# **Application of AI & CI for Diagnosis of Breast Cancer**



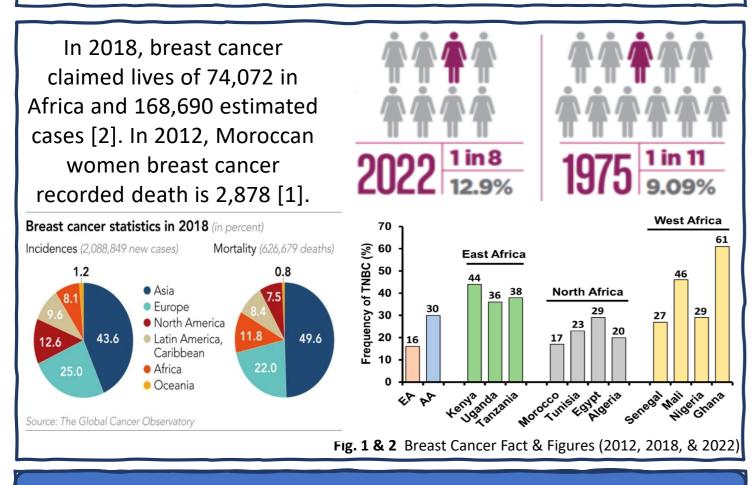
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## Abstract

To replicate humans, AI systems require large training datasets to imitate perception of humans. We must supply examples of both malignant and benign mammograms to train a system how to identify abnormalities. After many iterations and trial and error, it will eventually learn to get things right.

To find out if AI and CI are making complementary decisions in breast cancer diagnosis. If we are able to catch more cancer at screening to reduce the amount of false positives by 100%. To show the benign or malignancy able to be caught by the AI algorithm but which the recruited CI crowd of human miss to enhance diagnosis.



# Artificial Intelligence DL-CNN Model

Pre-trained DenseNet201 (Transfer Learning- Feature Extraction)

## Objective

Our objective is to empower radiologists with these tools and hope they become ubiquitous, and doctors would not interpret a mammogram without the use of AI and CI as assistance tools.

## **Proposed Approach**

**Collective Intelligence CI Approach:** Crowd of humans rate the imaging with *non-zero knowledge* by responding to the survey for classification of these imaging with their analytics and reasoning skills to detect if the imaging are benign or malignant for early detection of breast cancer.

Artificial Intelligence AI Approach: We implement DenseNet201 architecture, CNN deep learning algorithm for classification of the mammogram imaging into benign or malignant for early detection of breast cancer.

AI: We use accuracy score, classification report, confusion matrix, ROC and AUC.
CI: We use manual un-automated method for respondents score & statistical measure in excel which requires further study as our next step of research to rerun the CI approach.

# Collective Intelligence CC Model

#### A Model of Collective Intelligence

IMAGE /

IMAGE C

IMAGE D

ALIGNANT MALIGNAN

IMAGE E

Fig. 9 Predicted vs Actual Results (AI & CI)

IMAGE F

SCORES

FIVE OUT OF SIX THREE OUT OF SIX THREE OUT OF SIX

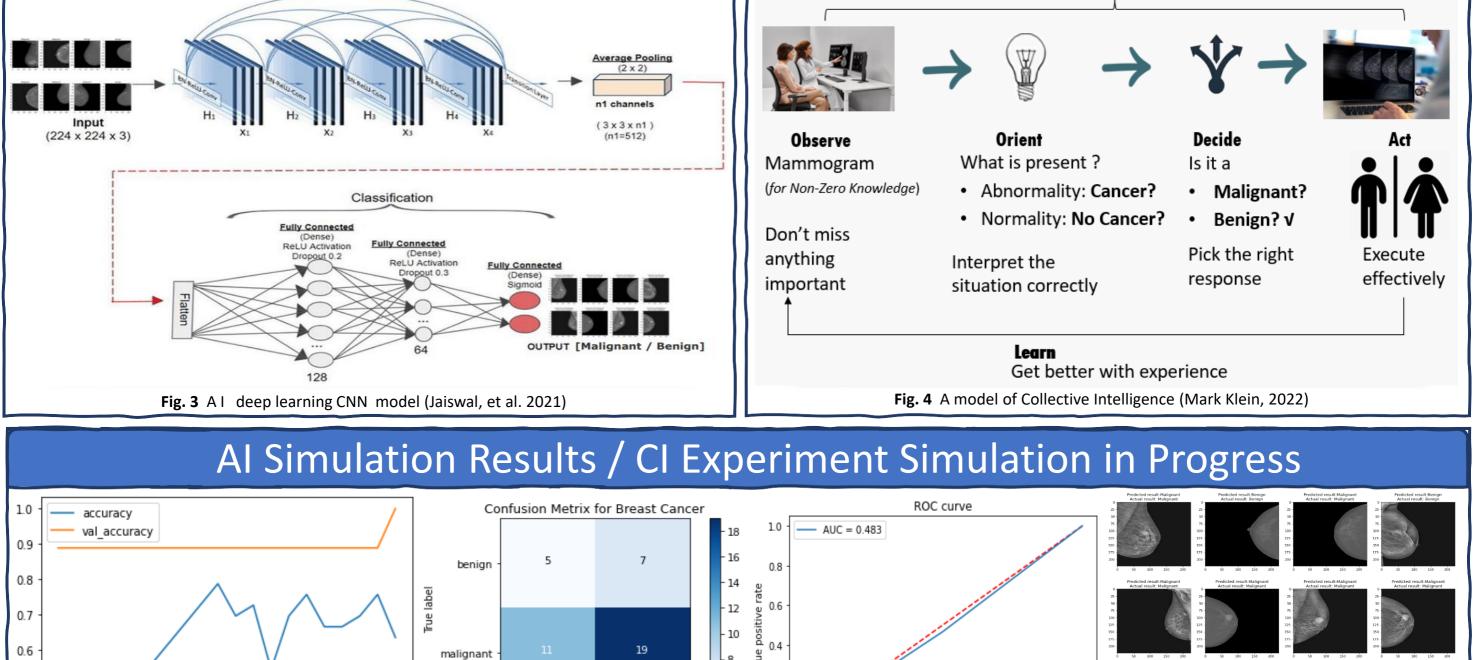
THREE OUT OF SIX

FOUR OUT OF SIX

WO OUT OF SIX

THREE OUT OF SIX

FIVE OUT OF SIX



0.2

0.0

0.0

0.2

0.4

False positive rate

Fig. 7 ROC vs AUC curve

0.6

0.8

1.0



0.0

2.5

5.0

7.5

10.0

Fig. 5 DenseNet201 Accuracy Measure

12.5

15.0

17.5

0.5

0.4

1 Khalis, et al. (2022). Female breast cancer incidence and mortality in Morocco: comparison with other countries. Asian Pacific Journal of Cancer Prevention: APJCP, 17(12), 5211. APJCP Journal

2 Sharma, R. (2021). Breast cancer burden in Africa: evidence from GLOBOCAN 2018. Journal of Public Health, 43(4), 763-771. https://pubmed.ncbi.nlm.nih.gov/32657321/

Predicted label

Fig. 6 True Label vs Predicted Label

3 Jaiswal, A., et al. (2021). Classification of the COVID-19 infected patients using DenseNet201 based deep transfer learning. Journal of Biomolecular Structure and Dynamics, 39(15), 5682-5689.

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