

AI in Therapeutic Development

A Policy Perspective

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Deputy Director
Office of Medical Policy
Center for Drug Evaluation and Research

The views and opinions expressed in the following slides are those of the presenter and may not reflect the views and opinions of the U.S. FDA or HHS. Mentions are not endorsements.

No conflicts to declare & Mentions are not endorsements

- **The Changing Ecosystem**
- **AI Utilization Across Therapeutic Areas**
- **Policy and Operational implications**
- **Conclusion and next steps**

AI is an integral part of a rapidly evolving ecosystem



Increasingly Digital World*



Advancing Evidence Generation Paradigm*



Innovative Clinical Trial Designs*

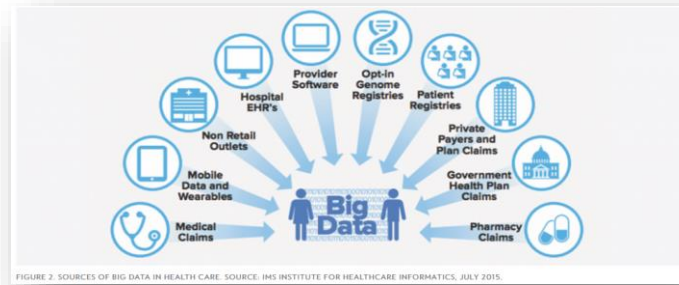
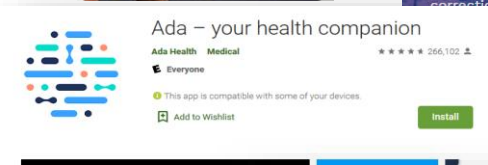
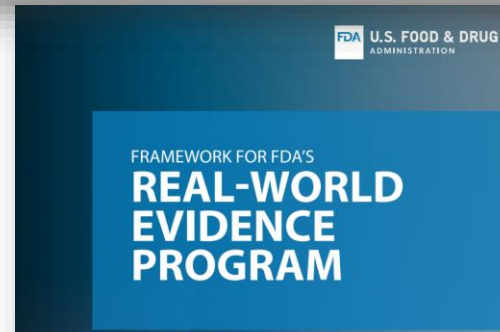


FIGURE 2. SOURCES OF BIG DATA IN HEALTH CARE. SOURCE: IMS INSTITUTE FOR HEALTHCARE INFORMATICS, JULY 2015.



Complex Innovative Trial Designs Pilot Program



PROJECT:



Decentralized Clinical Trials

CADTH Evidence Driven.

Summary Adaptive and Novel Trial Designs

* Examples – not fully inclusive

FDA Authorizes Marketing of First Device that Uses Artificial Intelligence to Help Detect Potential Signs of Colon Cancer

Medical device aids clinicians in detecting potential irregularities during colon cancer screening and surveillance

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For Immediate Release: April 09, 2021
FDA NEWS RELEASE

FDA Authorizes Marketing of First Cardiac Ultrasound Software That Uses Artificial Intelligence to Guide User

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For Immediate Release: February 07, 2020

FDA NEWS RELEASE

FDA permits marketing of artificial intelligence-based device to detect certain diabetes-related eye problems

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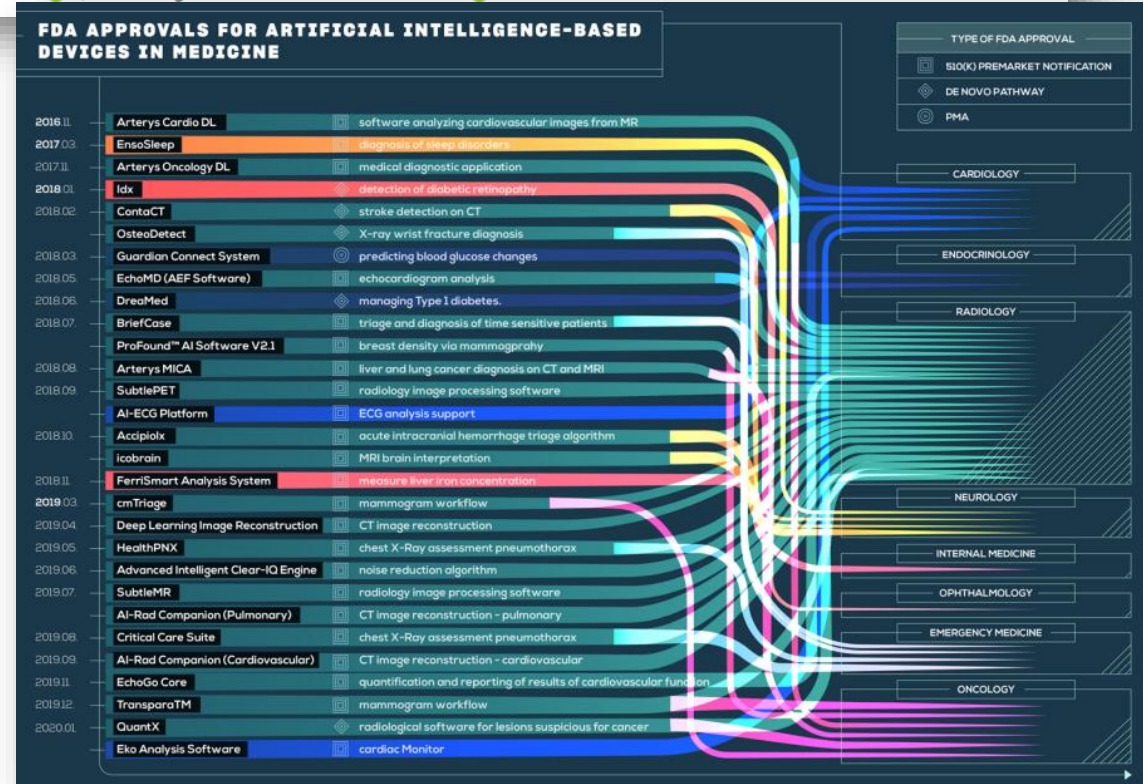
For Immediate Release: April 11, 2018

ARTICLE OPEN

Check for updates

The state of artificial intelligence-based FDA-approved medical devices and algorithms: an online database

Stan Benjamins^{1,2}, Pranavsingh Dhunoo³ and Bertalan Meskó^{1,3,4}



Going Beyond The Hype – Where We See AI in Action*

Early development

basic science and pre-clinical

- Pathogenesis
- Biomarker identification
- PK/PD modeling
- Compound identification
- Compound screening/design

Clinical Development

- Recruitment and retention
- Adherence and compliance
- Facilitating the use of RWD
- Clinical trial monitoring
- Safety monitoring

Post market

- Identification of long-term safety trends
- Utilization as a part of care
- Continuous monitoring of safety and effectiveness.

Trends in Pharmacological Sciences

CellPress
REVIEWS

Special Issue: Rise of Machines in Medicine

Review

Advancing Drug Discovery via
Artificial Intelligence

H.C. Stephen Chan,^{1,2} Hanbin Shan,³ Thamani Dahoun,^{2,4} Horst Vogel,^{2,4} and Shuguang Yuan^{1,2}

Trends in Pharmacological Sciences

CellPress
REVIEWS

Special Issue: Rise of Machines in Medicine

Review

Artificial Intelligence for Clinical Trial Design

Stefan Harrer,^{1,*} Pratik Shah,² Bhavna Antony,¹ and Jianying Hu³

ARTICLE



Innovation in Pharmacovigilance: Use of
Artificial Intelligence in Adverse Event Case
Processing

Juergen Schmider^{1,*}, Krishan Kumar², Chantal LaForest³, Brian Swankoski⁴, Karen Naim⁵ and
Patrick M. Caubel⁶

AI will have an impact across sectors and across therapeutic types

FDA will Continue to Respond to an Increasingly Digital World

eSource

E-Informed Consent

E-Records & e-Sig

EHR

Guidance for Industry Electronic Source Data in Clinical Investigations

Additional copies are available from:
Office of Communications, Division of Drug Information
Center for Drug Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave., Bldg. 51, rm. 2201
Silver Spring, MD 20993-0002
Tel: 301-796-1400; Fax: 301-847-5774; Email: druginfo@fda.hhs.gov
<http://www.fda.gov/Drugs/Guidance/Compliance/RegulatoryInformation/Guidance/default.htm>
and/or
Office of Communication, Outreach and Development, HDM-40
Center for Biologics Evaluation and Research
Food and Drug Administration
1401 Rockville Pike, Rockville, MD 20852-1448
Tel: 800-835-4700 or 301-827-1800
Email: ocod@fda.hhs.gov
<http://www.fda.gov/Biologics/Blood/Dockets/Compliance/RegulatoryInformation/default.htm>
and/or
Office of Communication, Education and Radiological Programs
Division of Small Manufacturers Assistance, Bldg. 66, rm. 4813
Center for Devices and Radiological Health
Food and Drug Administration
10903 New Hampshire Ave., Silver Spring, MD 20993-0002
<http://www.fda.gov/Health/Device/RegulatoryInformation/Guidance/Document/default.htm>
Email: dmsa@cdrh.fda.gov; Fax: 301-847-8149
(Tel) Manufacturers Assistance: 800-638-2041 or 301-796-7100

U.S. Department of Health and Human Services
Office for Human Research Protections (OHRP)
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)

September 2013
Procedural

2013

Use of Electronic Informed Consent Questions and Answers

Guidance for Institutional Review Boards, Investigators, and Sponsors

U.S. Department of Health and Human Services
Office for Human Research Protections (OHRP)
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Office of Good Clinical Practice (OGCP)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)

December 2016
Procedural

2016

Use of Electronic Records and Electronic Signatures in Clinical Investigations Under 21 CFR Part 11 – Questions and Answers Guidance for Industry

DRAFT GUIDANCE

This guidance document is being distributed for comment purposes only.

Comments and suggestions regarding this draft document should be submitted within 60 days of publication in the *Federal Register* of the notice announcing the availability of the draft guidance. Submit electronic comments to <https://www.regulations.gov>. Submit written comments to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number listed in the notice of availability that publishes in the *Federal Register*.

For questions regarding this draft document, contact (CDER) Cheryl Grandinetti or Leonard Sacks at 301-796-2500; (CBER) Office of Communication, Outreach and Development, 800-835-4709 or 240-402-8016; or (CDRH) Program Operations Staff or Irfan Khan at 301-796-5640.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)

June 2017
Procedural

2017

Use of Electronic Health Record Data in Clinical Investigations Guidance for Industry

Additional copies are available from:
Office of Communications, Division of Drug Information
Center for Drug Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave., Hillside Bldg., #F Floor
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Phone: 855-543-3781 or 301-796-1400; Fax: 301-431-8353
Email: druginfo@fda.hhs.gov
<http://www.fda.gov/Drugs/Guidance/Compliance/RegulatoryInformation/Guidance/default.htm>
and/or
Office of Communication, Outreach and Development
Center for Biologics Evaluation and Research
Food and Drug Administration
10903 New Hampshire Ave., Bldg. 71, Room 3128
Silver Spring, MD 20993-0002
Phone: 800-835-4709 or 240-402-8010
Email: ocod@fda.hhs.gov
<http://www.fda.gov/Biologics/Blood/Dockets/Compliance/RegulatoryInformation/Guidance/default.htm>
and/or
Office of Communication and Education
CDRH, Division of Industry and Consumer Education
Center for Devices and Radiological Health
Food and Drug Administration
10963 New Hampshire Ave., Bldg. 66, Room 4623
Silver Spring, MD 20993-0002
Phone: 800-638-2041 or 301-796-7100; Fax: 301-847-8149
Email: CDRH-Guidance@fda.hhs.gov
<http://www.fda.gov/Health/Device/RegulatoryInformation/Guidance/Document/default.htm>

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)
Center for Devices and Radiological Health (CDRH)

July 2018
Procedural

2018

Proposed Regulatory Framework for Modifications to Artificial Intelligence/Machine Learning (AI/ML)-Based Software as a Medical Device (SaMD)
Discussion Paper and Request for Feedback

Diagram illustrating AI/ML components: Pattern Recognition, Artificial Intelligence, Machine Learning, Data Mining, Problem Solving, Algorithms, Automation, and Neural Networks.

Discussion paper - April 2019

Artificial Intelligence/Machine Learning (AI/ML)-Based Software as a Medical Device (SaMD) Action Plan
January 2021

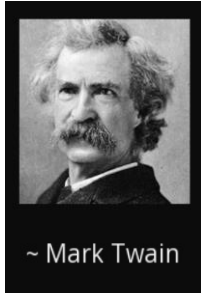
Image showing a person in a lab coat interacting with a large digital display showing a human heart and data points.

Action plan – Jan 2021 6

RWD-RWE Challenges & Opportunities



- **Good news:**
 - 96% of hospitals utilizing EHR
- **Bad news:**
 - Variable EHR systems >700 vendors
 - Routinely don't talk to one another, transferring medical data via fax and CD-ROM
 - Critical or time-sensitive information routinely gets buried in an endless scroll of data . . . — and amid the maze of pulldown menus — it can be missed



**In the real world,
nothing happens at
the right place at
the right time . . .**

nature

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nature > articles > article

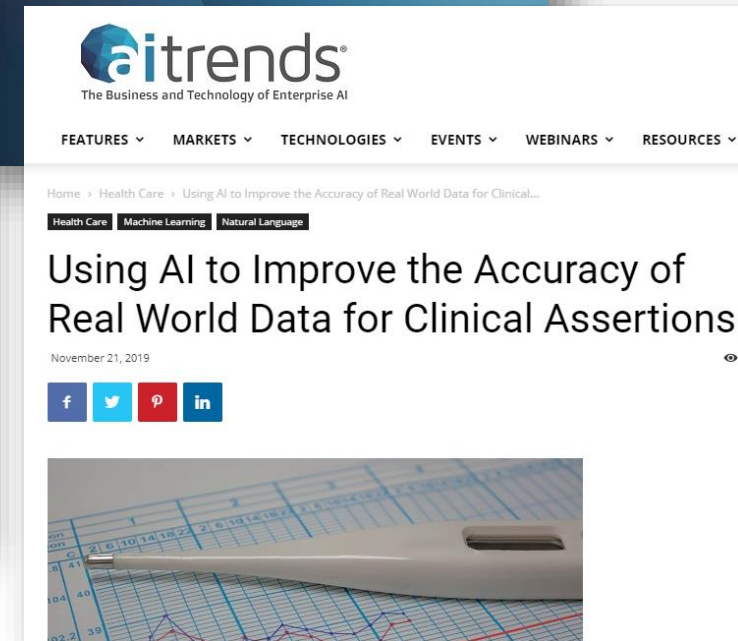
Article | Published: 07 April 2021

Evaluating eligibility criteria of oncology trials using real-world data and AI

Ruishan Liu, Shemra Rizzo, Samuel Whipple, Navdeep Pal, Arturo Lopez Pineda, Michael Lu, Brandon Arnieri, Ying Lu, William Capra, Ryan Copping & James Zou

Nature (2021) | Cite this article

14k Accesses | 126 Altmetric | Metrics



https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6659652/pdf/41746_2019_Article_148.pdf

<https://www.aitrends.com/healthcare/using-ai-to-improve-the-accuracy-of-real-world-data-for-clinical-assertions/>

<https://www.nature.com/articles/s41586-021-03430-5>

Understanding the Complexities


Benchmarking

- Detecting & managing bias
- Variable standards of care
- Statistical methodologies

The human interface

- Potential behavioral effects
- Perceptions
- Trust

<https://www.itu.int/en/ITU-T/focusgroups/ai4h/Pages/tg.aspx>
http://www.skateboardingalice.com/papers/2009_Alnanih.pdf



INTERNATIONAL TELECOMMUNICATION UNION
TELECOMMUNICATION STANDARDIZATION SECTOR ITU-T Focus Group on AI for Health
STUDY PERIOD 2017-2020

FGAI4H-I-023-A02
Original: English


WG(s): Plen E-meeting, 7-8 May 2020

DOCUMENT

Source: TG-Radiology Topic Driver
Title: Att.2 - CfTGP update (TG-Radiology) [same as Meeting H]
Purpose: Engagement

Contact: Darlington Ahiale Akogo Email: darlington@gudra-studio.com
minoHealth AI Labs, Ghana

Abstract: Radiology has been essential to accurately diagnose diseases and assessing responses to treatment. The challenge, however, lies in the shortage of



Available online at www.sciencedirect.com
SciVerse ScienceDirect
Procedia Computer Science 10 (2012) 1086 – 1093

Procedia
Computer Science

The 2nd International Workshop on Pervasive and Ambient Applications, Systems and Technologies for Health Care (PASTH 2012)

Characterising Context for Mobile User Interfaces in Health Care Applications

R. Alnanih, T. Radhakrishnan, O. Ormandjieva

Department of Computer Science & Software Engineering, Concordia University, 1455 De Maisonneuve Blvd. W., Montreal, QC H3G 1M8, Canada

Transparency, and Documentation

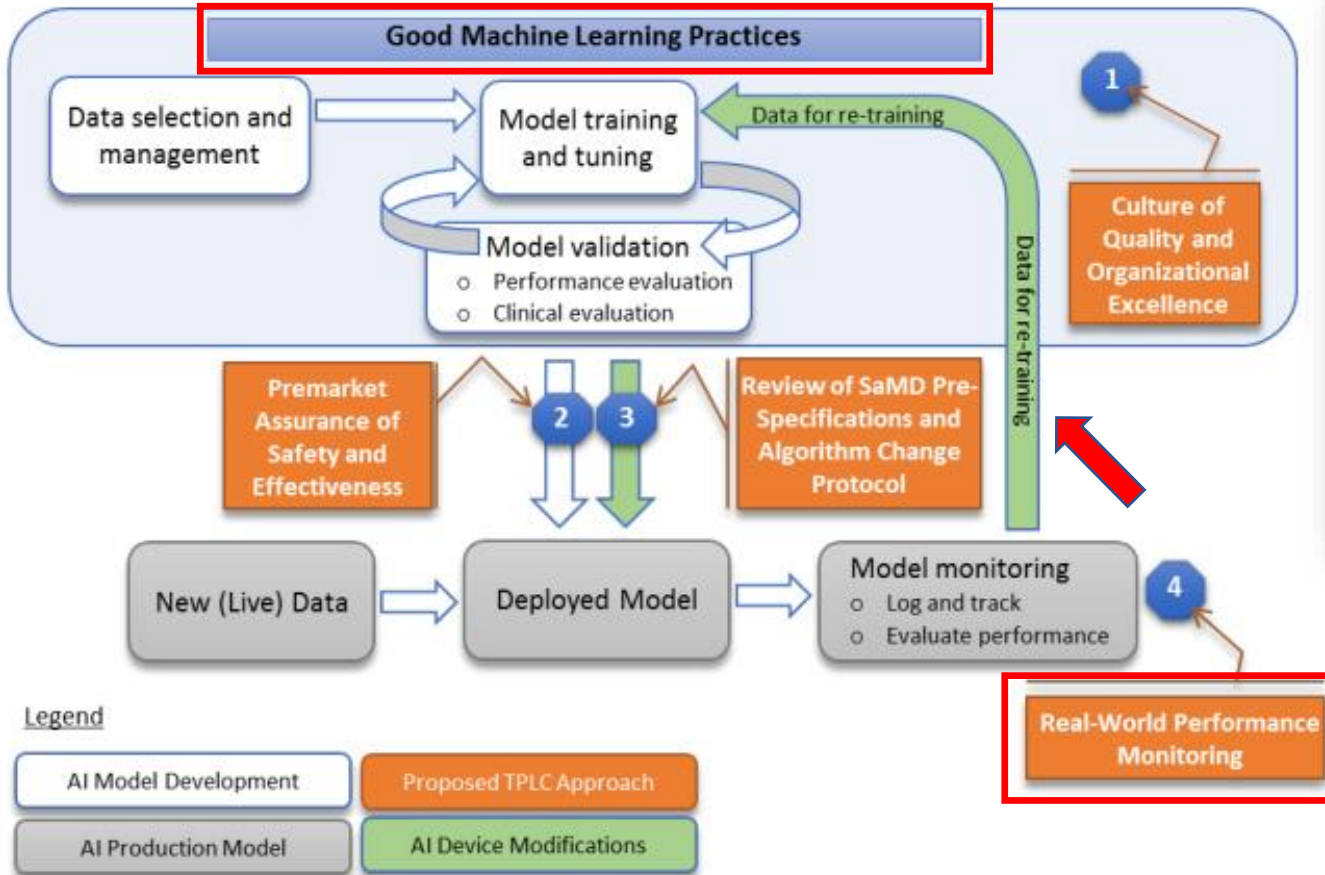


Figure 2: Overlay of FDA's TPLC approach on AI/ML workflow



Special Review

How the FDA Regulates AI

H. Benjamin Harvey, MD, JD, Vrushab Gowda, BS

Recent years have seen digital technologies increasingly leveraged to multiply conventional imaging modalities' diagnostic power. Artificial intelligence (AI) is most prominent among these in the radiology space, touted as the "stethoscope of the 21st century" for its potential to revolutionize diagnostic precision, provider workflow, and healthcare expenditure. Partially owing to AI's unique characteristics, and partially due to its novelty, existing regulatory paradigms are not well suited to balancing patient safety with furthering the growth of this new sector. The current review examines the historic, current, and proposed regulatory treatment of AI-empowered medical devices by the US Food and Drug Administration (FDA). An innovative framework proposed by the FDA seeks to address these issues by looking to current good manufacturing practices (cGMP) and adopting a total product lifecycle (TPLC) approach. If brought into force, this may reduce the regulatory burden incumbent on developers, while holding them to rigorous quality standards, maximizing safety, and permitting the field to mature.

Key Words: Artificial intelligence; FDA; Medical Device; Regulation; Policy; Radiology.

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MEDTECHDIVE Deep Dive Library Events

Medical Devices Policy & Regulation Clinical Trials Manufacturing Legal M&A Research

BRIEF

FDA AI-machine learning strategy remains work in progress

Transparency, and Documentation

FDA

CONSENSUS STATEMENT

<https://doi.org/10.1038/s41591-020-1034-x>

nature
medicine



OPEN

Reporting guidelines for clinical trial reports for interventions involving artificial intelligence: the CONSORT-AI extension

Xiaoxuan Liu^{1,2,3,4,5}, Samantha Cruz Rivera^{5,6,7}, David Moher^{8,9}, Melanie J. Calvert^{4,5,6,7,10,11,12}, Alastair K. Denniston^{10,2,3,4,5,6,13} ✉ and The SPIRIT-AI and CONSORT-AI Working Group*

- Consolidated Standards of Reporting Trials (CONSORT)
- Standard Protocol Items: Recommendations for Interventional Trials (SPIRIT)

The CONSORT-AI Extension

&

SPIRIT-AI Extension

Classified as internal/staff & contractors by the European Medicines Agency

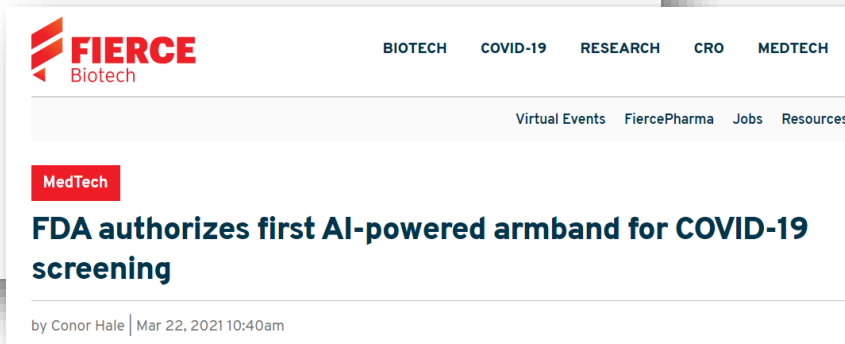
Conduct of Clinical Trials of Medical Products During the COVID-19 Public Health Emergency

Guidance for Industry, Investigators, and Institutional Review Boards

March 2020

Updated on January 27, 2021

For questions on clinical trial conduct during the COVID-19 pandemic, please email Clinicaltrialconduct-COVID19@fda.hhs.gov.



FIERCE Biotech

BIOTECH COVID-19 RESEARCH CRO MEDTECH

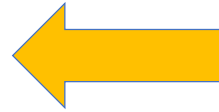
Virtual Events FiercePharma Jobs Resources

MedTech

FDA authorizes first AI-powered armband for COVID-19 screening

by Conor Hale | Mar 22, 2021 10:40am

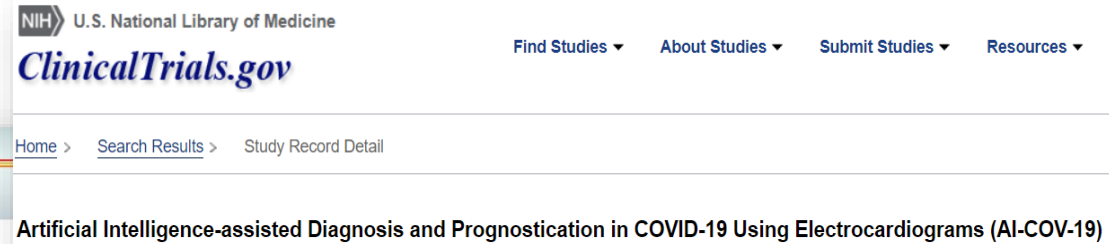
AI During Public Health Emergency



FDA Guidance on [Conduct of Clinical Trials of Medical Products during COVID-19 Public Health Emergency](#)

- Technology is key to enable processes, such as remote data capture and monitoring.
- Robust structures and processes for data flow and robust analytics

AI Can Help

NIH U.S. National Library of Medicine

ClinicalTrials.gov

Find Studies ▾ About Studies ▾ Submit Studies ▾ Resources ▾

Home > Search Results > Study Record Detail

Artificial Intelligence-assisted Diagnosis and Prognostication in COVID-19 Using Electrocardiograms (AI-COV-19)



ARTICLE

<https://doi.org/10.1038/s41467-020-17971-2> OPEN

Artificial intelligence for the detection of COVID-19 pneumonia on chest CT using multinational datasets

Check for updates

<https://www.fiercebiotech.com/medtech/fda-authorizes-first-ai-powered-armband-for-covid-19-screening>

<https://www.nature.com/articles/s41467-020-17971-2#:~:text=Preliminary%20studies%20indicate%20chest%20CT,%2C18%2C19%2C20.>

<https://clinicaltrials.gov/ct2/show/NCT04510441>

So, what is the FDA doing?

Digital Health Center of Excellence

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Proposed Regulatory Framework for Modifications to Artificial Intelligence/Machine Learning (AI/ML)-Based Software as a Medical Device (SaMD)

Discussion Paper and Request for Feedback



Artificial Intelligence/Machine Learning (AI/ML)-Based Software as a Medical Device (SaMD) Action Plan

January 2021



CDER AI Steering Committee (AISC)

Established in 2020

- Coordination
- Education
- Facilitation of projects and ideas
- Building common understanding
- Communication

Innovative Science and Technology Approaches for New Drugs (ISTAND) Pilot Program

Examples of submissions that might be considered for IStand include, but are not limited to:

Tools that may help enable remote or decentralized trials

- Application of patient-performed digital photography in dermatology trials

Tools that may advance our understanding of drugs

- Use of tissue chips (i.e., microphysiological systems) to assess safety or efficacy questions
- Development of novel nonclinical pharmacology/toxicology assays

Tools that leverage digital health technologies

- Use of artificial intelligence (AI)-based algorithms to evaluate patients, develop novel endpoints, or inform study design
- Use of novel digital health technologies (e.g., wearables) for patient assessment

Development programs needed for evaluation of adherence sensors

Key Questions! – what to add?

FIRST OPINION

The FDA needs to set standards for using artificial intelligence in drug development

By CHARLES K. FISHER / NOVEMBER 7, 2019

Reprints



NUMBERS | ARTIFICIAL INTELLIGENCE

We Need an FDA For Algorithms

UK mathematician Hannah Fry on the promise and danger of an AI world.



Social Science & Medicine

Volume 260, September 2020, 113172



Review article

The ethics of AI in health care: A mapping review ☆

Jessica Morley ^{a, 1, 2, 3}, Caio C.V. Machado ^{a, 1}, Christopher Burr ^a, Josh Cowls ^{a, b}, Indra Joshi ^d, Mariarosaria Taddeo ^{a, b, c}, Luciano Floridi ^{a, b, c}

- What should be the parameters for transparency and documentation?
- What are the needed validation & benchmarking approaches?
- Can our current policies and regulations (and policy development processes) keep up with rapidly evolving innovations?
- What will an effective work force & work processes look like for a robust regulatory agency?
- What are the ethical implications
 - Are our IRBs and DSMBs ready?
 - Informed consent
 - Data privacy
 - What about the Human-Machine interface?
- How best to develop new norms, shared understandings, and ultimately standards?
 - Early engagement with regulatory agencies
 - Collaborations, feedback, and continued engagement

Economy and Markets, Education, Machine Learning

The 2021 AI Index: Major Growth Despite the Pandemic

This year's report shows a maturing industry, significant private investment, and rising competition between China and the U.S.

Mar 3, 2021 | Jack Clark and Daniel Zhang     



TOP 9 TAKEAWAYS

1 AI investment in drug design and discovery increased significantly

"Drugs, Cancer, Molecular, Drug Discovery" received the greatest amount of private AI investment in 2020, with more than USD 13.8 billion, 4.5 times higher than 2019.

3 Generative everything

AI systems can now compose text, audio, and images to a sufficiently high standard that humans have a hard time telling the difference between synthetic and non-synthetic outputs for some constrained applications of the technology.

5 China overtakes the US in AI journal citations

After surpassing the US in the total number of journal publications several years ago, China now also leads in journal citations; however, the US has consistently (and significantly) more AI conference papers (which are also more heavily cited) than China over the last decade.

7 Surveillance technologies are fast, cheap, and increasingly ubiquitous

The technologies necessary for large-scale surveillance are rapidly maturing, with techniques for image classification, face recognition, video analysis, and voice identification all seeing significant progress in 2020.

9 AI has gained the attention of the U.S. Congress

The 116th Congress is the most AI-focused congressional session in history with the number of mentions of AI in congressional record more than triple that of the 115th Congress.

2 The industry shift continues

In 2019, 65% of graduating North American PhDs in AI went into industry—up from 44.4% in 2010, highlighting the greater role industry has begun to play in AI development.

4 AI has a diversity challenge

In 2019, 45% new U.S. resident AI PhD graduates were white—by comparison, 2.4% were African American and 3.2% were Hispanic.

6 The majority of the US AI PhD grads are from abroad—and they're staying in the US

The percentage of international students among new AI PhDs in North America continued to rise in 2019, to 64.3%—a 4.3% increase from 2018. Among foreign graduates, 61.8% stayed in the United States and 8.6% have taken jobs outside the United States.

8 AI ethics lacks benchmarks and consensus

Though a number of groups are producing a range of qualitative or normative outputs in the AI ethics domain, the field generally lacks benchmarks that can be used to measure or assess the relationship between broader societal discussions about technology development and the development of the technology itself. Furthermore, researchers and civil society view AI ethics as more important than industrial organizations.



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- *Leonard Sacks*
- *Mathew Diamond*

