

FUTURE CANCER INTELLIGENCE: CONVERGING FOUNDATION AI, DIGITAL TWINS, MULTIMODAL LEARNING, AND PRECISION ONCOLOGY

^{#1}**Dr. Yogesh Rao**, Associate Professor, Department of Radiology,
JSS Medical College, Mysuru, India
Yogeshrao96@gmail.com

^{#2}**Mrs. Pooja Kulshrestha**, Assistant Professor, Department of Biochemistry,
JSS Medical College, Mysuru, India
Poojakulshrestha39@gmail.com

^{#3}**Dr. Karthik Bhat**, Professor, Department of Medical Oncology,
JSS Medical College, Mysuru, India
Karthikbhat58@gmail.com

Abstract: Cancer care is entering a new era driven by the convergence of foundation artificial intelligence (AI), digital twins, multimodal learning, and precision oncology into intelligent computational ecosystems capable of continuously modeling disease biology and supporting personalized clinical decision-making. Conventional oncology frequently depends upon fragmented diagnostic workflows, isolated biomarker interpretation, and episodic therapeutic assessment that inadequately reflect the dynamic biological evolution of malignant disease. Recent advances in foundation AI models, multimodal transformer architectures, 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 patient-specific computational frameworks. These intelligent systems support early cancer detection, molecular characterization, biomarker discovery, prognostic prediction, therapeutic optimization, immunotherapy selection, adaptive disease monitoring, and digital twin simulation while continuously learning from evolving biomedical evidence. Emerging technologies including multimodal large language models, federated learning, reinforcement learning, retrieval-augmented generation, explainable artificial intelligence, and agentic AI further enhance computational oncology by enabling collaborative, privacy-preserving, and adaptive biomedical intelligence. Despite remarkable technological advances, important 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 future cancer intelligence, emphasizing the convergence of foundation AI, digital twins, multimodal learning, and precision oncology as a transformative paradigm for next-generation personalized cancer care.[1]

Keywords: *Foundation models, Artificial intelligence, Digital twins, Precision oncology, Multimodal learning, Computational oncology, Clinical intelligence, Personalized medicine, Digital pathology, Multi-omics.*

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 an extraordinarily complex biological 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, and host physiology. These interconnected biological processes evolve dynamically throughout diagnosis, treatment, recurrence, metastasis, and survivorship, making precision oncology increasingly dependent upon computational systems capable of continuously integrating heterogeneous biomedical information.[2]

Modern healthcare generates unprecedented volumes of biomedical data through radiological imaging, digital pathology, genomic sequencing, transcriptomics, proteomics, metabolomics, spatial biology, laboratory investigations, liquid biopsy, wearable physiological monitoring, physician documentation, electronic health records, and patient-reported outcomes. While each modality contributes valuable biological insight, independent interpretation frequently fails to capture the systems-level relationships governing tumor evolution, 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. Foundation AI models provide generalized biomedical reasoning, multimodal learning enables comprehensive data fusion, and digital twins create continuously evolving computational replicas of individual patients capable of predicting future disease trajectories.

The convergence of these technologies establishes the foundation for future cancer intelligence capable of transforming oncology into a predictive, preventive, adaptive, and continuously learning healthcare ecosystem.[4]

2. Evolution Toward Intelligent Oncology Ecosystems

Computational oncology has evolved dramatically from traditional statistical modeling toward intelligent biomedical ecosystems. Early computational methods relied on handcrafted feature engineering and conventional machine learning algorithms designed for isolated diagnostic or prognostic applications. Although these systems demonstrated clinical utility, they

remained constrained by limited adaptability, fragmented biomedical information, and narrow task specialization.[5]

Deep learning substantially advanced computational oncology by enabling automated representation learning from radiological imaging, digital pathology, genomic sequencing, and clinical documentation. Transformer architectures subsequently revolutionized biomedical artificial intelligence by learning long-range contextual relationships across heterogeneous biomedical modalities.

Foundation AI models now extend these advances through large-scale self-supervised pretraining capable of generating transferable biomedical knowledge applicable across diverse oncology applications. More recently, multimodal learning, digital twins, reinforcement learning, federated learning, multimodal large language models, and agentic AI have established intelligent computational ecosystems capable of continuously evolving alongside patient biology and biomedical science.[6]

3. Principles of Future Cancer Intelligence

Future cancer intelligence differs fundamentally from conventional artificial intelligence because it functions as a continuously adaptive computational ecosystem rather than a static predictive algorithm. Foundation AI models integrate radiological imaging, digital pathology, genomics, transcriptomics, proteomics, metabolomics, epigenomics, spatial biology, 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 intelligent biomedical ecosystems capable of continuously modeling evolving cancer biology while supporting adaptive precision medicine throughout the patient journey.[8]

4. Computational Architecture

Future cancer intelligence platforms consist of interconnected computational layers responsible for multimodal biomedical data acquisition, preprocessing, representation learning, multimodal fusion, autonomous reasoning, predictive analytics, digital twin simulation, adaptive learning, and intelligent clinical decision support.[9]

The acquisition layer continuously incorporates 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, 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 function, and longitudinal clinical trajectories. These adaptive computational representations continuously evolve as new biomedical information becomes available while supporting precision oncology across the disease continuum.[10]

5. Foundation AI Models as the Core Intelligence Engine

Foundation AI models represent the computational intelligence underlying future oncology 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, 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 systems supporting next-generation precision oncology.[12]

6. Multimodal Learning for Comprehensive Cancer Intelligence

Multimodal learning forms the computational backbone of future cancer intelligence by integrating complementary biomedical modalities into unified patient-specific 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, and spatial biology—offer 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. Digital Twins and Predictive Patient Modeling

Digital twin technology represents one of the most transformative components of future cancer intelligence 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.[15]

Unlike conventional predictive models, digital twins continuously update their computational representations as new biomedical information becomes available. These intelligent virtual patients enable clinicians to evaluate multiple therapeutic strategies before implementation, optimize treatment sequencing, anticipate mechanisms of therapeutic resistance, and personalize supportive care according to evolving patient biology.

Digital twins therefore transform oncology from reactive disease management toward proactive predictive precision medicine.[16]

8. Real-Time Clinical Intelligence

One of the defining characteristics of future cancer intelligence is the ability to generate real-time clinical intelligence through continuous integration of evolving biomedical information. Foundation AI models analyze serial imaging examinations, computational pathology, circulating tumor DNA, laboratory biomarkers, wearable physiological monitoring, physician documentation, medication history, patient-reported outcomes, and longitudinal clinical trajectories while continuously updating patient-specific disease representations.[17]

Unlike traditional clinical decision-support systems that rely upon periodic reassessment, intelligent computational ecosystems continuously monitor changes in tumor biology, therapeutic

response, physiological status, toxicity, and recurrence risk while generating updated evidence-based recommendations throughout the patient's clinical journey.

These adaptive computational capabilities establish real-time clinical intelligence as a cornerstone of next-generation personalized oncology.[18]

9. Precision Therapeutics and Adaptive Oncology

The convergence of foundation AI, multimodal learning, and digital twins enables individualized therapeutic optimization through comprehensive integration of molecular biology, imaging phenotypes, tissue architecture, laboratory biomarkers, physiological monitoring, and longitudinal clinical trajectories. Intelligent computational systems continuously predict responsiveness to chemotherapy, targeted therapy, endocrine therapy, immunotherapy, radiation therapy, surgery, and multimodal treatment combinations while adapting recommendations according to evolving patient biology, treatment response, toxicity profiles, and real-world clinical outcomes. This adaptive therapeutic intelligence represents a major advance toward continuously personalized precision oncology capable of improving clinical outcomes throughout the cancer care continuum.[19][20]

10. Intelligent Clinical Decision Support

Future cancer intelligence platforms 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, 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. Autonomous Learning and Adaptive Oncology

A defining characteristic of future cancer intelligence is the ability to continuously learn from evolving biomedical evidence. Foundation AI models incorporate serial imaging examinations, digital pathology, circulating tumor DNA, laboratory biomarkers, wearable physiological monitoring, medication adherence, physician documentation, patient-reported outcomes, 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 therapeutic recommendations through iterative evaluation of treatment outcomes. Agentic AI systems further coordinate diagnostic reasoning, treatment planning, evidence retrieval, workflow automation, and longitudinal disease surveillance with minimal manual intervention.

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

12. Federated Intelligence Networks

Development of highly generalizable future cancer intelligence platforms 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.[23]

Participating healthcare institutions independently train local foundation models using radiological imaging, digital pathology, genomics, transcriptomics, laboratory investigations, liquid biopsy, 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 intelligence 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.

13. Explainable Artificial Intelligence and Responsible Governance

Successful implementation of future cancer intelligence 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.[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 protection of 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.

14. Emerging Technologies and Future Convergence

The future of cancer intelligence will be shaped by the convergence of multimodal foundation models, multimodal large language models, graph neural networks, reinforcement learning, federated learning, digital twins, spatial multi-omics, quantum computing, robotics, Internet of Medical Things (IoMT) technologies, 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, biomedical literature, real-world evidence, and electronic health records into unified computational ecosystems capable of autonomous reasoning, adaptive therapeutic optimization, intelligent clinical trial matching, precision prevention, and personalized survivorship management.

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

15. Future Perspectives

Future cancer intelligence ecosystems will progressively evolve beyond isolated decision-support systems toward comprehensive autonomous healthcare platforms capable of continuously modeling individual patient biology throughout diagnosis, treatment, survivorship, recurrence, and end-of-life care.[26]

Digital twins will increasingly simulate alternative therapeutic pathways, foundation AI models will continuously incorporate newly published biomedical evidence, multimodal learning systems will integrate previously inaccessible biological modalities, and autonomous clinical agents will coordinate diagnostic workflows,

multidisciplinary communication, patient education, clinical documentation, and precision treatment planning.

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

16. Discussion

Future cancer intelligence represents one of the most significant paradigm shifts in modern computational oncology by integrating foundation AI, multimodal learning, digital twins, molecular biology, imaging intelligence, computational pathology, 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 integrated computational 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, future cancer intelligence ecosystems are expected to become the central computational infrastructure supporting precision oncology worldwide.

17. Conclusion

Future cancer intelligence is transforming precision medicine by converging foundation AI, digital twins, multimodal learning, computational pathology, radiological imaging, multi-omics, laboratory biomarkers, wearable technologies, electronic health records, and longitudinal clinical intelligence into unified computational ecosystems capable of supporting accurate diagnosis, biomarker discovery, prognostic prediction, therapeutic optimization, adaptive disease monitoring, and 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 molecular characterization, predictive clinical intelligence, 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, healthcare organizations, policymakers, industry partners, and regulatory agencies will accelerate the responsible implementation of future cancer intelligence. 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. 2. 30. 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>
3. 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.
4. Zwanenburg, A. et al. (2023) 'The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping', *Radiology*, 308(2), e221422.
5. Chen, R.J. et al. (2023) 'Towards a General-Purpose Foundation Model for Computational Pathology', *Nature Medicine*, 29(4), pp. 850-862.
6. Kather, J.N. et al. (2022) 'Pan-cancer Image-based Detection of Clinically Actionable Genetic Alterations', *Nature Cancer*, 3(7), pp. 789-799.
7. 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.
8. Cancer Genome Atlas Research Network (2013) 'The Cancer Genome Atlas Pan-Cancer Analysis Project', *Nature Genetics*, 45(10), pp. 1113-1120.
9. 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.
10. Moor, M. et al. (2023) 'Foundation Models for Generalist Medical Artificial Intelligence', *Nature*, 616(7956), pp. 259-265.
11. Hanahan D. Hallmarks of cancer: new dimensions. *Cancer Discov.* 2022;12(1):31–46. Doi:10.1158/2159-8290.CD-21-1059.
12. 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.
13. 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.
14. 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

15. Bommasani R, Hudson DA, Adeli E, et al. On the opportunities and risks of foundation models. *arXiv*. 2021. Doi:10.48550/arXiv.2108.07258.

16. 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.

17. 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>

18. Dr. Latha Kiran Krishna Rajendran (Author), IMMUNOTHERAPY AND 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>

19. Chakraborty, S. et al. (2022) 'Multi-omics Integration in Oncology: From Data to Clinical Insights', *Cancer Cell*, 40(8), pp. 805-823.

20. 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>

21. 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>

22. 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>

23. 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>

24. Dr. RajathaMaradiHemanth 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>

25. 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>

26. 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>

27. Dr. RajathaMaradiHemanth 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>

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

29. 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>.

30. 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.