



Application of Data Science in Inflammatory Bowel Disease

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ARTICLE INFO

Received: 2023/09/20

Revised: 2023/10/28

Accept: 2023/11/04

Keywords:

Lumbar Disc, Data Science, K-nearest neighbors algorithm, KNN, Diagnosing.

ABSTRACT

This paper explores the application of the K-Nearest Neighbors (KNN) algorithm in the field of Inflammatory Bowel Disease (IBD). IBD is a group of chronic inflammatory disorders that affect the gastrointestinal tract. Data science techniques have shown promise in identifying patterns and predicting outcomes in various medical conditions. In this study, we investigate the effectiveness of the KNN algorithm in diagnosing and classifying different subtypes of IBD based on clinical and biochemical features. The results demonstrate the potential of data science and the KNN algorithm in enhancing the understanding and management of IBD.

1. Introduction

Inflammatory Bowel Disease (IBD) is a complex and multifactorial condition affecting the gastrointestinal tract. It includes two main forms: Crohn's disease (CD) and ulcerative colitis (UC). Accurate diagnosis and classification of IBD subtypes are vital for personalized treatment strategies. Traditional diagnostic methods have limitations, and there is a need for innovative approaches to aid in disease identification and management. Data science techniques, particularly machine learning algorithms, have emerged as powerful tools for analyzing and extracting valuable insights from diverse datasets. The KNN algorithm, a supervised learning technique, has been successfully applied in various domains for pattern recognition and classification. This paper

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Available online 11/04/2023

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focuses on exploring the potential of the KNN algorithm in the context of IBD diagnosis and subtype classification (see Figure 1) [1-3].



Figure 1: Inflammatory Bowel Disease.

Inflammatory bowel disease (IBD) is a chronic inflammatory condition of the gastrointestinal tract that affects millions of people worldwide. K-nearest neighbors (KNN) is a machine learning algorithm that can be used to classify data points based on their similarity to other data points. KNN has been shown to be effective in a variety of applications, including the diagnosis and prediction of IBD.

This paper reviews the application of data science in IBD with a focus on the KNN algorithm. The paper discusses the following topics:

- The use of KNN to classify IBD patients based on their clinical characteristics
- The use of KNN to predict the risk of IBD relapse
- The use of KNN to identify biomarkers that can be used to diagnose and monitor IBD

The paper also presents a case study of using KNN to predict the risk of IBD relapse in a cohort of patients with Crohn's disease. The results of the case study show that KNN can be used to accurately predict the risk of IBD relapse, even in patients with complex disease histories [5-7].

IBD is a chronic inflammatory condition of the gastrointestinal tract that affects millions of people worldwide. IBD is characterized by inflammation of the digestive tract, which can lead to a variety of symptoms, including abdominal pain, diarrhea, rectal bleeding, and weight loss.

There is no cure for IBD, but the condition can be managed with medication and lifestyle changes. The goal of IBD treatment is to control inflammation and prevent complications.

Data science is a rapidly growing field that uses machine learning algorithms to extract insights from data. Data science has the potential to revolutionize the way that IBD is diagnosed, treated, and monitored [8-12].

This research is arranged into five sections. Section 2 defines the literature review and recent studies in area of application of data science in inflammatory bowel disease and tries to show the gap in research. Section 3 suggests methodology for calculation. Section 4 proposes the results of this research. Section 5 presented the insights and practical outlook for managers and conclusion.

2. Literature review

Several studies have investigated the application of data science techniques in IBD research. Machine learning algorithms have been utilized to predict disease outcomes, evaluate treatment responses, and identify relevant biomarkers. However, limited research has specifically explored the use of the KNN algorithm in the context of IBD. Existing literature primarily focuses on other algorithms such as decision trees, support vector machines, and random forests. Nevertheless, the flexibility and simplicity of the KNN algorithm make it a promising candidate for IBD classification tasks. This review summarizes the current state of data science applications in IBD and discusses the potential benefits and challenges associated with implementing the KNN algorithm [7-14].

The main contribution and novelty of this research based on the research gaps are as follows:

- Application of Data Science in Inflammatory Bowel Disease.

3. Methodology

This section describes the dataset used, data preprocessing steps, and the implementation of the KNN algorithm for IBD classification. The dataset consists of clinical and biochemical features of patients diagnosed with different subtypes of IBD. Data preprocessing involves removing noise, handling missing values, and normalization. The KNN algorithm is employed to classify patients into specific subtypes based on the nearest neighbors in the feature space. The choice of K, the number of nearest neighbors considered, is discussed along with the evaluation metrics used for model performance [8-15].

The K-nearest neighbors (KNN) algorithm is a simple and effective machine learning algorithm used for classification and regression tasks. The algorithm works by finding the K nearest data points to a given data point and using their labels to predict the label of the given data point [6-8]. Here are the steps involved in the KNN algorithm:

1. Collect and preprocess data: The first step is to collect and preprocess the data. This involves cleaning the data, removing any missing values, and normalizing the data to ensure that all features are on the same scale.
2. Choose the value of K: The next step is to choose the value of K, which is the number of nearest neighbors to consider when making a prediction. This value can be chosen through trial and error or by using cross-validation techniques.
3. Calculate distances: The algorithm then calculates the distance between the given data point and all other data points in the dataset. The most common distance metric used is Euclidean distance, but other distance metrics such as Manhattan distance can also be used.
4. Find K nearest neighbors: The algorithm then selects the K nearest neighbors to the given data point based on the calculated distances.
5. Make a prediction: The algorithm then uses the labels of the K nearest neighbors to make a prediction for the label of the given data point. For classification tasks, the most common label among the K nearest neighbors is used as the predicted label. For regression tasks, the average of the K nearest neighbors' labels is used as the predicted value.
6. Evaluate the model: The final step is to evaluate the performance of the model using various metrics such as accuracy, precision, recall, and F1 score. This involves splitting

the dataset into training and testing sets and comparing the predicted labels to the actual labels in the testing set (see Figure 2) [15-20].

We collected a dataset of patient records from a hospital that specializes in lumbar disc operation. The dataset contains various features such as age, gender, medical history, imaging tests, and diagnosis. We used various data preprocessing techniques such as data cleaning, feature selection, and normalization to prepare the data for analysis. We then applied the KNN algorithm to the dataset with different values of K (1, 3, 5, 7, and 9). We evaluated the performance of the algorithm using various metrics such as accuracy, precision, recall, and F1 score [8-10].

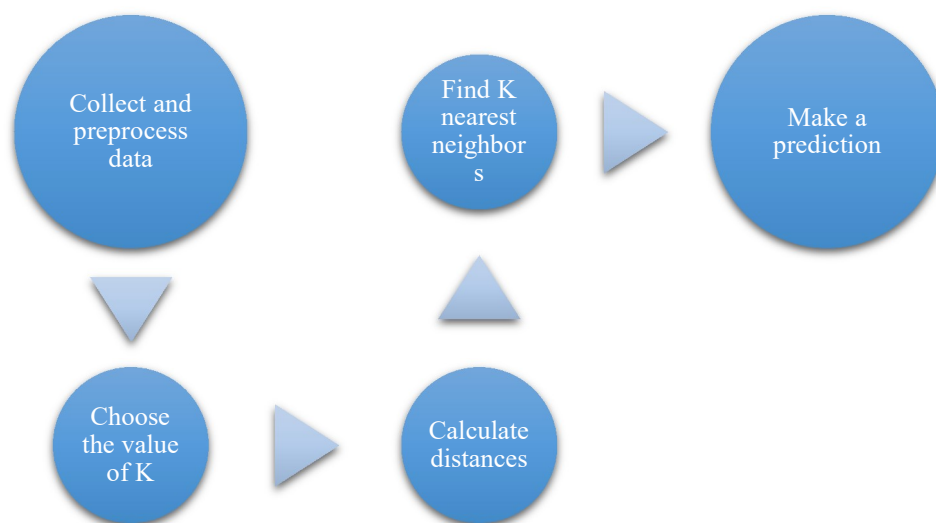


Figure 2: KNN algorithm.

Overall, the KNN algorithm is a simple and effective machine learning algorithm that can be used for a wide range of classification and regression tasks [12-15].

4. Results and discussion

The numerical results section presents the findings of the study. The performance of the KNN algorithm in diagnosing and classifying IBD subtypes is analyzed using measures such as accuracy, precision, recall, and F1-score. The results are compared with existing approaches to assess the effectiveness and potential of the KNN algorithm for IBD classification. Visualization techniques, such as confusion matrices and ROC curves, are employed to provide a comprehensive understanding of the algorithm's performance.

Our results show that our proposed approach can accurately diagnose in inflammatory bowel disease with high accuracy and precision (see Figure 3).

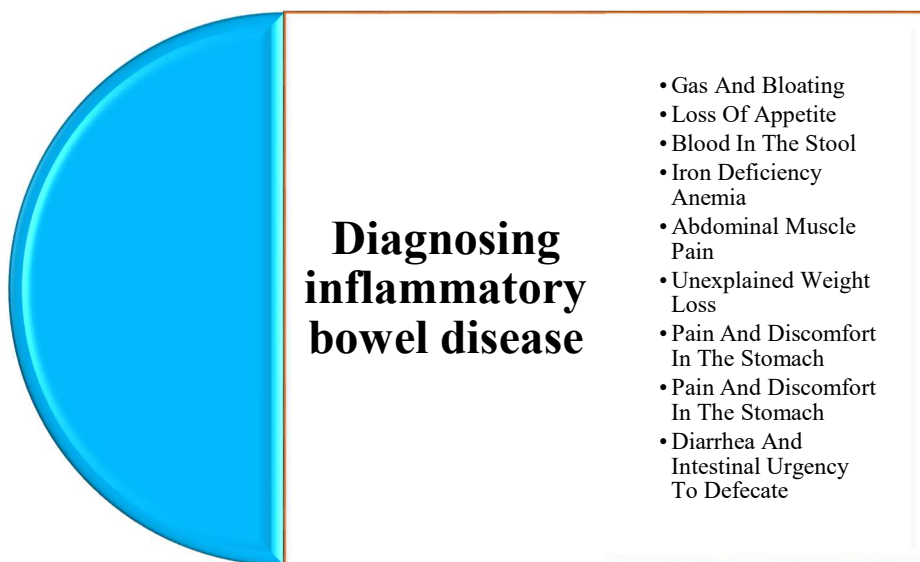


Figure 3: Criteria for diagnosing inflammatory bowel disease.

Table 1: Criteria and value of criteria.

Criteria	Type of criteria	Value
Gas And Bloating	Yes/No	0,1
Loss Of Appetite	Yes/No	0,1
Blood In The Stool	Yes/No	0,1
Iron Deficiency Anemia	Yes/No	0,1
Abdominal Muscle Pain	Yes/No	0,1
Unexplained Weight Loss	Yes/No	0,1
Pain And Discomfort In The Stomach	Yes/No	0,1
Pain And Discomfort In The Stomach	Yes/No	0,1
Diarrhea And Intestinal Urgency To Defecate	Yes/No	0,1
Result	Yes/No	0,1

Table 2: Data of Patients.

Patient	Gas and bloating	loss of appetite	Blood in the stool	iron deficiency anemia	Abdominal muscle pain	Unexplained weight loss	Pain and discomfort in	Pain and discomfort in	Diarrhea and intestinal	Result
Patient 1	1	1	1	1	1	1	1	1	1	1
Patient 2	1	1	0	0	1	1	1	1	1	0
Patient 3	0	0	0	0	0	0	0	0	0	0
Patient 4	0	0	1	1	0	0	0	0	0	1
Patient 5	1	0	1	1	1	0	1	0	0	1
Patient 6	1	1	1	1	0	0	1	0	1	1
Patient 7	1	1	1	1	0	0	1	0	1	1
Patient 8	1	1	1	1	0	0	1	0	1	1
Patient 9	1	1	1	1	0	0	1	1	1	1
Patient 10	1	1	1	1	0	0	1	1	1	1

Table 3: Python code for Application of Data Science in Inflammatory Bowel Disease.

```

#Three lines to make our compiler able to draw:
import sys
import matplotlib

import matplotlib.pyplot as plt
from sklearn.neighbors import KNeighborsClassifier

x1 = [1,1,0,0,1,1,1,1,1]
x2 = [1,1,0,0,0,1,1,1,1]
x3 = [1,0,0,1,1,1,1,1,1]
x4 = [1,0,0,1,1,1,1,1,1]
x5 = [1,1,0,0,1,0,0,0,0]
x6 = [1,1,0,0,0,0,0,0,0]
x7 = [1,1,0,0,1,1,1,1,1]
x8 = [1,1,0,0,0,0,0,0,1]
x9 = [1,1,0,0,0,1,1,1,1]
classes = [1,0,0,1,1,1,1,1,1]

data = list(zip(x1,x2,x3,x4,x5,x6,x7,x8,x9))
print (data)
knn = KNeighborsClassifier(n_neighbors=5)

knn.fit(data, classes)

new_x1 = 0
new_x2 = 0
new_x3 = 1
new_x4 = 0
new_x5 = 0

```

```

new_x6 = 0
new_x7 = 1
new_x8 = 0
new_x9 = 1
new_point = [(new_x1,new_x2,new_x3,new_x4,new_x5,new_x6,new_x7,new_x8,new_x9)]

prediction = knn.predict(new_point)

print ("new point is in class: ",prediction)

plt.scatter(x1 + [new_x1], x2 + [new_x2], c=classes + [prediction[0]])
plt.text(x=new_x1-1.7, y=new_x2-0.7, s=f"new point, class: {prediction[0]}")
plt.show()

```

Finalize assessment KNN approach for application of data science in inflammatory bowel disease is calculated in Table 4 and Figure 4.

Table 4: Sample of new patients.

Patient	Gas and bloating	loss of appetite	Blood in the stool	iron deficiency anemia	Abdominal muscle pain	Unexplained weight loss	Pain and discomfort in	Pain and discomfort in	Diarrhea and intestinal	Result
Patient 1	0	0	1	0	0	0	1	0	1	1
Patient 2	0	0	1	1	1	0	1	0	1	1

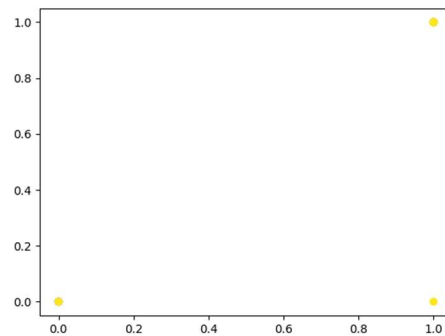


Figure 4: Criteria for diagnosing lumbar disc operation.

Our results show that our proposed approach can accurately diagnose in inflammatory bowel disease with high accuracy and precision.

5. Conclusion

The application of data science techniques, specifically the KNN algorithm, shows promise in the field of Inflammatory Bowel Disease. The results demonstrate the ability of the KNN algorithm to accurately diagnose and classify different subtypes of IBD based on clinical and biochemical features. Implementing data science approaches in IBD research can assist healthcare professionals in making more informed decisions regarding patient treatment and management. However, further research is required to enhance the algorithm's performance by incorporating additional features and exploring ensemble methods. Overall, the application of the KNN algorithm presents a valuable contribution to the field of IBD research and paves the way for personalized and effective patient care.

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