RESEARCH ARTICLE

AI-Driven Telemedicine: Expanding Access, Improving Outcomes, and Bridging the Gap for Underserved Populations in Remote and Rural Areas

Lily¹, Arthur²

- ¹ Massachusetts Institute of Technology
- ² University of Texas Austin

ARTICLE INFO

ABSTRACT

Received: Jun 6, 2024 Accepted: July 9, 2024

Keywords

Artificial Intelligence, Telemedicine, Remote Healthcare, Healthcare Access, Virtual Consultations, AI in Diagnostics, Underserved Regions. progress toward controlling the rising healthcare fraud problem. The advanced technologies of deep learning and natural language processing and machine learning defend healthcare funds from scams yet deliver appropriate medical benefits to patients. AI analyzes healthcare information to detect anomalies which would otherwise go undetected thus minimizing healthcare fraud costs. Successful implementation of AI for fraud detection within healthcare requires insurers to work with healthcare providers and regulators together with AI developers. The three parties together produce AI systems while evaluating ethical matters while upholding both legal and privacy standards. The implementation obstacles remain present but AI technology in fraud prevention shows strong potential to succeed. AI systems supported by evolving ethical standards and regulatory frameworks show promise to boost healthcare fraud detection thus boosting health safety in the healthcare sector.

Advanced AI systems now help detect healthcare fraud which marks a significant

*Corresponding Author:

Arthur6@gmail.com

I. INTRODUCTION

Teleconsultations moved beyond basic phone or video calls by using modern technological enhancements to advance diagnostic precision as well as patient supervision and customized treatment delivery irrespective of physical distances. The healthcare industry benefits from telecommunication services which create transformative changes through their ability to connect those who lack healthcare system access [1]. Rural and remote regions with economic disadvantages have widely implemented telemedicine because healthcare facilities are scarce and healthcare

professionals are hard to locate [2]. Patients residing in these areas spend considerable time and energy when seeking basic healthcare due to distant medical facilities. The combination of health service limitations both in availability and payment costs leads to deteriorating health results. Telemedicine solves the distance-based accessibility problems by providing patients online access to healthcare providers [3]. The addition of AI capabilities has expanded telemedicine services to include full diagnosis procedures and treatment development followed by ongoing care that professionals deliver through the internet. Current telemedicine platforms utilize artificial intelligence to rise above basic remote consultative practice which provided only limited opportunities for health inquiries and routine examinations of mild conditions. These consultations started patient care but lacked the capability to support advanced medical requirements. Telemedicine platforms incorporate artificial intelligence technology to provide remote diagnosis as well as treatment and follow-up services to patients [4]. AI technology enables the analysis of patient information while detecting medical anomalies in images using complex algorithms along with natural language processing systems and image recognition capabilities to both predict health outcomes and solve health system challenges in underdeveloped nations. The multidimensional effect of AI on telemedicine helps tackle major challenges that affect underserved areas through decreased healthcare worker shortages and limited specialist access.

AI systems today execute free-standing medical procedures which were previously performed by medical providers including patient care evaluation and screening and diagnosis through observed patient information while working with extensive data sets [5]. The interaction between AI algorithms and patients includes primary diagnostic conversations followed by proposed care solutions that helps medical staff manage their workload better by allowing them to treat other patients. The diagnostic process using remote technology greatly benefits from the application of AI systems. Telemedicine applications enable AI algorithms to perform autonomous diagnosis of medical scans including X-rays CT scans and MRIs which helps doctors identify pneumonia tuberculosis and cancer [6]. The AI systems deliver specific advantages to locations that lack specialist physicians particularly in rural and distant locations. Initial assessments performed by these systems allow medical professionals to take prompt well-informed decisions from any location. Diagnostic image interpretation using AI constitutes a major telemedicine strength for treating conditions that require early medical intervention to stop health decline [7]. AI technologies work beyond diagnostic functions by providing ongoing proactive monitoring essential to monitor patients with chronic illness. Patients' medical conditions can be monitored effectively through the telemedicine system which collects data from wearable health devices including heart rate and glucose monitors [8]. AI systems analyze this data stream so they can warn patients and health providers about approaching medical problems which require intervention. When diabetic patients encounter blood glucose level modifications AI technology warns healthcare providers to intervene before detrimental situations arise. Customers receive customized healthcare through telemedicine's deployment of AI frameworks to increase medical treatment results [9]. Large quantities of patient medical information that AI processes enables the development of customized therapeutic approaches. Virtual health assistants driven by AI systems provide patient interactions which serve

to remind patients to take medications and modify their lifestyles and adhere to their treatment protocols according to their personalized health conditions. Follow-up healthcare access in rural areas becomes more valuable through AI because patients need distance-based delays in provider contact [10]. Information technology applied to telemedicine systems enables precise medical assessments and steady patient surveillance along with specific treatment approaches to deliver enhanced healthcare. The integration of AI into telemedicine services addresses data privacy concerns and high-quality data needs which allows improved healthcare access despite geographical obstacles for patients who need medical attention in distant areas [11]. The future of AI in telemedicine displays growing potential for healthcare development in rural areas through innovative healthcare solutions produced by advancing AI technology.

I. Research Findings

A. The Role of Artificial Intelligence in Telemedicine

Artificial intelligence functions as a main catalyst that drives telemedicine evolution by making substantial improvements to traditional healthcare delivery systems while serving medical patients who reside in rural areas where doctors are scarce. Modern telemedicine systems using artificial intelligence technology provide complete distant consultation features alongside diagnostic capabilities and patient care control services. The innovations in healthcare delivery enable distant residents to obtain similar healthcare standards as city dwellers access [12].

i. AI-Powered Remote Consultations

AI technology has brought significant changes to the delivery of remote consultations in telemedicine care. Through remote consultations patients have the opportunity to meet doctors and healthcare providers without needing a physical appointment. Artificial intelligence systems help the evaluation process through the analysis of patient symptoms which combines with medical history data to generate preliminary assessments. The system allows general practitioners to handle e-consultation cases more efficiently through its capabilities for crisis-based management. The real-time "symptom checker" function of AI system conducts question-based examinations to determine patient medical classifications [13]. The tool leads patients toward the right response consisting of physician emergency consults alongside delayed appointment booking and home self-care instructions. Patients obtain prompt healthcare in minimally accessible areas because of this feature which prevents their conditions from worsening. The accessibility of healthcare improves because patients located in remote or underserved areas can speak to specialists through these technologies without enduring long commutes. AI-powered chatbots together with logs allow healthcare providers to deliver remote care to multiple healthcare requirements including follow-up consultations and chronic illness monitoring and counseling services and continuous patient care.

ii. Enhancing Diagnostic Accuracy through AI

AI makes its most important contribution to telemedicine through improved diagnostic precision. Standalone diagnostic procedures were impossible before physicians or diagnostic experts needed to use equipment next to patients who required these tests. Through the inclusion of artificial intelligence technology telemedicine platforms now have the power to analyze different medical images consisting of X-rays CT scans and MRIs. Advanced image analysis functions as one fundamental use of AI algorithms since medical images expose invisible human-perceivable body

information including tumor tissue along with bone conditions and infectious activities. An AI system uses chest X-ray results to quickly determine symptoms in patients being diagnosed with pneumonia or lung cancer [14]. AI systems function in areas with limited radiologists to supply physicians with quick assessment results which allow immediate healthcare reaction times. The telemedicine diagnostic models utilize extensive image datasets to perform their diagnostic functions as they continuously evolve in their diagnostic precision. Through AI remote healthcare providers can provide quick diagnoses which leads to faster medical treatment and decreases specialist appointment requirements and reduces specialist patient workload. AI systems can analyze common trends which allow physicians to receive predictive assessments about patient health risks including heart disease and diabetes through analysis of health data. Through its recommendation function the system enables health practitioners to provide proactive treatment which improves care quality by supporting patients located in areas without convenient healthcare services [15].

B. AI's Role in Predictive Analytics and Monitoring

The analysis of potential health conditions for future diagnosis is provided through AI systems. The combination of wearables and m-Health apps lets AI systems monitor current health indicators which include pulse rate and blood pressure alongside blood sugar levels. The data from these devices moves to healthcare providers so AI systems review it to spot patterns or obtainable medical signs which point to health complications. AI systems detect warning signs that chronic condition patients show for developing complications including diabetes and asthma and hypertension and then notify healthcare providers about clinical sign modifications. The continuous monitoring system enables doctors to detect complications early because healthcare providers maintain access to patient data from hard-to-reach areas [16]. Real-time monitoring through these systems allows doctors to spot healthcare issues right away which minimizes the expense of healthcare services while decreasing patient hospital visit requirements. AI-based predictive models help healthcare providers detect both present and future threats that turn into serious medical issues before their onset. AI uses patient data to identify specific patterns which indicate increased risk of heart attacks or strokes in patients. The gathered insights enable healthcare providers to prevent complications by modifying treatments and suggesting lifestyle modifications which jointly lead to better patient health results [17].

i. AI's Impact on Healthcare Access in Underserved Regions

The implementation of AI telemedicine delivers maximized benefits to countries with weak healthcare systems in addition to serving remote villages and low-income and developing communities. The implementation of artificial intelligence in healthcare improves healthcare quality and eliminates geographic barriers thus ensuring that disadvantaged people maintain access to essential medical services [18].

ii. Addressing the Healthcare Professional Shortage

Multiple regions across rural and remote territories experience major deficits in qualified medical professionals who include doctors and specialists as well as all other healthcare staff members. The analysis of telemedicine systems evaluated AI tools to solve healthcare access problems and decrease the number of people without specialist care who require providers situated outside their region. AI technology helps healthcare operations in three key areas by linking patients with correct specialists while interpreting medical pictures and generating treatment plans using patient information [20]. AI technology reduces the care provider workload by handling simpler medical

situations especially within developing nations. AI enables remote specialist consultations by interpreting patient data which allows rural patients to receive specialist care instead of traveling to urban centers while facing difficulties in cost and time. The healthcare distribution imbalance receives aid from AI through its implementation of remote teleconsultation systems along with decision support capabilities.

iii. Reducing the Need for Travel

Patients living remotely encounter their biggest medical access difficulty because they must travel excessive distances for healthcare treatment. Patients who have physical disabilities face additional cost and time consumption along with fatigue when they travel for care visits. Telemedicine applications using artificial intelligence technology helps patients to receive assessments and medical diagnoses and continuous monitoring in their home environments [12]. The medical program costs decrease because telemedicine eliminates unnecessary travel requirements and simultaneously provides patients with financial relief regarding their transportation expenses. Rural patients find this solution particularly helpful because it eliminates the requirement for extensive travel done by patients as well as healthcare experts to administer care for persistent illnesses. In addition to managing more patients within brief periods healthcare professionals deliver swift appropriate emergency medical services [14].

C. Democratizing Access to Specialized Care

Artificial intelligence allows people excluded from health insurance to obtain vital medical care. The combination of AI systems does not only establish doctor-patient consultations between distant regions but also serves to connect patients with scarce specialist doctors in remote areas. Telemedicine technologies equipped with AI algorithms enable patient consultations while processing medical information including history records along with complaints and diagnostic images [20]. Through its remote service capabilities AI connects patients to specialized medical experts therefore creating quality care opportunities that also lower health service expenses. Remote consultations through AI algorithms enable rural patients to speak with specialists they could not reach otherwise because their areas have no available specialists. General practitioners receive help from AI systems to correctly identify complex diseases so they can deliver better healthcare services to underserved communities [21].

i. AI in Diagnostics: A Game-Changer for Telemedicine

a. AI-Driven Image Analysis and Interpretation

AI brings extraordinary changes to telemedicine diagnostic practices especially when used for medical imaging interpretation. The analysis of X-rays together with CT scans and MRIs and various other patient images becomes possible because of AI assistance. Pathologies and key features and the diagnosis of these images becomes possible through AI algorithms which operate effectively in remote locations without direct radiologist access [22]

b. Machine Learning for Disease Detection:

Artificial neural networks manage large medical data to detect illnesses at their earliest stages. Telemedicine benefits from algorithms that help diagnose pneumonia and tuberculosis and heart disease at their early stages thus providing enhanced treatment and better patient results [23].

c. Virtual Health Assistants and AI-Powered Symptom Checkers:

AI tools using chatbots with smart virtual assistants now help patients through diagnosis testing and first-stage evaluations to enhance their engagement. AI systems with symptom checklists use algorithms to assist patients through diagnostic assessments before recommending their next healthcare steps to them [24].

D. Regulatory and Legal Considerations for AI in Telemedicine

AI integration in healthcare increases its prominence in telemedicine operations but also produces specific regulatory and legal hurdles. The main advantage of bringing AI into healthcare practice stems from its ability to improve care quality and delivery systems. The integration reduces healthcare quality while creating additional risks which include medical and legal responsibility and privacy risks and data protection challenges as well as compliance with existing healthcare laws [25]. The proper management of AI telemedicine platforms requires immediate attention because it enables the safe and ethical implementation of technology while upholding legal mandates. The research examines the important legal and ethical matters associated with telemedicine AI implementation which include contracts and responsibilities and laws as well as data privacy and worries about moving patient information beyond national boundaries.

i. Legal Challenges in the Adoption of AI-Driven Telemedicine

The implementation of AI within telemedicine generates various legal problems regarding medical negligence together with questions about accountability and healthcare regulatory compliance. One of the main problems stems from the opportunity for medical negligence when AI systems deliver wrong diagnostic results [26]. In the same way that healthcare providers face legal consequences for misreading cases and incorrect procedures medical authorities must identify who bears liability during AI system failures. Determining which party bears responsibility for an incorrect diagnosis leading from an improper medical image interpretation by an AI system can prove challenging since the fault could belong to any of three entities: AI technology or doctor users or algorithm developers [27]. Lawmakers must establish specific regulations which define proper accountability because they directly connect responsibility assignment to specific authorities. Healthcare providers should understand their roles more clearly when working with AI since AI exists to help physicians make decisions rather than perform clinical judgment independently. Healthcare providers need to grasp the fundamental restrictions of AI systems while developing capabilities to utilize professional experience jointly with technology to prevent excessive dependence on technological systems [28].

ii. Ethical Guidelines for AI in Telemedicine

The increasing application of AI in healthcare generates multiple important ethical matters alongside its many advantages. Healthcare professionals face the main difficulty of blending artificial intelligence-based clinical decision support tools with their professional expertise. Human clinical judgment becomes vital due to its superiority over AI systems during complex or sensitive medical procedures [29]. Healthcare providers must establish if AI systems should function independently to make decisions or if they need clearing their recommendations from medical staff before taking effect. An AI system should present diagnostic or therapeutic proposals to medical practitioners for their final professional judgment regarding patient care [30].

II. Conclusion

Telemedicine receives strong influence from artificial intelligence when healthcare resources are limited. Telemedicine platforms achieve more accurate diagnoses and timely interventions through AI integration of machine learning combined with image analysis and predictive analytics. These technological advances enable medical providers to dispense with long-distance patient care while resolving professional shortages and increasing healthcare technology availability in areas lacking basic medical services. Current healthcare implementations throughout Africa, Asia and Latin American territories verify the successful utility of artificial intelligence in medical settings. International organizations must work together to create global guidelines that establish sustainable healthcare standards for assuring equal access to high-quality healthcare worldwide. The transforming impact of AI on healthcare globally will create a system to bridge healthcare delivery differences between actual service and theoretical potential for all populations.

III. References

- 1. Keesara, S., Jonas, A., & Schulman, K. (2020). *Telemedicine: Potential Benefits and Challenges*. JAMA, 323(20), 2045-2046.
- 2. Buntin, M. B., Burke, M. F., & Hoag, D. (2019). *The Benefits of Telemedicine in Expanding Access to Healthcare*. Healthcare, 7(4), 240-245.
- 3. Bailey, S. E., & DeGrazia, D. (2021). *Artificial Intelligence in Telemedicine: An Opportunity for Rural Healthcare Access.* Journal of Rural Health, 37(4), 437-444.
- 4. Gupta, R., & Garg, P. (2020). *AI-Powered Telemedicine: Advancements and Future Outlook*. International Journal of Medical Informatics, 141, 104213.
- 5. Zhang, Y., & Wang, Q. (2020). *Machine Learning Applications in Telemedicine for Remote Diagnostics and Monitoring*. Telemedicine and e-Health, 26(8), 1022-1030.
- 6. Li, X., & Liu, C. (2020). *Telemedicine and Artificial Intelligence: Revolutionizing Healthcare Delivery*. Journal of Healthcare Engineering, 2020, 1-9.
- 7. Denecke, K., & Nejdl, W. (2019). *Artificial Intelligence in Healthcare: Challenges and Opportunities*. Springer International Publishing.
- 8. Hasan, M. M., & Tareq, M. S. (2021). *AI-Based Telemedicine Platforms: Recent Developments and Future Directions*. Journal of Medical Systems, 45(3), 44.
- 9. Sandhu, R., & Sharma, A. (2020). *Natural Language Processing and AI for Healthcare Fraud Detection*. Journal of Medical Systems, 44(8), 134.
- 10. Varkey, P., & Shah, D. (2019). *AI and Telemedicine: How New Technologies Are Shaping Healthcare*. Telemedicine Journal and e-Health, 25(7), 652-659.
- 11. Lee, S., & Kim, M. (2021). *The Role of AI in Improving Telemedicine for Remote Consultations and Diagnostics*. Health Informatics Journal, 27(1), 34-43.
- 12. Patel, M., & Shukla, R. (2021). *Improving Access to Healthcare: AI and Telemedicine in Underserved Regions*. Global Health Action, 14(1), 200-205.
- 13. Choi, T., & Park, M. (2021). *Global Healthcare and the Impact of Artificial Intelligence and Telemedicine: Case Studies and Future Directions*. Journal of Global Health, 22(3), 78-85.
- 14. Xu, L., & Liu, J. (2021). *Telemedicine and Artificial Intelligence: Innovations for the Future of Global Healthcare.* Journal of Medical Internet Research, 23(1), 58-66.
- 15. Shiwlani, A., Ahmad, A., Umar, M., Dharejo, N., Tahir, A., & Shiwlani, S. (2024). BI-RADS Category Prediction from Mammography Images and Mammography Radiology Reports Using Deep Learning: A Systematic Review. Jurnal Ilmiah Computer Science, 3(1), 30-49.

- 16. Thatoi, P., Choudhary, R., Shiwlani, A., Qureshi, H. A., & Kumar, S. (2023). Natural Language Processing (NLP) in the Extraction of Clinical Information from Electronic Health Records (EHRs) for Cancer Prognosis. International Journal, 10(4), 2676-2694.
- 17. Shah, Y. A. R., Qureshi, S. M., Ahmed, H., Qureshi, S. U. R. S., Shiwlani, A., & Ahmad, A. (2024). Artificial Intelligence in Stroke Care: Enhancing Diagnostic Accuracy, Personalizing Treatment, and Addressing Implementation Challenges.
- 18. Kumar, S., Shiwlani, A., Hasan, S. U., Kumar, S., Shamsi, F., & Hasan, S. Artificial Intelligence in Organ Transplantation: A Systematic Review of Current Advances, Challenges, and Future Directions.
- 19. Kumar, S., Hasan, S. U., Shiwlani, A., Kumar, S., & Kumar, S. DEEP LEARNING APPROACHES TO MEDICAL IMAGE ANALYSIS: TRANSFORMING DIAGNOSTICS AND TREATMENT PLANNING.
- 20. Gondal, M. N., Shah, S. U. R., Chinnaiyan, A. M., & Cieslik, M. (2024). A Systematic Overview of Single-Cell Transcriptomics Databases, their Use cases, and Limitations. *ArXiv*.
- 21. Gondal, M. N., Shah, S. U. R., Chinnaiyan, A. M., & Cieslik, M. (2024). A systematic overview of single-cell transcriptomics databases, their use cases, and limitations. *Frontiers in Bioinformatics*, *4*, 1417428.
- 22. Gondal, M., Bao, Y., Mannan, R., Hu, J., Chinnaiyan, A., & Cieslik, M. (2025). Abstract A094: Single-cell Transcriptomics Unveils Novel Regulators of MHC Expression: Implications for Cancer Immunotherapy. *Cancer Immunology Research*, *13*(2_Supplement), A094-A094.
- 23. Bao, Y., Qiao, Y., Choi, J. E., Zhang, Y., Mannan, R., Cheng, C., ... & Chinnaiyan, A. M. (2023). Targeting the lipid kinase PIKfyve upregulates surface expression of MHC class I to augment cancer immunotherapy. *Proceedings of the National Academy of Sciences*, 120(49), e2314416120.
- 24. Bao, Y., Qiao, Y., Choi, J. E., Zhang, Y., Mannan, R., Cheng, C., ... & Chinnaiyan, A. M. (2023). Targeting the lipid kinase PIKfyve upregulates surface expression of MHC class I to augment cancer immunotherapy. *Proceedings of the National Academy of Sciences*, 120(49), e2314416120.
- 25. Choi, J. E., Qiao, Y., Kryczek, I., Yu, J., Gurkan, J., Bao, Y., ... & Chinnaiyan, A. M. (2024). PIKfyve controls dendritic cell function and tumor immunity. *bioRxiv*.
- 26. Gondal, M. N., Butt, R. N., Shah, O. S., Nasir, Z., Hussain, R., Khawar, H., ... & Chaudhary, S. U. (2020). In silico Drosophila Patient Model Reveals Optimal Combinatorial Therapies for Colorectal Cancer. *bioRxiv*, 2020-08.
- 27. Shah, Y. A. R., Qureshi, H. A., & Qureshi, S. M. (2025). Enhancing Nephrology Decision Support with Artificial Intelligence and Numerical Algorithms. *AIPrespective. org*, 1(1).
- 28. Bauer, E., & Qureshi, H. A. (2025). Harnessing Artificial Intelligence and Machine Learning for Enhanced Diagnosis of Takotsubo Cardiomyopathy. *AIPrespective. org*, 1(1).
- 29. Shiwlani, A., Kumar, S., Kumar, S., Qureshi, H. A., & Naguib, J. S. AI-Assisted Genotype Analysis of Hepatitis Viruses: A Systematic Review on Precision Therapy and Sequencing Innovations.
- 30. Shah, Y. A. R., Qureshi, H. A., & Qureshi, S. M. (2025). Enhancing Nephrology Decision Support with Artificial Intelligence and Numerical Algorithms. *AIPrespective. org*, 1(1).
- 31. Gondal, M. N. (2024). Assessing Bias in Gene Expression Omnibus (GEO) Datasets. *bioRxiv*, 2024-11.
- 32. Gondal, M. N., Butt, R. N., Shah, O. S., Nasir, Z., Hussain, R., Khawar, H., ... & Chaudhary, S. U. (2020). In silico Drosophila Patient Model Reveals Optimal Combinatorial Therapies for Colorectal Cancer. *bioRxiv*, 2020-08.
- 33. Gondal, M. N., Butt, R. N., Shah, O. S., Nasir, Z., Hussain, R., & Khawar, H. *In silico Drosophila Patient Model Reveals Optimal Combinatorial Therapies for Colorectal Cancer. bioRxiv [Internet].* 2020.

- 34. Gondal, M. N., Cieslik, M., & Chinnaiyan, A. M. (2025). Integrated cancer cell-specific single-cell RNA-seq datasets of immune checkpoint blockade-treated patients. *Scientific Data*, 12(1), 139.
- 35. Gondal, M. N., Sultan, M. U., Arif, A., Rehman, A., Awan, H. A., Arshad, Z., ... & Chaudhary, S. U. (2021). TISON: a next-generation multi-scale modeling theatre for in silico systems oncology. *BioRxiv*, 2021-05.
- 36. Bao, Y., Cruz, G., Zhang, Y., Qiao, Y., Mannan, R., Hu, J., ... & Chinnaiyan, A. M. (2025). The UBA1–STUB1 Axis Mediates Cancer Immune Escape and Resistance to Checkpoint Blockade. *Cancer Discovery*, 15(2), 363-381.
- 37. Gondal, M. N., & Farooqi, H. M. U. (2025). Single-Cell Transcriptomic Approaches for Decoding Non-Coding RNA Mechanisms in Colorectal Cancer. *Non-Coding RNA*, *11*(2), 24.
- 38. Choi, J. E., Qiao, Y., Kryczek, I., Yu, J., Gurkan, J., Bao, Y., ... & Chinnaiyan, A. M. (2024). PIKfyve, expressed by CD11c-positive cells, controls tumor immunity. *Nature Communications*, *15*(1), 5487.
- 39. Bao, Y., Qiao, Y., Choi, J. E., Zhang, Y., Mannan, R., Cheng, C., ... & Chinnaiyan, A. M. (2023). Targeting the lipid kinase PIKfyve upregulates surface expression of MHC class I to augment cancer immunotherapy. *Proceedings of the National Academy of Sciences*, 120(49), e2314416120.
- 40. Borker, P., Bao, Y., Qiao, Y., Chinnaiyan, A., Choi, J. E., Zhang, Y., ... & Zou, W. (2024). Targeting the lipid kinase PIKfyve upregulates surface expression of MHC class I to augment cancer immunotherapy. *Cancer Research*, 84(6_Supplement), 7479-7479.
- 41. Tahir, A., Martinez, P. J., Ahmad, F., Fisher-Hoch, S. P., McCormick, J., Gay, J. L., ... & Chaudhary, S. U. (2021). An evaluation of lipid profile and pro-inflammatory cytokines as determinants of cardiovascular disease in those with diabetes: a study on a Mexican American cohort. *Scientific reports*, 11(1), 2435.
- 42. Gondal, M. N., Mannan, R., Bao, Y., Hu, J., Cieslik, M., & Chinnaiyan, A. M. (2024). Pan-tissue master regulator inference reveals mechanisms of MHC alterations in cancers. *Cancer Research*, 84(6_Supplement), 860-860.
- 43. Gondal, M. N., Butt, R. N., Shah, O. S., Sultan, M. U., Mustafa, G., Nasir, Z., ... & Chaudhary, S. U. (2021). A personalized therapeutics approach using an in silico drosophila patient model reveals optimal chemo-and targeted therapy combinations for colorectal cancer. *Frontiers in Oncology*, *11*, 692592.
- 44. Gondal, M. N., Butt, R. N., Shah, O. S., Sultan, M. U., Mustafa, G., & Nasir, Z. & Chaudhary, SU (2021). A personalized therapeutics approach using an in silico drosophila patient model reveals optimal chemo-and targeted therapy combinations for colorectal cancer. *Frontiers in Oncology*, *11*(692592), 492-499.
- 45. Tahir, A., Wajid, B., Anwar, F., Awan, F. G., Rashid, U., Afzal, F., ... & Wajid, I. (2023, March). Survivability period prediction in colon cancer patients using machine learning. In 2023 International Conference on Energy, Power, Environment, Control, and Computing (ICEPECC) (pp. 1-4). IEEE.
- 46. Iqbal, H., Khan, S., Tahir, A., & Ramzan, H. (2024, November). Convolutional Neural Network Driven Electroencephalogram Characterization for Robust and Efficient Schizophrenia Diagnosis. In 2024 3rd International Conference on Emerging Trends in Electrical, Control, and Telecommunication Engineering (ETECTE) (pp. 1-5). IEEE.
- 47. Afzal, F., Wajid, B., Anwar, F., Rashid, U., Awan, F. G., Tahir, A., ... & Anwar, A. R. Praedico–Salvos: an ensemble ML framework for predicting survivability of thyroid cancer patients.
- 48. Buk Cardoso, L., Cunha Parro, V., Verzinhasse Peres, S., Curado, M. P., Fernandes, G. A., Wünsch Filho, V., & Natasha Toporcov, T. (2023). Machine learning for predicting survival of colorectal cancer patients. *Scientific reports*, *13*(1), 8874.

- 49. Gupta, P., Chiang, S. F., Sahoo, P. K., Mohapatra, S. K., You, J. F., Onthoni, D. D., ... & Tsai, W. S. (2019). Prediction of colon cancer stages and survival period with machine learning approach. *Cancers*, *11*(12), 2007.
- 50. Swanson, K., Wu, E., Zhang, A., Alizadeh, A. A., & Zou, J. (2023). From patterns to patients: Advances in clinical machine learning for cancer diagnosis, prognosis, and treatment. *Cell*, *186*(8), 1772-1791.