



APPENDICITIS PREDICTION

METHODOLOGY: CRISP-DM



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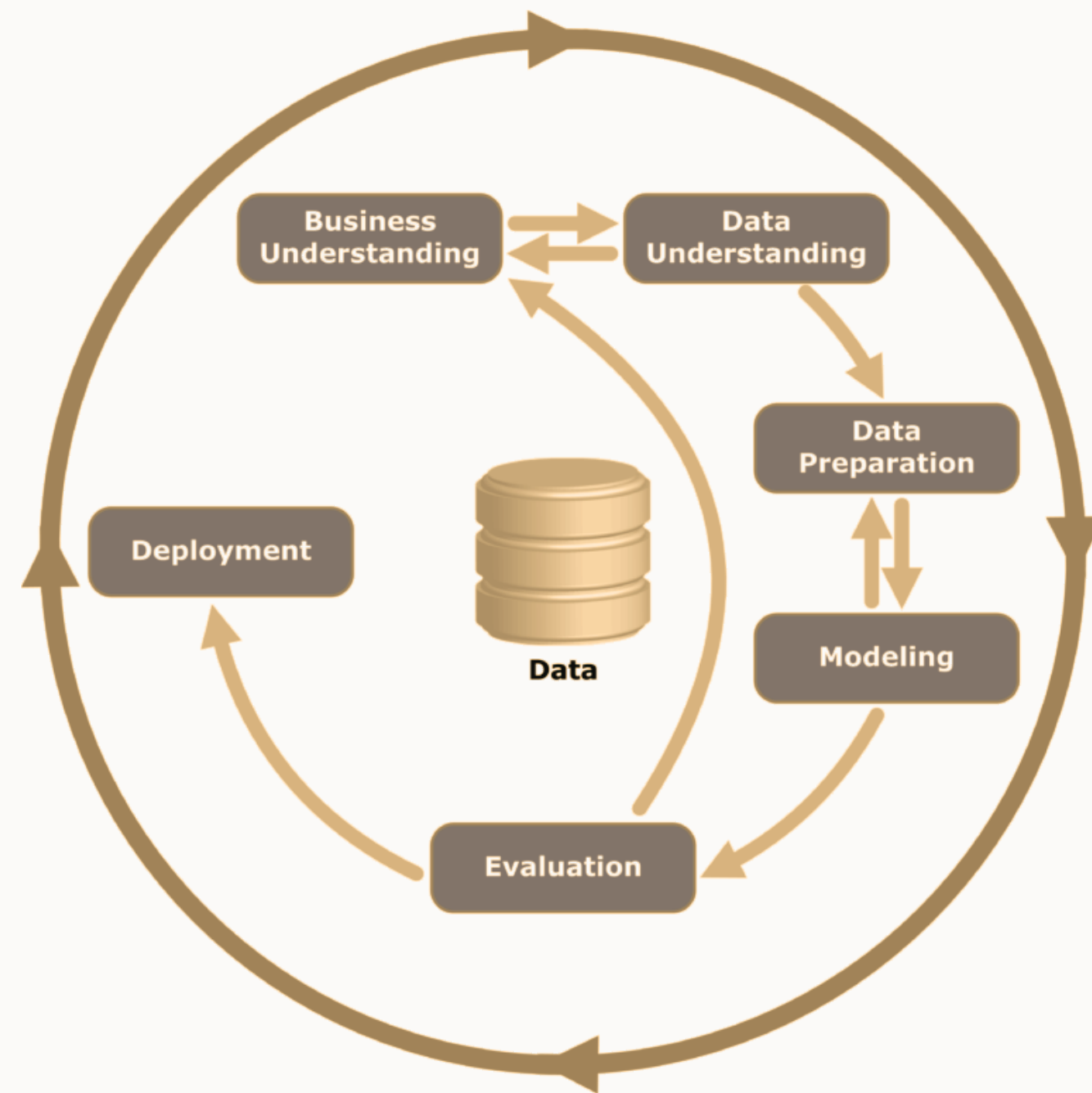
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METHODOLOGY

CRISP-DM

(CROSS-INDUSTRY STANDARD PROCESS FOR DATA MINING)



BUSINESS UNDERSTANDING



HARD TO DIAGNOSE!
VARIOUS LABS TO DO
HIGH COST



BUSINESS TYPE
Healthcare, Medical



PROBLEM?

Appendicitis can present with a wide range of symptoms, making it **difficult** to accurately **diagnose** without additional medical tests.



GOAL

- Prediction Tool for appendicitis suspecting
- Decision support system
- Improve healthcare outcomes



FAST DIAGNOSE
FAST TREATMENT

- Medical personnel
 - Doctor diagnoses faster
 - Reduce diagnosis time
 - Diagnosed at the last delayed or missed, which can lead to complications
- Patient
 - Reduce the chance of getting into complications.
 - Helps reduce costs for patients
 - Blood, urine, X-ray
 - Save time
 - Reduce unnecessary steps

DATA UNDERSTANDING

01

VERIFY DATA QUALITY

How clean/dirty/missing is the data? Document any quality issues.

02

DATA

Info: 500 rows x 23 columns

Target: Disease = 1, No disease = 0

Contains: Demographic, Laboratory, CC (Chief Complaint)

Nation: Thai population

03

ANALYSIS

- What is the factor of disease?
- The relationship between disease A and disease B leading to Main disease?
- Recurrence?

04

TARGET

Probability of disease

Disease

90%

No disease

10%



DATA PREPARATION

SELECT DATA

Appendicitis is among the commonest childhood diseases, between 10 and 19 years of age.



CLEAN DATA

- Remove laboratory test results from erroneous values.
- Data Imputation



CONSTRUCT DATA

Create related conditions from Text data (Chief complaint)

Migration of pain

Rebound tenderness

Cough tenderness

Dysuria

Stool

Tenderness in right lower quadrant (RLQ)

Nausea/vomiting

Anorexia

AS / PAS Score

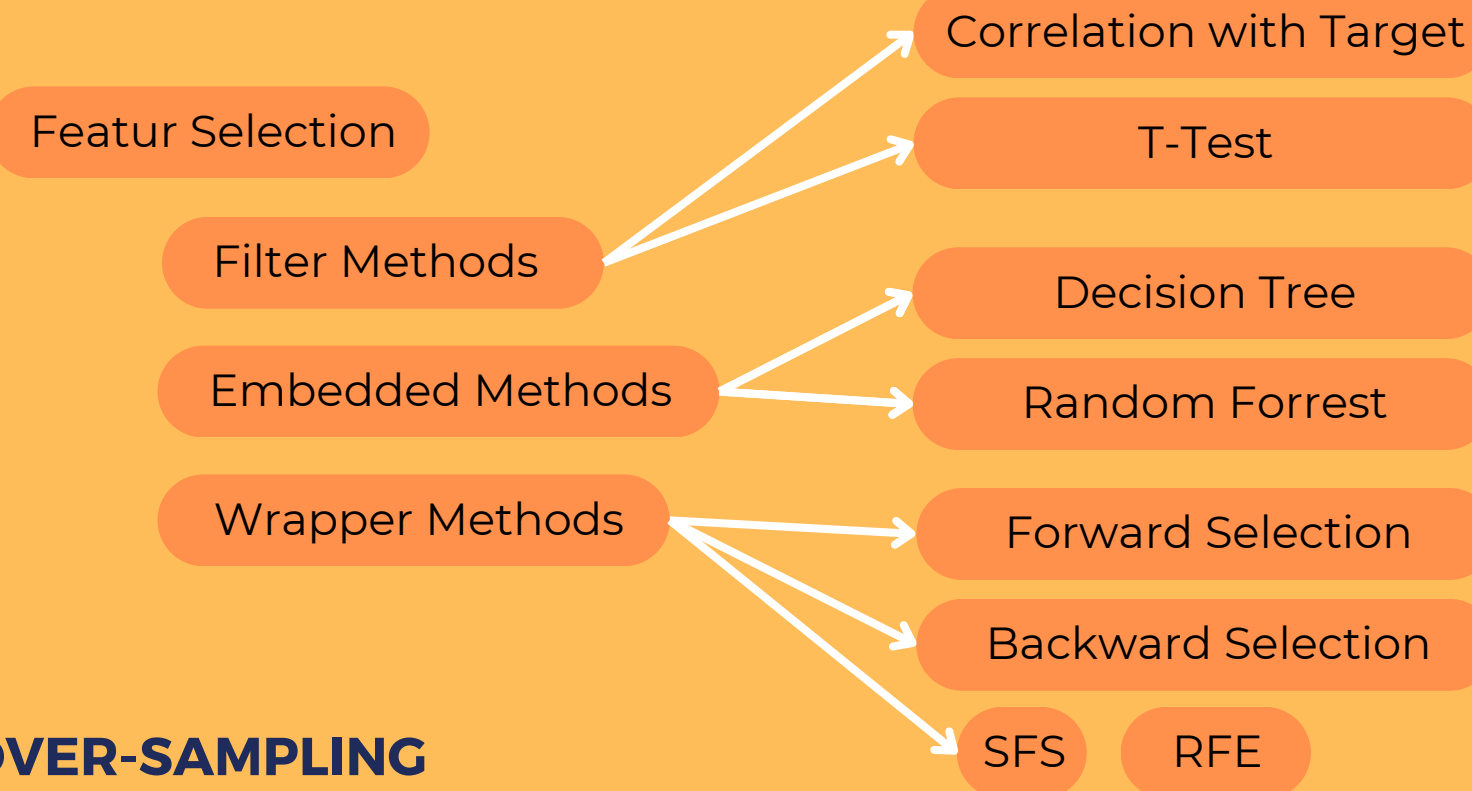
MODELING



01

DIMENSIONALITY REDUCTION

What is the factor of disease



02

OVER-SAMPLING

SMOTE (Synthetic Minority Over-sampling Technique)

Solved: Class imbalance

After performing SMOTE oversampling, Will the correlation change?

03

SELECT MODELING

- Ensemble Methods:
 - Random Forest
 - Gradient Boosting Classifier
 - AdaBoost Classifier
- Linear Models:
 - Logistic Regression
 - GaussianNB (though it's technically a Naive Bayes classifier, it falls under this category due to its linear nature)
- Tree-based Models:
 - Decision Tree Classifier

- Nearest Neighbors:
 - KNeighbors Classifier
- LightGBM and XGBoost:
 - LGBM Classifier
 - XGB Classifier
- Dummy Classifier:
 - Dummy Classifier (most frequent strategy)



EVALUATION

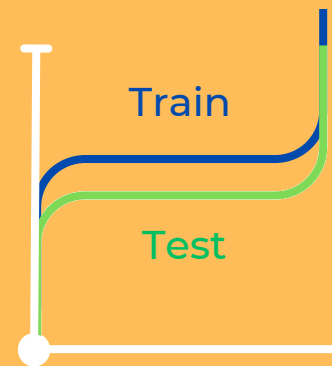


N

Number of
features

Factors

Helps reduce costs for patients



Learning
curve

Generalization ability

Can model able to predict on Unseen data?



Sensitivities,
Specificities,
Accuracy,
AUROC

Ensure the reliability

Diagnostic accuracy, patient safety,
treatment decisions

DEPLOYMENT

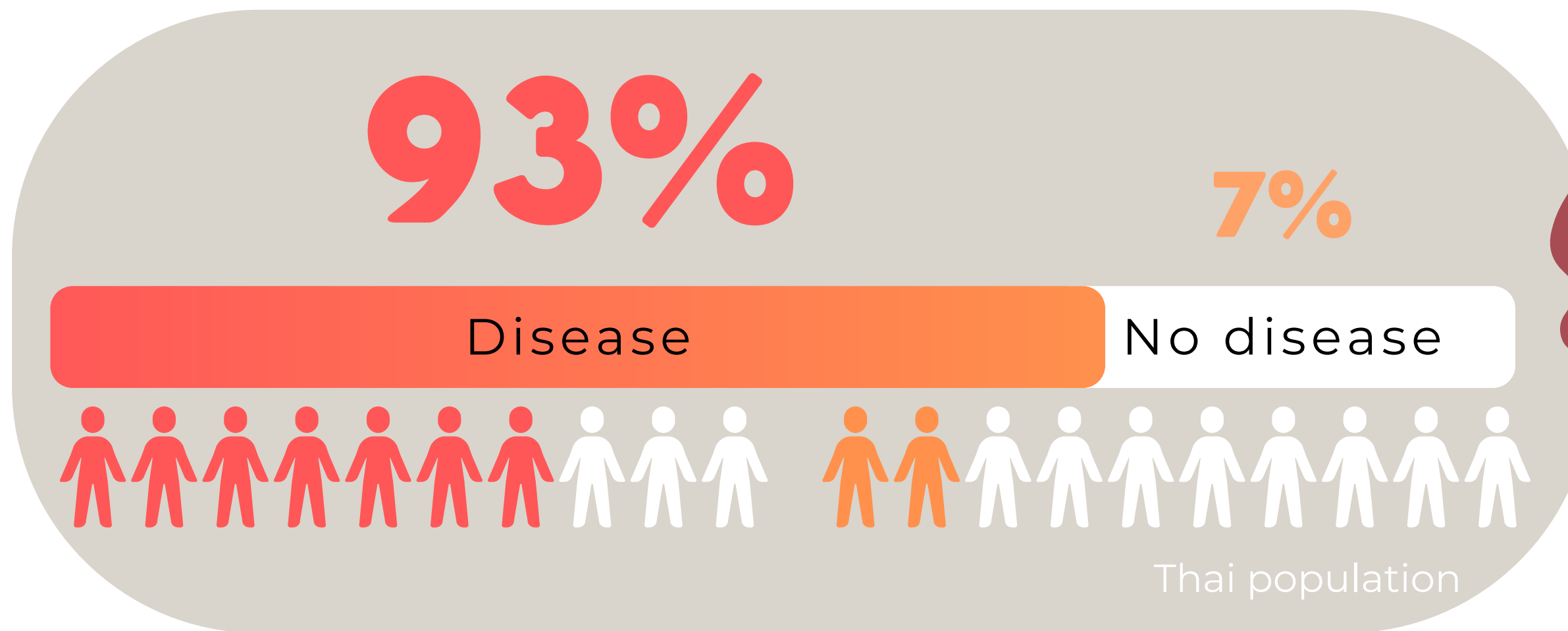
User interface design Entering patient information is easy to use.

Parameter	Value
Age	21
Sex	Male
Height	179
Body Weight	62
Alvarado Score (AS)	4
Pediatric appendicitis score (PAS)	5
Peritonitis/abdominal guarding	localized
Body temperature	36.7
WBC (4.00 - 10.00)	9.2
Neutrophil (60.00 - 75.00)	110.6
Urine RBC	Positive

Output	Percentage
Disease	83%
No Disease	17%



EXPECTED RESULT



Treatment decisions
Antibiotics / Surgical



THANKS YOU

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