# Module 1: Introduction

In this module, we will go through a publicly released dataset from the PheCAP R package to get handson experience with phenotyping. The goal of phenotyping is to infer a patients phenotype based on the information in their electronic health record (EHR).

```
# Packages required for this module.
packages <- c("tidyverse", "PheCAP", "corrplot", "ggplot2")

# Load packages, or install if missing.
package.check <- lapply(
    packages,
    FUN = function(x) {
        if (!require(x, character.only = TRUE)) {
            install.packages(x, dependencies = TRUE)
            library(x, character.only = TRUE)
        }
    }
}</pre>
```

```
# Load helper functions.
source(".../Rscripts/helper_function.R")
```

### PheCAP

Information about the PheCAP package can be found here: https://celehs.github.io/PheCAP/.

This data mart is a random sample of patients in the Mass General Brigham (formerly Partner's Healthcare) EHR database who had at lease one note of 500 characters:

(i) met an initial filter for coronary artery disease (CAD):  $\geq$  1 ICD9 code related to CAD (410.x, 411.x, 412.x, 413., 414.x)

or

(ii)  $\geq 1$  mention for any CAD related concepts (eg. CAD, CAD procedures, CAD biomarkers, positive stress test)

## PheCAP data

```
data(ehr_data)
data <- PhecapData(ehr_data, "healthcare_utilization", "label", 0.4, patient_id = "patient_id")
data</pre>
```

```
## PheCAP Data
## Feature: 10000 observations of 587 variables
## Label: 119 yes, 62 no, 9819 missing
## Size of training samples: 109
## Size of validation samples: 72
```

The data contains 10,000 observations, but only 181 labeled examples split into a training and validation set.

## Exploratory data analysis

```
ehr_data %>% head()
```

- Labels: "label", whether the patient has CAD, extracted from chart review by a clinician
- Features:
  - "main\_ICD", "main\_NLP" refers to total number of billing codes or NLP mentions of the disease
     "healthcare\_utilization" refers to total number of notes the patient has
- Features: "CODx" (n = 10), "NLPx" (n = 574) refers to the counts of a specific code or NLP term, respectively

### Missingness

```
colnames(ehr_data)[which( colMeans(is.na(ehr_data)) > 0)]
## [1] "label"
```

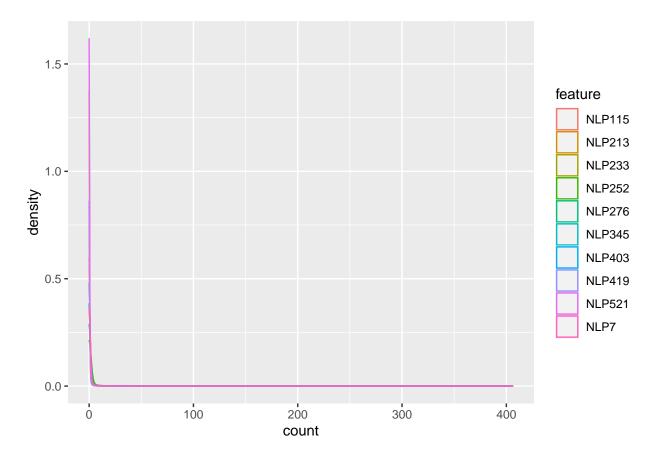
There is no missing data, except what is in the label.

#### Prevalence of CAD

```
mean(ehr_data$label, na.rm = TRUE)
## [1] 0.6574586
```

#### Distributions of the features

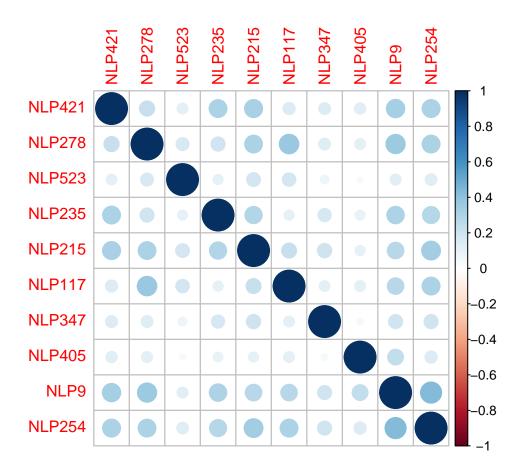
```
set.seed(99)
feature_index <- sample(c(3:ncol(ehr_data)), 10, replace = FALSE)
ehr_data[, feature_index] %>%
  pivot_longer(everything(), names_to = "feature", values_to = "count") %>%
  ggplot() +
  geom_density(aes(x = count, color = feature))
```



The features are highly skewed.

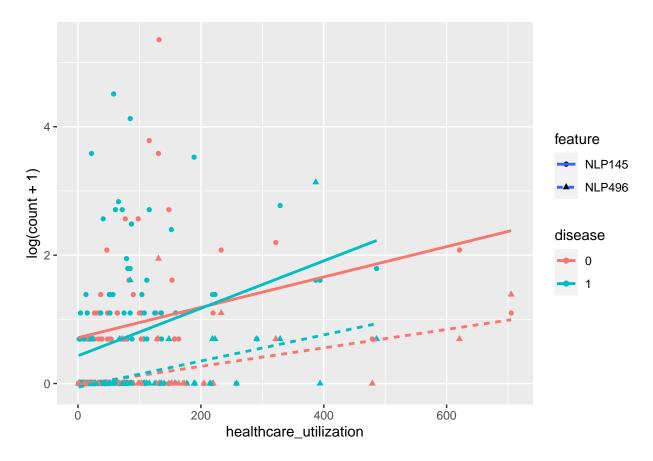
## Correlation among the features

```
features <- ehr_data[, c(3:ncol(ehr_data))]
feature_cor <- cor(features[feature_index], method = "spearman")
corrplot::corrplot(feature_cor)</pre>
```



### Healthcare utilization

"Healthcare\_utilization" refers to total number of notes the patient has.



Increased healthcare utilization leads to higher features counts in both the cases and controls.

# Prepare the data for model fitting.

We first transform all the features as they are count variables. We then orthogonalize the features (X) against healthcare utilization (H), by performing a linear regression of (X) against (H) and taking the residual from the fitting to obtain the new feature for modeling.

Save the data for module 2 and model fitting.

```
save(list = ls(), file = "../module2/environment.RData")
```