



An Exploration on Mammographic Image Abnormality Using Computer Aided Detection (CAD) System

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Abstract: Many sectors of research and development use digital image processing to development digital images and extract usable features since the data, whichever may subsequently be castoff to make key judgments by high accuracy. Such approaches were also used in medical solicitations, notably now the identification of breast cancer. Due to the limits of human observation, computers obligate frolicked a vital part in identifying initial signs to cancer over the years, resulting in the creation of a high-accuracy Computer Aided Detection System (CAD). This paper provides a brief overview of the Computer Aided Detection System, whichever could remain used as a choice sustenance system for the automatic detection for breast cancer, with the predictions after CAD schemes being used toward help radiologists make better diagnoses.

Keywords: Mammographic Image, Computer Aided Detection, Region of Interest, Mammographic Image Analysis Society, Abnormality

1. INTRODUCTION

A computer-assisted detection system (CAD) is a permutation of image processing methods and intellectual methods that could be castoff to improve the medical understanding process and generate more efficient diagnoses. Radiologists can use the computer result to help them analyze images and make diagnostic decisions [1]. A Computer Aided Detection (CAD) system might also focus a radiologist's thoughtfulness to areas where a likelihood of a disease sign is highest. A CAD system produces results that are repeatable and realistic. The CAD system generates a "second opinion" result to aid radiologists in an diagnosis for cancer happening medical pictures. For the first time, Winsberg offers the concept of a CAD system in 1967. Winsberg then his colleagues investigated the usage of computers in the detection of anomalies on mammograms [2]. Ackerman and Gose extended the notion of CAD in 1972, allowing a computer towards detect micro-calcification, spiculation, roughness, and shape on



mammograms [3]. R2 Technology's Image Checker, which detects possible micro-calcifications clusters and masses, remained the first CAD appropriate through the FDA [4]. This method converts film mammograms into digital format with the help of a digitizer, and reminders emerge on suspicious abnormalities [5]. These two mammographic CAD systems, Mammo-Reader since iCad and Second Look after CADx, were approved in 2002 and have a similar premise to the Image Checker, but by dissimilar algorithms, and hence respond otherwise to suspected lesions [6]. To assist radiologists in reading mammograms, two methods have been created [7]. The primary is Computer Aided Diagnosis (CADE), whichever has increased radiologists' breast cancer detection accuracy. The second technique, Computer Aided Diagnosis (CADx), divides identified regions keen on malignant or benign groupings to assist radiologists in deciding whether to proceed with biopsy or short-term follow-up mammography [8, 9, and 10].

Literature Review

In the literature, several computer-aided diagnosis (CAD) systems must be created to offer a second view for radiologists. The development of one for CAD systems was centered continuously three basic stages: segmentation, feature extraction, and classification. These processes have been well-addressed in previous revisions to determine the discriminative traits aimed at classifying breast tumours were benign or malignant. Unfortunately, these procedures necessitate a time-consuming activity, like as pre- and post-processing, as they rely on domain expert knowledge of image processing. A few CAD systems have been created over the years to address these issues.

In the year 2000, Giger created the Computer Aided Detection (CAD) diagnostic tool, which allows radiologists to use the results of on-screen image processing as a secondary estimation in detecting lesions and production diagnostic assessments. [11] As of the allied complicated investigation issues and probable clinical applications, CAD systems have recently piqued the interest of both research scientists and radiologists. Computer dispensation in biomedical image analysis delivers an additional exact diagnosis because people are disposed to creation errors then their interpretation is often biased and qualitative slightly than quantitative. In 2004, the doctors Rangayyan and Ferrari amended biomedical image analysis with CAD, resulting in a further accurate diagnosis. [12]. Freer and Ullissey investigated a possible influence of CAD in selection in 2001, using a CAD system to evaluate 12,860 screening mammograms over the course of a year. [13] According to the study, overall cancer detection amplified via 19.5 percent, with premature stage identification of malevolent cancer tissue increasing since 73 to 78 percent. The recall rate amplified to 6.5-7.7%, whereas the optimistic predictive value for biopsy persisted unchanged at 38%. According to the findings, CAD can improve the diagnosis of early-phase cancers without having a significant detrimental impact on the recall rate or a positive negative assessment of biopsy.

Established on a nationwide competence test for screening mammography now Italy, Ciatto et al. conducted a comparison analysis among conventional mammogram interpretation and CAD appraisal in 2003. The authors calculated that a single CAD reading is corresponding to a double conventional mammography understanding. [14].



Evans et al. looked at how well a salable CAD system could identify intrusive and untiring lobular cancer in the breast in 2002. [15] The algorithm was originated to be accomplished of precisely detecting architectural distortion in 17 of 20 cases. Burhenne et al. looked at the accuracy of a salable CAD system in detecting masses then calcifications in screening mammography in 2000. [16] At a level of one false positive for every image, the reading achieved a sensitivity of 75% in the recognition for masses and architectural deformation. In addition, Birdwell et al. evaluated the potential of a salable CAD system to detect benign cancer tissues which were missed through radiologists in 2001. [17] At a level of 2.9 false positives for every image, the software remained capable to identify five obtainable of six occurrences of architectural distortion then 77 percent of previously undiscovered lesions.

Broeders et al. indicated in 2003 that tweaking the architectural distortion detection practice might consequence in a more accurate breast cancer diagnosis. [18] Baker et al. argued in 2003 that the sensitivity for two salable CAD systems in detecting architectural distortion was limited, with less than 50% for 45 circumstances of architectural distortion detected, and a lower image-based sensitivity of 38% or 30 obtainable of 80 images, at a level of 0.7 false positive for every image. [19]

For the abstraction of the delineation for tumoral masses since the ROI, Mencattini A. presented a Computer Aided Detection (CAD) method. Artifact removal, distinction augmentation, and segmentation using a region-mounting algorithm are the three processes in this system [20]. Pereira D. C. describes a collection of computational algorithms for segmenting and detecting mammograms with mass otherwise masses in the CC also MLO perspectives. An artefact deduction approach is implemented foremost, monitored by a wavelet transform and Wiener filter-based picture de-noising and gray-level improvement method. Finally, in mammograms randomly picked since the Digital Database for Screening Mammography (DDSM) [21], a scheme for mass detection with segmentation employing numerous thresholding, wavelet transform, and genetic algorithm was used.

Jen C. presented a high-presentation CAD scheme for identifying abnormal mammograms based on the PCA-centered method with robust feature weight variations [22].

Database

The study's mammography case samples were obtained since the Mammographic Image Analysis Society (MIAS). A Mammographic Image Analysis Society (MIAS) was a consortium of UK inquiries collections dedicated to better considerate mammograms, and it has created a digital mammography database [23]. It comprises 322 mammography photos with minced verity information approximately the abnormalities, such as the kind of cancer, the severity for diagnosis (Benign or Malignant), the center directs of the abnormality's locality, and the radius for a circle encompassing an abnormality.

2. METHODOLOGY

Mammographic screening is the furthestmost operative tool for premature identification of breast cancer [24]. Reading mammography is not merely a time-consuming and error-prone activity for radiologists, nonetheless it is likewise a critical assignment for them because they

recommend patients instead of biopsy. Human elucidation of mammography, on the other hand, differs depending on training and experience [25]. As a result, different radiologists arrive to various conclusions. Mammogram interpretation is a repetitive activity that demands complete concentration to avoid misinterpretation [26]. As a result, the computer-aided diagnostic (CAD) system is now an identical common and effective tool for analyzing digital mammograms using image processing [27]. As a result, a slew of computer-aided detection and diagnosis (CAD) systems had been created to aid radiologists now identifying and categorizing mammographic abnormalities. CAD expertise is a relatively new advancement in breast imaging. After the radiologist has made an initial interpretation, the CAD technology acts as a second customary of eyes, inspecting the patient's mammography film. A computer-assisted detection system is a mixture of image processing procedures like as preprocessing, which removes noise, artefacts, and labels. The enhancement stage provides for the augmentation of contrast, edges, and overall details in the mammography picture. The next step is segmentation, which is the division of an image into its constituent pieces. The statistical values of the image's region of interest (ROI) are calculated during the feature extraction stage [28, 29]. The final step is classification, which is the process of separating the data. The following are the details for each step:

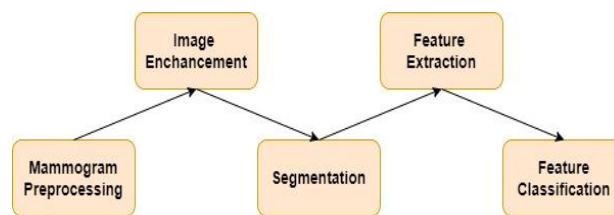


Figure 1. Rudimentary procedures in using a Computer Aided Detection (CAD) system to detect breast abnormalities.

Preprocessing

Preprocessing is vital in low-level image processing. The primary goal of the preprocessing stage has to increase the contrast among the substances and the backdrop. During the preprocessing stage, accurate models of breast tissue structures are created.

Image enhancement

The use in mammographic image augmentation improves the exactness of breast cancer detection. It is critical to reduce noise and improve image quality while processing images. This stage includes the enhancement of regions of interest and the de-emphasis of undesired portions of the image, as well as noise reduction.

Segmentation

To extract the desired object from the backdrop, image segmentation divides the image into its basic pieces. Pixels are segmented depending on their discontinuity and similarity. The term "discontinuity" refers to the detection of isolated points, edges, or lines. The term "similarity" refers to the grouping of pixels that are similar.



Feature Extraction

In Feature Extraction structures of the segmented region were mined like as shape size, and texture whichever essential be prudently selected since anticipated classification commission is likely to complete consuming this demonstration as an alternative of spending whole region. Features were extracted in this phase to categorize nature of breast tissue to discriminate normal and cancerous breasts with gray level co-occurrence matrix. These mined features could be recycled aimed at the classification stage.

Feature Classification

In Feature Classification, the classifier, which is a mathematical model, is used to classify the region of interest into different classifications. The retrieved features are utilized to accurately identify mammography pictures as normal or abnormal, i.e., benign or malignant. For classification, a Support Vector Machine then a minutest distance classifier are utilized.

3. CONCLUSION

This paper concludes that the research development in mammographic images by using computer aided detection system and its improved variants like CADE and CADx. And also this paper concludes that machine learning process for finding the breast abnormality by using the curve region of interest.

4. REFERENCES

1. Bhowmik, C., Ghantasala, G. P., & AnuRadha, R. (2021). A Comparison of Various Data Mining Algorithms to Distinguish Mammogram Calcification Using Computer-Aided Testing Tools. In *Proceedings of the Second International Conference on Information Management and Machine Intelligence* (pp. 537-546). Springer, Singapore.
2. G. S. Pradeep Ghantasala, Nalli Vinaya Kumari. Mammographic CADE and CADx for Identifying Microcalcification Using Support Vector Machine. *Journal of Communication Engineering & Systems*. 2020; 10(2): 9–16p.
3. Ghantasala, G. P., & Kumari, N. V. (2021). Identification of Normal and Abnormal Mammographic Images Using Deep Neural Network. *Asian Journal For Convergence In Technology (AJCT)*, 7(1), 71-74.
4. Patan, R., Ghantasala, G. P., Sekaran, R., Gupta, D., & Ramachandran, M. (2020). Smart healthcare and quality of service in IoT using grey filter convolutional based cyber physical system. *Sustainable Cities and Society*, 59, 102141.
5. Kishore, D. R., Syeda, N., Suneetha, D., Kumari, C. S., & Ghantasala, G. P. (2021). Multi Scale Image Fusion through Laplacian Pyramid and Deep Learning on Thermal Images. *Annals of the Romanian Society for Cell Biology*, 3728-3734.
6. Sreehari, E., & Ghantasala, P. G. (2019). Climate Changes Prediction Using Simple Linear Regression. *Journal of Computational and Theoretical Nanoscience*, 16(2), 655-658.



7. Ghantasala, G. P., & Kumari, N. V. (2021). Breast Cancer Treatment Using Automated Robot Support Technology For Mri Breast Biopsy. *INTERNATIONAL JOURNAL OF EDUCATION, SOCIAL SCIENCES AND LINGUISTICS*, 1(2), 235-242.
8. Krishna, N. M., Sekaran, K., Vamsi, A. V. N., Ghantasala, G. P., Chandana, P., Kadry, S., ... & Damaševičius, R. (2019). An efficient mixture model approach in brain-machine interface systems for extracting the psychological status of mentally impaired persons using EEG signals. *IEEE Access*, 7, 77905-77914.
9. Patan, R., Ghantasala, G. P., Sekaran, R., Gupta, D., & Ramachandran, M. (2020). Smart healthcare and quality of service in IoT using grey filter convolutional based cyber physical system. *Sustainable Cities and Society*, 59, 102141.
10. Chandana, P., Ghantasala, G. P., Jeny, J. R. V., Sekaran, K., Deepika, N., Nam, Y., & Kadry, S. (2020). An effective identification of crop diseases using faster region based convolutional neural network and expert systems. *International Journal of Electrical and Computer Engineering (IJECE)*, 10(6), 6531-6540.
11. Giger, M.L., 2000. Computer aided diagnosis of breast lesions in medical images. *Comput. sci. Eng.*, 2: 39-45.
12. Rangayyan, R. M. and A. F. Ferrari, 2004. Detection of asymmetry between left and right mammograms. *Proceedings of the 7 th international Workshop on Digital Mammography*, June 18-21, 2004, Chapel Hill, NC. , USA. , pp: 651-658.
13. Freer, T. W. and M. J. Ulissey, 2001. Screening mammography with computer aided detection: Prospective study of 12,860 patients in a community breast cancer. *Radiology*, 220: 781-786.
14. Ciatto, S. , M. R. Del Turco, G. Risso, S. Catarzi and R. Bonardi et al., 2003.Comparison of standard reading and Computer Aided Detection(CAD) on a national proficiency test of screening mammography.*Eur.J.Radiol.*,45:135-138.
15. Evans, W. P. , L. J. W. Burheme, L. Laurie, K. F. O’Shaughnessy and R. A. Castellino, 2002. Invasivelobular carcinoma of the breast : Mommographic characteristics and computer aided detection. *Radiology*, 225: 182-189.
16. Burheme, L. J. W. , S. A. Wood, C. J. D’Orsi, S. A. Feig and D.B. Kopans et al., 2000.Potential contributionof computer aided detection to the sensitivity of screening mammography. *Radiology*, 215: 554-562.
17. Birdwell, R. L., D. M. Ikeda, K. F. O’Shaughnessy andE. A. Sickles, 2001. Mammographic characteristics of 115 missed cancer later detected with screening mammography and the potential utility of computer aided detection. *Radiology*, 219: 192-202.
18. Broeders, M. J. M. , N. C. Onland-Moret, H. J. T. M. Rijken, J. H. C. L. Hendriks, A. L. M. Verbeek and R. Holland, 2003.Use of previous screening mammogram to identify features indicating cases that would have a possible gain in prognosis following earlier detection. *Eur. J. Cancer*, 39: 1770-1775.
19. Baker, J. A. , E. I. Rosen, J. Y. Lo, E. I. Gimenez, R. Walsh and M. S. Soo, 2003. Computer aided detection (CAD) in screening mammography. Sensitivity of commercial CA systems for detecting architectural distortion. *Am. J. Roentgenol.* , 181: 1083-1088.



20. de Oliveira, H. C., Mencattini, A., Casti, P., Martinelli, E., Di Natale, C., Catani, J. H., ... & Vieira, M. A. (2018, February). Reduction of false-positives in a CAD scheme for automated detection of architectural distortion in digital mammography. In *Medical Imaging 2018: Computer-Aided Diagnosis* (Vol. 10575, p. 105752P). International Society for Optics and Photonics.
21. Pereira, D. C., Ramos, R. P., & Do Nascimento, M. Z. (2014). Segmentation and detection of breast cancer in mammograms combining wavelet analysis and genetic algorithm. *Computer methods and programs in biomedicine*, 114(1), 88-101.
22. Jen, C. C., & Yu, S. S. (2015). Automatic detection of abnormal mammograms in mammographic images. *Expert Systems with Applications*, 42(6), 3048-3055.
23. "A survey on Microcalcification identification and classification using CAD System", *International Journal of Emerging Technologies and Innovative Research* (www.jetir.org), ISSN:2349-5162, Vol.2, Issue 5, page no.186-190, MAY-2015, Available :<http://www.jetir.org/papers/JETIR1805783.pdf>
24. Ghantasala, G. P., Reddy, A., Peyyala, S., & Rao, D. N. (2021). Breast Cancer Prediction In Virtue Of Big Data Analytics. *INTERNATIONAL JOURNAL OF EDUCATION, SOCIAL SCIENCES AND LINGUISTICS*, 1(1), 130-136.
25. Ghantasala, G. P., Reddy, A. R., & Arvindhan, M. Prediction of Coronavirus (COVID-19) Disease Health Monitoring with Clinical Support System and Its Objectives. In *Machine Learning and Analytics in Healthcare Systems* (pp. 237-260). CRC Press.
26. Ghantasala, G. P., Kumari, N. V., & Patan, R. (2021). Cancer prediction and diagnosis hinged on HCML in IOMT environment. In *Machine Learning and the Internet of Medical Things in Healthcare* (pp. 179-207). Academic Press.
27. Reddy, A. R., Ghantasala, G. P., Patan, R., Manikandan, R., & Kallam, S. Smart Assistance of Elderly Individuals in Emergency Situations at Home. *Internet of Medical Things: Remote Healthcare Systems and Applications*, 95.
28. Kumari, N. V., & Ghantasala, G. P. (2020). Support Vector Machine Based Supervised Machine Learning Algorithm for Finding ROC and LDA Region. *Journal of Operating Systems Development & Trends*, 7(1), 26-33.
29. Ghantasala, G. P., Tanuja, B., Teja, G. S., & Abhilash, A. S. (2020). Feature Extraction and Evaluation of Colon Cancer using PCA, LDA and Gene Expression. *Forest*, 10(98), 99.