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## Artificial Intelligence in Oncology Clinical Decision Support: From Diagnosis to Precision Cancer Care

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### ABSTRACT

#### Background:

Clinical Decision Support Systems (CDSS) have become an integral component of modern oncology by assisting clinicians in diagnosis, treatment planning, prognostic assessment, therapeutic monitoring, and personalized patient management. The increasing complexity of cancer care, driven by rapidly expanding genomic information, advanced imaging modalities, biomarker discovery, immunotherapy, and precision medicine, has created an unprecedented demand for intelligent computational tools capable of integrating heterogeneous clinical data. Artificial intelligence (AI), particularly machine learning, deep learning, natural language processing, reinforcement learning, and multimodal foundation models, has significantly enhanced the capabilities of oncology CDSS by enabling accurate prediction, automated interpretation, risk stratification, and evidence-based clinical recommendations. AI-driven CDSS can integrate radiological imaging, digital pathology, genomic sequencing, electronic health records, laboratory investigations, wearable sensor data, and published clinical evidence to support multidisciplinary decision-making throughout the cancer care continuum. Recent advances have demonstrated substantial improvements in tumor detection, molecular subtype prediction, treatment selection, immunotherapy response prediction, toxicity assessment, survival estimation, and clinical workflow optimization. Nevertheless, important challenges remain regarding model interpretability, algorithmic bias, regulatory approval, cybersecurity, interoperability, and ethical implementation. This review discusses the evolution, computational architecture, major clinical applications, current limitations, and future perspectives of artificial intelligence-powered clinical decision support systems in oncology. It also highlights how intelligent CDSS are reshaping precision cancer care by improving diagnostic accuracy, therapeutic personalization, and clinical efficiency while supporting evidence-based oncology practice [1].

**Keywords:** *Clinical decision support systems, Artificial intelligence, Oncology, Precision medicine, Machine learning, Deep learning, Digital pathology, Radiology, Electronic health records, Cancer informatics.*

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### Introduction

Cancer remains one of the leading causes of morbidity and mortality worldwide despite remarkable advances in diagnostics, molecular biology, targeted therapeutics, and immunotherapy. The biological complexity of malignancies, characterized by genomic instability, molecular heterogeneity, immune dysregulation, and continuously evolving resistance mechanisms, presents major challenges for clinicians responsible for selecting optimal treatment strategies. Oncology decision-making has therefore become increasingly data-intensive, requiring interpretation of numerous clinical, pathological, radiological, genomic, and laboratory variables before individualized treatment plans can be established [2].

Modern oncologists routinely evaluate information obtained from digital pathology, computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), molecular sequencing, liquid biopsy, biomarker analysis, electronic health records (EHRs), clinical guidelines, and published scientific literature. The

exponential growth of biomedical knowledge has exceeded the capacity of conventional clinical workflows, making comprehensive evidence integration increasingly difficult during routine patient care [3].

Clinical Decision Support Systems (CDSS) were developed to address this challenge by providing computerized assistance during clinical decision-making. Early CDSS relied primarily on rule-based algorithms that generated recommendations based on predefined clinical guidelines and expert knowledge. Although these systems improved standardization of care, they demonstrated limited adaptability when confronted with complex oncology cases involving heterogeneous molecular and clinical characteristics [4].

The emergence of artificial intelligence has fundamentally transformed oncology CDSS. Rather than depending exclusively on manually encoded rules, AI-powered systems learn complex relationships directly from large clinical datasets through machine learning and deep learning techniques. These systems continuously improve predictive performance by identifying multidimensional patterns that may remain undetected by conventional statistical approaches or human interpretation [5].

Recent advances in transformer architectures, multimodal learning, natural language processing, and foundation models have further expanded the capabilities of oncology CDSS. Contemporary AI platforms can simultaneously process histopathological images, radiological scans, genomic sequencing data, laboratory investigations, physician notes, and clinical guidelines to generate personalized diagnostic and therapeutic recommendations. Such integrated computational frameworks are increasingly supporting multidisciplinary tumor boards, precision oncology clinics, and translational cancer research [6].

The objective of this review is to comprehensively examine the evolving role of artificial intelligence in oncology clinical decision support systems, emphasizing their computational foundations, clinical applications, implementation challenges, and future potential in precision cancer medicine [7].

## 2. Evolution of Clinical Decision Support Systems in Oncology

Clinical decision support systems have evolved substantially over the past several decades. The earliest medical decision support programs emerged during the 1970s and were primarily designed to assist physicians with simple diagnostic reasoning based on structured clinical rules. These systems employed deterministic logic, relying heavily on predefined knowledge bases developed by clinical experts [8].

Rule-based oncology systems represented the first generation of cancer-specific CDSS. These platforms incorporated established clinical practice guidelines to recommend chemotherapy regimens, radiation doses, supportive care measures, and follow-up schedules. While useful for standardizing treatment according to evidence-based protocols, their performance was limited by their inability to accommodate rapidly changing clinical evidence and complex patient-specific biological variability [9].

The introduction of machine learning marked the second generation of oncology CDSS. Instead of relying exclusively on explicit programming, machine learning algorithms learned predictive relationships from historical patient datasets. Techniques such as logistic regression, support vector machines, random forests, Bayesian classifiers, and ensemble learning enabled improved prediction of cancer diagnosis, recurrence risk, treatment response, and survival outcomes [10].

Deep learning subsequently revolutionized oncology decision support by enabling automated feature extraction from complex biomedical images and molecular datasets. Convolutional neural networks demonstrated remarkable accuracy in detecting tumors, classifying histopathological specimens, segmenting radiological lesions, and identifying subtle imaging biomarkers associated with disease progression [11].

More recently, transformer-based architectures and multimodal foundation models have initiated a new era of intelligent CDSS capable of integrating heterogeneous biomedical information across multiple clinical domains. Unlike earlier AI systems that focused on individual tasks, modern platforms generate comprehensive patient-specific representations by simultaneously analyzing imaging, pathology, genomics, laboratory values, and clinical narratives [12].

These next-generation systems support longitudinal patient management throughout diagnosis, treatment planning, therapeutic monitoring, recurrence surveillance, and survivorship care. Continuous learning mechanisms further enable model adaptation as new clinical evidence becomes available, thereby improving decision quality over time [13].

## 3. Fundamentals of Artificial Intelligence in Clinical Decision Support

Artificial intelligence encompasses a broad range of computational methodologies designed to simulate aspects of human intelligence, including learning, reasoning, prediction, pattern recognition, and decision-making. Within oncology CDSS, AI functions primarily by extracting clinically relevant information from large multimodal datasets and generating evidence-based recommendations that assist healthcare professionals [14].

Machine learning forms the foundation of most modern decision support systems. Supervised learning algorithms utilize labeled clinical datasets to predict predefined outcomes such as cancer diagnosis, therapeutic response,

recurrence, or overall survival. Common supervised models include decision trees, gradient boosting algorithms, support vector machines, artificial neural networks, and ensemble classifiers [15].

Unsupervised learning enables identification of hidden biological structures within unlabeled datasets. Clustering algorithms are frequently applied to molecular profiling studies to identify novel cancer subtypes, patient populations, and biomarker signatures associated with therapeutic responsiveness [16].

Deep learning has significantly expanded AI capabilities by automatically learning hierarchical representations from raw biomedical data without manual feature engineering. Convolutional neural networks excel in digital pathology and medical imaging, while recurrent neural networks and transformers are particularly effective for sequential clinical data and natural language processing [17].

Natural language processing enables AI systems to extract valuable clinical information from physician notes, pathology reports, discharge summaries, multidisciplinary meeting documentation, and scientific literature. Advanced language models can summarize clinical evidence, identify treatment recommendations, detect adverse events, and support automated documentation within oncology workflows [18].

Recent multimodal learning frameworks integrate diverse biomedical modalities into unified computational representations. These systems simultaneously analyze radiological images, histopathology slides, genomic alterations, laboratory findings, wearable sensor data, and clinical narratives, thereby improving predictive accuracy compared with single-modality approaches [19].

Reinforcement learning has also emerged as an important methodology for optimizing adaptive treatment strategies. By continuously evaluating patient responses, reinforcement learning algorithms can recommend sequential therapeutic decisions that maximize long-term clinical outcomes while minimizing treatment toxicity [20].

#### **4. Architecture of AI-Powered Oncology Clinical Decision Support Systems**

Modern oncology CDSS consist of multiple interconnected computational components that collectively transform heterogeneous biomedical data into clinically actionable recommendations. Although specific implementations vary across institutions, most systems follow a similar architectural framework [21].

The first component involves comprehensive data acquisition from multiple clinical sources. Information is collected from electronic health records, laboratory information systems, radiology archives, pathology platforms, genomic sequencing pipelines, wearable monitoring devices, pharmacy databases, and national cancer registries. Standardized interoperability protocols facilitate integration across these diverse healthcare information systems [22].

Following data acquisition, preprocessing modules perform quality assessment, normalization, missing value imputation, feature extraction, and harmonization of heterogeneous datasets. These procedures ensure consistency while reducing variability arising from differences in imaging protocols, sequencing platforms, laboratory methods, and institutional documentation practices [23].

The AI inference engine represents the central analytical component of the CDSS. Machine learning algorithms process structured clinical variables, while deep neural networks analyze complex imaging and molecular datasets. Natural language processing modules simultaneously extract clinically relevant information from free-text physician documentation and pathology reports. Multimodal fusion algorithms then integrate these diverse outputs into unified patient-specific representations capable of supporting comprehensive clinical decision-making [24].

Knowledge integration modules combine AI predictions with evidence-based clinical practice guidelines, published literature, regulatory recommendations, and institutional treatment protocols. This hybrid approach ensures that computational predictions remain aligned with accepted standards of oncology practice while incorporating emerging scientific evidence [25].

Finally, user interface components present recommendations through intuitive dashboards that display diagnostic probabilities, treatment options, survival predictions, toxicity risks, confidence scores, and explainable AI visualizations. These interfaces are designed to enhance clinician understanding rather than replace physician judgment, supporting collaborative human-AI decision-making within multidisciplinary oncology teams [26].

#### **5. Artificial Intelligence Applications in Cancer Diagnosis**

Accurate and timely diagnosis is the cornerstone of effective cancer management. Artificial intelligence-powered Clinical Decision Support Systems (CDSS) have significantly enhanced diagnostic workflows by integrating imaging, pathology, laboratory investigations, molecular biomarkers, and clinical history into unified analytical frameworks. These systems improve diagnostic consistency, reduce interobserver variability, and facilitate earlier identification of malignant disease [27].

Machine learning algorithms analyze structured clinical information, including demographic characteristics, laboratory findings, family history, lifestyle factors, and biomarker profiles, to estimate individualized cancer risk. Such predictive models assist clinicians in identifying high-risk populations who may benefit from intensified screening or preventive interventions [28].

Deep learning has transformed image-based cancer diagnosis. Convolutional neural networks (CNNs) and transformer-based vision models automatically detect and classify suspicious lesions on mammography, computed tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), ultrasound, and endoscopic imaging. These models often achieve diagnostic performance comparable to experienced specialists while substantially reducing interpretation time [29].

Digital pathology has become another major application area for AI-assisted diagnosis. Whole-slide imaging combined with deep learning enables automated detection of malignant cells, grading of tumors, assessment of tumor margins, quantification of mitotic activity, and identification of subtle histomorphological patterns associated with specific cancer subtypes. These systems assist pathologists by prioritizing suspicious regions and improving workflow efficiency without replacing expert clinical interpretation [30].

Natural language processing further enhances diagnostic support by extracting clinically relevant information from pathology reports, radiology reports, referral notes, and multidisciplinary meeting documentation. Automated information extraction reduces manual documentation burden while improving data completeness for downstream clinical decision-making [31].

Collectively, these diagnostic applications demonstrate how AI-powered CDSS improve accuracy, efficiency, reproducibility, and evidence-based cancer diagnosis across multiple clinical specialties [32].

## **6. AI-Driven Treatment Planning and Therapeutic Decision Support**

Selecting optimal cancer therapy requires integration of numerous patient-specific variables, including tumor stage, molecular subtype, genomic alterations, comorbidities, prior treatments, performance status, organ function, and patient preferences. AI-powered CDSS provide clinicians with evidence-based recommendations by synthesizing these heterogeneous data sources into comprehensive therapeutic strategies [33].

Machine learning algorithms predict therapeutic response by analyzing historical treatment outcomes across large patient populations. These predictive models estimate the probability of response to chemotherapy, targeted therapy, endocrine therapy, radiation therapy, immunotherapy, or multimodal treatment combinations. Personalized treatment recommendations generated by AI reduce unnecessary toxicity while improving the likelihood of favorable clinical outcomes [34].

Precision oncology increasingly depends upon molecular profiling to identify actionable genomic alterations. AI systems analyze next-generation sequencing data to detect driver mutations, copy number alterations, gene fusions, microsatellite instability, tumor mutational burden, and other biomarkers that guide targeted therapeutic selection. Automated genomic interpretation substantially accelerates molecular tumor board discussions and precision medicine implementation [35].

Clinical Decision Support Systems also assist radiation oncologists by optimizing radiation treatment planning. Deep learning algorithms automate tumor contouring, organ-at-risk segmentation, dose optimization, and treatment verification. These capabilities improve planning consistency while reducing workload and interobserver variation [36].

Reinforcement learning has emerged as a promising approach for adaptive cancer therapy. Rather than recommending a single treatment strategy, reinforcement learning continuously updates therapeutic recommendations based on patient response, disease progression, toxicity profiles, and emerging clinical evidence. This adaptive framework supports dynamic treatment optimization throughout the course of cancer management [37].

AI-driven CDSS further facilitate multidisciplinary tumor board decision-making by integrating imaging, pathology, molecular findings, and evidence-based clinical guidelines into comprehensive patient summaries that support collaborative therapeutic planning [38].

## **7. Prognostic Prediction and Survival Estimation**

Accurate prognostic assessment is essential for individualized oncology care because it informs treatment intensity, follow-up scheduling, supportive care planning, and patient counseling. AI-based Clinical Decision Support Systems have demonstrated remarkable capability in predicting disease progression, recurrence, metastasis, treatment response, and overall survival using multidimensional biomedical data [39].

Traditional prognostic models typically rely on limited clinical variables such as tumor stage, histological grade, and patient age. Modern AI systems integrate substantially broader datasets, including radiological imaging, histopathological features, molecular biomarkers, genomic alterations, laboratory investigations, immune signatures, and longitudinal clinical records. This multimodal integration significantly improves predictive performance compared with conventional statistical approaches [40].

Deep learning models trained on digital pathology images identify subtle morphological characteristics associated with aggressive tumor behavior that may not be apparent during routine microscopic examination. Similarly, radiomics-based AI systems quantify high-dimensional imaging features reflecting tumor heterogeneity, vascularity,

necrosis, and microenvironmental complexity, thereby improving prediction of disease progression and recurrence [41].

Survival prediction models assist clinicians in estimating overall survival, disease-free survival, progression-free survival, and cancer-specific survival. These predictions support personalized treatment planning, patient counseling, eligibility assessment for clinical trials, and allocation of healthcare resources [42].

Explainable AI methods such as SHAP values, attention maps, and feature attribution techniques improve clinician confidence by identifying the specific variables contributing to survival predictions. Enhanced interpretability facilitates clinical adoption while promoting transparent evidence-based decision-making [43].

## 8. Clinical Decision Support in Precision Oncology

Precision oncology seeks to tailor treatment according to the unique molecular characteristics of each patient's tumor. AI-powered Clinical Decision Support Systems play a central role in translating complex genomic and molecular information into clinically actionable therapeutic recommendations [44].

Machine learning algorithms analyze genomic sequencing data to identify clinically relevant mutations, signaling pathway alterations, and molecular subtypes associated with targeted treatment options. Automated annotation systems rapidly interpret thousands of genomic variants using continuously updated biomedical knowledge bases, substantially reducing the time required for clinical genomic analysis [45].

Multi-omics integration represents a major advancement in precision oncology CDSS. Modern AI platforms combine genomic, transcriptomic, proteomic, metabolomic, epigenomic, radiological, pathological, and clinical information to generate comprehensive molecular profiles capable of supporting individualized treatment selection. Such integrated analyses identify biologically relevant interactions that may remain undetected when each modality is evaluated independently [46].

Clinical Decision Support Systems further assist in identifying eligible patients for biomarker-driven clinical trials by matching individual molecular profiles with study inclusion criteria. Automated trial matching accelerates enrollment while expanding patient access to innovative therapies [47].

Immunotherapy decision support has also benefited substantially from AI. Machine learning models predict response to immune checkpoint inhibitors by integrating tumor mutational burden, PD-L1 expression, immune cell infiltration, genomic alterations, and clinical characteristics. These predictive systems assist oncologists in selecting patients most likely to benefit from immunotherapeutic interventions while minimizing unnecessary toxicity and treatment costs [48].

As precision medicine continues to evolve, AI-powered CDSS are expected to become indispensable tools for integrating increasingly complex molecular information into routine oncology practice [49].

## 9. Clinical Workflow Optimization and Healthcare Efficiency

Beyond diagnosis and treatment planning, artificial intelligence significantly improves operational efficiency throughout oncology practice. Administrative complexity, increasing patient volumes, documentation requirements, and multidisciplinary coordination have contributed substantially to clinician workload and burnout. AI-assisted Clinical Decision Support Systems help streamline these processes while maintaining high-quality patient care [50].

Natural language processing automates clinical documentation by generating consultation summaries, pathology report interpretations, discharge documentation, referral letters, and treatment plans directly from electronic health records. Automated documentation reduces administrative burden and allows clinicians to devote more time to direct patient care [51].

Scheduling algorithms supported by machine learning optimize appointment allocation, chemotherapy chair utilization, operating room scheduling, imaging workflows, and follow-up planning. These systems improve healthcare resource utilization while minimizing patient waiting times and institutional inefficiencies [52].

AI-powered CDSS also monitor treatment adherence, laboratory abnormalities, medication interactions, toxicity profiles, and supportive care requirements through continuous analysis of electronic health records. Early identification of potential complications enables timely intervention and may reduce avoidable hospital admissions [53].

Remote monitoring platforms integrated with wearable devices provide continuous assessment of physiological parameters, treatment-related symptoms, physical activity, sleep quality, and patient-reported outcomes. Machine learning algorithms analyze these longitudinal data streams to detect early signs of clinical deterioration, allowing proactive intervention before severe complications develop [54].

Population-level analytics further enable healthcare organizations to evaluate treatment outcomes, identify disparities in cancer care delivery, optimize quality improvement initiatives, and support value-based oncology programs. Consequently, AI-powered Clinical Decision Support Systems contribute not only to individualized

patient management but also to broader improvements in healthcare system performance, efficiency, and sustainability [55].

## References

1. Hanahan D. Hallmarks of cancer: new dimensions. *Cancer Discov.* 2022;12(1):31–46. Doi:10.1158/2159-8290.CD-21-1059.
2. 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.
3. Rajendran LKK. Impact of Treatment Modalities on Fertility, Sexual Function, and Psychological Outcomes in Testicular Cancer Survivors: A Comprehensive Review. *Int J Drug Deliv Technol.* 2026;16(30s):447-453. Doi:10.25258/ijddt.16.30s.43.
4. Rajendran LKK. Intelligent Omics-Driven Patient Stratification for Cancer Therapeutic Re-profiling. *International Journal of Clinical Research in Medical Sciences.* 2026;1(1):1-11. Doi:10.67231/gvshck05.
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. Rajendran OK. Bias, Fairness, and Ethical Challenges in Artificial Intelligence: A Comprehensive Review of Causes, Impacts, and Mitigation Strategies. *Scientific Culture.* 2026;12(2.1):13001-13010. Doi:10.5281/zenodo.20374091.
7. Kumar RMH. Childhood-Oncology Intelligence for Predicting Cancer Emergence, Optimizing Precision Therapies, and Simulating Lifelong Outcomes in Pediatric Malignancies Using Autonomous Foundation Models. *Int J Drug Deliv Technol.* 2026;16(65s):162-173. DOI:10.25258/ijddt.16.65s.19
8. Moor M, Banerjee O, Abad ZSH, et al. Foundation models for generalist medical artificial intelligence. *Nature.* 2023;616(7956):259–265. Doi:10.1038/s41586-023-05881-4.
9. Rajendran LKK. Hematological Malignancy Identification via K-means based ROI Extraction. *International Journal of Clinical Research in Medical Sciences.* 2026;1(2):1-10. Doi:10.67231/kt1w3e73.
10. Maradi Hemanth Kumar R. Dynamic Digital Twins in Oncology: Foundation AI Models for Real-Time Predictive and Personalized Cancer Care. *Power System Protection and Control.* 2025;53(4):549-563. Doi:10.46121/pspc.53.4.38.
11. Kumar RMH. Pan-System Cancer Intelligence: Integrating Blood, Immune, Microbiome, and Tumor Microenvironment Data Using Foundation Models. *Power System Protection and Control.* 2023;51(4):92-100. Doi:10.46121/pspc.51.4.8.
12. Rajendran LKK. Identifying Determinants of Outcome in Post-Radiotherapy Cervical Carcinoma Requiring Adjuvant Surgery. *International Journal of Clinical Research in Medical Sciences.* 2026;1(2):1-10. Doi:10.67231/3acej759.
13. Maradi Hemanth Kumar R. AI-Driven Liquid Biopsy Systems for Early Cancer Detection and Personalized Oncology. *Power System Protection and Control.* 2023;51(4):66-83. Doi:10.46121/pspc.51.4.7.
14. Rajendran LKK. Machine Learning–Driven Symptom-Based Cancer Risk Stratification: A Systematic Review of Clinical Prediction Models and Methodological Rigor. *Int J Drug Deliv Technol.* 2026;16(40s):242-253. Doi:10.25258/ijddt.16.40s.26.
15. Kumar RMH. Maternal–Fetal Oncology Intelligence: Self-Evolving Foundation Models and Digital Twin Ecosystems for Precision Cancer Prediction, Treatment Optimization, and Maternal–Fetal Outcome Forecasting. *Int J Drug Deliv Technol.* 2026;16(65s):174-185. DOI: 10.25258/ijddt.16.65s.20
16. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med.* 2019;25(1):44–56. Doi:10.1038/s41591-018-0300-7.
17. Kumar RMH. Precision Oncofertility: Integrating Genomics, Reproductive Biomarkers, Treatment Toxicity Profiles, and Foundation Models for Fertility Preservation in Men and Women with Cancer. *Int J Drug Deliv Technol.* 2026;16(65s):186-200. DOI: 10.25258/ijddt.16.65s.21
18. Rajendran OK. Clinical Translation of Artificial Intelligence in Oncology: Real-World Validation, Workflow Integration, and Precision Medicine Applications. *Int J Drug Deliv Technol.* 2026;16(49s):956-964. Doi:10.25258/ijddt.16.49s.110.
19. Rajendran LKK. Interpretable Machine Learning for Early Mortality Prediction in Acute Myeloid Leukemia: A Decision Tree–Based Retrospective Cohort Study. *Int J Drug Deliv Technol.* 2026;16(40s):231-241. Doi:10.25258/ijddt.16.40s.25.
20. Kumar RMH. Self-Evolving Digital Twin Ecosystems for Early Detection and Precision Management of Breast, Lung, Colorectal, and Ovarian Cancers. *Int J Drug Deliv Technol.* 2026;16(65s):201-212. DOI: 10.25258/ijddt.16.65s.22
21. Esteva A, Robicquet A, Ramsundar B, et al. A guide to deep learning in healthcare. *Nat Med.* 2019;25(1):24–29. Doi:10.1038/s41591-018-0316-z.

22. Rajendran OK. Generative AI for Synthetic Medical Image Generation in Oncology: Addressing Data Scarcity in AI-Driven Cancer Diagnosis. *Int J Drug Deliv Technol.* 2026;16(49s):1010-1016. Doi:10.25258/ijddt.16.49s.117.
23. Rajendran LKK. Integrated Prognostic Modeling of Tumor Stage, Multimodal Therapy, and Functional Status in Lung Cancer Survival: A Real-World Cohort Study. *Scientific Culture.* 2026;12(5):567-576. Doi: 10.5281/zenodo.20738481.
24. Bommasani R, Hudson DA, Adeli E, et al. On the opportunities and risks of foundation models. *arXiv.* 2021. Doi:10.48550/arXiv.2108.07258.
25. Rajendran LKK. Integrative Pharmacogenomic Analysis of Drug Response Heterogeneity Across Cancer Cell Lines: Insights From Large-Scale GDSC Data. *Scientific Culture.* 2026;12(4):7537-7546. Doi:10.5281/zenodo.20767386.
26. Acs B, Rantalainen M, Hartman J. Artificial intelligence as the next step towards precision pathology. *J Intern Med.* 2020;288(1):62–81. Doi:10.1111/joim.13030.
27. Rajendran OK. Tumor Microenvironment Interaction-Guided Graph Neural Networks for Survival Prediction from Whole-Slide Pathology Images. *Int J Drug Deliv Technol.* 2026;16(49s):481-488. Doi:10.25258/ijddt.16.49s.50.
28. Rajendran LKK. Evaluating the Association of Cancer-Related Risk Factors With Multisystem Health: Insights Into Fertility, Cardiovascular, and Renal Indicators. *Scientific Culture.* 2026;12(4):7520-7527. Doi:10.5281/zenodo.20767374.
29. Rajendran LKK. From Prediction to Precision: An Externally Validated Deep Learning–Based Survival and Adjuvant Therapy Recommendation System for Resected Stage III Non–Small Cell Lung Cancer. *Int J Drug Deliv Technol.* 2026;16(30s):430-438. doi:10.25258/ijddt.16.30s.41.
30. Kumar RMH. Multimodal foundation AI models in precision oncology: Integrating radiomics, pathomics, multi-omics, and clinical intelligence systems. *Power System Protection and Control.* 2024;52(4):189-204. Doi:10.46121/pspc.52.4.16.
31. Rajendran LKK. From Prediction to Practice: A Machine Learning–Based Clinical Decision Support Tool for Bevacizumab Risk Stratification in Oncology. *Int J Drug Deliv Technol.* 2026;16(30s):414-429. Doi:10.25258/ijddt.16.30s.40.
32. Rajendran OK. Self-supervised multimodal Learning for early cancer detection across Imaging and genomics. *Power System Protection and Control.* 2024;52(4):167-178. Doi:10.46121/pspc.52.4.14.
33. Rajendran OK. Explainable AI-Driven Clinical Decision Support Systems in Precision Oncology: Interpretable Models for Multimodal Cancer Care. *Scientific Culture.* 2026;12(2.1):12359-12369. Doi:10.5281/zenodo.20328194.
34. Rajendran LKK. Cancer nanomedicine: utilizing the enhanced permeability and retention (EPR) effect to deliver high payloads of chemotherapeutic agents directly to tumor sites. *Power System Protection and Control.* 2024;52(2):123-129. Doi:10.46121/pspc.52.2.12.
35. Kather JN, Calderaro J. Development of AI in digital pathology. *Nat Rev Clin Oncol.* 2020;17(10):591–595. Doi:10.1038/s41571-020-00431-0.
36. Rajendran OK. AI-based radiogenomic Models for predicting immunotherapy response In solid tumors. *Power System Protection and Control.* 2023;51(4):24-37. Doi:10.46121/pspc.51.4.4.
37. Rajendran LKK. Enhanced Predictive Analytics for Early Malignancy Discovery in Routine Screening. *International Journal of Clinical Research in Medical Sciences.* 2026;1(1):1-10. Doi:10.67231/grams870.
38. Rajendran OK. Machine Learning-Based Prediction of Chemotherapy Toxicity in Colorectal Cancer: A Personalized Risk Stratification Approach. *Scientific Culture.* 2026;12(5.1):942-952. Doi:10.5281/zenodo.20767359.
39. Rajendran OK. Federated radiology AI Models for multi-institutional cancer diagnosis Without data sharing. *Power System Protection And Control.* 2023;51(4):38-54. Doi:10.46121/pspc.51.4.5.
40. Kumar RMH. AI-augmented immuno-oncology: Foundation models for predicting immune response, resistance, and precision immunotherapy. *Power System Protection and Control.* 2024;52(2):193-208. Doi:10.46121/pspc.52.2.18.
41. Rajendran OK. Deep Reinforcement Learning in Oncology: Advances in Cancer Imaging, Radiotherapy, and Personalized Treatment. *Scientific Culture.* 2026;12(5):597-606. Doi:10.5281/zenodo.20767337.
42. Rajendran OK. DEEP LEARNING FOR CROSS-MODALITY MAPPING BETWEEN HISTOPATHOLOGY AND RADIOLOGICAL IMAGING. *Power System Protection and Control.* 2025;53(3):313-328. Doi:10.46121/pspc.53.3.21.
43. Lu MY, Chen TY, Williamson DFK, et al. AI-based pathology predicts origins for cancers of unknown primary. *Nature.* 2021;594(7861):106–110. Doi:10.1038/s41586-021-03512-4.

44. Rajendran OK. Artificial Intelligence in Oncologic Imaging: Deep Learning, Radiomics, and Clinical Integration for Precision Cancer Diagnosis. *Int J Drug Deliv Technol.* 2026;16(50s):871-880. Doi:10.25258/ijddt.16.50s.92.
45. Bilal M, Raza SEA, Azam A, et al. Development and validation of a weakly supervised deep learning framework to predict the risk of colorectal cancer recurrence from histology images. *Lancet Oncol.* 2021;22(11):153–163. Doi:10.1016/S1470-2045(21)00430-5.
46. Rajendran OK. DIGITAL TWIN FRAMEWORKS FOR PERSONALIZED CANCER PROGRESSION MODELING USING LONGITUDINAL DATA. *Power System Protection and Control.* 2025;53(4):486-501. Doi:10.46121/pspc.53.4.33.
47. Rajendran LKK. Genomic profiling: utilizing Multi-omics data to identify potential Therapeutic targets and resistance markers. *Power System Protection and Control.* 2024;52(4):159-166. Doi:10.46121/pspc.52.4.13.
48. Rajendran OK. Artificial Intelligence–Driven Multimodal Imaging for Cancer During Pregnancy: Advances in Maternal–Fetal Diagnostics and Precision Oncology. *Int J Drug Deliv Technol.* 2026;16(50s):862-870. Doi:10.25258/ijddt.16.50s.91.
49. Rajendran LKK. Immunotherapy and cell Therapy: developing CAR-T cell therapies and Other immune-based treatments for cancer and Autoimmune diseases. *Power System Protection and Control.* 2023;51(2):64-77. Doi:10.46121/pspc.51.2.7.
50. Rajendran OK. FOUNDATION MODEL–DRIVEN PRECISION ONCOLOGY: INTEGRATING MULTI-OMICS, RADIOLOGY, AND CLINICAL DATA FOR PREDICTIVE CANCER CARE. *Power System Protection and Control.* 2024;52(2):154-163. Doi:10.46121/pspc.52.2.14.
51. Rajendran LKK. Theranostics: integrating Diagnostic imaging agents and therapeutic Drugs into a single multifunctional nano-Platform for real-time monitoring of treatment. *Power System Protection and Control.* 2025;53(2):376-386. Doi:10.46121/pspc.53.2.31.
52. Rajendran LKK. Mechanisms driving Immunotherapy resistance in colorectal cancer Liver metastases. *Power System Protection and Control.* 2024;52(1):29-37. Doi:10.46121/pspc.52.1.5.
53. Ching T, Himmelstein DS, Beaulieu-Jones BK, et al. Opportunities and obstacles for deep learning in biology and medicine. *J R Soc Interface.* 2018;15(141):20170387. Doi:10.1098/rsif.2017.0387.
54. Litjens G, Kooi T, Bejnordi BE, et al. A survey on deep learning in medical image analysis. *Med Image Anal.* 2017;42:60–88. Doi:10.1016/j.media.2017.07.005.
55. Hemanth Kumar RM. Integrated Transcriptomic and 3 Learning Framework Identifies a Blood-Based Biomarker Signature for Anthracycline-Induced Cardiotoxicity in Juvenile Cancer Survivors. *Int J Drug Deliv Technol.* 2026;16(40s):219-230. Doi:10.25258/ijddt.16.40s.24.
56. Mobadersany P, Yousefi S, Amgad M, et al. Predicting cancer outcomes from histology and genomics using convolutional networks. *Proc Natl Acad Sci USA.* 2018;115(13):E2970–E2979. Doi:10.1073/pnas.1717139115.
57. Lambin P, Leijenaar RTH, Deist TM, et al. Radiomics: the bridge between medical imaging and personalized medicine. *Nat Rev Clin Oncol.* 2017;14(12):749–762. Doi:10.1038/nrclinonc.2017.141.
58. Azizi S, Mustafa B, Ryan F, et al. Big self-supervised models advance medical image classification. *Nature.* 2021;594(7864):104–110. Doi:10.1038/s41586-021-03476-6.
59. 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.
60. Rajendran OK. DeepDRA: A Deep Learning Framework for Drug Repurposing and Cancer Drug Response Prediction Using Multi-Omics Data. *Scientific Culture.* 2026;12(3):68-77. Doi:10.5281/zenodo.12326001.