

# Learning, evaluating and analyzing a recommendation rule for early blood transfer in the ICU

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April 6th, 2023

*Statlearn'23*

## Early blood transfer in the ICU

- Severely injured patients experiencing haemorrhagic shock often require massive transfusion
- Early transfusion of blood products (plasma, red blood cells and platelets) is common and associated with improved outcomes in the hospital
- However, determining a right amount of blood products is still a matter of scientific debate
- Our **objective** is to

*build and analyze a recommendation rule  
for early transfusion of blood products  
to assist the medical team in the ICU*

Early blood transfer in the ICU

**Traumabase: a French observatory for major trauma**

A recommendation rule

Learning a recommendation rule

Evaluating the recommendation rule

Analyzing the recommendation rule

Discussion

## The Traumabase group

- Created in 2012, the French Traumabase group is a collaboration focusing on major trauma
- The group's objectives are to improve major trauma care, to inform public health decisions and to facilitate research
- Today,
  - 23 French trauma centers contribute to the Traumabase group
  - the **Traumabase data set** gathers information on more than 40,000 trauma cases from admission until discharge from the ICU all over France

## The Traumabase data set

For each patient in the Traumabase data set, the information is naturally regrouped into four categories:

- epidemiological data:
  - age, gender, BMI, medical history, type of trauma (penetrating?), ...
- pre-hospital data:
  - Glasgow score, pupillary abnormality, blood pressures, maximum heart rate, minimum peripheral capillary oxygen saturation (SpO<sub>2</sub>), ...
- admission data:
  - same as above & differences pre-hospital vs. admission & temperature, indicator of hemorrhagic shock & early transfusion of blood products, ...
- hospital data:
  - durations of stay in the ICU, in the hospital; survival in the hospital

## Early transfusion of blood products

- Blood products:
  - plasma (PFC), red blood cells (CGR), platelets
  - rare, and conserved frozen; need up to 45 minutes to unfreeze
- Despite official recommendations, *e.g.*
  - Société Française d'Anesthésie Réanimation (2015): ratio PFC/GCR between 1 and 2
  - European 5th guideline on management of major bleeding and coagulopathy following trauma (2019): ratio PFC/GCR 2

one observes a significant variability in early transfusion of blood products practice
- What could be a best practice is still a matter of scientific debate

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## A recommendation rule: what is it?

- Statistical model:

each patient contributes a data-structure  $O := (W, T, Y) \sim P$  with

- $W \in \mathcal{W}$ : covariates (epidemiological data, pre-hospital data, admission data obtained before the early transfusion of blood products)
- $T := (A, B, C) \in \mathcal{T}$ : quantification of early transfusion of plasma ( $A$ ), red blood cells ( $B$ ) and platelets ( $C$ )
- $Y \in \{0, 1\}$ : indicator of survival in the hospital



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- Causal model:

each patient contributes a counterfactual data-structure  $\mathbb{O} := (W, (Y[t])_{t \in \mathcal{T}}, T) \sim \mathbb{P}$  with

- $Y[t] \in \{0, 1\}$ : the *potential/counterfactual* indicator of survival in the hospital in a world where  $T = t$  would be *imposed*
- $Y := Y[T]$ : the *actual* indicator of survival in the hospital, in the real world (“consistency assumption”)
- the set of optimal actions for *that* patient:  $\arg \max_{t \in \mathcal{T}} Y[t]$
- the set of optimal *recommendation rules* at the population level:

$$\arg \max_{r: \mathcal{W} \rightarrow \mathcal{T}} E_{\mathbb{P}} \{ Y[r(W)] \}$$

## A more realistic notion of recommendation rule

- Problem:

- viewing the data set as a collection of  $O_1, \dots, O_i := (W_i, T_i, Y_i), \dots, O_N \stackrel{\text{ind}}{\sim} P$ ,  
the empirical law of  $T$  is highly concentrated around  $\{(a, b, c) = (q, q, q) : q \in \mathbb{N}\} \cap \mathcal{T}$   
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- Proposed solution:

- define  $\tilde{A} := \mathbf{1}\{A = 1\} + 2\mathbf{1}\{A \geq 2\}$
- instead of  $\arg \max_{r: \mathcal{W} \rightarrow \mathcal{T}} E_{\mathbb{P}}\{Y[r(W)]\}$ , target

$$r^*(\mathbb{P}) := \arg \max_{r: \mathcal{W} \rightarrow \{0,1,2\}} E_{\mathbb{P}}\{Y[\tilde{T}_r]\},$$

where  $\tilde{T}_r|W \sim \mathcal{L}_P(T|\tilde{A} = r(W), W)$

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- Is  $r^*(\mathbb{P})$  (a feature of  $\mathbb{P}$ ) **identifiable** under  $P$  (i.e., a feature of  $P$ )?
  - if there exists  $\delta > 0$  such that  $\delta \leq P(\tilde{A} = \tilde{a} | W)$  for all  $\tilde{a} \in \{0, 1, 2\}$   $P$ -as. (testable)
  - if  $T \perp Y[t] | W$  for all  $t \in \mathcal{T}$  ("randomization assumption", **untestable**)
  - then, for every  $r : \mathcal{W} \rightarrow \{0, 1, 2\}$ ,

$$E_{\mathbb{P}}\{Y[\tilde{T}_r]\} = E_P\{\bar{Q}_P(r(W), W)\}, \quad \text{where} \quad \bar{Q}_P(\tilde{A}, Y) := E_P(Y | \tilde{A}, W)$$

hence

$$r^*(\mathbb{P})(W) = \boxed{\arg \max_{\tilde{a} \in \{0, 1, 2\}} \bar{Q}_P(\tilde{a}, W) =: \rho(P)(W)}$$

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- Consequence: an estimator  $\bar{Q}_n$  of  $\bar{Q}_P$  yields an estimator  $r_n$  of  $\rho(P)$ ,

$$r_n : w \mapsto \arg \max_{\tilde{a} \in \{0,1,2\}} \bar{Q}_n(\tilde{a}, w)$$

# Learning a recommendation rule (1/3)

The `missSuperLearner` R-package

- Building an estimator  $\bar{Q}_n$  of  $\bar{Q}_P$  is a regression task
- There exist many (many (many)) algorithms to learn  $\bar{Q}_P$
- Instead of choosing one algorithm, we learn which one performs best for the task at hand
- We rely on **super learning** (van der Laan et al, 2007, {...}):
  - an *aggregation procedure* based on cross-validation and the choice of a **loss function** tailored to the task at hand
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- A question remains: which loss function?

## Learning a recommendation rule (2/3)

### Value of a recommendation rule

- Given a recommendation rule  $r : \mathcal{W} \rightarrow \{0, 1, 2\}$ , the value of  $r$  is

$$\mathcal{V}_r(P) := E_P\{\tilde{Q}_P(r(W), W)\}$$

- note:  $\mathcal{V}_r(P) \leq \mathcal{V}_{\rho(P)}(P)$  by definition of  $\rho(P)$

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  - archetypal example: in a regression framework, the least-squares loss function

$$\bar{Q} \mapsto \ell_2(\bar{Q}) \quad \text{s.t.} \quad \ell_2(\bar{Q}) : (w, t, y) \mapsto (y - \bar{Q}(\bar{a}, w))^2$$

induces the least-squares risk  $\mathcal{R}_P^{\ell_2} : \bar{Q} \mapsto E_P\{\ell_2(\bar{Q})(O)\}$

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- by analogy, the loss function

$$r \mapsto \ell_{\bar{Q}}(r) \quad \text{s.t.} \quad \ell_{\bar{Q}}(r) : (w, t, y) \mapsto -\bar{Q}(r(w), w)$$

induces the negative-value risk  $\mathcal{R}_P^{\ell_{\bar{Q}}} : r \mapsto E_P\{\ell_{\bar{Q}}(r)(O)\}$

- note: if  $\bar{Q} = \bar{Q}_P$ , then  $\mathcal{R}_P^{\ell_{\bar{Q}}} = -\mathcal{V}_r(P)$
- challenge: the loss function is indexed by the nuisance parameter  $\bar{Q}$

## Learning a recommendation rule (3/3)

A tailored cross-validated risk

- Let  $B_n \in \{0, 1\}^n$  be a random vector drawn independently of  $O_1, \dots, O_n$ ,  $n := 0.7 \times N$ , and
  - $P_n$ , the data set  $\{O_1, \dots, O_n\}$  (viewed as a prob. measure)
  - $P_{n, B_n}^0$ , the  $B_n$ -specific training data set  $\{O_i : 1 \leq i \leq n \text{ s.t. } B_n(i) = 0\}$  (viewed as a prob. measure)
  - $P_{n, B_n}^1$ , the  $B_n$ -specific testing data set  $\{O_i : 1 \leq i \leq n \text{ s.t. } B_n(i) = 1\}$  (viewed as a prob. measure)



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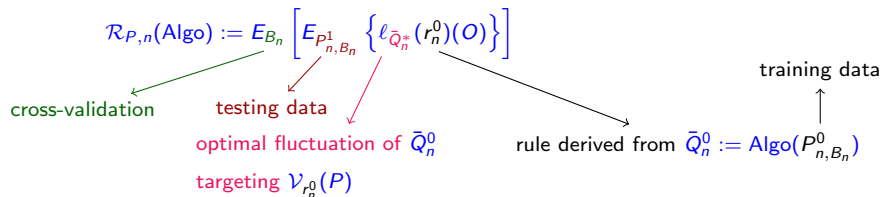
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- Inspired by the negative-value risk  $\mathcal{R}_P^{\ell_{\bar{Q}}} : r \mapsto E_P\{\ell_{\bar{Q}}(r)(O)\}$ , we choose the following cross-validated risk: for any algorithm **Algo** designed to learn  $\bar{Q}_P$ ,

$$\mathcal{R}_{P, n}(\text{Algo}) := E_{B_n} \left[ E_{P_{n, B_n}^1} \left\{ \ell_{\bar{Q}_n^*}(r_n^0)(O) \right\} \right]$$

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- The “discrete” super learner:  $\text{Algo}_{\text{SL}} := \arg \min_{\text{Algo}} \mathcal{R}_{P,n}(\text{Algo})$
- Our recommendation rule: the rule  $r_n$  derived from  $\bar{Q}_n = \text{Algo}_{\text{SL}}(P_n)$

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- From now on, we consider  $r_n$  as a **fixed** recommendation rule
- What is its value  $\mathcal{V}_{r_n}(P)$ ? We estimate it by CV-TMLE (Zheng & van der Laan, 2011), using  $O_{n+1}, \dots, O_N$

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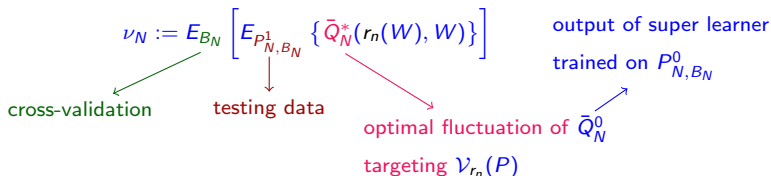
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- Under mild assumptions,  $\nu_N$  is asymptotically Gaussian with an asymptotic variance that can be conservatively estimated

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## Variable importance measures (1/2)

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$$\Psi_s(P) := \frac{E_P \left\{ [r_n(W) - E_P(r_n(W) | W_{-s})]^2 \right\}}{\text{Var}_P(r_n(W))} \in [0, 1]$$

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- if  $\Psi_s(P) = 0$ , then  $W_s$  plays no role in  $r_n(W)$
- if  $\Psi_s(P) \neq 0$ , then we can build a consistent, asymptotically Gaussian estimator  $\psi_{N,s}$  of  $\Psi_s(P)$
- if  $\Psi_s(P) = 0$ , then  $\psi_{N,s}$  is no longer asymptotically Gaussian!
- testing “ $\Psi_s(P) = 0$ ” against “ $\Psi_s(P) \neq 0$ ” is not easy...

## Variable importance measures (2/2)

### Testing

- Inspired by (Hudson et al., 2022) we note that, for every  $W_s \subset W$ ,

if  $\Psi_s(P) = 0$ , then for each  $h : \mathcal{W} \rightarrow \mathbb{R}$ ,

$$\Phi_{s,h}(P) := E_P \{ [r_n(W) - E_P(r_n(W) | W_{-s})] h(W) \} = 0$$

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- Thus we can test  $H_{0,s}$  against  $\neg H_{0,s}$ , and provide  $p$ -values

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Traumabase: a French observatory for major trauma

A recommendation rule

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**Discussion**

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- we rely on  $\sim 20$   $\text{Algo}_{\text{regression}}$ ,  $\sim 5$   $\text{Algo}_{\text{screening}}$ , 3  $\text{Algo}_{\text{filling in}}$
- results of simulation study encouraging
- choice of  $\mathcal{H}$  is a delicate matter (chose  $K = 20$ )
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- Thank you very much for your attention. Any question?





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