

MRI IMAGE BASED DIAGNOSING AND CATERGORING CANCER USING DENSENET AND MOBILENET

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ABSTRACT: One out of six fatalities worldwide are brought about by malignant growth, making it the subsequent driving reason for mortality universally. Regardless, the probability of endurance is significantly expanded by early sickness distinguishing proof. We might have the option to look at additional cases quicker than expected assuming we apply Artificial Intelligence (AI) to mechanize malignant growth recognizable proof. This study proposes the utilization of artificial intelligence based deep learning models to arrange photographs of eight unique sorts of malignant growth, including mind, cervical, lung, and bosom disease. Convolutional Neural Networks (CNN), one of the deep learning models, was tried in this review against the characterization of photographs with harmful attributes. MobileNet, VGGNet, and DenseNet are pre-prepared CNN adaptations that are utilized to move the data they picked up utilizing the ImageNet dataset to recognize different sorts of disease cells. We decide the fitting qualities for the hyperparameters by means of Bayesian advancement. In any case, models prepared on starting datasets may lose their capacity to characterize because of move learning. In this way, we utilize Learning without Forgetting (LwF), which protects the organization's innate abilities while preparing the organization only with new undertaking information. The examination discoveries exhibit that the recommended move learning-based models beat the cutting edge strategies right now concerning accuracy. Moreover, we exhibit that LwF performs better in ordering recently prepared datasets as well as pristine datasets.

Index Terms: Cancer, convolutional neural network (CNN), pretrained models, Bayesian optimization, transfer learning, learning without forgettin.

1. INTRODUCTION

At the point when unrestrained transformations make the body's typical cells develop unusually, the condition is alluded to as disease. These cells multiply quickly after arrangement and spread all through the organs. Most malignancies can possibly be deadly on the off chance that treatment isn't gotten. Disease is the biggest reason for mortality universally, with cardiovascular problems coming in second. In spite of the fact that disease cells can frame in any area of the body, they most often show up in the mind, lungs, bosoms, colon, rectum, liver, stomach, skin, and prostate. Malignant growth is brought about by a large number of factors, for example, conduct qualities like a high weight record, liquor and cigarette consumption, actual cancer-causing agents like radiation and UV

beams, and so on. Moreover, there's a high pervasiveness of distress, exhaustion, queasiness, constant hacking, breathing issues, swelling, dying, weight reduction, strong touchiness, and other disease side effects. Subsequently, the most obvious opportunity with regards to a fix is oftentimes presented by early malignant growth finding. Clinicians who analyze, stage, and treat human malignant growth approach four modalities: lab testing, imaging strategies, biopsy, and actual assessment. Among them, imaging strategies like attractive Magnetic Resonance Imaging (MRI), computed tomography (CT), and others might distinguish disease in three aspects anyplace in the human body.

As artificial intelligence (AI) in medical care keeps on extending, analysts are using profound learning models in original ways. Deep learning has demonstrated pivotal in the finding, therapy, and decision-production of ongoing diseases, especially in the field of malignant growth research. As per an examination [1], utilizing tissue checks, deep learning models can distinguish and determine malignant growth on par to have or considerably more precisely than pathologists. As indicated by this review, pathologists can distinguish patients all the more rapidly by using additional prescreening advances. In addition to the fact that deep learning models can distinguish malignant growth sooner, yet they can likewise expand the exactness of the recognition. Clinical imaging methods including CT and MRI examines have been exposed to deep learning-based PC vision calculations that represent considerable authority in picture acknowledgment [2], [3], [4], and [5]. A few endeavors have been made to utilize deep learning calculations in light of clinical imaging to remove picture data, including spatial connections. CNN performed all around well, particularly in the component extraction process. CNNs were awesome at a few errands connected with PC vision [4], [6]. CNNs' ability for self-learning has made them the super deep learning strategy for ordering clinical pictures as of late. A few CNN-based neural network models have been proposed to analyze various types of diseases [6]. This study's principal objective is to make proficient strategies for using CNN to distinguish various kinds of disease. We have assembled CT/MRI sweeps of eight distinct malignant growth types for this review: Acute Lymphoblastic Leukemia (ALL), Brain, Breast, Cervical, Kidney, Lung, and Colon Cancers, Lymphoma, and Oral Cancers.

2. LITERATURE SURVEY

Computer based intelligence has demonstrated to be a strong instrument for upgrading disease conclusion and discovery in various fields, including medical care and horticulture. This survey of the writing looks at current drives in the field of artificial intelligence based disease identification and analysis. The picked articles address various applications, for example, the finding and therapy of malignant growth, the recognition of farming sicknesses, the division of sores in different sclerosis, the conclusion of intense lymphoblastic leukemia, and the restriction and division of cerebrum cancers.

Simulated intelligence has the colossal potential to change malignant growth care by empowering more powerful quiet results, individualized treatment plans, and early conclusion. The article "Top Open doors for Man-made

brainpower to Further develop Disease Care" [1] investigates various regions in which man-made intelligence can possibly significantly impact malignant growth care, like patient observing, early recognition, treatment improvement, and accuracy medication. The examination features that it is so basic to utilize computer based intelligence innovation to defeat obstructions in disease recognition and treatment.

Subramanian et al. [2] explore the utilization of profound learning models for sickness discovery in maize leaves in their work. To exactly distinguish maize leaf infections, they take a gander at streamlining hyperparameters and calibrating pre-prepared calculations. The review shows how move learning and Bayesian improvement might be utilized to expand the precision of sickness finding in agrarian settings [3]. These outcomes exhibit how man-made brainpower (artificial intelligence) may further develop crop efficiency and agrarian supportability.

Retinal hemorrhages are among the serious, maybe deadly outcomes of diabetic retinopathy. A relapse model-based include sifting technique is introduced by Krishnamoorthy et al. [4] to build the exactness of draining recognizable proof during the administration of diabetic retinopathy. The proposed approach works on quiet results by expanding the particularity and awareness of draining ID using contingent confirmation and complex picture decrease methods.

Through the coordination of computer based intelligence advancements, Medical services 4.0 offers possibilities for development and transformation in the field of analytic medication. A careful examination of the potential purposes of regulated learning in a few medical services spaces is given by Roy et al. [5]. They cause to notice the utilizations of directed AI in harmless picture handling, clinical preliminaries, modified medication, and sickness analysis. While conveying man-made intelligence driven arrangements in medical care, the survey underlines the meaning of information the executives, moral issues, and top notch information.

For brief administration and treatment of different sclerosis injuries, early conclusion is fundamental. A convolutional neural network (CNN) division approach called VGGUNet is proposed by Roy et al. [6] to recover MS sores from cerebrum MRI cuts. Pretrained VGG19 is utilized as the encoder area in the proposed approach, which further develops exactness and productivity over customary division strategies. The review shows how division approaches in view of man-made reasoning could improve different sclerosis conclusion and treatment.

For intense lymphoblastic leukemia (ALL) treatment to be arranged successfully, an opportune and right determination is vital. Computer based intelligence zeroed in deep learning strategies are introduced by Rezayi et al. [7] for the brief analysis of ALL. The proposed approaches show extraordinary exactness in distinguishing ALL from clinical imaging information by using deep learning strategies. The review stresses how computer based intelligence driven techniques could accelerate ailment recognition and upgrade disease patient results.

A purposeful procedure for MRI cerebrum cancer identification and division using deep learning and dynamic shaping methods is advanced by Gunasekara et al. [8]. Through the incorporation of dynamic forming calculations

and deep learning models, the proposed technique accurately finds and portions mind cancers from attractive reverberation imaging checking. The review progresses the production of AI-powered tools for accurate and viable mind cancer recognition and therapy arranging.

Computer based intelligence has shown extraordinary commitment in the determination and distinguishing proof of sicknesses in various fields, including as malignant growth treatment, horticulture, the administration of diabetic retinopathy, numerous sclerosis, leukemia, and cerebrum cancer restriction. The examination that have been assessed show the capability of simulated intelligence driven strategies to expand the accuracy of ailment distinguishing proof, work with early discovery, and further develop treatment results. These improvements feature how man-made intelligence is changing medical services and horticulture practices and making the way for more successful and effective infection the board strategies.

3. METHODOLOGY

a) Proposed Work

The objective of the proposed study is to make AI-based deep learning models that can correctly analyze eight distinct types of malignant growth utilizing CT/MRI examines, including lung, mind, bosom, and cervical disease. This study surveys the viability of three pre-prepared Convolutional Neural Network (CNN) structures, including MobileNet, VGGNet, and DenseNet, for transfer learning to recognize particular sorts of malignant growth cells. The objective of the examination is to tune hyperparameters for worked on model execution by using Bayesian advancement. Moreover, the work utilizes Learning without Forgetting (LwF) approaches to decrease the likelihood that move learning might cause unique datasets to be neglected. The organization can zero in on gaining from new errand information while keeping up with its unique abilities because of LwF. The objective of the exploration is to make dependable models that can segregate between different malignant growth sorts while forestalling the overwriting of earlier data by using LwF. Utilizing clinical imaging information, this widely inclusive strategy consolidates state of the art deep learning calculations to work on the precision and constancy of disease identification.

b) System Architecture:

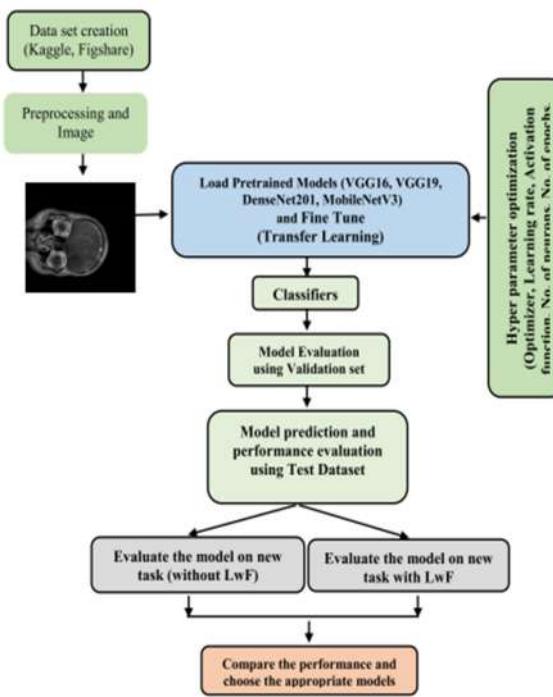


Fig 1 Proposed Architecture

The deep learning models utilized in the framework design give a coordinated cycle to characterizing malignant growths. In the first place, the dataset — which comprises of CT/MRI pictures portraying different disease types — is assembled from solid destinations like Figshare or Kaggle. The photographs are then preprocessed to work on their fittingness for model preparation and to ensure consistency. Move gaining is utilized to extricate highlights from pretrained convolutional neural network (CNN) models, like VGG16, VGG19, DenseNet201, MobileNetV3 (little and enormous varieties), Xception, and InceptionV3.

Classifiers are worked to complete exercises connected with malignant growth characterization after the model has been stacked. An approval dataset is utilized to test the models' exhibition, and strategies, for example, Bayesian Improvement are utilized to expand model execution by calibrating hyperparameters. After improvement, the models are tried on an alternate test dataset so their exhibition on unseen information can be dependably evaluated.

The framework utilizes Learning without Forgetting (LwF) ways to deal with guarantee that the first datasets are not forgotten during transfer learning. To quantify the models' adaptability and ability to hold earlier data, they are tried on new errands both with and without LwF. By looking at execution markers, the best models are picked relying upon how well they can group various types of disease. By using state of the art deep learning calculations and demanding evaluation strategies, this purposeful system ensures solid model determination and advancement for productive disease characterization.

c) Dataset Collection:

Acute lymphoblastic leukemia (ALL), brain, breast, cervical, kidney, lung, and colon cancers, lymphoma, and oral cancers are among the cancer types covered by the multi-disease information in the assortment. A bunch of patient information, involving clinical notes, histological slides, pictures, and hereditary profile data, is utilized to address every sort of malignant growth. Specialists might explore patterns, biomarkers, and therapy reactions across various malignancies because of the dataset's curation, which is intended to make examination and investigation across disease types more straightforward. The dataset is an extraordinary asset for the turn of events and approval of ML models, demonstrative devices, and helpful strategies that plan to further develop malignant growth discovery, guess, and customized treatment draws near. It covers an extensive variety of malignant growth types. This dataset might be utilized by analysts to investigate between disease heterogeneity, track down shared pathways, and uncover new focuses for malignant growth treatment and mediation.

d) Image Processing:

To further develop the deep learning models' versatility and speculation capacities, ImageDataGenerator is utilized to preprocess and supplement the information photographs. Among the preprocessing activities are:

Re-scaling the Image: Rescaling the info information and advance speedier combination during preparing, rescaling the picture's pixel values to a foreordained reach, ordinarily somewhere in the range of 0 and 1, is important.

Shear Transformation: Shear change presents contrasts in the spatial direction of items in the photos by moving every pixel in a characterized course by a distance proportionate to that pixel's separation from a specific line.

Zooming the Image: To assist the model with gaining from contrasts in thing sizes and perspectives, arbitrarily zoom in or out of the photographs to duplicate different viewpoints and scales.

Horizontal Flip: to help the model gain invariant properties and improve its speculation to different directions, the photos are flipped evenly with a foreordained recurrence.

Reshaping the Image: To ensure consistency in input aspects all through the dataset and further develop consistence with the neural network configuration, reshape the photographs to a foreordained size or perspective proportion.

The framework can create an assortment of preparing tests from a little dataset by using ImageDataGenerator to apply different preprocessing and increase draws near. This improves the model's flexibility and adequacy in recognizing different disease sorts from CT/MRI images.

e) Algorithms:

VGG16: With regards to malignant growth grouping undertakings utilizing CT/MRI pictures, VGG16 is utilized as a pre-prepared convolutional neural network (CNN) model for highlight extraction. Its will likely work on the exactness of malignant growth arrangement by using the qualities that have been gained from broad picture datasets. The methodology use the deep engineering and rich component portrayals of VGG16 to increment execution in perceiving different malignant growth sorts through productive transfer learning

VGG19: VGG19 is a convolutional neural network (CNN) model that has been prepared somewhat early and is utilized to remove highlights from CT/MRI pictures for disease order undertakings. Its principal objective is to work on the precision of malignant growth type conclusion by using the attributes that have been gained from huge picture datasets. The technique use the more profound engineering areas of strength for and portrayals of VGG19 to further develop execution in separating between various types of disease from clinical pictures and to work with productive transfer learning.

DenseNet201: A pre-prepared convolutional neural network (CNN) model called DenseNet201 is utilized to extricate highlights from CT/MRI pictures to characterize malignant growth cases. Its fundamental objective is to augment highlight reuse and proficient exchange advancing by using thick association designs in the organization plan. The framework gains from DenseNet201's more deep and thickly connected layers, which upgrade include portrayal and accuracy while recognizing different disease sorts from medical pictures.

MobileNetV3 – Small: A pre-prepared convolutional neural network (CNN) model called MobileNetV3 - small is utilized to extricate highlights from CT/MRI pictures for malignant growth discovery undertakings. Its will probably offer a slender and powerful engineering that can be executed on gadgets with restricted assets. The framework is intended to adjust model intricacy and computational productivity while holding high precision in perceiving various types of malignant growth from clinical pictures, which makes it suitable for constant applications. It does this by using MobileNetV3 - small.

MobileNetV3 – Large: MobileNetV3 - enormous is utilized as a pre-prepared convolutional neural network (CNN) model for highlight extraction in malignant growth grouping undertakings from CT/MRI pictures. Its motivation is to give a more perplexing and more profound design contrasted with **MobileNetV3** - little, considering more extravagant element portrayals and possibly higher exactness in malignant growth type ID. By using MobileNetV3 - enormous, the framework expects to accomplish predominant execution while as yet keeping up with proficiency, making it appropriate for requesting applications in clinical imaging examination.

Xception: Xception is used as a pre-prepared convolutional neural network (CNN) model for highlight extraction in disease grouping undertakings from CT/MRI pictures. Its motivation lies in utilizing a drawn out depthwise divisible convolution design to catch multifaceted examples and fine-grained highlights from clinical pictures. By utilizing Xception, the framework expects to improve the exactness of malignant growth type recognizable proof by

taking advantage of its deep and productive design, making it appropriate for requesting errands in clinical picture examination.

InceptionV3: InceptionV3 fills in as a pre-prepared convolutional neural network (CNN) model for highlight extraction in disease order errands from CT/MRI pictures. Its basic role is to use the Commencement engineering, which consolidates multi-scale include extraction using equal convolutional pathways. By using InceptionV3, the framework plans to catch assorted highlights at various scales, in this manner working on the accuracy of disease type distinguishing proof from clinical pictures by extricating rich and useful elements.

4. EXPERIMENTAL RESULTS

Accuracy: A test's still up in the air by how well it can recognize wiped out and sound cases. We ought to figure the level of true positive and true negative in each dissected case to evaluate the accuracy of a test. As far as math, this is communicated as:

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

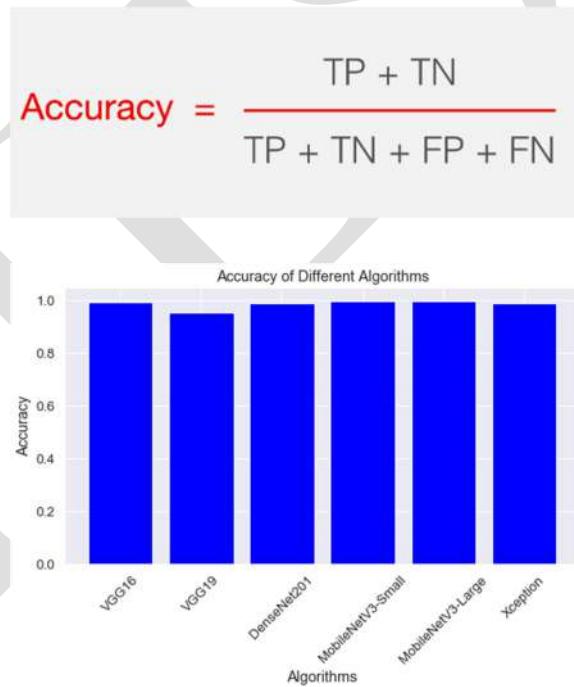


Fig 2 Accuracy Comparison Graph

F1-Score: An evaluation measurement for machine learning called the F1 score evaluates the exactness of a model. It coordinates a model's exactness and review evaluations. The times a model predicted anticipated all through the entire dataset is determined by the exactness measure.

$$\mathbf{F1\ Score} = \frac{2}{\left(\frac{1}{\text{Precision}} + \frac{1}{\text{Recall}} \right)}$$

$$\mathbf{F1\ Score} = \frac{2 \times \text{Precision} \times \text{Recall}}{\text{Precision} + \text{Recall}}$$

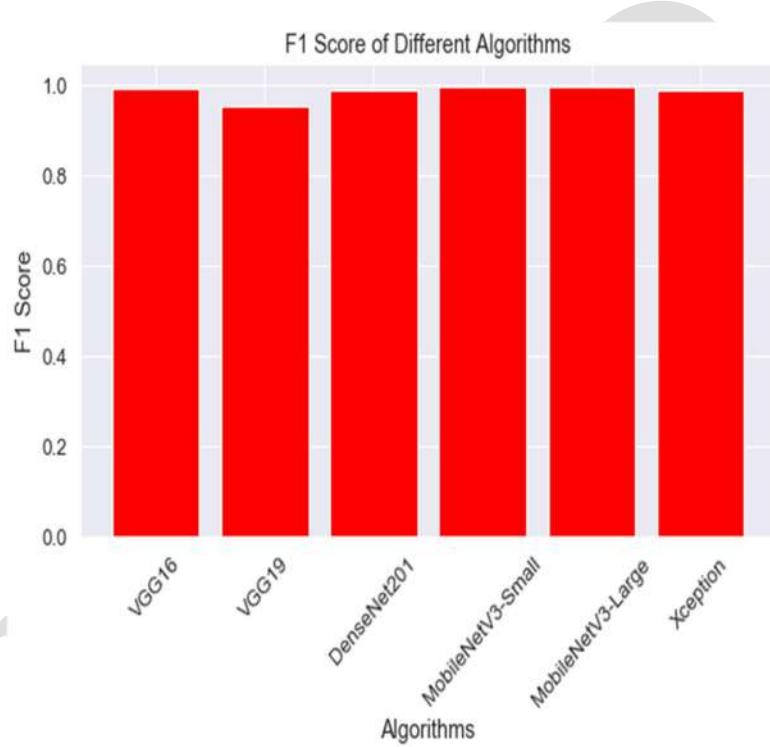


Fig 3 F1 Comparison Graph

Precision: precision estimates the level of correctly arranged examples or occasions among the positive examples. Thus, coming up next is the recipe to decide the precision:

Precision = True positives/ (True positives + False positives) = TP/(TP + FP)

$$\mathbf{Precision} = \frac{\text{True Positive}}{\text{True Positive} + \text{False Positive}}$$

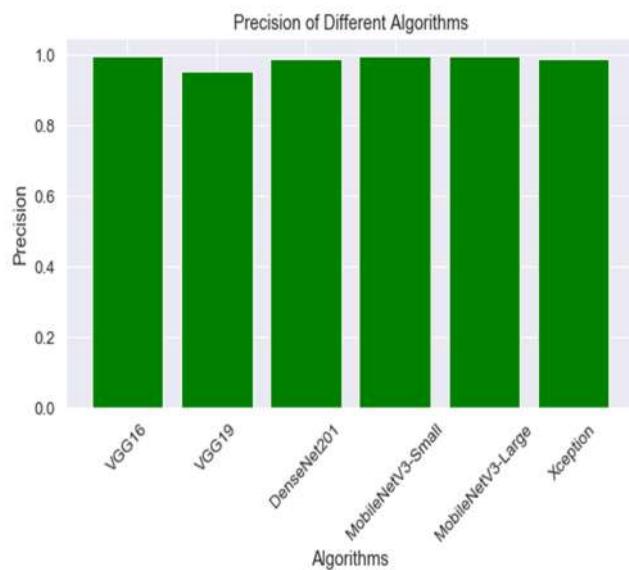


Fig 4 Precision Comparison Graph

Recall: In machine learning, review is a measurement that evaluates a model's ability to find all relevant cases of a given class. It gives data about how well a model catches instances of a specific class. It is determined as the proportion of appropriately anticipated positive perceptions to the absolute number of genuine up-sides.

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

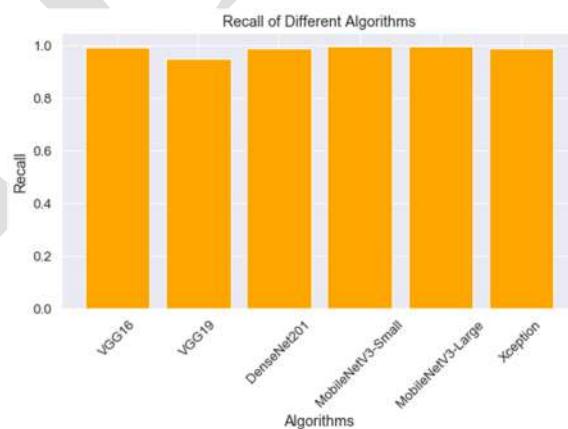


Fig 5 Recall Comparison Graph

Model	Accuracy	Recall	Precision	F1
VGG16	0.995106	0.994683	0.995438	0.995056
VGG19	0.952413	0.950212	0.955314	0.952731
DenseNet201	0.988096	0.987721	0.988424	0.988069
MobileNetV3-Small	0.995827	0.995769	0.995942	0.995855
MobileNetV3-Large	0.998567	0.998519	0.998596	0.998557
Extension- Xception	0.990913	0.990596	0.991185	0.990887

Fig 6 Performance Evaluation Table

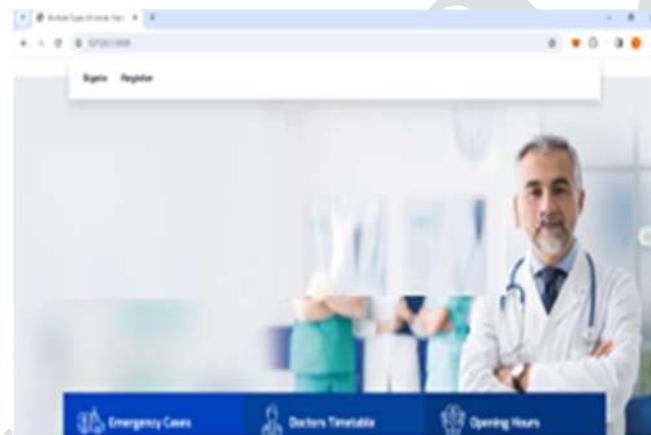


Fig 7 Home Page



Sign Up

Username

Name

Mail

Number

Password

Send OTP
 Already have an account [Sign In Using](#)
[Log In](#)

Fig 8 Registration Page

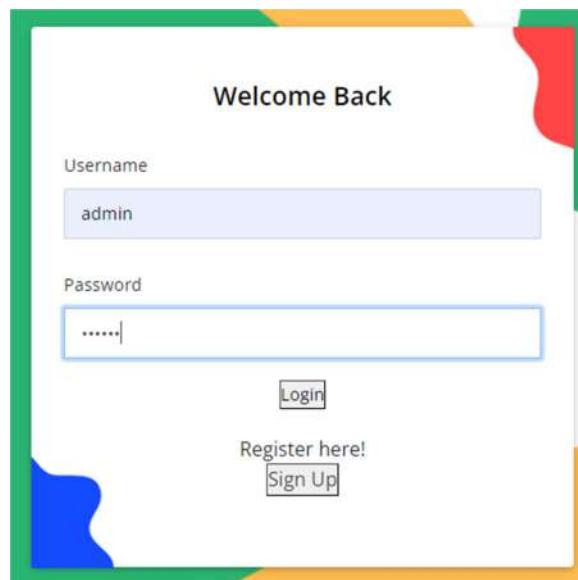


Fig 9 Login Page

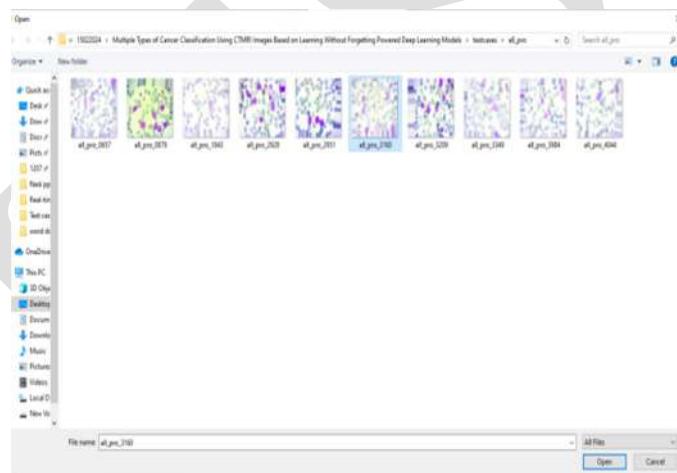


Fig 10 Upload Input Image

Result for the uploaded image is:

All Pro

Fig 11 Final Outcome

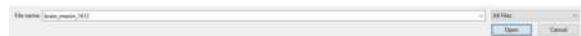
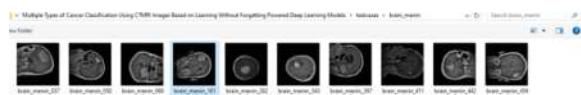


Fig 12 Upload Input Image



Result for the uploaded image is:

Brain Meningioma

[Try Again ?](#)

Fig 13 Predicted Results

Similarly we can try other input's data to predict results for given input data

5. CONCLUSION

In outline, the review shows that AI-based CNNs may actually distinguish malignant growth attributes in clinical pictures, especially CT/MRI filters. The work features the capability of VGG16, VGG19, DenseNet201, MobileNetV3-Little, and MobileNetV3-Enormous to further develop malignant growth order accuracy by exhibiting their predominance over current methodologies. The models show better adaptability and lessen data move hardships by utilizing move endlessly Learning without Forgetting (LwF) approaches, which thus lead to better execution in disease finding.

Moreover, the abilities of the proposed procedure are additionally fortified by the expansion of the Xception model, which significantly further develops forecast precision. The reconciliation of a natural flask interface empowers the smooth passage of clinical photographs, bringing about precise and ideal disease analyze. By giving clinical staff a valuable device for successful disease finding, this innovation engages them, elevates fair admittance to medical care, and eventually works on quiet results.

The review reaches the resolution that the recommended man-made intelligence based deep learning models present a feasible technique for computerizing disease recognition exercises when joined with move learning and LwF approaches. The surprisingly good outcomes, particularly with MobileNetV3, feature these models' likely use in clinical settings. Future goals are looking at other imaging modalities to additional improve disease cell recognizable proof, widening the degree to cover more types of malignant growth, and creating perform multiple tasks learning calculations. In light of everything, this revelation opens the entryway for upgrades in malignant growth discovery and therapy, which will ultimately help the two patients and clinical experts.

6. FUTURE SCOPE:

Future exploration planning to consolidate hereditary information notwithstanding CT/MRI will offer an exhaustive image of malignant growth and take into consideration individualized treatment plans. The helpfulness and trustworthiness of DL models in clinical settings will be expanded by persistently improving their exhibition across a scope of patient gatherings and imaging modalities. Ongoing choice help will be empowered by the consistent combination of the order framework into clinical cycles, which will speed up the indicative technique.

In addition, expanding the extension to incorporate unprecedented cancers would give precious data to creating individualized therapy designs and improving patient results for people with less predominant diseases. Moreover, a lot of trial and error might be utilized to adjust perform various tasks learning to expand model execution and speculation abilities. The indicative toolset will be additionally extended by exploring extra imaging modalities that help disease cell ID, which will work on the precision and viability of malignant growth location and characterization calculations. Taking everything into account, these impending activities can possibly further develop malignant growth discovery, treatment, and patient consideration by intertwining simulated intelligence fueled innovation with intensive information examination techniques.

REFERENCES

- [1] Top Opportunities for Artificial Intelligence to Improve Cancer Care. Accessed: Nov. 29, 2021. [Online]. Available: <https://healthitanalytics.com/features/top-opportunities-for-artificial-intelligence-to-improve-cancer-care>
- [2] M. Subramanian, K. Shanmugavadi, and P. S. Nandhini, “On finetuning deep learning models using transfer learning and hyper-parameters optimization for disease identification in maize leaves,” *Neural Comput. Appl.*, vol. 34, no. 16, pp. 13951–13968, Aug. 2022.
- [3] M. Subramanian, “Hyperparameter optimization for transfer learning of VGG16 for disease identification in corn leaves using Bayesian optimization,” *Big Data*, vol. 10, no. 3, pp. 215–229, Jun. 2022.

[4] S. Krishnamoorthy, A. Shanthini, G. Manogaran, V. Saravanan, A. Manickam, and R. D. J. Samuel, “Regression model-based feature filtering for improving hemorrhage detection accuracy in diabetic retinopathy treatment,” *Int. J. Uncertainty, Fuzziness Knowl.-Based Syst.*, vol. 29, no. 1, pp. 51–71, Apr. 2021.

[5] S. Roy, T. Meena, and S.-J. Lim, “Demystifying supervised learning in healthcare 4.0: A new reality of transforming diagnostic medicine,” *Diagnostics*, vol. 12, no. 10, p. 2549, Oct. 2022.

[6] S. Krishnamoorthy, Y. Zhang, S. Kadry, and W. Yu, “Framework to segment and evaluate multiple sclerosis lesion in MRI slices using VGGUNet,” *Comput. Intell. Neurosci.*, vol. 2022, pp. 1–10, Jun. 2022.

[7] S. Rezayi, N. Mohammadzadeh, H. Bouraghi, S. Saeedi, and A. Mohammadpour, “Timely diagnosis of acute lymphoblastic leukemia using artificial intelligence-oriented deep learning methods,” *Comput. Intell. Neurosci.*, vol. 2021, pp. 1–12, Nov. 2021.

[8] S. R. Gunasekara, H. N. T. K. Kaldera, and M. B. Dissanayake, “A systematic approach for MRI brain tumor localization and segmentation using deep learning and active contouring,” *J. Healthcare Eng.*, vol. 2021, pp. 1–13, Feb. 2021.

[9] V. K. Reshma, N. Arya, S. S. Ahmad, I. Wattar, S. Mekala, S. Joshi, and D. Krah, “Detection of breast cancer using histopathological image classification dataset with deep learning techniques,” *BioMed Res. Int.*, vol. 2022, pp. 1–13, Mar. 2022.

[10] S. Zhao, Y. He, J. Qin, and Z. Wang, “A semi-supervised deep learning method for cervical cell classification,” *Anal. Cellular Pathol.*, vol. 2022, pp. 1–12, Feb. 2022.

[11] M. Pedersen, M. B. Andersen, H. Christiansen, and N. H. Azawi, “Classification of renal tumour using convolutional neural networks to detect oncocytoma,” *Eur. J. Radiol.*, vol. 133, Dec. 2020, Art. no. 109343.

[12] M. Masud, N. Sikder, A.-A. Nahid, A. K. Bairagi, and M. A. AlZain, “A machine learning approach to diagnosing lung and colon cancer using a deep learning-based classification framework,” *Sensors*, vol. 21, no. 3, p. 748, Jan. 2021.

[13] A. H. Khan, S. Abbas, M. A. Khan, U. Farooq, W. A. Khan, S. Y. Siddiqui, and A. Ahmad, “Intelligent model for brain tumor identification using deep learning,” *Appl. Comput. Intell. Soft Comput.*, vol. 2022, pp. 1–10, Jan. 2022.

[14] S. A. Alanazi, M. M. Kamruzzaman, M. N. I. Sarker, M. Alruwaili, Y. Alhwaiti, N. Alshammari, and M. H. Siddiqi, “Boosting breast cancer detection using convolutional neural network,” *J. Healthcare Eng.*, vol. 2021, pp. 1–11, Apr. 2021.

[15] A. Akilandeswari, D. Sungeetha, C. Joseph, K. Thaiyalnayaki, K. Baskaran, R. J. Ramalingam, H. Al-Lohedan, D. M. Al-dhayan, M. Karnan, and K. M. Hadish, “Automatic detection and segmentation of colorectal cancer with deep residual convolutional neural network,” Evidence-Based Complementary Alternative Med., vol. 2022, pp. 1–8, Mar. 2022.

[16] K. Warin, W. Limprasert, S. Suebnukarn, S. Jinaporntham, and P. Jantana, “Automatic classification and detection of oral cancer in photographic images using deep learning algorithms,” J. Oral Pathol. Med., vol. 50, no. 9, pp. 911–918, Oct. 2021.

[17] A. B. Tufail, Y.-K. Ma, M. K. A. Kaabar, F. Martínez, A. R. Junejo, I. Ullah, and R. Khan, “Deep learning in cancer diagnosis and prognosis prediction: A minireview on challenges, recent trends, and future directions,” Comput. Math. Methods Med., vol. 2021, pp. 1–28, Oct. 2021.

[18] Acute Lymphoblastic Leukemia (ALL) Image Dataset. Kaggle, San Francisco, CA, USA, 2021.

[19] F. Spanhol. Breast Cancer Histopathological Database. Accessed: Nov. 30, 2022. [Online]. Available: <https://www.kaggle.com/datasets/anas elmasry/breast-cancer-dataset>

[20] Sipakmed. A New Dataset for Feature and Image Based Classification of Normal and Pathological Cervical Cells in Pap Smear Images. Accessed: Oct. 2018. [Online]. Available: <https://www.kaggle.com/datasets/prahladmehendiratta/cervical-cancer-largest-dataset-sipakmed>

Dataset:

<https://www.kaggle.com/datasets/obulisainaren/multi-cancer>