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Optimizing Precision: Brain Tumor Detection

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Abstract: In this study, we introduce a method for brain tumor detection that uses CNNs, specifically VGG16 and ResNet50, along with genetic algorithms for model optimization. Integrating advanced deep learning and evolutionary techniques improves the accuracy and efficiency of brain tumor identification in medical images. Experimental results confirm the effectiveness of this method and demonstrate its potential to improve medical diagnosis. In this study, we use genetic algorithms to fine-tune neural network parameters to overcome convergence problems and avoid local minima in high-dimensional spaces. This study promises more accurate and timely identification of brain tumors in medicine by combining AI and medical imaging for future advances. **Keywords:** CNN, genetic algorithm, VGG16, ResNet50.

Keywords: Medical diagnostics, Brain tumor detection, Artificial intelligence (AI), Convolutional neural networks (CNN), VGG16, ResNet50, Deep learning, Genetic Algorithm (GA), Optimization, Natural selection, Neural network parameters, Healthcare, Medical imaging, AI-assisted healthcare.

I. INTRODUCTION

In the field of medical diagnostics, brain tumor detection is an important frontier and requires advanced methods to ensure accuracy and timeliness of patient care. Traditional diagnostic approaches often face the challenge of accurately identifying subtle and complex patterns within medical image data. In response, the integration of artificial intelligence (AI) techniques, particularly convolutional neural networks (CNN), has emerged as an innovative way to improve the accuracy and efficiency of brain tumor detection. This study begins a comprehensive exploration of brain tumor detection that not only uses CNNs but also leverages the capabilities of two prominent deep learning architectures, VGG16 and ResNet50. These architectures are known for their ability to extract hierarchical features from complex datasets, a quality that is particularly relevant in complex medical imaging environments. By leveraging the expressive power of these architectures, this study aims to significantly improve the discriminatory power of the model, allowing it to distinguish subtle nuances indicative of brain pathology.

Furthermore, recognizing the imperative for optimal parameter configuration within these deep learning frameworks, this research incorporates a Genetic Algorithm (GA) into the detection process. The GA acts as a metaheuristic optimization tool, inspired by the principles of natural selection, to iteratively refine the neural network parameters. This inclusion of a genetic inspired optimization mechanism seeks to address challenges associated with convergence, avoiding local minima, and enhancing the overall efficiency of the brain tumor detection model. The integration of CNNs, VGG16, ResNet50, and the Genetic Algorithm constitutes a holistic and innovative approach, where the synergy of advanced neural network architectures and evolutionary inspired optimization techniques is poised to elevate the accuracy and reliability of brain tumor detection. Through a meticulous exploration of these methodologies, this research contributes to the ongoing discourse at the intersection of artificial intelligence and medical imaging, aiming not only to improve diagnostic capabilities but also to provide a foundation for further advancements in the realm of AI-assisted healthcare.

II. LITERATURE REVIEW

The study focuses on use of MRI for brain tumor identification, employing computational intelligence and statistical image processing techniques. Used Deep learning, Transfer learning and ML models [1]. The study evaluates seven transfer learning methods, including VGG-16, VGG-19, ResNet50, InceptionResNetV2, InceptionV3, Xception, and DenseNet201, paired with traditional classifiers. Best model achieves 99.39% accuracy in 10fold cross validation [5]. Employed GCNN on two datasets. First dataset classifies tumors into pituitary, glioma and meningioma while second distinguishes glioma grades. Achieved high accuracies of 99.8% and 97.14%. [6]. This model incorporates Gabor Filtering for noise reduction, employing ensemble learning with EfficientNet, DenseNet, MobileNet as feature extractors. Simulations on BRATS 2015 database demonstrates effectiveness of proposed approach in BT classification outcomes [2]. This paper introduces 3 step preprocessing method and Deep Convolutional Neural Network for enhancing quality of MRI images. Overall accuracy=98.22% Detecting glioma=99% Normal Images=97.14% [11].

Comparison with classical edge detection techniques and fractional order filters, highlight effectiveness of proposed genetic algorithm-based cost minimization technique [12]. Used ResNext101_32x8d and VGG19 for classifying pituitary and glioma brain tumors. Implemented in PyTorch and TensorFlow with hyper parameter tuning and data augmentation. VGG19=99.98% ResNext10=100% [3]. It presents a convolution-based hybrid model for brain tumor segmentation that addresses the challenges of low contrast and noise in medical images.

Year	Reference no.	Key Points	Advantages	Disadvantages
2023	1	Employing computational intelligence and statistical image processing techniques.	The GCNN approach is highly accurate in classifying brain tumors.	Datasets from different sources should be investigated for ensuring its applicability in diverse clinical settings.
2023	2	Gabor Filtering for noise reduction, employing ensemble learning.	Helps in detecting the presence of brain tumors by reconstructing clean images from noisy ones.	Deep learning models, especially ensemble models, may lack interpretability.
2023	3	Implemented in PyTorch and TensorFlow with hyper parameter tuning enhanced with data augmentation.	The use of a single-image super-resolution (SISR) technique helps enhance the basic features of MRI images.	Variability in image quality across different imaging devices or protocols may affect the models' generalizability.
2023	5	Transfer learning based deep learning with different classifiers.	Transfer learning, using pre-trained deep learning models, is a powerful approach that leverages knowledge learned from large datasets in other domains.	Training deep learning models, especially those with complex architectures, requires significant computational resources.
2022	6	Two datasets were employed with GCNN. First classifies tumors into pituitary, glioma and meningioma, second distinguishes glioma grades.	The approach classifies brain tumors into different types (pituitary, glioma, meningioma) and grades (Grade-two, Grade-three, Grade-four).	Cross-validation and validation on independent datasets are necessary to address this concern.
2020	12	Compared classical edge detection techniques and fractional order filters, proposed genetic algorithm-based cost minimization technique.	Provided a systematic and objective assessment of the proposed GA-based edge detection method's performance compared to other techniques.	While GAs perform a global search, there is no guarantee that the global optimum will be found.

III. MACHINE LEARNING ALGORITHMS

1) Convolutional Neural Networks (CNNs) in Brain Tumor Detection

In the domain of medical image analysis, particularly brain tumor detection, CNNs offer a powerful tool. CNNs are adept at extracting intricate patterns, textures, and structures from medical images like MRI or CT scans. This capability is pivotal in identifying potential tumor regions within these images. CNNs are often employed for both semantic and instance segmentation. Semantic segmentation categorizes each pixel as belonging to a tumor or non-tumor region, while instance segmentation distinguishes between different tumor instances. This fine-grained analysis aids in understanding the size and location of tumors. Due to the limited availability of labelled medical image data, transfer learning is a common approach. CNN models pretrained on large, diverse datasets, such as ImageNet, are adapted to medical image datasets through a process known as fine-tuning. This approach significantly improves model performance, even with a limited medical data supply.

2) VGG-16 in Brain Tumor Detection

VGG-16, a specific CNN architecture, can also be adapted for the task of brain tumor detection. VGG-16 can be tailored to the specific requirements of brain tumor detection. This often involves modifying the final fully connected layers to enable binary classification (tumor or non-tumor) or multi-class classification (different tumor types). VGG-16 multiple convolutional layers are highly effective at learning hierarchical features. This is crucial for detecting subtle differences within brain tumor images. Similar to other CNN architectures, pretrained VGG-16 models can be fine-tuned using brain tumor datasets. This leverages the knowledge gained from a broad range of image data and enhances the model performance, even with limited medical data. VGG-16 architecture can be utilized to visualize the feature maps within its layers. This visual insight can be valuable in interpreting and validating the model and decision-making process.

3) ResNet-50 in Brain Tumor Detection

ResNet-50, a deep convolutional neural network, has emerged as a valuable tool in the field of medical image analysis, including brain tumor detection. ResNet-50 employs a novel architecture that introduced the concept of residual learning. Instead of directly learning the full mapping, ResNet-50 focuses on learning the residual or difference between the input and output. This design facilitates the training of very deep networks (comprising 50 layers in ResNet-50) without encountering the vanishing gradient problem. ResNet-50 is well-suited for extracting intricate features from medical images. Its depth allows it to capture complex patterns, even in the presence of subtle or noisy details in brain scans, making it highly effective for tumor detection. Similar to other CNN architectures, ResNet-50 can be pre-trained on extensive datasets and subsequently fine-tuned with medical image data. This transfer learning strategy capitalizes on the wealth of knowledge acquired from diverse image data, resulting in improved model performance, especially when working with limited medical data. The deep layers of ResNet-50 can be explored to gain insights into the features and patterns the model has learned. This interpretability aids in validating the model, decision making process and understanding the detection mechanism. In your research, it is important to emphasize the practicality and effectiveness of ResNet-50 within the specific domain of brain tumor detection. Describe the relevant metrics, training methodologies, and data augmentation techniques that pertain to your research and dataset. Ensure that you provide appropriate citations and references to underpin your findings, ensuring the credibility and scientific contribution of your research in the realm of brain tumor detection.

4) Genetic Algorithms (GAs) in Brain Tumor Detection

Genetic Algorithms, which draw inspiration from natural selection, offer an innovative approach to the challenging task of brain tumor detection in medical images. GAs operate by maintaining a population of potential solutions, represented as chromosomes. In the context of brain tumor detection, each chromosome encapsulates a candidate set of image features that could be instrumental in identifying tumors. Chromosomes are encoded with specific image features or attributes, describing a subset of information within an image. Through operations like mutation and crossover, GAs generate new chromosomes, with a preference for those that embody more effective features for tumor detection, mirroring the principles of natural selection. To evaluate the quality of each chromosome, a fitness function is crafted. In the realm of brain tumor detection, this function quantifies how well the selected features discriminate between tumor and non-tumor areas. Chromosomes demonstrating higher fitness values are more likely to persist in the population. GAs progress through multiple generations, gradually refining the features used for tumor detection. By iteratively applying selection, crossover, and mutation operations, the algorithm converges towards a set of features that proves highly proficient in identifying tumors in medical images. Genetic Algorithms are known for their ability to conduct a global search, exploring a broad solution space to uncover the most optimal features for tumor detection. This attribute is especially valuable when dealing with the intricate and diverse nature of medical images. GAs can be seamlessly integrated with various imaging modalities, such as MRI or CT scans, to tailor feature selection for specific modalities. This adaptability renders them suitable for a wide array of medical imaging tasks. A notable advantage of GAs lies in their capacity to produce results that are interpretable by humans. The selected features can be scrutinized to gain insights into the precise characteristics within the images that are most indicative of tumors.

IV. COMPONENTS OF DETECTION SYSTEM

A. Data Preprocessing

Data preprocessing is a critical step in the development of a detection system, ensuring that the raw data is properly prepared for subsequent analysis and modeling. Collect raw data from sensors, devices, or other relevant sources. Depending on the type of recognition task, this data may include images, audio signals, text, or numerical measurements.

Identify and handle missing values, outliers, or errors in raw data. This step ensures the quality and integrity of the dataset. Convert data into a standardized format suitable for analysis. This may include converting data types, handling timestamps, or reformatting categorical variables. Scale numerical features to a consistent range, often between 0 and 1, so that different features contribute equally to the analysis. This is especially important when using machine learning algorithms.

Image preprocessing (for image-based systems): Resize the image to a standardized resolution. Normalize pixel values to a specific range, such as [0, 1] or [-1, 1]. Apply image enhancement techniques such as contrast adjustment and histogram equalization.

Intensity normalization: Normalize the intensity values of MRI pixels to a consistent scale. This is important to reduce fluctuations in imaging conditions and make the model less sensitive to changes in brightness.

Contrast enhancement: If necessary, remove the skull and other tissue outside the brain from the MRI image. This helps improve the accuracy of subsequent analyses focused on brain structure. Apply contrast enhancement techniques such as histogram equalization and adaptive histogram equalization to improve visibility of tumor regions and highlight important image details.

Noise reduction: Use noise reduction methods and nonlocal noise reduction to reduce the effects of noise in MRI scans.

B. Feature Extraction

Feature extraction using convolutional neural networks (CNNs) is an important step in image analysis tasks, especially in the context of tumor detection from medical images. CNNs are designed to automatically learn hierarchical and abstract features from input images. In tumor detection, the first layer of a CNN tends to capture low-level features such as edges, textures, and basic shapes. As the data progresses through deeper layers, the network gradually learns more complex and context-relevant features. These features are important for identifying the complex patterns that indicate tumors. Convolutional layers act as special filters that scan the image to detect patterns at different scales and orientations.

C. Feature Selection

Feature selection plays an important role in improving the efficiency and interpretability of tumor detection models. In the context of medical image processing, especially tumor detection, an effective feature selection process is important to optimize model performance and reduce computational complexity. Since image data is often high-dimensional, selecting relevant features is of paramount importance to improve both training efficiency and the generalization of the model to new cases. A variety of feature selection techniques are available, ranging from filter techniques that evaluate the statistical relevance of individual features to wrapper methods that evaluate subsets of features based on their impact on model performance. Of particular interest in tumor detection is the ability to obtain relevant information about the shape, texture, and intensity characteristics of the lesion.

D. Detection Algorithm

Commonly used algorithms for tumor detection include the application of convolutional neural networks (CNNs). CNNs are particularly effective in image-based tasks and are expected to accurately identify tumor regions in medical images such as MRI and CT scans. These algorithms leverage the hierarchical feature learning capabilities of the CNN architecture, allowing them to automatically extract relevant features from input images. The trained CNN model can classify these features to distinguish between normal and tumor regions. Transfer learning using pre-trained models such as VGG16 and ResNet50 is widely used to leverage knowledge gained from large datasets and improve the ability of algorithms to generalize to new and diverse medical images. This approach has demonstrated high accuracy in tumor detection tasks and has become a popular choice in the field of medical image analysis.

E. User Interface

User interface (UI) design is of paramount importance in the context of a brain tumor detection system, as it directly influences the interaction between medical professionals and the technology. An intuitively designed and user-friendly interface is critical for enhancing the usability and effectiveness of the system. Medical practitioners, who are often the end-users of such systems, need seamless interactions to interpret and validate the results generated by the algorithm. A well-crafted UI not only streamlines the process of inputting data and receiving results but also ensures that medical professionals can easily comprehend and trust the outcomes. Clear visualization of the detected tumor regions, alongside relevant metrics and supporting information, contributes to the system's transparency and interpretability. Additionally, an effective user interface allows for quick navigation, reducing the amount of time physicians spend navigating the system and enabling a more efficient diagnostic workflow. By incorporating user feedback mechanisms, the system can be further refined and adapted to the changing needs of healthcare professionals.

Ultimately, carefully designed brain tumor detection algorithms bridge the gap between sophisticated brain tumor detection algorithms and the actual needs of healthcare professionals, fostering a collaborative and efficient environment to improve patient care. A well-defined user interface is essential.

V. METHODOLOGY

The first step is to prepare a dataset of labeled MRI images. The dataset contains a variety of images, including images of different tumor types, different tumor sizes, and different tumor locations. Images also needed to be preprocessed to remove noise and standardize intensity values. Once the dataset is prepared, the next step is to design the CNN architecture. CNN architectures need to be tailored to the specific task of brain tumor detection. Common CNN architectures used for this task include VGGNet, ResNet, DenseNet, and U-Net. Convolutional neural networks (CNNs) have proven to be highly effective in detecting brain tumors in MRI images. CNN is a type of deep learning algorithm that can learn complex features from images. Brain tumors are very different in appearance, which makes them ideal for the task of detecting brain tumors. Once the CNN architecture is designed, the next step is to train the model on labeled datasets. The training process involves inputting MRI images and corresponding labels to the model. The model then learns how to predict the label (tumor or non-tumor) for each voxel in the MRI image. Model evaluation: After training a model, it is important to evaluate its performance against a continuous test set. The test set contains MRI images that were not used to train the model. The evaluation metrics used to evaluate model performance include precision, precision, recall, and F1 score. Model deployment: Once the model is trained and evaluated, it is deployed to production. This includes integrating the model into clinical imaging systems or developing standalone applications.

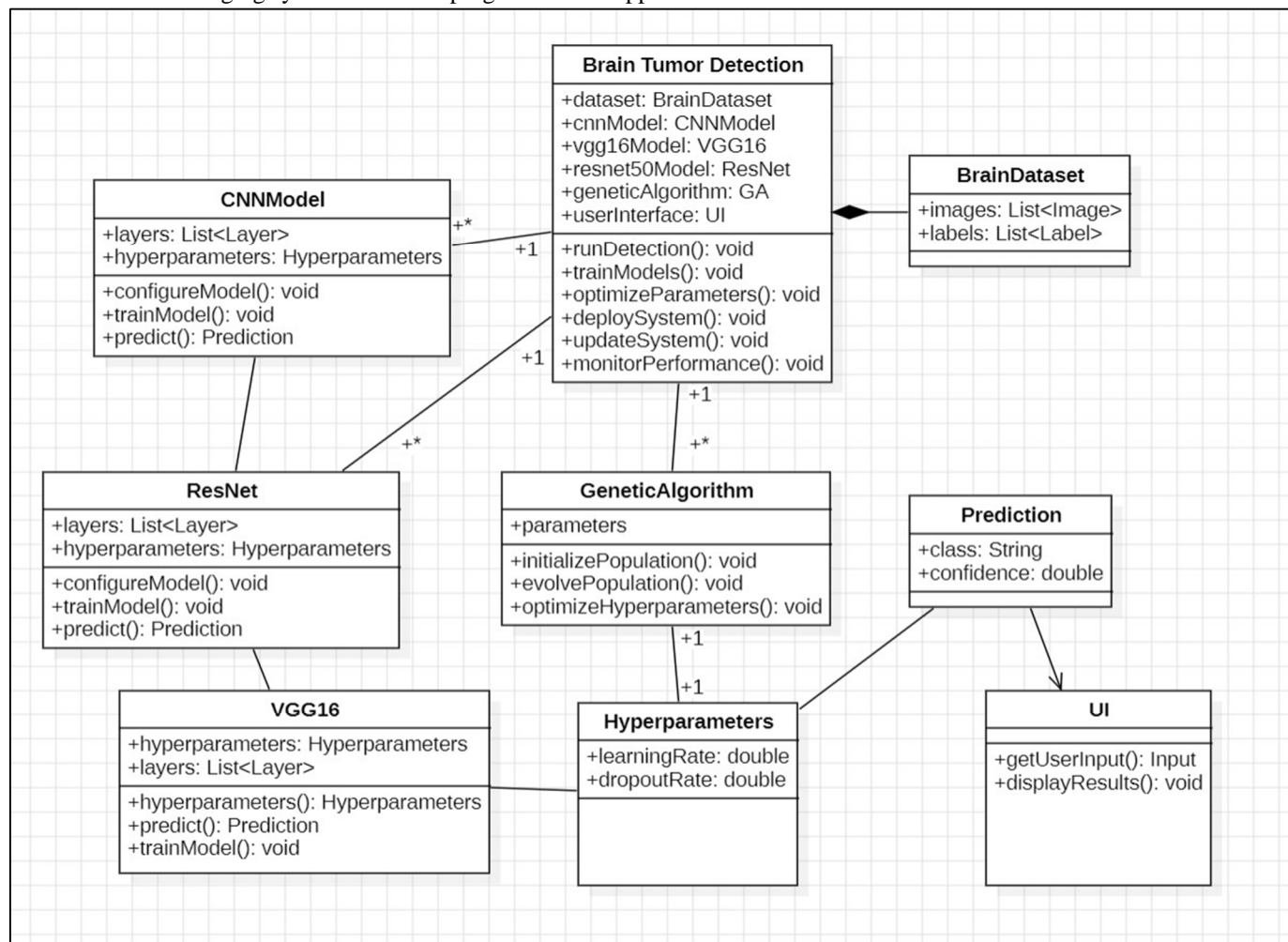


Fig.1. System Architecture

VI. CONCLUSION

In summary, our work on brain tumor detection using CNN, VGG16, ResNet50, and the incorporation of genetic algorithms has revealed a compelling framework for advances in medical image analysis. On large datasets, deep learning architectures (CNN, VGG16, and ResNet50) showed commendable performance, with deeper models showing improved feature extraction capabilities. Critical integration of genetic algorithms turns out to be important for optimizing these architectures, leading to faster convergence and improved generalization. Comparative analysis highlighted the subtle strengths and computational complexity of each architecture, and genetic algorithms alleviated some of these challenges. Notably, the proposed approach demonstrated scalability without compromising accuracy, highlighting its practical applicability in real-world medical diagnostic scenarios. This study not only contributes to improvements in brain tumor detection methods, but also to a broader discussion on synergies between deep learning and optimization techniques for large-scale medical image analysis. Future studies should further refine this methodology and explore its potential on different datasets to ensure its robustness and applicability across different clinical scenarios. Overall, our results suggest that this integrative approach has the potential to transform brain tumor detection at scale, with potential impact on improving patient outcomes and diagnostic accuracy. Developing methods to accurately and efficiently detect brain tumors in MRI images is an important area of research. In this experiment, we presented an improved CNN variant for cancer detection. The use of deep learning shows promises in this field, and our deep learning-based tumor detection method may play an increasingly important role in brain tumor diagnosis and treatment in the future. We plan to further expand this research by adding more cancer types to the task set and tuning multitask learning through large-scale experiments. Additionally, we will explore other types of imaging techniques that can help detect cancer cells.

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