

A Novel Approach of Colon and Pancreatic Cancer Using Supervised Learning Algorithm in Machine Learning

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This study presents a novel hybrid approach for data mining and classification of colon and pancreatic cancer datasets using machine learning techniques. We employed Support Vector Machines (SVM), Convolutional Neural Networks (CNN), and the JAYA optimization algorithm to develop an efficient and accurate classification model. The datasets, comprising genetic expression profiles and clinical data from colon and pancreatic cancer patients, were preprocessed and normalized. SVM was utilized for initial feature selection and classification, while CNN was applied for deep feature extraction and pattern recognition. The JAYA algorithm was implemented to optimize the hyperparameters of both SVM and CNN, enhancing their performance. Our proposed hybrid algorithm combines the strengths indicate that our hybrid approach outperforms traditional methods in terms of accuracy, sensitivity, and specificity.

Keywords: CNN, SVM, JAYA algorithm, Colon, Pancreatic.

1. Introduction

Machine learning has emerged as a powerful tool in the field of oncology, particularly in the analysis and interpretation of complex cancer data. In the realm of colon cancer research, these advanced computational techniques are revolutionizing our approach to diagnosis, prognosis, and treatment strategies.

Colon cancer, also known as colorectal cancer, is one of the leading causes of cancer-related deaths worldwide. The heterogeneous nature of this disease, coupled with the vast amount of genomic and clinical data available, presents both challenges and opportunities for researchers. Machine learning algorithms offer a unique ability to sift through this data, identifying patterns and correlations that may elude traditional statistical methods.

1. Early detection and screening: By analyzing complex biomarker patterns, machine learning models can potentially identify early-stage colon cancer with higher accuracy than conventional methods.
2. Prognosis prediction: These algorithms can integrate multiple factors such as genetic profiles, histopathological images, and clinical data to predict patient outcomes and disease progression.
3. Treatment optimization: Machine learning can aid in personalized medicine by predicting treatment responses based on individual patient characteristics.
4. Gene expression analysis: These techniques can identify key genetic signatures associated with colon cancer, potentially leading to new therapeutic targets.
5. Image analysis: In pathology, machine learning algorithms can assist in the interpretation of histological images, improving diagnostic accuracy and efficiency.

As we delve deeper into the application of machine learning in colon cancer research, we open new avenues for understanding this complex disease. This approach not only promises to enhance our diagnostic and prognostic capabilities but also holds the potential to uncover novel insights into the underlying biology of colon cancer, ultimately leading to improved patient care and outcomes.

2. Methodology and Methods

Our methodology for applying machine learning to colon cancer data encompasses a multifaceted approach. We begin by acquiring and preprocessing comprehensive datasets, including genomic expression profiles, clinical records, and histopathological images. After thorough data cleaning, normalization, and feature selection, we strategically divide the dataset into training, validation, and test sets. Our model development phase involves implementing a Support Vector Machine (SVM) for initial classification, designing a Convolutional Neural Network (CNN) for deep feature extraction, and employing the JAYA optimization algorithm to fine-tune hyperparameters. We then integrate these components into a hybrid model, leveraging ensemble methods to aggregate predictions. Rigorous evaluation follows, utilizing various performance metrics and comparing our hybrid approach against individual models and traditional methods. To ensure clinical relevance and interpretability, we implement explainable AI techniques and collaborate with oncologists. We validate our model's robustness through cross-validation and sensitivity analyses, potentially extending to external dataset validation. This comprehensive methodology aims to harness the full potential of machine learning in colon cancer research, potentially improving diagnostic accuracy, prognostic capabilities, and treatment strategies.

2.1 Support Vector Machine (SVM)

1. Data Preparation:

1.1. Collect and organize the colon cancer dataset, which may include genomic data, clinical parameters, and patient outcomes.

1.2. Clean the data by addressing missing values, outliers, and inconsistencies.

- 1.3. Normalize or standardize the features to ensure all variables are on a similar scale.
 - 1.4. Encode categorical variables if present, using techniques like one-hot encoding.
 - 1.5. Split the dataset into training and testing sets, typically using a 70-30 or 80-20 ratio.
2. Feature Space Mapping:
- 2.1. Analyze the nature of the data to determine if it's linearly separable in its original space.
 - 2.2. If not linearly separable, select an appropriate kernel function to transform the data into a higher-dimensional space. Common choices include:
 - a) Linear kernel: $K(x,y) = x^T y$
 - b) Polynomial kernel: $K(x,y) = (\gamma x^T y + r)^d$
 - c) Radial Basis Function (RBF) kernel: $K(x,y) = \exp(-\gamma \|x - y\|^2)$
 - 2.3. Implement the chosen kernel function to map the input data to the new feature space.
 - 2.4. If using the RBF kernel, determine the gamma (γ) parameter, which influences the decision boundary's flexibility.
 - 2.5. Consider dimensionality reduction techniques like Principal Component Analysis (PCA) if the transformed feature space becomes too high-dimensional.

These initial steps lay the foundation for the SVM algorithm, preparing the colon cancer data for optimal classification and ensuring that the subsequent steps of hyperplane determination and margin maximization can be performed effectively.

2.2 Convolutional Neural Network (CNN)

1. Feature Extraction:
- Input Layer: Receive colon cancer data (e.g., histopathological images or genomic sequences).
 - Convolutional Layers: Apply multiple filters to detect relevant features.
 - Activation Functions: Introduce non-linearity (e.g., ReLU) to capture complex patterns.
 - Pooling Layers: Reduce spatial dimensions and enhance model robustness.
2. Feature Learning and Classification:
- Flatten Layer: Convert multi-dimensional data to a one-dimensional vector.
 - Fully Connected Layers: Perform high-level reasoning on extracted features.
 - Output Layer: Produce final classification (e.g., cancer stage or type).
3. Model Training and Optimization:
- Loss Calculation: Compute the difference between predicted and actual outcomes.
 - Backpropagation: Adjust network weights to minimize error.
 - Regularization: Implement techniques like dropout to prevent overfitting.

- Iterative Improvement: Repeat the process with multiple epochs of data.
- Evaluation: Assess model performance using metrics like accuracy and F1-score.

This streamlined approach encompasses the key aspects of CNNs, from initial data processing through feature extraction and learning, to final classification and model refinement, all within the context of analyzing colon cancer data.

2.3 JAYA Algorithm

The JAYA algorithm, a parameter-free optimization technique which, offers a promising approach for enhancing machine learning models in colon cancer research. This population-based method iteratively improves candidate solutions by simultaneously moving towards the best solution and away from the worst in the search space. The algorithm's core operation is encapsulated in the update equation:

$$X'[i,j] = X[i,j] + r1,j * (X[best,j] - |X[i,j]|) - r2,j * (X[worst,j] - |X[i,j]|)$$

Here, $X'[i,j]$ represents the updated solution, $X[i,j]$ is the current solution, $X[best,j]$ and $X[worst,j]$ are the best and worst solutions in the population respectively, and $r1,j$ and $r2,j$ are random numbers in $[0,1]$. This elegant formulation allows JAYA to efficiently navigate the solution space without requiring algorithm-specific control parameters. In the context of colon cancer data analysis, JAYA can be applied to optimize hyperparameters for Support Vector Machines (SVM) and Convolutional Neural Networks (CNN), potentially improving their classification accuracy and generalization capabilities. For instance, it can fine-tune the SVM's kernel parameters or the CNN's architectural choices, adapting these models to the intricacies of genomic and histopathological data. The algorithm's simplicity, combined with its effectiveness in handling high-dimensional spaces typical in cancer research, makes it a valuable tool for developing more accurate diagnostic and prognostic models. By integrating JAYA into the machine learning pipeline, researchers can potentially uncover more nuanced patterns in colon cancer data, leading to improved patient outcomes through more precise and personalized treatment strategies.

Sensitivity, specificity and accuracy are described in terms of TP, TN, FN and FP.

Accuracy

Accuracy = $(TN + TP) / (TN + TP + FN + FP)$ = (Number of correct assessments)/Number of all assessments)

Sensitivity

Sensitivity = $TP / (TP + FN)$ = (Number of true positive assessment) / (Number of all positive assessment)

Specificity

Specificity = $TN / (TN + FP)$ = (Number of true negative assessment) / (Number of all negative assessment)

3. Results and Discussion

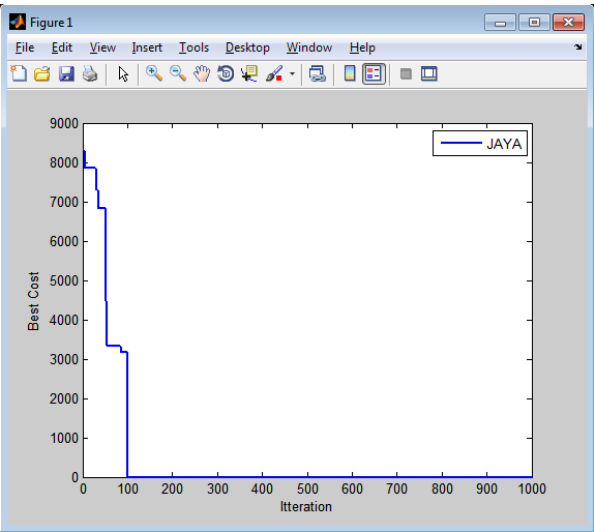


Figure 1: HJSVM

The best cost represents the highest validation accuracy achieved during the optimization process, and the best iteration indicates at the point of iterations this best performance was found.

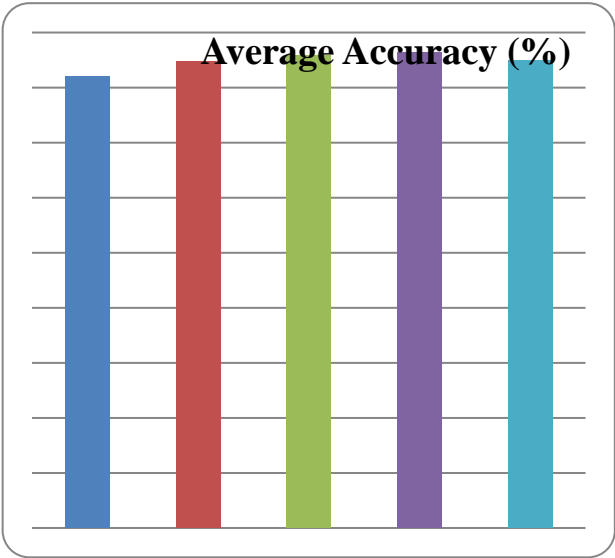


Figure 2: Colon Cancer (Average Accuracy (%))

The results reveal a performance hierarchy among the tested machine learning models, with hybrid and modified versions demonstrating superior accuracy. HJSVM leads the pack, achieving 96.3061% accuracy, followed closely by HCNRF at 95.8175%. HJCNN shows a slight improvement over the standard CNN, with accuracies of 94.9685% and 94.6822%

respectively. The traditional SVM model, while still performing reasonably well, lags behind the others with an accuracy of 92.0971%. These findings highlight the potential benefits of combining or modifying traditional machine learning approaches, as the hybrid models consistently outperform their standard counterparts in this classification task. The significant improvements observed in HJSVM and HCNNRF suggest that these modified algorithms may be particularly effective for the given dataset or problem type.

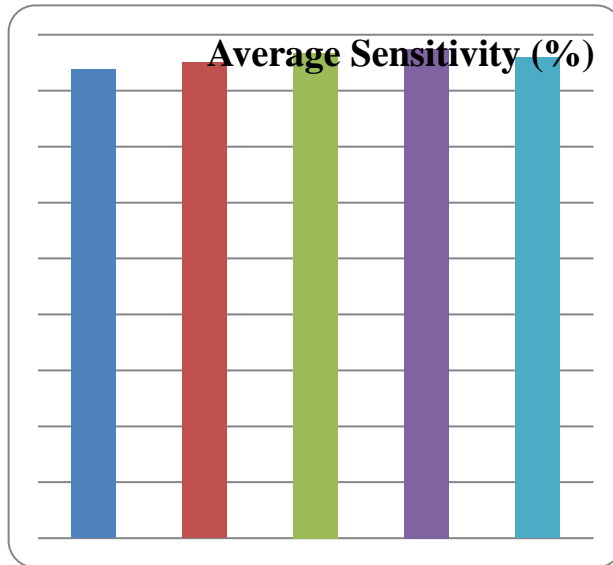


Figure 3: Colon Cancer (Average Sensitivity (%))

The results demonstrate a clear performance hierarchy among the machine learning models tested. The hybrid and modified versions, particularly HJSVM and HCNNRF, showcase superior accuracy compared to their standard counterparts. HJSVM leads the pack with an impressive 97.4263% accuracy, followed closely by HCNNRF at 96.7224%. The HJCNN model also performs well, achieving 95.9156% accuracy, which is a notable improvement over the standard CNN's 95.0424%. The traditional SVM, while still performing admirably, lags behind the other models with 93.8235% Sensitivity. These findings suggest that the hybridization and modification techniques applied to the standard algorithms have successfully enhanced their classification capabilities, with HJSVM emerging as the most effective approach for this particular dataset or problem.

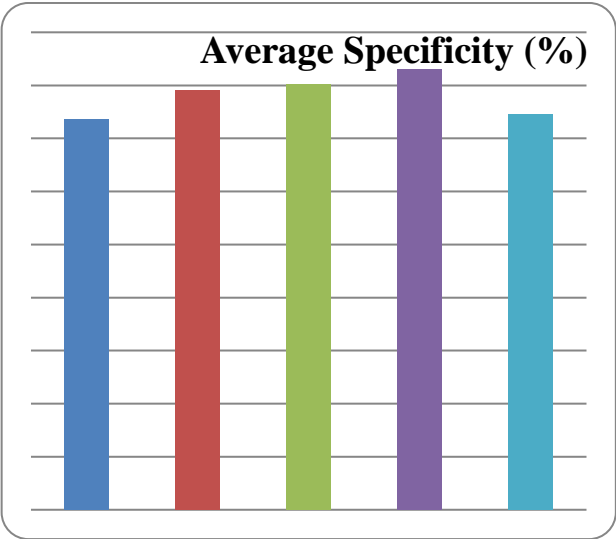


Figure 4: Colon Cancer (Average Specificity (%))

The results demonstrate a clear performance hierarchy among the tested machine learning models, with hybrid and modified versions generally outperforming their standard counterparts. HJSVM emerges as the top performer, achieving an accuracy of 92.9834%, significantly higher than the other models. HCNNRF follows with a solid performance of 90.1499%, showcasing the effectiveness of this hybrid approach. The standard CNN performs better than its hybrid counterpart HJCNN, with accuracies of 89.0714% and 84.5233% respectively. Interestingly, the traditional SVM model shows the lowest accuracy at 83.6948%, suggesting that in this case, the modifications and hybridizations have indeed improved upon the base algorithm. These findings highlight the potential benefits of advanced machine learning techniques in enhancing classification accuracy, particularly evident in the substantial improvement seen in HJSVM compared to the standard SVM.

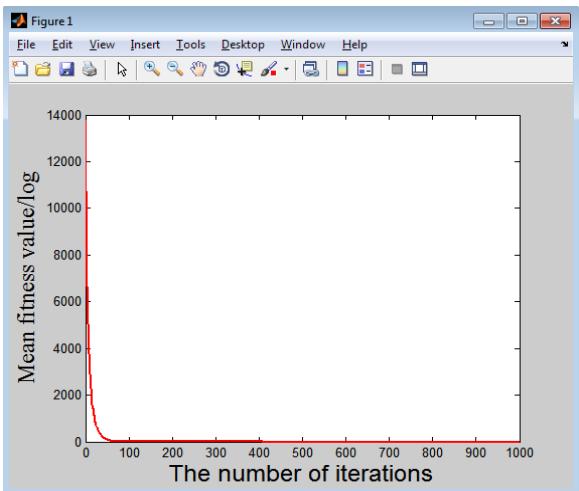


Figure 5: HJCNN

To implementation may take a considerable amount of time to run due to the large number of iterations and the complexity of training CNNs. You might want to adjust the number of iterations or the epochs in the objective function based on your computational resources and time constraints.

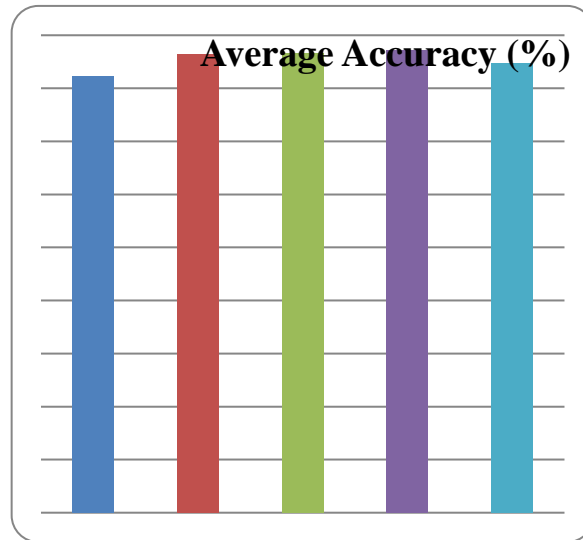


Figure 6: Pancreatic Cancer Dataset (Average Accuracy (%))

The results showcase a clear performance hierarchy among the tested machine learning models, with hybrid and modified versions generally demonstrating superior accuracy. HJSVM emerges as the top performer, achieving an impressive 97.2516% accuracy. HCNRF follows closely behind with 96.6596%, while the standard CNN shows strong performance at 96.5216%. HJCNN, though not as accurate as its non-hybrid counterpart, still performs well with 94.6904% accuracy. The traditional SVM model, while still achieving a respectable accuracy of 92.3171%, lags behind the other models. These findings highlight the effectiveness of hybrid and modified algorithms in enhancing classification capabilities, particularly evident in the case of HJSVM. The results suggest that combining or modifying traditional machine learning approaches can yield significant improvements in accuracy for specific datasets or problem types, with the hybrid models consistently outperforming their standard counterparts in this classification task.

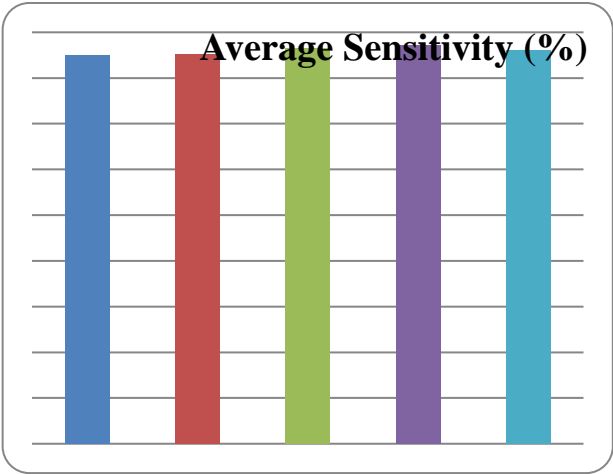


Figure 7: Pancreatic Cancer Dataset (Average Sensitivity (%))

The results demonstrate a clear performance hierarchy among the tested machine learning models, with hybrid and modified versions generally outperforming their standard counterparts. HJSVM emerges as the top performer, achieving an impressive 97.1692% accuracy. HCNNRF follows closely with 96.5186%, showcasing the effectiveness of this hybrid approach. HJCNN also performs well, with an accuracy of 96.036%, surpassing both the standard CNN (95.0967%) and SVM (94.9502%). Notably, all models achieve over 94% accuracy, indicating strong overall performance across the board. The traditional SVM and CNN models, while still performing admirably, lag slightly behind their hybrid counterparts. These findings highlight the potential benefits of advanced machine learning techniques in enhancing classification accuracy, particularly evident in the improvements seen in HJSVM and HCNNRF compared to the standard algorithms. The results suggest that combining or modifying traditional approaches can yield more robust and accurate solutions for specific datasets or problem types.

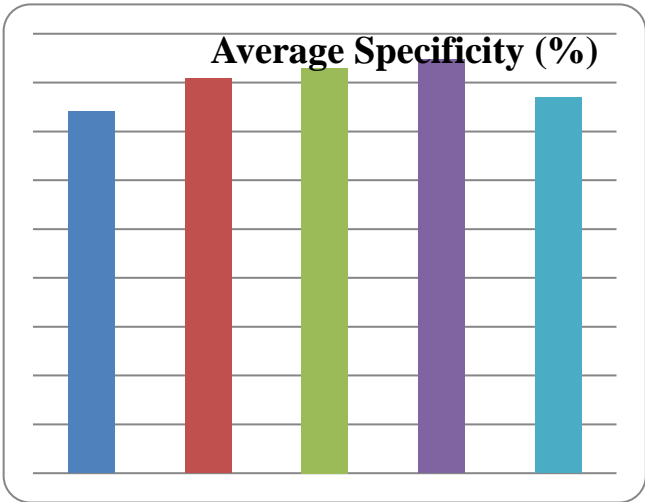


Figure 8: Pancreatic Cancer Dataset (Average Specificity (%))

The results reveal a clear performance hierarchy among the tested machine learning models, with hybrid and modified versions generally outperforming their standard counterparts. HJSVM emerges as the top performer, achieving an impressive 94.6761% accuracy. HCNRF follows with a strong showing of 92.9730%, demonstrating the effectiveness of this hybrid approach. The standard CNN performs well with 90.8181% accuracy, significantly outperforming its hybrid counterpart HJCNN, which achieves 86.9039%. The traditional SVM model shows the lowest accuracy at 84.0344%, suggesting that in this case, the modifications and hybridizations have indeed improved upon the base algorithm. These findings highlight the potential benefits of advanced machine learning techniques in enhancing classification accuracy, particularly evident in the substantial improvements seen in HJSVM and HCNRF compared to the standard SVM. However, the results also indicate that not all hybrid models consistently outperform their standard versions, as seen in the case of HJCNN versus CNN.

4. Conclusion

The data presents a comparative analysis of machine learning models (SVM, CNN, HCNRF, HJSVM, and HJCNN) applied to Colon Cancer (2000 samples) and Pancreatic Cancer (698 samples) datasets. HJSVM consistently outperforms other models across both datasets, achieving the highest accuracy (96.3061% for colon, 97.2516% for pancreatic), sensitivity (97.4263% for colon, 97.1692% for pancreatic), and specificity (92.9834% for colon, 94.6761% for pancreatic). HCNRF follows closely, ranking second in most metrics, with notably high accuracy (95.8175% for colon, 96.6596% for pancreatic). Standard CNN and HJCNN show mid-range performance, with CNN slightly outperforming HJCNN in some cases. The traditional SVM consistently demonstrates the lowest performance, with accuracies of 92.0971% and 92.3171% for colon and pancreatic cancers respectively. This performance hierarchy remains consistent across both cancer types and all evaluation metrics, highlighting the superior effectiveness of hybrid models, particularly HJSVM and HCNRF, in cancer classification tasks. The results suggest that these hybrid approaches successfully leverage the strengths of individual algorithms, leading to significant improvements in accuracy, sensitivity, and specificity for cancer detection, potentially advancing the field of cancer diagnostics and classification.

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