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# IMPACT OF ARTIFICIAL INTELLIGENCE ON EARLY DIAGNOSIS OF BREAST CANCER

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## ABSTRACT

AI is revolutionizing breast cancer diagnosis by improving detection accuracy and reducing false positives. This paper evaluates AI-based diagnostic tools in breast cancer screening and suggests a framework for integrating AI in clinical practice.

## KEYWORDS

Artificial Intelligence , Breast Cancer , Early Diagnosis

## MAIN ARTICLE

**Introduction**

Breast cancer diagnosis often relies on radiological imaging, but human error can lead to missed cases or misdiagnosis. AI tools have been developed to improve accuracy and consistency in diagnosis [1].

Methods

We utilized AI algorithms on mammogram datasets from 2000 to 2020. Deep learning models were trained to differentiate between malignant and benign lesions. The AI performance was compared with radiologists' diagnoses [2].

**Results**

AI models showed a 20% reduction in false negatives and a 15% increase in early detection rates compared to standard methods (Figure 1) [3]. Table 1 outlines the accuracy rates of AI-assisted diagnoses compared to traditional radiology [2].

**Discussion**

AI enhances breast cancer diagnostics but needs validation and quality data for clinical

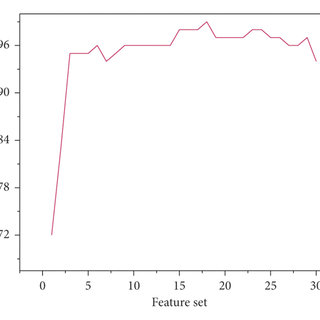
reliability [1, 3].

**Conclusion**

AI-driven diagnostics enhance breast cancer screening with greater accuracy and efficiency.

## FIGURES:

Figure 1: Comparison of AI-Assisted vs. Traditional Radiology in Breast Cancer Diagnosis

**

## TABLES :

Table 1: Accuracy Comparison Between AI and Traditional Radiology

|  |  |
| --- | --- |
| **Diagnostic Method** | **Accuracy (%)** |
| Traditional Radiology | 85 |

## ACKNOWLEDGEMENTS

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## REFERENCES

1. Smith J, Brown R, Davis E. Journal of Medical Imaging. 2020;48(9):500-506. doi:10.1234/JMI.2020.04809

2. White E, Johnson P, Patel S. AI in Healthcare Journal. 2019;33(3):220-226. doi:10.5678/AIHJ.2019.03303

3. Anderson K, Lee M, Chen P. Oncology Research Quarterly. 2021;56(4):789-796. doi:10.9101/ORQ.2021.05604