

# Analysis and Classification of Skin Cancer Images using Convolutional Neural Network Approach

Khalid Zaman  
Department of Computer Engineering  
Near East University  
North Cyprus Mersin 10, Turkey  
Zaman4041@gmail.com

Javed Iqbal Bangash  
Institute of Computer Sciences  
& IT, University of Agriculture  
Peshawar, Pakistan  
javed.bangash@aup.edu.pk

Sozan Sulaiman Maghdid  
Department of Information  
Technology, Erbil Polytechnic  
University, Erbil, Iraq  
sozan.maghdid@epu.edu.iq

Shah Hassan  
Department of Computer Science  
& IT Agriculture University  
Peshawar, Pakistan  
Ds.shahhassan@gmail.com

Hammad Afridi  
Department of Computing &  
Technology, Abasyn, University  
Peshawar Pakistan  
hammadii2020@gmail.com

Muhammad Zohaib  
Department of Electrical Engineering  
Near East University  
North Cyprus Mersin10, Turkey  
e.m.xohaib@gmail.com

**Abstract**—In this modern era skin cancer is a serious problem around the globe and so it is the age of technology and it is important to solve this problem through intelligence machines which using different algorithms rather than conventional method. Intelligent machine using different algorithms to classify the skin cancer images in a reliable way to save effort, time and ease human life. For this purpose, deep learning (CNN) algorithm is used by intelligent machine to classify the skin cancer images according to its types. In this current research work there are three types of skin cancer types name is Basal cell Carcinoma (BBC), Melanocytic Nevus (NV) and Vascular Lesion (VASC) are used. The study showed that implementing deep learning in the field of cancer diseases may be the most appropriate way to classify and recognize the images of skin cancer according to their type, which can be very useful in the field of medicine for early diagnosis and improve the exact result of the diagnosis. This current work has shown and produced results with 98.89% accuracy.

**Keywords**—Convolutional Neural Network, Skin Cancer, Machine Learning, Deep Learning

## I. INTRODUCTION

Nowadays in the field of medical technology machine learning algorithm play a great role in diagnosis of different diseases. In the field of medical one of the skin cancer disease can be classify according to their types while using machine learning algorithms. There is a deep learning algorithms (CNN) using for skin cancer images which can ease the diagnosis for doctors of different skin cancer types. While using this algorithm technique doctor just take a picture of patient and pass through it from CNN architecture in order to shows or help the doctor to find the skin cancer disease type. It is the key feature of deep learning (CNN) which can ease the diagnosis without any other type of lab test and cost. More ever, CNN architecture is suited for any computing devices where a lacking of computing power.

Deep convolutional neural networks (CNN) are a new different type of artificial neural networks that give solid results for general and highly variable tasks in different image processing applications. In recent years there are some different applications of deep neural networks for medical imaging [1]. For example, [2] proposed a dermatologist-level classification for melanoma based on deep neural networks. They used CNN

to classify melanoma using a single CNN, training directly end-to-end from the images. The effectiveness of the method was tested by 21 board certified dermatologists on biopsy proven clinical images. On account of the high precision of CNN, they have many applications in different parts of medical images, such as magnetic resonance imaging fusion [3], lesion classification [4], tumor diagnosis [5], cancer breast [6] and panoptic analysis. [7] For the CNN-based methods explained, the image was first divided into several small super pixels, and then the operator was applied to each of the super pixels. Based on the previous literature, it has been observed that the use of CNN models develops the efficiency of the diagnostic system [8]. Another method to improve the efficiency of the system is to combine them using optimization algorithms [9].

For this purpose, deep learning (CNN) algorithm is used by intelligent machine to classify the skin cancer images according to its types. In this current research work there are three types of skin cancer types name is Basal cell Carcinoma (BBC), Melanocytic Nevus (NV) and Vascular Lesion (VASC) are used.

The proposed method based on convolutional neural networks for classification of skin cancer images. This method used a dataset of existent skin cancer images of different types. This dataset used to training the CNN architecture then check the training accuracy, after they test the accuracy of the trained network for better cancer images analysis and classification. Results showed approximately 98.89% accuracy for this current convolutional neural network.

## II. LITRATURE REVIEW

The skin is the largest organ in the body that protects it from heat, light, and infection. It also helps control body temperature and conserves fat and water. One of the most important skin problems in the body is the risk of infection with skin cancer. Skin cancer begins in cells, the main components that make up the skin; skin cells grow and divide to form new cells. Every day skin cells age and die and new cells take their place. Sometimes this systematic process does the wrong thing. New cells are created when the skin does not need it, and old cells die when it is not needed. These additional cells form a mass of tissue called a tumor [10]. Melanoma is the most malignant and most serious type of skin cancer and is the reason for most skin

cancer deaths. The underlying cause of melanoma is unknown. But several factors, including genetic factors, ultraviolet radiation, and environmental contact, are involved in the cause of the disease. Melanoma originates from skin melanocytes that have undergone a malignant transformation. Melanocytes produce dark pigments in the skin, hair, eyes, and body spots. Therefore, melanoma tumors are predominantly brown or black. But in some cases, melanomas do not produce pigments and appear pink, red, or purple [11]. Melanoma is the nineteenth tumor that occurs most frequently among humanity such that around 300,000 new cases have been found 2018. On average, 2490 women and 4740 men lost their lives due to melanoma in 2019. An important problem is that the early diagnosis of melanoma, even by specialists, is a fundamental process. Therefore, the use of a method to simplify the diagnosis can be useful for specialists. During the last decade, the application of image processing and artificial vision for a different use of medical images has increased exponentially. Using these techniques increases the speed of the diagnostic process and reduces human error. It can also improve the quality and convenience of melanoma diagnosis by doctors and radiologists. For example, in 2016 proposed segmentation of the melanoma image based on Delaunay triangulation. The method was automatic melanoma detection. They analyzed the method at a benchmark of publicly available dermoscopic images [12]. In 2018, they proposed a method based on morphological characteristics for the detection of melanoma. The method resulted in a computerized diagnostic system to detect skin cancer [13]. In 2016 they proposed a method based on artificial neural networks for the diagnosis of skin cancer. This method used skewness, edge, color, diameter (ABCD ruler) for better cancer analysis. This method also is used to assess the classification of the cancer [14].

Convolutional Neural Networks (CNNs) are computer models inspired by biological visual cortex. These models have been proven to be very efficient, accurate and reliable in image classification. They have already achieved near-human performance in many challenging natural image stratification tasks [15],[16] and have also been used to classify diseases from medical images [17]. Towards automated skin disease classification, [18] employed CNNs to extract features and trained a linear classifier on them using 1300 images of Dermofit Image Library to perform 10-ary classification. Similar approach was used by [19] on MoleMap dataset to do 15-ary classification. The sensitivity and specificity of their Deep Neural Network (DNN) model is certainly higher than that of dermatologists' mean performance on two private test sets, however, their performance on publicly available International Symposium on Biomedical Imaging (ISBI) 2016 Challenge [20] test data is below the performance of first two winning entries in that challenge. To address the scarcity of available data for tracking and detecting skin diseases [21] developed a domain-specific data augmentation technique by merging individual lesions with full body images to generate large volume of synthetic data. Li and Shen [22] also used DNN to segment lesions, extract their dermoscopic features and classify them.

### III. DATA SET

We have 3150 images in the current dataset, which have size of 28x28 pixels of RGB images. The data set which is use in

the current simulation downloaded from the public Github website. This website provides free data set for simulation. The data set which contains is divided by three classes and each class has 1050 images. In each class 800 images (75%) data for training and 300 images (25%) for validation. After that convolutional neural network (CNN) is apply on the data set which results shows in result section.

The methodology of skin cancer of images of the current work shows in Fig 1. For the CNN network training the size of images specification is very important key. During simulation of the data for the input if we have a large size images then the training of network will take more time than a small size images. So for the current work there is the image size 28x28 pixel of RGB image. Fig 2 shows the skin cancer RGB images for the input data to the network for simulation. We load RGB image data as an image-data-store. Image-data-store loads stores and automatically label them based on folder names. It is very important to note that during the training of CNN network, the image-data-store efficiently reads batches of images.

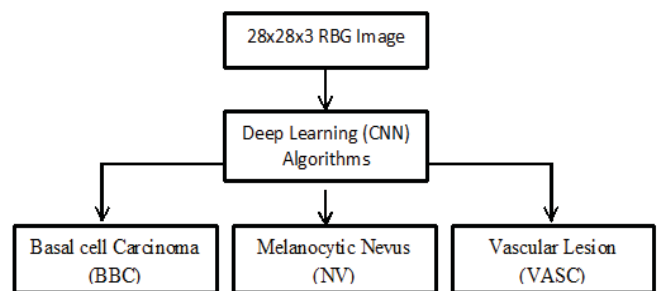


Fig. 1. Block diagram Classification of the Skin Cancer Images

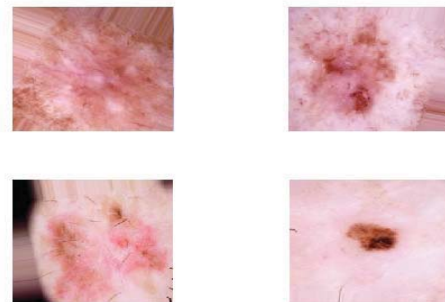


Fig. 2. Random images of skin cancer from Data Set

## IV. SIMULATIONS AND RESULTS

### A. CNN for One Convolutional Layers

The Fig 3 shows three convolutional layer CNN algorithm architecture. In this algorithm architecture one convolution, one max pooling and one fully connected layer are used. Fig 6 shows the training progress plot of the CNN with 10 epochs, training time is 51 sec. In the plot one part of validation accuracy and second part shows the loss (accuracy/mini batch) of the data. This architecture used convolution layer of filter size 3x3 and channel size is 8 with the same padding, 2x2 max pooling layer with (Stride2) and fully connected layer and obtained classification accuracy 80.15 after training the CNN network.

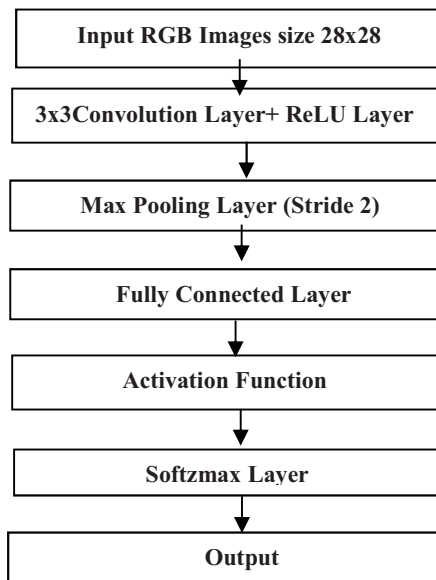


Fig.3. CNN architecture for one Convolution Layers

#### B. CNN for Two Convolutional Layers

The Fig 4 shows three convolutional layer CNN algorithm architecture. In this algorithm architecture two convolution, two max pooling and one fully connected layer are used. Fig 7 shows the training progress plot of the CNN with 10 epochs, training time is 2 minutes and 28 sec. This plot shows one part of validation accuracy and second part shows the loss (accuracy/mini batch) of the data. This architecture first used convolution layer of filter size 5x5 and channel size is 8 with the same padding 2x2 and max pooling layer with (Stride2). Then applied convolution layer of filter size 3x3 and channel size is 8 with the same padding 2x2 and max pooling layer with (Stride2) and fully connected layer and obtained classification accuracy 95.79 after training the CNN network.

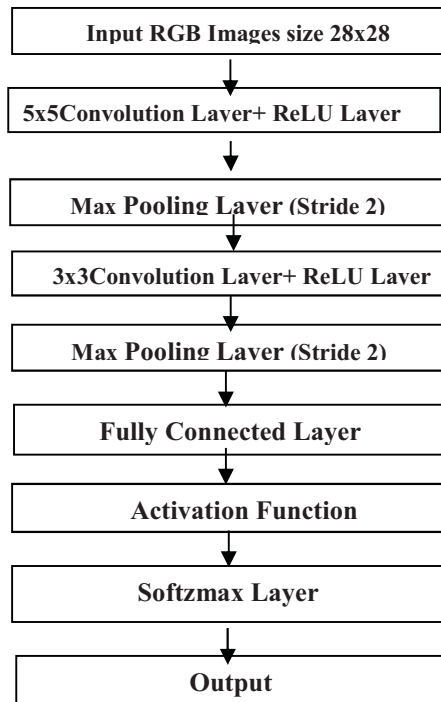


Fig.4. CNN architecture for one Convolution Layers

#### C. CNN for Three Convolutional Layer

The Fig 5 shows three convolutional layer CNN algorithm architecture. In this algorithm architecture three convolution, three max pooling and one fully connected layer are used. Fig 8 shows the training progress plot of the CNN with 10 epochs, training time is 3 minutes and 44 sec. The plot shows one part of validation accuracy and second part shows the loss (accuracy/mini batch) of the data. This architecture first used convolution layer of filter size 7x7 and channel size is 8 with the same padding, 2x2 and max pooling layer with (Stride2). Then applied convolution layer of filter size 5x5 and channel size is 16 with the same padding, 2x2 and max pooling layer with (Stride2). Again applied convolution layer of filter size 3x3 and channel size is 32 with the same padding, 2x2 and max pooling layer with (Stride2) and fully connected layer and obtained classification accuracy 98.89 after training the CNN network.

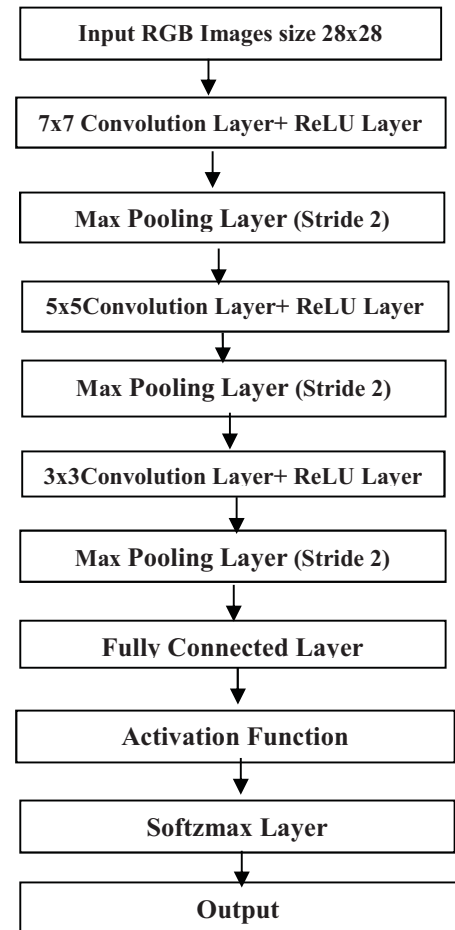


Fig. 5. CNN architecture for three Convolution Layer

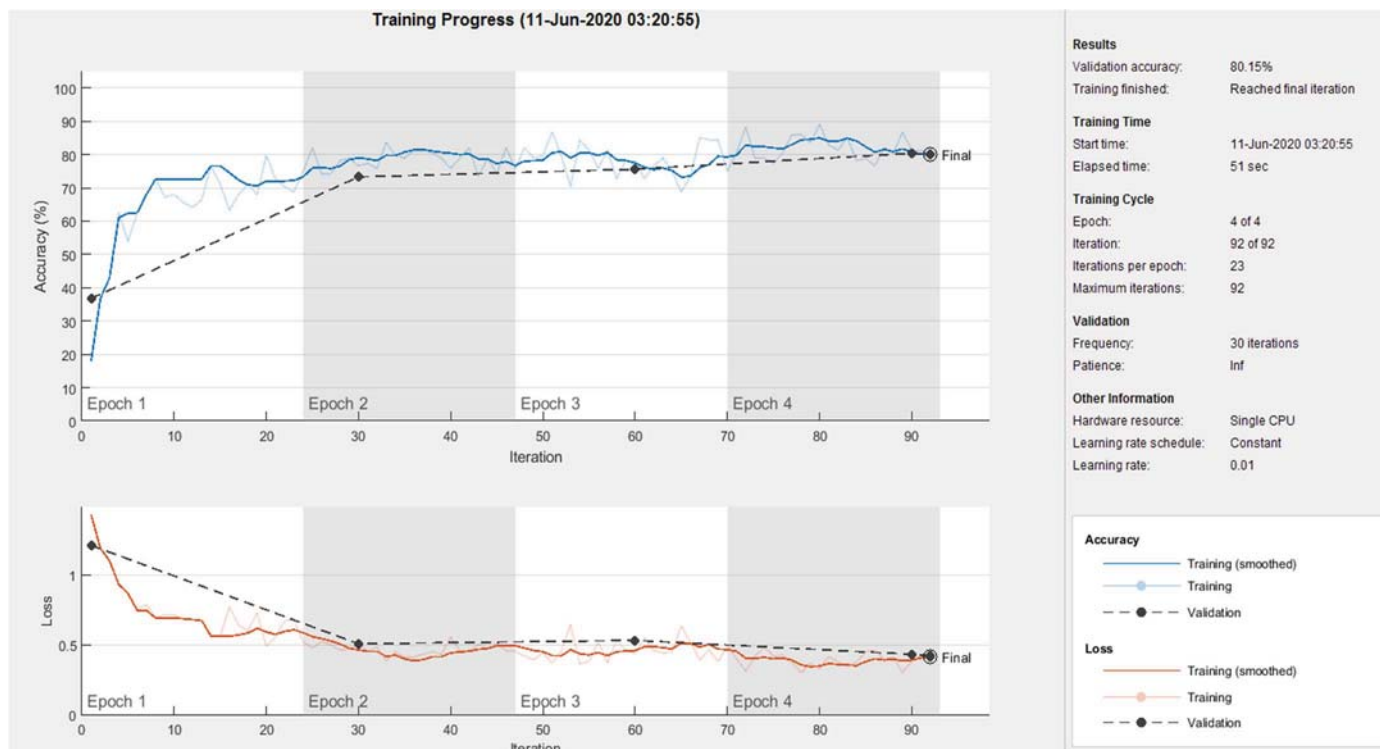


Fig. 6. Validation accuracy for one convolution layer

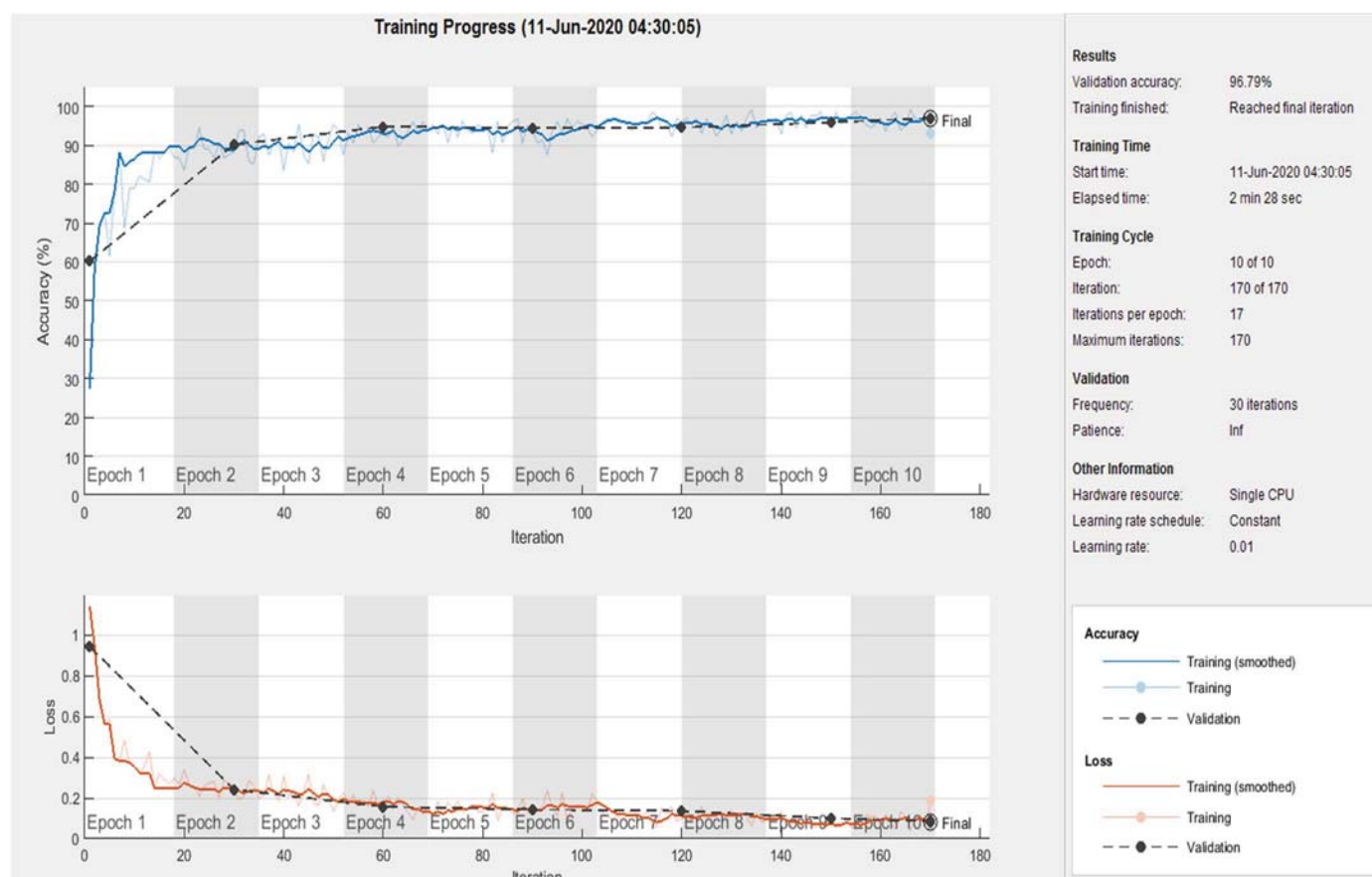


Fig.7. Validation accuracy for two convolution layer



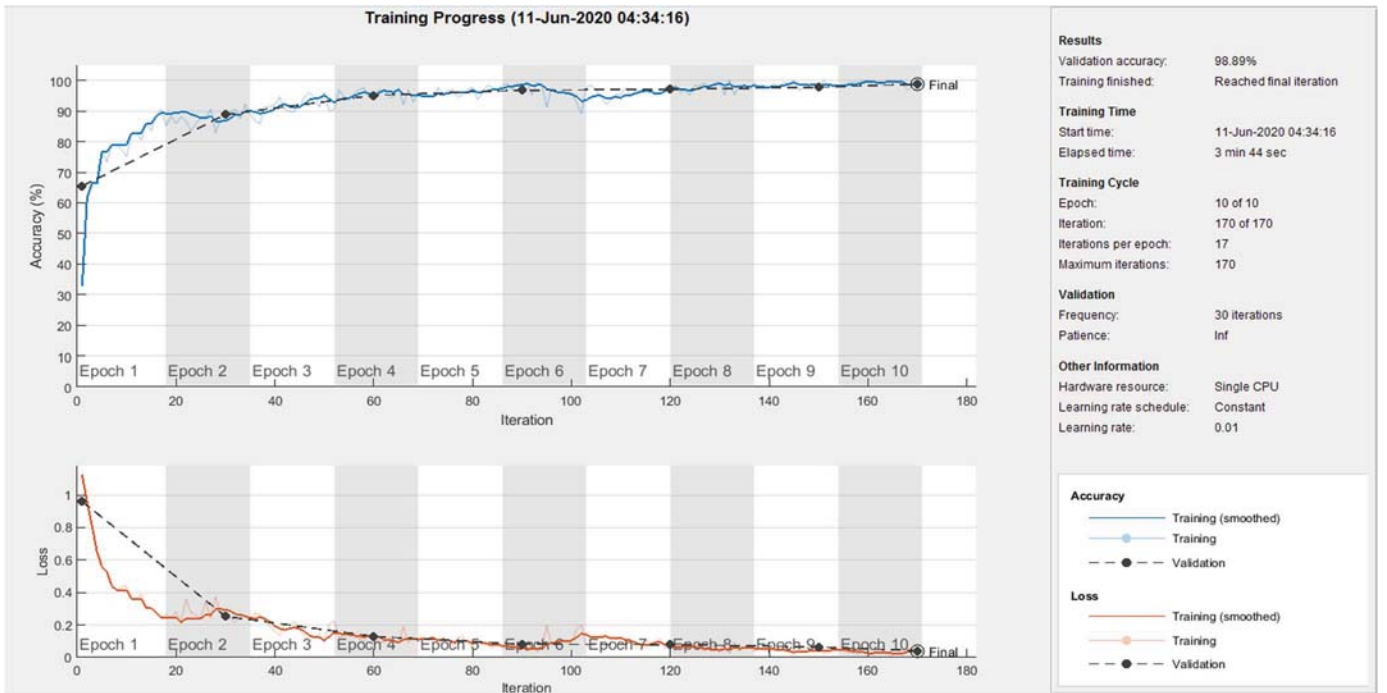


Fig.8. Validation accuracy for three convolution layer

## V. EVALUATION

The following tables show the number of images, number of epochs, and accuracy of the training CNN network for validation and the training time of CNN network with respect to number of epochs and layers. Table 1 contains same number of images for each process and same number of epochs (4). The computational time of CNN network for different layers. For each process there is a confusion matrix which shows in Fig 9, 10, 11. Table 2 contains the same number of images for each process and same number of epochs (6) and computational time. Table 3 contains the same number of images for each process and same number of epochs (10). The training time varying when increase the layers of CNN architecture and increase the number of epochs. So it is seeing for all tables that the computational time of CNN increase when increase the number of layers and number of epochs.

TABLE I. DIFFERENT LAYERS ACCURACY AND COMPUTATIONAL TIME

No of Images	No of Layers	Epochs	Accuracy	Computational Time
1050	1	4	94.58	1 min 21 sec
1050	2	4	94.25	54 sec
1050	3	4	92.59	38 sec

Confusion Matrix				
Output Class	Basal Cell Carcinoma(BBC)	Melanocytic Nevus(NV)	Vascular Lesion (VASC)	
	282 31.2%	0 0.0%	31 3.4%	90.1% 9.9%
	0 0.0%	300 33.2%	0 0.0%	100% 0.0%
	18 2.0%	0 0.0%	273 30.2%	93.8% 6.2%
				Target Class
				Basal Cell Carcinoma(BBC)
				Melanocytic Nevus(NV)
				Vascular Lesion (VASC)

(a)

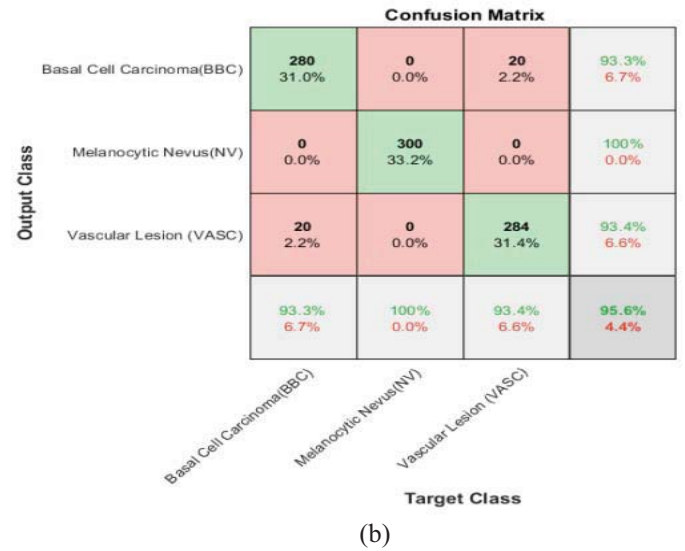
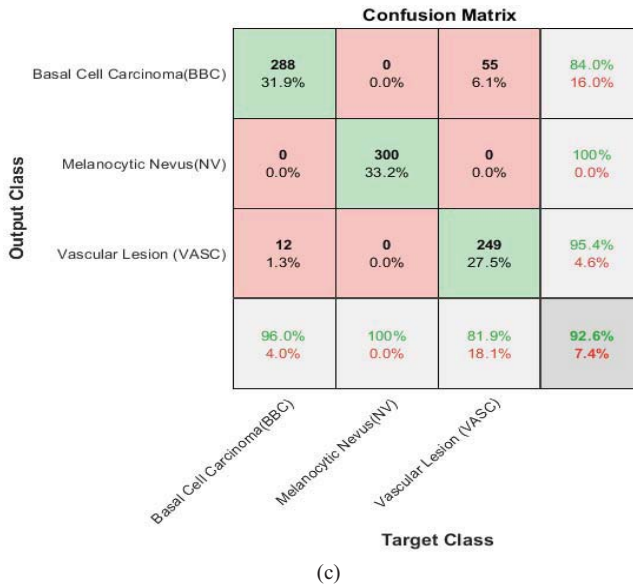
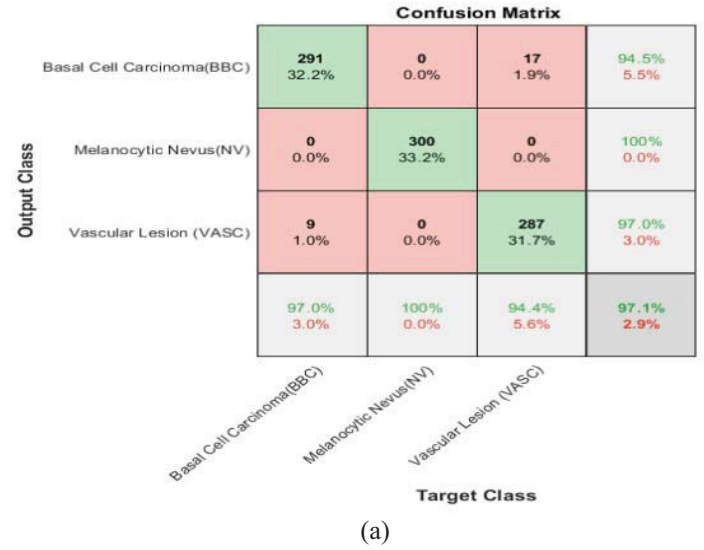
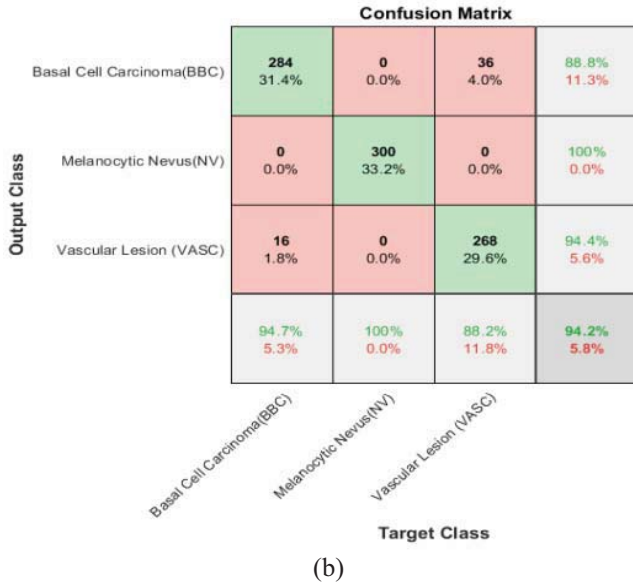


Fig. 9 (a,b and c). Confusion Matrixs of different layers with same epoch

TABLE II. DIFFERENT LAYERS ACCURACY AND COMPUTATIONAL TIME OF CNN

No of Images	Layers	Epochs	Accuracy	Training Time
1050	1	6	97.12	2 min 7 sec
1050	2	6	95.58	1 min 30 sec
1050	3	6	93.92	32 sec

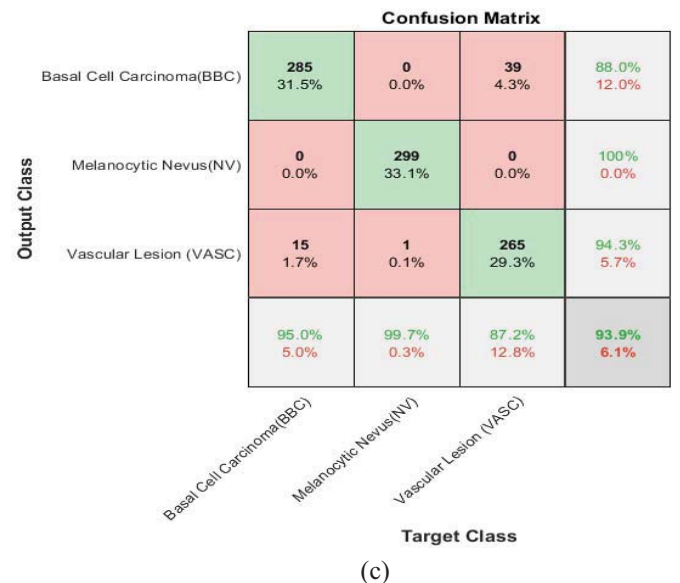


Fig. 10 (a,b and c). Confusion Matrixs of different layers with same epoch

TABLE III. DIFFERENT LAYERS ACCURACY AND COMPUTATIONAL TIME OF CNN

Number of Images	Layers	Epochs	Accuracy	Training Time
1050	1	10	98.89	3 min 44 sec
1050	2	10	95.79	2 min 29 sec
1050	3	10	95.24	32 sec

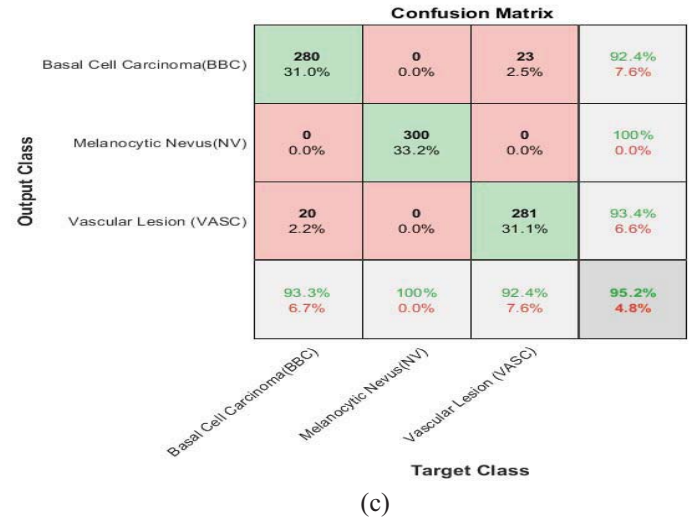
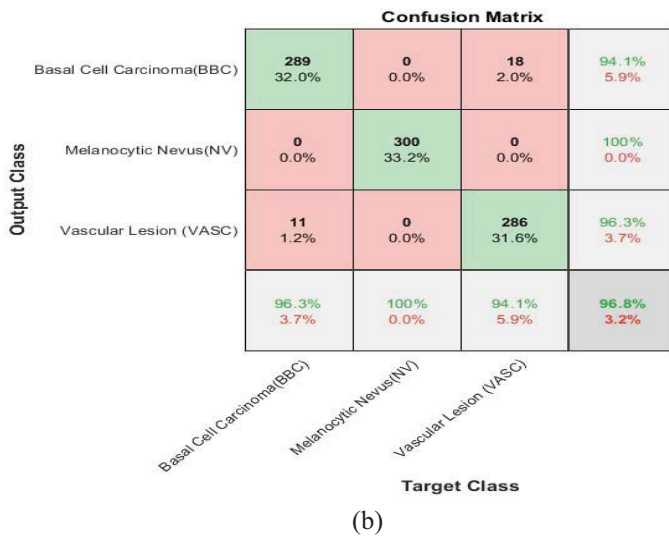
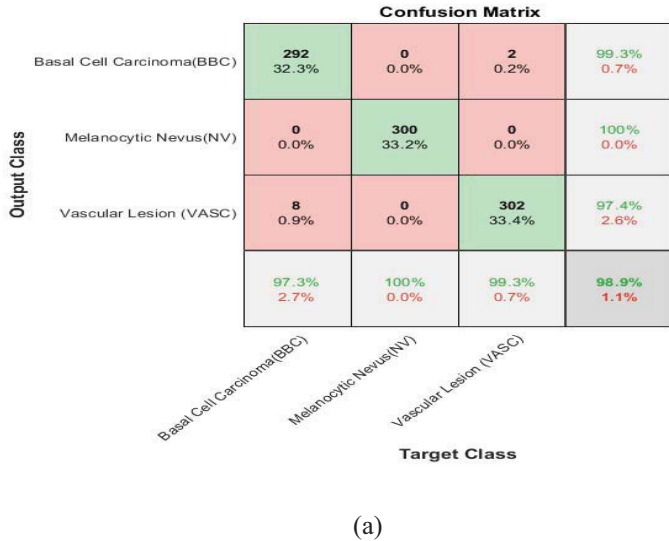


Fig. 11 (a,b and c). Confusion Matrixes of different layers with same epoch

Table IV shows the comparison of the current work with previous work with respect to the number of images and number of classes which carried in last decade.

TABLE IV. COMPARISON PROPOSED WORK WITH PREVIOUS ONE

Years	Authors	class	Accuracy		
2020	CNN (Proposed work)	3	98.89		
2020	CNN [ 23 ]	3	90%	81%	84%
2019	SSD-Mobilenet model [ 24 ]	2	99%	100%	
2019	incorporate background knowledge [ 25 ]	1	80.39%		
2019	CNNs [ 26 ]	2	83.83%	97.55%	
2018	[ 27 ]	1	98.33%		2018
2018	CNN [ 28 ]	3	82.26%	88.82%	90.40%
2017	CNN [ 19 ]	2		69.4%	72.1%
2017	CNNs [ 29 ]	3	90.96%	97.00%	97.60%
2017	multi-scale CNN[ 30 ]	1	0.903		
	automated computer-aided model CNN ([ 31 ] )	1	11%		
2016	CNN[ 32 ] )	1	81.8%		
2016	VGG-16 CNN[ 33 ]	1	78%		
2011	KNN[ 34 ]	1	66.7%		
2011	KNN [ 35 ] )	3	73.47%	80.6%	86.73%

#### CONCLUSION AND FUTURE RESEARCH DIRECTION

To it is concluded from all the results if studied and work carefully that the performance of the digital applications for skin cancer improves in many ways while using the convolutional neural network algorithms. This current work 98.89% classification accuracy was achieved with a convolutional neural network architecture using three convolution layers. While used the convolutional neural network architecture using three convolution layers got the accuracy result better than used the two or one convolution layers. The most important thing is processing time of CNN network training. It is noted the

computational time increase when increase the number of layer and number of epochs of CNN network. So it is need high processor to decrease the computational time for each process.

In the future, convolutional neural network algorithms for skin cancer disease would help in medical field to avoid the conventional lab tests. Moreover, without testing kits or without the use of x-rays machine skin cancer disease would be automatically detected and classify using the convolutional neural network algorithm embedded in digital device.

## REFERENCES

- [1] H.A.Haenssle, C. Fink, R. Schneiderbauer, F. Toberer, T. Buhl, A. Blum, A. Kalloo, A. B. H. Hassen, L. Thomas, A. Enk, and L. Uhlmann. Man against machine: diagnostic performance of a deep learning convolutional neural network for dermoscopic melanoma recognition in comparison to 58 dermatologists. *Annals of Oncology*, 29(8), pp.1836-1842, 2018.
- [2] E. Almansour and M.A. Jaffar. Classification of Dermoscopic skin cancer images using color and hybrid texture features. *IJCSNS Int J Comput Sci Netw Secur*, 16(4), pp.135-9, 2016.
- [3] B. Agilan, N.P. Rajendra Prasad, G. Kanimozhi, R. Karthikeyan, M. Ganesan, S. Mohana, D. Velmurugan and D. Ananthakrishnan. Caffeic Acid Inhibits Chronic UVB- Induced Cellular Proliferation Through JAK- STAT 3 Signaling in Mouse Skin. *Photochemistry and Photobiology*, 92(3), pp.467-474, 2016.
- [4] G. Litjens, T. Kooi, B.E. Bejnordi, A.A.A. Setio, F. Ciompi, M. Ghafoorian, J.A. Van Der Laak, B. Van Ginneken, and C. Sánchez. A survey on deep learning in medical image analysis. *Medical image analysis*, 42, pp.60-88, 2017.
- [5] I. Giotis, N. Molders, S. Land, M. Biehl, M.F. Jonkman, and N. Petkov. MED-NODE: a computer-assisted melanoma diagnosis system using non-dermoscopic images. *Expert systems with applications*, 42(19), pp.6578-6585, 2015.
- [6] Z. Ge, S. Demyanov, B. Bozorgtabar, M. Abedini, R. Chakravorty, A. Bowling and R. Garnavi. 2017, April. Exploiting local and generic features for accurate skin lesions classification using clinical and dermoscopy imaging. In 2017 IEEE 14th International Symposium on Biomedical Imaging (ISBI 2017), pp. 986-990 IEEE, 2017
- [7] I. Sato, H. Nishimura and K. Yokoi. Apac: Augmented pattern classification with neural networks. *arXiv preprint arXiv:1505.03229*, 2015.
- [8] D. Gutman, N.C. Codella, E. Celebi, B.D. Helba, M. Marchetti, N. Mishra and A. Halpern. Skin lesion analysis toward melanoma detection: A challenge at the international symposium on biomedical imaging (ISBI) 2016, hosted by the international skin imaging collaboration (ISIC). *arXiv preprint arXiv:1605.01397*, 2016.
- [9] S. Sladojevic, M. Arsenovic, A. Anderla, D. Culibrk and D. Stefanovic. Deep neural networks based recognition of plant diseases by leaf image classification. *Computational intelligence and neuroscience*, (2016), 2016.
- [10] A. Vedaldi and K. Lenc. 2015, October. Matconvnet: Convolutional neural networks for matlab. In *Proceedings of the 23rd ACM international conference on Multimedia*, pp. 689-692, 2015
- [11] U.O. Dorj, K.K. Lee, J.Y. Choi and M. Lee. The skin cancer classification using deep convolutional neural network. *Multimedia Tools and Applications*, 77(8), pp.9909-9924, 2018.
- [12] A. Pennisi, D.D. Bloisi, D. Nardi, A.R. Giampetruzzi, C. Mondino and A. Facchiano. Skin lesion image segmentation using Delaunay Triangulation for melanoma detection. *Computerized Medical Imaging and Graphics*, 52, 89-103, 2016.
- [13] M.Z. Alom, T. Aspiras, T.M. Taha and V.K. Asari. Skin cancer segmentation and classification with improved deep convolutional neural network. In *Medical Imaging 2020: Imaging Informatics for Healthcare, Research, and Applications* (Vol. 11318, p. 1131814). International Society for Optics and Photonics, 2020.
- [14] N. Li, X. Zhao, Y. Yang, and X. Zou, X. Objects classification by learning-based visual saliency model and convolutional neural network. *Computational intelligence and neuroscience*, 2016.
- [15] B. Agilan, N. Rajendra Prasad, G. Kanimozhi, R. Karthikeyan, M. Ganesan, S. Mohana, D. Velmurugan and D. Ananthakrishnan. Caffeic Acid Inhibits Chronic UVB- Induced Cellular Proliferation Through JAK- STAT 3 Signaling in Mouse Skin. *Photochemistry and Photobiology*, 92(3), pp.467-474, 2016.
- [16] Z. Ge, S. Demyanov, B. Bozorgtabar, M. Abedini, R. Chakravorty, A. Bowling and R. Garnavi. Exploiting local and generic features for accurate skin lesions classification using clinical and dermoscopy imaging. In 2017 IEEE 14th International Symposium on Biomedical Imaging (ISBI 2017) (pp. 986-990). IEEE, 2017.
- [17] A. Mohd, G.K. Ram and A. Shafeeq. Skin cancer classification using K-means clustering. *Int J Tech Res Appl* 5(1):62-65, 2017.
- [18] W. Hu, Y. Huang, L. Wei, F. Zhang and H. Li. Deep convolutional neural networks for Hyperspectral image classification. *J Sensors* 2015:258619, 2015
- [19] A. Esteva, B. Kuprel, R.A. Novoa, J. Ko, S.M. Swetter, H.M. Blau and S. Thrun. Dermatologist-level classification of skin cancer with deep neural networks. *Nature* 2017, 542, pp.115-118, 2017.
- [20] R. Guerrero, C. Qin, O. Oktay, C. Bowles, L. Chen, R. Joules, R. Wolz, M.D.C. Valdés-Hernández, D.A. Dickie, J. Wardlaw and D. Rueckert. White matter hyperintensity and stroke lesion segmentation and differentiation using convolutional neural networks. *NeuroImage: Clinical*, 17, pp.918-934, 2018.
- [21] J. Kawahara, A. BenTaieb and G. Hamarneh. Deep features to classify skin lesions. In 2016 IEEE 13th international symposium on biomedical imaging (ISBI) (pp. 1397-1400). IEEE, 2016
- [22] C.Y. Lee, P.W. Gallagher and Z. Tu. May. Generalizing pooling functions in convolutional neural networks: Mixed, gated, and tree. In *Artificial intelligence and statistics*, pp. 464-472, 2016,
- [23] J.O. Emuoyibofarhe, D. Ajisafe, R.S. Babatunde and M. Christoph. Early Skin Cancer Detection Using Deep Convolutional Neural Networks on Mobile Smartphone. *International Journal of Information Engineering & Electronic Business*, 12(2), 2020
- [24] A.M. Taqi, F. Al-Azzo, A. Awad and M. Milanova. Skin Lesion Detection by Android Camera based on SSD-Mo-bilenet and TensorFlow Object Detection API. *American Journal of Advanced Research*, 3, p.1, 2019.
- [25] K. Sriwong, S. Bunrit, K. Kerdprasop and N. Kerdprasop. Dermatological Classification Using Deep Learning of Skin Image and Patient Background Knowledge. *International Journal of Machine Learning and Computing*, 9(6), pp.862-867, 2019.
- [26] A. Mahbod, G. Schaefer, I. Ellinger, R. Ecker, A. Pitiot and C. Wang. Fusing fine-tuned deep features for skin lesion classification. *Computerized Medical Imaging and Graphics*, 71, pp.19-29, 2019.
- [27] K.M. Hosny, M.A. Kassem and M.M. Foad. Skin cancer classification using deep learning and transfer learning. In 2018 9th Cairo International Biomedical Engineering Conference (CIBEC) (pp. 90-93). IEEE, 2018
- [28] E.M. Rogers, K.L. Connolly, K.S. Nehal, S.W. Duszka, A.M. Rossi and E. Lee. Comorbidity scores associated with limited life expectancy in the very elderly with nonmelanoma skin cancer. *Journal of the American Academy of Dermatology*, 78(6), 1119-1124. 2018.
- [29] L. Bi, J. Kim, E. Ahn, D. Feng and M. Fulham. Semi-automatic skin lesion segmentation via fully convolutional networks. In 2017 IEEE 14th International Symposium on Biomedical Imaging (ISBI 2017) .pp. 561-564, IEEE, 2017
- [30] T. DeVries and D. Ramachandram. Skin lesion classification using deep multi-scale convolutional neural networks. *arXiv preprint arXiv:1703.01402*, 2017
- [31] D.A. Shoiab, S.M. Youssef and W.M. Aly. Computer-aided model for skin diagnosis using deep learning. *Journal of Image and Graphics*, 4(2), 122-129, 2016.
- [32] J. Kawahara and G. Hamarneh. Multi-resolution-tract CNN with hybrid pretrained and skin-lesion trained layers. In *International workshop on machine learning in medical imaging* (pp. 164-171). Springer, Cham, 2016.
- [33] S. Kalouche, A. Ng and J. Duchi. Vision-based classification of skin cancer using deep learning. 2015, conducted on Stanford's Machine Learning course (CS 229) taught. 2016
- [34] K. Ramlakhan and Y. Shang, Y. A mobile automated skin lesion classification system. In 2011 IEEE 23rd International Conference on Tools with Artificial Intelligence (pp. 138-141). IEEE, 2011
- [35] D. Ruiz, D. V. Berenguer, A. Soriano and B. SáNchez. A decision support system for the diagnosis of melanoma: A comparative approach. *Expert Systems with Applications*, 38(12), pp.15217-15223, 2011.