Different Approaches of ANN for Detection of Cancer

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Abstract: Lung cancer is a very serious disease in current time. If cancer is detect its early stage, and then survival rate of patient is increase. Here a system is designed for detecting lung cancer in early stage .this system is consist of two major phases first is digital image processing techniques for enhance the quality and appearance of the image and the second one is apply neural network techniques for classifications of cancer. The system works as. First image is enhanced using image enhancement techniques, then suspected region for tumor part is detected using various region growing algorithms, when the suspected region is detected then based on that region 25 features is calculated using GLCM. Then classify them using back propagation and radial bias neural network approaches. Comparison of both the Ann techniques for classification radial bias gives better accuracy.

Index Terms: About four key words or phrases in alphabetical order, separated by commas.

I. INTRODUCTION

Digital image processing is a very good technique to just for prediction of tumor part.it consists of many operations and function by which image clarity is good and further operation on images will effective. Neural network architecture is having decision capability same as human brain and that is same as nervous system .larger number of neurons highly interconnected to perform a task. Tasks are depends upon classification and estimitons.to create a system using with Ann have some mathematical model and programming concepts. This study motivates us to find early stages tumor to increases survival rate of patient. This CAD system is efficient because it take minimum time to detect weather the patient has cancer or not. This paper presents a system for find the suspected reign for lung cancer using CT images. Image processing and ANN algorithms are used for this purpose. Mainly two ANN approaches are used. BPNN and Radial Bias Function NN. This method is further applied for different cancer detection. in this methods gray level image is used but in future color images be considered.

II. LITRATURE REVIEW

Cinar Murat et al (2009) study for design a classifier of early diagnosis of cancer without biopsy. There are 300 samples were collected. Various feature are (weight, height, age, volume, density, pulse and gleason score) calculated. For classification following classifier was used: SCG, Broyden-Fletcher Glodfarb Shannon and Levenberg Marquardt training algorithms for neural network works and linear, polynomial and Radial Based Kernel method of SVM. The proposed system gives best performance with radial basis kernel function with 79% accuracy.

Abinav Vishwa (2011) proposed a two classification method algorithm for detection of lung cancer that is FFNN and BPN. In this methodology is form of 0 and 1, if the patient has cancer then input is taken 1 otherwise 0.transfer function is sigmoid.

TAN Shanjun et al (2012) proposed a CAD system by using an ANN combine with tumor markers with some clinic methods. A total of 140 samples are obtained. Neural network with BP algorithms were performed. The model was developed by NN was implemented by sigmoidal method. The 5 tumor values were then used as ANN input data. Throughput of ANN and detrimental analysis among all samples of the test group was 95.5 % and 73.3%, respectively. ANN is a better choice than the traditional method for differentiating hepatic carcinoma.

Vijay Gajdhane and Deshpandey (2014) proposed CAD system for detection of lung cancer containing some image enhancement approaches. As enhancement and segmentation techniques for classification SVM is used. Three features are extracted, that gives basic idea about size of tumor. The result shows tumor is different dimensions, based on dimension tumor size can be calculated.

III. PROPOSED WORK

A. Data Acquisition: for the analysis of system here i use 500 images. Which i have taken from different source

B. Preprocessing: Median Filter Is Preferred Because It Give Better Result In Sharpening Of Edges, Image Enhancement Techniques Is Using For Enhance The Quality Of Image. After that Segmentation is processed.

C. Extraction of ROI: using region growing algorithms detects the suspected region for tumor from the image.

D. Feature extraction: from the ROI part detect some feature using GLCM approaches. For the purpose of classification. Larger number of features also needs high computations. Analysis of feature and its extraction is highly required sides of machine task.

E. CLASSIFICATION: Two algorithms BP neural network and radial bias NN algorithms were used



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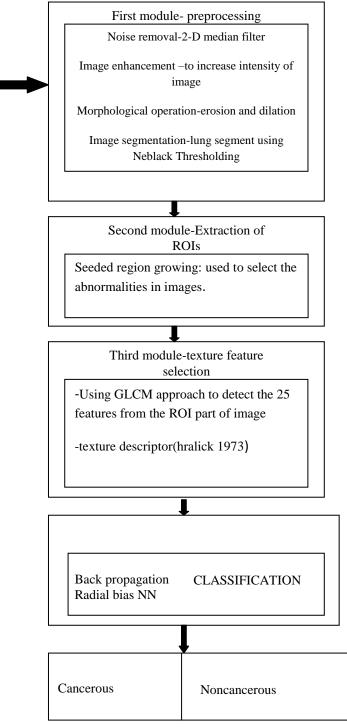


Fig. 1 Proposed work

Table1: Data source

Data source	Cancerous samples	Noncancerous samples	Total database
PGI Chandigarh, India	120	180	300
University of medical	155	45	200
college,Srinagar,UK,INDIA			
Total samples	275	225	500



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GLCM (Gray level covariance Matrix) is used for extract the features. There are some features which calculate as:

S.N	Features calculated	Formulas
1	Area	Total no of white pixals in ROI
2	Standard deviation	$\sigma_x = \sum_i \sum_j (i - \mu_x)^2 \cdot p(i, j)$ $\sigma_y = \sum_i \sum_j (j - \mu_y)^2 \cdot p(i, j)$
3	Auto correlation	$\sum_{i}\sum_{j}(ij)p(i,j)$
4	contrast	$\sum_{i=0}^{N_g-1} n^2 \{\sum_{i=1}^{N_g} \sum_{j=1}^{N_g} p(i,j), i-j = n\}$
5	correlation	$\sum_{i}\sum_{j}\frac{(i,j)p(i,j)-\mu_{x}\mu_{y}}{\sigma_{x}\sigma_{y}}$
6	Correlation: MATLAB	$\frac{\sum_{i,j} \frac{(i-\mu_x)(j-\mu_y)p(i,j)}{\sigma_z \sigma_z}}{\sum_{i,j} \frac{(i-\mu_x)(j-\mu_y)p(i,j)}{\sigma_z \sigma_z}}$
7	Cluster Prominence	$\sum_{i}\sum_{j}(i+j-\mu_{x}-\mu_{y})4p(i,j)$
8	Cluster shade	$\sum_{i}^{1} \sum_{j}^{j} (i+j-\mu_{x}-\mu_{y}) 3 p(i,j)$
9	Dissimilarity	$\sum_{i}^{s} \sum_{j}^{j} i-j p(i,j)$
10	Energy	$\sum_{i}\sum_{j}\left\{p(i,j)^{2}\right\}$
11	Entropy	$\sum_{i}^{j} \sum_{j}^{j} p(i,j) log(p(i,j))$
12	Homogeneity	$\sum_{i}^{j} \sum_{j}^{j} \frac{1}{1 + (i - j)^{2}} p(i, j)$
13	Homogeneity: MATLAB	$\sum_{ij} \frac{p(i,j)}{1+ i-j }$
14	Maximum probability	MAXP(i,j)
15	Sum of squares: variances	$\sum_{i}\sum_{j}(i-\mu)^{2}p(i,j)$
16	Sum average	$\sum_{i=2}^{2N_g} i p_{x+y}(i)$
17	Sum variance	$\frac{\sum_{i=2}^{lp_{x+y}(i)}}{\sum_{i=2}^{2N_g} (i - S_{ent})^2 p_{x+y}(i)}$
18	Sum entropy	$-\sum_{i=2}^{2N_g} p_{x+y}(i) \log\{p_{x+y}(i)\} = S_{ent}$
19	Difference variance	$\sum_{i=0}^{N_g-1} i^2 p_{x-y}(i)$
20	Difference entropy	
21	Information measure of correlation1	$\frac{HXY - HXY1}{max\{HX, HY\}}$
22	Information measure of correlation2	$(1 - exp[-2(HXY2 - HXY)]^{1/2}$
24	Inverse difference normalized (INN)	$\sum \frac{c(i,j)}{1+ i-j }$ where c(I,j) is cooccurance probability between gray level(I and j) define as: $c(i,j) = \frac{p(i,j)}{\sum_{i=1}^{N} p(i,j)}$
25	Inverse difference moment normalized	$c(i,j) = \frac{p(i,j)}{\sum_{i,j=1}^{G} p(i,j)}$ $\sum \frac{c_{ij}}{1+ i-j }$

Table2: Features Calculation



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IV. PERFORMANCE EVOLUTION

These are the factors by which performance is calculated. Table3. Performance Matrices

Performance	Definitions
measure	
TP	Images are cancerous by a
	biopsy, which is also classified
	as cancerous by the system.
TN	Images are noncancerous by a
	biopsy, which is also classified
	as noncancerous by the system.
FP	Images are cancerous by a
	biopsy, which is classified as
	noncancerous by the system.
FN	Images are non-cancerous by a
	biopsy, which is classified as
	cancerous by the system.

V. EXPERIMENTAL RESULT These are the results of system for single image.

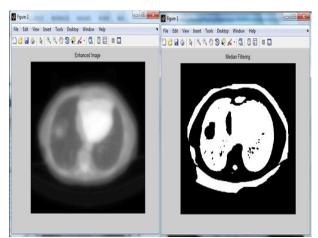


Fig. 2 (a) and (b)

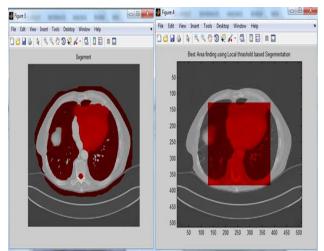


Fig. 2 (c) and (d)

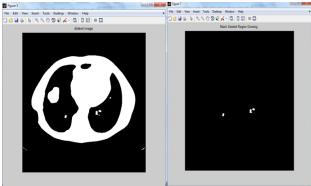


Fig. 2 (e) and (f)

Hidden	Output	Output
20 Algorithms	1	
Data Division: Random (dividera		
Training: Levenberg-Marqua Performance: Mean Squared Erro Calculations: MATLAB	rdt (trainim)	
Progress		
Epoch: 0	176 iterations	1000
Time:	0:00:06	
Performance: 219	2.59e-08	0.00
Gradient: 420	5.97e-05	1.00e-07
Mu: 0.00100	1.00e-08	1.00e+10
Validation Checks: 0	6	6
Plots		
Performance (plotperfor	erro 6 m	
Training State (plottrainst	tatal	
Error Histogram (ploterrhist	0	
Regression (plotregres	sion)	
Plot Interval:		chs
Validation stop.		
vandation stop.		

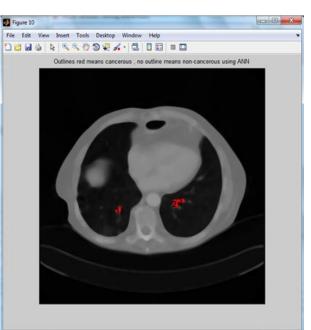


Fig. 2(h) Fig. 2 Results of system for single image (a-h)



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View Insert Tools Desktop Window Help		* E	Ind struct	with 22 fie	lds		
		Fi	eld +		Value	Min	Max
Gradient = 5.9655e-05, at epoch 176			autoc		[1.0028,1.0028]	1.0028	1.0028
<u>, , , , , , , , , , , , , , , , , , , </u>			contr		[5.0551e-04,5.3615e-0	5.0551	5.3615
			comm		(0.7535,0.7385)	0.7385	0.7535
	-		comp		(0.7535,0.7385)	0.7385	0.7535
Martin and a state of the state			cprom		[0.0128,0.0126]	0.0126	0.0128
	1		cshad		(0.0067,0.0066)	0.0066	0.0067
			dissi		[5.0551e-04,5.3615e-0	5.0551	5.3615
Mu = 1e-08, at epoch 176			energ		[0.9974,0.9974]	0.9974	0.9974
			entro		[0.0110,0.0112]	0.0110	0.0112
	20		homom		[0.9997,0.9997]	0.9997	0.9997
	1.0		homop		(0.9997,0.9997]	0.9997	0.9997
	1		maxpr		[0.9987,0.9987]	0.9987	0.9987
	_		sosvh		[0.5651,0.5651]	0.5651	0.5651
			savgh		[2.0021,2.0021]	2.0021	2.0021
			svarh		(3.9693,3.9687)	3.9687	3.9693
Validation Checks = 6, at epoch 176			senth		[0.0107,0.0108]	0.0107	0.0108
			dvarh		(5.0551e-04,5.3615e-0		
	10		denth		[0.0043,0.0046]	0.0043	0.0046
6	1		inflh		[-0.6391,-0.6215]	-0.6391	-0.6215
	1		inf2h		[0.1014,0.1000]	0.1000	0.1014
		to be dead	indnc		[0.9998,0.9998] [0.9999,0.9999]	0.9998	0.9998
0 20 40 60 80 100 120 140 176 Epochs	160					15750	
Command Window							
Region number	Area	Perimeter	Cance	rDetecte	dCentroid	Diameter	
# 1	79.0	30.3	180.3	307.7	10.0		
# 2	116.0	41.8	309.2	294.7	12.2		
7.4							



These are the images details which show test result and accurate results.

Patients1	Diagnosis Results	Classification
Image1	cancerous	Cancerous
Image2	noncancerous	Noncancerous
Image3	cancerous	Cancerous
Image4	noncancerous	Cancerous
Image5	cancerous	Cancerous
Image6	cancerous	Noncancerous
Image7	noncancerous	Noncancerous
Image8	cancerous	Cancerous
Image9	noncancerous	Noncancerous
Image10	cancerous	Noncancerous

Table 5: Comparisons of performance matrices for patient 1(10 images)

Performance matrices	Formulas	BPNN classification	RBNFF	
			classification	
TPs	True cancerous classified	3	6	
TNs	True noncancerous classified	4	2	
FPs	False cancerous identified	1	2	
FNs	False noncancerous identified	2	0	
Accuracy	TP+TN/TP+FP+TN+FP	70%	80%	
Sensitivity	TP/TP+FN	0.60%	100%	
Specificity	TN/TN+FP	0.8%	80%	
Quality	TP/FN+FP+TP	0.50%	100%	
correctness	TP/TP+FP	0.75%	80%	



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Performance matrices	Formulas	Base paper (1)	Base paper (2)	BPNN classification	RBFNN classification
TPs	True cancerous classified	-	34	215	252
TNs	True noncancerous classified	-	24	204	220
FPs	False cancerous identified	-	3	21	5
FNs	False noncancerous identified	-	2	60	23
Accuracy	TP+TN/TP+FP+TN+FP	81.25%	80	83.80%	94%
Sensitivity	TP/TP+FN	82%	81.6	76.19%	91%
Specificity	TN/TN+FP	82.65%	76.9	90.66%	97%
Quality	TP/FN+FP+TP	-	0.62	0.7263%	90%
correctness	TP/TP+FP	-	0.918	0.9110%	98%

Table 6: Comparisons of performance matrices

VI. CONCLUSION AND FUTURE WORK

The experiment is performed on dataset of 70 patients containing 500 Lung cancer CT scan images. The neural network classifier gives accurate diagnosis for detection of lung cancer. The performance matrices for both the algorithms are Accuracy, Sensitivity, Specificity and Correctness. For Back Propagation the matrices values are 84%, 76%, 90% and 91% and for Radial Bias Neural Network are 94%, 91%,97%, and 98% it is clearly shown that radial bias gives better accuracy for lung cancer classification.

Application of this system in future will be the followings:

- MRI or PET scan lung cancer images can be used.
- Features set can be extended.
- To improve accuracy another feature extraction and analysis approaches will be used.

REFERENCES

- 1. Anita chaudhary, Sonit Sukhraj Singh, "Lung Cancer Detection on CT Images by Using Image Processing", International Conference on Computing Sciences,978-0-7695-4817-3/12, © 2012 IEEE.
- Shanjuan TAN, Feifei FENG," Study of Aided Diagnosis of Hepatic Carcinoma Based on Artificial Neural Network Combined with Tumor Marker", 2012 International Conference on Medical Physics and Biomedical Engineering, pp.172-178, @ 2012 Published by Elsevier.
- Jaspinder Kaur, Nidhi Garg, "An automatic CAD system for early 3. detection of lung tumor using back propagation network", International Conference on Medical Imaging, m-Health and Communication (MedCom), Emerging Systems 978-14799-5097-3/14/, ©2014 IEEE.
- Mellisa Pratiwi, Alexandera, Jeklin Harefa, "Mammograms Classification using Gray-level Co-occurrence Matrix and Radial Basis Function Neural Network", ICCSCI 2015, pp.83 - 91, © 2015 Published by Elsevier.
- 5. Bikesh Kumar Singha, Kesari Verma, Adaptive gradient descent backpropagation for classification of breast tumors in ultrasound imaging, International Conference on Information and Communication Technologies(ICICT), pp.1601 - 1609, © 2015 Published by Elsevier.
- Masaood A. Hussain, Tabassum M. Ansari, "Lung Cancer Detection 6. Using Artificial Neural Network & Fuzzy Clustering", International Journal of Advanced Research in Computer and Communication Engineering, Vol. 4, Issue 3, March 2015.
- Caring Ambassadors Lung Cancer Program Literature Review, 7. January 2015.
- 8. American Society of Clinical Oncology. Progress & Timeline. Accessed www.cancerprogress.net/timeline/major-milestones-against-cancer on June 12, 2014.
- 9. Gallant, S. I., "Perceptron-based learning algorithms." IEEE transaction on Neural Networks, vol. 1, no. 2. Pp. 179-1911, 1990.
- W. McCulloch, W.Pitts, "A logical calculus of the Ideas immanent in 10. nervous activity," Bulletin of Mathematical Biophysics, Vol. 5, pp. 115-133, 1943.

- 11. Shiying Hu, Eric A Huffman, and Jospe h M. Reinhardt," Automatic lung segmentation for accurate quantitiation of volumetric X-Ray CT images", IEEE Transactions on Medical Imaging, vol. 20, no. 6 ,pp. 490 -498, June 2001.[20] R. M. Haralick, K. Shanmugam, and I. Dinstein, "Textural Features for Image Classification," IEEE Transactions on Systems, Man, and Cybernetics, vol. 3, no. 6, pp. 610-621, Nov. 1973.
- 12. NehaTripathi and S. P. Panda, "A Review on Textural Features Based Computer Aided Diagnostic System for Mammogram Mass Classification Using GLCM & RBFNN," International Journal of Engineering Trends and Technology (IJETT), vol. 17, no. 9, pp. 462-464, Nov. 2014.
- 13. L. Hadjiiski, B. Sahiner, and H.-P. Chan, "Advances in CAD for Diagnosis of Breast Cancer," Curr Opin Obstet Gynecol, vol. 18, no. 1, pp. 64-70, Feb. 2006.
- 14. American Cancer Society, "Cancer Statistics, 2005", CA: A Cancer Journal for Clinicians. 55: 10-30. 2005. "http://caonline.amcancersoc.org/cgi/content/full/55/1/10"
- 15. Nguyen, H. T., et al "Watersnakes: Energy-Driven Watershed Segmentation", IEEE Transactions on Pattern Analysis and Machine Intelligence, Volume 25, Number 3, pp.330-342, March 2003.
- 16. Haykin S, Network N (2004) A comprehensive foundation. Neural Networks 2.
- 17. Haykin SS (2009) neural networks and learning machines, vol 3. Prentice Hall New York.
- 18. Detterbeck FC, Decker RH, Tanoue L, Lilenbaum RC. Chapter 41: Non-small cell lung cancer. In: DeVita VT, Lawrence TS, Rosenberg SA, eds. DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology. 10th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2015.
- 19. National Cancer Institute. Physician Data Query (PDQ). Non-Small Cell Lung Cancer Treatment. 2015. Accessed at www.cancer.gov/types/lung/hp/non-small-cell-lungtreatment- pdq on November 25, 2015.
- 20. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Non-Small Cell Lung Cancer. V.2.2016. Accessed at www.nccn.org/professionals/physician_gls/PDF/nscl.pdf on November 25, 2015
- 21. American Lung Association. Lung Cancer Screening: Coverage in Health Insurance Plans. Accessed at www.lung.org/assets/documents/lung-cancer/interactiv e library/lungcancer-screening- implementation. Pdf on February 18, 2016.
- 22. National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Lung Cancer Screening. V.1.2016. Accessed at www.nccn.org/professionals/physician_gls/pdf/lung_screening.pdf on February 18, 2016.
- 23. Niranjan Lal, Pratibha Sharma, Manoj Diwakar "Edge Detection using Moore Neighborhood" is published in International Journal of Computer Applications, Foundation of Computer Science (FCS), NY, USA (0975 - 8887) Volume 61- No.3, January 2013 (pp.26-30).



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