# Compare Different Machine Learning Models on Breast Cancer Data

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#### I) Introduction and Overview of Dataset

#### 1) Introduction

Breast cancer (BC) is one of the most common cancers among women in the world today. Currently, the average risk of a woman in the United States developing breast cancer sometime in her life is about 13%, which means there is a 1 in 8 chance she will develop breast cancer. There are two types of breast cancer: M type -malignant, and B typebenign Benign tumors are noncancerous. They tend to grow slowly and do not spread while malignant (cancerous) can grow rapidly, invade and destroy nearby normal tissues, and spread throughout the body.

Breast cancer screening is performed using mammograms, clinical breast exam ( CBE), and MRI (magnetic resonance imaging) tests giving 65% to 98% accuracy. However there are some limitations such as false negative results in mammograms. According to cancer.org "overall, screening mammograms do not find about 1 in 5 breast cancers". MRI is also a very expensive and time consuming investigation.

Technique	Accuracy
Surgical Biopsy	100%
Mammography	68-79%
FNA	65-98%

Table 1: Accuracy of few breast cancer analysis techniques

In health science, artificial intelligence (AI) techniques like machine learning are starting to take hold for better cancer forecasting. It is because machine learning algorithms have become so good at recognizing patterns and because of the large adaption of computer-based techniques into different forms of healthcare.

In this project, we will analyze the diagnostic Wisconsin Breast Cancer Database and implement different classification algorithms to compare their accuracy in classifying breast cancer type.

#### 2a) Overview of Dataset

The dataset consists of 30 individual cell features including patient ID and diagnosis type. Ten real-valued features mentioned are computed for each cell nucleus associated with three independent values such as mean, standard error (SE), and "worst" (mean of three largest values) resulting from 30 features. The ten values are:

- 1. Radius
- 2. Texture
- 3. Perimeter
- 4. Area
- 5. Smoothness
- 6. Compactness

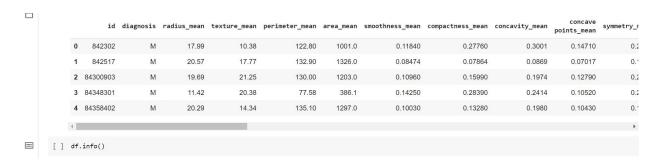
- 7. Concavity
- 8. Concave Points
- 9. Symmetry
- 10. Fractal Dimension

## II) Data Exploratory and analysis( by sri ganesh ganta)

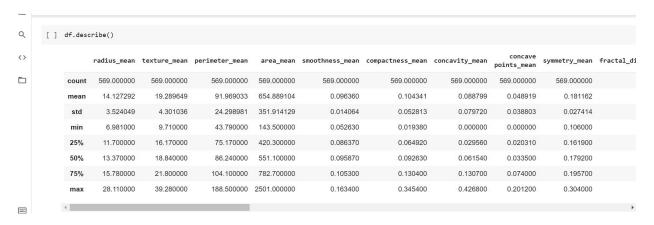
#### DATA EXPLORATION

**Data exploration** is the initial step in **data** analysis, where users explore a large **data** set in an unstructured way to uncover initial patterns, characteristics, and points of interest.

Data exploration helps create a more straightforward view of datasets rather than pouring over thousands of figures in unstructured data We used data.head() to see the number of different variables present in the data and their values



We can also use df.describe() to Print some basic statistics of our data and df.info() to Print some general information about our data.



We can use df.shape to see the number of observations and number of variables present in the data

```
[ ] df.shape
(569, 31)
```

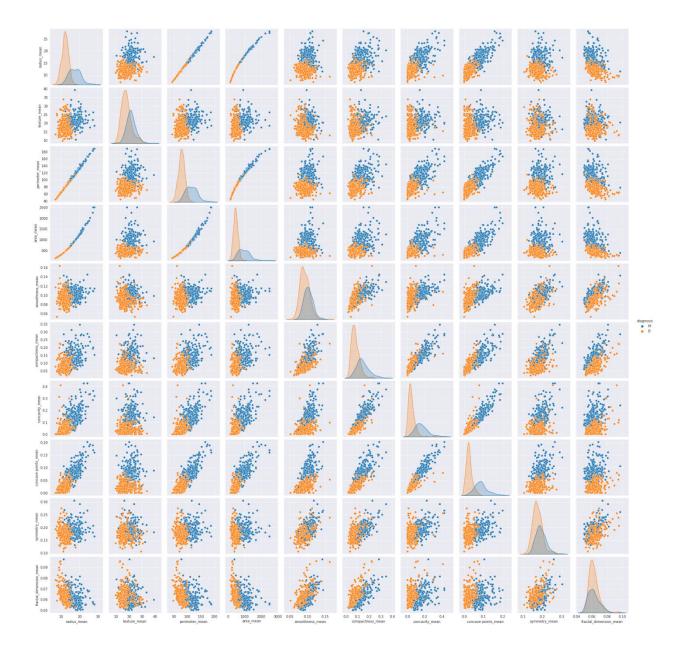
From the data we can see there are 569 different observations and 31 different variables

We should also check if there is any missing data



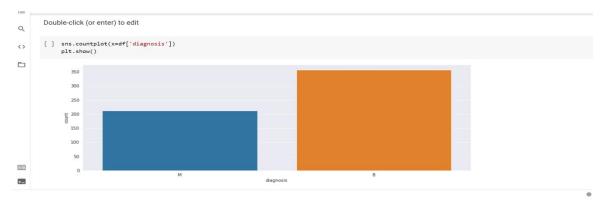
From the data we can see all of our columns are showing false so there is no missing data, if there was any missing data it would showcase as true in any column, there is a null column in the end showing there is missing data, so we will drop it to avoid any accuracy predictability

Data exploration can use a combination of manual methods and automated tools such as data visualizations, charts, and initial reports.

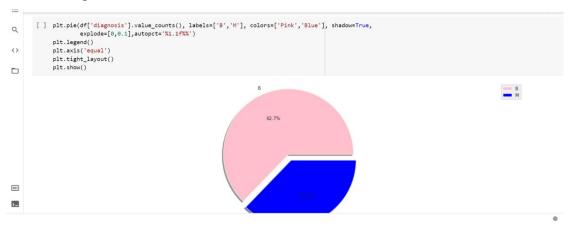


From the pairpots we can see that the two groups are well separated. There is little overlap between the two variables. For example from the concave points\_mean density plot, the peaks which represent where the data points are concentrated clearly separated. The M type breast cancer has concave point means below 0.05. We can also see there are strong positive linear relationships on the top left of the pairplot which mean these variables are highly correlated to each other.

The target variable is diagnosis, let us make a count plot and pie chart to see how the data is scattered

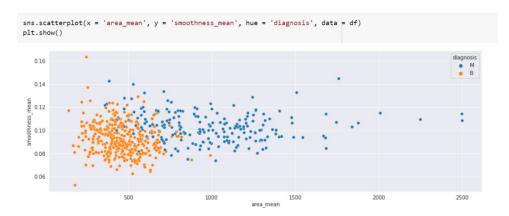


From the countplot we can see the count of people with diagnosis B is more than of with Diagnosis M

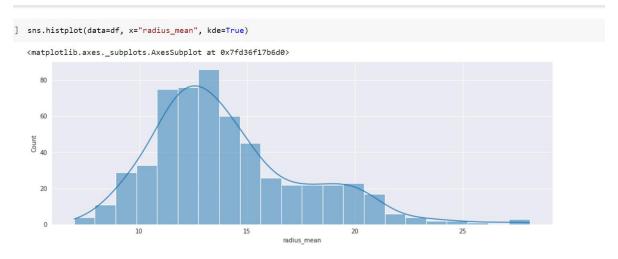


Now we can see the percentages of the people with diagnosis B(62.7%) and M(37.3%), the pie chart is helpful in giving a scale based on percentages

Now let us make some more graphs to see how well the data is performed between its variables



There is a complex non linear relationship between area mean and smoothness\_mean. However, the data points are well separated. We can see from the plot that Most B type cancer has area\_mean under 550. Most M type cancer scatters evenly between the (550,1500) interval and scatter loosely between (1500,2500) intervals.(Hanh)



From the histplot we can see how the radius\_mean values vary by the count, it gives us a good understanding on how radius\_mean is being performed Data exploration can also assist by reducing work time and finding more useful and actionable insights from the start alongside presenting clear paths to perform better analysis.

## III) Data pre-processing and models overview

## 1) Data Preprocessing

**Data Preprocessing** is the process where the data gets transformed to the point where it can easily be taken in by a model. One of the first steps is checking for null values in our dataset.

## Handling Null Values:

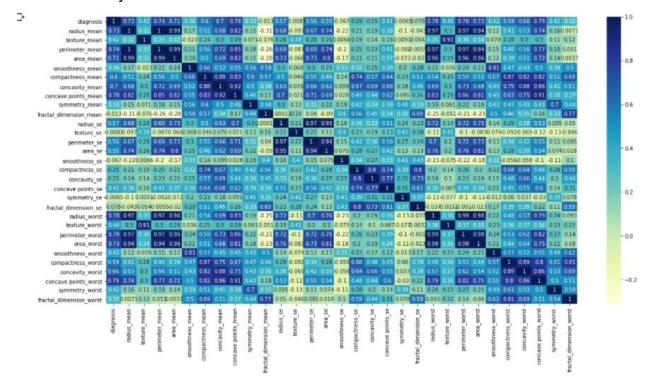
df.isnull().sum()			
id	0	compactness se	0
diagnosis	0	concavity_se	0
radius_mean	0	concave points_se	0
texture_mean	0	symmetry se	0
perimeter_mean	0	fractal_dimension_se	0
area_mean	0	radius_worst	0
smoothness_mean	0	texture worst	0
compactness_mean	0	perimeter_worst	0
concavity_mean	0	area worst	0
concave points_mean	0	smoothness_worst	0
symmetry_mean	0	compactness worst	0
fractal_dimension_mean	0	concavity_worst	0
radius_se	0	concave points worst	0
texture_se	0	symmetry worst	0
perimeter_se	0	fractal_dimension_worst	0
area_se	0	Unnamed: 32	569
smoothness_se	0	dtype: int64	
	-		

Since a column is completely full of null values, it proves to be non valuable so the feature can be dropped. Another step that needs to get taken is dealing with categorical variables.

Handling Categorical Variables:

Since the feature id is unique to each record and is not in any way involved in the diagnosis we can drop this feature. However, since diagnosis is our output/classifier variable we can use label encoding to assign the classes into numbers. This will now allow our models to handle the categorical variable. Another step of preprocessing is to check for multicollinearity. Having Multicollinearity can mean having certain features being statistically more important than they really are when fed into the model. This can be identified with a heatmap.

#### Multicollinearity:



By looking at a heatmap identifying variables with correlations of about 7> are indicators of collinearity. The solution to this would be to drop a few variables in

order to put less statistical significance on certain features that may not realistically have much significance. Another way to make sure certain features carry a more accurate statistical significance is to scale the data. After the data is ready and transformed, the next step is to split the data into training sets and testing sets. The training set will be used to create the models and the testing set will be used to validate the model created.

#### 2) Models Overview

We are comparing 5 different models:

#### Logistic Regression (Softmax):

 Logistic Regression acts somewhat very similar to linear regression. It also calculates the linear output, followed by a stashing function over the regression output. Sigmoid function is the frequently used logistic function. It can only support linear solutions.

## KNeighborsClassifier (KNN):

 The K-nearest neighbors are simple and basic machine learning algorithms, which are used for both regression and classification problems. These algorithms are popular as lazy learners because of passive nature in the resonance of large datasets. But these are highly useful to classify sametargeted outcomes.

#### Decision Tree Classifier (Dtree):

 Decision Tree Classifier is a simple supervised machine learning where the data is continuously split based on parameters. This can be applied to both classification and regression problems. The main idea is to part the data into clusters through a divide and conquer manner until all are in the same class.

#### Support Vector Machine (SVM):

 Support vector machines are famous machine learning algorithms to conduct outcome classification. The objective behind the SVM algorithms is to identify a hyperplane in N-dimensional space that randomly classifies the data points [17]. The hyperplanes are decision boundaries, which help to classify the data.

#### GaussianNB():

- Assumes that values linked with each class are dispersed according to the Gaussian (Normal Distribution). Predictions are made for every class to

see if there is an association with another class using conditional probability.

## Linear Discriminant Analysis (LDA):

Linear Discriminant Analysis is known for its dimensionality reduction. It
assumes all classes are linearly separable and creates several
hyperplanes in the feature space in order to separate the classes.

## III) Result Analysis

#### a) Performance measures

We are interested in seeing how the model can predict the patient with a malignant tumor. Thus we use performance measures such as True Positive Rate, Accuracy, precision, AUC score. Below are the definitions of the metrics we used:

## Confusion matrix:

- True Positive(TP): Numbers of Patients who are positive (have malignant breast cancer) and were classified as positive(1)
- True Negative (TN): Number of Patients who are negative(0) with malignant breast cancer and were classified as negative (0).
- False positive (FP): Number of patient who are negative with malignant breast cancer but were classified as positive(1)
- False Negative (FN): Number of patient who are positive with malignant breast cancer were classified as negative (0)

#### Classification report:

Metrics	Meaning	Measurement
Accuracy	The proportion of the total number of predictions that were correct	(TP+TN)/(TP+TN+FP+FN)
Precision	Aka "positive predictive value" It's the proportion of positive cases that were correctly identified.	TP / (TP + FP)
Negative Predictive Value	The proportion of negative cases that were correctly identified	TN/(TN+FN)
Recall (sensitivity)	It's the true positive rate also called the recall. It is the number of instances from the positive (first) class that actually predicted correctly.	TP/(TP+FN)
Specificity	It's the true negative rate. Is the number of instances from the negative class (second) class that were actually predicted correctly.	(TP+TN)/(TN+FP)
f1-score	Weighted harmonic mean of the precision and recall, used to compare classifier models, not global accuracy F-beta score reaches its best value at 1 and worst score at 0.	2*(Recall * Precision) / (Recall + Precision)
Support	the number of occurrences of each class in y_true Imbalanced <b>support</b> in the training data may indicate structural weaknesses in the reported <b>scores</b> of the classifier and could indicate the need for stratified	

sampling or rebalancing

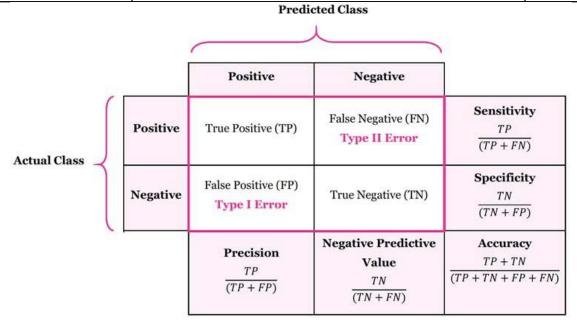


Fig: Classification report visualized

#### Other measurements:

- Outer ACC(accuracy): Average cross-validation score obtained
   by cross\_val\_score function
- Training score: How the model generalized or fitted in the training data
- Testing score: How the model generalized or fitted in the testing data
- AUC score: The Area Under the Curve (AUC) is the measure of the ability of a classifier to distinguish between classes and is used as a summary of the ROC curve. The higher the AUC, the better the performance of the model at distinguishing between the positive and negative classes.

# b) Models comparison result analysis

# \* Our approach:

First, setting up multiple GridSearchCV objects, 1 for each algorithm to find the best parameter of each classifier.

Then we use cross validation of 10 folds to split X\_train data and calculate the average testing score of 10 splits using the best parameter. Next, we loop over each classifier and calculate the testing score, training score, sensitivity, recall, AUC...etc (using their best parameters).

\* Result:

Model	Cross validation score	Accura cy	Specificit y (true negative rate)	Sensitiv ity (true positive rate)	Negative Predictive Value	precisio n	Trainin g score	Testin g score	AUC ROC
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Softmax	98.99 ± 2.03	94	98	88	93	97	99.75	94.1 5	92.82
KNN	96.98 ± 2.95	95	98	91	95	97	100	95.3 2	94.38
DTree	93.72 ± 3.21	91	97	81	90	95	97.24	91.2 3	89.22
SVM	99.24 ± 1.63	96	99	91	95	98	99.50	95.9 1	94.85
NB(Naiv e Bayes)	93.47 ± 4.20	93	98	84	91	96	94.22	92.9 8	91.25
LDA	96.72 ± 3.00	93	98	83	91	96	97.74	92.4 0	90.47

From this table above, we can see that Support Vector Machine (SVM) is the best classifier for this dataset. SVM has the highest average cross validation score (99.24) followed by Logistic Regression (98.99%), and KNN (96.98%). All of the models have an average cross validation score over 90% which is consistent with our expectation from looking at the charts (The pairplots show that the data were well separated). Naive Bay and Decision Tree have the lowest cross validation score (about 93%). SVM also has the smallest average standard deviation. It means that the cross validation score of each run is consistent.

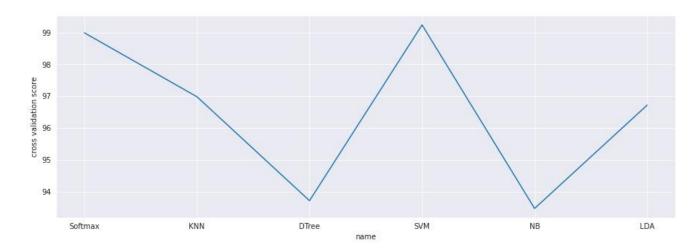
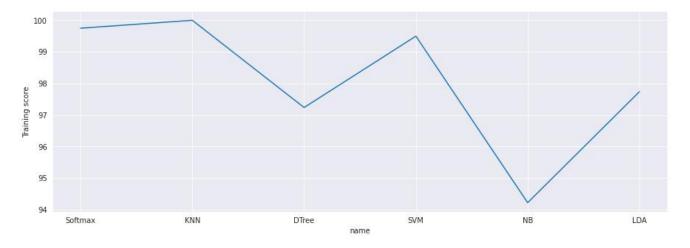


Fig: Cross validation score of each models

As mentioned earlier, accuracy is the total correct prediction/total predictions. SVM has the highest accuracy (96%) followed by KNN and Logistic Regression. Decision Tree has the lowest accuracy (91%), followed by Naive Bay and LDA (93%).



We are also interested in the Area under ROC Curve (or AUC for short). The ability to discriminate between malignant and benign tumors is the highest in SVM based on AUC score of 94.85% followed by KNN (94.38%) and Logistic Regression (92.82%)

Decision Tree classifier's ability to distinguish between the positive and negative is the weakest (89.22%) followed by LDA (90.47%) and Naive Bay((91.25%)

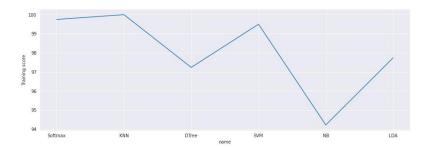
ROC can be broken down into sensitivity and specificity. A binary classification problem is really a trade-off between sensitivity and specificity. All modes gave almost identical and high Specificity (true negative rate). However, SVM, KNN, and LR still have the highest sensitivity (true positive rate) respectively.

- Comparison of confusion matrix of three best classifiers:



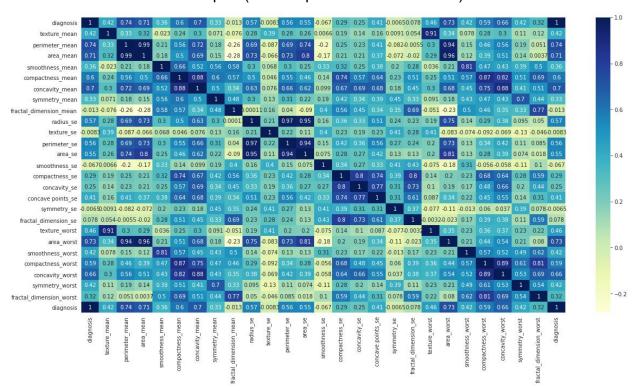
We can see from the matrix that SVM gives the highest True Positive and True Negative Rate. It also gives the smallest false negative and false positive rate. Comparison of overall training score and testing score shows that no overfitting occurs.

93
91 Softmax KNN Diffee SVM NB LDA



## **Dealing with multicollinearity results:**

We perform a second experiment in which we select only features that have a correlation <0.75 with the output. (Heatmap of selected features)

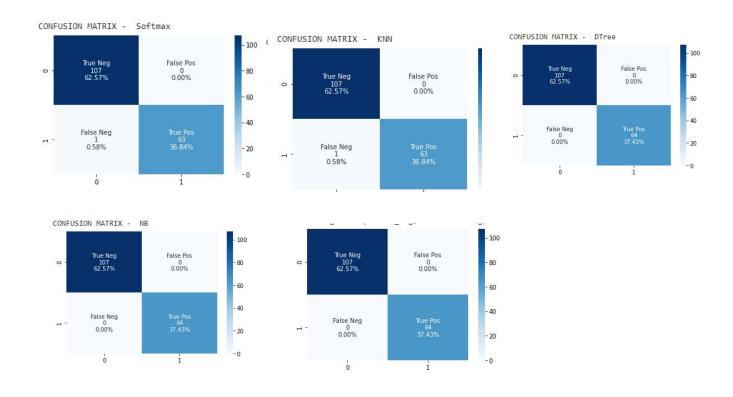


#### Result:

Model	Cross validation score	Accurac Y	Specificity (true negative rate)	Sensitivity (true positive rate)	Negative Predictive Value	precision	Trainin g score	Testing score	AUC
Softmax	100 ± 0.00	99	100	98	99	100	100	99.42	99.2

KNN	99.24 ± 1.61	99	100	98	99	100	99.7 5	99.42	99.2
DTree	100 ± 0.00	100	100	100	100	100	100	100	100
SVM	100 ± 0.00	100	100	100	100	100	100	100	100
NB(Naiv e Bayes)	100 ± 0.00	100	100	100	100	100	100	100	100
LDA	100 ± 0.00	100	100	100	100	100	100	100	100

Using the table above all the models perform extremely well with cross validation score, sensitivity, specificity, ...etc reach 100% or almost a 100%. KNN performed the worst out of all the models. This can be explained with KNN's sensitivity to noise/outliers.



The confusion matrix of the data with limited features show a significant improvement in the true positive and true negative rate while reducing the false negative and false positive.

#### V) Conclusion

In conclusion, this project presents five supervised machine learning classifiers. All five algorithms give the accuracy score over 90% and AUC score over 89%. The three best algorithms are SVM, KNN, and Logistic Regression respectively. We conduct two experiments, one with full features and one with limited features. Result shows that with limited features, the accuracy scores and sensitivity score were improved to 100%. SVM is still the best algorithm among other classifiers.

Compared to traditional screening breast cancer methods which give accuracy between 65% and 100%, supervised machine learning classifiers such as Support Vector Machine, Logistic Regression can accurately diagnose malignant breast cancer tumors with a high accuracy up to 100%. With a selection of the suitable machine learning algorithm and attributes (features) can help the doctors in the early diagnosis of malignant tumors and ultimately save the patient's life.