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Marker subset selection and decision support range identification

for acute myeloid leukemia classification model development

with multiparameter flow cytometry

Short title: AML classification model development using machine learning algorithm

Jang-Sik Choi[1,2], Nguyen Thanh Nguyen[1,2], Hyung-Gi Byun[3], Jaewoo Song[4*], and Tae-Hyun Yoon[1,2*]

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[1] *Center for Next Generation Cytometry, Hanyang University, Seoul 04763, Republic of Korea*

[2] *Department of Chemistry, College of Natural Sciences, Hanyang University, Seoul 04763, Republic of Korea*

[3] *Division of Electronics, Information and Communication Engineering, Kangwon National University, Kangwon-Do 25913, Republic of Korea.*

[4] *Department of Laboratory Medicine, College of Medicine, Yonsei University, Seoul 03722, Republic of Korea*

* Corresponding Author:

E-mail: taeyoon@hanyang.ac.kr (Tae Hyun Yoon)

E-mail: labdx@yuhs.ac (Jaewoo Song)

Abstract

In this study, we developed acute myeloid leukemia (AML) classification model through Wilks' lambda-based important marker-identification method and stepwise–forward selection approach, and spotted important decision-support range of flow-cytometry parameter using insights provided by machine-learning algorithm. AML flow-cytometry data released from FlowCAP-II challenge in 2011 was used. In FlowCAP-II challenge, several sample classification algorithms were able to effectively classify AML and non-AML. Most algorithms extracted features from high-dimensional flow-cytometry readout comprised of multiple fluorescent parameters for a large number of antibodies. Multiple parameters with forward scatter and side scatter increase computational complexity in the feature-extraction procedure as well as in the model development. Parameter-subset selection can decrease model complexity, improve model performance, and contribute to a panel design specific for target disease. With this motivation, we estimated importance of each parameter via Wilks' lambda and then identified the best subset of parameters using stepwise–forward selection. In the importance-estimation process, histogram matrix of each parameter was used. As a result, parameters, which are associated with blasts gating and identification of immature myeloid cells, were identified as important descriptors in AML classification, and combination of these markers is more effective than an individual marker. A random-forest, supervised-classification machine-learning algorithm was used for the model development. We highlighted decision-support range of the fluorescent signal for the identified important parameters, which significantly contribute to AML classification, through a mean decrease in Gini supported in random forest. These specific ranges could help with establishing diagnosis criteria and elaborate the AML classification model. Because methodology proposed in this study can not only estimate the importance of each parameter but also identify the best subset and the specific ranges, we expect that it would contribute to *in silico* modeling using flow- and mass-cytometry readout as well as panel design for sample classification.

Keywords: AML, Classification, Flow Cytometry, Wilks' Lambda, Stepwise Forward Selection, Machine Learning

Author summary

Flow cytometry is a widely used technique to analyze multiple physical characteristics of an individual cell and diagnose and monitor human disease as well as response to therapy. Recent developments in hardware (multiple lasers and fluorescence detectors), fluorochromes, and antibodies have facilitated the comprehensive and in-depth analysis of high numbers of cells on a single cell level and led to the creation of various computational analysis methods for cell type identification, rare cell identification, and sample classification. Flow cytometry typically uses panels with a large number of antibodies, leading to high-dimensional multiparameter flow cytometry readout. It increases computational complexity and makes interpretation difficult. In this study, we identified the best subset of the parameters for AML classification model development. The subset would contribute to panel design specific for the target disease and lead to easy interpretation of the results. In addition, we spotted important decision-support range of flow-cytometry parameter via insights provided by machine-learning algorithm. We expect that profiling information of fluorescence expression over the identified decision-support range would complement existing diagnosis criteria.

Introduction

Acute myeloid leukemia (AML) is an aggressive, rapidly fatal blood cancer, characterized by the rapid growth of abnormal immature myeloid cells in both the bone marrow and peripheral blood [1]. Because AML is a heterogeneous disease with several subtypes, the prognosis and treatment depend on the subtype [2,3].

Flow cytometry has become an essential method for diagnosis and identification of AML because of its excellent auxiliary diagnostic performance [4–8]. It is a bioanalytical technique to measure and analyze multiple physical and chemical characteristics of tens of thousands of cells via a laser light interacting with monoclonal antibodies specific for a cell surface antigen [9]. The use of multiple lasers and a wide range of antibodies allows clinicians to make specific diagnoses and classifications of various hematological diseases [10]. A typical sample such as blood, bone-marrow tissue, body fluids, and lymph nodes is usually stained with dozens of monoclonal antibodies. Depending on the capabilities of the flow cytometry instrument, 3–10 or more single-tube combinations of the antibodies per sample are used to characterize different cellular populations.

In flow cytometry, traditional data-analysis methods rely on subjective manual gating, which draws regions of interest (gates) on a plot, identifies subsets, and estimates statistics of the subsets (e.g., relative proportion, median fluorescence intensity (MFI), etc.). Because flow cytometry typically uses panels with a large number of antibodies, leading to high-dimensional data, manual gating has been considered as a time-consuming and labor-intensive process [11]. In addition, the manual-gating approach relies on the researcher's prior knowledge, thus introducing a bias toward "expected" results [12]. Therefore, there has been high demand for the development and application of *in silico* computational methods to flow-cytometry data to overcome these problems in the manual gating-based data-analysis method.

In 2011, FlowCAP (Flow Cytometry: Critical Assessment of Population Identification Methods) challenges were established to compare the performance of computational methods on two tasks: (i) cell-population identification and (ii) sample classification (http://flowcap.flowsite.org/) [13]. In the sample-classification challenges, several classification algorithms were able to effectively classify AML and non-AML samples. Majority of the algorithms extracted a feature, which represents the high-dimensional flow-cytometry data of each sample, through clustering methods and 2D histogram computation for the classification-model development. Because of various markers used in AML samples, the feature was extracted from flow-cytometry data comprised of multiple fluorescent parameters in a sample. The multiple fluorescent parameters increase

computational complexity in the whole process of model development. Parameter-subset selection not only can

decrease the complexity but also can lead to better performance of the model. In addition, it could contribute to

a panel design specific for a target disease. It motivated our study to estimate the importance of each marker and

identify the best subset of these markers for the optimization of AML classification model.

The AML classification problem of identifying to which set of categories (AML or non-AML) a new

sample belongs can be modelled using machine-learning algorithms. Machine-learning algorithms have been

used in a wide variety of fields and also applied at various stages such as feature extraction, feature-importance

estimation, and data-dimension reduction when developing a classification model. In particular, feature-

importance estimation allows identification of essential features, which plays an important role in sample

classification. It can provide new insights on a classification model using multiparameter flow-cytometry data

when features, which represent event expression change over the range of each fluorescent channel signal for a

specific antibody, are used as input for a machine-learning algorithm-based classification model. With this

benefit of machine-learning algorithms, we identified a specific decision-support range of the fluorescent signal

for the identified important parameters, using feature importance estimated from a machine-learning model.

In this study, we computed the importance of each parameter using Wilks' lambda (Λ) and then used

stepwise–forward selection method to select the best subset of parameters. In addition, we identified decision-

support range of the fluorescent signal for the identified important parameters, which significantly contribute to

AML classification, through a mean decrease in Gini (MDG) supported in a random-forest model. We expect

that the methodology presented in this study could contribute to *in silico* sample-classification modelling using

flow- or mass-cytometry readout because it can provide the importance of each parameter, the best subset of

parameters, and the specific ranges in terms of sample discrimination.

Materials and methods

Data

AML data released from FlowCAP-II challenge in 2011 was used in this study. The dataset contains

2872 flow-cytometry standard (FCS) files obtained from peripheral-blood or bone-marrow samples of 359

patients (AML patients = 43, healthy patients = 316). Because of the large number of parameters used, eight

tubes with different combinations of fluorescent markers (reagents) were used. Therefore, there are eight FCS

files per sample in the data. The parameters (reagents and channels) used in each tube are listed in Table 1.

CD45-ECD, forward scatter (FSC), and side scatter (SSC) are available in all tubes. In this study, the data were

logarithmically transformed for SSC and all fluorescent parameters, while FCS data remained linear. The values

of all parameters range from 0 to 1024. The same data labels used in FlowCAP-II challenge were applied for

model training and testing in this study. In the challenge, data was split into a training set (179 patients) and

testing set (180 patients). The training set includes 156 healthy patients and 23 AML patients, while the testing

set has 160 and 20 normal and AML patients, respectively. The FlowCAP-II AML data is publicly available at

the flow repository: http://flowrepository.org/id/FR-FCM-ZZYA.

Table 1. Eight tubes with different fluorescent reagent combination.

No.	Tube							
	1	2	3	4	5	6	7	8
1	FSC	FSC	FSC	FSC	FSC	FSC	FSC	FSC
2	SSC	SSC	SSC	SSC	SSC	SSC	SSC	SSC
3	IgG1-FITC	Kappa-FITC	CD7-FITC	CD15-FITC	CD14-FITC	HLA DR-FITC	CD5-FITC	FL1
4	IgG1-PE	Lambda-PE	CD4-PE	CD13-PE	CD11c-PE	CD117-PE	CD19-PE	FL2
5	CD45-ECD	CD45-ECD	CD45-ECD	CD45-ECD	CD45-ECD	CD45-ECD	CD45-ECD	7AAD
6	IgG1-PC5	CD19-PC5	CD8-PC5	CD16-PC5	CD64-PC5	CD34-PC5	CD3-PC5	FL4
7	IgG1-PC7	CD20-PC7	CD2-PC7	CD56-PC7	CD33-PC7	CD38-PC7	CD10-PC7	FL5

Methods

Feature extraction. Each FCS file contains thousands of events (rows) and 7 features (columns)

corresponding to 7 fluorescent channels of each tube. The events are measurements for a series of cells. In

FlowCAP-II challenge, a feature vector, which represents the high-dimensional data of FCS file, was extracted

using manual gating, auto gating, and 2D histograms of all possible pairs of parameters. The feature vector was

comprised of statistical values extracted from clusters identified by the gating methods or by the proportion of

cells that fall into a specific bin on a 2-dimensional scatter plot. Manual gating is effective but subjective and

extremely laborious. Auto gating using clustering algorithms requires high computational cost and expert

knowledge to identify cell population based on the results. In addition, clustering results are dependent on

coordinates of an initial random cluster, distance measure, and number of clusters. The 2D histogram-based

approach yields a number of combinations from n parameters if a large number of markers are used.

In this study, 1D histogram, which displays a single measurement parameter (fluorescence intensity) on

the x-axis and the number of events (cell count) on the y-axis, was used as a feature vector of each parameter

because it allows exploration on expression change over the range of each fluorescent channel signal for a

specific antibody. The histogram used in this study has equal-sized 32 bins in the range 0 to 1024. Two or more

histograms for parameters in the FCS sample file were concatenated into a single histogram vector. Thereby, the

high-dimensional data of an FCS file was represented by a single histogram vector.

Important marker selection. Measuring the importance of each parameter allows identification

of the best combination of parameters. In addition, feature selection based on importance is capable of

improving learning performance, lowering computational complexity, building a better generalizable model, and

decreasing required storage [14]. To measure the importance of each parameter, we used Wilks' lambda (Λ),

which is a measure of how well each independent parameter contributes to the group separation [15,16]. A

smaller Λ value indicates greater discriminatory ability of the related parameter.

Histogram matrix for training data (179 patients) was used to measure Λ values of a total of 56

parameters (8 tubes and 7 channels). For example, Λ value for the 1st parameter (FSC) of the 1st tube was

calculated using a histogram matrix comprised of 179 histogram vectors corresponding to the FSC. In the case

of redundant parameters such as FSC, SSC, and CD45-ECD, only one parameter with the lowest Λ among them

was used.

To validate the result of Λ measurement, the median fluorescence intensities (MFI) of specific

parameters with low Λ values were compared, and t test was conducted to examine if the differences between

AML and non-AML are significant. In addition, t-Distributed Stochastic Neighbor Embedding (t-SNE) on the

data matrix comprised of the histogram vectors of a parameter was performed to qualitatively examine the AML

discrimination ability of the specific parameters.

Marker subset selection. The best subset of parameters was selected via stepwise–forward

selection, which is a procedure that begins with an empty dataset and adds parameters to the regression or

classification model one by one [17]. In each forward step, the best parameter with the lowest Λ value among

the remaining parameters was sequentially added to the dataset, and then the prediction performance of the

AML classification model was compared to select the best subset.

In each step of stepwise–forward selection, the classification model was developed using the random-

forest algorithm (R package), an ensemble learning method taking multiple decision trees [18]. *F*-measure,

which was used in FlowCAP-II challenge, was calculated in order to compare model performance with those of

other algorithms proposed in the challenge under the same criteria. The area under the receiver operating

characteristic curve, sensitivity, specificity, positive predictive value, and negative predictive value were

computed as well.

From the random-forest model, MDG, which is a measure of variable importance for classifying a

target, can be calculated. MDG is the basis of Gini impurity, which is the probability of incorrectly classifying a

randomly chosen element in a dataset if it were randomly labeled according to the class distribution in the

dataset [19]. A decision tree is built by forming each node that leads to the greatest reduction in Gini impurity.

Therefore, a higher MDG indicates higher variable importance.

We used MDG to identify specific histogram bin range of each marker of the best subset, which plays

an important role in developing an AML classification model. The MDG for 32 bins of each important marker

was computed, and then a specific bin range with the highest MDG was identified from each marker histogram.

The influence of the specific bins on AML discrimination was examined through heatmap, a graphical

representation useful for cross-examining multivariate data.

Results and discussion

Feature extraction

The data of each parameter of each FCS file were represented using a histogram vector comprised of

32 bins of equal size. To measure the Λ value of each parameter, a histogram matrix comprised of n histogram

vectors, which represent each parameter of the samples, was used. In the model development, histogram vectors

of two or more parameters of a sample were concatenated into a single large histogram vector. For example, two

histogram vectors of FSC and SSC of the 1st sample were combined into a vector with a length of 2*32 (the

number of parameters times the number of bins). In the case of the training set for 179 samples, dataset

comprised of 178 (rows) by n*32 was used to build up the AML classification model.

Important marker selection

Λ values calculated from the training data are shown in Table 1. The results suggest that SSC and FSC,

which contribute to identification of blasts, have the best ability in AML discrimination. Next, myeloid markers

(e.g., CD15, CD34, CD117, and HLA-DR) and lymphocyte markers (e.g., CD38, CD5, CD7, and CD10) were

listed in sequential order. The IgG1 and parameter related to the unstained tube showed relatively high Λ values

compared to the others.

Table 2. Wilks' lambda of each parameter.

Rank	Parameter	Wilks' Lambda
1	SSC	0.2324
2	FSC	0.3263
3	CD15-FITC	0.3442
4	CD34-PC5	0.3460
5	CD117-PE	0.3667
6	HLA DR-FITC	0.4125
7	CD16-PC5	0.4368
8	CD38-PC7	0.4657
9	CD56-PC7	0.5203
10	CD14-FITC	0.5233
11	CD33-PC7	0.5349
12	CD64-PC5	0.5479

13	CD5-FITC	0.5676
14	Kappa-FITC	0.5782
15	Lambda-PE	0.5816
16	CD7-FITC	0.5838
17	CD45-ECD	0.5936
18	CD13-PE	0.6125
19	IgG1-FITC	0.6270
20	CD11c-PE	0.6283
21	7AAD	0.6297
22	CD10-PC7	0.6392
23	CD3-PC5	0.6445
24	IgG1-PE	0.6516
25	CD19-PC5	0.6537
26	CD20-PC7	0.6646
27	CD8-PC5	0.6647
28	CD4-PE	0.6799
29	CD19-PE	0.6920
30	FL1	0.6942
31	FL2	0.7023
32	CD2-PC7	0.7065
33	IgG1-PC5	0.752
34	FL4	0.7774
35	FL5	0.7947
36	IgG1-PC7	0.8031

The order of importance of each parameter based on Λ value supports the general gating strategy which

has been used for blast identification, blast lineage assignment, and identification of aberrant immunophenotypic

features. In the general gating strategy, the blasts are first gated, and then abnormal myeloid and lymphoid blasts

are identified using related lineage-specific markers [6]. The gating of blasts is an important procedure in AML

diagnosis because the diagnosis of AML depends on the percent of blasts (>20%) in the bone marrow or blood

[20]. For gating of blasts, CD45 versus SSC gating is commonly used because it provides distinct discrimination

between the various cell lineages such as lymphocytes, hematogones, monocytes, granulocytes, and myeloid

blasts [21].

In this study, CD45 with intermediate Λ value (0.5936) was identified as a less important marker

compared to SSC and FSC used for blasts gating. Its Λ value indicates that CD45 does not contribute much to

AML discrimination when used alone. Fig 1 shows the MFI of SSC, FSC, and CD45 between non-AML versus

AML. MFIs of all parameters and p-value calculated using *t* test are listed in S1 Table. According to the results

of the *t* test, there were significant differences in SSC (p-value: 1.66E-10) and FSC (p-value: 2.75E-05) unlike

in CD45 (p-value: 0.01). Fig 2 shows the t-SNE results for SSC, FSC, and CD45. In the 2D t-SNE maps for

SSC and FSC, AML cluster is relatively well discriminated from non-AML cluster, compared to in the

clustering with CD45.

Because the Λ value is estimated using only 1D histogram vector of each parameter, the associations

between pairs of parameters are not reflected in the Λ calculation. Therefore, further studies on feature

extraction to compliment this limitation of Λ-based approach are required. The AML classification challenge of

FlowCAP II is not a complex problem because samples from healthy people were used as a control group. To

investigate the limitations of the presented approach, a comparison between AML and non-AML that is difficult

to distinguish from AML is needed.

Fig 1. MFI of SSC, FCS, and CD45. ****: p-value < 0.0001, ns: not significant.

Fig 2. 2D t-SNE map for SSC, FCS, and CD45.

Marker subset selection

In each step of the stepwise–forward selection, the parameter with the smallest Λ value among the

parameters was sequentially added to the dataset, and then the AML classification model was developed. Fig 3

shows the model performance (*F*-measure) in each step for the training and testing sets. The parameter

sequentially added in each step to the dataset for model development is listed on the y-axis in Fig 3. The

numerical performance of the model on the training and testing phases are listed in S2 and S3 Tables,

respectively.

The AML classification model developed using 5 parameters SSC, FSC, CD15, CD34, and CD117

showed the best performance in the training. In the case of testing, the model correctly predicted all labels of the

test set when 4 parameters SSC, FSC, CD15, and CD34 were added to a dataset for model training. CD15,

CD34, and CD117 have been used for identification of immature myeloid cells [6]. It indicates that the

parameters associated with blasts gating and immature myeloid cells play an important role in discriminating

AML and non-AML.

In both training and testing, the model performance was not significantly improved after 7 or more

parameters were used. In particular, the model performance spiked when SSC, FSC, CD15, and CD34 were

sequentially added to the modelling dataset in stepwise–forward selection. This means that a few markers

significantly contribute to discriminate AML, and a combination of these markers is more effective than an

individual marker. In the case of the training results, the model performance tends to decrease after markers

related to the identification of cellular subsets of the human immune system and fluorescence channels,

corresponding to unstained tube#8, were appended to the modelling dataset. The addition of such markers,

which were less important compared to the markers related to the immaturity of myeloid cells in Wilks' lambda

analysis, hindered model performance.

Although the blasts gating-related markers were mainly identified as important descriptors for AML

classification in this study, the additional markers must be considered for the blast lineage assignment and

identification of aberrant immunophenotypic features in the clinical testing.

Fig 3. Model performance in each step of stepwise–forward selection.

In all step of the stepwise forward selection, model performance difference between training and test

dataset was observed. The discrepancy between training and test results affects the generalization performance

of the model. We performed t-SNE on the dataset comprised of the best subset in order to find out cause leading

to the discrepancy. S1 Fig shows the 2-D t-SNE result. In the case of training, four AML samples (sample no. 5,

7, 101, and 116), which were frequently misclassified as non-AML class in model training, were in domain of

non-AML training dataset. These AML samples led to an increase in the false negative rate. By contrast, AML

and non-AML samples of the test dataset were clearly distributed within the domain of each corresponding

group formed by the training set. Because of this, the model exactly classified AML and non-AML of test set. In

the test set, no. 340 sample is located at border between training and test data domain. This sample, which may

have a preleukemic condition rather than AML, was frequently misclassified by other algorithms in the

FlowCAP-II challenge. Our t-SNE result reveals that there are samples (no. 5, 7, 101, and 116) which should be

examined in detail and the random data split in the FlowCAP-II challenge influenced the performance.

As shown in S2 Fig, the proposed model showed a relatively good performance among the other

models used in FlowCAP-II AML classification challenge.

Fig 4. Heatmap of input matrix for the best subset.

Fig 4 shows a color-coded heatmap for model training dataset-comprised histograms of the identified 4

important markers. It consists of 179 rows, with each row corresponding to each sample, and 128 columns

related to the histogram of each marker. AML and non-AML groups are separated by a horizontal white border.

Blue, white, and red colors indicate low, intermediate, and high frequencies, respectively, wherein frequency is

the number of cells (or events) falling within each bin of the histogram. Four colors at the top of the heat map

indicate each related important parameter.

The calculated MDGs are listed in S4 Table. MDG results show that each bin has a different AML

discrimination ability. From the 4 markers, 4 important bin ranges were respectively identified: SSC [416-448],

FSC [448-480], CD15 [640-672], and CD34 [448-480]. The rectangles on the heatmap show the identified bin

ranges with the high MDS of each marker. As shown in Fig 4, the ranges display different colors between AML

and non-AML. In the case of SSC and FSC, the cell frequency (or expression) of the identified range in AML is

higher than in non-AML because the percentage of blasts increases in AML. Furthermore, the population of the

blast cells is expanded between low and intermediate levels of both SSC and FSC because of the low granularity

and small to intermediate sizes of the blast cells [22]. For CD15, the expression in the range [640-672] in AML

was relatively lower than in non-AML. CD15 shows a generally negative expression in M0 and M1 AML [23].

CD34 is expressed on hematopoietic stem cells, endothelial cells, leukemic blast cells, and normal

hematopoietic progenitors [3]. The number of CD34^{+} cells reflects the number of immature myeloid and

erythroid cells, in particular the myeloid blast, released into the peripheral blood [24]. Therefore, patients with

blasts exhibit higher expression of CD34 than do patients without blasts. In the heatmap, CD34 exhibits

relatively higher expression in the identified range [448-480] than in non-AML.

The drawbacks of manual gating have motivated the development of automated analysis methods for

cell-population identification, sample classification, and rare cell identification [13,25,26]. In terms of sample

classification, there have been efforts to build up sample-classification models [27–30].

A pipeline for model development typically comprises of feature extraction from each sample,

important-feature (parameter) identification, model development, and interpretation. For the feature extraction

from each specimen, clustering algorithms or expression of each fluorescence channel is used. In the case of the

clustering algorithms, n clusters in each sample are identified and then feature values (e.g., a fraction of events,

MFI, and mean FSC and SSC values) of each identified cluster are extracted, while another method uses

expression profiling information (e.g., percentage of positive cells for each antigen, percentage of blast cells

within the CD45/SSC gate, and positive or negative expression) as feature values. Important-parameter

identification is an essential processing step in the pipeline because it reduces the complexity of the model and

leads to better interpretations. The important parameters are identified using stepwise linear discriminant

analysis based on least absolute shrinkage and selection operator (LASSO) and Wilks' lambda. In particular,

both important-parameter selection and regularization of the linear-regression model are simultaneously

performed in the discriminant analysis. Finally, interpretation is carried out using statistics of identified

parameters.

The aforementioned feature-extraction methods only use limited representative features of each

identified cluster or each fluorescence signal expression for antigen. Although thousands of events in each

channel are generally divided into positive and negative by an experimentally determined threshold, there is still

informative event expression change over the range of each channel for a specific antibody. From such

information, complementary and alternative features can be produced. Because of this, histogram, which displays a single measurement of flow-cytometry parameter, was used in this study. Those features could complement each other. One of the best merits of the histogram is that it allows exploration of expression change over a specific range. Identifying the specific ranges can contribute not only to elaborating the classification model as well as the decision-support system and provide but also to helping establish precise diagnostic criteria. We used MDG criteria based on Gini impurity to spot the specific ranges. As a result, it was confirmed that each range has a different discriminate ability and that particular ranges with high MDG significantly influence AML classification in the model.

Conclusions

We estimated the importance of each marker via Wilks' lambda and then identified the best subset of markers using stepwise–forward selection for AML classification model development. As a result, markers, which are associated with the blasts gating and identification of immature myeloid cells, were identified to contribute significantly to AML classification, and the classification model developed using their combination showed good predictive power. In addition, we highlighted decision-support range of the fluorescent signal for the identified important parameters, which significantly contribute to AML classification, through MDG supported in random forest. Because the methodology presented in this study can not only estimate the importance of each marker but can also identify the best subset of markers and the specific ranges, we expect that it would contribute to *in silico* modeling using flow- and mass-cytometry readout as well as panel design for sample classification.

Samples obtained from healthy people were used as a control group in this study. To validate the limitation and usefulness of the presented methodology in terms of sample classification, additional study on a dataset with samples, which are difficult to distinguish clinically from AML samples, should be performed. In addition, because the Λ value is estimated using only a 1D histogram vector of each parameter, the association between pairs of parameters is not reflected in the Λ results. To overcome this problem, a more improved feature-extraction method is required.

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Declaration of interest

None.

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428 **Supplementary data**

429   Supporting information.docx: This file provides supplementary tables and figures.