



ARAB ACADEMY FOR SCIENCE, TECHNOLOGY
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**Staging of Clear Cell Renal Cell Carcinoma using
Random Forest and Support Vector Machine**

By

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ABSTRACT

Kidney cancer is one of the deadliest types of cancer affecting the human body. It's regarded as the sixth most common type of cancer affecting men and the eighth affecting women. Early diagnosis of kidney cancer (renal cancer) can improve the survival rates for many patients. Renal cell carcinoma is the most common type of renal cancers which is subtyped into: clear cell renal cell carcinoma, papillary renal cell carcinoma, and chromophobe renal cell carcinoma. Renal cell carcinoma (RCC) accounts for 90% of kidney cancers. Although the exact cause of the kidney cancer is still unknown, early diagnosis can help patients get the proper treatment at the proper time.

Determining the clear cell renal cell carcinoma stage helps in receiving the appropriate treatment. The earlier the stage of the disease. The better the treatment is. Most of the previous work depends on clinical and medical ways in determining the ccRCC stage using the computed tomography devices.

In this thesis, an enhanced automated model is proposed for early detection and staging of clear cell renal cell carcinoma. The proposed model consists of three phases: segmentation, feature extraction, and classification. The first phase is image segmentation phase where blobs detection was used to segment the kidney lobes. Then the segmented kidneys images were fed to watershed algorithm to extract tumor from the kidney. The second phase is feature extraction phase where gray level co-occurrence matrix method was integrated with normal statistical method to extract the feature vectors from the segmented images. The last phase is the classification phase where the resulted feature vectors were introduced into random forest and support vector machines classifiers.

Experiments have been carried out to validate the effectiveness of the proposed model using TCGA-KRIC dataset which contains 228 CT scans for the four stages of ccRCC where 150 scans were used for learning and 78 for validation. The proposed model showed an outstanding improvement of 12.26% for accuracy and 13.49% for specificity.