Machine Learning for Breast Cancer Risk Prediction in Indian Patients

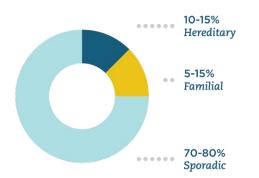
Yukti Makhija 2019BB10067 Samarth Bhatia 2019CH10124

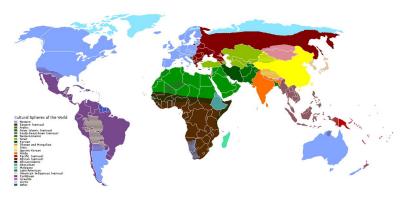
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Summer Undergraduate Research Award 2021

Brief Overview of Breast Cancer

- About 5 to 10 percent are linked to gene mutations passed through generations. This
 makes the detection of mutations in genes like BRCA1 and 2, PALB2, CHEK2 and
 ATM1 essential for breast cancer patients as well as their previvors to prevent cancer.
- The prevalence of these mutations varies with geography and ethnicity.
- If breast cancer is diagnosed or **predicted early**, those cases tend to have significantly **better prognosis** and a better chance of **recovery**.





Risk Prediction in Breast Cancer

- Recent advances in personalized medicine and genetic testing assist oncologists in deciding the course of treatment for diagnosed patients and predicting the risk of cancer in family members.
- Currently in labs, National Comprehensive Cancer Network (NCCN) guidelines are being used to advise genetic testing, but they have been shown by multiple studies to be ineffective and miss out on many potential high risk patients with mutations.
- In India, we neither have reliable estimates about the prevalence of these mutations, nor any reliable fixed criteria (which needs to be adapted to India) regarding who is to be tested and who is not.
- Developing countries use different ways to diagnose cancer which take fewer resources, preventing us from making direct comparisons between the indicators of breast cancer in developed countries and those in developing countries.

Existing Models: BOADICEA and BCRAT

- Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm
 (BOADICEA) calculate the risks of breast and ovarian cancer in women by computing
 the probability of a patient being a carrier of mutations in the susceptible ovarian
 and breast cancer genes and the age-specific risk of cancer.⁵ It takes into account
 both pathology data and population-specific cancer incidence history.
- Breast Cancer Risk Assessment Tool (BCRAT) uses a woman's personal medical and reproductive history and the history of breast cancer among her first-degree relatives to estimate absolute breast cancer risk, the probability of developing invasive breast cancer in a defined age interval.

Immediate Gap in BOADICEA and BCRAT

- These models cater to the western population.
- Both the models assume a **linear relationship** between the risk factors and the risk of cancer development. This might not be true in general and contributes largely to the **poor accuracy** of these mathematical models compared to machine learning models.
- A study done on the **Thai population** shows that the BCRAT model **underestimates**the breast cancer risk. So, there is an urgent need for a model that can accurately
 predict the risk of breast cancer for Indian patients.

Model	BOADICEA	BCRAT	Machine Learning (vs BOADICEA)	Machine Learning (vs BCRAT)
Number of people	112,587(Swiss)	850 + 293 (first relative)	2500 (simulated) + 112,587 (Swiss)	1200 (simulated) + 1143 (US)
Number of families	2481	-	2481	-
Number of features	13	8	13	8
Pedigree Analysis	Yes	No	Yes	No
Simplicity of the model	П	I	IV	ш

Challenge: Very less data about breast cancer patients is available for India.

Objectives

- Collection of EHRs and data engineering.
- Develop machine learning based risk prediction model.
- Feature engineering and enhance model interpretability towards clinical deployment.

Data Curation

- We collected data for 236 breast cancer patients in collaboration with the Oncology Department at AIIMS.
- The initial dataset contained 115 features for each patients.
- We categorized our data in five broad groups
 - → Clinical Data
 - → Reproductive History
 - → Psychological Factors
 - → Family History
 - → Genetic Mutations

Clinical Data

- Age
- Weight
- Height
- T-stage, N-stage, M-stage
- TNBC
- Estrogen/Progesterone Levels
- Clinical Stage of cancer

- Two Breast Primaries
- RRSO Surgery Advised/Done
- RRM Surgery Advised/Done
- Type of cancer Metachronous/Synchronous
- History of Hysterectomy

Reproductive History

- Age at Menarche
- Number of Children
- Gender of Children
- Duration of Breastfeeding

- Age at first Childbirth
- Usage of Oral Contraceptive Pill
 (OCP)
- Tubal Ligation

Psychological Factors

- Occupation
- Marital Status
- Any PTSD
- Distress levels
- Anxiety levels
- Alcohol use

The following scores were calculated on the basis of the stress/anxiety and depression levels and PTSD.

- → DASS-21(Depression, Anxiety and Stress Scale) score
- → IES-R(Impact of Event Scale) score

Family History

- Ethnicity
- Number of first degree relatives
- Number of affected first degree relatives

- Number of Family Members Tested
- Number of second degree relatives
- Number of affected second degree relatives

Genetic Mutations

Genetic Mutations can be categorized into 2 categories:

- 1. Pathogenic Gene Mutations (~20%): There is plenty of literature available which validates the role played by these genes in Breast Cancer.

 BRCA1, BRCA2, PALB2, RAD51d, RAD50, FANCI, ATM, TP53, MSH2, MUTYH
- 2. **VUS (Variants of Unknown Significance) (~50%):** Not much is known about these mutations and it is not known if they affect the risk of breast cancer either.

Data Preprocessing

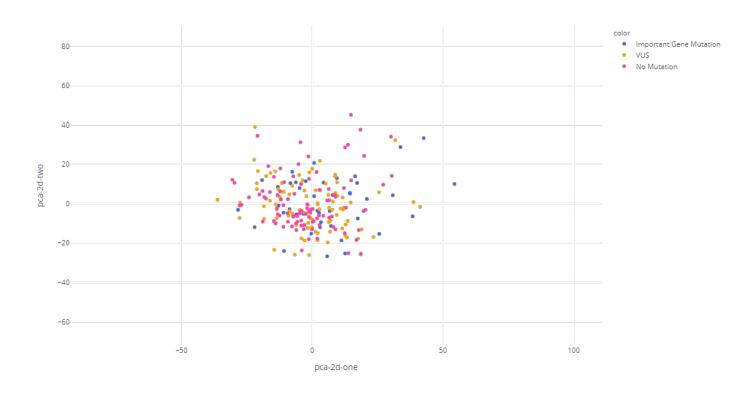
- All columns with more than 10% missing values were deleted.
- We imputed the missing values with mode for categorical variables.
- The data obtained after preprocessing contains 236 patients and 44 features.
 This dataset is in a systematic form and has been used for further analysis and machine learning.

Dimensionality Reduction and Visualisation

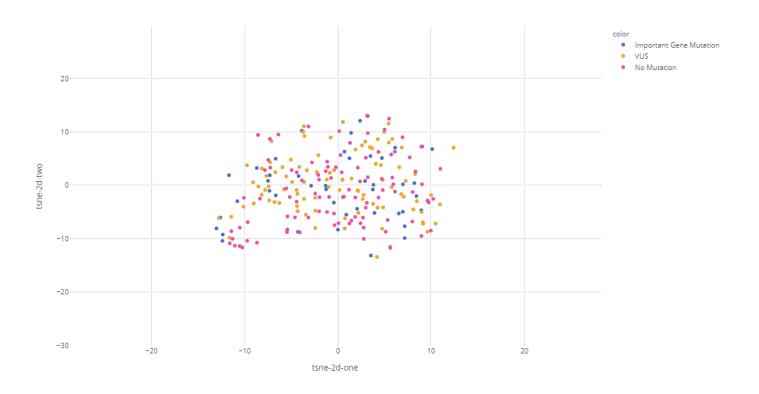
We used various state-of-the-art algorithms for this purpose and also compared their results.

- PCA (Principal Component Analysis)
- tSNE (t-Distributed Stochastic Neighbor Embedding)
- LDA (Linear Discriminant Analysis)
- NCA (Neighborhood Component Analysis)
- UMAP (Uniform Manifold Approximation and Projection)

Principal Component Analysis (PCA)

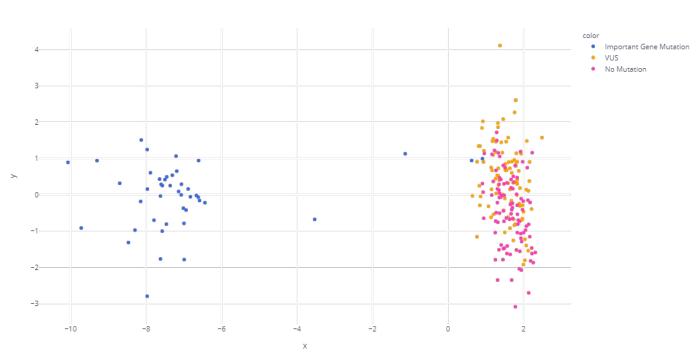


t-Distributed Stochastic Neighbor Embedding (t-SNE)

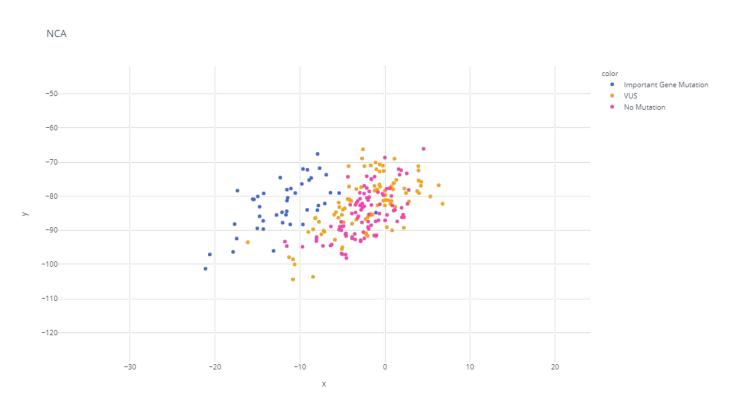


Linear Discriminant Analysis (LDA)

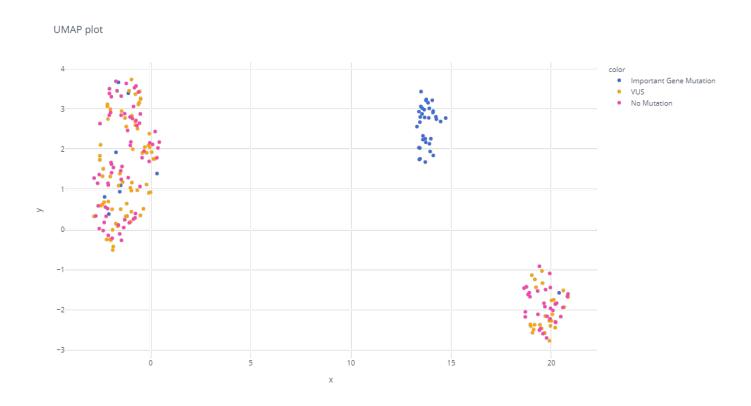




Neighborhood Component Analysis (NCA)

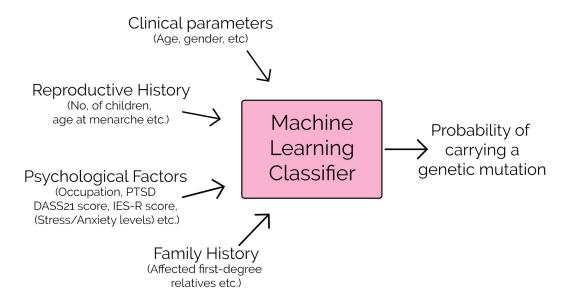


Uniform Manifold Approximation and Projection (UMAP)



Development of the models

We developed prediction models on the curated data using frameworks such as XGBoost, AdaBoost, LightGBM, SVMs (Support Vector Machines) etc.



Effective Disease Management

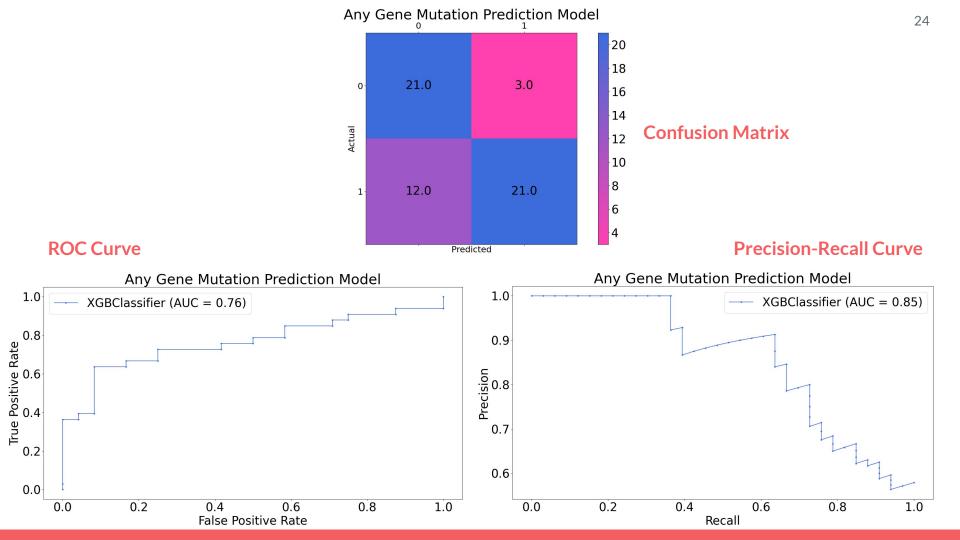
Gene Mutation Prediction Models

We have built three different gene mutation prediction models:

- Important gene mutation prediction
- VUS (Variants of Unknown Significance) Prediction
- Any gene mutation prediction (Important gene + VUS)

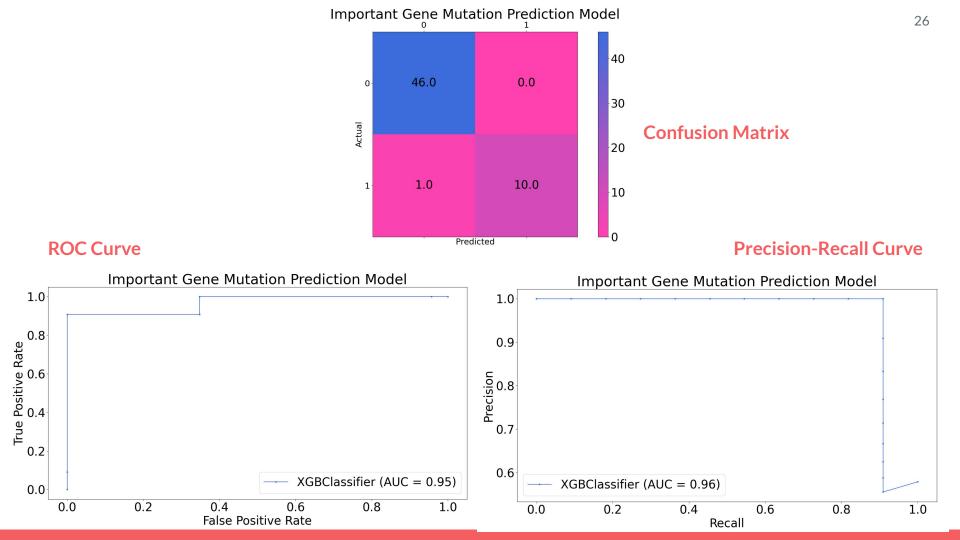
Any Gene Mutation Prediction Model (XGBoost)

Training Dataset	179 patients (105 have mutations + 74 don't have any mutations)
Validation Dataset	57 patients (33 have mutations + 24 don't have any mutations)
Training Accuracy	75.42%
Test Accuracy	73.68%
F-score	0.7368
Sensitivity (Recall)	0.6364
Specificity	0.875
PPV (Precision)	0.875
NPV	0.875
AUC-ROC	0.76
AUC-PR	0.85



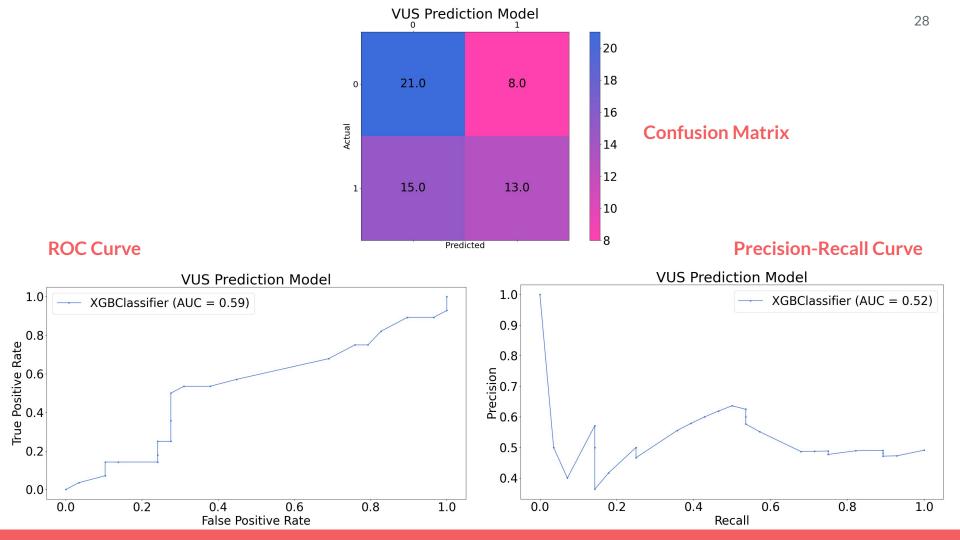
Important Gene Mutation Prediction Model (XGBoost)

Training Dataset	179 patients (33 have mutations + 146 don't have any mutations)
Validation Dataset	57 patients (11 have mutations + 46 don't have any mutations)
Training Accuracy	100%
Test Accuracy	98.25%
F-score	0.95
Sensitivity (Recall)	0.91
Specificity	1.0
PPV (Precision)	1.0
NPV	1.0
AUC-ROC	0.95
AUC-PR	0.96



VUS Prediction Model (XGBoost)

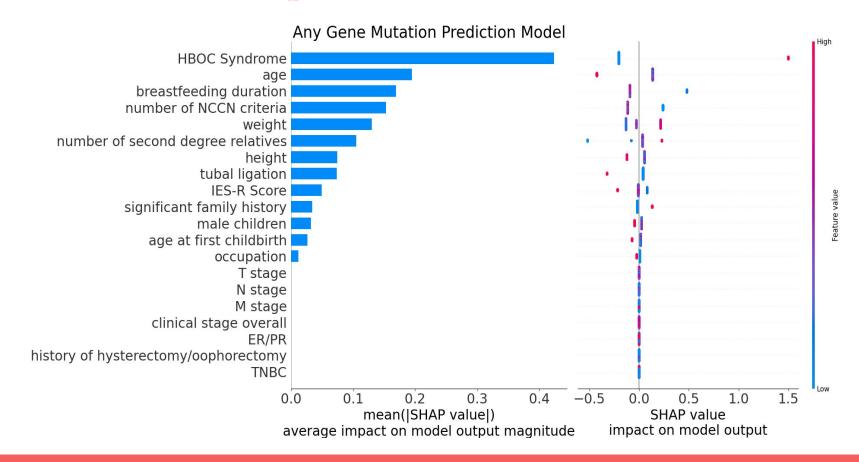
Training Dataset	179 patients (87 have mutations + 92 don't have any mutations)
Validation Dataset	57 patients (28 have mutations + 29 don't have any mutations)
Training Accuracy	66.48%
Test Accuracy	59.65%
F-score	0.5306
Sensitivity (Recall)	0.4643
Specificity	0.7241
PPV (Precision)	0.619
NPV	0.5833
AUC-ROC	0.59
AUC-PR	0.52



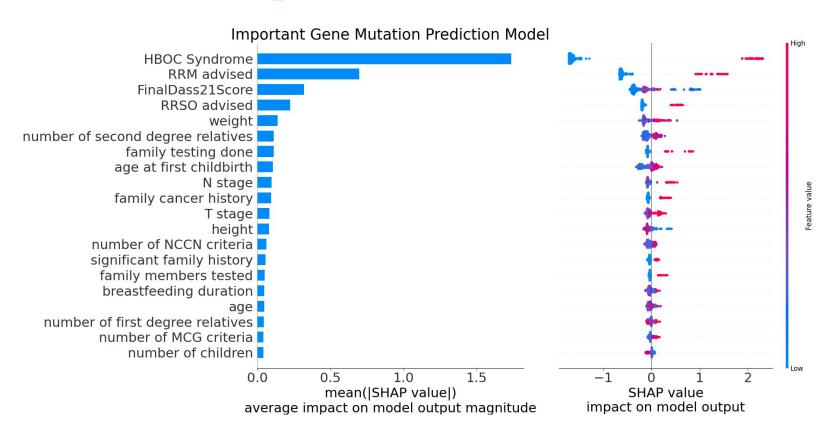
Feature Engineering

- We performed feature engineering and use techniques like SHAP to explain the working of ML models.
- The top ten features obtained after feature engineering were used to build reduced models and compare their performance to the original model.
- We also integrated the models with an interactive calculator in a web-app.

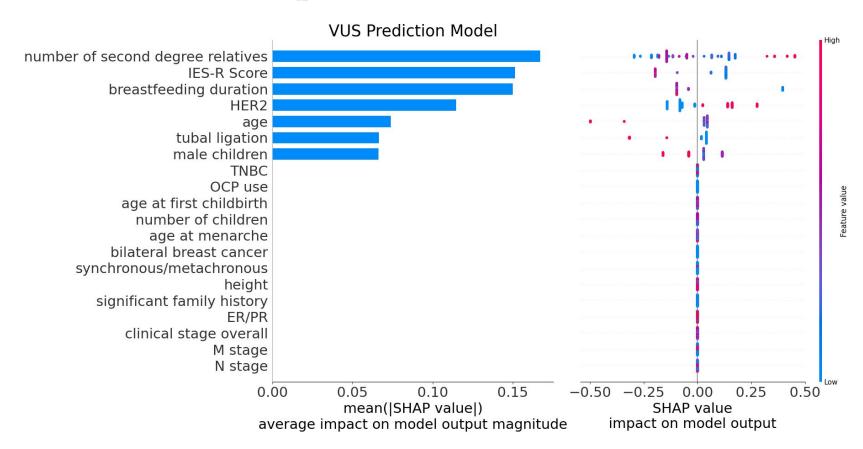
SHAP Feature Importance



SHAP Feature Importance

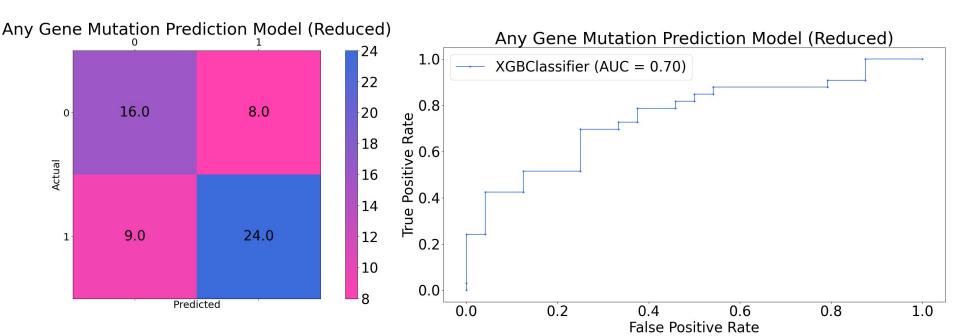


SHAP Feature Importance



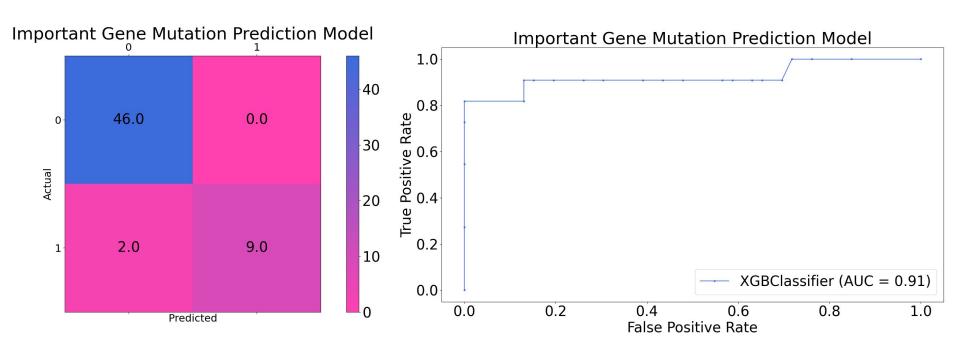
Any Gene Prediction Reduced Model

Training Dataset	179 patients (105 have mutations + 74 don't have any mutations)
Validation Dataset	57 patients (33 have mutations + 24 don't have any mutations)
Training Accuracy	78.21%
Test Accuracy	70.18%
F-score	0.7384
Sensitivity (Recall)	0.7273
Specificity	0.6667
PPV (Precision)	0.75
NPV	0.64
AUC-ROC	0.70



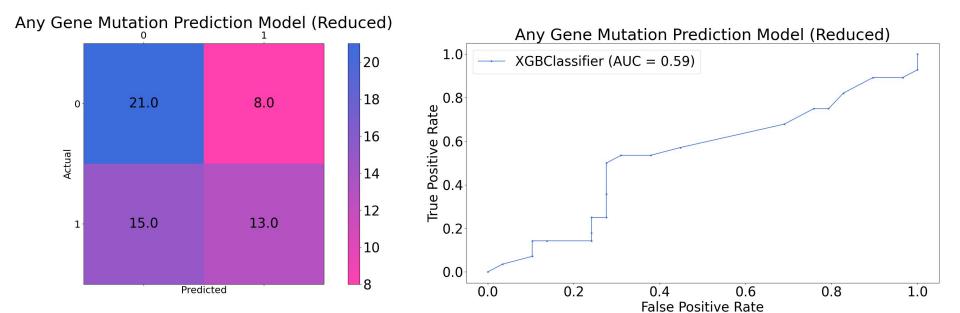
Important Gene Mutation Prediction Reduced Model

Training Dataset	179 patients (33 have mutations + 146 don't have any mutations)
Validation Dataset	57 patients (11 have mutations + 46 don't have any mutations)
Training Accuracy	100%
Test Accuracy	96.49%
F-score	0.9
Sensitivity (Recall)	0.8182
Specificity	1.0
PPV (Precision)	1.0
NPV	0.9583
AUC-ROC	0.91



VUS Prediction Reduced Model

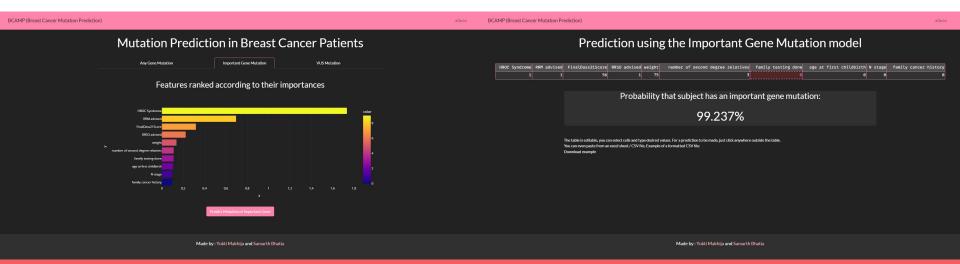
AUC-ROC	0.59
NPV	0.5833
PPV (Precision)	0.619
Specificity	0.7241
Sensitivity (Recall)	0.4643
F-score	0.5306
Test Accuracy	59.65%
Training Accuracy	66.48%
Validation Dataset	57 patients (28 have mutations + 29 don't have any mutations)
Training Dataset	179 patients (87 have mutations + 92 don't have any mutations)



Web-app/Online Calculator

We have made an online web-app/calculator to present our work and enable everyone to use our model to calculate the risk of mutation.

https://bcampred.team1719.repl.co/



Future Work

- 1. We had a small training dataset, and **adding more data** will improve the performance of the models and keep a check on overfitting.
- 2. Most of the data was for **patients living near Delhi**, inducing a bias on the model, as it was collected in AIIMS. We would be able to make a more general model with the inclusion of more varied data.
- 3. Data collection only happened for the breast cancer patients and **not for their relatives**, which could be an important feature. A **pedigree analysis** could also be done if this data was collected.

References

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- 5. Ming, C. et al. Machine learning techniques for personalized breast cancer risk prediction: comparison with the BCRAT and BOADICEA models. Breast Cancer Res. 21, 1–11 (2019)