

Impact Factor 8.471 

Reer-reviewed & Refereed journal 

Vol. 14, Issue 8, August 2025

DOI: 10.17148/IJARCCE.2025.14802

## TUMOR TRACK AI

## Mrs. Rajashree M Byalal<sup>1</sup>, Shreyas M V<sup>2</sup>, Rahul C<sup>3</sup>, Rishika Lokesh<sup>4</sup>, Vaishnavi A<sup>5</sup>

Guide, Department of Computer Science-ICB, K. S. Institute of Technology, Bengaluru, India<sup>1</sup> Department of Computer Science-ICB, K. S. Institute of Technology, Bengaluru, India<sup>2-5</sup>

Abstract: Brain tumors necessitate early and precise diagnosis for improved patient prognoses. This project introduces an advanced automated system for brain tumor detection, classification, and staging utilizing MRI imaging and Convolutional Neural Networks (CNNs). The system employs robust image preprocessing and tumor segmentation, followed by deep learning-based classification to identify tumor type (e.g., glioma, meningioma, pituitary), stage (early, intermediate, advanced), and precise spatial location. Rigorous evaluation on public datasets demonstrates high accuracy in detection and classification across key metrics, affirming its diagnostic efficacy. Evaluated on publicly available datasets, the system demonstrated high accuracy in detection and classification, evidenced by strong metrics like precision, recall, F1-score, and overall accuracy. A user-friendly graphical interface (GUI) is also integrated for easy visualization and interpretation by healthcare professionals. Coupled with an intuitive graphical user interface for clinical interpretability, this non-invasive and time-efficient solution significantly reduces diagnostic error and aids in early intervention. This pioneering framework holds substantial promise for revolutionizing clinical diagnostics and treatment planning, with future potential for clinical diagnostics and treatment planning by reducing human error and facilitating early diagnosis.

**Keywords:** Brain Tumor, MRI, Deep Learning, Convolutional Neural Networks, Image Segmentation, Tumor Classification, Medical Imaging.

#### I. INTRODUCTION

Brain tumors represent a critical global health challenge, characterized by the uncontrolled proliferation of abnormal cells within the cranial cavity. These aberrant cellular masses can profoundly disrupt neurological function, compromise the central nervous system, and pose life-threatening risks depending on their intrinsic characteristics, size, and precise anatomical location. Effective management and improved patient outcomes are inherently contingent upon early and accurate diagnosis. Brain tumors are fundamentally classified into two principal categories: benign and malignant. Benign tumors, while non- cancerous and typically slow-growing, can still exert detrimental pressure on brain tissues, leading to varied neurological deficits. Conversely, malignant tumors are aggressive and cancerous, often invading surrounding brain structures and demanding immediate clinical intervention. Furthermore, primary brain tumors originate directly within the brain or its adjacent structures, such as gliomas, meningiomas, and medulloblastomas, highlighting the diverse etiology and pathological spectrum of these conditions. The increasing prevalence and significant impact on quality of life underscore the urgent need for advanced diagnostic and prognostic tools, paving the way for innovative approaches in the detection, characterization, and personalized treatment strategies for brain tumors. Brain tumors, abnormal cell growths within the brain, pose significant health threats by disrupting neurological function and the central nervous system. These tumors are broadly classified as benign (non-cancerous, slow-growing, non-spreading) or malignant (cancerous, aggressive, invasive), with primary tumors originating in the brain itself. Challenges in managing tumors stem from their critical location, the protective blood-brain barrier limiting drug delivery, and their inherent heterogeneity. However, significant strides are being made through advanced imaging techniques like functional MRI and PET scans, along with the burgeoning fields of radiomics and ultra- high field MRI, which provide crucial insights into tumor characteristics. Furthermore, the integration of machine learning and deep learning is revolutionizing diagnostics by enabling automated tumor segmentation, classification, prognosis prediction, and optimized treatment planning, paving the way for personalized medicine in improving patient outcomes.

### II. SCOPE OF THE PROJECT

Conventional diagnostic methods, relying heavily on manual interpretation of MRI scans by radiologists, are inherently time-consuming, subjective, and prone to human error, especially when dealing with subtle, early-stage tumors. This inherent limitation in traditional approaches highlights the significant advantage of automated systems, which can drastically reduce diagnostic time while enhancing accuracy. Moreover, accurate classification of tumor type, stage, and location is paramount for effective treatment planning; misclassification or delayed diagnosis can lead to



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inappropriate interventions, directly compromising patient results. Advanced machine learning (ML) and deep learning (DL) techniques offer a transformative opportunity to overcome these diagnostic challenges by significantly boosting accuracy in tumor detection and classification. Beyond clinical precision, such automated, cost- effective frameworks also address critical healthcare disparities, particularly in underserved rural or developing regions where access to experienced specialists and advanced diagnostic tools remains limited, thereby improving healthcare accessibility and providing reliable diagnostic support globally.

#### A. LITERATURE SURVEY HIGHLIGHTS

The literature survey highlights the critical need for automated brain tumor detection due to the increasing case frequency and the inherent limitations of manual diagnosis, which is subjective, time-consuming, and prone to error. It emphasizes that accurate tumor classification by type, stage, and location is crucial for effective treatment, a challenge that advanced machine learning and deep learning techniques, particularly Convolutional Neural Networks, are well-positioned to address. The survey also notes the potential of such systems to mitigate healthcare disparities by providing reliable diagnostic support in regions with limited access to specialists and advanced tools.

#### B. GOALS AND OBJECTIVES

This project, "Tumor Track AI," is fundamentally driven by the ambitious goal of developing an automated, comprehensive brain tumor discovery framework. Its core objectives are to precisely identify brain tumors from MRI scans, accurately classify them into specific types such as glioma or meningioma, and determine their exact stage (e.g., early, intermediate, advanced) along with their precise spatial location within the brain. By leveraging machine learning and deep learning, the system aims to significantly enhance diagnostic accuracy and speed, moving beyond the limitations of subjective manual analysis. A critical objective also involves rigorous evaluation of the system's performance using established metrics, coupled with the development of a user-friendly graphical interface to ensure seamless integration and interpretability for healthcare professionals. Ultimately, this initiative strives to facilitate earlier discovery and treatment of brain tumors, thereby improving patient outcomes and bridging the gap between cutting-edge technological innovation and critical healthcare needs.

## C. TECHNOLOGICAL APPROACHES AND TOOLS

The project's technological approach centers on leveraging advanced machine learning and deep learning techniques, primarily Convolutional Neural Networks (CNNs), for precise analysis and classification of brain tumor MRI scans. The methodology involves a meticulous sequence of preprocessing steps to enhance image quality, followed by image processing procedures for accurate tumor segmentation and feature extraction. The core of the system is a trained deep learning model that not only classifies tumor types, such as glioma and meningioma, but also simultaneously determines their stage and exact spatial location within the brain. Furthermore, the system integrates a graphical user interface (GUI) to provide healthcare professionals with an intuitive platform for visualizing and interpreting results.

## III. PROJECT REQUIREMENTS

The Software Tools-

- Windows or Linux Operating System.
- Tensor flow
- Programming Language: Python: Python is an translated high-level general-purpose programming dialect.

Python's plan reasoning emphasizes code lucidness with its striking utilize of critical space. Its dialect builds as well as its object-oriented approach point to assist software engineers compose clear, consistent code for little and large-scale ventures. User Interface Software: Flask and Socket can be used in optional cases.

#### The Hardware Tools-

- Processor (CPU): Recommended: Intel Core i7 or AMD Ryzen 7 (or better).
- Minimum: Intel Core i5 or AMD Ryzen
- Graphics Processing Unit (GPU): Recommended: NVIDIA GPU with CUDA support for TensorFlow(e.g., NVIDIA RTX 3060 or higher).
- At least 8GB VRAM for efficient training.
- CUDA Toolkit and cuDNN must be installed.
- Alternative: Cloud platforms like Google Colab, AWS, or Azure with GPU acceleration.



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- Minimum: 8GB (but may result in slower performance, especially during training)
- Storage Required Space: At least 10GB free space for datasets and model weights.
- SSD Recommended: For faster data loading and preprocessing

#### IV. USER-CENTERIC DESIGN AND CUSTOMIZTION

The project's commitment to user-centric design is evident in its integration of a sophisticated yet intuitive Graphical User Interface (GUI). This interface is not merely a visual component; offering an easily navigable platform for visualizing and interpreting complex diagnostic results. In a medical context where precision and speed are paramount, the GUI simplifies the analysis of MRI scans and the outputs of the machine learning models, presenting tumor classifications, stages, and precise locations in a clear, actionable format. This design choice directly addresses the limitations of traditional manual analyses, reducing cognitive load and the potential for human error. The emphasis on an intuitive interface facilitates seamless interaction, ensuring that the advanced capabilities of "Tumor Track AI" are readily accessible and directly applicable in clinical decision-making. While the report highlights the importance of this user-friendly interface for ease of use, it does not detail specific customization features or provide a dedicated diagram illustrating the comprehensive user-centric design principles or customization functionalities beyond the general GUI.

#### ANALYSIS MODELLING

A Conceptual Show may be a representation of a framework that employments concepts and concepts to make said representation. Conceptual displaying is utilized over numerous areas, extending from the sciences to socioeconomics to computer program advancement. Examination Show could be a specialized representation of the framework. It acts as a connect between system depiction and plan show. In Investigation Demonstrating, data, behavior and capacities of the framework is characterized and interpreted into the design, component and interface level plan within the plan displaying.

#### V. SYSTEM DESIGN

Firstly, this modularity promotes a seamless and organized flow of data between different processing stages, from raw MRI scans to final diagnostic outputs. Secondly, the hierarchical arrangement inherently supports scalability, allowing for the integration of new algorithms or expansion of capabilities without disrupting the entire system. This design also optimizes resource utilization, ensuring that computational power is efficiently allocated across various tasks. The framework integrates a comprehensive set of components, beginning with robust data preprocessing to enhance image quality, followed by specialized modules for accurate tumor classification into specific types. It then proceeds with precise tumor segmentation to delineate exact tumor boundaries and staging to determine the tumor's progression level. Finally, a reporting module compiles all these findings into a unified and clinically noteworthy output, providing medical professionals with comprehensive and actionable insights for improved diagnosis and treatment planning.

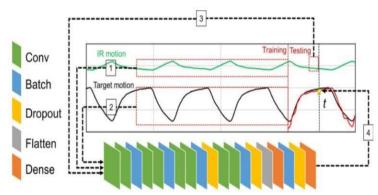


Fig.1. Schema of the convolutional neural network (CNN) model. The CNN model consisted of eight convolution layers (green), five batch normalization layers (blue), three dropout layers (yellow), a flatten layer (gray), and two dense layers (orange)

The CNN model consisted of training based on a large patient population and conducting patient-specific transfer learning. Initially, a single reference model was developed with the use of the historical dataset. In this process, CNN could learn and acquire knowledge from the dataset. The reference model was trained for 20 epochs with a learning rate



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of 0.001. The reason for the setting of parameters was based on the consideration that the reference model was finetuned later.

#### VI. IMPLEMENTATION

Case Studies and Real-World Implementations: **Patient Profile:** Ms. Anya Sharma, a 45-year-old female, presents to her neurologist complaining of persistent headaches, occasional dizziness, and a subtle decline in her short-term memory over the past few months. Her symptoms are non-specific, making an immediate diagnosis challenging.

**Traditional Diagnostic Approach:** In a conventional scenario, Ms. Sharma would undergo an MRI scan. A radiologist would then manually review hundreds of slices of the MRI images, meticulously searching for any anomalies. This process is time-consuming, highly dependent on the radiologist's experience, and susceptible to human error, particularly for small or early-stage tumors that may be difficult to discern. Delays in diagnosis could mean that by the time a tumor is definitively identified, it might have progressed further, potentially limiting treatment options.

- 1. **Dataset:** Utilizes the Kaggle Brain Tumor MRI Dataset, comprising over 7000 MRI images categorized into four classes: glioma, meningioma, no tumor, and pituitary.
- 2. **Data Preprocessing:** Involves resizing images, normalization, and extensive data augmentation (e.g., rotation, zooming) to enhance model robustness and prevent overfitting.
- 3. Model Architecture: Employs a Convolutional Neural Network (CNN) featuring:
  - Multiple convolutional layers.
  - Max-pooling layers for dimensionality reduction.
  - Batch normalization to stabilize training.
  - Dropout layers to mitigate overfitting.
  - Dense layers for final classification.
- 4. Softmax activation for multi-class output. **Training & Validation:** The dataset is split for training and validation, with the model trained using the Adam optimizer and categorical cross-entropy loss function.
- 5. **Performance Evaluation:** Assessed using key metrics including accuracy, precision, recall, F1-score, and a confusion matrix to provide a comprehensive analysis of the system's performance.

#### VII. RESULTS AND DISCUSSIONS

The testing stage of the computer program advancement life cycle (SDLC) centers on examination and disclosure. Amid the testing stage, designers discover out whether their code and programming work concurring to client necessities. It is conceivable to utilize the comes about from this stage to diminish the number of blunders inside the program program. Some time recently testing can start, the extend group creates a test arrange. The test arrange incorporates the sorts of testing, how the computer program will be tried, who ought to be the analyzers amid each stage, and test scripts, which are enlightening each analyzer employments to test the program. Test scripts guarantee consistency whereas testing.

# Tumor Analysis



## Classification Result:

Predicted Class: glioma

Fig.2.Classification of tumor on Home page.

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## Segmentation Results:

Tumor detected in the image.

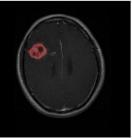


Fig.3. Scanning and Masking of the Tumor

Tumor Analysis Report
Location: The tumor is located in the left frontal lobe, at approximately pixel coordinates (Y: 93, X: 87) in the MRI image.

General Tumor Information
Max Diameter: 29.47 mm
Tumor Area: 682 mm²
Possible Infiltration: Yes
Tumor Staging Details
T-Stage: T2
Max Diameter (Staging): 29.47 mm
Tumor Area (Staging): 29.47 mm
Tumor Area (Staging): 882 mm²
Possible Infiltration (Staging): Yes
Note: The report is generated based on the segmented MRI image and analyzed date.

Fig.4. Analysis of the Tumor

Testing Methodology	Reason	Result
Unit Testing	Test person capacities and	Guarantees each
	components in segregation.	component works
	Division	autonomously as
	cover era.	anticipated.
Integration	Confirm the consistent	Affirms smooth
Testing	interaction between the	information stream and
	Classification Demonstrate,	utilitarian
	Division	arrangement between all
	Demonstrate, and	modules.
	Arranging Module.	
Framework	Assess the end-to-end	Guarantees that the by
Testing	usefulness of	and large
	TumorTrack AI.	framework meets extend
		prerequisites and
		conveys
		anticipated yields.
Approval Testing	•	Guarantees the show
	expectations against ground	expectations adjust with
	truth names	clinical desires.
	from MRI datasets.	

## **Testing Goals:**

- Approve the exactness and proficiency of the models on concealed information.
- Guarantee the framework can generalize over assorted MRI datasets.



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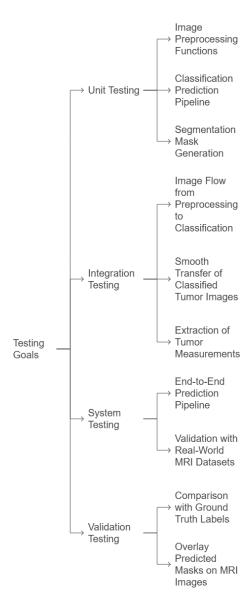
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- Assess the consistency of tumor discovery, classification, and division comes about. Distinguish potential predispositions or confinements within the demonstrate forecasts.
- Guarantee the yields are clinically interpretable and significant.

#### TumorTrack AI Testing Approach



## VIII. FUTURE ENHANCEMENT

The integration of 3D MRI imaging into TumorTrack AI will empower a more comprehensive examination of tumor volume and spatial structure, upgrading location precision and treatment arranging. By consolidating multi-modal information combination, counting CT filters, persistent therapeutic history, and hereditary data, the model's prescient exactness will be encourage made strides, giving a more all encompassing see of the patient's condition. Real-time sending by means of a cloud-based or portable application will make tumor discovery and announcing available to healthcare experts around the world, progressing decision-making and persistent care. Actualizing Logical AI (XAI) methods will guarantee that show expectations are straightforward and interpretable, permitting clinicians to believe and get it the thinking behind choices. The refinement of tumor organizing calculations through the integration of progressed therapeutic rules and real- world clinical datasets will improve the system's exactness. To guarantee compliance with restorative information security measures such as HIPAA and GDPR, strong information security and security measures will be implemented. Demonstrate optimization for low-resource situations will permit sending on



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DOI: 10.17148/IJARCCE.2025.14802

gadgets with constrained computational control, extending get to to the framework. Collaboration with clinics and investigate centers for clinical trials and input will advance move forward framework execution. These upgrades will make TumorTrack AI a more vigorous, versatile, and clinically versatile arrangement, eventually contributing to progressed healthcare results.

#### IX. CONCLUSION

In essence, the TumorTrack AI project represents a pivotal leap in neuro-oncology diagnostics, leveraging advanced Convolutional Neural Networks (CNNs) to transform the traditional, often subjective, process of brain tumor detection, classification, and staging from MRI scans. By moving beyond manual analysis, this AI-driven approach significantly improves accuracy, mitigates errors, and accelerates diagnosis, thereby enabling timely clinical decision-making that leads to better treatment outcomes and enhances the overall efficiency of healthcare. Ultimately, TumorTrack AI exemplifies the transformative potential of integrating sophisticated AI technologies into medical practice to augment human capabilities and deliver more precise, efficient, and life-saving care.

#### ACKNOWLEDGEMENT

We gratefully acknowledge the students, staff, and authority of Computer Science x and engineering department for their cooperation in the research.

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