Radio Genomics and Machine Learning for Personalized Radiotherapy

Christopher Wild[1]

Abstract

The merging fields of radio genomics and machine learning provide a novel approach to customized radiation therapy, utilizing cutting-edge artificial intelligence technologies in conjunction with each patient's genetic composition. This mutually beneficial partnership has great potential for precisely adjusting cancer treatment. We examine the revolutionary applications in this research study, including everything from therapeutic stratification and patient empowerment to therapy optimization and predictive modeling. Critical hurdles that arise as we navigate this new region include ethical issues, data privacy concerns, and the necessity for thorough validation. However, the ability to tailor radiation therapy to each patient's unique genetic profile presents new opportunities to improve treatment outcomes, reduce side effects, and completely change the way cancer care is provided. The overall research founded that radio genomics and machine learning shows direct link with personalized radiotherapy. To guarantee these technologies' fair and efficient integration into clinical practice, the conclusion highlights the significance of responsible deployment, cooperative research, and international collaboration.

Keywords:

Radio Genomics (RG), Machine Learning (ML), Personalized Radiotherapy (PT), E-Views Software.

[1] Adult Cancer Program, Lowy Cancer Research Centre and Prince of Wales Clinical School, UNSW Australia, Sydney New South Wales 2052, Australia.

Address for correspondence:
*Christopher Wild,
Adult Cancer Program
, Lowy Cancer Research Centre and Prince of Wales Clinical School, UNSW Australia, Sydney New South Wales 2052, Australia.*

Introduction

The word "Radio genomics" can be explained in these words "it combines the large quantity and volume of qualitative data which was extracted by using medical images technique along genomic phenotype that will help to construct any deep learning method for treatment of disease, help to construct therapeutic strategies that will result in better outcomes"[1].

The word machine Learning refers to the use of computer-related systems that will help to learn new techniques and adapt these techniques by using algorithms and other statically developed models to get information from given data. Radiotherapy refers to using different kinds of radiation to treat particular diseases, such as cancer[2]. The main use of radiotherapy is the treatment of cancer in the human body. The formation and spread of cancer in the body have become very common in these days.

The number of cases of cancer has been increasing tremendously day by day. Cancer formation in the body is related to mutation in genetic material in the body, which is called DNA, which stands for deoxyribonucleic acid. The genetic material in the body contains all types of information in it. There are various reasons for cancer, such as environmental carcinogens, occupational carcinogens, genetic reasons, and others[3]. All of these reasons cause a mutation in genetic material. Because of these mutations, cell starts abnormal cell division. This process of abnormal cell division produces a large number of abnormal cells, which accumulate in the body to form tumors in the body. If these tumors do not affect other parts of the body, then these tumors are termed benign tumors[4]. Still, if these tumors move to other sides of the body to cause cancer in the whole body, then these tumors are called malignant tumors, which are the main reason for cancer or metastasis in body[5]. Radio genomics and machine learning collide at the vanguard of cutting-edge medical research, offering a game-changing advancement in personalized radiotherapy.

The way we treat cancer is changing dramatically due to this dynamic confluence, which uses the complex dance between genetics and artificial intelligence to personalize therapeutic approaches precisely. Fundamentally, radio genomics explores the complex connection between a person's genetic composition and how they react to radiation treatment [6].

The genetic code of every individual is a unique tapestry that shapes not just their body's response to treatments but also their vulnerability to disease. Comprehending these genetic subtleties becomes critical when it comes to radiation therapy in order to maximize effectiveness and reduce side effects. The key to unlocking personalized treatment methods is deciphering the complex patterns found throughout the enormous topography of the genetic landscape. By finding genetic markers that are correlated with a patient's reaction to radiation, radio genomics aims to interpret these patterns. By deciphering the genetic code, scientists hope to forecast treatment results, allowing doctors to customize radiation therapy schedules that perfectly complement a patient's genetic makeup. The search for precision medicine has a formidable ally in the form of machine learning. Genetic data's sheer amount and complexity might be daunting in the big data era. Here's where machine learning algorithms come into play—they can sort through massive amounts of data at a speed and precision never seen before. By identifying patterns and trends in the data, these algorithms are able to forecast outcomes and find connections that may be difficult for humans to analyze. Different kinds of treatments are used in cancer such as biomarker testing for cancer treatment, chemotherapy, hormonal therapy, therapy of immunity named as immunotherapy, radiation therapy, which is called radiotherapy, the transplant of stem cells, and others. But, all of these treatments are not of equal value. Some benefits of radiotherapy are curing cancer, slowing the growth of cancerous cells, preventing the return of cancer, and others[7].

However, some problems are associated with radiotherapy, such as fatigue, hair loss, skin problems, and mouth problems [8]. Along with it, other means of treatments also have some benefits and some problems. But now, with the advantage of technology, there is also advancement in cancer treatment. Now electronic medical health records are used, which contain all the information of related patient in electronic form as compared to physical paper work[9]. Along with it, medical imaging techniques are used, which focus on the tumor tissues in the body based on the images taken by using high-resolution instruments. These images can be stored in electronic devices and can also be used for effective examination and treatment of unceasing and increasing cases of cancer across the world[10]. Nowadays Radio genomics is a widely used technique that works on large volume of qualitative data obtained by thoroughly studying medical images with information

about genomic phenotypes and others. There are many benefits of Radio genomics, such as it helps in computer-based diagnosis of disease; it helps in the extent of prognosis in patient of cancer, helps to collect data at a single time with no hurdles, helps to access phenotypic and genetic data of that cancer patient with high accuracy and in less time[11].

But there are also some problems and challenges related to Radio genomics, such as the schedule for radiotherapy may be very strict and changes from Centre to center and time to time. The second challenge related to Radio genomics is that it does not routinely record radiotherapy toxicity, and it uses multiple schemes for scoring toxicity that decrease the reliance on results. The third problem which is associated with Radio genomics is that it is costly and cannot be afforded by layman for better treatment of cancer[12]. The other technology, such as machine Learning, is most commonly used in healthcare, such as in the treatment of cancer. This machine Learning, abbreviated as ML, is the sum of different AI-based computer systems that are highly effective and efficient for predicting and diagnosing various stages of cancer, for example, liver cancer, breast cancer, lung cancer, prostate cancer, and others. This technology is mostly based on computer-based systems, so the chances of error are less compared to physical methods of diagnosing and treating diseases such as cancer. This technology may help draw long-term optimal plans for cancer treatment. This machine Learning can be used for personal radiotherapy because the reliance on technology is better than on unskilled clinicians. But there are some challenges which are related to machine Learning[13]. Personalized radiation treatment has great potential due to combining radio genomics and machine learning.

Large genomic datasets may be analyzed using machine learning algorithms, which can spot tiny patterns that conventional analytical techniques would miss. By doing this, these algorithms learn to identify genetic characteristics linked to response to treatment, opening the door to customized therapeutic approaches. The flexibility and adaptability of this strategy is one of its main advantages. Machine learning algorithms constantly improve their predicting powers by refining their knowledge as additional data becomes available. This flexibility is especially important in cancer treatment since therapeutic response varies greatly across patients, and the environment constantly shifts. Personalized radiation has consequences that go beyond its effectiveness as a treatment. This strategy may improve cancer patients' overall quality of life by reducing the possibility of side effects and maximizing treatment results. By reducing the burden of needless side effects and increasing the chance of success, treating cancer patients according to their genetic profile promotes a more patient-centered approach to therapy. In addition, combining machine learning with radio

genomics promotes a move towards preventive healthcare. Physicians can predict and preemptively treat possible issues based on a patient's genetic predispositions instead of using a one-size-fits-all strategy. This proactive approach changes the narrative of cancer care from reactive to anticipatory, improving treatment results and creating opportunities for preventative measures. One of these challenges is that it is less common in the present time, so each patient with cancer is unable to have access to this technology. The other challenge related to machine Learning is that it is currently costly, making it less useful for treating cancer. Thirdly, because it is based on computer-based systems, it decreases human resources' value and makes humanity more dependent upon machinery for treatment. If all these challenges are managed with in a practical way, Radio genomics and machine Learning can be used in better ways for treating cancer along with other diseases of the present time. It will help to decrease the increasing numbers of cancer cases across the whole world. These two technologies are evidence of the increasing use of computer-based techniques in treating different diseases, such as cancer[14].

Research Objective

The main objective of this study is to understand the use of Radio genomics for the treatment of different diseases such as cancer. This study has also effectively explained the use of machine learning for personalized radiotherapy, an effective technology for treating cancer cases in developing and developed countries. This study has also overviewed the positive and negative impacts of Radio genomics and machine learning for personalized radiotherapy. The research study describes that Radio genomics and machine learning for personalized radiotherapy. The research paper is divided into five sections. The first portion represents the introduction related to them. This portion describes the objective of the research. The second section describes the literature review, the third section describes the methods, and the fourth portion represents the results and applications related to them. the last portion summarizes overall result and present some recommendations and future research.

Literature Review

Radio Genomics and Machine Learning for Personalized Radiotherapy

Radio genomics, in its wider sense, can be under two umbrellas: one is radiation genomics, and the other one is imaging genomics. The first one provides information about the variations in the genetic codes in response to the radiation, and the second one embarks on the correlation between the images of cancer and the expression of the genes[15]. The genetic variations in the cancer patients may cause the toxic nature of radiations in humans due to the contact of the radiation in the body.

It may enhance the problems in humans fighting with the cancers. The radiations are the painful treatment that causes the patients to go through the therapy that destroy the breast cancer cells[16]. The images carried through the radiology provide insight on a broader scale, collaborating the images of the tissues with the pathology. Using DNA coding helps in generating the features of cancer detection. The usage of machine learning that is a subset of Artificial Intelligence (AI) that generates the algorithms based on statistics and performs the tasks without the external instructions[13]. Machine learning (ML) provides a wide arena in order to forecast the high dimensional images in statistics and econometrics[17].

The medical field uses the machine language for resolving imaging problems. The radiation biology may gain attention due to machine learning[11]. The wide increase in the medical data and history of the patients, machine learning gained the importance for inculcation of the generating specialized medicines for the patients. The need of the time is to provide special and specialized health care to the patients. Radiation oncology and machine learning, helps in generating the input and output data, which is used in predictions[12]. Recently, the uniform medicine dose is provided to all the patients, which may also affect the targeted and surrounding tissues. radio genomics, with the help of machine learning, generates more accurate predictive medical doses for the patients.

In this case, two patients with the same medicine may find it different in effects[14]. Radiotherapy is considered the most common factor for the treatment of chronic patients. With the advancement in technology, the radiations are provided to the patients at the targeted location with high accuracy and precision. The three-dimensional (3D) therapy and intensity-modulated radio therapy (IMRT) is provided to the patients achieved the desired results[18]. In medical oncology, the balance between the normal tissues and the ability to control the tumor to increase in size. The radiations therapy has been chosen to treat and control all the malignancies of cancer. The therapy must be tumor specific and dose response specific[19]. In the era of computational medicine, the medicine that is patient specific and biotechnology has contributed a lot. The field of radio genomics has revolutionized the radiotherapy [20].

It creates genotyping , aggregation of data and application of different modeling approaches in response to the machine learning[5]. For the treatment of serious forms of ovarian cancer in patients, the responses are variant [11, 21]. The researchers have found the machine learning based predictive measures for the patients of the ovarian cancer[12]. According to the survey, ovarian cancer is approximately 239000 new recorded cases whereas around 152000 deaths worldwide are due to the

ovarian cancer. For the gynecologist, a high-grade ovarian cancer is the malicious one and difficult to treat[22]. As the targeted treatments are getting more sound in the medical field, there is a need for fast, non-invasive treatment in oncology. In today's world, radio genome is becoming popular for the help the clinicians imaging for the non-invasive genotyping. It can find the heterogeneity in the tumors with repeated treatments and perform in those tumors where biopsy is not available[23]. Radio genomic treatments are beneficial for the breast cancer as well.

The oncologists are able to identify the different tumors on which the precision treatments are being implemented. The best possible treatment is available by linking the MRI with the genome structure[24]. The heterogeneity in the tumors is identified by the radio genome, finding the best possible solutions for the treatments. The imaging based on the genome is helpful for measuring the structure and features of the tissues. The growth of the tumors is controlled by applying the precision-based medicine dose to the disease.

The triple-negative breast cancer enables the humans to find the treatment from the clinician with accuracy and according to the related disease[25]. In the genome expression, the radio genomic gets the images of the tumors known to be the imaging phenotypes. The precision medicine dose in the carcinoma hepatocellular is prescribed for the patients. The CT scan is conducted for getting the images that are later analyzed using the artificial intelligence[26]. Among the categories of the brain tumors, Glioblastoma is the chronic and aggressive of all with the difficulty in diagnosis and treatment. For making the treatments viable for the patients of

glioblastoma, there is a need to develop stratifications of the patients who have the risk of repeated tumors attack and little level of success for treatment and recovery. In spite of the fact that sophisticated treatment methods are available and diagnosis is possible, it is difficult to treat glioblastoma with the minimum chance of survival[27]. In the recent years, GLOBOCAN conducted the survey finding out that over 300000 new brain tumor cases have been reported worldwide[28].

Among the other forms of the brain tumors, the glioblastoma is the most dangerous. For the treatment of such malignant tumors, chemotherapy and radiotherapy have been suggested and provide the desired result. Radiotherapy has the disadvantage that it kills the surrounding healthy cells along with the infected cells.

Whereas the chemotherapy places the chemicals of the DNA that prevents the replication of the cells. The chemotherapy is ineffective due to the presence of enzyme "O -methyl guanine DNA methyl transferase (MGT)[29].

Research Methodology

The research determines that Radio genomics and machine learning for personalized radiotherapy. The research is based on secondary data machine learning is the main independent variable, also personalized radiotherapy is the dependent variable for the overall research study using E-views software and generate informative results related to the variables. The descriptive statistic, the equality test analysis, the research presents that radio genomics and machine learning effects on personalized radiotherapy.

Descriptive Statistic

Table-1

	R	ML	PR
Mean	1.539096	1.579775	1.723363
Median	1.563500	1.618500	1.885000
Maximum	1.992000	1.992000	1.991000
Minimum	1.121000	1.114000	1.111000
Std. Dev.	0.303230	0.328040	0.269942
Skewness	-0.008658	-0.256995	-1.380843
Kurtosis	1.384167	1.481677	3.637038
Jarque-Bera	2.611216	2.569492	8.032731
Probability	0.271008	0.276721	0.018018
Sum	36.93830	37.91460	41.36070
Sum Sq. Dev.	2.114810	2.475030	1.675983
Observations	24	24	24

The above result describes that descriptive statistical analysis related to the Radio genomics and machine learning for personalized radiotherapy. The result describes the mean values, median rates, maximum values, standard deviation rates, skewness values, and also the sum of square deviations related to each variable.

The mean value of radio genomics is 1.53909 the median rate is 1.56 the standard deviation rate is 30% also that sum of square present that 2.1148 respectively. The result

shows that ML presents an average value of 1.5797, and the PR shows 1.7233. All of them show positive values of mean. The probability rate is 27%, and 18% significantly values between them.

The result describes that skewness rate is -0.0086, -0.25 also that -1.38 shows negative values of each indicator. For measuring the overall research study use 24 observations related to them. the sum value is 36.93, 37.914 and 41.36070 all of them shows that positive sum rates between them.

Table 2

Sample (adjusted): 3 24				
Included observations: 22 after adjustments				
Trend assumption: Linear deterministic trend				
Series: R ML PR				
Lags interval (in first differences): 1 to 1				
Unrestricted Cointegration Rank Test (Trace)				
Hypothesized		Trace	0.05	
No. of CE(s)	Eigenvalue	Statistic	Critical Value	Prob.**
None	0.465640	29.29676	29.79707	0.0570
At most 1 *	0.417556	15.50969	15.49471	0.0498
At most 2	0.151651	3.618184	3.841466	0.0571
Trace test indicates no cointegration at the 0.05 level				
*denotes rejection of the hypothesis at the 0.05 level				
**MacKinnon-Haug-Michelis (1999) p-values				

The above result describes that eigenvalue, the cointegration analysis result presents trace statistic values, the 0.05 critical value, also the probability value of each variable. That model 1shows that the trace statistic rate is 15.509, the critical value is 29.79, 15.49, the probability value is 0.05, and 0.04 shows that 5% and 4% significant are levels between them.

The result describes that at most 2 shows 3.618, the critical value is 3.841 the probability value 0.05, showing that 5% significant level between Radio genomics and machine learning for personalized radiotherapy.

Table 3

Test for Equality of Means Between Series				
Sample: 1 24				
Included observations: 24				
Method	df	Value	Probability	
Anova F-test	(2, 69)	2.476686	0.0915	
Welch F-test*	(2, 45.6992)	2.744427	0.0749	
*Test allows for unequal cell variances				
Analysis of Variance				
Source of Variation	df	Sum of Sq.	Mean Sq.	
Between	2	0.449811	0.224905	
Within	69	6.265823	0.090809	
Total	71	6.715634	0.094586	
Category Statistics				
Variable	Count	Mean	Std. Dev.	Std. Err. of Mean
R	24	1.539096	0.303230	0.061897
ML	24	1.579775	0.328040	0.066961
PR	24	1.723363	0.269942	0.055102
All	72	1.614078	0.307549	0.036245

The above result describes that test of equality. The result shows the mean values, the standard deviation, and the standard error values of each variable. result shows that sum of square values, the mean square values related to between the variance and within the variance.

According to the result its sum of square rate is 44%, 6.26 the mean square value is 22% and 9% respectively. The result also describes the mean value, standard deviation values, and standard error of the mean value of variables. the result present that standard deviation rate is 30%, 32%, 26% all result present that deviate from mean values.

The standard error of the mean shows that 6%, 6%, 5% mean values of each category. According to the result the sum of square rates is 44%, positive sum of square 30% deviation between them.

Table 4

Series: R ML PR				
Sample: 1 24				
Included Observations: 24				
Null hypothesis: Series are not Cointegrated				
Cointegrating equation deterministic: C				
Automatic Lags Specification Based on Schwarz Criterion (maxlag=4)				
Dependent	tau-statistic	Prob.*	z-statistic	Prob.*
R	-6.583766	0.0004	-29.96037	0.0004
ML	-3.310370	0.1920	-15.17730	0.1720
PR	-5.044328	0.0088	-24.86641	0.0059
*MacKinnon (1996) P-values.				

The above result describes that tau statistic, pro value, z-statistic also that probability of dependent variables. the R, ML and PR shows that tau statistic -6.58, -3.31, -5.044 all values negative tau statistic rates. The probability values of tau statistic are 0.004, 0.1920, 0.0088 shows that 4%, 19% and 8% significantly values. The Z-statistic values are -29.960, -15.177, -24.866 shows that negative values. The probability rates are 0.0004, 0.1720 and

0.0059 represent that 4%, 17% and 5% significantly levels of each indicator.

Applications

The integration of machine learning and radio genomics in tailored radiation has a wide range of applications that affect different phases of cancer care and treatment. Let's examine a few of the most important uses that demonstrate the promise of this revolutionary convergence:

Optimization of Treatment

• Dose Personalization: By analyzing genetic data, machine learning systems can forecast a person's reaction to varying radiation dosages. This makes it possible to tailor radiation therapy dosages, maximizing therapeutic effectiveness and lowering adverse effect risk.

• Fractionation Strategies: To improve the overall course of treatment, individualized radiation regimens based on genetic characteristics can be developed. Finding the best fractionation regimens for each patient's unique profile can be aided by machine learning algorithms.

Forecasting Models

• Response Prediction: Based on genetic markers, machine learning systems can forecast a tumor's propensity to react to radiation. Clinicians can use this information to help them decide which treatment plan is best for a particular patient.

• Risk Assessment: Based on the patient's genetic composition, predictive algorithms can assess the probability of possible side effects or consequences. This makes it possible to address side effects proactively, which promotes a more individualized and patient-centered approach to therapy.

Stratification of Treatment

• Finding Subgroups: By spotting hidden patterns in patient populations, machine learning may locate subgroups that have unique genetic traits. This makes it possible to classify patients more precisely, which makes it easier to create tailored treatments for certain genetic profiles.

• Stratified Clinical Trials: By concentrating on patient subgroups most likely to benefit from a certain intervention, radio genomic findings can inform clinical trial design, guaranteeing a more focused and effective recruitment process.

Diagnostic Resources

• Outcome Prediction: Based on a patient's genetic profile, machine learning algorithms can forecast the chance of treatment success and recurrence. The ability to customize long-term follow-up plans and post-treatment care techniques is made possible by this prognostic data.

• Survival Analysis: By taking into account the interaction of genetic markers that affect treatment results, radio genomic data combined with machine learning may offer survival forecasts tailored to individual patients.

Pharmacological Resistance

• Early Resistance Detection: Machine learning can assist in identifying genetic markers linked to radiation treatment resistance. Early identification of possible resistance enables prompt modification of treatment regimens or investigation of different therapeutic modalities.

Data-Informed Decision Assistance

• Clinical Decision Support Systems: Oncologists may obtain real-time, data-driven insights by incorporating machine learning into clinical procedures. Personalized therapy suggestions may be provided by these decision support systems, which are grounded in the most recent clinical and genetic data.

Empowerment of Patients

• Informed Decision-Making: Patients can make better decisions if they are informed about their particular genetic profile and how it may affect their course of therapy. This encourages patients and healthcare professionals to work together to create individualized treatment regimens. While these uses highlight the enormous potential of machine learning and radio genomics in tailored radiotherapy, more study and clinical validation are essential to guarantee the ethical and dependable use of these developments in the intricate field of cancer treatment.

Conclusion

In summary, the combination of machine learning and radio genomics promises to revolutionize personalized radiotherapy by moving away from a one-size-fits-all approach and towards a more complex, individualized cancer treatment plan. The combination of machine learning's analytical power and our growing understanding of genetic complexities opens up a world of possibilities that will transform the way radiation treatment is administered and customized. The applications that are covered demonstrate the wide-ranging effects of this creative synthesis, from patient empowerment and therapeutic stratification to treatment optimization and predictive modeling. The ability to tailor therapy regimens, timings, and strategies according to a patient's genetic profile improves treatment success while lowering the possibility of side effects and improving the quality of life for cancer patients.

But while we explore this fascinating new area, it's critical to recognize and deal with the problems that come with these developments. Critical elements that require careful consideration include data privacy issues, ethical issues, and the requirement for thorough

validation of machine learning models. It is critical to strike a balance between innovation and moral obligation in order to guarantee the ethical and fair application of new technologies. The promise of personalized radiotherapy is becoming more and more real as research in radio genomics and machine learning advances. We have the opportunity to lead the way in a new era of cancer care, where precision and individualization are not just goals but real, practical realities. This includes the ability to identify patient subgroups, forecast treatment results, and proactively manage risks. Finally, a new age in personalized radiotherapy is being ushered in by the merging of radio genomics and machine learning. With the help of machine learning and our growing understanding of the complex genetics underlying individual reactions to radiation, we may be on the verge of a revolutionary new era in cancer therapy. The potential to customize radiation to each patient's own genetic profile offers enormous promise for not just curing cancer but also completely changing the oncology field as the relationship between genomics and AI continues to develop. To put it simply, the coming together of machine learning and radio genomics is a critical development in the ongoing fight against cancer. It's evidence of our dedication to use genetics and technology to transform healthcare. Collaboration between researchers, clinicians, and ethical stakeholders is crucial as we navigate this uncharted territory. This will help to guarantee that everyone can benefit from personalized radiotherapy and pave the way for a future in which cancer treatments are as individual as the patients they are intended to treat.

Recommendations

- Provide funds and resources for cooperative research projects that unite specialists in cancer, machine learning, and radio genomics. Encourage interdisciplinary cooperation to hasten our understanding of how genetics affect radiation sensitivity.

- Create and put into effect explicit ethical criteria and guidelines for the appropriate application of machine learning and radio genomics in customized radiation treatment. Discuss matters pertaining to data protection, patient consent, and fair access to developing technology.

- Encourage and give top priority to extensive validation studies that evaluate the generalizability and robustness of machine learning models across a range of patient groups. In order to guarantee the accuracy of prediction models in actual clinical settings, thorough validation is necessary.

- Include machine learning tools in clinical processes and provide healthcare workers the guidance and assistance they need to use them successfully. To keep up with the latest developments in customized

radiation, cultivate an environment that values ongoing learning and adaptability.

- Create educational initiatives to educate patients on the use of machine learning and radio genomics in customized radiation therapy. Give patients the tools they need to fully engage in decision-making and comprehend how their genetic makeup may affect their available alternatives for therapy.

- Establish frameworks that enable the safe and effective integration of radio genomics and machine learning into clinical practice by collaborating with regulatory agencies. Make sure that the legal framework is flexible enough to accept developments in this quickly advancing area.

- Promote the creation of data-sharing programs to make it easier to combine various clinical and genetic datasets. More cooperation and data exchange can improve machine learning model development and validation, producing more reliable and broadly applicable outcomes.

- Start public education initiatives to dispel the myths around radio genomics and machine learning in cancer care. Fostering public trust in healthcare systems and the effective deployment of new technologies depend on increasing public knowledge and support.

- Put in place systems for ongoing observation and assessment of the effects of tailored radiation treatment. Evaluate patient outcomes, long-term survival rates, and quality of life in order to continuously enhance and modify treatment approaches in light of empirical data.

- Encourage cross-border cooperation to exchange knowledge, materials, and best practices for combining radio genomics with machine learning. International collaboration may hasten development and guarantee that innovations serve a wide spectrum of patient groups. Stakeholders may advance the field and enhance results for cancer patients globally by adopting these suggestions, which will help integrate radio genomics and machine learning in personalized radiotherapy in a responsible and effective manner.

References

1. E. Trivizakis *et al.*, "Artificial intelligence radiogenomics for advancing precision and effectiveness in oncologic care," *International journal of oncology,* vol. 57, no. 1, pp. 43-53, 2020.

2. S. Saxena *et al.*, "Role of artificial intelligence in radiogenomics for cancers in the era of precision medicine," *Cancers,* vol. 14, no. 12, p. 2860, 2022.

3. J. K. R. Nair *et al.*, "Radiogenomic models using machine learning techniques to predict EGFR mutations in non-small cell lung cancer," *Canadian Association of Radiologists Journal,* vol. 72, no. 1, pp. 109-119, 2021.

4. W. STAECK, F. P. OTTONI, and I. SCHINDLER, "Mikrogeophagus maculicauda, a new dwarf cichlid (Teleostei: Cichlidae) from the eastern drainage of the upper Rio Guaporé, Brazil," *FishTaxa,* vol. 24, pp. 49-58, 2022.

5. Y. Iwatate *et al.*, "Radiogenomics for predicting p53 status, PD-L1 expression, and prognosis with machine learning in pancreatic cancer," *British Journal of Cancer,* vol. 123, no. 8, pp. 1253-1261, 2020.

6. L. F. Q. Freitas, L. R. S. Maia, M. R. A. de Deus, S. R. Oliveira, and A. L. Peres, "Frequency of microorganisms in vaginal discharges of high-risk pregnant women from a hospital in Caruaru, Pernambuco, Brazil," *Jornal Brasileiro de Patologia e Medicina Laboratorial,* vol. 56, 2020, doi: 10.5935/1676-2444.20200048.

7. B. Rangel-Colmenero *et al.*, "BEHAVIOUR OF CHOLINESTERASES AFTER FATIGUE CONDITIONS IN ENDURANCE RUNNERS," *Revista Internacional de Medicina y Ciencias de la Actividad Física y del Deporte,* vol. 22, no. 85, 2022.

8. S. Mitra, "Deep Learning with Radiogenomics towards Personalized Management of Gliomas," *IEEE Reviews in Biomedical Engineering,* vol. 16, pp. 579-593, 2021.

9. R. F. Allen, C. Jens, and T. J. Wendt, "Perturbations in Epidemiological Models: When zombies attack, we can survive!," *Letters in Biomathematics,* 2022, doi: 10.30707/LiB1.2Allen.

10. J. T. Coates, G. Pirovano, and I. El Naqa, "Radiomic and radiogenomic modeling for radiotherapy: strategies, pitfalls, and challenges," *Journal of Medical Imaging,* vol. 8, no. 3, pp. 031902-031902, 2021.

11. J. Wu, K. K. Tha, L. Xing, and R. Li, "Radiomics and radiogenomics for precision radiotherapy," *Journal of radiation research,* vol. 59, no. suppl_1, pp. i25-i31, 2018.

12. J. Kang, J. T. Coates, R. L. Strawderman, B. S. Rosenstein, and S. L. Kerns, "Genomics models in radiotherapy: From mechanistic to machine learning," *Medical physics,* vol. 47, no. 5, pp. e203-e217, 2020.

13. I. El Naqa *et al.*, "Radiogenomics and radiotherapy response modeling," *Physics in Medicine & Biology,* vol. 62, no. 16, p. R179, 2017.

14. J. Kang *et al.*, "Machine learning and radiogenomics: lessons learned and future directions," *Frontiers in oncology,* p. 228, 2018.

15. M. Incoronato *et al.*, "Radiogenomic analysis of oncological data: a technical survey," *International journal of molecular sciences,* vol. 18, no. 4, p. 805, 2017.

16. S. Yamamoto, D. D. Maki, R. L. Korn, and M. D. Kuo, "Radiogenomic analysis of breast cancer using MRI: a preliminary study to define the landscape," *American Journal of Roentgenology,* vol. 199, no. 3, pp. 654-663, 2012.

17. C. Sreeraj and S. Arya, "Report of a Pacific water mangrove goby fish, Wuhanlinigobius polylepis (Wu & Ni, 1985) from Indian Sunderban," *FishTaxa,* vol. 22, pp. 13-15, 2021.

18. G. D. Grass, M. N. Mills, J. G. Scott, S. Eschrich, and J. Torres-Roca, "Genomics and radiomics: Tools to see the unseen to personalize radiation therapy," *Appl Radia Ontcol,* vol. 8, pp. 9-22, 2019.

19. T. Yuing Farías, R. Henríquez Flores, N. Pradanos Salomon, S. Cortés Villalobos, and C. Curilem Gatica, "Efecto hipotensor agudo del ejercicio de oclusión vascular sobre adultos mayores," *Revista Internacional de Medicina y Ciencias de la Actividad Física y el Deporte,* vol. 19, no. 74, pp. 197-208, 2019, doi: 10.15366/rimcafd2019.74.002.

20. S. Shaier, M. Raissi, and P. Seshaiyer, "Data-driven approaches for predicting spread of infectious diseases through DINNs: Disease Informed Neural Networks," *Letters in Biomathematics,* 2022.

21. M. Terreros, Y. C. Valdés, L. B. Gonzáles, O. A. Mercader, and S. Romero, "Prostate-specific antigen levels in patients with risk factors for prostate carcinoma disorders," *Jornal Brasileiro de Patologia e Medicina Laboratorial,* vol. 56, 2020, doi: 10.5935/1676-2444.20200040.

22. H. Veeraraghavan *et al.*, "Integrated multi-tumor radio-genomic marker of outcomes in patients with high serous ovarian carcinoma," *Cancers,* vol. 12, no. 11, p. 3403, 2020.

23. R. W. Jansen *et al.*, "Non-invasive tumor genotyping using radiogenomic biomarkers, a systematic review and oncology-wide pathway analysis," *Oncotarget,* vol. 9, no. 28, p. 20134, 2018.

24. T. Bismeijer *et al.*, "Radiogenomic analysis of breast cancer by linking MRI phenotypes with tumor gene expression," *Radiology,* vol. 296, no. 2, pp. 277-287, 2020.

25. L. Jiang *et al.*, "Radiogenomic analysis reveals tumor heterogeneity of triple-negative breast cancer," *Cell Reports Medicine,* vol. 3, no. 7, 2022.

26. M. D. Kuo, J. Gollub, C. B. Sirlin, C. Ooi, and X. Chen, "Radiogenomic analysis to identify imaging phenotypes associated with drug response gene expression programs in hepatocellular carcinoma," *Journal of Vascular and Interventional Radiology,* vol. 18, no. 7, pp. 821-830, 2007.

27. F. Corr *et al.*, "Radiogenomic Predictors of Recurrence in Glioblastoma—A Systematic Review," *Journal of Personalized Medicine,* vol. 12, no. 3, p. 402, 2022.

28. S. Yarahmadian, A. Oroji, and A. K. Williams, "A hybrid differential equations model for the dynamics of single and double strand breaks of cancer cells treated by radiotherapy," *Letters in Biomathematics,* vol. 9, no. 1, pp. 141–158, 2022, doi: 10.30707/LiB9.1.1681913305.295521.

29. R. Qu and Z. Xiao, "An attentive multi-modal cnn for brain tumor radiogenomic classification," *Information,* vol. 13, no. 3, p. 124, 2022.