Classification

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I. Unsupervised Clustering Method /Supervised Classification Method

Unsupervised clustering, exemplified by methods like K-means, explores data without labeled outcomes, grouping similar points based on feature similarities alone. It's ideal for discovering hidden patterns when no prior classification exists. Supervised classification, like k-nearest neighbors (KNN) and decision trees, requires labeled data to predict the category of new observations. With a defined target outcome, supervised methods typically outperform unsupervised ones, making accurate predictions when classes are known in advance.

II. Exploratory Data Analysis

The dataset created by Dr. Henrique da Mota consists of six biomechanical attributes, specifically designed to classify orthopedic patients into two categories: normal and abnormal. These features include pelvic incidence, pelvic tilt, lumbar lordosis angle, sacral slope, pelvic radius, and grade of spondylolisthesis. This dataset reveals a total of 310 entries, with 100 being classified as normal and 210 as abnormal, indicating a dataset with complete information and no missing values.

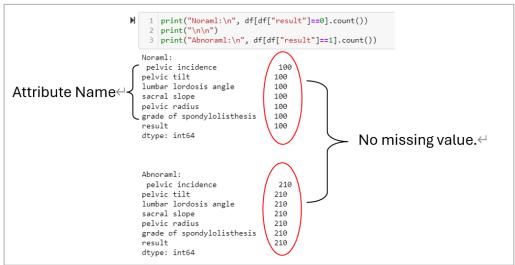


Figure 1: Dataset information

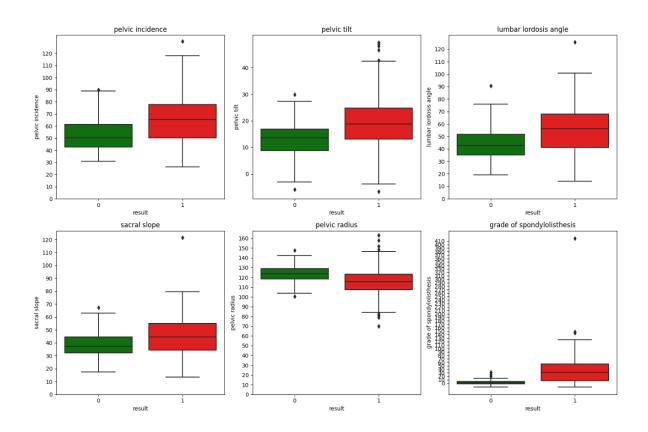


Figure 2: Box plots for all features

The graphical representation through box plots, depicted in Figure 2, uses green to signify the normal (0) category, and red to represent the abnormal (1) category. Table 1 summarizes the interquartile ranges (25th to 75th percentiles) for each biomechanical feature, comparing patients classified as normal versus abnormal.

Feature	Normal IQR	versus	Abnormal IQR
Pelvic Incidence	42.8 - 61.4	<	50.1 - 77.6
Pelvic Tilt	8.8 - 16.8	<	13.0 - 24.8
Lumbar Lordosis Angle	35.0 - 51.6	<	41.2 - 68.1
Sacral Slope	32.3 - 44.6	<	34.4 - 55.1
Pelvic Radius	118.2 - 129.0	>	107.3 - 123.1
Grade of Spondylolisthesis	-1.5 - 4.97	<	7.3 - 55.4

Table 1: IQR of features classified as normal and abnormal people.

It is noteworthy that the "grade of spondylolisthesis" exhibits a stark distinction between the normal and abnormal groups, with little to no overlap in the data. This

clear demarcation emphasizes the importance of the grade of spondylolisthesis as a potentially critical feature in diagnosing abnormal conditions in orthopedic patients. Moreover, except for the **pelvic radius** feature for patients with **abnormalities is slightly lower than that of normal individuals**, other features of abnormal patients tend to have higher measurements compared to normal individuals.

III. Results and Discussion

A. Supervised Classification Results

Two unsupervised machine learning methods were employed: a **decision tree** and **KNN**. The decision tree was selected for its ability to reveal the most significant features that influence the classification between the two classes. KNN was chosen for its efficacy in classification problems where the decision boundary is not linear, as it can capture the complexity of the feature space. In this case, cross-validation was used to determine the optimal K value, which was found to be 7, as it yielded the highest accuracy.

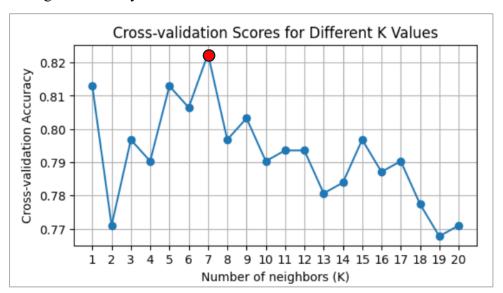


Figure 3:Cross-validation Scores for Different K values

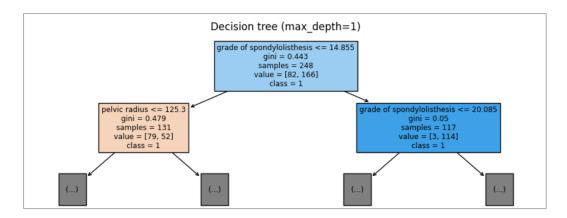


Figure 4: Decision tree (max depth=1)

The initial levels of the decision tree indicate the importance of the feature "grade of spondylolisthesis," with a primary node cutoff at \leq 14.855. The secondary nodes focus on "pelvic radius" \leq 125.3 and "grade of spondylolisthesis" \leq 20.085. These findings corroborate the inferences made during the exploratory data analysis, which suggested that "grade of spondylolisthesis" and "pelvic radius" are critical in differentiating between the two classes.

To evaluate model performance, a confusion matrix, and accuracy rates were employed. The confusion matrix is crucial in medical diagnostic problems since it allows for the minimization of false negatives, which are significantly more consequential in clinical settings. A false negative, or failing to identify a patient with the condition, could lead to a lack of necessary treatment and worsen the patient's prognosis.

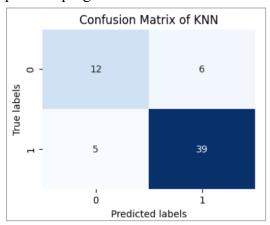


Figure 5(A) Confusion matrix of KNN

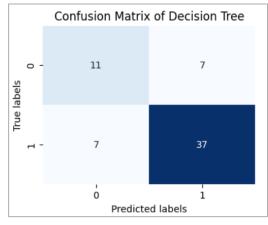


Figure 5(B) Confusion matrix of Decision tree

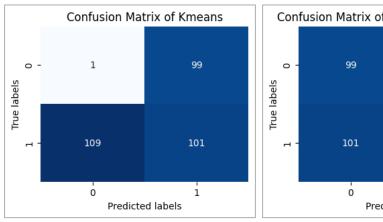
The comparison of model accuracies is as follows:

Model	Accuracy
Decision Tree	0.77
KNN	0.82

Comparing the confusion matrices and accuracy rates between models, KNN outperforms the decision tree. KNN's effectiveness may lie in its capacity to capture intricate patterns within the data.

B. Unsupervised Clustering Results

I chose the K Means algorithm to cluster my data, evaluating its performance using the Adjusted Rand Index and the Silhouette Score, which turned out to be 0.11 and 0.45, respectively. These results were disappointing, indicating a poor clustering outcome.



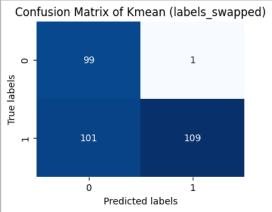


Figure 6(A) Confusion matrix of Kmeans

Figure 6(B) Confusion matrix of Kmeans(labels_swapped)

Upon reviewing the confusion matrix in Figure 6(A) and 6(B), I observed that the True Positives (TP) and True Negatives (TN) were lower than the False Positives (FP) and False Negatives (FN), suggesting the clusters were inverted. After swapping the labels, it appeared that 207 out of 300 instances were correctly classified. However, the presence of nearly one-third as False Negatives underscores a significant issue in correctly identifying patients.

Figure 7 illustrates feature interactions among actual and predicted clusters, revealing inadequate separation. Despite evident distinctions, the overlap indicates insufficient separation.

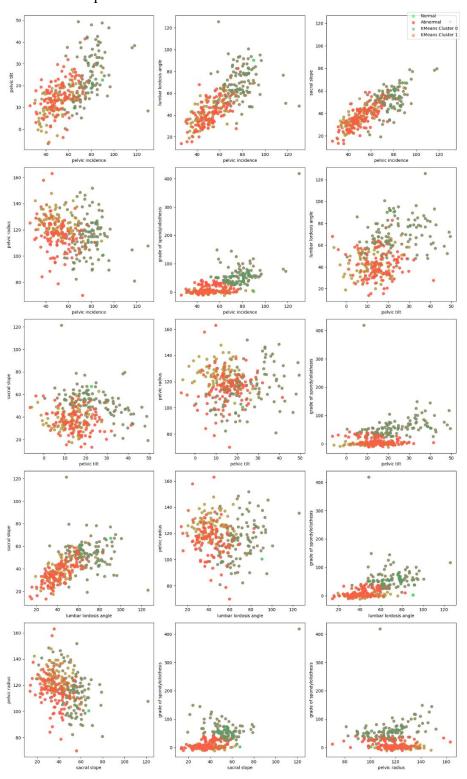


Figure 7: Interaction among features by actual and predicted clusters.

C. Comparison and Integration:

The comparison between supervised and unsupervised learning methods in this coursework highlights distinct advantages and challenges. While the decision tree and KNN demonstrated effective class differentiation, with KNN slightly outperforming the decision tree due to its ability to navigate complex data patterns. Conversely, the K Means algorithm, despite its appeal for not needing labeled data, struggled with accurately clustering the data, as indicated by low Adjusted Rand Index and Silhouette Score values.

IV. Appendix

```
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                                                                               SML_0311 - Jupyter Notebook
     In [209]: N 1 import pandas as pd
                          path = "C:\\Users\\user\\Desktop\\sml_due0311\\vertebral_column_data.csv"
                          df = pd.read_csv(path)
                       df["result"].replace({"AB": 1, "NO": 0}, inplace=True)
y = df["result"]
                       9 df1 = df.drop(["result"], axis=1 )
                      10 df1.count()
                      11
12 df1.head()
         Out[209]:
                         pelvic incidence pelvic tilt lumbar lordosis angle sacral slope pelvic radius grade of spondylolisthesis
                                  63.03
                                           22.55
                                                                39.61
                                                                            40.48
                                                                                         98.67
                                                                                                                  -0.25
                                 39.06
                                           10.06
                                                               25.02
                                                                           29.00
                                                                                        114.41
                                                                                                                  4.56
                                                               50.09
                                                                                                                  -3.53
                                          24.65
                                                               44.31
                                                                           44.64
                                  69.30
                                                                                        101.87
                                                                                                                  11.21
                                  49.71
                                                               28.32
     In [210]: ► 1 df1.columns.tolist()
         'pelvic radius',
                       'grade of spondylolisthesis']
     In [211]: H 1 print("Noraml:\n", df[df["result"]==0].count())
2 print("\n\n")
                       2 print("\n\n")
3 print("Abnoraml:\n", df[df["result"]==1].count())
                      pelvic incidence
                     pelvic filt
lumbar lordosis angle
sacral slope
pelvic radius
                                                        100
                                                        100
                                                        100
                     grade of spondylolisthesis
result
                     dtype: int64
                     Abnoraml:

pelvic incidence

pelvic tilt

lumbar lordosis angle
                                                        210
                                                        210
                     sacral slope
pelvic radius
grade of spondylolisthesis
                                                        210
                     result
dtype: int64
```

```
import seaborn as sns
import matplotlib.pyplot as plt
In [212]: ▶
                                         # Create a figure with multiple subplots
fig, axes = plt.subplots(nrows=2, ncols=3, figsize=(15, 10))

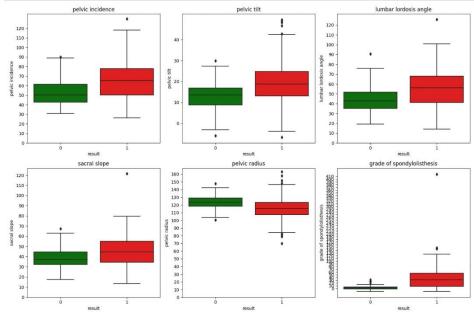
# Draw box plots for six different columns
for i, column in enumerate(df.columns[:6]):
                                               # Draw box plots for six different columns
for i, column in enumerate(df.columns[:6]):
    sns.boxplot(x="result", y=column, data=df, ax=axes[i//3, i%3], palette=['green', 'red'])
    axes[i//3, i%3].set_vtic(column)
    axes[i//3, i%3].set_vticks(range(0, int(df[column].max())+1, 10)) # Set y-axis ticks every 10 units
                                       10
                                      axes[1/73, 1x3].set_yticks(range(e)

4 # Automatically adjust subplot layout

4 plt.tight_layout()

5 # Show the plot

plt.show()
```



IQR

Abnormal

- Pelvic Incidence: 50.1 77.6
 Pelvic Tilt: 13.0 24.8
- Lumbar Lordosis Angle: 41.2 68.1
- Sacral Slope: 34.4 55.1 • Pelvic Radius: 107.3 - 123.1
- Grade of Spondylolisthesis: 7.3 55.4

Normal

- Pelvic Incidence: 42.8 61.4
- Pelvic Tilt: 8.8 16.8
- Lumbar Lordosis Angle: 35.0 51.6
- Sacral Slope: 32.3 44.6
- Pelvic Radius: 118.2 129.0
- Grade of Spondylolisthesis: -1.5 4.97

```
9
10 # Initialize the Decision Tree classifier
11 tree = DecisionTreeClassifier(random_state=42)
12
13 # Fit the classifier to the training data
14 tree.fit(X_train, y_train)
                     tree.lit(x_ctall, y_ctall)

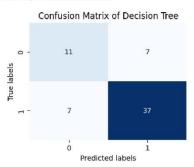
15

16 # Predict on the test set

17 y_pred = tree.predict(X_test)

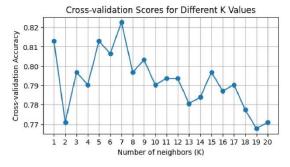
18
                     18
# Calculate accuracy
20 accuracy = accuracy_score(y_test, y_pred)
21 print("Accuracy:", accuracy)
22
23 # Calculate confusion matrix
24 cm = confusion_matrix(y_test, y_pred)
```

Accuracy: 0.7741935483870968



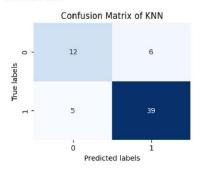
Decision tree (max_depth=1) grade of spondylolisthesis <= 14.855 gini = 0.443 samples = 248 value = [82, 166] class = 1 grade of spondylolisthesis <= 20.085 gini = 0.479 samples = 131 value = [79, 52] class = 1 (...) (...)

Best K value: 7



localhost:8888/notebooks/SML_0311.ipynb#

Accuracy: 0.82



```
In [217]: # 1

from sklearn.metrics import KMeans
from sklearn.metrics import confusion_matrix

# Initialize KMeans model
kmeans.fit(df1)

# Get cluster labels
kmeans_labels = kmeans.labels_

# Calculate Adjusted Rand Index
ari = adjusted_rand_score(y, kmeans_labels)
print("Adjusted Rand Index:", round(ari,2))

# Calculate Silhouette Score
silhouette = silhouette Score(df1, kmeans_labels)
print("Silhouette Score:", round(silhouette,2))

# Calculate the confusion matrix
cm = confusion_matrix(y, kmeans_labels)

# Plot confusion_matrix(y, kmeans_labels)

# Plot confusion_matrix(y, kmeans_labels)

# Plot confusion matrix
plt.figure(figsize=(4, 3))
sns.heatmap(cm, annot=True, fmt="d", cmap="Blues", cbar=False)

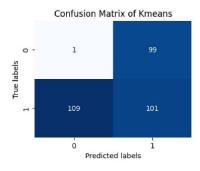
# Plt.ylabel("Predicted labels")
plt.ylabel("True labels")
plt.slabel("Confusion Matrix of Kmeans")
plt.sibew()

# Plt.title("Confusion Matrix of Kmeans")
plt.show()

# Plt.title("Confusion Matrix of Kmeans")
plt.show()
```

D:\anaconda\envs\envs_notebook\lib\site-packages\sklearn\cluster_kmeans.py:870: FutureWarning: The default value of `n_init` will change from 10 to 'auto' in 1.4. Set the value of `n_init` explicitly to suppress the warning warnings.warn(

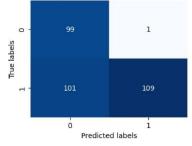
Adjusted Rand Index: 0.11 Silhouette Score: 0.45

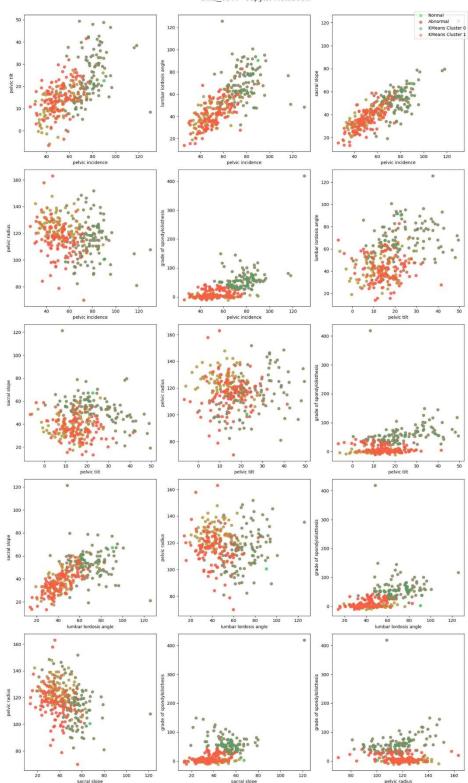


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SML_0311 - Jupyter Notebook

Confusion Matrix of Kmean (labels_swapped)





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