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General review



The impact of artificial intelligence and machine learning in organ retrieval and transplantation: A comprehensive review

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ABSTRACT

This narrative review examines the transformative role of Artificial Intelligence (AI) and Machine Learning (ML) in organ retrieval and transplantation. AI and ML technologies enhance donor-recipient matching by integrating and analyzing complex datasets encompassing clinical, genetic, and demographic information, leading to more precise organ allocation and improved transplant success rates. In surgical planning, AI-driven image analysis automates organ segmentation, identifies critical anatomical features, and predicts surgical outcomes, aiding pre-operative planning and reducing intraoperative risks. Predictive analytics further enable personalized treatment plans by forecasting organ rejection, infection risks, and patient recovery trajectories, thereby supporting early intervention strategies and long-term patient management. AI also optimizes operational efficiency within transplant centers by predicting organ demand, scheduling surgeries efficiently, and managing inventory to minimize wastage, thus streamlining workflows and enhancing resource allocation. Despite these advancements, several challenges hinder the widespread adoption of AI and ML in organ transplantation. These include data privacy concerns, regulatory compliance issues, interoperability across healthcare systems, and the need for rigorous clinical validation of AI models. Addressing these challenges is essential to ensuring the reliable, safe, and ethical use of AI in clinical settings. Future directions for AI and ML in transplantation medicine include integrating genomic data for precision immunosuppression, advancing robotic surgery for minimally invasive procedures, and developing AI-driven remote monitoring systems for continuous post-transplantation care. Collaborative efforts among clinicians, researchers, and policymakers are crucial to harnessing the full potential of AI and ML, ultimately transforming transplantation medicine and improving patient outcomes while enhancing healthcare delivery efficiency.

1. Introduction

Organ transplantation stands as a cornerstone of modern medicine, offering life-saving treatments for patients facing end-stage organ failure [1]. Despite significant advancements in surgical techniques and immunosuppressive therapies, the demand for donor organs far outweighs their supply, leading to prolonged waiting times and increased mortality rates among transplant candidates [2]. The integration of Artificial Intelligence (AI) and Machine Learning (ML) into organ retrieval and transplantation processes represents a promising avenue to

address these challenges and enhance the efficiency and effectiveness of transplant procedures [3].

AI and ML technologies are revolutionizing healthcare by harnessing the power of data analytics and computational algorithms to derive actionable insights and predictive ability from complex datasets [4]. In the context of organ transplantation, AI can streamline critical aspects such as donor-recipient matching, surgical planning, post-operative care, and operational logistics within transplant centers [5]. By leveraging these technologies, healthcare providers can potentially optimize organ allocation, improve surgical outcomes, enhance patient

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management strategies and potentially overcome judgement errors throughout the transplant continuum especially in situations where subjectivity is prevalent [6].

The application of AI in donor-recipient matching facilitates a more refined and data-driven approach to organ allocation [7]. Traditional matching criteria based on blood type and tissue compatibility are now augmented by AI algorithms capable of processing vast amounts of patient data in real-time. This capability not only enhances the likelihood of successful transplantation but also reduces the time patients spend on waiting lists, thereby mitigating the risks associated with prolonged organ failure [8].

Moreover, AI's impact extends beyond pre-operative phases into the realm of surgical planning and intraoperative decision-making. Advanced image analysis algorithms enable precise organ segmentation and anatomical mapping from medical imaging data, facilitating personalized surgical strategies and minimizing intraoperative complications [9]. By empowering surgeons with predictive analytics and decision support tools, AI contributes to safer and more effective surgical interventions, ultimately improving patient outcomes and recovery rates post-transplant [10].

Despite the promising advancements, the integration of AI and ML into organ transplantation presents several challenges and opportunities that warrant further investigation [11]. Key issues include the ethical implications of AI-driven decision-making in healthcare, the need for robust validation of AI models in clinical settings, and the imperative to ensure data privacy and regulatory compliance [12]. This narrative review aims to critically evaluate the current landscape of AI applications in organ retrieval and transplantation, identify gaps in knowledge and practice, propose novel methodologies or enhancements, and outline objectives to guide future research and implementation efforts. By addressing these challenges and leveraging the innovative potential of AI and ML, this research seeks to contribute to the advancement of transplantation medicine, ultimately improving patient care and outcomes worldwide.

2. Method

This narrative review was conducted to provide a comprehensive overview of the current state and future prospects of Artificial Intelligence (AI) and Machine Learning (ML) applications in organ retrieval and transplantation. The methodology involved a systematic approach to literature search, selection, data extraction, and synthesis, ensuring a thorough and balanced analysis of relevant studies. The literature search strategy focused on identifying peer-reviewed articles published between January 2010 and June 2024. The primary databases utilized for this search included PubMed, Google Scholar, IEEE Xplore, and ScienceDirect. The search was conducted using a combination of keywords such as "AI in organ transplantation," "machine learning in donor-recipient matching," "AI in surgical planning," "predictive analytics in transplantation," "AI-driven remote monitoring," and "ethical considerations in AI healthcare." This comprehensive search aimed to capture a wide range of studies relevant to the application of AI and ML in various stages of organ transplantation.

To ensure the relevance and quality of the included articles, specific inclusion and exclusion criteria were applied. The inclusion criteria focused on articles published in peer-reviewed journals, studies directly addressing the application of AI and ML in organ transplantation, and those discussing the challenges, ethical considerations, and future directions of AI in this field. Both review articles and empirical studies, including clinical trials and case studies, were considered if they provided significant insights or empirical data. Exclusion criteria were set to eliminate non-English articles, publications prior to 2010, studies not directly related to organ transplantation, and non-peer-reviewed sources such as editorials and opinion pieces.

Data extraction was carried out systematically to collect relevant information from each selected article. This process involved extracting

details about study objectives, methodologies, types of AI/ML techniques used, data sources, outcomes, challenges, and proposed solutions. The extraction process aimed to capture a comprehensive view of the current applications and implications of AI and ML in organ transplantation, focusing on empirical evidence and significant findings. The synthesis of findings was structured around key themes identified in the literature, including donor-recipient matching, image analysis and surgical planning, predictive analytics for patient management, and operational efficiency and resource optimization. This thematic synthesis provided a coherent and comprehensive overview of the current state of AI and ML applications in organ transplantation, highlighting both advancements and ongoing challenges.

In addition to the literature review, consultations with experts in transplantation medicine, AI, and health informatics were conducted. These consultations aimed to gather insights into current practices, real-world applications, and the perceived impact of AI/ML technologies in clinical settings. Expert opinions helped contextualize the findings from the literature and identify practical considerations for the implementation of AI/ML in transplantation. Ethical considerations were a crucial aspect of this review, given the sensitive nature of patient data involved in transplantation. Articles discussing data privacy, ethical use of AI, and regulatory compliance were specifically highlighted. The review also considered potential biases in AI algorithms and the importance of transparency and accountability in AI-driven decision-making processes. The limitations of this review include potential publication bias, the rapid evolution of AI/ML technologies which may render some findings quickly outdated, and the inherent variability in study designs and reporting standards. These limitations were addressed by including a broad range of studies and focusing on recent publications to ensure the review's relevance and comprehensiveness.

3. AI and ML in donor-recipient matching

Organ transplantation's success hinges significantly on the precision of donor-recipient matching. Traditional methods primarily rely on basic compatibility metrics such as blood type and human leukocyte antigen (HLA) matching. However, these approaches often fall short in addressing the complexities involved in ensuring the best possible outcomes [13]. AI and ML are transforming this paradigm by leveraging vast datasets and sophisticated algorithms to refine and enhance the matching process, thereby optimizing organ allocation, increasing transplant success rates, and reducing patient waiting times [4].

One of the primary strengths of AI and ML in donor-recipient matching lies in their ability to integrate and analyze complex, multi-dimensional data [14]. Modern AI systems can process vast datasets that include not only traditional compatibility factors such as blood type and HLA matching but also a myriad of other relevant variables (See Fig. 1). These variables can encompass donor and recipient age, medical history, genetic profiles, prior transplant history, immunological markers, and even lifestyle factors such as diet and physical activity levels [15]. By analyzing this comprehensive dataset, AI algorithms can identify nuanced patterns and correlations that might be overlooked by human experts [6].

Machine learning models excel in predictive analytics, making them particularly suited for forecasting outcomes in organ transplantation. By training on historical transplant data, these models can predict the likelihood of graft survival, potential complications, and long-term patient outcomes [16]. For instance, predictive algorithms can assess the risk of organ rejection, or the probability of post-operative infections based on the specific combination of donor and recipient attributes. This predictive capability allows for more informed decision-making and personalized matching, which enhances overall transplant success rates [17].

AI-powered platforms are now capable of performing real-time matching and allocation, a significant advancement over traditional static methods [13,18]. These systems continuously update and analyze

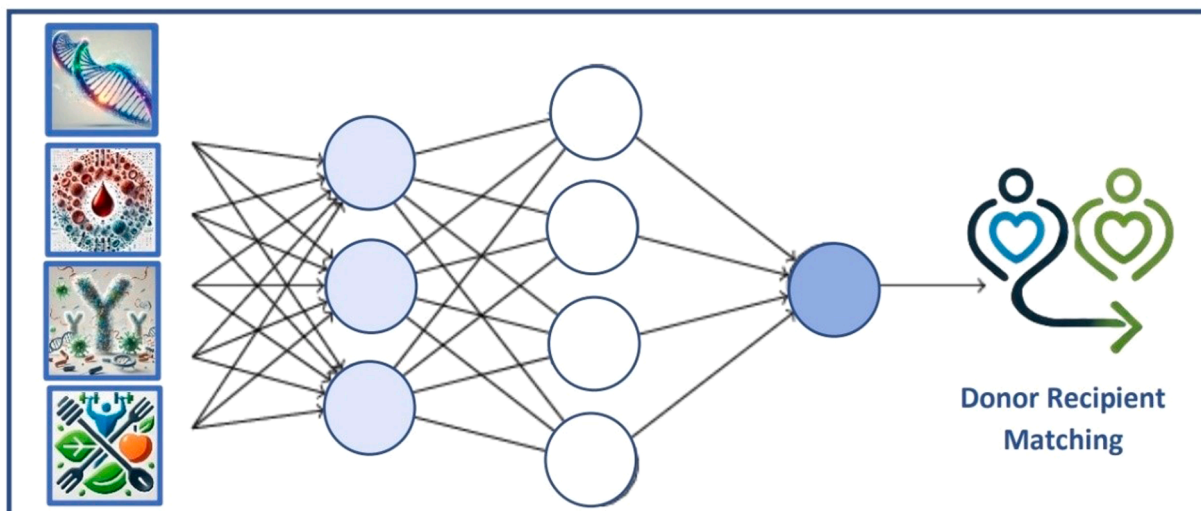


Fig. 1. AI Systems Leveraging Comprehensive Data Analysis to Uncover Patterns and Enhance Donor-Recipient Matching.

data from national and international transplant registries, ensuring that the most current information is used in the matching process. Real-time matching algorithms can dynamically prioritize recipients based on urgency, compatibility scores, and logistical factors such as geographical proximity [19]. This dynamic approach not only improves the efficiency of organ allocation but also helps reduce the cold ischemia time—the duration an organ remains outside the body—which is crucial for preserving organ viability and function [20].

The integration of genomic data into donor-recipient matching represents a cutting-edge application of AI in transplantation [21]. Advances in genomics and bioinformatics have made it possible to sequence and analyze individual genetic profiles with remarkable precision. AI algorithms can now incorporate genetic information to assess compatibility at a molecular level, identifying potential immunological conflicts that might lead to rejection. This personalized approach ensures a higher degree of match specificity and can guide the selection of tailored immunosuppressive therapies, thereby improving graft survival rates and patient outcomes [22,23].

Several real-world applications and case studies underscore the impact of AI and ML in donor-recipient matching. For example, the United Network for Organ Sharing (UNOS) in the United States has begun integrating AI algorithms into their organ allocation systems [5]. These algorithms help prioritize patients based on a comprehensive assessment of medical urgency and compatibility, leading to more effective and equitable organ distribution [24]. Another notable example is the use of AI in kidney transplantation programs in Europe.

AI models have been developed to predict donor kidney suitability and recipient outcomes, significantly improving the precision of matches [25]. Early results from these programs indicate higher graft survival rates and reduced incidences of acute rejection, demonstrating the tangible benefits of AI-driven matching systems [26].

Table 1 provides a concise overview of how AI and ML are applied in donor-recipient matching, highlighting the benefits, examples, and key considerations in this transformative area of transplantation medicine.

4. Image analysis and surgical planning

Artificial Intelligence (AI) and Machine Learning (ML) have brought significant advancements in medical imaging, profoundly impacting the fields of image analysis and surgical planning [33]. These technologies transform the interpretation of medical imaging data, such as CT scans and MRI, by automating complex processes, identifying critical anatomical features, and predicting surgical outcomes. By assisting surgeons in pre-operative planning and enhancing surgical precision, AI-driven image analysis techniques reduce intraoperative risks and improve patient outcomes [34].

AI-driven image analysis leverages deep learning algorithms, particularly convolutional neural networks (CNNs), to automate and enhance the interpretation of medical images [35]. These algorithms are trained on large datasets of labeled medical images, enabling them to recognize patterns and features with high accuracy. One of the most significant applications of AI in medical imaging is automated organ

Table 1
Applications of AI and ML in donor-recipient matching for organ transplantation.

Aspect	Description	Benefits	Examples	Type of AI Tools and Models
Data Integration [27]	Combines clinical, genetic, and demographic data from donors and recipients.	Enables comprehensive analysis and more precise matching.	AI systems integrating EHRs, genetic profiles, and medical histories for compatibility assessment.	Natural Language Processing (NLP) for data extraction, Integration platforms using ML algorithms
Predictive Modeling [28]	Uses historical data to predict outcomes such as graft survival and rejection risk.	Enhances decision-making and personalized treatment plans.	ML models predicting the likelihood of organ rejection based on pre- and post-transplant biomarkers.	Regression models, Decision trees, Random forests, Neural networks
Real-Time Matching [29]	Continuously updates and analyzes data for real-time donor-recipient matching and organ allocation.	Reduces waiting times and increases the efficiency of organ allocation.	AI algorithms in platforms like UNOS dynamically prioritizing recipients based on current data.	Real-time data processing algorithms, Dynamic prioritization algorithms, rank search algorithms
Genomic Integration [30]	Incorporates genomic data to assess immunological compatibility and personalize immunosuppression.	Improves graft survival and reduces adverse reactions.	AI algorithms analyzing genetic markers to tailor immunosuppressive therapies for individual patients.	Genomic data analysis tools, Machine learning models for genetic compatibility assessment
Operational Efficiency [31,32]	Optimizes logistical aspects, including scheduling surgeries and managing inventory.	Streamlines workflows and improves resource utilization.	AI systems forecasting organ demand and optimizing surgery schedules to minimize cold ischemia time.	Predictive analytics platforms, Inventory management systems using ML, Scheduling optimization algorithms

segmentation. Accurate segmentation of organs and tissues is crucial for diagnostic purposes and surgical planning [36]. Traditional manual segmentation is time-consuming and prone to human error [37]. AI algorithms can rapidly and accurately segment organs from CT and MRI scans, delineating boundaries and structures that are critical for planning surgeries [38]. This automation not only speeds up the process but also ensures consistency and precision. For example, in liver transplantation, AI models can accurately segment the liver from surrounding tissues, identify lesions, and assess the quality of the organ. These capabilities are vital for determining the suitability of a liver for transplantation and planning the surgical procedure [39].

Beyond segmentation, AI-driven image analysis can identify and annotate specific anatomical features within medical images. This capability is particularly beneficial in complex surgical cases where detailed anatomical knowledge is essential. AI models can highlight blood vessels, nerves, and other critical structures, providing surgeons with a comprehensive map of the surgical site [40,41]. In orthopedic surgery, for instance, AI can analyze MRI images to identify and label bones, cartilage, and ligaments. This detailed anatomical mapping aids surgeons in planning precise interventions, such as joint replacements or reconstructive surgeries [42].

AI and ML models are increasingly being used to predict surgical outcomes based on pre-operative imaging data and patient-specific factors. These predictive models analyze historical data to forecast potential complications, recovery times, and overall success rates of surgical procedures [43]. AI-driven predictive analytics assist surgeons in pre-operative planning by providing insights into the best surgical approaches and techniques tailored to individual patients. For example, in cardiac surgery, AI models can analyze pre-operative CT angiograms to predict the optimal placement of stents or grafts, reducing the risk of complications and improving the success of the surgery [44]. In neurosurgery, AI can analyze MRI and CT scans to predict the likelihood of success for tumor resections, guide the planning of minimally invasive procedures, and help avoid critical brain regions that could impact neurological function [45].

AI-driven tools are increasingly integrated into surgical navigation systems, providing real-time guidance and enhancing surgical precision. These systems use pre-operative imaging data, augmented with AI analysis, to guide surgeons during procedures [46]. Real-time surgical navigation systems equipped with AI capabilities offer intraoperative guidance by overlaying pre-operative imaging data onto the surgical field. This augmented reality approach provides surgeons with a virtual map, highlighting critical structures and guiding precise movements [47]. In spinal surgery, for instance, AI-driven navigation systems can help surgeons navigate complex spinal anatomy, reducing the risk of damaging nerves or blood vessels. These systems enhance the accuracy of the procedure and other interventions, improving patient outcomes [48].

AI-driven image analysis also plays a crucial role in advancing minimally invasive surgical techniques. By providing detailed pre-operative imaging analysis and real-time guidance, AI helps surgeons perform precise interventions with smaller incisions, reducing patient recovery times and minimizing post-operative complications [49]. In laparoscopic surgery, AI can analyze real-time video feeds to assist surgeons in identifying anatomical landmarks, detecting abnormalities, and guiding instruments with precision. This capability enhances the safety and efficacy of minimally invasive procedures [50].

Several real-world applications highlight the transformative impact of AI-driven image analysis and surgical planning. For instance, AI models have been successfully used to segment livers from CT scans, assess liver quality, and plan transplant surgeries [39]. Studies have shown that AI-driven analysis improves the accuracy of liver assessments and enhances surgical outcomes. In orthopedic surgery, AI-powered systems are used in planning and executing joint replacement surgeries [42]. By analyzing pre-operative MRI and CT scans, AI models help surgeons determine the optimal placement of implants,

leading to improved joint function and longevity. In cardiac surgery, AI-driven predictive models analyze pre-operative imaging and patient data to guide the placement of stents and grafts in coronary artery bypass grafting (CABG) surgeries [44]. These models reduce intra-operative risks and improve long-term patient outcomes. Additionally, AI-enhanced navigation systems in neurosurgery provide real-time guidance during brain surgeries, helping surgeons avoid critical areas and precisely target tumors. This technology improves the safety and efficacy of neurosurgical interventions [45].

While the application of convolutional neural networks (CNNs) for automated organ segmentation is a significant advancement in imaging and surgical planning, it is essential to acknowledge the potential limitations associated with these systems. One critical challenge is the reliance on high-quality datasets for training and validation. Variability in image resolution and modality across institutions can impact the performance and generalizability of deep learning models [33]. For instance, differences in scanner technologies, imaging protocols, and patient demographics can introduce inconsistencies in the datasets used to develop these algorithms, potentially leading to suboptimal segmentation results in clinical settings with heterogeneous data. Furthermore, the performance of CNN-based systems may degrade when applied to low-resolution images or those with artifacts, a common occurrence in resource-limited healthcare environments. Addressing these limitations requires standardization of imaging protocols and the incorporation of diverse, high-quality datasets during the development and testing phases. These efforts will enhance the robustness and adaptability of AI systems in varying clinical contexts, ensuring their reliability and effectiveness in surgical planning across diverse healthcare settings.

Table 2 provides a detailed overview of how AI and ML are utilized in image analysis and surgical planning within the context of organ transplantation, highlighting their applications, benefits, and examples.

5. Predictive analytics and patient management

The application of Machine Learning (ML) in predictive analytics is revolutionizing patient management in organ transplantation. By integrating clinical data, genetic information, and environmental factors, ML models can predict critical outcomes such as organ rejection, infection risks, and patient recovery trajectories [57,58]. These predictive capabilities enable personalized treatment plans, early intervention strategies, and improved long-term patient management, ultimately enhancing the success rates and quality of life for transplant recipients [6]. ML models excel in handling and analyzing vast amounts of heterogeneous data [59]. In the context of organ transplantation, this data includes clinical records (such as patient medical history, current health status, and previous treatments), genetic information (such as genetic markers and immune system compatibility), and environmental factors (such as socioeconomic status, lifestyle habits, and exposure to infectious agents). By synthesizing these diverse data sources, ML algorithms can uncover complex patterns and relationships that are not apparent through traditional analysis methods [60].

One of the most critical applications of ML in transplantation is predicting the risk of organ rejection [61]. Acute rejection is a major cause of graft failure, and early detection is crucial for timely intervention. ML models can analyze pre- and post-transplant data to identify biomarkers and risk factors associated with rejection [53]. These models use algorithms such as logistic regression, decision trees, and neural networks to predict rejection probability based on patterns observed in historical patient data [28]. For instance, ML can evaluate the compatibility between donor and recipient at a molecular level, assessing genetic markers that indicate potential immune conflicts. By continuously monitoring post-transplant biomarkers, such as specific proteins and immune cell levels, ML models can provide real-time risk assessments, allowing clinicians to adjust immunosuppressive therapy proactively. This approach minimizes the likelihood of rejection and enhances graft

Table 2
Applications of AI and ML in image analysis and surgical planning for organ transplantation.

Aspect	Description	Benefits	Examples	Type of AI Tools and Models
Automated Organ Segmentation [51]	AI algorithms segment organs from imaging data such as CT and 18F FDG PET images.	Improves accuracy and speed of organ identification and assessment.	AI systems segmenting liver from surrounding tissues to assess suitability for transplantation.	Convolutional Neural Networks (CNNs), Image segmentation algorithms
Anatomical Feature Identification [52]	AI models identify and annotate critical anatomical structures within medical images.	Enhances surgical planning and precision.	Identification of blood vessels, nerves, and tumors in pre-operative imaging for detailed surgical mapping.	Image recognition models, Deep learning algorithms
Predictive Surgical Outcomes [53]	ML models analyze pre-operative data to predict surgical outcomes and complications.	Informs surgical decision-making and risk management.	Predictive analytics for assessing risks of organ rejection or complications based on patient-specific factors.	Predictive modeling tools, Statistical analysis software
Personalized Surgical Planning [43]	AI creates detailed and personalized surgical plans based on patient data.	Increases the precision and effectiveness of surgical interventions.	Customizing surgical approaches in kidney transplants based on anatomical variations and pre-existing conditions.	Personalized medicine platforms, AI-driven surgical planning software
Real-Time Surgical Navigation [47]	AI-driven systems provide real-time guidance during surgeries using augmented reality.	Enhances intraoperative accuracy and reduces the risk of errors.	Augmented reality overlays of critical structures during liver transplantation to guide surgeons.	Augmented reality (AR) systems, Real-time image processing algorithms
Minimally Invasive Surgery [49]	AI supports the development of minimally invasive surgical techniques through detailed imaging.	Reduces patient recovery time and minimizes post-operative complications.	AI-guided laparoscopic procedures in organ transplantation, improving precision and outcomes.	Robotic surgery platforms, AI-assisted laparoscopic systems
Post-Operative Monitoring [54]	AI analyzes post-operative imaging to monitor organ function and detect complications early.	Ensures timely intervention and better management of post-surgical recovery.	Monitoring graft health and early detection of issues such as thrombosis or rejection using AI analysis of follow-up scans.	AI-based monitoring systems, Post-operative imaging analysis tools
Training and Simulation [55]	AI-driven simulations and training programs for surgeons using real patient data.	Improves surgical skills and prepares surgeons for complex procedures.	Virtual reality simulations for transplant surgeons to practice intricate surgical techniques.	Virtual reality (VR) training platforms, AI simulation tools
Interoperability and Data Integration [56]	Integration of AI tools with existing hospital IT systems and imaging devices.	Streamlines workflow and ensures seamless data sharing and usage.	AI platforms integrated with hospital EHRs and imaging systems for comprehensive patient data analysis.	Interoperability software, Data integration tools using AI

survival rates [30].

Transplant recipients are particularly vulnerable to infections due to the immunosuppressive therapies required to prevent organ rejection [62]. Predictive analytics using ML can assess the risk of infections by analyzing patient-specific factors and environmental conditions. These models can predict which patients are at higher risk for specific infections, enabling targeted prophylactic measures and early treatments [63]. For example, ML algorithms can analyze genetic predispositions to certain infections, previous infection history, and environmental exposure to pathogens. This data-driven approach helps healthcare providers implement personalized infection prevention strategies, such as tailored antibiotic regimens and lifestyle recommendations, reducing the incidence and severity of post-transplant infections [64].

Predicting patient recovery trajectories post-transplantation is essential for effective patient management and rehabilitation planning. ML models can forecast recovery times and potential complications by analyzing a wide range of variables, including pre-operative health status, surgical details, genetic factors, and post-operative care practices [65]. These predictions help clinicians develop individualized rehabilitation plans that optimize recovery outcomes. For instance, in kidney transplantation, ML models can predict recovery of renal function by analyzing factors such as donor kidney quality, ischemia time, recipient health status, and early post-operative biomarkers [66]. These predictions guide clinicians in adjusting post-operative care, such as fluid management and medication dosages, to support optimal kidney function recovery.

The predictive insights generated by ML models enable the creation of highly personalized treatment plans. By understanding the unique risk profiles and recovery trajectories of each patient, healthcare providers can tailor interventions to meet individual needs [67]. This personalized approach improves treatment efficacy, reduces adverse effects, and enhances overall patient satisfaction. For example, ML models can help determine the optimal immunosuppressive regimen for each patient, balancing the need to prevent rejection with the risk of infection and other side effects [68]. Additionally, these models can identify patients who may benefit from adjunctive therapies, such as specific nutritional support or physical rehabilitation programs, further

enhancing recovery outcomes [69].

Early intervention is crucial in managing potential complications in transplant recipients. ML models provide continuous monitoring and predictive alerts, enabling healthcare providers to intervene before issues become critical [70]. This proactive approach can prevent complications, reduce hospital readmissions, and improve long-term health outcomes. For instance, continuous monitoring of post-transplant patients using wearable devices and IoT (Internet of Things) technologies can feed real-time data into ML models [71]. These models can detect early signs of complications such as dehydration, electrolyte imbalances, or organ dysfunction, prompting timely clinical interventions. This real-time monitoring and predictive capability significantly enhance patient safety and outcomes [72].

ML in predictive analytics for patient management in transplantation demonstrate the transformative potential of these technologies [28]. For example, the University of Pittsburgh Medical Center (UPMC) has implemented ML models to predict liver transplant outcomes, helping to personalize immunosuppressive regimens and reduce rejection rates [73]. Similarly, Stanford University has developed ML algorithms to predict kidney transplant survival, aiding in patient selection and post-operative care optimization. In Europe, the European Renal Association has adopted ML-driven predictive analytics to assess long-term outcomes of kidney transplants across multiple countries. These models integrate clinical and genetic data from diverse populations, improving the accuracy and generalizability of predictions and enhancing patient care across different healthcare systems [74].

6. Operational efficiency and resource optimization

Artificial Intelligence (AI) is revolutionizing the operational efficiency and resource optimization in transplant centers by leveraging advanced predictive analytics and data management capabilities [4]. These technologies are streamlining logistical operations, predicting organ demand, scheduling surgeries more efficiently, and managing inventory to minimize wastage [31]. As a result, AI enhances workflows, reduces administrative burdens, and improves resource allocation, ultimately advancing the quality of patient care delivery in

transplantation. One of the most significant contributions of AI in transplant logistics is its ability to predict organ demand accurately [75]. Using historical data, patient registries, and trends in organ availability, AI models can forecast future demand for various organs. These predictions enable transplant centers to prepare adequately, ensuring that necessary resources and staff are available to meet the anticipated needs [76]. For instance, AI algorithms analyze patterns in organ donation rates, seasonal variations, and demographic factors to project the number of organs that may become available over a specific period [77]. This foresight helps centers optimize their operational planning, such as arranging for additional staff during peak periods and ensuring that logistical arrangements for organ transport are in place. Additionally, predictive models can identify potential gaps in organ supply, prompting proactive efforts to increase donor registrations or collaborate with other centers to meet demand [78].

Scheduling surgeries in a transplant center involves coordinating multiple variables, including the availability of operating rooms, surgeons, support staff, and the arrival of donor organs. AI-driven scheduling systems optimize this process by analyzing real-time data on resource availability, patient readiness, and organ arrival times [4]. These systems can create dynamic schedules that adapt to changing conditions, ensuring that surgeries are performed promptly and efficiently. AI-based scheduling tools use algorithms to prioritize surgeries based on medical urgency, patient compatibility with the donor organ, and logistical constraints [79]. For example, if an organ becomes available unexpectedly, the system can quickly adjust the schedule to accommodate the transplant, ensuring that the organ is used effectively and reducing the risk of wastage. This flexibility enhances the utilization of operating rooms and staff, minimizing downtime and maximizing the number of transplants that can be performed [80].

Effective inventory management is crucial in transplant centers to ensure that all necessary medical supplies, medications, and equipment are available when needed [81]. AI systems optimize inventory management by predicting usage patterns, monitoring stock levels in real-time, and automating reordering processes. This ensures that critical supplies are always available, reducing the risk of delays due to inventory shortages [82]. For instance, AI algorithms can analyze historical data on medication usage, surgical supplies, and organ preservation materials to predict future needs accurately. By maintaining optimal inventory levels, these systems help prevent both shortages and overstocking, which can lead to wastage [83]. Additionally, AI-driven inventory management systems can track the expiration dates of medical supplies and medications, ensuring that they are used before they expire and reducing waste [84].

AI enhances the efficiency of transplant center workflows by automating routine administrative tasks and improving communication and coordination among staff [85]. Natural language processing (NLP) and robotic process automation (RPA) technologies can handle tasks such as data entry, appointment scheduling, and patient record management, freeing up staff to focus on more critical aspects of patient care [86]. For example, AI-powered chatbots and virtual assistants can manage patient inquiries, provide information about the transplantation process, and schedule follow-up appointments [87]. These tools improve patient engagement and satisfaction while reducing the administrative burden on healthcare providers [88]. Additionally, AI systems can facilitate communication between different departments within the transplant center, ensuring that everyone is informed about surgery schedules, patient statuses, and logistical arrangements [89].

Several real-world applications illustrate the impact of AI on operational efficiency and resource optimization in transplant centers. For instance, the Cleveland Clinic has implemented AI-driven predictive analytics to optimize their organ transplantation logistics [90]. By forecasting organ demand and streamlining scheduling, they have improved their ability to perform timely transplants and reduce organ wastage. Similarly, the United Kingdom's National Health Service (NHS) has adopted AI-based inventory management systems in their transplant

centers [91]. These systems track stock levels of critical supplies and medications, ensuring that resources are available when needed and minimizing waste due to expired or unused items. This approach has led to significant cost savings and improved resource utilization [92].

7. Future directions and opportunities

The future of Artificial Intelligence (AI) and Machine Learning (ML) in organ transplantation is rich with potential, promising advancements in personalized medicine, precision immunosuppression, minimally invasive surgical techniques, and continuous post-transplantation care [93]. Fig. 2 shows an overview of AI and ML applications in organ transplantation. These innovations are set to revolutionize the field, enhancing outcomes and quality of life for transplant recipients. Collaborative efforts among clinicians, researchers, and policymakers will be essential to fully harness the transformative power of AI and ML in transplantation medicine [94].

7.1. Personalized medicine and precision immunosuppression

The integration of genomic data into AI and ML models is poised to advance personalized medicine in organ transplantation [4]. By analyzing the genetic profiles of both donors and recipients, AI can help predict immune responses and tailor immunosuppressive therapies to individual needs. This precision immunosuppression aims to minimize the risk of rejection while reducing the side effects associated with generalized immunosuppressive regimens [30]. AI algorithms can identify genetic markers that indicate a higher risk of rejection or adverse reactions to specific drugs. This allows for the development of personalized treatment plans that optimize drug dosages and combinations based on each patient's genetic makeup [95]. For example, pharmacogenomics, the study of how genes affect a person's response to drugs, can be integrated with AI to predict the most effective and least harmful immunosuppressive therapy for each patient [30]. Such personalized approaches not only improve patient outcomes but also enhance long-term graft survival and overall quality of life [96].

Recent advancements in single-cell genomics have opened new avenues for integrating genomic data into personalized immunosuppression strategies in organ transplantation. Single-cell genomics allows for high-resolution analysis of immune cell populations, providing detailed insights into the mechanisms underlying graft rejection and tolerance [22]. For instance, single-cell RNA sequencing has been used to identify specific gene expression profiles associated with immune activation following transplantation, enabling the prediction of rejection episodes and informing tailored immunosuppressive therapies. These tools are also being explored in clinical trials to stratify patients based on their genomic and immune profiles, aiming to optimize immunosuppression regimens while minimizing drug-related side effects. Such efforts exemplify how genomics can enhance personalized medicine in transplantation, moving from a one-size-fits-all approach to highly individualized treatment plans that improve graft survival and patient outcomes. Incorporating these developments into clinical practice holds significant promise for advancing the field and addressing the complexities of immune compatibility in transplantation.

7.2. Advancements in robotic surgery

Robotic surgery, combined with AI, is set to further revolutionize transplantation by enabling highly precise and minimally invasive procedures [49]. AI-enhanced robotic systems can assist surgeons in performing complex tasks with greater accuracy and control than traditional manual techniques [97]. These systems utilize advanced imaging and real-time data analysis to guide surgical instruments, reducing the risk of human error and improving surgical outcomes. AI-driven robots can analyze pre-operative imaging data to create detailed surgical plans and simulate procedures [43,47]. During surgery,

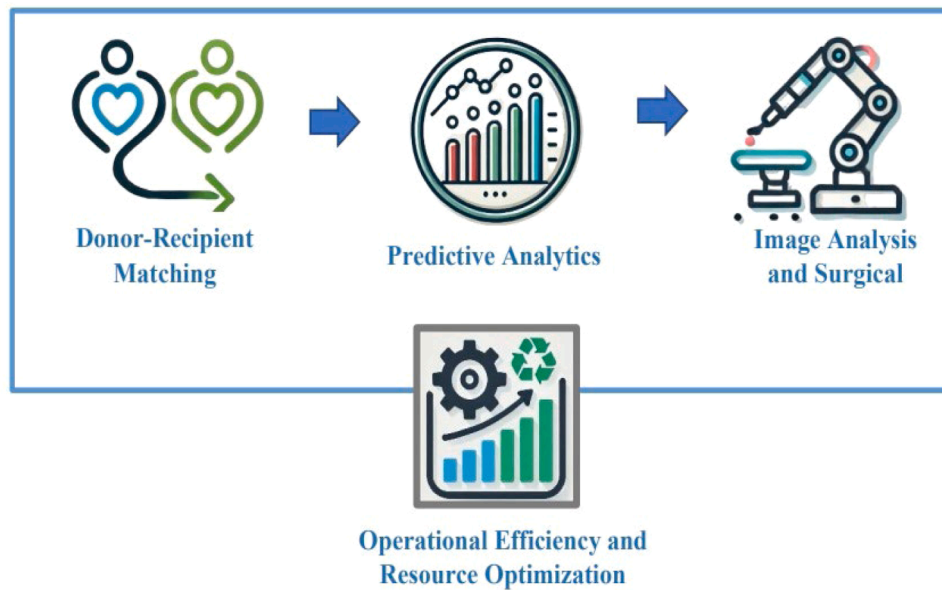


Fig. 2. Applications of AI and ML in organ transplantation.

these robots can provide real-time feedback and adjustments, ensuring optimal precision. For instance, in kidney transplantation, AI-powered robotic systems can assist in the delicate task of suturing blood vessels, reducing the risk of complications and speeding up recovery times [98]. As these technologies evolve, they are likely to become more integrated into routine transplant surgeries, making procedures safer, more efficient, and less invasive.

7.3. AI-driven remote monitoring systems

The development of AI-driven remote monitoring systems promises to enhance continuous post-transplantation care, ensuring that potential complications are detected and addressed promptly [72]. Wearable devices and Internet of Things (IoT) technologies can collect real-time health data from transplant recipients, including vital signs, biomarkers, and activity levels. AI algorithms analyze this data to detect early signs of organ dysfunction, rejection, or other health issues, enabling timely interventions [71]. Remote monitoring systems can alert healthcare providers to deviations from expected recovery patterns, allowing for rapid adjustments to treatment plans [70]. For example, a sudden change in heart rate variability or a spike in certain biomarkers might indicate the early stages of organ rejection, prompting immediate medical attention. These systems not only improve patient outcomes by enabling proactive care but also reduce the burden on healthcare facilities by decreasing the need for frequent in-person visits [99].

7.4. Collaborative efforts and ethical considerations

The successful integration of AI and ML in organ transplantation will require collaborative efforts among clinicians, researchers, and policymakers [100]. Multidisciplinary teams can ensure that AI technologies are developed and implemented in ways that are clinically relevant, safe, and ethically sound. Clinicians provide valuable insights into the practical applications and limitations of AI in clinical settings, while researchers drive technological advancements and innovations. Policymakers play a crucial role in establishing regulatory frameworks that promote the safe and ethical use of AI in transplantation [101]. These frameworks should address issues such as data privacy, algorithmic transparency, and accountability. Ensuring that AI systems are free from bias and that they operate within ethical guidelines is essential to

maintaining patient trust and achieving equitable healthcare outcomes [102].

To address algorithmic bias and ensure equitable access across diverse patient populations, current AI models in organ transplantation must adopt a multifaceted approach. Algorithmic bias often arises from training models on datasets that are not representative of the broader population, leading to disparities in outcomes for underrepresented groups. To mitigate this, AI developers should prioritize the use of diverse, large-scale datasets that reflect variations in demographics, genetics, and clinical characteristics. Techniques such as fairness-aware machine learning algorithms can also be employed to detect and correct bias during model training. Additionally, ongoing audits of AI systems should be conducted to evaluate their performance across different subgroups, ensuring that the models do not disproportionately disadvantage any population. Equitable access can further be supported by integrating AI into transparent frameworks where decision-making processes are clear and interpretable for clinicians and patients alike. Collaboration between AI developers, clinicians, and policymakers is essential to establish guidelines that prioritize fairness, inclusivity, and accountability, ensuring that AI models improve access and outcomes equitably across diverse patient populations.

7.5. Integration with emerging technologies and training

The future of AI and ML in transplantation is also intertwined with other emerging technologies [103]. For instance, the use of blockchain technology can enhance the transparency and security of organ allocation and tracking processes. Blockchain can create immutable records of organ donations, allocations, and transport, ensuring that organs are distributed fairly and efficiently [104]. AI can analyze blockchain data to identify inefficiencies and suggest improvements in the logistics chain. Moreover, advancements in 3D printing and bio printing may eventually enable the creation of custom organ scaffolds and tissues, potentially alleviating the organ shortage crisis [105]. AI can assist in designing these printed organs, optimizing their structure and functionality based on patient-specific requirements. On the other hand, to fully leverage the benefits of AI and ML, there is a need for specialized training and education for healthcare professionals [106]. Developing curricula that include AI and ML concepts, as well as their applications in transplantation, will equip future clinicians with the knowledge and skills to effectively utilize these technologies. Continuous professional

development programs can also keep current practitioners updated on the latest advancements and best practices [107].

7.6. Impacts of challenges in AI applications for transplantation

The challenges highlighted, such as data privacy concerns, algorithmic bias, and interoperability, have already impacted real-world applications of AI in organ transplantation. For instance, algorithmic bias has been observed in AI models trained on predominantly homogeneous datasets, leading to disparities in organ allocation for underrepresented populations. In the United States, studies have revealed that certain predictive algorithms used in donor-recipient matching systems inadvertently disadvantaged patients from minority groups due to limited diversity in training datasets [108,109]. This issue underscores the need for diverse and representative datasets to ensure equitable outcomes. Data privacy concerns have also hindered the implementation of AI-driven remote monitoring systems. In Europe, stringent regulations under the General Data Protection Regulation (GDPR) have created barriers to cross-border data sharing, limiting the ability of transplant centers to access broader datasets for AI model training and validation [110,111]. As a result, smaller, localized datasets are often used, restricting the generalizability and robustness of the AI tools developed.

Interoperability issues remain a significant hurdle, as existing healthcare IT systems often lack standardized protocols for data exchange. This has delayed the integration of AI-powered platforms with electronic health records (EHRs) in transplant centers. For example, in some multi-center kidney transplant studies, discrepancies in data formats and infrastructure incompatibilities have complicated efforts to implement AI solutions at scale, reducing their potential impact [112, 113]. These real-world examples highlight the urgency of addressing these challenges through collaborative efforts, standardized protocols, and regulatory frameworks to ensure the successful integration of AI in transplantation medicine.

8. Limitations of the review

This review, as a narrative synthesis, inherently carries several limitations related to its methodology and scope. First, narrative reviews often lack the systematic rigor of systematic reviews, such as adherence to frameworks like PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). While efforts were made to define clear inclusion and exclusion criteria, these were not quantifiable or standardized, which may increase the potential for selection bias. This approach prioritizes breadth and insight over reproducibility, and the absence of a structured protocol limits the transparency of the review process. Furthermore, no formal bias or reliability assessment tools were employed to evaluate the quality of the studies included. Many of the referenced studies have limitations, including small sample sizes and varying methodologies, which may restrict their generalizability to larger and more representative populations. The lack of a formal appraisal tool means that some studies with inherent weaknesses, such as limited external validity, may have been included, potentially affecting the robustness of the synthesized findings.

Additionally, the rapidly evolving field of Artificial Intelligence (AI) and Machine Learning (ML) presents a challenge in maintaining the timeliness and relevance of the findings. Some included studies may not reflect the most current advancements, and future developments could quickly supersede the conclusions drawn in this review. Despite these limitations, this narrative review provides a broad and insightful overview of the challenges, applications, and ethical considerations of AI and ML in organ transplantation, highlighting key themes and areas for future research.

9. Conclusion

The application of Artificial Intelligence (AI) and Machine Learning (ML) technologies represents a paradigm shift in organ retrieval and transplantation processes. These advanced technologies offer unprecedented opportunities to improve patient outcomes, alleviate organ shortages, and enhance healthcare delivery efficiency. By optimizing donor-recipient matching, refining image analysis and surgical planning, predicting post-transplant outcomes, and streamlining operational logistics, AI and ML have the potential to revolutionize transplantation medicine. The integration of AI and ML into transplantation processes brings forth numerous benefits, including more accurate and personalized treatment plans, reduced waiting times for patients, and increased success rates for transplants. AI-driven predictive analytics enable early detection and intervention for complications, significantly improving long-term patient management and quality of life. Additionally, advancements in robotic surgery and remote monitoring systems enhance surgical precision and provide continuous post-operative care, further supporting positive outcomes. Despite the remarkable potential, the implementation of AI and ML in organ transplantation faces several challenges. Data privacy concerns, regulatory compliance, interoperability issues, and the need for rigorous clinical validation of AI models are significant hurdles that must be addressed. Ensuring the reliability, safety, and ethical use of AI technologies in clinical settings is paramount to maintaining patient trust and achieving equitable healthcare outcomes.

Future advancements in AI and ML hold promise for further enhancing personalized medicine in transplantation, integrating genomic data for precision immunosuppression, and improving minimally invasive surgical techniques. Collaborative efforts among clinicians, researchers, and policymakers are essential to harnessing the full potential of AI and ML in transforming transplantation medicine. These collaborations will help develop standardized protocols, ethical guidelines, and robust regulatory frameworks that support the safe and effective use of AI in clinical practice. Continued research and innovation in AI and ML technologies are vital for overcoming existing challenges and realizing their transformative impact on transplantation medicine. As these technologies evolve, they will undoubtedly play a critical role in addressing the global organ shortage crisis, improving patient outcomes, and enhancing the overall efficiency of healthcare delivery systems. The future of organ transplantation, augmented by AI and ML, holds the promise of saving more lives and providing better care for transplant recipients worldwide.

References

- 1] Bezinover D, Saner F. Organ transplantation in the modern era. *BMC Anesthesiol* 2019;19(1). <https://doi.org/10.1186/s12871-019-0704-z>.
- 2] Bastani B. The present and future of transplant organ shortage: some potential remedies. *J Nephrol* 2019;33(2):277–88. <https://doi.org/10.1007/s40620-019-00634-x>.
- 3] Bokhari S. Artificial intelligence and robotics in transplant surgery: advancements and future directions. *Cureus* 15(8): e43975. <http://doi.org/10.7759/cureus.43975>.
- 4] Connor KL, O'Sullivan ED, Marson LP, et al. The future role of machine learning in clinical transplantation. *Transplantation* 2020;105(4):723–35. <https://doi.org/10.1097/TP.0000000000003424>.
- 5] Schwantes IR, Axelrod DA. Technology-enabled care and artificial intelligence in kidney transplantation. *Curr Transp Reports* 2021;(8):235–40. <https://doi.org/10.1007/s40472-021-00336-z>.
- 6] Clement J, Maldonado AQ. Augmenting the transplant team with artificial intelligence: toward meaningful AI use in solid organ transplant. *Front Immunol* 2021;(12):694222. <https://doi.org/10.3389/fimmu.2021.694222>.
- 7] Faitot F, Michard B, Artzner T. Organ allocation in the age of the algorithm. *Curr Opin Organ Transp* 2020;25(3):305–9. <https://doi.org/10.1097/MOT.0000000000000752>.
- 8] Accardo C, Vella I, Pagano D, et al. Donor-recipient matching in adult liver transplantation: current status and advances. *BioSci Trends* 2023;17(3):203–10. <https://doi.org/10.5582/bst.2023.01076>.
- 9] Sengun K, Cetin Y, Güzel M, et al. Automatic liver segmentation from CT images using deep learning algorithms: a comparative study. *Result Control Optimiz* 2021;6(4). <https://doi.org/10.48550/arXiv.2101.09987>.

- [10] Md Arafatur R, Yilmaz I, Albadi S, et al. Artificial intelligence advances in transplant pathology. *Bioengineering* 2023;10(9). <https://doi.org/10.3390/bioengineering10091041>. 1041–1.
- [11] Naruka V, Arjomandi Rad A, Subbiah Ponniah H, et al. Machine learning and artificial intelligence in cardiac transplantation: a systematic review. *Artific Organs* 2022;46(9):1741–53. <https://doi.org/10.1111/aor.14334>.
- [12] Shaw J, Rudzicz F, Jamieson T, Goldfarb A. Artificial intelligence and the implementation challenge. *J Med Int Res* 2019;21(7):e13659. <https://doi.org/10.2196/13659>.
- [13] Xu C, Schaar M, Cannesson M, et al. Learning matching representations for individualized organ transplantation allocation. 2021; 14. <https://doi.org/10.48550/arXiv.2101.11769>.
- [14] Calleja Lozano R, Hervás Martínez C, Briceno Delgado F. Crossroads in liver transplantation: is artificial intelligence the key to donor–recipient matching? *Medicina* 2022;58(12):1743. <https://doi.org/10.3390/medicina58121743>.
- [15] Briceno J, Ayllón MD, Ciria R. Machine-learning algorithms for predicting results in liver transplantation. *Curr Opin Organ Transp* 2020;25(4):406–11. <https://doi.org/10.1097/MOT.0000000000000781>.
- [16] Haller M, Wallisch C, Mjøen G, et al. Predicting donor, recipient and graft survival in living donor kidney transplantation to inform pretransplant counselling: the donor and recipient linked iPREDICTLIVING tool – a retrospective study. *Transp Int* 2020;33(7):729–39. <https://doi.org/10.1111/tri.13580>.
- [17] Duenas-Jurado J, Gutiérrez P, Casado-Adam A, et al. New models for donor-recipient matching in lung transplantations. *PLoS ONE* 2021;16(6). <https://doi.org/10.1371/journal.pone.0252148>. e0252148–8.
- [18] Villela M, Bravo C, Shah M, et al. Prediction of outcomes after heart transplantation using machine learning techniques. *J Heart Lung Transp* 2020;39(4):S295–6. <https://doi.org/10.1016/j.healun.2020.01.658>.
- [19] Madhumitha R, Naghibzadeh M, Zhao X, et al. Clinical deployment of machine learning tools in transplant medicine: what does the future hold? *Transplantation* 2023;108(8):1700–8.
- [20] Barah M, Kilambi V, Friedewald J, Mehrotra S. Implications of accumulated cold time for US kidney transplantation offer acceptance. *Clin J Am Soc Nephrol* 2022; 17(9):1353–62. <https://doi.org/10.2215/CJN.01600222>.
- [21] Arthur V, Li Z, Cao R, et al. A multi-marker test for analyzing paired genetic data in transplantation. *Front Genet* 2021;12:745773. <https://doi.org/10.3389/fgene.2021.745773>.
- [22] Shi T, Roskin K, Baker B, Woodle E, Hildeman D. Advanced genomics-based approaches for defining allograft rejection with single cell resolution. *Front Immunol* 2021;12:750754. <https://doi.org/10.3389/fimmu.2021.750754>.
- [23] Fu S, Zarrinpar A. Recent advances in precision medicine for individualized immunosuppression. *Curr Opin Organ Transp* 2020;25(4):420–5. <https://doi.org/10.1097/MOT.0000000000000771>.
- [24] Hallaji E, Razavi-Far R, Palade V, Saif M. Adversarial learning on incomplete and imbalanced medical data for robust survival prediction of liver transplant patients. *IEEE Access* 2021;9:73641–50. <https://doi.org/10.1109/ACCESS.2021.3081040>.
- [25] Senanayake S, White N, Graves N, et al. Machine learning in predicting graft failure following kidney transplantation: a systematic review of published predictive models. *Int J Med Infor* 2019;130:103957. <https://doi.org/10.1016/j.ijmedinf.2019.103957>.
- [26] Ayllón M, Ciria R, Cruz-Ramírez M, et al. Validation of artificial neural networks as a methodology for donor-recipient matching for liver transplantation. *Liver Transp* 2018;24(2):192–203. <https://doi.org/10.1002/lt.24870>.
- [27] Suryanarayanan P, Epstein E, Malvankar A, et al. Timely and efficient AI insights on EHR: system design. *AMIA. Annual Sympos Proc.* 2020:1180–9.
- [28] Briasoulis A, Moustakidis S, Tzani A, et al. Prediction of outcomes after heart transplantation by machine learning models. *Europ Heart J* 2021;42(1). <https://doi.org/10.1093/eurheartj/ehab724.0957>.
- [29] AdithyaPoathan Raj V, Sankar S, Shuruti U, et al. Intelligent organ transplantation system using rank search algorithm to serve needy recipients. In: 2022 International Conference on Innovative Computing, Intelligent Communication and Smart Electrical Systems (ICSES); 2022. p. 1–8. <https://doi.org/10.1109/icses55317.2022.9914040>.
- [30] Maldonado A, West-Thielke P, Joyal K, Rogers C. Advances in personalized medicine and noninvasive diagnostics in solid organ transplantation. *Pharmacotherapy* 2021;41(1):132–43. <https://doi.org/10.1002/phar.2484>.
- [31] Bellini V, Maestroni U, Bignami E. Surgical block scheduling controlled by a machine: reality or science fiction? *J Med Syst* 2019;43(54). <https://doi.org/10.1007/s10916-019-1178-8>.
- [32] Wingfield L, Ceresa C, Thorogood S, et al. Artificial intelligence and liver transplant: predicting survival of individual grafts. *Liver Transp* 2020;26(7): 922–34. <https://doi.org/10.1002/lt.25772>.
- [33] Langlotz C, Allen B, Erickson B, et al. A roadmap for foundational research on artificial intelligence in medical imaging: from the 2018 NIH/RSNA/ACR/the academy workshop. *Radiology* 2019;291(3):781–91. <https://doi.org/10.1148/radiol.2019190613>.
- [34] Miragall M, Knoedler S, Kauke-Navarro M, et al. Face the future—artificial intelligence in oral and maxillofacial surgery. *J Clin Med* 2023;12(21):6843. <https://doi.org/10.3390/jcm12216843>.
- [35] Cibi A, Jemila R. Convolutional neural network for automated analyzing of medical images. *Int J Innov Tech Expl Eng* 2020;9(7):687–91. <https://doi.org/10.35940/ijitee.g5629.059720>.
- [36] Chen Y, Ruan D, Xiao J, et al. Fully automated multiorgan segmentation in abdominal magnetic resonance imaging with deep neural networks. *Med Phys* 2020;47(10):4971–82. <https://doi.org/10.1002/mp.14429>.
- [37] Veiga-Canuto D, Cerdá Alberich L, Sangüesa Nebot C, et al. Comparative multicentric evaluation of inter-observer variability in manual and automatic segmentation of neuroblastic tumors in magnetic resonance images. *Cancers* 2022;14(15). <https://doi.org/10.3390/cancers14153648>. 3648–8.
- [38] Han X, Hong J, Reyngold M, et al. Deep-learning-based image registration and automatic segmentation of organs-at-risk in cone-beam CT scans from high-dose radiation treatment of pancreatic cancer. *Med Phys* 2021;48(6):3084–95. <https://doi.org/10.1002/mp.14906>.
- [39] Cesaretti M, Brustia R, Goumar C, et al. Use of artificial intelligence as an innovative method for liver graft macrosteatosis assessment. *Liver Transp* 2020; 26(10):1224–32. <https://doi.org/10.1002/lt.25801>.
- [40] Alirri OI. Deep learning and level set approach for liver and tumor segmentation from CT scans. *J Appl Clin Med Phys* 2020;21(10):200–9. <https://doi.org/10.1002/acm2.13003>.
- [41] Chen X, Xu H, Qi Q, et al. AI-based chest CT semantic segmentation algorithm enables semi-automated lung cancer surgery planning by recognizing anatomical variants of pulmonary vessels. *Front Oncol* 2022;12. <https://doi.org/10.3389/fonc.2022.1021084>.
- [42] Hong G, Zhang L, Kong X, Herbert L. Artificial intelligence image-assisted knee ligament trauma repair efficacy analysis and postoperative femoral nerve block analgesia effect research. *World Neurosurg* 2021;149:492–501. <https://doi.org/10.1016/j.wneu.2020.11.122>.
- [43] Elfanagely O, Toyoda Y, Othman S, et al. Machine learning and surgical outcomes prediction: a systematic review. *J Surg Res* 2021;264:346–61. <https://doi.org/10.1016/j.jss.2021.02.045>.
- [44] Sun Z, Jansen S. Personalized 3D printed coronary models in coronary stenting. *Quantit Imag Med Surg* 2019;9(8):1356–67. <https://doi.org/10.21037/QIMS.2019.06.21>.
- [45] Senders J, Staples P, Karhade A, et al. Machine learning and neurosurgical outcome prediction: a systematic review. *World Neurosurg* 2018;109:476–86. <https://doi.org/10.1016/j.wneu.2017.09.149>.
- [46] Bamba Y, Ogawa S, Itabashi M, et al. Object and anatomical feature recognition in surgical video images based on a convolutional neural network. *Int J Comp Assisted Radiol Surg* 2021;16(11):2045–54. <https://doi.org/10.1007/s11548-021-02434-w>.
- [47] Zhou XY, Guo Y, Shen M, Yang GZ. Application of artificial intelligence in surgery. *Front Med* 2020;14(48):417–30. <https://doi.org/10.1007/s11684-020-0770-0>.
- [48] Aoyama R, Ukei A, Hotta H, et al. A novel technique of mixed reality systems in the treatment of spinal cord tumors. *Cureus* 2022;14:49. <https://doi.org/10.7759/cureus.23096>.
- [49] Sone K, Tanimoto S, Yusuke T, et al. Evolution of a surgical system using deep learning in minimally invasive surgery (Review). *Biomed Reports* 2023;19(1):50. <https://doi.org/10.3892/br.2023.1628>.
- [50] Madani A, Namazi B, Altieri M, et al. Artificial intelligence for intraoperative guidance: using semantic segmentation to identify surgical anatomy during laparoscopic cholecystectomy. *Ann Surg* 2020;276:363–9. <https://doi.org/10.1097/SLA.0000000000004594>.
- [51] Kumar L, Yu J, Muzik O, et al. Fully automated, semantic segmentation of whole-body¹⁸F-FDG PET/CT images based on data-centric artificial intelligence. *J Nucl Med* (1978) 2022;63(12):1941–8. <https://doi.org/10.2967/jnumed.122.264063>.
- [52] Ghesu F, Georgescu B, Zheng Y, et al. Multi-scale deep reinforcement learning for real-time 3D-landmark detection in CT scans. *IEEE Transac Pattern Analy Mach Intelligence* 2019;41(1):176–89. <https://doi.org/10.1109/TPAMI.2017.2782687>.
- [53] Datta S, Loftus T, Ruppert M, et al. Added value of intraoperative data for predicting postoperative complications: the mysurgeryrisk postOp extension. *J Surg Res* 2020;254:350–63. <https://doi.org/10.1016/j.jss.2020.05.007>.
- [54] Gurung B, Liu P, Harris P, et al. Artificial intelligence for image analysis in total hip and total knee arthroplasty. *Bone Joint J* 2022;104-B(8):929–37. <https://doi.org/10.1302/0301-620X.104B8.BJJ-2022-0120.R2>.
- [55] Yilmaz R, Bakhaidar M, Alsayegh A, et al. 828 real-time artificial intelligence instruction in comparison to human expert instruction in surgical technical skills teaching – a randomized controlled trial. *British J Surg* 2023;110(7). <https://doi.org/10.1093/bjs/znad258.077>.
- [56] Wiggins W, Magudia K, Schmidt T, et al. Imaging AI in practice: a demonstration of future workflow using integration standards. *Radiology* 2021;3(6). <https://doi.org/10.1148/ryai.2021210152>.
- [57] Bae S, Massie A, Caffo B, et al. Machine learning to predict transplant outcomes: helpful or hype? A national cohort study. *Transp Int* 2020;33(11):1472–80. <https://doi.org/10.1111/tri.13695>.
- [58] Balch J, Delitto D, Tighe P, et al. Machine learning applications in solid organ transplantation and related complications. *Front Immunol* 2021;12. <https://doi.org/10.3389/fimmu.2021.739728>.
- [59] Salama M, Kader H, Abdelwahab A. An analytic framework for enhancing the performance of big heterogeneous data analysis. *Int J Eng Bus Manag* 2021;13. <https://doi.org/10.1177/1847979021990523>.
- [60] Eckart L, Eckart S, Enke M. A brief comparative study of the potentialities and limitations of machine-learning algorithms and statistical techniques. editor. In: Litvinenko VS, editor. *E3S Web of Conferences*. 266; 2021. p. 02001. <https://doi.org/10.1051/E3SCONF/202126602001>.
- [61] Aldilas A, Shabbir S, Uddin M, Yu-Chuan J. Graft rejection prediction following kidney transplantation using machine learning techniques: a systematic review and meta-analysis. *PubMed* 2019;264:10–4. <https://doi.org/10.3233/SHTI190173>.
- [62] Husain S, Rotstein C. Infections in solid organ transplant recipients. Springer eBooks 2018:231–42. https://doi.org/10.1007/978-3-319-77674-3_12.

- [63] Feng T, Noren D, Kulkarni C, et al. Machine learning-based clinical decision support for infection risk prediction. medRxiv (Cold Spring Harbor Laboratory) 2023;10. <https://doi.org/10.1101/2023.04.27.23289212>.
- [64] Scardoni A, Balzarini F, Signorelli C, et al. Artificial intelligence-based tools to control healthcare associated infections: a systematic review of the literature. *J Infect Publ. Heal* 2020;13(8):1061–77. <https://doi.org/10.1016/j.jiph.2020.06.006>.
- [65] Mohammed H, Huang Y, Memtsoudis S, et al. Utilization of machine learning methods for predicting surgical outcomes after total knee arthroplasty. Farouk O, editor PLOS ONE 2022;17(3):e0263897. <https://doi.org/10.1371/journal.pone.0263897>.
- [66] Quinino R, Agena F, Modelli de Andrade L, et al. A machine learning prediction model for immediate graft function after deceased donor kidney transplantation. *Transplantation* 2023;107(6):1380–9. <https://doi.org/10.1097/TP.0000000000004510>.
- [67] Stiglic G, Kocbek P, Fijacko N, et al. Interpretability of machine learning-based prediction models in healthcare. *WIREs Data Mining Knowl Disc* 2020;10(5). <https://doi.org/10.1002/widm.1379>.
- [68] Woillard J, Labriffe M, Debord J, Marquet P. Tacrolimus exposure prediction using machine learning. *Clin Pharmacol Therapeutics* 2021;110(2):361–9. <https://doi.org/10.1002/cpt.2123>.
- [69] Gandolfi M, Boscolo Galazzo I, Gasparin Pavan R, et al. eXplainable AI allows predicting upper limb rehabilitation outcomes in sub-acute stroke patients. *IEEE J Biomed Health Inform* 2023;27(1):263–73. <https://doi.org/10.1109/JBHI.2022.3220179>.
- [70] Rush B, Celi L, Stone DJ applying machine learning to continuously monitored physiological data. *J Clin Monit Comput* 2018;33(5):887–93. <https://doi.org/10.1007/s10877-018-0219-z>.
- [71] De Cannière H, Corradi F, Smeets C, et al. Wearable monitoring and interpretable machine learning can objectively track progression in patients during cardiac rehabilitation. *Sensors* 2020;20(12):3601. <https://doi.org/10.3390/s20123601>.
- [72] Hassan M, El Desouky A, Elghamrawy S, Sarhan A. A hybrid real-time remote monitoring framework with NB-WOA algorithm for patients with chronic diseases. *Fut Gener Comp Syst* 2019;93:77–95. <https://doi.org/10.1016/j.future.2018.10.021>.
- [73] Pitt, UPMC Announce \$200 million immunotherapy investment 2018. UPMC | life changing medicine. <https://www.upmc.com/media/news/ittc>. [Accessed 6 Aug. 2024].
- [74] Hemke A, Heemskerck M, Diepen M, et al. Performance of an easy-to-use prediction model for renal patient survival: an external validation study using data from the ERA-EDTA registry. *Nephrol Dialy Transp* 2018;33(10):1786–93. <https://doi.org/10.1093/ndt/gfx348>.
- [75] Marrero WJ, Lavieri MS, Guikema SD, et al. A machine learning approach for the prediction of overall deceased donor organ yield. *Surgery* 2021;170(5):1561–7. <https://doi.org/10.1016/j.surg.2021.06.004>.
- [76] Killian M, Payrovnaziri S, Gupta D, et al. Machine learning-based prediction of health outcomes in pediatric organ transplantation recipients. *JAMIA Open* 2021; 4(1). <https://doi.org/10.1093/JAMIAOPEN/OOAB008>.
- [77] Spann A, Yasodhara A, Kang J, et al. Applying machine learning in liver disease and transplantation: a comprehensive review. *Hepatology* 2020;71(3):1093–105. <https://doi.org/10.1002/hep.31103>.
- [78] Khan M, Tutun S. Understanding and predicting organ donation outcomes using network-based predictive analytics. *Procedia Comp Sci* 2021;185:185–92. <https://doi.org/10.1016/j.procs.2021.05.020>.
- [79] Strömblad C, Baxter-King R, Meisami A, et al. Effect of a predictive model on planned surgical duration accuracy, patient wait time, and use of presurgical resources: a randomized clinical trial. *JAMA Surg* 2021;156(4):315–21. <https://doi.org/10.1001/jamasurg.2020.6361>.
- [80] Bartek M, Saxena R, Solomon S, et al. Improving operating room efficiency: machine learning approach to predict case-time duration. *J Am College Surg* 2019;229(4):346–354.e3. <https://doi.org/10.1016/j.jamcollsurg.2019.05.029>.
- [81] Bensouda Y, Khoukhi S, Bojji C. A review of medical distribution logistics in pharmaceutical supply chain. *Int J Log Syst Manag* 2019;34(3):297. <https://doi.org/10.1504/ijlsm.2019.10024399>.
- [82] Singh N. AI in inventory management: applications, challenges, and opportunities. *Int J Res Appl Sci Eng Technol* 2023;11(11):2049–53. <https://doi.org/10.22214/ijraset.2023.57010>.
- [83] Singh A, Kamtikar S. Assessing the forecasting by sms for medical stores management of a tertiary care teaching hospital. *Int J Sci Res* 2023;58–60. <https://doi.org/10.36106/ijrsr/3619912>.
- [84] Dhaliwal N, Tomar P, Joshi A, et al. A detailed analysis of use of AI in inventory management for technically better management. *IEEE Xplore* 2023:197–201. <https://doi.org/10.1109/ICACITE57410.2023.10183082>.
- [85] Padoy N. Machine and deep learning for workflow recognition during surgery. *Minimally Invas Ther Allied Technol* 2019;28(2):82–90. <https://doi.org/10.1080/13645706.2019.1584116>.
- [86] Kaur J. Robotic process automation in healthcare sector. 2023;391:01008–8. <https://doi.org/10.1051/e3sconf/202339101008>.
- [87] Garcia Valencia O, Thongprayoon C, Jadowiec C, et al. Enhancing kidney transplant care through the integration of chatbot. *Healthcare* 2023;11(18):2518. <https://doi.org/10.3390/healthcare11182518>.
- [88] Vryoni V, Βρωβίη Β. Chatbots in healthcare: towards AI-enabled general diagnosis and medical support. *Dionelibunipigr* 2021. https://doi.org/10.26267/UNIPI_DIONE/1065.
- [89] Sun G, Zhou Y. AI in healthcare: navigating opportunities and challenges in digital communication. *Front Digital Health* 2023;5. <https://doi.org/10.3389/fgdh.2023.1291132>.
- [90] Kaledio P, Favour O, Lucas D. Understanding the impact of cultural competence in transcultural nursing practice: strategies, challenges, and opportunities. *SSRN Elect J* 2024.
- [91] Gilbert FJ, Smye SW, Schönlieb CB. Artificial intelligence in clinical imaging: a health system approach. *Clin Radiol* 2020;75(1):3–6. <https://doi.org/10.1016/j.crad.2019.09.122>.
- [92] Mohamed M, Saber Nissreen El. Intelligent decision support machine learning based optimizing inventory management. *Am J Bus Operations Res* 2023;9(2): 41–50. <https://doi.org/10.54216/ajbor.090205>.
- [93] Ramkumar PN, Kunze KN, Haerberle HS, et al. Clinical and research medical applications of artificial intelligence. *Arthroscopy* 2021;37(5):1694–7. <https://doi.org/10.1016/j.arthro.2020.08.009>.
- [94] Tanveer Y, Arif A, Tsenteradze T, et al. Revolutionizing heart transplantation: a multidisciplinary approach to xenotransplantation, immunosuppression, regenerative medicine, artificial intelligence, and economic sustainability. *Cureus* 2023;15. <https://doi.org/10.7759/cureus.46176>.
- [95] Sharma A, Sharma N, Sharma R. AI powered identification of drug targets and pathways for diagnosis and treatment planning: a review. *Nanomed Nanotechnol Open Access* 2023;8(2). <https://doi.org/10.23880/nnoa-16000232>.
- [96] Zwart TC, Guchelaar HJ, van der Boog PJ, et al. Model-informed precision dosing to optimise immunosuppressive therapy in renal transplantation. *Drug Discov Today* 2021;26(11):2527–46. <https://doi.org/10.1016/j.drudis.2021.06.001>.
- [97] Andras I, Mazzone E, van Leeuwen F, et al. Artificial intelligence and robotics: a combination that is changing the operating room. *World J Urol* 2019;38: 2359–66. <https://doi.org/10.1007/s00345-019-03037-6>.
- [98] Bellini V, Guzzon M, Bigliardi B, et al. Artificial intelligence: a new tool in operating room management. Role of machine learning models in operating room optimization. *J Med Syst* 2019;44(1). <https://doi.org/10.1007/s10916-019-1512-1>.
- [99] Saraswat D, Bhattacharya P, Verma A, et al. Explainable AI for healthcare 5.0: opportunities and challenges. *IEEE Access* 2022;10(1):84486–517. <https://doi.org/10.1109/access.2022.3197671>.
- [100] Aung Y, Wong D, Ting D. The promise of artificial intelligence: a review of the opportunities and challenges of artificial intelligence in healthcare. *British Med Bull* 2021;139(1):4–15. <https://doi.org/10.1093/bmb/ldab016>.
- [101] Morley J, Machado C, Burr C, et al. The ethics of AI in health care: a mapping review. *Social Sci Med* 2020;260:113172. <https://doi.org/10.1016/j.socscimed.2020.113172>.
- [102] Jeyaraman M, Balaji S, Jeyaraman N, Yadav S. Unraveling the ethical enigma: artificial intelligence in healthcare. *Cureus* 2023;15(8). <https://doi.org/10.7759/cureus.43262>.
- [103] Buch V, Ahmed I, Maruthappu M. Artificial intelligence in medicine: current trends and future possibilities. *British J General Prac* 2018;68(668):143–4. <https://doi.org/10.3399/bjgp18x695213>.
- [104] Anselmo A, Materazzo M, Nicola Di L, et al. Implementation of blockchain technology could increase equity and transparency in organ transplantation: a narrative review of an emergent tool. *Transp Int* 2023;36. <https://doi.org/10.3389/ti.2023.10800>.
- [105] Matai I, Kaur G, Seyedsalehi A, et al. Progress in 3D bioprinting technology for tissue/organ regenerative engineering. *Biomaterials* 2019;226:119536. <https://doi.org/10.1016/j.biomaterials.2019.119536>.
- [106] Kolachalama VB, Garg PS. Machine learning and medical education. *npj Digital Med* 2018;1(1). <https://doi.org/10.1038/s41746-018-0061-1>.
- [107] Peralta P, Istrate M, Ballesté C, et al. Train the Trainers™ Program to improve knowledge, attitudes and perceptions about organ donation in the European union and neighbouring countries: pre- and post- data analysis of the eudonorgan project. *Transp Int* 2023;36. <https://doi.org/10.3389/ti.2023.10878>.
- [108] LeClaire J, Smith N, Chandratte S, et al. Solid organ donor–recipient race-matching: analysis of the United Network for organ sharing database. *Transp Int* 2021;34(4):640–7. <https://doi.org/10.1111/tri.13832>.
- [109] Lv K, Wu Y, Lai W, et al. Simpson's paradox and the impact of donor-recipient race-matching on outcomes post living or deceased donor kidney transplantation in the United States. *Front Surgery* 2023;9:1050416. <https://doi.org/10.3389/fsurg.2022.1050416>.
- [110] Tschider C, Compagnucci M, Minssen T. The new EU–US data protection framework's implications for healthcare. *J Law Biosci* 2024;11(2):lsae022. <https://doi.org/10.1093/jlb/lsae022>.
- [111] Sullivan C. EU GDPR or APEC CBPR? A comparative analysis of the approach of the EU and APEC to cross border data transfers and protection of personal data in the IoT era. *Comp Law Secur Rev* 2019;35(4):380–97. <https://doi.org/10.1016/j.clsr.2019.05.004>.
- [112] Schapranow M, Bayat M, Rasheed A, et al. NephroCAGE—German-Canadian consortium on AI for improved kidney transplantation outcome: protocol for an algorithm development and validation study. *JMIR Res Protocols* 2023;12: e48892. <https://doi.org/10.2196/48892>.
- [113] Sassi Z, Eickmann S, Roller R, et al. Prospectively investigating the impact of AI on shared decision-making in post kidney transplant care (PRIMA-AI): protocol for a longitudinal qualitative study among patients, their support persons and treating physicians at a tertiary care centre. *BMJ open* 2024;14(10):e081318. <https://doi.org/10.1136/bmjopen-2023-081318>.