

## Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 01, Issue 02, December 2025



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaooa.com/index.php/5>

# BRAIN TUMOR CLASSIFICATION IN MRI USING NEURAL NETWORKS

Bekhzod Nurillayev

Xojiyev Sherali

Ulugbek Safarov

Tashkent state medical university Tashkent Uzbekistan

### Abstract

Accurate classification of brain tumors is essential for diagnosis, treatment planning, and prognosis assessment. Manual interpretation of MRI scans is time-consuming and subject to inter-observer variability, which can affect clinical decision-making. Neural network-based approaches, particularly convolutional neural networks (CNNs) and deep learning architectures, have demonstrated significant potential in automating brain tumor classification with high accuracy. This paper reviews current methodologies for MRI-based brain tumor classification using neural networks, discussing model architectures, performance metrics, challenges such as limited annotated datasets and imaging variability, and clinical applicability. The study highlights how AI-driven classification systems can support radiologists, improve diagnostic efficiency, and contribute to personalized neuro-oncology care.

**Keywords:** Brain tumor classification, MRI, neural networks, deep learning, convolutional neural networks, medical imaging, automated diagnosis, neuro-oncology

### Introduction

Brain tumors present a significant challenge in neuro-oncology, requiring precise diagnosis for effective treatment planning and prognosis assessment. Magnetic

## Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 01, Issue 02, December 2025



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaooa.com/index.php/5>

resonance imaging (MRI) is the gold standard for non-invasive visualization of brain structures and tumor morphology, providing detailed information on tumor location, size, and tissue characteristics. However, manual interpretation of MRI scans is time-consuming and susceptible to inter-observer variability, potentially affecting the accuracy and timeliness of clinical decision-making.

Artificial intelligence (AI) and neural network-based approaches have emerged as powerful tools for automated brain tumor classification. **Convolutional neural networks (CNNs)**, in particular, excel at learning hierarchical features from complex imaging data, enabling the differentiation of tumor types, grades, and subtypes. Deep learning architectures can capture subtle variations in tumor morphology and intensity patterns, which may be difficult for human observers to consistently identify.

Hybrid models that integrate MRI data with additional clinical and demographic information, such as patient age, gender, and medical history, further enhance classification accuracy and provide context-aware predictions. Techniques such as data augmentation, transfer learning, and multi-scale feature extraction are employed to overcome challenges related to limited annotated datasets and variability in imaging protocols.

Despite these advancements, several challenges remain. Variability in MRI acquisition parameters, differences in scanner types, and heterogeneity in tumor presentation can affect model generalizability. Additionally, interpretability and transparency of AI predictions are critical for clinical adoption, as radiologists must understand and trust the system's outputs.

This paper explores current neural network methodologies for brain tumor classification using MRI, including CNNs and hybrid approaches. It examines performance metrics, clinical applicability, limitations, and future directions, highlighting the potential of AI-driven systems to improve diagnostic accuracy, streamline workflows, and support personalized neuro-oncology care.

## Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 01, Issue 02, December 2025



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaooa.com/index.php/5>

### Main Body

Neural network-based approaches, particularly **convolutional neural networks (CNNs)**, have become the cornerstone for automated brain tumor classification in MRI. CNNs are capable of extracting hierarchical features from raw imaging data, enabling the detection and differentiation of tumor types such as gliomas, meningiomas, and pituitary tumors. The deep architecture of these networks allows for the learning of complex patterns in tumor shape, texture, and intensity, which are often subtle and difficult for radiologists to discern manually.

**Deep learning architectures** such as VGGNet, ResNet, DenseNet, and Inception have been successfully applied to MRI-based brain tumor classification. These models not only achieve high classification accuracy but also allow for the integration of multiple imaging sequences, including T1-weighted, T2-weighted, and FLAIR images, enhancing model robustness and performance. **3D CNNs** further improve performance by leveraging volumetric data, capturing spatial relationships within the tumor and surrounding brain tissue.

**Hybrid models**, which combine CNNs with other machine learning techniques like support vector machines (SVMs) or random forests, have demonstrated improved accuracy and generalizability. Incorporating clinical metadata, such as patient age, gender, and prior medical history, allows for personalized prediction and more informed clinical decision-making.

Challenges remain in the widespread application of neural network-based classification. **Limited annotated datasets** pose a significant barrier, particularly for rare tumor types. To mitigate this, techniques such as **data augmentation, transfer learning, and semi-supervised learning** are widely employed to enhance model generalizability. Variability in MRI acquisition protocols, scanner models, and imaging quality also impacts model performance, necessitating standardization and cross-center validation.

**Interpretability** of AI models is critical for clinical adoption. Visualization tools such as saliency maps, class activation maps (CAMs), and attention mechanisms

## Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 01, Issue 02, December 2025



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaooa.com/index.php/5>

provide insight into which regions of the MRI influenced the model's predictions, allowing radiologists to verify and trust the results. Ethical considerations, including patient privacy, algorithmic bias, and compliance with regulatory standards, must also be addressed to ensure safe deployment.

Overall, neural network-based classification of brain tumors in MRI offers significant improvements in diagnostic accuracy, efficiency, and reproducibility. By leveraging deep learning architectures, multi-sequence imaging, hybrid approaches, and clinical metadata integration, these systems provide valuable decision support to radiologists and contribute to personalized neuro-oncology care.

### Discussion

The application of neural networks for brain tumor classification in MRI has significantly enhanced diagnostic capabilities in neuro-oncology. Deep learning models, particularly convolutional neural networks (CNNs), enable automatic extraction of hierarchical features from complex MRI datasets, allowing accurate differentiation between tumor types, grades, and subtypes. These systems not only reduce interpretation time but also minimize inter-observer variability, contributing to more reliable and timely clinical decision-making.

Hybrid approaches that integrate imaging data with clinical metadata, such as patient demographics, medical history, and prior imaging, further improve classification performance. Multi-sequence MRI inputs, including T1-weighted, T2-weighted, and FLAIR images, allow models to capture complementary information, enhancing sensitivity and specificity. Three-dimensional CNNs and attention-based mechanisms provide volumetric and spatial context, enabling precise tumor localization and characterization.

Despite their promise, several challenges remain. Limited availability of annotated MRI datasets, particularly for rare tumor types, restricts model generalizability. Differences in MRI acquisition protocols, scanner models, and

## Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 01, Issue 02, December 2025



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaooa.com/index.php/5>

image quality introduce variability that can affect performance. Furthermore, interpretability is critical for clinical adoption, as radiologists need to understand and trust AI-generated outputs. Visualization tools such as saliency maps, class activation maps (CAMs), and attention maps improve transparency and foster collaboration between AI systems and clinicians. Ethical, regulatory, and privacy considerations must also be addressed to ensure safe and equitable deployment of neural network-based classification systems.

Overall, neural network-based MRI classification systems offer transformative potential in neuro-oncology by supporting radiologists, improving diagnostic accuracy, and facilitating personalized treatment planning. Continuous validation, dataset expansion, and integration into clinical workflows are essential for maximizing their clinical impact.

### Conclusion

In conclusion, neural network-based approaches for brain tumor classification in MRI provide a powerful tool for improving diagnostic precision, workflow efficiency, and personalized patient care. Convolutional neural networks, hybrid models, and multi-sequence imaging integration enable accurate identification and characterization of various tumor types and grades.

While challenges such as limited annotated datasets, imaging variability, and the need for model interpretability persist, ongoing research, methodological innovations, and clinical validation are enhancing the robustness and applicability of these systems. The implementation of AI-driven classification models in neuro-oncology has the potential to optimize diagnostic processes, support evidence-based decision-making, and ultimately improve patient outcomes.



## Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 01, Issue 02, December 2025



This article/work is licensed under CC by 4.0 Attribution

<https://eurekaoa.com/index.php/5>

### References

1. Pereira, S., Pinto, A., Alves, V., & Silva, C. A. (2016). Brain tumor segmentation using convolutional neural networks in MRI images. *IEEE Transactions on Medical Imaging*, 35(5), 1240–1251. <https://doi.org/10.1109/TMI.2016.2538465>
2. Akkus, Z., Galimzianova, A., Hoogi, A., Rubin, D. L., & Erickson, B. J. (2017). Deep learning for brain MRI segmentation: State of the art and future directions. *Journal of Digital Imaging*, 30(4), 449–459. <https://doi.org/10.1007/s10278-017-9983-4>
3. Zhou, Z., Siddiquee, M. M. R., Tajbakhsh, N., & Liang, J. (2018). UNet++: A nested U-Net architecture for medical image segmentation. *Deep Learning in Medical Image Analysis and Multimodal Learning for Clinical Decision Support*, 3–11. [https://doi.org/10.1007/978-3-030-00889-5\\_1](https://doi.org/10.1007/978-3-030-00889-5_1)
4. Chen, H., Zhang, Y., Zhang, W., et al. (2019). Residual attention-based network for brain tumor classification. *Medical Physics*, 46(10), 4583–4594. <https://doi.org/10.1002/mp.13706>
5. Li, Z., Wang, Y., Yu, L., et al. (2018). Multi-scale CNN for brain tumor segmentation in MRI. *Frontiers in Neuroscience*, 12, 265. <https://doi.org/10.3389/fnins.2018.00265>
6. Bakas, S., Akbari, H., Sotiras, A., et al. (2018). Advancing The Cancer Genome Atlas glioma MRI collections with expert segmentation labels and radiomic features. *Scientific Data*, 4, 170117. <https://doi.org/10.1038/sdata.2017.117>
7. Zhou, Y., Han, Y., & Liu, Z. (2020). Deep learning in brain tumor diagnosis: A review. *Frontiers in Oncology*, 10, 1327. <https://doi.org/10.3389/fonc.2020.01327>