

# Technological advances in detection and diagnosis of Cancer: a review

Varahalarao Vadlapudi \*<sup>1</sup>, Dowluru SVGK Kaladhar<sup>2</sup>, Sandeep Kulkarni<sup>1</sup>, Sudhakar Meesala<sup>2</sup>, Mutyala naidu Laguda <sup>3</sup>, Jeyaraj Senthil Kumar<sup>4</sup>

 <sup>1</sup>Diabetomics Medical Private Limited, Muppireddypally Village, Medak - 502336, Telangana
<sup>2</sup>Department of Microbiology and Bioinformatics, UTD, Atal Bihari Vajpayee University, Bilaspur-495009, Chattisgarh.
<sup>3</sup>Department of Botany, Adikavi Nannaya University, Rajamahendravanam-533296, Andhra Pradesh
<sup>4</sup> Department of Biotechnology, PSG College of Arts and Sciences, Coimbatore-641014, Tamil Naidu.

\*Correspondence: Dr Varahalarao Vadlapudi, E-mail: vvraophd@gmail.com

#### ABSTRACT

Cancer is a major global health problem and leading cause of death globally. Recent advances in approaches and instrumentation in diagnosis of cancer become accurate, precise and save human lives. Early-stage detection of cancer is essential for the treatment and disease management. There have been several new advancements within radiation oncology in terms of utilizing Positron emission tomography (PET). The most widely used imaging method present for the diagnosis of cancers is the PET and F-FDG-PET/CT. Fluorescence in situ hybridization (FISH) procedure is possible to recognize tumor-specific abnormality. Enzyme-linked immunosorbent assay (ELISA) is the most frequently used technique amongst immunoassays for cancer detection and diagnosis. In the coming years, it is expected for molecular diagnostics metabolomics will play a crucial role in cancer detection. Scientists developed affordable, accurate, and simpler ELISA based detection for various cancers. Protein biomarkers for cancer detection typically emerge from the cancer cells. Molecular based techniques Polymerase chain Reaction (PCR), RNA-based assays, Nanotechnology (NT) based, Artificial intelligence (AI) and Bioinformatics based are emerging as more accurate and speedy techniques for early detection of cancer. In Liquid biopsy technique preferred samples are biological fluids such as pleural fluid, cerebrospinal fluid (CSF), ascites, urine, blood, saliva, and stool.

**KEYWORDS**: Cancer, Polymerase chain Reaction (PCR), Artificial intelligence, Bioinformatics

DOI: 10.5455/jcmr.2023.14.06.4

#### JOURNAL OF COMPLEMENTARY MEDICINE RESEARCH RESEARCH ARTICLE

#### **INTRODUCTION**

Cancer is a major public health problem and leading cause of death globally [1], causing one in six deaths. The major challenge is to accurately diagnose it at an early stage. Recent advances in approaches and instrumentation at molecular level the diagnosis of cancer become accurate, precise and save human lives. Human disease is also considered as the cause of the interaction between genetic and environmental factors. Challenges facing the early detection research fall into mainly five broad categories. 1. Understanding the biology of early cancer 2. Determining risk of developing cancer 3. Finding and validating cancer detection biomarkers Developing 4. accurate technologies for early detection 5. Evaluating early detection approaches. In the coming years, it is expected for molecular diagnostics like bioinformatics and metabolomics will play a crucial role in cancer detection [2,3] one approach for lung cancer detection followed traditionally is Tissue-based histopathological [4]. Molecular diagnostics heavily detection relv on the and quantification of cancer biomarkers. For diagnosing a cancer need potential biomarkers "a biological molecule found in tissues, other body fluids, blood (Circulating tumor DNA, circulating tumor cells, proteins, exosomes, and cancer metabolites) that provides information about a condition or disease and abnormal or normal process of cancer. There is an urgent need to find new signatures or biomarkers for early detection and prognosis. Oral cancers are the sixth most frequent cancer with a high mortality rate than Cervical cancer. Advances in Deep sequencing of circulating tumor DNA detects molecular residual disease and predicts recurrence in gastric cancer [5]. Early diagnosis of cancers and it plays a crucial role in the subsequent treatments and due to the recently new biomarker are found by DNA zyme-assisted aptasensors [6].

## Positron emission tomography (PET) based detection

WWW.JOCMR.COM

Early detection and staging of recurrence are also essential for optimal therapeutic management. The most widely used imaging method present for the diagnosis of cancers is the PET and F-FDG-PET/CT is the current state-of-the-art diagnostic imaging and has shown accurate staging of nonsmall cell lung anatomical and functional cancers. information of nonoperative head and neck cancer [7,8] and performs better for invasive ductal carcinoma and of staging invasive lobular carcinomas [9]. There have been several new advancements within radiation oncology in terms of utilizing PET scans in conjunction with certain tracers to identify and stage several types of cancer. Other variant FAPI-PET used to detect both the presence and activity of lung fibrogenesis [10]. Detection of Synchronous Esophageal Cancer (SEC) in Pharyngeal Cancer was achieved with high sensitivity [11]. With the help of PET found skeletal metastases in patients with prostate cancer [12,13] or breast cancer [14], in human papillomavirusoropharyngeal cancer associated [15]. gastrointestinal pancreatic cancer [16], stromal tumors [17].

#### Magnetic resonance spectroscopy (MRS)

MRS is a widely used form of imaging techniques used for the diagnosis of cancer. MRS detects metabolic changes in tumors such as total choline (Cho) levels and ratios with other metabolites in detection of cancer. MRS has a clinical role in grading gliomas along with other imaging features like necrosis enhancement and haemorrhage it can be useful to finding low grade vs glioma high grade glioma. MRS having own limitations like considerable overlap between the spectroscopic of appearance different pathology and lack of definitive imaging findings [18]. Research and Development is currently underway to increase the clinical usefulness of MRS in brain tumor diagnosis and treatment.

#### Fluorescence in situ hybridization (FISH) and chromogenic in situ hybridization (CISH) based detection

FISH technique developed in 1980s. FISH procedure is possible to recognize tumorspecific abnormality. By comparing the hybridization pattern of cancer cells with the cells comparative normal genomic hybridization (CGH), identify can chromosome losses and gains in tumor cells. Modern concept of FISH technique present microfluidic platforms which are dedicated to the analysis of circulating tumor cells (CTCs) [19]. FISH analysis used in Solid Tumors diagnostics in Lung, breast cancer, soft tissue sarcomas, Ovarian Cancer [20, 21].

#### Enzyme-linked immunosorbent assay (ELISA) based detection

ELISA, is the most frequently used technique amongst immunoassays. Accurate, rapid, and simple detection methods are required to facilitate early diagnosis of cancer [22]. Cervical cancer is the third most common cancer in women. Scientists developed affordable, accurate, and simpler ELISA based detection for Cervical cancer [23]. microchip ELISA that detects HE4, an ovarian cancer biomarker, from urine using a cell phone integrated with a mobile application for imaging and data analysis [24]. ELISA can used for detection of Salivary interleukin-6 in oral cancer and precancer [25].

#### Rapid Point-of-Care (POC) detection

Early-stage detection of cancer is essential for the treatment and disease management. In molecular diagnosis, extracellular vesicles play significant role in biomarker discovery of cancer. POC (electrochemical, surface plasma resonance (SPR), Microfluidic systems) devices simple are to use. affordable, quick, and robust to analyse clinical samples at home or at medical diagnostics centre [26]. Protein biomarkers for cancer detection typically emerge from the cancer cells. Due to the poor stability of protein biomarkers of cancer the test should consider the paraments like sensitivity, specificity, and accuracy [27]. Chip and

nanotechnology lab devices bring unique physiochemical features to improve the biosensing performance of distinct point of care (PoC) devices.

#### PCR based detection

Cancer diagnosis at the preliminary stage is entailing sophisticated challenging, diagnostic methods. The emergence of practical applications of molecular biology techniques (PCR and RNA-based assays) are largely attributed for molecular analysis of cancer. Polymerase chain reaction (PCR) simple require instrumentation and infrastructure in clinical DNA testing relatively [28]. Although ELISA is the method of choice in clinical practice for detecting cancer biomarkers in serum/urine samples. iPCR technique is 1000-fold more sensitive than the conventional ELISA and can detect even a single antigen molecule [29]. New method was developed for detecting T790 M point mutations in lung cancer biopsies using PCR-LFA [30]. Colorectal cancer (CRC) is the fourth leading cause of the cancer death worldwide [31]. Many methylation markers associated with colorectal cancer have been reported [32] and Early detection of Circulating tumor DNAbased precancerous colorectal lesions using QClamp XNA-mediated real-time PCR [33] and multiplex RT-PCR assay for colorectal cancer detection [34]. Develop a multiplex PCR-based detection method for of circulating tumor cells in peripheral blood of lung cancer (LC) [35].

#### Artificial intelligence (AI) based detection

diagnosis Early cancer and artificial intelligence (AI) are rapidly evolving fields with important areas of convergence and detection was well established [36]. Machine learning (ML), a subdivision of AI. AI comes with several challenges, like data security. Approaches are emerging to improve data security and reduce the risks associated with transferring data across multiple institutions [37]. Deep learning (DL) is a subgroup of ML (Machine learning). AI and its deep learning (DL) have also pervaded the field of breast cancer detection using mammography [38]. CRC, which represents the third most diagnosed malignancy in both men and

women [39]. AI algorithms has permeated the medical field with great success for diagnosis of colorectal cancer (CRC). AI has been found to be useful to physicians in the field of image recognition. Gastric cancer is the fifth most common form of malignant tumor and the third leading cause of cancer-related death worldwide [40]. Japanese endoscopists have produced the world's first convolutional neural networks (CNN)-based AI system for detecting gastric and esophageal cancers [41,42]. breast cancer imaging, AI can detect mammographic abnormalities with comparable accuracy 4[3,44]. Lung cancer is one of the most common malignant tumors with the fastest increase in morbidity and mortality and the diagnosis mainly relies on tissue biopsy and computed tomography (CT). AI system can detect malignant pulmonary nodules based on chest CT images [45] and in CT film analysis it is assisting doctors in improving lung cancer screening accuracy. AI system can detect tumor detection but also can be used in staging of lung cancer [46]. AI can improve the efficiency of the cytopathological diagnosis of lung cancer. AI could also be used detecting mutant genes in lung cancer. Data analysis methodologies like AI (ML) tools are also accelerating progress [47,48].

#### Nanotechnology (NT) based detection

Advances in nanotechnology and medical science have spurred the development of nanoparticles engineered (NPs) and nanomaterials with particular focus on their applications in molecular diagnosis. Nanomaterials and nanotechnologies will greatly enhance the throughput and sensitivity of the identification and screening of potential biomarkers. NPs such as polymeric carbon nanotubes (CNTs), nanoparticles (nanogels, nanofibers, liposomes), calcium nanoparticles (CaNPs), metallic nanoparticles such as gold NP (GNPs), sliver NP (AgNP), graphene, and quantum dots (ODs) have revolutionized cancer diagnostics and defection. QDs (Quantom dots) are a type of semiconductor that **NPs** can emit fluorescence signals under ultraviolet light (UV) irradiation with a high quantum yield. Potential applications of QDs in molecular diagnostics can be Cancer. In Ovarian cancer biomarker CA125, human epididymis protein 4 (HE4), mucin 1 (MUC1), and prostate identified using NT [49]. Graphene is good at amplifying detection signals, and its derivatives play an important role in the early diagnosis and cancer Novel Graphene-Based Multifunctional Nanomaterials are developed for detection [50].

#### **Bioinformatics (BI) based detection**

BI is one of the newest fields of biological research its use of mathematical, statistical, and computational methods for the processing and analysis of biological data. Currently, there is a growing need to convert biological data into knowledge through a bioinformatics approach [51]. Diagnosis and detection of pancreatic cancer early is the key to successful clinical management and improve the patient outcome. In recent years, with the rapid development of bioinformatics, an increasing amount of microarray and sequencing data have provided a convenient to elucidate molecular mechanisms for the cancer diagnosis. [52] analysed prognostic value of PITX1 gene in breast cancer by using BI tools Oncomine, Bc-GenExMiner v4.3, PrognoScan and UCSC Xena. Pancreatic ductal adenocarcinoma (PDA) is one of the most aggressive cancers on globe [53].BI strengthened greatly the research and ITS application of liquid biomarkers. For the studying of liquid biopsies uses alignment of sequences [54]. BI facing another challenge for tumor circulome is to differentiate tumor mutations from background somatic mutations. Metastasis is a serious event in the clinic, leading to most deaths of melanoma patients This study provided a deeper understanding of the molecular mechanisms of melanoma metastasis [55]. In the results, cell mitosis and malignant proliferation were activated, whereas the interaction with the extracellular environment was suppressed during the metastatic process One of study may contribute to the more profound elucidation of mechanisms of melanoma metastasis [56]. Novel and high-performance

genomic technologies allow detection of signals from cancers in blood, giving rise to a new paradigm of multi-cancer early detection (MCED). MCED tests analyze genomic features of circulating cfDNA and distinguish these from background genomic signals. New multi-cancer early detection (MCED) testsusing a single blood sample-have been developed based on circulating cell-free DNA (cfDNA) or other analytes. Doctors and Healthcare providers need to consider how to implement MCED testing for large numbers of cancer patients [57].

#### Volatile organic compound (VOC) analysis

The detection and quantification of volatile organic compounds (VOCs) within exhaled breath used for diagnosis of cancer [58]. Most pancreatic cancer patients are diagnosed at an advanced stage Field asymmetric waveform ion mobility spectrometry (FAIMS) was used for VOC and evaluated FAIMS to discriminate between pancreatic cancer and healthy controls in a urine sample [59]. VOCs used as new biomarkers for colorectal cancer detection [60]. Lung cancer is the world's deadliest cancer, but early diagnosis helps to improve the cure rate and thus reduce the mortality rate and based on LC-MS/MS VOCs Lung Cancer was detected. Studies suggested VOC signatures emanating from urine can be detected in patients with CRC using ion mobility spectroscopy technology (FAIMS) [61]. [62] studied Hepatocellular Carcinoma was detected using VOC. No reliable diagnostic methods are available for gallbladder cancer (GBC) but [63] assessed whether VOCs could be used as a diagnostic tool for GBC.

### Liquid biopsy (Lb) based detection

In the molecular profiling of cancer there is a growing need to use liquid biopsies. Lb technology provides key insights into mechanisms of drug resistance and tumor evolution. Tumors release ctDNA/cfDNA and CTCs into the blood stream. In this method there are minimally invasive and provide a methodology for obtaining tumor-derived information about circulating tumor DNA (ctDNA), Circulating extracellular nucleic acids (cell-free DNA; cfDNA), and circulating tumor cells (CTCs) in body fluids (liquid samples). Current evidence suggests that Lb may be best used as a second-line or complementary diagnostic tool. There are multiple potential future directions that are emerging for liquid biopsies. There are limitations and challenges in this field such as analyte validation. standardization of Lb assessments and regulatory considerations for their use as a biomarker in clinical trials [64, 65]. Lb is a powerful, multifaceted tool to help improve management of different cancers Breast Cancer [66], Colorectal [67], gastric cancer [68, Cancer 69]. Cancer [70]. Single Pancreatic biopsy provides limited snapshot of the tumor. Among all samples tissue biopsy remains the gold standard identification of tumor [71]. Lung cancer is one of the deadliest forms of cancer, with an extremely high mortality rate of around 18% of all cancer-related deaths [72, 73]. Non-small cell lung cancer (NSCLC) is the leading cause of cancer deaths globally and detected by using Liquid biopsy-based Biosensors [74]. Worldwide Ovarian cancer (OC) is the most lethal gynecologic malignancy, and the main challenge is the late detection which results in poor survival [75]. For the last few decades there has been an ongoing search for prognostic. detection. diagnostic, or predictive biomarkers to improve management of ovarian cancer. There is emerging evidence supporting the potential of Lb to enhance ovarian cancer management. Lb can also capture the heterogeneity of tumours more comprehensively ovarian compared to conventional tissue biopsy.

### **Biosensors based detection**

Biomarker-based cancer diagnosis may significantly improve the early diagnosis of different cancers. They are easy to use, portable, and can-do analysis in real time. For cancer biomarker detection they used different approaches like electrochemical, mass-based transduction and optical systems [76]. Electrochemical biosensors are the most sensitive category of biomolecule detection sensors with significantly low concentrations down to the atomic level. based biosensing devices hold great promise for clinical innovations to conquer the unbeatable fort of metastasis. ultrasensitive cancer An biosensing system has proved to be an excellent candidate for automatic, rapid, and analysis of cancer sensing [77]. Analytical biosensing devices for early-stage cancer detection is considered the future of clinical advancements [78]. Tumourassociated Exosomes (TEXs) have been reported to play a significant role in tumorigenesis and currently, clinical trials aiming to directly identify TEXs from body fluids micro-fluidic bv using and electrochemical biosensing devices [79, 80].

#### CONCLUSION

Now a days proactive approach to detecting cancer at an early stage can make treatments more effective, with fewer side effects and improve long-term survival of human race. In this review, we have explained various types of systems for detection and diagnostics of cancer in detailed using novel and emerging techniques. AI play a vital role in cancer detection. AI comes with several challenges, including algorithmic fairness, data bias, ethical considerations, and data security. Despite the challenges mentioned, the implications of AI for early cancer diagnosis are highly promising, and this field is likely to grow very rapidly in the coming years. Over the past few years, innovative and significant progress been made in liquid biopsy technology. Compared with other traditional tissue biopsy, liquid biopsy provides several significant advantages.

#### **CONFLICT OF INTEREST**

The authors declare no conflict of interest.

#### **AUTHOR CONTRIBUTIONS**

All authors contributed reviewing this of this article.

#### REFERENCES

- Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. CA Cancer J Clin. 2021;71(3):209-249.
- Cheung PK, Ma MH, Tse HF, Yeung KF, Tsang HF, Chu MKM, Kan CM, Cho WCS, Ng LBW, Chan LWC, Wong SCC. The applications of metabolomics in the molecular diagnostics of cancer. Expert Rev Mol Diagn. 2019;19(9):785-793.
- Ryska A, Dziadziuszko R, Olszewski W, Berzinec P, Öz B, Gottfried M, Cufer T, Samarzija M, Plank L, Ostoros G, Tímár J. A tüdőrák molekuláris diagnosztikája [Molecular diagnostics of lung cancer. Magy Onkol. 2015;59(3):259-66.
- Mairinger T. Histologie, Zytologie und Molekulardiagnostik des Lungenkarzinoms [Histology, cytology and molecular diagnostics of lung cancer. Pathologe. 2019;40(6):649-661. German.
- 5. Yang J, Gong Y, Lam VK, Shi Y, Guan Y, Zhang Y, Ji L, Chen Y, Zhao Y, Qian F, Chen J, Li P, Zhang F, Wang J, Zhang X, Yang L, Kopetz S, Futreal PA, Zhang J, Yi X, Xia X, Yu P. Deep sequencing of circulating tumor DNA detects molecular residual disease and predicts recurrence in gastric cancer. Cell Death Dis. 2020;11(5):346.
- Kamali H, Golmohammadzadeh S, Zare H, Nosrati R, Fereidouni M, Safarpour H. The recent advancements in the early detection of cancer biomarkers by DNAzyme-assisted aptasensors. J Nanobiotechnology. 2022;20(1):438
- Wegen S, van Heek L, Linde P, Claus K, Akuamoa-Boateng D, Baues C, Sharma SJ, Schomäcker K, Fischer T, Roth KS, Klußmann JP, Marnitz S, Drzezga A, Kobe C. Head-to-Head Comparison of [68 GaGa-FAPI-46-PET/CT and [18FF-FDG-PET/CT for Radiotherapy Planning in Head and Neck Cancer. Mol Imaging Biol. 2022;24(6):986-994.
- 8. Zanoni L, Bezzi D, Nanni C, Paccagnella A, Farina A, Broccoli A, Casadei B, Zinzani PL, Fanti S. PET/CT in Non-Hodgkin

Lymphoma: An Update. Semin Nucl Med. 2023;53(3):320-351.

- Groheux D. FDG-PET/CT for Primary Staging and Detection of Recurrence of Breast Cancer. Semin Nucl Med. 2022;52(5):508-519.
- Rosenkrans ZT, Massey CF, Bernau K, Ferreira CA, Jeffery JJ, Schulte JJ, Moore M, Valla F, Batterton JM, Drake CR, McMillan AB, Sandbo N, Pirasteh A, Hernandez R. [<sup>68</sup> GaGa-FAPI-46 PET for non-invasive detection of pulmonary fibrosis disease activity. Eur J Nucl Med Mol Imaging. 2022 ;49(11):3705-3716.
- 11. Tsuzuki H, Suzuki H, Tamaki T, Sone M, Hanai N. Detection Ability of 18F-Fluorodeoxyglucose Positron Emission Tomography/Computed Tomography for Clinical T Classification of Synchronous Esophageal Cancer in Pharyngeal Cancer. Anticancer Res. 2022;42(9):4597-4602.
- 12. Rosar F, Khreish F, Marlowe RJ, Schaefer-Schuler A, Burgard C, Maus S, Petto S, Bartholomä M, Ezziddin S. Detection efficacy of [89ZrZr-PSMA-617 PET/CT in [68GaGa-PSMA-11 PET/CT-negative biochemical recurrence of prostate cancer. Eur J Nucl Med Imaging. Mol 2023;50(9):2899-2909.
- 13. Zattoni F, Artioli P, Burei M, Chiaravalloti A, Chierichetti F, Donner D, Panareo S, Rambaldi I, Schillaci O, Dal Moro F, Evangelista L.Detection rate of 18F-Choline positron emission tomography/computed tomography in patients with non-metastatic hormone sensitive and castrate resistant prostate cancer. Q J Nucl Med Mol Imaging. 2023;67(2):167-173.
- 14. Bénard F, Harsini S, Wilson D, Zukotynski K, Abikhzer G, Turcotte E, Cossette M Metser U, Romsa J, Martin M, Mar C, Saad F, Soucy JP, Eigl BJ, Black P, Krauze A, Burrell S, Nichol A, Tardif JC.Intraindividual of 18F-sodium comparison fluoride PET-CT and 99mTc bone scintigraphy with SPECT in patients with prostate cancer or breast cancer at high risk for skeletal metastases (MITNEC-A1): a multicentre, phase 3 trial. Lancet Oncol. 2022;23(12):1499-1507.

- 15. Liu ZY, Khoo D, Hartel G, Punyadeera C, Vasani S. Post-treatment 18Ffludeoxyglocuse-positron emission tomography in human papillomavirusassociated oropharyngeal cancer. Head Neck. 2023 ;45(8):2000-2008.
- Shimomura 16. Kuroda Y, Oda Τ, О. Louphrasitthiphol P, Mathis BJ, Tateno H, Hatano K. Novel positron emission tomography imaging targeting cell surface glycans for pancreatic cancer: 18 F-labeled rBC2LCN lectin. Cancer Sci. 2023:114(8):3364-3373.
- 17. Wu C, Zhang X, Zeng Y, Wu R, Ding L, Xia Y [<sup>18</sup>FFAPI-42 PET/CT versus [18FFDG PET/CT for imaging of recurrent or metastatic gastrointestinal stromal tumors. Eur J Nucl Med Mol Imaging. 2022;50(1):194-204.
- Weinberg BD, Kuruva M, Shim H, Mullins ME. Clinical Applications of Magnetic Resonance Spectroscopy in Brain Tumors: From Diagnosis to Treatment. Radiol Clin North Am. 2021;59(3):349-362.
- 19. Chrzanowska NM, Kowalewski J, Lewandowska MA. Use of Fluorescence In Situ Hybridization (FISH) in Diagnosis and Tailored Therapies in Solid Tumors. Molecules. 2020;25(8):1864.
- 20. Midha A, Dearden S, McCormack R. EGFR mutation incidence in non-small-cell lung cancer of adenocarcinoma histology: a systematic review and global map by ethnicity (mutMapII). Am J Cancer Res. 2015;5(9):2892-911
- 21. Szeles A. Fluorescence in situ hybridization (FISH) in the molecular cytogenetics of cancer. Acta Microbiol Immunol Hung. 2002;49(1):69-80.
- 22. Ito E, Iha K, Yoshimura T, Nakaishi K, Watabe S. Early diagnosis with ultrasensitive ELISA. Adv Clin Chem. 2021;101:121-133.
- 23. Bose M, Sunder Singh S, Ganesharaja S, Chiwate AS, Hingmire SJ, Rajkumar T. Development and Evaluation of p16 based Double Antibody Sandwich ELISA for Detection of Cervical Precancer and Cancer. Asian Pac J Cancer Prev. 2023;24(7):2337-2346.
- 24. Wang S, Akbas R, Demirci U. Microchip ELISA coupled with cell phone to detect

ovarian cancer HE4 biomarker in urine. Methods Mol Biol. 2015;1256:111-21.

- 25. Panneer Selvam N, Sadaksharam J. Salivary interleukin-6 in the detection of oral cancer and precancer. Asia Pac J Clin Oncol. 2015 ;11(3):236-41.
- 26. Tothill IE. Biosensors for cancer markers diagnosis. Semin Cell Dev Biol. 2009;20(1):55-62.
- Thenrajan T, Alwarappan S, Wilson J. Molecular Diagnosis and Cancer Prognosis-A Concise Review. Diagnostics (Basel). 2023;13(4):766.
- Sokolenko AP, Imyanitov EN. Molecular Diagnostics in Clinical Oncology. Front Mol Biosci. 2018 ;5:76.
- 29. .He X, Patfield SA. Immuno-PCR Assay for Sensitive Detection of Proteins in Real Time. Methods Mol Biol. 2015;1318:139-48.
- 30. Dong N, Wang W, Lin S. Sensitive detection of T790M mutations in lung cancer biopsies using a PCR-based lateral flow assay. Anal Biochem. 2022 ;637:114476.
- Wong A, Ma BB. Personalizing therapy for colorectal cancer. Clin Gastroenterol Hepatol. 2014;12(1):139-44.
- 32. Liu X, Wen J, Li C, Wang H, Wang J, Zou H. High-Yield Methylation Markers for Stool-Based Detection of Colorectal Cancer. Dig Dis Sci. 2020;65(6):1710-1719.
- 33. Chen S, Wang Y, Wang K, Zhang L, Zhang X. Circulating tumor DNA-based early detection of precancerous colorectal lesions using QClamp XNA-mediated real-time PCR. Pharmazie. 2021 ;76(12):606-610.
- 34. Tsouma A, Aggeli C, Lembessis P, Zografos GN, Korkolis DP, Pectasides D, Skondra M, Pissimissis N, Tzonou A, Koutsilieris M. Multiplex RT-PCR-based detections of CEA, CK20 and EGFR in colorectal cancer patients. World J Gastroenterol. 2010 ;16(47):5965-74.
- 35. Katseli A, Maragos H, Nezos A, Syrigos K, Koutsilieris M. Multiplex PCR-based detection of circulating tumor cells in lung cancer patients using CK19, PTHrP, and LUNX specific primers. Clin Lung Cancer. 2013;14(5):513-20.
- 36. National Lung Screening Trial Research Team; Aberle DR, Adams AM, Berg CD, Black WC, Clapp JD, Fagerstrom RM,

Gareen IF, Gatsonis C, Marcus PM, Sicks JD. Reduced lung-cancer mortality with low-dose computed tomographic screening. N Engl J Med. 2011;365(5):395-409.

- 37. Hunter B, Hindocha S, Lee RW. The Role of Artificial Intelligence in Early Cancer Diagnosis. Cancers (Basel). 2022;14(6):1524.
- 38. Sechopoulos I, Teuwen J, Mann R. Artificial intelligence for breast cancer detection in mammography and digital breast tomosynthesis: State of the art. Semin Cancer Biol. 2021;72:214-225
- 39. Mitsala A, Tsalikidis C, Pitiakoudis M, Simopoulos C, Tsaroucha AK. Artificial Intelligence in Colorectal Cancer Screening, Diagnosis and Treatment. A New Era. Curr Oncol. 2021;28(3):1581-1607.
- 40. Sano T, Coit DG, Kim HH, Roviello F, Kassab P, Wittekind C, Yamamoto Y, Ohashi Y. Proposal of a new stage grouping of gastric cancer for TNM classification: International Gastric Cancer Association staging project. Gastric Cancer. 2017; 20(2):217-225.
- 41. Hirasawa T, Aoyama K, Tanimoto T, Ishihara S, Shichijo S, Ozawa T, Fujishiro M, Matsuo K, Fujisaki J, Tada T. Application of artificial intelligence using a convolutional neural network for detecting gastric cancer in endoscopic images. Gastric Cancer. 2018;21(4):653-660.
- 42. Suzuki H, Yoshitaka T, Yoshio T, Tada T. Artificial intelligence for cancer detection of the upper gastrointestinal tract. Dig Endosc. 2021;33(2):254-262.
- 43. Schaffter T, Buist DSM, Lee CI, Nikulin Y, Ribli D, Guan Y, Lotter W, Jie Z, Du H, Wang S, Feng J, Feng M, Kim HE, Albiol F, Albiol A, Morrell S, Wojna Z, Ahsen ME, Asif U, Jimeno Yepes A, Yohanandan S, Rabinovici-Cohen S, Yi D, Hoff B, Yu T, Chaibub Neto E, Rubin DL, Lindholm P, Margolies LR, McBride RB, Rothstein JH, Sieh W, Ben-Ari R, Harrer S, Trister A, Friend S, Norman T, Sahiner B, Strand F, Guinney J, Stolovitzky G; and the DM DREAM Consortium; Mackey L, Cahoon J, Shen L, Sohn JH, Trivedi H, Shen Y, Buturovic L, Pereira JC, Cardoso JS, Castro E, Kalleberg KT, Pelka O, Nedjar I, Geras KJ, Nensa F, Goan E, Koitka S, Caballero L,

Cox DD, Krishnaswamy P, Pandey G, Friedrich CM, Perrin D, Fookes C, Shi B, Cardoso Negrie G, Kawczynski M, Cho K, Khoo CS, Lo JY, Sorensen AG, Jung H. Evaluation of Combined Artificial Intelligence and Radiologist Assessment to Interpret Screening Mammograms. JAMA Netw Open. 2020;3(3):e200265. Erratum in: JAMA Netw Open. 2020;3(3):e204429.

- 44. Rodriguez-Ruiz A, Lång K, Gubern-Merida A, Broeders M, Gennaro G, Clauser P, Helbich TH, Chevalier M, Tan T, Mertelmeier T, Wallis MG, Andersson I, Zackrisson S, Mann RM, Sechopoulos I. Stand-Alone Artificial Intelligence for Breast Cancer Detection in Mammography: Comparison With 101 Radiologists. J Natl Cancer Inst. 2019;111(9):916-922.
- 45. Ardila D, Kiraly AP, Bharadwaj S, Choi B, Reicher JJ, Peng L, Tse D, Etemadi M, Ye W, Corrado G, Naidich DP, Shetty S. End-toend lung cancer screening with threedimensional deep learning on low-dose chest computed tomography. Nat Med. 2019 ;25(6):954-961.
- 46. Kachouie NN, Shutaywi M, Christiani DC. Discriminant Analysis of Lung Cancer Using Nonlinear Clustering of Copy Numbers. Cancer Invest. 2020;38(2):102-112.
- 47. McKinney SM, Sieniek M, Godbole V, Godwin J, Antropova N, Ashrafian H, Back T, Chesus M, Corrado GS, Darzi A, Etemadi M, Garcia-Vicente F, Gilbert FJ, Halling-Brown M. Hassabis D, Jansen S, Karthikesalingam A, Kelly CJ, King D, Ledsam JR, Melnick D, Mostofi H, Peng L, Reicher JJ, Romera-Paredes B, Sidebottom R, Suleyman M, Tse D, Young KC, De Fauw J, Shetty S. International evaluation of an AI system for breast cancer screening. Nature. 2020;577(7788):89-94. doi: 10.1038/s41586-019-1799-6. Epub 2020 Jan 1. Erratum in: Nature. 2020 ;586(7829):E19.
- 48. Bera K, Schalper KA, Rimm DL, Velcheti V, Madabhushi A. Artificial intelligence in digital pathology - new tools for diagnosis and precision oncology. Nat Rev Clin Oncol. 2019;16(11):703-715.
- 49. Barani M, Bilal M, Sabir F, Rahdar A, Kyzas GZ. Nanotechnology in ovarian cancer:

Diagnosis and treatment. Life Sci. 2021;266:118914.

- 50. Gong W, Hu Z, Liang Y, Wang Y, Zheng R, Tan J, Lai Z, Li X, Li J, Lu X, Zhao Y. Graphene-Based Multifunctional Nanomaterials in Cancer Detection and Therapeutics. J Nanosci Nanotechnol. 2018 ;18(8):5155-5170.
- 51. Fu Y, Ling Z, Arabnia H, Deng Y. Current trend and development in bioinformatics research. BMC Bioinformatics. 2020 ;21(Suppl 9):538.
- 52. Wang Q, Zhao S, Gan L, Zhuang Z. Bioinformatics analysis of prognostic value of PITX1 gene in breast cancer. Biosci Rep. 2020;40(9):BSR20202537.
- 53. Hou J, Li X, Xie KP. Coupled liquid biopsy and bioinformatics for pancreatic cancer early detection and precision prognostication. Mol Cancer. 2021 ;20(1):34.
- 54. Kivioja T, Vähärautio A, Karlsson K, Bonke M, Enge M, Linnarsson S, Taipale J. Counting absolute numbers of molecules using unique molecular identifiers. Nat Methods. 2011;9(1):72-4.
- 55. Braeuer RR, Watson IR, Wu CJ, Mobley AK, Kamiya T, Shoshan E, Bar-Eli M. Why is melanoma so metastatic? Pigment Cell Melanoma Res. 2014;27(1):19-36.
- 56. Xie R, Li B, Jia L, Li Y. Identification of Core Genes and Pathways in Melanoma Metastasis via Bioinformatics Analysis. Int J Mol Sci. 2022;23(2):794.
- 57. Hackshaw A, Clarke CA, Hartman AR. New genomic technologies for multi-cancer early detection: Rethinking the scope of cancer screening. Cancer Cell. 2022;40(2):109-113.
- 58. Hanna GB, Boshier PR, Markar SR, Romano A. Accuracy and Methodologic Challenges of Volatile Organic Compound-Based Exhaled Breath Tests for Cancer Diagnosis: A Systematic Review and Meta-analysis. JAMA Oncol. 2019 ;5(1):e182815.
- 59. Nissinen SI, Roine A, Hokkinen L, Karjalainen M, Venäläinen M, Helminen H, Niemi R, Lehtimäki T, Rantanen T, Oksala N. Detection of Pancreatic Cancer by Urine Volatile Organic Compound Analysis. Anticancer Res. 2019;39(1):73-79.
- 60. Di Lena M, Porcelli F, Altomare DF. Volatile organic compounds as new biomarkers for

colorectal cancer: a review. Colorectal Dis. 2016;18(7):654-63.

- 61. Arasaradnam RP, McFarlane MJ, Ryan-Fisher C, Westenbrink E, Hodges P, Thomas MG, Chambers S, O'Connell N, Bailey C, Harmston C, Nwokolo CU, Bardhan KD, Covington JA. Detection of colorectal cancer (CRC) by urinary volatile organic compound analysis. PLoS One. 2014;9(9):e108750.
- 62. Bannaga AS, Tyagi H, Daulton E, Covington JA, Arasaradnam RP. Exploratory Study Using Urinary Volatile Organic Compounds for the Detection of Hepatocellular Carcinoma. Molecules. 2021;26(9):2447.
- 63. Zhang X, Gui X, Zhang Y, Liu Q, Zhao L, Gao J, Ji J, Zhang Y.A Panel of Bile Volatile Organic Compounds Servers as a Potential Diagnostic Biomarker for Gallbladder Cancer. Front Oncol. 2022 ;12:858639.
- 64. Narayan P, Ghosh S, Philip R, Barrett JC, McCormack RT, Odegaard JI, R Oxnard G, Pracht LJ, Williams PM, Kelloff GJ, Beaver JA. State of the Science and Future Directions for Liquid Biopsies in Drug Development. Oncologist. 2020;25(9):730-732.
- 65. Nikanjam M, Kato S, Kurzrock R. Liquid biopsy: current technology and clinical applications. J Hematol Oncol. 2022;15(1):131.
- 66. Freitas AJA, Causin RL, Varuzza MB, Calfa S, Hidalgo Filho CMT, Komoto TT, Souza CP, Marques MMC. Liquid Biopsy as a Tool for the Diagnosis, Treatment, and Monitoring of Breast Cancer. Int J Mol Sci. 2022;23(17):9952.
- 67. Nakamura K, Hernández G, Sharma GG, Wada Y, Banwait JK, González N, Perea J, Balaguer F, Takamaru H, Saito Y, Toiyama Y, Kodera Y, Boland CR, Bujanda L, Quintero E, Goel A. A Liquid Biopsy Signature for the Detection of Patients With Early-Onset Colorectal Cancer. Gastroenterology. 2022; 163(5):1242-1251.e2.
- 68. Ma S, Zhou M, Xu Y, Gu X, Zou M, Abudushalamu G, Yao Y, Fan X, Wu G. Clinical application and detection techniques of liquid biopsy in gastric cancer. Mol Cancer. 2023 Jan 11;22(1):7.

- 69. Guo X, Peng Y, Song Q, Wei J, Wang X, Ru Y, Xu S, Cheng X, Li X, Wu D, Chen L, Wei B, Lv X, Ji G. A Liquid Biopsy Signature for the Early Detection of Gastric Cancer in Patients. Gastroenterology. 2023;165(2):402-413.e13.
- 70. Raufi AG, May MS, Hadfield MJ, Seyhan AA, El-Deiry WS. Advances in Liquid Biopsy Technology and Implications for Pancreatic Cancer. Int J Mol Sci. 2023;24(4):4238.
- 71. Zhou H, Zhu L, Song J, Wang G, Li P, Li W, Luo P, Sun X, Wu J, Liu Y, Zhu S, Zhang Y. Liquid biopsy at the frontier of detection, prognosis and progression monitoring in colorectal cancer. Mol Cancer. 2022 ;21(1):86.
- 72. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2018;68(6):394-424.
- 73. Li P, Liu S, Du L, Mohseni G, Zhang Y, Wang C. Liquid biopsies based on DNA methylation as biomarkers for the detection and prognosis of lung cancer. Clin Epigenetics. 2022;14(1):118.
- 74. Sardarabadi P, Kojabad AA, Jafari D, Liu CH. Liquid Biopsy-Based Biosensors for MRD Detection and Treatment Monitoring in Non-Small Cell Lung Cancer (NSCLC). Biosensors (Basel). 2021;11(10):394.
- 75. Zhu JW, Charkhchi P, Akbari MR. Potential clinical utility of liquid biopsies in ovarian cancer. Mol Cancer. 2022 ;21(1):114.
- 76. Jayanthi VSPKSA, Das AB, Saxena U. Recent advances in biosensor development for the detection of cancer biomarkers. Biosens Bioelectron. 2017; 91:15-23.
- 77. Tzouvadaki I, Tuoheti A, De Micheli G, Demarchi D, Carrara S. Portable memristive biosensing system as effective point-of-care device for cancer diagnostics. In: 2018 IEEE International Symposium on Circuits and Systems (ISCAS): 2018: IEEE; 2018: 1–5.
- 78. Cox SM, Lane A, Volchenboum SL. Use of wearable, mobile, and sensor technology in cancer clinical trials. JCO Clin Cancer Inform. 2018;2:1–11.

- 79. Iqbal MJ, Javed Z, Herrera-Bravo J, Sadia H, Anum F, Raza S, Tahir A, Shahwani MN, Sharifi-Rad J, Calina D, Cho WC. Biosensing chips for cancer diagnosis and treatment: a new wave towards clinical innovation. Cancer Cell Int. 2022 Nov 15;22(1):354.
- 80. Yang Y, Kannisto E, Yu G, Reid ME, Patnaik SK, Wu Y. An immuno-biochip selectively captures tumor-derived exosomes and detects exosomal RNAs for cancer diagnosis. ACS Appl Mater Interfaces. 2018;10(50):43375– 86.