



Artificial Intelligence in Oncology Clinical Trials: A Systematic Review on Enhancing Patient Enrollment and Treatment Advancements

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Abstract

Background:

Artificial intelligence (AI) is playing an increasingly vital role in oncology clinical trials by addressing critical challenges in patient recruitment and treatment optimization. Conventional trial processes often suffer from inefficiencies such as prolonged enrollment periods, high operational costs, and difficulties in tailoring treatments to individual patients. AI-driven technologies offer innovative solutions to streamline these processes, enhance trial design, and improve patient outcomes.

Objective:

This systematic review explores the impact of AI in refining patient selection, increasing trial efficiency, and advancing personalized treatment strategies in oncology research. It examines AI applications in patient-trial matching, adaptive trial frameworks, and predictive analytics to enhance clinical decision-making.

Methods:

A systematic search was conducted in databases including PubMed, Scopus, and IEEE Xplore, adhering to PRISMA guidelines. The review focused on peer-reviewed studies published over the past decade that investigated AI-driven methodologies in oncology clinical trials. Emphasis was placed on AI applications in recruitment, data management, and treatment enhancement. Key findings were synthesized to assess AI's role in improving clinical trial efficiency and patient care.

Results:

Findings indicate that AI significantly enhances patient enrollment by leveraging machine learning (ML), natural language processing (NLP), and electronic health record (EHR) analytics. Additionally, AI-driven approaches contribute to trial efficiency by predicting treatment responses, optimizing therapeutic strategies, and reducing patient dropout rates. However, concerns related to ethical considerations, algorithmic biases, and regulatory compliance pose challenges to widespread AI adoption.

Conclusion:

AI has the potential to revolutionize oncology clinical trials by expediting patient recruitment, optimizing study designs, and facilitating treatment innovations. While AI-driven strategies demonstrate promise in enhancing trial effectiveness and reducing costs, overcoming ethical, technical, and regulatory barriers is essential for seamless integration into clinical research. Addressing these challenges will be key to maximizing AI's impact on future oncology trials.

I.Introduction:

1.1 Background and Significance of Cancer Diagnosis & Treatment

Cancer remains one of the leading global health concerns, with millions of new cases diagnosed each year. The complexity of the disease arises from its heterogeneous nature, genetic variations, and diverse treatment responses among patients. Early and accurate diagnosis is crucial for improving patient outcomes, yet traditional diagnostic methods, including imaging, histopathology, and biomarker detection, still present limitations in sensitivity and specificity.

Over the years, advancements in cancer treatment have shifted from conventional approaches such as chemotherapy and radiation therapy to more targeted and personalized therapies, including immunotherapy and precision medicine. Clinical trials play a pivotal role in developing these innovative treatments, yet they face significant challenges. Issues such as slow patient recruitment, high costs, and complex trial protocols often delay the introduction of new therapies. Addressing these challenges is essential to accelerating the development of effective cancer treatments and improving survival rates. [1,2]

1.2 Role of Artificial Intelligence in Medicine

Artificial intelligence (AI) has emerged as a transformative technology in the healthcare sector, offering advanced tools for disease diagnosis, prognosis, and treatment planning. AI-powered systems, particularly those utilizing machine learning (ML) and deep learning (DL), analyze vast amounts of medical data to identify patterns that aid in clinical decision-making. In oncology, AI applications extend from early detection through image analysis to predicting treatment responses and supporting personalized medicine.

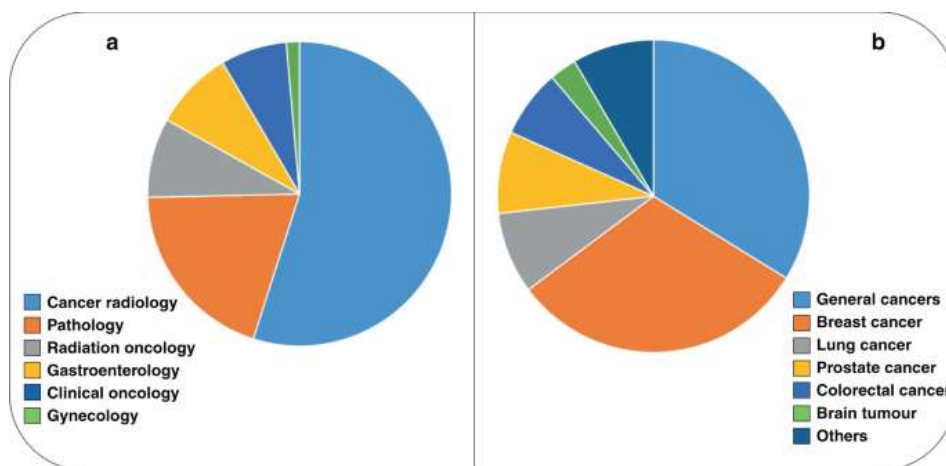


Fig-01: FDA-approved artificial intelligence-based devices in oncology

The distribution of FDA-approved artificial intelligence-based devices in oncology is reflected across different medical specialties as follows: cancer radiology accounts for the majority at 54.9%, followed by pathology (19.7%), radiation oncology (8.5%), gastroenterology (8.5%), clinical oncology (7.0%), and gynaecology (1.4%). When categorized by tumour type, the devices are primarily targeted towards general cancers (33.8%) and breast cancer (31.0%), with smaller proportions addressing lung cancer (8.5%), prostate cancer (8.5%), colorectal cancer (7.0%), and brain tumours (2.8%). Additionally, six other tumour types each represent 1.4% of the devices. [6]

Within clinical trials, AI holds great promise for overcoming key inefficiencies. By leveraging AI-driven algorithms, researchers can enhance patient recruitment processes, ensure better diversity in trial populations, and improve protocol adherence. AI also plays a critical role in optimizing trial design, automating data management, and predicting patient outcomes. Integrating AI into oncology clinical trials has the potential to streamline research processes, reduce trial costs, and accelerate the approval of life-saving treatments.

[4,5,6]

1.3 Research Objectives and Scope

This systematic review aims to explore the impact of AI in oncology clinical trials, specifically focusing on its role in improving patient enrollment and advancing treatment methodologies.

This study mainly aims to achieve the following objectives.

To evaluate AI-driven methods for patient identification, recruitment, and retention, including natural language processing (NLP), electronic health record (EHR) analysis, and predictive modeling.

To assess AI applications in optimizing clinical trial design, including adaptive trial protocols, real-world evidence analysis, and automated data processing.

To investigate the role of AI in personalized treatment strategies, particularly in biomarker-driven precision oncology and response prediction.

To identify the challenges and ethical considerations associated with AI integration in clinical trials, such as data privacy, algorithmic bias, and regulatory compliance.

The scope of this review encompasses recent peer-reviewed studies and systematic analyses focused on AI applications in oncology trials. By consolidating current advancements, limitations, and future opportunities, this review aims to provide valuable insights into AI's transformative role in clinical research and cancer treatment. [5]

II. Artificial Intelligence in Oncology Clinical Trials

2.1 AI in Patient Recruitment and Enrollment

One of the biggest hurdles in oncology clinical trials is ensuring the prompt and effective recruitment of suitable participants. Traditional recruitment methods often rely on manual screening of medical records, physician referrals, and patient self-enrollment, which can be slow and resource-intensive. AI-driven solutions, particularly those utilizing machine learning (ML) and natural language processing (NLP), have revolutionized this process by automating patient identification and improving trial matching accuracy.

By analyzing electronic health records (EHRs), medical imaging, and genetic data, AI can identify eligible participants based on predefined inclusion and exclusion criteria. Additionally, AI-powered chatbots and virtual assistants can enhance patient engagement, improving retention rates by providing real-time updates and answering queries. These advancements help streamline recruitment, reduce delays, and increase the diversity of trial participants, ultimately improving the reliability and generalizability of clinical trial outcomes. [6,8]

2.2 AI-Driven Trial Design and Optimization

The design and execution of oncology clinical trials require careful planning to balance efficiency, cost-effectiveness, and ethical considerations. AI contributes to this process by enabling data-driven trial design through predictive modeling, adaptive trial structures, and real-world evidence (RWE) analysis. AI-powered platforms can simulate various trial scenarios, optimizing factors such as sample size, treatment arms, and endpoint selection to improve study efficiency.

Furthermore, AI supports adaptive clinical trials, which allow modifications to the study protocol based on real-time patient responses. These dynamic trial designs enable researchers to refine treatments more effectively, reducing the time and cost associated with traditional fixed trials. AI-driven tools also facilitate risk assessment by identifying potential dropout risks and adverse event predictors, allowing for proactive intervention strategies. By leveraging AI for trial optimization, researchers can accelerate drug development and improve patient outcomes with greater precision. [10,11]

2.3 Leveraging Predictive Analytics for Evaluating Treatment Response and Patient Outcomes

AI-powered predictive analytics play a crucial role in oncology clinical trials by forecasting treatment responses and patient outcomes. Advanced ML algorithms analyze vast datasets, including genomic information, biomarker profiles, and imaging results, to identify patterns that help predict how patients will respond to specific therapies. This predictive capability allows for the development of more personalized treatment plans, ensuring that patients receive the most effective therapies based on their individual characteristics.

Additionally, AI enhances real-time monitoring of treatment effectiveness, providing early indicators of potential adverse reactions or therapy resistance. This enables researchers and clinicians to adjust treatment strategies promptly, reducing the risk of ineffective interventions. AI-driven predictive models contribute to precision oncology by improving response stratification, minimizing trial failures, and increasing the overall success rate of new cancer therapies. [10,11,13]

2.4 AI in Real-World Evidence and Post-Trial Analysis

Beyond clinical trials, AI plays a pivotal role in analyzing real-world evidence (RWE) to assess the long-term effectiveness and safety of cancer treatments. RWE consists of data collected from diverse sources, including EHRs, patient registries, and wearable health devices, offering insights into treatment performance outside controlled trial environments. AI algorithms process and integrate these large datasets, identifying trends and correlations that inform post-trial evaluations.

Moreover, AI-driven post-trial analysis helps detect late-emerging side effects, track patient adherence to therapy, and evaluate treatment effectiveness across different populations. By utilizing AI in post-trial assessments, researchers can refine clinical guidelines, enhance regulatory decision-making, and ensure continuous improvement in cancer treatment strategies. AI's ability to generate real-time insights from RWE strengthens the evidence base for new oncology therapies, bridging the gap between clinical research and routine medical practice. [14,15]

III. Benefits and Challenges of AI in Oncology Trials

3.1 Advantages of AI in Enhancing Clinical Trial Efficiency

The integration of artificial intelligence (AI) in oncology clinical trials has significantly improved efficiency by automating complex processes, reducing timelines, and optimizing resource utilization. AI-driven patient recruitment strategies streamline the identification of eligible participants by analyzing vast datasets from electronic health records (EHRs), genetic profiles, and medical imaging. This reduces the time spent on manual screening and accelerates trial enrollment.

Additionally, AI enhances trial monitoring and data management through real-time analysis of patient responses, enabling early detection of adverse effects and treatment efficacy. Machine learning (ML) algorithms help refine study protocols by predicting optimal sample sizes, treatment arms, and outcome measures. By improving decision-making and reducing trial failures, AI minimizes costs and expedites the approval of new cancer therapies. These advancements contribute to more effective clinical research, ultimately benefiting both patients and the healthcare industry. [19,20,21]

3.2 Ethical and Regulatory Considerations

While AI offers significant benefits in oncology clinical trials, its implementation raises ethical and regulatory concerns. One major challenge is ensuring patient safety and informed consent when using AI-driven recruitment and monitoring systems. Since AI algorithms may influence trial design and participant selection, transparency in decision-making processes is crucial to maintaining trust among patients and researchers.

Regulatory bodies such as the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA) are still developing frameworks for the ethical deployment of AI in clinical research. Maintaining compliance with regulations is key to safeguarding the reliability and accuracy of AI-powered trials. Additionally, the potential for AI to make autonomous decisions in patient treatment raises questions about accountability and liability in case of adverse outcomes. Establishing clear guidelines and ethical frameworks will be critical for integrating AI into oncology research while safeguarding patient rights.

3.3 Data Privacy and Security Concerns

The use of AI in oncology trials relies on extensive datasets, including sensitive patient information such as genomic data, imaging results, and medical histories. Protecting this information from unauthorized access and cyber threats is a major concern. AI systems require continuous data input to improve their predictive capabilities, making them vulnerable to data breaches and privacy violations.

Compliance with privacy regulations, including HIPAA and GDPR (General Data Protection Regulation), is required to ensure the confidentiality of patient information. Implementing advanced encryption techniques, secure data-sharing protocols, and federated learning models can help mitigate risks associated with AI-driven clinical trials. Additionally, maintaining transparency in data usage and obtaining patient consent for AI applications are essential steps toward addressing privacy concerns. [24,25]

3.4 AI Bias and Model Interpretability

A significant challenge in AI-driven oncology trials is the potential for algorithmic bias, which can lead to disparities in patient recruitment, treatment recommendations, and trial outcomes. AI models are trained on existing datasets, and if these datasets lack diversity, the resulting algorithms may inadvertently favor certain populations over others. This can impact the generalizability of clinical trial findings and contribute to health disparities.

The interpretability of AI models is another significant challenge, understanding the decisions made by AI models. Many advanced AI systems, particularly deep learning networks, operate as "black boxes," making it difficult to understand how they arrive at specific decisions. This lack of transparency can hinder trust among researchers, clinicians, and regulatory bodies. To address these concerns, developing explainable AI (XAI) models that provide clear, interpretable insights is crucial. Ensuring diverse and representative training datasets, along with continuous validation of AI models, can help mitigate bias and improve the reliability of AI applications in oncology clinical trials. [32,33]

IV. Future Directions and Recommendations

4.1 Emerging AI Trends in Clinical Trial Research

Artificial intelligence (AI) continues to evolve, bringing innovative advancements to oncology clinical trials. One emerging trend is the increasing use of machine learning (ML) and deep learning (DL) algorithms for real-time data analysis and decision-making. These AI-driven models enhance trial efficiency by identifying patterns in vast datasets, allowing for predictive modeling of patient responses and adverse events.

Another significant development is the application of natural language processing (NLP) to extract valuable insights from unstructured clinical data, such as physician notes, pathology reports, and scientific literature. Additionally, federated learning—a technique that enables AI models to be trained across multiple institutions without data sharing—has gained attention for enhancing patient privacy while ensuring robust AI model development. The integration of AI with wearable health devices and mobile applications is also transforming clinical trials by enabling continuous patient monitoring and remote data collection, improving adherence and patient engagement.

As AI-driven technologies continue to progress, their role in optimizing trial designs, reducing costs, and improving patient outcomes will likely expand. These innovations have the potential to revolutionize the way clinical trials are conducted, making them more adaptive, efficient, and patient-centric. [32,33-48]

4.2 Integration of AI with Precision Oncology

The synergy between AI and precision oncology is shaping the future of cancer treatment. Precision oncology aims to tailor treatments based on an individual's genetic, molecular, and clinical characteristics. AI facilitates this approach by analyzing large-scale genomic datasets, identifying predictive biomarkers, and assisting in drug repurposing for targeted therapies.

In clinical trials, AI enables the identification of subpopulations that are more likely to benefit from specific treatments, thereby improving patient stratification and trial success rates. Furthermore, AI-driven imaging and radiomics technologies enhance tumor characterization, allowing for more accurate treatment selection and response prediction.

Another promising advancement is the application of AI in liquid biopsy analysis, which detects circulating tumor DNA (ctDNA) and other biomarkers from blood samples. AI-enhanced liquid biopsies provide non-invasive, real-time monitoring of tumor evolution,

allowing clinicians to make data-driven treatment adjustments. As AI continues to integrate with precision oncology, its role in refining personalized treatment strategies and improving trial efficiency will become even more prominent. [48]

4.3 Policy and Regulatory Framework for AI Implementation

The widespread adoption of AI in oncology clinical trials requires the development of robust regulatory frameworks and policies to ensure safety, reliability, and ethical compliance. Current regulatory guidelines, such as those set by the both the U.S. Food and Drug Administration (FDA) and the European Medicines Agency (EMA) are evolving to support AI-based methodologies. However, challenges remain in standardizing AI validation, ensuring algorithm transparency, and addressing liability concerns in automated decision-making.

A key consideration is the need for clear guidelines on AI model validation and real-world applicability. Regulatory agencies are working toward establishing best practices for AI algorithm evaluation, focusing on fairness, accuracy, and reproducibility. Additionally, data privacy regulations such as the Health Insurance Portability and Accountability Act (HIPAA) and the General Data Protection Regulation (GDPR) play a crucial role in governing AI's use in clinical research.

Ethical concerns related to AI-driven decision-making, patient consent, and potential biases must also be addressed through regulatory policies. Collaborative efforts between regulatory bodies, AI developers, and clinical researchers are essential to creating a structured framework that supports the ethical and effective implementation of AI in oncology trials.

4.4 Recommendations for Future Research

Despite the significant advancements in AI applications for oncology clinical trials, several areas require further exploration to maximize its potential. Future research should focus on developing explainable AI (XAI) models that enhance the transparency and interpretability of AI-driven decisions. Ensuring that clinicians and researchers can understand and trust AI recommendations will be essential for widespread adoption.

Additionally, improving AI model generalizability is a key priority. Many current AI models are trained on limited datasets, often lacking diversity in terms of ethnicity, geography, and tumor types. Expanding AI training datasets to include more representative populations will enhance the reliability and applicability of AI-driven insights across diverse patient groups.

Another critical area of research is the ethical implications of AI in clinical trials. Addressing challenges related to algorithmic bias, data security, and informed consent will be crucial in fostering responsible AI use. Collaborative, multi-disciplinary research efforts that bring together AI developers, oncologists, bioethicists, and policymakers will be necessary to navigate these challenges effectively.

Furthermore, future studies should explore AI's role in post-market surveillance and real-world evidence (RWE) analysis. AI-driven monitoring systems can track long-term treatment outcomes, identify late-emerging side effects, and provide continuous insights into therapy effectiveness beyond clinical trial settings.

By addressing these research gaps, AI's full potential in oncology clinical trials can be realized, leading to more efficient, personalized, and ethical advancements in cancer treatment. [53]

V. Conclusion

The integration of artificial intelligence (AI) in oncology clinical trials has the potential to transform the way cancer research is conducted, offering solutions to long-standing challenges in patient recruitment, trial design, and treatment optimization. By leveraging AI-driven technologies such as machine learning (ML), natural language processing (NLP), and predictive analytics, clinical trials can become more efficient, cost-effective, and patient-centric. AI enhances trial processes by automating patient selection, optimizing study protocols, and improving real-time monitoring, ultimately accelerating the development of innovative cancer therapies.

Despite its numerous advantages, AI implementation in oncology trials also presents significant challenges. Ethical considerations, regulatory compliance, data privacy concerns, and algorithmic biases must be carefully addressed to ensure responsible and transparent AI adoption. Establishing clear guidelines, improving AI model interpretability, and ensuring diverse and representative datasets are crucial steps toward mitigating these challenges. Collaborative efforts between researchers, regulatory bodies, and AI developers will play a key role in shaping a future where AI is seamlessly integrated into clinical research while maintaining patient safety and data integrity.

Looking ahead, further advancements in AI, particularly in precision oncology and real-world evidence (RWE) analysis, will continue to refine cancer treatment strategies. Future research should focus on enhancing AI transparency, expanding training datasets for better generalizability, and strengthening regulatory frameworks to facilitate ethical AI adoption. By addressing these areas, AI-driven methodologies can significantly contribute to the evolution of oncology clinical trials, ultimately improving patient outcomes and advancing the fight against cancer.

VI. References:

1. Nall, R., MSN, & CRNA. (2020, January 6). Cancer: Overview, causes, treatments, and types. Medicalnewstoday.com. <https://www.medicalnewstoday.com/articles/323648>
2. Cancer. (n.d.-b). Cleveland Clinic. Retrieved March 30, 2025, from <https://my.clevelandclinic.org/health/diseases/12194-cancer>
3. Cancer. (n.d.-c). Who.int. Retrieved March 30, 2025, from <https://www.who.int/news-room/fact-sheets/detail/cancer>
4. Parchaa. (n.d.). AI in oncology: Revolutionizing Cancer care and accelerating research. Nasscom | The Official Community of Indian IT Industry. Retrieved April 1, 2025, from <https://community.nasscom.in/index.php/communities/healthtech-and-life-sciences/ai-oncology-revolutionizing-cancer-care-and-accelerating>
5. Healthdirect Australia. (2024). Cancer - symptoms, causes, diagnosis and treatments. <https://www.healthdirect.gov.au/cancer>
6. Alowais, S. A., Alghamdi, S. S., Alsuhebany, N., Alqahtani, T., Alshaya, A. I., Almohareb, S. N., Aldaire, A., Alrashed, M., Bin Saleh, K., Badreldin, H. A., Al Yami, M. S., Al Harbi, S., & Albekairy, A. M. (2023). Revolutionizing healthcare: the role of artificial intelligence in clinical practice. BMC Medical Education, 23(1), 689. <https://doi.org/10.1186/s12909-023-04698-z>
7. Luchini, C., Pea, A., & Scarpa, A. (2022). Artificial intelligence in oncology: current applications and future perspectives. British Journal of Cancer, 126(1), 4–9. <https://doi.org/10.1038/s41416-021-01633-1>
8. Cancer. (n.d.-a). Mayo Clinic. Retrieved March 30, 2025, from <https://www.mayoclinic.org/diseases-conditions/cancer/diagnosis-treatment/drc-20370594>
9. Rahimi, M., & Asadi, F. (2023). Oncological applications of quantum machine learning. Technology in Cancer Research & Treatment, 22, 15330338231215214. <https://doi.org/10.1177/15330338231215214>
10. Saady, M., Eissa, M., Yacoub, A. S., Hamed, A. B., & Azzazy, H. M. E.-S. (2025). Implementation of artificial intelligence approaches in oncology clinical trials: A systematic review. Artificial Intelligence in Medicine, 161(103066), 103066. <https://doi.org/10.1016/j.artmed.2025.103066>
11. Chow, R., Midroni, J., Kaur, J., Boldt, G., Liu, G., Eng, L., Liu, F.-F., Haibe-Kains, B., Lock, M., & Raman, S. (2023). Use of artificial intelligence for cancer clinical trial enrollment: a systematic review and meta-analysis. Journal of the National Cancer Institute, 115(4), 365–374. <https://doi.org/10.1093/jnci/djad013>
12. Kann, B. H., Hosny, A., & Aerts, H. J. W. L. (2021). Artificial intelligence for clinical oncology. Cancer Cell, 39(7), 916–927. <https://doi.org/10.1016/j.ccell.2021.04.002>
13. Artificial intelligence vs. Human intelligence. (2024, June 6). Maryville University Online. <https://online.maryville.edu/blog/ai-vs-human-intelligence/>
14. Ni, Y., Wright, J., Perentesis, J., Lingren, T., Deleger, L., Kaiser, M., Kohane, I., & Solti, I. (2015). Increasing the efficiency of trial-patient matching: automated clinical trial eligibility pre-screening for pediatric oncology patients. BMC Medical Informatics and Decision Making, 15(1), 28. <https://doi.org/10.1186/s12911-015-0149-3>
15. Hunter, B., Hindocha, S., & Lee, R. W. (2022). The role of artificial intelligence in early cancer diagnosis. Cancers, 14(6), 1524. <https://doi.org/10.3390/cancers14061524>
16. Barragán-Montero, A., Javaid, U., Valdés, G., Nguyen, D., Desbordes, P., Macq, B., Willems, S., Vandewinckele, L., Holmström, M., Löfman, F., Michiels, S., Souris, K., Sterpin, E., & Lee, J. A. (2021). Artificial intelligence and machine learning for medical imaging: A technology review. Physica Medica: PM: An International Journal Devoted to the Applications of Physics to Medicine and Biology: Official Journal of the Italian Association of Biomedical Physics (AIFB), 83, 242–256. <https://doi.org/10.1016/j.ejmp.2021.04.016>
17. Beil, M., Proft, I., van Heerden, D., Svir, S., & van Heerden, P. V. (2019). Ethical considerations about artificial intelligence for prognostication in intensive care. Intensive Care Medicine Experimental, 7(1), 70. <https://doi.org/10.1186/s40635-019-0286-6>
18. Bork-Zalewska, J. (2024). An overview of the role of artificial intelligence in palliative care: a quasi-systematic review. Palliative Medicine in Practice, 0(0). <https://doi.org/10.5603/pmp.103020>
19. (N.d.-c). Jpalliativecare.com. Retrieved April 1, 2025, from <https://jpalliativecare.com/artificial-intelligence-a-boon-to-palliative-care-providers-and-cancer-patients/>
20. (N.d.-a). Mdpi.com. Retrieved March 30, 2025, from <https://www.mdpi.com/2072-6694/12/12/3532>
21. Alsharif, F. (2024). Artificial intelligence in oncology: Applications, challenges and future frontiers. International Journal of Pharmaceutical Investigation, 14(3), 647–656. <https://doi.org/10.5530/ijpi.14.3.76>
22. D'Amore, B., Smolinski-Zhao, S., Daye, D., & Uppot, R. N. (2021). Role of machine learning and artificial intelligence in interventional oncology. Current Oncology Reports, 23(6), 70. <https://doi.org/10.1007/s11912-021-01054-6>
23. Parmar, C., Grossmann, P., Bussink, J., Lambin, P., & Aerts, H. J. W. L. (2015). Machine Learning methods for Quantitative Radiomic Biomarkers. Scientific Reports, 5(1), 13087. <https://doi.org/10.1038/srep13087>
24. Farina, E., Nabhen, J. J., Dacoregio, M. I., Batalini, F., & Moraes, F. Y. (2022). An overview of artificial intelligence in oncology. Future Science OA, 8(4), FSO787. <https://doi.org/10.2144/fsoa-2021-0074>
25. Naik, N., Hameed, B. M. Z., Shetty, D. K., Swain, D., Shah, M., Paul, R., Aggarwal, K., Ibrahim, S., Patil, V., Smriti, K., Shetty, S., Rai, B. P., Chlosta, P., & Somani, B. K. (2022). Legal and ethical consideration in Artificial Intelligence in healthcare: Who takes responsibility? Frontiers in Surgery, 9, 862322. <https://doi.org/10.3389/fsurg.2022.862322>
26. Grunfeld, E., Zitzelsberger, L., Coristine, M., & Aspelund, F. (2002). Barriers and facilitators to enrollment in cancer clinical trials: qualitative study of the perspectives of clinical research associates: Qualitative study of the perspectives of clinical research associates. Cancer, 95(7), 1577–1583. <https://doi.org/10.1002/cncr.10862>

27. Harishbhai Tilala, M., Kumar Chenchala, P., Choppadandi, A., Kaur, J., Naguri, S., Saoji, R., & Devaguptapu, B. (2024). Ethical considerations in the use of artificial intelligence and machine learning in health care: A comprehensive review. *Cureus*, 16(6), e62443. <https://doi.org/10.7759/cureus.62443>
28. Abdul Rasool Hassan, B., Mohammed, A. H., Hallit, S., Malaeb, D., & Hosseini, H. (2025). Exploring the role of artificial intelligence in chemotherapy development, cancer diagnosis, and treatment: present achievements and future outlook. *Frontiers in Oncology*, 15, 1475893. <https://doi.org/10.3389/fonc.2025.1475893>
29. Aerts, H. J. W. L., Velazquez, E. R., Leijenaar, R. T. H., Parmar, C., Grossmann, P., Carvalho, S., Bussink, J., Monshouwer, R., Haibe-Kains, B., Rietveld, D., Hoebbers, F., Rietbergen, M. M., Leemans, C. R., Dekker, A., Quackenbush, J., Gillies, R. J., & Lambin, P. (2014). Decoding tumour phenotype by noninvasive imaging using a quantitative radiomics approach. *Nature Communications*, 5(1), 4006. <https://doi.org/10.1038/ncomms5006>
30. AI and quantum computing used to target “undruggable” cancer protein. (2025, January 29). Faculty of Arts & Science. <https://www.artsci.utoronto.ca/news/ai-and-quantum-computing-used-target-undruggable-cancer-protein>
31. AI in radiology: 10 use cases, benefits and examples. (n.d.). Itransition.com; Itransition. Retrieved April 1, 2025, from <https://www.itransition.com/ai/radiology>
32. Alexander, M., Solomon, B., Ball, D. L., Sheerin, M., Dankwa-Mullan, I., Preininger, A. M., Jackson, G. P., & Herath, D. M. (2020). Evaluation of an artificial intelligence clinical trial matching system in Australian lung cancer patients. *JAMIA Open*, 3(2), 209–215. <https://doi.org/10.1093/jamiaopen/ooaa002>
33. Alum, E. U. (2025). AI-driven biomarker discovery: enhancing precision in cancer diagnosis and prognosis. *Discover. Oncology*, 16(1), 313. <https://doi.org/10.1007/s12672-025-02064-7>
34. Askin, S., Burkhalter, D., Calado, G., & El Dakrouni, S. (2023). Artificial Intelligence Applied to clinical trials: opportunities and challenges. *Health and Technology*, 13(2), 203–213. <https://doi.org/10.1007/s12553-023-00738-2>
35. Bajwa, J., Munir, U., Nori, A., & Williams, B. (2021). Artificial intelligence in healthcare: transforming the practice of medicine. *Future Healthcare Journal*, 8(2), e188–e194. <https://doi.org/10.7861/fhj.2021-0095>
36. Beck, J. T., Rammage, M., Jackson, G. P., Preininger, A. M., Dankwa-Mullan, I., Roebuck, M. C., Torres, A., Holtzen, H., Coverdill, S. E., Williamson, M. P., Chau, Q., Rhee, K., & Vinegra, M. (2020). Artificial intelligence tool for optimizing eligibility screening for clinical trials in a large community cancer center. *JCO Clinical Cancer Informatics*, 4(4), 50–59. <https://doi.org/10.1200/CCI.19.00079>
37. Bennett, M. (2024, October 7). Artificial intelligence vs. Human intelligence: Differences explained. Search Enterprise AI; TechTarget. <https://www.techtarget.com/searchenterpriseai/tip/Artificial-intelligence-vs-human-intelligence-How-are-they-different>
38. Boudierhem, R. (2024). Shaping the future of AI in healthcare through ethics and governance. *Humanities & Social Sciences Communications*, 11(1), 1–12. <https://doi.org/10.1057/s41599-024-02894-w>
39. Calaprice-Whitty, D., Galil, K., Salloum, W., Zariv, A., & Jimenez, B. (2020). Improving clinical trial participant prescreening with artificial intelligence (AI): A comparison of the results of AI-assisted vs standard methods in 3 oncology trials. *Therapeutic Innovation & Regulatory Science*, 54(1), 69–74. <https://doi.org/10.1007/s43441-019-00030-4>
40. Farber, S. (2025). Comparing human and AI expertise in the academic peer review process: towards a hybrid approach. *Higher Education Research & Development*, 1–15. <https://doi.org/10.1080/07294360.2024.2445575>
41. Haddad, T., Helgeson, J. M., Pomerleau, K. E., Preininger, A. M., Roebuck, M. C., Dankwa-Mullan, I., Jackson, G. P., & Goetz, M. P. (2021). Accuracy of an artificial intelligence system for cancer clinical trial eligibility screening: Retrospective pilot study. *JMIR Medical Informatics*, 9(3), e27767. <https://doi.org/10.2196/27767>
42. Huynh, E., Hosny, A., Guthrie, C., Bitterman, D. S., Petit, S. F., Haas-Kogan, D. A., Kann, B., Aerts, H. J. W. L., & Mak, R. H. (2020). Artificial intelligence in radiation oncology. *Nature Reviews. Clinical Oncology*, 17(12), 771–781. <https://doi.org/10.1038/s41571-020-0417->
43. Kiser, K. J., Fuller, C. D., & Reed, V. K. (2019). Artificial intelligence in radiation oncology treatment planning: a brief overview. *Journal of Medical Artificial Intelligence*, 2(0), 9–9. <https://doi.org/10.21037/jmai.2019.04.02>
44. Koyama, J., Morise, M., Furukawa, T., Oyama, S., Matsuzawa, R., Tanaka, I., Wakahara, K., Yokota, H., Kimura, T., Shiratori, Y., Kondoh, Y., Hashimoto, N., & Ishii, M. (2024). Artificial intelligence-based personalized survival prediction using clinical and radiomics features in patients with advanced non-small cell lung cancer. *BMC Cancer*, 24(1), 1417. <https://doi.org/10.1186/s12885-024-13190-w>
45. London, J. W., Balestrucci, L., Chatterjee, D., & Zhan, T. (2013). Design-phase prediction of potential cancer clinical trial accrual success using a research data mart. *Journal of the American Medical Informatics Association: JAMIA*, 20(e2), e260-6. <https://doi.org/10.1136/amiajnl-2013-001846>
46. McAleer, S. (2022). A history of cancer and its treatment: Presidential Address to the Ulster Medical Society. 7th October 2021. *The Ulster Medical Journal*, 91(3), 124–129.
47. Paul, D., Sanap, G., Shenoy, S., Kalyane, D., Kalia, K., & Tekade, R. K. (2021). Artificial intelligence in drug discovery and development. *Drug Discovery Today*, 26(1), 80–93. <https://doi.org/10.1016/j.drudis.2020.10.010>
48. Rapid Innovation. (2024, September 19). AI agents for genomic data processing: Key components, benefits and use cases. Rapidinnovation.io. <https://www.rapidinnovation.io/post/ai-agents-for-genomic-data-processing>

49. Shinde, R., Patil, S., Kotecha, K., Potdar, V., Selvachandran, G., & Abraham, A. (2023). Securing AI-based healthcare systems using blockchain technology: A state-of-the-art systematic literature review and future research directions. *Transactions on Emerging Telecommunications Technologies*. <https://doi.org/10.1002/ett.4884>
50. Simon, G., DiNardo, C. D., Takahashi, K., Cascone, T., Powers, C., Stevens, R., Allen, J., Antonoff, M. B., Gomez, D., Keane, P., Suarez Saiz, F., Nguyen, Q., Roarty, E., Pierce, S., Zhang, J., Hardeman Barnhill, E., Lakhani, K., Shaw, K., Smith, B., ... Chin, L. (2019). Applying artificial intelligence to address the knowledge gaps in cancer care. *The Oncologist*, 24(6), 772–782. <https://doi.org/10.1634/theoncologist.2018-0257>
51. Uwimana, A., Gnecco, G., & Riccaboni, M. (2025). Artificial intelligence for breast cancer detection and its health technology assessment: A scoping review. *Computers in Biology and Medicine*, 184(109391), 109391. <https://doi.org/10.1016/j.compbiomed.2024.109391>
52. Wang, M., Zhang, Q., Lam, S., Cai, J., & Yang, R. (2020). A review on application of deep learning algorithms in external beam radiotherapy automated treatment planning. *Frontiers in Oncology*, 10, 580919. <https://doi.org/10.3389/fonc.2020.580919>
53. Zadeh Shirazi, A., Tofighi, M., Gharavi, A., & Gomez, G. A. (2024). The application of artificial intelligence to cancer research: A comprehensive guide. *Technology in Cancer Research & Treatment*, 23, 15330338241250324. <https://doi.org/10.1177/15330338241250324>

