Working with the ADNI PatData data and creating a Random Forest model for predicting Alzheimer's status.

1) Opening the file location and loading libraries

Importing all necessary libraries to create our models

```
# Data cleaning and wrangling packages
import pandas as pd
import numpy as np
from sklearn.model_selection import train_test_split
from sklearn.preprocessing import OneHotEncoder
from sklearn.compose import make_column_transformer

# Machine learning model building packages and evaluating their performance
from sklearn.ensemble import RandomForestClassifier
from sklearn import metrics

# Plots and graphs packages
import matplotlib.pyplot as plt
from sklearn.metrics import ConfusionMatrixDisplay
import seaborn as sns

# packages to save your work in google colab
from google.colab import files
```

Here you will read in data from a file called PatData.csv. I (Pleuni Pennings) created that file as a summary of a larger file called "TADPOLE_D1_D2.csv." This has electronic health record data for every patient and this dataset contains all the variables mentioned in our course text plus the other ones and it is measured across several timepoint. **PatData.csv** is a summary, with just one time point per patient and this is the dataset we will be working on in notebook.

```
url = "https://raw.githubusercontent.com/pleunipennings/CSC508Data/main/PatData.csv" data = pd.read_csv(url)
```

2) Having a first look at the data

As usual we should get into the practice of taking a look at how your data is structured, what is the dimention of our data, which variables are our features and which is a label. For the purpose of this notebook, it is important for us to check what variables we would need to one-hot encode.

| → | | PTID | AGE | PTGENDER | PTEDUCAT | PTETHCAT | PTRACCAT | PTMARRY | APOE4 | DX | Ventricles | Hippocampus | WholeBrain | Entorhinal | Fusiform | MidTemp | ICV | \blacksquare |
|----------|---|------------|------|----------|----------|-----------------|----------|---------|-------|----------|---------------|-------------|--------------|-------------|--------------|--------------|--------------|----------------|
| | 0 | 002_S_0295 | 84.8 | Male | 18 | Not Hisp/Latino | White | Married | 1.0 | NL | 43332.500000 | 6805.125000 | 1.071568e+06 | 3752.625000 | 17693.875000 | 19420.125000 | 1.649602e+06 | ıl. |
| | 1 | 002_S_0413 | 76.3 | Female | 16 | Not Hisp/Latino | White | Married | 0.0 | NL | 31936.454545 | 6824.636364 | 1.055413e+06 | 4131.090909 | 20095.909091 | 20235.545455 | 1.600009e+06 | |
| | 2 | 002_S_0559 | 79.3 | Male | 16 | Not Hisp/Latino | White | Widowed | 1.0 | NL | 38410.666667 | 7496.666667 | 1.092807e+06 | 3998.333333 | 18993.000000 | 22226.000000 | 1.703968e+06 | |
| | 3 | 002_S_0619 | 77.5 | Male | 12 | Not Hisp/Latino | White | Married | 2.0 | Dementia | 120529.500000 | 5812.000000 | 1.093932e+06 | 2773.000000 | 20675.000000 | 19959.000000 | 2.070530e+06 | |
| | 4 | 002_S_0685 | 89.6 | Female | 16 | Not Hisp/Latino | White | Married | 0.0 | NL | 40921.571429 | 7063.250000 | 9.800458e+05 | 3894.375000 | 14152.250000 | 18133.625000 | 1.521331e+06 | |
| | 4 | | | | | | | | | | | | | | | | | |

Task 1: looking at the data

使用 data生成程式碼

後續步驟:

a. Each row has data for one patient. How many patients are there in the dataset?

查看建議的圖表

b. We are looking at a dataset with just one time point per patient. Why do you think it is useful for an Alzheimer's study to have multiple time points per patient?

New interactive sheet

- c. Which of the columns do you think would be important for predicting who has Alzheimer's disease? Pick 2 and explain your choice.
- d. Which of the columns do you think are not important? Pick 2 and explain.

Answer for Task 1: looking at the data

a) Each row has data for one patient. How many patients are there in the dataset?

From the data, the . shape output shows (1737, 16), which means there are **1,737 patients** (one patient per row).

b) We are looking at a dataset with just one time point per patient. Why do you think it is useful for an Alzheimer's study to have multiple time points per patient?

It is crucial to have multiple time points per patient in order to track the progression of Alzheimer's disease over time. This is essential because Alzheimer's is a degenerative disease. By monitoring changes in cognitive function, brain volume (such as the hippocampus and ventricles), and other key indicators over time, researchers can gain a better understanding of the disease's progression, assess treatment effectiveness, and develop early detection models.

c) Which of the columns do you think would be important for predicting who has Alzheimer's disease? Pick 2 and explain your choice.

- **Hippocampus**: The hippocampus, a brain region heavily involved in memory, is often one of the first areas to experience shrinkage in Alzheimer's disease, making a smaller hippocampus size a strong indicator of the condition.
- APOE4: APOE4 is a well-known genetic risk factor for Alzheimer's disease. Individuals with one or two copies of this allele have an increased risk of developing the disease, making it a key predictor.
- d) Which of the columns do you think are not important? Pick 2 and explain.
 - PTMARRY: Marital status ("Married" vs. "Widowed") likely has little direct influence on the presence of Alzheimer's disease, although it may have indirect effects related to social support.
 - PTEHCAAT: The ethnicity category (e.g., "Not Hispanic/Latino") may not be a significant predictor in this context because Alzheimer's can
 impact people from diverse ethnic backgrounds. While there may be variations in how the disease presents itself across different
 populations, ethnicity itself may not be as strong a predictor as more biological factors.

3) Data Cleaning: dealing with missing data

Now we have the data, but it is messy, with some missing data. Let's see what columns contain missing data.

```
\mbox{\tt\#} This provides counts of missing values for each column
data.isnull().sum()
₹
          PTID
                     0
          AGE
                     0
       PTGENDER
       PTEDUCAT
       PTETHCAT
       PTRACCAT
       PTMARRY
         APOE4
                    12
           \mathsf{DX}
        Ventricles
                    23
      Hippocampus
       WholeBrain
       Entorhinal
        Fusiform
                    98
        MidTemp
                    98
          ICV
     dtvne: int64
```

OK, so first of all, let's just focus on patients that have a diagnosis in DX, since this is our target variable or label. Using the dropna() function from pandas https://pandas.pydata.org/pandas-docs/stable/reference/api/pandas.DataFrame.dropna.html

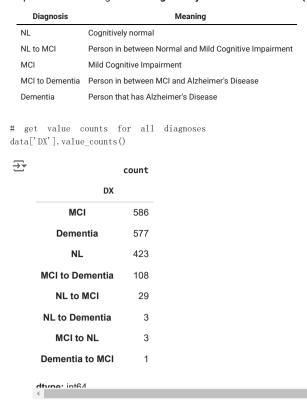
```
data = data.dropna(subset=['DX'])
# Here we will check again all missing values
data.isnull().sum()
\overline{\Rightarrow}
          PTID
                     0
          AGE
       PTGENDER
       PTEDUCAT
       PTETHCAT
       PTRACCAT
       PTMARRY
         APOE4
           DX
                     0
        Ventricles
      Hippocampus 53
       WholeBrain
       Entorhinal
        Fusiform
        MidTemp
          ICV
     dtvne: int64
```

 $\mbox{\tt\#}$ this drops all columns that have missing values in the DX column

Check how much data we have left after deleting all the rows without DX information. This information should be given to you by looking at the first element of the shape tuple.

```
# Checking remaining data data.shape (1730, 16)
```

And let's look at what diagnoses, column "DX" we have, As you can see below We have several diagnoses for the degree of cognitive impairment that range from: **Cognitively Normal** to **Dementia (aka. Alzheimer's Disease)**:



NOTE: We should have only 5 diagnosis in total, yet our count shows 8 total diagnosis! This is because real data comes in really messy. Notice for example that we have **NL to Dementia**, this would be the whole spectrum! so clearly this could be the result of an error during data input.

Therefore, I would like to take out all the in between diagnosis and keep only the main ones: NL, MCI and Dementia. This way we can work with a simpler classification.

```
# creates an index with the exeptions we have stipulated index_to_drop = data[ (data['DX'] != "MCI") & (data['DX'] != "NL") & (data['DX'] != "Dementia")].index # drops all data based on our index data = data.drop(index_to_drop)

# this should be the new classification scheme data['DX'].value_counts()

Count

MCI 586

Dementia 577

NL 423
```

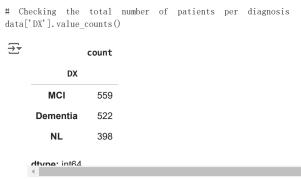
What's the status of missing data now in the other columns?

```
# checking missing data again
data.isnull().sum()
₹
                   0
         PTID
                   0
         AGE
                   0
      PTGENDER
      PTEDUCAT
      PTETHCAT
      PTRACCAT
      PTMARRY
        APOE4
                   6
          DX
                   0
       Ventricles
                  20
     Hippocampus 50
      WholeBrain 12
      Entorhinal
                  92
       Fusiform
                  92
       MidTemp
                  92
         ICV
    dtvne int64
```

Because we still have a lot of rows of data, we can go ahead and drop all the remaining columns with missing data

```
# remove all rows that contain missing data
data = data.dropna()
# Checking our final dataframe
data.shape
 (1479, 16)
```

OK, so we have 1479 patients with complete data now. We will then check the total number of patients per diagnosis. This is important later on when we train our data with our ML models because we want the number for each diagnosis to be roughly similar, that is as close as possible to a **Balanced** Dataset. When this is not the case, it can present problems in terms of trusting our accuracy results blindly. More about this in **Module 6** and **Module 7**



As we can see they are not perfectly equal for all diagnosis but they are close enought that we can proceed.

Task 2: describing what we did with missing data

In the previous lines of code, we threw out many patients because we didn't have the info we wanted for them. Write a short paragraph where you explain to a potential reader what the number of patients is in the original dataset, which patients we removed for what reason and how many were left for the analysis. Feel free to change the order of operations. For example, I removed first the patients with no diagnosis and later the patients with any missing data. If you do the latter first, you don't have to specifically remove patients with no diagnosis anymore.

Answer for Task 2: describing what we did with missing data

In this process, we initially had 1,737 patients, but we encountered missing data in several important columns. To address this, we first eliminated patients with missing diagnosis information (DX), resulting in a dataset of 1,730 patients. Subsequently, we conducted a thorough check for missing data in other columns such as APOE4, ventricles, and hippocampus. Afterward, we made the decision to eliminate all remaining rows with missing values. This decision left us with a total of 1,479 patients, ensuring that our dataset was comprehensive and prepared for training machine learning models without the potential for bias or inaccuracies due to missing information.

4) Data wrangling in preparation for Model training

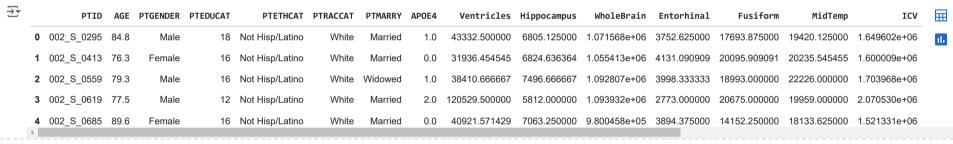
- Ensuring feature columns are correct

In this section we will be splitting the data into label (the DX columns) and features (All other columns)

```
# Split the data in labels and features
labels = data["DX"]
features = data.drop(columns=['DX'])
```

What do the features look like again? Make sure it doesn't include any columns that will not help in our prediction

checking features again
features.head()



後續步驟: 使用 features生成程式碼 ● 查看建議的圖表 New interactive sheet

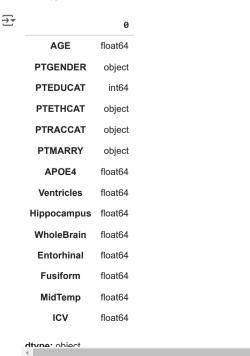
Let's remove PTID (patient ID). We don't need it, since it would not help us predict diagnosis.

```
# Dropping patient ID column
features = features.drop(columns=['PTID'])
```

- One Hot Encoding for categorical variables

Recall from the text that we are unable to work with data that is words in ML models directly, so we need to recode them into numbers. There are languages and algorythms that seem to be able to deal with words, but they are still turning them into numbers under the hood!

 $\mbox{\tt\#}$ checking the variable types for each column features.dtypes



As we can see in the output above. There are a few features that are not numerical. We need to make sure that **gender**, **ethnicity**, **race** and **marital status** are coded as numbers. To do this we will need to **one-hot-encode** them. Once we are done doing our one hot encoding, we should see each of the levels of our categorical variables as a recoded column.

```
# getting a list of categorical variables we need to recode
features_to_encode = list(features.select_dtypes(include = ['object']).columns)
features_to_encode

# using a for loop to one-hot encode each of the categorical variables
for f in features_to_encode:
    print("Parent Categorical Variable: ",f)
    z = pd.get_dummies(features[f], prefix=f) #get_dummies is the pandas function for one-hot-encoding
    features = features.join(z) #append new columns
    features = features.drop(columns=[f]) # remove original not recoded column
```

features. head()

Parent Categorical Variable: PTGENDER
Parent Categorical Variable: PTETHCAT
Parent Categorical Variable: PTRACCAT
Parent Categorical Variable: PTMARRY

| | AGE | PTEDUCAT | APOE4 | Ventricles | Hippocampus | WholeBrain | Entorhinal | Fusiform | MidTemp | ICV | PTRACCAT_Black | PTRACCAT_Hawaiian/Other PI | PTRACCAT_More than one | PTRACCAT_Unknowr |
|---|------|----------|-------|---------------|-------------|--------------|-------------|--------------|--------------|--------------|--------------------|----------------------------|---------------------------|------------------|
| 0 | 84.8 | 18 | 1.0 | 43332.500000 | 6805.125000 | 1.071568e+06 | 3752.625000 | 17693.875000 | 19420.125000 | 1.649602e+06 | False | False | False | False |
| 1 | 76.3 | 16 | 0.0 | 31936.454545 | 6824.636364 | 1.055413e+06 | 4131.090909 | 20095.909091 | 20235.545455 | 1.600009e+06 | False | False | False | False |
| 2 | 79.3 | 16 | 1.0 | 38410.666667 | 7496.666667 | 1.092807e+06 | 3998.333333 | 18993.000000 | 22226.000000 | 1.703968e+06 | False | False | False | False |
| 3 | 77.5 | 12 | 2.0 | 120529.500000 | 5812.000000 | 1.093932e+06 | 2773.000000 | 20675.000000 | 19959.000000 | 2.070530e+06 | False | False | False | False |
| 4 | 89.6 | 16 | 0.0 | 40921.571429 | 7063.250000 | 9.800458e+05 | 3894.375000 | 14152.250000 | 18133.625000 | 1.521331e+06 | False | False | False | False |

Task 3: Categorical data

5 rows × 27 columns

What type of Categorical variables are we dealing with in our current dataset? Are they ordered or unordered? how many levels does each category have?

Answer for question 3

In this dataset, we are dealing with several unordered categorical variables, which do not have a natural order. These include:

- PTGENDER: This has two levels (Male, Female), which are not ordered.
- PTEHTCAT (Ethnicity): This has multiple levels such as 'Hispanic/Latino,' 'Not Hispanic/Latino,' etc., which are also unordered.
- PTRACE (Race): This includes categories like 'White,' 'Black,' and 'Other,' which do not have a natural order.
- PTMARRY (Marital Status): This has levels such as 'Married,' 'Widowed,' 'Divorced,' and is also unordered.

Each of these variables represents distinct categories without any inherent ranking and requires encoding, such as one-hot encoding, to be used in a machine learning model.

Now that we cleaned up the data, it's good to ${\bf save}$ the data frame we now have.

```
# code to save our current dataframe as a csv file
features.to_csv('PatData_cleaned_one_hot_encoded.csv', index=False)
# code to download our csv file into your own computer
files.download('PatData_cleaned_one_hot_encoded.csv')
```

→

Random Forest with one-Hot Encoded Data

Similar to previous modules we can go ahead and prepare our data for training a Random Forest.

```
# Separating data into training and testing
features_train, features_test, labels_train, labels_test = train_test_split(features, labels, test_size=0.3, random_state=42) # 70% training and 30% test

# Creating Random Forest object
rf = RandomForestClassifier(n_estimators=100, max_features="sqrt", bootstrap=True)

# Training your Random Forest
rf.fit(features_train, labels_train)

#Predict the response for test dataset
labels_pred = rf.predict(features_test)
```

Let's take a peak at how our model has performed at least for the first 10 patients of our testing data.

```
# Look at the predicted values.

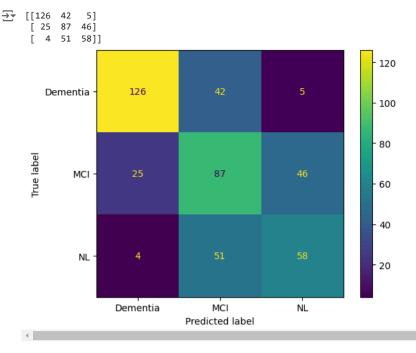
print(labels_pred[:10])

# And the real values.

print(labels_test.to_numpy(dtype=object)[:10])

#See how many correct predictions there are among the first 10 patients.

| 'Dementia' 'MCI' 'NL' 'Dementia' 'NL' 'Dementia' 'NL' 'MCI' 'NL' 'MCI' 'MCI'
```



Unlike our other Confusion Matrices, this time we have a 3 by 3 matrix. So this time what we want is for the main diagonal to show us the bigger numbers. What do you think? What diagnosis got the best results?

Task 4: Write what you noticed about the confusion matrix here!

Based on the confusion matrix, it's evident that the model excelled in predicting **Dementia**, accurately identifying 127 out of 173 cases. However, it misclassified 42 cases as MCI and 4 as NL. The model's performance in predicting **MCI** was moderate, with 93 correct predictions, yet it incorrectly classified 41 cases as NL. **NL** had the lowest number of correct predictions, accurately classifying only 62 out of 113 cases, while misclassifying 46 as MCI.

5) Feature importance

Just like in the heart disease notebook, we will now look at the feature importance for the random forest model.

As a reminder: Visualizing your results is always an important part of any data science project. Now that we have a random forest based on 1000 random trees, we cannot easily visualize all the trees at once like we did for the decision tree, because it would be an overwhelming set of diagrams. But we can visualize the feature importance. I've seen this kind of plot in published articles. I like it because it helps us understand which features are most important for making predictions.

Feature importance is a measurement of how each feature decreases the amount of impurity (Gini index) in a node, weighted by the probability of reaching that node. The higher the value the more important the feature. This is usually calculated for each tree in the random forest and then averaged over the total number of trees. The graph below shows these averages.

```
# calculating feature importance
importance = rf.feature_importances_

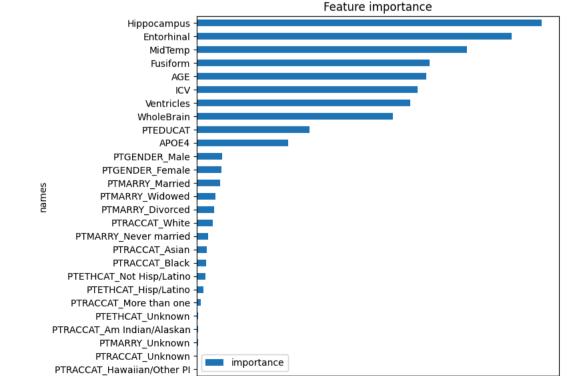
# summarize feature importance
names = features.columns.to_numpy(dtype=object)

# Creating a dataframe
importanceDF = pd.DataFrame({'names':names, 'importance':importance})

#Sort the dataframe based on importance
importanceDF = importanceDF.sort_values(by=['importance'])

# Plotting feature importance
importanceDF.plot.barh(x='names', y='importance', figsize = (7,7), title = "Feature importance")
```

</pre



Task 4:

 $Look\ at\ the\ pandas\ documentation\ pages\ and\ make\ at\ least\ two\ changes\ to\ the\ plot\ (e.g.\ colors,\ width,\ size,\ legend\ etc)$

0.04

0.06

0.08

0.10

0.12

0.14

https://pandas.pydata.org/docs/reference/api/pandas.DataFrame.plot.html

 $\underline{https://pandas.pydata.org/docs/reference/api/pandas.DataFrame.plot.barh.html}$

0.00

0.02

Task 5: on Accuracy

In addition to a confusion matrix, it is also good to have an accuracy score.

- a. From sklearn.metrics import the function accuracy_score.
- b. Use the accuracy_score function to calculate the accuracy of the RF model.
- c. Once you have stored the accuracy in a variable called accuracy, you can run print("Accuracy: %.2f%%" % (accuracy * 100)). Alternatively, you can use the "round" function to round off the accuracy to the desired number of decimals.
- d. See what happens if you change the 2f into 1f or 3f.
- e. What level of accuracy is useful for doctors and patients do you think?
- f. Look at the feature importance bar plot. Compare with your predictions from earlier in the notebook. Were you right or wrong in your predictions? Explain.

Answer written question 5 here!

Conclusion of this part

What we can see is that the volumes of the parts of the brain are most important, starting with the hippocampus. Gender, race and ethnicity seem least important out of the features we looked at. For race and ethnicity this may be because the data almost entirely consists of non-hispanic whites.