

Exploring the Applications of Artificial Intelligence in Disease Screening and Diagnosis of Cancer Immunology

Jaspreet Kaur¹, Ms Fahmia Feroz²

¹*Pursuing Masters in Medical Laboratory Science (Pathology), University School of Allied Health Sciences, Lamrin Tech Skills University, Punjab India*

²*Assistant Professor Department of Medical Laboratory Science, University School of Allied Health Sciences, Lamrin Tech Skills University, Punjab India*

Abstract - Cancer immunology is the fascinating area in which immune cells of our body mainly T cells and B cells produce cytotoxic compounds for to stop the unmanageable growth of tumor cells. In every day our body makes thousands of new cells for the proper surveillance of body when this process hurts due to some disturbances it leads cancer problem. In every country mostly females are affected by cancer as opposed to males. Behind this condition two reasons are responsible first one is they have low immunity power as comparison to men's power and another one is obesity. Breast cancer and cervical cancer are more common in women's and men's globally have a higher chance in prostatic cancer and lungs and liver cancer. Through AI techniques we can easily diagnosed the all four stages of cancer. However, it concludes that meaningful insights can be extracted from tumor markers and lifestyle determinants by incorporating recent advancements such as CAR-T cell therapies, the GALLERI test, monoclonal antibody antigen tests, and cancer vaccines. In other words, integrating these innovations along with regular body checkups every six months—especially after chemotherapy—can significantly enhance early detection, monitoring, and personalized treatment strategies.

Keywords: T cells, B cells, immunotherapies, cytokines, CART cell therapy, Allogeneic CAR T-cell therapy, DNA, macrophages, radiation therapy, monoclonal antibodies (single cell Immunoglobulins).

INTRODUCTION

Cancer is the life-threatening condition in this situation our body produce or grow abnormal cells in site of normal cells production. These abnormal cells make a cluster type term in our body by interacting with each other's. This term is also known as cancer (means uncontrollable condition of abnormal cells).

Cancer cells also effect the other body organs and parts through bloodstream. Cancer can be caused by a variety of factors, including genetic mutations, exposure of radiation, and lifestyle choices such as poor dietary intake obesity also plays important role in cancer replication. The immune system is responsible for recognizing and fighting against abnormal or foreign cells, including cancer cells. The immune system has different types of cells that play a role in recognizing and attacking cancer cells. These include T cells, B cells, natural killer cells, and dendritic cells. Each of these cells has a specific function in the immune response against tumor.

In cancer immunotherapy, treatments are designed to enhance the immune response against cancer cells. This can be done by stimulating the immune system with vaccines or by blocking the molecules that cancer cells use to evade the immune response. Immune checkpoint inhibitors, for example, are a type of immunotherapy that blocks the molecules that suppress the immune response, allowing the immune system to attack and kill cancer cells more effectively.

METHODOLOGY AND MATERIAL

Artificial intelligence (AI) has the potential to uprisng the field of cancer immunology by accelerating the development of new treatments

and improving patient outcomes. Here are some potential applications of AI in cancer immunology:

1. Drug discovery: AI algorithms can analyze large amounts of data to identify patterns and predict potential drug candidates for cancer immunotherapy. This can significantly speed up the drug discovery

process and lead to the development of more effective treatments.

2. Personalized treatment: AI can analyze a patient's genetic and immune profile to predict which immunotherapy will be most effective for them. This personalized approach can improve treatment outcomes and reduce the risk of adverse reactions. In other words, tailoring therapy to an individual's specific biological and lifestyle profile ensures more effective results with fewer complications.

3. Biomarker identification: AI can help identify biomarkers that can be used to predict response to immunotherapy and monitor treatment efficacy. This can aid in early detection of treatment resistance and help tailor treatment plans for individual patients.

4. Image analysis: AI can analyze medical images, such as CT scans and MRIs, to identify patterns and features that can predict treatment response. This can assist in early detection of tumors and monitoring of treatment progress.

5. Predicting and managing side effects: AI can analyze patient data to predict potential side effects of immunotherapy and develop personalized strategies to manage them. This can improve patient quality of life and treatment adherence.

6. Real-time monitoring: AI can monitor patients in real-time, analyzing data from wearable devices and other sources to detect changes in their immune response and adjust treatment accordingly.

Overall, the application of AI in cancer immunology has the potential to improve treatment outcomes, reduce costs, and speed up the development of new treatments. DNA mutations can have a significant impact on the development and progression of cancer. These mutations can occur spontaneously or be caused by external factors such as exposure to radiation or carcinogenic chemicals. They can affect the functioning of key genes involved in cell growth and division, leading to uncontrolled cell growth and the formation of tumors.

TYPES OF IMMUNE SYSTEM

The immune system plays a critical role in fighting cancer at all stages, including stage four. At this stage,

cancer has spread to other parts of the body and is more difficult to treat. The immune system has several mechanisms to identify and eliminate cancer cells:

T cells: T cells are a type of white blood cell that plays a major role in the immune response against cancer. They can recognize and kill cancer cells by activating a process called apoptosis, which leads to the death of the cancer cell.

Natural Killer (NK) cells: NK cells are another type of white blood cell that can recognize and kill cancer cells. They can directly attack cancer cells and release chemicals that can destroy them.

Macrophages: Macrophages are a type of white blood cell that engulfs and destroys cancer cells. They also release chemicals that can help to activate other immune cells against cancer.

B cells: B cells are another type of white blood cell that produces antibodies to fight against cancer cells. These antibodies can bind to cancer cells and mark them for destruction by other immune cells.

Dendritic cells: Dendritic cells are specialized immune cells that can identify and present cancer antigens to T cells. This helps to activate T cells and direct them to attack cancer cells.

Cytokines: Cytokines are small proteins that are produced by immune cells and play a critical role in regulating the immune response against cancer. They can help to stimulate the growth and activity of immune cells, as well as direct them to attack cancer cells.

Checkpoint inhibitors: Cancer cells can sometimes evade detection by the immune system by using certain proteins called checkpoints. Checkpoint inhibitors are drugs that can block these proteins and help to boost the immune response against cancer.

In summary, the immune system works on cancer stage four by identifying and attacking cancer cells through various mechanisms, as well as regulating and boosting the immune response against cancer. However, at this stage, cancer cells may have developed ways to evade the immune system, making treatment more challenging. This is why a

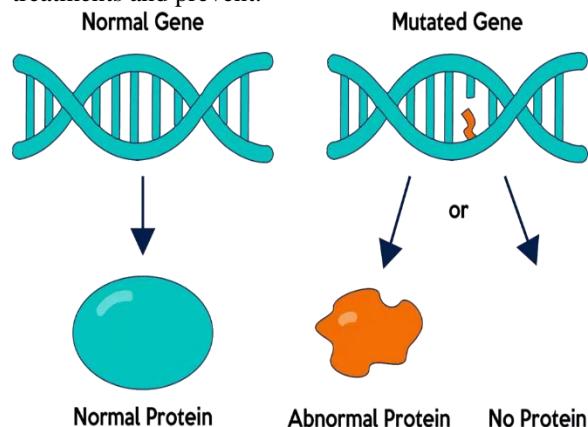
combination of therapies, including immune-based therapies, is often used to treat stage four cancer.

HOW DNA MUTATIONS CAN CAUSE CANCER

DNA mutations are changes in the genetic code of a cell's DNA. These mutations can cause cancer by disrupting the normal functions of the cell and causing it to grow and divide uncontrollably. Mutations in genes involved in cell cycle regulation, such as tumor suppressor genes and oncogenes, can lead to uncontrolled cell division and the formation of tumors. DNA mutations can also trigger a process called apoptosis, where abnormal cells are programmed to self-destruct. However, mutated cells may be resistant to apoptosis, allowing them to survive and continue to grow and divide, increasing the risk of cancer development.

Some DNA mutations can directly affect the structure and function of proteins involved in cell growth and division. For example, mutations in the gene that codes for the protein p53, which plays a critical role in regulating cell growth and preventing the formation of tumors, can result in a dysfunctional protein that is unable to carry out its normal functions.

Overall, DNA mutations can have a profound effect on cancer by disrupting key cellular processes and allowing cancer cells to grow and spread unchecked. Understanding how these mutations contribute to cancer can help in the development of targeted treatments and prevent.



DIAGNOSIS OF CANCER

The diagnosis of cancer immunology begins with a thorough physical exam and medical history. The

doctor will also perform laboratory tests to assess the function of the immune system, such as measuring the levels of white blood cells, antibodies, and other immune cells.

Physical Examination: The first step in diagnosing cancer is a physical examination by a doctor. The doctor will check for any lumps or abnormalities in the body, and also ask about any symptoms or changes in health.

History of patient family, Patient's history and identity

Medical History: The doctor will also ask about the patient's medical history, including any previous illnesses, family history of cancer, and lifestyle habits such as smoking or alcohol consumption.

Imaging Tests: Imaging tests such as X-rays, CT scans, MRI, and ultrasound can help detect tumors or abnormal growths in the body.

CT scan: A CT scan uses an x-ray machine linked to a computer to take a series of pictures of your organs from different angles. These pictures are used to create detailed 3-D images of the inside of your body

MRI: An MRI uses a powerful magnet and radio waves to take pictures of body in slices. These slices are combined to create detailed images of the body, which can show places where there may be tumors.

Biopsy: A biopsy is the most definitive way to diagnose cancer. It involves removing a small sample of tissue from the affected area and examining it under a microscope for cancer cells.

Blood Tests: Certain types of cancer can be detected through blood tests. These tests look for specific markers or substances that are produced by cancer cells. Blood tests include these tests -

A CBC (complete blood count) report in cancer patients may show the following abnormalities:

1. Low red blood cell count (anemia): Cancer and its treatment can cause a decrease in red blood cells, leading to anemia. This can result in fatigue, weakness, and shortness of breath.

2. Low white blood cell count (leukopenia): Some cancer treatments, such as chemotherapy, can suppress the bone marrow, leading to a decrease in white blood cells. This can increase the risk of infections.

3. Low platelet count (thrombocytopenia): Cancer and its treatment can cause a decrease in platelet count, leading to an increased risk of bleeding and bruising.

4. Abnormalities in the types of white blood cells: In some types of cancer, there may be a higher number of specific white blood cells, such as lymphocytes or eosinophils.

5. Elevated levels of inflammatory markers: Inflammation is commonly seen in cancer patients, and the CBC may show elevated levels of markers such as C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR).

6. Presence of immature or abnormal cells: In some types of cancer, the CBC may show the presence of immature or abnormal cells, such as blast cells in leukemia.

7. Changes in the shape and size of red blood cells: In certain types of cancer, the CBC may show abnormal red blood cells, such as poikilocytosis (abnormally shaped) or anisocytosis (abnormally sized) cells.

It is important to note that the above abnormalities can also be seen in other conditions, and further diagnostic tests may be needed to confirm the presence of cancer. The CBC report is just one of the many tests used to monitor and diagnose cancer in patients.

Application of monoclonal antibodies in cancer detection

Monoclonal antibodies are artificially created proteins designed to attach to specific targets on cells. They can be utilized for cancer detection in several ways:

1. Biomarker Detection: These antibodies can be tailored to identify specific biomarkers—like proteins or molecules—present on the surfaces of cancer cells. By binding to these markers, the antibodies assist in recognizing the presence of cancer cells in tissue samples or throughout the body.

2. Imaging: Monoclonal antibodies can be tagged with radioactive or fluorescent substances to help visualize the location and extent of cancer cells within the body. This process, known as immunohistochemistry or immunofluorescence, is frequently used in diagnostic imaging methods, such as PET scans.

3. Cancer Cell Isolation: They can also be utilized to isolate and purify cancer cells from tissue or blood samples, aiding in cancer diagnosis and the creation of personalized treatment options.

4. Targeted Therapy: Monoclonal antibodies may be designed to deliver toxins or drugs that specifically target cancer cells. This approach allows for the destruction of cancer cells while minimizing harm to healthy cells, thereby reducing treatment side effects.

In summary, the application of monoclonal antibodies in cancer detection and treatment has greatly enhanced the precision and effectiveness of diagnosing and treating cancer.

Checkpoint inhibitors: These drugs block certain proteins on cancer cells, allowing the immune system to attack them more effectively.

Cancer vaccines: These vaccines are designed to stimulate the immune system to recognize and attack cancer cells.

Adoptive cell therapy: This treatment involves removing immune cells from the patient's body, modifying them in a laboratory to better target cancer cells, and then reinfusing them back into the patient. This can be done using different types of immune cells, such as T cells or natural killer cells.

Cytokines: Cytokines are a type of protein that helps regulate the immune response. They can be used as a treatment for cancer by boosting the body's immune response to cancer cells.

Targeted therapy: Targeted therapy involves using drugs or other substances that specifically target certain molecules or pathways involved in cancer growth and progression. This can help to prevent cancer cells from evading the immune system and allow the immune response to be more effective.

Supportive care: In addition to specific treatments, cancer immunology also involves supportive care to help manage symptoms and side effects of treatment. This can include pain management, nutritional support, and psychological support.

CONCLUSION

In conclusion, cancer immunology is a rapidly growing field of research that focuses on understanding how the immune system responds to cancer and how it can be harnessed to treat and prevent the disease. It has led to significant advancements in cancer treatment, including the development of immunotherapies that have shown promising results in clinical trials. However, there is still much to be learned about the complex relationship between the immune system and cancer, and further research is needed to improve our understanding and develop more effective treatments. With continued research and collaboration, cancer immunology has the potential to greatly improve the outcomes of cancer patients and ultimately lead to a cure for this devastating disease.

REFERENCE

- [1] Lichtenheld MG, Olsen KJ, Lu P, et al. Structure and function of human perforin. *Nature*.
- [2] Law RH, Lukyanova N, Voskoboinik I, et al. The structural basis for membrane binding and pore formation by lymphocyte perforin. *Nature*.
- [3] Voskoboinik I, Dunstone MA, Baran K, et al. Perforin: structure, function, and role in human immunopathology. *Immunol Rev*.
- [4] Williams NS, Engelhard VH. Perforin-dependent cytotoxic activity and lymphokine secretion by CD4⁺ T cells are regulated by CD8⁺ T cells. *J Immunol*.
- [5] van den Broek MF, Hengartner H. The role of perforin in infections and tumour surveillance. *Exp Physiol*.
- [6] Trapani JA, Smyth MJ. Functional significance of the perforin/granzyme cell death pathway. *Nat Rev Immunol*.
- [7] Young JD, Liu CC, Persechini PM. Molecular mechanisms of lymphocyte-mediated killing. *Braz J Med Biol Res*.
- [8] Liu CC, Young LH, Young JD. Lymphocyte-mediated cytotoxicity and disease. *N Engl J Med*.
- [9] Andrin C, Pinkoski MJ, Burns K, et al. Interaction between a Ca²⁺-binding protein calreticulin and perforin, a component of the cytotoxic T-cell granules. *Biochemistry*.
- [10] Morgan BP, Harris CL. Complement regulatory proteins. Cambridge: Academic Press; 1999. Regulation in the terminal pathway; p. 143. [Google Scholar]
- [11] Voskoboinik I, Smyth MJ, Trapani JA. Perforin-mediated target-cell death and immune homeostasis. *Nat Rev Immunol*.
- [12] Kaufmann SHE. Emil Von behring: translational medicine at the dawn of immunology. *Nat Rev Immunol*. (2017)
- [13] Silverstein AM. A History of Immunology, 2 ed. San Diego, CA: Academic Press; (2009).
- [14] Behring EV. Nobel Prize in Physiology or Medicine 1901.
- [15] Allison JP, Honjo T. Nobel Prize in Physiology or Medicine 2018. Available
- [16] Kaufmann SH, Winaw F. From bacteriology to immunology: the dualism of specificity. *Nat Immunol*. (2005)
- [17] Virchow R. Die Zellular pathologie, Vol. 1 4 ed. Berlin: August Hirschwald; (1871).
- [18] Metchnikoff E. My stay in messina (in Russian). *RusskVedomosti*. (1908)
- [19] Metchnikoff E. Immunität bei Infektionskrankheiten. Jena: Verlag von Gustav Fischer; (1902), 1–456.
- [20] Metchnikoff E. Ueber den Kampf der Zellen gegen Erysipel-Kokken. *Archiv für pathologische Anatomie und Physiologie für klinische Med*. (1887)
- [21] Kaufmann SH. Remembering emil von behring: from tetanus treatment to antibody cooperation with phagocytes. *mBio*. (2017)
- [22] Behring E, Kitasato S. Ueber das Zustandekommen der Diphtherie-Immunität und der Tetanus-Immunität bei Thieren. *Dt med Wochenschrift*. (1890)
- [23] Behring E. Untersuchungen über das Zustandekommen der Diphtherie-Immunität bei Thieren. *Dt med Wochenschrift*. (1890)
- [24] Behring E. Die Geschichte der Diphtherie (Mit besonderer Berücksichtigung der Immunitätslehre). Leipzig: Hirschwald.