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## Current State of Affairs - Briefly

- Summary of previous discussion:
  - Attempting to use DBSCAN clustering and correlation analysis to uncover and highlight potentially relevant features in the patient data and their relationship with the diagnosis.
  - Potentially can implement other clustering algorithms and implement more adequate correlation analysis for the results.

# **Clustering Approaches**

- A lot of work went into defining parameters for DBSCAN, which proved ineffective as most resulting clusters were dominated by noise points.
- Other clustering methods produced less noisy clusters, but there was limited correlation between these clusters and the diagnoses.
- Relevant features were confirmed from work done by Konstantin.

## Attempting to Fine-tune Pre-Processing

Scaling-only approach vs. Scaling+Normalising approach

#### StandardScaler()

[318]:	<pre>stand_norm.max()</pre>	
	baseline_24h-Bilanz baseline_AF spontan baseline_Bicarbonat arteriell baseline_Bilirubin ges. baseline_Bilirubin ges. baseline_BAP baseline_GOT baseline_HF baseline_Hamatokrit baseline_Hamatokrit baseline_Hamatokrit baseline_INR baseline_INR baseline_DINR baseline_PEI baseline_PEP baseline_SAP baseline_SAP baseline_SAP baseline_SAP baseline_Thrombozyten baseline_VT	0.371474 0.325837 0.346078 0.291480 0.609811 0.753878 0.200594 0.620258 0.282479 0.339453 0.263132 0.263132 0.263132 0.263132 0.263132 0.263132 0.263132 0.240822 0.340680 0.271720 0.374236 0.373356 0.215368 0.377077 0.373356 0.783373 0.285643 0.285643
	baseline_SAP baseline_SA02 baseline_Sp02 baseline_Thrombozyten baseline_Urine_output	0.303057 0.216755 0.215368 0.377077 0.373356

VS.

Rohi	ustSca	_r/	$\langle \rangle$
	JSIOLA		J

[319]:	baseline_24h-Bilanz	0.131081
	baseline_AF spontan	0.154806
	baseline_AF	0.141584
	baseline_Bicarbonat arteriell	0.121204
	baseline_Bilirubin ges.	0.283344
	baseline_CK	0.577615
	baseline_DAP	0.117916
	baseline_GOT	0.873541
	baseline_HF	0.117236
	baseline_Horowitz-Quotient (ohne Temp-Korrektur)	0.126657
	baseline_Hämatokrit	0.112633
	baseline_Hämoglobin	0.120527
	baseline_INR	0.297738
	baseline_Körperkerntemperatur	0.116101
	baseline_Laktat arteriell	0.152312
	baseline MAP	0.115549
	baseline P EI	0.134399
	baseline PEEP	0.158613
	baseline SAP	0.118926
	baseline_Sa02	0.106125
	baseline_Sp02	0.105660
	baseline_Thrombozyten	0.133722
	baseline_Urine_output	0.128724
	baseline Vt	1.000000
	baseline ZVD	0.122134
	baseline individuelles Tidalvolumen pro kg idealem Körpergewicht	0.122674
	baseline pTT	0.151410
	baseline Lagerungstherapie	0.107773
	baseline ECMO	0.105660
	dtype: float64	

[319]: robust norm.max()

Name: baseline\_Lagerungstherapie, dtype: float64

[321]: icca\_patients.baseline\_Lagerungstherapie.describe()

17908.000000

0.000223

0.014944

0.00000

0.00000

0.000000

[328]: len(icca\_patients[icca\_patients.baseline\_Lagerungstherapie.eq(0)])

count

mean

std

min

25% 50%

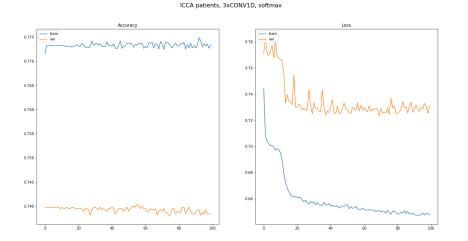
75%

max

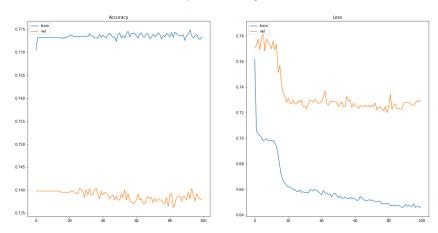
## **Using Neural Networks**

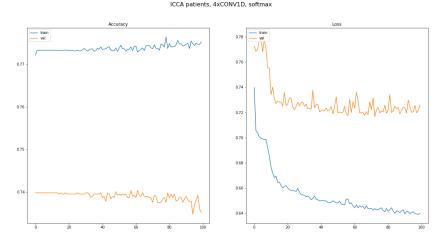
- Two main datasets:
  - ICCA baseline values for 17888 patients with 27 features.
  - ICCA mechanically ventilated patients (13461 patients) with 234 features.
- 3- or 4-layer CNN with either Softmax or Sigmoid activation function at the output layer.
- Optimising for cohorts (0-5) using categorical crossentropy

### **ICCA Baseline Patients**

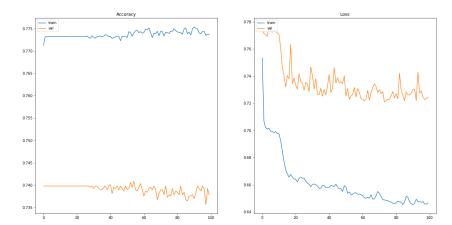










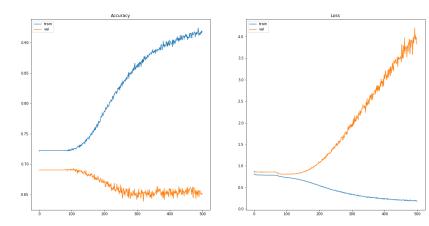


## **Mechanically-Ventilated Patients**

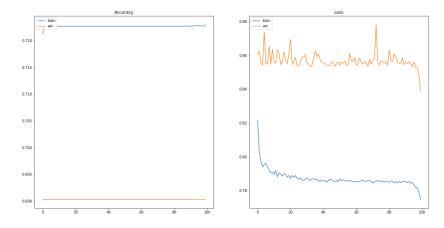
Accuracy train val 0.725 ~~W 0.90 0.720 0.875 0715 0.710 0.82 0.70 0.800 0.700 0.775 0.69 0.750 0.69

MV patients, 3xCONV1D, softmax

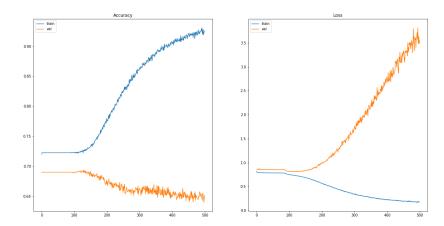
MV patients, 3xCONV1D, softmax, 500 epochs



MV patients, 3xCONV1D, sigmoid



MV patients, 3xCONV1D, sigmoid, 500 epochs



# Conclusions

- Cohorts are not balanced with the majority (~76% of patients) belonging to the same cohort.
  - Next step: use a more balanced training set.
- Parameters may not be as indicative of original condition as they are of potential direction of disease.
  - Next (current) step: attempt a mortality prediction (in parallel with Moein).
- Currently only working with ICCA data until positive results or change of approach.
  - Next step: attempt analysis on COVID data.