

# Fast and Efficient Data Science Techniques for COVID-19 Group Testing

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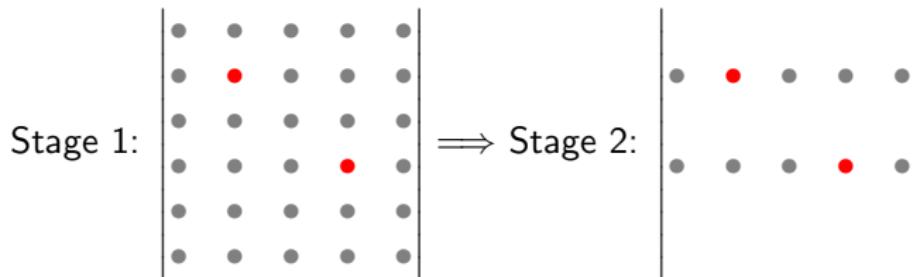
# Group Testing

The New York Times

## Five People. One Test. This Is How You Get There.

Nebraska is testing more people with the tests it has. The technique is simple.

Dorfman 1943:



30 individuals, 2 infected, 6 + 10 tests.

- Sterrett 1957, Sobel et al. 1959, many more

# Motivation

*"Because samples are pooled together, ultimately fewer tests are run overall, meaning fewer testing supplies are used, and results can be returned to patients more quickly in most cases."*

FDA

## Why do group testing?

- Increased testing throughput
- Limited use of chemical reagents
- Higher overall testing capacity

## Biomedical considerations:

- Dilution not too severe (Hogan et al. 2020, Yelin et al. 2020, Abdalhamid et al. 2020, Mutesa et al. 2020)
- Successfully used for HIV (Emmanuel et al. 1988), influenza (Van et al. 2012), malaria (Taylor et al. 2010), etc.

# FDA Emergency Use Authorization

FDA NEWS RELEASE

## Coronavirus (COVID-19) Update: FDA Issues First Emergency Authorization for Sample Pooling in Diagnostic Testing

For Immediate Release: July 18, 2020

*"This EUA for sample pooling is an important step forward in getting more COVID-19 tests to more Americans more quickly while preserving testing supplies. Sample pooling becomes especially important as infection rates decline and we begin testing larger portions of the population."*

**FDA Commissioner Stephen M. Hahn, M.D.**

- Pooling test performance should have  $\geq 85\%$  percent positive agreement (PPA) when compared with the same test performed on individual samples.

# Adaptive vs Non-adaptive

## Adaptive:

- ✓ Multiple stages
- ✓ Non-overlapping groups
- ✓ Testing procedure depends on previous test results

## Non-adaptive:

- ✓ Single stage
- ✓ Overlapping groups
- ✓ Testing procedure does not depend on previous test results

### This study

- Non-adaptive techniques
- Propose a simple method based on  $\ell_1$ -norm sparse recovery

# RT-qPCR

Reverse transcription quantitative polymerase chain reaction (RT-qPCR).

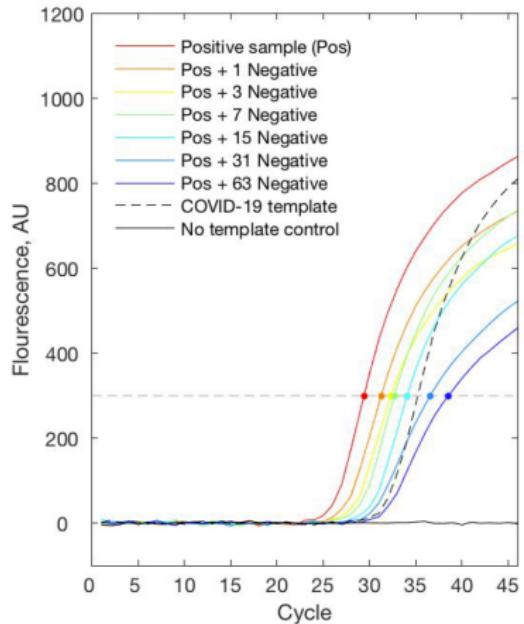
- Target cDNA is amplified exponentially for up to  $\sim 40$  cycles.
- If fluorescent signal crosses a threshold before a certain number of cycles, the patient is declared positive.
- **Output:** Cycle threshold (CT), i.e. cycles completed before crossing the threshold.

Many algorithms do not take the quantitative information into account!



<https://tinyurl.com/y5se6w4n>

# RT-qPCR



Source: Yelin et al. 2020

# Problem Formulation

We have  $n$  individuals,  $k$  are positive. Want to identify with  $m \ll n$  tests.

How to pool? Design an  $m \times n$  matrix  $A$ .

$$A = \begin{bmatrix} \cdot & \cdot & \cdot & \cdot & \cdot \\ \cdot & \cdot & a_{ij} & \cdot & \cdot \\ \cdot & \cdot & \cdot & \cdot & \cdot \end{bmatrix} \quad x = \begin{bmatrix} \cdot \\ \cdot \\ x_j \\ \cdot \\ \cdot \end{bmatrix}$$

$a_{ij} = 1$  if individual  $j$  included in group  $i$ ,  $= 0$  otherwise

$x_j = 1$  if individual  $j$  positive,  $= 0$  otherwise

✓  $x$  could also be RT-qPCR quantitative readouts!

We observe  $y = g(A, x, \epsilon) = Ax + \epsilon$ , want to infer  $x$ .

# Pooling Matrix Design

How to design A? Constant column weight design (Aldridge et al. 2016).

$$A = \begin{bmatrix} 1 & 0 & 1 & 0 & 0 & 1 \\ 0 & 1 & 0 & 1 & 0 & 1 \\ 1 & 1 & 0 & 0 & 1 & 0 \\ 1 & 0 & 0 & 1 & 1 & 0 \\ 0 & 0 & 1 & 0 & 1 & 1 \end{bmatrix}$$

Columns of A have up to  $L$  ones, randomly filled by bootstrapping.

- ✓ Avoid too much dilution
- ✓ Better performance
- ✓ Theoretical justification

# $\ell_1$ sparse recovery

How to infer  $x$ ? Want to solve:

$$\min_{x \in \mathbb{R}^n} \|x\|_0 \quad \text{s.t.} \quad \|Ax - y\|_2 \leq \epsilon,$$

Equivalent to Basis Pursuit Denoising if  $A$  is RIP:

$$\min_{x \in \mathbb{R}^n} \|x\|_1 \quad \text{s.t.} \quad \|Ax - y\|_2 \leq \epsilon,$$

Lasso:

$$\boxed{\min_{x \in \mathbb{R}^n} \|Ax - y\|_2^2 + \lambda \|x\|_1}$$

Add  $x \geq 0$  constraint.

## Definition

An  $m \times n$  matrix  $A$  satisfies  $k$ -Restricted Isometry Property if  $\exists \delta_k \in (0, 1)$ :

$$(1 - \delta_k) \|x\|_2^2 \leq \|Ax\|_2^2 \leq (1 + \delta_k) \|x\|_2^2,$$

for all  $k$ -sparse  $x \in \mathbb{R}^n$  (Candes et al. 2006, Donoho 2006).

## Lemma

An  $m \times n$  matrix  $A$  with constant column weight design satisfies RIP for some integer  $L > 0$ .

# Advantages

Some benefits of this approach:

- One-round
- $m = O(k \log(n))$
- Inputs real-numbered readouts
- Reconstructs viral loads
- Works well with noise

Other non-adaptive algorithms:

- COMP (Combinatorial Orthogonal Matching Pursuit)
- DD (Definite Defectives)
- CBP (Combinatorial Basis Pursuit)
- SCOMP (Sequential COMP)

# Comparison

## Negative/Positive identification

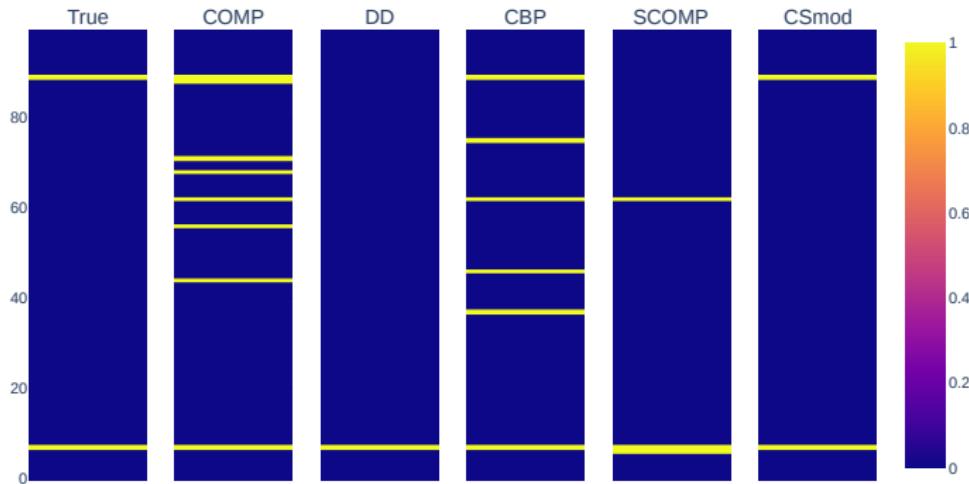


Figure 1:  $n = 100, k = 2, m = 20$

# RMSEs

$$\text{RMSE} = \frac{\|\mathbf{x} - \hat{\mathbf{x}}\|_2}{\|\hat{\mathbf{x}}\|_2}$$

RMSE as a function of group tests

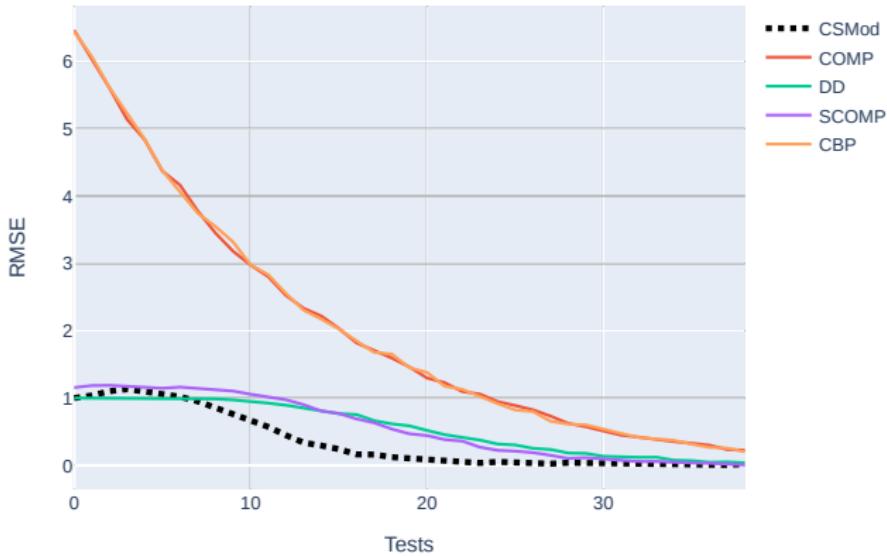


Figure 2:  $n = 100, k = 2, 1000$  Monte Carlos

# Sensitivity

Sensitivity = ratio of identified positives to all true positives

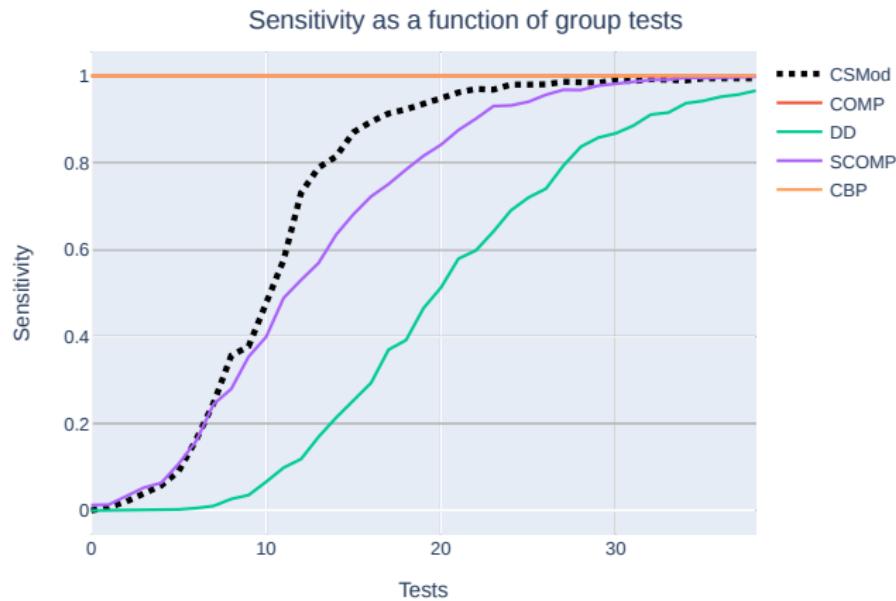


Figure 3:  $n = 100, k = 2, 1000$  Monte Carlos

# Specificity

Specificity = ratio of identified negatives to all true negatives

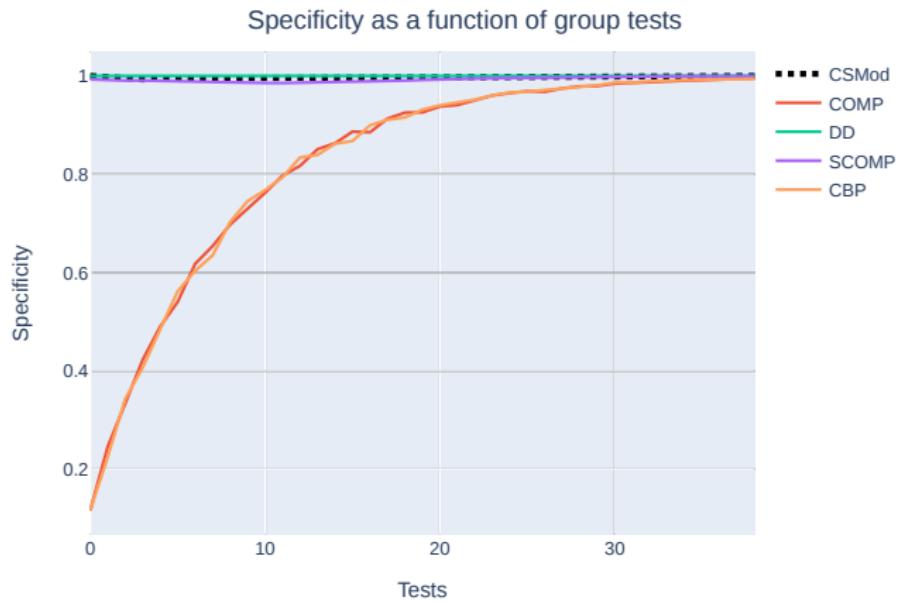


Figure 4:  $n = 100, k = 2, 1000$  Monte Carlos

# ROC curve

ROC curve for CSMod, thresholding Lasso estimates.

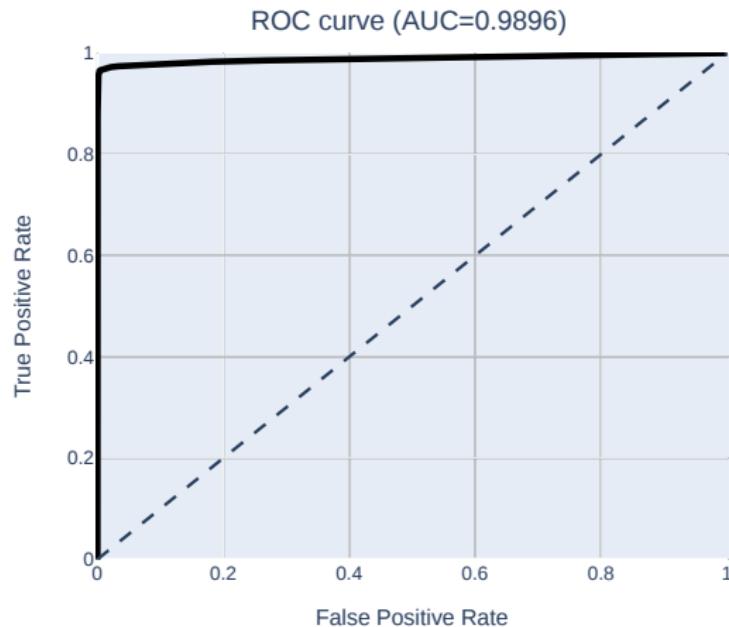


Figure 5:  $n = 100, k = 2, 1000$  Monte Carlos

# Improvement factor

Improvement factor =  $\frac{n}{\mathbb{E}(\# \text{ of tests})}$  for 95% specificity & sensitivity.

	$\frac{k}{n} = 2\%$	$\frac{k}{n} = 4\%$	$\frac{k}{n} = 6\%$
Individual	1.00	1.00	1.00
Dorfman	3.37	2.60	2.15
COMP	4.53	2.80	1.96
DD	2.80	1.99	1.49
CBP	4.60	2.81	1.93
SCOMP	3.81	2.48	1.78
CSMod	5.11	4.01	3.42

Table 1: Improvement factors for three different prevalence rates, averaged over 1000 Monte Carlos

# Google Colab link



<https://tinyurl.com/y4vo86sb>

# Similar approaches

See Yi et al. 2020 and Ghosh et al. 2020.

Key differences:

- Pooling matrix addresses current challenges and is flexible in size, shown to be RIP whp
- Different noise model
- Additional constraints: nonnegativity, less dilution
- Comparison with other algorithms

# Main Takeaways

- Group testing could be beneficial at low disease prevalence rates
- $\ell_1$  recovery works and is theoretically justified
- Fast and efficient,  $m = O(k \log(n))$

Good resources:

- Chris Bilder website: <http://chrisbilder.com/grouptesting/>
- Book: Du et al. 1999
- References

**Thank you!** Contact: varlam@kutateladze.com

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