

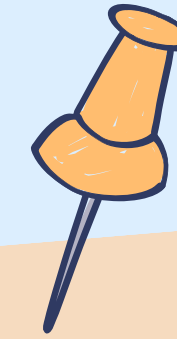
# Capstone Final Project

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Video Link:

<https://drive.google.com/file/d/1RwdzStHDpD09nMRa4IcC60BzX6nvlX3O/view>

# Background



**Classification of articles on specific types of cancer by looking at the abstracts**

- **Leukaemia**
- **Non-Hodgkin Lymphoma**
- **Bladder Cancer**
- **Thyroid Cancer**





## 2 Past Model

- CatBoostClassifier
- Convolutional Neural Network (CNN)





## 2 More Model

- RandomForestClassifier
- Long-Short Term Memory (LSTM)



# Cat Boost

0:	learn: 0.9644511	total: 5.49s	remaining: 2m 39s	
1:	learn: 0.7580971	total: 11.3s	remaining: 2m 38s	
2:	learn: 0.6224037	total: 15.8s	remaining: 2m 22s	
3:	learn: 0.5305688	total: 21.5s	remaining: 2m 19s	
4:	learn: 0.4598252	total: 27s	remaining: 2m 14s	
5:	learn: 0.4076880	total: 32.8s	remaining: 2m 11s	
6:	learn: 0.3645890	total: 37.3s	remaining: 2m 2s	
7:	learn: 0.3293235	total: 42.7s	remaining: 1m 57s	
8:	learn: 0.3036073	total: 48s	remaining: 1m 52s	
9:	learn: 0.2788366	total: 52.4s	remaining: 1m 44s	
10:	learn: 0.2620795	total: 56.9s	remaining: 1m 38s	
11:	learn: 0.2465066	total: 1m 2s	remaining: 1m 33s	
12:	learn: 0.2322181	total: 1m 6s	remaining: 1m 26s	
13:	learn: 0.2200928	total: 1m 10s	remaining: 1m 20s	
14:	learn: 0.2105664	total: 1m 15s	remaining: 1m 15s	
15:	learn: 0.2026067	total: 1m 20s	remaining: 1m 10s	
16:	learn: 0.1983615	total: 1m 24s	remaining: 1m 4s	
17:	learn: 0.1913409	total: 1m 29s	remaining: 59.9s	
18:	learn: 0.1866337	total: 1m 34s	remaining: 54.5s	
19:	learn: 0.1816165	total: 1m 38s	remaining: 49.2s	
20:	learn: 0.1765551	total: 1m 43s	remaining: 44.4s	
21:	learn: 0.1742230	total: 1m 47s	remaining: 39.1s	
22:	learn: 0.1695757	total: 1m 52s	remaining: 34.1s	
23:	learn: 0.1667856	total: 1m 57s	remaining: 29.3s	
24:	learn: 0.1643047	total: 2m 1s	remaining: 24.4s	
25:	learn: 0.1611411	total: 2m 5s	remaining: 19.3s	
26:	learn: 0.1593874	total: 2m 10s	remaining: 14.5s	
27:	learn: 0.1578821	total: 2m 14s	remaining: 9.61s	
28:	learn: 0.1544903	total: 2m 21s	remaining: 4.86s	
29:	learn: 0.1534716	total: 2m 25s	remaining: 0us	
precision recall f1-score support				
0	1.00	0.94	0.97	13853
1	0.95	0.99	0.97	67966
2	0.96	0.90	0.93	18432
3	1.00	0.94	0.97	14924
accuracy				115175
macro avg	0.98	0.94	0.96	115175
weighted avg	0.96	0.96	0.96	115175

# Convolutional Neural Network

Epoch 1/10					
2100/2100 - 600s - loss: 0.1037 - accuracy: 0.9645 - val_loss: 0.0665 - val_accuracy: 0.9786 - 600s/epoch - 286ms/step					
Epoch 2/10					
2100/2100 - 754s - loss: 0.0423 - accuracy: 0.9863 - val_loss: 0.0690 - val_accuracy: 0.9778 - 754s/epoch - 359ms/step					
Epoch 3/10					
2100/2100 - 774s - loss: 0.0167 - accuracy: 0.9949 - val_loss: 0.0819 - val_accuracy: 0.9780 - 774s/epoch - 369ms/step					
Epoch 4/10					
2100/2100 - 778s - loss: 0.0068 - accuracy: 0.9978 - val_loss: 0.1130 - val_accuracy: 0.9758 - 778s/epoch - 371ms/step					
Epoch 5/10					
2100/2100 - 733s - loss: 0.0043 - accuracy: 0.9986 - val_loss: 0.1409 - val_accuracy: 0.9729 - 733s/epoch - 349ms/step					
Epoch 6/10					
2100/2100 - 723s - loss: 0.0040 - accuracy: 0.9986 - val_loss: 0.1441 - val_accuracy: 0.9759 - 723s/epoch - 344ms/step					
Epoch 7/10					
2100/2100 - 680s - loss: 0.0029 - accuracy: 0.9991 - val_loss: 0.1665 - val_accuracy: 0.9742 - 680s/epoch - 324ms/step					
Epoch 8/10					
2100/2100 - 734s - loss: 0.0027 - accuracy: 0.9991 - val_loss: 0.1466 - val_accuracy: 0.9758 - 734s/epoch - 350ms/step					
Epoch 9/10					
2100/2100 - 754s - loss: 0.0025 - accuracy: 0.9993 - val_loss: 0.1487 - val_accuracy: 0.9755 - 754s/epoch - 359ms/step					
Epoch 10/10					
2100/2100 - 720s - loss: 0.0022 - accuracy: 0.9993 - val_loss: 0.1604 - val_accuracy: 0.9761 - 720s/epoch - 343ms/step					
precision recall f1-score support					
0	0.99	0.98	0.98	13853	
1	0.98	0.98	0.98	67966	
2	0.94	0.95	0.95	18432	
3	0.98	0.98	0.98	14924	
accuracy					
macro avg	0.97	0.97	0.97	115175	
weighted avg	0.98	0.98	0.98	115175	

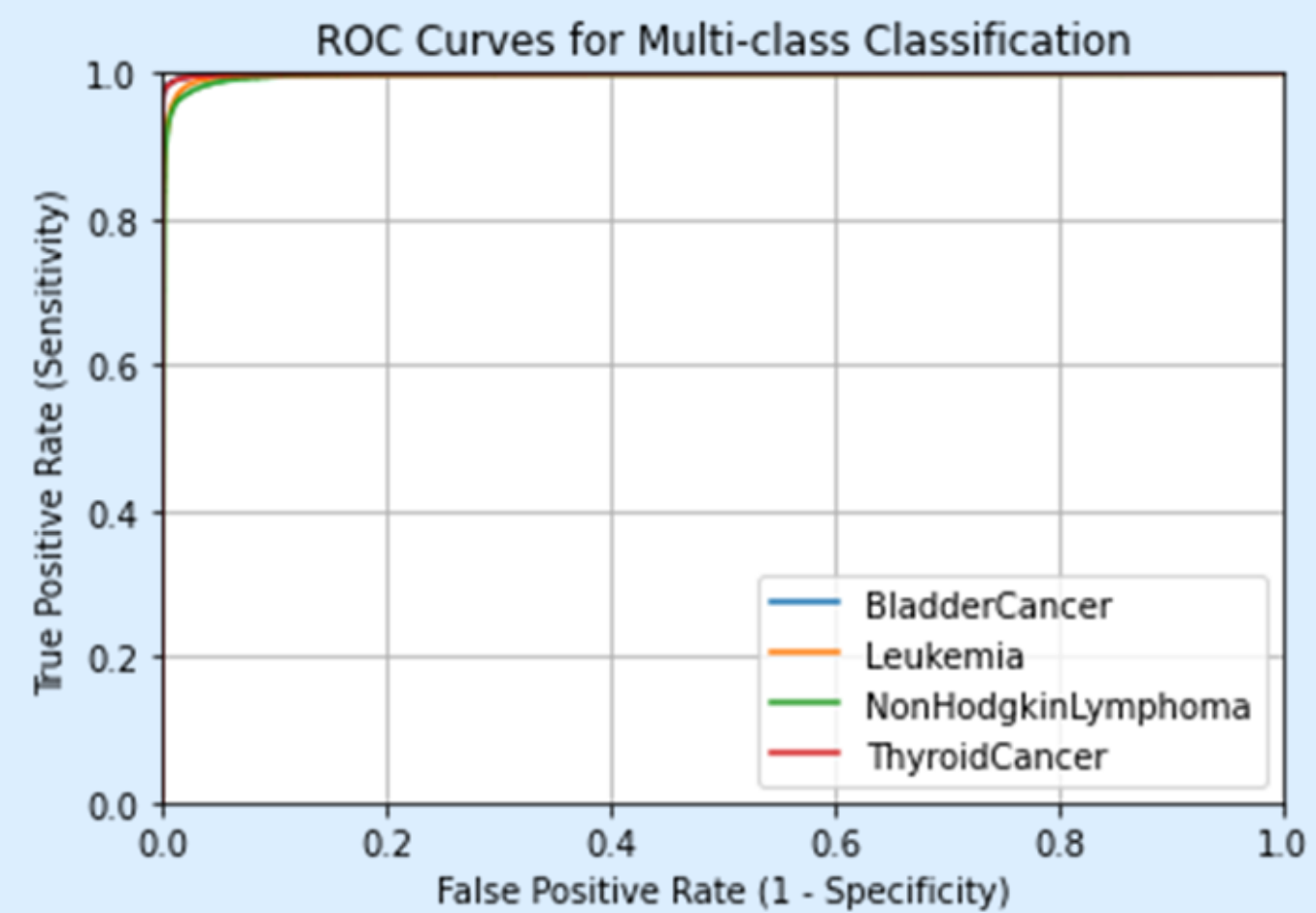
Random Forest

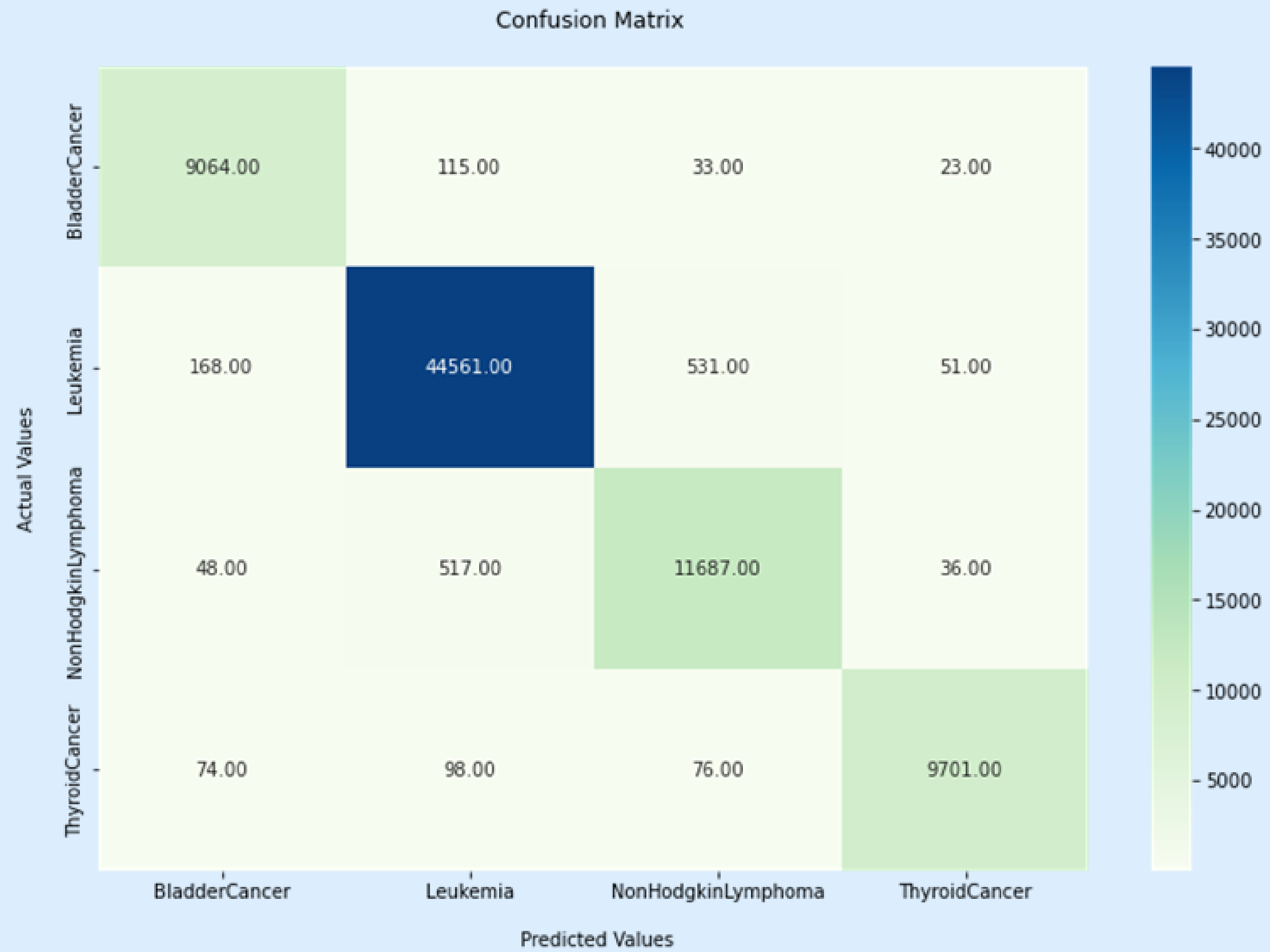
	precision	recall	f1-score	support
BladderCancer	0.99	0.94	0.96	9235
Leukemia	0.93	0.99	0.96	45311
NonHodgkinLymphoma	0.97	0.81	0.89	12288
ThyroidCancer	0.99	0.93	0.96	9949
accuracy			0.95	76783
macro avg	0.97	0.92	0.94	76783
weighted avg	0.95	0.95	0.95	76783

LSTM

Epoch 1/5  
2100/2100 - 1291s - loss: 0.7985 - accuracy: 0.6764 - val\_loss: 0.3330 - val\_accuracy: 0.8314 - 1291s/epoch - 615ms/step  
Epoch 2/5  
2100/2100 - 1318s - loss: 0.1682 - accuracy: 0.9260 - val\_loss: 0.0848 - val\_accuracy: 0.9737 - 1318s/epoch - 628ms/step  
Epoch 3/5  
2100/2100 - 1298s - loss: 0.0647 - accuracy: 0.9801 - val\_loss: 0.0706 - val\_accuracy: 0.9779 - 1298s/epoch - 618ms/step  
Epoch 4/5  
2100/2100 - 1217s - loss: 0.0503 - accuracy: 0.9842 - val\_loss: 0.0750 - val\_accuracy: 0.9763 - 1217s/epoch - 580ms/step  
Epoch 5/5  
2100/2100 - 1173s - loss: 0.0387 - accuracy: 0.9881 - val\_loss: 0.0816 - val\_accuracy: 0.9759 - 1173s/epoch - 558ms/step  
Accuracy: 97.69%

	precision	recall	f1-score	support
0	0.97	0.98	0.98	9235
1	0.98	0.98	0.98	45311
2	0.95	0.95	0.95	12288
3	0.99	0.98	0.98	9949
accuracy			0.98	76783
macro avg	0.97	0.97	0.97	76783
weighted avg	0.98	0.98	0.98	76783







# Model Tuning

1. For the traditional machine learning algorithms (CatBoostClassifier and Random Forest Classifier), use grid search to tune the hyperparameters.
2. For the deep learning algorithms (CNN and LSTM), manually tune the hyperparameters by experimenting with different values and evaluating the models' performance on the validation set.

# **Traditional Machine Learning vs Deep Learning**

- Deep learning is better for text classification because it can automatically learn features from raw text data
- Artificial neural networks can extract increasingly complex features as data passes through layer

# DEMO

Classifier

The Abstract

The lack of prospective randomized clinical trials for most management topics in differentiated thyroid cancer forces us to make management recommendations based on retrospective observational data, which are often incomplete, subject to selection bias, and conflicting. Therefore, it is not surprising that many aspects of thyroid cancer management remain controversial and not well defined. This review will examine the controversies surrounding 3 important topics in thyroid cancer management: the option of thyroid lobectomy as initial therapy, the use of preoperative neck imaging to optimize the completeness of the initial surgery, and the selective use of radioactive iodine for remnant ablation, adjuvant treatment, or treatment for known persistent or recurrent disease. As thyroid cancer management moves toward a much more risk-adapted approach to personalized recommendations, clinicians and patients must balance the risks and benefits of the potential options to arrive at a plan that is optimized regarding both patient preferences/values and the philosophy/experience of the local disease management team.

Class

ThyroidCancer with the percentage of 99.728966

Modelling

Thanks