Breast Cancer Risk Factors: A Logistic Regression Approach

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CERTIFICATE

This is certified that the project paper entitled "Breast Cancer Risk Factors: A Logistic Regression Approach" is submitted by DEBARGHA CHATTERJEE in partial fulfilment of the requirement for the Bachelor degree of Statistics (Honours) is based upon the result of benefited research work carried out by the investigator under guidance and supervision of the professors of Department of Statistics, Vivekananda College, Thakurpukur.

The results of the investigator reported in this project paper have not so far been submitted for any degree or diploma.

DECLARATION

I, DEBARGHA CHATTERJEE, a student of B.Sc. Semester-6, Statistics
Honours, of University of Calcutta, Registration no: 544-1111-0431-21, Roll no:
213544-21-0077, hereby declare that I have done this piece of project work
entitled as "Breast Cancer Risk Factors: A Logistic Regression Approach" under
the supervision of Professors of Department of Statistics, Vivekananda College)
as a part of B.Sc. Sem-6 examination according to the syllabus paper DSE-B2. I
further declare that the piece of project work has not been published elsewhere
for any degree or diploma or taken from any published project.

Signature of the Student

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Finally, my earnest thanks go to my friends who were always beside me when I needed them without any excuses and made these three years worthwhile.

This project is not only a mere project. It is the memories spend with the whole department which has created a mutual understanding among us. There are many emotions related to this piece of work, especially respect and duty towards teachers and vice versa; educational attachment with my friends; social attachment with my college.

ABSTRACT OF THE PROJECT

Breast Cancer is a significant public health concern globally, with its incidence steadily increasing over the years. Each year, about 30% of all newly diagnosed cancers in women are breast cancer^[1]. In response to this issue, the objective of this project is to implement *Logistic Regression Analysis* to examine the factors associated with the occurrence of breast cancer and develop a predictive model using a comprehensive dataset of breast cancer cases.

The *relevance* of this project lies in its potential to enhance our understanding of the complex interrelations between various risk factors and the occurrence of breast cancer. By identifying significant predictors, healthcare professionals can better assess an individual's risk factors and take preventive measures accordingly. Moreover, the developed model could aid in *early detection of Malignant tumors* (tumors that causes cancer) from the physical features of the tumors. This can potentially lead to improved survival rate among affected individuals.

This project represents a significant contribution to the field of breast cancer research by implementing advanced statistical techniques to unravel the intricate relationships between risk factors and disease occurrence. The aim of this project is to generate actionable insights that can inform clinical practice, public health initiatives and future research endeavors in the fight against breast cancer.

[Keywords- Breast Cancer, Logistic Regression, risk factors, healthcare]

1. Introduction

Breast cancer is the most common type of cancer and the primary cause of mortality among women aged 45-55 years [2]. From being fourth in the list of most common cancers in India during the 1990s, it has now become the first. About 1 in 28 Indian women is likely to develop breast cancer during her lifetime. The chances of developing breast cancer are more (1 in 22) for urban women than their rural counterpart (1 in 60)[3]. In India, the incidence has increased significantly, almost by 50%, between 1965 and 1985. The estimated number of incident cases in India in 2016 was 118000, 98.1% of which were females. In 2022, an estimated 287,850 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 51,400 new cases of non-invasive (in situ) breast cancer^[4]. A man's lifetime risk of breast cancer is about 1 in 833. About 43,250 women in the U.S. are expected to die in 2022 from breast cancer^[5]. Women are seriously threatened by breast cancer with high morbidity and mortality. Every year, death rate increases drastically due to breast cancer. Breast cancer cells usually form a tumor that can often be seen on an x-ray or felt as a lump.

Here we predict the malignancy of the tumor based on the 30 characteristics of individual cells of breast cancer obtained from a minimally invasive fine needle aspirate (FNA), to discriminate benign from malignant lumps of a breast mass using Logistic Regression.

As prerequisites we shall be introducing the concepts of a Classification problem, Logistic Regression. And how one can use Logistic Regression to solve a Classification Problem.

1.1. Classification Problems

Classification problems are the set of problems which deal with identifying the categories or the *classes* to which data points or observations belong to. In this problem, we will be having observations with certain features which we are interested in and we will know which classes some of them belong to. For the rest we will be predicting the classes based on the information we already have.

Classification can be of two types: *Binary Classification* when we have just two target classes, and *Multiclass Classification* when we have more than two

target classes. One of the most common algorithms to approach Binary classification problem is **Logistic Regression**.

2. Problem Statement

This section will state our objective and the dataset that we will be using for this purpose.

2.1. Objective

Breast Cancer occurs as a result of abnormal growth of cells in the breast tissue, commonly referred to as a *Tumor*. A tumor can be benign (not cancerous) or malignant (cancerous). This analysis aims to observe which features are most helpful in predicting malignant or benign tumor and to see general trends that may aid us in understanding Breast Cancer better. Based on the 30 characteristics mentioned in the following dataset the goal is to classify whether the breast tumor is benign or malignant.

2.2. About the dataset

We will use the "Breast Cancer Wisconsin (Diagnostic)" (WBCD) dataset, provided by the University of Wisconsin, and hosted by the UCI Machine Learning Repository. In the dataset, 30 characteristics of individual cells of breast cancer are studied. The dataset can be found in this Kaggle.

QR code:



The first column of the dataset corresponds to the patient ID, while the last column represents the diagnosis (the outcome can be "Benign" or "Malignant" based on the type of diagnosis reported). The resulting dataset consists of 569 patients: 212 (37.2%) have an outcome of Malignancy and 357 (62.7%) are Benign.

In detail, the dataset consists of ten real-valued features computed for each tumor cell:

- 1. Radius (mean of distances from centre to points on the perimeter)
- 2. Texture (standard deviation of Gray-scale values)
- 3. Perimeter
- 4. Area
- 5. Smoothness (local variation in radius lengths)
- 6. Compactness (the ratio of the volume and the surface area)
 - 7. Concavity (severity of concave portions of the contour)
 - 8. Concave points (number of concave portions of the contour)
 - 9. Symmetry
 - Fractal dimension (The higher the number, the more abnormal the tissue is.)

The ten real-valued features correspond to the *Mean, Standard Error* and the *Worst* or largest (mean of the three largest values of samples obtained from each individual). Column 2 contains the Benign or Malignant outcome.

3. Methodology

Our research methodology primarily consists of the following steps:

- 1. Cleaning the data with respect to variable names and dealing with missing values, abnormal data and so on.
- 2. Computing summary statistics and performing exploratory analysis of the data.
- 3. Discovering relationships between data in terms of graphical visualizations and correlations between variables.
- 4. Performing logistic regression and computing the accuracy of the model.

3.1. Importing and cleaning the data

We start with loading the required libraries

```
library(tidyverse)
library(ggplot2)
library(dplyr)
library(tidyr)
library(caret)
library(caTools)
library(pROC)
library(reshape2)
library(ggcorrplot)
```

Then we load the dataset

```
setwd("C:\\Users\\Dell\\Desktop")
data <- read.csv("data.csv")</pre>
```

After that we print the dimensions of the data

```
nrow(data)
[1] 569
ncol(data)
[1] 32
```

The structure of the data is as follows

```
str(data)
                 569 obs. of 32 variables:
'data.frame':
                          int 842302 842517 84300903 84348301 84358402
843786 844359 84458202 844981 84501001 ...
                         : chr "M" "M" "M" "M" ...
$ diagnosis
                               18 20.6 19.7 11.4 20.3 ...
$ radius_mean
                         : num
$ texture_mean
                         : num 10.4 17.8 21.2 20.4 14.3 ...
                               122.8 132.9 130 77.6 135.1 ...
$ perimeter_mean
                         : num
                        : num 1001 1326 1203 386 1297 ...
$ area_mean
                         $ smoothness_mean
                         : num 0.2776 0.0786 0.1599 0.2839 0.1328 ...
$ compactness_mean
                         : num   0.3001   0.0869   0.1974   0.2414   0.198   ....
$ concavity_mean
                               0.1471 0.0702 0.1279 0.1052 0.1043 ...
$ concave.points_mean
                        : num
$ symmetry_mean
                         : num 0.242 0.181 0.207 0.26 0.181 ...
$ fractal_dimension_mean : num   0.0787   0.0567   0.06   0.0974   0.0588   ...
                        : num 1.095 0.543 0.746 0.496 0.757 ...
$ radius se
$ texture_se
                        : num 0.905 0.734 0.787 1.156 0.781 ...
                         : num 8.59 3.4 4.58 3.44 5.44 ...
$ perimeter_se
```

```
$ area_se
                       : num 153.4 74.1 94 27.2 94.4 ...
$ smoothness_se
                        : num   0.0064   0.00522   0.00615   0.00911   0.01149   ...
                        : num 0.049 0.0131 0.0401 0.0746 0.0246 ...
$ compactness_se
                       : num 0.0537 0.0186 0.0383 0.0566 0.0569 ...
$ concavity_se
$ concave.points_se
                       $ symmetry_se
                        : num 0.03 0.0139 0.0225 0.0596 0.0176 ...
$ fractal_dimension_se : num 0.00619 0.00353 0.00457 0.00921 0.00511 ...
$ radius_worst
                        : num 25.4 25 23.6 14.9 22.5 ...
$ texture_worst
                        : num 17.3 23.4 25.5 26.5 16.7 ...
$ perimeter_worst
                       : num 184.6 158.8 152.5 98.9 152.2 ...
                        : num 2019 1956 1709 568 1575 ...
$ area_worst
$ smoothness_worst
                       : num 0.162 0.124 0.144 0.21 0.137 ...
$ compactness_worst
                       : num 0.666 0.187 0.424 0.866 0.205 ...
$ concavity_worst
                        : num 0.712 0.242 0.45 0.687 0.4 ...
$ concave.points_worst : num 0.265 0.186 0.243 0.258 0.163 ...
$ symmetry_worst
                    : num 0.46 0.275 0.361 0.664 0.236 ...
$ fractal_dimension_worst: num   0.1189   0.089   0.0876   0.173   0.0768   ...
```

The id column is unnecessary to our purpose so we eliminate it

data\$id <- NULL

We preview the dataset

head(data	-			_					
diagnosis radius_mean texture_mean perimeter_mean area_mean smoothness_mean compactness_mean									
1 0.27760	M	17.99	10.38	122.80	1001.0	0.11840			
2 0.07864	M	20.57	17.77	132.90	1326.0	0.08474			
3 0.15990	М	19.69	21.25	130.00	1203.0	0.10960			
4 0.28390	M	11.42	20.38	77.58	386.1	0.14250			
5 0.13280	M	20.29	14.34	135.10	1297.0	0.10030			
6 0.17000	M	12.45	15.70	82.57	477.1	0.12780			
concavity radius_se			nts_mean symme	try_mean frac	tal_dimensio	n_mean			
1 1.0950	0.3001 0.9053	.	0.14710	0.2419		0.07871			
2 0.5435	0.0869 0.7339)	0.07017	0.1812		0.05667			
3 0.7456	0.1974 0.7869		0.12790	0.2069		0.05999			
4 0.4956	0.2414 1.1560		0.10520	0.2597		0.09744			
5 0.7572	0.1980 0.7813		0.10430	0.1809		0.05883			
6 0.3345	0.1578 0.8902		0.08089	0.2087		0.07613			

	_se area_se smoo oints_se symmetr		actness_se concav	/ity_se	
	8.589 153.40 0.03003	0.006399	0.04904	0.05373	
	3.398 74.08 0.01389	0.005225	0.01308	0.01860	
	4.585 94.03 0.02250	0.006150	0.04006	0.03832	
	3.445 27.23 0.05963	0.009110	0.07458	0.05661	
	5.438 94.44 0.01756	0.011490	0.02461	0.05688	
	2.217 27.19	0.007510	0.03345	0.03672	
	_dimension_se ra	dius_worst text	cure_worst perime	eter_worst ar	ea_worst
1 0.1622	0.006193	25.38	17.33	184.60	2019.0
2 0.1238	0.003532	24.99	23.41	158.80	1956.0
3 0.1444	0.004571	23.57	25.53	152.50	1709.0
4 0.2098	0.009208	14.91	26.50	98.87	567.7
5 0.1374	0.005115	22.54	16.67	152.20	1575.0
6 0.1791	0.005082	15.47	23.75	103.40	741.6
compactne fractal_d	ss_worst concavi	ty_worst concav	/e.points_worst s	symmetry_wors	t
1 0.11890	0.6656	0.7119	0.2654	0.4	601
2 0.08902	0.1866	0.2416	0.1860	0.2	750
3 0.08758	0.4245	0.4504	0.2430	0.3	613
4 0.17300	0.8663	0.6869	0.2575	0.6	638
5	0.2050	0.4000	0.1625	0.2	364

3.2. Descriptive Analysis

The summary statistics of the dataset is as follows

summary(data)	ry statistics of the	e dataset	13 43 1011	OWS		
diagnosis radiu smoothness_mean	ıs_mean textu	ıre_mean	perimet	er_mean	area_m	ean
B:357 Min. Min. :0.05263	: 6.981 Min.	: 9.71	Min.	: 43.79	Min. :	143.5
M:212 1st Qu 1st Qu.:0.08637	ı.:11.700 1st Qu	1.:16.17	1st Qu.	: 75.17	1st Qu.:	420.3
Median Median :0.09587	n:13.370 Median	:18.84	Median	: 86.24	Median :	551.1
Mean Mean :0.09636	:14.127 Mean	:19.29	Mean	: 91.97	Mean :	654.9
3rd Qu 3rd Qu.:0.10530	ı.:15.780 3rd Qu	1.:21.80	3rd Qu.	:104.10	3rd Qu.:	782.7
Max. Max. :0.16340	:28.110 Max.	:39.28	Max.	:188.50	Max. :	2501.0
compactness_mean fractal_dimension		concave	.points_n	mean symme	etry_mean	
Min. :0.01938 :0.04996	Min. :0.00000) Min.	:0.0000	0 Min	. :0.10	60 Min.
1st Qu.:0.06492 Qu.:0.05770	1st Qu.:0.02956	1st Qu	.:0.0203	1 1st	Qu.:0.16	19 1st
Median :0.09263 :0.06154	Median :0.06154	Median	:0.03350	0 Med	ian :0.17	92 Median
Mean :0.10434 :0.06280	Mean :0.08880) Mean	:0.0489	2 Mear	n :0.18	12 Mean
3rd Qu.:0.13040 Qu.:0.06612	3rd Qu.:0.13070	3rd Qu	.:0.0740	0 3rd	Qu.:0.19	57 3rd
Max. :0.34540 :0.09744	Max. :0.42680) Max.	:0.20120	0 Max	:0.30	40 Max.
	texture_se p	erimeter_	se	area_se	sm	oothness_se
мin. :0.1115 :0.001713	Min. :0.3602	Min. :	0.757	Min. :	6.802	Min.
1st Qu.:0.2324 Qu.:0.005169	1st Qu.:0.8339	1st Qu.:	1.606	1st Qu.:	17.850	1st
Median :0.3242 :0.006380	Median :1.1080	Median :	2.287	Median :	24.530	Median
Mean :0.4052 :0.007041	Mean :1.2169	Mean :	2.866	Mean :	40.337	Mean
3rd Qu.:0.4789 Qu.:0.008146	3rd Qu.:1.4740	3rd Qu.:	3.357	3rd Qu.:	45.190	3rd
Max. :2.8730 :0.031130	Max. :4.8850	Max. :	21.980	Max. :	542.200	Max.

			a
compactness_se fractal_dimensio	n_se	concave.points_se	symmetry_se
Min. :0.00225 :0.007882 Min.	2 Min. :0.0000 :0.0008948	0 Min. :0.000000	Min.
1st Qu.:0.01308 Qu.:0.015160 1	0 1st Qu.:0.0150 st Qu.:0.0022480	9 1st Qu.:0.007638	1st
Median :0.02045	· · · · · · · · · · · · · · · · · · ·	9 Median :0.010930	Median
Mean :0.02547 :0.020542 Mean	8 Mean :0.0318	9 Mean :0.011796	Mean
3rd Qu.:0.03245		5 3rd Qu.:0.014710	3rd
Max. :0.13540 :0.078950 Max.	0 Max. :0.3960	0 Max. :0.052790	Max.
	exture_worst per	imeter_worst area_	worst
Min. : 7.93 :0.07117	Min. :12.02 M	in. : 50.41 Min.	: 185.2 Min.
1st Qu.:13.01 Qu.:0.11660	1st Qu.:21.08 1	st Qu.: 84.11 1st Q	u.: 515.3 1st
Median :14.97 Median :0.13130	Median :25.41 M	edian : 97.66 Media	n : 686.5
Mean :16.27 :0.13237	Mean :25.68 M	ean :107.26 Mean	: 880.6 Mean
3rd Qu.:18.79 Qu.:0.14600	3rd Qu.:29.72 3	rd Qu.:125.40 3rd Q	u.:1084.0 3rd
Max. :36.04 :0.22260	Max. :49.54 M	ax. :251.20 Max.	:4254.0 Max.
compactness_wor fractal_dimensio	st concavity_worst n_worst	concave.points_wors	t symmetry_worst
Min. :0.02729 Min. :0.05504	Min. :0.0000	Min. :0.00000	мin. :0.1565
1st Qu.:0.14720 1st Qu.:0.07146	1st Qu.:0.1145	1st Qu.:0.06493	1st Qu.:0.2504
Median :0.21190 Median :0.08004	Median :0.2267	Median :0.09993	Median :0.2822
Mean :0.25427 Mean :0.08395	Mean :0.2722	Mean :0.11461	Mean :0.2901
3rd Qu.:0.33910 3rd Qu.:0.09208	3rd Qu.:0.3829	3rd Qu.:0.16140	3rd Qu.:0.3179
Max. :1.05800 Max. :0.20750	Max. :1.2520	Max. :0.29100	Max. :0.6638

In the results displayed, there are 569 records each with 31 columns. Diagnosis is a Categorical variable. Class distribution of the categorical variable: 357 Benign, 212 Malignant.

3.3. Univariate Plots

One of the main goals of visualizing the data here is to observe which features are most helpful in predicting malignancy of a tumor in breast cancer. Here we will analyze the features and try to understand which features have larger predictive value and which does not bring considerable predictive value if we want to create a model that allows us to guess if a tumor is benign or malignant.

From the data, we will visualize how the malignancy of the tumors is distributed with the help of **Pie Chart**. A Pie chart is a circular graph divided into slices to illustrate numerical proportions. Each slice represents a category's contribution to the whole, with the size of the slice corresponding to its percentage.

```
#Create a frequency table
diagnosistab <- table(data$diagnosis)</pre>
#Create a pie chart
diagnosis.p.tab <- prop.table(diagnosistab)*100</pre>
diagnosis.p.df <- as.data.frame(diagnosis.p.tab)</pre>
pielabels <- sprintf("%s - %3.1f%s", diagnosis.p.df[,1],</pre>
             diagnosis.p.tab, "%")
pie(diagnosis.p.tab,
    labels = pielabels,
    col = c( "salmon", "lightblue"),
    border = "gainsboro",
    main= "Distribution of Benign and Malignant tumours",
    clockwise = TRUE,
    radius = 1
legend("topright", c("Benign", "Malignant"),
       fill = c( "salmon", "lightblue"),
       title = "Diagnosis",
       cex = 0.75)
```

Diagnosis Benign Malignant B - 62.7%

Distribution of Benign and Malignant tumours

Figure 1: Distribution of Malignancy of tumors

M= Malignant (indicates presence of cancer cells)

B= Benign (indicates absence of cancer cells)

Here we can see that, 357 observations which account for 62.7% of all observations, indicate the absence of cancer cells; 212 which account for 37.3% of all observations, shows the presence of cancerous cells.

The percent for malignant tumors unusually large. The dataset does not represent a typical medical analysis distribution in this case. Typically, we get a considerably large number of benign tumors vs. a small number of cases that represents presence of malignant tumors.

Following this, we observe that we have data corresponding to the 10 parameters that we listed previously. Hence it is in our interest to visualize the values with the help of **Histograms** across the two categories of benign and malignant.

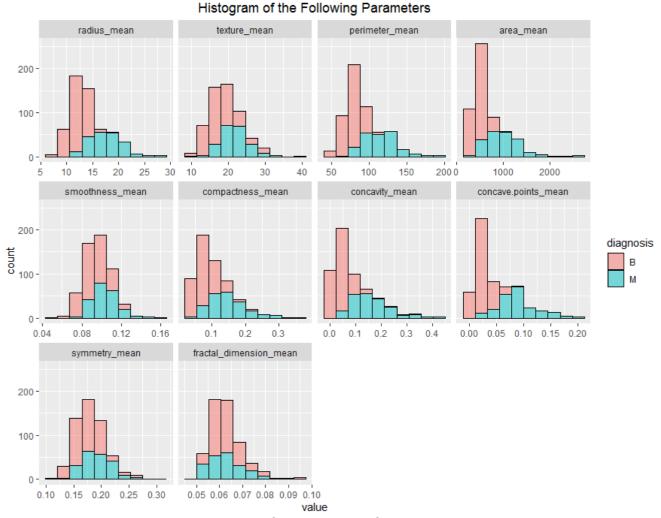


Figure 2: Histogram of the mean of the 10 concerned parameters separated by diagnosis

From the histogram of radius mean, it is observed that higher radius mean of sample cell nuclei corresponds to higher probability of malignancy of the tumor. As for the malignant cell samples, we can see that the radius mean follows normal distribution with mean 17.35 units. The total data ispositively skewed which shows lower number of people have high tumor radius mean in general.

The histogram of the texture mean shows that benign and malignant tumor cells superimpose in terms of texture mean. The entire data on texture mean is almost symmetric in nature, with a slight positive skewness.

The distribution of perimeter mean of tumor cells is similar to that of radius mean, where high perimeter mean corresponds to higher probability of malignancy. The distribution of malignant tumor cells is positively skewed which means lower number of people have very high perimeter mean. The entire distribution of the perimeter mean data is also highly skewed in nature.

Area mean of tumor cells also follows a positively skewed distribution. Higher area mean of tumor cells corresponds to higher probability of malignancy of the tumor. However, the malignant cells follow a normal distribution with mean at 1062.5 units.

Smoothness mean of both benign and malignant tumor cells super- impose on each other. They follow a normal distribution with mean at 0.1 units.

From the histogram, we can see benign and malignant tumor cells superimpose on each other in the range 0.00 to 0.27 units. Very high compactness mean corresponds to high probability of malignancy.

Concavity mean follows a positively skewed distribution, where lower number of cell nuclei have higher concavity mean. Moreover, higher values of concavity mean also corresponds to higher probability of malignancy of tumor cells.

Concave points mean also follow positively skewed distribution. Higher concave points mean corresponds to higher probability of malignancy of tumor. The malignant cells themselves follow normal distribution with mean at 0.1 units.

Symmetry mean of both benign and malignant tumor cells superimpose. They follow a normal distribution with mean at 0.18 units.

Fractal dimension also approximately follows a symmetric distribution. The malignant cells however follow positively skewed distribution. However in general, the benign and malignant cell observations superimpose.

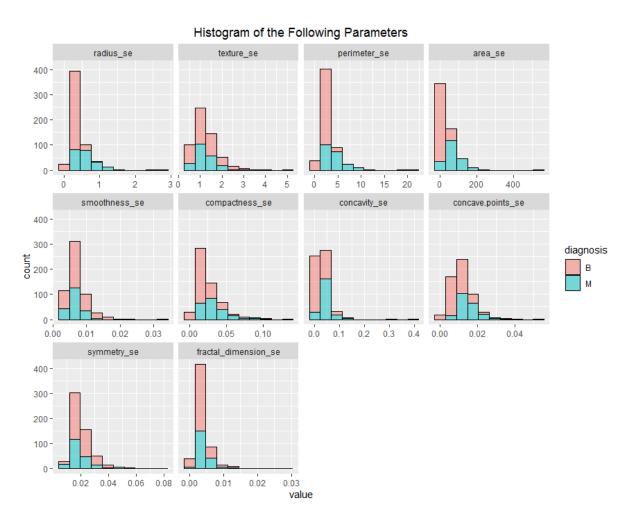


Figure 3: Histogram of the standard error of the 10 concerned parameters separated by diagnosis

From the histogram of radius se, it is observed that higher radius se of sample cell nuclei corresponds to higher probability of malignancy of the tumor. Highly right-skewed distribution for both benign and malignant cases. There's some overlap, but a clear separation between benign and malignant distributions.

The histogram of the texture se shows that there is considerable overlap between benign and malignant cases. Histogram is less skewed compared to radius se, but still right-skewed. Malignant tumors show a slightly wider spread of values.

The distribution of perimeter se of tumor cells is similar to that of radius se, where high perimeter se corresponds to higher probability of malignancy. Benign cases cluster tightly at lower values and malignant cases show more variability.

The histogram of the texture se shows that there is extremely rightskewed distribution for the benign cases. Benign cases are tightly clustered at the lower end of the scale. There is a notable separation between benign and malignant cases.

The distribution of smoothness se of tumor cells shows that there is significant overlap between benign and malignant distributions. Also, malignant cases show a slightly wider spread of values.

The histogram of the compactness se shows right-skewed distribution for both classes. There is some separation between benign and malignant cases, but with considerable overlap. Malignant tumors tend towards higher compactness se values. Benign cases peak at lower values compared to malignant cases.

For concavity se, the histogram shows highly right-skewed for both classes. Many benign cases cluster near zero, suggesting low variability in concavity.

The histogram of the concave points se shows clear separation between benign and malignant, with some overlap. Malignant cases show higher values and more spread and benign cases cluster more tightly at lower values.

For symmetry se, we see a significant overlap between benign and malignant distributions i.e. the classes are less pronounced.

The histogram of fractal dimensions se shows very less separation between the classes.

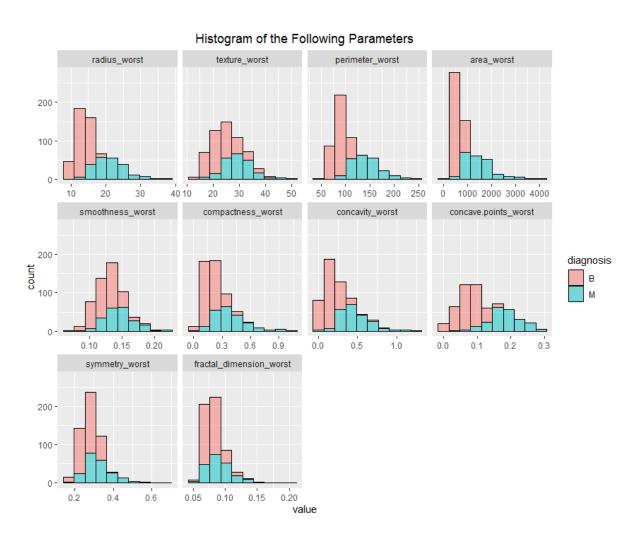


Figure 4: Histogram of the worst values of the 10 concerned parameters separated by diagnosis

From the histogram of radius_worst, we see clear separation between benign (B) and malignant (M) tumors. Malignant tumors tend to have larger worst radius values. Benign tumors are more clustered at lower values, while malignant tumors show a wider spread.

For texture_worst, there is some overlap between benign and malignant tumors. Malignant tumors generally have higher texture_worst values. The distribution is more symmetric compared to radius worst.

For perimeter_worst, malignant tumors have significantly larger worst perimeter values. Also the histogram has very similar pattern to radius worst.

For area_worst, malignant tumors show much larger worst area values. Highly right-skewed distribution for both classes, more extreme for malignant. Benign tumors cluster tightly at lower values.

For smoothness_worst, there is considerable overlap between benign and malignant tumors. Slight tendency for malignant tumors to have higher smoothness_worst values. More symmetric distribution compared to size-related features.

For compactness_worst, there is some separation between benign and malignant, but with overlap. It is more distinctive than smoothness_worst, but less than size-related features.

For concavity_worst, we see that many benign tumors cluster near zero concavity_worst. Histogram is highly right-skewed, especially for benign tumors.

For concave.points_worst, we see distinct separation between benign and malignant tumors which makes it potentially strong predictor for malignancy.

For symmetry_worst, we see considerable overlap between benign and malignant tumors which makes it less discriminative compared to many other "worst" features.

For fractal_dimension_worst, we see significant overlap between benign and malignant tumors making it the least distinctive separation among all "worst" features shown.

Comparison of distribution by malignancy shows that there is no perfect separation between any of the features. Although we do have fairly good separations for concave.points worst, concavity_worst, perimeter_worst, area_mean, perimeter_mean. We do have as well tight superposition for some of the values, like symmetry se, smoothness se.

3.4. Graphical visualization of relationships between multiple variables

We are also interested in how the 30 predictor variables relate to each other. To see bivariate relationships among these 30 predictor variables, we will look at their correlation coefficients.

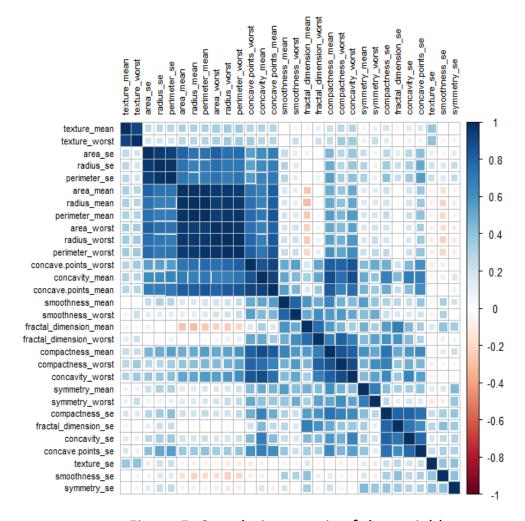


Figure 5: Correlation matrix of the variables

There are quite a few variables that are highly correlated to each other. We setup a threshold of 0.9 and look for the variables which have the correlation coefficient greater than 0.9.

```
highlyCor <- findCorrelation(cormat, cutoff = 0.9, verbose = T, names =
Compare row 7 and column 8 with corr 0.921
 Means: 0.571 vs 0.389 so flagging column 7
Compare row 8 and column 28 with corr 0.91
 Means: 0.542 vs 0.377 so flagging column 8
Compare row 23 and column 21 with corr 0.994
  Means: 0.48 vs 0.367 so flagging column 23
Compare row 21 and column 3 with corr 0.969
 Means: 0.446 vs 0.359 so flagging column 21
Compare row 3 and column 24 with corr 0.942
 Means: 0.414 vs 0.353 so flagging column 3
Compare row 24 and column 1 with corr 0.941
 Means: 0.39 vs 0.349 so flagging column 24
Compare row 1 and column 4 with corr 0.987
  Means: 0.35 vs 0.347 so flagging column 1
Compare row 13 and column 11 with corr 0.973
 Means: 0.372 vs 0.346 so flagging column 13
Compare row 11 and column 14 with corr 0.952
 Means: 0.323 vs 0.347 so flagging column 14
Compare row 22 and column 2 with corr 0.912
 Means: 0.224 vs 0.357 so flagging column 2
All correlations <= 0.9
```

So the following variables are very highly correlated to each other.

```
highlyCor

[1] "concavity_mean" "concave.points_mean" "perimeter_worst"

"radius_worst" "radius_mean"

[5] "perimeter_mean" "area_worst" "radius_mean"

"perimeter_se" "texture_mean"
```

The above mentioned predictor variables are very highly correlated to each other. But there are other predictor variables in the dataset that are correlated to each other. This leads to the infamous Multicollinearity problem.

3.5. Logistic Regression

A logistic regression is a special case of regression analysis which is used whenever the dependent variable is categorical.

Logistic regression estimates the probability of an event occurring, based on a given dataset of independent variables, and not the actual value of the variable. This type of statistical model is often used for classification and predictive analytics. Since the outcome is a probability, the dependent variable is bounded between 0 and 1. In order to do this we use the sigmoid function (a special case of the logistic function),

$$sig(t) = \frac{1}{1 + e^t}$$

This is a positive valued function bounded between 0 and 1, as seen in Figure 6 below.

In our case, when the linear regression of y on x is given by $\hat{y} = b_0 + b_1 x_1 + b_2 x_2 + \dots + b_k x_k$, we enter this y in place of t in the sigmoid function and we determine the coefficients $b_1, b_2, \dots b_k$.

$$f(x) = \frac{1}{1 + e^{-y}} = \frac{1}{1 + e^{-(b_0 + b_1 x_1 + b_2 x_2 + \dots + b_k x_k)}}$$

In logistic regression, a logit transformation is applied on the odds which is the probability of success divided by the probability of failure. This is also known as the log odds and this logistic function is represented by the formula

$$Logit(f(x)) = \frac{1}{1 + e^{-f(x)}}$$

$$\ln\left(\frac{f(x)}{1 - f(x)}\right) = b_0 + b_1 x_1 + b_2 x_2 + \dots + b_k x_k$$

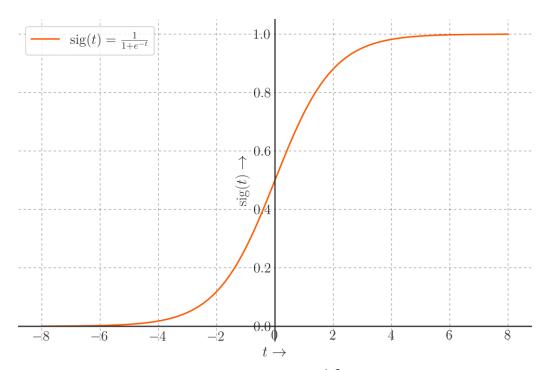


Figure 6: Sigmoid function

In this logistic regression equation, Logit(f(x)) is the dependent or response variable and x is the independent variable. The coefficients in this model are commonly estimated via maximum likelihood estimation (MLE). This method tests different values of b_i through multiple iterations to optimize for the best fit of log odds. All of these iterations produce the log likelihood function, and logistic regression seeks to maximize this function to find the best parameter estimate. Once the optimal coefficient (or coefficients if there is more than one independent variable) is found, the conditional probabilities for each observation can be calculated, logged, and summed together to yield a predicted probability.

For binary classification, a probability less than 0.5 will predict 0 while a probability greater than 0.5 will predict 1. After the model has been computed we use the confusion matrix to check for the accuracy of the model.

3.6. Fitting of Logistic Regression Model

In order to predict the diagnosis given the data, we need to fit a logistic regression model to the data. In order to do that we need to convert the "diagnosis" column into a factor as it is a categorical variable.

Also we split the dataset into two data sets: a training set and a test set. The purpose of the training set is to train the model on this data. Then we test the model on the "unknown data" which is in the test set.

```
#converting diagnosis to a factor
data$diagnosis <- as.factor(data$diagnosis)

#split the data into training and test set
split <- sample.split(data, SplitRatio = 0.8)
split
train_data <- subset(data, split)
test_data <- subset(data, !split)</pre>
```

Next we fit a generalized linear model, where we specify that we want to predict "diagnosis" with the help of the other variables. The parameter "binomial" signifies that it is a logistic regression problem.

```
#Fit logistic regression model
logistic_model <- glm(diagnosis~., data = train_data, family = binomial)

#predict probabilities on test set
test_data$predictions <- predict(logistic_model, newdata = test_data, type = "response")

#Convert probabilities to class labels
predicted_classes <- ifelse(test_data$predictions> 0.5, "M", "B")
```

Next we generate the **Confusion Matrix**. It is a simple table which is used to describe the performance of a classifier by providing the numbers of correctly and incorrectly classified observations across the categories. For a binary classification problem, the table looks as below:

	Predicted: NO Predicted: YE	
Actual: NO	TN	FP
Actual: NO	FN	TP

Table 1

Here,

TN: True Negative
FP: False Positive
FN: False Negative
TP: True Positive

Following this, accuracy is computed as:

$$accuracy = \frac{TP + TN}{TN + FP + FN + TP}$$

In code:

Thus we get \approx 95% accuracy.

Remark

We get a satisfactory high accuracy of **95**%. But to get this accuracy, we had to consider 30 predictor variables. So we can state that this process is not very efficient as we need 30 independent characteristics of the tumor cells to fit this model. Also from Figure 5, we get that many predictor variables are highly correlated to each other. This leads to Multicollinearity.

Multicollinearity prevents predictive models from producing accurate predictions by increasing model complexity and overfitting. So we need to reduce the dimensions of the dataset.

We can reduce the dimension by using only the principal components that retain maximum variance. Here we shall use the famous dimension reduction algorithm **Principal Component Analysis (PCA)** on the dataset with 30 predictor variables and again perform the logistic regression model on it.

The algorithm of PCA centers and rescale the individual variables. It constructs a set of orthogonal (non-linear, uncorrelated, independent) variables. Principal Component Analysis ensures dimension reduction after more or less retaining the equal amount of variability.

```
x<- data %>% select(-diagnosis)
y<- data$diagnosis
#we standardize the data
x_scaled <- scale(x)</pre>
#apply pca
pca<- prcomp(x_scaled, center =T, scale. = T)</pre>
summary(pca)
Importance of components:
                         PC1
                                PC2
                                        PC3
                                                PC4
                                                        PC5
                                                                PC6
                                                                       PC7
                      3.6444 2.3857 1.67867 1.40735 1.28403 1.09880 0.82172 0.69037 0.6457
Standard deviation
Proportion of Variance 0.4427 0.1897 0.09393 0.06602 0.05496 0.04025 0.02251 0.01589 0.0139
Cumulative Proportion 0.4427 0.6324 0.72636 0.79239 0.84734 0.88759 0.91010 0.92598 0.9399
                         PC10
                                PC11
                                        PC12
                                                PC13
                                                        PC14
                                                                PC15
                                                                       PC16
PC18
Standard deviation 0.22939
                      0.59219 0.5421 0.51104 0.49128 0.39624 0.30681 0.28260 0.24372
Proportion of Variance 0.01169 0.0098 0.00871 0.00805 0.00523 0.00314 0.00266 0.00198
Cumulative Proportion 0.95157 0.9614 0.97007 0.97812 0.98335 0.98649 0.98915 0.99113
0.99288
                                        PC21
                                                        PC23
                         PC19
                                 PC20
                                                PC22
                                                               PC24
                                                                      PC25
                                                                              PC26
PC27
                      0.22244 0.17652 0.1731 0.16565 0.15602 0.1344 0.12442 0.09043
Standard deviation
0.08307
Proportion of Variance 0.00165 0.00104 0.0010 0.00091 0.00081 0.0006 0.00052 0.00027
Cumulative Proportion 0.99453 0.99557 0.9966 0.99749 0.99830 0.9989 0.99942 0.99969
                         PC28
                                 PC29
                                         PC30
                      0.03987 0.02736 0.01153
Standard deviation
Proportion of Variance 0.00005 0.00002 0.00000
Cumulative Proportion 0.99997 1.00000 1.00000
```

```
#standard deviation of the components
pca$sdev
[1] 3.64439401 2.38565601 1.67867477 1.40735229 1.28402903 1.09879780 0.82171778
0.69037464
[9] 0.64567392 0.59219377 0.54213992 0.51103950 0.49128148 0.39624453 0.30681422
0.28260007
[17] 0.24371918 0.22938785 0.22243559 0.17652026 0.17312681 0.16564843 0.15601550
0.13436892
[25] 0.12442376 0.09043030 0.08306903 0.03986650 0.02736427 0.01153451

#getting the proportion of variance
prop_var <- pca$sdev^2 / sum(pca$sdev^2)

#proportion of variance
plot(prop_var, type = "b", xlab = "Components",
    ylab = "Proportion of Variance",
    main = "Variance Explained by Principal Components")+
    grid(nx = 20, ny = 25)</pre>
```

Variance Explained by Principal Components

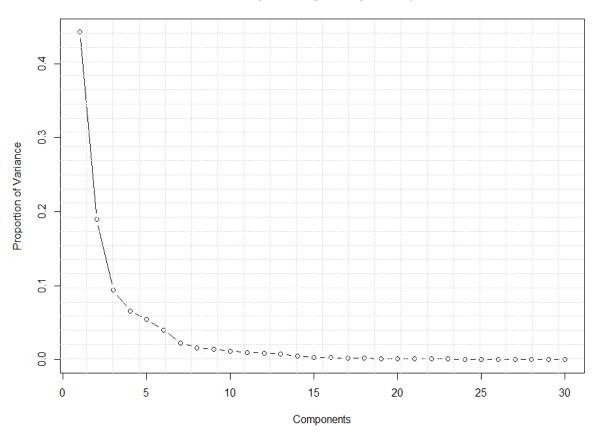


Figure 7: Principal Components Weight

```
#cumulative proportion of variance

cum_prop_var <- cumsum(prop_var)
plot(cum_prop_var, type = "b", xlab = "Components",
    ylab = "Cumulative Proportion of Variance",
    main = "Cumulative Variance Explained by Principal Components")+
grid(nx = 20, ny = 20)+
abline(h = 0.95, col = "red", lty=2)+
abline(h = 0.99, col = "blue", lty=2)</pre>
```

Cumulative Variance Explained by Principal Components

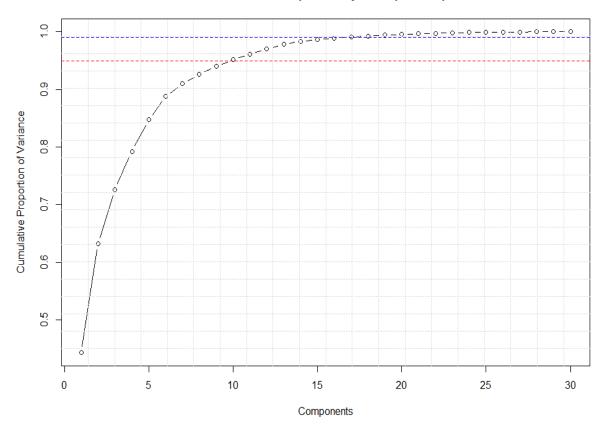


Figure 8: Cumulative Proportion of Variance

From Figure 8, we can see that there are 10 principal components that cover almost 95% (the red dashed line represents the 95% threshold) of the total variability and 17 principal components to cover almost 99% (the blue dashed line represents the 99% threshold) of the total variability.

Now we will find out how much of the variance is explained by the principal components.

```
#percentage of variance explained
pc_var <- pca$sdev^2</pre>
pr_var <- pc_var/sum(pc_var)</pre>
cat("Principal components with maximum variance:\n")
for (i in 1: length(pr_var)) {
 cat("PC", i, ":", pr_var[i], "\n")
  }
PC 1: 0.4427203
PC 2 : 0.1897118
PC 3 : 0.09393163
PC 4 : 0.06602135
PC 5 : 0.05495768
PC 6: 0.04024522
PC 7: 0.02250734
PC 8 : 0.01588724
PC 9 : 0.01389649
PC 10 : 0.01168978
PC 11 : 0.00979719
PC 12: 0.008705379
PC 13 : 0.00804525
PC 14: 0.005233657
PC 15 : 0.003137832
PC 16: 0.002662093
PC 17: 0.001979968
PC 18: 0.001753959
PC 19 : 0.001649253
PC 20 : 0.001038647
PC 21: 0.0009990965
PC 22: 0.0009146468
PC 23: 0.0008113613
PC 24 : 0.0006018336
PC 25 : 0.0005160424
PC 26 : 0.000272588
PC 27: 0.0002300155
PC 28 : 5.297793e-05
PC 29 : 2.49601e-05
PC 30: 4.434827e-06
```

Now we visualize the percentage of variances explained by the first 10 principal components.

```
#scree plot of variance

fviz_eig(pca, addlabels = T, xlab ="Principal Components",
        ylim= c(0,50))+
   theme(plot.title = element_text(hjust = 0.5))
```

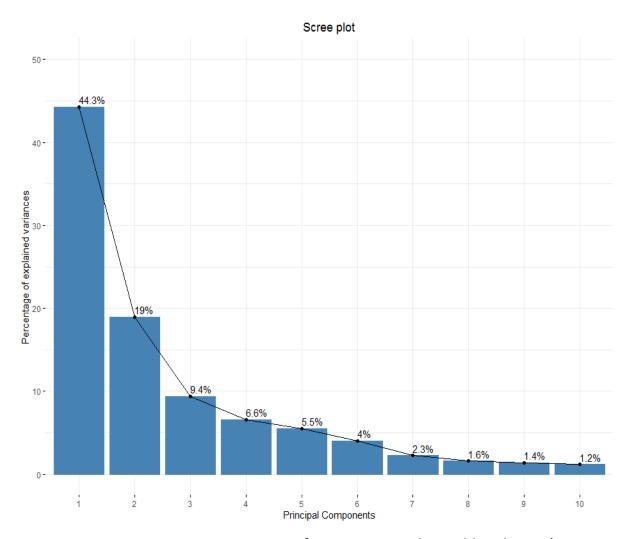


Figure 9: Percentage of Variance Explained by the PC's

Here, we notice that the first two Principal Components cover (44.3+19)=63.3% of the total variability.

After this, we calculate the percentage of variability covered by the 10 Principal Components.

We can see that, the first 10 Principal Components cover 95.16% of the total variability. In Figure 8, we already mentioned and graphically represented this finding. Here, our goal was to obtain the exact numerical value.

Now, we construct a new data frame with 10 PC's (Principal Components) which explain the most of the variance and we fit the logistic regression on the new data frame

```
#creating a data frame with the first 10 principal components
pca_data <- pca_x[,1:10]
pca_data <- as.data.frame(pca_data)</pre>
#adding the diagnosis column to the data frame
pca_data$diagnosis <- y</pre>
#now we fit the Logistic Regression model to the data frame
#split the data into training and testing set
split2<- sample.split(pca_data, SplitRatio = 0.8)</pre>
split2
train_data2<- subset(pca_data, split2)</pre>
test_data2<- subset(pca_data, !split2)</pre>
#Fit logistic regression model
logistic_model2 <- glm(diagnosis~., data = train_data2, family =</pre>
binomial)
#predict probabilities on test set
test_data2$predictions2 <- predict(logistic_model2, newdata =
test_data2, type = "response")</pre>
#Convert probabilities to class labels
predicted_classes2 <- ifelse(test_data2$predictions2> 0.5, "M", "B")
```

```
#Confusion matrix
confusion_matrix2 <- table(predicted_classes2, test_data2$diagnosis)
print(confusion_matrix2)

#calculate accuracy
accuracy2 <- sum(diag(confusion_matrix2))/ sum(confusion_matrix2)
print(paste("Accuracy:", accuracy2))

[1] "Accuracy: 0.961290322580645"</pre>
```

Thus we get \approx **96.1%** accuracy.

Remark

We can see that using 10 Principal Components derived from the dataset, the accuracy of the model has changed. The accuracy has increased by almost 1% in comparison with the first model.

But the most important part is that this model is more efficient and reliable as it is faster than the previous model and also we are working with only 10 principal components rather than working with 30 predictor variables.

4. Conclusion

This study aimed to develop an efficient and accurate model for predicting breast cancer diagnosis using **logistic regression** and **principal component analysis (PCA)**. Our analysis of the Wisconsin Breast Cancer Dataset yielded several significant findings:

- **1. Initial logistic regression model:** Using all 30 predictor variables, we achieved an accuracy of approximately 95%. While this result was promising, it highlighted potential issues of multicollinearity and model complexity.
- **2. Dimension reduction through PCA:** Our application of PCA revealed that the first 10 principal components accounted for 95.16% of the total variance in the dataset. This finding allowed us to significantly reduce the dimensionality of our data while retaining most of its informational content.
- **3. Improved model efficiency:** By applying logistic regression to the 10 principal components, we not only maintained but slightly improved our model's accuracy to 96.1%. This demonstrates that our dimension reduction approach effectively addressed multicollinearity concerns while enhancing model performance.
- **4. Feature importance:** The PCA results indicated that the first two principal components alone explained 63.3% of the total variability, suggesting that a relatively small number of composite features capture much of the relevant information for diagnosis. These results underscore the effectiveness of combining logistic regression with PCA for breast cancer prediction. Our approach not only maintains high accuracy but also improves model interpretability and computational efficiency by reducing the number of input variables from 30 to 10.
- **5. Significance:** The enhanced model efficiency and maintained high accuracy suggest that this approach could be valuable in clinical settings, potentially aiding in faster and more reliable breast cancer diagnoses. However, it's important to note that while our model shows promise, it should be considered as a supportive tool rather than a replacement for expert medical judgement. Future work could focus on external validation of this model with diverse datasets, exploration of other machine learning techniques, and investigation of the biological significance of the principal components identified in this study. Additionally, collaborating with medical professionals to translate these findings into practical diagnostic tools could be a valuable next

step.

In conclusion, this project demonstrates the potential of combining statistical techniques like logistic regression and PCA to create efficient and accurate predictive models for breast cancer diagnosis, contributing to the ongoing efforts to improve early detection and treatment of this critical health issue.

5. References

- 1. Breast Cancer Facts and Statistics
- 2. Jemal A, Siegel R, Ward E, Hao Y, Xu J, Thun MJ. Cancer Statistics, 2009. CA Cancer J Clin. 2009; 59:225-49
- 3. Statistical Analysis of Breast Cancer cases in Indian Women by Omega Hospitals
- 4. Saxena S, Szabo CI, Chopin S, Brajhoux L, Sinilnikova O, Lenoir G, Goldgar DE, Bhatanager D, BRCA1 and BRCA2 in breast cancer patients. Hum Mutat. 2002;20:473-474
- 5. The Epidemiology of Breast Cancer- National Center for Biotechnology Information

APPENDIX

1. The Breast cancer Wisconsin dataset:

id	diagnosis	radius_mean	texture_mean	perimeter_mean	area_mean	smoot hness_mean	compactness_mean	concavity_mean
842302	M	17.99	10.38	122.8	1001	0.1184	0.2776	0.3001
842517	M	20.57	17.77	132.9	1326	0.08474	0.07864	0.0869
84300903	M	19.69	21.25	130	1203	0.1096	0.1599	0.1974
84348301	М	11.42	20.38	77.58	386.1	0.1425	0.2839	0.2414
84358402	M	20.29	14.34	135.1	1297	0.1003	0.1328	0.198
843786	M	12.45	15.7	82.57	477.1	0.1278	0.17	0.1578
844359	M	18.25	19.98	119.6	1040	0.09463	0.109	0.1127
84458202	М	13.71	20.83	90.2	577.9	0.1189	0.1645	0.09366
844981	M	13	21.82	87.5	519.8	0.1273	0.1932	0.1859

...continued

[Link to display the whole dataset is attached here]

2. The dataset after applying the PCA algorithm:

	PC1	PC2	PC3	PC4	PC5	PC6	PC7	PC8	PC9
1	-9.18475521	-1.94687003	-1.122178766	3.630536408	1.194059478	1.410183639	2.15747152	0.398056982	-0.156980233
2	-2.385702629	3.764859063	-0.528827374	1.117280773	-0.621228365	0.028631162	0.01334635	-0.2407766	-0.711278966
3	-5.728855491	1.074228589	-0.55126254	0.91128084	0.176930218	0.540976145	-0.667579085	-0.097288135	0.024044486
4	-7.11669126	-10.26655564	-3.229947535	0.152412923	2.958275431	3.050737497	1.428653635	-1.058633755	-1.404204115
5	-3.931842467	1.946358977	1.388544953	2.938054169	-0.546266745	-1.225416405	-0.935389502	-0.635816609	-0.263573547
6	-2.378154625	-3.94645643	-2.932296681	0.940209586	1.055113543	-0.450642134	0.490013955	0.165298432	-0.13335576
7	-2.236915059	2.687666414	-1.638471247	0.1492086	-0.040324037	-0.128835073	-0.301302331	-0.083624609	-0.07995422
8	-2.141414282	-2.338186649	-0.871180715	-0.126931171	1.426181783	-1.255934103	0.973243497	0.652763899	0.247965464
9	-3.17213315	-3.388831138	-3.117243065	-0.60076844	1.520952114	0.55905282	-0.214914597	0.686736938	0.511473855

...continued

[Link to display the PCA dataset is attached here]