Abstract – Nowadays breast cancer is one of the most widespread causes of death in women. The difference in the DNA methylation values can be considered as an important biomarker for identifying cancer. According to an estimation, approximately 40,920 women died in 2018 only due to breast cancer, which is a highly starting number. This situation could be reduced if the cancer can be diagnosed at an early stage. With the emerging technologies, such predictions has become an easier task. Machine learning is one of the latest technology, which helps to make predictions related to diseases based on physical or behavioural characteristics. The cascaded approach is used for Cancer prediction. First, Standard Deviation Threshold based Differential Mean Feature Selection (DMFS) is applied on the input data to select most discriminative features based on threshold. Threshold value is set as Standard Deviation of weight vectors. Value of the threshold is set to get the best prediction accuracy. Post which Principal Component Analysis (PCA) is applied on the set of the selected features after which Cancer prediction is performed.

Key Words: Breast Cancer Prediction, DMFS, PCA, Random Forest Classifier, DNA Methylation, Accuracy, F measure, RMSE

1. INTRODUCTION
Breast cancer (BC) is one of the most common cancers among women worldwide, representing the majority of new cancer cases and cancer-related deaths according to global statistics. So it makes a significant public health problem in the new era. The early diagnosis of Breast Cancer can significantly improve the prognosis and chance of survival. It can also promote timely clinical treatment to patients. Further accurate classification of benign tumours can prevent patients unnecessarily undergoing for treatments.

2. LITERATURE SURVEY
Many methods have been developed to predict breast cancer. The existing methods can be classified into image processing based approach and DNA methylation based approach.

Mandeep Rana et.al. [1] have compared the accuracies of different classification techniques. They found SVM most suited for predictive analysis and KNN performed best for the overall methodology. Morteza H. et.al. [2] used a locally preserving projection (LPP) based approach for cancer prediction. They utilised computer-aided image processing scheme to segment dense fibro-glandular breast tissue regions automatically in each mammogram. Vahid et.al. [3] used Wireless Capsule Endoscopy Images for prediction. The image is divided into several patches and Discrete Wavelet Transformation is applied. Finally SVM classifier is used for predicting cancer.


3. PROPOSED METHODOLOGY
This section deals with the various stages in the proposed cascaded DMFS-PCA approach for breast cancer prediction.

3.1 Pre-processing
Initial stage of the proposed approach is pre-processing. Figure 4.1 represents pre-processing stage. The input dataset used is TCGA HumanMethylation450 dataset which is not in comma separated format. For easy processing of data we have converted the input dataset to CSV format. As part of pre-processing we have considered 32000 features and 888 samples. Samples comprises of 790 Cancer and 98 Normal samples. Cleansing of data is done by removing features having null values for all samples as those features are irrelevant ones for Classification. Transposing of data is performed so that row represents sample and column represents feature.

3.2 Standard Deviation Threshold Based Differential Mean Feature Selection (DMFS)
First each feature is analysed vertically across all samples and the mean value of the DNA methylation values of both normal and cancer samples are found separately [5]. After that absolute difference between the mean values of normal and cancer samples are found out. The resulted vector is named weighting vector. Finally, the weighting vector is used to select features. The threshold value is set as standard deviation of the weight vector. We select those features that are having weight vector value greater than this threshold.
This Standard Deviation Threshold indicates that the difference between the two mean values of normal and cancer samples is adequate to say that feature is discriminative for cancer classification. Hence this approach is known as Standard Deviation Threshold based Differential Mean Feature Selection (DMFS).

![Fig-1: Standard Deviation threshold based Differential Mean Feature Selection (DMFS)](image)

### 3.3 Principal Component Analysis (PCA)

Dimensionality reduction is done using PCA which is one of the most popular techniques to remove irrelevant and redundant features [6]. PCA is a linear transformation technique. It transforms data in such a way that the first coordinate represents data with highest variance, second coordinate represents data with second highest variance and so on. Therefore, PCA successfully reduces the large dimension of datasets by considering the coordinates having high variance values and ignore the data that has low variance.

**PCA Algorithm:**

- **Step 1:** Calculate the covariance matrix
- **Step 2:** Calculate the Eigen vectors and Eigen values of the covariance matrix
- **Step 3:** Sort Eigen vectors in decreasing order of Eigen values
- **Step 4:** Identify Principal Component as the Eigen vector with the largest Eigen value
- **Step 5:** Perform Dimensionality reduction by eliminating the principal components with minor significances

### 3.4 Cascaded DMFS-PCA Approach

Pre-processed data is used as input for Feature Selection using DMFS approach. Selected features are then used for feature extraction. Feature Extraction is performed by Principal Component Analysis (PCA). PCA is a data reduction technique by removing irrelevant and redundant features without losing its properties. After feature extraction, Classification is done using Random Forest method.

![Fig-2: Cascaded DMFS-PCA Architecture](image)

### 4. EXPERIMENTAL RESULTS AND ANALYSIS

The Cancer Genome Atlas (TCGA) dataset [7][8][9] from Max Planck Institute for Informatics (MPI) is used in this study. Breast cancer is studied with DNA Methylation values.

We have considered 32000 features and 888 samples. Samples comprises of 790 Cancer and 98 Normal samples. For training phase of classification, we have used 75% of the dataset. Remaining 25% of the dataset is used for classification testing.

Evaluating the model accuracy is an essential part of the process in creating machine learning models to describe how well the model is performing in its predictions.

#### 4.1 Feature Reduction Analysis

The dataset contains 32000 features. In pre-processing stage it is reduced to 23925 features after removing unwanted features. In DMFS stage number of feature gets further reduced from 23925 to 7172 features. Finally, number of features in the proposed cascaded approach reduced to 100. So, the proposed method has reduced the
number of features from 32000 to 100. Figure 3 depicts that using the proposed method the number of features will be reduced by 0.31%.

![Feature Reductions in various stages](image)

**Fig -3:** Feature Reductions in various stages

### 4.2 Performance Analysis

The performance of classification done in various stages of the proposed method is compared. Table 1 depicts this performance improvement in various stages. From this table, we could infer that the accuracy and F-measure of the proposed cascaded DMFS-PCA approach is higher than both DMFS and PCA approaches. Also, MAE and RMSE measures are significantly reduced in the proposed method compared to DMFS and PCA approaches.

**Table -1:** Performance improvement in various stages of the proposed method

<table>
<thead>
<tr>
<th></th>
<th>DMFS</th>
<th>PCA</th>
<th>Cascaded DMFS-PCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accuracy</td>
<td>0.97747</td>
<td>0.98198</td>
<td>0.99099</td>
</tr>
<tr>
<td>F-Measure</td>
<td>0.94968</td>
<td>0.95913</td>
<td>0.97957</td>
</tr>
<tr>
<td>MAE</td>
<td>0.02252</td>
<td>0.01802</td>
<td>0.00901</td>
</tr>
<tr>
<td>RMSE</td>
<td>0.02252</td>
<td>0.01802</td>
<td>0.00901</td>
</tr>
</tbody>
</table>

We have then analysed the performance of classification done based on the features extracted from the proposed method with the simple classification done based on the original pre-processed dataset. The table 2 depicts the fact that classification done based on features extracted from the proposed method was able to improve accuracy and F-measure compared to simple classification which is nearer to the ideal accuracy and F-measure. The proposed method was also able to reduce MAE and RMSE close to zero compared to the simple classification.

**Table -2:** Performance comparison of the proposed method with simple classification

<table>
<thead>
<tr>
<th></th>
<th>Simple Classification</th>
<th>Cascaded DMFS-PCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accuracy</td>
<td>0.98198</td>
<td>0.99099</td>
</tr>
<tr>
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<td>0.00901</td>
</tr>
</tbody>
</table>

The performance of the proposed method is compared with existing DWFE approach. Figure 4 signifies that the accuracy and F-measure has been improved after classifying the features extracted using the proposed method compared to DWFE approach. From the figure 5, it is evident that the proposed system was able to reduce the MAE and RMSE compared to the DWFE approach.

**Fig -4:** Comparison of Proposed Cascaded DMFS-PCA method and DWFE approach in terms of F-measure and Accuracy
5. CONCLUSION

The proposed method uses a cascaded approach for Cancer prediction with the help of DNA methylation values. First, Differential Mean Feature Selection (DMFS) is applied on the input data to select some discriminative features that will be helpful for classification. The features are then selected based on standard deviation threshold. After that to extract features Principal Component Analysis (PCA) is applied on the set of the selected features resulted from the vertical analysis. The features extracted from the cascaded approach is then used to classify cancer and normal samples. The proposed method is able to reduce the number of features used for classification with an improvement in accuracy and F-Measure & with a reduction in MAE and RMSE.

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REFERENCES


