

Welcome! Demystifying Artificial Intelligence: What is AI and why does it matter to Medical Affairs?

Medical Affairs Professional Society (MAPS) | 2022

Presenters



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This session will provide a learning opportunity for our audience by:

- Defining key terminology and capabilities of artificial intelligence
- How Medical Affairs can direct AI in its application
- Examining ways AI can enhance Medical Affairs workflows
- Best practices for building a partnership between AI and Medical Affairs



Why are you interested in learning more about AI?

- A. I want to better understand how AI can support my workflows in medical affairs.
- B. I want to engage in deeper discussions with my vendors to partner on crafting solutions.
- C. I want to be able to separate the reality from the claims and build trust in AI.
- D. I want to make faster, data-backed decisions with the support of AI and advanced analytics.

Medical Affairs and Artificial Intelligence

Why is Medical Affairs growing more interested in learning about AI?

- Digital transformation of Medical Affairs
- Extracting evidence from rapidly growing, complex sources
- Impact of COVID-19 on workload and new data needs
- Making the shift from multichannel to omnichannel



What is your biggest roadblock when it comes to getting started with AI?

A. I am uncertain what problems AI can help with.
B. I am uncertain which approaches to use, (ie. NLP vs. ML)
C. I don't know how to quantify or verify the efficacy of the AI.
D. I worry about model accuracy, maintenance, and bias.

Medical Affairs and Artificial Intelligence

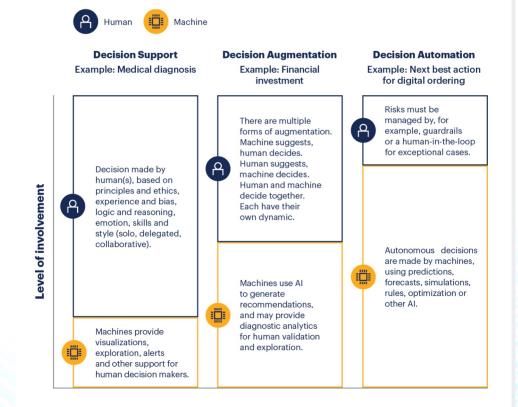
Degrees of AI in Deployment:

- Decision Automation
- Decision Augmentation
- Decision Support

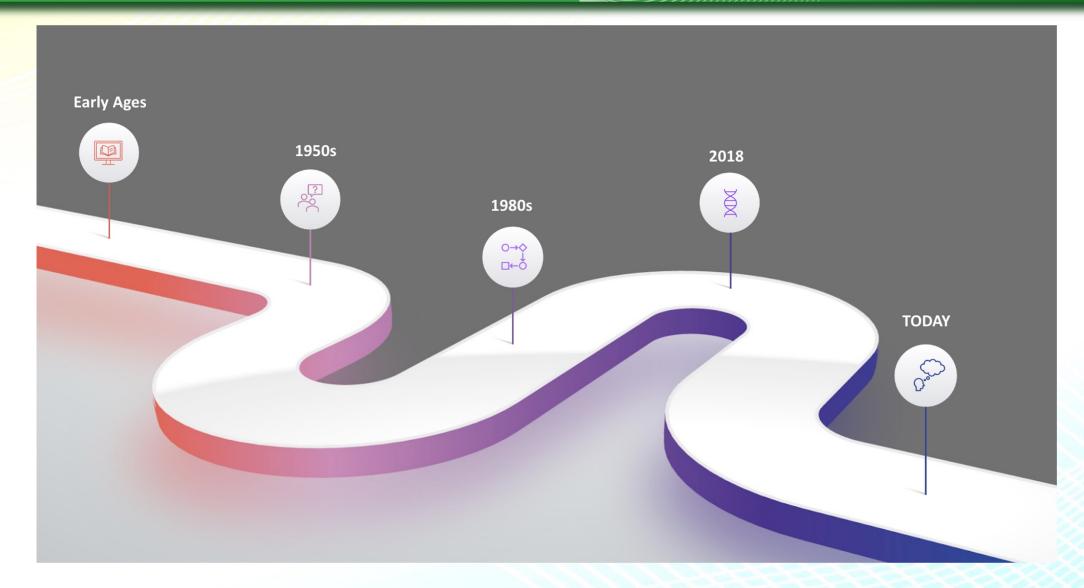
The value of learning more about AI:

- Engage in deeper internal discussions
- Identify new Medical Affairs use cases and opportunities
- Patient outcomes tracing back to why we're here

Consider the degree of augmentation required from advanced analytics and AI



When did artificial intelligence get its start? How has it evolved?



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Al is a long-standing academic discipline with its own KOLs

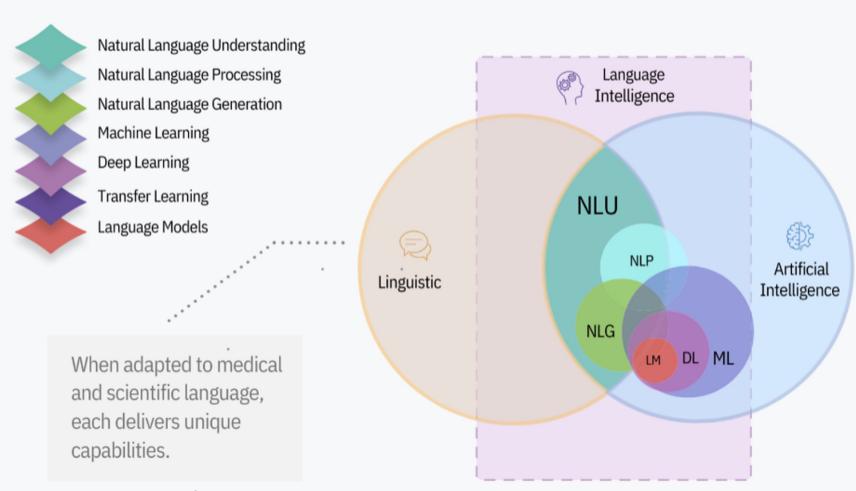
	 Code cracking Substitution Ciphers Enigma machine 	 Computational Linguistics Turing Test Statistics: Jackknife, Bagging, Boosting Parse Trees, Is-A-Trees Eliza Keyword mapping, metadata, ranking Neural networks invented 	 Taylor (1953) Cloze procedure- readability Firth (1957) What is meaning? Fano (1961) pointwise mutual information 	 Rumelhart (1986): Recurrent Neural Networks Church-Bell Labs (1990) Pointwise applied to information retrieval Schmidhuber (1997): Long Short-Term Memory BENGIO 2001: Proposes neural language model with feed-forward neural network Mikolov (2013): Word2vec (king - man = queen) 	 Vaswani (2017): Transformer and attention Devlin- Google (2018) BERT Bidirectional Encoder Representations from Transformers Unsupervised Large datasets, weak statistical relationships
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Figure 5. The Evolution of AI and Language Intelligence

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Families of Artificial Intelligence

AI consists of fields of computer science focused on data and language. Families of AI applicable to publications:



Capabilities of Artificial Intelligence Technologies

Each Application of Artificial Intelligence Solves Different Needs

- Novel data with different facets are continuously published across peer reviewed journals, clinical trials, congresses, and medical guidelines.
- Each family of AI provides a key layer to solving the knowledge extraction challenge for novel use cases.
 - NLP to annotate medical text and identify themes
 - Deep Learning to automate ingestion of unstructured text
 - NLU to drive deeper concept understanding
- Layering AI solutions can unlock new possibilities, but it is limited by the ideas and needs of medical professionals

Medical Affairs can apply Al towards Health Equity

An "expert in the loop" approach can identify key needs, like health equity data gaps

In a highly technical industry like Life Sciences, it's important to train models with **domain-specific language** to **understand biomedical language**.

Can be used to also **identify when there is insufficient data** for key populations and unmet needs. Little progress is being made to improve diversity in genomics Share of samples in genetic studies, by ancestry

■ 373 studies, up to 2009 ■ 2,511 studies, up to 2016

European		96%	81%	
Asian	3	14		
African	0.57	3		
Hispanic & Latin American –	0.06	0.54		
Pacific Islander	0.15	0.28		
Arab & Middle Eastern	0	0.08		
Native peoples	0.06	0.05		
Mixed	0	1		
$\land \top \sqcup \land S \mid$ Data: Popejoy & Fullerton. Nature, 2016				

Medical Affairs Use Case: Literature Monitoring

PubMed

EuropePMC

BioRxiv MedRxiv

Crossref

Smart Citations

Full-text Archives

Altmetrics

AI Generated

Drug Agent Ontology

Disease State Ontology

Decision Automation: Medical Tagging in Literature

Unification of Citation Indices, Ontologies, Full-text sources

Decision Augmentation: Identification of Trending Themes

Auto-summaries of articles to support full-text selection

Decision Support: Relevancy Scoring for Evidence Review

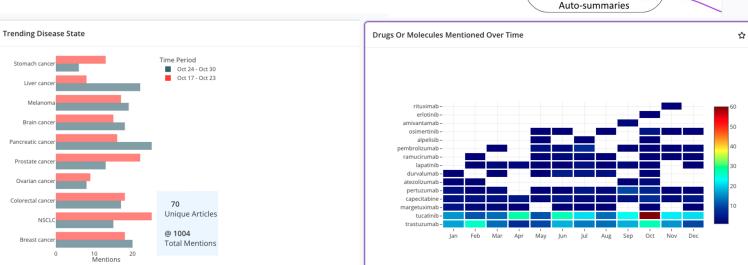
Analytics of drug relevancy and trending disease states to inform gap analyses and integrated evidence generation

Stomach car

Brain car

Breast can

Pancreatic can Prostate can Ovarian can Colorectal car





Literature Monitoring

Insights Managemen

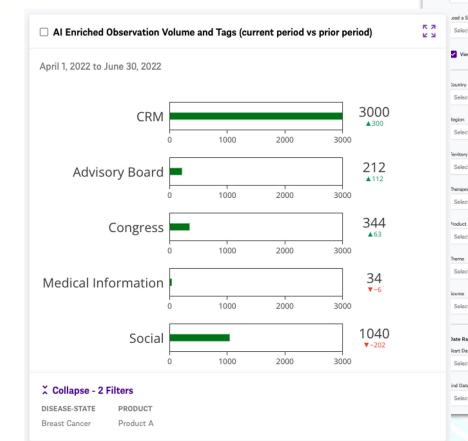
extensively metabolized by cytochrome P450 enzyme 3A4 (CYP3A4). A pharmacokinetic/pharmacodynamic relationship between palbociclib exposure and neutropenia is well known. This study aimed to investigate the effects of the moderate CYP3A4 inhibitor erythromycin on the pharmacokinetics of palbociclib. We performed a randomized crossover trial comparing the pharmacokinetics of palbociclib monotherapy 125 mg once daily (q.d.) with palbociclib 125 mg q.d. plus oral erythromycin 500 mg three times daily for seven days. Pharmacokinetic sampling was performed at steady-state for both dosing schedules. Eleven evaluable patients have been enrolled. For palbociclib monotherapy, geometric mean area under the plasma concentration-time curve from zero to infinity (AUC0-24h), maximum plasma concentration (Cmax), and minimum plasma concentration (Cmin) were 1.46 × 103 ng-h/mL (coefficient of variation (CV) 45.0%), 80.5 ng/mL (CV 48.5%), and 48.4 ng/mL (CV 38.8%), respectively, compared with 2.09 × 103 ng-h/mL (CV 49.3%, P = 0.000977), 115 ng/mL (CV 53.7%, P = 0.00562), and 70.7 ng/mL (CV 47.5%, P = 0.000488) when palbociclib was administered concomitantly with erythromycin. Geometric mean ratios (90% confidence intervals) of AUC0-24h Cmax, and Cmin for palbociclib plus erythromycin vs. palbociclib monotherapy were 1.43 (1.24-1.66), 1.43 (1.20-1.69), and 1.46 (1.30-1.63). Minor differences in adverse events were observed, and only one grade ≥ 3 toxicity was observed in this short period of time. To conclude, concomitant intake of palbociclib with the moderate CYP3A4 inhibitor erythromycin resulted in an increase in palbociclib AUC0-24h and Cmax of both 43% Therefore, a dose reduction of palbociclib to 75 mg q.d. is rational, when palbociclib and moderate CYP3A4 inhibitors are used concomitantly.

Medical Affairs Use Case: Insights Management

Decision Automation: Medical Tagging in Observations

Decision Augmentation: Identification of Medical Themes

Decision Support: Clustering Data for Pre-Insight Review



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Medical Affairs Use Case: Medical Writing

What is Auto-Summarization and why do we need it?

NIH National Library of Medicine Log in Log in					
Pub Med.gov	covid-19 Advanced Create alert Create RSS	X Search User Guide			
	Save Email Send to	Sorted by: Best match Display options 🛠			
MY NCBI FILTERS	263,709 results				

Discovery of a Novel Src Homology-2 Domain Containing Protein Tyrosine Phosphatase-2 (SHP2) and Cyclin-Dependent Kinase 4 (CDK4) Dual Inhibitor for the Treatment of Triple-Negative Breast Cancer

Xiaoyu Chen, Chengxia Shu, Wenqiang Li, Qiangqiang Hou, Guangmei Luo, Kexin Yang, Xiaoxing Wu

The treatment of triple-negative breast cancer (TNBC) remains a huge clinical challenge and dual-targeted small-molecule drugs might provide new therapeutic options for this type of breast cancer. In this work, we discovered a series of SHP2 and CDK4 dual inhibitors through a fused pharmacophore strategy and structural optimization. Notably, lead compound 10 with excellent SHP2 (IC50 = 4.3 nM) and CDK4 (IC50 = 18.2 nM) inhibitory activities effectively induced G0/G1 arrest to prevent the proliferation of TNBC cell lines. Furthermore, compound 10 showed great in vivo pharmacokinetic properties (F = 45.8%) and exerted significant antitumor efficacy in the EMT6 syngeneic mouse model. Western blotting and immunohistochemical analysis confirmed that 10 effectively targeted on both SHP2 and CDK4 and activated the immune response in tumors. These results indicate that lead compound 10, as the first SHP2 and CDK4 dual inhibitor, merits further development for treating TNBC.

J Med Chem. 2022 May 12;65(9):6729-6747. doi: 10.1021/acs.jmedchem.2c00063.

Turing Test: Which was written by the AI?

Α

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How can Medical Affairs improve AI performance?

An "out of vocabulary" problem

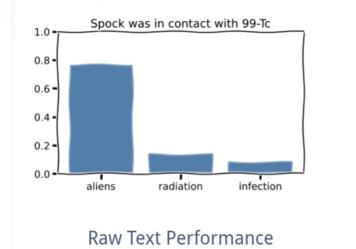
- Linguistically, Life Sciences move very fast.
 Research codes, new products names, new treatments, and new variants are coined at an incredible rate.
- Large language models, like GPT-3, and BERT including BioBert and SciBert—and their predecessors, such as GloVe and Word2Vec, cannot keep pace with rapid linguistic evolution in the Life Sciences.
- There will always be words that they have never been exposed to, and, as such, are unable to meaningfully represent. When faced with unknown concepts, LLMs fail in unpredictable ways, which undermines trust.

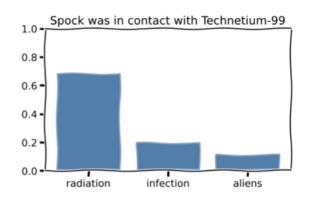
A neurosymbolic approach, which combines rules-based approaches with deep-learning techniques, can improve the resilience of any over off-the-shelf models, regardless of their size and complexity.

– W. Saba and A. Tomkins 2022

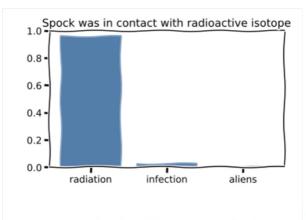
What role can Medical Affairs play when it comes to using AI?

An "out of context" problem





Preferred-Term Resolution



Ontological Type Resolution

What is AI and why does it matter?

Let's review

- Define key terminology and capabilities of artificial intelligence
- What are the types of Al
- Examine ways AI can enhance Medical Affairs workflows
- Build a partnership between AI and Medical Affairs