

International Journal of Multidisciplinary Research in Biotechnology, Pharmacy, Dental and Medical Sciences (IJMRBPDMS)

Reimagining Precision Oncology Through AI and Computational Medicine

Dr. Ishita Banerjee¹, Dr. Naveen Chandra², Mrs. Lakshmi Nair³,
Dr. Faisal Khan⁴, Mr. Yogesh Pawar⁵

¹Professor Department of Pharmaceutics, Global College of Pharmaceutical Innovation, Bhubaneswar, India Ishita.b1987@gmail.com

²Associate Professor Department of Pharmaceutical Analysis, Global College of Pharmaceutical Innovation, Bhubaneswar, India
Naveenchandra52@gmail.com

³Assistant Professor Department of Pharmacy Practice, Global College of Pharmaceutical Innovation, Bhubaneswar, India
Lakshmi.nair05@gmail.com

⁴Professor Department of Pharmacology, Global College of Pharmaceutical Innovation, Bhubaneswar, India Faisalkhan1979@gmail.com

⁵Associate Professor Department of Pharmaceutical Biotechnology, Global College of Pharmaceutical Innovation, Bhubaneswar, India
Yogesh.pawar18@gmail.com

ABSTRACT

Precision oncology is undergoing a transformative evolution driven by artificial intelligence (AI), computational medicine, and the rapid expansion of multidimensional biomedical data. While conventional precision medicine has largely focused on genomic profiling and targeted therapeutics, emerging computational approaches now integrate radiological imaging, digital pathology, genomics, transcriptomics, proteomics, metabolomics, liquid biopsy, wearable health technologies, electronic health records, and real-world clinical data into comprehensive patient-specific models. Machine learning, deep learning, natural language processing, computer vision, graph neural networks, multimodal learning, transformer architectures, and foundation models have significantly enhanced the ability to interpret these heterogeneous datasets and generate clinically actionable insights. AI-powered computational systems are increasingly supporting early cancer detection, molecular classification, prognostic prediction, biomarker discovery, therapeutic optimization, immunotherapy response assessment, adaptive radiation planning, drug discovery, and intelligent clinical decision support. Emerging innovations including digital twins, spatial biology, federated learning, explainable AI, generative AI, and cloud-enabled healthcare ecosystems further expand the scope of precision oncology by enabling continuously learning models that adapt to evolving patient conditions. Despite remarkable progress, important challenges remain regarding data interoperability, model transparency, cybersecurity, ethical governance, regulatory validation, and equitable implementation. This review explores how artificial intelligence and computational medicine are reimagining precision oncology and shaping the future of individualized cancer care through data-driven clinical intelligence.[1]

Keywords: Precision oncology, Artificial intelligence, Computational medicine, Machine learning, Precision medicine, Multi-omics, Digital pathology, Radiomics, Clinical decision support, Cancer informatics.

Article Info

Received: 05 December 2025, received in revised form: 15 December 2025, accepted: 20 December 2025, available online: 30 December 2025; Volume: 1; Issue: 5; Pages: 29-35.

Citation: Banerjee, I., 2025. Reimagining Precision Oncology Through AI and Computational Medicine. *International Journal of Multidisciplinary Research in Biotechnology, Pharmacy, Dental and Medical Sciences (IJMRBPDMS)* 1(5): 29-35.

DOI:

Introduction

Cancer remains one of the most biologically complex diseases encountered in modern medicine. Tumor initiation, progression, metastasis, and therapeutic response are influenced by intricate interactions among genetic mutations, epigenetic regulation, transcriptional activity, protein expression, metabolic remodeling, immune responses, and the tumor microenvironment. Consequently, patients with similar clinicopathological diagnoses frequently demonstrate markedly different responses to therapy and long-term clinical outcomes, highlighting the limitations of traditional treatment strategies based primarily on population-level evidence.[2]

The concept of precision oncology emerged to address this biological diversity by tailoring diagnosis and treatment according to the molecular characteristics of individual tumors. Early precision medicine achieved significant success through genomic

sequencing and targeted therapies; however, clinicians soon recognized that genomic alterations alone cannot fully explain tumor behavior, therapeutic resistance, disease evolution, or patient survival. Modern oncology therefore increasingly emphasizes comprehensive integration of multiple biological and clinical data sources to support truly individualized cancer management.[3]

Advances in biomedical technologies have generated enormous quantities of heterogeneous patient information through medical imaging, digital pathology, genomic sequencing, transcriptomics, proteomics, metabolomics, liquid biopsy, laboratory investigations, wearable biosensors, and electronic health records. Although these datasets collectively provide a detailed understanding of disease biology, their complexity often exceeds the analytical capacity of conventional statistical methods and routine clinical workflows.[4]

Artificial intelligence has emerged as the enabling technology capable of transforming these multidimensional datasets into clinically meaningful knowledge. Rather than functioning solely as predictive algorithms, modern AI systems continuously learn from diverse biomedical information, recognize hidden patterns, generate personalized risk estimates, support diagnostic interpretation, predict therapeutic response, and assist clinicians in evidence-based decision-making. These capabilities are redefining precision oncology as an adaptive, continuously learning discipline supported by computational medicine.[5]

2. Evolution of Computational Medicine in Oncology

The integration of computational methods into oncology has progressed through several distinct phases. Early computer-assisted clinical systems relied on rule-based algorithms that used predefined medical knowledge to support limited diagnostic and therapeutic decisions. Although valuable for specific applications, these systems lacked adaptability and could not continuously improve as additional patient data became available.[6]

The emergence of machine learning introduced data-driven predictive modeling capable of identifying complex relationships among clinical variables, molecular alterations, imaging findings, and treatment outcomes. Algorithms such as decision trees, random forests, support vector machines, and gradient boosting significantly improved prediction of recurrence, survival, toxicity, and therapeutic response across multiple malignancies.[7]

Subsequent advances in deep learning transformed computational oncology by enabling automated extraction of complex features from radiological images, digital pathology slides, and molecular datasets without manual feature engineering. More recently, transformer architectures, multimodal foundation models, graph neural networks, and generative AI have enabled comprehensive integration of heterogeneous biomedical information into unified computational frameworks.

Today, computational medicine extends far beyond isolated prediction models, evolving into intelligent clinical ecosystems capable of supporting diagnosis, prognosis, treatment planning, disease monitoring, and survivorship management throughout the entire continuum of cancer care.[8]

3. Artificial Intelligence as the Foundation of Precision Oncology

Artificial intelligence has become the computational foundation of modern precision oncology because of its unique ability to analyze high-dimensional biomedical datasets that cannot be efficiently interpreted using conventional analytical approaches.[9]

Machine learning algorithms identify nonlinear relationships among genomic alterations, clinical characteristics, laboratory biomarkers, imaging findings, treatment histories, and patient outcomes. Deep learning enables automated analysis of medical images and digital pathology, while natural language processing extracts clinically relevant information from physician notes, pathology reports, and electronic health records.

Transformer architectures facilitate simultaneous interpretation of multimodal biomedical information, whereas graph neural networks model complex biological interaction networks involving genes, proteins, signaling pathways, metabolic processes, and immune responses. Foundation models further improve scalability by learning generalized biomedical representations that can be adapted across diverse oncology applications with minimal retraining.

Collectively, these computational technologies support individualized diagnosis, prognostic prediction, biomarker discovery, therapeutic optimization, toxicity estimation, and intelligent clinical decision support, forming the technological backbone of next-generation precision oncology.[10]

4. Multi-Omics Integration and Systems Biology

Modern precision oncology increasingly recognizes that cancer cannot be fully understood through genomic information alone. Comprehensive characterization of tumor biology requires integration of multiple molecular layers, including epigenomics, transcriptomics, proteomics, metabolomics, lipidomics, microbiomics, and immunomics.[11]

Each omics discipline contributes complementary biological information. Genomics identifies inherited and somatic mutations, epigenomics examines regulatory modifications affecting gene expression, transcriptomics measures dynamic messenger RNA activity, proteomics evaluates functional protein expression, metabolomics characterizes biochemical pathways, and immunomics investigates immune-cell composition and signaling networks.

Artificial intelligence integrates these heterogeneous molecular datasets into unified computational representations capable of revealing complex biological interactions that remain hidden when individual datasets are analyzed independently. This systems biology approach substantially improves biomarker discovery, molecular classification, prognostic prediction, and personalized therapeutic selection.[12]

5. Computational Imaging and Digital Pathology

Radiological imaging and digital pathology have become essential components of computational oncology. Artificial intelligence analyzes computed tomography, magnetic resonance imaging, positron emission tomography, ultrasound, and mammography to detect tumors, quantify disease burden, evaluate treatment response, and identify imaging biomarkers associated with tumor aggressiveness.[13]

Digital pathology complements radiological analysis through high-resolution whole-slide imaging and deep learning-based assessment of tumor architecture, cellular morphology, immune infiltration, stromal remodeling, angiogenesis, and histological grading. Recent AI models can also predict clinically significant molecular alterations directly from histopathological images, providing valuable biological information that supports personalized therapeutic decision-making.

The integration of computational imaging with molecular biology enables increasingly comprehensive characterization of cancer across anatomical, microscopic, and molecular scales, establishing a strong foundation for truly individualized precision oncology.[14]

6. Computational Genomics and Precision Diagnostics

Genomic medicine remains one of the central pillars of precision oncology, and artificial intelligence has substantially improved the interpretation of increasingly complex genomic datasets. Machine learning algorithms rapidly analyze next-generation sequencing results to identify clinically actionable mutations, prioritize pathogenic variants, classify molecular subtypes, estimate functional consequences of genetic alterations, and predict mechanisms of therapeutic resistance.[15]

Beyond genomics, AI integrates transcriptomic, proteomic, metabolomic, and epigenomic information to generate multidimensional molecular profiles that provide a more comprehensive understanding of tumor biology. These integrated molecular signatures improve diagnostic accuracy, facilitate earlier cancer detection, and support development of personalized therapeutic strategies based on systems-level biological insights.

As genomic databases continue to expand globally, AI-assisted computational genomics is expected to become increasingly important for translating molecular discoveries into routine clinical practice.

7. Artificial Intelligence in Personalized Therapeutics

One of the most significant contributions of computational medicine is its ability to optimize personalized cancer therapy. Artificial intelligence integrates molecular characteristics, imaging findings, pathological features, laboratory biomarkers, treatment history, and patient-specific clinical variables to predict therapeutic response and recommend individualized treatment strategies.[16]

Machine learning models estimate progression-free survival, recurrence probability, overall survival, treatment-related toxicity, and likelihood of drug resistance across various therapeutic options. These predictive systems assist clinicians in selecting targeted therapies, chemotherapy, endocrine therapy, immunotherapy, radiation therapy, and multimodal treatment combinations that best match each patient's biological profile.

Rather than replacing physician expertise, AI functions as a sophisticated clinical decision-support tool that enhances multidisciplinary treatment planning and promotes evidence-based precision medicine.

8. Digital Twins and Computational Patient Modeling

Digital twins represent one of the most innovative developments in computational medicine. A digital twin is a dynamic virtual representation of an individual patient that continuously integrates clinical information, radiological imaging, digital pathology, molecular diagnostics, physiological monitoring, and treatment outcomes to simulate disease progression and therapeutic response.[17]

Unlike conventional prediction models that analyze static datasets, digital twins evolve throughout the patient's clinical journey by incorporating newly acquired information in real time. These computational models enable virtual evaluation of multiple therapeutic scenarios before clinical implementation, allowing clinicians to compare treatment strategies while minimizing patient risk.

Artificial intelligence continuously refines digital twin models through adaptive learning, improving prediction accuracy and supporting individualized decision-making throughout diagnosis, therapy, and long-term follow-up.

9. Drug Discovery and Computational Pharmacology

Artificial intelligence is fundamentally changing oncology drug discovery by accelerating identification of therapeutic targets

and optimization of candidate compounds. Machine learning analyzes genomic alterations, protein interaction networks, signaling pathways, pharmacological databases, and real-world clinical evidence to identify promising therapeutic opportunities.[18,30]

Generative AI further supports pharmaceutical innovation by designing novel molecular structures, predicting drug-target interactions, estimating toxicity profiles, and prioritizing compounds for laboratory investigation. Computational pharmacology also facilitates identification of biomarkers associated with therapeutic response and drug resistance, supporting increasingly personalized treatment strategies.

Integration of AI with computational drug development is expected to reduce research costs, shorten development timelines, and improve the efficiency of precision oncology clinical trials.

10. Explainable Artificial Intelligence and Responsible Innovation

Successful clinical adoption of artificial intelligence depends upon transparency, interpretability, and trust. Explainable artificial intelligence (XAI) addresses these requirements by providing understandable explanations for computational predictions, enabling clinicians to evaluate the reasoning underlying AI-assisted recommendations.[19]

Methods such as SHAP (Shapley Additive Explanations), attention visualization, saliency mapping, Local Interpretable Model-Agnostic Explanations (LIME), and counterfactual analysis identify the variables that contribute most strongly to individual predictions. These approaches improve clinician confidence while facilitating multidisciplinary discussion and regulatory evaluation.

Responsible innovation further requires careful consideration of algorithmic bias, cybersecurity, patient privacy, informed consent, fairness, accountability, and transparent governance to ensure ethical implementation of AI across diverse healthcare environments.

11. Intelligent Clinical Ecosystems

Modern oncology is increasingly evolving toward intelligent healthcare ecosystems in which artificial intelligence continuously integrates electronic health records, laboratory investigations, medical imaging, digital pathology, molecular diagnostics, wearable technologies, and patient-reported outcomes into unified computational platforms.[20]

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

Interactive visualization dashboards support multidisciplinary collaboration by presenting complex computational insights in clinically interpretable formats that facilitate evidence-based decision-making and improve workflow efficiency.

12. Challenges and Future Perspectives

Despite remarkable scientific progress, several barriers continue to limit widespread implementation of computational medicine within oncology. High-dimensional biomedical datasets require standardized acquisition protocols, robust computational infrastructure, interoperable healthcare systems, rigorous quality control, and extensive clinical validation.[21]

Additional challenges include algorithmic bias arising from non-representative datasets, limited model interpretability, cybersecurity risks, patient privacy concerns, regulatory uncertainty, reimbursement policies, and unequal access to advanced computational technologies. Addressing these issues will require international collaboration among clinicians, researchers, engineers, healthcare organizations, regulatory agencies, and policymakers.

Emerging technologies including foundation models, federated learning, quantum computing, spatial multi-omics, wearable biosensors, edge AI, robotic surgery, and autonomous laboratory systems are expected to further strengthen computational medicine while expanding the reach of precision oncology.[22]

13. Toward the Future of Precision Oncology

The future of precision oncology will be characterized by continuously learning healthcare systems capable of integrating molecular biology, computational intelligence, clinical medicine, and digital health into unified patient-centered platforms.[23,27]

Artificial intelligence will increasingly combine genomics, transcriptomics, proteomics, metabolomics, radiomics, digital pathology, liquid biopsy, wearable monitoring, and real-world clinical evidence to generate adaptive treatment recommendations that evolve alongside each patient's disease. Foundation models trained on large-scale biomedical datasets are expected to improve scalability, reduce dependence on manually annotated data, and enable generalized clinical reasoning across multiple oncology disciplines.

These advances have the potential to transform oncology from a predominantly reactive discipline into a predictive, preventive, adaptive, and highly personalized model of healthcare.

14. Discussion

Reimagining precision oncology through artificial intelligence and computational medicine represents a fundamental shift in the understanding and management of cancer. Rather than relying on isolated molecular biomarkers or conventional diagnostic approaches, next-generation oncology increasingly integrates multidimensional biological, clinical, imaging, and computational information to support individualized patient care.[24,28]

Applications spanning computational genomics, digital pathology, radiomics, digital twins, precision therapeutics, intelligent clinical decision support, drug discovery, and survivorship management illustrate the extraordinary potential of AI-driven computational medicine. Nevertheless, successful clinical implementation depends upon transparent governance, standardized methodologies, rigorous validation, multidisciplinary collaboration, and responsible ethical oversight to ensure safe, equitable, and clinically effective adoption.

15. Conclusion

Artificial intelligence and computational medicine are redefining precision oncology by transforming complex biomedical information into actionable clinical knowledge that supports individualized diagnosis, prognostic prediction, therapeutic optimization, and continuous patient management.[25]

As advances in multimodal learning, foundation models, digital twins, multi-omics integration, explainable AI, cloud computing, and intelligent healthcare systems continue to mature, precision oncology will become increasingly accurate, adaptive, and patient-centered. Continued interdisciplinary collaboration among clinicians, biomedical scientists, engineers, data scientists, healthcare organizations, and regulatory authorities will be essential for translating these innovations into routine clinical practice.

Ultimately, the convergence of artificial intelligence and computational medicine has the potential to reshape the future of cancer care, improving clinical outcomes while advancing the vision of truly personalized precision oncology.[26,29]

References

1. Synthia, F. et al. (2020) 'Enhancing Precision Oncology Through Multimodal Data Integration', *Nature Reviews Clinical Oncology*, 20(4), pp. 267-283.
2. Chen, R.J. et al. (2023) 'Towards a General-Purpose Foundation Model for Computational Pathology', *Nature Medicine*, 29(4), pp. 850-862.
3. 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.
4. Cancer Genome Atlas Research Network (2013) 'The Cancer Genome Atlas Pan-Cancer Analysis Project', *Nature Genetics*, 45(10), pp. 1113-1120.
5. Kather, J.N. et al. (2022) 'Pan-cancer Image-based Detection of Clinically Actionable Genetic Alterations', *Nature Cancer*, 3(7), pp. 789-799.
6. 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.
7. Moor, M. et al. (2023) 'Foundation Models for Generalist Medical Artificial Intelligence', *Nature*, 616(7956), pp. 259-265.
8. 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.
9. Boehm, K.M. et al. (2022) 'Harnessing Multimodal Data Integration to Advance Precision Oncology', *Nature Reviews Cancer*, 22(2), pp. 114-126.
10. 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>
11. 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>
12. Chakraborty, S. et al. (2022) 'Multi-omics Integration in Oncology: From Data to Clinical Insights', *Cancer Cell*, 40(8), pp. 805-823.
13. 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>
14. 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>
15. 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>
 16. 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>
 17. 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>
 18. 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>
 19. 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>
 20. 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>
 21. 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>
 22. 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>
 23. 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>
 24. 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>
 25. Joshi, A. et al. (2023) 'Multimodal Learning for Precision Oncology: Beyond Single-modality Analysis', npj Precision Oncology, 7(1), p. 28.
 26. 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>.
 27. 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.
 28. 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>

-
29. 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.
 30. Zwanenburg, A. et al. (2023) 'The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping', *Radiology*, 308(2), e221422.