

BREAST CANCER PREDICTION USING ULTRASOUND IMAGES

¹Dr. P. V.Kumar, ²Mukkisa Akshitha, ³Mala Thanmai, ⁴A Mahanya

¹Professor, Dept. of Information Technology Anurag University

[¹pvkumarit@anurag.edu.in](mailto:pvkumarit@anurag.edu.in)

^{2,3,4}UG Scholars Dept. of Information Technology Anurag University

[²akshithareddy5929@gmail.com](mailto:akshithareddy5929@gmail.com), [³malachinni2334@gmail.com](mailto:malachinni2334@gmail.com), [⁴mahanya2003@gmail.com](mailto:mahanya2003@gmail.com)

Abstract: Breast Cancer is a huge clinical and social issue that draws consideration from the worldwide academic local area. The characterization of ultrasound pictures of Breast Cancer plays a significant job in PC supported demonstrative frameworks. In this paper, we present a profound learning strategy for the determination of Breast Cancer utilizing ultrasound pictures. The proposed framework use Move Learning, an AI approach that permits the reuse of pre-prepared models for new undertakings. Four pre-prepared models, specifically VGG16, VGG19, MobileNetV2, and ResNet50V2, were considered for building the framework. Our review utilizes a public dataset that contains 9016 ultrasound pictures connected with harmless and threatening bosom diseases. Results demonstrate that the VGG19 network is the most dependable model in ordering bosom malignant growth as harmless or dangerous. The proposed framework showed surprising outcomes, with an exactness rate of 98.44% as acquired from the VGG19 model. This study underscores the capacity of Move Figuring out how to work on the accuracy of bosom growth order in light of Ultrasound Pictures. Also, the high precision accomplished by the proposed framework, as shown by the 98.44% exactness rate got from the VGG19 model, highlights the capability of profound learning procedures in altering clinical imaging and conclusion. With further refinement and approval, such frameworks could act as significant apparatuses for medical services experts, supporting early recognition and exact portrayal of bosom malignant growth, accordingly prompting worked on persistent results and decreased medical services loads. Regardless, it's critical to recognize the requirement for broad clinical approval and administrative endorsement before the broad reception of simulated intelligence based demonstrative frameworks in clinical practice. Joint efforts between mainstream researchers, medical care suppliers, and administrative organizations are fundamental to guarantee the security, adequacy, and moral utilization of such advances in medical services settings

I INTRODUCTION

Cancer is one of the medical and social problems that concern the international scientific community. Breast cancer is the most common cancer worldwide, in 2020, there were 2.3million women diagnosed with breast cancer and 685000 deaths globally. Among the modalities of diagnosis of breast cancer is the ultra sound, Breast Ultrasound imaging(BUS)is dependent on the user physician, and therefore the decision on breast cancer images is Avery

important task that requires well-trained and especially experienced physicians]. To perform classifications of breast tumors, several studies are directed towards the implementation of a Computer-Assisted Diagnostic system(CAD).The efficacy of traditional computer-aided detection systems is contingent on the capability of the features to differentiate between harmless and cancerous tumors. Early detection and diagnosis of breast cancer are critical for successful treatment and improving the patient's prognosis. In recent years, Deep Learning (DL) techniques have been applied to medical imaging to support medical professionals in making informed decisions. One such application is the classification of breast tumors using ultra sound images, which has shown to be a promising approach. Ultrasound imaging has emerged as a preferred modality for the diagnosis of breast cancer, due to its low cost and low radiation levels compared to mammography. However, the accuracy of the diagnose is depends on the expertise of the physician, makingitnecessaryto develop computer-assisted diagnostic systems that can support the physician in making accurate decisions. The mammography modality can be dangerous for women, so we believe it is better to diagnose breast cancer using ultrasound. This research aims to provide an accurate and efficient classification system for breast tumors, which can support medical experts in making informed decisions we proposed a breast tumor classification system that utilizes fourTransferLearning (TL) models. This system is basedonTL,a machine-learning approach that allows us to utilize pre-trained models for a new task without having to start from scratch. Images of breast cancer and divided the dataset into two classes: Benign and Malignant. The purpose of these images is to validate and test our classification system. After choosing the most accurate pre-trained model; we fine-tuned it to improve its performance on the task of breast tumor classification. This involved training the model on the dataset of ultra sound images and adjusting its parameters to optimize its performance. We evaluated the performance of the system using various metrics, such as accuracy, precision and recall.

II LITERATURESURVEY

Throughout the world, the most dangerous cancer for humanity and especially for women is breast cancer. All scientific researchers are focusing on a solution for early diagnosis of breast cancer. Moreover, researchers are interested in artificial intelligence techniques to produce a powerful system to decrease the mortality rate .In the authors of this paper have proposed an approach for the classification of breast cancer ultrasound images. This approach is based on two deep learning techniques (CNN Alex-Net and Transfer Learning), they used a confusion of the two databases with an increase, the NASNet model gives an accuracy of 99% provided it is applied on the whole of the two databases and with a DAGAN augmentation of dataset. In a new classification method was introduced, which combines an unsupervised technique (fuzzy c-means clustering) and a supervised technique (back-propagation artificial neural network) to differentiate between benign and malignant tumors in ultrasound images of breast cancer. The approach resulted in an accuracy of 95.86%. The authors of used a stacked DPN (S-DPN) algorithm to further improve the performance of the original DPN and then the application of S-DPN on ultrasound breast tumor classification, based on texture feature learning stain. they used a small data set. Regarding the experimental results, the S-DPN gives the best performance with a classification accuracy of 92.40%. A study proposed a CAD system for tumor diagnosis. The system is based on a combination of image fusion and various convolution neural network

(CNN) architectures. The CNN method used in the study consists of three networks: VGGNet, ResNet, and DenseNet. The experimental results showed that the proposed CAD system had an accuracy of 94.62%, sensitivity of 92.31%, specificity of 95.60%, precision of 90%, and an F1 score of 91.14%.

III EXISTING SYSTEM

Early Detection:-Despite advancements in screening technologies, not all breast cancers are detected early, leading to delayed diagnosis and poorer outcomes.

False Positives and Negatives: -Screening methods such as mammography can yield false positives, leading to unnecessary biopsies and anxiety, while false negatives can result in missed diagnoses.

Limited Access to Screening:-Disparities in access to healthcare and screening programs contribute to delayed diagnosis and treatment initiation, particularly in underserved populations

Interpretation Variability:-Interpretation of imaging results can vary among radiologists, leading to inconsistencies in diagnosis and treatment recommendations.

Over diagnosis and over treatment: Some cancers detected through screening may be slow-growing or non-life-threatening, leading to unnecessary treatments and their associated risks.

Integration of Multi-Modal Data: Integrating data from various imaging modalities and other patient information for more accurate prediction remains a challenge.

Computational Complexity: Analyzing large volumes of imaging data requires sophisticated computational algorithms and infrastructure, posing challenges in terms of scalability and computational resources

IV OBJECTIVE OF THE PAPER

- Enhanced Prognostication
- Utilization of Ultrasound Imaging
- Risk Stratification
- Machine Learning Techniques
- Validation and Evaluation
- Clinical Implementation

V PROPOSED SYSTEM

Enhanced Sensitivity for Early Detection: - Fine-tune the VGG-16 algorithm to prioritize Features associated with early-stage breast cancer, enabling the model to detect subtle abnormalities in ultrasound images.

Refinement of Predictions to Reduce False Positives and Negatives: - Implement postprocessing techniques to refine model predictions, reducing false positives and negatives by adjusting decision thresholds or incorporating additional clinical information.

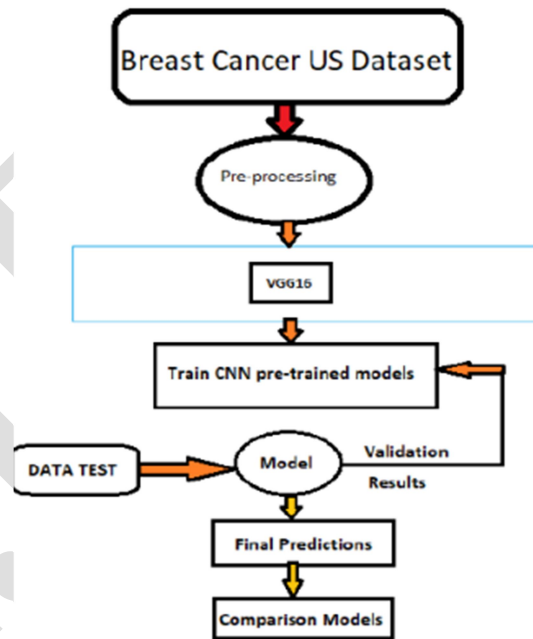
Streamlined Workflow for Improved Access to Screening: - Develop a user-friendly interface for clinicians to upload ultrasound images, receive prompt predictions, and streamline the screening process, improving access to breast cancer detection in various healthcare settings.

Risk Stratification Algorithms to Mitigate Over diagnosis and Overtreatment: - Integrate risk stratification algorithms into the model to differentiate between aggressive and indolent tumors, enabling personalized treatment plans and minimizing unnecessary interventions.

Integration of Multiple Data Modalities for Comprehensive Diagnosis: - Explore methods to integrate ultrasound images with other imaging modalities and patient data to create a comprehensive diagnostic framework, enhancing the accuracy and reliability of breast cancer prediction.

Optimization of Computational Efficiency for Scalability: - Optimize the computational efficiency of the deep learning model by employing techniques such as model pruning.

VI IMPLEMENTATION



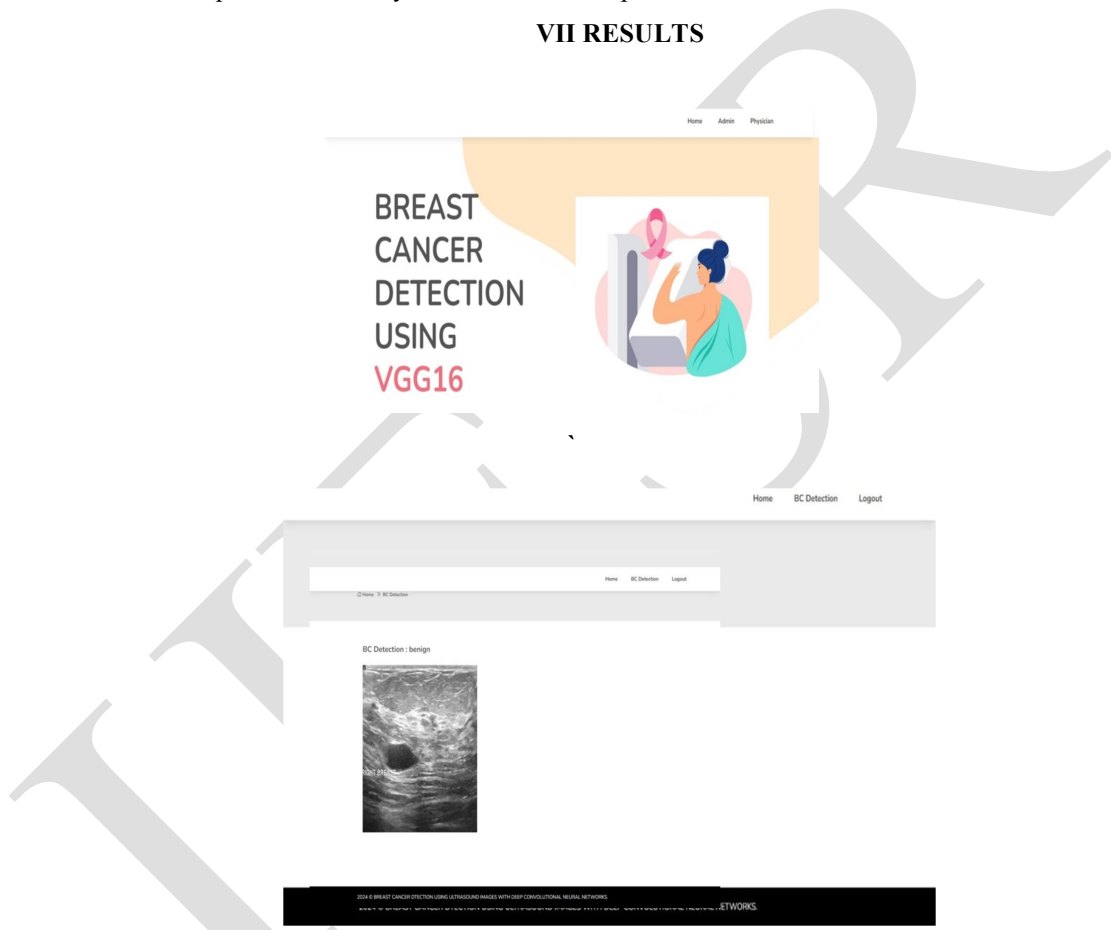
this system model was explained with various stages in the following: Image Acquisition: In this system, we have imported the Breast Cancer using Ultrasound Images dataset from the Kaggle repository <https://www.kaggle.com/datasets/aryashah2k/breastultrasound-image-sdataset/data>). This dataset contains 3500 Normal images and 700 Tuberculosis images. Training CNN model: In this paper, the Tuberculosis dataset was split into 70 per cent training data and 30 per cent testing data for training the CNN model. After image acquisition, the Tuberculosis images are collected from various folders and performed image processing and feature extraction

Algorithm Performance

: Here the trained model will be predicted with the testing dataset and return predicted values. The algorithm accuracy was calculated based on predicted values for every epoch and plotted the line chart graph between accuracy and loss of the training and validations.

Tuberculosis Detection: After the calculation of the algorithm’s performance, the CNN model will be generated. The Chest Breast Cancer using Ultrasound Images will be given as input to the CNN model for. At the Breast Cancer prediction, this system will return the prediction result as Normal or Tuberculosis.

VII RESULTS



Home Admin Physician

Physician

Home > Physician

Login Form

User Name:

Password:

[Register Here](#)

2024 © BREAST CANCER DETECTION USING ULTRASOUND IMAGES WITH DEEP CONVOLUTIONAL NEURAL NETWORKS

Home BC Detection Logout

BREAST CANCER DETECTION USING ULTRASOUND IMAGES

Home > BC Detection

BC Detection

No file chosen

2024 © BREAST CANCER DETECTION USING ULTRASOUND IMAGES WITH DEEP CONVOLUTIONAL NEURAL NETWORKS

Home BC Detection Logout

BREAST CANCER DETECTION USING ULTRASOUND IMAGES

Home > BC Detection

BC Detection : malignant



VIII CONCLUSION

Ultimately, we wanted to develop an ultrasound imaging-based breast cancer classification system. In order to do this, we used a Kaggle database to select four pre-trained TL models, train, and test them. Among the, VGG16 demonstrated remarkable performance, attaining an accuracy of 98.44% and a loss of 4.49%. Our study does, however, have certain limitations. For example, the size of the training and testing database may not accurately reflect the variety of real-world cases. Furthermore, the study excluded patient-specific data and additional imaging modalities, which would

have affected the model's performance.

REFERENCES

- [1] V. Chaurasia, S. Pal, and B. Tiwari, 'Prediction of benign and malignant breast cancer using data mining techniques', *Journal of Algorithms & Computational Technology*, vol. 12, no. 2, pp. 119– 126, Jun. 2018, doi: 10.1177/1748301818756225.
- [2] T. W. Freer and M. J. Ulissey, 'Screening Mammography with Computer-aided Detection: Prospective Study of 12,860 Patients in a Community Breast Center', *Radiology*, vol. 220, no. 3, pp. 781– 786, Sep. 2001, doi: 10.1148/radiol.2203001282.
- [3] M. I. Daoud, S. Abdel-Rahman, T. M. Bdair, M. S. Al-Najar, F. H. Al-Hawari, and R. Alazrai, 'Breast Tumor Classification in Ultrasound Images Using Combined Deep and Handcrafted Features', *Sensors*, vol. 20, no. 23, p. 6838, Nov. 2020, doi: 10.3390/s20236838.
- [4] E. P. C. Giorno et al., 'Point-of-care lung ultrasound imaging in pediatric COVID-19', *Ultrasound J*, vol. 12, no. 1, p. 50, Dec. 2020, doi: 10.1186/s13089-020-00198-z.
- [5] R. Rouhi, M. Jafari, S. Kasaei, and P. Keshavarzian, 'Benign and malignant breast tumors classification based on region growing and CNN segmentation', *Expert Systems with Applications*, vol. 42, no. 3, pp. 990–1002, Feb. 2015, doi: 10.1016/j.eswa.2014.09.020.