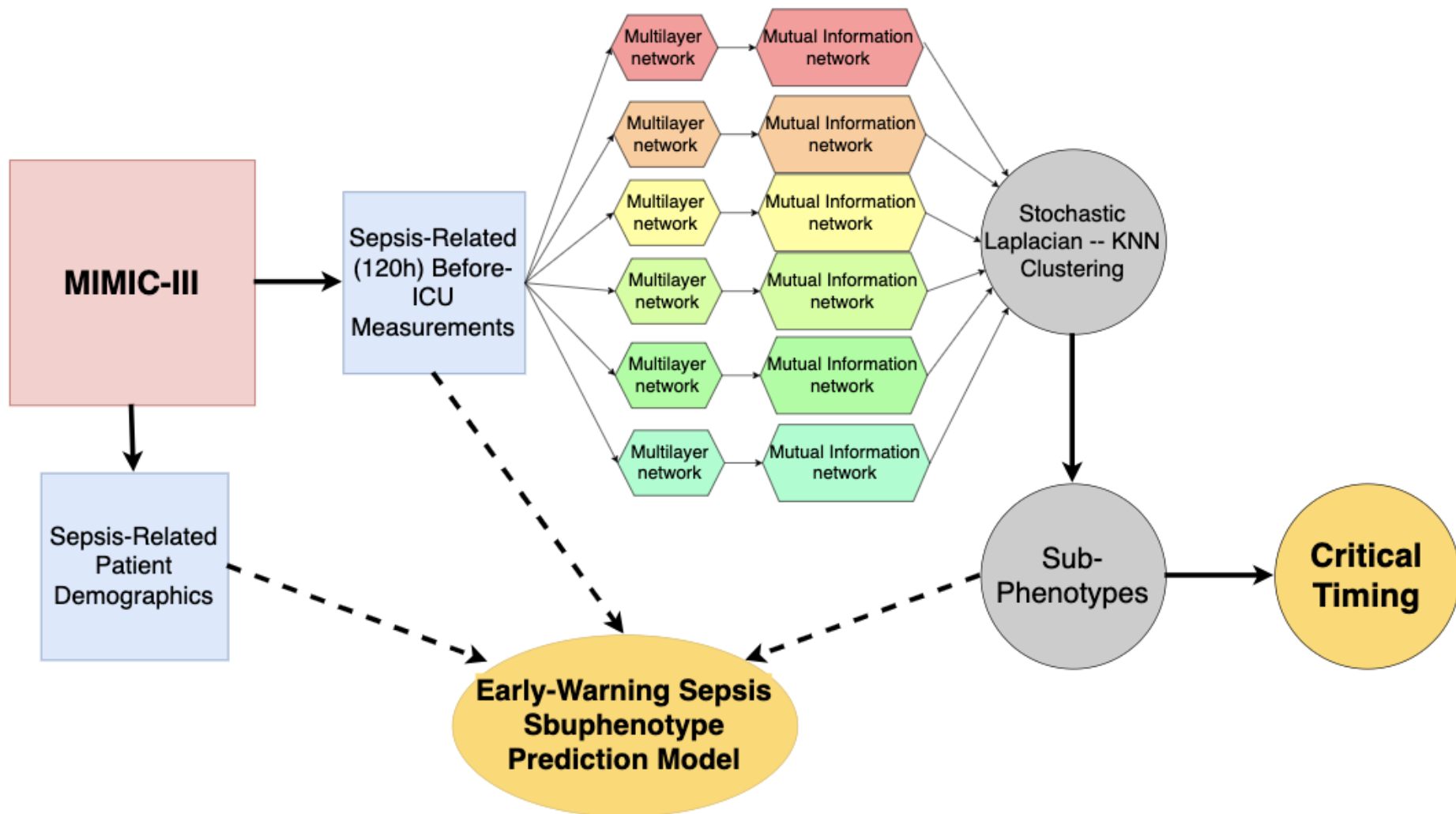
- Sepsis Diagnoses from MIMIC-III



- Mutual Information Graph Construction
- Finding: Sepsis Sub-Phenotypes and Critical Time Points
- Sub-Phenotype Early-Warning Prediction with Machine Learning

ICU Admissions in MIMIC-III – Sepsis-Related Measurements (120h) before ICU Admission

	SUBJECT_ID	HADM_ID	before_ICU_time	ITEMID	VALUE	VALUENUM
336	85	112077	22.156389	220045	100.0	100.0
337	85	112077	22.156389	220210	30.0	30.0
338	85	112077	23.156389	220045	106.0	106.0
339	85	112077	23.156389	220210	34.0	34.0
340	85	112077	24.156389	220045	114.0	114.0
...
2054661	48935	177563	23.900000	220210	20.0	20.0
2054662	48935	177563	23.916667	220045	97.0	97.0
2054663	48935	177563	23.916667	220210	14.0	14.0
2054664	48935	177563	23.933333	220045	95.0	95.0
2054665	48935	177563	23.933333	220210	33.0	33.0



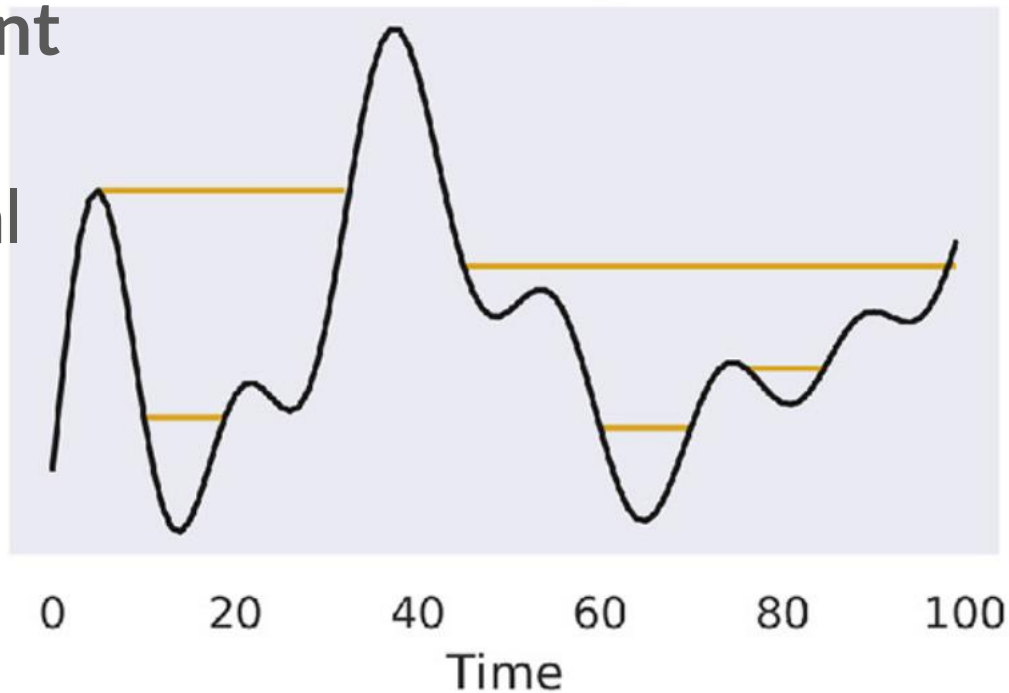
Method: Multi-Layer Horizontal Visibility Graph (MHVG)

- Fix timepoints $1, 2, \dots, T$ hours for a Measurement
 $T = 120$, before ICU
- Patient-Wise Horizontal Visibility

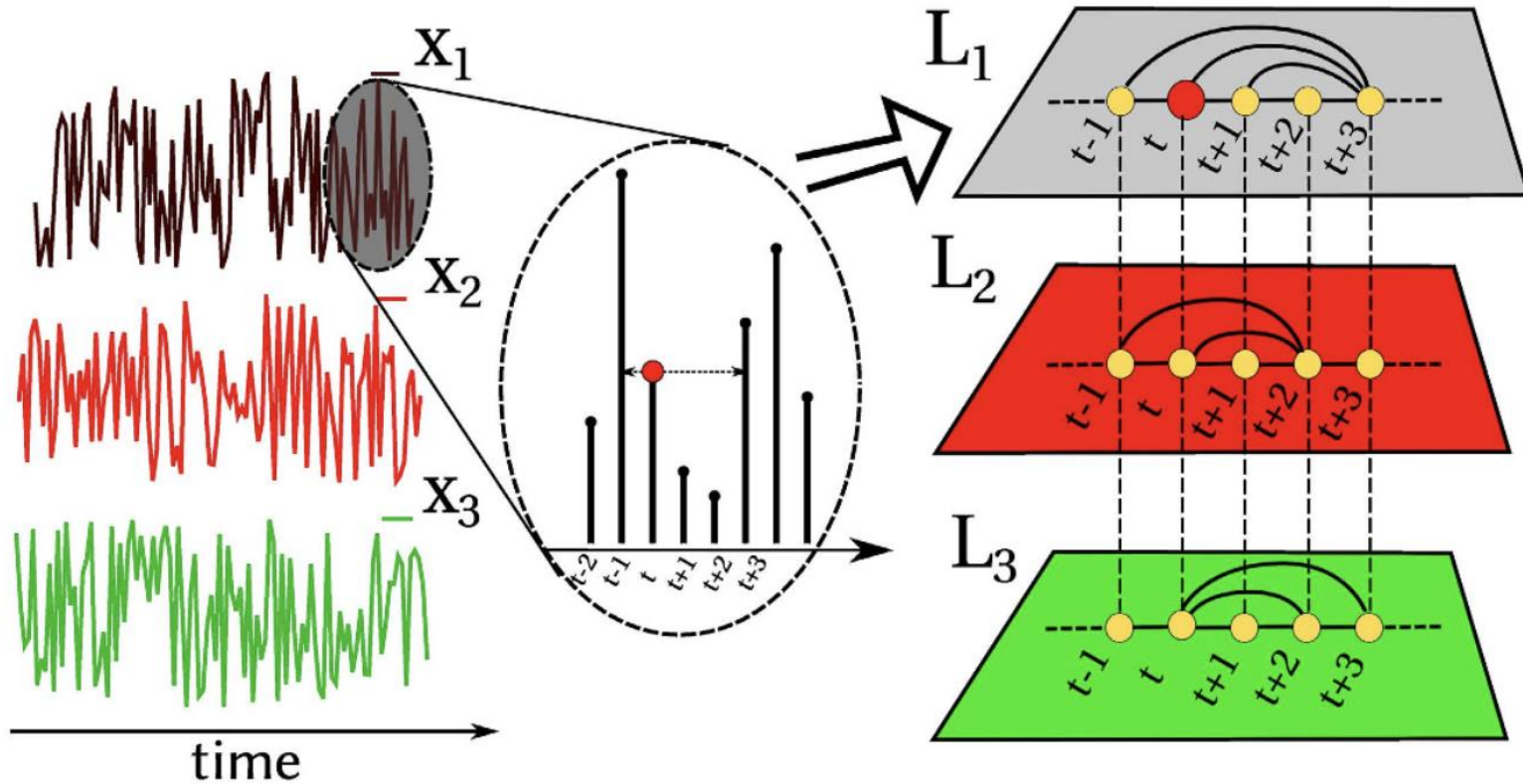
$$x_k < \min\{x_i, x_j\}, \\ \forall i < k < j$$

- Impute Missing Time Points with $-\infty$

Horizontal Visibility Network



Method: Multi-Layer Horizontal Visibility Graph (MHVG) [11]



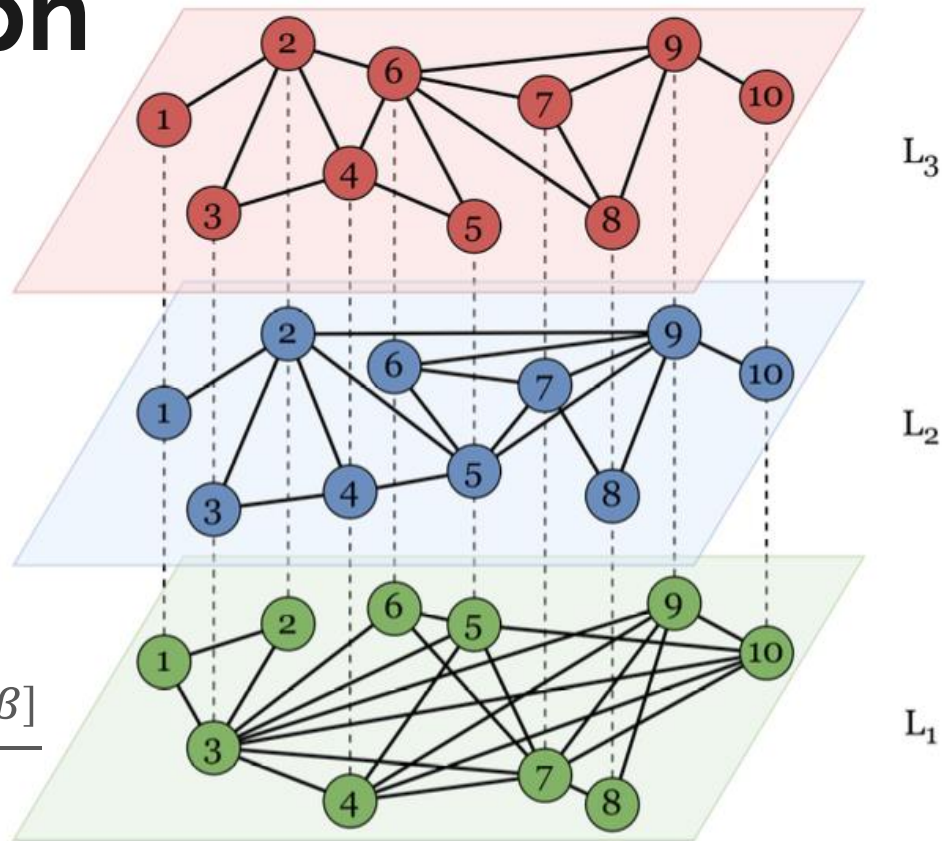
Method: From MHVG to Mutual Information Graph

- Single-Layer Degree Distribution

$$P(k^{[\alpha]}) = \frac{N_{k^{[\alpha]}}}{N}$$

- Joint-Layer Degree Distribution

$$P(k^{[\alpha]}, k^{[\beta]}) = \frac{N_{k^{[\alpha]}, k^{[\beta]}}}{N}$$



Method: From MHVG to Mutual Information Graph

- Inter-Patient Mutual Information

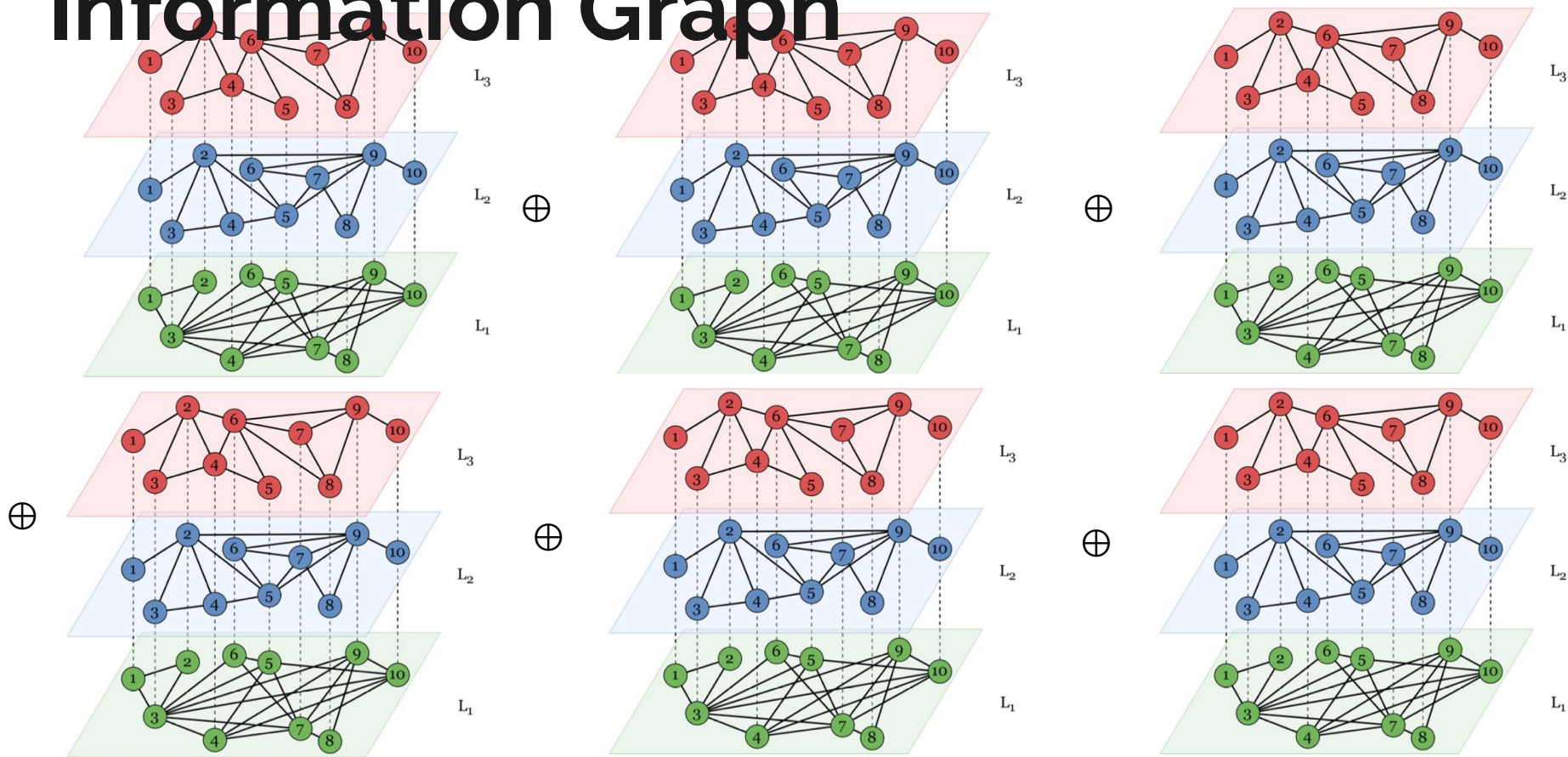
$$I_{\alpha,\beta} = \sum_{k^{[\alpha]}, k^{[\beta]}} P(k^{[\alpha]}, k^{[\beta]}) \log \frac{P(k^{[\alpha]}, k^{[\beta]})}{P(k^{[\alpha]})P(k^{[\beta]})}$$

$$I_{\alpha,\beta} = D_{\text{KL}}[P(\mathbf{k}^{[\alpha]}, \mathbf{k}^{[\beta]}) || P(\mathbf{k}^{[\alpha]}) \otimes P(\mathbf{k}^{[\beta]})]$$

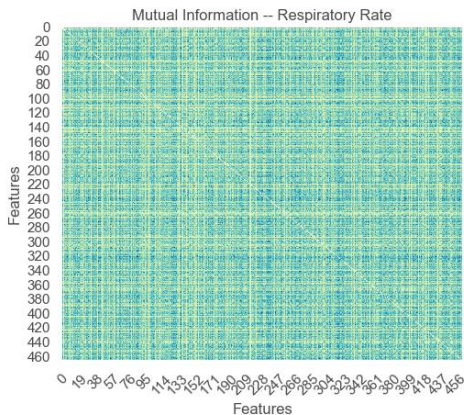
- Stochastic Laplacian

$$L = I - D^{-1}A$$

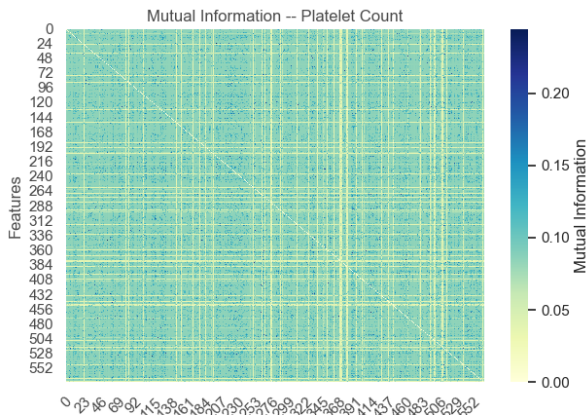
Method: From MHVG to Mutual Information Graph



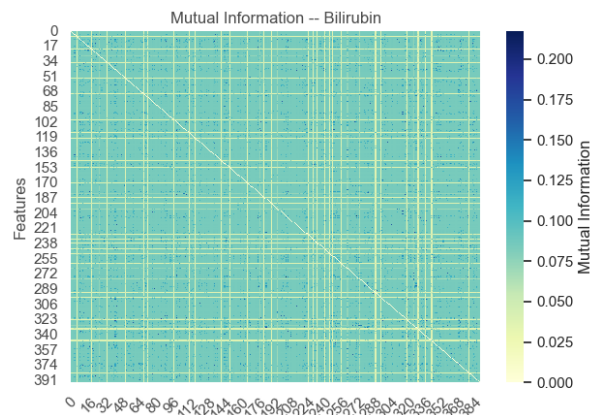
Method: Mutual Information Graph



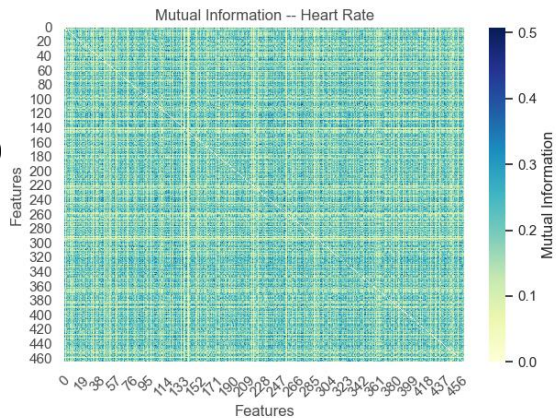
\oplus



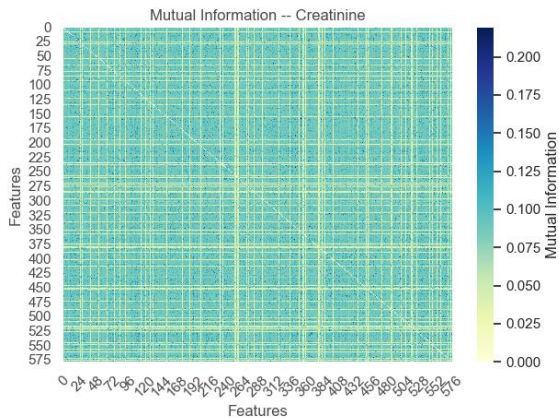
\oplus



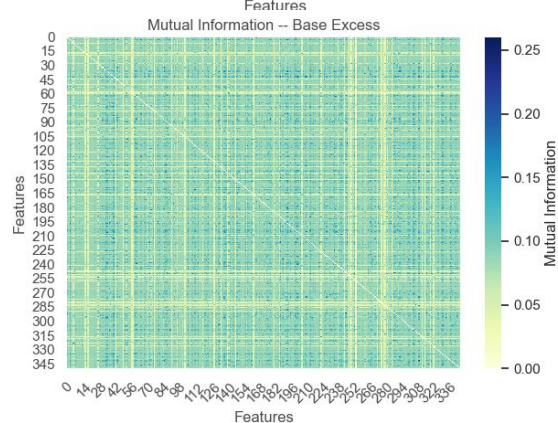
\oplus



\oplus



\oplus



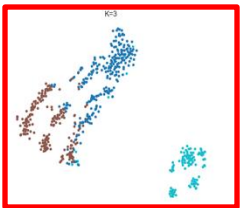
Method: From MHVG to Mutual Information Graph

- Normalization of each Row
- Stochastic Laplacian

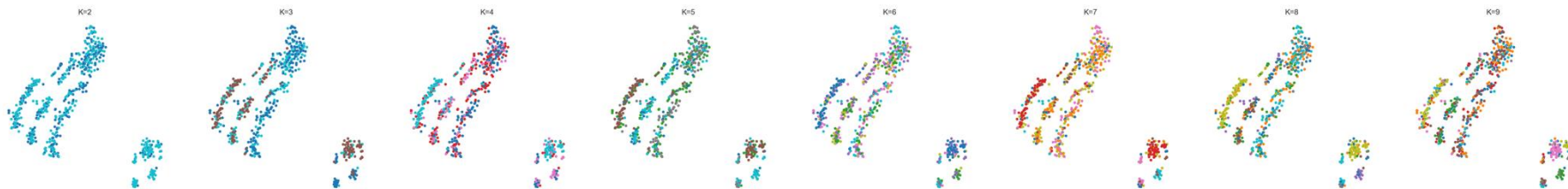
$$L = I - D^{-1}A$$

Method: Clustering with Mutual Information Graph

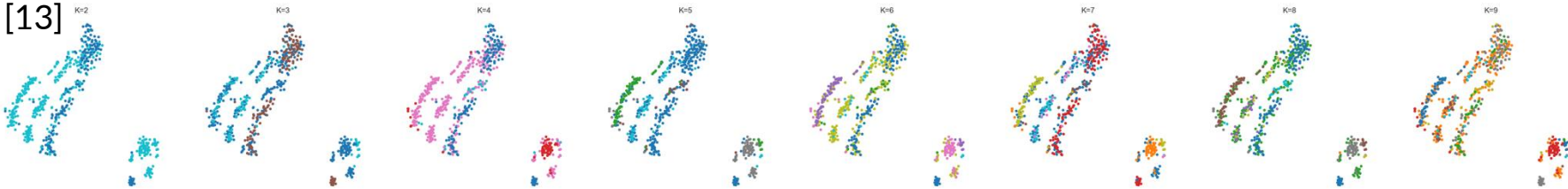
Ours



SGTS
NE- π
[12]

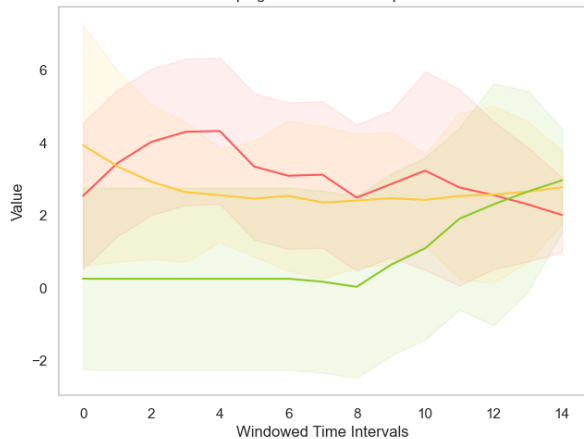


Hinton-Roweis
Kernel [13]

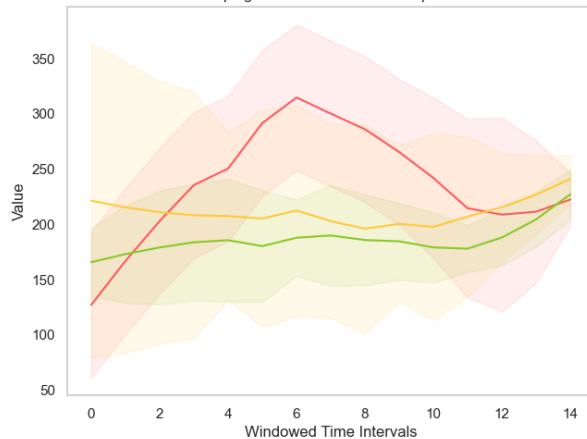


Results: *Critical Timing* in Prognosis

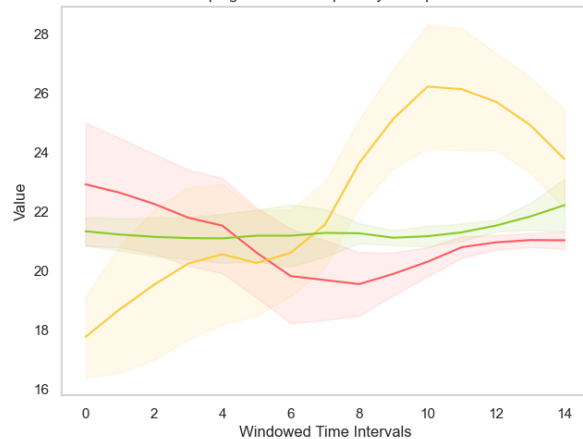
Developing Lines for Bilirubin per Label



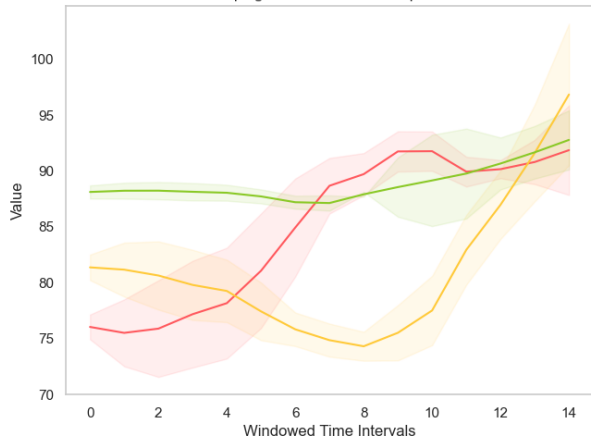
Developing Lines for Platelet Count per Label



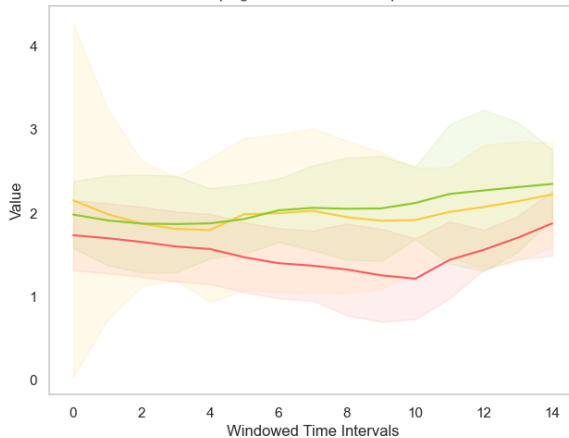
Developing Lines for Respiratory Rate per Label



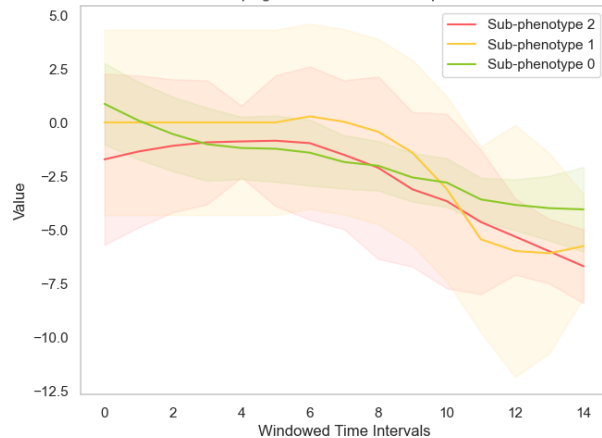
Developing Lines for Heart Rate per Label



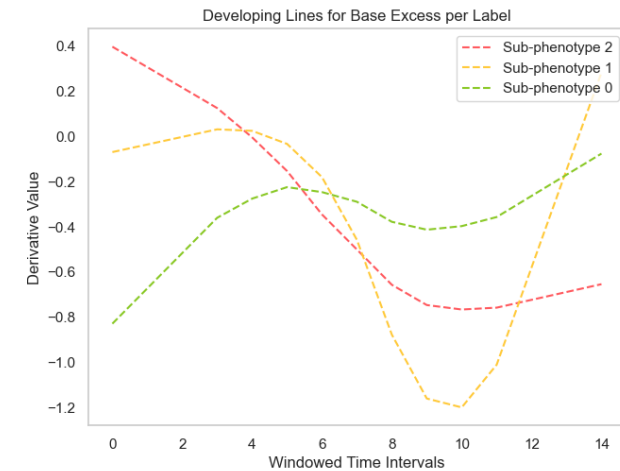
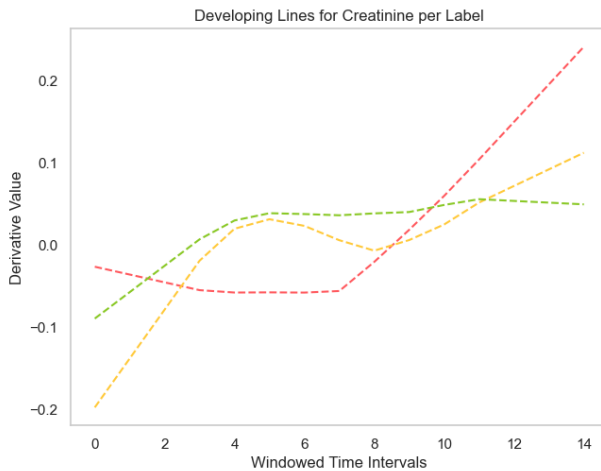
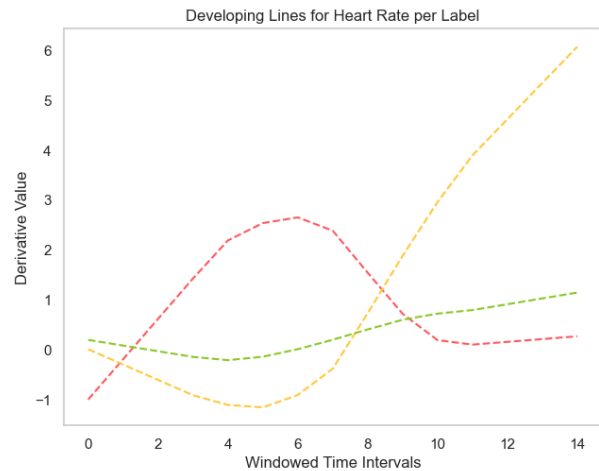
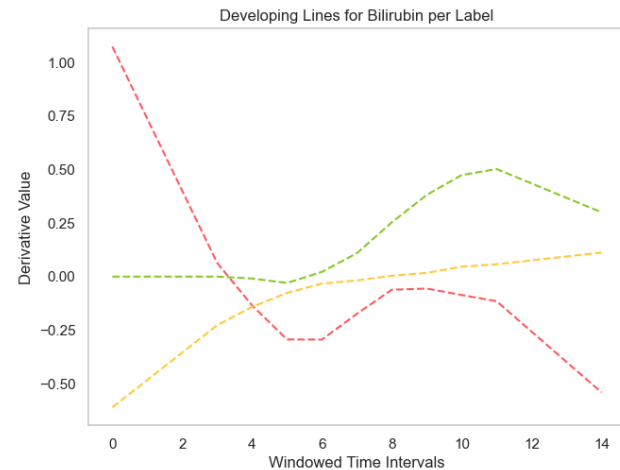
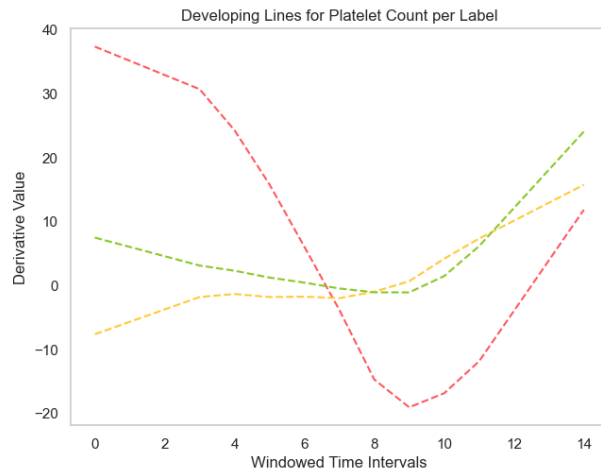
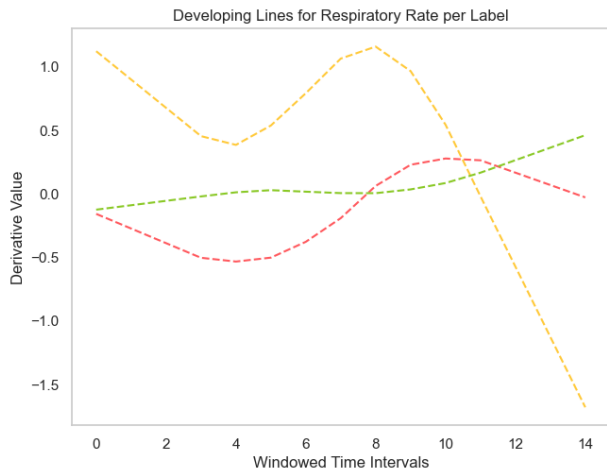
Developing Lines for Creatinine per Label



Developing Lines for Base Excess per Label

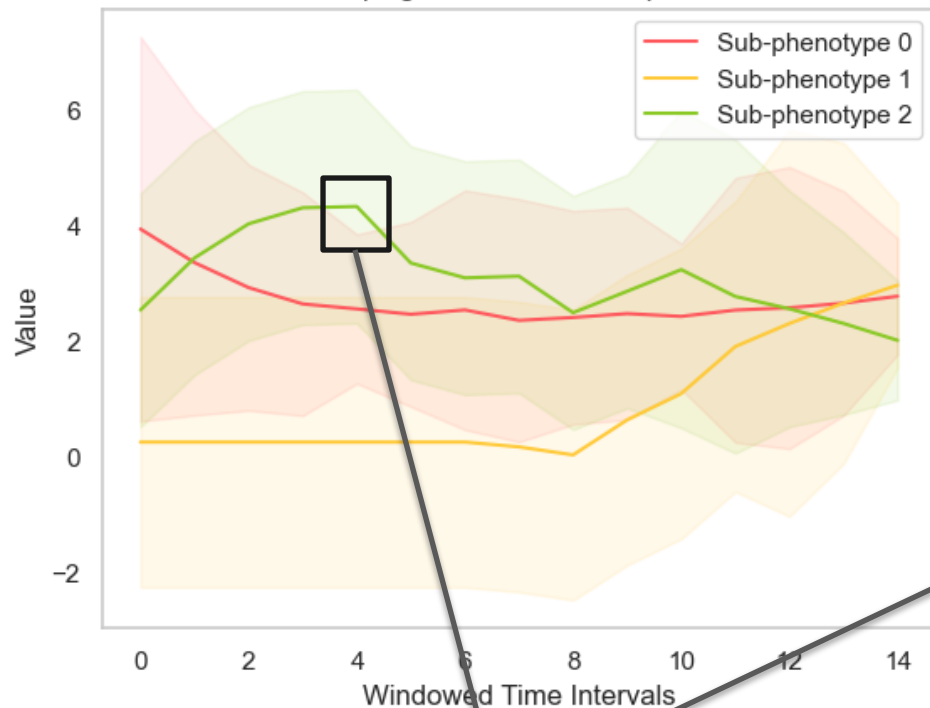


Results: *Critical Timing* in Prognosis

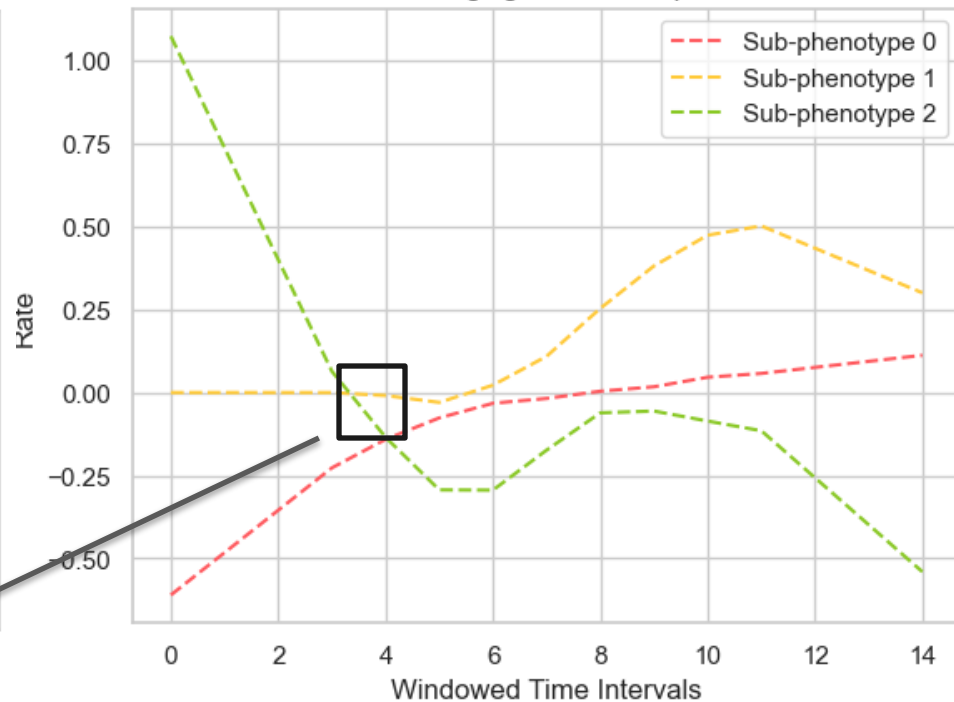


Results: *Critical Timing*

Developing Lines for Bilirubin per Label



Rate of Changing for Bilirubin per Label



0

2

4

6

8

10

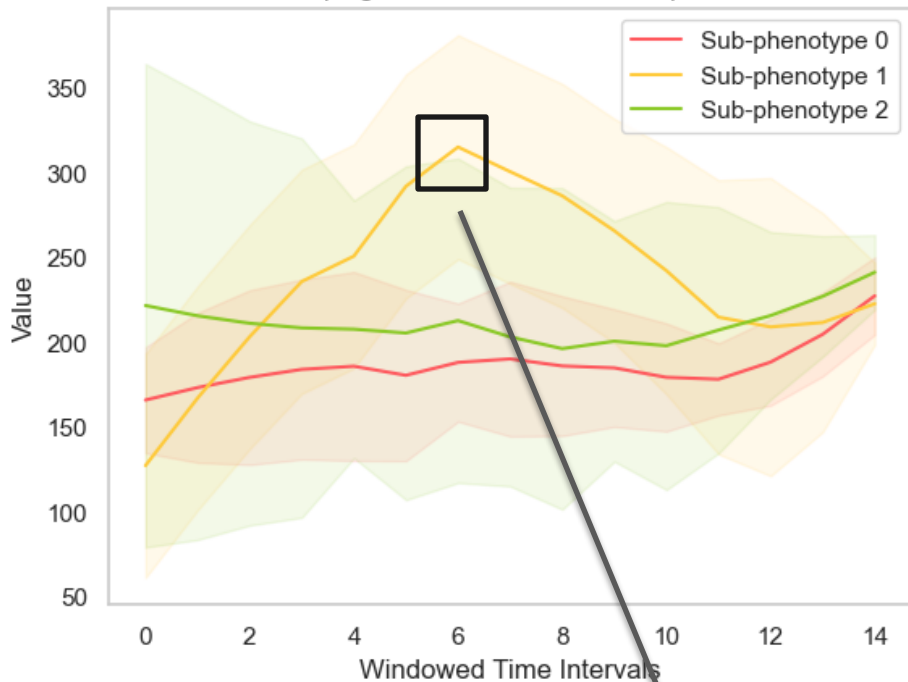
12

14

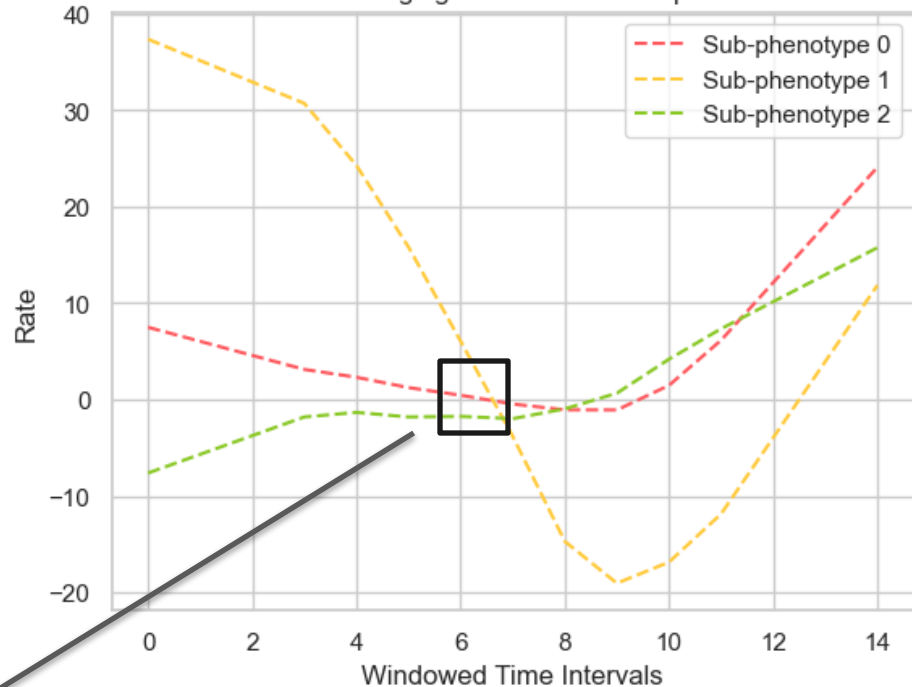
(12h/unit)

Results: *Critical Timing*

Developing Lines for Platelet Count per Label



Rate of Changing for Platelet Count per Label



0

2

4

6

8

10

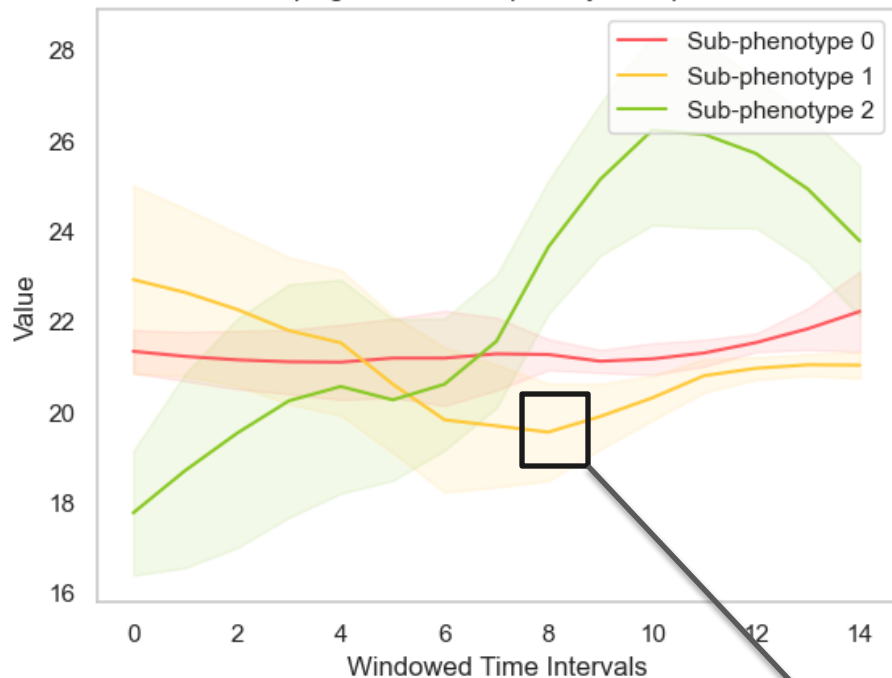
12

14

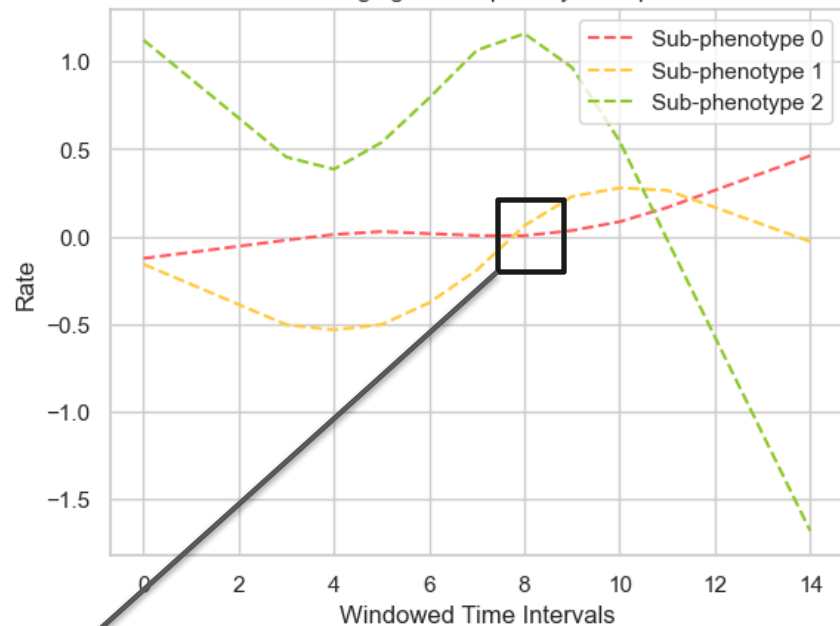
(12h/unit)

Results: *Critical Timing*

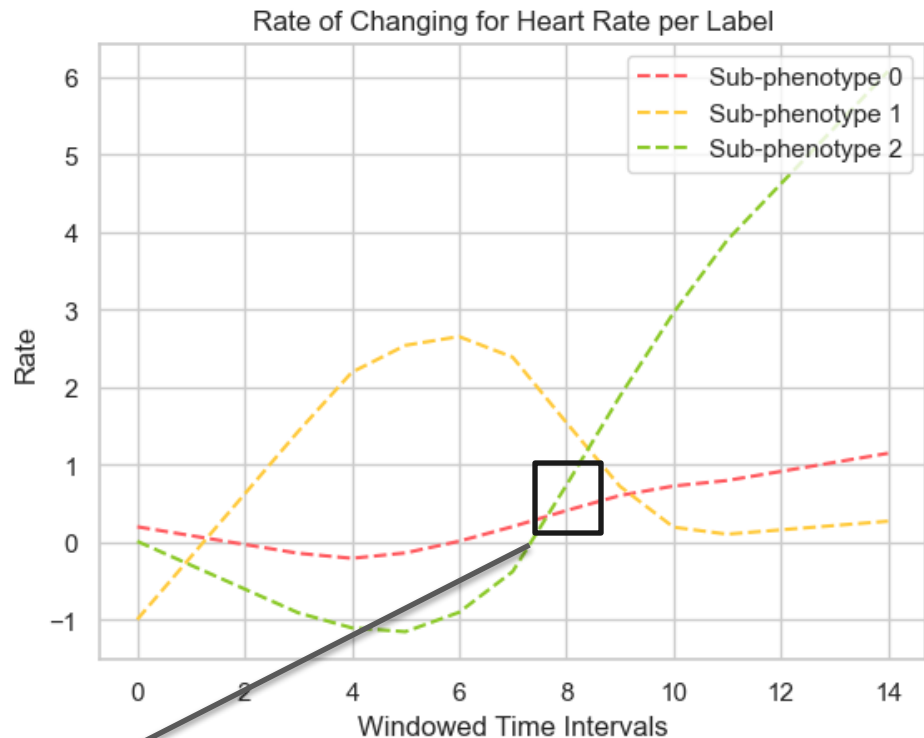
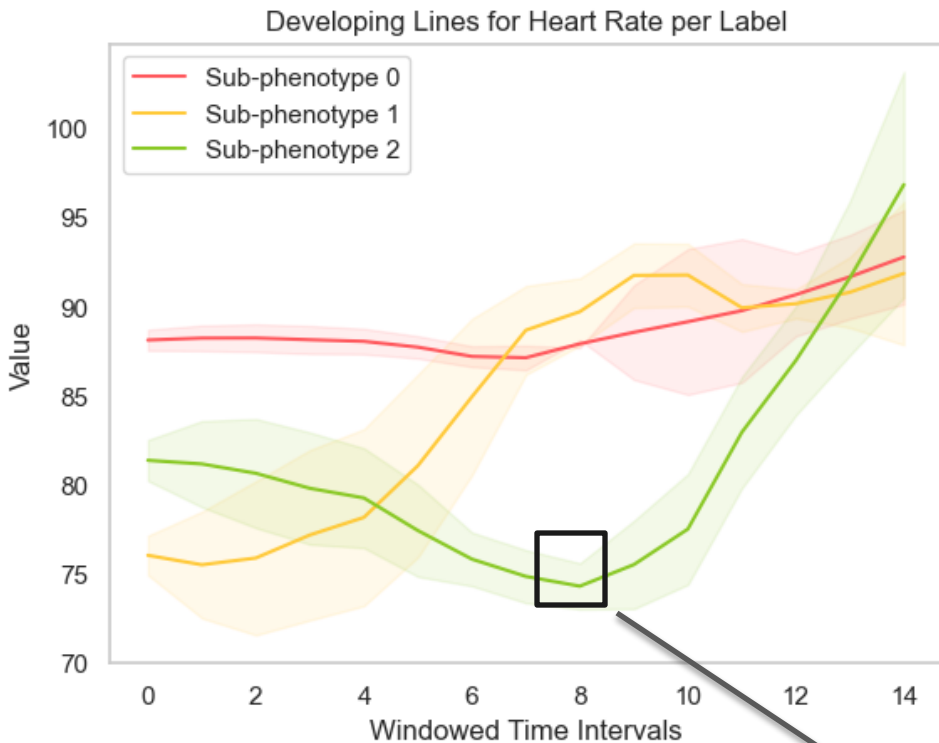
Developing Lines for Respiratory Rate per Label



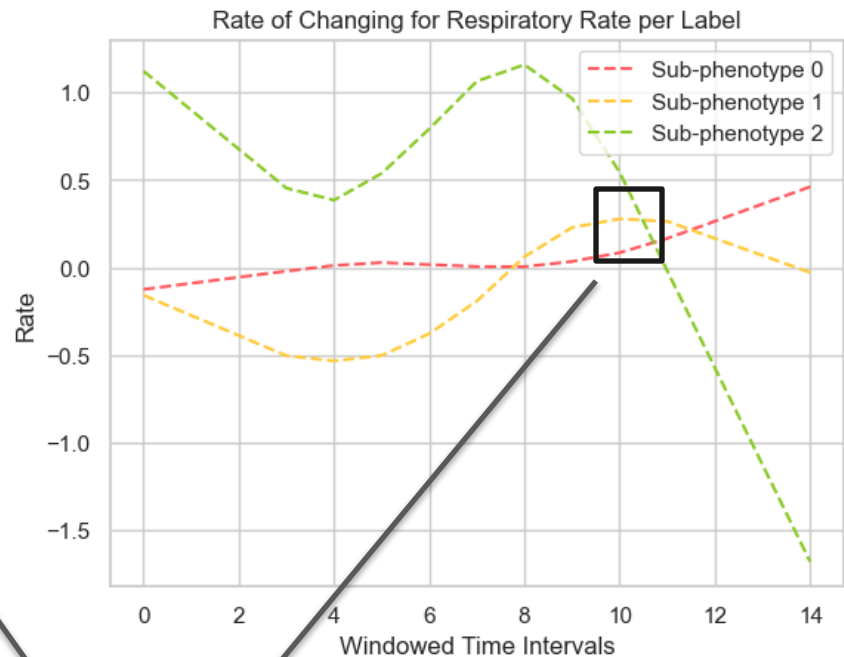
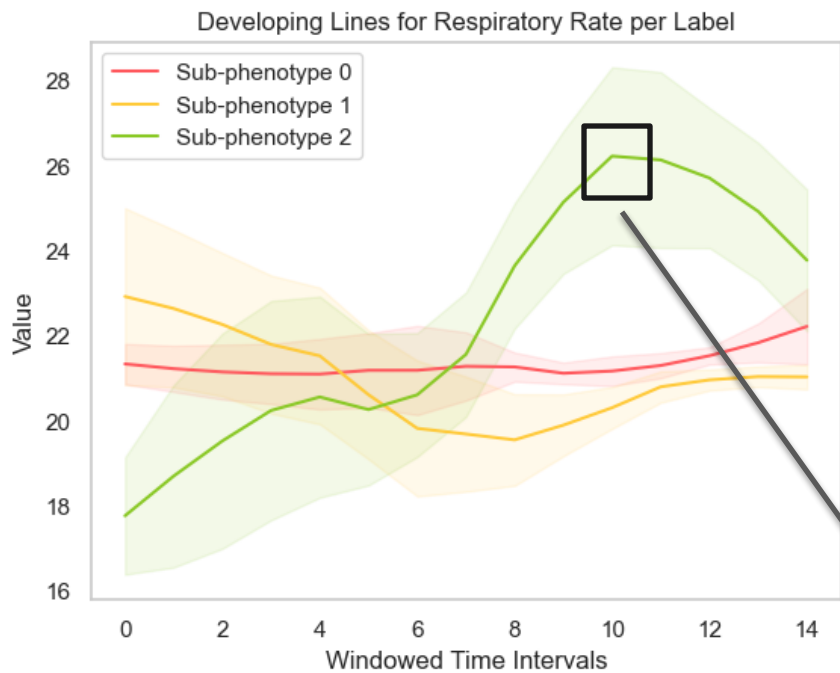
Rate of Changing for Respiratory Rate per Label



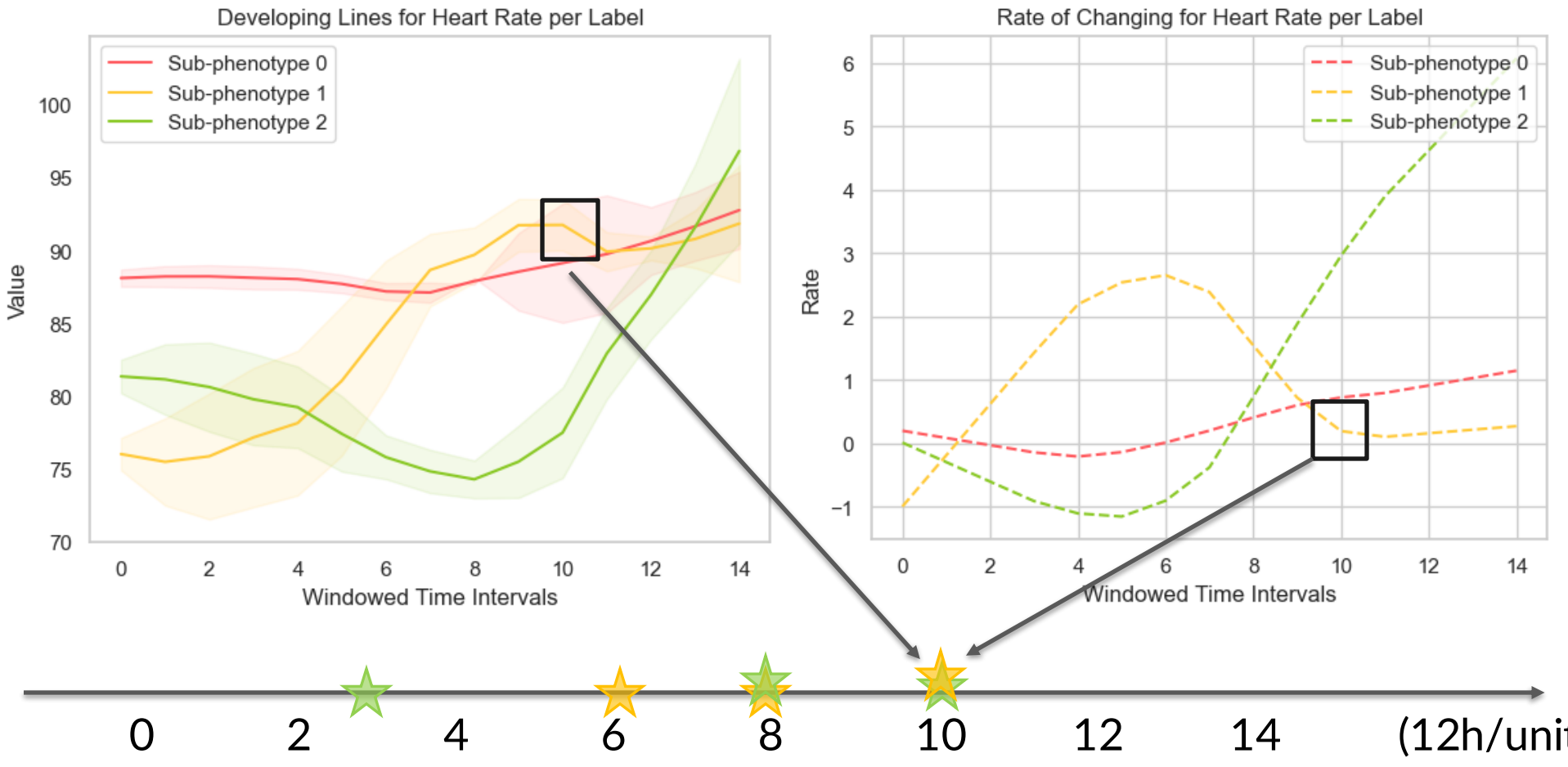
Results: *Critical Timing*



Results: *Critical Timing*

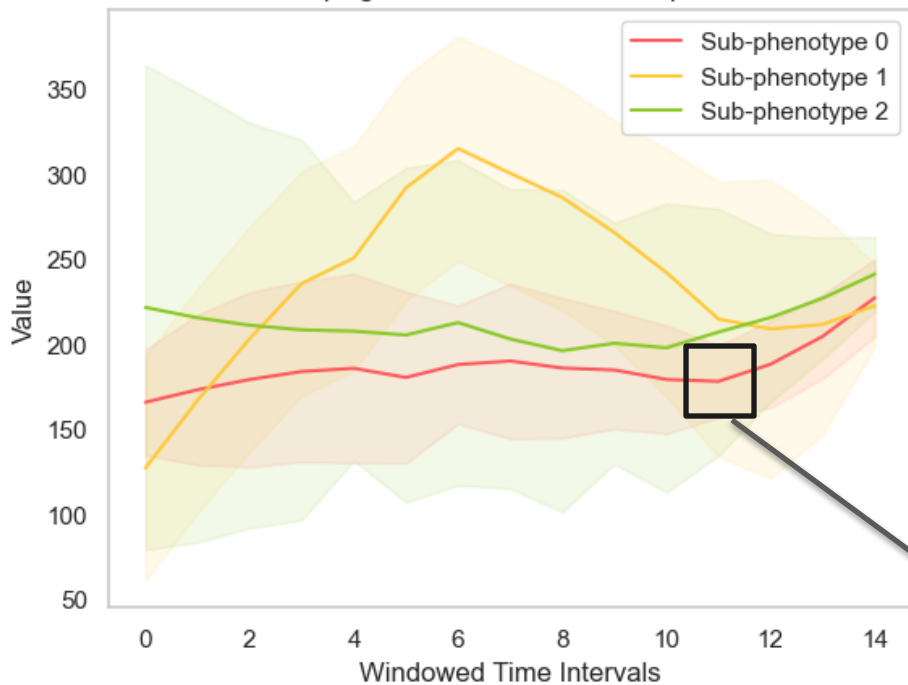


Results: *Critical Timing*

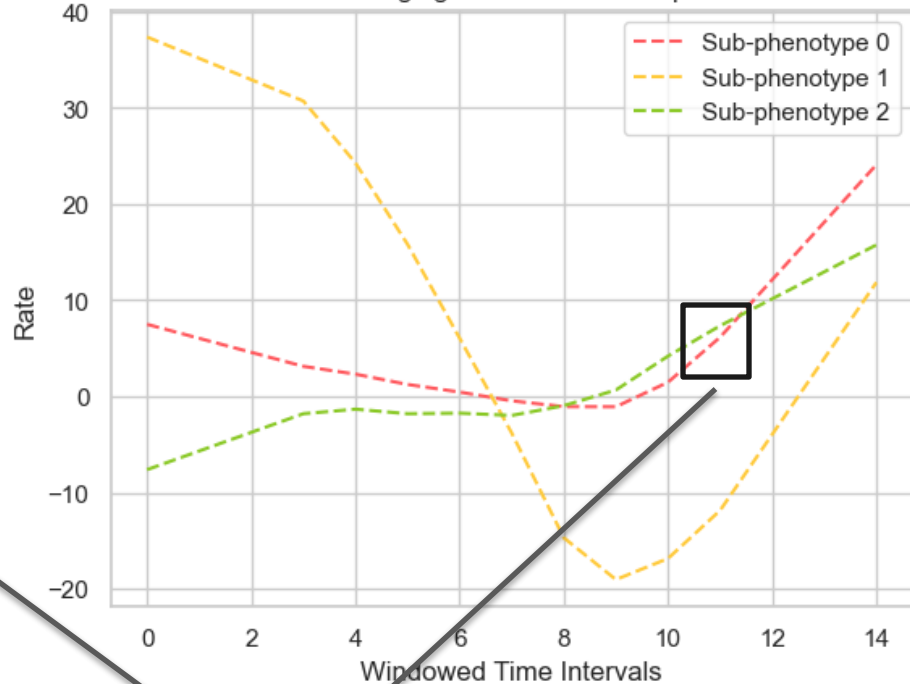


Results: *Critical Timing*

Developing Lines for Platelet Count per Label

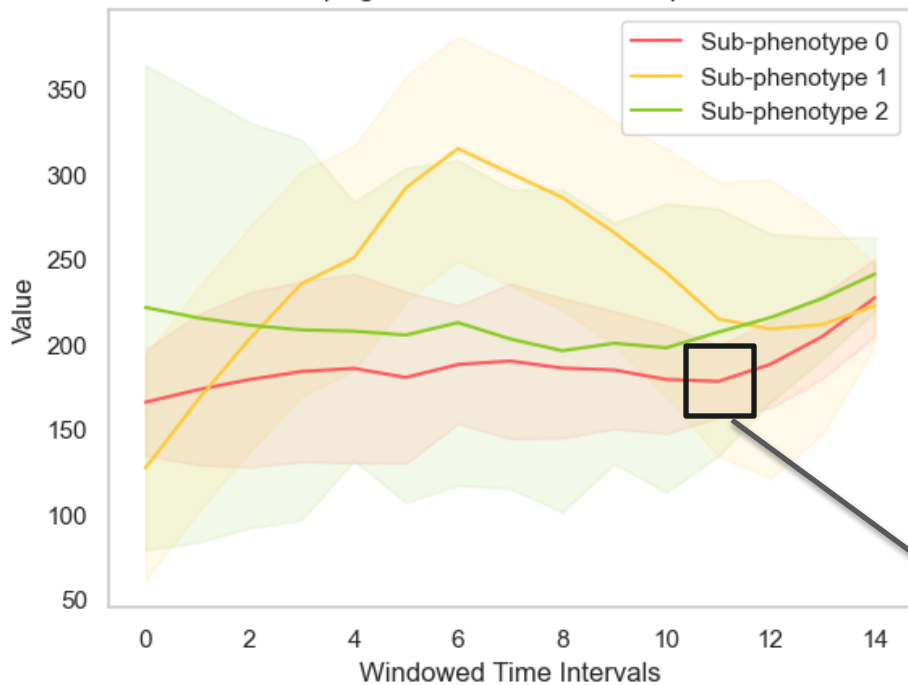


Rate of Changing for Platelet Count per Label

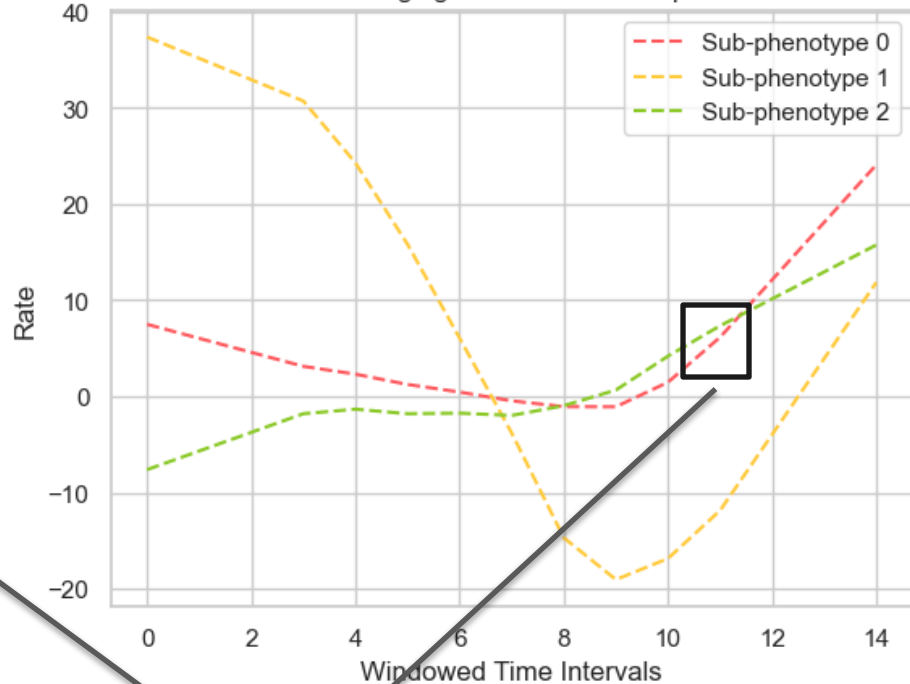


Results: *Critical Timing*

Developing Lines for Platelet Count per Label

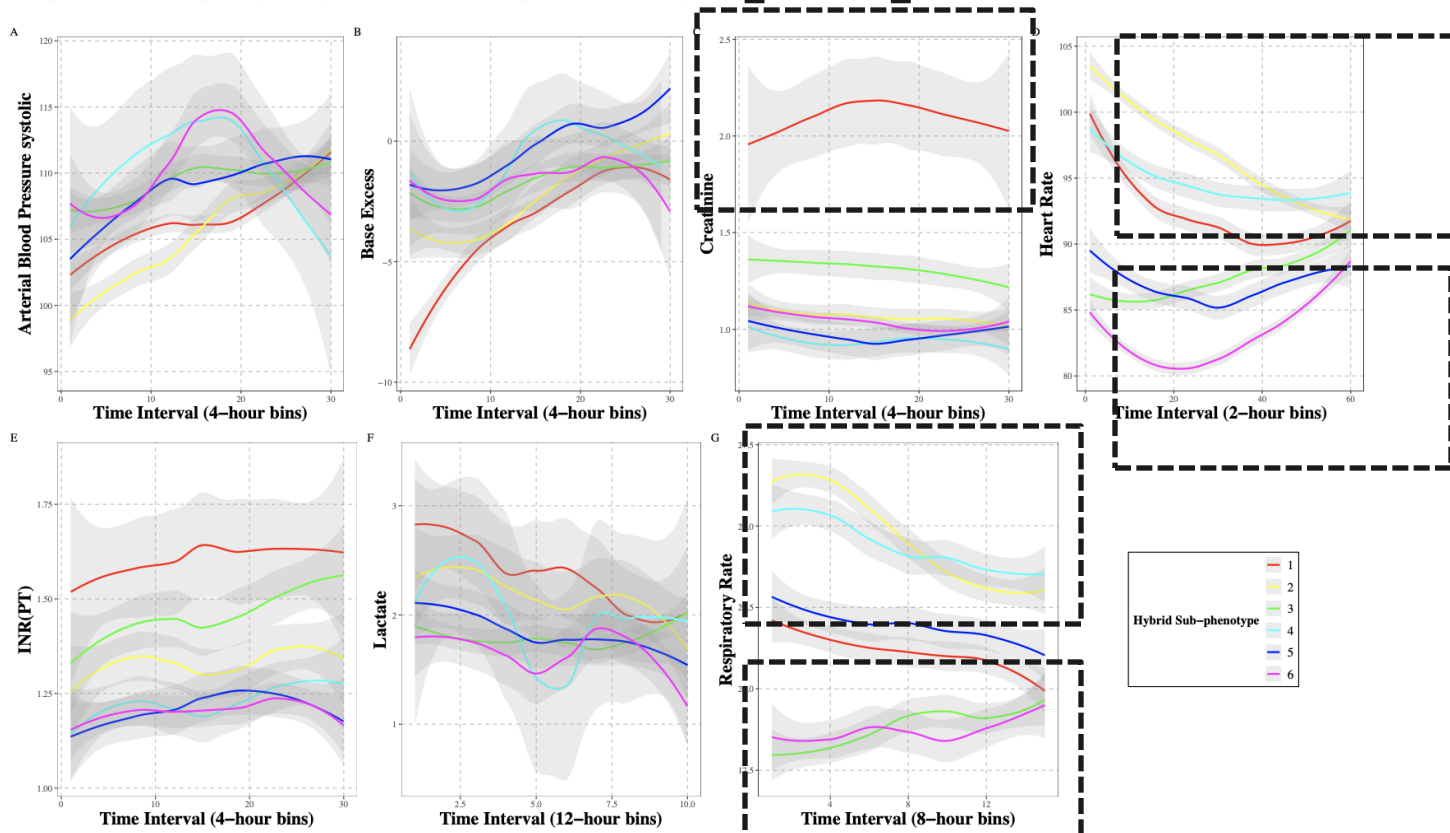


Rate of Changing for Platelet Count per Label



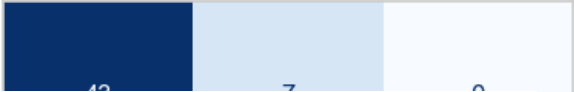
Results: Critical Timing Overlooked by Previous Works [10]

Clustering with lung, kidney, and heart-related calibration data



Early-Warning Prediction: Time-Series Data

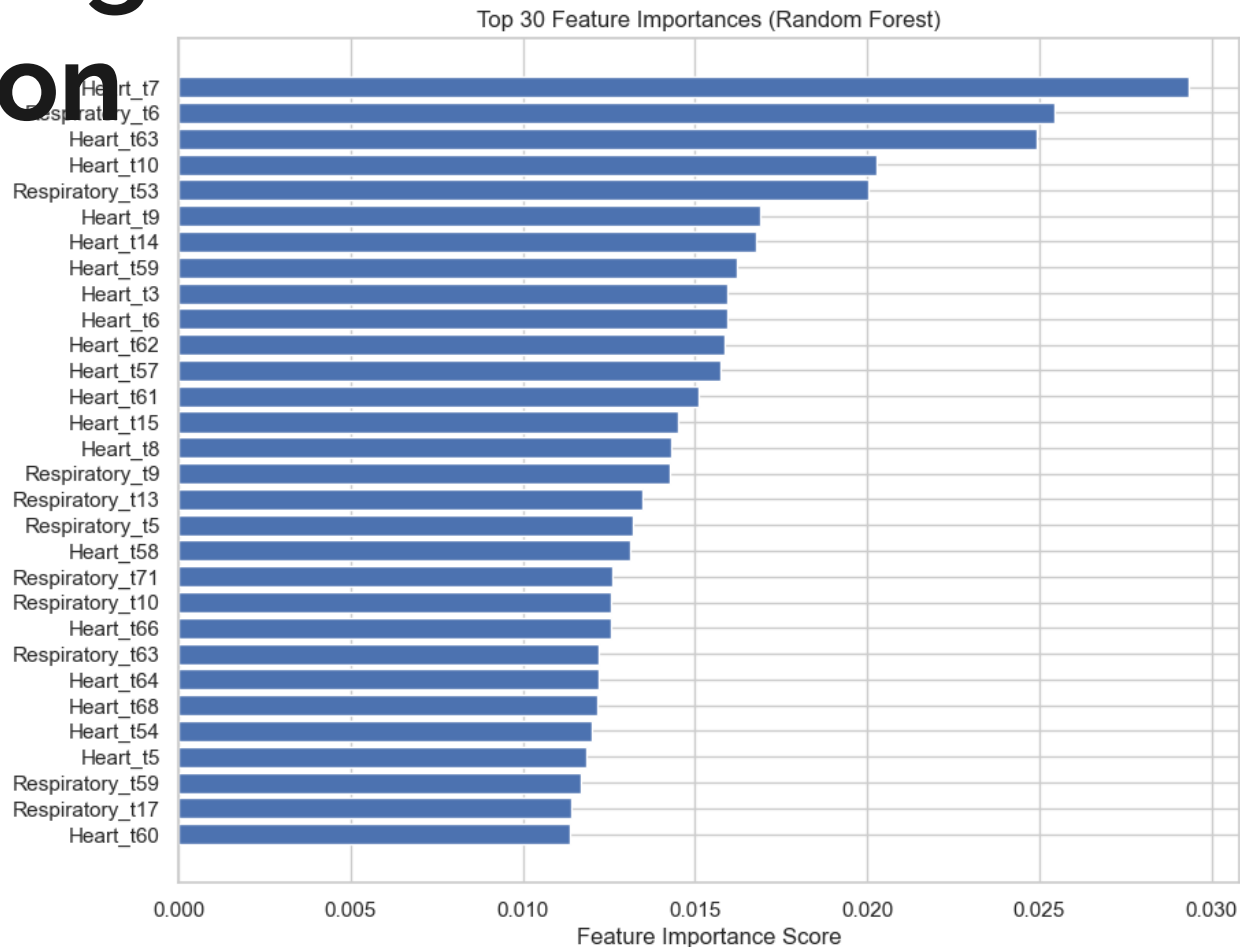
Confusion Matrix - Random Forest



•

Window	Model	Accuracy	Precision	Recall	F1-score	AUC-ROC
12h	Logistic Regression	0.5983	0.6110	0.5983	0.6020	0.6972
	Random Forest	0.5897	0.5998	0.5897	0.5936	0.7873
	XGBoost	0.5726	0.5818	0.5726	0.5767	0.7533
24h	Logistic Regression	0.6068	0.6204	0.6068	0.6080	0.7488
	Random Forest	0.6923	0.6990	0.6923	0.6944	0.8262
	XGBoost	0.6752	0.6809	0.6752	0.6761	0.8103
48h	Logistic Regression	0.8034	0.8146	0.8034	0.8048	0.8960
	Random Forest	0.8889	0.8910	0.8889	0.8881	0.9456
	XGBoost	0.8632	0.8661	0.8632	0.8637	0.9354
120h	Logistic Regression	0.8632	0.8689	0.8632	0.8645	0.9192
	Random Forest	0.8974	0.9105	0.8974	0.8986	0.9830
	XGBoost	0.8889	0.8998	0.8889	0.8901	0.9192

Early-Warning Prediction: Interpretation



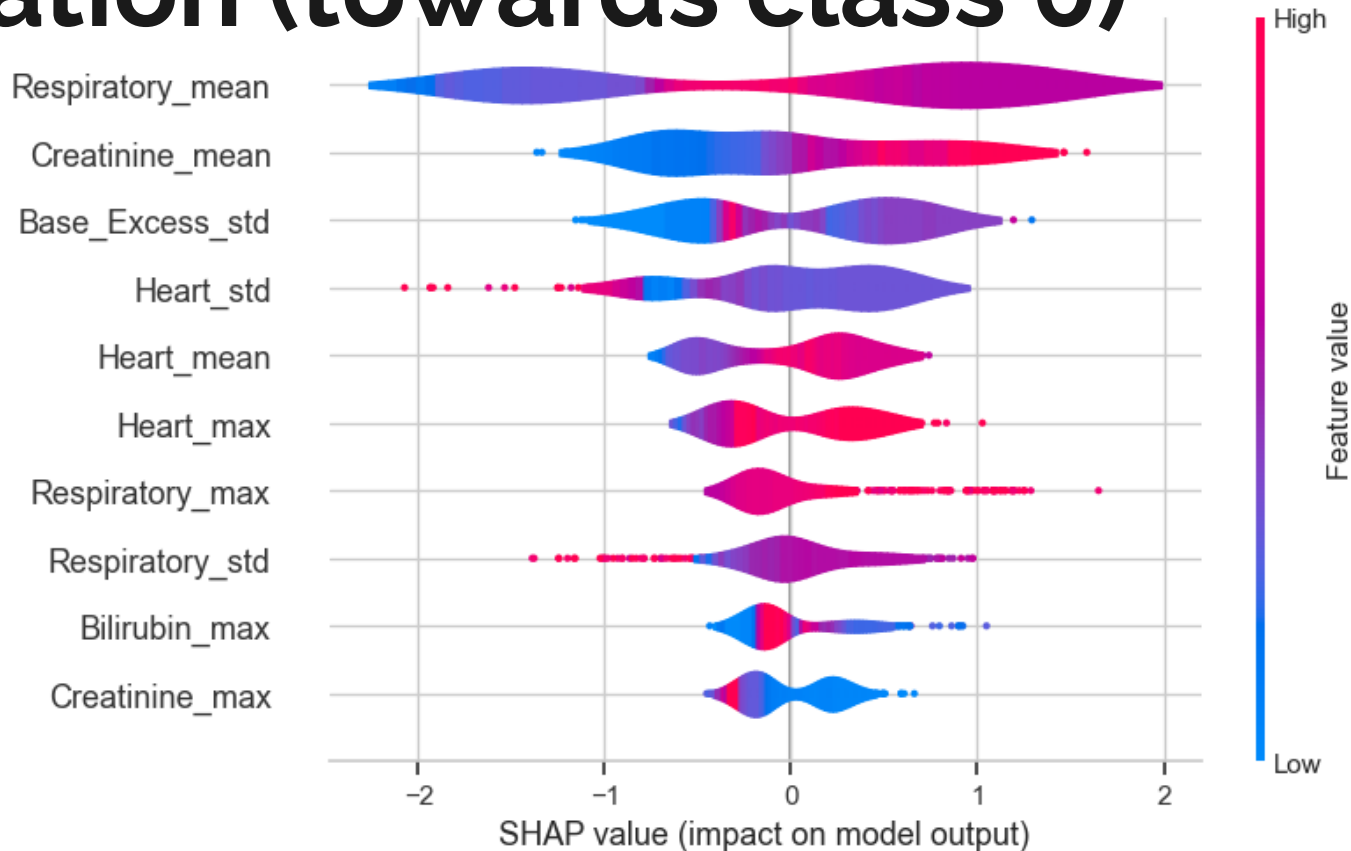
Early-Warning Prediction: Time-Window Characteristics

- Take window sizes: first 12h, 24h, 48h
- Take as Features in each Window: Maximum, Minimum, Mean, Standard Deviation

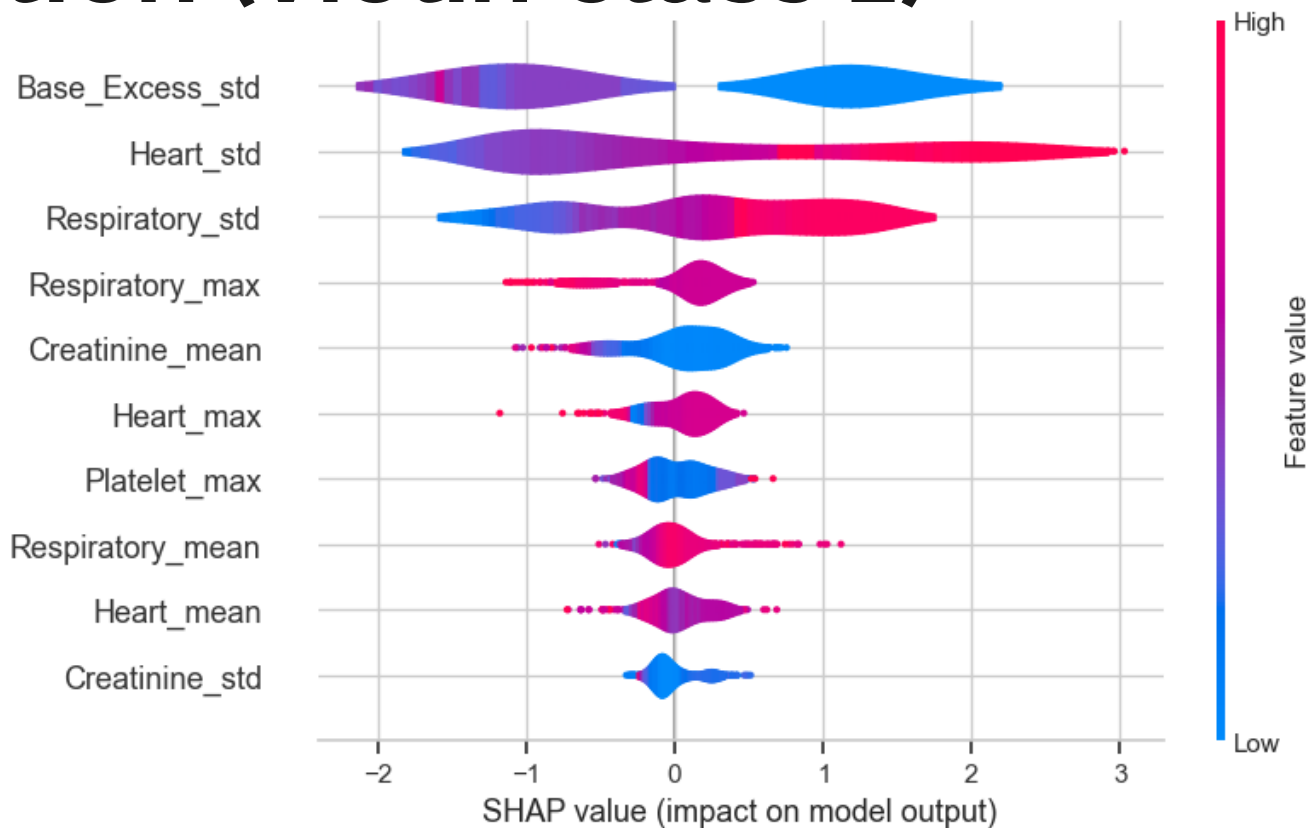
Window	Model	Accuracy	Precision	Recall	F1-score	AUC-ROC
12h	Logistic Regression	0.6752	0.6884	0.6752	0.6793	0.7868
	Random Forest	0.7094	0.7184	0.7094	0.7126	0.8040
	XGBoost	0.6239	0.6331	0.6239	0.6263	0.7631
24h	Logistic Regression	0.7350	0.7502	0.7350	0.7391	0.8439
	Random Forest	0.7607	0.7741	0.7607	0.7641	0.8948
	XGBoost	0.7350	0.7454	0.7350	0.7376	0.8698
48h	Logistic Regression	0.8632	0.8667	0.8632	0.8643	0.9474
	Random Forest	0.8632	0.8749	0.8632	0.8646	0.9560
	XGBoost	0.8889	0.8941	0.8889	0.8900	0.9510

Early-Warning Prediction: SHAP [14]

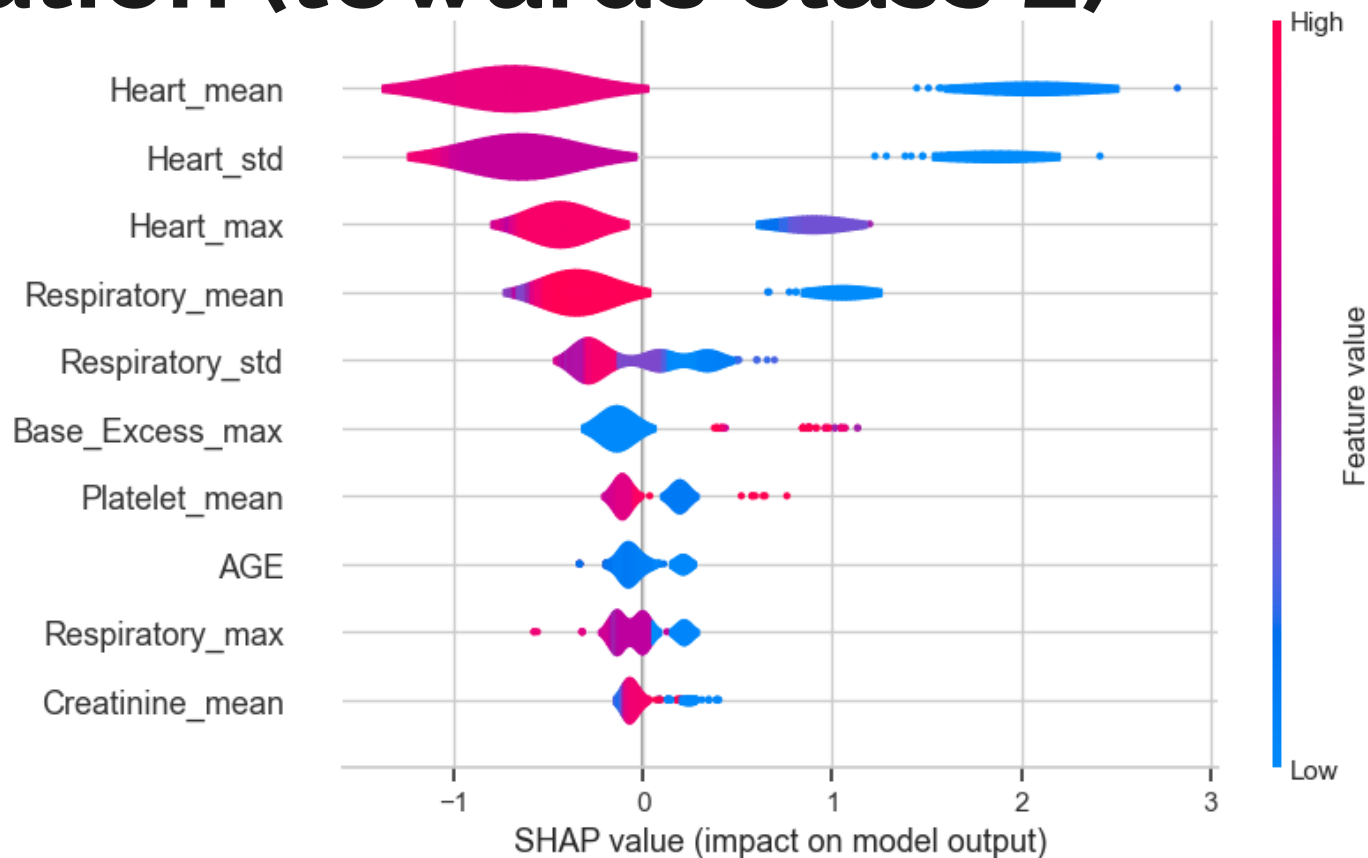
Interpretation (towards class 0)



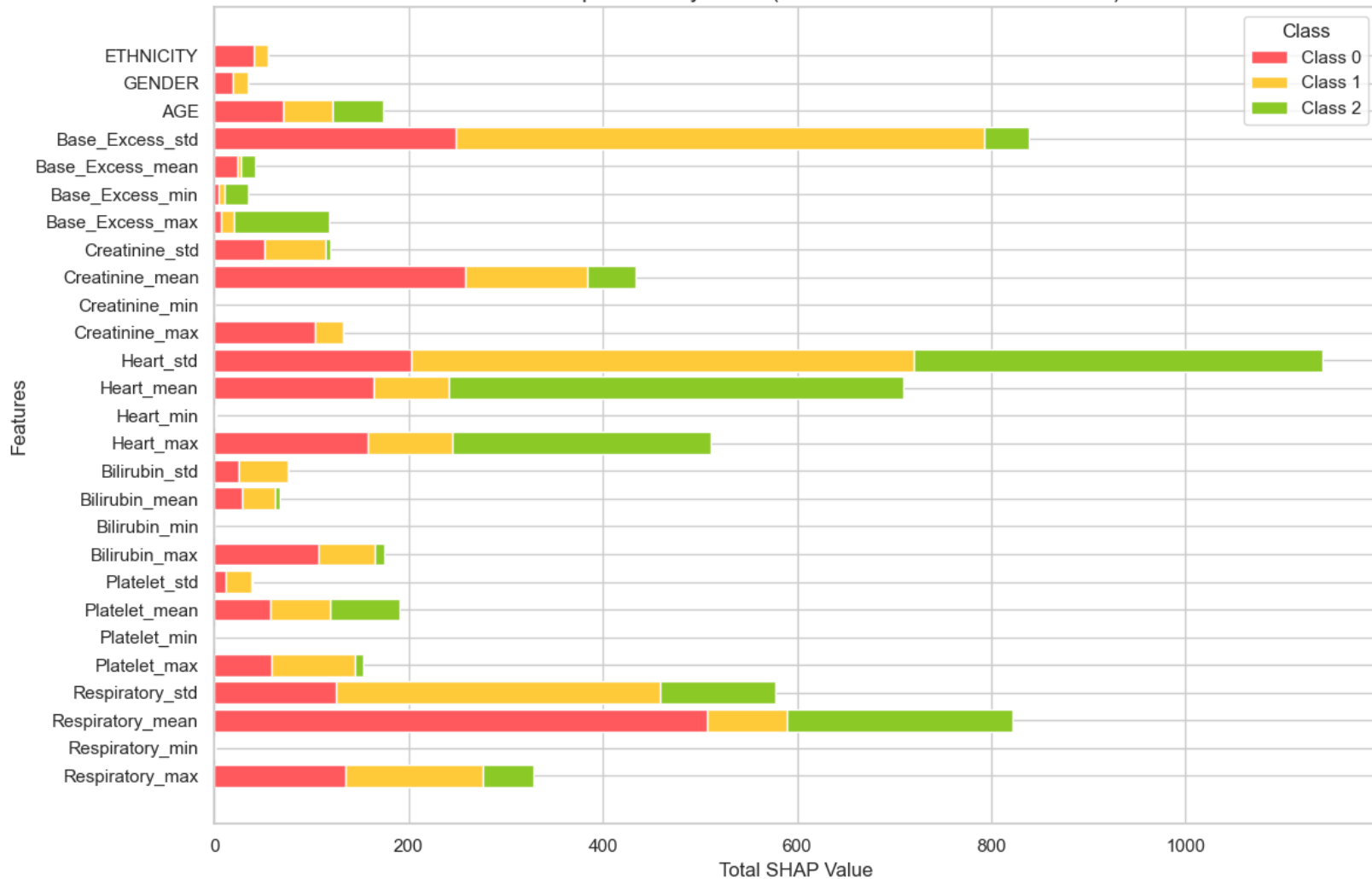
Early-Warning Prediction: Interpretation (violin class 1)



Early-Warning Prediction: Interpretation (towards class 2)



Feature Importance by Class (Horizontal Stacked SHAP Values)



Conclusion

- We construct **multi-layer networks** for each sepsis-diagnosed admission
- We construct a **mutual information graph** that encodes all sepsis diagnoses
- We compute sepsis subphenotypes from mutual information, and derive **critical timepoints**
- We conduct **early-warning prediction** of subphenotypes by machine learning

References

- [1] Mervyn Singer, Clifford S Deutschman, Christopher Warren Seymour, Manu Shankar-Hari, Djillali Annane, Michael Bauer, Rinaldo Bellomo, Gordon R Bernard, Jean-Daniel Chiche, Craig M Coopersmith, et al. The third international consensus definitions for sepsis and septic shock (sepsis-3). *Jama*, 315(8):801–810, 2016.
- [2] Yan Tang, Yu Zhang, and Jiayi Li. A time series driven model for early sepsis prediction based on transformer module. *BMC Medical Research Methodology*, 24(1):23, 2024.
- [3] Shaunak Dalal, Ahad Khaleghi Ardabili, and Anthony S Bonavia. Time-series deep learning and conformal prediction for improved sepsis diagnosis in non-icu hospitalized patients. *medRxiv*, pages 2024–11, 2024.
- [4] Yanshan Wang, Yiqing Zhao, Terry M Therneau, Elizabeth J Atkinson, Ahmad P Tafti, Nan Zhang, Shreyasee Amin, Andrew H Limper, Sundeep Khosla, and Hongfang Liu. Unsupervised machine learning for the discovery of latent disease clusters and patient subgroups using electronic health records. *Journal of biomedical informatics*, 102:103364, 2020.
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Agenda

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Attention!

- Sepsis Diagnoses from MIMIC-III



- Mutual Information Graph Construction
- Finding: Sepsis Sub-Phenotypes and Critical Time Points
- Sub-Phenotype Early-Warning Prediction with Machine Learning