Predicting Age with MRI data

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INTRODUCTION



Kirova et al. (2015); Davis et al. (2018)

BIOMARKERS OF MCI AND AD

1 Hippocampal atrophy

2 Ventricular enlargement rates



WHY PREDICT AGE AND DIAGNOSIS?

DISEASE DEDVELOPMENT

Provides insights into disease progression over time

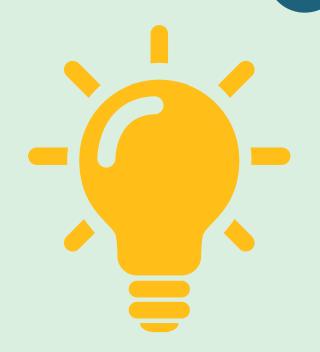
BIOMARKER DEVELOPMENT

Enhancing diagnostic accuracy and potentially enabling the identification of individuals at higher risk of disease conversion



AIMS & OBJECTIVES

I plan to investigate different models to find what best predicts age based on MRI features



RANDOM FOREST CLASSIFIER/ REGRESSOR

- Constructs multiple decision trees on subsets of the data and aggregates their predictions to make final classifications
- Handles non-linearity and complex relationships
- Can handle data with large amounts of features

SUPPORT VECTOR CLASSIFIER

- Finds the hyperplane that separates classes in the feature space while maximizing the margin between the classes, for effective classification of data points.
- Can capture complex relationships
- Can accommodate feature interactions

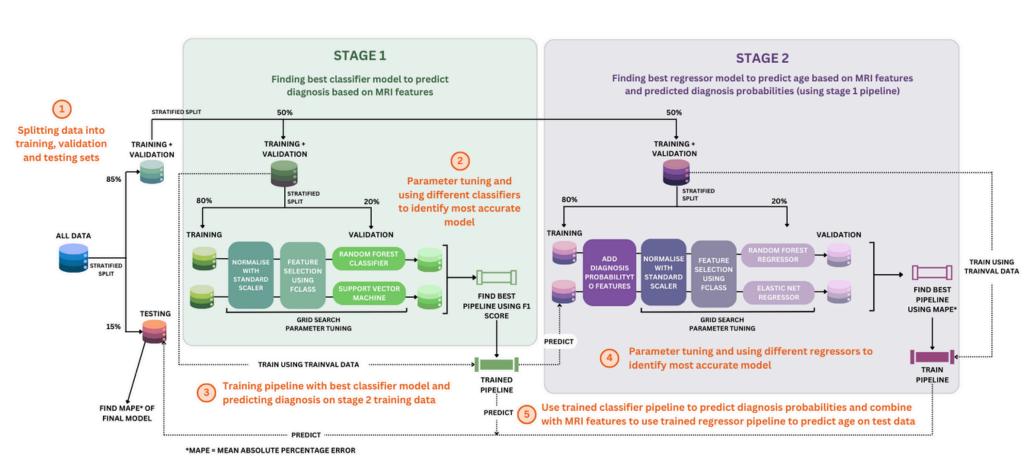
ELASTIC NET REGRESSION

- Takes into account both I1 and I2 penalties, similar to a combined linear and lasso regression
- Robust model to outliers, which may be useful as we have lots of features to predict from
- Obtain sparse models with a reduced number of predictors, making it easier to interpret the model's coefficients and understand the relationships between predictors and the target variable.



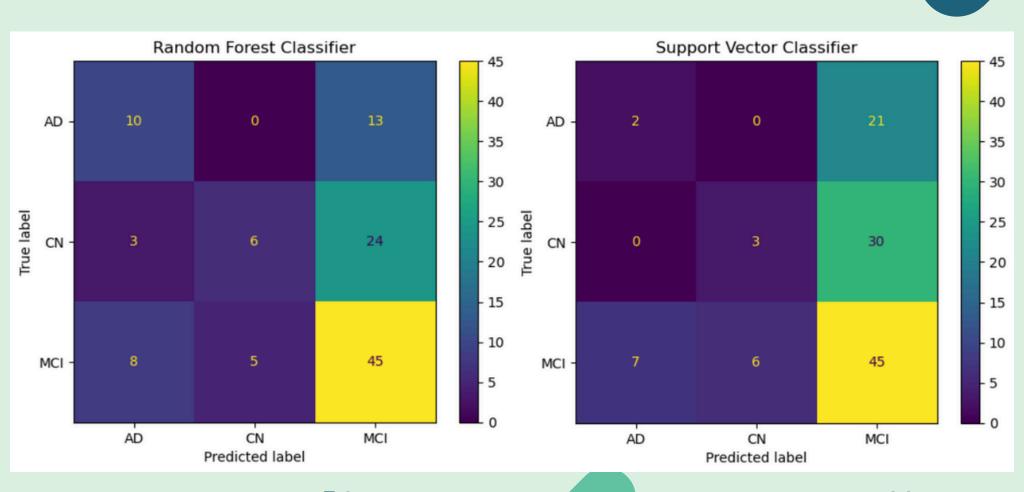
METHODS

Methods Graphic



RESULTS

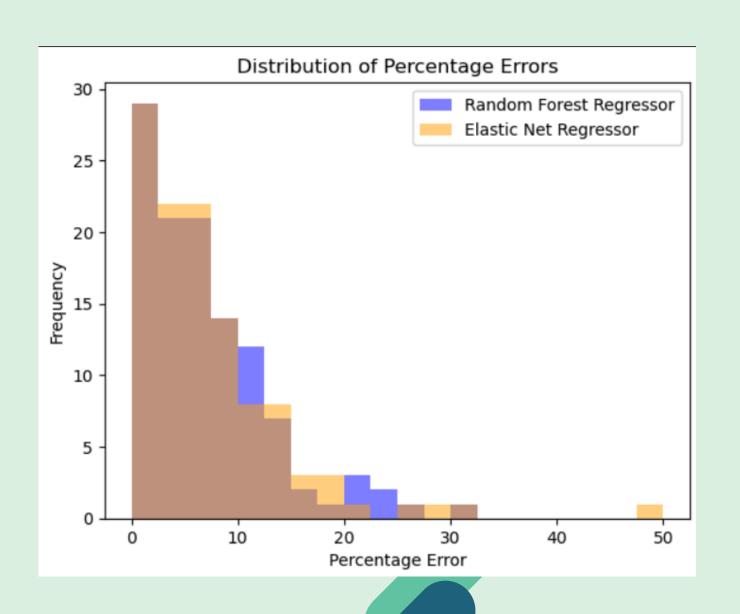
RESULTS: CLASSIFIERS



RFC accuracy = 54%

SVC accuracy = 44%

RESULTS: REGRESSORS



BEST MODELS

RANDOM FOREST CLASSIFIER

compared to SVC f1 score = 0.36

F1 SCORE **0.50**

RANDOM FOREST REGRESSOR

compared to elastic net MSE = 7.3%

MEAN ABSOLUTE PERCENTAGE ERROR

7.1%

OVERALL PIPELINE PERFORMANCE

MEAN ABSOLUTE PERCENTAGE ERROR

6.8%



DISCUSSION

BEST MODELS: WHY?

RANDOM FOREST CLASSIFIER

Possibly more robust to noisy data and overfitting, which is important in medical diagnosis where data might be noisy or incomplete.

RANDOM FOREST REGRESSOR

Ensemble of trees in this model may have been able to handle complex interactions between feature and age that ElasticNet could not

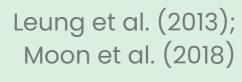


BIOMARKERS OF MCI AND AD

1 Hippocampus

2 Ventricles

3 Amygdala



SMALL DATASETS



Reference list

Davis, M. et al. (2018) Estimating Alzheimer's Disease Progression Rates from Normal Cognition Through Mild Cognitive Impairment and Stages of Dementia. Current Alzheimer Research. 15 (8), 777-788. [online]. from: https://www.eurekaselect.com/article/88040

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Kirova, A.-M. et al. (2015) Working Memory and Executive Function Decline across Normal Aging, Mild Cognitive Impairment, and Alzheimer's Disease [online]. Available https://www.hindawi.com/journals/bmri/2015/748212/.

Leung, K. K. et al. (2013) Cerebral atrophy in mild cognitive impairment and Alzheimer disease: Rates and acceleration. Neurology. [Online] 80

Moon, S. W. et al. (2018) Changes in the Hippocampal Volume and Shape in Early-Onset Mild Cognitive Impairment. Psychiatry Investigation. [Online] 15 (5), 531-537.

THANK YOU