

QUANTIFICATION AND SEGMENTATION OF BREAST CANCER
DIAGNOSIS: EFFICIENT HARDWARE ACCELERATOR APPROACH

KHAIRULNIZAM BIN OTHMAN

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To my parents, wife and kids for giving me love, supports and encouragement.



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PT. ALTAUTUM
PERPUSTAKAAN ALTAUTUM AMINAH

ABSTRACT

The mammography image eccentric area is the breast density percentage measurement. The technical challenge of quantification in radiology leads to misinterpretation in screening. Data feedback from society, institutional, and industry shows that quantification and segmentation frameworks have rapidly become the primary methodologies for structuring and interpreting mammogram digital images. Segmentation clustering algorithms have setbacks on overlapping clusters, proportion, and multidimensional scaling to map and leverage the data. In combination, mammogram quantification creates a long-standing focus area. The algorithm proposed must reduce complexity and target data points distributed in iterative, and boost cluster centroid merged into a single updating process to evade the large storage requirement. The mammogram database's initial test segment is critical for evaluating performance and determining the Area Under the Curve (AUC) to alias with medical policy. In addition, a new image clustering algorithm anticipates the need for large-scale serial and parallel processing. There is no solution on the market, and it is necessary to implement communication protocols between devices. Exploiting and targeting utilization hardware tasks will further extend the prospect of improvement in the cluster. Benchmarking their resources and performance is required. Finally, the medical imperatives cluster was objectively validated using qualitative and quantitative inspection. The proposed method should overcome the technical challenges that radiologists face.

ABSTRAK

Kawasan eksentrik imej mamografi ialah ukuran peratusan ketumpatan payudara. Cabaran teknikal kuantifikasi dalam radiologi membawa kepada salah tafsir dalam saringan. Maklum balas data daripada komuniti, institusi dan industri menunjukkan bahawa rangka kerja kuantifikasi dan segmentasi telah menjadi kaedah utama untuk membina dan mentafsir mamogram digital. Segmen kluster algoritma mempunyai kemunduran dalam kluster bertindih, perkadaran dan penskalaan berbilang dimensi untuk memetakan dan memanfaatkan data. Digabungkan, kuantifikasi mammogram menciptakan kawasan tumpuan fokus yang berterusan. Algoritma yang dicadangkan mesti mengurangkan kerumitan dan pengedaran berulang titik data sasaran, dan menambah baik kluster pusat pengelompokan ke dalam proses kemas kini untuk mengelakkan keperluan storan yang besar. Segmen ujian awal pangkalan data mamografi adalah penting untuk menilai prestasi dan menentukan kawasan di bawah lengkung (*AUC*) mengikut dasar perubatan. Di samping itu, algoritma kluster imej baharu menjangkakan keperluan untuk pemprosesan bersiri dan selari berskala besar. Tiada penyelesaian di pasaran dan adalah perlu untuk melaksanakan protokol komunikasi antara peranti. Mengeksploitasi dan meletakkan penempatan tugas perkakasan akan mengembangkan lagi prospek penambahbaikan kluster. Sumber dan prestasinya perlu ditanda aras. Akhir sekali, pemeriksaan kualitatif dan kuantitatif digunakan untuk mengesahkan kluster imperatif perubatan secara objektif. Kaedah yang dicadangkan perlu mengatasi cabaran teknikal yang dihadapi oleh pakar radiologi.

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LIST OF SYMBOLS AND ABBREVIATIONS

c	–	The number of clusters
F	–	Denotes the distribution function
$f_x(x; \theta)$	–	Probability density function
I_i	–	The index set
J	–	A clustering objective
L	–	Iteration counter
m	–	Index of fuzziness
S_{ij}	–	Extra weighted
w_j	–	A weight
x_j	–	The vector in m -dimensional Euclidean
X	–	Data set
x	–	Data set
z	–	Complete metric space
z_i	–	A cluster center
β	–	A coefficient
μ_i	–	The membership functions
$\hat{\theta}$	–	Weighted mean
γ^*	–	Gross error sensitivity
2-D	–	Two-Dimensional
PFCM	–	Proficient Fuzzy C-Means
3-D	–	Three-Dimensional
AHB	–	Advance High-Performance Bus
AI	–	Artificial Intelligence
ALU	–	Arithmetic-Logic Unit
ANSI	–	American National Standards Institute
AMBA	–	Advanced Microcontroller Bus Architecture

ASIC	–	Application-Specific Integrated Circuit
AUC	–	Area Under the Curve
BI-RADS	–	Breast Imaging Reporting and Data System
BM	–	Bus Macros
BRAM	–	Block RAM
CAD	–	Computer-Aided Detection
CAGR	–	Compound Annual Growth Rate
CC	–	Craniocaudal
CREST		Collaborative Research in Engineering, Science and Technology Centre
CNN		Convolutional Neural Network
CPU	–	Central Processing Unit
CT	–	Computed Tomography
CUDA	–	Compute Unified Device Architecture
DCIS	–	Ductal Carcinoma In Situ
DDR	–	Double Data Rate
DDSM	–	Digital Database for Screening Mammography
DEL	–	Detector Element
DFF	–	D-Type Flip-Flops
DICOM	–	Digital Imaging and Communications in Medicine
DMA	–	Direct memory access
DP	–	Dual-Port
DPR	–	Dynamic Partial Reconfiguration
DSP	–	Digital Signal Processors
IC	–	Integrated Circuit
EBI	–	External Bus Interface
EM	–	Expectation Maximization
EPROM	–	Electrically programmable read-only memory
FCM	–	Fuzzy C-Means
FSM	–	Finite State Machine
FIFO	–	First In, First Out

FIPT	–	FPGA Image Processing Toolkit
FIR		Finite Impulse Response
FN	–	False Negatives
FP	–	False Positives
FPGAs	–	Field-Programmable Gate Arrays
FPL	–	Field-Programmable Logic
Gbps	–	Gigabits per Second
GE	–	General
GFLOPs	–	GigaFlop
GOA		Grasshopper Optimization Algorithm
GPP	–	General Purpose Processors
GPU	–	Graphics Processing Unit
GUI	–	Graphical User Interface
HDL	–	Hardware Description Language
HPC	–	High-Performance Computing
HPRC	–	High-Performance Reconfigurable Computing
HW	–	Hardware
I/O	–	Input / Output
IC	–	Influence Curve
ICAP	–	Internal Configuration Access Port
IDE	–	Integrated Development Environment
IEEE	–	Electrical and Electronics Engineers
IIR		Infinite Impulse Response
IP	–	Intellectual Property
IPC	–	Inter-Process-Communication
ISA		Instruction Set Architecture
ISE	–	Identity Services Engine
JTAG	–	Joint Test Action Group
LGA	–	Local Grey Level Appearance
LS	–	Least-Squares
LUT	–	Look-Up Table
MBD		Mammography Breast Density

MCU	–	Multipoint Control Unit
MIAS	–	Mammographic Image Analysis Society
MLO	–	Mediolateral
MMU	–	Memory Management Units
MOH	–	Ministry of Health
MPU	–	Microprocessor units
MRI	–	Magnetic Resonance Imaging
MSE	–	Mean Squared Error
NPI	–	Native Port Interface
NRE	–	Non-Recurring Engineering
OSes	–	Operating Systems
PC	–	Personal Computer
PCC	–	Pearson Correlation Coefficient
PEIPA	–	Pilot European Image Processing Archive
PFCM	–	Proficient Fuzzy C-Means
PHCM	–	Proficient Hard C-Means
PhD	–	Doctor of Philosophy
PIO	–	Programmed Input / Output
PR	–	Partial Reconfiguration
PRM	–	Partially Reconfigurable Module
PRR	–	Partially Reconfigurable Region
PSNR	–	Peak Signal-To-Noise Ratio
RAM	–	Random Access Memory
RAMB	–	RAM Block
RH	–	Reconfigurable Hardware
RICE	–	Region of Interest Contrast Enhancement
RNU	–	Regional Non-Uniformity
ROC	–	Receiver Operating Characteristic
ROI	–	Region of Interest
RTL	–	Register Transfer Level
SDRAM	–	Synchronous Dynamic Random Access Memory
SFTA	–	Segmented Fractal Texture Analysis

SIMD	–	Single-Instruction Multiple-Data
SoC	–	System-on-Chips
SoPC	–	System on a Programmable Chips
SPCNN		Simple Pulse Coupled Neural Network
SRAM	–	Static Random-Access Memory
SSE	–	Sum of Squares Due to Error
SSIM	–	Structural Similarity Index Measure
SVM		Supported Vector Machine
SW	–	Software
TN	–	True Negatives
TNM	–	The Tumour, Node and Metastasis
TP	–	True Positives
UART	–	Universal Asynchronous Receiver / Transmitter
UCSF	–	University of California, San Francisco
US	–	Ultrasound
VHDL	–	Very High-Speed Hardware Description Language
VLSI	–	Very Large Scale Integrated Circuits
xSPI		Expanded Serial Peripheral Interface
ZBT	–	Zero Bus Turnaround



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CHAPTER 1

INTRODUCTION

1.1 Introduction

Medical imaging is an essential tool in modern medicine, but it is also one of the most challenging fields to master, with virtually limitless potential. Computer-Aided Diagnosis (CAD) is widely used in mammography, but advances in segmentation and clustering have improved the accuracy of predictions (Qi *et al.*, 2020). Advances in mammography equipment are always important when it comes to medical imaging requirements. According to Anton *et al.* (2021), mammography is a time-consuming procedure that may require up to eight (8) sessions. Neelam Siddiqui stated that procedure on the symptoms and treatment plan of breast cancer is essential for future generations. Meanwhile, the breasts are submerged in water or gel, bypassing breast pressure, which makes routine mammograms uncomfortable and even difficult for some women (Dhamija & Khandelwal, 2022; Atiq & Buzdar, 2021; Dzidzornu *et al.*, 2021). Multiple CAD readers support the sensitivity of calcifications in their performance, rate of cancer detection rate, and stage of diagnosis, as well as emerging technologies in this lateral study, bringing out the importance of identifying micro-calcification (Azam *et al.*, 2021; Hamed, *et al.*, 2021). Breast cancer research by Wang *et al.* (2021) and Carter *et al.* (2020) shows that with the right information, the speed and effectiveness of results are expected to improve over time, as the right information ensures innovation.

Multiple CAD readers support the sensitivity of calcification in its performance, increase cancer detection rate and stage of diagnosis, as well as the new technique in this cross-sectional study that highlights the importance of identifying micro-calcifications. Mammography requires great care in real-time image acquisition

and evaluation. However, most computerized mammography image applications typically manage large amounts of information. Norsa'adah *et al.* (2021) revealed an interesting reality about this problem. This is consistent with data obtained from the University of Malaya Medical Centre, a mid-sized rehabilitation facility with about 1,050 beds and screening about 30,000 patients annually. For each case, the screener provided approximately 110 megabytes of information in a digitized simple image environment and approximately 25 megabytes of data for direct computerized events. This means that the radiographic measure created per year is 4.05 TB, or approximately 11 GB per day. Screening is complete within 45 minutes. The radiologist then interpreted it within seven (7) to ten (10) days of work.

To further highlight the themes and challenges in the healthcare sector in 2020, there were more than 29,530 cancer deaths in Malaysia in 2020, most of which were due to breast cancer. According to a poll released by the Global Cancer Observatory, the number of new cases (men, women, and children) in Malaysia in 2020 showed that there were 48,639 cases of cancer in Malaysia, with breast cancer accounting for 17.3% (8,418 cases), as shown in Figure 1.1. Polls show that breast cancer ranks first among 36 specific cancer types and all cancers (CANCER TODAY, 2021). This hypothesis reveals that they impartially investigate, mediate and assist when all routine avenues have been exhausting. Genuine attention to this matter is critical for reducing the risk of death from breast cancer. Then, there is the implication of how the most effective countermeasures are developed and investigated.

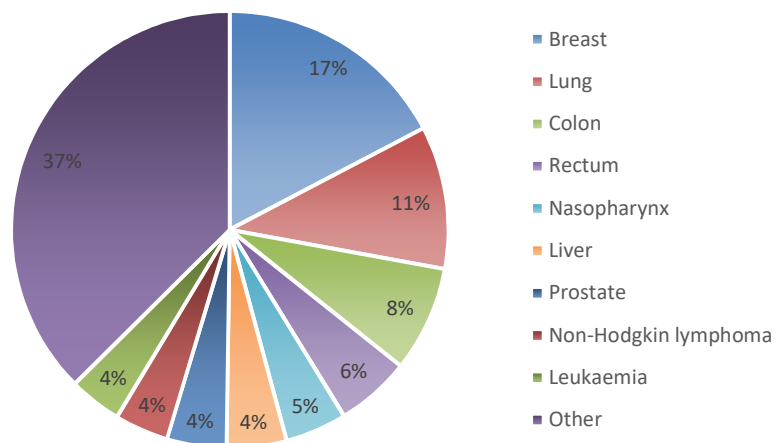


Figure 1.1: The number of new cases in Malaysia 2020, both sexes, all ages (CANCER TODAY, 2021).

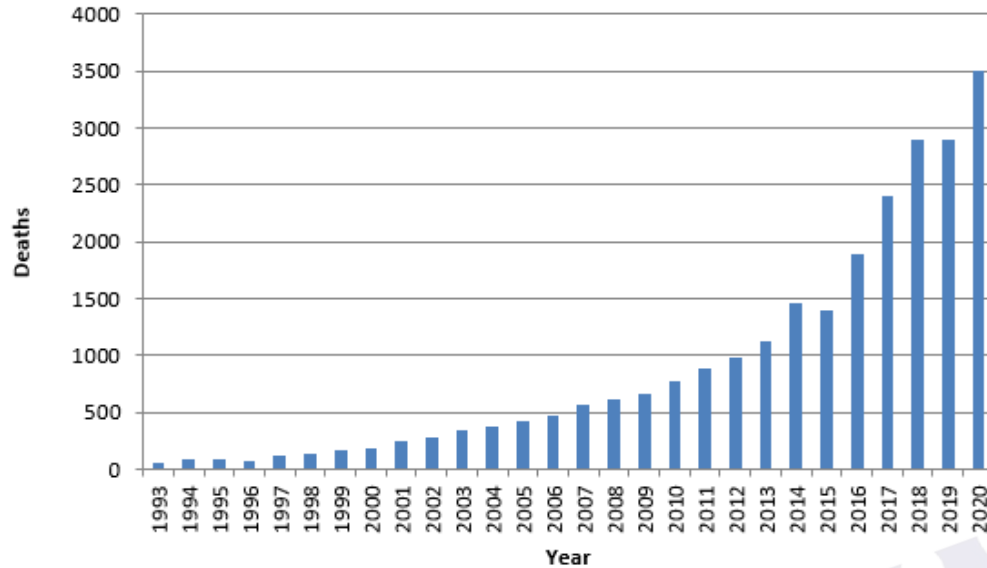


Figure 1.2: Breast cancer Statistics (Ghee *et al.*, 2014, CANCER TODAY, 2021).

According to the annual statistics from the Global Cancer Observatory, the risk of dying from cancer in Malaysia has increased over the past 28 years, as shown in Figure 1.2. In addition, about 26% of breast cancer patients are under the age of 45, which is an alarmingly young age for such a disease (CANCER TODAY, 2021). Nevertheless, not an explicit age or specific frequency, the population within its control is impacted by the availability of interpreters in their medical facilities. The younger generation in urban areas makes use of this facility, whereas the elderly in rural areas prefer traditional discourse. About 30% to 40% of advanced patients have tiny tumours, but this does not mean a substantial reduction in size (CANCER TODAY, 2021).

Quantitative constraints clearly differentiate benign and malignant tumors based on radiological data. Radiologists use digital mammography and CAD support to discover and scan irregular density ranges. However, due to limitations in processing power and supervised learning, most CAD fails in tiny breast tissue in the irregular density range, especially at early stages (Batchu *et al.*, 2021). This digital medical image preparation (shown in Table 1.1) covers the major factors (such as super-resolution, filtering, sensitivity, transition, compression, parallelism, architecture, precision data, and deep learning) in the varying composition of density mapping results. This major factor comes from the review by Hassan *et al.* (2022) and Mohammed *et al.* (2021), on how to improve CAD using significant developments in machine learning and image processing techniques. From here, this study selects the

best results from an improved technical perspective based on the preferences of society, leading industry, and academia.

Table 1.1: Major factor in digital medical image preparation.

No	Reference	Research in digital medical image preparing
1.	Boudraa <i>et al.</i> , 2020	The super-resolution reconstruction improves distinguishing feature extraction but results in a large number of observed classes.
2.	de Santana <i>et al.</i> , 2021	This technique uses image filtering to improve classification but is not suitable for detecting breast lesions.
3.	Henriksen <i>et al.</i> , 2019	Case studies using Computer-Aided Detection (CAD) improve sensitivity in screening but require a longer follow-up period.
4.	Farber <i>et al.</i> , 2021	When data from multiple screens were combined in case studies involving the transition from film to digital mammography, there was no difference in interpretation.
5.	Jo <i>et al.</i> , 2021	The impact of compression on the model's classification performance is presented, but only for binary classification.
6.	Forooshani <i>et al.</i> , 2021	The use of machine learning algorithms to identify abnormal lesions in mammography images increases sensitivity to noise.
7.	Abdou, 2022	According to their review, the Deep Neural Network architecture is still in its early stages for medical image processing analysis, requires extensive training time, and may lead to overfitting.
8.	Huang & Lin 2021	The accuracy of data of the computer method decreases as the density of the breast increases.
9.	Sahiner <i>et al.</i> , 2019	There are still ongoing research challenges designed to reduce large data sets in medical imaging without implementing such architectures and algorithms.

Table 1.2: Trends in image analysis.

Refs.	Applications						Image		Implementations		
	1	2	3	4	5	6	2-D	3-D	HW	SW	MM
Sharma <i>et al.</i> 2019		✓	✓		✓		✓		✓		
Radzi <i>et al.</i> 2020		✓			✓		✓			✓	
Almaremi, 2020	✓	✓		✓	✓	✓	✓				✓
Jo <i>et al.</i> 2021	✓	✓					✓				✓
García <i>et al.</i> 2021		✓	✓				✓	✓	✓		
MehmoodGondal <i>et al.</i> 2021				✓			✓				✓
Ketabi <i>et al.</i> 2021		✓		✓			✓				
Al-Rubaye 2021		✓			✓		✓				✓
Das <i>et al.</i> 2021		✓			✓		✓				✓

Note:

HW: Hardware, SW: Software, MM: Mammography Machine 1: Compression,

2: Segmentation and cluster, 3: Registration, 4: Enhancement and de-noising,

5: Quantification, 6: Others.

As a result, Table 1.2 depicts the current state of image analysis in order to identify the appropriate applications and implementations. All of these works are categorized based on the following criteria:

1. The majority of medical image processing applications are constituted of compression, enhancement, registration, segmentation cluster, de-noising, quantification;
2. Hardware design and development, software simulation, and algorithm creation and optimization are all examples of system implementation.; and
3. Types of images utilize Two-Dimensional (2-D) and Three-Dimensional (3-D).

Given the trend of research in medical image processing conducted by leading experts in the field, the following conclusions are reached:

1. The use of digital medical images is increasing dramatically because of the remarkable benefits that they provide not only for diagnostic assistance but also for planning and surgical radiotherapy procedures.
2. This application has dominated most of the work reported, with significant contributions in segmentation and clustering, as well as registration aspects. A gap between the programming models, accelerators, and sizes identified.
3. The progression of both algorithm development and hardware implementation aspect is established from cross intra-disciplinary advancement.

Their investigation required an architectural phase, including programming and hardware expansion. Computer analysis can solve some of these problems, and it was found that most of the foundation's operations contained hyper-parameters. (Martin *et al.*, 2021; Reddy & Das, 2020). Unlike explicit spectral ranges, improvements in the speed of medical image processing hardware have given rise to a great deal of consideration for innovative work. Until now, building a dedicated hardware accelerator required creating a special front-end program that communicated with the accelerator at the same time. This procedure is tedious and limits the adaptability of both the software and the hardware.

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