

An Non-Invasive Brain Disease Detection Using Deep Learning Techniques

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Abstract

Brain tumours, the most common and hostile illness, have a relatively low survival rate during their most mature stage. As a result, therapeutic planning is a critical stage in raising the standard of living of sufferers. Different imaging modalities, including computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound pictures, are frequently used to assess malignancies inside the brain, lungs, liver, breast, prostate, and some other regions. These MRI images cast-off to diagnose brain tumors in particular in this work. However, the abundance of information gathered through an MRI scan creates manual categorization of tumour cells vs. non-tumor in a specified timeframe is unrealistic. However, it has numerous restrictions (e.g., consistent computable measures are only available aimed at a limited amount of photos). As an outcome, dependable and automatic classification technique is required to reduce human mortality. Due to the significant geographical and structural variety of the brain tumor's surrounding environment, automatic brain tumour categorization is indeed a challenging task. This research proposes utilizing Convolutional Neural Networks (CNN) categorization to automatically identify brain tumours. The underlying design was built using smaller kernels. The mass of a neuron is regarded as being very little. Test results reveal that CNN records get 93% with minimum complexity as contrasted to many other state-of-the-art approaches.

1. Introduction

The brain is the most essential parts of the body having trillions of cells. Unregulated cell development results in a tumour, which is an abnormal group of cells. The two types of brain tumours are low-grade (grades 1 and 2) and high-grade (grades 3 and 4). A benign brain tumour is one that has a low grade. Malignant refers to a tumour with a high grade. The term "benign tumour" refers to a tumour that is not cancerous. It will not propagate towards other parts of the brain anyway. The malignant tumour, on either hand, is a cancerous growth. As a result, it grows too many other sections of the body rapidly and permanently. It causes immediate death [1]. The image of the brain MRI was used to find tumours and model tumour growth. This information is primarily used to diagnose cancers. In comparison to a CT or ultrasound image, an MRI scan provides more information about a medical image. An MRI image gives more details about the anatomy of brain and allows for the detection of anomalies in brain tissue. Researchers have devised innovative automatic approaches for finding and categorizing brain tumours using image datasets that since time when this was possible to scanned and transmit medical data to the computer. In recent days, however, Neural Networks (NN) and Support Vector Machines (SVM) have emerged as the most popular methodologies towards its practical application [2]. Deep Learning (DL) algorithms, on the other hand, have lately been popular in machine learning as they can accurately express complicated relationships without having as many connections as surface structures like K-Nearest Neighbor (KNN) and Support Vector Machine (SVM). As a result, they moved towards the forefront of domains including medical image processing, healthcare analytics, and bioinformatics, as well as VLSI designs.

2. Related Works

The input images such as MRI images collected from <http://kaggle.com> for analysis. To distinguish between tumour and non-tumor areas of the brain, Fuzzy C-Means (FCM) segmentation is performed [3]. The multilayer Discrete Wavelet Transform (DWT) is also used to retrieve wavelet features. Finally, a Deep Neural Network (DNN) was employed to categorize brain cancers. When comparing to classification techniques KNN, Linear Discriminant Analysis (LDA), and Sequential Minimal Optimization (SMO), this strategy outperforms them all. The complexity, on the other hand, is exceedingly high, and the performance is extremely low. In [4] presents a revolutionary bio-physiomechanical tumour growth models to study individual tumor development progressively that could be used to treat gliomas and solid tumours having specific edges to avoid the significant tumour mass effect. The discrete and continuous approaches are combined to model tumour progression. The proposed technique, which is based on global-based registration, increases the possibility of tacitly segmenting tumor-bearing brain pictures. The purpose of this procedure is to segment brain tissue. The computation time, on the other hand, is quite long. In [5] uses new multi-fractal (MultiFD) feature extraction and improved AdaBoost classification techniques to detect and segment the brain tumour. The roughness of brain tumour tissue was extracted using the MultiFD feature extraction approach. To assess if a particular brain tissue is a tumour or not, the upgraded AdaBoost classifying techniques are applied. The degree of difficulty is great. To categorize brain voxels, [6] employed the Local Independent Projection-based Classification (LIPC) approach. Main characteristics are also extracted using approach. As a result, LIPC does not require any definite regularization. The accuracy remains poor. In [7] proposed and compared a seeded tumour segmentation approach which is based on the novel Cellular Automata (CA) concept to a graphing cut-based segmentation process. Seed selection and Volume of Interest (VOI) are computed for successful brain tumour segmentation. The study also entails tumour cut segmentation. The degree of difficulty is minimal. The accuracy, on the other hand, is lacking. For brain tumour classification and segmentation, the fuzzy control theory introduced in [8] was used. The Fuzzy Interference System (FIS) is a one-of-a-kind approach used to section the brain. Employing supervised classification, a fuzzy controller's membership function was built. The performance is excellent, but the accuracy is poor. The adaptive histogram equalization had proposed in [9], to improve image contrast. The tumor then separated from the entire brain image using Fuzzy C Means (FCM) segmentation. The Gabor feature then extracted in order to filter out the abnormal brain cells. Finally, the fuzzy with K Nearest Neighbor (KNN) classification used to detect abnormalities in brain MRI images. The level of complexity is high. However, the precision proved poor. Convolutions Neural Network used in this work to perform a novel automatic brain tumor classification.

3. Rep Tree

An approach for generating a decision tree from a dataset is Rep Tree. Reduced Error Pruning (REP) had used to improve the pruning process, making it an extension of C45. A distinct pruning dataset used in this procedure. There are five different ways to construct categorization (discrete result) or regression

trees (continuous outcome). It builds a regression/decision tree utilizing resources gain/variance and prunes it by using diminished pruning (with back fitting). A decision tree is a type of classification or regression method that is built in the style of a tree. It starts to break down a database to smaller and smaller parts over time even while building a decision tree. The result is a tree containing decision nodes and leaf nodes. REP Tree builds a decision or regression tree employing data gain/variance reduction, then prunes utilizing reduced-error pruning. It just classifies objects for numerical characteristics once, as it was designed to be fast. Like C4.5, handles invalid values by fragmenting circumstances. The number of observations per leaf, the maximum tree depth (useful for boosting trees), the minimal fraction of training set variance for a split (numeric, classes only), and the amount of folds for pruning can all be modified [14 & 15].

4. Lmt Tree

A Logistic Model Tree (LMT) is a categorization method that incorporates logistic regression (LR), decision tree learning, and supervised training. A piece - wise linear regression model is constructed by an LMT, which would be a decision tree with linear regression analysis at its leaves [10]. Every inner node has an assessment on each of the characteristics, just like in traditional decision trees. The node contains child nodes with nominal attributes having value, so samples are arranged into one of the branches based on its feature's value. The node comprises two child nodes for numerical features, and the evaluation comprises of comparing the attributes to a cutoff. At each tree node, the Logit Boost technique is employed to generate a regression approach [11]. The subgroups reached at reduced ranks of the tree get increasingly smaller; it may be advantageous to develop a linear logistic model rather than recursively executing the tree-growing algorithm at a certain point. There is significant proof that creating trees for relatively small sets of data is rarely a wise decision; instead, simplified methods (such as logistic regression) are preferable [12]. Pruning is an important aspect of the LMT procedure for simple decision trees. In LMT, a single leaf (a tree trimmed back to its roots) also can result in good prediction results that are uncommon in simple decision trees [13]. The LMT approach creates a single tree with binary divides on numeric features, multiway divides on categorical attributes, and logistic regression models at the leaves, with just significant parameters incorporated in the latter. The resulting classifier seems to be more visible than an aggregate of classifier or Kernel-based estimators, although not as easily understandable as a regular tree structure.

5. J48

J48 graft is a more advanced variant of J48 that considers grafting extra branches onto the tree after it has been processed. The graft technique attempts to combine the strengths of ensemble methods such as bagged and boosted trees with an unified easily understandable form. It looks for regions of the data space which are empty or even only include miscategorized samples, but then analyses alternatives classifications via looking at various testing that might be selected at nodes just above leaf holding the customized area [14]. J48 can assist in not just making accurate predictions from data but also

explaining its patterns. It addresses issues such as numeric attributes, missing values, and pruning, predicting error rates, decision tree induction complexity, and creating rules from trees. The J48 technique is among the best machine learning algorithms for categorization and constantly evaluating data. It consumes additional storage and slows down the diagnosis and classification data when used, for instance. Therefore, J48 classifier is chosen for the proposed work.

6. Proposed Method

Neural network architecture and execution were used to simulate the human brain. Neural networks are typically used for quantization, approximation, data clustering, pattern recognition, optimization functions, and classification techniques. The neural network's interconnections divide it into different forms. Neural networks are categorized into three parts: feedback, feed forward, and recurrent. There are two kinds of Feed Forward Neural Networks: single layer and multilayered. In a single-layer network, the hidden layer is hidden from view. However, it merely has an input and output layer. The input, hidden, and output layers of the multilayer, on either side, are composed of three layers. A closed-loop system constantly remind system is the recurrent network. A typical neural network does not allow for image scaling. The picture is scaled (that really, this could shift from the 3-dimensional input matrix to a 3D output produced) with such a CNN model, on the other hand (length, width, and height). The CNN is made up of input, convolution, Rectified Linear Unit (ReLU), pooling, and fully connected layers. In the convolution layer, the supplied input picture has been split into tiny portions. The ReLU layer activates each element individually. It is not necessary to use the pooling layer. On either hand, the pooling layer is primarily used for down sampling. During the last layer (i.e. completely linked layer), the category rating or labeling rating value is computed based on the probability among 0 and 1.

A schematic of a CNN-based brain tumour categorization method is illustrated in Fig. 1. The CNN-based brain tumour classification has completed its train and test stage. The photos were divided into a wide range of categories employing terminology including such tumour and non-tumor imaging studies, and etc. Mostly in training stage, preprocessing, feature extraction, and classification with the Loss function were done to generate a prediction system. Then, identify the train photograph collection. To change overall file size, image scaling was performed during preprocessing. Lastly, CNN has been used to categorize brain tumours.

6.1 CNN-BASED CLASSIFICATIONALGORITHM

1. At first level, employ a convolutional filtering function.
2. To reduce the sensitivity of the convolution filter, flatten this out (i.e. subsampling).
3. The activation layer regulates the signals that have been passed through one layer towards another.
4. To reduce the time for training were using a Rectified Linear Unit (RELU).
5. Each neuron with in preceding layer is linked to each and every neuron in the layers above it.
6. A loss layer was included at the conclusion of a train to offer feedback to a neural network.

7. Results And Discussion

The main goal of this research is to create an accurate, fast, and easy-to-use automated brain tumour categorization system. Convolution neural networks had used to achieve efficient automatic brain tumor detection in this study. Python is used to carry out the simulation. The accuracy is found to be comparable to certain other cutting-edge methods. The training accuracy, precision, Recall, k- score, F- measure of brain tumour classification is given in Table 1, 2 & 3 respectively. The computing time for J4-8-based tumour and non-tumor detection is lengthy, and the precision is poor. Additional feature extraction techniques are not required for the proposed CNN-based categorization. The feature's value was given by CNN. Figure 2 shows the findings of brain imaging categorization for tumours and non-tumors. As a consequence, the complexity and computation time are reduced while the accuracy remains high.

The reliability of brain tumour categorization is shown in Fig. 3. Finally, the classification results in Tumour brain or Non-tumour brain based on the likelihood score value. A normal brain image has the lowest likelihood score. Tumor brain has the highest likelihood score value when compared to normal and tumour brain. The proposed system includes a convolution neural network-based classifying to increase accuracy and minimize computation time. The findings of the categorization were also marked as tumour or healthy brain pictures. CNN is a deep learning method that uses a succession of feed forward layers to learn. Python was also utilized in the development. An image net dataset is utilized for categorization. It is among the previously training images. As a consequence, only the final layer is taught.

CNN additionally recovers raw image pixels together with extracted features for depth, width, and height. Furthermore, the Gradient descent based loss function is employed to achieve high accuracy. It is estimated the validation accuracy, precision, Recall and F-measure. The accuracy of the training is 93%. In the same way, validity accuracy is high and validation loss is minimal.

Table 1
Detailed efficiency measures of different classifiers using Kaggle Database for binary classification.

| Classifier | TP Rate | FP Rate | Precision | Recall | F-Measure |
|------------|--------------|--------------|--------------|--------------|--------------|
| REP Tree | 0.636 | 0.059 | 0.955 | 0.636 | 0.764 |
| | 0.941 | 0.364 | 0.571 | 0.941 | 0.711 |
| LMT Tree | 0.909 | 0.235 | 0.882 | 0.909 | 0.896 |
| | 0.765 | 0.091 | 0.813 | 0.765 | 0.788 |
| J48 | 0.970 | 0.147 | 0.928 | 0.970 | 0.948 |
| | 0.853 | 0.030 | 0.935 | 0.853 | 0.892 |

Table 2
Weighted average values for each performance measures for binary classification using Kaggle Database.

| Classifier | TP Rate | FP Rate | Precision | Recall | F-Measure |
|------------|--------------|--------------|--------------|--------------|--------------|
| REP Tree | 0.740 | 0.162 | 0.824 | 0.740 | 0.746 |
| LMT Tree | 0.860 | 0.186 | 0.859 | 0.860 | 0.859 |
| J48 | 0.930 | 0.107 | 0.930 | 0.930 | 0.929 |

Table 3. Kappa statistic & validation accuracy of each classifier using Kaggle Database for Binary Classification.

| Classifier | Correctly Classified Instances (%) | Kappa Statistic | Accuracy |
|------------|------------------------------------|-----------------|-----------|
| REP Tree | 74 | 0.4992 | 74 |
| LMT Tree | 86 | 0.6835 | 86 |
| J48 | 93 | 0.8406 | 93 |

8. Conclusion

The algorithm proposed here gives an accuracy of 93% by using J84 Classifier. Out of three classifiers used the J84 Classifier gives the best results in classification of brain tumor. Efficiency of the classifiers was tested on Kaggle database images. The Proposed algorithm can be implemented in VLSI circuits which will be a future work.

Declarations

Conflict of interest

There are no conflicts to declare.

Ethical Compliance

There are no researches conducted on animals or humans.

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Figures

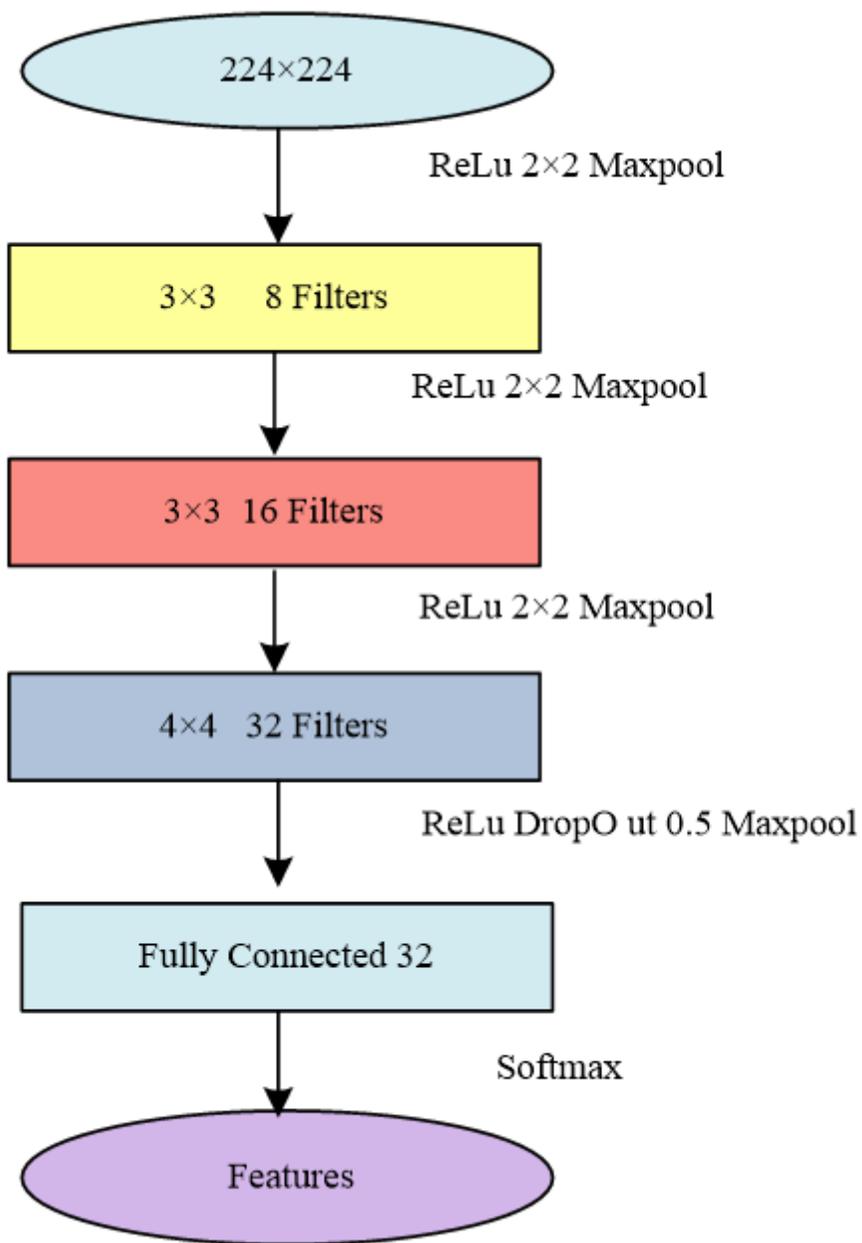


Figure 1

Proposed CNN based classification model

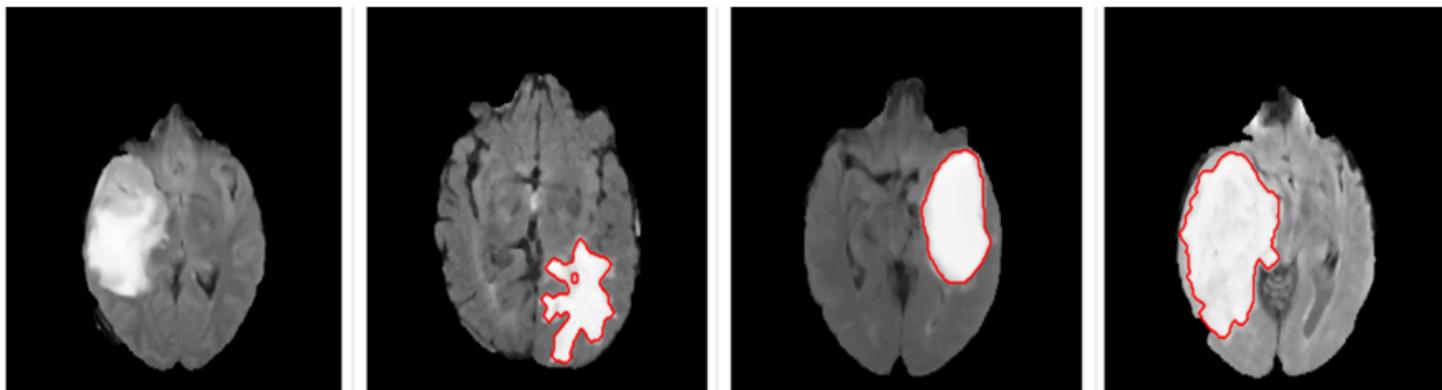


Figure 2

Tumour and non-tumour images of brain.