

A method for detecting coronary artery stenosis based on ECG signals



BEB6326

Huan Zhang¹, Xinpei Wang^{1,*}, Changchun Liu^{1,*}, Yuanyang Li², Yuanyuan Liu¹, Peng Li^{3,4}, Lianke Yao¹, Jikuo Wang¹, Yu Jiao¹

¹ Institute of Biomedical Engineering, School of Control Science and Engineering, Shandong University, Jinan, Shandong, 250061, China

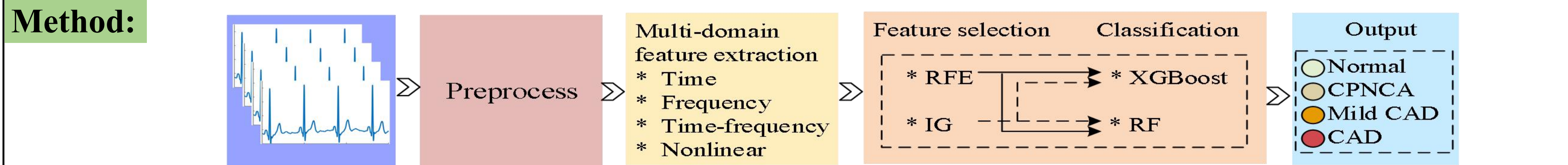
² Department of Medical Engineering, Shandong Provincial Hospital Affiliated to Shandong First Medical University, Jinan, Shandong, 250021, China

³ Division of Sleep and Circadian Disorders, Brigham and Women's Hospital, Boston, MA 02115, USA

⁴ Division of Sleep Medicine, Harvard Medical School, Boston, MA 02115, USA

E-mail addresses: wangxinpei@sdu.edu.cn (X. Wang), changchunliu@sdu.edu.cn (C. Liu)

Objective: This study aims to correctly classify patients with varying degrees of coronary artery stenosis (VDCAS) by utilizing multi-domain features fusion of single-lead 5-minute ECG signals and machine learning methods, so as to provide reference for physicians to diagnose the CAD development process.



Results:

(1) Results of feature selection

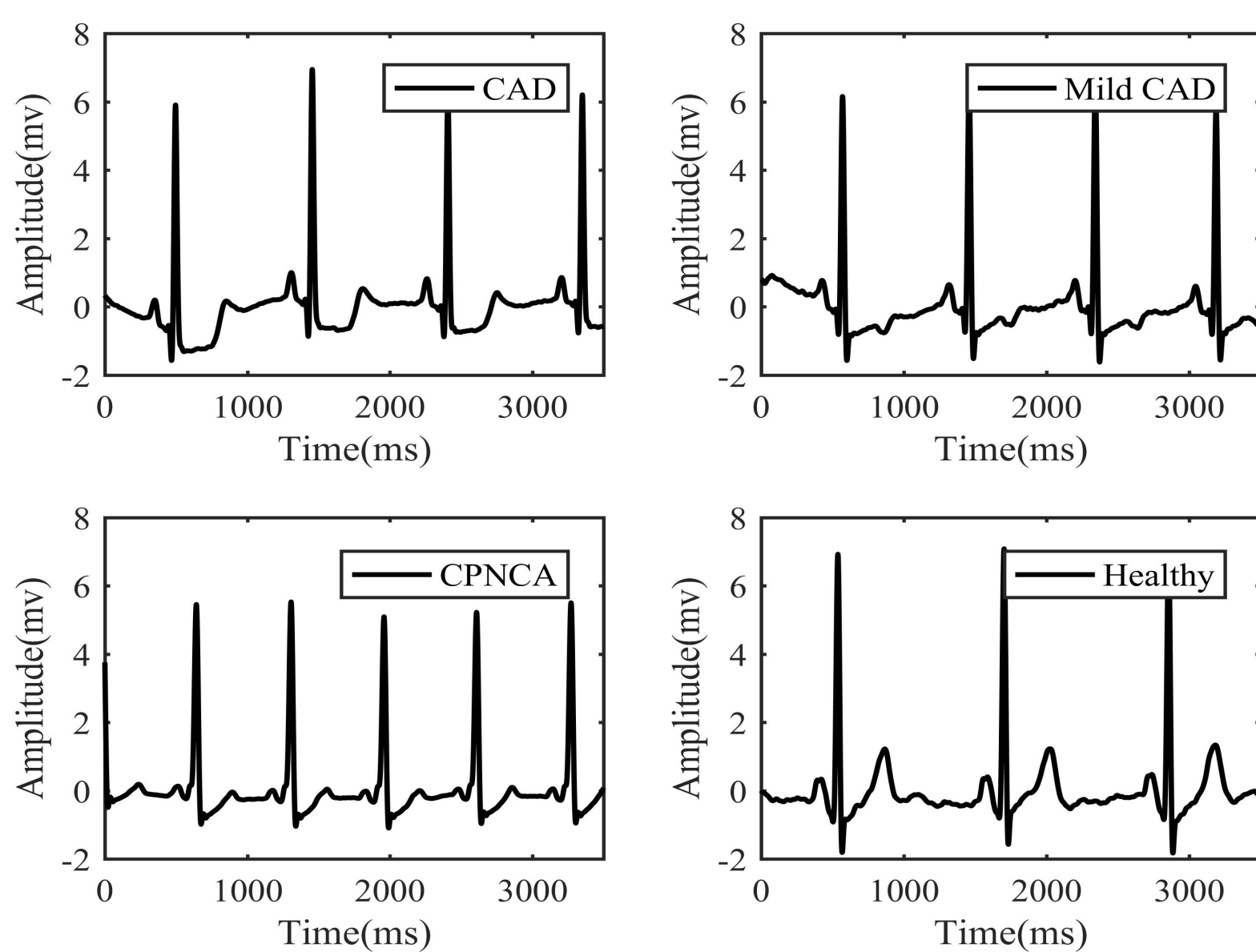


Figure 1. The ECG signals of different subjects, including (a) CAD patient, (b) mild CAD patient, (c) CPNCA patient, and (d) healthy patient.

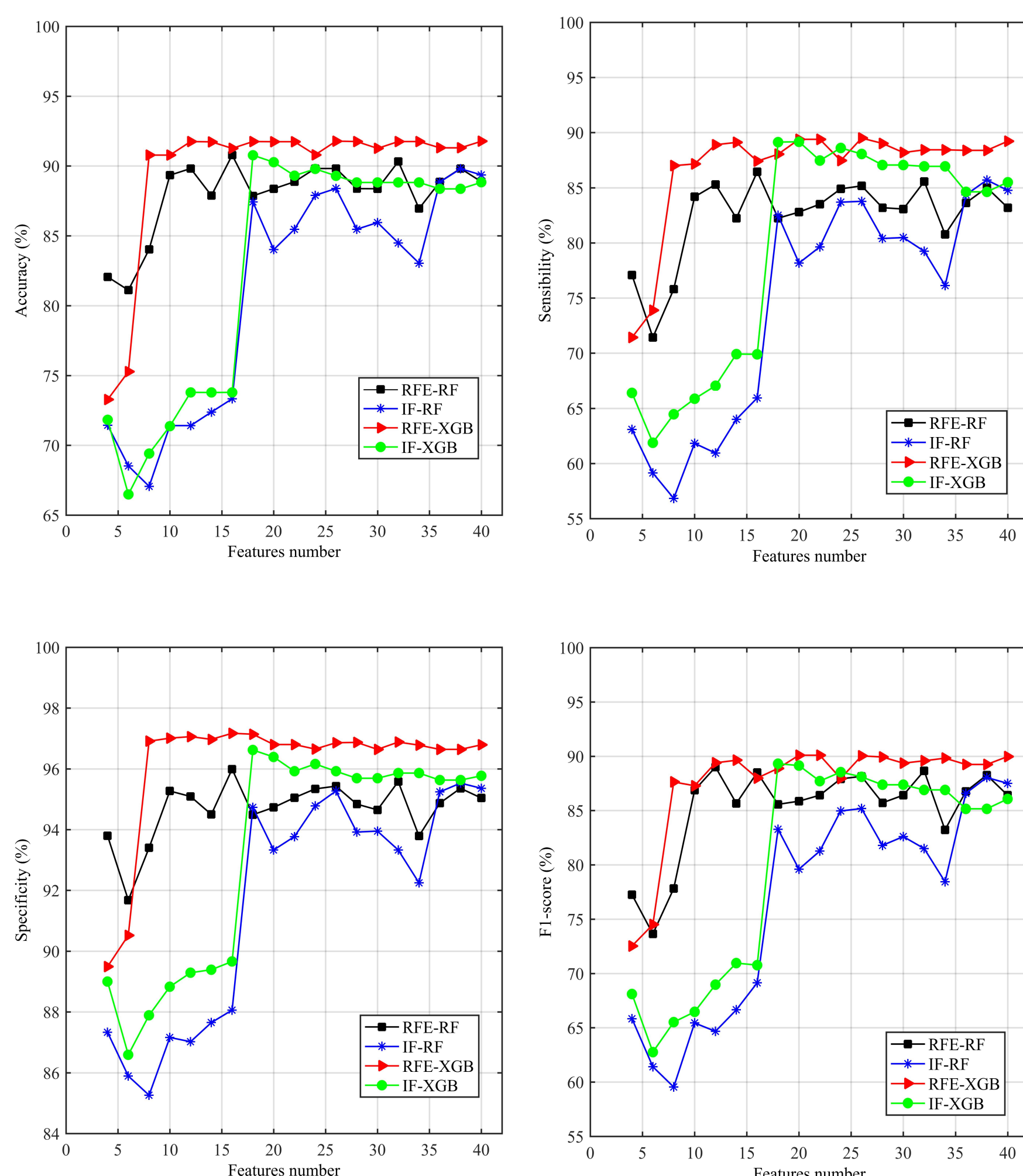


Figure 2. Classification results comparison of different feature numbers: (a) Accuracy; (b) Sensitivity; (c) Specificity; (d) F1-score.

(2) Classification results

Table 1 The comparison results of the two classifications

	Lable	Sensitive (%)	Specificity (%)	F1-score (%)	Accuracy (%)
RF	0 vs 3	90.00±13.33	90.0±14.91	94.18±7.91	97.69±3.07
XGB	0 vs 3	100.0±0.00	93.33±9.13	99.02±1.19	98.46±1.88

* Data are expressed as mean ± SD. Label 0 for health group, 3 for CAD group.

Table 2 The comparison results of the three classifications

	Lable	Sensitive (%)	Specificity (%)	F1-score (%)	Accuracy (%)
RF	0	97.53±2.01	82.35±9.84	92.97±2.40	-
	1	78.18±10.33	96.68±2.10	83.06±7.07	-
	2	83.33±10.54	100.00±0.00	90.54±6.34	-
	Mean	86.34±6.04	93.01±2.94	88.86±4.42	90.26±3.48
XGB	0	98.33±2.04	83.52±7.80	93.77±1.59	-
	1	78.18±7.60	98.67±1.63	85.34±8.90	-
	2	86.67±6.47	98.85±1.39	89.31±7.04	-
	Mean	87.72±2.03	93.68±1.89	89.47±1.49	91.27±1.85

* Data are expressed as mean ± SD. Label 0 for healthy group, 1 for patients with luminal narrowing 1-49%, and 2 for patients with luminal narrowing ≥50%.

Table 3 The comparison results of the four classifications

	Lable	Sensitive (%)	Specificity (%)	F1-score (%)	Accuracy (%)
RF	0	73.33±10.60	99.42±1.14	80.84±8.89	-
	1	88.57±10.69	98.84±1.42	90.73±5.84	-
	2	100.00±0.00	86.92±5.44	93.48±2.54	-
	3	83.88±5.01	98.78±1.48	88.96±4.32	-
	Mean	86.44±3.92	95.99±1.16	88.50±3.79	90.78±2.32
XGB	0	90.00±8.16	97.71±2.13	88.67±5.90	-
	1	90.95±7.43	99.42±1.14	93.77±3.20	-
	2	98.00±4.00	92.55±6.85	95.13±3.01	-
	3	78.61±9.54	97.53±3.01	82.81±7.42	-
	Mean	89.39±3.05	96.80±1.28	90.09±2.62	91.74±2.50

* Data are expressed as mean ± SD. Label 0 for health group, 1 for CPNCA group, 2 for mild CAD group, 3 for CAD group.

Conclusions:

- Multi-domain features fusion analysis of ECG signals can effectively excavate the hidden information of VDCAS.
- RFE combined with XGboost algorithm is effective in distinguishing VDCAS patients.

Acknowledgments: This work was supported by the National Natural Science Foundation of China (Nos. 62071277, 61501280, 61471223, 61601263).