



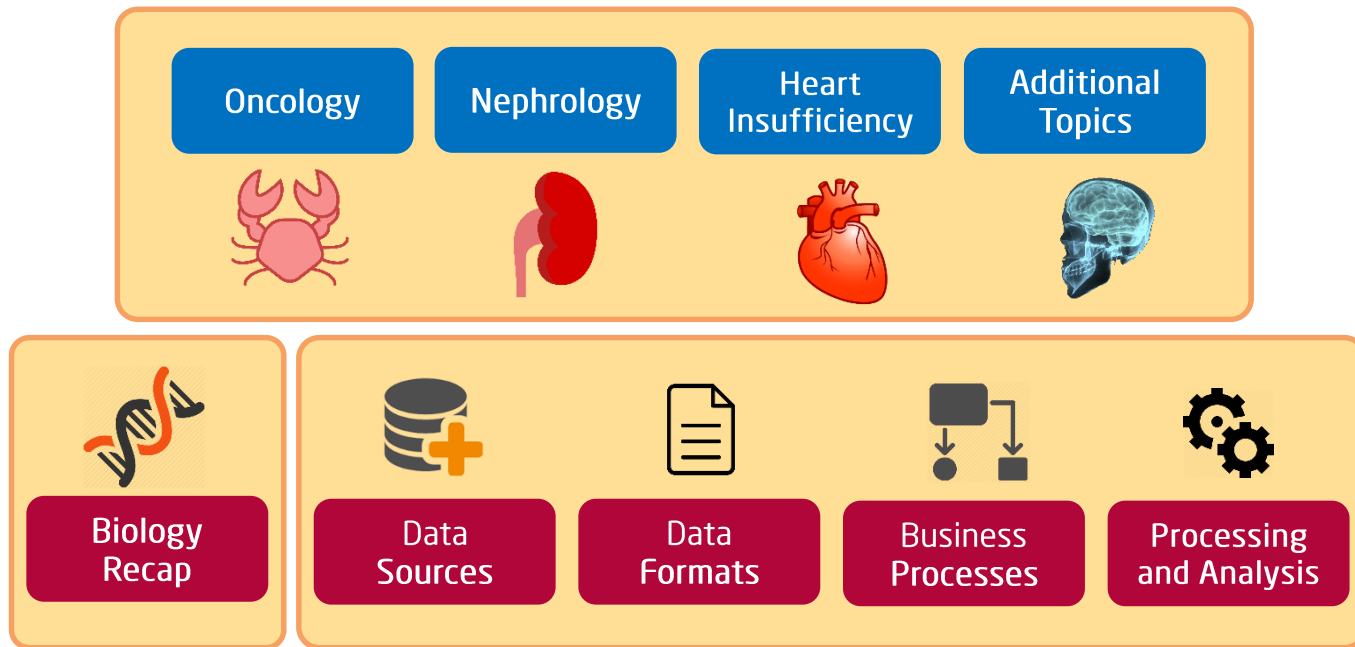
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Harry Freitas da Cruz  
Data Management for Digital Health  
Summer 2017

# Where are we?

Data Management  
& Foundations

Real-world  
Use Cases



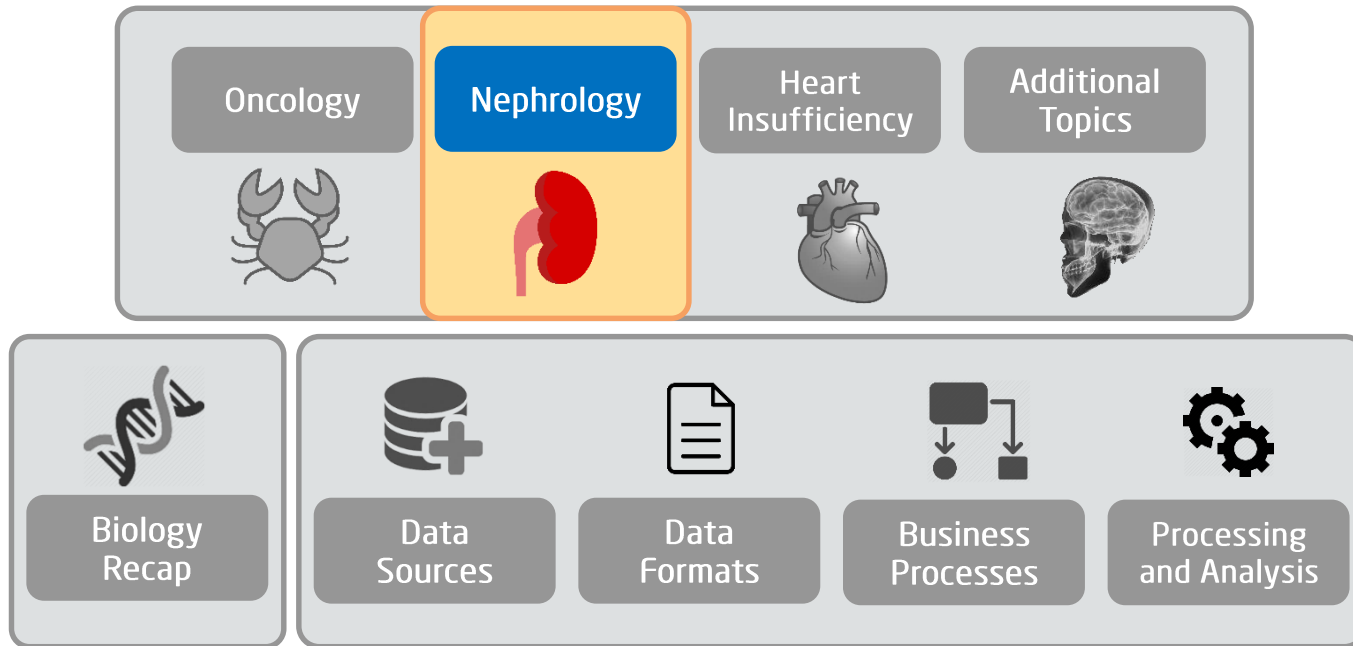
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# Where are we?

Data Management  
& Foundations

Real-world  
Use Cases



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# Recap: Data Sources and Formats

## ■ Genomic data formats

- Sequencing: FASTQ
- Alignment: FASTA
- Variant calling: VCF
- Annotation: GTF

## ■ Medical data formats

- HL7
- IHE
- DICOM
- FHIR
- CDISC ODM

@SRR831012.1 HWI-ST155\_0  
NGAGATGAAGCACTGTAGCTTG



```
##fileformat=VCFv4.1
##fileDate=20140930
##source=23andme2vcf.pl
##reference=file:///23and
##FORMAT=<ID=GT,Number=1
#CHROM POS ID REF ALT
```

**IHE**  
Integrating  
the Healthcare  
Enterprise



Stiftung Münch, Studie zur elektronischen Patientenakte im Ausland (2015)



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# Agenda



- The basics: Nephrology primer
- When things go awry: Kidney diseases
- Use case: prediction of acute kidney injury (AKI)
- Machine learning in Nephrology

## **Use Case Nephrology**

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"You really need to know something about medicine. If statistics lie, then Big Data can lie in a very, **very big way**"<sup>1</sup>.



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Slide 6

[1] MIT editors Business Report: Data-driven Health Care. MIT Technol Rev. 2014;117:1-19

# Nephrology Primer

## Summer is Coming!



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[1] <http://landschloss-fasanerie.com/wp-content/uploads/2016/05/grillen-1.jpg>

[2] [http://www.duden.de/\\_media/\\_full/B/Biergarten-201100279875.jpg](http://www.duden.de/_media/_full/B/Biergarten-201100279875.jpg)



# Nephrology Primer

## Kidneys as Filters?

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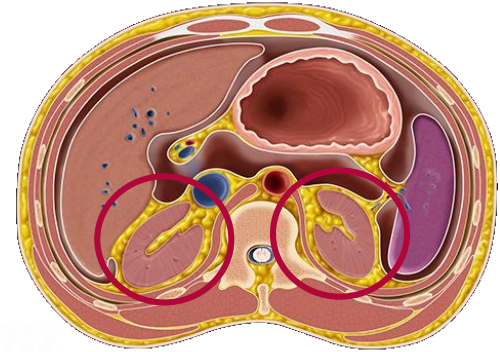
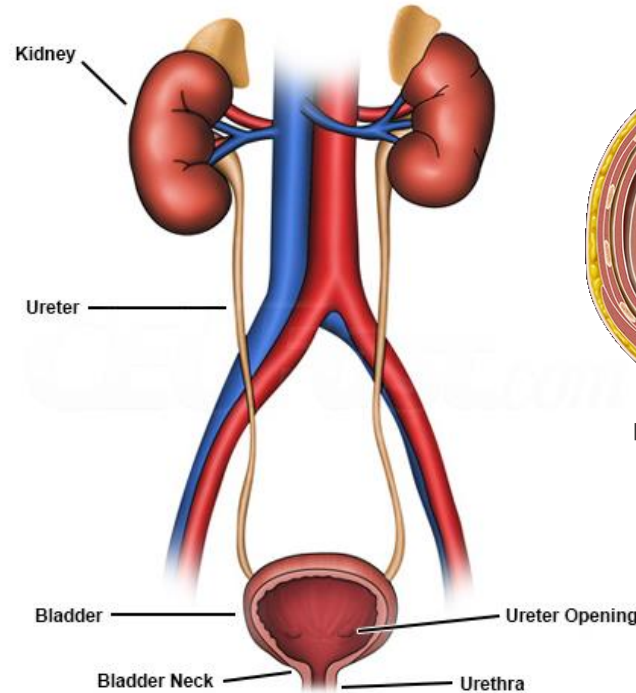
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# Nephrology Primer

## The Urinary System

- Regulating water volume and pH levels
- Influencing red cell production
- Mediating blood pressure
- Helping you in danger: adrenaline (i.a.)
- Removing **waste**



<https://web.stanford.edu/dept/radiology/radiologysite/site170.html>

<https://ceufast.com/course/urinary-tract-infections-the-unappreciated-giant>

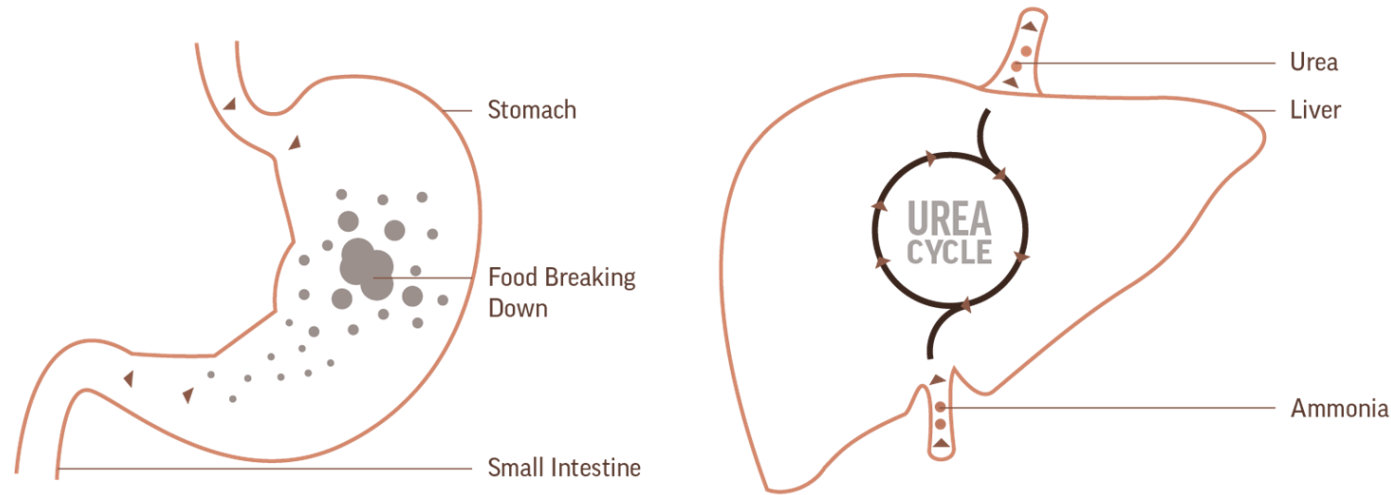
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# Nephrology Primer

## Source of the „Waste“: Urea Cycle

- Amino acids' metabolism results in toxic ammonia:  $\text{NH}_3$
- Ammonia is metabolized in the liver into non-toxic urea:  $\text{CO}(\text{NH}_2)_2$



[https://www.ravicti.com/Content/images/RAVICTI\\_Graphic\\_Elements\\_fi\\_Protein\\_and\\_Cycle.png](https://www.ravicti.com/Content/images/RAVICTI_Graphic_Elements_fi_Protein_and_Cycle.png)

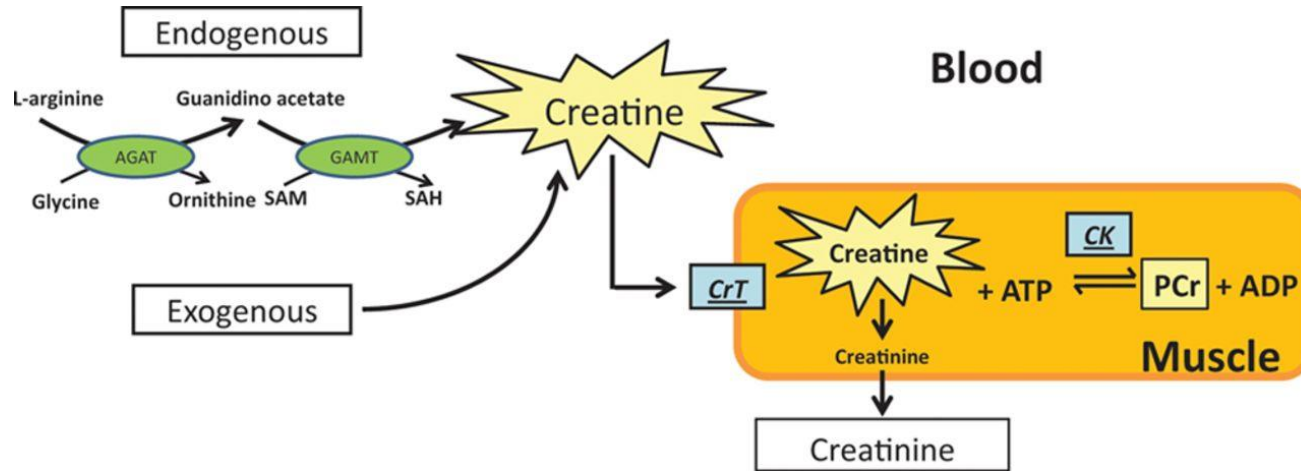
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# Nephrology Primer

## Source of the „Waste“: Creatinine

- Creatine kinase (CK) reaction: energy for the muscles as Phosphocreatine (PCr)
- Creatinine is the result of muscle contractions and brain effort
- Normal values depend on age, gender, and other factors: 0.6 to 1.2 mg/dl



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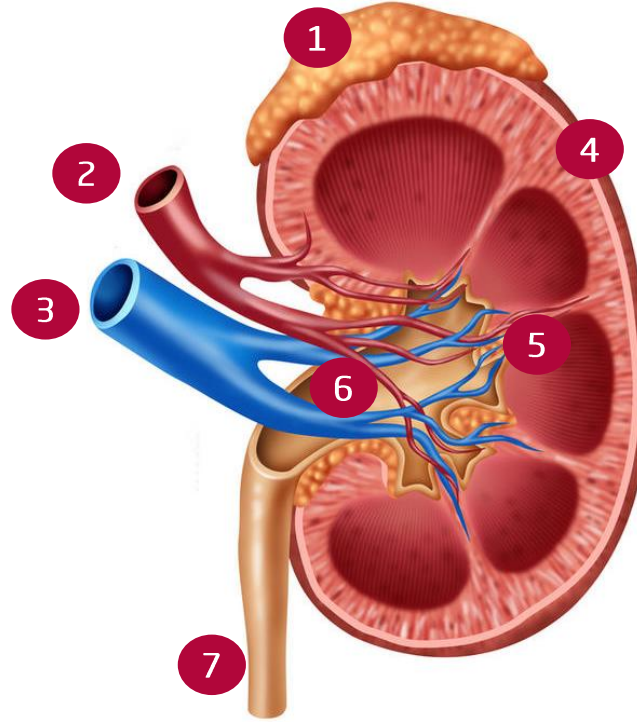
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11

# Nephrology Primer

## The Kidney

- Adrenal gland (1)
- Renal artery (2)
- Renal vein (3)
- Renal cortex (4)
- Renal medulla (5)
- Renal pelvis (6)
- Urethra (7)



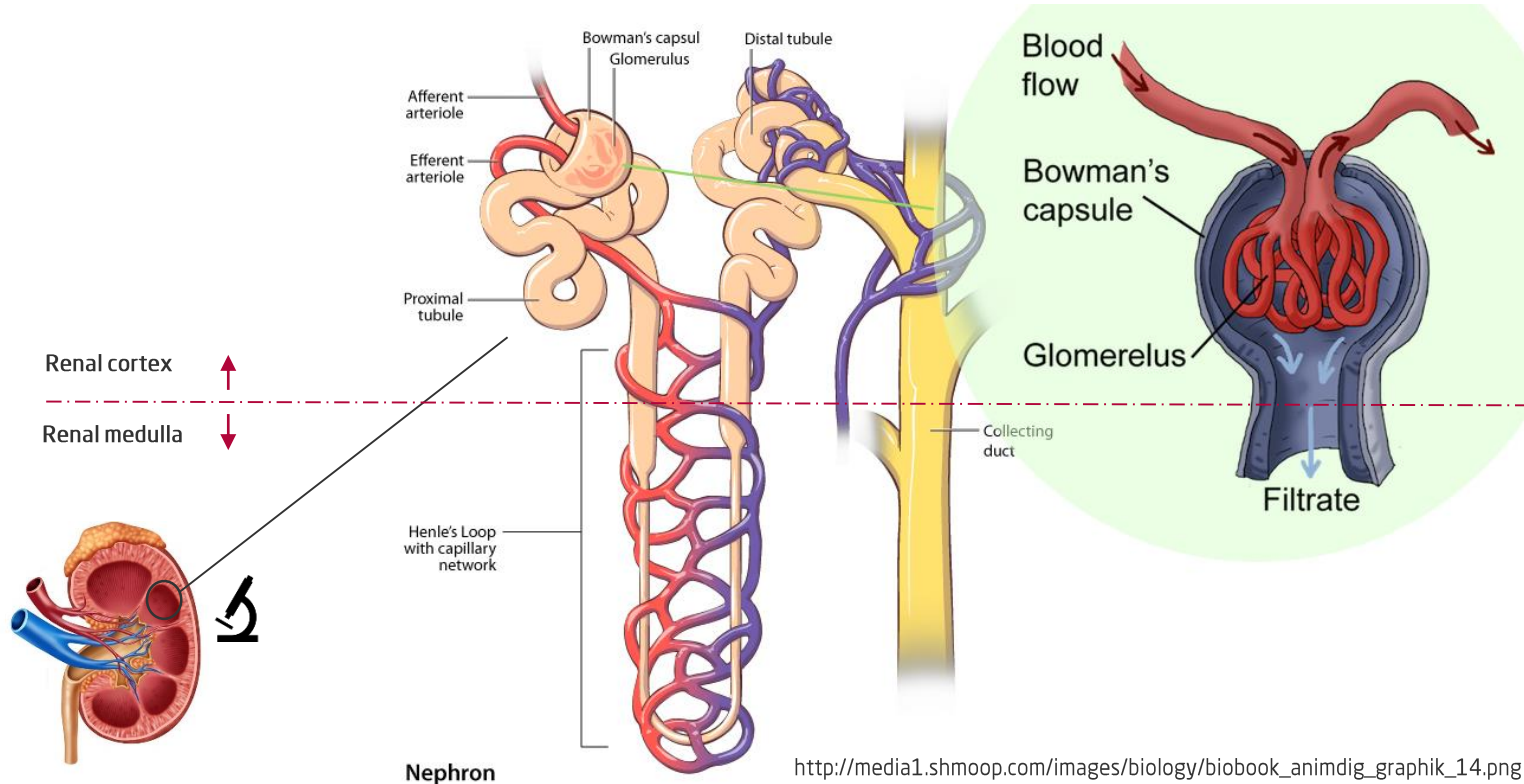
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12

# Nephrology Primer

## The Filtration Unit: Nephron



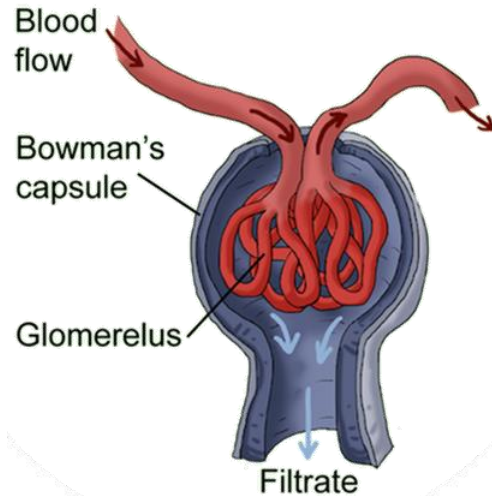
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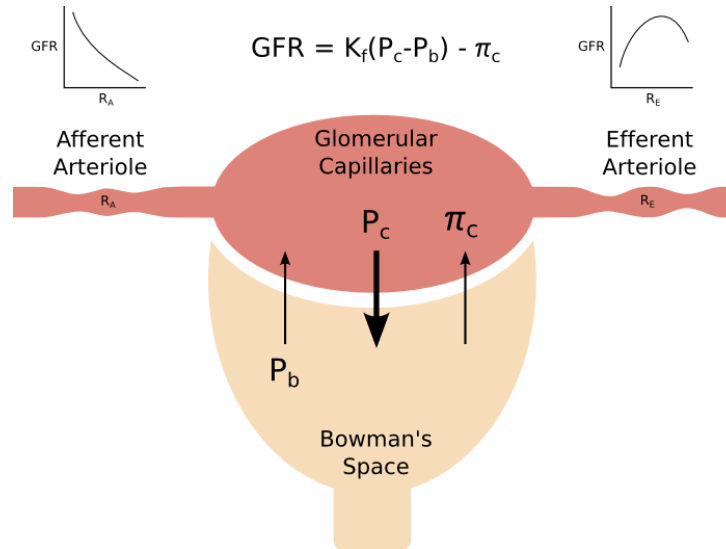
# Nephrology Primer

## Glomerular Filtration Rate

- Volume of fluid filtered per unit of time (ml/min)
- GFR is influenced by capillary hydrostatic pressure



[http://media1.shmoop.com/images/biology/biobook\\_animdig\\_graphik\\_14.png](http://media1.shmoop.com/images/biology/biobook_animdig_graphik_14.png)



<http://www.pathwaymedicine.org/glomerular-filtration-rate>

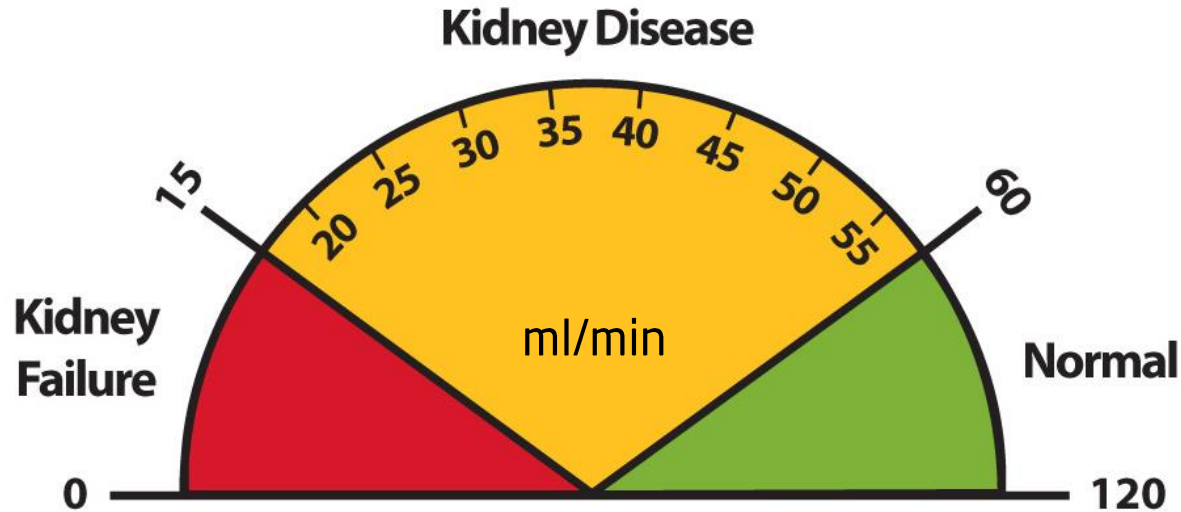
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# Nephrology Primer

## Glomerular Filtration Rate

- Important measure of kidney function
- Variations within normal range *may* indicate future disease



National Institute of Diabetes and Digestive and Kidney Diseases, Understanding GFR (2012)

**Use Case Nephrology**

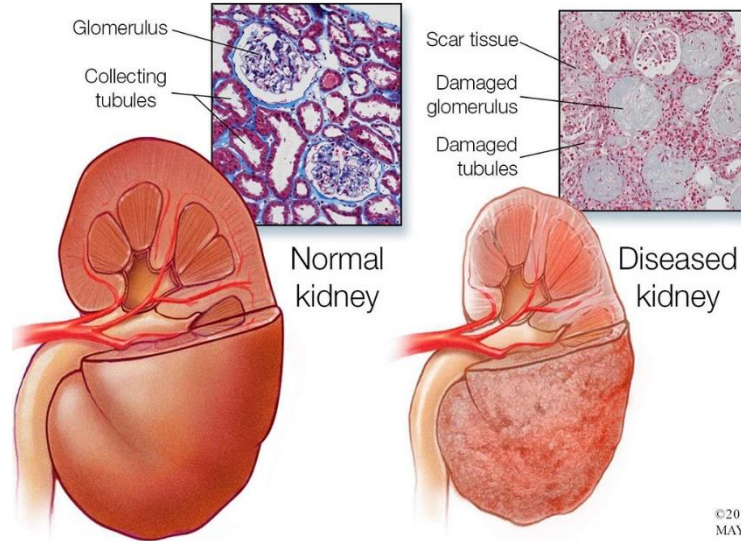
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16



# Kidney Disease(s)

- 17th among the causes of deaths globally<sup>1</sup>
- 9th death cause in the US<sup>2</sup>
- Some of the most common:
  - Chronic kidney disease (CKD)
  - Acute kidney injury (AKI)
  - Diabetic nephropathy
  - Glomerulonephritis
  - Kidney stones
  - .... and 290+ more<sup>3</sup>.



<http://www.youffyhealth.com/blogimage/1457956539.jpg>

©2015  
MAYO

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[1] GBD 2015 Mortality and Causes of Death Collaborators. Global, regional, and national life expectancy, all-cause mortality, and cause-specific mortality for 249 causes of death, 1980-2015: a systematic analysis for the Global Burden of Disease Study 2015. Lancet. 2016; 388: 1459-1544

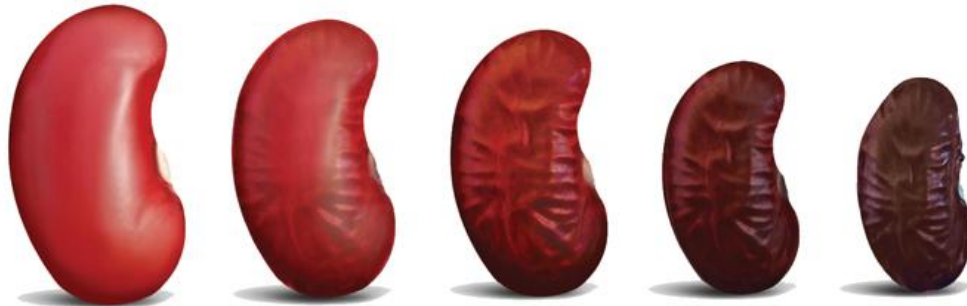
[2] <http://www.cbsnews.com/news/the-leading-causes-of-death-in-the-us/>

[3] <http://www.kidney.nyc/types-of-kidney-disease/>

# Kidney Disease(s)

## Chronic Kidney Disease (CKD)

- Prolonged, sustained loss of renal function ( $> 3$  months)
- GFR lower than 60 ml/min
- Risk factors
  - Diabetes, hypertension, heart disease, obesity
  - Age, gender, African-American descent



<http://sunlightpharmacy.com/wp-content/uploads/2017/03/CKD.jpg>

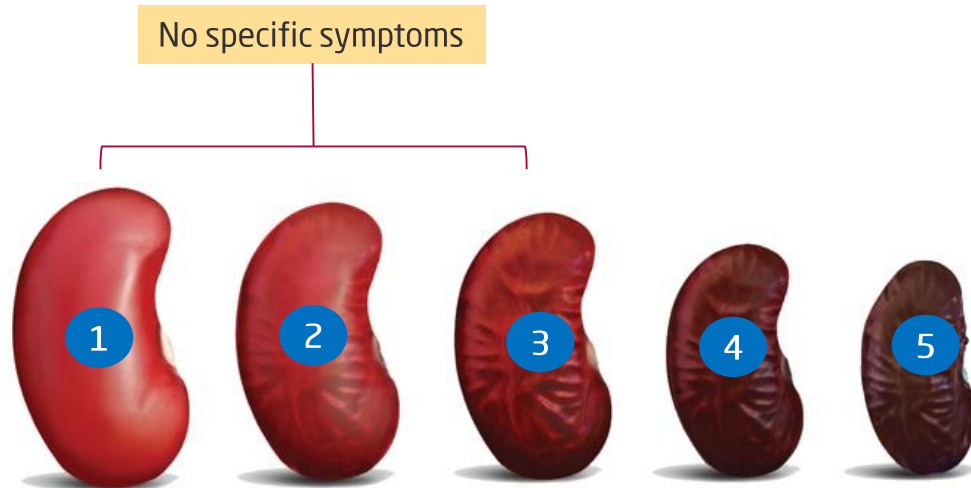
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# Kidney Disease(s)

## Chronic Kidney Disease (CKD): “Silent Killer”

- CKD stages: 1 - 5, according to severity (GFR values)
- No definite symptoms until advanced stage of the disease
- Symptoms: fatigue, confusion, itching, etc.



<http://sunlightpharmacy.com/wp-content/uploads/2017/03/CKD.jpg>

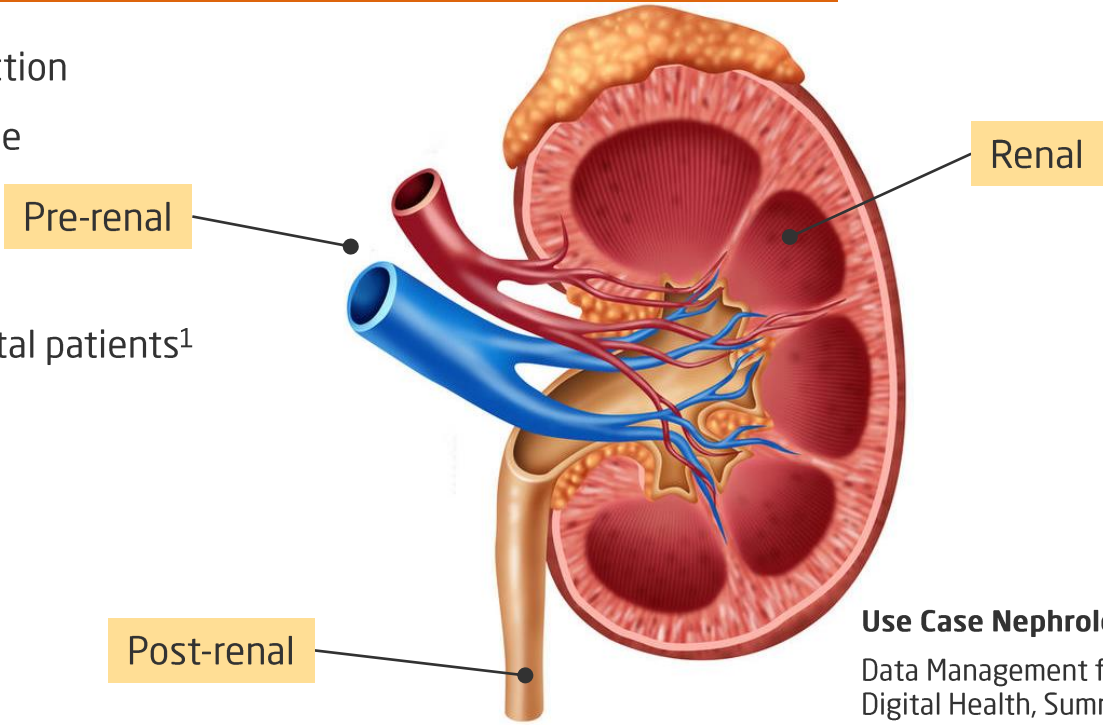
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# Kidney Disease(s)

## Acute Kidney Injury (AKI)

- Sudden and severe drop of renal function
- Increased levels of urea and creatinine
- May or may not be reversible
- Leads to poor patient outcomes
- Affects between 7 and 18% of hospital patients<sup>1</sup>
- Etiology
  - Pre-renal
  - Renal
  - Post-renal



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20

[https://edc2.healthtap.com/ht-staging/user\\_answer/reference\\_image/3694/large/Kidney.jpeg](https://edc2.healthtap.com/ht-staging/user_answer/reference_image/3694/large/Kidney.jpeg)

# Kidney Disease(s)

## Acute Kidney Injury: Staging Systems

- Define severity of AKI<sup>1</sup>
- Associated with patient outcomes
- Serve as reference for patient care and triage
- RIFLE (Risk, Injury, Failure, Loss, End-stage)
- AKIN (Acute Kidney Injury Network)
  - Stage 1, 1.5x SCr ⬆
  - Stage 2, 2x SCr ⬆
  - Stage 3, 3x SCr ⬆

|         | Cr Criteria   | Urine Output (UO) Criteria                          |
|---------|---|---|
| Stage 1 | Increased Cr x1.5<br>or<br>≥0.3 mg/dl   | UO <0.5 ml/kg/hr<br>x 6 hr                          |
| Stage 2 | Increased Cr x 2  | UO <0.5 ml/kg/hr<br>x 12 hr                         |
| Stage 3 | Increased Cr x 3<br>or<br>Cr ≥ 4 mg/dl<br>(with acute rise<br>of ≥ 0.5 mg/dl) | UO <0.3 ml/kg/hr<br>x 24 hr<br>or<br>anuria x 12 hr |

Cruz DN, Ricci Z, Ronco C. Clinical review: RIFLE and AKIN--time for reappraisal. (2009)

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21

[1] [http://www.nature.com/nrneph/journal/v7/n4/fig\\_tab/nrneph.2011.14\\_T1.html](http://www.nature.com/nrneph/journal/v7/n4/fig_tab/nrneph.2011.14_T1.html)

# Kidney Disease(s)

## Acute Kidney Injury (AKI)

- Currently in Germany<sup>1</sup>
  - 70.000 patients / 2,5 Mio. EUR p.a.
  - 100.000 patients by 2020
- Kidney disease is asymptomatic (silent)
- Severe implications for patients
- Higher risk of mortality
- Very high medical costs for dialysis



Source: Anna Frodesiak, CCO

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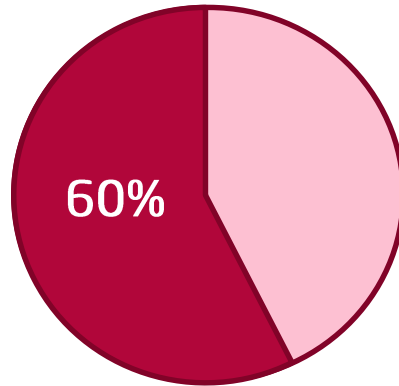
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[1] <http://www.aerzteblatt.de/nachrichten/41258/Zahl-der-Dialysepatienten-steigt>

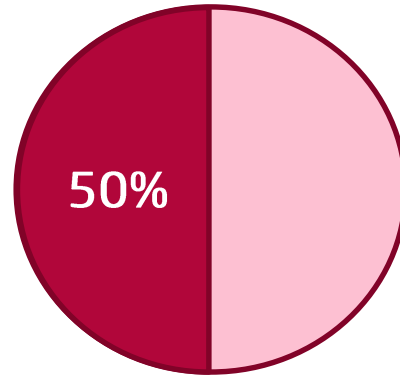
# Kidney Diseases

## Acute Kidney Injury (AKI)

- Key stats for AKI<sup>1</sup>
  - 50% deemed to receive “good care”
  - 60% of post-admission AKI predictable



Predictable AKI



Received “good care”

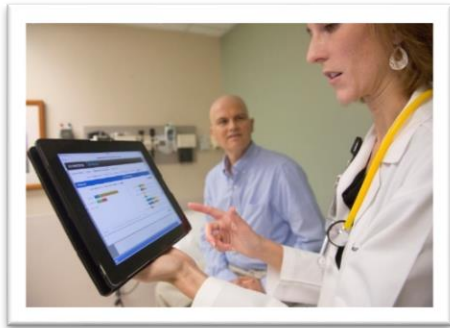
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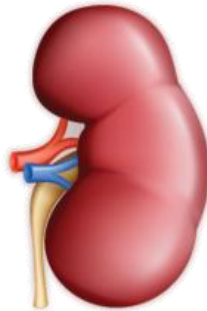
[1] National Confidential Enquiry into Patient Outcome and Death, UK (NCEPOD, 2009)



- Can we help physicians diagnose AKI before its onset?



Source: techcrunch.com



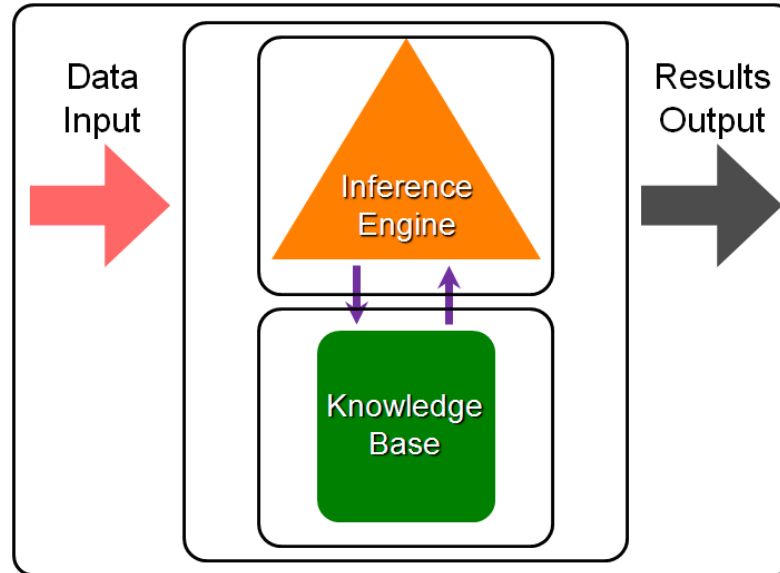
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# Use Case Nephrology

## Clinical Decision Support Systems

- Data input
  - EMR data
- Inference engine
  - Rule-based
  - Decision trees (forest)
  - Neural networks
  - Bayesian networks
- Output
  - Diagnosis, alerts, etc.



Architecture components of CDSS (Kola, n.d.)

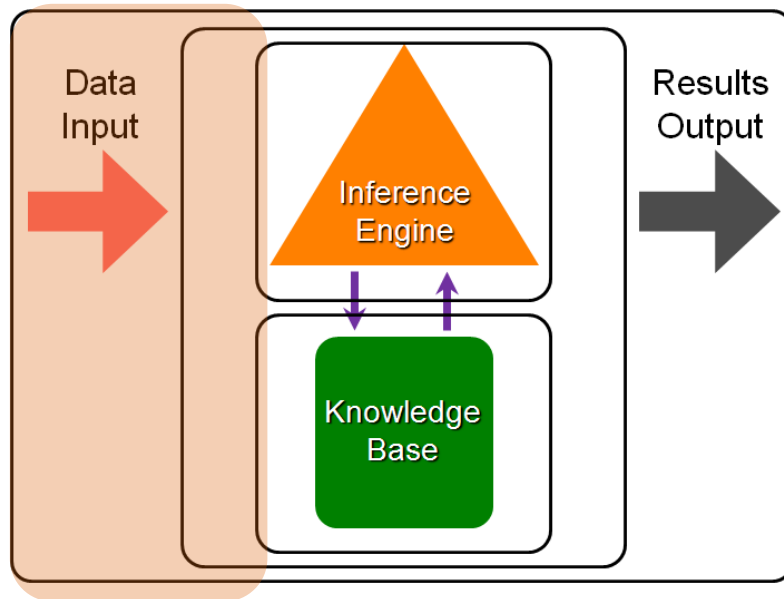
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# Use Case Nephrology<sup>1</sup>

## Predicting Risk of AKI: Model Input

- Demographics
  - Gender, age, ethnicity
- Comorbidities
  - Heart disease, hypertension
  - Liver disease, pulmonary issues
  - CKD, diabetes, obesity, etc.
- Lab values
  - Glomerular filtration rate
  - Serum creatinine



Architecture components of CDSS (Kola, n.d.)

### Use Case Nephrology

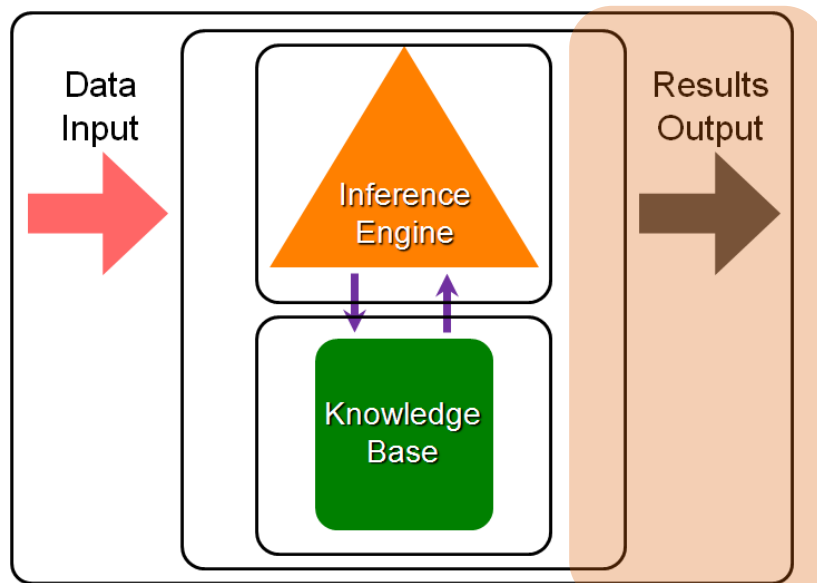
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[1] Cruz, Harry; Grasnick, B.; Dinger, H.; Bier, F.; Meinel, C. Early detection of acute kidney injury with Bayesian networks. 7th International Symposium on Semantic Mining in Biomedicine (2016)

# Use Case Nephrology

## Predicting Risk of AKI: Model Output

- Probabilities for:
  - Presence of AKI (yes or no)
  - Onset of renal failure (yes or no)
  - Risk, Injury, Failure, Loss
    - RIFLE<sup>1</sup> guideline
  - AKI Stage 1, 2 or 3
    - AKIN<sup>1</sup> guideline



Architecture components of CDSS (Kola, n.d.)

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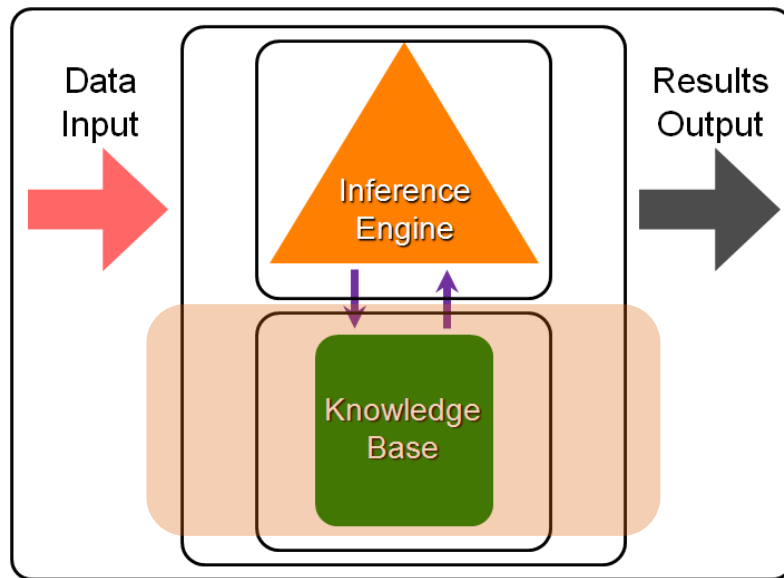
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[1] Cruz, Harry; Grasnick, B.; Dinger, H.; Bier, F.; Meinel, C. Early detection of acute kidney injury with Bayesian networks. 7th International Symposium on Semantic Mining in Biomedicine (2016)

# Use Case Nephrology

## Predicting Risk of AKI: Knowledge Base

- MIMIC II Database
  - Open database (MIT)
  - Beth Israel Deaconess Hospital
- ICU clinical data
  - 48,000 patients in total
  - ~5,000 AKI patients
- Available data
  - Bedside monitoring
  - Lab tests, orders
  - Demographics



Architecture components of CDSS (Kola, n.d.)

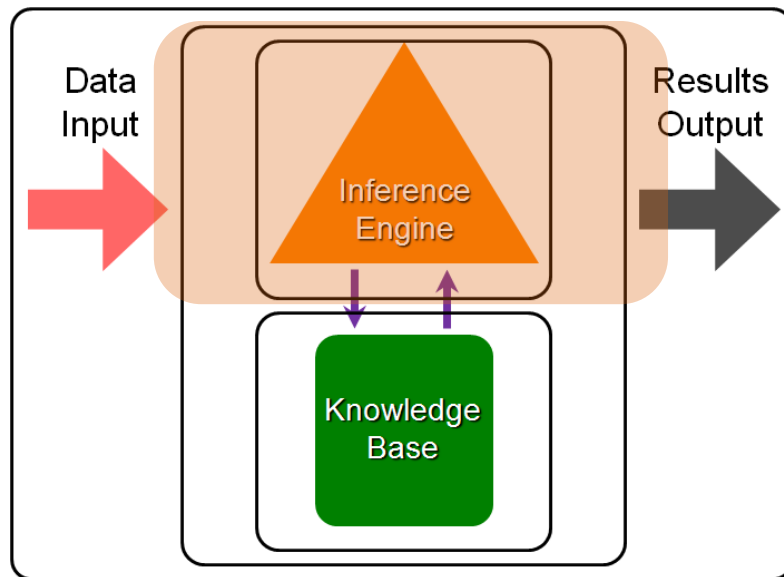
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# Use Case Nephrology

## Predicting Risk of AKI: Inference Engine

- Bayesian model
- Probabilistic relationships among variables of interest
- Causal relationships
- Combination of prior knowledge (causal) and data (probabilistic)



Architecture components of CDSS (Kola, n.d.)

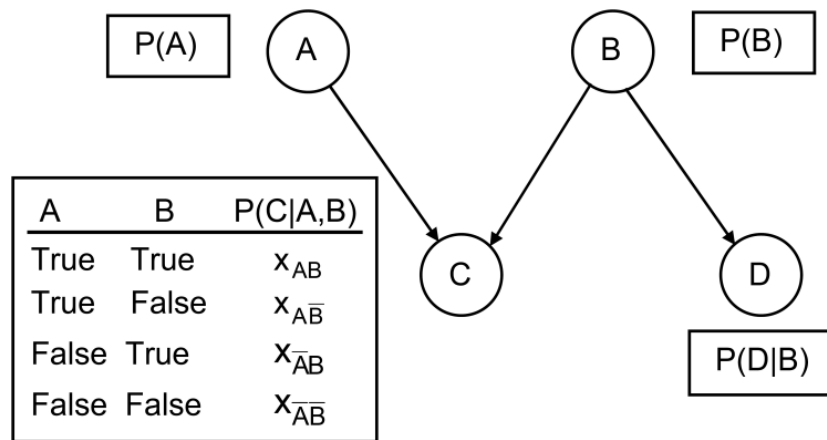
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# Use Case Nephrology

## Predicting Risk of AKI: Inference Engine

- Bayesian model
- Probabilistic relationships among variables of interest
- Causal relationships
- Combination of prior knowledge (causal) and data (probabilistic)



Emanuela Barbini, Pietro Manzi and Paolo Barbini (2013).

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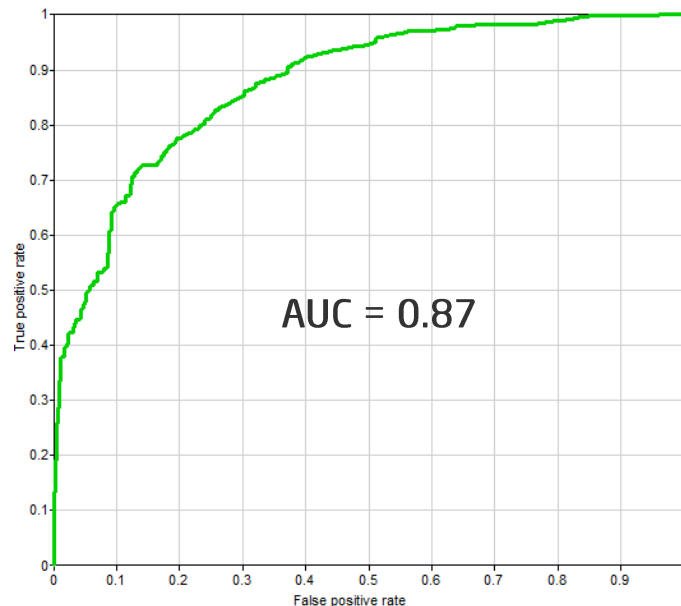
31



# Use Case Nephrology

## Predicting Risk of AKI: Inference Engine

- Bayesian model
- Probabilistic relationships among variables of interest
- Causal relationships
- Combination of prior knowledge (causal) and data (probabilistic)



ROC curve for AKI onset [1]

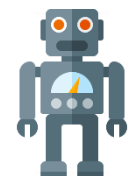
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[1] Cruz, Harry; Grasnack, B.; Dinger, H.; Bier, F.; Meinel, C. Early detection of acute kidney injury with Bayesian networks. 7th International Symposium on Semantic Mining in Biomedicine (2016)

# Machine Learning for Nephrology Literature Review

| Publication   | Method  | Topic   | Tool          |
|---|---|---|---------------|
| Ramya, S. Radha, N. (2016)  | Back-Propagation Neural Network; Radial Basis Function and Random Forest              | Chronic Kidney Disease (CKD)  |               |
| Cruz, H., Grasnick, B., Dinger H. et al. (2016)   | Bayesian networks   | Acute Kidney Injury   | Genie, Weka   |
| Vijayarani, S., & Dhayanand, S. (2015).   | Support Vector Machines and Neural networks   | Predict kidney diseases (Acute Nephritic Syndrome, Chronic Kidney disease, Acute Renal Failure, Chronic Glomerulonephritis) | MATLAB        |
| Vijayarani, S., & Dhayanand, S. (2015).   | Naïve Bayes and Support Vector Machine  | Predict kidney diseases (Acute Nephritic Syndrome, Chronic Kidney disease, Acute Renal Failure, Chronic Glomerulonephritis) | MATLAB        |
| Sinha, P., & Sinha, P. (2015).  | K-Nearest Neighbors and Support Vector Machines                                       | Chronic kidney disease prediction   | MATLAB        |
| Baby, P. S., & Vital, P. (2015).  | AD Trees, J48, K-means, Random Forest, Naive Bayes                                    | Populational risk factors for Kidney disease  | Weka, Orange  |
| Lakshmi, K. R., Nagesh, Y., & Veerakrishna, M. (2014).                                      | Artificial Neural Networks, Decision tree and Logical Regression                      | Dialysis survival   | Tanagra tool  |
| Greco, R., Papalia, T., Lofaro, D., Maestripieri, S., Mancuso, D., & Bonofiglio, R. (2010). | Decision trees  | Transplant follow-up  | Not mentioned |
| Koyuncugil, A. S., & Ozgulbas, N. (2010).   | Association rule  | Donor matching  | Not mentioned |
| Bellazzi, R., Larizza, C., Magni, P., & Bellazzi, R. (2005).                                | Association rule discovery and temporal rule discovery are applied to the time series | Dialysis quality  | Not mentioned |
| Kusiak, A., Dixon, B., & Shah, S. (2005).   | Rough-set (RS) algorithm, Decision trees  | Survival time dialysis  | Not mentioned |
| Shah, S., Kusiak, A., & Dixon, B. (2003).   | Rough-set (RS) algorithm  | Survival time dialysis  | Not mentioned |
| Agar, J. W., & Webb, G. I. (1992)   | DLG   | Renal biopsy  | Not mentioned |



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# Machine Learning for Nephrology

## Common Tasks

### ■ Classification

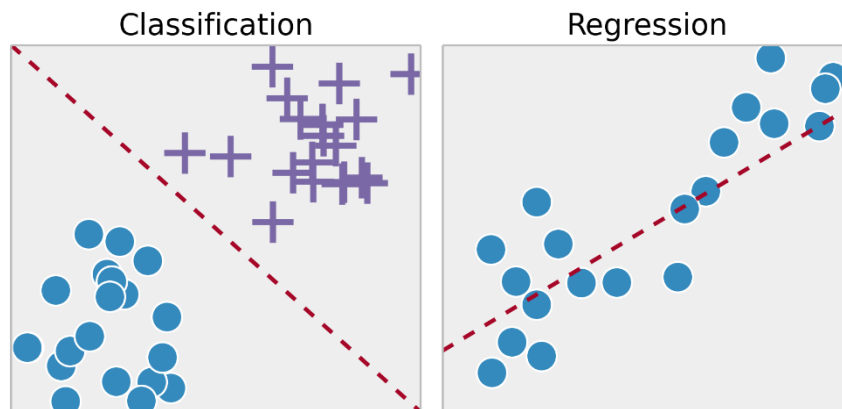
- Onset of CKD and AKI
- Renal biopsy
- Transplant follow-up

### ■ Regression

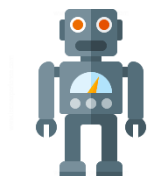
- Dialysis survivability

### ■ Non-supervised

- Risk factors for CKD
- Donor matching



<http://ipython-books.github.io/images/ml.png>



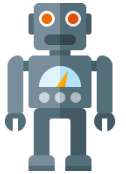
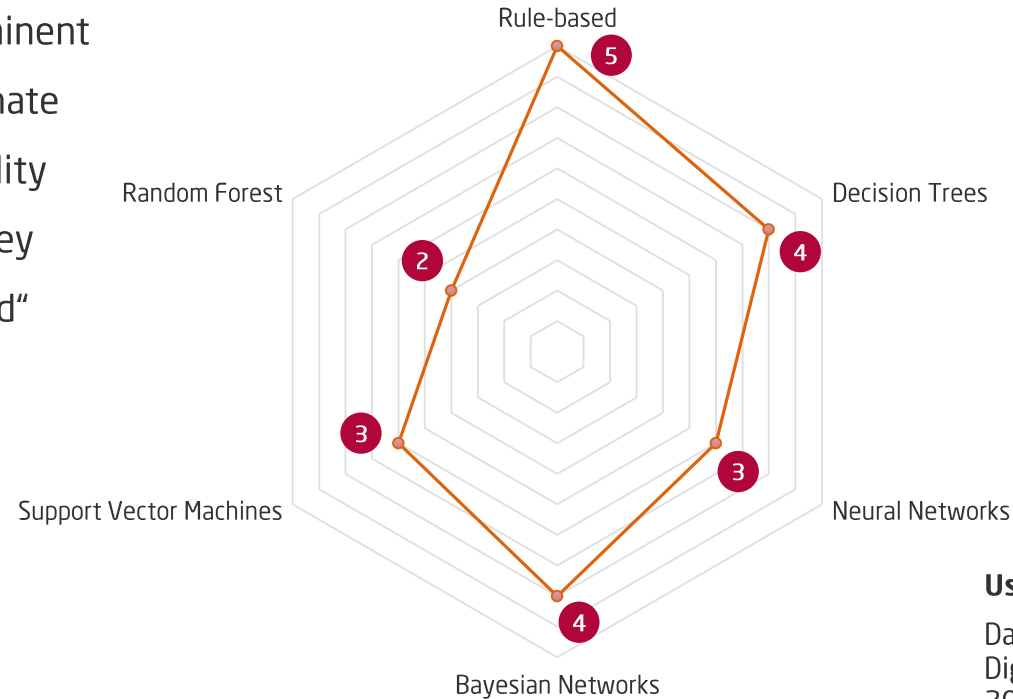
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# Machine Learning for Nephrology

## Algorithms Utilized

- Rule-based methods are prominent
- Tree-based approaches dominate
- SVM and NN limited applicability
- Interpretability of models is key
- Most models are „bench-based“
- MATLAB appears frequently



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# Machine Learning for Nephrology

## Single-blind Study on AKI alerts



### Automated, electronic alerts for acute kidney injury: a single-blind, parallel-group, randomised controlled trial

*F Perry Wilson, Michael Shashaty, Jeffrey Testani, Iram Aqeel, Yuliya Borovskiy, Susan S Ellenberg, Harold I Feldman, Hilda Fernandez, Yevgeniy Gitelman, Jennie Lin, Dan Negoianu, Chirag R Parikh, Peter P Reese, Richard Urbani, Barry Fuchs*

*Lancet* 2015; 385: 1966-74

Published Online

February 26, 2015

[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S0140-6736(15)60266-5)

[S0140-6736\(15\)60266-5](http://dx.doi.org/10.1016/S0140-6736(15)60266-5)

See [Comment](#) page 1924

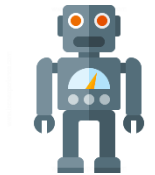
Yale University School of  
Medicine, Program of Applied

Translational Research

#### Summary

**Background** Acute kidney injury often goes unrecognised in its early stages when effective treatment options might be available. We aimed to determine whether an automated electronic alert for acute kidney injury would reduce the severity of such injury and improve clinical outcomes in patients in hospital.

**Methods** In this investigator-masked, parallel-group, randomised controlled trial, patients were recruited from the hospital of the University of Pennsylvania in Philadelphia, PA, USA. Eligible participants were adults aged 18 years or older who were in hospital with stage 1 or greater acute kidney injury as defined by Kidney Disease Improving Global Outcomes creatinine-based criteria. Exclusion criteria were initial hospital creatinine 4.0 mg/dL (to convert to



**Interpretation:** did not improve clinical outcomes among patients in that hospital

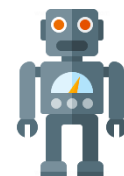
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36

# Machine Learning for Nephrology

## There is still hope!

These findings should inform the adoption of electronic alerting in the future. Specifically, future trials should examine **novel diagnostic algorithms** for acute kidney injury that might improve detection of individuals likely to progress to clinically meaningful endpoints. Also, studies that provide more direction regarding interventions and process measures could provide valuable intermediate



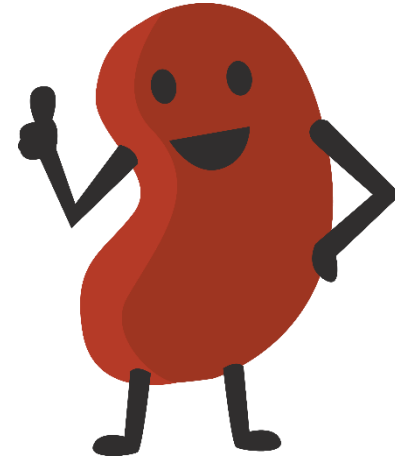
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37

# How to Avoid Kidney Disease?

- Appropriate hydration (drink enough water!)
- Prevent diabetes and hypertension: healthy diet
- Exercise more (never enough said!)
- Quit smoking (damages blood vessels)
- Beware of vitamins and supplements
- If under risk, get screened



<http://cartoonsmix.com/cartoons/happy-kidney-cartoon.html>

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38



# What to Take Home?

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- „You need to know something about Nephrology“
- Applying Bayesian networks to AKI
- Machine learning is used in different tasks
- Validating the models is essential
- Drink more water!

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39

# What's Next?

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- Health care analytics
- Clinical prediction models

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40

# To Know More

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