

Multi-scale segmentation for detecting mass in mammograms using deep learning techniques

¹Seema Sajnure, ²Dr. Deepa Deshpande
¹Student, ²Professor
 Jawaharlal nehru engineering college

Abstract - This paper tends to the issue of fragmenting an image into the segment. We characterize a predicate for estimating the proof for a limit between two districts utilizing a diagram based portrayal of the picture. We at that point build up an efficient division calculation dependent on this predicate and demonstrate that in spite of the fact that this calculation settles on ravenous choices it produces divisions that fulfill worldwide properties. We apply the calculation to picture division utilizing two different sorts of nearby neighborhoods in building the chart and show the outcomes with both genuine and engineered pictures. The calculation keeps running in time about straight in the number of chart edges and is additionally quick by and by. A significant normal for the strategy is its capacity to safeguard detail in low-changeability picture districts while overlooking points of interest in high-fluctuation locales. Convolution Neural Networks (CNNs) are investigated in the context of computer-aided diagnosis (CADx) of breast cancer. State-of-the-art CNNs are trained and evaluated on two mammographic datasets, consisting of ROIs depicting benign or malignant mass lesions. The performance evaluation of each examined network is addressed in two training scenarios: the first involves initializing the network with pre-trained weights, while for the second the networks are initialized in a random fashion. Extensive experimental results show the superior performance achieved in the case of fine-tuning a pre trained network compared to training from initial stages respectively. Our purpose is to develop a mammography-based DL breast cancer risk model that is more accurate than established clinical breast cancer risk models. We propose a novel approach for detecting and segmenting breast masses in mammography based on multi-scale morphological filtering and a self-adaptive cascade of random forests (CasRFs). CasRFs can cope with severe class imbalance by adding layers to the cascade until a minimum number of false-positives (FPs) is reached.

keywords - cancer,mammogram,machine learning ,svm

I. INTRODUCTION

Recent studies show that breast cancer is the most common cancer among women [1], which accounts for about one-third of all newly diagnosed cancers in the United States. [2] The death rate from breast cancer is also high Because it represents 17% of cancer-related deaths in general. [3] Early detection and evaluation of breast cancer are especially important when Reducing mortality Mammography is the most useful tool for detecting the general population. However, the correct examination and diagnosis of breast lesions alone depends on the results of the breast examination being difficult and depends on the experience of many radiologists, which leads to many false tests. And additional testing [4]. Computer-aided detection and diagnosis (CAD) systems have been used to provide important assistance in the radiological decision-making process. Such systems can reduce the amount of effort required for the evaluation of lesions in clinical practice while reducing the number of false-positive results that lead to unnecessary and inconvenient tissue cutting. Mammogram testing can handle two different tasks: detecting suspected lesions on a mammogram (CADE) and diagnosing a detected disease (CADx). Is the Classification of cancer or cancer. Deep learning has been a technology that has made great progress in recent years, as it demonstrates superior performance in machine learning in the various machine learning tasks. The detection and classification of objects In contrast to the general method of machine learning, which requires a process to extract handmade features, which is a challenge, since it depends on the domain knowledge, the deep learning method learns the extraction process. Of the appropriate input characteristics About target output, This will eliminate the tedious process of engineering and inspection of the ability to distinguish characteristics while facilitating the repetition of methods. Since the appearance of deep learning, many works have been published, which make use of in-depth architecture. [5] The most common deep learning architecture is the neural network (CNN), Arévalo and the faculty. [6]] Test multiple CNNs and compare them with hand-made descriptors for overall diagnostic tasks. Their experiments were carried out in the BCDR-FM data set. They reported performance improvements with a combination of learning and handmade representations. However, the author has not tested the effectiveness of the previously trained networks and uses a simpler CNN architecture. Carneiro and the faculty [7] used the previously trained CNN, which was precisely adjusted using non-mammograms. Have registered and They evaluated the risk of developing breast cancer. According to BIRADS, they came to the conclusion that the trained model was randomly better than Huynh et al. [8] using AlexNet that has been Training beforehand [9] without many adaptive diagnoses They analyze the performance of the classification using the characteristics of multiple middle layers of networks that use SVM for classification. They compare their results with two methods: classifiers that work with handmade styles and a set of both using gentle voting, hybrids, and faculty. [10] The proposed scheme at the CNN that has been Previous training was done in a subset of the DDSM database and then extracted the characteristics of the mass of the various layers of this model. In this way, receive the "high level" and "medium" characteristics that correspond to different scales.

Two linear SVM classifiers are trained for one decision procedure for each group of their characteristics and predictions to be combined. Levy and Jain [11] classified the images using AlexNet and GoogleNet, they compare learning by transfer with training from the outset, finding that in the past, superior results were obtained. It is noteworthy that they examined the effects of the context of the data, concluding that cutting large-sized fixed-edge boxes around the incision are more effective when compared to proportioning cuts by Ting and the faculty [12]. Create and train their nets for breast mass classification from the start. The network consists of 28 layers and is fully connected and feeds from the ROI of the proposals detected by a single bullet detector. They conducted experiments in the MIAS Rampun database and faculty, [13] using a set of AlexNet trained and pre-tuned versions in CBIS-DDSM. During their inference, they chose all three versions as well. The best performance and combine their predictions. Most modern jobs propose to use a network that has been trained before training from the start. However, the advanced network is designed and tested in a more diverse set of data in different ways and larger commands than the existing Mammogram data set. many As a result, the capacity, and complexity of such networks can exceed the needs of a small data set, which leads to a significant impact when training from the start. As a result, many works have appeared that the author offers training from the start.

Taking into account the above, in this document, we examine the performance of various networks. We compare the performance of each network in two situations: the first is about starting a pre-trained weight training, and the second, a network beginning with random weights.

II. RELATED WORK

Alex Net [9] is a neuron network. The first convolutional (CNN) that shows performance beyond state of the art in object detection and classification. As shown in Figure 1, the network has eight layers. The first five are convolutional. And the remaining three are completely connected. The first layer of the network filters the input image (size 224×224) with 96 cores 11×11 with step 4 pixels. The depth of these image cores is equal to the number of input image channels. The second layer is used as the input to the output of the first layer. After normalization of the local response and the maximum grouping is applied, it is filtered with $5 \times 5 \times 96$ 256-sized nuclei. The third, fourth, and fifth layers are connected. There is no grouping or medium standard. The third layer has 384 grains of $3 \times 3 \times 256$. The fourth layer has 384 grains of $3 \times 3 \times 384$ grains and the fifth layer has 256 grains of $3 \times 3 \times 384$ on the top. Of class convolutional, The layer connects completely with 4096 neurons each. The number of neurons in the third class that is fully connected is equal to the number of classes. However the above work has considerable limitation such as A false-negative mammogram looks normal even though breast cancer is present. A false-positive mammogram looks abnormal even though there's no cancer in the breast.

Along with the unique architecture of the network, the author [9] also introduced some new features that greatly helped the network's ability to learn and talk in general. The most important feature is that they replace the activation function of standard neurons. (Logistic and hyperbolic tangent functions) with the modified linear function $f(x) = \text{maximum}(0, x)$. The neurons that use this activation function are called The modified linear unit (ReLU). The advantage of this activation function is that it charges unsaturated nonlinear values in contrast to saturated sigmoidal functions for large values. This will provide better gradations with better calculation performance. ReLU was created as a standard option of the activation function for CNN. The author also recommends the standardization model in Depth for each position of the map, features created by layers. This type of response adjustment creates competition for large-scale activities between neuron results calculated using different cores while LRN is used and combined. Into many other network architectures. It was removed from AlexNet in a later publication. [14].

However this work has following limitation, The odds of a false-positive finding are highest for the first mammogram. Women who have past mammograms available for comparison reduce their odds of a false-positive finding by about 50%. An extremely important aspect of the training is the use of attrition [15] (with a 0.5 probability) for all three connected layers. This technique consists of zeroing the output of each hidden nerve cell with certain probabilities. The selected neurons do not contribute to moving forward or for retroactive diffusion. Therefore, in each practice, different architectural samples are sampled. The abandonment technique acts as a regulation to force the network to learn important features. But will increase training time.

The authors [16] have examined the effects of network depth while maintaining a small conversion filter, they show that significant improvements can be made by pushing the depth to the 16th floor. -19 Input to layers convolutional It is a 224×224 fixed-size image. The image is passed through the layer stack. convolutional By activating ReLU by using filters with very small openings (3×3), moving forward with matching is still 1. The spatial combination is carried out by the highest profit consolidation layer. The five layers, which are implemented after some layers of transformations, as well as the AlexNet stack of three fully connected layers, will be at the top of the section. The advantage of VGG is that it adds layers. Convolutional Multi-layer with a small granularity, enabling the receiving field to increase network efficiency while reducing the number of parameters compared to using layers Convolutional With fewer seeds in the same open field The author tests configurations of various levels of different depths (9, 11, 16 and 19 layers). In one of the configurations, 1×1 filters are used, which can be seen as a linear transformation. Line of input channel This is a way to increase the nonlinearity of the decision function without affecting the open field of the layer. convolutional One configuration also includes the LRN layer as reported in the paper.

GoogLeNet [17] is the first implementation using the Inception module. The main idea behind this module is based on the author's findings of how sparse structures in space can be estimated by dense components. Their goal is to find the best local structure and repeat it. Build a multi-layer network. The Inception module consists of four branches that receive the same input. The first branch filters the input with a 1×1 conversion, which acts as Linear conversion on input channels. The second and third branches perform 1×1 kernel convolutions to reduce the dimensions followed by the 3×3 and 5×5 seed layers respectively. The fourth branch carries the maximum profit, followed by finally twisting with 1×1 seed. The results of each branch will be concatenated and entered as input to the next block. GoogLeNet is created by nesting nine Inception modules in the selected location. The highest aggregated layer will be placed between the initial modules. To reduce the dimension of the map, the GoogLeNet property worth observing is the combination of supplementary classifiers. Based on the assumption that the middle class of CNN should establish classification features, the author added simple classifiers. (Two fully connected and

softmax layers) that work with properties created by the midpoint of the network Losses calculated by these classifier decisions will be used during the rear propagation process to calculate additional gradients that support the training of the relevant layers. At the time of inference, the extra classifier was canceled.

In the following publications, [18] a modified version of the registration module was presented with a slightly modified network architecture. The author proposed Batch Normalization (BN) and included in the Inception BN network. Techniques that normalize parts of an architectural model The author claims that BN helps with higher learning rates and easier startup techniques without experiencing side effects. According to BN, all images of the current mini-batch will be reduced in size so that Has an average of 0 and a variance of 1, so linear transformation is a parameter that is learned through the training process The network used in [18] is Inception-v2, a small modification to Google Net. In addition to the integration of BN, the most significant change is the 5x5 layer of the registration module being replaced by two consecutive sequences.

Limitations of this method is eliminated by way of combing neighboring tiles with the use of bilinear interpolation. Authors has referred to consequences of test to enhance digital mammogram using CLAHE method.

The remaining networks (Resets) [19] consist of layers. convolutional Which has been reformed, which is currently learning the rest of the function with reference to input The author confirms that this type of network is easy to adjust and can increase the depth greatly. Operation of The "remaining blocks" as described in [19] are straightforward: for every Convolutional layer, a "Shortcut Connection" layer will be added. Layer results convolutional Will be added to the output of the branch shortcut, and the results will be propagated to subsequent blocks (Fig. 4). In addition to using the shortcut connection, the network architecture is inspired by the philosophy of the VGG network. Is essentially the Convolutional layer. All have a small seed size of 3×3 and follow two simple design rules: (i) for the size of the map, the output characteristics are the same (ii) when the feature mapping size is reduced by half (With the dual layer of stride 2), the number of filters is doubled to maintain the complexity of time per layer. The author tests architecture with different depths in the range of 34 to 152 layers.

Proposed System:

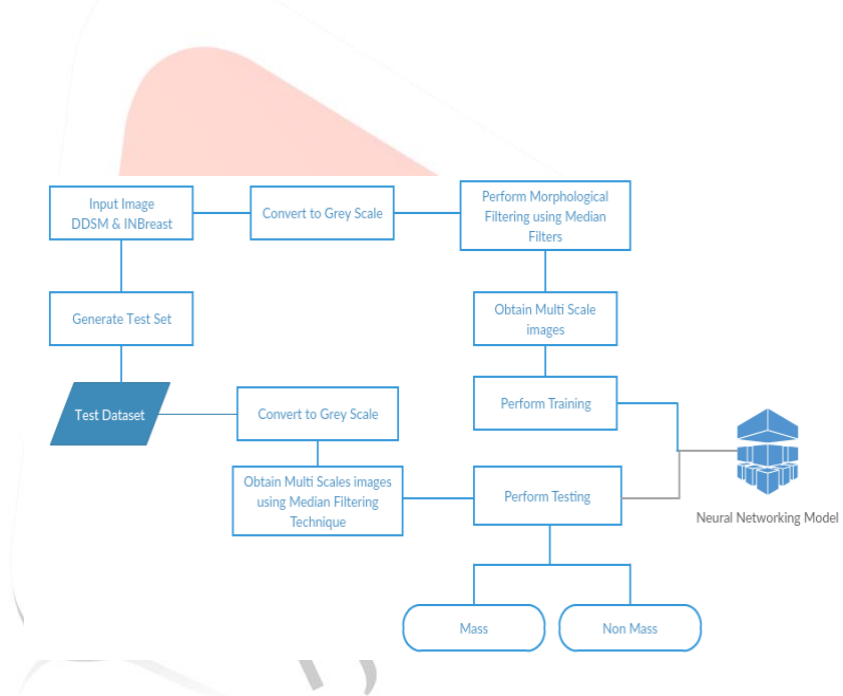


Fig 1.1 Proposed System Flow

III. DATA AUGMENTATION

In deep learning techniques, NN models need to learn a lot of parameters. The chances of overfitting the training data are increased due to the complexity of the model. Adding data is an upright way to avoid this. [33] It creates new preview images using transformations such as flipping, rotating, and many other transformations with real data samples. For every image, we created a new preview image. Seven images using a 90-degree rotation and a combined 270 degrees and 270 degrees, so the resulting data set will have seven times more images than the original database

IV. ENHANCEMENT OF DIGITAL MAMMOGRAMS

Adaptive Histogram Equalization (CLAHE) [16] is used to increase the deterioration of sharpness in some mammogram images. The pixel intensity will be converted to value within the proportional display range of the pixel intensity rank in The CLAHE area intensity histogram is a special case of the Adaptive Histogram Equalization (AHE), in which images are adjusted by the user, determining the clip level is the local histogram height and the increase factor. The most obvious In this technique, improvements are made on very small discs, so the overhang due to noise or edge shadow effect is very low compared to AHE. The CLAHE method was originally developed to reduce the shadowing of edges and sounds that occur in homogeneous areas

in the medical image. [18] This method is used for improving digital mammograms [1–7] and showing improvements. Good with the quality of mammograms images.

An input image I with dimensions $M \times N$, is divided into small blocks. CLAHE is then used to enhance the contrast of each block. Finally, the bilinear interpolation is used to combine the neighboring blocks back into whole images.

The steps in CLAHE are described as below:

- (1) Images patches are divided into nonoverlapping blocks of size 8×8 .
- (2) The histogram of each block is calculated.
- (3) For contrast enhancement of patches, a clip limit of histogram, $t = 0.001$, is set.
- (4) After clipping the threshold value the histogram is redistributed.
- (5) Every block histogram is modified by the following transformation function:

where $pt(A_i)$ is the probability density function of the input patch image grayscale value at i and is define as where m_i is the gray scale value of input pixel i and m is the total number of pixels in a block.

- (6) Bilinear interpolation is used to combine the neighboring blocks in each patch. The gray scale value of the patch is also changed according to the new histogram.

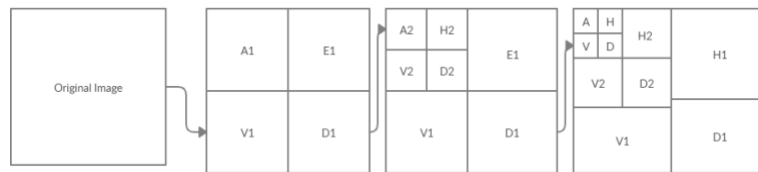


Fig 1.2 Discrete Wavelet Transform Process with LBP Process

A two-dimensional DWT consists of down samplers and digital filter banks. The digital filter banks comprise low pass filter $f(n)$ and high pass filter $k(n)$. The number of banks depends upon desired resolution of the application [17]. As the mammogram images are two-dimensional signal, the DWT can be computed by separable wavelet functions. As shown in Figure 3, the columns and rows of the image are distinctly processed over the one-dimensional wavelet transform to establish the two-dimensional DWT. In frequency domain the enhanced image E is decomposed into sub band images at resolution $2j+1$. B_a is the approximation of the image. B_d , B_h , and B_v are three detailed sub band images in diagonal, horizontal, and vertical, directions, respectively. As a result of wavelet decomposition the image I decomposed into four sub band components like High-High (HH), High-Low (HL), Low-High (LH), and Low-Low (LL), which correspond to sub images that are B_a , B_d , B_v , and B_h , respectively.

V. DISCRETE CURVELET TRANSFORM

Discrete curvelet transform is an image representation technique used in computer vision. It was proposed by Candes and Donoho [21]. DCT codes image edges more efficiently than wavelet transform and it has useful geometric features that can be used as a feature vector in medical image processing. Eltoukhy et al.[22] have used DCT for the mammogram images. Let L be a function that has a discontinuity across a curve and is smooth otherwise, and consider approximating L from the best n -terms in the expansion.

In the next step we use CNN to learn features from the data set matrix M . CNN has proved its importance in classification of images by its significance results. CNN has a multilayered architecture, consisting of a convolution layer followed by a maximum pooling layer. The number of layers depends upon the designer. The output of final maximum pooling layer is fed to a fully connected layer that works like MLP which is further forwarded to Softmax layer.

The pooling layer is used for dimensionality reduction in the convolution layer. Mostly used pooling layer algorithms are average pooling, mean pooling, and maximum pooling. During the training, the dropout algorithm will be applied by randomly disabling the neurons, with a normally dropout ratio between 0.3 and 0.6. The final layer of CNN is a soft max layer that contains the output neuron according to the number of classes of the problem, which is assigned a confidence score. The two Convolutional and max pooling layers will be used with a kernel size of 2×2 . Convolutional layers have 16 kernels with size of 7×7 and the second layer uses kernel sized 5×5 . Then, a fully connected neural layer is used. The dropout ratio in the experiment is 0.55. Softmax layer is used to train CNN for classification.

VI. EXPERIMENTAL SETUP

The DCNN is pre-trained firstly using the ImageNet dataset, which contains 1.2 million natural images for classification of 1,000 classes. Then, the last fully connected layer is replaced by a new layer for the classification of two classes; benign and malignant masses

To retrain the AlexNet after fine-tuning the fully connected layer to two classes, some parameters must be set; the iteration number and the primary learning rate are set to 104 and 10^{-3} , respectively. Whereas, the momentum is set to 0.9 and the weight decay is set to 5×10^{-4} . These configurations are to ensure that the parameters are fine-tuned for medical breast cancer diagnosis. Other parameters are set to default values. The optimization algorithm used is the Stochastic Gradient Descent with Momentum (SGDM).

the ROI is classified as either benign or malignant according to the features. There are lots of classifier techniques, such as linear discriminant analysis (LDA), artificial neural networks (ANN), binary decision tree, and support vector machines (SVM). In

this manuscript, the SVM is used because it achieved high classification rates in the breast cancer classification problem. SVM is a machine learning algorithm that analyses data for classification, and it is a supervised learning method that sorts data in categories. The aim of SVM is to formulate a computationally efficient way of learning by separating hyper planes in a high dimensional feature space (Gunn, 1998). There are many hyper-planes that could classify two data sets. The optimum hyper-plane that should be chosen is the one with the maximum margin. The margin is defined as the width by which the boundary could increase before hitting a data point. The support vectors are considered the data points that the margin pushes up. Thus, the goal of the SVM is to find the optimum hyper-plane that separates clusters of target vectors on the opposing sides of the plane.

Evaluation

There are several evaluation tools to assess a classifier amongst them, is the confusion matrix, the accuracy, the receiver-operating curve (ROC), the area under the ROC curve (AUC), the precision, and the F1 score.

Table 1 Confusion Matrix

Class label	Normal	Abnormal
Normal	TN	FN
Abnormal	FP	TP

The confusion matrix is a specific table visualizing the performance of the classifier. Usually, in the field of machine learning a confusion matrix is known as the error matrix. An image region is said to be positive or negative, depending on the data type. Furthermore, a decision for the detected result can be either correct (true) or incorrect (false). Therefore, the decision will be one of four possible categories: true positive (TP), true negative (TN), false positive (FP), and false negative (FN). The correct decision is the diagonal of the confusion matrix. Table 1 provides an example of the confusion matrix for two classes classification.

The accuracy is the measure of a correct prediction made by the classifier. It gives the ability of performance of the whole classifier. The accuracy is defined as in key Index Parameters for Result Classification:

Table 2 Key Index Parameters

Precision	$P = TP / (TP + FP)$
Recall	$R = TP / (TP + FN)$
Accuracy	$tp + tn / tp + tn + fp + fn$

Table 3 Implementation Details

Test Samples	Class Label	Accuracy	Precision
210	Malignant	91.35	90.88
440	Normal	96.66	93.22

Table 4 Average Value of Malignant Image Set

Precision	Accuracy	Specificity
98.4139	95.9865	94.0855
90.4309	95.5741	99.6959
99.7039	97.8324	95.5391
90.4950	90.5358	92.1611
99.9964	91.4420	97.3736
94.2635	91.8076	93.1674
92.2770	95.9902	94.9896
94.5907	90.3096	90.8936
97.9645	94.6391	92.3530
99.4775	99.1254	91.7873

Table 5 Average Value of Normal Image Set

Precision	Accuracy	Specificity
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93.7790	97.5120	96.9734
98.6983	96.4686	97.0708
98.0235	95.1621	94.8210
97.9877	92.2493	94.3267
99.3892	99.5826	93.1584
98.1561	93.3102	93.4469
97.9677	98.8899	93.9771
95.0892	92.8255	94.5549
93.4994	91.0654	90.8995
95.7314	99.6745	99.5474

Table 6 Average Value of Benign Image Set

Precision	Accuracy	Specificity
96.3795	92.4593	91.2072
96.1580	98.8619	96.4322
98.4139	95.9865	94.0855
98.3244	99.1288	98.3757
96.3198	93.7861	96.8985
98.5398	96.4165	92.6473
95.0892	92.8255	94.5549
97.3942	99.7639	93.6586
95.0892	92.8255	94.5549
90.9340	94.0857	92.8225

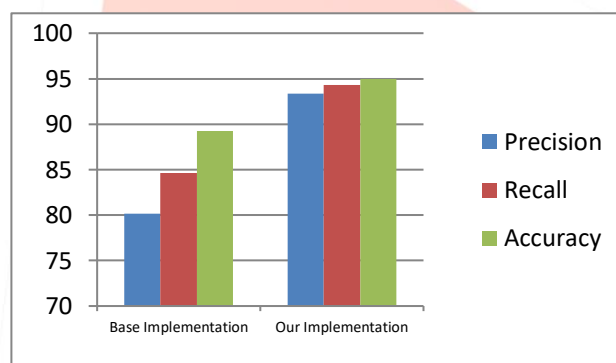


Fig. 1.3 Graphical Comparison with existing system.

CONCLUSION

Our system intends to give better performance, and it will be very helpful for the medical people in detecting tumor in breast. Also we have proposed methodology that can help rural people to find out the tumor occurrence in mammogram image. Our system has potential of improving physician diagnostic performance. Mass detection systems and segmentation according to the division of multiple scales and randomly stacked forests were proposed and evaluated in public data sets. By combining morphological filtration and grouping, the system can produce relatively accurate division of lesions. Our implementation can cope with high imbalances between mass samples and non-mass samples by creating RF coherent learning structures. In this paper we applied a Machine Learning Technique with 16 weight layers for classification of normal and abnormal mammograms. It can be seen that network presentation of depth is very efficient, and we achieved near to 100% accuracy for our custom classification approach. Also, implementation of VGG16 on larger dataset is under investigation and results would be worked upon in near future.

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REFERENCES

- [1] Deepa S. Deshpande, Archana M. Rajurkar and Ramchandra R. Manthalkar L.C. Jain et al. (eds.), Computational Intelligence in Data Mining - Volume 1, Smart Innovation, Systems and Technologies 31, DOI 10.1007/978-81-322-2205-7_37
- [2] A. Oliver, J. Freixenet, J. Martí, and E. Pérez, "A review of automatic mass detection and segmentation in mammographic images," *Medical image analysis*, vol. 14, no. 2, pp. 87-110, 2010.
- [3] J. A. Schnabel, M. L. Giger, and N. Karssemeijer, "Breast Image Analysis for Risk Assessment, Detection, Diagnosis, and Treatment of Cancer," *Annual Review of Biomedical Engineering*, vol. 15, pp. 327-357, 2013.
- [4] M. Gromet, "Comparison of computer-aided detection to double reading of screening mammograms: review of 231,221 mammograms," *American Journal of Roentgenology*, vol. 190, no. 4, pp. 854-859, 2008.
- [5] B.-W. Hong and B.-S. Sohn, "Segmentation of regions of interest in mammograms in a topographic approach," *IEEE Transactions on Information Technology in Biomedicine*, vol. 14, no. 1, pp. 129-139, 2010.
- [6] N. Dhungel, G. Carneiro, and A. P. Bradley, "Automated Mass Detection in Mammograms using Cascaded Deep Learning and Random Forests," in *Digital Image Computing: Techniques and Applications (DICTA), 2015 International Conference on*, 2015, pp. 1-8: IEEE.
- [7] L. Liu, J. Li, and Y. Wang, "Breast mass detection with kernelized supervised hashing," in *2015 8th International Conference on Biomedical Engineering and Informatics (BMEI)*, 2015, pp. 79-84: IEEE.
- [8] P. Kang and S. Cho, "EUS SVMs: Ensemble of under-sampled SVMs for data imbalance problems," in *International Conference on Neural Information Processing*, 2006, pp. 837-846: Springer.
- [9] H. He and Y. Ma, *Imbalanced learning: foundations, algorithms, and applications*. John Wiley & Sons, 2013.
- [10] A. Bria, N. Karssemeijer, and F. Tortorella, "Learning from unbalanced data: a cascade-based approach for detecting clustered microcalcifications," *Medical image analysis*, vol. 18, no. 2, pp. 241-252, 2014.
- [11] S. N. Murthy, A. Kumar, and H. Sheshadri, "Mass Detection and Classification using Machine Learning Techniques in Digital Mammograms," *International Journal of Computer Applications*, vol. 76, no. 1, 2013.
- [12] E. Kozegar, M. Soryani, B. Minaei, and I. Domingues, "Assessment of a novel mass detection algorithm in mammograms," *Journal of cancer research and therapeutics*, vol. 9, no. 4, p. 592, 2013.
- [13] I. C. Moreira, I. Amaral, I. Domingues, A. Cardoso, M. J. Cardoso, and J. S. Cardoso, "INbreast: toward a full-field digital mammographic database," *Academic radiology*, vol. 19, no. 2, pp. 236-248, 2012.
- [14] K. Bowyer *et al.*, "The digital database for screening mammography," in *Third international workshop on digital mammography*, 1996, vol. 58, p. 27.
- [15] DoD BCRP Spiculated Mass Detection Evaluation Data. Available: http://marathon.csee.usf.edu/Mammography/DDSMB/BCRP/bcrp_mass_01.html
- [16] H. Li, Y. Wang, K. R. Liu, S.-C. Lo, and M. T. Freedman, "Computerized radiographic mass detection. I. Lesion site selection by morphological enhancement and contextual segmentation," *IEEE Transactions on Medical Imaging*, vol. 20, no. 4, pp. 289-301, 2001.
- [17] Y. Wang, "Hierarchical Masses Detection Algorithms Based on SVM in Mammograms," Master's Thesis, Xidian University, China, 2006.
- [18] J. Chu, H. Min, L. Liu, and W. Lu, "A novel computer aided breast mass detection scheme based on morphological enhancement and SLIC superpixel segmentation," *Medical physics*, vol. 42, no. 7, pp. 3859-3869, 2015.
- [19] J. Serra, *Image analysis and mathematical morphology, v. 1*. Academic press, 1982.
- [20] R. Achanta, A. Shaji, K. Smith, A. Lucchi, P. Fua, and S. Süsstrunk, "SLIC superpixels compared to state-of-the-art superpixel methods," *IEEE transactions on pattern analysis and machine intelligence*, vol. 34, no. 11, pp. 2274-2282, 2012.
- [21] D. L. Donoho, "Orthonormal ridgelets and linear singularities," *tech. rep., Department of Statistics, Stanford University*, 1998. Submitted for publication.
- [22] Eltoukhy MM, Faye I, Samir BB. "A comparison of wavelet and curvelet for breast cancer diagnosis in digital mammogram." *Comp Biol Med* 2010; 40: 384-391