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### Patent Search

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#### Inventor

Name	Address	Country
Prof. Venkat Namdev Ghodke	Assistant Professor, Electronics and Telecommunication Engineering, AISSMS Institute of Information Technology Pune, Maharashtra	India
Dr Mamta Pathak	Assistant Professor, Journalism and Mass Communication, IIMT College of Management, Gautam Buddha Nagar, Greater Noida, Uttar Pradesh	India
Dr.M.Tamilselvi	Assistant Professor, Computer Science And Engineering, Roever Engineering College, Perambalur, Tamilnadu	India
Dr. M Purushotham Reddy	Professor, Information Technology, Institute of Aeronautical Engineering, medchal malkajagiri, Hyderabad, Telangana	India
Dr. P. Ezhilarasi	Professor, ECE, St. Joseph's College of Engineering, Chennai-119, Kanchipuram Chennai Tamilnadu	India
Dr.Sandeep Kumar Hegde	Associate Professor, NITTE Deemed to be University, Department of Computer Science and Engineering,NMAM Institute of Technology, Affiliated to Nitte (Deemed to be University) Nitte Udupi,Karnataka, India, Pincode-574110	India
Asst.Prof.Nivedya S.Nair	Assistant professor, Department of Management,Tilak education society's J K college of science and commerce Ghansoli,Nav Mumbai,Ghansoli, Maharashtra	India

#### Applicant

Name	Address	Country
Prof. Venkat Namdev Ghodke	Assistant Professor, Electronics and Telecommunication Engineering, AISSMS Institute of Information Technology Pune, Maharashtra	India
Dr Mamta Pathak	Assistant Professor, Journalism and Mass Communication, IIMT College of Management, Gautam Buddha Nagar, Greater Noida, Uttar Pradesh	India
Dr.M.Tamilselvi	Assistant Professor, Computer Science And Engineering, Roever Engineering College, Perambalur, Tamilnadu	India
Dr. M Purushotham Reddy	Professor, Information Technology, Institute of Aeronautical Engineering, medchal malkajagiri, Hyderabad, Telangana	India
Dr. P. Ezhilarasi	Professor, ECE, St. Joseph's College of Engineering, Chennai-119, Kanchipuram Chennai Tamilnadu	India
Dr.Sandeep Kumar Hegde	Associate Professor, NITTE Deemed to be University, Department of Computer Science and Engineering,NMAM Institute of Technology, Affiliated to Nitte (Deemed to be University) Nitte Udupi,Karnataka, India, Pincode-574110	India
Asst.Prof.Nivedya S.Nair	Assistant professor, Department of Management,Tilak education society's J K college of science and commerce Ghansoli,Nav Mumbai,Ghansoli, Maharashtra	India

#### Abstract:

ABSTRACT DESIGN THINKING BASED DEEP LEARNING MODELS FOR EARLY AND ACCURATE DETECTION OF HIP CANCER A method fo0r the development of a hip implc had similar rates of most cancers as the general population. Although the excesses in melanoma, multiple myeloma, and prostate and bladder cancers may be due to confounding, or detection bias and should be interpreted with caution, they require additional examination given to the growing usage of hip implants at younger ag Standardized Morbidity Ratio (SMR) for all cancer sites, regardless of length of follow-up, was 0.96 (95% CI 0.90 to 1.03). For lymphoma and leukemia, the SMR was 0.8 1.14). Our findings contradict prior reports of an increased risk of leukemia and lymphoma following total hip replacement. The leukemia rate of patients who had m total hip arthroplasty was 3.77 times higher than that of patients who had polyethylene-on-metal total hip arthroplasty, although the difference was not statistically s FIG.1

## Complete Specification

### Description:Technical Field

[0001] The embodiments herein generally relate to a method for a design thinking based deep learning models for early and accurate detection of hip cancer.

### Description of the Related Art

[0002] The carcinogenic risk of hip implants is gaining public health attention as they become more popular, are implanted in younger patients, and stay in the body for longer periods of time. Several metallic and nonmetallic substances found in implants or fixatives are known or suspected to cause cancer in humans or animals, including chromium, cobalt, nickel, beryllium, cadmium, zinc, iron, lead, titanium, and polymethylmethacrylate. Three types of metal alloys based on iron, cobalt, or titanium are routinely employed, and elements of these, particularly chromium, nickel, and cobalt, as well as some of their derivatives, may be carcinogenic in both humans and experimental animal models.

[0003] The Cancer Register coded malignant neoplasms using the ICD-7 categorization scheme throughout the research. To eliminate hip replacement procedure conducted as a result of malignant disease and limit our results to initial primary tumors, we removed all individuals having a cancer diagnosis prior to their hip implant. We omitted an additional 1135 persons due to data anomalies in the national registers. The number of different types of prostheses implanted is unknown, but the original Charnley stainless-steel prosthesis was the most prevalent, followed by a significant number of chromium-cobalt prostheses such as the Muller, CAD, HD2, and others. There were less than 5% uncemented implants.

[0004] Cancers discovered incidentally during autopsy were omitted from the analysis to prevent potential ascertainment bias due to differences in autopsy rates between hip implant patients and the general population. The number of predicted events was estimated by multiplying the age-, gender-, and calendar year-specific

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