

# Efficacy of Genetic Algorithms in Staging Cervical Cancer

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## ABSTRACT

This paper describes a system for classifying the different stages of cervical cancer using an evolutionary computing technique, genetic algorithms. As there is a large amount of information to be processed during the course of the diagnosis of cancer, so the use of an efficient search and optimization technique would ease the process and decrease the efforts. The model has been built on the data of cancer of uterine cervix for detecting its various stages.

**Keywords-** Classification, genetic algorithms, feature extraction

## 1. INTRODUCTION

Cancer refers to a class of diseases in which a cell or a group of cells divide and replicate uncontrollably, intrude into adjacent cells and tissues and ultimately spread to other parts of the body than the location at which they arose [1]. The world wide occurrence of cervical cancer cases show that only 20% of these cases are found in developed nations while 80% of the cases are found in the developing countries that include India [2]. Cervical cancer is a malignant neoplasm arising from cells originating in the cervix uteri.

Genetic algorithm (GA) is a probabilistic search technique based on mechanics of natural selection. They are efficient, adaptive and robust search processes producing near-optimal solutions and having a large amount of implicit parallelism [3].

### 1.1 Stages of Cervical Cancer

Staging is the process of finding out how far the cancer has spread. Information from exams and diagnostic tests is used to determine the size of the tumor, how deeply the tumor has invaded tissues within and around the cervix, and the spread to lymph nodes or distant organs (metastasis). This is an important process because the stage of the cancer is the key factor in selecting the right treatment plan [4]. The stages of cervical cancer are:

#### 1.1.1 Stage 0 (Carcinoma in situ)

In carcinoma in situ (stage 0), abnormal cells are found in the innermost lining of the cervix.

#### 1.1.2 Stage I

In stage I, cancer is found in the cervix only.

**1) Stage IA:** A very small amount of cancer that can only be seen with a microscope is found in the tissues of the cervix.

(i) Stage IA1: In this stage the cancer is not more than 3 mm deep and not more than 7 mm wide.

(ii) Stage IA2: In this stage the cancer is more than 3 but not more than 5 mm deep and not more than 7 mm wide.

**2) Stage IB:** is divided into stages IB1 and IB2.

(i) Stage IB1: In this stage the cancer can only be seen with a microscope and is more than 5 mm deep and more than 7 mm wide; or the cancer can be seen without a microscope and is 4 cm or smaller.

(ii) Stage IB2: In this stage the cancer can be seen without a microscope and is larger than 4 cm.

#### 1.1.3 Stage II

In stage II, cancer has spread beyond the cervix but not to the pelvic wall or to the lower third of the vagina.

**1) Stage IIA:** Cancer has spread beyond the cervix to the upper two thirds of the vagina but not to tissues around the uterus.

(i) Stage IIA1: In this stage the tumor can be seen without a microscope and is 4 centimeters or smaller.

(ii) Stage IIA2: In this stage the tumor can be seen without a microscope and is larger than 4 centimeters.

**2) Stage IIB:** Cancer has spread beyond the cervix to the tissues around the uterus.

#### 1.1.4 Stage III

In stage III, cancer has spread to the lower third of the vagina, and/or to the pelvic wall, and/or has caused kidney problems.

**1) Stage IIIA:** Cancer has spread to the lower third of the vagina but not to the pelvic wall.

**2) Stage IIIB:** Cancer has spread to the pelvic wall; and/or the tumor has become large enough to block the ureters. This blockage can cause the kidneys to enlarge or stop working.

#### 1.1.5 Stage IV

In stage IV, cancer has spread to the bladder, rectum, or other parts of the body.

**1) Stage IVA:** In this stage the cancer has spread to nearby organs, such as the bladder or rectum.

2) **Stage IV B:** In this stage the cancer has spread to other parts of the body, such as the liver, lungs, bones, or distant lymph nodes [5].

## 1.2 Evolutionary Computing

Evolutionary computing is the study of robust search algorithms based on the principles of evolution. The principle of evolution is the primary unifying concept of biology, linking every organism together in a historical chain of events. Over many generations random variation and natural selection shape the behaviours of individuals and species to fit the demands of their surroundings.

## 1.3 Genetic Algorithms

The genetic algorithms (GA's) are randomized search optimization techniques guided by the principles of evolution of natural genetics. They are search heuristic that is routinely used to generate useful solutions to optimization and search problems. It generates solutions to optimization problems using techniques inspired by natural evolution, such as inheritance, mutation, selection, and crossover [6].

## 1.4 Related Work

Cervical cancer is one of the most common cancers among women worldwide. In the research paper by Ambika Satija [7], the author briefs about the statistics of cervical cancer in India. In the paper by G. Jayalalitha and R. Uthayukumar, a method of grading cervical cancer images according to the cell formation of tissues has been presented[8]. In the paper by Catherine Todd and Rahmdwati, G.Naghdy [9], an algorithm for computer assisted classification of cervical cancer using digitized histology images of biopsies has been presented.

Another paper that focuses on the use of histology images for the classification of cervical cancer was proposed by Montse Ross and Rahmadwati [10].

The research paper by S.Allwin and S.Pradeep Kumar [11], proposes an approach to classify the various malignancies in cervical cyto images using textural properties of the cervical cyto image. In the paper by C. Balleyguier et al. [12], guidelines for the staging and follow-up of patients with uterine cervical cancer have been provided. The paper by Pratibha Bajpai et al. [6], gives a detailed study of genetic algorithms. Yet another paper by Tom V. Mathew [13], describes the canonical genetic algorithm, its basic working principle, coding, operators, etc.

The paper by Pengfei Guo et al. [14] presents a hybrid genetic algorithm for optimization problems. The paper by Keshavamurthy B.N et al. [15], proposes an approach that improves the evolutionary technique such as genetic algorithm by improving the fitness function parameters. The research work by Mohd Saberi Mohamad et al. [16], introduces a new algorithm of a hybrid of genetic algorithm and support vector machine for gene selection and classification task. In the paper by Andrew K. et al. [17], an integrated genetic algorithm for gene expression data analysis has been proposed.

The research work by Fadzil Ahmad et al. [18], uses GA to simultaneously select significant features as input to ANN. The paper by Pabitra Mitra et al. [19], describes a way of designing a hybrid decision support system in soft computing paradigm for detecting the different stages of cervical cancer.

## 2. METHODOLOGY

### 2.1 Design of proposed GA

The GA involves following procedures- encoding of problem parameters in form of binary strings, application of genetic operators like crossover and mutation, selection of individuals based on some objective function to create a new population.

#### 2.1.1 Chromosomal Representation

A chromosome is a set of genes, which contains the solution. A method is needed to encode potential solutions to that problem in a form so that computer can process it. For this problem hybrid encoding is chosen as the parameters contained in the cervical cancer patient's data are in a mixed format. Each of the parameter is encoded into a string of 11 bit length. The structure of the chromosome is as follows:

H	N	C	M	U	S	P	P	A	S	D
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Table.1 Chromosomal representation

Bit Number	Name	Type	Alleles
Bit 1: H	Histology	character	E, S, C
Bit 2: N	Node PET	integer	0,1
Bit 3: C	Clinical diameter	double	1.0-8.0
Bit 4: M	MRI volume	double	0.0-300.0
Bit 5: U	Uterine body	integer	0,1
Bit 6: S	Status	integer	0,1
Bit 7: P	Relation Primary	integer	0,1
Bit 8: P	Relation Pelvic	integer	0,1
Bit 9: A	Relation Abdomen	integer	0,1
Bit 10: S	Relation Supraclav	integer	0,1
Bit 11: D	Relation Distant	Integer	0,1

The strings generated in this pattern form the initial population for the problem. For example:

Chromosome -> S13.92.20100011

#### 2.1.2 Fitness Function

Fitness is the value assigned to an individual based on how far or close an individual is from the solution; greater the fitness value better the solution it contains. In this problem an objective function is derived based on the data of cervical cancer patients and its parameters. The fitness function can be represented as below:

$$\text{Fitness} = \text{Normalization Constant} - \left( \text{Clindiam}_{j,i} + \text{MRIvol}_{j,i} + \sum_{n=1}^{n=11} 1 \right)$$

n=11\*  
n=1  
&& n=3,4

where,

i: input string given by user based on parameters

j: random string generated by genetic algorithm

\*  $i[n] \neq j[n]$

Clindiam: the clinical diameter derived from the patient's data

MRIvol: the MRI volume derived from the patient's data

### 2.1.3 Selection

Once the population of chromosomes has been generated, the selection of parents has been done based on a fitness function. The Roulette wheel selection method or the fitness proportionate selection method has been used for this problem.

### 2.1.4 Crossover Operator

Single point crossover is adopted for this problem since the string length is not very large. The crossover probability for this problem is fixed at 0.8.

### 2.1.5 Mutation Operator

Mutation alters one or more gene values in a chromosome from its initial state. The mutation probability for this problem is set to be 0.6.

## 2.2 Classification Rules

The data in this case consists of a set of 239 cervical cancer patient cases that have been obtained from the database of International Gynaecologic Cancer Society (IGCS) [20]. There are four classes corresponding to the Stages I-IV of the cancer, each containing some patient cases.

The classification rules have been extracted on the basis of the occurrence of parameters and their possible values. These rules have been used to detect the stages of cervical cancer.

Table 2 Classification Rules Extracted

Stage	Rules
1a	SCC $\wedge$ Clin(0.0-1.0) $\wedge$ MRI(0.0-30.0)
1b	SCC $\wedge$ Clin(1.0-2.0) $\wedge$ MRI(30.0-50.0)
2a	SCC,Endo $\wedge$ Clin(2.0-3.0) $\wedge$ MRI(50.0-70.0)
2b	SCC,Endo $\wedge$ Clin(3.0-4.0) $\wedge$ MRI(70.0-90.0)
3a	SCC,Endo $\wedge$ Clin(4.0-5.0) $\wedge$ MRI(90.0-100.0)
3b	SCC,Endo $\wedge$ Clin(5.0-6.0) $\wedge$ MRI(100.0-150.0)
4a	SCC,Endo $\wedge$ Clin(6.0-7.0) $\wedge$ MRI(150.0-200.0)
4b	SCC,Endo,Clear $\wedge$ Clin(7.0-8.0) $\wedge$ MRI(200.0-300.0)

## 2.3 General Outline of the GA

The flow chart below, Fig. 1, shows the rough working of the proposed system. The system classifies the stages of the cervical cancer and recognizes similar diagnostic cases in the data. This has been achieved by exploiting the randomized search property of genetic algorithms. The data of the cervical cancer patients is provided as input and based on some classification rules extracted the stage of the cancer is detected. This input string provided by the user along with a randomly generated chromosome is selected from the population for crossover and mutation. The best chromosome is picked up and the similar cases are shown from the data of patients for diagnostic recommendation.

The performance of the system with time i.e. the changes in crossover and mutation probability with time and the effect of probability of crossover and mutation on the number of generations, as well as the comparison of genetic algorithms with deterministic search algorithms has been studied.

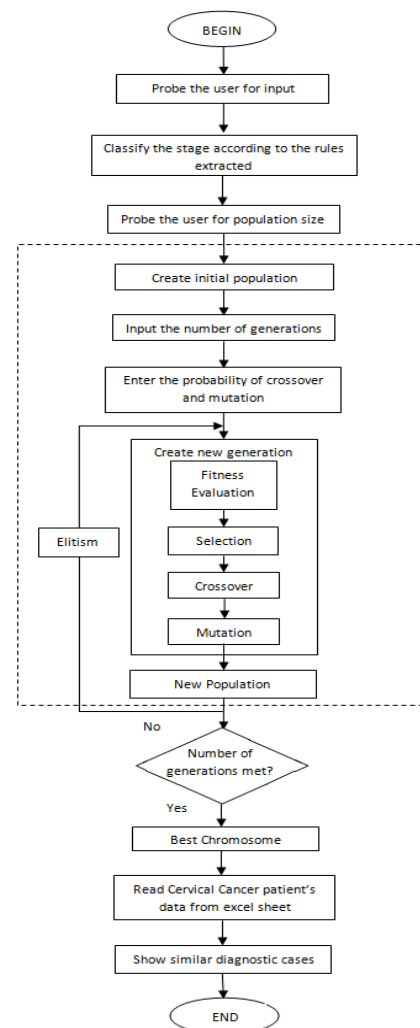


Fig. 1 Flow Chart

The crossover probability is analysed, by keeping the population size, number of generations and the mutation probability fixed at a certain value. The Figure 2 shows

that the probability of crossover,  $pc$ , gives better results at a value  $pc= 0.6$  to  $pc= 0.8$ . Hence for this problem, a crossover probability of 0.8 has been chosen for better results.

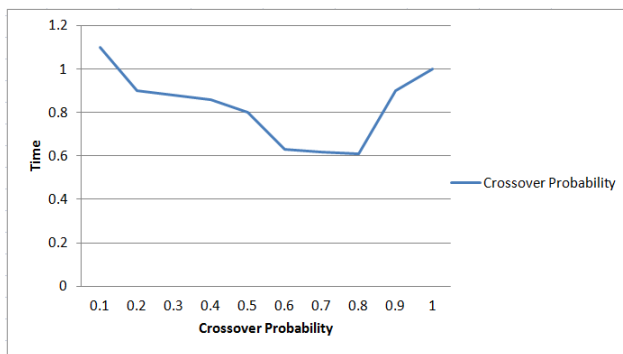


Fig. 2 Crossover Probability Graph

The probability of mutation has been analysed by keeping the size of the population, the number of generations and the crossover probability fixed at a certain value. The analysis graphical shows that, the probability of mutation,  $pm$ , gives optimal results at a value  $pm= 0.4$  to  $pm= 0.6$ . Thus for this problem, the mutation probability is chosen to be 0.6

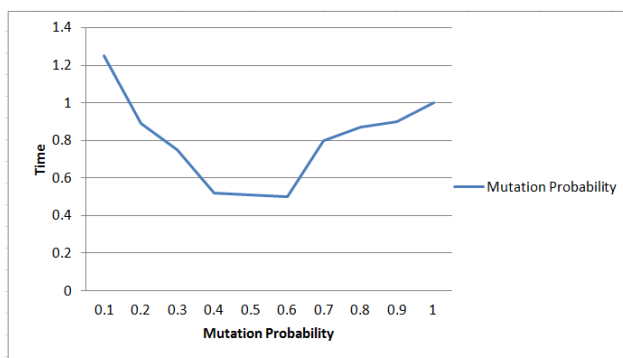


Fig. 3 Mutation Probability Graph

The effect on the number of generations has been analyzed with respect to the probability of crossover and mutation, by keeping the population size fixed and varying the probability of crossover and mutation from 0.1 to 1. The Figure 4 shows that the near optimal results are achieved at crossover probability,  $pc= 0.8$  and mutation probability,  $pm= 0.6$ .

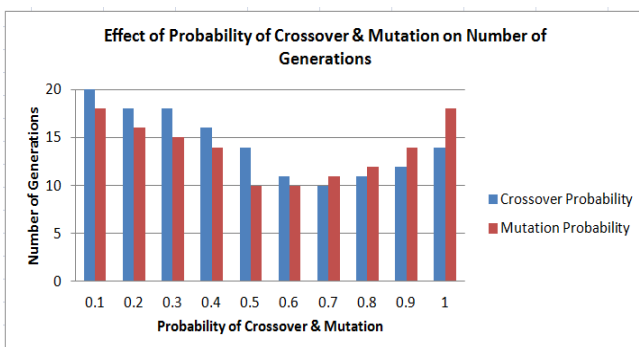


Fig. 4 Effect on number of generations

A comparative analysis of the search using genetic algorithms and the other deterministic search algorithms

has been shown in Figure 5. The graphical analysis shows that, the performance of genetic algorithms up to the data entries  $\approx 250$  increases slowly and steadily. The deterministic search algorithms give better results up to data entries  $< 250$ , as they take less time to search whereas, the genetic algorithms take comparatively more time to search.

However, at data entries  $> 250$ , the performance of genetic algorithms improves exponentially, as they show better results, taking less time to search. Whereas, the performance of deterministic search algorithms deteriorates after this point as they take much time to search for large data.

Hence, for this problem, where the data entries are near about 250, the genetic algorithms have been chosen to provide near optimal results.

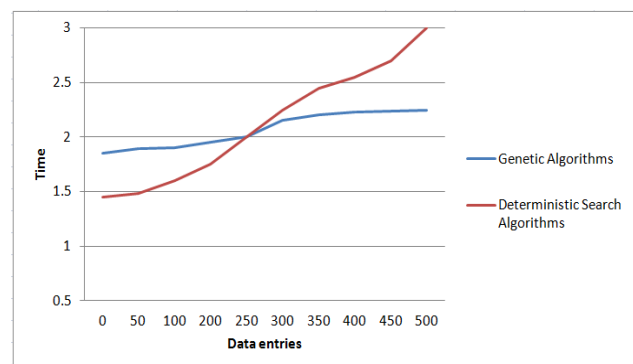


Fig. 5 Comparison of GA with Deterministic Search Algo

### 3. CONCLUSIONS

In the field of oncology, diagnosis and treatment require a large amount of information to be processed. A computerized program developed for classifying the stages and recognizing the similar diagnostic cases, would make the task of a practicing oncologist much easier. The proposed system makes use of the genetic algorithms for the staging of the cancer of uterine. The results show that genetic algorithms work efficiently in processing the large amount of information of the cervical cancer patient's provided as input and then searching similar diagnostic cases from the large amount of data.

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