

# Non-invasive **Breast Tumor** Diagnosis in Machine Learning

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1.

# Introduction



# Background

Breast cancer is the most common cancer worldwide. Each year in the US, about 264,000 cases of breast cancer are diagnosed in women and about 2,400 in men.

In clinical ontology, to diagnose breast cancer, doctors usually perform morphimetric analysis of mammographic images of breast masses.

However, diagnosing cancer is a challenging task even for the most experienced ontologist...

Why important? To increase survival rate and relieve patients' suffering!





# Aim and Data

We aimed to build machine learning models to predict the breast cancer diagnosis, understanding the importance of different predictors, to assist doctors to make decisions.

We decided to build: 1. LASSO Penalized Logistic model; 2. SVM model; 3. Random Forest model.

We used the dataset from Breast Cancer Wisconsin (Diagnostic) Data Set. The dataset contains diagnosis results and features of the cell nuclei computed from a digitized image of a fine needle aspirate (FNA) of a breast mass for 568 patients.

We partitioned 70% of the original data into training set, and 30% into test set.



# Models

**01**

**LASSO  
Penalized  
Logistic**

**02**

**SVM**


**03**

**Random  
Forest**





## 2. Exploratory Data Analysis

- ❑ Correlation between predictors
  - ❑ Separating hyperplane
  - ❑ Distribution by diagnosis type
- 

# EDA (Cont.)

## Correlation

- Based on the correlation matrix, we have several major observations:
- Radius\_mean, perimeter\_mean, and area\_mean are highly correlated.
- Compactness\_mean, concavity\_mean and concave\_points\_mean are highly correlated.

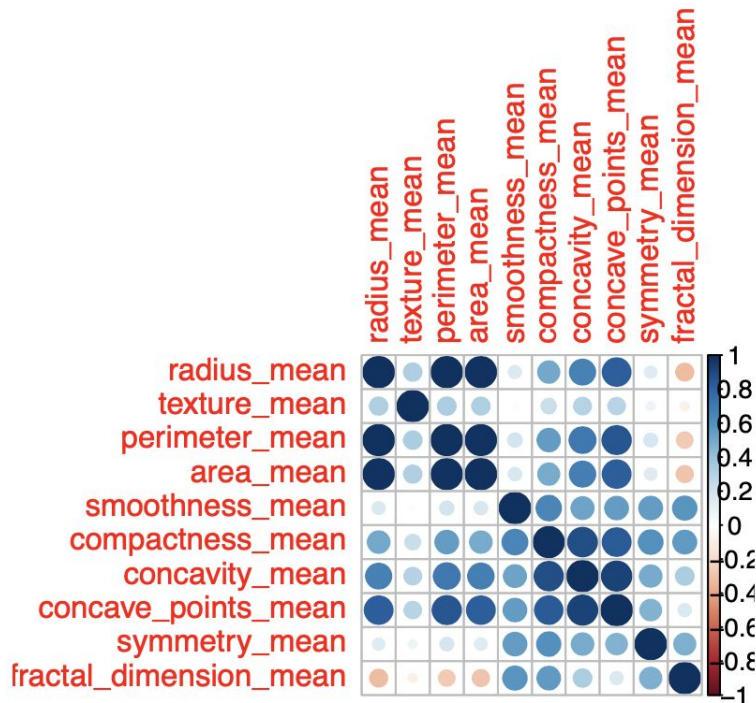


Figure 2: Correlation between mean predictors in the dataset

# EDA (Cont.)

## Scatterplot



### Separating Hyperplane

- Overall linear relationship
- M associates with higher values in predictors, B with lower values
- ✓ Clear separation
  - radius\_mean* and *perimeter\_mean*
- ✗ Mixed
  - texture\_mean* and *symmetry\_mean*
  - smoothness\_mean* and *fractal\_dimension\_mean*

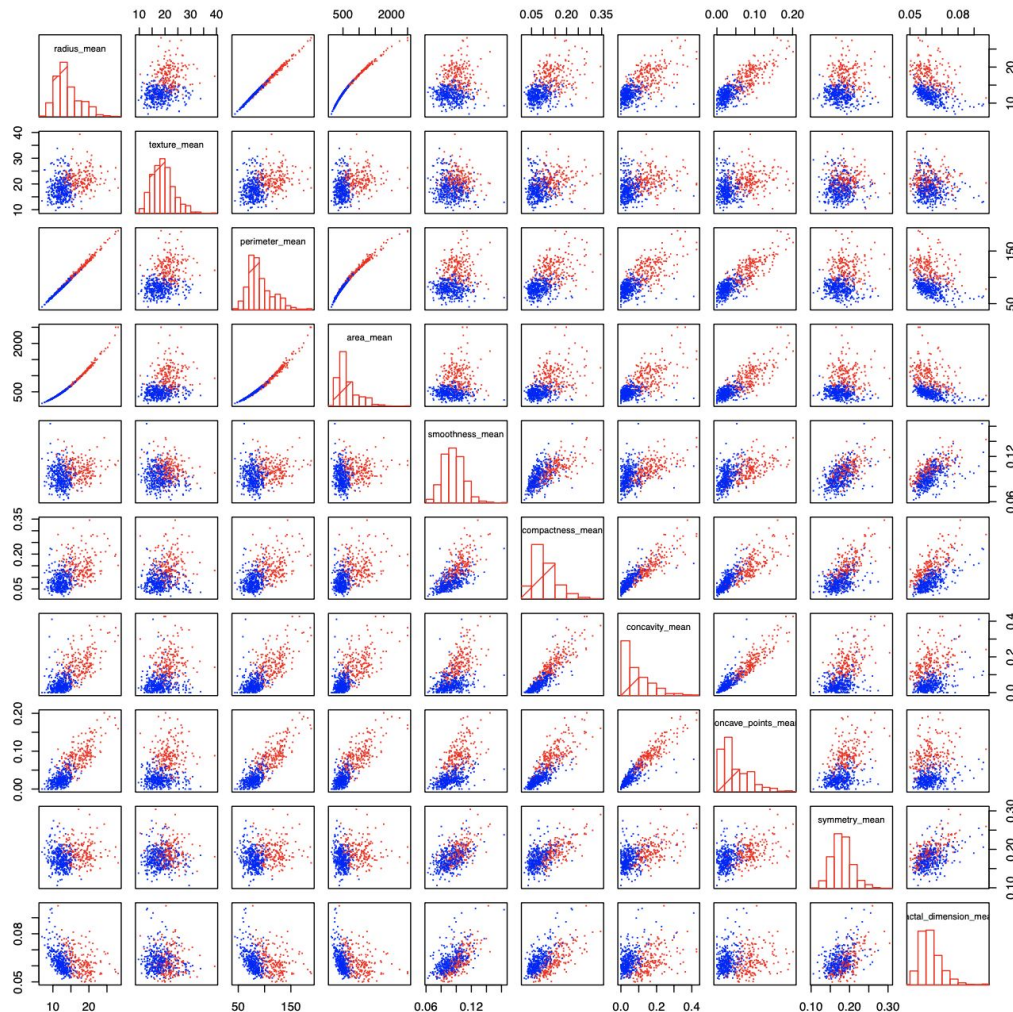
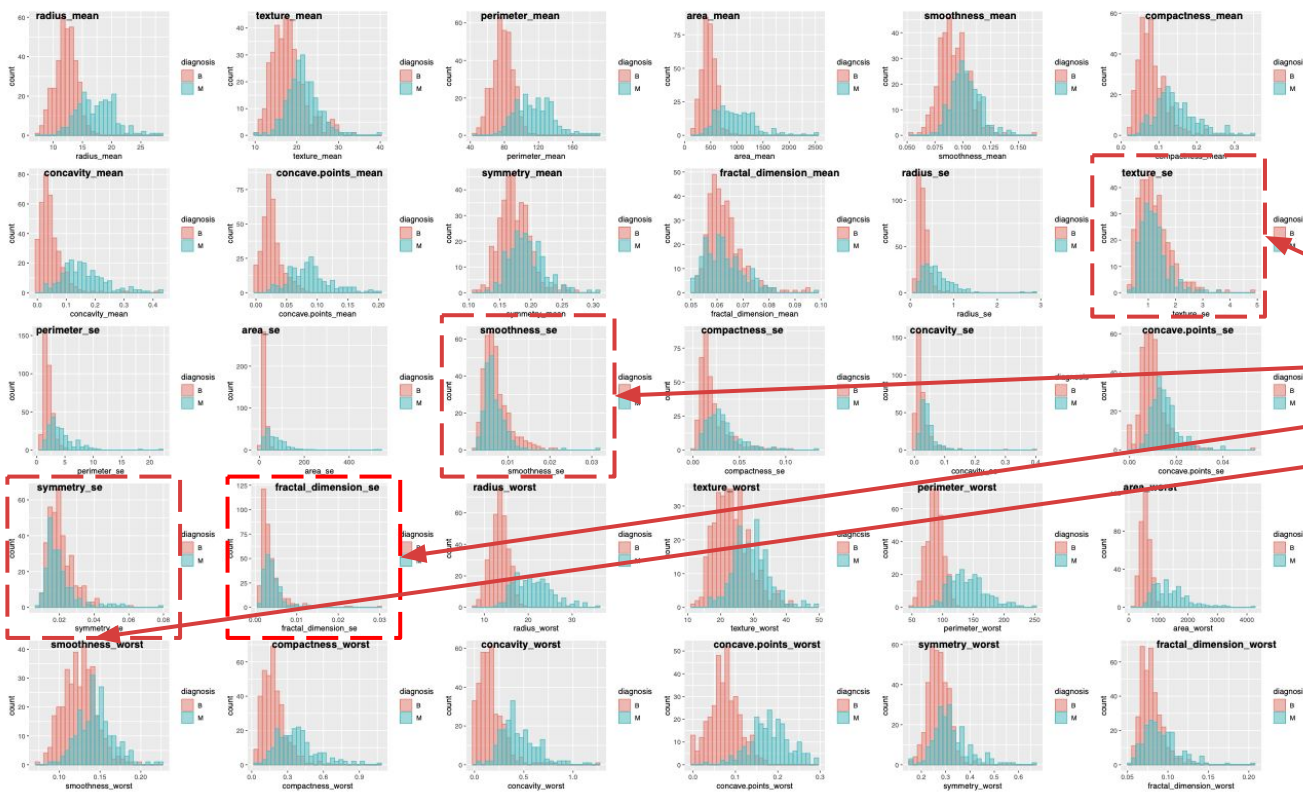


Figure 3: Scatterplot of mean predictors by malignant (red) and benign (blue) tumors



# EDA (Cont.)

## Distribution By Diagnosis



- Wish to find features with little overlap between M and B
- ✗ Overlapping (Eliminate)

*texture\_se*  
*smoothness\_se*  
*fractal\_dimension\_se*  
*symmetry\_se*

Eliminate predictors associated with texture, smoothness, symmetry and fractal dimension

Figure 5: Distribution of predictors by diagnosis

# 3. Methodology

## LASSO-Penalized Logistic Regression

- ❑ Model selection:
  - ❑ ✗ *texture, smoothness, fractal dimension and symmetry* (lack of separation)
  - ❑ ✗ Correlated predictors
- ❑ Hyperparameter tuning
  - ❑ Cross validation
- ❑ Interaction term
  - ❑ *compactness\_mean\*concave\_points\_mean*

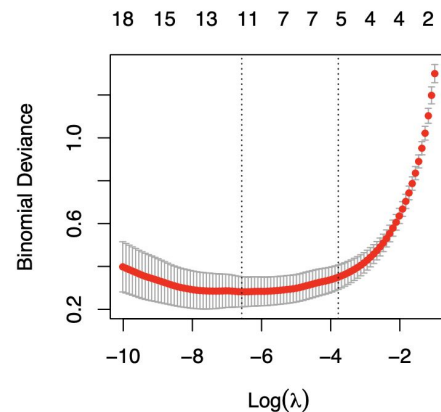


Figure 6: LASSO parameter tuning

$$\lambda = 0.001399$$

# Logistic Model

$$\log\left(\frac{P}{1-P}\right) = -10.4871 - 0.1130 \times \text{radius\_mean} - 33.6480 \times \text{compactness\_mean} \quad (1)$$

$$+ 14.3918 \times \text{concavity\_mean} + 19.0997 \times \text{concave\_points\_mean} \quad (2)$$

$$+ 0.0944 \times \text{area\_se} - 30.3992 \times \text{compactness\_se} - 31.2549 \times \text{concavity\_se} \quad (3)$$

$$+ 34.8557 \times \text{concave\_points\_se} + 0.0112 \times \text{radius\_worst} + 0.0049 \times \text{area\_worst} \quad (4)$$

$$+ 4.9213 \times \text{compactness\_worst} + 7.6360 \times \text{concavity\_worst} + 26.8649 \times \text{concave\_points\_worst} \quad (5)$$

$$+ 74.5208 \times \text{compactness\_mean} \times \text{concave\_points\_mean} \quad (6)$$

- radius\_mean, compactness\_mean, compactness\_se negatively associated with response log-odds while others positive

- Most significant:

- concave\_points\_se (+)

- compactness\_mean (-)

	coefficient
(Intercept)	-10.4871
radius_mean	-0.1130
compactness_mean	-33.6480
concavity_mean	14.3918
concave_points_mean	19.0997
area_se	0.0944
compactness_se	-30.3992
concavity_se	-31.2549
concave_points_se	34.8557
radius_worst	0.0112
area_worst	0.0049
compactness_worst	4.9213
concavity_worst	7.6360
concave_points_worst	26.8649
compactness_mean:concave_points_mean	74.5208

# Interaction Term Visualization

- Three fixed levels of *compactness\_mean*
  - Low: 0.01938
  - Medium: 0.26
  - High: 0.28670
- Observations:
  - Effect of *concave\_points\_mean* on P changes on different levels of *compactness\_mean*
  - High → *concave\_points\_mean* has strongest effect on P
  - Medium → *concave\_points\_mean* has strong effect on P
  - Low → *concave\_points\_mean* has weak effect on P

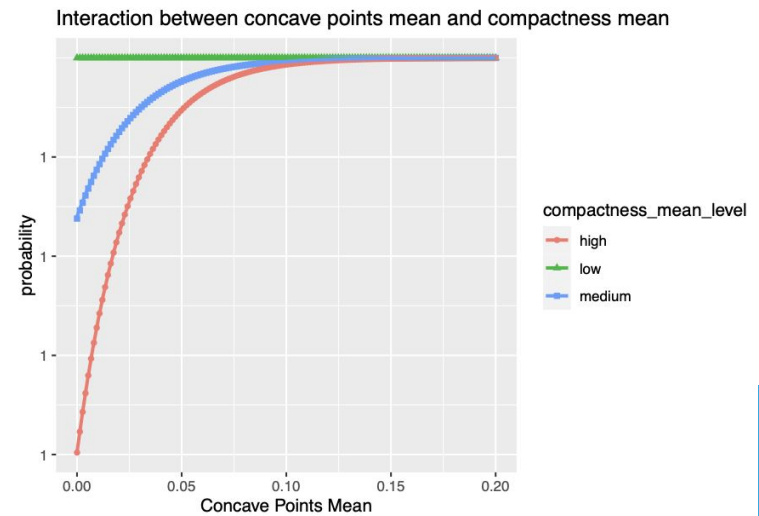


Figure 7: Interaction Term Visualization

compactness_mean	
Min.	0.0193800
1st Qu.	0.0633000
Median	0.0926300
Mean	0.1027247
3rd Qu.	0.1303000
Max.	0.2867000

concave_points_mean	
Min.	0.0000000
1st Qu.	0.0202700
Median	0.0332300
Mean	0.0469293
3rd Qu.	0.0684700
Max.	0.2012000

# Prediction

concave_points_mean_se	compactness_mean_se	radius_worst	concavity_worst	concave_points_worst	compactness_mean_se	concavity_mean	radius_mean	concave_points_sarea_worst	compactness_worst	probabilities	predicted_class			
0.1471	153.40	0.0490	25.38	0.7119	0.2654	0.2776	0.0537	0.3001	17.99	0.0159	2019.0	0.6656	1.0000	M
0.0702	74.08	0.0131	24.99	0.2416	0.1860	0.0786	0.0186	0.0869	20.57	0.0134	1956.0	0.1866	1.0000	M
0.0935	24.32	0.0350	15.49	0.5390	0.2060	0.1932	0.0355	0.1859	13.00	0.0123	739.3	0.5401	0.9821	M
0.0803	19.21	0.0594	15.03	0.6943	0.2208	0.2293	0.0550	0.2128	13.73	0.0163	697.7	0.7725	0.9757	M
0.0526	45.40	0.0116	19.07	0.2914	0.1609	0.0720	0.0200	0.0740	14.68	0.0111	1138.0	0.1871	0.9913	M
0.1028	54.18	0.0250	20.96	0.4784	0.2073	0.2022	0.0319	0.1722	16.13	0.0130	1315.0	0.4233	0.9998	M
0.0950	112.40	0.0189	27.32	0.5372	0.2388	0.1027	0.0339	0.1479	19.81	0.0152	2398.0	0.3150	1.0000	M
0.0311	14.67	0.0190	14.50	0.1890	0.0728	0.1270	0.0170	0.0457	13.08	0.0065	630.5	0.2776	0.0021	B
0.0773	93.54	0.0272	21.31	0.3446	0.1490	0.1066	0.0508	0.1490	18.61	0.0191	1403.0	0.2117	1.0000	M
0.0518	41.00	0.0341	16.82	0.6956	0.1546	0.1516	0.0420	0.1218	11.84	0.0104	888.7	0.5775	0.9942	M
0.0775	35.03	0.0287	20.21	0.5274	0.1864	0.1559	0.0266	0.1354	16.13	0.0091	1261.0	0.5804	0.9991	M
0.0560	24.91	0.0300	15.89	0.5186	0.1447	0.1098	0.0482	0.1319	14.25	0.0116	799.6	0.4238	0.8815	M

Prediction Accuracy = 0.9883

- ❑ Patient in row 1: 100% probability of being diagnosed as malignant cancer
- ❑ Patient in row 5 to last: 0.2089% probability of being diagnosed as malignant
- ❑ Patient in last row: 88.1% probability of being diagnosed as malignant

# Model 2: SVM

Parameters:  
SVM-Type: C-classification  
SVM-Kernel: linear  
cost: 5

Number of Support Vectors: 48

( 24 24 )

Number of Classes: 2

## Linear Kernel

- ❑ Predictors selected by LASSO-penalized logistic regression
- ❑ Hyperparameter tuning via 10-fold cross validation

- ❑ Cost from 0.001 to 100
  - ❑ Optimal cost = 5
- ❑ Misclassification% = 0.02924

predict/truth	-1	1
-1	96	3
1	2	70

## Radial Kernel

- ❑ Cost from 0.001 to 1000, gamma from 0.5 to 4
  - ❑ Optimal cost = 1, gamma=0.5
- ❑ Misclassification% = 0.02924

predict/truth	-1	1
-1	96	3
1	2	70

1: malignant  
-1: benign

Parameters:  
SVM-Type: C-classification  
SVM-Kernel: radial  
cost: 1

Number of Support Vectors: 186

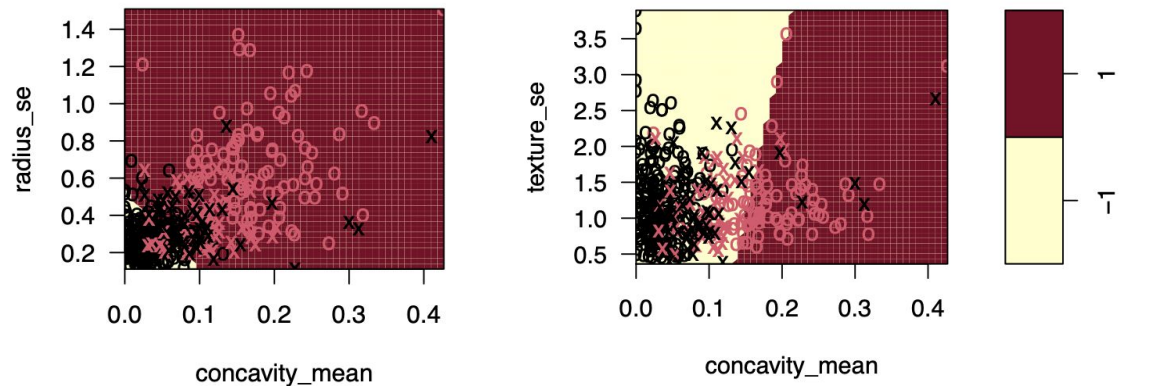
( 106 80 )

Number of Classes: 2

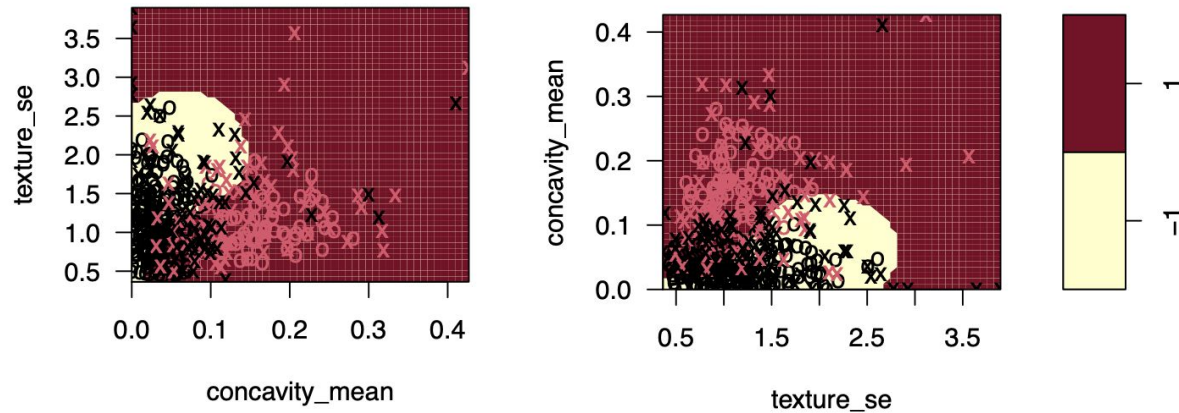
Levels:  
-1 1

# SVM Decision Boundary

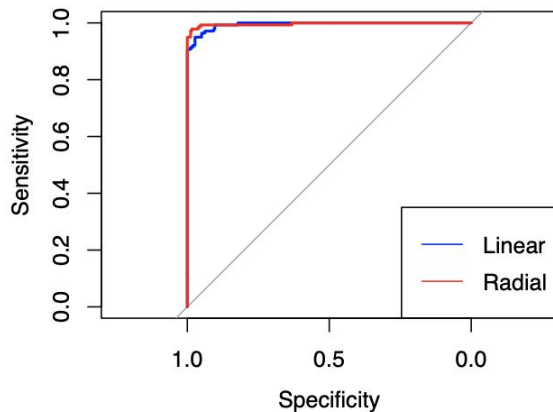
Linear



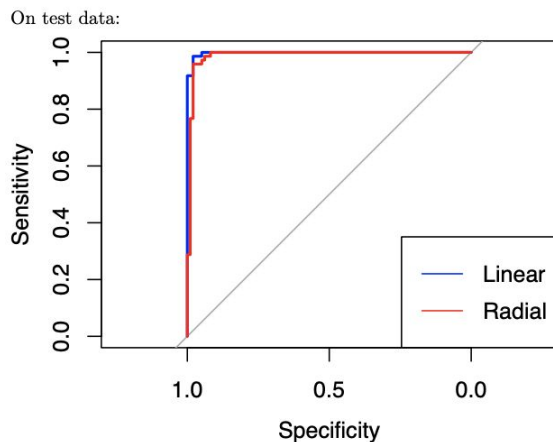
Radial



## Train ROC



## Test ROC



# ROC Diagnosis

- ❑ Radial kernel fits more closely on train data, linear performs better on test data
- ❑ Select the SVM model linear kernel
  - ❑ Lower variance
  - ❑ Better performance on future data



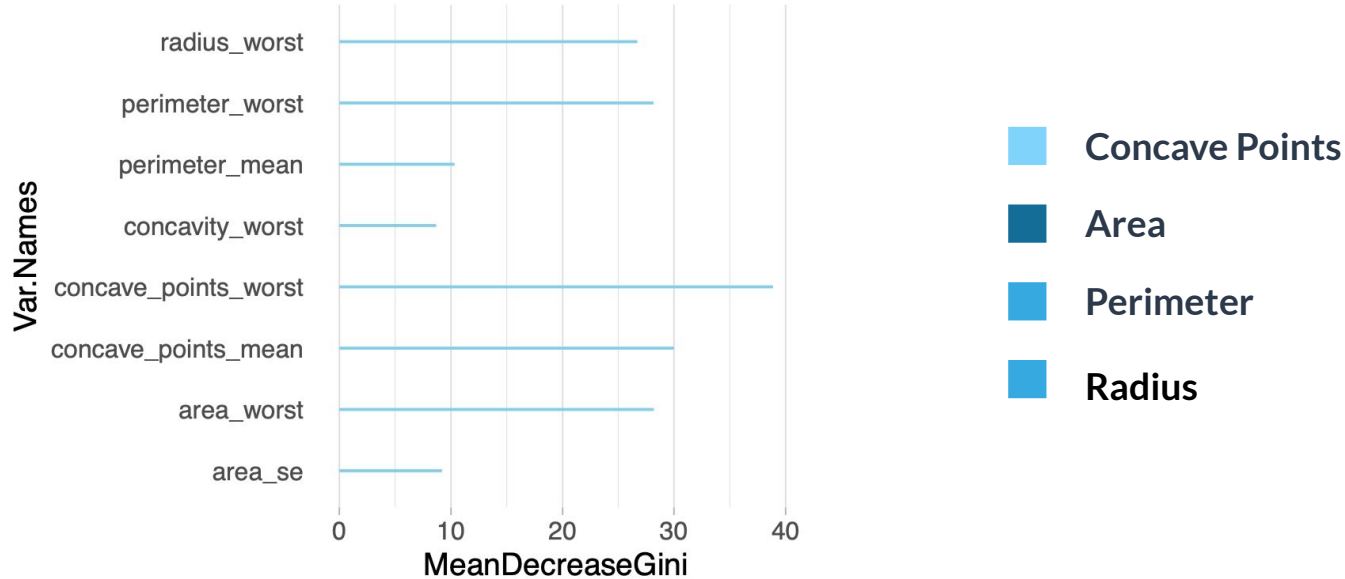


# Model 3: Random Forest

```
## Call:
## randomForest(formula = diagnosis_binary ~ concave_points_worst +
##               Type of random forest: classification
##               Number of trees: 500
## No. of variables tried at each split: 2
##
## OOB estimate of error rate: 5.04%
## Confusion matrix:
##      -1   1 class.error
## -1 251   7  0.02713178
##  1   13 126  0.09352518

## Confusion Matrix and Statistics
##
##           Reference
## Prediction -1   1
##           -1  96   5
##            1   2  68
##
## Accuracy : 0.9591
```

# Model 3 : Random Forest





5.

# Conclusion



# Conclusion

Important factors in differentiating benign hyperplasia from malignant carcinoma:

- Concave point
- Radius, area, perimeter
- Compactness

The ductal carcinoma cells showed higher values for nuclear area, perimeter, diameter, compactness, and concave points when compared to benign hyperplasia.

# Conclusion

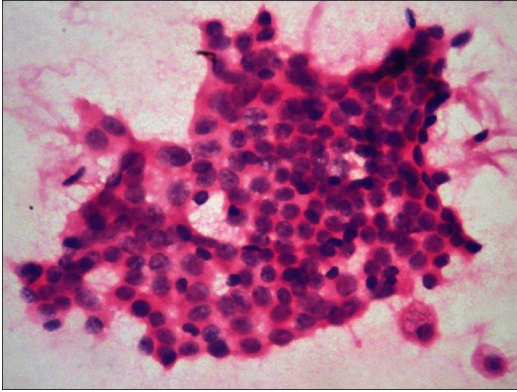
Concavity: the severity of concave portions of the contour. A high concavity means that the boundary of the cell nucleus has indentations, and thus is rather rough than smooth.

Concave points: the number of concave portions of the contour of the cell nucleus. If the contour contains one real cell, the added concave point separates one cell into two parts.

The odds of malignant diagnosis increases as perimeter, area, radius increases.

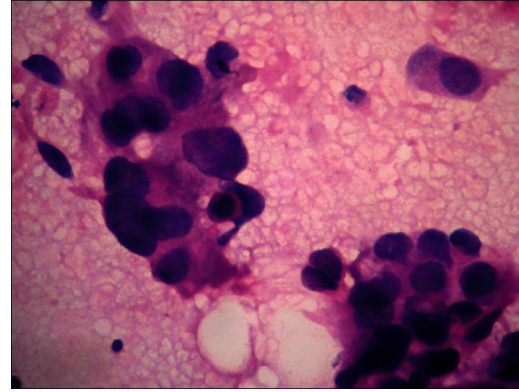
Interaction: `compactness\_mean:concave\_points\_mean`

# Clinical Evidence



Mild variation in size and shape.

**Benign**



Deformed and increased indentation.

**Malignant**



# Conclusion

- LASSO-Penalized Logistic: 98.8% accuracy.
- Linear and Radial SVM: 97% accuracy,
- Random Forest : 96% accuracy.

Be careful about the False Negative rate! -For cancer diagnosis, it is much more dangerous to have a high type 2 error than type 1.

The false negative rate in the both the linear and radial SVM is: 0.041, and in the RF is: 0.068. Therefore, we decided that SVM is a better classification model than RF in this case.



# Limitation and Future Work

- Few predictors and high multicollinearity.
- Only Wisconsin.
- Potential omitted variables that might cause endogeneity.





# References



Centers for Disease Control and Prevention. (2022, September 26). Breast cancer. Centers for Disease Control and Prevention. <https://www.cdc.gov/cancer/breast/index.htm>

Mayo Foundation for Medical Education and Research. (2022, December 14). Breast cancer. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/breast-cancer/symptoms-causes/syc-20352470>

Narasimha A, Vasavi B, Kumar HM. Significance of nuclear morphometry in benign and malignant breast aspirates. *Int J Appl Basic Med Res*. 2013 Jan;3(1):22-6. doi: 10.4103/2229-516X.112237. PMID: 23776836; PMCID: PMC3678677.

Wolberg WH, Street WN, Mangasarian OL. Importance of nuclear morphology in breast cancer prognosis. *Clin Cancer Res*. 1999;5:3542-8.