



SAINT LOUIS  
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# AI in Kidney Acceptance Research Update Webinar

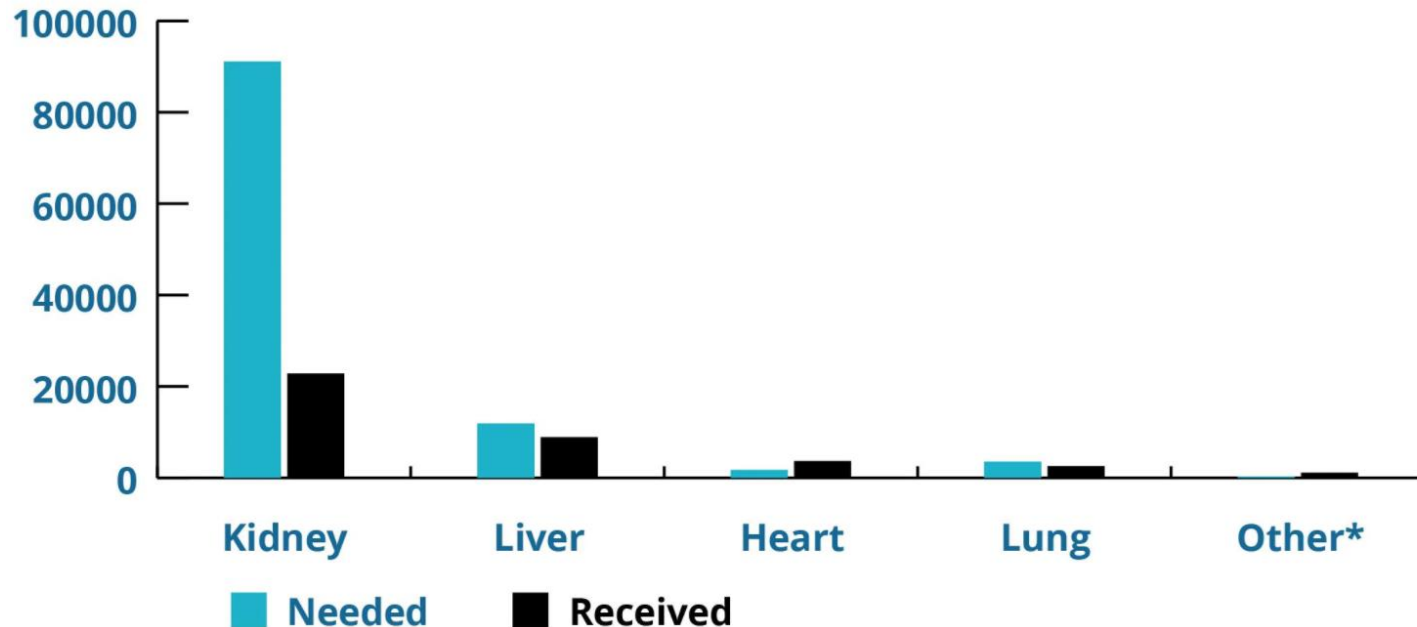
8/1/2023

PI: Casey Canfield, Assistant Professor  
Engineering Management & Systems Engineering  
Missouri University of Science & Technology  
[canfieldci@mst.edu](mailto:canfieldci@mst.edu)

# Demand for kidney transplants exceeds supply.

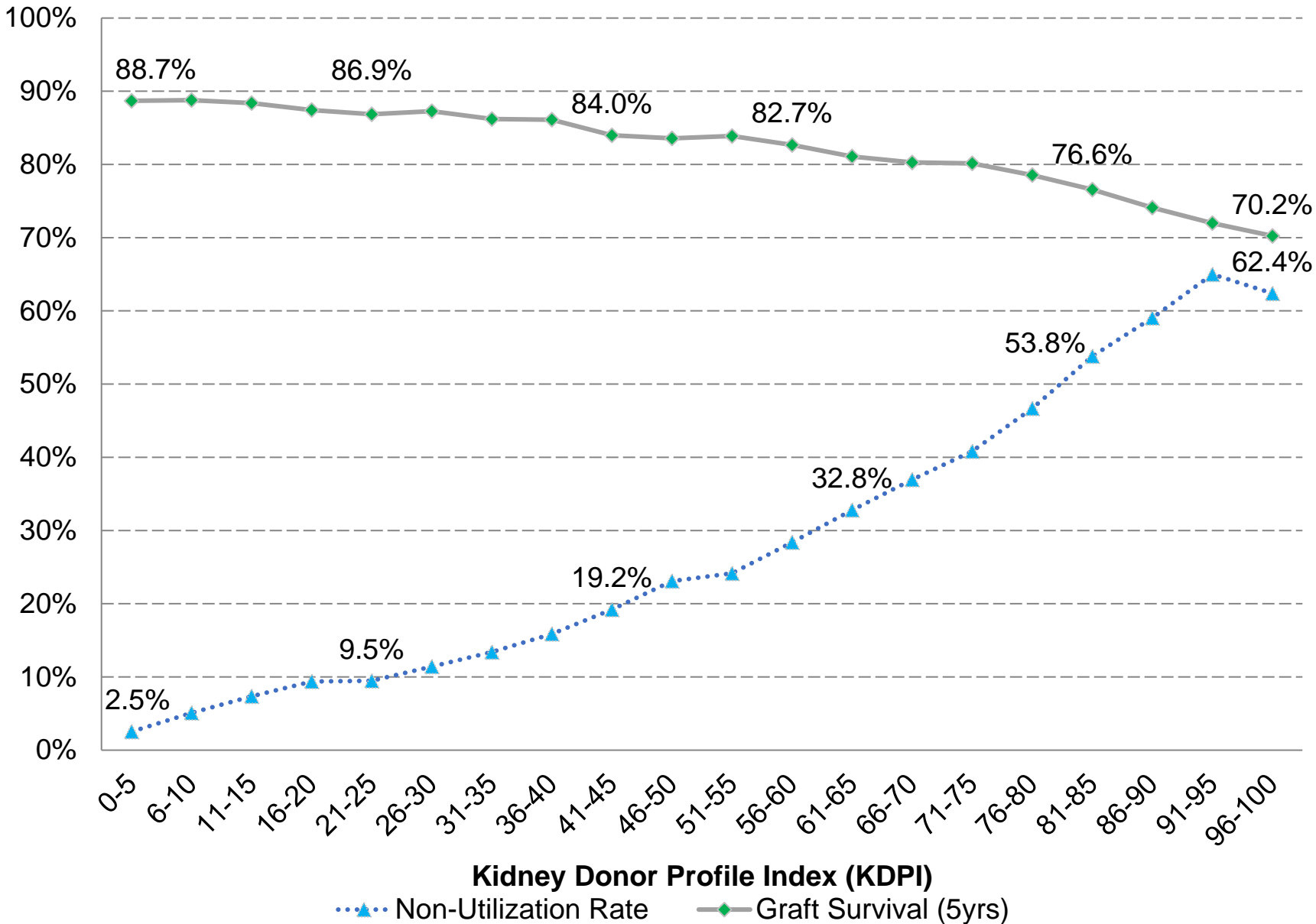
## Patients on the Waiting List vs. Transplants Performed

By Organ in 2020



\*Other includes allograft transplants like face, hands, and abdominal wall.

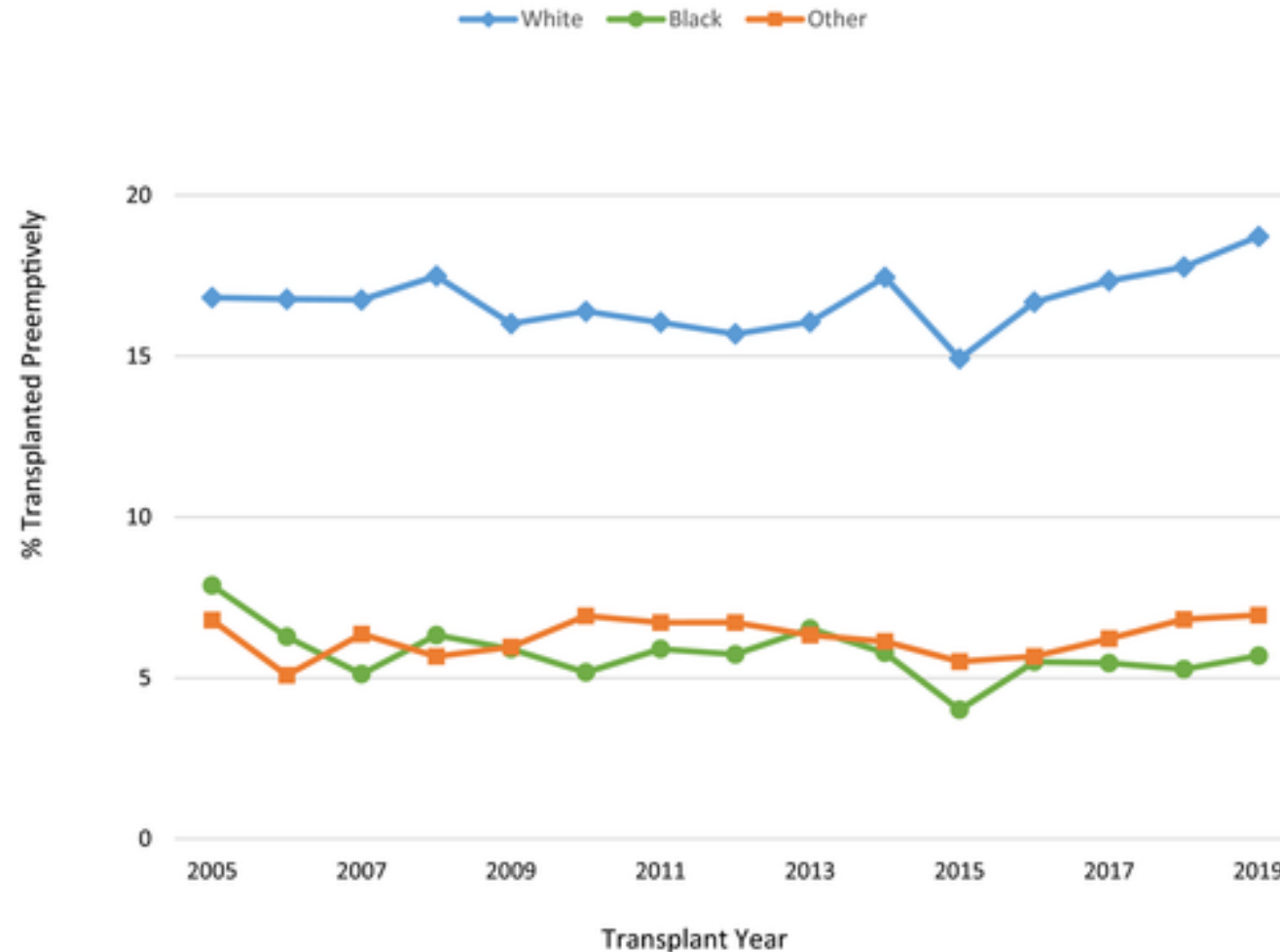
- Almost 24,000 candidates received a kidney transplant in 2022
- Almost 90,000 candidates are on the waitlist today
- Every year, thousands of donated kidneys are not used



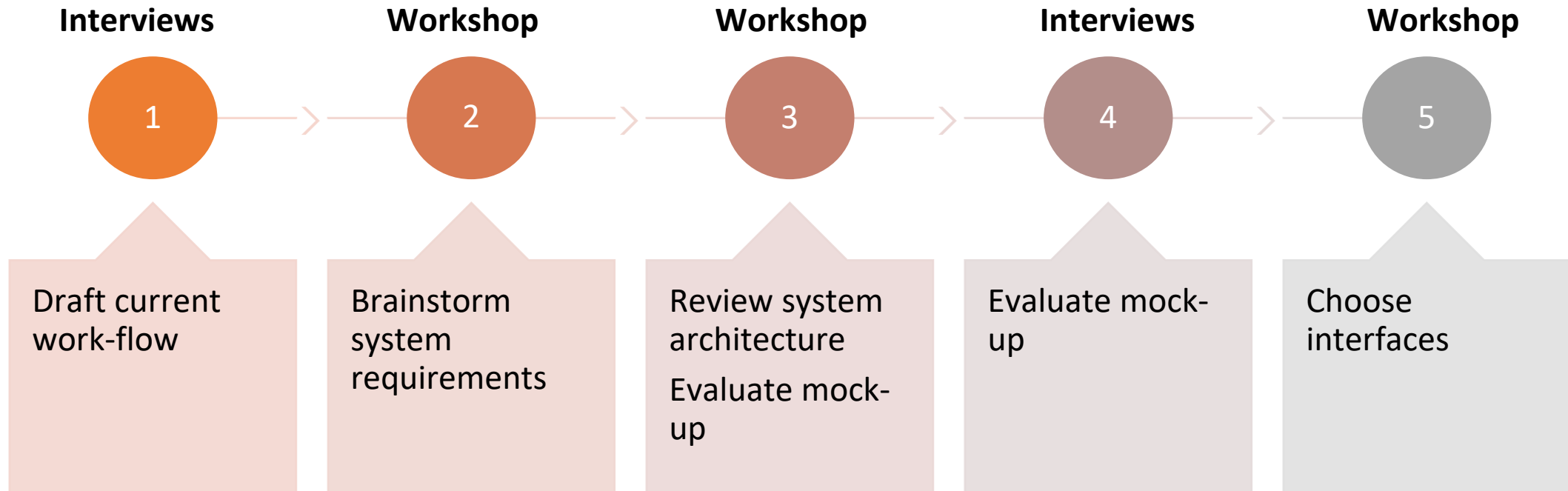
Some unused kidneys are missed opportunities.

Maybe AI can help?

# There is unfairness in the existing system, which we need to avoid perpetuating.



With a planning grant, we created the initial design for an AI system in collaboration with transplant stakeholders.





1. OfferAI

**Combine Multiple Task-Specific Models**

Decision: Accept/Deny Kidney Offer

User: Transplant Center

Decision: If Kidney is Hard-to-Place

User: Organ Procurement Organization

**Leverage Informed Preferences for Collaborative Decision-Making**

3. Adoption

4. Fairness

Inform  
integrated training about AI model

Elicit  
direct and indirect preferences

Aggregate  
fairness notions across stakeholders

Customize  
model operation and output

2. Usability

**Design Elements for Communicating Model Output**

Uncertainty

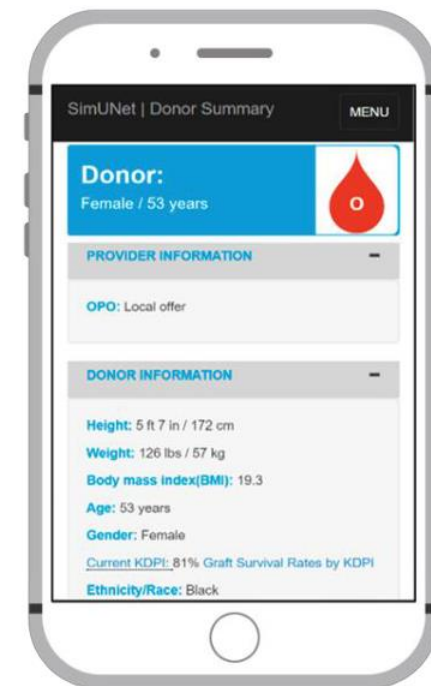
“90% chance of successful transplant”



Explainability

“note: creatinine, age, cause of death”

**System-Level SimUNet Evaluation**



UNOS platform for behavioral studies, building OPO interface

# This work involves a large, interdisciplinary team.



Casey Canfield (PI)  
Eng Mgt & Sys Eng



Cihan Dagli (Co-PI)  
Eng Mgt & Sys Eng



Daniel Shank (Co-PI)  
Psych



Sid Nadendla  
Computer Science

Lirim Ashiku  
Richard Threlkeld  
Hari Subramanian  
Rachel Dzieran  
Mukund Telukunta  
Elham Babae  
Chase Johnson  
Gabriella Stickney  
Sukruth Rao



Mark Schnitzler (Co-PI)  
Health Economics



Krista Lentine (Co-PI)  
Nephrology



Henry Randall  
Transplant Surgery



Jason Eberl  
Health Care Ethics



Michael Miller  
Health Care Ethics



Laura Cartwright  
Behavioral Science



Stephanie Rose  
UNOS Labs



Samantha Noreen  
Research Science



Brendon Cummiskey  
Behavioral Science



# Please add Questions to the Q&A!

- Agenda:
  - Short updates from 4 sub-teams
- We will respond to questions and comments at the end + along the way in the chat
- The recording and slides will be posted on our website (<https://sites.mst.edu/aifortransplant/>)

OfferAI

Usability

Adoption

Fairness

# Sub-Team



Dr. Cihan Dagli  
Co-PI  
Systems Engineering



Dr. Lirim Ashiku  
Research Associate  
Systems Engineering



Richard Threlkeld  
PhD Candidate  
Systems Engineering



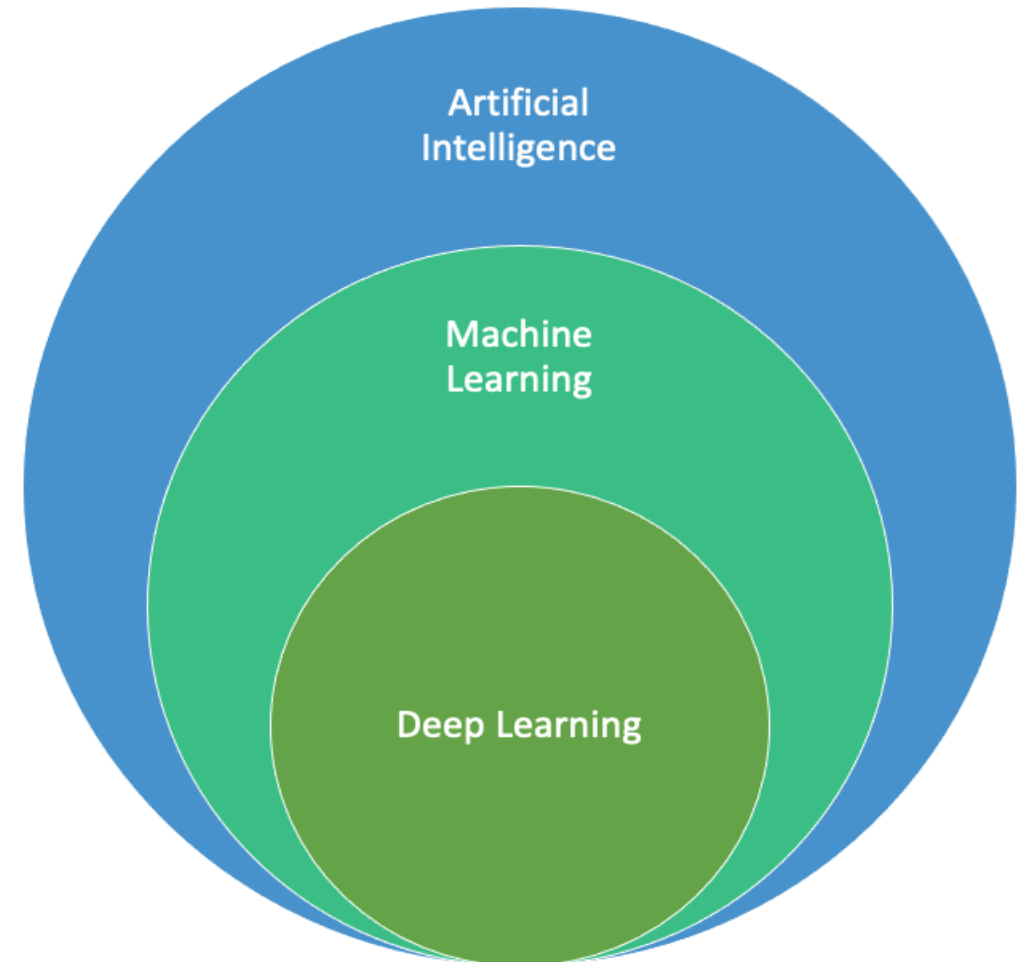
Rachel Dzieran  
PhD Student  
Systems Engineering



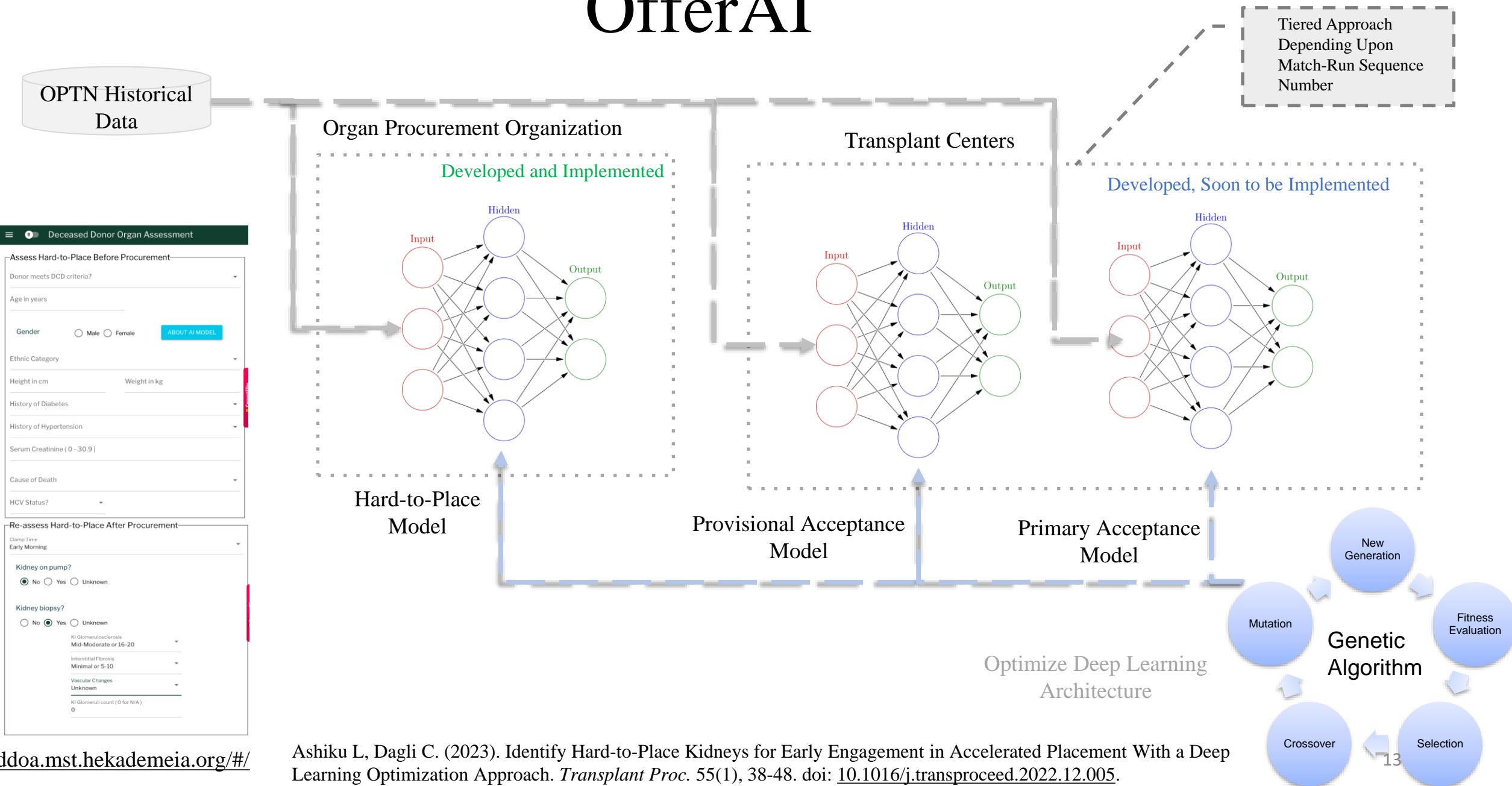
Human-AI Teaming

# What is Artificial Intelligence (AI)?

- AI, Machine Learning, and Deep Learning are often used interchangeably to describe algorithms
- Machine Learning
  - can learn and operate on large datasets
  - require shorter training times
- Deep Learning
  - captures non-linear or complex correlations for very larger datasets, including images
  - takes longer to train
  - generally yields better performance



# OfferAI



Deceased Donor Organ Assessment

Assess Hard-to-Place Before Procurement

Donor meets DCD criteria?

Age in years

Gender  Male  Female [ABOUT AI MODEL](#)

Ethnic Category

Height in cm Weight in kg

History of Diabetes

History of Hypertension

Serum Creatinine (0 - 30.9)

Cause of Death

HCV Status?

Re-assess Hard-to-Place After Procurement

Clamp Time  
Early Morning

Kidney on pump?  
 No  Yes  Unknown

Kidney biopsy?  
 No  Yes  Unknown

KI Glomerulosclerosis  
Mid-Moderate or 16-20

Interstitial Fibrosis  
Minimal or 5-10

Vascular Changes  
Unknown

KI Glomeruli count (0 for N/A)  
0

[ddoa.mst.hekademeia.org/#/](https://ddoa.mst.hekademeia.org/#/)

Ashiku L, Dagli C. (2023). Identify Hard-to-Place Kidneys for Early Engagement in Accelerated Placement With a Deep Learning Optimization Approach. *Transplant Proc.* 55(1), 38-48. doi: [10.1016/j.transproceed.2022.12.005](https://doi.org/10.1016/j.transproceed.2022.12.005).

# OPOAI

Organ Procurement and Transplantation Network (OPTN) Policies

Match-Run

List

	Column 1 first choice	Column 2 second choice
Candidate A		
Candidate B		
Candidate C		
Candidate D		



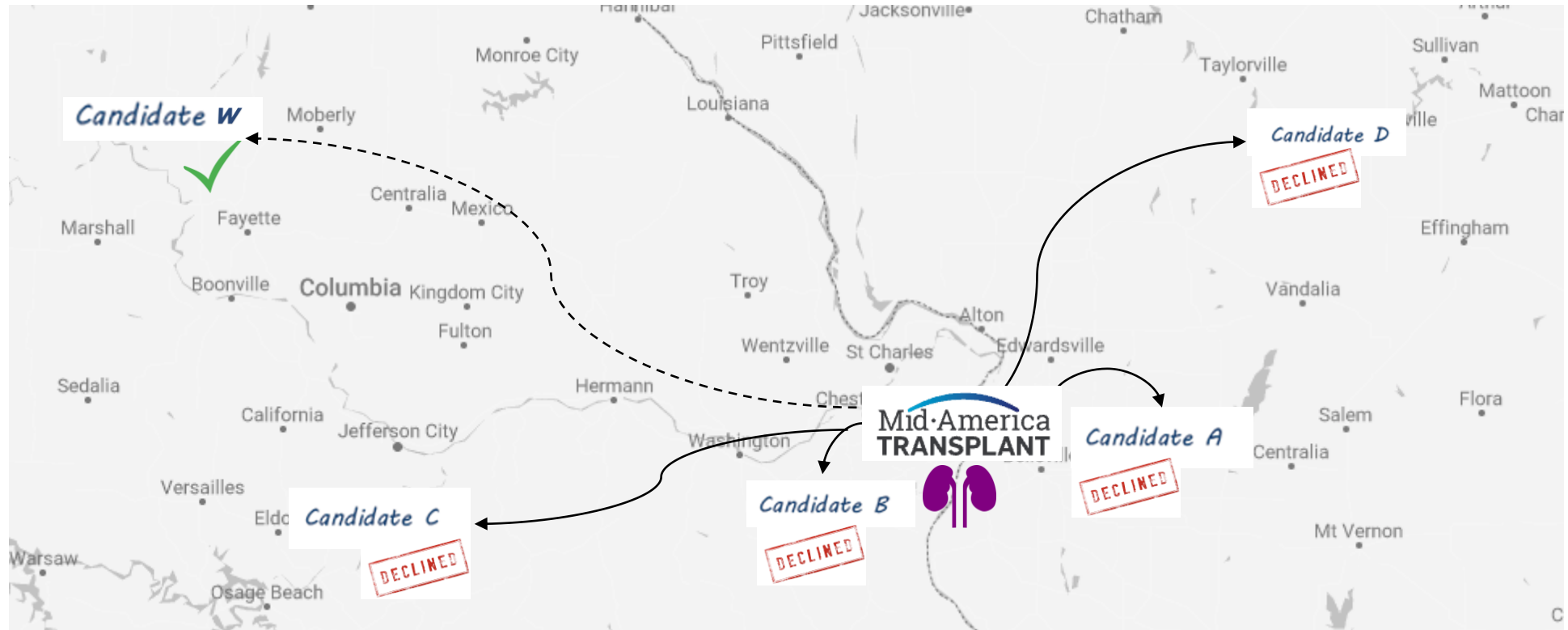
→ Sequence

- - - - -> Out of Sequence

Support decisions over time in simulation before implementation in real life to see the effect on utility and equity.

In Development

Supported by:

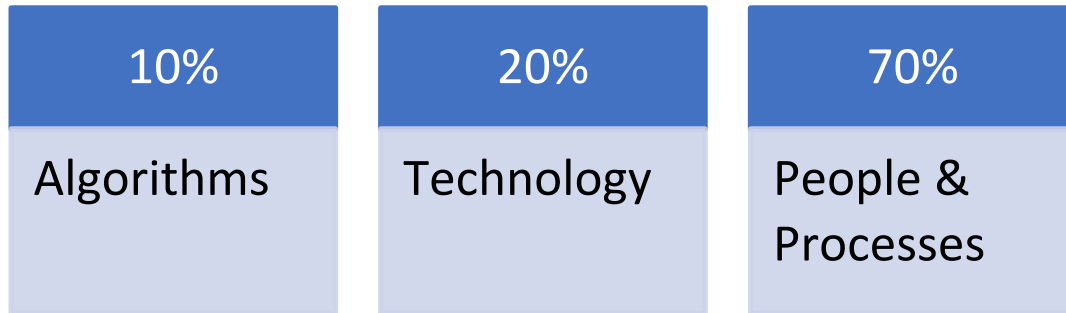


- Is the kidney considered high-risk for non-utilization or hard to place?
- Has it been declined by many transplant centers?
- What is the likelihood of it being accepted for transplant?

# Human-AI Teaming Experiments

In design and will be conducted in 2024

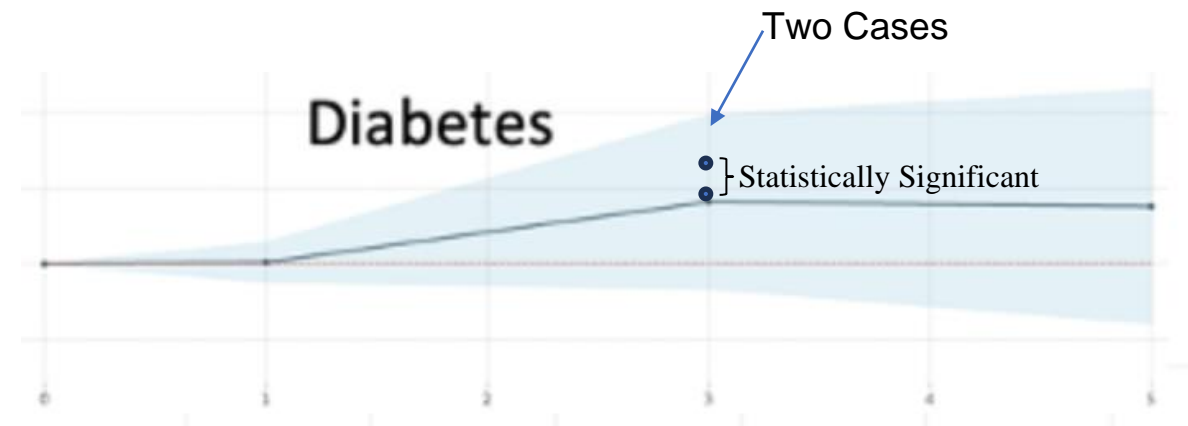
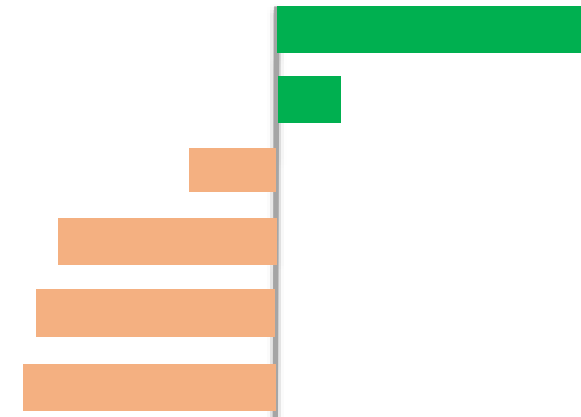
- Application and measurability of OfferAI models
- Evaluating the inherent bias
- Human-AI teaming experiments conducted via a digital platform based on
  - Algorithms
  - Technology
  - Individual practices & processes



Percentage of Diabetes Donors

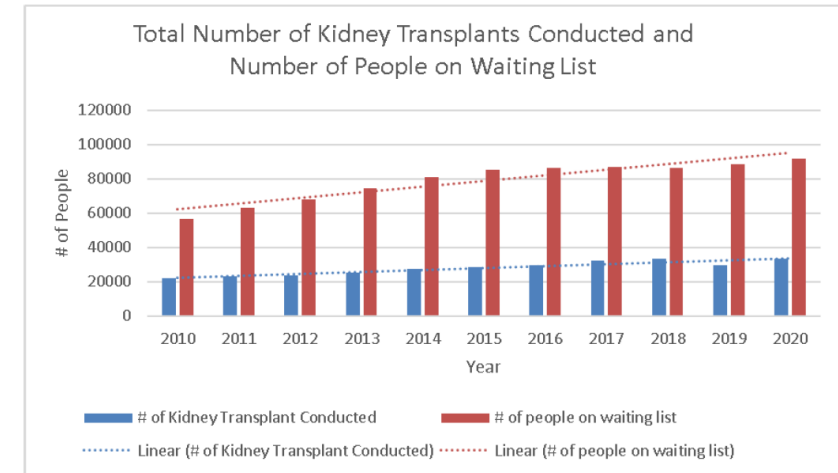
0	No	
1	0-5	
2	6-10	
3	> 10	
4	Duration Unknown	
5	Unknown	

Representation



# Next steps

- Collaborating with stakeholders to gather feedback to improve our AI and simulation software
- Integrating acceptance model to the online platform
- Conducting platform testing with stakeholders, decision-makers, and users
- Studying human-AI collaboration to understand the decision-making rules and preferences of individuals



Utility      Equity





OfferAI

Usability

Adoption

Fairness

# Sub-Team



Casey Canfield (PI)  
Eng Mgt & Sys Eng



Daniel Shank (Co-PI)  
Psych

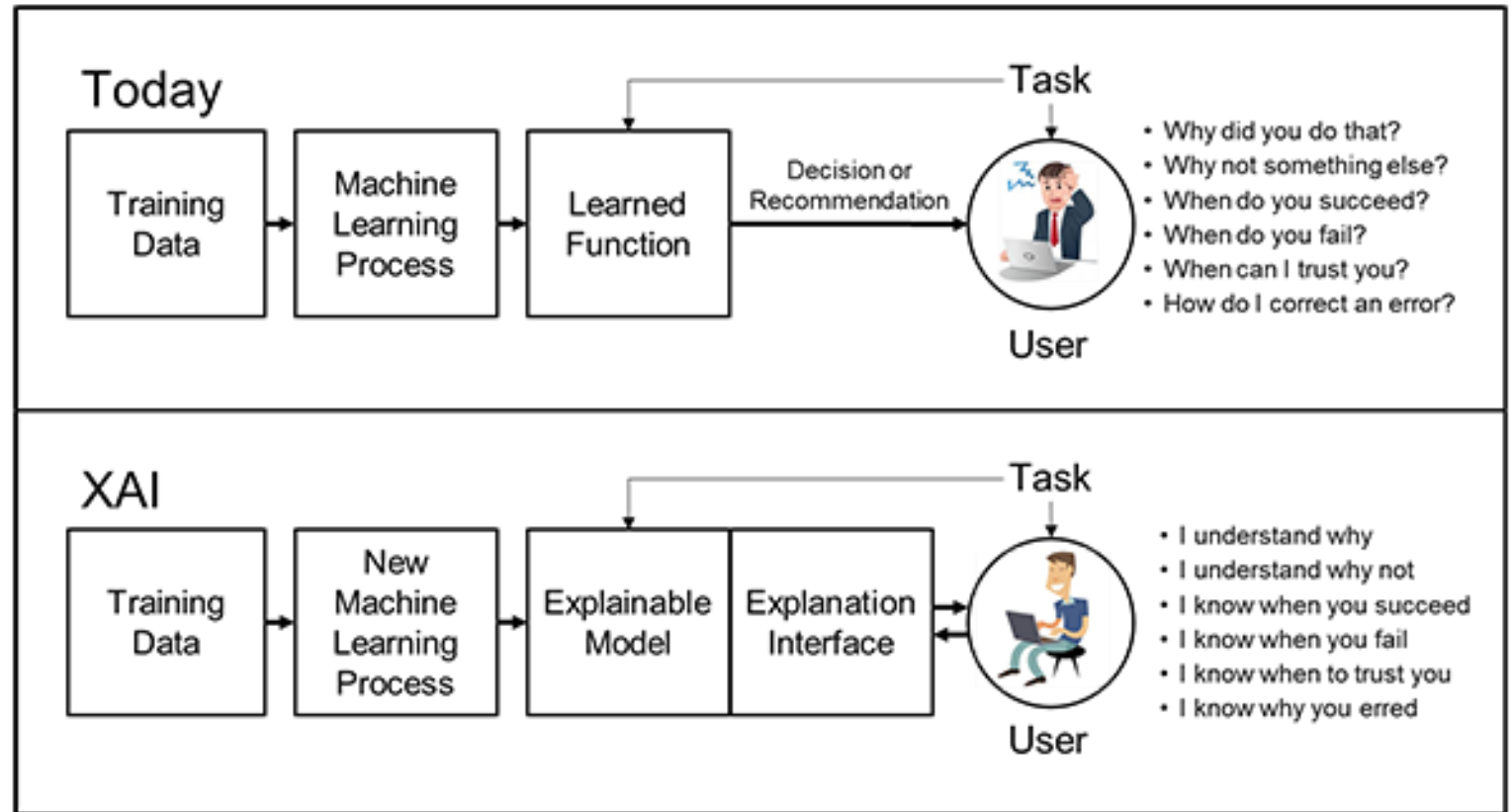


Hari Subramanian  
PhD Student  
Engineering Management

# An effective AI system should be explainable

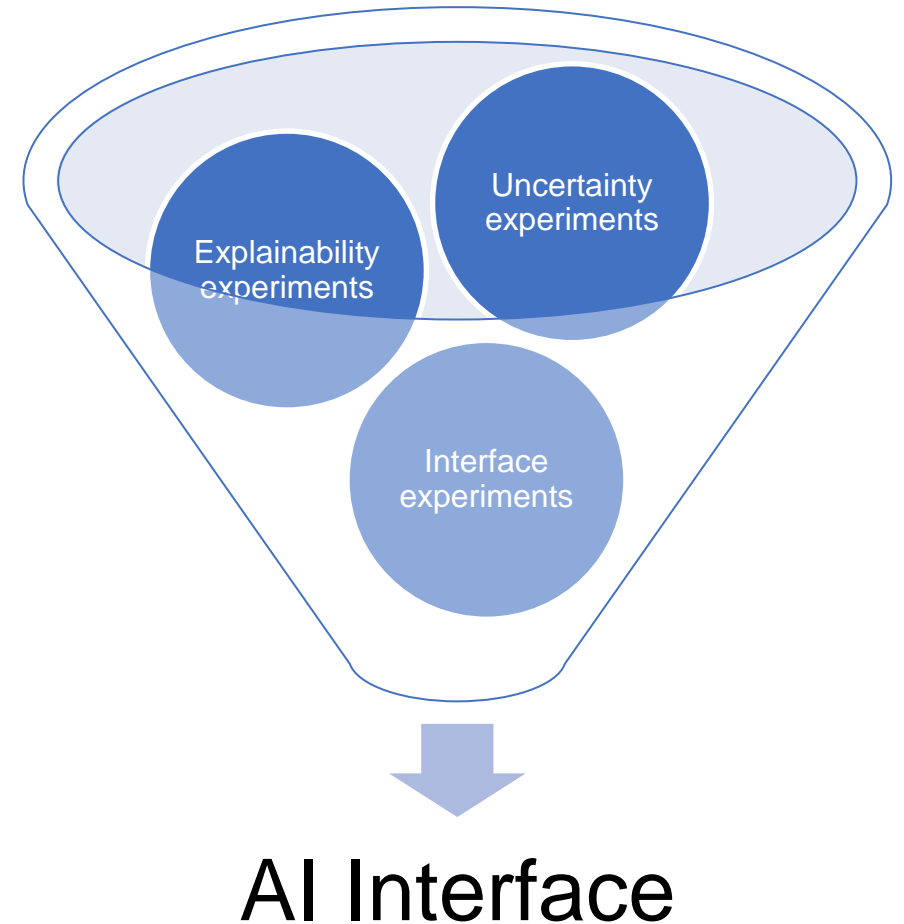
Explainable AI (XAI) helps users:


- Understand system's process and logic
- Appropriately trust the system
- Effectively manage performance



# Goals of Usable Communication

- Examine user reactions to:
  - AI explainability and transparency: what does the AI know?
  - Uncertainty representations: what does the AI not know?
- Evaluate changes in user trust, confidence, performance, and adoption
- Design interfaces for an AI tool for kidney placement decisions





## Designing Explainable AI (XAI) to Improve Human-AI Team Performance: A Medical Stakeholder-Driven Scoping Review

- Contextual use of AI predictions
- Information included in AI predictions
- Personalization of AI prediction for different groups
- Customizing AI prediction for specific cases

# User trust will influence adoption and use of OfferAI

## System-level

- Helps users develop a **mental model** of the system

(Cai et al. 2019; Gates and Leake 2021)

## Prediction-level

- Helps users make decisions and understand the **credibility** and utility of the system

(Barda, Horvat, and Hochheiser 2020)

Barda, Horvat, Hochheiser. (2020). A qualitative research framework for the design of user-centered displays of explanations for machine learning model predictions in healthcare. *BMC Med. Inform. Decis. Mak*, 20(1). doi: 10.1186/s12911-020-01276-x.

Cai, Winter, Steiner, Wilcox, Terry. (2019). "Hello AI": Uncovering the Onboarding Needs of Medical Practitioners for Human-AI Collaborative Decision-Making. *Proc. ACM Human-Computer Interact.*, 3(CSCW), 1–24. doi: 10.1145/3359206.

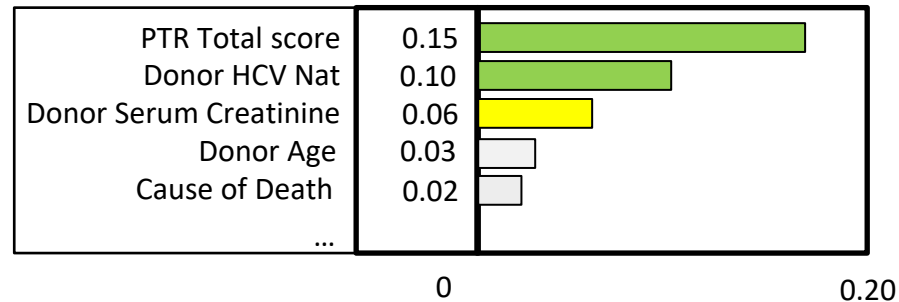
Gates, Leake. (2021). Evaluating CBR explanation capabilities: Survey and next steps. *CEUR Workshop Proceedings*, 3017, 40–51. <https://ceur-ws.org/Vol-3017/97.pdf>

# System-level information should include measures beyond accuracy

### Confusion Matrix

	Actual Transplant	Actual Not Transplanted
Predicted Transplant	<b>5272</b>	<b>343</b>
Predicted Not Transplant	<b>49</b>	<b>5170</b>

### Feature Importance



### Training Information

Training Dataset Information	
Dataset Timeline	2016-2021
No. of observations	1,300,000
No. of features	29
...	...

# Effect of prediction-level XAI on trust depends on the task and individual

## Counterfactual/Contrastive

For this use-case, our model would have made the opposite prediction (i.e., predict “Not Transplant”) in each of the following cases:

- Donor Serum Creatinine: If the donor serum creatinine had been **2.0** instead of 1.1
- Donor Age: If the donor’s age had been **75** instead of 65
- Donor HCV Nat: If the donor’s HCV Nat had been **Positive** instead of Negative

## Nearest Neighbors

	Current offer	Alternate offer A	Alternate offer B
Prediction	Transplant	Transplant	Not Transplant
Donor Serum Creatinine	1.1	1.6	1.1
Donor Age	65	65	65
Donor HCV Nat	Negative	Negative	Positive
...			





## Users want more XAI information for difficult decisions.

- Pathologists preferred AI system to provide **both conservative and liberal predictions** for difficult decisions (Cai et al. 2019).
- Different expertise levels need **different amounts of information** with experts wanting less (Merry et al., 2021).
- User **customization and interaction** improves initial adoption and trust (Barda, Horvat, and Hochheiser 2020).



## Next Steps: Experimental Work

How is trust and performance affected when:

- system-level information is provided with and without prediction-level information?
- users customize their XAI interface?
- XAI is tailored based on user expertise?

# Analogous task: matching customer with used car.

Pre-requisites:

- Measurable expertise
- Tabulated information
- Predictable outcome
- Subjective truth

Car Features			
<b>Manufacturer</b>	Hyundai	<b>Shift (auto/manual)</b>	Auto
<b>Model</b>	Tucson	<b>Miles</b>	100,452
<b>Color</b>	Black	<b>City Mileage</b>	20 mpg
<b>Back-up camera</b>	Yes	<b>Highway Mileage</b>	25 mpg
<b>Doors</b>	4	<b>Cylinder</b>	4
<b>Seats</b>	5	<b>Inspection</b>	Passed
<b>Rear air vents</b>	Yes	<b>Power controlled seats</b>	2
<b>Heated seats</b>	2	<b>Hands free calling</b>	Yes
<b>Apple CarPlay</b>	No	<b>Bluetooth</b>	Yes
<b>Accident history</b>	No		

Potential Customer			
<b>Age</b>	24	<b>Budget</b>	12,000
<b>Gender</b>	F	<b>Accidental History</b>	0
...	...	...	...

**AI prediction: Accept (80%)**

Based on the information provided, the car is likely to be purchased by this customer.

**Please Share your thoughts!!!**

OfferAI

Usability

Adoption

Fairness

# Sub-Team



Casey Canfield (PI)  
Eng Mgt & Sys Eng



Daniel Shank (Co-PI)  
Psych



Amaneh (Elham) Babae  
MS Student  
Industrial/Organizational Psych



Jason Eberl  
Health Care Ethics



Michael Miller  
Health Care Ethics

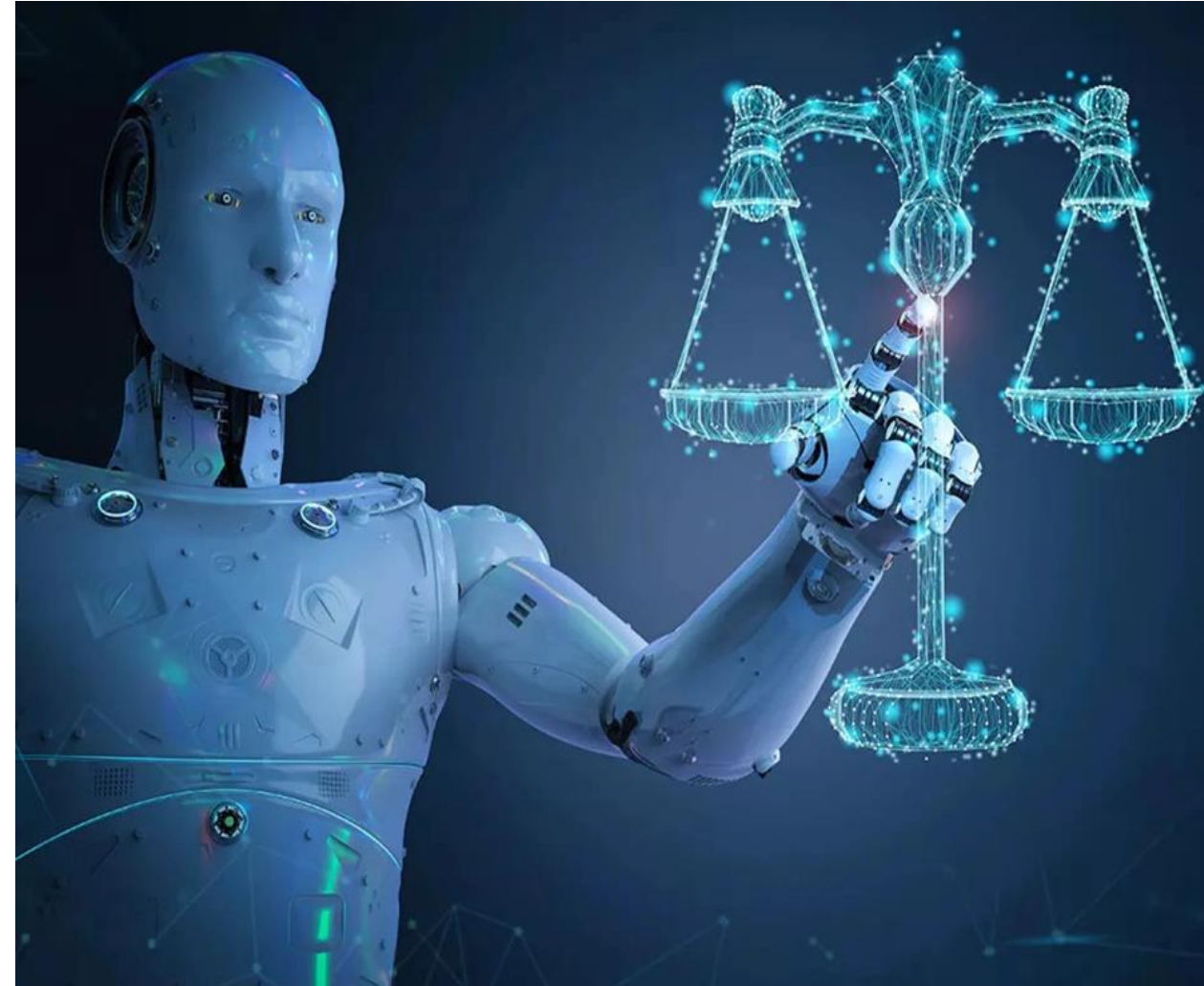
# Uniqueness Neglect

Previous research on “uniqueness neglect” suggests that people resist AI systems that fail to recognize the uniqueness of the user (Longoni et al., 2019).



# Trust in AI systems

- AI is perceived as morally wrong if it errs or is biased, unfair, or unethical (Shank et al., 2019).
- However, when users can make slight changes to the AI after it errs, those users continue to use it.



# Adoption of OfferAI

- OfferAI needs to be responsive to user preferences to support adoption
- Little work has focused on integrating diverse sources of preference information to minimize human effort (Zhang et al., 2019)



# Development Stages

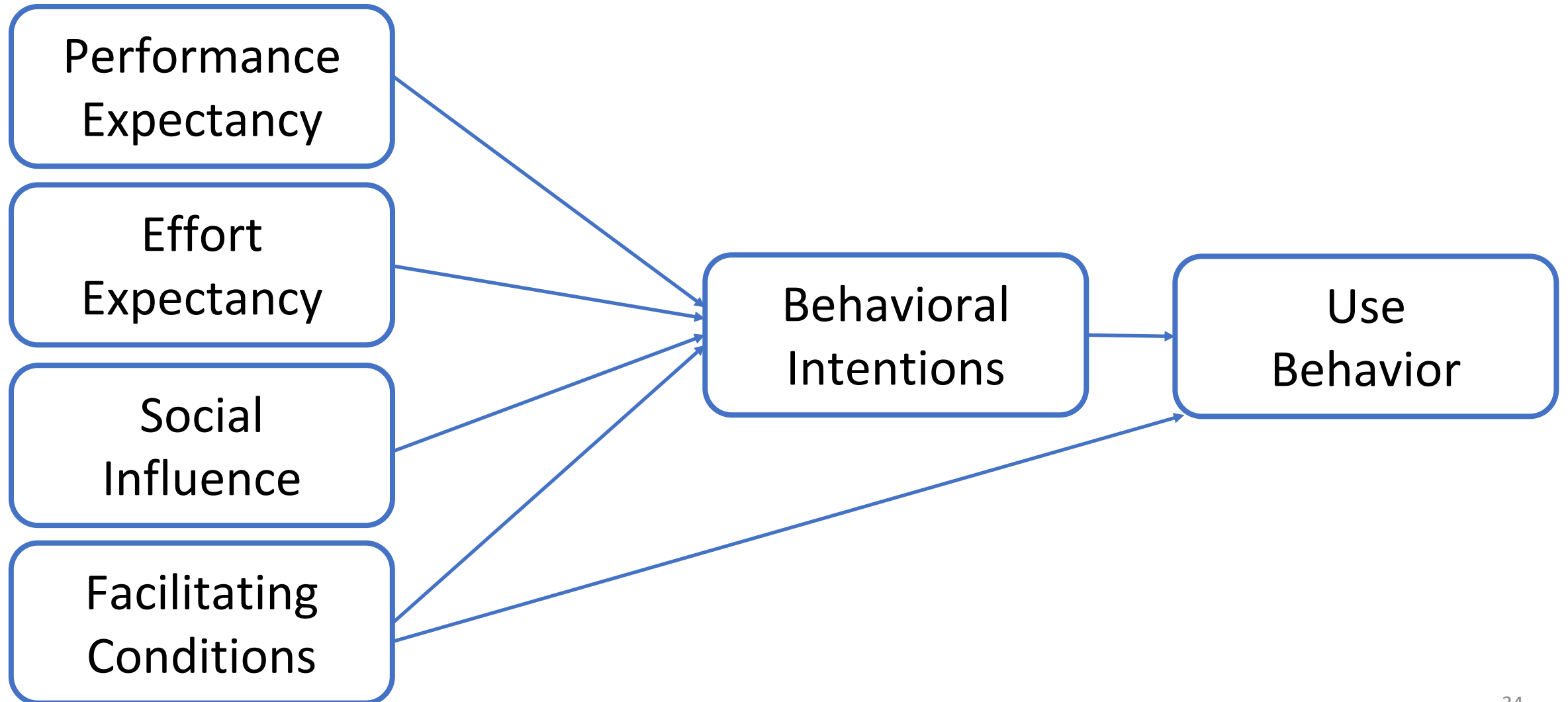
Develop Stakeholder  
Survey

Develop System-Level  
Training Materials

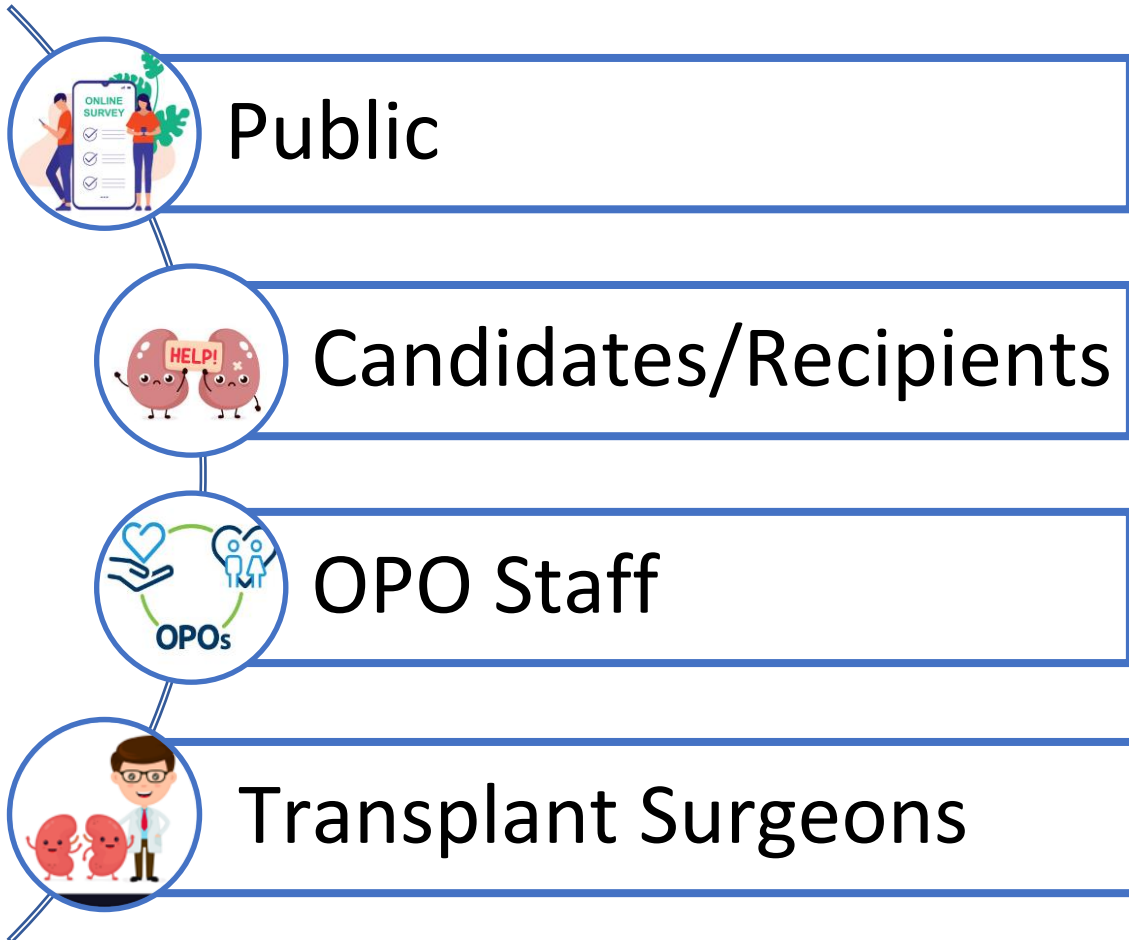
Conduct Customization  
Experiments

Integrate Preference  
Learning in OfferAI

# We are building on Technology Adoption theories



# Stakeholder Survey



3 parts of the survey:

1. Estimate willingness to adopt OfferAI
2. Evaluate ethics
3. Report demographics

*Note: This is 1 of 2 surveys that will be distributed*

# Proposed Recruitment Strategy

	Public	Patients	OPO Staff	Transplant Surgeons
Target Groups		Candidates on waiting list, transplant recipients	Involved in allocation	Involved in offer decisions
Recruitment	Prolific (online participant platform)	American Association of Kidney Patients (AAKP)  National Kidney Foundation (NKF)	Association of Organ Procurement Organizations (AOPO)	American Society of Transplant Surgeons (ASTS)  American Society of Transplantation (AST)

Please let us know if there are other organizations we should reach out to!

OfferAI

Usability

Adoption

Fairness

# Sub-Team



Sid Nadendla  
Computer Science



Mukund Telukunta  
PhD Student  
Computer Science



Gabriella Stickney  
Interns



Sukruth Rao  
Interns

# Discrimination in Kidney Placement

- Racial discrimination
  - calculation of creatinine-based estimated glomerular filtration rate (eGFR)
    - Black patients had higher creatinine levels (Chong et al., 2021)
  - calculation of the Kidney Donor Risk Index (KDRI)
    - Black donors have historically been shown to be associated with lower allograft quality (Chong et al., 2021)
- Gender discrimination
  - women with a primary diagnosis of diabetes was higher than males (Wells, 2009)
- Location discrimination
  - mandatory medical evaluation is only available in tertiary care centers (Tonelli et al., 2006)

# AI-based Decision Support in Kidney Placement

## UNOS's Predictive Analytics

- Time to better offer and Patient survival without transplant
- Deployed in January 2023
- Cox Hazards model trained to predict patient outcomes from historical data
  - Inherits biases and discrimination present in legacy kidney placement

The image displays two screenshots of a kidney offer interface. The left screenshot, titled "Respond for patient", shows donor information for Donor ZZZ1234 (Match 4561234, Male | 16 Years, DONOR ABO: A) and offers by OPT1 to the user's center. It includes a "View Donor Information" button and a "Clinical Decision Support" graph showing "Patient Survival Without Transplant" over 5 years. The graph shows a red line starting at 100% at year 0 and decreasing to approximately 70% at year 5. Below the graph is "Patient Information" for a 51-year-old male with blood type A, height 168.00 cm (5.51 ft), and weight 80.00 kg (176.37 lbs). At the bottom are "Refuse" and "Interested" buttons.

The right screenshot, titled "Donor Summary", shows the same donor information and offers. It includes a "View Patient Information" button and a "DONOR INFORMATION" section with details: Height: 5.84 ft / 178.00 cm, Weight: 133.38 lbs / 60.50 kg, Body mass index (BMI): 19.09, Age: 16, Gender: Male, Current KDPI: 16. Below this is "Cause of death: Head Trauma", "Mechanism of injury: Gunshot Wound", "Circumstance of death: Suicide", and "Projected CIT at time of transplant: 16.00 hrs". At the bottom is "Donor meets DCD criteria: No" and a "MEDICAL & SOCIAL HISTORY" section.



# AI-based Decision Support in Kidney Placement (contd.)

Missouri S&T's OfferAI ([ddoa.mst.hekademeia.org/#/](https://ddoa.mst.hekademeia.org/#/))

- Neural Network based model trained to predict decisions made by transplant centers
  - Inherits biases and discrimination present in historic data

Re-assess Hard-to-Place After Procurement

Clamp Time  
Early Morning

Kidney on pump?  
 No  Yes  Unknown

Kidney biopsy?  
 No  Yes  Unknown

Ki Glomerulosclerosis  
Mid-Moderate or 16-20

Interstitial Fibrosis  
Minimal or 5-10

Vascular Changes  
Unknown

Ki Glomeruli count ( 0 for N/A )  
0

Deceased Donor Organ Assessment

Assess Hard-to-Place Before Procurement

Donor meets DCD criteria?

Age in years

Gender  Male  Female [ABOUT AI MODEL](#)

Ethnic Category

Height in cm Weight in kg

History of Diabetes

History of Hypertension

Serum Creatinine ( 0 - 30.9 )

Cause of Death

HCV Status?

# Measuring Discrimination in Decision Support Systems

- **Discrimination:** Disparate Treatment vs. Disparate Impact
- *Disparate Treatment:* Are similar individuals treated similarly?
  - **Individual Fairness:** How can we measure similarity between individuals?
- *Disparate Impact:* Does individuals across different social groups have similar outcomes?
  - **Group Fairness:** What parity (i.e. statistical measure) is appropriate for a given application domain (e.g. kidney placement)?

Accuracy-Fairness Tradeoff: Decision Correctness vs. Social Discrimination

Is it feasible to mitigate discrimination with little/no compromise on decision correctness?

# Our Focus: Group Fairness in Kidney Placement

**Equal Opportunity:**  $TP_A = TP_{A'}$

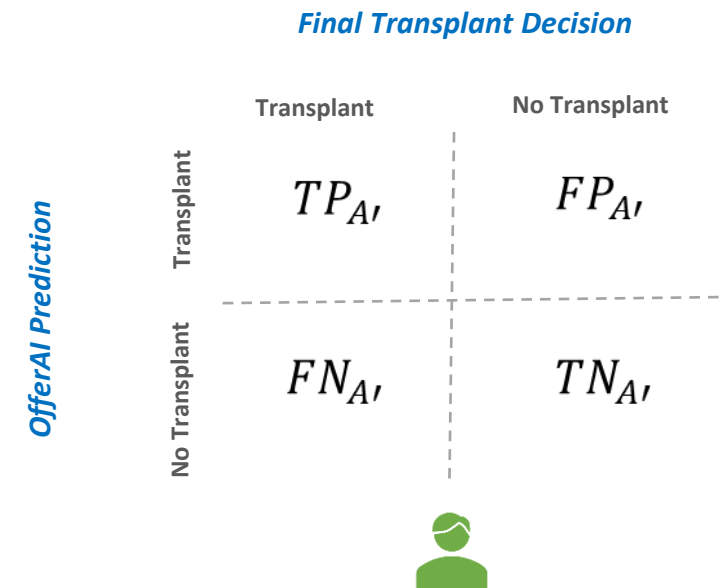
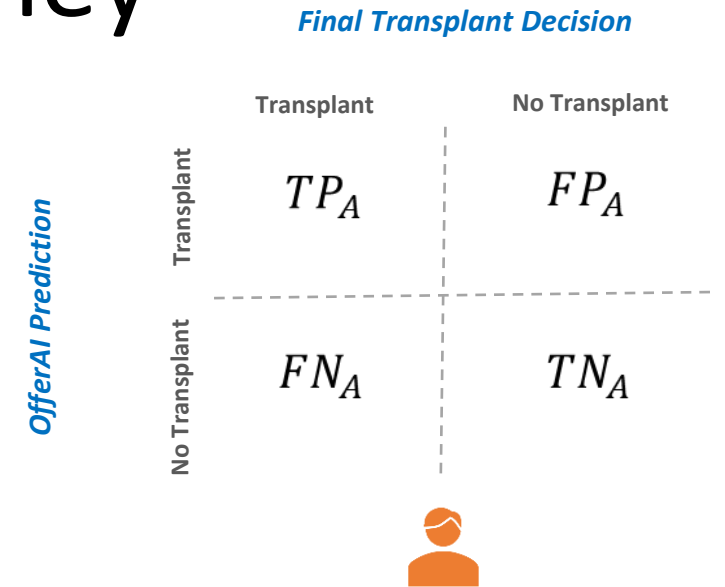
**Equal Accuracy:**  $(TP_A + TN_A) = (TP_{A'} + TN_{A'})$

**Predictive Equality:**  $FN_A = FN_{A'}$

and many more...

**Fundamental Trade Offs:** not all fairness notions can be guaranteed at the same time unless

- the base rates are equal or
- the classifier is perfect



# Fairness Opinions from Diverse Stakeholders

## *Clinical Experience*

- Surgeons
- OPOs

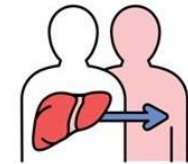


### *Characteristics:*

- Extensive clinical expertise
- Recommends final decision regarding the kidney offer
- Feasible to collect *exact* classification

## *Personal Experience*

- Patients
- Donors
- Family and friends



### *Characteristics:*

- Rich personal experience from being involved in kidney placement process
- Ultimately decides based on surgeon's recommendation
- Not feasible to collect exact classification

## *Our Methodology*

- 1. Design survey and elicit feedback responses from diverse stakeholders*
- 2. Estimate preferences over group fairness notion from elicited fairness feedback*
- 3. Aggregate preferences using diverse voting rules*

OfferAI

Usability

Adoption

Fairness

1. OfferAI

**Combine Multiple Task-Specific Models**

Decision: Accept/Deny Kidney Offer User: Transplant Center
Decision: If Kidney is Hard-to-Place User: Organ Procurement Organization

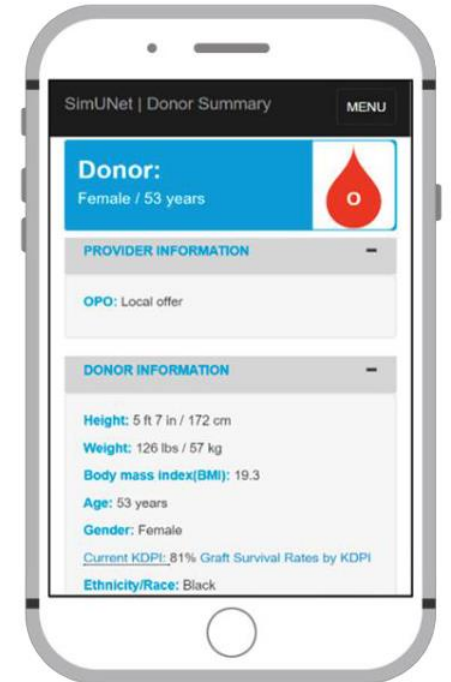
2. Usability

**Design Elements for Communicating Model Output**

Uncertainty  
"90% chance of successful transplant"  
↑

Explainability  
"note: creatinine, age, cause of death"

**System-Level SimUNet Evaluation**



UNOS platform for behavioral studies, building OPO interface

**Leverage Informed Preferences for Collaborative Decision-Making**

3. Adoption      4. Fairness

Inform integrated training about AI model → Elicit direct and indirect preferences → Aggregate fairness notions across stakeholders → Customize model operation and output

# Please Share Your Questions & Comments!

## **Stay Tuned:**

Participate in the 2 Stakeholder Surveys (Adoption + Fairness)

Try out OfferAI

2024 Ethics Symposium

**Funding:** National Science Foundation (#2222801 and #2026324)

**More Information:** <https://sites.mst.edu/aifortransplant/>

**Contact:** Casey Canfield, [canfieldci@mst.edu](mailto:canfieldci@mst.edu)

# Discussion

- What parts of the proposed research are confusing?
- To what extent do you think OfferAI will increase kidney utilization?  
Increase equity and fairness?
- What would make you more or less comfortable with OfferAI being implemented in the transplant system?
- Are there other issues/challenges that we should be incorporating into this research?