



Predicting 1-year risk of Heart Failure for patients with Type 2 Diabetes

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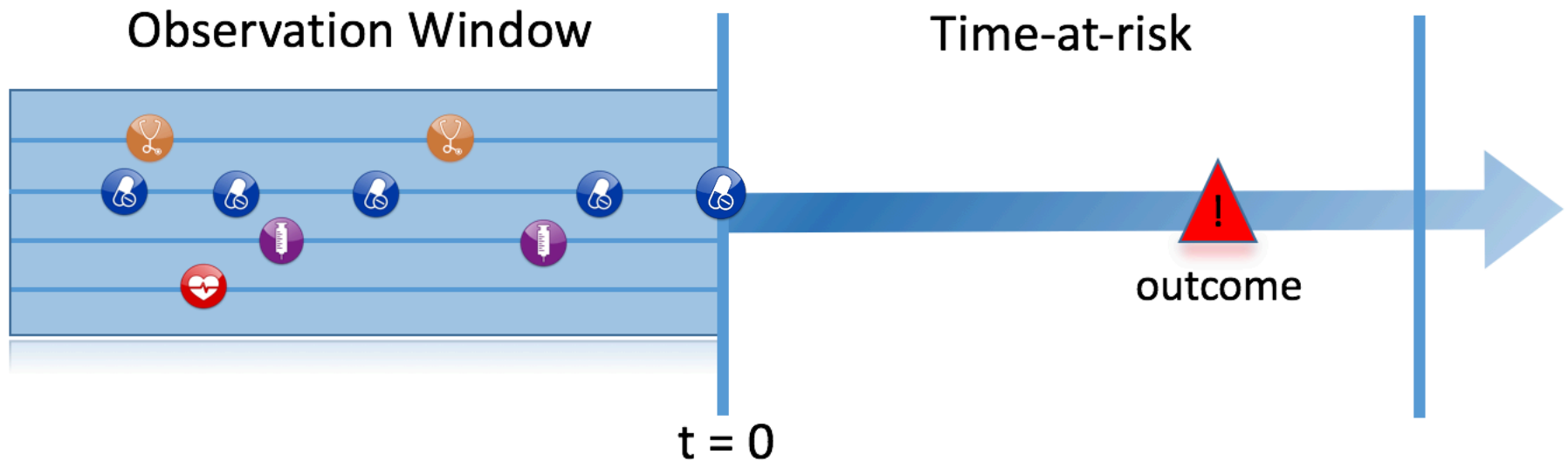


Why?

- Patient-level prediction of the risk of HF in T2DM can potentially help to define the optimal therapeutic strategy and can improve healthcare outcome.
- For example, under current Diabetes Guidelines the use of Thiazolidinediones (TZDs) is cautioned in patients at risk of HF.
- No viable prediction models exist for this problem.
- There is a need for an effective, well calibrated, externally validated prediction model.



Prediction Problem Definition



Among pharmaceutically treated T2DM patients (T), we aim to predict which patients at a defined moment in time ($t=0$) will experience Heart Failure (O) during a time-at-risk of 1 year. Prediction is done using only information about the patients in an observation window prior to that moment in time.



Pharmaceutically treated T2DM

- Initial Event Cohort
 - Metformin, DPP-4 inhibitors, GLP1s, SGLT2s, TZDs, Sulfonylureas, Insulin
- at least 1 occurrences of a condition occurrence of Type II Diabetes
 - starting between all days Before and 365 days After event index date
- 365 days continuous observation
- Inclusion Criteria #1: No Type I diabetes
- Inclusion Criteria #2: No Secondary Diabetes
- Limit qualifying cohort to: earliest event per person

Cohort Definition available at:

<http://www.ohdsi.org/web/atlas/#/cohortdefinition/1769345>



Heart Failure

- A condition occurrence of Heart Failure
- Inpatient Visit (if available in database)
- Limit qualifying cohort to: **all events per person.**

Cohort Definitions available at:

Hospitalisation:

<http://www.ohdsi.org/web/atlas/#/cohortdefinition/1769346>

Non-Hospitalisation:

<http://www.ohdsi.org/web/atlas/#/cohortdefinition/1769347>



Patient Level Prediction Framework



- We develop Gradient Boosting



Multiple algorithms (Gradient Boosting, Random Forest)

- We used
 - Gender
 - Age
 - Race
 - Ethnicity
 - Index
 - Concentration
 - Drug
 - Procedure
 - Measurement

Design and implementation of a standardized framework to generate and evaluate patient-level prediction models using observational healthcare data

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Journal of the American Medical Informatics Association, Volume 25, Issue 8, 1 August 2018, Pages 969–975, <https://doi.org/10.1093/jamia/ocy032>

Published: 27 April 2018 **Article history** ▼

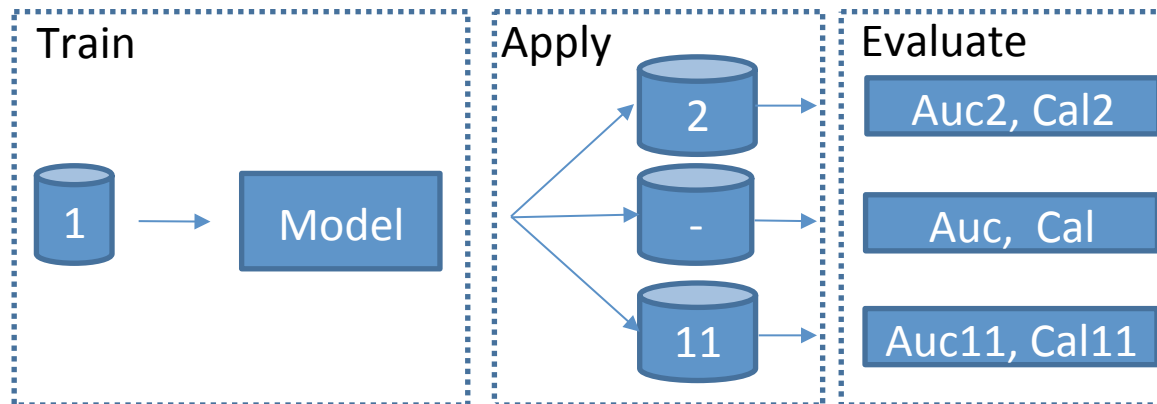
Abstract

Objective

To develop a conceptual prediction model framework containing standardized steps and describe the corresponding open-source software developed to consistently implement the framework across computational environments and observational healthcare databases to enable model sharing and reproducibility.



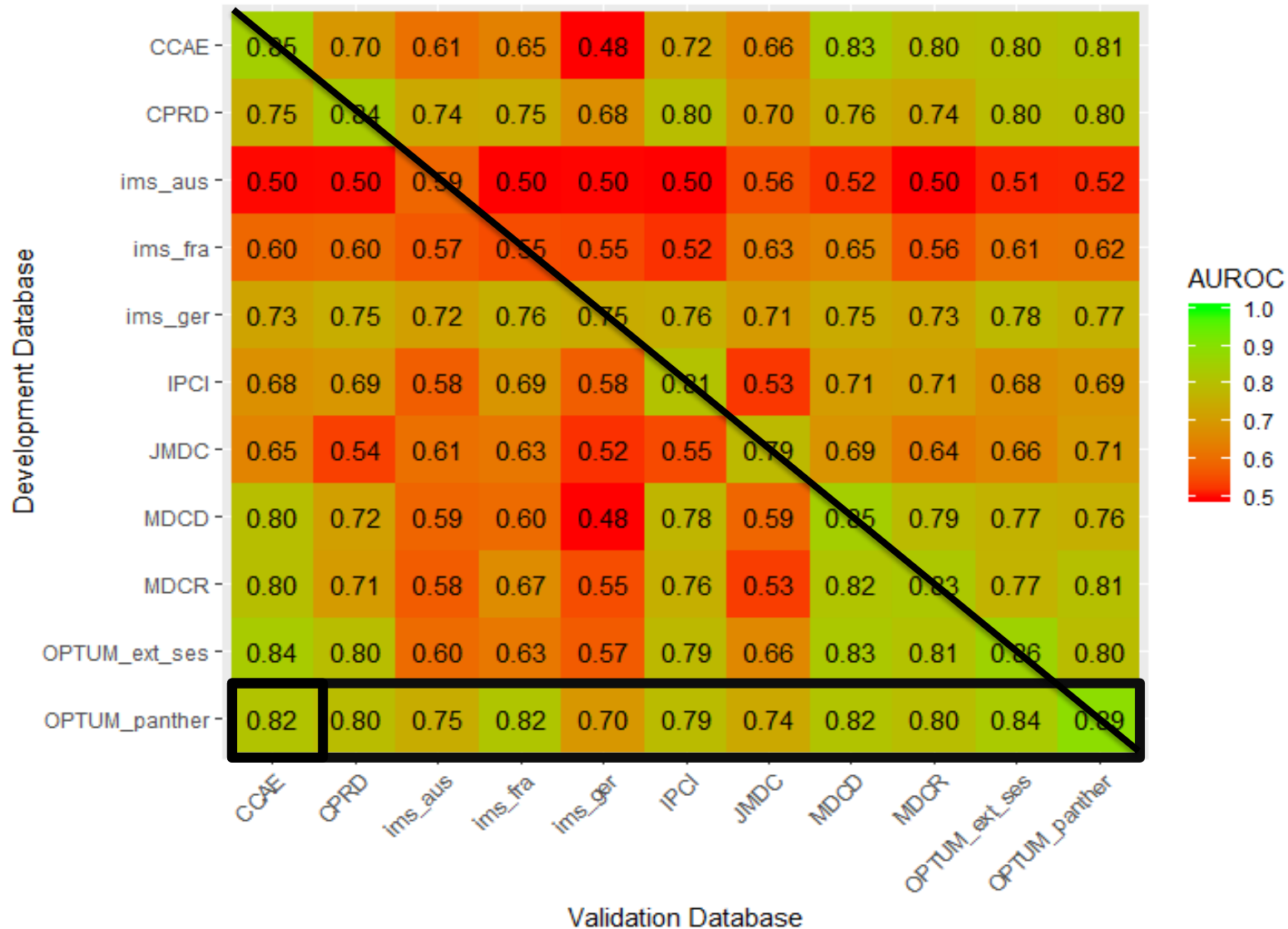
External Validation



Database	# of T2DM	Outcome	# of HF
CPRD	196049	HF	1437
ims_aus	2679	HF	48
ims_fra	6364	HF	65
ims_ger	117179	HF	4668
IPCI	11600	HF	172
JMDC	15850	Inpatient HF	343
MDCD	100645	Inpatient HF	2258
MDCR	212591	Inpatient HF	4621
OPTUM_ext_ses	921273	Inpatient HF	14724
OPTUM_panther	1609677	Inpatient HF	7037
CCAЕ	856859	Inpatient HF	3105

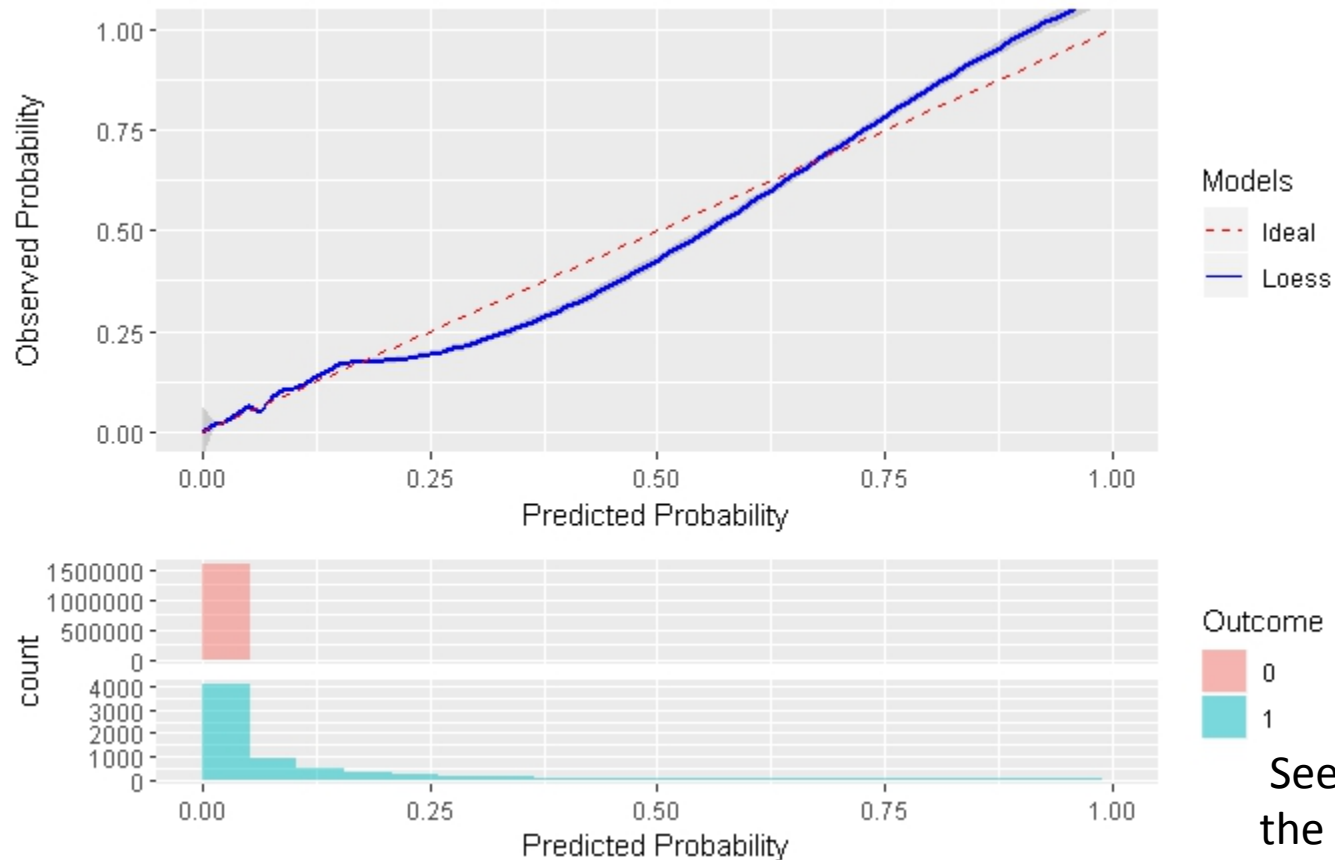


Results





Optum Panther Calibration



See poster 27 in the showcase for more on the smooth calibration



Conclusions

- Very good model performance across diverse external validation sets with respect to discrimination and calibration.
- The study demonstrates the impact of the OHDSI Patient Level Prediction framework on prediction model generation and external validation. Creating capabilities to do this at a global scale.

If you are a data stakeholder you can validate this study using the package available at:

<https://github.com/OHDSI/StudyProtocolSandbox/tree/master/HFinT2DMValidation>