

AI-DRIVEN PRECISION CANCER ECOSYSTEMS: FROM LIQUID BIOPSY AND RADIOMICS TO DIGITAL TWINS

^{#1}**Dr. Lakshmi Krishnan**, Professor, Department of General Medicine,
JNMC, Belagavi, India
Lakshmikrishnan68@gmail.com

Abstract: Precision oncology is undergoing a profound transformation through the convergence of artificial intelligence (AI), liquid biopsy, radiomics, digital pathology, multi-omics, and digital twin technologies into intelligent computational ecosystems capable of continuously modeling cancer biology across the patient journey. Conventional oncology frequently relies on fragmented diagnostic modalities and episodic clinical assessments that inadequately capture the dynamic evolution of tumors and their interactions with the host environment. Recent advances in foundation AI models, multimodal transformers, graph neural networks, self-supervised learning, and generative artificial intelligence have enabled comprehensive integration of radiological imaging, digital pathology, genomics, transcriptomics, proteomics, metabolomics, epigenomics, spatial biology, laboratory biomarkers, circulating tumor DNA, wearable physiological monitoring, electronic health records, and longitudinal clinical outcomes into unified computational frameworks. These intelligent ecosystems support early cancer detection, biomarker discovery, molecular characterization, prognostic prediction, therapeutic optimization, immunotherapy selection, adaptive disease monitoring, and digital twin simulation while facilitating evidence-based clinical decision support. Emerging technologies including multimodal large language models, federated learning, reinforcement learning, retrieval-augmented generation, explainable artificial intelligence, and agentic AI further strengthen computational oncology by enabling collaborative, privacy-preserving, and continuously adaptive biomedical intelligence. Despite remarkable technological advances, significant scientific, technical, ethical, and regulatory challenges remain regarding multimodal data harmonization, computational scalability, interpretability, interoperability, cybersecurity, clinical validation, and equitable implementation. This review provides a comprehensive overview of AI-driven precision cancer ecosystems, emphasizing the integration of liquid biopsy, radiomics, and digital twins as a transformative paradigm for personalized cancer medicine.[1]

Keywords: Precision oncology, Artificial intelligence, Liquid biopsy, Radiomics, Digital twins, Foundation models, Computational oncology, Multi-omics, Clinical decision support, Personalized medicine.

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 dynamic biological disease characterized by continuous genomic evolution, epigenetic remodeling, immune adaptation, metabolic reprogramming, angiogenesis, tissue remodeling, and complex interactions among malignant cells, stromal components, immune populations, 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 diverse biomedical information.[2]

Modern oncology routinely generates enormous quantities of heterogeneous data through radiological imaging, digital pathology, genomic sequencing, transcriptomics, proteomics, metabolomics, spatial biology, laboratory investigations, liquid biopsy, wearable physiological monitoring, electronic health records, and patient-reported outcomes. Although each modality provides valuable biological insight, isolated interpretation frequently overlooks the systems-level mechanisms governing disease progression, therapeutic response, 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. Foundation AI models provide generalized multimodal learning, radiomics supplies non-invasive imaging biomarkers, liquid biopsy enables dynamic molecular surveillance, and digital twins create continuously evolving virtual patients synchronized with biological counterparts.

The convergence of these technologies establishes AI-driven precision cancer ecosystems capable of supporting predictive, preventive, adaptive, and personalized oncology throughout the entire cancer care continuum.[4]

2. Evolution of Precision Cancer Ecosystems

The evolution of computational oncology has progressed from isolated diagnostic algorithms toward integrated biomedical intelligence ecosystems. Early computational systems primarily focused on statistical analysis of laboratory biomarkers or medical images, while subsequent machine learning approaches introduced predictive models for diagnosis and prognosis using engineered biomedical features.[5]

Deep learning substantially expanded computational capabilities by enabling automated representation learning from radiological imaging, digital pathology, genomic sequencing, and clinical documentation. Transformer architectures further transformed biomedical artificial intelligence through generalized multimodal representation learning, while foundation AI models enabled transfer of computational knowledge across numerous oncology applications.

More recently, liquid biopsy, radiomics, digital twins, multimodal large language models, reinforcement learning, federated learning, and agentic AI have established intelligent computational ecosystems capable of continuously integrating multimodal biomedical information throughout diagnosis, treatment, follow-up, and survivorship.[6]

3. Principles of AI-Driven Precision Cancer Ecosystems

AI-driven precision cancer ecosystems differ fundamentally from conventional artificial intelligence because they function as continuously adaptive computational environments rather than isolated predictive algorithms. Foundation AI models integrate radiological imaging, digital pathology, liquid biopsy, genomics, transcriptomics, proteomics, metabolomics, laboratory biomarkers, wearable physiological monitoring, physician documentation, patient-reported outcomes, 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 further characterize interactions among genes, proteins, signaling pathways, immune populations, imaging phenotypes, tissue architecture, therapeutic targets, physiological variables, and clinical outcomes.

These computational principles establish adaptive biomedical intelligence capable of continuously modeling evolving cancer ecosystems while supporting precision oncology throughout the patient journey.[8]

4. Computational Architecture

Modern precision cancer ecosystem platforms consist of interconnected computational layers responsible for multimodal biomedical data acquisition, preprocessing, representation learning, ecosystem simulation, adaptive learning, predictive analytics, digital twin modeling, 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, patient-reported outcomes, and electronic health records. Advanced preprocessing pipelines normalize imaging studies, harmonize molecular

datasets, encode clinical narratives using natural language processing, and synchronize temporal patient information.

Foundation AI models subsequently generate generalized multimodal embeddings representing molecular biology, tissue architecture, imaging phenotypes, physiological status, and longitudinal clinical trajectories. Adaptive ecosystem modules continuously refine these representations as new biomedical information becomes available while supporting predictive precision oncology.[10]

5. Foundation AI Models as Ecosystem Intelligence

Foundation AI models represent the computational intelligence underlying precision cancer ecosystems because they acquire generalized biomedical knowledge from massive multimodal datasets before adaptation to specialized oncology applications. Unlike conventional task-specific algorithms, foundation models develop transferable computational representations applicable across diagnosis, prognosis, biomarker discovery, therapeutic prediction, disease monitoring, computational pathology, radiomics, 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 biological 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 systems supporting precision oncology throughout the entire cancer care continuum.[12]

6. Liquid Biopsy as a Dynamic Molecular Intelligence Source

Liquid biopsy has transformed precision oncology by enabling minimally invasive monitoring of evolving tumor biology through circulating tumor DNA, circulating tumor cells, extracellular vesicles, circulating RNA, cell-free nucleic acids,

and circulating proteins. Unlike conventional tissue biopsy, liquid biopsy permits repeated assessment of molecular evolution throughout diagnosis, treatment, recurrence, and survivorship.[13]

Foundation AI models integrate liquid biopsy with genomics, transcriptomics, proteomics, metabolomics, radiological imaging, computational pathology, laboratory biomarkers, and longitudinal clinical outcomes into unified computational representations capable of modeling clonal evolution, therapeutic resistance, minimal residual disease, and recurrence.

These adaptive molecular surveillance systems substantially improve personalized cancer management while enabling continuous precision oncology beyond traditional episodic tissue sampling.[14]

7. Radiomics and Imaging Intelligence

Radiomics transforms conventional medical imaging into quantitative high-dimensional biological information describing tumor morphology, texture, vascularity, metabolism, spatial heterogeneity, and temporal evolution. Foundation AI models automatically extract generalized imaging representations from computed tomography, magnetic resonance imaging, positron emission tomography, ultrasound, and hybrid imaging modalities without requiring handcrafted feature engineering.[15]

Artificial intelligence identifies latent imaging biomarkers associated with molecular alterations, immune infiltration, angiogenesis, fibrosis, hypoxia, therapeutic responsiveness, treatment resistance, and disease progression. Integration of radiomics with liquid biopsy and molecular biology substantially improves diagnosis, prognostic prediction, biomarker discovery, therapeutic optimization, and longitudinal disease monitoring.

These computational imaging biomarkers provide a non-invasive representation of evolving tumor biology while strengthening precision oncology across the patient journey.[16]

8. Multi-Omics Integration

Comprehensive precision cancer ecosystems increasingly depend upon integration of genomics,

transcriptomics, proteomics, metabolomics, epigenomics, immunomics, microbiomics, spatial biology, and single-cell sequencing into unified molecular representations of evolving tumor biology.[17]

Foundation AI models utilize multimodal transformers, graph neural networks, biological knowledge graphs, and self-supervised learning to identify latent relationships among genes, proteins, metabolites, signaling pathways, immune responses, imaging phenotypes, and liquid biopsy biomarkers that remain difficult to detect using isolated analytical approaches.

These integrated molecular representations substantially improve biomarker discovery, molecular subtype classification, therapeutic response prediction, systems biology research, and personalized precision medicine while strengthening computational ecosystem intelligence.[18]

9. Digital Twins for Predictive Precision Oncology

Digital twin technology represents one of the most transformative components of AI-driven precision cancer ecosystems by creating continuously evolving virtual representations of individual patients synchronized with serial radiological imaging, digital pathology, liquid biopsy, multi-omics, laboratory biomarkers, wearable physiological monitoring, medication history, and longitudinal clinical information. These adaptive virtual patients enable simulation of tumor evolution, therapeutic response, toxicity, recurrence, metastatic dissemination, and survival while supporting proactive precision oncology through individualized computational modeling rather than reactive disease management.[19]

The integration of digital twins with multimodal foundation AI models enables continuous refinement of predictive simulations as new biomedical information becomes available, thereby supporting adaptive therapeutic optimization and personalized clinical decision-making across the entire cancer care continuum.[20]

10. Intelligent Clinical Decision Support

AI-driven precision cancer ecosystems provide the computational foundation 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, liquid biopsy, 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 information sources into unified computational representations supporting multidisciplinary oncology practice.[21]

Interactive clinical dashboards generate individualized diagnostic summaries, multimodal biomarker analyses, 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, and computational scientists. These intelligent systems improve workflow efficiency, strengthen multidisciplinary communication, reduce information fragmentation, and promote evidence-based personalized cancer management throughout the cancer care continuum.

11. Precision Immuno-Oncology Within Cancer Ecosystems

Immunotherapy has highlighted the importance of understanding cancer as a dynamic biological ecosystem in which malignant cells continuously interact with immune populations, stromal fibroblasts, endothelial cells, extracellular matrix components, cytokines, chemokines, metabolites, and signaling pathways. Foundation AI models integrate computational pathology, radiomics, immunomics, spatial transcriptomics, genomics, proteomics, metabolomics, laboratory biomarkers, liquid biopsy, and longitudinal clinical outcomes into comprehensive computational representations of tumor-immune interactions.[22]

Graph neural networks model communication among immune cells and malignant populations while transformer architectures identify latent biological relationships linking imaging phenotypes, molecular signatures, tissue architecture, and therapeutic response. Digital twin simulations further evaluate immune ecosystem evolution under alternative therapeutic strategies, thereby supporting individualized selection of immune checkpoint inhibitors, adoptive cellular therapies, cancer vaccines, bispecific antibodies, and multimodal immunotherapeutic combinations.

These ecosystem-based computational approaches substantially improve patient stratification and adaptive precision immunotherapy.

12. Continuous Learning and Adaptive Ecosystems

A defining characteristic of AI-driven precision cancer ecosystems is their 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, patient-reported outcomes, and real-world clinical evidence 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 therapeutic recommendations through iterative evaluation of treatment outcomes. Consequently, precision cancer ecosystems remain synchronized with evolving tumor biology, emerging scientific discoveries, changing clinical guidelines, and diverse patient trajectories. This adaptive computational paradigm transforms oncology into a continuously learning healthcare ecosystem capable of supporting real-time personalized precision medicine.

13. Federated Precision Cancer Ecosystems

Development of highly generalizable precision cancer ecosystems requires access to diverse

biomedical datasets representing multiple healthcare systems, imaging platforms, 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.[24]

Participating healthcare institutions independently train local models using radiological imaging, digital pathology, liquid biopsy, molecular diagnostics, laboratory investigations, wearable monitoring, 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, and generalizability across diverse healthcare environments.

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

14. Explainability, Validation, and Ethical Governance

Successful implementation of AI-driven precision cancer ecosystems 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, and counterfactual explanations identifying the imaging, molecular, pathological, physiological, 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, 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, and continuous post-deployment surveillance to ensure trustworthy integration of intelligent computational ecosystems into routine oncology practice.

15. Future Perspectives

Future precision cancer ecosystems will increasingly integrate 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, Internet of Medical Things (IoMT) technologies, robotics, cloud-native healthcare infrastructure, and autonomous clinical reasoning systems into unified intelligent oncology platforms.[26]

These next-generation computational ecosystems will continuously integrate molecular biology, imaging, pathology, laboratory medicine, wearable physiological monitoring, environmental exposures, electronic health records, biomedical literature, and real-world clinical outcomes while autonomously coordinating diagnostic workflows, optimizing therapeutic strategies, supporting adaptive clinical trials, generating personalized patient communication, and continuously synthesizing biomedical evidence.

Such intelligent ecosystems are expected to transform oncology from fragmented and reactive disease management toward predictive, preventive, adaptive, continuously learning, and precision-guided healthcare across the global cancer community.

16. Discussion

AI-driven precision cancer ecosystems represent one of the most significant paradigm shifts in computational oncology by integrating liquid biopsy, radiomics, digital twins, multimodal biomedical intelligence, and longitudinal clinical reasoning into unified computational ecosystems capable of supporting comprehensive personalized cancer care. Unlike conventional artificial

intelligence systems developed for isolated predictive tasks, these intelligent frameworks simultaneously analyze molecular biology, tissue architecture, radiological imaging, laboratory biomarkers, physiological monitoring, environmental influences, and longitudinal clinical trajectories to generate holistic representations of evolving cancer biology.[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 ecosystem-based artificial intelligence 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, and sustained multidisciplinary collaboration.

As biomedical knowledge and healthcare data continue to expand exponentially, AI-driven precision cancer ecosystems are expected to become the central computational infrastructure supporting intelligent precision oncology worldwide.

17. Conclusion

AI-driven precision cancer ecosystems are transforming personalized oncology by integrating liquid biopsy, radiomics, digital pathology, multi-omics, laboratory biomarkers, wearable technologies, electronic health records, digital twins, and longitudinal clinical intelligence into unified computational frameworks capable of supporting predictive, preventive, adaptive, and continuously personalized cancer care throughout the disease 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 these intelligent ecosystems, enabling increasingly accurate diagnosis, biomarker

discovery, molecular characterization, therapeutic optimization, adaptive disease monitoring, predictive clinical decision-making, 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 AI-driven precision cancer ecosystems. 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. Zwanenburg, A. et al. (2023) 'The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping', *Radiology*, 308(2), e221422.
3. Chen, R.J. et al. (2023) 'Towards a General-Purpose Foundation Model for Computational Pathology', *Nature Medicine*, 29(4), pp. 850-862.
4. Kather, J.N. et al. (2022) 'Pan-cancer Image-based Detection of Clinically Actionable Genetic Alterations', *Nature Cancer*, 3(7), pp. 789-799.
5. 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.
6. Cancer Genome Atlas Research Network (2013) 'The Cancer Genome Atlas Pan-Cancer Analysis Project', *Nature Genetics*, 45(10), pp. 1113-1120.
7. 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.
8. Moor, M. et al. (2023) 'Foundation Models for Generalist Medical Artificial Intelligence', *Nature*, 616(7956), pp. 259-265.
9. Hanahan D. Hallmarks of cancer: new dimensions. *Cancer Discov.* 2022;12(1):31-46. Doi:10.1158/2159-8290.CD-21-1059.
10. 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.
11. 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.
12. 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
13. Bommasani R, Hudson DA, Adeli E, et al. On the opportunities and risks of foundation models. *arXiv.* 2021. Doi:10.48550/arXiv.2108.07258.
14. 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.
15. 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>
16. 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>
17. Chakraborty, S. et al. (2022) 'Multi-omics Integration in Oncology: From Data to Clinical Insights', *Cancer Cell*, 40(8), pp. 805-823.
18. 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>

19. 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>

20. 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>

21. 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>

22. 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>

23. 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>

24. 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>

25. 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>

26. Joshi, A. et al. (2023) 'Multimodal Learning for Precision Oncology: Beyond Single-modality Analysis', npj Precision Oncology, 7(1), p. 28.

27. 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>

28. 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.

29. 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>
30. 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.