

Artificial Intelligence in Medical Genetics: Enhancing Genetic Counseling and Patient Care through Advanced Data Analysis

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ABSTRACT

This paper provides a comprehensive narrative review of the transformative impact of Artificial Intelligence (AI) on medical genetics, with a special focus on genetic counseling. It explores how AI, through machine learning and deep learning, has revolutionized the analysis, diagnosis, and treatment of genetic disorders by efficiently processing vast genomic data, enabling personalized healthcare. The paper examines AI's role in enhancing diagnostic accuracy, particularly in identifying disease-associated genetic variants and improving risk assessment models. It also discusses the integration of AI in genetic counseling, highlighting the shift towards more personalized and efficient patient care. However, the paper also delves into the challenges and ethical considerations of AI in this field, including data privacy, security concerns, and the need for regulatory frameworks. The perspectives of both patients and healthcare providers regarding AI-driven genetic counseling are explored to understand the acceptance and apprehension towards this technology. The paper concludes by discussing future directions and potential innovations in AI applications within medical genetics, emphasizing the importance of addressing data privacy, ongoing training, and ethical considerations to fully harness AI's potential in advancing medical genetics and improving patient care.

Keywords: Artificial Intelligence, Medical Genetics, Genetic Counseling, Machine Learning, Genomic Data Analysis, Personalized Healthcare.

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Introduction

In recent years, the field of medical genetics has witnessed a remarkable transformation driven by the integration of Artificial Intelligence (AI) into its core practices. This transformative journey has not only enhanced our understanding of genetic complexities but has also revolutionized the way genetic counseling is conducted. AI's influence on medical genetics, particularly in the realm of genetic counseling, has opened up new horizons in the diagnosis, risk assessment, and personalized treatment recommendations for individuals with genetic conditions. This narrative review aims to explore the multifaceted impact of AI on medical genetics, with a primary focus on genetic counseling, shedding light on the promises and challenges that lie ahead (1-3).

Traditionally, the practice of medical genetics involved a meticulous analysis of genetic data, often a time-consuming and labor-intensive process. With the advent of AI, the field has experienced a paradigm shift. AI algorithms, powered by machine learning and deep learning techniques, have demonstrated unparalleled capabilities in handling vast amounts of genomic data with precision and speed. This shift has paved the way for more comprehensive and efficient genetic analysis, enabling the identification of disease-associated genetic variants that were once elusive (4-6).

Moreover, the integration of AI into genetic counseling has brought about a new era of personalized healthcare. AI-driven risk assessment models can provide individuals and healthcare providers with invaluable insights into their genetic predispositions, allowing for informed decision-making and tailored medical interventions. As a result, genetic counseling sessions have evolved to incorporate AI-generated recommendations, facilitating more effective communication between counselors and patients (7-9).

Despite the immense potential of AI in medical genetics, several critical aspects demand attention. Privacy and security concerns regarding genomic data have become increasingly pertinent, necessitating robust safeguards to protect sensitive information. Ethical considerations surrounding AI-driven treatment decisions, as well as the need for regulatory frameworks, require careful deliberation to ensure responsible and equitable implementation (10, 11).

Patient perspectives on AI in genetic counseling, including concerns and acceptance, remain pivotal in shaping the future landscape of this field. Additionally, healthcare providers' attitudes and preparedness to harness the capabilities of AI must be addressed to maximize its benefits (12, 13).

As we embark on this journey through the impact of AI on medical genetics, it becomes evident that the intersection of AI and genetic counseling holds significant promise in advancing our understanding of genetic disorders and improving patient care. However, it is equally essential to navigate the ethical, legal, and social implications that accompany this transformation. In the subsequent sections, we will delve deeper into the various facets of AI's influence on medical genetics, providing insights into its potential and challenges, ultimately offering a comprehensive perspective on this rapidly evolving field (14-16).

AI in Genomic Data Analysis

AI in Genomic Data Analysis has emerged as a transformative force in the field of medical genetics. The integration of artificial intelligence (AI) algorithms and techniques has revolutionized the way genomic data is processed, analyzed, and interpreted. This paradigm shift has had profound implications for both research and clinical practice in medical genetics (17-19).

One of the key advancements in AI's role in genomic data analysis is its ability to handle vast amounts of genetic information efficiently. Genomic data is inherently complex, with millions of data points representing an individual's genetic makeup. Traditional methods of data analysis often struggled to cope with the sheer volume and intricacy of this data. AI, particularly machine learning algorithms, has proven to be exceptionally adept at processing these data sets, enabling researchers to identify patterns, correlations, and genetic variations that were previously challenging to detect (20, 21).

AI-driven algorithms have also significantly improved the accuracy and speed of variant identification in genomic data. Detecting disease-associated genetic variants is a critical task in medical genetics, and AI has enhanced our ability to identify these variants with a high degree of precision. This has direct implications for diagnosing genetic disorders and understanding their underlying genetic causes. AI can rapidly analyze and classify variants, providing valuable insights into their potential clinical significance (22, 23).

Furthermore, AI has the capacity to integrate data from diverse sources, including genomic data, clinical records, and biomedical literature. This interdisciplinary approach enables researchers to gain a more comprehensive understanding of the genetic basis of diseases and develop more targeted therapeutic interventions. It also facilitates the identification of novel gene-disease associations, paving the way for breakthroughs in precision medicine (24, 25).

In the context of genetic counseling, AI has streamlined and augmented the counseling process. Genetic counselors can now leverage AI-driven risk assessment tools that provide accurate predictions of disease risk based on an individual's genetic profile. These tools not only assist in risk communication but also empower patients to make informed decisions about genetic testing and disease management. Additionally, AI-powered decision support systems aid genetic counselors in providing personalized recommendations for patients, taking into account their unique genetic makeup and medical history (26-28).

However, the integration of AI in genomic data analysis is not without its challenges and ethical considerations. Ensuring data privacy and security is paramount, as genetic information is highly sensitive. Striking a balance between the benefits of AI-driven diagnosis and the potential risks of misinterpretation or overreliance on AI recommendations is an ongoing concern (29-31).

AI in Genomic Data Analysis represents a pivotal advancement in medical genetics. Its capacity to handle complex genetic data, improve variant identification, and enhance the genetic counseling process holds immense promise for advancing our understanding of genetic diseases and improving patient care. As AI continues to evolve, it is crucial to address the ethical, regulatory, and practical aspects of its integration to harness its full potential in the field of medical genetics (32-34).

AI Applications in Genetic Counseling

AI applications in genetic counseling have revolutionized the field, offering innovative solutions to longstanding challenges. This transformative technology has the potential to enhance the quality and accessibility of genetic counseling services while providing valuable insights into individuals' genetic makeup (35, 36).

One of the primary ways AI contributes to genetic counseling is through genomic data analysis. AI algorithms can process vast amounts of genetic data with remarkable speed and accuracy. This capability is especially crucial in identifying disease-associated genetic variants. AI can efficiently scan a patient's entire genome, pinpointing specific variations that may be linked to genetic disorders. This not only accelerates the diagnostic process but also allows for early intervention and personalized treatment strategies (37-39).

Furthermore, AI-driven risk assessment and prediction have become integral to genetic counseling. By analyzing a patient's genetic profile and family history, AI algorithms can calculate the probability of inheriting a particular genetic condition. This information is invaluable in guiding individuals and families through informed decision-making processes,

such as family planning and reproductive choices (40-42).

In addition to improving diagnostic accuracy, AI empowers genetic counselors to offer personalized treatment recommendations. By integrating genetic data with clinical information and treatment guidelines, AI can suggest tailored therapeutic approaches. This not only optimizes patient outcomes but also minimizes the potential for adverse reactions to medication, thereby enhancing patient safety (43-45).

Despite these significant advantages, the integration of AI into genetic counseling is not without challenges. Genomic data privacy and security are paramount concerns. Safeguarding sensitive genetic information from unauthorized access and breaches is an ongoing challenge that necessitates robust encryption and compliance with stringent privacy regulations (43-45). Moreover, the acceptance of AI-driven genetic counseling by both patients and healthcare providers is a critical factor. Patients may have concerns about the ethical implications of AI-driven decision-making and the potential for bias in algorithms. Ensuring transparency and informed consent in the use of AI is essential to build trust in these technologies (46-48). Healthcare providers must also adapt to the changing landscape of genetic counseling. Training and education in AI applications are crucial to ensure that genetic counselors can effectively leverage AI tools to benefit their patients (49-51).

AI applications have brought about a paradigm shift in genetic counseling. From rapid genomic data analysis to personalized treatment recommendations, AI offers innovative solutions to enhance the field's capabilities. However, addressing privacy concerns, ensuring ethical use, and facilitating the adoption of AI by both patients and healthcare providers are essential steps toward realizing the full potential of AI in genetic counseling. As this technology continues to evolve, it promises to play a pivotal role in improving healthcare outcomes and advancing our understanding of genetic disease (52-55).

Enhancing Diagnostic Accuracy

Enhancing diagnostic accuracy in the field of medical genetics through the integration of artificial intelligence (AI) has emerged as a groundbreaking development with the potential to revolutionize patient care and outcomes. AI's ability to process vast amounts of genomic data quickly and accurately has opened new avenues for genetic diagnosis and the identification of disease-associated genetic variants (56, 57).

Traditionally, genetic diagnosis has relied on the expertise of genetic counselors and healthcare providers to interpret genetic data manually. While effective, this approach can be time-consuming and may have limitations in detecting subtle patterns or

associations within complex genomic information. This is where AI steps in (58-60).

AI algorithms, particularly machine learning models, have demonstrated remarkable capabilities in recognizing patterns, anomalies, and correlations in genomic data. These algorithms can analyze genetic sequences, identify variations, and compare them to vast databases of known genetic variants. This process not only expedites the diagnostic journey but also enhances its accuracy (61, 62).

One of the significant advantages of AI in genetic diagnosis is its ability to detect rare and previously unrecognized genetic mutations. In cases where a patient's condition is caused by an uncommon genetic variant, traditional methods may struggle to provide a definitive diagnosis. AI's data-driven approach, on the other hand, can detect even the most obscure genetic markers, leading to more precise diagnoses (63, 64). Furthermore, AI can assist in the interpretation of variants of uncertain significance (VUS), which have long posed challenges to genetic counselors. AI algorithms can analyze the functional impact of these variants by considering a wide range of biological data, thereby providing insights that aid in clinical decision-making (65-67).

In addition to improving diagnostic accuracy, AI can also facilitate the identification of potential therapeutic targets. By analyzing the genetic makeup of patients, AI can suggest personalized treatment options tailored to an individual's genetic profile. This has the potential to revolutionize the field of precision medicine, offering patients more effective and tailored therapies (68, 69).

However, the integration of AI in genetic diagnosis is not without its challenges. Ensuring the privacy and security of genomic data is paramount, and ethical considerations surrounding AI-driven diagnosis and treatment recommendations must be addressed. Moreover, healthcare providers and genetic counselors need to be trained to effectively collaborate with AI systems and interpret their outputs (70, 71).

Overall, AI has the potential to enhance diagnostic accuracy in medical genetics significantly. By leveraging AI's computational power and pattern recognition capabilities, genetic diagnosis becomes faster, more accurate, and capable of uncovering previously hidden insights. While challenges remain, the promise of AI in medical genetics is undeniable, offering a brighter future for patients seeking answers to genetic conditions (72-74).

Patient and Healthcare Provider Perspectives

Understanding the perspectives of both patients and healthcare providers is crucial when exploring the integration of AI in genetic counseling. It sheds light on the acceptance, concerns, and challenges associated with this technological advancement. Here, we present

a connected text that delves into the perspectives of patients and healthcare providers in the context of AI-driven genetic counseling (75-77).

Genetic counseling has traditionally been a face-to-face interaction between patients and genetic counselors, providing a supportive environment for discussing complex genetic information. However, the introduction of AI in this field has brought forth a new dimension to the counseling process, raising both excitement and apprehension among patients (78-81). Patients, on one hand, are increasingly open to the idea of AI assisting in genetic counseling. They recognize the potential of AI algorithms to analyze vast amounts of genomic data rapidly, leading to more accurate risk assessments and personalized recommendations. This efficiency can expedite the diagnosis and treatment planning process, which is especially valuable for individuals facing urgent health concerns. Moreover, AI can enhance accessibility to genetic counseling, reaching underserved populations who may not have had access to genetic services previously (80, 81).

However, patients also express concerns about the loss of the human touch in genetic counseling. They worry that relying too heavily on AI might lead to a depersonalized experience, where their emotional and psychological needs are overlooked. Genetic counseling often involves sensitive discussions about the risk of hereditary diseases, which require empathy and emotional support. Patients fear that AI may not adequately provide these crucial aspects of counseling (82-85).

On the other side of the spectrum, healthcare providers, including genetic counselors and medical geneticists, exhibit a mix of enthusiasm and caution regarding AI integration. They acknowledge that AI can be a valuable tool for data analysis and risk prediction, allowing them to focus on interpreting results and offering emotional support to patients. It can also help in prioritizing cases based on urgency, ensuring that patients with critical needs receive immediate attention (86).

However, healthcare providers also express concerns about the ethical and legal implications of AI-driven genetic counseling. They worry about the potential for errors in AI algorithms, which could lead to misdiagnoses or incorrect treatment recommendations. Maintaining patient privacy and data security in the digital age is another significant concern, given the sensitive nature of genetic information (87).

Patient and healthcare provider perspectives on AI in genetic counseling reflect a complex interplay of optimism and apprehension. While patients value the potential benefits of AI, they also yearn for the emotional support that only a human counselor can provide. Healthcare providers recognize the efficiency AI can bring but remain vigilant about maintaining ethical standards and ensuring the well-being of their

patients. Striking a balance between AI assistance and human empathy is the key to harnessing the full potential of AI in genetic counseling while upholding the values of patient-centered care (88, 89).

Personalized Treatment Recommendations

Personalized treatment recommendations in the field of medical genetics have seen a significant transformation with the integration of artificial intelligence (AI) technologies. This revolutionary approach leverages AI algorithms to analyze and interpret individual genetic data, enabling healthcare providers to tailor treatment plans to a patient's unique genetic makeup. This section explores the profound impact of AI on personalized treatment recommendations and discusses the key aspects associated with this innovative approach.

Traditionally, treatment decisions for genetic disorders have been based on generalized guidelines and population-based studies. However, genetic variations among individuals can lead to variations in treatment responses. AI bridges this gap by allowing for the identification of subtle genetic patterns that influence how individuals may respond to specific treatments. By analyzing vast datasets of genomic information, AI algorithms can pinpoint genetic markers associated with treatment outcomes (90-97).

One of the primary advantages of AI-driven personalized treatment recommendations is the ability to optimize therapy selection. AI can predict which treatment options are most likely to be effective for a particular patient based on their genetic profile. This not only enhances treatment success rates but also minimizes the risk of adverse effects, as therapies can be tailored to the patient's genetic predispositions (95-97).

Furthermore, AI enables continuous monitoring of a patient's response to treatment. Real-time data analysis can detect early signs of treatment resistance or adverse reactions, allowing healthcare providers to adjust treatment plans promptly. This dynamic approach ensures that patients receive the most effective and safest treatments throughout their care journey (98-100).

Ethical considerations are paramount when implementing AI in personalized treatment recommendations. Patient consent, data privacy, and transparency in AI algorithms are essential elements of this process. Healthcare providers must ensure that patients are informed about the use of AI in their treatment decisions and that their genetic data is handled securely and in compliance with regulatory standards (101, 102).

Additionally, AI-driven treatment recommendations require healthcare professionals to be well-trained in interpreting AI-generated insights and integrating them into clinical practice. Proper education and ongoing professional development are essential to

maximize the benefits of AI while maintaining the highest standards of patient care (103, 104).

In conclusion, AI has revolutionized the landscape of personalized treatment recommendations in medical genetics. By harnessing the power of AI algorithms, healthcare providers can offer tailored therapies that consider each patient's unique genetic makeup. This approach not only improves treatment outcomes but also advances the field of precision medicine, paving the way for more effective and personalized healthcare interventions. However, ethical considerations and healthcare provider training are crucial to ensure the responsible and successful implementation of AI in genetic treatment decisions (105, 106).

Future Directions and Innovations

The integration of Artificial Intelligence (AI) into the field of medical genetics has opened up exciting opportunities for the future. As technology continues to advance, it is expected that AI will play an increasingly significant role in genetic counseling and medical genetics as a whole. However, this path forward is not without its share of challenges and considerations (107-109).

One of the future directions for AI in medical genetics is the refinement of predictive models. AI algorithms are constantly evolving, and with access to more extensive datasets, these models will become even more accurate in identifying disease-associated genetic variants. This means that genetic counselors will have access to more precise and reliable information when assisting patients in understanding their genetic risks (110-113).

Additionally, AI is likely to facilitate a more personalized approach to genetic counseling. As AI-driven algorithms become more sophisticated, they will be able to tailor counseling sessions to each individual's unique genetic makeup, medical history, and lifestyle factors. This level of personalization can lead to more effective risk assessment and treatment recommendations (114, 115).

Furthermore, AI has the potential to streamline administrative tasks in genetic counseling, allowing healthcare providers to focus more on patient interactions. Automation of data entry, appointment scheduling, and report generation can free up valuable time for genetic counselors, enabling them to provide more comprehensive and empathetic care (116-118).

Despite these promising future directions, several challenges must be addressed. Data privacy and security concerns continue to be paramount. Genomic data is highly sensitive, and as AI processes increasingly large datasets, there is a growing need for robust safeguards to protect patient information. Adhering to strict regulatory frameworks and ethical guidelines is imperative (119-121).

Additionally, there is a need for ongoing training and education for genetic counselors and healthcare

providers. As AI becomes more integrated into genetic counseling practices, professionals must stay updated on the latest advancements and best practices. This includes understanding how to interpret AI-generated reports and communicate complex genetic information effectively to patients (122, 123).

AI is poised to revolutionize the field of medical genetics and genetic counseling. The future holds the promise of more accurate diagnoses, personalized treatment recommendations, and improved patient care. However, addressing challenges related to data privacy, regulation, and professional training will be essential in ensuring that AI's potential is harnessed effectively and ethically in the realm of medical genetics (124-127).

Conclusion

In conclusion, the integration of Artificial Intelligence (AI) in medical genetics, especially in genetic counseling, represents a significant advancement. AI enhances the efficiency and accuracy of genetic data analysis, leading to improved diagnostic precision and personalized treatment options. However, challenges such as data privacy, ethical considerations, and the need for a balanced human-AI interaction in genetic counseling are critical. The perspectives of patients and healthcare providers towards AI are mixed, highlighting the importance of empathy and professional training in this evolving field. Looking forward, continuous innovation in AI promises greater predictive accuracy and personalization in treatment, but must be managed with robust data protection and ethical standards.

Ethical Issue

There was no ethical issue in this review.

Conflict of Interests

There was no conflict of interest in this study.

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Reference:

1. Chuwdhury GS, Guo Y, Chiang CL, Lam KO, Kam NW, Liu Z, Dai W. ImmuneMirror: A machine learning-based integrative pipeline and web server for neoantigen prediction. *Brief Bioinform.* 2024;25(2).
2. Fang M, Fang J, Luo S, Liu K, Yu Q, Yang J, et al. eccDNA-pipe: an integrated pipeline for identification, analysis and visualization of extrachromosomal circular DNA from high-throughput sequencing data. *Brief Bioinform.* 2024;25(2).
3. Guo LX, Wang L, You ZH, Yu CQ, Hu ML, Zhao BW, Li Y. Likelihood-based feature representation learning combined with neighborhood information for predicting circRNA-miRNA associations. *Brief Bioinform.* 2024;25(2).
4. Han S, Lee JE, Kang S, So M, Jin H, Lee JH, et al. Standigm ASK™: knowledge graph and artificial intelligence platform applied to target discovery in idiopathic pulmonary fibrosis. *Brief Bioinform.* 2024;25(2).
5. Meng J, Liu J, Song W, Li H, Wang J, Zhang L, et al. PREDAC-CNN: predicting antigenic clusters of seasonal influenza A viruses with convolutional neural network. *Brief Bioinform.* 2024;25(2).
6. Park Y, Muttray NP, Hauschild AC. Species-agnostic transfer learning for cross-species transcriptomics data integration without gene orthology. *Brief Bioinform.* 2024;25(2).
7. Wei Q, Islam MT, Zhou Y, Xing L. Self-supervised deep learning of gene-gene interactions for improved gene expression recovery. *Brief Bioinform.* 2024;25(2).
8. Kang Z, Zhao YX, Qiu RSQ, Chen DN, Zheng QS, Xue XY, et al. Identification of macrophage signatures in prostate cancer by single-cell sequencing and machine learning. *Cancer Immunol Immunother.* 2024;73(3):41.
9. Qiu L, Sun Y, Ning H, Chen G, Zhao W, Gao Y. The scaffold protein AXIN1: gene ontology, signal network, and physiological function. *Cell Commun Signal.* 2024;22(1):77.
10. Zhao X, Qiu T, Huang X, Mao Q, Wang Y, Qiao R, et al. Potent and broadly neutralizing antibodies against sarbecoviruses induced by sequential COVID-19 vaccination. *Cell Discov.* 2024;10(1):14.
11. Bao X, Li Q, Chen D, Dai X, Liu C, Tian W, et al. A multiomics analysis-assisted deep learning model identifies a macrophage-oriented module as a potential therapeutic target in colorectal cancer. *Cell Rep Med.* 2024;101399.

12. Grossman MK, Rankin DA, Maloney M, Stanton RA, Gable P, Stevens VA, et al. Extensively Drug-Resistant *Pseudomonas aeruginosa* Outbreak associated with Artificial Tears. *Clin Infect Dis*. 2024.
13. Karas S, Mathijssen RHJ, van Schaik RHN, Forrest A, Wiltshire T, Bies RR, Innocenti F. Model-Based Prediction of Irinotecan-Induced Grade 4 Neutropenia in Cancer Patients: Influence of Incorporating Germline Genetic Factors in the Model. *Clin Pharmacol Ther*. 2024.
14. Guo H, Su Y, Zhang R, Hu X, Zhu H, Yan X, et al. Evaluation of on- and off-target effects of self-assembled epidermal growth factor receptor small interfering RNA delivery system. *Clin Transl Med*. 2024;14(2):e1579.
15. Lee S, Kim G, Karin EL, Mirdita M, Park S, Chikhi R, et al. Petabase-Scale Homology Search for Structure Prediction. *Cold Spring Harb Perspect Biol*. 2024.
16. Sousa RT, Silva S, Pesquita C. Explaining protein-protein interactions with knowledge graph-based semantic similarity. *Comput Biol Med*. 2024;170:108076.
17. Vilhekar RS, Rawekar A. Artificial Intelligence in Genetics. *Cureus*. 2024;16(1):e52035.
18. Qiu Y, Cheng F. Artificial intelligence for drug discovery and development in Alzheimer's disease. *Curr Opin Struct Biol*. 2024;85:102776.
19. Margetts TJ, Wang HS, Karnik SJ, Plotkin LI, Movila A, Oblak AL, et al. From the Mind to the Spine: The Intersecting World of Alzheimer's and Osteoporosis. *Curr Osteoporos Rep*. 2024.
20. Prajapati RN, Bhushan B, Singh K, Chopra H, Kumar S, Agrawal M, et al. Recent Advances in Pharmaceutical Design: Unleashing the Potential of Novel Therapeutics. *Curr Pharm Biotechnol*. 2024.
21. Liu X, Liu X, Huang N, Yang Z, Zhang Z, Zhuang Z, et al. Women's reproductive risk and genetic predisposition in type 2 diabetes: A prospective cohort study. *Diabetes Res Clin Pract*. 2024;208:111121.
22. Teixeira PF, Battelino T, Carlsson A, Gudbjörnsdóttir S, Hannelius U, von Herrath M, et al. Assisting the implementation of screening for type 1 diabetes by using artificial intelligence on publicly available data. *Diabetologia*. 2024.
23. Udaypal, Goswami RK, Mehariya S, Verma P. Advances in microalgae-based carbon sequestration: Current status and future perspectives. *Environ Res*. 2024;249:118397.
24. Echeopar C, Abad I, Galán-Gómez V, Mozo Del Castillo Y, Sisinni L, Bueno D, et al. An artificial intelligence-driven predictive model for pediatric allogeneic hematopoietic stem cell transplantation using clinical variables. *Eur J Haematol*. 2024.
25. Geraghty RM, Thakur A, Howles S, Finch W, Fowler S, Rogers A, et al. Use of Temporally Validated Machine Learning Models To Predict Outcomes of Percutaneous Nephrolithotomy Using Data from the British Association of Urological Surgeons Percutaneous Nephrolithotomy Audit. *Eur Urol Focus*. 2024.
26. Singh H, Nim DK, Randhawa AS, Ahluwalia S. Integrating clinical pharmacology and artificial intelligence: potential benefits, challenges, and role of clinical pharmacologists. *Expert Rev Clin Pharmacol*. 2024.
27. Braithwaite AT, Akbar N, Pezzolla D, Paget D, Krausgruber T, Bock C, et al. Multi-organ single-cell RNA sequencing in mice reveals early hyperglycemia responses that converge on fibroblast dysregulation. *Faseb j*. 2024;38(3):e23448.
28. Gibbons T, Rahmioglu N, Zondervan KT, Becker CM. Crimson clues: advancing endometriosis detection and management with novel blood biomarkers. *Fertil Steril*. 2024;121(2):145-63.
29. Kumar A, Kouznetsova VL, Kesari S, Tsigelny IF. Parkinson's Disease Diagnosis Using miRNA Biomarkers and Deep Learning. *Front Biosci (Landmark Ed)*. 2024;29(1):4.
30. Sun Y, Li Z, Wang Z, He X, Yu S, Hu L, et al. Association of 10 Genetic Variations and 10 Environmental Factors with Myopia of Different Severities in Different Age Groups of People in Northeast China. *Front Biosci (Landmark Ed)*. 2024;29(1):9.
31. Zhang Y, Yu J, Xie X, Jiang F, Wu C. Application of Genomic Data in Translational Medicine During the Big Data Era. *Front Biosci (Landmark Ed)*. 2024;29(1):7.
32. García-Cruz JC, Rebollar-Juarez X, Limones-Martinez A, Santos-Lopez CS, Toya S, Maeda T, et al. Resistance against two lytic phage variants attenuates virulence and antibiotic

resistance in *Pseudomonas aeruginosa*. *Front Cell Infect Microbiol.* 2023;13:1280265.

33. Chen C, Xie Z, Ni Y, He Y. Screening immune-related blood biomarkers for DKD-related HCC using machine learning. *Front Immunol.* 2024;15:1339373.

34. Guo XG, Zhang YJ, Lu YX, Lu JM, Zhang J, Li HX, et al. Causal association between genetically predicted circulating immune cell counts and frailty: a two-sample Mendelian randomization study. *Front Immunol.* 2024;15:1336498.

35. Dakilah I, Harb A, Abu-Gharbieh E, El-Huneidi W, Taneera J, Hamoudi R, et al. Potential of CDC25 phosphatases in cancer research and treatment: key to precision medicine. *Front Pharmacol.* 2024;15:1324001.

36. Rehman A, Mujahid M, Saba T, Jeon G. Optimised stacked machine learning algorithms for genomics and genetics disorder detection in the healthcare industry. *Funct Integr Genomics.* 2024;24(1):23.

37. Fazal S, Danzi MC, Xu I, Kobren SN, Sunyaev S, Reuter C, et al. RExPRT: a machine learning tool to predict pathogenicity of tandem repeat loci. *Genome Biol.* 2024;25(1):39.

38. Ball RL, Bogue MA, Liang H, Srivastava A, Ashbrook DG, Lamoureux A, et al. GenomeMUSter mouse genetic variation service enables multitrait, multipopulation data integration and analysis. *Genome Res.* 2024;34(1):145-59.

39. Dong X, Li Q, Wang X, He Y, Zeng D, Chu L, et al. How brain structure-function decoupling supports individual cognition and its molecular mechanism. *Hum Brain Mapp.* 2024;45(2):e26575.

40. Ojewunmi OO, Adeyemo TA, Oyetunji AI, Inyang B, Akinrindoye A, Mkumbe BS, et al. The genetic dissection of fetal haemoglobin persistence in sickle cell disease in Nigeria. *Hum Mol Genet.* 2024.

41. Akshay A, Besic M, Kuhn A, Burkhard FC, Bigger-Allen A, Adam RM, et al. Machine Learning-Based Classification of Transcriptome Signatures of Non-Ulcerative Bladder Pain Syndrome. *Int J Mol Sci.* 2024;25(3).

42. Kim SH, Yu SY, Choo JH, Kim J, Ahn K, Hwang SY. Epigenetic Methylation Changes in

Pregnant Women: Bisphenol Exposure and Atopic Dermatitis. *Int J Mol Sci.* 2024;25(3).

43. Ziehe D, Marko B, Thon P, Rahmel T, Palmowski L, Nowak H, et al. The Aquaporin 3 Polymorphism (rs17553719) Is Associated with Sepsis Survival and Correlated with IL-33 Secretion. *Int J Mol Sci.* 2024;25(3).

44. Hedlund Lindberg J, Widgren A, Ivansson E, Gustavsson I, Ståhlberg K, Gyllensten U, et al. Toward ovarian cancer screening with protein biomarkers using dried, self-sampled cervico-vaginal fluid. *iScience.* 2024;27(2):109001.

45. Dai Y, Hsu YC, Fernandes BS, Zhang K, Li X, Enduru N, et al. Disentangling Accelerated Cognitive Decline from the Normal Aging Process and Unraveling Its Genetic Components: A Neuroimaging-Based Deep Learning Approach. *J Alzheimers Dis.* 2024.

46. Kolahi Azar H, Gharibshahian M, Rostami M, Mansouri V, Sabouri L, Beheshtizadeh N, Rezaei N. The progressive trend of modeling and drug screening systems of breast cancer bone metastasis. *J Biol Eng.* 2024;18(1):14.

47. Haghiri Ebrahim Abadi MH, Ghasemlou A, Bayani F, Sefidbakht Y, Vosough M, Mozaffari-Jovin S, Uversky VN. AI-driven covalent drug design strategies targeting main protease (m(pro)) against SARS-CoV-2: structural insights and molecular mechanisms. *J Biomol Struct Dyn.* 2024:1-29.

48. Watanabe K, Chiou TY, Konishi M. Optimization of medium components for protein production by *Escherichia coli* with a high-throughput pipeline that uses a deep neural network. *J Biosci Bioeng.* 2024.

49. Samartha MVS, Dubey NK, Jena B, Maheswar G, Lo WC, Saxena S. AI-driven estimation of O6 methylguanine-DNA-methyltransferase (MGMT) promoter methylation in glioblastoma patients: a systematic review with bias analysis. *J Cancer Res Clin Oncol.* 2024;150(2):57.

50. Asteris PG, Gandomi AH, Armaghani DJ, Tsoukalas MZ, Gavriilaki E, Gerber G, et al. Genetic justification of COVID-19 patient outcomes using DERGA, a novel data ensemble refinement greedy algorithm. *J Cell Mol Med.* 2024;28(4):e18105.

51. Qureshi MA. Integration of Next Generation Sequencing, Artificial Intelligence and Machine Learning in Cancer Diagnostics: A Major Leap

- Forward. *J Coll Physicians Surg Pak*. 2024;34(2):127-8.
52. Muzammil MA, Javid S, Afridi AK, Siddineni R, Shahabi M, Haseeb M, et al. Artificial intelligence-enhanced electrocardiography for accurate diagnosis and management of cardiovascular diseases. *J Electrocardiol*. 2024;83:30-40.
53. Obi CC, Nwabanne JT, Igwegbe CA, Abonyi MN, Umembamalu CJ, Kamuche TT. Intelligent algorithms-aided modeling and optimization of the deturbidization of abattoir wastewater by electrocoagulation using aluminium electrodes. *J Environ Manage*. 2024;353:120161.
54. Kim D, Lee E, Eom J, Kim Y, Kwon SH, Oh HS, et al. Prevalence and Burden of Human Adenovirus-Associated Acute Respiratory Illness in the Republic of Korea Military, 2013 to 2022. *J Korean Med Sci*. 2024;39(4):e38.
55. Kim J, Choi YS, Lee YJ, Yeo SG, Kim KW, Kim MS, et al. Limitations of the Cough Sound-Based COVID-19 Diagnosis Artificial Intelligence Model and its Future Direction: Longitudinal Observation Study. *J Med Internet Res*. 2024;26:e51640.
56. Feng X, Shu W, Li M, Li J, Xu J, He M. Pathogenomics for accurate diagnosis, treatment, prognosis of oncology: a cutting edge overview. *J Transl Med*. 2024;22(1):131.
57. Taylor J, Thomas R, Metherall P, van Gastel M, Cornec-Le Gall E, Caroli A, et al. An Artificial Intelligence Generated Automated Algorithm to Measure Total Kidney Volume in ADPKD. *Kidney Int Rep*. 2024;9(2):249-56.
58. Wang Q, He L. [Genetic counseling for hearing loss today]. *Lin Chuang Er Bi Yan Hou Tou Jing Wai Ke Za Zhi*. 2024;38(1):1-7.
59. Wang H, Zeng W, Huang X, Liu Z, Sun Y, Zhang L. MTTLm(6)A: A multi-task transfer learning approach for base-resolution mRNA m(6)A site prediction based on an improved transformer. *Math Biosci Eng*. 2024;21(1):272-99.
60. Seriramulu VP, Suppiah S, Lee HH, Jang JH, Omar NF, Mohan SN, et al. Review of MR spectroscopy analysis and artificial intelligence applications for the detection of cerebral inflammation and neurotoxicity in Alzheimer's disease. *Med J Malaysia*. 2024;79(1):102-10.
61. Rochefort J, Radoi L, Campana F, Fricain JC, Lescaille G. [Oral cavity cancer: A distinct entity]. *Med Sci (Paris)*. 2024;40(1):57-63.
62. Wu C, Luo J, Xiao Y. Multi-omics assists genomic prediction of maize yield with machine learning approaches. *Mol Breed*. 2024;44(2):14.
63. Rade M, Kreuz M, Borkowetz A, Sommer U, Blumert C, Füssel S, et al. A reliable transcriptomic risk-score applicable to formalin-fixed paraffin-embedded biopsies improves outcome prediction in localized prostate cancer. *Mol Med*. 2024;30(1):19.
64. El Nahhas OSM, Loeffler CML, Carrero ZI, van Treeck M, Kolbinger FR, Hewitt KJ, et al. Regression-based Deep-Learning predicts molecular biomarkers from pathology slides. *Nat Commun*. 2024;15(1):1253.
65. Geuenich MJ, Gong DW, Campbell KR. The impacts of active and self-supervised learning on efficient annotation of single-cell expression data. *Nat Commun*. 2024;15(1):1014.
66. Matzinger M, Schmücker A, Yelagandula R, Stejskal K, Krššáková G, Berger F, et al. Micropillar arrays, wide window acquisition and AI-based data analysis improve comprehensiveness in multiple proteomic applications. *Nat Commun*. 2024;15(1):1019.
67. Xie WJ, Warshel A. Harnessing generative AI to decode enzyme catalysis and evolution for enhanced engineering. *Natl Sci Rev*. 2023;10(12):nwad331.
68. Tian J, Tong D, Li Z, Wang E, Yu Y, Lv H, et al. Mage transposon: a novel gene delivery system for mammalian cells. *Nucleic Acids Res*. 2024.
69. Shatalov PA, Falaleeva NA, Bykova EA, Korostin DO, Belova VA, Zabolotneva AA, et al. Genetic and therapeutic landscapes in cohort of pancreatic adenocarcinomas: next-generation sequencing and machine learning for full tumor exome analysis. *Oncotarget*. 2024;15:91-103.
70. Faviez C, Vincent M, Garcelon N, Boyer O, Knebelmann B, Heidet L, et al. Performance and clinical utility of a new supervised machine-learning pipeline in detecting rare ciliopathy patients based on deep phenotyping from electronic health records and semantic similarity. *Orphanet J Rare Dis*. 2024;19(1):55.
71. Kim K, Jang HJ, Baek S, Ahn SH. Rosae multiflorae fructus regulates the lipogenesis in

high-fat diet-induced NAFLD mice model. *Phys Act Nutr.* 2023;27(4):55-9.

72. Novick KA, Ficklin DL, Grossiord C, Konings AG, Martínez-Vilalta J, Sadok W, et al. The impacts of rising vapour pressure deficit in natural and managed ecosystems. *Plant Cell Environ.* 2024.

73. Chen Y, Wang J, Wang C, Zou Q. AutoEdge-CCP: A novel approach for predicting cancer-associated circRNAs and drugs based on automated edge embedding. *PLoS Comput Biol.* 2024;20(1):e1011851.

74. Kozielska M, Weissing FJ. A neural network model for the evolution of learning in changing environments. *PLoS Comput Biol.* 2024;20(1):e1011840.

75. Khongwirothphan S, Oonsiri S, Kitpanit S, Prayongrat A, Kannarunimit D, Chakkabat C, et al. Multimodality radiomics for tumor prognosis in nasopharyngeal carcinoma. *PLoS One.* 2024;19(2):e0298111.

76. Li J, Meng M, Liu X, Lv Y, Yu J. Evaluation and screening of technology start-ups based on PCA and GA-BPNN. *PLoS One.* 2024;19(2):e0289691.

77. Sinkala M, Naran K, Ramamurthy D, Mungra N, Dzobo K, Martin D, Barth S. Machine learning and bioinformatic analyses link the cell surface receptor transcript levels to the drug response of breast cancer cells and drug off-target effects. *PLoS One.* 2024;19(2):e0296511.

78. Papaioannou C. Advancements in the treatment of age-related macular degeneration: a comprehensive review. *Postgrad Med J.* 2024.

79. Pun MN, Ivanov A, Bellamy Q, Montague Z, LaMont C, Bradley P, et al. Learning the shape of protein microenvironments with a holographic convolutional neural network. *Proc Natl Acad Sci U S A.* 2024;121(6):e2300838121.

80. Sengupta P, Dutta S, Jegasothy R, Slama P, Cho CL, Roychoudhury S. 'Intracytoplasmic sperm injection (ICSI) paradox' and 'andrological ignorance': AI in the era of fourth industrial revolution to navigate the blind spots. *Reprod Biol Endocrinol.* 2024;22(1):22.

81. Xie R, Cao Y, Sun R, Wang R, Morgan A, Kim J, et al. Magnetically driven formation of 3D freestanding soft bioscaffolds. *Sci Adv.* 2024;10(5):ead11549.

82. Chen KA, Nishiyama NC, Kennedy Ng MM, Shumway A, Joisa CU, Schaner MR, et al. Linking gene expression to clinical outcomes in pediatric Crohn's disease using machine learning. *Sci Rep.* 2024;14(1):2667.

83. Khandia R, Gurjar P, Kamal MA, Greig NH. Relative synonymous codon usage and codon pair analysis of depression associated genes. *Sci Rep.* 2024;14(1):3502.

84. Mahmud SMH, Goh KOM, Hosen MF, Nandi D, Shoombuatong W. Deep-WET: a deep learning-based approach for predicting DNA-binding proteins using word embedding techniques with weighted features. *Sci Rep.* 2024;14(1):2961.

85. Djebko K, Weidner D, Waleska M, Krey T, Rausch S, Seipel D, Puppe F. Integrated Simulation and Calibration Framework for Heating System Optimization. *Sensors (Basel).* 2024;24(3).

86. Zhang J, Feng S, Chen M, Zhang W, Zhang X, Wang S, et al. Identification of potential crucial genes shared in psoriasis and ulcerative colitis by machine learning and integrated bioinformatics. *Skin Res Technol.* 2024;30(2):e13574.

87. Parvin S, Nimmy SF, Kamal MS. Convolutional neural network based data interpretable framework for Alzheimer's treatment planning. *Vis Comput Ind Biomed Art.* 2024;7(1):3.

88. Lu W, Zhou Y, Zhao R, Liu Q, Yang W, Zhu T. The integration of multi-omics analysis and machine learning for the identification of prognostic assessment and immunotherapy efficacy through aging-associated genes in lung cancer. *Aging (Albany NY).* 2024;16(2):1860-78.

89. Wang AY, Lin S, Tran C, Homer RJ, Wilsdon D, Walsh JC, et al. Assessment of Pathology Domain-Specific Knowledge of ChatGPT and Comparison to Human Performance. *Arch Pathol Lab Med.* 2024.

90. Zhang L, Wang F, Xia K, Yu Z, Fu Y, Huang T, Fan D. Unlocking the Medicinal Mysteries: Preventing Lacunar Stroke with Drug Repurposing. *Biomedicines.* 2023;12(1).

91. Cui H, Srinivasan S, Gao Z, Korkin D. The Extent of Edgetic Perturbations in the Human Interactome Caused by Population-Specific Mutations. *Biomolecules.* 2023;14(1).

92. Giordano M, Falbo E, Maddalena L, Piccirillo M, Granata I. Untangling the Context-Specificity of Essential Genes by Means of Machine Learning: A Constructive Experience. *Biomolecules*. 2023;14(1).
93. Lauria G, Curcio R, Tucci P. A Machine Learning Approach for Highlighting microRNAs as Biomarkers Linked to Amyotrophic Lateral Sclerosis Diagnosis and Progression. *Biomolecules*. 2023;14(1).
94. Gonzalez G, Herath I, Veselkov K, Bronstein M, Zitnik M. Combinatorial prediction of therapeutic perturbations using causally-inspired neural networks. *bioRxiv*. 2024.
95. Niu M, Wang C, Zhang Z, Zou Q. A computational model of circRNA-associated diseases based on a graph neural network: prediction and case studies for follow-up experimental validation. *BMC Biol*. 2024;22(1):24.
96. Ye C, Wu Q, Chen S, Zhang X, Xu W, Wu Y, et al. ECDEP: identifying essential proteins based on evolutionary community discovery and subcellular localization. *BMC Genomics*. 2024;25(1):117.
97. Talaat FM, El-Sappagh S, Alnowaiser K, Hassan E. Improved prostate cancer diagnosis using a modified ResNet50-based deep learning architecture. *BMC Med Inform Decis Mak*. 2024;24(1):23.
98. Hang Y, Qu H, Yang J, Li Z, Ma S, Tang C, et al. Exploration of programmed cell death-associated characteristics and immune infiltration in neonatal sepsis: new insights from bioinformatics analysis and machine learning. *BMC Pediatr*. 2024;24(1):67.
99. Bourached A, Bonkhoff AK, Schirmer MD, Regenhardt RW, Bretzner M, Hong S, et al. Scaling behaviours of deep learning and linear algorithms for the prediction of stroke severity. *Brain Commun*. 2024;6(1):fcae007.
100. Gu S, Wen C, Xiao Z, Huang Q, Jiang Z, Liu H, et al. MyoV: a deep learning-based tool for the automated quantification of muscle fibers. *Brief Bioinform*. 2024;25(2).
101. Maestri S, Furlan M, Mulrone L, Coscujuela Tarrero L, Ugolini C, Dalla Pozza F, et al. Benchmarking of computational methods for m6A profiling with Nanopore direct RNA sequencing. *Brief Bioinform*. 2024;25(2).
102. von Itzstein MS, Gwin ME, Gupta A, Gerber DE. Telemedicine and Cancer Clinical Research: Opportunities for Transformation. *Cancer J*. 2024;30(1):22-6.
103. Zhao Y, Dimou A, Fogarty ZC, Jiang J, Liu H, Wong WB, Wang C. Real-world Trends, Rural-urban Differences, and Socioeconomic Disparities in Utilization of Narrow versus Broad Next-generation Sequencing Panels. *Cancer Res Commun*. 2024;4(2):303-11.
104. Liang Q, Jing H, Shao Y, Wang Y, Zhang H. Artificial Intelligence Imaging for Predicting High-risk Molecular Markers of Gliomas. *Clin Neuroradiol*. 2024.
105. Liu H, Zhang Y, Luo J. Contrastive learning-based histopathological features infer molecular subtypes and clinical outcomes of breast cancer from unannotated whole slide images. *Comput Biol Med*. 2024;170:107997.
106. Gashkarimov VR, Sultanova RI, Efremov IS, Asadullin AR. Machine learning techniques in diagnostics and prediction of the clinical features of schizophrenia: a narrative review. *Consort Psychiatr*. 2023;4(3):43-53.
107. Ibrahim S, Reeskamp LF, de Goeij JN, Hovingh GK, Planken RN, Bax WA, et al. Beyond Early LDL Cholesterol Lowering to Prevent Coronary Atherosclerosis in Familial Hypercholesterolemia. *Eur J Prev Cardiol*. 2024.
108. Pesapane F, Rotili A, Raimondi S, Aurilio G, Lazzeroni M, Nicosia L, et al. Evolving paradigms in breast cancer screening: Balancing efficacy, personalization, and equity. *Eur J Radiol*. 2024;172:111321.
109. Qian L, Wu T, Kong S, Lou X, Jiang Y, Tan Z, et al. Could the underlying biological basis of prognostic radiomics and deep learning signatures be explored in patients with lung cancer? A systematic review. *Eur J Radiol*. 2024;171:111314.
110. Fu Y, Liu Y, Song W, Yang D, Wu W, Lin J, et al. Early monitoring-to-warning Internet of Things system for emerging infectious diseases via networking of light-triggered point-of-care testing devices. *Exploration (Beijing)*. 2023;3(6):20230028.
111. Pribić M, Kamenko I, Despotović S, Miroslavljević M, Pejin J. Modeling and Optimization of Triticale Wort Production Using an Artificial Neural Network and a Genetic Algorithm. *Foods*. 2024;13(2).

112. Wang H, Zhu Q, Huang Y, Cao Y, Hu Y, Wei Y, et al. Using simulated microhaplotype genotyping data to evaluate the value of machine learning algorithms for inferring DNA mixture contributor numbers. *Forensic Sci Int Genet.* 2024;69:103008.
113. Dixit S, Kumar A, Srinivasan K, Vincent P, Ramu Krishnan N. Advancing genome editing with artificial intelligence: opportunities, challenges, and future directions. *Front Bioeng Biotechnol.* 2023;11:1335901.
114. Geng Y, Liu Y, Wang M, Dong X, Sun X, Luo Y, Sun X. Identification and validation of platelet-related diagnostic markers and potential drug screening in ischemic stroke by integrating comprehensive bioinformatics analysis and machine learning. *Front Immunol.* 2023;14:1320475.
115. Huang P, Song Y, Yang Y, Bai F, Li N, Liu D, et al. Identification and verification of diagnostic biomarkers based on mitochondria-related genes related to immune microenvironment for preeclampsia using machine learning algorithms. *Front Immunol.* 2023;14:1304165.
116. Ji HL, Xi NMS, Mohan C, Yan X, Jain KG, Zang QS, et al. Biomarkers and molecular endotypes of sarcoidosis: lessons from omics and non-omics studies. *Front Immunol.* 2023;14:1342429.
117. Furriel B, Oliveira BD, Prôa R, Paiva JQ, Loureiro RM, Calixto WP, et al. Artificial intelligence for skin cancer detection and classification for clinical environment: a systematic review. *Front Med (Lausanne).* 2023;10:1305954.
118. Javan GT, Singh K, Finley SJ, Green RL, Sen CK. Complexity of human death: its physiological, transcriptomic, and microbiological implications. *Front Microbiol.* 2023;14:1345633.
119. Krishnamurthy K, Pradhan RK. Emerging perspectives of synaptic biomarkers in ALS and FTD. *Front Mol Neurosci.* 2023;16:1279999.
120. Haraldsen IH, Hatlestad-Hall C, Marra C, Renvall H, Maestú F, Acosta-Hernández J, et al. Intelligent digital tools for screening of brain connectivity and dementia risk estimation in people affected by mild cognitive impairment: the AI-Mind clinical study protocol. *Front Neurobot.* 2023;17:1289406.
121. Murtaza G, Jain A, Hughes M, Wagner J, Singh R. A Comprehensive Evaluation of Generalizability of Deep Learning-Based Hi-C Resolution Improvement Methods. *Genes (Basel).* 2023;15(1).
122. Sigala RE, Lagou V, Shmeliov A, Atito S, Kouchaki S, Awais M, et al. Machine Learning to Advance Human Genome-Wide Association Studies. *Genes (Basel).* 2023;15(1).
123. Cui H, Maan H, Vladioiu MC, Zhang J, Taylor MD, Wang B. DeepVelo: deep learning extends RNA velocity to multi-lineage systems with cell-specific kinetics. *Genome Biol.* 2024;25(1):27.
124. Horgan D, Bulcke MVD, Malapelle U, Normanno N, Capoluongo ED, Prelaj A, et al. Aligning Cancer Research Priorities in Europe with Recommendations for Conquering Cancer: A Comprehensive Analysis. *Healthcare (Basel).* 2024;12(2).
125. Ju H, Kim K, Kim BI, Woo SK. Graph Neural Network Model for Prediction of Non-Small Cell Lung Cancer Lymph Node Metastasis Using Protein-Protein Interaction Network and (18)F-FDG PET/CT Radiomics. *Int J Mol Sci.* 2024;25(2).
126. Köhler CU, Schork K, Turewicz M, Eisenacher M, Roghmann F, Noldus J, et al. Use of Multiple Machine Learning Approaches for Selecting Urothelial Cancer-Specific DNA Methylation Biomarkers in Urine. *Int J Mol Sci.* 2024;25(2).
127. Santos LGC, Parreira V, da Silva EMG, Santos MDM, Fernandes ADF, Neves-Ferreira A, et al. SpliceProt 2.0: A Sequence Repository of Human, Mouse, and Rat Proteoforms. *Int J Mol Sci.* 2024;25(2).