



Brain Tumor Detection by Using Stacked Autoencoders in Deep Learning

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Abstract

Brain tumor detection depicts a tough job because of its shape, size and appearance variations. In this manuscript, a deep learning model is deployed to predict input slices as a tumor (unhealthy)/non-tumor (healthy). This manuscript employs a high pass filter image to prominent the inhomogeneities field effect of the MR slices and fused with the input slices. Moreover, the median filter is applied to the fused slices. The resultant slices quality is improved with smoothen and highlighted edges of the input slices. After that, based on these slices' intensity, a 4-connected seed growing algorithm is applied, where optimal threshold clusters the similar pixels from the input slices. The segmented slices are then supplied to the fine-tuned two layers proposed stacked sparse autoencoder (SSAE) model. The hyperparameters of the model are selected after extensive experiments. At the first layer, 200 hidden units and at the second layer 400 hidden units are utilized. The testing is performed on the softmax layer for the prediction of the images having tumors and no tumors. The suggested model is trained and checked on BRATS datasets i.e., 2012(challenge and synthetic), 2013, and 2013 Leaderboard, 2014, and 2015 datasets. The presented model is evaluated with a number of performance metrics which demonstrates the improved performance.

Keywords Stacked sparse autoencoder · Glioma · Softmax · Hidden size · Magnetic resonance images

Mathematical abbreviations and notations

LGG	Low-grade glioma	DT	Decision tree
HGG	High-grade glioma	LDA	Linear discriminant analysis
MRI	Magnetic resonance imaging	PNN	Probabilistic neural network
CT	Computed tomography	SSAE	Stacked sparse auto encoder
		NN	Neural networks

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MPSO	Modified particle swarm optimization
PTPSA	Piece-wise triangular prism surface area
FCM	Fuzzy C-means
KNN	k-nearest neighbor
ABC	Artificial Bee Colony
CNN's	Convolutional neural networks
X	Input image
H	Hidden Layer
C	Kernel vector
$\hat{\phi}_c$	Average activation value
B	bias
ε	Activation module
δ	Mean squared reconstruction error
AE	Autoencoder
ρ	Weight decay module
γ	Sparsity penalty
Φ	Sparsity parameter
Ω	Controls weight
\emptyset	Softmax layer
ACC	Accuracy
SE	Sensitivity
SP	Specificity
DSC	Dice similarity coefficient
JSI	Jaccard similarity index
ROC	Receiver operating characteristic curve
JSI	Jaccard similarity index
FPR	False positive rate
FNR	False negative rate
HPF	High pass filter

Introduction

The human brain consists of the supportive tissues and nerve cells similar to the meninges and glial cells [1]. They control brainstem activities like breathing, movement of the muscles cerebellum (walk), senses, cerebrum (personality), thinking and emotions. Primary tumors can be benign (non-cancerous) and cancerous cells (malignant). The cancerous cell begins anywhere in the body and also rapidly growing in the brain. The main symptoms of brain tumors rely on their location and size. The common indications are [headaches](#), changes in the mood and personality, trouble in speaking, difficulties in walking, vomiting, and high blood pressure [2]. Ophthalmologists classify the tumors into different grades (I-IV). The common of such tumor types in the children are medulloblastoma, Grade I, Grade II (Glioma) ependymoma and glioma brain stem [3]. Gliomas are kinds of brain lesions with greatest prevalence and death rate [4]. These types of tumors are characterized by high-grade glioma (HGG) and low-grade glioma (LGG) [5, 6]. Even under the treatment, the average patient's survival rate is more than 14 months subsequent to the diagnosis [7]. Recent treatments

for tumor detection are radiotherapy, surgery, chemotherapy, and a mixture of them [8, 9].

Characterization of the tumor region is more difficult due to spatially heterogeneity of the neoplastic tissues [10, 11]. Currently, brain tumors diagnosis is based on the histopathologic analysis such as resection and surgical biopsy. But it has some limitations such as interpretation variability and sampling error [3, 12–15]. Several studies use MR spectroscopy for the prediction of a brain tumor [16, 17]. The machine learning approaches are utilized for tumor detection, but accurate tumor detection is an intricate task due to variability in tumor location and appearance [18, 19].

Major Contribution

The major contribution is described as below:

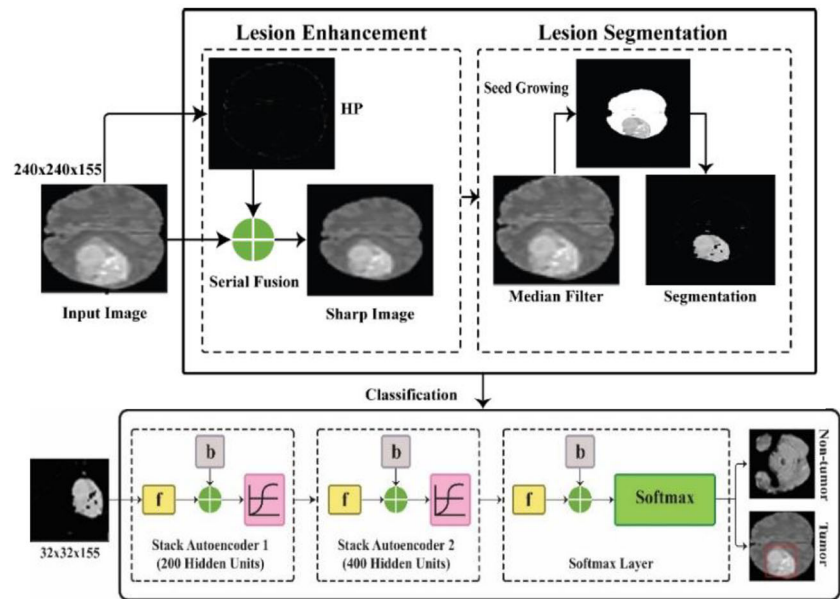
1. In the preprocessing phase, by using traditional enhancement filters, a new fusion-based method is presented to improve the image presentation. In this stage the input image is resized to $512 \times 512 \times 1$, where, 1 shows the single channel. Then, a high-pass filter is selected to improve the edges of the input image. The output and input image are then fused serially. The final fused image is smoothed by employing 3×3 median filter that provides the good effect of the segmentation results as compared with the existing approaches.
2. The seed growing algorithm is employed on the basis of optimal threshold that provides good results for brain tumor segmentation.
3. In classification, fine-tuned stacked sparse autoencoder (SSAE) model is presented. In this phase the segmented images are resized with $32 \times 32 \times 1$ dimension for fast processing. In addition, comprehensive experiments are performed for the selection of the hyperparameters to minimize the error rate.

The remaining of the work is presented as follows: The available literature for brain tumor detection is depicted in Section II. Our work prominent phases are highlighted in Section III. The performance validation is written in Section IV. Section V is the conclusion of this work.

Related Work

Recently, a variety of work is done for brain tumor diagnosis. The generative method is used for lesion segmentation [20–28]. Fluid vector is used for tumor diagnosis by using T1 weighted images [29]. Diffusion coefficient maps are used for the detection of the tumor by using diffusion tensor images [30]. In handcrafted features extraction methods, intensity features [31], GLCM [32], Gray level gradient distribution, run-

Fig. 1 Major proposed approach steps



length histogram, gray-Level Co-occurrence matrix, knowledge based (KB), multispectral analysis with k-nearest neighbors (KNN) classifier [33, 34] are utilized for tumor classification. The most used feature extraction methods are GLCM and DWT. The feature reduction methods are also used such as GA and PCA [35]. A lot of work is done for feature extraction/reduction for prediction of the brain tumor, but optimal feature extraction/selection is still a challenging task because number of features increases the correlation. The selection of training/testing samples is also a challenge in achieving good results [36, 37].

Currently, several deep convolutional neural networks (CNN's) [12, 38], DeconvNets (EDD) [39], three-dimensional CNN [13], two pathway cascaded neural network model [40], auto-encoder [41], fully convolutional neural network (FCNN) [15] are used for the analysis of MR images. Two pathway CNN model [12] is employed for the prediction of brain tissues [42]. Binary CNN is utilized for complete

tumor region prediction [43]. The patch-based method is utilized for medical image analysis [44]. Deeper CNN model, 3X3 kernel size with few weights are employed for tumor detection [45]. In addition, capsule network is widely utilized [46], where learning is performed through routing agreement process. The capsule network is successful for classification as compared to CNN. The pooling in capsule networks is not performed for down sampling. The fusion of deep learning and handcrafted features can also be utilized for further improvement in tumor classification [47]. To overcome the existing limitations, still there is a need of lightweight methods to diagnose brain tumor more precisely at an early stage and save the radiologist's time as well as increase the patient's survival rate. Therefore, this manuscript presents a lightweight stack sparse auto-encoder (SSAE) method for brain tumor detection in less processing time. Mathematical notations are mentioned in the Table given in appendix at the end of the manuscript.

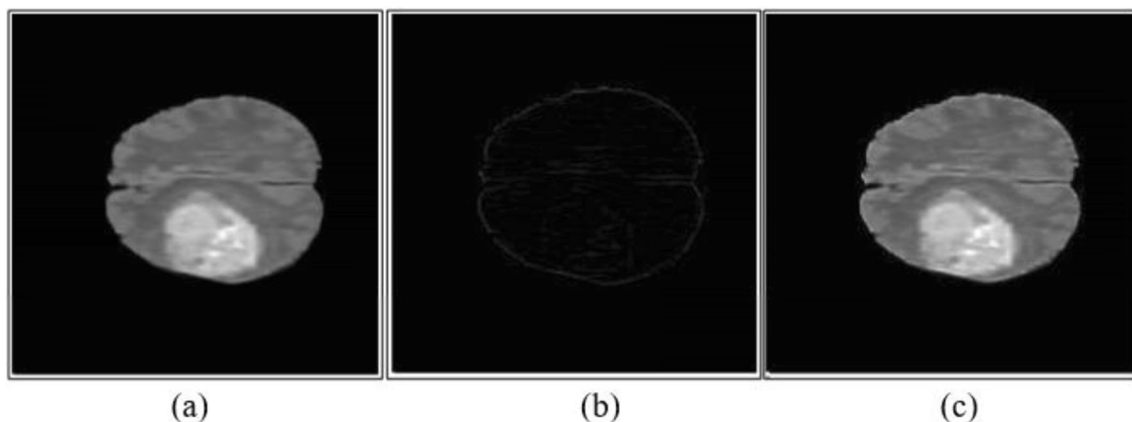
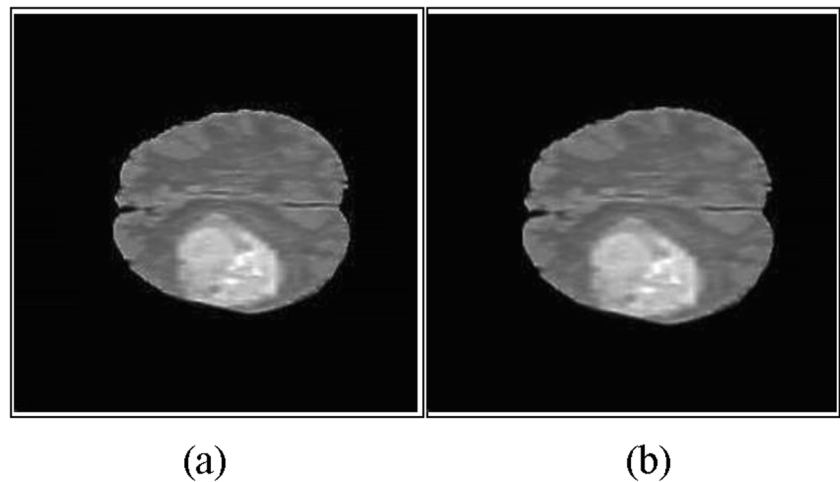


Fig. 2 Image Sharping (a) input (b) high pass (c) sharper image

Fig. 3 Smoothing (a) sharper image (b) smooth image



Motivation

This work is motivated by a previous methodology presented in [48]. In that methodology, handcrafted features (geometric) and an SVM classifier are employed for tumor detection. The proposed work of this manuscript utilizes SSAE for acquiring the features and softmax classifier is for tumor prediction.

Proposed Methodology

The presented approach performs in three different steps. In the first step, high pass [49] and the median filter [50], are chosen to enhance of input images. The seed growing method is used in the second stage to segment the brain tumor. Finally, in the third step, the segmented images are supplied to SSAE [51] model, in which two hidden layers are used that are further concatenated with a softmax layer for classification. Figure 1 shows proposed method steps.

The major contribution is described as below:

- In the initial phase, the high pass filter is employed to improve the edges of the input image. The resultant high-pass filtered outcome is then fused with the input image. The final fused image is smoothed by applying a 3×3 median filter that provides a good effect on the segmentation results.
- In the classification phase, a deep learning model based on SSAE is fine-tuned by selecting optimized hyperparameters to minimize the error rate.

Lesion Enhancement Using High Pass Filter

In MR images acquisition process noise appears due to fluctuations of the magnetic field. Therefore, a method is proposed for noise reduction and enhancing the lesion region. In the proposed method, high pass filter (HPF) is selected to highlight the edges in the input I . The sharpened image sh_I is

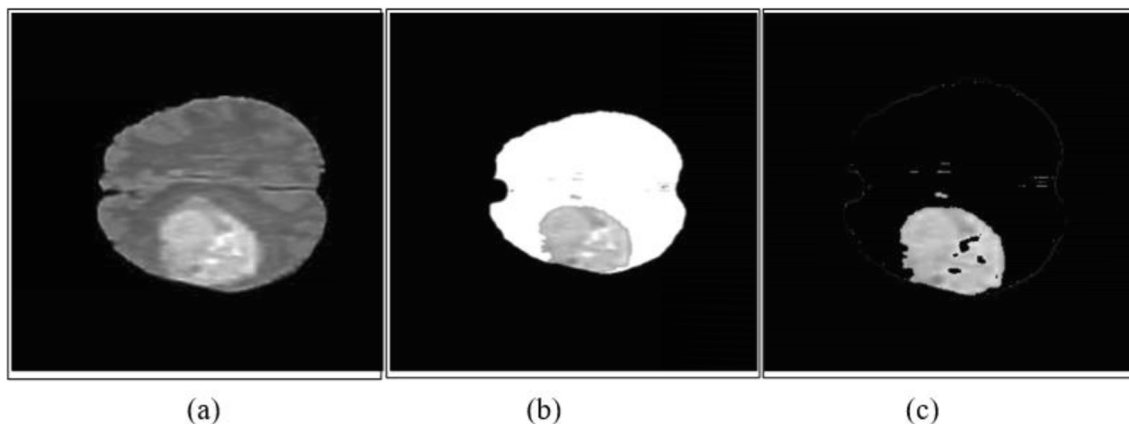


Fig. 4 Tumor segmentation (a) input image (b) seed growing (c) after applying thresholding

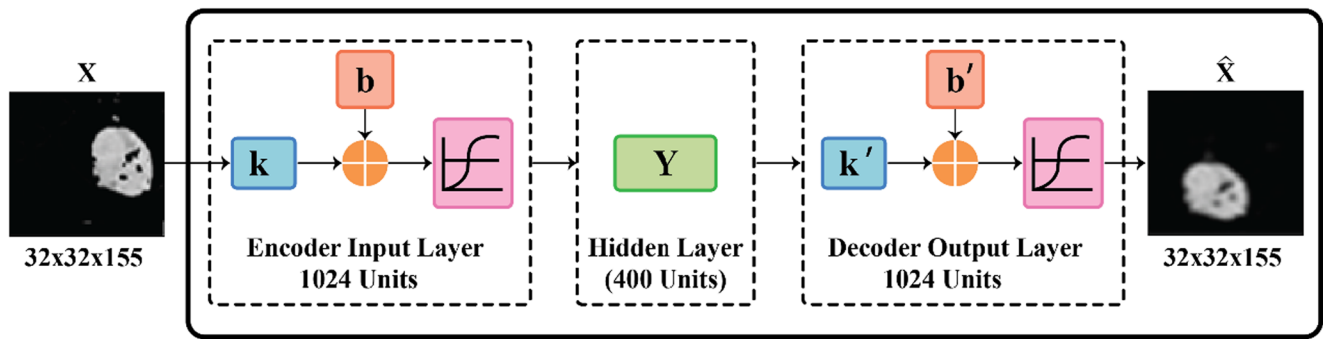


Fig. 5 A model of an Autoencoder

obtained by combining I with the filtered image hp_I (As Fig. 2 shows).

$$sh_{I(x,y)} = I(x,y) + hp_{I(x,y)} \quad (1)$$

The median filter with 3×3 window size is used to smooth the intensities of the sharper image (As Fig. 3 depicts).

Lesion Segmentation Using Seed Growing Method

Glioma segmentation is performed by using a seed growing approach. When different iterations are completed then the identical pixel values are grouped. This process is repeated until the region stops growing. Eq. (2) mathematically expresses the predicate function pr_I used in seed growing algorithm.

$$pr_{I(x,y)} = \begin{cases} 1 & \text{if the difference between the seed point and current pixels} \leq T \\ 0 & \text{otherwise} \end{cases} \quad (2)$$

where T denotes the predefined threshold (As shown in Fig. 4).

Autoencoders (AE)

The AE neural system works on the basis of unsupervised learning (feed-forward back-propagation). AE performs input images reconstruction and creates the same sized output

images. AE process is performed in two stages; such as encoder and decoder stages. Suppose a vector X with the unlabeled sub-inputs denoted as the $I_1, I_2, \dots, I_p (x_i \in \mathbb{R}^n)$. The Y hidden layers (i.e. $y_1, y_2, \dots, y_q (y_i \in \mathbb{R}^h, h = \text{total hidden units})$ that are created through the encoder stage, (As Eq. (3) shows).

$$f(X) = Y = \xi(kX + b) \quad (3)$$

where k and b denote kernel vector and bias respectively. ξ represents the activation module (As define in Eq. 4).

$$\xi(X) = \frac{1}{(1 + e^{-X})} \quad (4)$$

Table 2 Performance metrics used in this manuscript

Performance metrics	Equations
DCS	$DCS = \frac{2TP}{FP+2TP+FN}$ <p>DCS is used to compute the ratio among the actual tumor and non-tumor pixels that are compared with predicted tumor/non-tumor pixels.</p>
SE	$SE = \frac{TP}{TP+FN}$ <p>SE is used to calculate the degree of how much method is sensitive to measure the tumor detection rate.</p>
SP	$SP = \frac{TN}{TN+FP}$ <p>SP is the proportion between the true negative and true positive.</p>
ACC	$ACC = \frac{TP+TN}{TP+TN+FP+FN}$ <p>ACC is used to compute the degree of correct tumor classification rate.</p>
PPV	$PPV = \frac{TP}{TP+FP}$ <p>PPV provides a probability to test the positive screening of tumor rate.</p>
FPR	$FPR = 1 - \text{Specificity}$ <p>FPR is used to compute the ratio of wrongly detected pixels and correctly detected pixels.</p>
FNR	$FNR = 1 - \text{Sensitivity}$ <p>FNR is used to compute the proportion that is positive, but method detects its negative.</p>
JSI	$JSI = \frac{TP}{TP+FN+FP}$ <p>JSI is used to compute the similarity between the actual tumor pixels and predicted tumor pixels.</p>

Table 1 Description of each benchmark datasets (each case has 155 slices)

BRATS datasets	Cases	
	LGG	HGG
2012	25	25
2012 synthetic	25	25
2013	10	20
2013 Leaderboard	4	21
2014	200	200
2015	54	220

Table 3 Some hyperparameters combinations during experimentations

SAE layer 1				SAE layer 2				Training error
HU size	\mathcal{S}	\sqcup	ϵ	HU size	\mathcal{S}	\sqcup	ϵ	
200	0.001	0.5	0.35	400	0.003	4	0.25	0.0255
100	0.05	0.4	0.20	200	0.010	3	0.3	0.0365
300	0.02	0.3	0.10	400	0.020	4	0.4	0.0412
500	0.01	0.5	0.50	300	0.010	4	0.4	0.0405
600	0.03	0.4	0.40	100	0.001	5	0.5	0.0588
300	0.04	0.2	0.20	400	0.040	2	0.2	0.0461

Figure 5 presents a working of autoencoder. Eq. (5) denotes the reconstructed or decoding phase.

$$\hat{X} = \xi(k'Y + b') \quad (5)$$

Where, \hat{X} denotes the outcome of the reconstructed vector, k illustrates kernel vector, b depicts bias value and ϵ is an error value added during back-propagation.

Sparse Autoencoder (SAE)

The SAE has sparsity parameters at the concealed layer y . The basic goal of SAE is to measure the optimum kernel values k , k' and related bias representation b , b' . The optimum values are then acquired through minimizing a cost function (As Eq. (6) shows).

$$SAE = \delta + \Gamma + \omega\zeta \quad (6)$$

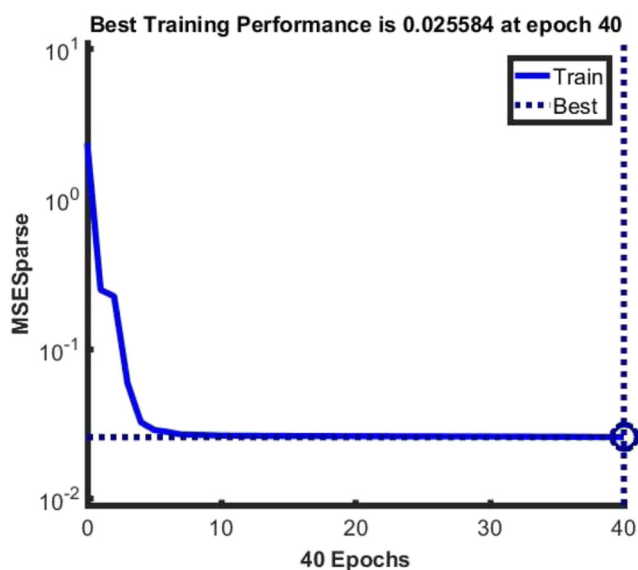


Fig. 6 Performance of the training data on the basis of MSE and sparsity regulariz

where δ denotes the MSRE (As Eq. (7) depicts).

$$\delta = \frac{1}{s} \sum_{k=1}^s \left(\frac{1}{2} \|x_k - \hat{x}_k\|^2 \right) \quad (7)$$

where Γ denotes the weight decay module (also called the L2 regularization weight). This helps to minimize the overfitting (Eq. (8) mentions).

$$\Gamma = \frac{\zeta}{2} (\|k\|^2 + \|k'\|^2) \quad (8)$$

where ζ shows the sparsity penalty (sparsity regularization) with ω (controls weight), (As Eq. (9) mentions).

$$\zeta = \sum_{k=1}^{r_n} \text{kL} \left(\ell \| \hat{\ell}_k \right) \quad (9)$$

where $\ell\rho$ represents sparsity parameter value. The hidden neurons average activation value is denoted as $\hat{\ell}_k$. r_n shows the total neurons of the hidden layer and kL represents the Kullback-Leibler divergence module.

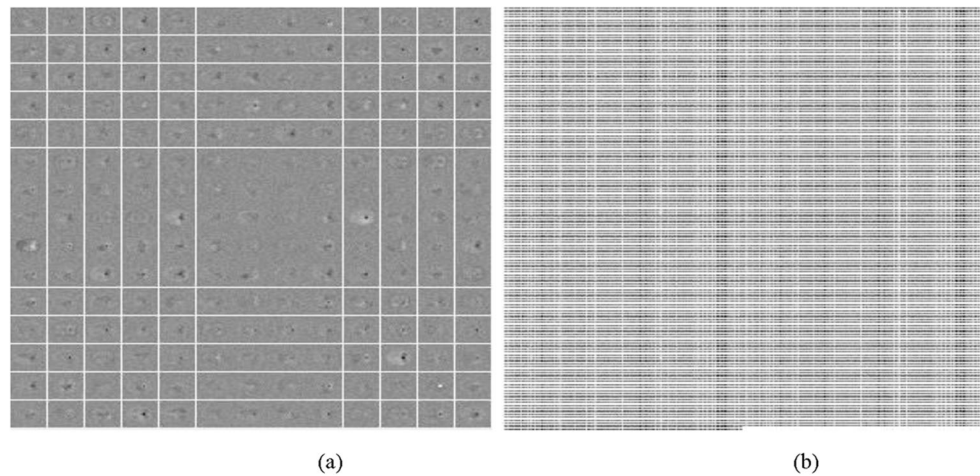
Stack Sparse Autoencoder

SSAE [51] stacks SAE1 and SAE2 layers. The first SAE output becomes the input of the next SAE. Instead of using full SAE, shallow SAE is utilized as an inner portion of the stack layer. Shallow SAE indicates the segment of SAE exclusive encoder that is selected for learning and feature acquisition process. Moreover, the features are forwarded to the

Table 4 Hyper measures for training model

Layers	Hidden size (units)	Max epochs	L2 weight regularization	Sparsity regularization	Sparsity proportion
1	200	600	0.001	0.5	0.35
2	400	600	0.003	4	0.25

Fig. 7 Visualization of the first layer on (a) 200 hidden units (b) 400 hidden units



next layer. The softmax is selected to connect the stacked network. Eq. (10) depicts the stacked network.

$$\text{SSAE} = \psi(k_{\text{SAE2}}(k_{\text{SAE1}}(X))) \quad (10)$$

$$\psi(Y_i) = \frac{ek_i Y_i}{\sum_{j=1}^N ek_j Y_i} \quad (11)$$

where Y_i denotes the output of SSAE.

The softmax classifier ψ is used for classification on the basis of probability. k_i represents i^{th} neuron unit kernel vector and N shows total classes. The output $\psi(Y_i)$ shows the i^{th} class probability.

The segmented images (X) are supplied for training and testing to the SSAE. The input vector size $32 \times 32 \times 155$ is used, where 155 corresponds to a number of slices. The input 32×32 means that 1024 units are supplied to the SSAE model. This input with 200 hidden units is passed to the SAE1. In SAE1 with bias and weight initial feature vector is created that is passed as an input to the SAE2. In SAE2 400 hidden units are used with bias, weight and different hyperparameters to create a feature vector. The softmax layer is used to perform

classification on the basis of feature vector obtained from SAE2.

Experimental Setup

The autoencoder model is assessed on various BRATS challenge datasets including 2012 (challenge and synthetic), 2013 challenge, 2013 Leaderboard, 2014 challenge, and 2015 challenge. 2012 dataset includes 25 HGG and 25 LGG volumes in training and 25 volumes for the testing phase and each volume is comprises of 155 cuts of the tumor and non-tumor [52]. BRATS 2013 has two subsets including challenge and leaderboard. In 2013 challenge subset 10 LGG, 20HGG cases are used. The leaderboard subset includes 4 LGG and 21 HGG cases [15]. BRATS 2014 includes total 300 cases [53]. BRATS 2015 consists of 384 cases [54]. The explanation across each dataset is illustrated in Table 1. The experiments in this work use MATLAB toolbox 2018 with a Core i7 CPU and 8GB RAM.

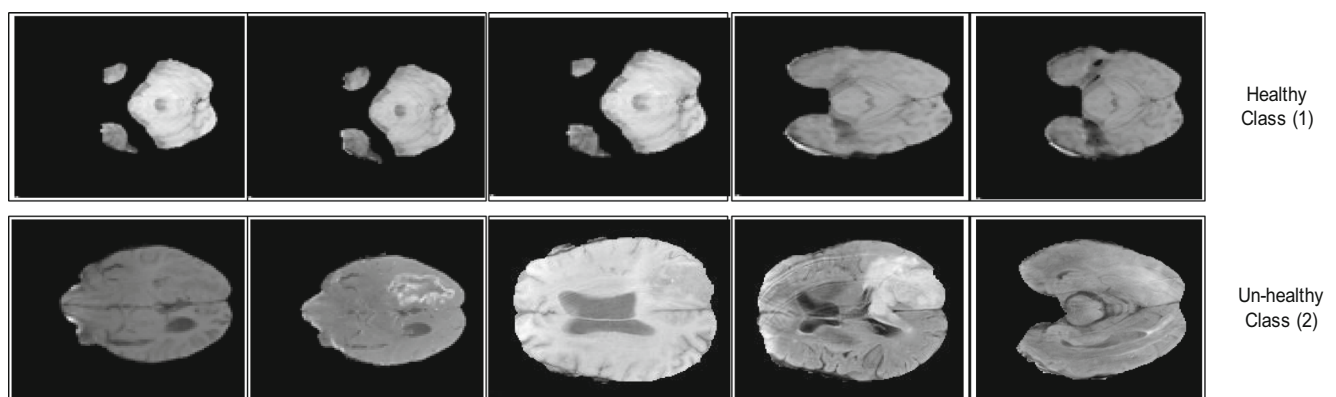


Fig. 8 Some healthy and unhealthy samples

Table 5 Results on benchmark datasets

BRATS datasets	SE	FNR	SP	ACC	AUC	JSI	PPV	FPR	DSC
2012	1.00	0.00	1.00	100%	1.00	1.00	1.00	0.00	1.00
2012 Synthetic	0.88	0.12	1.00	90%	1.00	0.89	1.00	0.00	0.94
2013	1.00	0.00	0.90	95%	0.97	0.93	0.93	0.10	0.96
2013 Leaderboard	1.00	0.00	1.00	100%	1.00	1.00	1.00	0.00	1.00
2014	0.98	0.02	0.96	97%	0.99	0.97	0.98	0.04	0.98
2015	0.93	0.07	1.00	95%	0.96	0.93	1.00	0.00	0.96

Performance Measures

The brain tumor prediction is evaluated through of confusion matrices (M). M contains total $t = 2$ classes, where (1) belongs to healthy and (2) belong to unhealthy MR images, that are quantified in terms of overall ACC, SE, SP, DSC, ROC, and JSI. The ROC is provided a ratio among FPR and TPR. These evaluation measures are represented mathematically in Table 2.

The proposed method accurately detect tumor when it achieves the highest quantitative values in term of above-mentioned performance metrics.

Fine-Tuning of the Proposed Stack Sparse Autoencoder Model

The SSAE model parameters are selected after the experiment and the fine-tuning these parameters are (i) L2 weight regularization (\mathcal{L}), (ii) sparsity regularization (\square), (iii) sparsity proportion (ϵ), and (iv) total hidden units (maybe seen Eq. 6–9). The experiment is performed with different combinations of the above-mentioned parameters on SAE 1 & 2 layers. The training error vary on these different combination of parameters that is why the combination having minimum training error 0.0255 is selected for further experiments i.e., (200 HU, 0.001 L2 weight regularization, 0.5 sparsity regularization, 0.35 sparsity proportion on SAE layer 1 and 400 HU, 0.03 L2 weight regularization, 4 sparsity regularization, and 0.25 sparsity proportion on SAE layer 2). The detail of the

Table 6 Computational results on BRATS

BRATS datasets	Time (sec)
2012 Synthetic	01.725273
2012	01.324803
2013	01.138699
2013 Leaderboard	00.800338
2014	26.006808
2015	03.193939
Average time	04.884200

experiments for the selection of optimal hyperparameters with respect to error rate is mentioned in Table 3.

The training performance with selected parameters is shown in Fig. 6 with respect to MSE and sparsity regularization after performing training.

Experiment #2: Feature-Based Results

The segmented images are passed to SAE layer1 that generated feature vector and passed to SAE layer 2. The SAE layer 2 also generated a feature vector. Then both SAE layer1 and SAE layer 2 features vectors are stacked through softmax classifier for classification. The feature based results are computed with different performance for the classification of tumor/nontumor as mentioned in Table 4. The feature map illustrated in the training process for an input image is depicted in Fig. 7.

Some normal and abnormal samples are illustrated in Fig. 8. The presented procedure outcomes are mentioned in Table 5. Computational time comparison of the presented model between all benchmark datasets is mentioned in Table 6. Evaluation metrics with ROC obtain on benchmark datasets is mention in Fig. 9.

The presented approach comparison in terms of computational time is mentioned in Table 7.

Based on performance evaluation 1.00, 0.94, 0.96, 1.00, 0.98, 0.96 DSCs are obtained on 2012, 2012 Synthetic, 2013, 2013 (Leaderboard), 2014 and 2015 datasets respectively. 2012 and 2013(Leaderboard) perform better as compared to other datasets. Computational time from each benchmark dataset is also measured, where 2013 (Leaderboard) takes 0.800338 s while 2012 Synthetic, 2012, 2013, 2014, and 2015 takes 1.725273 Sec, 1.324803Sec, 1.138699 Sec, 26.006808 Sec and 3.193939 Sec respectively. 2013(Leaderboard) takes less computation time as associated with other benchmark datasets. A comparison of the presented model results with the previous methods is mentioned in Table 8.

The proposed deep learning autoencoder model is compared with eighteen existing methods such as {[12, 14, 64], [13, 15, 40, 52–54, 56–63, 65]}.-Net method achieves 0.86 DSC [64], 3×3 Kernel size CNN model obtains 0.78 DSC

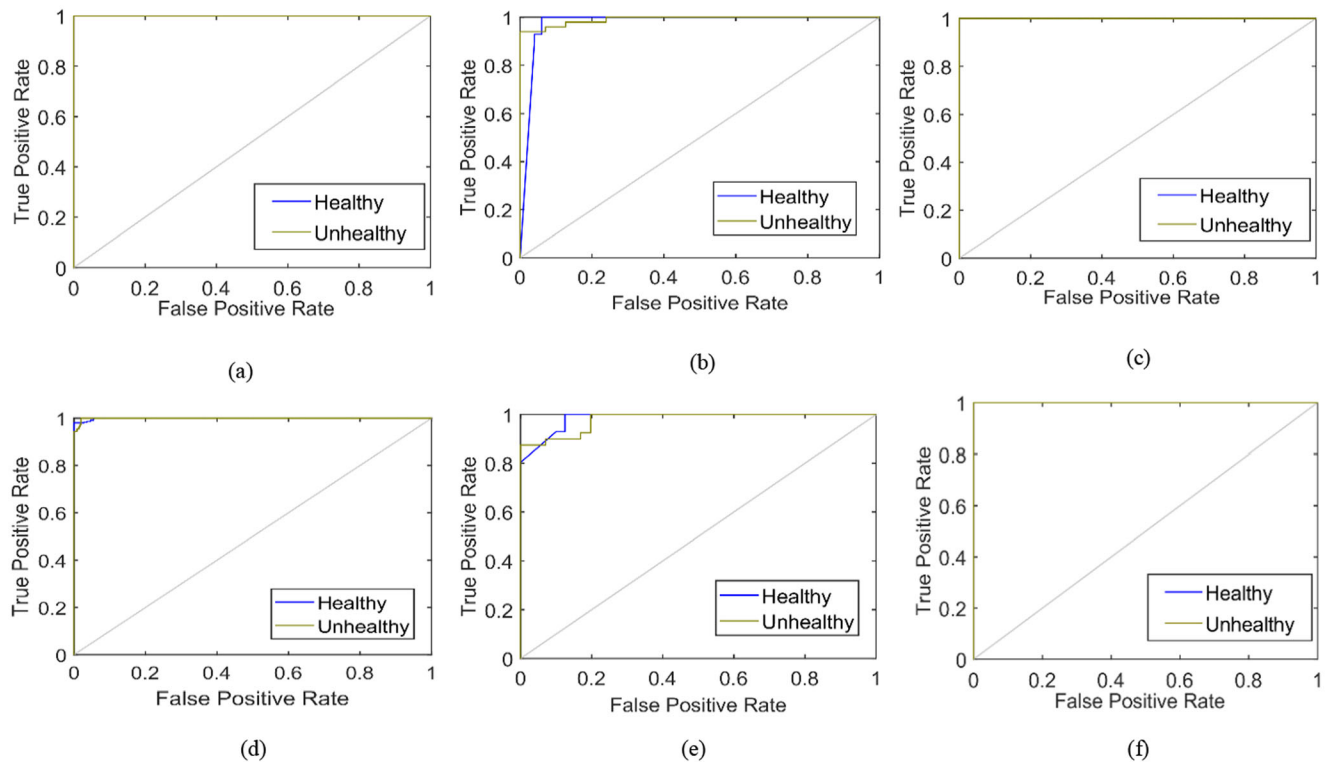


Fig. 9 ROC results on BRATS datasets (a) BRATS 2012 Challenge, (b) BRATS 2013 Challenge, (c) BRATS 2012 Synthetic, (d) BRATS 2014 Challenge, (e) BRATS 2015 Challenge, (f) BRATS 2013 Leaderboard

[14] and Deep Neural Networks (DNNs) model obtains 0.79 DSC [12]. CNN based approaches are utilized for tumor detection. Our work obtains 0.90 DSC [13]. The MFDFA method is evaluated on the BRATS 2013 challenge. This method achieves 0.90 DSC [53]. Pairwise affinity and superpixel based method achieve a maximum of 0.60 DSC on the BRATS 2012 challenge [56]. Hierarchical classification and regularization based technique obtains a maximum of 0.73 DSC [57]. The classification technique is evaluated on the BRATS 2012 challenge [58]. CNN is employed for tumor detection in BRATS with 0.83 DSC [60]. Extremely randomized trees method obtains 0.83 DSC on 2013 dataset [61]. Generative models are used for brain tumor detection where 0.88 DSC, 0.88 PPV, and 0.89 SE are achieved on the BRATS 2013 challenge [59]. RF method is utilized for tumor detection. This approach obtains 0.87 DSC, 0.85 PPV and 0.89 SE on BRATS 2013 challenge [63].

The above performance evaluations and discussion show that proposed method performed well as compared to existing methodologies.

Table 7 Time comparison

Methods	Time
[55]	168.8400 Sec
proposed	004.8842 Sec

Table 8 Comparison on various datasets

BRATS datasets	Methods	DSC	SE
2012	[56]	0.62	—
	[57]	0.73	—
	[58]	0.75	—
2013	Proposed	1.00	1.00
	[14]	0.88	0.89
	[59]	0.88	0.86
	[54]	0.84	—
	[52]	0.86	0.92
	[12]	0.88	0.87
	[15]	0.85	0.88
2013	Proposed	1.00	1.00
	[60]	83.7 ± 9.4	—
	[53]	0.90	—
	[12]	0.88	0.87
	[14]	0.88	—
	[61]	0.83	—
	[58]	0.88	—
	[59]	0.88	0.89
	[62]	0.88	0.84
	[63]	0.87	0.89
2014	[52]	0.86	0.92
	Proposed	0.96	1.00
	[53]	0.89	0.84
2015	Proposed	0.98	0.98
	[64]	0.86	—
	[14]	0.78	—
	[12]	84.7	87.6
	[13]	0.90	0.90
	[40]	0.88	0.87
	Proposed	0.96	0.93

Conclusion

In this approach, the major steps are performed such as the seed growing method for segmentation and unsupervised SSAE deep learning model for feature extraction. The method is tested on all challenging datasets of BRATS. The average accuracy is 100% on 2012, 90% on 2012 synthetic, 95% on 2013, 100% on Leaderboard 2013, 97% 2014 and 95% 2015 along with AUC 1.00, 1.00, 0.97, 1.00, 0.99 and 0.96 respectively. The overall experimental outcomes conclude that proposed method performs better as compared with the existing approaches.

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Compliance with Ethical Standards

Conflict of Interest All authors declare that they have no conflict of interest and all contribute equally in this work for results compilation and other technical support.

Ethical Approval This work is based on publicly available datasets. This article does not contain any studies with human participants or animals performed by any of the authors.

Informed Consent Not Applicable.

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