

Resource Summary Report

Generated by T1D on Sep 5, 2026

Cancer Imaging Archive (TCIA)

RRID:SCR_008927

Type: Tool

Proper Citation

Cancer Imaging Archive (TCIA) (RRID:SCR_008927)

Resource Information

URL: <http://www.cancerimagingarchive.net/>

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Description: Archive of medical images of cancer accessible for public download. All images are stored in DICOM file format and organized as Collections, typically patients related by common disease (e.g. lung cancer), image modality (MRI, CT, etc) or research focus. Neuroimaging data sets include clinical outcomes, pathology, and genomics in addition to DICOM images. Submitting Data Proposals are welcomed.

Abbreviations: TCIA

Synonyms: TCIA, Cancer Imaging Archive, The Cancer Imaging Archive (TCIA), Cancer Imaging Archive (TCIA), The Cancer Imaging Archive

Resource Type: catalog, data or information resource, data repository, data set, database, image repository, service resource, storage service resource

Keywords: dicom, imaging, ct, pet, pt, x-ray, mri, magnetic resonance, medical, clinical, research, clinical neuroinformatics, computed tomography, dicom, imaging genomics, magnetic resonance, pet, spect, test data, web service, image collection, image, FASEB list

Related Condition: Cancer

Funding: NCI

Availability: Restricted

Resource Name: Cancer Imaging Archive (TCIA)

Resource ID: SCR_008927

Alternate IDs: DOI:10.25504/FAIRsharing.jrfd8y, DOI:10.17616/R3NH0V, DOI:10.7937, nlx_151749, r3d100011559

Alternate URLs: <http://www.nitrc.org/projects/tcia>, <http://www.cancerimagingarchive.net/>, <http://www.cancerimagingarchive.net/primary-data/>, <https://wiki.cancerimagingarchive.net/display/Public/Collections>, <https://doi.org/10.17616/R3NH0V>, <https://doi.org/10.17616/r3NH0V>, <https://doi.org/10.7937/>, <https://dx.doi.org/10.7937/>, <https://fairsharing.org/10.25504/FAIRsharing.jrfd8y>, <https://doi.org/10.17616/R3NH0V>, <https://doi.org/10.17616/R3NH0V>

Record Creation Time: 20220129T080250+0000

Record Last Update: 20260903T235003+0000

Ratings and Alerts

No rating or validation information has been found for Cancer Imaging Archive (TCIA).

No alerts have been found for Cancer Imaging Archive (TCIA).

Data and Source Information

Source: [SciCrunch Registry](#)

Usage and Citation Metrics

We found 415 mentions in open access literature.

Listed below are recent publications. The full list is available at [T1D](#).

Peng S, et al. (2026) AI-based pathomics model predicts regulatory T cell infiltration and radiotherapy response in IDH-wild-type glioblastoma. *Frontiers in immunology*, 17, 1817892.

Tu S, et al. (2026) Lipid metabolism classification of gliomas. *Scientific reports*, 16(1).

Umehara T, et al. (2026) Radiomics-based preoperative survival prediction in newly diagnosed glioblastoma: A multicohort study with internal and external validation. *Neuro-oncology advances*, 8(1), vdag068.

Cao X, et al. (2026) Non-invasive prediction of invasive lung adenocarcinoma and high-risk histopathological characteristics in resectable early-stage adenocarcinoma by [18F]FDG PET/CT radiomics-based machine learning models: a prospective cohort study. *International journal of surgery (London, England)*, 112(1), 935.

Fan X, et al. (2026) CSF1R and macrophage infiltration: Integrated magnetic resonance imaging radiomics and deep learning-driven models for the preoperative assessment of glioma. *Chinese medical journal*, 139(12), 1808.

Wang Y, et al. (2026) Multimodal deep learning for survival prediction and biomarker discovery in non-small cell lung cancer. *BioData mining*, 19(1).

Yun HJ, et al. (2026) CEBPB Expression in Tumor Cells Drives Immune Evasion in Colorectal Cancer via CTLA4 Up-regulation in T Cells. *Cancer communications (London, England)*, 46, 0013.

Zhan PC, et al. (2026) CT-based radiomics for predicting the treatment response to PD-1/PD-L1 inhibitors combined with chemotherapy in unresectable gastric cancer. *Insights into imaging*, 17(1).

Albano D, et al. (2026) AI in Musculoskeletal Imaging: An End-to-End Perspective. *Journal of clinical medicine*, 15(11).

Jia J, et al. (2026) CT-based deep learning signatures associated with transcriptomic heterogeneity and combined with nutritional biomarkers improve prediction of 3-year overall survival in esophageal squamous cell carcinoma. *Insights into imaging*, 17(1), 22.

Xie Z, et al. (2026) Integrative multi-omics and radiogenomic profiling decodes NNK-related tumor remodeling and prognostic stratification in pancreatic cancer. *International journal of surgery (London, England)*, 112(4), 10062.

Huang X, et al. (2026) Longitudinal MRI-based deep learning model for predicting pathological complete response in breast cancer: a multicenter, retrospective cohort study. *NPJ precision oncology*, 10(1), 57.

Gao Y, et al. (2026) Radiomics predicts poorly differentiated hepatocellular carcinoma and uncovers ribosomal-immune dysregulation mechanism. *iScience*, 29(2), 114699.

Yang T, et al. (2026) Multi-omics analysis identifies RARRES1 as a potential biomarker linked to immunosuppressive microenvironment and its radiomics prediction in ovarian cancer. *Translational cancer research*, 15(4), 269.

Yadav N, et al. (2026) Brain metastases converge on shared geometric architecture and transcriptomic landscape yet remain distinct from gliomas. *iScience*, 29(4), 115329.

Cui Z, et al. (2026) Expression profile of GSDMB in oral squamous cell carcinoma and its impact on tumor immune microenvironment and prognosis. *BMC oral health*, 26(1).

Huang JL, et al. (2026) CT-based subregional and peritumoral radiomics for predicting pathological T stage of clear cell renal cell carcinoma: an exploratory study of biological mechanisms. *Insights into imaging*, 17(1), 50.

Samuel N, et al. (2026) Data-driven probabilistic mapping of the spatial and molecular landscape of glioma. *Brain communications*, 8(1), fcac459.

Kilim O, et al. (2026) A multimodal AI biomarker PATH-ORACLE improves prediction of recurrence in stage I lung adenocarcinoma. *medRxiv : the preprint server for health sciences*.

Wu S, et al. (2026) Clustering of quantitative CT features identifies HCC subtypes with distinct prognosis and immune signatures. *European radiology experimental*, 10(1).