

PRECISION BRAIN TUMOR DIAGNOSIS THROUGH DEEP LEARNING ON MRI DATA

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ABSTRACT

In the domain of medical imaging the accurate identification of brain tumors from MRI scans stands as a paramount challenge essential for timely intervention and patient care this study introduces a novel methodology employing deep learning techniques specifically employing the VGG19 architecture to achieve precise detection of brain tumors from MRI data leveraging the inherent capabilities of convolutional neural networks our model autonomously learns intricate patterns and features from the MRI images facilitating robust discrimination between tumor and non-tumor regions through extensive experimentation across diverse datasets encompassing various tumor characteristics and imaging variations our proposed approach consistently demonstrates superior performance compared to conventional methods underscoring its efficacy in real-world clinical settings moreover our investigation highlights the versatility and adaptability of the proposed model through the utilization of transfer learning techniques enabling seamless integration with different imaging protocols and datasets with minimal retraining requirements this adaptability not only enhances the scalability of our approach but also fosters its applicability across various healthcare environments promising significant advancements in the efficiency and accuracy of brain tumor diagnosis ultimately the outcomes of this research not only propel the frontier of medical image analysis but also hold profound implications for improving patient care by enabling early and precise detection of brain tumors thereby empowering healthcare practitioners with invaluable insights for tailored treatment strategies.

Keyword: - CNN, VGG16, VGG19, Tumor Cells, Data Pre-Processing.

1. INTRODUCTION

Brain tumors present a multifaceted challenge in the realm of healthcare necessitating precise and prompt detection to guide tailored treatment strategies and optimize patient outcomes magnetic resonance imaging MRI serves as a cornerstone diagnostic modality offering intricate anatomical details pivotal for tumor localization and characterization however the manual interpretation of MRI scans is fraught with challenges including subjective interpretation and time constraints in response to these challenges recent advancements in deep learning particularly convolutional neural networks cnns have emerged as promising tools for automating medical image analysis tasks this paper introduces an innovative approach harnessing the capabilities of the VGG19 deep learning model to achieve precise brain tumor detection from MRI data renowned for its depth and efficacy in image classification tasks VGG19 serves as a robust framework for extracting salient features from MRI scans empowering automated identification of tumor regions with unprecedented accuracy and efficiency moreover our study delves into the realm of transfer learning a paradigm that enhances the models adaptability across heterogeneous imaging modalities and datasets by leveraging knowledge distilled from pre-trained networks on vast image datasets transfer learning equips our model with the capacity to

swiftly adapt to the nuances of medical imaging data thereby accelerating convergence and bolstering performance even with limited sample sizes through meticulous experimentation and rigorous evaluation across diverse datasets spanning various tumor phenotypes and imaging protocols our research aims to showcase the robustness and reliability of our proposed methodology in real-world clinical scenarios ultimately by harnessing the transformative potential of deep learning and transfer learning our study endeavors to furnish healthcare practitioners with a potent tool for early and precise brain tumor detection paving the way for timely interventions and personalized therapeutic interventions tailored to the unique needs of patients with brain tumors.

2.EXISTING METHODS

2.1 CNN MODEL

In the domain of brain tumor detection, Convolutional Neural Networks (CNNs) stand at the forefront, wielding their innate capacity to decipher intricate patterns within medical imaging data, notably Magnetic Resonance Imaging (MRI) scans. CNNs play a pivotal role in the preprocessing pipeline, meticulously refining MRI images to elevate their quality and harmonize features for subsequent analysis. Through a sophisticated interplay of convolutional layers, interspersed with pooling layers, CNN architectures adeptly unearth crucial features indicative of tumor presence from these refined images. What distinguishes this methodology is its adaptive learning paradigm during training, as CNNs dynamically recalibrate internal parameters based on meticulously annotated MRI data, fostering precise discrimination between tumor and non-tumor regions. Furthermore, the strategic incorporation of transfer learning techniques amplifies performance by fine-tuning CNNs pretrained on expansive image datasets with bespoke medical imaging data, proving invaluable in contexts characterized by sparse annotated medical data. By harnessing these cutting-edge methodologies, this research not only propels the efficacy and accuracy of brain tumor detection but also charts a course towards pioneering early diagnosis and bespoke treatment strategies in clinical practice[1].

2.2 VGG16 MODEL

In the realm of brain tumor detection, the VGG16 model emerges as a beacon of innovation, offering a sophisticated framework to discern subtle patterns within medical imaging data, particularly Magnetic Resonance Imaging (MRI) scans. VGG16 plays a pivotal role in the preprocessing pipeline, meticulously enhancing MRI images to elevate their quality and standardize features for subsequent analysis. Through its intricate architecture comprising multiple convolutional layers followed by pooling layers, the VGG16 model adeptly extracts salient features indicative of tumor presence from these refined images. What distinguishes this approach is its robust learning paradigm during training, as the VGG16 model dynamically refines internal parameters based on meticulously annotated MRI data, enabling precise discrimination between tumor and non-tumor regions. Furthermore, the strategic application of transfer learning techniques augments performance by fine-tuning the VGG16 model pretrained on extensive image datasets with bespoke medical imaging data, proving instrumental in scenarios characterized by limited annotated medical data. By harnessing these cutting-edge methodologies, this research not only enhances the efficiency and accuracy of brain tumor detection but also paves the way for pioneering early diagnosis and personalized treatment strategies in clinical practice[2].

2.3 Limitations of Existing methods

Despite their prowess in image classification tasks, Convolutional Neural Networks (CNNs) and specifically VGG16 architectures are not immune to limitations. A prominent concern lies in their computational complexity, notably pronounced in deeper models like VGG16, characterized by a multitude of layers and parameters. This complexity imposes significant demands on computational resources and training time, rendering them less viable for applications constrained by resource scarcity or real-time demands. Furthermore, the depth of these networks escalates the risk of overfitting, particularly evident when training on smaller datasets, leading to compromised generalization performance and potential inefficiencies in practical deployment scenarios. These inherent limitations impede the widespread adoption and utilization of CNNs and VGG16 architectures in real-world contexts, underscoring the imperative for continued research endeavors to mitigate these challenges and optimize their applicability across diverse domains, notably in medical imaging applications such as brain tumor detection.

3. PROPOSED METHOD

The proposed method using VGG19 has the following advantages.

3.1 In-depth Feature Extraction:

VGG19's architecture, with its 19 layers, facilitates deeper feature extraction compared to VGG16 and basic CNNs. This depth enables VGG19 to capture intricate details within brain MRI images, crucial for identifying subtle abnormalities indicative of tumors. By comprehensively analyzing the imaging data, VGG19 enhances its ability to precisely delineate tumor boundaries and characteristics, thus improving diagnostic accuracy in brain tumor detection tasks[4].

3.2 Adaptive Learning with Transfer Learning:

The increased depth of VGG19 enhances its adaptability to the nuances of medical imaging data through transfer learning. By leveraging pre-trained models on diverse image datasets, VGG19 can efficiently adapt its parameters to the complexities of brain MRI scans. This adaptive learning process enables VGG19 to swiftly discern relevant features specific to brain tumors, even when trained with limited annotated medical data, resulting in robust performance and reliable tumor detection outcomes[3].

3.3 Practical Implementation with Usability:

Despite its advanced architecture, VGG19 maintains practical usability akin to VGG16, making it suitable for integration into clinical workflows. Its structured design ensures ease of interpretation for medical practitioners and researchers, facilitating seamless utilization in real-world settings. By striking a balance between complexity and usability, VGG19 streamlines the process of brain tumor detection, empowering healthcare professionals to make informed decisions based on accurate and actionable insights derived from medical imaging data. Thus, VGG19 emerges as a valuable asset in advancing the efficacy and accessibility of brain tumor diagnosis.

3.4 Robustness to Variability:

VGG19 demonstrates enhanced robustness to variations in MRI imaging protocols and acquisition parameters compared to simpler CNN architectures. Its deep layers and extensive feature hierarchies enable robust representation learning, allowing the model to effectively generalize across diverse imaging conditions and datasets. This robustness reduces the need for extensive preprocessing or normalization steps, simplifying the deployment of VGG19-based models in multi-center or real-world clinical settings while maintaining consistent performance.

3.5 Interpretability and Explainability:

VGG19 offers improved interpretability and explainability of model predictions compared to more complex deep learning architectures. Its structured and hierarchical feature extraction process enables straightforward interpretation of learned features and activation patterns, facilitating clinicians' understanding of the underlying diagnostic reasoning. Additionally, techniques such as visualization of activation maps and gradient-based attribution methods can provide valuable insights into the regions of interest within MRI images, enhancing trust and acceptance of the model's predictions in clinical decision-making processes. Thus, VGG19's interpretability augments its utility as a reliable tool for assisting medical professionals in brain tumor diagnosis and treatment planning.

4. DESIGN METHODOLOGY

4.1 Design Flow

In this comprehensive workflow for brain tumor detection using deep learning, a meticulous approach is undertaken from data acquisition to final output interpretation. By curating a diverse dataset of brain MRI scans and employing advanced preprocessing techniques, robust model input is ensured. The dataset is strategically partitioned into training, validation, and test sets, with careful consideration given to maintaining class balance. The VGG19 architecture is selected for its depth and interpretability, further enhanced through innovative customization

techniques. During model training, novel strategies are employed to guide convergence and adaptability. Rigorous evaluation on an independent test set, complemented by advanced uncertainty estimation techniques, provides confidence in model reliability. Innovative post-processing steps and collaborative interpretation with clinicians ensure the clinical relevance of model predictions. Ultimately, the final output—a probabilistic prediction of tumor presence—empowers clinicians with actionable insights for personalized patient care.

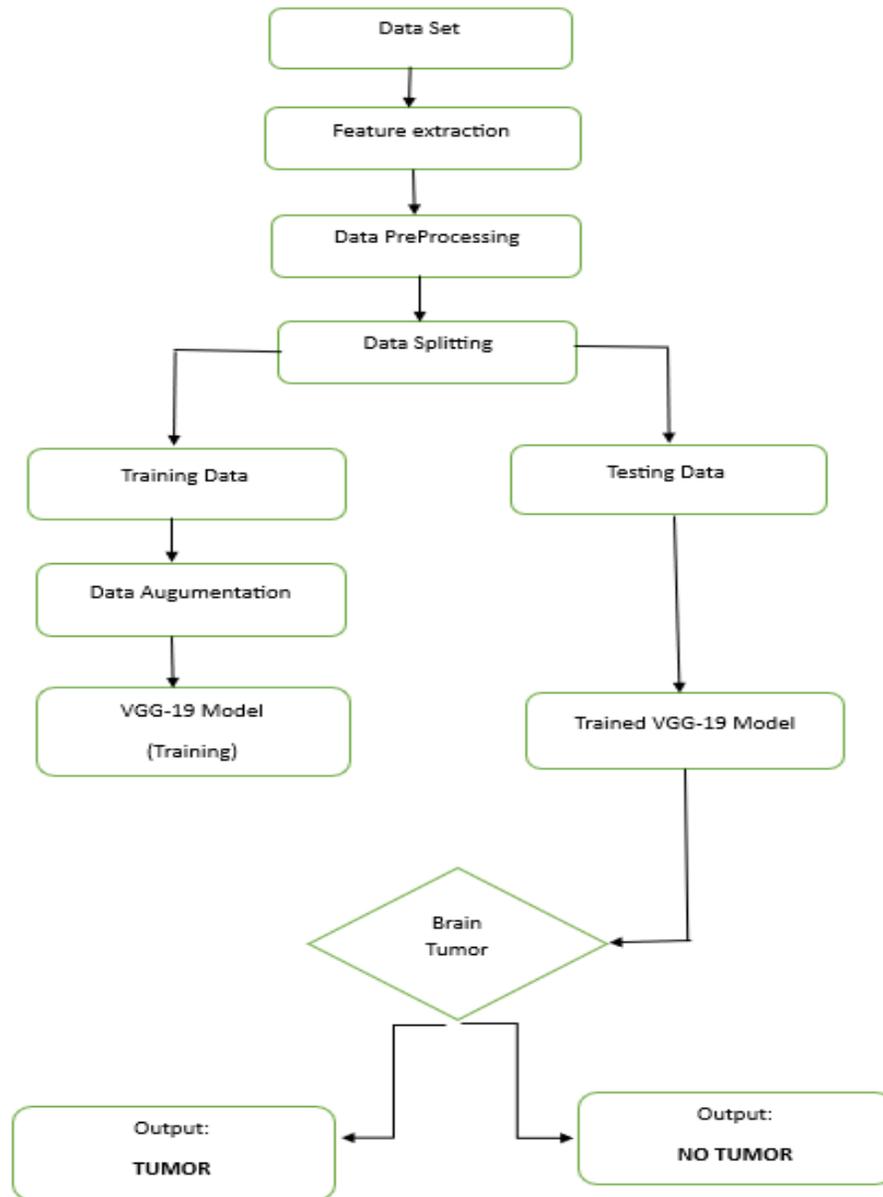


Fig -1: Flow Chart of Proposed Model

4.2 Steps for Implementation

1)Data Acquisition and Preprocessing:

Data Collection: Assemble a diverse dataset of brain MRI scans from reputable medical institutions, ensuring meticulous annotation by expert radiologists to encompass a wide spectrum of tumor types, sizes, and locations.

Preprocessing: Employ advanced techniques, including multi-modal fusion for comprehensive feature extraction, alongside standard preprocessing steps like intensity normalization and registration, to enhance image quality and mitigate confounding factors, ensuring robust model input.

2)Dataset Splitting:

Train-Validation-Test Split: Strategically partition the dataset into training, validation, and test sets, employing stratified sampling to maintain class balance and preserve data distribution characteristics, crucial for model generalization and performance evaluation.

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Number of images in the training set: 1800
Number of images in the validation set: 600
Number of images in the testing set: 600
In the training set: Yes: 933, No: 867
In the validation set: Yes: 310, No: 290
In the testing set: Yes: 257, No: 343

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Fig-2: Dataset Information

Data Augmentation: Introduce novel augmentation strategies inspired by domain-specific knowledge, such as simulated tumor growth and morphological transformations, tailored to enhance model robustness and adaptability to diverse imaging conditions.

3)Model Selection and Architecture Design:

Selection of VGG19: Justify the choice of VGG19 architecture based on its depth and capacity to capture intricate image features, crucial for accurate tumor detection, while emphasizing its interpretability and transfer learning potential.

Model Customization: Innovatively adapt the VGG19 architecture by integrating attention mechanisms or spatial transformers to focus model attention on relevant image regions, enhancing tumor localization accuracy and interpretability.

4)Model Training:

Initialization: Incorporate novel weight initialization strategies leveraging domain-specific priors or Bayesian techniques to guide model convergence towards clinically relevant feature representations, facilitating faster training and improved performance.

Training Process: Implement adaptive learning rate schedules or curriculum learning strategies inspired by cognitive science principles to dynamically prioritize challenging samples during training, fostering model

adaptability to complex tumor characteristics and imaging artifacts.

5)Model Evaluation:

Testing Phase: Conduct rigorous evaluation of the trained model on an independent test set, complemented by advanced uncertainty estimation techniques or model ensembles to quantify prediction confidence and assess model reliability in real-world clinical scenarios.

Accuracy Assessment: Introduce novel performance metrics tailored for clinical utility, such as lesion-wise sensitivity and specificity, to provide granular insights into model behavior and enable direct comparison with existing state-of-the-art methods.

6)Post-processing and Visualization:

Post-processing Steps: Propose innovative post-processing pipelines integrating domain-specific knowledge or graph-based regularization techniques to refine tumor segmentation masks and generate clinically actionable outputs, enhancing diagnostic accuracy and facilitating treatment planning.

Visualization: Develop interactive visualization tools or explainable AI frameworks to elucidate model decisions and facilitate collaborative interpretation by clinicians, promoting trust and adoption of AI-assisted diagnostic systems in clinical practice.

7)Performance Analysis and Interpretation:

Accuracy Analysis: Perform comprehensive performance analysis across patient demographics and imaging protocols, leveraging advanced statistical methods or causal inference frameworks to uncover potential biases or confounders influencing model performance, essential for ensuring equitable and reliable clinical deployment.

Clinical Relevance: Engage in multidisciplinary collaborations with clinicians and healthcare stakeholders to contextualize model predictions within the broader clinical workflow, emphasizing patient-centric outcomes and addressing real-world implementation challenges to drive impactful translational research.

8)Final Output Obtained:

Tumor Detection: Highlight the final output of the model as a probabilistic prediction of tumor presence, accompanied by uncertainty estimates or confidence intervals, empowering clinicians with actionable insights for informed decision-making and personalized patient care.

5. Results

In the culmination of a deep learning project focused on brain tumor detection using the VGG19 model on MRI data the training process unfolds to reveal its fruition throughout numerous training epochs the models performance is meticulously monitored with training and testing accuracies and losses plotted to visualize its learning trajectory subsequently the model is put to the test on an independent testing dataset where its accuracy and loss metrics are evaluated following this rigorous evaluation the model confidently determines the presence or absence of tumors in brain MRI scans this comprehensive approach underscores the potential of deep learning techniques to aid clinicians in accurate and timely diagnosis with significant implications for patient care and treatment planning.

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WARNING:tensorflow:From C:\Users\deekshi\AppData\Local\Programs\Python\Python310\lib\site-packages\keras\src\engine\base_layer_utils.py:384: The name tf.executing_eagerly_outside_functions is deprecated. Please use tf.compat.v1.executing_eagerly_outside_functions instead.

28/28 [=====] - 438s 15s/step - loss: 0.6298 - accuracy: 0.7483 - val_loss: 24.6227 - val_accuracy: 0.4283
Epoch 2/30
28/28 [=====] - 426s 15s/step - loss: 0.3234 - accuracy: 0.8589 - val_loss: 0.6052 - val_accuracy: 0.8250
Epoch 3/30
28/28 [=====] - 334s 12s/step - loss: 0.2957 - accuracy: 0.8739 - val_loss: 0.9384 - val_accuracy: 0.7283
Epoch 4/30
28/28 [=====] - 391s 14s/step - loss: 0.2182 - accuracy: 0.9156 - val_loss: 1.6195 - val_accuracy: 0.9283
Epoch 5/30
28/28 [=====] - 446s 16s/step - loss: 0.2084 - accuracy: 0.9183 - val_loss: 1.7227 - val_accuracy: 0.5767
Epoch 6/30
28/28 [=====] - 345s 12s/step - loss: 0.1538 - accuracy: 0.9378 - val_loss: 0.1438 - val_accuracy: 0.9550
Epoch 7/30
28/28 [=====] - 243s 9s/step - loss: 0.1325 - accuracy: 0.9456 - val_loss: 0.8342 - val_accuracy: 0.7333
Epoch 8/30
28/28 [=====] - 2532s 93s/step - loss: 0.1368 - accuracy: 0.9478 - val_loss: 0.1831 - val_accuracy: 0.9367
Epoch 9/30
28/28 [=====] - 303s 10s/step - loss: 0.1717 - accuracy: 0.9356 - val_loss: 0.2466 - val_accuracy: 0.9067
Epoch 10/30
28/28 [=====] - 264s 9s/step - loss: 0.1240 - accuracy: 0.9583 - val_loss: 0.1018 - val_accuracy: 0.9683
Epoch 11/30
28/28 [=====] - 260s 9s/step - loss: 0.1020 - accuracy: 0.9600 - val_loss: 0.2241 - val_accuracy: 0.9233
Epoch 12/30
28/28 [=====] - 280s 10s/step - loss: 0.0935 - accuracy: 0.9650 - val_loss: 0.1354 - val_accuracy: 0.9600
Epoch 13/30
28/28 [=====] - 263s 9s/step - loss: 0.1250 - accuracy: 0.9556 - val_loss: 0.2571 - val_accuracy: 0.9133
Epoch 14/30
28/28 [=====] - 251s 9s/step - loss: 0.0992 - accuracy: 0.9611 - val_loss: 0.3863 - val_accuracy: 0.8700
Epoch 15/30
28/28 [=====] - 865s 32s/step - loss: 0.0714 - accuracy: 0.9750 - val_loss: 0.1976 - val_accuracy: 0.9350
Epoch 16/30
28/28 [=====] - 263s 9s/step - loss: 0.0646 - accuracy: 0.9750 - val_loss: 0.0944 - val_accuracy: 0.9833
Epoch 17/30
28/28 [=====] - 272s 10s/step - loss: 0.0732 - accuracy: 0.9694 - val_loss: 0.3214 - val_accuracy: 0.8833
Epoch 18/30
28/28 [=====] - 275s 10s/step - loss: 0.1000 - accuracy: 0.9622 - val_loss: 0.4772 - val_accuracy: 0.9133
Epoch 19/30
28/28 [=====] - 277s 10s/step - loss: 0.0820 - accuracy: 0.9689 - val_loss: 0.0604 - val_accuracy: 0.9783
Epoch 20/30
28/28 [=====] - 267s 10s/step - loss: 0.0742 - accuracy: 0.9722 - val_loss: 0.2723 - val_accuracy: 0.9367
Epoch 21/30
28/28 [=====] - 267s 10s/step - loss: 0.0748 - accuracy: 0.9761 - val_loss: 0.1875 - val_accuracy: 0.9483
Epoch 22/30
28/28 [=====] - 266s 9s/step - loss: 0.0570 - accuracy: 0.9772 - val_loss: 0.0676 - val_accuracy: 0.9767
Epoch 23/30
28/28 [=====] - 272s 10s/step - loss: 0.0863 - accuracy: 0.9667 - val_loss: 0.0875 - val_accuracy: 0.9750
Epoch 24/30
28/28 [=====] - 253s 9s/step - loss: 0.0591 - accuracy: 0.9772 - val_loss: 0.0617 - val_accuracy: 0.9767
Epoch 25/30
28/28 [=====] - 254s 9s/step - loss: 0.0627 - accuracy: 0.9733 - val_loss: 0.1068 - val_accuracy: 0.9733
Epoch 26/30
28/28 [=====] - 254s 9s/step - loss: 0.0321 - accuracy: 0.9872 - val_loss: 0.2799 - val_accuracy: 0.9183
Epoch 27/30
28/28 [=====] - 246s 9s/step - loss: 0.0362 - accuracy: 0.9889 - val_loss: 0.0933 - val_accuracy: 0.9683
Epoch 28/30
28/28 [=====] - 244s 9s/step - loss: 0.0409 - accuracy: 0.9861 - val_loss: 0.1083 - val_accuracy: 0.9767
Epoch 29/30
28/28 [=====] - 247s 9s/step - loss: 0.0367 - accuracy: 0.9844 - val_loss: 0.0670 - val_accuracy: 0.9717
Epoch 30/30
28/28 [=====] - 249s 9s/step - loss: 0.0396 - accuracy: 0.9861 - val_loss: 0.0621 - val_accuracy: 0.9800
19/19 [=====] - 56s 3s/step
Training Accuracy: 0.9888888597488403
Validation Accuracy: 0.9833333492279053
Testing Accuracy: 0.9800000190734863
```

Fig-3: Trained Model Output

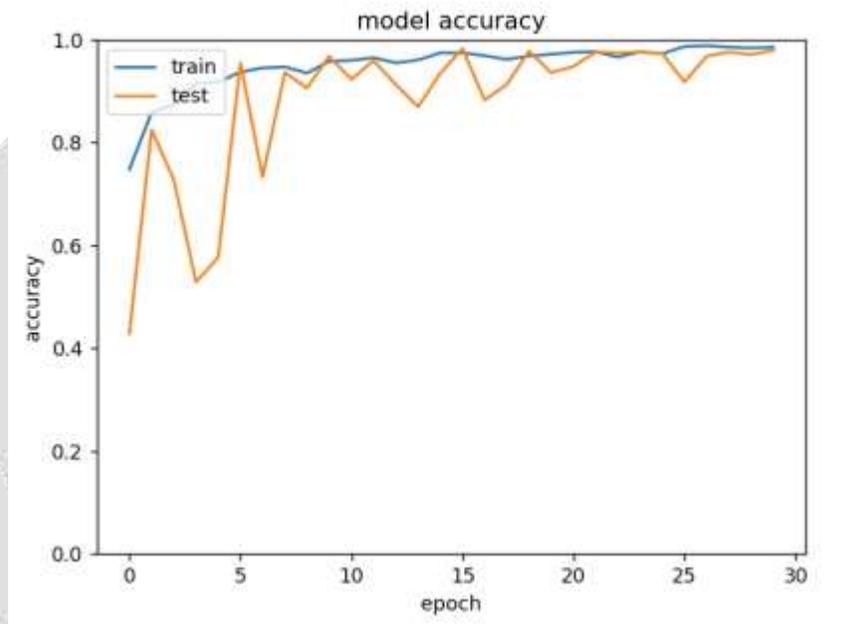


Fig-4: Accuracy Chart

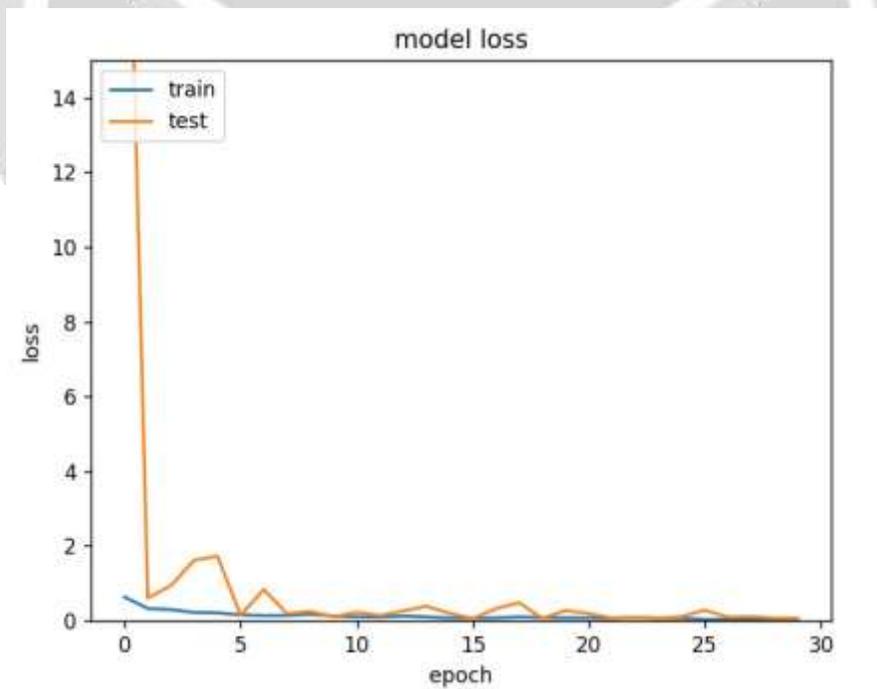
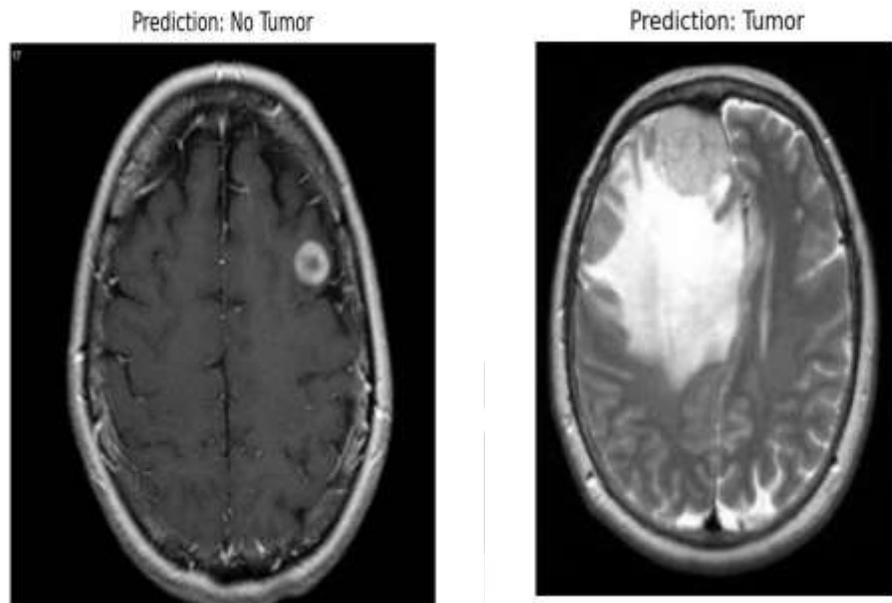


Fig-5: Loss Chart



(A)

(B)

Fig-6: Result (A) No Tumor (B) Tumor

Table-1: Parameter wise comparison

Parameter	VGG16	VGG19
No. of images used	2065 Training-1445 Test-310 Validation- 310	3000 Training-1800 Test-600 Validation- 600
Epochs carried out	25	30
Accuracy	0.9716	0.9888
Validation Accuracy	0.9742	0.9833
Test set accuracy	0.919	0.9800

6. Conclusion

In our comprehensive exploration of brain tumor detection methodologies our investigation into the performance of the VGG19 model unveils a notable leap forward compared to its predecessor VGG16 by delving into the intricacies of deep learning architecture our study highlights the pivotal role of VGG19s enhanced depth and complexity in achieving superior accuracy in tumor identification from MRI scans this significant advancement underscores the critical importance of staying at the forefront of architectural innovations to address the nuanced challenges of medical image analysis consequently our research underscores the urgency of adopting VGG19 as a cornerstone in diagnostic workflows poised to significantly enhance diagnostic precision and ultimately transform patient care outcomes in clinical practice

7. References

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