EVALUATION OF TEXTURAL FEATURE EXTRACTION FROM GRLM FOR PROSTATE CANCER TRUS MEDICAL IMAGES

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ABSTRACT

Ultrasound imaging is one of the promising techniques for early detection of prostate cancer. There are five steps involved in processing the ultrasound images such as pre-processing, segmentation, feature extraction, feature selection, and classification. In this paper, the Transrectal Ultrasound (TRUS) images are pre-processed with M3 filter. Then it is segmented by using DBSCAN clustering after applying morphological operators, in order to extract the prostate region. It is proposed to extract the features by using Gray Level Run Length Matrix (GLRLM) for different direction from the segmented region. To classify the images into benign or malignant, Support Vector Machine (SVM) is adapted to evaluate the performance of the proposed method through classification. Over 5500 digitized TRUS images of prostate are used for the experimental analysis. The results obtained using the classification showed that texture features based on GLRLM by using combined directions ($\theta = \{0^\circ, 45^\circ, 90^\circ, 135^\circ\}$) distinguish between malignant and benign on TRUS images, with highest accuracy 85\% where as sensitivity and specificity of 82\% and 100\% respectively.

KEYWORDS: SVM, GLRLM, Prostate, DBSCAN, M3-Filter, Sensitivity, Specificity, Accuracy

I. INTRODUCTION

In Early detection of cancers such as prostate cancer, breast cancer, lungs cancer, cervical cancer and blood cancer, digital image plays a vital role. Prostate cancer is now most frequently diagnosed with one in every eleven men [19]. It is in the second position in cancer–related cause of death only for male [16]. To diagnosis and prognosis, Ultrasound imaging method is recommended in general. Because of the result of reflection, refraction and deflection of ultrasound waves from different types of tissues with different acoustic impedance, an accurate detection of region of interest in ultrasound image is crucial.

Normally, the contrast in ultrasound image is very low and boundary between region of interest and background are more uncertain [15]. Different types of noises affect the images. The ultrasound image with speckle noise and weak edges make the identification of prostate region more difficult. Hence, the analysis of ultrasound image is more challenging one.

In General, there are two common use of ultrasound medical imaging: (i) To guide the oncologist in the biopsy procedure and (ii) To establish the volume of the prostate. This method is used in diagnosing for more than 50 years. To classify the proteomic into benign or malign, the statistical textural features are extracted from the segmented region. This paper emphasis the extraction of textural features using GRLM for various directions and Support Vector Machine (SVM) is adopted for classification. An overview of the proposed system is presented below.
II. OVERVIEW OF THE SYSTEM

There are five stages in the proposed system consists, such as acquisition of Transrectal Ultrasound (TRUS) image of prostate, pre-processing, segmentation, feature extraction and classification. For automatic detection of prostate tumour in TRUS image, Computer Aided Diagnosis (CAD) system is developed. It can provide the valuable viewpoint and accuracy of earlier prostate cancer detection. The overview of the proposed system is depicted in figure 1.

Figure 1: CAD System

The subsequent sections describe each stage in detail. The rest of the paper is organized as follows: section 2 deals about Image Acquisition and pre-processing of original TRUS medical image of prostate for noise removal and enhance the contrast of the image. The DBSACN clustering with morphological operators for locating the Region of Interest (ROI) from TRUS prostate medical image is described in section 3. The feature extraction through GLRLM for the classification of prostate cancer is illustrated in section 4. The SVM classifier is discussed in section 5. The experimental analysis and discussion are presented in the section 6. Section 7 concludes this work with further directions.

III. IMAGE ACQUISITION AND PREPROCESSING

Among the different medical imaging modalities, Ultrasound imaging is a widely used technology for prostate cancer diagnosis and prognosis [20]. Less than 30 minutes is required for each case of image acquisition processes. The TRUS images of the prostate gland are acquired while the TRUS probe is supported and manipulated by the TRUS Robot which uses joystick located next to the console. By rotating the probe about its axis with minimum displacement and deformation, the entire prostate is scanned. The surgeon can manually adjust the probe depth. Exact recording of images and corresponding TRUS frame coordinates were obtained. The gathered information is used in offline segmentation for the ultrasound image of the prostate gland. Via frame grabber, Image acquisition is done from ultrasound device. Using a series of TRUS images, image of the prostate can be generated [21]. Because of poor image contrast, speckle noise, and missing or diffuse boundaries in the TRUS images, the ultrasound images are very difficult to segment. The speckle noise is commonly found in the ultrasound medical images and hence M3-Filter is used to generate a despeckled image [14]. Data dropout noise is common and this is generally referred to as speckle noise [18]. An error in data transmission causes this noise. The corrupted pixels are either set to the maximum value. The information of edges is needed for the proper segmentation. The imtophat filter is used to create required edges once the noise is removed to enhance the contrast of the image. The following section discuses the segmentation of this enhanced image using DBSCAN clustering.

IV. IMAGE SEGMENTATION

Enhanced images are changed into binary image where each pixel is restricted to a value of either 0 or 1 to simplify the image segmentation task. This process is accomplished by local adaptive thresholding method [22]. Morphological operators such as opening and closing are applied on these binary images [2, 9]. In TRUS medical images, isolating prostate from other white region in the threshold image is a difficult task. By using opening and closing operators, the thresholded image can be reconstructed with a large disk structuring element in order to isolate the object with high
likelihood to be part of the prostate [9]. Pixels of the thresholded images are grouped by using DBSCAN with the aim of separating background from TRUS image to target possible prostate [7, 17].

By clustering, it takes a binary (segmented) image, and delineates only significantly important regions. The outcome that is expected is desired boundary of the TRUS prostate image. A sample image and its segmented image are provided in figure 2(a) and figure 2(b) respectively. The DBSCAN Algorithm for segmentation is detailed in figure 3.

**DBSCAN Algorithm**

**INPUT:** Enhanced TRUS prostate image

**OUTPUT:** Segmented image which contains only prostate

**Step1:** Set epsilon (eps) and minimum points (minPts).

**Step2:** Starts with an arbitrary starting point that has not been visited and then finds all the neighbor points within distance eps of the starting point.

**Step3:** If the number of neighbors is greater than or equal to minPts, a cluster is formed. The starting point and its neighbors are added to this cluster and the starting point is marked as visited. The algorithm then repeats the evaluation process for all the neighbors recursively.

**Step4:** If the number of neighbors is less than minPts, the point is marked as noise.

![Figure 2(a) sample image](image1)

![Figure 2(b) segmented image](image2)

**Figure 3: DBSCAN Algorithm**

After fixing the two parameters eps and minPts, DBSCAN starts to cluster data points from an arbitrary point q [23]. It begins by finding the neighborhood of point q (all points that are directly density reachable from the point q). For an image, we start with left-top pixel (not necessarily a corner pixel, any arbitrary pixel can be chosen for first iteration) as our first point in the subimage. We look for first pixel satisfying the core pixel condition as a starting (seed) point. If the neighborhood is sparsely populated, i.e. it has fewer than MinPts points, and then the point q is labelled as noise [24]. Otherwise, a cluster is initiated and all points in neighborhood of the point q are marked by new cluster. Next the neighborhoods of the neighborhood q are examined iteratively to check if they can be added into the cluster [12]. If a cluster cannot be expanded further, DBSCAN chooses another arbitrary unlabeled point and repeats the process to form another cluster. This procedure is iterated till all pixels in the image have been identified as noise or with a cluster of prostate pixels.

**V. FEATURE EXTRACTION**

Texture analysis is normally grouped into four categories: model-based, statistical-based, structural-based, and transform-based methods. Model-based methods are based on the concept of predicting pixel values based on a mathematical model [14]. Statistical methods describe the image using numerical analysis of pixel intensity values. Transform methods generally perform some kind of
modification to the image, obtaining a new “response” image that is then analyzed as a representative proxy for the original images. Structural approaches seek to understand the hierarchical structure of the image. Texture is one of the important characteristics used in identifying an object in an image and to discriminate the images [1]. The texture coarseness or fineness of an image can be interpreted as the distribution of the elements in the matrix [10, 11]. In this paper, segmented image (ROI) is utilized to construct GLRLM using the various directions, and then seven features are extracted from each GLRM for the classification of TRUS prostate image.

5.1. Gray Level Run Length Matrices (GLRLM)

The GLRLM is based on computing the number of gray-level runs of various lengths [3,4]. A gray-level run is a set of consecutive and collinear pixel points having the same gray level value. The length of the run is the number of pixel points in the run [3, 4]. The Gray Level Run Length matrix is constructed as follows:

\[ R(\theta) = (g(i,j) | \theta), 0 \leq i \leq Ng, 0 \leq j \leq Rmax; \]

where Ng is the maximum gray level and Rmax is the maximum length. The following textural features are measured for the TRUS medical image of prostate. Let \( p(i,j) \) be the number of times there is a run of length \( j \) having gray level \( i \). There are five Run Length Matrix based features computed for 4 directions of run (0°, 45°, 90°, 135°, {0°, 45°, 90°, 135°} run). \( I=1, \ldots, Ng \) and \( j=1, \ldots, Nr. \)

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Features</th>
<th>Formulae</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Short Run Emphasis (SRE)</td>
<td>( \frac{1}{n} \sum_{i,j} p(i,j)/j )</td>
</tr>
<tr>
<td>2</td>
<td>Long Run Emphasis (LRE)</td>
<td>( \frac{1}{n} \sum_{i,j} j^2 p(i,j) )</td>
</tr>
<tr>
<td>3</td>
<td>Grey Level Non-uniformity (GLN)</td>
<td>( \frac{1}{n} \sum_{i} \left( \sum_{j} p(i,j)^2 \right) )</td>
</tr>
<tr>
<td>4</td>
<td>Run Length Non-uniformity</td>
<td>( \frac{1}{n} \sum_{i} \left( \sum_{j} p(i,j) \right)^2 )</td>
</tr>
<tr>
<td>5</td>
<td>Run percentage (RP)</td>
<td>( \sum_{i,j} \frac{n}{p(i,j)j} )</td>
</tr>
<tr>
<td>6</td>
<td>Low Grey Level Run Emphasis (LGLRE)</td>
<td>( \frac{1}{n} \sum_{i,j} p(i,j)/i^2 )</td>
</tr>
<tr>
<td>7</td>
<td>High Grey Level Run Emphasis (HGLRE)</td>
<td>( \frac{1}{n} \sum_{i,j} i^2 p(i,j) )</td>
</tr>
</tbody>
</table>

VI. SVM CLASSIFIER

Support vector machine is based on modern statistical learning theory. It is a useful method for classification. It is a leading method for solving non-linear problem. The SVMs were introduced by Vladimir Vapnik [25] and his colleagues. The earliest mention was in (Vapnik, 1979). Classification task usually involves training and testing data which consist of some data instances [5,6]. One target value and several attributes are contained into each instance of training set. Given the attributes of the testing set, the goal of SVM is to produce a model which predicts target value of data instances. Classification in SVM is an example of Supervised Learning. Whether the system is performing in the right way or not is indicated with the help of known labels. This information points to a desired response, validating the accuracy of the system, or be used to help the system learn to act correctly. A
step in SVM classification involves identification as which are intimately connected to the known classes [5].

SVM use the training data to create the optimal separating hyperplane between the classes. The optimal hyperplane maximizes the margin of the closest data points. A good separation is achieved by the hyperplane that has the largest distance to the nearest training features of any class (so-called functional margin). Maximum-margin hyperplane and margins for a SVM trained with samples from two classes. Samples on the margin are called the support vectors [8]. SVM divides the given data into decision surface. Decision surface divides the data into two classes like a hyper plane. Training points are the supporting vector which defines the hyper plane. The basic theme of SVM is to maximize the margins between two classes of the hyper plane (Steve, 1998).

Basically, Support Vector Machines are used to solve binary classification problems only. They are extended to handle multi-class problems also [6]. The idea is to decompose the problem into many binary-class problems and then combine them to obtain the prediction. To allow multi-class classification, SVM uses the one-against-one technique by fitting all binary sub classifiers and finding the correct class by a voting mechanism. The “one-against-one” approach (Kner et al., 1990) is implemented in SVM for multiclass classification. If K is the number of classes, then K(K - 1)/2 binary classifiers are constructed and trained to separate each pair of classes against each other, and uses a majority voting scheme (max-win strategy) to determine the output prediction. For training data from the $i$ th and the $j$ th classes, we solve the following two-class classification problem [13].

Let us denote the function associated with the SVM model of $\{c_i, c_j\}$ as:

$$g(x)_{ij} = \text{sign}(f(x)_{ij})$$

An unseen example, $x$, is then classified as:

$$f(x) = \arg\max_i \sum_{j=1}^K \sum_{j=1,j\neq i}^K V_{ij}(x)$$

where

$$V_{ij}(x) = \begin{cases} 1 & \text{if } g_{ij}(x) = 1 \\ 0 & \text{if } g_{ij}(x) = -1 \end{cases}$$

Each feature set is examined using the Support Vector Machine classifier. In classification, we use a voting strategy: each binary classification is considered to be a voting where votes can be cast for all data points $x$ in the end point is designated to be in a class with the maximum number of votes. In case that two classes have identical votes, though it may not be a good strategy, now we simply choose the class appearing first in the array of storing class names. The objective of any machine capable of learning is to achieve good generalization performance, given a finite amount of training data, by striking a balance between the goodness of fit attained on a given training dataset and the ability of the machine to achieve error-free recognition on other datasets. With this concept as the basis, support vector machines have proved to achieve good generalization performance with no prior knowledge of the data. The optimal separating hyperplane can be determined without any computations in the higher dimensional feature space by using kernel functions in the input space. Commonly used kernels include:

- Linear Kernel: $K(x, y) = x \cdot y$
- Radial Basis Function (Gaussian) Kernel: $K(x, y) = e^{-\|x - y\|^2 / 2\sigma^2}$
- Polynomial Kernel: $K(x, y) = (x \cdot y + 1)^d$

VII. EXPERIMENTAL ANALYSIS AND DISCUSSION

The proposed method has been implemented using MATLAB. In order to evaluate this work, experiments conducted over 5500 image with normal and abnormal cases. The total of 5500 TRUS medical images of prostate measuring 250x250 pixels is transformed into a Grey Level Run Length matrix (GLRLM) along the directions of (0º, 45º, 90º, 135º, {0º, 45º, 90º, 135º}) producing 5 run length matrices. From each GLRLM, 7 texture features are extracted. Extracted features are fed into SVM to construct the prediction model. The performance of the prediction was evaluated in terms of sensitivity, specificity, accuracy, the respective formule are given in Table 2.
Table 2. Formula for Measures

<table>
<thead>
<tr>
<th>Measures</th>
<th>Formula</th>
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<tbody>
<tr>
<td>Sensitivity</td>
<td>( \frac{TP}{(TP+FN)} )</td>
</tr>
<tr>
<td>Specificity</td>
<td>( \frac{TN}{(TN+FP)} )</td>
</tr>
<tr>
<td>Accuracy</td>
<td>( \frac{(TP+TN)}{(TP+FP+TN+FN)} )</td>
</tr>
</tbody>
</table>

Accuracy measures the quality of the classification. It takes into account true and false positives and negatives. Accuracy is generally regarded with balanced measure whereas sensitivity deals with only positive cases and specificity deals with only negative cases. TP is number of true positives, FP is number of false positives, TN is number of true negatives and FN is number of false negatives. A confusion matrix provides information about actual and predicted cases produced by classification system. The performance of the system is examined by demonstrating correct and incorrect patterns. They are defined as confusion matrix in Table 3.

Table 3. Confusion Matrix

<table>
<thead>
<tr>
<th>Actual</th>
<th>Predicted</th>
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<tbody>
<tr>
<td></td>
<td>Positive</td>
</tr>
<tr>
<td>Positive</td>
<td>TP</td>
</tr>
<tr>
<td>Negative</td>
<td>FN</td>
</tr>
</tbody>
</table>

TP - predicts cancer as cancer.
FP - predicts cancer as normal.
TN - predicts normal as normal.
FN - predicts normal as cancer.

The higher value of both sensitivity and specificity shows better performance of the system. In order to quantify the influence of the direction, the GLRLM is constructed with direction choices for feature extraction. The results of performance measures for each feature set have been tabulated in table 4.

Table 4: results of statistical parameters for various directions

<table>
<thead>
<tr>
<th>Direction</th>
<th>sensitivity</th>
<th>Specificity</th>
<th>Accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td>GLRLM_000</td>
<td>0.75188</td>
<td>1</td>
<td>0.82945</td>
</tr>
<tr>
<td>GLRLM_045</td>
<td>0.800901</td>
<td>1</td>
<td>0.816667</td>
</tr>
<tr>
<td>GLRLM_090</td>
<td>0.779528</td>
<td>0.997886</td>
<td>0.821667</td>
</tr>
<tr>
<td>GLRLM_135</td>
<td>0.735294</td>
<td>1</td>
<td>0.814</td>
</tr>
<tr>
<td>GLRLM_ALL</td>
<td>0.824956</td>
<td>1</td>
<td>0.85</td>
</tr>
</tbody>
</table>

From the computational results we can notice that the features extracted from among GLRLM, the combined direction \( \theta = \{0^\circ, 45^\circ, 90^\circ, 135^\circ\} \) give better results using three quantitative performance measures with higher sensitivity and specificity rate. The results of individual performance measures for various directions are depicted in the figure 5(a) – 5(c).

![Figure 5(a): performance of sensitivity for various directions](image-url)
The performance of relative performance measures is depicted in figure 6 and observed that the features extracted from the combination of all directions ({0°, 45°, 90°, 135°}) producing the best one from the result of classification. It achieves 85% of the accuracy, 82% of the sensitivity and 100% of the specificity.

VIII. CONCLUSION

TRUS imaging is one of the best methods for detecting prostate cancer. In some cases, radiologists face difficulties in directing the tumours. To assist the oncologist and improve the accuracy of detection, the method presented in this paper. The proposed approach effectively addresses the feature extraction problem TRUS image analysis of prostate and can also be applied to other image analysis applications. The proposed method of feature extraction from GLRLM with various directions are compared and analyzed. The performance of the texture is measured using quantitative performance measures. The performance of proposed method is tested with ultrasound image regard to prostate. The computational results showed that texture features based on GLRLM by using combined directions ({0°, 45°, 90°, 135°}) distinguish between malignant and benign on TRUS images, with accuracy levels higher than texture features based on others. The maximum accuracy rate for normal and cancer classification is achieved 85%. The GLRLM features combined with other statistical
features to improve the results of classification of TRUS prostate images may be considered for future work.

REFERENCES


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