Analysis and display of data from pediatric CPET with SCILAB

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1. Background

Cardiopulmonary Exercise test (CPET) is a gold standard method for the assessment of cardiopulmonary fitness. Cardiopulmonary fitness is an important criterion in medical care. Indeed, low levels of cardiorespiratory fitness are associated with high risk of cardiovascular disease, and all-cause mortality, as well as mortality rates. (1) Obviously, exercise test is often used in cardiologic clinicals. CPET consist of maximal or symptom-limited test, with continuous recording of an electrocardiogram, gas exchange, blood pressure and other physiologic and perceptual responses. Then, variables are collected and utilized for interpretation, and provide the medical report to patients (2). Thus, this step is particularly important and is time consuming. Furthermore, interpretation and collection of date depends directly of the software used. In our laboratory, we always use **COSMED software.** If you are using another software, scripts will not run correctly. Indeed, COSMED software generates csv.file with specific rows and columns, so the script is only running on this type of file.

2. Problematic

As we saw before, interpretation of physiological variables, generated by cosmed software takes times, and could introduced some errors.

Well-functioning of clinical service depends of time used for patient medical check-up. If we can minimize waiting time for patients in the waiting room, it is a good argument to promote process automation. In addition, cardiologist reports, by themselves, values in pre-print medical report. So, this step could introduce a lot of errors. Therefore, it could be interesting to paste values automatically in standardized pre-print medical report (.txt). Then, cardiologists must check if the scripts have run correctly, and report some adverse event / or missing values that was not written in COSMED xls.file. Medical report could be printed and given to the patient right after ending exercise test.

Updating data base is a major issue as well, that process automation can resolve easily. From researcher point of view, updating date base could be interesting to analyze cardiopulmonary variables from large cohorts. In the end, large cohort analyses could be used for publication.

3. <u>Aims</u>

- To help health professional to report CPET Data in preprint medical report. To improve the reliability of report data by programming language.
- To save data from all patient in protected and confidential database.

4. Pre-requisite

4.1. CPET Data extraction

Make sure that your CPET software is COSMED.

4.2. <u>Data extracted (.xlsx) look like this (as below):</u>

• Sheet 1-Data: Detailed results, recording of variable all along CPET Time

Spirométrie										
Paramètre	um	Pré	% Préd.	Post Ex	% Change	Normal	Niveau			
CVF	L	1,58	104	-	- 0					
VEMS	L	1,36	99	-	-	>1,22				
VMV	L/min	47,6	-							
Protocole										
Paramètre	um	Mesure	Repos	Échauffement	SV1	SV2	Max	Préd.	% Préd.	Normal
t	s				03:57		06:54			
Power	Watt			10	40		70			
Revolution	RPM			62	69		45			
Métabolique										
Paramètre	um	Mesure	Repos	Échauffement	SV1	SV2	Max	Préd.	% Préd.	Normal
VO2	mL/min		203	256	638		1015	1000	102	>840
VO2/kg	mL/min/Kg		8,1	10,2	25,5		40,6	40		>33,6
METS			2,3	2,9	7,3		11,6		-	
QR			0,93	0,81	1,01		1,08		-	
Ventilatoire										
Paramètre	um	Mesure	Repos	Échauffement	SV1	SV2	Max	Préd.	% Préd.	Normal
Pente VE/VCO2		35,5	•					-	-	
VE/VCO2 interc.	L/min	-1,7								
OUES	ml/min/l/min	1016					6			
VE	L/min		6,4	6,6	21,2	2	35,8			
RR	%			-,-	55,4		24,8	-	-	
VC	L(btps)		0,333	0,307	0,749		0,692			
F.R	1/min		19,2	21,4	28,3		51,7			
	2,		25,2	,-	20,5					
Cardiovasculaire										
Paramètre	um	Mesure	Repos	Échauffement	SV1	SV2	Max	Préd.	% Préd.	Normal
FC	bpm		69	82	111		151	213	71	>192
RFC	bpm	62						-	-	
FCR_1_minute	bpm	54						-	-	
Pente VO2/Puiss.	mL/min/Watt	13,79						-	-	
VO2/FC	mL/beat		3	3,1	5,7		6,7	-	-	
Échanges Gazeux										
Paramètre	um	Mesure	Repos	Échauffement	SV1	SV2	Max	Préd.	% Préd.	Normal
VO2@SV1	mL/min	638						400	160	>400
PetCO2	mmHg		36	36	35		33			
PetO2	mmHg		109	103	112		116			
VE/VO2					30,2		33,3			
VEA/CO2					29.7		30.8	_	-	

Sheet 2- Results: Synthetic results with Time of measure and labels of CPET Variables

D1		Date du test		Pression Barométrique (mmHg)	755	t	F.R	VC	VE	VI	VO2	VCO2	QR	O2exp	CO2exp	VE
iom de famille		Heure du test		Température Ambiante (*C)	24	s	1/min	L(btps)	L/min	mL	mL/min	mL/min		mL	mL	
rénom		Durée du test	09:52	Humidité Relative Ambiante (%)	38											
exe	Femme	Durée de l'exercice	05:14	Température au débitmètre (°C)	34	00:00	19,67	0,341	6,708	369	236,0468736	195,6865231	0,83	57,2	12,	4
ge	7	Type de sujet	Médical	Humidité Relative au débitmètre (%)	100	00:03	19,93	0,332	6,611	411	226,9370972	192,781473	0,85	55,9333333	12,066666	.7
aille (cm)	122	Type de test	Maximal	STPD ()	0,8204	00:06	19,26	0,344	6,62	428	220,0482108	190,7850864	0,87	58,36	12,3	4
oids (kg)	25	Ergomètre	COSMED Bike	BTPS Ins ()	1,1005	00:09	18,59	0,339	6,301	431	205,9899808	180,4663114	0,88	57,74	12,0	8
Date Naissance		Protocole	E10w-I10w	BTPS Exp ()	1,0199	00:12	18,56	0,354	6,564	428	208,6853723	189,4218699	0,91	60,5	12,	7
		Effort Maximal	Non confirmé	# paliers	295	00:16	18,4	0,35	6,449	429	220,1576732	190,3997537	0.86	59,1	12,9	2
		Réponse ECG	Aucun	BSA (m2)	0,91854768	00:19			6,274		213,1458172			56,5	12,4	
		Motif du test	Aucun	IMC (kg/m2)	16,8	00:22	19.31	0.328	6.34	414	215,3656929	191,8937937	0.89	55,38	12,	4
		Motif d'arrêt du test	Aucun	FC Max	213	00:25	20,27	0.333	6,742	417	223,5780574	204,6482421		56,3	12,	
		Position Test	Non défini	Utilisateur 1 ()		00:28		0,326		430	213,4684001	199,3874322		55,5	12,3	
		Motif du test	Aucun	Utilisateur 2 ()		00:31		0,328		435	186,99528	190,6274932		57,54	11,8	
				Utilisateur 3 ()		00:34			6,474		186,3067484	189,038302		59,3	12,2	
						00:37	18,74	0,321			167,6988759	171,482215		56,5	11,3	
						00:43			5,543		153,9230153	155,1407094		52,32	10,	
						00:47	19,39	0,274		366	156,688348	147,0717983		47,82	9,4	
						00:50			5,013		153,570421	140,3194236		42,58	8,6	
						00:52			5,247		165,3160491	148,811029		43,6	9,0	
						00:55			5,449		173,4832298	155,597787		44,18	9,2	
						00:58			5,884		190,617667	172,4796808		49,58	10,7	
						01:01			5,984		196,6284993	177,9813247		50,74	11,1	
						01:05			6,274		213,6536209	186,5177239		52,8	11,8	
						01:07	20,8		6,054		213,5288214	178,8779209		48,34	10,9	
						01:10			6,121		226,7819199	181,6420457		46,58	10,6	
						01:12	-		6,231		251,15902	190,429393		43,56	10,4	
						01:15		0,293			285,9490849	210,6460295		46,7	11,4	
						01:18			6,975		296,0971472	218,0699777		47,52	11,7	
						01:20			7,204		313,7669744	229.1878158		49.14	12,3	
						01:23			7,157		314,229984	228,9837807		48,48	12,2	
						01:25			7,309		323,1046735	236,7407405		49,7	12,8	
						01:28			7,736		339,7120481	251,4476229		55,54	14,3	
							21.72		8,255		359,9879084	268,4134406		59,84	15.	
						01:34	-	0,387			342,0698227	260,6721932		61,3	15,6	
						01:34			8,209		348,3366831	266,2216638		62,72	16,1	
						01:40			7,994		333,8478151	254,6289201		61,34	15,3	
			_			01:45	21.4		7,541		314,5645463			56.18	14,0	
			-				21,4		6,897		291,1272674	219,92468		51,36	12,8	
						01:51			6,872		291,4661202			49,44	12,2	
						01:51			7,059		302,7180914	226,828826		52,68	13,2	
						01:56			7,622		320,9878971			57,9	14,8	
						02:00			7,502		307.341776			57,66	14,7	
						02:00								59,22		
							20,49		7,602		308,3724539	246,7560138		59,22	15,2	

4.3. Save as XLS file

Then, open this .xlsx file, and save as: "filename.xls". Be careful with this step, the script runs xls.file ONLY and filename have to be short name, no special character, punctuation marks, or blanks.

5. Import data in Scilab

5.1. Installation of Scilab

You first need to install Scilab on: https://www.scilab.org

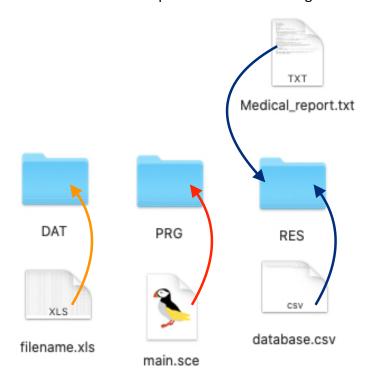
5.2. <u>ScilabDataAnalysisTemplate</u>

We used ScilabDataAnalysisTemplate available on:

https://github.com/DenisMot/ScilabDataAnalysisTemplate#scilabdataanalysistemplate

This is a template for data analysis with scilab. You have to follow this organization structure.

- PRG providing a minimum set of ingredients for CPET analysis: that we explain later (see chapter XXX)
 - getValue.sci
 - PasteValue.sci
 - getInformation.sci
 - PasteInformation.sci
 - initTRT.sce (structure organization)
- Do not modify the names and organisation of the directories
 The DAT+PRG+RES structure is expected when initialising in InitTRT.sce



6. Script manipulation

6.1. How to run the script?

On your computer:

- Open main.sce
- Double click on main.sce might not work... depending on your OS.
 Opening files from SciNotes always works (File menu -> open).

 Change the name of csv.file. You have to write namefile without .csv. You can see example above with test1.csv file in DAT.

```
Name= "T003";// Name of the file, file have to be placed in DAT File
Name_txt= Name+".txt"; // output of this scrips is "Name.txt"
Name_xls= Name+".xls"; // should be an excel 2003 file, not xlsx.
//Cosmed software will generate xlsx,read the document provided with script
Fullfname = fullfile(DAT_PATH,Name_xls);
Sheets= readxls(Fullfname); // define number of sheets
```

• Then, you can click on "execute". See the picture below



6.2. How does function in PRG work?

We created four different functions placed in PRG file:

6.2.1. getValue.sci

This function read a value of interest in sheet 2 "Results". We need to know the line and the column.

For the application of this function, you need to give three input argument:

- 1- Measure: What we want to read
- 2- *TimeOfMeasure:* Where/which moment do we want to read measure
- 3- Valsheet: Scilab matrix which contains "results" data (sheet 2) of CPET
- 4- Example:

```
RerMax= getValue(Val_res, "QR", "Max");
In Val_res matrix, get value of Maximum Respiratory Exchange ratio at maximum of the effort.
```

6.2.2. getInformation.sci

This function reads a value of interest in sheet 1 "Data". For the application of this function, you need to give two input arguments:

- 1- Measure: Information of interest, what we want to read
- 2- Namefile: Scilab matrix which contains "Data" (sheet 1) of CPET
- 3- Example:

```
DateOfBirth=getInformation("Date Naissance",Str_info);
In Str_info matrix, get value of "Date Naissance".
```

6.2.3. PasteValue.sci

This function pastes our value of interest (cf: getValue.sci) in DataBase file. We need to know the index line and column to paste value in correct cell. For the application of this function, you need to give three input argument:

- 1- Measure: What we want to paste
- 2- <u>TimeOfMeasure</u>: Where/which moment we want to paste
- 3- *Value*: The previous value that we got with getValue.sci
- 4- Namefile: Scilab matrix opened from database file (RES file)

5- Example:

```
DataBase=PasteValue(DataBase, RerMax , "QR", "Max") ;
In DataBase, paste RerMax (getValue.sci), with index of Respiratory
quotient at maximum.
```

6.2.4. PasteInformation.sci

This function pastes our information of interest (cf:getInformation.sci) in DataBase file. For the application of this function, you need to give three input arguments:

- 1- Measure: What we want to read in namefile
- 2- Value: Values that we got with getInformation.sci
- 3- Namefile: Scilab matrix opened from database file (RES file), and we paste information into it

4- *Example*:

DataBase=PasteInformation(DataBase,DateOfBirth, « Date Naissance »);

In DataBase, paste DateOfBirth(getInformation.sci), with index of "Date Naissance". Use this index to paste DateOfBirth value got by getInformation.

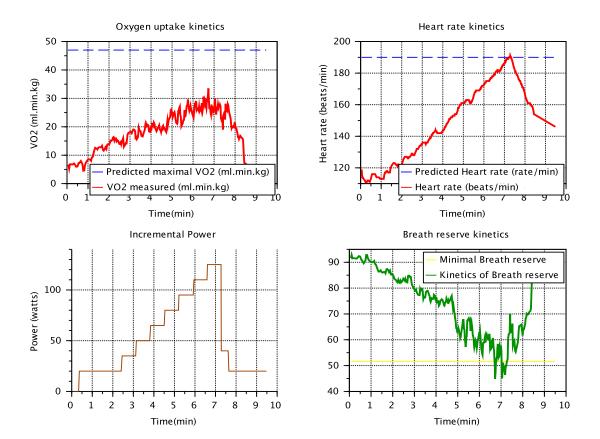
6.2.5. Display graphic in Scilab Console

At the end of the script, I created a "BONUS plot", that will save in RES file as: "Graphics_Name.pdf". It could be help to judge about maximality of CPET. Even if COSMED software offers some graphics, you can, in the same time, run script on scilab and get graphics is displayed in the console. I have often used kinetics in pediatrics population, because maximality criterion is not evident as much as it could be in adult population.

In addition, graphics make interpretation easier for health professionals. In that sense, I make a representation of predicted values versus values measure on the same graph.

Finally, you can print this graphics (RES file) and keep in medical file of patient.

As an extra tip, make sure that you delete graphics and medical report in RES file, because when you will run a bunch of patient scripts, RES file could be full of graphics and medical report. So, cleaned up your RES file as soon as you get time.



6.3. Can we modify the script?

Every cardiology service has its own medical report. Obviously, you can change sentence in medical report. I wrote some example down:

6.3.1. Sentences in medical report

Our medical report pre-print cannot be correct for all cardiologist center. It has to fit to your data as much as possible.

```
Initial instructions :
   Medical_report(27,1)=("Réserves ventilatoires entamées/non entamées à ")+string(BreathresMax)+" % ";
   You can modify instructions:
   Medical_report(29,1)=(" Réserves ventilatoires en fin d'effort est égale à ")+string(BreathresMax)+" % ";
```

6.3.2. Variable's name

Variables name's is editable as much as you want BUT you have to change variable name in ALL script, even in function if it necessary. To do this, you can simply click on Edit> Search> Replace

6.3.3. Change Values pasted

In this script, I choose some variables interesting in my topic. You can easily pick another value by get value function, and paste by PasteValue function.

I give an example right here:

6.4. If Scilab console display error message

Make sure that your file has no empty cell or missing values. For example, if VO2 doesn't appear in your input file (.xls), Scilab console displays error message.

I gave some examples of modification, but you can do as you prefer. This script must fit to your problematic, so feel free to modify some instructions.

6.5. Before saving and printing medical report

After running script, you can edit, modify, print txt file. You have to click on RES file, and find .txt file with matching name. Then, make sure that you have respected following rules:

- 1- Complete header of medical report (lines 1 to lines 5). Be careful to keep file anonymous.
- 2- Write in "Plan cardiologique" if there some adverse events on ECG. You can write them down on line ": Sur l'ECG ". Script doesn't interpretate EKG, and adverse events have to be reported by cardiologist.
- 3- Write in "Bilan", the interpretation of CPET variables. Script doesn't interpretate CPET variables. Script only interpretates VO2 value, if VO2peak >80 % predicted value, it's written "Maximal CPET", following by VO2 peak value. If it not the case, it's written" Not maximal CPET", so you have to be moderate in your interpretation.
- 4- Check all values, and correct some incoherent values with input file drop in DAT file.
- 5- Now, you can print or save your medical report

```
Medecin demandeur:
Motif de consultation:
Protocole de Recherche:
 Activité physique :
Traitement :
EFR PRE EFFORT :
VEMS = 2.39L soit 98 % de la théorique
VEMS/CV = 89 % CVF= 2.68 L soit 94 % de la théorique
PROTOCOLE

Epreuve d'effort <u>cardiorespiratoire</u> de type triangulaire avec mesure de la VO2Max

Protocole = E20w-I20w et une pente VO2/W = 8.19

Epreuve d'effort maximale avec pour critères de maximalité:

- VO2 max = 45.6 ml/min/kg soit 97 % de la VO2 prédite

- Fc max = 200 bpm soit 96 % de la FC prédite et Puissance max =140 watts

- QR max 1.05 et QR repos 0.78

- <u>Dyspnée</u> perçue: 8

- Possibilité de maintenir la vitesse de pédalage
 PLAN CARDIOLOGIQUE
Profil tensioned normal avec une P syst à 120mmHg au max de l'effort
Cinétique du Pouls d'02 : repos 1.8 ml/htts au SVI 7.7 ml/htts et au max 8.9 ml/htts
Sur l'ECG : Absence Sous décalage ST / Absence Trouble du rythme / absence d'ESV
PLAN KESPIRAIOIRE
Réserves <u>ventilatoires</u> entamées/non entamées à 32.4 %
Fréquence Respiratoire correcte / Polypnée d'effort (FR Max = <u>46.7cxc</u>/min)
Hyperventilation/Ventilation alvéolaire (PetCOZ = 40 mmHg)
Augmentation du VC (x4) avec : Repos = 292 ml et Max = 1210 ml soit VC/Kg = 31 ml/kg
Équivalent respiratoires : VE/VCOZ au max de l'effort = 27.7 et VE/VOZ au max de l'effort = 29.1
Inefficacité/ Efficacité respiratoire avec Pente VE/VCOZ au max de l'effort = 27.4
OUES = 1940 ml/min/l/min
 PLAN PÉRIPHÉRIQUE
Seuil <u>ventilatoire</u> (SV1) estimé à 33.2 ml/min/kg soit 71 % de la VO2 max Théorique pour une fréquence cardiaque de 168 bpm et une puissance de 100 Watts
BILAN
Epreuve d'effort maximale avec aptitude aérobie normale (VO2kg =45.6ml/min/kg soit 97 % de VO2 théorique)
Bonne condition musculaire périphérique
Bonne / Mauvaise adaptation cardiovasculaire ; Absence / Présence de trouble du rythme
Bonne / Mauvaise adaptation respiratoire
```

7. Data base output

After running script, you can check if values have been printed in Output Database file (RES file). If it not the case, try to run at another time. Data base will store new lines for each patient. Over time, lines are accumulating in table, it is practical way to make a database of all of your patient.

As an extra tip, make sure that you haven't simultaneously open database output file and run script in Scilab. In that case, database output could not be updated by patient that you have just add by running script.

8. Perspective

Makes interpretation more effective. As we mentioned before, pediatric CPET have a lot of inter-variability. It is complicated to make automatic interpretation of maximality (ex: Respiratory variables interpretation). It could be interesting to explore a lot of data in pediatrics in order to improve our script and improve our interpretation process.

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UE9-E10 : Analyse et visualisation de données expérimentales avec Scilab

• If you're working with adults, you can modify some instructions to give more

automatization process in your script. For example, maximal criteria of CPET in adults

is the same for all of them, so you can modify script and making it more effective.

This script didn't interpret any values of EKG. A domain- expert professional have to

check, and register if a serious adverse event takes place. Over time, we could

improve our script, and using row data (sheet 1) to detect some serious adverse

events.

Application of this script is limited on COSMED Software. One of these perspectives is

his application in other major CPET software.

9. Conclusion

This script was made for helping health professionals, cardiologists using CPET Cosmed

software. To some extent, process automatization makes life easier, they do not have to write

down themselves medical report anymore. Scripts do it with some sentences pre-print, and

could be modified for fitting as much as possible for your population. Second, professionals

CPET user's save a lot time, and they just interpretate CPET values print on medical report.

On top of that, this Scilab script stores values of all patient who have done CPET in Output

database file. You can analyze different CPET patient in the same time, but keep in mind data

protection principles.

On the whole, this script is useful for sure, but it cannot replace human being verification,

particularly during adverse event occurrence and/or interpretation or missing values during

CPET. Actually, it's not our objectives by create this script.

Watch TUTORIAL VIDEO: https://youtu.be/AKPK5kO6MOo

10. Bibliography

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