Patient Perceptions of Artificial Intelligence in the Screening, Diagnosis, and Treatment of Various Cancers: A Scoping Review

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In what scope do patients prefer artificial intelligence (AI) in medical decision-making for cancer care, and what are their associated perceptions of such use?

## Background

AI is gaining traction as a tool in the diagnosis and management of medical conditions<sup>1</sup>.

Such technology could be used to improve the patient-reported "suboptimal" cancer care described across studies, which is attributed to a lack of appointments and dissatisfaction with counseling<sup>2</sup>.

However, there are **ethical concerns** about the use of AI in such contexts; investigating patients' perspectives is *essential* in providing patient-centered care.

This is *especially* true for cancer care, which is a complex, potentially life-changing experience for many patients.

"I hope the system could change so [the patient] could get more information when...diagnosed with cancer..."<sup>2</sup>

"The wait time for oncologist appointments is unacceptable"<sup>2</sup>

### Methods

A search was conducted in April 2025 on Google Scholar using the phrases including, but not limited to, "patient perceptions, opinions, OR concerns AND artificial intelligence OR machine learning AND cancer". Review of title and abstract + Removal of duplicates 235 potentially relevant articles reviewed on first 15 pages Screening of full-text version **17 articles** met inclusion and exclusion criteria (non-English language)

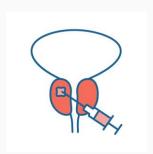
# Results

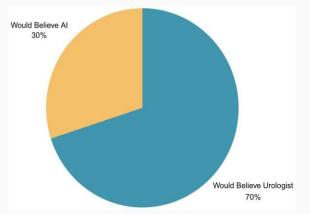
#### Screening/Diagnosis

- The majority of patients desired **AI to be used as an adjunct** to physicians<sup>3, 4,7, 10, 12</sup>
- Across specialties, patients were more willing to trust the opinions of physicians
   over AI in the event of disagreement (Fig. 1)<sup>7,8</sup>

Figure 1: How Patients Receiving Diagnostic/Therapeutic

Intervention for Prostate Cancer Side in Conflict





Patients were more amenable to dermatologists' mistakes, rejecting AI if its accuracy in skin cancer diagnosis is less than 65%

#### Screening/Diagnosis

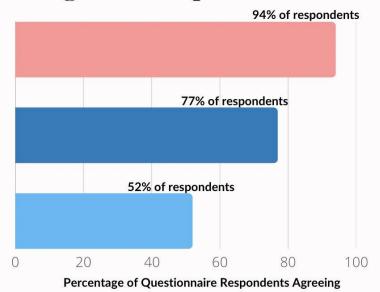


### Opinions of Women of Breast Cancer Screening Age on AI in Mammogram Interpretation<sup>9</sup>

Radiologists Should Create Their Own Reports

AI Should Be Used As a Second Reader

Software Developer And Radiologist Should Be Accountable For AI Errors



#### **Prognosis**

- Cancer survivors held **positive opinions** towards an AI prognostic tool with an ability to:
  - Predict 6-month survival
  - Changes in prognosis
  - Display survival of similar patients, which reportedly reduced feelings of isolation<sup>5</sup>
- A strong preference for an **oncologist to be present** was expressed due to:
  - Sensitive nature of discussion
  - Difficulty understanding elements of the tool, such as the Kaplan-Meier curve

"I (have) friends who've gone through end-of-life things...it's a really confusing place to be...this tool would allow them to have a more concrete view of what was really possible, so that they can **make better decisions** about what they actually wanted to do with time..." —Cancer Survivor<sup>5</sup>

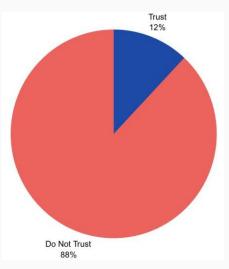


"The Kaplan-Meier curve I can understand, someone else who is not a scientist cannot understand..." —Cancer Caregiver<sup>5</sup>

#### Treatment

- The majority of cancer patients at their
   24 month follow-up reported distrust in AI
   (Fig. 2)<sup>6</sup>
  - 48% reported fear
- Patients with a recent cancer diagnosis
   preferred follow-ups with human doctors,
   attributing this desire to perceived
   inability of AI to handle intricate
   situations<sup>13</sup>

Figure 2: Cancer Patients' Perception of AI's Ability to Generate A Treatment Plan



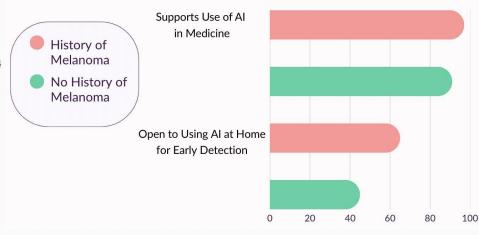
Prostate cancer patients reported low trust in AI systems for complex decisions, specifically for **metastatic**disease<sup>8</sup>

Radiotherapy patients reported strong preference to be **aware and informed of the use of AI** in their care<sup>10</sup>, a desire also seen in mammogram recipients<sup>17</sup>

#### **Demographic Differences**

- Male patients described more acceptance of AI than female counterparts<sup>7</sup>
- Viewpoints varied based on medical history (Fig 3) 7,14
- Compared to younger females, women of mammogram screening age viewed the use of AI in preventative screening more positively, even after reporting *lower* day-to-day AI use<sup>4</sup>
- Individuals of higher education were more skeptical of AI's
   medical accuracy<sup>4</sup>

# Figure 3: Patient Perceptions of AI in Skin Cancer Screening



### Perceived Patient Outcomes

#### "Rather than...pondering for weeks or months whether it's time to go see the doctor, (AI could be) an immediate indicator."<sup>11</sup>

### PERCEIVED BENEFITS

- 1. Reduction in wait times<sup>14</sup>
- 2. Increased survival rates<sup>7</sup>
- 3. Increased diagnostic speed and healthcare access<sup>14</sup>
- 4. Reduced healthcare costs<sup>14</sup>

## PERCEIVED CONCERNS

- 1. Privacy breaches (misuse of data by employers, insurance companies)<sup>3,13</sup>
- 2. Physician dependence on AI<sup>7</sup>
- 3. Bias in algorithms<sup>3</sup>
- 4. Hindrance of the patientprovider relationship<sup>3,13</sup>

### Limitations

01

Studies included focused on breast, skin, and/or prostate cancer

02

Most patient populations were predominantly White, with many reporting higher income and education levels than the general population<sup>5, 14</sup>

03

AI is constantly evolving; patient perceptions may also shift depending on changes, reducing the generalizability of results

### Conclusions

Patient Communication
Takeaways

The results of this review
underscore the importance of
transparency and patient
counseling on the utilization of
AI in the medical-decision
making process and its
limitations

The Use of AI as An Adjunct

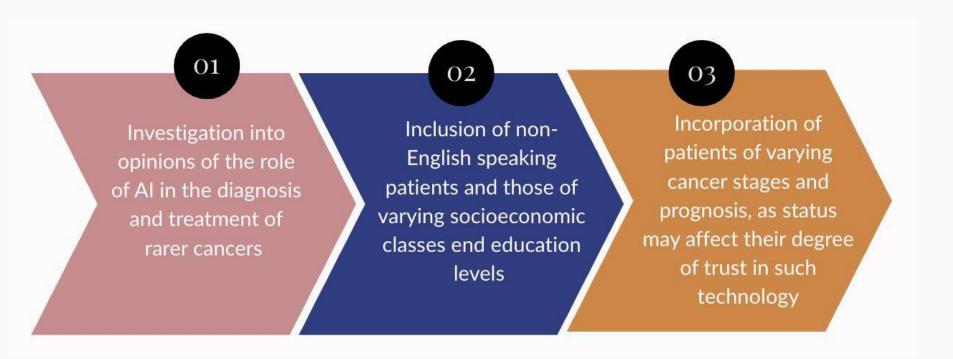
While patients viewed AI favorably, they **opposed its entire replacement of physicians** 

Patient-Provider Relationship

Providers should continue to striving to **preserve the emotional connection** in patient-provider relationships



### **Future Directions**



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# Questions?

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