## Data Visualization in Biomedical Research

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## **Experts in data visualization**



Edward Tufte *The Visual Display of Quantitative Information*. 1985.



William S. Cleveland *Visualizing data*. 1993.



## A four step recipe for creating a graphic



# Step 1: Ingredients O Identify Key Variables

- There are different types of graphs to support the different scales of measurement
  - o Nominal Scale
  - **o Ordinal Scale**
  - Interval Scale



# Step 2: Palette O Determine Role of Visualization

- There are different roles for data visualization
  - Presentation vs. Exploratory (then stop here)
  - o Summary/Descriptive
  - Distribution
  - o Comparison
  - Association

### Answer these questions

• What to Whom, How, and Why?

# **Choice of Graphical Form**

**Step 3: The Dish** 

- Based on the Key Variables (or ingredients) and Role of Visualization (or palette)
  - 2D plot (most common)
  - Multiple 2D plots
  - Interactive plot
  - Multiple plots stringed together like a story line
- We will go through the different graphical forms in our R examples

## Step 4: Add Garnish

- Think about improvements that could be made to improve clarity and focus
  - **o Scales**
  - **o Sorting and Ordering**
  - **o Overlays**
  - Positioning in text
  - o Size, Frames and Aspect Ratio
  - Color

## "Ink-to-Information"

- = data-ink  $\div$ 
  - total ink used to print the graphic
- = proportion of graphic's ink devoted to the non-redundant display of data
- = 1 proportion of graphic that can be erased
- Also called data-ink ratio



5%

Jan Feb

Mar Apr May

Jun Jul

Aug Sep

Aug Sep

5%

Jan Feb Mar Apr May Jun Jul

source: The Visual Display of Quantitative Information by Edward R. Tufte

Jan Feb

Mar Apr May

Jun Jul

Aug Sep

5%





## **Designing for Colorblind Audience**

http://www.color-blindness.com/coblis-color-blindness-simulator/



#### Figure 1. Districts Affected by Ebola Virus Disease in Three Countries in Africa.

The map shows the districts that have been affected by Ebola virus disease in Guinea, Liberia, and Sierra Leone. Gray circles indicate the total numbers of confirmed and probable Ebola cases reported in each affected district, and red circles the number reported during the 21 days leading up to September 14, 2014.

- ්Protanopia (red-blind)
- ් Deuteranopia (green-blind)
- ී Tritanopia (blue-bline)
- m c Protanomaly (red-weak)
- ♂ Deuteranomaly (green-weak)
- **♂** Tritanomaly (blue-weak)
- ් Blue Cone Monochromacy''



In USA, estimated: of 7% Q 0.4%

This map was published on September 23, 2014, at NEJM.org

# **Bad Practices**

#### Total Sales



- How much ink for 5 numbers?
- People are bad at judging the relative magnitude of angles
- If you twist the rotation of the pie, you can cause

observers to systematically misjudge the proportionsThe third dimension makes judgment worse

## **3D representation of 2D data**

- 3D columns can cross gridlines
- Display of zero values would be misleading
- Difficult to make fair comparisons



## **Dynamite Plots**

• You want to capture measure of central tendency and variability, but not like this...



From poster by Tatsuki Koyama





Van den Abbeele et al. "ACRIN 6665/RTOG 0132 phase II trial of neoadjuvant imatinib mesylate for operable malignant GIST: monitoring with 18F-FDG PET and correlation with genotype and GLUT4 expression." *Journal of Nuclear Medicine* 53.4 (2012): 567-574.

## **Graphics for Grant Applications**

### • Planning (Gantt Chart)



- Significance through Ngrams (<u>click here</u>)
- Sample size and power analyses
  - Precision
  - Correlation
  - Two group comparison
  - Cluster randomized trial
- Make sure they are small with large, concise fonts and good resolution. Must stand on their own.



## **Dialect Map**

Take the quiz: <u>http://www.nytimes.com/interactive/2013/12/20/sunday-review/dialect-quiz-map.html</u>



## **Babies Dataset**

The data provided here are part of the Child Health and Development Studies (CHDS)— a comprehensive investigation of all pregnancies that occurred between 1960 and 1967 among women in the Kaiser Foundation Health Plan (a prepaid medical care program). The women in the study were all those enrolled in the Kaiser Plan who had obtained prenatal care in the San Francisco–East Bay area and who delivered at any of the Kaiser hospitals in Northern California. The R dataset has a subset of this information collected for 1236 babies.

Baby boys born during one year of the study who lived at least 28 days and who were single births (i.e., not one of a twin or triplet).

## **Example dAtaViZ flowchart**

Name	Role	Label	Units	Туре	Values
GROUP	Predictor	Treatment		Binary	1 = Placebo;
				J	2 = Treatment
AGE	Predictor	Age	Years	Continuous	18 - 75
SEX	Predictor	Gender		Binary	1 = Female; 2 = Male
HT	Predictor	Height	in.	Continuous	48 - 96
WT	Predictor	Weight	lbs.	Continuous	75 - 350
НСТ	Predictor	Heart rate	beats/min.	Continuous	30 - 50
BPSYS	Predictor	Systolic BP	mmHg	Continuous	100 - 160
BPDIAS	Predictor	Diastolic BP	mmHg	Continuous	80 - 150
STAGE	Predictor	WHO stage		Discrete numeric	1 - 4
RACE	Predictor	Race		Categorical	1 = White; 2 = Black; 3 = Other
DATE1	Additional	Date of last visit			mm/dd/yyyy
COMPLIC	Outcome	<b>Complications?</b>		Binary	0 = No; 1 = Yes





## **One Continuous Variable**

- Histogram
- Boxplot
- Violin Plot
- Stripchart
- Density plot

## **One categorical variable**

- Text

## **Layering to improve information**

• = data-ink  $\div$