

Automated Brain Tumor Detection and Classification using VGG16: A Deep Learning Approach

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Abstract—Detecting and classifying brain tumors early is essential for timely treatment and improving survival rates. In this study, we present a method using the VGG16 deep learning model to automatically detect and classify brain tumors from MRI images.

VGG16, known for its high accuracy in image classification, proves effective in identifying brain tumors. We preprocess MRI images using the Python Imaging Library (PIL) to ensure they are in the proper format before inputting them into the VGG16 model.

Our approach aims to enhance the accuracy of brain tumor detection while significantly reducing the manual efforts required by medical professionals. Although challenges such as limited data availability and computational costs remain, this method shows promise in delivering faster and more precise tumor diagnosis. The study also reviews other techniques for brain tumor detection, highlighting their limitations and how our approach could help improve diagnostic practices and patient outcomes. Additionally, the model's ability to be fine-tuned for various types of brain tumors further underscores its practical use in medical imaging.

Index Terms— Brain tumour detection, VGG16, deep learning, MRI images, Python Imaging Library (PIL), image classification, medical imaging, tumor classification, healthcare automation, artificial intelligence in medicine.

I. INTRODUCTION

Brain tumors are abnormal masses of tissue where cells grow uncontrollably within the brain. These tumors can cause significant neurological damage and can be life-threatening. Detecting brain tumors early is crucial to improving treatment outcomes and saving lives.

The development of advanced imaging technologies, particularly Magnetic Resonance Imaging (MRI), has greatly aided the diagnosis of brain tumors. However, manual diagnosis remains time-consuming and requires specialized expertise.

With recent advancements in artificial intelligence, deep learning models, especially Convolutional Neural Networks (CNNs), have demonstrated great potential in automating medical image analysis. The VGG16 model, a widely recognized CNN architecture, has been effectively used in various image classification tasks due to its simplicity and ability to accurately extract features from images. This makes it highly suitable for detecting and classifying brain tumors.

By integrating MRI imaging with VGG16, the process of identifying tumors can be both faster and more accurate.

Preprocessing these MRI images using tools like the Python Imaging Library (PIL) ensures they are appropriately formatted for the model. Although challenges such as limited data and computational resources persist, applying deep learning techniques like VGG16 to medical imaging has the potential to greatly enhance diagnostic accuracy and efficiency, helping healthcare professionals deliver more timely and precise care.

II. RELATED WORK

Various researchers have developed different techniques for detecting and classifying brain tumors. Earlier methods relied heavily on manual segmentation by radiologists, which required significant time and effort and was prone to human error. With advancements in machine learning and AI, deep learning models have made it possible to automate these processes, significantly improving both accuracy and efficiency.

Among the models that have proven effective for brain tumor detection are Convolutional Neural Networks (CNNs), particularly pre-trained architectures such as VGG16, ResNet50, and AlexNet. These models excel at automatically extracting key features from medical images, helping to identify and classify tumors with high precision. The use of CNNs has been especially beneficial in MRI-based brain tumor detection.

Santos et al. (2023) utilized the VGG16 model for brain tumor detection, achieving high accuracy through deep learning techniques. Similarly, Younis et al. (2022) combined VGG16 with ensemble learning methods to further improve classification performance. Chandra et al. (2020) also employed the VGG16 model, integrating it with other techniques to enhance detection accuracy. These studies demonstrated the success of using VGG16 in the automatic classification of brain tumors, often leveraging transfer learning to improve results with limited datasets. Transfer learning has emerged as an important technique, allowing researchers to fine-tune pre-trained models like VGG16 on smaller, domain-specific datasets, such as MRI images. This approach has been shown to significantly enhance the accuracy of brain tumor classification. For instance, Islam et al. (2023) applied transfer learning on VGG16 and found that it improved the system's ability to classify brain tumors in MRI scans, despite the challenges of limited data availability.

Furthermore, Gómez-Guzmán et al. (2023) used CNNs for brain tumor classification and emphasized the model's ability to analyze MRI images with high accuracy. Other studies, such as Ostrom et al. (2018), highlighted the statistical importance of automated systems in medical diagnosis, reinforcing the need for faster, more reliable tumor detection methods. These approaches showcase how AI, especially CNNs, has reshaped the landscape of medical imaging for brain tumor detection, offering a promising alternative to traditional, manual methods.

III. GENERAL OVERVIEW OF PREVIOUS STUDY

A. Traditional Methods for Brain Tumor Detection

Early techniques for brain tumor detection relied on manual segmentation of MRI images by radiologists, which was time-consuming and prone to human error. Radiologists had to carefully analyze each image, which made the process lengthy and less efficient, especially in critical cases requiring quick diagnosis. These manual methods are still used today but have significant limitations in terms of speed and accuracy [1].

B. Emergence of Deep Learning in Medical Imaging

With advancements in AI and machine learning, deep learning models, particularly Convolutional Neural Networks (CNNs), have revolutionized brain tumor detection and classification. CNNs such as VGG16, ResNet50, and AlexNet are widely used for automating image analysis tasks, including detecting abnormalities in medical images like MRI scans [2], [3]. These models significantly reduce the workload on medical professionals by automating the process of feature extraction and classification.

C. Effectiveness of CNNs for Brain Tumor Classification

Numerous studies have demonstrated the success of CNNs in improving brain tumor detection accuracy. For example, VGG16, a popular CNN model, has been used effectively in various research to classify tumors in MRI images [4], [5]. CNNs have also shown promise in enhancing the precision of classification and detection, particularly when combined with techniques like transfer learning. Transfer learning allows pre-trained models to adapt to medical image datasets, yielding better performance even with limited data availability [6].

D. Advantages of Transfer Learning

Transfer learning is a technique where pre-trained models, like VGG16, are fine-tuned with specific datasets, such as MRI images of brain tumors. This method has been widely adopted due to its ability to enhance

classification accuracy. By using transfer learning, researchers can overcome the challenges of limited medical data, making it easier to train deep learning models effectively [6], [7].

E. Challenges and Limitations

Despite the advancements, challenges remain in brain tumor detection using deep learning. Limited availability of annotated medical data, high computational costs, and the complexity of deep learning models are significant hurdles. However, ongoing research aims to address these issues by developing more efficient models and improving data augmentation techniques to expand training datasets [8].

F. Future Directions in AI-Based Brain Tumor Detection

Researchers continue to explore hybrid techniques, integrating multiple models and combining deep learning approaches with traditional medical practices. This fusion aims to create faster, more accurate diagnostic tools that can assist medical professionals in making timely decisions [9].

IV. DIFFERENT APPROACHES FOR BRAIN TUMOR DETECTION

A. Manual Segmentation

This is the traditional approach where radiologists manually segment brain tumors using MRI or CT scans. However, it is time-consuming and subjective.

B. Machine Learning Approaches

Support Vector Machines (SVMs) and Random Forest classifiers have been used for brain tumor detection by training on extracted features. These approaches require manual feature engineering.

C. Deep Learning Approaches

CNNs, especially pre-trained models like VGG16, ResNet, and Inception, have outperformed traditional machine learning methods by automating the feature extraction process and providing higher accuracy in classification.

D. Hybrid Models

Combining CNNs with traditional machine learning models, such as K-Nearest Neighbors (KNN), for more robust feature classification.

Brain tumor detection has evolved significantly, transitioning from manual techniques to advanced computational methods. Various approaches have been developed to enhance the accuracy and speed of detecting brain tumors from medical images. These approaches range from traditional image processing methods to state-of-the-art deep learning models. Below is an overview of the major approaches used for brain tumor detection:

E. Traditional Image Processing Techniques

In the early days, manual methods, such as visual inspection of MRI scans by radiologists, were the primary approach for detecting brain tumors. These techniques involved using basic image processing algorithms to enhance the contrast and edges of MRI images, helping radiologists identify tumors. Common methods included thresholding, edge detection, and region-based segmentation. However, these methods were time-consuming and often relied heavily on the expertise of the radiologist, which made them prone to human error [1].

F. Feature-Based Machine Learning Approaches

Traditional machine learning techniques focused on extracting hand-crafted features from MRI images and feeding them into classifiers like Support Vector Machines (SVM), k-Nearest Neighbors (k-NN), and Decision Trees. These methods required a significant amount of manual feature engineering, where the most informative image features had to be identified by the researcher. Though effective to some extent, these approaches were limited by the quality of feature extraction and often lacked the generalization capabilities required for complex medical data [2].

G. Convolutional Neural Networks (CNNs)

CNNs revolutionized brain tumor detection by automating feature extraction from images. CNNs, such as VGG16, AlexNet, and ResNet50, have become the most popular tools for detecting and classifying brain tumors. These models learn hierarchical patterns directly from MRI images, eliminating the need for manual feature

extraction. CNNs have been shown to significantly outperform traditional machine learning techniques in terms of both accuracy and efficiency [3], [4].

- VGG16: Known for its deep architecture, VGG16 uses multiple layers to learn intricate details in images. It is widely used for medical image classification due to its strong performance and relatively simple structure. Studies have shown that VGG16 can accurately classify brain tumors in MRI images, especially when combined with transfer learning [5].
- AlexNet: One of the earliest CNNs, AlexNet is known for its ability to handle large image datasets. It has been used in various brain tumor detection tasks, providing good results in terms of accuracy and computational efficiency [6].
- ResNet50: ResNet50 introduced the concept of residual learning, allowing deeper networks to be trained more effectively. This model is known for its ability to detect subtle patterns in medical images, making it suitable for detecting tumors that may be missed by simpler models [7].

H. Transfer Learning

Transfer learning is another significant development in brain tumor detection. In this approach, pre-trained models (such as VGG16, ResNet50, and Inception) are fine-tuned on brain tumor datasets. Since medical datasets are often small, transfer learning helps overcome the issue of data scarcity by using models trained on large datasets (like ImageNet) and adapting them to medical images [8]. This has been shown to improve accuracy and reduce training time significantly [9].

I. Data Augmentation Techniques

Data augmentation techniques are employed to increase the size of MRI datasets, which are often limited in size. Methods like rotation, flipping, scaling, and cropping are applied to existing images to create new variations, enhancing the model's ability to generalize. This is particularly useful in deep learning models, where large amounts of data are required for effective training [10].

J. Hybrid Approaches Using Deep Learning

Hybrid approaches combine traditional image processing techniques with modern deep learning models. For instance, some studies use image pre-processing techniques (such as filtering and noise removal) to enhance MRI images before feeding them into a deep learning model for classification. Others combine CNNs with other models, like Random Forest or SVM, to improve the final classification results [11].

K. Graph Neural Networks (GNNs) and Advanced Models

Recently, researchers have started exploring more complex models like Graph Neural Networks (GNNs) for brain tumor detection. GNNs are capable of learning from graph-structured data, which makes them suitable for analyzing the geometric and spatial relationships in MRI images.

This approach is especially useful when working with high-resolution medical images where spatial relationships are important for accurate tumor detection [12].

L. Generative Adversarial Networks (GANs)

GANs are employed for data augmentation by generating synthetic MRI images of brain tumors. This helps address the challenge of data scarcity in medical imaging, as GAN-generated images can be used to train deep learning models, leading to better generalization and higher accuracy in detecting brain tumors [13].

M. 3D Convolutional Neural Networks (3D-CNNs)

While most CNN-based models work on 2D images, 3D-CNNs have been developed to work with 3D medical imaging data, like MRI scans. These models take into account the spatial depth of the brain, improving the accuracy of tumor detection and segmentation by analyzing the full 3D structure of the brain [14].

N. Challenges and Future Directions

Despite the advances, challenges such as data availability, computational complexity, and model interpretability remain.

Ongoing research is focused on developing more efficient algorithms, improving data augmentation techniques, and creating hybrid models that can better handle the complexities of brain tumor detection.

There is also increasing interest in integrating AI-based models with real-time medical systems to assist healthcare professionals in making faster and more accurate diagnoses [15].

V. LIMITATION OF EXISTING SYSTEM

Despite the advancements in CNNs for brain tumor detection, several limitations exist:

Data Scarcity: Medical datasets, particularly for rare tumor types, are often limited, leading to insufficient training for deep learning models.

Class Imbalance: Many datasets have an imbalance in tumor classes, leading to poor model performance on underrepresented tumor types.

High Computational Costs: Training deep learning models like VGG16 requires significant computational resources, particularly when dealing with high-resolution medical images.

Generalization: Many models trained on specific datasets may not generalize well to different patient populations or imaging equipment.

VI. STUDY OF SOME RECENT TECHNIQUE

Transfer Learning with VGG16

Transfer learning is frequently used to fine-tune pre-trained models like VGG16 on MRI datasets for brain tumor classification, allowing for higher accuracy with limited data. Studies by Monirul Islam et al. (2023) demonstrated successful application in brain tumor classification using fine-tuned VGG16 models.

Ensemble Learning

Younis et al. (2022) used ensemble learning techniques to combine predictions from multiple deep learning models, improving overall performance in tumor detection.

GANs for Data Augmentation

Researchers have also explored Generative Adversarial Networks (GANs) to augment limited MRI datasets, generating synthetic images to train CNNs more effectively.

3D Convolutional Networks

Recent advancements include using 3D CNNs to analyse volumetric MRI data, improving the accuracy of tumor detection by considering the spatial context of brain images.

VII. PROPOSED WORK

This research proposes using the VGG16 deep learning architecture, pre-trained on ImageNet, to detect and classify brain tumors from MRI images. By fine-tuning the model using a brain tumor dataset, such as that from Kaggle (Nickparvar, 2023), and leveraging the Python Imaging Library (PIL) for image processing, the model aims to achieve high classification accuracy. The proposed system will include data augmentation using GANs to address class imbalance and scarcity issues. A comparative analysis of other CNN architectures like ResNet and Inception will also be conducted to evaluate their effectiveness in tumor detection.

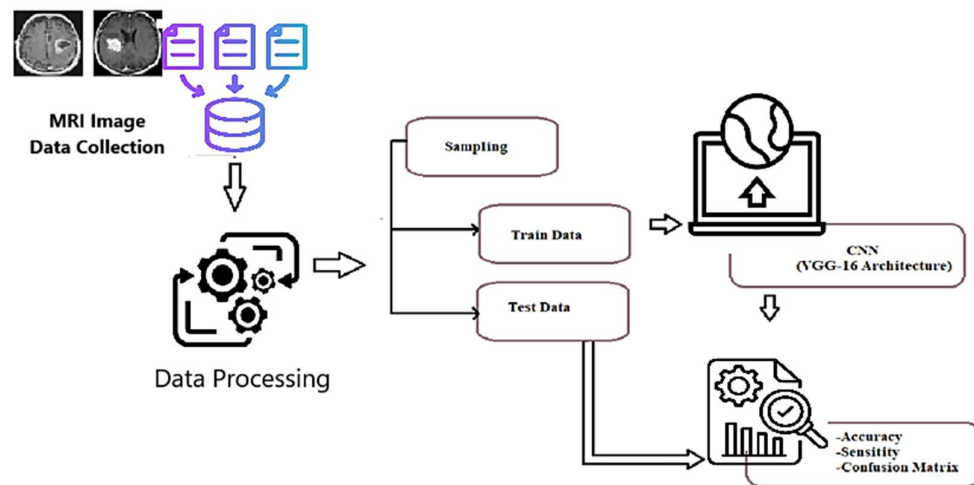


Figure 1. Proposed method

In this proposed research, we plan to process MRI (Magnetic Resonance Imaging) scans using Python's Imaging Library (PIL). The following operations will be carried out on the images obtained from the dataset during the processing phase.

Initially, the MRI images will be converted into PIL image objects. This will allow us to use the basic image manipulation functions provided by the PIL library. After that, we will apply random adjustments to the brightness and contrast of each image to improve the visibility of any abnormal cells in the MRI scans. By using the same adjustments across all images, we aim to highlight important details consistently.

Next, we will perform normalization on the MRI images to ensure that they are represented in a standardized way. This will be done by dividing the pixel values of each image by 255. After the images have been processed, we will implement the VGG16 algorithm to address the classification problem in this research.

We will start by setting the input size of the VGG16 model to 128 x 128 pixels, which matches the size of the processed images. We will exclude the final fully connected layer from the model to allow greater flexibility during training. Additionally, we will use pre-trained weights from the "imagenet" dataset, which contains over a million images, to improve the model's performance. To preserve the learned weights in the base layers, we will freeze all layers except the last three, ensuring they remain unchanged during training.

To build our model, we will add new layers on top of the pre-trained VGG16 layers. First, we will add a flatten layer to reshape the data into a single row. Then, we will introduce two dense layers and two dropout layers to prevent overfitting. The first dropout layer will drop 30% of the connections, while the second will drop 20%. The dense layers will consist of 128 neurons in the first layer, and the second layer will be set according to the number of unique labels in our dataset. We will also use a "softmax" activation function to convert the model's output into probabilities for each class.

Once the model has been trained and tested, it will be able to classify MRI images and provide a percentage estimate of the likelihood of a tumor being present in each image. The processed image, along with the classification result, will then be returned to the user. The next phase of our research will focus on evaluating the performance and accuracy of this approach.

VGG 16 Model: VGG16 is a popular and widely used deep learning model in the field of computer vision. It was developed by the Visual Geometry Group at the University of Oxford and is known for its excellent performance in image classification tasks. The name VGG16 comes from the fact that the model has 16 layers in total—13 convolutional layers and 3 fully connected layers.

The VGG16 model uses small 3x3 filters in the convolutional layers and also includes max-pooling layers, which help to simplify the structure of the images while still keeping important details. This design allows the model to understand complex patterns and features in the input images, which helps improve the accuracy of its classifications.

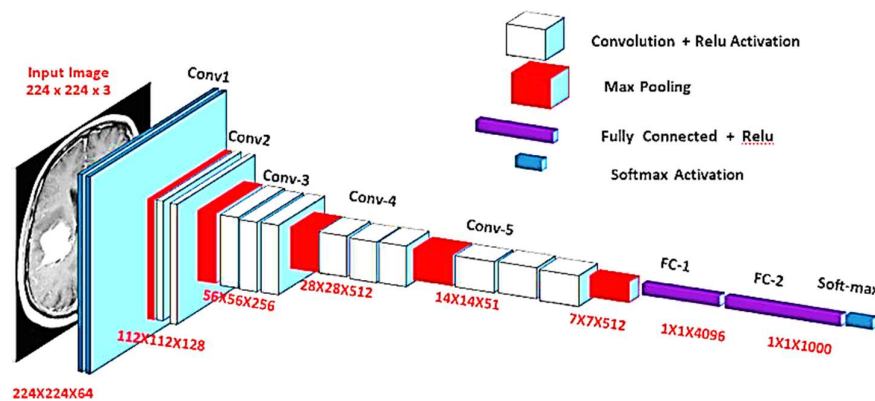


Figure 2. VGG16 model

One of the key strengths of VGG16 is its ability to learn different levels of information from images. It can recognize both simple features, like edges and textures, as well as more complex information, like shapes and structures. This makes it highly effective for tasks like object detection, localization, and image classification.

VGG16 has been used successfully in many areas of computer vision. It was originally introduced by researchers Zisserman and Simonyan, who showed that VGG16 outperformed earlier CNN models in image classification. One common use of VGG16 is in transfer learning, where the pre-trained weights of the model are used as a starting point for training on new datasets, even with limited data.

Overall, VGG16 is a powerful and reliable architecture for solving image classification problems, and it has become a standard tool in the field of computer vision, often serving as a reference for future research.

VIII. CONCLUSION

The use of VGG16 and deep learning algorithms for brain tumor detection shows great potential in improving diagnostic accuracy and speed. Despite existing limitations such as data scarcity and computational costs, combining advanced image processing tools like PIL with deep learning models can significantly enhance the effectiveness of automated brain tumor classification systems. Future work should focus on addressing dataset limitations and improving the generalization of models across diverse populations.

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