

A Medical Analysis for Colorectal Lymphomas using 3D MRI Images and Deep Residual Boltzmann CNN Mechanism

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Abstract: In this technological world the healthcare is very crucial and difficult to spend time for the wellbeing. The lifestyle disease can transform in to the life threatening disease and lead to critical stages. Colorectal lymphomas are the 3rd most malignancy death in the entire world. The estimation of the volume of lymphomas is often used by Magnetic Resonance Imaging during medical diagnosis, particularly in advanced stages. The research study can be classified in multiple stages. In the initial stages, an automated method is used to calculate the volume of the colorectal lymphomas using 3D MRI images. The process begins with feature extraction using Iterative Multilinear Component Analysis and Multiscale Phase level set segmentation based on CNN model. Then, a logical frustum model is utilized for 3D simulation of colon lymphoma for rendering the medical data. The next stages is focused on tackling the matter of segmentation and classification of abnormality and normality of lymph nodes. A semi supervised fuzzy logic algorithm for clustering is used for segmentation, whereas bee herd optimization algorithm with scale down for employed to intensify corresponding classifier rate of detection. Finally, classification is performed using Deep residual Boltzmann CNN. Our proposed methodology gives a better results and diagnosis prediction for lymphomas for an accuracy 97.7%, sensitivity 95.7% and specificity as 95.8% which is superior than the traditional approach.

Keywords: Colorectal Lymphoma (CL), Accuracy, Sensitivity, Specificity, Convolution neural network (CNN) Deep Residual Boltzmann Convolution neural network (DRBCNN).

I. Introduction

Uncontrolled proliferation and spread of aberrant cell types is the hallmark feature of cancer. Malignancy is a disease in which a collection of cells undergoes uncontrolled growth, incursion (invasion and destruction of neighboring tissues), and in rare cases metastasis. Oncology is a specialty of medicine that deals with cancer prevention, research, diagnosis and treatment. Malignancy may affect peoples of all ages, including infants, although the risk of most mixed bags increases with ages. This research focusses on to evolve an automated technique for calculating colon volume using three-dimensional MRI images. The purpose is assisting medical specialist in accurately identifying the numeral and location of metastatic lymph nodes. The research intent to enhance the detection rate of classifier and provide an additional classification method that can achieve high accuracy in prediction.

Primary survey for Men-female colorectal cancer statistics

World Cancer Research reports that colorectal cancer, also malignancy in colon which attained the 3rd position among male and 2nd common among female.

The exact cause for this cancer is still unknown factor that makes the research towards this colon cancer is inevitable

- Asia carries the highest burden of colorectal cancer, with over half of all cases and deaths recorded in the region.
- Compared to Western countries, number of malignancy in colon in India is lower, and it made a position as the seventh in general analysis of cancer ratio in the country
- It was estimated the rate of colon cancer increases with lack of physical activities and high consumption of alcohol
- According to the survey regarding the new cases and death rate of cancer in male and female are estimated as 8% new cases detected comparatively with other cancer's but for the death rate there is small difference in male and female



Figure 1:2021 Statistics for Men –female colorectal cancer
(Source: <https://www.cancer.org/cancer/colon-rectal-cancer/about/key-statistics.html>)

1.1 An overview about Colorectal Lymphoma

Colorectal lymphomas call attention to the occurrence of malignancy in the colon and rectum, a section of the digestion system especially larger intestine. It results from the deviate growth of cells that can develop or spread to body part sooner and faster. The presence of colorectal lymphomas by two criteria: the dimension of lymph in the colon and whether the malignancy has metastasized or disseminated all over the body. Figure 2 below illustrate the refinement of colorectal lymphoma taken from polyps to dangerous stages.

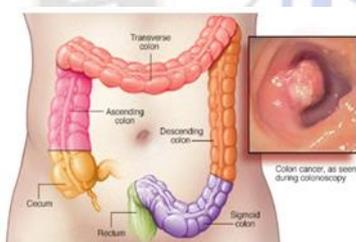


Figure 2: Colorectal Cancer

(Source: <https://www.mayoclinic.org/diseases-conditions/colon-cancer/symptoms-causes/syc-20353669>)

Colorectal lymphoma is mainly found in individual with non-genetic history of the illness, accounting for 70% to 90% of cases. The Components that raise the risk of advancing colorectal cancer include advanced age, male gender, high-fat diet, alcohol or meat consumption, continuous smoking habit, and reduce level of metabolic activity. Colorectal tumors are detected by examining a dubious colon site for signs of lump growth, typically through a colonoscopy, while level of malignancy is determined by a Computerized tomography scan of ribs, pelvis and abdomen. Supplementary imaging test like Pets can and MRI may be used in certain cases. Staging of colorectal cancer refers to the extent to which malignancy has disseminated from its origin in the

colon lymph to different biological structures in intestine area through vital fluid and lymphatic vessels at diagnosis time. The staging in accurate is critical for analyzing treatment options and determining prediction. The tumor node and metastasis system are a generally used staging system in therapeutic settings.

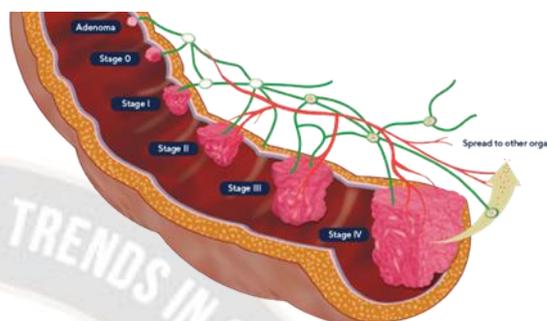


Figure 3: Different stages of Colorectal Cancer
(Sources: <https://www.rhythmbio.com/colorectal-cancer>)

It is believed that most cases of colorectal cancer advances in a methodological manner called as the sequence of adenoma carcinoma. This process involves the transformation of normal intestinal mucosa in to an adenoma, which the progresses to become adenocarcinoma.

1.2 CNN (Convolutional Neural Network) for Colon cancer prediction

While the description of CNN is generally accurate, there are some technical inaccuracies in the provided components. Here is a corrected version:

A Convolution Neural Network is a kind of machine learning system which is particularly good at image processing. It takes an input image, analyzes and attributes significance to distinct parts in the picture, and then discriminates between them to perform functions such as object recognition, image classification, or segmentation. The key component of a typical CNN include:

- Input layer: The input layer takes a grayscale or color image as the input unit.
- Convolutional layer: This layer applies filter or kernels to the input images to extract features and create a feature map. Each filter produces a set of activations which constitutes the occurrence of particular pattern in the loaded image.
- Activation layer : This layer applies an activation function without linearity in particular Rectified Linear unit ,to the output of the convolution layer ,introducing non-linearity into the model and improving its ability to capture complex pattern.

- Pooling layer: The down sampling is technique used in this layer reduces the spatial dimension of the feature maps, usually through max or average pooling. This makes the network more robust to variations in the input images, while also reduces the count of parameters and required computation.
- Fully connected layer: The special feature of this layer is the connectivity of all neurons in the previous layer to all neurons in the current layer, also enabling the network for learning mapping complex from the loaded input to the output. The terminating fully connected layer typically produces the final classification output of the connected mesh.

Overall, CNNs have shown remarkable success in different computer viewing task ,attaining state of the art performance on many benchmarks and datasets.

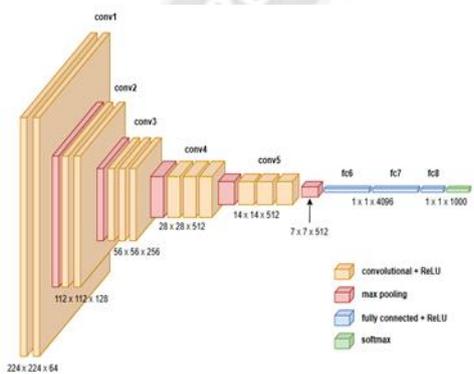


Figure 4: Convolutional neural network Architecture (Source: <https://towardsdatascience.com/how-to-easily-draw-neural-network-architecture-diagrams-a6b6138ed875>)

1.3 Colorectal detection using MRI

Colon tumor, rectal tumor, bowel tumor, and colorectal adenocarcinoma are used to describe Colorectal tumor. RI (Medical Imaging) is a method which employs electromagnetic waves and a magnetic field to generate images in depth of the heart and tissues. According to MRI, the differences between the normal and abnormal soft tissue of the body have also proved especially beneficial in identifying a range of illnesses

II. 3D MRI images by performing volume calculation for Automated Colorectal Lymphoma

The first step involved in analyzing rectal MR image is pre-processing, which involves using the process of improving an image can involve using technique such as Weighted Adaptive Median Filtering technique also incorporated with Uplift Laplacian Partial Differential Equation. Feature extraction is then performed using Iterative Multi-linear

component analysis. These extracted features are input into the Convolution neural Network based Multiscale Phase Level Set Segmentation Process, which automatically analyzes the abnormal resection margin and produces results consistent with traditional segmentation algorithm. Finally Logical Frustum Model is used for reding the medical data to created the simulation in 3D of colorectal lymphoma.

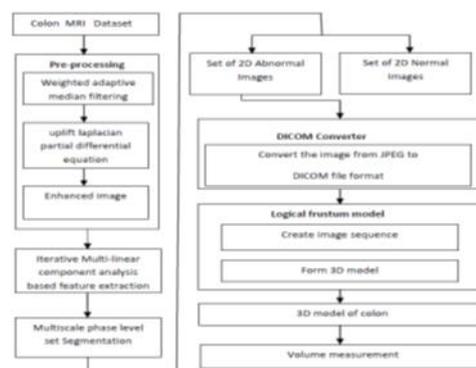


Figure 5: Schematic diagram for loaded 3D MRI images by performing volume calculation for Automated Colorectal Lymphoma [1][2]

2.1 Weighted Adaptive Median Filter

Weighted adaptive median filters are used to reduce noise in MR pictures. Ordering pixel approval leads to the median, and then the middle of the pixel ranking is shifted to the middle. The variation between adjacent pixels is calculated by substituting the average of nearby pixels for each pixel in the filter. The filter may be used to assess noise in original MR pictures without sharpness decrease

2.2 Iterative Multilinear Component Analysis

In order to explore the detection of colon lymphoma in the MRI picture, the texture features are retrieved utilizing the “Iterative multi-linear component analysis (IMCA)”. Since it creates the most self-reliant component vectors, the IMCA may be classified as unrestricted learning. For this strategy, the classification issue is directly related to the distribution of input.

2.3 3D Reconstruction Modelling (logical frustum model’s)

The MRI colon can scan a large number of pictures, but the reconstruction process is time consuming and difficult. The photos may be converted from JPEG to DICOM format before the

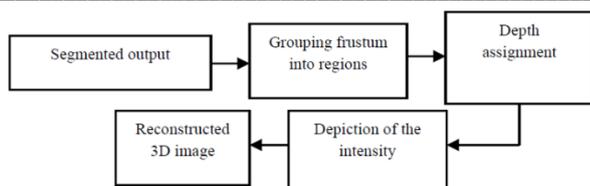


Figure 6: 3D image reconstruction

procedure begins. On a segmented output, logical frustum model is then used. The logical frustum model's (LFM's) step-by-step approach is shown in figure 6

III. A Deep residual Boltzmann Convolution Neural Network prediction for tumor response colorectal lymph node

This approach outlines a compressive method for segmenting and classifying colon CT Images using various image processing technique and models for deep learning. A range of tools are utilized to enhance the accuracy and make classification process to be efficient which including shear let filter with curvature based and method called contrast limited savitzkvgolav histogram equalization for preprocessing the images, along with semi supervised fuzzy logic clustering segmentation, gray level cooccurrence matrix for feature extraction and Bee Herd Colony Optimization Algorithm for feature selection. Additionally, the use of Deep Residual Boltzmann CNN for classification is a cutting-edge technique in deep learning that can yields peak generalization and score for stability in actual world.

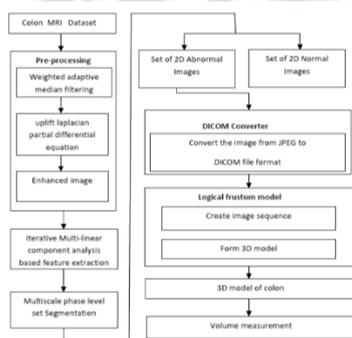


Figure 7: Schematic diagram for Deep residual Boltzmann Convolution Neural Network prediction for tumor response colorectal lymph node [2]

3.1 Shear let filter uses a curvature-based

To implement an advanced image processing approach, the first step is to perform image processing, which involves separating noisy pixels from their neighbors using all the pixels in the image. The method replaces the median pixel values in the surrounding area that have passed a noise labelling test. This technique utilizes a shear let filter that

feature a curvature-based design to minimize distortion and eliminate impulsive noise. Following this, contrast limited Savitzky Golay histogram equalization can be applied to further improve image quality.

3.2 Semi-supervised fuzzy logic clustering

The initial step in the process of feature extraction involves segmentation, which refers to the division of an image into multiple segments. To achieve this, the semi-supervised fuzzy logic clustering segmentation technique is utilized to break down the colon image into various segments. This process involves identifying points, boundary lines and image curves, which can be represents as a group of sections that make up the entire object or a collection of contours derived from the image. Segmentation is akin to using topography to delineate edges in an image, which allows for easy pre-determination of image features. In this research, grayscale values are used to determine the gradient's intensity in the process of segmentation. The gradient in image velocity is characterized by pixels with high as well as low value across the object's boundaries. Ultimately, this approach enables process of region of interest in segmentation process.

3.3 Feature analysis with Gray Level Co-occurrence Matrix

GLCM is a technique involved in image processing for text analysis and feature extraction. It extracts statistical information on the relationships between pixels in an image based on their spatial relationships and gray level intensities. This method can be used to eliminate unwanted features and retain the essential texture features required for classification. By analyzing the frequency of pixel pairs in specific directions and distances, GLCM can provide texture features such as contrast, correlation, energy, and homogeneity, which can be used for further analysis and classification.

3.4 Bee herd Optimization

Bee colony optimization algorithm is a metaheuristic algorithm for optimization that is meant by the acquiring foods of honeybees. In this algorithm, a population of bees represents the candidate solutions and their quality is evaluated by a fitness function. The bees communicate with each other by exchanging information about their fitness, and the best solutions are gradually identified. The feature selection problem is addressed by this algorithm, where the goal is to identify the most important features from a biggest set of input features. By using the bee colony optimization algorithm, the search for the optimal subset of features can be performed more efficiently, reducing the cost of computational of the classification process. In the

environment of colon CT image analysis, the bee colony optimization algorithm can be used to identify the most relevant texture features that can be used as resource for the classification model. The algorithm can be improving the accuracy of classification and reduce time required for computational for training as well as testing of the model by decreasing the number of features

3.5 Deep residual Boltzmann CNN

The classification may be done using a Deep Residual Boltzmann CNN. DRBCNN contains a number of properties, and function layers are used to obtain meaningful classification results. In order to build the DRBCNN function, the kernel is used, and the batten functionality is categorized. In this case, every layer of the kernel has been activated. A kernel technique may transform any linear model into a nonlinear template. As a result of this, greater qualities and thresholds are delivered more quickly. For the real-world application DRBCNN algorithm is used for categorizing because of its high generalization as well as high stability value. The categorization process is separated during the first stages of planning and study. Training the DRBCNN on sample datasets makes it simple to understand the retrieved features. As it is checked, the DRBCNN divides the datasets into distinct portions.

IV. Results Analysis

The suggested methodology can be correlated with existing deep learning-based algorithms and performance metric are analysed by

- ❖ Accuracy
- ❖ Sensitivity
- ❖ Specificity
- ❖ Running epoch

4.1 Accuracy analysis

The definition of accuracy is the proportion of properly anticipated outcomes, which includes both True positive, False Positive, False Negative and True negative, in relative to the overall number of occurrences that were investigated.

$$\text{Accuracy} = (\text{True positive} + \text{True Negative}) / (\text{True positive} + \text{True Negative} + \text{False positive} + \text{False Negative})$$

a) Colorectal Segmentation Method

No: of images	Accuracy				
	MPLS 3D(Proposed)	STVGG	TLVGG	UNET	SENET
100	0.40	0.35	0.30	0.27	0.20
200	0.51	0.45	0.40	0.35	0.32
300	0.70	0.53	0.60	0.43	0.40
400	0.80	0.72	0.69	0.69	0.46
500	0.90	0.87	0.85	0.72	0.55
600	0.99	0.92	0.87	0.81	0.74

Table 1: Accuracy Vs No of Images

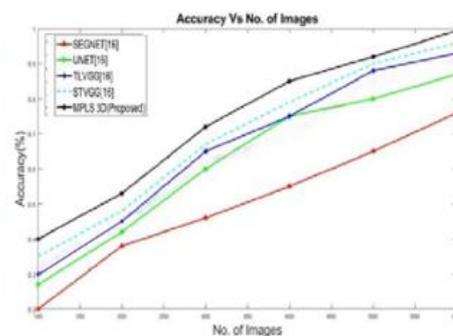


Figure 8: Prediction of accuracy

The above table and graph demonstrate that the technique that is suggested surpasses current methods in terms of efficiency.

Sectionalization based on CNNs for multiscale phase level sets.

b) DRBCNN Method

No: of images	Accuracy			
	DRBCNN(Proposed)	Inception	Resenet 50	Resnet 18
5	93.8	86	84.2	83.2
15	94	86.2	85.2	83.4
25	94.6	86.2	85	83.6
35	95	86.4	85.8	84.0
45	96	86.8	86.2	84.2

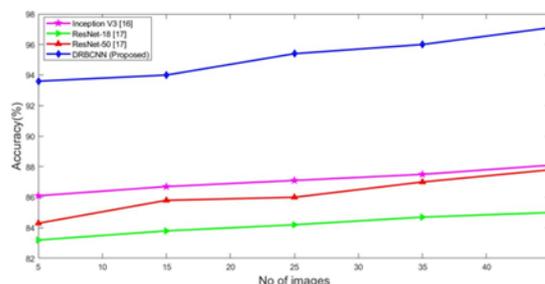


Table 2: Accuracy Vs No of Images

Figure 9: Prediction of accuracy

A maximum accuracy yield of 97.7 percent is shown in Figure 9 and table 2 that is superior to traditional methods.

4.2 Sensitivity analysis (SN)

The fraction of real True positive predictions to the overall no: of positive predictions is known as sensitivity. In binary classification, sensitivity and recall are the same

$$\text{Sensitivity} = \frac{\text{True positive}}{\text{True positive} + \text{False Negative}}$$

a) Colorectal Segmentation Method

No: of images	Sensitivity				
	MPLS 3D(Proposed)	STVGG	TLVGG	UNET	SEGNET
100	0.45	0.35	0.33	0.25	0.20
200	0.50	0.40	0.38	0.34	0.32
300	0.65	0.57	0.55	0.40	0.38
400	0.75	0.70	0.65	0.53	0.51
500	0.85	0.78	0.71	0.65	0.52
600	0.97	0.79	0.78	0.70	0.65

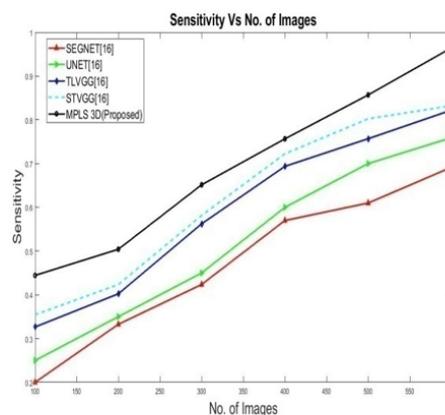


Table 3: Sensitivity Vs No of Images

Figure 10: Prediction of Sensitivity

The suggested “Multiscale phase level set segmentation” technique classifier is shown in Figure 10 and table 3. Colorectal cancer may be accurately predicted using the

suggested technique, which has Classification sensitivity of 98.9%.

b) DRBCNN Method

No: of images	Sensitivity			
	DRBCNN(Proposed)	Inception	Resenet 50	Resnet 18
5	92.0	87.0	86.0	80.4
15	93.0	87.0	86.0	81.1
25	94.0	87.2	86.1	82.0
35	93.8	87.0	86.2	82.1
45	94.2	87.0	86.1	82.4

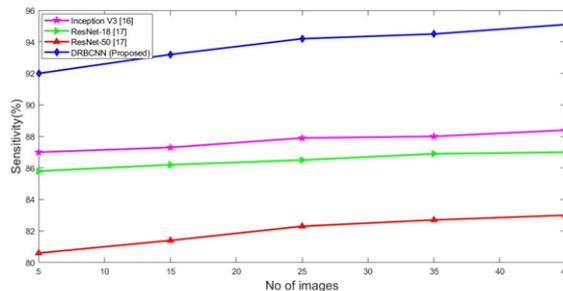


Table 4: Sensitivity Vs No of Images

Figure 11: Prediction of Sensitivity

The suggested system, shown in Figure 11 and table 4, has a maximum sensitivity (95.7 percent) than the currently used technique.

4.3 Specificity analysis (SP)

The proportion of the overall number of accurate negative forecasts to the entire number of forecasts that are negative is the definition of specificity

$$\text{Specificity} = \frac{\text{True positive}}{(\text{True positive} + \text{False Positive})}$$

a) Colorectal Segmentation Method

No: of images	Specificity				
	MPLS 3D(Proposed)	STVGG	TLVGG	UNET	SEGNET
100	0.40	0.35	0.30	0.28	0.20
200	0.54	0.48	0.35	0.30	0.29
300	0.73	0.68	0.38	0.37	0.33
400	0.82	0.78	0.53	0.51	0.42
500	0.93	0.88	0.88	0.57	0.51
600	0.99	0.98	0.98	0.97	0.97

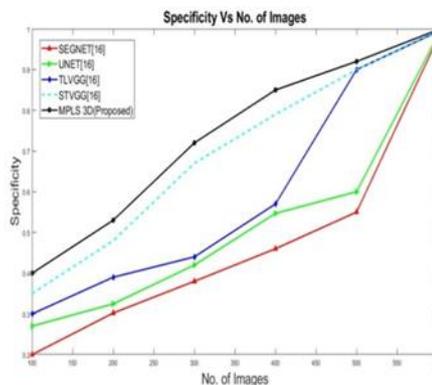


Table 5: Specificity Vs No of Images

Figure 12: Prediction of Specificity

The genuine negative rate refers to the specificity of the individual negative measurements. Figure 12 and table 5

reveals that the proposed “CNN-based Multiscale phase level set segmentation” exhibits well when compared to other current approaches, achieving 99.9% specificity

b) DRBCNN Method

No: of images	Specificity			
	DRBCNN(Proposed)	Inception	Resenet 50	Resnet 18
5	91.5	91.0	89.0	80.5
15	92.0	91.5	89.1	81
25	92.5	91.4	89.1	81.5
35	93.0	91.5	89.3	83.0
45	93.5	91.0	89.2	83.1

Table 6: Specificity Vs No of Images

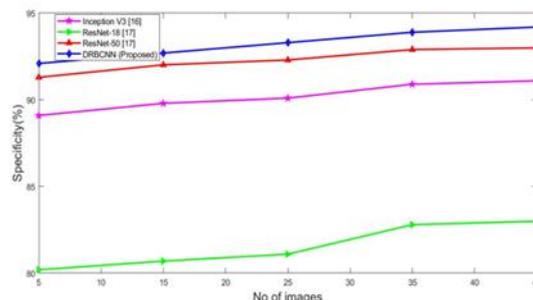


Figure 13: Prediction of Specificity

The novel approach's specificity values are compared to the approaches shown in Figure 13 and table 6. The graph shows that the suggested technique has a greater specificity than the currently used methods (95.8 percent).

Correlation of learning curves of the training and validation

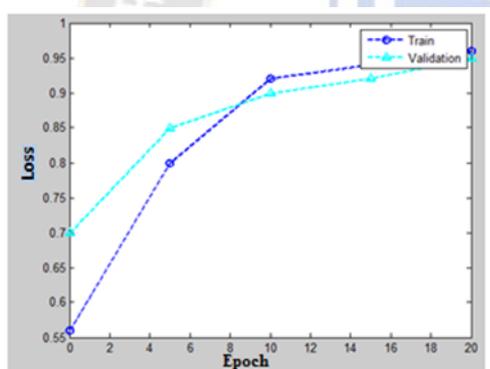


Figure 14: Comparison of the learning curves of the training and validation

The graph shows are no severe over-fitting as the performance loss falls continuously and the formation loss diminishes. This contrasted in SVGG(Self placed transfer visual Geometry Group) for effectiveness of proposed method Multiscale phase level set segmentation

V. Conclusion and Future scope

The article discussing about the key points which focusses on the use of advanced image processing technique and deep learning algorithm to segment and classify colon CT images for the prediction of colorectal lymphoma. The article presents a compressive methodology that include several steps to enhance the image processing workflow, starting from preprocessing technique, segmentation, feature extraction, feature optimization and classification. The study

shows that the proposed methods is more efficient and effective compared to other conventional methods in terms of consistency and runtime metrics. The outcome of the study is expected to aid clinicians in developing a consistent treatment strategy for colorectal lymphoma, which is a life-threatening condition with a high mortality rate.

Reference:

- [1] Manu M R ,T Poongodi,2022 'Prediction of the tumour response lymph node based on deep residual Boltzmann convolution nueral network ',Vol.(20) No 8
- [2] Manu M R ,T Poongodi,2022,' Predicting the Correlation colorectal lymphoma using convolution neural networks', Published in: 2022 3rd International Conference on Computation, Automation and Knowledge Management (ICCAKM), ISBN:978-1-6654-5320-2
- [3] Manu M. R et. al Automated Colorectal Lymphoma volume calculation using 3D MRI Images (Turkish Journal of Computer and Mathematics Education Vol.12 No.6 (2021), 4240-4251.
- [4] Abdelsamea, M.M., Pitiot, A., Grineviciute, R.B., Besusparis, J., Laurinavicius, A. and Ilyas, M 2019, 'A cascade-learning approach for automated segmentation of tumour epithelium in colorectal cancer', Expert Systems with Applications, vol.118, pp.539-552.
- [5] Altini, N., Marvulli, T.M., Caputo, M., Mattioli, E., Prencipe, B., Cascarano, G.D., Brunetti, A., Tommasi, S., Bevilacqua, V., Summa, S.D. and Zito, F.A 2021, 'Multi-class Tissue Classification in Colorectal Cancer with Handcrafted and Deep Features', In International Conference on Intelligent Computing, Springer, pp. 512-525).
- [6] Babu, T., Singh, T., Gupta, D. and Hameed, S 2021, 'Colon cancer prediction on histological images using deep learning features and Bayesian optimized SVM', Journal of Intelligent & Fuzzy Systems, Preprint, pp.1-12.
- [7] Berger-Kulemann, V., Schima, W., Baroud, S., Koelblinger, C., Kaczirek, K., Gruenberger, T., Schindl, M., Maresch, J., Weber, M. and Ba-Ssalamah, A 2012. 'Gadoxetic acid-enhanced 3.0 T MR imaging versus multidetector-row CT in the detection of colorectal metastases in fatty liver using

- intraoperative ultrasound and histopathology as a standard of reference', *European Journal of Surgical Oncology EJSO*, vol. 38 no.8, pp.670-676.
- [8] Bibault, J.E., Giraud, P., Housset, M., Durdux, C., Taieb, J., Berger, A., Coriat, R., Chaussade, S., Dousset, B., Nordlinger, B. and Burgun, A 2018, 'Deep learning and radiomics predict complete response after neo-adjuvant chemoradiation for locally advanced rectal cancer', *Scientific reports*, vol. 8 no. 1, pp.1-8.
- [9] Blanes-Vidal, V., Baatrup, G. and Nadimi, E.S 2019, 'Addressing priority challenges in the detection and assessment of colorectal polyps from capsule endoscopy and colonoscopy in colorectal cancer screening using machine learning'. *Acta Oncologica*, vol. 58 sup1, pp.S29-S36.
- [10] Borkowski, A.A., Wilson, C.P., Borkowski, S.A., Thomas, L.B., Deland, L.A. and Mastorides, S.M 2018, 'Apple machine learning algorithms successfully detect colon cancer but fail to predict KRAS mutation status'. *arXiv preprint arXiv*, vol. 1812.04660.
- [11] Bychkov, D., Linder, N., Turkki, R., Nordling, S., Kovanen, P.E., Verrill, C., Walliander, M., Lundin, M., Haglund, C. and Lundin, J 2018, 'Deep learning based tissue analysis predicts outcome in colorectal cancer', *Scientific reports*, vol. 8, no. 1, pp.1-11.
- [12] Bychkov, D., Turkki, R., Haglund, C., Linder, N. and Lundin, J 2016, 'Deep learning for tissue microarray image-based outcome prediction in patients with colorectal cancer', *International Society for Optics and Photonics*, vol. 9791, p. 979115.
- [13] Cârțână, E.T., Gheonea, D.I. and Săftoiu, A 2016. 'Advances in endoscopic ultrasound imaging of colorectal diseases', *World journal of gastroenterology*, vol. 22, no. 5, p.1756.
- [14] Caruso, S., Bazan, V., Rolfo, C., Insalaco, L., Fanale, D., Bronte, G., Corsini, L.R., Rizzo, S., Cicero, G. and Russo, A 2012. 'MicroRNAs in colorectal cancer stem cells: new regulators of cancer stemness?'. *Oncogenesis*, vol. 1, no. 11, pp.e32-e32.
- [15] Chen, L.D., Liang, J.Y., Wu, H., Wang, Z., Li, S.R., Li, W., Zhang, X.H., Chen, J.H., Ye, J.N., Li, X. and Xie, X.Y 2018. 'Multiparametric radiomics improve prediction of lymph node metastasis of rectal cancer compared with conventional radiomics', *Life sciences*, vol. 208, pp.55-63.
- [16] Cho, S.B. and Won, H.H 2003, 'Machine learning in DNA microarray analysis for cancer classification', In *Proceedings of the First Asia-Pacific Bioinformatics Conference on Bioinformatics 2003*, vol. 19, pp. 189-198.
- [17] Choi, Y.R., Kim, J.H., Park, S.J., Hur, B.Y. and Han, J.K 2017. 'Therapeutic response assessment using 3D ultrasound for hepatic metastasis from colorectal cancer: application of a personalized', 3D-printed tumor model using CT images, *Plos one*, vol. 12, no 8, p.e0182596.
- [18] Coenegrachts, K., Bols, A., Haspelslagh, M. and Rigauts, H 2012, 'Prediction and monitoring of treatment effect using T1-weighted dynamic contrast-enhanced magnetic resonance imaging in colorectal liver metastases: potential of whole tumour ROI and selective ROI analysis', *European journal of radiology*, vol. 81, no. 12, pp.3870-3876.
- [19] Dawson, I.M.P., Cornes, J.S. and Morson, B.C 1961, 'Primary malignant lymphoid tumours of the intestinal tract', Report of 37 cases with a study of factors influencing prognosis, *British Journal of Surgery*, vol. 49, no. 213, pp.80-89.
- [20] de Wit, M., Kant, H., Piersma, S.R., Pham, T.V., Mongera, S., van Berkel, M.P., Boven, E., Pontén, F., Meijer, G.A., Jimenez, C.R. and Fijneman, R.J 2014, 'Colorectal cancer candidate biomarkers identified by tissue secretome proteome profiling', *Journal of proteomics*, vol. 99, pp.26-39.
- [21] Ding, L., Liu, G., Zhang, X., Liu, S., Li, S., Zhang, Z., Guo, Y. and Lu, Y 2020. 'A deep learning nomogram kit for predicting metastatic lymph nodes in rectal cancer', *Cancer Medicine*, vol. 9, no. 23, pp.8809-8820.
- [22] Fan, N.J., Kang, R., Ge, X.Y., Li, M., Liu, Y., Chen, H.M. and Gao, C.F 2014, 'Identification alpha-2-HS-glycoprotein precursor and tubulin beta chain as serology diagnosis biomarker of colorectal cancer', *Diagnostic pathology*, vol. 9, no. 1, pp.1-11.
- [23] Fan, X.J., Wan, X.B., Huang, Y., Cai, H.M., Fu, X.H., Yang, Z.L., Chen, D.K., Song, S.X., Wu, P.H., Liu, Q. and Wang, L 2012. 'Epithelial-mesenchymal transition biomarkers and support vector machine guided model in preoperatively predicting regional lymph node metastasis for rectal cancer', *British journal of cancer*, vol. 106, no. 11, pp.1735-1741.
- [24] Fouladi, D.F., Zarghampour, M., Pandey, P., Pandey, A., Varzaneh, F.N., Ghasabeh, M.A., Khoshpouri, P. and Kamel, I.R 2020, 'Baseline 3D-ADC outperforms 2D-ADC in predicting response to treatment in patients with colorectal liver metastases', *European radiology*, vol. 30, no 1, pp.291-300.
- [25] Guachi, L., Guachi, R., Bini, F. and Marinozzi, F 2019. 'Automatic colorectal segmentation with convolutional neural network', *Computer-Aided Design and Applications*, vol. 16, no. 5, pp.836-845.
- [26] Gupta, P., Chiang, S.F., Sahoo, P.K., Mohapatra, S.K., You, J.F., Onthoni, D.D., Hung, H.Y., Chiang, J.M., Huang, Y. and Tsai, W.S 2019, 'Prediction of colon cancer stages and survival period with machine learning approach. *Cancers*', vol. 11, no. 12, pp. 2007.
- [27] Horaira, M.A., Ahmed, M.S., Kabir, M.H., Mollah, M.N.H. and Shah, M.A.R 2018, 'Colon cancer prediction from gene expression profiles using kernel based support vector machine', *International Conference on Computer, Communication, Chemical, Material and Electronic Engineering (IC4ME2)*, pp. 1-4.
- [28] Huang, Y.J., Dou, Q., Wang, Z.X., Liu, L.Z., Wang, L.S., Chen, H., Heng, P.A. and Xu, R.H 2018, 'HL-FCN: Hybrid loss guided FCN for colorectal cancer segmentation' *IEEE 15th International Symposium on Biomedical Imaging (ISBI 2018)*, pp. 195-198.
- [29] Ichikawa, T., Erturk, S.M., Motosugi, U., Sou, H., Iino, H., Araki, T. and Fujii, H 2006. 'High-B-value diffusion-weighted MRI in colorectal cancer'. *American Journal of Roentgenology*, vol. 187, no. 1, pp.181-184.

- [30] Irving, B., Cifor, A., Papież, B.W., Franklin, J., Anderson, E.M., Brady, M. and Schnabel, J.A 2014, 'Automated colorectal tumour segmentation in DCE-MRI using supervoxel neighbourhood contrast characteristics', In International Conference on Medical Image Computing and Computer-Assisted Intervention, Springer, pp. 609-616.
- [31] Jian, J., Xiong, F., Xia, W., Zhang, R., Gu, J., Wu, X., Meng, X. and Gao, X 2018, 'Fully convolutional networks (FCNs)-based segmentation method for colorectal tumors on T2-weighted magnetic resonance images', Australasian physical & engineering sciences in medicine, vol. 41, no. 2, pp.393-401.
- [32] Jin, Z 2021, 'Expert consensus on the colorectal cancer annotation of CT and MRI'. Chinese Journal of Academic Radiology, pp.1-9.
- [33] Joshi, N., Bond, S. and Brady, M 2010. 'The segmentation of colorectal MRI images', Medical image analysis, vol. 14, no. 4, pp.494-509.
- [34] Kang, J. and Gwak, J 2019, 'Ensemble of instance segmentation models for polyp segmentation in colonoscopy images'. IEEE Access, vol. 7, pp.26440-26447.
- [35] Kekelidze, M., D'Errico, L., Pansini, M., Tyndall, A. and Hohmann, J 2013, 'Colorectal cancer: current imaging methods and future perspectives for the diagnosis, staging and therapeutic response evaluation', World journal of gastroenterology, vol. 19, no. 46, pp. 8502.
- [36] Kwak, M.S., Lee, H.H., Yang, J.M., Cha, J.M., Jeon, J.W., Yoon, J.Y. and Kim, H.I 2021, 'Deep Convolutional Neural Network-Based Lymph Node Metastasis Prediction for Colon Cancer Using Histopathological Images', Frontiers in Oncology, vol. 10, pp.3053.
- [37] Laimer, G., Jaschke, N., Schullian, P., Putzer, D., Eberle, G., Solbiati, M., Solbiati, L., Goldberg, S.N. and Bale, R 2021, 'Volumetric assessment of the periablational safety margin after thermal ablation of colorectal liver metastases', European radiology, pp.1-11.
- [38] Li, H., Boimel, P., Janopaul-Naylor, J., Zhong, H., Xiao, Y., Ben-Josef, E. and Fan, Y 2019, 'Deep convolutional neural networks for imaging data based survival analysis of rectal cancer', IEEE 16th International Symposium on Biomedical Imaging, IEEE, pp. 846-849.
- [39] Li, Q., Yang, G., Chen, Z., Huang, B., Chen, L., Xu, D., Zhou, X., Zhong, S., Zhang, H. and Wang, T 2017, 'Colorectal polyp segmentation using a fully convolutional neural network', 10th international congress on image and signal processing, biomedical engineering and informatics, IEEE, pp. 1-5.
- [40] Li, Y., Eresen, A., Shanguan, J., Yang, J., Lu, Y., Chen, D., Wang, J., Velichko, Y., Yaghamai, V. and Zhang, Z 2019, 'Establishment of a new non-invasive imaging prediction model for liver metastasis in colon cancer', American journal of cancer research, vol. 9, no. 11, p.2482.
- [41] Liu, X., Guo, S., Zhang, H., He, K., Mu, S., Guo, Y. and Li, X 2019, 'Accurate colorectal tumor segmentation for CT scans based on the label assignment generative adversarial network', Medical physics, vol. 46, no.8, pp.3532-3542.
- [42] Liu, Y., Aickelin, U., Feyerleis, J. and Durrant, L.G 2013, 'Wavelet feature extraction and genetic algorithm for biomarker detection in colorectal cancer data', Knowledge-Based Systems, vol. 37, pp.502-514.
- [43] Manu, M.R. and Balamurugan, B., 2021, Tautomated Colorectal Lymphoma Volume Calculation Using 3d Mri Images, Turkish Journal of Computer and Mathematics Education, vol. 12, no. 6, pp.4240-4251.
- [44] Marcan, M., Pavliha, D., Music, M.M., Fuckan, I., Magjarevic, R. and Miklavcic, D 2014, 'Segmentation of hepatic vessels from MRI images for planning of electroporation-based treatments in the liver', Radiology and oncology, vol. 48, no. 3, pp.267.
- [45] Marcuello, M., Vymetalkova, V., Neves, R.P., Duran-Sanchon, S., Vedeld, H.M., Tham, E., van Dalum, G., Flügen, G., Garcia-Barberan, V., Fijneman, R.J. and Castells, A 2019, 'Circulating biomarkers for early detection and clinical management of colorectal cancer', Molecular Aspects of Medicine, vol. 69, pp.107-122.
- [46] Mark, E.B., Poulsen, J.L., Haase, A.M., Frøkjær, J.B., Schlageter, V., Scott, S.M., Krogh, K. and Drewes, A.M 2017, 'Assessment of colorectal length using the electromagnetic capsule tracking system', a comparative validation study in healthy subjects, Colorectal Disease, vol. 19, no. 9, pp.O350-O357.
- [47] Meier and Wildermuth 2002, 'Feasibility and potential of MR-colonography for evaluating colorectal cancer', Swiss surgery, vol. 8, no. 1, pp.21-24.
- [48] Mozdiak, E., Wicaksono, A.N., Covington, J.A. and Arasaradnam, R.P 2019. 'Colorectal cancer and adenoma screening using urinary volatile organic compound (VOC) detection: early results from a single-centre bowel screening population (UK BCSP)', Techniques in coloproctology, vol. 23, no. 4, pp.343-351.
- [49] Muhi, A., Ichikawa, T., Motosugi, U., Sou, H., Nakajima, H., Sano, K., Sano, M., Kato, S., Kitamura, T., Fatima, Z. and Fukushima, K 2011, 'Diagnosis of colorectal hepatic metastases: Comparison of contrast-enhanced CT, contrast-enhanced US, superparamagnetic iron oxide-enhanced MRI, and gadoteric acid-enhanced MRI', Journal of Magnetic Resonance Imaging, vol. 34, no. 2, pp.326-335.
- [50] Naik, A. and Edla, D.R 2021, 'Lung nodule classification on computed tomography images using deep learning', Wireless Personal Communications, vol. 116, no. 1, pp.655-690.
- [51] Nelikanti, A., Prasad, N.L. and Goud, N.M., 2014, 'Colorectal Cancer MRI Image Segmentation Using Image Processing Techniques', International Journal on Computer Science and Engineering, vol. 6, no. 7, pp.280.
- [52] Ngan, T.T., Lan, L.T.H., Tuan, T.M., Son, L.H., Tuan, L.M. and Minh, N.H 2020, 'Colorectal cancer diagnosis with complex fuzzy inference system', Springer, pp. 11-20.
- [53] Nguyen, Q. and Lee, S.W 2018, 'Colorectal segmentation using multiple encoder-decoder network in colonoscopy images', IEEE first international conference on artificial intelligence and knowledge engineering (AIKE) pp. 208-211.
- [54] Okugawa, Y., Grady, W.M. and Goel, A 2015, 'Epigenetic alterations in colorectal cancer: emerging biomarkers', Gastroenterology, vol. 149, no. 5, pp.1204-1225.

- [55] Panic, J., Defeudis, A., Mazzetti, S., Rosati, S., Giannetto, G., Vassallo, L., Regge, D., Balestra, G. and Giannini, V 2020, 'A convolutional neural network based system for colorectal cancer segmentation on MRI images', 42nd Annual International Conference of the IEEE Engineering in Medicine & Biology Society, pp. 1675-1678.
- [56] Pei, Q., Yi, X., Chen, C., Pang, P., Fu, Y., Lei, G., Chen, C., Tan, F., Gong, G., Li, Q. and Zai, H 2021, 'Pre-treatment CT-based radiomics nomogram for predicting microsatellite instability status in colorectal cancer', *European Radiology*, pp.1-11.
- [57] Quantin, C., Benzenine, E., Hägi, M., Auverlot, B., Abrahamowicz, M., Cottenet, J., Fournier, E., Biquet, C., Compain, D., Monnet, E. and Bouvier, A.M 2012, Estimation of national colorectal-cancer incidence using claims databases, *Journal of cancer epidemiology*.
- [58] Rabeneck, L., Rumble, R.B., Thompson, F., Mills, M., Oleschuk, C., Whibley, A., Messersmith, H. and Lewis, N 2012, 'Fecal immunochemical tests compared with guaiac fecal occult blood tests for population-based colorectal cancer screening', *Canadian Journal of Gastroenterology*, vol. 26, no. 3, pp.131-147.
- [59] Rappeport, E.D., Loft, A., Berthelsen, A.K., Von Der Recke, P., Noergaard Larsen, P., Mellon Mogensen, A., Wettergren, A., Rasmussen, A., Hillingsøe, J., Kirkegaard, P. and Thomsen, C 2007, 'Contrast-enhanced FDG-PET/CT vs. SPIO-enhanced MRI vs. FDG-PET vs. CT in patients with liver metastases from colorectal cancer: a prospective study with intraoperative confirmation', *Acta radiologica*, vol. 48, no. 4, pp.369-378.
- [60] Salmi, N. and Rustam, Z 2019, 'Naïve Bayes classifier models for predicting the colon cancer', *Materials Science and Engineering*, IOP Publishing, vol. 546, no. 5, pp. 052068.
- [61] Sarwinda, D., Paradisa, R.H., Bustamam, A. and Anggia, P 2021. 'Deep Learning in Image Classification using Residual Network (ResNet) Variants for Detection of Colorectal Cancer', *Procedia Computer Science*, vol. 179, pp.423-431.
- [62] Schmidt, G.P., Baur-Melnyk, A., Haug, A., Utzschneider, S., Becker, C.R., Tiling, R., Reiser, M.F. and Hermann, K.A 2009. 'Whole-body MRI at 1.5 T and 3 T compared with FDG-PET-CT for the detection of tumour recurrence in patients with colorectal cancer', *European radiology*, vol. 19, no. 6, pp.1366-1378.
- [63] Shaban, M., Awan, R., Fraz, M.M., Azam, A., Tsang, Y.W., Snead, D. and Rajpoot, N.M 2020. 'Context-aware convolutional neural network for grading of colorectal cancer histology images'. *IEEE transactions on medical imaging*, vol. 39, no. 7, pp.2395-2405.
- [64] Shayesteh, S., Nazari, M., Salahshour, A., Sandoughdaran, S., Hajianfar, G., Khateri, M., Yaghoobi Joybari, A., Jozian, F., Fatehi Feyzabad, S.H., Arabi, H. and Shiri, I 2021, 'Treatment response prediction using MRI-based pre-, post-, and delta-radiomic features and machine learning algorithms in colorectal cancer', *Medical physics*.
- [65] Shin, N.Y., Kim, M.J., Lim, J.S., Park, M.S., Chung, Y.E., Choi, J.Y., Kim, K.W. and Park, Y.N 2012, 'Accuracy of gadoteric acid-enhanced magnetic resonance imaging for the diagnosis of sinusoidal obstruction syndrome in patients with chemotherapy-treated colorectal liver metastases', *European radiology*, vol. 22, no. 4, pp.864-871.
- [66] Soomro, M.H., Coppotelli, M., Conforto, S., Schmid, M., Giunta, G., Del Secco, L., Neri, E., Caruso, D., Rengo, M. and Laghi, A 2019, 'Automated segmentation of colorectal tumor in 3D MRI using 3D multiscale densely connected convolutional neural network', *Journal of healthcare engineering*.
- [67] Sui, D., Zhang, K., Liu, W., Chen, J., Ma, X. and Tian, Z 2021, 'CST: A Multitask Learning Framework for Colorectal Cancer Region Mining Based on Transformer', *BioMed Research International*, 2021.
- [68] Takamatsu, M., Yamamoto, N., Kawachi, H., Chino, A., Saito, S., Ueno, M., Ishikawa, Y., Takazawa, Y. and Takeuchi, K 2019, 'Prediction of early colorectal cancer metastasis by machine learning using digital slide images', *Computer methods and programs in biomedicine*, vol. 178, pp.155-161.
- [69] Tse, D.M.L., Joshi, N., Anderson, E.M., Brady, M. and Gleeson, F.V., 2012, 'A computer-aided algorithm to quantitatively predict lymph node status on MRI in rectal cancer', *The British journal of radiology*, vol. 85, no. 1017, pp.1272-1278.
- [70] Vatandoost, N., Ghanbari, J., Mojaver, M., Avan, A., Ghayour-Mobarhan, M., Nedaeinia, R. and Salehi, R 2016, Early detection of colorectal cancer: from conventional methods to novel biomarkers. *Journal of cancer research and clinical oncology*, vol. 142, no. 2, pp.341-351.
- [71] Wang, P. and Chung, A.C 2020, 'DoubleU-Net: Colorectal Cancer Diagnosis and Gland Instance Segmentation with Text-Guided Feature Control', In *European Conference on Computer Vision*, Springer, pp. 338-354.
- [72] Wickstrøm, K., Kampffmeyer, M. and Jenssen, R 2020. 'Uncertainty and interpretability in convolutional neural networks for semantic segmentation of colorectal polyps', *Medical image analysis*, vol. 60, pp.101619.
- [73] Wild, N., Andres, H., Rollinger, W., Krause, F., Dilba, P., Tacke, M. and Karl, J 2010, 'A combination of serum markers for the early detection of colorectal cancer', *Clinical Cancer Research*, vol. 16, no. 24, pp.6111-6121.
- [74] Xu, J., Luo, X., Wang, G., Gilmore, H. and Madabhushi, A 2016, 'A deep convolutional neural network for segmenting and classifying epithelial and stromal regions in histopathological images', *Neurocomputing*, vol. 191, pp.214-223.
- [75] Xu, L., Walker, B., Liang, P.I., Tong, Y., Xu, C., Su, Y.C. and Karsan, A 2020. 'Colorectal cancer detection based on deep learning', *Journal of Pathology Informatics*, vol. 11.
- [76] Xu, Y., Ju, L., Tong, J., Zhou, C.M. and Yang, J.J 2020, 'Machine learning algorithms for predicting the recurrence of stage IV colorectal cancer after tumor resection', *Scientific reports*, vol. 10, no. 1, pp.1-9.
- [77] Yao, Y., Gou, S., Tian, R., Zhang, X. and He, S 2021, 'Automated Classification and Segmentation in Colorectal Images Based on Self-Paced Transfer Network', *BioMed Research International*, 2021.

-
- [78] Yiu, A.J. and Yiu, C.Y 2016, 'Biomarkers in colorectal cancer', *Anticancer research*, vol. 36, no. 3, pp.1093-1102.
- [79] Zhang, J.K., He, Y.R., Sobh, N. and Popescu, G 2020, 'Label-free colorectal cancer screening using deep learning and spatial light interference microscopy (SLIM)', *APL Photonics*, vol. 5, no. 4, pp.040805.
- [80] Zhang, L., Zheng, C., Li, T., Xing, L., Zeng, H., Li, T., Yang, H., Cao, J., Chen, B. and Zhou, Z 2017. 'Building up a robust risk mathematical platform to predict colorectal cancer', *Complexity*.
- [81] Zhang, Q., Liu, Y., Han, H., Shi, J. and Wang, W 2018, 'Artificial intelligence based diagnosis for cervical lymph node malignancy using the point-wise gated Boltzmann machine', *IEEE Access*, vol. 6, pp.60605-60612.
- [82] Zhang, X.Y., Wang, L., Zhu, H.T., Li, Z.W., Ye, M., Li, X.T., Shi, Y.J., Zhu, H.C. and Sun, Y.S 2020, 'Predicting rectal cancer response to neoadjuvant chemoradiotherapy using deep learning of diffusion kurtosis MRI', *Radiology*, vol. 296, no.1, pp.56-64.
- [83] Zhang, Y., Chen, J.H., Chang, K.T., Park, V.Y., Kim, M.J., Chan, S., Chang, P., Chow, D., Luk, A., Kwong, T. and Su, M.Y 2019, 'Automatic breast and fibroglandular tissue segmentation in breast MRI using deep learning by a fully-convolutional residual neural network U-net', *Academic radiology*, vol. 26, no. 11, pp.1526-1535.
- [84] Zheng, X., Yao, Z., Huang, Y., Yu, Y., Wang, Y., Liu, Y., Mao, R., Li, F., Xiao, Y., Wang, Y. and Hu, Y 2020, 'Deep learning radiomics can predict axillary lymph node status in early-stage breast cancer', *Nature communications*, vol. 11, no.1, pp.1-9.

