

# Primer on Decision Trees

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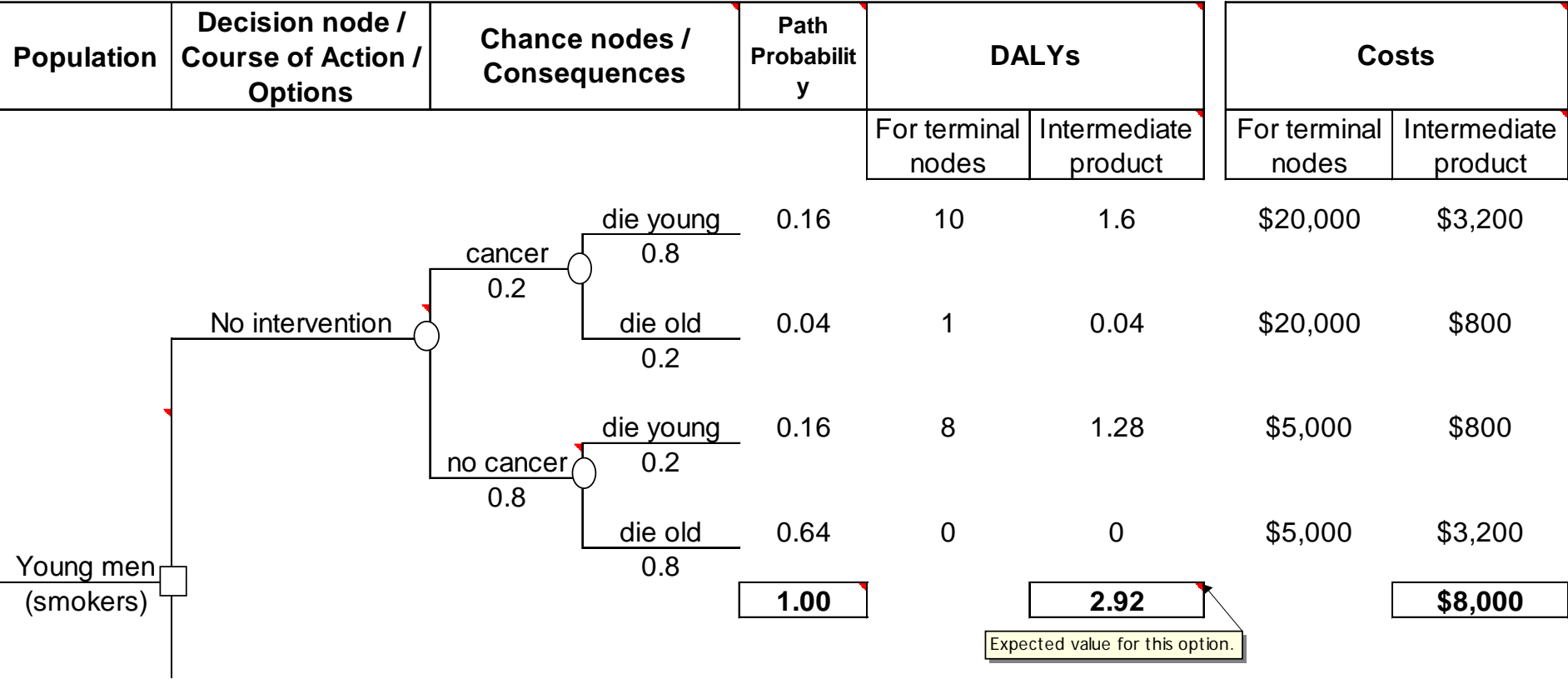
# Overview

- What is a decision tree?
- When should I use a decision tree?
- How to construct a decision tree
- How to analyze a decision tree
- Software options

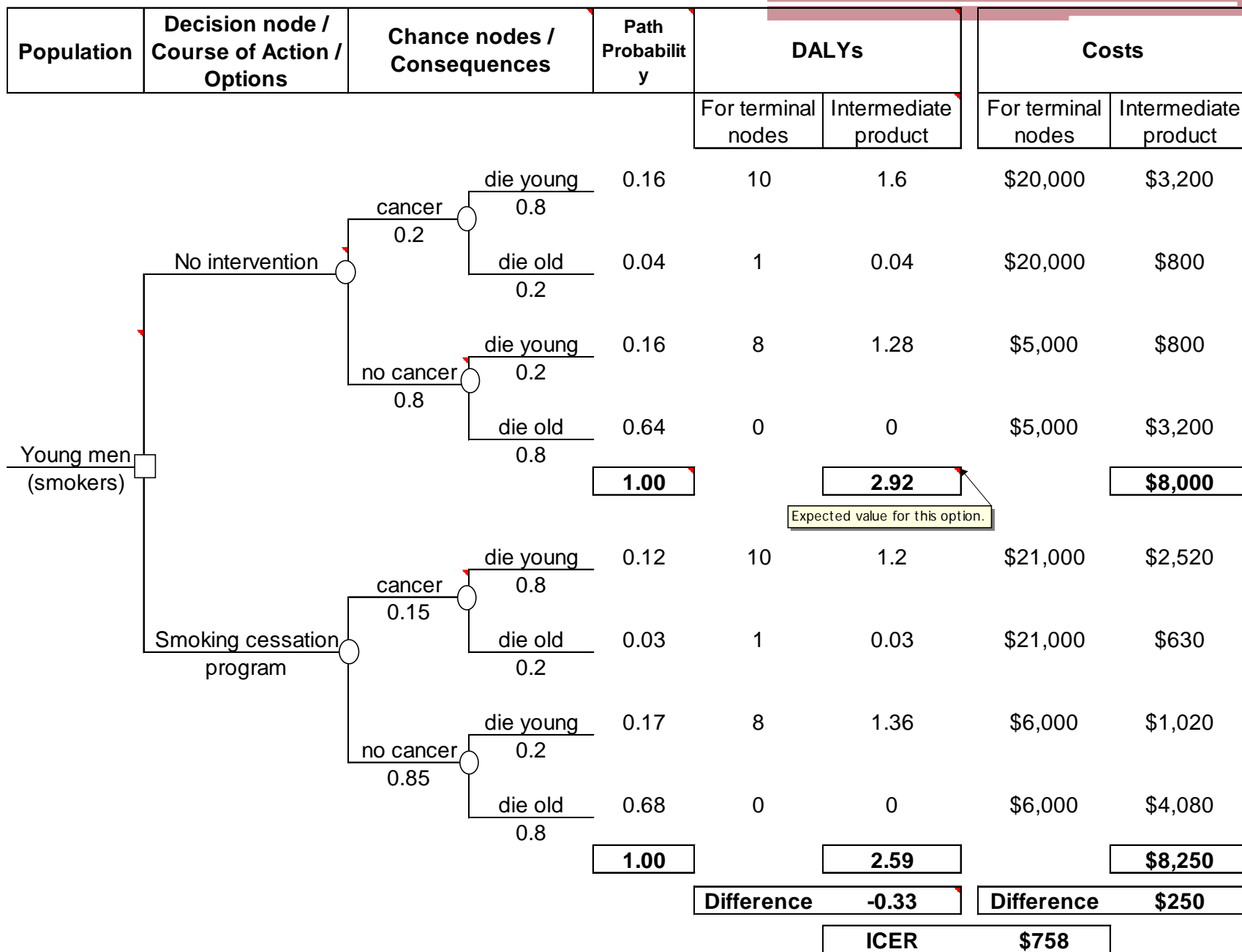
# What is a decision tree?

- A branching structure that leads from a **choice** (among competing courses of action) through a probability net of possible **consequences** (temporary and final) ...
- ... in which each path of consequences has an associated **probability** and set of **outcomes** of interest (e.g., cost and health status) such that ...
- ... each course of action can be assigned **expected values** for the outcomes (as the weighted mean of relevant paths) that can be compared and used to **guide decisions** among the actions.

Decision tree structure to evaluate interventions



## Decision tree structure to evaluate interventions



# When should I use a decision tree?

- **Conceptualizing: Almost always.** Extremely useful to develop and portray the structure of a cost-effectiveness analysis ... clarify thinking, tighten logic, avoid omissions of possible paths. Can be used in conjunction with other visual portrayals of model dynamics.
- **Operationalizing: Often.** Assures that conceptual approach is reflected in implementation. Often used in conjunction with other calculation tools. Balance of tree & other calculation structures is personal preference.
- **Presenting: Sometimes.** Some analyses done with trees are presented with trees, some not.

# How to construct a decision tree

- **Population & context**
- **Decision node (square)** – the question under study, 2 or more action options – all plausible (judgment call). Later decisions brought to front.
- **Chance nodes (circles)** – in each node probabilities sum to 100%. Mutually exclusive & exhaustive. Dichotomous easiest to manipulate. Markov can be incorporated.
- **Terminal node utilities = outcomes** – health, costs (direct, time)
- **Expected values** for health and costs, for each action option as weighted mean of paths.
- **Iterative revision** – unlike RCTs, the approach can (and nearly always does) change with early results and better understanding. The trick is knowing when to stop refining, and balancing completeness with transparency.

# How to analyze a decision tree

- **Comparisons across options** – compare expected values for costs and health outcomes ... ordered (least to most expensive) & step-wise incremental ... then incremental cost-effectiveness ratios (ICERs)

	Cost	Δ Cost	DALYs	Δ DALYs (averted)	ICER	
Option A	\$1,000		10			
Option C	\$1,500	\$500	8	2.0	\$250	
Option B	\$1,700	\$200	8.5	-0.5	Dominated	
Option D	\$2,500	\$800	7.5	1.0	\$2,000	[vs C]

- **Sensitivity analyses** – 1-way, 2-way, scenarios, thresholds, multivariate (eg Monte Carlo).



# Software

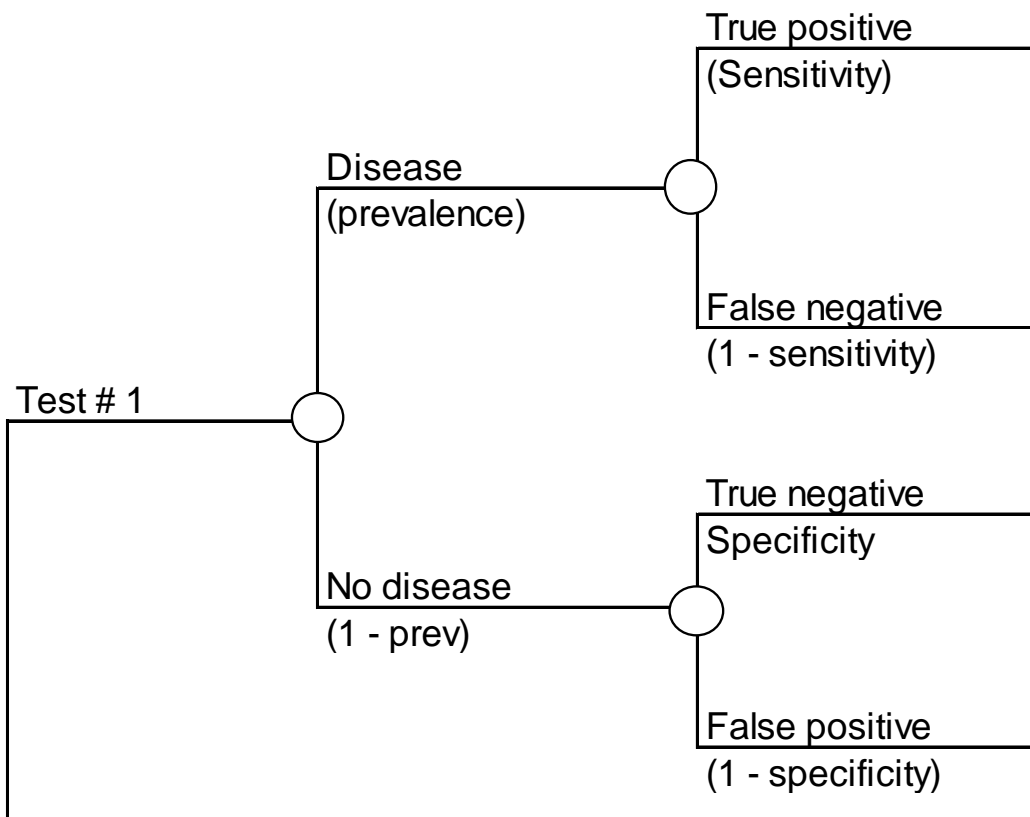
- **Excel** – familiar, generic, flexible (eg incorporate epidemic and cost models), has sensitivity analysis add-ons (Crystal Ball, @Risk). My favorite. Consider starting with template.
- **TreeAge** – new, specialized, efficient for set CEA tasks, less flexible, quirky manual and implementation.
- **@Risk** – newer, specialized, efficient for set CEA tasks, powerful, complex, narrow market.

# Extra credit: testing analysis

## *prevalence before test performance*

### Tree structure to evaluate diagnostic tests

Population	Decision: Test or not	True disease prevalence (risk of disease)	Test performance*
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Why?

Forces equal  
disease prevalence  
in all arms, o/w  
source of error

Avoid ppv, npv,  
etc which are more  
complex  
(prevalence-  
dependent)

# Contact

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