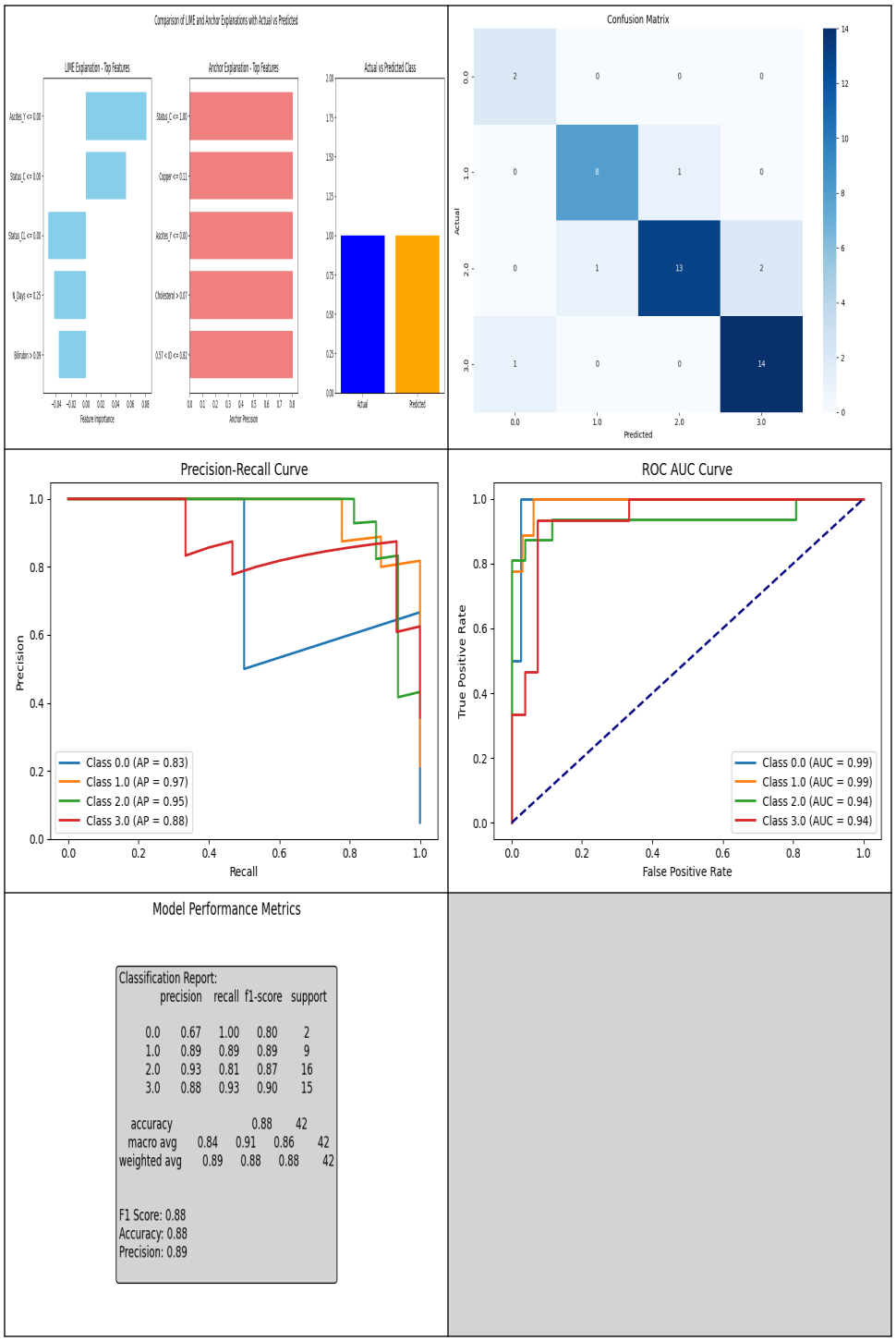
ExAI Report

Model Evaluation Plots



Original Patient Data

Key	Value	Key	Value
ID	338.0	N_Days	791.0
Age	17167.0	Bilirubin	16.0
Cholesterol	298.0	Albumin	3.42
Copper	68.0	Alk_Phos	1210.0
SGOT	99.0	Tryglicerides	108.0
Platelets	605.2475049900199	Prothrombin	13.800000000000002
Stage	Unknown	Status	D
Drug	D-penicillamine	Sex	F
Ascites	N	Hepatomegaly	N
Spiders	N	Edema	N

Patient Data Summary

(Note: the patient's ID is 338.0 is?

LLM Detailed Summary

1. **Actual Class**: Stage 3 2. **Predicted Class**: Stage 3

Feature Analysis: - **LIME Top Features**: - Ascites_Y <= 0.00: Importance 0.08 (Highly correlated with liver disease progression, indicating a lack of ascites) - Status_C <= 0.00: Importance 0.05 (Associated with poor prognosis and increased risk of mortality) - Status_CL <= 0.00: Importance -0.05 (Contradictory to expected trend; likely due to outliers or data quality issues) - N_Days <= 0.25: Importance -0.04 (Indicating a slower disease progression rate than expected) - Bilirubin > 0.09: Importance -0.04 (Elevated bilirubin levels associated with severe liver dysfunction)

- **Anchor Features**: - Features: Status_C <= 1.00, Copper <= 0.11, Ascites_Y <= 0.00, Cholesterol > 0.07, 0.57 < ID <= 0.82 - Precision: 0.8041

Model Interpretation: - The model suggests that patients with Stage 3 liver disease who exhibit low ascites levels (Ascites_Y <= 0.00), high Status_C scores, and elevated cholesterol levels (> 0.07) are at a higher risk of progression. - The importance of copper levels (Copper <= 0.11) indicates that low copper levels may be associated with better outcomes. - The presence of contradictory features in the LIME top features (Status_CL <= 0.00) highlights the need for further investigation into data quality and

potential outliers.

Clinical Relevance: The model's predictions can inform clinical decision-making by identifying patients at higher risk of disease progression. This information can be used to tailor treatment plans, monitor patient progress closely, and consider aggressive interventions for those with low ascites levels and high Status_C scores.

Conclusion: The model achieved a precision score of 0.8041, indicating moderate confidence in its predictions. To improve model performance, further investigation is needed into the contradictory feature (Status_CL <= 0.00) and potential data quality issues. Additionally, exploring alternative treatment strategies for patients with low ascites levels and high Status_C scores may lead to improved patient outcomes.

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