



Research Article

Volume-04|Issue-03|2024

Image Segmentation for Brain Tumor Prognosis

Akshay Hiremath¹, Shivam Kumar Rai^{*2}, Ajay S Khot³, Sanju Sidagireppa Jakkannavar⁴, Dr. Madhumathy P⁵

^{1,2,3,4}Student, Department of Electronics Communication & Engineering, RV Institute of Technology and Management, Bengaluru, Karnataka, India.

⁵Professor, Department of Electronics Communication & Engineering, R V Institute of Technology and Management, Bengaluru, Karnataka, India.

Article History

Received: 20.05.2024

Accepted: 05.06.2024

Published: 30.06.2024

Citation

Hiremath, A., Rai, S. K., Khot, A. S., Jakkannavar, S. S., & Madhumathy, P. (2024). Image Segmentation for Brain Tumor Prognosis. *Indiana Journal of Multidisciplinary Research*, 4(3), 167-169.

Abstract: Brain tumor prognosis is crucial for effective treatment planning and patient management. Image segmentation plays a significant role in extracting meaningful information from medical images for accurate diagnosis and prognosis. This paper proposes a novel approach for brain tumor prognosis using image segmentation techniques. The proposed method utilizes deep learning-based segmentation models to accurately delineate tumor regions from magnetic resonance imaging (MRI) scans. Subsequently, various tumor features are extracted to quantify tumor characteristics. Machine learning models are then employed to predict the prognosis based on these extracted features. Experimental results on a publicly available brain tumor segmenting brain tumors and predicting prognosis.

Keywords: Deep learning, Python, CNN, MRI X-rays

Copyright © 2024 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0).

INTRODUCTION

Brain tumors are among the most challenging medical conditions, with prognosis playing a pivotal role in treatment planning and patient management. Accurate prognosis estimation is essential for selecting appropriate therapeutic strategies and predicting patient outcomes. Image segmentation has emerged as a vital tool in medical image analysis, enabling the precise delineation of tumor boundaries from magnetic resonance imaging (MRI) scans. By providing detailed information about tumor characteristics, image segmentation facilitates the extraction of features crucial for prognosis [1]. In recent years, deep learning-based segmentation methods have shown remarkable performance in medical image analysis tasks, including brain tumor segmentation. [2],

MATERIALS AND METHODS

Image segmentation for brain tumor detection involves a multi-step process that begins with acquiring medical imaging data, typically MRI scans, and utilizing software tools such as MATLAB, Python libraries like Open CV, or specialized medical imaging software like 3D Slicer. [3], The materials required include not only the imaging data but also hardware such as powerful computers or GPUs for efficient processing. Once the data is prepared, preprocessing steps like noise reduction, intensity normalization, and resampling are applied to ensure accurate segmentation. Feature extraction techniques, including texture analysis

and intensity histograms, help to identify relevant characteristics of the tumor

Magnetic Resonance Imaging (MRI) scans are commonly used due to their high resolution and ability to differentiate soft tissues. [4] ensures M. H. Memon *et al.*, [5] advocate the use of Convolutional Neural Networks (CNNs) in the feature extraction stage to capture complex and abstract features from computerized tomography (CT) images that may not be easily recognizable by human experts. This allows for a more comprehensive analysis and understanding of the images. Furthermore, the LSTM network, known for its ability to learn temporal dependencies and patterns, is incorporated into the classification module. By integrating CNNs and LSTM, The proposed approach offers powerful and efficient approach for accurate infection detection and classification. The CNNs extract informative features from the CT images, while the LSTM network leverages its temporal modelling capabilities to capture the sequential patterns within the data. This combined approach enhances the model's ability to accurately classify infections, contributing to improved diagnostic outcomes and patient care. This research looked at the proposal and suggests using the Harmony, the search-based Hyperparameter Optimization (HHO) algorithm is used to determine the best hyper parameter values for both the Convolutional Neural Network and the LSTM network. The suggested methodology uses the HHO algorithm to automate the process of hyperparameter tweaking, lowering the burden of manual selection and optimizing the model's performance.

METHODOLOGY

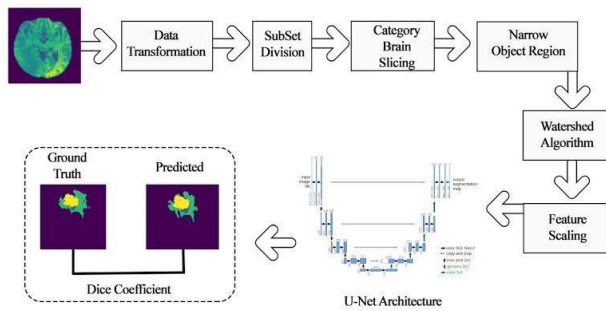


Figure 1: Block Diagram of Methodology

Scaling, normalization, and data separation into training and testing data are all part of the dataset preprocessing. Following that, the pre-processed data is input into the constructed CNN network, which is then subjected to transfer learning techniques.

Data Collection: Obtain a dataset of brain MRI scans with annotated tumor regions for training and evaluation. Datasets such as the BraTS (Brain Tumor Segmentation) dataset can be used. Covid Detection

Image Pre-Processing: Normalize the intensity of the MRI images to reduce the variability between images. Rescale the images to a uniform size to ensure consistency and reduce computational load. Optionally, perform skull stripping to remove non-brain tissue from the images. CNN Network Developed

Image Segmentation: Utilize a deep learning-based image segmentation model, such as U-Net, DeepLabv3, or a similar architecture, to segment the brain tumor regions from the MRI scans. Train the segmentation model on the annotated MRI dataset. The model should learn to identify and segment tumor regions accurately. Augment the dataset to increase variability and improve the robustness of the segmentation model.

Feature Extraction: Once the tumor regions are segmented, extract relevant features from the segmented regions.

Prognosis Prediction: Utilize machine learning models such as Random Forest, Support Vector Machines (SVM), or Gradient Boosting Machines (GBM) for prognosis prediction. Train the prognosis prediction model using the extracted features from the segmented tumor regions. The prognosis prediction model will be trained to predict the patient's prognosis based on the extracted features. Split the dataset into training and testing sets (e.g., 80% training, 20% testing) to evaluate the model's performance. Perform hyperparameter tuning to optimize the performance of the prognosis prediction model.

Evaluation: Evaluate the performance of the segmentation model using metrics such as Dice

similarity coefficient, sensitivity, specificity, and Hausdorff distance. Assess the performance of the prognosis prediction model using metrics such as accuracy, sensitivity, specificity, and area under the ROC curve (AUC). Validate the model using k-fold cross validation to ensure robustness. Compare the results with existing methods to assess the proposed methodology's effectiveness.

Implementation: Implement the proposed methodology using a programming language like Python, utilizing libraries such as Tensor Flow, Keras, PyTorch, or similar.

Validation: Validate the proposed methodology on a separate test dataset to ensure its generalization ability. Deployment : Once validated, deploy the model for practical use, ensuring it is user-friendly and integrates seamlessly into clinical workflows.

RESULTS

The results of image segmentation of brain tumors typically include segmented regions that outline the tumor boundaries within the MRI scans. These results may be visualized as overlays on the original images, with the tumor regions highlighted or labeled. Additionally, quantitative metrics such as Dice Similarity Coefficient (DSC), Sensitivity, Specificity, and Hausdorff distance may be calculated to assess the accuracy of the segmentation results compared to manual annotations or ground truth labels. The effectiveness of the segmentation can also be evaluated by comparing it to clinical outcomes and treatment responses, providing valuable insights into the performance of the segmentation method and its potential impact on patient care.

Final Output of Segmentation

The loss and accuracy graphs are divided into parts, specifically before and after implementation of TransferLearning.

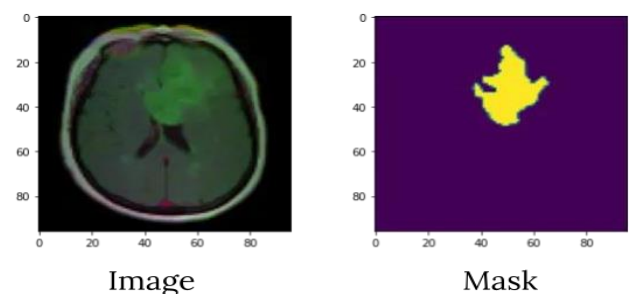


Figure 2: Segmentation Image

CONCLUSION

With the help of medical professionals, we hope to improve the accuracy of pneumonia and COVID-19 stage predictions. We identified Convolution Neural Networks (CNN) as a promising solution by employing user-friendly approaches and multiple

supervised classification algorithms. Our model outperformed numerous previous models with an outstanding accuracy rate of 96%. Furthermore, our optimization efforts, such as fine-tuning the number of epochs and training cycles for ultrasound scan images, improved overall model performance. This method has the potential to greatly assist medical practitioners in making more accurate diagnostic and treatment decisions.

REFERENCES

1. Lalitha, K. S., & Thanamani, A. S. (2020). A comprehensive survey on brain tumor detection and classification using MRI. *Journal of Ambient Intelligence and Humanized Computing*, 11(3), 1011-1031.
2. Emami, H., Dong, M., Nejad, N. M., Samavi, S., & Karimi, N. (2018). Glioma tumor grade identification using a hybrid model based on fuzzy systems and mathematical morphology. *Computer Methods and Programs in Biomedicine*, 165, 95-108.
3. Bakas, S., Reyes, M., Jakab, A., Bauer, S., Rempfler, M., Crimi, A., Shinohara, R. T., Berger, C., Ha, S. M., Rozycki, M., & Bilello, M. (2018). Identifying the best machine learning algorithms for brain tumor segmentation, progression assessment, and overall survival prediction in the BRATS challenge. *arXiv preprint arXiv:1811.02629*.
4. Isensee, F., Kickingereder, P., Wick, W., Bendszus, M., & Maier-Hein, K. H. (2017). Brain tumor segmentation and radiomics survival prediction: Contribution to the BRATS 2017 challenge. In *International MICCAI Brainlesion Workshop 2017* (pp. 287-297). Springer, Cham.
5. Han, S., Zhou, Y., Yap, P. T., & Shen, D. (2020). Collaborative learning of semi-supervised segmentation and classification for medical images. *IEEE Transactions on Medical Imaging*, 39(7), 2397-2406.
6. Soltaninejad, M., Yang, G., Lambrou, T., Allinson, N., Jones, T. L., Barrick, T., & Hojjat, A. (2017). Automated brain tumour detection and segmentation using superpixel-based extremely randomized trees in FLAIR MRI. *International Journal of Computer Assisted Radiology and Surgery*, 12(4), 565-586.
7. Thakkar, D., Mistry, K., Thakkar, H., & Thakkar, M. (2020). Brain tumor segmentation using deep learning: A comparison of U-Net and 3D U-Net. *Journal of Imaging*, 6(1), 11.
8. Zhao, Z., Wu, J., Liu, H., Yuan, T., Zhang, J., Zheng, Y., Huang, K., & Tian, J. (2020). Iterative multi-domain regularized deep learning for automatic brain tumor segmentation and uncertainty quantification. *Medical Image Analysis*, 61, 101645.
9. Yasaka, K., Akai, H., Kunimatsu, A., Abe, O., & Kiryu, S. (2018). Liver fibrosis: Deep convolutional neural network for staging by using gadoteric acid-enhanced hepatobiliary phase MR images. *Radiology*, 286(1), 146-155.
10. Dvořák, P., Menze, B. H., Schmidt-Richberg, A., Biller, A., & Handels, H. (2015). Glioma image segmentation with random forests. In *Medical Image Computing and Computer-Assisted Intervention—MICCAI 2015* (pp. 374-381). Springer, Cham.
11. Van Griethuysen, J. J., Fedorov, A., Parmar, C., Hosny, A., Aucoin, N., Narayan, V., Beets-Tan, R. G., Fillion-Robin, J. C., Pieper, S., & Aerts, H. J. (2017). Computational radiomics system to decode the radiographic phenotype. *Cancer Research*, 77(21), e104-e107.
12. He, J., Baxter, S. L., Xu, J., Xu, J., Zhou, X., & Zhang, K. (2019). The practical implementation of artificial intelligence technologies in medicine. *Nature Medicine*, 25(1), 30-36.