

-- My own research

## Introduction

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Currently, when a patient goes to a hospital with a bacterial infection, the patient will have the bacteria isolated, cultured, and colonies picked from the culture to be placed into multiple wells with growth media. Each well would have a unique concentration of an antibiotic. Multiple antibiotics can be tested together, but multiple antibiotics would not be placed into the same well. This process takes up to 72 hours to produce the [Minimum Inhibitory Concentration \(MIC\)](#) value for the isolate (patient's isolated bacteria which could contain many bacterial cells) and a single antibiotic. That MIC value dictates how resistant or susceptible a bacterium is to a given antibiotic, and thus, tells the physician whether a given antibiotic will be effective at clearing the bacteria from the patient. As time moves on, however, more resistant bacterial strains are becoming more prevalent, and more antibiotics are required to be tested before an adequate antibiotic may be found. There are many locations on the human body for bacterial infection, hence each patient may have a different outcome with their infection. Regardless of location of infection, and with more resistant strains of bacteria, antibiotics are taking longer to be given to that patient which increases the likelihood of death. This likelihood will continuously get increase until 2050 where it is predicted that bacterial infection will be the leading cause of death, replacing cancer, in the world [1]. That is why we must make the time to produce an MIC for a patient's bacteria, antibiotic pair, smaller. Machine Learning, along with [Next Generation Sequencing \(NGS\)](#), can take this time down to one to two hours for numerous antibiotics at once. NGS would be able to collect the raw read data within an hour, and the data could be sent through a sequencing pipeline within a few minutes. Finally, the output from the pipeline could be sent as input to a Machine Learning algorithm to have any number of antibiotic MIC predictions within a minute.

## Data

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Annotated gene mutations (specifically Outer Membrane Protein (OMP) gene mutations) from *Klebsiella Pneumoniae* (KPN) bacteria were used to predict MIC values, given some five random, anonymous antibiotics. Reasoning behind using KPN is due to it being a Gram-negative species and its efficiency of gaining bacterial resistance. Gram-negative bacteria are more likely to gain antibiotic resistance, and most known antibiotic resistant bacteria are Gram-negative [2]. The total number of isolates collected in this study was 2,864. Regarding antibiotic resistance, OMP genes may mutate to allow less antibiotic into the cell or expel more antibiotic once it enters the cell before the antibiotic has a chance to break the cell down. I did not look specifically for mutations that cause these changes. Instead, all mutations found for these genes were then used as input for the algorithms. It was up to the algorithms to learn and find the mutations that help predict the MIC value accordingly.

## Collecting data

These mutations were collected from a pipeline that I built with JMI Laboratories. The pipeline is built to take in a reference and raw read data. It then trims the read data and does reference alignment between reference and trimmed read. Next, the pipeline finds [Single Nucleotide Polymorphisms \(SNPs\)](#), insertions, deletions, and frameshifts and creates annotations from these mutations. The pipeline, then, creates an annotated Amino Acid (AA) sequence using the reference and annotations. Finally, it takes all isolates that were run, and the reference sequence, and performs a Multiple Sequence Alignment (MSA) so that all sequences match in

length. This MSA is what the final output of the pipeline is for each gene reference used. Each of the 2,864 isolates have three AA sequences, each for the three OMP genes used, that were grouped together by gene.

## Processing

The preprocessed data had each AA converted to an index for that species' AA. For example, if we had a species that only has AAs A, B, and C, then their conversions would look like [A: 0, B: 1, C: 2]. That would mean an AA sequence "ACBCCA" would be converted into "021220"

The MIC values were preprocessed similarly. All MIC values, for the five antibiotics used, were combined and indexed like AA sequences. This would mean that an MIC value of 0.01 would be preprocessed into the index 2. Any missing MIC value would be converted to a -1 then preprocessed to index 0.

## Algorithms

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The three algorithms that were tested was [Neural Networks \(NN\)](#), [Random Forests \(RF\)](#), and [Gradient Boosted Forests \(GBF\)](#). For GBF, I used an algorithm called XGBoost. For XGBoost, the [XGBoost python library](#) version 1.4.0 was used in the study. The RF algorithm came from the [Scikit-learn or Sklearn's RandomForestClassifier class](#) with Sklearn's version being 0.24.1. The NN was built and trained using [Tensorflow-GPU](#) and [Tensorflow-GPU's Keras package](#) with version 2.4.0.

## Neural Networks

The authors in D. Aytan-Aktug, et. al. [3] found that a one-hidden-layer NN worked best when they did their study, and that the NN was prone to overfitting due to its complexity. However, other studies [6, 7] have shown other NN structures that have worked in similar problem scenarios. In [6], a mix of multiple dense and drop-out layers were used while in [7] a Convolutional NN (CNN) was used. A CNN would not be advised here, as the authors in [7] made theirs due to having too many layers to start out. The authors in [7] only had four layers for each of the four nucleotides while here there are 25 different options that a position could be in a sequence (21 Amino Acids and four other characters). Because of the authors in D. Aytan-Aktug, et. al. [3] mentioning overfitting at one hidden layer, I first recreated their NN structure and trained a model. That model had roughly 53% accuracy which is too low. Since the training and validation error were both low, that leads to the model not being able to learn the data well. From that, I changed to recreating the NN structure in [6]. This is the model that is used for the rest of the study, and it will be labeled as Dense NN.

## Training and Testing

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When a Machine Learning algorithm is trained, a model is generated. A single algorithm can generate many different models depending on its input data, output prediction, the labels used to train, and parameters that make up the algorithm. The reasoning behind the inclusion labels can be thought of as follows, if an algorithm is trained on addition, for example, then it was given multiplication problems to predict on, it would fail. Even though both would have the same input and output, simple integers, the process to go from input to output has changed. That is why labels matter. Labels are used in training an algorithm as they inform the algorithm what is right after it tries to predict during training. The labels for addition may be 5 (for 3+2) and 6 (for 3+3). The labels for multiplication may be 6 (for 3\*2) and 9 (for 3\*3). The two different sets of labels would create two different models: one trained to predict addition and the other trained to predict multiplication. The same

logic can be applied for this problem. For the three algorithms mentioned previously, they will all be predicting MIC values. The labels, MICs, are different depending on antibiotic, so there will be a model trained for each antibiotic. If there would be three antibiotics, then there would be nine models total since we have three algorithms and three antibiotics.

In terms of splitting the dataset, 80% of the data will be made into the training dataset with the other 20% becoming the test dataset. When training a model, 5-fold Cross Validation will be performed. That means, out of the whole training dataset, 1/5 will be used to validate the model while the other 4/5 will be used to train the model.

## Hyperparameter Tuning

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To give an algorithm the best chance at training a good model, it must give it proper hyperparameters. These hyperparameters are inputs given to the algorithms to guide the algorithm as it generates the model while training. Tuning these parameters can be done through a means called GridSearch [5] where the possible values for each hyperparameter coming together to form a grid and each point on the grid is a different model generated. In GridSearch, each model is generated in the grid and tested to give some performance value. Then, depending on the performance metric, the value would either be maximized or minimized the models to get the best performing one. This model would then have the proper hyperparameters to train with. This can be seen as a brute force optimization method, and as the number of hyperparameters grow, and number of possible values per hyperparameter grow, the number of models needing to be trained increases exponentially. This is where  $2^k$  factorial design [4] comes in. This approach makes it so that there are only two values per hyperparameter, a low value and a high value. The setup is the same as GridSearch, and we can still use the GridSearch functions, but instead of finding the exact, best hyperparameters, a more general feel can be retrieved for each hyperparameter on whether a larger value or smaller value would work best. From there, the best value can be chosen. For GBF and RF, this approach was used to tune multiple hyperparameters each. A 10-fold Cross Validation was used with GridSearch to test each model, and the performance metric used was the average F1 score (F1-micro score). Using these functions lead to a more generalized view for each hyperparameter as it looks at different labels (MICs) from the different antibiotics. The results for these can be found in the `output\grid_search` folder as both plots and CSV output.

## XGBoost tuning

There were four [parameters that were tuned with XGBoost](#); `subsample`, `max_depth`, `learning_rate`, and `colsample_bytree`. It was determined that only `max_depth` played a role as it was the only hyperparameter to make a difference between training with a low or high value. All other hyperparameters had similar results when comparing their low and high outputs. The `max_depth` hyperparameter lead to better performance with the smallest value rather than the default. This would mean that it is easy to underfitting since having a smaller value would force the trees to be shorter in size, smaller depth, which would result in the tree looking at a minuscule number of genes when predicting.

## RF tuning

There were three [parameters that were tuned for RF](#); `max_depth`, `min_samples_leaf`, `min_samples_split`. Again, `max_depth` was the only hyperparameter whose value made a difference in the overall outcome of the model. However, in this case, it seems that the `max_depth` variable varied on whether a small value or large value worked best across the antibiotics. For three antibiotics, a larger `max_depth` was better, for one a small

max\_depth was better, and for the last antibiotic, both large and small depth performed approximately the same. In general, a larger max\_depth worked best, therefore, this was the chosen value for max\_depth hyperparameter.

# Figures to be Recreated

The figures will be generated by predicting the test dataset.

Figure 1

The figure I will try to reproduce is:

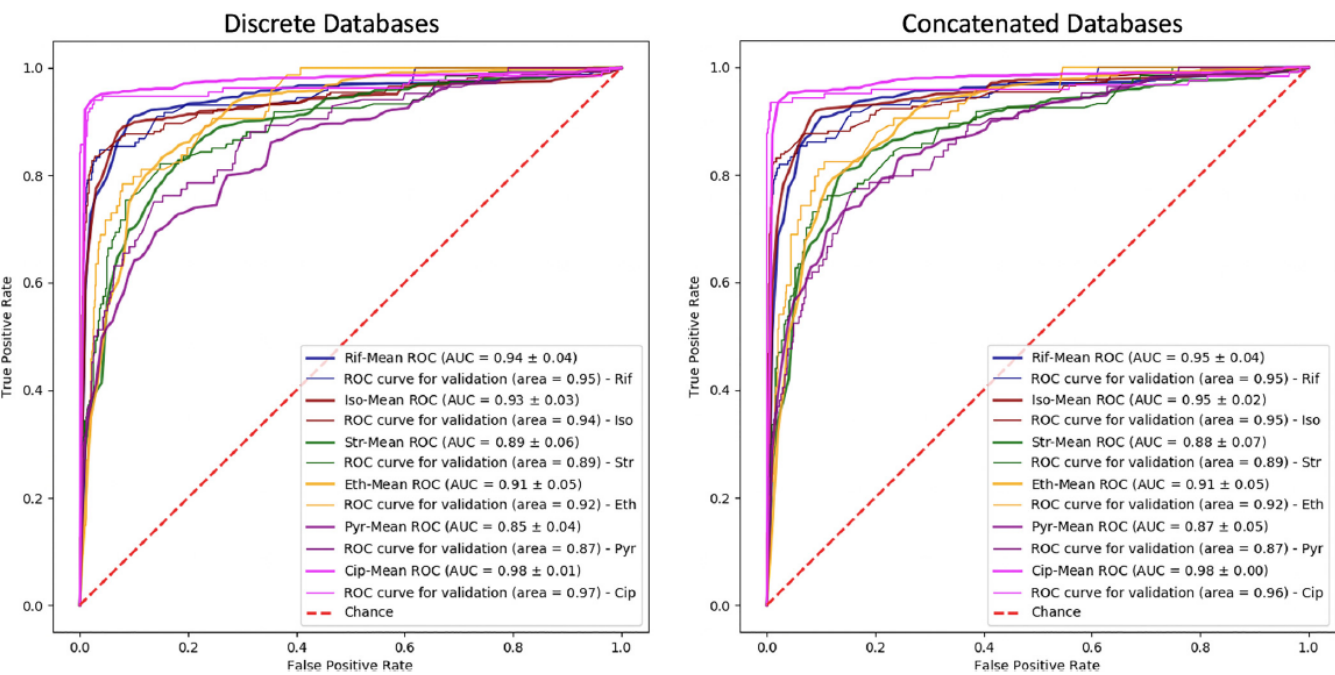


Figure 1 is a [Receiver Operating Characteristic \(ROC\)](#) plot. The plot tells how well an algorithm can predict for something when compared to chance (red dashed line). A perfect predictor would be one that has a line following the path from (0.0, 0.0) to (0.0, 1.0), then from (0.0, 1.0) to (1.0, 1.0). In my case, I will either have three separate plots, one for each algorithm, or I will have one plot with all algorithms being compared. It will depend on the number of antibiotics being used which may lead to too many lines in the plot if all algorithms were combined into one.

Figure 2

The other figure I will try to reproduce:

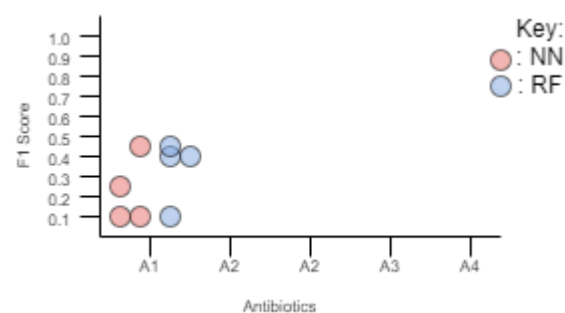


Figure 2 is a symmetric jitter dot plot showing F1 scores for each Machine Learning algorithm over every antibiotic. **F1 scores** are another way to tell how well an algorithm can predict. Each point on the graph is an F1 score for a particular antibiotic/algorithm/MIC combination.

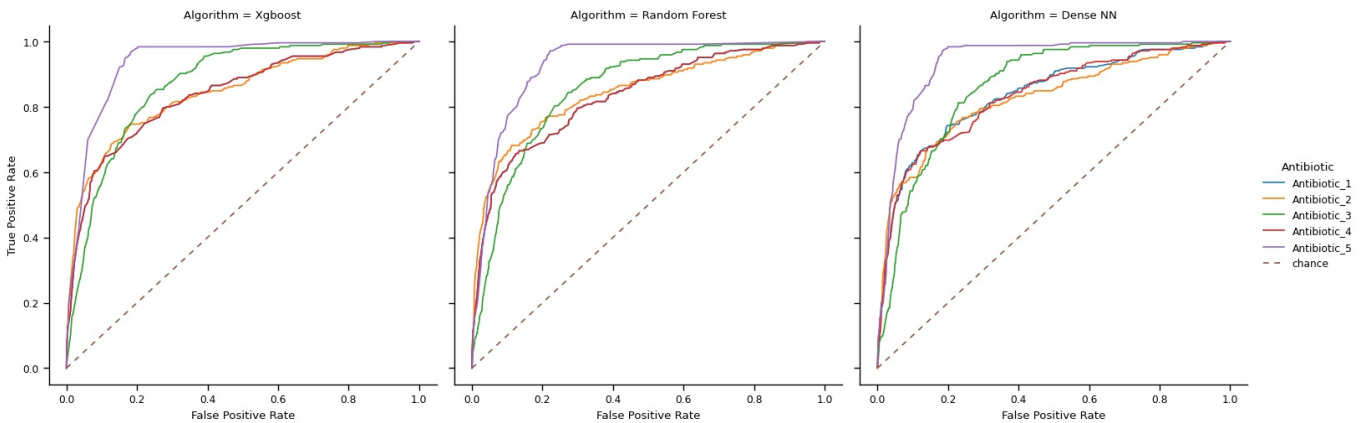
# Results

Figures 3 and 4 below show the results of the algorithms, after hyperparameter tuning. The ROC Curve in Figure 3 reveals Antibiotic 5 can be predicted quite well no matter which algorithm was chosen. Antibiotics 1, 2, and 4 all perform about the same with a lot of False Positives, and Antibiotic 3 is in the middle. However, Figure 4 displays, a similar, but different story. Antibiotic 3's MIC values cannot be predicted by any algorithm with all F1 Scores being 0.00 for all MIC values in each algorithm. Antibiotics 1, 2, and 4 still perform about the same for all algorithms, but now we see that the high performance only comes from one MIC value. Each antibiotic can only predict one MIC value well irrelevant of the algorithm. When comparing the differences between the results in Figure 1, plot from [3], and Figure 3, Figure 1 shows both validation and test ROC curves while Figure 3 only shows test ROC curves. Looking at the different antibiotics given in the two graphs, Antibiotics 1, 2, and 4's ROC curves closely match the ROC curve of Pyr, worst performing antibiotic, in Figure 1. Antibiotic 5 closely matches Cip, best performing antibiotic, in Figure 1.

## Resulting Figures

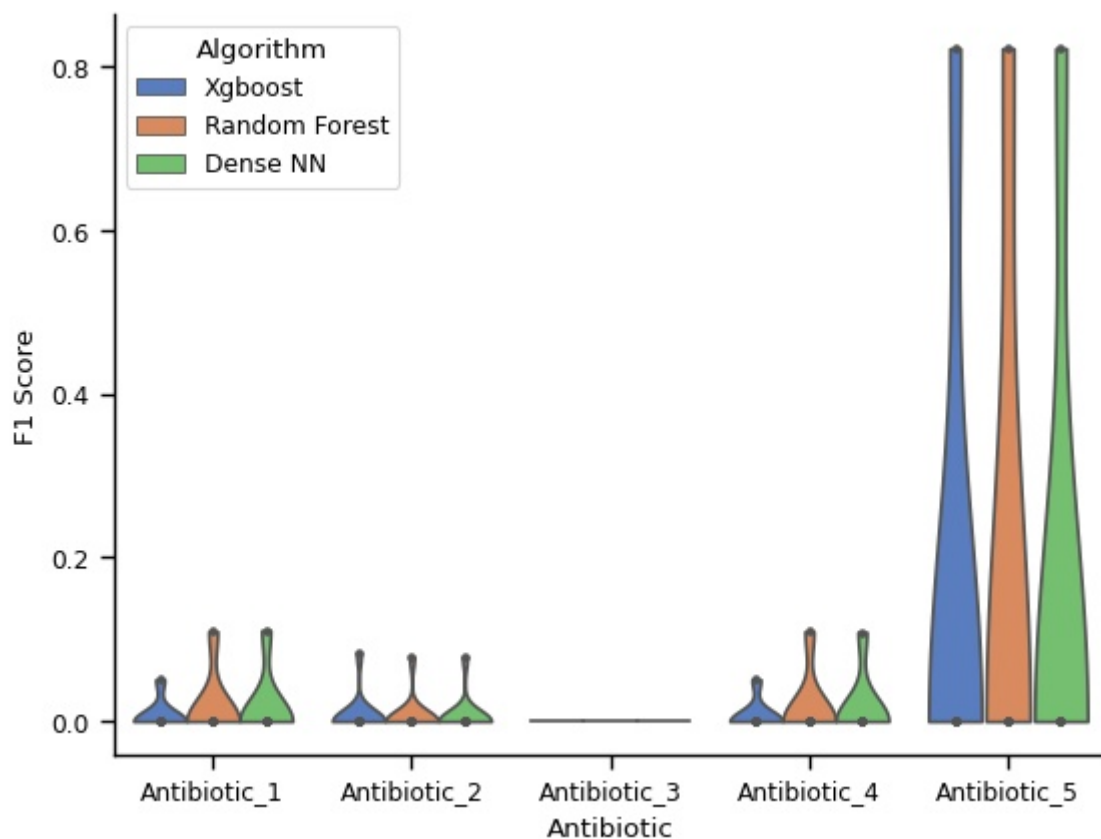
These are the figures for the results, and these figures are the reproductions of Figures 1 and 2 given above.

Figure 3



This Figure shows the ROC **micro-averaged** Curves for each algorithm, antibiotic pair. Something to remember is that each algorithm, antibiotic pair is a separately trained model, so each line in this plot can be seen as the performance for a single model.

Figure 4



This plot is the closest I could get to Figure 2. After plotting all the points, it was too difficult to make it all clean and readable, and the MIC values could not effectively be put next to the correct points. Because MIC values could not be placed properly, it was too difficult to understand that chart. The plot given above shows violin plots for the F1 Scores for each algorithm, antibiotic pair model. Each point in the violin plots is a different MIC value. The width of the individual violin plot tells how many MIC values are stacked at any given position.

## Conclusion

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RF and NN do perform better as compared to XGBoost. Each antibiotic has one MIC value that can be predicted much better than all other MIC values, and the algorithms can all predict that one MIC value roughly the same. Overall, the algorithms cannot predict MIC value for the given antibiotics.

## Future Research

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Something that was never mentioned is how the data looks. If we look at the number of samples of each MIC value for the antibiotics, we see that the MIC values (classes) are skewed towards a particular value. This value is the one MIC for each antibiotic that is predicted well since it was the one that the algorithms most often saw. The study will be extended to see if these skewed sample sizes can be adjusted so that the MIC value counts can be about even. From there, hyperparameter tuning may need to be performed again and tests rerun. Once better results are achieved, feature importances (how importance each gene (feature) is) can be viewed from what the XGBoost algorithm and RF algorithm export. Using either of the two algorithms performed best, a sense of which genes/positions play important roles in having KPN be resistant against the tested antibiotics.

## References

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## Data

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## Reflection

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The biggest thing with reproducibility is that the data is not public. I tried describing what the data looks like well enough so someone can set up their own dataset that could be similar, but they cannot get the original dataset that I used. For robustness, I can run the code multiple times with each time getting, roughly, the same result. This allows me to come back and rerun the code whenever I need to and understand what each thing does.

Regarding setup, going through this course made me set up my code in a much more thought out and proper structure. I usually would just randomly create scripts, folders to hold data, and folders to hold output files. Now, I make a structure and plan for the project before I start anything. In this case, I made the structure, the READMEs, and collected, and explained, the data before I created a single script. This should make it much easier in the future to come back and pick up where I left off.

A rather fun/interesting thing was that this was also the first project I have used seaborn and pandas in. In fact, this is the first project I have made all my graphs through code rather than excel. That made the

reproducibility even better, and I thought it was so neat to see how in 1-3 lines I could have an extremely in depth, and tidy, graph made. I also loved how easy it was to work with, bring in, and export data using pandas. I never once had to use the `csv` python library and almost no for loops. All my data processing lines even extremely small with the largest being about 10 lines. I used to have my data processing be entire files that were over 200 lines each.

In all, even though it took me about 2-3 months to collect and start the project (in other words be extremely behind), using seaborn, pandas, the repo structure we learned, and Jupyter notebooks, I was able to get everything up in running within a few weeks which is record time for me (and it's actually readable!).