One Year Life Expectancy Post Thoracic Surgery Using Machine Learning

[DOCUMENT TITLE]

PROFESSIONAL TRAINING REPORT - 2

NAME: BANDI.MOHAN SAI

REG.NO: 39110128

Sathyabama Institute of Science and Technology

Computer Science and Engineering

INTRODUCTION

1.1.overview

Cancer is a disease in which cells in the body grow out of control and is one of the most serious health problems in the world. Among various different types of cancer, lung cancer is one of the leading causes of death in both men and women. According to World Health Organization, it was observed that in the year 2018 2.09 million cases of lung cancer was registered and a total of 1.76 million died due to lung cancer. One of the reasons for the high death rate due to lung cancer is the late detection of the lung cancer. Also, the treatment and the prognosis depend on the type of the lung cancer, the stage and the patient's performance. Once the lung cancer is detected, possible treatments include thoracic surgery, chemotherapy and radiotherapy

1.2 purpose

the United States, lung cancer claims more lives every year than colon cancer Lung cancer is the leading cause of cancer-related deaths in the world. In, prostate cancer, and breast cancer combined.

Despite the very serious prognosis (outlook) of lung cancer, some people with earlier-stage cancers are cured. More than 430,000 people alive today have been diagnosed with lung cancer at some point. The data is dedicated to classification problems related to the post-operative life expectancy in lung cancer patients: class 1 - death within one year after surgery, class 2 - survival.

We will be using classification algorithms such as Decision tree, Random forest, KNN, and xgboost. We will train and test the data with these algorithms. From this best model is selected and saved in pkl format. We will be doing flask integration and IBM deployment.

2.LITERATURE SURVEY

2.1 Existing problem

Disha Sharma et al. (2011), proposed an approach for the early detection of lung cancer by analyzing lungs CT images using Image Processing techniques[1]. The authors used bit-plane slicing, erosion and Weiner filter image processing techniques to extract the lung regions from the CT image. Further the extracted lung regions were segmented using Region growing segmentation algorithm and later Rule based model was used to detect the cancerous nodules. With the help of diagnostics indicator, it was observed that the proposed method achieved an overall accuracy of 80%. Hamid Bagherieh et al. (2013) gave a methodology to detect and classify the lung nodules using Image processing and Decision-Making techniques[2]. Initially, image preprocessing was carried out on a CT images by using contrast enhancement and linear filtering. Next, the filtered image was segmented using Region growing Segmentation process. Further the features like area and color was

given as input to the Fuzzy system which employed fuzzy membership function to find the abnormalities. Sindhu V et al. (2014), proposed an approach where the authors aimed to classify the survival of lung cancer patients post thoracic surgery[3]. The authors used Naïve Bayes, PART, J48, OneR, Random Forest and Decision stump algorithm techniques to classify the target function. The performance measurement shows that Random Forest gave high accuracy of 95.65% compared to other ML techniques used. Prashant Naresh et al. (2014), proposed a methodology to detect the lung cancer using Image processing and Neural Techniques[4]. Initially the CT image of lung was filtered to remove Gaussian white noise and Otsu's threshold technique was used to do the segmentation of the image. The structural and features were extracted and these features were given as input to the classifier. The SVM and ANN techniques were used for the classification and it was found that SVM techniques gave a higher accuracy of 95.12%. Kwetishe Joro Danjuma (2015), proposed a methodology to predict the one-year survival of the patient post thoracic surgery[5]. Naïve Bayes, J48 and Multilayer Perceptron algorithms were used to classify the target class. The Naïve Bayes gave an accuracy of 74.4%, J48 gave an accuracy of 81.8% and MLP gave an accuracy of 82.4%.

2.1 proposed solution

A system is developed which detects the lung cancer from the given input CT scanned lung images which are in DICOM (.dcm) format. In addition to this, the system also helps to predict the Life Expectancy Post Thoracic Surgery of the Lung Cancer infected patients.

3.THEORITICAL ANALYSIS

3.1 Block diagram

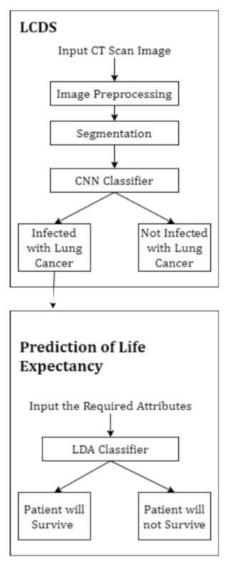


Fig-1: Block Diagram of the System

3.2 Hardware/software designing

* Software Requirements

Processor: intel core i3

Speed: 1.19GHz

RAM : 8.0GB

Memory usage: 7.2kb

Keyboard : Standard keyboard

Monitor : 15 VGA color

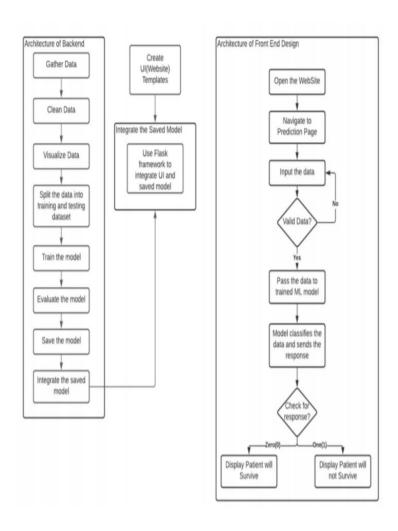
* Operating System :windows

* Coding Langugae:Python3.7

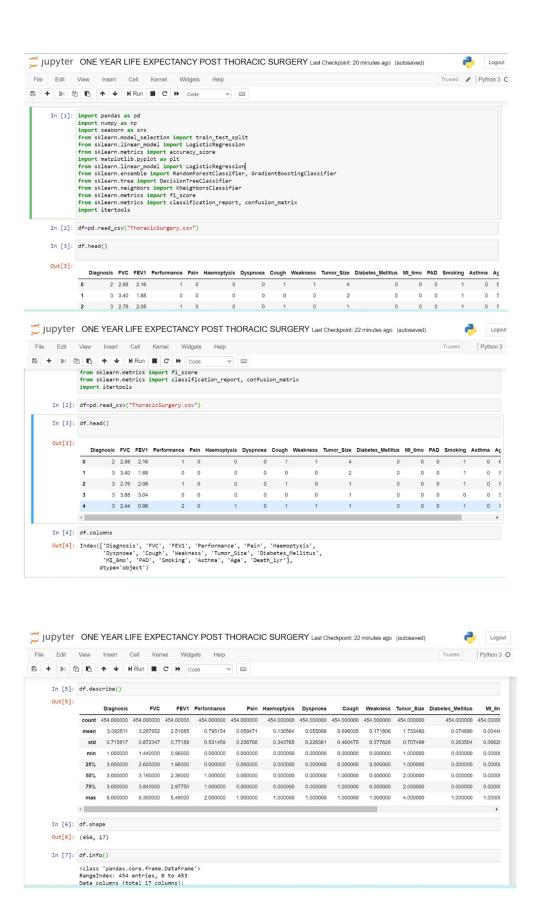
4.EXPERIMENTAL INVESTIGATIONS

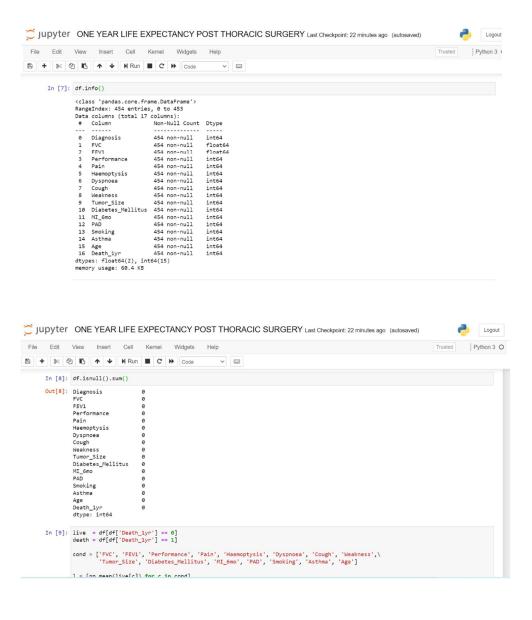
This is the second part of the system which aims at predicting the survival of lung cancer infected patient post thoracic surgery. The dataset includes 17 attributes which are specified in Table-1. Among all those attributes, Risk1Y is the target class specifying zero if the patient survives for at least one-year post thoracic surgery and one for those who died before completing one-year post surgery. The visualization of the dataset is done using the Matplotlib and Seaborn libraries of Python. Further the essential attributes are found based on the Information Gain (IG) attribute evaluation which is used to find the importance of an attribute by using the Information Gain with respect to the target class. IG (Class, Attribute) = E (Class) – E (Class | Attribute) where, E stands for Entropy After the IG Attribute Evaluation on all the 16 independent attributes in the dataset, it is found that the attributes PRE19 and PRE32 gives the IG value as zero and hence are the least useful attributes for training the model. Therefore, these two attributes are eliminated and the remaining 14 attributes are used to train the model

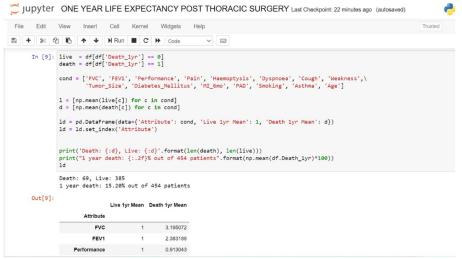
5. FLOWCHART

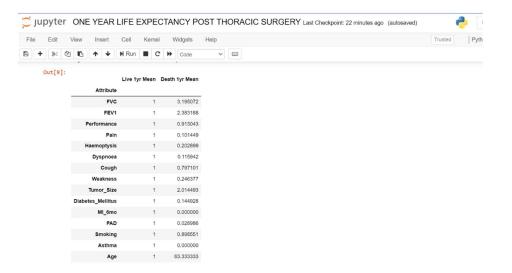


6.RESULT









```
In [10]: d = np.array(d)
1 = np.array(1)

p_diff = (d-1)/1*100

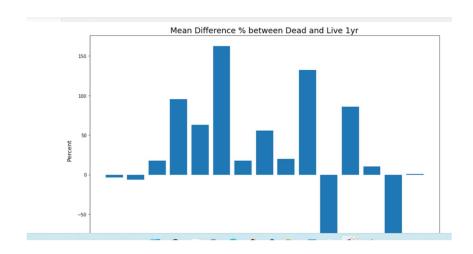
fig, axes = plt.subplots(2,1,figsize=(12,18))

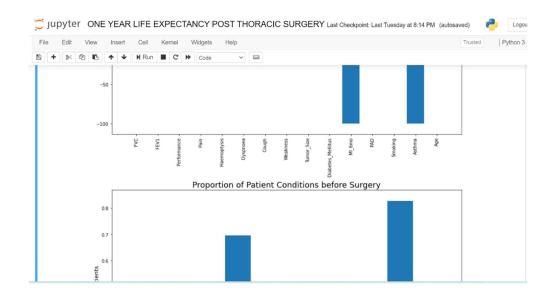
axes[0].bar(cond, p_diff)
axes[0].set_title( |Mean Difference % between Dead and Live lyr', fontsize=18)
axes[0].set_title(x(cond))
axes[0].set_title(x(cond))
axes[0].set_title(x(cond))
axes[0].set_title(x(cond))
axes[0].set_ylabel('Percent', fontsize=13)

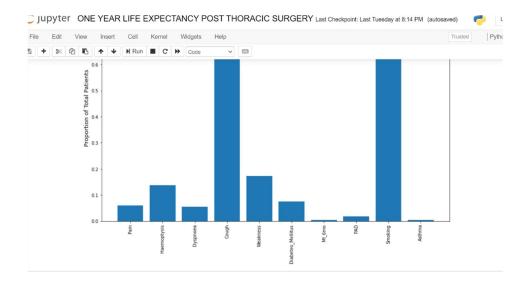
tf_col = ['Pain', 'Haemoptysis', 'Dyspnoea', 'Cough', 'Weakness', 'Diabetes_Mellitus', 'NI_6mo', 'PAD', 'Smoking', 'Asthma']

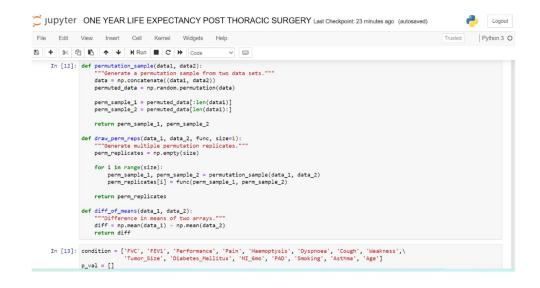
tf_sum = [df[col].sum()/454 for col in tf_col]

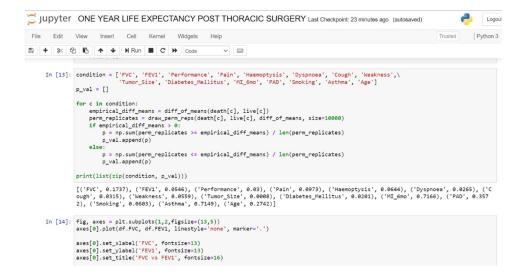
axes[1].bar(tf_col, tf, sum)
axes[1].set_title(x(tf_col))
axes[1].set_title(x(tf_col))
axes[1].set_title(x(tf_col))
axes[1].set_title(x(tf_col))
axes[1].set_title("Proportion of Total Patients', fontsize=18)
plt.tight_layout()
plt.show()
```

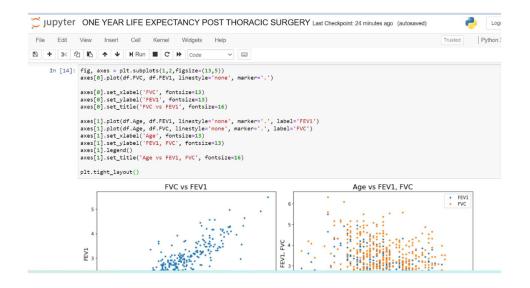


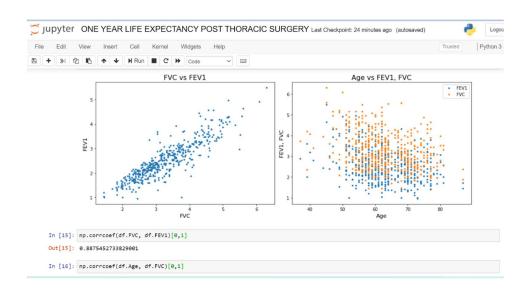


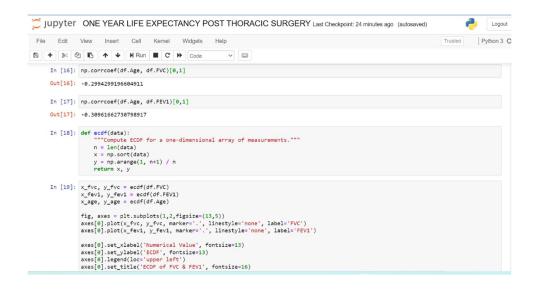


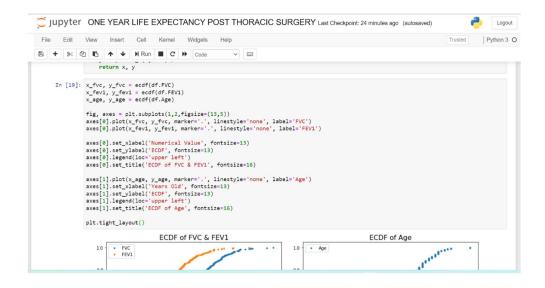


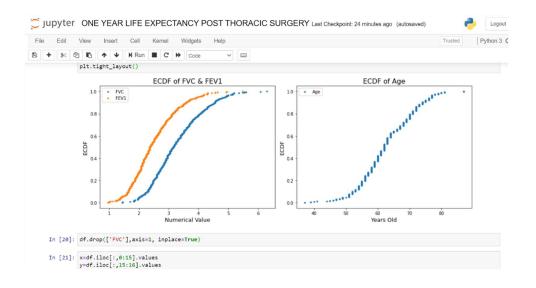


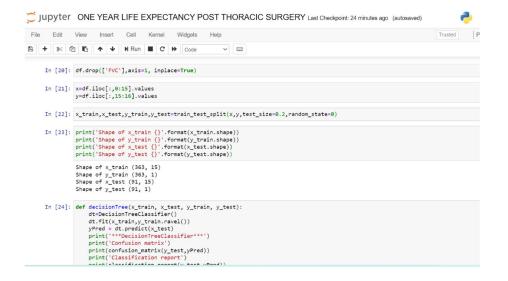


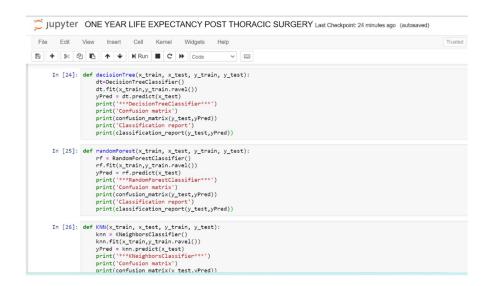


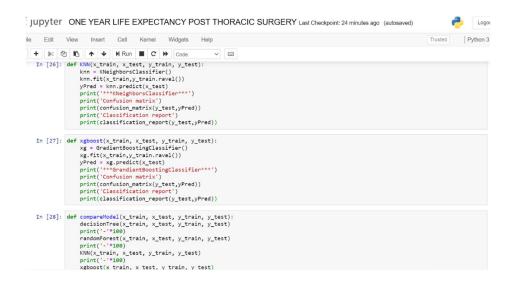


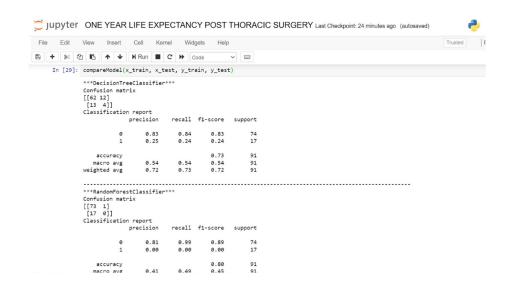


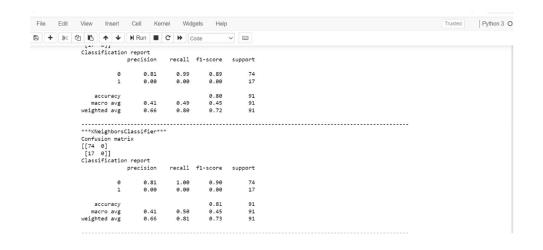


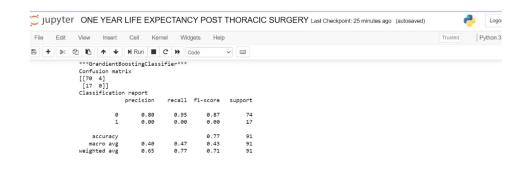


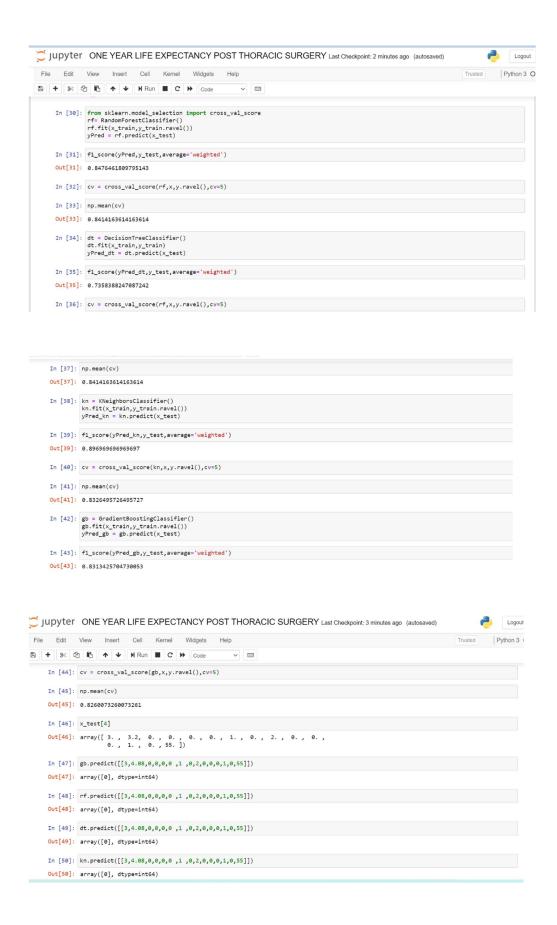






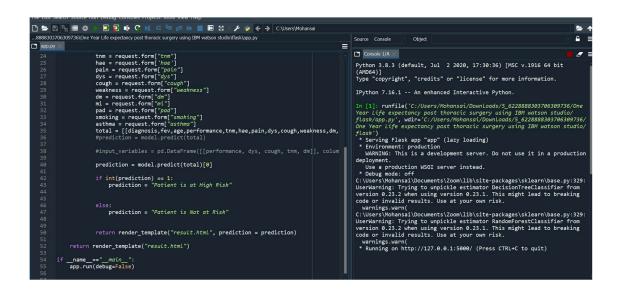






```
Source Console

| Source Console | Object | O
```





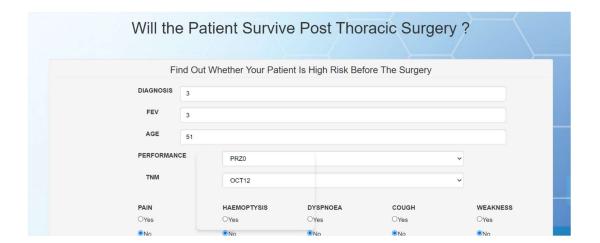
LUNGEVITY

Lung cancer is the leading cause of cancer-related deaths in the world. In the United States, lung cancer claims more lives every year than colon cancer, prostate cancer, and breast cancer combined. Patients who receive **Thoracic Surgery for Lung Cancer** do so with the expectation that their lives will be prolonged for a sufficient amount of time after the surgery.

The problem this app tries to solve is to find whether there is a way to determine Post-Operative Life Expectancy from patient attributes in the dataset. If there is pattern to be recognized, this would help physicians and patients make a more educated decision on whether they should proceed forward with the surgery Not only would this influence physicians and patients but also health insurance companies, national health organizations and clinical researchers.

View the APP

How was this made?





7.ADVANTAGES & DISADVANTAGES

Procedure	Application	Advantages	Disadvantages
Rigid bronchoscopy	Diagnosis of carcinoma Clear airway obstruction	Removal of secretions/blood Large biopsy specimen may reveal submucosal tumor Opportunity to debulk inoperable tumors or excise benign lesions Assessment of carinal fixation	Poor view of secondary bronchial divisions
Cervical and scalene lymph node biopsy	Diagnosis of enlarged nodes	Safer technique than fine-needle aspiration (FNA) for deeper nodes Large tissue sample	Operative procedure; occasional technical difficulty
Mediastinoscopy	Diagnosis of middle mediastinal pathology (node/mass)	Direct access to mediastinal abnormality Much larger tissue sample than FNA	Operative field restricted to paratracheal and subcarinal areas
Mediastinotomy	Diagnosis of anterior mediastinal pathology (node/mass)	Reaches areas of anterior mediastinum inaccessible to mediastinoscopy Useful for subaortic node sampling May be safer to use than mediastinoscopy in patients who have superior vena cava obstruction Much larger tissue sample than in FNA	Operative field restricted to upper anterior mediastinum More complex operative procedure
Thoracoscopy	Pleural biopsy Biopsy of visceral pleura deposits	Can be effected through single puncture Visually directed biopsy	Limited to small biopsies Dependent on pleural cavity being free of adhesions
Video-assisted thoracoscopic/ thoracic surgery (VATS)	Any ipsilateral biopsy or sampling procedure	Complementary to mediastinoscopy and mediastinotomy Excellent view and full operative intervention possible (e.g., wedge excision of pulmonary nodule, dissection of mediastinal mass)	Dependent on pleural cavity being free of adhesions Significant surgical expertise required

8.CONCLUSION

Detection of lung cancer is one of the challenging problems in medical field due to structure of cancer cells, where most of the cells are overlapped to each other. Detection of lung cancer in the early stage is curable. The system contains two parts. One is Lung Cancer Detection part and the other is the Prediction of Life Expectancy Post Thoracic Surgery. Both the parts can run independently. The system is provided as a web application where anyone can upload a CT scan image of the lung in the front end and check out whether that image is infected with Lung Cancer. At the backend the image uploaded is preprocessed, segmented and predicted using the CNN model which is already trained. Also, the system provides a form requesting for the 14 attributes required to predict the survival span post Thoracic Surgery. Once the form is submitted, the form inputs are run on the LDA model and a response of whether the patient will survive or not is produced. CNN model used to detect lung cancer gave an accuracy of 95% and the LDA classifier gave the highest accuracy of 83.76% compared to other 3 algorithms used. The system considers only CT lung images as input, but further the system can be enhanced to take MRI (Magnetic Resonance Imaging) or PET (Position Emission Tomography) as input. Also, in the prediction of survival part, higher accuracies of the classifier can be achieved by considering large amount of datase.

9.FUTURE SCOPE

Thoracic surgery is living an enthusiastic era of thriving innovations. The changes in the fields of diagnostics, in the therapeutic options, the development of surgical techniques and the adoption of novel technologies has radically changed the horizons of our specialty. We must embrace the innovations, learn navigational bronchoscopy, understand the multiple targeted therapies, and learn new ways to operate on advanced cases. We will not be able to stay complacent with our current 3 ports video-assisted thoracoscopic surgery (VATS) technique with open instruments, therefore every surgeon needs to be watching for each latest development as it happens. In this brief manuscript we will summarize some of the most important development over the recent years and forecast how this will impact on the patients affected by thoracic malignancies. As thoracic surgeons we have to embraces these developments in order to redefine our specialty.

10.BIBILOGRAPHY

As we need to connect to internet for opening websites and gather information about the skills required for the jobs, we can also use other programming languages like C, C++, Java but its effective to use and also have predefined functions to use in the python language since the syntax for this programming language is simple to use and is more effective comparatively. So we have used python for this project for accessing sites and recommended skills as per the present trending technologies

APPENDIX

A.Source code

```
import pandas as pd
import numpy as np
import seaborn as sns
from sklearn.model selection import train test split
from sklearn.linear model import LogisticRegression
from sklearn.metrics import accuracy score
import matplotlib.pyplot as plt
from sklearn.linear model import LogisticRegression
from sklearn.ensemble import RandomForestClassifier, GradientBoostingCl
assifier
from sklearn.tree import DecisionTreeClassifier
from sklearn.neighbors import KNeighborsClassifier
from sklearn.metrics import f1 score
from sklearn.metrics import classification report, confusion matrix
import itertools
df=pd.read csv("ThoracicSurgery.csv")
df.head()
df.columns
df.describe()
df.shape
df.info()
df.isnull().sum()
live = df[df['Death 1yr'] == 0]
death = df[df['Death 1yr'] == 1]
cond = ['FVC', 'FEV1', 'Performance', 'Pain', 'Haemoptysis', 'Dyspnoea'
, 'Cough', 'Weakness',\
```

```
'Tumor Size', 'Diabetes Mellitus', 'MI 6mo', 'PAD', 'Smoking',
'Asthma', 'Age']
l = [np.mean(live[c]) for c in cond]
d = [np.mean(death[c]) for c in cond]
ld = pd.DataFrame(data={'Attribute': cond, 'Live lyr Mean': 1, 'Death 1
yr Mean': d})
ld = ld.set index('Attribute')
print('Death: {:d}, Live: {:d}'.format(len(death), len(live)))
print("1 year death: {:.2f}% out of 454 patients".format(np.mean(df.Dea
th 1yr) *100))
ld
d = np.array(d)
l = np.array(1)
p diff = (d-1)/1*100
fig, axes = plt.subplots(2,1,figsize=(12,18))
axes[0].bar(cond, p diff)
axes[0].set title('Mean Difference % between Dead and Live lyr', fontsi
ze=18)
axes[0].set xticks(cond)
axes[0].set xticklabels(cond, rotation=90)
axes[0].set ylabel('Percent', fontsize=13)
tf_col = ['Pain', 'Haemoptysis', 'Dyspnoea', 'Cough', 'Weakness', 'Diab
etes Mellitus', 'MI 6mo', 'PAD', 'Smoking', 'Asthma']
tf sum = [df[col].sum()/454 for col in tf col]
axes[1].bar(tf col, tf sum)
axes[1].set xticks(tf col)
axes[1].set xticklabels(tf col, rotation=90)
axes[1].set ylabel('Proportion of Total Patients', fontsize=13)
axes[1].set title('Proportion of Patient Conditions before Surgery', fo
ntsize=18)
plt.tight layout()
plt.show()
fig, axes = plt.subplots(3, 1, figsize=(10, 15))
sns.countplot(x='Diagnosis', hue='Death 1yr', data=df, palette='Blues d
', ax=axes[0]).set title('Diagnosis', fontsize=18)
sns.countplot(x='Tumor Size', hue='Death 1yr', data=df, palette='Blues
d', ax=axes[1]).set title('Tumor Size', fontsize=18)
sns.countplot(x='Performance', hue='Death 1yr', data=df, palette='Blues
_d', ax=axes[2]).set_title('Performance', fontsize=18)
plt.tight layout()
def permutation sample(data1, data2):
    """Generate a permutation sample from two data sets."""
    data = np.concatenate((data1, data2))
    permuted data = np.random.permutation(data)
```

```
perm sample 1 = permuted data[:len(data1)]
    perm sample 2 = permuted data[len(data1):]
    return perm sample 1, perm sample 2
def draw perm reps(data 1, data 2, func, size=1):
    """Generate multiple permutation replicates."""
    perm replicates = np.empty(size)
    for i in range(size):
        perm sample 1, perm sample 2 = permutation sample(data 1, data
2)
        perm replicates[i] = func(perm sample 1, perm sample 2)
    return perm replicates
def diff of means (data 1, data 2):
    """Difference in means of two arrays."""
    diff = np.mean(data_1) - np.mean(data_2)
    return diff
condition = ['FVC', 'FEV1', 'Performance', 'Pain', 'Haemoptysis', 'Dysp
noea', 'Cough', 'Weakness',\
             'Tumor Size', 'Diabetes Mellitus', 'MI 6mo', 'PAD', 'Smoki
ng', 'Asthma', 'Age']
p val = []
for c in condition:
    empirical diff means = diff of means(death[c], live[c])
    perm replicates = draw perm reps(death[c], live[c], diff of means,
size=10000)
    if empirical diff means > 0:
        p = np.sum(perm replicates >= empirical diff means) / len(perm
replicates)
        p val.append(p)
    else:
        p = np.sum(perm replicates <= empirical diff means) / len(perm</pre>
replicates)
        p val.append(p)
print(list(zip(condition, p val)))
fig, axes = plt.subplots(1, 2, figsize=(13, 5))
axes[0].plot(df.FVC, df.FEV1, linestyle='none', marker='.')
axes[0].set xlabel('FVC', fontsize=13)
axes[0].set ylabel('FEV1', fontsize=13)
axes[0].set title('FVC vs FEV1', fontsize=16)
axes[1].plot(df.Age, df.FEV1, linestyle='none', marker='.', label='FEV1
axes[1].plot(df.Age, df.FVC, linestyle='none', marker='.', label='FVC')
axes[1].set xlabel('Age', fontsize=13)
axes[1].set ylabel('FEV1, FVC', fontsize=13)
axes[1].legend()
axes[1].set title('Age vs FEV1, FVC', fontsize=16)
plt.tight layout()
bnp.corrcoef(df.FVC, df.FEV1)[0,1]
np.corrcoef(df.Age, df.FVC)[0,1]
```

```
np.corrcoef(df.Age, df.FEV1)[0,1]
def ecdf(data):
    """Compute ECDF for a one-dimensional array of measurements."""
    n = len(data)
    x = np.sort(data)
    y = np.arange(1, n+1) / n
    return x, y
x fvc, y fvc = ecdf(df.FVC)
x_fev1, y_fev1 = ecdf(df.FEV1)
x age, y age = ecdf(df.Age)
fig, axes = plt.subplots(1,2,figsize=(13,5))
axes[0].plot(x fvc, y fvc, marker='.', linestyle='none', label='FVC')
axes[0].plot(x fev1, y fev1, marker='.', linestyle='none', label='FEV1'
axes[0].set xlabel('Numerical Value', fontsize=13)
axes[0].set ylabel('ECDF', fontsize=13)
axes[0].legend(loc='upper left')
axes[0].set title('ECDF of FVC & FEV1', fontsize=16)
axes[1].plot(x age, y age, marker='.', linestyle='none', label='Age')
axes[1].set xlabel('Years Old', fontsize=13)
axes[1].set ylabel('ECDF', fontsize=13)
axes[1].legend(loc='upper left')
axes[1].set title('ECDF of Age', fontsize=16)
plt.tight layout()
df.drop(['FVC'],axis=1, inplace=True)
x=df.iloc[:,0:15].values
y=df.iloc[:,15:16].values
x train, x test, y train, y test=train test split(x, y, test size=0.2, random
state=0)
print('Shape of x train {}'.format(x train.shape))
print('Shape of y train {}'.format(y train.shape))
print('Shape of x test {}'.format(x test.shape))s
print('Shape of y test {}'.format(y test.shape))
def decisionTree(x train, x test, y train, y test):
    dt=DecisionTreeClassifier()
    dt.fit(x train,y train.ravel())
    yPred = dt.predict(x test)
    print('***DecisionTreeClassifier***')
    print('Confusion matrix')
    print(confusion_matrix(y test,yPred))
    print('Classification report')
    print(classification_report(y_test,yPred))
def randomForest(x train, x test, y train, y test):
    rf = RandomForestClassifier()
    rf.fit(x train,y train.ravel())
    yPred = rf.predict(x test)
    print('***RandomForestClassifier***')
    print('Confusion matrix')
    print(confusion_matrix(y_test,yPred))
    print('Classification report')
    print(classification report(y test,yPred))
def KNN(x train, x test, y train, y test):
    knn = KNeighborsClassifier()
    knn.fit(x train, y train.ravel())
```

```
yPred = knn.predict(x test)
    print('***KNeighborsClassifier***')
    print('Confusion matrix')
    print(confusion matrix(y test,yPred))
    print('Classification report')
    print(classification report(y test,yPred))
def xgboost(x_train, x_test, y_train, y_test):
    xg = GradientBoostingClassifier()
    xg.fit(x_train,y_train.ravel())
    yPred = xg.predict(x test)
    print('***GrandientBoostingClassifier***')
    print('Confusion matrix')
    print(confusion matrix(y test,yPred))
    print('Classification report')
    print(classification report(y test,yPred))
def compareModel(x train, x test, y train, y test):
    decisionTree(x_train, x_test, y_train, y_test)
    print('-'*100)
    randomForest(x_train, x_test, y_train, y_test)
    print('-'*100)
    KNN(x_train, x_test, y_train, y_test)
    print('-'*100)
    xgboost(x train, x test, y train, y test)
compareModel(x train, x_test, y_train, y_test)
from sklearn.model selection import cross val score
rf= RandomForestClassifier()
rf.fit(x train, y train.ravel())
yPred = rf.predict(x test)
f1_score(yPred,y_test,average='weighted')
cv = cross val score(rf,x,y.ravel(),cv=5)
np.mean(cv)
import pickle
pickle.dump(rf,open('model.pkl','wb'))
```