

The Synergistic Role of Artificial Intelligence and Nanotechnology in Precision Oncology – A Review

Khalid AlBaimani ^{1,a*}, Omar Abdelhakim Ayaad ^{2,b}, Meriem Khadraoui ^{1,c},
Intissar Azzam Yehia ^{1,d}, Ahmad Mohammad Matar ^{1,e}, Zayana Talib AlKiyumi ^{3,f},
Nariman Mahmoud AbuHashish ^{3,g}

¹ Medical Oncology Department, Sultan Qaboos Comprehensive Cancer Care and Research, Muscat Oman.

² Quality and Accreditation Department, Sultan Qaboos Comprehensive Cancer Care and Research Center, Muscat Oman.

³ Nursing Department, Sultan Qaboos Comprehensive Cancer Care and Research Center, Muscat Oman.

E-mail: k.albaimani@cccrc.gov.om ^{a,*}, o.ayaad@cccrc.gov.om ^b, m.khadraoui@cccrc.gov.om ^c,
i.yehia@cccrc.gov.om ^d, a.matar@cccrc.gov.om ^e, z.alkiyumi@cccrc.gov.om ^f,
n.hashish@cccrc.gov.om ^g

Received: 20 May 2025 | Revised: 18 June 2025 | Accepted: 01 July 2025 | Published: 11 August 2025

Abstract

Cancer persists as a predominant cause of mortality on a global scale, underscoring the imperative for ongoing advancements in treatment strategies. Cancer therapies, including chemotherapy, immunotherapy, and targeted therapy, have demonstrated efficacy; however, they are frequently associated with significant limitations, including tumor heterogeneity and adverse effects. The integration of artificial intelligence (AI) and nanotechnology has the potential to create a paradigm shift in the field of oncology, offering personalized and precise treatment modalities.

This review explores the role of artificial intelligence (AI) and nanotechnology in revolutionizing cancer care. A systematic review was conducted using databases such as Google Scholar, Springer Online, the Cochrane Library, and PubMed, employing keywords including "Cancer," "Artificial Intelligence," and "Nanotechnology." The selected studies include meta-analyses, randomized trials, and quasi-randomized studies, ensuring a comprehensive evaluation.

The findings underscore the potential of artificial intelligence (AI) to enhance diagnostic accuracy, predict nanomaterial toxicity, optimize drug delivery, and improve biomarker-based treatment planning. Moreover, artificial intelligence (AI)-driven methodologies, encompassing machine learning (ML) and deep learning (DL), enable personalized medicine by facilitating navigation and analysis of intricate oncological datasets. Concurrently, nanotechnology facilitates precise drug targeting, thereby enhancing treatment efficacy while minimizing systemic toxicity. The integration of artificial intelligence (AI) and nanomedicine presents a transformative approach to addressing drug resistance, predicting pharmacological responses, and refining patient-specific cancer therapies.

A number of challenges have been identified, including ethical concerns, data privacy issues, and the need for robust clinical validation. Future research should prioritize the integration of AI-driven nanomedicine into mainstream clinical practice, with a focus on ensuring its safety, efficacy, and accessibility for global oncology care.

Keywords: Cancer Therapy, Artificial Intelligence, Nanotechnology, Precision Oncology, Personalized Medicine.

* Correspondence Author

Copyright: © 2025 by the authors. Licensee Scientific Steps International Publishing Services, Dubai, UAE.

This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

Cite This Article: AlBaimani, K., Ayaad, O. A., Khadraoui, M., Yehia, I. A., Matar, A. M., AlKiyumi, Z. T., & AbuHashish, N. M. (2025). The Synergistic Role of Artificial Intelligence and Nanotechnology in Precision Oncology – A Review. *Middle Eastern Cancer and Oncology Journal*, 1(3), 6–9. <https://doi.org/10.61706/MECOJ160136>.

Introduction

Cancer remains a major cause of mortality worldwide, with approximately 20 million new cases diagnosed each year. This contributes to a substantial financial strain on healthcare systems. Extensive research over several decades has yielded substantial progress in the treatment of cancer patients, encompassing combinational therapy, immunotherapy, and targeted therapy (Kesharwani et al., 2012; Khan et al., 2024; Sheikh et al., 2021; Singh & Kesharwani, 2021).

However, these treatment options are associated with inevitable adverse effects, including the infiltration of solid tumors by immune cells and therapeutic substances. In order to address these limitations, initiatives have been undertaken to create innovative anticancer pharmaceuticals. Nanomedicines are a fusion of medicine and nanotechnology, utilized for the monitoring, diagnosis, and treatment of disorders. These can be integrated into biological machineries, medical equipment, and nano biosensors, and delivered clinically to patients (Chadar, Afsana, et al., 2021; Chadar, Afzal, et al., 2021; Kesharwani et al., 2015, 2022; Park, 2019; Sheikh & Kesharwani, 2021).

The integration of nanotechnology and artificial intelligence (AI) in clinical practice for cancer care offers a promising advancement in addressing the limits of conventional cancer therapy strategies. The resulting synergy of these efforts points to a future in which cancer treatment will prioritize precision, leveraging medications that have been meticulously engineered to address the multifaceted nature of this intricate disease. Each individual possesses a distinct genetic code, resulting in phenotypic differences among the population. It is imperative to acknowledge that each cancer patient exhibits a distinct array of biomarkers and demonstrates varying responses to pharmacological treatments. The observed heterogeneity among patients with different cancer types can be attributed to the accumulation of driver mutations within the tumor. This variability complicates the diagnosis and treatment of cancer. In the current landscape, there is an ongoing need for more effective and personalized therapeutic options to combat cancer, which poses a significant challenge and burden to the healthcare system (Bateson, 2015; Kaushal et al., 2022; Kiyotani et al., 2021).

Using AI and Nanotechnology Together to Improve Cancer Treatment Precision

The integration of artificial intelligence and nanotechnology holds considerable potential for enhancing cancer diagnosis, therapy, and monitoring, a field that stands to benefit greatly from such advancements. The ability to overcome the challenges posed by cancer care, advance towards more effective

and personalized treatments, and combine artificial intelligence (AI) with nanoscale intervention precision (Mukheja et al., 2025) is a potential avenue for progress.

Implications of AI for Healthcare Monitoring

The utilization of artificial intelligence in healthcare has seen a marked increase in recent years, with the technology being employed to facilitate real-time patient monitoring, the early detection of complications, and the provision of decision-making support. In the field of oncology, the integration of artificial intelligence (AI) with wearable technologies or imaging platforms facilitates continuous monitoring of patient vitals, treatment responses, and the issuance of alerts to healthcare teams regarding potential adverse events. These advancements facilitate more responsive, data-driven care in both hospital and outpatient settings.

The Examination of Nanotechnology-Detected Tumor Profiles

It is imperative to comprehend the molecular biology of the patient's illnesses to ensure the provision of suitable medical treatment. The study and collection of data on the unique molecular signature of cells and tissues is made possible by multi-omics technology, which includes genomics, proteomics, transcriptomics, metabolomics, and epigenomics, among others. The process of customizing treatment plans for cancer patients is also contingent on the utilization of biomarker testing. Single-molecule sequencing (SMS) is a prominent third-generation sequencing method that utilizes nanotechnology to provide a direct view of the DNA molecule (Li et al., 2021; Rosenquist et al., 2022; Schadt et al., 2010).

Presently, a novel set of AI-enabled base callers has been developed, thereby enhancing the efficiency and accuracy of sequencing methodologies. These callers utilize a range of algorithms, including Artificial Neural Networks (ANN), Machine Learning (ML), and Deep Learning (DL) (Silvestre-Ryan & Holmes, 2021; Wick et al., 2019).

The Function of Artificial Intelligence in Nanomaterial Toxicity Prediction

Utilizing linear regression and Bayesian regularized neural networks, Epa et al. (2012) evaluated the effects of 51 metal oxide NPs with distinct metallic cores and 109 NPs with analogous cores but divergent surface modifications. The models demonstrated a high degree of accuracy in predicting cell death in malignant cells and the uptake of nanoparticles by different cell lines in laboratory experiments (Epa et al., 2012).

However, when considering biosafety and nanotoxicology, it is insufficient to merely examine the apparent toxicity of nanomedicines to cells. In such cases, the employment of nano descriptors, such as

microscopic images, is imperative for the delineation of the precise properties or the amalgamation of multiple attributes inherent to a particular nanomedicine (Burello & Worth, 2011; Glotzer & Solomon, 2007). Oladele (2014) developed a classifier model for nanoscale material degradation prediction. This model was created using a genetic algorithm and a support vector machine. When formulating recommendations for their safe use, researchers considered physicochemical properties (Oladele, 2014).

Predicting the Concentration of Tumor Drugs Using AI

The selection of medications is made exclusively on the basis of omics data and biomarker profiles, with the objective of providing personalized cancer treatment. Achieving a prolonged treatment response, as well as accurately predicting it, are both made more difficult by the dynamic nature of the tumor microenvironment and the emergence of drug resistance (Cheng et al., 2020). Therefore, it is imperative to ascertain whether the medication reaches the intended destination and, if so, at what concentration. A range of artificial intelligence (AI) techniques, grounded in machine learning (ML) and deep learning (DL), have been developed to navigate this complexity. Machine learning (ML) is the field of study concerned with algorithms that can learn patterns from data through training on labeled datasets. Deep learning (DL), a subset of machine learning (ML), employs multiple layers of neural networks to process data, frequently demonstrating superiority in tasks such as image recognition and complex pattern detection without the necessity of manual feature selection. Conversely, deep

learning (DL) models do not necessitate such specialized input, as they possess the capability to autonomously extract pertinent features from raw data. The discrepancy in the methodologies employed by traditional machine learning (ML) and deep learning (DL) techniques is pronounced. The utilization of DL methods in problem-solving does not necessitate the availability of critical sample attributes (Soori et al., 2023).

The Use of AI in Pharmacological Response Prediction

The objective of precision cancer medicine is to accurately predict the most effective pharmacological treatment for each patient's tumors by analyzing their unique molecular profiles (Leventakos et al., 2019). The establishment of molecular linkages that are disrupted in cancer cells should ideally provide the basis for such predictions. For instance, one such example is the treatment of chronic myelogenous leukemia (CML) using targeted inhibition of the Abl tyrosine kinase gene (Blanco-González et al., 2023). A paucity of knowledge persists concerning the molecular pathways of other cancers, particularly those that result in solid tumors, in comparison to CML (Gupta et al., 2021). Machine learning (ML) is a particularly apt solution for identifying significant relationships in cancer-related datasets. In recent times, a number of machine learning (ML)-based approaches have been developed for this purpose. These algorithms leverage linkages identified in previously published datasets to estimate the optimal treatment outcomes based on the genetic profiles of individual patients' cancers (Tong et al., 2024).

Table 1. Comparative Contributions of Artificial Intelligence (AI) and Nanotechnology in Cancer Care

Aspect	Artificial Intelligence (AI)	Nanotechnology
Primary Role	Data analysis and decision support	Drug delivery and molecular targeting
Diagnostics	Improves accuracy via imaging and pattern recognition	Enables real-time biosensing and nanoparticle-based diagnostics
Personalized Treatment	Analyzes omics data to tailor therapy	Enables targeted drug release and minimal off-target effects
Drug Delivery	Predicts optimal dosing and timing	Encapsulates drugs for site-specific release
Safety & Toxicity Prediction	Uses ML models to predict adverse effects	Engineers' biocompatible materials with tunable properties
Monitoring & Follow-up	Supports remote monitoring through digital tools	Nanodevices may allow for intracellular and sustained monitoring

Conclusion

The integration of artificial intelligence and nanotechnology in the field of oncology holds immense promise for transforming cancer treatment. The employment of AI-powered algorithms has been demonstrated to enhance diagnostic accuracy, optimize

drug delivery, and personalize treatment strategies. Concurrently, nanotechnology facilitates precise drug targeting, thereby minimizing systemic toxicity and overcoming tumor heterogeneity. This synergy enables a paradigm shift from conventional therapies to precision oncology, where treatment is tailored to

individual patient profiles based on biomarker signatures and AI-driven insights.

However, the integration of artificial intelligence (AI) and nanotechnology in clinical oncology is encumbered by numerous challenges, including ethical considerations, concerns regarding data privacy, and the necessity for extensive validation through clinical trials. Addressing these barriers is imperative to realizing the full potential of AI-driven nanomedicine in routine cancer care. It is imperative that future research prioritize interdisciplinary collaboration to refine these technologies, thereby ensuring their efficacy, safety, and accessibility. As technological progress continues to unfold, the fields of artificial intelligence and nanotechnology are poised to transform the landscape of cancer treatment. These advancements hold great promise for the development of more effective, personalized, and minimally invasive therapeutic approaches.

Declarations

Ethics approval and consent to participate: Not applicable – no participants involved.

Consent for Publication: Not applicable.

Availability of Data and Material: Data sharing is not applicable to this article as no datasets were generated or analysed during the current study.

Conflicts of Interest / Competing Interests: The authors declare no conflicts of interest.

Funding: The authors declare that this research received no external funding.

Author Contributions: KA: Writing – original draft, and Supervision OAA, AMM, ZTA, NMA: Writing – review & editing. MK: Data curation. IAY: Resources.

Acknowledgment: Not applicable

Use of Generative AI and AI-Assisted Technologies: The authors declare that no generative AI or AI-assisted technologies were used in the preparation of this work.

References

Bateson, P. (2015). Why are individuals so different from each other? *Heredity*, 115(4), 285–292. <https://doi.org/10.1038/hdy.2014.103>

Blanco-González, A., Cabezon, A., Seco-González, A., Conde-Torres, D., Antelo-Riveiro, P., Piñeiro, Á., & Garcia-Fandino, R. (2023). The Role of AI in Drug Discovery: Challenges, Opportunities, and Strategies. *Pharmaceuticals*, 16(6), 891. <https://doi.org/10.3390/ph16060891>

Burello, E., & Worth, A. P. (2011). QSAR modeling of nanomaterials. *WIREs Nanomedicine and*

Nanobiotechnology, 3(3), 298–306. <https://doi.org/10.1002/wnan.137>

Chadar, R., Afsana, & Kesharwani, P. (2021). Nanotechnology-based siRNA delivery strategies for treatment of triple negative breast cancer. *International Journal of Pharmaceutics*, 605, 120835. <https://doi.org/10.1016/j.ijpharm.2021.120835>

Chadar, R., Afzal, O., Alqahtani, S. M., & Kesharwani, P. (2021). Carbon nanotubes as an emerging nanocarrier for the delivery of doxorubicin for improved chemotherapy. *Colloids and Surfaces B: Biointerfaces*, 208, 112044. <https://doi.org/10.1016/j.colsurfb.2021.112044>

Cheng, Y. Q., Wang, S. B., Liu, J. H., Jin, L., Liu, Y., Li, C. Y., Su, Y. R., Liu, Y. R., Sang, X., Wan, Q., Liu, C., Yang, L., & Wang, Z. C. (2020). Modifying the tumour microenvironment and reverting tumour cells: New strategies for treating malignant tumours. *Cell Proliferation*, 53(8). <https://doi.org/10.1111/cpr.12865>

Epa, V. C., Burden, F. R., Tassa, C., Weissleder, R., Shaw, S., & Winkler, D. A. (2012). Modeling Biological Activities of Nanoparticles. *Nano Letters*, 12(11), 5808–5812. <https://doi.org/10.1021/nl303144k>

Glotzer, S. C., & Solomon, M. J. (2007). Anisotropy of building blocks and their assembly into complex structures. *Nature Materials*, 6(8), 557–562. <https://doi.org/10.1038/nmat1949>

Gupta, R., Srivastava, D., Sahu, M., Tiwari, S., Ambasta, R. K., & Kumar, P. (2021). Artificial intelligence to deep learning: machine intelligence approach for drug discovery. *Molecular Diversity*, 25(3), 1315–1360. <https://doi.org/10.1007/s11030-021-10217-3>

Kaushal, A., Kaur, N., Sharma, S., Sharma, A., Kala, D., Prakash, H., & Gupta, S. (2022). Current Update on Biomarkers for Detection of Cancer: Comprehensive Analysis. *Vaccines*, 10(12), 2138. <https://doi.org/10.3390/vaccines10122138>

Kesharwani, P., Chadar, R., Sheikh, A., Rizg, W. Y., & Safhi, A. Y. (2022). CD44-Targeted Nanocarrier for Cancer Therapy. *Frontiers in Pharmacology*, 12. <https://doi.org/10.3389/fphar.2021.800481>

Kesharwani, P., Ghanghoria, R., & Jain, N. K. (2012). Carbon nanotube exploration in cancer cell lines. *Drug Discovery Today*, 17(17–18), 1023–1030. <https://doi.org/10.1016/j.drudis.2012.05.003>

Kesharwani, P., Mishra, V., & Jain, N. K. (2015). Validating the anticancer potential of carbon nanotube-based therapeutics through cell line testing. *Drug Discovery Today*, 20(9), 1049–1060. <https://doi.org/10.1016/j.drudis.2015.05.004>

- Khan, M. S., Jaswanth Gowda, B. H., Almalki, W. H., Singh, T., Sahebkar, A., & Kesharwani, P. (2024). Unravelling the potential of mitochondria-targeted liposomes for enhanced cancer treatment. *Drug Discovery Today*, 29(1), 103819. <https://doi.org/10.1016/j.drudis.2023.103819>
- Kiyotani, K., Toyoshima, Y., & Nakamura, Y. (2021). Personalized immunotherapy in cancer precision medicine. *Cancer Biology and Medicine*, 18, 0–0. <https://doi.org/10.20892/j.issn.2095-3941.2021.0032>
- Leventakos, K., Helgeson, J., Mansfield, A. S., Deering, E., Schwecke, A., Adjei, A., Molina, J., Hocum, C., Halfdanarson, T., Marks, R., Parikh, K., Pomerleau, K., Coverdill, S., Rammage, M., & Haddad, T. (2019). Implementation of artificial intelligence (AI) for lung cancer clinical trial matching in a tertiary cancer center. *Annals of Oncology*, 30, ii74. <https://doi.org/10.1093/annonc/mdz065>
- Li, Y., Ma, L., Wu, D., & Chen, G. (2021). Advances in bulk and single-cell multi-omics approaches for systems biology and precision medicine. *Briefings in Bioinformatics*. <https://doi.org/10.1093/bib/bbab024>
- Mukheja, Y., Pal, K., Ahuja, A., Sarkar, A., Kumar, B., Kuhad, A., Chopra, K., & Jain, M. (2025). Nanotechnology and artificial intelligence in cancer treatment. *Next Research*, 2(1), 100179. <https://doi.org/10.1016/j.nexres.2025.100179>
- Oladele, O. T. (2014). Nanomaterials Characterization Using Hybrid Genetic Algorithm Based Support Vector Machines. *International Journal of Materials Science and Engineering*. <https://doi.org/10.12720/ijmse.2.2.107-114>
- Park, K. (2019). The beginning of the end of the nanomedicine hype. *Journal of Controlled Release*, 305, 221–222. <https://doi.org/10.1016/j.jconrel.2019.05.044>
- Rosenquist, R., Cuppen, E., Buettner, R., Caldas, C., Dreau, H., Elemento, O., Frederix, G., Grimmond, S., Haferlach, T., Jobanputra, V., Meggendorfer, M., Mullighan, C. G., Wordsworth, S., & Schuh, A. (2022). Clinical utility of whole-genome sequencing in precision oncology. *Seminars in Cancer Biology*, 84, 32–39. <https://doi.org/10.1016/j.semcancer.2021.06.018>
- Schadt, E. E., Turner, S., & Kasarskis, A. (2010). A window into third-generation sequencing. *Human Molecular Genetics*, 19(R2), R227–R240. <https://doi.org/10.1093/hmg/ddq416>
- Sheikh, A., & Kesharwani, P. (2021). An insight into aptamer engineered dendrimer for cancer therapy. *European Polymer Journal*, 159, 110746. <https://doi.org/10.1016/j.eurpolymj.2021.110746>
- Sheikh, A., Md, S., & Kesharwani, P. (2021). RGD engineered dendrimer nanotherapeutic as an emerging targeted approach in cancer therapy. *Journal of Controlled Release*, 340, 221–242. <https://doi.org/10.1016/j.jconrel.2021.10.028>
- Silvestre-Ryan, J., & Holmes, I. (2021). Pair consensus decoding improves accuracy of neural network basecallers for nanopore sequencing. *Genome Biology*, 22(1), 38. <https://doi.org/10.1186/s13059-020-02255-1>
- Singh, V., & Kesharwani, P. (2021). Recent advances in microneedles-based drug delivery device in the diagnosis and treatment of cancer. *Journal of Controlled Release*, 338, 394–409. <https://doi.org/10.1016/j.jconrel.2021.08.054>
- Soori, M., Arezoo, B., & Dastres, R. (2023). Artificial intelligence, machine learning and deep learning in advanced robotics, a review. *Cognitive Robotics*, 3, 54–70. <https://doi.org/10.1016/j.cogr.2023.04.001>
- Tong, X., Qu, N., Kong, X., Ni, S., Zhou, J., Wang, K., Zhang, L., Wen, Y., Shi, J., Zhang, S., Li, X., & Zheng, M. (2024). Deep representation learning of chemical-induced transcriptional profile for phenotype-based drug discovery. *Nature Communications*, 15(1), 5378. <https://doi.org/10.1038/s41467-024-49620-3>
- Wick, R. R., Judd, L. M., & Holt, K. E. (2019). Performance of neural network basecalling tools for Oxford Nanopore sequencing. *Genome Biology*, 20(1), 129. <https://doi.org/10.1186/s13059-019-1727-y>