Prediction Of Breast Cancer Using Support Vector Machine And Decision Tree Machine Learning Approaches

Chikezie Samuel Aneke¹

Department Of Computer Engineering University Of Uyo, Akwa Ibom State

Emmanuel Nsese Udoiwod²

Department Of Computer Engineering University Of Uyo, Akwa Ibom State emmanueludoiwod@uniuyo.edu.ng

Umoren Mfonobong A.³

Department of Electrical /Electronic Engineering, University of Uyo, Nigeria mfon4gigis@yahoo.com

Abstract— In this paper, prediction of breast cancer using support vector machine (SVM) and decision tree machine learning models was presented. The model training and validation are performed using the Breast Cancer Wisconsin (Diagnostic) dataset. The dataset consists of 569 records of patients and 35 columns. Exploratory data analysis wais carried out on the diabetic patient dataset using the Pandas-Profiling library. The Seaborn library was used to show the Pearson Correlation of features in the dataset. The model training dataset was divided into 5 folds. Each fold was used as the validation set in 5 iterations. The results show that for the training, the SVM has F1 score with mean value of 98.505% while the decision tree model has F1 score with mean value of 99.334 %. On the other hand, for the validation dataset, the SVM has F1 score with mean value of 96.696 % while the decision tree model has F1 score with mean value of 91.6729 %.In addition, according to the results of the confusion matrix, the SVM has better performance as it had true (or correct) prediction with a higher value of 97.4 % while the decision tree has correct (true) prediction of 2.6%. Again, the SVM has better results for the untrue (or incorrect) prediction with a smaller value of 2.6 % while the decision tree has higher untrue (or incorrect) prediction of 5.3%. Essentially, the SVM model can predict the likelihood of breast cancer better that the decision tree model.

Keywords— Breast Cancer Prediction, Support Vector Machine, Decision Tree, Machine Learning, Confusion Matrix

1. INTRODUCTION

In recent years, there has been increase in the incidence of breast cancer across the globe [1,2,3].

Accordingly, many non-governmental organizations, as well as government agencies are making more effort to address the issue. The efforts are geared towards creating awareness of breast cancer and getting people to know measures that can be used to detect the likelihood of occurrence of breast [4,5,6]. Also, information on life styles that can increase the chances of breast cancer are also publicized so as to encourage people to avoid such [7,8,9].

In addition, the medical practitioners and researchers have also applied some intelligent ways to diagnose and predict the likelihood of breast cancer in a patient based on medical historical data [10,11,12]. Such approach requires the use of intelligent algorithms which can be trained with the medical data records of breast cancer patients and hence enable such algorithms to predict with sufficient accuracy the likelihood of breast cancer in a person. Accordingly, in this work, support vector machine (SVM) and decision tree machine learning algorithms are employed to predict breast cancer [13,14,15,16]. A case study Breast Cancer Wisconsin (Diagnostic) dataset was used for the model training and validation [17,18,19]. The F1 score and the confusion matrix parameters were used to compare the prediction performance of the two machine learning models [20,21]. The essence of the study is to determine which of the two machine learning models is more suitable for breast cancer prediction.

2. METHODOLOGY

In this paper, the focus in the application of support vector machine and decision tree machine learning models for the prediction of breast cancer. The model training and validation are performed using the Breast Cancer Wisconsin (Diagnostic) dataset. The dataset consists of 569 records of patients and 35 columns. The dataset metadata, referred to as features are presented in Table 1. In the features listed in Table 1, the column "Unnamed: 32" is irrelevant. There are null values. The column is removed during data cleaning. There are no missing values in the dataset. There are also no duplicate values.

Exploratory data analysis is carried out on the diabetic patient dataset using the Pandas-Profiling library [22, 23]. The screenshots shown in Figure 1 and Figure 2 show that there are 569 missing values which are from the 'Unnamed: 32' column. There are 31 numeric variables, 1 categorical variable which is the 'Diagnosis' column. The

Unsupported variable is the 'Unnamed: 32' column'. The screenshot in Figure 2 shows that there are no missing values in any of the columns except the 'Unnamed: 32' column

Table 1: Features of diabetic patient dataset

| S/N | Features | Count | Data Type |
|-----|-------------------------|--------------|-----------|
| 0 | id | 569 non-null | int64 |
| 1 | Diagnosis | 569 non-null | object |
| 2 | radius mean | 569 non-null | float64 |
| 3 | texture mean | 569 non-null | float64 |
| 4 | perimeter mean | 569 non-null | float64 |
| 5 | area mean | 569 non-null | float64 |
| 6 | smoothness mean | 569 non-null | float64 |
| 7 | compactness mean | 569 non-null | float64 |
| 8 | concavity mean | 569 non-null | float64 |
| 9 | concave points mean | 569 non-null | float64 |
| 10 | symmetry mean | 569 non-null | float64 |
| 11 | fractal_dimension_mean | 569 non-null | float64 |
| 12 | radius_se | 569 non-null | float64 |
| 13 | texture_se | 569 non-null | float64 |
| 14 | perimeter_se | 569 non-null | float64 |
| 15 | area_se | 569 non-null | float64 |
| 16 | smoothness_se | 569 non-null | float64 |
| 17 | compactness_se | 569 non-null | float64 |
| 18 | concavity_se | 569 non-null | float64 |
| 19 | concave points_se | 569 non-null | float64 |
| 20 | symmetry_se | 569 non-null | float64 |
| 21 | fractal_dimension_se | 569 non-null | float64 |
| 22 | radius_worst | 569 non-null | float64 |
| 23 | texture_worst | 569 non-null | float64 |
| 24 | perimeter_worst | 569 non-null | float64 |
| 25 | area_worst | 569 non-null | float64 |
| 26 | smoothness_worst | 569 non-null | float64 |
| 27 | compactness_worst | 569 non-null | float64 |
| 28 | concavity_worst | 569 non-null | float64 |
| 29 | concave points_worst | 569 non-null | float64 |
| 30 | symmetry_worst | 569 non-null | float64 |
| 31 | fractal_dimension_worst | 569 non-null | float64 |
| 32 | Unnamed: 32 | 0 non-null | float64 |

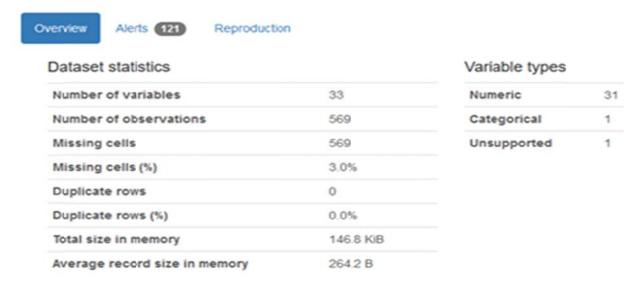


Figure 1: Overview of the dataset

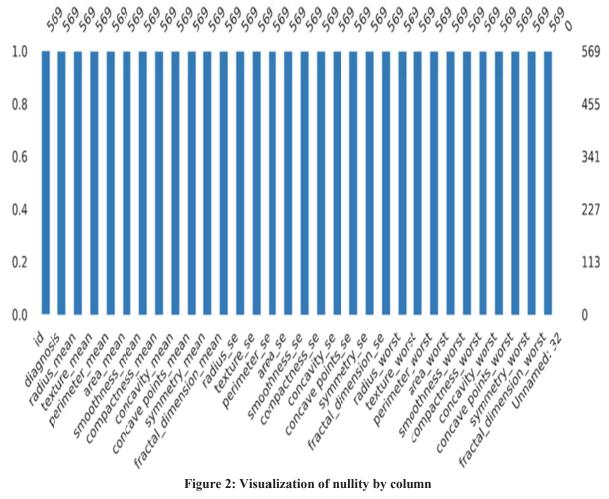


Figure 2: Visualization of nullity by column

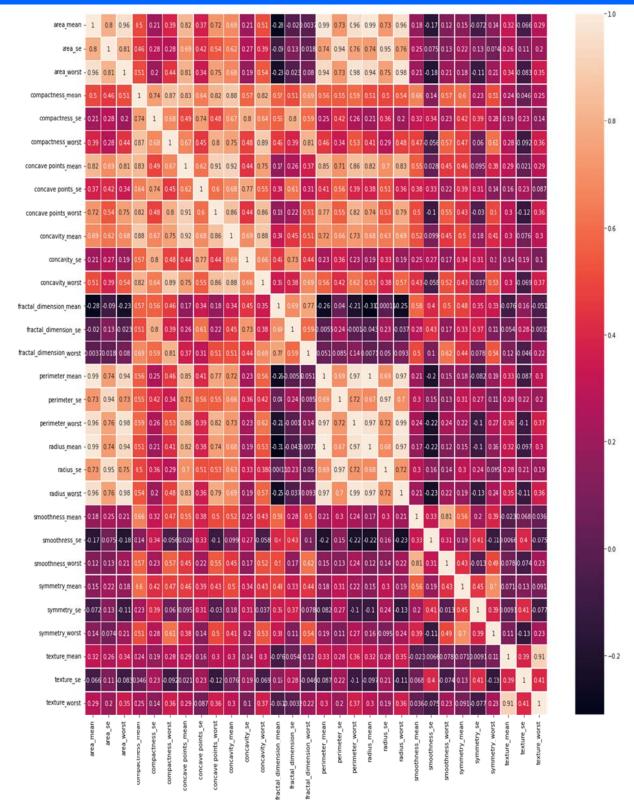


Figure 3 Pearson correlation of features in the dataset using seaborn

The Seaborn library is used to show the Pearson Correlation of features in the dataset [24,25] (Figure 3). Pearson

Correlation is given as:
$$r = \frac{n(\sum xy) - (\sum x)(\sum y)}{\sqrt{[n\sum x^2 - (\sum x)^2][n\sum y^2 - [\sum y]^2]}}$$
(1)

Where: n is the total number of observations, x is the first variable, y is the second variable and r is the pearson correlation value. From the Seaborn Heatmap, it can be

seen that the *area_mean* column is highly positively correlated with the *area_se*, *area_worst*, *concave_point_mean*, *concave_points_worse*, *perimeter_mean*, *perimeter_se*, *perimeter_worse*, *radius_mean*, *radius_se*, *radius_worst*.

2.1 Model Training and validation

The model training dataset was divided into 5 folds. Each fold was used as the validation set in 5 iterations as shown in Figure 4. In the first iteration, the first part of the data is

16918

used for validation, while the other parts are used for training as illustrated in Figure 4. This process is repeated until all the folds of the dataset have been used for validation. Since it is a 5 folds technique, it means 20% of the dataset is used as the validation set while 80 % is for training.

| Iteration 1 | Test | Train | Train | Train | Train |
|-------------|-------|-------|-------|-------|-------|
| Iteration 1 | Train | Test | Train | Train | Train |
| Iteration 1 | Train | Train | Test | Train | Train |
| Iteration 1 | Train | Train | Train | Test | Train |
| Iteration 1 | Train | Train | Train | Train | Test |

Figure 4: The screenshot of the 5-Fold Cross-Validation

2.2 Training of the Support Vector Machine (SVM) Model

The SVC (Support Vector Classifier) class is imported from the svm module of the Sci-kit learn library (see Figure 5). The regularization's intensity is inversely proportional to C. It means the higher the value of C, the lesser the regularization. Regularization is a technique used to reduce overfitting during training. Overfitting occurs when the machine learning model performs very well on the training set but performs poorly on the validation set. It means the model is not learning. It is just memorizing the training data. The parameter C is set to 3.7276. The rbf SVM kernel is used. The other SVM kernels available in the Sci-kit Learn library are 'poly', 'rbf', 'sigmoid', and 'precomputed.'

```
# Use the best parameters to train the logistic regression algorithm
from sklearn.svm import SVC

svm_model = SVC(C=3.727593720314938, kernel='rbf')
svm_train_val_result = cross_validation(svm_model, scaled_X_train, y_train, 5)
print(svm_train_val_result)
```

Figure 5: Training of the SVM Model

2.3 Training of the Decision Trees Model

DecisionTreeClassifier class was imported from the tree module of the Sci-kit Learn library. The criterion parameter is a function for determining the quality of a split. The criterion is "entropy." The min_samples_split represents

the minimum amount of samples needed to separate an internal node in the decision tree. This parameter helps to avoid overfitting. The *min_samples_split* is 5. It means once we have 5 samples remaining, they should not be split again into various classes (as shown, Figure 6).

Figure 6: Training of the Decision Tree Model

3. RESULTS AND DISCUSSION

3.1 Training and Validation Results

The case study dataset is imbalanced as such, in this work the training and validation results, are focus on the F1 score metric. This is because accuracy is not effective metric on a dataset with imbalanced classes. However, accuracy, precision, recall, and f1-score metrics are used to evaluate the test set. The F1 scores for the training dataset across the 5 folds are as presented in Table 2 and Figure 7 while the F1 scores for the validation dataset across the 5 folds are as presented in Table 3 and Figure 7. The results show that for the training dataset (Table 2 and Figure 7), the SVM has F1

score with mean value of 98.505% while the decision tree model has F1 score with mean value of 99.334 %. On the other hand, for the validation dataset (Table 3 and Figure 8), the SVM has F1 score with mean value of 96.696 % while the decision tree model has F1 score with mean value of 91.6729 %. Essentially, the decision tree has higher (and hence better) F1 score in the training dataset than the SVM. However, the reverse is the case on the testing dataset where the SVM has higher (and hence better) F1 score in the training dataset than the decision tree. As such, other performance parameters available in confusion matrix are

used to determine the model that is better for application in breast cancer prediction.

Table 2: The F1 scores for the training dataset across the 5 folds

| | 1st Fold | 2nd Fold | 3rd Fold | 4th Fold | 5th Fold | Average |
|-------------------------|----------|----------|----------|----------|----------|---------|
| SVM F1 scores | 98.5075 | 98.1273 | 99.2593 | 97.7444 | 98.8848 | 98.5046 |
| Decision Tree F1 scores | 99.2593 | 99.6337 | 99.2701 | 100.0000 | 98.5075 | 99.3341 |

The F1 scores for the training dataset across the 5 folds

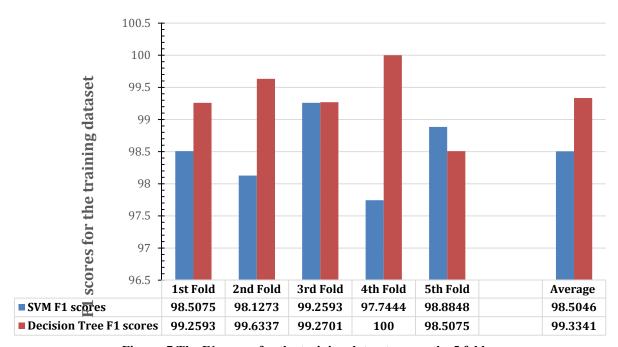


Figure 7 The F1 scores for the training dataset across the 5 folds

Table 3: The F1 scores for the validation dataset across the 5 folds

| | 1st Fold | 2nd Fold | 3rd Fold | 4th Fold | 5th Fold | Average |
|-------------------------|----------|----------|----------|----------|----------|---------|
| SVM F1 scores | 95.3846 | 100.0000 | 95.3846 | 97.0588 | 95.6522 | 96.6960 |
| Decision Tree F1 scores | 95.5224 | 92.9577 | 89.8550 | 95.5224 | 84.5070 | 91.6729 |

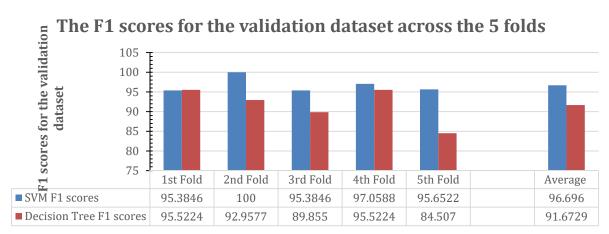


Figure 8 The F1 scores for the validation dataset across the 5 folds

The results on the confusion matrix are presented in Figure 9, Figure 10 and Figure 11 and they show that the number of true positives, false positives, true negatives, and false negatives. According to the confusion matrix results. Also, the statistics of true or correct prediction is presented in Figure 12 while the statistics of false or incorrect prediction is presented in Figure 13. According to the results, the SVM has better results for the true (or correct) prediction

with a higher value of 97.4 % while the decision tree has correct (true) prediction of 2.6%. Again, the SVM has better results for the untrue (or incorrect) prediction with a smaller value of 2.6 % while the decision tree has higher untrue (or incorrect) prediction of 5.3%. Essentially, the SVM model can predict the likelihood of breast cancer better that the decision tree model.

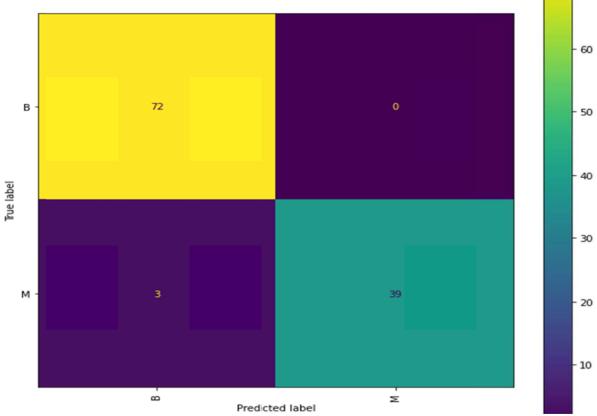


Figure 9: Confusion matrix heat map for the SVM Model

JMESTN42354404 16921

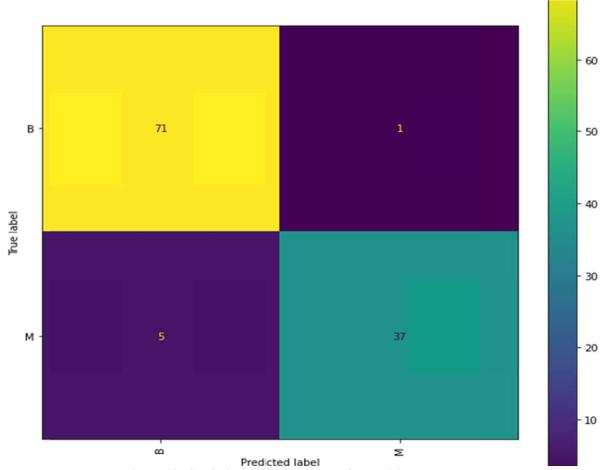


Figure 10: Confusion matrix heat map for Decision Tree Model

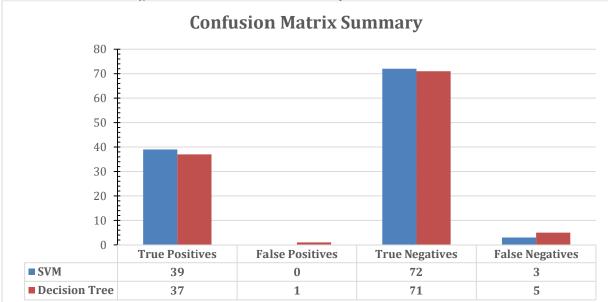


Figure 11 The summary of the confusion matrix for the two models

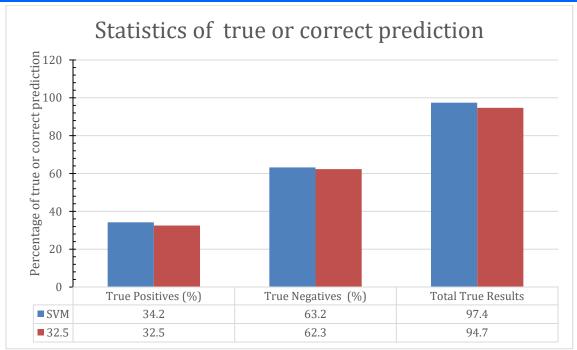


Figure 12 Statistics of true or correct prediction

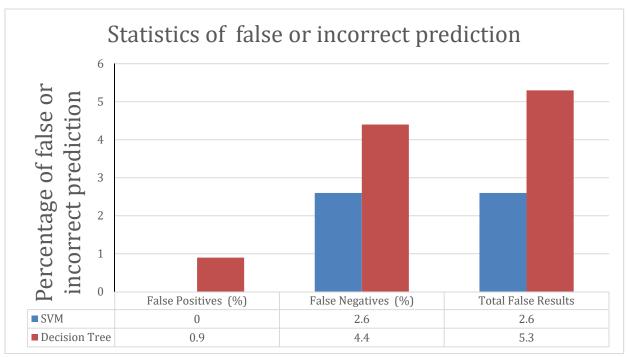


Figure 13 Statistics of true or correct prediction

4. CONCLUSION

The focus of this paper is on the support vector machine (SVM) and decision tree machine learning models which are trained for prediction of breast cancer. The cancer patients' dataset was acquired and the 5-fold technique was employed in splitting the dataset into training and validation set. The models were iteratively trained based on the 5-fold approach and the F1 scores were obtained for each model for each of the five folds. Also confusion matrix results were obtained for the two models. The results showed that the SVM model performed better than the

decision tree in making correct predictions of breast cancer incidence in the patience.

REFERENCES

- 1. Lima, S. M., Kehm, R. D., & Terry, M. B. (2021). Global breast cancer incidence and mortality trends by region, age-groups, and fertility patterns. *EClinicalMedicine*, 38.
- Kashyap, D., Pal, D., Sharma, R., Garg, V. K., Goel, N., Koundal, D., ... & Belay, A. (2022). Global increase in breast cancer incidence: risk factors and preventive measures. *BioMed research* international, 2022.

- Lei, S., Zheng, R., Zhang, S., Wang, S., Chen, R., Sun, K., ... & Wei, W. (2021). Global patterns of breast cancer incidence and mortality: A population-based cancer registry data analysis from 2000 to 2020. Cancer Communications, 41(11), 1183-1194.
- Osei-Afriyie, S., Addae, A. K., Oppong, S., Amu, H., Ampofo, E., & Osei, E. (2021). Breast cancer awareness, risk factors and screening practices among future health professionals in Ghana: A cross-sectional study. *PloS one*, 16(6), e0253373.
- Gupta, R., Gupta, S., Mehrotra, R., & Sodhani, P. (2020). Risk factors of breast cancer and breast self-examination in early detection: systematic review of awareness among Indian women in community and health care professionals. *Journal of public health*, 42(1), 118-131.
- 6. World Health Organization. (2023). Global breast cancer initiative implementation framework: assessing, strengthening and scaling-up of services for the early detection and management of breast cancer. World Health Organization.
- 7. Jia, T., Liu, Y., Fan, Y., Wang, L., & Jiang, E. (2022). Association of healthy diet and physical activity with breast cancer: lifestyle interventions and oncology education. *Frontiers in public health*, 10, 797794.
- 8. Rock, C. L., Thomson, C., Gansler, T., Gapstur, S. M., McCullough, M. L., Patel, A. V., ... & Doyle, C. (2020). American Cancer Society guideline for diet and physical activity for cancer prevention. *CA: a cancer journal for clinicians*, 70(4), 245-271.
- 9. Newman, L. A. (2022). Breast cancer screening in low and middle-income countries. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 83, 15-23.
- Casal-Guisande, M., Comesaña-Campos, A., Dutra, I., Cerqueiro-Pequeño, J., & Bouza-Rodríguez, J. B. (2022). Design and development of an intelligent clinical decision support system applied to the evaluation of breast cancer risk. *Journal of personalized medicine*, 12(2), 169.
- 11. Ogundokun, R. O., Misra, S., Douglas, M., Damaševičius, R., & Maskeliūnas, R. (2022). Medical internet-of-things based breast cancer diagnosis using hyperparameter-optimized neural networks. *Future Internet*, *14*(5), 153.
- 12. Singh, L. K., Khanna, M., & Singh, R. (2023). Artificial intelligence based medical decision support system for early and accurate breast cancer prediction. *Advances* in Engineering Software, 175, 103338.
- 13. Tsehay Admassu Assegie, S. S. (2020). A support vector machine and decision tree based breast cancer prediction. *International Journal of Engineering and Advanced Technology (IJEAT)*, *ISSN*, 2249-8958.
- Dinesh, P., Vickram, A. S., & Kalyanasundaram,
 P. (2024, May). Medical image prediction for diagnosis of breast cancer disease comparing the machine learning algorithms: SVM, KNN, logistic

- regression, random forest and decision tree to measure accuracy. In *AIP Conference Proceedings* (Vol. 2853, No. 1). AIP Publishing.
- 15. Naji, M. A., El Filali, S., Aarika, K., Benlahmar, E. H., Abdelouhahid, R. A., & Debauche, O. (2021). Machine learning algorithms for breast cancer prediction and diagnosis. *Procedia Computer Science*, 191, 487-492.
- Alfian, G., Syafrudin, M., Fahrurrozi, I., Fitriyani, N. L., Atmaji, F. T. D., Widodo, T., ... & Rhee, J. (2022). Predicting breast cancer from risk factors using SVM and extra-trees-based feature selection method. *Computers*, 11(9), 136.
- 17. Hossin, M. M., Shamrat, F. J. M., Bhuiyan, M. R., Hira, R. A., Khan, T., & Molla, S. (2023). Breast cancer detection: an effective comparison of different machine learning algorithms on the Wisconsin dataset. *Bulletin of Electrical Engineering and Informatics*, 12(4), 2446-2456.
- 18. Mohammad, W. T., Teete, R., Al-Aaraj, H., Rubbai, Y. S. Y., & Arabyat, M. M. (2022). Diagnosis of breast cancer pathology on the wisconsin dataset with the help of data mining classification and clustering techniques. *Applied Bionics and Biomechanics*, 2022.
- 19. Kadhim, R. R., & Kamil, M. Y. (2022). Comparison of breast cancer classification models on Wisconsin dataset. *Int J Reconfigurable & Embedded Syst ISSN*, 2089(4864), 4864.
- 20. Chicco, D., & Jurman, G. (2020). The advantages of the Matthews correlation coefficient (MCC) over F1 score and accuracy in binary classification evaluation. *BMC genomics*, 21, 1-13.
- 21. Yacouby, R., & Axman, D. (2020, November). Probabilistic extension of precision, recall, and fl score for more thorough evaluation of classification models. In *Proceedings of the first workshop on evaluation and comparison of NLP systems* (pp. 79-91).
- 22. Harrison, M., & Petrou, T. (2020). Pandas 1. x Cookbook: Practical recipes for scientific computing, time series analysis, and exploratory data analysis using Python. Packt Publishing Ltd.
- 23. Gupta, S., & Sedamkar, R. R. (2020). Machine learning for healthcare: Introduction. *Machine learning with health care perspective: Machine learning and healthcare*, 1-25.
- 24. Vencer, L. V. T., Bansa, H., & Caballero, A. R. (2023, May). Data and Sentiment Analysis of Monkeypox Tweets using Natural Language Toolkit (NLTK). In 2023 8th International Conference on Business and Industrial Research (ICBIR) (pp. 392-396). IEEE.
- 25. Dasari, K. B., & Devarakonda, N. (2022, September). SynFlood DDoS attack detection with SVM kernels using uncorrelated feature subsets selected by Pearson, spearman and Kendall correlation methods. In 2022 second international conference on computer science, engineering and applications (ICCSEA) (pp. 1-6). IEEE.