...In this post, some feature engineering will be done.

```
library(tidyverse)
load("CAP_EDA2.RData")
theme_set(theme_light())

plt_common<- function(datafr, var, glued_title, s_title){
  datafr %>% mutate(var_reordered =fct_reorder({{var}}, rel))%>%
    ggplot(aes(var_reordered, rel, fill=rel)) + geom_col() + coord_flip() +
  scale_fill_viridis_c(option = "cividis", alpha = .5) +
  scale_y_continuous(labels=scales::percent_format()) + labs(title=
  glue::glue(glued title), subtitle = s title, x="")}
```

Antibiotics used

The goal is to have a frequency breakdown on the types of antibiotics used and lump the infrequent types of antibiotics used.

Patients who were not prescribed antibiotics will be separated for this analysis

```
df_abx<-df %>% filter(Abx_no!=0)
df abxNo<-df %>% filter(Abx no==0)
```

Currently, the type of antibiotics used is displayed as binary variables in a wide format.

```
df %>% select(Abx AmoxicillinSulbactam:Abx OtherYN) %>% head()
## # A tibble: 6 x 17
   Abx Amoxicillin~ Abx Amoxicillin~ Abx Amoxicillin~ Abx Ampicillin
##
## 1 No
                   No
                                                  No
## 2 Yes
                   No
                                   No
                                                   No
## 3 Unavailable Unavailable Unavailable
## 4 No
                   No
## 5 No
                   No
                                   No
                                                   No
## 6 No
                   No
                                    No
\#\# \# ... with 13 more variables: Abx_AmpicillinSulbactam ,
####
     Abx Azithromycin , Abx Ceftriaxone , Abx Cefotaxime ,
## # Abx ClarithromycinOral , Abx Cefepime ,
## # Abx_ClarithromycinIV , Abx_Doxycycline , Abx_Levofloxacin ,
## # Abx Moxifloxacin , Abx Piperacillin , Abx Trimethoprim ,
## # Abx OtherYN
```

Additionally, the details of other types of antibiotics used is stored in a different column, Abx OtherDetail.

```
## 9 No
## 10 No
```

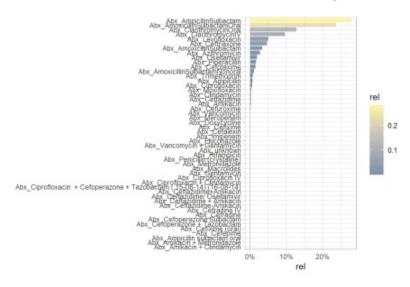
The dataframe will need to be pivoted to a long dataframe. The values of Abx_OtherDeail will be used during wrangling to have a complete set on types of antibiotics used in the study.

```
long_df<-df %>% pivot_longer(cols = Abx_AmoxicillinSulbactam:Abx_OtherYN,
"Abx_type", values_to= "Used") %>%
    #abx prescribed
    filter(Used=="Yes") %>%
        # integrate details from Abx_OtherDetail to expand type of abx used for
"Abx_OtherYN"
mutate(Abx_type=case_when(
        Abx_type=="Abx_OtherYN" & !is.na(Abx_OtherDetail) ~ Abx_OtherDetail,
        Abx_type=="Abx_OtherYN" & is.na(Abx_OtherDetail) ~ "Abx_unknown",
        T~Abx_type
    ),
    Abx_type= str_remove(Abx_type, "Abx_"),
    Abx_type= str_glue("Abx_{Abx_type}")) %>%
        # `Abx_OtherDetail` is now redundant
        select(-Abx_OtherDetail)
```

50 antibiotics were used in the study and most of them were rarely used.

```
# plot
(long_df %>%
    # rel frequ
    count(Abx_type) %>% mutate(rel=prop.table(n)) %>%
    plt_common(Abx_type, "{n_distinct(long_df %>% pull(Abx_type))} antibiotics
were prescribed", ""))
```

50 antibiotics were prescribed



```
# tabuluar
(long_df %>% filter(Used=="Yes") %>% count(Abx_type) %>%
mutate(rel=prop.table(n)) %>%
arrange(-rel) %>% select(Abx_type, rel))

## # A tibble: 50 x 2

## Abx_type rel

##

## 1 Abx_AmpicillinSulbactam 0.279

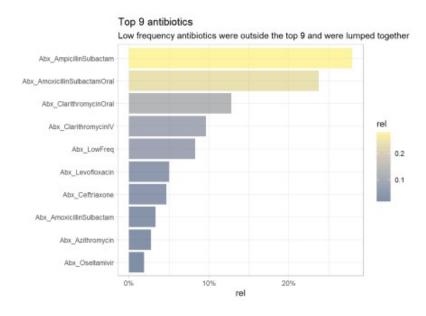
## 2 Abx_AmoxicillinSulbactamOral 0.237

## 3 Abx_ClarithromycinOral 0.128
```

```
## 4 Abx_ClarithromycinIV 0.0962
## 5 Abx_Levofloxacin 0.0501
## 6 Abx_Ceftriaxone 0.0466
## 7 Abx_AmoxicillinSulbactam 0.0330
## 8 Abx_Azithromycin 0.0276
## 9 Abx_Oseltamivir 0.0187
## 10 Abx_Piperacillin 0.0165
## # ... with 40 more rows
```

Only the top 9 antibiotics will be kept and the less frequent antibiotics will be lumped together.

```
long_df<- long_df %>% mutate(Abx_type= fct_lump_n(Abx_type, n=9, other_level =
"Abx_LowFreq"))
long_df%>% filter(Used=="Yes") %>% count(Abx_type) %>%
mutate(rel=prop.table(n)) %>%
   plt_common(Abx_type, "Top 9 antibiotics", "Low frequency antibiotics were
outside the top 9 and were lumped together")
```

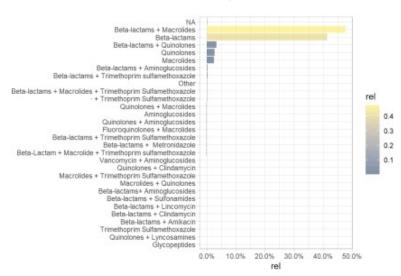


Class of empirical antibiotics used

Similarly, the goal is to lump the infrequent empirical antibiotics class. 30 empirical antibiotics class were used in the study, most of them were rarely used.

```
(long_df %>% count(Abx_ClassUpdated) %>% mutate(rel=prop.table(n)) %>%
  plt_common(Abx_ClassUpdated, "{n_distinct(long_df %>% pull(Abx_ClassUpdated))}
empirical antibiotics class used", ""))
```

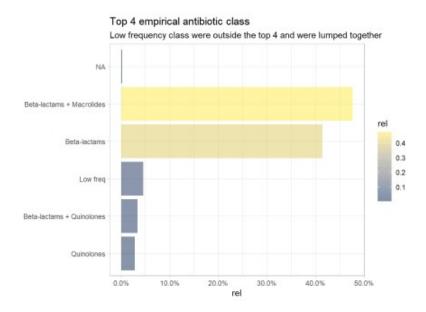
30 empirical antibiotics class used



Only the top 4 classes will be kept and the less frequent classes will be lumped together. There is a small proportion of NA antibiotics class which will be imputed. An alternative was to review the antibiotics prescribed and use clinical knowledge to deduce the empirical antibiotic prescribed and therefore providing information of the class of empirical antibiotics used.

```
# lump abx_class
long_df<- long_df %>% mutate(Abx_ClassUpdated= fct_lump_n(Abx_ClassUpdated , n=
4, other_level = "Low freq"))

# re-plot
long_df %>% count(Abx_ClassUpdated) %>% mutate(rel=prop.table(n)) %>%
    plt_common(Abx_ClassUpdated, "Top 4 empirical antibiotic class", "Low
frequency class were outside the top 4 and were lumped together")
```



Lastly, the long dataframe will be spread into the original wide format and the patients who were not prescribed antibiotics are added back into the dataframe

```
df2<-long_df %>% pivot_wider(names_from = Abx_type, values_from=Used,
# may have multiple `yes` for Abx_LowFreq due to lumping. need to summarise with
`unique` to remove duplicate `yes` OR use `length` to to count the number of low
freq abx used
```

```
values_fn={Abx_LowFreq= length},
values_fill=0)
```

Feature Enginnering

Additional features will be created based on the available variables and clinical knowledge.

Reasearch Site

The research site Pt_site will be expanded to the actual cities and countries for better interpretation. The weather and climate for each city will be a new feature as there is research to suggestion a relationship between climate and CAP.

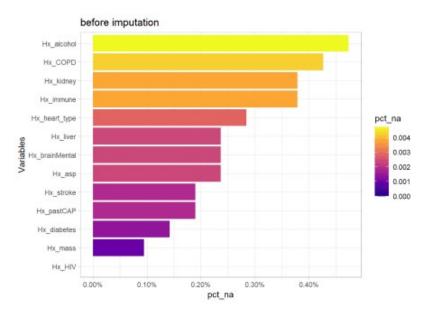
```
# Get the breakdown of Pt site
eda c<- function(datafr,x){</pre>
 datafr %>% select(starts with(x, ignore.case = F)) %>% map(~ table(.x, useNA
= "always"))
(eda c(df2, "Pt Site"))
## $Pt Site
## .x
## Location A Location B Location C
   241 1042 829
# map the site
df2<- df2 %>% mutate(Pt Site= case when(
   Pt Site=="Location A"~ "Concepción PY",
  Pt Site=="Location B"~"GeneralRoca AR",
 Pt Site=="Location C"~ "Rivera UY"
 )) %>% # include weather
mutate(Pt climate=case when(
 Pt Site == "Concepción PY" | Pt Site=="Rivera UY" ~"subtropical",
  Pt_Site== "GeneralRoca_AR"~"cold windy"
 )) %>% relocate(Pt_climate, .after=Pt_Site)
(df2 %>% select(Pt Site, Pt climate) %>% sample n(10))
## # A tibble: 10 x 2
## Pt Site Pt climate
##
## 1 Rivera UY subtropical
## 2 GeneralRoca AR cold windy
## 3 GeneralRoca_AR cold windy
## 4 GeneralRoca AR cold windy
## 5 GeneralRoca AR cold windy
## 6 Rivera UY subtropical
## 7 GeneralRoca_AR cold windy
## 8 Rivera_UY subtropical
## 9 Rivera_UY subtropical
## 10 Rivera_UY subtropical
```

Comorbidities

Based on the patient's past medical history \mathtt{Hx} , the number of comorbidities can be calculated. Patients with CAP and comorbidities have been shown to have poorer outcomes. However, there are missing values in \mathtt{Hx} which need to be imputed first.

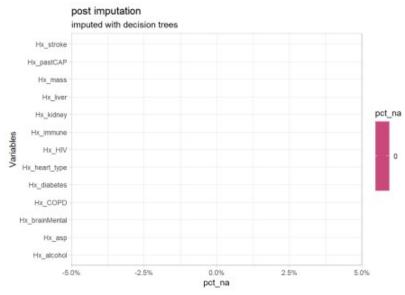
```
plt_na<-function(dfr, X, t, st) {
   dfr %>% summarise(across(starts_with(X), ~mean(is.na(.)))) %>%
pivot_longer(cols = everything(), names_to= "Variables", values_to="pct_na")
%>% mutate(Variables= fct_reorder(Variables, pct_na)) %>%
ggplot(aes(x=Variables, y=pct_na, fill= pct_na))+ geom_col() + coord_flip() +
scale_y_continuous(labels=scales::percent_format()) +
scale_fill_viridis_c(option = "plasma") + labs(title = t, subtitle = st)}
```

plt na(df2, "Hx", "before imputation", NULL)



```
library(recipes)
set.seed(69)
df3<-recipe(Outcome ~., data= df2) %>% update_role(Pt_CaseNumber, new_role =
"id variable") %>% step_bagimpute(starts_with("Hx")) %>% prep() %>% juice()
```

plt na(df3,"Hx", "post imputation", "imputed with decision trees")



The comorbidities can now be calculated

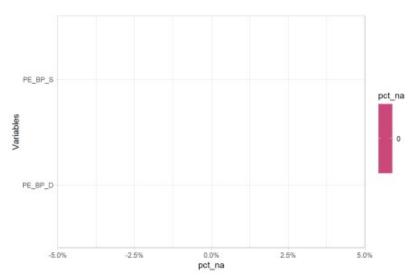
```
df3<-df3 %>% mutate(
    # collapse various heart disease to `yes`
    Hx_heart_type= if_else(Hx_heart_type =="None", "None", "Yes"),
    # convert y/n to binary numbers. need numeric for calculation
    across(.cols=starts_with("Hx"), .fns = ~if_else(.x=="Yes", 1,0))) %>%
    # calculate comorbidities
    rowwise() %>%
    mutate(Hx_comorbidities= sum(c_across(starts_with("Hx")))) %>%
    # in order to preserve categorical nature of `Hx_` variables need to extract
comorbidities and join back to df
    select(Pt CaseNumber, Hx_comorbidities) %>% left_join(df3, by="Pt_CaseNumber")
```

Mean arterial pressure

Conventionally, blood pressure readings include both systolic PE_BP_S and diastolic blood pressure PE_BP_D .

plt_na(df3, "PE_BP", "There are no missing blood pressure values", "")

There are no missing blood pressure values



Both of these values can be used to calculate another means to measure blood pressure, Mean arterial pressure PE_BP_MAP . After calculating, PE_BP_MAP , PE_BP_S and PE_BP_D can be removed.

```
#MAP df3<- df3 %>% mutate(PE_BP_MAP= 1/3*PE_BP_S + 2/3*PE_BP_D, .keep="unused")
```

Done!

The orginial dataset had 2302 rows and 176 columns, after EDA the dataset has 2112 rows and 78 columns. After feature engineering, the dataset has 2112 rows and 71 variables.

```
(dim(df3))
```

Before importing the data into <code>DataRobot</code> to be used for modelling, 10% of the data was randomly carved out to be treated as unseen data to determine how the selected model's performance will perform in the real world.

```
# 10% as unseen
library(rsample)
set.seed(69)
s_clean<-df3 %>% initial_split(prop = 9/10, strata = Outcome)
s_cleanDR<- training(s_clean)
s_cleanUnseen<-testing(s_clean)
write_excel_csv(s_cleanDR, file.path("CleanDR.csv"))
write_excel_csv(s_cleanUnseen, file.path("CleanUnseen.csv"))</pre>
```