

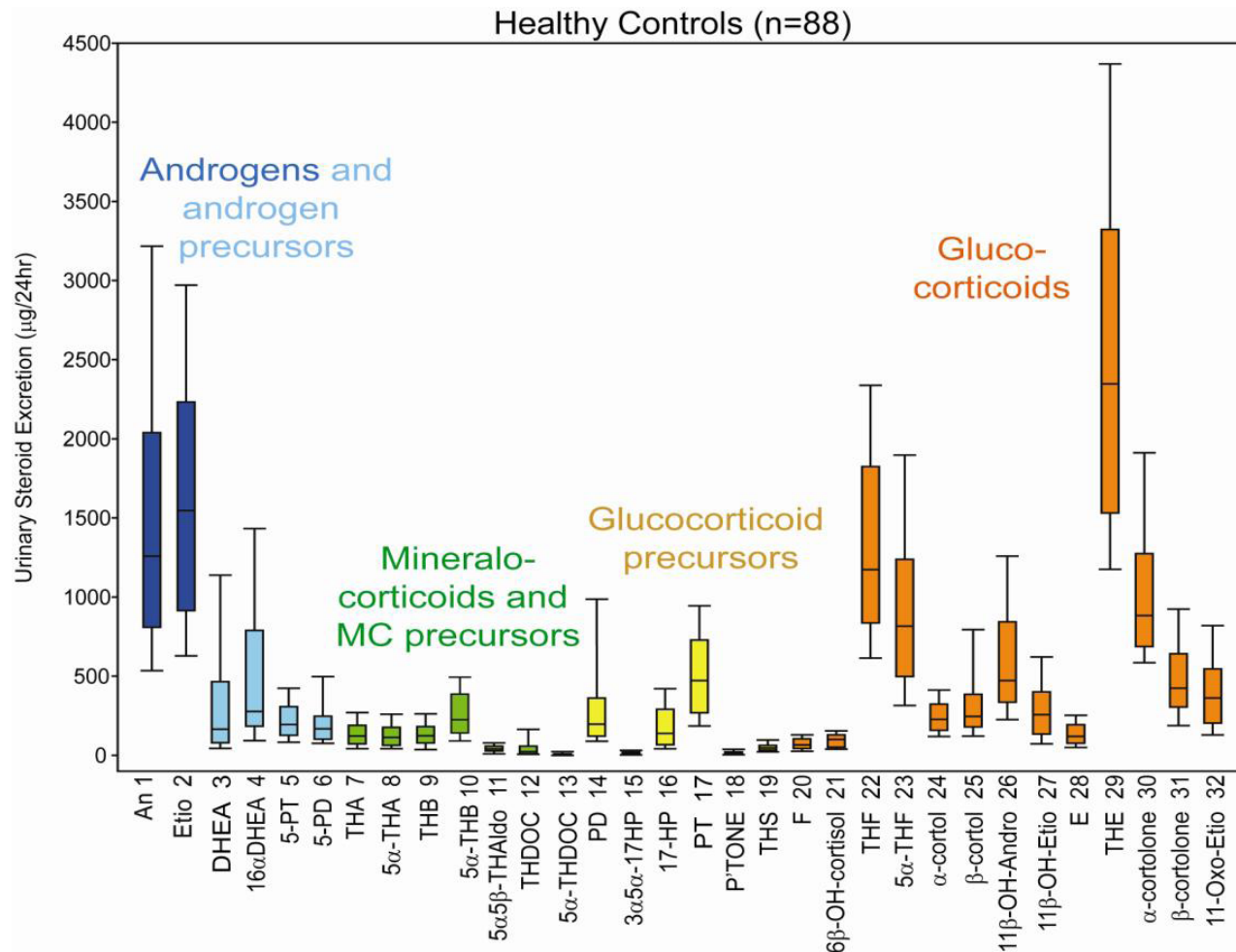


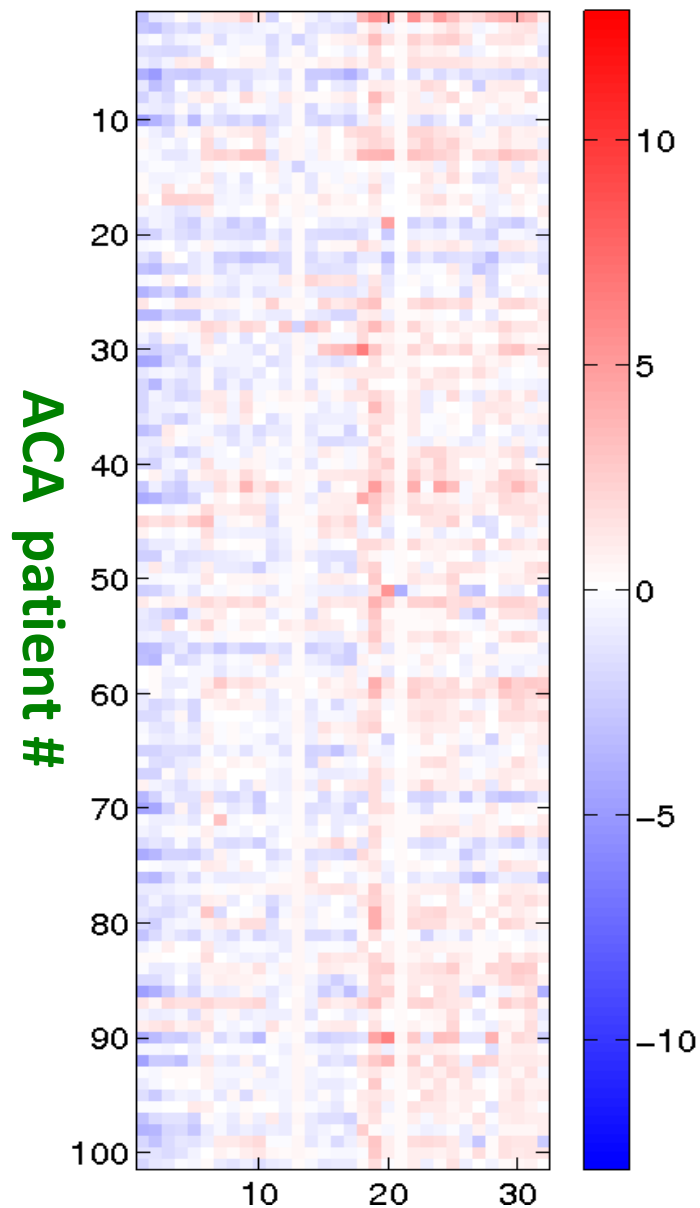
When naïve Bayesian approach will fail

- **Adrenal tumors** are common (1–2%) and mostly found incidentally
- Adrenocortical carcinomas (**ACC**) account for 2–11% of all adrenal tumors
- Adrenocortical adenomas (**ACA**) are benign – no metastases
- Conventional diagnostic tools (CT, MRI) lack sensitivity and are labour and cost intensive. Biopsy has risks in case of ACC.
- Alternative: tumor classification based on steroid excretion profile



- urinary steroid excretion (24 hours)
- 32 potential biomarkers



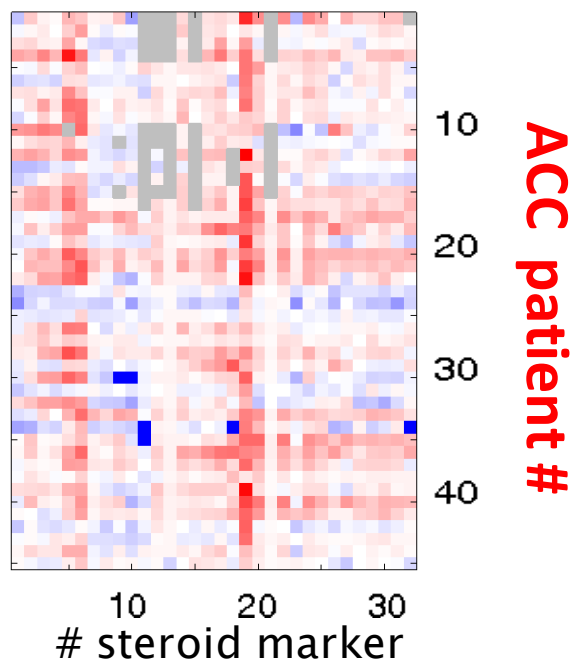


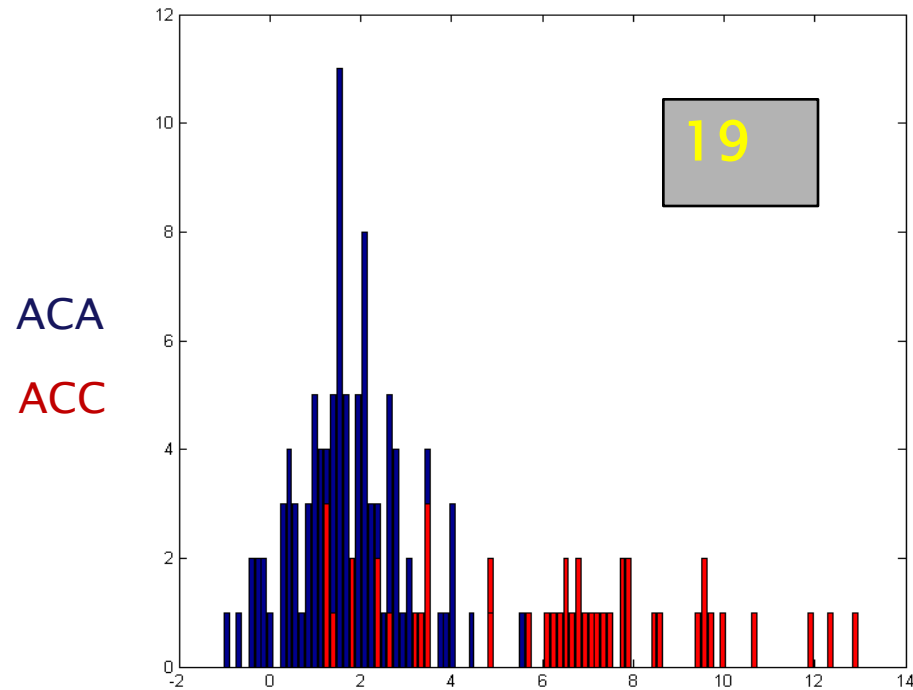
Data set:

102 patients with benign ACA

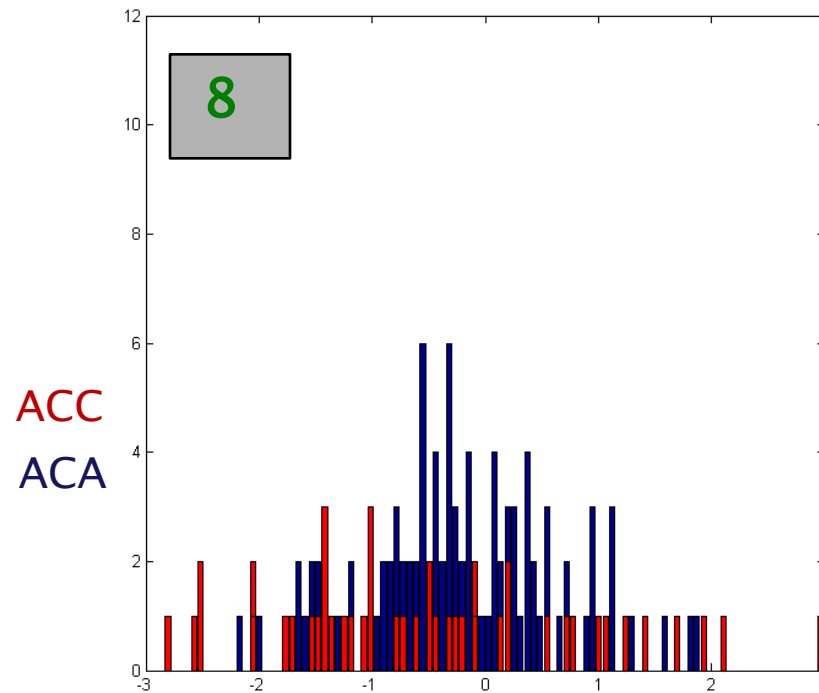
45 patients with malignant ACC

Color coded excretion values
(log. scale, relative to healthy controls)



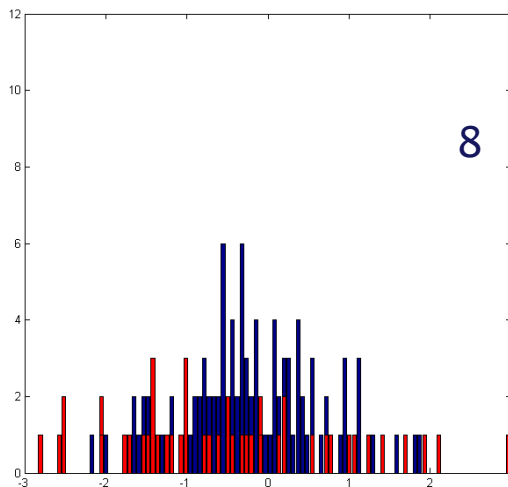
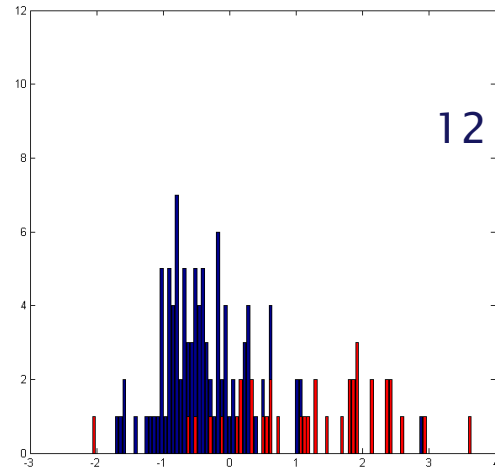


Steroid 19 is discriminative on its own.

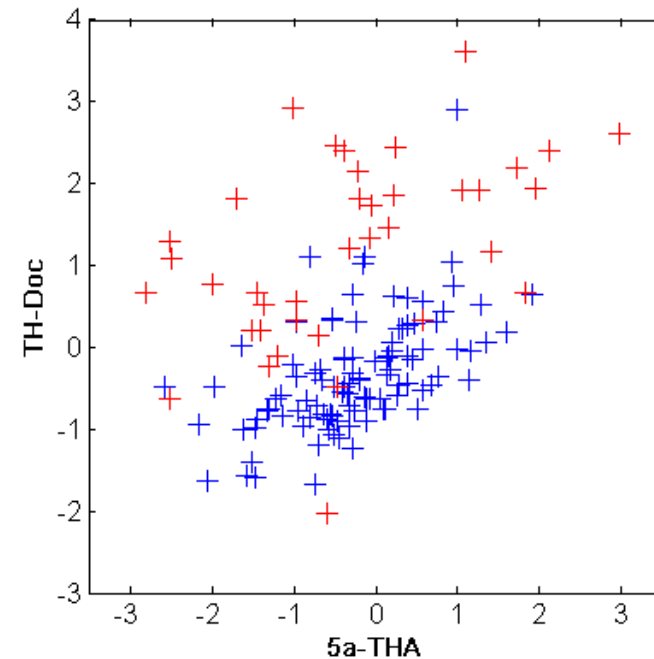


On its own, steroid 8 is not discriminative because the two histograms overlap heavily.

On their own, marker 8 is not discriminative and
Marker 12 is weakly discriminative.



But *the combination* of markers 8 and 12 is highly discriminative!



Naïve Bayes approach which uses the two marginal pdfs (on the left) and computes the 2D pdf as a product will fail here because it will be a bad approximation of the real pdf (above).