LUNG CANCER DETECTION

Using CNN

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Lung Cancer Detection

Chest CT-Scan images Dataset

Determine Which type of Lung cancer patient has.

Model

Three Main Types Of Lung Cancer



Adenocarcinoma

- Most Common form
- Usually begins in the outer regions of the lungs



Squamous Cell Carcinoma

- Tends to cause early symptoms
 - Usually begins in the bronchial tubes

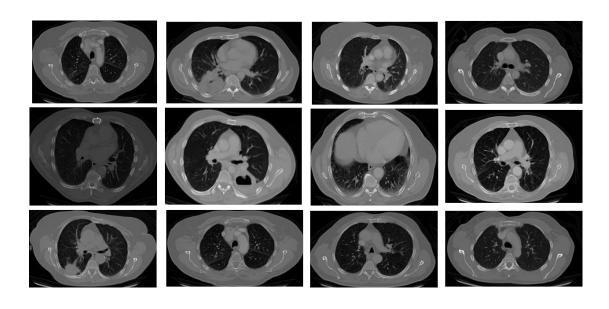


Large Cell Carcinoma

- Tends to grow rapidly and cause late symptoms
 - Usually begins in the outer edges of the lungs

https://www.lalpathlabs.com/blog/types-of-lung-cancer/

DATA



The dataset[1] contains chest CT scan images.

It is sourced from Kaggle and includes images suitable for training, validation, and testing.

Introduction

Overview :

 Lung cancer is the leading cause of cancer-related deaths, with late diagnosis driving its high mortality rate. CNN-based image analysis shows potential for early detection by automating diagnostics [2]

Key Highlights:

 A VGG16 Model of CNN [3] is used for lung cancer detection. It enhances diagnostic speed and improves accuracy and analyzes CT scans to identify malignancies.

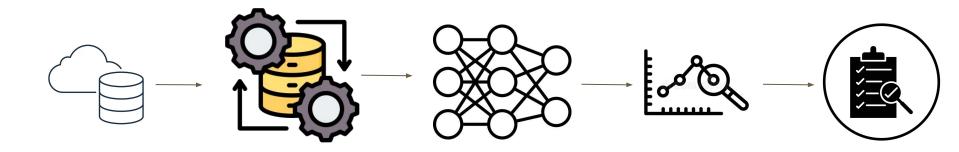
[2] Ren, S., He, K., Girshick, R., & Sun, J. (2015). Faster R-CNN: Towards Real-Time Object Detection with Region Proposal Networks. Proceedings of Advances in Neural Information Processing Systems (NeurIPS 2015), 91-99

[3] Fang, A., Kornblith, S., & Schmidt, L. (n.d.). Does progress on ImageNet transfer to real-world datasets? University of Washington & Google Research, Brain Team.

Motivation

 Early detection significantly improves survival rates, reduces treatment costs, and enhances the quality of life. CNN-based models, particularly VGG16, help detect lung cancer faster and more accurately by analyzing CT scans. This scalable approach ensures reliable and timely diagnoses, which is essential for improving patient outcomes [4]

Methodology



Dataset

Pre-processing

Model

Prediction

Evaluation

Methodology

❖ Process Flow:

- Input: Labeled CT scan images
- Model: Feature extraction using a pre-trained VGG16 model
- Output: Predicted class probabilities for each image.

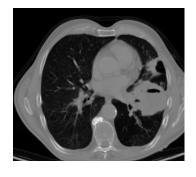
❖ Key Steps:

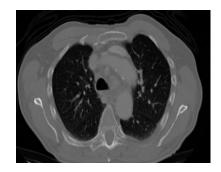
- 1) Data Preparation and Preprocessing.
- 2) Model Architecture and Design.
- 3) Training and Optimization.
- 4) Evaluation and Metrics.

1) Data Preparation and Preprocessing

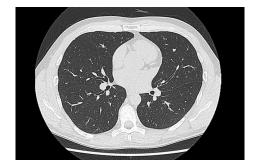
□ Data Collection:

- CT scan images collected and categorized into training, validation, and testing datasets.
- Images are labeled to enable supervised learning.









1) Data Preparation and Preprocessing

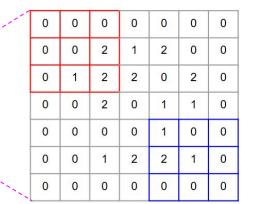
Data Preprocessing

- **Resizing**: All images are resized to 224×224×3 to ensure uniform input dimensions.
- **Normalization**: Pixel values are scaled to a range of [0, 1] or standardized for faster model convergence.
- Augmentation: Introduces variations such as rotation, flipping, and zooming to enhance model robustness.

$$z = \frac{x - \mu}{\sigma}$$

Convolutional Layer:

Input Matrix (X)



Filter (W)

0	1	1
-1	1	-1
0	1	1

*

fxf

Feature Map

1	5	-1	3	0
3	4	4	0	3
1	6	0	3	2
3	5	4	6	1
-1	-1	0	0	-1

$$\text{Output Size} = \left[\frac{n+2p-f}{s} + 1\right] \times \left[\frac{n+2p-f}{s} + 1\right]$$

Convolutional Layer:

$$Z_{i,j} = \sum_{k,l} X_{i+k,j+l} \cdot W_{k,l} \qquad (0*0) + (0*1) + (0$$

ReLU Activation: The ReLU activation function replaces all negative values in the feature map with 000, while keeping positive values unchanged.

1	5	0	3	0
3	4	4	0	3
1	6	0	3	2
3	5	4	6	1
0	0	0	0	0

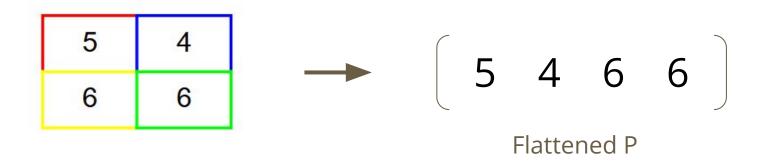
Pooling Layer:

We perform **Max Pooling** with a 2×2 filter and stride 2.

1	5	0	3	0			
3	4	4	0	3		5	4
1	6	0	3	2	→ MAX	6	6
3	5	4	6	1		б	6
0	0	0	0	0			

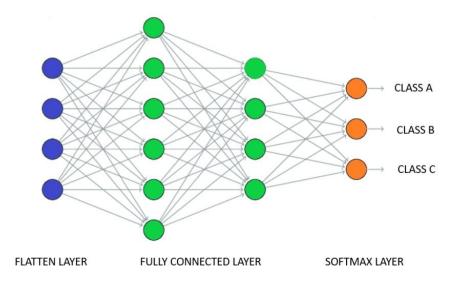
Flattening:

Flatten the pooled feature map into a 1D vector :



Fully Connected Layer:

- Feature Integration
- Dimensional Reduction
- Non-Linear Activation
- Output Probabilities:



Fully Connected Layer:

Suppose:

Edge weights (W) =

0			
0.5	0.2	-0.3	0.8
-0.1	0.4	0.6	-0.2
0.2	-0.5	0.3	0.7
0.4	0.1	-0.2	-0.6

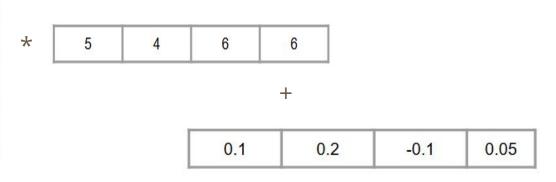
Bias(b) =

0.1 0.2 -0.1 0.05

Fully Connected Layer:

Y = W * Flattened P + b

	0.5	0.2	-0.3	0.8
Y =	-0.1	0.4	0.6	-0.2
	0.2	-0.5	0.3	0.7
	0.4	0.1	-0.2	-0.6



Fully Connected Layer:

Y = W * Flattened P + b

$$y1 = (0.5 \cdot 5) + (0.2 \cdot 4) + (-0.3 \cdot 6) + (0.8 \cdot 6) + 0.1 = 6.4$$

$$y2 = (-0.1 \cdot 5) + (0.4 \cdot 4) + (0.6 \cdot 6) + (-0.2 \cdot 6) + 0.2 = 3.7$$

$$y3 = (0.2 \cdot 5) + (-0.5 \cdot 4) + (0.3 \cdot 6) + (0.7 \cdot 6) - 0.1 = 4.9$$

$$y4 = (0.4 \cdot 5) + (0.1 \cdot 4) + (-0.2 \cdot 6) + (-0.6 \cdot 6) + 0.05 = -2.35$$

Class Scores Y = [6.4, 3.7, 4.9, -2.35]

Softmax Activation:

Convert the scores into probabilities using softmax:

$$P(y1) = 601.84 / 776.69 = 0.775$$

$$P(y2) = 40.45 / 776.69 = 0.052$$

$$P(y3) = 134.29 / 776.69 = 0.173$$

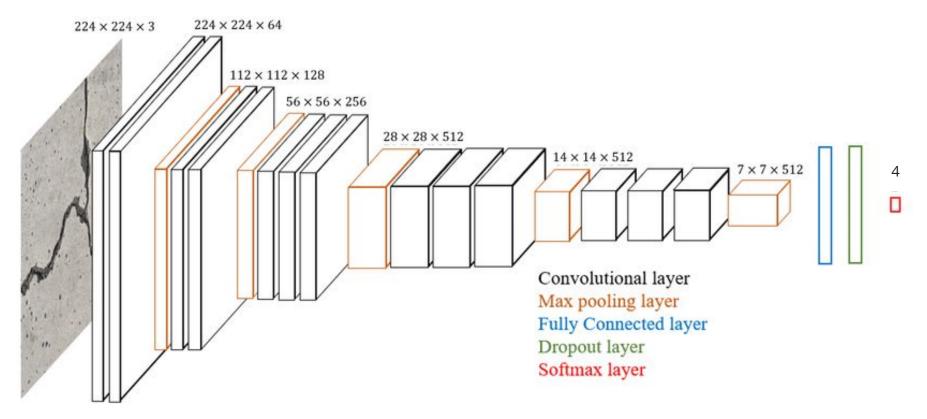
$$P(y4) = 0.095 / 776.69 = 0.0001$$

$$P(y_i) = rac{e^{y_i}}{\sum_{j=1}^C e^{y_j}}$$

So, the predicted class is Class 0 with the highest probability P(y1) = 77.5%

P=[0.775, 0.052, 0.173, 0.0001]

2) Model architecture



https://www.researchgate.net/figure/Architecture-of-the-modified-VGG16-model_fig1_350828239

VGG16

Overview



A deep convolutional neural network introduced by the Visual Geometry Group (VGG).

16 weighted layers: 13 convolutional layers and 3 fully connected layers.

Key Features



Small filter sizes - efficient and dense feature extraction.

Enables hierarchical feature learning (from basic edges to complex patterns).

Why VGG16?



Simplicity

Transfer Learning

Feature Extraction

High Accuracy

3) Training and Optimization

- ☐ The model was trained over **100 epochs** using the training dataset.
 - > Training Accuracy: Improved from 38.16% (Epoch 1) to 93.01% (Epoch 100).
 - Training Loss: Reduced from 1.8332 (Epoch 1) to 0.2139 (Epoch 100).

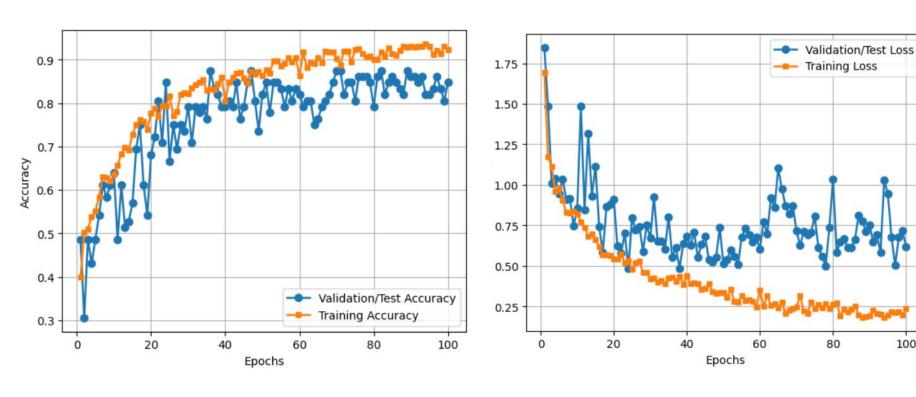
Loss Function: Categorical Cross-Entropy

$$L = -\sum_{i=1}^N y_i \log(\hat{y}_i)$$

Adam optimizer

$$w_{t+1} = w_t - \eta
abla L(w_t)$$

3) Training and Optimization



100

4) Evaluation and metrics

- ☐ Final test accuracy achieved: 86.08%
- ☐ Test loss reduced to **0.3796**

$$Accuracy = \frac{TN + TP}{TN + FP + TP + FN}$$

$$Recall = \frac{TP}{TP + FN}$$

$$Precision = \frac{TP}{TP + FP}$$

$$F1 \ Score = 2 * \frac{Precision * Recall}{Precision + Recall}$$

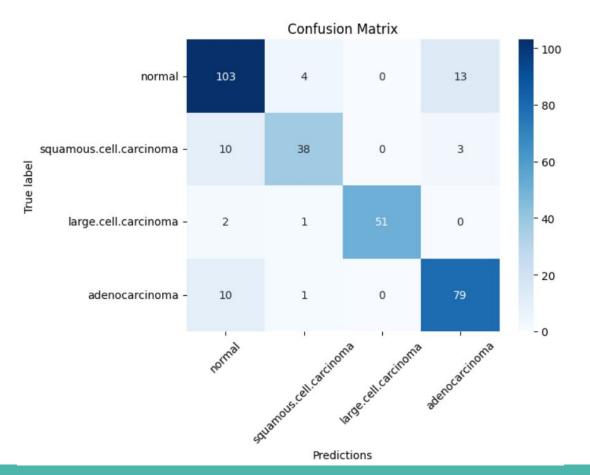
4) Evaluation and metrics

20/20	0/20 ————— 5s 187ms/step				
	precision	recall	f1-score	support	
0	0.82	0.86	0.84	120	
1	0.86	0.75	0.80	51	
2	1.00	0.94	0.97	54	
3	0.83	0.88	0.85	90	
accuracy			0.86	315	
macro avg	0.88	0.86	0.87	315	
weighted avg	0.86	0.86	0.86	315	

Classification Report Highlights:

- Normal Class: Precision: 82%, Recall: 86%, F1-Score: 84%.
- Squamous Cell Carcinoma: Precision: 86%, Recall: 75%, F1-Score: 80%.
- Large Cell Carcinoma: Precision: 100%, Recall: 94%, F1-Score: 97%.
- Adenocarcinoma: Precision: 83%, Recall: 88%, F1-Score: 85%.

4) Evaluation and metrics



Conclusion

Summary

- Pre-trained CNNs like VGG16 are effective for lung cancer detection.
- Achieved ~86% accuracy with strong generalization in medical imaging.

Key Outcomes

- Early detection improves treatment outcomes and reduces mortality.
- Automation via CNNs enhances efficiency and scalability in diagnosis

Challenges Addressed

- Robust data preprocessing handled CT scan variations.
- Overfitting reduced [5] with data augmentation and dropout.

Final Thought

- Al-driven diagnostics [6] can transform healthcare with clinical integration.
- [5] Krizhevsky, A., Sutskever, I., & Hinton, G. E. (2012). "ImageNet Classification with Deep Convolutional Neural Networks." In Advances in Neural Information Processing Systems 25 (NeurIPS 2012).
- [6] Fintelmann, F., Wohlwend, J., Mikhael, P., Sequist, L. V., & Barzilay, R. (2023). Sybil: A Deep Learning Approach for Lung Cancer Risk Assessment Using CT Scans. Proceedings of the Advances in Neural Information Processing Systems (NeurIPS 2023)

THANK YOU!