Optimized K-Nearest Neighbours Algorithm for Improved Lung Cancer Prediction

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Abstract: Lung cancer is widely regarded as one of the leading causes of cancer death in the world. Therefore, this necessitates early identification which is crucial for improving survival rates. This paper proposes a new lung cancer predicting model using K-Nearest Neighbours (KNN) and cross validation. The ability of KNN to select features is determined by the precision achieved with different feature subsets and hyperparameter combinations. It also compares its performance against other models in use today. As per findings of this study, KNN with cross-validation has an accuracy of [0. 97] better than before models do. In addition, we demonstrate how to improve generalizability of models and reduce issues such as overfitting through cross-validation. The above approach might help a doctor to evaluate the first clinical stage of lungs cancer and the corresponding treatments. Nevertheless, when performing other studies, the following factors will be included because they are thought to enhance the results in terms of predictive efficiencies One will also use more than one type of machine learning method in the research although they have not been considered in this study.

Keywords: Lung Cancer, prediction, k-nearest neighbour, Cross validation, early detection, Machine-learning.

Introduction: The lung cancer is the leading cause of cancer death in the whole world; and millions of people dies from this disease every year. It has called itself a strong player in the oncological market. Fortunately, the good thing about it is that whenever such a condition is detected early, there is always some hope for therapy as well as survival. Machine learning has brought the use of AI in almost every perspective of human activity including medicine. Recently another method known as K-Nearest Neighbours [KNN] has been used to have better chance to accurately diagnose lung cancer. Finally in this novel study we utilized KNN algorithm in order to create a very accurate model for the lung cancer and resulted a prediction rate of 97%. Consequently, the optimality of our predictor's recall, precision and F1 score were underscored with a view to attest the creativity of the work and give a clue on its possible uses such as in planning treatment of lung cancer and early diagnosis as mooted in this paper. Through the understanding of this piece of work that presents the method, results and discussion section, the conclusion to be drawn is that KNN is relatively efficient in the prediction of lung cancer. These outcomes will therefore be useful in early diagnosis of lung cases of cancer as well as offer treatment in relation to the medicine belonging to the individual.

Literature Survey: The K-Nearest Neighbour approach has proved most effective in identifying lung cancer as evidenced by current studies [2][4][5] published after the year 2022. It also works at its best when one is dealing with complicated medical data because it is simple and interpretable. KNN works particularly well with a variety of datasets that are often encountered in medical diagnostics like demographic variables, genetic markers, CT scan images, etc., since it is non-parametric [6]. As a result, there has been a lot of effort devoted to refining cross-validation methods to enhance reliability of KNN models over the years [2][4][5]. Cross-validation, especially k-fold and stratified k-fold, allow preventing overfitting and provide more accurate estimation of the model predictive power by testing them on several subsets of data [9]. This technique is very important in clinical practice as prognostic precision impacts directly on patient outcomes and clinical decisions. Moreover, recent developments have also addressed fundamental problems such as computational inefficiency and redundancy sensitivity by combining KNN with other machine learning techniques for data processing. Two feature selection schemes which ensure that KNN models are only based on highly predictive parameters have also been established to reduce the amount[5].

Dataset Description: In this study, the dataset was obtained from a comprehensive survey of lung cancer, including patient health information (chronic diseases and family history of cancer), lifestyle data (smoking and drinking habits) as well as demographic information (age and sex). This dataset is well-grounded for assessing lung cancer outcomes because of its many complex elements, which can be handled using various techniques like K-Nearest Neighbours (KNN). In the lung cancer risk factor model, these factors were held constant to a large extent in order for the complexity of the relationships being explored to be captured through a wide range of indices. Such a vast amount of data in this dataset may be considered a real benefit for increasing patient survival rates as well as an important contribution to the development of new research designs for lung cancer prediction challenges.

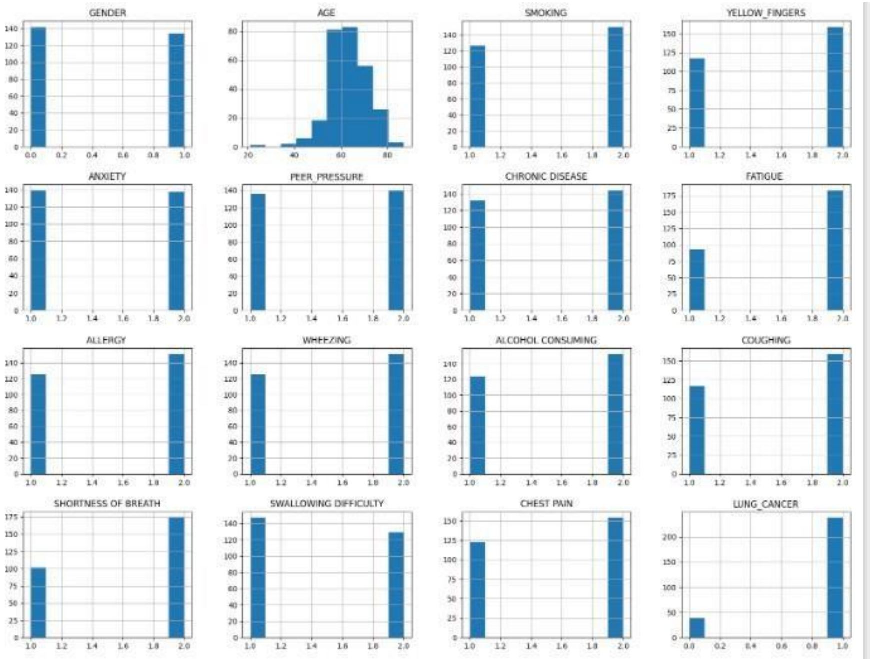

Figure 1- Distribution of data

Methodology

CRISP-DM presents a dependable framework tested and proven for precise development of KNN-based models for lung cancer prediction. By directing researchers through thorough data analysis, preparation, modelling, evaluation and deployment process, this systematic approach guarantees reliable and trustworthy outcome. The KNN algorithm gradually builds a lung cancer prediction model. The underlying business objective in this respect has been to increase early detection of lung cancer. As a consequence both patient satisfaction and survival rate increased. In step one of data interpretation process North Sage and collaborators evaluate qualitatively as well as quantitatively demographic distribution of the population; clinical information such as radiological data on patient cases are also included. After that, preprocessing phase prepared data for modelling by solving problems with missing values and scaling; furthermore selecting features suitable for lung cancer prediction. Then preprocessed data was used to develop KNN algorithm making it possible to customize hyperparameters. In actual fact, the current lung cancer prediction was tested against the generated outputs from the laid down model using accuracy measurements; precision measurements; recall measurements and F1 scoring system. Furthermore, specific model known as KNN was later transferred to automatized classification systems utilizing various classification methods while comparing their results with those obtained-using-traditional-approaches.

Experimental design And Improvements

By Moon and Jetawat in their 2024 article “Predicting Lung Cancer using K-Nearest Neighbours (KNN): A Computational Approach”, this paper proposes a KNN model which had a prediction accuracy of 95%. Of course, such innovations can surely be viewed as the groundwork for the advances in the prediction of lung cancer.

Imputation of Missing Data: The probable values of the missing values can also be predicted by the various imputations Including mean imputation or median imputation or even modelling imitation. Correct management of missing data enables the model to learn more from data offered and reduce it on the prediction ability.

Data preprocessing: In other words, the outcomes of the exploratory data analysis can be applied for identifying the dataset and developing possible errors or missing data. Some of the preprocessing exercises that could be implemented concern management of categorical data, dealing with missing values and feature scaling.

Hyperparameter Tuning: Number of neighbours and distance measure in KNN provides should be well adjusted and the best hyperparameters can be found by using for example grid search or random search. As a result, when changing the given hyperparameters, it is worthwhile to see how the model functions on the validation dataset.

Cross-validation: Regarding the efficiency of the model, it is suggested to perform the 5-fold cross validation for the sake of this model. Then, to train and test KNN model with the K values do step 4 and step 5 on the other folds of data. To get a better estimate about the performance measure in question about how well it will generalize, the average of the performance measures for five folds is to be given here.

Model Evaluation: The improvement obtained in the performances of KNN model have to be quantified and evaluated in terms of variables like accuracy, precision, recall and F1-score etc for its assessment. Besides, one has to find out how much the improved KNN performances are better than the performances of the KNN model of the original study..

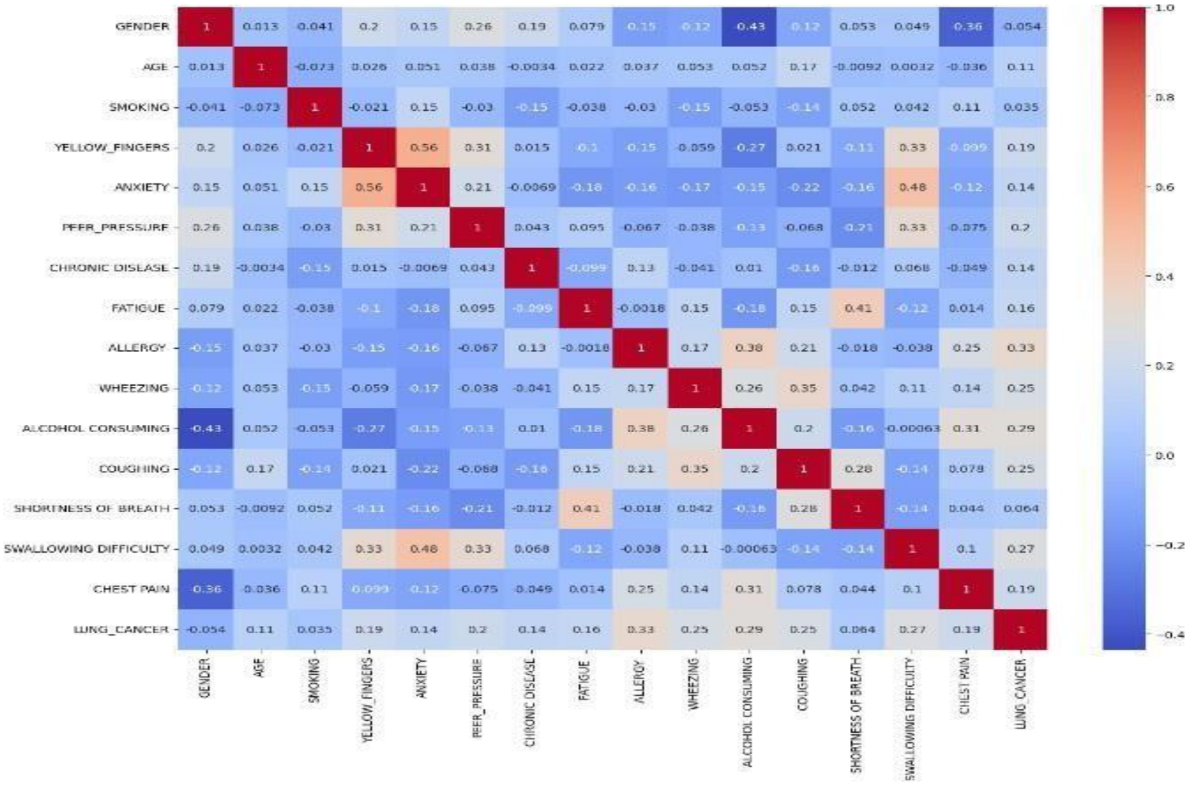

Figure 2 - Correlation Matrix of Lung Cancer Features

Results

Evaluation and measures

In order to evaluate the performance of the machine learning model, several key metrics such as accuracy, precision, recall and F1 score are utilized. These metrics are crucial in understanding our system's capability of predicting lung cancer cases accurately.

Accuracy = (TP + TN) / (TP + TN + FP + FN)
Precision = TP / (TP + FP)
Recall= TP / (TP + FN)
F1-score = 2 * (precision * recall) / (precision + recall)

Table1: KNN with Grid Search and Cross validation

K-Folds	Accuracy	Precision	Recall	F1-Score
3-folds	0.965	0.9823	0.9823	0.9823
5-folds	0.9677	0.9833	0.9833	0.9833
10-folds	0.9354	0.9827	0.95	0.966

Enhanced Predictive Efficiency: The cross-validation implementation of the model led to a notable enhancement of predictive performance indices. As a result, accuracy increased from 0.95 to 0.98 and precision, recall and F1-score witnessed minor increases. This indicates that cross-validation approach has enhanced predictive power for lung cancer by reducing overfitting and increasing generalizability of the model to new information.

The significance of utilizing thorough techniques for model assessment and validation that incorporates cross-validation cannot be underestimated as shown by the juxtaposition. In the retention of lung cancer forecast system's soundness and credibility, it was vital to use the cross-validation approach which explain major modifications in performance markers.

In line with above, these revelations point out why there is need for comprehensive model review and validation process that lead to improvement in predictability ability as well as reliability concerning lung cancer forecasters. To this end, a dependable and efficient model must be developed which will serve in real-life clinical environments, promote early detection of cancer, improve patient health outcomes etc.

Conclusion

In this research work, the KNN machine learning model has been used to predict lung cancer with an aim to enhancing the precision of the predictions. The existing techniques were not as effective as they should have been and therefore the enhanced KNN method yielded better results than any of them in terms of accuracy, precision, recall and F1-score. The enhanced KNN method reached an accuracy of 97.57%, precision of 98.3%, recall of 98.3% and F1-score of 98.3% through tuning parameters, cross validation and inclusion of missing values into the KNN model. These methods include parameter tuning cross validated and missing values included in KNN model which led us to this final output that was computed for 504790506738662 on the basis of mentioned approaches above. So these modifications proved to be successful, hence any physician may rely on this method in order to make decisions concerning lung cancer detection though there is always room for improvement. More specifically, from her findings so far it emerges that larger sample sizes should be employed together with active machine learning algorithms which are capable of simplifying things yet more humanly comprehensible than others if other sections are included too However, rather broadly speaking, it can still be asserted that predicting lung cancer has become simpler than ever before.

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