

Research Article

Advancing Healthcare Through Machine Learning: Opportunities, Challenges, and Solutions for Integration

¹ V. Naresh,^{2*} Gaziya Sultana, ³Swaroop, ⁴Mukram Ali , ⁵Jawed Khan

¹Assistant professor, Department of Computer Science and Engineering, St.Mary's Engineering College, Hyderabad, India
^{2,3,4,5}. B.Tech Student, Department of CSE(AIML), St.Mary's Engineering College, Hyderabad, India

*Corresponding Author(s): gaziyasultana0786@gmail.com

Article Info	Abstract
Article History Received: 17/09/2024 Revised: 11/10/2024 Accepted:22/12/2024 Published :31/12/2024	This comprehensive review examines the adoption of Machine Learning (ML) in healthcare, exploring its opportunities, obstacles, and potential solutions. The primary aim is to thoroughly investigate ML's integration into medical practices, showcase its effects, and offer pertinent remedies. The study is driven by the need to understand the complex implications of ML's convergence with healthcare services. Through careful examination of current research, this approach illuminates the wide range of ML applications in disease forecasting and tailored treatment. The study's accuracy is rooted in its detailed analysis of methodologies, scrutiny of research, and extraction of crucial insights. The paper confirms ML's success in various medical care domains. ML algorithms, especially Convolutional Neural Networks (CNNs), have shown high precision in detecting diseases like lung cancer, colorectal cancer, brain tumors, and breast tumors. Besides CNNs, other algorithms including SVM, RF, k-NN, and DT have also shown effectiveness. Assessments based on accuracy and F1-score reveal satisfactory outcomes, with some studies surpassing 90% accuracy. This key finding emphasizes the remarkable precision of ML algorithms in diagnosing various medical conditions. This result indicates ML's potential to revolutionize traditional diagnostic methods. The discussion addresses challenges including data quality issues, security concerns, possible misinterpretations, and hurdles in implementing ML in clinical settings. To address these issues, multifaceted solutions are suggested, including standardized data formats, robust encryption, model interpretation, clinician education, and collaboration among stakeholders.

Keywords: Disease Prediction; Healthcare; Machine Learning; Medical Treatment.



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1. Introduction

While Machine Learning (ML) and healthcare are distinct domains, recent advancements in Artificial Intelligence (AI), particularly ML, have created exciting possibilities in medical treatment [1]. The convergence of ML and healthcare has garnered significant interest from researchers

and medical professionals, leading to a fundamental shift in approaches to patient care [2], [3]. As a subset of AI, ML utilizes algorithms that allow computers to identify patterns in data, adapt, and make predictions or decisions without explicit programming [4]– [6]. ML has swiftly progressed from a theoretical concept to a practical tool with the

potential to transform disease diagnosis, treatment, and management [7]–[9].

The incorporation of ML into medical practices addresses the mounting challenges faced by the healthcare sector. With the exponential growth in medical data complexity and volume, conventional diagnostic and treatment methods are being challenged. Effective medical decision-making depends on the ability to process and interpret diverse patient information, including medical histories, imaging results, genetic data, and clinical records. ML offers the capability to analyze these complex data patterns, uncover hidden relationships, and derive insights that can inform more precise diagnoses and personalized treatment strategies [10], [11].

The significance of this topic extends beyond technological implementation to its profound impact on human health. Successfully integrating ML into healthcare can lead to quicker diagnoses, fewer medical errors, and improved resource allocation. This is essential in meeting the growing demand for high-quality medical services while managing resource constraints and time limitations. This review article aims to clarify the complex relationship between ML and medical treatment by examining how ML algorithms function in a healthcare context. It also explores various medical fields where ML techniques have shown promise through a systematic review of existing literature, case studies, and ongoing research. The article highlights instances where ML has demonstrated transformative potential in disease diagnosis [12]–[15], prognosis [16]–[18], personalized treatment [19]–[21], drug discovery [22], [23], and patient management [24], [25]. Additionally, the article provides a comprehensive analysis of the challenges associated with integrating ML into medical treatment. These challenges range from data privacy concerns and ethical considerations to technical obstacles and the need for interpretable models. The article also discusses potential solutions or steps to address these issues [26]–[28].

2. Fundamental Concepts of ML in Medical Treatment

A. Introduction to ML in Medical Treatment

Machine learning (ML), a subset of artificial intelligence, enables computers to extract insights from data and make decisions based on identified patterns. In medical treatment, ML allows computers to analyze medical information, detect health trends, and generate predictions without explicit programming. The core of ML consists of several key elements, including models, training, and evaluation [29]. A model serves as a mathematical representation of the relationships between data variables, often taking the form of mathematical functions or structures that illustrate how variables interact. The primary objective of model creation is to enable computers to uncover hidden patterns or rules within the data. An effective model should accurately depict the relationships among variables.

Training is central to ML. During this process, the model acquires knowledge and learns from data to recognize patterns and make accurate predictions. Following training, the model's performance is assessed using unseen data (test or validation data). This evaluation phase aims to determine how well the model can apply the

patterns learned during training to new information. Common metrics for evaluation include accuracy [30], [31], precision and recall [32]–[34], F1-score [35] confusion matrix [38], ROC, Mean Absolute Error (MAE) [39], and others. These metrics help assess the model's ability to make correct predictions and avoid errors that could have serious consequences in medical treatment.

These three fundamental concepts work in tandem to produce an effective model capable of understanding medical data and generating accurate predictions. It is crucial to note that the quality of training data significantly influences model performance. Models trained with high-quality data typically demonstrate superior pattern recognition abilities and provide more accurate prediction results. Fig 1 illustrates the application of ML in the medical field.

B. Categories of ML Algorithms

ML algorithms can be categorized into several groups based on learning type: Supervised Learning (SL), Unsupervised Learning (UL), and Reinforcement Learning (RL) [40]. SL trains models using patient examples and corresponding labels, such as diagnoses or treatment outcomes. Popular algorithms include Random Forest (RF) [41], Support Vector Machine (SVM), and Neural Networks. UL trains models by identifying patterns in unlabeled data, suitable for grouping patients based on shared characteristics. Popular algorithms include K-Means Clustering and Hierarchical Clustering. RL is an approach where algorithms learn through repeated interactions with their environment. RL algorithms, or "agents," learn to take actions that optimize a goal, such as maximizing rewards. Agents receive feedback after each action and learn the best decisions based on this feedback. RL is often used in robot control, computer games, and resource optimization. While less common in medical treatment, its concept can be applied in developing optimal treatment planning algorithms. A comparison of SL, UL, and RL is shown in Fig. 2.

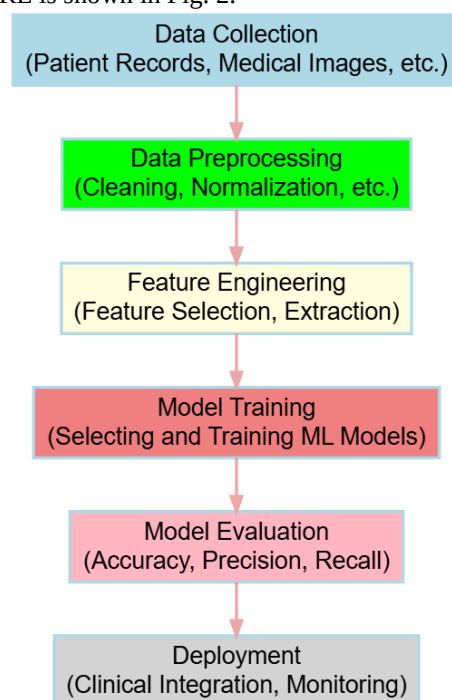


Fig. 1. Illustration of applying ML in the medical field

Other specialized ML categories include semi-supervised learning [63], [64], leveraging both labeled and unlabeled data; transfer learning, reusing pre-trained models for related tasks; deep learning [65]–[68], using multi-layered neural networks for complex pattern recognition; ensemble learning [69]–[71], combining multiple models to improve predictive accuracy; anomaly detection [72], [73], identifying rare instances; NLP algorithms [74], enabling machines to understand human language; and time series forecasting algorithms [75], [76], predicting future values based on historical data patterns.

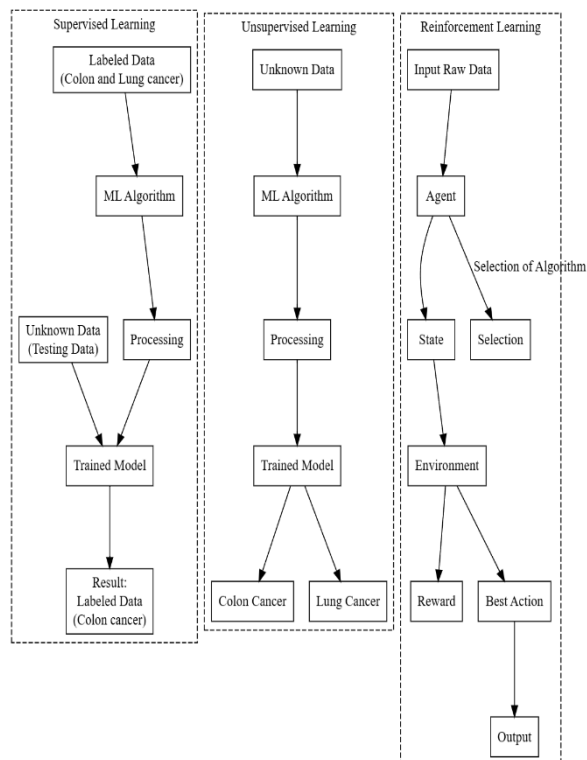


Fig 2. Illustration of the comparison of working concepts of SL, UL, and RL in the medical field

3. ML in Disease Prediction and Treatment

A. Disease Progression Prediction

Predicting disease progression is one field where ML plays a crucial role. ML algorithms can analyze and identify patterns related to disease progression by leveraging patient data such as medical history, symptoms, laboratory tests, and medical images. A concrete example is the use of ML to predict the risk of diabetes in patients by analyzing data like blood glucose levels, body mass index, and family history. ML can identify significant risk factors and provide more accurate predictions of diabetes risk compared to traditional methods. Thus, the use of ML in predicting disease progression offers the advantage of guiding early interventions and preventing more severe complications.

B. Personalization of Treatment and Therapy

Personalized treatment and therapy are crucial aspects

of modern medical care [77]. Each patient possesses unique characteristics that influence their response to treatment. In this regard, ML can play a significant role in assisting doctors to design tailored treatment plans according to individual needs. For instance, in cancer treatment, ML can analyze patients' genetic data and responses to previous therapies to predict the most likely successful treatment. This avoids a one-size-fits-all approach and ensures that each patient receives the most appropriate care for their condition.

4. Literature Study of ML Application in Medicine

Effective healthcare data management is crucial for providing quality healthcare services and conducting meaningful research. ML plays a pivotal role in processing and comprehending large volumes of health data, often referred to as “big data”. ML algorithms can identify patterns, trends, and relationships within extensive datasets that might be overlooked by human analysis [78]–[80]. This empowers healthcare providers and researchers to extract valuable insights, such as identifying risk factors, tracking disease progression, and evaluating treatment outcomes. ML techniques like clustering and classification enable the organization and categorization of patient data, facilitating more accurate diagnoses and tailored treatment plans [81]–[83].

In the realm of medical diagnostics, ML has facilitated the development of automated systems capable of diagnosing diseases through the analysis of medical images like MRI and CT scans [84], [85]. ML's impact extends to personalized care, enabling a more individualized approach by leveraging patient data and clinical histories to develop predictive models that respond specifically to each patient's needs. Consequently, ML leads to more efficient and effective treatments. The field of genomics is also influenced by ML, with its ability to analyze complex genomic data to identify genetic patterns associated with diseases or responses to medications, driving the development of targeted and precise treatments.

On the research front, ML aids in analyzing data from large-scale clinical studies more swiftly and accurately, enabling the identification of trends, risk factors, and therapy responses. Particularly, ML-based patient monitoring algorithms can detect subtle changes in patient data in real-time, assisting medical teams in responding to conditions that require immediate action. Through NLP, ML also enables the analysis of unstructured clinical data, such as medical records and radiology reports, to support better clinical decision-making [86]–[88].

In the pursuit of new drug discovery, ML assists in predicting drug potential based on molecular structure and biological interactions, expediting the drug discovery and development process [89], [90]. However, certain literature also raises ethical and security concerns related to the use of ML in medical contexts, including patient data privacy considerations, ML model interpretation, and the ethical implications of integrating medical decision-making with algorithms. Several literature studies on the application of ML in the medical field are presented in Table I. Table I represents a collection of research studies evaluating the use of ML techniques in various medical contexts, ranging from disease diagnosis to cancer detection. Each row in the table

represents a specific research study and includes information about the identified disease, types of data used, data sources, applied ML algorithms, evaluation methods, achieved results, and the year of the study.

Through the compilation of research studies presented in the table, a profound conclusion can be drawn regarding the role and impact of ML in the medical field. These studies have provided crucial insights into how ML can be employed for disease diagnosis, medical condition classification, and enhancement of clinical decision-making. Upon comparing these studies, certain findings and patterns stand out, while challenges and opportunities become evident.

From the perspective of disease diagnosis, studies [42] and [43] focusing on leukemia (ALL) demonstrate that ML can address the complexity of medical data analysis with a relatively high accuracy, namely 95.6% and 93.84%. The use of SVM and other algorithms in analyzing data patterns enables the identification of disease symptoms with consistent outcomes. A similar trend can be observed in studies [44], [45], [48], where the application of SVM, k-NN, RF, LR, and CNN algorithms showcases the capability of ML in classifying various diseases, spanning from white blood cells to cardiac arrhythmias and brain and breast tumors, achieving accuracy rates ranging from 80.8% to 92.8%.

When involving medical videos, study [46] has demonstrated that ML can yield high-accuracy results in identifying colorectal cancer with an accuracy of 90.28%. This outcome highlights ML's significant potential as a valuable tool in accurately interpreting and classifying medical videos. Similarly, when dealing with medical images [48], [50], [51], [55], [56], [61], ML has also proven to deliver commendable outcomes with accuracies ranging from 83.64% to 99.86%.

5. Challenges and Solutions in Adopting ML in Medicine

A. Data Quality and Quantity

The primary challenge in adopting ML techniques in the medical field is the complexity and variability of medical data generated from various sources and healthcare information systems. Medical data is often distributed across diverse formats, including clinical records, medical images, genomic data, and more [91], [92]. This challenge encompasses difficulties in integrating and processing data with different structures, formats, and languages [93]. Additionally, medical data is susceptible to noise, recording errors, and variations in interpretation by healthcare practitioners, which can impact the quality and accuracy of the resulting ML models. Limited and fragmented data availability can also affect the model's ability to generate generalized and valid predictions across various medical scenarios.

To address these challenges, a holistic approach involving improved medical data integration and data quality enhancement is necessary. Firstly, standardizing the format and structure of medical data can help address data diversity. The use of standards such as Health Level Seven International (HL7) for data exchange and formats

like Digital Imaging and Communications in Medicine (DICOM) for image-based medical data can reduce integration barriers

[94]–[98]. Additionally, technologies like NLP can be employed to handle unstructured data, such as medical records or radiology reports, transforming them into information that can be processed by ML algorithms [99]–[100]. This approach can be bolstered by the implementation of integrated, cloud-based data management systems, enabling efficient access and exchange of medical data across healthcare institutions. With these solutions in place, the main challenges in harnessing ML for medical purposes can be overcome, unlocking the significant potential of ML in healthcare treatment and diagnostics.

B. Data Privacy and Security

The challenge of ensuring data privacy and security is a critical concern when implementing ML in the medical domain. Medical data contains sensitive and confidential information about patients, including their health conditions, treatment histories, and personal identifiers. As ML techniques involve processing and analyzing this data, there is a risk of unauthorized access, data breaches, and potential misuse of patient information. Moreover, the increasing adoption of cloud-based solutions for data storage and processing introduces additional complexities in safeguarding data against potential cyber threats and vulnerabilities.

To address the challenge of data privacy and security, stringent measures must be put in place. Firstly, robust encryption techniques should be employed to secure data both at rest and during transmission. This helps protect patient information from being accessed by unauthorized parties. Secondly, the implementation of access controls and authentication mechanisms ensures that only authorized personnel can access sensitive medical data. Regular monitoring and auditing of data access can help identify any unusual activities promptly. Additionally, anonymization and de-identification techniques can be applied to remove personally identifiable information from datasets used for ML training, reducing the risk of re-identification.

Collaboration with cybersecurity experts and adherence to established industry standards, such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States or the General Data Protection Regulation (GDPR) in Europe can provide guidelines and best practices for ensuring data privacy and security in the context of ML in healthcare. By adopting these measures, healthcare organizations can maintain patient trust and ensure that data remains protected while benefiting from the advancements brought by ML technologies.

C. Misinterpretation

Misinterpretation of ML results is a significant challenge in the medical field, which can have profound implications for patient care and decision-making. ML models often operate as complex "black-boxes," making it difficult to understand the underlying factors that contribute to their predictions. This lack of interpretability can lead to difficulties in validating the reliability and

accuracy of the model's outputs, especially in critical medical scenarios. Misinterpretation can occur when healthcare professionals either overly rely on ML predictions without understanding their limitations or misjudge the confidence level of a prediction, potentially leading to incorrect diagnoses or treatment plans.

To mitigate the challenge of misinterpretation, several strategies can be employed. Firstly, developing interpretable ML models is essential. Techniques such as feature importance analysis, SHAP (SHapley Additive exPlanations), and LIME (Local Interpretable Model-agnostic Explanations) can shed light on how the model arrived at a particular prediction by highlighting the most influential features. Secondly, providing clinicians and medical practitioners with proper training in understanding and interpreting ML results is crucial. Healthcare professionals should be aware of the strengths and limitations of the models they are using and should be encouraged to critically assess the predictions in the context of their clinical expertise. Collaborative efforts between data scientists, clinicians, and domain experts can bridge the gap between technical understanding and medical practice, ensuring that ML results are used effectively and responsibly. Furthermore, transparency in model development and reporting, including documentation of the dataset used, preprocessing steps, and model architecture, can enhance accountability and facilitate peer review, aiding in the accurate interpretation of results. By addressing misinterpretation challenges through a combination of model interpretability, education, and collaboration, the medical community can harness the power of ML while maintaining the highest standards of patient care and safety.

D.Clinical Acceptance

The main challenge in achieving clinical acceptance of ML technology in the medical field is to build confidence and trust among healthcare professionals in the effectiveness and reliability of ML models. Medical practitioners typically rely on established practices and scientific evidence, and integrating new technologies like ML can trigger uncertainty and resistance. Overcoming concerns related to accuracy, clinical validity, and the risk of errors arising from the interpretation or recommendations of ML models is crucial.

One key solution is close collaboration between data scientists, medical practitioners, and domain experts. Ensuring that ML models are based on relevant and representative data and applied in the appropriate medical context is a vital step in building clinical acceptance. Model development also needs to consider the understanding of medical practitioners about the algorithms and evaluation metrics used. Additionally, it's important to prioritize a transparent and interpretable approach in ML decision-making, so that medical practitioners can comprehend and feel confident in the outcomes and recommendations provided by the model. Proper education and training are also necessary to help healthcare professionals understand the added value offered by ML technology and how to integrate it safely and effectively into their daily clinical practice. Therefore, a collaborative and comprehensive

approach involving medical and technological stakeholders will contribute to broader clinical acceptance of ML technology in the medical field.

E.Interoperability

Interoperability stands as a critical challenge in adopting ML technology in the medical field. Health data is often scattered across various systems, platforms, and different formats, making integration and exchange of data among healthcare entities challenging. The inability of systems and applications to communicate seamlessly can hinder ML's ability to harness comprehensive information from diverse data sources. This situation often leads to inefficiencies in data management and reduces the effectiveness of more holistic and accurate analyses.

To address interoperability challenges, a crucial step is to develop standardized data and exchange protocols that are uniform across the healthcare industry. Adopting standards like Fast Healthcare Interoperability Resources (FHIR) can enable consistent data exchange that can be interpreted by various systems. Furthermore, leveraging Application Programming Interfaces (APIs) can facilitate communication and data integration across different platforms. Thus, collaboration and information exchange among healthcare institutions can be enhanced, supporting the effective and comprehensive application of ML in health data analysis.

F.Resource Constraints

Resource constraints pose a significant challenge in the adoption of ML in the medical domain. ML algorithms require substantial computational power and memory, especially for processing and analyzing large-scale medical datasets. Many healthcare facilities face limitations in terms of available hardware, software, and technical expertise, hindering the seamless implementation of ML solutions. These constraints can hinder the timely and efficient deployment of ML models, delaying the potential benefits they could bring to medical decision-making and patient care.

To address resource constraints, a combination of strategies can be employed. Cloud computing offers a solution by providing scalable and flexible resources on-demand, reducing the burden on local hardware infrastructure. Healthcare institutions can leverage cloud platforms to access powerful computational resources without investing heavily in physical hardware. Collaborating with technology partners or vendors specializing in healthcare-oriented ML solutions can also mitigate resource challenges [120]. Such partnerships can provide healthcare professionals with access to cutting-edge algorithms and expertise, allowing them to focus on the medical aspects rather than the technical complexities. By strategically utilizing cloud resources and engaging with external expertise, healthcare facilities can overcome resource limitations and effectively harness the potential of ML for medical advancements.

6. Conclusion

The extensive review of research on ML applications in healthcare and medicine highlights both its remarkable potential and significant hurdles. Examined studies, particularly those focused on disease identification and

medical imaging analysis, showcase the high precision of ML algorithms, with some reaching over 90% accuracy. Specifically, CNNs and other methods like SVM, RF, k-NN, and DT is instrumental in achieving these impressive outcomes. This underscores ML's revolutionary impact on medical practices, from improving disease detection to enabling accurate medical image interpretation. Nevertheless, obstacles remain, especially in ensuring data integrity, handling complex datasets, and addressing variations that impact ML algorithm effectiveness. These challenges emphasize the need for continued research and interdisciplinary collaboration among medical experts, data scientists, and technology specialists. Addressing these issues requires uniform data formats, strong privacy protection measures, explainable algorithms to build trust, thorough training for healthcare professionals, and improved cooperation between various stakeholders.

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References

- [1] F. Di Carlo *et al.*, "Telepsychiatry and other cutting-edge technologies in COVID-19 pandemic: Bridging the distance in mental health assistance," *Int. J. Clin. Pract.*, vol. 75, no. 1, Jan. 2021, doi: 10.1111/ijcp.13716.
- [2] H. Ullah, S. Manickam, M. Obaidat, S. U. A. Laghari, and M. Uddin, "Exploring the Potential of Metaverse Technology in Healthcare: Applications, Challenges, and Future Directions," *IEEE Access*, vol. 11, pp. 69686–69707, 2023, doi: 10.1109/ACCESS.2023.3286696.
- [3] U. A. K. Betz *et al.*, "Game changers in science and technology - now and beyond," *Technol. Forecast. Soc. Change*, vol. 193, p. 122588, Aug. 2023, doi: 10.1016/j.techfore.2023.122588.
- [4] R. Sil, A. Roy, B. Bhushan, and A. K. Mazumdar, "Artificial Intelligence and Machine Learning based Legal Application: The State-of-the-Art and Future Research Trends," in *2019 International Conference on Computing, Communication, and Intelligent Systems (ICCCIS)*, pp. 57–62, Oct. 2019, doi: 10.1109/ICCCIS48478.2019.8974479.
- [5] D. Touretzky, C. Gardner-McCune, and D. Seehorn, "Machine Learning and the Five Big Ideas in AI," *Int. J. Artif. Intell. Educ.*, vol. 33, no. 2, pp. 233–266, Jun. 2023, doi: 10.1007/s40593-022-00314-1.
- [6] M. Zaresefat and R. Derakhshani, "Revolutionizing Groundwater Management with Hybrid AI Models: A Practical Review," *Water (Basel)*, vol. 15, no. 9, p. 1750, May 2023, doi: 10.3390/w15091750.
- [7] M. J. Iqbal *et al.*, "Clinical applications of artificial intelligence and machine learning in cancer diagnosis: looking into the future," *Cancer Cell Int.*, vol. 21, no. 1, p. 270, May 2021, doi: 10.1186/s12935-021-01981-1.
- [8] Y. Yan, J. -W. Zhang, G.-Y. Zang, and J. Pu, "The primary use of artificial intelligence in cardiovascular diseases: what kind of potential role does artificial intelligence play in future medicine?," *Journal of geriatric cardiology: JGC*, vol. 16, no. 8, pp. 585–591, Aug. 2019, doi: 10.11909/j.issn.1671-5411.2019.08.010.
- [9] M. van der Schaar *et al.*, "How artificial intelligence and machine learning can help healthcare systems respond to COVID-19," *Machine Learning*, vol. 110, no. 1, pp. 1–14, Jan. 2021, doi: 10.1007/s10994-020-05928-x.
- [10] M. Srivani, A. Murugappan, T. Mala, "Cognitive computing technological trends and future research directions in healthcare — A systematic literature review," *Artificial Intelligence in Medicine*, vol. 138, p. 102513, Apr. 2023, doi: 10.1016/j.artmed.2023.102513.
- [11] G. Rea *et al.*, "Beyond Visual Interpretation: Quantitative Analysis and Artificial Intelligence in Interstitial Lung Disease Diagnosis 'Expanding Horizons in Radiology,'" *Diagnostics*, vol. 13, no. 14, p. 2333, Jul. 2023, doi: 10.3390/diagnostics13142333.
- [12] G. Battineni, G. G. Sagaro, N. Chinatalapudi, and F. Amenta, "Applications of Machine Learning Predictive Models in the Chronic Disease Diagnosis," *J. Pers. Med.*, vol. 10, no. 2, p. 21, Mar. 2020, doi: 10.3390/jpm10020021.
- [13] M. M. Ahsan and Z. Siddique, "Machine learning-based heart disease diagnosis: A systematic literature review," *Artificial Intelligence in Medicine*, vol. 128, p. 102289, 2022.
- [14] M. M. Ahsan, S. A. Luna, and Z. Siddique, "Machine-Learning-Based Disease Diagnosis: A Comprehensive Review," *Healthcare*, vol. 10, no. 3, p. 541, Mar. 2022, doi: 10.3390/healthcare10030541.
- [15] D. A. A. Pertiwi, P. R. Setyorini, M. A. Muslim, and E. Sugiharti, "Implementation of Discretisation and Correlation-based Feature Selection to Optimize Support Vector Machine in Diagnosis of Chronic Kidney Disease," *Buletin Ilmiah Sarjana Teknik Elektro*, vol. 5, no. 2, pp. 201–209, 2023, doi: 10.12928/biste.v5i2.7548.
- [16] W. Cai *et al.*, "CT Quantification and Machine-learning Models for Assessment of Disease Severity and Prognosis of COVID-19 Patients," *Acad. Radiol.*, vol. 27, no. 12, pp. 1665–1678, Dec. 2020, doi: 10.1016/j.acra.2020.09.004.
- [17] F. M. J. M. Shamrat, P. Ghosh, M. H. Sadek, Md. A. Kazi, and S. Shultana, "Implementation of Machine Learning Algorithms to Detect the Prognosis Rate of Kidney Disease," in *2020 IEEE International Conference for Innovation in Technology (INOCON)*, pp. 1–7, 2020, doi: 10.1109/INOCON50539.2020.9298026.
- [18] P. Palimkar, R. N. Shaw, and A. Ghosh, "Machine Learning Technique to Prognosis Diabetes Disease: Random Forest Classifier Approach," in *Advanced Computing and Intelligent Technologies*, pp. 219–244, 2022, doi: 10.1007/978-981-16-2164-2_19.
- [19] Z. Ahmed, K. Mohamed, S. Zeeshan, and X. Dong, "Artificial intelligence with multi-functional machine learning platform development for better healthcare and precision medicine," *Database*, vol. 2020, 2020, doi: 10.1093/database/baaa010.
- [20] D. Bertsimas, A. Ofranoudaki, and R. B. Weiner, "Personalized treatment for coronary artery disease patients: a machine learning

- approach,” *Health Care Management Science*, vol. 23, no. 4, pp. 482–506, Dec. 2020, doi: 10.1007/s10729-020-09522-4.
- [21] M. Wijnberge *et al.*, “The use of a machine-learning algorithm that predicts hypotension during surgery in combination with personalized treatment guidance: study protocol for a randomized clinical trial,” *Trials*, vol. 20, no. 1, p. 582, Dec. 2019, doi: 10.1186/s13063-019-3637-4.
- [22] P. Carracedo-Reboredo *et al.*, “A review on machine learning approaches and trends in drug discovery,” *Computational and Structural Biotechnology Journal*, vol. 19, pp. 4538–4558, 2021, doi: 10.1016/j.csbj.2021.08.011.
- [23] A. Nurcahyo, J. Suroso, and G. Wang, “The Artificial Intelligence (AI) Model Canvas Framework and Use Cases,” *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 8, no. 1, p. 1, 2022, doi: 10.26555/jiteki.v8i1.22206.
- [24] J. Delafiori *et al.*, “Covid-19 Automated Diagnosis and Risk Assessment through Metabolomics and Machine Learning,” *Analytical Chemistry*, vol. 93, no. 4, pp. 2471–2479, Feb. 2021, doi: 10.1021/acs.analchem.0c04497.
- [25] D. Assaf *et al.*, “Utilization of machine-learning models to accurately predict the risk for critical COVID-19,” *Internal and emergency medicine*, vol. 15, no. 8, pp. 1435–1443, Nov. 2020, doi: 10.1007/s11739-020-02475-0.
- [26] T. Dhar, N. Dey, S. Borra, and R. S. Sherratt, “Challenges of Deep Learning in Medical Image Analysis—Improving Explainability and Trust,” *IEEE Transactions on Technology and Society*, vol. 4, no. 1, pp. 68–75, Mar. 2023, doi: 10.1109/TTS.2023.3234203.
- [27] E. Petersen *et al.*, “Responsible and Regulatory Conform Machine Learning for Medicine: A Survey of Challenges and Solutions,” *IEEE Access*, vol. 10, pp. 58375–58418, 2022, doi: 10.1109/ACCESS.2022.3178382.
- [28] N. C. Jacobson *et al.*, “Ethical dilemmas posed by mobile health and machine learning in psychiatry research,” *Bulletin of the World Health Organization*, vol. 98, no. 4, pp. 270–276, Apr. 2020, doi: 10.2471/BLT.19.237107.
- [29] A. Saboor, M. Usman, S. Ali, A. Samad, M. F. Abrar, and N. Ullah, “A Method for Improving Prediction of Human Heart Disease Using Machine Learning Algorithms,” *Mobile Information Systems*, vol. 2022, pp. 1–9, Mar. 2022, doi: 10.1155/2022/1410169.
- [30] A. Helisa, T. H. Saragih, I. Budiman, F. Indriani, and D. Kartini, “Prediction of Post-Operative Survival Expectancy in Thoracic Lung Cancer Surgery Using Extreme Learning Machine and SMOTE,” *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 2, pp. 239–249, 2023, doi: 10.26555/jiteki.v9i2.25973.
- [31] Y. Achour and H. R. Pourghasemi, “How do machine learning techniques help in increasing accuracy of landslide susceptibility maps?,” *Geoscience Frontiers*, vol. 11, no. 3, pp. 871–883, May 2020, doi: 10.1016/j.gsf.2019.10.001.
- [32] R. A. Asmara, N. D. Hendrawan, A. N. Handayani, and K. Arai, “Basketball Activity Recognition Using Supervised Machine Learning Implemented on Tizen OS Smartwatch,” *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 8, no. 3, p. 447, 2022, doi: 10.26555/jiteki.v8i3.23668.
- [33] I. S. Hofer, M. Kupina, L. Laddaran, and E. Halperin, “Integration of feature vectors from raw laboratory, medication and procedure names improves the precision and recall of models to predict postoperative mortality and acute kidney injury,” *Sci. Rep.*, vol. 12, no. 1, p. 10254, Jun. 2022, doi: 10.1038/s41598-022-13879-7.
- [34] S. H. Hyun, M. S. Ahn, Y. W. Koh, and S. J. Lee, “A Machine-Learning Approach Using PET-Based Radiomics to Predict the Histological Subtypes of Lung Cancer,” *Clin. Nucl. Med.*, vol. 44, no. 12, pp. 956–960, Dec. 2019, doi: 10.1097/RLU.00000000000002810.Spectrogram Images and Convolutional Neural Network,” *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 3, pp. 535–548, 2023, doi: 10.26555/jiteki.v9i3.26374.
- [35] S. Aulia and S. Hadiyoso, “Tuberculosis Detection in X-Ray Image Using Deep Learning Approach with VGG-16 Architecture,” *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 8, no. 2, p. 290, 2022, doi: 10.26555/jiteki.v8i2.23994.
- [36] M. Muttaqin *et al.*, “CNN Classification of Malaria Parasites in Digital Microscope Images Using Python on Raspberry Pi,” *Buletin Ilmiah Sarjana Teknik Elektro*, vol. 5, no. 1, pp. 108–120, 2023, doi: 10.12928/biste.v5i1.7522.
- [37] N. H. Parmenas and R. S. Samosir, “Industrial Relations Dispute Simulation System Prototype with Artificial Intelligence Approach,” *Buletin Ilmiah Sarjana Teknik Elektro*, vol. 5, no. 2, pp. 291–302, 2023, doi: 10.12928/biste.v5i2.7607.
- [38] A. A. Waskita, S. Yushady, C. H. Bissa, I. A. Satya, and R. S. Alwi, “Development of Novel Machine Learning to Optimize the Solubility of Azathioprine as Anticancer Drug in Supercritical Carbon Dioxide,” *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 1, pp. 49–57, 2023, doi: 10.26555/jiteki.v9i1.25608.
- [39] D. C. E. Saputra, Y. Maulana, T. A. Win, R. Phann, and W. Caesarendra, “Implementation of Machine Learning and Deep Learning Models Based on Structural MRI for Identification Autism Spectrum Disorder,” *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 2, pp. 307–318, 2023, doi: 10.26555/jiteki.v9i2.26094.
- [40] I. N. Y. Saputra, S. Saadah, and P. E. Yunanto, “Analysis of Random Forest, Multiple Regression, and Backpropagation Methods in Predicting Apartment Price Index in Indonesia,” *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 7, no. 2, p. 238, Jul. 2021, doi: 10.26555/jiteki.v7i2.20997.
- [41] M. M. Amin, S. Kermani, A. Talebi, and M. G. Oghli, “Recognition of acute lymphoblastic leukemia cells in microscopic images using k-means clustering and support vector machine classifier,” *Journal of medical signals and sensors*, vol. 5, no. 1, pp. 49–58, 2015.
- [42] V. Singhal and P. Singh, “Texture Features for the Detection of Acute Lymphoblastic Leukemia,” in *Proceedings of International Conference on ICT for Sustainable Development*, pp. 535–543, 2016, doi: 10.1007/978-981-10-0135-2_52.
- [43] J. Zhao, M. Zhang, Z. Zhou, J. Chu, and F. Cao, “Automatic detection and classification of leukocytes using convolutional neural networks,” *Med. Biol. Eng. Comput.*, vol. 55, no. 8, pp. 1287–1301, Aug. 2017, doi: 10.1007/s11517-016-1590-x.
- [44] P. Shimpi, S. Shah, M. Shroff, and A. Godbole, “A machine learning approach for the classification of cardiac arrhythmia,” in *2017 International Conference on Computing Methodologies and Communication (ICCMC)*, pp. 603–607, 2017, doi: 10.1109/ICCMC.2017.8282537.
- [45] M. Akbari *et al.*, “Classification of Informative Frames in Colonoscopy Videos Using Convolutional Neural Networks with Binarized Weights,” in *2018 40th Annual International Conference of the IEEE Engineering in Medicine and Biology Society (EMBC)*, pp. 65–68, 2018, doi: 10.1109/EMBC.2018.8512226.
- [46] G. Urban *et al.*, “Deep Learning Localizes and Identifies Polyps in Real Time With 96% Accuracy in Screening Colonoscopy,” *Gastroenterology*, vol. 155, no. 4, pp. 1069–1078, Oct. 2018, doi: 10.1053/j.gastro.2018.06.037.
- [47] J. Ker, Y. Bai, H. Y. Lee, J. Rao, and L. Wang, “Automated brain histology classification using machine learning,” *Journal of Clinical Neuroscience*, vol. 66, pp. 239–245, Aug. 2019, doi: 10.1016/j.jocn.2019.05.019.
- [48] M. Siar and M. Teshnehlab, “Brain Tumor Detection Using Deep Neural Network and Machine Learning Algorithm,” in *2019 9th International Conference on Computer and Knowledge Engineering (ICCCKE)*, pp. 363–368, 2019, doi: 10.1109/ICCCKE48569.2019.8964846.
- [49] G. Hemanth, M. Janardhan, and L. Sujihelen, “Design and Implementing Brain Tumor Detection Using Machine Learning Approach,” in *2019 3rd International Conference on Trends in Electronics and Informatics (ICOEI)*, pp. 1289–1294, 2019, doi: 10.1109/ICOEI.2019.8862553.
- [50] B. K. Hatuwal and H. C. Thapa, “Lung Cancer Detection Using Convolutional Neural Network on Histopathological Images,” *International Journal of Computer Trends & Technology*, vol. 68, no. 10, pp. 21–24, Oct. 2020, doi: 10.14445/22312803/IJCTT-V68I10P104.
- [51] S. Mangal, A. Chaurasia, A. Khajanchi, S. Mangal, A. Chaurasia,

- and
A. Khajanchi, "Convolution Neural Networks for diagnosing colon and lung cancer histopathological images," *arXiv preprint arXiv:2009.03878*, 2020, doi: 10.48550/ARXIV.2009.03878.
- [52] A. S. Assiri, S. Nazir, and S. A. Velastin, "Breast Tumor Classification Using an Ensemble Machine Learning Method," *J. Imaging*, vol. 6, no. 6, p. 39, May 2020, doi: 10.3390/jimaging6060039.
- [53] Y. Xu, L. Ju, J. Tong, C.-M. Zhou, and J.-J. Yang, "Machine Learning Algorithms for Predicting the Recurrence of Stage IV Colorectal Cancer After Tumor Resection," *Sci. Rep.*, vol. 10, no. 1, p. 2519, Feb. 2020, doi: 10.1038/s41598-020-59115-y.
- [54] S. Wang, Y. Zhou, X. Qin, S. Nair, X. Huang, and Y. Liu, "Label-free detection of rare circulating tumor cells by image analysis and machine learning," *Sci. Rep.*, vol. 10, no. 1, p. 12226, Jul. 2020, doi: 10.1038/s41598-020-69056-1.
- [55] M. Masud, N. Sikder, A.-A. Nahid, A. K. Bairagi, and M. A. AlZain, "A Machine Learning Approach to Diagnosing Lung and Colon Cancer Using a Deep Learning-Based Classification Framework," *Sensors*, vol. 21, no. 3, p. 748, Jan. 2021, doi: 10.3390/s21030748.
- [56] A. A. Borkowski, M. M. Bui, L. B. Thomas, C. P. Wilson, L. A. DeLand, and S. M. Mastorides, "Lung and Colon Cancer Histopathological Image Dataset (LC25000)," *arXiv preprint arXiv:1912.12142*, 2019.
- [57] P. López-Úbeda, M. C. Díaz-Galiano, T. Martín-Noguerol, A. Luna, L. A. Ureña-López, and M. T. Martín-Valdivia, "Automatic medical protocol classification using machine learning approaches," *Computer Methods and Programs in Biomedicine*, vol. 200, p. 105939, Mar. 2021, doi: 10.1016/j.cmpb.2021.105939.
- [58] J. Wu and C. Hicks, "Breast Cancer Type Classification Using Machine Learning," *J. Pers. Med.*, vol. 11, no. 2, p. 61, Jan. 2021, doi: 10.3390/jpm11020061.
- [59] G. Dhiman *et al.*, "A Novel Machine-Learning-Based Hybrid CNN Model for Tumor Identification in Medical Image Processing," *Sustainability*, vol. 14, no. 3, p. 1447, Jan. 2022, doi: 10.3390/su14031447.
- [60] E. Michael, H. Ma, H. Li, and S. Qi, "An Optimized Framework for Breast Cancer Classification Using Machine Learning," *Biomed. Res. Int.*, vol. 2022, pp. 1–18, Feb. 2022, doi: 10.1155/2022/8482022.
- [61] A. Muis, S. Sunardi, and A. Yudhana, "Comparison Analysis of Brain Image Classification Based on Thresholding Segmentation With Convolutional Neural Network," *Journal of Applied Engineering and Technological Science (JAETS)*, vol. 4, no. 2, pp. 664–673, Jun. 2023, doi: 10.37385/jaets.v4i2.1583.
- [62] Y. Wang *et al.*, "Double-Uncertainty Weighted Method for Semi-supervised Learning," in *International Conference on Medical Image Computing and Computer-Assisted Intervention*, pp. 542–551, 2020, doi: 10.1007/978-3-030-59710-8_53.
- [63] J. E. van Engelen and H. H. Hoos, "A survey on semi-supervised learning," *Machine learning*, vol. 109, no. 2, pp. 373–440, Feb. 2020, doi: 10.1007/s10994-019-05855-6.
- [64] T. L. Nikmah, B. Prasetyo, N. Fitriani, and M. A. Muslim, "Deep Learning Model Implementation Using Convolutional Neural Network Algorithm for Default P2P Lending Prediction," *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 3, pp. 802–809, 2023, doi: 10.26555/jiteki.v9i3.26366.
- [65] A. Zahri, R. Adam, and E. B. Setiawan, "Social Media Sentiment Analysis using Convolutional Neural Network (CNN) dan Gated Recurrent Unit (GRU)," *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 1, pp. 119–131, 2023, doi: 10.26555/jiteki.v9i1.25813.
- [66] Purwono and I. S. Mangkunegara, "Evaluation of Stochastic Gradient Descent Optimizer on U-Net Architecture for Brain Tumor Segmentation," *International Journal of Robotics and Control Systems*, vol. 3, no. 3, pp. 588–598, 2023, doi: 10.31763/ijrcs.v3i3.1104.P. Purwono, A. Ma'arif, W. Rahmانيar, H. I. K. Fathurrahman, A. Z. K. Frisky, and Q. M. ul Haq, "Understanding of Convolutional Neural Network (CNN): A Review," *International Journal of Robotics and Control Systems*, vol. 2, no. 4, pp. 739–748, Jan. 2023, doi: 10.31763/ijrcs.v2i4.888.
- [67] F. T. Kurniati, D. H. F. Manongga, E. Sedyono, S. Yulianto, and J. Prasetya, "Object Classification Model Using Ensemble Learning with Gray-Level Co-Occurrence Matrix and Histogram Extraction," *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 3, pp. 793–801, 2023, doi: 10.26555/jiteki.v9i3.26683.
- [68] X. Dong, Z. Yu, W. Cao, Y. Shi, and Q. Ma, "A survey on ensemble learning," *Front. Comput. Sci.*, vol. 14, no. 2, pp. 241–258, Apr. 2020, doi: 10.1007/s11704-019-8208-z.
- [69] M. A. Talukder, M. M. Islam, M. A. Uddin, A. Akhter, K. F. Hasan, and M. A. Moni, "Machine learning-based lung and colon cancer detection using deep feature extraction and ensemble learning," *Expert Systems with Applications*, vol. 205, p. 117695, Nov. 2022, doi: 10.1016/j.eswa.2022.117695.
- [70] A. B. Nassif, M. A. Talib, Q. Nasir, and F. M. Dakalbab, "Machine Learning for Anomaly Detection: A Systematic Review," *IEEE Access*, vol. 9, pp. 78658–78700, 2021, doi: 10.1109/ACCESS.2021.3083060.
- [71] S. Mokhtari, A. Abbaspour, K. K. Yen, and A. Sargolzaei, "A Machine Learning Approach for Anomaly Detection in Industrial Control Systems Based on Measurement Data," *Electronics (Basel)*, vol. 10, no. 4, p. 407, Feb. 2021, doi: 10.3390/electronics10040407.
- [72] M. S. Islam, M. S. Sultana, M. U. Kumar, J. Al Mahmud, and S. J. Islam, "HARC-New Hybrid Method with Hierarchical Attention Based Bidirectional Recurrent Neural Network with Dilated Convolutional Neural Network to Recognize Multilabel Emotions from Text," *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 7, no. 1, p. 142, 2021, doi: 10.26555/jiteki.v7i1.20550.
- [73] W. T. Handoko and A. N. Handayani, "Forecasting Solar Irradiation on Solar Tubes Using the LSTM Method and Exponential Smoothing," *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 3, pp. 649–660, 2023, doi: 10.26555/jiteki.v9i3.26395.
- [74] S. Nurhayati, R. Lubis, and M. Fajar Wicaksono, "Application of the Machine Learning Method for Predicting International Tourists in West Java Indonesia Using the Average-Based Fuzzy Time Series Model," *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 1, pp. 1–11, 2023, doi: 10.26555/jiteki.v9i1.25475.
- [75] N. N. and N. G. Cholli, "Early Identification of Alzheimer's Disease Using Medical Imaging: A Review From a Machine Learning Approach Perspective," *Jurnal Ilmiah Teknik Elektro Komputer dan Informatika (JITEKI)*, vol. 9, no. 3, 2023, doi: 10.26555/jiteki.v9i3.25148.
- [76] K. K. L. Wong, G. Fortino, and D. Abbott, "Deep learning-based cardiovascular image diagnosis: A promising challenge," *Future Generation Computer Systems*, vol. 110, pp. 802–811, Sep. 2020, doi: 10.1016/j.future.2019.09.047.
- [77] F. Lussier, V. Thibault, B. Charron, G. Q. Wallace, and J.-F. Masson, "Deep learning and artificial intelligence methods for Raman and surface-enhanced Raman scattering," *TrAC Trends in Analytical Chemistry*, vol. 124, p. 115796, Mar. 2020, doi: 10.1016/j.trac.2019.115796.
- [78] S. Suganyadevi, V. Seethalakshmi, and K. Balasamy, "A review on deep learning in medical image analysis," *Int. J. Multimed. Inf. Retr.*, vol. 11, no. 1, pp. 19–38, Mar. 2022, doi: 10.1007/s13735-021-00218-1.
- [79] S. Dixit, A. Kumar, and K. Srinivasan, "A Current Review of Machine Learning and Deep Learning Models in Oral Cancer Diagnosis: Recent Technologies, Open Challenges, and Future Research Directions," *Diagnostics*, vol. 13, no. 7, p. 1353, Apr. 2023, doi: 10.3390/diagnostics13071353.
- [80] S. Aminizadeh *et al.*, "The applications of machine learning techniques in medical data processing based on distributed computing and the Internet of Things," *Computer Methods and Programs in Biomedicine*, vol. 241, p. 107745, Nov. 2023, doi: 10.1016/j.cmpb.2023.107745.

- [81] M. A. Talukder et al., "An efficient deep learning model to categorize brain tumor using reconstruction and fine-tuning," *Expert Systems with Applications*, vol. 230, p. 120534, Nov. 2023, doi: 10.1016/j.eswa.2023.120534.
- [82] D. Müller and F. Kramer, "MIScnn: a framework for medical image segmentation with convolutional neural networks and deep learning," *BMC medical imaging*, vol. 21, no. 1, p. 12, Dec. 2021, doi: 10.1186/s12880-020-00543-7.
- [83] J. C. Gore, "Artificial intelligence in medical imaging," *Magnetic resonance imaging*, vol. 68, pp. A1–A4, May 2020, doi: 10.1016/j.mri.2019.12.006.
- [84] P. Singhal, A. L. M. Tan, T. G. Drivas, K. B. Johnson, M. D. Ritchie, and B. K. Beaulieu-Jones, "Opportunities and challenges for biomarker discovery using electronic health record data," *Trends in Molecular Medicine*, vol. 29, no. 9, pp. 765–776, Sep. 2023, doi: 10.1016/j.molmed.2023.06.006.
- [85] J. T. Schwartz, M. Gao, E. A. Geng, K. S. Mody, C. M. Mikhail, and
- [86] S. K. Cho, "Applications of Machine Learning Using Electronic Medical Records in Spine Surgery," *Neurospine*, vol. 16, no. 4, pp. 643–653, Dec. 2019, doi: 10.14245/ns.1938386.193.
- [87] M. Estevez et al., "Considerations for the Use of Machine Learning Extracted Real-World Data to Support Evidence Generation: A Research-Centric Evaluation Framework," *Cancers*, vol. 14, no. 13, p. 3063, Jun. 2022, doi: 10.3390/cancers14133063.
- [88] X. Lin, X. Li, and X. Lin, "A Review on Applications of Computational Methods in Drug Screening and Design," *Molecules*, vol. 25, no. 6, p. 1375, Mar. 2020, doi: 10.3390/molecules25061375.
- [89] L. Patel, T. Shukla, X. Huang, D. W. Ussery, and S. Wang, "Machine Learning Methods in Drug Discovery," *Molecules*, vol. 25, no. 22, p. 5277, Nov. 2020, doi: 10.3390/molecules25225277.
- [90] S. Shilo, H. Rossman, and E. Segal, "Axes of a revolution: challenges and promises of big data in healthcare," *Nature medicine*, vol. 26, no. 1, pp. 29–38, Jan. 2020, doi: 10.1038/s41591-019-0727-5.
- [91] M. J. Willemink et al., "Preparing Medical Imaging Data for Machine Learning," *Radiology*, vol. 295, no. 1, pp. 4–15, Apr. 2020, doi: 10.1148/radiol.2020192224.
- [92] M. Tayefi et al., "Challenges and opportunities beyond structured data in analysis of electronic health records," *WIREs Computational Statistics*, vol. 13, no. 6, Nov. 2021, doi: 10.1002/wics.1549.
- [93] C. Park, S. C. You, H. Jeon, C. W. Jeong, J. W. Choi, and R. W. Park, "Development and Validation of the Radiology Common Data Model (R-CDM) for the International Standardization of Medical Imaging Data," *Yonsei Medical Journal*, vol. 63, pp. S74–S83, 2022, doi: 10.3349/ymj.2022.63.S74.
- [94] A. Benhamida, A. Kanas, M. Vincze, K. T. Papp, M. Abbassi, and M. Kozlovsky, "SaECG: a new FHIR Data format revision to enable continuous ECG storage and monitoring," in *2020 IEEE 20th International Symposium on Computational Intelligence and Informatics (CINTI)*, pp. 000115–000120, 2020, doi: 10.1109/CINTI51262.2020.9305828.
- [95] A. Craig, A. Marquerita, and J. Abernathy Michael, "Real-time Algorithmic Exchange and Processing of Pharmaceutical Quality Data and Information," *International Journal of Pharmaceutics*, p. 123342, Aug. 2023, doi: 10.1016/j.ijpharm.2023.123342.
- [96] S. Houta, T. Ameler, and R. Surges, "Use of HL7 FHIR to structure data in epilepsy self-management applications," in *2019 International Conference on Wireless and Mobile Computing, Networking and Communications (WiMob)*, pp. 111–115, 2019, doi: 10.1109/WiMOB.2019.8923179.
- [97] B. B. Ozcan, B. K. Patel, I. Banerjee, and B. E. Dogan, "Artificial Intelligence in Breast Imaging: Challenges of Integration Into Clinical Practice," *Journal of Breast Imaging*, vol. 5, no. 3, pp. 248–257, May 2023, doi: 10.1093/jbi/wbad007.
- [98] I. Li et al., "Neural Natural Language Processing for unstructured data in electronic health records: A review," *Computer Science Review*, vol. 46, p. 100511, Nov. 2022, doi: 10.1016/j.cosrev.2022.100511.
- [99] G. M. Silverman et al., "NLP Methods for Extraction of Symptoms from Unstructured Data for Use in Prognostic COVID-19 Analytic Models," *Journal of Artificial Intelligence Research*, vol. 72, pp. 429–474, Oct. 2021, doi: 10.1613/jair.1.12631.