# Project Report: Predicting Patient Diagnosis Using Random Forest Classifier

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#### **Problem Statement**

The healthcare industry generates vast amounts of data, which, if analyzed effectively, can uncover patterns to aid in early diagnosis of diseases. This project addresses the problem of predicting patient diagnoses—categorized into **Control**, **Benign**, and **PDAC** (**Pancreatic Ductal Adenocarcinoma**)—using clinical and demographic data. Early detection is crucial for diseases like PDAC, as it significantly improves prognosis and treatment outcomes.

The dataset for this project comprises patient health records, including both numerical and categorical features. Challenges include handling missing data, converting categorical data into a machine-readable format, and building a robust predictive model.

# **Proposed Solution**

To tackle this problem, we employ a **Random Forest Classifier**, an ensemble machine learning method. Random forests are particularly well-suited for healthcare datasets because they:

- Handle mixed data types (numerical and categorical).
- Are resistant to overfitting, by using ensembles of decision trees.
- Provide feature importance metrics to identify the most influential factors in predictions.

#### Our approach includes:

- 1. **Data Preprocessing**: Handling missing values, encoding categorical variables, and splitting the data into training and testing subsets.
- 2. **Model Training**: Using a Random Forest Classifier to train on the processed data.
- 3. **Evaluation**: Assessing the model's performance using accuracy, precision, recall, F1-score, and a confusion matrix.
- 4. **Insights**: Visualizing feature importance to understand the impact of different variables on predictions.

# **Methodology and Approach**

#### 1. Data Preprocessing

The dataset required significant preprocessing:

- Missing values in the diagnosis column were filled with 1 (assuming the patient is healthy), while stage was replaced with "Unknown."
- Numerical columns had missing values replaced with their mean.
- Categorical features (e.g., Diabetes Status, Smoking History) were encoded using one-hot encoding to create machine-readable binary variables.
- Irrelevant columns, such as sample\_id, patient\_cohort, and sample\_origin, were excluded from the feature set.

## 2. Feature and Target Selection

The diagnosis column was selected as the target variable (y), with all other relevant columns forming the feature matrix (X). Boolean columns were converted to integer type for compatibility with the Random Forest model.

## 3. Model Implementation

A Random Forest Classifier was trained on an 80-20 train-test split. The stratify parameter ensured class distribution consistency between training and testing sets.

#### 4. Model Evaluation

Accuracy: 0	.81			
	precision	recall	f1-score	support
		0.50	0.67	
	1 0.76	0.59	0.67	37
:	2 0.69	0.83	0.76	41
:	3 1.00	1.00	1.00	40
accurac	у		0.81	118
macro av	g 0.82	0.81	0.81	118
weighted av	g 0.82	0.81	0.81	118

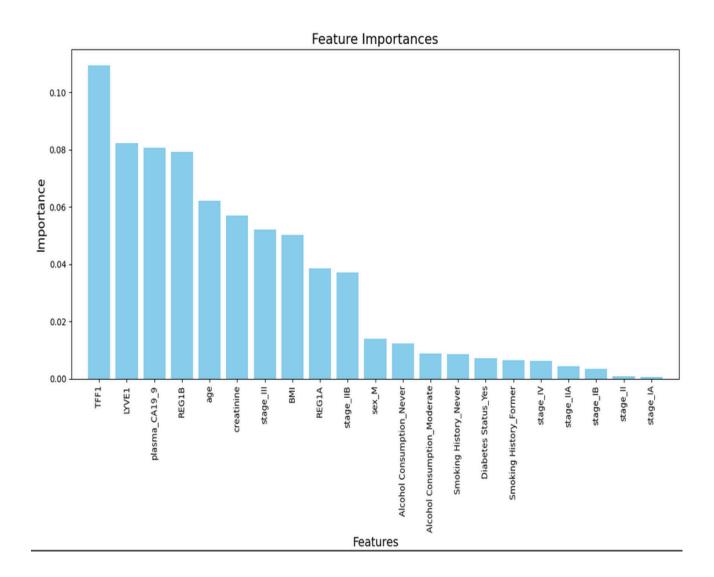
## **Results and Observations**

#### **Model Performance**

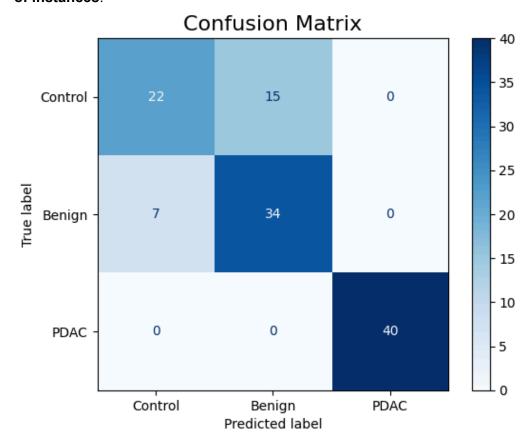
The Random Forest Classifier achieved an accuracy of **83%** on the test data. Detailed metrics from the classification report highlight the model's effectiveness across all classes.

## **Key Insights**

- 1. The top features influencing the diagnosis were:
  - o TFF1
  - o LYVE1



2. The confusion matrix revealed that PDAC cases were correctly classified in 100% of instances.



# Conclusion

This project demonstrates the effectiveness of machine learning, specifically Random Forests, in predicting patient diagnoses using clinical data. By leveraging the feature importance insights, healthcare providers can focus on the most influential factors for early disease detection.

## **Code Implementation and Results**

```
import pandas as pd
 import numpy as np
 from sklearn.model selection import train test split
 from sklearn.ensemble import RandomForestClassifier
 from sklearn.metrics import accuracy score, classification report,
confusion matrix, ConfusionMatrixDisplay
 import matplotlib.pyplot as plt
 file path = 'Debernardi modified data.csv'
data = pd.read csv(file path)
data['diagnosis'] = data['diagnosis'].fillna(1).astype(int) # Assume
data['stage'] = data['stage'].fillna('Unknown') # Fill NaNs with a
placeholder or consider dropping
numeric cols = data.select dtypes(include='number').columns # picking
the numeric data colums
data[numeric cols] =
data[numeric cols].fillna(data[numeric cols].mean())  # Fill NaNs with
categorical_columns = ['Diabetes Status', 'Smoking History', 'Alcohol
Consumption', 'sex', 'stage']
data = pd.get dummies(data, columns=categorical columns,
drop first=True)
X = data.drop(columns=['sample id', 'patient cohort', 'sample origin',
'diagnosis', 'benign sample diagnosis'])
y = data['diagnosis']
bool cols = X.select dtypes(include='bool').columns
X[bool cols] = X[bool cols].astype(int)
```

```
X_train, X_test, y_train, y_test = train_test_split(X, y,
test size=0.2, random state=42, stratify=y)
rf model = RandomForestClassifier(random state=42)
y pred = rf model.predict(X test)
accuracy = accuracy_score(y_test, y_pred)
print(f'Accuracy: {accuracy:.2f}')
print(classification_report(y_test, y_pred))
 importances = rf model.feature importances
 indices = np.argsort(importances)[::-1]
plt.figure(figsize=(12, 8))
plt.title('Feature Importances', fontsize=16)
plt.bar(range(X.shape[1]), importances[indices], align='center',
color='skyblue')
plt.xticks(range(X.shape[1]), X.columns[indices], rotation=90,
fontsize=10)
plt.xlim([-1, X.shape[1]])
plt.ylabel('Importance', fontsize=14)
plt.xlabel('Features', fontsize=14)
plt.tight layout()
plt.show()
cm = confusion matrix(y test, y pred)
disp = ConfusionMatrixDisplay(confusion matrix=cm,
display labels=['Control', 'Benign', 'PDAC'])
disp.plot(cmap=plt.cm.Blues)
plt.title('Confusion Matrix', fontsize=16)
plt.show()
```