

EDITORIAL OPEN ACCESS

Artificial Intelligence in Tumor Microenvironment Research: Hype, Hope, or Both?

Ayisha Yousuf¹ | Fatima Ali^{2*}

¹School of Biochemistry and Biotechnology, University of the Punjab, Lahore | ²School of Molecular Pathology, University of ROME, Italy

*Correspondence: Fatima Ali (fmohsinali7@gmail.com)

Citation: Yousuf A, Ali F. Artificial Intelligence in Tumor Microenvironment Research: Hype, Hope, or Both? J Biomol Pathog Ther. 2025;1(1):1–3.

Received: 22 October, 2025

Revised: 20 December, 2025

Accepted: 24 December, 2025

Published: 30 December, 2025

Tumor microenvironment (TME) is a dynamic and heterogeneous niche, which comprises of tumor cells, immune influx, stromal components and extracellular matrix fragments ¹. Its space and molecular complexity pose a significant challenge to the conventional methods of analysis. The artificial intelligence (AI) can learn trends in big amounts of data which is the solution to this complexity ². AI models can identify hidden morphological data, multi-omics, and clinical outcomes and thus provide a systems-level understanding of the TME. The integration of digital pathology results and AI is promising in predicting the presence of immune cells and patient prognosis, suggesting an indispensable role of AI in the future of cancer biology ³.

Artificial Intelligence-based characterization of the TME: Deep learning, one of the AI features, has changed the imaging analysis of cells and tissues. Whole-slide images that are analyzed by convolutional neural networks (CNNs) may determine the tumor margins, the different types of immune cells, as well as the spatial organization in the TME ⁴. Machine learning techniques have further been used to combine transcriptomic, proteomic and imaging datasets and have uncovered hitherto unknown connections between cellular states and clinical outcomes ⁵. In addition, natural language processing (NLP) tools can be used to extract biomedical literature, and can potentially aid in the identification of potential signaling networks that could be used to suppress immunity and angiogenesis. A set of these methods help to reconstruct the TME landscape on a high-resolution level that overcomes the drawbacks of the traditional histopathological analysis ⁶.

Combination of Multi-Omics and Spatial Data: The multiparametric (MP) imaging and spatial transcriptomics technologies generate extensive data, which involve both the localization and gene expression of cells. The AI models that are trained using these datasets are capable of finding important spatial features that are predictive of therapy resistance or immune exclusion ⁷. A combination of radiomics and spatial omics can even achieve a greater predictive accuracy, associated with the relationship between imaging phenotypes and molecular change ⁸. These integrative models would allow stratification of patients beyond histology, providing a personalized-medicine strategy that specifies treatment based on TME features (Figure 1). Nevertheless, these advantages are highly dependent on the quality of data, harmonization, as well as cross-platform reproducibility ⁹.

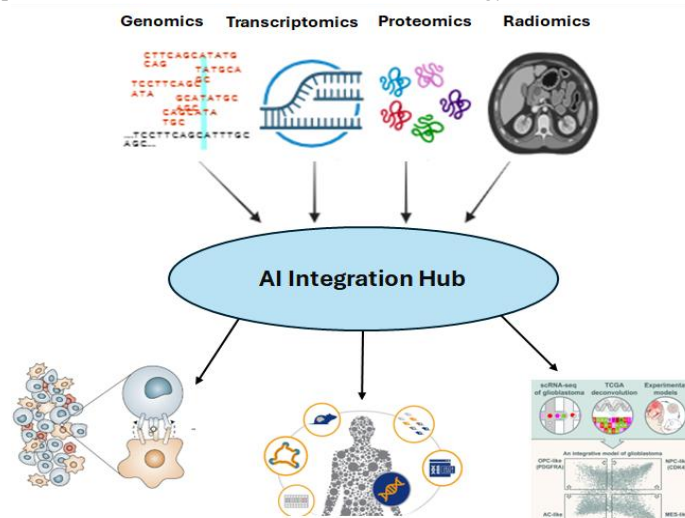


Figure 1: Artificial Intelligence enabled integration of multi-omics and spatial data in tumor microenvironment ¹⁵

Clinical Usage and Predictive Modeling: Artificial intelligence also plays a significant role in clinical oncology to predict therapeutic response and survival. AI-based models are also able to estimate the response to immunotherapy based on the TME signatures of PD-L1 expression, T-cell density, and stromal activation ¹⁰. Radiomic algorithms also build upon the predictions with a correlation of non-invasive imaging biomarkers with TME composition ¹¹. Even with these achievements, the standard of linking research to practice is still at a standstill due to the problem of generalization, model interpretability, and the issue of ethics related to data privacy. However, the

regulatory organizations are starting to see the potential of AI-based diagnostic systems, which is a slow transition to clinical integration¹².

Problems and Future Projections: Although AI has huge potential, a number of challenges need to be tackled to achieve the maximum significance of AI on TME research. It has little interpretability in the model- black-box, algorithms can detect patterns but are not usually able to provide explanations with respect to biological mechanisms. Lack of data, bias, and heterogeneity between cohorts also pose a reproducibility problem¹³. Further research should be aimed at the explanation of AI structures, creating multi-institutional data stores, and open science collaboration between oncologists, data scientists, and bioinformaticians. The future is not only hype and hope, but with a process of refinement over time, AI can truly be the tool that will lead the next generation of TME-oriented oncology (Figure 2)¹⁴.

Conclusion

AI has shifted the role from a hypothetical invention to a practical tool in the process of decoding the TME. It helps to connect the gap between the large volumes of biological data and practical insight, to discover novel biomarkers and targets of therapy. The success of it, however, lies in the ability of computational intelligence to be synergized with mechanistic biology. The question of whether AI will transform cancer cure or act as a complement to human experience will be decided by the quality of its validation and the openness of its process.

Acknowledgment

None

Grant Support & Funding Source

None

Conflict of Interest

None

Use of Artificial Intelligence

Figures (1 and 2) has been created by using OpenAI ChatGPT (GPT-4o) solely for the purpose of better illustration and scientific understandings. The corresponding author declared that no other artificial intelligence or AI-assisted tools were used anywhere in this manuscript.

Authors' Contribution

Both authors contributed equally as per ICMJE.

References

1. Goenka A, Khan F, Verma B, Sinha P, Dmello CC, Jogalekar MP, et al. Tumor microenvironment signaling and therapeutics in cancer progression. *Cancer Commun.* 2023;43:525–61. <https://doi.org/10.1002/cac2.12416>
2. Madanchian M, Taherdoost H. The impact of artificial intelligence on research efficiency. *Results Eng.* 2025;26:104743. <https://doi.org/10.1016/j.rineng.2025.104743>
3. Xie T, Huang A, Yan H, Ju X, Xiang L, Yuan J. Artificial intelligence: illuminating the depths of the tumor microenvironment. *J Transl Med.* 2024;22:799. <https://doi.org/10.1186/s12967-024-05609-6>
4. Yao IZ, Dong M, Hwang WYK. Deep learning applications in clinical cancer detection: a review of implementation challenges and solutions. *Mayo Clin Proc Digit Health.* 2025;3:100253. <https://doi.org/10.1016/j.mcpdig.2025.100253>
5. Lobato-Delgado B, Priego-Torres B, Sanchez-Morillo D. Combining molecular, imaging, and clinical data analysis for predicting cancer prognosis. *Cancers.* 2022;14:3215. <https://doi.org/10.3390/cancers14133215>
6. Zhao S, Su C, Lu Z, Wang F. Recent advances in biomedical literature mining. *Brief Bioinform.* 2020;22:bbaa057. <https://doi.org/10.1093/bib/bbaa057>
7. Kuswanto W, Nolan G, Lu G. Highly multiplexed spatial profiling with CODEX: bioinformatic analysis and application in human disease. *Semin Immunopathol.* 2023;45:145–57. <https://doi.org/10.1007/s00281-022-00974-0>
8. He W, Huang W, Zhang L, Wu X, Zhang S, Zhang B. Radiogenomics: bridging the gap between imaging and genomics for precision oncology. *MedComm.* 2024;5:e722. <https://doi.org/10.1002/mco2.722>

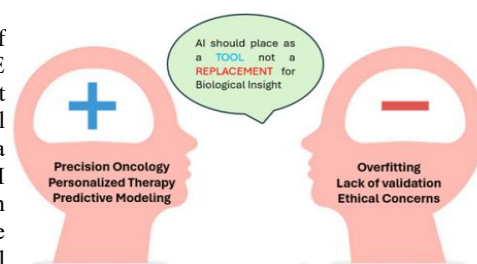


Figure 2: Balancing hype and hope in Artificial Intelligence driven tumor microenvironment research¹⁵

9. Collin CB, Gebhardt T, Golebiewski M, Karaderi T, Hillemanns M, Khan FM, et al. Computational models for clinical applications in personalized medicine—guidelines and recommendations for data integration and model validation. *J Pers Med.* 2022;12:166. <https://doi.org/10.3390/jpm12020166>
10. Xie J, Luo X, Deng X, Tang Y, Tian W, Cheng H, et al. Advances in artificial intelligence to predict cancer immunotherapy efficacy. *Front Immunol.* 2023;13:1076883. <https://doi.org/10.3389/fimmu.2022.1076883>
11. Lin G, Wang X, Ye H, Cao W. Radiomic models predict tumor microenvironment using artificial intelligence—the novel biomarkers in breast cancer immune microenvironment. *Technol Cancer Res Treat.* 2023;22:15330338231218227. <https://doi.org/10.1177/15330338231218227>
12. Weiner EB, Dankwa-Mullan I, Nelson WA, Hassanpour S. Ethical challenges and evolving strategies in the integration of artificial intelligence into clinical practice. *PLOS Digit Health.* 2025;4:e0000810. <https://doi.org/10.1371/journal.pdig.0000810>
13. Hassija V, Chamola V, Mahapatra A, Singal A, Goel D, Huang K, et al. Interpreting black-box models: a review on explainable artificial intelligence. *Cogn Comput.* 2024;16:45–74. <https://doi.org/10.1007/s12559-023-10179-8>
14. Cirillo D, Núñez-Carpintero I, Valencia A. Artificial intelligence in cancer research: learning at different levels of data granularity. *Mol Oncol.* 2021;15:817–29. <https://doi.org/10.1002/1878-0261.12920>
15. Open AI. ChatGPT (GPT-4o) [Computer Software]. 2026 [cited 2026 Dec 17]. Available from: <https://chatgpt.com>

