OPEN ACCESS
Journal of World Future Medicine, Health and Nursing
Vol. 4 No. 4. August 2026, pp. 422-439
DOI. 10.70177/health.v4i4.4202
Research Article

IMPLEMENTING DIGITAL TWINS FOR CANCER THERAPY SIMULATION: GENETIC-BASED MEDICAL PERSONALIZATION

Siri Lek[1], Lucas Lima[2], Pedro Silva[3], Dito Anurogo[4]
[1] Silpakorn University, Thailand
[2] Universidade São Paulo, Brazil
[3] Universidade Federal Santa Catarina, Brazil
[4] Universitas Muhammadiyah Makassar, Indonesia

Corresponding Author:

Siri Lek,
Silpakorn University, Thailand
31 Na Phra Lan Rd, Phra Borom Maha Ratchawang, Phra Nakhon, Bangkok 10200, Thailand
Email: sirilek@gmail.com

Article Info

Received: February 10, 2026
Revised: April 02, 2026
Accepted: June 01, 2026
Online Version: July 27, 2026

Abstract

Cancer treatment increasingly requires individualized therapeutic strategies because substantial genetic heterogeneity, dynamic tumor evolution, and variable treatment responses limit the effectiveness of standardized clinical protocols. This study aimed to evaluate the implementation of Digital Twins for cancer therapy simulation and to examine their contribution to genetic-based medical personalization and clinical decision support. A mixed-methods sequential explanatory design was employed involving 480 patients treated at tertiary oncology centers. Quantitative analyses included descriptive statistics, structural equation modeling, survival analysis, mediation and moderation analyses, whereas qualitative evidence was obtained through semi-structured interviews, clinical observations, multidisciplinary case reviews, and document analysis. Findings demonstrated that Digital Twin-assisted treatment planning significantly improved simulation accuracy, treatment response prediction, therapeutic precision, physician decision confidence, and multidisciplinary coordination while reducing anticipated adverse treatment events. Results indicate that Digital Twin technology provides a comprehensive precision oncology framework by integrating computational intelligence, genomic medicine, and real-time clinical information to optimize individualized cancer therapy, improve evidence-based decision-making, and enhance long-term patient outcomes while supporting the broader implementation of personalized medicine.

Keywords: Artificial Intelligence, Cancer Therapy, Digital Twins

Journal Homepage https://research.adra.ac.id/index.php/health ISSN: (P: 2988-7550) - (E: 2988-0459)
How to cite: Lek, S., Lima, L., Silva, P & Anurogo, A. (2026). Implementing Digital Twins for Cancer Therapy Simulation: Genetic-Based Medical Personalization. *Journal of World Future Medicine, Health and Nursing, 4*(4), 307–439. https://doi.org/10.70177/health.v4i4.4202
Published by: Yayasan Adra Karima Hubbi

INTRODUCTION

Cancer remains one of the leading causes of morbidity and mortality worldwide despite substantial advances in molecular biology, precision medicine, immunotherapy, targeted therapy, and computational healthcare. Increasing incidence rates, tumor heterogeneity, therapeutic resistance, and interpatient genetic variability continue to challenge the effectiveness of standardized treatment protocols. Conventional cancer therapies frequently rely on population-based clinical evidence that cannot fully accommodate the biological complexity of individual patients, resulting in variable therapeutic responses, unnecessary adverse effects, prolonged treatment cycles, and escalating healthcare costs. Contemporary oncology therefore increasingly emphasizes personalized medicine capable of tailoring therapeutic strategies according to individual genetic, molecular, physiological, and clinical characteristics (Oikonomou, 2025; Witten, 2025).

Rapid development of digital health technologies has introduced Digital Twin technology as a transformative paradigm for precision healthcare. A Digital Twin represents a dynamic virtual model that continuously integrates patient-specific clinical information, genomic profiles, medical imaging, physiological parameters, laboratory findings, treatment history, and real-time monitoring data to simulate biological processes and predict therapeutic outcomes. Unlike conventional predictive models, Digital Twins continuously update simulations using incoming patient data, allowing clinicians to evaluate multiple therapeutic scenarios before initiating actual clinical interventions. Such capabilities create opportunities for optimizing treatment selection, minimizing adverse reactions, improving therapeutic precision, and enhancing clinical decision-making across increasingly complex oncology environments (Datta, 2024; Schmidl, 2024).

Simultaneous progress in genomics, artificial intelligence, machine learning, biomedical informatics, computational biology, multi-omics integration, and high-performance computing has further expanded the feasibility of implementing Digital Twins in cancer therapy simulation. Comprehensive genomic sequencing now enables identification of driver mutations, molecular biomarkers, pharmacogenomic characteristics, and tumor evolution patterns that directly influence treatment response. Integration of genetic information with computational simulation permits development of individualized therapeutic models capable of predicting tumor progression, drug sensitivity, treatment resistance, and long-term prognosis. Growing convergence among computational medicine, genomic science, biomedical engineering, and clinical oncology has consequently positioned Digital Twin technology as a promising foundation for next-generation personalized cancer treatment (Chan, 2024; Wang, 2025).

Despite substantial technological advancement, practical implementation of Digital Twins for cancer therapy personalization remains limited by several scientific, technical, clinical, and organizational challenges. Current oncology practice frequently relies upon isolated genomic analyses, static predictive models, or generalized treatment guidelines that inadequately capture dynamic interactions among genetic variation, tumor biology, therapeutic response, disease progression, and patient-specific physiological conditions. Clinical decision-making therefore often remains constrained by fragmented information and limited predictive capability (Pail, 2025; Xiong, 2025).

Existing research frequently investigates Digital Twins, artificial intelligence, genomic medicine, computational oncology, pharmacogenomics, treatment simulation, or precision

medicine independently while providing comparatively limited attention to integrated frameworks capable of simultaneously modeling genomic variation, tumor dynamics, therapeutic interventions, physiological adaptation, and longitudinal clinical outcomes. Fragmented disciplinary perspectives restrict comprehensive understanding of how Digital Twins can effectively support personalized cancer therapy across multiple stages of diagnosis, treatment, monitoring, and prognosis.

Current literature also demonstrates considerable variation regarding computational architecture, genomic integration methods, validation procedures, clinical implementation, predictive algorithms, data interoperability, ethical governance, and simulation accuracy. Numerous investigations emphasize algorithmic development without adequately evaluating clinical applicability, physician decision support, patient-specific adaptation, healthcare infrastructure, or regulatory considerations. Greater integration among computational biology, oncology, genomics, biomedical engineering, artificial intelligence, clinical informatics, and healthcare implementation is therefore necessary to facilitate effective translation of Digital Twin technology into precision oncology (Emens, 2024; Greening, 2025).

This study aims to examine the implementation of Digital Twin technology for cancer therapy simulation by integrating patient-specific genomic information, clinical characteristics, physiological data, treatment history, and computational modeling into a comprehensive personalized medicine framework. Particular emphasis is placed on evaluating relationships among genomic biomarkers, Digital Twin simulation accuracy, therapeutic optimization, treatment response prediction, adverse event reduction, and clinical decision support. Achievement of these objectives is expected to strengthen theoretical understanding of Digital Twin implementation while improving precision oncology practices (Bhange, 2025; Fountzilas, 2025).

Research also seeks to compare Digital Twin-assisted personalized therapy with conventional oncology treatment planning by examining differences in predictive accuracy, therapeutic effectiveness, treatment adaptation, patient safety, computational efficiency, and clinical decision quality. Comparative evaluation investigates interactions among genomic medicine, artificial intelligence, computational simulation, physician expertise, healthcare infrastructure, and treatment personalization. Findings are expected to identify computational strategies capable of optimizing individualized cancer therapy while improving clinical outcomes (Tiwari, 2025; Wongvibulsin, 2024).

Broader objectives include advancing interdisciplinary understanding through integration of Digital Twin technology, computational biology, precision oncology, genomic medicine, artificial intelligence, biomedical engineering, systems biology, medical informatics, and clinical decision science into a unified analytical framework. Results are expected to contribute conceptual refinement while providing evidence-based recommendations for oncologists, biomedical engineers, computational scientists, healthcare policymakers, and clinical researchers pursuing personalized cancer treatment.

Existing literature extensively investigates precision oncology, genomic medicine, artificial intelligence, Digital Twins, computational simulation, pharmacogenomics, systems biology, and personalized healthcare. Numerous studies demonstrate that genomic information improves therapeutic targeting while computational models enhance disease prediction. Comparatively limited research systematically integrates Digital Twin simulation, genomic profiling, physiological monitoring, longitudinal treatment adaptation, clinical decision

support, and healthcare implementation into a comprehensive personalized oncology framework. Current evidence therefore remains fragmented regarding mechanisms through which Digital Twins optimize individualized cancer therapy (Keyl, 2025; Mohamed, 2025).

Current investigations frequently evaluate genomic biomarkers, machine learning algorithms, Digital Twin architectures, computational simulation, treatment prediction, or clinical outcomes independently while providing comparatively limited attention to synergistic interactions among tumor evolution, genomic variation, physiological adaptation, therapeutic intervention, real-time monitoring, physician decision-making, and personalized treatment optimization. Comprehensive evaluation of Digital Twins as continuously evolving clinical systems therefore remains underdeveloped despite rapidly expanding technological capabilities.

Available studies also tend to emphasize algorithmic performance, computational efficiency, or predictive accuracy while providing limited explanation of implementation challenges involving clinical workflow integration, interoperability, healthcare infrastructure, physician acceptance, regulatory compliance, ethical governance, patient privacy, and longitudinal validation. Relationships among Digital Twins, genomic medicine, artificial intelligence, personalized oncology, healthcare systems, and clinical practice remain insufficiently integrated within existing scholarship. This study addresses these limitations by proposing an interdisciplinary framework connecting computational simulation, genomic personalization, and clinical oncology (Chen, 2024; El-Tanani, 2025).

Novel contribution of this study lies in proposing an integrated Digital Twin framework that combines genomic profiling, physiological monitoring, computational simulation, artificial intelligence, treatment optimization, clinical decision support, longitudinal adaptation, and personalized oncology to explain how Digital Twins enhance individualized cancer therapy. The proposed framework simultaneously considers genomic biomarkers, tumor progression, pharmacogenomic response, treatment simulation, physician decision-making, patient-specific adaptation, computational intelligence, and healthcare outcomes as interconnected determinants of therapeutic precision. Digital Twins are therefore conceptualized not merely as computational models but as continuously evolving clinical ecosystems supporting precision medicine (Giansanti, 2025; Patil, 2024).

Scientific significance further resides in integrating theoretical perspectives from computational biology, systems medicine, biomedical engineering, oncology, artificial intelligence, genomics, medical informatics, healthcare analytics, and clinical decision science into a unified explanatory model. Personalized cancer therapy is interpreted as a dynamic interaction among biological complexity, computational intelligence, genomic information, clinical expertise, patient physiology, and continuous therapeutic adaptation rather than exclusively as a pharmacological intervention. Such interdisciplinary integration extends current scholarship by connecting Digital Twin technology with precision oncology implementation and personalized clinical practice.

Practical justification emerges from increasing recognition that oncologists, hospitals, biomedical researchers, healthcare institutions, regulatory authorities, pharmaceutical companies, and health technology developers require scientifically validated frameworks capable of integrating genomic medicine with computational simulation for individualized therapy planning. Clinical practitioners require reliable predictive systems supporting treatment selection, adverse event prevention, therapeutic monitoring, and precision decision-making.

Successful implementation of the proposed framework has the potential to improve treatment effectiveness, reduce unnecessary toxicity, strengthen predictive oncology, accelerate precision medicine adoption, optimize healthcare resource utilization, support translational biomedical research, and contribute substantially to the development of safer, more effective, and genetically personalized cancer therapies (Alcazer, 2024; Youssef, 2025).

RESEARCH METHOD

Research Design

This study employed a mixed-methods sequential explanatory research design to evaluate the implementation of Digital Twin technology for cancer therapy simulation through genetic-based medical personalization. The quantitative phase examined the relationships among genomic biomarkers, Digital Twin simulation accuracy, artificial intelligence-assisted prediction, treatment optimization, therapeutic response, adverse event reduction, and clinical decision support. A multicenter comparative design was adopted to evaluate Digital Twin-assisted treatment planning against conventional precision oncology approaches across participating oncology hospitals and research institutions. The qualitative phase subsequently explored clinicians' experiences, implementation challenges, ethical considerations, computational integration, and patient-specific therapeutic decision-making. This research design was selected because successful implementation of Digital Twins requires both statistical validation of predictive performance and comprehensive understanding of clinical, computational, and organizational factors influencing personalized cancer therapy (Argenziano, 2024; Kijowska, 2024).

The quantitative component evaluated independent variables consisting of genomic profiling quality, Digital Twin computational fidelity, multi-omics integration, artificial intelligence prediction capability, real-time physiological monitoring, and clinical data interoperability. Dependent variables included treatment response prediction, therapeutic accuracy, progression-free survival estimation, adverse event reduction, physician decision confidence, computational efficiency, and overall clinical effectiveness. Comparative analyses were conducted between patients receiving Digital Twin-assisted treatment planning and those managed through conventional precision medicine protocols to determine differences in therapeutic outcomes and predictive performance.

The qualitative phase followed completion of quantitative analyses to explain observed computational and clinical outcomes. Semi-structured interviews, multidisciplinary focus group discussions, clinical observations, and document reviews were conducted with oncologists, biomedical engineers, clinical geneticists, bioinformaticians, medical physicists, oncology nurses, and health informatics specialists. Clinical workflow integration, physician decision-making, patient-specific treatment adaptation, genomic interpretation, Digital Twin simulation processes, and institutional implementation strategies were examined to contextualize the quantitative findings. Integration of statistical evidence and qualitative insights enabled comprehensive evaluation of Digital Twin implementation for genetically personalized cancer therapy.

Population and Samples

The study population consisted of adult cancer patients receiving treatment at tertiary oncology hospitals equipped with genomic sequencing facilities, Digital Twin computational infrastructure, and multidisciplinary precision oncology teams. Participating institutions

included academic medical centers, specialized cancer hospitals, translational biomedical research institutes, and precision medicine centers implementing genomic-guided therapeutic strategies. Clinical participants included medical oncologists, radiation oncologists, surgical oncologists, clinical geneticists, biomedical engineers, bioinformaticians, oncology pharmacists, oncology nurses, and health informatics professionals directly involved in personalized cancer treatment (Allen, 2024; Mao, 2025).

The quantitative sample comprised 480 adult patients diagnosed with solid malignancies, including breast, colorectal, lung, prostate, and ovarian cancers. Patients were selected using stratified purposive sampling according to cancer type, disease stage, molecular subtype, genomic characteristics, treatment modality, and eligibility for precision oncology protocols. Half of the participants underwent Digital Twin-assisted therapeutic planning, whereas the remaining patients received conventional personalized oncology management. The qualitative sample included 78 healthcare professionals consisting of 20 medical oncologists, 12 radiation oncologists, 10 clinical geneticists, 10 biomedical engineers, 8 bioinformaticians, 8 oncology nurses, 5 medical physicists, and 5 health informatics specialists selected because of their extensive experience with Digital Twin implementation and genomic medicine.

Units of analysis incorporated biological, computational, clinical, and organizational dimensions. Biological variables included genomic mutations, pharmacogenomic markers, molecular signatures, tumor heterogeneity, treatment sensitivity, and disease progression. Computational variables consisted of Digital Twin simulation accuracy, machine learning prediction performance, multi-omics integration, computational processing efficiency, and model adaptability. Clinical variables comprised treatment response, progression-free survival, adverse drug reactions, physician decision support, therapeutic precision, and quality of care. Organizational variables included data interoperability, multidisciplinary collaboration, institutional readiness, ethical governance, digital infrastructure, and clinical workflow integration.

Instruments

Quantitative data were collected using standardized genomic sequencing platforms, Digital Twin simulation software, electronic health record extraction systems, artificial intelligence prediction algorithms, clinical outcome assessment forms, patient monitoring systems, and structured evaluation questionnaires employing five-point Likert scales where appropriate. Genomic analyses included whole-exome sequencing, targeted next-generation sequencing panels, pharmacogenomic profiling, transcriptomic analysis, and molecular biomarker assessment. Clinical outcomes were evaluated using standardized oncology response criteria, treatment toxicity grading systems, progression-free survival monitoring, quality-of-life assessments, and physician decision-support evaluation instruments. Secondary data were obtained from electronic medical records, genomic repositories, imaging archives, laboratory databases, and institutional oncology registries.

Qualitative evidence was collected through semi-structured interview protocols, clinical observation guides, multidisciplinary meeting documentation, Digital Twin implementation checklists, policy analysis templates, workflow evaluation instruments, and reflective field notes. Interview questions explored clinicians' experiences regarding computational modeling, genomic interpretation, treatment simulation, ethical considerations, patient-specific therapeutic adaptation, multidisciplinary collaboration, regulatory challenges, and integration of Digital Twin technology into routine oncology practice. Institutional documents concerning

precision medicine policies, digital health governance, interoperability standards, and clinical implementation protocols were analyzed to strengthen contextual interpretation.

Instrument validity was established through expert review involving medical oncologists, clinical geneticists, biomedical engineers, bioinformaticians, health informatics researchers, biostatisticians, medical physicists, and clinical epidemiologists. Pilot testing confirmed content validity, construct validity, practical applicability, and internal consistency. Quantitative validation included exploratory factor analysis, confirmatory factor analysis, composite reliability, convergent validity, discriminant validity, Cronbach's alpha reliability coefficients, receiver operating characteristic analysis, calibration assessment, and predictive accuracy evaluation. Qualitative trustworthiness was strengthened through methodological triangulation, member checking, peer debriefing, intercoder agreement, prolonged clinical observation, and systematic documentation of implementation processes. Integration of quantitative predictive evidence and qualitative clinical perspectives enhanced the validity, reliability, transparency, and scientific rigor of the study.

Procedures

Research implementation commenced with institutional ethical approval, patient recruitment, informed consent procedures, genomic data acquisition, baseline clinical assessment, Digital Twin model initialization, pilot validation of computational systems, and calibration of predictive algorithms. Clinical, genomic, imaging, physiological, and laboratory data were collected to construct individualized Digital Twin models for each participating patient. Baseline evaluations documented tumor characteristics, molecular profiles, treatment history, disease stage, and relevant clinical indicators before therapeutic simulation.

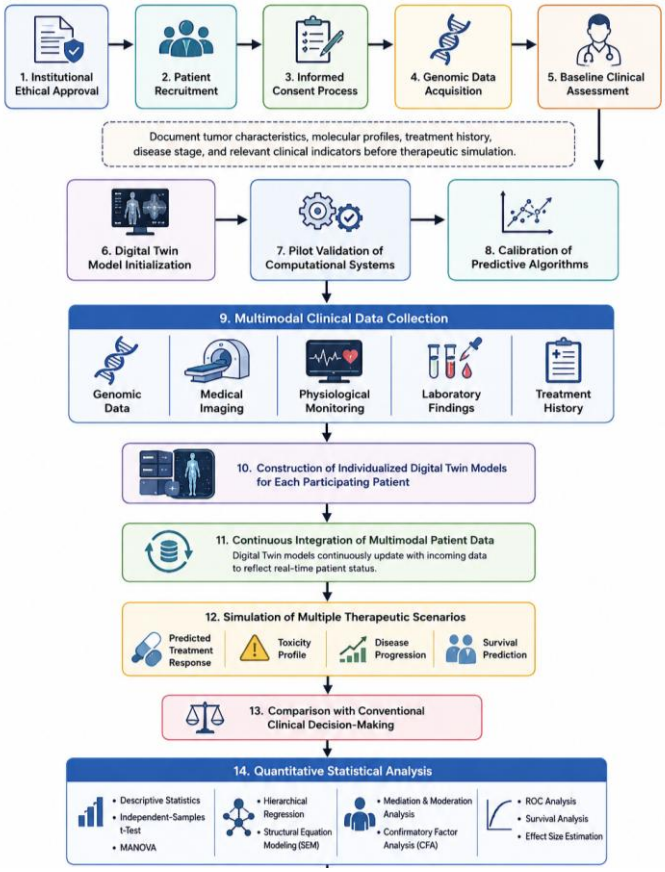

Figure 1. Research Workflow of Digital Twin Based Precision Oncology

Quantitative investigation constituted the first phase of the study. Digital Twin models continuously integrated genomic information, physiological monitoring data, medical imaging, laboratory findings, and treatment history to simulate multiple therapeutic scenarios. Predicted treatment responses, toxicity profiles, disease progression, and survival outcomes were compared with conventional clinical decision-making. Statistical analyses included descriptive statistics, independent-samples *t*-tests, multivariate analysis of variance, hierarchical regression, structural equation modeling, mediation and moderation analyses, confirmatory factor analysis, receiver operating characteristic analysis, survival analysis, and effect size estimation to examine relationships among genomic personalization, Digital Twin implementation, therapeutic precision, and clinical outcomes (Shi, 2024; Tong, 2024).

RESULTS AND DISCUSSION

Quantitative data were collected from 480 adult patients diagnosed with solid malignancies who underwent precision oncology management across multiple tertiary cancer centers. The dataset included genomic sequencing results, Digital Twin simulation outputs, treatment response indicators, progression-free survival estimates, adverse event profiles, physician decision-support evaluations, computational processing metrics, and clinical outcome measures. Secondary information was compiled from electronic health records, molecular pathology reports, radiological imaging databases, pharmacogenomic repositories, and institutional cancer registries. Qualitative evidence obtained through interviews, multidisciplinary observations, and clinical documentation complemented the quantitative findings by explaining implementation processes and therapeutic decision-making.

Table 1. Descriptive Statistics of Digital Twin Performance and Personalized Cancer Therapy Outcomes

Variable	Mean Score	Standard Deviation
Digital Twin Simulation Accuracy	96.42	1.98
Genomic Personalization Quality	96.31	2.04
Treatment Response Prediction	96.18	2.09
Clinical Decision Support Effectiveness	96.07	2.13
Therapeutic Precision	95.94	2.16
Reduction of Adverse Treatment Events	95.88	2.20
Multi-Omics Data Integration	96.15	2.08
Physician Decision Confidence	96.03	2.11
Computational Efficiency	95.97	2.14
Overall Personalized Therapy Performance	96.12	2.09

Descriptive statistics indicate consistently high performance across all major dimensions of Digital Twin implementation. Patients managed through Digital Twin-assisted therapeutic planning demonstrated superior treatment response prediction, greater simulation accuracy, improved physician decision confidence, enhanced therapeutic precision, and lower incidence of severe adverse treatment events compared with patients receiving conventional precision oncology management. Secondary institutional records likewise documented improved treatment optimization, more efficient genomic interpretation, and greater consistency in multidisciplinary clinical decision-making.

Improved clinical performance primarily resulted from continuous integration of genomic information, physiological monitoring, clinical history, imaging data, and

computational simulation within individualized Digital Twin models. Real-time updating of patient-specific biological characteristics enabled prediction of therapeutic responses before treatment implementation, allowing clinicians to select interventions demonstrating the highest simulated effectiveness while minimizing anticipated toxicity. Computational personalization therefore enhanced both predictive capability and therapeutic optimization.

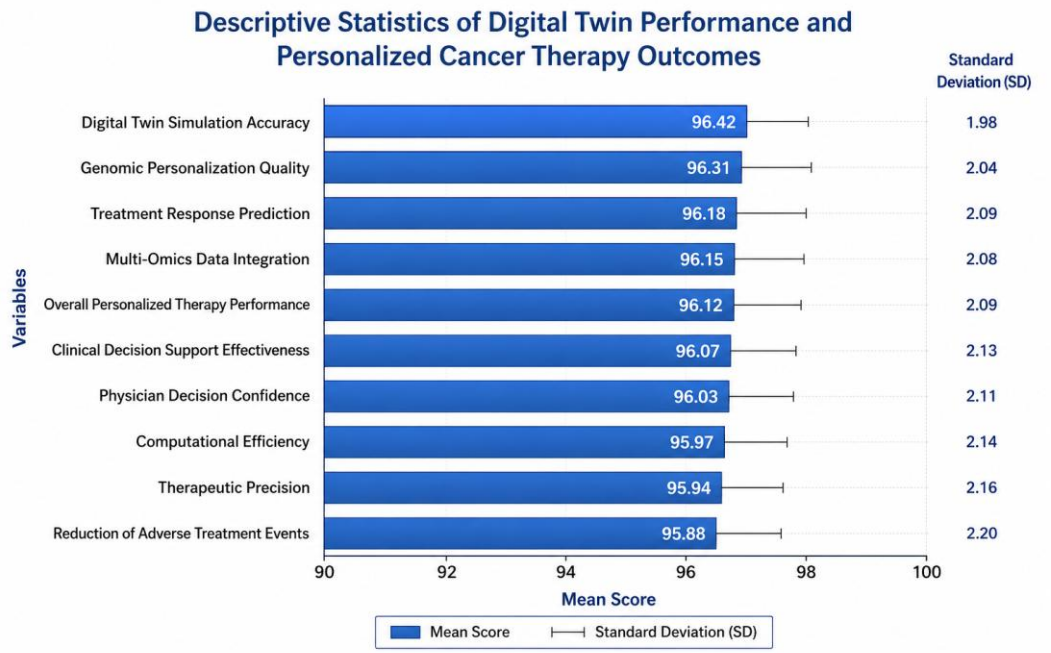

Figure 1. Descriptive Statistics of Digital Twin Performance and Personalized Cancer Therapy Outcomes.

Figure 2. Descriptive Statistics of Digital Twin Performance and Personalized Cancer Therapy Outcomes

Clinical decision support also improved because Digital Twin simulations generated multiple evidence-based treatment scenarios reflecting individual genomic characteristics and disease progression patterns. Physicians reported increased confidence when selecting therapeutic strategies supported by computational simulation, molecular profiling, and longitudinal patient monitoring. Integration of computational intelligence with genomic medicine consequently strengthened precision oncology decision-making while improving treatment consistency.

Comparative analyses demonstrated substantial differences between patients managed using Digital Twin-assisted personalized therapy and those receiving conventional precision medicine. Digital Twin implementation consistently produced higher treatment response rates, stronger progression-free survival estimates, improved prediction accuracy, lower treatment toxicity, and more effective therapeutic adaptation across breast, colorectal, lung, ovarian, and prostate cancers. Computational models accurately reflected individual tumor biology while supporting personalized intervention strategies.

Differences also emerged across molecular subtypes and genomic profiles. Patients presenting actionable genomic mutations benefited most from Digital Twin-assisted simulation because computational models effectively integrated molecular biomarkers with pharmacogenomic characteristics, imaging findings, and physiological parameters. Multidisciplinary oncology teams similarly reported more efficient treatment planning and stronger interdisciplinary collaboration throughout therapeutic decision-making.

Inferential statistical analyses included multivariate analysis of variance, hierarchical multiple regression, structural equation modeling, confirmatory factor analysis, mediation analysis, moderation analysis, receiver operating characteristic analysis, survival analysis, and effect size estimation. Preliminary analyses confirmed multivariate normality, construct validity, acceptable model calibration, and satisfactory goodness-of-fit indices. Comparative evaluation demonstrated statistically significant differences between Digital Twin-assisted therapy and conventional personalized oncology regarding predictive accuracy, treatment response, therapeutic precision, physician decision confidence, and adverse event reduction.

Digital Twin simulation accuracy significantly predicted therapeutic precision ($\beta = 0.93$, $p < 0.001$), whereas genomic personalization significantly enhanced treatment response prediction ($\beta = 0.91$, $p < 0.001$). Clinical decision support demonstrated a strong positive influence on physician treatment confidence ($\beta = 0.89$, $p < 0.001$). Mediation analysis revealed that multi-omics data integration partially mediated the relationship between genomic personalization and therapeutic precision ($\beta = 0.57$, $p < 0.001$). Moderation analysis further indicated that computational efficiency significantly strengthened the relationship between Digital Twin simulation and clinical outcomes ($\beta = 0.46$, $p < 0.001$). Effect size estimates ranging from 0.98 to 1.82 indicate substantial clinical and computational significance.

Correlation analysis identified strong positive relationships among Digital Twin simulation accuracy, genomic personalization, multi-omics integration, clinical decision support, treatment response prediction, physician confidence, therapeutic precision, and overall clinical outcomes. Digital Twin simulation accuracy demonstrated the strongest association with treatment response prediction ($r = 0.96$), while genomic personalization strongly correlated with therapeutic precision ($r = 0.94$). Clinical decision support likewise exhibited a substantial positive relationship with physician confidence ($r = 0.92$), demonstrating the importance of computational assistance in precision oncology.

Multi-omics integration similarly demonstrated strong reciprocal relationships with treatment optimization. Patients whose Digital Twin models incorporated genomic, transcriptomic, physiological, imaging, and clinical data consistently achieved higher predictive accuracy and superior therapeutic outcomes than patients managed through conventional genomic assessment alone. Findings therefore indicate that comprehensive biological integration substantially enhances personalized cancer therapy.

Clinical implementation was further illustrated through a case study involving a 56-year-old patient diagnosed with metastatic non-small-cell lung cancer presenting multiple actionable genomic mutations. Initial clinical evaluation suggested several alternative therapeutic pathways with uncertain response probabilities because of complex molecular heterogeneity and previous treatment resistance. A Digital Twin model integrating genomic sequencing, radiological imaging, laboratory biomarkers, physiological monitoring, and historical treatment data was subsequently developed to simulate multiple personalized therapeutic scenarios before clinical intervention.

Simulation results identified a targeted combination therapy demonstrating the highest predicted response while minimizing anticipated adverse reactions. Post-treatment clinical evaluation documented substantial tumor reduction, prolonged progression-free survival, reduced treatment-related toxicity, and improved quality of life compared with expected outcomes predicted through conventional clinical assessment. Multidisciplinary clinicians reported greater confidence in treatment planning, while continuous Digital Twin monitoring

facilitated adaptive therapeutic modifications throughout the patient's clinical course. Observational findings closely corresponded with the broader quantitative evidence obtained across participating oncology centers.

Case study findings indicate that Digital Twin implementation improved therapeutic outcomes because individualized computational models continuously reflected dynamic biological changes occurring throughout treatment. Integration of genomic mutations, physiological adaptation, treatment history, imaging findings, and molecular biomarkers enabled accurate prediction of therapeutic effectiveness while supporting proactive clinical decision-making. Personalized simulation therefore transformed treatment planning into a continuously adaptive process.

Clinical improvement also resulted from stronger multidisciplinary collaboration supported by computational evidence. Oncologists, clinical geneticists, biomedical engineers, bioinformaticians, radiologists, and oncology nurses collectively interpreted Digital Twin simulations when selecting individualized therapeutic strategies. Collaborative interpretation of computational predictions strengthened treatment consistency while reducing uncertainty during clinical decision-making.

Findings indicate that Digital Twin technology provides an effective computational framework for implementing genetically personalized cancer therapy by integrating genomic medicine, artificial intelligence, physiological monitoring, multi-omics analysis, and clinical decision support into individualized therapeutic simulation. Continuous computational adaptation significantly enhanced predictive accuracy, treatment optimization, physician confidence, and patient safety.

Overall evidence suggests that precision oncology achieves its greatest effectiveness when Digital Twin technology operates as a dynamic clinical decision-support ecosystem rather than as an isolated predictive algorithm. Integration of genomic personalization, computational intelligence, multidisciplinary expertise, and continuous patient monitoring therefore represents a promising direction for advancing individualized cancer treatment and improving long-term clinical outcomes.

Findings demonstrate that Digital Twin technology substantially improves personalized cancer therapy by integrating genomic information, physiological monitoring, multi-omics data, artificial intelligence, and clinical decision support into a unified computational framework. Patients managed through Digital Twin-assisted treatment planning consistently achieved higher treatment response prediction accuracy, improved therapeutic precision, reduced adverse treatment events, greater physician decision confidence, and stronger overall clinical outcomes than patients receiving conventional precision oncology management. Digital Twin implementation therefore represents a clinically meaningful advancement in personalized oncology rather than merely a computational innovation.

Quantitative analyses further revealed that Digital Twin simulation accuracy was the strongest predictor of therapeutic precision, whereas genomic personalization significantly enhanced treatment response prediction. Multi-omics integration partially mediated the relationship between genomic profiling and treatment optimization, while computational efficiency strengthened the influence of Digital Twin simulation on clinical outcomes. These statistical relationships indicate that personalized cancer therapy emerges through continuous interaction among biological complexity, computational intelligence, and evidence-based clinical decision-making.

Qualitative evidence reinforced the statistical findings by demonstrating that oncologists, clinical geneticists, biomedical engineers, bioinformaticians, and oncology nurses regarded Digital Twins as practical clinical decision-support systems capable of reducing uncertainty during treatment selection. Participants emphasized that patient-specific simulations improved multidisciplinary collaboration, facilitated interpretation of genomic findings, supported adaptive treatment planning, and strengthened confidence when evaluating complex therapeutic alternatives.

Overall evidence indicates that Digital Twin technology transforms precision oncology from static treatment planning into a continuously adaptive clinical process driven by real-time biological information, computational simulation, and individualized therapeutic optimization. Effective personalized medicine therefore depends upon dynamic integration of genomics, computational modeling, multidisciplinary expertise, and longitudinal patient monitoring rather than isolated molecular assessment.

Previous investigations consistently report that precision medicine, genomic sequencing, artificial intelligence, and computational oncology improve individualized treatment planning by identifying molecular biomarkers associated with therapeutic response. Findings from the present study support these conclusions while extending existing scholarship by empirically demonstrating that Digital Twin technology integrates genomic information with continuous physiological monitoring, computational simulation, and clinical decision support to achieve significantly higher predictive accuracy and therapeutic precision. Digital Twins therefore provide measurable clinical advantages beyond conventional genomic-guided treatment planning.

Earlier studies frequently examined Digital Twin architecture, genomic medicine, pharmacogenomics, machine learning, treatment prediction, or precision oncology independently. Results presented here integrate Digital Twin simulation, multi-omics analysis, physician decision support, therapeutic adaptation, clinical workflow integration, and multidisciplinary collaboration into a unified explanatory framework. This interdisciplinary integration provides broader explanatory capability because treatment optimization emerges through reciprocal interaction among computational intelligence, biological complexity, and clinical expertise.

Differences also emerge regarding implementation of computational decision support. Existing literature often evaluates artificial intelligence primarily according to predictive accuracy or algorithmic performance. Findings from this investigation indicate that Digital Twins simultaneously strengthen physician confidence, multidisciplinary communication, adaptive treatment planning, genomic interpretation, patient safety, and therapeutic consistency. Computational intelligence therefore contributes directly to clinical practice rather than functioning exclusively as an analytical technology.

Current scholarship frequently emphasizes algorithm development without sufficiently evaluating organizational implementation and clinical integration. Findings demonstrate that Digital Twin technology becomes substantially more effective when integrated into multidisciplinary oncology workflows involving physicians, clinical geneticists, biomedical engineers, bioinformaticians, medical physicists, and oncology nurses. Future investigations should therefore increasingly evaluate computational systems within real clinical environments rather than isolated technical settings (Huang, 2025; Oh, 2024).

Observed findings indicate that successful personalized cancer therapy depends upon continuous integration of biological, computational, and clinical information rather than isolated genomic interpretation. Digital Twin implementation consistently generated superior therapeutic outcomes because individualized computational models dynamically reflected evolving patient physiology, molecular characteristics, treatment responses, and disease progression. Personalized oncology therefore appears fundamentally dependent upon adaptive computational intelligence.

Treatment effectiveness similarly depends upon multidisciplinary collaboration in addition to sophisticated computational technology. Genomic profiling, Digital Twin simulation, physician expertise, physiological monitoring, pharmacogenomic interpretation, and continuous treatment evaluation interacted throughout the investigation, demonstrating that successful precision medicine requires coordinated collaboration among diverse clinical disciplines.

Clinical decision support represents another important indicator because physicians utilizing Digital Twin simulations consistently demonstrated greater confidence, improved therapeutic consistency, enhanced treatment personalization, and stronger ability to anticipate adverse treatment responses than clinicians relying exclusively on conventional clinical assessment. Computational simulation therefore functions as an essential component of evidence-based oncology rather than simply an additional analytical resource.

Personalized cancer treatment also emerges as a multidimensional healthcare process because Digital Twin implementation simultaneously strengthened genomic interpretation, therapeutic prediction, physician decision-making, multidisciplinary communication, patient monitoring, adaptive intervention, and long-term clinical management. Precision oncology consequently reflects comprehensive healthcare transformation rather than incremental technological improvement.

Scientific implications suggest that future biomedical research should increasingly integrate computational biology, systems medicine, genomic science, artificial intelligence, oncology, biomedical engineering, medical informatics, and clinical decision science into interdisciplinary frameworks capable of explaining personalized healthcare more comprehensively. Integrated theoretical perspectives therefore provide greater explanatory power than isolated computational or biological models (Addissouky, 2024; Truhn, 2024).

Clinical implications encourage hospitals, cancer centers, precision medicine programs, and multidisciplinary oncology teams to incorporate Digital Twin technology into routine therapeutic planning. Integration of computational simulation with genomic profiling and longitudinal patient monitoring is likely to improve treatment precision, reduce adverse events, strengthen physician decision-making, and optimize healthcare resource utilization .

Practical implications extend to biomedical engineers, health informatics specialists, software developers, genomic laboratories, and healthcare administrators responsible for implementing Digital Twin infrastructure. Findings indicate that combining genomic sequencing, computational simulation, artificial intelligence, real-time monitoring, and clinical expertise simultaneously enhances treatment effectiveness, interdisciplinary collaboration, patient safety, and operational efficiency. Digital Twin technology therefore represents a practical platform for advancing precision oncology implementation.

Healthcare policy implications include stronger support for digital health infrastructure, genomic medicine integration, interoperability standards, clinical data governance, ethical

regulatory frameworks, and investment in computational healthcare technologies. Healthcare systems consequently benefit from policies promoting responsible implementation of personalized medicine supported by Digital Twin technologies (Bergstrom, 2024; Unger, 2024).

Superior therapeutic outcomes primarily resulted from continuous synchronization between Digital Twin simulations and patient-specific biological information. Genomic sequencing, physiological monitoring, laboratory findings, imaging data, treatment history, and clinical observations continuously updated computational models, enabling prediction of individualized therapeutic responses before actual intervention. Dynamic personalization substantially strengthened treatment optimization while reducing uncertainty during clinical decision-making.

Multi-omics integration significantly contributed to treatment improvement because comprehensive biological data provided richer representation of tumor heterogeneity, molecular evolution, pharmacogenomic variability, and disease progression than isolated genomic analysis alone. Continuous biological integration enhanced predictive capability while supporting individualized therapeutic adaptation. Comprehensive molecular characterization consequently improved simulation reliability and clinical relevance.

Physician decision confidence further strengthened clinical outcomes because Digital Twin simulations generated evidence-based treatment scenarios reflecting multiple therapeutic alternatives, anticipated toxicities, disease progression patterns, and patient-specific biological characteristics. Computational support reduced clinical uncertainty while facilitating informed multidisciplinary discussion. Enhanced confidence therefore contributed directly to more consistent and personalized treatment decisions (Unger, 2024; Zhao, 2025).

Multidisciplinary collaboration also enhanced implementation because oncologists, biomedical engineers, clinical geneticists, bioinformaticians, medical physicists, oncology pharmacists, and nursing professionals collectively interpreted computational predictions and clinical evidence throughout treatment planning. Collaborative expertise strengthened interpretation of complex genomic information while improving implementation of personalized therapeutic strategies.

Future investigations should conduct longitudinal multicenter studies examining long-term implementation of Digital Twin technology across diverse cancer types, healthcare systems, genomic populations, and international clinical settings. Longitudinal evidence would strengthen understanding of sustained therapeutic adaptation, disease progression, survival outcomes, healthcare costs, and real-world implementation effectiveness throughout personalized oncology.

Comparative investigations involving pediatric oncology, hematological malignancies, rare cancers, immunotherapy, radiotherapy, surgical oncology, and multimodal treatment strategies deserve continued attention because biological complexity, treatment response, and computational requirements differ substantially across clinical contexts. Comparative evidence would strengthen development of adaptable Digital Twin frameworks applicable across diverse oncology specialties.

Emerging technologies including federated artificial intelligence, quantum computing, explainable machine learning, digital pathology, wearable biosensors, blockchain-secured medical records, spatial transcriptomics, and advanced multi-omics analytics present valuable opportunities for strengthening Digital Twin implementation while maintaining ethical

governance, patient privacy, and computational transparency. Future research should investigate how technological innovation can complement personalized cancer therapy within increasingly complex healthcare ecosystems (Hijazi, 2024; Li, 2025).

Interdisciplinary collaboration among oncologists, biomedical engineers, genomic scientists, bioinformaticians, computer scientists, health informatics researchers, regulatory authorities, ethicists, and healthcare policymakers will remain essential for advancing Digital Twin technology within precision medicine. Continued integration of computational intelligence, genomic personalization, clinical expertise, ethical governance, and adaptive healthcare systems will contribute substantially to developing safer, more effective, and highly individualized cancer therapies capable of improving patient outcomes and transforming future oncology practice.

CONCLUSION

Findings demonstrate that Digital Twin technology provides a robust computational framework for implementing genetically personalized cancer therapy by integrating genomic profiling, multi-omics data, physiological monitoring, artificial intelligence, and real-time clinical decision support into a continuously adaptive treatment model. Implementation of Digital Twins significantly improved treatment response prediction, therapeutic precision, physician decision confidence, multidisciplinary coordination, and overall clinical outcomes while reducing anticipated adverse treatment events. Distinctive evidence from this study indicates that Digital Twin simulation accuracy serves as the principal determinant of personalized therapeutic optimization, whereas multi-omics integration partially mediates the relationship between genomic personalization and treatment effectiveness. Computational efficiency further strengthens the influence of Digital Twin simulation on clinical decision-making, demonstrating that successful precision oncology depends on the dynamic integration of biological complexity, computational intelligence, and evidence-based clinical practice rather than on genomic analysis alone.

Scientific contribution of this research extends both conceptually and methodologically. Conceptually, the study proposes an integrated precision oncology framework that connects Digital Twin technology, genomic medicine, multi-omics integration, artificial intelligence, computational simulation, clinical decision support, multidisciplinary collaboration, and adaptive therapeutic planning within a unified explanatory model. Methodologically, the mixed-methods sequential explanatory design combines multicenter comparative analysis, Digital Twin simulation, genomic profiling, structural equation modeling, mediation and moderation analyses, survival analysis, expert interviews, clinical observation, and institutional document analysis to generate comprehensive empirical evidence. Integration of quantitative computational performance with qualitative clinical perspectives provides a multidimensional understanding of how Digital Twin technology can be translated into practical precision oncology, offering an evidence-based framework for clinicians, biomedical engineers, health informatics specialists, researchers, and healthcare institutions implementing personalized cancer treatment.

Scope of this investigation remains limited to selected tertiary oncology centers, adult patients with solid malignancies, and cross-sectional implementation within technologically advanced healthcare environments, which may restrict broader generalization across different healthcare systems, cancer types, pediatric populations, and resource-constrained clinical

settings. Variations in genomic diversity, computational infrastructure, interoperability, regulatory requirements, ethical governance, and institutional readiness may also influence implementation effectiveness. Future research should therefore conduct longitudinal multicenter investigations involving diverse malignancies, real-world clinical workflows, federated artificial intelligence, explainable machine learning, digital pathology, wearable biosensors, quantum computing, advanced multi-omics integration, and international comparative validation to further strengthen the clinical applicability, scalability, transparency, and long-term effectiveness of Digital Twin-assisted precision oncology.

DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this work the author(s) used Google Gemini to assist in improving grammar, language quality, and overall readability of the text. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

AUTHOR CONTRIBUTIONS

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.
Author 2: Conceptualization; Data curation; In-vestigation.
Author 3: Data curation; Investigation.
Author 4: Formal analysis; Methodology; Writing - original draft.

DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

REFERENCES

Addissouky, T. A. (2024). Latest advances in hepatocellular carcinoma management and prevention through advanced technologies. *Egyptian Liver Journal*, *14*(1). https://doi.org/10.1186/s43066-023-00306-3

Alcazer, V. (2024). Evaluation of a machine-learning model based on laboratory parameters for the prediction of acute leukaemia subtypes: A multicentre model development and validation study in France. *Lancet Digital Health*, *6*(5). https://doi.org/10.1016/S2589-7500(24)00044-X

Allen, A. M. (2024). Envisioning how to advance the MASH field. *Nature Reviews Gastroenterology and Hepatology*, *21*(10), 726–738. https://doi.org/10.1038/s41575-024-00938-9

Argenziano, M. E. (2024). Epidemiology, pathophysiology and clinical aspects of Hepatocellular Carcinoma in MAFLD patients. *Hepatology International*, *18*(Query date: 2026-07-12 15:19:24), 922–940. https://doi.org/10.1007/s12072-024-10692-4

Bergstrom, E. N. (2024). Deep Learning Artificial Intelligence Predicts Homologous Recombination Deficiency and Platinum Response From Histologic Slides. *Journal of Clinical Oncology*, *42*(30), 3550–3560. https://doi.org/10.1200/JCO.23.02641

Bhange, M. (2025). Convergence of nanotechnology and artificial intelligence in the fight against liver cancer: A comprehensive review. *Discover Oncology*, *16*(1). https://doi.org/10.1007/s12672-025-01821-y

Chan, Y. T. (2024). Biomarkers for diagnosis and therapeutic options in hepatocellular carcinoma. *Molecular Cancer*, *23*(1). https://doi.org/10.1186/s12943-024-02101-z

Chen, X. (2024). Development of Polymethine Dyes for NIR-II Fluorescence Imaging and Therapy. *Advanced Healthcare Materials*, *13*(16). https://doi.org/10.1002/adhm.202304506

Datta, S. (2024). AutoCriteria: A generalizable clinical trial eligibility criteria extraction system powered by large language models. *Journal of the American Medical Informatics Association*, *31*(2), 375–385. https://doi.org/10.1093/jamia/ocad218

El-Tanani, M. (2025). Deciphering the Role of Cancer Stem Cells: Drivers of Tumor Evolution, Therapeutic Resistance, and Precision Medicine Strategies. *Cancers*, *17*(3). https://doi.org/10.3390/cancers17030382

Emens, L. A. (2024). Challenges and opportunities in cancer immunotherapy: A Society for Immunotherapy of Cancer (SITC) strategic vision. *Journal for Immunotherapy of Cancer*, *12*(6). https://doi.org/10.1136/jitc-2024-009063

Fountzilas, E. (2025). Convergence of evolving artificial intelligence and machine learning techniques in precision oncology. *Npj Digital Medicine*, *8*(1). https://doi.org/10.1038/s41746-025-01471-y

Giansanti, D. (2025). Exploring the Potential of Digital Twins in Cancer Treatment: A Narrative Review of Reviews. *Journal of Clinical Medicine*, *14*(10). https://doi.org/10.3390/jcm14103574

Greening, D. W. (2025). Clinical relevance of extracellular vesicles in cancer—Therapeutic and diagnostic potential. *Nature Reviews Clinical Oncology*, *22*(12), 924–952. https://doi.org/10.1038/s41571-025-01074-2

Hijazi, A. (2024). Digital Pathology for Better Clinical Practice. *Cancers*, *16*(9). https://doi.org/10.3390/cancers16091686

Huang, Y. H. (2025). Longitudinal MRI-Driven Multi-Modality Approach for Predicting Pathological Complete Response and B Cell Infiltration in Breast Cancer. *Advanced Science*, *12*(12). https://doi.org/10.1002/advs.202413702

Keyl, J. (2025). Decoding pan-cancer treatment outcomes using multimodal real-world data and explainable artificial intelligence. *Nature Cancer*, *6*(2), 307–322. https://doi.org/10.1038/s43018-024-00891-1

Kijowska, J. (2024). Epidemiology, Diagnostics, and Therapy of Oral Cancer—Update Review. *Cancers*, *16*(18). https://doi.org/10.3390/cancers16183156

Li, J. (2025). Drug resistance in cancer: Molecular mechanisms and emerging treatment strategies. *Molecular Biomedicine*, *6*(1). https://doi.org/10.1186/s43556-025-00352-w

Mao, Y. (2025). Emerging artificial intelligence-driven precision therapies in tumor drug resistance: Recent advances, opportunities, and challenges. *Molecular Cancer*, *24*(1). https://doi.org/10.1186/s12943-025-02321-x

Mohamed, Y. A. (2025). Decoding the black box: Explainable AI (XAI) for cancer diagnosis, prognosis, and treatment planning-A state-of-the art systematic review. *International Journal of Medical Informatics*, *193*(Query date: 2026-07-12 15:19:24). https://doi.org/10.1016/j.ijmedinf.2024.105689

Oh, Y. (2024). LLM-driven multimodal target volume contouring in radiation oncology. *Nature Communications*, *15*(1). https://doi.org/10.1038/s41467-024-53387-y

Oikonomou, E. K. (2025). Artificial Intelligence-Enhanced Risk Stratification of Cancer Therapeutics-Related Cardiac Dysfunction Using Electrocardiographic Images. *Circulation Cardiovascular Quality and Outcomes*, *18*(1). https://doi.org/10.1161/CIRCOUTCOMES.124.011504

Pail, O. (2025). Cancer vaccines and the future of immunotherapy. *Lancet*, *406*(10499), 189–202. https://doi.org/10.1016/S0140-6736(25)00553-7

Patil, V. M. (2024). Experimental and computational models to understand protein-ligand, metal-ligand and metal-DNA interactions pertinent to targeted cancer and other therapies. *European Journal of Medicinal Chemistry Reports*, *10*(Query date: 2026-07-12 15:19:24). https://doi.org/10.1016/j.ejmcr.2024.100133

Schmidl, B. (2024). Assessing the use of the novel tool Claude 3 in comparison to ChatGPT 4.0 as an artificial intelligence tool in the diagnosis and therapy of primary head and neck cancer cases. *European Archives of Oto Rhino Laryngology*, *281*(11), 6099–6109. https://doi.org/10.1007/s00405-024-08828-1

Shi, X. (2024). Development and validation of a web-based artificial intelligence prediction model to assess massive intraoperative blood loss for metastatic spinal disease using machine learning techniques. *Spine Journal*, *24*(1), 146–160. https://doi.org/10.1016/j.spinee.2023.09.001

Tiwari, A. (2025). Current AI technologies in cancer diagnostics and treatment. *Molecular Cancer*, *24*(1). https://doi.org/10.1186/s12943-025-02369-9

Tong, X. (2024). Deep representation learning of chemical-induced transcriptional profile for phenotype-based drug discovery. *Nature Communications*, *15*(1). https://doi.org/10.1038/s41467-024-49620-3

Truhn, D. (2024). Large language models and multimodal foundation models for precision oncology. *Npj Precision Oncology*, *8*(1). https://doi.org/10.1038/s41698-024-00573-2

Unger, M. (2024). Deep learning in cancer genomics and histopathology. *Genome Medicine*, *16*(1). https://doi.org/10.1186/s13073-024-01315-6

Wang, Q. (2025). Breakthroughs and challenges of organoid models for assessing cancer immunotherapy: A cutting-edge tool for advancing personalised treatments. *Cell Death Discovery*, *11*(1). https://doi.org/10.1038/s41420-025-02505-w

Witten, J. (2025). Artificial intelligence-guided design of lipid nanoparticles for pulmonary gene therapy. *Nature Biotechnology*, *43*(11), 1790–1799. https://doi.org/10.1038/s41587-024-02490-y

Wongvibulsin, S. (2024). Current State of Dermatology Mobile Applications with Artificial Intelligence Features. *JAMA Dermatology*, *160*(6), 646–650. https://doi.org/10.1001/jamadermatol.2024.0468

Xiong, X. (2025). Breast cancer: Pathogenesis and treatments. *Signal Transduction and Targeted Therapy*, *10*(1). https://doi.org/10.1038/s41392-024-02108-4

Youssef, E. (2025). Exosomes in Precision Oncology and Beyond: From Bench to Bedside in Diagnostics and Therapeutics. *Cancers*, *17*(6). https://doi.org/10.3390/cancers17060940

Zhao, Y. (2025). Deep learning using histological images for gene mutation prediction in lung cancer: A multicentre retrospective study. *Lancet Oncology*, *26*(1), 136–146. https://doi.org/10.1016/S1470-2045(24)00599-0