Enova Data Challenge

Objective: To predict if a person survived for 7 years after being diagnosed of prostate cancer on the basis data given in training_data.csv

<u>Data exploration:</u> The dataset had 15385 observations of 35 variables.

- Variables *psa_6_months* and *tumor_6_months* had more than 60% of NA values. Given the context of our problem and research about the subject, the values could not be missing due to random. The two columns were dropped.
- Symptom is an important factor to consider in the problem so the null values in symptom were removed.
 - MICE package was used to impute the remaining missing values.
- The dataset had a mix of categorical and integer variables and few were multimodal distributions. So, the variables were converted to the appropriate datatypes.

Data Preparation:

| Variable | Transformation | |
|------------------------------|---|--|
| height and weight | BMI | |
| gleason_score | Gleason score <=6 (Critical-Low) | |
| | Gleason score = 7 (Critical-Medium) | |
| | Gleason Score >8 (Critical-High) | |
| tumor_diagnosis and | Tumor_1_year - Tumor_diagnosis (Difference) | |
| tumor_1_year | | |
| psa_diagnosis and psa_1_year | Psa_1_year - psa_Diagnosis (Difference) | |
| age | Age less than 70 | |
| | Age between 70 and 80 | |
| | Age between 80 and 109(based on distribution) | |
| symptoms | One hot encoding was performed for all the | |
| | symptom codes creating new columns | |

Variable selection:

Chi square tests: The variables *smoker, family_history* and *side* were removed as they were not significant and highly skewed.

ANOVA tests: The variables *BMI*, *tumor_change* and *psa_change* were highly significant in ANOVA tests and considered in the model.

Predictive model: Logistic Regression

Three models were built based on the important variables in the tests and by using forward step wise regression. False negative rate (1 - sensitivity) FN/(TP + FN) is an important factor in

this dataset as incorrectly classifying a non-surviving patient is more costly than for a surviving patient. The final model was chosen based on accuracy and False negative rate. The dataset was divided into Training and Validation Datasets with a random selecting of ratio 70%-30%. Below are some of the most significant variables and their odds ratio.

| | Coefficient | Odds |
|--------------------------|-------------|--------|
| | | Ratio |
| multi_thrpy1 | -0.276035 | 0.758 |
| ВМІ | -0.022577 | 0.977 |
| Gleason_Crit ical-Low | 0.473813 | 1.606 |
| S10 1 | -0.437445 | 0.6456 |

Interpretations:

- 1) The chances of survival of a patient undergoing multi therapies is 25% less compared to a patient who is does not undergo multi therapies.
- 2) A unit increase in the BMI will reduce the likelihood of survival after 7 years by 3%
- 3) The odds of survival of a patient with low gleason score is 1.6 times more than a patient with high gleason_score
- 4) The chances of survival of a patient having S10 symptom is 35% less than a patient without S10.

Model performance: testing data

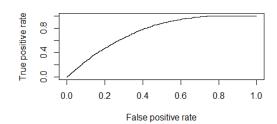
Model obtained an overall accuracy of **67.23%** on validation data set and a sensitivity of 0.6251 with an AUC (Area under curve) value of 0.746,

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Reference
Prediction 0 1
0 1797 703
1 744 1172

Accuracy: 0.6723
95% CI: (0.6583, 0.6862)
No Information Rate: 0.5754
P-Value [Acc > NIR]: <2e-16

Kappa: 0.3313
Mcnemar's Test P-Value: 0.293

Sensitivity: 0.6251
Specificity: 0.7072
Pos Pred Value: 0.6117
Neg Pred Value: 0.1188
Prevalence: 0.4246
Detection Rate: 0.2654
Detection Rate: 0.2654
Detection Prevalence: 0.4339
Balanced Accuracy: 0.6661
'Positive' Class: 1
```



Model predictions on score data:

The model has predicted the score data: 4730 as patients who survived (flag =1) and 6801 as patients who did not survive (flag=0).