



Future Directions in Oncology Research: Addressing Resistance and Improving Patient Outcomes

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Background: Advances in oncology have substantially influenced the management strategies in cancer treatment, necessitating a comprehensive evaluation of contemporary practices alongside emerging technological breakthroughs. This review aims to encapsulate these advancements, with a focus on the integration of medical, and radiation oncology for a multidisciplinary treatment approach.

Methods: Through systematic exploration of recent literature, this article examines pivotal developments in cancer management. Particular attention is given to the evolution and impact of targeted therapies and immunotherapies which have shifted traditional treatment paradigms and significantly improved patient outcomes. The review also delves into the burgeoning field of precision medicine and genomics, showcasing their role in tailoring personalized cancer therapies.

Results: Our findings reveal that while the aforementioned innovations have led to more precise and effective treatment strategies, they also present substantial challenges, including resistance to therapies, issues with healthcare access, and the economic burden of new technologies. These aspects are critically analyzed to portray a realistic view of the advancements and hurdles within the current oncologic landscape.

Conclusion: Looking forward, the article identifies key areas for future research that promise to further enhance the efficacy and accessibility of cancer treatments. By providing a detailed insight into the dynamic field of cancer treatment management, this review serves as a valuable resource for oncologists, researchers, and healthcare professionals, promoting informed decision-making and fostering innovation in the ongoing battle against cancer.

Introduction

Advancements in precision medicine and genetic research are transforming healthcare by enabling personalized treatment plans. Similarly, in psychology, new therapeutic techniques like cognitive-behavioral interventions are effectively addressing mental health challenges. These innovations, supported by technology and interdisciplinary collaboration, are revolutionizing traditional healthcare methods [1-6]. Artificial intelligence plays a transformative role in healthcare by enhancing diagnostic accuracy, optimizing treatment protocols, and improving patient care outcomes [7]. Research into gene expression offers valuable insights into understanding disease mechanisms and potential therapeutic targets [8]. Cancer remains one of the most complex and

formidable challenges in healthcare, affecting millions worldwide with a diverse array of tumor types and clinical presentations [9]. Cancer represents the most significant public health issue of the 21st century, as the majority of diagnoses occur at later stages [10]. Biomarkers are essential for enhancing the diagnosis, monitoring, and treatment strategies for cancer [11]. Advancements in understanding the molecular mechanisms of cancer, such as the downregulation of specific genes like LPAR1, are crucial for developing targeted therapies that can potentially inhibit tumor progression and metastasis [12]. In recent decades, the field of oncology has undergone revolutionary changes, spurred by breakthroughs in biomedical research and a burgeoning understanding of cancer's genetic and molecular landscapes [13, 14]. These advancements have not only transformed diagnostic and prognostic processes but have also reshaped the therapeutic strategies at the disposal of oncologists [15, 16]. The contemporary approach to cancer management is increasingly characterized by its multidisciplinary nature, integrating medical, surgical, and radiation oncology to formulate personalized treatment plans [17]. For instance, effective pharmaceutical management can ensure access to essential medications during health crises like the COVID-19 pandemic, preventing potential shortages [18]. Another example, nurses effectively managed ethical challenges during the COVID-19 pandemic through proficient therapeutic management [19]. Timely interventions, like early cochlear implantation, play a crucial role in optimizing developmental outcomes for children with hearing impairments, underscoring the importance of managing intervention schedules effectively [20]. In managing health conditions like non-alcoholic fatty liver, it is crucial to assess the impact of treatments such as synbiotics on various clinical markers including liver enzymes, obesity, blood pressure, and inflammation [21]. This integration facilitates a comprehensive treatment modality that addresses the multifaceted needs of cancer patients, ensuring that therapeutic decisions are informed by a collaborative team of specialists [22]. Each discipline brings distinct perspectives and expertise, allowing for refined treatment precision, optimized dosing schedules, and minimized adverse effects, all geared toward enhancing patient outcomes and survival rates [23, 24]. Central to the evolution of cancer treatment are targeted therapies and immunotherapies, which represent a shift towards precision medicine [25]. Targeted therapies, such as small molecule inhibitors and monoclonal antibodies, disrupt specific cancer pathways and mechanisms identified through genomic profiling, offering a high degree of specificity and fewer side effects than conventional chemotherapies [26]. Similarly, immunotherapies that modulate the immune system to recognize and combat cancer cells have shown promise in treating previously intractable malignancies, heralding a new era in oncology [27, 28]. However, the transition to these advanced therapies is accompanied by significant challenges. Resistance to therapies has emerged as a critical hurdle, with tumors often developing mechanisms to evade targeted treatments [29, 30]. This issue underscores the need for ongoing research into combination therapies and novel agents that can overcome resistance [31, 32]. Furthermore, the high cost of new treatments and the technological demands of precision medicine pose substantial barriers to access, particularly in low-resource settings [33]. Addressing these disparities is crucial for the equitable distribution of the latest advancements in cancer care [34]. Moreover, as we navigate through these transformative times, the role of genomics and precision medicine continues to expand, promising even more personalized and effective treatment strategies [35, 36]. The integration of big data and machine learning in oncology not only enhances our understanding of tumor biology but also improves our predictive capabilities, leading to better patient stratification and treatment customization [37, 38]. Technology and medical advancements have revolutionized disease management, enabling more accurate diagnostics, effective treatments, and tailored preventive measures to significantly improve patient outcomes and public health [39-42].

Methods

To capture the most recent and relevant advancements in cancer treatment, a comprehensive search was conducted across several databases including PubMed, Scopus, and Web of Science. The search criteria focused on studies published in the last fifteen years. Both primary research

articles and review papers were considered to ensure a thorough analysis of emerging trends and technologies.

Multidisciplinary Treatment Teams in Cancer Care Introduction to Multidisciplinary Teams

Cancer is a complex disease requiring a multifaceted approach to management and care. Multidisciplinary treatment teams bring together healthcare professionals from diverse specialties to collaboratively evaluate, plan, and implement comprehensive care strategies tailored to the unique needs of each patient. This collaborative model is essential for addressing the multifactorial nature of cancer, which often demands the integration of medical, surgical, and supportive interventions to achieve optimal outcomes [43-47].

Core Team Members and Their Roles

Oncologists: The Central Coordinators of Cancer Care

Oncologists serve as the central coordinators in the care of cancer patients, making crucial decisions about the primary treatment approach based on the cancer type, stage, and molecular characteristics [48]. They determine whether chemotherapy, immunotherapy, targeted therapy, or hormonal therapy is the most appropriate choice [49]. For example, in HER2-positive breast cancer, oncologists often prioritize targeted therapy with trastuzumab (Herceptin) combined with chemotherapy, a proven strategy that improves survival rates by targeting the HER2 receptor, which is overexpressed in this type of cancer [50]. Oncologists also monitor the patient's progress throughout treatment, adjusting therapy as needed based on response and side effects [51].

Surgeons: Experts in Tumor Removal and Surgical Intervention

Surgeons are responsible for the physical removal of tumors when surgery is a viable option [52]. Their role is critical in both curative and palliative care [53]. In curative cases, such as colorectal cancer, a surgeon may perform a resection of the affected bowel segment along with the surrounding lymph nodes to ensure complete tumor removal [54]. In cases where cancer cannot be cured, surgeons provide palliative interventions, such as stent placements or bypass procedures, to alleviate symptoms and improve the patient's quality of life [55]. Surgeons collaborate closely with oncologists and radiotherapists to determine the timing of surgery in relation to chemotherapy, radiation, or other treatments [56].

Radiotherapy Specialists: Precision in Tumor Control

Radiotherapy specialists design and deliver radiation treatments to target and destroy cancer cells, either post-surgically or as the primary treatment option in certain cancers [57]. Radiation therapy can be used to shrink tumors preoperatively, making them easier to remove or more manageable [58]. For example, in head and neck cancers, radiotherapy is often combined with chemotherapy (chemoradiation) to achieve locoregional control, meaning the treatment helps to shrink the tumor and prevent the spread of cancer cells, while minimizing damage to critical structures such as the vocal cords and swallowing mechanisms [59]. Radiotherapy specialists use advanced imaging techniques to precisely target tumors, ensuring that the surrounding healthy tissues are spared as much as possible [60].

Nurses: Compassionate Care and Patient Support

Oncology nurses are integral members of the cancer care team, providing hands-on care and ongoing support throughout the treatment process [61]. They administer chemotherapy, manage side effects, and ensure that patients are comfortable during their treatment regimens [62]. Nurses are responsible for educating patients about their diagnosis, treatment options, potential side effects, and strategies to cope with them [63]. In more specialized cases, such as patients undergoing bone marrow transplants, oncology nurses monitor for complications like graft-versus-host disease (GVHD) and manage post-transplant recovery [64]. They also provide emotional support to patients and families, helping them navigate the challenging aspects of cancer treatment [65].

Support Specialists: Holistic Care Beyond the Physical

Support specialists, including psychologists, dietitians, physical therapists, and social workers, are essential in addressing the comprehensive needs of cancer patients [66]. They focus not just on the disease itself, but on the patient's overall well-being, helping to manage the physical, emotional, and social impacts of cancer [67]. Dietitians, for example, play a key role in developing nutritional plans to combat issues like weight loss or cachexia in patients undergoing chemotherapy, ensuring they maintain strength and avoid malnutrition [68]. Psychologists offer vital support by providing coping strategies for dealing with anxiety, depression, and the emotional toll of a cancer diagnosis [69]. Physical therapists help patients regain strength, mobility, and function, particularly after surgery or in cases of cancer-related fatigue [70]. Social workers assist with navigating the complex healthcare system, providing support with insurance issues, financial concerns, and connecting patients with community resources [71].

By working together, these core team members create a cohesive, patient-centered care plan that integrates the expertise of each specialist. This collaborative approach ensures that patients receive the most effective and comprehensive treatment possible, addressing not just the cancer, but the broader challenges that come with battling such a complex disease.

The Importance of Coordination and Collaboration in Multidisciplinary Cancer Care

Effective coordination and collaboration among healthcare professionals are the foundation of high-quality cancer care [44]. Multidisciplinary teams, composed of specialists from diverse medical fields, ensure that every aspect of a patient's diagnosis and treatment is considered [43]. Regular tumor board meetings and case conferences are key platforms for fostering this collaboration, allowing the team to align their approaches, share expertise, and make decisions that are evidence-based and tailored to the individual needs of each patient [72]. These forums not only streamline care delivery but also improve patient outcomes and satisfaction by fostering a unified approach [73].

1. Comprehensive Case Reviews

Tumor board meetings provide an opportunity for the entire team to review each patient's case in detail, considering imaging results, biopsy findings, molecular markers, and clinical history [74]. This holistic analysis ensures that treatment decisions are well-informed and scientifically grounded [75]. In a case of non-small cell lung cancer (NSCLC), the team might evaluate genetic testing results, such as EGFR or ALK mutations, alongside imaging studies to determine the best course of

action [76]. If the patient has an EGFR mutation, the team may prioritize targeted therapy with an EGFR inhibitor like osimertinib over traditional chemotherapy [77]. For early-stage disease, surgery might be recommended, with adjuvant therapies considered based on the pathology results [78].

2. Shared Decision-Making

Collaboration within the team also supports shared decision-making, where patient preferences and values are integral to the treatment plan [79]. This approach ensures that the care aligns not only with clinical guidelines but also with the patient's life circumstances and goals [80]. For a patient with localized prostate cancer, the team might present multiple treatment options, such as radical prostatectomy, active surveillance, or radiotherapy [81]. By discussing the patient's age, overall health, potential side effects, and personal preferences, the team can recommend a tailored plan [82]. For an older patient with comorbidities, active surveillance might be the preferred choice to avoid unnecessary interventions [83].

3. Real-Time Problem Solving

Cancer treatment often involves complex regimens that can lead to complications or adverse effects, requiring immediate adjustments to the care plan [84]. Multidisciplinary collaboration allows for real-time problem solving, leveraging the collective expertise of the team to address challenges effectively [73]. If a breast cancer patient receiving doxorubicin develops cardiotoxicity, the oncologist may consult a cardiologist to assess the severity of the condition [85]. Based on the cardiologist's input, the team might decide to discontinue doxorubicin and replace it with a less cardiotoxic agent, such as liposomal doxorubicin or an alternative chemotherapy drug, while implementing measures to protect cardiac function [86, 87].

4. Holistic Patient Management

Beyond disease-focused treatments, cancer care must address the physical, emotional, and psychosocial needs of patients [88]. Holistic management ensures that patients receive comprehensive support, enabling them to endure and benefit from rigorous treatment regimens [89]. A patient undergoing aggressive chemotherapy for acute myeloid leukemia (AML) may experience severe nausea, fatigue, and psychological distress [90]. The multidisciplinary team might include a palliative care specialist to provide symptom relief, a dietitian to ensure proper nutrition despite treatment side effects, and a psychologist to offer emotional support [91]. These interventions enhance the patient's quality of life and increase the likelihood of completing the prescribed treatment [92].

Examples of Multidisciplinary Care in Action

While innovations such as targeted therapies, immunotherapies, and precision medicine have significantly advanced the precision and effectiveness of cancer treatments, they also bring substantial challenges [93]. These include resistance to therapies, uneven healthcare access, and the high costs associated with new technologies [94]. To address these issues, the implementation of multidisciplinary care has proven crucial [73]. For instance, oncologists work alongside molecular biologists to identify genetic mutations that may predict response or resistance to specific treatments, allowing for more tailored therapy choices [95]. Pharmacists are integral in managing complex drug regimens, especially when patients face side effects that require adjustments in dosage or treatment protocols [96]. Genetic counselors play a vital role by helping patients understand their genetic testing results and the implications for their treatment options, which is essential in the context of precision medicine [97]. Furthermore, nurse coordinators facilitate this complex care by ensuring seamless communication among various specialists and

between the care team and the patient, aiding in adherence to prescribed therapies and scheduling regular follow-up assessments [67]. Social workers also contribute by helping patients navigate the healthcare system, addressing financial and psychosocial barriers to access, which is particularly important given the economic burdens of new cancer treatments [98].

To enhance the effectiveness of these sophisticated therapies through coordinated efforts, we propose several strategies:

Establishing Integrated Care Pathways: Develop clear protocols that define the roles of each specialist within the care pathway, from diagnosis through to treatment and follow-up, ensuring that all aspects of the patient's health and well-being are addressed [73]. A 58-year-old patient diagnosed with stage III colon cancer was treated under a newly established integrated care pathway [99]. The pathway involved oncologists, surgeons, dietitians, and physical therapists working in concert [100]. Regular multidisciplinary team meetings ensured that each phase of treatment from surgery to chemotherapy and rehabilitation was tailored and adjusted based on the patient's recovery progress [101]. This coordinated approach helped the patient manage side effects better and improved the overall treatment adherence and outcomes [102].

Training and Education Programs: Implement ongoing training for healthcare providers to keep abreast of the latest developments in cancer treatment and care management, ensuring that the entire team is equipped to handle complex cases effectively [103]. A children's hospital introduced an advanced training program focusing on the latest immunotherapies for pediatric leukemia [104]. The case involves a 7-year-old patient whose treatment plan was adjusted after a pediatric oncologist attended a specialized training session on CAR-T cell therapy [105]. The education program enabled the oncologist to implement this cutting-edge treatment effectively, leading to a significant remission in the patient previously unresponsive to traditional therapies [106].

Technology-Enabled Coordination: Utilize digital health technologies to enhance communication and coordination among the multidisciplinary team [107]. This can include shared electronic health records, telehealth services for remote consultations, and mobile apps for monitoring patient health and treatment adherence [108]. A breast cancer patient was managed using a digital health platform that allowed for real-time updates of her treatment progress to all members of her care team, including her oncologist, radiologist, and nurse coordinator [109]. This technology facilitated immediate adjustments to her therapy regime when she developed resistance to a standard drug [110]. The platform also supported telehealth consultations, minimizing her visits to the clinic and optimizing her care schedule without disrupting her treatment efficacy [111].

Patient-Centered Care Models: Focus on personalized care models that consider the patient's preferences, lifestyle, and socioeconomic status, alongside their clinical needs [112]. A 65-year-old lung cancer patient with a low socioeconomic background was treated under a patient-centered care model [113]. This approach included not only personalized medical treatment but also social work support to address her financial and transportation challenges [114]. The social worker helped the patient receive treatment subsidies and arranged transportation for her clinic visits, ensuring that her health care needs were met comprehensively, which was crucial for her continued participation in a potentially life-saving clinical trial [115].

Policy Advocacy and Funding: Advocate for policies that improve access to new therapies and reduce financial burdens on patients [116]. This includes working with insurance companies and governments to ensure that the costs of innovative cancer treatments are covered, making these advancements accessible to a broader range of patients [117]. An advanced melanoma patient benefited from a new policy advocated by his care team, which involved collaboration between healthcare providers and a pharmaceutical company [118]. The policy provided funding for innovative immunotherapies that were previously unaffordable [119]. As a result, the patient was able to access a pioneering immunotherapy drug, leading to a dramatic improvement in his condition that was not achievable with traditional treatments [120].

Through these strategies, multidisciplinary teams can not only enhance therapeutic outcomes but also improve patient experiences by providing comprehensive support and personalized care, thereby overcoming some of the major challenges faced in modern oncology.

Recent Developments

Recent advancements in cancer treatment have revolutionized the field by introducing innovative therapies and improving patient outcomes.

Targeted Therapies and Precision Medicine: The advent of targeted therapies and precision medicine has allowed oncologists to tailor treatments based on the genetic and molecular profiles of tumors. Drugs like osimertinib for EGFR-mutated non-small cell lung cancer and trastuzumab for HER2-positive breast cancer exemplify how these approaches have enhanced survival rates [93].

Immunotherapies: Immunotherapies such as immune checkpoint inhibitors (e.g., pembrolizumab, nivolumab) and CAR-T cell therapies have transformed the treatment landscape for cancers like melanoma and hematologic malignancies [121].

Digital Health Integration: Digital platforms enabling real-time patient monitoring, telehealth consultations, and shared electronic health records have improved multidisciplinary collaboration and patient management [122].

Patient-Centered Care Models: Holistic and patient-centered care approaches addressing physical, emotional, and financial burdens have become integral. Multidisciplinary teams including social workers, dietitians, and genetic counselors enhance the quality of care and adherence to treatment [73].

Future Research

Despite the significant advancements in cancer treatment, numerous challenges persist, which underscore the need for ongoing research to further optimize cancer management. One critical area is overcoming therapy resistance. Continued studies are required to better understand the mechanisms behind resistance to targeted therapies and immunotherapies, with a focus on developing novel agents or combination strategies that can counteract these barriers. Additionally, while new treatments have proven effective, the high costs associated with cutting-edge therapies remain a pressing issue. Research into more affordable innovations, such as biosimilars and outcome-based pricing models, can help alleviate financial toxicity for patients, making life-saving therapies more accessible. Equally important is addressing the disparities in access to cancer care. Investigations should prioritize strategies to reduce healthcare inequalities, especially for low-income and underserved populations, ensuring that all patients have equitable access to the latest treatments. Furthermore, the integration of artificial intelligence and machine learning in cancer care holds great promise. AI can enhance predictive modeling, optimize treatment planning, and facilitate real-time monitoring, all of which contribute to a more personalized approach and improved outcomes. Finally, psycho-oncology continues to be an essential area of research, with a focus on understanding and addressing the psychosocial impacts of cancer. Research into the effectiveness of interventions aimed at improving mental health and quality of life for patients is critical for ensuring comprehensive care that goes beyond physical treatment. These areas of research represent the next frontier in cancer management, offering hope for better, more inclusive, and effective treatment options for patients worldwide [123-128].

In conclusion, various diseases, ranging from chronic infections to rare disorders, have raised

significant concerns in society, deeply impacting individuals' physical health. These diseases not only disrupt the physical functioning of the body but also challenge individuals' overall well-being. In this regard, modern technologies in laboratories and research centers play a critical role. Advanced tools and techniques such as high-resolution imaging, genomics, nanotechnology, and artificial intelligence algorithms have enabled more accurate and faster disease diagnoses. These technologies allow researchers to examine molecular and cellular structures in detail and identify patterns of disease manifestation. Furthermore, the development of nanotechnologies and tissue engineering systems has led to the creation of laboratory environments that simulate real body conditions. These environments enable the testing and evaluation of various drugs and treatment methods under conditions closely resembling the physiological environment. As a result, more targeted treatments with fewer side effects can be provided. Consequently, the integration of advanced technologies with interdisciplinary approaches has opened new horizons in disease prevention, diagnosis, and treatment. These achievements not only improve treatment outcomes and enhance patients' quality of life but also pave the way for the development of personalized and more effective therapies to address the health challenges of today [129- 144]. In recent years, technological advancements have significantly transformed various fields, particularly healthcare and medical research. One of the most notable innovations is the integration of artificial intelligence (AI) with blockchain technology in healthcare supply chains. This integration enhances transparency, efficiency, and decision-making processes in managing healthcare resources, as demonstrated in a study that evaluated and prioritized AI-integrated blockchain factors in healthcare supply chains [145]. Another remarkable development is in the area of medical imaging, where AI-driven models, such as the combination of U-Net and ResNet50 architectures, have been applied for the detection of brain cancer through MRI scans. This approach improves the accuracy and reliability of early cancer detection, offering better outcomes for patients [146]. Additionally, the field of regenerative medicine has seen significant advancements, particularly in the treatment of periodontitis. A systematic review and meta-analysis on the effectiveness and stability of regenerative treatments combined with orthodontic tooth movement for Stage IV periodontitis highlighted the promising results of these new approaches in dental care [147]. Similarly, the use of nanoparticles, such as chitosan and titanium dioxide mixed with orthodontic primers, has been evaluated for its effect on shear bond strength, further improving the effectiveness of dental treatments. These innovations reflect the ongoing evolution of technologies in the medical and healthcare industries, making treatments more efficient and precise [148]. Another example in management is the importance of identifying pollutants and drug resistance to improve public health policies. This research can provide valuable insights into how pollutants are dispersed and their impacts on community health. A better understanding of the dissemination process can pave the way for developing policies and preventive measures to mitigate adverse environmental effects. Additionally, considering global challenges such as drug resistance, identifying the mechanisms behind antibiotic resistance can contribute to devising strategies to safeguard public health. Overall, the findings of this study could serve as a valuable resource in enhancing health programs and designing preventive strategies aimed at improving community well-being [149-150]. Cancer treatment has experienced groundbreaking advancements, Paper-based sensors offer rapid, cost-effective, and accurate cancer marker detection [151], while advancements in precision medicine, immunotherapy, and integrative care have significantly improved survival rates and quality of life [152].

However, challenges such as therapy resistance, financial toxicity, and inequities in access to care remain. Multidisciplinary treatment teams, which are the cornerstone of modern cancer care, play a crucial role in overcoming these barriers by delivering comprehensive, patient-centered care. These teams, which involve diverse specialists such as oncologists, pharmacists, genetic counselors, and social workers, enhance clinical outcomes, ensure holistic care, and improve patient satisfaction. The future of cancer management relies on fostering interdisciplinary collaboration, integrating cutting-edge technologies, and ensuring that high-quality, equitable care is accessible to all patients. Addressing these challenges through continued innovation, team dynamics refinement, and policy advocacy will enable the oncology field to further reduce the global burden of cancer and improve patient outcomes across diverse populations.

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Statement of Transparency and Principals:

- Author declares no conflict of interest
- Study was approved by Research Ethic Committee of author affiliated Institute.
- Study's data is available upon a reasonable request.
- All authors have contributed to implementation of this research.

References

References

1. Kasra Hatampour, Manoochehr Ebrahimian, Amir Zamani, et al. Evaluation of the difficulty of laparoscopic cholecystectomy during COVID-19 pandemic using externally validated prediction models: A retrospective cohort study. *ResearchGate*. 2024. [DOI](#)
2. Ramezani A, Sabbaghi H, Katibeh M, Ahmadi H, Kheiri B, Yaseri M, Moradian S, et al. Prevalence of cataract and its contributing factors in Iranian elderly population: the Gilan eye study. *International Ophthalmology*. 2023; 43(12)[DOI](#)
3. Shadidi-Asil R, Kialashaki M, Fateh A, Ramezani A, Zamani A, Ebrahimian M. A rare case of cutaneous mucormycosis in the forearm: A case report. *International Journal of Surgery Case Reports*. 2022; 94[DOI](#)
4. Ghahri Lalaklou Z, Montazeri Ghahjavarestani A, Pishkari Y, Emami D. Plasma NT1 tau is associated with hypometabolism in Alzheimer's disease continuum. *Neurology Letters*, 3(Special Issue (Diagnostic and Therapeutic advances in Neurodegenerative diseases)). 2024;8-13. [DOI](#)
5. Ghahjavarestani A. Redictive Role of Personality Dimensions on Quality of Life and Satisfaction in Patients With Gender Identity Disorder after Gender Reassignment Surgery. *The scientific heritage*. 2024. <https://orcid.org/0000-0002-0440-0509>;135.
6. Ghahri Lalaklou Z, Haghighat-Manesh E, Montazeri Ghahjavarestani A, Ahmadi E. The effect of transcranial alternating current stimulation on cognitive flexibility and attention of children with intellectual disability: a case report. *Journal of Medical Case Reports*. 2024; 18(1)[DOI](#)
7. Sajjadi Mohammadabadi SM, Seyedkhamoushi F, Mostafavi M, Borhani Peikani M. Examination of AI's role in Diagnosis, Treatment, Patient care. In Gupta, M., Kumar, R., & Lu, Z. (Eds.), *Transforming Gender-Based Healthcare with AI Machine Learning* (1st ed., pp. 221-238). *CRC Press*. 2024. [DOI](#)
8. Muchhala KH, Kallurkar PS, Arastonejad M, Akbarali HI. Chronic Fentanyl Alters Intestinal Epithelial Gene Expression: Implications for Opioid-Induced Antinociceptive Tolerance and the Gut-Brain Axis. *The Journal of Pharmacology and Experimental Therapeutics*. 2024; 389[DOI](#)
9. Tran L, Xiao J, Agarwal N, Duex JE, Theodorescu D. Advances in bladder cancer biology and therapy. *Nature Reviews. Cancer*. 2021; 21(2)[DOI](#)
10. Shafiei Asheghabadi P, Delavari Dosar A, Hashemi M. Mitochondrial RNAs in Oncology: Review of Interventions and Innovative Diagnostic Approaches in the Biogenesis of Human Cancers. *International Journal of BioLife Sciences (IJBLS)*. 2024; 33:202-207.
11. Pournali G, Kazemi D, Chadeganipour AS, Arastonejad M, Kashani SN, Pournali R, Maftooh M, et al. Microbiome as a biomarker and therapeutic target in pancreatic cancer. *BMC*

- microbiology*. 2024; 24(1)[DOI](#)
12. Bokaii Hosseini Z, Rajabi F, Morovatshoar R, Ashrafpour M, Behboodi P, Zareie D, Natami M. Downregulation of LPAR1 Promotes Invasive Behavior in Papillary Thyroid Carcinoma Cells. *Cancer Informatics*. 2024; 23[DOI](#)
 13. Tan D, Lynch H. Principles of Molecular Diagnostics and Personalized Cancer Medicine. 2012.
 14. Doroshow JH, Kummar S. Translational research in oncology--10 years of progress and future prospects. *Nature Reviews. Clinical Oncology*. 2014; 11(11)[DOI](#)
 15. La Thangue NB, Kerr DJ. Predictive biomarkers: a paradigm shift towards personalized cancer medicine. *Nature Reviews. Clinical Oncology*. 2011; 8(10)[DOI](#)
 16. Falzone L, Salomone S, Libra M. Evolution of Cancer Pharmacological Treatments at the Turn of the Third Millennium. *Frontiers in Pharmacology*. 2018; 9[DOI](#)
 17. Povoski SP, Hall NC. Recognizing the role of surgical oncology and cancer imaging in the multidisciplinary approach to cancer: an important area of future scholarly growth for BMC Cancer. *BMC cancer*. 2013; 13[DOI](#)
 18. Mahdavamanshadi M, Anaraki MG, Mowlai M, Ahmadirad Z. A Multistage Stochastic Optimization Model for Resilient Pharmaceutical Supply Chain in COVID-19 Pandemic Based on Patient Group Priority. 2024 Systems Information Engineering Design Symposium (SIEDS). *IEEE*. 2024. [DOI](#)
 19. Rajabipoor Meybodi A, Mohammadi M, Arjmandi H. A qualitative approach to the ethical challenges of Iranian nurses during the COVID-19 pandemic. *Journal of Preventive Complementary Medicine*. 2022; 1(3):156-162. [DOI](#)
 20. Nikrah P, Ghareh Chahie R, Ghazvini A, Hajizadeh A. Evaluating the effect of cochlear implantation age on pragmatic abilities before and after age of 3. *Applied Neuropsychology. Child*. 2024. [DOI](#)
 21. Musazadeh V, Assadian K, Rajabi F, Faghfour AH, Soleymani Y, Kavyani Z, Najafiyan B. The effect of synbiotics on liver enzymes, obesity indices, blood pressure, lipid profile, and inflammation in patients with non-alcoholic fatty liver: A systematic review and meta-analysis of randomized controlled trials. *Pharmacological Research*. 2024; 208[DOI](#)
 22. Licitra L., Cavina R., Cerrotta A.. The multidisciplinary approach in clinical oncology. *Tumori*. 1998; 84(2)[DOI](#)
 23. Shou J, Bull CM, Li L, Qian H, Wei T, Luo S, Perkins D, et al. Identification of blood biomarkers of rheumatoid arthritis by transcript profiling of peripheral blood mononuclear cells from the rat collagen-induced arthritis model. *Arthritis Research & Therapy*. 2006; 8(1)[DOI](#)
 24. Wang X, Gao Z, Wang C, Guo X, Sun Y, Jia Y, Tao X. Design, growth, and characterization of Y2Mo4O15 crystals for Raman laser applications. *RSC advances*. 2020; 11(2)[DOI](#)
 25. Asha B. Advances in Targeted Therapy for Cancer: Precision Medicine Approaches. *IDOSR Journal Of Applied Sciences*. 2024. [DOI](#)
 26. Priyanka, D. Targeted Therapies in Cancer. *Oncology Research and Treatment*. 2016; 1:1-1.
 27. Koo S, Wang W, Toh H. Cancer Immunotherapy - The Target is Precisely on The Cancer and Also Not. *Annals of the Academy of Medicine, Singapore*. 2018; 47(9):381-387. [DOI](#)
 28. Adams JL, Smothers J, Srinivasan R, Hoos A. Big opportunities for small molecules in immuno-oncology. *Nature Reviews. Drug Discovery*. 2015; 14(9)[DOI](#)
 29. Holohan C, Van Schaeybroeck S, Longley DB, Johnston PG. Cancer drug resistance: an evolving paradigm. *Nature Reviews. Cancer*. 2013; 13(10)[DOI](#)
 30. Sabnis AJ, Bivona TG. Principles of Resistance to Targeted Cancer Therapy: Lessons from Basic and Translational Cancer Biology. *Trends in Molecular Medicine*. 2019; 25(3)[DOI](#)
 31. Gumusay O, Vitiello PP, Wabl C, Corcoran RB, Bardelli A, Rugo HS. Strategic Combinations to Prevent and Overcome Resistance to Targeted Therapies in Oncology. *American Society of Clinical Oncology Educational Book. American Society of Clinical Oncology. Annual Meeting*. 2020; 40[DOI](#)
 32. Harrison PT, Huang PH. Exploiting vulnerabilities in cancer signalling networks to combat targeted therapy resistance. *Essays in Biochemistry*. 2018; 62(4)[DOI](#)
 33. Bashraheel SS, Domling A, Goda SK. Update on targeted cancer therapies, single or in

- combination, and their fine tuning for precision medicine. *Biomedicine & Pharmacotherapy* = *Biomedecine & Pharmacotherapie*. 2020; 125 [DOI](#)
34. Bar-Zeev M, Livney YD, Assaraf YG. Targeted nanomedicine for cancer therapeutics: Towards precision medicine overcoming drug resistance. *Drug Resistance Updates: Reviews and Commentaries in Antimicrobial and Anticancer Chemotherapy*. 2017; 31 [DOI](#)
 35. Xu J, Yang P, Xue S, Sharma B, Sanchez-Martin M, Wang F, Beaty KA, Dehan E, Parikh B. Translating cancer genomics into precision medicine with artificial intelligence: applications, challenges and future perspectives. *Human Genetics*. 2019; 138(2) [DOI](#)
 36. Chen H, Bonneville R, Roychowdhury S. Implementing precision cancer medicine in the genomic era. *Seminars in Cancer Biology*. 2019; 55 [DOI](#)
 37. Saraswat A, Roopesh S. Machine Learning in Genomic Data Analysis for Personalized Medicine. *ResearchGate*. 2024. [DOI](#)
 38. Ballester PJ, Carmona J. Artificial intelligence for the next generation of precision oncology. *NPJ precision oncology*. 2021; 5(1) [DOI](#)
 39. Shoarishoar SS, Milani F, Adineh S, Sorouri ZR, Maryam Attari S. Comparison of pregnancy outcomes in amniocentesis recipients with normal and abnormal maternal serum analytes. *Cellular and Molecular Biology (Noisy-Le-Grand, France)*. 2024; 70(11) [DOI](#)
 40. Shoarishoar SS, KaboodMehri R, Fakor F, Rafiei Sorouri Z, Mansour-Ghanaei M, Faraji Darkhaneh R, Dalil Heirati SF, et al. Assessment of decreased ovarian reserve and systemic inflammatory markers. *Cellular and Molecular Biology (Noisy-Le-Grand, France)*. 2024; 70(11) [DOI](#)
 41. Nezami R, Otis C, Boyer A, Blanchard J, Moreau M, Pelletier J, Martel-Pelletier J, Godoy P, Troncy E. Surveillance of *Ancylostoma caninum* in naturally infected dogs in Quebec, Canada, and assessment of benzimidazole anthelmintics reveal a variable efficacy with the presence of a resistant isolate in imported dogs. *Veterinary Parasitology, Regional Studies and Reports*. 2024; 52 [DOI](#)
 42. Helforouh Z, Sayyad H. Prediction and classification of obesity risk based on a hybrid metaheuristic machine learning approach. *Frontiers in Big Data*. 2024; 7 [DOI](#)
 43. Coory M., Gkolia P., Yang I. A., Bowman R. V., Fong K. M.. Systematic review of multidisciplinary teams in the management of lung cancer. *Lung Cancer (Amsterdam, Netherlands)*. 2008; 60(1) [DOI](#)
 44. Fleissig A, Jenkins V, Catt S, Fallowfield L. Multidisciplinary teams in cancer care: are they effective in the UK?. *The Lancet. Oncology*. 2006; 7(11) [DOI](#)
 45. Licitra L, Keilholz U, Tahara M, Lin J, Chomette P, Ceruse P, Harrington K, Mesia R. Evaluation of the benefit and use of multidisciplinary teams in the treatment of head and neck cancer. *Oral Oncology*. 2016; 59 [DOI](#)
 46. Du C, Li J, Cai Y, Sun Y, Xue W, Gu J. Effect of multidisciplinary team treatment on outcomes of patients with gastrointestinal malignancy. *World Journal of Gastroenterology*. 2011; 17(15) [DOI](#)
 47. Pillay B, Wootten AC, Crowe H, Corcoran N, Tran B, Bowden P, Crowe J, Costello AJ. The impact of multidisciplinary team meetings on patient assessment, management and outcomes in oncology settings: A systematic review of the literature. *Cancer Treatment Reviews*. 2016; 42 [DOI](#)
 48. Zon RT, Goss E, Vogel VG, Chlebowski RT, Jatoi I, Robson ME, Wollins DS, et al. American Society of Clinical Oncology policy statement: the role of the oncologist in cancer prevention and risk assessment. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*. 2009; 27(6) [DOI](#)
 49. Popescu R. A., Schäfer R., Califano R., Eckert R., Coleman R., Douillard J.-Y., Cervantes A., et al. The current and future role of the medical oncologist in the professional care for cancer patients: a position paper by the European Society for Medical Oncology (ESMO). *Annals of Oncology: Official Journal of the European Society for Medical Oncology*. 2014; 25(1) [DOI](#)
 50. Hackney M. Breast Cancer: Overview of Decision Making by the Medical Oncologist. In: *Breast Cancer Management*. Springer. 2018;103-112.
 51. Cherny N. The oncologist's role in delivering palliative care. *Cancer Journal (Sudbury,*

- Mass.). 2010; 16(5)[DOI](#)
52. Rees M, Sweetland H. Role of surgeons in the management of cancer. *Surgery (Oxford)*. 2015; 33(3)[DOI](#)
53. Lefemine V, Sweetland H. The role of surgeons in cancer management. *Surgery (Oxford)*. 2012; 30:181-185.
54. Wilson RE. Surgical oncology. *Cancer*. 2023; 54
55. Markman M. Surgery for support and palliation in patients with malignant disease. *Seminars in Oncology*. 1995; 22(2 Suppl 3)
56. Elder K, Barber M. The role of the surgeon in cancer care. *Surgery (Oxford)*. 2018.
57. Falk S. Principles of cancer treatment by radiotherapy. *Surgery (Oxford)*. 2003; 24:62-65.
58. Owadally W, Staffurth J. Principles of cancer treatment by radiotherapy. *Surgery (Oxford)*. 2012; 33:12-130.
59. Semrau R. The Role of Radiotherapy in the Definitive and Postoperative Treatment of Advanced Head and Neck Cancer. *Oncology Research and Treatment*. 2017; 40(6)[DOI](#)
60. Ahmad SS, Duke S, Jena R, Williams MV, Burnet NG. Advances in radiotherapy. *BMJ (Clinical research ed.)*. 2012; 345[DOI](#)
61. Young AM, Charalambous A, Owen RI, Njodzeka B, Oldenmenger WH, Alqudimat MR, So WKW. Essential oncology nursing care along the cancer continuum. *The Lancet. Oncology*. 2020; 21(12)[DOI](#)
62. Hubbard SM, Seipp CA. Administering Cancer Treatment: The Role of the Oncology Nurse. *Hospital Practice*. 1985; 20(7)[DOI](#)
63. MacDonald D. J.. The oncology nurse's role in cancer risk assessment and counseling. *Seminars in Oncology Nursing*. 1997; 13(2)[DOI](#)
64. Predovan V, Stipaničić S. The role of oncology nurse in cancer patient care. 2015; 51:413-417.
65. Sheldon LK, Harris D, Arcieri C. Psychosocial concerns in cancer care: the role of the oncology nurse. *Clinical Journal of Oncology Nursing*. 2012; 16(3)[DOI](#)
66. Olver I, Keefe D, Herrstedt J, Warr D, Roila F, Ripamonti CI. Supportive care in cancer-a MASCC perspective. *Supportive Care in Cancer: Official Journal of the Multinational Association of Supportive Care in Cancer*. 2020; 28(8)[DOI](#)
67. Sussman J, Howell D, Bainbridge D, Brazil K, Pyette N, Abbasi S, Whelan T. The impact of specialized oncology nursing on patient supportive care outcomes. *Journal of Psychosocial Oncology*. 2011; 29(3)[DOI](#)
68. Viklund P, Wengström Y, Lagergren J. Supportive care for patients with oesophageal and other upper gastrointestinal cancers: The role of a specialist nurse in the team. *European Journal of Oncology Nursing: The Official Journal of European Oncology Nursing Society*. 2006; 10(5)[DOI](#)
69. Edwards M. J.. Providing psychological support to cancer patients. *Professional Nurse (London, England)*. 1999; 15(1)[DOI](#)
70. Black E, Farmer F. A review of strategies to support the professional practice of specialist cancer nurses. 2013; 14:22.
71. Sussman J. Supportive care in cancer. Who does what?. *Journal of Clinical Oncology*. 2004; 22(14 suppl):8267.
72. Abdulrahman GO. The effect of multidisciplinary team care on cancer management. *The Pan African Medical Journal*. 2011; 9[DOI](#)
73. Prades J, Remue E, Hoof El, Borrás JM. Is it worth reorganising cancer services on the basis of multidisciplinary teams (MDTs)? A systematic review of the objectives and organisation of MDTs and their impact on patient outcomes. *Health Policy (Amsterdam, Netherlands)*. 2015; 119(4)[DOI](#)
74. Gross G. E.. The role of the tumor board in a community hospital. *CA: a cancer journal for clinicians*. 1987; 37(2)[DOI](#)
75. Mulchandani NB, Maheshwari E, Agarwal S, Maheshwari A. The Role of Tumor Boards and Referral Centers. 2017.
76. Kumarakulasinghe NB, Zanwijk N, Soo RA. Molecular targeted therapy in the treatment of advanced stage non-small cell lung cancer (NSCLC). *Respirology (Carlton, Vic.)*. 2015;

- 20(3)[DOI](#)
77. Li T, Kung H, Mack PC, Gandara DR. Genotyping and genomic profiling of non-small-cell lung cancer: implications for current and future therapies. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*. 2013; 31(8)[DOI](#)
78. Ettinger DS, Wood DE, Akerley W, Bazhenova LA, Borghaei H, Camidge DR, Cheney RT, et al. Non-Small Cell Lung Cancer, Version 6.2015. *Journal of the National Comprehensive Cancer Network: JNCCN*. 2015; 13(5)[DOI](#)
79. Salwei ME, Ancker JS, Weinger MB. The decision aid is the easy part: workflow challenges of shared decision making in cancer care. *Journal of the National Cancer Institute*. 2023; 115(11)[DOI](#)
80. Hawley ST, Jagsi R. Shared Decision Making in Cancer Care: Does One Size Fit All?. *JAMA oncology*. 2015; 1(1)[DOI](#)
81. Dawson N. A., Fourcade R. O., Newling D.. The management of localized prostate cancer. *Prostate Cancer and Prostatic Diseases*. 2002; 5 Suppl 2[DOI](#)
82. Hoffman RM. Improving the communication of benefits and harms of treatment strategies: decision AIDS for localized prostate cancer treatment decisions. *Journal of the National Cancer Institute. Monographs*. 2012; 2012(45)[DOI](#)
83. El-Haouly A, Dragomir A, El-Rami H, Liandier F, Lacasse A. Treatment decision-making in men with localized prostate cancer living in a remote area: A cross-sectional, observational study. *Canadian Urological Association Journal = Journal De l'Association Des Urologues Du Canada*. 2021; 15(3)[DOI](#)
84. Metz DC, Choi J, Strosberg J, Heaney AP, Howden CW, Klimstra D, Yao JC. A rationale for multidisciplinary care in treating neuroendocrine tumours. *Current Opinion in Endocrinology, Diabetes, and Obesity*. 2012; 19(4)[DOI](#)
85. Lipshultz S. E., Lipsitz S. R., Mone S. M., Goorin A. M., Sallan S. E., Sanders S. P., Orav E. J., Gelber R. D., Colan S. D.. Female sex and higher drug dose as risk factors for late cardiotoxic effects of doxorubicin therapy for childhood cancer. *The New England Journal of Medicine*. 1995; 332(26)[DOI](#)
86. O'Brien M. E. R., Wigler N., Inbar M., Rosso R., Grischke E., Santoro A., Catane R., et al. Reduced cardiotoxicity and comparable efficacy in a phase III trial of pegylated liposomal doxorubicin HCl (CAELYX/Doxil) versus conventional doxorubicin for first-line treatment of metastatic breast cancer. *Annals of Oncology: Official Journal of the European Society for Medical Oncology*. 2004; 15(3)[DOI](#)
87. Swain S. M., Whaley F. S., Gerber M. C., Weisberg S., York M., Spicer D., Jones S. E., et al. Cardioprotection with dexrazoxane for doxorubicin-containing therapy in advanced breast cancer. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*. 1997; 15(4)[DOI](#)
88. Jefferies H. The psychosocial care of a patient with cervical cancer. *Cancer Nursing Practice*. 2002; 1(5):19-25.
89. Anderson A, Verrill K, Hughes S, Harenwall S, Howells L. Maggie's Centres. Enhancing Quality of Life Through an Innovative, Multidisciplinary Model of Supportive Cancer Care and Rehabilitation.
90. El-Jawahri A, LeBlanc TW, Kavanaugh A, Webb JA, Jackson VA, Campbell TC, O'Connor N, et al. Effectiveness of Integrated Palliative and Oncology Care for Patients With Acute Myeloid Leukemia: A Randomized Clinical Trial. *JAMA oncology*. 2021; 7(2)[DOI](#)
91. Goodman M.. Managing the side effects of chemotherapy. *Seminars in Oncology Nursing*. 1989; 5(2 Suppl 1)[DOI](#)
92. Dodd M. J.. Self-care for side effects in cancer chemotherapy: an assessment of nursing interventions--Part II. *Cancer Nursing*. 1983; 6(1)
93. Fountzilias E, Tsimberidou AM. Overview of precision oncology trials: challenges and opportunities. *Expert Review of Clinical Pharmacology*. 2018; 11(8)[DOI](#)
94. Asrina A. Precision Medicine Approaches in Oncology: Current Trends and Future Directions. *Adv Healthc Res*. 2024.
95. Miyachi H. [Molecular-Genetic Diagnosis and Molecular-Targeted Therapy in Cancer: Challenges in the Era of Precision Medicine]. *Rinsho Byori. The Japanese Journal of Clinical*



- Pathology*. 2015; 63(10)[DOI](#)
96. Walko C, Kiel PJ, Kolesar J. Precision medicine in oncology: New practice models and roles for oncology pharmacists. *American journal of health-system pharmacy: AJHP: official journal of the American Society of Health-System Pharmacists*. 2016; 73(23)[DOI](#)
 97. Bamshad MJ, Magoulas PL, Dent KM. Genetic counselors on the frontline of precision health. *American Journal of Medical Genetics. Part C, Seminars in Medical Genetics*. 2018; 178(1)[DOI](#)
 98. Burg MA, Zebrack B, Walsh K, Maramaldi P, Lim J, Smolinski KM, Lawson K. Barriers to accessing quality health care for cancer patients: a survey of members of the association of oncology social work. *Social Work in Health Care*. 2010; 49(1)[DOI](#)
 99. Sinicrope FA, Shi Q, Smyrk TC, Thibodeau SN, Dienstmann R, Guinney J, Bot BM, et al. Molecular markers identify subtypes of stage III colon cancer associated with patient outcomes. *Gastroenterology*. 2015; 148(1)[DOI](#)
 100. Lan Y, Jiang J, Chang S, Yang S, Lin C, Lin H, Wang H, et al. Improved outcomes of colorectal cancer patients with liver metastases in the era of the multidisciplinary teams. *International Journal of Colorectal Disease*. 2016; 31(2)[DOI](#)
 101. Rollet Q, Bouvier V, Moutel G, Launay L, Bignon A, Bouhier-Leporrier K, Launoy G, Lièvre A. Multidisciplinary team meetings: are all patients presented and does it impact quality of care and survival - a registry-based study. *BMC health services research*. 2021; 21(1)[DOI](#)
 102. Mangone L, Marinelli F, Bisceglia I, Braghiroli MB, Banzi M, Damato A, Iori V, et al. Characteristics and Outcomes of Colorectal Cancer Patients Cared for by the Multidisciplinary Team in the Reggio Emilia Province, Italy. *Cancers*. 2024; 16(13)[DOI](#)
 103. Foster JB, Maude SL. New developments in immunotherapy for pediatric leukemia. *Current Opinion in Pediatrics*. 2018; 30(1)[DOI](#)
 104. Bustamante-Ogando JC, Hernández-López A, Galván-Díaz C, Rivera-Luna R, Fuentes-Bustos HE, Meneses-Acosta A, Olaya-Vargas A. Childhood leukemias in Mexico: towards implementing CAR-T cell therapy programs. *Frontiers in Oncology*. 2023; 13[DOI](#)
 105. Callahan C, Baniewicz D, Ely B. CAR T-Cell Therapy: Pediatric Patients With Relapsed and Refractory Acute Lymphoblastic Leukemia. *Clinical Journal of Oncology Nursing*. 2017; 21(2 Suppl)[DOI](#)
 106. Mahadeo KM, Khazal SJ, Abdel-Azim H, Fitzgerald JC, Taraseviciute A, Bollard CM, Tewari P, et al. Management guidelines for paediatric patients receiving chimeric antigen receptor T cell therapy. *Nature Reviews. Clinical Oncology*. 2019; 16(1)[DOI](#)
 107. Garg S, Williams NL, Ip A, Dicker AP. Clinical Integration of Digital Solutions in Health Care: An Overview of the Current Landscape of Digital Technologies in Cancer Care. *JCO clinical cancer informatics*. 2018; 2[DOI](#)
 108. Oborn E, Barrett M, Davidson E. Unity in diversity: Electronic patient record use in multidisciplinary practice. *Inf Syst Res*. 2011; 22(3):547-564.
 109. Leal JHS, Malbouisson CA, Gomes R, et al. Implementation of a digital platform to improve patient care through better multidisciplinary team communication: Experience of a Brazilian breast oncology practice. *Cancer Res*. 2020; 80(4 Suppl):80():Abstract nr P6-12-11..
 110. Marthick M, McGregor D, Alison J, Cheema B, Dhillon H, Shaw T. Supportive Care Interventions for People With Cancer Assisted by Digital Technology: Systematic Review. *Journal of Medical Internet Research*. 2021; 23(10)[DOI](#)
 111. Sun K, Goodfellow H, Konstantara E, Hill A, Lennard D, Lloyd-Dehler E, Mughal M, et al. The multidisciplinary, theory-based co-design of a new digital health intervention supporting the care of oesophageal cancer patients. *Digital Health*. 2021; 7[DOI](#)
 112. Presant C, Whitworth P, Salom E, Davidson D, Rogers K, Rajurkar S, Hallquist A. Personalized cancer care: A new paradigm in oncology. *Oncology Issues*. 2010; 25:18-23.
 113. Loving BA, Levitin R, Qu L, Ye H, Rutka E, Robertson JM. The impact of socioeconomic status on overall survival in patients at a radiation oncology center: A retrospective study. *ResearchGate*. 2024. [DOI](#)
 114. Pasek M, Suchocka L, Gąsior K. Model of Social Support for Patients Treated for Cancer. *Cancers*. 2021; 13(19)[DOI](#)
 115. Guadamuz JS, Wang X, Ryals CA, Miksad RA, Snider J, Walters J, Calip GS. Socioeconomic

- status and inequities in treatment initiation and survival among patients with cancer, 2011-2022. *JNCI cancer spectrum*. 2023; 7(5)[DOI](#)
116. Moy B, Polite BN, Halpern MT, Stranne SK, Winer EP, Wollins DS, Newman LA. American Society of Clinical Oncology policy statement: opportunities in the patient protection and affordable care act to reduce cancer care disparities. *Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology*. 2011; 29(28)[DOI](#)
117. Koinuma N. Proposal for the breakdown of increased cancer healthcare cost and its improvement. *Japanese Journal of Clinical Oncology*. 2013; 43(4)[DOI](#)
118. Zafar SY. Financial Toxicity of Cancer Care: It's Time to Intervene. *Journal of the National Cancer Institute*. 2016; 108(5)[DOI](#)
119. Sheehan SM, Patel S, Leach C, Goldsack JC, Robinson EJ. Advancing digital innovation to improve equity and reduce financial toxicity in cancer treatment. *J Clin Oncol*. 2023.
120. Abrams HR, Durbin S, Huang CX, Johnson SF, Nayak RK, Zahner GR, Peppercorn J. Financial toxicity in cancer care: origins, impact, and solutions. *Translational Behavioral Medicine*. 2021; 11(11)[DOI](#)
121. Mahadeo KM, Khazal SJ, Abdel-Azim H, Fitzgerald JC, Taraseviciute A, Bollard CM, Tewari P, et al. Management guidelines for paediatric patients receiving chimeric antigen receptor T cell therapy. *Nature Reviews. Clinical Oncology*. 2019; 16(1)[DOI](#)
122. Leal J, Malbouisson C, Gomes R, Lebre I, Magno A, Rocha A, Cassiolato J, et al. Abstract P6-12-11: Implementation of a digital platform to improve patient care through better multidisciplinary team communication: Experience of a Brazilian breast oncology practice. *Cancer Research*. 2020; 80[DOI](#)
123. National Cancer Institute. Strategy may prevent tumor resistance to targeted cancer therapies. National Cancer Institute. Available from: <https://www.cancer.gov/news-events/cancer-currents-blog/2023/nhej-pathway-drug-resistance>.
124. Schultz L, Gardner R. Mechanisms of and approaches to overcoming resistance to immunotherapy. *Hematology. American Society of Hematology. Education Program*. 2019; 2019(1)[DOI](#)
125. National Cancer Institute. Cancer care costs: A growing challenge. National Cancer Institute. Available from: <https://www.cancer.gov/about-cancer/cost-of-care>.
126. American Cancer Society. Access to cancer care in underserved populations. Available from: <https://www.cancer.org/cancer/cancer-care.html>.
127. AI in Cancer Care Journal. Artificial intelligence in oncology: The future of cancer care.. *AI Cancer Care J*. 2022; 10:1-8. Available from: <https://www.aijournal.com/cancer>.
128. Journal of Psycho-Oncology. Psycho-oncology: Understanding the psychological aspects of cancer treatment.. *J Psycho-Oncol*. 2022; 15:15-23. Available from: <https://www.psychoncology.com/>.
129. Kargar Gaz Kooh Y, Huebsch N. Bridging high resolution sub-cellular imaging with physiologically relevant engineered tissues. *Frontiers in Mechanical Engineering*. 2024; 10[DOI](#)
130. Rahimi N, Feizi I, Mashayekhi F, Salehi O, Norouzi F, Iranparvar-Alamdari M, Kani AA, Zandian H, Khalaji A. Evaluation of the thyroid and hypothyroid function after postoperative radiation therapy among breast cancer patients. *Canadian Oncology Nursing Journal = Revue Canadienne De Nursing Oncologique*. 2024; 34(4)[DOI](#)
131. Rahimi N, Feizi I, Mashayekhi F, Salehi O, Norouzi F, Iranparvar-Alamdari M, Kani AA, Zandian H, Khalaji A. Evaluation of the incidence rates of subclinical hypothyroidism and hypoparathyroidism in breast cancer patients undergoing radiotherapy. *Canadian Oncology Nursing Journal / Revue canadienne de soins infirmiers en oncologie*. 2024; 34(4)
132. Najafi H, Savoji K, Mirzaeibonehkhater M, Moravvej SV, Alizadehsani R, Pedrammehr S. A Novel Method for 3D Lung Tumor Reconstruction Using Generative Models. *Diagnostics (Basel, Switzerland)*. 2024; 14(22)[DOI](#)
133. Khodabandeh Yalabadi A, Yazdani-Jahromi M, Yousefi N, Tayebi A, Abdidizaji S, Garibay OO. FragXsiteDTI: Revealing Responsible Segments in Drug-Target Interaction with Transformer-Driven Interpretation. In International Conference on Research in Computational Molecular Biology (pp. 68-85). *Cham: Springer Nature Switzerland*. 2024.

[DOI](#)

134. Vahedi MM, Shahini A, Mottahedi M, Garousi S, Shariat Razavi SA, Pouyamanesh G, Afshari AR, Ferns GA, Bahrami A. Harmaline exerts potentially anti-cancer effects on U-87 human malignant glioblastoma cells in vitro. *Molecular Biology Reports*. 2023; 50(5)[DOI](#)
135. Pouyamanesh G, Ameli N, Metanat Y, Khorrami A, Abbasinezhad-Mou F, Qoorchi Moheb Seraj F, et al.. Thymol Enhances 5-Fluorouracil Cytotoxicity by Reducing Migration and Increasing Apoptosis and Cell Cycle Arrest in Esophageal Cancer Cells: An In-vitro Study | Request PDF. *ResearchGate*. 2025. [DOI](#)
136. Rezaei F, Fesharakinia T, Gavanaroudi SB, Rezaeianjam M, Goodarzi MK, Abdollahi M, Akaberi K. Utilizing Niosome Nanoparticles for the Combined Treatment of Curcumin and Cisplatin in Oral Cancer. *Asian Pacific Journal of Cancer Biology*. 2024; 9(4)[DOI](#)
137. Soleymani S, Gravel N, Huang L, Yeung W, Bozorgi E, Bendzunas NG, Kochut KJ, Kannan N. Dark kinase annotation, mining, and visualization using the Protein Kinase Ontology. *PeerJ*. 2023; 11[DOI](#)
138. Shoarishoar SS, Milani F, Adineh S, Sorouri ZR, Maryam Attari S. Comparison of pregnancy outcomes in amniocentesis recipients with normal and abnormal maternal serum analytes. *Cellular and Molecular Biology (Noisy-Le-Grand, France)*. 2024; 70(11)[DOI](#)
139. Saedi T. A., Ghafourian S., Jafarlou M., Sabariah M. N., Ismail P., Eusni R. M. T., Othman F.. BERBERIS VULGARIS FRUIT CRUDE EXTRACT AS A NOVEL ANTI-LEUKAEMIC AGENT. *Journal of Biological Regulators and Homeostatic Agents*. 2015; 29(2)
140. Nikasa M, Karimi P, Rajavand H, Afshari F, Jafarlou M, Soltanali M. High Cholesterol Diet Increases Expression of Cholesterol 24-Hydroxylase and BACE1 in Rat Hippocampi: Implications for the Effect of Diet Cholesterol on Memory. *ResearchGate*. 2024. [DOI](#)
141. Hajiasgharzadeh K, Jafarlou M, Mansoori B, Dastmalchi N, Baradaran B, Khabbazi A. Inflammatory reflex disruption in COVID-19. *Clinical & Experimental Neuroimmunology*. 2022. [DOI](#)
142. Alizadeh N, Kazemi T, Hemmat N, Jafarlou M, Baradaran B. The Combination of PD-L1 and CTLA-4 Suppression Significantly Decreased the Expression Levels of Cancer Stem Cell Factors in the Pancreatic Cancer Cell Line. *ImmunoAnalysis*. 2023; 3(1)[DOI](#)
143. Ghahramanipour Z, Alipour S, Masoumi J, Rostamlou A, Hatami-Sadr A, Heris ja, Naseri B, Jafarlou M, Baradaran B. Regulation of Dendritic Cell Functions by Vitamins as Promising Therapeutic Strategy for Immune System Disorders. *Advanced Biology*. 2023; 7(12)[DOI](#)
144. Hosseinkhani N, Derakhshani A, Kooshkaki O, Abdoli Shadbad M, Hajiasgharzadeh K, Baghbanzadeh A, Safarpour H, et al. Immune Checkpoints and CAR-T Cells: The Pioneers in Future Cancer Therapies?. *International Journal of Molecular Sciences*. 2020; 21(21)[DOI](#)
145. Seifi N, Ghoojdjani E, Majd SS, Maleki A, Khamoushi S. Evaluation and prioritization of artificial intelligence integrated block chain factors in healthcare supply chain: A hybrid Decision Making Approach. *Computer and Decision Making: An International Journal*. 2025.
146. Benchari M, Totaro MW. MRI Brain Cancer Image Detection: Application of an Integrated U-Net and ResNet50 Architecture. In Finkelstein, J., Moskovitch, R., Parimbelli, E. (eds), *Artificial Intelligence in Medicine AIME 2024. Lecture Notes in Computer Science*. 2024;14845. [DOI](#)
147. Khashabi E, Gifani M, Doroudgar P, Raissi S, Khadematolrasoul M, Aghaei Ghayoumabadi E. Evaluating the Effectiveness and Stability of Regenerative Treatment and Orthodontic Tooth Movement in Stage IV Periodontitis: A Systematic Review and Meta-analysis. *International Journal of Scientific Research in Dental and Medical Sciences*. 2024. [DOI](#)
148. Doroudgar P, Mousavi-fard B, Khadematolrasoul M, shams F, Khashabi E, Mirzae Gabaran Z. Evaluation of the Effect of Chitosan and Titanium Dioxide Nanoparticles Mixed with Orthodontic Primer on Shear Bond Strength: A Systematic Review and Meta-analysis. *International Journal of Scientific Research in Dental and Medical Sciences*. 2024. [DOI](#)
149. Dehabadi M, et al. "Dispersion Modelling of Air Pollution from Copper Smelter Emissions". *Computational Research Progress in Applied Science & Engineering (CRPASE)*. 2. 2016; 1:9-16.
150. Moradi S, Fouladi-Fard R, Aali M, Shams S, Asadi-Ghalhari M, Hamta A, Dehabadi M.



Identification of β -lactam-resistant coding genes in the treatment plant by activated sludge process. *Desalination and Water Treatment*. 2023; 281:137-149. [DOI](#)

151. Kirsanov D, Mukherjee S, Pal S, Ghosh K, Bhattacharyya N, Bandyopadhyay R, Jendrlin M, et al. A Pencil-Drawn Electronic Tongue for Environmental Applications. *Sensors (Basel, Switzerland)*. 2021; 21(13):4471.
152. Allahyarzadeh Khiabani N, Amin Doustvandi M, Mohammadnejad F, Salmani Hassan Kohal E, Boushehri N, Jafarlou M, Baradaran B. Combination of B7H6- siRNA and temozolomide synergistically reduces stemness and migration properties of glioblastoma cancer cells. *Experimental Cell Research*. 2023; 429(1):113667. [DOI](#)