



BRAIN TUMOUR IDENTIFICATION USING VGG-16

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Abstract: Now a day's Brain tumour is second leading reason behind cancer. because of cancer massive no of patients are in danger. The medical area wants quick, automated, economical and reliable technique to notice tumor like {brain neoplasm|braintumour|tumor|tumour|neoplasm}. Detection plays vital role in treatment. If correct detection of neoplasm is feasible then doctors keep a patient out of danger. numerous image process techniques are employed in this application. mistreatment this application doctors offer correct treatment and save variety of neoplasm patients. A neoplasm is nothing however excess cells growing in associate uncontrolled manner. {brain neoplasm|brain tumour|tumor|tumour|neoplasm} cells grow in an exceedingly method that they eventually take up all the nutrients meant for the healthy cells and tissues, which ends in brain failure. Currently, doctors find the position and therefore the space of neoplasm by gazing the MRI pictures of brain of the patient manually. This leads to inaccurate detection of the neoplasm and is considered terribly time intense. A neoplasm may be a mass of tissue it grows out of management. We can use a Deep Learning architectures CNN (Convolution Neural Network) usually refers to as NN (Neural Network) and VGG 16(Very Deep Convolutional Networks) Transfer learning for notice the brain tumor. The performance of model is predict image neoplasm is gift or not in image. If the neoplasm is gift it come affirmative otherwise come.

Key Word: Brain tumor, Deep Learning, diagnosis, pathological analysis, MRI medical image.

I. INTRODUCTION

Our Body is created of several organs and brain is that the most important and organ of all. one among the common reasons for disfunction of brain is neoplasm. A tumor is nothing however excess cells growing in associate degree uncontrolled manner. neoplasm cells grow in a way that they eventually take up all the nutrients meant for the healthy cells and tissues, which results in brain failure. Currently, doctors find the position and also the space of the brain tumor by staring at the MRI pictures of brain in the patient manually. This leads to inaccurate detection of this neoplasm and is taken into account terribly time intense. A Brain Cancer is incredibly vital malady that causes deaths of the many people. The brain tumor detection and organisation is out there so it may be diagnosed at early stages. Cancer classification is that the most difficult tasks in clinical diagnosing. This project deals with such a system, that uses laptop, based mostly procedures to notice tumor blocks and classify the sort of neoplasm victimization Convolutional Neural Network Algorithm for magnetic resonance imaging pictures of various patients. Different types of image process techniques like image segmentation, image enhancement and have extraction ar used for the neoplasm detection within the magnetic resonance imaging , images of the cancer-affected patients. Detecting neoplasm victimization Image process techniques its involves the four stages is Image Pre-Processing, Image segmentation, Feature Extraction, and Classification. Image process and neural network techniques are used for improve the performance of detecting and classifying neoplasm in magnetic resonance imaging pictures.

II. OVERVIEW OF BRAIN AND BRAIN TUMOR

The brain tumour|neoplasm are classified into 2 types: Primary brain tumor (benign tumor) and secondary brain tumour (malignant tumor). The nonmalignant tumour is one variety of cell grows slowly within the brain and kind of tumour is gliomas. It originates from non neuronal brain cells referred to as astrocytes. primarily primary tumors ar less aggressive however these tumors have abundant pressure on the brain and since of that, brain stops operating properly. The secondary tumors ar a lot of aggressive and a lot of fast to unfold into other tissue. Secondary tumour originates through different a part of the body. These type of growth have a neoplastic cell within the body that's pathological process that unfold into completely different areas of the body like brain, lungs etc. Secondary tumour is incredibly malignant. the rationale of secondary tumour cause is principally because of lungs cancer, excretory organ cancer, bladder cancer etc.

III. MAGNETIC RESONANCE IMAGING (MRI)

Raymond v. Damadian unreal discovered magnetic image in 1969. In 1977 the primary MRI image were unreal for flesh and also the most excellent technique. due to MRI we tend to are able to visualize the main points of internal structure of brain and from that square measure able to observe the different forms of tissues of flesh. MRI pictures have a much better quality are compared to different medical imaging techniques like X-ray and pc imaging..MRI is nice technique for knowing the brain tumour in flesh. There square measure completely different images of MRI for mapping neoplasm elicited modification together with T1 weighted, T2 weighted and aptitude (Fluid attenuated inversion recovery)

IV.PROBLEM IDENTIFICATION

In the 1st stage, there's a primarily based procedures to sight growth blocks and classify the kind of growth victimization the Artificial Neural Network algorithmic program for magnetic resonance imaging pictures of different patients. The second stage involves the employment of various image process techniques like histogram effort, image segmentation, image sweetening, morphological operations and have extraction ar used for tumor detection within the magnetic resonance imaging images for the cancer-affected patients. This work is introduced one automatic tumor detection methodology to extend the accuracy and reduce the diagnosing time.

- Image Preprocessing: As input for this method is magnetic resonance imaging, scanned image and it contain noise. Therefore, our 1st aim is to get rid of noise from input image. As explained in system flow we have a tendency to ar victimization high pass filter for noise removal and preprocessing.
- Segmentation: Region growing is that the easy region based image segmentation technique. it's conjointly classified as a constituent primarily based image segmentation technique since it is involve the choice of initial seed points.
- Morphological operation: The morphological operation is employed for the extraction of boundary areas of the brain pictures. This operation is barely rearranging the relative order of constituent price, not mathematical price, therefore it's appropriate for under binary pictures.Dilation and erosion is basic operation of morphology. Dilation is add pixels to the boundary region of the thing, whereas erosion is take away the pixels from the boundary region of the objects.
- Feature Extraction: The feature extraction is employed for edge detection of the photographs.It is the method of aggregation higher level info of image like form, texture, color, and distinction.Connected element labeling: once recognizing connected parts of associate image, each set of connected pixels having same gray-level values ar allotted the same distinctive region label.
- Growth Identification: during this part, we have a tendency to ar having dataset antecedently collected brain MRIs from that we have a tendency to ar extracting options. content is formed for comparison.

V. METHODOLOGY

Transfer learning could be a knowledge- sharing technique that reduces the scale of the coaching data, the time and also the machine prices once building deep learning models. Transfer learning helps to transfer the educational of a pre-trained model to a brand new model. Transfer learning has been employed in varied applications, like growth classification, package defect prediction, activity recognition and sentiment classification. In this, the performance of the proposed Deep CNN model has been compared with widespread transfer learning approach VGG16.

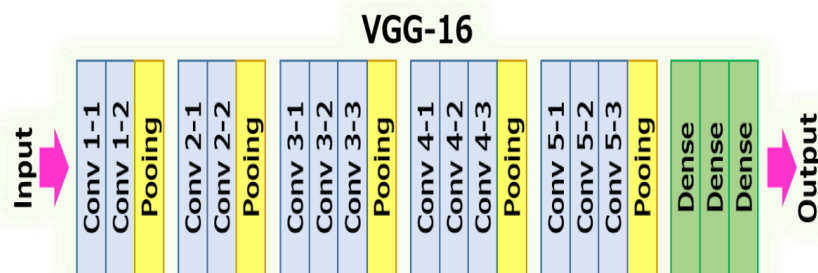
VGG16 could be a convolutional neural network. The input of the one convolution layer is of mounted size 224 x 224 RGB image. The image is tried and true a stack of convolutional layers, where the filters square measure used with a awfully tiny receptive field 3x3 (which is that the smallest size to capture the notion of left/right, up/down, center). within the configurations, it's conjointly utilizes 1x1 convolution filters, and it will be seen as a linear transformation of the input channels. The convolution stride is mounted to one element, and therefore the spacial artefact of convolution. Input layer is that the spatial resolution is preserved when convolution, i.e. the artefact is 1-pixel for 3x3 convolution layers. spacial pooling is dole out by 5 max-pooling layers, that follow the some convolution layers (not all the conv. layers square measure followed by max-pooling). Maxpooling is performed over 2x2 element window, with stride a pair of. Three Fully-Connected (FC) layers square measure follow a stack of convolutional layers that features a different depth completely different in several in numerous architectures and therefore the 1st 2 have 4096 channels every, the third performs one thousand-way ILSVRC categoryification and it contains 1000 channels one for every class.

The final layer is that the soft-max layer. The configuration of the absolutely connected layers is same in each network. All hidden layers square measure equipped with the rectification (ReLU) nonlinearity. it's conjointly noted that none of the networks (except for one) contain native Response social control (LRN), such normalization doesn't improve the performance on the ILSVRC dataset, however results in increased memory consumption and computation time.

TABLE I. COMPARISON CNN ACCURACY WITH VGG16 ACCURACY

epochs	ACCURACY	
	CNN	VGG16
30	67.4698%	76.8549%
50	69.8795%	81.9277%
70	72.69879%	85.5421%

Fig. 1. Working Model of VGG-16



VI.CONCLUSION

In brain tumour detection we've got studied regarding feature based mostly existing work. In feature based mostly ,we have study regarding image process techniques likes image pre-processing, image segmentation, options extraction, classification. And conjointly study regarding deep learning techniques CNN and VGG16.In this system we've got find the tumour is gift or not if the tumour is gift then model come back's affirmative otherwise it return no. and that we have compared CNN with the VGG 16 Model. The results of comparison VGG 16 is additional correct than CNN. However, not each task is alleged to be good during this development field even additional improvement could also be doable during this application. I even have learned such a lot of things and gained a lot of information regarding development field.

References

1. L. Guo,L. Zhao,Y. Wu,Y. Li,G. Xu,and Q. Yan, "Tumordetection in MR images using one class immune feature weighted SVMs," *IEEE Transactions on Magnetics*, vol. 47, no. 10, pp. 3849–3852,2011.
2. R. Kumari, "SVMclassificationanapproachondetectingabnormalityinbrainMRIimages," *International Journal of Engineering Research and Applications*, vol. 3, pp. 1686–1690, 2013.
3. *DICOM Samples Image Sets*, <http://www.osirix-viewer.com/>.
4. "Brainweb: Simulated Brain Database" <http://brainweb.bic.mni.mcgill.ca/cgi/brainweb1>. For papers published in translation journals, please give the English citation first, followed by the original foreign-language citation .
5. *Brain, Other CNS and Intracranial Tumours Statistics*. Accessed: May 2019.
6. Bogowicz et al.M, "Post-radiochemotherapy PET radiomics in head and neck cancer—The influence of radiomics implementation on the reproducibility of local control tumor models" *Radiotherapy Oncol.*, vol. 125, no. 3, pp. 385–391, 2017.
7. Chang S.G, Bin Yu, Vetterli. Met et al., "Adaptive wavelet thresholding for image denoising and compression " *Proc. IEEE*, vol. 9, Sep. 2000.
8. Chen Yu; Chen Dian-ren; Li Yang; Chen Lei et al., "Otsu's thresholding method based on gray level-gradient two-dimensional histogram" 2010.
9. Nilesh Bhaskarrao Bahadure, A.K. (2017, March 6). Retrieved from <https://www.hindawi.com/journals/ijbi/2017/9749108/>.
10. S. Mohsin, S. Sajjad, Z. Malik, and A. H. Abdullah, "Efficient way of skull stripping in MRI to detect brain tumor by applying morphological operations, after detection of false background," *International Journal of Information and Education Technology*, vol. 2, no. 4, pp. 335–337, 2012.
11. Gavale, P. M., Aher, P. V., & Wani, D. V. (2017, April 4). Retrieved from <https://www.irjet.net/archives/V4/i4/IRJET-V4I462.pdf>.
12. N. Gordillo, E. Montseny, and P. Sobrevilla, "State of the art survey on MRI brain tumor segmentation," *Magnetic Resonance Imaging*, vol. 31, no. 8, pp. 1426–1438, 2013.
13. Samantaray, M. (2016, November 3). Retrieved from <http://ieeexplore.ieee.org/document/7727089/>
14. Nandi, A. (2016, April 11) Retrieved from <http://ieeexplore.ieee.org/document/7449892/>
15. C. C. Benson and V. L. Lajish, "Morphology based enhancement and skull stripping of MRI brain images," in *Proceedings of the international Conference on Intelligent Computing Applications (ICICA '14)*, pp. 254–257, Tamilnadu, India, March 2014.