

Litrature survey

Using machine learning algorithms to predict disease is made possible by increasing access to hidden attributes in medical data sets. Various kinds of data sets, such as blood panels with liver function tests, histologically stained slide images, and the presence of specific molecular markers in blood or tissue samples, have been used to train classifier algorithms to predict liver disease with good accuracy. The ML methods described in previous studies have been evaluated for accuracy by a combination of confusion matrix, receiver operating characteristic under area under curve, and k-fold cross-validation. Singh et al. designed software based on classification algorithms (including logistic regression, random forest, and naive Bayes) to predict the risk of liver disease from a data set with liver function test results. Vijayarani and Dhavanand found that SVM performed better over naive Bayes to predict cirrhosis, acute hepatitis, chronic hepatitis, and liver cancers from patient liver function test results. SVM with particle swarm optimization Livers 2021, 1 297 (PSO) predicted the most important features for liver disease detection with the highest accuracy over SVM, random forest, Bayesian network, and an MLP-neural network. SVM more accurately predicted drug-induced hepatotoxicity with reduced molecular descriptors than Bayesian and other previously used models. Phan and Chan et al. demonstrated that a convolutional neural network (CNN) model predicted liver

cancer in subjects with hepatitis with an accuracy of 0.980 . The ANN model has been used to predict liver cancer in patients with type 2 diabetes . Neural network ML methods can help differentiate between types of liver cancers when applied to imaging data sets . Neural network algorithms have even been trained to predict a patient's survival after liver tumor removal using a data set containing images of processed and stained tissue from biopsies. ML methods can facilitate the diagnosis of many diseases in clinical settings if trained and tested thoroughly. More widespread application of these methods to varying data sets can further improve accuracy in current deep learning methods. This study aimed to

- (i) impute missing data using the MICE algorithm;
- (ii) determine variable selection using eigen decomposition of a data matrix by PCA and to rank the important variables using the Gini index;
- (iii) compare among several statistical learning methods the ability to predict binary classifications of liver disease;
- (iv) use the synthetic minority oversampling technique (SMOTE) to oversample minority class to regulate overfitting;
- (v) obtain confusion matrices for comparing actual classes with predictive classes;
- (vi) compare several ML approaches to assess a better performance of liver disease diagnosis;

(vii) evaluate receiver operating characteristic (ROC) curves for determining the diagnostic ability of binary classification of liver disease.

References.

1. Wang, Y.; Li, Y.; Wang, X.; Gacesa, R.; Zhang, J.; Zhou, L.; Wang, B. Predicting Liver Disease Risk Using a Combination of Common Clinical Markers: A Screening Model from Routine Health Check-Up. *Dis. Markers* 2020, 2020, 8460883. [CrossRef]
2. Torkadi, P.P.; Apte, I.C.; Bhute, A.K. Biochemical evaluation of patients of alcoholic liver disease and non-alcoholic liver disease. *Indian J. Clin. Biochem.* 2014, 29, 79–83. [CrossRef]
3. Ceriotti, F.; Henny, J.; Queraltó, J.; Ziyu, S.; Özarda, Y.; Chen, B.; Boyd, J.C.; Panteghini, M. Common reference intervals for aspartate aminotransferase (AST), alanine aminotransferase (ALT) and γ -glutamyl transferase (GGT) in serum: Results from an IFCC multicenter study. *Clin. Chem. Lab. Med.* 2010, 48, 1593–1601. [CrossRef] [PubMed] *Livers* 2021, 1 311
4. Chalasani, N.; Younossi, Z.; Lavine, J.E.; Charlton, M.; Cusi, K.; Rinella, M.; Harrison, S.A.; Brunt, E.M.; Sanyal, A.J. The diagnosis and management of nonalcoholic fatty liver disease: Practice guidance from the American Association for the Study of Liver Diseases. *Hepatology* 2018, 67, 328–357. [CrossRef] [PubMed]

5. Woreta, T.A.; Saleh, A.A. Evaluation of abnormal liver tests. *Med Clin*. 2014, 98, 1–16. [CrossRef]
6. Robles-Diaz, M.; Garcia-Cortes, M.; Medina-Caliz, I.; Gonzalez-Jimenez, A.; Gonzalez-Grande, R.; Navarro, J.M.; Castiella, A.; Zapata, E.M.; Romero-Gomez, M.; Blanco, S.; et al. The value of serum aspartate aminotransferase and gamma-glutamyl transpetidase as biomarkers in hepatotoxicity. *Liver Int*. 2015, 35, 2474–2482. [CrossRef] [PubMed]
7. Borroni, G.; Ceriani, R.; Cazzaniga, M.; Tommasini, M.; Roncalli, M.; Maltempo, C.; Feline, C.; Salerno, F. Comparison of simple tests for the non-invasive diagnosis of clinically silent cirrhosis in chronic hepatitis C. *Aliment. Pharmacol. Ther*. 2006, 24, 797–804. [CrossRef]
8. Asrani, S.K.; Devarbhavi, H.; Eaton, J.; Kamath, P.S. Burden of liver diseases in the world. *J. Hepatol*. 2019, 70, 151–171. [CrossRef]
9. Udell, J.A.; Wang, C.S.; Tinmouth, J.; FitzGerald, J.M.; Ayas, N.T.; Simel, D.L.; Schulzer, M.; Mak, E.; Yoshida, E.M. Does this patient with liver disease have cirrhosis? *JAMA* 2012, 307, 832–842. [CrossRef] [PubMed]
10. Munish, G.; Kaplan, H.C. Measurement for quality improvement: Using data to drive change. *J. Perinatol*. 2020, 40, 962–971.