

INTELLIGENT MULTIMODAL ONCOLOGY: INTEGRATING RADIOLOGY, PATHOLOGY, MULTI-OMICS, AND WEARABLE HEALTH DATA

^{#1}**Dr. Mohammed Asif**, Assistant Professor, Department of General Medicine,
P. E. S. Institute of Medical Sciences and Research, Kuppam, India
Mohammedasif29@gmail.com

Abstract: Intelligent multimodal oncology is emerging as a transformative paradigm in precision cancer medicine by integrating radiology, pathology, multi-omics, wearable health technologies, and foundation artificial intelligence (AI) models into unified computational ecosystems. Conventional oncology workflows frequently analyze radiological imaging, histopathology, molecular biomarkers, laboratory investigations, and physiological monitoring independently, limiting comprehensive characterization of tumor biology and personalized therapeutic decision-making. 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, biomedical literature, and longitudinal clinical outcomes into unified computational representations of cancer biology. These intelligent systems support early diagnosis, biomarker discovery, prognostic prediction, therapeutic optimization, adaptive disease monitoring, immunotherapy selection, digital twin simulation, survivorship management, 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 digital health ecosystems further strengthen multimodal oncology by enabling collaborative, privacy-preserving, transparent, and continuously adaptive biomedical intelligence. Despite remarkable technological advances, important scientific, technical, ethical, and regulatory challenges remain regarding multimodal data harmonization, computational scalability, interoperability, cybersecurity, clinical validation, regulatory acceptance, and equitable implementation. This review provides a comprehensive overview of intelligent multimodal oncology, emphasizing integration of radiology, pathology, multi-omics, and wearable health data as transformative technologies for next-generation precision oncology.[1]

Keywords: *Multimodal oncology, Foundation models, Radiology, Pathology, Multi-omics, Wearable health, Artificial intelligence, Computational oncology, Precision medicine, Personalized therapeutics.*

This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author(s) and the source are properly cited.

1. Introduction

Cancer is a biologically dynamic disease characterized by continuous genomic evolution, epigenetic remodeling, immune adaptation, metabolic reprogramming, angiogenesis, stromal remodeling, and complex interactions among malignant cells, immune populations, vascular structures, extracellular matrix, and host physiology. These interconnected biological processes evolve throughout diagnosis, treatment, recurrence, metastasis, and survivorship, requiring computational systems capable of integrating

heterogeneous biomedical information across multiple biological scales.[2]

Modern oncology generates unprecedented volumes 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 limits comprehensive understanding of tumor biology and individualized therapeutic decision-making.[3]

Intelligent multimodal oncology addresses these limitations by combining foundation AI models with diverse biomedical modalities to generate unified computational representations capable of supporting adaptive diagnosis, prognostic prediction, biomarker discovery, therapeutic optimization, disease monitoring, and continuously personalized cancer care.

2. Evolution of Multimodal Oncology

Computational oncology has evolved from isolated statistical analyses toward intelligent multimodal ecosystems capable of integrating heterogeneous biomedical information into unified patient-specific computational representations. Early computational approaches primarily analyzed radiological imaging, pathology, or molecular biomarkers independently using conventional machine learning algorithms. Although these systems demonstrated important clinical value, they frequently lacked biological integration and generalizability across diverse oncology applications.[4]

Deep learning substantially expanded computational capabilities by enabling automated representation learning from imaging, pathology, genomics, and electronic health records. Transformer architectures subsequently revolutionized biomedical artificial intelligence through contextual learning across heterogeneous biomedical modalities.

Foundation AI models now acquire transferable biomedical knowledge through large-scale self-supervised pretraining, enabling adaptive diagnosis, biomarker discovery, therapeutic optimization, disease monitoring, digital twin simulation, and intelligent clinical decision support throughout precision oncology.[5]

3. Principles of Foundation Models for Multimodal Oncology

Foundation AI models differ fundamentally from conventional artificial intelligence because they acquire generalized biomedical representations from massive multimodal datasets before specialization for individual oncology

applications. Rather than learning isolated predictive tasks, these models develop transferable computational knowledge applicable across diagnosis, prognosis, biomarker discovery, therapeutic optimization, disease monitoring, clinical research, and translational oncology.[6]

Self-supervised learning enables discovery of latent biological relationships without requiring extensive manual annotation, while multimodal transformer architectures align radiological imaging, digital pathology, genomics, transcriptomics, proteomics, metabolomics, epigenomics, laboratory biomarkers, wearable physiological monitoring, physician documentation, patient-reported outcomes, biomedical literature, and longitudinal clinical trajectories within unified computational embedding spaces.

Graph neural networks further characterize interactions among genes, proteins, signaling pathways, immune populations, imaging phenotypes, tissue architecture, therapeutic targets, physiological variables, environmental exposures, and clinical outcomes, thereby enabling systems-level computational reasoning throughout precision oncology.[7]

4. Computational Architecture

Modern intelligent multimodal oncology platforms consist of interconnected computational layers responsible for biomedical data acquisition, preprocessing, multimodal representation learning, adaptive inference, predictive analytics, digital twin simulation, knowledge integration, and intelligent clinical decision support.[8]

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 incorporate evolving scientific evidence.

Foundation AI models subsequently generate generalized multimodal embeddings representing molecular biology, tissue architecture, imaging phenotypes, physiological function, environmental exposures, and longitudinal clinical trajectories, thereby establishing unified computational representations supporting precision oncology.[9]

5. Radiological Intelligence

Radiological imaging remains one of the foundational components of multimodal oncology by providing comprehensive anatomical, physiological, metabolic, and functional characterization of tumors. Foundation AI models automatically analyze computed tomography, magnetic resonance imaging, positron emission tomography, ultrasound, mammography, and hybrid imaging modalities to identify subtle imaging biomarkers associated with tumor heterogeneity, vascularization, immune infiltration, therapeutic responsiveness, recurrence, and survival.[10]

Multimodal transformer architectures integrate imaging-derived radiomic features with molecular biology, histopathology, laboratory biomarkers, and longitudinal clinical outcomes to generate comprehensive representations of tumor behavior. Self-supervised learning further enables discovery of previously unrecognized imaging biomarkers without extensive manual annotation.

These computational advances substantially improve diagnosis, prognostic prediction, treatment planning, response assessment, and personalized oncology.[11]

6. Digital Pathology Intelligence

Digital pathology provides microscopic characterization of tumor morphology, tissue architecture, stromal composition, immune microenvironment, vascular organization, mitotic activity, necrosis, and cellular heterogeneity. Foundation AI models analyze whole-slide images using transformer architectures capable of recognizing clinically significant histopathological patterns associated with molecular alterations, therapeutic responsiveness, prognosis, and disease progression.[12]

Graph neural networks further characterize spatial cellular interactions among malignant cells, immune populations, fibroblasts, endothelial cells,

extracellular matrix, and signaling pathways, thereby enabling systems-level characterization of tumor ecosystems.

Integration of pathomics with radiology, molecular biology, laboratory biomarkers, and wearable physiological information substantially improves diagnostic precision, biomarker discovery, prognostic modeling, and therapeutic optimization.[13]

7. Multi-Omics Intelligence

Comprehensive characterization of cancer biology requires integration of complementary molecular technologies including genomics, transcriptomics, proteomics, metabolomics, epigenomics, immunomics, microbiomics, single-cell sequencing, spatial transcriptomics, and spatial proteomics. Foundation AI models harmonize these diverse molecular modalities using multimodal transformers and graph neural networks capable of generating generalized molecular representations of evolving tumor biology.[14]

Artificial intelligence identifies latent biological relationships among genes, proteins, metabolites, signaling pathways, immune responses, epigenetic regulation, and therapeutic targets while simultaneously integrating imaging phenotypes, histopathological information, and physiological monitoring into unified computational frameworks.

These integrated molecular representations substantially improve biomarker discovery, molecular classification, therapeutic selection, precision immunotherapy, adaptive therapeutics, and translational cancer research.[15]

8. Wearable Health and Continuous Physiological Monitoring

Wearable biosensors, mobile health applications, remote physiological monitoring, smart medical devices, patient-reported outcomes, and Internet of Medical Things (IoMT) platforms continuously generate longitudinal physiological information throughout the cancer care continuum. These technologies extend precision oncology beyond hospital settings by enabling continuous assessment of treatment response, toxicity, medication adherence, physical activity, cardiovascular physiology, metabolic health, sleep

quality, stress, functional status, and quality of life.[16]

Foundation AI models integrate wearable physiological measurements with laboratory biomarkers, molecular biology, radiological imaging, digital pathology, and electronic health records using multimodal transformer architectures. Continuous physiological monitoring substantially improves early toxicity detection, adaptive disease monitoring, survivorship management, supportive care optimization, and real-world evidence generation. Wearable health technologies therefore represent an essential component of intelligent multimodal oncology ecosystems.[17]

9. Unified Multimodal Clinical Intelligence

One of the greatest strengths of foundation AI models is their ability to unify radiology, pathology, multi-omics, wearable physiological monitoring, laboratory biomarkers, biomedical literature, electronic health records, digital biomarkers, patient-reported outcomes, and longitudinal clinical trajectories into comprehensive patient-specific computational representations. Rather than analyzing individual biomedical modalities independently, these models generate holistic representations of evolving cancer biology capable of supporting diagnosis, prognostic prediction, biomarker discovery, therapeutic optimization, disease monitoring, recurrence prediction, survival estimation, multidisciplinary communication, and precision clinical decision-making. This multimodal intelligence establishes the computational foundation for adaptive precision oncology, digital twins, intelligent clinical decision support, and continuously personalized cancer care throughout the cancer care continuum.[18][19][20]

10. Digital Twins and Multimodal Patient Modeling

Digital twin technology represents one of the most transformative applications of intelligent multimodal oncology by creating continuously evolving virtual representations of individual cancer patients synchronized with their biological counterparts. Foundation AI models integrate serial radiological imaging, digital pathology,

genomics, transcriptomics, proteomics, metabolomics, epigenomics, spatial biology, laboratory biomarkers, circulating tumor DNA, wearable physiological monitoring, medication history, patient-reported outcomes, environmental exposures, and longitudinal clinical information into adaptive computational patient models capable of simulating disease progression, therapeutic response, treatment-related toxicity, recurrence, metastatic dissemination, and survival.[21]

Unlike conventional predictive models, digital twins continuously update their computational representations as new multimodal biomedical information becomes available. Integration of radiology, pathology, molecular biology, physiological monitoring, and predictive simulation enables virtual patients to evaluate multiple therapeutic strategies before implementation, optimize treatment sequencing, anticipate mechanisms of therapeutic resistance, personalize supportive care, estimate long-term clinical outcomes, and support adaptive treatment planning according to evolving patient biology.

By combining multimodal biomedical intelligence with predictive simulation, digital twins transform computational oncology from retrospective analysis toward proactive, continuously adaptive, and individualized precision medicine.

11. Intelligent Clinical Decision Support

Foundation AI models 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, these models synthesize diverse biomedical information into unified computational representations supporting multidisciplinary oncology practice.[22]

Interactive clinical dashboards generate individualized diagnostic summaries, radiomic analyses, pathomic interpretations, molecular biomarker profiles, wearable physiological

assessments, digital twin simulations, therapeutic recommendations, toxicity estimates, recurrence probabilities, disease progression forecasts, survival predictions, and longitudinal treatment response assessments while facilitating collaboration among oncologists, radiologists, pathologists, surgeons, radiation oncologists, molecular biologists, pharmacists, nurses, genetic counselors, biomedical engineers, computational scientists, and healthcare administrators.

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.

12. Continuous Learning and Adaptive Multimodal Intelligence

A defining characteristic of intelligent multimodal oncology 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, behavioral information, patient-reported outcomes, biomedical literature, pharmacological evidence, and real-world clinical outcomes into adaptive computational frameworks capable of continuously refining predictive accuracy throughout the patient's clinical journey.[23]

Continual learning algorithms enable incremental refinement of computational knowledge without catastrophic forgetting of previously acquired information, while reinforcement learning optimizes diagnostic reasoning, therapeutic planning, disease monitoring, and supportive care through iterative evaluation of longitudinal patient outcomes. Multimodal foundation models further integrate clinician feedback, multidisciplinary tumor board recommendations, and evolving scientific discoveries into continuous model improvement.

This adaptive computational paradigm transforms oncology into a continuously learning healthcare ecosystem capable of rapidly translating scientific discoveries into individualized clinical practice.

13. Federated Multimodal Intelligence Networks

Development of highly generalizable multimodal foundation models requires access to diverse biomedical datasets representing multiple healthcare systems, imaging platforms, pathology laboratories, molecular technologies, wearable ecosystems, treatment protocols, and patient populations. Federated learning enables collaborative development of intelligent oncology systems while preserving patient privacy and institutional governance through decentralized computational training.[24]

Participating healthcare institutions independently train local models using radiological imaging, digital pathology, genomics, transcriptomics, proteomics, metabolomics, 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 multimodal intelligence ecosystems therefore establish international computational oncology networks capable of accelerating scientific discovery, improving equitable access to precision medicine, reducing institutional bias, and supporting global cancer research while maintaining responsible biomedical data stewardship.

14. Explainability, Validation, and Ethical Governance

Successful implementation of intelligent multimodal oncology 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, confidence calibration, and counterfactual explanations

identifying the imaging, molecular, pathological, physiological, behavioral, and clinical variables responsible for predictive outputs.[25]

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

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

15. Future Perspectives

Future intelligent multimodal oncology ecosystems will increasingly integrate foundation models, multimodal large language models, agentic artificial intelligence, graph neural networks, reinforcement learning, federated learning, digital twins, spatial multi-omics, single-cell sequencing, liquid biopsy, quantum computing, Internet of Medical Things (IoMT), robotics, cloud-native healthcare infrastructure, biomedical knowledge graphs, and autonomous clinical reasoning systems into unified precision oncology platforms.[26]

These next-generation computational ecosystems will continuously integrate molecular biology, radiological imaging, digital pathology, laboratory medicine, wearable physiological monitoring, environmental exposures, electronic health records, biomedical literature, pharmacological knowledge bases, and real-world clinical outcomes while autonomously coordinating diagnostic workflows, adaptive clinical trials, personalized therapeutics, survivorship management, multidisciplinary communication, patient education, and continuous evidence synthesis.

Such intelligent multimodal ecosystems are expected to transform oncology from fragmented disease management toward predictive,

preventive, adaptive, continuously learning, and precision-guided healthcare across the global cancer community.

16. Discussion

Intelligent multimodal oncology represents one of the most significant paradigm shifts in computational cancer medicine by integrating radiology, pathology, multi-omics, wearable health technologies, digital biomarkers, digital twins, and foundation AI models into unified computational ecosystems capable of supporting comprehensive personalized cancer care. Unlike conventional analytical approaches that evaluate biomedical modalities independently, multimodal intelligence continuously synthesizes heterogeneous molecular, imaging, pathological, physiological, behavioral, and clinical information into holistic patient-specific computational representations.[27]

Applications spanning computational pathology, radiogenomics, biomarker discovery, digital twins, precision immunotherapy, adaptive therapeutics, remote patient monitoring, continuous learning, federated collaboration, digital health, survivorship management, and intelligent clinical decision support demonstrate the extraordinary potential of multimodal foundation models 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, clinician education, and sustained multidisciplinary collaboration.

As biomedical knowledge and healthcare data continue to expand exponentially, intelligent multimodal oncology is expected to become one of the foundational computational infrastructures supporting precision oncology worldwide.

17. Conclusion

Intelligent multimodal oncology is transforming precision cancer care by integrating radiology, digital pathology, multi-omics, wearable health technologies, laboratory biomarkers, electronic health records, digital biomarkers, digital twins, and foundation AI models into unified computational ecosystems capable of supporting

accurate diagnosis, biomarker discovery, prognostic prediction, therapeutic optimization, adaptive disease monitoring, and personalized therapeutics 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, and generative artificial intelligence are expected to further strengthen intelligent oncology ecosystems, enabling increasingly accurate molecular characterization, predictive clinical decision-making, adaptive therapeutics, continuous disease surveillance, 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, nurses, healthcare organizations, policymakers, industry partners, patients, and regulatory agencies will accelerate the responsible implementation of intelligent multimodal oncology. 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, and continuously learning precision 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. Moor, M. et al. (2023) 'Foundation Models for Generalist Medical Artificial Intelligence', *Nature*, 616(7956), pp. 259-265.
3. Hanahan D. Hallmarks of cancer: new dimensions. *Cancer Discov.* 2022;12(1):31–46. Doi:10.1158/2159-8290.CD-21-1059.
4. 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.
5. 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.
6. 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
7. Bommasani R, Hudson DA, Adeli E, et al. On the opportunities and risks of foundation models. *arXiv*. 2021. Doi:10.48550/arXiv.2108.07258.
8. 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>
9. 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>
10. Chakraborty, S. et al. (2022) 'Multi-omics Integration in Oncology: From Data to Clinical Insights', *Cancer Cell*, 40(8), pp. 805-823.
11. 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>
12. Dr. RajathaMaradiHemanth 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>

13. Joshi, A. et al. (2023) 'Multimodal Learning for Precision Oncology: Beyond Single-modality Analysis', *npj Precision Oncology*, 7(1), p. 28.
14. 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.
15. Dr. RajathaMaradiHemanth 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>
16. 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.
17. Zwanenburg, A. et al. (2023) 'The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping', *Radiology*, 308(2), e221422.
18. Chen, R.J. et al. (2023) 'Towards a General-Purpose Foundation Model for Computational Pathology', *Nature Medicine*, 29(4), pp. 850-862.
19. Kather, J.N. et al. (2022) 'Pan-cancer Image-based Detection of Clinically Actionable Genetic Alterations', *Nature Cancer*, 3(7), pp. 789-799.
20. 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.
21. Cancer Genome Atlas Research Network (2013) 'The Cancer Genome Atlas Pan-Cancer Analysis Project', *Nature Genetics*, 45(10), pp. 1113-1120.
22. 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.
23. Moor, M. et al. (2023) 'Foundation Models for Generalist Medical Artificial Intelligence', *Nature*, 616(7956), pp. 259-265.
24. 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.
25. Zwanenburg, A. et al. (2023) 'The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping', *Radiology*, 308(2), e221422.
26. Chen, R.J. et al. (2023) 'Towards a General-Purpose Foundation Model for Computational Pathology', *Nature Medicine*, 29(4), pp. 850-862.
27. Kather, J.N. et al. (2022) 'Pan-cancer Image-based Detection of Clinically Actionable Genetic Alterations', *Nature Cancer*, 3(7), pp. 789-799.
28. 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.
29. Cancer Genome Atlas Research Network (2013) 'The Cancer Genome Atlas Pan-Cancer Analysis Project', *Nature Genetics*, 45(10), pp. 1113-1120.
30. 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.