

# iV 2023

## Fisheye visualization and multi-path trees for presenting clinical practice guidelines: Methods and application to Covid-19

Jean-Baptiste Lamy, Mouin Jammal, Melody Saikali,  
Charbel Mourad, Cynthia Abi Khalil, Antoine Saab

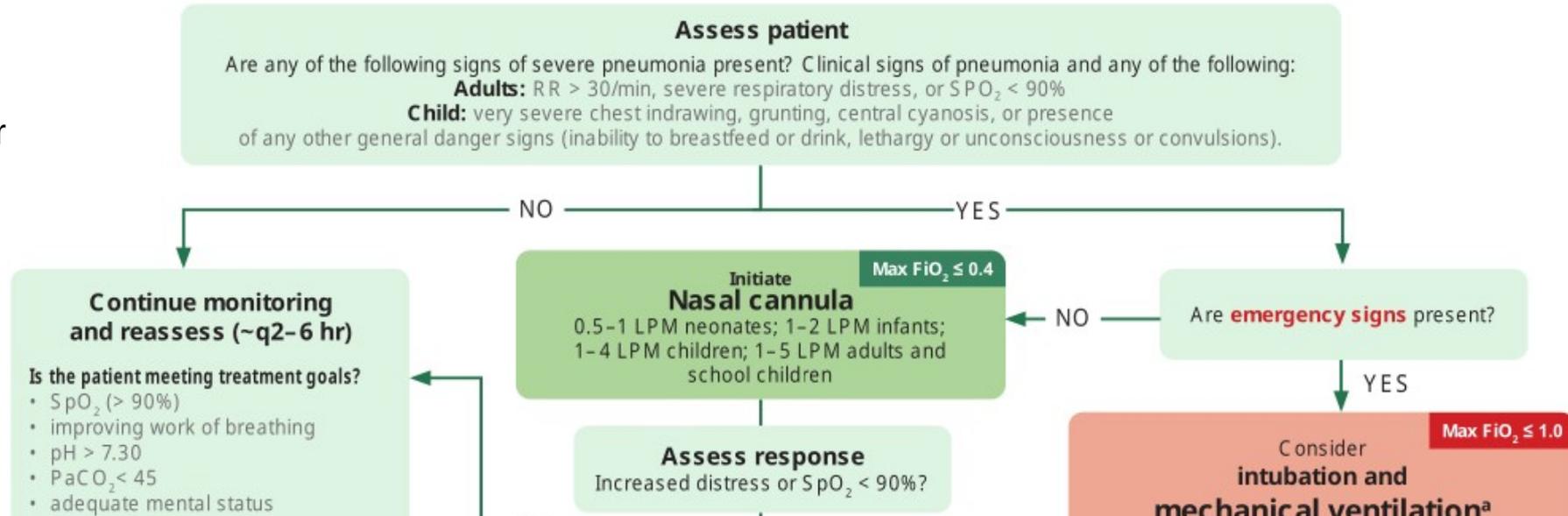


# Introduction

➤ **Decision trees are commonly used for representing a reasoning process, in particular in the medical field**

- ◆ from expert knowledge, *e.g.* clinical practice guidelines
- ◆ or generated by machine-learning algorithms

Clinical Care for  
Severe Acute  
Respiratory  
Infection  
(WHO 2022)



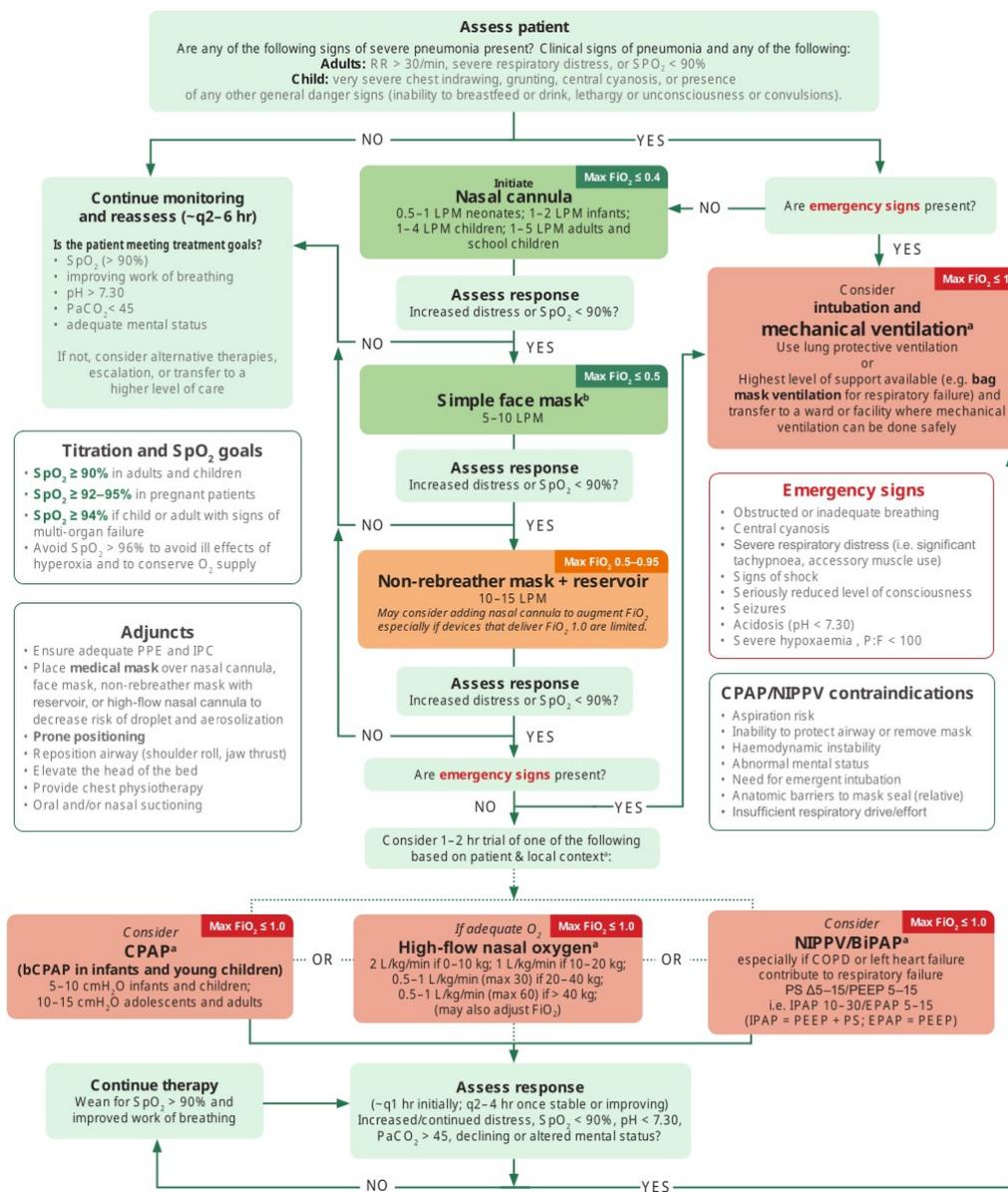
# Introduction

- **Decision trees are commonly used for representing a reasoning process, in particular in the medical field**
  - ◆ from expert knowledge, *e.g.* clinical practice guidelines
  - ◆ or generated by machine-learning algorithms
- **Advantages:**
  - ◆ Machine-interpretable if the tree is fully formalized
  - ◆ Intuitive to understand for clinicians
    - Allows “**one-click navigation**”:  
user can go from any node in the tree to any other node in a single click

# Introduction

- **Decision trees are commonly used for representing a reasoning process, in particular in the medical field**
  - ◆ from expert knowledge, *e.g.* clinical practice guidelines
  - ◆ or generated by machine-learning algorithms
- **Limits**
  - ◆ The size of the tree is limited by the size of the screen

# Clinical Care for Severe Acute Respiratory Infection (WHO 2022)



# Introduction

## ➤ Decision trees are commonly used for representing a reasoning process, in particular in the medical field

- ◆ from expert knowledge, *e.g.* clinical practice guidelines
- ◆ or generated by machine-learning algorithms

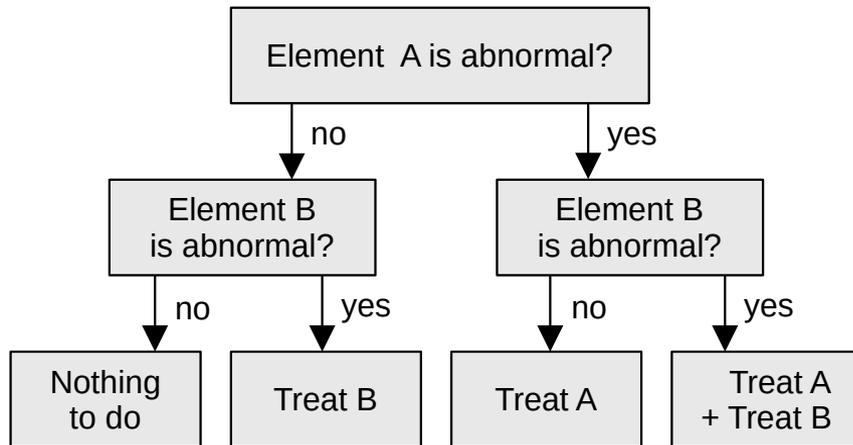
## ➤ Limits

- ◆ The size of the tree is limited by the size of the screen
- ◆ Some reasoning processes are difficult to translate into tree
  - *E.g.* independent followup elements in clinical recommendations:  
If element A is abnormal, treat A. If element B is abnormal, treat B.

# Introduction

## ➤ Limits

- ◆ The size of the tree is limited by the size of the screen
- ◆ Some reasoning processes are difficult to translate into tree
  - E.g. independent followup elements in clinical recommendations:  
If element A is abnormal, treat A. If element B is abnormal, treat B.



The tree has at least  $2^n$  leaves, where  $n$  is the number of elements A, B, etc.

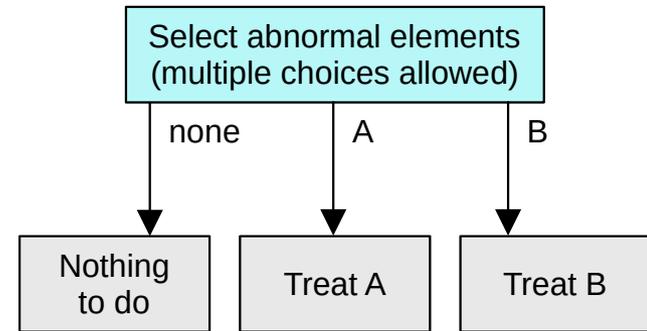
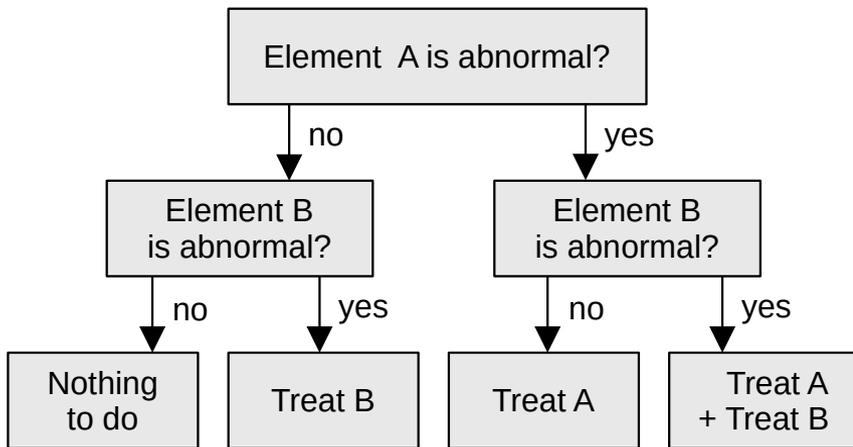
# Introduction

- **In machine learning, *multi-path* decision trees have been proposed:**
  - ◆ For a given sample, several paths can be selected simultaneously [Guo 2013]
  - ◆ But it has not been formalized for the user presentation of decision tree
- **In this work, we propose a dynamic and interactive visualization tool for a multi-path decision tree**
  - ◆ Including algorithms adapting the one-click navigation
  - ◆ With an application to the clinical management of Covid-19 patients

# Multi-path decision tree model

## ➤ We consider 2 types of nodes:

- ◆ Single-choice question nodes, corresponding to the usual behavior of nodes in a decision tree
- ◆ Multiple-choice question nodes, for which one or more child can be selected
  - Multiple-choice question nodes may have a special “none” child



The multi-path tree has at least  $n+1$  leaves, where  $n$  is the number of elements A, B, etc.

# Interaction with a multi-path decision tree

## ➤ Adapting one-click navigation to multi-path decision tree is challenging:

- ◆ some current paths may be affected by the user interaction and others not
- ◆ some previous nodes must remain open (e.g. multiple-choice question nodes, in order to let the user choose another answer, unless “none” has been chosen)

---

**Algorithm 1** Algorithm partitioning nodes in four subsets,  $C$ ,  $P$ ,  $A$  and  $I$ , the subsets of current, past, accessible and inaccessible nodes.

---

**function** `ancestors`( $n \in \mathcal{N}$ ):

if  $n = \text{root}$ : return  $\emptyset$

return  $\{\text{parent}(n)\} \cup \text{ancestors}(\text{parent}(n))$

**function** `accessible_descendants`( $n \in \mathcal{N}$ ,  $C \subset \mathcal{N}$ ,  $P \subset \mathcal{N}$ ):

if ( $n \in \mathcal{M}$ ) and ( $\text{multi}(n) \cap (C \cup P) \neq \emptyset$ ): return  $\emptyset$

return  $\text{children}(n)$

$\cup \cup_{k \in \text{children}(n)} \text{accessible\_descendants}(k, C, P)$

**function** `make_partition`( $C \subset \mathcal{N}$ ):

$P = \cup_{n \in C} \text{ancestors}(n)$

$A = \cup_{n \in C} \text{accessible\_descendants}(n, C, P) \setminus C$

$I = \mathcal{N} \setminus (P \cup A \cup C)$

return  $C, P, A, I$

---

**Algorithm 2** Algorithm applying the user interaction and computing the new set of current nodes.

---

**function** `descendants`( $n \in \mathcal{N}$ ):

return  $\{n\} \cup \cup_{k \in \text{children}(n)} \text{descendants}(k)$

**function** `multiple_choice_ancestors`( $n \in \mathcal{N}$ ):

if  $n = \text{root}$ : return  $\emptyset$

if  $\text{parent}(n) \in \mathcal{M}$  and  $n \in \text{multi}(\text{parent}(n))$ :

return  $\{\text{parent}(n)\} \cup \text{ancestors}(\text{parent}(n))$

return  $\text{ancestors}(\text{parent}(n))$

**function** `apply_user_interaction`( $C \subset \mathcal{N}$ ,  $P \subset \mathcal{N}$ ,  $n \in \mathcal{N}$ ):

$x = n$

while not (( $x = \text{root}$ ) or ( $\text{parent}(x) \in C \cup P$ )):

$x = \text{parent}(x)$

if  $x = \text{root}$ :

$C' = \{\text{root}\}$

else if not (( $\text{parent}(x) \in \mathcal{M}$ )

and ( $x \in \text{multi}(\text{parent}(x))$ )):

$C' = (C \setminus \text{descendants}(\text{parent}(x))) \cup \{n\}$

else if ( $n \in C$ ) and ( $x = n$ ):

$C' = (C \setminus \text{descendants}(x))$

else:

$C' = \left( C \setminus \cup_{k \in \text{none}(\text{parent}(x)) \cup \{x\}} \text{descendants}(k) \right) \cup \{n\}$

$C' = C' \cup \text{multiple\_choice\_ancestors}(n)$

return  $C'$

---

# Formalization of the decision tree

## ➤ Decision trees were formalized using an OWL ontology

- ◆ May include coded medical criteria, using medical reference terminologies :
  - ICD10 (International Classification of Disease, release 10)
  - ATC (Anatomical Therapeutical Chemical classification of drugs)
  - LOINC (Logical Observation Identifiers Names & Codes, for lab tests)
- ◆ Nodes that are fully coded can be executed automatically

# Visualization and fisheye

🔍 **Detail on demand:** at a given time, four categories of nodes, displayed differently:

◆ Current node(s), with full details

Abnormal CRP and cytokine storm	
<input type="checkbox"/> CRP > 10	
and <input type="checkbox"/> IL-6	
and <input type="checkbox"/> LDH	
and <input type="checkbox"/> fibrinogen, all three suggesting a cytokine storm	
No	Yes

◆ Past nodes, in gray with only the title

Abnormal CRP and cytokine storm

◆ Accessible nodes, in gray with only the title

Abnormal CRP and cytokine storm

◆ Inaccessible nodes, in white with only the title and shrunken

Abnormal CRP  
and cytokine storm

# Visualization and fisheye

- ▣ **Fisheye: parts of the tree that are inaccessible are shrunken**
  - ◆ At least half of the available horizontal space is devoted to accessible leaf nodes
  - ◆ Smooth transitions are used for opening/closing node boxes, and changing the node horizontal sizes

# Application to Covid-19

## ➤ 3 scenarios were considered:

- ◆ a phone hotline receiving a call from a patient with confirmed or suspected Covid-19
- ◆ the home care management of a Covid-19 patient, including oxygen therapy if needed
- ◆ the hospitalization of a Covid-19 patient

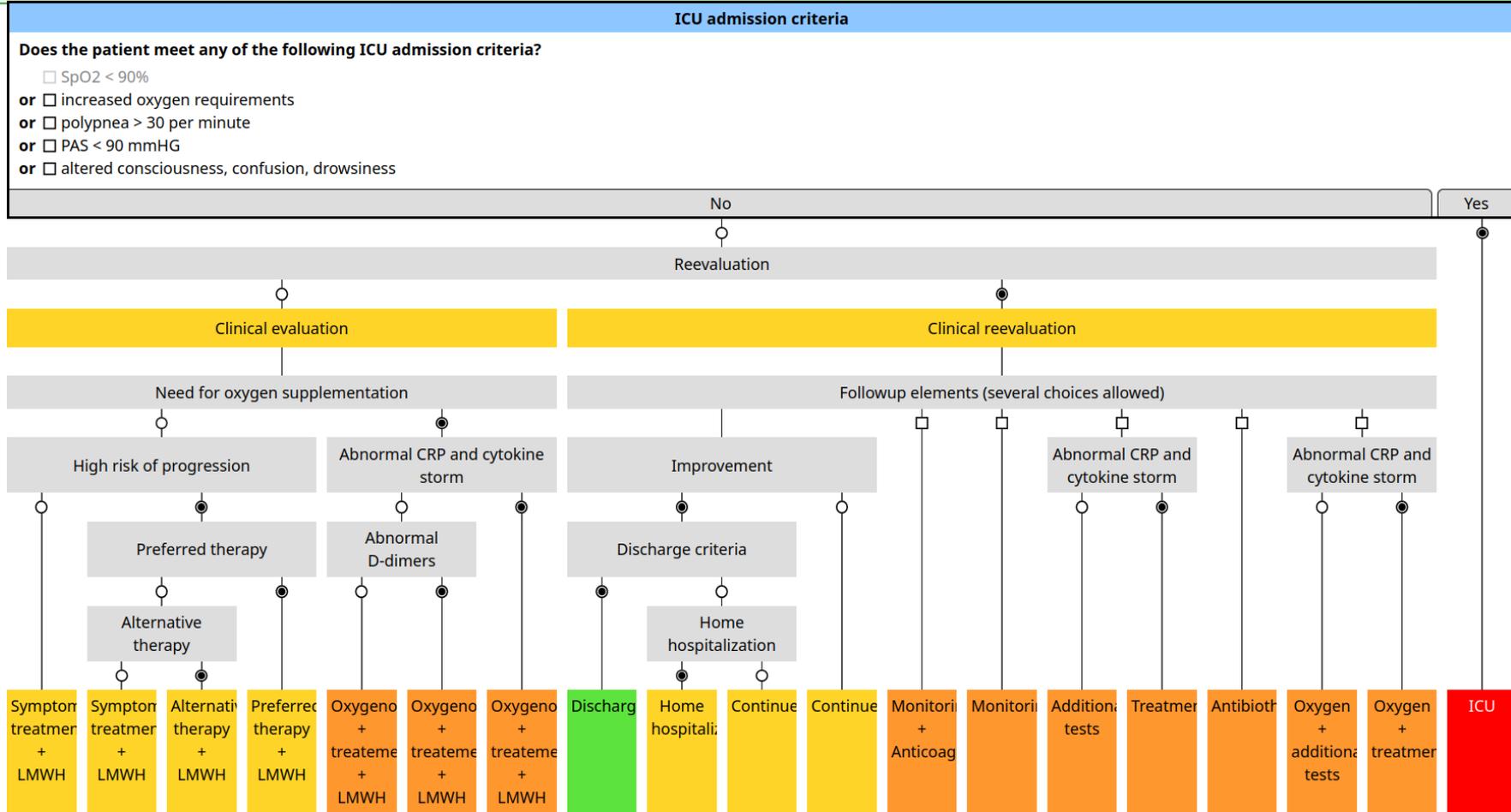
## ➤ Thorough synthetic review of practice guidelines from:

- ◆ World Health Organization
- ◆ Centers for Disease Control and Prevention – USA
- ◆ International Society for Infectious Diseases – USA
- ◆ Haute Autorité de Santé – France

## ➤ Multidisciplinary panel of medical experts

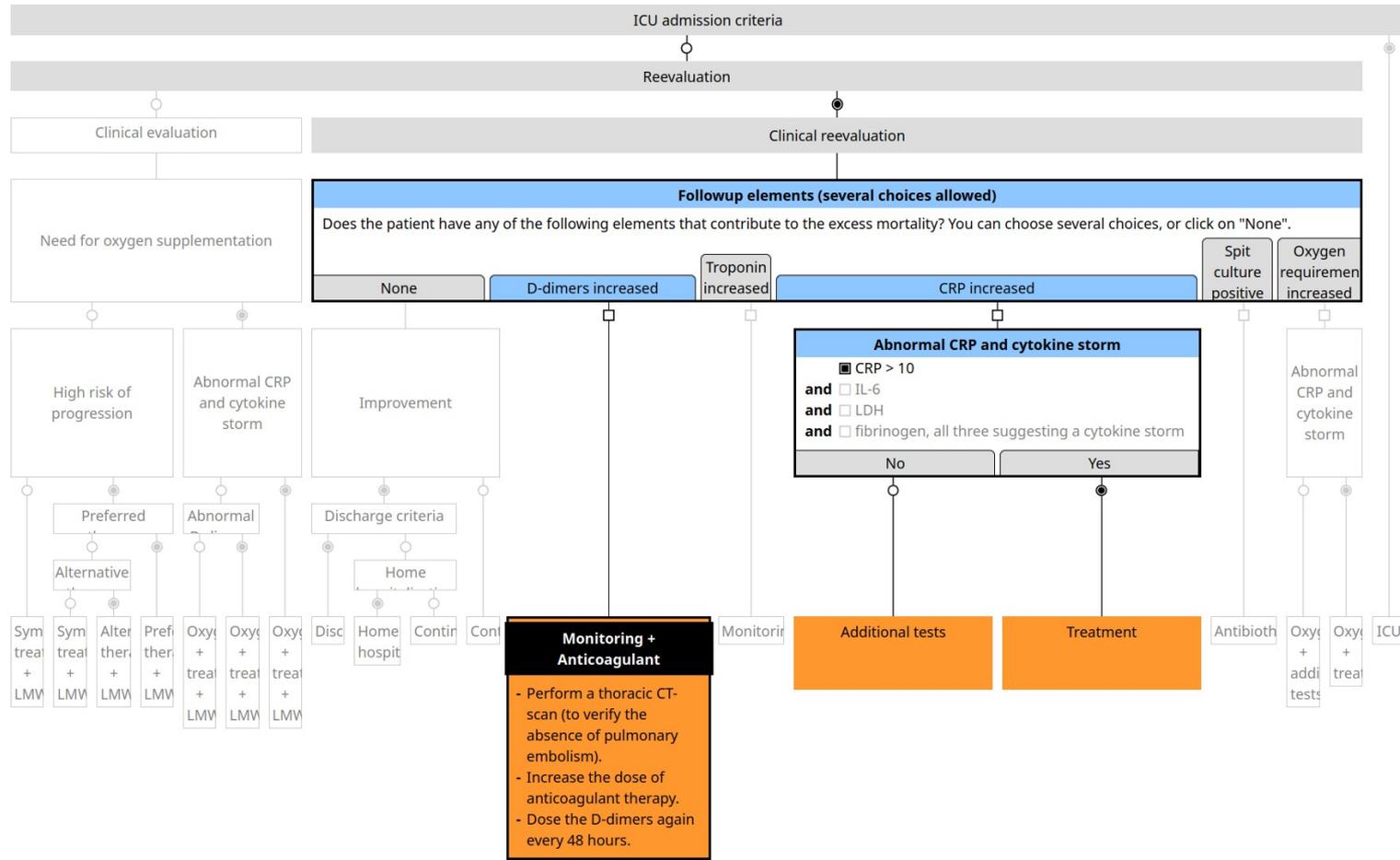
# Demo

[http://www.lesfleursdunormal.fr/appliweb/orient\\_covid](http://www.lesfleursdunormal.fr/appliweb/orient_covid)



# Demo

[http://www.lesfleursdunormal.fr/appliweb/orient\\_covid](http://www.lesfleursdunormal.fr/appliweb/orient_covid)



# Preliminary evaluation

- **Two internists validated the medical content of the trees**
- **Visual trees were presented to 6 clinicians not involved in the conception**
  - ◆ SUS (System Usability Scale) score: 92.5% – “excellent”
  - ◆ Qualitative remarks were collected
    - The system was described as “user-friendly” (4 times), “good and clear visuals”, “simple and practical”
    - 5 clinicians said it can improve adherence to guidelines

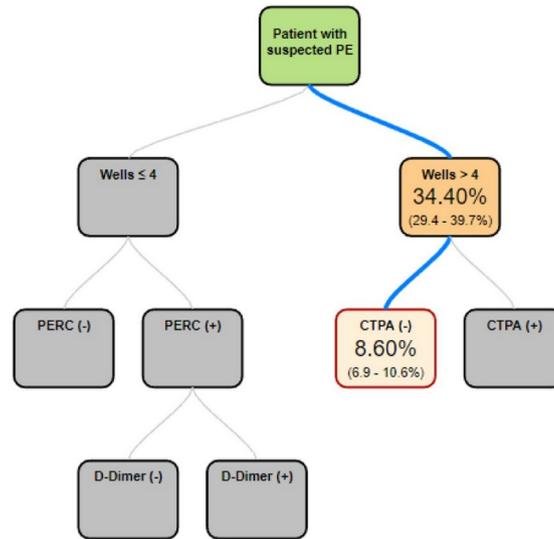
# Discussion

## ➤ Many clinical guidelines include informal decision trees

◆ Some of them being multi-path in spirit, but not formalized as such

◆ Classical approach for viewing big decision tree is to display the tree in a panel, and the details of the current node in another panel

- But it is not suited for multi-path trees



[Babione 2020]

Exclusions Wells Imaging **Summary**

**PE is unlikely**

Wells criteria: 6.5 out of 12.5

CTPA: Negative

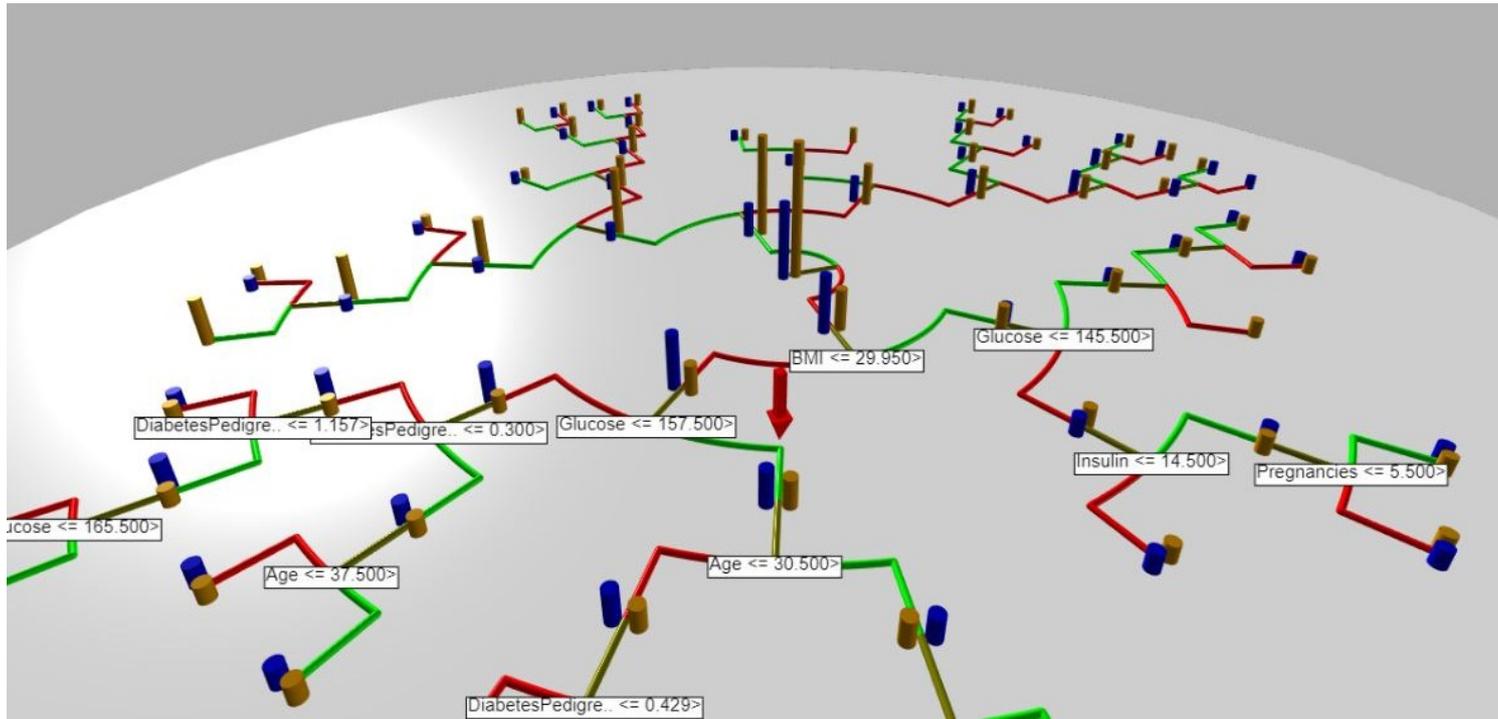
Recommendation: Based on the information you have entered, the chance of your patient having a PE is 8.6% at the time of testing. Based on the negative CT result however, the risk of a repeat VTE event in the next 90 days is 1.2%. Some clinicians may end the investigation here. If, however, clinical suspicion remains high, further testing is needed (e.g., serial leg Doppler, additional chest imaging, or 2D echo). CTPA has a sensitivity of 83% and a specificity of 96%.

Treatment decision made:  Stop investigations for PE  Override decision support

[Learn More](#)

# Discussion

- **Fisheye have already been applied to trees in various manners**
  - ◆ Radial 3D visualization [Mrva 2019]



# Conclusion

- **We proposed methods for visualizing big decision trees, relying on a multi-path tree model, Fisheye and details-on-demand**
  - ◆ We adapted one-click navigation to multi-path decision trees
  - ◆ We applied these methods to the presentation of decision trees for the clinical management of Covid-19 patients
- **Perspectives:**
  - ◆ Clinical validation of the Covid-19 application
  - ◆ Connection to hospital electronic health records
  - ◆ Application to larger decision trees
  - ◆ Implementation of other guidelines (medical or not) or machine-learned decision trees

# Thank you!

➤ **Email for questions and remarks:**

[jiba@lesfleursdunormal.fr](mailto:jiba@lesfleursdunormal.fr)

➤ **Online demo:**

[http://www.lesfleursdunormal.fr/appliweb/orient\\_covid](http://www.lesfleursdunormal.fr/appliweb/orient_covid)

This work was funded by the French Research Agency (ANR) through the Orient-Covid project [grant number ANR-21-LIBA-0004].