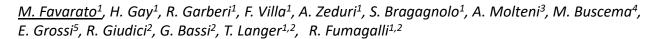


Development of Machine Learning models to predict RT-PCR results for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in patients with influenza-like symptoms using only basic clinical data.



Background

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Affiliations

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⁵Villa Santa Maria Foundation, Tavernerio, Italy RT-PCR for SARS-COV-2 diagnosis currently requires quite a long time span. A *quicker and more efficient diagnostic* tool in emergency departments (ED) could improve management during this global crisis. Our main goal was assessing the accuracy of *artificial intelligence (AI)* in *predicting the results of RT-PCR for SARS-COV-2*, using basic information at hand in all ED.

Methods

This is a *retrospective study* carried out between February 22, 2020 and March 16, 2020 in one of the main hospitals in Milan, Italy.

Inclusion criteria:

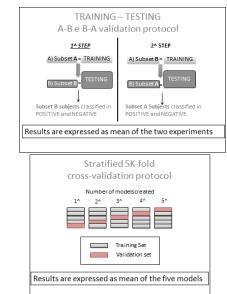
- patients admitted to the ED of Niguarda hospital with influenza-like symptoms

- a performed SARS-COV-2 test in ED.

Exclusion criteria:

- Patients < 12 years old
- absence of leukocyte formula in the ED.

We created a dataset with 74 variables, collected from a combination of *clinical, radiological and routine laboratory* findings upon hospital admission. The RT-PCR results constituted the target variable of the prediction model.



Different Machine Learning algorithms were trained using both the *Training and Testing AB-BA sequence and the K-fold cross-validation protocol*.

Results

Among 199 patients subject to study (median [interquartile range] age 65 [46-78] years; 127 [63.8%] men), 124 [62.3%] resulted positive to SARS-COV-2. The AI model selected 42 out of the 74 collected variables.

The best Machine Learning System reached an *accuracy of 91.4%* with *94.1% sensitivity and 88.7% specificity*. Other AI algorithm had similar results but were less efficient.

| Machine Learning System | Sensitivity | Specificity | Overall accuracy | AUROC |
|-------------------------------|-------------|-------------|------------------|-------|
| D_FF_Conic (4x12x12x12) | 94.1 | 88.7 | 91.4 | 0.90 |
| D_FF_Conic (6x12x12x12) | 92.5 | 90.2 | 91.3 | 0.91 |
| D_FF_Bp (24) | 89.2 | 93.0 | 91.1 | 0.93 |
| D_FF_Bp (16x16x16x16) | 93.2 | 88.7 | 91.0 | 0.92 |
| D_FF_GNet (64) | 90.7 | 90.2 | 90.5 | 0.90 |
| Mean results | 91.9 | 90.2 | 91.1 | 0.91 |

The following variables hold a *considerable weight* in the mathematical model:

| - Leukocyte | - Monocyte | |
|--------------|--------------|--|
| - Lymphocyte | - Age | |
| - Eosinophil | - Female sex | |
| - Basophil | | |

Conclusion

Our exploratory study suggests that properly trained artificial intelligence algorithms may be able to predict correct results in RT-PCR for SARS-COV-2, using basic clinical data.

If confirmed in larger multicentre studies, this could have important clinical and organizational implications.