

COMPARISON OF THE INTEGRATED MEDICAL MODEL PREDICTIONS TO REAL WORLD ISS AND STS OBSERVATIONS

J. Myers¹, Y. Garcia², J. Arellano³, L. Boley², D. A. Goodenow¹, E. Kerstman⁴, M. Koslovsky², D. Reyes⁴, L. Saile², W. Taiym²

¹NASA - Glenn Research Center ²KBRwyle ³MEI Technologies ⁴University of Texas Medical Branch



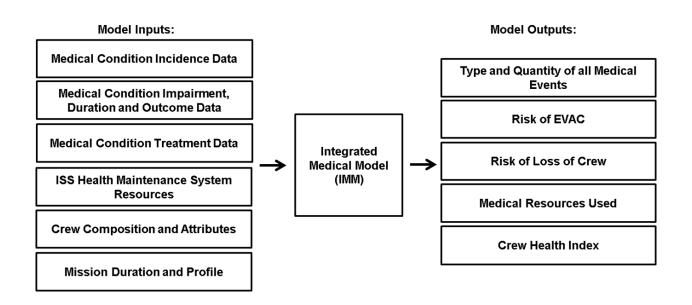
Goals

- Brief Review of IMM
- Outline the validation process
- Illustrate and compare results
- Discuss implications to decision making



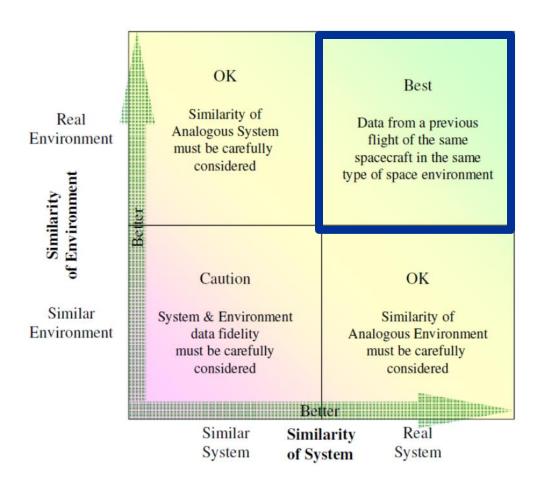
Integrated Medical Model (IMM)

- Stochastic simulation model used to predict in-flight medical events,
 the resources required to treat, and impacts to the spaceflight mission.
- Human Research Program supported development since before FY08.
- v4.1 transitioned to use by Crew Health and Safety in 2017.





Purpose of the Comparison – Validation

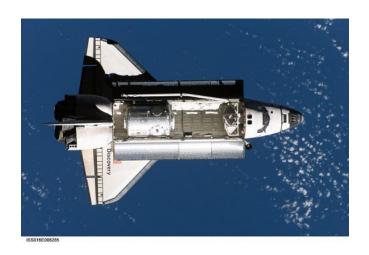


Compare IMM output to observed medical events from a selection of Shuttle Transportation System (STS) and International Space Station (ISS) missions.

What Data is Used for Comparison?



Real World System (RWS): 31 ISS and 21 STS missions not previously incorporated into the primary IMM data repository*



STS 115 through STS 135 and **STS 107**



ISS Expedition (Exp) 14 through 39/40 and ISS Exp 9



IMM Simulations of the RWS Missions

Equivalent simulations performed for each RWS mission profile using IMM v 4.0

- Length of mission
- Mission schedule (EVA)
- Crew complement (sex, limited medical history)
- ISS simulation assumed resupply of medical supplies
- 100 Medical condition set



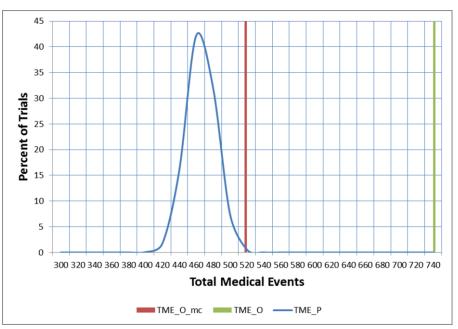
Observed and Predicted Outcomes

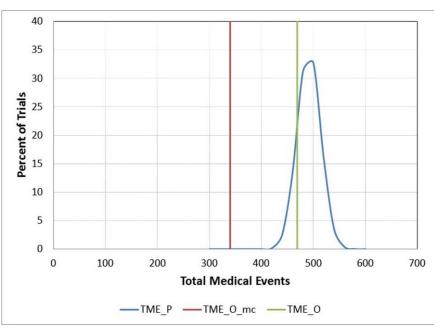
- Total medical events (TME)
- Medical consumable utilization
- LOCL and EVAC*



(Cumulative) Total Medical Events







Predicted (P) Observed (O) IMM medical conditions list only (mc)

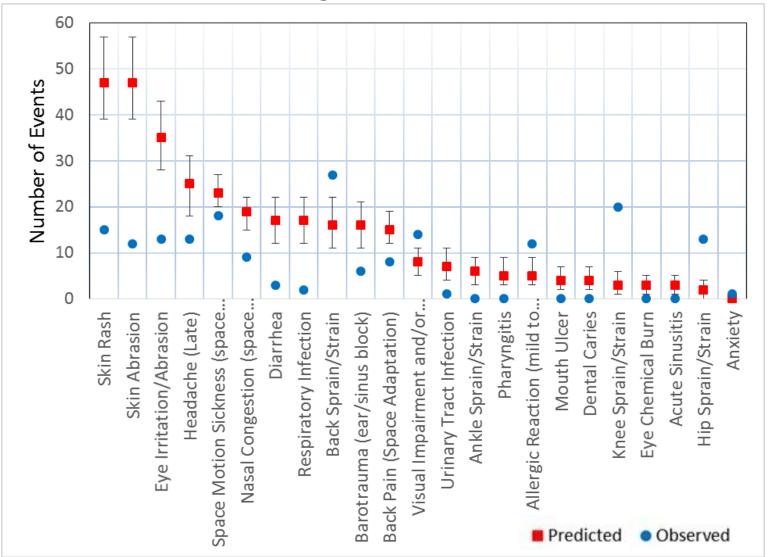


Per Condition Comparison

- 20% of the STS and 15% of the ISS medical events within expected uncertainty.
- 14% for STS and 24% for ISS medical events outside of the expected uncertainty.
- The remainder of the events had an indeterminate comparison.

Out of Range ISS Conditions

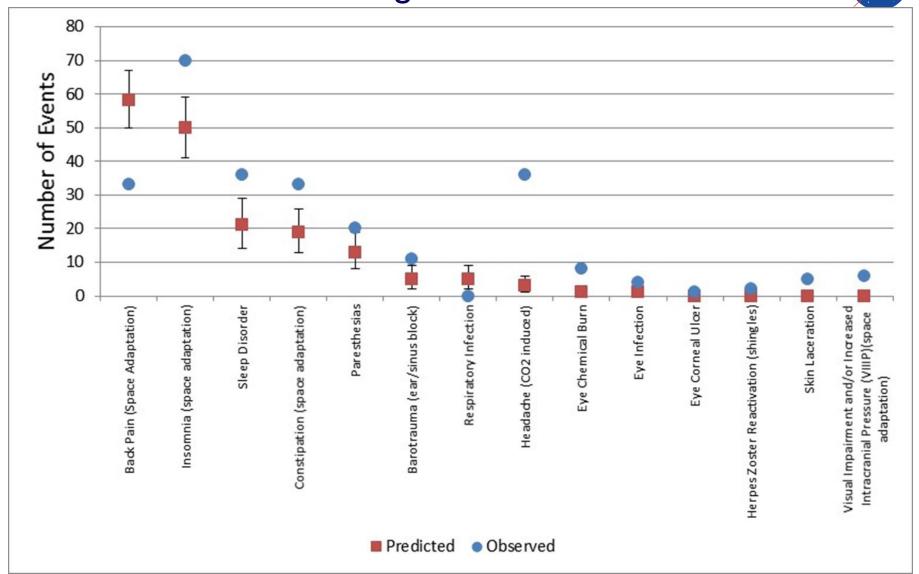




Over predicted the number of events for all but 6 conditions.

Out of Range STS Conditions





Under predicted the number of events for all but two conditions.





Observed	Observed (from	
Rank	TME_O_mc)	
1	Non-opioid Analgesics	
2	Hypnotics	
3	Antiemetics	
4	Antihistamines	
5	Steroids	
6	Decongestants	
7	Antibiotics	
8	Ophthalmic Lubricants	
9	Antifungals	
10	Antacids	
11	Antidiarrheals	
12	Laxatives	
13	Antivirals	
14	Opioid Analgesics	

Predicted Rank	Predicted (from TME_P)	Quality of Match
1	Non-opioid Analgesics	Excellent
2	Hypnotics	Excellent
6	Antiemetics	Fair
4	Antihistamines	Excellent
13	Steroids	Poor
7	Decongestants	Excellent
3	Antibiotics	Fair
5	Ophthalmic Lubricants	Fair
9	Antifungals	Excellent
12	Antacids	Excellent
8	Antidiarrheals	Fair
10	Laxatives	Excellent
14	Antivirals	Excellent
11	Opioid Analgesics	Fair





Observed	Observed (from	
Rank	TME_O_mc)	
1	Hypnotic	
2	Antiemetic	
	Non-opioid	
3	Analgesic/NSAID	
4	Decongestant	
5	Laxative	
6	Antibiotic	
7	Steroid	
8	Ophthalmic Lubricants	
9	Antidiarrheal	
10	Antacid	
11	Antihistamine	
12	Antifungal	
13	Opioid Analgesic	
14	Antiviral	

Predicted Rank	Predicted (from TME_P)	Quality of Match
4	Hypnotic	Fair
2	Antiemetic	Excellent
1	Non-opioid Analgesic/NSAID	Excellent
3	Decongestant	Excellent
6	Laxative	Excellent
5	Antibiotic	Excellent
8	Steroid	Excellent
9	Ophthalmic Lubricants	Excellent
10	Antidiarrheal	Excellent
13	Antacid	Fair
7	Antihistamine	Fair
11	Antifungal	Excellent
12	Opioid Analgesic	Excellent
14	Antiviral	Excellent



LOCL and EVAC Comparison

STS	Predicted Number	90% Confidence Interval
EVAC RWS = 0	0	0, 1
LOCL RWS = 0	0	0, 0

ISS	Predicted Number	90% Confidence Interval
EVAC RWS = 0	0	0, 1
LOCL RWS = 0	0	0, 0

- Predicted counts are estimated using the median of the simulated distribution.
- A confidence limit of (0, 0) indicates that more than 90% of the generated LOCL counts was 0 as these confidence limits are estimated by the 5th and 95th percentiles of the simulation distribution.



Potential Implications on Decision Making

- Variation exists in IMM predictive power for STS and ISS missions
- Decision should account for information limits
 - Longer mission profile IMM tends to over predict incidences
 - Shorter mission profiles IMM tends to under predict incidence.
- Difference in predictions
 - Different ISS and STS reporting conditions.
 - Combining all "mission type" data
 - Constant occurrence rate or fixed proportion.



Future Work (Some Already Done!)

- Incorporation RWS data into the iMED (Completed)
- Transition to CHS (Completed)
- CHS acceptance testing (On going)



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Extras