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Effective Data Mining Techniques Performance Analysis to Predict Anemia Disease Using Orange Tools

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A B S T R A C T

The most well-known type of dietary inadequacy is anemia disease. It is more common in undernourished people and affects humans equally. There has been a worldwide awareness of the use of anemia supplements for people due to this anaemia deficiency. Diagnosing the condition at an earlier stage of life is preferable to prevent further harm and create an appropriate treatment. In this study, anemia is taken into account for early disease prediction and diagnosis by analyzing the data and evaluating the training performance of classifiers in terms of accuracy, precision, sensitivity or recall, specificity, F-measure, Matthews correlation coefficient, and training duration. The volume of data in healthcare organizations is greater. An efficient way to extract knowledge from this kind of data is needed. Data mining is used to discover knowledge from large amounts of data in databases. A classification technique, which is a data mining technique, is used to classify the stages of anemia. The data was collected from 397 households of visitors to the Medical Alabideen Lab in Wadi Etabah, Libya. The research is carried out using Orange software. An experimental study will be conducted with the Anemia data set to determine the best prediction utilizing multiple data mining techniques. As a result, the performance of eight classification techniques is examined, and their training performance is compared using a confusion matrix. It has been determined that the Ensemble classifier outperforms the other techniques in terms of training performance precision.

Keywords: Anemia, Medical Prediction, Data Mining, Classification Technique, Orange Tools.

تحليل أداء تقنيات تنقيب البيانات الفعالة للتنبؤ بمرض فقر الدم باستخدام أدوات أورانج *يحي بن يحمد – كمال محمد السنوسي ¹ 1 قسم الحاسوب – كلية التربية تراغن – جامعة فزان.

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الملخص

مرض فقر الدم هو النوع الأكثر شهرة من عدم كفاية النظام الغذائي. وهو أكثر شيوعًا عند الأشخاص الذين يعانون من نقص التغذية ويؤثر على البشر على حد سواء. حيث كان هناك وعي عالمي باستخدام مكملات فقر الدم للأشخاص نتيجة لنقص فقر الدم. ومن الأفضل تشخيص الحالة في مرحلة مبكرة من الحياة من أجل منع المزيد من الضرر وخلق العلاج المناسب. في هذه الدراسة، تم أخذ بيانات فقر الدم في الاعتبار للتنبؤ المبكر بالأمراض وتشخيصها من خلال تحليل البيانات وتقييم أدذ بيانات فقر الدم في الاعتبار للتنبؤ المبكر بالأمراض وتشخيصها من خلال تحليل البيانات وتقييم أداء تدريب المصنفات من حيث الدقة والدقة والحساسية أو الاسترجاع والنوعية وقياسF ومعامل ارتباط ماثيوز ومدة التدريب. حجم البيانات في مؤسسات الرعاية الصحية أكبر. هناك حاجة إلى المعرفة من كميات كبيرة من البيانات في قواعد البيانات. يستخدم التقيب عن البيانات لاكتشاف عن البيانات، لتصنيف، وهي تقنية النوع من البيانات من 397 ماميرية فعالة لاستخراج المعرفة من هذا النوع من البيانات. تستخدم التقيب عن البيانات لاكتشاف المعرفة من كميات كبيرة من البيانات في قواعد البيانات الرعاية الصحية، وهي تقنية التقيب عن البيانات، لتصنيف، مراحل فقر الدم. تم جمع البيانات من 397 أسرة من زوار مختبر العابدين الطبي في وادي عتبة، ليبيا. تم إجراء البحث باستخدام برنامج Orange، حيث تم إجراء دراسة تجريبية باستخدام مجموعة بيانات فقر الدم لتحديد أفضل تنبؤ باستخدام تقنيات استخراج البيانات المتعددة. نتيجة لذلك، يتم فحص أداء ثماني تقنيات تصنيف، ومقارنة أداء التدريب باستخدام مصفوفة المتعددة. نتيجة لذلك، يتم نوص أداء ثماني نقنيات تصنيف، ومقارنة أداء التدريب المتخدام مصفوفة الارتياك الأرتيات الأخرى من حيث دقة أداء التدريب.

الكلمات المفتاحية: فقر الدم، التنبؤ الطبي، التنقيب في البيانات، تقنية التصنيف، أدوات Orange.

Introduction

The incredible advancements in the health industry have resulted in a huge amount of data being produced in everyday life. This data must be processed to yield valuable information for analysis, prediction, suggestions, and decision-making. Data mining and machine learning techniques are used to convert accessible data into useful information [1, 2]. The key concern for specialists in medical research is disease prediction at the proper moment for prevention and effective treatment plans. In the lack of accuracy, this can sometimes result in death [3].

Anemia is defined as a decrease in red blood cells or hemoglobin levels in the blood. When the onset is gradual, symptoms such as fatigue, weakness, shortness of breath, or diminished capacity to exercise are common. Anemia that occurs more frequently has more severe consequences, such as weariness or increased thirst. Anemia is frequently severe before a person becomes visibly pale. Children may experience growth and developmental issues as a result of iron shortage or anemia. In medical research, the





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primary concern for clinicians is the prediction of sickness at the appropriate time for prevention and therapy. [4, 5].

In many cases, the lack of clarity can lead to serious consequences. Data mining has enormous promise in the healthcare business, allowing health systems to actively use data and analytics to identify gaps and offer practice standards that maximize treatment and decrease costs. Machine learning techniques are successfully utilized for prediction in a variety of sectors such as healthcare, weather forecasting, stock price prediction, and product recommendation. The fundamental focus of medical science research is the prediction of illness causes and determinants. Healthcare data are utilized in the medical sphere to anticipate epidemics, detect disease, improve quality of life, and avert premature deaths. [6, 7].

There are various types of anemia caused by various factors. The most prevalent type of anemia is caused by a lack of iron and vitamin deficiency anemias in our bodies. This research is carried out by investigating three alternative classification techniques for anemia prediction, such as hemoglobin and low, normal, and high red blood cells. According to the World Health Organization (WHO) Report 2020, anemia

sickness affected around 614 million women and 280 million children. Prediction of anemia disease is critical in recognizing other linked disorders. Anemia disorders are classified according to their morphology or root cause. Anemia is categorized into three kinds based on the cause: blood loss, insufficient normal blood production, and excessive blood cell death. [8].

This study focuses on the performance analysis of multiple methods for data mining utilized to a data set to predict anemia disease and compares the performance of classifiers to identify which classifier predicts the disease correctly with high accuracy in terms of the confusion matrix and helps physicians predict the disease and make appropriate decisions using Orange open source Data Mining tools [9, 10]. Several strategies for problem classification have been developed [11]. To create a prediction model, the researchers used Nave Bayes (NB), Random Forest Tree (RFT), Classification Tree (ID3), Multi-layer Perceptron classifier (MLP), CN2 rules, k- Nearest Neighbors (kNN), Support Vector Machine (SVM), and Ensemble (AdaBoost.M1) approaches. These strategies' training performance can be quantified using Accuracy, Precision, Sensitivity or Recall, Specificity, F-measure, Matthews correlation coefficient, and training duration. Nevertheless, nothing is known about how to select categorization techniques in terms of training performance, time, and learning components. As a result, such performance of these strategies must be evaluated.

In this study, we investigate supervised data mining techniques for anemia illness prediction utilizing CBC (complete blood count) data acquired from pathology facilities in this study. The results suggest that AdaBoost.M1 and RFT approaches outperform other strategies in terms of training performance.

However, data mining can produce a knowledge-rich environment that can considerably enhance the caliber of healthcare judgments. Analysis of the performance of several data mining algorithms to identify the most efficient technique for end-user action on hematological data, which is used to forecast the set of relationships between the data and to choose the classifier that accurately and precisely predicts anemia illness. It is





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crucial to invest in the advancement of computer technology since it will aid doctors in disease prediction and decision-making [12-14]. Data analysis is also helpful for creating automated tools that can support forecast outcomes, recommend additional diagnoses, and suggest treatments [3].

Review of Related work

Data Analysis is a knowledge field that combines domains from statistics and computer science, seeking to find relevant information from databases to facilitate the process of making decisions. Data mining is a logical technique for identifying interesting patterns in enormous amounts of data. It can handle big volumes of data with many properties. It aims to reduce complexity, find patterns in data, and shorten processing times [15]. Classification is a Data Mining task that learns from a set of instances to predict the target class for future cases [2, 16]. To accomplish classification, a variety of machine-learning approaches can be used. There are free and open source Data Mining software packages accessible via the web that can do classification using various techniques, such as KNIME, Orange, RapidMiner, and Weka [17].

In [<u>18</u>], four free and open source Data Mining tools were compared: Weka, RapidMiner, Orange, and KNIME. The study's goal is to identify the most accurate classification tools. Analysts can use the results to get a solid outcome quickly. The experimental results reveal that no single instrument or technique always produces the greatest outcomes, although some produce better results more frequently than others.

Free data mining tools such as Orange can be beneficial for exploratory data analyses and visualization. It gives a platform for varied experiment selection. When it comes to the concepts of innovation, dependability, or quality, orange is extremely effective [19, 20]. Orange Canvas is primarily used for visual programming interfaces. It offers a well-structured overview of several characteristics. These characteristics are Some of Orange's well-known capabilities include data visualization, classification, analysis, unsupervised learning, interaction, and visual analytics via the platform application. CSS, C++, and JavaScript-like languages can be used to accomplish this [10].

There are many Data Mining techniques such as Decision Trees, Naïve Bayes, kmeans, and Neural Networks; that are used for analyzing a huge amount of data. Some used data mining techniques are discussed in the following:

Multilayer perceptron (MLP)

An uncomplicated, two-layer neural network called a multilayer perceptron has no hidden layers. In actuality, a two-layer perceptron is sufficient (input layer removed). The power of a multilayer perceptron is comparable to that of a decision tree. The fundamental categorization issue can be accurately predicted by the multilayer perceptron. Logistic regression and learning a multilayer perceptron are closely related. The advantage of multilayer perceptron may compete with more advanced learning techniques on a variety of real-world datasets, according to recent studies [21, 22].

k-Nearest Neighbors (kNN)

It is a straightforward approach to supervised learning in object recognition. Due to its ease of use and effectiveness in the field of machine learning, it is one of the most widely





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used neighbourhood classifiers [23]. KNN technique explores the pattern space for the k training tuples that are almost equivalent to the unknown tuples. It then saves all cases and categorizes new instances according to similarity measurements. Performance is dependent on the appropriate number of k, which varies depending on the data sample [24].

Support Vector Machine (SVM)

It is a supervised learning technique for categorizing both linear and nonlinear data that is inspired by the concept of statistical learning. By optimizing the margin of hyperplane splitting, SVM divides the data into two categories over a hyperplane simultaneously to prevent over-fitting the data [21, 25].

Naïve Bayes (NB)

It is a probabilistic classifier and one of the most effective techniques for classifying data [3]. It applies the Bayes theorem with robust (naive) independent assumptions. About the class variable, it is presumptive that the feature's value is unrelated to the values of any other features. based on the greatest likelihood. It determines whether the provided tuple belongs to a specific class [4].

Decision tree technique (ID3)

Successful machine learning classification techniques include decision tree techniques. These are supervised learning techniques that make use of gathered and edited information to enhance outcomes. Moreover, decision tree techniques are frequently utilized in research for classification, including in the field of medical and health difficulties. Decision tree techniques come in numerous varieties, including ID3 and C4.5. The most widely used decision tree technique nevertheless, is J48. J48 is an extension of ID3 and the implementation of a better version of C4.5 [21].

Ensemble classifier (AdaBoost)

AdaBoost classifier is a boosting-based ensemble learning technique. AdaBoost [26] classifiers are meta-estimators that begin by adapting a classifier on the dataset and then adapt multiple copies of the classifier on the same dataset but with the weights of misclassified instances adjusted so that subsequent classifiers focus more on complicated cases. [27].

CN2 Rule Induction

The CN2 method is a classification system developed for the effective induction of basic, understandable rules of the kind "if *cond* then predict *class*" even in noisy environments. CN2 is a rule induction learning technique.\ It is intended to function even when the training data is flawed. It is inspired by the AQ technique and the ID3 algorithm. As a result, it generates a rule set similar to AQ's but is capable of handling noisy data such as ID3 [28].

Random Forest Tree

Leo Breiman created random forest ensembles of tree predictors in [29], drawing inspiration from prior work by [30]. To compete with boosting, Breiman (1996) developed Random Forests, which are an extension of his bagging theory. A categorical response variable, referred to as "classification" in [29], or a continuous response can both be utilized with random forests.





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Many studies have been conducted to evaluate the efficacy of data mining classification systems utilizing the Orange by Healthcare forecasting model. The researchers examined the performance of a data mining classification method in Orange in the investigation[20, 31]. Another study [32] compared various classification approaches utilizing various datasets. The research in [33] examined the numerous clustering techniques of "Orange" tools. Furthermore, the performance and assessment of various data mining techniques utilized for the classification of breast cancer have been completed [34]. This is also utilized in artificial intelligence and anticipating abnormalities in the classification of heart illness [35-37]. In the study, data mining classifier techniques were utilized to compare multiple data analyses to establish an automated diagnostic of thalassemia [38] and another for the prediction of heart disease [4]. In addition, numerous data mining clustering techniques for health informatics were examined [39] [18]. Bioinformatics has also made use of data mining tools and numerous classification techniques, which have been contrasted [40, 41]. Data mining techniques were also employed to distinguish patients with typical blood diseases from those with blood cancer [42]. Another study [43] focused on contrasting classification methods for Sickle Cell Disease (SCD) and Chronic Kidney Disease (CKD) utilizing kNN and SVM techniques. These methods included Nave Bayes, Bagging, J48 techniques, Random tree, and CART using Orange [44, 45].

In more recent studies, anemia has been foreseen using different data mining classification algorithms [14, 46, 47] anemia has been predicted using several data mining classification algorithms, with the J48 method confirming its superior performance in categorizing kinds of anemia [48]. Besides, Orange was utilized in this experiment since it can be used to extract hidden predictive information from massive databases [34]. Also, since Orange is frequently used for data mining, the experiment was carried out for CBC (Complete Blood Count), which makes it rather reasonable to extract data using the planned technique [49, 50].

Methodology

The methodology of this study is adopted from [51] which provides a very useful methodology for experimental study. It consists of five steps. These steps are shown in Figure 1



Figure 1. Four Steps to Perform Classification Techniques Experiments





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1. Problem Definition

Orange machine learning tools techniques and comparison of prediction techniques based on its training performance have been utilized in this study as a tool to analyze and formulate the problem and study objectives during this step. comparing prediction techniques employing machine learning tools from Orange software in terms of accuracy and training time.

2. Data Collection and Design

Orange machine learning software techniques and comparisons of predictive models based on its training performance have been utilized in this study as a tool to analyze and formulate the problem and study objectives during this step. comparing prediction techniques employing machine learning tools from Orange software in terms of accuracy and training time, precision, sensitivity or recall, specificity, F-measure, and Matthews correlation coefficient and training time.

Data was collected from 397 households of visitors to the Medical Alabideen Lab in Wadi Etabah, Libya, using a straightforward pre-coded questionnaire that was created. The information also covers their demographic background and clinical information. The collection contains 397 cases overall. The study selected 14 attributes that would be utilized to categorize the data. Table 1 provides a summary of the Anima dataset's description.

	Name		Type of Values					
	- 1000	Description						
1	Age	Age patient	Numeric					
2	Sex	Gender patient	Text (Male, Female)					
3	HGB	Hemoglobin	Numeric					
4	RBC	Red Blood Cell count	Numeric					
5	HCT	Hematocrit	Numeric					
6	PLT	Platelet	Numeric					
7	MCV	Mean Cell Volume	Numeric					
8	MCH	Mean Cell	Numeric					
		Hemoglobin						
9	MCHC	Mean Corpuscular	Numeric					
		Hemoglobin						
		Concentration						
10	TLC/WBC	White Blood Cell	Numeric					
11	neut	Neutrophil	Numeric					
12	lymph	Lymphocytes	Numeric					
13	mono	Monocytes	Numeric					
14	Class	Class label	Text:					
			 Normocytic Normochromic (NN) Microcytic Hypochromic (MH) 					
			3. Macrocytic Normochromic (MN)					

Table 1. Dataset of Anemia Disease

Figure 2. illustrates the suggested approach for data collecting and design. Pre-





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processing involves transforming data into an understandable format, and it is a fundamental step in all data mining techniques. In general, real-world data collection is frequently uneven, lacking in some details regarding certain behaviours or patterns, and as a result, prone to several inaccuracies. This preprocessing may be a tried and true method of deconstructing such issues. This preparation method involves several steps to get data ready for any process. These tasks represent the integration, transformation, improvement, and reduction of information. The information is gathered from many guests' households at the Medical Alabideen Lab. The data set contains 3 classes Normocytic Normochromic (NN), Microcytic Hypochromic (MH) and Macrocytic Normochromic (MN) and 397 instances that are described by 14 attributes including the class attribute. The obtained data was examined for the presence of information entry errors, as well as typographical errors and missing data. Some missing data are present in the data that have been gathered. In this study, the missing values are filled using the replace with missing values filter, making the information complete.



Figure 2: Proposed System Architecture

In the fields of data classification analysis and machine learning, prediction is a fundamental problem. The development of precise classifiers from data has been the focus of ongoing research to address medical issues. To learn a classifier from sets of preclassified data, various strategies have been suggested. Lazy, Bayes, Statistical Neural Networks, Decision trees, and Support Vector Machines are a few of them. A prediction problem's goal is to create a classifier from a set of examples using a few qualities to characterize the individual objects and one attribute to describe the group of objects. The classifier is then used to either provide us with a better comprehension of the available data or to predict the group attribute of new cases from the domain based on the values of other characteristics.

The data analysis prediction techniques The information was categorized using a method that supported similarity between instances. There are two types of learning: supervised learning and unsupervised learning. The trained and specified data is provided during the supervised learning process. Several categorization strategies have been employed in the study to compare them and determine which is most appropriate for solving medical issues. This study introduced several techniques such as NB, ID3, MLP,





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CN2, kNN, SVM, and Ensemble (adaBoost.M1) techniques for performance analysis to predict Anemia disease.

Pre-process software was utilized in design selection to allow the explorer to load the data into Orange. The study's anemia data was saved in a CSV file, which was exported from Excel. Following the selection of classifiers used in this study, click the Classifier box, which displays the name of the presently selected classifier and its choices. Following the selection of a classifier, some of them have made adjustments to the choice, for example, the Pick classifier button allows the explorer to select one of the classifiers accessible in Orange and test the classifier on the selected dataset.

The creation of prediction algorithms in an Orange platform application is shown in Figure 3. The application of the selected classifier has been tested in accordance with the settings made by selecting the Test options box. In this study, the classifiers' Cross-validation performance was assessed using the test mode and the number of folds entered in the Folds text field

3. Procedures Execution

The Anemia data was checked on a sequence basis in this stage. Accuracy, Precision, Sensitivity or Recall, Specificity, F-measure, Matthews correlation coefficient, and training duration were used to test the data. The dataset was examined using eight methodologies to determine its accuracy and dependability. With the selection of data and classifier, the selected design will begin to run Orange, with Cross-validation using the number of folds entered in the Folds text field ranging from 3 to 15, as well as to evaluate the effectiveness of classifiers. The classifier output area has scroll bars that allow the explorer to browse through the findings. Also, the confusion matrix displays the number of instances assigned to each class. Elements display the number of test instances whose actual class is represented by the row and whose predicted class is represented by the column. Lastly, once the output has summarized the results, the result can be stored.

4. Data Analysis

The eight techniques are compared in a table to determine the best techniques based on training performance. Based on the data collected with Orange. Orange classifiers are designed to be trained to predict a single 'class' attribute represented in the data's last attribute, which is the objective for prediction. But, to enable the classifier to learn, the attribute of the data may be adjusted and modified under the filter option. The best techniques are determined by the outcomes of this analysis.

Experiments with Orange Tools

The WebLab97 at scenic Bled, Slovenia environs for Data Analysis (Orange) [9] is used in this study. It was created at the University of Ljubljana in Switzerland. The name Workshop represented Michie's vision that the tool should be a control of powerful C++ category libraries that implement various methods for data presentation, machine learning, data analysis, and data science. Orange is frequently obtained from the website depicted in Figure 3.





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Figure 3: Orange Tools

Performance measures of classifier

In this experiment, anemia data is fed into a classifier that uses NB, RFT, ID3, MLP, CN2, kNN, SVM, and adaBoost.M1 algorithms to classify the data. The Confusion Matrix is used to assess the performance of the classifiers. Researchers utilize a range of performance criteria to evaluate the effectiveness of machine learning algorithms. The Confusion matrix is used to assess classifier performance. In the confusion matrix, the total of the diagonal elements is referred to as correctly categorized cases, while the remainder is referred to as wrongly classified instances. We employed the Accuracy (Acc), Precision (Prec), Sensitivity or Recall (Sens), Specificity (Spec), F-measure, Matthews correlation coefficient (MCC), and training duration performance indicators to assess and compare the performance of presented prediction models.

Accuracy is calculated by dividing the number of test records by the number of successfully classified records. The percentage of True Positive (TP) records to the total number of True Positive (TP) records in a certain class is called precision. There are two types of recall: true positives and false negatives. The total number of records properly categorized to the total number of records in a class is known as the recall ratio (FN). The most important and commonly used factor to measure the performance of the classifier is accuracy. Accuracy (Acc) is calculated by the ratio of correct prediction samples to the total samples in the dataset. Equation (1) defined Acc as:

By dividing the total number of test records by the total number of successfully categorized records, accuracy is calculated. Precision is defined as the ratio of True Positive (TP) records to all True Positive (TP) records in a given class. The recall comes in two flavours: true positives and false negatives. The recall ratio is the proportion of records that were correctly classified to all the records in a class (FN). Accuracy is the most significant and frequently used factor to assess the performance of the classifier. The ratio of valid prediction samples to all samples in the dataset is used to compute accuracy (Acc). According to Equation (1), ACC is:





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$$Accuracy (Acc) = \frac{TP + TN}{TP + FP + FN + TN}$$
(1)

However, error rate (ERR), which is determined as follows, represents the number of samples that were incorrectly classified into the positive and negative classes.

$$Error rate(ERR) = (1 - Acc) \times 100\%$$
(2)

The following formulas were used to compute the precision:

$$Precision (Prec) = \frac{TP}{TP + FP}$$
(3)

The ratio of real projected positive samples to all positive samples is known as sensitivity (Sens) or recall. However, the ratio of genuine projected negative samples to all negative samples is known as specificity (Spec) or selectivity. Equations (4) and (5), respectively, stand for Sens and Spec.

Sensitivity or Recall (Sens) =
$$\frac{TP}{TP + FN}$$
 (4)

$$Specificity (Spec) = \frac{TN}{TN + FP}$$
(5)

The cyclical mean between recall and precision was defined by the F-measure. A model is deemed successful if its value is one, while a value of 0 indicates ineffective performance. The following is the F-measure equation.

$$F - measure = \frac{2TP}{2TP + FP + FN} \tag{6}$$

The link between observed and expected categorization is depicted by the Matthews correlation coefficient (Mcc). The confusion matrix is used to calculate Mcc, and a value of +1 indicates perfect prediction while a value of 1 indicates the correlation between predicted and actual values.

The Mcc Equation (7) is shown below.

$$Mcc = \frac{TP \times TN - FP \times FN}{\sqrt{(TP + FP)(TP + FN)(TN + FP)(TN + FN)}}$$
(7)

Results and Analysis

The anemia dataset consists of 397 items overall and 14 characteristics. We created a classification model of the applicants using these characteristics to determine whether or not they had anemia. The model created from that classification can then determine based on a new patient's characteristics if they are affected by anemia. The records are divided into three categories for this purpose: MN, with 27 instances, MH, having 187 cases, and NN, with 183 instances.





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1. Prediction Models

To choose the best classifier, the experiment of training and learning duration was based on a cross-validation fold that began with 3, 4, 5, 6, 7, 8, and 15. With 11, the crossvalidation fold produced the greatest results. The D data set was used to test the measurements of Acc, Prec, Sens, Spec, F-measure, and Mcc as well as training time. Fig. 4 and Table 5 show the experiment's outcomes in detail.

To categorize the anemia data, the classifier uses the NB, RFT, ID3, MLP, CN2, kNN, SVM, and Ensemble (adaBoost.M1) algorithms. The Confusion Matrix is used to assess the effectiveness of the classifiers.

2. Confusion Matrix

Using the Confusion matrix, the classifier is assessed for effectiveness. The confusion matrix refers to instances that are correctly classified as the sum of the diagonal elements and occurrences that are wrongly classified as the other elements. the subsequent Figure 4. The output of the NB, RFT, ID3, CN2, MLP, kNN, SVM, and adaBoost.M1 algorithms was depicted in Figure 4.

The adaBoost.M1 classifier produced the greatest results when compared to other methods in the experiment with the Confusion Matrix, correctly identifying 393 occurrences and mistakenly identifying 4. The second-best result was scored using the RFT and CN2 rules techniques, with 390 cases properly detected and 7 incorrectly identified. The fourth-best result in terms of classification accuracy for the NB classifier is

384 correctly identified cases and 13 wrongly identified instances. Confusion Matrix performance can be compared to other training performance measures as Sens, Spec, or F-measure, as shown in Table 2.

Contents				C	Contents					Contents					Contents						
Learner: Naive Bayes Data: Number of examples			es	Learner: Random Forest Data: Number of examples				Learner: CN2 rules Data: Number of examples					Learner: SVM Data: Number of examples								
Mat	rix				м	atrix	c					Mat	rix				Mat	rix			
MN MH NN	MN 27 0 4 31	MH 0 184 6 190		27 187 3 183 5 397	IV M N	N 2 H (26 0 0 26	MH 0 186 5 191	NN 1 1 178 180	27 187 183 397		MN MH NN	MN 26 0 0 26	MH 0 187 6 193	NN 1 0 177 178	27 187 183 397	MN MH NN	MN 25 1 2 28	MH 0 185 6 191	-	27 187 183 397
Cont	Contents Contents Contents Contents Contents Contents Content		Contents Learner: kNN Data: Number of examples			Contents Learner: Neural Network Data: Number of examples					Contents Learner: AdaBoost:M1 Data: Number of examples										
Matr	ix				м	atrix	c	Matrix						Matrix							
MN MH NN	MN 0 0 0 0	MH 0 187 9 196		27 187 183 397	M M N	N 2 H (/IN 22 0 3 25	MH 1 182 10 193	NN 4 5 170 179	27 187 183 397		MN MH NN	MN 24 2 1 27	МН 0 184 7 191		27 187 183 397	MN MH NN	MN 26 0 26 26	MH 0 187 3 190		27 187 183 397
Note class		olum	ns re	present p	redictio	n, r	ow	repre	esent	true											

Figure 4: Confusion matrix of classification technique based on Cross-validation method by folds (11)





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3. Prediction Performance

Table 2. and Figure 5. shown the performance of the prediction models by considering all features. From the table and graph, we can see that the classification accuracies of the NB, RFT, ID3, MLP, CN2, kNN, SVM and Ensemble (adaBoost.M1) techniques-based prediction models with all features and were 98.99%, 98.23%, 98.23%, 96.99%, 96.72%, 96.47%, 94.21%, and 90.93% respectively. Table 2. indicated the results of the prediction models with all features.

Table 2: Test learners, prediction performances with training time taken to build mode bases on Cross-validation by 11

Validation method												
Method: Random sampling												
Method: Cross-validation												
Folds: 11												
Target class: Class												
Data												
Examples: 397 Cases												
Attributes: 13 (patientage, patientsex, hgb, rbc, hct, plt, mcv, mch, mchc, wbc, neut, lymph,												
mono)												
Class: Class												
Results												
Technique classifier	Acc	Sens	Spec	Mcc	F1	Prec	Time (sc)					
Naive Bayes (NB)	0.967	1.000	0.989	0.928	0.931	0.871	0.056					
Random Forest Tree (RFT)	0.982	0.963	1.000	0.980	0.981	1.000	a a - a					
						1.000	0.050					
Classification Tree (ID3)	0.909	0.000	1.000	0.000	0.000	0.000	0.050 0.161					
Classification Tree (ID3) AdaBoost.M1 (Ensemble)	0.909 0.989	0.000 0.963	1.000 1.000		0.000 0.981							
				0.000		0.000	0.161					
AdaBoost.M1 (Ensemble)	0.989	0.963	1.000	0.000 0.980	0.981	0.000 1.000	0.161 0.093					
AdaBoost.M1 (Ensemble) Neural Network (MLP)	0.989 0.964	0.963 0.888	1.000 0.991	0.000 0.980 0.880	0.981 0.888	0.000 1.000 0.888	0.161 0.093 0.065					

The performance of various classifiers for the anemic disease is broken down in Table 2 in detail. Based on the output confusion matrix, various performance evaluation measures including accuracy, recall, fall-out, and error rate were used for this comparison study. Table 2 makes it clear that AdaBoost.M1 (Ensemble) accuracy produces more accurate findings. Using the Euclidean Distance function, Random Forest also performed well and reached 98.2% accuracy. CN2 dominates the Random Forest Tree (RFT) by 98.2%. With an accuracy of 96.9% and 96.7%, respectively, SVM and Naive Bayes (NB) both achieved satisfactory performance. The decision tree had a five-level depth and the lowest accuracy of all the classifiers at 74.19%.

Additionally, Table 2 demonstrates the classification accuracy of Naive Bayes (96.7%), Random Forest (98.2%), Classification Tree (90.93%), AdaBoost.M1 (Ensemble) (98.9%), Neural Network (96.4%), SVM (96.9%), CN2 rules (98.2%), and kNN (94.2%). The best prediction result is in Ensemble (AdaBoost.M1) prediction, with time training building requiring 0.05 seconds. The Sens, Spec, Prec, F-measure, and Mcc





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classifiers produce identical results (96.3%, 1.0%, 1.0%, 98.1% and 98.00%) in the first tree result approaches, which are AdaBoost.M1 (Ensemble), Random Forest Tree (RFT), and Support Vector Machine (SVM), respectively

Furthermore, Table 2 shows that the classification accuracy of Naive Bayes (96.7%), accuracy of Random Forest (98.2%), accuracy of Classification Tree (90.9%), and accuracy of AdaBoost.M1 (Ensemble) (98.9%), accuracy of Neural Network (96.47%), accuracy SVM (96.9%), accuracy of CN2 rules (98.2%) and accuracy of kNN (94.2%). The best result shows in Ensemble (AdaBoost.M1) prediction with time training building taking 0.05 seconds. The Sens, Spec, Prec, F-measure, and Mcc record the similar result (96.3%, 1.0%, 1.0%, 98.1% and 98.0%) in the first tree result techniques which are AdaBoost.M1 (Ensemble), Random Forest Tree (RFT) and Support Vector Machine (SVM) classifiers respectively. However, the Ensemble technique by AdaBoost.M1 method provides the highest classification accuracy (98.9%), the lowest error rate of 0.01 with time is 0.09 seconds when compared to other classifiers, while Classification Tree (ID3) and k- Nearest Neighbors (kNN) provided the lowest accuracy by 94.2% and 94.2%, respectively. Figure 5. depicts the accuracy, error rate, and time required to develop a classifier model.

Table 2. shows that the RFT classifier, when employed on Anemia datasets, has the shortest training time. Yet, when compared to other classifiers, RFT performs the best in terms of Sensitivity.

RFT has the shortest training time among the four classifiers that can handle the Anemia dataset used in this work, as shown in Table 2. The ID3 and AdaBoost.M1 (Ensemble) methods take more learning time than the other algorithms by 0.161sc and 0.093sc, respectively. RBF, on the other hand, has the largest complexity of all classifiers.



Figure 5: Comparison of classifier algorithms based on performance

The classifiers were represented by the X axis in Figure 5., and the training performances and training time were represented by the Y axis. It demonstrates that





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AdaBoost.M1 (Ensemble) provides the highest accuracy (98.9%), the lowest error rate (0.010), and the shortest duration (0.05 seconds) when compared to other techniques.



Figure 6: Performance of Cross Validation Error Rate



Figure 7: Performance of Computing Time

The figures are composed of various classification values. The accuracy was computed based on these numbers. Figures (5-7) illustrate the final values for the data set described above using classification techniques for data mining, with the best accuracy and least computability. The graph suggests comparing based on performance, compute time, accuracy value, error rate (11- fold Cross Validation), and lastly greatest accuracy and lowest computing time. When compared to other techniques, the AdaBoost.M1 technique (Ensemble) performs better.





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Conclusion and Future Work

Disease diagnosis is an extremely difficult undertaking in the realm of health care. Different data mining strategies are incredibly beneficial in decision-making. This work analyzes a set of factors associated with the patient's CBC test result and helps to enhance the standard of prediction by recognizing anemic patients so that doctors can aid the patients by quickly improving their treatment level. In this study, we used data cleaning tasks to fill in the missing values and applied data mining prediction techniques such as Nave Bayes, Random Forest Tree, Classification Tree, Multi-layer Perceptron, CN2 rules, k-Nearest Neighbors, Support Vector Machine, and Ensemble to predict the Anemia disease By using the confusion matrix, the prediction's performances are assessed in terms of classification accuracy, precision, sensitivity or recall, specificity, f-measure, Matthews correlation coefficient, and training duration. The experimental outcome on a test dataset indicates that, when compared to the other seven ways, the Ensemble technique, which uses the AdaBoost.M1 method, performs best in terms of accuracy by 98.99%.

The same method will be utilized in future work to use feature selection techniques to choose the most appropriate characteristics that might affect classification accuracy, training duration, and other methods with other diseases including kidney disease, lung cancer, heart disease, and so forth.

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