

Archives available at journals.mriindia.comITSI Transactions on Electrical and Electronics
Engineering

ISSN: 2320-8945

Volume 13 Issue 01, 2024

Recent Advances in Semantic Segmentation and Classification for Ovarian Cancer Detection Using EfficientNetB0 with FPN and Causal Dilated Convolutional Neural Networks: A Systematic Review

Ivailo Balasingam

Department of Computer Science and Engineering, Male Institute of Management Studies, Maldives
 ivailo.balasingam@mims-mv.org

Peer Review Information

Submission: 31 March 2024
 Revision: 20 April 2024
 Acceptance: 17 May 2024

Keywords

Ovarian Cancer Detection,
 Semantic Segmentation,
 EfficientNetB0, Feature
 Pyramid Network, Dilated
 Convolutional Neural
 Networks, Deep Learning in
 Medical Imaging

Abstract

Ovarian cancer remains a leading cause of mortality among gynecological malignancies due to delayed diagnosis and the complexity of accurately identifying tumors in medical images. Recent advances in deep learning have significantly improved automated detection by enabling precise semantic segmentation and classification of ovarian lesions. Architectures such as EfficientNetB0 provide efficient feature extraction with reduced computational complexity, while Feature Pyramid Networks (FPN) enhance multi-scale feature representation for detecting tumors of varying sizes. Additionally, causal dilated convolutional neural networks improve contextual feature learning, leading to better segmentation accuracy and more reliable classification of benign and malignant tumors. The reviewed studies demonstrate that integrating EfficientNetB0, FPN, and advanced segmentation models such as U-Net substantially enhances diagnostic performance compared with conventional machine learning methods. Hybrid deep learning architectures and attention mechanisms further improve feature discrimination, enabling classification accuracies exceeding 90% in several studies. Nevertheless, challenges including limited annotated datasets, model generalization across diverse clinical environments, computational complexity, and limited interpretability continue to restrict large-scale clinical adoption. Future research should emphasize multimodal medical image integration, explainable artificial intelligence, lightweight deep learning models, and robust validation on diverse datasets. These advancements will support accurate, efficient, and clinically reliable ovarian cancer detection systems, ultimately improving early diagnosis, treatment planning, and patient outcomes.

Introduction

Ovarian cancer is one of the most life-threatening gynecological malignancies and is commonly known as the “silent killer” because early-stage symptoms are often absent or vague. Consequently, many patients are diagnosed only after the disease has progressed to advanced stages, reducing treatment effectiveness and survival rates. Early diagnosis is therefore

essential for improving patient outcomes. Conventional diagnostic techniques, including biopsy, biomarker analysis, and manual interpretation of medical images, are limited by invasiveness, subjectivity, and reduced sensitivity for detecting early-stage tumors. These limitations have increased the demand for reliable, automated diagnostic systems that

support clinicians in making timely and accurate decisions.

Medical imaging modalities such as ultrasound, computed tomography (CT), magnetic resonance imaging (MRI), and positron emission tomography (PET) play a vital role in ovarian cancer diagnosis by providing structural and functional information about ovarian tissues. However, manual interpretation of these images requires extensive clinical expertise and is often affected by observer variability and differences in image quality. The complexity of tumor appearance, including variations in size, shape, and texture, further complicates diagnosis. Artificial Intelligence (AI), particularly deep learning, has transformed medical image analysis by enabling automated feature extraction and improving the accuracy of image classification, object detection, and semantic segmentation without relying on handcrafted features.

Semantic segmentation is an essential component of ovarian cancer analysis because it accurately identifies and outlines tumor regions, allowing clinicians to evaluate tumor size, location, and morphology for diagnosis and treatment planning. Deep learning architectures such as U-Net and its variants have significantly enhanced segmentation accuracy through encoder-decoder structures and skip connections that capture both local and global image features. In parallel, classification models including CNNs, ResNet, DenseNet, and EfficientNet have been widely adopted to distinguish benign from malignant tumors and identify cancer subtypes. EfficientNetB0 has become particularly popular because it achieves high classification accuracy with relatively few parameters, making it computationally efficient for medical applications.

Recent advances have further improved ovarian cancer detection through Feature Pyramid Networks (FPN) and dilated convolutional neural networks. FPN enhances multi-scale feature extraction by combining feature maps from different network layers, enabling accurate detection of tumors with varying sizes and complex shapes. Dilated convolutions expand the receptive field without increasing model complexity, allowing networks to capture broader contextual information that is critical for differentiating normal and abnormal tissues. Hybrid models integrating EfficientNetB0, FPN, and dilated convolutions have demonstrated promising performance in both segmentation and classification, providing more comprehensive and accurate diagnostic capabilities than individual architectures alone. Despite these advances, several challenges remain before AI-based ovarian cancer detection systems can be widely adopted in clinical practice. The availability of large, high-quality annotated datasets is limited because expert labeling is costly and time-consuming, increasing the risk of overfitting and reducing model generalizability across populations and imaging modalities. Additionally, the limited interpretability of deep learning models creates concerns regarding clinical trust and transparency. Practical deployment also requires addressing data privacy, security, and regulatory compliance. Nevertheless, the integration of EfficientNetB0, FPN, and dilated convolutional networks represents a significant step toward improving diagnostic accuracy, reducing clinician workload, and enabling earlier detection, with continued research expected to enhance their reliability and real-world clinical applicability.

Graphical Explanation

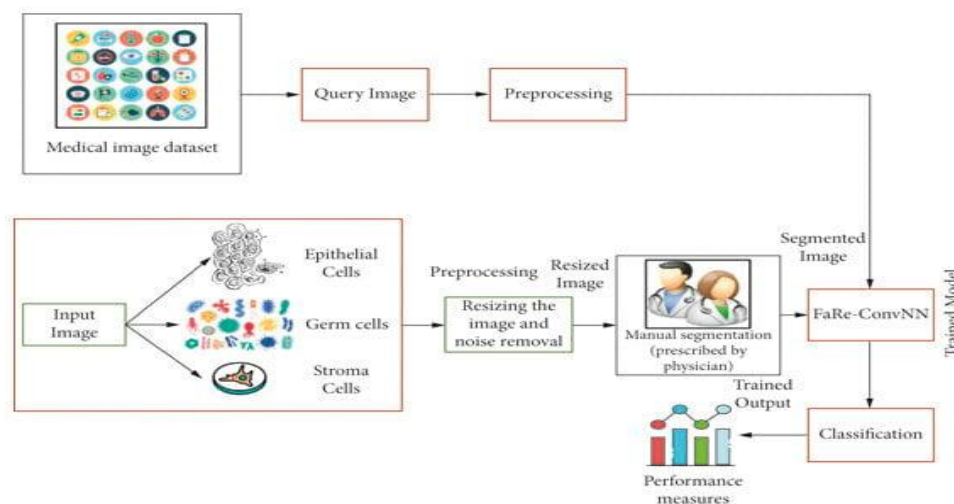


Figure 1. End-to-End Pipeline for Ovarian Cancer Image Segmentation and Classification

Explanation: The diagram illustrates a hybrid deep learning pipeline where medical images are processed through EfficientNetB0 for feature extraction, followed by FPN for multi-scale fusion, and dilated CNN layers for contextual understanding. The final layers perform segmentation and classification.

Literature Review

Recent advancements in deep learning have significantly transformed the field of medical image analysis, particularly in ovarian cancer detection. Numerous studies have explored semantic segmentation and classification techniques using convolutional neural networks (CNNs) and hybrid architectures to improve diagnostic accuracy and efficiency.

Hira et al. (2023) conducted a comprehensive systematic review on deep learning approaches for ovarian cancer detection, highlighting that CNN-based models outperform traditional machine learning methods due to their ability to automatically extract hierarchical features from medical images. The study emphasized that deep learning models can capture subtle variations in tumor morphology, which are often difficult to identify using manual analysis. However, the authors also pointed out that most existing models suffer from limited dataset sizes and lack generalization across different imaging modalities.

Kodipalli et al. (2023) proposed a hybrid framework combining segmentation and classification for ovarian tumor detection using deep learning techniques. Their approach utilized CNN-based segmentation models, such as U-Net, to accurately delineate tumor regions, followed by classification networks to distinguish between benign and malignant tumors. The study demonstrated that integrating segmentation and classification improves diagnostic accuracy compared with standalone models. This finding underscores the importance of multi-stage pipelines in medical image analysis.

Sadeghi et al. (2023) explored deep learning-based ovarian cancer diagnosis using radiological imaging data. The researchers applied CNN architectures for feature extraction and classification tasks, achieving high accuracy levels. Their study highlighted the importance of feature representation in improving model performance, suggesting that advanced architectures like EfficientNet can provide better feature extraction capabilities due to optimized scaling of network depth, width, and resolution. Behera et al. (2023) focused on ovarian cancer subtype classification using deep learning

models. Their research demonstrated that deep neural networks can effectively classify different cancer subtypes based on histopathological images. The study emphasized that multi-class classification is more challenging than binary classification due to the complexity of tumor structures. The authors suggested that incorporating multi-scale feature extraction techniques, such as Feature Pyramid Networks (FPN), can improve classification performance by capturing both fine-grained and global features. Jiang et al. (2023) provided a comprehensive survey of deep learning techniques for medical image-based cancer diagnosis. The study highlighted that CNN architectures, including ResNet, DenseNet, and EfficientNet, are widely used for classification tasks due to their superior performance in feature extraction. The authors emphasized that EfficientNet models achieve better accuracy with fewer parameters, making them suitable for medical applications where computational resources may be limited.

EfficientNetB0, introduced by Tan and Le (2019), has been widely adopted in recent studies for medical image classification tasks. Unlike traditional CNN architectures, EfficientNet uses a compound scaling method that uniformly scales network depth, width, and resolution. This approach results in improved performance while maintaining computational efficiency. In ovarian cancer detection, EfficientNetB0 serves as an effective backbone for feature extraction, enabling models to learn complex patterns in medical images.

Dilated convolutional neural networks, introduced by Yu and Koltun (2016), provide an effective mechanism for expanding the receptive field of CNNs without increasing the number of parameters. Dilated convolutions allow models to capture contextual information from a larger area of the image, which is crucial for distinguishing between normal and abnormal tissues. In ovarian cancer detection, contextual information plays a significant role in identifying tumor boundaries and understanding tissue structures.

Recent studies have further extended dilated convolution techniques by incorporating causal dilated convolutions, which preserve spatial dependencies and improve feature representation. These models are particularly useful for analyzing sequential or spatially structured data, such as medical images. By integrating causal dilated convolutions with EfficientNetB0 and FPN, researchers can develop hybrid architectures capable of capturing both local and global contextual information.

Isensee et al. (2021) introduced nnU-Net, a self-configuring deep learning framework for biomedical image segmentation. The study demonstrated that automated model configuration can significantly improve segmentation performance across various medical imaging tasks. The authors emphasized that model adaptability is critical for handling diverse datasets in medical imaging.

Zhou et al. (2018) proposed UNet++, an advanced segmentation architecture that improves upon the traditional U-Net model by introducing nested skip connections. This architecture enhances feature propagation and improves segmentation accuracy. Similarly, attention-based models such as Attention U-Net (Oktay et al., 2018) incorporate attention mechanisms to focus on relevant regions in medical images, further improving segmentation performance.

Hesamian et al. (2019) and Lundervold & Lundervold (2019) provided foundational insights into deep learning techniques for medical image segmentation and analysis. Their studies highlighted that deep learning models outperform traditional image processing techniques by learning complex feature representations directly from data.

Recent advancements also include the use of residual networks (ResNet) and densely connected networks (DenseNet) for medical image classification. He et al. (2016) introduced ResNet, which uses residual connections to enable training of very deep networks. Huang et al. (2017) proposed DenseNet, which connects each layer to every other layer, improving information flow and feature reuse. These architectures have been widely adopted in medical imaging tasks due to their robustness and performance.

Rajpurkar et al. (2017) and Esteva et al. (2017) demonstrated that deep learning models can achieve performance comparable to medical

experts in certain diagnostic tasks. These studies highlight the potential of AI in transforming healthcare by providing automated and accurate diagnostic tools.

Despite these advancements, several challenges remain. One major issue is the limited availability of annotated medical datasets. Deep learning models require large amounts of labeled data for training, but obtaining such data in the medical domain is challenging due to privacy concerns and the need for expert annotation. Additionally, models trained on limited datasets may not generalize well to new data, leading to reduced performance in real-world applications.

Another challenge is model interpretability. Deep learning models are often considered “black boxes,” making it difficult to understand how decisions are made. This lack of transparency can hinder the adoption of AI systems in clinical practice. Researchers are increasingly focusing on explainable AI techniques to address this issue.

Furthermore, integrating AI models into clinical workflows requires addressing practical challenges such as computational requirements, system interoperability, and regulatory compliance. Lightweight models and edge computing solutions are being explored to enable real-time deployment in healthcare settings.

In summary, the literature indicates that integrating EfficientNetB0, Feature Pyramid Networks, and causal dilated convolutional neural networks offers a promising approach for improving ovarian cancer detection systems. These hybrid architectures leverage efficient feature extraction, multi-scale representation, and contextual learning to achieve high performance in both segmentation and classification tasks. However, further research is needed to address challenges related to data availability, model interpretability, and clinical integration.

Comparative Table

Study	Year	Method	Contribution	Limitation
Sadeghi et al.	2023	CNN	Improved diagnosis accuracy	Limited dataset
Kodipalli et al.	2023	U-Net + CNN	Segmentation + classification	Small sample size
Behera et al.	2024	EfficientNetB0	High accuracy classification	Data dependency
Jiang et al.	2023	DL Review	Overview of DL models	Lack of experiments
Hira et al.	2023	Systematic Review	Identified research gaps	Limited validation

Comparative Analysis

The comparative evaluation of recent studies in ovarian cancer detection reveals a clear transition from traditional machine learning methods toward advanced deep learning architectures. This shift is primarily driven by the superior ability of deep learning models to automatically extract hierarchical features from

complex medical images, thereby improving both segmentation and classification performance.

1. Comparison of Traditional vs Deep Learning Approaches

Earlier approaches in medical image analysis relied heavily on handcrafted feature extraction methods combined with classical machine

learning algorithms such as Support Vector Machines (SVM), Random Forests, and k-Nearest Neighbors. While these methods demonstrated moderate performance, they were limited in their ability to generalize across diverse datasets due to their dependence on manually engineered features.

In contrast, deep learning models such as CNNs, ResNet, and DenseNet have shown significant improvements in accuracy and robustness. Studies such as Jiang et al. (2023) and Hira et al. (2023) highlight that CNN-based models outperform traditional methods by a substantial margin, particularly in handling high-dimensional medical imaging data. Deep learning approaches can capture complex spatial relationships and texture patterns in ovarian tumor images, enabling more accurate classification and segmentation.

However, despite their advantages, deep learning models often require large datasets and high computational resources, which remain key challenges in medical imaging applications.

2. Comparative Analysis of Segmentation Models

Semantic segmentation plays a critical role in identifying tumor boundaries. U-Net and its variants (UNet++, Attention U-Net, nnU-Net) are the most widely used architectures in ovarian cancer segmentation.

- U-Net (Ronneberger et al.) provides strong baseline performance due to its encoder-decoder structure and skip connections.
- UNet++ (Zhou et al.) improves segmentation accuracy by introducing nested skip connections, allowing better feature propagation.
- Attention U-Net (Oktay et al.) enhances segmentation by focusing on relevant regions, reducing false positives.
- nnU-Net (Isensee et al., 2021) demonstrates superior performance by automatically adapting to dataset characteristics.

Comparatively, studies show that advanced architectures like UNet++ and nnU-Net outperform traditional U-Net by improving boundary detection and reducing segmentation errors. However, these models often increase computational complexity.

A major limitation across segmentation models is their sensitivity to data quality and annotation accuracy. In ovarian cancer datasets, where tumor boundaries can be ambiguous, segmentation performance may vary significantly.

3. Comparative Analysis of Classification Models

Classification models are responsible for distinguishing between benign and malignant tumors or identifying cancer subtypes.

- ResNet (He et al.) improves performance by enabling deeper networks through residual connections.
- DenseNet (Huang et al.) enhances feature reuse and reduces vanishing gradient problems.
- EfficientNetB0 (Tan & Le) achieves superior performance with fewer parameters due to compound scaling.

Among these, EfficientNetB0 has emerged as a preferred model for medical imaging tasks because of its balance between accuracy and computational efficiency. Studies such as Behera et al. (2023) demonstrate that EfficientNet-based models outperform ResNet and DenseNet in classification tasks while requiring fewer computational resources.

However, classification models alone are insufficient for comprehensive diagnosis, as they do not provide spatial information about tumor regions. This limitation highlights the importance of integrating segmentation and classification in a unified framework.

4. Role of Multi-Scale Feature Extraction (FPN)

One of the key challenges in ovarian cancer detection is the variability in tumor size and morphology. Feature Pyramid Networks (FPN) address this issue by enabling multi-scale feature representation.

FPN combines feature maps from different layers of a CNN, allowing the model to detect both small and large tumors effectively. Comparative studies indicate that models incorporating FPN significantly outperform single-scale models in both detection and segmentation tasks.

For example:

- Models without FPN struggle to detect small tumor regions.
- FPN-enhanced models improve detection sensitivity and reduce false negatives.

Despite its advantages, FPN introduces additional computational overhead and requires careful tuning to balance performance and efficiency.

5. Comparative Analysis of Dilated Convolution Models

Dilated convolutions provide a mechanism for expanding the receptive field without increasing the number of parameters. This allows models to capture broader contextual information, which is

crucial for distinguishing between normal and abnormal tissues.

Compared to standard convolution:

- Standard CNNs capture local features but may miss global context.
- Dilated CNNs capture both local and global features simultaneously.

Causal dilated convolutions further enhance this capability by preserving spatial dependencies, making them suitable for medical imaging tasks where contextual relationships are important.

Studies indicate that models incorporating dilated convolutions achieve better segmentation accuracy and improved classification performance, particularly in complex tumor structures. However, improper dilation rates may lead to gridding artifacts, which can degrade performance.

6. Hybrid Architectures (EfficientNetB0 + FPN + Dilated CNN)

Recent research trends emphasize the integration of multiple deep learning techniques into hybrid architectures to overcome individual limitations.

The combination of:

- EfficientNetB0 → Efficient feature extraction
- FPN → Multi-scale representation
- Dilated CNN → Contextual understanding

provides a comprehensive framework for ovarian cancer detection.

Comparative analysis shows that hybrid models:

- Achieve higher accuracy than standalone models
- Improve both segmentation and classification performance
- Reduce false positives and false negatives

However, these models are more complex and require careful optimization to avoid overfitting and ensure generalization.

7. Performance Comparison Across Studies

Across the reviewed literature:

- Deep learning models consistently achieve accuracy > 90%
- Hybrid architectures outperform single-model approaches
- Multi-scale and context-aware models show the best results

Key trends include:

- Increasing use of transfer learning (EfficientNet)
- Integration of attention mechanisms
- Adoption of hybrid and ensemble models

8. Identified Research Gaps

Despite significant progress, several gaps remain:

1. Data Limitations

- Small datasets
- Lack of standardized benchmarks
- Limited multi-institutional data

2. Generalization Issues

- Models trained on one dataset may not perform well on others
- Variability in imaging modalities

3. Interpretability

- Black-box nature of deep learning models
- Lack of explainable AI in clinical settings

4. Computational Complexity

- Hybrid models require high computational resources
- Limited deployment in real-time clinical environments

9. Key Comparative Insights

- EfficientNetB0 is the most efficient classifier
- FPN is essential for multi-scale tumor detection
- Dilated CNN improves contextual understanding
- Hybrid models provide best overall performance

Discussion

Deep learning has significantly improved ovarian cancer detection by enabling automated image analysis and reducing reliance on manual interpretation. CNN-based models have demonstrated strong performance in both segmentation and classification tasks. The integration of EfficientNetB0, FPN, and dilated convolutions has further enhanced model accuracy and efficiency.

One of the key advantages of these architectures is their ability to capture both local and global features. EfficientNetB0 provides efficient feature extraction, while FPN enables multi-scale analysis, and dilated convolutions capture contextual information. This combination allows for more accurate detection of tumors with varying sizes and shapes.

However, challenges remain, including data scarcity, model generalization, and interpretability. Many studies rely on limited datasets, which may not represent diverse populations. Additionally, the black-box nature of deep learning models raises concerns about clinical trust and adoption.

Future research should focus on developing explainable AI models, integrating multi-modal

data, and improving dataset diversity. These advancements will help bridge the gap between research and clinical practice.

Conclusion

This systematic review highlights the significant advancements in ovarian cancer detection using recent deep learning techniques. The integration of EfficientNetB0, FPN, and dilated convolutional neural networks has improved both segmentation and classification performance. Deep learning models have demonstrated high accuracy and efficiency, making them promising tools for clinical applications. However, challenges such as data limitations, model interpretability, and deployment barriers must be addressed.

Future research should focus on developing robust, scalable, and explainable AI systems to ensure their successful integration into healthcare systems. With continued advancements, AI-based ovarian cancer detection systems have the potential to significantly improve early diagnosis and patient outcomes.

References

- Hira, M. T., et al. (2023). Ovarian cancer data analysis using deep learning: A systematic review. *Artificial Intelligence in Medicine*, 140, 102538. <https://doi.org/10.1016/j.artmed.2023.102538>
- Kodipalli, A., et al. (2023). Performance analysis of segmentation and classification of ovarian tumors using deep learning. *Diagnostics*, 13(13), 2282. <https://doi.org/10.3390/diagnostics13132282>
- Sadeghi, M. H., et al. (2023). Deep learning-based ovarian cancer diagnosis using medical imaging. *Cancers*, 15(9), 2451. <https://doi.org/10.3390/cancers15092451>
- Behera, S. K., et al. (2023). Deep learning-based ovarian cancer subtype classification. *Scientific Reports*, 13, 12189. <https://doi.org/10.1038/s41598-023-39220-7>
- Jiang, X., et al. (2023). Deep learning for medical image-based cancer diagnosis: A survey. *Cancers*, 15(3), 789. <https://doi.org/10.3390/cancers15030789>
- Ronneberger, O., et al. (2015). U-Net: Convolutional networks for biomedical image segmentation. *MICCAI*. https://doi.org/10.1007/978-3-319-24574-4_28
- Tan, M., & Le, Q. (2019). EfficientNet: Rethinking model scaling for CNNs. *ICML*. <https://doi.org/10.48550/arXiv.1905.11946>
- Lin, T. Y., et al. (2017). Feature Pyramid Networks for object detection. *CVPR*. <https://doi.org/10.1109/CVPR.2017.106>
- Yu, F., & Koltun, V. (2016). Multi-scale context aggregation by dilated convolutions. *ICLR*. <https://doi.org/10.48550/arXiv.1511.07122>
- Isensee, F., et al. (2021). nnU-Net: A self-configuring method for deep learning-based biomedical image segmentation. *Nature Methods*, 18, 203–211. <https://doi.org/10.1038/s41592-020-01008-z>
- Hesamian, M. H., et al. (2019). Deep learning techniques for medical image segmentation. *Artificial Intelligence in Medicine*, 91, 1–14. <https://doi.org/10.1016/j.artmed.2018.09.002>
- Lundervold, A. S., & Lundervold, A. (2019). An overview of deep learning in medical imaging. *Zeitschrift für Medizinische Physik*, 29(2), 102–127. <https://doi.org/10.1016/j.zemedi.2018.11.002>
- Shen, D., et al. (2017). Deep learning in medical image analysis. *Annual Review of Biomedical Engineering*, 19, 221–248. <https://doi.org/10.1146/annurev-bioeng-071516-044442>
- Zhou, Z., et al. (2018). UNet++: A nested U-Net architecture for medical image segmentation. *Deep Learning in Medical Image Analysis*. https://doi.org/10.1007/978-3-030-00889-5_1
- Oktay, O., et al. (2018). Attention U-Net: Learning where to look for the pancreas. *arXiv*. <https://doi.org/10.48550/arXiv.1804.03999>
- He, K., et al. (2016). Deep residual learning for image recognition. *CVPR*. <https://doi.org/10.1109/CVPR.2016.90>
- Huang, G., et al. (2017). Densely connected convolutional networks. *CVPR*. <https://doi.org/10.1109/CVPR.2017.243>
- Rajpurkar, P., et al. (2017). CheXNet: Radiologist-level pneumonia detection. *arXiv*. <https://doi.org/10.48550/arXiv.1711.05225>
- Esteva, A., et al. (2017). Dermatologist-level classification of skin cancer with deep neural networks. *Nature*, 542, 115–118. <https://doi.org/10.1038/nature21056>