AN ANALYSIS ON THE PERFORMANCE OF K-MEANS CLUSTERING ALGORITHM FOR CARDIOTOCOGRAM DATA CLUSTERING

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ABSTRACT

Fetal heart rate (FHR) and uterine contractions (UC) are simultaneously recorded by Cardiotocography (CTG). The CTG, which is one of the most common diagnostic techniques used to evaluate maternal and fetal well-being during pregnancy and before delivery. By observing the Cardiotocography trace patterns doctors can understand the state of the fetus. There are several signal processing and computer programming based techniques for interpreting a typical Cardiotocography data. Even few decades after the introduction of cardiotocography into clinical practice, the predictive capacity of these methods remains controversial and still inaccurate. In this paper, we evaluate commonly used unsupervised clustering method k-mean clustering for their suitability towards clustering CTG data. We used Precision, Recall, F-Score and Rand Index as the metric to evaluate the performance. In previous works such as [1], the overall Precision, Recall and F-Score were only considered. But in this evaluation, we are going to measure class wise Precision, Recall and F-Score to make the analysis very specific. They arrived results prove that, even though the traditional clustering methods can identify the Normal CTG patterns, they were incapable of Suspicious and Pathologic patterns. This fact was not highlighted in [1].

KEYWORDS

Multidimensional Data Classification, Medical Data Classification, Cardiotocography, fetal heart rate, uterine contractions, k-mean clustering.

1. INTRODUCTION

Data Mining (DM) and the technology of Knowledge Discovery from Data (KDD) has brought many new developments, methods, and technologies in the recent decade. Also the improvement of integration of techniques and the application of data mining techniques had contributed in handling of new kinds of data types and applications. However, the field of data mining and its application in medical domain is still young enough so that the possibilities of the application are still limitless [14].

The major challenges in medical domain are the extraction of intelligible knowledge from medical diagnosis data such as CTG data. Machine learning tools in medical diagnosis is gradually increased. The use of classification and recognition systems has improved with effectiveness to help medical experts in diagnosing diseases.

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Cardiotocography (CTG)

Cardiotocography (CTG) is a technical means of recording the fetal heart rate (FHR) and the uterine contractions (UC) during pregnancy, typically in the third trimester to evaluate maternal and fetal well-being. During the process of CTG analysis the FHR patterns are observed manually by obstetricians. In the recent past fetal heart rate baseline and its frequency analysis has been taken in to research on many aspects [2], [6].

Fetal heart rate (FHR) monitoring is mainly used to find out the amount of oxygen a fetus is acquiring during the time of labor [7]. Even then death and long term disablement occurs due to hypoxia during delivery. More than 50% of these deaths were caused by not recognizing the abnormal FHR pattern, even after recognizing not communicating the same without knowing the seriousness and the delay in taking appropriate action [7]. The currently proposed computation and datamining techniques for FHR can be used for analyzing and classifying the CTG data to avoid human mistakes and helps the doctors to take a decision. Computation and other datamining techniques can be used to analyze and classify the CTG data to avoid human mistakes and to assist doctors to take a decision.

Clustering and Classification

Data elements are placed into related groups without advance knowledge of the group definition is called as clustering. We use the very well used k-means algorithm that has been developed to efficiently solve the clustering problem. Normally clustering algorithm is used to form a group of objects whose positions are accurately known. The primary goal is to find an optimal method to divide the objects in to clusters [8]. Classification is a mining technique used to predict group membership for data instances.

2. PROBLEM DEFINITION

Cardiotocography (CTG), consisting of fetal heart rate (FHR) and tocographic (TOCO) measurements, is used to evaluate fetal well-being during the delivery. Since 1970, many researchers have worked different mining methods to help the doctors that interpret the CTG trace pattern from the field of signal processing and computer programming [2]. With the help of CTG trace pattern analysis the doctors with interpretations in order to reach a satisfactory level of reliability. So, they act as a decision support system in obstetrics. For everyday practice, none of them has been adapted worldwide. Baseline estimation in computer analysis of cardiotocographs , which is currently no consensus on the best methodology. More than 30 years after the introduction of antepartum cardiotocography into clinical practice, the predictive capacity of the method remains controversial. In a review of lot of articles published on this subject, it was found that its reported sensitivity varies between 2 and 100%, and its specificity between 37 and 100% [5]. So, in this work, we are going to evaluate two clustering algorithms for clustering CTG data.

The Medical Background of Cardiotocography (CTG)

Cardiotocography is a medical test conducted during pregnancy that records fetal heart rate (FHR) and uterine contractions. Either internal or external methods the tests may be conducted. During the internal testing, the uterus placed by a catheter after a specific amount of dilation has taken place. The external tests, a pair of sensory nodes are affixed to the mother's stomach. The CTG trace generally shows two lines. The fetal heart rate is recorded by the upper line in beats per minute and the uterine contractions are recording by the lower line from the TOCO.

Baseline Heart Rate

The baseline heart rate helps to evaluate the healthy functioning of the cardiovascular system. The baseline fetal heart rate is determined by approximating the mean FHR rounded to increments of 5 beats per minute (bpm) during a 10-minute window, excluding accelerations and decelerations and periods of marked FHR variability (greater than 25 bpm. Abnormal baseline is termed bradycardia and tachycardia.

The fluctuations are visually quantities as the amplitude of the peak- to-trough in bpm. Using this definition, the baseline FHR variability is categorized by the quantities amplitude as:

Absent- undetectable
Minimal- greater than undetectable, but less than or equal to 5 bpm
Moderate- 6 bpm - 25 bpm
Marked- greater than 25 bpm

Bradycardia: It is the resting heart rate of under 60 beats per minute, though it is seldom symptomatic until the rate drops below 50 beats/min. It may cause cardiac arrest in some patients

Tachycardia: It typically refers to a heart rate that exceeds the normal range for a resting heart rate (heart rate in an inactive or sleeping individual). Depending on the speed and type of rhythm, it can be dangerous.

Type 1 (early)

This occurs during the peak of the uterine contraction. The FHR with onset early in the contraction and return to baseline at the end of the contraction will be uniform, repetitive and periodic slowing. The reasons behind this may be fetal head compression, cord compression or early hypoxia. This occurs in first and second stage labor with decent of the head [4]. This is synchronous with uterine contraction.

Type 2 (late)

This occurs after the peak of the uterine contraction. The FHR with onset mid to end of the contraction and nadir more than 20 seconds after the peak of the contraction and ending after the contraction will also be uniform, repetitive and slowing. If the lag time is high seriousness is also high. This is also synchronous with uterine contraction. Mx: a fetal pH measurement is mandatory [4].

Type 3 (variable)

This is variable, repetitive, periodic slowing of FHR with rapid onset and recovery. Variable and isolated time relationships with contraction cycles may occur. Deceleration patterns in timing and shape resembles other types in some cases. If they occur consistently, there is a chance of fetal hypoxia. This is unrelated to uterine contractions. Mx: check fetal pH if the pattern persists after turning the patient on her side (or if other adverse features are present) [4].

3. CLASSIFICATION USING K-MEANS CLUSTERING ALGORITHM

A simple iterative scheme for finding a locally optimal solution is solved by the most popular heuristics for solving the k-means problem, which is often called the k-means algorithm. The K-Means algorithm is very popular for data clustering and it have a number of variants.

K-means, which is a partition based clustering algorithm. The major goal of k-means is to partition data D into K parts, where there is little similarity across groups, but great similarity within a group. With respect to its cluster centroid, it minimizes the mean square error of each point in a cluster.

Formula for Square Error:

$$\text{Square Error (SE)} = \sum_{i=1}^{k} \sum_{j=1}^{|ci|} \left(x_j - M_{ci} \right),$$

Where,

k is the number of clusters,
|ci| is the number of elements in cluster ci,
M_{ci} is the mean for cluster ci.

Steps of K-Means Algorithm

The following steps are explained by the K-means algorithm. The algorithm normally converges in short iterations. But will take considerably long time for iteration if the number of data points and the dimension of each data is high.

Step 1: The cluster centroids choose k random points.

Step 2: The closest centroid, for every point p in the data, assigns it. That is compute d(p, M_{ci}) for all clusters, and assign p to cluster C* where distance (d(P, M_{c*}) <= d(P, M_{ci}))

Step 3: The center point of each cluster recomputed, based on all points assigned to say cluster.

Step 4: Repeat steps 2 & 3 until there is convergence. (Note: Convergence can mean repeating for a fixed number of times, or until SE_{new} - SE_{old} <= ε, where ε is some small constant, the meaning being that we stop the clustering if the new squared error objective is sufficiently close to the old SE.)

The Metrics Used for the Evaluation

Precision, recall and F-Score are computed for every (class, cluster) pair. But Rand index is a metric which will consider all the classes and the clusters as the whole.

Rand Index

The Commonly used technique for measure of similarity between two data clusters is called the Rand index or Rand measure.

Given a set of n objects S = {O1, ..., On} and two data clusters of S which we want to compare: X = {x1, ..., xR} and Y = {y1, ..., yS} where the different partitions of X and Y are disjoint and their union is equal to S; we can compute the following values:

a is the number of elements in S that are in the same partition in X and in the same partition in Y,
b is the number of elements in S that are not in the same partition in X and not in the same partition in Y,
c is the number of elements in S that are in the same partition in X and not in the same partition in Y,
d is the number of elements in S that are not in the same partition in X but are in the

same partition in Y.

Intuitively, one can think of a + b as the number of agreements between X and Y and c + d the number of disagreements between X and Y. The Rand index, R, then becomes,

$$RI = \frac{a+d}{a+b+c+d}$$

The Rand index has a value between 0 and 1 with 0 indicating that the two set of data clusters do not agree on any pair of points and 1 indicating that the two data clusters are exactly similar.

Precision

Precision is calculated as the fraction of correct objects among those that the algorithm believes belonging to the relevant class. It can be loosely equated to accuracy and it will roughly answer the question: "How many of the points in this cluster belong there/ correctly classified?"

The Precision is calculated as:

$$P(L_r, S_i) = n_{ri}/n_i$$

for
class L_r of size n_r
cluster S_i if size n_i
n_{ri} data points in S_i from class L_r

Recall

Recall is roughly answers the question. E.g. "Did all of the documents that belong in this cluster make it in?" In other words, recall is the fraction of actual objects that were identified.
The recall is calculated as :

$$R(L_r, S_i) = n_{ri}/n_r$$

F-Score

F-Score is the harmonic mean of Precision and Recall and will tries to give a good combination of the two. It is calculated with the equation:

$$F(L_r, S_i) = \frac{2 * R(L_r, S_i) * P(L_r, S_i)}{R(L_r, S_i) + P(L_r, S_i)}$$

4. RESULTS AND DISCUSSION

Data Set Information

For evaluating the algorithms under consideration, we used cardiotocograms data from UCI

Machine Learning Repository.

This data set contains 2126 fetal cardiotocograms belonging to different classes. The data contains 21 attributes and two class labels. Three expert obstetricians and a consensus classification label assigned to each of them while CTGs were classified. The Classification can be done both with respect to a morphologic pattern (A, B, C. ...) and to a fetal state (N, S, P). The dataset can be used either for 10-class or 3-class experiments.

Here we use this data set for these evaluations.

Attribute Information

1) LB - FHR baseline (beats per minute)
2) AC - # of accelerations per second
3) FM - # of fetal movements per second
4) UC - # of uterine contractions per second
5) DL - # of light decelerations per second
6) DS - # of severe decelerations per second
7) DP - # of prolongued decelerations per second
8) ASTV - percentage of time with abnormal short term variability
9) MSTV - mean value of short term variability
10) ALTV - percentage of time with abnormal long term variability
11) MLTV - mean value of long term variability
12) Width - width of FHR histogram
13) Min - minimum of FHR histogram
14) Max - Maximum of FHR histogram
15) Nmax - # of histogram peaks
16) Nzeros - # of histogram zeros
17) Mode - histogram mode
18) Mean - histogram mean
19) Median - histogram median
20) Variance - histogram variance
21) Tendency - histogram tendency
22) CLASS - FHR pattern class code (1 to 10)
23) NSP - fetal state class code (Normal=1; Suspect=2; Pathologic=3)

Class Information

We used the data for a three class classification problem. The descriptions for the three classes are:

Normal

All four features fall into the reassuring category while classifying a CTG.

Suspicious

Whose features fall into one of the reassuring category and the non-reassuring categories and the remainder of features are reassuring while classifying a CTG.

Pathological

Whose features fall into two or more of the Non-reassuring category or two or more abnormal categories while classifying a CTG.

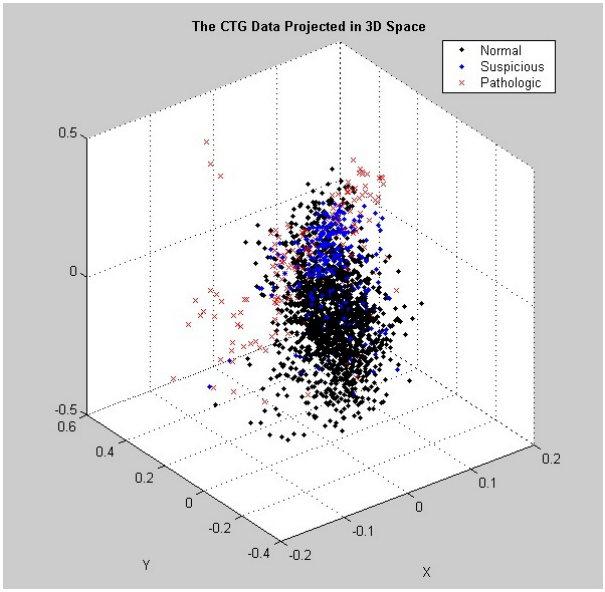

Figure 1: The 3D projection of CTG data

The Visualization of Data Space

The Figure1 image shows the projection of this 21 attribute (dimension) data in to a virtual three dimensional data space. We used three principal components of the data for this projection. In this plot, the normal CTG data points are shown in black dots, the suspicious data points are shown as blue dots and the Pathologic data points are shown as red 'x' mark. This figure roughly shows the distribution of the data in the virtual space.

The Numerical Results

The following tables show the average performance of k-Mean clustering algorithm. We tabulate the average results of ten trials. (The detailed results of all the trials can be found in the tables presented in annexure section)

Table 1: The Average Performance of k-mean Clustering

Metric	Normal	Suspicious	Pathological
Precision	0.8056	0.1238	0.0946
Recall	0.3257	0.3559	0.3102
F-Score	0.4575	0.1776	0.1403

Table 2: The Performance in terms of Rand Index and CPU time

SlNo	RI	Time
01	0.5070	0.0313
02	0.4695	0.0313
03	0.4694	0.0156
04	0.4690	0.0469
05	0.4690	0.0469
06	0.4690	0.0313
07	0.5005	0.0156
08	0.4690	0.0469
09	0.4690	0.0625
10	0.5016	0.0469
Avg	0.4793	0.0375

The Analysis of Results

The performance of the algorithms in terms of Rand Index was good and always greater than 0.4. The proposed model consumed around 0.03 seconds for training and testing.

The following chart obviously shows the performance of K-Mean algorithm. It gives good precision for normal records and poor performance in all other cases.

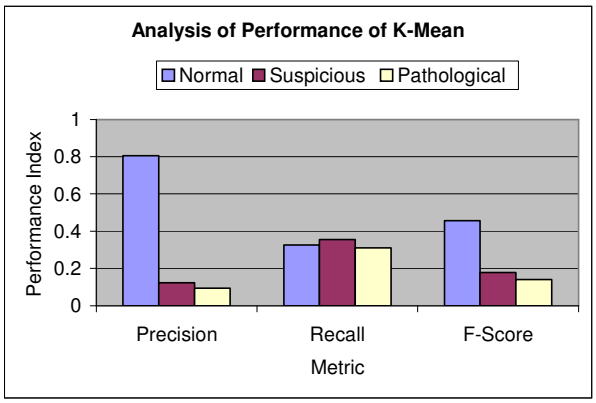

Figure 2: Performance of K-Mean Algorithm

The Arrived results clearly show that k-Means clustering algorithm can be used for the classification of CTG data. We realized that there are some training glitches in the case of suspicious and pathological records which caused.

5. CONCLUSION

We have evaluated the performance of k-mean clustering method with respect to four different Precision, Recall, F-Score and Rand Index. In previous works such as [1], the overall Precision, Recall and F-Score were only considered. But in this evaluation, we considered class-wise Precision, Recall and F-Score to make the analysis very specific. If we consider only the precision as a metric, then arrived results proves that, even though the traditional clustering methods can distinguish the Normal CTG patterns from the Suspicious and Pathologic patterns with respect to precision, but, they were incapable of distinguishing Suspicious and Pathologic patterns. This fact was not highlighted in [1].

That is why we are getting comparatively poor average performance while classifying suspicious and pathological records. It is a major weakness of the algorithms which should be overcomes in future design. One may address the way to improve the system for getting proper results with different classes of CTG patterns. One may consider machine learning based method to design the CTG data classification system. Future works may address hybrid models using statistical and machine learning techniques for improved classification accuracy.

ANNEXURE - I

In the following table, RI is the Rand Index. P1 is the precision for normal record, P2 is the precision for suspicious record, and P3 is the precision for pathological records. R1 is the recall for normal record, R2 is the recall for suspicious record, and R3 is the recall for pathological records. F1 is the f-score for normal record, F2 is the f-score for suspicious records and F3 is the f-score for pathological records. Time is the CPU time taken for the algorithm.
Table 3: Results with K-Means clustering algorithm (10 Trials)

SlNo	RI	P1	P2	P3	R1	R2	R3	F1	F2	F3	Time
1	0.507	0.9318	0.1187	0.1022	0.3221	0.5153	0.1591	0.4787	0.193	0.1244	0.0313
2	0.4695	0.7884	0.037	0.0499	0.403	0.0576	0.233	0.5334	0.0451	0.0822	0.0313
3	0.4694	0.7854	0.037	0.0426	0.3891	0.0576	0.2045	0.5204	0.045	0.0705	0.0156
4	0.469	0.7484	0.169	0.0503	0.2103	0.4847	0.233	0.3283	0.2507	0.0827	0.0469
5	0.469	0.7884	0.1644	0.2129	0.403	0.4542	0.5625	0.5334	0.2414	0.3089	0.0469
6	0.469	0.7484	0.169	0.0503	0.2103	0.4847	0.233	0.3283	0.2507	0.0827	0.0313
7	0.5005	0.7884	0.0909	0.0816	0.403	0.0508	0.517	0.5334	0.0652	0.141	0.0156
8	0.469	0.7484	0.169	0.0503	0.2103	0.4847	0.233	0.3283	0.2507	0.0827	0.0469
9	0.469	0.7884	0.1644	0.2129	0.403	0.4542	0.5625	0.5334	0.2414	0.3089	0.0625
10	0.5016	0.94	0.1187	0.0927	0.3027	0.5153	0.1648	0.458	0.193	0.1186	0.0469
Avg	0.4793	0.8056	0.1238	0.0946	0.3257	0.3559	0.3102	0.4575	0.1776	0.1403	0.0375

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