

AI-Driven Digital Twins for Predictive Oncology and Precision Therapeutics

***¹Dr. Ashwin Prasad, ²Dr. Lavanya Iyer, Mrs. Shruti Nanda, ⁴Dr. Karthik Raman, ⁵Dr. Faisa Rahman**

^{*1}Professor Department of Internal Medicine, Sri Ramachandra Medical College, Chennai, India Ashwin.prasad77@gmail.com

²Associate Professor Department of Clinical Pharmacology, Sri Ramachandra Medical College, Chennai, India
Lavanyaiyer1985@gmail.com

³Assistant Professor Department of Medical Biochemistry, Sri Ramachandra Medical College, Chennai, India
Shruti.nanda15@gmail.com

⁴Professor Department of Oncology, Sri Ramachandra Medical College, Chennai, India Karthik.raman9@gmail.com

⁵Assistant Professor Department of Community Medicine, Sri Ramachandra Medical College, Chennai, India
Faisarahman03@gmail.com

ABSTRACT:

Cancer remains one of the leading causes of morbidity and mortality worldwide despite remarkable advances in molecular biology, targeted therapies, immunotherapy, and precision medicine. The extraordinary biological heterogeneity of tumors, coupled with dynamic interactions among malignant cells, the immune system, and the tumor microenvironment, continues to challenge conventional treatment strategies. Recent advances in artificial intelligence (AI), computational biology, systems medicine, and multimodal biomedical data integration have introduced AI-driven digital twins as a transformative framework for predictive oncology and precision therapeutics. A digital twin is a continuously evolving virtual representation of an individual patient that integrates radiological imaging, digital pathology, genomic sequencing, transcriptomics, proteomics, metabolomics, laboratory biomarkers, physiological monitoring, electronic health records, and longitudinal clinical information to simulate disease progression and therapeutic response. Unlike traditional predictive models that analyze isolated datasets, AI-driven digital twins continuously learn from multimodal patient data, enabling dynamic prediction of disease evolution, treatment efficacy, toxicity risk, and resistance mechanisms. Advances in machine learning, deep learning, transformer architectures, graph neural networks, reinforcement learning, generative AI, and foundation models have substantially enhanced the development of intelligent digital twin ecosystems capable of supporting diagnosis, prognostic prediction, adaptive treatment planning, immunotherapy optimization, radiation therapy, surgical planning, and precision drug development. Although significant challenges remain regarding interoperability, data harmonization, explainability, cybersecurity, regulatory validation, and ethical governance, AI-powered digital twins are expected to become central components of future precision oncology. This review presents an overview of the computational foundations, clinical applications, technological innovations, and future directions of AI-driven digital twins in predictive oncology and personalized cancer therapeutics.[1]

Keywords: Digital twins, Artificial intelligence, Predictive oncology, Precision therapeutics, Machine learning, Deep learning, Precision medicine, Computational oncology, Multimodal learning, Clinical decision support.

Received Date: 5 December 2025; **Accepted Date:** 15 December 2025; **Published Date:** 20 December 2025.

This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author(s) and the source are properly cited.

Introduction

Cancer is an extraordinarily complex disease driven by genetic mutations, epigenetic alterations, immune dysregulation, metabolic reprogramming, and continuous

interactions within the tumor microenvironment. Although remarkable advances in targeted therapy, immunotherapy, and molecular diagnostics have

significantly improved clinical outcomes, patients with apparently similar pathological diagnoses frequently exhibit substantially different therapeutic responses, recurrence patterns, and survival outcomes. This biological heterogeneity remains one of the greatest obstacles to truly personalized cancer treatment.[2]

Modern oncology generates vast amounts of heterogeneous biomedical information through radiological imaging, digital pathology, genomic sequencing, transcriptomics, proteomics, metabolomics, laboratory investigations, wearable health technologies, and electronic health records. Individually, these data sources provide valuable insights into tumor biology; collectively, they create an unprecedented opportunity for comprehensive precision medicine. However, the enormous volume and complexity of these datasets exceed the analytical capacity of conventional statistical methods and routine clinical workflows.[3]

Artificial intelligence has emerged as one of the most influential technologies in modern oncology by enabling automated analysis of complex biomedical information. Machine learning and deep learning algorithms have demonstrated remarkable capabilities in cancer diagnosis, prognostic prediction, molecular characterization, therapeutic optimization, toxicity assessment, and clinical decision support. More recently, these computational advances have evolved beyond isolated predictive models toward intelligent virtual representations of individual patients known as digital twins.[4]

AI-driven digital twins represent a major paradigm shift in precision oncology because they continuously integrate multimodal patient information into dynamic computational models capable of simulating disease evolution and predicting therapeutic outcomes. Rather than relying exclusively on retrospective clinical evidence, clinicians can evaluate multiple treatment scenarios within a patient's virtual counterpart before implementing therapeutic interventions, thereby supporting safer and more individualized clinical decision-making.[5]

2. Evolution of Digital Twin Technology in Oncology

The concept of digital twins originated within engineering and manufacturing, where virtual replicas of complex physical systems were developed to monitor operational performance, predict failures, and optimize maintenance strategies. Aerospace engineering was among the earliest fields to successfully implement digital twin technology for continuous monitoring of

aircraft systems under diverse operating conditions. Similar computational approaches were later adopted in automotive engineering, robotics, energy systems, and smart manufacturing.[6]

The rapid expansion of biomedical technologies encouraged researchers to adapt digital twin principles to healthcare. Rather than representing mechanical components, healthcare digital twins simulate physiological processes, disease progression, therapeutic interventions, and patient-specific biological responses. Early medical applications focused on cardiovascular disease, diabetes, orthopedics, and critical care medicine, where continuous physiological measurements could be integrated into predictive computational models.[7]

Oncology rapidly emerged as one of the most promising applications for digital twin technology because cancer management requires integration of highly diverse biological, molecular, imaging, and clinical information that evolves continuously throughout disease progression. Every patient's tumor possesses unique genomic alterations, molecular pathways, immune interactions, and therapeutic sensitivities, making individualized computational modeling particularly valuable.[8]

Recent advances in artificial intelligence have significantly accelerated oncology digital twin development. Machine learning, deep learning, transformer models, graph neural networks, multimodal learning, and foundation models now enable continuous integration of imaging, pathology, genomics, laboratory investigations, and longitudinal clinical information into comprehensive virtual patient ecosystems capable of supporting predictive oncology and precision therapeutics.[9]

3. Computational Framework of AI-Driven Digital Twins

AI-driven digital twins consist of multiple interconnected computational layers that continuously exchange information to create an evolving virtual representation of an individual cancer patient. Rather than functioning as a single predictive algorithm, digital twins combine multimodal data acquisition, artificial intelligence, mechanistic simulation, and clinical decision-support systems into an integrated computational framework.[10]

The first layer involves acquisition of diverse biomedical information, including radiological imaging, digital pathology, genomic sequencing, transcriptomics, proteomics, metabolomics, laboratory biomarkers,

physiological monitoring, medication history, treatment records, and electronic health documentation. Each modality contributes complementary information regarding tumor biology and overall patient health.

Subsequent preprocessing pipelines harmonize heterogeneous datasets through image normalization, molecular standardization, feature extraction, natural language processing, and multimodal data alignment. These standardized datasets are then processed by advanced AI algorithms capable of identifying complex biological relationships that support predictive modeling. Simulation engines subsequently model tumor growth kinetics, metastatic dissemination, immune interactions, therapeutic interventions, resistance mechanisms, and toxicity profiles. Continuous incorporation of newly acquired patient information enables the digital twin to evolve alongside the biological patient, supporting adaptive treatment planning and personalized clinical decision-making.[11]

4. Artificial Intelligence Technologies Powering Digital Twins

Artificial intelligence serves as the computational foundation of modern oncology digital twins. Machine learning algorithms identify statistical relationships between patient characteristics and clinical outcomes, enabling prediction of recurrence, survival, and treatment response across multiple malignancies.[12]

Deep learning significantly expands predictive capability by automatically extracting complex features from radiological images, digital pathology slides, molecular profiles, and physiological data. Convolutional neural networks excel in medical image interpretation, whereas transformer architectures efficiently process multimodal clinical information while preserving long-range contextual relationships.

Graph neural networks model interactions among genes, proteins, signaling pathways, immune networks, and metabolic processes, allowing digital twins to represent cancer as an interconnected biological system rather than isolated molecular abnormalities. Foundation models further improve scalability by learning generalized biomedical representations from large datasets that can subsequently be adapted across diverse oncology applications through transfer learning.[13]

These complementary AI technologies collectively enable digital twins to generate personalized predictions regarding disease progression, therapeutic response, treatment toxicity, and long-term clinical outcomes

while continuously improving through incorporation of new patient data.

5. Multimodal Data Integration: Building the Virtual Patient

The effectiveness of AI-driven digital twins depends upon their ability to integrate diverse biomedical information into a unified computational framework. Cancer is a highly complex disease in which tumor behavior is determined not only by genomic mutations but also by epigenetic regulation, transcriptomic activity, proteomic interactions, metabolic pathways, immune responses, radiological characteristics, histopathological features, and patient-specific clinical variables.[14]

Artificial intelligence enables harmonization of these heterogeneous datasets through multimodal representation learning. Radiological imaging provides anatomical and functional information regarding tumor morphology, vascularity, metabolic activity, and disease progression, whereas digital pathology contributes microscopic characterization of tissue architecture, cellular differentiation, stromal remodeling, angiogenesis, and immune infiltration.

Genomic sequencing identifies driver mutations and inherited susceptibility variants, while transcriptomics, proteomics, metabolomics, and laboratory biomarkers provide additional insight into dynamic biological processes. Electronic health records, medication history, physiological monitoring, and wearable technologies further enrich digital twin models by incorporating longitudinal clinical information.

Continuous integration of these complementary datasets enables creation of virtual patients that evolve alongside their biological counterparts, providing increasingly accurate simulations throughout the cancer care continuum.[15]

6. AI-Driven Digital Twins in Cancer Diagnosis

Accurate diagnosis is the foundation of effective oncology care, and digital twins significantly enhance diagnostic precision by integrating imaging, pathology, molecular biology, and clinical information into comprehensive predictive models.[16]

Deep learning algorithms automatically identify malignant lesions on computed tomography, magnetic resonance imaging, positron emission tomography, mammography, ultrasound, and other imaging modalities. Quantitative radiomics further extracts hundreds of imaging biomarkers describing tumor heterogeneity, texture, morphology, vascularity, and

spatial organization that complement conventional radiological interpretation.

Digital pathology provides microscopic evaluation of tissue architecture, tumor grade, immune-cell infiltration, stromal composition, and angiogenesis. AI-powered computational pathology systems analyze millions of microscopic regions simultaneously while predicting clinically relevant molecular alterations such as EGFR mutations, HER2 amplification, KRAS mutations, microsatellite instability, and PD-L1 expression directly from histopathological images.

Integration of imaging, pathology, and molecular biology within digital twins enables earlier diagnosis, more accurate tumor classification, and comprehensive biological characterization that supports individualized patient management.[17]

7. Predictive Oncology Through Digital Twins

One of the most powerful advantages of AI-driven digital twins is their ability to predict future disease trajectories before clinical events occur. Rather than relying exclusively on retrospective statistical associations, digital twins continuously simulate cancer progression using patient-specific biological and clinical information.[18]

Artificial intelligence integrates imaging findings, molecular biomarkers, laboratory investigations, treatment history, and longitudinal follow-up data to estimate tumor growth, metastatic dissemination, recurrence risk, progression-free survival, and overall survival. These continuously updated simulations enable clinicians to anticipate disease evolution and intervene before clinically significant deterioration develops.

Predictive oncology also facilitates early identification of therapeutic resistance by recognizing subtle biological changes that precede radiological progression. Consequently, treatment strategies can be modified proactively, improving clinical outcomes while minimizing unnecessary exposure to ineffective therapies.

8. Precision Therapeutics and Personalized Treatment Optimization

Perhaps the greatest clinical value of AI-driven digital twins lies in individualized therapeutic optimization. Instead of applying standardized treatment protocols derived from population-level clinical trials, clinicians can evaluate multiple therapeutic strategies within the patient's virtual counterpart before initiating therapy.[19]

Simulation engines estimate expected tumor response, treatment-related toxicity, recurrence probability, progression-free survival, and overall survival under different therapeutic combinations. These virtual experiments allow comparison of chemotherapy regimens, targeted therapies, endocrine therapy, immunotherapy, radiation schedules, and multimodal treatment approaches while minimizing patient risk.

Because digital twins continuously incorporate updated clinical information throughout treatment, therapeutic recommendations evolve alongside changes in tumor biology. This adaptive framework supports precision medicine by recognizing that cancer is a dynamic disease requiring continuously optimized treatment strategies rather than static therapeutic protocols.

9. Digital Twins in Immunotherapy and Tumor Microenvironment Modeling

Immunotherapy has transformed the management of many malignancies; however, predicting treatment response remains one of the greatest challenges in clinical oncology. AI-driven digital twins address this problem by integrating immunomic, genomic, transcriptomic, radiological, pathological, and clinical information into comprehensive computational immune models.[20]

Artificial intelligence quantifies tumor-infiltrating lymphocytes, immune checkpoint expression, cytokine signaling, stromal architecture, and immune-cell spatial organization to simulate interactions between tumor cells and the immune system. These patient-specific simulations enable prediction of responsiveness to immune checkpoint inhibitors, CAR-T cell therapies, cancer vaccines, bispecific antibodies, and adoptive cellular therapies.

Digital twins may ultimately support optimization of combination immunotherapies by identifying individualized treatment strategies that maximize efficacy while minimizing immune-related toxicities.

10. Adaptive Radiation Therapy and Surgical Oncology

Radiation therapy and surgery remain fundamental components of modern cancer treatment. AI-driven digital twins enhance both modalities by enabling continuous adaptation to evolving patient anatomy and tumor biology.[21]

In radiation oncology, sequential imaging acquired during treatment updates virtual patient models, allowing artificial intelligence to modify tumor contours, estimate

radiation sensitivity, predict anatomical changes, and optimize dose distribution. Adaptive radiation planning improves tumor control while reducing unnecessary radiation exposure to surrounding healthy tissues.

For surgical oncology, three-dimensional digital twins generated from high-resolution imaging provide detailed visualization of tumor location, vascular anatomy, adjacent organs, and critical neurovascular structures. Artificial intelligence further assists surgeons by predicting resection margins, estimating operative complexity, simulating surgical approaches, and forecasting postoperative outcomes, thereby improving surgical precision and patient safety.

11. Digital Twins in Drug Discovery and Clinical Decision Support

AI-driven digital twins are also transforming oncology drug development and clinical decision support. Computational simulations enable researchers to evaluate therapeutic efficacy, toxicity, resistance mechanisms, and optimal dosing strategies before initiating laboratory experiments or clinical trials.[22]

Artificial intelligence integrates systems pharmacology, molecular biology, genomics, proteomics, metabolomics, and patient-specific disease models to identify promising therapeutic targets while accelerating development of personalized anticancer therapies. Virtual patient populations generated through validated digital twin models may also improve patient selection for clinical trials and reduce variability during evaluation of experimental treatments.

Within routine clinical practice, digital twins function as intelligent decision-support systems that continuously integrate laboratory investigations, imaging studies, pathology reports, genomic sequencing, wearable sensor data, and treatment responses into interactive clinical dashboards. These platforms provide individualized recommendations while preserving physician oversight and multidisciplinary clinical decision-making.

12. Explainable AI, Challenges, and Future Perspectives

For AI-driven digital twins to achieve widespread clinical adoption, their predictions must be transparent, interpretable, and trustworthy. Explainable artificial intelligence (XAI) enables clinicians to understand how digital twins generate recommendations using techniques such as saliency maps, attention visualization, SHAP (Shapley Additive Explanations), feature attribution analysis, and counterfactual reasoning.[23]

Despite remarkable technological progress, several important barriers remain. Data heterogeneity, interoperability limitations, computational complexity, algorithmic bias, cybersecurity risks, patient privacy, regulatory approval, ethical governance, and clinical validation continue to limit routine implementation. Federated learning, secure cloud computing, differential privacy, blockchain technology, and standardized biomedical data models are expected to address many of these challenges.

Future developments involving multimodal foundation models, spatial multi-omics, quantum computing, wearable biosensors, liquid biopsy, and generative artificial intelligence are likely to further enhance the predictive capabilities of digital twins, enabling continuously learning virtual patients that support every stage of oncology care.[24]

13. Discussion

AI-driven digital twins represent one of the most significant technological advances in precision oncology by enabling continuously evolving virtual representations of individual cancer patients. Their ability to integrate multimodal biomedical information into adaptive computational ecosystems supports personalized diagnosis, prognostic prediction, treatment optimization, immunotherapy planning, radiation therapy, surgical guidance, drug discovery, and long-term disease monitoring.[25]

Unlike conventional predictive algorithms that analyze isolated datasets, digital twins continuously learn from longitudinal patient information, allowing clinicians to simulate disease progression and evaluate multiple therapeutic strategies before clinical implementation. These capabilities have the potential to substantially improve clinical outcomes while reducing unnecessary treatments and healthcare costs.

Nevertheless, successful clinical translation requires rigorous prospective validation, transparent regulatory frameworks, multidisciplinary collaboration, standardized interoperability, and continued advances in explainable artificial intelligence to ensure safe and equitable implementation across healthcare systems.[26]

14. Conclusion

Artificial intelligence-driven digital twins are redefining predictive oncology by creating continuously evolving computational representations of individual patients capable of integrating radiology, pathology, genomics, molecular biology, clinical records,

wearable technologies, and real-time physiological monitoring into personalized therapeutic simulations.[27]

As artificial intelligence technologies continue to mature, digital twins are expected to become increasingly accurate, scalable, interpretable, and clinically applicable. Integration with multimodal learning, foundation models, federated learning, reinforcement learning, and advanced computational infrastructure will further strengthen their role in precision therapeutics and individualized cancer care.[28]

References

1. Synthia, F. et al. (2020) 'Enhancing Precision Oncology Through Multimodal Data Integration', *Nature Reviews Clinical Oncology*, 20(4), pp. 267-283.
2. 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>
3. Zwanenburg, A. et al. (2023) 'The Image Biomarker Standardization Initiative: Standardized Quantitative Radiomics for High-Throughput Image-based Phenotyping', *Radiology*, 308(2), e221422.
4. 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.
5. Chen, R.J. et al. (2023) 'Towards a General-Purpose Foundation Model for Computational Pathology', *Nature Medicine*, 29(4), pp. 850-862.
6. 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.
7. Cancer Genome Atlas Research Network (2013) 'The Cancer Genome Atlas Pan-Cancer Analysis Project', *Nature Genetics*, 45(10), pp. 1113-1120.
8. Kather, J.N. et al. (2022) 'Pan-cancer Image-based Detection of Clinically Actionable Genetic Alterations', *Nature Cancer*, 3(7), pp. 789-799.
9. Huang, S.C. et al. (2021) 'Self-supervised Learning for Medical Image Classification: A Systematic Review', *IEEE Transactions on Medical Imaging*, 40(8), pp. 2021-2037.
10. Moor, M. et al. (2023) 'Foundation Models for Generalist Medical Artificial Intelligence', *Nature*, 616(7956), pp. 259-265.
11. 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.
12. Boehm, K.M. et al. (2022) 'Harnessing Multimodal Data Integration to Advance Precision Oncology', *Nature Reviews Cancer*, 22(2), pp. 114–126.
13. 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>
14. 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>
15. Chakraborty, S. et al. (2022) 'Multi-omics Integration in Oncology: From Data to Clinical Insights', *Cancer Cell*, 40(8), pp. 805-823.

16. 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>
17. 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>
18. 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>
19. 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>
20. 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>
21. 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>
22. 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>
23. 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>
24. Dr. Ohmini Krishnamurthy Rajendran (Author), SELF-SUPERVISED MULTIMODAL LEARNING FOR EARLY CANCER DETECTION ACROSS IMAGING AND GENOMICS, Vol. 52 No. 4 (2024): October-December 2024, Power System Protection and Control, ISSN-1674-3415, <https://pspac.info/index.php/dlbh/article/view/325>, DOI: <https://doi.org/10.46121/pspc.52.4.14>
25. Dr. 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>
26. 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>
27. 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>
28. Joshi, A. et al. (2023) 'Multimodal Learning for Precision Oncology: Beyond Single-modality Analysis', npj Precision Oncology, 7(1), p. 28.
29. Dr. Latha Kiran Krishna Rajendran (Author), Genomic Profiling: Utilizing Multi-Omics Data to Identify Potential Therapeutic Targets and Resistance Markers, Vol. 52 No. 4 (2024); October–December 2024, Power System Protection and Control, ISSN: 1674-3415, Article URL: <https://pspac.info/index.php/dlbh/article/view/312> , DOI: <https://doi.org/10.46121/pspc.52.4.13>.
30. Huang, S.C. et al. (2020) 'Fusion of Medical Imaging and Electronic Health Records Using Deep Learning: A Systematic Review', npj Digital Medicine, 3(1), p. 136.