

AI-Powered Skin Cancer Detection and Dermatologist Consultation Assistance

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Abstract: Skin disease is one of the most common illnesses that individuals have, and it is becoming more common. Early diagnosis is therefore essential. In order to give non-specialized customers guidance, computer-based diagnosis of skin ailments is necessary, as even experienced doctors find it challenging to classify skin diseases and their causes. Early treatment of skin disorders has been shown to reduce patient mortality and morbidity. One of the most economical methods for classifying and diagnosing skin disorders is digital dermoscopy. Consequently, skin cancer can be detected using image processing techniques. Quantitative information about a lesion can be obtained in the medical field using image processing. One method of non-invasive medical testing is image processing. It only serves as a warning mechanism to help you steer clear of problems later on in your therapy. In actuality, early lesion identification is an important and critical initial step. This cannot be accomplished with any type of body-penetrating injection. Examine some digital pictures of skin lesions. Feature extraction is an essential tool for accurately evaluating and interpreting an image. After dividing a number of photos, the properties were retrieved. The recommended approach makes use of the most basic segmentation technique. No human interaction is required, and different skin lesions don't require different parameter adjustments. We can investigate texture-based, shape-based, and color-based aspects in this study. Another deep learning technology that is used to classify skin illnesses according to their level of hazard and provide guidance on preventative measures is convolutional neural networks.

Keywords: Image processing, deep learning, machine learning, dermoscopy images, and severity levels.

I. INTRODUCTION

Melanoma is one kind of skin cancer that is brought on by prolonged exposure to UV rays. The word "melanocyte" describes pigment-containing cells. A mole is the most typical site of melanoma initiation. It can be identified by the pigmented region becoming larger, the borders becoming smoother, a change in color, discomfort, or skin disintegration. Along with benign skin-colored moles, melanoma is one of the most serious cancers and is categorized as a malignant tumor. The most popular diagnostic technique involves visually examining candidates, which are pigmented moles with unusual shapes. The "ABCDE" criteria are used to assess the aggressiveness of lesions in order to detect melanomas early. Dermatologists may, however, find it challenging to differentiate between benign and malignant conditions. An early example of automation for melanoma screening uses a computerized dermatoscope, which doubles as a filter and magnifier in addition to taking pictures. With automated melanoma screening methods, the detection accuracy of such obtained dermoscopy images can be increased. When compared to a regular digital camera, they have low levels of noise but consistent background illumination. Processing techniques are employed to analyze and estimate chromatic and structural characteristics for usage in specific pictures picked from the MIT collection on skin lesions using decision-tree classification procedures. Using a multistage lighting approach and one of the most popular machine learning algorithms, Decision Tree Classifier, the pigmented network of the skin lesion was categorized. Pictures of skin lesions are not all the same. One method is to compute the illumination map for an image using Monte Carlo non-parametric modeling after initially estimating the illumination map using parametric modeling with the non-parametric estimate acting as a prior. A final lighting map is predicted and created using the edited photo.



This paper explores the application of rotational-invariant neighborhood in a textural representation-based sparse texture model. Weighted graphical modeling is used to quantify the statistical textural uniqueness across typical atom pair features. This modeling is based on the frequency of occurrence across each pixel at a time. To separate the regions of the macroscopic images corresponding to skin lesions, stochastic area merging is employed. An region is subjected to this procedure until the maximum convergence requirement is satisfied.

ABCDE METHOD

One well-known method for understanding and predicting melanoma signs is the "ABCDE" formula:

1. An uneven skin lesion
2. The lesion's border is atypical
3. Melanoma colour
4. Moles greater than 6 mm in diameter are more likely to be associated with melanomas.
5. Growing or changing.

But sadly, the majority of melanomas is dot-shaped and has diameters that are considerably below the range of 6 mm. Patients should be assessed by a physician to ascertain whether dermatoscopy is necessary to distinguish seborrhea keratosis from melanoma since the ABCD criteria may result in false alarms when diagnosing seborrhea keratosis.

Since nodular melanoma does not meet the previously listed criteria, it must be classified using EFG:

1. Elevated: the lesion is higher than the skin around it.
2. Firm: It is difficult to touch the nodule.
3. Growing: The nodule progressively becomes bigger.

Using processing approaches, decision-tree classification algorithms evaluate and estimate chromatic and structural characteristics for use in particular images of skin lesions acquired from the MIT collection. Using the well-known Decision Tree Classifier machine learning technology in conjunction with the multiple stage illumination methodology for changes in lesion pictures, the pigmented network of the skin lesion has been successfully identified. After the illumination map for an image is constructed using Monte Carlo non-parametric modeling, the illumination map is computed using a parametric model that uses the initial nonparametric estimate as a prior. The final lighting map is approximated using the processed picture.

Using rotationally invariant neighborhood, the image extraction from the sparse texture model is analyzed. The statistical textural distinctiveness across typical atom pairs is characterized by weighted graphical modeling for the information retrieved by the sparse texture model, which is obtained from the frequency of occurrence across each pixel at a time. Stochastic area merging is used pixel by pixel in order to recover the areas from the macroscopic pictures corresponding to skin lesions. This is applied to a region until the limit of convergence requirement is satisfied.

II. RELATED WORK

SABR, Abdelouahed, et al.[1] recommended describing the lesion utilizing a method that uses a range of retrieved information, including its shape, texture, color, and skeleton. The machine learning classifier receives the characteristics that were selected using the information gained. The Adaboost classifier had the highest score. Apart from providing an improved ensemble learning method for identifying skin cancer, the proposed approach yielded a positive classification rate. The optimal mix of features derived from several characteristics—such as the lesion's shape, color, texture, and skeleton—is utilized to create the features. These features are then classified using various algorithms to forecast the classes. Overall experiment results point to a successful conclusion.

Vidya M. et al.[2] Melanoma and benign skin lesions have been distinguished by hybrid feature extraction. Through feature extraction and classification utilizing the ABCD rule, GLCM, and HOG, machine learning techniques can detect skin lesions automatically. It was recommended to segment skin lesions using the GAC approach. 0.9 JA and 0.82 DI are the segmentation results that were achieved. The ABCD rule was proposed for color, symmetry, diameter, texture, shape, and edge of the skin lesion in order to extract characteristics. Several machine learning algorithms were created, such as SVM, KNN, and Naïve Bayes, to handle the classification. The suggested technique was evaluated using pictures of skin lesions from the ISIC databases. With an AC of 97-8% and an AUC of 0.94, SVM performs better than



other classifiers when compared to all other classification methods. KNN yielded sensitivity and specificity of 86.2% and 85%, respectively. The findings show that accuracy rises as augmentation performance does. For increased accuracy, this technique may also be used to neural network systems.

Arslan Javaid et al. developed a unique method for classifying skin cancer using machine learning and image processing [3]. The first stage presents a unique contrast stretching strategy based on pixel mean and standard deviation for dermoscopic picture improvement. Segmentation is then performed using OTSU thresholding. After the form, color, and texture qualities have been restored, the next phase involves reducing the shape features using PCA. To solve the issue of class imbalance in the ISIC dataset, SMOTE sampling is employed. The best features are selected using a unique feature selection method based on wrapper techniques after the features have been standardized and scaled in the third step. Testing the suggested system on the publicly available ISIC-ISBI 2016 dataset demonstrates that, compared to other classifiers, the recommended wrapper strategy for feature selection in conjunction with the Random Forest classifier delivers promising results.

Thaajwer, Ahmed, et al., [4] provide a reliable method for diagnosing melanoma skin cancer that makes it easy to discern between benign and malignant melanoma in input photos. Using the GLCM methodology for feature extraction in conjunction with color and shape attributes yields a high accuracy of 83% for the suggested strategy. Because it is a tried-and-true, painless procedure, it is more effective and comfortable for patients and physicians than the biopsy method. None of the web data sources had any pictures with dark skin that we could utilize. Accuracy will increase and diagnostic time will be shortened using this computer-based examination. Due to the complexity of skin disorders, variety and a lack of competence are major barriers to a timely, accurate diagnosis. This is particularly true in wealthy and poor nations with insufficient medical resources. Furthermore, it is evident that a variety of issues that are identified early can reduce the likelihood of catastrophic consequences. A small number of important environmental factors have been shown to act as triggers for melanoma-related skin diseases.

Faiza et al. [5] provided a number of instances of learning algorithms for melanoma detection that were split into two categories: classification and segmentation. The outcomes demonstrated potential for both classification and segmentation. With a 96% accuracy rate, the skin lesions are retrieved from the image using the k-means clustering and density filtering approaches. The form, texture, and color characteristics of the skin lesion datasets are extracted in the second part using a variety of machine learning techniques, including Decision Tree, K-Nearest Neighbor, Support Vector Machine, Logistic Regression, Stochastic Gradient Descent, Random Forest, and Naive Bayes. This facilitates the effective classification of skin lesions into benign lesions and melanomas. A detailed explanation of the method of dividing and categorizing pigmented skin lesions is provided, which facilitates diagnosis. The basic method consists of two parts. Pre-processing, segmentation, and post-processing of lesions will be covered in the first part. Local binary patterns (LBP) and a histogram-oriented gradient (HOG) are used to extract features in the second portion. Ultimately, a machine learning classifier assesses the attributes used to accurately categorize the skin lesion.

III. EXISTING METHODOLOGIES

For skin malignancies, early identification is typically crucial to a successful course of therapy and better results. Experts are able to diagnose cancer with accuracy, but because they are in short supply, rapid and efficient automated techniques must be developed. Patients will have less financial and medical strain as a result, and it may even save lives. The presentation of melanoma can be heterogeneous, making the distinction between benign skin lesions and skin tumors challenging. AI can help reduce the morbidity and death rate from skin cancer by assisting in its early diagnosis. AI-based technology can help by improving skin lesion diagnostics and reducing strain. The primary goal is to use deep learning techniques to properly classify skin cancer. Additional goals include gathering information to categorize various skin malignancies and removing skin lesions from dermoscopic pictures. In addition to identifying and detecting skin malignancies, deep learning algorithms may also be used to extract skin features and provide diagnosis information depending on illnesses that are discovered.



IV. PROPOSED WORK

Skin cancer is striking people at a startling pace. Early detection of melanoma skin cancer is more important than ever because of the disease's high death rate, expensive treatment, and quick development. The majority of the time, treating cancer cells calls for patience and manual detection. Dermatologists identify skin cancer by looking at patient photos and analyzing the data to see if the patient has cancerous cells or not. Because it contains hazardous cells, dermatologists suggest treating it as malignant melanoma instead of benign melanoma. The issue with this method is that processing a large number of patients takes a long time, and hiring more staff to increase identification rates drives up costs. This experiment demonstrated a man-made system that used image processing and deep learning to identify skin cancer. The characteristics of the damaged skin cells are extracted using a feature extraction approach once the dermoscopic images have been segmented. A convolutional neural network classifier based on deep learning is used to stratify the acquired characteristics. Convolutional Neural Networks are becoming more widely used in computer vision and medical analysis due to their exceptional efficacy in picture analysis and categorization. As a result, CNN is well-known for being among the most often used deep learning and computer vision models. The core concept of convolutional neural networks is the formation of partially connected layers. For example, if the network receives an image with dimensions of 100 100 and 10,000 pixels as input and the first layer has just 1000 neurons, there will be around 10 million connections between the input layer and the first hidden layer. This will necessitate a significant amount of memory and processing. CNN may, however, lessen this problem by using levels that are partially related. Receptive fields are used by CNNs to link a feature map to the input layer.

Receptive fields are overlapping windows that go over the pixels of an input image to produce a feature map. During the model's design and execution, the input image window's shifting length and real size are calculated.

Convolution is another word for the method used to generate the feature map. A convolutional neural network is composed of three layers: the convolution layer, pooling layer, and fully connected layer. The most popular CNN designs are convolution, pooling, and fully connected layers, although alternative designs—such as the dropout layer—can also be successfully used. CNNs are taught utilizing labeled data that has been categorized into the appropriate groups because they are supervised learning techniques. CNNs are made up of two sections: the fully connected layers, which are utilized for classification once processing is complete, and the hidden layers, which gather input. CNNs identify the correlation between the class labels and the input elements.

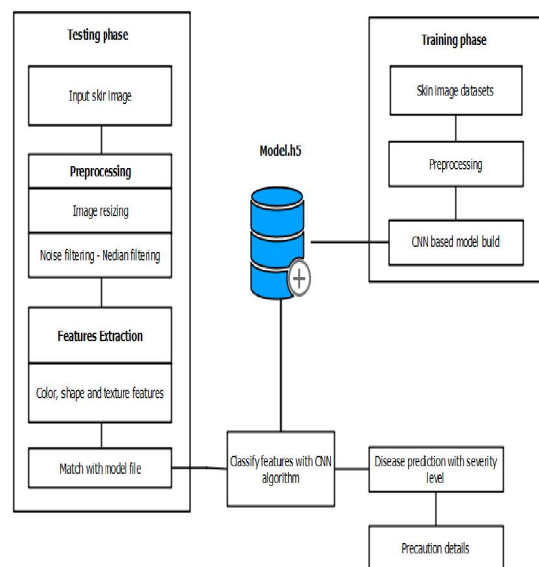


FIG1: PROPOSED FRAMEWORK



The specific design of CNN's hidden layers consists of activation functions for turning on and off neurons, pooling layers, and convolutional layers. Each layer in a conventional neural network consists of a group of neurons that are all linked to every other neuron in the layer above it. CNN has a somewhat different hidden layer design, though. Only a subset of the neurons in a layer is connected to the neurons in the layer above; all other neurons in a layer are not connected to all other neurons in the layer above. Restricting the feature set to local connections and incorporating extra pooling layers that aggregate the outputs of neighboring neurons into a solitary value yield translation-invariant features. The training procedure is much simpler with fewer parameters and a simpler model.

The system comes to an end with the classification. Following the structural examination, the likelihood of true positives in every component was assessed separately. A method based on convolutional neural networks is employed to categorize skin conditions.

CNNs are a kind of feed-forward neural network that combine max pooling, convolutional, and fully related layers in different combinations. Additionally, they use spatially localized correlation by forcing a tight connection pattern between neighboring layers' neurons.

Convolutional layers and maximum pooling layers alternate to mimic the unique properties of complex and transparent cells in the mammalian visual cortex. CNN creates neural networks with layers for maximal pooling and convolution in one or more additional pairs, leading to finally fully connected neural networks. It has been repeatedly shown that the most successful and efficient method of analyzing visual representations is through the hierarchical structure of CNNs. We are motivated to study the viability of employing CNNs to categorize disease features since we know that CNNs can perform as well as, if not better than, humans in many visual tasks. CNNs differ from one another in terms of the convolutional and max pooling layers and the training strategies used by the networks. This network changes depending on the spectral channel size and the number of output classes for the input skin data. Thus, by overcoming uneven border separation, our proposed effort increases the accuracy of skin image classification.

V. EXPERIMENTAL RESULTS

The proposed system is an implementation of the Python Framework that examines skin image files with different types of diseases. The ISIC picture section of the Kaggle website is where you can get the skin datasets. The following figures display the system's outcomes.

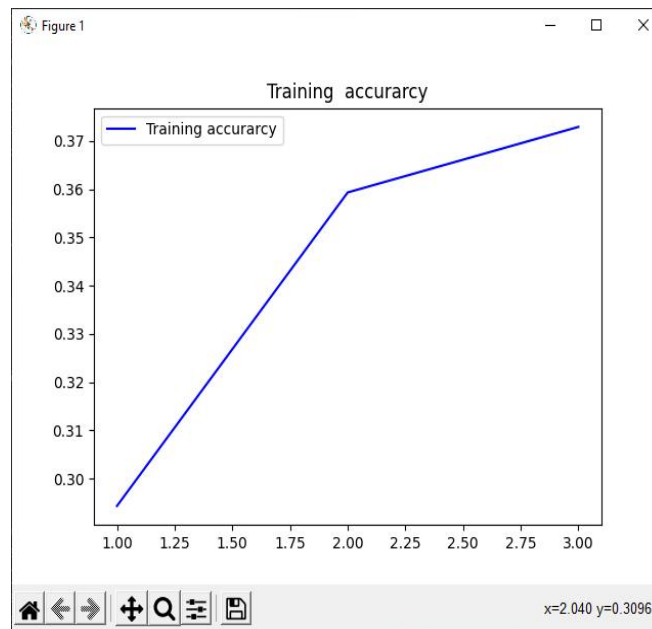


Fig 2: Details of training accuracy



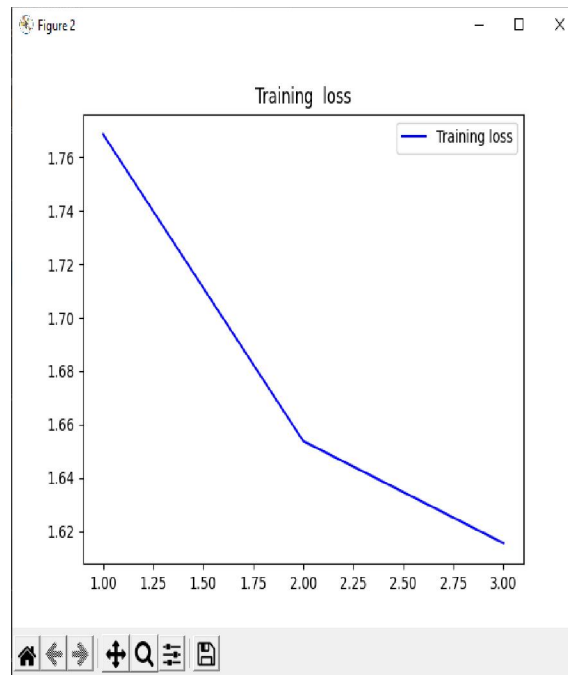


Fig 3:Details of training loss

VI. CONCLUSION

Skin cancer is one kind of cancer that starts on the surface of the skin. Skin cancer can be classified as either benign or malignant. One sign of malignant melanoma is bleeding lesions. The skin cancer form that is most deadly is malignant melanoma. This causes a pigmented skin lesion to grow into cancer. It is called after the melanocyte, which is thought to have been its progenitor cell. This condition is treatable if caught early. Based on the disease's symptoms, computer-aided diagnostics (CAD) can identify skin cancer more quickly. Features extraction can be used prior to illness prediction in segmented pictures. Texture, shape, and color traits are among those that were retrieved. The previously discussed characteristics of the skin lesion are utilized to collect features related to color and texture, which are subsequently employed in the categorization process. Prior to providing specific diagnostic information, various skin problems were categorized according to their intensity using the convolutional neural network approach.

REFERENCES

- [1] Sabri, My Abdelouahed, et al. "Skin cancer diagnosis using an improved ensemble machine learning model." 2020 International Conference on Intelligent Systems and Computer Vision (ISCV). IEEE, 2020.
- [2] Vidya, Maya, and Maya V. Karki. "Skin cancer detection using machine learning techniques." 2020 IEEE International Conference on Electronics, Computing and Communication Technologies (CONECCT). IEEE, 2020.
- [3] Javaid, Arslan, Muhammad Sadiq, and Faraz Akram. "Skin cancer classification using image processing and machine learning." 2021 International Bhurban Conference on Applied Sciences and Technologies (IBCAST). IEEE, 2021.
- [4] Thajjwer, MA Ahmed, and UA Piumi Ishanka. "Melanoma skin cancer detection using image processing and machine learning techniques." 2020 2nd International Conference on Advancements in Computing (ICAC). Vol. 1. IEEE, 2020.
- [5] Salam, Abdus, et al. "Diagnosing of Dermoscopic Images using Machine Learning approaches for Melanoma Detection." 2020 IEEE 23rd International Multitopic Conference (INMIC). IEEE, 2020.



- [6] G. J. Chowdary, G. V. S. N. D. Yathisha, G. Suganya, and M. Premalatha, “Automated skin lesion segmentation using multi-scale feature extraction scheme and dual-attention mechanism,” in Proc. 3rd Int. Conf. Adv. Comput., Commun. Control Netw. (ICAC3N), Dec. 2021, pp. 1763–1771,
- [7] Y. Dong, L. Wang, S. Cheng, and Y. Li, “FAC-Net: FeedBack attention network based on context encoder network for skin lesion segmentation,” *Sensors*, vol. 21, no. 15, p. 5172, Jul. 2021.
- [8] K. M. Hosny and M. A. Kassem, “Refined residual deep convolutional network for skin lesion classification,” *J. Digit. Imag.*, vol. 35, no. 2, pp. 258–280, Apr. 2022.
- [9] P. Bansal, R. Garg, and P. Soni, “Detection of melanoma in dermoscopic images by integrating features extracted using handcrafted and deep learning models,” *Comput. Ind. Eng.*, vol. 168, Jun. 2022, Art. no. 108060.
- [10] Z. Lan, S. Cai, X. He, and X. Wen, “FixCaps: An improved capsules network for diagnosis of skin cancer,” *IEEE Access*, vol. 10, pp. 76261–76267, 2022

