Cervical cancer diagnosis and treatment with artificial intelligence: A new era in healthcare.

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Introduction

Cervical cancer remains a significant global health challenge, with hundreds of thousands of new cases diagnosed each year. Despite advances in screening and treatment, many women, particularly in low-resource settings, continue to face barriers to timely and accurate diagnosis. In recent years, however, the integration of artificial intelligence (AI) into healthcare has shown immense potential in transforming the landscape of cervical cancer diagnosis and treatment. AI, with its capability to analyze large datasets and identify patterns beyond human capability, is poised to revolutionize how we approach this disease [1,2].

Traditionally, cervical cancer screening relies on methods such as the Pap smear and HPV testing. While effective, these methods have limitations, including the need for trained cytologists and the potential for human error in interpreting results. AI has the potential to address these issues through automated, precise analysis.

AI algorithms, particularly those based on deep learning, can be trained to analyze Pap smear slides and HPV test results with remarkable accuracy. These systems can process thousands of images rapidly, identifying abnormalities that may be missed by human eyes. Studies have shown that AI can achieve sensitivity and specificity comparable to, or even exceeding, that of expert cytologists. For instance, a study published in the Journal of the National Cancer Institute demonstrated that an AI-based system outperformed human experts in detecting pre-cancerous lesions in cervical images [3,4].

Furthermore, AI-powered tools can facilitate more widespread and accessible screening. Mobile health units equipped with AI-enabled devices can reach remote or underserved populations, providing on-the-spot analysis and reducing the need for patients to travel to specialized centers. This decentralization of care is particularly crucial in low-resource settings, where cervical cancer mortality rates are highest [5].

Beyond screening, AI can enhance diagnostic precision. One of the key challenges in cervical cancer diagnosis is distinguishing between benign abnormalities and malignant lesions. AI systems can assist pathologists by providing a second opinion, flagging suspicious areas for further review. This collaborative approach can reduce diagnostic errors and ensure that patients receive the most accurate information

possible [6].

Moreover, AI can help in the stratification of patients based on risk. By analyzing a multitude of factors, including genetic markers, lifestyle factors, and clinical history, AI can identify individuals at higher risk of developing cervical cancer. This risk stratification enables personalized screening protocols, ensuring that high-risk individuals receive more frequent and targeted surveillance while sparing low-risk individuals from unnecessary procedures [7].

The benefits of AI extend beyond diagnosis into treatment planning and monitoring. In the realm of oncology, precision medicine is the goal: tailoring treatment plans to the individual characteristics of each patient's cancer. AI can play a pivotal role in this process by integrating and analyzing diverse data sources, including medical records, imaging studies, genomic data, and even lifestyle factors [8].

For instance, AI algorithms can help oncologists determine the most effective treatment regimens based on the specific genetic mutations present in a tumor. By analyzing data from thousands of patients, AI systems can identify patterns and suggest therapies that have the highest likelihood of success [9,10].

References

- 1. Schüler S, Ponnath M, Engel J, Ortmann O. Ovarian epithelial tumors and reproductive factors: a systematic review. Arch Gynecol Obstet. 2013;287:1187-1204.
- 2. Franceschi S, La Vecchia C, Negri E,et al. Fertility drugs and risk of epithelial ovarian cancer in Italy. Hum Reprod. 1994; 9:1673-1675.
- 3. Cusidó M, Fábregas R, Pere BS, et al. Ovulation induction treatment and risk of borderline ovarian tumors. Gynecol Endocrinol. 2007;23:373-376.
- 4. Leibowitz D, Hoffman J. Fertility drug therapies: past, present, and future. J Obstet Gynecol Neonatal Nurs.2000;29:201-210.
- 5. Holzer H, Casper R, Tulandi T. A new era in ovulation induction. Fertil Steril. 2006;85:277-284.
- 6. Gips H, Hormel P, Hinz V. Ovarian stimulation in assisted reproduction. Andrologia. 1996; 28:3-7.

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- Elias RT, Pereira N, Palermo GD. The benefits of dual and double ovulatory triggers in assisted reproduction. J Assist Reprod Genet. 2017;34:1233.
- Karakji EG, Tsang BK. Regulation of rat granulosa cell plasminogen activator system: Influence of interleukin-1 beta and ovarian follicular development. Biol Reprod.1995;53:1302-1310.
- Shapiro BS, Daneshmand ST, Restrepo H, et al. Efficacy of induced luteinizing hormone surge after "trigger" with gonadotropin-releasing hormone agonist. Fertil Steril. 2011;95:826–8.
- Poojan A, Pooja B, Kusum V. Liquid-based cytology of amoebic cervicitis clinically mimicking cervical cancer. Diagn Cytopathol. 2021;49: 433-435.

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