Survival Predication for Pediatric Brain Cancer Patients

By Teresa Cameron



Ol
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Pediatric Brain Cancer
Patients

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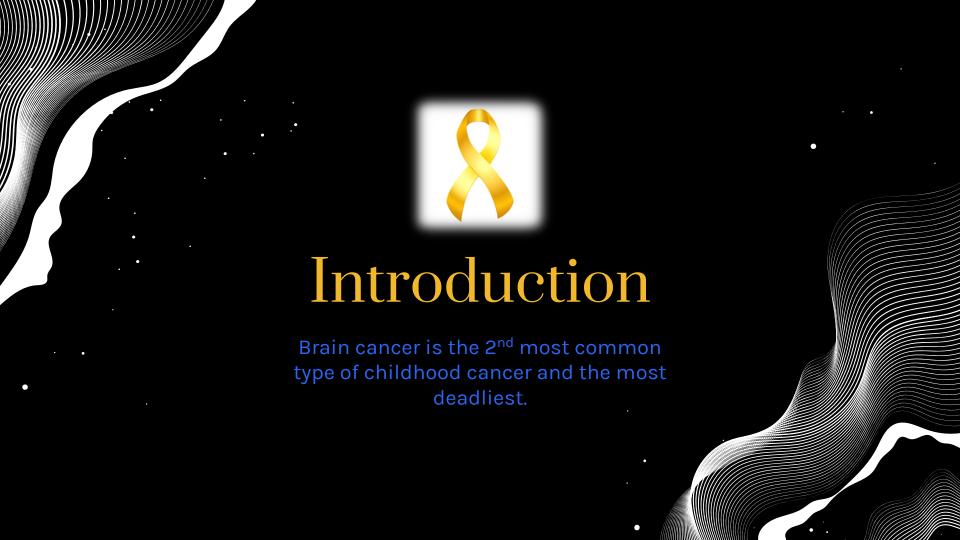
Prediction Analysis

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Conclusion

Findings and further analysis





SEER Cancer Data



Total Patients

331,449,281 Total Cancer Patients



Variables

263 Variables available for analysis



Data Collection

SEER has been funded by the NCI since 1973. It collects cancer data that covers around 48% of the U.S. population.

Patients Included in Analysis

Total Number of Patients

12,164

X-Variables Considered

Age

Race

Gender

Primary Site

Tumor Type

Grade

Laterality

Median Household

Income

Rural Urban Code

Y-Variable

Patient Survival

101 Patients removed due to unknown cause of death

Years

2000 - 2019

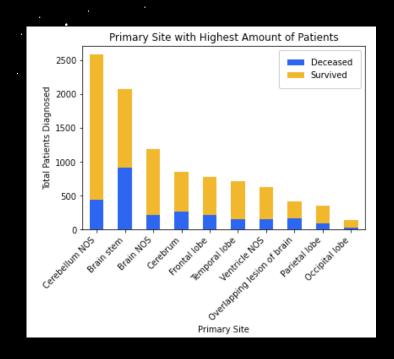
Deceased Survived 2000 32.59% 67.41% 2001 35.40% 64.60% 2002 35.60% 64.40% 2003 30.02% 69.98% 31.09% 2004 68.91% 2005 32.97% 67.03% 2006 29.45% 70.55% 2007 31.08% 68.92% 2008 31.05% 68.95% 2009 26.81% 73.19% 2010 25.12% 74.88% 2011 28.50% 71.50% 2012 24.75% 75.25% 2013 30.64% 69.36% 2014 25.60% 74.40% 2015 24.52% 75.48% 2016 23.57% 76.43% 2017 21.29% 78.71% 2018 15.92% 84.08% 2019 5.42% 94.58%

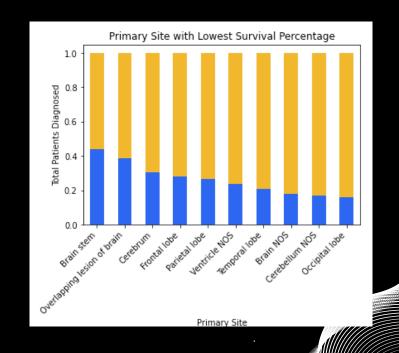
Year Diagnosed

Reduced total Patients by removing those diagnosed before 2003 and after 2017.

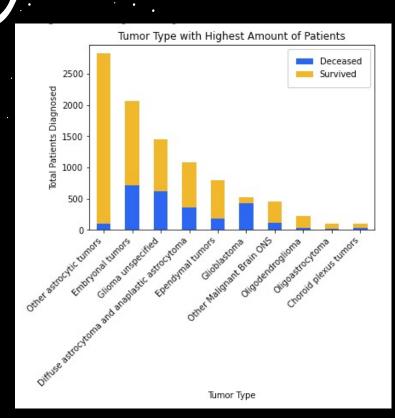
New total patients: 9,714

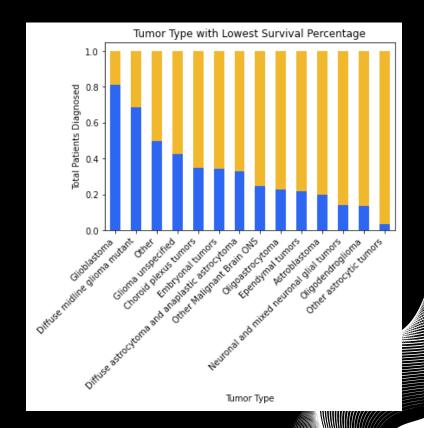
Primary Site





Tumor Type





Race Origin Recode

	Deceased	Survived
Non-Hispanic Asian or Pacific Islander	33.05%	66.95%
Non-Hispanic Black	31.93%	68.07%
Hispanic (All Races)	30.87%	69.13%
Non-Hispanic American Indian/Alaska Native	24.32%	75.68%
Non-Hispanic White	23.91%	76.09%

Removed 102 Non-Hispanic Unknown Race patients as their survival rate was 96.08%.

Grade

```
Unknown
Undifferentiated; anaplastic; Grade IV
Blank(s)
Moderately differentiated; Grade II
Well differentiated; Grade I
Poorly differentiated; Grade II
1.831045
```

Removed Grade variable because majority of patients had missing information.

Age

Created bins for patients age ranging based on quartiles.

0-4

5-8

9-13

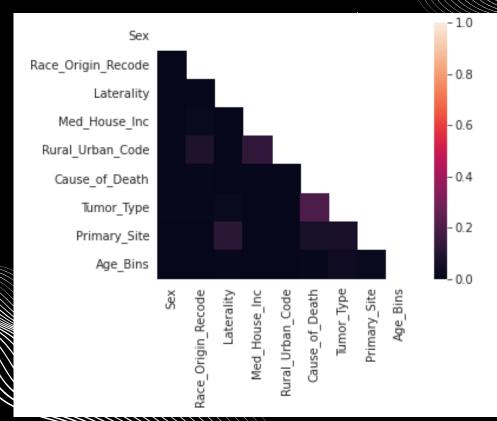
14 - 19

	Deceased	Survived
1	30.63%	69.37%
2	30.07%	69.93%
3	24.02%	75.98%
4	23.29%	76.71%

Total Patients for Machine Learning: 9,611 Total X-Variables: 8



Cramer's V Correlation Matrix





4 0.553822 0 0.257930 3 0.106604 2 0.073843 1 0.007800 Non-Hispanic White

Hispanic (All Races) Non-Hispanic Black

Non-Hispanic Asian or Pacific Islander

Non-Hispanic American Indian / Alaska Native

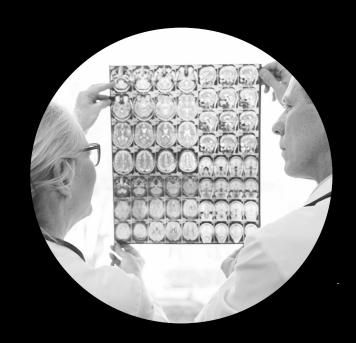


Survived: 5,608

Deceased: 2,080

Final Training Set: 11,216 rows 59 columns

Final Testing Set: 1,912 rows 59 columns



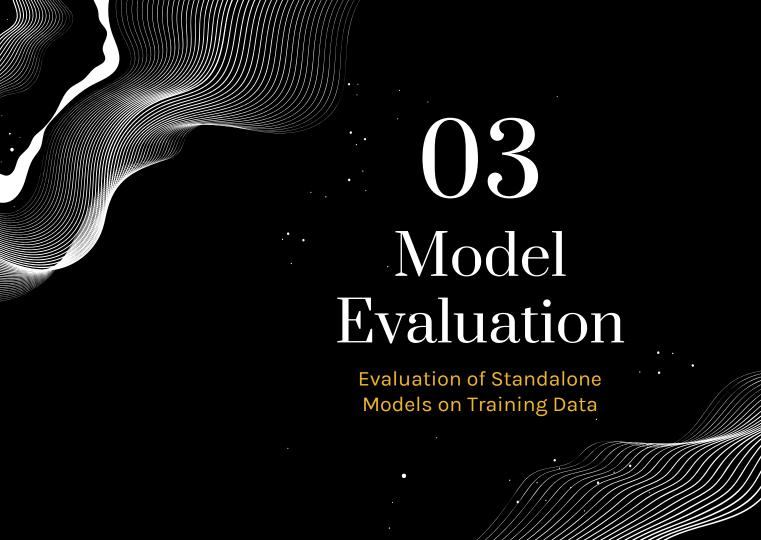
Models

Classification Models Selected

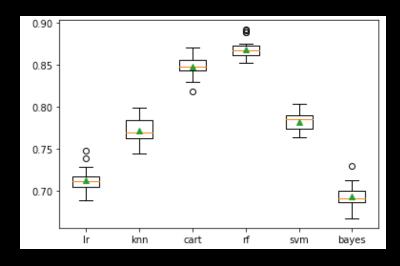
Logistic Regression
KNN
Decision Tree
Random Forest
SVC
Gaussian NB

Stratified K Fold with 10 splits









Random Forrest had the highest accuracy on the training data.

Accuracy

lr 0.713 (0.013) knn 0.772 (0.014) cart 0.849 (0.011) rf 0.869 (0.010) svm 0.783 (0.011) bayes 0.693 (0.013)



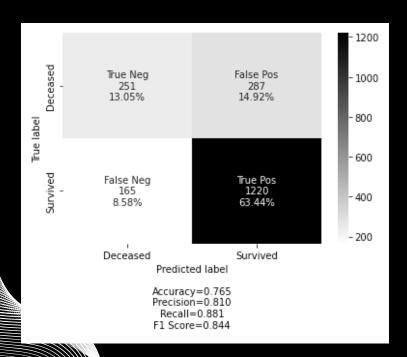


The stacking classifier function allows the strength of many classifiers to make a prediction. The output of each estimator is used as input of a final estimator.





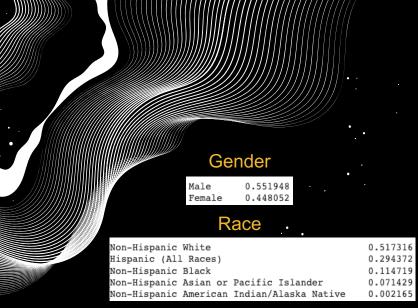
Results



Of the 1,923 patients, 1,471 were correctly classified.

287 of the incorrectly classified were labeled as surviving and 165 as deceased.

The model was better at identifying patients who survived than not labeling deceased patients as survived.



Rural Urban Code

	4 1331	
Counties in metropolitan	areas ge 1 million pop	0.608225
Counties in metropolitan	areas of 250,000 to 1 million pop	0.192641
Counties in metropolitan	areas of 1t 250 thousand pop	0.086580
Nonmetropolitan counties	adjacent to a metropolitan area	0.062771
Nonmetropolitan counties	not adjacent to a metropolitan area	0.049784

Laterality

Not a paired site	0.727273
Left - origin of primary	0.121212
Right - origin of primary	0.121212
Paired site, but no information concerning laterality	0.010823
Paired site: midline tumor	0.008658
Bilateral, single primary	0.008658
Only one side - side unspecified	0.002165

Distribution of the Variables from Patients Incorrectly Classified

Embryonal tumors

Astroblastoma

Tumor Type

Age Bins

Bins_1	0.400433
Bins_2	0.235931
Bins_4	0.183983
Bins_3	0.179654

Glioma unspecified	0.153680
Diffuse astrocytoma and anaplastic astrocytoma	0.127706
Ependymal tumors	0.101732
Other astrocytic tumors	0.058442
Other Malignant Brain ONS	0.045455
Glioblastoma	0.043290
Choroid plexus tumors	0.025974
Oligodendroglioma	0.015152
Diffuse midline glioma mutant	0.010823
Oligoastrocytoma	0.008658
Other	0.006494
Neuronal and mixed neuronal glial tumors	0.002165

0.398268

Median Household Income

alali i i	Cacci	noid into	71110
\$75,000+		0.285714	
\$65,000 -	\$69,999	0.199134	
\$60,000 -	\$64,999	0.164502	
\$70,000 -	\$74,999	0.086580	
\$50,000 -	\$54,999	0.075758	<i>"//////</i> /////
\$55,000 -	\$59,999	0.075758	
\$45,000 -	\$49,999	0.058442	
\$40,000 -	\$44,999	0.030303	
\$35,000 -	\$39,999	0.015152	
< \$35,000		0.008658	

Brain stem 0.272727 Cerebellum NOS 0.264069 Brain NOS 0.114719 Cerebrum 0.080087 Ventricle NOS 0.077922 Overlapping lesion of brain 0.054113 Frontal lobe 0.051948 Parietal lobe 0.043290 Temporal lobe 0.030303 Occipital lobe 0.010823



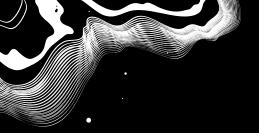


Discussion Summary

The predicted results could be improved by analyzing which features contributed to incorrect classification by the model. It would be best to examine why the model incorrectly identified patients as survived when they did not.

Further analysis of the data could be used to predict the survival months of the patients who were classified as deceased.

Additionally, it would be beneficial to see which treatments had the best success with the different patient variables.



Conclusion

The model performed well with identifying patients who were predicted to survive brain cancer. It would be beneficial to have a model that performed better to identify patients who are less likely to survive so that doctors could aggressively treat the patients and additional research and analysis could be allocated to those types of cancers.



Hossain MJ, Xiao W, Tayeb M, Khan S. Epidemiology and prognostic factors of pediatric brain tumor survival in the US: Evidence from four decades of population data. Cancer Epidemiol. 2021 Jun;72:101942. doi: 10.1016/j.canep.2021.101942. Epub 2021 May 1. PMID: 33946020; PMCID: PMC8142618.

Is it time to use machine learning survival algorithms for survival and risk factors prediction instead of Cox proportional hazard regression? A comparative population-based study. Sara Morsy, Truong Hong Hieu, Abdelrahman M Makram, Osama Gamal Hassan, Nguyen Tran Minh Duc, Ahmad Helmy Zayan, Le-Dong Nhat-Nam, Nguyen Tien Huy medRxiv 2021.11.20.21266627; doi: https://doi.org/10.1101/2021.11.20.21266627

National Cancer Institute. (2022) Cancer Stat Facts: Childhood Brain and Other Nervous System Cancer (Ages 0-19). National Institutes of Health. https://seer.cancer.gov/statfacts/html/childbrain.html



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