Baylor College of Medicine

MACHINE LEARNING MODELS IMPROVE POST-TRANSPLANT SURVIVAL PREDICTIONS

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INTRODUCTION

- At present, no outcome model in the field of transplantation surgery can incorporate all available patient- and donor-specific parameters at the time of transplantation to guide organ allocation decisions. Artificial Intelligence (AI) models can synthesize a greater number of input parameters by identifying non-linear trends in data.
- Hypothesis: Machine learning models will be more accurate than regression techniques in predicting mortality after liver transplantations.

METHODS

- > We created **four machine learning predictive** models:
 - Random Forest (RF) model
 - AdaBoost (AB) ensemble-based model
 - Naïve Bayes (NB) model
 - Logistic Regression (LR) model
- > We selected all **109,742** adult patients from the UNOS database who underwent one recorded orthotopic liver transplantation.
- > All transplantation parameters which would be known to a clinician at the time of transplant discharge were included, totaling 323 features.
- > We performed **10-fold cross validation**.
 - This involved random sampling, dividing our data into training (75%) and test (25%) sets 10 times.
 - Each iteration we trained our five models on the training data and tested the predictive power of these models on their test sets.
- > We measured the average 10-fold cross validated model performance with classification accuracy (CA), and area under the receiver operator curve (AUC) metrics.
- Right censoring of data was accounted for by exclusion, for each survival target we predicted.

Figure 1. Receiver Operator Curves of Machine Learning Models for Predicting 1-Month Post-Liver



Transplant Survival



RESULTS

Table 1. Prediction of 1-Month Post-Transplant Survival Status

CA

CA

CA

CA

CA

F1

F1

F1

F1

F1

Precision

0.9385

0.9142

0.8889

Precision

Precision

0.8555

0.7806

0.7897

0.7876

0.6802

0.6921

0.6829

0.6356

0.6311

0.6301

Precision Recall

Precision Recall

Recall

0.9436

0.7228

0.9428

0.9157

Recall

0.9155

0.7161

0.9100

0.8771

Recall

0.8570

0.6799

0.8425

0.7840

0.7732

0.6383

0.7333

0.6813

0.7177

0.6000

0.6403

0.6293



- models
- > We should consider incorporating **machine** learning methods into construction of transplant outcome models

¹Classification accuracy

²F1=[2* (precision * recall)/ (precision + recall)]



CONCLUSIONS

Accurate modeling of survival after transplantation surgery is essential Can influence clinical decision-making Sets appropriate expectations for patients and clinicians

> Predicting survival *post*-liver transplantation is difficult

Procedure itself induces large changes in disease pathology and clinical picture Currently, most post transplant survival predictive models are generalized linear

SOFT score (2008)

• 13 recipient factors, 4 donor factors and 2 operative factors, the SOFT score predicts **3-month** post-operative mortality with an AUC (c-statistic) of 0.70

Pedi-SOFT score (2015)

· Predicts survival with a c-statistic of 0.74

• One of the best current predictive survival indexes

Random Forest machine learning method produced accurate and precise models for post-transplantation survival predictions

• **3 – month** survival prediction AUC:

• Random Forest, 0.80

• **5 – year** survival prediction AUC:

- Random Forest, 0.73
- Likely due to finding non-linear
- associations in these data

Investigation into using machine learning methods to assist clinicians in allocation decisions is warranted