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# **Breast Cancer Classification Using z-score Thresholding and Machine Learning**

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Abstract Image processing and machine learning are being used in biomedical purposes as a supporting tool in the detection and diagnosis of certain diseases. Breast cancer is one of these diseases which the researchers have put great effort into for decades. To accomplish this task, image and feature-based public datasets are available to be used. Due to several reasons such as hardware or preprocessing, images can get noisy. The noise in images which can lead to anormal / outliers in the dataset may decrease the detection accuracy and can mislead the medical staff during diagnosis stage. Therefore, this study aims to present the effect of removing the outliers from dataset on the detection accuracy of breast cancer. The method removes the outliers detected by z-score analysis. The remaining data is normalized, and classification accuracy of 10 methods are obtained by direct implementation. The methods are XGBoost, Neural Network, CNN, RNN, AdaBoost, LSTM, GRU, Random Forest, SVM and Logistic Regression. A public dataset Wisconsin diagnosis breast cancer (WDBC) was used in this study. Ablation study was conducted by fine-tuning the threshold value of z-score method. The result showed that the best accuracy was obtained when the threshold value is 3. Also, comparison was made between the results made on the entire dataset and dataset after its outliers were removed. The results showed that the average accuracy of all the classifiers is 98.08%. As a conclusion, the results indicate that removal of the outliers from the dataset increases the overall accuracy of breast cancer detection.

Keywords Breast cancer; Outlier detection; Z-score; WDBC

#### I. Introduction

Breast cancer continues to be one of the most prevalent and life-threatening cancers among women worldwide. According to the World Health Organization (WHO), breast cancer accounts for approximately 25% of all cancer diagnoses in women, with over 2.3 million new cases reported annually as of 2020. Despite advancements in treatment modalities, early detection and accurate diagnosis remain the most effective strategies for improving survival rates and reducing breast cancer-related mortality. Early identification of malignant tumors allows for timely intervention, significantly improving the prognosis and quality of life for patients [1], [2].

In recent years, the integration of artificial intelligence (AI) into healthcare has revolutionized diagnostic methods, enabling automated, efficient, and highly accurate solutions for disease classification. Among Aldriven technologies, machine learning (ML) and deep learning (DL) have emerged as transformative tools in the medical domain. These approaches leverage datadriven algorithms to identify complex patterns and relationships in medical data, providing actionable insights that aid clinicians in decision-making. Their

ability to process large datasets and extract meaningful information has made them particularly valuable in breast cancer diagnosis, where accurate classification of tumors as benign or malignant is critical [3], [4].

The Wisconsin Diagnostic Breast Cancer Dataset (WDBC) has become a benchmark dataset in breast cancer research and is widely used for developing and evaluating predictive models. This dataset contains detailed measurements of tumor characteristics, such as cell radius, texture, perimeter, area, and smoothness, making it an ideal resource for training and testing machine learning algorithms. The structured nature and accessibility of the WDBC have allowed researchers to explore a wide range of classification techniques, from traditional statistical models to advanced deep learning architectures. The primary objective of these studies is to achieve high classification accuracy while ensuring the robustness and generalizability of the models [5], [6].

The Mammographic Mass Dataset (MMD) [7], another dataset frequently used in breast cancer research, contains 961 records with features such as

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tumor shape, margin, density, and patient age. The dataset is labeled to indicate the severity of breast masses (benign or malignant) and is often used for feature-based classification tasks. Studies have shown that Decision Trees achieve 83.5% accuracy on this dataset, but preprocessing techniques such as feature scaling have improved this performance to 88.2% [8]. Logistic Regression (LG) has also performed well, achieving 87% accuracy with appropriate preprocessing steps [9].

Achieving robustness and generalizability is crucial for the practical application of machine learning models in clinical settings. Robustness refers to a model's ability to perform consistently across different datasets and under varying conditions, while generalizability ensures that the model can handle unseen data effectively. However, several challenges, such as the presence of outliers, imbalanced datasets, and overfitting, can hinder the performance of predictive models. Addressing these challenges is essential to ensure that machine learning models transition successfully from research to real-world clinical practice.

Outlier detection and removal are particularly important preprocessing steps in machine learning pipelines, as outliers can introduce noise, distort model training, and lead to biased predictions. Outliers are data points that deviate significantly from most of the dataset, and their presence can adversely affect the performance of both traditional and deep learning algorithms. Statistical methods, such as z-score outlier detection method [10], have been widely adopted for detecting and eliminating outliers. By removing these anomalies, researchers can improve dataset quality, reduce the risk of overfitting, and enhance the model's ability to generalize to new data [11], [12].

The application of machine learning techniques to the WDBC has yielded promising results in breast cancer classification. Traditional algorithms, such as Support Vector Machines (SVM), Random Forests (RF), and LG, have demonstrated strong performance due to their ability to handle structured data and identify meaningful patterns. For instance, studies have shown that SVM achieves high classification accuracy when combined with appropriate feature selection and techniques [13], [14]. preprocessing Similarly. ensemble learning methods, such as Random Forests and boosting algorithms like XGBoost and AdaBoost, have been employed to improve classification accuracy further by aggregating predictions from multiple weak learners [15], [16].

In addition to traditional models, the advent of deep learning has opened new possibilities for breast cancer diagnosis. DL models, including Convolutional Neural Networks (CNNs) [17], Recurrent Neural Networks (RNNs) [18], Long Short-Term Memory (LSTM) networks [19], and Gated Recurrent Units (GRUs) [20],

have demonstrated superior capabilities in capturing complex, non-linear relationships within the data. CNNs, for example, have been adapted for tabular datasets like WDBC, leveraging their ability to automatically extract high-level features from raw data [21], [22]. RNNs and their variants, on the other hand, are particularly effective in sequential data analysis and have been used to model temporal dependencies in medical datasets [23], [24].

Despite their high accuracy, deep learning models often face challenges such as overfitting and the need for large, labeled datasets. Hybrid approaches, which combine traditional machine learning algorithms with deep learning frameworks, have been proposed to address these limitations. Additionally, preprocessing techniques such as outlier removal, feature scaling, and dimensionality reduction have been shown to significantly enhance model performance by improving data quality and optimizing feature representation [25], [26].

The importance of preprocessing in machine learning cannot be overstated, as it directly impacts the reliability and interpretability of predictive models. Studies have demonstrated that removing outliers and balancing datasets can lead to substantial improvements in classification. accuracy robustness. These preprocessing steps are particularly relevant in medical applications, where the cost of misclassification can be high. Moreover, integrating explainable AI (XAI) techniques into machine learning pipelines has gained traction in recent years, as it provides transparency and interpretability to model predictions. By understanding the features and patterns that drive a model's decisions, clinicians can gain confidence in its recommendations and integrate it into their diagnostic workflows [27], [28] Despite the large number of studies utilizing machine learning in breast cancer detection, limited attention has been given to the impact of outliers. There are few studies addressing this issue [29],[30], [31]. They can decrease model performance. This study addresses this gap in literature by a systematic investigation into the effect of outlier removal on model accuracy. We aim to highlight the potential for improved performance in ML-based diagnosis systems.

In this study, we evaluate the impact of outlier removal on the performance of various machine learning and deep learning models applied to the WDBC. Using the z-score method for outlier detection, we preprocess the dataset to eliminate anomalies and compare the results with conventional approaches. The goal is to highlight the importance of data preprocessing in improving classification accuracy, robustness, and generalizability. Expected outcomes of the outlier removal from the dataset is that the feature wise interclass difference will become more significant, and this will increase the detection

accuracy. Our findings provide valuable insights into the role of preprocessing techniques in enhancing the reliability of breast cancer diagnostic models, paving the way for their potential integration into clinical practice.

The remainder of this paper is organized as follows: Section II describes the dataset, preprocessing methods, and machine learning models used in this study. Section III presents the experimental results and compares them with prior studies. Part IV argues the findings and comparison with SOTA, and limitations of the study. Part V concludes the paper and makes suggestions for potential future research.

#### II. Method

This study focused on improving the accuracy of breast cancer classification by removal of the outliers and the application of machine learning methods. The steps of the proposed method are dataset collection, z-score filtering, normalization, data split, classification and comparison with other studies. Fig. 1 shows the steps of the model of this study.

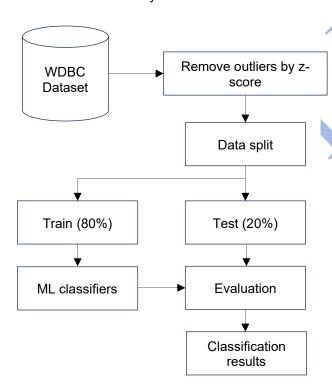


Fig. 1. Framework of the study.

#### A. Dataset

The study was implemented and tested to detect breast cancer on the WDBC dataset. This dataset was obtained from the University of Wisconsin Hospitals The dataset consists of features which were computed from a digitized image of a fine needle aspirate (FNA)

of a breast mass. An example image for each class of the WDBC dataset is illustrated in Fig. 2.

There are 569 unique data samples in the dataset in which 212 of those are for malignant and 357 samples are for Benign. This dataset can be accessed via https://archive.ics.uci.edu/dataset/17/breast+cancer+ wisconsin+diagnostic. 10 distinct features were extracted from each cell nuclei. Namely, they are area, radius, texture, perimeter, smoothness, compactness, concavity, concave points, symmetry, and fractal dimension. For every feature, 3 statistical features were extracted. They are the mean, standard error and worst of these features. Therefore, each sample is represented by 30 features in total. There are

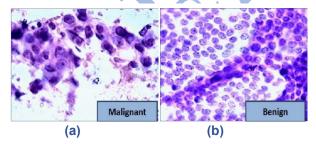


Fig. 2. Sample images from WDBC dataset, (a) Malignant class, (b) Benign class.

no missing values in the dataset which makes it more reliable for the researchers. These features are numerical and have different ranges. Each feature is normalized within their specific range with the standard scaler module as part of this study.

### B. Outlier Detection and Z-score

In any dataset, the outliers can remarkably affect statistical predictions as well as model parameter estimates. They may deform the distribution of variables in the dataset. These values are located distantly from the general population of the distribution and can be detected by outlier detecting methods. Therefore, outlier detection was applied to the dataset to detect the outliers. There are several outlier detection methods in literature. Isolation forest (IF) is a widely used method, yet it contains randomness and depends on multiple parameters. Another method is Interquartile Range (IQR) which suffers from dependency on dataset size. It underperforms in small datasets. Therefore, z-score method was chosen for this purpose. It is a statistical measure checking the standard deviation a certain point deviates from the average of the data distribution [32], [33]. The calculation for each point x is made as shown in Eq. (1):

$$z_{x} = \frac{x - \mu}{\sigma} \tag{1}$$

where,  $z_x$  is the z-score or the distance of the point x,  $\mu$  and  $\sigma$  are the mean and the standard deviation of the sample set. The samples with the z-score greater than a predetermined threshold were labelled as outliers and removed from the dataset. This operation is given in Eq. (2). In literature, the value of the threshold is typically ±3 [34]. This is also because approximately 99.6% of the samples of a normal distributed population are in when the standard deviation is ±3. The remaining data was used for training and testing. The splitting ratio of training and testing subsets was 80:20 in this study. The training and test subsets were normalized with standard scale before the training stage was initiated. This step was repeated for each step on the 5-fold cross validation. Data split was conducted in a random manner.

#### C. ML Classifiers

This section explains the ML methods we used in this study for the classification of breast cancer. The dataset after the outlier removal is trained and tested with 10 ML methods. These methods are XGBoost, NN (Neural Network), CNN, RNN, GRU, LSTM, SVM, RF, and LG. XGBoost, RF and AdaBoost are tree-based methods. NN, CNN, RNN and LSTM are based on neural network-based architecture. SVM is marginbased, and LG is a linear classifier.

#### 1. XGBoost

XGBoost is a tree-based classifier with the characteristic equation Eq. (3) [35], where  $l(y_i, \hat{y}_i)$  is the loss function,  $y_i$  and  $\hat{y_i}$  are the actual and predicted output values for the  $i^{th}$  sample,  $\gamma$  is penalty factor,  $\lambda$ is the regularization parameter, T is the number of leaves and w is the leaf weight.

$$\mathcal{L}^{(t)} = \sum_{i=1}^{n} l\left(y_i, \hat{y}_i^{(t-1)} + f_t(x_i)\right) + \gamma T + 0.5\lambda \sum_{j=1}^{T} w_j^2$$
(3)

#### 2. NN

This is a fully connected and layer-based method with the characteristic equation given in Eq. (4) [36], where the final decision, weight matrix, bias vector, activation function of  $l^{th}$  layer is  $a^l$ ,  $W^l$ ,  $b^l$  and  $\sigma$ , respectively.

$$a^{l} = \sigma \left( W^{l} a^{(l-1)} + b^{l} \right) \tag{4}$$

#### 3. CNN

CNN uses convolutions, activation functions and pooling steps to extract low- and high-level futures from an input image and generates an output label. Its general formula is as given in Eq. (5) [37].

$$a_{i,j} = \sigma \sum_{c=1}^{C} \sum_{m=1}^{M} \sum_{n=1}^{N} I_c(i+m,j+n) K_c(m,n) + b$$
(5)

In Eq. (5),  $a_{i,j}$  is the output,  $\sigma$  is the activation function, I is the input image with the dimension  $m \times n$ , K is the kernel function and b is the bias.

#### 4. RNN

RNNs use recurrent computation for hidden states during each layer of the network. Its equations are as shown in Eq. (6) and Eq. (7) [38] with  $h_t$  and  $y_t$  are the hidden states and output, W is the weight matrix, b and c are bias coefficients. The parameters  $\sigma$  and  $\phi$  are activation functions.

$$h_t = \sigma(W_h h_{t-1} + W_x x_t + b)$$
 (6)

$$h_t = \sigma(W_h h_{t-1} + W_x x_t + b)$$
 (6)  
$$y_t = \phi(W_y h_t + c)$$
 (7)

#### 5. LSTM

It is a type of RNN with gates and cells embedded into it and represented by the Eq. (8), Eq. (9), Eq. (10), Eq. (11), Eq. (12) and Eq. (13) [38]. In the following equations,  $\sigma$  is the activation function, b is the bias constant, W is the weight matrix, x is input, h is hidden state,  $f_t$  is forget gate, o is the output gate and C is the cell state.

$$f_t = \sigma(W_f[h_{t-1}, x_t] + b_f) \tag{8}$$

$$i_t = \sigma(W_i[h_{t-1}, x_t] + b_i)$$
 (9)

$$\tilde{C}_t = \tanh(W_C[h_{t-1}, x_t] + b_C)$$
 (10)

$$C_t = f_t \odot C_{t-1} + i_t \odot \tilde{C}_t \tag{11}$$

$$o_t = \sigma(W_0[h_{t-1}, x_t] + b_0)$$
 (12)

$$h_t = o_t \odot \tanh C_t \tag{13}$$

#### 6. AdaBoost

It creates a strong classifier by merging weaker ones by using different weights. It is calculated as Eq. (14) [39], x is the input,  $\alpha$  is the weight of the weak classifier h

$$F(x) = sign(\sum_{m=1}^{M} \alpha_m h_m(x))$$
 (14)

#### 7. SVM

This method tries to classify samples by finding the optimum hyperplane which assigns the samples into the classes with the minimum error. Eq. (15) [40] shows the characteristic equation for SVM, where  $\alpha$  is the weight, y is the label,  $\alpha$  is the Lagrange multiplier, K is the kernel function and b is the bias.

$$\hat{y} = sign(\sum_{i=1}^{n} \alpha_i y_i K(x_i, x) + b)$$
 (15)

#### 8. GRU

This method is a light version of LSTM with less gates and no cells. It is represented by the Eq. (16) for gate update, Eq. (17) gate reset, Eq. (18) activation, and Eq. (19) for calculating the new hidden states [41]. In the following equations, x is the input, h is output, h is the candidate activation vector, z and r are the update gate and reset gate vectors, W and b are the weight matrix and bias vector,  $\sigma$  is the activation function.

$$z_{t} = \sigma(W_{z}[h_{t-1}, x_{t}] + b_{z})$$
(16)

$$r_t = \sigma(W_r[h_{t-1}, x_t] + b_r)$$
 (17)

$$\tilde{h}_t = \tanh(W_h[r_t \odot h_{t-1}, x_t] + b_h) \quad (18)$$

$$h_t = (1 - z_t) \odot h_{t-1} + z_t \odot \tilde{h}_t$$
 (19)

#### 9. RF

It is a tree-based method which is a combination of smaller decision trees. Eq. (20) is the characteristic equation of this method in which  $\hat{y}$  is the final decision taking the majority vote of all sub decision  $h_t$  [42].

$$\hat{y} = majority \; vote\{h_t(x)|t=1,\ldots,T\} \quad \mbox{(20)} \label{eq:y0}$$
 10.LG

This method is well-known one for binary classification. It calculates the probability of each sample belonging to one of the two classes as shown in Eq. (21) where xis input, b is bias and w is weight matrix. Eq. (22) [43] is the negative log-likelihood function to be minimized with inputs of weight matrix,  $y_i$  and  $\hat{y_i}$  are the actual and predicted output values.

$$P(y=1|x) = \frac{1}{1+e^{-(w^Tx+b)}}$$
 (21)

$$\mathcal{L}(w, b) = -\sum_{i=1}^{n} [y_i \log \hat{y}_i + (1 - y_i) \log(1 - y_i)]$$

#### D. Implementation Details

The proposed model in this study was conducted using Python 3.11 in Google Collaboration (Colab) Notebook platform. The dataset analysis and evaluation were carried out using the sklearn, pandas, xgboost and numpy libraries along with their sublibraries. For the methods CNN, RNN, LSTM and GRU, keras were utilized. The values of the hyperparameters for each classifier are given in Table 1. The hyperparameters for the DL-based methods which are CNN, NN, GRU, RNN and LSTM are number of epochs, batch size, types of the optimizer and the loss function. No data augmentation or balancing technique were applied on the dataset. The other ML-based methods were used with their default parameter values in sklearn. Since we used 80:20 ratio for train and test sets, we repeated the random data split and ran the test 5 times. The results given in this paper are the average of 5 obtained results.

Table 1. The hypermeters for the ML methods.

Method	Hyperparameters
XGBoost	label_encoder = False
NN	Epoch = 10, batch size = 32
	Optimizer = adam
	loss = binary_crossentropy
CNN	Epoch = 10, batch size = 32
	Optimizer = adam
	loss = binary_crossentropy
RNN	Epoch = 10, batch size = 32
	Optimizer = adam

	loss = binary_crossentropy			
LSTM	Epoch = 10, batch size = 32			
	Optimizer = adam			
	loss = binary_crossentropy			
AdaBoost	n_estimators =100			
GRU	Epoch = 10, batch size = 32			
	Optimizer = adam			
	loss = binary_crossentropy			
SVM	Kernel = linear			
RF	n_estimators=200, max_depth=20			
LG	max_iter = 1000			

#### E. Performance metric

The performance of the ML methods in this study is measured by accuracy and f1-score which are formulated in Eq. (23) and Eq. (24) [44].

$$Accuracy = \frac{TP + TN}{TP + TN + FP + FN} \tag{23}$$

$$Accuracy = \frac{TP + TN}{TP + TN + FP + FN}$$

$$F1 \ score = \frac{TP}{TP + 0.5(FP + FN)}$$
(23)

The accuracy in Eq. (23) is the ratio of accurate predictions to the number of total predictions and TP, TN, FP, FN are the True Positive, True Negative, False Positive and False Negative respectively. On the other hand, f1-score is a combinational metric which is very meaningful especially when there is imbalance between the dataset classes.

#### III. Result

This section explains the implementation details, performance metrics and the classification accuracies on WDBC dataset. The classification accuracy part consists of comparison with other studies in literature and the performance of the proposed model with different threshold values of z-score filtering.

## A. Classification accuracy of ML classifiers according to the z-score threshold

As mentioned in part B of Section II, the z-score filtering method marks a data point as outlier if it is located from the dataset mean with a distance greater than a certain threshold. It is not arguable to say that the value of the threshold can strongly affect the z-score method's outcome and the classifier accuracy. Therefore, the threshold value must be determined to get the highest classification accuracy. For this goal, we repeated the training and testing 20 times for all ML classifiers with threshold values in the range of  $[1, \dots, 4.8]$  with an increment of 0.2. The studies [45], [46] present that zscore threshold between 1 and 3 ensures the best performance. Figure 3 shows the relation between classification accuracy and the threshold value of the given range. The vertical axis is the accuracy in

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Table 2. The classification accuracy results of 10 classifiers according to the z-threshold tuning (%).

Threshold	XGBoost	NN	CNN	RNN	AB	LSTM	GRU	RF	SVM	LG	Avg
1.0	88.89	77.78	88.89	88.89	88.89	55.55	88.89	88.89	100	100	86.67
1.2	91.67	95.83	91.67	87.5	95.83	95.83	87.5	95.83	100	95.83	93.75
1.4	97.56	97.56	97.56	80.49	95.12	90.24	95.12	95.12	92.68	97.56	93.90
1.6	98.18	100	100	92.72	96.36	87.27	89.09	98.18	98.18	100	95.99
1.8	100	98.51	98.51	92.54	98.51	92.54	94.03	100	98.51	98.51	97.16
2.0	94.81	94.81	97.40	92.21	97.40	89.61	92.21	97.40	97.40	97.40	95.07
2.2	97.59	100	100	98.8	98.8	90.36	94.0	97.6	100	100	97.71
2.4	93.33	95.56	95.56	91.11	91.11	88.89	91.11	90.0	93.33	94.44	92.44
2.6	95.75	98.94	98.94	96.81	96.81	90.42	93.62	95.75	96.81	98.94	96.28
2.8	93.81	93.81	93.81	86.6	96.91	84.54	85.57	94.85	94.85	94.85	91.96
3.0	98.99	100	100	96.97	98.99	92.93	94.95	98.99	98.99	100	98.08
3.2	97.06	97.06	99.02	98.04	99.02	90.2	94.12	98.04	99.02	99.02	97.06
3.4	97.12	99.04	98.08	97.12	98.08	85.58	92.31	97.12	99.04	98.08	96.16
3.6	98.10	99.05	99.05	93.33	98.10	90.48	87.62	97.14	98.1	99.05	96.0
3.8	98.13	98.13	99.07	96.26	98.13	93.46	95.33	95.33	97.20	97.20	96.82
4.0	95.33	96.26	97.2	92.52	97.20	89.72	91.59	94.39	95.33	97.19	94.67
4.2	99.07	98.15	97.2	95.37	99.07	95.37	95.37	96.29	97.22	97.22	97.04
4.4	97.25	98.17	98.17	95.41	99.08	91.74	94.49	96.33	95.41	95.41	96.15
4.6	99.09	99.09	99.09	97.27	99.09	90.91	95.45	98.18	98.18	99.09	97.55
4.8	97.29	96.4	97.3	90.99	97.30	85.59	91.89	97.30	95.49	93.70	94.32
Avg	96.45	96.71	97.33	93.05	97.0	88.56	92.22	96.14	97.29	97.67	

percentage, and the horizontal axis is the threshold of the z-score method. The classification accuracy of various methods reaches 100% for a few different threshold values. For example, four classifiers which are NN, CNN, SVM and LG obtain 100% accuracy when the threshold is 2.2 and the average of all classifiers is 97.71% for the same threshold. On the other hand, when the threshold is 3, only NN, CNN and LG could obtain 100% accuracy. However, the overall average accuracy is 98.08%. Thus, even though more classifiers got 100% at threshold of 2.2, we chose the threshold as 3 in our study since we obtained the maximum overall accuracy at this value. Therefore, our finding of z-score threshold value confirms the literature. We applied a curve-fitting model to the average of all classifiers as a function of z-threshold. The polynomial equation of the best fitting curve is given in Eq. (25).

$$y(x) = -0.3737x^6 + 6.9722x^5 - 52.889x^4 + 207.98x^3 - 444.96x^2 + 488.51x - 118.52$$

The classification accuracy of all classifiers used in this study are given in Table 2. Moreover, the average accuracy of each classifier over the threshold range is also given in the last row of Table 2. As it is seen, the highest accuracy belongs to LG with 97.67% which is followed by CNN and SVM with 97.33% and 97.29%, respectively. The highest average accuracies are shown in bold. The reason why LG has very high accuracy is that it can perform very well in linearly

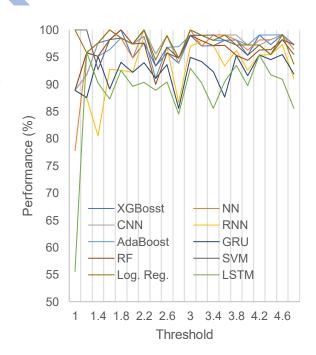


Fig. 3. Classification accuracy of classifiers for different threshold values.

separable and clean dataset, especially when there are no outliers. On the other hand, CNN's high performance is due to its ability to capture high level features by convolution. Figure 4 shows the confusion matrix of the logistic regression method on the dataset.

Table 3. The accuracy	v and F1 score com	parison of the pro	posed model with	base methods.

Method			Pro	posed			Wit	hout out	lier remo	oval
	Acc	F1	Pr	Rc	Conf. Int.	Acc	F1	Pr	Rc	Conf. Int.
XGBoost	98.99	98.99	99.00	98.99	[97.02, 100]	95.61	95.58	95.69	95.61	[91.85, 99.37]
NN	100	100	100	100	[100, 100]	97.37	97.37	97.37	97.36	[94.87, 99.87]
CNN	100	100	100	100	[100, 100]	98.25	98.25	98.23	98.25	[96.63, 99.87]
RNN	95.96	95.89	95.84	95.96	[93.25, 98.67]	89.47	89.56	92.98	92.98	[88.19, 91.10]
LSTM	92.93	92.77	93.01	92.93	[87.88, 97.98]	87.72	87.39	89.63	89.47	[83.84, 92.11]
AdaBoost	98.99	98.99	99.01	98.98	[97.02, 100]	95.61	95.58	95.69	95.61	[91.85, 99.37]
GRU	94.95	94.89	95.24	94.95	[90.64, 99.26]	90.35	90.45	90.60	90.23	[85.03, 95.42]
SVM	98.99	98.99	99.01	98.98	[97.02, 100]	97.37	97.37	97.39	97.37	[94.43, 100]
RF	98.99	98.99	99.01	98.98	[97.02, 100]	95.61	95.60	95.60	95.61	[91.85, 99.37]
LG	100	100	100	100	[100, 100]	98.25	98.25	98.25	98.25	[95.84, 100]

	Benign(P)	Malignant(P
$\operatorname{Benign}(\mathbf{A})$	357	0
$\operatorname{Malignant}(\mathbf{A})$	0	212

Fig. 4. Confusion matrix for LG classifier.

# B. Breast cancer classification results on WDBC of ML methods with and without z-score filtering

This section presents the accuracy and F1-score results of the ML classifier methods used in this study with and without outlier removal on the WDBC dataset. The comparison is given in Table 3. The proposed columns refer to the results obtained on the dataset after z-score filtering with threshold value of 3 was applied. The results shown are the average of 5-fold cross validation with train-test split 80:20.

According to the results in Table 3, for all models, the proposed method yields a substantial increase in both accuracy and F1-score in WDBC dataset. The most significant effect is seen in RNN. Removing the outliers by z-score filtering method increased accuracy by 6.49% for RNN. Classifiers NN, CNN, and LG achieve 100% in accuracy and F1-score using the proposed method. This indicates that the technique with the rightly assigned threshold can successfully handle outliers for these specific models, leading to a perfect classification on the given dataset. As can be seen in Table 3, in terms of both the accuracy and F1-score metrics, the lowest performance belongs to LSTM with 92.93% and 92.77% respectively.

Table 4. Performance comparison of proposed model with existing models on basis of accuracy

Method	Year	Accuracy (%)
Aamir [47] (MLP)	2022	99.12
Aamir [47] (RF)	2022	98.07
Aamir [47] (ANN)	2022	97.35
Mushtaq et al. [48]	2019	91.00
Rajaguru et al.[49]	2019	95.95
Khan et al.[50]	2020	97.06
Al-Azzam et al. [51]	2021	98.00
Rasool et al.[52]	2022	99.03
Zhou et al.[53]	2023	99.12
Proposed model	2025	100
Ghosh [54]	2024	98.25

#### **IV. Discussion**

This study aims to analyze and evaluate the effect of outlier removal from dataset for the task of breast cancer classification. The findings in Table 3 show that removing the outliers or the noise data samples improves the overall classification accuracy for breast cancer detection. In terms of accuracy, F-1 score, precision and recall, the methods CNN, LG and NN achieved 100% when the outliers are removed. In case of outliers kept in the dataset, CNN and LG could perceive 98.25%, NN could get 97.37% in all metrics. The possible reason behind this high performance is that after the outliers are removed from the dataset, the distribution of the samples becomes more distinct and characteristic. The findings show that the value of the threshold in z-score is a strong parameter on the performance as well. When we examine the results of XGBoost, there is approximately a 3% difference between the proposed and conventional model in all metrics.

Recurrent models such as RNN, GRU and LSTM showed the largest reductions, since they are more sensitive to noisy data. In case of RNN, the accuracy moved from 89.47% to 95.96%. Whereas for LSTM, the accuracy went up from 87.72% to 92.93%. GRU increased the accuracy from 90.35% to 64.95%. In case of Adaboost and RF methods, a smaller improvement is observed. The increase in accuracy between proposed and conventional method is 2%. Another important point is the swing in confidence interval. A larger swing refers to a high variation among the results of the same test in different trials. A smaller swing on the other hand refers to a more consistent outcome. It means the outcome of a method is less likely to be random. According to the confidence interval results shown in Table 3, we can see that the swing in proposed method is smaller than the one in conventional for all methods. This shows that the removal of outliers makes a systematic and determinative contribution to classifiers. An analysis of the precision and recall metrics provides deeper results for the study. In case of the proposed method, both metrics are exceptionally high and balanced for all models. This implies that the classifiers can maintain a low false positive rate (high precision) while capturing most of the true positive cases (high recall). The strong correlation between precision and recall indicates that all models achieve a strong balance between sensitivity and specificity. This means that improvements in accuracy are not bringing an increase of false alarms.

To present the effect of this study, a comparison was made with previous studies in the literature on the same dataset. We tried to choose the studies conducted in the last 5 years only. During this comparison, we chose the result of LG classifier with z-score threshold of 3. The benchmarking results given in Table 4 show the superior performance of the proposed model in relation to previously reported SOTA methods on WDBC dataset. The proposed model achieved an accuracy of 100%, establishing a new benchmark in this domain and outperforming all prior approaches. This finding underscores the effectiveness of the methodological innovations introduced in this work and highlights their potential to address longstanding limitations of existing classification frameworks.

Earlier studies have reported varying degrees of success depending on methodological design and computational strategy. In [47], authors applied different classifiers on the same dataset and have obtained 98.07%, 97.35% and 99.12% for the methods RF, ANN and MLP respectively. For example, Mushtaq et al. which focused on the exploration of k-nearest neighborhood (KNN) performance by using several distance functions and *k* values to find an effective KNN [48] obtained 91%. Rajaguru et al. [49] achieved 95.95%

by applying Principal Component Analysis (PCA) + KNN. In a more recent study [50], authors used fuzzy logic and SVM together to detect breast cancer and achieve 97.06% accuracy.

Al-Azzam et al. [51], demonstrated incremental improvements with accuracy of 98.00%. They focused on the learning type rather than the classifier. They presented that using a small sample of labeled and low computational power, semi-supervised learning can replace supervised learning algorithms in diagnosing tumor type. Rasool et al. [52], and Zhou et al. [53], have approached the threshold of near-perfect classification with accuracies exceeding 99%. Zhou et al conducted data exploratory techniques (DET) and developed four different predictive models to improve breast cancer diagnostic accuracy. Prior to models, four-layered essential DET, such as feature distribution, correlation, elimination, and hyperparameter optimization were made. Advances in deep learning, optimization, and data augmentation are bringing model performance closer to the theoretical maximum. Similarly, the study by Ghosh [54] in 2024 reported 98.25%, further confirming the trend toward increasingly sophisticated methodologies with high predictive fidelity.

The proposed model's 100% accuracy and F1-score represent a significant improvement. This achievement suggests that the removing anormal data samples from the dataset provides enhanced discriminative capacity, via better representation learning, optimization of feature hierarchies, or superior handling of intra-class variability. The elimination of misclassifications implies that the model captures both global and local discriminative features with unprecedented precision, thus mitigating the error sources evident in prior approaches. The proposed model has the potential to support medical staff during cancer diagnosis. To use this model in a real clinical environment, it must be considered as a supportive system to the doctors and imaging technicians. The performance of it may suffer from the data diversity and size. These can cause overfitting during training. In a medical application in which patients will require a fast and reliable decision based on their scanned images, additional steps might be needed to avoid error.

The proposed model demonstrably overperforms SOTA methods. The model can classify breast cancer without errors. Future research should focus on the generalization of the method to wider datasets and sustain robustness to make sure the model's high accuracy can be applied in real-world scenarios.

#### V. Conclusion

This paper aims to present a framework for the detection of breast cancer. The proposed framework includes

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several stages, i.e., outlier detection and removal, hypertuning and classification. Before the training, we conducted hypertuning study with the threshold value of z-score outlier detection method to determine the best value. The classification experiments were performed using XGBoost, NN, CNN, RNN, GRU, LSTM, SVM, RF and LG on the WDBC dataset. With a 100% accuracy and F1-score, the proposed model showed significant increase compared to the classifiers without outlier removal in prior. Several classifiers obtained 100% accuracy. However, LG gave the best performance overall. The results indicate that the proposed model outperformed the SOTA for WDBC dataset. For future study, our plan is to use ML to determine the threshold value via dataset characteristics. Also, we will focus on the generalization of the model on wider and deeper datasets. Integration of hyperparameter tuning via Optuna library will be investigated.

#### **Author Contribution**

Eren Yildirim contributed to the generation of concepts, implementation, experiments, and writing of the paper. Batu Salman contributed to the code development and writing of the manuscript.

#### **Data Availability**

The data and the code in this study can be downloaded from the website https://colab.research.google.com/drive/1oV8FIU\_F66 NdxQdhPjFb7IYW6mmnsNVR#scrollTo=qfeYHN93V5t K.

#### **Declarations**

#### **Ethical Approval**

This study used an online and publicly available dataset related to classification of breast cancer. Therefore, this research did not involve direct interaction with human subjects and did not require additional ethical approval.

#### Consent for Publication Participants.

Consent for publication was given by all participants.

#### **Competing Interests**

The authors declare no competing interests.

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