## Alzheimer

## Atoolfor Doctors

Author: Raúl García Gómez



## Content Synopsis

#### **OVERVIEW OF KEY IDEAS**

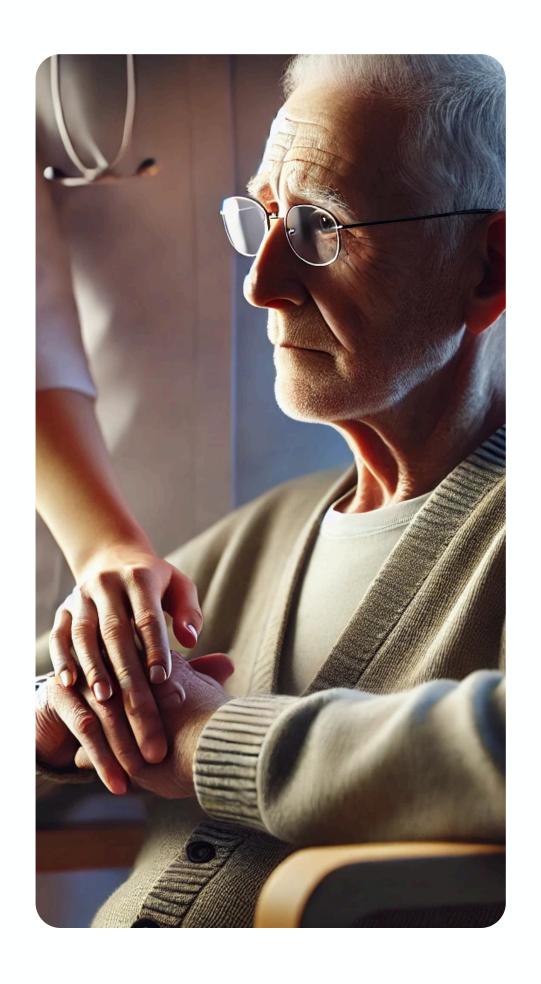
Context and goal of the project

Data Analysis and Features

Model Construction - Recall

Model Comparison and Winners

Final Notes

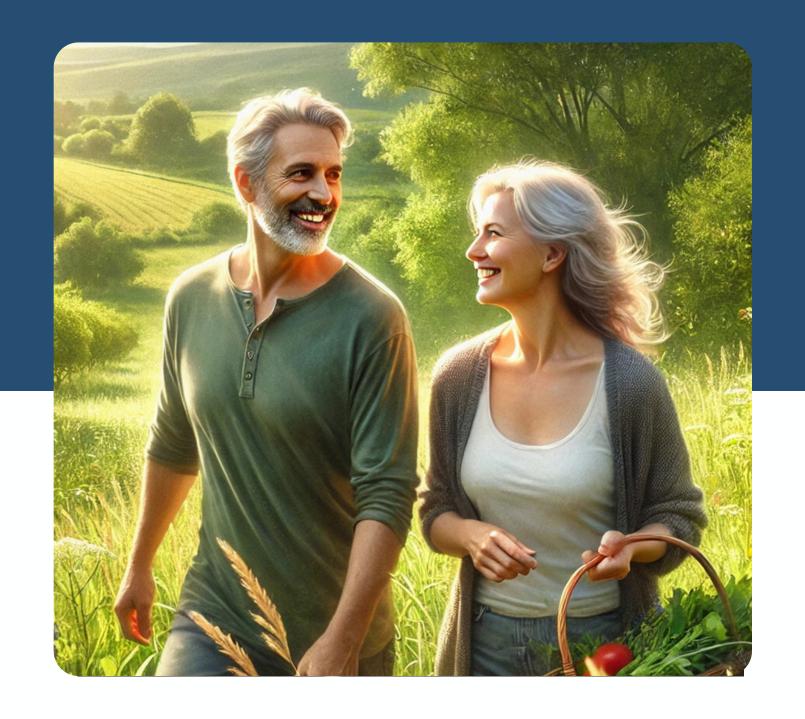


## Alzheimer & Dementia

#### DEMENTIA IS NOT EQUAL TO ALZHEIMER

There are over 55 million people worldwide with dementia, acording to WHO. 50-60 % of them are affected by Alzheimer's disease, a type of dementia. This project focuses on Alzheimer.

There is no cure for any of them, but there are treatments which slow down the progression of the condition.



## Goal of the project

#### The Goal

The goal of the project is to help doctors and healthcare workers on their **diagnosis of Alzheimer** on patients. The models are just a tool to help the doctor, who take **full responsibility** on the final diagnosis.

#### Two Models

To ensure the diagnosis is evidence-based, two models have been trained with Machine Learning for this occasion:

- -A first model, which based on preliminary data of the patient can predict whether they present signs of Alzheimer or not.
- -The second model predicts both whether there are signs of Alzheimer **from their MRI scan**, and which is the development of the disease (provided there is Alzheimer).

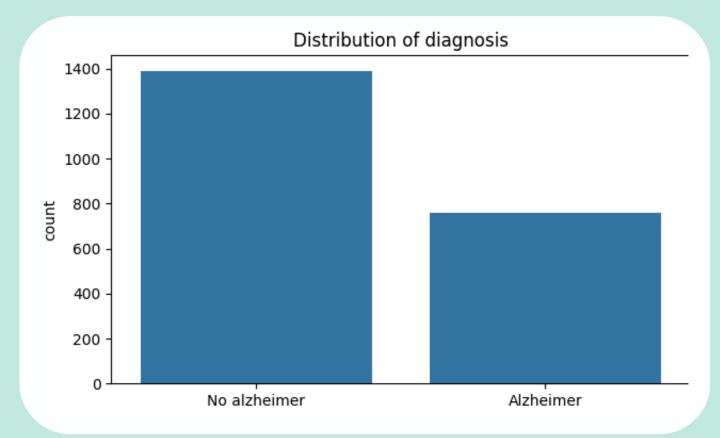
#### **Main metrics**

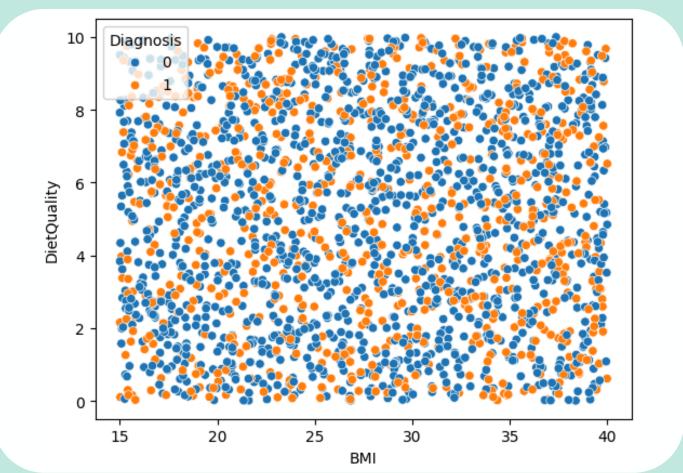
Both models resolve classification issues. Although accuracy will be shown as a common way of comparison, the main goal is to **maximize recall.** 

## Descriptive Analysis

## Preliminary model

- 2149 rows, containing 31 numerical columns with related information.
- Little data cleaning to be done.
- Several techniques were tested to maximize recall (feature engineering, feature reduction via PCA), but none topped the original results.
- This is probably due to the fact that the dataset is synthetic.

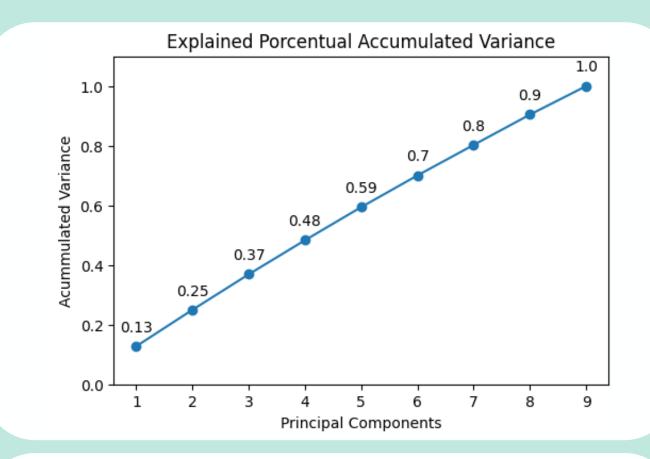


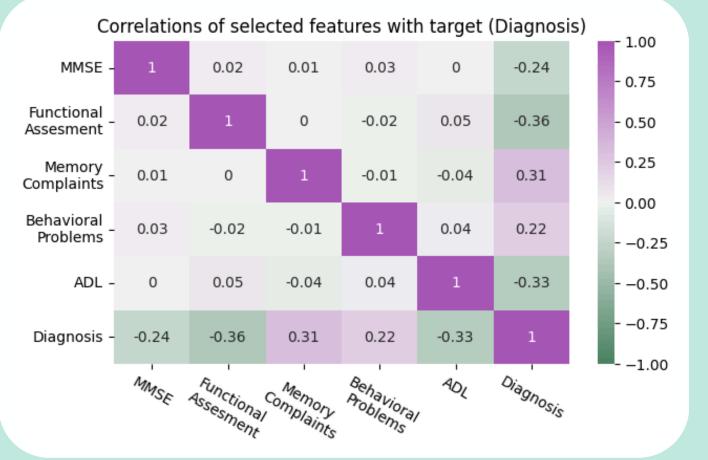


## Descriptive Analysis

## Preliminary model

- 2149 rows, containing 31 numerical columns with related information.
- Little data cleaning to be done.
- Several techniques were tested to maximize recall (feature engineering, feature reduction via PCA), but none topped the original results.
- This is probably due to the fact that the dataset is synthetic.

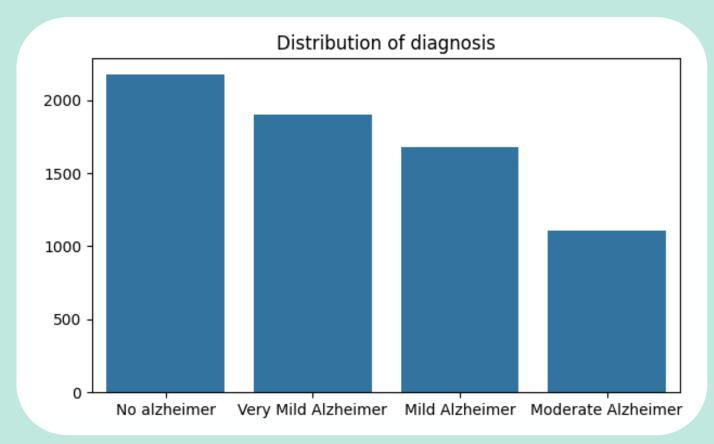




## Descriptive Analysis

### MRI model

- 40,000 MRI scans of healthy brains, and different degrees of Alzheimer.
- Many images where coloured, so a grey filter is applied.









Brain with moderate dementia

### Model selection

### Preliminary model

Three models have been taken into account for the preliminary model:

#### **BASELINE**

- Used as a baseline metric to compare further models.
- XGBoost.

#### MODEL 2

- Deeper feature engineering, focused on variable aggregation.
- PCA was tried, but not implemented.
- Hyper-parametrization, comparing a total of 1112 candidates.
- Gradient Boosting.

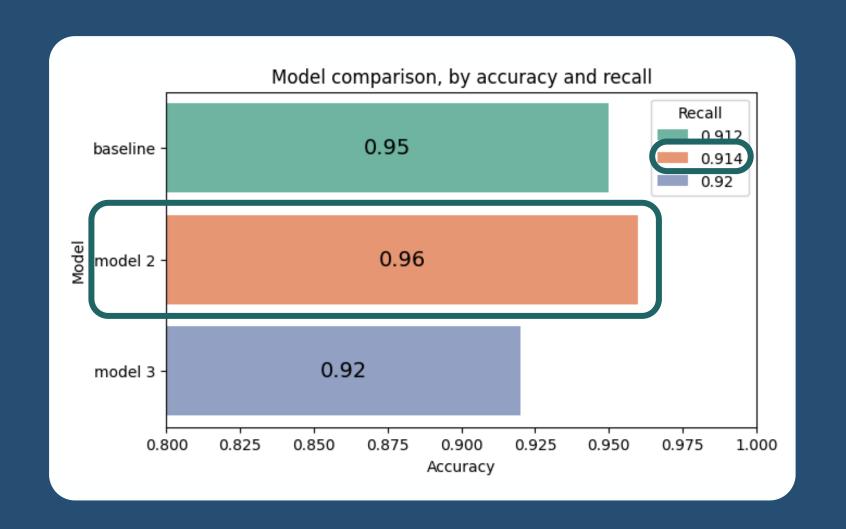
#### MODEL 3

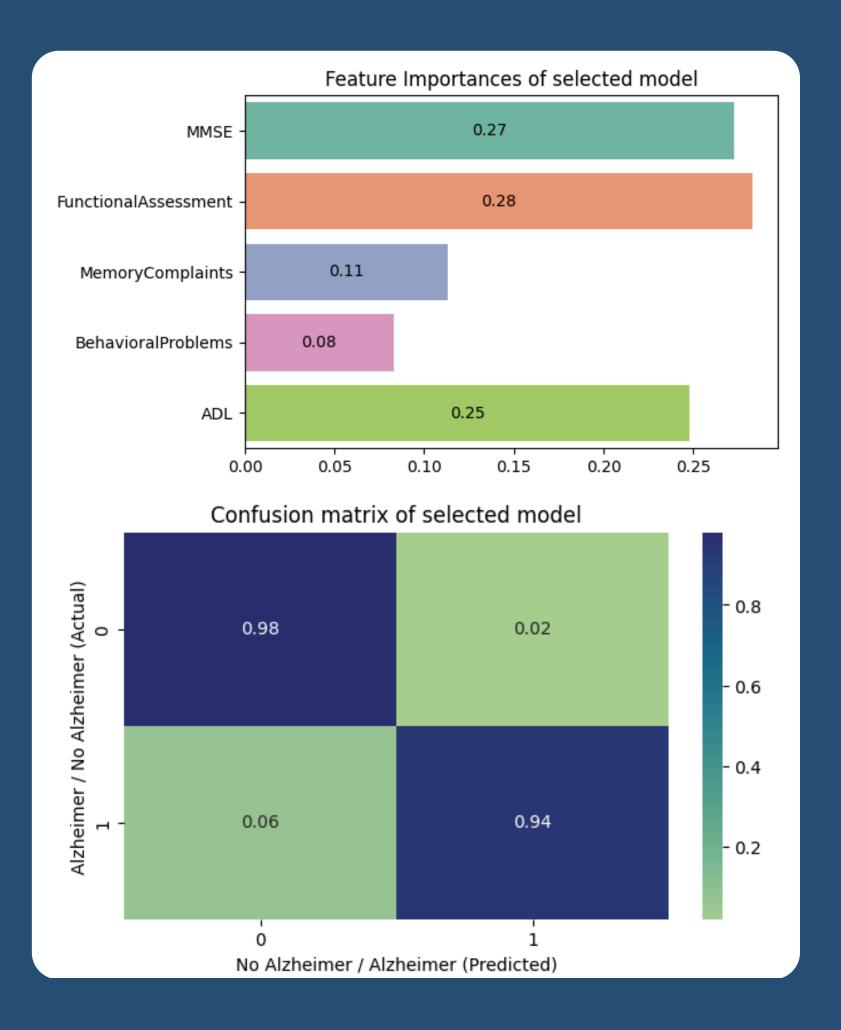
- Same variables as in Model 2, but with a **Neural Network**.
- **NN**(5x300x100x1)

#### PRELIMINARY MODEL

## Model 2 is the winner

2ND HIGHEST RECALL, AND EXPLAINABLE





### Model selection

### Image model

Five models have been taken into account for the image model:

#### **BASELINE**

- Used as a baseline metric to compare further models.
- Images reduced to 32x32 pixels.
- Adam optimizer.
- **CNN** (32x64x32x4)

#### MODEL 2

 Rearranged datasets to ensure robustness.

#### MODEL 3

• Uses DataGenerator.

#### MODEL 4

- New CNN layer.
- Layers are also deeper.
- Images reduced to 64x64 pixels.
- Optimizer:RMSProp.
- CNN (64x256x128x64x4).

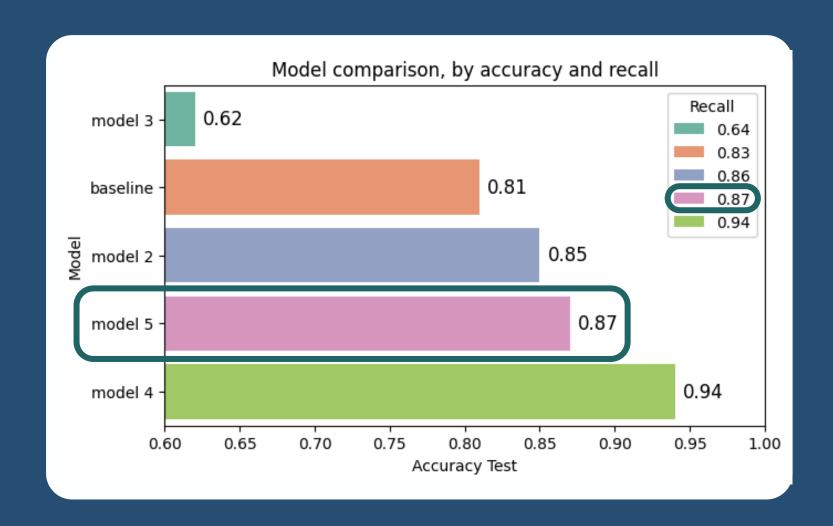
#### MODEL 5

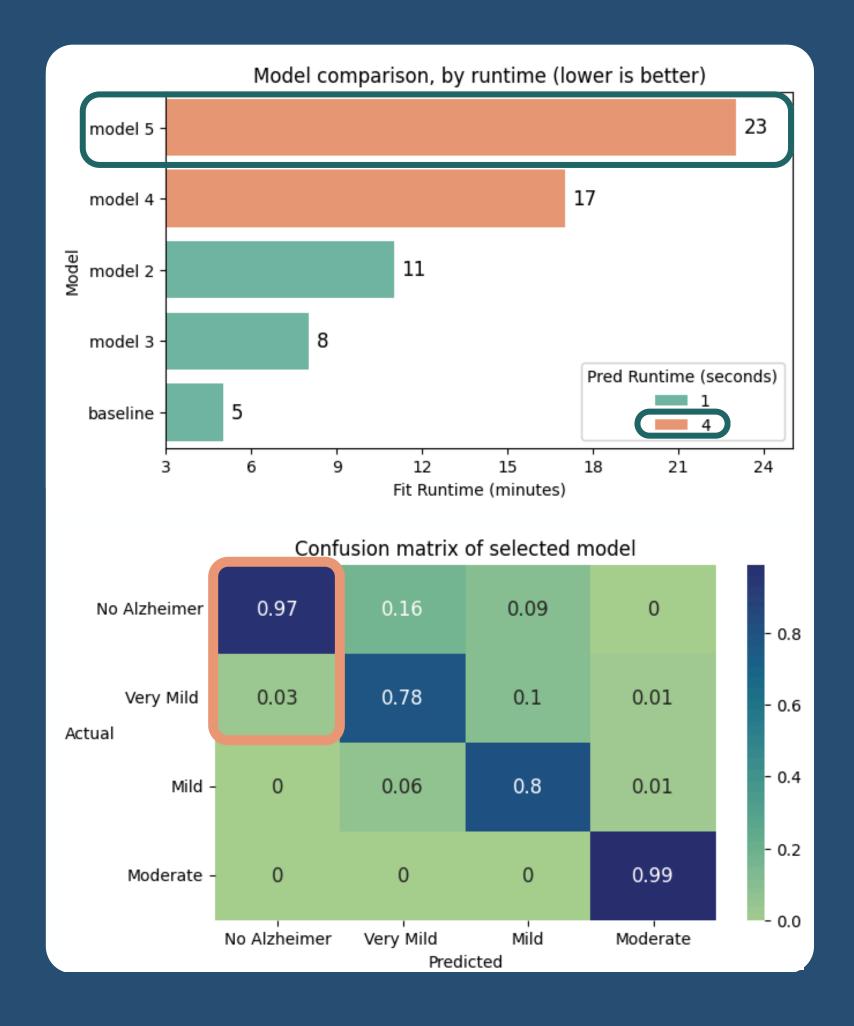
- Fewer and less deep layers, to prevent overfitting.
- Extra layer of dropout.
- CNN (64x128x64x4).

#### PRELIMINARY MODEL

## Model 5 is selected

BEST GENERALIZATION, GOOD RECALL WHERE MATTERS





## Final Notes

#### Beware of the results

Class model was trained with a synthetic dataset, and shouldn't be considered as the only tool for diagnosis

## MRI Scans from more sources

Model behaves surprisingly good with images outside the dataset, but more robustness can be achieved.

#### Better model for MRI scans

There's probably room for improvement, and further models which equilibrate recall and overfitting may be done.

#### Image data generator

Image Data Generator gave supiciously bad results, and further investigation would be welcome.

# Thank you

#### Raúl García Gómez

raul.garciagomez@hotmail.com linkedin.com/in/raulggomez/ github.com/raugargom