Variable list

FEVER

POSSIBLE CANCER

UNEXPLAINED WEIGHT LOSS

HAIRY CELL LEUKEMIA

SHORTNESS OF BREATH

TIREDNESS

PAINLESS NECK LUMPS

THEN TROUBLE SWALLOWING

THYROID CANCER

STOMACH PAIN AND VOMMITING

BLOATED

GASTRIC CANCER

BLOATING

FULLNESS

SWOLLEN NECK LYMPH NODES

HORSENESS

VOICE CHANGE

NECK AND THROAT PAIN

FREQUENT URINATION

BLOOD IN URINE

BLADDER CANCER

BACK OR SIDE PAIN

KIDNEY CANCER

LOSS OF APPETITE

CAN NOT URINATE

BURNING SENSATION URINATION

BLADDER CANCER

Diagnosis Rules list

1 IF FEVER = NO

THEN POSSIBLE CANCER = NO

2 IF FEVER = YES

THEN POSSIBLE CANCER = YES

3 IF POSSIBLE CANCER = YES

THEN UNEXPLAINED WEIGHT LOSS = YES

4 IF UNEXPLAINED WEIGHT LOSS = NO

THEN HAIRY CELL LEUKEMIA = NO

5 IF UNEXPLAINED WEIGHT LOSS = YES

THEN SHORTNESS OF BREATH = YES

6 IF SHORTNESS OF BREATH = YES

THEN TIREDNESS = YES

7 IF SHORTNESS OF BREATH = NO

THEN HAIRY CELL LEUKEMIA = NO

8 IF TIREDNESS = YES AND SHORTNESS OF BREATH = YES

THEN PAINLESS NECK LUMPS = YES

9 IF TIREDNESS = NO

THEN HAIRY CELL LEUKEMIA = NO

10 IF PAINLESS NECK LUMPS = YES AND TIREDNESS = YES

THEN HAIRY CELL LEUKEMIA = YES

11 IF TIREDNESS AND SHORTNESS OF BREATH = YES

THEN TROUBLE SWALLOWING = YES

12 IF TROUBLE SWALLOWING = NO

THEN THYROID CANCER = NO

13 IF TROUBLE SWALLOWING = YES

THEN STOMACH PAIN AND VOMMITING = YES

14 IF STOMACH PAIN AND VOMMITING = YES AND TROUBLE SWALLOWING = YES

THEN BLOATED = YES

15 IF STOMACH PAIN AND VOMMITING = NO

THEN GASTRIC CANCER = NO

16 IF BLOATING = YES

THEN FULLNESS = YES

17 IF BLOATING = YES AND FULLNESS = YES

THEN GASTRIC CANCER = YES

18 IF TROUBLE SWALLOWING = YES

THEN SWOLLEN NECK LYMPH NODES = YES

19 IF SWOLLEN NECK LYMPH NODES = YES

THEN HORSENESS = YES

20 IF HORSENESS = YES AND SWOLLEN NECK LYMPH NODES = YES

THEN VOICE CHANGE = YES

21 IF VOICE CHANGE = YES

THEN NECK AND THROAT PAIN = YES

22 IF NECK AND THROAT PAIN = YES AND VOICE CHANGE = YES

THEN THYROID CANCER = YES

23 IF FEVER = YES

THEN POSSIBLE CANCER = YES

24 IF POSSIBLE CANCER = YES

THEN FREQUENT URINATION = YES

25 IF FREQUENT URINATION = YES

THEN BLOOD IN URINE = YES

26 IF FREQUENT URINATION = NO

THEN BLADDER CANCER = NO

27 IF BLOOD IN URINE = YES AND FREQUENT URINATION = YES

THEN BACK OR SIDE PAIN = YES

28 IF BACK OR SIDE PAIN = YES AND BLOOD IN URINE = NO

THEN KIDNEY CANCER = NO

29 IF BACK OR SIDE PAIN = YES

THEN LOSS OF APPETITE =YES

30 IF LOSS OF APPETITE = YES AND BACK OR SIDE PAIN = YES

THEN KIDNEY CANCER = YES

31 IF BACK OR SIDE PAIN = YES

THEN CAN NOT URINATE = YES

32 IF CAN NOT URINATE = YES

THEN BURNING SENSATION URINATION = YES

33 IF BURNING SENSATION URINATION = YES

THEN BLADDER CANCER = YES