



# Ensemble Learning Techniques for Cervical Cytology Classification

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# Introduction

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# Overview

- Cervical cancer originates in the lower part of the uterus and is often associated with viral infections -> carrying a high risk of transmission through sexual contact.
- It is the second leading cause of death from malignant diseases in women [2].
- The Pap smear test is a crucial screening procedure for identifying cancerous or precancerous cells in the cervix.
- In recent years, several research articles have explored the early detection of cervical cancer using machine learning techniques [1].
- Deep Learning have become popular in computer vision tasks -> demonstrating remarkable results compared to traditional machine learning algorithms -> performance comparable to that of clinical experts [5].

## Overview (cont.)

=> This study analyzes the impact of ensemble learning techniques [3] on the classification performance of cervical cancer cell abnormality, comparing their effectiveness with individual models.

=> Explores how image size **128/224/256** influences model performance.

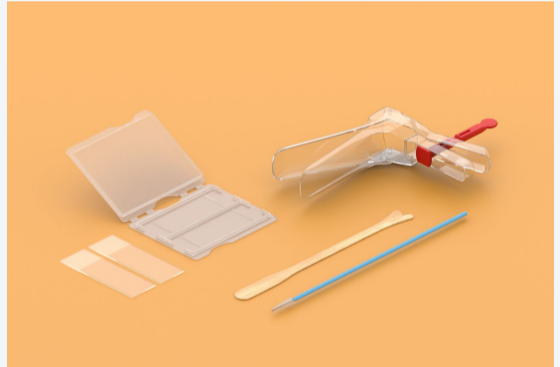


Figure: PAP smear

# Datasets

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# Introduction of datasets

- Cervical cancer dataset from hospital A, Thai Nguyen, comprising **15,645** images of five common cervical cell abnormalities such as **ASC\_US**, **LSIL**, **ASC\_H**, **HSIL**, and **SCC**.

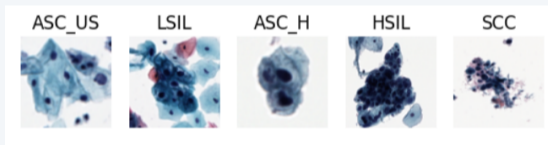


Figure: Five abnormal cell samples in the dataset.

- This dataset includes images of suspected diseased cells captured from various angles in variable-sizes.

# Sampling and Preprocessing

- During preprocessing, utilized batch-wise image **augmentation** strategies.
- Specifically, within each training batch, images underwent a series of transformations, including **flipping, rotation, and adjustments in brightness, contrast, and scale**.
- Prior to model training, normalized all images to a pixel intensity range between 0 and 1 to standardize input data and facilitate effective learning.
- The dataset was splitted into three subsets: **training, validation, and test sets** with **80%, 10%, and 10%** of the data, respectively.



# Methodology

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# Classification Models

- The following architectures were chosen: **MobileNetV2** [10], **InceptionV2** [9], **InceptionV3** [8], **VGG16** [11], **ResNet101** and **Xception** [4]. These models were pretrained on the **ImageNet datasets** [7].
- The training process was conducted over **100 epochs**, use **Adam** optimizer configured with learning rate of **1e-4**.
- To prevent overfitting, **early stopping** and **regularization** were incorporated during the fine-tuning stages. The training was halted if no improvement in validation accuracy was observed for **10 consecutive epochs**.
- Set a **batch size of 16** -> striking a balance between computational efficiency and the stability of gradient descent.
- This approach aimed to leverage the strengths of pretrained models while fine-tuning them to effectively classify images of cervical cancer abnormality, ensuring robust performance across different architectures.

# Ensemble Learning

- Ensemble Learning methods combine individual models, each generating separate predictions, to formulate a consolidated inference.

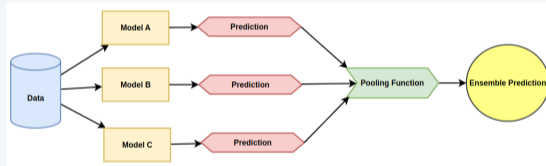


Figure: Ensemble Learning

- Stacking involves leveraging diverse base models and combining their outputs through methods such as voting or weighted averaging to produce a unified prediction.

# Pooling Functions

- To aggregate ensemble predictions into a unified inference, investigated multiple methodologies and algorithms.
- Use **Voting**, **Fuzzy Distance** [6], **K-Nearest Neighbor**, **Naive Bayes**, **Decision Tree**, **Support Vector Machine**, and **Logistic Regression**.
- These methods aimed to integrate diverse predictions from multiple models into a unified and reliable prediction for our cervical cancer classification system.

# Results

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# Single Models

Name	Accuracy	Precision	Recall	F1-Score
MobileNetV2	61.29	63.42	64.43	62.64
InceptionV3	<b>67.27</b>	<b>69.21</b>	<b>70.81</b>	<b>69.91</b>
InceptionResNetV2	64.22	66.60	67.83	66.80
VGG16	51.36	56.87	54.13	49.13
ResNet101	66.29	68.65	69.28	68.80
Xception	<b>70.00</b>	<b>71.90</b>	<b>72.19</b>	<b>71.91</b>

Table: Results single model for **input size 128**.

-> For an input size of 128, the **Xception** model exhibited the highest accuracy at **70.00%**, followed by **InceptionV3** and **ResNet101** with accuracies of **67.27%** and **66.29%**, respectively.

## Single Models (cont.)

Name	Accuracy	Precision	Recall	F1-Score
MobileNetV2	65.51	68.84	69.05	68.41
InceptionV3	<b>69.93</b>	<b>73.24</b>	<b>72.25</b>	<b>72.57</b>
InceptionResNetV2	<b>71.62</b>	<b>74.36</b>	<b>74.12</b>	<b>74.04</b>
VGG16	61.94	65.22	65.15	64.65
ResNet101	58.83	61.08	61.91	60.41
Xception	65.58	67.74	68.75	67.18

Table: Results single model for **input size 224**.

-> For an input size of 224, **InceptionResNetV2** achieved the highest accuracy at **71.62%**, while **InceptionV3** closely followed with **69.93%**.

## Single Models (cont.)



Name	Accuracy	Precision	Recall	F1-Score
MobileNetV2	65.58	67.83	68.81	67.62
InceptionV3	<b>70.12</b>	<b>72.37</b>	<b>72.57</b>	<b>72.30</b>
InceptionResNetV2	<b>68.76</b>	<b>72.10</b>	<b>70.65</b>	<b>71.12</b>
VGG16	67.20	69.18	70.41	69.75
ResNet101	63.57	66.58	67.58	66.43
Xception	67.27	68.66	70.92	69.39

Table: Results single model for **input size 256**.

For an input size of 256, **InceptionV3** showed the best performance with an accuracy of **70.12%**, while **InceptionResNetV2** and **Xception** achieved second and third highest accuracies of **68.76%** and **67.27%**, respectively.



# Ensemble Models

Name	Accuracy	Precision	Recall	F1-Score
Voting	72.72	74.71	75.48	74.74
Fuzzy Distance	70.32	72.76	73.27	72.68
K-Nearest Neighbor	71.81	73.80	74.67	74.20
Naive Bayes	71.23	71.83	74.26	72.52
Decision Tree	70.97	73.42	73.99	73.67
Support Vector Machine	<b>73.11</b>	<b>74.86</b>	<b>75.83</b>	<b>75.29</b>
Logistic Regression	<b>73.63</b>	<b>75.49</b>	<b>76.38</b>	<b>75.89</b>

Table: Results ensemble model for **input size 128**.

-> **Logistic Regression** achieved the highest accuracy of **73.63%**, closely followed by **Support Vector Machine (SVM)** with an accuracy of **73.11%**.

## Ensemble Models (cont.)

Name	Accuracy	Precision	Recall	F1-Score
Voting	<b>73.83</b>	<b>76.01</b>	<b>76.44</b>	<b>76.17</b>
Fuzzy Distance	72.59	75.31	75.28	75.20
K-Nearest Neighbor	73.05	75.32	75.43	75.36
Naive Bayes	73.44	74.19	76.29	75.01
Decision Tree	72.72	74.91	75.25	75.05
Support Vector Machine	<b>74.22</b>	<b>76.48</b>	<b>76.69</b>	<b>76.57</b>
Logistic Regression	73.76	76.05	76.23	76.14

Table: Results ensemble model for **input size 224**.

-> **SVM** achieved the highest accuracy of **74.22%**, followed by **Voting** and **Logistic Regression** with accuracies of **73.83%** and **73.76%**, respectively.

# Ensemble Models (cont.)



Name	Accuracy	Precision	Recall	F1-Score
Voting	73.44	75.36	76.14	75.70
Fuzzy Distance	71.88	74.49	74.69	74.51
K-Nearest Neighbor	72.72	75.14	75.36	75.23
Naive Bayes	72.40	73.31	75.40	73.93
Decision Tree	70.06	72.64	72.91	72.76
Support Vector Machine	<b>73.83</b>	<b>76.31</b>	<b>76.33</b>	<b>76.29</b>
Logistic Regression	<b>73.83</b>	<b>76.26</b>	<b>76.34</b>	<b>76.29</b>

Table: Results ensemble model for **input size 256**.

-> **Voting**, **SVM**, and **Logistic Regression** all achieved the highest accuracy of **73.83%**.

# Conclusion

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## Highlights

- Investigates ensemble learning techniques to improve the classification performance of medical images, focusing specifically on the challenge of identifying abnormalities in cervical cancer.
- The results highlight the effectiveness of ensemble learning in achieving notable performance gains and the influence of variable-size images on the model's performance.
- Uses stacking as the chosen ensemble learning method, comparing its performance against individual model training approaches.
- However, despite these advances, achieving optimal model accuracy remains a challenge, with some individual models exhibiting signs of overfitting, likely attributable to dataset quality and adequacy limitations.

# References

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# Future Works

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## The next 3-6 months future works

- Continue to conduct in-depth research on combination learning techniques for cervical cancer classification problems to improve performance and accuracy, and to enable practical implementation.
- Develop multiple problems and approaches around the dataset to increase diversity.
- Research solutions for data preprocessing and handling to improve model performance.

# Proposal

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Institute of Applied and Technology

## Proposal

- Invest in additional equipment such as Colab accounts and large Kaggle datasets to test larger models and handle more data.
- Reconfigure the institute's workspace in a European style to create a conducive atmosphere and inspire research and work.
- Enhance offline activities in two areas: First, by holding more seminars, and second "ub" or "ur" to exchange ideas, discuss, and strengthen relationships between the institute's leadership and colleagues.



# Thank you everyone for your concern !

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