# A Survey of Immunotherapy Tumor Ultrasound Cancer Treatment Immune Modulation and Ultrasound-Mediated Therapy

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### **Abstract**

This survey explores the innovative integration of immunotherapy with ultrasoundmediated therapy in cancer treatment, emphasizing its potential to enhance therapeutic efficacy and patient outcomes. The combination leverages ultrasound technology to improve drug delivery and modulate immune responses, addressing the limitations of traditional cancer therapies. Ultrasound-responsive nanoparticles exemplify the potential for localized therapeutic activation, enhancing intervention precision and efficacy. Recent advancements in mathematical modeling offer insights into optimizing therapeutic strategies by simulating tumor-immune interactions, highlighting the importance of integrating diverse therapeutic approaches. Personalized treatment strategies have been underscored by identifying microsatellite instability-high (MSI-H) colorectal cancers as responsive to immunotherapy. The integration of advanced imaging and computational technologies facilitates real-time monitoring and adaptive treatment adjustments, enhancing therapeutic precision and efficacy. Despite challenges such as tumor microenvironment complexity and patient-specific variability, this combined approach represents a promising frontier in cancer treatment. Continued research and innovation are crucial to fully realize its potential, revolutionizing therapeutic paradigms and improving patient quality of life.

## 1 Introduction

#### 1.1 Significance of Combining Immunotherapy and Ultrasound-Mediated Therapy

The integration of immunotherapy with ultrasound-mediated therapy signifies a pivotal advancement in cancer treatment, harnessing the immune system's capabilities alongside ultrasound precision to enhance therapeutic efficacy. This combination seeks to address the limitations of conventional therapies, particularly in improving drug delivery and efficacy. Immunotherapy, notably through immune checkpoint inhibitors, has shown promise in treating various malignancies, including colorectal cancer, where specific subtypes have responded favorably [1]. However, challenges such as immune evasion and resistance persist, necessitating innovative strategies to enhance treatment outcomes [2].

Ultrasound-mediated therapy enhances drug delivery and modulates immune responses, thereby augmenting immunotherapy effectiveness [3]. The application of engineered ultrasound-responsive nanoparticles exemplifies localized cancer treatment potential, improving precision and therapeutic impact [4]. Furthermore, combining radiotherapy with immunotherapy to boost tumor control rates emphasizes the benefits of integrating these strategies [5].

Mathematical and computational modeling are crucial in navigating the complexities of effective cancer immunotherapy design. For instance, [6] introduces a model to elucidate delayed responses in immune checkpoint blockade therapy, underscoring the need for innovative treatment designs. The integration of these diverse strategies highlights the transformative potential of combining

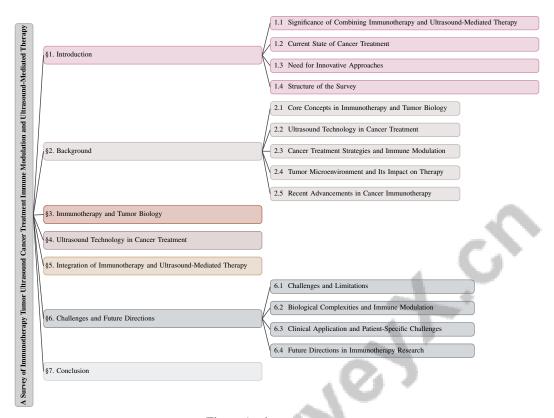


Figure 1: chapter structure

immunotherapy with ultrasound-mediated therapy, offering a comprehensive framework for revolutionizing cancer treatment paradigms and enhancing patient outcomes.

#### 1.2 Current State of Cancer Treatment

The current cancer treatment landscape encompasses a myriad of modalities, including chemotherapy, radiotherapy, surgery, and the rapidly evolving field of immunotherapy. Despite significant advancements, traditional treatments often exhibit limitations, such as high toxicity and non-specificity in targeting tumor cells, leading to collateral damage to healthy tissues and compromised immune responses. These challenges accentuate the urgent need for innovative strategies to enhance immunotherapy efficacy while mitigating adverse effects, including immune-related toxicities and autoimmunity. Advanced delivery technologies, such as nanoparticles and T cell-mediated therapies, alongside antiangiogenic agents, may improve therapeutic responses by normalizing the tumor microenvironment and facilitating immune cell infiltration. Additionally, mathematical and computational modeling can optimize treatment protocols, addressing tumor biology and immune interactions complexities, ultimately increasing patient benefit rates [7, 8, 3, 9, 10].

Immunotherapy has emerged as a promising strategy, particularly through immune checkpoint inhibitors and CAR T cell therapy, demonstrating potential against solid tumors [2]. However, the effectiveness of these therapies is often hindered by immune evasion and variability in patient responses, particularly in cancers with low T cell infiltration, such as certain breast cancer subtypes. The complexity of the adaptive immune receptor repertoire further complicates the development of effective immunotherapeutic strategies [11].

Radiotherapy remains a well-established treatment but presents challenges in understanding its synergy with immunotherapy, particularly regarding timing and radiation impact on efficacy [12]. Current protocols frequently overlook individual patient differences, leading to suboptimal outcomes and potential harm from inappropriate radiation doses [13]. Additionally, limitations in existing electrotherapy methods, especially rigid electrodes, hinder treatment effectiveness, necessitating the development of more adaptable technologies [7].

Metabolic competition between tumor and immune cells contributes to immunosuppression, further obstructing effective anti-tumor immunity [14]. The aggressive nature of certain cancers, particularly triple-negative breast cancer, with poor prognoses and limited treatment options, underscores the need for novel therapeutic strategies [15]. The dual roles of cytokines as both therapeutic agents and mediators of immune suppression add complexity to the current treatment landscape [16].

The multifaceted challenges in cancer treatment, coupled with rising global mortality rates, highlight the urgent need for innovative strategies to address tumor biology and therapy resistance complexities, ultimately improving patient outcomes [10]. Current breast cancer treatments, including immunotherapy, chemotherapy, and endocrine therapy, emphasize the necessity for new approaches at genetic and molecular levels [17]. The ineffective management of malignant gliomas, particularly glioblastoma multiforme, results in dismal survival rates despite existing therapies [18]. Additionally, tumor heterogeneity leads to relapse, necessitating personalized and adaptive treatment strategies [19]. Primary and secondary resistance to single-agent immunotherapies further limits their effectiveness, resulting in treatment failures for many patients [20]. The limited efficacy of immunotherapy as a standalone treatment, with response rates around 10-15%, calls for innovative approaches to enhance outcomes [5]. Moreover, the challenge of effective cancer therapies utilizing gene transfection without viral vectors due to safety concerns remains ongoing [4].

## 1.3 Need for Innovative Approaches

The intricate dynamics of cancer biology necessitate exploring innovative treatment strategies to address the multifaceted challenges posed by tumor heterogeneity and the immunosuppressive microenvironment. Current therapeutic modalities often fall short in overcoming these barriers, highlighting the urgent need for novel approaches that enhance efficacy and improve patient outcomes [2]. The demand for new strategies is further underscored by the need to optimize the combination of radiotherapy and immune checkpoint inhibitors, particularly given the insufficient response rates of immunotherapy alone [5].

Delayed responses observed in some patients undergoing immunotherapy suggest that existing protocols may not fully exploit immune-based treatment potential, emphasizing the need for strategies that dynamically adapt to individual responses [6]. Moreover, the concept of employing weak external noise to enhance periodic treatment effects presents a novel avenue for achieving tumor extinction, offering promising strategies for improving treatment efficacy [21].

The integration of mathematical and computational models is pivotal in designing effective cancer therapies, allowing for simulating complex biological interactions and optimizing treatment protocols. Developing such models is crucial for advancing our understanding of tumor-immune dynamics and identifying optimal strategies to overcome resistance mechanisms and improve clinical outcomes [6]. Exploring these innovative approaches is essential to address current cancer treatment limitations and pave the way for more personalized and effective therapeutic interventions.

#### 1.4 Structure of the Survey

This survey is meticulously structured to provide a comprehensive exploration of the integration of immunotherapy and ultrasound-mediated therapy in cancer treatment, offering insights into both theoretical foundations and practical applications. The paper begins with an **Introduction**, discussing the significance of combining these therapies, the current state of cancer treatment, and the pressing need for innovative approaches, concluding with this subsection that outlines the organization of the survey.

The subsequent section, **Background**, delves into foundational concepts relevant to the survey, including immunotherapy, tumor biology, and ultrasound technology. It provides historical context and discusses recent advancements, serving as a primer for understanding core elements involved in this therapeutic strategy.

In **Immunotherapy and Tumor Biology**, the paper explores mechanisms by which immunotherapy targets and destroys cancer cells, while addressing challenges posed by tumor biology. This section emphasizes immune modulation's role in enhancing treatment efficacy and discusses modeling approaches for tumor-immune interactions.

The section on **Ultrasound Technology in Cancer Treatment** examines ultrasound technology's application in enhancing drug delivery and modulating immune responses. It outlines ultrasound-mediated therapy principles and highlights potential benefits, providing examples of its applications in cancer treatment.

The integration of these therapies is further analyzed in **Integration of Immunotherapy and Ultrasound-Mediated Therapy**, discussing the synergistic effects, technological innovations, and clinical applications of this combined approach. This section provides case studies and examples of successful integrations, showcasing ongoing research efforts.

Finally, the survey addresses challenges and future directions in **Challenges and Future Directions**. This section identifies primary challenges and limitations of the combined approach, explores biological complexities, and discusses patient-specific challenges. It outlines potential solutions and future research directions to optimize treatment outcomes and advance the field.

The survey concludes with a comprehensive **Conclusion** that summarizes key findings and emphasizes the critical need for ongoing research and innovation in oncology. This emphasis is vital for enhancing patient outcomes, especially in light of complex challenges posed by cancer, including high treatment costs, drug resistance, and the necessity for improved early detection and prevention strategies. By fostering collaboration and integrating advanced technologies, including biomaterials and machine learning frameworks, the field can significantly advance in personalizing treatments and optimizing immunotherapy responses, ultimately improving the quality of life for millions affected by cancer [22, 7, 3]. The following sections are organized as shown in Figure 1.

# 2 Background

## 2.1 Core Concepts in Immunotherapy and Tumor Biology

Immunotherapy is a groundbreaking cancer treatment strategy that harnesses the immune system to target and destroy cancer cells, with immune checkpoint inhibitors playing a pivotal role by disrupting inhibitory pathways on T-cells to enhance their tumor-fighting capabilities [2]. The tumor immune microenvironment (TIME) is integral to tumor evolution and therapeutic response, particularly in colorectal cancer with microsatellite instability (MSI) subtypes, underscoring the complex interactions within the TIME that affect immunotherapy efficacy [1].

The tumor microenvironment (TME), comprising cancer cells, immune cells, and stromal elements, significantly influences tumor progression and immune evasion. Tumor-associated macrophages (TAMs), with their dual pro-inflammatory (M1) and pro-tumorigenic (M2) phenotypes, serve as both biomarkers and therapeutic targets in the TME [23]. Understanding the interactions between TAMs and other immune cells is crucial for developing effective immunotherapeutic strategies.

Mathematical modeling offers a robust framework for simulating tumor-immune interactions, providing insights into tumor growth dynamics and immune responses. Models addressing intra-tumor heterogeneity (ITH) aid in optimizing therapeutic protocols [24], while those incorporating spatial dynamics and cell-scale interactions enhance understanding of cancer-immune cell relationships [25].

The initiation and maintenance of immune responses are critical for successful immunotherapy, relying on the immune system's ability to distinguish self from non-self and respond to danger signals [26]. Delayed responses in immune checkpoint blockade therapy highlight the importance of interactions between effector and non-effector T cells within tumor environments [6].

## 2.2 Ultrasound Technology in Cancer Treatment

Ultrasound technology has become a key non-invasive tool in cancer treatment, enhancing the delivery and efficacy of therapeutic agents. Its role in modulating the tumor microenvironment and facilitating drug penetration is crucial in oncology. Recent studies using ultrasound transmitters and receivers in murine models enable intravital imaging and monitoring of acoustic vaporization ultrasound (AVUS) effects on tumor microvasculature, providing real-time treatment insights [27].

The use of ultrasonic fields generated through zero-order Bessel beams allows precise control over acoustic energy distribution, enhancing tumor targeting while minimizing damage to healthy tissues

[28]. This precision underscores ultrasound's potential to improve cancer treatment specificity and efficacy.

In drug delivery, ultrasound-responsive mesoporous silica nanoparticles have been developed for genetic material delivery to mesenchymal stem cells, demonstrating ultrasound's capability to facilitate targeted gene therapy. These nanoparticles release therapeutic agents in response to ultrasound stimuli, enhancing treatment precision and reducing systemic toxicity [4]. The manipulation of these nanoparticles illustrates ultrasound's versatility in improving therapeutic outcomes.

Integrating ultrasound technology into cancer treatment represents a significant advancement, enabling targeted drug delivery and dynamic modulation of the tumor microenvironment. This approach enhances cancer therapy efficacy, including immunotherapy, by improving immune response activation and minimizing adverse effects of traditional treatments. Leveraging ultrasound's capabilities aims to optimize therapeutic outcomes and address tumor biology complexities, including cancer cell interactions with their environment [29, 3]. Combining ultrasound with other therapeutic modalities holds promise for more effective and personalized cancer treatments.

#### 2.3 Cancer Treatment Strategies and Immune Modulation

Cancer treatment strategies increasingly focus on immune modulation to enhance therapeutic efficacy and patient outcomes. The complex interactions within the tumor microenvironment (TME) significantly affect tumor progression, metastasis, and therapy responses, necessitating innovative approaches that leverage the immune system. Cancer cells' phenotypic plasticity enables immune evasion, highlighting the need for adaptive treatment strategies [19]. The limited efficacy of immunotherapies in solid tumors underscores the necessity for targeted and controlled release systems to overcome delivery barriers [3].

Combining immune checkpoint inhibitors (ICIs) with other therapeutic modalities exemplifies immune modulation strategies' potential. The PULSAR approach, integrating ICIs with radiation therapy, delivers radiation in ablative doses with extended intervals, potentially enhancing synergy with immunotherapy [12]. This adaptability optimizes treatment efficacy, particularly in colorectal cancer cases, especially microsatellite stable (MSS) tumors [1].

Mathematical modeling is crucial for understanding tumor-immune dynamics and guiding treatment optimization. Models incorporating various therapies have been proposed to improve outcomes for estrogen receptor-positive breast cancer [17]. These frameworks explore combination therapies' synergistic effects and emphasize comprehensively understanding cancer dynamics in immune modulation. The interaction between tumor cells and CD8+ T cells, particularly concerning ITH, is critical for optimizing therapeutic protocols [24]. However, the lack of comprehensive models including spatial distribution and stochastic interactions limits understanding of immune system oscillations in response to cancer [25].

Developing non-viral alternatives for gene therapy is crucial due to existing viral vector methods' limited efficacy and safety [4]. Innovative approaches, such as deep learning for lymphocyte segmentation combined with histopathological analyses, offer stable alternatives, enhancing understanding of immune infiltration in tumors. Machine learning and sensitivity analysis further improve immune modulation and drug delivery, enabling personalized interventions [13].

Combination therapies involving cytotoxic agents and monoclonal antibodies highlight immune modulation's importance in cancer treatment strategies [30]. Additionally, the role of B-cells in CAR T-cell therapy underscores immune modulation's potential to enhance treatment efficacy [31]. These strategies emphasize integrating innovative technologies and comprehensive modeling approaches to optimize treatment protocols and improve patient outcomes.

## 2.4 Tumor Microenvironment and Its Impact on Therapy

The tumor microenvironment (TME) is crucial in determining cancer therapies' effectiveness, influencing drug delivery and immune responses. Traditional 2D culture models inadequately capture TME complexity, limiting predictive accuracy of patient responses to immunotherapy [32]. The TME comprises diverse cellular and non-cellular components, including tumor-associated macrophages (TAMs), which play vital roles in immune suppression, tumor initiation, metastasis, and angiogenesis

[33]. TAMs exhibit heterogeneity across different tumors, posing challenges in understanding their interactions with tumor cells and their impact on therapeutic outcomes [34].

Efficient characterization of the TME is essential for optimizing immunotherapy strategies. Precise quantification of lymphocytes in histopathology slides provides insights into tumors' immune land-scape, aiding in identifying therapeutic targets and biomarkers for patient selection [35]. The TME's complexity, coupled with the need to overcome multiple resistance mechanisms, underscores the importance of strategies targeting its components [20].

Mathematical models have emerged as powerful tools to address TME challenges, simulating tumorimmune interactions and optimizing therapeutic protocols [8]. These models explore TAM interactions with various immunotherapeutic strategies, highlighting their dual roles as tumor promoters and immune suppressors within the TME [36]. By integrating these models with experimental data, researchers can gain deeper insights into the TME's influence on therapy effectiveness and devise personalized treatment approaches.

## 2.5 Recent Advancements in Cancer Immunotherapy

Recent advancements in cancer immunotherapy have transformed treatment paradigms, introducing vaccines, monoclonal antibodies, and cellular therapies that reshape oncological care [37]. These developments underscore immunotherapy's critical role in cancer treatment, marking a shift towards personalized and effective strategies [23].

One pivotal advancement is cytokines' integration to enhance anti-tumor immunity, showing promise in improving treatment efficacy [16]. The development and approval of combination immunotherapies have further enhanced patient outcomes across various cancer types, demonstrating synergistic strategies' potential [38]. This aligns with the ongoing need for innovative approaches to overcome existing barriers in cancer treatment [2].

Technological advancements have played a crucial role in cancer immunotherapy's evolution. A public dataset demonstrating multiplex immunofluorescence and multiplex immunohistochemistry equivalence for tumor immune microenvironment characterization represents a significant milestone, enabling cost-effective analysis without compromising accuracy [39]. Additionally, innovative use of multiplex RNAscope technology for spatial analysis of immune cell infiltration offers new insights into immune responses, particularly in triple-negative breast cancer (TNBC) [15].

The adoption of three-dimensional (3D) models has notably improved prediction of patient responses to immunotherapies, serving as valuable tools for personalized medicine [32]. These models provide a more accurate representation of the TME, facilitating better simulation and understanding of tumor-immune interactions. Recent advancements in biomathematical modeling have enriched understanding of these interactions by incorporating biological response delays, offering a comprehensive framework for evaluating treatment efficacy [5].

Despite significant progress, challenges remain in elucidating the molecular mechanisms underlying immune responses and their interactions with the TME. Continued research and innovation are essential to address these gaps, optimize therapeutic strategies, and ultimately improve patient outcomes in cancer immunotherapy [7].

In recent years, the field of immunotherapy has gained significant attention as a promising approach to cancer treatment. This paper explores the intricate relationship between tumor biology and the mechanisms of immunotherapy, which are essential for understanding treatment efficacy. As illustrated in Figure 2, the figure highlights key aspects of immunotherapy and tumor biology, categorizing various elements that play a crucial role in this dynamic interaction.

The figure delineates mechanisms of immunotherapy, including immune checkpoint inhibitors, cytokines, and mathematical models, which collectively form the backbone of therapeutic strategies. Furthermore, it addresses the challenges inherent in tumor biology, such as tumor microenvironment heterogeneity, modeling challenges, and cytokine interactions, which complicate treatment outcomes.

Additionally, immune modulation strategies aimed at targeting tumor-associated macrophages, bioelectric modulation, and the application of advanced computational models are discussed. The modeling of tumor-immune interactions is also a focal point, employing spatial point processes and multidisciplinary approaches to optimize therapeutic strategies. By integrating these components, the figure provides a comprehensive overview that enhances our understanding of the complexities involved in immunotherapy and its application to tumor biology.

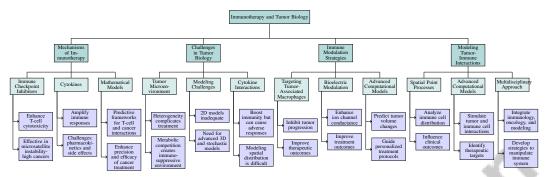


Figure 2: This figure illustrates key aspects of immunotherapy and tumor biology, highlighting mechanisms of immunotherapy, challenges in tumor biology, immune modulation strategies, and modeling tumor-immune interactions. It categorizes immune checkpoint inhibitors, cytokines, and mathematical models under mechanisms of immunotherapy. Challenges in tumor biology include tumor microenvironment heterogeneity, modeling challenges, and cytokine interactions. Immune modulation strategies focus on targeting tumor-associated macrophages, bioelectric modulation, and advanced computational models. Modeling tumor-immune interactions involves spatial point processes, advanced computational models, and a multidisciplinary approach to optimize therapeutic strategies.

# 3 Immunotherapy and Tumor Biology

## 3.1 Mechanisms of Immunotherapy

Immunotherapy exploits the immune system's ability to target cancer cells by enhancing immune responses. Central to this are immune checkpoint inhibitors, which increase T-cell cytotoxicity by blocking inhibitory pathways, proving effective in microsatellite instability-high cancers like certain colorectal cancers [15]. Cytokines also amplify immune responses, but their clinical use is limited by complex pharmacokinetics and side effects. Integrating cytokines into treatments aims to boost both innate and adaptive immunity, especially in challenging cases like triple-negative breast cancer [16, 15].

Mathematical models are crucial for understanding immunotherapy mechanisms, providing predictive frameworks for T-cell and cancer cell interactions. A biomathematical model shows that combining radiotherapy with immunotherapy enhances tumor control by promoting antigen release [5]. Models simulating TCR T-cell interactions with cancer cells and interleukin-2 (IL-2) optimize therapeutic strategies [40]. A spatially explicit stochastic model explores intra-tumor heterogeneity effects on CD8+ T cell interactions [24]. A space-velocity model using a thermostatted kinetic theory framework simulates cell interactions impacting tumor dynamics [25].

Advanced models elucidate T-cell migration and infiltration within the tumor microenvironment (TME), linking radiation and immunotherapy's synergistic effects [12]. Ordinary differential equations (ODEs) model delayed responses in immune checkpoint blockade therapy [6]. These mechanisms utilize advanced computational models to enhance cancer treatment precision and efficacy, paving the way for personalized and effective strategies [20, 3].

Figure 3 illustrates the primary mechanisms of immunotherapy, including immune checkpoint inhibitors that enhance T-cell activity, the role of cytokines in amplifying immune responses, and the application of mathematical models to optimize treatment strategies and understand tumor dynamics. The first graph highlights tumor cell proliferation across four treatment scenarios, emphasizing the potential efficacy of combined therapies. The second image explores immune cell dynamics within tumor microenvironments, contrasting CMS1 and CMS2 tumors to show how immune cells interact with tumor cells. The third image categorizes immunotherapy types, emphasizing mechanisms and applications, including vaccines [41, 42, 37].

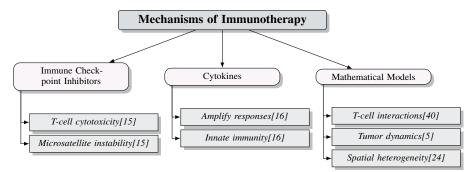


Figure 3: This figure illustrates the primary mechanisms of immunotherapy, including immune checkpoint inhibitors that enhance T-cell activity, the role of cytokines in amplifying immune responses, and the application of mathematical models to optimize treatment strategies and understand tumor dynamics.

## 3.2 Challenges in Tumor Biology

Tumor biology presents significant challenges due to the complex dynamics of the tumor microenvironment (TME). Heterogeneity within the TME, including diverse cell types like tumor-associated macrophages (TAMs), complicates therapeutic target identification and leads to inconsistent treatment responses [25]. Understanding TAM interactions with tumor cells is crucial for optimizing therapeutic strategies.

Metabolic competition in the TME further complicates treatment efficacy, as tumor cells often outcompete immune cells for nutrients, creating an immunosuppressive environment [5]. Innovative strategies manipulating metabolic pathways are needed to enhance treatment outcomes.

Cytokine interactions add complexity; while they can boost anti-tumor immunity, they may also trigger adverse responses [6]. The challenge lies in harnessing cytokines to enhance immune responses without inducing side effects. Additionally, accurately modeling immune cell spatial distribution remains difficult, risking overfitting or underfitting in predictive models [25].

Traditional two-dimensional (2D) models inadequately capture the tumor's architecture, necessitating more sophisticated three-dimensional (3D) models. The stochastic nature of tumor dynamics presents another challenge, as deterministic models fail to account for random fluctuations affecting therapy outcomes [6].

Addressing these complexities requires advanced mathematical and computational modeling techniques that integrate dynamic TME and immune system interactions. These models can inform innovative therapeutic strategies, including combining immunotherapy and nanomedicines, enhancing treatment efficacy and patient outcomes [43, 9, 8, 41].

## 3.3 Immune Modulation Strategies

Immune modulation strategies are pivotal for advancing cancer treatment by targeting the tumor immune microenvironment (TIME) and enhancing immune capabilities. Modulating tumor-associated macrophages (TAMs), whose plasticity influences tumor progression and therapeutic responses, is a primary focus [34]. Targeting TAMs can inhibit tumor progression and improve therapeutic outcomes.

Enhancing ion channel conductance, such as Kv1.3 potassium channels, through extremely low-frequency electromagnetic fields (ELF-EMF) offers a novel strategy to modulate immune activity and improve treatment outcomes [44]. This highlights the potential of bioelectric modulation in augmenting immune responses against cancer.

Advanced computational models provide insights into causal relationships within treatment processes, predicting tumor volume changes and guiding targeted interventions. Integrating these models with experimental data enhances understanding of immune dynamics, informing personalized treatment protocols and improving immunotherapy efficacy [11, 8, 45, 22].

Future research should focus on targeting hybrid epithelial/mesenchymal (E/M) phenotypes to address tumor plasticity and immune evasion challenges. Investigating these phenotypes can lead to more effective immune modulation strategies, enhancing cancer immunotherapy efficacy. Advanced delivery technologies and combination therapies can optimize treatment regimens, improving response rates and patient outcomes [20, 3]. Identifying TIME subclasses and their therapeutic outcome associations could enhance biomarkers for patient stratification in immunotherapy.

To improve cancer treatment, immune modulation strategies must incorporate a comprehensive understanding of the TIME and develop targeted interventions. These strategies hold promise for enhancing current therapies' efficacy and improving patient quality of life through more personalized treatment approaches [36, 20, 3].

# 3.4 Modeling Tumor-Immune Interactions

Modeling tumor-immune interactions is crucial for understanding cancer dynamics and optimizing therapeutic strategies. The complexity of these interactions necessitates sophisticated mathematical and computational models that capture tumor growth and immune response dynamics. Spatial point processes analyze and model immune cells' spatial distribution within the tumor microenvironment (TME), crucial for understanding immune response heterogeneity and treatment outcomes [46].

Integrating spatial modeling with traditional models enhances understanding of tumor-immune interactions by accounting for immune cells' complex spatial distribution within tumors, influencing clinical outcomes and immunotherapy effectiveness. This comprehensive approach facilitates exploration of factors like immune cell infiltration patterns and TME dynamics, aiding the design of more effective therapeutic strategies [43, 47, 48, 8, 46]. Models incorporating spatial dynamics provide insights into immune cell distribution and behavior in response to tumor growth, informing targeted interventions.

Advanced computational models simulate interactions between tumor and immune cells, including T-cells and macrophages, accounting for cytokine signaling, immune cell recruitment, and therapeutic intervention impacts. By employing these models, researchers can identify therapeutic targets and refine treatment protocols, addressing challenges posed by the immunosuppressive TME and immune-modulating effects of conventional therapies [43, 36, 22, 8, 3].

The use of spatial point processes and advanced modeling underscores the need for a multidisciplinary approach to studying tumor-immune interactions. Integrating insights from immunology, oncology, and modeling, researchers can develop effective strategies to manipulate the immune system and improve cancer treatment outcomes. These efforts are essential for deepening our understanding of tumor biology and developing cutting-edge immunotherapies that leverage the immune system's capabilities to combat cancer, addressing challenges like adverse effects and treatment resistance. Advanced delivery technologies and precision medicine can enhance these therapies' efficacy and safety, ultimately improving patient outcomes and access to effective cancer care [7, 3].

## 4 Ultrasound Technology in Cancer Treatment

### 4.1 Principles of Ultrasound-Mediated Therapy

Ultrasound-mediated therapy utilizes the acoustic properties of sound waves to improve cancer treatment by enhancing drug delivery and altering the tumor microenvironment. Focused ultrasound transiently increases the permeability of cell membranes and tumor vasculature, enabling the targeted delivery of therapeutic agents directly to tumors, thereby enhancing drug penetration and retention while reducing systemic toxicity [3]. Ultrasound-responsive nanoparticles exemplify this by releasing therapeutic cargo upon ultrasound exposure, facilitating localized activation of therapeutic genes in mesenchymal stem cells [4].

The multimodal nature of ultrasound is evident in its use alongside other therapies, such as immunotherapy, where it enhances immune modulation in combination with GM-CSF-producing melanoma vaccines [49]. Robust optimization of power distribution ensures effective ultrasound hyperthermia treatment despite model uncertainties [50].

Mathematical models play a crucial role in optimizing ultrasound-mediated therapy, providing insights into treatment dynamics and enabling personalized protocols. Non-linear ordinary differential

equations (ODEs) model glioma cell dynamics and immune interactions, offering a framework to inform treatment strategies [18]. Incorporating angiogenesis and VEGF production into these models enhances understanding of tumor-immune interactions [30].

Advanced imaging technologies complement ultrasound therapy by providing real-time feedback and allowing adaptive treatment adjustments based on dynamic tumor characteristics. Stochastic modeling frameworks, such as kinetic Monte Carlo simulations, improve the accuracy of therapeutic interventions [25], facilitating precise monitoring and adjustment of treatment parameters to enhance ultrasound-mediated therapy efficacy.

### 4.2 Enhancement of Drug Delivery

Ultrasound technology enhances drug delivery in cancer treatment by modulating the tumor microenvironment and improving drug penetration. Ultrasound generates mechanical forces that increase cell membrane and tumor vasculature permeability, enhancing therapeutic agent delivery and retention at tumor sites [3]. This addresses physiological barriers that impede drug delivery in solid tumors.

Key advancements include techniques for generating ultrasonic fields with arbitrary shapes and high localization, allowing precise targeting of tumor tissues while minimizing damage to healthy tissues [28]. Integration with periodic cytokine dosing has been evaluated for its effects on drug delivery and tumor growth, emphasizing the importance of understanding temporal interactions in optimizing therapeutic strategies [51].

Waveform diversity enhances spatial power deposition and robustness against model uncertainties, improving the precision of ultrasound-mediated drug delivery [50]. This robustness is crucial for maintaining treatment efficacy across diverse patient populations and tumor types.

Advanced imaging datasets provide insights into immune cell distribution and interactions within the tumor microenvironment [52]. Ultrasound serves as a powerful tool in enhancing the delivery of immunotherapies and nanomedicines. Its application in antivascular ultrasound can induce blood flow shutdown and necrosis in tumors, significantly inhibiting tumor growth when combined with chemotherapy and radiation. This approach facilitates real-time monitoring of treatment effects while addressing challenges associated with the tumor microenvironment [9, 53, 27, 3]. By improving drug penetration and retention within tumors and integrating advanced modeling and imaging techniques, ultrasound-mediated therapy holds promise for optimizing therapeutic outcomes and enhancing patient quality of life.

## 4.3 Modulation of Immune Responses

Ultrasound technology is a promising tool for modulating immune responses, significantly enhancing cancer therapy efficacy. By affecting the tumor immune microenvironment (TIME) through vascular events and immune cell infiltration, ultrasound can modulate the overall immune response to tumors. For example, acoustic vaporization ultrasound (AVUS) impacts tumor vasculature, particularly in smaller vessels, where increased pressure can lead to vascular shutdown and altered immune cell dynamics, enhancing immune cell infiltration and activity [27].

The integration of ultrasound with mathematical modeling provides a robust framework for optimizing treatment protocols. Hybrid discrete-continuum modeling (HDCM) offers a more accurate representation of tumor-immune interactions, facilitating the development of informed therapeutic strategies [54]. This modeling can be complemented by ultrasound to modulate immune responses, thereby improving patient outcomes.

Explainable artificial intelligence (XAI) models can further enhance ultrasound-mediated modulation of immune responses. XAI provides interpretable predictions of critical inflection points in immune cell fractions, enabling targeted therapeutic interventions [55]. Local immune modulation strategies, such as enhancing oncolytic virotherapy, can also benefit from ultrasound-mediated immune response modulation [56].

Additionally, weak electromagnetic waves can modulate immune responses, particularly affecting IL-2 production in tumor-bearing mice, supporting the exploration of ultrasound to influence cytokine production and immune cell activity [57]. Handling uncertainties in drug delivery could lead to lower

drug doses and improved patient safety, synergistically combined with ultrasound-mediated immune modulation to optimize therapeutic outcomes [58].

## 4.4 Applications in Cancer Treatment

Ultrasound technology is increasingly applied in cancer treatment, offering therapeutic benefits through enhanced drug delivery, immune response modulation, and real-time imaging capabilities. Ultrasound-guided drug delivery systems exploit ultrasound's mechanical properties to increase cell membrane and tumor vasculature permeability, facilitating targeted delivery of chemotherapeutic agents directly to tumors, enhancing drug penetration and retention while minimizing systemic exposure and toxicity [3].

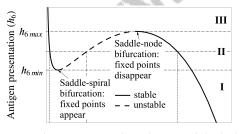
The development of ultrasound-responsive nanoparticles has expanded ultrasound applications in cancer therapy. These nanoparticles release therapeutic cargo upon ultrasound exposure, allowing localized and controlled drug delivery, particularly effective in gene therapy applications [4].

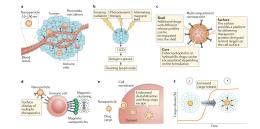
In hyperthermia treatment, focused ultrasound waves increase tumor tissue temperature, enhancing cancer cell sensitivity to radiation and chemotherapy. Robust optimization of power distribution in ultrasound hyperthermia treatment ensures effective heating while minimizing damage to surrounding healthy tissues [50].

Ultrasound enhances immunotherapy efficacy by modulating the TIME, increasing immune cell infiltration and activity within tumors. Studies demonstrate ultrasound's impact on tumor vasculature and immune cell dynamics, leading to improved patient outcomes when combined with immunotherapeutic agents [27].

Ultrasound's real-time imaging capabilities provide critical insights into tumor characteristics and treatment responses. Advanced imaging techniques, such as AVUS, enable precise monitoring of treatment dynamics, allowing adaptive adjustments to therapeutic protocols based on real-time feedback [27]. This integration of imaging and therapy underscores ultrasound's potential to enhance the precision and efficacy of cancer treatment.

The diverse applications of ultrasound in cancer treatment highlight its versatility and potential to improve therapeutic outcomes. By enhancing drug delivery systems, such as nanoparticles, ultrasound can target tumor microenvironments more effectively and reduce off-target toxicities. It also plays a crucial role in modulating immune responses to boost the efficacy of immunotherapies, which activate the immune system against cancer cells while minimizing adverse effects. Additionally, real-time imaging capabilities facilitate better monitoring of treatment responses and tumor dynamics, ultimately contributing to improved patient outcomes and quality of life in cancer care [9, 53, 3].





(a) Antigen Presentation in a Biological System[41]

(b) Nanoparticle-based cancer therapy[53]

Figure 4: Examples of Applications in Cancer Treatment

As shown in Figure 4, ultrasound technology is increasingly integrated into cancer treatment strategies, showcasing its potential to enhance the efficacy of existing therapies. This example highlights two innovative applications: antigen presentation in a biological system and nanoparticle-based cancer therapy. The first application is depicted through a bifurcation diagram illustrating how the system responds to varying levels of antigen presentation, offering insights into dynamic interactions within biological systems as cancer progresses. The second application focuses on nanoparticle-based therapies, which leverage nanoparticles as delivery vehicles to target tumors more precisely. This approach is visually represented with an image divided into sections, detailing how nanoparticles

can effectively deliver therapeutic agents directly to tumor sites, thereby improving treatment outcomes. These examples underscore the transformative role of ultrasound technology in advancing cancer treatment methodologies, emphasizing a shift towards more targeted and efficient therapeutic interventions [41, 53].

## 5 Integration of Immunotherapy and Ultrasound-Mediated Therapy

The convergence of immunotherapy and ultrasound-mediated therapy has emerged as a promising frontier in cancer treatment, offering potential for enhanced therapeutic efficacy. Understanding the synergistic mechanisms that underpin this integration is crucial for optimizing treatment strategies. The following subsection explores these mechanisms, elucidating the biological and technological foundations driving this innovative combination.

## 5.1 Synergistic Mechanisms

Method Name	Integration Strategies	Therapeutic Precision	Dynamic Interactions
URNPs[4]	Combined Therapies	Localized Cancer Treatment	Cancer Proliferation Interplay
BMT-RIT[5]	Combining Radiotherapy Immunother-	Localize Activate Agents	Tumor-immune Interactions
	apy		
ICM-SA[59]	Stochastic Modeling Integration	Localize Therapeutic Agents	Cancer Cell Dynamics

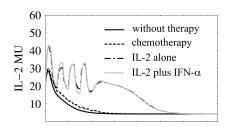
Table 1: Table illustrating the integration strategies, therapeutic precision, and dynamic interactions of various methods in cancer treatment. The methods include Ultrasound-Responsive Nanoparticles (URNPs), Biomathematical Model for Tumor Response to Immunotherapy (BMT-RIT), and Integrative Cancer Modeling with Stochastic Analysis (ICM-SA). Each method highlights distinct approaches to enhance treatment efficacy through localized activation and interaction with tumor dynamics.

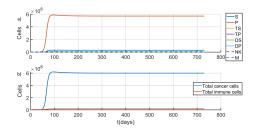
The integration of immunotherapy with ultrasound-mediated therapy leverages synergistic mechanisms that significantly enhance cancer treatment efficacy. Ultrasound improves the localization and distribution of immune-modulating agents within the tumor microenvironment (TME), augmenting immunotherapy effects [3]. This synergy is particularly effective in tumors with complex metabolic interactions and immune evasion strategies. Ultrasound-responsive nanoparticles exemplify localized activation of therapeutic agents, increasing treatment precision [4].

Advancements in mathematical modeling have provided insights into tumor-immune dynamics, highlighting the integration of various therapies to optimize outcomes. Combining radiotherapy with immune checkpoint inhibitors enhances immune responses, suggesting potential improvements in treatment protocols [5]. Personalized approaches, such as targeting microsatellite instability-high (MSI-H) colorectal cancers with PD-1 inhibitors, emphasize maximizing treatment efficacy [1].

The synergistic effects of integrating immunotherapy and ultrasound-mediated therapy enhance therapeutic outcomes and inform clinical trial designs and strategies addressing resistance mechanisms [12, 20, 3]. By enhancing immune modulation, improving drug delivery, and providing real-time insights into treatment dynamics, these interactions pave the way for more effective strategies and improved patient outcomes. Table 1 provides a comprehensive overview of the integration strategies, therapeutic precision, and dynamic interactions employed by different methods to enhance cancer treatment efficacy.

As shown in Figure 5, the integration of immunotherapy and ultrasound-mediated therapy represents a promising frontier in cancer treatment, leveraging synergistic mechanisms to enhance therapeutic efficacy. This approach is exemplified by studies exploring the impact of various therapies on interleukin-2 (IL-2) levels, a crucial cytokine in immune response modulation. One graph illustrates the comparative effects of different treatment modalities, including chemotherapy, IL-2 alone, and IL-2 combined with interferon-alpha (IFN-), on IL-2 levels within a biological system. The x-axis categorizes these therapies, while the y-axis quantifies IL-2 levels in million units, providing a clear visual representation of how these treatments influence cytokine production. Complementing this, another set of graphs delves into cell dynamics in cancer and immune response, showcasing the temporal progression of both cancer and immune cell populations. This dual analysis underscores the dynamic interplay between cancer proliferation and immune activity, offering insights into how combined therapeutic strategies can potentially disrupt tumor growth while bolstering immune defense





- (a) The image shows a graph comparing the effects of different therapies on interleukin-2 (IL-2) levels in a biological system.[41]
- (b) Cell Dynamics in Cancer and Immune Response[59]

Figure 5: Examples of Synergistic Mechanisms

mechanisms. Together, these visualizations encapsulate the potential of integrating immunotherapy with ultrasound-mediated approaches to achieve more effective cancer interventions. [41, 59]

### 5.2 Technological Innovations

Recent technological innovations have significantly advanced the integration of immunotherapy and ultrasound-mediated therapy, enhancing cancer treatment precision and efficacy. Immunocto, utilizing the Segment Anything Model (SAM) for object detection and immunofluorescence data, reduces manual annotations, streamlining immune cell interaction analysis within the TME [52]. This facilitates accurate characterization of immune responses, optimizing treatment protocols and personalizing cancer therapies.

Integrating advanced imaging techniques, such as wireless multicolor fluorescence sensors and intravital microscopy, with ultrasound enhances real-time monitoring of treatment dynamics. This synergy allows immediate feedback on therapeutic responses, facilitating adaptive treatment adjustments. Ultrasound-activated microbubbles provide insights into antivascular ultrasound therapies' efficacy, while multimodal approaches combining imaging data with patient-specific biomarkers predict survival outcomes in cancer immunotherapy [60, 61, 27, 22]. This capability is crucial for optimizing therapeutic agent delivery and efficacy, particularly in complex tumor environments.

Machine learning and artificial intelligence further refine therapy integration by identifying optimal treatment combinations and dosing schedules, enhancing cancer therapies' effectiveness. Leveraging insights from extensive datasets and sophisticated analytical models, researchers devise personalized strategies targeting specific tumor characteristics and immune profiles [20, 36, 8, 3, 41].

The integration of immunotherapy with ultrasound-mediated therapy exemplifies significant technological advancements in cancer treatment, highlighting their potential to enhance therapeutic efficacy and minimize adverse effects. By employing innovative delivery systems, such as nanoparticles and T cell-based therapies, researchers are working to improve immune response rates while addressing challenges posed by the tumor microenvironment (TME), which often hinders treatment effectiveness. Furthermore, combining these approaches with antiangiogenic agents may facilitate the normalization of the TME, thereby promoting immune cell infiltration and enhancing the overall effectiveness of immunotherapy. These developments not only open new pathways for personalized medicine but also aim to increase the number of patients who can benefit from these cutting-edge treatments. [20, 60, 3, 9, 10]

## 5.3 Clinical Applications and Case Studies

The integration of immunotherapy and ultrasound-mediated therapy demonstrates promising clinical applications, enhancing cancer treatment efficacy. A notable case study involves using ultrasound to improve immune checkpoint inhibitors' delivery and efficacy in melanoma patients, increasing tumor vasculature permeability and immune cell infiltration [3].

Combining ultrasound with CAR T-cell therapy in solid tumors enhances CAR T-cell localization and activity, addressing poor T-cell infiltration challenges [2]. In colorectal cancer patients with high

microsatellite instability (MSI-H), combining ultrasound with PD-1 inhibitors improves response rates and progression-free survival [1].

Ultrasound integration with oncolytic virotherapy shows promise in preclinical models, enhancing viral replication and immune activation, potentially improving oncolytic viruses' clinical efficacy [56].

The integration of immunotherapy with ultrasound-mediated therapy has the potential to significantly enhance cancer treatment by improving immune response while mitigating adverse effects, as evidenced by recent advances in drug delivery technologies and multimodal diagnostic approaches that optimize patient outcomes and survival predictions. [60, 3]. By enhancing immune modulation, improving drug delivery, and providing real-time insights into treatment dynamics, this combined approach offers a promising avenue for advancing cancer treatment and improving patient outcomes.

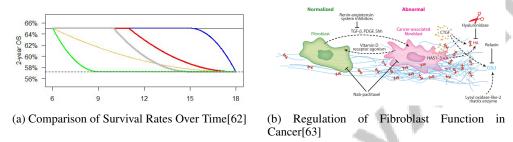


Figure 6: Examples of Clinical Applications and Case Studies

As shown in Figure 6, the integration of immunotherapy and ultrasound-mediated therapy represents a promising frontier in cancer treatment, as highlighted by recent clinical applications and case studies. This innovative approach is exemplified by two key visual representations. The first is a Kaplan-Meier survival curve, which compares the survival rates over time for patients receiving different treatments, emphasizing the potential impact of specific therapies on patient outcomes. Notably, the green line illustrates the survival probability of a group of patients who underwent a particular treatment, starting at 66

## 6 Challenges and Future Directions

# 6.1 Challenges and Limitations

The integration of immunotherapy and ultrasound-mediated therapy in cancer treatment is hindered by several challenges and limitations. A primary issue is the complexity of delivery systems, which show variable effectiveness across diverse tumor microenvironments, leading to inconsistent therapeutic outcomes [3]. This variability is compounded by the heterogeneity and dynamic nature of tumorassociated macrophages (TAMs), affecting immunotherapy responses [36]. Mathematical models, crucial for understanding tumor-immune interactions, often oversimplify biological complexities and require accurate experimental data for calibration [24]. These models can be computationally demanding and may not account for all factors influencing immune responses, such as immunosuppressive elements or treatment-induced changes in tumor composition [25, 6].

Patient response variability and the immune system's complexity contribute to unpredictable outcomes in combined therapies [20]. This unpredictability is further complicated by bistable tumor states, where noise can either enhance treatment effectiveness or lead to tumor recurrence [21]. High therapy costs and potential adverse effects also limit the widespread adoption of these approaches [2]. Specific limitations exist in certain cancer types, such as the lack of effective immunotherapeutic options for microsatellite stable (MSS) colorectal cancers, highlighting a treatment gap for a larger patient population [1]. Furthermore, variability in transfection efficiency due to the molecular weight of polyethyleneimine (PEI) coating on nanoparticles complicates consistent therapeutic agent delivery [4].

The intricate nature of biomathematical models may hinder generalizability, emphasizing the limitations of the combined approach [5]. Precise parameter calibration is necessary to ensure accurate

biological representation, further complicating clinical applications [25]. Addressing these challenges is crucial for advancing the integration of immunotherapy and ultrasound-mediated therapy in cancer treatment. By tackling multifaceted challenges, including tumor microenvironment normalization, immune response modulation, and advanced drug delivery system integration, researchers can develop more effective and personalized therapeutic strategies. These strategies aim to enhance patient outcomes by improving immunotherapy efficacy and minimizing adverse effects, ultimately leading to better survival rates and quality of life for cancer patients globally [7, 63, 3, 9, 10].

## 6.2 Biological Complexities and Immune Modulation

The biological complexities of immune modulation present significant challenges in optimizing cancer treatment strategies. The heterogeneity of tumor-associated macrophages (TAMs) within the tumor microenvironment (TME) complicates therapeutic targeting [64]. Precise characterization of TAM phenotypes and functions is essential to enhance therapeutic efficacy. Spatial distribution analyses of immune cells within the TME provide valuable insights, yet traditional density-focused approaches may overlook critical interactions and dynamics. Comprehensive analyses of immune cell distributions are needed to reveal essential insights into tumor biology, although potential inaccuracies may arise from assumptions that do not hold true [47, 46].

Integrating immune components and vascularization in three-dimensional (3D) models is vital for replicating the tumor environment's complexity. Current research gaps highlight the need for improved integration to fully capture interactions within the TME [32]. Mathematical models provide a framework for understanding tumor-immune dynamics, yet they may not encapsulate all biological complexities, such as varying immune responses across tumor types or stages [65]. Effective modulation of the immune response is essential for enhancing oncolytic virotherapy efficacy, which relies on precise tumor targeting and immune activation [54]. Advanced analytical techniques and datasets, including AI-ready multiplex staining datasets, present opportunities for improving immune modulation strategies, though limitations regarding dataset specificity may affect generalizability [39].

Addressing these biological complexities requires a comprehensive approach that considers immune heterogeneity, spatial distribution dynamics, and advanced modeling techniques. By tackling challenges such as high costs, drug resistance, and tumor microenvironment intricacies, researchers can develop more effective and personalized cancer treatment strategies. These strategies, encompassing advancements in precision medicine, immunotherapy, and innovative drug delivery systems, aim to enhance patient outcomes by improving therapeutic efficacy and minimizing adverse effects, ultimately leading to better disease management and quality of life for cancer patients [7, 63, 3, 9, 10].

## 6.3 Clinical Application and Patient-Specific Challenges

The clinical application of integrating immunotherapy with ultrasound-mediated therapy in cancer treatment faces challenges related to patient-specific variability and tumor biology complexity. Variability in patient responses to combined therapies is influenced by differences in tumor microenvironment (TME) characteristics, immune system status, and genetic factors [24]. This necessitates personalized treatment protocols adapted to individual patient profiles and tumor dynamics. The TME's complexity, including TAM heterogeneity and interactions with other immune cells, complicates clinical applications [64]. TAMs may exhibit both pro-tumorigenic and anti-tumorigenic functions, necessitating precise characterization and targeting strategies to enhance therapeutic efficacy.

Integrating ultrasound technology with immunotherapy presents technical challenges in optimizing ultrasound parameters to achieve desired therapeutic effects without adverse side effects [3]. Real-time monitoring and adaptive treatment protocol adjustments require advanced imaging and computational tools for accurate feedback on treatment dynamics. Patient-specific challenges also arise from genetic and molecular tumor heterogeneity, influencing immunotherapy and ultrasound-mediated intervention effectiveness [1]. Genetic mutations or alterations in signaling pathways can impact immune cell infiltration and activity, leading to differential treatment responses among patients.

Furthermore, potential adverse immune reactions or off-target effects pose significant challenges in clinical applications. Modulating immune responses through ultrasound and immunotherapy must be carefully controlled to avoid exacerbating inflammation or triggering autoimmune reactions

[2]. A thorough understanding of immune system dynamics and strategies to mitigate potential risks is required. Addressing patient-specific variability, TME complexity, and treatment protocol optimization is essential for enhancing cancer therapy efficacy and safety. Innovative approaches like immunotherapy and antiangiogenic strategies that normalize tumor vasculature can facilitate better immune responses and reduce adverse effects, ultimately improving patient outcomes [7, 63, 3, 9, 10].

### 6.4 Future Directions in Immunotherapy Research

The future of immunotherapy research is poised to advance through integrating immunotherapy with ultrasound-mediated therapy via strategic directions. Refining mathematical models to incorporate additional biological factors, such as varied T cell interactions and tumor heterogeneity, will enhance predictive accuracy and clinical applicability. These models should explore specific tumor shapes and behaviors, leveraging insights from the oscillatory dynamics of immune responses to optimize treatment protocols [25].

Exploring combination therapies involving PD-1 inhibitors with other modalities, such as MEK inhibitors, chemotherapy, and radiotherapy, represents a promising avenue for improving outcomes in MSS colorectal cancer patients [1]. Future research should aim to optimize these combinations, focusing on overcoming resistance mechanisms and enhancing therapeutic efficacy. In gene therapy, future research should prioritize optimizing nanoparticle formulations and exploring additional therapeutic genes to enhance treatment effectiveness [4]. This includes refining delivery technologies to improve gene transfection precision and efficacy in cancer cells.

Identifying new target antigens for solid tumors and optimizing immunotherapy combinations with traditional treatments remain critical areas for future research [2]. Developing cost-effective production methods for CAR T cells and other immunotherapeutic agents will be essential for broadening access to these advanced treatments. The future of immunotherapy research is set for significant advancement through ongoing refinement of experimental models, introduction of innovative therapeutic strategies, and systematic exploration of combination therapies. These efforts aim to enhance immunotherapy efficacy, particularly in overcoming treatment resistance and adverse effects associated with current approaches. Notably, integrating immunotherapy with ultrasound-mediated techniques and other modalities, such as chemotherapy and radiation therapy, could optimize patient outcomes by improving immune responses while minimizing toxicity. As researchers continue to develop advanced biomaterials and targeted delivery systems, the potential for more effective and safer cancer treatments grows, paving the way for a new era in cancer care [20, 3]. Addressing these areas will advance personalized and effective therapeutic strategies, ultimately improving patient outcomes in cancer treatment.

## 7 Conclusion

This survey highlights the promising synergy between immunotherapy and ultrasound-mediated therapy in revolutionizing cancer treatment. By enhancing drug delivery and modulating immune responses, this integrated approach addresses the limitations of conventional therapies. The precision of ultrasound technology, coupled with the use of ultrasound-responsive nanoparticles, enables localized activation of therapeutic agents, thereby increasing treatment precision and effectiveness.

Advancements in mathematical modeling have played a crucial role in optimizing these therapeutic strategies by simulating tumor-immune interactions. Such models underscore the significance of integrating various therapeutic modalities to improve outcomes. Personalized treatment strategies, such as targeting microsatellite instability-high (MSI-H) colorectal cancers, demonstrate the potential for tailoring therapies to the unique characteristics of each patient's tumor.

The advent of advanced imaging and computational technologies facilitates real-time monitoring and adaptive treatment modifications, enhancing the precision and efficacy of cancer therapies. These innovations underscore the necessity for continued research and development in this field, paving the way for improved therapeutic outcomes and personalized medicine.

The combination of immunotherapy with ultrasound-mediated therapy presents a transformative frontier in cancer treatment, with the potential to redefine therapeutic paradigms and significantly improve patient quality of life. Ongoing research and innovation are essential to fully realize the potential of this integrated approach and to address the remaining challenges and limitations.

### References

- [1] Patrick M Boland and Wen Wee Ma. Immunotherapy for colorectal cancer. *Cancers*, 9(5):50, 2017.
- [2] Joseph A Trapani and Phillip K Darcy. Immunotherapy of cancer. *Australian family physician*, 46(4):194–198, 2017.
- [3] Rachel S Riley, Carl H June, Robert Langer, and Michael J Mitchell. Delivery technologies for cancer immunotherapy. *Nature reviews Drug discovery*, 18(3):175–196, 2019.
- [4] Juan L. Paris, Paz de la Torre, M. Victoria Cabanas, Miguel Manzano, Ana I. Flores, and Maria Vallet-Regi. Suicide-gene transfection of tumor-tropic placental stem cells employing ultrasound-responsive nanoparticles, 2021.
- [5] Isabel González-Crespo, Antonio Gómez-Caamaño, Óscar López Pouso, John D. Fenwick, and Juan Pardo-Montero. A biomathematical model of tumor response to radioimmunotherapy with  $\alpha$ pdl1 and  $\alpha$ ctla4, 2022.
- [6] Collin Y. Zheng and Peter S. Kim. Mathematical model for delayed responses in immune checkpoint blockades, 2021.
- [7] Narges Ramezani and Erfan Mohammadi. The role of public health in the fight against cancer: Awareness, prevention, and early detection, 2023.
- [8] Anna Konstorum, Anthony T. Vella, Adam J. Adler, and Reinhard Laubenbacher. Addressing current challenges in cancer immunotherapy with mathematical and computational modeling, 2017.
- [9] John D Martin, Horacio Cabral, Triantafyllos Stylianopoulos, and Rakesh K Jain. Improving cancer immunotherapy using nanomedicines: progress, opportunities and challenges. *Nature reviews Clinical oncology*, 17(4):251–266, 2020.
- [10] Dai Fukumura, Jonas Kloepper, Zohreh Amoozgar, Dan G Duda, and Rakesh K Jain. Enhancing cancer immunotherapy using antiangiogenics: opportunities and challenges. *Nature reviews Clinical oncology*, 15(5):325–340, 2018.
- [11] Katarzyna Janocha, Annabel Ling, Alice Godson, Yulia Lampi, Simon Bornschein, and Nils Y. Hammerla. Harnessing preference optimisation in protein lms for hit maturation in cell therapy, 2024.
- [12] Yixun Xing, Casey Moore, Debabrata Saha, Dan Nguyen, MaryLena Bleile, Xun Jia, Robert Timmerman, Hao Peng, and Steve Jiang. Mathematical modeling of the synergetic effect between radiotherapy and immunotherapy, 2023.
- [13] Mazen Alamir. Learning-based sensitivity analysis and feedback design for drug delivery of mixed therapy of cancer in the presence of high model uncertainties, 2022.
- [14] Kathrin Renner, Katrin Singer, Gudrun E Koehl, Edward K Geissler, Katrin Peter, Peter J Siska, and Marina Kreutz. Metabolic hallmarks of tumor and immune cells in the tumor microenvironment. *Frontiers in immunology*, 8:248, 2017.
- [15] Grace Sun and Sandip Patel. Exploring the contribution of innate immune cells to breast cancer immunotherapy, 2023.
- [16] Pedro Berraondo, Miguel F Sanmamed, María C Ochoa, Iñaki Etxeberria, Maria A Aznar, José Luis Pérez-Gracia, María E Rodríguez-Ruiz, Mariano Ponz-Sarvise, Eduardo Castañón, and Ignacio Melero. Cytokines in clinical cancer immunotherapy. *British journal of cancer*, 120(1):6–15, 2019.
- [17] Hassnaa Akil and Nadia Idrissi Fatmi. A mathematical model of breast cancer (er+) with excess estrogen: Mixed treatments using ketogenic diet, endocrine therapy and immunotherapy, 2022.
- [18] Sandip Banerjee, Subhas Khajanchi, and Swapna Chowdhury. Mathematical modeling to elucidate brain tumor abrogation by immunotherapy with t11 target structure, 2015.

- [19] Martina Baar, Loren Coquille, Hannah Mayer, Michael Hölzel, Meri Rogava, Thomas Tüting, and Anton Bovier. A stochastic individual-based model for immunotherapy of cancer, 2016.
- [20] Shaoming Zhu, Tian Zhang, Lei Zheng, Hongtao Liu, Wenru Song, Delong Liu, Zihai Li, and Chong-xian Pan. Combination strategies to maximize the benefits of cancer immunotherapy. *Journal of hematology & oncology*, 14(1):156, 2021.
- [21] Alessandro Fiasconaro, Anna Ochab-Marcinek, Bernardo Spagnolo, and Ewa Gudowska-Nowak. Monitoring noise-resonant effects in cancer growth influenced by external fluctuations and periodic treatment, 2008.
- [22] Martin Paulikat, Christian M. Schürch, and Christian F. Baumgartner. Studying therapy effects and disease outcomes in silico using artificial counterfactual tissue samples, 2023.
- [23] Paula Dobosz and Tomasz Dzieciątkowski. The intriguing history of cancer immunotherapy. *Frontiers in immunology*, 10:2965, 2019.
- [24] Emma Leschiera, Tommaso Lorenzi, Shensi Shen, Luis Almeida, and Chloe Audebert. A mathematical model to study the impact of intra-tumour heterogeneity on anti-tumour cd8+ t cell immune response, 2021.
- [25] Léon Masurel, Carlo Bianca, and Annie Lemarchand. Oscillations of the number of immune system cells in a space-velocity thermostatted kinetic theory model of tumor growth, 2021.
- [26] E. Ahmed and A. H. Hashish. Towards understanding the immune system, 2008.
- [27] Xiaoxiao Zhao, Carly Pellow, and David E. Goertz. Intravital imaging and cavitation monitoring of antivascular ultrasound in tumor microvasculature, 2022.
- [28] Jose' L. Prego, Michel Zamboni-Rached, Erasmo Recami, and Hugo E. Hernandez-Figueroa. Producing acoustic 'frozen waves': Simulated experiments, 2013.
- [29] J-J Wang, K-F Lei, and FJERMPS Han. Tumor microenvironment: recent advances in various cancer treatments. *European Review for Medical & Pharmacological Sciences*, 22(12), 2018.
- [30] Valeria De Mattei, Franco Flandoli, Marta Leocata, Maria Cristina Polito, and Cristiano Ricci. A mathematical model for growth of solid tumors and combination therapy with an application to colorectal cancer, 2017.
- [31] Sergio Serrano, Roberto Barrio, Álvaro Martínez-Rubio, Juan Belmonte-Beitia, and Víctor M. Pérez-García. Understanding the role of b-cells in car t-cell therapy in leukemia through a mathematical model, 2024.
- [32] Nicolas Boucherit, Laurent Gorvel, and Daniel Olive. 3d tumor models and their use for the testing of immunotherapies. *Frontiers in immunology*, 11:603640, 2020.
- [33] Li Yang and Yi Zhang. Tumor-associated macrophages: from basic research to clinical application. *Journal of hematology & oncology*, 10:1–12, 2017.
- [34] Yuxin Lin, Jianxin Xu, and Huiyin Lan. Tumor-associated macrophages in tumor metastasis: biological roles and clinical therapeutic applications. *Journal of hematology & oncology*, 12(1):76, 2019.
- [35] Amine Marzouki, Zhuxian Guo, Qinghe Zeng, Camille Kurtz, and Nicolas Loménie. Optimizing lymphocyte detection in breast cancer whole slide imaging through data-centric strategies, 2024.
- [36] Xiaonan Xiang, Jianguo Wang, Di Lu, and Xiao Xu. Targeting tumor-associated macrophages to synergize tumor immunotherapy. Signal transduction and targeted therapy, 6(1):75, 2021.
- [37] Jezabel Varadé, Susana Magadán, and África González-Fernández. Human immunology and immunotherapy: main achievements and challenges. *Cellular & molecular immunology*, 18(4):805–828, 2021.

- [38] Timothy A Yap, Eileen E Parkes, Weiyi Peng, Justin T Moyers, Michael A Curran, and Hussein A Tawbi. Development of immunotherapy combination strategies in cancer. *Cancer discovery*, 11(6):1368–1397, 2021.
- [39] Parmida Ghahremani, Joseph Marino, Juan Hernandez-Prera, Janis V. de la Iglesia, Robbert JC Slebos, Christine H. Chung, and Saad Nadeem. An ai-ready multiplex staining dataset for reproducible and accurate characterization of tumor immune microenvironment, 2023.
- [40] Heyrim Cho, Zuping Wang, and Doron Levy. Study of dose-dependent combination immunotherapy using engineered t cells and il-2 in cervical cancer, 2020.
- [41] O. G. Isaeva and V. A. Osipov. Different strategies for cancer treatment: Mathematical modeling, 2008.
- [42] Mikhail Binnewies, Edward W Roberts, Kelly Kersten, Vincent Chan, Douglas F Fearon, Miriam Merad, Lisa M Coussens, Dmitry I Gabrilovich, Suzanne Ostrand-Rosenberg, Catherine C Hedrick, et al. Understanding the tumor immune microenvironment (time) for effective therapy. *Nature medicine*, 24(5):541–550, 2018.
- [43] Alberto d'Onofrio. A general framework for modeling tumor-immune system competition and immunotherapy: mathematical analysis and biomedical inferences, 2013.
- [44] Claudia Cecchetto, Marta Maschietto, Pasquale Boccaccio, and Stefano Vassanelli. Enhancement of kv1.3 potassium conductance by extremely low frequency electromagnetic field, 2015.
- [45] Alex J. Brown, Igor Snapkov, Rahmad Akbar, Milena Pavlović, Enkelejda Miho, Geir K. Sandve, and Victor Greiff. Augmenting adaptive immunity: progress and challenges in the quantitative engineering and analysis of adaptive immune receptor repertoires, 2019.
- [46] Jonatan A. González, Julia Wrobel, Simon Vandekar, and Paula Moraga. Analysing spatial point patterns in digital pathology: immune cells in high-grade serous ovarian carcinomas, 2023.
- [47] Clare C. Yu, Juliana C. Wortman, Ting-Fang He, Shawn Solomon, Robert Z. Zhang, Anthony Rosario, Roger Wang, Travis Y. Tu, Daniel Schmolze, Yuan Yuan, Susan E. Yost, Xuefei Li, Herbert Levine, Gurinder Atwal, and Peter P. Lee. Physics approaches to the spatial distribution of immune cells in tumors, 2019.
- [48] Luis Almeida, Chloe Audebert, Emma Leschiera, and Tommaso Lorenzi. A hybrid discrete-continuum modelling approach to explore the impact of t-cell infiltration on anti-tumour immune response, 2022.
- [49] I. V. Manina, N. M. Peretolchina, N. S. Saprikina, A. M. Kozlov, I. N. Mikhaylova, and K. I. Jordanya A. Y. Barishnikov. Prospects of using antagonist histamine h2-receptor (cimetidinum) as adjuvant for melanoma biotherapy treatment, 2011.
- [50] Nafiseh Shariati, Dave Zachariah, Johan Karlsson, and Mats Bengtsson. Robust optimal power distribution for hyperthermia cancer treatment, 2015.
- [51] O. Sotolongo-Costa, L. Morales Molina, D. Rodriguez Perez, J. C. Antoranz, and M. Chacon Reyes. Behavior of tumors under nonstationary theraphy, 2002.
- [52] Mikaël Simard, Zhuoyan Shen, Konstantin Bräutigam, Rasha Abu-Eid, Maria A. Hawkins, and Charles-Antoine Collins-Fekete. Immunocto: a massive immune cell database auto-generated for histopathology, 2025.
- [53] Darrell J Irvine and Eric L Dane. Enhancing cancer immunotherapy with nanomedicine. *Nature Reviews Immunology*, 20(5):321–334, 2020.
- [54] David Morselli, Marcello E. Delitala, Adrianne L. Jenner, and Federico Frascoli. A hybrid discrete-continuum modelling approach for the interactions of the immune system with oncolytic viral infections, 2024.

- [55] Debaditya Chakraborty, Cristina Ivan, Paola Amero, Maliha Khan, Cristian Rodriguez-Aguayo, Hakan Başağaoğlu, and Gabriel Lopez-Berestein. Explainable artificial intelligence reveals novel insight into tumor microenvironment conditions linked with better prognosis in patients with breast cancer, 2021.
- [56] Leticia R Paiva, Hallan S Silva, Silvio C Ferreira, and Marcelo L Martins. Multiscale model for the effects of adaptive immunity suppression on the viral therapy of cancer, 2013.
- [57] O. G. Isaeva and V. A. Osipov. Modeling of anti-tumor immune response: immunocorrective effect of weak centimeter electromagnetic waves, 2008.
- [58] Michel Fliess, Cédric Join, Kaouther Moussa, Seddik M. Djouadi, and Mohamed W. Alsager. Toward simple "in silico" experiments for drugs administration in some cancer treatments, 2021.
- [59] Marcela Reale, David Margarit, Ariel Scagliotti, and Lilia Romanelli. Stochastic and parameter analysis for an integrative cancer model, 2022.
- [60] Melda Yeghaian, Zuhir Bodalal, Daan van den Broek, John B A G Haanen, Regina G H Beets-Tan, Stefano Trebeschi, and Marcel A J van Gerven. Multimodal integration of longitudinal noninvasive diagnostics for survival prediction in immunotherapy using deep learning, 2024.
- [61] Micah Roschelle, Rozhan Rabbani, Surin Gweon, Rohan Kumar, Alec Vercruysse, Nam Woo Cho, Matthew H. Spitzer, Ali M. Niknejad, Vladimir M. Stojanovic, and Mekhail Anwar. A wireless, multicolor fluorescence image sensor implant for real-time monitoring in cancer therapy, 2024.
- [62] Matteo Quartagno, Ehsan Ghorani, Tim P Morris, Michael J Seckl, and Mahesh KB Parmar. How to design a mams-roci (aka durations) randomised trial: the refine-lung case study, 2023.
- [63] John D Martin, Giorgio Seano, and Rakesh K Jain. Normalizing function of tumor vessels: progress, opportunities, and challenges. *Annual review of physiology*, 81(1):505–534, 2019.
- [64] Kaiyue Wu, Kangjia Lin, Xiaoyan Li, Xiangliang Yuan, Peiqing Xu, Peihua Ni, and Dakang Xu. Redefining tumor-associated macrophage subpopulations and functions in the tumor microenvironment. *Frontiers in immunology*, 11:1731, 2020.
- [65] G. Mircea, M. Neamtu, R. F. Horhat, and D. Opris. A mathematical approach with delay kernel for the role of the immune response time delay in periodic therapy of the tumors, 2006.

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