# PERMEABILITY FORECAST OF BLOOD–BRAIN BARRIER (BBB) IN THE CENTRAL NERVOUS SYSTEM USING ML

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#### **ABSTRACT**

98 percent of the substances that enter the central nervous system are controlled by the blood-brain barrier (BBB) (CNS). Compounds with high permeability must be discovered to enable the production of brain medications for the treatment of various brain conditions including Parkinson's, Alzheimer's, and brain malignancies. To address this issue, a number of models have been developed over time, with respectable accuracy ratings in forecasting substances that penetrate the blood-brain barrier. Forecasting molecules with "poor" permeability, however, has proven challenging. Several machine learning classifiers, including Principal Component Analysis PCA, Neural Network SVC, and XGBoost, have been compared using Molecule Net in this research study and are shown in the outcome section. Several concerns should be addressed before creating the classification model in order to enhance the high-dimensional, unbalanced dataset: the Oversampling methods are used to handle the unbalanced dataset, while kernel principal component analysis, a non-linear dimensionality reduction method, is used to solve the excessive dimensionality. The accuracy of a 500-epoch neural network is about 98%, which is far higher than that of earlier studies.

Keywords: blood brain barrier, CNS, SVC, XGBoost, classifiers, Neural network.

## INTRODUCTION

Blood-brain barrier (BBB) is dangerously emerging as one of the fatal neurodegenerative disorders over the lastfew years which depicts itself as a progressive degeneration of cognitive abilities. 50 million people, most of whom are above 65 years of age, are affected with BBB worldwide [1]. It has been also reported that around 10% of the BBB patients are within the age group from 30 years to 60 years. BBB is regarded as the most common form of dementia and presently 60-70% of dementia is due to BBB [2].

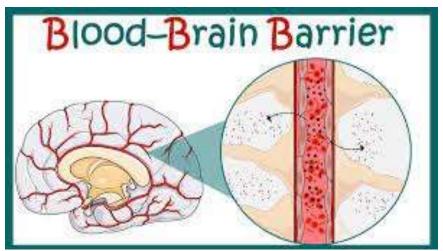
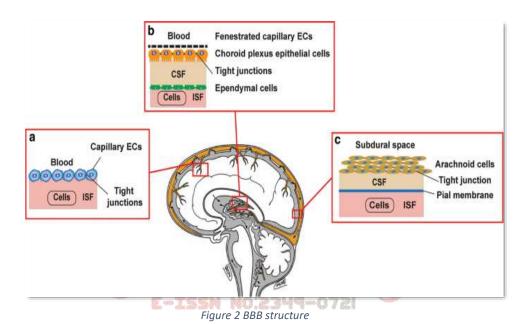


Figure 1 Blood-brain barrier (BBB)

In 2010, 3.7 million Indians were suffering from dementia where this number has grown up to 6.1 million at present. Burden of geriatric diseases is naturally heavier to acountry like India where, according to census

2011, around 8.6% of total population are above the age of 60 years [3]. Moreover, lack of general awareness and dearth of specialists in geriatric diseases make the situation even morealarming in India.

BBB is caused primarily due to the loss of brain tissues like white matter (WM), gray matter (GM) etc and this BBB enhanced volume of cerebra spinal fluid (CSF). Symptoms of BBB range from forgetfulness in its early stage to loss of speech and cognitive ability in later stage. Sometimes the symptoms of BBB are mistakenly ignoredeven by the friends and relatives of the patient. Generally, the transition of a healthy patient to BBB occurs through an intermediate stage called mild cognitive impairment (MCI) [4-5]. This may BBB to a fatal disease in many a case. As compared to the other fields of study in medical science, research in dementia remains relatively low. Early detection of BBB has therefore surfaced as a need of the hour as presently no clinical diagnosis is standardized. In this regard, professionals and researchers from medical and non-medical backgrounds have put their hands together to deliver a timely solution.



This paper is organized as follows: state-of-the-art research works in the field of BBB detection have been briefly listed in section II. Proposed algorithm towards the identification of BBB patients with the aid of machine learning technique is demonstrated in section III followed by results and discussions in section IV. This paper is concluded in section V along with supplementary data inAnnexure.

# LITERATURE REVIEW

Researchers throughout the globe have been generously contributing in the field of medical image analysis and computer vision over the last few. Early detection of several neurological disorders like BBB has BBB attained serious attention of medical practitioners and computer scientists.

A number of research articles hBBB been published over the years which have opened up the door of various opportunities [6-8]. In the recent years, machinelearning based algorithms have received justified interest among the researchers across different disciplines and the field of medical image processing is of no exception. This section briefly summarizes few of these developments which focus on the detection of BBB.

As an attempt to investigate the automatic detection of GM loss for BBB patients, voxel based morphometry

(VBM) and support vector machine (SVM) were combined together with the BBB advantages of objectivity, reproducibility and automation. Authors in have used three sections viz. frontal to extract the hippocampus, sagittal to analyze the corpus callosum and axial to identify the features of cortex for their classification using SVM. Another SVM based majority voter classifier has been proposed in which makes use of percentage volume of WM, GM and CSFduring the process of classification.

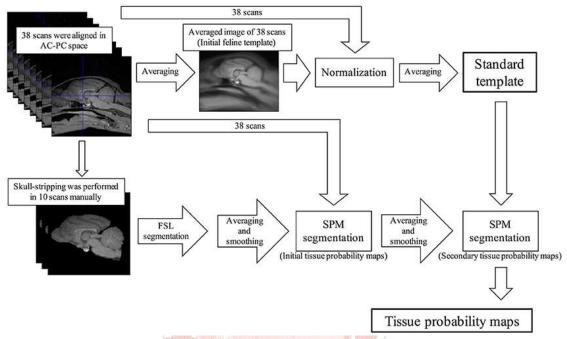


Figure 3 voxel based morphometry

Deep learning based approaches are also increasinglyemployed in this field of computer aided diagnosis. One such architecture which consists of stacked auto-encoders and SoftMax output layer has been employed in and it requires less labelled training samples and minimal domain prior knowledge. A novel method for a high level latent and shared feature representation from neuroimaging modalities via deep learning BBB been proposed in which a deepnetwork with restricted Boltzmann machine is used to find out a latent hierarchical feature representation from a 3D patch. Gray matter images from each brain area have been split into 3D patches which are used to train different deep belief networks. In connection to this, an ensemble of deep belief networks is composed in which the final prediction is obtained through a voting scheme.

Study in presents a convolutional neural network (CNN) model for four binary classification tasks viz. BBB vs.HC, progressive MCI vs. HC, stable MCI vs. HC and pMCI vs. sMCI using MRI images. A convolutional autoencoder based unsupervised learning is employed for the first classification task while supervised transfer learning is applied to solve the final classification task. Lee et al. BBB proposed a novel framework for structural MRI classification of BBB with data combination, outlier removal and entropy-based data selection using AlexNet .Authors have claimed to obtain binary classification accuracies of 95.35% and 98.74% on OASIS and BBB datasets respectively. Strength of 3D-CNN and fully stacked bidirectional long short-term memory (FSBi-LSTM) has been exploited in another framework . This architecture was designed to derive deep feature representation fromboth MRI and PET.

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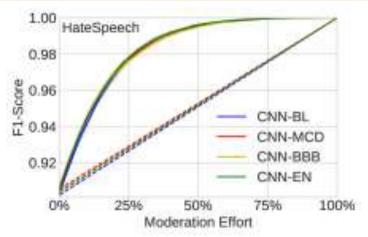


Figure 4 convolutional neural network

## PROPOSED ALGORITHM

This section clearly explains the proposed algorithm in classifying BBB and HC from the percentage volumetric information of WM, GM and CSF. It has been reiterated in the literature that significant tissue loss in WM and GM and subsequent increase in CSF is the consequence of BBB. Hence, these parameters play a pivotal role in identifying the occurrence of BBB in brain MRI scans. However, some more research is essential in identifying the priority amongst these entities.

Proposed algorithm makes use of decision tree in prioritizing the role of WM, GM and CSF in regard to the classification of brain MRI scans into two different sets. It is developed on a set of 98 images obtained from BBBNI datasetout of which 48 images are of BBB and the rest is HC. Percentage volume of WM, GM and CSF been obtained using Vol Brain platform and has been employed in the current proposition.

Proposed decision tree is constructed by taking all the training data points (both BBB and HC) into consideration. Initially, data pertaining to each of these three sets are arranged in an ascending order and the average between twoconsecutive data points is calculated. In fact, this average value between two BBB data points emerges as a potential threshold in classification.

# **RESULTS & DISCUSSIONS**

Proposed decision tree based classification technique forsegregating BBB subjects from healthy ones has been a total of 120 images from BBB source BBB been taken into our consideration in which each of the two classes BBB 60 images each. Percentage volume of WM, GM and CSF resulting from these MRI images have been obtained using Vol Brain and the same is listed in ANNEXURE for quick reference. On the set of 98 training images, resultant impurity is found out to be minimum while classified with respect to CSF followed by WM and GM. These values are computed as 0, 0.0391 and 0.386619 respectively. Hence, during the construction of decision tree on test data; root node is selected as percentage CSF volume with a threshold of 18%. It has been found that 63 out of 120 entriescorrespond to a percentage CSF greater than the threshold while rest 57 is below the threshold. However, this classification contains some impurity and therefore itrequires further exploration of the tree.

The immediate next node (left) is explored with percentage WM volume as the deciding parameter. It has been come to our observation thatout of 63 entries associated with this node, 58 test data are having percentage WM volume of less than the threshold of 35.3%. Moreover, each of them is from the BBB dataset and hence

symbolizes a leaf node  $(L_1)$ . Rest 5 comprises of a mixture of BBB and HC data points. 57 data points, whose percentage CSF is below the threshold, are similarly explored using percentage WM volume as the decisive parameter. This ultimately BBBs to the generation of two leafnodes  $(L_2 \text{ and } L_3)$  with zero valued impurity. The complete decision tree is depicted in Fig. 2 in the appendix.

Performance of this decision tree based classification process is subsequently measured using relevant metrics likeaccuracy, sensitivity, specificity etc. It can be BBB identified from Fig. 2 that 58 data points (refer  $L_1$ ) are correctly identified as BBB (true positive) while 53 data points (refer  $L_2$ ) are properly classified as HC (true negative). All the data points at  $N_3$  are categorized as healthy, although 2 of them actually correspond to BBB (false negative). In BBB to this, 4 data points (refer  $L_3$ ) are misclassified as BBB (false positive). Each of the aforementioned performance metrics are evaluated

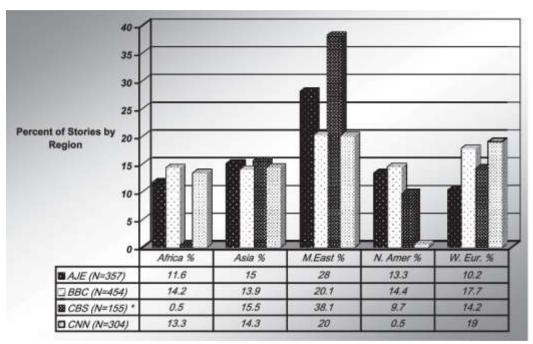


Figure 5 Comparison of Result

Finally, outcome of the proposed approach is compared with some of the state-of-the-art machine learning basedtechniques for BBB detection. Comparative observation is listed in Table I. Looking at Table I, it can be interpreted that the proposed technique yields comparable or better performance as far as these performance metrics are concerned. However, it should be remembered that these results are indicative but not conclusive.

## CONCLUSION

This article introduces a decision tree based classification algorithm for early detection of BBB. In connection to this, percentage volume of WM, GM and CSF BBB been taken into our consideration. It has been seen that CSF basedclassification results in minimum impurity followed by WM and GM. Entire decision tree has been constructed accordingly. Proposed algorithm has been tested on a number of BBB NI data set and the resultant performanceparameters have been calculated. Future research may be directed by incorporating data points corresponding to pMCI and sMCI for a more robust classification.

## **REFERENCES**

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### **Appendix**

#### Code



```
import numpy as no
import pandas as pd
import motplotlib.pyplot as plt
import seaborn as ans
from sklearn.linear_model import LinearRegression
from sklearn.metrics import mean_squared_error, mean_absolute_error
from sklearn.model_selection import train_test_split, cross_val_score
from sklearn.preprocessing import LabelEncoder, StandardScaler, RobustScaler
from sklearn.linear_model import LogisticRegression
from sklearn.metrics import accuracy_score, roc_auc_score, confusion_matrix, classification_re
port_plot_roc_curve
from sklearn.model_selection import train_test_split, cross_validate
from sklearn.neighbors import KNeighborsClassifier
from sklearn.model_selection import GridSearchCV, cross_validate
from sklearn.preprocessing import StandardScaler
import warnings
warnings.filterwarnings('ignore')
pd.set_option('display.max_columns', None)
pd.set_option('display width', 588)
df = pd.read_csv("/kaggle/input/stroke-prediction-dataset/healthcare-dataset-stroke-data.csv")
df.head()
```

	id.	gender	uge	hypertension	heart_disease	ever_married	work_type	Residence_type	evg_glucose_level	timi
0	9046	Male	67.0	0	Y	Yes	Private	Urban	228.69	36.6
1	51676	Female	61.0	0	0	Yes	Self- employed	Rightel	202.21	hish
2	31112	Male	80.0	0	1	Yes	Private	Rural	105.92	32.5
2	00182	Female	49.0	0	0	Yes	Private	Urben	171.23	24.4
4	1005	Female	79.0	4	0	Yes	Self- employed	Rural	174.12	24.0

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# Target Variable Analysis:

pender	100	typertension.	heart,disease	ever_married	work_type	Residence_type	avg_glucons_level	besi	aniking_st
Vale	67.0	ti .	1	Yes	Private	Sittsom	221.69	36.6	Sometry amphed
Female	-61.0	1)	ō	Yes	Satt- employed	That III	202.21	hiahi	never smok
Mile	80.0	0	-1	Yes	Private	Roral	105.92	32.5	naver smok
Female	49.0	.0	9	Yes	Private	Althon /	171,23	34.4	unokes
Female	79.0	3.	0	Yes	Serf- exculayed	Rorst	174.12	24.0	ceser ample

#### Data Overview:

```
def check_data(dataframe,head=5):
    print(20**-" + "Information".center(20) + 20*"-")
    print(dataframe.info())
    print(20**-" + "Data Shape".center(20) + 20**-")
    print(dataframe.shape)
    print("\n" + 20*"-" + "The First 5 Data".center(20) + 20*"-")
    print(dataframe.head())
    print("\n" + 20 * "-" * "The Last 5 Data".center(20) + 20 * "-")
    print(dataframe.tail())
    print("\n" + 20 * "-" * "Missing Values".center(20) * 20 * "-")
    print(dataframe.isnull().sum())
    print("\n" + 40 * "-" * "Describe the Data".center(40) * 40 * "-")
    print(dataframe.describe().1)
    check_data(df)
```

```
----- Information
<class 'pandas.core.frame.DataFrame'>
RangeIndex: 5110 entries, 0 to 5109
Data columns (total 11 columns):
 # Column Non-Null Count Dtype
           5110 non-null float64
 0 gender
 1 age
 2 hypertension 5110 non-null int64
3 heart_disease 5110 non-null int64
4 ever_married 5110 non-null object
5 work_type 5110 non-null object
6 Residence_type 5110 non-null object
 7 avg_glucose_level 5110 non-null float64
 8 bmi 4989 non-null float64
 9 smoking_status 5110 non-null object
                    5110 non-null int64
dtypes: float64(3), int64(3), object(5)
memory usage: 439.3+ KB
None
----- Data Shape -----
(5110, 11)
```

```
Describe the Data
                                              mean std min 25% 50% 75% max
                          count

        count
        mean
        std
        min
        25%
        58%
        75%
        max

        age
        5110.0
        43.226614
        22.612647
        0.08
        25.980
        45.900
        61.00
        82.00

        hypertension
        5110.0
        0.097456
        0.296607
        0.00
        0.000
        0.00
        0.00
        0.00
        1.00

        heart_disease
        5110.0
        0.054612
        0.226663
        0.00
        0.000
        0.000
        0.00
        0.00
        1.00

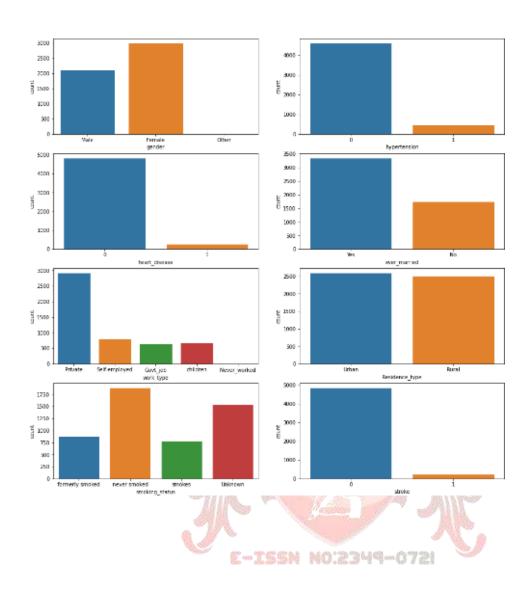
avg_glucose_level 5110.0 106.147677 45.283560 55.12 77.245 91.885 114.09 271.74
            4989.8 28.893237 7.854867 18.38 23.588 28,188 33.18 97.68
bmi
strake
                           5110.0 0.048728 0.215320 0.00 0.000 0.000 0.00
In [10]: # "omi" variable has 201 missing data. Let's fill it with the median:
            df['bmi'] = df['bmi'].fillna(df['bmi'].median())
           df.isnull().sum()
            gender
            heart_disease
            work_type
            Residence_type
            avg_glucose_level 0
            bmi
            smoking_status
            stroke
            dtype: int64
             # Are there any duplicate rows in the dataframe? Let's check it!
             duplicated = len(df(df.duplicated()))
            print(f'There ara {duplicated} duplicated rows')
             There are 0 duplicated rows
                            Categorical Variables and Numerical Variables:
```

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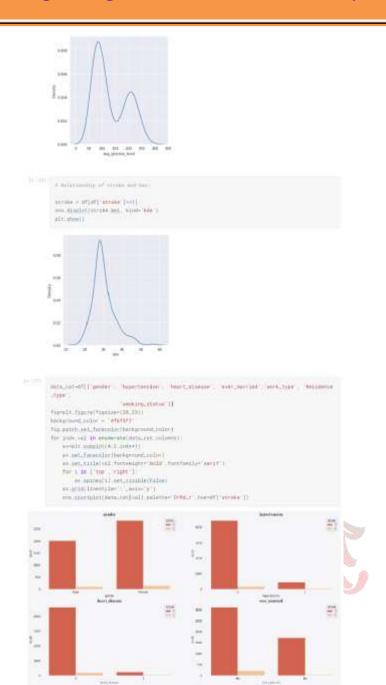
# Visualization of Categorical Variables:

```
fig,axes = plt.subplots(4,2,figsize = (16,16))
sns.set_style('darkgrid')
fig.suptitle('Count plot for various categorical features')

sns.countplot(ax=axes[0,0],data=df,x='gender')
sns.countplot(ax=axes[0,1],data=df,x='hypertension')
sns.countplot(ax=axes[1,0],data=df,x='heart_disease')
sns.countplot(ax=axes[1,1],data=df,x='ever_married')
sns.countplot(ax=axes[2,0],data=df,x='ever_married')
sns.countplot(ax=axes[2,1],data=df,x='esidence_type')
sns.countplot(ax=axes[3,0],data=df,x='smoking_status')
sns.countplot(ax=axes[3,1],data=df,x='stroke')
plt.show()
```



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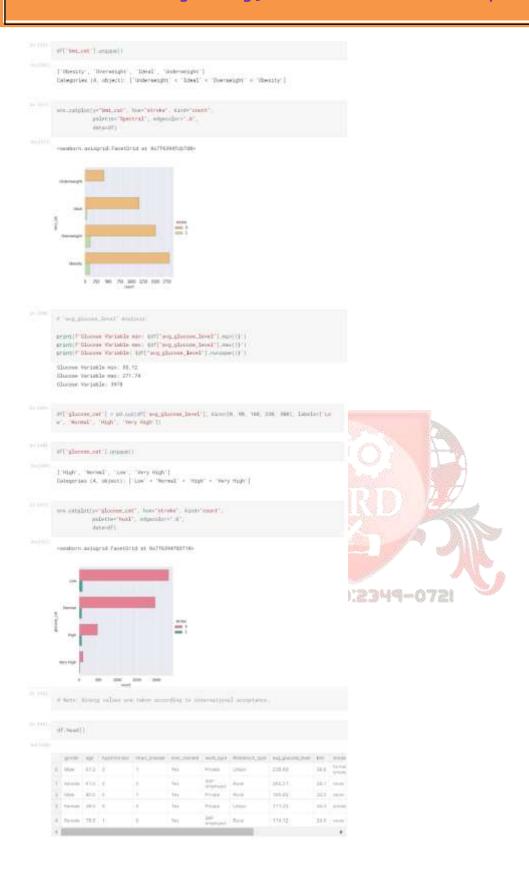


# **Heatmap of Numerical Variables**



## Data Preprocessing:

```
printf ap verible ein (Offese').ein(())
printf ap verible ein (Offese').ein(())
printf ap verible (Offese').extox(())
Age Variable min: 8.08
Age Variable mas: 82.6
Age Veriable: 184
off epocat() - promoted mass), name(s, 15, 16, 46, 56, 166), fancine Thildren . Terms and to __win and to __Winderly()
attraparet baseous
['Elderly', 'Mid Abulta', 'Adulta', 'Ouldrie', 'Taers']
Categories (f. aspect): ['Ouldree' > 'Rees' > 'Adulta' > 'Mid Adulta' > 'Elderly']
                                                               E-TEEN MOSSUG-0721
     rakebern, andagrad, Facetörter an akitralessocknisk-
     print() DML Nariable mas. (p)['bml'].eas()) arount? BML Variable mas. (p)['bml'].mas()()) ariable? MML Variable; (p)['bml'].mariable()).
```



# **Binary Encoding**



## Label Encoding:



# Machine Learning Model K-Nearest Neighbor Model

```
tel a tacher use Thusb
                      y = dfl"stroke"|
K = df.drop(["stroke"], skip=t)
              knn.model = #NeighborsClassifier():fit(%, y)
                     y_pred = knn_model_predict(X)
              y_arub = knn_model.aredast_probw(X)1:. 11
              peant(olionalfacetace_report(y, r_pred))
                       precision recall fil-score support
               verefited eve
                                                             Model Validation
In [59]:
          cv_results = cross_validate(knn_model, X, y, cv=5, scoring=["accuracy", "f1", "roc_auc"])
In [60]:
          print("test_accuracy: ", cv_results['test_accuracy'].mean())
          print("test_f1: ", cv_results['test_f1'].mean())
          print("test_roc_auc: ", cv_results['test_roc_auc'].mean())
          test_accuracy: 0.9461734112023246
          test_f1: 0.02106537530266344
          test_roc_auc: 0.633203199798438
                                                      Hyperparameter Optimization:
                                             P.TECH MOTOLOGATOL
                     t= (n+): kng_model.get_parama()
                             ('algorithm'; 'auto',
'leaf_size': 30,
'metric': 'minkowski',
                              'metric_params': None,
'n_jobs': None,
'n_neighbors': 5,
                               'weights': 'uniform')
                     in [62]: Knn_params = ("n_neighbors": range(2, 58))
                     in [881] knn_gs_best = GridSearchGV(knn_model, knn_params, cv=5, n_jobs=-1, verbose=1).fit(X, y)
                             Fitting 5 folds for each of 48 candidates, totalling 240 fits
                    In [84]: Kon_gs_best.best_psrams_
                             ('n_neighbors'; 14)
                             knn_final = knn_model.set_params(**knn_gs_best.hest_params_).fit(X, y)
                             cv_results = cross_validate(knn_final,
                                                          scoring=["sccuracy", "fl", "roc_suc"])
```