Data Pre-processing and Modelling

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We have 4 datasets train_protiens, train_peptides, train_clinical and supplemental_clinical data This report provides description of each dataset and how we have cleaned, preprocessed each 4 of the datasets and finally brought out single usable dataframe (modelling) which is ready for training the models.

Cleaning and preprocessing of train_clinical_data.csv, supplemental clinical data.csv

Specifications of dataset -

- visit id ID code for the visit.
- visit month The month of the visit, relative to the first visit by the patient.
- patient id An ID code for the patient.
- updrs_[1-4] The patient's score for part N of the <u>Unified Parkinson's Disease Rating Scale</u>. Higher numbers indicate more severe symptoms. Each sub-section covers a distinct category of symptoms, such as mood and behavior for Part 1 and motor functions for Part 3.
- upd23b_clinical_state_on_medication Whether or not the patient was taking medication such as Levodopa during the UPDRS assessment. Expected to mainly affect the scores for Part 3 (motor function). These medications wear off fairly quickly (on the order of one day) so it's common for patients to take the motor function exam twice in a single month, both with and without medication.

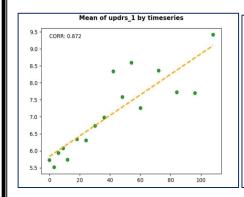
df_clinic									
	visit_id	patient_id	visit_month	updrs_1	updrs_2	updrs_3	updrs_4	medication	CSF
0	55_0	55	0	10.0	6.0	15.0	NaN	NaN	1
1	55_3	55	3	10.0	7.0	25.0	NaN	NaN	1
2	55_6	55	6	8.0	10.0	34.0	NaN	NaN	1
3	55_9	55	9	8.0	9.0	30.0	0.0	On	1
4	55_12	55	12	10.0	10.0	41.0	0.0	On	1
									•••
4833	65382_0	65382	0	NaN	NaN	0.0	NaN	NaN	0
4834	65405_0	65405	0	5.0	16.0	31.0	0.0	NaN	0
4835	65405_5	65405	5	NaN	NaN	57.0	NaN	NaN	0
4836	65530_0	65530	0	10.0	6.0	24.0	0.0	NaN	0
4837	65530_36	65530	36	8.0	4.0	15.0	4.0	On	0
4838 rows × 9 columns									

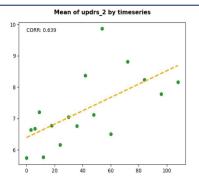
Preprocessing -

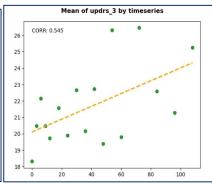
Handling NaN values:

Clearly there are 1, 2 and 25 missing values of updrs_1, updrs_2 and updrs_3 respectively; which is comparatively too low than dataset size. Also in data exploration EDA phase we know that the updrs scores fit in a linear curve (as shown in below figures);

Therefore the most suitable method for updrs_1, updrs_2 and updrs_3 is imputing using linear interpolation And since updrs_4 has almost half its entries as unknown and are MCAR type due to the patient not taking the test we just replaced the value with zero







```
train_cd.updrs_1 = train_cd.updrs_3.interpolate(method='linear', axis=0)
train_cd.updrs_2 = train_cd.updrs_3.interpolate(method='linear', axis=0)
train_cd.updrs_3 = train_cd.updrs_3.interpolate(method='linear', axis=0)
train_cd['updrs_4'] = train_cd['updrs_4'].fillna(0)
```

And now we see:

NOTE: the null values shown in medication shouldn't be updated or modified since it displays if a patient is on or off medication so hence we could just replace them by 1 for (on) and 0 for (off) to remove this.

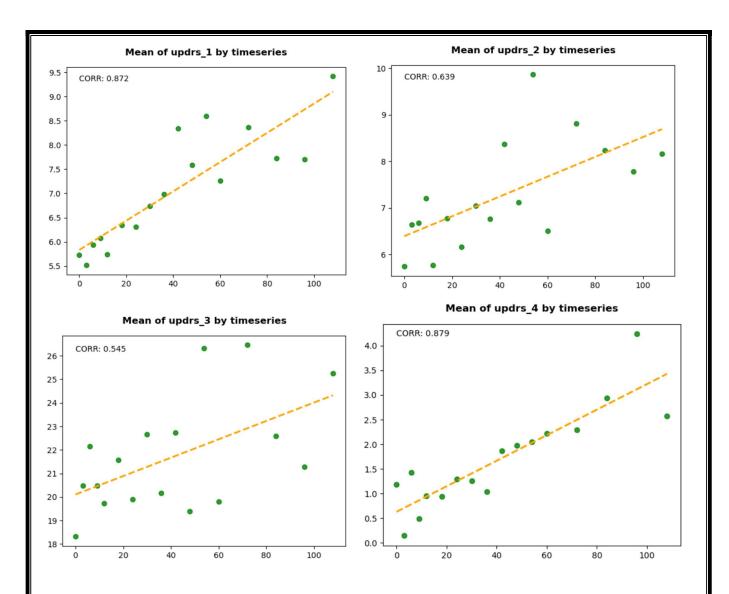
supplemental_clinical_data.csv Clinical records without any associated CSF samples. This data is intended to provide additional context about the typical progression of Parkinsons. Uses the same columns as **train_clinical_data.csv**.

this dataset cannot be used in making our prediction but just to get additional insights on the trends of the clinical data hence we are not cleaning this dataset as it doesn't contain the patients' peptide and protein value obtained from their CSF tests.

The clinical data and supplemental clinical data have been merged in order to observe the trends of updrs values. Viz;

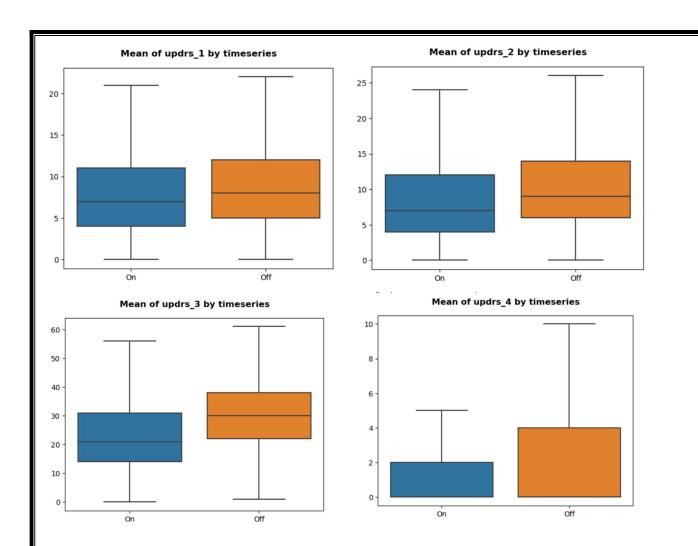
```
df_clinic = []
tmp = pd.read_csv("/kaggle/input/amp-parkinsons-disease-progression-prediction/train_clinical_data.csv")
tmp["CSF"] = 1
df_clinic.append(tmp)
tmp = pd.read_csv("/kaggle/input/amp-parkinsons-disease-progression-prediction/supplemental_clinical_data.c
tmp["CSF"] = 0
df_clinic.append(tmp)
df_clinic = pd.concat(df_clinic, axis=0).reset_index(drop=True)
df_clinic = df_clinic.rename(columns={"upd23b_clinical_state_on_medication": "medication"})
```

Trends in overall updrs vaues have shown that it has been increasing and thence can be used for linear interpolation and also it is expected nature.



Now we are interested in knowing whether medication has been effective in order to know whether to consider it as a parameter for modelling or not.

Clearly, median of medication 'ON' being lower than that of 'OFF' signifies that medication has been affective and hence **Medication is to be considered as parameter while modelling.**



Cleaning and preprocessing of train peptides.csv, train proteins.csv

Specifications of Dataset -

Mass spectrometry data at the peptide level. Peptides are the component subunits of proteins.

- visit id ID code for the visit.
- visit month The month of the visit, relative to the first visit by the patient.
- patient id An ID code for the patient.
- UniProt The UniProt ID code for the associated protein. There are often several peptides per protein.
- Peptide The sequence of amino acids included in the peptide. See <u>this table</u> for the relevant codes. Some rare annotations may not be included in the table. The test set may include peptides not found in the train set.
- PeptideAbundance The frequency of the amino acid in the sample.

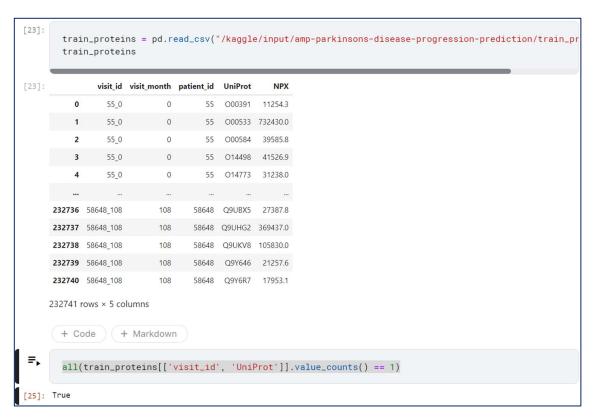


This shows that there are no missing values in the data and there is no scope of inconsistency since this data is from a authentic source and all the variables have matching value types as they should and relevant datasets of this sort have the same datatypes hence We can say this data is already good to go

train_proteins.csv Protein expression frequencies aggregated from the peptide level data.

- visit_id ID code for the visit.
- visit_month The month of the visit, relative to the first visit by the patient.
- patient_id An ID code for the patient.
- UniProt The UniProt ID code for the associated protein. There are often several peptides per protein. The test set may include proteins not found in the train set.

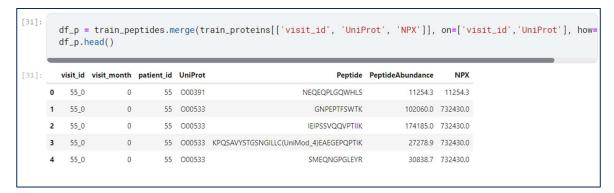
• NPX - Normalized protein expression. The frequency of the protein's occurrence in the sample. May not have a 1:1 relationship with the component peptides as some proteins contain repeated copies of a given peptide.



Therefore similar to the peptides data that there are no missing values in the data and there is no scope of inconsistency since this data is from a authentic source and all the variables have matching value types as they should and relevant datasets of this sort have the same datatypes hence We can say this data is already good to go.

Now-since proteins are made of peptides, its appropriate to combine datasets of both proein and peptide together and hereby reducing the dimensionality.

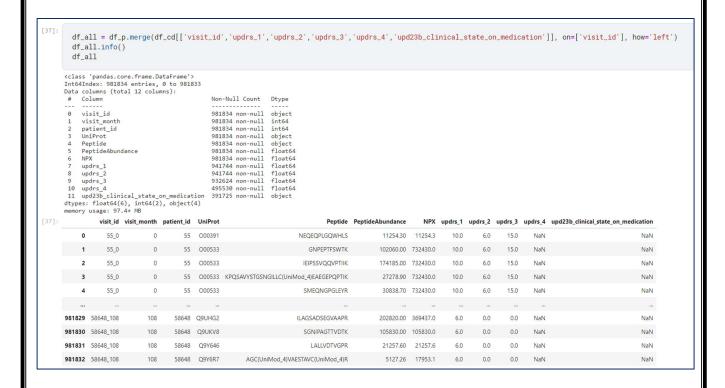
We pivot both datasets about visit_id and then merge accordingly



Getting data-frame ready for training

Now we have arrived at a clean, preprocessed datasets of clinical data and protein-peptide data (reduced from 4 datasets to two by handling missing values and merging)

In order to be able to train we have to extract proper features into single dataframe and thence pass it to model which we have achieved by combining the two datasets pivoted at visit ID as shown:



Conclusion

Using the inferences from EDA in past weeks, we have efficiently understood the pattern in disease growth and thence applied appropriate methods as forementioned in report to handle missing values and deciding on which parameters to consider for model (for instance whether patient was on medication or not).

Also with some background research of proteins, we understood the connection between proteins and peptides and thence reduced dimensionality of data and finally by combining above two datasets (reduced dataframes) we obtained a final dataframe ready to be trained on various models to obtain targets (updrs values).