

The Role of Machine Learning in Modern Medical Diagnostics: Potential and Challenges

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Abstract:

Medical care is a vital component of human life, closely linked to safeguarding health and treating diseases. In the article, the current situation of the integration of artificial intelligence and medical care is reviewed. This direction was chosen because contemporary artificial intelligence is undergoing rapid development, and the field of artificial intelligence has huge development potential and can be considered to assist doctors in medicine. During the research process, by classifying diseases, this study collected models or some existing research findings that have been developed by artificial intelligence for medical treatment in different disease fields in recent years and analyzed them to summarize the current combination of medical treatment and artificial intelligence. degree of development. In the study, it was found that there are still some hidden dangers in the combination of contemporary artificial intelligence and medical care, such as poor applicability, distribution differences, and easy leakage of patient privacy information. And collected some possible solutions to these problems.

Keywords: Artificial intelligence; medical care; deep learning.

1. Introduction

Medical care is an indispensable part of human life, and it is directly related to human health security and disease treatment. However, traditional diagnostic modalities have many limitations. For example, traditional diagnostics are often inefficient and highly dependent on the expertise and clinical experience of medical staff, resulting in high labor costs. In addition, due to the influence of the doctor's experience, fatigue level, and other external factors, the risk of

misdiagnosis cannot be ignored. In the face of increasing medical needs, it is challenging to meet the requirements of modern society with traditional diagnostic methods alone. Therefore, it is particularly important to introduce new auxiliary diagnostic technologies. As a rapidly developing technology, Artificial Intelligence (AI) has shown great potential. Through the accumulation and training of large amounts of data, AI can not only efficiently extract key features in data, but also make accurate predictions and anal-

ysis based on these features. In the medical field, artificial intelligence can assist doctors to make more accurate diagnoses, improve the efficiency and accuracy of diagnosis, reduce the burden on doctors, and reduce the rate of misdiagnosis, so it can be considered to be combined with medical diagnosis.

In recent years, remarkable progress has been made in the field of artificial intelligence, and various representative algorithms have emerged and been widely used. Algorithms such as decision trees, random forests, neural networks have shown their powerful capabilities and potential in many fields. For example, Google's DeepMind team has developed an AI system that can match or surpass radiologists when analyzing X-rays for breast cancer screening. Through a large amount of training data, the system learns how to identify subtle anomalies in images, thereby effectively improving the accuracy of diagnosis and reducing the rate of misdiagnosis [1]. IBM Watson for Oncology uses artificial intelligence technology to provide personalized treatment recommendations for cancer patients. By analyzing the patient's electronic medical record, genomic data, and relevant medical literature, the system can provide doctors with a reference for a variety of treatment options, and point out the basis and possible efficacy of each option. This AI-based decision support system can help doctors develop more precise treatment strategies [2]. A machine-based model developed by Johns Hopkins University is able to predict a patient's risk of sepsis early by analyzing their electronic health records (EHRs). This model integrates a large amount of patient data, including vital signs, laboratory results, etc., for real-time analysis, so as to provide timely warning before the occurrence of sepsis, help medical staff take early intervention measures, and significantly improve the survival rate of patients [3]. Insilico Medicine uses artificial intelligence for new drug discovery, especially in drug molecule design. The company uses advanced AI technologies such as Generative Adversarial Networks (GANs) to rapidly generate and screen potential drug molecules, significantly reducing the time and cost of new drug development. This approach has been successfully applied in several therapeutic areas, including cancer and rare diseases [4]. Thanks to the rapid development of this field and its importance to humans, it is necessary to make a comprehensive review of the application of AI technology in medicine.

The paper is followed by methods, discussions, and conclusions, in which this paper describes the current applications of different products, describe their functions or algorithms, discuss the current challenges in the field, describe the shortcomings and future prospects, and summarize the full text in the conclusion section.

2. Method

2.1 The Introduction of Machine Learning Workflow

The workflow of machine learning usually consists of the following main steps: 1) Problem Definition and Data Collection: Clarify what the problem the study would like to solve, whether it's classification, regression, clustering, etc. Collect data related to the issue, which can come from a variety of sources, such as databases, sensors, APIs, etc. 2) Data Preparation: Handles missing, duplicated, and outliers in the collected data. And data preprocessing includes steps such as data standardization, normalization, feature extraction, and feature selection to ensure that the data is suitable for the input of the machine learning model. - Data segmentation: Typically divides the dataset into a training set, validation set, and test set to evaluate the performance of the model. 3) Choose the suitable model: Choose the appropriate machine learning algorithm based on the type of problem and the characteristics of the data, such as linear regression, decision trees, Support Vector Machines (SVMs), neural networks, etc. 4) Model Training: Train a selected machine learning model using the training dataset to learn patterns and patterns in the data. 5) Model Evaluation: Use validation sets or cross-validation to evaluate the performance of the developed model, with common evaluation metrics such as accuracy, precision, recall, F1 score, etc. 6) Hyperparameter Tuning: Optimize the performance of the model by adjusting the model's hyperparameters (e.g., learning rate, depth of the tree, regularization parameters, etc.), using methods such as grid search, random search, etc. 7) Model Testing: Test the final model with a test set to evaluate its performance on unseen data to test the model's generalization ability.

2.2 Cancer Diagnosis

2.2.1 Breast Cancer

Research teams at Google Health and DeepMind have developed a deep learning model for analyzing mammograms [5]. This model is based on a Convolutional Neural Network (CNN) and is used for image classification tasks. Model training uses thousands of labeled X-ray image data. In the work, they first collected mammograms from different hospitals and performed standardized processing, including image size adjustment and grayscale normalization. The radiologist labels abnormal areas such as masses and calcifications in the image used as labels for the training set. Then they used the CNN model to extract features by inputting image data and use the annotated data to train the classification model.

2.2.2 Lung Cancer

Google Health has developed a deep learning-based lung cancer detection model applied to the analysis of low-dose CT (LDCT) scans [6]. The model uses 3D convolutional neural network (3D-CNN), which is suitable for processing three-dimensional CT image data. During the work process, a large amount of lung CT scan data needs to be collected first, and the 3D data needs to be standardized, such as voxel size adjustment. Finally, expert radiologists mark the lung nodules in the CT images as labels for the training data.

2.2.3 Prostate Cancer

Multiple research teams have developed AI-based prostate cancer MRI image analysis systems, such as the UroNav system developed by Philips [7]. The system uses a combination of CNN and SVM. During work, a large number of prostate MRI images need to be collected, and preprocessing includes image standardization, noise removal, etc. Then let the radiologist mark the lesion area on the MRI image. Finally, CNN is used to extract image features, and then the features are classified by SVM classifier to predict the possibility of prostate cancer.

2.3 Daily Disease

2.3.1 Diabetes

The Guardian Connect system developed by Medtronic uses AI to monitor and predict blood sugar levels in real time [8]. The system uses a model that combines time series analysis with deep learning, such as Long Short-term Memory Network (LSTM). During work, patients' blood glucose data needs to be collected through Continuous Glucose Monitors (CGM). Data preprocessing includes normalization of time series data and processing of missing data. Finally, an LSTM network was employed to process historical blood glucose data and predict blood glucose trends over the next few hours.

2.3.2 Depression

Woebot Labs has developed Woebot, an AI chatbot for sentiment analysis and depression management [9]. Using Natural Language Processing (NLP) and sentiment analysis algorithms to analyze users' language expressions and emotional states. While working, data is recorded through conversations with users, and preprocessing includes annotation of language texts, assignment of emotional labels, etc. Using NLP technology to train sentiment analysis models to identify emotional changes and potential depressive symptoms in user texts.

3. Discussion

But artificial intelligence may also suffer from poor interpretability, which can lead to reduced clinical trust. When doctors and patients find it difficult to understand the decision-making process of an AI model, they will develop distrust in it. This is particularly important because medical decisions often involve the life and health of patients, and health care professionals may be wary of adopting AI if it cannot explain why it reached a certain conclusion. And it could raise legal and ethical questions. If AI makes wrong diagnosis or treatment recommendations, but its decision-making process cannot be explained, this will make it difficult to define legal liability and trigger ethical disputes. AI systems with poor interpretability may fail to meet the requirements of medical regulations and standards. Finally, some algorithms cannot be effectively improved and optimized. If the decision-making process of the AI model is not transparent, it will be difficult for developers and doctors to identify and correct errors or deviations in the model, thus affecting its continuous optimization.

Due to distribution differences and other reasons, AI may also have poor applicability. AI models often rely on large-scale, high-quality annotated data. However, in healthcare, the quality and format of data can vary significantly across hospitals, regions, and populations, leading to inconsistent model performance in different settings. Not only that, medical AI models are often trained on specific data sets that may not fully represent all situations in the real world. Therefore, the model may perform poorly on new patient groups or disease types, limiting its widespread application. There is also population heterogeneity. Differences in demographic characteristics such as different regions, races, genders, ages, etc. may cause AI models to perform worse than others in some groups. If the training data comes primarily from a certain population, the model may not be able to handle data from other populations effectively. Added to this are differences in disease and treatment options. There may be significant differences in disease prevalence, medical resource distribution, and treatment options in different regions, and these differences will affect the adaptability and effectiveness of the AI model.

Developing AI also requires high development and maintenance costs. Developing a high-quality medical AI system requires a lot of manpower, material resources, and time, including data collection and annotation, algorithm development, clinical trials, etc. In addition, the maintenance and updating of AI systems also require continuous investment to ensure their accuracy and safety. A lot of infrastructure investment also needs to be increased. AI-

ready trained models are also difficult to manage and further update as the virus changes. In the process of training AI, because the data used for training involves patient information, if there are loopholes in the AI system or related data storage and transmission links, it may lead to the leakage of patient privacy data. There is also the risk of privacy data leakage.

In terms of the future prospects, these are some algorithms that can solve or optimize the above problems:

Decision Trees and Random Forests: These models have a relatively simple structure and can clearly display each step of the decision-making process, making them suitable for medical applications that require interpretability.

Local Interpretable Model-agnostic Explanations (LIME) [10]: LIME is a model-independent explanation method that explains the output of complex models (such as deep learning) by generating local linear models, allowing doctors to understand the reasons for specific predictions

Federated Learning: Allows models to be trained on local data, thereby reducing the need for central data collection and storage and reducing data transmission and computing costs.

Secure Multi-Party Computation (SMPC): When performing data processing and calculations between multiple parties, it ensures that the data privacy of each party is not leaked. It is an effective tool to solve privacy issues when sharing data across institutions.

4. Conclusion

This article completes a review of the combination of artificial intelligence and medical care. It summarizes how AI is combined with medical treatment in cancer and other diseases that may occur in daily life, as well as the models and algorithms that have been developed in recent years. The basic working principles of algorithms and models are also introduced. This also discussed some difficulties and bottlenecks currently encountered in the combination of artificial intelligence and medical care, and found some corresponding algorithms that can optimize and solve

them.

References

- [1] McKinney SM, Sieniek M, Godbole V, Godwin J, Antropova N, Ashrafian H, Back T, Chesus M, Corrado GS, Darzi A, Etemadi M. International evaluation of an AI system for breast cancer screening. *Nature*. 2020 Jan;577(7788):89-94.
- [2] Kalis B, et al. How IBM Watson is transforming health with AI. *Harv Bus Rev*. 2018.
- [3] Henry KE, et al. A targeted real-time early warning score (TREWScore) for septic shock. *Sci Transl Med*. 2015;7(299):299ra122.
- [4] Zhavoronkov A, et al. Deep learning enables rapid identification of potent DDR1 kinase inhibitors. *Nat Biotechnol*. 2019;37(9):1038-1040.
- [5] McKinney SM, Sieniek M, Godbole V, Godwin J, Antropova N, Ashrafian H, Back T, Chesus M, Corrado GS, Darzi A, Etemadi M. International evaluation of an AI system for breast cancer screening. *Nature*. 2020 Jan 2;577(7788):89-94.
- [6] Ardila D, Kiraly AP, Bharadwaj S, Choi B, Reicher JJ, Peng L, Tse D, Etemadi M, Ye W, Corrado G, Naidich DP. End-to-end lung cancer screening with three-dimensional deep learning on low-dose chest computed tomography. *Nat Med*. 2019 Jun;25(6):954-61.
- [7] Philips. Philips Healthcare for clarity in prostate cancer diagnosis. Available from: <https://www.philips.ae/healthcare/product/HC784026/uronav-mrultrasound-guided-fusion-biopsy-system>. Accessed 2024.
- [8] Medtronic. Continuous Glucose Monitoring Systems. Available from: <https://www.medtronic.com/us-en/healthcare-professionals/products/diabetes/continuous-glucose-monitoring-systems/guardian-connect.html>. Accessed 2024.
- [9] Woebotealth. Mental health needs have multiplied. Support hasn't. Until now. Available from: <https://woebothealth.com/>. Accessed 2024.
- [10] Mishra S, Sturm BL, Dixon S. Local interpretable model-agnostic explanations for music content analysis. In: *ISMIR*; 2017 Oct; Vol. 53, pp. 537-543.