JETIR.ORG

ISSN: 2349-5162 | ESTD Year: 2014 | Monthly Issue



JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)

An International Scholarly Open Access, Peer-reviewed, Refereed Journal

Skin Cancer Prediction website

¹Pinnamraju. T. S. Priya, ²Dunga Yuva Nagasai,

¹Assistant Professor, ²MCA Final semester, ¹Masters Of Computer Applications, ¹Sanketika Vidya Parishad Engineering College, Vishakhapatnam, Andhra Pradesh, India

Abstract: There are approximately 200 different types of skin cancer, with melanoma standing out as the deadliest form among them. The diagnosis of melanoma requires a thorough and detailed evaluation, starting with a visual examination of the affected area. This initial step is performed using a high-speed camera capable of capturing highly detailed images, which are crucial for accurate assessment. The evolution of deep learning technology has significantly impacted the field of medical diagnostics by providing powerful tools to address complex challenges. In particular, deep learning models have shown remarkable potential in enhancing diagnostic accuracy. By integrating contextual photos with patient-level data, these advanced systems aim to assist dermatologists in making more accurate diagnoses. The ultimate goal is to minimize the variability in model predictions, thereby improving the reliability and effectiveness of skin cancer diagnosis and treatment.

IndexTerms - Skin Cancer, Melanoma, Deep Learning, Convolutional Neural Network, Diagnostic Accuracy, Early Detection, Dermatology, Medical Imaging.

I. INTRODUCTION

Cancer is a disease characterized by the uncontrolled growth of cells in various parts of the body, which can lead to these cells proliferating and displacing normal cells. This unchecked growth disrupts the body's normal functioning and can result in the formation of tumors or lesions. Among the different types of cancer, skin cancer is notably the most prevalent. It manifests primarily in two forms: melanoma, which is cancerous and poses significant health risks, and benign skin lesions, which are non-cancerous and generally less concerning. To effectively diagnose and classify skin cancer, we employ various convolutional neural networks (CNNs) and perform binary classification to distinguish between malignant and benign conditions. For this purpose, we utilize the ISIC Archive dataset, which provides a comprehensive collection of skin images essential for training and validating our models. This approach leverages advanced deep learning techniques to enhance the accuracy and reliability of skin cancer detection and diagnosis.

1.1 Existing System

As The CNN model was developed with meticulous attention to detail and thoroughly tested to determine whether skin cancer cells are benign or malignant through sophisticated image analysis.

During its training phase, the model achieved an exceptional accuracy rate of 96.7%, coupled with a loss value of 0.089, which signifies a high degree of precision and effectiveness in interpreting the training data. This impressive accuracy reflects the model's ability to learn and generalize from the training set. However, when applied to real-world scenarios, the model's highest achieved accuracy level was 75.25%. Although this represents a decline from the training accuracy, it still demonstrates robust performance. Overall, the model consistently maintained an accuracy rate exceeding 70%, showcasing its reliability in distinguishing between benign and malignant skin cancer cells.

This significant performance underscores the model's potential to substantially aid in the diagnostic process, enhancing both the accuracy and efficiency of skin cancer detection in practical applications.

1.1.1 Challenges:

• Subjectivity in Diagnosis: Variability between practitioners' assessments can lead to inconsistent diagnoses, impacting the accuracy and timeliness of treatment.

- Time-Consuming Procedures: Biopsy and histopathological examinations are often slow, which can delay treatment and affect patient outcomes.
- Limited Access to Expertise: In many regions, particularly underserved areas, there is a lack of experienced dermatologists and advanced diagnostic tools, leading to delayed or inadequate care.
- High Costs of Advanced Diagnostics: Advanced diagnostic tools and technologies can be expensive, creating disparities in access to quality care based on geographic and economic factors.
- Integration of New Technologies: Rapid advancements in dermatological technology can be difficult to integrate into existing healthcare systems, posing challenges in maintaining up-to-date and effective treatment protocols.

1.2 Proposed System

The CNN model was developed with meticulous attention to detail and thoroughly tested to determine whether skin cancer cells are benign or malignant through sophisticated image analysis techniques. During its training phase, the model achieved an exceptional accuracy rate of 96.7%, coupled with a loss value of 0.089, which signifies a high degree of precision and effectiveness in interpreting the training data. This impressive accuracy reflects the model's ability to learn and generalize from the training set. However, when applied to real-world scenarios, the model's highest achieved accuracy level was 75.25%. Although this represents a decline from the training accuracy, it still demonstrates robust performance. Overall, the model consistently maintained an accuracy rate exceeding 70%, showcasing its reliability in distinguishing between benign and malignant skin cancer cells. This significant performance underscores the model's potential to substantially aid in the diagnostic process, enhancing both the accuracy and efficiency of skin cancer detection in practical applications.

Typical block diagram (Non-Deep Learning approach from [Glaister2013])

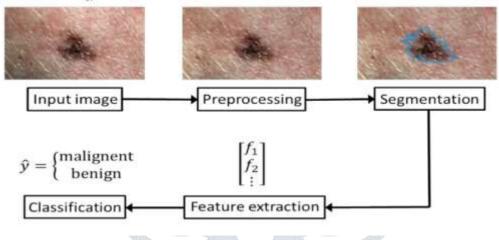


Figure 1: Modules

ISBI 2016 challenge dataset

- Skin Lesion Analysis towards melanoma detection
- 1279 RGB images
- Labelled as either benign or malignant
- Includes the binary mask for each image

	Class		
	Benign	Malignant	Total images
Training subset	727	173	900
Validation subset	304	75	379

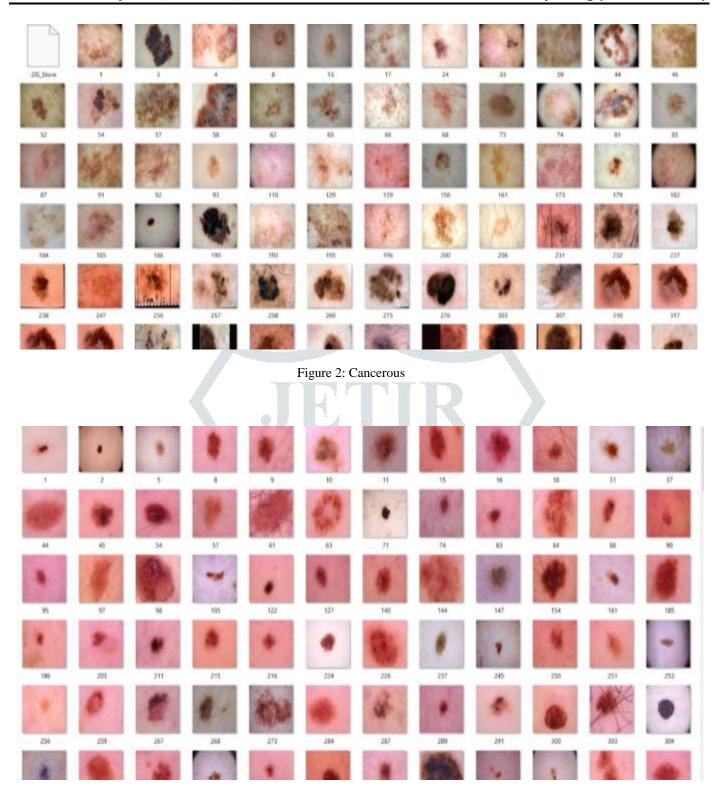


Figure 3: Non-Cancerous

1.2.1 Advantages

- Efficiency: Deep learning models can process and analyze data at speeds far beyond human capability, allowing for quicker diagnoses and treatment plans.
- Scalability: Once trained, deep learning models can be scaled to handle increasing volumes of data without a proportional increase in resources.
- Cost-effectiveness: Reducing the need for extensive manual analysis and specialist consultations can lower overall diagnostic costs.
- Training Assistance: The model can be used as a tool to train medical professionals by providing consistent examples and feedback on diagnostic accuracy.

• Personalization: Models can be fine-tuned to account for specific demographic or regional factors, improving relevance and accuracy in diverse populations.

II. LITERATURE REVIEW

2.1 Architecture

The Inception V3 is a highly advanced image recognition model that has been meticulously developed through collaborative research and iterative improvements by numerous experts in the field of deep learning. As the third iteration in Google's acclaimed series of Deep Learning Convolutional Architectures, Inception V3 represents a significant evolution from its predecessors, incorporating state-of-the-art techniques to enhance image classification performance. The model was meticulously trained on the ImageNet dataset, which comprises approximately 1 million images categorized into 1000 distinct classes. This extensive training dataset allows Inception V3 to achieve exceptional levels of accuracy and generalization.

One of the key innovations in Inception V3 is its use of inception modules. These modules apply a combination of filters of various sizes to the same input level, enabling the model to extract a rich set of features from the images. This multi-scale approach is crucial for capturing different aspects of the visual data and improving the model's overall performance. To address the high computational cost associated with these inception modules, Inception V3 introduces a technique known as the bottleneck layer. This layer employs 1x1 convolutions to reduce the dimensionality of the input data before processing it through more complex operations. By truncating the input into a smaller intermediate block, the model effectively decreases the computational load, allowing for faster and more efficient processing.

Inception V3 also includes auxiliary classifiers as part of its architecture. These auxiliary classifiers play a crucial role in regularizing the weighted loss function, which helps in stabilizing the training process and improving the model's accuracy. This regularization technique ensures that the network remains robust and avoids overfitting, enhancing its ability to generalize to new and unseen data. For optimal utilization of the pretrained weights from ImageNet, it is essential that the input images are resized to 299x299 pixels. This specific input size is tailored to match the dimensions required by the Inception V3 network, ensuring that the model can effectively leverage the pretrained weights and deliver high-quality image recognition results. Overall, Inception V3 represents a significant advancement in deep learning architecture, offering enhanced capabilities for complex image recognition tasks through its innovative design and advanced processing techniques.

2.2 Algorithm

The Convolutional Neural Network (CNN) algorithm analyzes input images of skin lesions through several convolutional layers. These layers extract and learn features at various levels, from basic textures to complex structures. The CNN captures essential patterns associated with different lesion types, refining the data through activation and pooling layers. After feature extraction, the network uses fully connected layers to synthesize the information and make predictions. The final classification layer then outputs probabilities, determining whether a lesion is benign or malignant. This process allows the CNN to effectively identify and classify skin lesions based on their visual characteristics.

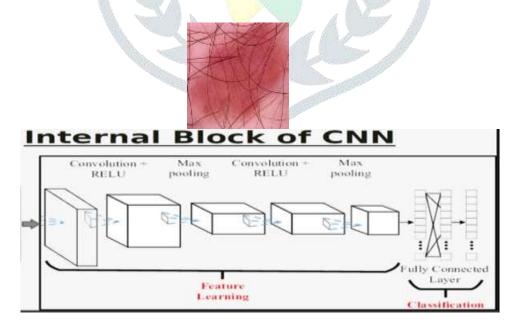


Figure 4: Algorithm Implementation

2.2.1 Convo2D:

It pulls significant characteristics from the picture. It's a mathematical process with two inputs: an image matrix and a filter or kernel. The goal is to minimize the size and learn the essential information. Image sharpening, edge detection, blurring, and other image processing tasks can all benefit from convolution with various filters.

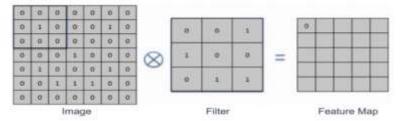


Figure 5: Convo2D

2.2.2 Maxpooling:

When handling large images in convolutional neural networks, the pooling technique is essential for reducing the number of parameters and computational complexity. This process, known as spatial pooling or subsampling, decreases the dimensionality of each feature map while retaining critical information. By aggregating data from adjacent pixels-typically through max pooling or average pooling-spatial pooling effectively simplifies the feature maps, making the model more efficient and less prone to overfitting. This technique ensures that important features are preserved, thereby improving the network's ability to process and recognize key patterns in the image while managing resource use.

2.2.3 Flattering:

To input image data into an artificial neural network, we first flatten our feature maps into a single column vector of picture pixels. This process reshapes the multi-dimensional feature maps into one-dimensional vectors, enabling the network to efficiently process and analyze the data.



Figure 6: Flattering

2.2.5 Full Connection:

The full connected layer receives the input from the convolution/pooling layer before it and generates an N-dimensional vector, where N is the number of classes to be categorized. As a result, the layer uses the probability of the neurons to identify which traits are most closely related to a certain class.

2.3 TECHNIQUES:

Data augmentation involves enhancing the training dataset by applying various transformations such as rotation, scaling, and flipping, which helps improve the model's generalization by exposing it to a wider variety of input conditions.

Transfer learning leverages pre-trained Convolutional Neural Network (CNN) models, which are then fine-tuned on the specific dataset, thereby boosting performance by utilizing previously learned features.

Regularization techniques, including dropout and batch normalization, play a crucial role in preventing overfitting and enhancing the model's robustness by ensuring that it generalizes well to new, unseen data.

2.4 TOOLS:

The project is developed using Python, which serves as the primary programming language. Key technologies employed include Keras and TensorFlow for machine learning tasks, while Numpy and Pandas are used for data manipulation and analysis. The software operates on Windows 10 (64-bit) to provide a compatible environment for these tools.

On the hardware front, a processor of Intel i5 or higher is necessary to efficiently manage computational workloads. The system should also be equipped with 1 TB of hard disk space to accommodate large datasets and model files, and 8 GB of RAM to ensure smooth and efficient processing during model training and data analysis.

These tools and specifications collectively ensure that the project runs effectively and handles the demands of machine learning tasks.

2.5 METHODS:

The project adopts an iterative and agile development methodology, prioritizing continuous improvement and adaptability through feedback. It begins with data collection and preprocessing, where a diverse set of images is acquired and prepared through various preprocessing steps. The focus then shifts to model development, involving the design and training of a Convolutional Neural Network (CNN) with careful tuning of hyperparameters to optimize performance.

Following this, the project emphasizes thorough evaluation and validation by assessing the model's performance through cross-validation techniques and testing on distinct validation datasets to ensure robustness. Finally, the deployment and integration phase involves creating a user-friendly interface to facilitate the model's application in clinical settings, ensuring that it is practical and accessible for end users.

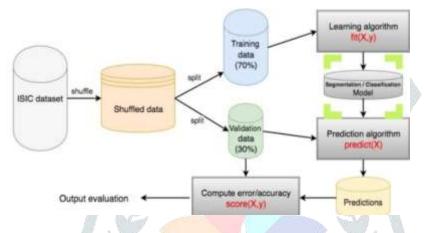


Figure 7: Method Scheme

METHODOLOGY

INPUT:

Data Augmentation:

The goal of data augmentation is to enhance the model's robustness and generalization to new data. This involves transforming the original training images through various techniques such as rotations, translations, flips, and changes in brightness or scale. These modifications generate additional, diverse examples from the existing images, helping the model adapt better and improve its accuracy on unseen data. The input for this process is the original set of training images, which are augmented to create a more varied dataset that helps in reducing overfitting and improving model performance.

Image Normalization:

Image normalization aims to standardize pixel values to optimize training efficiency. This technique adjusts the raw pixel values of images to a consistent distribution, often scaling them to a range of 0 to 1 or standardizing to zero mean and unit variance. Normalizing images before they enter the neural network helps in speeding up convergence during gradient descent and makes computations less demanding. The input here is the raw pixel values of the images, which are normalized to ensure that the network processes them more effectively and efficiently users.

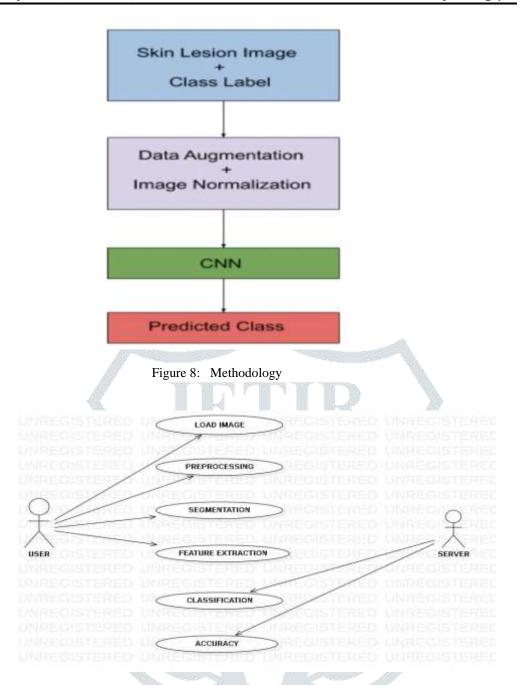


Figure 9: UML-Modules

METHOD OF PROCESS:

Data Augmentation involves applying various transformations to the original images, including rotations, translations, flips, and adjustments in scale or brightness. These transformations generate additional training examples, diversifying the dataset and exposing the model to a wider range of image variations. By doing so, the model's accuracy and ability to generalize to new data are improved, as it becomes more adept at handling different types of image inputs.

Image Normalization involves adjusting the pixel values of images to follow a consistent distribution. This is typically done by scaling pixel values to a range of 0 to 1 or standardizing them to have zero mean and unit variance. Normalization is performed before the images are input into the neural network, which helps in accelerating the convergence during gradient descent. Additionally, by simplifying the pixel value range, normalization reduces the computational demands, making the training process more efficient.

OUTPUT:

The anticipated outcome is a sophisticated diagnostic platform designed to deliver highly accurate, consistent, and accessible evaluations of skin lesions, distinguishing between benign and malignant conditions. This cutting-edge tool will harness advanced algorithms and real-time data analysis to provide dermatologists with timely and precise predictions, significantly enhancing the early detection and diagnosis of skin cancer. By integrating this technology into clinical practice, the platform aims to support medical professionals in making informed decisions, ultimately improving patient outcomes and streamlining the diagnostic process for skin-related concerns.

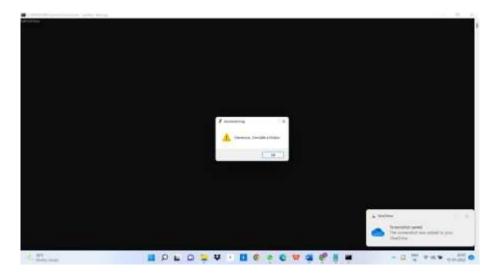


Figure 10: Output Image

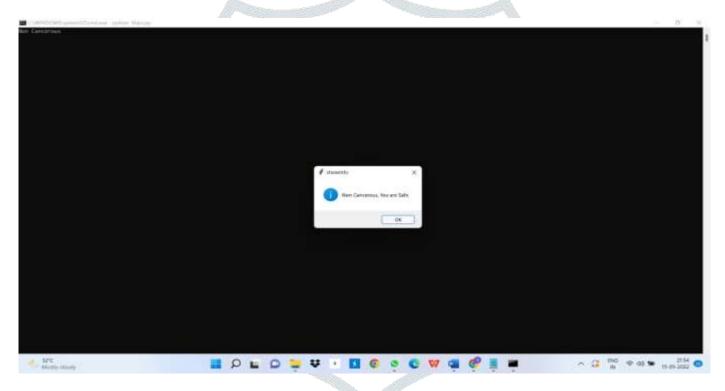


Figure 11: Output Image

CONCULUSION:

In recent advancements, a CNN-based approach has been introduced to enhance the classification between benign and malignant cases. Traditional methods often involve significant time and effort for accurate detection, as they rely heavily on manual analysis by doctors. However, the CNN-based model streamlines this process by leveraging random images, enabling quicker and more precise identification. Among various models, the use of advanced architectures like Inception v3 has shown promising results, achieving an impressive accuracy rate of 80-85%. This marks a significant improvement over conventional techniques, demonstrating the potential of deep learning in transforming medical diagnostics and expediting the detection of critical conditions.

FUTURE SCOPE:

The future scope for skin cancer detection models is promising, with several key areas for advancement. Enhancing data augmentation through techniques like generative adversarial networks (GANs) could improve model performance. Additionally, exploring advanced normalization methods may further optimize training. Integrating multi-modal data, such as genetic and clinical information, could provide more comprehensive diagnostics. Developing real-time and mobile applications would increase accessibility, especially in underserved regions. Implementing continuous learning systems to adapt to new data and advancing explainable AI techniques could improve model accuracy and trustworthiness.

These advancements have the potential to significantly enhance skin cancer detection and patient outcomes. Furthermore, leveraging the power of deep learning and convolutional neural networks (CNNs) can lead to more precise and early detection, reducing the mortality rates associated with skin cancer. Collaboration between dermatologists, data scientists, and researchers will be crucial in refining these models to ensure they are both clinically relevant and technically robust. As technology evolves, incorporating telemedicine and remote consultation capabilities will allow for broader reach and timely interventions.

Additionally, creating large, diverse, and representative datasets will be essential to train models that generalize well across different populations and skin types. Ethical considerations, such as patient privacy and data security, must also be addressed to foster trust and compliance with regulatory standards. By focusing on these areas, the field of skin cancer detection can make significant strides in early diagnosis, personalized treatment plans, and ultimately, better patient care.

III. Acknowledgement



Mrs. Pinnamraju.T.S.Priya working as Assistant Professor in Master of Computer Application (MCA) in Sanketika Vidya Parishad Engineering College, Visakhapatnam, Andhra Pradesh. She has 6years of experience in master of computer application (MCA), Accredited by NAAC with her area of interests in C, Computer Organization, Software Engineering, IOT, AI.



Mr. Dunga Yuva Nagasai is perusing his final semester MCA in Sanketika Vidya Parishad Engineering College, accredited with A grade by NAAC, affiliated by Andhra University and approved by AICTE. With interest in Artificial intelligence Mr. Dunga Yuva Nagasai has taken up his PG project on Skin Cancer Prediction Website and published the paper in connect to the project under the guidance of Mrs. Pinnamaraju.T.S.Priya, Assistant professor, SVPEC.

References

Book reference:

[1]. Apalla Z, Lallas A, Sotiriou E, Lazaridou E, Ioannides D. Epidemiological trends in skin cancer. Dermatol Pract Concept. 2017;7(2):1-6. doi:10.5826/dpc.0702a01. PubMed Google Scholar.

[2]. Lomas A, Leonardi-Bee J, Bath-Hextall F. A systematic review of worldwide incidence of nonmelanoma skin cancer. Br J Dermatol. 2012;166(5):1069-1080. doi:10.1111/j.1365-2133.2012.10830.x. PubMed Google Scholar.

- [3]. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2018;68(6):394-424. doi:10.3322/caac.21492. PubMed Google Scholar.
- [4]. Taiwan Cancer Registry. Cancer statistics. http://tcr.cph.ntu.edu.tw/main.php?Page=N2. Accessed May 1, 2019.
- [5]. Sng J, Koh D, Siong WC, Choo TB. Skin cancer trends among Asians living in Singapore from 1968 to 2006. J Am Acad Dermatol. 2009;61(3):426-432. doi:10.1016/j.jaad.2009.03.031. PubMed Google Scholar.
- [6]. Loh TY, Ortiz A, Goldenberg A, Brian Jiang SI. Prevalence and clinical characteristics of nonmelanoma skin cancers among Hispanic and Asian patients compared with white patients in the United States: a 5-year, single-institution retrospective review. Dermatol Surg. 2016;42(5):639-645. doi:10.1097/DSS.0000000000000694. PubMed Google Scholar.
- [7]. Agbai ON, Buster K, Sanchez M, et al. Skin cancer and photoprotection in people of color: a review and recommendations for physicians and the public. J Am Acad Dermatol. 2014;70(4):748-762. doi:10.1016/j.jaad.2013.11.038. PubMed Google Scholar.
- [8]. Zak-Prelich M, Narbutt J, Sysa-Jedrzejowska A. Environmental risk factors predisposing to the development of basal cell carcinoma. Dermatol Surg. 2004;30(2, pt 2):248-252. PubMed Google Scholar.
- [9]. Berlin NL, Cartmel B, Leffell DJ, Bale AE, Mayne ST, Ferrucci LM. Family history of skin cancer is associated with early-onset basal cell carcinoma independent of MC1R genotype. Cancer Epidemiol. 2015;39(6):1078-1083. doi:10.1016/j.canep.2015.09.005. PubMed Google Scholar.
- [10]. Dusingize JC, Olsen CM, Pandeya NP, et al; QSkin Study. Cigarette smoking and the risks of basal cell carcinoma and squamous cell carcinoma. J Invest Dermatol. 2017;137(8):1700-1708. doi:10.1016/j.jid.2017.03.027. PubMed Google Scholar.
- [11]. Oberyszyn TM. Non-melanoma skin cancer: importance of gender, immunosuppressive status and vitamin D. Cancer Lett. 2008;261(2):127-136. doi:10.1016/j.canlet.2008.01.009. PubMed Google Scholar.
- [12]. O'Gorman SM, Murphy GM. Photosensitizing medications and photocarcinogenesis. Photodermatol Photoimmunol Photomed. 2014;30(1):8-14. doi:10.1111/phpp.12085. PubMed Google Scholar.
- [13]. Tang H, Fu S, Zhai S, Song Y, Han J. Use of antihypertensive drugs and risk of malignant melanoma: a meta-analysis of observational studies. Drug Saf. 2018;41(2):161-169. doi:10.1007/s40264-017-0599-x. PubMed Google Scholar.
- [14]. Pedersen SA, Gaist D, Schmidt SAJ, Holmich LR, Friis S, Pottegård A. Hydrochlorothiazide use and risk of nonmelanoma skin cancer: a nationwide case-control study from Denmark. J Am Acad Dermatol. 2018;78(4):673-681.e9. doi:10.1016/j.jaad.2017.11.042. PubMed Google Scholar.
- [15]. Vuong K, McGeechan K, Armstrong BK, Cust AE. Risk prediction models for incident primary cutaneous melanoma: a systematic review. JAMA Dermatol. 2014;150(4):434-444. doi:10.1001/jamadermatol.2013.8890. PubMed Google Scholar.
- [16]. Vuong K, Armstrong BK, Weiderpass E, et al; Australian Melanoma Family Study Investigators. Development and external validation of a melanoma risk prediction model based on self-assessed risk factors. JAMA Dermatol. 2016;152(8):889-896. doi:10.1001/jamadermatol.2016.0939. PubMed Google Scholar.
- [17]. Olsen CM, Neale RE, Green AC, Webb PM, Whiteman DC; The QSkin Study; The Epigene Study. Independent validation of six melanoma risk prediction models. J Invest Dermatol. 2015;135(5):1377-1384. doi:10.1038/jid.2014.533. PubMed Google Scholar.
- [18]. Whiteman DC, Thompson BS, Thrift AP, et al; QSkin Study. A model to predict the risk of keratinocyte carcinomas. J Invest Dermatol. 2016;136(6):1247-1254. doi:10.1016/j.jid.2016.02.008. PubMed Google Scholar.
- [19]. Wang W, Jorgenson E, Ioannidis NM, Asgari MM, Whittemore AS. A prediction tool to facilitate risk-stratified screening for squamous cell skin cancer. J Invest Dermatol. 2018;138(12):2589-2594. doi:10.1016/j.jid.2018.03.1528. PubMed Google Scholar.
- [20]. van der Geer S, Kleingeld PA, Snijders CC, et al. Development of a non-melanoma skin cancer detection model. Dermatology. 2015;230(2):161-169. doi:10.1159/000369790. PubMed Google Scholar.
- [21]. Roffman D, Hart G, Girardi M, Ko CJ, Deng J. Predicting non-melanoma skin cancer via a multi-parameterized artificial neural network. Sci Rep. 2018;8(1):1701. doi:10.1038/s41598-018-19907-9. PubMed Google Scholar.

[22]. Hippisley-Cox J, Coupland C. Development and validation of risk prediction algorithms to estimate future risk of common cancers in men and women: prospective cohort study. BMJ Open. 2015;5(3). doi:10.1136/bmjopen-2015-007825. PubMed Google Scholar.

[23]. Cheng Y, Wang F, Zhang P, Hu J. Risk prediction with electronic health records: a deep learning approach. Presented at: 2016 SIAM International Conference on Data Mining; May 5-7, 2016; Miami, Florida.

