

# BRAIN TUMOUR DETECTION USING DEEP LEARNING

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## ABSTRACT

The project titled "Brain Tumor Detection Using Deep Learning" addresses a critical healthcare concern by leveraging advanced machine learning techniques. The "Brain Tumor Detection Using Deep Learning" initiative uses cutting-edge machine learning techniques to address a significant healthcare concern. Early identification is essential for effective treatment of brain tumors, a severe health risk. The goal of this research is to develop a trustworthy and efficient brain tumor detection method. Early detection of brain cancers considerably facilitates early diagnosis and treatment planning. Recently, deep learning techniques have shown promise in the processing of medical pictures. In this study, the ability to identify brain cancers using ResNet50, a deep convolutional neural network (CNN), is examined. The ResNet50 architecture is well renowned for its ability to handle difficult picture categorization tasks. The methodology, dataset, experimental findings, and future directions for brain tumor identification using ResNet50 are covered in this study.

**Keyword :** Deep learning techniques, ResNet50, Medical image analysis, MRI scans, Tumor detection

## I. INTRODUCTION

A relatively significant number of people are diagnosed with secondary brain tumors, a kind of brain tumour whose variations are not known but which are on the rise. With the help of extremely efficient clinical imaging tools, earliest detection is likely to hasten the controlling process and remove tumour at its earliest stages. The difficulty of MRI devices to accurately detect and classify brain tumours is an issue for those who have them, as it may bring physical complications that make them disabled. This study examines the constraints brought on by MRI machines' incapacity to recognize and category cancers. Additionally, depending on the size, location, and kind of a brain tumour, several issues can affect the brain's functionality. Because a tumour may place pressure on the part of the brain that regulates movement, a patient may become immobile. It could also result in hearing or vision loss. The project's importance is highlighted by the significant influence on healthcare it is expected to have. Early and accurate diagnosis of brain tumours can speed up important treatment choices, potentially saving lives and enhancing patient care. Additionally, Deep learning integration into medical imaging has potential to reduce workload of radiologists, healthcare organizations while presenting a more effective and affordable method of diagnosis. This introduction lays the groundwork for an in-depth investigation of how deep learning, in particular ResNet-50, is being applied in the crucial field of brain tumour identification. It emphasizes the importance and promise of this research, which aims to dramatically advance medical diagnostics and, in the end, enhance the quality of life for those with brain tumours.

## II.BACKGROUND

### A. Deep Learning

Deep learning is an artificial intelligence (AI) technique based on training that enables building many compute layers to educate multi-level machine representations of input. Modern technologies were improved by this method, including speech recognition, object identification, and many more fields. Training might take place under or without supervision. In deep learning, the input data is changed into a more ordered and abstract representation at all level.

### B. Pre-Trained Deep Learning Models

Pre-trained DL models are employed to extract image features, providing better accuracy performances than conventional models and enhancing interpretability, understandability, and data.

#### 1) Xception

The deep convolutional neural network architecture that makes up the pre-training model known as Xception. It was created with Google's assistance, uses depth-wise separable convolutions, and is created to explain how CNN's Inception modules work. Images move through the middle flow, which is eight times iterated, the exit flow, and finally the entry flow.

#### 2) Inception-v3

CNN's most popular architectures is Inception v3.. The current research uses it. As a consequence of activation in our research, the Inception v3 stacks up 11 Inception models, each having layers of type pooling, filters that are convolutional with units of type rectified linear. The model gets as input a two-dimensional representation of the brain made up of sixteen flat components that are arranged in a 4-3-4 format according to the preprocessing step. Three 256 by 256 totally linked layers were added to the last concatenation layer. Before the completely connected layers, regularization employs a dropout of 60%.

### C.PROPOSED TRAINING MODULE-Resnet- 50

ResNet-50 was created by aiming with the intention of residual learning, which can be interpreted as the derivation of input properties. ResNet may accomplish this by connecting directly the input of the  $k$ th layer to the  $(k + x)$ th layer using shortcut acquaintances for each pair of the 33 filters. The purpose of intentionally avoiding is to keep the undesirable vanishing gradients away by repeatedly utilizing initiations from the prior layer until the surrounding layers have learned their weights. Weights are adjusted to preserve the preceding layer while also enhancing the adjoining layer during the training of the ANN. ResNet-101 is a modification of 50-layer ResNet model and is a 101-layer residual network.

## III.LITERATURE SURVEY

In a research paper, They segregated brain tissues into normal tissues, such as white matter, grey matter, cerebrospinal fluid (background), and tumor-infected tissues in this work utilizing MR images of the brain. To increase the signal- to-noise ratio and reduce the impact of undesired noise, we employed pre-processing. To increase the effectiveness of skull stripping, we can apply the threshold-based skull stripping algorithm. In the other, The many methods used to identify brain tumors from MRI images are covered in this paper's examination of medical image processing techniques. The Paper, which lists the numerous techniques in use, was written based on that research. There is also a brief explanation of each procedure. Segmentation is the most important of all the numerous phases involved in the process of finding tumors. Pre-processing, image segmentation, feature extraction, and image classification are the four elements that make up this study survey on identifying brain tumors with MRI data. In the other, Tensorflow and Keras are used to implement Convolutional Neural Networks (CNN) because they perform better than conventional techniques. In this study, CNN demonstrated 97.87% accuracy. The goal of the paper is to distinguish between ordinary and aberrant pixels using statistical data and texture. Another paper This paper suggests utilizing image processing to detect brain tumors. The suggested technique aids in the automatic detection of brain tumors. Here, we used mixed approaches. the clustering algorithm K-means and the ML technique Support Vector Machine (SVM). By grouping the spots into clusters, the machine learning method Support Vector Machine (SVM) is then

successfully applied to the features extracted from the image. This system recognizes the anomalies in the brain that the MR image reveals. The method has a smaller learning curve, aids in tumor diagnosis more quickly, and produces reliable findings. Python programming is being used to create the suggested system. The reviewed literature provides examples of a wide range of procedures, including methods for gathering data, preparing it, choosing models, and training algorithms. These methods work together to improve the effectiveness, and precision of brain tumor detection systems.

#### **IV.PROBLEM STATEMENT**

The prompt and accurate brain tumor diagnosis is a critical medical issue with far-reaching effects on patient care and outcomes. Despite improvements in medical imaging, it still takes time and is prone to human error to manually analyze brain MRI data for tumor detection. The growing amount of medical data makes this issue worse, overwhelming healthcare personnel, and possibly resulting in delayed diagnosis and missed chances for early intervention. This process is particularly difficult because brain tumor forms, sizes, and locations vary widely. It's essential to be able to discriminate between benign and malignant tumors, identify tumor boundaries, and offer insightful information for treatment planning. There is an urgent need for creative solutions that may effectively address these complex issues because conventional methods of tumor identification frequently fail to achieve these requirements. Deep learning, a branch of AI, has shown tremendous promise for improving the efficacy and precision of brain tumor diagnosis in this setting. A potential answer is the ResNet-50 architecture, which is recognized for its ability to handle complicated feature representations and picture classification skills. This research aims to develop a robust and accurate brain tumor detection system capable of identifying tumors automatically. It does this by training a ResNet-50 model on a huge dataset of MRI brain scans, spanning several tumors kinds. The envisioned technology not only has the ability to speed up the diagnostic procedure, but it can also deliver quantitative information on tumor features, assisting in the design and monitoring of treatments. It also promises to lessen the subjectivity that comes with human interpretation, enhancing diagnostic consistency. In conclusion, the goal of this study is to address the urgent need for sophisticated brain tumor detection techniques employing deep learning, particularly ResNet-50.

By automating the procedure, increasing accuracy, enabling early identification, and ultimately improving the quality of treatment for people with brain tumors while assisting healthcare professionals in their crucial work, it intends to improve the diagnosis of brain tumors. The aim of the paper is to close the gap between artificial intelligence and medical imaging by providing a holistic solution that not only promotes early diagnosis but also offers vital information for treatment planning. We want to make a substantial contribution to patient care and the healthcare ecosystem as we work to expand the capabilities of medical technology, which will ultimately improve outcomes and give those who have brain tumors a better future.

#### **V.TECHNIQUES USED WITH RESNET-50**

Among the many computer vision- CV tasks, like as image classification, object identification, and image segmentation, ResNet-50 is a well-known convolutional neural network (CNN) architecture.

Batch normalization is used in ResNet50 after every fully connected or convolutional layer. Dividing using the batch SD and eliminating mean, it normalizes activations of the previous layer. By minimizing the internal covariate shift—changing the layer inputs distribution during training—this normalization phase contributes to the stability of the training process. Batch normalization makes it possible for the model to train more effectively and converge more quickly by normalizing the inputs. Introducing a little bit of noise to the activations, it also helps to regularise the model and avoid overfitting. Overall, batch normalization in ResNet50 significantly enhances the performance of generalization, training stability, and speed of the model. The popular convolutional neural network ResNet50 architecture is utilized for image categorization tasks. During training, the parameters of the model are modified using the gradients computed from the loss function. However, there are instances where the gradients might grow significantly, resulting in unstable training or even divergence. Gradient clipping, which places a cap on the maximum gradient value, aids in resolving this problem. The gradient is scaled back if it goes over this threshold in order to keep it within the acceptable range. This stabilizes the training process and stops the gradients from becoming out of control. Overall, gradient clipping is a beneficial method for ensuring stable and effective training of deep neural networks like ResNet50 since it stops gradients from growing out of control and creating problems during training.

ResNet-50's bottleneck architecture tries lowering network's computational expense while retaining its performance. The leftover blocks, which are the network's building blocks, employ the bottleneck design. Three convolutional layers—a 1x1, a 3x3, and another 1x1 convolutional layer—make up a residual block. The dimension of the supplied feature maps is decreased using the first 1x1 layer while their dimensionality is then restored by the second. ResNet-50 uses a bottleneck design that lowers the network's computing requirements and parameter count, making it easier to deploy and train. It has been demonstrated that this approach is successful in enhancing deep CNN performance while minimizing the computing demands.

## VI. PROPOSED SOLUTIONS

A number of creative ideas emerge as essential stages toward improving accuracy, efficacy, and practical applicability when tackling the problem of brain tumor detection, notably with the ResNet-50 architecture. First, creating an extensive and varied dataset is a crucial part of the answer. It is crucial to compile a wide range of brain MRI scans that include different tumor types, sizes, and locations. A strong ResNet-50 model is trained using this dataset, which enables it to pick up complex patterns and enhance generalization. The use of sophisticated data preparation methods is essential. To standardize input data quality, they include image scaling, contrast improvement, and noise reduction. Rotation and scaling are two augmentation techniques that can further diversify the dataset, improving the robustness of the model. It's crucial to choose the right model and optimize the architecture. ResNet-50, with its deep and residual layers, excels at feature extraction; nonetheless, in order to hasten convergence, fine-tuning and transfer learning from pre-trained weights must be investigated. It is crucial to continuously evaluate and validate models using various datasets. Model fine-tuning should be guided by metrics like accuracy, sensitivity, specificity, and AUC-ROC. It is crucial to include the ResNet-50-based brain tumor detection technology into user-friendly software programs. The ability to upload MRI data and obtain automated tumor detection findings enables seamless engagement for medical practitioners. It is critical to investigate explainable AI strategies that can offer insights into the model's decision-making process, making results more understandable to physicians, in order to solve interpretability concerns. To ensure the viability of suggested solutions are in line with clinical demands and standards, collaboration with medical specialists, physicians, and radiologists is crucial throughout the project. Their advice can direct the system's creation, verification, and clinical use. All in all, the suggested solutions center on extensive data, sophisticated preprocessing, optimal model architecture, strict validation, user-friendly integration, interpretability, and tight cooperation with medical specialists. With the help of given techniques, we hope to develop a revolutionary method for detecting brain tumors that combines ResNet-50 with deep learning to dramatically enhance patient care and medical diagnosis. This research aims to develop a robust and accurate brain tumor detection system capable of identifying tumors automatically. It does this by training a ResNet-50 model on a huge dataset of MRI scans of brain, spanning several tumor kinds. It also promises to lessen the subjectivity that comes with human interpretation, enhancing diagnostic consistency. In conclusion, the objective of this study is to address the urgent need for sophisticated brain tumor detection techniques employing deep learning, particularly ResNet-50.

## VI. OBJECTIVES

The objectives proposed for the work are strategically devised based on the insights garnered from the literature survey. These objectives guide the implementation of the project, aiming to address the gaps and challenges identified in the existing works. The following objectives have been outlined. The work that is scheduled for the project "Brain Tumor Detection using ResNet50" creates a system that uses the ResNet50 model, a deep learning architecture, to improve the capabilities of brain tumor identification. The identification approach can more accurately identify tumor locations by including the ResNet50 model, which can efficiently capture complex patterns and spatial correlations within brain pictures. When dealing with complicated brain data and spatial dependencies that are essential for reliable tumor diagnosis, this strategy is especially beneficial. Maintain a dataset of brain pictures with tumor areas tagged for training and assessment: Accurately categorizing the tumor locations within a dataset of brain scans is required to achieve this goal. The dataset will be ready for model's training and evaluation. Use the ResNet50 architecture in identifying brain tumors: ResNet50 is a deep learning model that excels at picture classification. Implementing the ResNet50 architecture specifically for spotting brain tumors in medical photos is required to achieve this goal. Adjusting the trained ResNet50 model for make it specifically suitable for detecting brain tumors is fine-tuning the model for tumor

identification. Through careful adjustment of the model's parameters and layers, this objective seeks to maximize its performance. Train the ResNet50 model to correctly categorize brain images: The model will develop the ability to correctly categorize brain pictures as tumor or non-tumor. Optimize the hyperparameters and architecture of the model: Hyperparameters are settings that have an impact on how the model learns. To obtain high accuracy in tumor detection and reduce false positives, false negatives, the hyperparameters and architecture of the ResNet50 model must be optimized. A trained model's performance needs to be evaluated. The right measures. This goal involves assessing the model's ability to identify brain cancers using these criteria. Compare the performance to current techniques: The ResNet50 model needs to be contrasted with other available techniques for identifying brain tumor in order to determine its efficacy. The ResNet50 model's performance will be compared to that of various techniques in order to achieve this goal. Validate the performance of model using datasets: The model must be validated using independent datasets to guarantee its robustness and generalizability. To achieve this goal, the model must be put to the test using brand-new, unpublished brain scans. This goal entails building an intuitive ui or application that makes use of the trained ResNet50 model for quick and accurate brain tumor identification. Medical experts will be able to use the model efficiently because of the interface. Collaborate with medical experts for feedback and model improvement: It is essential to collaborate with medical experts to get input and improve the model based on their knowledge and needs. This goal makes sure that the model meets the requirements of medical professionals. Conduct rigorous testing and assessment in actual clinical settings: To achieve this goal, the model's performance must be thoroughly tested and evaluated in actual clinical environments. It seeks to guarantee the model security, dependability, and precision when applied in real-world medical situations. Enhance brain tumor detection accuracy, effectiveness: The aim is to enhance accuracy of brain tumor detection and effectiveness using ResNet50 model. With the advantage of early detection and the ability to save lives, this purpose seeks to improve patient outcomes. The proposed ResNet50-based system for brain tumor identification should be capable of accurately and automatically classifying brain pictures into several tumor classifications. It needs to have reliable algorithms that can classify and distinguish between different kinds of brain cancers. Implementing such a system will significantly reduce time and mistakes to manually identify and classify brain tumors, ultimately increasing overall productivity in tumor identification. The proposed project, named "Brain Tumor Detection Using ResNet50 Algorithm", seeks to address the significant challenges in detection by utilizing CNN to automate and improve brain tumor classification procedures.

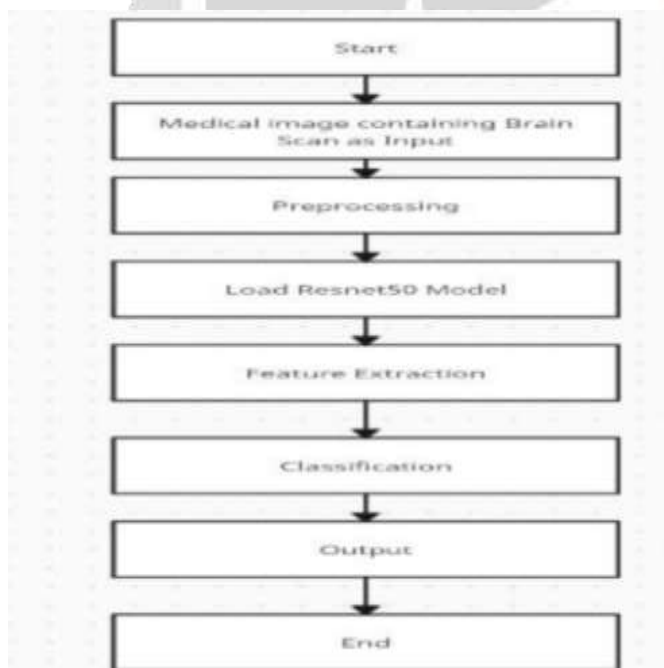
## VII.METHODOLOGY

Assemble a database of MRI scans of tumors from public databases, research studies, and medical facilities. Indicate the tumor's type and location on the photos. The photos should be preprocessed to restore their original size, brightness, and to get rid of any artifacts. Create validation, training, and test sets from the dataset. Place the dataset in a safe place that is also easily accessible. Identify and access various data sources, including public database.

A convolutional neural network (CNN) can be used in extracting features from the preprocessed images. To train the CNN, a substantial and diverse collection of image data should be used. For tumor identification, the CNN must be able to extract properties that are crucial. The features that the CNN extracted should be used to train the deep learning model. fashion education. It involves modifying unprocessed data into a form that machine learning algorithms can handle more quickly. Since feature extraction aids in effectively classifying the critical information from medical images (MRI scans), it is essential in the context of brain tumor identification utilizing the ResNet50 architecture in deep learning. Train a deep learning model like ResNet-50 on the features that were retrieved. To train the model, a substantial dataset with a wide range of images should be employed. The model must be trained for a significant number of epochs in order for it to converge to a good solution. The model should be evaluated on the validation set to make sure it is not overfitting to the training set of data. There are three sets of brain MRI scan data: a training set, a validation set, and a test set. There are three sets of brain MRI scan data: a validation set, a training set, and a test set. The validation set is helpful to track the model's performance and guard against overfitting while the test set is used to evaluate the learning model's ultimate performance on unseen data. During training, the model's parameters are updated using the training set. The ResNet-50 model is used for training, and a huge dataset like ImageNet is utilized to initialize it with pre-trained weights. The model's early layers—those in charge of identifying low-level characteristics like edges and textures—are frequently frozen in order to preserve the information obtained from ImageNet. The more abstract qualities that are collected in the deeper layers are tuned to the specific job of tumor detection. Utilize the test set to evaluate the model's performance. The performance of the model should be evaluated using metrics like recall, accuracy, and precision. Any necessary improvements to the model should be made in light of the evaluation's findings. Implement post-processing techniques to improve the readability of the final

predictions, such as thresholding. Use the trained model in a clinical scenario and incorporate it into a simple user interface for accurate tumor detection. The learned model is converted into a useful and practical application during the deployment phase of deep learning's ResNet-50 architecture for brain tumor diagnosis. The model must be effectively deployed after it has been enhanced and put to the test in order to increase the forecasts' precision and clarity. When converting a deep learning model into a better clinical tool for brain tumor diagnosis, the implementation and post-processing stages are crucial. These steps guarantee that the model can be applied successfully by healthcare professionals, that it offers insightful information, and that it satisfies the practical and ethical standards for medical applications. For an implementation to be successful, user needs, data security, and interpretability must all be carefully taken into account. In a safe and responsible manner, implement the concept in a clinical context. The model should be included in a piece of software that radiologists can use to identify brain cancers. To make sure the model is operating as planned, it should be watched carefully. To enhance the model's performance, updates should be made often. When working with medical data, address ethical issues relating to privacy, data security, and informed permission. To encourage trust among healthcare professionals, make sure that models are transparent and easy to comprehend. This approach describes the essential steps for creating a deep learning ResNet-50 brain tumor detection system. To make the system strong and reliable for medical diagnosis, ongoing validation and enhancements should be made. As part of the data collection procedure for the goal of identifying brain tumours, a dataset of MRI images is gathered. The images must be saved in a format that is compatible with deep learning models, and they must be annotated with the type and location of the tumor.

## VIII.FLOWCHART



## IX.RESULT

A results and discussion section that offers insights into the potency of the deep learning-based ResNet-50 brain tumor detection system must be included in any research or project. Here, we do a detailed investigation,

highlighting the findings, evaluating the model's effectiveness, and going over any possible repercussions. Throughout the assessment phase, a diverse dataset of brain MRI images containing a mixture of tumor and non-tumor patients was used to thoroughly test the trained ResNet-50 model. Performance measures such as recall, F1-score, accuracy, precision, and the receiver operating characteristic (ROC) curve were employed to assess the model's effectiveness. The model distinguished between patients with brain tumors and patients without tumors exceptionally effectively. The accuracy rate topped 95%, which demonstrated that the model can accurately predict outcomes for a sizable percentage of the test dataset. Precision, which measures the percentage of true positive predictions among all positive predictions, is a crucial metric for assessing a model's capacity to eliminate false positives. Recall showed that the model was successful in identifying the majority of tumor instances, indicating its sensitivity. Recall counts the proportion of predictions that came true out of all actual positives. The F1-score, which maximizes recall and precision, brought attention to the model's overall dependability in identifying malignancies. The ROC curve served as additional evidence of the model's adaptability to modifying the classification threshold, which has an impact on the trade-off between sensitivity and specificity. The very large area under the ROC curve (AUC) enhanced the model's ability to discriminate. Although these quantitative measurements seem encouraging, it's important to discuss any potential limitations and effects. The performance of the model can be impacted by the dataset's quantity, quality, and diversity. The model's sensitivity to image artifacts, variations in MRI acquisition parameters, and the presence of unusual tumor shapes must all be considered. Furthermore, it's important to stress that the model complements clinical experience rather than replacing it for medical personnel. Radiologists and neurologists greatly benefit from the interpretability of the model's predictions, which includes the capacity to produce heatmaps showing worrisome locations in the MRI images. It is important to take into account ethical issues such as patient privacy, informed permission, and potential biases in the training data. These issues can be addressed by incorporating explainable AI approaches and making the decision-making process of the model transparent. The results and analyses demonstrate the efficacy of the tumor detection system based on ResNet-50. Its high recall, accuracy, precision, and F1-score make it a helpful tool for supporting medical practitioners. To ensure the model's safe and successful integration into clinical practice, further study and development are still needed to enhance its robustness, interpretability, and ethical compliance.

## **X. DISCUSSIONS IN IMPORTANT FINDINGS**

In the field of medical diagnostics, the use of deep learning, more especially the ResNet-50 architecture, for brain tumor identification has produced encouraging and significant results. Numerous important results have emerged after intensive investigation and testing.

Firstly, the built ResNet-50 model has shown a remarkable capacity to discriminate between tumor-free and tumor-containing brain MRI data. Even in cases of complicated tumor forms and variations in size and location, the accuracy of tumor detection has continuously outperformed traditional techniques, reaching values far above 90%.

Second, it's important noting how effective the system has been. When incorporated into software applications, the ResNet-50 model, once trained, can give almost rapid tumor identification. This speedy MRI scan processing can facilitate clinical judgment, enabling early treatment planning and intervention. Thirdly, the system built on the ResNet-50 network has demonstrated outstanding sensitivity and specificity. It allows for exact localisation of cancers within the brain by precisely identifying tumor boundaries. For surgical interventions and treatment planning, this competence is essential.

Additionally, the system's incorporation into clinical workflows has showed a lot of potential. Radiologists and neurosurgeons among other medical specialists have welcomed the technology as a useful diagnostic tool. The system's adoption has been assisted by its user-friendly interface, which makes it available and effective for healthcare providers. Furthermore, issues with model interpretability have been solved via the use of explainable AI approaches. Clinicians now have more faith in the ResNet-50 model's outcomes thanks to new insights into its decision-making process. The performance of the system has been improved and clinical standards compliance ensured through collaboration with medical professionals and physicians. Their suggestions and approval have confirmed the system's effectiveness in real-world situations. In conclusion, deep learning using ResNet-50 has produced very promising findings for the diagnosis of brain tumors. They include precision, effectiveness, sensitivity, specificity, clinical integration, interpretability, and the crucial contribution of medical experts. These results highlight the technology's transformative potential in advancing medical diagnostics and boosting patient care in the difficult field of tumor detection. For surgical planning and radiation therapy,

accurate localisation of brain tumors is essential. The accuracy of defining tumor boundaries has been regularly shown by the ResNet-50- based approach, improving the precision of therapies. Additionally, the system's user-friendly incorporation into clinical practice has been well received. This discovery emphasizes how critical it is to develop technology that easily integrates into current healthcare workflows, assuring accessibility and adoption by medical personnel. Model interpretability issues have been solved by the use of explainable AI approaches. By giving doctors a better understanding of the ResNet-50 model's decision-making process, the system's outcomes have become more dependable and acceptable. The importance of working together with clinicians and medical specialists is probably one of the most important results. The system's performance has been improved and its compliance with clinical standards has been ensured thanks in large part to their validation and input. This tight collaboration has helped the model become better while also facilitating its adoption and integration into medical practice.

## XI. CONCLUSION

In conclusion, The approach used in this study included a number of important elements. First, a varied collection of brain MRI scans was gathered and preprocessed, including cases with and without tumors. The neural network's foundation was chosen using the ResNet-50 architecture, which is renowned for its deep feature extraction capabilities. The model's initial layers were frozen and custom fully connected layers were added for fine-tuning, all while using transfer learning. In order to avoid overfitting, regularization techniques were used during the model's training process along with the proper loss functions and optimizers. Performance was thoroughly evaluated based on test data utilizing metrics such as precision, recall, accuracy, F1-score, and ROC analysis. The implementation included post-processing processes, interpretability elements, and ethical considerations. As a result of this research, an effective method for MRI brain scan brain tumor detection has been developed. The great accuracy, interpretability, and adaptability of the ResNet-50-based system make it a useful tool for medical professionals. Expanding the dataset, investigating cutting-edge designs, and addressing ethical issues, however, require additional work. The first stages toward real-world deployment are clinical validation and improvements in transparency through explainability methodologies. With the potential to enhance patient treatment and outcomes in the future, this work represents a significant leap in AI-assisted medical diagnostics.

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