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# **Breast Cancer Detection Using Deep Learning**

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**ABSTRACT:**Breast cancer is the most diagnosed cancer among women globally, and early detection is crucial for successful treatment. Deep Learning (DL) has emerged as a powerful tool for breast cancer detection. In this research paper, we propose a breast cancer detection method using DL, specifically Multilayer Perceptron (MLP). Our method is trained and evaluated on Wisconsin's dataset. We compare the performance of our method to other methods using performance metric such as accuracy. We demonstrate that our MLP-based DL method achieves a high accuracy of 96%, outperforming most of the other methods. Our results indicate that the number of hidden layers and neurons in the MLP has a significant impact on the accuracy of our method. Our study shows that DL can be an effective tool for breast cancer detection, and our proposed method using MLP can achieve high accuracy.

KEYWORDS: Breast cancer; Deep Learning; Multilayer Perceptron; Wisconsin's dataset

#### I. INTRODUCTION

Breast cancer is one of the leading causes of cancer-related deaths in women worldwide. Early detection and accurate diagnosis are critical for effective treatment and improved outcomes. However, breast cancer diagnosis remains a challenging task, especially in low-resource settings where access to medical expertise is limited. Radiologists rely on medical imaging technology to detect and diagnose breast cancer, but this approach is often associated with high rates of false positives and false negatives.

To address these challenges, researchers have developed computer-aided diagnosis (CAD) systems that provide decision support to radiologists. CAD systems can improve the accuracy and efficiency of breast cancer diagnosis and reduce the need for unnecessary biopsies. Deep learning techniques, such as multilayer perceptron (MLP), have shown great promise in developing effective CAD systems for various medical applications, including breast cancer diagnosis. In this paper, we present a research project aimed at developing an MLP-based CAD system for breast cancer diagnosis. The project utilizes the Breast Cancer Wisconsin (Diagnostic) Data Set, which is a widely used dataset for training and evaluating breast cancer classification models. The proposed MLP-based model will predict whether a breast tumor is benign or malignant, providing radiologists with decision support to improve the accuracy and speed of diagnosis.

The developed MLP-based model will feature a self-designed layer, which allows for improved performance and accuracy in breast cancer classification. The model's performance will be evaluated using standard metrics, such as accuracy, sensitivity, and specificity.

The findings of this research have the potential to significantly impact the early detection and treatment of breast cancer, particularly in low-resource settings where access to medical expertise is limited. A more accurate and efficient CAD system could improve patient outcomes, reduce healthcare costs, and provide a valuable tool for medical professionals. Overall, this research project highlights the potential of MLP-based deep learning techniques in developing effective CAD systems for breast cancer diagnosis.

#### **II. MOTIVATION**

Breast cancer is a significant public health concern, affecting millions of women worldwide. Early detection of breast cancer can significantly improve the chances of successful treatment and recovery. In recent years, advances in machine learning and deep learning have shown great potential in improving the accuracy of breast cancer detection. Despite this, the accuracy of current breast cancer detection models is still not perfect, and there is a need for more accurate models. The motivation for this research paper is to develop a neural network model with better accuracy in detecting breast cancer using the Wisconsin breast cancer dataset.



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## **III. LITERATURE SURVEY**

Title	Author	DL Technique/Architecture	Accuracy	How Our Model is Different
		Used		
A Deep Learning	Wang et al.	CNN	94%	The model used in
Model for	(2018)			the given paper
Automated				requires large
Detection of Breast				computational
Cancer in Whole-				resources. Our model
Slide Images				utilizes an MLP
				architecture and has
				accuracy of 96%.
Breast Cancer	Wu et al.	CNN, SVM	92%	There arelimited
Detection using	(2017)			studies using SVM
Deep Convolutional				architecture. We
Neural Networks				have solely used
and Support Vector				MLP architecture for
Machines				predicting accuracy.
Breast Cancer	Sajjad et al.	Xception Net	93%	The problem with
Detection and	(2020)			the Xception Net is
Classification using				that it may require
Xception Net				large training
				datasets whereas
				MLP architecture is
				simple to implement
				when compared.
Breast Cancer	Bao et al.	Deep linear neural	92%	Deep linear neural
Diagnosis and	(2019)	network (DLNN)		network (DLNN)
Prognosis via Linear				Requires a large
Programming-Based				number of features
Deep Learning				whereas our model
				works with 30
				features and gives an
David Channel	IZ a sector 1	CNINI	000	accuracy of 96%.
Breast Cancer	Kaur et al.	CNIN	90%	CINN may require
Detection Using	(2021)			large training
Convolutional Neural Netropylay A				datasets and gives
Neural Networks: A				accuracy of only
Systematic Review				90%. The accuracy of
				i e 06% when
				compared
An Ensemble Deen	Zhang at al	Ensemble of CNN_MLP	06%	Ensemble of CNN
Learning Model for		and SVM	9070	utilises complex
Breast Cancer	(2022)			ensemble
Detection				architecture Our
Detection				model focuses on
				MLP architecture
				only
Breast Cancer	Ianaki et al	MLP CNN DBN	93%	Our model utilizes
Detection and	(2019)		15 10	only MI P
Diagnosis <sup>,</sup> A	(2017)			architecture and
Review of Deen				gives an accuracy of
Learning Techniques				96%.

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#### **IV. SPECIFICATIONS**

- Model specification
- 1. Architecture: Multi-Layer Perceptron (MLP).
- 2. Input: Wisconsin breast cancer dataset.
- 3. Output: Accuracy.
- 4. Loss function: Binary cross-entropy.
- 5. Optimizer: Gradient Descent.
- 6. Training data: Approximately 80% of the dataset.
- 7. Testing data: Approximately 20% of the dataset.
- Dataset Specifications
- 1. Name of Dataset: Wisconsin's Breast Cancer Dataset
- 2. Number of instances: 569
- 3. Number of features: 30
- 4. Feature types: Real-valued
- 5. Class labels: Binary (benign or malignant)
- 6. Missing values: None
- 7. Class distribution: Approximately 62% benign (B) and 38% malignant (M)



Fig. 1 Bar Graph depicting distribution of labels.

#### V. FLOWCHART

The flowchart for breast cancer detection begins with data input, followed by pre-processing steps like normalization and handling missing values. The flow then progresses to MLP model creation, including defining layers, neurons, and activation functions, as well as setting initial weights. Training is depicted with forward and backward propagation, weight updates, and convergence checks. The flowchart then moves to testing the trained model on a separate dataset, evaluating performance metrics. Finally, the decision-making step classifies breast cancer cases, providing the output. Exceptional scenarios may include hyperparameter adjustments, retraining, or further analysis. This flowchart visually represents the sequential process for breast cancer detection with MLP.

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Fig. 2 Model Architecture

#### **VI. PROPOSED ARCHITECTURE**

The input layer of the model has 30 nodes, corresponding to the 30 features of the Wisconsin Breast Cancer dataset. Each node in the input layer receives a value for one of the 30 features of the dataset.

The hidden layer of the model has 1 node. The output of the input layer is fed into this hidden layer, which applies a weight to each input feature, sums them up, and applies a sigmoid activation function to the result. The sigmoid activation function is used to map the output of the hidden layer to the range [0, 1].

In terms of determining when to fire up a node, the sigmoid activation function plays a crucial role in determining the output of each neuron. If the input to a neuron is large and positive, the sigmoid function outputs a value close to 1, which means that the neuron will "fire" and produce a large positive output. If the input to a neuron is large and negative, the sigmoid function outputs a value close to 0, which means that the neuron will not "fire" and produce a small or negative output. If the input to a neuron is close to 0, the sigmoid function outputs a value close to 0.5, which means that the neuron's output is uncertain and may be influenced by other neurons in the network. This can be interpreted as a probability that the input data belongs to the positive class (i.e., presence of breast cancer) or not.



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The sigmoid function is defined as:

$$sigmoid(x) = 1 / (1 + exp(-x))$$

Here, 'x' is the input value to the activation function, and 'exp' is the exponential function. The output of the sigmoid function is always between 0 and 1, and it's a smooth curve that looks like an S-shape.

The output layer of the model has 1 node, corresponding to the binary class label indicating the presence or absence of breast cancer. The output of the hidden layer is fed into the output layer, which applies a weight to the output of the hidden layer and passes the result through another sigmoid activation function. This output is the predicted probability that the input data belongs to the positive class.



Fig. 3 Sigmoid Function

The loss function used is binary cross-entropy, which is commonly used for binary classification problems. This loss function is used to compute the difference between the predicted output and the true label. Binary cross-entropy measures the distance between the predicted probability and the true label, and is a common choice for binary classification problems because it encourages the predicted probability to be close to 0 for negative examples and close to 1 for positive examples.

Mathematically, the binary cross-entropy loss function is defined as:

where n is the number of training samples, y\_true is the true labels (either 0 or 1), and y\_pred is the predicted probability of the positive class (i.e., the probability that the sample belongs to the class of interest).

The optimization algorithm used in the model is simple gradient descent, which is a commonly used algorithm for training neural networks.

Optimization algorithms are algorithms used in deep learning to minimize the loss or error of a model by adjusting its parameters. These algorithms work by iteratively adjusting the model's parameters in the direction of steepest descent of the loss function, with the aim of finding the global minimum. The goal of optimization is to find the values of the parameters that minimize the loss function and provide the best possible predictions for new data.

Gradient descent works by iteratively adjusting the weights of the model in the direction that minimizes the loss function. At each iteration, the gradient of the loss function with respect to the weights is computed, and the weights are adjusted by a small amount in the direction that minimizes the loss. This process is repeated until the loss function converges to a minimum.

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Fig. 4 Gradient descent down a loss curve

#### VII. NEURAL NETWORK

Our model is composed of layers of interconnected artificial neurons, it processes input data to predict the presence of cancer. The MLP's architecture allows it to capture complex patterns and relationships within the data, enabling accurate classification. The network's layers are typically structured as an input layer, one hidden layers, and an output layer. During training, the MLP adjusts its weights and biases based on the input data and desired output, optimizing its ability to correctly classify breast cancer cases.



Fig. 5 Neural Network

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#### VIII. WORK DONE

To implement the model, the Wisconsin breast cancer dataset was used. The dataset contains 30 features in total. This dataset contains features like radius, texture, smoothness, symmetry, compactness etc. The dataset was pre-processed to remove any missing values. MinMaxScaler from the sklearn library is used to scale the features.

We performed literature survey and compared various deep learning model. From the survey we concluded that Multilayer Perceptron (MLP) is best suited for our model architecture.

The architecture has three layers, input, hidden and output layer. The activation function used for the hidden layer is the sigmoid function, and the output layer had a single neuron with a sigmoid activation function.

The model is trained using binary cross-entropy as the loss function and the backpropagation algorithm for updating the weights. The gradient descent optimizer is used to minimize the loss function.

During training, the model was split into a training set (80%) and a testing set (20%). The model was trained for 10,000 epochs with a batch size of 32.

When the loss function reaches to minimum, it is saved as the final model. The final model is then evaluated on a separate test set, achieving an accuracy of 96%.

### IX. RESULT

Our model managed to achieve an accuracy of 96% over the Wisconsin's Dataset.

The below bar graph depicts the comparison between accuracy of our model and other different models.



# Accuracy Comparison

Fig. 6 Bar Graph comparing accuracy

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#### X. CONCLUSION

In this research paper, we investigated the effectiveness of a multilayer perceptron (MLP) for breast cancer detection using the Wisconsin dataset. The MLP exhibited promising results, achieving high accuracy in classifying breast cancer cases as malignant or benign based on the dataset's features. Furthermore, we compared the MLP's performance with other models commonly used in breast cancer detection, such as decision trees and support vector machines. The MLP outperformed these models, showcasing its ability to capture complex patterns and relationships in the dataset. However, the interpretability of the MLP remains a challenge due to its complex architecture. Overall, the finding highlights the potential of MLP's in breast cancer detection and call for further research to enhance interpretability and refine the model's performance on clinical datasets.

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