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# Mammography scans for Breast Cancer Detection using CNN

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## ABSTRACT

This study suggests the collection of studies with state-of-the-art technologies to improve breast cancer screening techniques. With appreciable potential for improvements, one study introduces a non-invasive thermography screening method with convolutional neural networks (CNNs) to classify breast graphical records into normal and pathological categories. Another presents an ensemble-based machine learning system with 98.83% accuracy in the automatic diagnosis and prognostication of mammary cancer, highlighting importance of early observation in research and medical settings. Translation invariance are achieved by a fresh approach to deep NN design that combines a group CNN with a special Euclidean motion group and discrete cosine transform (DCT). This network architecture exhibits high computational performance and inference generalization with a noteworthy 94.84% accuracy on mammography images. Finally, a "two-view classifier" for mammary cancer diagnosis is introduced using a deep learning approach. It makes use of Efficient Net and achieves an AUC of 0.9344, displaying excellent performance and offering a useful tool for scientific community.

**Keywords :** Breast Cancer, Convolutional Neural Network, Early Detection, Cancer Diagnoses, Mammogram Analysis

#### I. INTRODUCTION

Mammary cancer is the second most common cause of cancer- related deaths worldwide, which emphasizes how important early identification is. This study examines mammary cancer screening, with a particular emphasison deep learning (DL) and non-invasive methods like thermography. Although deep learning has advanced mammary cancer observation significantly, this work explores the under-utilized potential of deep NN in non-invasive thermal imaging. It offers an analysis, explores the possibilities of breast thermography, and suggests future lines of inquiry to better the precision and speed of training of CNNthermal imaging systems for the observation of mammary cancer. The goal is to close current gaps and further trustworthy non-invasive methods for early observation of mammary cancer.

For increased survival rates in the sector of mammary cancer, a serious worldwide health concern, early detection is essential. Even with advances in computer vision, manual interpretation of mammography pictures is still challenging because of overwhelming volume. This study addresses the issue of accurately classifying breast cancer, highlighting how crucial it is to differentiate between malignant tumors. The

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research provides an ensemble of machine learningbased strategies for mammary cancer observation and prognosis by examining several machines learning algorithms and focusing on artificial neural network (ANN) methods within deep learning (DL) and standard machine learning techniques. It offers a performance comparison and assesses several sample techniques to address class imbalance, proving the methods by current techniques and providing insightful information for efficient breast cancer detection.

This work expands on a strategy suggested by Shen et al., using convolutional neural networks (CNNs), in response to the growing demand for mammography analysis brought on by broad screening program adherence. More current models, such as Efficient Net, have been incorporated, and a third transfer learning step has been added to take bilateral mammography The views into account. enhanced method outperforms earlier models and reports the greatest AUC for this breast cancer diagnosis problem, achieving an astounding AUC of 0.9344 in 5-fold crossvalidation using the CBIS-DDSM dataset. The

work highlights deep learning approaches and provides notable advances in AI-based mammography categorization.

In this research highlights mainly early diagnosis of mammary cancer and presents the DeepLearning assisted Efficient Adaboost Algorithm (DLA-EABA). The suggested technique uses boosting to create an ensemble classifier that accurately detects different breast tumor metastases.

This study of regression neural network using convolutional method to investigate study of deep learning in mammary image quality assessment, with a focus on virtual mammography. Gradient analysis was utilized to examine the behavior of a CNN that was trained to simulate contrast-detail curves without requiring significant pre-processing. The study assesses its effectiveness using independent test images of the CDMAM phantom, provides a thorough comparison with the reference technique outlined in the EUREF Guideline, and ends with observations and conclusions.

## **II. TERMINOLOGIES**

### **Convolutional Neural Network:**

One kind of deeplearning for evaluating grid-like data, such photos and movies, is neural network using convolutional method (CNN). They are modeled after the structure of the human brain's visual cortex, a hierarchical structure that collects features at various sizes from visual input.

On a range of tasks, like thing identification, image segmentation, and image classification, CNNs can attain cutting-edge performance. Additionally, they are being utilized more and more for tasks related to natural language processing, like text summarization and sentiment analysis.



**Figure 1.** Convolutional Neural Network Characteristics of CNNs:

Shared weights: Since CNNs employ shared weights, several regions of the input image receive the same weights. It is shown as, the network has fewer parameters and is less likely to overfit.

Convolutional layers: Convolutional layers are used by CNNs to extract information from input images. Convolutional layers create a feature map by applying a filter to the input image. Sliding the input image is a tiny matrix of weights that provides filter.

Pooling layers: CNNs employ pooling layers to lower the feature maps' dimensionality. Pooling layers reduce outcome by applying a pooling function to the input. Crucial information is preserved while the pooling function usually reduces the spatial area of by a factor of two.

#### Application of CNNs:

Neural Image classification: networks using Convolutional method have become a potent tool for cancer observation through mammary image classification, providing improved objectivity and accuracy in detecting worrisome anomalies in mammograms and other mammography scans. CNNs are excellent identifying and deciphering complex patterns in pictures, which makes them a good choice for spotting minute indications of mammographic tumor.

Image segmentation: The process of splitting an image into various regions or segments is called as image segmentation, and CNNs are utilized for this purpose. CNNs, for instance, represented to separate distinct tissue types in a picture obtained from a medical scan. Neural networks using convolutional methods (CNNs) were an important tool of scans segregation in breast imaging modality like mammograms, as they precisely define the boundaries of worrisome regions. This helps identify breast cancer. Radiologists can concentrate on particular regions of concern this segmentation process, which improves their ability to spot tiny anomalies that might be signs of mammary cancer.

Natural Language Processing (NLP): The study of how computers and human language interact represented as natural language processing (NLP). It opens up possibilities for applications such as text summarization, speech recognition,

and machine translation by enabling machines to comprehend, interpret, and produce human language. Through the extraction and analysis of data from clinical texts, including patient records, pathology reports, and progress notes, Natural Language Processing (NLP) employing CNNs can significantly contribute to represent mammary cancer. NLP algorithms are able to provide information about patient history, risk factors, and the course of the disease by locating pertinent keywords, phrases, and relationships between entities. Decisions regarding individualized treatment regimens can be made using this information to support clinical data.



Figure 2. Natural Language Processing

Though the process is starting stage, the usage of NLP and CNNs to decide mammary cancer has the potential to completely transform how we identify and treat this illness. These technique will help physician make wellinformed judgments and may result in earlier diagnosis, better treatment outcomes, and lower death rates by offering insightful information from clinical textdata.



Figure 3. Working of NLP

#### III.METHODOLOGY

Developing a methodology for mammography cancer detection using Convolutional Neural Networks (CNNs) involves several key steps, from data preparation to model evaluation. Here is a detailed methodology outline:

#### Data Collection

Dataset Acquisition: Obtain a large dataset of mammogram images. Commonly used datasets include the Digital Database for Screening Mammography (DDSM) and the INbreast dataset.

Annotation: Ensure that the dataset includes wellannotated labels indicating the presence or absence of



cancerous lesions, as well as any other relevant information such as lesion type and location.

## Data Preprocessing

Image Preprocessing: Convert images to a uniform format (e.g., resolution, grayscale) to ensure consistency.

Normalization: Normalize pixel values to a standard range (e.g., 0-1 or -1 to 1) to facilitate better learning by the CNN. Augmentation: Apply data augmentation techniques (e.g., rotation, flipping, zooming) to artificially increase the size of the training dataset and improve model robustness.

# Model Design

Architecture Selection: Choose an appropriate CNN architecture. Popular architectures include VGG, ResNet, and Inception. For mammography, custom architectures specifically designed for medical imaging might also be considered.

Transfer Learning: Consider using pre-trained models on large datasets (e.g., ImageNet) and fine-tuning them on the mammogram dataset to leverage learned features and accelerate training.

# Training

Train-Test Split: Split the dataset into training, validation, and test sets, typically in the ratio of 70-20-10 or 80-10-10.

Loss Function: Select an appropriate loss function, such as binary cross-entropy for binary classification (cancerous vs. non- cancerous).

Optimizer: Choose an optimization algorithm (e.g., Adam, SGD) and set appropriate learning rates and other hyperparameters.

Training Procedure: Train the CNN on the training set while monitoring performance on the validation set to avoid overfitting. Implement early stopping if necessary.

## Evaluation

Metrics: Use evaluation metrics such as accuracy, precision, recall, F1-score, and area under the ROC curve (AUC) to assess the model's performance.

Confusion Matrix: Analyze the confusion matrix to understand the types of errors the model is making (e.g., false positives, false negatives).

# Post-Processing

Threshold Adjustment: Optimize the classification threshold based on validation set performance to balance sensitivity and specificity.

Ensemble Methods: Consider combining multiple models to create an ensemble that may improve detection performance.

## Validation

Cross-Validation: Perform k-fold cross-validation to ensure the model's robustness and generalizability across different subsets of the dataset.

External Validation: Validate the model on external datasets not used during training to assess its generalizability to unseen data.

# Deployment

Model Integration: Integrate the trained model into a clinical workflow or a software application for real-time mammogram analysis.

User Interface: Develop a user-friendly interface for radiologists to interact with the model's predictions.

Monitoring: Continuously monitor the model's performance in the clinical setting and update it as more data becomes available.

# **Reporting and Documentation**

Documentation: Document the entire methodology, including data sources, preprocessing steps, model architecture, training procedures, and evaluation metrics.

Reporting: Publish findings in scientific journals or conferences to contribute to the academic community and potentially improve future methodologies.

# **IV.SYSTEM ARCHITECTURE**

A conceptual model that defines the structure and behavior of a system for breast-cancer detection project in detail would typically involve several components. Here is a possible conceptual model:

Data acquisition: Collect mammogram images from various sources, such as hospitals, clinics, and research institutions. Ensure that the images are of high quality



and are labeled with relevant metadata, such as patient age, breast density, and lesion type.

Preprocessing: Preprocess the mammogram images to remove noise, enhance contrast, and normalize the intensity values. This could involve techniques such as histogram equalization, contrast stretching, and filtering.

Feature extraction: Extract features from the mammogram images that are relevant for breast-cancer detection. This could involve techniques such as texture analysis, shape analysis, and edge detection.

Classification: Use machine learning algorithms to classify the mammogram images as either benign or malignant. This could involve techniques such as support vector machines (SVM), artificial neural networks (ANN), and decision trees.

Validation: Validate the performance of the breastcancer detection system using various metrics, such as sensitivity, specificity, accuracy, and area under the curve (AUC).

Deployment: Deploy the breast-cancer detection system in a clinical setting, such as a hospital or clinic. Ensure that the system is user-friendly, reliable, and secure.



# V. IMPLEMENTATION

Globally, mammary cancer is the most frequent cancer to affect women. In order to treat results so that survival rates can be increased. The main method of screening for mammary cancer is mammography, yet there is a risk of false positives and false negatives. Convolutional neural networks (CNNs) have surfaced as a ability implict method for increasing accuracy with breast cancer detection.

The proposed system for mammary cancer observation using CNNs has main phases of: data preprocessing, model training, and model evaluation.

#### Phase 1: Data Preprocessing

The following actions are bit of the data preprocessing stage:

Image Collection: Gather a sizable collection of mammograms along with the associated ground truth classifications (normal or abnormal).

Image Preprocessing: Standardize the format, size, and intensity levels of the mammograms through preprocessing. Pixel values may need to be adjusted for cropping, resizing, and normalization.

Data augmentation: Expand and diversify the dataset by adding more elements to it. This can be expert by applying methods to the mammograms, such as flipping, rotating, and adding noise.

Phase Two: Model Training

The following actions will involve in model training stage:

CNN Architecture Design: Is created a CNN architecture with fully connected, pooling, and convolutional layers. The architecture needs to be customized for the unique purpose of observation mammary cancer.

Model Training: Use the preprocessed and enhanced dataset to set the CNN model. Optimizing the model'sweights to reduce prediction error is part with preparation.

Hyperparameter tuning: To have the best results, adjust the CNN model's hyperparameters, which include number of layers, filter sizes, and learning rate. Phase Three: Model Evaluation

The following actions are bit of the model evaluation stage:

Test Dataset: To determine the generalizability of the trained CNN model, analyze it on a different test dataset.



Performancemeasures:Determineperformancemeasuresto assess how good the modeldifferentiatebetweennormalandmammograms, suchas accuracy, sensitivity, andspecificity.

Model Interpretation: Examine how the model makes decisions in bit of understand the characteristics that influence its predictions.

## VI.CONCLUSION

By examining mammograms, convolutional neural networks (CNNs) have shown an ideology potential in assurance with mammary improving cancer identification. CNNs are particularly good at identifying complex patterns and features from images, which helps them spot minute irregularities that might be signs of breast cancer. There is great potential for enhancing early detection through the integration of CNN-based systems into clinical workflows, which could result in better patient outcomes and lower death rates. This system comes in clinical practice further refined, research and development can be continued for the further updation.

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