## Learning

## Subtitle

Mathias Kirkerød



Thesis submitted for the degree of Master in Informatics: Language and Communication 60 credits

Department of Informatics Faculty of mathematics and natural sciences

**UNIVERSITY OF OSLO** 

Spring 2018

# Learning

Subtitle

Mathias Kirkerød

© 2018 Mathias Kirkerød

Learning

http://www.duo.uio.no/

Printed: Reprosentralen, University of Oslo

# **Abstract**

## **Contents**

I	Int	roduction	1
1	Intro 1.1 1.2 1.3 1.4	oduction         Background and Motivation          Goal / Problem          Scope and Limitations          Outline	2 2 3 3 3
2	Back 2.1	kground Cancer	<b>4</b> 4 4 4
	2.2	Machine Learning	4 4 4
	2.3 2.4	supervised vs unsupervised	5 5 5
	2.5	2.4.2 Deep Unsupervised learning	5 5 5
II	Tł	ne project	6
3	Plan	nning the project	7
II	I C	Conclusion	8
4	Resi	ults	9

# **List of Figures**

## **List of Tables**

## **Preface**

# Part I Introduction

## Chapter 1

## Introduction

## 1.1 Background and Motivation

**Cancer** Cancer is, today, the second leading cause of death in the world, only behind cardiovascular diseases.

The most common types of cancer in males are lung cancer, prostate cancer, colorectal cancer and stomach cancer. Stewart and Wild 2014

**Statistics** The western (or modern) world has been in a battle against cancer, and despite a lot of new cures/innovations it is still one of the deadliest killers in the world.

**colorectal cancer** You can get cancer in every major organ, but some types of cancer are more common than others. For instance cancer in the gastrointestinal tract (GI) is one of the more common places to get cancer. This is just behind x, and it has a mortality rate of x in the first y years. We often call this 5 year survival rate for z. This is the standard way to measure the life expectancy of a patient diagnosed with cancer.

**polyps** The colorectal cancer often starts in polyps. Polyps are, polyps do.

preventative matters and early detection A good way to fight cancer is to detect and remove it early, or some times remove areas with a high chance of getting cancer. We classify cancer in to x stages, and the stage the patient are in often determines the chance you have for survival. In general, the earlier you find the cancer, the more likely it is that the patient will survive. And as mentioned above, the colorectal cancer often starts in these polyps. A crucial stage to prevent cancer lies in the early removal of there polyps. Reports shows x about this

\*4 stages maybe? \*early detection \*survival rate

Because of this the ability to find, and remove colorectal polyps is great for preventing cancer in the GI tract. **colonoscopy/Ontonoscopy** In the most common way to look for polyps in the GI tract is to use a medical team, and perform a colonoscopy or Ontonoscopy colonoscopy is preformed with a camera.....

Onoskopy is the same procedure, only the camera is inserted orally.

Advantages \* Accurate \* Disadvantages \*expensive

#### **MRI**

#### pillcam

In the last 3-4 years there have been testing and development on the pillcam project EIR. Machine learning has, through many of the earlier projects, got the detection rate for the polyps up to x%

#### Simulas contribution Simulas EIR

\* CAD ACD (computer aided diagnosis, Automated computer diagnosis)

#### 1.2 Goal / Problem

- \* Now that we got a lot of tests, why not unsupervised As mentioned, simula research centre has done a lot of testing on the pillcam project.
- \* We know that we can get some results using a neural network \* Can this be done unsupervised? \* Can it be done in a fashion that is better than S-ML

### 1.3 Scope and Limitations

\* Something about earlier research already got far, so the scope is mainly unsupervised deep learning. \* (and how to generalise it?)

#### 1.4 Outline

The rest of the thesis is structed as follows:

#### Chapter 2 - Background

talk about cancer \*talk about machine learning. \*how to use ML on the pillcam video? **Chapter 3 - Me doing stuff** 

Chapter 4 - Me got and presented result

Chapter 5 - Me saying result was good A+

## Chapter 2

## Background

- 2.1 Cancer
- 2.1.1 regular colonoscopy/ Gastroscopy
- 2.1.2 Pillcam

## 2.2 Machine Learning

Testing a cite:

A computer program is said to learn from experience E with respect to some class of tasks T and performance measure P, if its performance at tasks in T, as measured by P, improves with the experience E. Mitchell 1997

### 2.2.1 Tasks (other better word goes here)

- Classification
- regression
- transcription/translation
- de-noising /finding missing inputs

#### 2.2.2 The rate of success

What is a good result, how to measure? **FP,TN,FN,TP** 

### 2.3 supervised vs unsupervised

What it means to be S/US.

Something about the kind of experience allowed during the learning process.

## 2.4 Unsupervised

noe med å dele i grupper? Experience the dataset containing many features, and finds useful properties of the structures. *Unsupervised learning algorithms* experience a dataset containing manyfeatures, then learn useful properties of the structure of this dataset. In the contextof deep learning, we usually want to learn the entire probability distribution that generated a dataset, whether explicitly, as in density estimation, or implicitly, fortasks like synthesis or denoising. Some other unsupervised learning algorithms perform other roles, like clustering, which consists of dividing the dataset intoclusters of similar examples. Goodfellow, Bengio, and Courville 2016

### 2.4.1 Approaches to unsupervised learning

look at the subsection 2.2.1 to see what applies to the unsupervised.

- 2.4.2 Deep Unsupervised learning
- 2.4.3 more
- 2.5 Related work

# Part II The project

# Chapter 3 Planning the project

# Part III Conclusion

# **Chapter 4**

# **Results**

## **Bibliography**

Goodfellow, Ian, Yoshua Bengio, and Aaron Courville (2016). *Deep Learning*. http://www.deeplearningbook.org. MIT Press.

Mitchell, Tom M (1997). *Machine learning*. eng. New York.

Stewart, B.W. and C.P. Wild (2014). *World Cancer Report 2014*. International Agency for Research on Cancer. International Agency for Research on Cancer. ISBN: 9789283204299. URL: https://books.google.no/books?id=0QHbngEACAAJ.