



UAE Cancer Outcomes: Data Analysis & Machine Learning

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1. Introduction

We analyze a real UAE cancer cohort ($N=10,000$) to profile patients and build baseline models for outcomes. Targets: Deceased (Yes/No) and Survival_Months (diagnosis→death; deceased only). We use clean, reproducible pipelines to report descriptives, run core statistical tests, and train simple predictive models.

4. Descriptive & Statistical Tests

- Survival_Months ($n=992$): mean 17.51, median 17.71, sd 9.07, IQR 15.36; near-symmetric (skew -0.079 , kurt -1.156).
- Representativeness: one-sample t-test (sample $n=150$): $t \approx 0.50$, $p \approx 0.618 \rightarrow$ sample \approx population.
- Age \leftrightarrow Survival_Months: Pearson 0.006 ($p=0.859$); Spearman 0.005 ($p=0.8776$) \rightarrow no meaningful correlation.
- Stage \times Deceased: $\chi^2(3)=7.027$, $p=0.071$; Cramér's $V=0.027 \rightarrow$ very small.

6. Conclusion & QR

Cohort well-characterized; no strong age-survival link; stage-death association is weak.

LR is the most reliable baseline classifier; MLR lowers error slightly but R^2 remains low.

Next: more clinical features; use KM/Cox for time-to-event.

QR: code & results (EDA, classifiers, MLR).

2. Objectives

- 01 ➤ Describe cohort and key variables (age, stage, type, treatment).
- 02 ➤ Test associations (numeric–numeric; categorical–categorical).
- 03 ➤ Classify Deceased (Yes/No) with LR, KNN, NB, DT.
- 04 ➤ Forecast Survival_Months via Multiple Linear Regression.
- 05 ➤ Report clear metrics and practical takeaways.

3. Data & Pipeline

- Outcome balance: Deceased 992 (9.92%) vs Not Deceased 9,008 (90.08%).
- Derivation: $\text{Survival_Months} = (\text{Death_Date} - \text{Diagnosis_Date})/30.44$ (deceased only).
- Preprocessing: One-Hot (categoricals), StandardScaler (numerics), pairwise deletion for missing.
- Splits: 80/20 (stratified for classification), $\text{random_state}=42$; 5-fold CV on train.

5. Modeling Results (Classification + Regression)

- Classification (Deceased): Pipeline (OHE+Scaling, stratified CV, `class_weight="balanced"`).
- Best overall: Logistic Regression (highest ROC-AUC with balanced precision/recall). DT interpretable; KNN/NB trailed.
- Simple Regression: $\hat{y} = \beta_0 + \beta_1 \cdot \text{Age}$; $\beta_1 \approx 0 \rightarrow$ age alone not predictive.
- Multiple Linear Regression (Survival_Months):
- CV: MAE 7.89 ± 0.33 , RMSE 9.33 ± 0.35 , $R^2 = -0.074 \pm 0.064$.
- Test: MAE 7.83, RMSE 9.12, R^2 0.045 vs baseline MAE 8.12, RMSE 9.36.
- Top |coef|: Cancer_Type (Lung/Liver/Leukemia), Gender_Other, Hypertension.

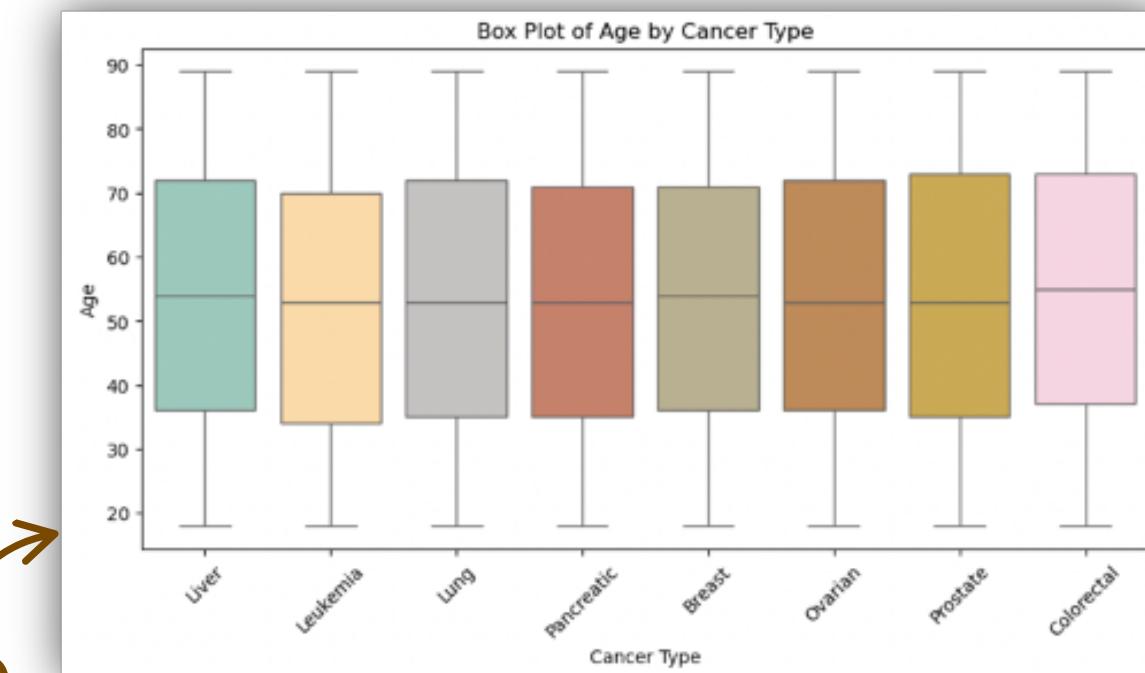


Figure 1 – Box Plot: Age by Cancer Type

Medians are similar and IQRs overlap across types \rightarrow age alone does not separate cancer types or explain outcome differences.

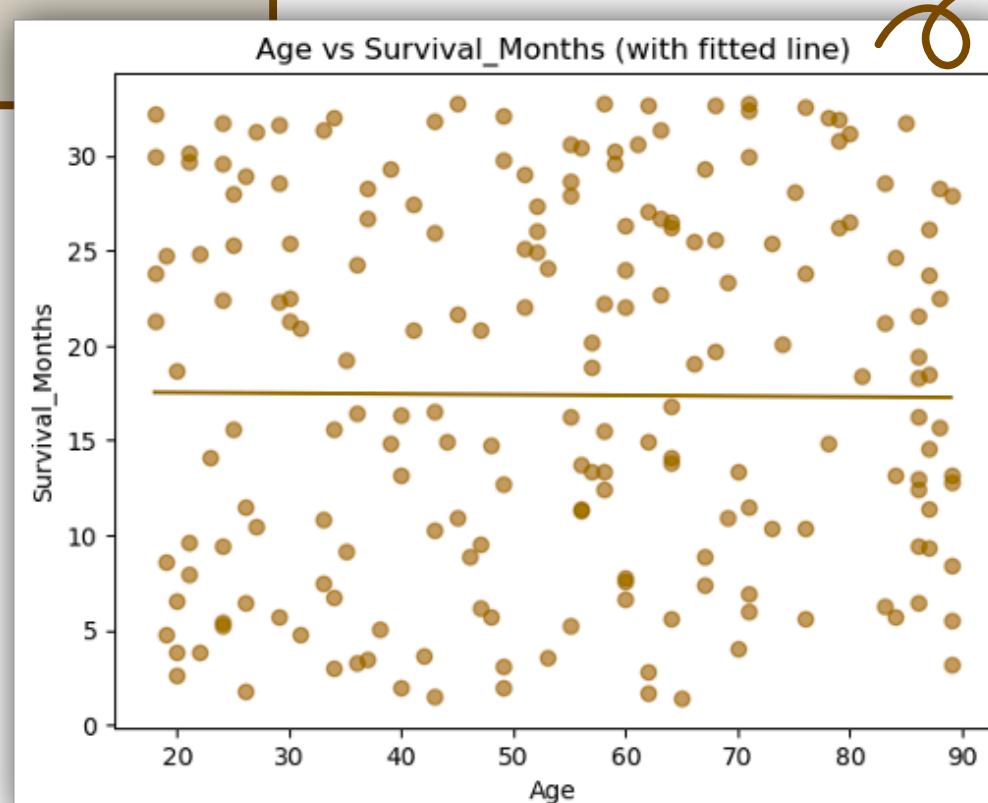


Figure 2 – Age vs Survival_Months (with fitted line)

The OLS line is almost flat ($\beta_1 \approx 0$) \rightarrow age has a negligible effect on survival months; multivariable models are needed.

Implication. Basic demographics by themselves are weak predictors; add clinical features (stage, type, treatment, comorbidities).