

Geovisual Analytics for the Disease Clusters Detection: U.S. Cervical Cancer Mortality 2000-2004

Jin Chen¹, Robert E. Roth¹, Adam Naito¹, Eugene J. Lengerich²
Alan M. MacEachren¹

¹GeoVISTA Center, Geography Dept, Penn State University

²Department of Health and Evaluation Sciences, Penn State College of Medicine

Outlines

I. Background

- Visual analytics
- Mapping U.S. Cervical cancer mortality

II. Spatial cluster detection

III. Scale effects on spatial cluster detection

IV. Geovisual analytics to enhance spatial cluster detection at multiple scales

- Reliability visualization
- Value-by-alpha visualization

V. Conclusion

- **Visual analytics**

- "the science of analytical reasoning facilitated by interactive visual interfaces." (Thomas 2005).
- Proposed by National Visual Analytic Center (NVAC), National Institute of Health (NIH), and NSF
- Draws upon methods from multiple disciplines: visualization, statistics, data mining, cognition science...
- Offers new perspectives, approaches for addressing complex questions.

- **Geovisual analytics**

- focus on solving problems in geographic context

- This research combines visual, statistical, and computational methods to indentify spatial disease clusters at multiple scales.
- Study on U.S. cervical cancer mortality 2000-2004.

U.S. Cervical Cancer Mortality Ratio

All races, 2000-2004

I. Background

Standardized Mortality Ratio (SMR)

- Measure relative risk: $SMR = \text{observed deaths} / \text{expected deaths}$
- In theory, a ratio value of 1.0 means normal risk.

- **High risk**

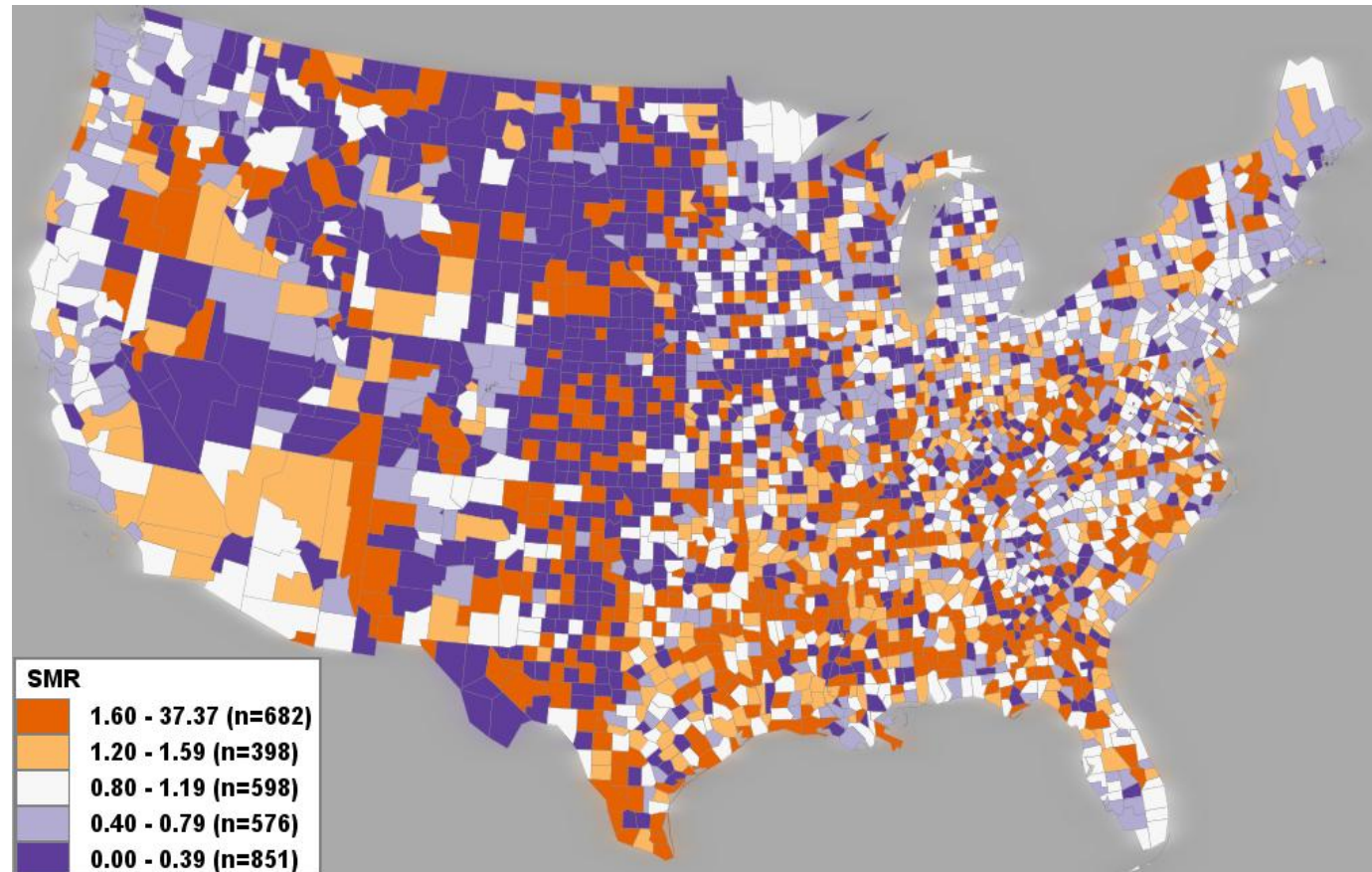
- ratio > 1.2
- orange

- Normal risk

- ratio = 0.8-1.2
- white

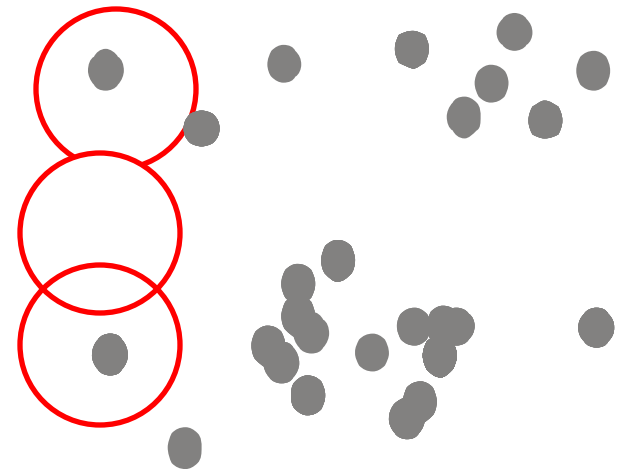
- **Low risk**

- ratio < 0.8
- blue



Scan Statistics

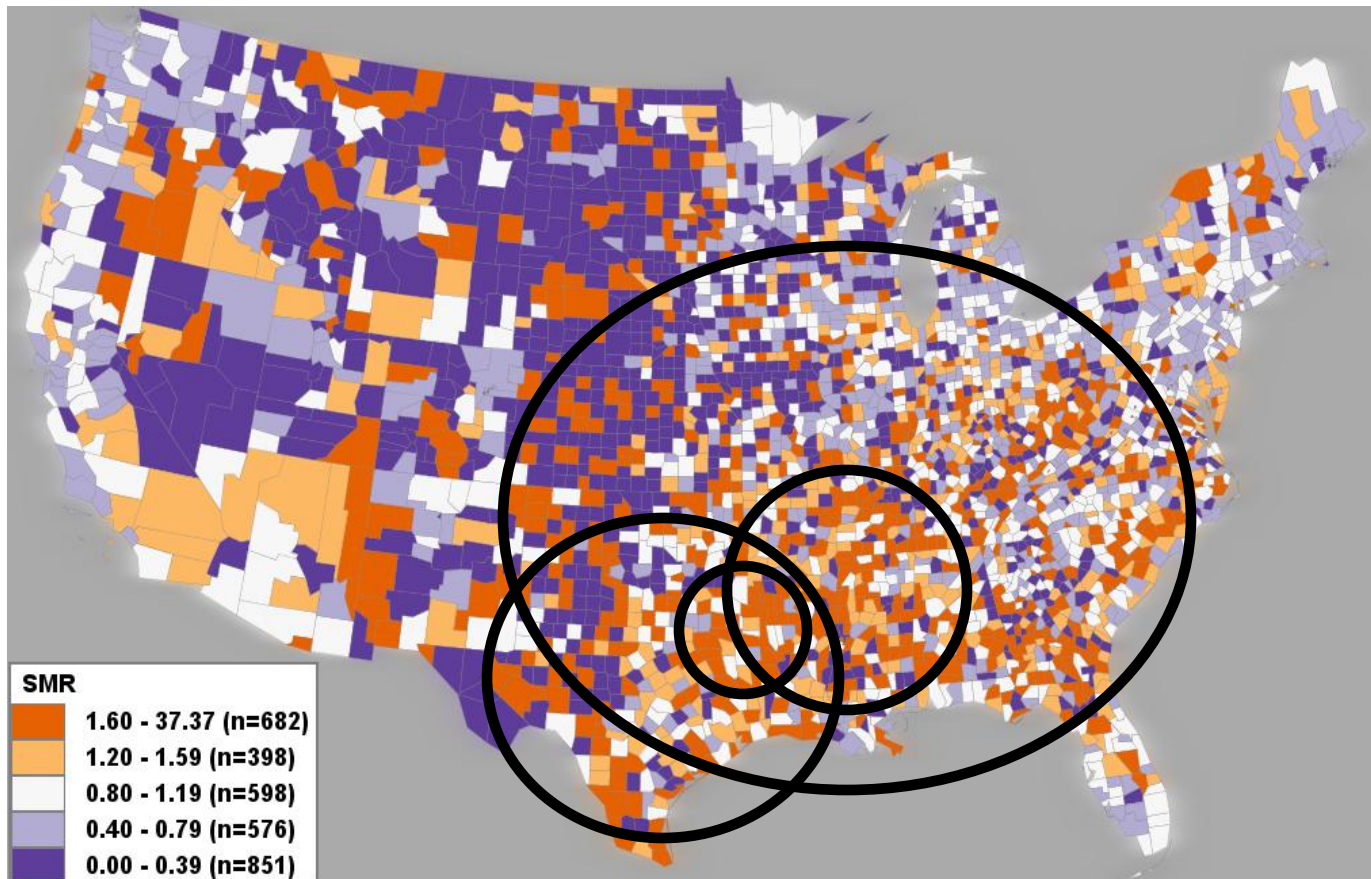
- Introduced by Naus(1965). GAM by Openshaw et.al (1988). Rushton and Lolonis (1996).
- Detect a local excess or deficiency of events (e.g. death rate due to a disease).
- Employ a moving “window”, collect cases least consistent with null hypothesis (e.g. constant risk of a disease). The cases are most likely clusters.



Scale in spatial cluster identification

III. Scale effects

- Geographic scale - **size or spatial extent of study area** [McMaster, Goodchild 2004].
- Cluster scale - the size limitation of spatial clusters.
- **Finding appropriate scales is not easy. Where to 'cut'?**

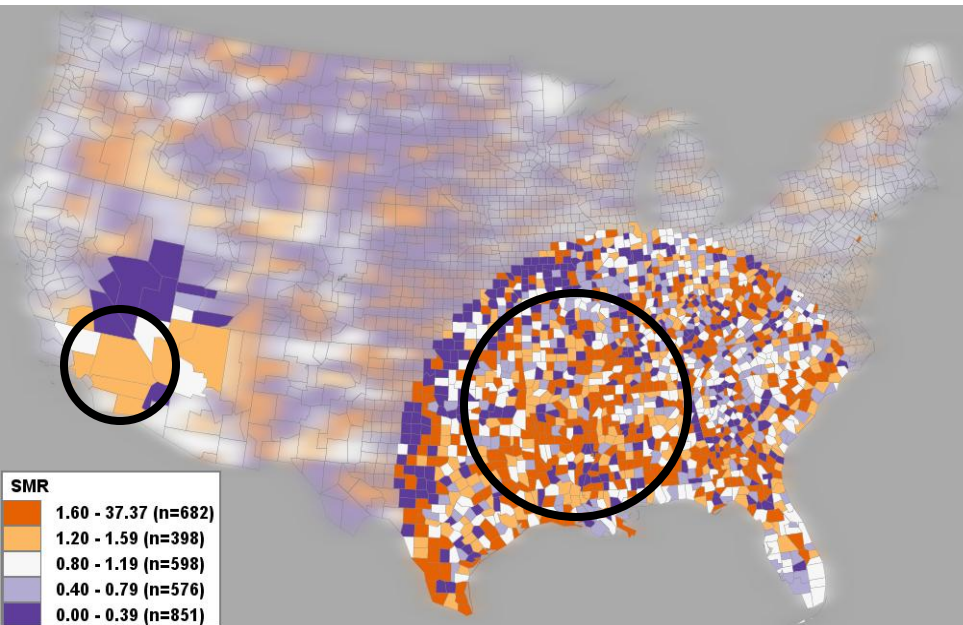


- Spatial cluster detection is sensitive to scale choices
 - at large scales, heterogeneous clusters are often reported.
 - at small scales, clusters are unstable in size and location.
- Scale critically affects spatial cluster identification.
- This research focuses on addressing the scale sensitivity problem.

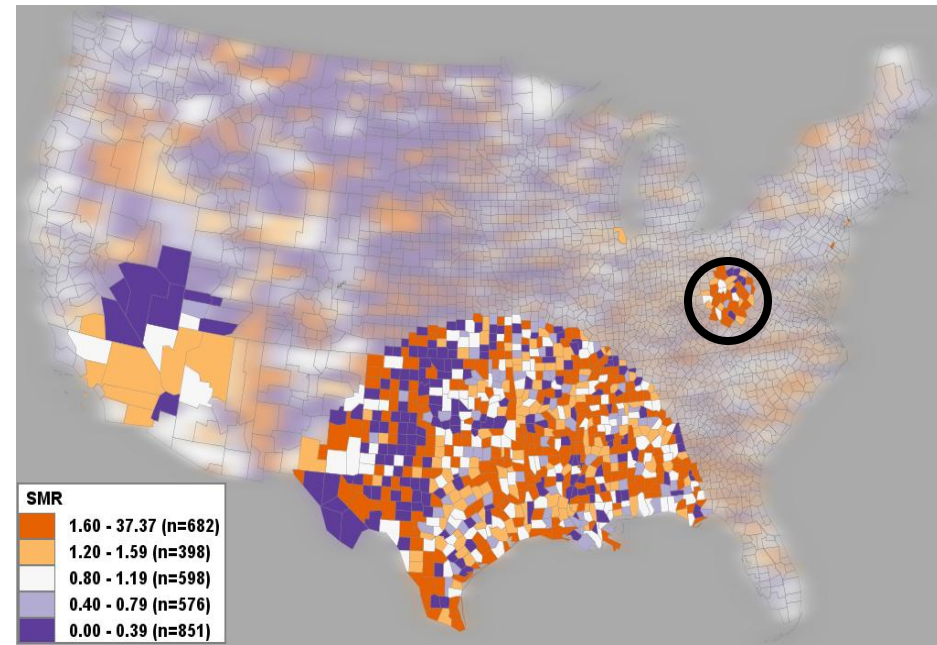
- Explicitly, set the cluster scale as the *maximum circle size* (i.e., diameter) of a cluster.
- Implicitly, set the cluster scale as the *percentage of population at risk*.
 - E.g., a scale of 50% of population means a cluster can contain at most 50% of total population at risk.
 - This way is often seen in studies of public health, and adopted in this research.

Heterogeneous clusters reported at large scales

- Heterogeneous clusters
 - A high-risk cluster containing considerable number of low risk locations.
- Clusters reported by SaTScan



- two clusters are reported at scale of 50%
- they are heterogeneous, less informative
- homogeneous regions in the black circles are more interesting.

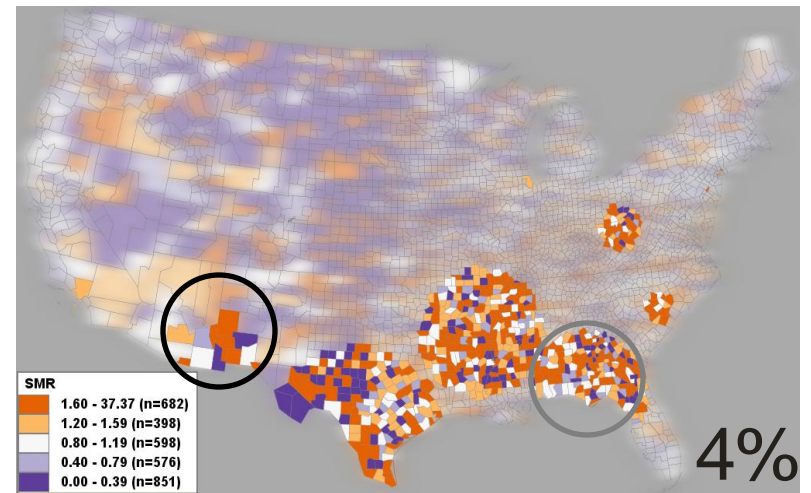
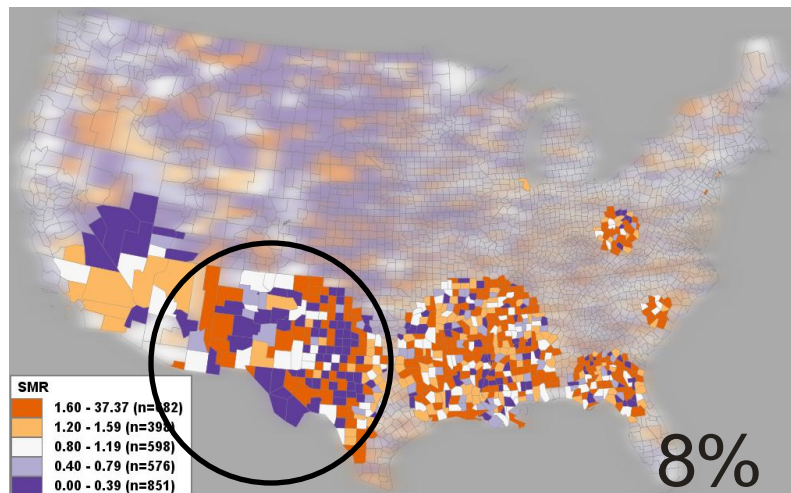
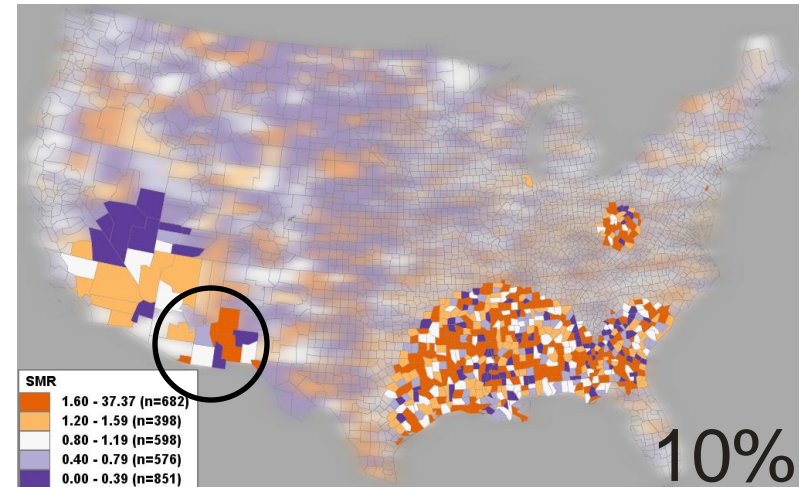
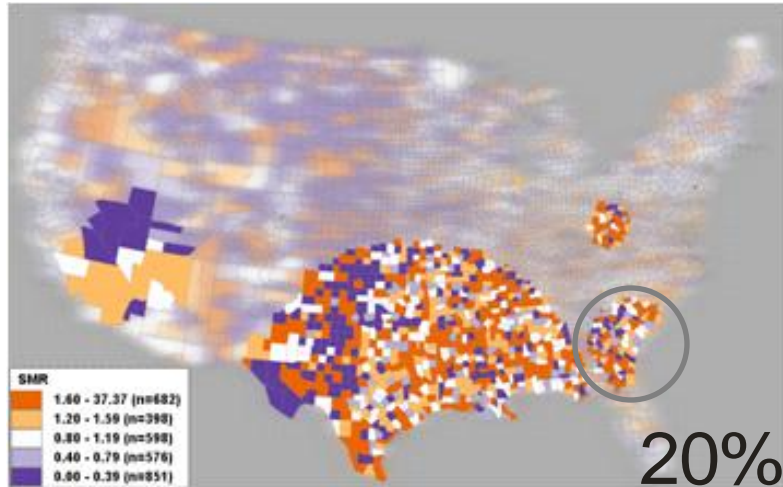


Reduce the **scale to 40%** of population

- three clusters are reported
- one is much more homogeneous

Unstable clusters at small scales

- With smaller scales, some clusters are unstable in size and location.



Multi-scale analysis to confound scale sensitivity

- Instead of searching for a single “optimized” scale, we proposed to run multiple scans at systematically-selected scales.
- Try to find agreement (i.e., high risk locations) among the results produced at different scales.
- High risk locations reported by more results are more reliable.

Reliability Visualization

- Reliability (as high risk)

$$R = C / S$$

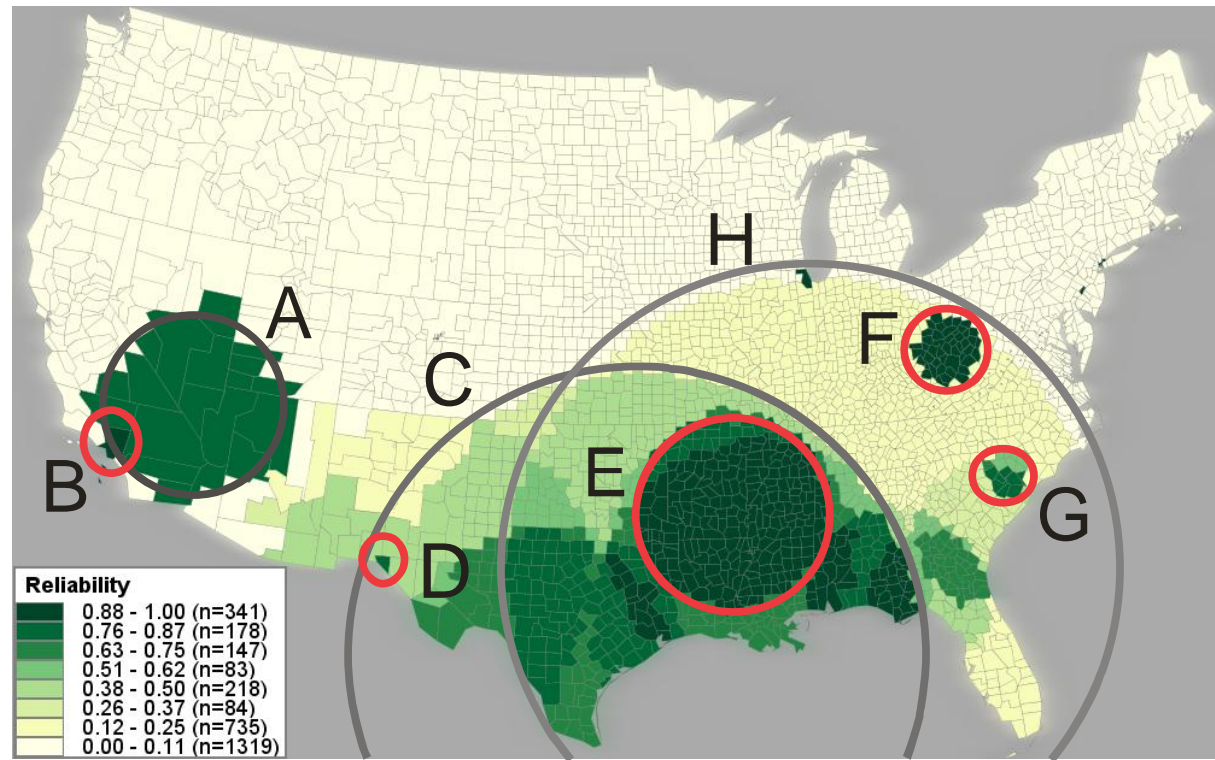
R - reliability score for a unit (e.g., a county)

S - total number of scans

C - count that a unit is identified as high risk

- Reliable clusters

- Stable across scales
- dark-green color
- e.g., cluster B, D, E, F, G in red circles

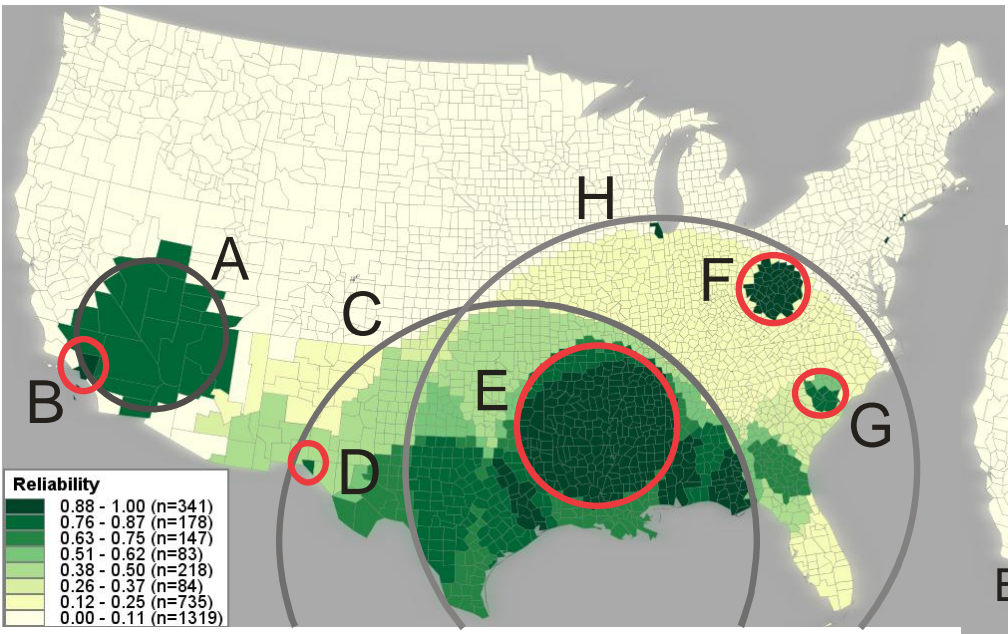


Summary of 8 scans with 8 scale values: 4%, 6%, 8%, 10%, 20%, 30%, 40%, 50%

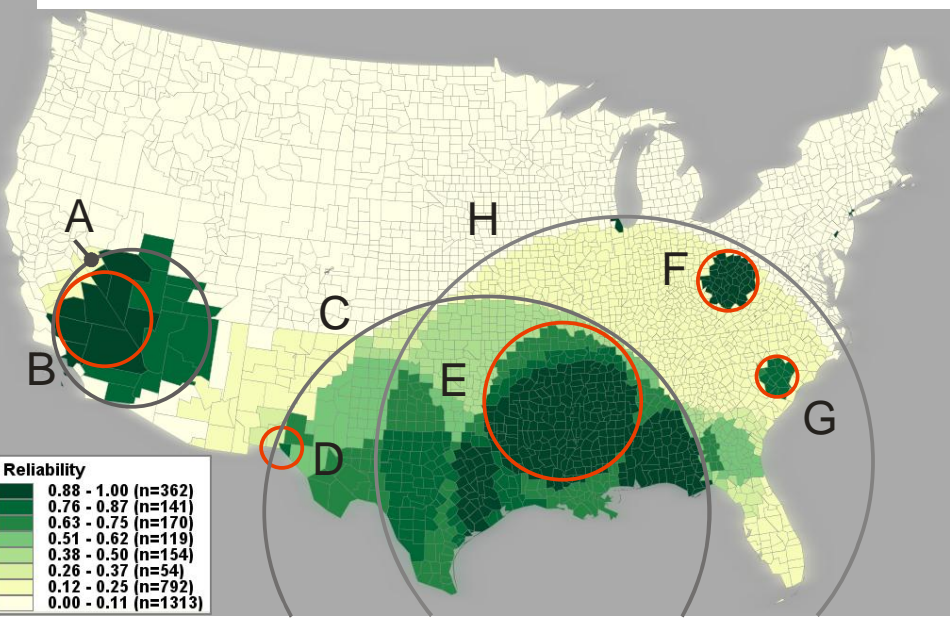
- Note: reliability is different from validity, the later indicates if a cluster is a true high risk region.

Reliability visualization alleviate scale sensitivity

- Compare two reliability maps that were produced at different set of 8 scales.
- Similar reliable, high risk clusters (in red circles) are reported by both maps.
- Therefore, the results produced by a reliability map are **less sensitive** to the scaling choices.



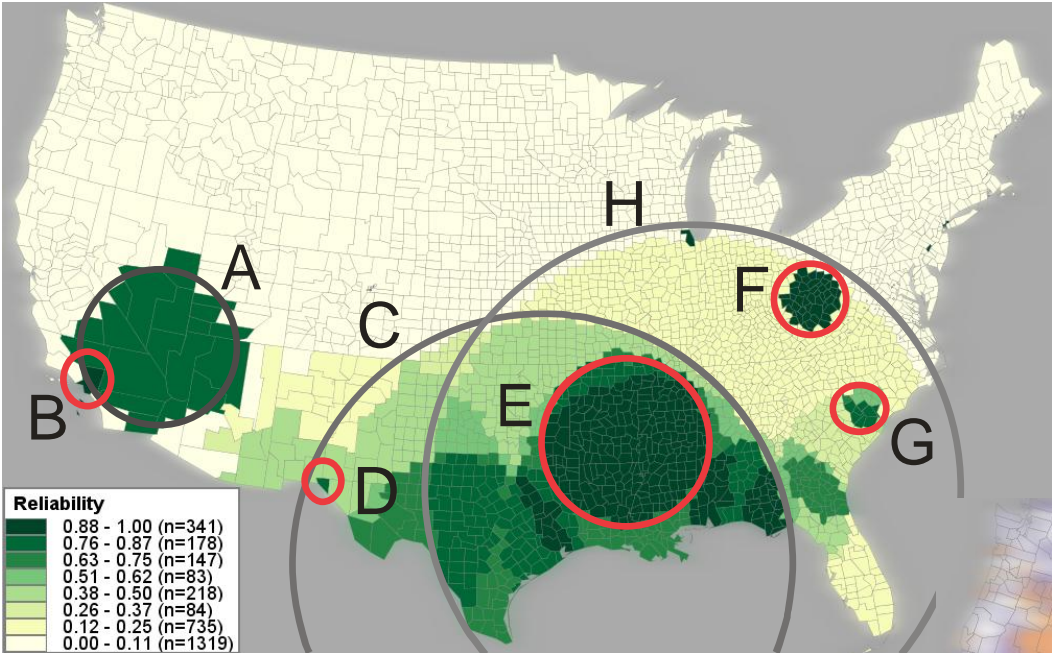
8 scales: 4%, 6%, 8%, 10%, 20%, 30%, 40%, 50%



8 scales: 5%, 7%, 9%, 11%, 19%, 29%, 39%, 49%

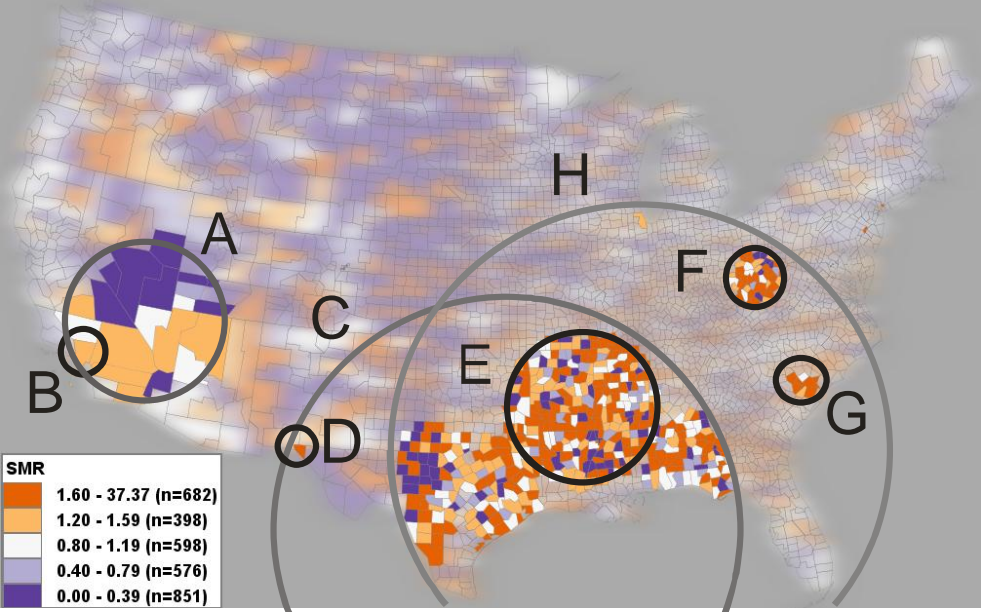
Reliability visualization extracts homogenous clusters

High reliable clusters are more homogeneously in high risk



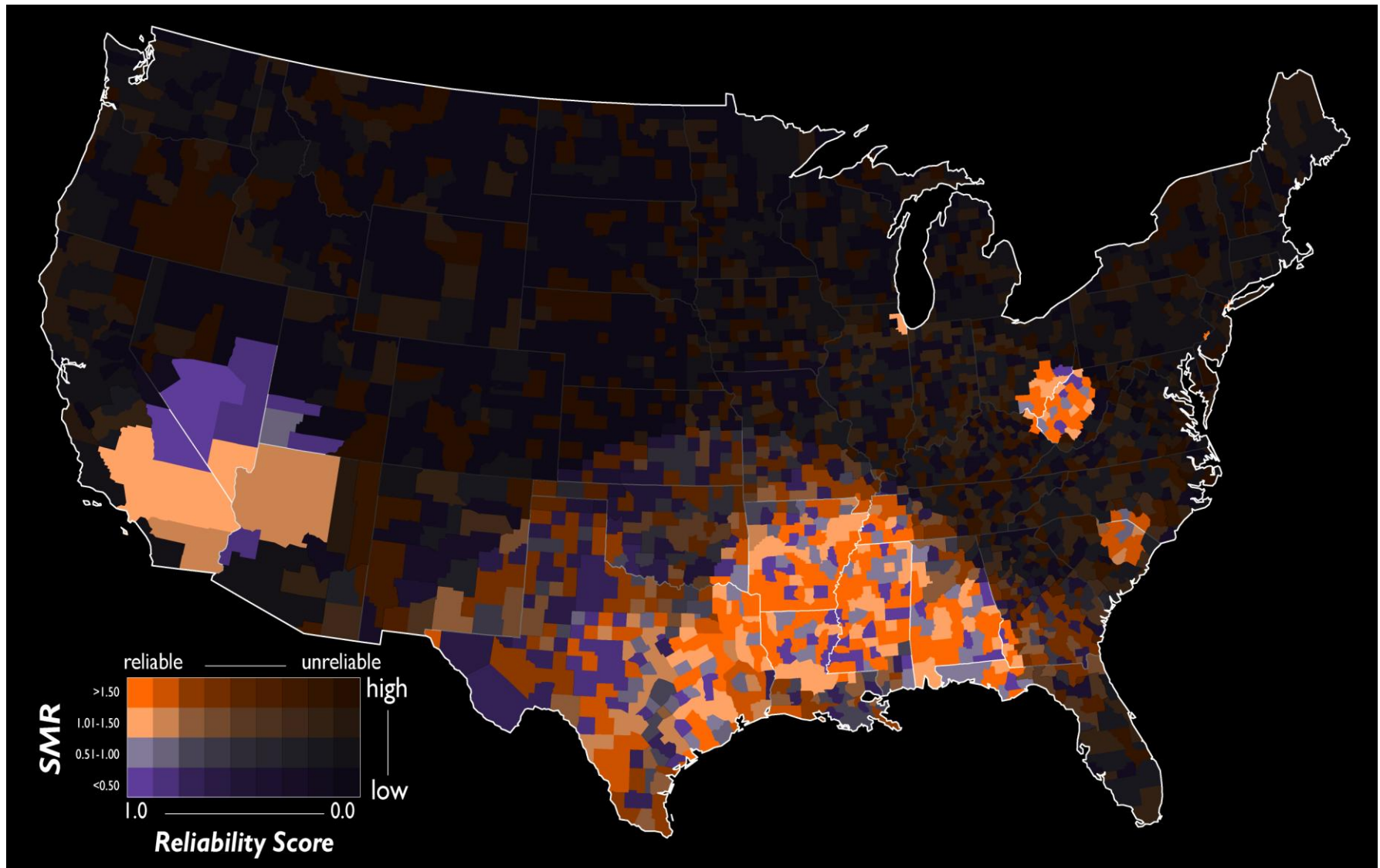
The SMR map below displays reliable, high risk clusters are in black circles

4%, 6%, 8%, 10%, 20%, 30%, 40%, 50%



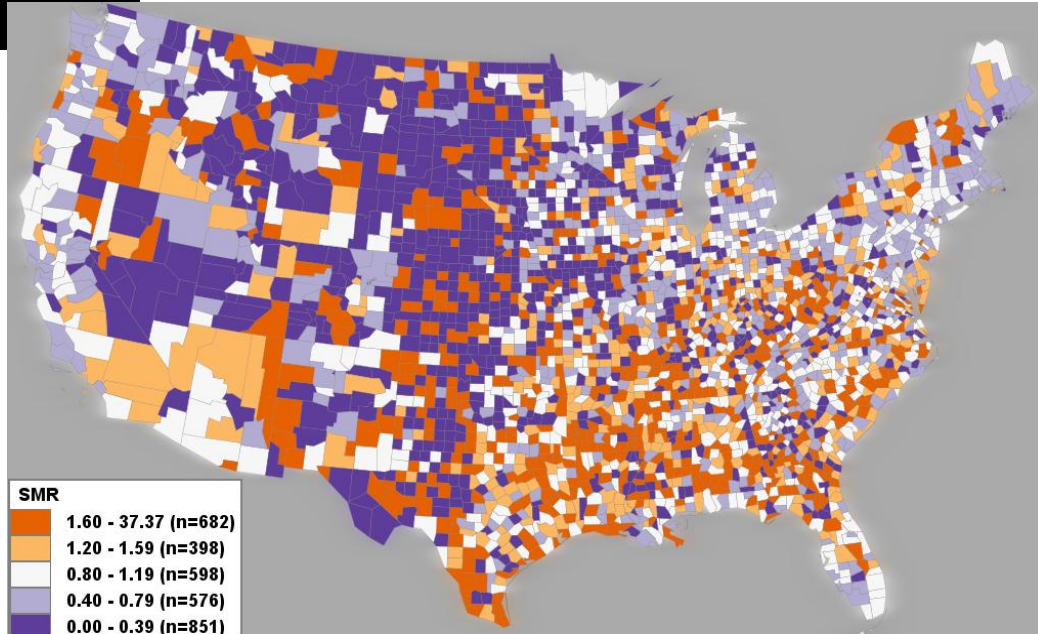
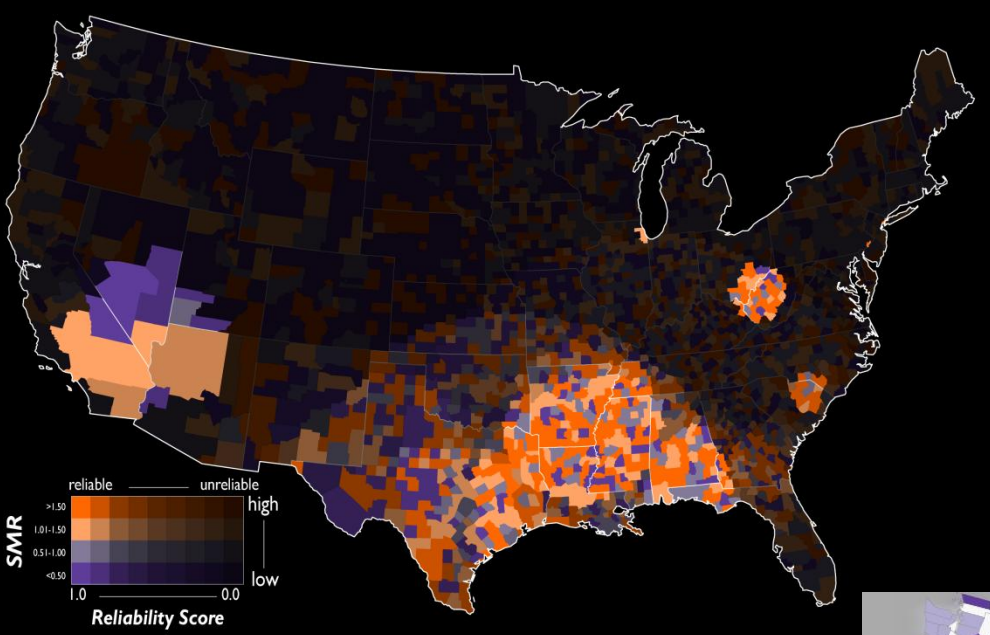
Concurrently visualize SMR and reliability score

Reliable, high risk regions of US cervical cancer mortality 2000-2004: southern CA, New Mexico, NV, Deep South, Appalachia, south Carolina, Chicago area.



Compare to simple rate mapping

SMR + reliability



SMR map

Visual Inquiry Toolkit (VIT)

- VIT is coupled with spatial scan statistic to present clusters on geographic maps.
- Allow interactive exploration of spatial clusters at multiple scales

A: a list of results reported at 50 scales.

B: clusters reported a scale.

C: locations with a cluster.

SATScan Results Table:

CLUSTER	SIZE	P-VALUE	ODE	Population	PctPop	PctUM	LATITUDE	LONGITUDE	RADIUS
1	260	0.0010	1.53	4957168	0.034068	0.3	33.9577	-91.7323	377.7
2	150	0.0010	1.35						
3	4	0.0010	1.4						
4	1	0.0010	1.41						
5	166	0.0010	1.31						
6	1	0.0010	1.3						
7	47	0.0010	1.59						
8	1	0.0010	1.02						
9	16	0.0050	1.73						
10	12	0.0050	1.59						
11	1	0.163	2.63						
12	119	0.179	1.23						
13	0	0.268	1.67	343364	0.002359	10.0	39.3009	-76.6107	0.0
14	3	0.411	2.6	57284	3.936848	0.0	38.7123	-88.086	43.1
15	2	0.641	3.16	35371	2.430875	0.0	35.1294	-85.6207	32.97
16	2	0.65	8.34	8311	5.711743	0.0	43.3357	-102.5521	73.55
17	1	0.852	1.18	3455149	0.023745	0.526315789	36.2141	-115.0186	354.16
18	5	0.863	2.65	46099	3.168158	0.0	41.0306	-92.4095	38.99
19	2	0.998	4.81	9064	6.229243	0.0	33.7931	-82.4503	17.5

Locations with a Cluster Table:

LOC_ID	CLUSTER	CLU_VALUE	CLU_OBS	CLU_EBP	CLU_ODE	CLU_RISK	LOC_OBS	LOC_EBP	LOC_ODE	LOC_RISK
05079	1	0.0010	1047	686.0	1.526	1.555	2	0.85	2.353	2.353
05069	1	0.0010	1047	686.0	1.526	1.555	9	5.84	1.54	1.541
05079	1	0.0010	1047	686.0	1.526	1.555	0	1.28	0.0	0.0
05079	1	0.0010	1047	686.0	1.526	1.555	2	0.63	3.171	3.171
05079	1	0.0010	1047	686.0	1.526	1.555	2	1.13	1.772	1.772
05079	1	0.0010	1047	686.0	1.526	1.555	1	1.63	0.612	0.612
05079	1	0.0010	1047	686.0	1.526	1.555	1	0.98	1.018	1.018
05079	1	0.0010	1047	686.0	1.526	1.555	2	1.19	1.685	1.685
05079	1	0.0010	1047	686.0	1.526	1.555	7	2.57	2.718	2.719
05013	1	0.0010	1047	686.0	1.526	1.555	2	0.46	4.369	4.37

Conclusion

- A single “optimized” scale is hardly found, **multi-scale** cluster analysis is necessary.
- Reliability visualization can alleviate scale sensitivity of spatial scan statistics methods
- See more in the paper:



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Top	Methodology	Highly accessed	Open Access
Abstract	Geovisual analytics to enhance spatial scan statistic interpretation: an analysis of U.S. cervical cancer mortality		
Background	Jin Chen¹ ✉, Robert E Roth¹ ✉, Adam T Naito¹ ✉, Eugene J Lengerich² ✉ and Alan M MacEachren¹ ✉		
Results and discussion	¹ GeoVISTA Center, Department of Geography, the Pennsylvania State University, University Park, USA ² Department of Public Health Sciences, the Pennsylvania State University, Hershey, USA		
Conclusion	✉ author email ✉ corresponding author email		
Methods	<i>International Journal of Health Geographics</i> 2008, 7 :57 doi:10.1186/1476-072X-7-57		
Abbreviations	The electronic version of this article is the complete one and can be found online at: http://www.ij-healthgeographics.com/content/7/1/57		
Competing interests			
Authors' contributions	Received: 29 July 2008 Accepted: 7 November 2008 Published: 7 November 2008		

Thank you very much for your attention.

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