

parameter that help in heart disease prediction and reducing the weight of those which do not. (2) Our proposed system can reduce the decision-making time by eliminating the irrelevant samples as well as the material required. (3) SVM can perfectly classify the heart disease data by finding the optimal hyper-plane that separates the first class from those of second class. This makes it very adequate for heart disease prediction system which contains data of patient records with binary target.

Table 5. Comparison of state-of-the-art methods

Authors	Method	Accuracy (%)
Shouman et al. [15]	Decision tree	81.4
Peter et al. [16]	Multilayer perceptron	82.22
Nahar et al. [17]	Naive Bayes	69.11
Ismaeel et al. [18]	Extreme learning machine	80
Amin et al. [3]	Logistic regression	78.03
Our work	NCA-SVM	85.43

5. CONCLUSION

In this work, the combination of NCA and SVM is used to predict heart disease from real datasets provided by the UCI machine learning repository. The NCA feature selection can effectively select the most relevant parameters to make a good decision. Thus, the parameter selection in such a clinical application can seriously reduce the number of medical equipment as well as the labor and the time required to get the final decision while increasing the prediction performance. However, SVM was used for predicting the selected parameters in order to identify the presence/absence of heart disease. The obtained results showed that the NCA-SVM improve considerably the prediction system performance. Applying this model can have a direct impact and economic savings on the design and development of heart disease prediction systems in healthcare.

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