

Ensemble Comparative Study for Diagnosis of Breast Cancer Datasets

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Abstract

Every disease is curable if a little amount of human effort is applied for early diagnosis. The death rate in world increases day by day as patient fail to detect it before it becomes chronic. Breast cancer is curable if detection is done at early stage before it spread across all part of body. Now-a-days computer aided diagnosis are automated assistance for the doctors to produce accurate prediction about the stage of disease. This study provided CAD system for diagnosis of breast cancer. This method uses Neural Network (NN) as a classifier model and PCA/LDA for dimension reduction method to attain higher classification rate. Multiple layers of neural network are applied to classify the breast cancer data. This system experiment done on Wisconsin breast cancer dataset (WBCD) from UCI repository. The dataset is divided into 2 parts train and test. With the result of accuracy, sensitivity, specificity, precision and recall the performance can be measured. The results obtained are this study is 97% using ANN and PCA-ANN, which is better than other state-of-art methods. As per the result analysis this system outperformed then the existing system.

Keywords: Classification, Neural Network, features selection, PCA, LDA, NB, RF.

1. Introduction

Now a day's affected ration of breast cancer in case of women around the world increases drastically. Early detection of cancer may reduce the death rate before it reach up to the chronic level. After lung cancer, the death rate of breast cancer is higher as compared to other diseases in women. As per the report of international agency for research on cancer (IARC), the no. of persons affected with cancer is 14.1 million, from this 8.2 million death occurred due to breast cancer [1-3]. The no. increases as doctors are failed to state the stage of the patient. For breast cancer detection, digital mammography a diagnosis model used throughout world. CAD system plays vital role for health professionals to analyze and identify the accurate stage of the patient. So that proper attention may provide to save the life. The aim of this system to develop a computer aided diagnosis model to diagnose a disease in earlier stage by using PCA-NN and LDA-NN. A neural network is a complex network consists of n hidden layers. Each layer inputted from previous layer so the error rate reduced layer by layer and produces accurate result. It is used to designed a complex hierarchy is a simple manner and it support all sort of algorithms such as supervised, unsupervised, semi supervised and reinforcement. This proposed work of this system is to develop a computer aided diagnosis model to diagnose a disease in earlier stage by using PCA-NN and LDA-NN. The remaining part of the paper is organized as: Section 2 discusses the related work of different classification model to predict the cancer data, section 3 represents the proposed neural

network as a classification process in the system. Section 4 shows Simulation and results work of the system. Concluding remarks is providing in section 5

2. Related Work

A neural network is a branch of AI known as artificial neural network (ANN). A neural network has its own input and output channels called dendrites and axons respectively. It is a programmatic model, which can find the pattern exists in data which replicate the knowledge. ANN has million processing nodes called neuron. In ANN each neuron is called as unit. A neural network consists of layer where as each layer consists of n no. of nodes. A neural network system has a single input layer and has single (or) two hidden layers and produce output. The main objective of neural network is to produce the inputs to a signification output. The Figure 1 shows the structure of ANN

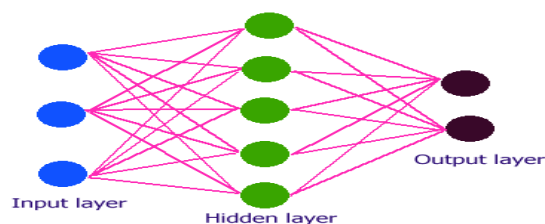


Figure 1: Neural network

Mert et al. [4] used radial basis function neural network (RBFNN) for classification of data and independent component analysis (ICA)

for feature selection. Their approach finds out one feature out of 30 features. This method accuracy obtained of 86%. Bhattacharyya et al. [5] used BPNN (Back Propagation Neural Network) and found accuracy of 99.37% of classification. Goruneseu et al. used evaluation strategy to develop intelligent medical decision model. They have used different classifiers such as NN, GA, SVM, KNN, MLP, RBF, PNN, SOM and NB. They prove SVM perform good with WBC dataset. Ahamad et al. applied there classification algorithm like RBF, MLP and PNN with WBC dataset. Result analysis proves that PNN performed better than other classification algorithm with accuracy of 97.66% [6]. Jhajharia et al. implemented model with PCA and feed forward neural network with training and test data [7]. Yin et al. used SVM with recursive feature elimination (REF) with Wisconsin Diagnostic Breast Cancer (WDBC) dataset. The out of PCA classified with SVM and RE, it achieved 98.58% accuracy [8]. Huang et al. proposed a ensemble learning technique (bagging and boosting). Here GA is used to identify the best feature from dataset. The dataset is divided into 90-10% spits based k fold cross validation GA+RBF SVM achieve accuracy of 98% [9]. Jouni et al. used a model bound on artificial neural network with MLP and BPNN. This model identifies whether it is malignant (or) benign [10]. Bewal et al. used MLP with four different training algorithms such as quasi-Newton, gradient discussed with momentum and adaptive learning, Levenberg-Marquardt and resilient back propagation. Result analysis proves Levenberg-Marquardt + MLP achieve good accuracy rate of 94.11% with comparison to other [10]. Paulin et al. used a system with back propagation neural network (BPNN) and achieved accuracy of 99.28% with Levenberg-Marquardt algorithm. They have used median filter and min-max technique for pre-processing and normalization of data respectively [12]. Menaka et al. used SVM with genetic algorithm on breast cancer dataset and achieved a classification accuracy of 99.78% on begging and 97.67% on Malignant [13]. Hussain et al. proposed a model with genetic algorithm and fuzzy logic with breast cancer data with accuracy of 97.95% [14]. Chandra P et al. proposed a method using Artificial Neural Network and extreme learning technique on breast cancer data and achieved accuracy of 98% [15]. Jalil et al. proposed a machine learning model using fuzzy feature, Bee colony and Neural Network on WBC data and successfully achieve an accuracy of 99.15% [16]. Asieh K et al. achieved with accuracy of 99% by implementing probabilistic neural network as classifier on breast cancer dataset [17]. Mohammed et al. presented a hybrid Genetic + K means as classifier for feature selection to classify medical datasets. The result analysis proves that the designed model achieved an accuracy of 98% [18]. Kalpana K et al. used neural network as a classifier with breast cancer dataset and the proposed model found to be a good one with accuracy of 97.6% [19].

3. Proposed Method

In this study Neural Network is used for classification process and RFE system to detect a subset of features from the dataset. The steps of the proposed method are described in Figure 2. To reduce noise from the instance of WBC dataset pre-processed is used.

Recursive feature selection is used for iteration process.

PCA/LDA applied to the training and test dataset.

Neural Network classification technique is applied to the designed model.

3.1 Pre-Processing

In machine learning, pre-processing is used to normalize, ambiguous data from the dataset. In this study, we have the breast cancer dataset, it consist of 569 instances with 32 feature

variables. This dataset support binary classification because it has two classes called benign and malignant.

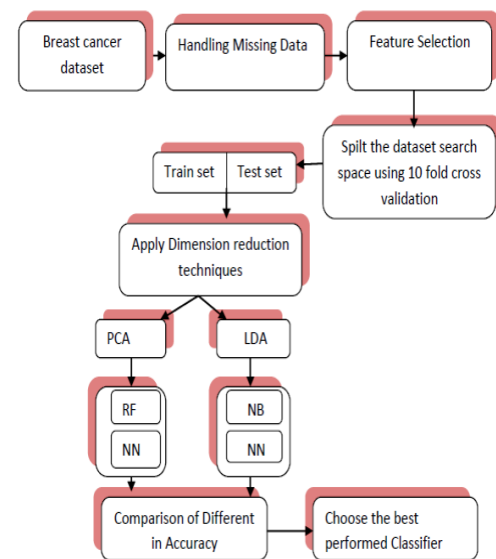


Figure 2: proposed Neural Network classification method

The class benign represents patient not having cancer. Malignant represents patients with cancerous tumors. In this dataset out of 569 instances there are 0 missing values. To improve the stability of the system we remove all missing value instances from the dataset, if any exist. Now the system predicts the best feature from the feature variables to enhance performance as well as the accuracy.

3.2 Feature Selection

Feature selection plays an inevitable role in machine learning to make the dataset free from ambiguity and reduces complexity of data. So the size of data minimized which solve the problem like over fitting [25]. Predicting the suitable best feature improves the accuracy. Filter, wrapper and embedded feature selection approaches are used in machine learning. Many researches also using hybrid feature selection approaches for better accuracy of dataset.

3.3 Principal Component Analysis (PCA)

The main idea behind principal component analysis (PCA) is to minimize the dimension of dataset. As in the dataset the variables are correlated with each other PCA normally select the variables that are high correlated with each other. So PCA is a dimension reduction to which is used to reduce large no of variables to small set which contain the same information like the large set. In this study PCA is applied to both training and test attributes of breast cancer dataset. PCA identifies pattern from the dataset and estimates similarly and difference between individual attributes. The converted variables are called principal component variables. The output of PCA contains PCA components with decreasing variance values [20]. The covariance matrix is generated using value of Eigen vector and Eigen values [21]. Eigen values are sorted ascending order to identify most significant data and less significant data discarded to reduce dimension [22].

The variance is calculated using equation (1) to find the spread of data in breast cancer dataset [23].

$$\text{Var}(x) = \sigma^2 \quad (1)$$

To find relation between two classes covariance is calculated. Covariance calculates for which zero values, there is no relation

between two dimensions covariance can be compiled using equation (2) as suggested in [24].

$$\text{Cov}(x,y)=\frac{1}{n-1}\sum_{i=1}^n(x_{ij}-\mu_{xj})(y_{ij}-\mu_{yj}) \quad (2)$$

Then Eigen values and Eigen vector for covariance matrix is calculated, then it is transformed into orthogonal rotation using equation (3)

$$\text{Det}(A-\lambda I)=0 \quad (3)$$

3.4 Linear Discriminate Analysis (LDA)

LDA is an attribute selection method to categorize the dataset with two (or) more classes [24]. LDA is a global method of fisher's linear discernment which selects linear combination of features and classification done with linear classifier. LDA is also used to regression analysis. LDA measurement of individual class is equally distributed. In LDA the maximum separability can be achieved by maximizing the ration of class variance. After splitting the original dataset into training set and test set, mean of each dataset and mean of entire dataset is found by merging the test and training set[25,26].

$$\mu_3 = (\mu_1 * p_1) + (\mu_2 * p_2) \quad (4)$$

P_1 & P_2 are probability features, then inter, intra class scatter matrices is generated.

Intra class scatter is generated by considering covariance of each class. Scatter matrices are computed using equation (5)

$$S_m = \sum_j p_j * \text{Cov}(j) \quad (5)$$

Covariance matrix is computed as equation (6)

$$\text{Cov}_j = (x_j - \mu_j)(x_i - \mu_i)^T \quad (6)$$

So interclass scatter matrix can be

$$\text{Covariance matrix} = (\mu_i - \text{mean of entire dataset}) \times (\mu_i - \text{mean of entire dataset})^T \quad (7)$$

Then Eigen values and Eigen vectors matrix is generated. Eigen Vector we locate the values of that satisfy equation (8)

$$A - \lambda I \quad (8)$$

Sorting the Eigen vectors by arranging the Eigen values is a decreasing order. After transformation is over, Euclidian distance (or) root means square (RMS) distance is used to classify the data.

3.5 Classification

After the dimension reduction is such as principal component analysis (PCA) and linear discriminate analysis (LDA) is applied with the original dataset, classifiers such as Neural Network and Random Forest is applied to find out the accuracy of the given dataset.

3.5.1 Random Forest

Random Forest classifier is a ensemble algorithm, means Random Forest the combines with other one algorithm for classify the object. Random Forest classifier generates a set of decision trees from randomly selected subset of training. It then

aggregates the votes from different decision trees to decide the final class of the test object. Random Forest has same hyper parameter as a decision tree (or) bagging classifier. No need to combine a decision tree with a bagging classifiers, one can easily use the classifier class of random forest. In Random Forest instead of searching for biomarker white splitting a node, it searches it among a random subset of features.

4. Simulation and Results

In this study, WBC dataset consists of 569 instars with 32 features variables. This dataset supports for binary classification model as is has two class labels such as 0 for benign (Non cancer) 1 for malignant (cancerous). There are no instances from 569 instance found to be missing value. If any missing value exists then instances are removed from the dataset to reduce the error rate of the system. So, finally we considered instances for feature selection. After feature selection the dataset is applied to PCA/LDA for dimension reduction to get better accuracy. The featured dataset are spilt into training and test data and inputted for dimension reduction.

The performance of model is evaluated through confusion matrix. By the confusion matrix we can find the classified and misclassified rate of the system. Accuracy of the model represents effectiveness and performance of a system.

$$\text{Accuracy can be defined as, Accuracy} = (\text{TP} + \text{TN}) / (\text{TP} + \text{TN} + \text{FP} + \text{FN}) \quad (9)$$

Where TP= True Positives

TN=True Negatives

FP= False Positives

FN=False Negatives

Sensitivity of a model is defined as the ration between correctly identified instances versus actual positives.

$$\text{Sensitivity} = \text{TP} / (\text{TP} + \text{FN}) \quad (10)$$

Specificity of a model is a ratio of correctly identified instances with actual negative. The accuracy of a model can be found using F-Score. To compute F-Score precision and recall also calculated,

$$\text{Specificity} = \text{TP} / (\text{TP} + \text{FN}) \quad (11)$$

$$\text{Precision} = \text{TP} / (\text{TP} + \text{FP}) \quad (12)$$

$$\text{Recall} = \text{TP} / (\text{TP} + \text{FN}) \quad (13)$$

F- Score = $((+1) * \beta^2 \text{Precision} * \text{Recall}) / (\beta^2 * \text{Precision} + \text{Recall})$
Where $B < 1$ then F-Score value favor for precision when $B > 1$ it favor for recall.

In this study, we trained the network model with training set of 70-30%. We then check the performance of model with various percentage of splitting such as 80-20%, 60-40%. As expected, this model performed and provides a promising result of 97% for 70-30%, 96% for 80-20%, 94% for 60-40%. The accuracy of the designed model is presented in Table-3.

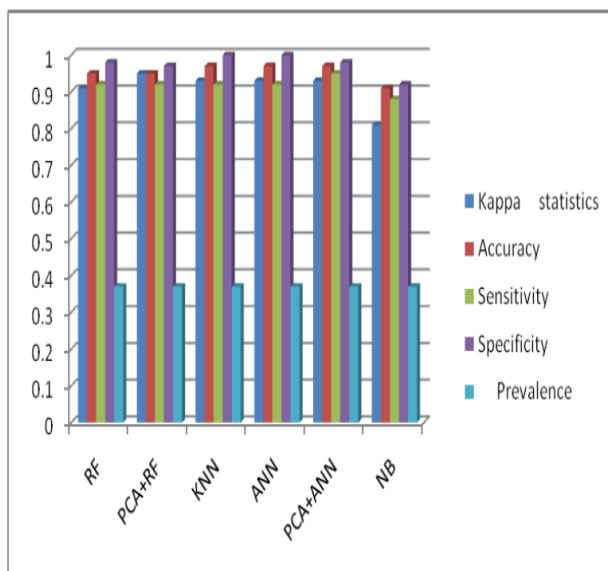
Table 2: Confusion matrix for proposed system

Classifier	Prediction		Reference
		B	M
RF	B	105	5
	M	2	58
PCA+RF	B	104	5
	M	3	58

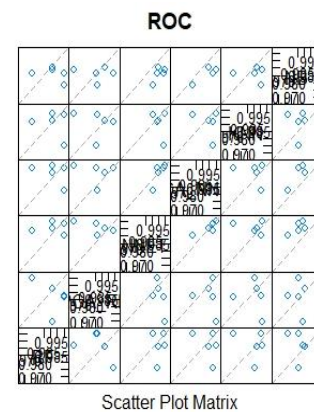
ANN	B	107	5
	M	0	58
PCA+ANN	B	105	3
	M	2	60
NB	B	99	7
	M	8	56
LDA+NB	B	99	7
	M	8	56

Table 3: Performance for the proposed system (70%-30%)

Classifier	Kappa statistic	Accuracy	Sensitivity	Specificity	Prevalence
RF	0.91	0.95	0.92	0.98	0.37
PCA+RF	0.95	0.95	0.92	0.97	0.37
KNN	0.93	0.97	0.92	1	0.37
ANN	0.93	0.97	0.92	1	0.37
PCA+ANN	0.93	0.97	0.95	0.98	0.37
NB	0.81	0.91	0.88	0.92	0.37

**Fig 2:** ROC performance of the system using Scatter Plot

This system achieved outperformed accuracy of 97 for ANN and PCA-ANN is shown in Figure 2. Partitioning confusion matrix table presents the performance in term of accuracy, sensitivity, and specifying with various test-training split partition Figure 3 show the ROC performance of the system using Scatter Plot.

**Figure 3:** ROC performance of the system using Scatter Plot

5. Conclusion

In various sciences, including medicine Classification models based on artificial intelligence have had a significant impact on the predictive decision making process. From the result analysis we found that the ANN and PCA-ANN provide a result with accuracy of 97%. We have compared the result with various existing approach by different researchers. For cancer diagnosis ANN plays a major impact for early detection to save the life of human being.

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