## Chapter-7

# Revolutionizing Cancer Care: Advancements in Emerging Technologies and Therapies

#### **Authors**

#### **Naveen Kumar**

Assistant Professor Department of Surgical Oncology National cancer Institute All India Institute of Medical Sciences Email: [dr.naveenms@gmail.com](mailto:dr.naveenms@gmail.com)

#### **Gurpreet Singh**

Senior Resident Department of Surgical Oncology All India Institute of Medical Institute, New Delhi

#### **Abstract**

The landscape of cancer care is undergoing a transformative shift, driven by advancements in emerging technologies and innovative therapies. This chapter explores the impact of these developments on the diagnosis, treatment, and management of cancer, highlighting the potential to significantly improve patient outcomes. Recent breakthroughs in genomic sequencing, artificial intelligence (AI), and precision medicine have enabled a more personalized approach to cancer care. By identifying specific genetic mutations and molecular targets, these technologies facilitate the development of tailored therapies that enhance treatment efficacy while minimizing side effects.

Emerging therapies, including immunotherapy, CAR-T cell therapy, and next-generation targeted treatments, are redefining the standards of care for various malignancies. Immunotherapy, in particular, has shown remarkable success in harnessing the body's immune system to combat cancer, offering new hope for patients with previously untreatable conditions. Additionally, advances in nanotechnology and drug delivery systems are enabling more precise targeting of cancer cells, thereby reducing collateral damage to healthy tissues.

The integration of AI and machine learning in clinical practice is further revolutionizing cancer care by improving diagnostic accuracy, predicting treatment responses, and optimizing patient management strategies. Despite these promising advancements, challenges such as treatment resistance, high costs, and the need for equitable access to these cutting-edge therapies remain. Ongoing research and collaboration across disciplines are essential to overcoming these barriers and ensuring that the benefits of these innovations reach all patients. As cancer care continues to evolve, these emerging technologies and therapies hold the potential to revolutionize the fight against cancer

**Keywords:** CANCER, THERAPIES, Immunotherapy, Various Malignancies. Nanotechnology, CAR-T Cell Therapy

\*

## **1. INTRODUCTION**

Cancer, a complex and pervasive disease, continues to be a global health challenge, affecting millions of lives. Despite progress in conventional treatments, the quest for more effective and personalized cancer care has led to groundbreaking advancements in emerging technologies and therapies. This chapter explores the transformative landscape of cancer care, delving into the innovative approaches that are revolutionizing the way we understand, detect, and treat cancer.

In the current state of cancer care, challenges persist in early detection, treatment personalization, and the overall efficacy of interventions. The urgency to address these challenges has spurred a wave of technological innovations that promise to reshape the landscape of oncology. From cutting-edge diagnostic tools to groundbreaking therapeutic strategies, the integration of technology is paving the way for a new era in cancer management.

## **2. EARLY DETECTION TECHNOLOGIES**

Cancer, when detected at an early stage, often presents more treatable options and improved prognosis. Recent strides in early detection technologies have ushered in a new era of precision and efficiency in identifying cancerous conditions. This section explores key advancements in this critical aspect of cancer care.

**a. Liquid Biopsy and Cancer Markers:** One of the notable breakthroughs is the advent of liquid biopsy, a non-invasive method that detects circulating

tumor DNA (ctDNA) and other biomarkers in bodily fluids. This revolutionary technique allows for the early identification of genetic mutations associated with various cancers, providing clinicians with valuable insights into tumor characteristics and potential treatment strategies. (1),(2).

- **b. Imaging Advancements for Early Diagnosis:** Traditional imaging techniques like mammography and computed tomography (CT) scans have been instrumental in cancer diagnosis. However, recent advancements such as functional MRI, positron emission tomography (PET), and advanced ultrasound technologies offer higher sensitivity and specificity. These tools enable clinicians to visualize tumors with greater precision, facilitating early detection and accurate staging.
- **c. Artificial Intelligence in Radiology:** The integration of artificial intelligence (AI) in radiology is reshaping the landscape of cancer diagnostics. Machine learning algorithms analyze vast datasets of medical images, assisting radiologists in identifying subtle patterns indicative of early-stage cancers. This not only expedites the diagnostic process but also enhances accuracy, reducing the likelihood of false positives and negatives.

As early detection technologies continue to evolve, the synergy of liquid biopsy, advanced imaging, and AI promises to redefine the standard of care. These innovations not only increase the chances of detecting cancer in its incipient stages but also lay the foundation for more targeted and effective treatment strategies. The intersection of these technologies marks a significant leap forward in the ongoing battle against cancer (3).



**Figure 1:** Prostate Intelligence™ (Pi™) highlights suspicious lesions, outlines the prostate gland and calculates volumes to help speed up review and avoid missing cancer. Courtesy: LUCIDA Medical

#### **3. TAILORING TREATMENTS WITH PRECISION MEDICINE**

In the pursuit of more effective cancer therapies, personalized medicine has emerged as a revolutionary approach, customizing interventions based on each patient's distinct genetic and molecular characteristics. This section delves into advancements in genomic profiling, immunotherapy, and the utilization of biomarkers, showcasing their role in shaping the future of personalized cancer care.

- **a. Precision Targeting through Genomic Profiling:** Advancements in DNA sequencing technologies have facilitated genomic profiling, enabling a thorough analysis of a patient's genetic makeup. This approach identifies specific genetic mutations driving cancer growth. For instance, in cases where traditional treatments have shown limited efficacy, targeted therapies are designed to interfere with these specific molecular pathways. The success stories of precision medicine are exemplified in scenarios where tailored interventions based on genomic insights have yielded remarkable outcomes (4).
- **b. Harnessing the Immune System in Immunotherapy:** Immunotherapy has transformed cancer treatment by leveraging the body's immune system to combat cancer cells. This inherently personalized approach relies on understanding the patient's immune profile. For example, checkpoint inhibitors, such as pembrolizumab and nivolumab, have demonstrated unprecedented success in certain cancers by releasing the brakes on the immune system. Adoptive cell therapies, including CAR-T cell therapy, represent another frontier where immune cells are engineered to target and destroy cancer cells. These examples showcase the power of tailoring treatments to individual immune responses, leading to improved outcomes and reduced side effects. (5).
- **c. Guiding Treatment Decisions with Biomarkers:** Biomarkers play a pivotal role in steering treatment decisions within personalized medicine. These molecular indicators, found in blood, tissues, or other bodily fluids, offer valuable insights into the presence, progression, and response to cancer treatment. For instance, the presence of HER2/neu in breast cancer informs the choice of targeted therapies like trastuzumab. Utilizing biomarkers enables clinicians to monitor treatment efficacy in real-time, make timely adjustments, and minimize unnecessary side effects. The integration of biomarker-driven strategies exemplifies how personalized cancer care can be both precise and efficient

## **4. NANOTECHNOLOGY IN CANCER TREATMENT: PIONEERING PRACTICAL APPLICATIONS**

Nanotechnology has redefined cancer treatment with its molecular-scale interventions. Utilizing nanoparticles like liposomes and dendrimers exemplifies the precision achieved in drug delivery, enhancing treatment efficacy while minimizing adverse effects. Practical applications include utilizing nanomaterials for hyperthermia treatment (HIPEC; Hyperthermic Intra-peritoneal Chemotherapy), where localized heat within tumors is generated for enhanced therapeutic impact. (6).

Moreover, nanotechnology's role extends to theranostics, a groundbreaking approach merging diagnostics and therapeutics at the nanoscale. This innovative strategy allows simultaneous imaging of tumors and targeted drug delivery, exemplifying how nanotechnology is reshaping traditional cancer treatment modalities. In essence, nanotechnology stands at the forefront of precision medicine, showcasing practical applications that finely tune interventions for maximum impact on cancer cells while sparing healthy tissues. (7).



**Figure 2:** HIPEC technique. A Suspension of abdominal wall edges to Omnitract<sup>TM</sup> retractor to create a Coliseum. B Sunchip<sup>TM</sup> machine. C Coliseum covered with Steri-Drape<sup>TM</sup> (semi-open)

### **5. IMMUNOTHERAPY BREAKTHROUGHS: UNLEASHING THE POWER OF THE IMMUNE SYSTEM**

i. **CAR-T Cell Therapy:** CAR-T cell therapy stands out as a revolutionary immunotherapy, reprogramming a patient's own T cells to target cancer cells. Notable success stories include its remarkable efficacy against certain blood cancers like leukemia and lymphoma. This approach represents a paradigm shift in personalized cancer



treatment, showcasing the potential to achieve durable responses.  $(8)$ ,  $(9)$ .

Mechanism of action of CAR T-cell therapy. Patient's T cells are collected by leukapheresis and are then transduced with a vector encoding the CAR. The CAR T cells are expanded ex vivo while the patient undergoes bridging and/or lymphodepleting chemotherapy. The CAR T cells are then infused into the patient to fight the malignant cells.

- ii. **Checkpoint Inhibitors:** Checkpoint inhibitors, such as pembrolizumab and nivolumab, enhance the body's immune response by lifting the brakes that tumors exploit. These inhibitors have demonstrated unprecedented success across various cancers, including melanoma and lung cancer. The concept of unleashing the immune system's power has transformed the treatment landscape, providing durable responses in patients who had limited options. (10).
- iii. **Future Prospects in Cancer Immunotherapy:** The future of cancer immunotherapy holds promise with ongoing research into novel targets and combination therapies. Bispecific antibodies, for instance, are emerging as a potential breakthrough, simultaneously engaging immune cells and cancer cells. The exploration of personalized cancer vaccines and the integration of immunotherapy with other treatment modalities signal a dynamic and

evolving landscape with continued potential for groundbreaking advancements in cancer care. (11).

#### **6. INTEGRATION OF BIG DATA AND AI: TRANSFORMING CANCER CARE**

- i. Data-Driven Insights for Treatment Decisions: Big Data analytics provide invaluable insights into patient profiles, treatment responses, and disease patterns. For instance, IBM Watson for Oncology analyzes vast datasets to recommend personalized treatment options based on accumulated medical knowledge. This data-driven approach enhances clinical decision-making, ensuring tailored interventions for better patient outcomes. (12)
- ii. Machine Learning in Predicting Treatment Outcomes: Machine learning algorithms analyze diverse datasets to predict treatment outcomes, optimizing therapeutic strategies. In prostate cancer, for instance, predictive models utilize patient data to forecast responses to specific treatments, aiding clinicians in selecting the most effective options. This predictive power of machine learning contributes to precision medicine, refining treatment plans for individual patients. (13).
- iii. Challenges and Ethical Considerations in Data Utilization: While data and AI present immense potential, challenges and ethical considerations must be navigated. Ensuring patient privacy and data security is paramount. Additionally, biases in data, if not addressed, can lead to disparities in treatment recommendations. Striking a balance between harnessing the power of data and upholding ethical standards is crucial for the responsible integration of Big Data and AI in cancer care. (14).

### **7. ROBOTIC SURGERY AND CUTTING-EDGE ADVANCES IN ONCOLOGICAL PROCEDURES**

Robotic surgery has emerged as a revolutionary force in transforming cancer care, offering unprecedented precision, flexibility, and minimally invasive approaches to surgical procedures. With the integration of cutting-edge technologies, such as the da Vinci Surgical System, surgeons can now perform complex cancer surgeries with enhanced dexterity and improved visualization.  $(15)$ .

Moreover, telemanipulation capabilities enable surgeons to perform procedures remotely, opening up the possibility of expert surgeons conducting operations in distant locations, thus ensuring access to high-quality care for

patients in underserved areas. As robotic surgery continues to evolve, incorporating artificial intelligence and machine learning, it holds the promise of further optimizing treatment plans by analyzing vast amounts of patient data and tailoring surgical approaches for personalized cancer care. (16).



Advancements in tissue engineering and regenerative medicine are addressing critical challenges in reconstructive oncology. Biocompatible scaffolds seeded with the patient's cells can now be used to reconstruct organs and tissues resected during cancer surgery. This approach not only restores function and appearance but also holds the potential to reduce the need for transplantations from donors, minimizing the risk of rejection and complications.

Da Vinci S HD robotic system (surgeons console, patient side card with robot arms, InSite Ò vision system) (a [2008] Intuitive Surgical, Inc.).

#### **8. PATIENT-CENTRIC APPROACHES: EMPOWERING AND ENGAGING IN CANCER CARE**

- **a. Supportive Care through Technology:** Technology facilitates supportive care, addressing the holistic needs of cancer patients. For instance, mobile apps like CancerAid provide tools for symptom tracking, medication reminders, and emotional support. This patient-centric approach enhances the overall well-being of individuals undergoing cancer treatment, extending beyond medical interventions to improve their quality of life. (17).
- **b. Telemedicine in Cancer Care:** Telemedicine revolutionizes cancer care accessibility. Platforms like MyHealthTeams connect patients with similar

diagnoses, fostering a sense of community and shared experiences. Remote consultations enable patients to consult oncologists from the comfort of their homes, ensuring continuous care and reducing the burden of travel, particularly for those in remote areas. (18), (19).

**c. Patient Empowerment and Engagement in Treatment Decisions:** Empowering patients in treatment decisions is vital. Shared decision-making tools, like the ones integrated into electronic health records, allow patients to actively participate in choosing their treatment plans.

#### **9. TISSUE ENGINEERING AND REGENERATIVE MEDICINE**

**a. Bioprinted Skin Grafts:** For patients undergoing surgery for skin cancer, 3D bioprinting technology has been used to create skin grafts. Researchers at the Wake Forest Institute for Regenerative Medicine have developed a specialized printer that can deposit layers of skin cells directly onto a wound, promoting healing and reducing the need for traditional skin grafts. (20)

This technology not only accelerates the healing process but also improves the cosmetic and functional outcomes for patients, especially those with large or complex skin lesions.

**b. Bone Reconstruction:** Patients undergoing resection for pelvic tumors often face significant challenges in reconstruction. A notable example is the use of custom 3D-printed pelvic implants, which have been successfully implemented in several cases around the world. These implants are designed based on the patient's own anatomy, ensuring a precise fit and functional restoration. (21).

This approach has shown promising results in terms of structural integrity and patient mobility post-surgery, significantly improving the quality of life for patients with pelvic malignancies.



- **c. Tracheal Reconstruction:** Stem Cell-seeded Tracheal Transplants for patients with tracheal cancer, regenerative medicine has offered new hope through stem cell-seeded tracheal transplants. A notable case involved a patient in the UK who received a trachea transplant using a scaffold seeded with her own stem cells, eliminating the risk of rejection. (22).
- **d. Liver Regeneration:** Liver Organoids and Tissue Scaffolds Liver resection, a common treatment for liver cancer, can greatly benefit from regenerative medicine techniques. Researchers are developing liver organoids and tissue scaffolds that can support liver regeneration, potentially enhancing postsurgical recovery and liver function. (23).

These examples underscore the transformative potential of tissue engineering and regenerative medicine in surgical oncology, offering innovative solutions that improve surgical outcomes, enhance patient recovery, and pave the way for more personalized and effective cancer treatments.

## **10. PRECISION-GUIDED SURGERY WITH IMAGING INNOVATIONS**

Precision-guided surgery leverages advanced imaging techniques to enhance the surgeon's ability to differentiate between healthy and diseased tissues in real-time, thereby improving surgical accuracy and outcomes. Here are some notable examples of imaging innovations being used in surgical oncology:

**a. Intraoperative Fluorescence Imaging:** Fluorescence-guided surgery using Indocyanine Green (ICG), ICG is a fluorescent dye used in various surgical procedures to visualize blood flow, lymphatic systems, and cancerous tissues. When ICG is injected into the patient and illuminated with nearinfrared light, it fluoresces, allowing surgeons to see and navigate around critical structures like blood vessels, lymph nodes, and tumor margins. (24)

ICG fluorescence imaging has been particularly useful in sentinel lymph node biopsies for breast cancer and melanoma, helping to accurately identify and remove lymph nodes that are most likely to contain metastatic cancer cells. (25) Lymphatic drainage imaging used to trace lymph nodes in surgery for breast cancer. ( Courtesy[-Yong Xu\)](https://pubmed.ncbi.nlm.nih.gov/?term=Xu%20Y%5BAuthor%5D)



**b. Augmented Reality (AR) in Surgery:** AR Headsets for Real-time Imaging Overlay, AR technology can superimpose preoperative diagnostic images (like CTs and MRIs) onto the surgeon's field of view during surgery, using devices such as AR headsets. This provides a real-time, 3D guide of the patient's anatomy, highlighting critical structures and tumor boundaries. (26)

AR has been used in neurosurgery to precisely target brain tumors while avoiding vital areas. Similarly, in liver surgery, AR helps in navigating the complex vascular structures, ensuring maximal tumor resection and minimal harm to healthy liver tissue. (27)



Examples of current AR display methods. (A) Video see-through HMD, with head-mounted video camer[aReference](https://www.cambridge.org/core/journals/canadian-journal-of-neurological-sciences/article/augmented-reality-in-neurosurgery-a-review-of-current-concepts-and-emerging-applications/F3965DEB46B21277CE7AFF0C7AAE2858#ref35) Abe, Sato and Kato [28](https://www.cambridge.org/core/journals/canadian-journal-of-neurological-sciences/article/augmented-reality-in-neurosurgery-a-review-of-current-concepts-and-emerging-applications/F3965DEB46B21277CE7AFF0C7AAE2858#ref35) (B) user's view of output from video-pass through HMD, with augmentation calibration marker (gray) and overlaid vertebroplasty needle trajectories (red, yellow[\)Reference](https://www.cambridge.org/core/journals/canadian-journal-of-neurological-sciences/article/augmented-reality-in-neurosurgery-a-review-of-current-concepts-and-emerging-applications/F3965DEB46B21277CE7AFF0C7AAE2858#ref35) Abe, Sato and Kato 28 ; and (C) image projection of cortex and deep lesion (red) onto skin surface for incision planning

**c. Confocal Laser Endomicroscopy (CLE):** Real-time Histology with CLE, CLE is a technique that allows microscopic examination of tissues in vivo, essentially providing "optical biopsies." Using a miniaturized confocal microscope integrated into endoscopic equipment, surgeons can visualize cellular structures in real-time during endoscopic procedures. (29)

CLE has been effectively used in gastrointestinal surgeries to differentiate between benign and malignant lesions in the colon and esophagus, guiding immediate surgical decisions and reducing the need for multiple procedures. (30)



*In vivo* endoscopic ultrasound guided needle based confocal laser endomicroscopy, *ex vivo* confocal laser endomicroscopy, and histopathology of epidermoid cyst of intra pancreatic accessory spleen. Confocal laser endomicroscopy images, panels A (*in vivo*) and B (*ex vivo*) reveal underlying splenic tissue (panels C, red pulp). Histopathology shows thin epithelial layer (squamous) with underlying ectopic splenic tissue (HE,  $\times$  40).

### **11. CONCLUSION: A GLIMPSE INTO THE FUTURE OF CANCER CARE**

Throughout this exploration, we've witnessed a transformative journey in cancer care. From early detection technologies like liquid biopsy and advanced imaging to personalized medicine's precision through genomic profiling and immunotherapy breakthroughs, each innovation marks a milestone. Nanotechnology has redefined treatment modalities, while the integration of Big Data and AI provides unprecedented insights. Patient-centric approaches, utilizing technology and telemedicine, place individuals at the heart of care, empowering them in treatment decisions.

The collective impact of these advancements instils optimism for the future of cancer care. Personalized and targeted interventions are becoming the norm, offering not just treatment but hope. As technology continues to evolve and ethical considerations are navigated, the promise of improved outcomes, reduced side effects, and enhanced patient well-being becomes increasingly tangible. With ongoing research and a commitment to patient-centric, datadriven, and innovative approaches, the trajectory of cancer care points toward a future where conquering cancer is not merely a possibility but an imminent reality.

#### **REFERENCES**

- [1] Ferlay J, Colombet M, Soerjomataram I, Parkin DM, Piñeros M, Znaor A, et al. Cancer statistics for the year 2020: an overview. *Int J Cancer.* 2021;149(4):778–789. doi: 10.1002/ijc.33588.
- [2] Adashek JJ, Janku F, Kurzrock R. Signed in blood: circulating tumor DNA in cancer diagnosis, treatment and
	- screening. *Cancers.* 2021;13(14):3600.doi: 10.3390/cancers13143600.
- [3] McDonald RJ et al. The effects of changes in utilization and technological advancements of cross-sectional imaging on radiologist workload. *Acad. Radiol* 22, 1191–1198 (2015).
- [4] Lee H, Ross JS. The potential role of comprehensive genomic profiling to guide targeted therapy for patients with biliary cancer. Therap Adv Gastroenterol. 2017;10:507–20.
- [5] June, C. H., O'Connor, R. S., Kawalekar, O. U., Ghassemi, S. & Milone, M. C. C. A. R. T cell immunotherapy for human cancer. *Science.* 359, 1361–1365 (2018).
- [6] Yan TD, Welch L, Black D, Sugarbaker PH. A systematic review on the efficacy of cytoreductive surgery combined with perioperative intraperitoneal chemotherapy for diffuse malignancy peritoneal mesothelioma. Ann Oncol. 2007;18:827–834
- [7] Yan TD, Black D, Savady R, Sugarbaker PH. Systematic review on the efficacy of cytoreductive surgery combined with perioperative intraperitoneal chemotherapy for peritoneal carcinomatosis from colorectal carcinoma. J Clin Oncol. 2006;24:4011–4019.
- [8] Restifo NP, Dudley ME and Rosenberg SA: Adoptive immunotherapy for cancer: Harnessing the T cell response. Nat Rev Immunol. 12:269–281. 2012
- [9] Sharpe M and Mount N: Genetically modified T cells in cancer therapy: Opportunities and challenges. Dis Model Mech. 8:337–350. 2015.
- [10] Smith S.M., Wachter K., Burris H.A., III, Schilsky R.L., George D.J., Peterson D.E., Johnson M.L., Markham M.J., Mileham K.F., Beg M.S. Clinical cancer advances 2021: ASCO's Report on progress against cancer. *J. Clin. Oncol.* 2021;39:1165–1184. doi: 10.1200/JCO.20.03420.
- [11] Paucek R.D., Baltimore D., Li G. The Cellular Immunotherapy Revolution: Arming the Immune System for Precision Therapy. *Trends Immunol.* 2019;40:292–309. doi: 10.1016/j.it.2019.02.002
- [12] [Digital transformation in healthcare: analyzing the current state-of-research](https://www.sciencedirect.com/science/article/pii/S0148296320306913) J Bus Res (2021)
- [13] [Using machine learning approaches for multi-omics data analysis: a review](https://www.sciencedirect.com/science/article/pii/S0734975021000458) Biotechnol Adv (2021)
- [14] [The challenges of digital transformation in healthcare: an interdisciplinary literature](https://www.sciencedirect.com/science/article/pii/S0166497223000275)  [review, framework, and future research agenda](https://www.sciencedirect.com/science/article/pii/S0166497223000275) Technovation (2023)
- [15] A short history of robotic surgery. Lane T. *Ann R Coll Surg Engl.* 2018;100:5–7.
- [16] Robotic surgery training: current trends and future directions. Wang RS, Ambani SN. *Urol Clin North Am.* 2021;48:137–146.
- [17] Maroongroge S, Smith B, Bloom ES, et al. Telemedicine for radiation oncology in a post‐COVID world. *Int J Radiat Oncol Biol Phys*. 2020;108:407‐410.
- [18] Royce TJ, Sanoff HK, Rewari A. Telemedicine for cancer care in the time of COVID‐19. *JAMA Oncol*. 2020;6:1698‐1699
- [19] Masland MC, Lou C, Snowden L. Use of communication technologies to cost‐effectively increase the availability of interpretation services in healthcare settings. *Telemed e*‐*Health*. 2010;16(6):739‐745. doi: 10.1089/tmj.2009.0186
- [20] Vig K., Chaudhari A., Tripathi S., Dixit S., Sahu R., Pillai S., Dennis V.A., Singh S.R. Advances in skin regeneration using tissue engineering. *Int. J. Mol. Sci.* 2017;18:789. doi: 10.3390/ijms18040789.
- [21] Huang Y., Leu M.C., Mazumder J., et al. Additive manufacturing: current state, future potential, gaps and needs, and recommendations. *J. Manuf. Sci. E.-T. Asme.* 2015;137(1)
- [22] Gray FL, Turner CG, Ahmed A, et al. Prenatal tracheal reconstruction with a hybrid amniotic mesenchymal stem cells-engineered construct derived from decellularized airway. *J Pediatr Surg* 2012; 47: 1072–1079
- [23] van Gulik TM, van Gulik MM, Koning HH. [Prometheus and liver regeneration: the dissection of a myth] *Ned Tijdschr Geneeskd.* 2018;162
- [24] Polom K., Murawa D., Rho Y.S., Nowaczyk P., Hünerbein M., Murawa P. Current trends and emerging future of indocyanine green usage in surgery and oncology: A literature review. *Cancer.* 2011;117:4812–4822. doi: 10.1002/cncr.26087.
- [25] Bartels S.A.L., Donker M., Poncet C., Sauvé N., Straver M.E., van de Velde C.J.H., Mansel R.E., Blanken C., Orzalesi L., Klinkenbijl J.H.G., et al. Radiotherapy or Surgery of the Axilla after a Positive Sentinel Node in Breast Cancer: 10-Year Results of the Randomized Controlled EORTC 10981-22023 AMAROS Trial. *J. Clin. Oncol.* 2023;41:2159–2165. doi: 10.1200/JCO.22.01565.
- [26] Berciu A.G., Dulf E.H., Stefan I.A. Flexible Augmented Reality-Based Health Solution for Medication Weight Establishment. *Processes.* 2022;10:219. doi: 10.3390/pr10020219.
- [27] Sırakaya M., Alsancak Sırakaya D. Augmented reality in STEM education: A systematic review. *Interact. Learn. Environ.* 2022;30:1556–1569. doi: 10.1080/10494820.2020.1722713.
- [28] Abe, Y, Sato, S, Kato, K, et al. A novel 3D guidance system using augmented reality for percutaneous vertebroplasty: technical note. J Neurosurg Spine. 2013;19:492-501
- [29] Li CQ, Yu T, Zuo XL, et al. Effects on confocal laser endomicroscopy image quality by different acriflavine concentrations. *J Interv Gastroenterol* 2011;1:59-63. 10.4161/jig.1.2.16828
- [30] Goetz M, Toermer T, Vieth M, et al. Simultaneous confocal laser endomicroscopy and chromoendoscopy with topical cresyl violet. *Gastrointest Endosc* 2009;70:959-68. 10.1016/j.gie.2009.04.016