Major Project

On

BRAIN TUMOUR IMAGE SEGMENTATION USING DEEP LEARNING

(Submitted in partial fulfillment of the requirements for the award of Degree)

BACHELOR OF TECHNOLOGY

In

COMPUTER SCIENCE AND ENGINEERING

By

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Under the guidance of **Dr. RAJ KUMAR PATRA**

DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING

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DEPARTMENT OF COMPUTER SCIENCE & ENGINEERING

CERTIFICATE

This is to certify that the project entitled **"BRAIN TUMOUR IMAGE SEGMENTATION USING DEEP LEARNING"** being submitted by **RAJSHREE MONDAL** (187R1A0539), in partial fulfillment of the requirements for the award of the degree of B.Tech in Computer Science and Engineering to the Jawaharlal Nehru Technological University Hyderabad, is a record of bonafide work carried out by him/her under our guidance and supervision during the year 2022-23.

The results embodied in this thesis have not been submitted to any other University or Institute for the award of any degree or diploma.

Dr. Raj Kumar Patra Dr. A. Raji Reddy INTERNAL GUIDE DIRECTOR

 Head of Department

Dr. K. Srujan Raju EXTERNAL EXAMINER

Submitted for Viva voice examination held on

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ABSTRACT

Automated segmentation of brain tumour from multimodal MR images is pivotal for the analysis and monitoring of disease progression. As gliomas are malignant and heterogeneous, efficient and accurate segmentation techniques are used for the successful delineation of tumours into intratumoural classes. Deep learning algorithms outperform on tasks of semantic segmentation as opposed to the more conventional, context-based computer vision approaches. Extensively used for biomedical image segmentation, Convolutional Neural Networks have significantly improved the state-of-the-art accuracy on the task of brain tumour segmentation. In this paper, we propose an ensemble of two segmentation networks: a 3D CNN and a U-Net, in a significant yet straightforward combinative technique that results in better and accurate predictions. Both models were trained separately on the BraTS-19 challenge dataset and evaluated to yield segmentation maps which considerably differed from each other in terms of segmented tumour sub-regions and were ensembled variably to achieve the final prediction.

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1. INTRODUCTION

1.INTRODUCTION

Accurate segmentation of tumours through medical images is of particular importance as it provides information essential for analysis and diagnosis of cancer as well as for mapping out treatment options and monitoring the progression of the disease. Brain tumours are one of the fatal cancers worldwide and are categorized, depending upon their origin, into primary and secondary tumour types. The most common histological form of primary brain cancer is the glioma, which originates from the brain glial cells and attributes towards 80% of all malignant brain tumours. Gliomas can be of the slowprogressing low-grade (LGG) subtype with a better patient prognosis or are the more aggressive and infiltrative high-grade glioma (HGG) or glioblastoma, which require immediate treatment. These tumours are associated with substantial morbidity, where the median survival for a patient with glioblastoma is only about 14 months with a 5-year survival rate near zero despite maximal surgical and medical therapy. A timely diagnosis, therefore, becomes imperative for effective treatment of the patients. Magnetic Resonance Imaging (MRI) is a preferred technique widely employed by radiologists for the evaluation and assessment of brain tumours. It provides several complimentary 3D MRI modalities acquired based on the degree of excitation and repetition times, i.e., T1-weighted, post-contrast T1-weighted (T1ce), T2-weighted and Fluid Attenuated Inversion Recovery (FLAIR). The highlighted subregions of the tumour across different intensities of these sequences, such as the whole tumour (the entire tumour inclusive of infiltrative oedema), is more prominent in FLAIR and T2 modalities. In contrast, T1 and T1ce images show the tumour core exclusive of peritumoral oedema. It allows for the combinative use of these scans and the complementary information they deliver towards the detection of different tumour subregions. The Multimodal Brain Tumour Segmentation Challenge (BraTS) is a

platform to evaluate the development of machine learning models for the task of tumour segmentation, by facilitating the participants with an extensive dataset of 3D MRI images of the gliomas (both LGG and HGG) and associated ground truths annotated by expert physicians. The provided multimodal scans are used for both training and validating the neural networks designed for the particular segmentation task. Manually delineating brain tumour subregions from MRI scans is a subjective task, and therefore it is time-consuming and prone to variability.

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2. LITERATURE SURVEY

2.LITERATURE SURVEY

2.2 BRAIN TUMOUR DETECTION WITH CONVOLUTIONAL NEURAL NETWORKS PROPOSED BY DIFFERENT AUTHORS

B. H. Menze et.al [7] have found that different algorithms worked best for different sub-regions (reaching performance comparable to human inter-rater variability), but that no single algorithm ranked in the top for all subregions simultaneously. Fusing several good algorithms using a hierarchical majority vote yielded segmentations that consistently ranked above all individual algorithms, indicating remaining opportunities for further methodological improvements.

M. Goetz et.al [14] have proposed a method that derives high-quality classifiers for the different tissue classes from sparse and unambiguous annotations and employs domain adaptation techniques for effectively correcting sampling selection errors introduced by the sparse sampling. The new approach is validated on labeled, multi-modal MR images of 19 patients with malignant gliomas and by comparative analysis on the BraTS 2013 challenge data sets.

H. Dong et. al [11] have proposed a fully automatic method for brain tumor segmentation, which is developed using U-Net based deep convolutional networks. The method was evaluated on Multimodal Brain Tumor Image Segmentation (BRATS 2015) datasets, which contain 220 highgrade brain tumor and 54 low-grade tumor cases. Cross validation has shown that the method can obtain promising segmentation efficiently.

K. Farahani [15] have introduced a generative probabilistic model for segmentation of tumors in multi-dimensional images. The model allows for different tumor boundaries in each channel, reflecting difference in tumor appearance across modalities. It augments a probabilistic atlas of healthy tissue priors with a latent atlas of the lesion and derive the estimation algorithm to extract tumor boundaries and the latent atlas from the image data. It present experiments on 25 glioma patient data sets, demonstrating significant improvement over the traditional multivariate tumor segmentation.

3. SYSTEM ANALYSIS

3.SYSTEM ANALYSIS

3.1 EXISTING SYSTEM:

⮚ Existing system focuses on traditional methods for brain tumor image segmentation. Manual segmentation of such brain tumours requires a great deal of medical expertise, is time-consuming, and prone to human error. Moreover, the manual process lacks consistency and reproducibility, which negatively affects the results and can ultimately lead to incorrect prognosis and treatment.

 \triangleright The classical methods of automated brain tumor segmentation rely on feature engineering, which involves the extraction of handcrafted features from input images with follow up training of classifier.

3.1.1 DISADVANTAGES OF EXISTING SYSTEM:

- ❖ Manually delineating brain tumour sub regions from MRI scans is a subjective task.
- ❖ it is time-consuming and prone to variability.

3.3 PROPOSED SYSTEM:

Proposed system is using deep learning methods for brain tumor image segmentation. Deep learning methods is regarded as the state-of-the-art methods for brain tumor image segmentation as they learn the most useful and relevant features automatically, in order to increase the accuracy and efficiency. Using convolutional output layer, the model is an order of magnitude faster than other state of the art methods.

To implement this project, we are using 4 different images and these images are called as FLAIR, T1, T2 and T1CE and the label segmented image. The multi-institutional dataset, acquired from 19 different contributors, contains multimodal MRI scans of each patient, namely T1, T1 contrastenhanced (T1ce), T2-weighted (T2), and Fluid Attenuated Inversion Recovery (FLAIR), from which the tumoural sub regions are segmented. The data is processed to overcome discrepancies such that they are skull-stripped.

3.2.1 ADVANTAGES OF PROPOSED SYSTEM:

- Deep Convolutional Neural Networks have carved out a niche for achieving the state of the accuracy on the task of brain tumour segmentation.
- The methods used in the system leads to a decrease in computing time and overcomes the overfitting problems.
- Deep learning methods extract crucial features automatically. These approaches have yielded outstanding results in various application domains.

3.3 SYSTEM REQUIREMENTS:

HARDWARE REQUIREMENTS:

SOFTWARE REQUIREMENTS:

- **Operating System:** Windows
- **Coding Language**: Python 3.7

3.4 SYSTEM STUDY

FEASIBILITY STUDY

 The feasibility of the project is analyzed in this phase and business proposal is put forth with a very general plan for the project and some cost estimates. During system analysis the feasibility study of the proposed system is to be carried out. This is to ensure that the proposed system is not a burden to the company. For feasibility analysis, some understanding of the major requirements for the system is essential.

Three key considerations involved in the feasibility analysis are

- ECONOMICAL FEASIBILITY
- **TECHNICAL FEASIBILITY**
- SOCIAL FEASIBILITY

ECONOMICAL FEASIBILITY

 This study is carried out to check the economic impact that the system will have on the organization. The amount of fund that the company can pour into the research and development of the system is limited. The expenditures must be justified. Thus, the developed system as well within the budget and this was achieved because most of the technologies used are freely available. Only the customized products had to be purchased.

TECHNICAL FEASIBILITY

 This study is carried out to check the technical feasibility, that is, the technical requirements of the system. Any system developed must not have a high demand on the available technical resources. This will lead to high demands on the available technical resources. This will lead to high demands being placed on the client. The developed system must have a modest requirement, as only minimal or null changes are required for implementing this system.

SOCIAL FEASIBILITY

 The aspect of study is to check the level of acceptance of the system by the user. This includes the process of training the user to use the system efficiently. The user must not feel threatened by the system, instead must accept it as a necessity. The level of acceptance by the users solely depends on the methods that are employed to educate the user about the system and to make him familiar with it. His level of confidence must be raised so that he is also able to make some constructive criticism, which is welcomed, as he is the final user of the system.

4.SYSTEM DESIGN

4.SYSTEM DESIGN

4.1 SYSTEM ARCHITECTURE:

Figure No 4.1.1: SYSTEM ARCHITECTURE

4.2 BLOCK DIAGRAM

Figure No4.2.1: BLOCK DIAGRAM

4.3 DATA FLOW DIAGRAM:

The data flow diagram (DFD) is one of the most important modeling tools. It is used to model the system components. These components are the system process, the data used by the process, an external entity that interacts with the system and the information flows in the system. DFD shows how the information moves through the system and how it is modified by a series of transformations. It is a graphical technique that depicts information flow and the transformations that are applied as data moves from input to output.

4.4 UML Diagram

The Unified Modeling Language (UML) is a standard language for specifying, visualizing, constructing, and documenting the artifacts of software systems, as well as for business modeling and other non-software systems. The underlying premise of UML is that no one diagram can capture the different elements of a system in its entirety.

Hence, UML is made up of eight (8) diagrams that can be used to model a system at different points of time in the software life cycle of a system.

The eight UML diagrams are:

Use case diagram:

 The use case diagram is used to identify the primary elements and processes that form the system. The primary elements are termed as "actors" and the processes are called "use cases." The use case diagram shows which actors interact with each use case.

Figure No 4.4.1: USE CASE DIAGRAM

Object diagram:

The object diagram is a special kind of class diagram. An object is an instance of a class. This essentially means that an object represents the state of a class at a given point of time while the system is running. The object diagram captures the state of different classes in the system and their relationships or associations at a given point of time.

State diagram:

A state diagram, as the name suggests, represents the different states that objects in the system undergo during their life cycle. Objects in the system change states in response to events. In addition to this, a state diagram also captures the transition of the object's state from an initial state to a final state in response to events affecting the system.

Figure No 4.4.3: STATE DIAGRAM

Activity diagram:

The process flows in the system are captured in the activity diagram. Similar to a state diagram, an activity diagram also consists of activities, actions, transitions, initial and final states, and guard conditions.

Figure No 4.4.4: ACTIVITY DIAGRAM

Sequence diagram:

A sequence diagram represents the interaction between different objects in the system. The important aspect of a sequence diagram is that it is time-ordered. This means that the exact sequence of the interactions between the objects is represented step by step. Different objects in the sequence diagram interact with each other by passing "messages".

Figure No 4.4.5: SEQUENCE DIAGRAM

Collaboration diagram:

A collaboration diagram groups together the interactions between different objects. The interactions are listed as numbered interactions that help to trace the sequence of the interactions. The collaboration diagram helps to identify all the possible interactions that each object has with other objects.

Figure No 4.4.6: COLLABORATION DIAGRAM

Component diagram:

The component diagram represents the high-level parts that make up the system. This diagram depicts, at a high level, what components form part of the system and how they are interrelated. A component diagram depicts the components culled after the system has undergone the development or construction phase.

Figure No 4.4.7: COMPONENT DIAGRAM

4.5 SYSTEM IMPLEMENTATION: MODULES:

• **Upload BRATS Dataset:**

In this module user upload dataset of BRATS.

• **Generate CNN & UNET Model**

We can see models are using different size images to filter them and to get best features from it to build efficient model and now model is generated.

• **Upload Test Image & Segmentation**

In this module user upload test image and top 4 images are the input images such as FLAIR, T1, T2 and T1CE and 5th image is the predicted image with segmented part showing in red colour and this algorithm correctly detecting and marking tumour area.

• **Dice Similarity Graph**

In this Module, we get final dice score as $0.8 * 100 = 80\%$. In above graph x-axis represents epoch and y-axis represents dice score

Algorithms

3D-CNN

To demonstrate how to build a convolutional neural network-based image classifier, we shall build a 6-layer neural network that will identify and separate one image from other. This network that we shall build is a very small network that we can run on a CPU as well. Traditional neural networks that are very good at doing image classification have many more parameters and take a lot of time if trained on normal CPU. However, our objective is to show how to build a real-world convolutional neural network using TENSORFLOW.

Neural Networks are essentially mathematical models to solve an optimization problem. They are made of neurons, the basic computation unit of neural networks. A neuron takes an input (say x), do some computation on it (say: multiply it with a variable w and adds another variable b) to produce a value (say; z= wx+b). This value is passed to a non-linear function called activation function (f) to produce the final output(activation) of a neuron. There are many kinds of activation functions. One of the popular activation functions is Sigmoid.

The neuron which uses sigmoid function as an activation function will be called sigmoid neuron. Depending on the activation functions, neurons are named and there are many kinds of them like RELU, TanH.

If you stack neurons in a single line, it's called a layer; which is the next building block of neural networks. See below image with layers

Figure No 4.5.1: 3D-CONVOLUTIONAL NEURAL NETWORK

To predict image class multiple layers operate on each other to get best match layer and this process continues till no more improvement left.

U-net

 This deep neural network is implemented with Keras functional API, which makes it extremely easy to experiment with different interesting architectures. Output from the network is a 512*512 which represents mask that should be learned. Sigmoid activation function makes sure that mask pixels are in [0, 1] range.

Figure No 4.5.2 : U-NET

5. SYSTEM TESTING

5.SYSTEM TESTING

The purpose of testing is to discover errors. Testing is the process of trying to discover every conceivable fault or weakness in a work product. It provides a way to check the functionality of components, sub assemblies, assemblies and/or a finished product It is the process of exercising software with the intent of ensuring that the Software system meets its requirements and user expectations and does not fail in an unacceptable manner. There are various types of test. Each test type addresses a specific testing requirement.

TYPES OF TESTS

Unit testing

 Unit testing involves the design of test cases that validate that the internal program logic is functioning properly, and that program inputs produce valid outputs. All decision branches and internal code flow should be validated. It is the testing of individual software units of the application .it is done after the completion of an individual unit before integration. This is a structural testing, that relies on knowledge of its construction and is invasive. Unit tests perform basic tests at component level and test a specific business process, application, and/or system configuration. Unit tests ensure that each unique path of a business process performs accurately to the documented specifications and contains clearly defined inputs and expected results.

Integration testing

 Integration tests are designed to test integrated software components to determine if they actually run as one program. Testing is event driven and is more concerned with the basic outcome of screens or fields. Integration tests demonstrate that although the components were individually satisfaction, as shown by successfully unit testing, the combination of components is correct and consistent. Integration testing is specifically aimed at exposing the problems that arise from the combination of components.

Functional test

Functional tests provide systematic demonstrations that functions tested are available as specified by the business and technical requirements, system documentation, and user manuals.

Functional testing is centered on the following items:

 Organization and preparation of functional tests is focused on requirements, key functions, or special test cases. In addition, systematic coverage pertaining to identify Business process flows; data fields, predefined processes, and successive processes must be considered for testing. Before functional testing is complete, additional tests are identified and the effective value of current tests is determined.

System Test

 System testing ensures that the entire integrated software system meets requirements. It tests a configuration to ensure known and predictable results. An example of system testing is the configuration-oriented system integration test. System testing is based on process descriptions and flows, emphasizing pre-driven process links and integration points.

White Box Testing

 White Box Testing is a testing in which in which the software tester has knowledge of the inner workings, structure and language of the software, or at least its purpose. It is purpose. It is used to test areas that cannot be reached from a black box level.

Black Box Testing

Black Box Testing is testing the software without any knowledge of the inner workings, structure or language of the module being tested. Black box tests, as most other kinds of tests, must be written from a definitive source document, such as specification or requirements document, such as specification or requirements document. It is a testing in which the software under test is treated, as a black box. you cannot "see" into it. The test provides inputs and responds to outputs without considering how the software works.

Unit Testing

 Unit testing is usually conducted as part of a combined code and unit test phase of the software lifecycle, although it is not uncommon for coding and unit testing to be conducted as two distinct phases.

Test strategy and approach

Field testing will be performed manually and functional tests will be written in detail.

Test objectives

- All field entries must work properly.
- Pages must be activated from the identified link.
- The entry screen, messages and responses must not be delayed.

Features to be tested

- Verify that the entries are of the correct format
- No duplicate entries should be allowed
- All links should take the user to the correct page.

Integration Testing

 Software integration testing is the incremental integration testing of two or more integrated software components on a single platform to produce failures caused by interface defects. The task of the integration test is to check that components or software applications, e.g. components in a software system or – one step up – software applications at the company level – interact without error.

Test Results: All the test cases mentioned above passed successfully. No defects encountered.

Acceptance Testing

User Acceptance Testing is a critical phase of any project and requires significant participation by the end user. It also ensures that the system meets the functional requirements.

Test Results: All the test cases mentioned above passed successfully. No defects encountered.

Test Cases

USER REQUIREMENTS:

1. Home

Home:

Figure No 5.1: USER REQUIREMENTS

6. IMPLEMENTATION

6. IMPLEMENTATION

from tkinter import messagebox from tkinter import * from tkinter import simpledialog import tkinter from tkinter import simpledialog from tkinter import filedialog import numpy as np from tkinter.filedialog import askopenfilename import pickle import os import cv2 import matplotlib.pyplot as plt from sklearn.model_selection import train_test_split from keras.models import * from keras.layers import * from keras.optimizers import * $gui = tkinter.Tk()$ gui.title("Brain Tumour Image Segmentation Using Deep Networks") gui.geometry("1300x1200") global filename global model global X, Y def dice_coef(y_true, y_pred): $y_t = f = \text{keras}.f$ and $y_t = f$ y pred $f = keras-flatten(y pred)$ $\text{intersection} = \text{keras.sum}(y_\text{true} - f * y_\text{pred} - f)$ return $(2. * intersection + 1) / (keras.sum(y_time_f) + keras.sum(y_f) + 1)$ def dice_coef_loss(y_true, y_pred): return -dice_coef(y_true, y_pred) def getModel(input_size=(64,64,1)): $inputs = Input(input_size)$ conv1=Conv2D(32,(3,3),activation='relu',padding='same')(inputs) conv1= Conv2D(32, (3, 3), activation='relu', padding='same')(conv1) $pool1 = MaxPooling2D(pool size=(2, 2))(conv1)$ conv2=Conv2D(64, (3, 3), activation='relu', padding='same')(pool1) $conv2 = Conv2D(64, (3, 3), activation = 'relu', padding='same')(conv2)$ $pool2 = MaxPooling2D(pool size=(2, 2))(conv2)$ conv3=Conv2D(128,(3,3), activation='relu', padding='same')(pool2) conv3=Conv2D(128,(3,3),activation='relu',padding='same')(conv3) $pool3 = MaxPooling2D(pool size=(2, 2))(conv3)$ conv4=Conv2D(256,(3, 3), activation='relu', padding='same')(pool3) conv4=Conv2D(256,(3,3),activation='relu',padding='same')(conv4) $pool4 = MaxPooling2D(pool size=(2, 2))(conv4)$ conv5=Conv2D(512,(3, 3), activation='relu', padding='same')(pool4) **CMRTC 24**

```
conv5=Conv2D(512,(3, 3), activation='relu', padding='same')(conv5)
\mup6 = concatenate([Conv2DTranspose(256, (2, 2), strides=(2, 2), padding='same')(conv5), conv4],
axis=3)
conv6 = Conv2D(256, (3, 3), activation = 'relu', padding='same')(up6)conv6=Conv2D(256,(3, 3), activation='relu', padding='same')(conv6)
up7 = \text{concatenate}([Conv2DTranspose(128, (2, 2), \text{strides}=(2, 2), \text{padding}=\text{'same'})(\text{conv6}), \text{conv3}],axis=3)
conv7 = Conv2D(128, (3, 3)), activation='relu', padding='same')(up7)
conv7=Conv2D(128,(3, 3), activation='relu', padding='same')(conv7)
up8 = \text{concatenate}(\text{Conv2DTranspose}(64, (2, 2), \text{strides} = (2, 2), \text{ padding} = \text{same})(\text{conv7}), \text{conv2},axis=3)
conv8 = Conv2D(64, (3, 3)), activation='relu', padding='same')(up8)
conv8= Conv2D(64, (3, 3), activation='relu', padding='same')(conv8)
up9 = \text{concatenate}([Conv2DTranspose(32, (2, 2), strides=(2, 2), padding = 'same')(conv8), conv1],axis=3)
conv9 = Conv2D(32, (3, 3)), activation='relu', padding='same')(up9)
conv9= Conv2D(32, (3, 3), activation='relu', padding='same')(conv9)
conv10 = Conv2D(1, (1, 1), activation = 'sigmoid')(conv9)return Model(inputs=[inputs], outputs=[conv10])
def uploadDataset():
   global X, Y
   global filename
   text.delete('1.0', END)
   filename = filedialog.askdirectory(initialdir=".")
   text.insert(END,filename+" loaded\n");
   '''
  X = \lceil \rceilY = \Pi for root, dirs, directory in os.walk(filename):
     for i in range(len(directory)):
       img = cv2.imread(train_directory+"/"+directory[i],0)
       img=cv2.resize(img,(64,64),interpolation=cv2.INTER_CUBIC)
       X.append(img)
      img = cv2.inread('dataset/label''+directory[i],0) img=cv2.resize(img,(64,64),interpolation=cv2.INTER_CUBIC)
       Y.append(img)
      X = np.asarray(X)Y = np.asarray(Y) '''
       def generateModel():
       global model
 '''
   global X, Y
  dim = 64X_t train, X_t test, y_t train, y_t test = train_test_split(X, Y, \text{test_size} = 0.10, \text{random_size} = 1)X_train = X_train.reshape(len(X_train),dim,dim,1)
  y_{\text{train}} = y_{\text{train}}.reshape(len(y_train),dim,dim,1)
  X test = X test.reshape(len(X test),dim,dim,1)
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```

```
y_test = y_test.reshape(len(y_test),dim,dim,1)
  images = np-concatenate((X train, X test), axis=0)mask = np.concatenate((y_train,y_test),axis=0)
  tr = X train[12]
  yr = y_{train}[12] cv2.imshow('tr',tr)
   cv2.imshow('yr',yr)
   cv2.waitKey(0)
 '''
  model = getModel(input size=(64,64,1))with open('model/model.json', "r") as json_file:
   loaded_model_json = json_file.read()
   model = model_from_json(loaded_model_json)
   json_file.close() 
   model.load_weights("model/model_weights.h5")
  model. make predict function()
   print(model.summary())
   text.insert(END,"CNN & UNET model generated. See Black Console for model details\n")
 '''
  model.compile(optimizer=Adam(lr=1e-5),loss=dice_coef_loss, metrics=[dice_coef,
'binary_accuracy'])
   print(model.summary())
  model.compile(optimizer=Adam(lr=2e-4),loss=[dice_coef_loss], metrics = [dice_coef,
'binary_accuracy'])
train vol,validation vol,train seg,validation seg= train test split((images-127.0)/127.0,
(mask>127).astype(np.float32), 
test_size = 0.1,random_state = 2018)
train_vol,test_vol,train_seg,test_seg=train_test_split(train_vol,train_seg,
test size = 0.1, random state = 2018)
hist = model.fit(x = train_vol, y = train_seg, batch_size = 16, epochs = 50, validation_data
=(test \space vol, test \space seg))model.save_weights('model/model_weights.h5') 
model ison = model.to ison()
with open("model/model.json", "w") as json file:
json_file.write(model_json)
f = open('model/history.pckl', 'wb')pickle.dump(hist.history, f)
f.close()
'''def getSegmentation():
img = cv2.inread('mying.png')orig = cv2.imread('test1.png')gray = cv2.cvtColor(img, cv2.COLOR_BGR2GRAY)
thresh = cv2.threshold(gray, 30, 255, cv2.THRESH_BINARY)[1]
contours=cv2.findContours(thresh,cv2.RETR_TREE,cv2.CHAIN_APPROX_SIMPLE)
contours = contours [0] if len(contours) = = 2 else contours [1]
min area = 0.95*180*35max area = 1.05*180*35CMRTC 26
```

```
result = orig.copy()for c in contours:
area = cv2.contourArea(c)cv2.drawContours(result, [c], -1, (0, 0, 255), 10)
if area > min area and area < max area:
cv2.drawContours(result, [c], -1, (0, 255, 255), 10)
return result
def TumourSegmentation():
global model
   filename = filedialog.askdirectory(initialdir="testSamples")
  img = cv2.inread(str(filename) + 't2.png', 0)img = cv2.resize(img.(64.64), interpolation = cv2.INTER CUBIC)img = img.reshape(1, 64, 64, 1)img = (img-127.0)/127.0preds = model.predict(img)preds = preds[0] print(preds.shape)
  orig = cv2.imread(str(filename) + \frac{1}{2.}png',0) orig=cv2.resize(orig,(300,300),interpolation= cv2.INTER_CUBIC)
cv2.imwrite("test1.png",orig)
flair = cv2.imread(str(filename)+'/flair.png'.0)flair=cv2.resize(flair,(300,300),interpolation=cv2.INTER_CUBIC)
t1 = cv2.imread(str(filename)+/t1.png,0)t1 = cv2.resize(t1,(300,300),interpolation = cv2.INTER_CUBIC)
t1ce = cv2.imread(str(filename)+/t1ce.png,0)t1ce=cv2.resize(t1ce,(300,300),interpolation= cv2.INTER_CUBIC)
preds=cv2.resize(preds,(300,300),interpolation=cv2.INTER_CUBIC)
   cv2.imwrite("myimg.png",preds*255)
  preds = getSegmentation() cv2.imshow('Flair Image',flair)
  cv2.imshow(T1',t1) cv2.imshow("T1ce Image",t1ce)
   cv2.imshow('T2 Image',orig)
   cv2.imshow("Label Image",preds)
   cv2.waitKey(0)
   def graph():
  f = open('model/history.pckl', 'rb')data = pickle.load(f) f.close()
  dice = data['dice-coef'] for i in range(len(dice)):
    dice[i] = dice[i] * 2 plt.figure(figsize=(10,6))
   plt.grid(True)
   plt.xlabel('Iterations')
   plt.ylabel('Dice Score')
   plt.plot(dice, 'ro-', color = 'green')
   plt.legend(['Dice Score'], loc='upper left')
 CMRTC 27
```

```
#plt.xticks(wordloss.index)
   plt.title('Iteration Wise Dice Score Graph')
   plt.show()
font = ('times', 16, 'bold')title = Label(gui, text='Brain Tumour Image Segmentation Using Deep Networks')
title.config(bg='LightGoldenrod1', fg='medium orchid') 
title.config(font=font) 
title.config(height=3, width=120) 
title.place(x=0,y=5)font1 = ('times', 12, 'bold')text=Text(gui,height=20,width=100)
scroll=Scrollbar(text)
text.configure(yscrollcommand=scroll.set)
text.place(x=10,y=300)text.config(font=font1)
font1 = ('times', 12, 'bold')loadButton = Button(gui, text="Upload BRATS Dataset", command=uploadDataset)
loadButton.placeholder(x=50,y=100)loadButton.config(font=font1) 
uploadButton = Button(gui, text="Generate CNN & UNET Model", command=generateModel)
uploadButton.place(x=50,y=150)uploadButton.config(font=font1) 
descButton = Button(gui, text="Upload Test Image & Segmentation", 
command=TumourSegmentation)
descButton.plotace(x=50,y=200)descButton.config(font=font1)
closeButton = Button(gui, text="Dice Similarity Graph", command=graph)
closeButton.placeholder(x=50,y=250)closeButton.config(font=font1) 
gui.config(bg='OliveDrab2')
```

```
gui.mainloop()
```
7. RESULTS

7. RESULTS

To run project double click on 'run.bat' file to get below screen

In above screen click on 'Upload BRATS Dataset' button to upload dataset

Figure No 7.2: UPLOADING DATASET

In above screen selecting and uploading 'dataset' folder and then click on 'Select Folder' button to load dataset and to get below screen

Figure No 7.3: GENERATING CNN & UNET MODEL

In above screen dataset loaded and now click on 'Generate CNN & UNET Model' button to generate models and to get below screen

Figure No 7.4 : GENERATING CNN

In above screen we can see both models are generated and we can see below black console to see CNN and UNET layer details

Figure No 7.5: UPLOADING TEST IMAGE AND SEGMENTATION

In above screen we can see models are using different size images to filter them and to get best features from it to build efficient model and now model is generate and now click on 'Upload Test Image & Segmentation' button and then upload test samples to get segmented output

Figure No 7.6 : SAMPLE FOLDER

In above screen selecting and uploading 'Sample1' folder and then click on 'Select Folder' button to get below output

Figure No 7.7: PREDICTED TUMOUR IMAGE

In above screen top 4 images are the input images such as FLAIR, T1, T2 and T1CE and 5th image is the predicted image with segmented part showing in red colour and this algorithm correctly detecting and marking tumour area and now test with other image

Figure No 7.8: SAMPLE FOLDER

In above screen I am selecting and uploading 'Sample2' folder and then click on 'Select Folder' button to load images and to get below output

Figure No 7.9 : PREDICTED TUMOUR IMAGE

In above screen first 4 images are the input images and fifth image is the predicted label image with segmented parts around tumour area. Now click on 'Dice Similarity Graph' button to get below graph

Figure No 7.9.1 : DIICE SIMILARITY GRAPH

To build CNN and UNET model we took 50 epoch or iterations and at each iteration DICE score between training and testing images get better and better and we get final dice score as $0.8 * 100 = 80\%$. In above graph x-axis represents epoch and y-axis represents dice score

8. CONCLUSION

8.CONCLUSION

In this project, we have described an ensemble of two networks, both of which are individually used frequently on the task of biomedical image segmentation. The ensemble successfully generates highly accurate segmentation of brain tumours from the multimodal MRI scans as provided by the BRATS 2019 challenge, which compares favourably with predictions given from various other state of the art models. We use a method of variable ensembling to combine the respective outputs from the model to achieve the best scores. The proposed ensemble offers an automated and objective method of generating brain tumour segmentation to aid in disease planning and patient management clinically.

9. BIBILOGRAPHY

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