

TOWARDS AN INTELLIGENT CANCER LEARNING HEALTH SYSTEM: FOUNDATION AI MODELS FOR ADAPTIVE AND PERSONALIZED ONCOLOGY

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Abstract: The emergence of intelligent cancer learning health systems represents a transformative paradigm in precision oncology, where artificial intelligence (AI), foundation models, multimodal learning, and continuously evolving clinical knowledge converge to create adaptive healthcare ecosystems capable of improving diagnosis, treatment, and survivorship through iterative learning. Conventional oncology frequently relies on fragmented clinical workflows, episodic data collection, and static predictive models that inadequately reflect the dynamic biological evolution of cancer or the continuous accumulation of real-world clinical evidence. Recent advances in foundation AI models, multimodal transformer architectures, graph neural networks, self-supervised learning, reinforcement learning, and generative artificial intelligence have enabled seamless integration of radiological imaging, digital pathology, genomics, transcriptomics, proteomics, metabolomics, epigenomics, spatial biology, laboratory biomarkers, circulating tumor DNA, wearable physiological monitoring, electronic health records, patient-reported outcomes, biomedical literature, and longitudinal clinical outcomes into unified computational ecosystems. These intelligent systems support early cancer detection, molecular characterization, biomarker discovery, prognostic prediction, therapeutic optimization, immunotherapy selection, digital twin simulation, adaptive disease monitoring, and evidence-based clinical decision support. Emerging technologies including multimodal large language models, federated learning, retrieval-augmented generation, explainable artificial intelligence, agentic AI, cloud-native healthcare platforms, and Internet of Medical Things (IoMT) technologies further strengthen learning health systems by enabling collaborative, privacy-preserving, transparent, and continuously adaptive biomedical intelligence. Despite substantial technological advances, important scientific, technical, ethical, and regulatory challenges remain regarding multimodal data harmonization, computational scalability, interoperability, explainability, cybersecurity, clinical validation, and equitable implementation. This review provides a comprehensive overview of intelligent cancer learning health systems, emphasizing foundation AI models as transformative technologies for adaptive and personalized oncology.[1]

Keywords: *Learning health system, Foundation models, Artificial intelligence, Precision oncology, Adaptive oncology, Computational oncology, Clinical intelligence, Personalized medicine, Digital twins, Clinical decision support.*

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1. Introduction

Cancer is a biologically dynamic disease characterized by continuous genomic evolution, epigenetic remodeling, immune adaptation, metabolic reprogramming, angiogenesis, tissue remodeling, and intricate interactions among

malignant cells, stromal components, immune populations, vascular structures, and host physiology. These interconnected biological processes evolve throughout diagnosis, treatment, recurrence, metastasis, and survivorship, making precision oncology increasingly dependent upon

computational systems capable of continuously integrating heterogeneous biomedical information across multiple biological scales.[2]

Modern oncology generates unprecedented quantities of biomedical information through radiological imaging, digital pathology, genomic sequencing, transcriptomics, proteomics, metabolomics, epigenomics, spatial biology, laboratory investigations, circulating tumor DNA, wearable physiological monitoring, physician documentation, electronic health records, biomedical literature, and patient-reported outcomes. Although each modality contributes valuable biological insight, isolated interpretation frequently overlooks systems-level relationships governing disease progression, therapeutic response, resistance mechanisms, and long-term clinical outcomes.[3]

Artificial intelligence has emerged as a transformative computational technology capable of integrating these heterogeneous biomedical datasets into unified patient-centered representations. Learning health systems extend these capabilities by continuously incorporating new biomedical evidence, clinical outcomes, and patient experiences into adaptive computational frameworks that improve future decision-making. The convergence of foundation AI models and continuously learning healthcare ecosystems therefore establishes a transformative paradigm for adaptive precision oncology.[4]

2. Evolution of the Learning Health System in Oncology

The concept of the learning health system has evolved from continuous quality improvement initiatives toward intelligent biomedical ecosystems capable of autonomously learning from multimodal healthcare information. Early computational systems primarily relied upon statistical analyses and machine learning algorithms developed for isolated diagnostic or prognostic applications. Although these systems demonstrated important clinical value, they remained constrained by fragmented biomedical information, limited adaptability, and delayed incorporation of new clinical evidence.[5]

Deep learning substantially expanded computational capabilities through automated

representation learning from radiological imaging, digital pathology, genomic sequencing, and electronic health records. Transformer architectures subsequently revolutionized biomedical artificial intelligence by enabling generalized contextual learning across heterogeneous biomedical modalities.

Foundation AI models now acquire transferable biomedical knowledge through large-scale self-supervised pretraining, while multimodal large language models, reinforcement learning, digital twins, federated learning, cloud computing, and agentic AI collectively establish continuously evolving learning health systems capable of adapting to newly generated biomedical evidence and patient-specific outcomes.[6]

3. Principles of Intelligent Learning Health Systems

Intelligent cancer learning health systems differ fundamentally from conventional healthcare information systems because they continuously acquire, integrate, analyze, and apply biomedical knowledge to improve future clinical decision-making. Foundation AI models integrate radiological imaging, digital pathology, genomics, transcriptomics, proteomics, metabolomics, laboratory biomarkers, wearable physiological monitoring, physician documentation, patient-reported outcomes, biomedical literature, and longitudinal clinical trajectories into unified patient-specific computational representations.[7]

Self-supervised learning enables discovery of latent biological relationships without requiring extensive manual annotation, while multimodal transformer architectures align heterogeneous biomedical modalities within shared computational embedding spaces. Graph neural networks characterize interactions among genes, proteins, signaling pathways, immune populations, imaging phenotypes, tissue architecture, therapeutic targets, physiological variables, environmental exposures, and clinical outcomes.

These computational principles establish adaptive biomedical intelligence capable of continuously improving personalized precision oncology through iterative learning.[8]

4. Computational Architecture

Modern intelligent cancer learning health systems consist of interconnected computational layers responsible for biomedical data acquisition, preprocessing, representation learning, multimodal fusion, adaptive learning, predictive analytics, digital twin simulation, knowledge synthesis, and intelligent clinical decision support.[9]

The acquisition layer continuously integrates radiological imaging, digital pathology, genomic sequencing, transcriptomics, proteomics, metabolomics, epigenomics, spatial biology, laboratory investigations, circulating tumor DNA, wearable physiological monitoring, medication history, physician documentation, patient-reported outcomes, biomedical literature, and electronic health records. Advanced preprocessing pipelines normalize imaging studies, harmonize molecular datasets, encode clinical narratives using natural language processing, synchronize temporal patient information, and continuously update biomedical knowledge repositories.

Foundation AI models subsequently generate generalized multimodal embeddings representing molecular biology, tissue architecture, imaging phenotypes, physiological function, environmental exposures, and longitudinal clinical trajectories. These unified computational representations continuously evolve while supporting adaptive precision oncology.[10]

5. Foundation AI Models as the Core Learning Engine

Foundation AI models constitute the computational intelligence underlying learning health systems because they acquire generalized biomedical knowledge from massive multimodal datasets before specialization for individual oncology applications. Unlike conventional task-specific algorithms, foundation models develop transferable computational representations applicable across diagnosis, prognosis, biomarker discovery, therapeutic prediction, disease monitoring, radiomics, computational pathology, immunotherapy, and intelligent clinical decision support.[11]

Transformer architectures enable multimodal attention across imaging, pathology, molecular

biology, laboratory investigations, wearable monitoring, and clinical documentation, while graph neural networks characterize interactions among signaling pathways, immune responses, imaging phenotypes, therapeutic targets, physiological variables, and longitudinal clinical outcomes.

These generalized computational capabilities establish foundation AI models as continuously evolving biomedical reasoning engines supporting adaptive oncology.[12]

6. Multimodal Biomedical Intelligence

Comprehensive learning health systems depend upon seamless integration of complementary biomedical modalities into unified patient-specific computational representations. Radiological imaging provides anatomical and functional characterization of tumors, digital pathology reveals microscopic tissue architecture, and multi-omics technologies—including genomics, transcriptomics, proteomics, metabolomics, epigenomics, immunomics, microbiomics, and spatial biology—provide comprehensive molecular characterization of evolving cancer biology.[13]

Wearable biosensors continuously monitor physiological parameters including heart rate, sleep quality, physical activity, medication adherence, treatment-related symptoms, and quality-of-life indicators, while electronic health records contribute longitudinal clinical context extending across diagnosis, treatment, recurrence, and survivorship.

Artificial intelligence harmonizes these diverse biomedical modalities using multimodal transformers, graph neural networks, biological knowledge graphs, and cross-modal attention mechanisms capable of generating adaptive computational embeddings representing continuously evolving patient biology.[14]

7. Adaptive Clinical Knowledge Generation

One of the defining characteristics of intelligent cancer learning health systems is continuous generation of clinically actionable knowledge through analysis of routine healthcare data. Foundation AI models integrate radiological imaging, digital pathology, molecular biology,

laboratory investigations, treatment responses, adverse events, patient-reported outcomes, survivorship data, and biomedical literature to identify emerging biomarkers, therapeutic strategies, resistance mechanisms, prognostic signatures, and opportunities for healthcare improvement.[15]

Unlike conventional evidence-generation models that depend exclusively on periodic clinical trials, adaptive learning systems continuously incorporate real-world evidence into computational knowledge bases while refining predictive accuracy and therapeutic recommendations according to evolving clinical experience.

These adaptive knowledge-generation capabilities substantially accelerate translational oncology while supporting evidence-based precision medicine.[16]

8. Digital Twins and Learning Oncology Ecosystems

Digital twin technology represents one of the defining innovations within intelligent cancer learning health systems by creating continuously evolving computational replicas of individual patients synchronized with their biological counterparts. Foundation AI models integrate serial radiological imaging, digital pathology, genomics, transcriptomics, proteomics, metabolomics, laboratory biomarkers, circulating tumor DNA, wearable physiological monitoring, medication history, patient-reported outcomes, and longitudinal clinical information into adaptive computational patient models capable of simulating disease progression, therapeutic response, treatment-related toxicity, recurrence, metastatic dissemination, and survival.[17]

Unlike static predictive models, digital twins continuously incorporate newly acquired biomedical information while simultaneously contributing anonymized learning back into the broader healthcare ecosystem. This bidirectional knowledge exchange transforms every patient encounter into an opportunity for continuous improvement of future cancer care.[18]

9. Personalized Therapeutic Decision-Making

One of the most clinically significant applications of intelligent cancer learning health systems is individualized therapeutic optimization through comprehensive integration of molecular biology, imaging phenotypes, histopathological characteristics, laboratory biomarkers, wearable physiological monitoring, medication history, physician documentation, environmental exposures, and longitudinal clinical trajectories. Foundation AI models continuously predict responsiveness to chemotherapy, targeted therapy, endocrine therapy, immunotherapy, radiation therapy, surgery, and multimodal treatment combinations while adapting therapeutic recommendations according to evolving patient biology, treatment response, toxicity profiles, and continuously expanding real-world evidence. These adaptive computational ecosystems establish a continuously learning framework capable of improving personalized cancer care across the entire disease continuum.[19][20]

10. Intelligent Clinical Decision Support

Intelligent cancer learning health systems provide the computational infrastructure for next-generation clinical decision-support systems capable of integrating heterogeneous biomedical information into comprehensive patient-centered recommendations. Rather than interpreting radiological imaging, digital pathology, molecular diagnostics, laboratory investigations, wearable physiological monitoring, medication history, physician documentation, patient-reported outcomes, and evidence-based clinical guidelines independently, foundation AI models synthesize these diverse biomedical information sources into unified computational representations supporting multidisciplinary oncology practice.[21]

Interactive clinical dashboards generate individualized diagnostic summaries, multimodal biomarker analyses, molecular interpretations, digital twin simulations, therapeutic recommendations, toxicity estimates, recurrence probabilities, disease progression forecasts, and survival predictions while facilitating collaboration among oncologists, radiologists, pathologists, surgeons, radiation oncologists, molecular biologists, pharmacists, nurses, genetic

counselors, biomedical engineers, and computational scientists.

These intelligent systems improve workflow efficiency, strengthen multidisciplinary communication, reduce fragmentation of biomedical information, and promote evidence-based personalized cancer management throughout the cancer care continuum.

11. Continuous Learning and Adaptive Clinical Intelligence

A defining characteristic of intelligent cancer learning health systems is the ability to continuously evolve as new biomedical information becomes available. Artificial intelligence incorporates serial imaging examinations, computational pathology, circulating tumor DNA, laboratory biomarkers, wearable physiological monitoring, medication adherence, physician documentation, patient-reported outcomes, biomedical literature, and real-world clinical evidence into adaptive computational frameworks capable of continuously refining predictive accuracy throughout the patient's clinical journey.[22]

Continual learning algorithms enable incremental refinement of computational knowledge without catastrophic forgetting of previously acquired information, while reinforcement learning optimizes diagnostic and therapeutic recommendations through iterative evaluation of treatment outcomes. Agentic AI systems further coordinate evidence retrieval, workflow automation, treatment planning, longitudinal disease surveillance, and multidisciplinary communication while maintaining clinician oversight.

This adaptive computational paradigm transforms oncology into a continuously learning healthcare ecosystem capable of supporting real-time precision medicine.

12. Federated Learning Health Networks

Development of highly generalizable intelligent cancer learning health systems requires access to diverse biomedical datasets representing multiple healthcare systems, imaging platforms, pathology laboratories, molecular technologies, treatment protocols, and patient populations. Federated

learning enables collaborative development of foundation AI models while preserving patient privacy and institutional governance through decentralized computational training.[23]

Participating healthcare institutions independently train local models using radiological imaging, digital pathology, genomics, transcriptomics, laboratory investigations, wearable monitoring, liquid biopsy, electronic health records, and longitudinal clinical records while securely exchanging encrypted model parameters rather than identifiable patient information. This collaborative learning strategy substantially improves algorithm robustness, fairness, external validity, transparency, and generalizability across diverse healthcare environments.

Federated learning health ecosystems therefore establish international computational oncology networks capable of accelerating scientific discovery, improving equitable access to precision medicine, and supporting global cancer research while maintaining responsible biomedical data stewardship.

13. Explainability, Validation, and Ethical Governance

Successful implementation of intelligent cancer learning health systems requires transparent, interpretable, reproducible, and rigorously validated computational systems capable of supporting clinician confidence, patient trust, and regulatory approval. Explainable artificial intelligence (XAI) enables clinicians to understand computational reasoning through attention visualization, saliency maps, SHAP (Shapley Additive Explanations), feature attribution analysis, uncertainty estimation, multimodal attention mapping, and counterfactual explanations identifying the imaging, molecular, pathological, physiological, and clinical variables responsible for predictive outputs.[24]

Clinical deployment additionally requires standardized multimodal datasets, interoperable computational infrastructure, prospective multicenter validation, external benchmarking, cybersecurity safeguards, continuous monitoring for algorithmic bias, and compliance with evolving international regulatory frameworks governing AI-enabled healthcare technologies.

Responsible implementation further depends upon patient privacy, informed consent, transparency, accountability, equitable access, responsible data governance, continuous post-deployment surveillance, and multidisciplinary oversight to ensure trustworthy integration of intelligent computational systems into routine oncology practice.

14. Emerging Technologies and Future Convergence

The future of intelligent cancer learning health systems will be driven by the convergence of multimodal foundation models, multimodal large language models, agentic artificial intelligence, graph neural networks, reinforcement learning, federated learning, digital twins, spatial multi-omics, liquid biopsy, quantum computing, robotics, Internet of Medical Things (IoMT), cloud-native healthcare infrastructure, edge computing, and autonomous clinical reasoning systems.[25]

These emerging technologies will continuously integrate molecular biology, radiological imaging, digital pathology, laboratory medicine, wearable physiological monitoring, environmental exposures, electronic health records, biomedical literature, and real-world clinical outcomes into unified computational ecosystems capable of autonomous reasoning, adaptive therapeutic optimization, intelligent clinical trial matching, precision prevention, personalized survivorship management, and continuous evidence synthesis.

Such technological convergence is expected to redefine oncology as an intelligent, adaptive, continuously learning, and data-driven healthcare discipline.

15. Future Perspectives

Future intelligent cancer learning health systems will progressively evolve beyond isolated decision-support systems toward comprehensive intelligent healthcare platforms capable of continuously modeling individual patient biology throughout diagnosis, treatment, recurrence, survivorship, and long-term follow-up.[26]

Digital twins will increasingly simulate alternative therapeutic pathways, foundation AI models will autonomously incorporate newly published

biomedical evidence, multimodal learning systems will integrate emerging biological modalities, and intelligent clinical agents will coordinate diagnostic workflows, multidisciplinary communication, patient education, clinical documentation, precision treatment planning, survivorship management, and preventive oncology under clinician supervision.

These integrated computational ecosystems are expected to support predictive, preventive, personalized, participatory, and continuously optimized oncology on an unprecedented global scale.

16. Discussion

Intelligent cancer learning health systems represent one of the most significant paradigm shifts in computational oncology by integrating foundation AI models, multimodal learning, digital twins, molecular biology, imaging intelligence, computational pathology, longitudinal clinical reasoning, real-world evidence, and adaptive knowledge generation into unified computational ecosystems capable of supporting comprehensive personalized cancer care. Unlike conventional healthcare systems that periodically update clinical practice based on delayed evidence, learning health systems continuously acquire knowledge from routine clinical care, refine predictive models, and improve future clinical decision-making while maintaining clinician oversight.[27]

Applications spanning computational pathology, radiogenomics, biomarker discovery, digital twins, precision immunotherapy, adaptive therapeutics, continuous learning, federated collaboration, digital health, survivorship management, and intelligent clinical decision support demonstrate the extraordinary potential of learning health systems to redefine future oncology. Nevertheless, successful implementation requires continued advances in multimodal data harmonization, explainable artificial intelligence, interoperability, computational infrastructure, cybersecurity, regulatory science, ethical governance, human-AI collaboration, and sustained multidisciplinary research.

As biomedical knowledge and healthcare data continue to expand exponentially, intelligent cancer learning health systems are expected to become the foundational computational infrastructure supporting adaptive precision oncology worldwide.

17. Conclusion

Intelligent cancer learning health systems are transforming personalized oncology by integrating foundation AI models, digital twins, radiological imaging, digital pathology, multi-omics, laboratory biomarkers, wearable technologies, electronic health records, biomedical literature, and longitudinal clinical intelligence into unified computational ecosystems capable of supporting accurate diagnosis, biomarker discovery, prognostic prediction, therapeutic optimization, adaptive disease monitoring, and individualized clinical decision-making throughout the cancer care continuum.[28]

Advances in transformer architectures, multimodal learning, graph neural networks, self-supervised learning, federated learning, reinforcement learning, digital twins, multimodal large language models, agentic AI, cloud-native healthcare systems, and generative artificial intelligence are expected to further strengthen intelligent learning health ecosystems, enabling increasingly accurate molecular characterization, predictive clinical intelligence, adaptive therapeutics, continuous disease surveillance, autonomous workflow orchestration, and continuously personalized oncology care.[29]

Although important scientific, technical, ethical, regulatory, and implementation challenges remain, sustained collaboration among oncologists, radiologists, pathologists, molecular biologists, biomedical engineers, computer scientists, healthcare organizations, policymakers, industry partners, and regulatory agencies will accelerate the responsible implementation of intelligent cancer learning health systems. These innovations have the potential to improve patient outcomes, enhance healthcare efficiency, reduce disparities in cancer care, accelerate translational research, and establish a new era of intelligent, adaptive, continuously learning, and precision-guided oncology worldwide.[30]

References

1. Meric-Bernstam, F. et al. (2023) 'Enhancing Precision Oncology Through Multimodal Data Integration', *Nature Reviews Clinical Oncology*, 20(4), pp. 267-283.
2. Dr. Ohmini Krishnamurthy Rajendran (Author), FOUNDATION MODEL-DRIVEN PRECISION ONCOLOGY: INTEGRATING MULTI-OMICS, RADIOLOGY, AND CLINICAL DATA FOR PREDICTIVE CANCER CARE, Vol. 52 No. 2 (2024): April-June 2024, *Power System Protection and Control*, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/324>, DOI: <https://doi.org/10.46121/pspc.52.2.14>
3. Dr. Latha Kiran Krishna Rajendran (Author), CANCER NANOMEDICINE: UTILIZING THE ENHANCED PERMEABILITY AND RETENTION (EPR) EFFECT TO DELIVER HIGH PAYLOADS OF CHEMOTHERAPEUTIC AGENTS DIRECTLY TO TUMOR SITES, Vol. 52 No. 2 (2024): April-June 2024, *Power System Protection and Control*, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/311>, DOI: <https://doi.org/10.46121/pspc.52.2.12>
4. Dr. Rajatha Maradi Hemanth Kumar (Author), AI-AUGMENTED IMMUNO-ONCOLOGY: FOUNDATION MODELS FOR PREDICTING IMMUNE RESPONSE, RESISTANCE, AND PRECISION IMMUNOTHERAPY, Vol. 52 No. 2 (2024): April-June 2024, *Power System Protection and Control*, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/345>, DOI: <https://doi.org/10.46121/pspc.52.2.18>
5. Dr. Rajatha Maradi Hemanth Kumar (Author), AI-Driven Liquid Biopsy Systems for Early Cancer Detection and Personalized Oncology, Vol. 51 No. 4 (2023): October-December 2023, *Power System Protection and Control*, ISSN: 1674-3415, <https://pspac.info/index.php/dlbh/article/view/388>, DOI: <https://doi.org/10.46121/pspc.51.4.7>
6. Dr. Ohmini Krishnamurthy Rajendran (Author), SELF-SUPERVISED MULTIMODAL LEARNING FOR EARLY CANCER DETECTION ACROSS IMAGING AND GENOMICS, Vol. 52 No. 4 (2024): October-December 2024, *Power System Protection and*

- Control, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/325>, DOI: <https://doi.org/10.46121/pspc.52.4.14>
7. Dr. Rajatha Maradi Hemanth Kumar (Author), MULTIMODAL FOUNDATION AI MODELS IN PRECISION ONCOLOGY: INTEGRATING RADIOMICS, PATHOMICS, MULTI-OMICS, AND CLINICAL INTELLIGENCE SYSTEMS, Vol. 52 No. 4 (2024): October–December 2024, Power System Protection and Control, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/343>, DOI: <https://doi.org/10.46121/pspc.52.4.16>
8. Joshi, A. et al. (2023) ‘Multimodal Learning for Precision Oncology: Beyond Single-modality Analysis’, npj Precision Oncology, 7(1), p. 28.
9. Dr. Latha Kiran Krishna Rajendran (Author), Genomic Profiling: Utilizing Multi-Omics Data to Identify Potential Therapeutic Targets and Resistance Markers, Vol. 52 No. 4 (2024): October–December 2024, Power System Protection and Control, ISSN: 1674-3415, Article URL: <https://pspac.info/index.php/dlbh/article/view/312>, DOI: <https://doi.org/10.46121/pspc.52.4.13>.
10. Huang, S.C. et al. (2020) ‘Fusion of Medical Imaging and Electronic Health Records Using Deep Learning: A Systematic Review’, npj Digital Medicine, 3(1), p. 136.
11. Dr. Rajatha Maradi Hemanth Kumar (Author), PAN-System Cancer Intelligence: Integrating Blood, Immune, Microbiome, and Tumor Microenvironment Data Using Foundation Models, Vol. 51 No. 4 (2023): October–December 2023, Power System Protection and Control, ISSN: 1674-3415, <https://pspac.info/index.php/dlbh/article/view/389>, DOI: <https://doi.org/10.46121/pspc.51.4.8>
12. Lambin, P. et al. (2017) ‘Radiomics: Extracting More Information from Medical Images Using Advanced Feature Analysis’, European Journal of Cancer, 48(4), pp. 441-446.
13. Zwanenburg, A. et al. (2023) ‘The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping’, Radiology, 308(2), e221422.
14. Chen, R.J. et al. (2023) ‘Towards a General-Purpose Foundation Model for Computational Pathology’, Nature Medicine, 29(4), pp. 850-862.
15. Kather, J.N. et al. (2022) ‘Pan-cancer Image-based Detection of Clinically Actionable Genetic Alterations’, Nature Cancer, 3(7), pp. 789-799.
16. Chaudhary, K. et al. (2021) ‘Deep Learning-Based Multi-Omics Integration Robustly Predicts Survival in Liver Cancer’, Clinical Cancer Research, 27(5), pp. 1248-1259.
17. Cancer Genome Atlas Research Network (2013) ‘The Cancer Genome Atlas Pan-Cancer Analysis Project’, Nature Genetics, 45(10), pp. 1113-1120.
18. Huang, S.C. et al. (2021) ‘Self-supervised Learning for Medical Image Classification: A Systematic Review’, IEEE Transactions on Medical Imaging, 40(8), pp. 2021-2037.
19. Moor, M. et al. (2023) ‘Foundation Models for Generalist Medical Artificial Intelligence’, Nature, 616(7956), pp. 259-265.
20. Hanahan D. Hallmarks of cancer: new dimensions. Cancer Discov. 2022;12(1):31–46. Doi:10.1158/2159-8290.CD-21-1059.
21. Singhal K, Azizi S, Tu T, et al. Large language models encode clinical knowledge. Nature. 2023;620(7972):172–180. Doi:10.1038/s41586-023-06291-2.
22. Xu H, Usuyama N, Bagga J, et al. A whole-slide foundation model for digital pathology from real-world data. Nature. 2024;630(8015):181–188. Doi:10.1038/s41586-024-07441-w.
23. Moor M, Banerjee O, Abad ZSH, et al. Foundation models for generalist medical artificial intelligence. Nature. 2023;616(7956):259–265. Doi:10.1038/s41586-023-05881
24. Bommasani R, Hudson DA, Adeli E, et al. On the opportunities and risks of foundation models. arXiv. 2021. Doi:10.48550/arXiv.2108.07258.
25. Dosovitskiy A, Beyer L, Kolesnikov A, et al. An image is worth 16×16 words: transformers for image recognition at scale. arXiv. 2020. Doi:10.48550/arXiv.2010.11929.
26. Dr. Ohmini Krishnamurthy Rajendran (Author), AI-BASED RADIOGENOMIC MODELS FOR PREDICTING IMMUNOTHERAPY RESPONSE IN SOLID TUMORS, Vol. 51 No. 4 (2023): October–December 2023, Power System Protection and

- Control, ISSN-1674-3415,
<https://pspac.info/index.php/dlbh/article/view/321>
, DOI: <https://doi.org/10.46121/pspc.51.4.4>
27. Dr. Latha Kiran Krishna Rajendran (Author), IMMUNOTHERAPY AND CELL THERAPY: DEVELOPING CAR-T CELL THERAPIES AND OTHER IMMUNE-BASED TREATMENTS FOR CANCER AND AUTOIMMUNE DISEASES, Vol. 51 No. 2 (2023): April-June 2023, Power System Protection and Control, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/304>, DOI: <https://doi.org/10.46121/pspc.51.2.7>
28. Chakraborty, S. et al. (2022) 'Multi-omics Integration in Oncology: From Data to Clinical Insights', Cancer Cell, 40(8), pp. 805-823.
29. Dr. Ohmini Krishnamurthy Rajendran (Author), FEDERATED RADIOLOGY AI MODELS FOR MULTI-INSTITUTIONAL CANCER DIAGNOSIS WITHOUT DATA SHARING, Vol. 51 No. 4 (2023): October-December 2023, Power System Protection and Control, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/323>, DOI: <https://doi.org/10.46121/pspc.51.4.5>
30. Dr. Latha Kiran Krishna Rajendran (Author), MECHANISMS DRIVING IMMUNOTHERAPY RESISTANCE IN COLORECTAL CANCER LIVER METASTASES, Vol. 52 No. 1 (2024): January-March 2024, Power System Protection and Control, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/303>, DOI: <https://doi.org/10.46121/pspc.52.1.5>