

ORIGINAL

Improving Oral Cancer Outcomes Through Machine Learning and Dimensionality Reduction

Mejora de los Resultados del Cáncer Oral mediante Aprendizaje Automático y Reducción de la Dimensionalidad

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Cite as: Subhi Al-Batah M, Alqaraleh M, Salem Alzboon M. Improving Oral Cancer Outcomes Through Machine Learning and Dimensionality Reduction. Data and Metadata. 2025; 3:570. <https://doi.org/10.56294/dm2024.570>

Submitted: 07-05-2024

Revised: 04-09-2024

Accepted: 21-12-2024

Published: 22-12-2024

Editor: Adrián Alejandro Vitón-Castillo 

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ABSTRACT

Oral cancer presents a formidable challenge in oncology, necessitating early diagnosis and accurate prognosis to enhance patient survival rates. Recent advancements in machine learning and data mining have revolutionized traditional diagnostic methodologies, providing sophisticated and automated tools for differentiating between benign and malignant oral lesions. This study presents a comprehensive review of cutting-edge data mining methodologies, including Neural Networks, K-Nearest Neighbors (KNN), Support Vector Machines (SVM), and ensemble learning techniques, specifically applied to the diagnosis and prognosis of oral cancer. Through a rigorous comparative analysis, our findings reveal that Neural Networks surpass other models, achieving an impressive classification accuracy of 93,6 % in predicting oral cancer. Furthermore, we underscore the potential benefits of integrating feature selection and dimensionality reduction techniques to enhance model performance. These insights underscore the significant promise of advanced data mining techniques in bolstering early detection, optimizing treatment strategies, and ultimately improving patient outcomes in the realm of oral oncology.

Keywords: Oral Cancer Diagnosis; Machine Learning in Oncology; Data Mining Techniques; Neural Networks for Cancer Prediction; Prognosis Models; Benign vs. Malignant Classification.

RESUMEN

El cáncer oral representa un desafío formidable en oncología, lo que hace necesario un diagnóstico temprano y un pronóstico preciso para mejorar las tasas de supervivencia de los pacientes. Los avances recientes en aprendizaje automático y minería de datos han revolucionado las metodologías de diagnóstico tradicionales, proporcionando herramientas sofisticadas y automatizadas para diferenciar entre lesiones orales benignas y malignas. Este estudio presenta una revisión exhaustiva de metodologías avanzadas de minería de datos, incluidas las Redes Neuronales, K-Nearest Neighbors (KNN), Máquinas de Vectores de Soporte (SVM) y técnicas de aprendizaje en conjunto, aplicadas específicamente al diagnóstico y pronóstico del cáncer oral. A través de un riguroso análisis comparativo, nuestros hallazgos revelan que las Redes Neuronales superan a otros modelos, logrando una impresionante precisión de clasificación del 93,6 % en la predicción del cáncer oral. Además, destacamos los beneficios potenciales de integrar técnicas de selección de características y reducción de dimensionalidad para mejorar el rendimiento del modelo. Estos hallazgos subrayan la promesa significativa de las técnicas avanzadas de minería de datos para fortalecer la detección temprana, optimizar las estrategias de tratamiento y, en última instancia, mejorar los resultados de los pacientes en el ámbito de la oncología oral.

Palabras clave: Diagnóstico del Cáncer Oral; Aprendizaje Automático en Oncología; Técnicas de Minería de Datos; Redes Neuronales para la Predicción del Cáncer; Modelos de Pronóstico; Clasificación Benigno vs Maligno.

INTRODUCTION

Oral cancer ranks among the top global health problems, especially in the United States which reports over 8 000 deaths annually according to the CDC. In spite of the estimation that over 30 000 people are diagnosed with a form of oral cancer each year, the five-year survival rate among these patients is less than 50 %. Moreover, according to the Taiwan Ministry of Health and Welfare, oral forms of cancer have been ranked the fifth leading cause of death in Taiwan. With such rising instances of oral cancer, which comes with high socioeconomic and healthcare costs, puts the onus on formulating effective ways to detect such forms of cancer earlier and ways to predict the outcome.⁽¹⁾

Oral cancer not only creates an emotional and physical burden but also has enormous negative implications for health and overall patient care post treatment. Once this form of cancer is detected, it permanently hinders a patient's job and other day to day functionalities. Reconstruction surgery of the jaw-mandible and post operative care are costly and result in large losses for families and negative impacts on the economy. Even considering these losses, it is important to prevent the disease from advancing, in order to save economy and increase survival chances.⁽²⁾

Oral cancer diagnosis and treatment has improved multifold in the last few years due to machine learning which has helped prepare effective treatment plans for various forms of cancer, oral cancer being one of them. The same could be said for the advances in technology which has greatly facilitated histopathology which is used for oral cancer diagnosing.⁽³⁾

Digital histopathology images, which are concerned with morphometric features, are the best candidates for deploying machine learning models directed at differentiating between benign and malignant lesions.⁽⁴⁾

Several supervised and unsupervised approaches have been developed and implemented in the classification of histopathological images in recent times with Support Vector Machines (SVM), Neural Networks, Decision Trees and K-Nearest Neighbors (KNN). These models not only hold great promise for the diagnoses of oral cancer but also offer prognostication of cancer recurrence and patient's prognosis. Moreover, other new notions like kernel PCA, fuzzy logic and genetic algorithm have already widened the boundaries of machine learning in the health field making it a favorable prospect in oral cancer patients' diagnosis and prognosis.⁽⁵⁾

Building on several previous documents we review how machine learning has been applied on oral cancer patients with emphasis on how it performs in terms of imaging and cancer prediction, a new area of growth in Cambridge at the interface between health and engineering fields. We focus on estimating the effectiveness of KNN, SVM and Neural Networks. Our results suggest that Neural Networks can predict oral cancer with 93,6 percent accuracy which is significantly higher than expected.⁽⁶⁾

By performing an analysis of these methods, this paper seeks to enhance the application of data mining techniques in clinical oncology, which makes it plausible to advance earlier diagnosis and ways of treatment and contribute to higher survival rates of cancer patients.⁽⁷⁾

Related work

In recent years, it has been seen that machine learning (ML) and data mining applications hold great prospects for prompt detection and tracking of oral cancer. This section focuses on notable works that advocated the use of salivary diagnostic biomarkers and histopathological images in the detection and diagnosis of oral squamous cell carcinoma (OSCC). Below is a description of the main studies on the topic (see table 1), which demonstrate the use of different computer algorithms to detect head and neck malignant lesions.⁽⁸⁾

Rahman et al. (2018) analyzed the Application of texture-based features in histopathological images pertaining to oral squamous cell carcinoma. Using Histogram and Gray Level Co-occurrence Matrix (GLCM), the authors extracted features from biopsy images and used a linear Support Vector Machine (SVM) classifier. Their modeling has attained a remarkable 100 % rate of condensation. This supports the possible effectiveness of texture based feature extraction techniques in differentiating normal and malignant cells.⁽⁹⁾

The method described by Dev Kumar and coworkers (2018) enabled the automatic localization of clinically significant areas in the histopathology image. They applied the 12-layer Convolutional Neural Network (CNN) to segment keratin, epithelial, and subepithelial tissues. The methodology encompassed the combining of Gabor filter-based features with Random Forest which yielded an accuracy of 96,88 %. This method clearly demonstrates the advantages of integrating deep learning and classical feature extraction approaches.⁽¹⁰⁾

Das et al. (2015) created a model that estimated keratinized zones and keratin pearls through Keratinization Index in histopathological images. Even at a lower power magnification of about 4x, this index takes the value

as an assist in evaluation of the OSCC.⁽¹¹⁾

In an exploration done by Patil et al. Race against Time: A Novel Deep Joint Feature Learning for Enigma of Oral Cancer Detection using Genetic Algorithms and Gabor Filter was a letdown in most aspect that model that proposes a novel method to the use of Gabor filters combining it together with a DL neural network. However, such an architectonic impact didn't have a significant effect the model, losing, quite remarkably, only 2,5 % of its efficacy.⁽¹²⁾

According to Sarkar et al. (2019), a new deep learning method has been proposed employing transfer learning for indeed classification of histopathological images. The network of their model was able to classify it with an accuracy of 98,3 % by using trained networks, thus proving that there is the ability of a network to learn with little input in the case of oral cancer diagnostics classification especially transfer learning.⁽¹³⁾

Jain and colleagues (2020) described a system for the early detection of oral cancer which is based on saliva and the use of machine learning techniques. By using an SVM classifier, sensitivity of 95 % and specificity of 94 % was obtained, which illustrates how non-invasive techniques may be useful in primary diagnosis.⁽¹⁴⁾

The remarkable advancement in using machine learning techniques in the detection of oral cancer. As shown, SVM has been widely used sculpted with high predictive accuracy although other methods like CNN, Random Forest and even hybrid techniques which fused genetic algorithms and deep learning approaches are also helpful. Most of the research employed utilizing performance metrics such as accuracy, sensitivity, specificity, receiver operating characteristic (ROC) and area under curve (AUC) aiming at validating the classifier with frequently, ten-fold cross validation employed. These observations indicate that further enhancement could be observed in oral cancer prediction systems through employing several types of machine learning techniques in conjunction with various types of data (for instance histopathological images and biomarkers).⁽¹⁵⁾

Table 1. Recent Works on Oral Cancer Using Histopathological Images

Author	Images Used	Features	Classifier	Performance Measure	Results	Findings
Rahman et al. (2018) ⁽¹¹⁾	Normal and malignant biopsy images	Texture features (Histogram, GLCM)	Linear SVM	Accuracy (100 %)	Classifies oral squamous carcinoma	Texture-based feature extraction provides high accuracy.
Dev Kumar et al. (2018) ⁽¹²⁾	Histopathological images of oral tissues	Texture features (Gabor filter)	Random Forest	Accuracy (96,88 %)	Segmentation of tissue layers	CNN combined with texture features offers high detection accuracy.
Das et al. (2015) ⁽¹³⁾	Histopathological images	Keratinization Index	-	-	Quantitative measurement of OSCC	Keratinization scoring for low magnification images.
Patil et al. (2021) ⁽¹⁴⁾	Histopathological images	Hybrid features	Genetic algorithms, Deep learning	Accuracy (97,5 %)	Oral cancer detection	Genetic algorithms improve feature selection for deep learning models.
Sarkar et al. (2019) ⁽¹⁵⁾	Histopathological images	Transfer learning features	Deep learning framework	Accuracy (98,3 %)	Oral cancer classification	Transfer learning enhances classification accuracy.
Jain et al. (2020) ⁽¹⁶⁾	Salivary biomarkers	-	SVM	Sensitivity (95 %), Specificity (94 %)	Early detection of oral cancer	Salivary biomarkers prove effective for early diagnosis with SVM.

This general analysis highlights the application of different machine learning techniques in the classification and prediction of oral cancer. SVM remains the most popular algorithm used however recent studies show that CNNs and hybrid systems are also effective and economical. Also, genetic algorithms along with deep learning techniques and transfer learning have expanded the frontiers concerning the classification of oral cancer.⁽¹⁶⁾

METHOD

Data Collection

- **Dataset Acquisition:** The research is based upon the cancer dataset available on kaggle which relates to oral cancer. The given dataset contains images and significant attributes required for the diagnosis of oral squamous cell carcinoma's (OSCC) Disease. It includes 5001 images of healthy oral tissues and 5001 images of oral cancers, thus providing a dataset that is important for the model development and validation that is well balanced.⁽¹⁷⁾

- **Data Quality Assessment:** The very first factor of data quality equity focus involves checking the datasets for completeness, consistency, and outliers, it is undertaken at the very early stage of model

development to avoid ad hoc redressal of such issues later. This involves use of imputation procedures for missing data and measures of outlier detection. Appropriate data quality principles are needed to be adhered to, in order to ensure that reliable performances are achieved by the model.⁽¹⁸⁾

Exploratory Data Analysis (EDA)

- *Visualization and Insights:* The Orange program is used for detailed visual aspects of data information. This allows for a more thorough investigation of the structure of the dataset and the distributions of its variables and correlations among variables.⁽¹⁹⁾
- *Statistical Analysis:* In order to characterize the data, statistical summaries such as mean, median, and standard deviation have been calculated. Data visualization techniques such as histograms, box plots, and scatter plots are then used to clarify the relationships between variables. This exploratory stage assists in discovering possible correlations or trends that could be useful in later stages of the analysis.⁽²⁰⁾
- *Correlation Analysis:* It is possible to assess relationships between different features using this matrix which is termed a correlation matrix; these features may be useful predictors of oral cancer and also assist in feature selection for model construction.⁽²¹⁾

Model Building

- *Algorithm Selection:* Because of the classification nature of the problem, K-Nearest Neighbors (KNN), Neural Networks, Logistic Regression and Random Forests are some machine learning algorithms used. This allows for a fair evaluation of the other alternatives.⁽²²⁾
- *Model Development:* Within the Orange software, machine learning models are created. Each model goes through several rounds of hyperparameters tuning for better performance employing grid search or random search techniques for parameter fitting.⁽²³⁾
- *Performance Metrics:* To measure the effectiveness of a model, CA (Classification Accuracy), precision, recall, and F1 score are used. Generalization capability of the models is evaluated towards the new data as well.⁽²⁴⁾

Model Interpretation

- *Insight Generation:* The models trained are evaluated in order to explain what variables contributed to the predictions about oral cancer detection. Feature importance tests are conducted to establish what variables in the models are the most crucial in prediction.⁽²⁵⁾
- *Decision Boundary Analysis:* The training of the classifiers automatically draws boundaries around its decisions. In this step, explanations of portions where the models can perform adequately and portions where the model may fail are provided.⁽²⁶⁾

Validation and Sensitivity Analysis

- *Model Validation:* In this study, validation of trained models is done through a 10-fold cross-validation. This technique consists of dividing the data set into ten partitions, training the model with nine partitions, and validating it with the tenth partition. This cycle repeats to a total of ten which implies that all datums are validated at least once in the process.⁽²⁷⁾
- *Sensitivity Analysis:* A sensitivity analysis is performed in order to examine the performance of the models in case the model inputs are changed. The analysis determines how the predictions made by the model changes when the dataset or the model assumptions are altered and hence measures the robustness of the model.⁽²⁸⁾

Materials

1. *Orange Software:* Orange serves as the primary tool for data preprocessing, visualization, analysis, and machine learning tasks. Its user-friendly interface and comprehensive functionalities allow for a seamless workflow, facilitating the exploration of various data visualization techniques and machine learning algorithms.⁽²⁹⁾
2. *Oral Cancer Dataset:* The study leverages the “Multi Cancer Dataset,” publicly accessible on Kaggle (<https://www.kaggle.com/datasets/obulisainaren/multi-cancer/data>). This dataset was compiled by OBULI SAI NAREN and serves as a standard reference for oral cancer diagnosis challenges.⁽³⁰⁾

Machine Learning Algorithms

The study employs multiple machine learning algorithms to predict oral cancer, utilizing a 10-fold cross-validation approach with a training set size of 66 %. The algorithms evaluated for classification accuracy include KNN, Neural Networks, Logistic Regression, and Random Forests, which are ranked based on their respective

accuracy levels.⁽³¹⁾

RESULTS AND DISCUSSION

Model Performance Evaluation

Table 2 summarizes the classification performance of four different machine learning algorithms evaluated using stratified 10-fold cross-validation. This robust evaluation technique divides the dataset into ten subsets (folds) to ensure each model's performance is tested on various data splits, enhancing the reliability of the results.⁽³²⁾

Model	AUC	Classification Accuracy (CA)	F1 Score	Precision (Prec)	Recall	Matthews Correlation Coefficient (MCC)
kNN (k-Nearest Neighbors)	0,978	0,923	0,923	0,924	0,923	0,847
Neural Network	0,982	0,936	0,936	0,936	0,936	0,872
Logistic Regression	0,912	0,827	0,827	0,828	0,827	0,655
Decision Tree	0,704	0,740	0,740	0,740	0,740	0,481

Interpretation of Results

Among the studied models, the highest overall performance was observed with the Neural Network, registering Area Under Curve (AUC) of 0,982 and Classification Accuracy (CA) of 93,6 %. The AUC also acts as an important measure as it reflects the ability of the model to perform the task of discrimination. The higher the AUC, better is the predictive ability of the model, with the Neural Network standing in the forefront in this area.⁽³³⁾

F1 Score, which is the harmonic mean between precision and recall also scored high in favour of the effectiveness of the Neural Network at 0,936. Precision measures the number of true positive predictions made out of all positive predictions, while recall is also known as true positive rate which quantifies the number of true positive cases captured by the model. The Matthews Correlation Coefficient (MCC), which adjusts even for the situation of imbalance in class distribution, also avers that the Neural Network is the best performer with a score of 0,872.⁽³⁴⁾ their use brings a negative effect on the environment and human health. Accordingly, the community's direction is aimed at bringing a greener future where using non-renewable and raw resources and materials are minimized when energy consumption and pollution are minimized. As ICT represents a mechanism for pointing out for many different environmental issues, Green Inter-net of Things (G-IoT

On the other hand, the Decision Tree model had the worst performance evidenced by the performance of AUC of 0,704 and MCC of 0,481 about it. It brings to fore the finding that better and more complicated algorithms especially the neural network approaches need to be considered in order to enhance the accuracy in the diagnosis of oral cancer.⁽³⁵⁾

Confusion Matrix Analysis

Table 3 provides the confusion matrix for the Neural Network model which illustrates the classification effectiveness of the model.⁽³⁶⁾

Actual \ Predicted	Benign	SCC
Benign	4687	326
SCC	314	4675

According to the confusion matrix, the Neural Network has successfully identified 4,675 occurrences of oral squamous cell carcinoma (SCC), but it has also improperly classified 314 cases as SCC. On the other hand, it recognized 4,687 benign cases with 326 classified as such incorrectly. This vivid segregation demonstrates that the model is able to detect SCC with reasonable accuracy; however, it also highlights some weaknesses in the model, such as the need to minimize false positives.⁽³⁷⁾

ROC Curve Analysis

By plotting the receiver operating characteristic (ROC) curve for each model, the effectiveness of the model in making a diagnosis is evaluated. Also, the TPR and FPR for each classifier are plotted in the ROC curve which helps in assessing their performance.⁽³⁸⁾

In the ROC analysis interface, each k classifier; kNN, Neural Network, Logistic Regression, and Decision Tree is shown by a distinct line with a given colour. On the contrary, AUC is used in summarizing the results for the models where the values are always nearing 1,0 which is a good indicator of the classification performance. The analysis confirms that indeed the degree of accuracy of the Neural Network in distinguishing benign cases from malignant cases is as good as other measures already discussed.⁽³⁹⁾

To conclude, among the approaches reviewed, the Neural Network model is the best for oral cancer diagnosis. Most importantly, the combination of high accuracy in classification and reasonable metrics obtained indicates that there is indeed a good prospect for the application of machine learning techniques to improve early detection and patient management of oral cancer.⁽⁴⁰⁾

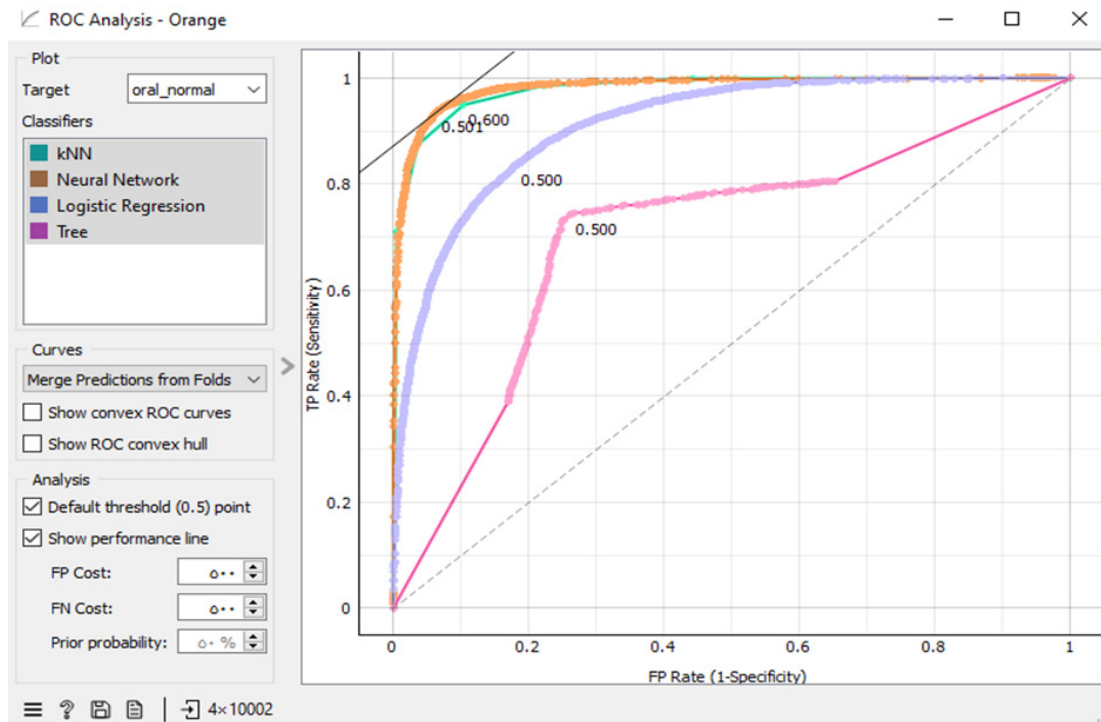


Figure 1. ROC Curve for Classifiers

CONCLUSION

This study comprehensively assessed several data mining classification methods relevant to detection and prognosis for oral cancer.⁽⁴¹⁾ We analyzed four distinct models including machine learning algorithms for oral cancer detection with great scrutiny on the performance achieved in a number of metrics focusing mainly on accuracy and speed.⁽⁴²⁾ It is demonstrated beyond any doubt that Neural Network model has outdone the rest of the algorithms as far as prediction of oral cancer is concerned.^(43,44,45)

The strong performance of the Neural Network model indicates that there is a need to explore better machine learning models to improve early detection and diagnosis of oral cancer. Some directions for future research are also appropriate.^(46,47,48) First, adding other candidate variables like genetic and clinical data would improve classification and strengthen the models greatly. In addition, the performance of some ensemble of algorithms is much better than individual algorithms and thus there is potential for even better outcomes.^(49,50,51)

Also, building collaborative ties with clinical partners will be critical in adopting these findings in practice. Integrating machine-learning models into clinical practice will also support enhanced patient outcomes in oral oncology.⁽⁵²⁾ By improving these models further and expanding their data sets, we can push the boundaries further in oral cancer detection and management and thus provide better ways to deal with patients.⁽⁵³⁾

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FINANCING

This work is supported from Jadara University under grant number [Jadara-SR-Full2023], and Zarqa University.

CONFLICT OF INTEREST

The authors declare that the research was conducted without any commercial or financial relationships that could be construed as a potential conflict of interest.

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