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CLASSIFICATION OF MELANOMA AND NEVUS IN SKIN CANCER LESIONS

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ABSTRACT - Melanoma that produces melanin pigment that gives your skin its colour. Melanoma can be successfully treated if it is detected early. Melanomas can develop anywhere in your body. They most often develop in areas that have had exposure to the sun. Melanomas can also occur in areas that don't receive much sun exposure, such as the soles of your feet, palms of your hands and fingernail beds. These hidden melanomas are more common in people with darker skin. Thus, we presented an intelligent system for classification of skin cancer into melanoma and nevus. It is observed that major problem that causes the misclassification is lesion detection and segmentation. The K-mean clustering technique using centroid selection is used to extract the ROI from the cancer image more accurately and efficiently. Textural and colour features extraction techniques are best suited features for classification. For textural features, GLCM and LBP features are combined with colour features to achieve a high classification accuracy of 90%. In this way, our proposed technique has been able to classify skin cancer images into melanoma and nevus more accurately and efficiently. The effectiveness and performance of the proposed approach are validated on DERMIS image dataset

Keywords: Melanoma, Nevus, Detection, Segmentation, Extraction, GLCM and LBP.

I. INTRODUCTION

Skin cancer is among the most commonly worked out cancers; of which damaging melanoma is by far its most war-like form. Happily, when melanoma is worked out in an early stage, it can easily be given attention to through a simple taking out with a cut of the wound. As an outcome of that, several diagnosis techniques have been had a look for to get well the early discovery of melanoma. Melanoma and Non-Melanoma are chief groups of skin cancers. Damaging melanoma is of several sub-types. Basal unit carcinoma and squamous unit carcinomas are 2 main types of non-melanoma skin cancers. Each sort of skin cancer is different from the other skin cancers in certain qualities. Generally skin cancer is screened by

clinicians through seeing observation. The rule for cancer detection is called as ABCD rule which is given by A : asymmetry (one half of the mole does not match the other half) B : border irregularity (edges of the mole are ragged, notched, or blurred) C : color (pigmentation of the mole is not uniform, with varying degrees of tan, brown, or black) D : diameter of more than inch (about the size of a pencil eraser) E : evolving (the mole is changing over time) Seeing going-over of clinicians for skin cancer does not be responsible for 100% discovery and sometimes it may lead to possible & unused quality damage. possible & unused quality cause damage includes unnecessary procedures such as skin biopsy or taking out with a cut for wound that do not turn out to be cancer or sometimes the wound might have missed and not have gone for biopsy, coming out in death. As an outcome there is a clear thing needed for automatic discovery 5 system for skin cancer which should be highly good at producing an effect and accurate. The offered careful way form of 2 Major steps

1. Preprocessing which takes away the things like hair, ink marking and lighting-on bad, wrong points.
2. Breaking down into parts of wound using k-means clustering.

II. LITERATURE SURVEY

One of the first instruments used to determine if a skin lesion is malignant or benign is medical detection algorithms. Nachbar et al. [1] devised a subjective technique based on the lesion's visual appearance. The ABCD Rule is based on the colour, shape, and specific characteristics of skin lesions. It is one of the most commonly used algorithms for evaluating a lesion using a naked eye exam or a dermatoscope due to its simplicity.

Adjed et al. [2] proposed a method in which statistical metrics and texture features such as local binary pattern are generated after fusing structural information with Curvelet and Wavelet transforms utilising the Fast Digital Curvelet Transform (FDCT) wrapping approach. Using the PH2 dataset [19], they concatenated roughly 200 features.



Hagerty et al. [3] created a fusion approach that uses a transfer learning method based on the ResNET-50 Convolutional Neural Network (CNN) architecture to extract deep features from images. The subject of which craftsmanship features are utilised in their process, on the other hand, is unclear. Furthermore, they used two datasets: the private set and the second set (a modified version of the ISIC 2018 dataset) for performance revision, applying a feature selection approach, in this case, the χ^2 method [4].

Li et al. [5] employed a deep learning strategy with the fusion of clinical criterion representations, using a boosting tree-learning algorithm dubbed Light GBM as a classifier and fusion method. Color properties (RGB and HSL features), texture properties (SIFT and LBP), and shape properties are all used with this method (solidity and circularity, image ratio, and area ratio). The transfer learning method was used to obtain the deep learning features, which were based on the ResNET-50 and DenseNET-201 CNN architectures. The ISIC 2018 dataset [4] was used to process data for 566 characteristics.

Thiyaneswaran B et al.(2020) proposed k-mean clustering methods used for the detection and segmentation of cancer area in skin images. The authors have obtained 90% of accuracy in the cancer area detection[15]. Kumarganesh et.al. (2018) suggested an ANFIS classifier technique for the classification of tumors from the origin images. The authors obtained the 96.6% of classification accuracy [16]. Kumarganesh et.al. (2016) proposed an ANFIS classifier method for the classification of tumors from the original images. They achieved 93.07% of sensitivity, 98.79% of specificity, and 97.63% of cancer segmentation accuracy [17].

Abbas and Celebi [18] suggested a CAD system in which a Stack-Based Auto-Encoder (SAE) extracts deep features from pixels of a lesion while minimising information loss[19]. Color (the Hill climbing algorithm (HCA)) and texture (the speed-up robust features (SURF)) are retrieved from the handmade features. They used Principal Component Analysis (PCA) in a feature fusion technique, then Recurrent Neural Networks (RNN) and a Softmax Linear Classifier in the final stage.

III. PROPOSED METHODOLOGY

Our proposed system tackles the fundamental problem of detecting the skin cancer. Moreover, it tackles the major problem of detecting and classifying the type of skin cancer.

Module 1: IMAGE PROCESSING USING GAUSSIAN FILTER

Image filters can be used to reduce the amount of noise in an image and to enhance the edges in an image. Enhancing the edges of an image can help a model detect the features of an image. The Gaussian Filter is similar to the mean filter however it involves a weighted average of the surrounding pixels and has a parameter sigma. The kernel represents a discrete approximation of a Gaussian distribution. While the Gaussian filter blurs the edges of an image (like the mean filter) it does a better job of preserving edges than a similarly sized mean filter. The ‘Gaussian Blur’ function from the Open-CV package can be used to implement a Gaussian filter. The function allows you to specify the shape of the kernel. You can also specify the standard deviation for the x and y directions separately. If only one sigma value is specified then it is considered 21 the sigma value for both the x and y directions.

Module 2: IMAGE SEGMENTATION USING K-MEANS CLUSTERING

K-means is one of the simplest unsupervised learning algorithms that solve the well-known clustering problem. This algorithm aims at minimizing an objective function know as squared error function given by:

$$J(V) = \sum_{i=1}^c \sum_{j=1}^{c_i} (\|x_i - v_j\|)^2$$

where,

‘ $\|x_i - v_j\|$ ’ is the Euclidean distance between x_i and v_j . ‘ c_i ’ is the number of data points in i th cluster. ‘ c ’ is the number of cluster centers.

- 1) Randomly select ‘ c ’ cluster centers.
- 2) Calculate the distance between each data point and cluster centers.
- 3) Assign the data point to the cluster center whose distance from the cluster center is minimum of all the cluster centers.
- 4) Recalculate the new cluster center using: $v_i = \frac{1}{c_i} \sum_{j=1}^{c_i} x_j$ where, ‘ c_i ’ represents the number of data points in i th cluster.
- 5) Recalculate the distance between each data point and new obtained cluster centers.
- 6) If no data point was reassigned then stop, otherwise repeat from step 1.

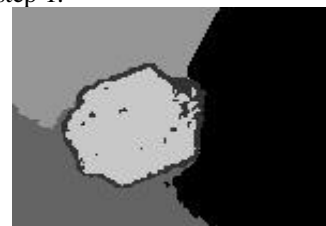


Fig 1. Showing a clustered image



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