

Predicting the outcome of a PCR test for COVID-19 using a routine blood exam: A replication

An example of how AI can help identify possible
infections in a primary care/triage system

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Abstract

Acknowledgements

I want to thank...

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Chapter 1

Introduction

Introduction for this thesis by explaining motivation for this topic and giving a short overview.

Motivation: overwhelmed health care systems, shortages of testing supplies, AI as supplementary technique to help.

Chapter 2

Materials and Methods

2.1 Data

The data used to train the classifiers was provided by Brinati et al. [3]. It was collected between the end of February 2020 and mid of March 2020 from patients admitted to the *IRCSS Ospedale San Raffaele* and consists of 279 individuals who were selected randomly. For each individual, the data set provides their age, gender, results of a routine blood screening, and the result of a PCR test for Sars-CoV-2. A complete overview over the recorded features is provided in A.1. The target variable *Swab* is binary and indicates the result of a PCR-test for Sars-CoV-2 taken by nasopharyngeal swab. A 0 indicates a negative test while a 1 indicates a positive test. The data set is slightly imbalanced towards positive cases with 102 (37%) negative cases and 177 (63%) positive cases.

Since the variable *Gender* was provided as a string, it was transformed into two binary numerical variables called *female* and *male* by one-hot encoding. Further, two values of the variable *Age* were removed, specifically the values 0 and 1. This was sensible seeing that there was no other data recorded from minors under the age of 18 and thus these two values can be presumed to be input errors during the collection process. Further, the variable *Lymphocytes* had to be recast using `pandas.to_numeric` because there was an input error for one of its values rendering the contents of the column a string instead of a numerical value. This process created one missing values in place of the erroneous value.

Table A.4 provides common statistics for the numerical features of the data set. All features are skewed. Blood values are skewed positively exhibiting a left-leaning distribution because for most blood values a lower or centered value is significant for a better health. Age is skewed negatively exhibiting a right-leaning distribution since COVID-19 affected older individuals more severely than younger individuals especially in Italy. As you can see in Figure A.1, most of the data is non-normally

distributed. By inspecting the kernel density plots provided in Figure A.1, it is apparent that most of the features are non-normally distributed. Additionally, a Shapiro-Wilk test for normality was performed to confirm this observation, its results are provided in table A.5. Table A.3 shows that most features have missing values. 196 samples have at least one feature missing which amounts to 70 % of the data. Due to the small size of data set it is not feasible to exclude these individuals from the analysis process. It is rather more constructive to use an imputation method that models the missing values based on the observed values in the data set. Therefore, Brinati et al. chose to use *Multivariate Imputation by Chained Equations*.

2.2 Multivariate Imputation by Chained Equations

Multivariate Imputation by Chained Equations or *MICE* for short is an imputation method proposed by Buuren and Groothuis-Oudshoorn [5], it is also known as fully conditional specification (FCS). MICE is a method that imputes missing data by estimating a set of possible values from distributions of observed data. Each variable with missing data x_n is regressed on all other variables x_1, \dots, x_k which are restricted to the occurrences with observed data in x_n .

The imputation process is based on the following four main steps [6, 2]: Firstly, all missing values are imputed using a simple imputation method (e.g. mean imputation). These imputations can be thought of as “place holders” used during the first modeling phase. During step 2, the “place holder” imputations for one variable x are set back to missing. In step 3, all observed values from variable x in step 2 are regressed on the other variables in the imputation model. Since this is the model building phase, this step only uses samples where x has observed values. Therefore, x is the dependent variable and all other variables are independent variables used in the regression model. In step 4, the missing values in x are replaced with imputations (predictions) from the regression model built in step 3. All values of x , the observed and the imputed values, are then used in subsequent regression models of other variables.

Steps 2-4 are repeated for every variable with missing data. After the algorithm is done cycling through all variables, one iteration or “cycle” is completed. Steps 2-4 are repeated for a user-specified number of cycles. Generally, ten to twenty cycles should suffice to stabilize the results of the imputation that is the parameters controlling the imputations should have converged by then. This imputation process is usually repeated m times creating m slightly differently imputed data sets which are then used in the subsequent analysis. According to [4, 2, 6], already a small

number of imputed data sets, usually three to ten, is sufficient to provide sensible results during analysis. It can, of course, be advantageous to use a higher number of imputed data sets to get a broader range of estimates, but setting m higher requires more computations and storage and may not be worth preoccupying these extra resources [4].

MICE assumes that the data is missing at random (MAR) that is the probability of data being missing does not depend on the unobserved data but is only dependent (conditional) on the observed data. Due to its individualistic approach, MICE can handle variables of different types using different modeling choices for different variable types.

Describe MICE algorithm (keine Bewertung, findet in Discussion statt)

Short description of implementation in Python using rpy2

Shortly mention that R implementation is not able to apply MICE model to other data only to data it is “trained”/ “fitted” on (or maybe that’s for the 4 Discussion section)

Maybe include PMM?

2.3 Classifiers

The original paper [3] implements 7 classifiers.

2.3.1 Random Forest

2.3.2 Logistic regression

2.4 Model training

The two models are trained using 5-fold nested cross validation. In each outer fold of the nested cross validation, the data is imputed using MICE and then split into training and test data. Since MICE usually generates several imputed data sets to account for the uncertainty in the imputation process, there are 5 different models for each classifier per fold.

The models are then evaluated using accuracy, balanced accuracy, sensitivity, specificity, positive predictive value, and area under the ROC curve. Balanced accuracy is used in addition to the average accuracy due to the slight imbalance in the data set. If the balanced accuracy differs significantly from the average accuracy, the imbalance has an effect on the classifier regarding class prevalence. Assuming the

standard layout of a confusion matrix in a binary case, the balanced accuracy is defined as the average of sensitivity and specificity

$$\text{balanced accuracy} = \frac{\frac{TP}{TP+FN} + \frac{TN}{TN+FP}}{2} \quad (2.1)$$

Sensitivity is interpreted as the proportion of people infected with a disease who will test positive for this disease. It is calculated as shown in Equation 2.2. Since it is only calculated using the part of the population with the disease, sensitivity can only give evidence about the true positive rate and not the false positive rate of a test. [1]

$$\text{sensitivity} = \frac{TP}{TP + FN} \quad (2.2)$$

Specificity is defined as the proportion of people without the disease and are identified correctly, i.e., who tested negative for a disease. It is calculated as shown in Equation 2.3. Specificity only gives information about the proportion of people without the disease and a negative test and therefore cannot disclose anything about the false negative rate. [1]

$$\text{specificity} = \frac{TN}{TN + FP} \quad (2.3)$$

The positive predictive value (PPV) measures the post-test probability of the disease given a positive test. It is calculated as shown in Equation 2.4. [1]

$$PPV = \frac{TP}{TP + FP} \quad (2.4)$$

The hyperparameters of the best performing models for Random Forest and Logistic Regression respectively are then used to obtain the final classifiers. For the validation, the whole data set is split into training and validation data according to a 80:20 split. The data set is imputed before the split due to the working of the `mice()` package in R. The classifiers are trained on the data set and then validated using the validation data. Additionally to the evaluation metrics above, the final classifiers were also evaluated using the ROC curve and the precision-recall curve. Additionally, the precision-recall curve is used to assess the performance of the classifiers regarding the slight imbalance in the data set.

Describe here k-fold nested cross validation, evaluation metrics used

Here maybe also implementation of MICE in Python using `rpy2`

Chapter 3

Results

3.1 Results of own implementation

3.2 Comparison with original paper

Chapter 4

Discussion

4.1 Discussion of Results

4.2 Discussion of Methods

4.3 Scenarios for real-world validation

Declaration

I declare that..

Appendix A

Supplementary Tables

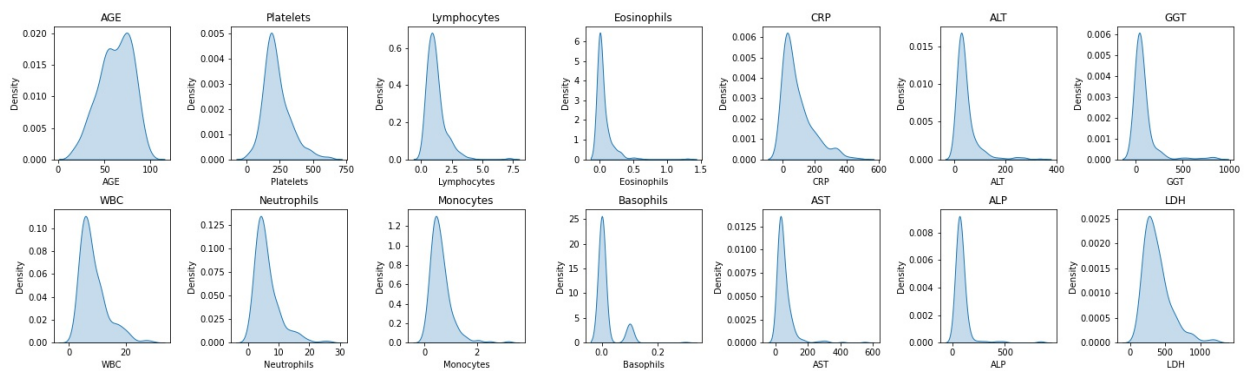


Figure A.1: Kernel density plots of the numerical features of the data set

Feature	Data Type
Gender	Categorical
Age	Numerical (discrete)
WBC (White blood cell count)	Numerical (continuous)
Platelets	Numerical (continuous)
Neutrophils	Numerical (continuous)
Lymphocytes	Numerical (continuous)
Monocytes	Numerical (continuous)
Eosinophils	Numerical (continuous)
Basophils	Numerical (continuous)
CRP (C-reactive protein)	Numerical (continuous)
AST (aspartate aminotransferase)	Numerical (continuous)
ALT (alanine aminotransferase)	Numerical (continuous)
ALP (alkaline phosphatase)	Numerical (continuous)
GGT (gamma glutamyl transferase)	Numerical (continuous)
LDH (lactate dehydrogenase)	Numerical (continuous)
SWAB	Categorical

Table A.1: Overview over all features of the data set

Feature	Unit	Mean	Std	Median
Age	Years	61.33	18.05	64
White Blood Cell Count (WBC)	$10^9/L$	8.49	4.89	7.10
Platelets	$10^9/L$	224.91	102.61	204.00
Neutrophils	$10^9/L$	4.64	4.50	3.90
Lymphocytes	$10^9/L$	0.88	0.87	0.80
Monocytes	$10^9/L$	0.45	0.44	0.40
Eosinophils	$10^9/L$	0.04	0.12	0.00
Basophils	$10^9/L$	0.01	0.03	0.00
C-reactive protein (CRP)	mg/L	88.93	94.32	53.10
Aspartate Aminotransferase (AST)	U/L	53.81	57.59	36.00
Alanine Aminotransferase (ALT)	U/L	42.82	45.43	30.00
Alkaline Phosphatase (ALP)	U/L	42.21	75.71	68.00
Gamma Glutamyl Transferase (GGT)	U/L	40.20	101.29	0.00
Lactate dehydrogenase (LDH)	U/L	264.54	238.53	254.00

Table A.2: Descriptive statistics for numerical features in data set (including missing values as in [3])

Feature	Number of NaN (in %)
Gender	0 (0 %)
Age	2 (0.72 %)
WBC (White blood cell count)	2 (0.72 %)
Platelets	2 (0.72 %)
Neutrophils	70 (25.09 %)
Lymphocytes	71 (25.45 %)
Monocytes	70 (25.09 %)
Eosinophils	70 (25.09 %)
Basophils	71 (25.45 %)
CRP (C-reactive protein)	6 (2.15 %)
AST (aspartate aminotransferase)	2 (0.72 %)
ALT (alanine aminotransferase)	13 (4.66 %)
ALP (alkaline phosphatase)	148 (53.05 %)
GGT (gamma glutamyl transferase)	143 (51.25 %)
LDH (lactate dehydrogenase)	85 (30.47 %)
SWAB	0 (0 %)

Table A.3: Number of missing values and their proportion the total number of data points

Feature	Unit	Mean	Std	Median
Age	Years	61.78	17.81	64
White Blood Cell Count (WBC)	$10^9/L$	8.55	4.86	7.10
Platelets	$10^9/L$	226.5	101.2	205.00
Neutrophils	$10^9/L$	6.20	4.17	5.10
Lymphocytes	$10^9/L$	1.19	0.80	1.00
Monocytes	$10^9/L$	0.61	0.41	0.50
Eosinophils	$10^9/L$	0.06	0.13	0.00
Basophils	$10^9/L$	0.01	0.04	0.00
C-reactive protein (CRP)	mg/L	90.89	94.42	54.20
Aspartate Aminotransferase (AST)	U/L	54.20	57.61	36.00
Alanine Aminotransferase (ALT)	U/L	44.92	45.50	31.00
Alkaline Phosphatase (ALP)	U/L	89.89	89.09	71.00
Gamma Glutamyl Transferase (GGT)	U/L	82.48	132.70	41.00
Lactate dehydrogenase (LDH)	U/L	380.45	193.98	328.00

Table A.4: Descriptive statistics for numerical features in data set (excluding missing values)

Feature	Test statistic	p-value
Age	0.976	0.000
WBC (White blood cell count)	0.873	0.000
Platelets	0.930	0.000
Neutrophils	0.838	0.000
Lymphocytes	0.785	0.000
Monocytes	0.811	0.000
Eosinophils	0.457	0.000
Basophils	0.395	0.000
CRP (C-reactive protein)	0.836	0.000
AST (aspartate aminotransferase)	0.556	0.000
ALT (alanine aminotransferase)	0.629	0.000
ALP (alkaline phosphatase)	0.420	0.000
GGT (gamma glutamyl transferase)	0.500	0.000
LDH (lactate dehydrogenase)	0.877	0.000

Table A.5: Results of Shapiro-Wilk test for normality for numerical features of the data set

Appendix B

Supplementary Figures

Appendix C

Supplementary Formulas

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