

# Clustering Temporal Disease Networks to Assist Clinical Decision Support Systems in Visual Analytics of Comorbidity Progression

Yajun Lu

Department of Management & Marketing, Jacksonville State University  
[ylu@jsu.edu](mailto:ylu@jsu.edu)

Joint work with:

Suhao Chen<sup>a,b</sup>, Zhuqi Miao<sup>a</sup>, Dursun Delen<sup>a,c</sup>, and Andrew Gin<sup>a</sup>

<sup>a</sup>Center for Health Systems Innovation, Oklahoma State University

<sup>b</sup>School of Industrial Engineering & Management, Oklahoma State University

<sup>c</sup>Department of Management Science & Information Systems, Oklahoma State University

# Outline

- 1 Introduction
- 2 Temporal Clustering
- 3 Disease Clustering & TDN Visualization
- 4 Case Study on C. Diff & Stroke
- 5 Concluding remarks

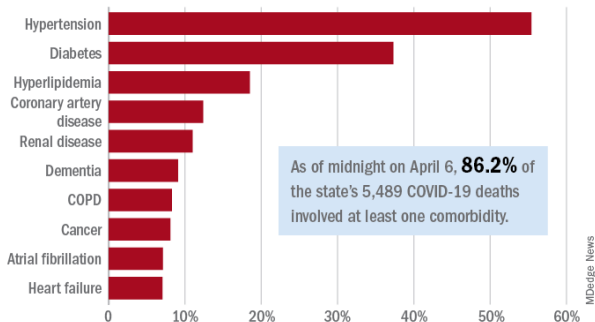
# Outline

- 1 Introduction
- 2 Temporal Clustering
- 3 Disease Clustering & TDN Visualization
- 4 Case Study on C. Diff & Stroke
- 5 Concluding remarks

# Comorbidity

**Comorbidity** refers to one or more other health conditions coexisting among patients with a particular index disease (Feinstein, 1970; Gijssen et al., 2001).

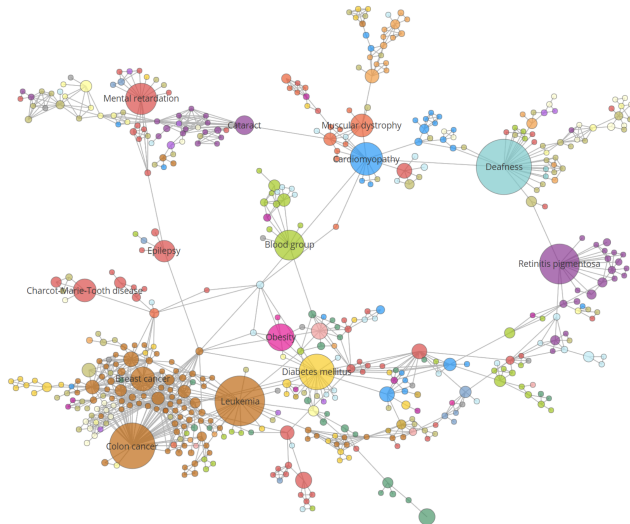
Leading comorbidities among COVID-19 deaths in New York



Note: Data reported on a daily basis by hospitals, nursing homes, and other health care facilities.

Source: New York State Department of Health

# Comorbidity Network



- Better presentation of disease associations (Divo et al., 2015; Warner et al., 2015)
- Capability to incorporate additional biomarkers (Nam et al., 2019)
- Support for disease progression investigation (Chen et al., 2009; Chmiel et al., 2014)

Image source: <https://github.com/empet>



# Research Gaps

In the area of TDN modeling and analysis, there has been **limited capability** to:

- **Detect the progression timing.**
  - ▶ Most TDN-related studies (Chen et al., 2009; Martel et al., 2016; McElroy et al., 2018) predefined a granularity parameter  $m$
  - ▶ Then discretized the entire time frame of the study cohort into  $m$  windows of even length or even sample size, without providing algorithms that can detect at which window(s) notable changes of TDNs had occurred.

# Research Gaps

In the area of TDN modeling and analysis, there has been **limited capability** to:

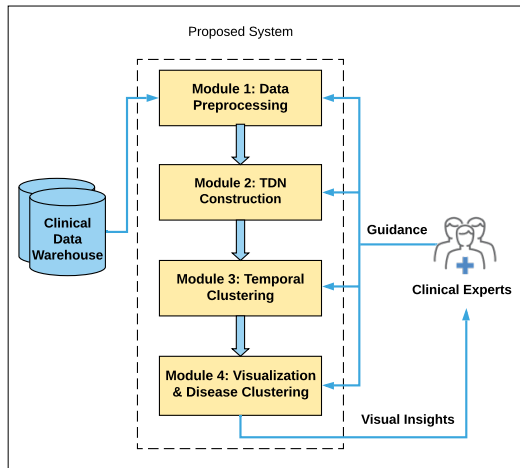
- **Detect the progression timing.**

- ▶ Most TDN-related studies (Chen et al., 2009; Martel et al., 2016; McElroy et al., 2018) predefined a granularity parameter  $m$
- ▶ Then discretized the entire time frame of the study cohort into  $m$  windows of even length or even sample size, without providing algorithms that can detect at which window(s) notable changes of TDNs had occurred.

- **Streamline the visualization.**

- ▶ TDNs are often large, dense networks that can result in disordered display in visualization.

# Research Goal

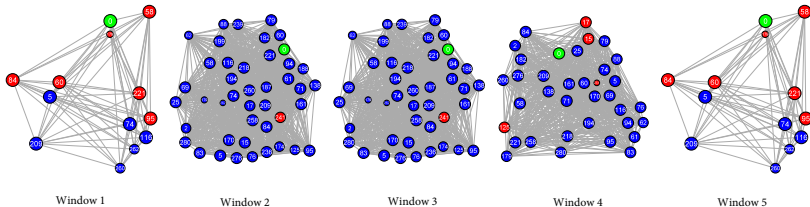


The proposed TDN-based clinical decision support system for pattern detection and visualization of comorbidity progression.

# Outline

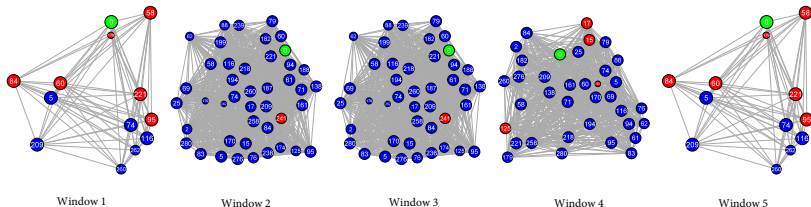
- 1 Introduction
- 2 Temporal Clustering
- 3 Disease Clustering & TDN Visualization
- 4 Case Study on C. Diff & Stroke
- 5 Concluding remarks

# Consecutive $p$ -Median Clustering (CPMP)



A sequence of TDNs across five time windows, of which the ones on Window 1 and Window 5 are identical and the ones through Window 2 to Window 4 are highly similar.

# Consecutive $p$ -Median Clustering (CPMP)



A sequence of TDNs across five time windows, of which the ones on Window 1 and Window 5 are identical and the ones through Window 2 to Window 4 are highly similar.

**Problem:** Consecutive  $p$ -median problem.

**Input:** A positive integer  $p$ , a collection of  $m$  objects  $\mathcal{O} := \{O_1, O_2, \dots, O_m\}$ , and the distance between any two objects.

**Output:** From  $\mathcal{O}$ , find  $p$  objects with indices  $\{j_1, j_2, \dots, j_p\}$  as medians and assign the remaining  $m - p$  objects to the medians such that

- The total summation of distances from each  $O_i$  to its assigned median is minimized, and
- When  $O_i$  is assigned to median  $O_{j_q}$ , if  $i \geq j_q$  then  $O_k$  for all  $j_q \leq k < i$  must be assigned to  $O_{j_q}$ , otherwise  $O_k$  for all  $i < k \leq j_q$  must be assigned to  $O_{j_q}$ .

# An Integer Programing (IP) Formulation for the CPMP

$$\min \sum_{i=1}^m \sum_{j=1}^m d(G_i, G_j) x_{ij} \quad (1)$$

$$\text{subject to: } \sum_{j=1}^m x_{ij} \leq p \quad (2)$$

$$\sum_{j=1}^m x_{ij} = 1 \quad \forall i \in \{1, 2, \dots, m\} \quad (3)$$

$$x_{ij} \leq x_{jj} \quad \forall i, j \in \{1, 2, \dots, m\} \mid i \neq j \quad (4)$$

$$x_{ij} \leq x_{kj} \quad \forall i \in \{1, 2, \dots, m-2\}, j \in \{i+2, i+3, \dots, m\}, k \in \{i+1, i+2, \dots, j-1\} \quad (5)$$

$$x_{ij} \leq x_{kj} \quad \forall i \in \{3, 4, \dots, m\}, j \in \{1, 2, \dots, i-2\}, k \in \{j+1, j+2, \dots, i-1\} \quad (6)$$

$$x_{ij} + x_{i+1,j} \leq 1 \quad \forall j \in \{1, 2, \dots, m\}, i \in \{1, 2, \dots, m-1\} \mid d(G_i, G_{i+1}) \geq \tau \quad (7)$$

$$x_{ij} \in \{0, 1\} \quad \forall i, j \in \{1, 2, \dots, m\}. \quad (8)$$

- $x_{ij} = 1$  if and only if TDN  $G_i$  is assigned to median  $G_j$ , for any  $i, j \in \{1, 2, \dots, m\}$  such that  $i \neq j$ , otherwise  $x_{ij} = 0$ .
- $x_{jj} = 1$  indicates that  $G_j$  is served as a median for any  $j \in \{1, 2, \dots, m\}$ .

# Outline

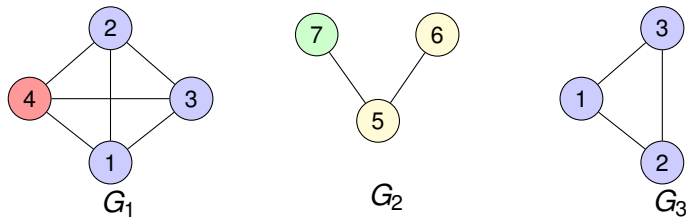
- 1 Introduction
- 2 Temporal Clustering
- 3 Disease Clustering & TDN Visualization**
- 4 Case Study on C. Diff & Stroke
- 5 Concluding remarks

# Atomic Clique

Given a network, a **clique** is a subset of nodes connecting with each other.

## Definition 1 (Atomic Clique)

Given a collection of networks,  $\mathcal{G} = \{G_1, G_2, \dots, G_m\}$ , a subset  $S \subseteq \bigcup_{i=1}^m V(G_i)$  is called an atomic clique if  $S$  is a clique in  $G_j, \forall j \in M$ , but  $S \cap V(G_k) = \emptyset, \forall k \notin M$ , where  $M = \{i \in \{1, 2, \dots, m\} \mid S \subseteq V(G_i)\}$ .



Four atomic cliques  $\{1, 2, 3\}$ ,  $\{4\}$ ,  $\{5, 6\}$ , and  $\{7\}$  across three networks  $\{G_1, G_2, G_3\}$ .

---

## Algorithm 1: Atomic clique partition algorithm

---

**Input:** A collection of networks  $\mathcal{G} = \{G_1, G_2, \dots, G_m\}$ .

**Output:** An atomic clique partition  $\mathcal{K}$ .

```
1  $\mathcal{K} \leftarrow \emptyset$ 
2 while  $\mathcal{G} \neq \emptyset$  do
3    $M \leftarrow \emptyset$ 
4    $D \leftarrow V(G_k)$ , where  $k = \min\{i \mid G_i \in \mathcal{G}\}$ 
5   for  $G_i \in \mathcal{G}$  do
6     if  $D \cap V(G_i) \neq \emptyset$  then
7        $D \leftarrow D \cap V(G_i)$ 
8        $M \leftarrow M \cup \{i\}$ 
9   while  $D \neq \emptyset$  do
10    find a subset  $K \subseteq D$  such that  $K$  is a clique in  $G_i[D], \forall i \in M$  and  $|K|$  is maximized
11     $\mathcal{K} \leftarrow \mathcal{K} \cup K$ 
12    for  $i \in M$  do
13       $G_i \leftarrow G_i[V(G_i) \setminus K]$ 
14      if  $V(G_i) = \emptyset$  then
15         $\mathcal{G} \leftarrow \mathcal{G} \setminus G_i$ 
16     $D \leftarrow D \setminus K$ 
17 return  $\mathcal{K}$ 
```

---

# Outline

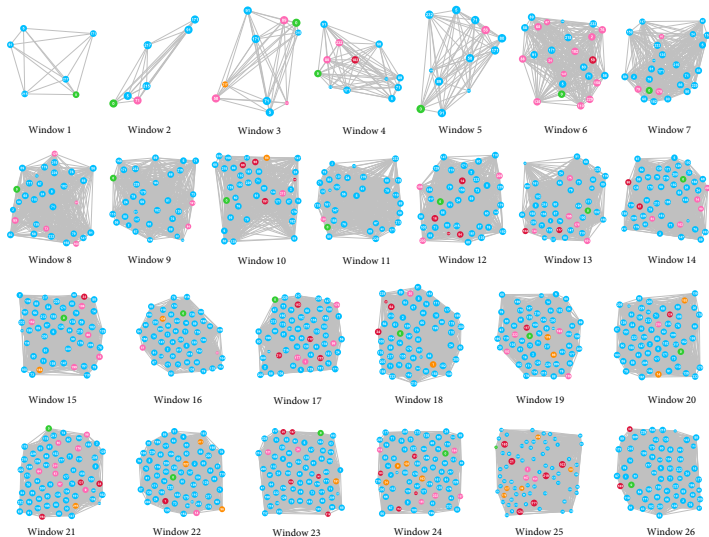
- 1 Introduction
- 2 Temporal Clustering
- 3 Disease Clustering & TDN Visualization
- 4 Case Study on C. Diff & Stroke**
- 5 Concluding remarks

## C. Diff & Stroke Background, Data Source, and Preparation

- C. Diff is a bacterial infection that can cause life-threatening diarrhea and colitis (Centers for Disease Control and Prevention, 2019).
- Stroke is one of the leading chronic conditions for death/disability in the U.S. (Members et al., 2016).
- Integrated Cerner Health Facts<sup>®</sup> EHR data warehouse as the data source into our system.
- Extracted all inpatient hospital encounters of female patients aged 65 or older with the onset of C. Diff/Stroke between November 1999 and August 2017.

| C.Diff    |            | Stroke  |         |
|-----------|------------|---------|---------|
| Enct #    | Diag #     | Enct #  | Diag #  |
| 2,229,051 | 20,677,407 | 117,262 | 571,186 |

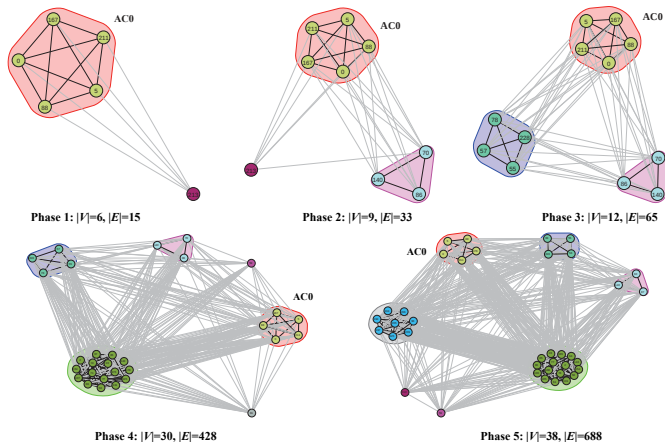
# TDNs constructed for the senior female cohort (C.Diff)



# Phases and corresponding windows and days

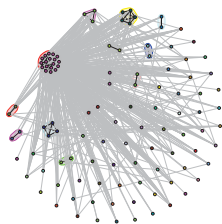
| Cohorts | Time Unit | Phase 1 | Phase 2 | Phase 3 | Phase 4 | Phase 5 |
|---------|-----------|---------|---------|---------|---------|---------|
| C. Diff | Window    | 1 – 3   | 4 – 5   | 6 – 11  | 12 – 20 | 21 – 26 |
|         | Day       | 2 – 3   | 3 – 4   | 4 – 7   | 7 – 11  | 12 – 14 |
| Stroke  | Window    | 1 – 8   | 9 – 15  | 16 – 26 | –       | –       |
|         | Day       | 2 – 5   | 6 – 9   | 9 – 14  | –       | –       |

# Visualization of TDNs in Phases for C.Diff Cohort

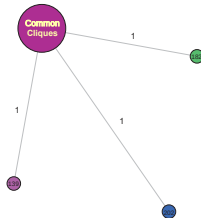


TDNs constructed on clustered phases of the senior female cohort.

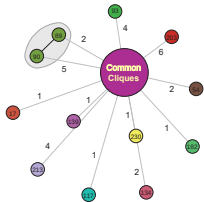
## Visualization of TDNs in Phases for Stoke Cohort



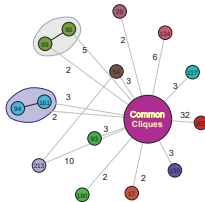
**Common Cliques:**  $|V|=109$ ,  $|E|=696$



**Phase 1:  $|V|=112, |E|=699$**



**Phase 2:  $|V|=121$ ,  $|E|=882$**



**Phase 3:  $|V|=123, |E|=1060$**

The common cliques are visualized in detail at the upper left part of the figure and simplified as a large node in the TDNs across the phases. The edge weight in the TDNs indicates how many nodes inside the set of common cliques are connected to a node outside the common cliques.

# Outline

- 1 Introduction
- 2 Temporal Clustering
- 3 Disease Clustering & TDN Visualization
- 4 Case Study on C. Diff & Stroke
- 5 Concluding remarks**

## Concluding remarks

- Comorbidity is a prominent challenge in healthcare practice and research
- We modeled comorbidity progression as a sequence of TDNs, and designed a clinical decision support system
- The temporal and disease clustering technologies were developed to mine and visualize progression patterns from the TDN sequence
- Case studies of applying the system to C. Diff and Stroke demonstrates the effectiveness of the system

# THANK YOU

## Q & A

yju@jsu.edu  
<http://yajunlu.com>

# Reference I

- Centers for Disease Control and Prevention. Antibiotic resistance threats in the united states, 2019.
- L. Chen, N. Blumm, N. Christakis, A.-L. Barabási, and T. Deisboeck. Cancer metastasis networks and the prediction of progression patterns. *British Journal of Cancer*, 101(5):749–758, 2009.
- A. Chmiel, P. Klimek, and S. Thurner. Spreading of diseases through comorbidity networks across life and gender. *New Journal of Physics*, 16(11):115013, 2014.
- M. J. Divo, C. Casanova, J. M. Marin, V. M. Pinto-Plata, J. P. de Torres, J. J. Zulueta, C. Cabrera, J. Zagaceta, P. Sanchez-Salcedo, J. Berto, R. B. Davila, A. B. Alcaide, C. Cote, and B. R. Celli. Copd comorbidities network. *European Respiratory Journal*, 46:640–650, 2015.
- A. R. Feinstein. The pre-therapeutic classification of co-morbidity in chronic disease. *Journal of Chronic Diseases*, 23(7):455–468, 1970.
- R. Gijzen, N. Hoeymans, F. G. Schellevis, D. Ruwaard, W. A. Satariano, and G. A. M. van den Bos. Causes and consequences of comorbidity: A review. *Journal of Clinical Epidemiology*, 54(7):661–674, 2001.
- M. M. Martel, C. A. Levinson, J. K. Langer, and J. T. Nigg. A network analysis of developmental change in adhd symptom structure from preschool to adulthood. *Clinical Psychological Science*, 4(6):988–1001, 2016.

## Reference II

- E. McElroy, P. Fearon, J. Belsky, P. Fonagy, and P. Patalay. Networks of depression and anxiety symptoms across development. *Journal of the American Academy of Child & Adolescent Psychiatry*, 57(12): 964–973, 2018.
- W. G. Members, D. Mozaffarian, E. J. Benjamin, A. S. Go, D. K. Arnett, M. J. Blaha, M. Cushman, S. R. Das, S. de Ferranti, J. Després, et al. Heart disease and stroke statistics-2016 update: a report from the american heart association. *Circulation*, 133(4):e38–e360, 2016.
- Y. Nam, D.-g. Lee, S. Bang, J. H. Kim, J.-H. Kim, and H. Shin. The translational network for metabolic disease—from protein interaction to disease co-occurrence. *BMC Bioinformatics*, 20(576), 2019.
- J. L. Warner, J. C. Denny, D. A. Kreda, and G. Alterovitz. Seeing the forest through the trees:uncovering phenomic complexity through interactive network visualization. *Journal of the American Medical Informatics Association*, 22:324–329, 2015.