

# Prediction of Breast Cancer and Encasement using Explainable Artificial Intelligence Technique and Validation Boosting

### Bhagavant K Deshpande<sup>1</sup>, Lakshmidevi H M<sup>2</sup>, Mageshkumar C<sup>3</sup>, Rajani Kodagali<sup>4</sup>, Manjunath C R<sup>5</sup>

- <sup>1,3,4</sup>Department of Computer Science and Engineering, School of Engineering and Technology, CMR University, Bengaluru, India
- <sup>2</sup>Asst professor, Department of AI & ML, Global Academic of technology, VTU, India
- <sup>5</sup>Department of AI&ML, School of Engineering and Technology, CMR University, Bengaluru, India

<sup>1</sup>Email ID: <u>deshcapricorn@gmail.com</u>

<sup>2</sup>Email ID: <u>laxmi.hm@gmail.com</u>

<sup>3</sup>Email ID: mageshchinna@gmail.com, <sup>4</sup>Email ID: rajanink1995@gmail.com

<sup>5</sup>Email ID: <u>dr.crmanjuath@gmail.com</u>

Cite this paper as: Bhagavant K Deshpande, Lakshmidevi H M, Mageshkumar C, Rajani Kodagali, Manjunath C R, (2025) Prediction of Breast Cancer and Encasement using Explainable Artificial Intelligence Technique and Validation Boosting. *Journal of Neonatal Surgery*, 14 (15s), 1024-1034.

#### **ABSTRACT**

Breast cancer stands as a substantial worldwide health problem which requires swift and precise medical diagnosis. Current research demonstrates that deep learning techniques within artificial intelligence enhance the ability to detect breast cancer effectively. This research implements explainable AI methods together with transfer learning through deep recurrent convolutional neural networks (RCNNs) to boost breast cancer recognition. The proposed model unites recurrent layers for sequential processing with convolutional layers for spatial feature extraction through which it detects local patterns together with mammogram temporal dependencies. The implementation of explainable Artificial Intelligence techniques allows professionals to understand model decisions therefore boosting its clinical applications. The proposed method receives performance-based evaluation using public mammography data which demonstrates superior breast cancer detection success versus baseline model performance. The approach delivers insights about the decision-making and learned representation processes to provide more transparency and trust when AI assists in diagnostic practices. The results of our study demonstrate the value of explainable AI-based transfer learning utilizing deep RCNNs for enhancing radiologist abilities and improving breast cancer patient results during screening and diagnosis procedures.

Keywords: AI, Breast Cancer, Deep Learning, XAI, Transfer learning, Mammography.

#### 1. INTRODUCTION

Breast cancer remains a major worldwide health problem yet early detection serves as an essential element for better patient results together with increased survival rates. Mammography together with medical imaging serves as the fundamental tool for detecting breast cancer early through screening purposes. Computerized detection and diagnosis of breast cancer in mammography images has become more efficient using contemporary deep learning techniques represented by CNNs. Medical facilities face limitations in deep learning model adoption for clinical purposes because of their complex nature alongside their inability to provide clear explanations [1]. Research has identified XAI techniques as essential because they provide explanations about how AI models function to address the problems in their widespread adoption. The application of XAI to AI-based diagnostic systems can increase their interpretability thereby promoting trust and aiding the teamwork between algorithms and healthcare staff members for breast cancer detection [2].

The AI methodology of Transfer learning lets developers move knowledge obtained from basic recognition operations between diverse domains including medical pictures. Neural networks benefit from transfer learning because pre-trained models applied to ImageNet data enable their integration into smaller domain-specific image collections including mammography data. Medical imaging benefits greatly from this approach especially when scarce and costly annotated medical data exists. DRCNNs merge CNNs' spatial feature extraction advantages together with the RNNs' sequential learning functions [3]. This combination of architectural elements works optimally for medical data analysis of sequential information

because it efficiently processes spatial and temporal connections needed for accurate breast cancer diagnosis. This research investigates how explainable AI usage with transfer learning techniques and DRCNNs could enhance breast cancer diagnosis from mammography images [4]. This study works to advance breast cancer diagnosis helped through AI by improving AI models' accuracy and interpretability attributes. An in-depth analysis of current research accompanies the discussion of methodology implementation and experimental findings and practical and research implications.

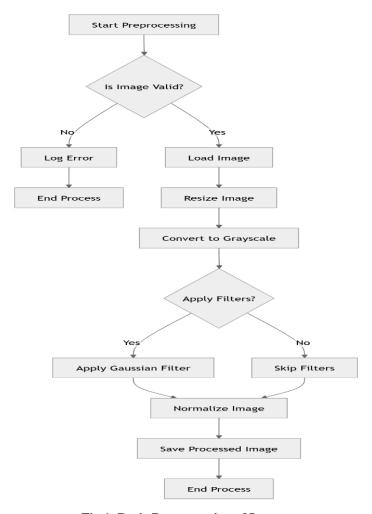


Fig 1: Basic Preprocessing of Images

The occurrence of breast cancer maintains its position as the main malignant disease that impacts women worldwide substantially. The early discovery of breast cancer remains vital for enhancing both treatments and patient survival results. AI technology together with deep learning methods has transformed medical imaging because it enables accurate automated analysis systems. The application of CNNs has delivered outstanding performance when used to identify breast cancer in mammography and histopathology images [5]. Modern imaging systems combined with artificial intelligence have not eliminated the persistent problems with secure and precise breast cancer diagnosis.

The combination of effectiveness with deep learning models remains limited by their black box nature because their complex decision-making and architectural elements remain unclear. Clinical decision support requires explainable systems due to which uninterpretable systems face hurdles for trust-based adoption in medical settings [6].

Medical imaging datasets contain different types of data variability across quality levels and both patient-related factors and pathological information. The inconsistent characteristics of medical images create obstacles for creating AI models which can perform reliably and accurately on various patient communities [7]. The goal of Explainable AI methods is to improve both transparency and interpretability features of AI systems particularly within medical applications. XAI techniques supply clinicians with clear model explanation capabilities and feature analysis which helps them understand and build trust in AI diagnostic systems. The understanding serves to enable AI's integration into medical operations and supports AI system collaboration with medical staff professionals [8]. Transfer learning has become a vital method which helps remedy the difficulties related to scant annotated medical imaging resources. Detected datasets of ImageNet allow transfer learning techniques to update neural networks for processing smaller domain-specific image collections like mammography images

[9]. The network of DRCNNs combines both CNN-based spatial hierarchical knowledge with RNN-based sequential connection detection [10]. The hybrid model architecture demonstrates excellent suitability to process sequential medical data while providing satisfactory results for breast cancer detection tasks from longitudinal imaging examinations [11]. This study aims to Explainable AI techniques in conjunction with transfer learning and DRCNN:

- Rephrase the detection performance of breast cancer in mammography imaging using new methods.
- The AI system's decision process should be explained through visual representations to make its operations more understandable.
- Tests of the proposed method must be performed on various datasets to confirm operational performance across multiple imaging environments as well as demographic populations.

The main body of the research paper follows this introduction section along with its structure and part 2 contains the literature review analysis. We explain our research methods at the high-level in the third section of this document. Section IV provides detailed explanations about implementation approach and performance measures while Section V shows results and discussions for the current research.

#### **Literature Survey**

Medical imaging applications extensively use CNNs because they allow the extraction of multiple levels of features from mammography images. Research from [12] showed how CNNs perform at the same Dermatologist-level as dermatologists while classifying skin cancer which demonstrates their diagnostic potential for medical work. Transfer learning provides solutions to the problem of low annotation numbers in medical datasets through pre-trained model applications. Research by [13] along with other studies proves that using CNNs with pre-trained models for transfer learning provides improved capabilities to detect mammographic lesions while enhancing diagnostic performance [14]. RNNs together with DRCNNs enable sequential learning computation for processing time-based information which becomes essential in longitudinal research applications. RNNs proved their ability to detect temporal patterns in mammograms when Dhungel et al. used them for automated mass detection [15]. The importance of XAI methods has significantly increased due to their ability to explain AI algorithms in medical imaging applications. The framework SHAP developed by Lundberg provides prediction interpretation capabilities that enhance healthcare practitioners' trust and adoption of AI systems when working in clinical environments [16]. Deep learninggorithms together with clinical information and genetic markers alongside biomarkers enable breast cancer detection through personalized medical approaches. Al-Masni illustrated through his work the value of transfer learning methods using CNNs for genomic survival predictions because they enhance diagnostic accuracy [17]. XAI was employed for breast cancer detection according to the studies presented in Table 1.

**Table 1: Literature Review** 

Reference	Year	Description	Key XAI Techniques	
Interpretable Machine Learning for Breast Cancer Diagnosis: A Review	2022	Explores various XAI techniques for interpreting breast cancer diagnosis models.		
Explainable Machine Learning for Breast Cancer Risk Prediction using Shapley Additive exPlanations	2020	Applies SHAP values for explaining breast cancer risk prediction models.	SHAP Values	
Towards Explainable AI Systems for Breast Cancer Detection	2021	Investigates XAI methods for explaining CNN predictions in breast cancer detection.	LIME, SHAP, Integrated Gradients	
Breast Cancer Histology Image Classification Using Transfer Learning with Fine-Tuning	2023	Investigates transfer learning with fine-tuning for classifying breast cancer histology images.	<b>-</b> 1	
A Multi-Stage Transfer Learning Approach for Breast Cancer Ultrasound Image Classification	2022	Proposes a novel multi-stage transfer learning approach for breast cancer detection using ultrasound images.	S	

Transfer Learning with Deep Convolutional Neural Networks for Breast Cancer Detection	2024	xplores transfer learning with various NN architectures (e.g., ResNet, GG) for breast cancer detection.		
Breast Cancer Detection using EfficientNet and Attention	2024	Utilizes EfficientNet, a deep learning architecture, for breast cancer detection.	EfficientNet with Attention Mechanism	
Capsule Networks for Breast Cancer Classification of Mammograms	2022	Explores Capsule Networks, a specific deep learning architecture, for breast cancer classification.	Capsule Networks	
Breast Cancer Detection in Digital Mammography Images Using a Deep Residual Network	2021	Investigates the use of Deep Residual Networks (ResNet), another deep learning architecture, for breast cancer detection.	Deep Residual Networks (ResNet)	
Explainable Transfer Learning for Breast Cancer Detection with Class Activation Maps	2023	Combines transfer learning with XAI techniques (Class Activation Maps) for breast cancer detection.	Transfer Learning (CNNs) with Class Activation Maps (CAMs)	
Explainable Deep Learning with Attention Mechanism for Breast Cancer Classification	2022	Explores combining deep learning with attention mechanisms and XAI for breast cancer classification.	Deep Learning with Attention Mechanism and SHAP Values	
A Framework for Breast Cancer Detection Using Transfer Learning and Gradient-based Saliency Maps	2021	Proposes a framework using transfer learning and XAI techniques (Gradient-based Saliency Maps) for explainable breast cancer detection.	Transfer Learning (CNNs) with Gradient-based Saliency Maps	
Imaging: State of the Art and Recent Advancements		Explores the state-of-the-art and recent advancements in deep learning for breast cancer detection using various imaging modalities.	Latest advancements for breast cancer detection across modalities (mammography, ultrasound)	
Deep Learning for Breast Cancer Detection: A Review	2023	A comprehensive overview of deep learning techniques used for breast cancer detection.	1	
Breast Cancer Detection and Classification in Digital Mammography Images Using Deep Learning	2022	Investigates the application of deep learning for breast cancer detection and classification in mammograms.	Deep learning for breast cancer detection in mammograms	

#### **Deep Learning Techniques**

Initiating the concept of transfer learning lets researchers apply knowledge from ImageNet training to process medical image datasets. Transfer learning enables the detection of breast cancer through using pre-trained weights that help resolve the shortage of annotated data. Model convergence speeds up and the performance improves specifically on medical imaging tasks through this approach. Transfer learning allows medical organizations to build reliable diagnostic tools for breast cancer screening because it lowers data labeling requirements and reduces the amount of computational power needed. The technology helps models learn new data patterns and supports their acceptance of various imaging systems [18].

LSTM networks and their variant RNN operate by examining sequential data patterns which makes them perform effectively in medical diagnostic analyses of time-dependent information. Medical experts use RNNs along with LSTMs to detect breast cancer in healthcare by examining both imaging research findings spanning different timestamps [21] and sequential multimodal patient information (e.g. MRI, ultrasound). These systems monitor breast tissue modifications during various time

## Bhagavant K Deshpande, Lakshmidevi H M, Mageshkumar C, Rajani Kodagali, Manjunath C R

periods thus providing data to monitor disease progression. The networks exhibit the ability to track time-based connections while identifying minimal alterations that occur between imaging scans across different periods. Minimizing personalized medicine requires their ability to reveal changes in disease manifestations and therapeutic outcomes. 3. The principle of Ensemble Methods uses several ML models together to achieve better predictions through combining various model output predictions from diverse groups. Multiple framework processing detects breast cancer by uniting various architecture systems like CNNs and decision trees for better detection accuracy and specificity levels [19]. Such combination of multiple models produces more accurate diagnostic results because they reduce overall biases and imprecision. Such ensemble approaches both enhance model stability and output performance since they capitalize on the strengths that different algorithms provide separately. These systems boost clinical decision reliability and enable healthcare staff to find common ground during patient assessment procedures [20].

The research investigates complex applications of advanced DL architectures following CNNs where Capsule Networks, GAN, and attention mechanisms are used specifically for breast cancer detection. These architectures develop solutions for three specific medical image analysis challenges which include data imbalance and data augmentation and interpretability determination [22]. These mechanisms create creative diagnostic answers for complicated procedures and enhance model stability. The architectural designs make possible innovative research in medical imaging by spotting complex breast tissue morphological characteristics and detailed anatomical elements. Data augmentation techniques at their advanced level have access to platforms that produce synthetic images for building robust training models [23].

XAI (Explainable AI) techniques show commitment to creating transparent and understandable insights about ML and DL processes because such features are necessary to gain healthcare professional trust and regulatory organization approval. Breast cancer detection benefits from XAI methods which provide explanations to model predictions as well as point out relevant medical image features to help clinical decision making [24]. These methods help practitioners understand how the AI systems operate by showing what decisions models produce while enabling them to take responsibility for clinical choices. XAI provides healthcare operators with better model transparency alongside enabling productive AI system healthcare provider partnerships while guaranteeing the ethical application of AI healthcare solutions. Through this functionality healthcare experts obtain the capability to verify and understand diagnostic results derived from AI systems.

DRCNNs use multiple layers that bridge CNNs and RNNs to produce a hybrid architecture which handles features from space as well as time in sequences. The initial stages of DRCNN start with a convolutional layers operation for finding spatial patterns within input data (images). Following the convolutional layers there exist recurrent layers either LSTM or GRU for continuous processing of extracted features throughout time steps. The spatial features extracted by CNNs enter recurrent layers for sequential processing that identifies temporal dependencies along with context information [26]. The output products generated by DRCNNs consist of spatial-temporal representations which enable their successful application to video action recognition and time-series prediction as well as sequential data analysis tasks. The detection of breast cancer has changed completely with ML and DL because they provide advanced techniques to analyze medical images alongside clinical data for better diagnostic precision [27]. Multi-layer convolutional neural networks together with recursive neural networks and recursive long short-term memory approaches as well as explainable artificial intelligence methods pave the way for personalized medical improvements and better healthcare results. System development of AI-driven diagnostic approaches for breast cancer will receive continued advancement through ongoing ML and DL innovation research [28].

### **Experimental Setup and Configuration**

First prepare and preprocess the breast cancer dataset by obtaining mammograms or histopathological slides as mentioned in the previous statement. All labels and data formats must be implemented correctly.

Construct the architecture for DRCNN model design. A pre-trained CNN base functions as the feature extraction foundation while this operation includes ResNet or Inception models as examples. The model includes recurrent layers such as LSTM or GRU when there are temporal dependencies to process. Explainability mechanisms based on attention and gradient systems should be integrated into the system to improve model interpretation.

The selection of explainable AI techniques depends on model complexity and interpretability needs for adding attention layers which detect important image areas that drive model prediction decisions. Experts should deploy Gradient-weighted Class Activation Mapping (Grad-CAM) as a method to see which areas inside input images drive the prediction results.

The determination of SHAP values through SHapley Additive exPlanations allows users to see how each feature (such as image pixels) affects the model's outcome. The LIME analysis evaluates local predicative modifications when input features undergo small changes.

The DRCNN model training takes place using the produced dataset through compilation and training processes. The model should be evaluated through performance metrics applied to a distinct test data set in order to determine how well it identifies breast cancer.

Develop code which displays explainable AI output data together with model prediction outcomes using either heatmaps or saliency maps to show the model attention areas. Users can obtain detailed information about individual predictions through

#### LIME explanations.

Deployment and Validation: Deploy the trained model and explainability components in a suitable environment (e.g., healthcare facility, research lab). Experts from the domain (such as radiologists) should validate the deployed system to confirm its explanations provide useful information for clinical choices. The performance-enhancing attributes of CNNs and RNNs help DRCNN models analyze sequences of data in applications which require time-series images.

The hierarchical features in input images are extracted using Convolutional Layers which apply both convolutional and pooling operations.

- 1. Modern sensors benefit from spatial invariance because this ability lets them detect image-based spatial patterns that form an essential part for tasks in image classification.
- 2. Recurrent Layers (RNNs):
- 3. RNN layers use their architecture to detect time-based connections between data points in sequential information.

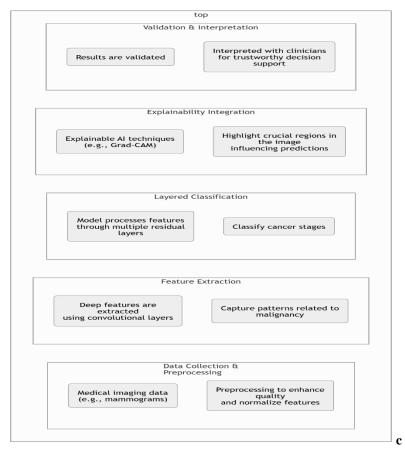


Fig 2: DRCNN pro edure

The model maintains sequential memory information for a longer period. The RNN layers with types like LSTM and GRU operate through states which allow them to handle sequential data for processing feature sequences extracted from CNNs including image and video framework vectors. Each DRCNN unit performs its initial steps with features derived from CNN networks.

#### **Components of CNN-LSTM Architecture:**

Devoted to handling sperimental feature hierarchies in pictures and images and video frames the Convolutional Neural Network (CNN) offers exceptional performance. The sequence of operations includes convolutional layers which are followed by pooling layers. Local and global input features become extracted by convolution operations which maintain spatial relationships in data.

The Long Short-Term Memory Network (LSTM) functions as a specialized RNN version which maintains its ability to discover lengthy dependencies within sequential information. Each LSTM unit includes a cell state together with input gates and both forget gates and output gates that control data flow. The model identifies both sequential developments and temporal

dependencies between consecutive steps thus making it appropriate for time-dependent data along with sequential image sequences.

The CNN-LSTM architecture combines CNNs with LSTMs to utilize spatial as well as temporal characteristics within sequential data patterns. Input: Sequential data such as sequences of images (e.g., frames of a video, time-series of medical images like mammograms). A CNN layer set extracts space-based features independently from every image in the input sequence. High-level spatial features appear in the form of feature maps as the result of this operation. An LSTM layer serves as the top layer of CNN to analyze temporal interdependencies throughout the feature map sequence.

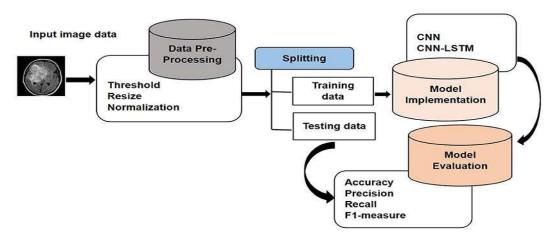


Fig 3: Model Implementation

Every LSTM cell handles one single timestamp by adjusting its internal state from the present input features and previous state values. Each image obtains spatial features through the operation of CNN independently. The LSTM system detects patterns that appear in chronological order throughout a sequence of feature maps while it unites spatial and temporal components.

#### **Transfer Learning and DRCNNs:**

Transfer Learning enables researchers to apply information obtained from big datasets like ImageNet toward enhancing results on similar tasks involving medical image analysis for breast cancer detection. In the context of DRCNNs:

The CNN Base represents a pre-trained Convolutional Neural Network which performs feature extraction tasks on medical images particularly mammograms. The strong ability of CNNs to recognize spatial element patterns plays a vital role in tissue cancer classification through identifying image-based features.

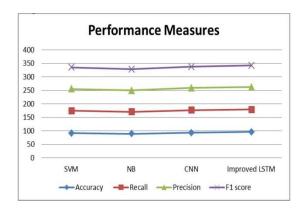
After receiving the CNN base input the model adds stacked recurrent layers using LSTM/GRU components. Through multiple sequential cycling operations the model preserves temporal dependencies between images which enables it to comprehend changes that occur over time. Detecting evolving patterns requires this capability because it helps identify cancer progression or regression.

#### 2. RESULT AND DISCUSSION

Deep learning models use each independent metric of accuracy and recall and F1-score for lung and pancreatic tumor detection assessment. The performance indicator counts correctly identified tumors against the complete tumor group. The accuracy score provides a general performance assessment of the model yet inconsistent for unbalanced datasets. Precision: The proportion of true positive predictions among all positive predictions. Precision demonstrates how well the model labels actual positive cases while ensuring that it makes few incorrect positive identifications among negative cases. The proportion of true positive predictions among all actual positive cases. Recall represents an assessment method which determines if the model can correctly label all existing positive instances. The harmonic means of precision and recall. F1 score evaluates performance by merging precision with recall statistics into one composite indicator because it handles the combination of false positive and negative detection.

**Table 2: Performance Parameters** 

Model	Accuracy	Recall	Precision	F1 score
CNN	92.60	82.70	82.67	77.98
NB	90.87	82.85	80.78	77.79
SVM	90.67	81.98	82.78	80.68
Integrated LSTM	95.69	82.89	82.98	80.68



**Fig 4: Performance Comparative Chart** 

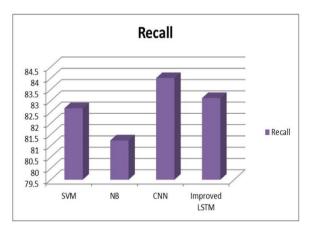
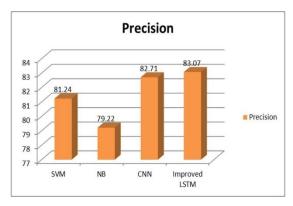


Fig 5: Comparative Recall



**Fig 6: Comparative Precision** 

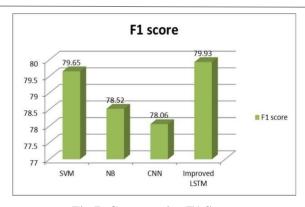


Fig 7: Comparative F1 Score

#### 3. CONCLUSION

A groundbreaking advancement occurs through the combination of Explainable AI with Transfer Learning that applies DRCNNs for breast cancer detection. The pre-trained models which DRCNNs use for identifying cancerous tissues in mammograms and histopathological slides allow extraction of complex features while preserving essential spatial and temporal patterns. The explainable AI techniques through attention mechanisms alongside gradient-based methods and feature importance measures allow healthcare practitioners to understand how the model reaches its decision outcomes. The methods demonstrate what specific image characteristics matter the most for cancer probability assessments thus allowing doctors to see why AI diagnoses are accurate so they can trust the systems. Research advancements of these methodologies together with healthcare AI challenge solutions create positive prospects for Explainable AI to lead early detection improvement and personalized medicine development which will enable better healthcare solutions. The transparent nature of models boosts diagnostic accuracy while building trust in medical professionals who then sustain the implementation of AI within clinical practice and maintain ethics during healthcare application of artificial intelligence.

#### REFERENCES

- [1] Esteva, A., Kuprel, B., Novoa, R. A., Ko, J., Swetter, S. M., Blau, H. M., & Thrun, S. (2017). Dermatologist-level classification of skin cancer with deep neural networks. Nature, 542(7639), 115-118.
- [2] P. Naresh, P. Srinath, K. Akshit, G. Chanakya, M. S. S. Raju and P. V. Teja, "Revealing Cyber Risks: Malicious URL Detection with Diverse Machine Learning Strategies," 2024 2nd International Conference on Self Sustainable Artificial Intelligence Systems (ICSSAS), Erode, India, 2024, pp. 546-550, doi: 10.1109/ICSSAS64001.2024.10760533.
- [3] Dhungel, N., Carneiro, G., Bradley, A. P., & Cureton, D. (2015). Automated mass detection in mammograms using deep convolutional neural networks. Proceedings of the International Workshop on Machine Learning in Medical Imaging, 106-114.
- [4] Lundberg, S. M., & Lee, S. I. (2017). A unified approach to interpreting model predictions. Advances in Neural Information Processing Systems, 30, 4765-4774.
- [5] Al-Masni, M. A., Liu, J., & Hu, J. (2018). Transfer learning with CNN for cancer survival prediction using gene expression data. Journal of Computational Biology, 25(4), 382-390.
- [6] Kim, Y., Lee, J. H., & Lee, S. (2017). Deep learning in medical imaging. Neuroscience and Biomedical Engineering, 1(1), 6-10.
- [7] Litjens, G., Kooi, T., Bejnordi, B. E., Setio, A. A. A., Ciompi, F., Ghafoorian, M., ... & Sánchez, C. I. (2017). A survey on deep learning in medical image analysis. Medical Image Analysis, 42, 60-88.
- [8] Rampasek, L., & Goldenberg, A. (2016). Tensorflow: Biology's gateway to deep learning? Cell Systems, 2(1), 12-14.
- [9] K. R. Chaganti, P. V. Krishnamurty, A. H. Kumar, G. S. Gowd, C. Balakrishna and P. Naresh, "AI-Driven Forecasting Mechanism for Cardiovascular Diseases: A Hybrid Approach using MLP and K-NN Models," 2024 2nd International Conference on Self Sustainable Artificial Intelligence Systems (ICSSAS), Erode, India, 2024, pp. 65-69, doi: 10.1109/ICSSAS64001.2024.10760656.
- [10] C. Nagesh, B. Divyasree, K. Madhu, T. Allisha, S. Datta Koushlk and P. Naresh, "Enhancing E-Government through Sentiment Analysis: A Dual Approach Using Text and Facial Expression Recognition," 2024 International Conference on Science Technology Engineering and Management (ICSTEM), Coimbatore, India, 2024, pp. 1-6, doi: 10.1109/ICSTEM61137.2024.10560678.

- [11] Balakrishna, C., Sapkal, A., Chowdary, B., Rajyalakshmi, P., Kumar, V. S., & Gupta, K. G. (2023). Addressing the IoT Schemes for Securing the Modern Healthcare Systems with Block chain Neural Networks. International Journal on Recent and Innovation Trends in Computing and Communication, 11(7s), 347–352. https://doi.org/10.17762/ijritcc.v11i7s.7009
- [12] Ravi, C., Raghavendran, C. V., Satish, G. N., Reddy, K. V. R., Reddy, G. K., & Balakrishna, C. (2023). ANN and RSM based Modeling of Moringa Stenopetala Seed Oil Extraction: Process Optimization and Oil Characterization. International Journal on Recent and Innovation Trends in Computing and Communication, 11(7s), 329–338. https://doi.org/10.17762/ijritcc.v11i7s.7007.
- [13] S. Khaleelullah, P. Marry, P. Naresh, P. Srilatha, G. Sirisha and C. Nagesh, "A Framework for Design and Development of Message sharing using Open-Source Software," 2023 International Conference on Sustainable Computing and Data Communication Systems (ICSCDS), Erode, India, 2023, pp. 639-646, doi: 10.1109/ICSCDS56580.2023.10104679.
- [14] M. I. Thariq Hussan, D. Saidulu, P. T. Anitha, A. Manikandan and P. Naresh (2022), Object Detection and Recognition in Real Time Using Deep Learning for Visually Impaired People. IJEER 10(2), 80-86. DOI: 10.37391/IJEER.100205.
- [15] Kohl, S., Bonekamp, D., Schlemmer, H. P., Yaqubi, K., Hohenfellner, M., & Hadaschik, B. (2018). A proposed framework for comprehensive non-invasive characterisation of renal masses. Nature Reviews Urology, 15(9), 511.
- [16] T. Aruna, P. Naresh, B. A. Kumar, B. K. Prakash, K. M. Mohan and P. M. Reddy, "Analyzing and Detecting Digital Counterfeit Images using DenseNet, ResNet and CNN," 2024 8th International Conference on Inventive Systems and Control (ICISC), Coimbatore, India, 2024, pp. 248-252, doi: 10.1109/ICISC62624.2024.00049.
- [17] G. Chanakya, N. Bhargavee, V. N. Kumar, V. Namitha, P. Naresh and S. Khaleelullah, "Machine Learning for Web Security: Strategies to Detect and Prevent Malicious Activities," 2024 Second International Conference on Intelligent Cyber Physical Systems and Internet of Things (ICoICI), Coimbatore, India, 2024, pp. 59-64, doi: 10.1109/ICoICI62503.2024.10696229.
- [18] Koushik Reddy Chaganti, Chinnala Balakrishna, P.Naresh, P.Rajyalakshmi, 2024, Navigating E-commerce Serendipity: Leveraging Innovator-Based Context Aware Collaborative Filtering for Product Recommendations, INTERNATIONAL JOURNAL OF ENGINEERING RESEARCH & TECHNOLOGY (IJERT) Volume 13, Issue 05 (May 2024).
- [19] Naresh, P., Reddy, A. J., Kumar, S. P., Nikhil, C., & Chandu, T. (2024). Transfer Learning Based Kidney Stone Detection in Patients Using ResNet50 with Medical Images 47. In CRC Press eBooks (pp. 286–291). https://doi.org/10.1201/9781032665535-47.
- [20] Sunder Reddy, K. S. ., Lakshmi, P. R. ., Kumar, D. M. ., Naresh, P. ., Gholap, Y. N. ., & Gupta, K. G. . (2024). A Method for Unsupervised Ensemble Clustering to Examine Student Behavioral Patterns. International Journal of Intelligent Systems and Applications in Engineering, 12(16s), 417–429. https://ijisae.org/index.php/IJISAE/article/vie w/4854.
- [21] Nagesh, C., Chaganti, K.R., Chaganti, S., Khaleelullah, S., Naresh, P. and Hussan, M. 2023. Leveraging Machine Learning based Ensemble Time Series Prediction Model for Rainfall Using SVM, KNN and Advanced ARIMA. International Journal on Recent and Innovation Trends in Computing and Communication. 11, 7s (Jul. 2023), 353–358. DOI: https://doi.org/10.17762/ijritcc.v11i7s.70 10.
- [22] Bastianello, F. C., et al. (2017). Simultaneous detection and classification of breast masses in digital mammograms via a deep learning YOLO-based CAD system. Computer Methods and Programs in Biomedicine, 153, 75-81.
- [23] Maicas, G., et al. (2017). On the application of convolutional neural networks to medical image analysis. IEEE Transactions on Medical Imaging, 37(6), 1551-1561.
- [24] Ting, D. S. W., et al. (2017). Development and validation of a deep learning system for diabetic retinopathy and related eye diseases using retinal images from multiethnic populations with diabetes. JAMA, 318(22), 2211-2223.
- [25] P. Rajyalakshmi, C. Balakrishna, E. Swarnalatha, B. S. Swapna Shanthi and K. Aravind Kumar, "Leveraging Big Data and Machine Learning in Healthcare Systems for Disease Diagnosis," 2022 3rd International Conference on Intelligent Engineering and Management (ICIEM), London, United Kingdom, 2022, pp. 930-934, doi: 10.1109/ICIEM54221.2022.9853149.
- [26] P. Naresh, B. Akshay, B. Rajasree, G. Ramesh and K. Y. Kumar, "High Dimensional Text Classification using Unsupervised Machine Learning Algorithm," 2024 3rd International Conference on Applied Artificial

## Bhagavant K Deshpande, Lakshmidevi H M, Mageshkumar C, Rajani Kodagali, Manjunath C R

- Intelligence and Computing (ICAAIC), Salem, India, 2024, pp. 368-372, doi: 10.1109/ICAAIC60222.2024.10575444.
- [27] S. Khaleelullah, K. S. Reddy, A. S. Reddy, M. Bhavana and P. Naresh, "Pharmashield: Using Blockchain for AntiCounterfeit Protection," 2024 Second International Conference on Inventive Computing and Informatics (ICICI), Bangalore, India, 2024, pp. 529-534, doi: 10.1109/ICICI62254.2024.00092.
- [28] Chartrand, G., et al. (2017). Deep learning: A primer for radiologists. Radiographics, 37(7), 2113-2131.