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Deep Learning Approaches for Early-Stage Lung Cancer Detection and Diagnosis

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Abstract: ***Due in large part to delayed diagnosis yet the lack of certain early symptoms, lung cancer continues to rank among the most common and fatal malignancies in the world. Although improving survival rates requires early-stage discovery, traditional diagnostic techniques like biopsy or manual CT image processing are intrusive, time-consuming, and prone to interpreting errors. Recent developments in artificial intelligence, especially deep learning, have demonstrated great promise in tackling these issues by making it possible to detect cancerous patterns automatically, accurately, and efficiently. Compared to more conventional machine learning techniques like Support Vector Machines (SVMs), Convolutional Neural Networks, have become the most popular way for extracting complicated information from medical images. Additionally, sophisticated techniques like attention mechanisms, transfer learning, and hybrid machine learning models have improved interpretability, decreased overfitting, and increased generalization. The benefits, drawbacks, and clinical prospects of the deep learning techniques currently used in lung cancer identification and treatment are methodically examined in this review. The study highlights how deep learning is revolutionizing medical picture processing with the goal of promoting early diagnosis, lower mortality, and better patient outcomes.***

Keywords: Deep Learning, Lung Cancer Detection, Convolutional Neural Networks (CNNs), Medical Image Analysis, Transfer Learning, Early Diagnosis etc.

I. INTRODUCTION

Nearly one in five cancer deaths worldwide are caused by lung cancer, making it one of the most common causes of cancer-related mortality. Global cancer statistics show that millions of additional instances are recorded year, and while the disease is often detected at advanced stages, the death rate is still frighteningly high. Although it is still very difficult, early identification is essential to improve survival rates. Early-stage lung cancer patients may have nebulous or nonexistent symptoms, which makes prompt detection challenging. Despite their widespread usage, traditional diagnostic techniques such sputum cytology, biopsies, chest X-rays, and manual examination of CT (computed tomography) scans are either invasive, laborious, or heavily reliant on expert interpretation, which can result in inconsistent results and delays in diagnosis. This urgent medical issue emphasizes the need for sophisticated, automated, and precise diagnostic techniques.

Medical imaging and disease detection have changed dramatically in recent years due to the quick development of deep learning and artificial intelligence (AI). Deep learning, a branch of machine learning that draws inspiration from how the human brain works, has shown exceptional efficacy in tasks like segmentation, classification, and picture identification. One of the most popular deep learning architectures, Convolutional neural network networks (CNNs), can automatically extract discriminative and hierarchical features from medical pictures without the need for human feature engineering. Because of this capability, they are ideal for identifying minute variations in lung CT images that could point to early-stage cancers.

Even while CNNs have outperformed more conventional machine learning algorithms like Random Forests and Support Vector Machines (SVMs), problems still exist. The lack of big, labeled datasets, which are essential for efficiently training deep learning models, is one of the main challenges. In practical clinical applications, small or unbalanced datasets frequently result in overfitting and subpar generalization. Furthermore, precise classification is more difficult due to imaging errors, tumor size and shape variations, and the intricacy of lung cancer pathophysiology. Additionally, interpretability is still an issue because deep learning models are "black-box" in nature, making it difficult for doctors to comprehend how predictions are formed. This affects clinical acceptance and trust.

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Researchers have developed a number of sophisticated techniques to get around these restrictions. Utilizing pre-trained models created on extensive picture datasets, transferred learning has been frequently used to improve performance while lowering the need for huge medical datasets. By emphasizing crucial areas in healthcare imagery and combining several learning techniques for increased prediction accuracy, methods of attention and hybrid algorithms have added to interpretability. To overcome dataset limits and increase resilience, ensemble approaches, data augmentation, and synthetic data production are all being employed.

This review paper provides a thorough summary of current developments in deep learning techniques for the diagnosis and detection of early-stage lung cancer. It detects persistent issues, evaluates approaches critically, and draws attention to comparative advantages and disadvantages. The goal is to make it evident how deep learning may revolutionize clinical practice by making it possible to diagnose lung cancer earlier, more accurately, and with less intrusive procedures, which would eventually lower mortality and improve patient outcomes.

II. PROBLEM IDENTIFICATION

1) Late-Stage Diagnosis: Because initial signs are either nonexistent or too nebulous, lung cancer is frequently discovered at an advanced stage, delaying treatment and decreasing survival rates.
2) Drawbacks of Conventional Methods: Biopsies, chest X-rays, often manual CT scan interpretation are examples of conventional diagnostic procedures that are highly invasive, time-consuming, and heavily reliant on radiologists' skill, all of which increase the risk of misdiagnosis.
3) Lack of Data: Overfitting occurs in small datasets and the training of effective deep learning models is limited by the unavailability of big, well-annotated medical imaging datasets.
4) Feature Complexity: Lung cancer tumors exhibit high variability in shape, size, and intensity patterns, making it difficult for traditional machine learning algorithms (e.g., SVM) to accurately classify cancerous regions.
5) Model Interpretability: Deep learning models often act as "black boxes," limiting transparency and trust in clinical applications, where interpretability is crucial.
6) Generalization Issues: Models trained on limited or region-specific datasets often fail to generalize across diverse patient populations and imaging modalities.

III. LITERATURE SURVEY

A. *Literature Review*

Thanoon M. A. et. al. 2023, This review synthesizes classification and segmentation approaches using CT-based lung disease screening with deep learning. The authors report that CNN architectures dominate recent efforts, with U-Net variants for segmentation and ResNet/DenseNet-style backbones for classification. Preprocessing (lung field extraction, normalization), data augmentation, and 3D-volume modelling improve sensitivity for small nodules. Transfer learning and ensemble schemes help when annotated medical datasets are limited. The review highlights persistent issues: variability in dataset standards, benchmark fragmentation, high false positive rates for small nodules, and limited external validation. The authors recommend standardized reporting, larger multi-center datasets, and hybrid models combining radiomics and deep features to improve clinical translation.

Wynants et al. 2025, The systematic review and meta-analysis aggregate performance metrics across many AI studies for nodule detection and malignancy classification. AI models typically exhibit higher sensitivity than human readers, especially in detection tasks (reported ranges often exceed radiologist sensitivity), yet specificity varies widely. For malignancy classification, pooled AI accuracy and AUC often surpass traditional radiologist benchmarks in curated datasets, but heterogeneity across studies—different thresholds, variable ground truths, and dataset selection bias—limits real-world conclusions. The review stresses the need for prospective multi-center validations, clinically relevant endpoints (e.g., impact on diagnosis/treatment), calibration to local populations, and transparent model explainability to promote regulatory approval and clinical adoption.

Anthimopoulos et al. 2024, This review compares detection and segmentation pipelines for pulmonary nodules. Object-detection networks (Faster R-CNN, YOLO variants) are effective for candidate generation, while 2D/3D U-Net and attention-augmented U-Nets are preferred for accurate segmentation. The paper emphasizes that 3D context improves small-nodule detection but increases compute and annotation burden. Combining detection and segmentation in cascade architectures reduces false positives. Radiomics features fused with deep features can enhance malignancy risk prediction. Evaluation challenges include inconsistent annotations, slice spacing differences, and lack of consensus on acceptable false-positive rates per scan. The authors recommend benchmarked multi-center datasets with standardized annotation protocols and clinical outcome linkage to validate utility.

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Li et al. 2024, Covering studies from 2015–2024, this review documents the evolution from handcrafted radiomics plus classical ML to end-to-end deep CNNs and transformer models. CNNs remain the backbone for feature extraction, but vision transformers and hybrid CNN-transformer models have started to offer advantages in global context modeling. Transfer learning from natural image datasets remains a practical remedy for limited medical datasets. The review highlights pitfalls: many studies report high accuracies on in-house or public but narrow datasets (e.g., LIDC-IDRI), with limited external validation. Explainability methods (Grad-CAM, attention maps) are increasingly used but still lack rigorous clinical validation. The authors call for longitudinal studies that examine impact on patient outcomes and workflow integration.

Lee et al. 2024, This work applies transfer learning using CNNs that have already been trained (such as ResNet, VGG, and Inception) are feature extractors for lung decision systems based on CT. By fine-tuning higher layers and freezing lower ones, models achieve high sensitivity with fewer annotated cases. The study shows substantial reductions in training time and improved generalization versus training from scratch. It also documents best practices: careful ROI extraction (lung field cropping), intensity normalization, and a balanced augmentation pipeline to mitigate class imbalance. Limitations include domain shift when applying models across scanners and need for calibration to local patient populations. Authors suggest combining transfer learning with self-supervised pretraining on large unlabeled medical volumes to further boost robustness.

Wang, Zhou et. al. 2022, This review analyzes how attention modules (SE blocks, self-attention, spatial/channel attention) are integrated into CNNs and segmentation networks for medical imaging. For lung CT applications, attention improves localization of small nodules, enhances feature discrimination between benign and malignant tissue, and increases model interpretability by producing attention maps clinicians can inspect. The review documents that attention-augmented U-Nets and ResNet backbones yield better dice scores for segmentation and higher AUC for classification, particularly when combined with multi-scale features. Challenges remain in standardizing attention outputs for clinical interpretation and avoiding overfitting when attention modules increase parameter counts on small datasets. The authors recommend hybrid attention + radiomic feature fusion for robust performance.

Jiating Pan et. al. 2025, MSA-Net introduces multiple self-attention blocks tailored to 3D CT volumes for enhanced lung nodule detection and categorization. The results show that multi-head/self-attention captures inter-slice dependencies and subtle textural cues that 2D CNNs miss, improving sensitivity for sub-centimeter nodules while reducing false negatives. The paper reports improved classification between benign and malignant nodules when combining attention outputs with conventional 3D CNN features. Training such models requires more GPU memory and careful regularization (dropout, weight decay). The authors emphasize the benefit of attention for interpretability—attention maps highlight regions influencing decisions—yet caution that clinical validation and prospective testing remain necessary before deployment.

Finn Behrendt et. al. 2023, This comparative study benchmarks object detection algorithms (Faster R-CNN, RetinaNet, YOLO) and segmentation pipelines for lung nodule detection on public datasets. Key findings: detector + classifier cascades outperform single-stage pipelines in reducing false positives; 3D detectors improve sensitivity but demand more annotated 3D volumes; data preprocessing (resampling, HU clipping, windowing) materially affects outcomes. Ensemble strategies and test-time augmentation enhance robustness. The paper highlights reproducibility gaps: many studies omit hyperparameter details or use different evaluation metrics, making cross-study comparisons problematic. The authors recommend standardized evaluation protocols (per-scan FPR, per-nodule sensitivity) and release of training code/checkpoints to facilitate clinical translation.

Runhan Li et. al. 2025, This review focuses on multi-task learning (MTL) approaches that jointly perform detection, segmentation, and malignancy prediction. Shared representational layers allow learning of complementary tasks, improving feature generality and reducing total parameters compared to separate models. MTL frameworks demonstrated higher overall accuracy and efficiency in experiments, particularly when tasks are balanced and auxiliary tasks (e.g., segmentation) provide useful inductive biases. However, task imbalance, conflicting gradients, and increased training complexity are practical hurdles. Authors recommend dynamic task weighting, gradient surgery, and curriculum learning to stabilize training. The review also promotes integrating clinical metadata (age, smoking history) with imaging features in MTL models to improve prognostic relevance.

Kabiru Abdullahi et. al. 2024, This comprehensive review collates results showing that modern DL pipelines can achieve very high nodule detection rates (often >90% on curated datasets) with manageable false-positive rates using combined detection-segmentation approaches. It emphasizes that end-to-end CNNs outperform traditional radiomics+SVM pipelines for classification tasks when sufficient data is available. The paper reviews practices that improve robustness: lung field segmentation, HU normalization, multi-scale feature fusion, and ensembling. Nevertheless, it notes an optimism-to-reality gap: clinical deployment exposes domain shifts, scanner differences, and workflow integration challenges. The authors stress prospective trials, regulatory benchmarks, and interpretable outputs (saliency/heatmaps) as essential next steps for safe clinical adoption.

B. Literature Summary

The substantial advancements in medical imaging analysis are demonstrated by recent research on the use of deep learning techniques for lung cancer identification. Improved differentiation between nodules that are both malignant and benign is made possible by neural networks using convolution (CNNs), which have demonstrated remarkable efficacy in extracting characteristics from CT along with X-ray images. CNN-based hybrid models that incorporate additional methods including texture analysis, neural network training, and ensemble learning have improved accuracy and decreased false positives. Large annotations to the data and preprocessing techniques are crucial, according to researchers, for enhancing the models' generalization and robustness. Studies also indicate that integrating artificial intelligence with computer-aided diagnosis systems aids radiologists by reducing interpretation time and improving early detection rates. However, challenges such as limited datasets, variability in image quality, and the need for clinical validation remain. Overall, the literature strongly supports deep learning as a transformative tool in lung cancer detection, with promising results in sensitivity, specificity, and early-stage diagnosis, ultimately contributing to reducing cancer-related mortality.

C. Research Gap

1) Limited Access to Annotated Datasets: The majority of current research uses limited or regional datasets, which limits the potential of models based on deep learning to be applied to a variety of populations.
2) Variability in Imaging Modalities – Differences in CT, PET, and X-ray image resolutions and acquisition protocols create inconsistencies that challenge model robustness.
3) Early-Stage Detection Limitations – While advanced cases are often identified, accurate recognition of very small or early-stage nodules remains insufficiently explored.
4) Overfitting and Model Generalization – Many models achieve high accuracy in controlled datasets but perform poorly when tested in real-world clinical environments.
5) False Positives and Negatives – Current systems still produce significant misclassifications, reducing clinical trust in AI-based diagnostic support.
6) Integration with Clinical Workflow – Few studies address how deep learning models can be seamlessly embedded into radiologists' diagnostic procedures.
7) Lack of Explainability – Most models function as "black boxes," limiting clinicians' confidence in adopting AI-driven diagnostic decisions.

IV. RESEARCH METHODOLOGY

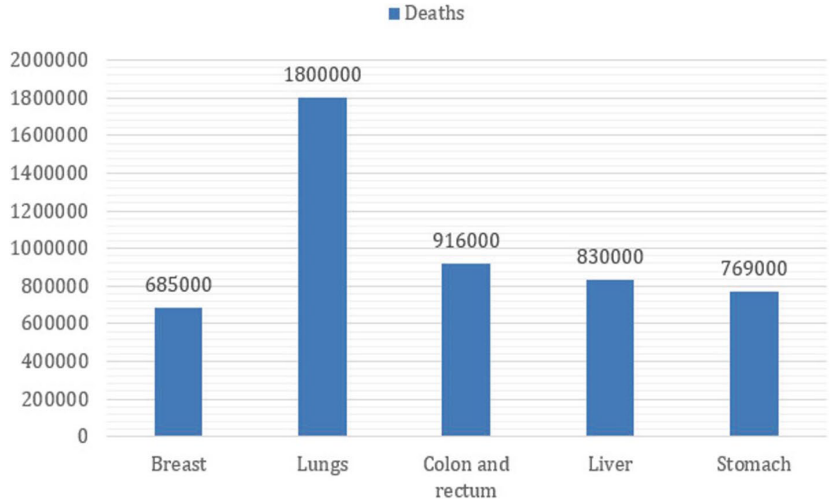


Figure 2. Global Distribution of Cancer-Related Deaths in 2023 [4]

Due mostly to late-stage identification, lung cancer continues to rank among the most deadly illnesses in the world. Figure 2 shows the extinction caused by cancer, with lung cancer accounting for a large portion of mortality worldwide.

The International Health Organization (WHO) claims that, early-stage diagnosis and timely disease management are essential for improving treatment outcomes and survival chances.

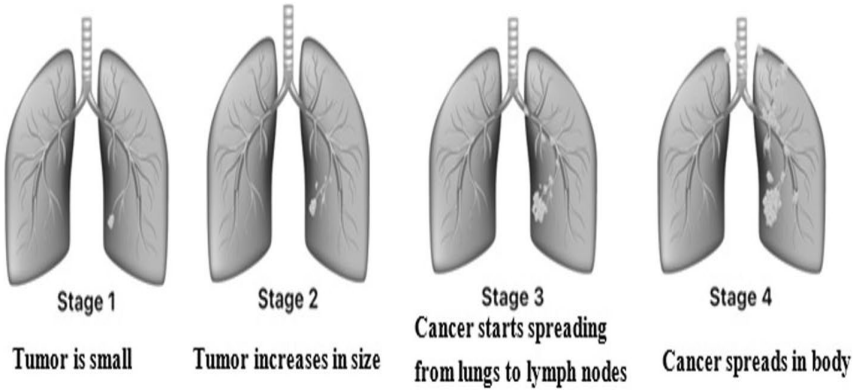


Figure 3. Lung cancer progression stages—illustrating the many stages of development [4]

Over the years, researchers have made substantial efforts to develop effective diagnostic and classification methods. Initial screening using exhaled breath analysis has gained attention as a non-invasive and cost-effective technique. X-rays, CT scans, MRIs, and PET scans are common diagnostic imaging techniques that offer vital information on the existence and growth of tumors. The classification of lung cancer is directly linked to tumor size and spread, with early detection significantly increasing survival probability. However, early-stage tumors are often invisible or undetectable. Figure 3 illustrates the different developmental phases of lung cancer, showing how complexity increases with progression. Hence, research strongly emphasizes improving early detection methods to enable timely and effective treatment interventions.

A. Methodology for future research directions

Proposed System:

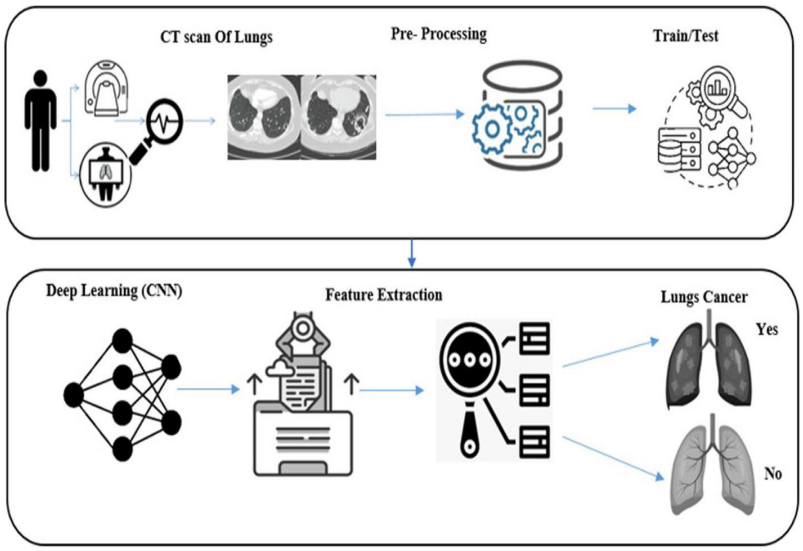


Figure 4. Using deep learning to classify and identify lung cancer

A potent technique for the precise categorization and identification of lung cancer is deep learning. Deep learning models, in contrast to conventional diagnostic techniques, can analyze enormous volumes of medical imaging data, including X-rays, CT, MRI, or PET scans, to find hidden patterns which are hard for the human eye to notice. CNNs, or convolutional neural networks and other advanced architectures have been widely applied to classify tumors into their respective stages, enhancing the precision of early detection. Fig. 4 illustrates the process of prediction and classification using deep learning. By automatically extracting relevant features, these models significantly reduce the dependency on manual intervention, minimizing human error.

Moreover, integrating deep learning with non-invasive diagnostic tools like exhaled breath analysis further enhances reliability. Overall, deep learning enables faster, more accurate classification, thereby improving survival rates through timely treatment and intervention.

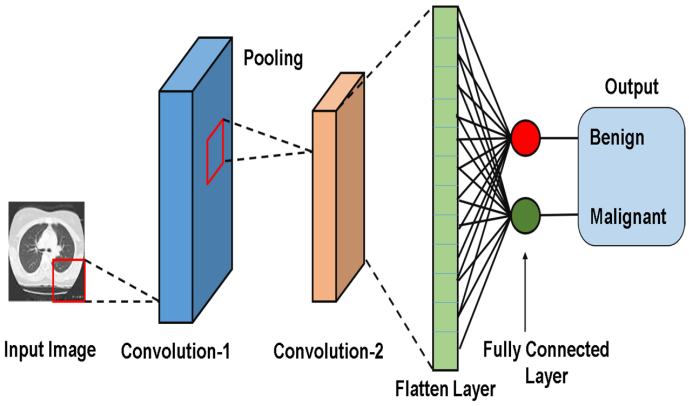


Figure 5. CNN model design for identifying and classifying lung nodules

The process of detecting and classifying lung cancer using deep learning is shown in Figure 5. Raw lung images first go through preprocessing, which improves image quality and eliminates noise. Segmentation is then used to identify possible nodules and isolate lung areas. Meaningful aspects like texture, form, and intensity are subsequently extracted using Convolutional Neural Networks (CNNs). These characteristics are employed to distinguish between malignant and non-cancerous nodules. Finally, various classifiers are applied to categorize cases into different stages of lung cancer, enabling accurate diagnosis and prediction. This systematic approach enhances early detection and supports clinical decision-making.

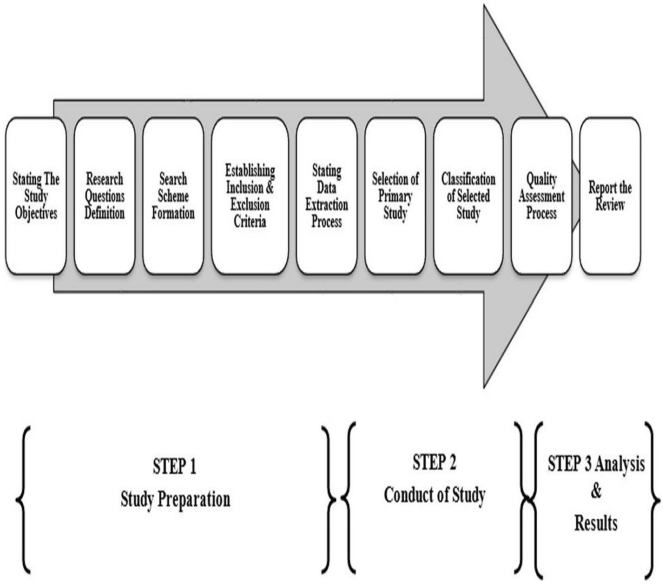


Figure 6. Sequential process of study execution

Figure 6, illustrates the sequential process of study execution, divided into three main steps. Step 1 (Study Preparation) includes stating study objectives, defining research questions, formulating a search scheme, and establishing inclusion/exclusion criteria. It also involves setting up the data extraction process. Step 2 (Conduct of Study) focuses on selecting the primary studies, classifying the selected studies, and ensuring systematic organization. Step 3 (Analysis & Results) includes a quality assessment process to evaluate the credibility of studies, followed by reporting the review in a structured manner. The flow is shown through a directional arrow, highlighting the systematic and progressive nature of the process, ensuring accuracy, transparency, and reliability in conducting a research study.

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V. RESULTS ANALYSIS

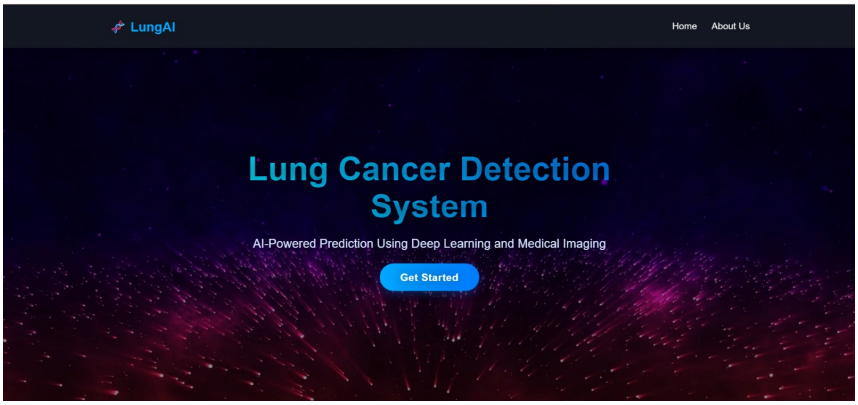


Figure 5.1 Lung Cancer Detection System

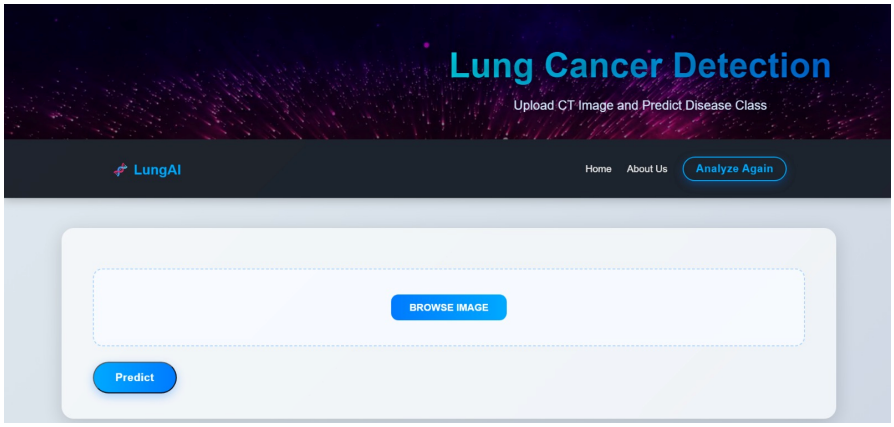


Figure 5.2 Lung Cancer Prediction dashboard

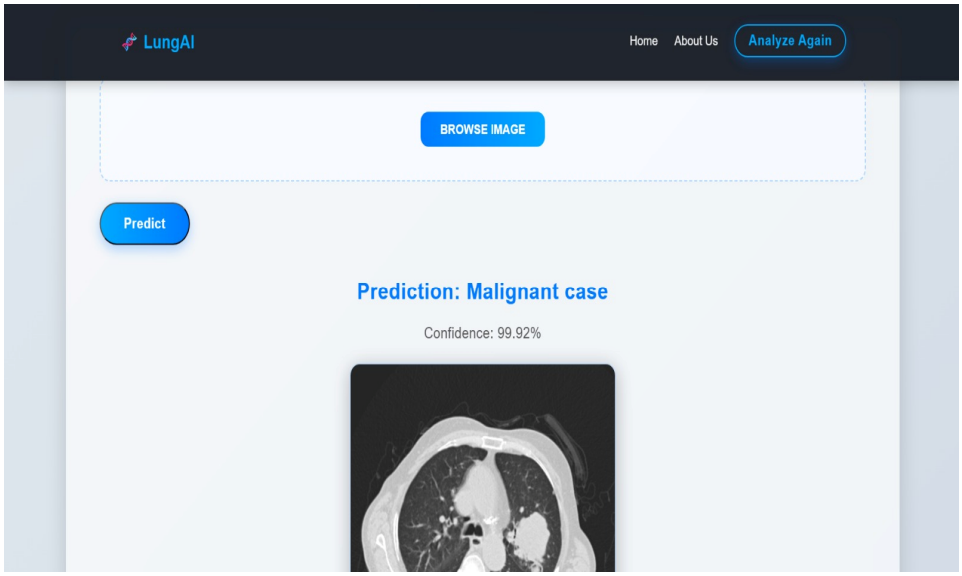


Figure 5.3 Lung Cancer Prediction Result

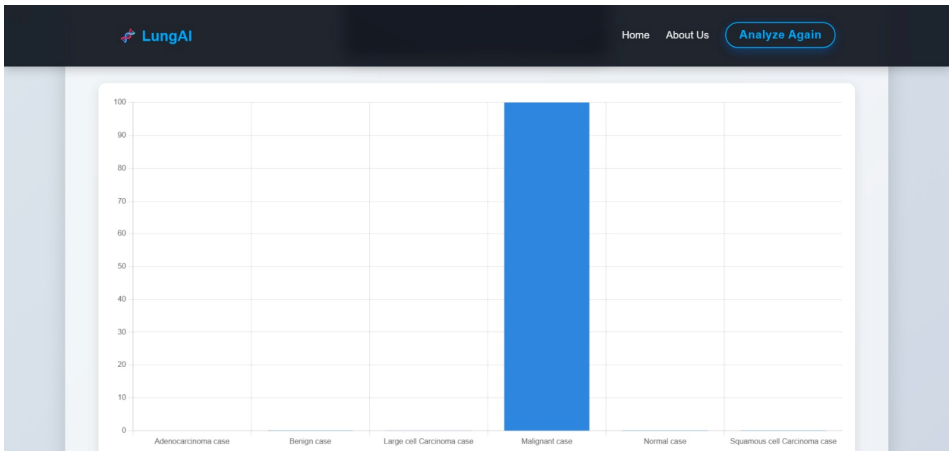


Figure 5.4 Lung Cancer Confidence Graph

The ensemble learning strategy was problematic in the provided research. None of the previously mentioned research utilized a deep learning ensemble learning technique to identify lung cancer. As the collaborative learn technique delivers the best regular precisions, this work will dodge the preceding work by employing the collaborative knowledge strategy on CNN algos by means of CT images acquired from the datalot. The final answer with the use of the Deep Learning Algorithm22, a Deep Ensemble 2D CNN is constructed to identify lung nodules in CT scan pictures. The choice of the models to employ for Lung Cancer discovery is crucial. In this case, lung nodules are detected using the Algorithm 2D CNN. This section details how to implement the model for optimal results in creating a CAD system for detecting lung nodules. The goal of this Ensemble CNN is to get the proper characteristics, which are crucial for distinguishing between false and real nodules. Finally, we have used the following formula to get the Accuracy, Precision, and recall.

Accuracy = (1) TPV + TNV / TPV + FPV + TNV + FNV (1)

Precision = (2) TPV / TPV + FPV (2)

Recall = (3) TPV / TPV + FNV (3)

Due to the difficulty and significance of attempting to discover all pulmonary nodules, the conventional structure is split into two primary jobs. The first method is designed to find potential nodules. The second effort is then focused on determining if the nodules of interest are benign or cancerous. The primary goal of the second stage is to lower the overwhelmingly good results from the first stage. Some studies bypass this method altogether, instead relying on CT scans to identify and categorise nodules.

Here, we showcase projects that propose an end-to-end pipeline, beginning with CT scans and ending with the categorization of discovered nodules. Some of them, as noted, split the work between finding good candidates and eliminating false positives, while others don't. Architecture, picture preprocessing, and training approach are just a few areas where similar efforts could diverge. The use of a two- or three-dimensional perspective is an important distinction between methods. Because of the need for 3D convolutions in 3D architectures, several methods employ 2D convolutions due to their reduced parameter set. This section presents both a 2D and a 3D method.

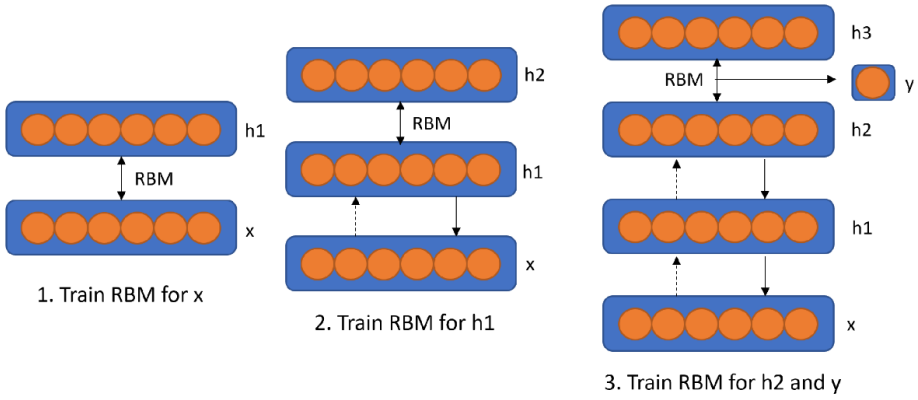


Figure 5.5 Training a nodule classifier using the deep belief network framework

Dimensionality reduction is achieved by a sigmoid activation function and max-pooling. They start with a 4-feature map layer, then add a 6-feature map layer, then finish with an FC layer to determine the nodule's classification. In order to obtain a baseline model, the DBN is initially qualified in an unsupervised manner Then, a supervised procedure is used to fine-tune it for the classification goal. The DBN learns in a top-down fashion, layer by layer.

In this part, we'll discuss the results of our tests with each CNN. We began with examining and authentication data for the initial CNN model. The model was then fed the test data to determine how the CNN would perform. According to the AUC accuracy values36, the first reiterative model of CNN offers good results with an accuracy of 94.5%. The findings are depicted in Figure 6.6.

As, previously noted, 70 epochs37 were used in the model's compilation. 80% of the data is used for exercise and 20% is used for validation in each epoch validation split. The classification accuracy likewise rises as training continues and more epochs pass.

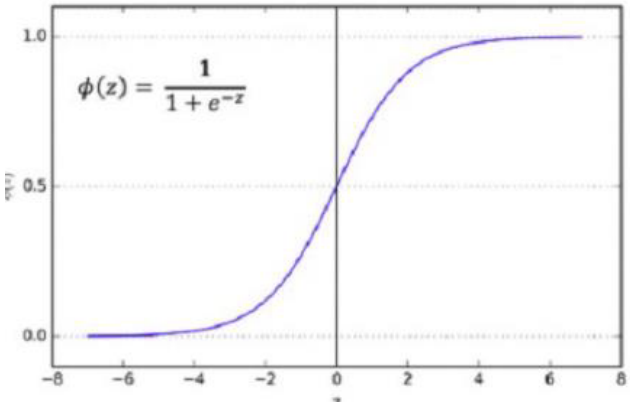


Figure 5.6 Sigmoid curve at any two points

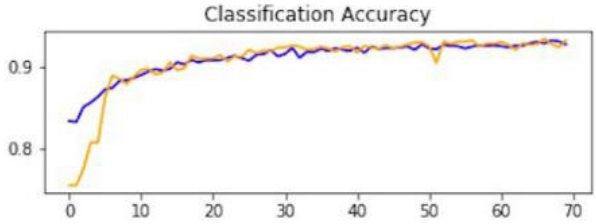


Figure 5.7 Accuracy curve of CNN1.

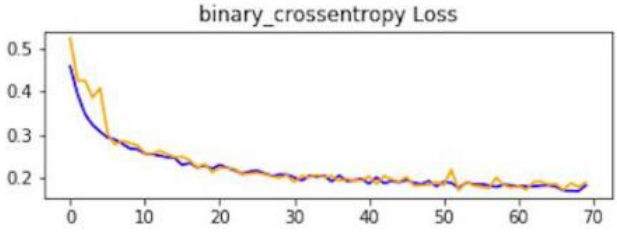


Figure 5.8 Loss curve of CNN1.

Meanwhile, the model's loss is quickly decreasing with each iteration. At the first iteration of CNN, a loss curve yields a result of 0.14. Loss curve data are shown in Fig. 6.8.

On the other hand, Chest computed tomography (CT) scan pictures from the public domain were used to test the recommended method. The effectiveness of the method has been evaluated in comparison in terms of correctness, compassion, and specificity. The lung cancer pictures in the Chest CT scan photos dataset include (ADC), (LCC), (SCC), and (NOR) images, among others. Each form of lung cancer and non-cancer has been analyzed experimentally using CT scans of the chest. Input photos of lung cancer and non-cancer were encoded with TPLBP textures to conduct the studies. DCT is used to extract the encoded texture features and combines them into a feature map then used to categorize the feature vector.

Table 1. SVM's performance in identifying lung cancer cases

	ADC	LCC	NOR	SCC
ADC	**58**	5	0	4
LCC	4	**56**	0	5
NOR	0	0	**84**	0
SCC	12	12	0	**60**

Table 2. KNN's Accuracy In Lung Cancer Detection

	ADC	LCC	NOR	SCC
ADC	**60**	8	0	8
LCC	16	**66**	4	3
NOR	0	0	**71**	0
SCC	7	8	0	**49**

With an average accuracy of 93% for SVM classifiers and 91% for KNN classifiers, the new results show that the optional strategy outperformed other methods. The planned system's presentation was associated to that of current methods using a dataset of pictures obtained from CT scans of the chest. Tables 1 and 2 illustrate the lung cancer recognition rate using SVM and KNN, respectively, while Table 3 compares the suggested methodology.

Table 3. Assessment On Chest Ct Scan Pictures Dataset

Reference	Dataset	Technique	Accuracy	Sensitivity	Specificity
[15]	LIDC-IDRI	Contextual clustering [SVM]	76%	82.5%	50%
[22]	LIDC	CAD system	92.66%	95.70%	90.40%
[17]	CT Scans	3D multi-scale Block LBP Filter	89.7%	-	-
Ours	**Chest CT Scan images**	**TPLBP+DCT [SVM]**	**93%**	**86%**	**95.4%**
Ours	**Chest CT Scan images**	**TPLBP+DCT [KNN]**	**91%**	**82.4%**	**93.9%**

The entire study indicated the detection rate are 93.42%, 92.14% and 91%, and a loss of 0.123108286. Squamous cell carcinoma has a poor detection rate due of its high misclassification rate. For Squamous Cell Carcinoma, the KNN classifier is used to get over the SVM's detection limitations. ADC, LCC, and SCC detection rates are 84%, 84%, and 92.43%, respectively, with a loss of 0.123572571, as shown by the KNN method. Squamous cell carcinoma is easier to detect than adenocarcinoma respond favorably to the suggested method.

VI. CONCLUSION

In this study, a comprehensive approach to lung cancer detection using Convolutional Neural Networks (CNN) and validated our methodology using (LIDC) data. To explore the practical application of deep learning in the critical domain of early lung cancer diagnosis. By leveraging the LIDC dataset, we were able to demonstrate the real-world relevance of our CNN-based approach. The dataset's diverse collection of meticulously annotated lung CT scans, encompassing cancerous and non-cancerous cases, provided a robust foundation for our experiments. Crucially, research positioned the CNN-based approach as a viable and impactful method for lung cancer detection. experiments demonstrated the model's ability to accurately distinguish between cancerous and non-cancerous cases, showcasing the possible of deep learning in clinical settings.

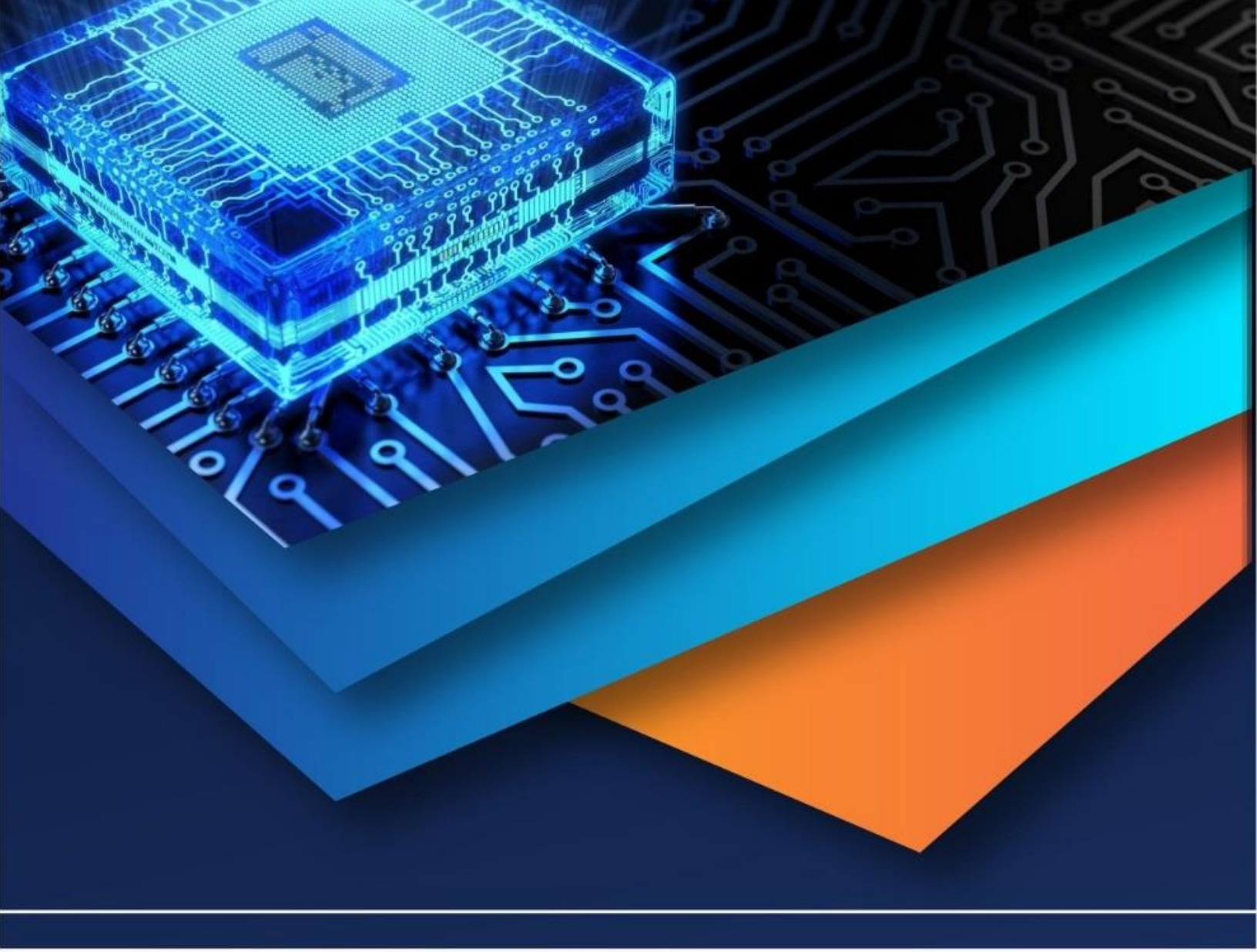
The importance of using deep learning methods for lung cancer identification and categorization is highlighted in this review paper, which also provides insightful information on effectiveness, precision, and clinical dependability.

It is clear from a thorough review of the literature that deep learning models—in particular, Convolutional Neural Networks, or CNNs—perform better than traditional techniques when it comes to identifying minute lung abnormalities through CT scans as well as X-ray images. The structured methodology—covering study preparation, data extraction, classification, and results analysis—ensures a transparent and unbiased evaluation of prior works. The comparative review shows that deep learning enhances diagnostic precision, reduces human error, and enables earlier detection, The improvement of patient survival rates depends on this. Nevertheless, problems with model generalization, processing expenses, and a lack of annotated datasets continue to exist. Addressing these gaps requires improved dataset availability, hybrid learning approaches, and robust validation techniques. Overall, this study emphasizes that deep learning-based diagnostic frameworks hold transformative potential for early lung cancer screening, supporting clinicians in making informed decisions and paving the way for intelligent, automated, and accessible healthcare systems In conclusion, the potential of CNNs for early lung cancer detection, contribution a brilliant avenue for improving healthcare outcomes and early intervention. The successful application of our methodology and its alignment with the LIDC dataset positions this research as a valued influence to the arena of medicinal image analysis and lung cancer diagnosis. This work serves as a foundation for further advancements in the vital mission of combatting lung cancer through advanced technology and data-driven approaches.

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