APPLYING MACHINE LEARNING ALGORITHMS FOR THE ANALYSIS OF

BIOLOGICAL SEQUENCES AND MEDICAL RECORDS

BY

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THESIS ACCEPTANCE PAGE

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This thesis is approved as a creditable and independent investigation by a candidate for the master's degree and is acceptable for meeting the thesis requirements for this degree. Acceptance of this does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

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ABSTRACT APPLYING MACHINE LEARNING ALGORITHMS FOR THE ANALYSIS OF BIOLOGICAL SEQUENCES AND MEDICAL RECORDS

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The modern sequencing technology revolutionizes the genomic research and triggers explosive growth of DNA, RNA, and protein sequences. How to infer the structure and function from biological sequences is a fundamentally important task in genomics and proteomics fields. With the development of statistical and machine learning methods, an integrated and user-friendly tool containing the state-of-the-art data mining methods are needed. Here, we propose SeqFea-Learn, a comprehensive Python pipeline that integrating multiple steps: feature extraction, dimensionality reduction, feature selection, predicting model constructions based on machine learning and deep learning approaches to analyze sequences. We used enhancers, RNA N6 methyladenosine sites and protein-protein interactions datasets to evaluate the validation of the tool. The results show that the tool can effectively perform biological sequence analysis and classification tasks.

Applying machine learning algorithms for Electronic medical record (EMR) data analysis is also included in this dissertation. Chronic kidney disease (CKD) is prevalent across the world and well defined by an estimated glomerular filtration rate (eGFR). The progression of kidney disease can be predicted if future eGFR can be accurately estimated using predictive analytics. Thus, I present a prediction model of eGFR that was built using Random Forest regression. The dataset includes demographic, clinical and

laboratory information from a regional primary health care clinic. The final model included eGFR, age, gender, body mass index (BMI), obesity, hypertension, and diabetes, which achieved a mean coefficient of determination of 0.95. The estimated eGFRs were used to classify patients into CKD stages with high macro-averaged and micro-averaged metrics.

CHAPTER 1: Introduction for Sequencing Data Analysis **1.1 Next-Generation Sequencing**

The appearance of next-generation sequencing (NGS) technology has significantly improved the quantities and qualities of biological sequences [1]. NGS provides advanced technology with many advantages: ultra-high throughput, speed, scalability and friendlily cost [2]. With NGS, the duration for sequencing an entire human genome is reduced from a decade to a single day [3] and its cost dropped from \$300000 to less than \$1000 [4]. The most recent released version, 232 of GenBank in NCBI contains 213,387,758 sequences and WGS in NCBI includes 1,022,913,321 sequences [5]. Analyzing biological sequences help researches to explore the structural and functional properties of sequences [6, 7], disease diagnosis [8-10], drug target development, biotechnology [11] and many others.

1.2 Machine Learning in Sequencing Data Analysis

Computational biological sequences analysis tools are urgently needed because an ever-widening gap emerges between these data and their annotations. Recently, applying machine learning algorithms for the analysis of biological sequences became a popular trend [12]. In essence, many problems can be considered as a binary or multi-class prediction tasks [13, 14], include DNA N6-methyladenosine site [15, 16], RNA N6 methyladenosine site [17], RNA-binding protein identification [18], protein function site [19], protein fold recognition [20, 21], protein-protein interaction prediction [22-24], etc.

1

1.3 Feature Extraction of Sequencing Data

Billions of short raw reads are generated for each sample through NGS in FASTA data format [25], which cannot directly be used for classification purposes. Thus, the step of feature extraction is required to transform reads of sequences to the mathematical data matrix using different approaches based on sequencing, physicochemical, evolutional and structural properties [26].

1.4 Feature Selection

With an increasing number of classification algorithms has been introduced, selecting the most important features to reach accurate and efficient performances becomes a new challenge [27]. Some extracted feature vectors show high dimensionality, which can cause time-consuming and overfitting issues. Therefore, selecting those features that contribute most to classification is an essential step in the sequencing data analysis [28]. Some powerful feature selection algorithms that can be used include the Chi-squared test [29], SVM-RFE [30], Lasso [31], Pearson correlation [32], ReliefF [33], and so on.

1.5 Dimensionality Reduction

Besides many supervised methods, some unsupervised learning methods such as K-means [34], PCA [35] and TSNE [36], are introduced. Dimensionality reduction can project raw feature space with high dimensionality to a new feature space via the linear or non-linear combination. Dimensionality reduction and feature selection both can reduce the model's complexity, computational resource cost and execution time, prevent overfitting issue and improve the accuracy of prediction to provide more reliable predictions.

1.6 Model Construction

Classification is a supervised learning approach to classify new observations based on the given data in machine learning. Some popular and well-developed classification algorithms are widely used in many different fields, such as SVM [37], RandomForest [38], LightGBM [39], XGBoost [40], Adaboost [41] and KNN [42], etc. Every classifier has its characters thus there is not a best classifier but only an appropriate classifier. Therefore, training multiple classifiers simultaneously can help researchers to find the best classifier.

1.7 Sequencing Data Analysis Tool

There are several computational tools are available in the public. Some tools focus only on extracting features from one or more types of sequencing data. For instance, repDNA [43], Pse-in-one 2.0 [44], PyFeat [45] and PROFEAT [46] are tools only for feature extraction. To my knowledge, there are three computational tools: IFeature [47], iLeran [48] and BioSeq-Analysis2.0 [49] that integrating multiple steps for sequencing data analysis, but the integrated classifiers and feature selection methods are not sufficient and updated. In addition, deep learning is a very powerful computational tool for classification tasks via layer by layer learning [50]. Some popular deep learning methods show convincing performances for prediction but they are not included in these packages [51].

CHAPTER 2: SeqFea-Learn – An Integrated Python Package for the Analysis of Biological Sequences

2.1 Overall Design of SeqFea-Learn

To develop a comprehensive pipeline for the classification of biological sequences, we integrated 20 feature selection methods, 16 dimensionality reduction methods and 13 classification models. In addition, this tool also contains a total of 60 methods to extract features from DNA, RNA and protein sequences, Figure 1. Compared with other software packages, SeqFea-Learn has the following advantages:

- A large variety of feature selection methods, including regularization, statistics, information, tree, and recursive feature elimination-based approaches.
- 13 classification algorithms include three deep learning approaches.
- Enhanced graphical visualization of results, including a box plot of classification accuracy and ROC curves.

Figure 1. The pipeline of SeqFea-Learn. The Python package contains feature extraction, feature selection, dimensionality reduction, and model construction from sequences. The input is the DNA, RNA or protein sequences in the FASTA format. The outputs will provide generated feature vectors, prediction accuracy comparison, and suggestion of the best model for researchers.

2.2 Detailed Methods in SeqFea-Learn

The DNA, RNA and protein sequence *S* with *L* residues can be regarded as:

$$
S = R_1 R_2 \cdots R_{L-1} R_L \tag{1}
$$

where R_L represents the L -th residue.

2.2.1 Feature Extraction

The step of feature extraction consists of 16 feature extraction methods for DNA and 12 feature extraction methods for RNA; 32 feature extraction methods for protein sequences, which are shown in Table 1 and Table 2, respectively.

Table 1. List of 16 DNA feature extraction methods and 12 RNA feature extraction methods

DNA Feature Extraction Methods	RNA Feature Extraction Methods	Extraction Method Description
Kmer	Kmer	DNA or RNA sequence are represented as the occurrence frequencies of k neighboring nucleic acids [55, 56]
Reverse Compliment Kmer (RCKmer)	Reverse Compliment Kmer (RCKmer)	A variant of Kmer descriptor by removing the reverse compliment Kmer [55, 57]
Pseudo Dinucleotide	Pseudo Dinucleotide	Incorporating the contiguous local sequence- order and global sequence-order information [58]

2.2.2 Feature Selection and Dimensionality Reduction

SeqFea-Learn integrated steps of feature selection and dimensionality reduction,

which are shown in Table 3.

Feature Selection Method	Description	Dimensionality Reduction Method	Description
Lasso	Using Lasso liner model to recursively eliminate features [31, 88]	K-means	Clustering data by separating samples in n groups of equal variances [34]
ElasticNet	Using ElasticNet model to recursively eliminate features [89]	T-SNE	Visualizing high- dimensional data [36]
L1-SVM	Using SVM with L1 penalty model to recursively eliminate features [90]	Principal Component Analysis (PCA)	Linear dimensionality reduction using singular value decomposition [35]
CHI ₂	Retrieving best features based on x^2 test [91]	Kernel PCA (KPCA)	Non-linear dimensionality reduction through use of kernels [35]
Pearson Correlatio n (PC)	Retrieving best features based on Pearson correlation [32]	Locally linear embedding (LLE)	Reducing projection of data which preserves distances within local neighborhoods $[105]$
ExtraTree	Using ExtraTree model to recursively eliminate features [92]	Truncated Singular Value Decomposition (TSVD)	Linear dimensionality reduction by means of truncated singular value decomposition [106]

Table 3*.* Feature selection and dimensionality reduction methods

2.2.3 Models Construction

SeqFea-Learn integrated 10 popular classifiers include SVM, KNN, RF,

LightGBM, XGBoost, Adaboost [118], Extra-Tree, Gaussian Naïve Bayes (GNB) [119],

GBDT [117]. The tool also integrated three deep learning methods, including deep neural

network (DNN) [52], convolutional neural network (CNN) [53], and recurrent neural

network (RNN) [54].

2.2.4 Cross-validation and Models Evaluation

Stratified 5-Folds cross-validator is used for obtaining classification accuracy and plotting ROC curves. All models are evaluated using classification accuracy that reflects the fraction of correct predictions:

$$
Accuracy = \frac{Number\ of\ correct\ predictions}{Total\ number\ of\ predictions}
$$
 (2)

Most structural and functional of sequences predictions are binary classification and the accuracy can be calculated by:

$$
Accuracy = \frac{TP + TN}{TP + TN + FP + FN}
$$
 (3)

where TP, TN, FP and FN in the above equations represent true positive, true negative, false positive and false negative, respectively.

$$
Accuracy = \frac{TP(i) + TN(i)}{TP(i) + TN(i) + FP(i) + FN(i)}
$$
\n
$$
(4)
$$

where i means ith classes.

2.3 Application of SeqFea-Learn

Three prediction tasks were performed for DNA, RNA and protein sequences respectively to evaluate our tool. These classification performances are comparable and even more effective than the state-of-the-art approaches, which indicate our proposed python package is competitive for the analysis of biological sequences.

2.3.1 Enhancers Classification

Enhancers play an important role in analyzing gene expression. The dataset contains we used 1484 enhancer samples and 1484 non-enhancer samples [120]. We applied five DNA feature extraction methods: PSTNP, Kmer, pseDNC, BE and DNC to construct predictors. We also found that fusing these feature descriptors as one mixed descriptor can effectively represent the information and improve classification performance. The highest AUCs of 13 predictors are shown in Table 4. Compare to BioSeq-Analysis 2.0 (AUC: 0.82), our tool shows a better classification performance.

Table 4*.* AUC based on different feature descriptors for enhancer

All of 20 feature selection methods are applied to the fused vector. These selected feature vectors are then used to construct 13 classifiers for finding the best. Based on our observation, the selected feature vector using the Extra-Tree method can achieve better prediction performance, Figure 2. The execution time of modeling is significantly reduced, Table 5.

Table 5*.* Comparison of number of features and modeling execution time of enhancers

	Fused feature vector	Selected feature vector based Extra-Tree
Number of Features	1296	50
Execution Time	34m 42s	4m _{5s}

Figure 2. The boxplot of classification accuracies (A) and ROC curves (B) of DNA enhancers using various classifiers with Extra-Tree feature selection method. (A) 13 classifiers all achieve satisfactory accuracy, and SVM, DNN, RNN obtain superior performance than other classifiers. (B) The ROC curves of 13 classifier indicate DNN and RNN achieved better results.

2.3.2 RNA N6-methyladenine Sites Prediction

N6-methyladenosine (m6A) refers to methylation of the adenosine nucleotide acid at the nitrogen-6 position. It is highly related to a series of biological processes, such as

splicing events, mRNA exporting, nascent mRNA synthesis, nuclear translocation and translation process [17]. The m6A dataset contains 2614 sequences, where 1307 represents true methyladenosine sites, and the remaining 1307 are false methyladenosine sites. BioSeq-Analysis2.0 achieves 0.73 AUC with RandomForest classifier. Similarly, the fused feature vector shows a better classification performance, Table 6. After the step of feature selection and model construction, the vector using the ReliefF feature selection method displays better predictions, Figure 3.

Table 6*.* AUC based on different feature descriptors for RNA N6-methyladenine sites

Feature Extraction Methods	PSTNP	PseDNC	DNC	TNC	MonoKGap	Five Descriptors Fusion
Highest AUC 0.88		0.69	0.68	0.71	0.66	0.89
of 13 Predictors	(SVM)	(DNN)	(SVM)	(DNN)	(DNN)	(SVM)

Table 7*.* Comparison of number of features and modeling execution time of RNA 6mA data

Figure 3. The boxplot accuracies (A) and ROC curves (B) under different classifiers on RNA N6-methyladenine sites dataset via ReliefF feature selection. (A) The boxplot of 13 classifiers and deep learning methods achieve better performance and the KNN is the worst. (B) The ROC curves of 13 classifier and DNN, CNN and RNN obtain the best prediction performance.

2.3.3 Protein-protein interactions prediction

The analysis of protein-protein interactions (PPIs) can help to understand the protein function, construct the complete interactome and study the signaling pathways. In this

section, the dataset includes 5594 PPI samples and 5594 non-PPI samples [153]. We fused CTDC, CTDT, CTDD, EBGW, Geary, PseAAC, PsePSSM, abPSSM to obtain the feature representation information. After comparing all selected feature vectors' predicting performances (Table 8 and 9), the MRMR feature selection method shows a better performance, Figure 4.

Table 8*.* AUC based on different feature descriptors for protein-protein interactions data

Feature Extraction Methods	CTDC	CTDT	EBG W	Geary	PseAAC	PsePSSM	abPSSM	Five Descriptors Fusion
Highest AUC of 13 Predictors	0.92 (CNN)	0.96 (RF)	0.96 (GBDT)	0.91 (RNN)	0.95 (DNN)	0.96 (LightGBM)	0.94 (DNN)	0.98 (LightGBM)

Figure 4. The boxplot accuracies (A) and ROC curves (B) under different classifiers on protein-protein interactions dataset via MRMR feature selection. (A) The boxplot of 13 classifiers and LightGBM achieve better performance and the GNB is the worst. (B) The ROC curves of 13 classifiers and LightGBM and xgBoost obtain the best prediction performance.

2.4 Summary and Conclusion

With the rapid increase of DNA, RNA and protein sequences, the analysis and process of the biological sequences are urgently needed. Therefore, we developed an intuitive and comprehensive Python package and web server called SeqFea-Learn to perform steps of feature extraction, feature selection, dimensionality reduction, and model construction to predict the structure and function of unseen sequences. SeqFea-Learn for the first time integrated 20 types of feature selection methods and 16 kinds of dimensionality reduction approach to deal with dimensionality disaster and prevent overfitting issues. It also offers 10 popular classifiers and 3 deep learning frameworks to satisfy users' needs. The tool will generate visible results to provide a user clear idea to compare and select the best classifier. To further test the validity, we perform three predicting tasks: enhancers, RNA N6-methyladenine sites and protein-protein interactions prediction. Integrated feature selection and dimensionality reduction methods reduce as much as 80% modeling time. These classification performances indicate SeqFea-Learn is an effective and accurate biological sequencing analysis tool compared with other state-of-the-art approaches.

CHAPTER 3: Predicting Outcomes of Chronic Kidney Disease from EMR Data Based on Random Forest Regression

3.1 Chronic Kidney Disease and eGFR

The increasing incidence of chronic kidney disease (CKD) in the United States and around the world lays an enormous burden on healthcare [121, 122]. By December 2015, there were 703,243 prevalent patients with End Stage Renal Disease (ESRD), with the unadjusted incident rate of 378 per million [123]. In 2017, there were approximately 500,000 patients on different dialysis modalities (91% are on hemodialysis), 20,000 received transplants [123]. Treatments that are effective in patients with advanced CKD also increase health care costs and lead to adverse effects [124]. Thus, it is essential to identify earlier stage CKD and prevent its progression to ESRD [125]. However, the biggest challenge is that most people do not have any signs or symptoms in the early stages and go undetected until an advanced stage.

Early identification and targeted intervention of CKD have attracted considerable attention from clinicians and researchers since both have the potential to reduce the number of patients progressing to ESRD and lower the mortality rate related to CKD and associated healthcare costs [126]. With the growing availability of Electronic Medication Record (EMR) data, various predictive models for disease progression have been developed to facilitate the decision-making process of health care providers [124, 127, 128]. Choi et al. classified disease progression models into two categories based on the extent of targeted diseases: models focusing on a specific disease and those focusing on a broader range of conditions. Among those disease-specific progression models, some are validating specific hypotheses of disease progression based on experts' knowledge [124, 129, 130], while others are driven by the application of advanced statistical methods [131-

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133]. Approaches that can be generalized to model the progression of multiple diseases have been proposed, where statistical methods and machine learning techniques are widely used [134, 135]. For kidney disease, different models have been developed in predicting CKD stages to ESRD over time and in predict variations of GFR in patients [126, 128, 136, 137].

Estimated glomerular filtration rates (eGFRs) have been used in primary care to assist the early detection and staging of CKD [138, 139]. The eGFR formula [140] is:

$$
eGFR = 141 * min\left(\frac{S_{Cr}}{K}, 1\right)^{\alpha} * max\left(\frac{S_{Cr}}{K}, 1\right)^{-1.209} * 0.993^{age} * 1.018[if female] *1.159[if African American]
$$
 (5)

where eGFR (estimated glomerular filtration rate) = $mL/min/1.73 m2$; SCr (standardized serum creatinine) = mg/dL, κ = 0.7 (females) or 0.9 (males), α = -0.329 (females) or -0.411 (males), min = indicates the minimum of SCr/ κ or 1, max = indicates the maximum of SCr/κ or 1, and age = years.

Although routine reporting of eGFR had positive effects in clinical practice, including prevention of CKD progression and reduction of CKD related complications, there are still concerns in its negative effects caused by overdiagnosis [138]. Studies have begun using an alternative measurement, such as eGFR decline derived from eGFR, to evaluate and predict CKD progression [141, 142]. Researchers investigated the association between eGFR change and ESRD risk and mortality risk respectively, where age and gender factors were taken into account [141, 143, 144]. Large eGFR decline were associated with greater hazard ratios of ESRD in several clinical trials [145, 146]. However, a smaller eGFR changes, which is a reflection of the short-term treatment effect of kidney disease, is underexamined [141].

3.2 Machine Learning in EMR Data Analysis

The application of statistical models and machine learning techniques have been rapidly growing in estimating health and disease outcomes [147]. Cerqueira et al*.*developed a model using the Cox proportional hazard regression in predicting the risks that pre-dialysis pediatric patients progress to ESRD from CKD [128]. Decruyenaere et al. compared the performances of machine learning methods with logistic regression in predicting the occurrence of delayed renal graft in renal transplant patients [148]. Their results showed that support vector machine outperformed logistic regression in terms of sensitivity. Kumar compared six machine learning classifiers (Random Forest, Sequential Minimal Optimization, NaiveBayes, Radial Basis Function, Multilayer Perceptron Classifier, and SimpleLogistic) in CKD classification and identified that Random forest outperformed the other classifiers [149].

Since GFR is the best test in measuring the level of kidney function [123, 126], the renal function of a CKD patient can be predicted if their GFR variations can be predicted. Consequently, the time to reach GFR thresholds corresponding to stages of CKD can be anticipated. An integrated expert system has been used in predicting future GFR based on selected clinical variables and demonstrated reliable accuracy [126]. However, there is still a lack of efficient methods for predicting the individual level timeframe of CKD progression. Specifically, Random Forest Regression, featured with a reduction in overfitting and less variance, has not been used to predict the progression of renal function yet. This study predicted future eGFR values using Random Forest regression based on real-world EMR data representing the general population in the upper Midwest. The main aim of this study is to propose an efficient and reliable clinical tool that allows

us to identify patients at risk of ESRD at an earlier stage. Such a tool can offer primary care physicians the opportunity to preemptively suggest the preventive strategies that can attenuate the development of this challenging disease in patients that reside in our agricultural communities.

3.3 Methods

3.3.1 Data Acquisition

The dataset used in this study comes from real-world clinical data. We built up a cohort consisting of 120,495 patients aged from 20 to 80 in Sioux Falls, SD, region that receiving primary care from Sanford Health. By consulting with the nephrologist, we pulled out data elements influencing GFR variations for this cohort from the comprehensive Sanford EMR database for years 2009–17. None of the identifiable information was extracted to protect patients' privacy. We are focusing on the progression of CKD, so only the "clinical" encounter data was included. Those data elements contain patients' eGFR records for years 2009–17, the ICD-10 codes [150] for CKD, Hypertension, Diabetes, and Obesity, and their demographic information comprising Age, Gender, and Race. A detailed description of the data elements is given in Table 10.

Table 10. Predictor and covariate data type breakdown

3.3.2 Data Pre-processing

The extracted data were formatted into three separate tables: (1) eGFR table with rows representing patients and columns containing eGFR for multiple years; (2) Demographic table consisting of demographic information; and (3) Disease table composed of diagnosis status of hypertension, diabetes, and obesity. The processing of these data tables is illustrated in Figure 5 and described below.

Figure 5. Workflow of the data preprocessing, including initial eGFR data, demographic and disease information, and data merging and filtering. This process resulted in 61,740 samples with 15 variables each.

1. The eGFR table has 120,495 unique patients and 10 columns, each of which representing eGFR records in years 2009–18. First, the non-numeric eGFR records (e.g. ">90")) were considered as missing data and marked as "NA." For patients with

more than one eGFR values in a specific year, the median of these values was calculated and kept for that year in the table.

- 2. More than 95% eGFR records are missing in 2009 and 2010, so data from these two years were omitted. Since the data in 2018 was not complete when the data was extracted, we also excluded the records in this year. Patient lines were removed from the data if they have no more than three available records from 2011 to 2017. The final eGFR table has 61,740 unique patients and 7 years eGFR data for each patient with at least three eGFR values.
- 3. Next, the different CKD stages were determined by eGFR values in the physical laboratory. Therefore, the CKD stages true labels were created using eGFR. The minimum eGFR value in each of the years between 2011 and 2017 was evaluated first, and then the CKD stages labels were produced based on the following equation:

$$
Practical\,CKD\,Stage = \begin{cases} 1. & if \min eGFR \ge 90 \\ 2. & if \ 60 \le \min eGFR < 90 \\ 3. & if \ 30 \le \min eGFR < 60 \\ 4. & if \ 15 < \min eGFR \le 30 \\ 5. & if \min eGFR \le 15 \end{cases} \tag{6}
$$

- 4. The true labels were also merged into eGFR matrix based on their index (patient ID).
- 5. The current eGFR matrix includes 61,740 unique patients, and each patient has 7 years eGFR values from 2011 to 2017 and labels for the CKD stage from 1 to 5. The final data table was created by merging the eGFR table with the demographic table and the disease table by matching their patient IDs.

3.4 Construction of Random Forest Regression Model

The longitudinal design of this study enables the estimation the future eGFR value from the past eGFR values adjusted by clinical covariates. We selected Random Forest regression as the primary model because of its efficiency and accuracy to predict 1 year, 2 years and 3 years eGFRs from the historical eGFR records between years 2011–14.

Baseline covariates and predictors: The variables included in the analysis were baseline eGFR, age, gender, ethnicity, body mass index (BMI), hypertension, diabetes, obesity.

Outcome: eGFR values in the year 2015, 2016, and 2017 were considered as the outcome variable. This is based on the consensus that GFR is the best measure of kidney function.

Model development: the inputs of this model are the attributes of the *i*th patient denoted by a vector $Xi = (xi1, ..., xin)$ which includes eGFR values from multiple years and other covariates listed in Table 1. The output is the future eGFR for the *i*th patient denoted by *Gij* where *j* indicating a future year.

In the computational experiment, we used the processed dataset with 61,740 unique patients. For building the model in predicting eGFR of 2015, the patient must have recorded eGFR in 2015, and at least two recorded eGFR between 2011 and 2014. Similar requirements were used in predicting eGFR of 2016 and 2017. Other years' eGFR values were imputed and filled by the median eGFR value of each patient. All models were built using scikit-learn package [151]. The parameters of Random Forest Regressor were determined using the grid-search method. Only two parameters, number of estimators and maximum number of features, were tuned because they can determine

numbers of trees in forest and how the tree will split and grow. We also randomly split the dataset and repeat the training process five times with different sets to avoid over fitting for our models.

3.5 Assessment of model performance

3.5.1 Goodness-of-fit

The model fit of the proposed Random Forest Regression was measured using the coefficient of determination *R*2 to show how well the fitted eGFR value approximates the real eGFR value. *R*2 is a measure used to represent the percent of variation explained, i.e., the proportion of variance in the dependent variable that can directly be attributed to variance in the independent variables. An *R*2 of 1 would indicate all changes we see in the dependent variable are caused by changing our independent variables, whereas an *R*2 of 0 means no such direct impact. We also checked the residual plot since randomly distributed residuals indicate the model fits the data well.

3.5.2 Discrimination

The estimated eGFR values were used to classify patients into different CKD stages based on Eq. (1). Both micro-average and macro average were generated to illustrate the classification accuracy of the Random Forest model.

3.6 Results

In Random Forest regression analysis, the predicting accuracy was enhanced by optimizing the values of hyperparameters, where the default values and the optimized values of the hyperparameters were shown in Table 11. The predicted versus observed eGFR values in years 1–3 were plotted for both the default and optimized hyperparameters in Figure 6. The *R*2 was increased from default to optimized

hyperparameters in each of the three years. The Root of Mean Squared Error (RMSE) in Figure 6 illustrated that the optimized hyperparameters provided a more accurate prediction that the default values. It is also worse noticing that the prediction accuracy decreased over time. With the optimal parameters, we further examined the importance of the features included in the analysis whose results were given in Figure 7. It is not surprising that previous eGFR records played essential roles than other features since eGFR is decreasing continuously over time. Although the information of age and BMI are considered in estimating GFR using the eGFR formula, predictions based solely on the previous eGFR are not sufficient. Age and BMI, as illustrated in Figure 7, still contribute to 4.7–9% to the future three years of eGFR respectively. All the other features, including Race, Gender, Obesity, Hypertension, and Diabetes, accounted for a total of 2.7–3.9% of the variances.

Table 11. Hyperparameters used in the Random Forest Regression for the default and optimized models.

	Default	Optimized
# of trees	10	100
Max depth	None	None
Max sample split	$\overline{2}$	$\overline{2}$
Min samples leaf		1
Max features	11	8
Bootstrap	True	True

Figure 6. Goodness of fit based on R^2 of the Random Forest Regression model in predicting eGFR in year 1 to year 3 for the default and optimized models. RMSE comparison for each year is also provided for the default and optimized models.

Figure 7. Feature importance in predicting eGFR values in years 1-3 using optimized parameter values in Random Forest Regression.

3.7 Conclusion and Discussion

In this study, we proposed a model in predicting future eGFR values, which is based on Random Forest regression that can efficiently learn from the real world EMR data and accurately predict future patient outcomes. We validated this model on an EMR dataset extracted from a health system located in the Great Plains. The computational experiment achieved an average *R*2 of 0.95 over three years with small variation. And an 88% Macro Recall and a 96% Macro Precision by averaging over three years were obtained by dividing patients into different CKD stages using estimated eGFRs. Besides, we identified the crucial features that contribute to the variation of future eGFRs, which include recent eGFR records, Age and BMI. Therefore, our proposed predictive model of eGFR has excellent potential to be developed into a clinical decision support tool to assist doctors in providing preventive advice to patients.

One of the limitations of this work is that only patients with numeric eGFR records were included, which exclude those patients without CKD symptoms in the study period. However, those excluded patients can serve as a control group whose clinical information can be incorporated into the predictive model to adjust the parameter estimations. Also, the current study only contained historical eGFRs, demographic characteristics, and relevant disease diagnoses. Studies have shown that an individual's genetic and phenotypic characteristics both affect their risk in developing kidney disease, including genetic mutations, a family history, gender, ethnicity, age, obesity, socioeconomic status, smoking, nephrotoxins, acute kidney injury, diabetes mellitus, and hypertension [152]. Thus, we are planning to address those issues in future studies to improve the practicability of the predictive model of eGFR in support of patient care.

APPENDIX: SeqFea-Learn Tutorial

SeqFea-Learn - An intergrated python package for DNA, RNA and Protein sequecing data analysis

Include Feature extraction, Feature selection, Dimensionality Reduction, Models Construction for sequencing data.

Table of Contents

- * Installation
- * Data Preparation
- * DNA Feature Extraction
- * RNA Feature Extraction
- * Protein Feature Extraction
- * Feature Selection
- * Dimensionality Reduction
- * Feature Evaluation

Installation

The package is developed using Python 3(Python Version 3.0 or above) and it can be run on Linux operatinig system. We strongly recommand user to install Ancaonda Python 3.7 or above version to avoid installing other packages.

After installaing Anaconda, the following packages need to be installed:

- 1. xgboost 2. skrebate
- 3. lightgbm

The source code is freely available at: https://github.com/ashinandjay/FeatureSelection

To install our tool, first download the zip file manually from github, or use the code below in Unix:

```
cd your folder path
wget https://github.com/ashinandjay/FeatureSelection/archive/master.zip
```
Unzip the file:

unzip master.zip

Data Preparation

The DNA, RNA or protein sequence data (FASTA format) and their labels (txt format) are required for using our feature selection tool.

DNA Feature Extraction

The tool includes 16 feature extraction methods for DNA sequencing data.

DNA_Feature_Extraction require two inputs: DNA Extraction number and DNA sequencing data.

Run DNA_Feature_Extraction.py:

DNA_Feature_Extraction.py [DNA Extraction number] [DNA sequencing data]

Example: Use kmer method to extract features from DNA sequencing data

DNA_Feature_Extraction.py 1 DNA_sequencing.txt

RNA Feature Extraction

The tool includes 12 feature extraction methods for RNA sequencing data.

RNA_Feature_Extraction require two inputs: RNA Extraction number and RNA sequencing data.

Run RNA_Feature_Extraction.py:

RNA_Feature_Extraction.py [RNA Extraction number] [RNA sequencing data]

Example: Use kmer method to extract features from RNA sequencing data

RNA_Feature_Extraction.py 1 RNA_sequencing.txt

Protein Feature Extraction

The tool includes 32 feature extraction methods for Protein sequencing data.

Protein_Feature_Extraction require two inputs: Protein Extraction number and Protein sequencing data.

Run Protein_Feature_Extraction.py:

Protein_Feature_Extraction.py [Protein Extraction number] [Protein sequencing data]

Example: Use Amino acid composition method to extract features from Protein sequencing data

Protein_Feature_Extraction.py 1 Protein_sequencing.txt

Feature Selection

Our Feature Selection tool contains 20 supervised selection methods.

For using our Feacture Selection Tool, Four inputs are required: 1. Feauture selection number (See the table above) 2. Number of feature to select (how many number of feature you want) 3. Feature Vectors (Feature extraction output file) 4. Label Vectors (labels for sequencing)

Run Feature_Selection.py:

Feature_Selection.py [Feauture selection number] [Number of feature to select] [Feature Vectors] [Label Vectors]

Example: Using Lasso method to select 3 features

Feature_Selection.py 1 3 Feaute_Vectors.csv label.txt

Dimensionality Reduction

Our Feature Reduction tool contains 16 unsupervised dimensionality reduction methods.

For using our Feacture Reduction Tool, Three inputs are required: 1. Feauture Reduction number (See the table above) 2. Number of Clusters (how many number of Clusters you want) 3. Feature Vectors (Feature extraction output file)

Run Feature_Reduction.py:

Feature_Reduction.py [Feauture Reduction number] [Number of Clusters to select] [Feature Vectors]

Example: Using PCA method to select 3 clusters

Feature_Reduction.py 3 3 Feaute_Vectors.csv

Feature Evaluation

Feature selection method can be evaluated using 10 classifiers and 3 deep learning methods include SVM, KNN, RandomForest, LightGBM, XGBoost, Adaboost, Bagging, ExtraTree, gaussian Naïve Bayes, gradient boosting, DNN, CNN and RNN predictors. The classification accurcay comparison files (plot and table) will be generated in same folder of code.

Run Feature_Evaluation.py:

Feature_Evaluation.py [Feauture selection output] [Label Vectors]

Example: evaluating Lasso selection method

Feature_Evaluation.py Lasso.csv label.txt

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CURRICULUM VITAE

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EDUCATION

M.S. in Mathematics – Statistics Specialization May 2017-Dec 2019

South Dakota State University, Brookings, SD

• Coursework: Statistical Inference, Regression analysis, Computational Intelligence, Statistical Programming, Measure & Probability Theory, Advanced Calculus

B.S. in Electrical Engineering

South Dakota State University, Brookings, SD

EMPLOYMENT

Computational Bioinformatics Analyst Sep 2019—present

Sanford Health

Graduate Research Assistant May 2018—Aug 2019

Bioinformatics and Mathematical Biosciences Lab, South Dakota State University

- Using machine learning methods to analyze and predict the outcomes of EMR data
- Develop a feature selection Python package for DNA, RNA and Protein sequence
- research and develop RNA-seq pipeline tools

Graduate Research Assistant **Aug 2017—May 2018**

Department of Electrical Engineering and Computer Science, South Dakota State University

- Develop machine learning methods to analyze electricity consuming data
- Develop computational tool to identify complex attack in smart grid security

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PUBLICATIONS

- 1. Russel Wilke, Mohammad Qamar, Roxana Lupu, Shaopeng Gu, Jing Zhao, Chronic Kidney Disease in Agricultural Communities. *The American Journal of Medicine.* doi: [10.1016/j.amjmed.2019.03.036](https://doi.org/10.1016/j.amjmed.2019.03.036)
- 2. Zhao Jing, Shaopeng Gu, Adam McDermaid. Predicting outcomes of chronic kidney disease from EMR data based on Random Forest Regression. *Mathematical Biosciences.* doi: 10.1016/j.mbs.2019.02.001
- 3. Adam McDermaid, Xin Chen, Yiran Zhang, Cankun Wang, Shaopeng Gu, Juan Xie, Qin Ma. A new machine learning-based framework for mapping uncertainty analysis in RNA-Seq read alignment and gene expression estimation. *Frontiers in Genetics*. doi: 10.3389/fgene.2018.00313
- 4. Ashish Dubey, Nirmal Adhikari, Swaminathan Venkatesan, Shaopeng Gu, Devendra Khatiwada, Qi Wang, Lal Mohammad, Mukesh Kumar, Qiquan Qiao, Shelf life stability comparison in air for solution processed pristine PDPP3T polymer and doped spiro-OMeTAD as hole transport layer for perovskite solar cell. *Data in Brief.* doi: 10.1016/j.dib.2016.02.021
- 5. Nirmal Adhikari, Ashish Dubey, Eman A. Gaml, Bjorn Vaagensmith, Khan Mamun Reza, Sally Adel Abdelsalam Mabrouk, Shaopeng Gu, Jiantao Zai, Xuefeng Qian, Qiquan Qiao, Crystallization of Perovskite Film for Higher Performance Solar Cells by Controlling Water Concentration in Methyl Ammonium Iodide Precursor Solution. *Nanoscale.* doi: 10.1039/c5nr06687e
- 6. Ashish Dubey, Nirmal Adhikari, Swaminathan Venkatesan, Shaopeng Gu, Devendra Khatiwada, Qi Wang, Lal Mohammad, Mukesh Kumar, Qiquan Qiao, Solution processed pristine PDPP3T polymer as hole transport layer for efficient perovskite solar cells with slower degradation. *Solar Energy Materials and Solar Cells.* doi: 10.1016/j.solmat.2015.10.008

SKILLS

• 5+ years working of programming languages (**Python**, R, SQL, MATLAB, SAS, C_{++} , Perl)

- 2+ years of large-scale data mining and analysis with statistical $\&$ network modeling and machine learning methods
- 2 years of mathematical & statistical algorithm development
- 1 year of next-generation sequencing data analysis

