#### In OSIC Pulmonary Fibrosis Progression competition

on Kaggle, participants are tasked to determine the likelihood of recovery (**prognosis**) of several

patients affected by a lung disease. For each patient, the maximum volume of air they can exhale after a maximum inhalation (**FVC**, Forced Vital Capacity) is measured over the weeks, for approximately 1-2 years of time.

In addition, we have the following information about these people:

- A chest computer scan obtained at time Week=0
- Their age
- Their sex
- Their **smoking status**: currently smokes, ex-smoker, never smoked

The challenge is to **assess the lung function's health by forecasting the FVC** (I'm not asking myself here, if it's the good or bad way to do that). What I like about this competition, is that there are **many ways to approach it**. Here's a non-exhaustive list:

1.One way could be to **construct a Statistical/Machine Learning (ML) model on the whole dataset**, and study the (conditional) distribution of the FVC, knowing the scan, age, sex, and smoking status. In this first approach we consider that disease evolution can be generalized

among categories of patients sharing the same patterns. A Bayesian ML model could capture the uncertainty around predictions, or we

could use a more or less sophisticated bootstrapping procedure for the same purpose. Or, even, consider that ML model residuals are irregularly spaced time series.

2. Another way, the *quick and dirty* one I'll present here, **considers each patient's case individually**. Age, sex, smoking status and

the chest scan are not used, but the measurement week is. If we are only interested in forecasting the **FVC**, the approach will be fine. But if we want to understand how each one of the factors we previously described influence the FVC, either individually or in conjunction, then the first approach is better.

### 0 - Functions

These are the functions that I use in the analysis. The first one extracts a patient's information from the whole database, based on his/her identifier. The second one fits a smoothing spline to a patient's data, and forecasts his/her FVC.

#### get patient data

```
suppressPackageStartupMessages(library(dplyr))

# 0 - 1 get patient data -----
get_patient_data <- function(id, train)
{
    df <- dplyr::select(dplyr::filter(train, Patient == id), c(Weeks, FVC))
    df$log_Weeks <- log(13 + df$Weeks) # the relative timing of FVC
measurements (varies widely)
    df$log_FVC <- log(df$FVC) # transformed response variable</pre>
```

```
df$Patient <- id
  return(df)
}
fit and forecast FVC
\# 0 - 2 fit, predict and plot -----
fit predict <- function(df, plot =TRUE)</pre>
 min week <- 13
  n <- nrow(df)</pre>
  test seq week \leftarrow seq(-12, 133)
  log test seq week <- log(min week + test seq week)</pre>
    # Fit a smoothing spline, using Leave-one-out cross-validation for
regularization
    fit_obj <- stats::smooth.spline(x = df$log Weeks,</pre>
                                       y = df \log FVC,
                                       cv = TRUE)
    resids <- residuals(fit obj)</pre>
    mean resids <- mean(resids)</pre>
    conf <- max(exp(sd(resids)), 70) # https://www.kaggle.com/c/osic-pulmonary-</pre>
fibrosis-progression/overview/evaluation
    preds <- predict(fit obj, x=log test seq week)</pre>
    res <- list(Weeks_pred = test_seq_week, FVC_pred = exp(preds$y))</pre>
    conf sqrt n <- conf/sqrt(n)</pre>
    ubound <- res$FVC pred + mean_resids + 1.96*conf_sqrt_n # strong</pre>
hypothesis
    lbound <- res$FVC pred + mean resids - 1.96*conf sqrt n</pre>
  if (plot_)
    leg.txt <- c("Measured FVC", "Interpolated/Extrapolated FVC", "95%</pre>
Confidence interval bound")
    plot(df$Weeks, df$FVC, col="blue", type="l", lwd=3,
         xlim = c(-12, 133),
         ylim = c(min(min(lbound), min(df$FVC)),
                   max(max(ubound), max(df$FVC))),
         xlab = "Week", ylab = "FVC",
         main = paste0("Patient: ", df$Patient[1]))
    lines(res$Weeks pred, res$FVC_pred)
    lines(res$Weeks pred, ubound, lty=2, col="red")
    lines(res$Weeks_pred, lbound, lty=2, col="red")
    abline(v = max(df$Weeks), lty=2)
    legend("bottomright", legend = leg.txt,
```

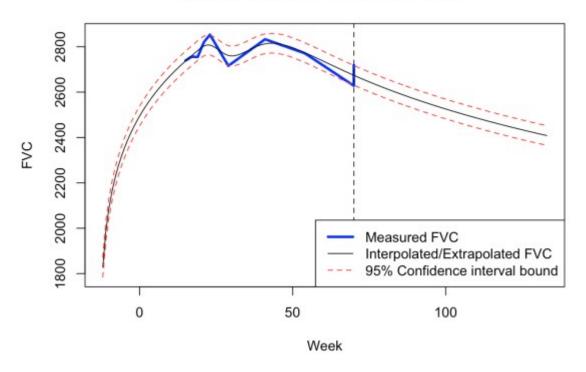
## 1 - Import the whole dataset

```
# Training set data
train <- read.csv("~/Documents/Kaggle/OSIC August2020/train.csv")
# Training set snippet
print(head(train))
print(tail(train))
 # Training set snippet
 print(head(train))
                    Patient Weeks FVC Percent Age Sex SmokingStatus
 ## 1 ID00007637202177411956430 -4 2315 58.25365 79 Male
                             5 2214 55.71213 79 Male
 ## 2 ID00007637202177411956430
 ## 3 ID00007637202177411956430
                             7 2061 51.86210 79 Male
                             9 2144 53.95068 79 Male
 ## 4 ID00007637202177411956430
 ## 5 ID00007637202177411956430
                             11 2069 52.06341 79 Male
 ## 6 ID00007637202177411956430 17 2101 52.86865 79 Male
```

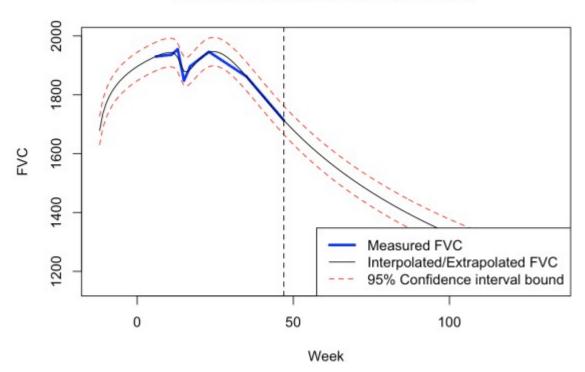
```
## Patient Weeks FVC Percent Age Sex SnokingStatus
## 1544 ID00426637202313170790466 11 2976 73.07730 73 Male Never snoked
## 1545 ID00426637202313170790466 13 2712 66.59464 73 Male Never snoked
## 1546 ID00426637202313170790466 19 2978 73.12641 73 Male Never snoked
## 1547 ID00426637202313170790466 31 2908 71.40752 73 Male Never snoked
## 1548 ID00426637202313170790466 43 2975 73.05275 73 Male Never snoked
## 1549 ID00426637202313170790466 59 2774 68.11708 73 Male Never snoked
```

# 2 - Predict FVC for a few patients (4)

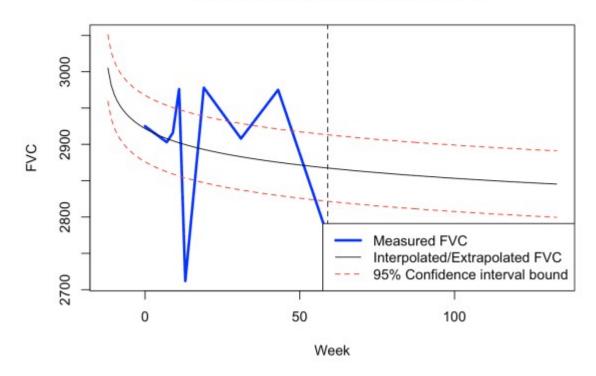
### Patient: ID00421637202311550012437



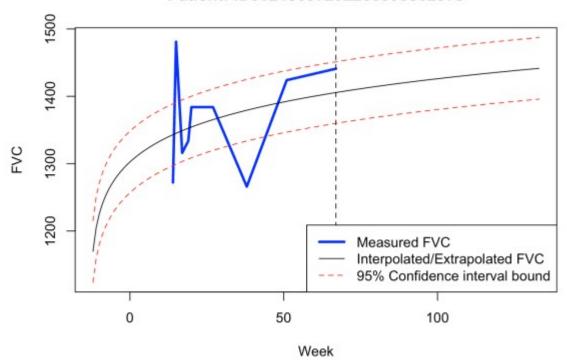
### Patient: ID00422637202311677017371



### Patient: ID00426637202313170790466



### Patient: ID00248637202266698862378



For a *quick and dirty* baseline model, this one seems to produce quite coherent forecasts, which could be used for decision making. Of course, validation data (unseen by the model) could reveal a whole different truth.