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# Towards autonomous healthcare: integrating Artificial Intelligence (AI) for personalized medicine and disease prediction

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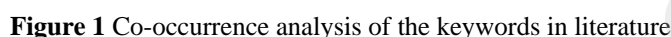
## Abstract

The progress of Artificial Intelligence (AI) has transformed various sectors, and its incorporation into healthcare carries immense potential for the future of medical practices. This paper investigates the profound impact of AI on autonomous healthcare, specifically concentrating on personalized medicine and disease prognosis. The goal is to leverage AI's capabilities to augment diagnostic precision, treatment efficacy, and overall healthcare results. In the pursuit of personalized medicine, AI is applied to scrutinize extensive datasets, encompassing genomics, proteomics, and patient records. Computational genomics employs AI algorithms to unravel intricate genetic information, facilitating the discovery of tailored treatment approaches based on an individual's distinct genetic composition. Additionally, AI-driven proteomic analysis contributes to comprehending protein interactions and discovering biomarkers, paving the way for targeted therapies customized to each patient's specific requirements. The integration of AI in medical imaging is a pivotal element of personalized medicine. Machine learning algorithms are deployed to interpret radiological images, enabling the early detection and characterization of diseases. Subfields such as radiomics and pathology informatics utilize AI to extract quantitative data from medical images, providing a more holistic understanding of disease patterns and progression. Disease prediction constitutes another focal point of this research, wherein AI plays a pivotal role in analyzing diverse healthcare data to recognize early indications of diseases. Predictive modeling, fueled by machine learning algorithms, empowers proactive health condition management, potentially averting the onset of diseases through timely interventions. Subfields like predictive analytics and clinical decision support systems contribute to the creation of robust models aiding healthcare professionals in making well-informed decisions. This paper also explores the ethical considerations and challenges tied to the integration of AI in healthcare, underscoring the significance of responsible and transparent utilization of these technologies. As AI continues to advance, the convergence of technology and healthcare envisions a future where medical practices are not only more accurate and efficient but also tailored to meet the unique needs of each patient.

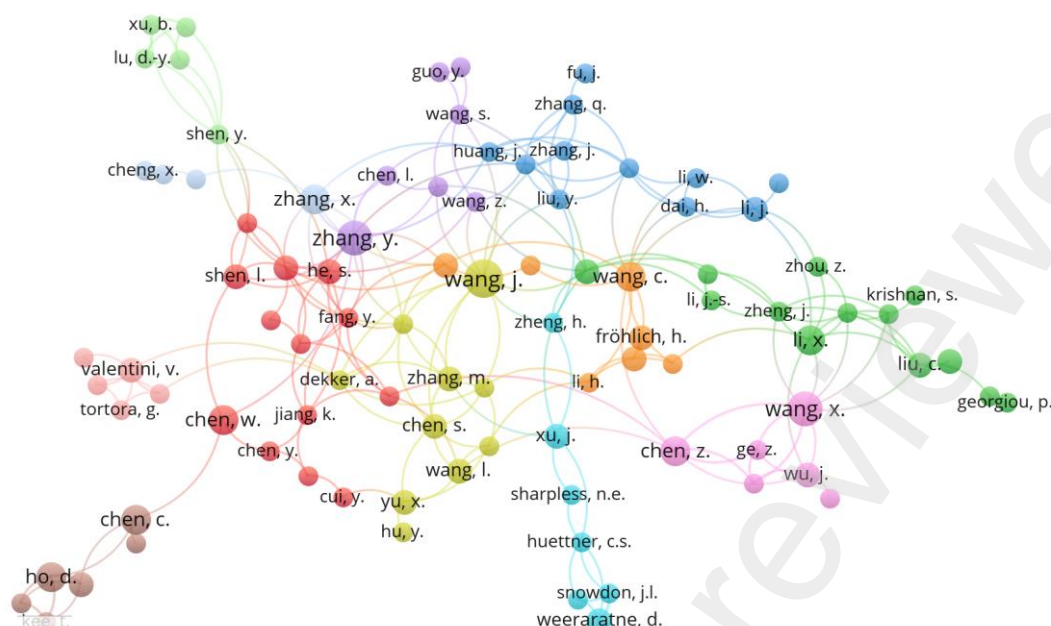
**Keywords:** Artificial Intelligence, Personalized medicine, Disease prediction, Autonomous healthcare, Human, Precision medicine.

## Introduction

The infusion of Artificial Intelligence (AI) stands out as a revolutionary catalyst, reshaping the conventional frameworks of medical diagnosis, treatment, and patient care [1-4]. This study immerses itself in the domain of autonomous healthcare, unraveling the manifold applications of AI in tailoring medical approaches and predicting diseases. In response to the escalating global disease burden, innovative healthcare strategies are urgently required to address individual idiosyncrasies and forecast ailments at their nascent stages. The expansive realm of autonomous healthcare encompasses various subfields, each contributing to the realization of a healthcare system centered on patients and driven by data. At the forefront of this transformation is personalized medicine, a groundbreaking approach that customizes medical interventions based on individual patient characteristics [5-7]. AI assumes a pivotal role in advancing personalized medicine, utilizing sophisticated data analytics, machine learning algorithms, and predictive models to distill meaningful insights from extensive datasets, encompassing genetic, clinical, and lifestyle information [8-13]. Genomic medicine, a crucial subfield under the umbrella of personalized medicine, aims to unravel the intricate interplay between an individual's genetic composition and their susceptibility to diseases. AI algorithms showcase exceptional capabilities in scrutinizing genomic data, identifying genetic markers linked to diseases, and facilitating the development of targeted therapies [14-20]. The integration of AI into genomics expedites the identification of therapeutic targets and deepens our understanding of the complex genetic variations contributing to disease pathogenesis.



Remote patient monitoring constitutes another crucial facet of autonomous healthcare, facilitated by wearable devices and sensors that continuously collect patient data. AI algorithms analyze this real-time data, offering valuable insights into patient health trends, medication adherence, and early signs of deterioration [39-43]. The integration of AI in remote monitoring not only enables timely interventions but also empowers patients to actively participate in their healthcare, shifting the focus from reactive to proactive healthcare management. The ethical considerations and data privacy are paramount in deploying AI in healthcare [44-50]. The responsible use of patient data, adherence to privacy regulations, and transparency in AI algorithms are imperative to foster trust among patients and healthcare providers. Striking a delicate balance between innovation and ethical considerations is crucial to ensure the widespread acceptance and adoption of AI technologies in healthcare [45-47]. The amalgamation of AI in healthcare marks the advent of a new era characterized by autonomous and personalized medicine. The subfields of personalized medicine, genomics, diagnostic imaging, pathology, disease prediction, and remote patient monitoring collectively contribute to the metamorphosis of healthcare delivery. As we navigate the intricacies of implementing AI in healthcare, embracing an interdisciplinary approach is essential, fostering collaboration between clinicians, data scientists, ethicists, and policymakers. This study aims to delve into the current landscape, challenges, and future prospects of autonomous healthcare, paving the way for a more resilient and patient-centric healthcare ecosystem.



**Figure 2** Co-authorship analysis

## Methodology

The primary objective of this study is to investigate the application landscape of Artificial Intelligence (AI) in healthcare, with a specific emphasis on personalized medicine and disease prediction. The literature review was conducted to delve into the existing body of knowledge regarding AI applications in healthcare, with a primary focus on personalized medicine and disease prediction. This comprehensive review involved a systematic exploration of academic databases such as PubMed, IEEE Xplore, Scopus, and Web of Science, utilizing a range of keywords related to AI, healthcare, personalized medicine, and disease prediction. Keywords including "Artificial Intelligence," "Healthcare," "Personalized Medicine," and "Disease Prediction" were used in various combinations to ensure comprehensive coverage. Article selection criteria included relevance to the research focus, recent publication dates, and adherence to rigorous scientific methodologies. The review process encompassed the screening of titles, abstracts, and full-text articles, followed by the extraction of pertinent information for synthesis and analysis. The findings from the literature review formed the basis for understanding the present landscape, guiding the subsequent bibliometric analysis. A bibliometric analysis was conducted to quantitatively assess scholarly output, collaboration patterns, and thematic evolution within the AI in healthcare field. Relevant bibliometric data were retrieved from databases, resulting in a comprehensive dataset for analysis. Selected indicators included publication trends, authorship patterns, citation networks, and keyword co-occurrence.

## Results and discussion

### AI models for personalized medicine

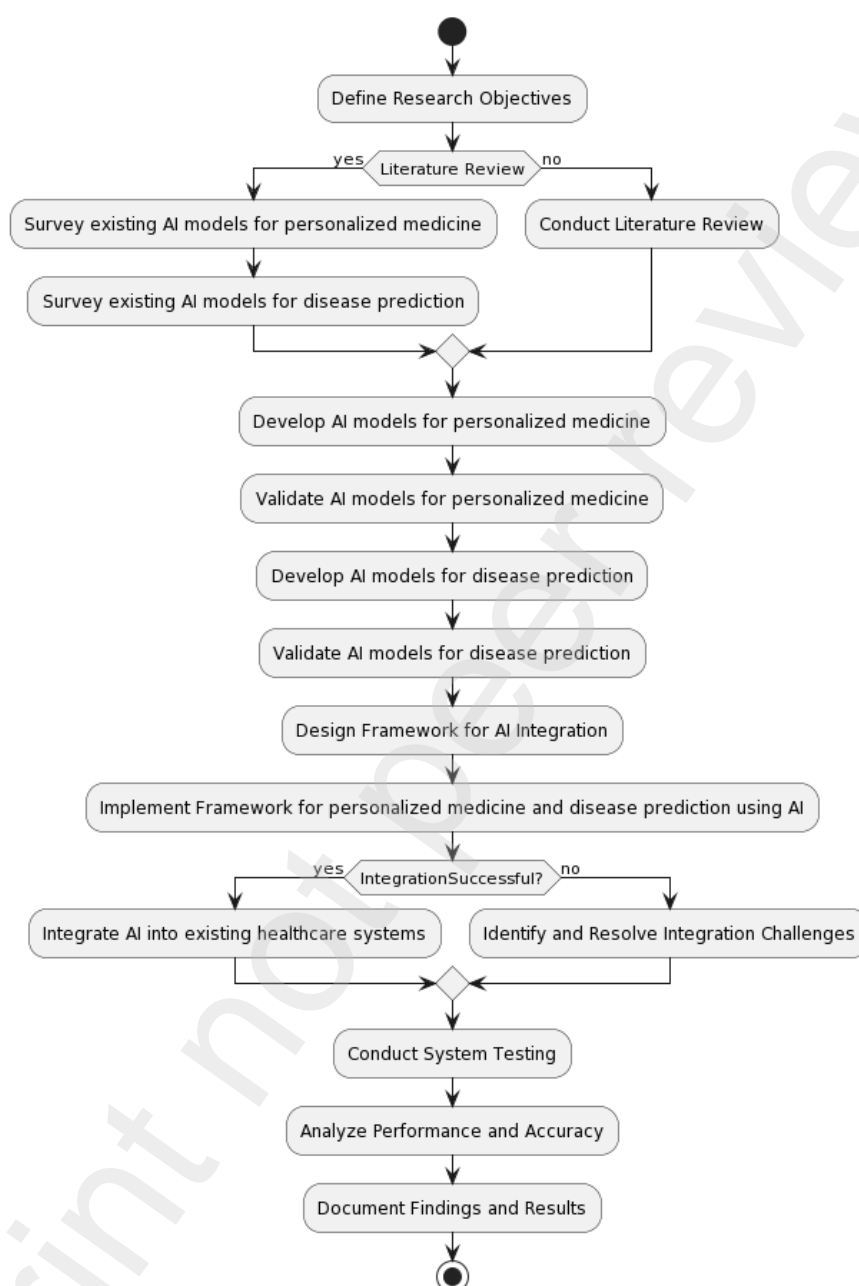
Personalized medicine, also referred to as precision medicine, represents a groundbreaking approach to medical treatment that considers individual variations in patients' genes, environments, and lifestyles. The integration of Artificial Intelligence (AI) is pivotal in propelling personalized medicine forward by scrutinizing extensive data sets to discern patterns, foresee outcomes, and refine treatment strategies tailored to individual patients [51-57].

#### 1. Genomics and AI in Personalized Medicine:

##### a. Genomic Sequencing:

AI significantly contributes to personalized medicine, particularly in genomics. Genomic sequencing involves scrutinizing an individual's DNA to pinpoint variations and mutations linked to diseases. Utilizing deep learning

algorithms, AI models analyze extensive genomic datasets, identifying patterns and predicting disease risk based on genetic information. For example, AI-powered tools can scrutinize cancer genomes, identifying specific mutations driving tumor growth. This information enables oncologists to customize treatment plans according to the unique genetic profile of a patient's cancer, resulting in more effective and personalized therapies.



**Figure 3** Integrating Artificial Intelligence (AI) for personalized medicine and disease prediction

#### b. Pharmacogenomics:

Pharmacogenomics explores how an individual's genetic makeup influences their response to drugs. AI models analyze genetic data to predict a patient's response to specific medications, aiding clinicians in selecting the most effective and least harmful treatment. AI algorithms consider various genetic factors, including variations in drug metabolism enzymes and drug target receptors. By understanding how an individual's genes impact drug response, personalized medicine can minimize adverse effects and enhance treatment efficacy.

#### 2. AI in Cardiology:

#### a. Cardiovascular Risk Prediction:

In cardiology, AI is employed for personalized risk prediction and prevention. Machine learning models analyze diverse data sources, such as medical records, imaging data, and lifestyle information, to assess an individual's cardiovascular risk. These models identify patients at higher risk of developing heart diseases, enabling early intervention. For instance, AI algorithms can analyze cardiac imaging data to detect subtle abnormalities indicating an increased risk of heart disease. This information guides physicians in developing personalized preventive strategies, including lifestyle modifications or targeted medication.

#### b. Arrhythmia Detection:

AI models play a role in detecting and classifying cardiac arrhythmias. Based on deep learning techniques, these models analyze electrocardiogram (ECG) data to accurately identify irregular heart rhythms. This is crucial for personalized treatment, as different arrhythmias may require distinct therapeutic approaches.

### 3. AI in Neurology:

#### a. Alzheimer's Disease Prediction:

In neurology, AI contributes to predicting and diagnosing diseases such as Alzheimer's. Machine learning algorithms analyze diverse data sources, including neuroimaging, genetic information, and clinical data, to identify patterns associated with Alzheimer's disease. Early detection is essential for personalized interventions in neurodegenerative diseases. AI models predict the likelihood of developing Alzheimer's based on diverse factors, facilitating early interventions like lifestyle modifications and targeted therapies.

#### b. Stroke Prediction and Treatment Optimization:

AI is applied in predicting and optimizing treatments for stroke patients. Advanced imaging analysis using AI assesses the extent and location of brain damage caused by a stroke. This information helps clinicians tailor rehabilitation plans and select the most appropriate interventions for each patient, considering their unique neurological profile.

### 4. AI in Oncology:

#### a. Tumor Profiling:

In oncology, AI is extensively used for tumor profiling, involving the analysis of the molecular characteristics of tumors. AI models process complex genomic, transcriptomic, and proteomic data to identify specific alterations in cancer cells. Understanding the unique molecular signature of a tumor enables oncologists to personalize cancer treatment. For example, AI can predict a tumor's response to different chemotherapy drugs, facilitating the selection of the most effective and least toxic treatment for an individual patient.

#### b. Radiomics in Cancer Imaging:

AI enhances radiomics, a field that extracts quantitative features from medical images, for personalized cancer treatment. AI algorithms analyze imaging data to identify subtle patterns not apparent to the human eye. This information aids in diagnosis, treatment planning, and monitoring the response to therapy.

### 5. AI in Rheumatology:

#### a. Disease Activity Prediction:

In rheumatology, AI contributes to predicting disease activity in conditions like rheumatoid arthritis. Machine learning models analyze clinical and imaging data to assess inflammation severity and predict disease progression. This information guides rheumatologists in optimizing treatment plans for individual patients.

#### b. Personalized Treatment Strategies:

AI assists in developing personalized treatment strategies in rheumatic diseases. By analyzing patient data, including genetic information, biomarkers, and response to previous treatments, AI models predict the most

effective medications for an individual. This approach minimizes trial-and-error in finding suitable treatments, improving patient outcomes.

## 6. AI in Psychiatry:

### a. Mental Health Prediction:

AI plays a role in predicting mental health conditions based on various data sources, including patient history, genetic factors, and environmental influences. Machine learning models identify patterns associated with conditions like depression, anxiety, and bipolar disorder. This personalized approach enables early intervention and the development of targeted treatment plans. For example, AI models predict an individual's response to different psychiatric medications, allowing psychiatrists to tailor medication regimens for optimal efficacy and minimal side effects.

### b. Treatment Response Monitoring:

AI is used to monitor and adjust treatment plans for psychiatric conditions. Continuously analyzing patient-reported data, such as mood changes and medication side effects, AI models provide real-time feedback to clinicians. This enables the optimization of treatment strategies, ensuring that patients receive personalized and effective mental health care. Table 1 shows the AI models for personalized medicine.

Following equations represent fundamental concepts and algorithms frequently used in artificial intelligence;

Linear Regression Equation:

$$y = mx + b$$

Where,

$y$  Dependent variable

$X$  Independent variable

$m$  Slope of the regression line

$b$  Y-intercept of the regression line.

Logistic Regression Equation:

$$P(Y = 1) = \frac{1}{1 + e^{-(mx+b)}}$$

Where,

$P(Y = 1)$  Probability of the dependent variable being 1

$e$  Euler's number (base of the natural logarithm)

$m$  and  $b$  Parameters to be learned from the training data.

Support Vector Machine (SVM) Decision Function:

$$f(x) = \text{sign}(w \cdot x + b)$$

Where,

$f(x)$  Decision function output

$w$  Weight vector

$x$  Input vector

$b$  Bias term

Neural Network Activation Function (e.g., Sigmoid):

$$\sigma(z) = \frac{1}{1 + e^{-z}}$$

Where,

$\sigma(z)$  Sigmoid function output

$z$  Weighted sum of inputs

Backpropagation Update Rule for Weights (Gradient Descent):

$$W_{ij} = W_{ij} - \alpha \frac{\partial E}{\partial W_{ij}}$$

Where,

$W_{ij}$  Weight between neuron  $i$  and neuron  $j$

$\alpha$  Learning rate

$\frac{\partial E}{\partial W_{ij}}$  Partial derivative of the error with respect to the weight.

Bayes' Theorem:

$$P(A|B) = \frac{P(B|A)P(A)}{P(B)}$$

Where,

$P(A|B)$  Probability of event  $A$  given event  $B$

$P(B|A)$  Probability of event  $B$  given event  $A$

$P(A)$  and  $P(B)$  Marginal probabilities of events  $A$  and  $B$

K-Means Clustering Objective Function:

$$J = \sum_{i=1}^k \sum_{j=1}^n ||x_j - \mu_i||^2$$

Where,

$J$  Objective function (sum of squared distances)

$k$  Number of clusters

$\mu_i$  Centroid of cluster  $i$

$x_j$  Data point  $j$

Gaussian Distribution Probability Density Function:

$$f(x|\mu, \sigma^2) = \frac{1}{\sqrt{2\pi\sigma^2}} \exp\left(-\frac{(x-\mu)^2}{2\sigma^2}\right)$$

Where,

$f(x|\mu, \sigma^2)$  Probability density function of the Gaussian distribution

$\mu$  Mean of the distribution

$\sigma^2$  Variance of the distribution.

ReLU (Rectified Linear Unit) Activation Function:

$$f(x) = \max(0, x)$$

Where,

$f(x)$  Output of the ReLU activation function

$x$  Input to the activation function

Softmax Function (Multiclass Classification):

$$\text{softmax}(z)_i = \frac{e^{z_i}}{\sum_{j=1}^K e^{z_j}}$$

Where,

$\text{softmax}(z)_i$  Probability of class  $i$  in a multiclass classification

$e^z$  Exponential of the input for class  $i$

$\sum_{j=1}^K e^{z_j}$  Sum of exponentials over all classes

Reinforcement Learning - Q-Learning Update Rule:

$$Q(s, a) = (1 - \alpha)Q(s, a) + \alpha(R + \gamma \max_{a'} Q(s', a'))$$

Where,

$Q(s, a)$  Value of state-action pair  $(s, a)$

$\alpha$  Learning rate

$R$  Immediate reward

$\gamma$  Discount factor

$\max_{a'} Q(s', a')$  Maximum value of the next state-action pair

PCA (Principal Component Analysis) Objective Function:

$$J = \frac{1}{m} \sum_{i=1}^m \|x^{(i)} - \bar{x}^{(i)}\|^2$$

Where,

$J$  Objective function (mean squared reconstruction error)

$m$  Number of data points

$x^{(i)}$  Original data point

$\bar{x}^{(i)}$  Reconstructed data point

## AI models for disease prediction

Artificial Intelligence (AI) has emerged as a revolutionary catalyst in reshaping healthcare, presenting groundbreaking solutions for forecasting, diagnosing, and treating diseases [58-66]. Within the domain of disease prediction, AI models have showcased extraordinary potential in various medical specialties, fundamentally altering our healthcare approach [60-62].

### I. Cardiology:

Cardiovascular diseases (CVDs) persist as a primary contributor to global morbidity and mortality. AI models play a pivotal role in foreseeing and preventing cardiovascular events by scrutinizing diverse datasets, including electronic health records (EHRs), medical imaging, and genetic information [67-72]. Machine learning algorithms, such as support vector machines and deep neural networks, excel in discerning patterns and risk factors associated with heart diseases [73-78].

Electrocardiogram (ECG) Analysis:



AI models proficiently analyze ECG data to predict cardiovascular events. Deep learning algorithms, including convolutional neural networks (CNNs), exhibit high accuracy in detecting subtle abnormalities indicative of heart conditions. These models identify patterns in ECG signals that may elude human interpretation, facilitating early detection and intervention.

#### Risk Stratification:

AI contributes to risk stratification by amalgamating multiple patient variables. Predictive models consider diverse factors, such as age, gender, blood pressure, cholesterol levels, and lifestyle, to evaluate an individual's risk of developing cardiovascular diseases. This personalized approach enables clinicians to tailor preventive strategies for high-risk patients.

**Table 1** AI models for personalized medicine

Sr. No	Field	AI Model(s)	Application	Key Features	Data Types	Challenges and Considerations
1	Oncology	IBM Watson for Oncology, DeepMind's AlphaFold	Predicting optimal cancer treatments, identifying potential drug targets, protein structure prediction	Clinical decision support, drug discovery	Genomic data, clinical records, medical imaging	Interpretability, integration with healthcare systems
2	Cardiology	Echonous, Caption Health	Automated echocardiogram analysis, cardiac image interpretation	Real-time analysis, accuracy in detecting cardiac abnormalities	Echocardiograms, medical imaging	Limited labeled data, standardization of imaging protocols
3	Genetics	DeepVariant, Variant, GATK	Variant calling, genomic data analysis, identifying disease-associated genetic variations	High accuracy in variant calling, scalability	Genomic data, bioinformatics data	Data privacy, ethical considerations in genetic testing
4	Neurology	IBM Watson for Drug Discovery, Aidoc	Drug discovery for neurodegenerative diseases, automated detection of neurological abnormalities in medical imaging	Early diagnosis, personalized treatment plans	Medical imaging, clinical data	Limited labeled data for rare neurological conditions
5	Radiology	Arterys, Zebra Medical Vision	Automated detection of abnormalities in medical images (X-rays, CT scans,	Speed and accuracy in image analysis	Medical imaging data	Integration with radiologist workflows, ethical use of AI in diagnostics

			MRI), early diagnosis of diseases			
6	Pharmacogenomics	PREDICT, GeneSight	Predicting patient response to specific medications based on genetic information	Individualized treatment plans, improving drug efficacy	Genetic data, electronic health records	Limited understanding of gene-drug interactions, standardization of genetic testing
7	Immunology	ImmuneML, Benevolent AI	Identifying potential immunotherapies, analyzing immune system responses	Personalized immunotherapy, drug discovery	Immunological data, clinical records	Complexity of immune system interactions, limited understanding of individual variability
8	Infectious Diseases	BlueDot, Metabiota	Early detection of infectious disease outbreaks, predicting disease spread	Real-time monitoring, global health surveillance	Epidemiological data, travel patterns	Data integration, false positives/negatives in outbreak prediction
9	Rheumatology	Exagen Diagnostics, Arthritis.AI	Predicting disease progression, personalized treatment plans for autoimmune disorders	Early intervention, improving patient outcomes	Clinical data, imaging, genomic data	Heterogeneity in autoimmune diseases, long-term monitoring challenges
10	Dermatology	Aidoc, SkinVision	Automated analysis of skin lesions, early detection of skin cancers	Early diagnosis, reducing time to treatment	Dermatological images, patient history	Limited diversity in dermatological datasets, potential biases in image analysis
11	Psychiatry	Woebot, Wysa	AI-based mental health support, personalized therapy recommendations	Accessibility, continuous support	Text and voice data, user interactions	Ethical considerations in mental health AI, integration with clinical care

## II. Oncology:

AI has made substantial strides in oncology, augmenting early cancer detection, forecasting disease progression, and optimizing treatment plans [79-82]. The intricate nature of cancer datasets, encompassing genomic data, medical imaging, and clinical records, underscores the value of AI in extracting meaningful insights.

### Radiomics and Medical Imaging:

AI excels in analyzing medical imaging data, such as CT scans, MRIs, and mammograms, to identify early signs of cancer. Radiomics, a subfield extracting quantitative features from medical images, facilitates the development of predictive models for cancer detection and characterization. AI algorithms results in enhancing accuracy in diverse field [83-87].

### Genomic Analysis:

The genomic landscape of cancer is intricate, with numerous genetic mutations influencing disease progression. AI models analyze large-scale genomic data to identify genetic markers associated with specific cancer types. This information contributes to predictive models for assessing cancer likelihood and tailoring treatment based on the individual's genetic profile.

### III. Neurology:

Neurological disorders present unique challenges due to the brain's complexity and diverse conditions. AI applications in neurology focus on predicting disease onset, tracking progression, and optimizing therapeutic interventions [88-93].

#### Neuroimaging:

AI aids in neuroimaging data analysis, such as MRI and PET scans, for early detection of neurological disorders [94-100]. Pattern recognition such algorithms identify structural and functional abnormalities [100-105], aiding in predicting conditions like Alzheimer's disease, Parkinson's disease, and multiple sclerosis.

#### Electroencephalogram (EEG) Analysis:

EEG data, measuring brain electrical activity, can be challenging to interpret manually. AI models, particularly deep learning architectures, show promise in analyzing EEG patterns to predict seizures in epilepsy patients, enabling timely intervention and personalized treatment plans.

### IV. Infectious Diseases:

In the realm of infectious diseases, AI models contribute to predicting, monitoring, and managing outbreaks [106-111]. The capacity to analyze vast amounts of data, including epidemiological information, clinical records, and genomic sequences, empowers AI to offer insights for disease prevention and control.

#### Epidemic Modeling:

AI-driven epidemic models utilize real-time data to predict infectious disease spread. Machine learning algorithms analyze variables such as population density, travel patterns, and climate data to forecast outbreak trajectories. This information is invaluable for public health agencies in planning and implementing effective intervention strategies [112-116].

#### Diagnosis and Surveillance:

AI aids in the rapid and accurate diagnosis of infectious diseases by analyzing clinical data and diagnostic test results. Additionally, AI models monitor social media, news reports, and other sources for early indications of disease outbreaks, enabling timely response and containment efforts. Table 2 shows the AI models for disease prediction.

**Table 2** AI models for disease prediction

Sr. No.	Disease Category	Medical Domain	AI Model	Key Features	Performance Metrics
1	Cancer	Oncology	Convolutional Neural Networks (CNN)	Image recognition, Tumor segmentation	Sensitivity, Specificity, ROC-AUC
2	Cardiovascular	Cardiology	Recurrent Neural Networks (RNN)	Time-series analysis of ECG data	Accuracy, F1 Score
3	Diabetes	Endocrinology	Support Vector Machines (SVM)	Feature selection, Glucose level prediction	Mean Absolute Error, Precision
4	Neurological	Neurology	Long Short-Term Memory Networks (LSTM)	EEG data analysis for seizure prediction	Sensitivity, Specificity
5	Infectious Diseases	Infectious Disease	Random Forests	Epidemiological data analysis, outbreak prediction	Sensitivity, Specificity
6	Respiratory	Pulmonology	Decision Trees	Spirometry data analysis for respiratory disease prediction	Accuracy, F1 Score

### Framework for personalized medicine and disease prediction using AI

This section delineates a comprehensive framework for the integration of AI in personalized medicine and disease prediction, encompassing data acquisition, integration, analysis, and clinical implementation. Figure 4 shows the framework for personalized medicine and disease prediction using AI.

#### Data Acquisition:

Initiating the framework involves the gathering of diverse and comprehensive data from various sources [116-121] to construct a holistic patient profile. This includes:

- a. **Genomic Data:** High-throughput sequencing technologies enable the extraction of an individual's entire genomic information. AI algorithms analyze this data to identify genetic variations associated with diseases, drug responses, and susceptibility.
- b. **Clinical Data:** Electronic health records (EHRs) provide a wealth of information on patients' medical history, diagnoses, treatments, and outcomes. AI systems can extract and analyze relevant clinical data to identify patterns and correlations.
- c. **Lifestyle and Environmental Data:** Factors such as diet, physical activity, and environmental exposures contribute to an individual's health [122-127]. Wearable devices, sensors, and self-reported data can be integrated to provide a comprehensive understanding of lifestyle factors.
- d. **Omics Data:** Beyond genomics, other "omics" data, such as transcriptomics, proteomics, and metabolomics, offer insights into the molecular mechanisms underlying diseases. AI algorithms can integrate and analyze these multi-omics data for a more comprehensive understanding.

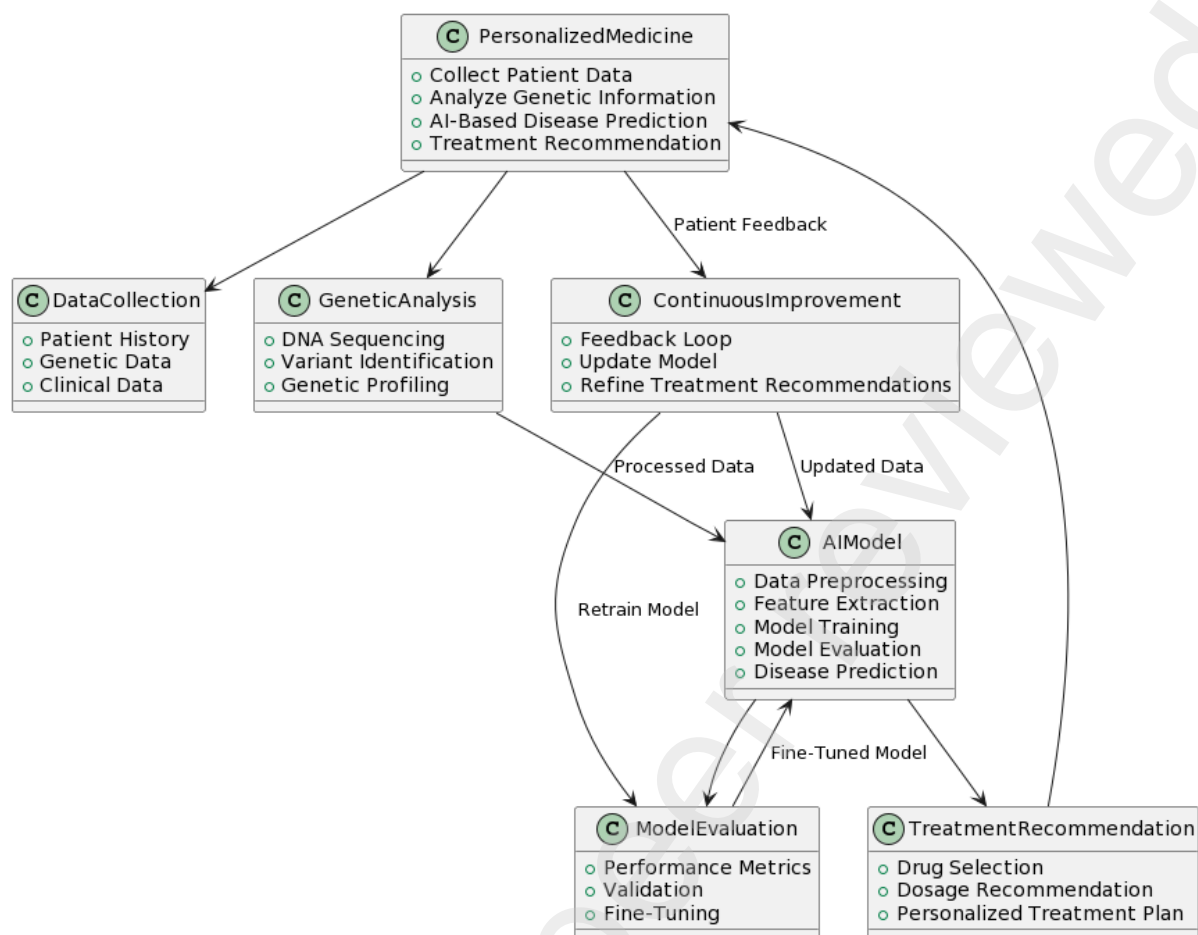


Figure 4 Framework for personalized medicine and disease prediction using AI

#### Data Integration:

Following data collection, the next step involves integrating the diverse datasets to create a unified and interoperable dataset [128-133]. Challenges such as data heterogeneity, privacy concerns, and standardization are addressed [130,134-138]. AI-powered tools, including natural language processing and data harmonization algorithms, play a crucial role in integrating disparate data sources and ensuring data quality.

#### Feature Selection and Dimensionality Reduction:

The integrated dataset may contain a large number of features, making it challenging to extract meaningful insights. AI algorithms, particularly machine learning techniques, are employed for feature selection and dimensionality reduction, identifying the most relevant features associated with disease prediction and treatment response, enhancing model interpretability and performance.

#### Disease Prediction Models:

AI models, including machine learning and deep learning algorithms, are trained on the integrated dataset to predict disease susceptibility, progression, and treatment outcomes. These models consider genetic, clinical, lifestyle, and omics data to generate accurate and personalized predictions. Regular updates and retraining ensure that the models evolve with new data and knowledge.

#### Interpretability and Explainability:

Addressing the "black box" nature of AI models, ensuring model interpretability and explainability is crucial for successful implementation. AI tools that provide transparent insights into the decision-making process empower clinicians to make informed decisions based on the AI-generated predictions.

### Clinical Implementation:

The ultimate goal is to translate AI-generated insights into clinical practice, necessitating collaboration between healthcare professionals, data scientists, and regulatory bodies. Integration with existing clinical workflows, adherence to ethical guidelines, and regulatory compliance are vital for the successful deployment of personalized medicine solutions.

### Continuous Learning and Improvement:

Recognizing the dynamic nature of medicine, the framework incorporates a continuous learning loop. AI models are updated and improved based on real-world outcomes and new data, ensuring that personalized medicine approaches remain current and effective over time [139-142].

## **Challenges of integrating Artificial Intelligence for personalized medicine and disease prediction**

Incorporating artificial intelligence (AI) into personalized medicine and disease prediction poses various challenges, spanning technical, ethical, regulatory, and societal domains [143-148]. The following are key obstacles in this endeavor:

### Data Privacy and Security:

**Sensitive Information:** Personalized medicine heavily relies on patient data, encompassing genetic information, medical records, and lifestyle data. Safeguarding the privacy and security of this sensitive information is imperative for establishing and retaining public trust [145-146].

**Regulatory Compliance:** Adherence to data protection regulations (e.g., GDPR in Europe) adds complexity. AI systems must meet stringent standards to safeguard patient confidentiality.

### Data Quality and Integration:

**Heterogeneous Data Sources:** Integrating data from diverse sources like electronic health records, genetic databases, and patient-reported data is challenging due to differences in formats, standards, and quality.

**Data Bias:** Biases in training data can result in skewed predictions [146,149-153]. Ensuring representative training data is essential to the model's generalizability across diverse populations.

### Interoperability:

**Integration with Existing Systems:** Seamless integration with existing electronic health record (EHR) systems is crucial for implementing AI in healthcare settings. Achieving interoperability poses a significant challenge that requires attention for effective AI adoption.

### Clinical Validation and Adoption:

**Lack of Clinical Evidence:** Establishing the clinical validity and reliability of AI algorithms is crucial for gaining acceptance from healthcare professionals and regulatory bodies.

**Physician Acceptance:** Healthcare providers may resist adopting AI tools without sufficient evidence of efficacy. Overcoming skepticism and ensuring AI complements clinical expertise is essential.

### Regulatory Challenges:

**Approval and Certification:** AI-based medical tools must navigate complex regulatory pathways for approval [154-161]. Clear guidelines are necessary to streamline the approval process for AI in healthcare as the regulatory landscape evolves.

### Ethical and Legal Concerns:

**Informed Consent:** Providing meaningful and informed consent for patients regarding the use of AI in personalized medicine is challenging. Patients need to comprehend the implications of AI-based predictions and treatments.

**Liability:** Determining liability in case of AI errors or adverse outcomes is a legal challenge that must be addressed to establish accountability.

**Algorithm Transparency and Explainability:**

**Black Box Problem:** Many AI models, particularly deep learning algorithms, are often perceived as "black boxes" with limited interpretability. Understanding and explaining AI model decisions are crucial for gaining trust from both healthcare professionals and patients.

**Cost and Resource Constraints:**

**Infrastructure and Training:** Implementing AI necessitates substantial resources, including robust computing infrastructure and ongoing training for healthcare professionals. The integration cost may pose a barrier, especially for smaller healthcare facilities.

## **Conclusions**

In the quest to improve healthcare outcomes, the integration of Artificial Intelligence (AI) has emerged as a transformative influence, reshaping the medical landscape toward a future marked by personalized medicine and advanced disease prediction. A prominent domain where AI is making substantial progress is personalized medicine. The traditional one-size-fits-all treatment approach is yielding to a more nuanced and individualized methodology, facilitated by powerful AI algorithms. Machine learning models, fed extensive datasets encompassing genetic, molecular, and clinical information, unravel intricate patterns underlying disease susceptibility and treatment response. Personalized medicine utilizes this information to tailor interventions, ensuring patients receive treatments optimized for their unique genetic makeup and physiological characteristics. Genomics, undergoing a paradigm shift with the advent of AI, plays a pivotal role in personalized medicine. AI algorithms analyze genomic data on an unprecedented scale and speed, identifying genetic markers associated with diseases and contributing to the development of targeted therapies. Predicting an individual's predisposition to certain conditions enables proactive measures, transforming healthcare from reactive to preventive. Diagnostic imaging is another field where AI is making a lasting impact. Applying deep learning algorithms to medical imaging, such as radiology and pathology, demonstrates remarkable accuracy in identifying abnormalities. AI-powered diagnostic tools expedite the diagnosis process, enhance precision, reduce the margin for error, and ensure timely and effective interventions. The fusion of AI with diagnostic imaging promises early detection, a crucial factor in improving patient outcomes across various diseases.

In treatment planning and drug discovery, AI streamlines processes and expedites the development of novel therapies. AI algorithms analyzing vast databases propel drug repurposing, accelerating the drug development pipeline and potentially reducing associated costs. AI's influence extends beyond curative measures into predictive healthcare. Predictive analytics, fueled by machine learning algorithms, forecast disease trends and identify at-risk populations. Analyzing variables, including demographic data, environmental factors, and genetic predispositions, AI generates risk profiles for individuals and communities. This proactive approach enables healthcare providers to allocate resources efficiently, implement preventive measures, and mitigate the burden of diseases on individuals and healthcare systems. The integration of AI in electronic health records (EHRs) is crucial for fostering seamless communication and collaboration among healthcare professionals. AI-driven EHR systems enhance data accuracy, accessibility, and facilitate real-time decision-making. Swiftly sifting through vast amounts of patient data enables healthcare providers to make informed decisions, leading to more effective and personalized care. The future of medicine lies at the intersection of human ingenuity and artificial intelligence, promising a healthcare landscape that is not only more advanced but also more compassionate and patient-centric.

## **References**

- [1] Fritsch, S. J., Blankenheim, A., Wahl, A., Hetfeld, P., Maassen, O., Deffge, S., Kunze, J., Rossaint, R., Riedel, M., Marx, G., & Bickenbach, J. (2022). Attitudes and perception of artificial intelligence in healthcare: A cross-sectional survey among patients. *Digital Health*, 8. <https://doi.org/10.1177/20552076221116772>
- [2] Davenport, T., & Kalakota, R. (2019). The potential for artificial intelligence in healthcare. *Future Healthcare Journal*, 6(2). <https://doi.org/10.7861/futurehosp.6-2-94>
- [3] Wen, Z., & Huang, H. (2022). The potential for artificial intelligence in healthcare. *Journal of Commercial Biotechnology*, 27(4). <https://doi.org/10.5912/jcb1327>
- [4] Abdelhalim, H., Berber, A., Lodi, M., Jain, R., Nair, A., Pappu, A., Patel, K., Venkat, V., Venkatesan, C., Wable, R., Dinatale, M., Fu, A., Iyer, V., Kalove, I., Kleyman, M., Koutsoutis, J., Menna, D., Paliwal, M., Patel, N., ... Ahmed, Z. (2022). Artificial Intelligence, Healthcare, Clinical Genomics, and Pharmacogenomics Approaches in Precision Medicine. In *Frontiers in Genetics* (Vol. 13). <https://doi.org/10.3389/fgene.2022.929736>
- [5] Suwinski, P., Ong, C. K., Ling, M. H. T., Poh, Y. M., Khan, A. M., & Ong, H. S. (2019). Advancing personalized medicine through the application of whole exome sequencing and big data analytics. In *Frontiers in Genetics* (Vol. 10, Issue FEB). <https://doi.org/10.3389/fgene.2019.00049>
- [6] Hassan, M., Awan, F. M., Naz, A., Deandrés-Galiana, E. J., Alvarez, O., Cernea, A., Fernández-Brillet, L., Fernández-Martínez, J. L., & Kloczkowski, A. (2022). Innovations in Genomics and Big Data Analytics for Personalized Medicine and Health Care: A Review. In *International Journal of Molecular Sciences* (Vol. 23, Issue 9). <https://doi.org/10.3390/ijms23094645>
- [7] Vaz, V. M., & Kumar, L. (2021). 3D Printing as a Promising Tool in Personalized Medicine. In *AAPS PharmSciTech* (Vol. 22, Issue 1). <https://doi.org/10.1208/s12249-020-01905-8>
- [8] Silva-Spínola, A., Baldeiras, I., Arrais, J. P., & Santana, I. (2022). The Road to Personalized Medicine in Alzheimer's Disease: The Use of Artificial Intelligence. In *Biomedicines* (Vol. 10, Issue 2). <https://doi.org/10.3390/biomedicines10020315>
- [9] Rezayi, S., R Niakan Kalthori, S., & Saeedi, S. (2022). Effectiveness of Artificial Intelligence for Personalized Medicine in Neoplasms: A Systematic Review. In *BioMed Research International* (Vol. 2022). <https://doi.org/10.1155/2022/7842566>
- [10] Cesario, A., D'oria, M., Bove, F., Privitera, G., Boškoski, I., Pedicino, D., Boldrini, L., Erra, C., Loreti, C., Liuzzo, G., Crea, F., Armuzzi, A., Gasbarrini, A., Calabresi, P., Padua, L., Costamagna, G., Antonelli, M., Valentini, V., Auffray, C., & Scambia, G. (2021). Personalized clinical phenotyping through systems medicine and artificial intelligence. In *Journal of Personalized Medicine* (Vol. 11, Issue 4). <https://doi.org/10.3390/jpm11040265>
- [11] Hoshino, I., & Yokota, H. (2021). Radiogenomics of gastroenterological cancer: The dawn of personalized medicine with artificial intelligence-based image analysis. In *Annals of Gastroenterological Surgery* (Vol. 5, Issue 4). <https://doi.org/10.1002/ags3.12437>
- [12] Lin, B., & Wu, S. (2022). Digital Transformation in Personalized Medicine with Artificial Intelligence and the Internet of Medical Things. In *OMICS A Journal of Integrative Biology* (Vol. 26, Issue 2). <https://doi.org/10.1089/omi.2021.0037>
- [13] Blasiak, A., Khong, J., & Kee, T. (2020). CURATE.AI: Optimizing Personalized Medicine with Artificial Intelligence. In *SLAS Technology* (Vol. 25, Issue 2). <https://doi.org/10.1177/2472630319890316>
- [14] Toh, T. S., Dondelinger, F., & Wang, D. (2019). Looking beyond the hype: Applied AI and machine learning in translational medicine. In *EBioMedicine* (Vol. 47). <https://doi.org/10.1016/j.ebiom.2019.08.027>
- [15] Chavarriaga, J., & Moreno, C. (2020). Precision Medicine, Artificial Intelligence, and Genomic Markers in Urology: Do we need to Tailor our Clinical Practice? *Urologia Colombiana*, 29(3). <https://doi.org/10.1055/s-0040-1714148>
- [16] Chang, H. Y., Jung, C. K., Woo, J. I., Lee, S., Cho, J., Kim, S. W., & Kwak, T. Y. (2019). Artificial intelligence in pathology. In *Journal of Pathology and Translational Medicine* (Vol. 53, Issue 1). <https://doi.org/10.4132/jptm.2018.12.16>
- [17] Kruse, T. A., Larsen, M. J., Tan, Q., Andersen, L., & Thomassen, M. (2019). Genomic medicine and artificial intelligence. In *Ugeskrift for læger* (Vol. 181, Issue 7).



- [18] Naaz, S., & Asghar, A. (2022). Artificial intelligence, nano-technology and genomic medicine: The future of anaesthesia. In *Journal of Anaesthesiology Clinical Pharmacology* (Vol. 38, Issue 1). [https://doi.org/10.4103/joacp.JOACP\\_139\\_20](https://doi.org/10.4103/joacp.JOACP_139_20)
- [19] Gulfidan, G., Beklen, H., & Arga, K. Y. (2021). Artificial Intelligence as Accelerator for Genomic Medicine and Planetary Health. In *OMICS A Journal of Integrative Biology* (Vol. 25, Issue 12). <https://doi.org/10.1089/omi.2021.0170>
- [20] Quazi, S. (2022). Artificial intelligence and machine learning in precision and genomic medicine. In *Medical Oncology* (Vol. 39, Issue 8). <https://doi.org/10.1007/s12032-022-01711-1>
- [21] Jin, D., Harrison, A. P., Zhang, L., Yan, K., Wang, Y., Cai, J., Miao, S., & Lu, L. (2020). Artificial intelligence in radiology. In *Artificial Intelligence in Medicine: Technical Basis and Clinical Applications*. <https://doi.org/10.1016/B978-0-12-821259-2.00014-4>
- [22] Brady, A. P., & Neri, E. (2020). Artificial intelligence in radiology-ethical considerations. *Diagnostics*, 10(4). <https://doi.org/10.3390/diagnostics10040231>
- [23] Caparrós Galán, G., & Sendra Portero, F. (2022). Medical students' perceptions of the impact of artificial intelligence in radiology. *Radiologia*, 64(6). <https://doi.org/10.1016/j.rx.2021.03.006>
- [24] Gokdeniz, S. T., & Kamburoğlu, K. (2022). Artificial intelligence in dentomaxillofacial radiology. *World Journal of Radiology*, 14(3). <https://doi.org/10.4329/wjr.v14.i3.55>
- [25] Hosny, A., Parmar, C., Quackenbush, J., Schwartz, L. H., & Aerts, H. J. W. L. (2018). Artificial intelligence in radiology. In *Nature Reviews Cancer* (Vol. 18, Issue 8). <https://doi.org/10.1038/s41568-018-0016-5>
- [26] van Leeuwen, K. G., de Rooij, M., Schalekamp, S., van Ginneken, B., & Rutten, M. J. C. M. (2022). How does artificial intelligence in radiology improve efficiency and health outcomes? In *Pediatric Radiology* (Vol. 52, Issue 11). <https://doi.org/10.1007/s00247-021-05114-8>
- [27] van Leeuwen, K. G., Schalekamp, S., Rutten, M. J. C. M., van Ginneken, B., & de Rooij, M. (2021). Artificial intelligence in radiology: 100 commercially available products and their scientific evidence. *European Radiology*, 31(6). <https://doi.org/10.1007/s00330-021-07892-z>
- [28] Chang, H. Y., Jung, C. K., Woo, J. I., Lee, S., Cho, J., Kim, S. W., & Kwak, T. Y. (2019). Artificial intelligence in pathology. In *Journal of Pathology and Translational Medicine* (Vol. 53, Issue 1). <https://doi.org/10.4132/jptm.2018.12.16>
- [29] Försch, S., Klauschen, F., Hufnagl, P., & Roth, W. (2021). Artificial intelligence in pathology. In *Deutsches Arzteblatt International* (Vol. 118, Issue 12). <https://doi.org/10.3238/arztebl.m2021.0011>
- [30] Niazi, M. K. K., Parwani, A. v., & Gurcan, M. N. (2019). Digital pathology and artificial intelligence. In *The Lancet Oncology* (Vol. 20, Issue 5). [https://doi.org/10.1016/S1470-2045\(19\)30154-8](https://doi.org/10.1016/S1470-2045(19)30154-8)
- [31] Jackson, B. R., Ye, Y., Crawford, J. M., Becich, M. J., Roy, S., Botkin, J. R., de Baca, M. E., & Pantanowitz, L. (2021). The Ethics of Artificial Intelligence in Pathology and Laboratory Medicine: Principles and Practice. *Academic Pathology*, 8. <https://doi.org/10.1177/2374289521990784>
- [32] Zhang, T., Chen, J., Lu, Y., Yang, X., & Ouyang, Z. (2022). Identification of technology frontiers of artificial intelligence-assisted pathology based on patent citation network. *PLoS ONE*, 17(8 August). <https://doi.org/10.1371/journal.pone.0273355>
- [33] Amboree, T. L., Montealegre, J. R., Fujimoto, K., Mgbere, O., Darkoh, C., & Wermuth, P. P. (2022). Exploring Preventive Healthcare in a High-Risk Vulnerable Population. *International Journal of Environmental Research and Public Health*, 19(8). <https://doi.org/10.3390/ijerph19084502>
- [34] Batarseh, F. A., Ghassib, I., Chong, D., & Su, P. H. (2020). Preventive healthcare policies in the US: solutions for disease management using Big Data Analytics. *Journal of Big Data*, 7(1). <https://doi.org/10.1186/s40537-020-00315-8>
- [35] Lin, H., Xu, M., & Xie, C. (2023). LOCATION AND CAPACITY PLANNING FOR PREVENTIVE HEALTHCARE FACILITIES WITH CONGESTION EFFECTS. *Journal of Industrial and Management Optimization*, 19(4). <https://doi.org/10.3934/jimo.2022076>
- [36] Nolan, A., McCrory, C., & Moore, P. (2019). Personality and preventive healthcare utilisation: Evidence from the Irish Longitudinal Study on Ageing. *Preventive Medicine*, 120. <https://doi.org/10.1016/j.ypmed.2018.12.029>

- [37] Ofoli, J. N. T., Ashau-Oladipo, T., Hati, S. S., Ati, L., & Ede, V. (2020). Preventive healthcare uptake in private hospitals in Nigeria: A cross-sectional survey (Nisa premier hospital). *BMC Health Services Research*, 20(1). <https://doi.org/10.1186/s12913-020-05117-5>
- [38] Zhang, D., Xu, Z., Yang, Z., Zhou, W., Cheung, P. M. hin, Kam-pui Lee, E., Zhong, B., Xu, D., Li, X., Xie, Y., Yang, G., Xiao, S., & Wong, S. Y. shan. (2022). Association of meaning in life with preventive healthcare use among Chinese adults: are there age and gender differences? *BMC Public Health*, 22(1). <https://doi.org/10.1186/s12889-022-14699-0>
- [39] Iqbal, S. M. A., Mahgoub, I., Du, E., Leavitt, M. A., & Asghar, W. (2021). Advances in healthcare wearable devices. In *npj Flexible Electronics* (Vol. 5, Issue 1). <https://doi.org/10.1038/s41528-021-00107-x>
- [40] Lee, S. M., & Lee, D. H. (2020). Healthcare wearable devices: an analysis of key factors for continuous use intention. *Service Business*, 14(4). <https://doi.org/10.1007/s11628-020-00428-3>
- [41] Rha, J. Y., Nam, Y., Ahn, S. Y., Kim, J., Chang, Y., Jang, J., Kurita, K., Park, J. Y., Eom, K., Moon, H., Jung, M. H., Kim, Y. J., Hwang, J. E., & Choo, H. K. (2022). What drives the use of wearable healthcare devices? A cross-country comparison between the US and Korea. *Digital Health*, 8. <https://doi.org/10.1177/20552076221120319>
- [42] Ali, J., Jusoh, A., Idris, N., Airij, A. G., & Chandio, R. (2022). Wearable Devices in Healthcare Services. Bibliometrix Analysis by using R Package. *International Journal of Online and Biomedical Engineering*, 18(8). <https://doi.org/10.3991/ijoe.v18i08.31785>
- [43] Kim, E., & Han, S. (2023). Investigating the digital health acceptance of Korean baby boomers: Comparative study of telemedicine and wearable healthcare devices. *Health Policy and Technology*, 12(1). <https://doi.org/10.1016/j.hlpt.2023.100727>
- [44] Kumar, P., Chauhan, S., & Awasthi, L. K. (2023). Artificial Intelligence in Healthcare: Review, Ethics, Trust Challenges & Future Research Directions. In *Engineering Applications of Artificial Intelligence* (Vol. 120). <https://doi.org/10.1016/j.engappai.2023.105894>
- [45] Saheb, T., Saheb, T., & Carpenter, D. O. (2021). Mapping research strands of ethics of artificial intelligence in healthcare: A bibliometric and content analysis. In *Computers in Biology and Medicine* (Vol. 135). <https://doi.org/10.1016/j.combiomed.2021.104660>
- [46] Solanki, P., Grundy, J., & Hussain, W. (2023). Operationalising ethics in artificial intelligence for healthcare: a framework for AI developers. *AI and Ethics*, 3(1). <https://doi.org/10.1007/s43681-022-00195-z>
- [47] Küster, D., & Schultz, T. (2023). Artificial intelligence and ethics in healthcare—balancing act or symbiosis? In *Bundesgesundheitsblatt - Gesundheitsforschung - Gesundheitsschutz* (Vol. 66, Issue 2). <https://doi.org/10.1007/s00103-022-03653-5>
- [48] Rogers, W. A., Draper, H., & Carter, S. M. (2021). Evaluation of artificial intelligence clinical applications: Detailed case analyses show value of healthcare ethics approach in identifying patient care issues. *Bioethics*, 35(7). <https://doi.org/10.1111/bioe.12885>
- [49] Katirai, A. (2023). The ethics of advancing artificial intelligence in healthcare: analyzing ethical considerations for Japan's innovative AI hospital system. *Frontiers in Public Health*, 11. <https://doi.org/10.3389/fpubh.2023.1142062>
- [50] Mohammad Amini, M., Jesus, M., Fanaei Sheikholeslami, D., Alves, P., Hassanzadeh Benam, A., & Hariri, F. (2023). Artificial Intelligence Ethics and Challenges in Healthcare Applications: A Comprehensive Review in the Context of the European GDPR Mandate. *Machine Learning and Knowledge Extraction*, 5(3). <https://doi.org/10.3390/make5030053>
- [51] Rashid, M. B. M. A., & Chow, E. K. H. (2019). Artificial Intelligence-Driven Designer Drug Combinations: From Drug Development to Personalized Medicine. *SLAS Technology*, 24(1). <https://doi.org/10.1177/2472630318800774>
- [52] da Costa Leite, C. (2019). Artificial intelligence, radiology, precision medicine, and personalized medicine. In *Radiologia Brasileira* (Vol. 52, Issue 6). <https://doi.org/10.1590/0100-3984.2019.52.6e2>
- [53] Egorov, E., Pieters, C., Korach-Rechtman, H., Shklover, J., & Schroeder, A. (2021). Robotics, microfluidics, nanotechnology and AI in the synthesis and evaluation of liposomes and polymeric drug delivery systems. *Drug Delivery and Translational Research*, 11(2). <https://doi.org/10.1007/s13346-021-00929-2>
- [54] Singh, A. V., Chandrasekar, V., Paudel, N., Laux, P., Luch, A., Gemmati, D., Tisato, V., Prabhu, K. S., Uddin, S., & Dakua, S. P. (2023). Integrative toxicogenomics: Advancing precision medicine and toxicology

- through artificial intelligence and OMICs technology. In *Biomedicine and Pharmacotherapy* (Vol. 163). <https://doi.org/10.1016/j.biopha.2023.114784>
- [55] Koteluk, O., Wartecki, A., Mazurek, S., Kołodziejczak, I., & Mackiewicz, A. (2021). How do machines learn? Artificial intelligence as a new era in medicine. In *Journal of Personalized Medicine* (Vol. 11, Issue 1). <https://doi.org/10.3390/jpm11010032>
  - [56] Masood, N., & Wu, S. G. (2023). Editorial: An era of personalized medicine in breast cancer: integrating artificial intelligence into practice. In *Frontiers in Oncology* (Vol. 13). <https://doi.org/10.3389/fonc.2023.1164808>
  - [57] Denecke, K., & Baudoin, C. R. (2022). A Review of Artificial Intelligence and Robotics in Transformed Health Ecosystems. *Frontiers in Medicine*, 9. <https://doi.org/10.3389/fmed.2022.795957>
  - [58] Rashid, J., Batool, S., Kim, J., Wasif Nisar, M., Hussain, A., Juneja, S., & Kushwaha, R. (2022). An Augmented Artificial Intelligence Approach for Chronic Diseases Prediction. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.860396>
  - [59] Liu, C., Jiao, D., & Liu, Z. (2020). Artificial Intelligence (AI)-aided Disease Prediction. In *BIO Integration* (Vol. 1, Issue 3). <https://doi.org/10.15212/bioi-2020-0017>
  - [60] Ghaffar Nia, N., Kaplanoglu, E., & Nasab, A. (2023). Evaluation of artificial intelligence techniques in disease diagnosis and prediction. *Discover Artificial Intelligence*, 3(1). <https://doi.org/10.1007/s44163-023-00049-5>
  - [61] Patil, R. R., Kumar, S., & Rani, R. (2022). Comparison of Artificial Intelligence Algorithms in Plant Disease Prediction. *Revue d'Intelligence Artificielle*, 36(2). <https://doi.org/10.18280/ria.360202>
  - [62] Muneer, S., & Rasool, M. A. (2022). A systematic review: Explainable Artificial Intelligence (XAI) based disease prediction. *International Journal of Advanced Sciences and Computing*, 1(1).
  - [63] Baashar, Y., Alkaws, G., Alhussian, H., Capretz, L. F., Alwadain, A., Alkahtani, A. A., & Almomani, M. (2022). Effectiveness of Artificial Intelligence Models for Cardiovascular Disease Prediction: Network Meta-Analysis. *Computational Intelligence and Neuroscience*, 2022. <https://doi.org/10.1155/2022/5849995>
  - [64] Davagdorj, K., Bae, J. W., Pham, V. H., Theera-Umporn, N., & Ryu, K. H. (2021). Explainable Artificial Intelligence Based Framework for Non-Communicable Diseases Prediction. *IEEE Access*, 9. <https://doi.org/10.1109/ACCESS.2021.3110336>
  - [65] van Smeden, M., Heinze, G., van Calster, B., Asselbergs, F. W., Vardas, P. E., Bruining, N., de Jaegere, P., Moore, J. H., Denaxas, S., Boulesteix, A. L., & Moons, K. G. M. (2022). Critical appraisal of artificial intelligence-based prediction models for cardiovascular disease. *European Heart Journal*, 43(31). <https://doi.org/10.1093/eurheartj/ehac238>
  - [66] Malibari, A. A. (2023). An efficient IoT-Artificial intelligence-based disease prediction using lightweight CNN in healthcare system. *Measurement: Sensors*, 26. <https://doi.org/10.1016/j.measen.2023.100695>
  - [67] Johnson, K. W., Torres Soto, J., Glicksberg, B. S., Shameer, K., Miotto, R., Ali, M., Ashley, E., & Dudley, J. T. (2018). Artificial Intelligence in Cardiology. In *Journal of the American College of Cardiology* (Vol. 71, Issue 23). <https://doi.org/10.1016/j.jacc.2018.03.521>
  - [68] Bonderman, D. (2017). Artificial intelligence in cardiology. In *Wiener Klinische Wochenschrift* (Vol. 129, Issues 23–24). <https://doi.org/10.1007/s00508-017-1275-y>
  - [69] Itchhaporia, D. (2022). Artificial intelligence in cardiology. In *Trends in Cardiovascular Medicine* (Vol. 32, Issue 1). <https://doi.org/10.1016/j.tcm.2020.11.007>
  - [70] Jaltotage, B., Ihdayhid, A. R., Lan, N. S. R., Pathan, F., Patel, S., Arnott, C., Figtree, G., Kritharides, L., Shamsul Islam, S. M., Chow, C. K., Rankin, J. M., Nicholls, S. J., & Dwivedi, G. (2023). Artificial Intelligence in Cardiology: An Australian Perspective. In *Heart Lung and Circulation* (Vol. 32, Issue 8). <https://doi.org/10.1016/j.hlc.2023.06.703>
  - [71] Lopez-Jimenez, F., Attia, Z., Arruda-Olson, A. M., Carter, R., Chareonthaitawee, P., Jouni, H., Kapa, S., Lerman, A., Luong, C., Medina-Inojosa, J. R., Noseworthy, P. A., Pellikka, P. A., Redfield, M. M., Roger, V. L., Sandhu, G. S., Senecal, C., & Friedman, P. A. (2020). Artificial Intelligence in Cardiology: Present and Future. In *Mayo Clinic Proceedings* (Vol. 95, Issue 5). <https://doi.org/10.1016/j.mayocp.2020.01.038>
  - [72] Karatzia, L., Aung, N., & Aksentijevic, D. (2022). Artificial intelligence in cardiology: Hope for the future and power for the present. In *Frontiers in Cardiovascular Medicine* (Vol. 9). <https://doi.org/10.3389/fcvm.2022.945726>

- [73] Seetharam, K., Balla, S., Bianco, C., Cheung, J., Pachulski, R., Asti, D., Nalluri, N., Tejpal, A., Mir, P., Shah, J., Bhat, P., Mir, T., & Hamirani, Y. (2022). Applications of Machine Learning in Cardiology. In *Cardiology and Therapy* (Vol. 11, Issue 3). <https://doi.org/10.1007/s40119-022-00273-7>
- [74] Arfat, Y., Mittone, G., Esposito, R., Cantalupo, B., Deferrari, G. M., & Aldinucci, M. (2022). Machine learning for cardiology. In *Minerva Cardiology and Angiology* (Vol. 70, Issue 1). <https://doi.org/10.23736/S2724-5683.21.05709-4>
- [75] Petch, J., Di, S., & Nelson, W. (2022). Opening the Black Box: The Promise and Limitations of Explainable Machine Learning in Cardiology. In *Canadian Journal of Cardiology* (Vol. 38, Issue 2). <https://doi.org/10.1016/j.cjca.2021.09.004>
- [76] Dudchenko, A., Ganzinger, M., & Kopanitsa, G. (2020). Machine Learning Algorithms in Cardiology Domain: A Systematic Review. *The Open Bioinformatics Journal*, 13(1). <https://doi.org/10.2174/1875036202013010025>
- [77] Garcia-Canadilla, P., Sanchez-Martinez, S., Crispi, F., & Bijns, B. (2020). Machine Learning in Fetal Cardiology: What to Expect. In *Fetal Diagnosis and Therapy* (Vol. 47, Issue 5). <https://doi.org/10.1159/000505021>
- [78] Cuocolo, R., Perillo, T., de Rosa, E., Ugga, L., & Petretta, M. (2019). Current applications of big data and machine learning in cardiology. In *Journal of Geriatric Cardiology* (Vol. 16, Issue 8). <https://doi.org/10.11909/j.issn.1671-5411.2019.08.002>
- [79] Lin, B., Tan, Z., Mo, Y., Yang, X., Liu, Y., & Xu, B. (2023). Intelligent oncology: The convergence of artificial intelligence and oncology. *Journal of the National Cancer Center*, 3(1). <https://doi.org/10.1016/j.jncc.2022.11.004>
- [80] Shimizu, H., & Nakayama, K. I. (2020). Artificial intelligence in oncology. *Cancer Science*, 111(5). <https://doi.org/10.1111/cas.14377>
- [81] Chua, I. S., Gazi-Yablowitz, M., Korach, Z. T., Kehl, K. L., Levitan, N. A., Arriaga, Y. E., Jackson, G. P., Bates, D. W., & Hassett, M. (2021). Artificial intelligence in oncology: Path to implementation. In *Cancer Medicine* (Vol. 10, Issue 12). <https://doi.org/10.1002/cam4.3935>
- [82] Farina, E., Nabhen, J. J., Dacoregio, M. I., Batalini, F., & Moraes, F. Y. (2022). An overview of artificial intelligence in oncology. In *Future Science OA* (Vol. 8, Issue 4). <https://doi.org/10.2144/fsoa-2021-0074>
- [83] Rane, N. L., Achari, A., Choudhary, S. P., Mallick, S. K., Pande, C. B., Srivastava, A., & Moharir, K. (2023). A decision framework for potential dam site selection using GIS, MIF and TOPSIS in Ulhas river basin, India. *Journal of Cleaner Production*, 138890. <https://doi.org/10.1016/j.jclepro.2023.138890>
- [84] Rane, N. L., Achari, A., Saha, A., Poddar, I., Rane, J., Pande, C. B., & Roy, R. (2023). An integrated GIS, MIF, and TOPSIS approach for appraising electric vehicle charging station suitability zones in Mumbai, India. *Sustainable Cities and Society*, 104717. <https://doi.org/10.1016/j.scs.2023.104717>
- [85] Gautam, V. K., Pande, C. B., Moharir, K. N., Varade, A. M., Rane, N. L., Egbueri, J. C., & Alshehri, F. (2023). Prediction of Sodium Hazard of Irrigation Purpose using Artificial Neural Network Modelling. *Sustainability*, 15(9), 7593. <https://doi.org/10.3390/su15097593>
- [86] Rane, N. L., Anand, A., Deepak K., (2023). Evaluating the Selection Criteria of Formwork System (FS) for RCC Building Construction. *International Journal of Engineering Trends and Technology*, vol. 71, no. 3, pp. 197-205. <https://doi.org/10.14445/22315381/IJETT-V71I3P220>
- [87] Rane, N. L., Achari, A., Hashemizadeh, A., Phalak, S., Pande, C. B., Giduturi, M., Khan M. Y., Tolche, A. D., Tamam, N., Abbas, M., & Yadav, K. K. (2023). Identification of sustainable urban settlement sites using interrelationship based multi-influencing factor technique and GIS. *Geocarto International*, 1-27. <https://doi.org/10.1080/10106049.2023.2272670>
- [88] Pedersen, M., Verspoor, K., Jenkinson, M., Law, M., Abbott, D. F., & Jackson, G. D. (2020). Artificial intelligence for clinical decision support in neurology. *Brain Communications*, 2(2). <https://doi.org/10.1093/braincomms/fcaa096>
- [89] Amaro, E. (2022). Artificial intelligence and Big Data in neurology. *Arquivos de Neuro-Psiquiatria*, 80. <https://doi.org/10.1590/0004-282X-ANP-2022-S139>
- [90] Wiegand, T. L. T., Velezmoro, L. I., Jung, L. B., Wimbauer, F., Dimitriadis, K., & Koerte, I. K. (2023). Artificial intelligence in neurology. *Nervenheilkunde*, 42(9). <https://doi.org/10.1055/a-2050-0768>

- [91] Vinny, P. W., Vishnu, V. Y., & Padma Srivastava, M. v. (2021). Artificial Intelligence shaping the future of neurology practice. In *Medical Journal Armed Forces India* (Vol. 77, Issue 3). <https://doi.org/10.1016/j.mjafi.2021.06.003>
- [92] Hillis, J. M. (2022). Use of Artificial Intelligence in Clinical Neurology. *Seminars in Neurology*, 42(1). <https://doi.org/10.1055/s-0041-1742180>
- [93] Kedar, S., & Khazanchi, D. (2023). Neurology education in the era of artificial intelligence. In *Current Opinion in Neurology* (Vol. 36, Issue 1). <https://doi.org/10.1097/WCO.0000000000001130>
- [94] He, X., Liu, G., Zou, C., Li, R., Zhong, J., & Li, H. (2022). Artificial Intelligence Algorithm-Based MRI in Evaluating the Treatment Effect of Acute Cerebral Infarction. *Computational and Mathematical Methods in Medicine*, 2022. <https://doi.org/10.1155/2022/7839922>
- [95] Johnson, P. M., Recht, M. P., & Knoll, F. (2020). Improving the Speed of MRI with Artificial Intelligence. *Seminars in Musculoskeletal Radiology*, 24(1). <https://doi.org/10.1055/s-0039-3400265>
- [96] Belue, M. J., & Turkbey, B. (2022). Tasks for artificial intelligence in prostate MRI. *European Radiology Experimental*, 6(1). <https://doi.org/10.1186/s41747-022-00287-9>
- [97] Sunoqrot, M. R. S., Saha, A., Hosseinzadeh, M., Elschot, M., & Huisman, H. (2022). Artificial intelligence for prostate MRI: open datasets, available applications, and grand challenges. *European Radiology Experimental*, 6(1). <https://doi.org/10.1186/s41747-022-00288-8>
- [98] lo Gullo, R., Marcus, E., Huayanay, J., Eskreis-Winkler, S., Thakur, S., Teuwen, J., & Pinker, K. (2023). Artificial Intelligence-Enhanced Breast MRI. *Investigative Radiology*. <https://doi.org/10.1097/rli.0000000000001010>
- [99] Petrilă, O., Stefan, A. E., Găfitanu, D., Scripcariu, V., & Nistor, I. (2023). The Applicability of Artificial Intelligence in Predicting the Depth of Myometrial Invasion on MRI Studies—A Systematic Review. In *Diagnostics* (Vol. 13, Issue 15). <https://doi.org/10.3390/diagnostics13152592>
- [100] Fritz, B., & Fritz, J. (2022). Artificial intelligence for MRI diagnosis of joints: a scoping review of the current state-of-the-art of deep learning-based approaches. In *Skeletal Radiology* (Vol. 51, Issue 2). <https://doi.org/10.1007/s00256-021-03830-8>
- [101] Rane, N. L., & Jayaraj, G. K. (2022). Comparison of multi-influence factor, weight of evidence and frequency ratio techniques to evaluate groundwater potential zones of basaltic aquifer systems. *Environment, Development and Sustainability*, 24(2), 2315-2344. <https://doi.org/10.1007/s10668-021-01535-5>
- [102] Rane, Nitin (2023) ChatGPT and Similar Generative Artificial Intelligence (AI) for Smart Industry: Role, Challenges and Opportunities for Industry 4.0, Industry 5.0 and Society 5.0. Available at SSRN: <https://ssrn.com/abstract=4603234> or <http://dx.doi.org/10.2139/ssrn.4603234>
- [103] Moharir, K. N., Pande, C. B., Gautam, V. K., Singh, S. K., & Rane, N. L. (2023). Integration of hydrogeological data, GIS and AHP techniques applied to delineate groundwater potential zones in sandstone, limestone and shales rocks of the Damoh district, (MP) central India. *Environmental Research*, 115832. <https://doi.org/10.1016/j.envres.2023.115832>
- [104] Rane, Nitin (2023) Transformers in Material Science: Roles, Challenges, and Future Scope. Available at SSRN: <https://ssrn.com/abstract=4609920> or <http://dx.doi.org/10.2139/ssrn.4609920>
- [105] Rane, Nitin (2023) Contribution of ChatGPT and Other Generative Artificial Intelligence (AI) in Renewable and Sustainable Energy. Available at SSRN: <https://ssrn.com/abstract=4597674> or <http://dx.doi.org/10.2139/ssrn.4597674>
- [106] Wong, Z. S. Y., Zhou, J., & Zhang, Q. (2019). Artificial Intelligence for infectious disease Big Data Analytics. In *Infection, Disease and Health* (Vol. 24, Issue 1). <https://doi.org/10.1016/j.idh.2018.10.002>
- [107] Cheng, K., Li, Z., He, Y., Guo, Q., Lu, Y., Gu, S., & Wu, H. (2023). Potential Use of Artificial Intelligence in Infectious Disease: Take ChatGPT as an Example. In *Annals of Biomedical Engineering* (Vol. 51, Issue 6). <https://doi.org/10.1007/s10439-023-03203-3>
- [108] Brownstein, J. S., Rader, B., Astley, C. M., & Tian, H. (2023). Advances in Artificial Intelligence for Infectious-Disease Surveillance. *New England Journal of Medicine*, 388(17). <https://doi.org/10.1056/nejmra2119215>
- [109] Agrebi, S., & Larbi, A. (2020). Use of artificial intelligence in infectious diseases. In *Artificial Intelligence in Precision Health: From Concept to Applications*. <https://doi.org/10.1016/B978-0-12-817133-2.00018-5>

- [110] Smith, K. P., & Kirby, J. E. (2020). Image analysis and artificial intelligence in infectious disease diagnostics. In *Clinical Microbiology and Infection* (Vol. 26, Issue 10). <https://doi.org/10.1016/j.cmi.2020.03.012>
- [111] Wong, F., de la Fuente-Nunez, C., & Collins, J. J. (2023). Leveraging artificial intelligence in the fight against infectious diseases. In *Science* (Vol. 381, Issue 6654). <https://doi.org/10.1126/science.adh1114>
- [112] Jiao, Z., Ji, H., Yan, J., & Qi, X. (2023). Application of big data and artificial intelligence in epidemic surveillance and containment. In *Intelligent Medicine* (Vol. 3, Issue 1). <https://doi.org/10.1016/j.imed.2022.10.003>
- [113] Lombardi, R., Trequatrini, R., Cuzzo, B., & Manzari, A. (2022). Big data, artificial intelligence and epidemic disasters. A primary structured literature review. In *International Journal of Applied Decision Sciences* (Vol. 15, Issue 2). <https://doi.org/10.1504/IJADS.2022.121559>
- [114] Yu, J., & Sun, L. (2022). Design of Artificial Intelligence Epidemic Big Data Prevention and Control Early Warning System. *Frontiers in Humanities and Social Sciences*, 2(9). <https://doi.org/10.54691/fhss.v2i9.2119>
- [115] MacIntyre, C. R., Lim, S., & Quigley, A. (2022). Preventing the next pandemic: Use of artificial intelligence for epidemic monitoring and alerts. In *Cell Reports Medicine* (Vol. 3, Issue 12). <https://doi.org/10.1016/j.xcrm.2022.100867>
- [116] Li, Y. P., & Qi, A. Q. (2022). Replace or create: Analysis of the Relationship between the Artificial Intelligence and Youth Employment in Post Epidemic Era. *Procedia Computer Science*, 202. <https://doi.org/10.1016/j.procs.2022.04.029>
- [117] Rane, Nitin (2023) Role of ChatGPT and Similar Generative Artificial Intelligence (AI) in Construction Industry. Available at SSRN: <https://ssrn.com/abstract=4598258> or <http://dx.doi.org/10.2139/ssrn.4598258>
- [118] Rane, Nitin (2023) Enhancing the Quality of Teaching and Learning through ChatGPT and Similar Large Language Models: Challenges, Future Prospects, and Ethical Considerations in Education. Available at SSRN: <https://ssrn.com/abstract=4599104> or <http://dx.doi.org/10.2139/ssrn.4599104>
- [119] Rane, Nitin (2023) Role and Challenges of ChatGPT and Similar Generative Artificial Intelligence in Finance and Accounting. Available at SSRN: <https://ssrn.com/abstract=4603206> or <http://dx.doi.org/10.2139/ssrn.4603206>
- [120] Rane, Nitin (2023) Role and Challenges of ChatGPT and Similar Generative Artificial Intelligence in Arts and Humanities. Available at SSRN: <https://ssrn.com/abstract=4603208> or <http://dx.doi.org/10.2139/ssrn.4603208>
- [121] Rane, Nitin (2023) Role and Challenges of ChatGPT and Similar Generative Artificial Intelligence in Business Management. Available at SSRN: <https://ssrn.com/abstract=4603227> or <http://dx.doi.org/10.2139/ssrn.4603227>
- [122] Palanica, A., Docktor, M. J., Lieberman, M., & Fossat, Y. (2020). The Need for Artificial Intelligence in Digital Therapeutics. In *Digital Biomarkers* (Vol. 4, Issue 1). <https://doi.org/10.1159/000506861>
- [123] Zhang, Y., Hu, Y., Jiang, N., & Yetisen, A. K. (2023). Wearable artificial intelligence biosensor networks. In *Biosensors and Bioelectronics* (Vol. 219). <https://doi.org/10.1016/j.bios.2022.114825>
- [124] Temsah, M.-H., Jamal, A., Aljamaan, F., Al-Tawfiq, J. A., & Al-Eyadhy, A. (2023). ChatGPT-4 and the Global Burden of Disease Study: Advancing Personalized Healthcare Through Artificial Intelligence in Clinical and Translational Medicine. *Cureus*. <https://doi.org/10.7759/cureus.39384>
- [125] Ganie, S. M., & Malik, M. B. (2022). An ensemble Machine Learning approach for predicting Type-II diabetes mellitus based on lifestyle indicators. *Healthcare Analytics*, 2. <https://doi.org/10.1016/j.health.2022.100092>
- [126] Xie, Y., Lu, L., Gao, F., He, S. jiang, Zhao, H. juan, Fang, Y., Yang, J. ming, An, Y., Ye, Z. wei, & Dong, Z. (2021). Integration of Artificial Intelligence, Blockchain, and Wearable Technology for Chronic Disease Management: A New Paradigm in Smart Healthcare. *Current Medical Science*, 41(6). <https://doi.org/10.1007/s11596-021-2485-0>
- [127] Taj, I., & Jhanjhi, N. Z. (2022). Towards Industrial Revolution 5.0 and Explainable Artificial Intelligence: Challenges and Opportunities. *International Journal of Computing and Digital Systems*, 12(1). <https://doi.org/10.12785/ijcds/120124>

- [128] Hallak, J. A., Scanzera, A. C., Azar, D. T., & Paul Chan, R. v. (2020). Artificial intelligence in ophthalmology during COVID-19 and in the post COVID-19 era. In *Current Opinion in Ophthalmology* (Vol. 31, Issue 5). <https://doi.org/10.1097/ICU.0000000000000685>
- [129] López-Martínez, F., Núñez-Valdez, E. R., García-Díaz, V., & Bursac, Z. (2020). A case study for a big data and machine learning platform to improve medical decision support in population health management. *Algorithms*, 13(4). <https://doi.org/10.3390/A13040102>
- [130] Gautam, N., Ghanta, S. N., Mueller, J., Mansour, M., Chen, Z., Puente, C., Ha, Y. M., Tarun, T., Dhar, G., Sivakumar, K., Zhang, Y., Halimeh, A. A., Nakarmi, U., Al-Kindi, S., DeMazumder, D., & Al'Aref, S. J. (2022). Artificial Intelligence, Wearables and Remote Monitoring for Heart Failure: Current and Future Applications. In *Diagnostics* (Vol. 12, Issue 12). <https://doi.org/10.3390/diagnostics12122964>
- [131] Gu, C., Dai, C., Shi, X., Wu, Z., & Chen, C. (2022). A cloud-based deep learning model in heterogeneous data integration system for lung cancer detection in medical industry 4.0. *Journal of Industrial Information Integration*, 30. <https://doi.org/10.1016/j.jii.2022.100386>
- [132] Bukowski, M., Farkas, R., Beyan, O., Moll, L., Hahn, H., Kiessling, F., & Schmitz-Rode, T. (2020). Implementation of eHealth and AI integrated diagnostics with multidisciplinary digitized data: are we ready from an international perspective? *European Radiology*, 30(10). <https://doi.org/10.1007/s00330-020-06874-x>
- [133] Lin, Y., Zhao, X., Miao, Z., Ling, Z., Wei, X., Pu, J., Hou, J., & Shen, B. (2020). Data-driven translational prostate cancer research: From biomarker discovery to clinical decision. In *Journal of Translational Medicine* (Vol. 18, Issue 1). <https://doi.org/10.1186/s12967-020-02281-4>
- [134] Rane, Nitin (2023) Role and Challenges of ChatGPT and Similar Generative Artificial Intelligence in Human Resource Management. Available at SSRN: <https://ssrn.com/abstract=4603230> or <http://dx.doi.org/10.2139/ssrn.4603230>
- [135] Rane, Nitin (2023) Enhancing Mathematical Capabilities through ChatGPT and Similar Generative Artificial Intelligence: Roles and Challenges in Solving Mathematical Problems. Available at SSRN: <https://ssrn.com/abstract=4603237> or <http://dx.doi.org/10.2139/ssrn.4603237>
- [136] Rane, Nitin (2023) Transforming Structural Engineering through ChatGPT and Similar Generative Artificial Intelligence: Roles, Challenges, and Opportunities. Available at SSRN: <https://ssrn.com/abstract=4603242> or <http://dx.doi.org/10.2139/ssrn.4603242>
- [137] Rane, Nitin (2023) Roles and Challenges of ChatGPT and Similar Generative Artificial Intelligence for Achieving the Sustainable Development Goals (SDGs). Available at SSRN: <https://ssrn.com/abstract=4603244> or <http://dx.doi.org/10.2139/ssrn.4603244>
- [138] Rane, N. L. (2023). Multidisciplinary collaboration: key players in successful implementation of ChatGPT and similar generative artificial intelligence in manufacturing, finance, retail, transportation, and construction industry. <https://doi.org/10.31219/osf.io/npm3d>
- [139] Chen, C., Loh, E. W., Kuo, K. N., & Tam, K. W. (2020). The Times they Are a-Changin' – Healthcare 4.0 Is Coming! *Journal of Medical Systems*, 44(2). <https://doi.org/10.1007/s10916-019-1513-0>
- [140] Cepeda Zapata, K. A., Ward, T., Loughran, R., & McCaffery, F. (2023). Challenges Associated with the Adoption of Artificial Intelligence in Medical Device Software. *Communications in Computer and Information Science*, 1662 CCIS. [https://doi.org/10.1007/978-3-031-26438-2\\_13](https://doi.org/10.1007/978-3-031-26438-2_13)
- [141] Eichler, H. G., Trusheim, M., Schwarzer-Daum, B., Larholt, K., Zeitlinger, M., Brunninger, M., Sherman, M., Strutton, D., & Hirsch, G. (2022). Precision Reimbursement for Precision Medicine: Using Real-World Evidence to Evolve From Trial-and-Project to Track-and-Pay to Learn-and-Predict. In *Clinical Pharmacology and Therapeutics* (Vol. 111, Issue 1). <https://doi.org/10.1002/cpt.2471>
- [142] Chander, B. (2021). Advanced deep learning techniques and applications in healthcare services. In *Deep Learning for Personalized Healthcare Services*. <https://doi.org/10.1515/9783110708127-003>
- [143] Sun, T. Q., & Medaglia, R. (2019). Mapping the challenges of Artificial Intelligence in the public sector: Evidence from public healthcare. *Government Information Quarterly*, 36(2). <https://doi.org/10.1016/j.giq.2018.09.008>
- [144] Hulsén, T. (2023). Explainable Artificial Intelligence (XAI): Concepts and Challenges in Healthcare. *AI*, 4(3). <https://doi.org/10.3390/ai4030034>

- [145] Mudgal, S. K., Agarwal, R., Chaturvedi, J., Gaur, R., & Ranjan, N. (2022). Real-world application, challenges and implication of artificial intelligence in healthcare: an essay. *Pan African Medical Journal*, 43. <https://doi.org/10.11604/pamj.2022.43.3.33384>
- [146] Wen, Z., & Huang, H. (2022). The potential for artificial intelligence in healthcare. *Journal of Commercial Biotechnology*, 27(4). <https://doi.org/10.5912/jcb1327>
- [147] Chatterjee, S., & Dohan, M. S. (2021). Artificial Intelligence for Healthcare in India: Policy Initiatives, Challenges, and Recommendations. *International Journal of Healthcare Information Systems and Informatics*, 16(4). <https://doi.org/10.4018/IJHISI.20211001.oa17>
- [148] Gerke, S., Minssen, T., & Cohen, G. (2020). Ethical and legal challenges of artificial intelligence-driven healthcare. In *Artificial Intelligence in Healthcare*. <https://doi.org/10.1016/B978-0-12-818438-7.00012-5>
- [149] Rane, Nitin (2023) Potential Role and Challenges of ChatGPT and Similar Generative Artificial Intelligence in Architectural Engineering. Available at SSRN: <https://ssrn.com/abstract=4607767> or <http://dx.doi.org/10.2139/ssrn.4607767>
- [150] Rane, Nitin (2023) Integrating Building Information Modelling (BIM) and Artificial Intelligence (AI) for Smart Construction Schedule, Cost, Quality, and Safety Management: Challenges and Opportunities. Available at SSRN: <https://ssrn.com/abstract=4616055> or <http://dx.doi.org/10.2139/ssrn.4616055>
- [151] Patil, D. R., Rane, N. L., (2023) Customer experience and satisfaction: importance of customer reviews and customer value on buying preference, *International Research Journal of Modernization in Engineering Technology and Science*, 5(3), 3437- 3447. <https://www.doi.org/10.56726/IRJMETS36460>
- [152] Rane, Nitin (2023) ChatGPT and Similar Generative Artificial Intelligence (AI) for Building and Construction Industry: Contribution, Opportunities and Challenges of Large Language Models for Industry 4.0, Industry 5.0, and Society 5.0. Available at SSRN: <https://ssrn.com/abstract=4603221> or <http://dx.doi.org/10.2139/ssrn.4603221>
- [153] Rane, Nitin (2023) Chatbot-Enhanced Teaching and Learning: Implementation Strategies, Challenges, and the Role of ChatGPT in Education. Available at SSRN: <https://ssrn.com/abstract=4603204> or <http://dx.doi.org/10.2139/ssrn.4603204>
- [154] Amann, J., Blasimme, A., Vayena, E., Frey, D., & Madai, V. I. (2020). Explainability for artificial intelligence in healthcare: a multidisciplinary perspective. *BMC Medical Informatics and Decision Making*, 20(1). <https://doi.org/10.1186/s12911-020-01332-6>
- [155] Roski, J., Maier, E. J., Vigilante, K., Kane, E. A., & Matheny, M. E. (2021). Enhancing trust in AI through industry self-governance. In *Journal of the American Medical Informatics Association* (Vol. 28, Issue 7). <https://doi.org/10.1093/jamia/ocab065>
- [156] López, D. M., Rico-Olarte, C., Blobel, B., & Hullin, C. (2022). Challenges and solutions for transforming health ecosystems in low- and middle-income countries through artificial intelligence. In *Frontiers in Medicine* (Vol. 9). <https://doi.org/10.3389/fmed.2022.958097>
- [157] Sharova, D. S., Zinchenko, V. v., Akhmad, E. S., Mokienko, O. A., Vladzymysky, A. v., & Morozov, S. P. (2021). On the issue of ethical aspects of the artificial intelligence systems implementation in healthcare. *Digital Diagnostics*, 2(3). <https://doi.org/10.17816/DD77446>
- [158] Hoch, C. C., Wollenberg, B., Lüers, J. C., Knoedler, S., Knoedler, L., Frank, K., Cotofana, S., & Alfertshofer, M. (2023). ChatGPT's quiz skills in different otolaryngology subspecialties: an analysis of 2576 single-choice and multiple-choice board certification preparation questions. *European Archives of Oto-Rhino-Laryngology*, 280(9). <https://doi.org/10.1007/s00405-023-08051-4>
- [159] Bisoyi, A. (2022). Ownership, liability, patentability, and creativity issues in artificial intelligence. *Information Security Journal*, 31(4). <https://doi.org/10.1080/19393555.2022.2060879>
- [160] Cummings, M. L. (2021). Rethinking the Maturity of Artificial Intelligence in Safety-Critical Settings. *AI Magazine*, 42(1). <https://doi.org/10.1002/j.2371-9621.2021.tb00005.x>
- [161] Nurmaini, S. (2021). The Artificial Intelligence Readiness for Pandemic Outbreak COVID-19: Case of Limitations and Challenges in Indonesia. *Computer Engineering and Applications Journal*, 10(1). <https://doi.org/10.18495/comengapp.v10i1.353>



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