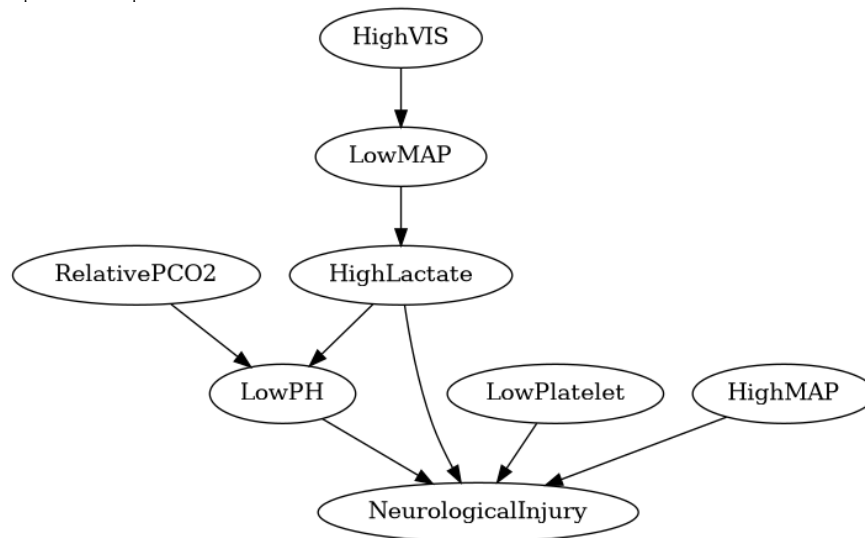
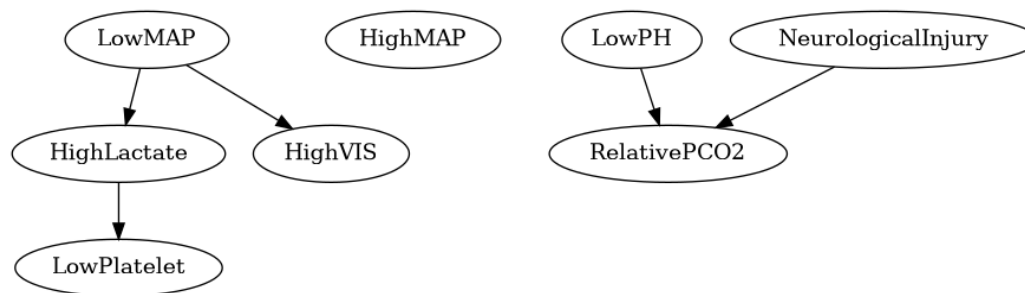


Expert Defined Graph

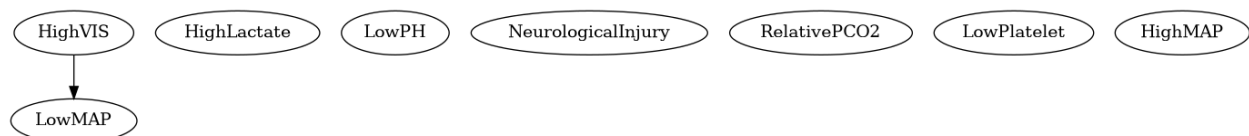


## Data-Driven Structure Learning

### Greedy Search and Score



### Constraint based PC algorithm



# LLM Prompts and Responses

## Prompt to LLMs

### ## Setup

You are a knowledge engineer working on a project to study patients on Extracorporeal membrane oxygenation (ECMO). Think carefully and logically, explaining the reasons for your answer.

### ## Available information

Your team has collected hourly time-series patient data post-canulation and computed the following variables using them for each patient. It will be used for Bayesian Network construction

Hypotension (LowMAP),  
Hypertension (HighMAP),  
Acidosis (LowpH),  
Administration of Medicines to increase blood pressure (HighVIS),  
Low Platelet count (LowPlatelet),  
Significant change of PCO2 after ECMO (RelativePCO2),  
Lactic Acidosis (HighLactate),  
Neurological Injury (NI)

### ## Task

Make a list of **\*\*direct causal\*\*** relations between these variables.  
Explain the rationale behind each relation

## GPT 4o

### Response 1

#### Direct Causal Relations Between Variables in ECMO Patients

In constructing a Bayesian Network for ECMO patients, we need to identify **direct** causal relationships between the variables while avoiding indirect connections. Below are the most plausible direct causal relationships with justifications:

---

##### 1. LowMAP → HighVIS (Hypotension leads to Vasopressor Administration)

- **Rationale:** Hypotension (LowMAP) indicates low blood pressure, a critical condition in ECMO patients. To counteract this, clinicians administer vasopressors (HighVIS) to increase blood pressure. This is a direct and well-established physiological response.
- 

##### 2. HighMAP → Neurological Injury (Hypertension can cause Neurological Injury)

- **Rationale:** Hypertension (HighMAP) can lead to brain hemorrhage or increased intracranial pressure, causing **Neurological Injury (NI)**. This is a well-known complication in critically ill patients, including those on ECMO.
- 

##### 3. LowpH → HighLactate (Acidosis leads to Lactic Acidosis)

- **Rationale:** A decrease in pH (LowpH) is often due to metabolic acidosis, which is frequently driven by **lactic acid accumulation**. This makes **HighLactate** a direct consequence of **LowpH** rather than an independent cause.
- 

##### 4. LowPlatelet → Neurological Injury (Low Platelet count increases bleeding risk, leading to NI)

- **Rationale:** A low platelet count (**LowPlatelet**) increases the risk of bleeding, including intracranial hemorrhage, making **Neurological Injury (NI)** a direct possible consequence.
- 

##### 5. HighLactate → LowMAP (Lactic Acidosis contributes to Hypotension)

- **Rationale:** High lactate levels (HighLactate) indicate **poor tissue perfusion**, which often leads to **vasodilation and hypotension (LowMAP)** due to metabolic distress and shock.
- 

#### 6. LowMAP → NI (Hypotension can cause Neurological Injury)

- **Rationale:** Severe hypotension (LowMAP) leads to reduced cerebral perfusion, increasing the risk of **hypoxic brain injury**, which falls under **Neurological Injury (NI)**.
- 

#### 7. RelativePCO2 → LowpH (PCO2 changes affect blood pH levels)

- **Rationale:** A significant change in PCO2 after ECMO (RelativePCO2) can directly alter blood pH, either causing **respiratory acidosis (if PCO2 increases)** or **alkalosis (if PCO2 decreases)**, making it a **direct** cause of **LowpH**.
- 

#### 8. LowMAP → LowPlatelet (Hypotension can lead to low platelet count)

- **Rationale:** Prolonged hypotension (LowMAP) can lead to **organ dysfunction**, including bone marrow suppression and **platelet consumption** due to **disseminated intravascular coagulation (DIC)**, reducing platelet levels (LowPlatelet).
- 

#### Summary of Direct Causal Relationships

Cause	Effect
LowMAP	HighVIS
HighMAP	NI
LowpH	HighLactate
LowPlatelet	NI
HighLactate	LowMAP
LowMAP	NI
RelativePCO2	LowpH
LowMAP	LowPlatelet

Would you like to explore any additional dependencies or indirect relationships?

## Response 2

In constructing a **Bayesian Network**, we need to identify **direct causal relationships**, meaning that changes in one variable **directly cause** changes in another, without an intermediate step. Below is a list of direct causal relationships among the given variables, with explanations for each.

---

### 1. Hypotension (LowMAP) → Administration of Medicines to Increase Blood Pressure (HighVIS)

- **Rationale:** When a patient experiences **low mean arterial pressure (MAP)** (hypotension), clinicians administer **vasoactive medications** (e.g., epinephrine, norepinephrine) to restore blood pressure. Thus, hypotension **directly causes** the need for HighVIS.

### 2. Hypertension (HighMAP) → Neurological Injury (NI)

- **Rationale:** Sustained **high blood pressure** can cause **cerebral hemorrhage** or other neurological injuries in ECMO patients, especially in those with pre-existing vascular vulnerabilities.

### 3. Acidosis (LowpH) → Lactic Acidosis (HighLactate)

- **Rationale:** Metabolic acidosis (low pH) often results from **lactic acid accumulation**, which occurs due to **anaerobic metabolism** when tissues receive inadequate oxygen. Therefore, **LowpH directly causes HighLactate**.

### 4. Hypotension (LowMAP) → Lactic Acidosis (HighLactate)

- **Rationale:** Low blood pressure reduces **oxygen delivery to tissues**, leading to **anaerobic metabolism** and lactic acid buildup, causing **lactic acidosis**.

### 5. Lactic Acidosis (HighLactate) → Neurological Injury (NI)

- **Rationale:** High lactate levels indicate **poor tissue perfusion and hypoxia**, which can lead to **brain injury** due to insufficient oxygen supply.

### 6. Administration of Medicines to Increase Blood Pressure (HighVIS) → Hypertension (HighMAP)

- **Rationale:** Excessive vasoactive medication use can overshoot the target blood pressure, causing **hypertension**.

### 7. Low Platelet Count (LowPlatelet) → Neurological Injury (NI)

- **Rationale:** ECMO patients often develop **thrombocytopenia** (low platelets), increasing the risk of **intracranial hemorrhage**, leading to neurological injury.

#### 8. Significant Change in PCO<sub>2</sub> after ECMO (RelativePCO<sub>2</sub>) → Neurological Injury (NI)

- **Rationale:** Rapid changes in **PCO<sub>2</sub> (partial pressure of carbon dioxide)** can cause **cerebral vasodilation or vasoconstriction**, leading to **brain injury**.

#### 9. Significant Change in PCO<sub>2</sub> after ECMO (RelativePCO<sub>2</sub>) → Acidosis (LowpH)

- **Rationale:** PCO<sub>2</sub> is directly linked to pH via the **carbonic acid-bicarbonate buffer system**. If PCO<sub>2</sub> rises significantly, it can lead to **respiratory acidosis**, causing a drop in pH.

#### 10. Hypotension (LowMAP) → Low Platelet Count (LowPlatelet)

- **Rationale:** Prolonged hypotension can cause **organ dysfunction**, including **bone marrow suppression and platelet consumption**, leading to thrombocytopenia.

---

### Summary of Direct Causal Relations

1. **LowMAP → HighVIS**
2. **HighMAP → NI**
3. **LowpH → HighLactate**
4. **LowMAP → HighLactate**
5. **HighLactate → NI**
6. **HighVIS → HighMAP**
7. **LowPlatelet → NI**
8. **RelativePCO<sub>2</sub> → NI**
9. **RelativePCO<sub>2</sub> → LowpH**
10. **LowMAP → LowPlatelet**

These relationships reflect **direct physiological mechanisms** based on ECMO-related complications. Would you like a graphical representation of this network?

## Response 3

For Bayesian Network construction, **direct causal** relationships should reflect direct physiological or treatment-driven dependencies between the variables without unnecessary intermediate nodes. Below are the key **direct causal** relationships along with their rationale:

---

### 1. Hypotension (LowMAP) → Administration of Medicines to Increase Blood Pressure (HighVIS)

- **Rationale:** Hypotension (low mean arterial pressure) is a direct indication for administering vasoactive medications (such as vasopressors or inotropes) to maintain adequate perfusion. The administration of HighVIS is directly triggered by LowMAP.
- 

### 2. Hypertension (HighMAP) → Neurological Injury (NI)

- **Rationale:** High blood pressure can lead to increased intracranial pressure (ICP), hemorrhagic stroke, or cerebral edema, all of which are forms of neurological injury. Thus, sustained HighMAP is a direct cause of NI.
- 

### 3. Acidosis (LowpH) → Lactic Acidosis (HighLactate)

- **Rationale:** Lactic acidosis is a primary cause of metabolic acidosis (LowpH). When there is insufficient oxygen delivery, anaerobic metabolism leads to lactate accumulation, lowering blood pH. Thus, HighLactate is a direct cause of LowpH.
- 

### 4. Acidosis (LowpH) → Neurological Injury (NI)

- **Rationale:** Severe acidosis can impair cerebral metabolism, reduce neuronal function, and cause ischemic injury. A direct causal link exists between acidosis and neurological damage.
- 

### 5. Lactic Acidosis (HighLactate) → Hypotension (LowMAP)

- **Rationale:** Elevated lactate levels indicate poor tissue perfusion and shock, which are often associated with hypotension. Lactic acidosis is a marker of circulatory failure, making it a direct contributor to LowMAP.
- 

#### 6. Low Platelet Count (LowPlatelet) → Neurological Injury (NI)

- **Rationale:** Low platelet levels increase the risk of intracranial hemorrhage, leading to neurological injury. Patients on ECMO are at particularly high risk due to anticoagulation therapy.
- 

#### 7. Significant Change in PCO2 After ECMO (RelativePCO2) → Acidosis (LowpH)

- **Rationale:** PCO2 directly affects blood pH through the bicarbonate buffer system. A sudden change in PCO2 post-ECMO can disrupt acid-base homeostasis, causing acidosis.
- 

#### 8. Significant Change in PCO2 After ECMO (RelativePCO2) → Neurological Injury (NI)

- **Rationale:** Rapid fluctuations in PCO2 can cause cerebral vasodilation or vasoconstriction, affecting cerebral perfusion and potentially leading to neurological injury.
- 

#### 9. Hypotension (LowMAP) → Neurological Injury (NI)

- **Rationale:** Hypotension leads to inadequate cerebral perfusion, which can cause ischemic brain injury.
- 

#### 10. Hypotension (LowMAP) → Low Platelet Count (LowPlatelet)

- **Rationale:** Hypotension can result in disseminated intravascular coagulation (DIC), where excessive clotting leads to platelet consumption and thrombocytopenia.
- 

### Summary of Direct Causal Relationships

1. LowMAP → HighVIS



2. **HighMAP → NI**
3. **LowpH → HighLactate**
4. **LowpH → NI**
5. **HighLactate → LowMAP**
6. **LowPlatelet → NI**
7. **RelativePCO2 → LowpH**
8. **RelativePCO2 → NI**
9. **LowMAP → NI**
10. **LowMAP → LowPlatelet**

These relationships provide a logical, physiological basis for constructing a Bayesian Network to analyze ECMO patients effectively.

## Response 4

To construct a **Bayesian Network**, we need to define **direct causal relationships** between the given variables based on physiological and clinical reasoning. Below is the list of **direct causal** relationships with explanations.

---

### 1. Hypotension (LowMAP) → Administration of Medicines to increase blood pressure (HighVIS)

#### Rationale:

- Low Mean Arterial Pressure (MAP) indicates hypotension, which can lead to inadequate tissue perfusion.
  - Clinicians respond to hypotension by administering **vasoactive inotropic support (VIS)** to stabilize blood pressure.
  - This makes **LowMAP a direct cause of HighVIS** because medication is administered as a response to hypotension.
- 

### 2. Hypertension (HighMAP) → Neurological Injury (NI)

#### Rationale:

- HighMAP (elevated blood pressure) increases the risk of **intracranial hemorrhage** and other forms of **neurological injury (NI)**.
  - Excessive pressure can cause capillary damage and cerebral edema, leading to direct brain injury.
  - Therefore, **HighMAP directly contributes to NI**.
- 

### 3. Acidosis (LowpH) → Lactic Acidosis (HighLactate)

#### Rationale:

- Lactic acidosis occurs when there is **insufficient oxygen delivery** to tissues, leading to anaerobic metabolism and excess lactate production.
  - This leads to a **decrease in blood pH**, causing **LowpH**.
  - Since lactic acidosis is a primary driver of metabolic acidosis, **HighLactate directly causes LowpH**.
-

#### 4. Low Platelet count (LowPlatelet) → Neurological Injury (NI)

##### Rationale:

- Platelets are essential for **blood clotting**. A **low platelet count increases bleeding risk**, including **intracranial hemorrhage**, a major form of neurological injury (NI).
  - Patients on ECMO often experience **thrombocytopenia** due to platelet consumption and destruction within the circuit.
  - Thus, **LowPlatelet is a direct cause of NI**.
- 

#### 5. Significant change of PCO2 after ECMO (RelativePCO2) → Acidosis (LowpH)

##### Rationale:

- **PCO2 (partial pressure of carbon dioxide)** affects blood pH through the bicarbonate buffer system.
  - A **sudden drop in PCO2** (from hyperventilation or ECMO) can cause **respiratory alkalosis**, while an **increase in PCO2** leads to **respiratory acidosis**.
  - Thus, **RelativePCO2 has a direct effect on LowpH**.
- 

#### 6. Hypotension (LowMAP) → Lactic Acidosis (HighLactate)

##### Rationale:

- LowMAP reduces **oxygen delivery to tissues**, causing **anaerobic metabolism** and an **increase in lactate production**.
  - This leads to **lactic acidosis**, making **LowMAP a direct cause of HighLactate**.
- 

#### 7. Administration of Medicines to increase blood pressure (HighVIS) → Hypertension (HighMAP)

##### Rationale:

- Vasopressors (e.g., norepinephrine) and inotropes (e.g., epinephrine) **increase MAP** by improving cardiac output and vasoconstriction.
  - This makes **HighVIS a direct cause of HighMAP**.
-

### Final List of Direct Causal Relationships

1. **LowMAP → HighVIS**
2. **HighMAP → NI**
3. **LowpH → HighLactate**
4. **LowPlatelet → NI**
5. **RelativePCO2 → LowpH**
6. **LowMAP → HighLactate**
7. **HighVIS → HighMAP**

This structure captures key **pathophysiological relationships** observed in ECMO patients while maintaining **direct causality** without introducing indirect relationships.

## Response 5

To construct a Bayesian Network, we need to establish **direct causal** relationships between the given variables. Direct causation means that one variable has a **direct physiological or treatment-related effect** on another, without an intermediate variable explaining the association. Below is the list of direct causal relationships along with the rationale:

---

### 1. Hypotension (LowMAP) → Administration of Medicines to Increase Blood Pressure (HighVIS)

#### Rationale:

Low mean arterial pressure (MAP) (hypotension) is a primary clinical indication for administering **vasoactive inotropic support (VIS)** such as norepinephrine, epinephrine, or dopamine. Physicians administer these drugs **directly** in response to hypotension to maintain adequate perfusion pressure.

---

### 2. Hypertension (HighMAP) → Neurological Injury (NI)

#### Rationale:

Prolonged hypertension can lead to **cerebral hemorrhage or ischemia**, increasing the risk of neurological injury. On ECMO, patients are particularly vulnerable to blood pressure fluctuations due to altered hemodynamics and anticoagulation, making this a direct causal link.

---

### 3. Acidosis (LowpH) → Lactic Acidosis (HighLactate)

#### Rationale:

A major contributor to metabolic acidosis in critically ill ECMO patients is **lactic acidosis** due to anaerobic metabolism. Tissue hypoxia leads to increased lactate production, which then lowers blood pH. Thus, lactic acidosis is a direct cause of systemic acidosis.

---

### 4. Hypotension (LowMAP) → Lactic Acidosis (HighLactate)

#### Rationale:

Low MAP leads to poor organ perfusion, resulting in anaerobic metabolism and an increase

in **serum lactate levels**. This causes **lactic acidosis**, making hypotension a direct driver of elevated lactate.

---

### 5. Acidosis (LowpH) → Neurological Injury (NI)

#### Rationale:

Severe acidosis can cause **cerebral dysfunction, vasodilation, and cellular injury**, leading to neurological damage. A direct link exists because acidosis **impairs neuronal function and can cause brain edema**, particularly in ECMO patients with altered cerebral perfusion.

---

### 6. Administration of Medicines to Increase Blood Pressure (HighVIS) → Hypertension (HighMAP)

#### Rationale:

High doses of **vasoactive agents** can lead to excessive vasoconstriction, resulting in **hypertension**. This is a direct relationship because the medication itself increases blood pressure.

---

### 7. Low Platelet Count (LowPlatelet) → Neurological Injury (NI)

#### Rationale:

A low platelet count increases the risk of **intracranial hemorrhage (ICH)**, a significant cause of neurological injury in ECMO patients. Platelets are essential for clot formation, and thrombocytopenia (low platelet count) can directly lead to bleeding in the brain.

---

### 8. Significant Change in PCO2 After ECMO (RelativePCO2) → Neurological Injury (NI)

#### Rationale:

Abrupt changes in **PaCO2 (partial pressure of CO2)** during ECMO can cause **cerebral vasodilation or vasoconstriction**, leading to fluctuations in **cerebral blood flow**. This can result in ischemic or hemorrhagic neurological injury, making this a direct causal link.

---

### 9. Significant Change in PCO2 After ECMO (RelativePCO2) → Acidosis (LowpH)

**Rationale:**

PCO<sub>2</sub> is directly involved in the **acid-base balance**. A sudden increase in PCO<sub>2</sub> leads to **respiratory acidosis**, while a significant decrease can cause **alkalosis**. This direct relationship is fundamental in ECMO patients, where gas exchange is managed artificially.

---

**10. Low Platelet Count (LowPlatelet) → Administration of Medicines to Increase Blood Pressure (HighVIS)****Rationale:**

Patients with thrombocytopenia are at a higher risk of **bleeding**, leading to **hypotension**. In response, physicians often increase **vasoactive medications** to maintain adequate blood pressure, making this a direct causal link.

---

**Final List of Direct Causal Relationships**

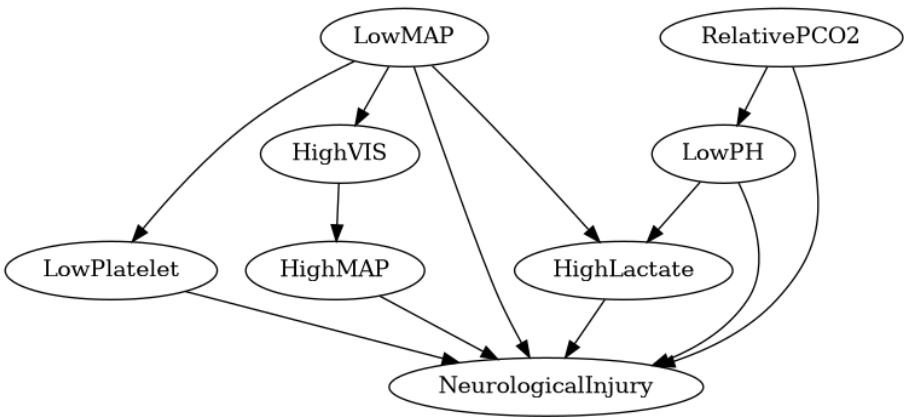
1. **LowMAP → HighVIS** (Hypotension prompts vasopressor administration)
2. **HighMAP → NI** (Hypertension increases the risk of neurological injury)
3. **LowpH → HighLactate** (Acidosis is directly caused by lactic acid accumulation)
4. **LowMAP → HighLactate** (Hypoperfusion leads to anaerobic metabolism)
5. **LowpH → NI** (Acidosis contributes to neuronal injury)
6. **HighVIS → HighMAP** (Vasopressors raise blood pressure)
7. **LowPlatelet → NI** (Low platelets increase the risk of intracranial hemorrhage)
8. **RelativePCO<sub>2</sub> → NI** (PCO<sub>2</sub> fluctuations impact cerebral perfusion)
9. **RelativePCO<sub>2</sub> → LowpH** (PCO<sub>2</sub> changes alter acid-base balance)
10. **LowPlatelet → HighVIS** (Bleeding-induced hypotension prompts vasopressor use)

These relationships reflect **direct physiological, pathophysiological, or treatment-based causal effects** in ECMO patients.

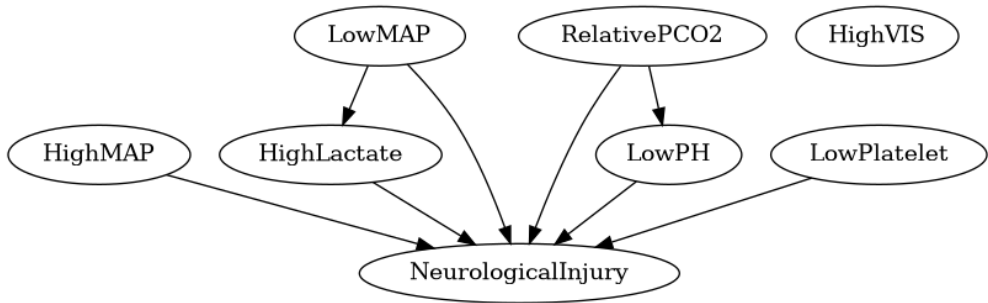
The edges across the 5 different queries to GPT4o. The edges highlighted are avoided due to cyclic constraints.

X	Y	R1	R2	R3	R4	R5
LowMAP	HighVIS	1	1	1	1	1
HighMAP	NI	1	1	1	1	1
LowPH	HighLactate	1	1	1	1	1
LowPlatelet	NI	1	1	1	1	1
RelativePCO2	LowPH	1	1	1	1	1
RelativePCO2	NI	0	1	1	0	1
LowMAP	LowPlatelet	1	1	1	0	0
HighVIS	HighMAP	0	1	0	1	1
HighLactate	LowMAP	1	0	1	0	0
LowMAP	NI	1	0	1	0	0
LowMAP	HighLactate	0	1	0	1	0
LowPH	NI	0	0	1	0	1
HighLactate	NI	0	1	0	0	0
LowPlatelet	HighVIS	0	0	0	0	1

The initial LLM Elicited BN G is

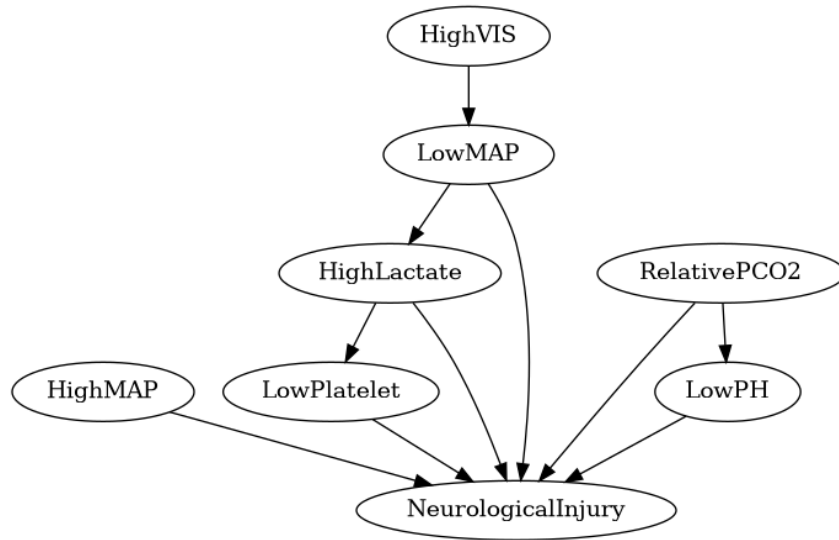


The graph G1 after deletion-only refinement on G





The graph G2 after full refinement on G1



# Gemini

## Response 1

Here's a breakdown of the direct causal relationships between the variables, along with the rationale:

1. **HighVIS -> HighMAP:** Administration of vasopressors (HighVIS) directly causes an increase in Mean Arterial Pressure (MAP), leading to hypertension (HighMAP). Vasopressors work by constricting blood vessels, which increases blood pressure.
2. **HighVIS -> LowMAP:** While the primary goal of HighVIS is to increase MAP, in some situations, especially if the patient is very unstable, the body's response might not be predictable. It's possible that despite the administration of vasopressors, the patient might still experience low blood pressure (LowMAP) due to other underlying issues (e.g., severe vasodilation, myocardial dysfunction). This represents a direct, albeit perhaps counterintuitive, causal link. It's important to include this to capture the complexity of the situation. It doesn't mean HighVIS *always* causes LowMAP, but it can be a contributing factor in certain circumstances.
3. **HighLactate -> LowpH:** Lactic acidosis (HighLactate) directly causes a decrease in pH, leading to acidosis (LowpH). Lactic acid is a byproduct of anaerobic metabolism, and its accumulation in the blood lowers the pH.
4. **LowPlatelet -> HighLactate:** Low platelet counts (LowPlatelet) can contribute to impaired tissue perfusion. When tissues don't receive enough oxygen, they switch to anaerobic metabolism, which produces lactate. Therefore, low platelets can directly contribute to lactic acidosis (HighLactate).
5. **LowMAP -> HighLactate:** Low Mean Arterial Pressure (LowMAP) can lead to inadequate tissue perfusion. As mentioned above, poor perfusion leads to anaerobic metabolism and the production of lactate, resulting in lactic acidosis (HighLactate).
6. **HighLactate -> NI:** High levels of lactate (HighLactate) can be toxic to the brain and are associated with neurological injury (NI). This represents a direct causal link.
7. **LowMAP -> NI:** Low Mean Arterial Pressure (LowMAP) can lead to insufficient blood flow to the brain, resulting in neurological injury (NI). This is a well-established causal relationship.
8. **LowpH -> NI:** Severe acidosis (LowpH) can also directly contribute to neurological injury (NI) due to its effects on brain function and metabolism.
9. **RelativePCO2 -> LowpH:** A significant change in PCO2 (RelativePCO2) can directly affect pH. Changes in carbon dioxide levels in the blood influence the bicarbonate buffer system, which plays a crucial role in regulating pH. Therefore, a significant change in PCO2 can lead to a decrease in pH and contribute to acidosis (LowpH).

### Important Considerations:

- **Direct Causal vs. Associative:** This list focuses *only* on *direct* causal relationships. There may be other *associations* between variables, but these might not be direct causal links. For example, LowPlatelet might be associated with LowMAP, but the direct cause of LowMAP might be something else.

- **Simplification:** This model is a simplification of a complex physiological system. There are likely other factors and interactions not included in the available data that could influence these variables.
- **Time Dependence:** These relationships are likely time-dependent. For instance, the effect of HighVIS on HighMAP might be observed within minutes, while the development of NI due to LowMAP might take hours or days. The provided data is hourly, suggesting a sufficient granularity to capture many of these relationships.
- **Feedback Loops:** Physiological systems often involve feedback loops. This model, as presented, primarily focuses on direct causal paths. Feedback mechanisms (e.g., the body's attempt to compensate for acidosis) are not explicitly represented but should be considered in a more comprehensive model.

This list provides a starting point for constructing a Bayesian Network. Further analysis and expert knowledge would be necessary to refine the model and ensure its accuracy and clinical relevance

## Response 2

Here's a proposed list of direct causal relationships between the ECMO patient variables, along with the rationale behind each:

- **LowMAP (Hypotension) --> HighVIS (Administration of Vasopressors):** Low blood pressure is a primary indicator for administering vasopressors. The medical team's *action* of administering vasopressors is a direct consequence of observed hypotension. It's a treatment response, not a cause of hypotension itself.
- **LowPlatelet (Low Platelet Count) --> LowMAP (Hypotension):** Low platelet counts can contribute to bleeding, which in turn can lead to decreased blood volume and subsequent hypotension. This is a physiological effect.
- **HighLactate (Lactic Acidosis) --> LowpH (Acidosis):** Lactic acidosis is a condition where the body produces excess lactic acid, which directly lowers the pH of the blood, resulting in acidosis. Lactate buildup is a direct cause of decreased pH.
- **LowMAP (Hypotension) --> HighLactate (Lactic Acidosis):** Hypotension can lead to inadequate tissue perfusion, causing cells to switch to anaerobic respiration, which produces lactic acid. Therefore, prolonged or severe hypotension can cause lactic acidosis.
- **LowpH (Acidosis) --> LowMAP (Hypotension):** Severe acidosis can impair cardiac function, leading to decreased cardiac output and subsequent hypotension. This is a known physiological effect.
- **RelativePCO2 (Significant change of PCO2) --> LowpH (Acidosis):** While changes in PCO2 can *contribute* to changes in pH, the relationship isn't always direct. *Respiratory* acidosis (increased PCO2) directly lowers pH. However, *metabolic* acidosis (like that caused by lactate) is independent of PCO2. Since we have "RelativePCO2," it suggests a focus on the respiratory component. A significant increase in PCO2 would directly decrease pH. A significant decrease in PCO2 would increase pH, but since we are considering Acidosis (LowpH), we will focus on the increased PCO2 leading to LowpH.
- **LowMAP (Hypotension) --> NI (Neurological Injury):** Insufficient blood flow to the brain due to hypotension can cause neurological damage. This is a well-established medical consequence.
- **HighVIS (Administration of Vasopressors) --> HighMAP (Hypertension):** Vasopressors are administered to *increase* blood pressure. While the goal is to

*normalize* blood pressure, excessive administration can lead to hypertension as a side effect. This is a direct pharmacological effect.

### Important Considerations and Exclusions:

- **HighMAP (Hypertension) is not a direct cause of anything in this list.** Hypertension is often a *result* of interventions (like vasopressors) or underlying conditions, but it's less frequently a direct *cause* of the other variables listed (except potentially NI, but that's less direct than hypotension causing NI). We're focusing on *direct* causal links.
- **We are focusing on direct causal links.** For example, low platelet count might contribute to other issues that *then* lead to hypotension. But the *direct* link we're considering is low platelets leading to bleeding and *then* to low MAP.
- **ECMO itself is not included as a variable.** The data is *post*-cannulation, so ECMO is the context, not a variable within the model.
- **This is a simplified model.** Physiological systems are complex, and there are likely other interactions. This list focuses on the most likely *direct* causal relationships given the variables provided.
- **Directionality is key.** We are specifying the direction of causality. For example, we say LowMAP -> HighVIS, not the other way around (generally).

This breakdown provides a foundation for constructing a Bayesian Network. Remember that Bayesian Networks also consider conditional dependencies, which are not explicitly listed here but would be part of the full network structure.

## Response 3

Here's a proposed list of direct causal relationships between the variables, along with the rationale behind each:

- **HighVIS → HighMAP:** Vasopressors (HighVIS) are administered to increase blood pressure. Therefore, the administration of these medications directly *causes* an increase in Mean Arterial Pressure (HighMAP). It's important to note this is a *direct* effect. While the body has complex pressure regulation, the medication's *intended* mechanism is a direct increase.
- **HighVIS → LowMAP:** This might seem counterintuitive since the purpose of vasopressors is to *increase* MAP. However, in some situations, particularly in critically ill patients on ECMO, the body's response to vasopressors can be unpredictable. Sometimes, despite increasing doses of vasopressors, the patient may still experience periods of hypotension (LowMAP). This can be due to factors like worsening shock, resistance to the medication, or other physiological derangements. Thus, HighVIS can *directly* lead to LowMAP, although it is not the intended effect. It reflects a complex physiological state.
- **HighVIS → LowPlatelet:** Prolonged or high doses of vasopressors can sometimes lead to a decrease in platelet count. This is a known side effect, although the exact mechanism is complex and not fully understood. Therefore, HighVIS can directly contribute to LowPlatelet.
- **HighLactate → LowpH:** Lactic acidosis (HighLactate) directly *causes* a decrease in pH (LowpH). Lactic acid is a byproduct of anaerobic metabolism, and its accumulation in the blood directly lowers the pH, leading to acidosis.
- **LowpH → LowMAP:** Acidosis (LowpH) can impair the heart's contractility and reduce vascular tone, both of which can contribute to hypotension (LowMAP). Therefore, LowpH can directly lead to LowMAP.
- **LowPlatelet → LowMAP:** Low platelet counts (LowPlatelet) can contribute to bleeding. Significant bleeding can lead to a decrease in blood volume, which in turn can cause hypotension (LowMAP). Thus, LowPlatelet can directly contribute to LowMAP.
- **RelativePCO2 → LowpH:** A significant change in PCO2 (RelativePCO2) can directly affect pH. An increase in PCO2 (respiratory acidosis) will decrease pH, while a decrease in PCO2 (respiratory alkalosis) will increase pH. This relationship is

fundamental to the body's acid-base balance. Therefore, RelativePCO2 has a direct causal link to LowpH.

- **LowMAP → NI:** Hypotension (LowMAP) can lead to decreased cerebral perfusion, which can result in neurological injury (NI). Therefore, LowMAP can directly contribute to NI.
- **HighLactate → NI:** High levels of lactate (HighLactate) can be directly toxic to brain tissue and contribute to neurological injury (NI), independent of its effect on pH.

### Important Considerations:

- **Direct vs. Indirect:** This list focuses on *direct* causal relationships. Many of these variables are also indirectly related. For example, HighLactate can indirectly contribute to LowMAP by first causing LowpH. However, we are only considering the immediate, direct links here.
- **Complexity:** The human body is a complex system. These relationships are simplifications. Other factors can influence these variables, and the strength of the relationships can vary between individuals.
- **Time-Series Nature:** The time-series nature of the data is crucial. While we are identifying direct causal links, the *temporal order* of events is vital for establishing causality. For instance, HighVIS leading to HighMAP is more likely than the reverse. Analyzing the time-series data will help confirm these causal directions.
- **ECMO Specifics:** ECMO itself can influence these relationships. For instance, ECMO support can temporarily mask or mitigate some of the effects of these variables. This needs to be considered when interpreting the data.

This list provides a starting point for constructing the Bayesian Network. Further analysis of the data, including conditional dependencies and time-series information, will be necessary to refine the network structure and quantify the strengths of these relationships.

## Response 4

Here's a proposed list of direct causal relationships between the variables, along with the rationale:

1. **LowMAP (Hypotension) --> HighVIS (Administration of Medicines to increase blood pressure):** Hypotension is a primary indicator for administering vasopressors (HighVIS). The low blood pressure *directly* causes the administration of the medication to raise blood pressure.
2. **LowPlatelet (Low Platelet count) --> LowMAP (Hypotension):** Low platelet counts can contribute to bleeding, which in turn can lead to hypotension. While other factors can cause hypotension, low platelets can *directly* contribute to it through blood loss.
3. **HighLactate (Lactic Acidosis) --> LowpH (Acidosis):** Lactic acidosis is a direct cause of metabolic acidosis (low pH). The increased lactate directly lowers the pH.
4. **LowMAP (Hypotension) --> HighLactate (Lactic Acidosis):** Hypotension can lead to tissue hypoperfusion, which can then cause increased lactate production and subsequent lactic acidosis. The low blood pressure *directly* contributes to the increased lactate.
5. **LowpH (Acidosis) --> HighVIS (Administration of Medicines to increase blood pressure):** Acidosis can contribute to vasodilation and decreased cardiac contractility, which can worsen hypotension. Therefore, in some cases, acidosis may be another reason to administer vasopressors, independent of the initial LowMAP. It's important to note that LowMAP is a stronger driver for HighVIS, but acidosis can also contribute.
6. **RelativePCO2 (Significant change of PCO2 after ECMO) --> LowpH (Acidosis):** Changes in CO2 levels can directly affect pH. A significant increase in PCO2 (respiratory acidosis) would directly lower pH. A significant decrease in PCO2 (respiratory alkalosis) would increase pH. Since we are only tracking a significant change, we can assume that the change in PCO2 can *directly* affect the pH.
7. **LowMAP (Hypotension) --> NI (Neurological Injury):** Hypotension can lead to decreased cerebral perfusion, which can result in neurological injury. The low blood pressure *directly* increases the risk of NI.

### Important Considerations:



- **Direct vs. Indirect:** These are *direct* causal relationships. There may be other indirect relationships. For example, LowPlatelet could indirectly influence NI through LowMAP. However, we are only looking for the *most direct* causal link.
- **Time Ordering:** The temporal relationship is crucial for causality. The cause must precede the effect. The data likely reflects this since it's time-series data.
- **Confounding:** There may be other unmeasured variables that influence these relationships. For instance, the underlying disease process requiring ECMO could be a confounder. However, we are limited to the provided variables.
- **Simplification:** This is a simplified model. The human body is complex, and these variables interact in intricate ways. This model aims to capture the most salient direct relationships for the purpose of Bayesian Network construction.
- **Clinical Knowledge:** These relationships are based on physiological principles and clinical understanding. It's crucial to validate these relationships with clinical experts.

## Response 5

Here's a list of direct causal relationships between the variables, along with the rationale behind each:

- **LowMAP (Hypotension) --> HighVIS (Administration of Medicines to increase blood pressure):** Hypotension is a primary indication for administering vasopressors (HighVIS). The medical team will directly respond to low blood pressure by administering these medications to increase mean arterial pressure (MAP). This is a direct intervention.
- **LowPlatelet (Low Platelet count) --> LowMAP (Hypotension):** Low platelet counts can contribute to bleeding, which in turn can lead to hypotension. While other factors influence blood pressure, low platelets can directly worsen it.
- **HighLactate (Lactic Acidosis) --> LowpH (Acidosis):** Lactic acidosis is a condition where the body produces excess lactic acid, which directly lowers the pH of the blood, leading to acidosis.
- **LowMAP (Hypotension) --> HighLactate (Lactic Acidosis):** Hypotension can lead to tissue hypoperfusion (inadequate blood flow), which can cause cells to switch to anaerobic respiration, resulting in increased lactate production and subsequent lactic acidosis.
- **HighVIS (Administration of Medicines to increase blood pressure) --> HighMAP (Hypertension):** Vasopressors (HighVIS) are administered to increase blood pressure. If the dosage is too high or the patient responds strongly, it can result in hypertension. This is a direct physiological effect of the medication.
- **RelativePCO2 (Significant change of PCO2 after ECMO) --> LowpH (Acidosis):** Changes in CO<sub>2</sub> levels directly affect the pH of the blood. An increase in CO<sub>2</sub> (or a significant relative change) can lead to respiratory acidosis (low pH). While ECMO is in place to manage gas exchange, significant swings in CO<sub>2</sub> can still impact pH.
- **LowMAP (Hypotension) --> NI (Neurological Injury):** Hypotension can reduce blood flow to the brain, leading to neurological injury due to ischemia (lack of oxygen). This is a well-established causal link.

It's important to note:

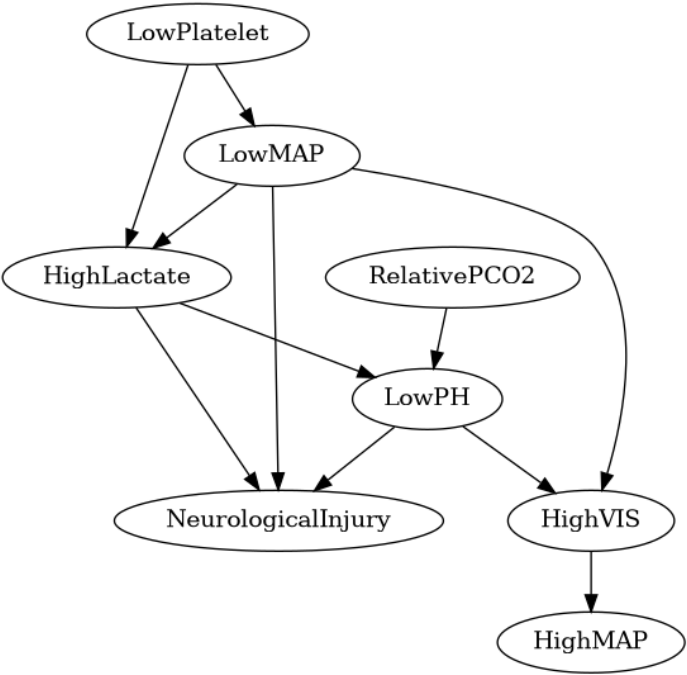
- These are *direct* causal relationships. There might be other indirect relationships or confounding factors. For example, sepsis could cause both hypotension and lactic acidosis. However, in our task, we are only considering the direct causal links between the listed variables.

- This represents our current understanding. Medical knowledge is constantly evolving, and new research may refine these relationships.
- The presence of ECMO support significantly alters the usual physiological relationships. For instance, while ECMO is designed to manage gas exchange, it doesn't completely eliminate the influence of CO<sub>2</sub> on pH or the potential for hypoperfusion to cause lactic acidosis.

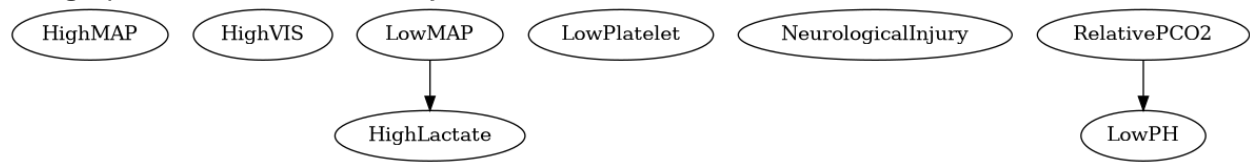
The edges across the 5 different queries to Gemini. The edges highlighted are avoided due to cyclic constraints.

X	Y	R1	R2	R3	R4	R5
HighLactate	LowPH	1	1	1	1	1
LowMAP	NI	1	1	1	1	1
RelativePCO2	LowPH	1	1	1	1	1
HighVIS	HighMAP	1	1	1	0	1
LowMAP	HighLactate	1	1	0	1	1
LowPlatelet	LowMAP	0	1	1	1	1
LowMAP	HighVIS	0	1	0	1	1
HighVIS	LowMAP	1	0	1	0	0
HighLactate	NI	1	0	1	0	0
LowPH	LowMAP	0	1	1	0	0
LowPlatelet	HighLactate	1	0	0	0	0
HighVIS	LowPlatelet	0	0	1	0	0
LowPH	HighVIS	0	0	0	1	0
LowPH	NI	1	0	0	0	0

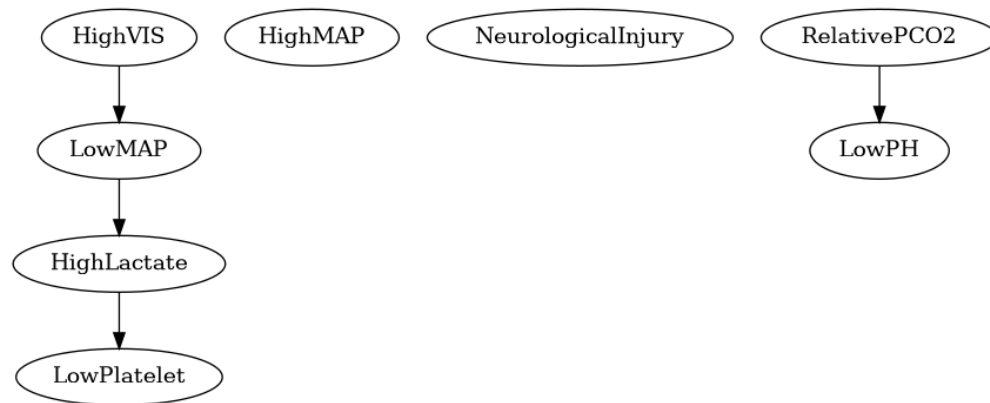
The initial LLM elicited G is



The graph G1 after deletion only refinement on G



The graph G2 after full refinement on G1



## Llama 3.3 70b Turbo

### Response 1

To establish direct causal relations between the given variables, we must consider the physiological and clinical context of patients on Extracorporeal Membrane Oxygenation (ECMO). ECMO is a life-support therapy used for patients with severe and refractory cardiac or respiratory failure. The relationships between these variables can be complex, involving multiple feedback loops and nonlinear dynamics. However, based on general medical knowledge and the principles of physiology, we can infer the following direct causal relationships:

1. **LowMAP (Hypotension) → HighVIS (Administration of Medicines to increase blood pressure):**
  - **Rationale:** When a patient experiences hypotension (low blood pressure), it can lead to inadequate organ perfusion. To counteract this, clinicians may administer vasoactive medications (HighVIS) to increase blood pressure, thereby improving organ perfusion.
2. **HighMAP (Hypertension) → LowPlatelet (Thrombocytopenia):**
  - **Rationale:** Hypertension can lead to vascular stress and potentially to endothelial damage. Although the direct link between hypertension and thrombocytopenia is less straightforward, hypertension can contribute to a pro-thrombotic state or affect the vascular endothelium in a way that could indirectly influence platelet consumption or production, particularly in the context of ECMO where bleeding and thrombosis are significant concerns.
3. **RelativePCO2 (Significant change of PCO2 after ECMO) → Acidosis (LowpH):**
  - **Rationale:** A significant change in PCO2 (partial pressure of carbon dioxide) levels after initiation of ECMO can directly affect the acid-base balance in the blood. An increase in PCO2 can lead to respiratory acidosis (characterized by a low pH), while a decrease can lead to respiratory alkalosis. Thus, changes in PCO2 can have a direct causal relationship with the development of acidosis (low pH).
4. **HighLactate (Lactic Acidosis) → Acidosis (LowpH):**
  - **Rationale:** High levels of lactate in the blood, indicative of lactic acidosis, directly contribute to metabolic acidosis, which is characterized by a low pH. Lactic acidosis can arise from tissue hypoxia, where cells produce lactate as a byproduct of anaerobic metabolism, leading to an accumulation of acid in the blood.
5. **LowPlatelet (Thrombocytopenia) → Neurological Injury (NI):**

- **Rationale:** Thrombocytopenia, or low platelet count, can increase the risk of bleeding. In the context of ECMO, bleeding complications can be particularly severe, including intracranial hemorrhage, which directly correlates with an increased risk of neurological injury.

#### 6. **HighVIS (Administration of Medicines to increase blood pressure) →**

##### **Hypertension (HighMAP):**

- **Rationale:** The administration of vasoactive medications aimed at increasing blood pressure can, as a direct consequence, lead to or exacerbate hypertension in patients.

#### 7. **Acidosis (LowpH) → Neurological Injury (NI):**

- **Rationale:** Severe acidosis can directly affect neurological function, leading to neurological injury. Acidosis can alter the mental status of patients and, in severe cases, lead to more permanent neurological damage.

It's essential to note that these relationships are based on general principles and the specific context of ECMO support. The directionality and presence of these causal relationships might vary depending on individual patient conditions, ECMO configurations, and the specific clinical scenarios encountered. Moreover, the temporal relationships and potential feedback loops between these variables can further complicate the analysis. Bayesian network construction will help in quantifying these relationships and predicting outcomes based on observed data.

## Response 2

To establish direct causal relationships between the given variables, we must consider the physiological and pathological processes involved in patients on Extracorporeal Membrane Oxygenation (ECMO). ECMO is a life-support therapy used for patients with severe and potentially reversible cardiac or respiratory failure. The variables provided relate to common complications or aspects of care in these patients. Here is a list of direct causal relationships with explanations:

1. **HighMAP (Hypertension) → HighVIS (Administration of Medicines to decrease blood pressure):** The administration of medications to decrease blood pressure is a direct response to hypertension. In patients on ECMO, managing blood pressure is crucial to prevent complications such as bleeding or thrombosis, and hypertension may necessitate the use of antihypertensive medications.
2. **LowMAP (Hypotension) → HighVIS (Administration of Medicines to increase blood pressure):** Conversely, hypotension may require the administration of medications to increase blood pressure, such as vasopressors, to maintain adequate perfusion of vital organs.
3. **HighLactate (Lactic Acidosis) → LowpH (Acidosis):** Lactic acidosis, indicated by high lactate levels, directly contributes to acidosis (low pH). Lactic acidosis is a condition where the body accumulates too much lactate, often due to tissue hypoxia, which can lead to a decrease in blood pH.
4. **RelativePCO2 (Significant change of PCO2 after ECMO) → Acidosis (LowpH):** A significant increase in PCO2 (partial pressure of carbon dioxide) can lead to respiratory acidosis (low pH), as CO2 is an acidic compound when dissolved in blood. The ECMO procedure can directly affect CO2 levels by altering ventilation and perfusion.
5. **LowPlatelet (Low Platelet count) → NI (Neurological Injury):** A low platelet count can increase the risk of bleeding, including intracranial hemorrhage, which is a form of neurological injury. Platelets are crucial for blood clotting, and their deficiency can lead to spontaneous bleeding, including in the brain, potentially causing neurological damage.
6. **HighVIS (Administration of Medicines to increase blood pressure) → Hypertension (HighMAP):** While HighVIS is typically a response to hypotension, the administration of vasopressors can sometimes cause or exacerbate hypertension, especially if not carefully titrated. This relationship highlights the need for precise management of blood pressure in critically ill patients.



7. **ECMO therapy (implied) → RelativePCO2 (Significant change of PCO2):** Although ECMO itself is not listed as a variable, the initiation of ECMO can directly affect PCO2 levels by altering the patient's respiratory and circulatory dynamics. ECMO can improve oxygenation and remove CO2, potentially leading to significant changes in PCO2 levels.
8. **Acidosis (LowpH) → HighLactate (Lactic Acidosis):** While lactic acidosis can cause acidosis, severe acidosis itself can also lead to increased lactate production as cells shift towards anaerobic metabolism in acidic environments, creating a vicious cycle.

These relationships are based on physiological principles and the management of patients on ECMO. However, it's crucial to recognize that in a Bayesian Network, the direction of the arrow indicates a direct causal influence but does not preclude the existence of other factors or the complexity of biological systems. Clinical context, additional variables, and feedback loops can further complicate these relationships.

## Response 3

To establish direct causal relationships between the variables provided, we must consider the physiological and clinical implications of each variable and how they might interact with one another in the context of a patient on Extracorporeal Membrane Oxygenation (ECMO). ECMO is a life-support therapy used when a patient's heart and lungs cannot function on their own. The relationships between these variables can be complex and influenced by multiple factors, including the patient's underlying condition, the reason for ECMO initiation, and the management strategies employed by the healthcare team.

1. **HighMAP (Hypertension) → HighVIS (Administration of Medicines to increase blood pressure):** This relationship might seem counterintuitive at first glance because one might expect that hypertension would lead to the administration of medicines to decrease blood pressure. However, in the context of ECMO and critical care, managing blood pressure is nuanced. For patients on ECMO, maintaining adequate blood pressure is crucial to ensure perfusion of vital organs. If a patient on ECMO develops hypertension, it might not directly cause the administration of blood pressure-increasing medications. Instead, the relationship could be considered in the context of the management of the patient's condition, where the administration of certain medications (e.g., vasopressors) is adjusted based on blood pressure readings to maintain optimal organ perfusion. The direction of this relationship might need reconsideration based on standard practices in managing blood pressure in ECMO patients.
2. **LowMAP (Hypotension) → HighVIS (Administration of Medicines to increase blood pressure):** This is a more straightforward relationship. Hypotension in a patient on ECMO can lead to inadequate organ perfusion, and thus, medications to increase blood pressure (vasopressors or inotropes) are often administered to counteract this condition and ensure that vital organs receive sufficient blood flow.
3. **RelativePCO2 (Significant change of PCO2 after ECMO) → Acidosis (LowpH):** Changes in PCO2 levels can significantly affect a patient's acid-base balance. An increase in PCO2 (hypercapnia) can lead to respiratory acidosis, characterized by a low pH. ECMO can affect CO2 levels by removing or adding CO2 from/to the blood. Thus, significant changes in PCO2 post-ECMO initiation could directly influence the development of acidosis.
4. **HighLactate (Lactic Acidosis) → Acidosis (LowpH):** Lactic acidosis, indicated by high lactate levels, directly contributes to metabolic acidosis, which is characterized by a low pH. Elevated lactate levels can result from tissue hypoperfusion, which can occur in critically ill patients, including those on ECMO.

5. **LowPlatelet (Low Platelet count) → NI (Neurological Injury):** Thrombocytopenia (low platelet count) can increase the risk of bleeding, including intracranial hemorrhage, which can lead to neurological injury. The bleeding tendency associated with low platelet counts can directly contribute to the risk of neurological complications in patients on ECMO.
6. **HighVIS (Administration of Medicines to increase blood pressure) → Hypertension (HighMAP):** Vasopressors and inotropes used to increase blood pressure can, as a direct consequence, lead to hypertension if not carefully managed. This relationship highlights the need for close monitoring and titration of these medications to avoid causing or exacerbating hypertension.
7. **Acidosis (LowpH) → NI (Neurological Injury):** Severe acidosis can have detrimental effects on various bodily functions, including the neurological system. Acid-base disturbances can lead to alterations in mental status, and severe or prolonged acidosis may contribute to neurological injury.
8. **RelativePCO2 (Significant change of PCO2 after ECMO) → HighLactate (Lactic Acidosis):** Significant changes in PCO2 can reflect alterations in respiratory function and perfusion, which might also contribute to tissue hypoperfusion, leading to increased lactate production as cells shift to anaerobic metabolism.

Each of these relationships is grounded in the physiological and clinical context of critical care and ECMO support. The rationale behind each relation considers how changes in one variable might directly influence others, reflecting the complex interplay between different physiological parameters in critically ill patients.

## Response 4

To establish direct causal relations between the given variables, we must consider the physiological and clinical relationships that govern how each variable might influence another in the context of a patient on Extracorporeal Membrane Oxygenation (ECMO). Here's a list of direct causal relations along with the rationale behind each:

**1. HighMAP (Hypertension) → HighVIS (Administration of Medicines to decrease blood pressure):**

- Rationale: When a patient's blood pressure is too high (hypertension), one of the treatments could involve administering medications to decrease blood pressure, thus establishing a direct causal relationship where hypertension leads to the administration of such medicines.

**2. LowMAP (Hypotension) → HighVIS (Administration of Medicines to increase blood pressure):**

- Rationale: Conversely, when a patient's blood pressure is too low (hypotension), medications to increase blood pressure are administered, indicating a causal relationship where hypotension necessitates the use of these medications.

**3. HighLactate (Lactic Acidosis) → LowpH (Acidosis):**

- Rationale: Lactic acidosis, indicated by high lactate levels, contributes to metabolic acidosis, which is characterized by a low serum pH (acidosis). Therefore, high lactate levels can directly cause acidosis.

**4. RelativePCO2 (Significant change of PCO2 after ECMO) → LowpH (Acidosis) or HighLactate (Lactic Acidosis):**

- Rationale: A significant change in PCO2 levels (a measure of carbon dioxide in the blood) after initiation of ECMO can lead to respiratory acidosis (if PCO2 increases) or alkalosis (if PCO2 decreases). An increase in PCO2 can contribute to acidosis, potentially increasing lactate levels as the body tries to compensate, thus establishing a causal link.

**5. LowPlatelet (Low Platelet count) → NI (Neurological Injury):**

- Rationale: A low platelet count can increase the risk of bleeding, including cerebral bleeds, which can lead to neurological injury. This establishes a direct causal relationship where low platelets can increase the risk of neurological complications.

**6. HighLactate (Lactic Acidosis) → NI (Neurological Injury):**

- Rationale: Elevated lactate levels are associated with increased mortality and morbidity, including neurological injury. High lactate levels can indicate poor perfusion and oxygenation of tissues, including the brain, potentially leading to neurological damage.

**7. LowpH (Acidosis) → NI (Neurological Injury):**

- Rationale: Acidosis can lead to neurological injury by several mechanisms, including compromising the blood-brain barrier, altering neurotransmitter function, and promoting inflammation within the central nervous system.

**8. HighVIS (Administration of Medicines to increase blood pressure) → HighMAP (Hypertension):**

- Rationale: Medications used to increase blood pressure can directly cause hypertension if not carefully managed, illustrating a cause-and-effect relationship between the administration of these drugs and the increase in blood pressure.

These relationships are based on the clinical understanding of the physiological and pathological processes involved in the care of patients on ECMO. Each relation is considered direct because the cause (first variable) has a straightforward, mechanistic effect on the outcome (second variable), without requiring intermediate steps or variables to explain the connection. However, it's crucial to validate these proposed causal relationships with empirical data and clinical expertise, as the actual causal networks may be more complex and influenced by additional factors not considered here.

## Response 5

Based on the available information and medical knowledge, I've identified the following direct causal relations between the variables:

1. **HighMAP → HighVIS:** This relation is based on the fact that hypertension (HighMAP) is often treated with medications to lower blood pressure. Therefore, it is reasonable to assume that the administration of medicines to increase blood pressure (HighVIS) would be less likely in patients with hypertension, and more likely in patients with hypotension. However, for the sake of direct causal relation, we can infer that high blood pressure might lead to more vasoconstrictor use (HighVIS) if the medical team aims to reduce it.
2. **LowMAP → HighVIS:** This relation is more direct, as hypotension (LowMAP) is often treated with medications to increase blood pressure, such as vasopressors (HighVIS). The medical team would likely administer these medications to counteract low blood pressure.
3. **LowPlatelet → NI:** Thrombocytopenia (low platelet count, LowPlatelet) can increase the risk of bleeding, including intracranial hemorrhage, which is a form of neurological injury (NI). Therefore, a low platelet count can be a contributing factor to neurological injury.
4. **RelativePCO2 → Acidosis (LowpH):** Significant changes in PCO2 levels (RelativePCO2) can affect the acid-base balance in the blood. An increase in PCO2 (hypercapnia) can lead to respiratory acidosis, while a decrease in PCO2 (hypocapnia) can lead to respiratory alkalosis. Therefore, a significant change in PCO2 can cause acidosis (LowpH).
5. **HighLactate → Acidosis (LowpH):** Lactic acidosis (HighLactate) is a form of metabolic acidosis, which can directly cause a decrease in blood pH (LowpH). Elevated lactate levels contribute to the acidotic state, making this a direct causal relation.
6. **LowMAP → HighLactate:** Hypotension (LowMAP) can lead to inadequate perfusion of tissues, resulting in anaerobic metabolism and the subsequent production of lactate. Therefore, low blood pressure can contribute to the development of lactic acidosis (HighLactate).
7. **NI → LowMAP:** Neurological injury (NI) can disrupt the body's ability to regulate blood pressure, potentially leading to hypotension (LowMAP). Certain types of

neurological injuries, such as spinal cord injuries or brain injuries affecting autonomic functions, can directly impact blood pressure control.

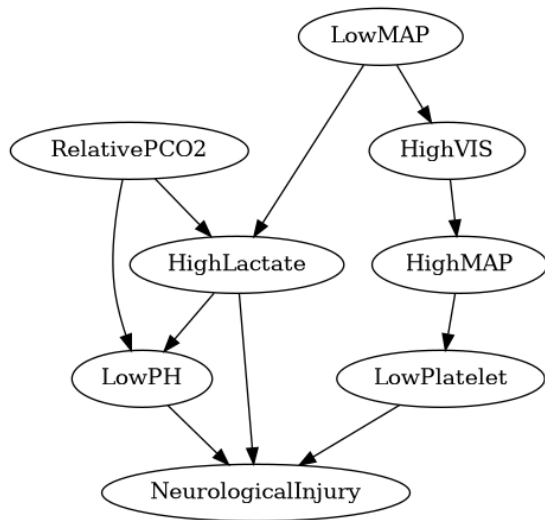
8. **HighLactate → NI:** High levels of lactate (HighLactate) can be toxic to neurons and may contribute to neurological injury (NI), especially in the context of prolonged or severe lactic acidosis. The metabolic derangements associated with high lactate levels can have profound effects on the central nervous system.

These direct causal relations are based on the pathophysiological mechanisms underlying the variables provided. However, it's essential to note that the actual relationships may be more complex and influenced by multiple factors, including individual patient characteristics, the underlying condition requiring ECMO, and the specifics of the ECMO treatment itself. Bayesian Network construction will help in visualizing and quantifying these relationships based on the collected data.

The edges across the 5 different queries to LLaMA. The edges highlighted are avoided due to cyclic constraints.

X	Y	R1	R2	R3	R4	R5
LowMAP	HighVIS	1	1	1	1	1
RelativePCO2	LowPH	1	1	1	1	1
LowPlatelet	NI	1	1	1	1	1
HighLactate	LowPH	1	1	1	1	1
HighVIS	HighMAP	1	1	1	1	0
HighMAP	HighVIS	0	1	1	1	1
LowPH	NI	1	0	1	1	0
HighLactate	NI	0	0	0	1	1
HighMAP	LowPlatelet	1	0	0	0	0
LowPH	HighLactate	0	1	0	0	0
RelativePCO2	HighLactate	0	0	1	0	0
LowMAP	HighLactate	0	0	0	0	1
NI	LowMAP	0	0	0	0	1

The initial LLM-Elicited graph G is

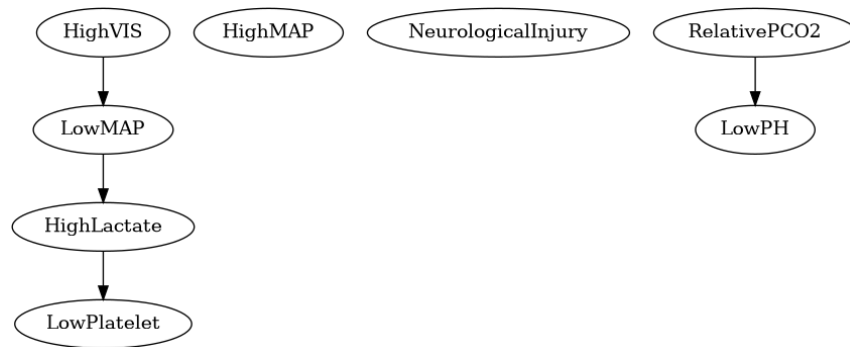


The graph G1 after deletion-only refinement on G





The graph G2 after full refinement on G1



# DeepSeek V3

## Response 1

To construct a Bayesian Network, we need to identify **direct causal relationships** between the variables. A direct causal relationship implies that one variable directly influences another, based on medical knowledge and physiological reasoning. Below is a list of plausible direct causal relationships, along with their rationale:

---

### 1. HighVIS → LowMAP

- **Rationale:** The administration of medicines to increase blood pressure (HighVIS) is often a response to hypotension (LowMAP). However, if the medications are not effective or are insufficient, LowMAP may persist. Thus, HighVIS directly influences LowMAP.

### 2. LowMAP → HighLactate

- **Rationale:** Hypotension (LowMAP) can lead to inadequate tissue perfusion, resulting in anaerobic metabolism and the accumulation of lactic acid (HighLactate). This is a direct causal relationship because LowMAP is a primary driver of lactic acidosis.

### 3. HighLactate → LowpH

- **Rationale:** Elevated lactate levels (HighLactate) contribute to metabolic acidosis, which directly lowers blood pH (LowpH). This is a well-established physiological relationship.

### 4. LowpH → HighMAP

- **Rationale:** Acidosis (LowpH) can stimulate the sympathetic nervous system, leading to vasoconstriction and increased blood pressure (HighMAP). This is a compensatory mechanism to maintain perfusion.

### 5. HighMAP → LowPlatelet

- **Rationale:** Hypertension (HighMAP) can cause shear stress on platelets, leading to their activation and consumption, which may result in a low platelet count (LowPlatelet).

### 6. LowPlatelet → NI (Neurological Injury)

- **Rationale:** Thrombocytopenia (LowPlatelet) increases the risk of bleeding, including intracranial hemorrhage, which can lead to neurological injury (NI). This is a direct causal relationship.

## 7. RelativePCO2 → LowpH

- **Rationale:** A significant change in PCO2 (RelativePCO2) after ECMO can directly affect blood pH (LowpH). An increase in PCO2 leads to respiratory acidosis, while a decrease can lead to respiratory alkalosis.

## 8. HighVIS → HighMAP

- **Rationale:** Medications to increase blood pressure (HighVIS) directly cause vasoconstriction and increased cardiac output, leading to hypertension (HighMAP).

## 9. LowMAP → NI (Neurological Injury)

- **Rationale:** Prolonged hypotension (LowMAP) can lead to inadequate cerebral perfusion, resulting in ischemic neurological injury (NI).

## 10. HighLactate → NI (Neurological Injury)

- **Rationale:** Severe lactic acidosis (HighLactate) can impair cellular metabolism and contribute to neurological injury (NI) due to metabolic derangements.

## 11. LowpH → NI (Neurological Injury)

- **Rationale:** Acidosis (LowpH) can disrupt cellular function and contribute to neurological injury (NI), particularly in the context of severe metabolic derangements.

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## Summary of Direct Causal Relationships:

1. HighVIS → LowMAP
2. LowMAP → HighLactate
3. HighLactate → LowpH
4. LowpH → HighMAP
5. HighMAP → LowPlatelet
6. LowPlatelet → NI
7. RelativePCO2 → LowpH

8. HighVIS  $\rightarrow$  HighMAP

9. LowMAP  $\rightarrow$  NI

10. HighLactate  $\rightarrow$  NI

11. LowpH  $\rightarrow$  NI

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**Notes:**

- These relationships are based on physiological principles and clinical knowledge. However, in practice, some relationships may be bidirectional or influenced by confounding factors.
- The Bayesian Network can be refined further by incorporating additional domain knowledge or data-driven insights.

## Response 2

To identify **direct causal** relationships between the variables, we need to consider the physiological and clinical mechanisms underlying each variable and how they interact. Below is a list of plausible direct causal relationships, along with the rationale for each:

---

### 1. HighVIS → LowMAP

- **Rationale:** The administration of vasoactive medications (HighVIS) is often a response to hypotension (LowMAP). However, if the medications are ineffective or excessive, they can paradoxically worsen hypotension due to vascular dysregulation or cardiac strain.
- 

### 2. LowMAP → HighLactate

- **Rationale:** Hypotension (LowMAP) reduces tissue perfusion, leading to anaerobic metabolism and the accumulation of lactic acid (HighLactate), a marker of tissue hypoxia.
- 

### 3. HighLactate → LowpH

- **Rationale:** Elevated lactate levels (HighLactate) contribute to metabolic acidosis, which directly lowers blood pH (LowpH).
- 

### 4. LowpH → HighMAP

- **Rationale:** Acidosis (LowpH) can stimulate the sympathetic nervous system, leading to vasoconstriction and increased blood pressure (HighMAP) as a compensatory mechanism.
- 

### 5. HighMAP → LowPlatelet

- **Rationale:** Hypertension (HighMAP) can cause shear stress on blood vessels and platelets, leading to platelet activation, consumption, and a subsequent decrease in platelet count (LowPlatelet).
-

## 6. LowPlatelet → NI (Neurological Injury)

- **Rationale:** A low platelet count (LowPlatelet) increases the risk of bleeding, including intracranial hemorrhage, which can lead to neurological injury (NI).
- 

## 7. RelativePCO2 → LowpH

- **Rationale:** A significant change in PCO2 (RelativePCO2) after ECMO initiation can alter blood CO2 levels, directly affecting blood pH (LowpH) due to changes in respiratory acidosis or alkalosis.
- 

## 8. LowpH → NI (Neurological Injury)

- **Rationale:** Severe acidosis (LowpH) can impair cellular function and lead to neuronal damage, contributing to neurological injury (NI).
- 

## 9. HighVIS → HighMAP

- **Rationale:** Vasoactive medications (HighVIS) are administered to increase blood pressure, which can directly lead to hypertension (HighMAP) if overcorrected.
- 

## 10. HighMAP → RelativePCO2

- **Rationale:** Hypertension (HighMAP) can affect cerebral blood flow and CO2 exchange, potentially leading to changes in PCO2 levels (RelativePCO2).
- 

## 11. LowMAP → NI (Neurological Injury)

- **Rationale:** Prolonged hypotension (LowMAP) can cause cerebral hypoperfusion, leading to ischemic neurological injury (NI).
- 

## 12. HighLactate → NI (Neurological Injury)

- **Rationale:** Elevated lactate levels (HighLactate) indicate tissue hypoxia, which can lead to neuronal damage and neurological injury (NI).

---

### 13. LowPlatelet → HighVIS

- **Rationale:** A low platelet count (LowPlatelet) may indicate bleeding or coagulopathy, prompting clinicians to administer vasoactive medications (HighVIS) to stabilize blood pressure.

---

### 14. RelativePCO2 → HighLactate

- **Rationale:** Changes in PCO2 (RelativePCO2) can affect tissue oxygenation and CO2 clearance, potentially leading to tissue hypoxia and elevated lactate levels (HighLactate).

---

### Summary of Direct Causal Relationships:

1. HighVIS → LowMAP
  2. LowMAP → HighLactate
  3. HighLactate → LowpH
  4. LowpH → HighMAP
  5. HighMAP → LowPlatelet
  6. LowPlatelet → NI
  7. RelativePCO2 → LowpH
  8. LowpH → NI
  9. HighVIS → HighMAP
  10. HighMAP → RelativePCO2
  11. LowMAP → NI
  12. HighLactate → NI
  13. LowPlatelet → HighVIS
  14. RelativePCO2 → HighLactate
-

These relationships are based on physiological principles and clinical reasoning. However, constructing a Bayesian Network would require further validation with data to confirm the strength and direction of these causal links.



## Response 3

To identify **direct causal relationships** between the variables, we need to consider the physiological and clinical mechanisms underlying ECMO and patient outcomes. Below is a list of plausible direct causal relationships, along with the rationale for each:

---

### 1. HighVIS → LowMAP

- **Rationale:** The administration of vasoactive medications (HighVIS) is often a response to hypotension (LowMAP). However, if the medications are insufficient or the patient is unresponsive, LowMAP may persist. Thus, HighVIS directly influences LowMAP.

### 2. LowMAP → HighLactate

- **Rationale:** Hypotension (LowMAP) can lead to inadequate tissue perfusion, resulting in anaerobic metabolism and the accumulation of lactate (HighLactate).

### 3. HighLactate → LowpH

- **Rationale:** Elevated lactate levels (HighLactate) contribute to metabolic acidosis, which directly lowers blood pH (LowpH).

### 4. LowpH → HighMAP

- **Rationale:** Acidosis (LowpH) can stimulate the sympathetic nervous system, leading to vasoconstriction and increased blood pressure (HighMAP).

### 5. HighMAP → LowPlatelet

- **Rationale:** Hypertension (HighMAP) can cause shear stress on platelets, leading to their destruction or activation, resulting in a low platelet count (LowPlatelet).

### 6. LowPlatelet → NI (Neurological Injury)

- **Rationale:** Thrombocytopenia (LowPlatelet) increases the risk of bleeding, including intracranial hemorrhage, which can lead to neurological injury (NI).

### 7. RelativePCO2 → LowpH

- **Rationale:** A significant change in PCO2 (RelativePCO2) after ECMO initiation can alter blood CO2 levels, directly affecting blood pH (LowpH) due to changes in respiratory acidosis or alkalosis.

### 8. LowpH → NI (Neurological Injury)

- **Rationale:** Severe acidosis (LowpH) can impair cerebral perfusion and neuronal function, potentially leading to neurological injury (NI).

#### 9. HighVIS → LowPlatelet

- **Rationale:** Vasoactive medications (HighVIS) can cause platelet activation and consumption, contributing to a low platelet count (LowPlatelet).

#### 10. HighLactate → NI (Neurological Injury)

- **Rationale:** Elevated lactate levels (HighLactate) indicate tissue hypoxia and metabolic dysfunction, which can impair brain function and lead to neurological injury (NI).

#### 11. RelativePCO2 → HighMAP

- **Rationale:** Changes in PCO2 (RelativePCO2) can affect vascular tone and cardiac output, potentially leading to hypertension (HighMAP).

#### 12. LowMAP → NI (Neurological Injury)

- **Rationale:** Prolonged hypotension (LowMAP) can reduce cerebral perfusion, leading to ischemic neurological injury (NI).

---

#### Summary of Direct Causal Relationships:

1. HighVIS → LowMAP
2. LowMAP → HighLactate
3. HighLactate → LowpH
4. LowpH → HighMAP
5. HighMAP → LowPlatelet
6. LowPlatelet → NI
7. RelativePCO2 → LowpH
8. LowpH → NI
9. HighVIS → LowPlatelet
10. HighLactate → NI
11. RelativePCO2 → HighMAP

## 12. LowMAP → NI

---

### Notes:

- These relationships are based on physiological principles and clinical knowledge of ECMO patients. However, the actual causal structure may vary depending on additional patient-specific factors and data.
- The directionality of some relationships (e.g., HighVIS → LowMAP vs. LowMAP → HighVIS) depends on the temporal sequence of events, which should be validated with data.
- Further refinement of the Bayesian Network may require statistical testing or expert validation to confirm these causal links.

## Response 4

To construct a Bayesian Network, we need to identify **direct causal relationships** between the variables. A direct causal relationship implies that one variable directly influences another, based on medical knowledge and physiological reasoning. Below is a list of plausible direct causal relationships and their rationales:

---

### 1. HighVIS → LowMAP

- **Rationale:** The administration of medicines to increase blood pressure (HighVIS) is typically a response to hypotension (LowMAP). However, if the medication is ineffective or excessive, it could paradoxically lead to low blood pressure due to factors like vasodilation or cardiac dysfunction.

---

### 2. LowMAP → HighLactate

- **Rationale:** Hypotension (LowMAP) can lead to inadequate tissue perfusion, resulting in anaerobic metabolism and the accumulation of lactic acid (HighLactate), a condition known as lactic acidosis.

---

### 3. HighLactate → LowpH

- **Rationale:** Elevated lactate levels (HighLactate) contribute to metabolic acidosis, which directly lowers blood pH (LowpH).

---

### 4. LowpH → HighMAP

- **Rationale:** Acidosis (LowpH) can stimulate the sympathetic nervous system, leading to vasoconstriction and increased blood pressure (HighMAP) as a compensatory mechanism.

---

### 5. HighMAP → RelativePCO2

- **Rationale:** Hypertension (HighMAP) can affect blood flow and gas exchange, potentially leading to significant changes in PCO2 levels after ECMO (RelativePCO2).

---

## 6. LowPlatelet → NI (Neurological Injury)

- **Rationale:** A low platelet count (LowPlatelet) increases the risk of bleeding, including intracranial hemorrhage, which can lead to neurological injury (NI).

---

## 7. HighVIS → LowPlatelet

- **Rationale:** Medications used to increase blood pressure (HighVIS), such as vasopressors, can have side effects, including thrombocytopenia (LowPlatelet), due to platelet consumption or suppression of platelet production.

---

## 8. RelativePCO2 → LowpH

- **Rationale:** Significant changes in PCO2 (RelativePCO2) can alter blood pH. For example, elevated PCO2 leads to respiratory acidosis, contributing to low pH (LowpH).

---

## 9. NI → HighMAP

- **Rationale:** Neurological injury (NI) can disrupt autonomic regulation, leading to hypertension (HighMAP) due to increased sympathetic activity.

---

## 10. LowpH → NI

- **Rationale:** Severe acidosis (LowpH) can impair cellular function and contribute to neurological injury (NI) by causing cerebral edema or direct neuronal damage.

---

## 11. HighLactate → NI

- **Rationale:** Elevated lactate levels (HighLactate) are associated with poor tissue perfusion and metabolic derangements, which can exacerbate or lead to neurological injury (NI).

---

## 12. LowMAP → NI

- **Rationale:** Prolonged hypotension (LowMAP) can result in inadequate cerebral perfusion, leading to ischemic neurological injury (NI).
- 

#### **Summary of Direct Causal Relationships:**

1. HighVIS  $\rightarrow$  LowMAP
  2. LowMAP  $\rightarrow$  HighLactate
  3. HighLactate  $\rightarrow$  LowpH
  4. LowpH  $\rightarrow$  HighMAP
  5. HighMAP  $\rightarrow$  RelativePCO2
  6. LowPlatelet  $\rightarrow$  NI
  7. HighVIS  $\rightarrow$  LowPlatelet
  8. RelativePCO2  $\rightarrow$  LowpH
  9. NI  $\rightarrow$  HighMAP
  10. LowpH  $\rightarrow$  NI
  11. HighLactate  $\rightarrow$  NI
  12. LowMAP  $\rightarrow$  NI
- 

These relationships are based on physiological principles and clinical knowledge. However, the actual causal structure should be validated using domain expertise and data-driven methods (e.g., constraint-based or score-based algorithms for Bayesian Network learning).

## Response 5

To construct a Bayesian Network, we need to identify **direct causal relationships** between the variables. A direct causal relationship implies that one variable directly influences another, based on physiological and clinical reasoning. Below is a list of plausible direct causal relationships, along with their rationale:

---

### 1. HighVIS → LowMAP

- **Rationale:** The administration of vasoactive medications (HighVIS) is often a response to hypotension (LowMAP). However, if the medications are ineffective or excessive, they can paradoxically worsen hypotension due to vascular dysregulation or excessive vasodilation.
- 

### 2. LowMAP → HighLactate

- **Rationale:** Hypotension (LowMAP) reduces tissue perfusion, leading to anaerobic metabolism and the accumulation of lactic acid (HighLactate), a condition known as lactic acidosis.
- 

### 3. LowMAP → LowpH

- **Rationale:** Hypotension (LowMAP) can lead to poor tissue perfusion and metabolic acidosis, resulting in a decrease in blood pH (LowpH).
- 

### 4. HighLactate → LowpH

- **Rationale:** Elevated lactate levels (HighLactate) contribute to metabolic acidosis, directly lowering blood pH (LowpH).
- 

### 5. LowpH → RelativePCO2

- **Rationale:** Acidosis (LowpH) can lead to compensatory hyperventilation to reduce CO2 levels, resulting in a significant change in PCO2 after ECMO (RelativePCO2).
- 

### 6. HighVIS → HighMAP

- **Rationale:** Vasoactive medications (HighVIS) are administered to increase blood pressure, which can lead to hypertension (HighMAP) if the dosage is too high or the patient is overly responsive.
- 

#### 7. HighMAP → NI (Neurological Injury)

- **Rationale:** Hypertension (HighMAP) can cause increased intracranial pressure or cerebral hemorrhage, leading to neurological injury (NI).
- 

#### 8. LowMAP → NI (Neurological Injury)

- **Rationale:** Hypotension (LowMAP) can result in inadequate cerebral perfusion, leading to ischemic neurological injury (NI).
- 

#### 9. LowPlatelet → NI (Neurological Injury)

- **Rationale:** A low platelet count (LowPlatelet) increases the risk of bleeding, including intracranial hemorrhage, which can cause neurological injury (NI).
- 

#### 10. RelativePCO2 → LowpH

- **Rationale:** A significant change in PCO2 (RelativePCO2) can alter blood pH. For example, a sudden increase in PCO2 can lead to respiratory acidosis, lowering pH (LowpH).
- 

#### 11. HighLactate → NI (Neurological Injury)

- **Rationale:** Severe lactic acidosis (HighLactate) can impair cellular function and contribute to neurological injury (NI) due to metabolic derangements.
- 

#### 12. LowpH → NI (Neurological Injury)

- **Rationale:** Acidosis (LowpH) can disrupt cellular metabolism and lead to neuronal damage, contributing to neurological injury (NI).
-



### 13. HighVIS → LowPlatelet

- **Rationale:** Prolonged use of vasoactive medications (HighVIS) can cause platelet dysfunction or consumption, leading to a low platelet count (LowPlatelet).
- 

### 14. LowPlatelet → HighLactate

- **Rationale:** A low platelet count (LowPlatelet) can lead to bleeding and hypovolemia, reducing tissue perfusion and increasing lactate levels (HighLactate).
- 

### Summary of Direct Causal Relationships:

1. HighVIS → LowMAP
  2. LowMAP → HighLactate
  3. LowMAP → LowpH
  4. HighLactate → LowpH
  5. LowpH → RelativePCO2
  6. HighVIS → HighMAP
  7. HighMAP → NI
  8. LowMAP → NI
  9. LowPlatelet → NI
  10. RelativePCO2 → LowpH
  11. HighLactate → NI
  12. LowpH → NI
  13. HighVIS → LowPlatelet
  14. LowPlatelet → HighLactate
- 

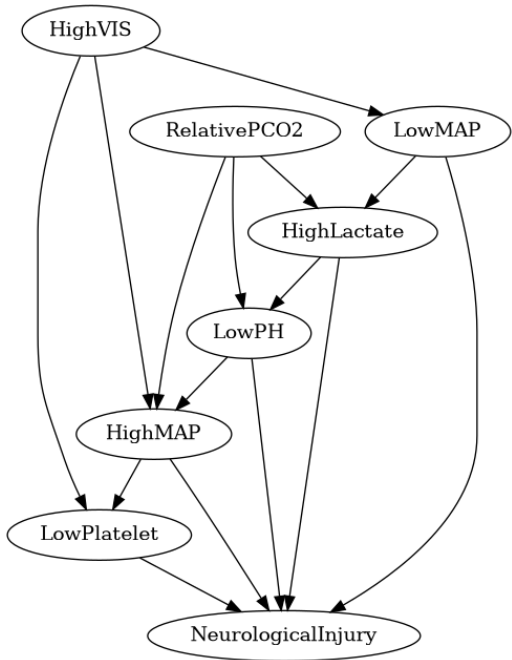
These relationships are based on physiological principles and clinical knowledge. However, the actual causal structure may vary depending on additional patient-specific

factors and data. The Bayesian Network can be refined further using data-driven methods like conditional independence tests or expert validation.

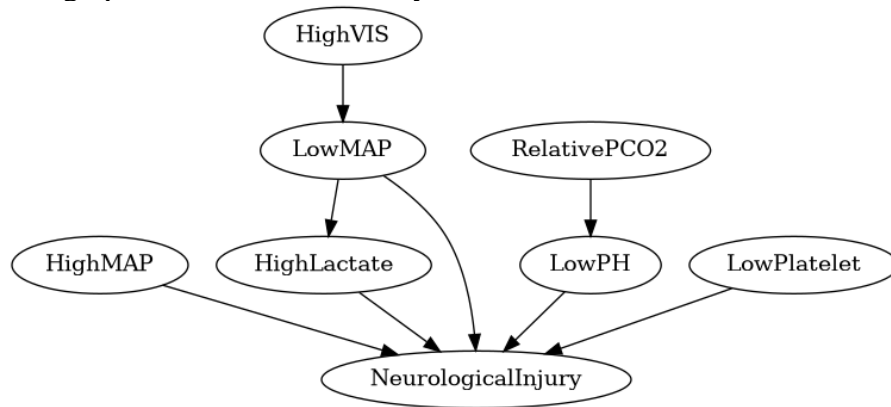
The edges across the 5 different queries to DeepSeek. The edges highlighted are avoided due to cyclic constraints.

X	Y	R1	R2	R3	R4	R5
HighVIS	LowMAP	1	1	1	1	1
LowMAP	HighLactate	1	1	1	1	1
HighLactate	LowPH	1	1	1	1	1
LowPlatelet	NI	1	1	1	1	1
LowMAP	NI	1	1	1	1	1
HighLactate	NI	1	1	1	1	1
LowPH	HighMAP	1	0	1	1	1
RelativePCO2	LowPH	1	1	0	1	1
LowPH	NI	1	1	0	1	1
HighMAP	LowPlatelet	1	1	1	0	0
HighVIS	HighMAP	1	1	0	0	1
HighVIS	LowPlatelet	0	0	1	1	1
HighMAP	RelativePCO2	0	1	0	1	0
LowPlatelet	HighVIS	0	1	0	0	0
RelativePCO2	HighLactate	0	1	0	0	0
RelativePCO2	HighMAP	0	0	1	0	0
HighMAP	NI	0	0	0	0	1
LowPH	RelativePCO2	0	0	0	0	1
NI	HighMAP	0	0	0	1	0
LowPlatelet	HighLactate	0	0	0	0	1

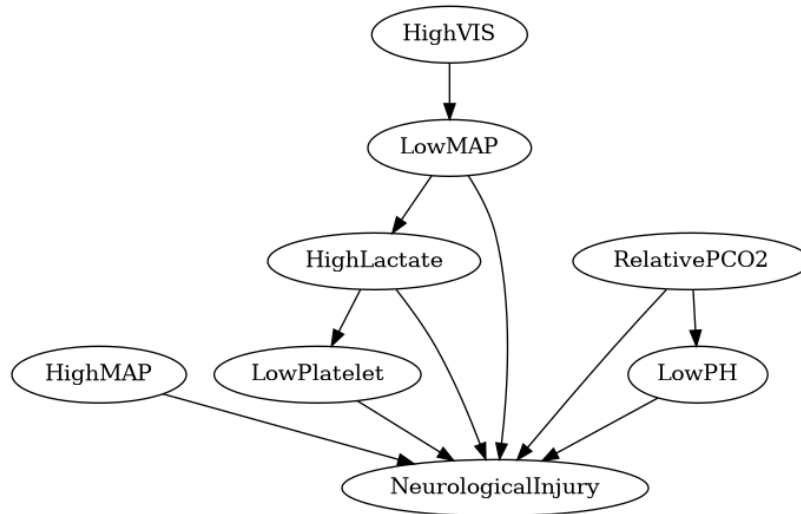
The initial LLM Elicited graph G is



The graph G1 after deletion-only refinement on G



The graph G2 after full refinement on G1



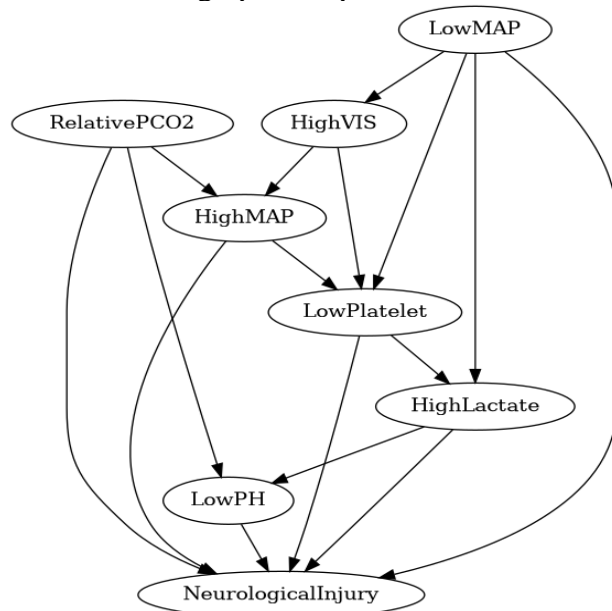
## Combined Graph

The combination graph formed by taking the union of the edges across the different LLMs. For a group of edges forming a cycle, we would remove an edge based on the number of occurrences across the different LLMs. The lower the occurrence, the higher it is in the order of edges to be removed.

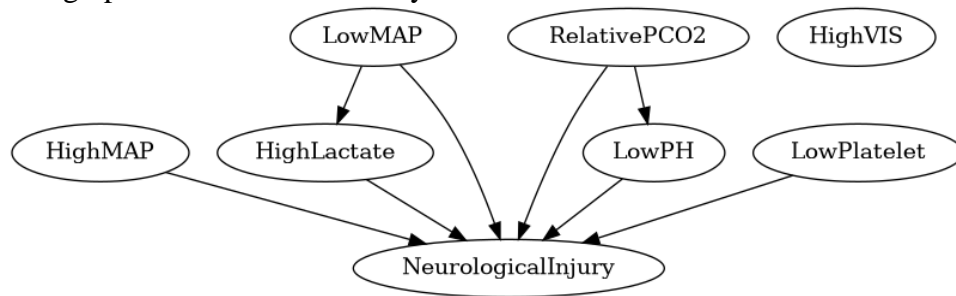
The final edge list for combined graph is presented below

X	Y	GPT 4o	Gemini	LLaMA	DeepSeek
HighVIS	HighMAP	1	1	1	1
RelativePCO2	LowPH	1	1	0	1
LowMAP	HighLactate	1	1	1	1
HighLactate	NI	1	1	1	1
LowPH	NI	1	1	1	1
HighLactate	LowPH	0	1	1	1
LowMAP	HighVIS	1	1	1	0
LowMAP	NI	1	1	0	1
LowPlatelet	NI	1	0	1	1
HighMAP	LowPlatelet	0	0	1	1
HighMAP	NI	1	0	0	1
RelativePCO2	HighLactate	0	0	1	1
LowPlatelet	HighLactate	0	1	0	0
RelativePCO2	HighMAP	0	0	0	1
LowPlatelet	LowMAP	0	1	0	0
LowPH	HighLactate	1	0	0	1
LowPH	HighVIS	0	1	0	0
LowPH	HighMAP	0	0	0	1
LowMAP	LowPlatelet	1	0	0	0
HighVIS	LowPlatelet	0	0	0	1
HighVIS	LowMAP	0	0	0	1
RelativePCO2	NI	1	0	0	0

The combined graph G is presented below



The graph G1 after deletion only refinement on G



The graph G2 after full refinement on G1

