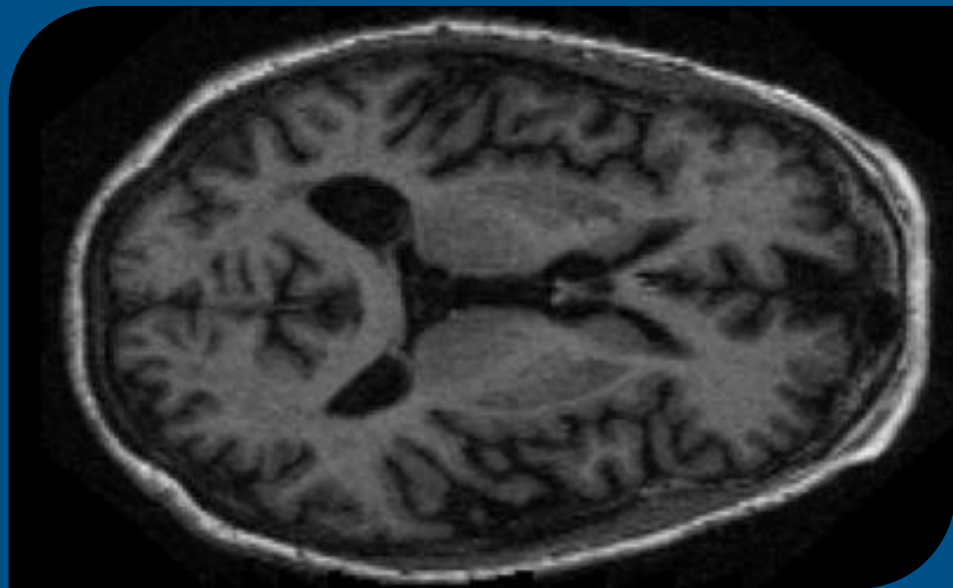


# STAN47 – Final Project: Alzheimer's

- Predicting dementia using CNN image recognition



1. **Introduction, Data & Research Question**
2. **Data Augmentation**
3. **Models & Theory**
4. **Results**
5. **Conclusion**

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“Alzheimer’s disease is the most common form of dementia, a brain disorder that slowly destroys a person’s memory and thinking skills”

# Data:

## OASIS MRI dataset

- Dataset containing 80 000 MRI Brain scan images
- Divided into four categories based on Alzheimer's progression
  - No dementia
  - Very Mild dementia
  - Mild dementia
  - Moderate dementia

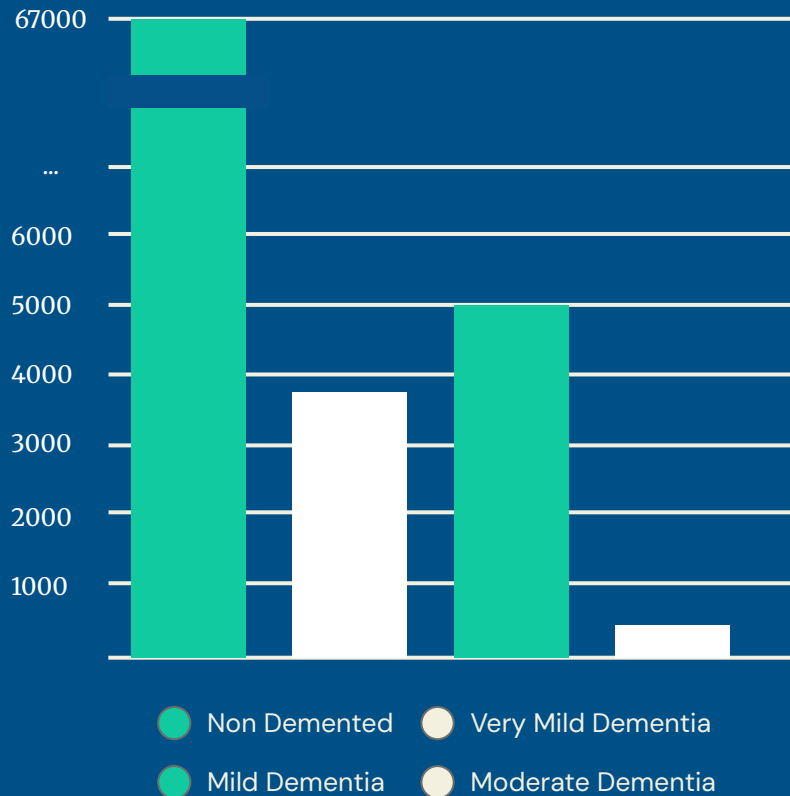
“Can we construct a CNN architecture which can learn to find dementia based on brain-scan images?”

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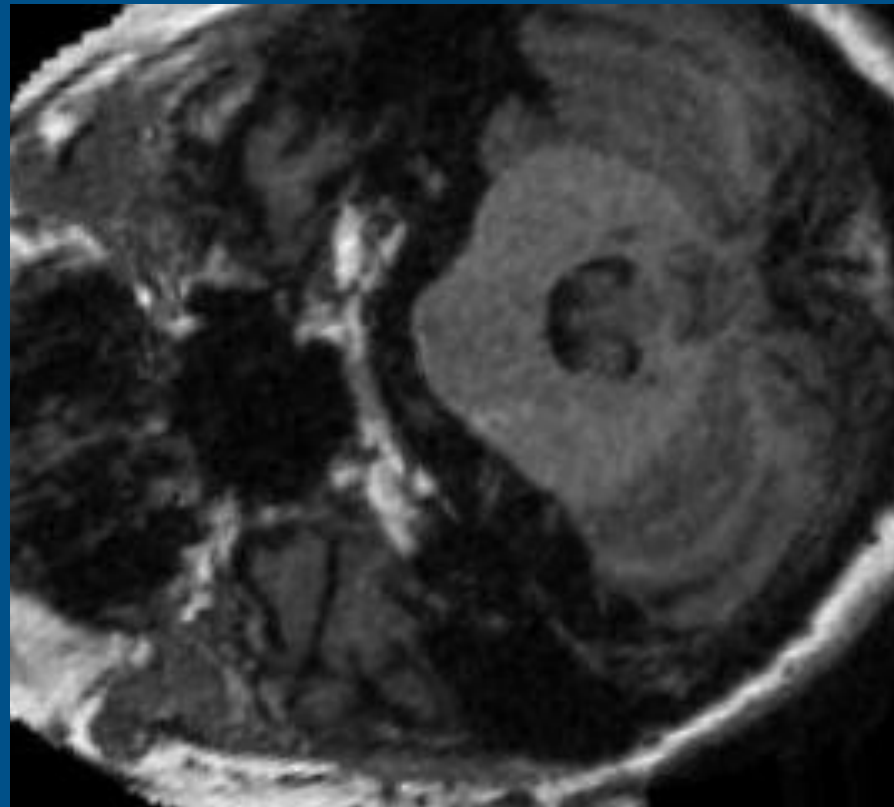
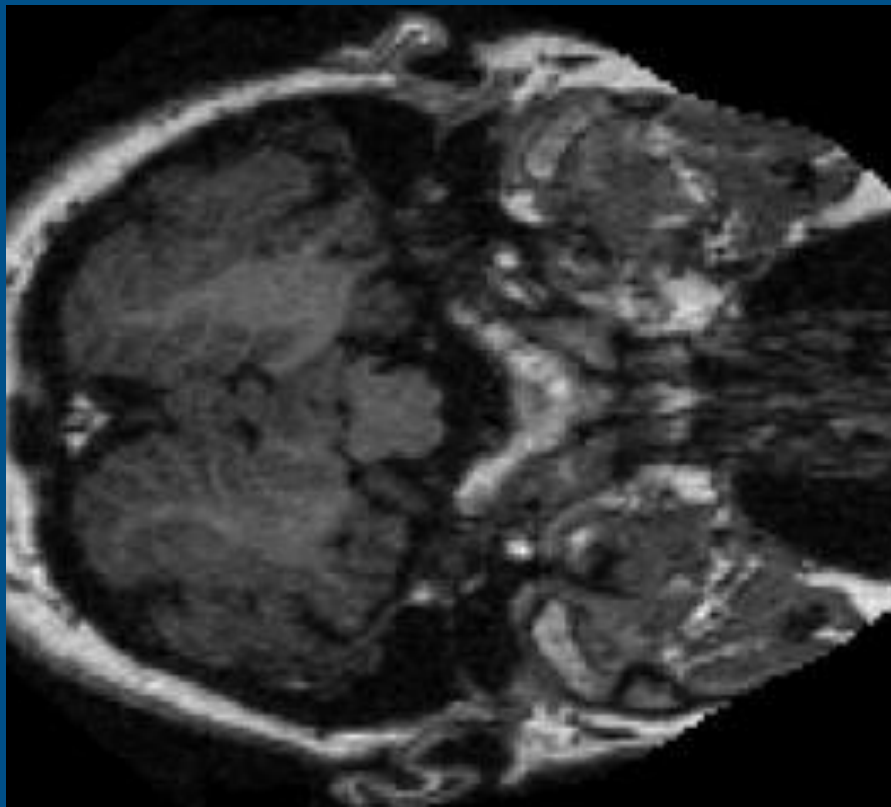
# Imbalanced Data

- The dataset is very imbalanced
- Distribution
  - Non Demented: 67000
  - Very Mild: 3900
  - Mild: 5000
  - Moderate: 480
- Solution: Data Augmentation:
  - Moderate dementia images are oversampled using augmentation

# observations







Note: Arbitrarily chosen pictures, of original to the left and an augmented image to the right

# New dataset

- Oversampling of minority (using DA)
- Undersampling the rest
- Distribution
  - Non Demented: 900
  - Very Mild: 900
  - Mild: 900
  - Moderate: 900

# observations



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“Convolutional Neural Networks (CNNs) are a specialized class of neural networks designed to process grid-like data, such as images. They are particularly well-suited for image recognition and processing tasks.”

# Convolutional neural network

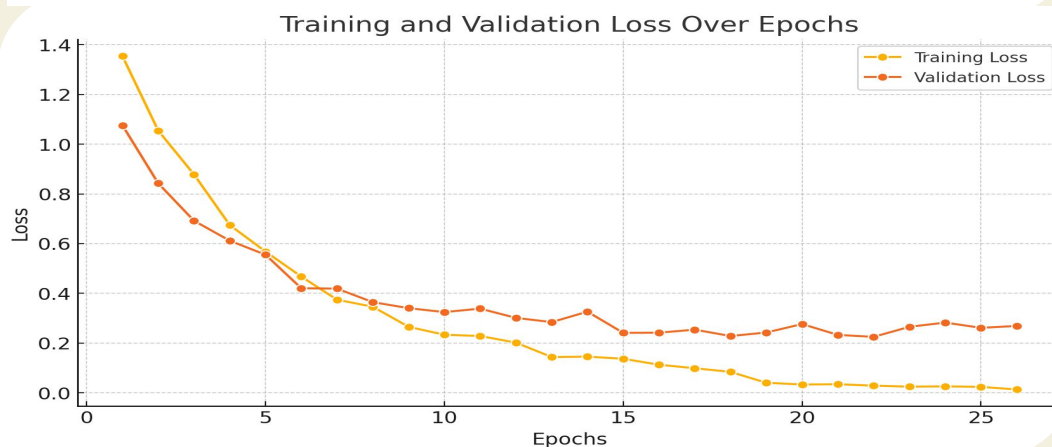
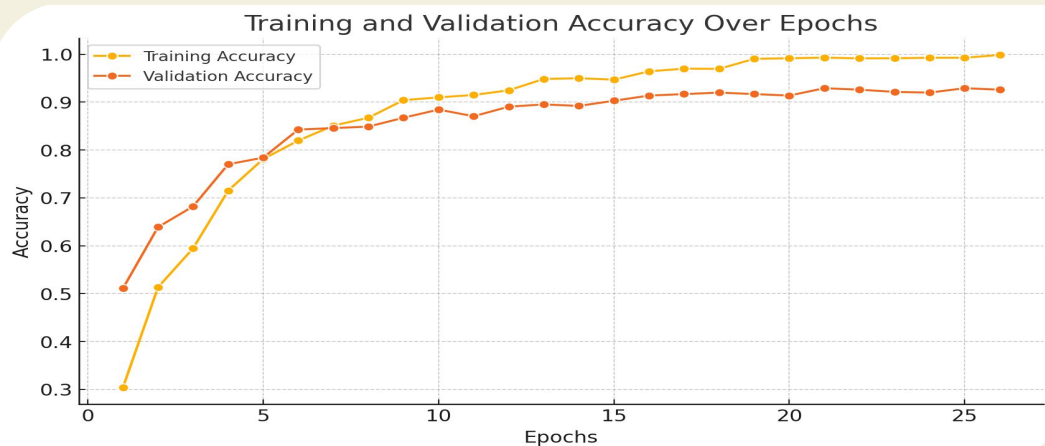
- Consists of convolutional layers that read the images
- Our architecture consists of four convolutional layers each with a max pooling and dropout (with a rate of 0.1)
- Also includes one fully connected layer with more aggressive regularisation (0.5)
- Ending with a 4-node softmax output layer

Table 1: CNN Architecture

| Layer Type   | Filters/Units | Kernel Size | Activation | Dropout |
|--------------|---------------|-------------|------------|---------|
| Input        | -             | (96, 96, 1) | -          | -       |
| Conv2D       | 32            | (3,3)       | ReLU       | -       |
| MaxPooling2D | -             | (2,2)       | -          | -       |
| Dropout      | -             | -           | -          | 0.1     |
| Conv2D       | 64            | (3,3)       | ReLU       | -       |
| MaxPooling2D | -             | (2,2)       | -          | -       |
| Dropout      | -             | -           | -          | 0.1     |
| Conv2D       | 64            | (3,3)       | ReLU       | -       |
| MaxPooling2D | -             | (2,2)       | -          | -       |
| Dropout      | -             | -           | -          | 0.1     |
| Conv2D       | 64            | (3,3)       | ReLU       | -       |
| MaxPooling2D | -             | (2,2)       | -          | -       |
| Dropout      | -             | -           | -          | 0.1     |
| Flatten      | -             | -           | -          | -       |

# Training and optimisation process

- Model was compiled using the Adam optimizer (learning rate of 0.001). Loss function was categorical cross-entropy
- Early stopping and learning rate adjustment was introduced
- Validated during training on 20% of the data

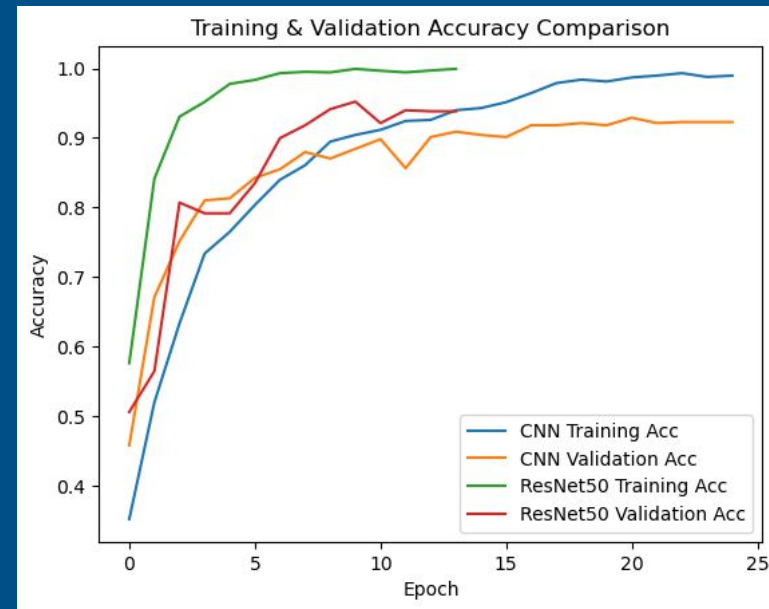


# Training and optimisation process

- Baseline CNN train Accuracy: 90.28%
- ResNet50 Test Accuracy: 92.50%
- ResNet50 is overfitting.

Discussion:

- Does full fine-tuning ResNet50 resulted in a better-performing model?
- ResNet50 is overfitting. Why?



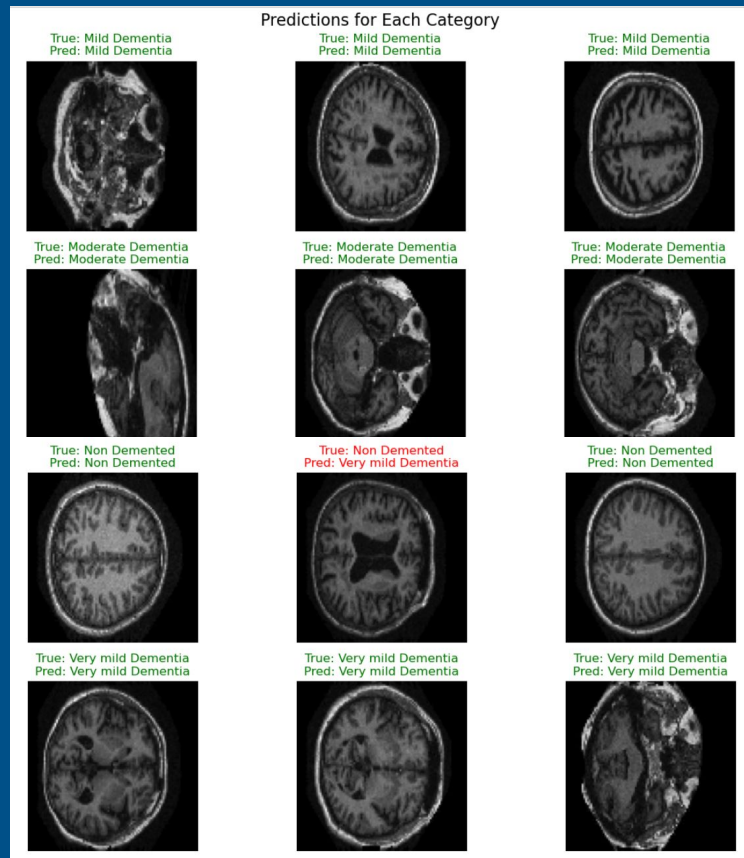
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# Predictions

## Highlights:

- One image classified wrongly (of the sample)
- Are some categories harder to predict than others?
- Are some categories more or less important?



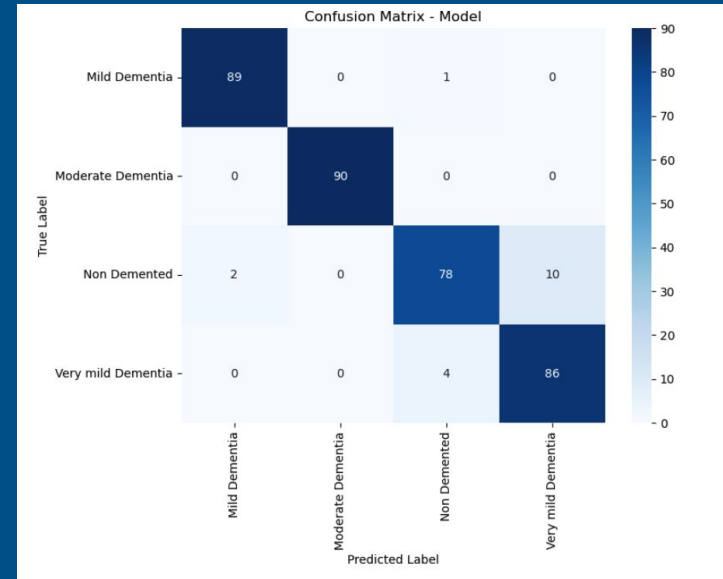
# Confusion Matrix (Our model)

## Highlights:

- Overall excellent metrics
- Best in classifying the Moderate class
- Worst in differentiating between Non and Very mild classes

## Discussion:

- Hard to separate between very mild and no dementia, problematic if trying to catch early-stage Alzheimer's
- Better at catching the more developed and more dangerous dementia



|                    | precision | recall | f1-score | support |
|--------------------|-----------|--------|----------|---------|
| Mild Dementia      | 0.98      | 0.99   | 0.98     | 90      |
| Moderate Dementia  | 1.00      | 1.00   | 1.00     | 90      |
| Non Demented       | 0.94      | 0.87   | 0.90     | 90      |
| Very mild Dementia | 0.90      | 0.96   | 0.92     | 90      |
| accuracy           |           |        | 0.95     | 360     |
| macro avg          | 0.95      | 0.95   | 0.95     | 360     |
| weighted avg       | 0.95      | 0.95   | 0.95     | 360     |

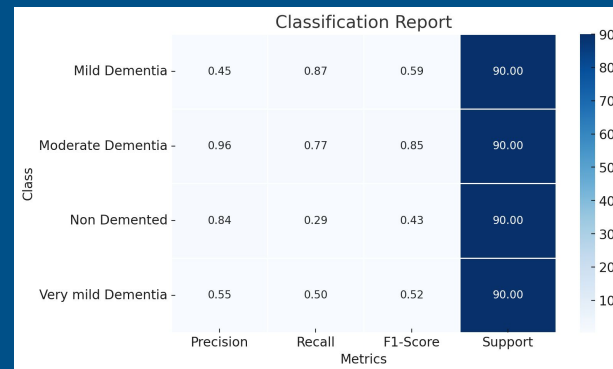
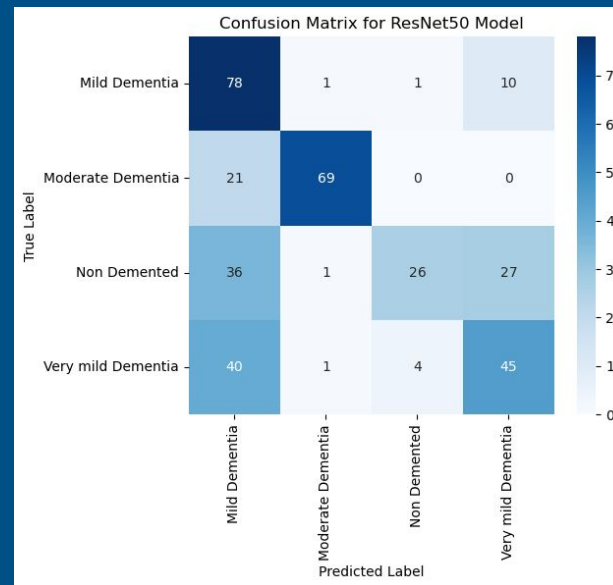
# Confusion Matrix (ResNet50)

Highlights: Test accuracy was 60%

- Metrics vary over classes
- Only on the moderate class does the model perform well
- The model is not learning meaningful features.

Discussion:

- ResNet50 trained on natural images might not be suitable for Medical Images.
- EfficientNet or DenseNet is better for medical images.
- Use Feature Extraction instead of Full fine-tuning.



# Conclusion

## High accuracy

- Model was successfully trained
- Data augmentation was utilised effectively
- Hard to discern between very mild dementia and non-dementia
- Moderate dementia was easiest to find and classify
- Transfer Learning is not a "one-size-fits-all" solution.

# Author Contributions

- Markus Gerholm: Modeling and coding of CNN model
- William Nordansjö: Presentation, coordination and coding support
- Xin Wang: Modeling and coding of ResNet50 model as well as comparisons between both models