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Precision Oncology 2.0: From Molecular Insights to Personalized Therapeutics

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ABSTRACT

Precision oncology has evolved beyond conventional genomic medicine into an integrated, data-driven discipline that combines molecular biology, artificial intelligence (AI), multi-omics technologies, advanced imaging, and computational medicine to deliver highly personalized cancer care. While early precision oncology primarily focused on identifying actionable genomic mutations for targeted therapy, emerging technologies now enable comprehensive characterization of tumor biology through the integration of genomics, epigenomics, transcriptomics, proteomics, metabolomics, radiomics, digital pathology, liquid biopsy, and real-world clinical data. Artificial intelligence has become the computational engine that transforms these complex datasets into clinically actionable knowledge through machine learning, deep learning, multimodal learning, graph neural networks, transformer architectures, and foundation models. These innovations are improving cancer diagnosis, prognostic prediction, biomarker discovery, therapeutic selection, immunotherapy response assessment, adaptive radiation planning, drug development, and long-term survivorship management. In addition, advances in spatial biology, single-cell sequencing, digital twins, explainable AI, federated learning, and intelligent clinical decision-support systems are redefining precision oncology as a continuously learning healthcare ecosystem. Despite remarkable progress, challenges remain regarding data harmonization, interoperability, computational scalability, cybersecurity, transparency, ethical governance, regulatory approval, and equitable clinical implementation. This review discusses the evolution of Precision Oncology 2.0, highlighting emerging technologies that are transforming molecular insights into individualized therapeutic strategies for the next generation of cancer care.[1]

Keywords: Precision oncology, Artificial intelligence, Personalized therapeutics, Multi-omics, Precision medicine, Digital pathology, Radiomics, Machine learning, Foundation models, Cancer informatics.

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Introduction

Cancer is one of the most biologically complex diseases encountered in clinical medicine. Its development and progression are driven by dynamic interactions among genetic mutations, epigenetic regulation, transcriptional activity, protein expression, metabolic reprogramming, immune responses, and the surrounding tumor microenvironment. Consequently, patients with similar histopathological diagnoses often experience markedly different treatment responses, disease progression, and survival outcomes, illustrating the limitations of conventional population-based treatment strategies.[2]

The emergence of precision oncology represented a major paradigm shift by recognizing that cancer therapy should be tailored according to the unique biological characteristics of each patient's tumor rather than relying solely on anatomical location or histological classification. Early precision medicine focused primarily on genomic sequencing to identify actionable mutations suitable for targeted therapies. Although this approach substantially improved outcomes in many malignancies, genomic

information alone frequently proved insufficient to fully explain therapeutic response, resistance mechanisms, or tumor evolution.[3]

Recent technological advances have generated unprecedented volumes of biomedical information through high-throughput sequencing, digital pathology, radiological imaging, transcriptomics, proteomics, metabolomics, liquid biopsy, wearable devices, and electronic health records. Artificial intelligence has emerged as the enabling technology capable of integrating these heterogeneous datasets into clinically meaningful predictions that support diagnosis, prognostic assessment, therapeutic optimization, and longitudinal patient management.[4]

Precision Oncology 2.0 represents the convergence of molecular biology, computational intelligence, and systems medicine, enabling a comprehensive understanding of cancer biology that extends far beyond individual genetic mutations toward truly personalized therapeutics.[5]

2. Evolution from Precision Oncology to Precision Oncology 2.0

The earliest phase of precision oncology focused primarily on identifying genomic alterations responsible for tumor development. The introduction of next-generation sequencing enabled rapid identification of driver mutations such as EGFR, BRAF, ALK, KRAS, and HER2, facilitating development of targeted therapies that significantly improved patient outcomes across multiple cancer types.[6]

As clinical experience accumulated, it became increasingly evident that tumors sharing identical genomic alterations often demonstrated markedly different biological behavior and treatment responses. Researchers subsequently recognized that genomic information represents only one component of an extraordinarily complex biological network involving transcriptional regulation, protein interactions, metabolism, immune signaling, and environmental influences.

This realization stimulated the development of multi-omics technologies capable of simultaneously characterizing multiple molecular layers. At the same time, rapid advances in artificial intelligence enabled computational integration of these highly complex datasets, giving rise to Precision Oncology 2.0—a systems biology approach that combines molecular insights with computational intelligence to support individualized cancer care.[7]

Unlike traditional precision medicine, Precision Oncology 2.0 continuously integrates molecular data with clinical information, medical imaging, pathology, laboratory biomarkers, and real-world patient outcomes to generate adaptive therapeutic recommendations throughout the patient's cancer journey.[8]

3. Artificial Intelligence as the Computational Core

Artificial intelligence has become the computational foundation of Precision Oncology 2.0 because of its capacity to analyze high-dimensional biomedical datasets that exceed conventional analytical capabilities.[9]

Machine learning algorithms identify complex relationships among molecular alterations, clinical variables, laboratory biomarkers, treatment responses, and survival outcomes. Deep learning automatically extracts meaningful representations from radiological images, histopathological slides, and genomic datasets without requiring manually engineered features.

Transformer architectures efficiently process multimodal clinical information, including imaging studies, pathology reports, laboratory results, genomic sequencing, and electronic health records. Graph neural networks further model biological interaction networks involving genes, proteins, signaling pathways, and metabolic processes, providing systems-level understanding of cancer biology.

Foundation models trained on massive biomedical datasets enhance scalability by learning generalized molecular and clinical representations that can be adapted across numerous oncology applications, supporting increasingly personalized diagnosis and therapy.[10]

4. Multi-Omics Integration Beyond Genomics

Although genomics remains fundamental to precision oncology, contemporary cancer biology increasingly relies upon comprehensive integration of multiple omics disciplines. Multi-omics approaches combine genomics, epigenomics, transcriptomics, proteomics, metabolomics, lipidomics, microbiomics, and immunomics to create a multidimensional representation of tumor biology.[11]

Epigenomics investigates DNA methylation and chromatin organization that regulate gene activity, while transcriptomics measures dynamic messenger RNA expression reflecting active biological processes. Proteomics evaluates functional protein abundance and signaling pathways, whereas metabolomics characterizes downstream metabolic alterations associated with tumor progression and therapeutic resistance.

Artificial intelligence integrates these heterogeneous molecular datasets into unified computational models capable of identifying complex biomarker signatures associated with diagnosis, prognosis, treatment response, and disease recurrence. Such multidimensional analyses substantially improve understanding of cancer biology compared with genomic sequencing alone.[12]

5. Single-Cell Biology and Spatial Oncology

Traditional molecular profiling averages information across millions of cells, potentially masking biologically important differences among individual cellular populations. Single-cell sequencing has transformed cancer research by enabling genomic, transcriptomic, and epigenomic characterization of individual tumor cells.[13]

These technologies reveal intratumoral heterogeneity, clonal evolution, immune-cell interactions, and mechanisms of therapeutic resistance that remain undetectable using conventional bulk sequencing.

Spatial transcriptomics further enhances biological understanding by preserving the anatomical distribution of gene-expression patterns within intact tissue architecture. Artificial intelligence integrates single-cell sequencing, spatial biology, digital pathology, and radiological imaging to generate comprehensive maps of tumor organization and microenvironmental interactions.

Together, these emerging technologies provide unprecedented insight into tumor evolution while supporting increasingly individualized therapeutic strategies.[14]

6. Computational Imaging and Digital Pathology

Medical imaging and digital pathology have become indispensable components of Precision Oncology 2.0. Artificial intelligence extracts quantitative imaging biomarkers from computed tomography, magnetic resonance imaging, positron emission tomography, and mammography through radiomics, providing objective characterization of tumor morphology, vascularity, texture, and spatial heterogeneity.[15]

Whole-slide digital pathology enables AI systems to evaluate millions of microscopic tissue regions simultaneously, identifying tumor subtype, histological grade, immune infiltration, stromal remodeling, angiogenesis, and prognostic biomarkers with remarkable reproducibility.

Recent deep learning models can also predict clinically relevant molecular alterations directly from histopathological images, enabling rapid identification of biomarkers that may reduce dependence on expensive molecular testing while accelerating personalized therapeutic decision-making.[16]

7. Liquid Biopsy and Dynamic Disease Monitoring

Liquid biopsy has emerged as one of the most promising technologies in modern precision oncology by enabling non-invasive molecular monitoring throughout the patient's disease course. Circulating tumor DNA, circulating tumor cells, extracellular vesicles, circulating RNA, and other blood-based biomarkers provide valuable insight into tumor evolution without requiring repeated tissue biopsies.[17]

Artificial intelligence analyzes these complex molecular datasets to detect minimal residual disease, identify emerging resistance mutations, estimate recurrence risk, and monitor treatment response over time. Integration of liquid biopsy with radiological imaging, pathology, genomics, and clinical information enables dynamic assessment of tumor evolution and facilitates adaptive therapeutic strategies.

Continuous molecular monitoring represents a major advance toward truly personalized oncology, allowing treatment decisions to evolve alongside the biological changes occurring within individual tumors.[18]

8. Biomarker Discovery and Precision Diagnostics

One of the greatest strengths of Precision Oncology 2.0 lies in its ability to identify multidimensional biomarker signatures that extend beyond individual genetic mutations. Artificial intelligence simultaneously analyzes molecular, imaging, pathological, laboratory, and clinical information to discover integrated biomarkers associated with diagnosis, prognosis, therapeutic response, and survival.[19]

These multidimensional biomarker panels frequently demonstrate superior predictive performance compared with single-gene biomarkers because they capture the complexity of cancer biology across multiple molecular levels.

Machine learning also accelerates discovery of novel diagnostic biomarkers capable of supporting earlier cancer detection, molecular classification, prediction of treatment sensitivity, and identification of high-risk patients who may benefit from intensified surveillance or targeted therapeutic interventions.[20]

9. Precision Immunotherapy and Adaptive Therapeutics

Immunotherapy has become a major pillar of precision oncology, yet only a subset of patients experiences durable clinical benefit. Artificial intelligence supports individualized immunotherapy by integrating genomic alterations, tumor mutational burden, PD-L1 expression, digital pathology, radiomics, transcriptomics, immune-cell composition, and clinical characteristics into comprehensive predictive models.[21]

Deep learning algorithms characterize the tumor microenvironment by quantifying immune-cell infiltration, cytokine signaling, stromal architecture, and spatial cellular organization. These analyses improve patient selection for immune checkpoint inhibitors, CAR-T cell therapy, cancer vaccines, and emerging combination immunotherapies.

Adaptive therapeutic strategies informed by continuously updated molecular and clinical information are expected to become increasingly important components of Precision Oncology 2.0, enabling dynamic optimization of treatment throughout disease progression.[22]

10. Personalized Therapeutics Through Artificial Intelligence

Artificial intelligence is transforming personalized therapeutics by integrating molecular, clinical, radiological, pathological, and pharmacological information into individualized treatment strategies. Rather than relying solely on population-based clinical guidelines, AI evaluates each patient's unique biological profile to predict treatment response, disease progression, drug resistance, and treatment-related toxicity.[23]

Machine learning algorithms assist clinicians in selecting targeted therapies, chemotherapy regimens, endocrine therapies, immunotherapies, radiation schedules, and multimodal treatment combinations that are most likely to achieve favorable clinical outcomes. By continuously incorporating newly available clinical information, these computational systems support adaptive treatment planning throughout the patient's cancer journey.

Importantly, AI complements physician expertise by providing evidence-based recommendations while preserving clinician oversight and multidisciplinary decision-making.

11. Drug Discovery, Computational Pharmacology, and Digital Twins

The integration of artificial intelligence with computational pharmacology is accelerating the development of innovative anticancer therapies. Machine learning algorithms analyze genomic alterations, signaling pathways, protein interactions, pharmacokinetic properties, and drug-response databases to identify promising therapeutic targets and optimize drug development.[24]

Generative artificial intelligence further enhances pharmaceutical research by designing novel molecular structures, predicting drug-target interactions, estimating toxicity profiles, and prioritizing candidate compounds for experimental validation.

Digital twins are emerging as another transformative technology within Precision Oncology 2.0. These virtual patient models integrate clinical, molecular, imaging, and physiological data to simulate disease progression, evaluate therapeutic strategies, predict adverse events, and optimize individualized treatment selection before clinical implementation.

Together, these technologies have the potential to reduce development costs, accelerate clinical trials, and improve precision therapeutic decision-making.

12. Intelligent Clinical Decision Support Systems

Clinical implementation of Precision Oncology 2.0 depends upon intelligent decision-support systems capable of integrating diverse biomedical information into clinically meaningful recommendations. Artificial intelligence continuously combines radiological imaging, digital pathology, laboratory investigations, genomic sequencing, treatment history, medication records, and electronic health records within unified computational platforms.[25]

Natural language processing extracts relevant information from physician notes, pathology reports, scientific literature, multidisciplinary meeting documentation, and clinical guidelines. AI subsequently synthesizes these heterogeneous datasets into individualized diagnostic assessments, prognostic estimates, treatment recommendations, toxicity predictions, and survivorship plans.

Interactive visualization platforms present AI-generated insights through intuitive dashboards that facilitate multidisciplinary collaboration while supporting evidence-based clinical decision-making.

13. Explainable Artificial Intelligence and Ethical Governance

As artificial intelligence becomes increasingly integrated into oncology practice, transparency and trust have become essential for successful clinical implementation. Explainable artificial intelligence (XAI) improves model interpretability by identifying the biological and clinical factors responsible for individual predictions.[26]

Methods including SHAP (Shapley Additive Explanations), attention visualization, saliency maps, Local Interpretable Model-Agnostic Explanations (LIME), and counterfactual analyses allow clinicians to understand AI-generated recommendations and evaluate their clinical relevance.

Ethical governance extends beyond explainability to include patient privacy, cybersecurity, informed consent, algorithmic fairness, data ownership, regulatory oversight, accountability, and equitable access to advanced technologies. Addressing these issues will be critical for ensuring responsible implementation of Precision Oncology 2.0 across diverse healthcare systems.

14. Digital Health and Continuous Patient Monitoring

Digital health technologies are expanding precision oncology beyond hospital-based care by enabling continuous monitoring of patients throughout treatment and survivorship. Wearable biosensors, mobile health applications, remote monitoring platforms, and connected medical devices continuously collect physiological information including heart rate, respiratory rate, physical

activity, sleep quality, temperature, and oxygen saturation.[27]

Artificial intelligence integrates these real-time physiological data with laboratory biomarkers, imaging findings, treatment history, and patient-reported outcomes to identify early signs of toxicity, functional decline, disease progression, or recurrence. Continuous digital monitoring enables earlier clinical intervention, personalized follow-up strategies, improved treatment adherence, and enhanced patient engagement while reducing unnecessary hospital visits and healthcare costs.

15. Challenges and Clinical Translation

Despite remarkable scientific progress, several barriers continue to limit widespread implementation of Precision Oncology 2.0. Multi-omics datasets are characterized by high dimensionality, heterogeneous data formats, batch effects, missing information, and variable quality, making computational integration challenging.[28]

Additional obstacles include limited interoperability among healthcare information systems, algorithmic bias, computational resource requirements, cybersecurity concerns, regulatory uncertainty, reimbursement policies, and disparities in access to advanced molecular diagnostics.

Successful clinical translation will require standardized data acquisition protocols, prospective multicenter validation studies, transparent reporting standards, explainable AI methodologies, secure computational infrastructure, and close collaboration among clinicians, researchers, engineers, industry partners, and regulatory agencies.

16. Future Perspectives

The future of Precision Oncology 2.0 will be shaped by increasingly intelligent healthcare ecosystems that integrate artificial intelligence with multi-omics technologies, spatial biology, liquid biopsy, digital pathology, radiomics, wearable biosensors, cloud computing, and real-world clinical data.[29]

Foundation models trained on large-scale biomedical datasets are expected to provide generalized clinical reasoning across genomics, pathology, imaging, laboratory medicine, and electronic health records. Emerging technologies including quantum computing, edge AI, autonomous laboratories, robotic surgery, synthetic biology, and advanced digital twins may further expand the capabilities of precision medicine.

These innovations will enable continuously learning healthcare systems capable of delivering increasingly predictive, preventive, adaptive, and personalized cancer care.

17. Discussion

Precision Oncology 2.0 represents a major evolution in cancer medicine by integrating molecular biology, artificial intelligence, computational medicine, and systems biology into a unified framework for individualized patient care. Unlike earlier precision medicine approaches centered primarily on genomic alterations, this new paradigm incorporates multiple molecular layers together with imaging, pathology, clinical information, and real-world patient outcomes to generate comprehensive biological understanding of cancer.

Applications spanning precision diagnosis, biomarker discovery, prognostic prediction, immunotherapy optimization, adaptive therapeutics, computational drug discovery, digital twins, and intelligent clinical decision support demonstrate the transformative potential of these technologies. Nevertheless, successful implementation depends upon rigorous validation, transparent governance, standardized methodologies, interdisciplinary collaboration, and responsible ethical oversight to ensure safe and equitable clinical adoption.[30]

18. Conclusion

Precision Oncology 2.0 signifies the transition from molecular characterization alone to fully integrated, data-driven, and patient-centered cancer care. By combining artificial intelligence with genomics, multi-omics, digital pathology, radiomics, liquid biopsy, computational biology, and intelligent clinical decision-support systems, modern oncology is becoming increasingly capable of delivering highly personalized therapeutic strategies.

Future advances in multimodal learning, foundation models, explainable AI, digital twins, spatial biology, and cloud-based computational medicine will continue to enhance diagnostic precision, optimize treatment selection, improve patient monitoring, and accelerate drug discovery. Although important scientific, technical, ethical, and regulatory challenges remain, continued interdisciplinary collaboration will support responsible implementation of these innovations.

As Precision Oncology 2.0 continues to evolve, it has the potential to transform cancer care from a reactive model into a predictive, adaptive, and truly personalized healthcare paradigm, ultimately improving survival, quality of life, and long-term outcomes for patients worldwide.

References

1. Synthia, F. et al. (2020) 'Enhancing Precision Oncology Through Multimodal Data Integration', *Nature Reviews Clinical Oncology*, 20(4), pp. 267-283.

2. 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.
3. Cancer Genome Atlas Research Network (2013) 'The Cancer Genome Atlas Pan-Cancer Analysis Project', *Nature Genetics*, 45(10), pp. 1113-1120.
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. 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.
6. Moor, M. et al. (2023) 'Foundation Models for Generalist Medical Artificial Intelligence', *Nature*, 616(7956), pp. 259-265.
7. Wei, L. et al. (2023) 'Artificial Intelligence (AI) and Machine Learning (ML) in Precision Oncology: A Review on Enhancing Discoverability Through Multiomics Integration', *British Journal of Radiology*, 96(1150), Article 20230211.
8. Boehm, K.M. et al. (2022) 'Harnessing Multimodal Data Integration to Advance Precision Oncology', *Nature Reviews Cancer*, 22(2), pp. 114–126.
9. 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>
10. 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>
11. Chakraborty, S. et al. (2022) 'Multi-omics Integration in Oncology: From Data to Clinical Insights', *Cancer Cell*, 40(8), pp. 805-823.
12. 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>
13. 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>
14. Dr. Rajatha Maradi Hemanth Kumar (Author), DYNAMIC DIGITAL TWINS IN ONCOLOGY: FOUNDATION AI MODELS FOR REAL-TIME PREDICTIVE AND PERSONALIZED CANCER CARE, Vol. 53 No. 4 (2025), *Power System Protection and Control*, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/426>, DOI: <https://doi.org/10.46121/pspc.53.4.38>
15. 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>
16. 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>
17. 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>
18. 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>
19. Dr. Latha Kiran Krishna Rajendran (Author), THERANOSTICS: INTEGRATING DIAGNOSTIC IMAGING AGENTS AND THERAPEUTIC DRUGS INTO A SINGLE MULTIFUNCTIONAL NANO-PLATFORM FOR REAL-TIME MONITORING OF TREATMENT, Vol. 53 No. 2 (2025): April-June 2025, *Power System Protection and Control*, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/305>, DOI: <https://doi.org/10.46121/pspc.53.2.31>

20. 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>
21. Dr. Ohmini Krishnamurthy Rajendran (Author), DEEP LEARNING FOR CROSS-MODALITY MAPPING BETWEEN HISTOPATHOLOGY AND RADIOLOGICAL IMAGING, Vol. 53 No. 3 (2025): July-September 2025, Power System Protection and Control, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/326>, DOI: <https://doi.org/10.46121/pspc.53.3.21>
22. 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>
23. Dr. Ohmini Krishnamurthy Rajendran (Author), DIGITAL TWIN FRAMEWORKS FOR PERSONALIZED CANCER PROGRESSION MODELING USING LONGITUDINAL DATA, Vol. 53 No. 4 (2025): October-December 2025, Power System Protection and Control, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/327>, DOI: <https://doi.org/10.46121/pspc.53.4.33>
24. Joshi, A. et al. (2023) ‘Multimodal Learning for Precision Oncology: Beyond Single-modality Analysis’, npj Precision Oncology, 7(1), p. 28.
25. 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>.
26. 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.
27. 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>
28. 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.
29. Zwanenburg, A. et al. (2023) ‘The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping’, Radiology, 308(2), e221422.
30. Chen, R.J. et al. (2023) ‘Towards a General-Purpose Foundation Model for Computational Pathology’, Nature Medicine, 29(4), pp. 850–862.