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REVIEW ON LUNG CANCER DETECION USING DEEP LEARNING

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ABSTRACT

This review provides a detailed approach to detecting lung cancer from CT (computed tomography) scans and other methods using deep residual learning. Scans provide valuable data in diagnosing lung diseases. The primary aim of this work is to compare the provided lung data input for the identification of cancerous lung-nodules . The effectiveness of the cancer prediction system helps people know their cancer risk at a low cost, and also helps them make the right decision based on their cancer risk status.

KEYWORDS

Deep learning, neural networks, Radiographs, CT scans, Residual Units, lung nodules, Artificial Neural Network, Gradient Tree Boosting.

INTRODUCTION

The worldwide leading cause for cancer-related deaths is due to lung cancer. The significant steps in detecting early-stage cancer are figuring out whether any pulmonary nodules inside the lungs could develop into a tumor. This review aims to determine the likelihood that a given CT scan data of the lungs will be cancerous.

The Computer-Aided Diagnostic system (CAD) is an efficient medical diagnostic system and is essential for the practicality of medical imaging today. The doctor creates an additional second opinion using the Computer-Aided Diagnostic system for obtaining an accurate diagnosis for the treatment to be effective.

Deep Learning consists of multiple layers of processing to achieve a high level of abstraction when learning data representations in different domains such as speech recognition and visual object recognition. Deep learning techniques for segmenting medical images received a lot of interest because they can process and learn large amounts of data quickly and accurately.

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EXISTING METHODS

Different architectures are proposed and compared in various studies, mainly the Convolutional-Neural-Network (CNN) and its variations. CNN can be used in both 2D (known as 2D CNN / ConvNet) and 3D data (known as 3D CNN / C3D / 3D ConvNet). CNN is very similar to normal neural networks, neural network's consist of neurons with learnable weights and distortions. Every neuron in the neural network, receives some input, performs a dot product on it, and is conditionally tracked with a nonlinearity modified for different applications and data sets. For image segmentation, CNN is modified and various architectures formed such as UNet, SegNet, FCN, Enet, DenseNet, DilatedNet, PixelNet, ICNet, ERFNet, DeconvNet and many more in FPSO in order to reduce the complexity of computation in the CNN . FPSOCNN improves CNN's efficiency. This review also explores the possibility of using an artificial neural network (ANN) model for the detection the existing cancerous lung nodules. The ANN plays a significant role in better data set analysis, classification and feature extraction of these cancerous nodules. Another method, GCMS is a method used to identify a specific chemical in the human body that aids in diagnosing lung cancer.

LITERATURE SURVEY

Hiroki Yamagishi, et.al [1] conveyed in their research "Lung Cancer Diagnosis Deep Learning Application Test for Medical Sensor Systems". The main goal is to create simple health monitoring system that can predict some diseases by analyzing and detecting data such as breath, saliva, and urine, which can be collected without harming the human body. Biomarkers in human urine can be identified by gas chromatography, mass spectrometer (GCMS) which are converted into numerical data such as properties, retention time, mass-to-charge ratio, and ionic strength, images in Deep Neural Network are classified into some classes by extracting features from image pixel data, Deep Neural Networks are also effective in identifying lung cancer patients from GC-MS data of a patient's urine.

The patient's urine is converted into three-dimensional data by GCMS, this data is input into the neural network. The data are normalized before the calculation and is used in the primary layer of the neural network. The neural network's output is expressed in one of two values: either the patient has lung cancer or the person does not. The neural network is repeatedly trained with the backpropagation method and results in better accuracy. We evaluate the results and optimize the normalization path. Learning parameters and network structure. The approach is evaluated by comparing precision, sensitivity and specificity. Sensitivity is the proportion of estimated cancer patients to actual cancer patients, specificity is the proportion of estimated healthy patients to healthy patients, and precision is the proportion of correctly estimated patients to all patients, this shows the condition and results of the experiment, the proposed method works well and achieved an accuracy of 90 percent, this precision is sufficient for the pre-diagnosis and means that this method has shown the possibility of detecting lung cancer without any medical knowledge or experience, but with just Deep Neural Network.

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The system uses GCMS data from human urine to successfully identify lung cancer. However, the instrument of the GCMS system is too large to be used in daily life. This research teams goal is to mount this system on a small device without a GCMS. The team is developing a flexible sensor node that can combine several small sensors on-site and process detection data. The final challenge was to find a smaller, more effective set of chemical sensors and a mapping of the function of the deep neural network and analyze the Deep Neural Network they had generated to make it more compact for the purpose.

Bohdan Chapaliuk, et.al [2]. A common tool for diagnosing lung cancer is a computed tomography (CT) scan. CT scans consist of a several x-rays shows a 3D visual of the specific tissue being scanned. When stacking, all serial x-ray images can be incorporated into a 3D image of the scanned body. The CT scan is treated as 3D medical data and this data is utilized in the progression of the automated diagnostic model. Specific spots in the lung that may show features of cancer is known as the lung nodule, and have a diameter of 7-30mm Related work methods used to resolve memory problem several strategies might be used: -2D CNN, 3D CNN (vnet or RCNN based approach) RNN (recurrent neural network) (2D CNN combined by RNN). This dataset contains CT scans of over a 1000 patients with labels on which patient has lung cancer. The data of one patient consist of the set of x-ray images, where each image looks like a slice of a human lung and lung cancer label which was determined after an year of scanning. DSB dataset contains 1397 patients scan images in the training dataset, 198 patient scan images in validation set and 506 patient scans in the test set. Available training set is highly unbalanced and contains 1035 samples which do not contain lung cancer and 362 samples which are confirmed with cancer. The experiments had checked several types of approaches to determine lung cancer in the computed tomography images. First, trained C3D and 3D DenseNet network for whole image classification. They show quite similar results, however, DenseNet show a bit higher accuracy. Results on neural networks which are trained for identifying Lung Cancer on the entire lung's 3D image show worse accuracy in comparison to the two-stage approach, when two different neural networks are trained for segmentation and classification. Recurrent neural networks show competitive accuracy and performance, primary goal of the research is to increase the network ability to learn with less quantities of data and an ability to use high-resolution patient data.

Diksha Mhaske, et.al [3] conveys in their paper, Machine-learning-algorithms as well as deep-learning algorithms are the two emerging techniques that have recently attracted many researchers. Deep-learning methods have also achieved great success in computer and technological vision. The technique used here perform a uniform feature extraction, classification framework for users and also free them from handcrafted feature extraction which are troublesome. Deep-learning techniques offer the

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opportunity to increase the efficiency of the early detection of diseases. This work aims to develop an advanced computer-aided diagnostic (CAD) system with the help of deep learning algorithms that extracts data from images of CT scans and gives accurate information. Here, deep learning techniques, namely the Convolutional Neural Network and the Recurrent Neural Network, are being used to propose a model for computed tomography diagnosis of lung cancer and to achieve high precision. The traditional method of entering segmented CT scans directly into CNN 3D for classification proved inadequate. In [2], therefore, a modified UNet which was trained on LUNA16 data was used in order to recognize nodules in the lungs. The most likely nodal candidates were located by the UNet output and entered into a Convolutional-Neural-Networks (CNN), which classified the CT scan as either positive or negative for having lung cancer. The planned CAD system performed better than currently in use CAD systems, allowing for more efficient training, better accuracy, and greater generalization to other cancers. An image-based CAD algorithm had been created that uses regions with CNN characteristics (RCNN) to identify lung abnormalities. RCNN was used to detect different categories of lung abnormalities such as pulmonary nodules and diffuse lung disease unique for lung cancer detection using image analysis problems, a new deep learning algorithm was proposed to learn high-level image representation to achieve high classification precision in binary medical image classification tasks. They evaluated the model on Kaggle Data Science Bowl 2017 (KDSB17) data set, and compared it with some related works proposed in the Kaggle competition. Was to accurately model the form of the recognized lung nodules with the help of a new seventh-order MGRF model. The two groups of traits fed to a deep autoencoder (AE) classifier to differentiate between malignant (cancerous) and benign (non-cancerous) nodules with a detection accuracy of 91.20%. In it a Unet architecture was suggested for segmenting lung CT images. This proposed architecture consisted of a shrinking path that extracted high-level information and a symmetrical expansion path that recovered the required information. Cube coefficient Method used is CNN-LSTM system, The Lung Image Database Consortium (dataset) is used in this work, the dataset (LIDC-IDRI) consists of lung cancer screening CT scans (thoracic). In conclusion the proposed system is a hybrid CNN-LSTM model used for Lung cancer detection. The process starts with accepting CT Images. These CT images are further pre-processed and segmented. Finally the classification is done using proposed CNN-LSTM algorithm. In this, CNN model performs the feature extraction and LSTM model performs prediction and classification. The proposed CNN-LSTM system is compared with other existing detection models based on the accuracy measure. This work aims to improve the accuracy of the prediction systems. This aim is achieved by the proposed system as it provides a precision of 97%, which currently is the highest accuracy achieved so far.

Jong Hyuk Lee, et.al [4] conveys in their paper, performance of a deep learning algorithm on chest radiographs for detection of lung cancer in a health screening population is unknown. Tests performed

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on samples of deep learning algorithms performed with chest x-rays from individuals who underwent a full medical examination (validation test) between July and December 2008, Detection of visible lung cancer to evaluate the area under the operative characteristic of the receptor, curve (AUC) and diagnostic measures, including sensitivity and false positive rate (FPR); The performance of the algorithm was compared to the performance a of radiologists using the McNemar test along with the Moskowitz method; In addition, the deep learning algorithm was applied to a screening cohort that underwent chest radiography between 2008 January and 2012 December and their performance was calculated. The results in a validation test consisting of 10285 radiographs belonging to 10202 individuals of which 5857 were men with 10 radiographs of confirmed lung cancers, the algorithm showed comparable sensitivity (90%) to that of a radiologists (60%), In short, a deep learning algorithm detected lung cancer on chest x-rays with comparable accuracy to that of a radiologists and helps radiologists predict lung cancer in healthy populations with better accuracy and prediction rates.

Ruchita Tekade et.al[5], Hongyang Jiang offers a different approach to preprocessing lung CT photographs before delivering them to the CNN architecture. This results in better results as there
There are so many unmapped areas that the correctness by feature extraction can be reduced. Objects can overlap in 2D images, which mean that detection can have a high false-positive rate.

Therefore, Xiaojie Huang et al. makes use of 3D cnn images to find pulmonary nodules with the us of 3D cubes from lung CT scans. Since 3D images provide a clearer picture of objects, 3DCNN compares well with 2DCNN BotongWu etal. 3D UNet architecture. In this thesis, nodule identification & malignancy prediction are performed simultaneously by learning high-level attributes from the lower part of UNet and 3DCNN, where segmentation was done. On the basis of this literature review it is concluded that 3DCNN is always better to achieve good results from the application. The combination of different approaches enables a different handling the information and also delivers better results.
Dataset used within the paper is from TCIA repository named as, LIDC-IDRI(LungImage DatabaseConsortiumandImageDatabaseResource Initiative). This data contains 1010 patient cases and 1018 scans acquired from them in DICOM format. This dataset also contains the labels of malignancy level by the lung nodule. There are 4 levels of malignancy mentioned in the dataset as 0 = Unknown, 1 = Benign or non- malignant disease, 2 = Malignant, Primary lung cancer, 3 = malignant metastatic. Benign are the lung tissues which grow gradually and this growth stop at certain point. These tissues are commonly non- cancerous and does not affect seriously to health. And malignant tissues are cancerous and grow very fast. These tissues can affect to other body parts also.
Kaggle Data Science Bowl was a competition held in 2017 to increase the efficacy of algorithms for categorizing the cancer and to detect if nodules of CT scans are malignant i.e. cancerous. The dataset have two stages but only first stage is used in the paper. This stage 1 data contains 1595 patient cases with 285380 computerized tomography picutres in DICOM format. If nodule is benign then value is 0 and if malignant then it 1. These labels are made use to classify the cancer. Some information are from LIDC-IDRI and some from LUNA16 and Kaggle Data Science Bowl 2017 are combined to

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identify nodules location in CT scans and categorize the cancer types respectively.

The ultimate aim of the technique is to improve the efficiency of detecting nodules in lungs and degree of malignancy prediction using pulmonary CT images. This experiment is performed with LIDC IDRI, LUNA16 and Data Science Bowl 2017 data sets on Tesla K20 GPUs with CUDA. The UNet architecture is opted for segmenting the nodules in lungs from lung computed tomography images and the proposed VGG-like 3D multi-path architecture is intended to classify nodules in lungs and predict the extend of malignancy. This is useful in predicting whether or not the patient will have cancer in the next two years.

Siddharth Bhatia et.al[6], conveys in this article that the by Hua et. al simplifies the image analysis process for conventional computer aid lung cancer diagnostics. Sun etal, experimented with Convolutional Neural Networks (CNN), Deep Belief Networks (DBN) and Automatic Noise Encoder (SDAE) in the collection of the LIDCIDRI (LungImageDatabaseConsortium), with accuracies 79%, 81% and 79%, respectively. LIDCIDRI image collection contains CT (computedtomography) scans of chest for the diagnosis and detection of annotated lung cancer with lesions. It consists of a thousand or more high-risk patient scans in DICOM image format. Each scan contains a bunch of images with multiple axial slices of the
thoracic cavity. Each scan has a variable number of 2D, slices, which can vary by different device performing the scan and the patient.

have a header that contains the details about the patient id, also other scan parameters such as the slice thickness.

Deepresidualnetworks have emerged as a family of extremely deep architectures that have convincing precision and good convergence behavior. DeepResidualNetworks(ResNets) consist of many stacked "Residual Units". Each subsequent layer in a deepneuralnetwork is basically only responsible for fine-tuning the result of the previous layer by simply adding a learned "remainder" to the input. This differs from a more traditional way where every layer had to generate the whole desired output.

Extreme Gradient Boosting builds upon the criteria of “boosting” many vulnerable predictive fashions right into a robust one, with the structure of ensemble of vulnerable fashions which is referred as Gradient Tree Boosting. There is a lot of gradient tree boosting algorithms, however particularly XGBoost makes use of second-order approach with the help of using Friedman etal and employs a greater regularized version formalization to manipulate over-fitting, which offers it higher performance. Random Forest Classifier is a meta-estimator based on subsampling over many decision trees which controls over-fitting well. The basis of random forest is that randomization over many decision trees can increase the accuracy of the general classification by boosting the selection rates of features that contribute more toward the classification among others.

The preprocessing step includes a chain of packages of vicinity developing and morphological operations. It identifies and separates the lung systems and nodules to resource the characteristic extraction. Segmenting lungs from the CT test objectives to become aware of distinguishing functions to resource the classifier and classify the applicants better. This is likewise crucial because of fact the CT test is simply too large to be fed into the classifier directly. It will take quite a few time , for classifier to become aware of differentiating featured from the large DICOM images. Segmentation process of lung systems may be very difficult trouble in general due to the fact that there may be no homogeneity withinside the lung location. There are comparable densities within the pulmonary structures. The process of lung segmentation was observed with the aid of using

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Vol. 8, Special Issue 1, August 2021

normalization and 0 centering. We are able to get an efficiency of 84% using the combination of UNet+RandomForest and ResNet+XGBoost which individually have accuracies 74% and 76%, respectively.

Through this paper, we propose an approach to lung cancer detection employing feature extraction using deep residual networks. We examine overall performance of tree-primarily based totally classifiers like Random Forest and XGBoost. The maximum accuracy we get is 84% by using ensemble of Random Forest and XGBoost classifier.

A. Asuntha et.al[7], makes use of quality function extraction strategies which include Histogram of orientated Gradients (HoG), wavelet transform-primarily based totally functions, Local Binary Pattern (LBP), Scale Invariant Feature Transform (SIFT) and Zernike Moment. After extracting texture, geometric, volumetric and depth functions, Fuzzy Particle Swarm Optimization (FPSO) set of rules is implemented for choosing the quality function. Finally, those functions are categorized the use of Deep learning. A novel FPSOCNN decreases computational difficulty of CNN. A greater valuation is finished on every other dataset that came from Arthi Scan Hospital which is a real-time data set. From the experiments conducted, it's far proven that FPSOCNN plays higher than different strategies.

During the work, first the entered photo is more suitable by the help of using histogram equalization for photo evaluation and de-noised by means of the usage of Adaptive Bilateral Filter (ABF). After pre-processing, the following step is to discover the lung location extraction. To find the lung location, ArtificialBeeColony (ABC) segmentation method is executed. After locating the region of the cancerous lung nodules the next procedure is to categorize the lung disease name and its severity primarily based totally at the function extraction. An advanced CNN approach primarily based totally upon FPSO to lower the computational difficulty by CNN is put forward. FPSOCNN enhances the capabilities of CNN.

A FPSO consists of well known base, that contains data given by the means of the professionals, by linguistic manipulate fuzzy rules, a fuzzification interface, which has the effect of reworking crisp statistics into fuzzy sets, an inference system, that makes use both of them together with the understanding base to make inference by the help of reasoning approach, and a defuzzification interface, that interprets the fuzzy manipulate motion as the result acquired to a real manage motion the usage of a defuzzification approach. A CNN includes one or greater convolutional layers & pooling layers. Pooling layers also known as sub sampling layers. Normally CNN are used for category purpose. Here, CNN is made use to categorize the lung most cancers disease. Pooling-layer is made use to carry out down sampling. It is made use to lessen the quantity of computation time with the aid of using lowering the extracted functions in convolution layer. There are styles of pooling layers, max and average pooling. In max pooling, most important pixels' value is taken into consideration with the receptive discipline of the filter. In common pooling, the common of every values is taken into consideration with the receptive area. Pooling layer result is passed as source to the convolution layer. CNN has very excessive computational price for big characteristic maps. CNN is gradual to educate big characteristic maps. To conquer the disadvantage of CNN, FPSOCNN (FuzzyParticleSwarm OptimizationConvolutionNeuralNetwork) is proposed. This reduces excessive computation price and improves speed. The size reduction of photograph area is found out by the help of using vector of capabilities which is created using FPSO from multidimensional photograph area to low dimensional characteristic space. This technique

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appreciably reduces the variety of capabilities for the lung cancer ailment classification. Instead of using pooling ideas max and average in CNN, PSO and GA are carried out. Lung cancer photographs are gathered from Aarthi Scan Hospital, Tirunelveli, Tamilnadu,
India. Aarthi Scan Hospital dataset includes almost a thousand lung photographs. The dataset was originally taken from sufferers in Digital Imaging Communication Medicine (DICOM) photographs.
A FPSOCNN is put forth which reduces computational difficulty of CNN. This paper makes use of excellent characteristic extraction strategies which includes HistogramofOrientated Gradients(HoG), wavelet transform-primarily based capabilities, LocalBinaryPattern (LBP), ScaleInvariantFeatureTransform (SIFT) & the zernike Moment. Following the extraction, FuzzyParticleSwarmOptimization (FPSO) set of rules is carried out for choosing the excellent characteristic. An extra valuation is executed on other dataset coming from Arthi Scan Hospital that is the real-time statistics record. From experimental outcomes, it is proven that FPSOCNN plays higher than different techniques.
In future, further improvization will be conducted in the classification of pulmonary nodules & optimize the proposed version. In fact, the similarly work might be grading the photos primarily based totally at the degree of nodules, which is of valuable importance for the analysis and remedy of lung most cancers in scientific applications.

Ola Kweik et.al[8], on this paper explores the opportunity of utilizing ArtificialNeuralNetwork (ANN) version to come across the presence of the lung carcinoma in someone's body. The functions of this have a look at are:
• To apprehend a few suitable elements that leads in lung carcinoma.
• To version an ArtificialNeuralNetwork that may be used to come across the existence of lung carcinoma ArtificialNeuralNetworks (ANNs) are similar to the neural networks and provide a pretty suitable method, which resolves the trouble of categorization and prediction. ANN, a mathematical version which is endorsed with organization and useful characteristic of natural neural networks, Neural networks contain source and output layers, also (in maximum cases) hidden layers that remodel the source into something that output layer can use. When a neural network is made use for cancer detections, the ANN Model undergo 2 stages, training and validation. First, the network is skilled on a dataset. Then weights of connections among neurons are constant so a test is conducted on network to decide the classifications of a brand new dataset. Throughout the session, we have used approximately 67% of the entire pattern records for network training, and 33% for network validation.
The dataset were downloaded which represents whether or not the sufferers have lung most cancers or not. This dataset can be located in DataWorldWebsite.
We did a few preprocessing at the records, after which we skilled our ANN version and tested it. We did a few preprocessing and transformation so the records were extra appropriate for predictive analysis. We used the primary 15 attributes as inputs to our version and the lung cancer characteristic because the anticipated output primarily based upon the source attributes. We normalized the attributes: gender, age, lung cancers. Gender scope turns into 1 for male, zero for female, lung cancer scope turns into 1 (yes), zero (No). However, age characteristic normalized to turns to be actual on account of the fact this is higher for ANN.
An ANN for diagnose the existence of lung cancer in sufferers were developed. The version was tested and gave a precision of 99.01%. This observation confirmed that neural community is capable of

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International Journal of Advanced Research Trends in Engineering and Technology (IJARTET)
Vol. 8, Special Issue 1, August 2021

diagnose lung cancer, so it is made use as a diagnose device through physician.

Brahim AIT SKOURT et.al[9], conveys on this paper that a specific form of machine learning which is composed of a couple of processing layers to attain excessive stages of abstraction with regards to studying representations of records is known as deep learning. In distinctive domain names including speech recognition and visual object recognition. ConvolutionalNeuralNetwork (CNN), also a branch of machine learning approach and also a category of deep learning, lately supersedes many image segmentation approaches. It is based on multiple layer processing, to high model level and complicated extraction in data.

As with photo classification, CNN has had big achievement on photo segmentation problems. In 2015, FullyConvolutionalNetwork (FCN) was delivered through Long etal. and made CNN structure famous for dense prediction with no absolutely related layers, this novel method allowed to generate segmentation maps for any photo and changed into much quicker compared to classical strategies of photo segmentation.

Fully related layers have now been no longer the challenge, however also pooling the layers that lessen the item information, thus, the up-sampling layers had been followed to address this issue. Hence, this method changed into using with the encoder-decoder architecture, wherein the encoder reduces the spatial measurement of items with pooling layers and decoder recovers the item info with up-sampling layers. The U-net, the structure followed on within the work, is among the famous architectures in the category of the encoder-decoders.

In the trial phase, the supply photos and their corresponding masks are made use to coach U-net, and on the test phase, we offer a picturegraph as supply to generate the corresponding mask as output. And then, we comply with the mask of corresponding picturegraph to phase the place of interest, i.e. the lungs in our case. Lung segmentation performed by the U-net network does not contain substance of trachea and the bronchus regions & doesn't eliminate lesions such as nodules and portions of blood vessels, which implies the followed approach is accurate.

Through the paper, we offered a lung parenchyma segmentation using U-net structure and we received a perfect segmentation with 0.9502 Dice-coefficient index. The advantage by the method offered on the paper is that, it is uniform and may be used by a huge area of various clinical picture segmentation tasks. Our goal within the subsequent stage is to perform a lung-nodule segmentation primarily based at the effects of the proposed work.

CONCLUSION

In end of this review paper, deep learning algorithm detected lung cancer in chest-radiographs with an overall performance similar to radiologists, with a purpose to be beneficial for the radiologists in healthful populations to analyze lung cancer. Accurate detection of size and area of the lung cancer performs a crucial function in diagnosis of lung cancer. Various algorithms based on deep learning are made use to find the lung carcinoma in chest-radiographs, MRI scans with a high rate of nodule detection which helps in recognizing lung cancer by early stages.

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