

BRAIN TUMOR CLASSIFICATION USING CNN OF BRAIN MRI IMAGES

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ABSTRACT

Brain tumor is a severe cancer disease caused by uncontrollable and abnormal partitioning of cells and it requires early and accurate detection methods. The brain tumors, are the most common and aggressive disease, leading to a very short life expectancy in their highest grade. Thus, treatment planning is a key stage to improve the quality of life of patients. MRI images are used to diagnose tumor in the brain. However, the huge amount of data generated by MRI scan hampers manual classification of tumor vs non-tumor in a particular time. Recent study in the field of deep learning has helped the health industry in Medical Imaging for Medical Diagnostic of many diseases. For Visual learning and Image Recognition tasks CNN is the most prevalent and commonly used machine learning algorithm. Similarly, we introduce the convolutional neural network (CNN) approach along with Data Augmentation and Image Processing to categorize brain MRI scan images into cancerous and non-cancerous, that is presence of tumor or not. CNN is the most effective model in classifying images. Here the model is trained to specifically identify tiny aberrations from MRI images and predict the images into cancerous and non-cancerous.

Keywords: Brain tumor, MRI, Deep Learning, Data Augmentation, Image Processing and CNN.

Introduction

Brain tumor is one of the most rigorous diseases in the medical science. An effective and efficient analysis is always a key concern for the radiologist in the premature phase of tumor growth. Histological grading, based on a stereotactic biopsy test, is the gold standard and the convention for detecting the grade of a brain tumor. The biopsy procedure requires the neurosurgeon to drill a small hole into the skull from which the tissue is collected. There are many risk factors involving the biopsy test, including bleeding from the tumor and brain causing infection, seizures, severe migraine, stroke, coma and even death. But the main concern with the stereotactic biopsy is that it is not 100% accurate which may result in a serious diagnostic error followed by a wrong clinical management of the disease.

Tumor biopsy being challenging for brain tumor patients, non-invasive imaging techniques like Magnetic Resonance Imaging (MRI) have been extensively employed in diagnosing brain tumors. Therefore, development of systems for the detection and prediction of the grade of tumors based on MRI data has become necessary. But at first sight of the imaging modality like in Magnetic Resonance Imaging (MRI), the proper visualization of the tumor cells and its differentiation with its nearby soft tissues is somewhat difficult task which may be due to the presence of low illumination in imaging modalities or its large presence of data or several complexity and variance of tumors-like unstructured shape, viable size, and unpredictable locations of the tumor.

Related Works

In, the Fuzzy C-Means (FCM) segmentation is applied to separate the tumor and non-tumor region of brain. Also wavelet feature are extracted by using multilevel Discrete Wavelet Transform (DWT). Finally, Deep Neural Network (DNN) is incorporated for brain tumor classification with high accuracy. This technique is compared with KNN, Linear Discriminant Analysis (LDA) and Sequential Minimal Optimization (SMO) classification methods. An accuracy rate of 96.97% in the analysis of DNN based brain tumor classification, but the complexity is very high and performance is very poor. In, a novel bio-physiomechanical tumor growth modeling is presented to analyze the step by step tumor growth of patients. It will be applied for gliomas and solid tumor with individual margin to seize the significant tumor mass effect. The discrete and continuous methods are combined to make a tumor growth modeling. The proposed scheme provides the likelihood to tacitly segment tumor-bearing brain images based on atlas-based registration. This technique is mainly used for brain tissue segmentation. But the computation time is high. In, new multi-fractal (MultiFD) feature extraction and improved AdaBoost classification schemes are used to detect and segment the brain tumor. The texture of brain tumor tissue is extracted by using MultiFD feature extraction scheme. The improved AdaBoost classification methods are used to find the given brain tissue is tumor or non-tumor tissue.

Complexity is high. In, 4 local independent projection based classification (LIPC) method is used to classify the voxel of the brain. Also path feature is extracted in this method. Hence no need to perform explicit regularization in LIPC. The accuracy is low. In, the survey of brain tumor segmentation is presented. Discuss about various segmentation methods such as Region based segmentation, threshold based segmentation, fuzzy C-Means segmentation, Atlas based segmentation, Markov Random Field (MRF) segmentation, deformable model, geometric deformable model. The accuracy, robustness, validity are analyzed for all the methods. In, 8 hybrid feature selection with ensemble classification is applied for brain tumor diagnosis process. The GANNIGMAC, decision Tree, Bagging C based wrapper approach is used to obtain the decision rules. Also simplify the decision rules by using hybrid feature selection, which contains the combination of (GANNIGMAC + MRMR C + Bagging C + Decision Tree). In, the fuzzy based control theory is used for brain tumor segmentation and classification method.

The Fuzzy Inference System (FIS) is a special technique, which is mainly used for brain segmentation. Supervised classification is used to create a membership function of fuzzy controller. The performance is high and accuracy is low. In [10] the adaptive histogram equalization is used to improve the contrast of the image. Then Fuzzy C-Means (FCM) based segmentation is performed to separate the tumor from the whole brain image. After that Gabor feature are extracted to filter the abnormal cells of brain. Finally, the fuzzy with K-Nearest Neighbor (KNN) classification is applied to find the abnormality of brain MRI image. The complexity is high. But the accuracy is low. In this work, a novel automatic brain tumor classification is performed by convolutional neural network.

Artificial intelligence and deep learning are primarily used in image processing techniques to segment, identify, and classify MRI Images and are also used to classify and detect brain tumors. So many works have already been done on the classification and segmentation of brain MRI images. Some of the international journals we reviewed on the detection and classification of brain tumor using deep learning are Sheikh Basheera et al., [4] proposed a method for classifying brain tumors where the tumor is initially segmented from an MRI image and segmented portion is then extracted through a pretrained convolutional neural network using stochastic gradient descent. Muhammad Sajjad et al. [5] suggested classification of multi-grade tumors by applying data augmentation technique to MRI images and then tuning it using a pre-trained VGG-19 CNN Model.

Proposed System

The proposed system focuses on how to identify the person on an image with or without tumor with the help of deep learning algorithm by using the CNN, OpenCV, TensorFlow, Keras library.

In the normal neural network, image cannot be scalable. But in convolutional neural network, image can be scalable. It will take 3D input volume to 3D output volume (length, width, height). The Convolutional Neural Network (CNN) consists of input layer, convolution layer, Rectified Linear Unit (Relu) layer, pooling layer and fully connected layer. In the convolution layer, the given input image is separated into various small regions. Element-wise activation function is carried out in Relu layer. Pooling layer is optional. We can use or skip. However, the pooling layer is mainly used for down sampling. In the final layer, fully connected layer is used to generate the class score or label score value based on the probability in between 0 to 1.

The block diagram of brain tumor classification based on convolutional neural network is shown in fig.1. The CNN based brain tumor classification is divided into two phases such as training and testing phases. The number of images is divided into different categories by using labels such as tumor and non-tumor brain image... etc. In the training phase, preprocessing, feature extraction and classification with Loss function is performed to make a prediction model. Initially, label the training images set. In the preprocessing image resizing is applied to change the size of the image. Finally, the convolutional neural network is used for automatic brain tumor classification.

Algorithm for CNN based Classification

1. Apply convolution filter in first layer
2. The sensitivity of filter is reduced by smoothing the convolution filter, subsampling
3. The signal transfers from one layer to another layer is controlled by activation layer
4. Fasten the training period by using rectified linear unit (RELU)
5. The neurons in proceeding layer is connected to every neuron in subsequent layer
6. During training Loss layer is added at the end to give a feedback to neural network

Advantages

- A CNN uses convolution kernel to convolve with the original images or feature map to extract higher-level features, thus resulting in a very powerful tool for Computer Vision tasks.
- Save time and effort.
- Gives more accuracy

Results and Discussions

We experimented on brain tumor MRI Images dataset by Navoneelchakraborty. The dataset is publicly available, consists of 253 real brain images developed by radiologists using data from real affected patients. It is available on Kaggle, a shared data platform used for machine learning competitions. Our data set consists of 155 tumor images and 98 no tumor images. Since the dataset size is less which may lead to under fitting issue which directly affects our model accuracy. So to overcome this problem we have applied a data augmentation to increase the size of the dataset. It is a process to increase the amount of data by adding slightly modified copies of already existing data. Hence, data augmentation is done to enhance our dataset by doing minor changes in our MRI images and extract these augmented images from our proposed CNN model. After data augmentation the size of the dataset is 2064 images, 1084 tumor images and 980 non tumor images. We trained the models for 15 epochs with a batch size of 32. The experiment is done using TensorFlow and Keras libraries in python on a CPU having a 2.3 GHz core i5 processor with 8 Gb of ram. Our proposed model showed 96%.

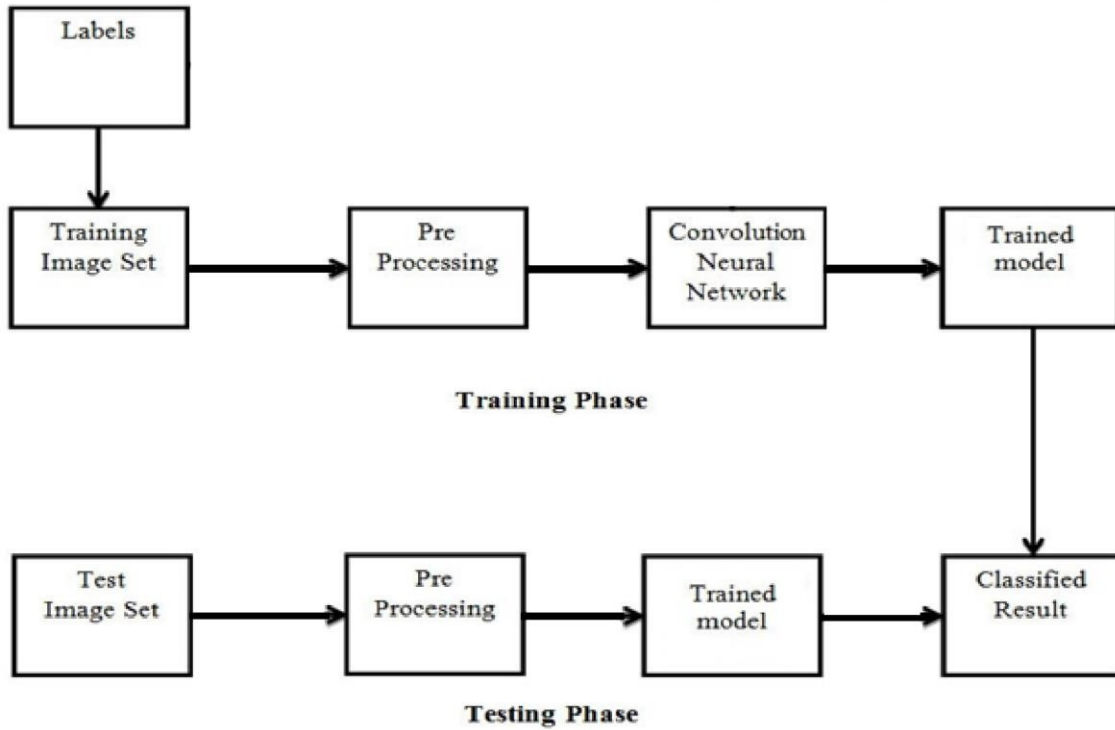


Fig.1. Block diagram of proposed brain tumor classification using CNN

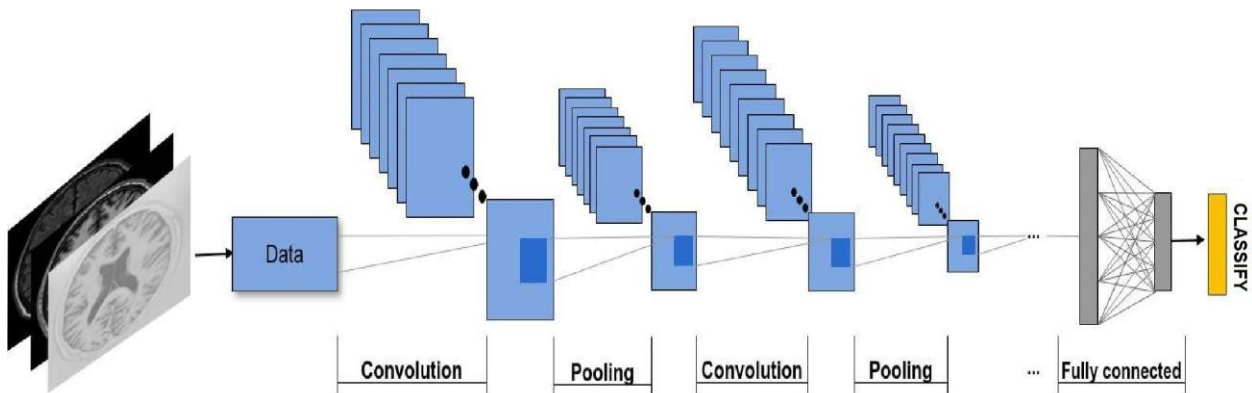


Fig.2. CNN Architecture

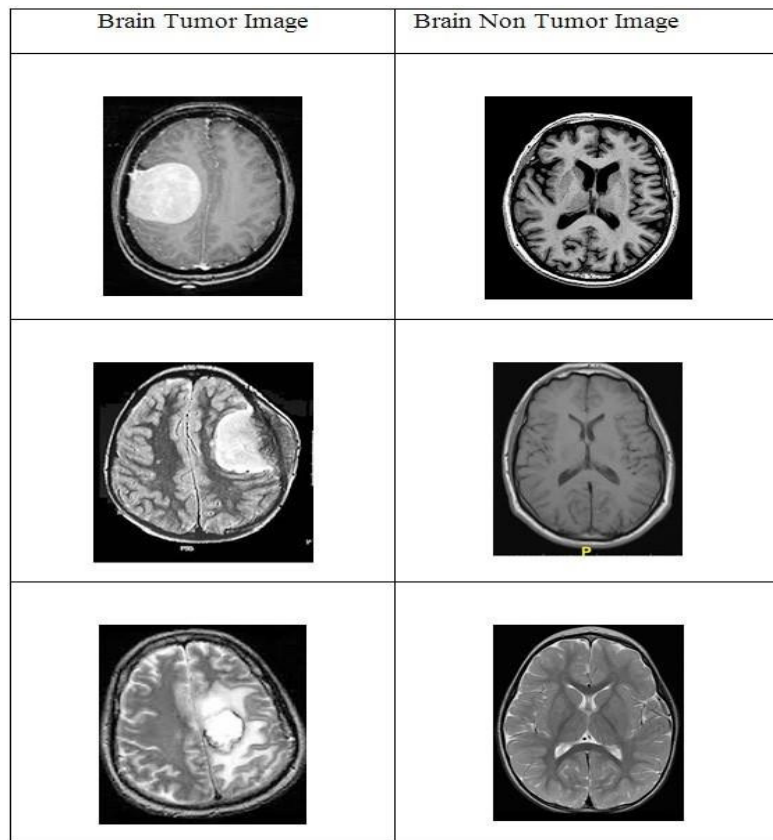


Fig.3.Dataset Images

CONCLUSION

We are able to create and train a model which give good results and accuracy in classifying the presence of tumor. Our system can play an effective role in the early diagnosis of dangerous disease in other clinical domains related to medical imaging. using the image edge detection technique, we find the region of interest in MRI images and cropped them then, we used the data augmentation technique for increasing the size of our training data. We provide an efficient methodology for brain tumor classification by proposing a simple CNN network.

FUTURE ENHANCEMENT

Build an app-based user interface in hospitals which allows doctors to easily determine the impact of tumor and suggest treatment accordingly. Since performance and complexity of ConvNets depend on the input data representation we can try to predict the location as well as stage of the tumor from Volume based 3D images. By creating three dimensional (3D) anatomical models from individual patients, training, planning and computer guidance during surgery is improved. Ultimately, we would like to use very large and deep convolutional nets on video sequences where the temporal structure provides very helpful information that is missing or far less obvious in static images. Unsupervised transfer learning may attract more and more attention in the future.

REFERENCES

1. Kasban, Hany & El-bendary, Mohsen & Salama, Dina. (2015). "A Comparative Study of Medical Imaging Techniques". *International Journal of Information Science and Intelligent System*. 4. 37-58. J. Clerk Maxwell, A Treatise on Electricity and Magnetism, 3rd ed., vol.
2. Oxford: Clarendon, 1892, pp. 68–73. [2]. D. Surya Prabha and J. Satheesh Kumar, "Performance Evaluation of Image Segmentation using Objective Methods", *Indian Journal of Science and Technology*, Vol 9(8), February 2016.
3. Brain Tumor: Statistics, Cancer.Net Editorial Board, 11/2017 (Accessed on 17th January 2019)
4. Kavitha Angamuthu Rajasekaran and Chellamuthu Chinna Gounder, *Advanced Brain Tumor Segmentation from MRI Images*, 2018.
5. A.M. Reddy, V. V. Krishna, L. Sumalatha and S. K. Niranjan, "Facial recognition based on straight angle fuzzy texture unit matrix," 2017 International Conference on Big Data Analytics and Computational Intelligence (ICBDAC), Chirala, 2017, pp. 366-372, doi: 10.1109/ICBDACI.2017.8070865. (
6. A.M. Reddy, K. Subba Reddy and V. V. Krishna, "Classification of child and adulthood using GLCM based on diagonal LBP," 2015 International Conference on Applied and Theoretical Computing and Communication Technology (iCATccT), Davangere, 2015, pp. 857-861, doi: 10.1109/ICATCCCT.2015.7457003.
7. Swarajya Lakshmi V Papineni, Snigdha Yarlagadda, Harita Akkineni, A. Mallikarjuna Reddy. Big Data Analytics Applying the Fusion Approach of Multicriteria Decision Making with Deep Learning Algorithms *International Journal of Engineering Trends and Technology*, 69(1), 24-28, doi: 10.14445/22315381/IJETT-V69I1P204.
8. Srinivasa Reddy, K., Suneela, B., Inthiyaz, S., Kumar, G.N.S., Mallikarjuna Reddy, A." Texture filtration module under stabilization via random forest optimization methodology "International Journal of Advanced Trends in Computer Science and Engineering, Volume 8, No.3, May - June 2019
9. General Information About Adult Brain Tumors". NCI. 14 April 2014. Archived from the original on 5 July 2014. Retrieved 8 June 2014. (Accessed on 11th January 2019)
10. M. Young, *The Technical Writer's Handbook*. Mill Valley, CA: University Science, 1989.
11. B. Devkota, Abeer Alsadoon, P.W.C. Prasad, A. K. Singh, A. Elchouemi, "Image Segmentation for Early Stage Brain Tumor Detection using Mathematical Morphological Reconstruction," 6th International Conference on Smart Computing and Communications, ICSCC 2017, 7-8 December 2017, Kurukshetra, India.
12. Song, Yantao & Ji, Zexuan & Sun, Quansen & Yuhui, Zheng. (2016). "A Novel Brain Tumor Segmentation from Multi-Modality MRI via A Level-Set-Based Model". *Journal of Signal Processing Systems*. 87.10.1007/s11265-016-1188-4.

13. Mallikarjuna Reddy, V. Venkata Krishna, L. Sumalatha, " Face Recognition based on Cross Diagonal Complete Motif Matrix", International Journal of Image, Graphics and Signal Processing(IJIGSP), Vol.10, No.3, pp. 59-66, 2018.DOI: 10.5815/ijigsp.2018.03.07.
14. Ayaluri MR, K. SR, Konda SR, Chidirala SR. 2021. Efficient steganalysis using convolutional auto encoder network to ensure original image quality. PeerJ Computer Science 7:e356 <https://doi.org/10.7717/peerj-cs.356>
15. Ehab F. Badran, EsraaGalal Mahmoud, NadderHamdy, "An Algorithm for Detecting Brain Tumors in MRI Images", 7th International Conference on Cloud Computing, Data Science & Engineering-Confluence, 2017.
16. PeiL, RezaSMS, LiW, DavatzikosC, IftekharuddinKM. "Improved brain tumor segmentation by utilizing tumor growth model in longitudinal brain MRI". Proc SPIE Int Soc Opt Eng. 2017