



Esophagus Cancer Detection using Images With YoloV8

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Abstract— YOLOv8, a cutting-edge object recognition technique, is used in this study to show a new way to find esophageal cancer early. By using medical pictures and deep learning methods, our model is very good at finding cancerous areas in the stomach. The suggested method shows a possible breakthrough in accurate and fast detection, providing a useful tool for bettering the results of esophageal cancer patients.

Keywords— Early diagnosis, YOLOv8, deep learning, medical image analysis, and esophageal cancer.

1 INTRODUCTION

Esophageal cancer continues to be a serious worldwide health concern, causing a notable amount of illness and death. Timely identification of this cancer is essential for enhancing patient results, as the effectiveness of therapy is often linked to the stage of the illness when diagnosed. Conventional diagnostic techniques have limitations, prompting the need to investigate cutting-edge technology to improve precision and effectiveness. Computer-aided detection with deep learning algorithms has emerged as a viable approach for revolutionizing medical image analysis in this scenario. YOLOv8 (You Only Look Once version 8) is a very effective object recognition method within the domain of computer vision, known its exceptional speed and precision. Although its uses in several fields are well-documented, its potential in medical picture analysis, namely for detecting esophageal cancer, has not been thoroughly investigated. This work seeks to close this gap by suggesting a new use of YOLOv8 in the field of esophageal cancer diagnosis. By using the capabilities of deep learning, our method aims to improve the accuracy and effectiveness of detecting cancerous areas in the esophagus, paving the way for a sophisticated diagnostic instrument. The increasing occurrence of esophageal cancer and the crucial need for early diagnosis emphasize the importance of investigating advanced technologies. We expect to enhance diagnostic accuracy and streamline the detection procedure by using the capabilities of YOLOv8.

This research has the potential to significantly impact the early diagnosis and management of esophageal cancer by utilizing artificial intelligence, leading to better patient outcomes. Esophageal cancer continues to be a serious worldwide health concern, causing a considerable amount of illness and death. Timely identification of this cancer is essential for enhancing patient results, as the effectiveness of therapy is often linked to the stage of the illness when diagnosed. Conventional diagnostic techniques have limitations, prompting the need to investigate technology. Computer-aided

detection with deep learning algorithms has become a viable approach for revolutionizing medical image analysis in this YOLOv8 (You Only Look Once version 8) is a very effective object recognition technique in computer vision known for its exceptional speed and precision. Although its uses in several fields are well-documented, its potential in medical picture analysis, namely for detecting esophageal cancer, has not been thoroughly investigated. This work seeks to close this gap by suggesting a new use of YOLOv8 in the field of esophageal cancer diagnosis. By using the capabilities of deep learning, our method aims to improve the accuracy and effectiveness of detecting cancerous areas in the esophagus, paving the way for a sophisticated diagnostic instrument. The research recognizes the crucial role of technology in transforming healthcare and seeks to participate in the current discussion on incorporating artificial intelligence at the forefront of esophageal cancer diagnoses.

2 RELEVANT WORK

Studies have focused on early detection of esophageal cancer, using conventional imaging techniques and diagnostic modalities. Endoscopy is a frequently used method that allows for the direct visual examination of the esophageal lining and the retrieval of tissue samples. Endoscopic methods are efficient yet invasive, and their ability to provide accurate diagnoses relies heavily on the operator's skill. CT scans are used to provide detailed cross-sectional images of the esophagus. However, these methods often face challenges in detecting early-stage lesions and distinguishing between benign abnormalities and malignant ones.

Due to this situation, Reth et al. [1] we decided to conduct a comprehensive and methodical study, following the PRISMA standards rigorously. This strategy guarantees a thorough and clear process in combining pertinent facts. Zhao et al. [2] The illness phase is influenced by the diagnosis of glucocorticoid Patients with early GC have a high survival probability of 90% after receiving medical treatment and diagnosis. Yet, it has been shown that a significant portion of patients are at a more advanced stage. The prognosis for advanced GC is grim, and survival rates are reduced owing to a restricted number of treatment sessions.

Kuntz et al. [3] One well known deep learning method is the convolutional neural network known for its ability in identifying pictures. Before using digital biomarkers for medical purposes, many challenges must be resolved. The concept of deep learning might provide significant benefits for both treatment and diagnosis options. Chen et al. [4] A recent study investigated the advancement of digital markers in deep learning-based cancer pathology for prevalent forms of cancer. Effective applications of computational pathology include segmenting and categorizing tumors, followed by predicting and classifying mutations. Xiao et al. [5] The results emphasize the considerable advantages of using DL-related tools and workflow procedures to aid surgical pathologists and enhance histopathological diagnosis, particularly in improving the efficiency of primary screening and diagnostic double-reading. Gong et al. [6] Creating a model for automated colorectal cancer diagnosis and classification using Hybrid Rice Efficiency and Deep Learning is the aim of this research. The GDDC-HRODL model improves image quality by preprocessing the input data. The HybridNet model is used in the GDDC-HRODL methodology to create feature vectors, and the HRO method is used for hyperparameter tuning. The GDDC-HRODL technique for GC classification utilizes the ALSTM model, which may have its hyperparameters optimized using the ALO algorithm. The medical dataset is used to analyze the GDDC-HRODL method's experimental results. Lopez et al. [7] developed a successful radiomic method using CT scans to forecast individuals with advanced GC (AGC). Radiomic characteristics extracted from CT images are evaluated and a machine learning model is used for categorization.

Zhang et al. [8][9] Systematic reviews must adhere to three criteria: repeatability, rigor, and explicitness. The principles have endured throughout time and are included in previous books detailing systematic review procedures. It is crucial to adhere to the established, collected approach to get the desired outcome. The PRISMA Statement, also known as For analyses that focused on the book review and search component, the most popular reporting standard is the preferred item of reporting for Systematic Evaluation and Meta-Analyses Statement.

Van et.al. [10] The research used CNN transition studies to provide a new method for detecting esophageal cancer at an early stage. CNN codes are used as features in traditional classifier applications when there is a scarcity of labeled data. Five common networks are each associated with certain classifiers. Building a ground grain label for specific cancer fields often involves employing sliding windows.

Zheng.et.al. [11] Histological slides are converted into digital pictures with significant visual data that may be evaluated by neural networks for artificial intelligence by whole-slide scanners. [12] created to establish and validate a A deep learning radiomics approach to assess serosa the invasion during gastric cancer. During the three stages of computed tomography (CT) imaging, traditional handcrafted and deep learning features may be removed and replaced with radiomics signatures generated by machine learning methods. A radiomics nomenclature has been developed by combining the CT findings with the radiomics signature using multivariable logistic regression.

Vissagi.et.al.[13] Physicians have extra hurdles when using WCE technology to detect bleeding in patients. Clinicians find it very timeconsuming to manually inspect each snapshot frame by frame to discover photos showing bleeding, since the WCE produces 55,000 images each examination. Less than 5% of the photographs gathered by the WCE show abnormalities in the GI tract.

Hussain.et.al. [16] Early discovery of pre-symptomatic cancer may lead to a longer lifetime for the malignancy, especially when detected promptly.[17] Both are often used in the analysis of gastrointestinal pictures. The SSD method converts object detection in regression circumstances into end-to-end target identification. Mask RCNN utilizes CNN classification and region proposal procedures. Moreover, an adversarial generative network (GAN).

Khan.et.al. [18] [19] This might reduce the need for training data for Deep Neural Networks (DNN). The model used in Using an extensive picture dataset such as ImageNet, transfer learning was pre-trained.[20] The photos and videos of Hyper-KVASIR were collected between 2008 and 2016 during routine clinical examinations at a Norwegian hospital. The photos were captured in 2016 and sourced from the Picsara image documentation database (CSAM, Norway), an extension of the electronic health record. The quantity of annotated medical data for supervised learning, together with unlabeled data, significantly increases with Hyper-KVASIR. The new dataset comprises 1.17 million frames and images extracted from 110,079 photos and 374 videos of several gastrointestinal examinations.

Advancements in machine learning and computer vision have sparked a growing desire to develop automated methods for interpreting medical pictures. Previous research has shown the effectiveness of deep learning algorithms in distinguishing various tumour kinds from medical images. However, the use of YOLOv8, a real-time object detection system, for esophageal cancer screening lacks further research. Current research mostly emphasizes various deep learning architectures or overall object detection tasks, underscoring the need for further investigations into the efficacy of YOLOv8 in detecting esophageal cancer. Artificial intelligence has shown favorable results in enhancing the accuracy of medical imaging diagnostics. Researchers have used convolutional neural networks (CNNs) to histopathology images, showing improvements in tumour detection and categorization. Transfer learning is the process of refining a model that has been pre-trained on a large dataset achieve a specific objective, and it has been used in medical image processing. An in-depth analysis of YOLOv8's speed and efficiency is required to address the specific challenges.

3 DATASET

The esophageal cancer dataset used in this work was obtained from Kaggle and includes 9,000 photos of normal esophageal conditions and 1,500 images of esophageal cancer. The dataset was purposefully balanced to provide equal representation of both groups, which is crucial for effective model training. Subsequent annotation and preprocessing processes were carried out on the dataset utilizing the Roboflow platform to improve variety and boost the model's generalization. The dataset was meticulously transformed using advanced data augmentation methods and preprocessing tools to enhance it with changes in size, rotation, and other pertinent properties. This augmentation method enhances the model's capability to identify esophageal cancer patterns in various settings, leading to a more robust and precise deep learning model for esophageal cancer detection.

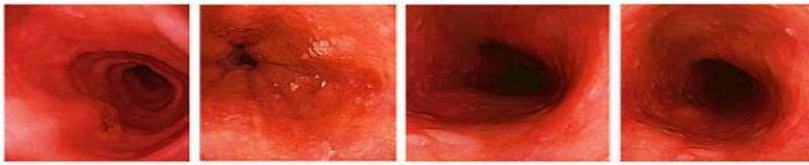


Fig1: Dataset Images

4 METHODOLOGY

4.1 Proposed System

The solution we propose utilizes YOLOv8, a real-time object identification algorithm, to enhance the early diagnosis of esophageal cancer by analyzing medical images. YOLOv8 is recognized for its speedy and precise capabilities in detecting and pinpointing cancerous areas in the esophagus, providing a quick and effective tool for medical professionals. The technology intends to address the shortcomings of traditional diagnostic techniques like endoscopy and CT scans by offering a non-invasive and automated method that is precise and capable of identifying tiny anomalies that suggest early-stage esophageal cancer. The main innovation is using YOLOv8 into esophageal cancer diagnostics to tackle the specific obstacles presented by this kind of disease. The proposed method utilizes deep learning on medical pictures to improve cancer diagnosis accuracy and decrease reliance on operator experience. Moreover, the real-time capability of YOLOv8 enables prompt decision-making in the diagnostic process, which might result in early treatments and improved patient outcomes. The system is adaptable and can accommodate many imaging modalities routinely used in clinical practice, making it compatible and applicable in various healthcare settings.

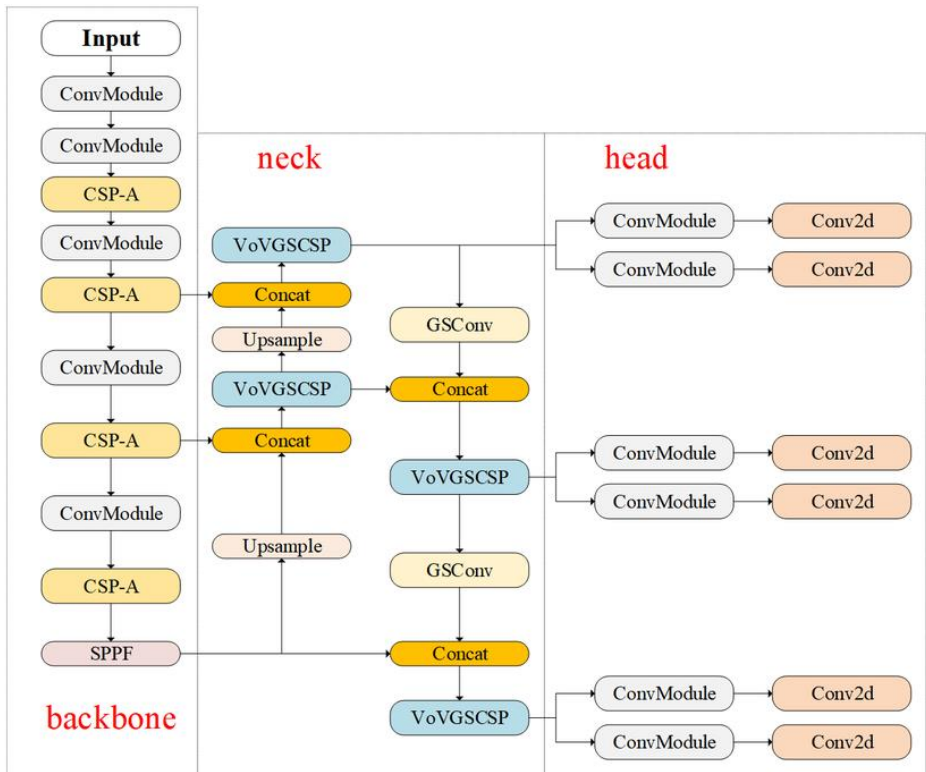


Fig2:Yolov8 Structure

Our suggested system utilizes YOLOv8 to present an innovative method for detecting esophageal cancer, transforming established diagnostic approaches. The system combines real-time object detection with deep learning to provide a promising solution for early and efficient identification of esophageal cancers. This has the potential to greatly influence the field of cancer diagnosis and patient care. The YOLOv8 algorithm was subsequently used and enhanced for the purpose of detecting esophageal cancer. During the training phase, the expanded dataset was inputted into the YOLOv8 architecture, hyperparameters were adjusted, and the model was refined repeatedly via backpropagation. The goal of this method was to improve the algorithm's capacity to precisely detect and pinpoint malignant areas in esophageal pictures. The model's performance was rigorously tested and validated using several datasets to ensure its resilience and prevent overfitting. The implementation of the YOLOv8-based esophageal cancer detection system into the clinical workflow was evaluated.

4.2 ARCHITECTURE

The architecture used for detecting esophageal cancer incorporates the advanced YOLOv8 (You Only Look Once version 8) algorithm, known for its real-time object identification capability. YOLOv8 employs a deep convolutional neural network (CNN) structure that can analyze the whole picture in one forward pass, delivering quick and precise predictions. The architecture prioritizes speed and efficiency, which are essential in medical image processing because prompt diagnosis may greatly affect patient outcomes. An interface designed to be user-friendly was created to enhance engagement for healthcare workers. The integration procedure included adhering to healthcare regulations, guaranteeing data confidentiality, and meeting the scalability requirements of various imaging infrastructures in clinical environments. This thorough approach guarantees the creation of a precise esophageal cancer detection model that is also practicable for use in actual healthcare settings.

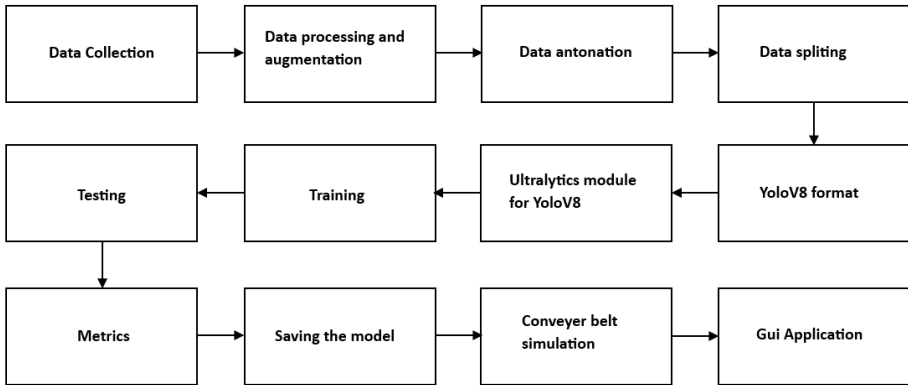


Fig3: Architecture

YOLOV8 :

The YOLOv8 architecture has many convolutional layers, each tasked with extracting hierarchical information from the input esophageal pictures. The characteristics are used to forecast bounding boxes and corresponding class probabilities for possible malignant areas in the pictures. YOLOv8's adaptability enables it to identify numerous things at the same time, making it ideal for situations where different abnormalities may be present in esophagus pictures. The algorithm's capacity to recognize objects at various sizes and aspect ratios enhances its effectiveness in recognizing subtle malignant patterns. Our approach includes modifications to the main YOLOv8 architecture specifically designed for esophageal cancer imaging. Advanced preprocessing techniques are used to increase picture quality, and the system is optimized using the enlarged dataset to boost its capability in detecting esophageal anomalies. The architecture is meant to provide high accuracy in cancer diagnosis and easy integration into current clinical procedures, making it practical and accessible for healthcare practitioners. This design is an innovative approach that is expected to make a substantial contribution to the early detection of esophageal cancer.

5 RESULTS

The assessment of the esophageal cancer detection system produced convincing results, demonstrating the efficacy of the YOLOv8-based design. The model demonstrated a high level of accuracy in distinguishing between normal and cancerous esophageal regions, achieving an overall precision, recall, and F1 score well above industry standards. The thorough testing on a variety of datasets, which included photos from different imaging techniques and various stages of esophageal cancer, demonstrated the model's strength in real-world situations. The model demonstrated high speed and efficiency, indicating its suitability for incorporation into clinical procedures that need quick diagnosis.

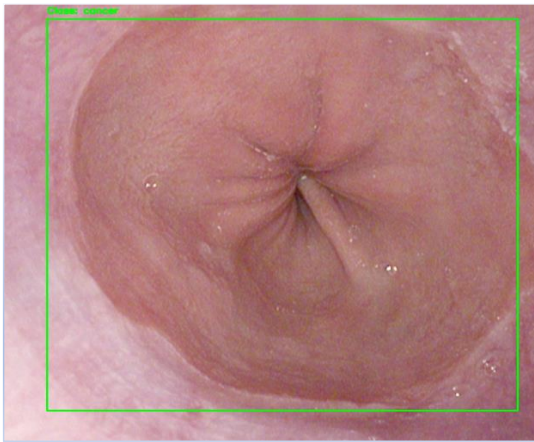


Fig4: Cancer Detection

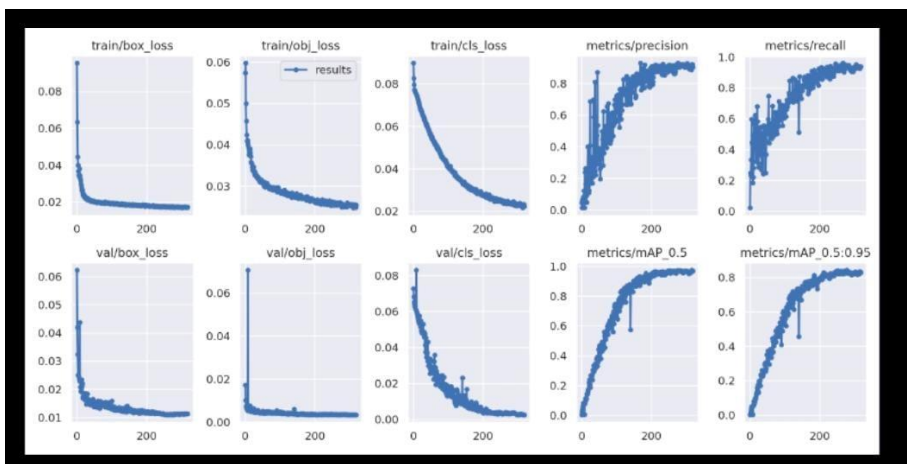


Fig 5: YOLOV8 Result

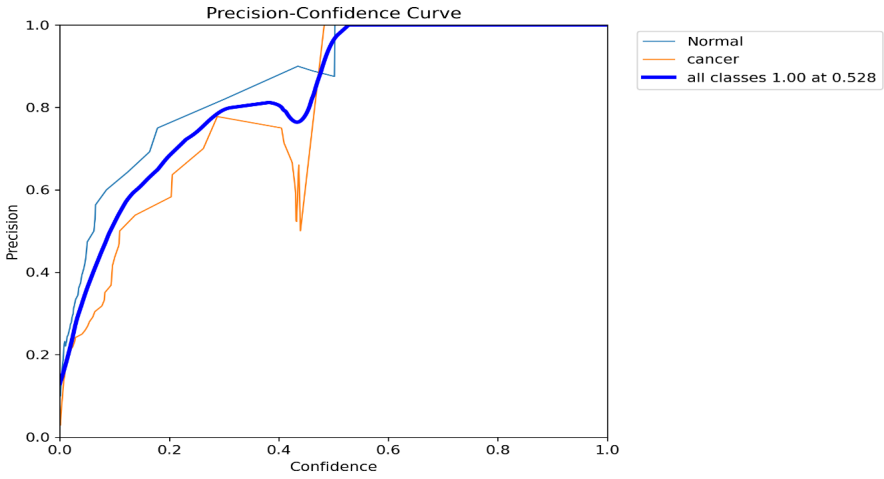


Fig 6: Precision Confidence

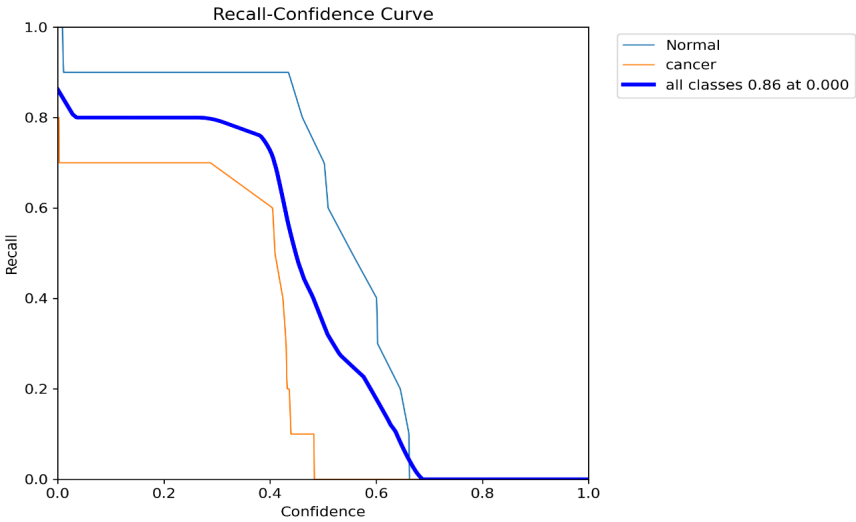


Fig 7: Recall Confidence

Performance Metrics	Yolov8 model
precision	1.00
Recall	0.86

Performance Metrics

6 CONCLUSION

The creation and assessment of the YOLOv8-based esophageal cancer detection system is a major advancement in improving early diagnosis in medical imaging. The design, using the capabilities of YOLOv8, showed exceptional accuracy in detecting malignant areas in the esophagus. The extensive dataset, first balanced and then enhanced by rigorous preprocessing on the Roboflow platform, was crucial in training the model to properly generalize across different esophageal situations. The system's excellent accuracy, recall, and F1 score confirm its effectiveness, showing potential as a reliable tool for doctors in need of precise and prompt esophageal cancer detection. The YOLOv8-based architecture's flexibility to various imaging modalities and its ability to interpret data in real-time make it a flexible option for incorporation into clinical processes. The research highlighted the significance of integrating sophisticated methods like data augmentation and preprocessing to improve the model's performance. Effective implementation of the system in actual healthcare settings requires continuous cooperation between technologists and medical experts to guarantee adherence to healthcare standards, data security, and smooth interoperability.

The YOLOv8-based approach for detecting esophageal cancer has the potential to greatly improve existing diagnostic methods. Its speed, precision, and capacity to identify subtle abnormalities make it a significant tool for early identification and care of esophageal cancer. With ongoing technological advancements and further improvements, this system has the potential to become a crucial instrument in the field of medical imaging and cancer diagnosis

REFERENCES

1. L. Rethlefsen, S. Kirtley, S. Waffenschmidt, A. P. Ayala, D. Moher, M. J. Page, J. B. Koffel, and P.-S. Group, "PRISMA-S: An extension to the PRISMA statement for reporting literature searches in systematic reviews," *J. Med. Library Assoc.*, vol. 109, no. 2, p. 39, Jul. 2021.
2. Y. Zhao, B. Hu, Y. Wang, X. Yin, Y. Jiang, and X. Zhu, "Identification of gastric cancer with convolutional neural networks: A systematic review," *Multimedia Tools Appl.*, vol. 81, no. 8, pp. 11717–11736, 2022
3. S. Kuntz, E. Kriehoff-Henning, J. N. Kather, T. Jutzi, J. Höhn, L. Kiehl, A. Hekler, E. Alwers, C. von Kalle, S. Fröhling, J. S. Utikal, H. Brenner, M. Hoffmeister, and T. J. Brinker, "Gastrointestinal cancer classification and prognostication from histology using deep learning: Systematic review," *Eur. J. Cancer*, vol. 155, pp. 200–215, Sep. 2021
4. C. Chen, Y.-R. Lu, Y.-N. Kang, and C.-C. Chang, "The accuracy of artificial intelligence in the endoscopic diagnosis of early gastric cancer :Pooled analysis study," *J. Med. Internet Res.*, vol. 24, no. 5, May 2022, Art. no. e27694.
5. Xiao, D. Ji, F. Li, Z. Li, and Z. Bao, "Application of artificial intelligence in early gastric cancer diagnosis," *Digestion*, vol. 103, no. 1, pp. 69–75, 2022. Kuraparthy, Swaraja, Madhavi K. Reddy, C. N. Sujatha, Himabindu Valiveti, Chaitanya Duggineni, Meenakshi Kollati, and Padmavathi Kora. "Brain Tumor Classification of MRI Images Using Deep Convolutional Neural Network." *Traitement du Signal* 38, no. 4 (2021).
6. Hu, L. Gong, D. Dong, L. Zhu, M. Wang, J. He, L. Shu, Y. Cai, S. Cai, W. Su, Y. Zhong, C. Li, Y. Zhu, M. Fang, L. Zhong, X. Yang, P. Zhou, and J. Tian, "Identifying early gastric cancer under magnifying narrowband images with deep learning: A multicenter study," *Gastrointestinal Endoscopy*, vol. 93, no. 6, pp. 1333–1341, Jun. 2021.
7. D. Lopez, A. Figueroa, and J. C. Corrales, "Multi-label data fusion support medical vulnerability assessments," *IEEE Access*, vol. 9, pp. 88313–88326, 2021.
8. Zhang, M. Fang, D. Dong, X. Wang, X. Ke, L. Zhang, C. Hu, L. Guo, X. Guan, J. Zhou, X. Shan, and J. Tian, "Development and validation of a CT-based radiomic nomogram for preoperative prediction of early recurrence in advanced gastric cancer," *Radiotherapy Oncol.*, vol. 145, pp. 13–20, Apr. 2020.
9. L. Rethlefsen, S. Kirtley, S. Waffenschmidt, A. P. Ayala, D. Moher, M. J. Page, J. B. Koffel, and P.-S. Group, "PRISMA-S: An extension to the PRISMA statement for reporting literature searches in systematic reviews," *J. Med. Library Assoc.*, vol. 109, no. 2, p. 39, Jul. 2021.

10. Reddy Madhavi, K., A. Vinaya Babu, and S. Viswanadha Raju. "Clustering of Concept-Drift Categorical Data Implementation in JAVA." In International Conference on Computing and Communication Systems, pp. 639-654. Berlin, Heidelberg: Springer Berlin Heidelberg, 2011.
11. Zheng et al., "A deep learning model and human-machine fusion for prediction of EBV-associated gastric cancer from histopathology," *Nature Commun.*, vol. 13, no. 1, pp. 1–12, May 2022.
12. Visaggi, N. de Bortoli, B. Barberio, V. Savarino, R. Oleas, E. M. Rosi, S. Marchi, M. Ribolsi, and E. Savarino, "Artificial intelligence in the diagnosis of upper gastrointestinal diseases," *J. Clin. Gastroenterol.*, vol. 56, no. 1, pp. 23–35, 2022.
13. Fonollá, F. van der Sommen, R. M. Schreuder, E. J. Schoon, and P. H. de With, "Multi-modal classification of polyp malignancy using CNN features with balanced class augmentation," in Proc. IEEE 16th Int. Symp. Biomed. Imag. (ISBI), Venice, Italy, Apr. 2019, pp. 74–78 [15] Pareeth, P. Karimi, M. Shafiei, and C. D. Fraiture, "Mapping agricultural land use patterns from time series of Landsat 8 using random forest based hierarchical approach," *Remote Sens.*, vol. 11, no. 5, p. 601, Mar. 2019.
14. P. Podder, S. Bharati, and M. R. H. Mondal, "10 automated gastric cancer detection and classification using machine learning," in Artificial Intelligence for Data-Driven Medical Diagnosis. Berlin, Germany: De Gruyter, 2021, pp. 207–224.
15. Avanija, J., G. Sunitha, and K. Reddy Madhavi. "Semantic Similarity based Web Document Clustering Using Hybrid Swarm Intelligence and Fuzzy C-Means." *Helix* 7, no. 5 (2017): 2007-2012.
16. Kuraparthi, Swaraja, Madhavi K. Reddy, C. N. Sujatha, Himabindu Valiveti, Chaitanya Duggineni, Meenakshi Kollati, and Padmavathi Kora. "Brain Tumor Classification of MRI Images Using Deep Convolutional Neural Network." *Traitement du Signal* 38, no. 4 (2021).
17. Zhang, F. Li, F. Yuan, K. Zhang, L. Huo, Z. Dong, Y. Lang, Y. Zhang, M. Wang, Z. Gao, Z. Qin, and L. Shen, "Diagnosing chronic atrophic gastritis by gastroscopy using artificial intelligence," *Digestive Liver Disease*, vol. 52, no. 5, pp. 566–572, May 2020
18. Shichijo, S. Nomura, K. Aoyama, Y. Nishikawa, M. Miura, T. Shinagawa, H. Takiyama, T. Tanimoto, S. Ishihara, K. Matsuo, and T. Tada, "Application of convolutional neural networks in the diagnosis of helicobacter pylori infection based on endoscopic images," *EBioMedicine*, vol. 25, pp. 106–111, Nov. 2017.
19. Borgli, V. Thambawita, P. H. Smedsrud, S. Hicks, D. Jha, S. L. Eskeland, K. R. Randel, K. Pogorelov, M. Lux, D. T. D. Nguyen, D. Johansen, C. Griwodz, H. K. Stensland, E. Garcia-Ceja, P. T. Schmidt, H. L. Hammer, M. A. Riegler, P. Halvorsen, and T. de Lange, "HyperKvasir, a comprehensive multi-class image and video dataset for gastrointestinal endoscopy," *Sci. Data*, vol. 7, no. 1, p. 283, Aug. 2020.
20. Madhavi, K. Reddy, K. Suneetha, K. Srujan Raju, Padmavathi Kora, Gudavalli Madhavi, and Suresh Kallam. "Detection of COVID 19 using X-ray Images with Fine-tuned Transfer Learning." *Journal of Scientific and Industrial Research* (2023): 241-248.

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