Cancer Prediction and Prognosis Using Machine Learning Techniques

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Abstract:- Accurate diagnosis and prediction is very important for appropriate disease treatment. Cancer is a leading cause of death worldwide, almost a million people around the globe die due to cancer every year. Cancer mortality can be reduced if it is diagnosed and treated at an early stage to save lives of cancer patients avoiding delays in care. This can be achieved with the help of machine learning. Machine learning techniques like Artificial Neural Networks (ANNs), Bayesian Networks (BNs), Support Vector Machines (SVMs), Random Forest (RMs) and Decision Trees (DTs) is broadly being used in cancer research to develop predictive models for effective and accurate prediction of cancer. We presented a review of recent ML approaches used in the modeling of cancer progression and prediction.

Keywords:- Machine Learning (ML), Artificial Neural Networks (ANN), Bayesian Networks (BN), Support Vector Machines (SVM), Decision Trees (DT).

I. INTRODUCTION

Machine learning is a part of artificial intelligence which is used in different types of statistical, probabilistic and optimization techniques which helps in early diagnosis and detection of cancer. There are many machine learning algorithms like artificial neural networks (ANN) and decision trees (DT) have been used in cancer detection and diagnosis for nearly 20 years (Simes 1985; Maclin et al. 1991; Ciccheti 1992). The most common causes of cancer deaths are lung cancers, colorectal, breast, prostate etc. There are more than 100 different types of cancer and tumor, and each is categories by the type of cell that is initially affected. Breast Cancer (BC) is currently the most frequently diagnosed cancer in women [1-3]. More than 1,675,000 women are diagnosed with this disease every year and more than 500,000 die of it according to the most recent worldwide cancer data [4]. About 11,000 new cases of invasive cervical cancer are diagnosed every year in the U.S. In 2017, an estimated 15,270 children and adolescents ages 0 to 19 were diagnosed with cancer and 1,790 died of the cancers disease [5]. The overall estimate of 1,735,350 cases for 2018 equals more than 4,700 new cancer diagnoses every day. The most common cancers to be diagnosed in men are prostate, lung, and colorectal cancers, which account for 42% of all cases. The most common cancers to be diagnosed in women are breast, lung, and colorectal cancers, which combined represent one-half of all cases while breast cancer alone accounts for 30% of all new cancer diagnoses in women. In recent studies, the researchers have proven that machine learning methods could predict more accurate diagnosis or prognosis as compared to traditional statistical methods. Various machine learning techniques could be used to detect different arrangements in datasets and accordingly predict whether the cancer is benign or malignant. In this review we work on all recent uses ML techniques like Random Forest (RF), Support Vector Machine (SVM), and Bayesian Networks (BN) has been applied for the prediction of different types of cancers [6].

II. MACHINE LEARNING

The ML techniques can be divided into two main categories, supervised and unsupervised learning. In supervised learning, a set of data instances are used to train the machine and are labeled to give the correct result. However, in unsupervised learning, there are no pre-determined data sets and no notion of the expected outcome, which means that the goal is harder to achieve.

III. SURVEY OF CANCER PREDICTION

As per our survey, here we present the research publications that proposed the use of ML techniques for cancer prediction. A research has been done on the recurrence prediction of oral squamous cell carcinoma (OSCC) is proposed and they used classification algorithms for oral cancer reoccurrence [11]. They utilized different sources of data like clinical, imaging and genomic data to predict a possible relapse of OSCC and following recurrence. In this study total 86 patients were considered out of which 13 have been identified with a relapse while the remaining was disease free.

After going through all research paper, their titles and abstracts we selected only those publications in which the study of one of the three foci of cancer prediction is done and

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included it in their titles and in most of these studies different types of training data which includes genomic, clinical, histological, imaging, demographic, epidemiological data or combination of these are used. All the paper was excluded that focus on development of cancer prediction with the help of statistical methods like chi-square for those that use methods for cancers classification or predictive factors identification.

Machine learning and its applications are found a rapid increase in all recent papers that have been published in previous ten years [6]. Although it is impossible to achieve a complete coverage of the all literature but we tried to select a significant number of relevant paper and are presented in this review.

Machine learning helps the cancers risk assessment prediction [12-15]. We focused especially on the study published in last 5 years and their advances as compared to older publications. A machine learning based model has been developed for the assessment of women survival that is diagnosed with breast cancer [16]. A key point to several studies was that to find out the most optimal machine learning techniques from different techniques [17]. It is important to understand that in order to obtain accurate results for their prediction; the authors should select large and independent features that could result in better validation which enable extraction of more accurate and reliable predictions while it would help to minimize any bias and improve the accuracy [18].

As the authors noted that the exclusion of large number of patients due to the lack of clinical data in the research registry influenced the performance of their models. A fact that when authors used only their clinical knowledge to select 14 out of 193 variables may have resulted in significant bias and thus giving no robust results. Among the initial list of publications from our literature survey, we found a growing trend the last years regarding the prediction of cancer disease by means of SSL learning algorithm. If the quality of research studies continues to improve then the use of machine learning algorithms will become common in many clinical and hospital settings to prevent the delay of treatment [19].

| Publications Relevant To ML Techniques Used For Cancer Prediction And Prognosis. | | | | | | | | | | |
|--|--------|-----------------------------|-----------------------|--|--------------|--------------------------------------|---|--|--|--|
| Publication | Method | Cancer type | No of patien ts | Type of data | Accura cy | Validation method | Important features | | | |
| Exarchos K et al. [11] | BN | Oral cancer | 86 | Clinical, imaging tissue genomic, blood genomic | 100% | 10-fold cross validation | Smoker, p53 stain, extra- tumor spreading, TCAM, SOD2 | | | |
| Waddell M et al. [20] | SVM | Multiple myeloma | 80 | SNPs | 71% | Leave-one-out cross validation | snp739514, snp521522, snp994532 | | | |
| Listgarten J et al. [21] | SVM | Breast cancer | 174 | SNPs | 69% | 20-fold cross validation | snpCY11B2 (+) 4536 T/C snpCYP1B1 (+) 4328 C/G | | | |
| Stajadinovic et al. [22] | BN | Colon carcinomatosi s | 53 | Clinical, pathologic | AUC = 0.71 | Cross-validation | Primary tumor histology, nodal staging, extent of peritoneal cancer | | | |
| Ayer T et al. [12] | ANN | Breast cancer | 62,21 9 | Mammogra phic, demograph ic | AUC = 0.965 | 10-fold cross validation | Age, mammography findings | | | |

| Kim W et al. [18] | SVM | Breast cancer | 679 | Clinical, pathologic, epidemiolo gic | 89% | Hold-out | Local invasion of tumor |
|---------------------------|----------------------------------|--------------------------------|--------------|---|----------------|--------------------------------------|--|
| Park C et al. [19] | Graph-based SSL algorithm | Colon cancer, breast cancer | 437 374 | Gene expression, PPIs | 76.7% 80.7% | 10-fold cross validation | BRCA1, CCND1, STAT1, CCNB1 |
| Tseng C-J et al. [23] | SVM | Cervical cancer | 168 | Clinical, pathologic | 68% | Hold-out | pathologic_S, pathologic_T, cell type RT target summary |
| Eshlaghy A et al. [17] | SVM | Breast cancer | 547 | Clinical, population | 95% | 10-fold cross validation | Age at diagnosis, age at menarche |
| Chen Y-C et al. [24] | ANN | Lung cancer | 440 | Clinical, gene expression | 83.50 % | Cross validation | Sex, age, T_stage, N_stage LCK and ERBB2 genes |
| Park K et al. [16] | Graph-based SSL algorithm | Breast cancer | 162, 500 | SEER | 71% | 5-fold cross validation | Tumor size, age at diagnosis, number of nodes |
| Chang S-W et al. [25] | SVM | Oral cancer | 31 | Clinical, genomic | 75% | Cross validation | Drink, invasion, p63 gene |
| Xu X et al. [26] | SVM | Breast cancer | 295 | Genomic | 97% | Leave-one-out cross validation | 50-gene signature |
| Gevaert O et al. [27] | BN | Breast cancer | 97 | Clinical, microarray | AUC = 0.851 | Hold-Out | Age, angioinvasion, grade MMP9, HRASLA and RAB27B genes |
| Rosado P et al. [28] | SVM | Oral cancer | 69 | Clinical, molecular | 98% | Cross validation | TNM_stage, number of recurrences |
| Delen D et al. [29] | DT | Breast cancer | 2,00,0 00 | SEER | 93% | Cross validation | Age at diagnosis, tumor size, number of nodes, histology |
| Kim J et al. [30] | SSL Co- training algorithm | Breast cancer | 1,62,5 00 | SEER | 76% | 5-fold cross validation | Age at diagnosis, tumor size, number of nodes, extension of tumor |

 Table 1:- A list of published research

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IV. CONCLUSION

In this review, we review the various machine learning techniques for different type of cancer prediction and prognosis (Breast Cancer, Lung Cancer, etc.). Every technique has its own accuracy and the key point in using different machine learning techniques was to find out the most optimal machine learning techniques. A comparison of various publications related to machine learning classification algorithms that aim to more accurate outcomes. We believe in that if the qualities of research studies improve, it is likely that the use of machine learning models will become much more commonplace for hospital & clinical setting to prevent the delay of treatment.

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