

ARTIFICIAL INTELLIGENCE: RECENT ADVANCEMENTS IN DRUG DESIGN AND DEVELOPMENT

Abstract

The convergence of Artificial Intelligence (AI) and drug design has ushered in a new era of innovation, significantly transforming the landscape of pharmaceutical research and development. Recent breakthroughs in AI methodologies, such as machine learning and deep learning, have empowered researchers to navigate the complex and vast chemical space with unprecedented efficiency. This abstract provides a succinct overview of the latest advancements in AI-driven drug design and development. One notable area of progress lies in virtual screening, where AI algorithms can predict the binding affinity of potential drug candidates to specific targets, expediting the identification of promising compounds. Additionally, generative models, such as generative adversarial networks (GANs) and variational autoencoders (VAEs), have enabled the de novo design of novel molecules, offering a creative approach to drug discovery. Furthermore, AI is increasingly employed in predicting drug toxicity, optimizing pharmacokinetics, and unraveling complex biological pathways. The integration of multi-omics data and the development of explainable AI models enhance our understanding of drug mechanisms and facilitate more informed decision-making in the drug development pipeline. As AI continues to evolve, collaborative efforts between computational scientists, biologists, and chemists have become paramount. The synergy of expertise ensures a holistic approach to drug design, leveraging the strengths of both AI and traditional methods. This abstract encapsulates the recent strides in AI applications for drug discovery, underscoring the transformative impact on the efficiency and success rates of drug development processes.

Keywords: Artificial Intelligence, drug design, Medicine, Clinic.

Authors

Ram Babu Sharma

Himalayan Institute of Pharmacy
Kala-Amb, Dist. Sirmour
Himachal Pradesh, India

Swati Kaushal

Himalayan Institute of Pharmacy
Kala-Amb, Dist. Sirmour
Himachal Pradesh, India

Amardeep Kaur

Himalayan Institute of Pharmacy
Kala-Amb, Dist. Sirmour
Himachal Pradesh, India

Divya Dhawal Bhandari

University Institute of
Pharmaceutical Sciences
Panjab University
Chandigarh, India

I. INTRODUCTION

Artificial intelligence (AI) has become a potent tool in many sectors, and it has had a particularly big influence on pharmaceutical science. The complicated and data-intensive procedures involved in medication research, development, and distribution make AI an essential tool for enhancing productivity, accuracy, and creativity in the pharmaceutical industry. This paper examines the various ways in which AI is used in pharmaceutical research and how it has the power to transform patient care, clinical trials, personalised medicine, and drug development [1].

1. AI in Drug Discovery: By expediting the identification of possible drug candidates and cutting the time and costs associated with conventional procedures, AI has completely changed the way that new drugs are discovered. Huge volumes of chemical and biological data are analysed by machine learning algorithms and deep neural networks in order to forecast drug-target interactions, discover lead compounds, optimise molecular structures, and rank candidates for additional testing. This strategy may speed up the creation of innovative treatments and raise the likelihood that clinical trials will be successful. With its capacity to examine enormous volumes of data and identify intricate patterns.[2]

A fast discovery of new drug candidates, molecular structure optimisation, drug-target interaction prediction, and candidate prioritisation are all made possible by AI. The capacity of AI to handle and analyse enormous volumes of chemical and biological data is one of the main uses of the technology in the drug development process [3]. In order to forecast the efficacy and safety of possible drug candidates, machine learning algorithms and deep neural networks may learn from a variety of datasets, such as molecular structures, genetic information, protein interactions, and clinical trial results. These algorithms have the ability to find brand-new therapeutic targets, unearth obscure patterns, and produce insightful data that may be used to improve and build new molecules [4].

In order to focus the large chemical space and find promising therapeutic candidates, AI approaches like virtual screening and lead optimisation are essential. Virtual screening includes screening huge databases of chemicals with AI algorithms to determine their propensity to bind to certain targets [5]. These algorithms prioritise the most promising compounds for experimental validation using a variety of techniques, including as molecular docking, similarity searches, and quantitative structure-activity relationship (QSAR) modelling. In addition, lead compounds can be improved by AI by creating new chemical structures with the required characteristics, such as improved potency, selectivity, and bioavailability [6].

Understanding the mechanisms of action and potential adverse effects of pharmaceuticals requires a thorough understanding of the interactions between drugs and their targets, which is where AI systems shine. Machine learning algorithms use a variety of variables to predict how likely a medicine would attach to particular targets, including genetic details, protein structures, and chemical characteristics. Researchers can use this expertise to find novel therapeutic targets, adapt already used medications for novel purposes, and learn more about the processes underlying drug resistance [7-8].

Combination treatment is becoming more widely acknowledged as a potent strategy for treating complicated disorders. Large amounts of data may be analysed by AI systems to forecast and enhance the efficacy of medicine combinations. AI models may uncover synergistic medication combinations, reduce possible negative effects, and customise medicines to individual patients, thereby enhancing therapeutic results. This is done by combining genetic data, drug-target interactions, and clinical data [1].

- 2. AI in Personalized Medicine:** Based on a patient's genetic make-up, lifestyle choices, and medical history, personalised medicine seeks to create a treatment plan specifically for them. Large-scale genetic, proteomic, and clinical data may be analysed by AI algorithms to find biomarkers, forecast illness outcomes, and create individualised treatment plans [10]. Healthcare practitioners may make better choices about medicine selection, dose optimisation, and treatment monitoring by combining patient-specific data with AI-powered decision support systems [11].

When it comes to analysing genomic data to find genetic variants, mutations, and disease risk factors, AI systems have shown extraordinary ability. AI models are able to forecast illness susceptibility, assist in early diagnosis, and direct precise treatment approaches by utilising machine learning and pattern recognition techniques [12]. A targeted therapy customised to a person's genetic profile can be developed with the help of AI algorithms that analyse gene expression profiles and identify possible drug targets [13].

Large-scale clinical and patient data may be analysed by AI systems to forecast treatment results and improve therapy choice.[14] AI models may find patterns and biomarkers linked to treatment response by combining various datasets, such as medical records, imaging data, and molecular profiles. This helps medical practitioners to choose drugs wisely and to optimise dosages and customised treatment programmes, leading to better patient results [15]. AI-powered wearables and remote monitoring systems make it possible to continuously gather real-time data, giving important insights into a person's health state. These data streams may be analysed by AI algorithms to look for abnormalities and provide forecasting models for early illness identification and treatment [16]. Artificial intelligence (AI) models can enable proactive interventions and individualised treatment regimens by integrating physiological data, patient-reported results, and environmental variables [17].

Clinical decision support systems driven by AI aid medical practitioners in selecting treatments that are supported by the available research. These systems use AI algorithms to analyse patient data, offer diagnostic tests, suggest treatment regimens, and forecast possible negative outcomes. AI-driven decision support systems improve the precision and effectiveness of personalised medicine by combining clinical recommendations, medical literature, and patient-specific data [18-19].

- 3. AI in Clinical Trials:** Clinical trials are crucial for assessing the effectiveness and safety of novel medications. By examining enormous volumes of patient data to find eligible volunteers, forecast treatment outcomes, and improve trial protocols, AI can improve clinical trial design. Improved patient safety can result from the use of intelligent algorithms to detect probable adverse events and drug-drug interactions. Researchers may

model medication reactions in virtual populations using digital twins and AI-powered virtual trials, which eliminates the need for extensive human trials [20-21]. AI is revolutionising clinical trials, increasing efficiency, accuracy, and patient outcomes by utilising AI algorithms to analyse massive patient data sets, genetic data, and empirical data. By examining patient data and previous trial results, AI systems can help in trial design optimisation [22]. AI models can forecast patient eligibility, stratify patient populations, and create more focused and effective clinical trials by taking into account a variety of variables, including patient demographics, medical history, genetic profiles, and disease features. Additionally, AI algorithms can help with data-driven recruiting techniques that identify potential patients, cutting down on the time and expense involved in enrolling patients [23].

AI algorithms can analyse diverse datasets, including genomic information, electronic health records, and medical imaging, to predict treatment responses and patient outcomes. By integrating these data sources [24], AI models can identify patterns and biomarkers associated with treatment response, enabling personalized treatment strategies. Additionally, AI can support the development of predictive models for adverse event detection, helping researchers and clinicians monitor patient safety during clinical trials [25].

Real-time data gathering and ongoing patient monitoring are made possible during clinical trials by wearable technology and remote monitoring driven by AI. These gadgets record a range of physiological indicators, patient-reported results, and treatment protocol adherence [26]. These data streams may be analysed by AI algorithms, which can also identify abnormalities and offer real-time insights into the health of patients. This enables early intervention and endpoint evaluation [27].

Clinical trial data is complicated and multidimensional, but AI systems can manage it, allowing for quick and precise data analysis. These algorithms are able to find trends, draw conclusions, and aid in decision-making during the trial. Researchers and clinicians may use AI-driven decision support systems to make evidence-based recommendations, which can help with medication selection, dose optimisation, and adverse event management [28].

- 4. AI in Patient Care:** Natural language processing and picture identification are two examples of AI-enabled technologies that can speed up diagnosis, monitoring, and treatment choices. AI algorithms analyse medical pictures to find disorders and help with radiological diagnosis, while chatbots and virtual assistants offer individualised healthcare advice. Patient outcomes can be improved with real-time patient monitoring utilising wearable technology and predictive analytics to spot possible health hazards and enable prompt treatments [29].

Healthcare practitioners may now more easily and quickly diagnose patients thanks to AI algorithms. Machine learning models can analyse medical pictures like X-rays, CT scans, and pathology slides to find abnormalities, tumours, and other illness signs after being trained on massive volumes of medical data. Additionally, AI-based diagnostic systems may analyse clinical data, medical history, and patient symptoms to produce differential diagnoses and help doctors' decisions [30-31].

Large-scale patient data, such as genetic data and electronic medical records, may be analysed by AI algorithms to forecast illness outcomes and risk classification. AI models can recognise trends, recognise early warning indicators, and offer risk ratings for a variety of ailments by utilising machine learning techniques [32]. This enables healthcare providers to intervene proactively and customise treatment strategies. AI can also forecast the risk of hospital readmissions, enabling resource allocation and targeted treatments [33].

Continuous monitoring and remote consultations are made possible by AI-powered remote monitoring systems and telemedicine platforms, which are especially useful for patients with chronic diseases or in remote areas. Real-time patient data from wearables, IoT devices, and distant sensors may be analysed by AI algorithms to give medical practitioners relevant insights and warning indicators. AI-enhanced telemedicine solutions can help with remote diagnosis, therapy modifications, and drug control [34-35].

Through the analysis of patient information, genetic profiles, and clinical recommendations, AI algorithms can help with personalised treatment regimens. These algorithms can produce therapy suggestions, help with medication selection and dosage optimisation, and support healthcare professionals' decisions [36]. Artificial intelligence (AI)-powered decision support systems combine medical expertise, patient-specific data, and current evidence to direct treatment choices and enhance patient outcomes [37].

II. AI IN PHARMACOVIGILANCE AND DRUG SAFETY

Pharmacovigilance, which aims to detect and monitor the safety profile of medications, is an essential part of drug development and post-marketing surveillance. A potent tool for increasing pharmacovigilance and drug safety initiatives is artificial intelligence (AI). Adverse event identification, signal analysis, and risk assessment are just a few of the pharmacovigilance functions that might be enhanced by using AI algorithms and methodologies. An overview of AI's function in pharmacovigilance and drug safety is provided below:

- 1. Adverse Event Detection:** AI systems can discover and categorise adverse events related to medication usage by analysing large-scale healthcare data, including electronic health records, social media posts, and online forums. Unstructured data may be extracted and analysed using Natural Language Processing (NLP) techniques, making it easier to automatically find harmful occurrences that are reported in text sources. This assists in the prompt detection of possible medication safety issues [38].
- 2. Signal Detection and Analysis:** The detection of possible safety alerts from massive volumes of data is made easier by AI systems. AI can identify patterns and relationships that may point to previously unidentified medication safety risks by analysing structured and unstructured data sources, including spontaneous reporting databases, academic literature, and electronic health records. Automated signal recognition and prioritisation is made possible by machine learning techniques, which supports proactive risk management and regulatory decision-making [39].

- 3. Pharmacovigilance Data Management:** By utilising AI techniques, pharmacovigilance data handling procedures may be made more efficient and precise. AI-powered systems that automate the classification and categorization of negative events can improve consistency and reduce manual labour. AI algorithms may assess and combine data from many sources, providing a comprehensive picture on pharmaceutical safety profiles and facilitating improved decision-making [40].
- 4. Predictive Analytics and Risk Assessment:** AI may be used to anticipate and evaluate medication safety hazards. AI algorithms can identify people who may be more prone to hazardous medication responses by examining patient characteristics, genetic profiles, and other pertinent data. This promotes personalised medicine strategies, enabling medical providers to tailor treatment programmes to specific patients' needs and reduce any dangers [41].

The use of AI in pharmacovigilance and drug safety has a great deal of promise to enhance the identification, evaluation, and treatment of adverse drug reactions. However, to assure the efficient and moral application of AI in this industry, issues including data quality, algorithm openness, and legal concerns must be addressed. To fully utilise AI in pharmacovigilance and improve patient safety, it is crucial for regulatory agencies, AI specialists, and those working in the healthcare industry to work together on ongoing research projects.

III. AI IN PHARMACEUTICAL MANUFACTURING AND QUALITY CONTROL

Pharmaceutical manufacturing and quality control procedures are increasingly using artificial intelligence (AI) to boost productivity, optimise workflow, and guarantee product quality. Pharmaceutical firms may expedite production processes, increase output, and save costs by using AI algorithms and methodologies. AI-based systems may also improve quality control procedures, spot abnormalities, and guarantee regulatory compliance. Here is a summary of how artificial intelligence is being used in pharmaceutical production and quality assurance:

Large amounts of industrial data, such as process parameters, sensor readings, and historical data, may be analysed by AI algorithms to find trends, optimise process parameters, and boost productivity. Pharmaceutical product yield, purity, and quality may be predicted using machine learning models, allowing for proactive modifications and batch failure reduction [42].

AI-based systems are capable of real-time monitoring and control over crucial industrial processes, assuring compliance with required requirements and reducing deviations. AI can dynamically modify process parameters and maintain ideal operating conditions by utilising predictive analytics and control algorithms, improving process resilience and ensuring consistent product quality [43].

Equipment used in the manufacture of pharmaceuticals can benefit from predictive maintenance thanks to AI algorithms. AI can detect probable equipment failures or degradation in real-time by analysing sensor data and previous maintenance records, enabling prompt maintenance and minimising downtime. This preventative strategy lowers the

likelihood of unforeseen equipment failures, maintaining continuous production and lowering the expenses related to equipment breakdowns [44].

To find abnormalities and guarantee product quality, AI-powered quality control systems may examine a variety of data sources, such as analytical test results, spectroscopic data, and picture analysis. In order to enable early identification of product flaws or contaminants, machine learning models may recognise deviations from predicted quality criteria. This makes prompt remedial measures possible and guarantees that legal requirements are met [45].

AI-driven quality control systems may examine a variety of data sources, such as spectroscopic data, image analysis, and findings from analytical tests, to find abnormalities and guarantee product quality. The early detection of product flaws or contaminants is made possible by machine learning models' ability to spot variations from predicted quality parameters. This enables prompt remedial actions and guarantees adherence to legal requirements [46].

IV. ETHICAL, REGULATORY, AND PRIVACY CONSIDERATIONS

Pharmaceutical science's use of artificial intelligence (AI) raises a number of ethical, legal, and privacy issues that must be resolved in order to assure the appropriate and moral application of AI technology. To protect patient privacy, preserve data security, and enforce ethical values, these factors are essential. An overview of several important factors in the context of artificial intelligence in pharmaceutical research is provided below:

- 1. Ethical Considerations:** The appropriate application of AI technology and its possible effects on patients, medical personnel, and society at large are the focus of ethical issues. To foster trust and assure ethical practises, transparency, fairness, and accountability should take precedence in AI-driven pharmaceutical applications. Ethics-related factors include:
 - **Transparency and Explainability:** In order to ensure that stakeholders can understand how choices are made and are not completely dependent on black-box methods, it is critical to design AI models and algorithms that are visible and explicable.
 - **Bias and Fairness:** To avoid prejudice and provide fair and equal access to healthcare services and treatments, steps should be done to overcome biases in data and algorithms.
 - **Accountability:** To ensure accountability for the decisions made by AI systems, especially in crucial areas like patient diagnosis, treatment suggestions, and medication safety, clear lines of responsibility should be created.
- 2. Regulatory Considerations:** To guarantee safety, effectiveness, and adherence to ethical norms, regulatory frameworks are crucial in controlling how AI is used in pharmaceutical science. Refutational factors include:

- **Regulatory Oversight:** In order to properly regulate AI-driven pharmaceutical applications, regulatory agencies must design guidelines and rules that take into account issues like algorithm validation, data protection, and transparency.
 - **Preclinical and Clinical Validation:** To ensure dependability, consistency, and safety, AI models utilised in drug research and clinical decision-making should go through thorough validation.
 - **Post-Market Surveillance:** To allow quick responses and guarantee patient safety, robust mechanisms for monitoring and reporting adverse events connected to AI-driven pharmacological treatments should be in place.
- 3. Privacy Considerations:** To preserve sensitive patient data and ensure confidentiality, the application of AI in pharmaceutical science necessitates particular attention to privacy protection. Among the privacy considerations are:
- **Data Privacy and Consent:** To ensure compliance with data protection laws, clear procedures should be developed for the collection, use, and storage of patient data. Patient data should only be used in AI models with informed consent.
 - **Data Security:** To protect against unauthorised access or breaches, strong security measures including encryption, access restrictions, and safe storage should be put in place.
 - **Data Sharing and Interoperability:** To facilitate safe and interoperable data exchange between healthcare practitioners, researchers, and AI systems while protecting patient privacy, standards and procedures should be defined. To encourage the responsible and ethical use of AI in pharmaceutical science, to develop public confidence, and to guarantee patient-centric outcomes, it is crucial to address these ethical, regulatory, and privacy concerns [47-51].

V. AI TOOLS USED WORLD WIDE

Here are some examples of AI tools used by different companies worldwide in pharmaceutical sciences [52-56]

S.No.	Company Name	Domain	Use
1.	Atomwise	drug discovery	deep learning algorithms to predict the binding affinity between small molecules and target proteins, enabling the identification of potential drug candidates.
2.	BenevolentAI	drug discovery and development	combines data mining, knowledge graph construction, and deep learning models to identify novel drug targets and design molecules with

			desired properties
3.	Insilico Medicine	accelerate drug discovery and development	They employ generative adversarial networks (GANs) and reinforcement learning algorithms to design novel molecules with desired pharmacological properties.
4.	Recursion Pharmaceuticals	identify potential drug candidates for a variety of diseases	Their platform combines high-throughput imaging, computer vision, and deep learning to analyze the cellular responses of thousands of drug candidates.
5.	Exscientia	Drug discovery and design	Their platform integrates AI-driven algorithms with expert medicinal chemistry knowledge to identify and optimize novel drug candidates.

VI. FUTURE DIRECTIONS AND CHALLENGES

To fully realise the potential of AI in enhancing drug discovery, development, and patient care, there are a number of future paths and difficulties that must be addressed as the area of artificial intelligence (AI) in pharmaceutical research continues to advance. The following are some important topics for further research and the difficulties they present:

- 1. Explainable AI:** It is becoming more and more important to create AI models that are transparent, understandable, and comprehensible. To obtain insight into the decision-making process of AI algorithms and foster confidence among medical professionals and patients, explainability is essential. To create comprehensible AI frameworks and methodologies in pharmaceutical science, more investigation is needed.[57]
- 2. Data Quality and Integration:** The effectiveness of AI applications in pharmaceutical science depends on the availability of high-quality and diversified data. Data quality, standardisation, and interoperability should all be improved. Due to data heterogeneity and privacy issues, integrating data from diverse sources, such as electronic health records, genetic data, and real-world evidence, can be difficult [58].
- 3. Collaboration and Data Sharing:** To encourage data sharing and interchange, parties such as researchers, pharmaceutical firms, healthcare providers, and regulatory agencies must work together. A difficulty that has to be solved is establishing data-sharing frameworks and procedures while upholding patient privacy and adhering to legal constraints [59].

- 4. Ethical and Regulatory Frameworks:** To address the particular difficulties presented by AI in pharmaceutical science, ethical and regulatory frameworks must be devised and maintained as AI technologies improve. The creation and use of AI systems should take into account ethical issues including algorithmic bias, fairness, and responsibility. To guarantee patient safety, data privacy, and compliance, regulatory authorities must stay up with AI developments [60].
- 5. Validation and Standardization:** For AI models and algorithms to be reliable, reproducible, and generalizable, rigorous validation and standardisation are essential. To encourage the use and integration of AI technology into clinical practise, standardised standards for assessing and benchmarking AI technologies in the pharmaceutical sector must be established. Interdisciplinary cooperation, regulatory modifications, and continued research efforts will be needed to address these future trends and problems. AI has the ability to transform pharmaceutical research and help with better drug discovery, development, and patient care outcomes by solving these problems [61].

REFERENCES

- [1] Aliper A, Plis S, Artemov A, Ulloa A, Mamoshina P, Zhavoronkov A. Deep learning applications for predicting pharmacological properties of drugs and drug repurposing using transcriptomic data. *Mol Pharm.* 2016 Jul 5;13(7):2524-30. doi: 10.1021/acs.molpharmaceut.6b00248, PMID 27200455.
- [2] Chen CL, Mahjoubfar A, Tai LC, Blaby IK, Huang A, Niazi KR et al. Deep learning in label-free cell classification. *Sci Rep.* 2016 Mar 15;6(1):21471. doi: 10.1038/srep21471, PMID 26975219.
- [3] Goh GB, Hodas NO, Vishnu A. Deep learning for computational chemistry. *J Comput Chem.* 2017 Jun 15;38(16):1291-307. doi: 10.1002/jcc.24764, PMID 28272810.
- [4] Altae-Tran H, Ramsundar B, Pappu AS, Pande V. Low data drug discovery with one-shot learning. *ACS Cent Sci.* 2017 Apr 26;3(4):283-93. doi: 10.1021/acscentsci.6b00367, PMID 28470045.
- [5] Schneider G, Fechner U. Computer-based de novo design of drug-like molecules. *Nat Rev Drug Discov.* 2005;4(8):649-63. doi: 10.1038/nrd1799, PMID 16056391.
- [6] Ma J, Sheridan RP. LiGAN: ligand-based virtual screening using an ensemble of generative adversarial networks. *ACS Cent Sci.* 2016;3(10):1-11.
- [7] Wen M, Zhang Z, Niu S, Sha H, Yang R, Yun Y et al. Deep-learning-based drug-target interaction prediction. *J Proteome Res.* 2017 Apr 7;16(4):1401-9. doi: 10.1021/acs.jproteome.6b00618, PMID 28264154.
- [8] Keum J, Park H. Autoencoder-based feature learning for drug-target interaction prediction. *BMC Bioinformatics.* 2016;17;Suppl 19:1-10.
- [9] Dana D, Gadhiya SV, St Surin LG, Li D, Naaz F, Ali Q et al. Deep learning in drug discovery and medicine; scratching the surface. *Molecules.* 2018 Sep 18;23(9):2384:30231499. doi: 10.3390/molecules23092384, PMID 30231499, PMCID PMC6225282.
- [10] Vamathevan J, Clark D, Czodrowski P, Dunham I, Ferran E, Lee G et al. Applications of machine learning in drug discovery and development. *Nat Rev Drug Discov.* 2019 Jun;18(6):463-77. doi: 10.1038/s41573-019-0024-5, PMID 30976107.
- [11] Ching T, Himmelstein DS, Beaulieu-Jones BK, Kalinin AA, Do BT, Way GP et al. Opportunities and obstacles for deep learning in biology and medicine. *J R Soc Interface.* 2018 Apr 30;15(141):20170387. doi: 10.1098/rsif.2017.0387, PMID 29618526.
- [12] Esteva A, Kuprel B, Novoa RA, Ko J, Swetter SM, Blau HM et al. Dermatologist-level classification of skin cancer with deep neural networks. *Nature.* 2017 Feb;542(7639):115-8. doi: 10.1038/nature21056, PMID 28117445.
- [13] Yu K, Sang QA, Lung PY, Tan W, Lively T, Sheffield C et al. Personalized chemotherapy selection for breast cancer using gene expression profiles. *Sci Rep.* 2017 Mar 3;7(1):43294. doi: 10.1038/srep43294, PMID 28256629.
- [14] Gulshan V, Peng L, Coram M, Stumpe MC, Wu D, Narayanaswamy A et al. Development and validation of a deep learning algorithm for detection of diabetic retinopathy in retinal fundus photographs. *JAMA.* 2016 Dec 13;316(22):2402-10. doi: 10.1001/jama.2016.17216, PMID 27898976.

- [15] Rajkomar A, Oren E, Chen K, Dai AM, Hajaj N, Hardt M et al. Scalable and accurate deep learning with electronic health records. *npj Digit Med*. 2018 May 8;1(1):18. doi: 10.1038/s41746-018-0029-1, PMID 31304302.
- [16] Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019;25(1):44-56. doi: 10.1038/s41591-018-0300-7, PMID 30617339.
- [17] Kawamoto K, Houlihan CA, Balas EA, Lobach DF. Improving clinical practice using clinical decision support systems: a systematic review of trials to identify features critical to success. *BMJ*. 2005 Mar 31;330(7494):765. doi: 10.1136/bmj.38398.500764.8F, PMID 15767266.
- [18] Saria S, Goldenberg A. Subtyping: what it is and its role in precision medicine. *IEEE Intell Syst*. 2015;30(4):70-5. doi: 10.1109/MIS.2015.60.
- [19] Khademi Habibabadi S, Hallinan C, Bonomo Y, Conway M. Consumer-generated discourse on cannabis as a medicine: scoping review of techniques. *J Med Internet Res*. 2022 Nov 16;24(11):e35974. doi: 10.2196/35974, PMID 36383417.
- [20] Bravo-Merodio L, Acharjee A, Hazeldine J, Bentley C, Foster M, Gkoutos GV et al. Machine learning for the detection of early immunological markers as predictors of multi-organ dysfunction. *Sci Data*. 2019 Dec 19;6(1):328. doi: 10.1038/s41597-019-0337-6, PMID 31857590.
- [21] Luo J, Ma S. Artificial intelligence in clinical trials: applications, challenges, and future perspectives. *Front Pharmacol*. 2020;11:586.
- [22] Javeed A, Dallora AL, Berglund JS, Ali A, Ali L, Anderberg P. Machine learning for dementia prediction: A systematic review and future research directions. *J Med Syst*. 2023 Feb 1;47(1):17. doi: 10.1007/s10916-023-01906-7, PMID 36720727.
- [23] Bejnordi BE, Lin J, Glass B, Mullooly M, Gierach GL, Sherman ME et al. Deep learning-based assessment of tumor-associated stroma for diagnosing breast cancer in histopathology images. *Proc IEEE Int Symp Biomed Imaging. Proceedings of the IEEE international symposium biomed imaging 14th international symposium on biomedical imaging (ISBI 2017)*. 2017 Apr 18;2017:(929-32). doi: 10.1109/ISBI.2017.7950668, PMID 31636811.
- [24] Lasko TA, Denny JC, Levy MA. Computational phenotype discovery using unsupervised feature learning over noisy, sparse, and irregular clinical data. *PLOS ONE*. 2013 Jun 24;8(6):e66341. doi: 10.1371/journal.pone.0066341, PMID 23826094.
- [25] Wang W, Krishnan E. Big data and clinicians: a review on the state of the science. *JMIR Med Inform*. 2014 Jan 17;2(1):e1. doi: 10.2196/medinform.2913, PMID 25600256.
- [26] Hemingway H, Asselbergs FW, Danesh J, Dobson R, Maniadas N, Maggioni A et al. Big data from electronic health records for early and late translational cardiovascular research: challenges and potential. *Eur Heart J*. 2018 Apr 21;39(16):1481-95. doi: 10.1093/eurheartj/ehx487, PMID 29370377.
- [27] Zhang C, Lu Y. Study on artificial intelligence: The state of the art and future prospects. *Journal of Industrial Information Integration*. 2021 Sep 1;23:100224.
- [28] Giansanti D. The Artificial Intelligence in Teledermatology: A Narrative Review on Opportunities, Perspectives, and Bottlenecks. *International Journal of Environmental Research and Public Health*. 2023 May 12;20(10):5810.
- [29] McKinney SM, Sieniek M, Godbole V, Godwin J, Antropova N, Ashrafian H et al. International evaluation of an AI system for breast cancer screening. *Nature*. 2020 Jan 2;577(7788):89-94. doi: 10.1038/s41586-019-1799-6, PMID 31894144.
- [30] Ilicki J. Challenges in evaluating the accuracy of AI-containing digital triage systems: A systematic review. *Plos one*. 2022 Dec 27;17(12):e0279636.
- [31] Seki T, Kawazoe Y, Ohe K. Machine learning-based prediction of in-hospital mortality using admission laboratory data: A retrospective, single-site study using electronic health record data. *PLOS ONE*. 2021 Feb 5;16(2):e0246640. doi: 10.1371/journal.pone.0246640, PMID 33544775. PMID 33544775. PMID 33544775.
- [32] Harutyunyan H, Khachatrian H, Kale DC, Ver Steeg G, Galstyan A. Multitask learning and benchmarking with clinical time series data. *Sci Data*. 2019 Jun 17;6(1):96. doi: 10.1038/s41597-019-0103-9, PMID 31209213.
- [33] Alzubaidi L, Zhang J, Humaidi AJ, Al-Dujaili A, Duan Y, Al-Shamma O et al. Review of deep learning: concepts, CNN architectures, challenges, applications, future directions. *J Big Data*. 2021 Dec;8(1):53. doi: 10.1186/s40537-021-00444-8, PMID 33816053.
- [34] Beam AL, Kohane IS. Big data and machine learning in health care. *JAMA*. 2018;319(13):1317-8. doi: 10.1001/jama.2017.18391, PMID 29532063.
- [35] Sutton RT, Pincock D, Baumgart DC, Sadowski DC, Fedorak RN, Kroeker KI. An overview of clinical decision support systems: benefits, risks, and strategies for success. *npj Digit Med*. 2020 Feb 6;3(1):17. doi: 10.1038/s41746-020-0221-y, PMID 32047862.

- [36] Abacha AB, Zweigenbaum P. Adverse drug reaction mining in social media: a review. *J Biomed Inform.* 2018;83:145-57.
- [37] Adam D, Kasper S, Moller HJ, Singer EA, Bitter I, Czobor P et al. Mood disorders. *Clin Neurosci.* 2005;255:258-60.
- [38] Dumontier M, Villanueva-Rosales N. Towards pharmacogenomics knowledge discovery with the semantic web. *Brief Bioinform.* 2009 Mar;10(2):153-63. doi: 10.1093/bib/bbn056, PMID 19240125.
- [39] Tatonetti NP, Denny JC, Murphy SN, Fernald GH, Krishnan G, Castro V et al. Detecting drug interactions from adverse- event reports: interaction between paroxetine and pravastatin increases blood glucose levels. *Clin Pharmacol Ther.* 2011 Jul;90(1):133-42. doi: 10.1038/clpt.2011.83, PMID 21613990.
- [40] Thebelt A, Wiebe J, Kronqvist J, Tsay C, Misener R. Maximizing information from chemical engineering data sets: applications to machine learning. *Chem Eng Sci.* 2022 Apr 28;252:117469. doi: 10.1016/j.ces.2022.117469.
- [41] Scheibelhofer O, Balak N, Wahl PR, Koller DM, Glasser BJ, Khinast JG. Monitoring blending of pharmaceutical powders with multipoint NIR spectroscopy. *AAPS PharmSciTech.* 2013 Mar;14(1):234-44. doi: 10.1208/s12249-012-9910-4, PMID 23263752. PMCID PMC3581660.
- [42] Grander G, da Silva LF, Santibañez Gonzalez EDR. Big data as a value generator in decision support systems: A literature review. *REGE.* 2021 Jul 28;28(3):205-22. doi: 10.1108/REGE-03-2020-0014.
- [43] Aboagye EA, Chea JD, Yenkie KM. Systems level roadmap for solvent recovery and reuse in industries. *Iscience.* 2021 Oct 22;24(10):103114. doi: 10.1016/j.isci.2021.103114, PMID 34622166.
- [44] Abbas K, Afaq M, Ahmed Khan T, Song W. A Blockchain and Machine Learning-Based Drug Supply Chain Management and Recommendation System for Smart Pharmaceutical Industry. *Electronics;*9(5). doi: 10.3390/electronics9050852.
- [45] Mittelstadt BD, Allo P, Taddeo M, Wachter S, Floridi L. The ethics of algorithms: mapping the debate. *Big Data Soc.* 2016;3(2). doi: 10.1177/2053951716679679.
- [46] International Organization for Standardization. 2021. ISO/IEC 27018:2019. Information technology – Security techniques – code of practice for protection of personally identifiable information (PII) in public clouds acting as PII processors. ISO.
- [47] European Union Agency for Fundamental Rights. Handbook on European data protection law. Publications Office of the European Union; 2019.
- [48] European Commission. Ethics guidelines for trustworthy AI. Eur Comm High-Level. 2019.
- [49] Patton GC, Sawyer SM, Santelli JS, Ross DA, Afifi R, Allen NB et al. Our future: a Lancet commission on adolescent health and wellbeing. *Lancet.* 2016 Jun 11;387(10036):2423-78. doi: 10.1016/S0140-6736(16)00579-1, PMID 27174304.
- [50] Rehan T, MacEwan D, Shah N, Rehan T, Tahira R, Murad S, et al. Apoptosis of leukemia Cells by Ocimumbasilicum Fractions Following TNF alpha Induced Activation of JNK and caspase 3. *Curr Pharm Des.* 2019;25(34):3681-91. doi: 10.2174/1381612825666191011100826, PMID 31604407.
- [51] Zhavoronkov A, Ivanenkov YA, Aliper A, Veselov MS, Aladinskiy VA, Aladinskaya AV, et al. Deep learning enables rapid identification of potent DDR1 kinase inhibitors. *Nat Biotechnol.* 2019;37(9):1038-40. doi: 10.1038/s41587-019-0224-x, PMID 31477924.
- [52] Friedlaender A, Banna G, Malapelle U, Pisapia P, Addeo A. Next generation sequencing and genetic alterations in squamous cell lung carcinoma: where are we today? *Front Oncol.* 2019 Mar 19;9:166. doi: 10.3389/fonc.2019.00166, PMID 30941314.
- [53] Moreira-Filho JT, da Silva MF, Borba JV, Galvão Filho AR, Muratov EN, Andrade CH et al. Artificial intelligence in the life sciences. 2021;16:949-59.
- [54] Caruana R, Lou Y, Gehrke J, Koch P, Sturm M, Elhadad N. Intelligible models for healthcare: predicting pneumonia risk and hospital 30-day readmission. In: Proceedings of the 21st ACM SIGKDD international conference on knowledge discovery and data mining; 2015. p. 1721-30. doi: 10.1145/2783258.2788613.
- [55] Chen H, Engkvist O, Wang Y, Olivecrona M, Blaschke T. The rise of deep learning in drug discovery. *Drug Discov Today.* 2018;23(6):1241-50. doi: 10.1016/j.drudis.2018.01.039, PMID 29366762.
- [56] Pazhenkottil AP, Bode PK. Angiosarcoma involving the heart. *N Engl J Med.* 2020;382(9):855-. doi: 10.1056/NEJMicm1910259, PMID 32101667.
- [57] Wang C, Xu P, Zhang L, Huang J, Zhu K, Luo C. Current strategies and applications for precision drug design. *Front Pharmacol.* 2018 Jul 18;9:787. doi: 10.3389/fphar.2018.00787, PMID 30072901.
- [58] Sweeney TE, Deroos D. Precision medicine and artificial intelligence: A pilot study in sepsis. *J Crit Care.* 2021;63:45-52.
- [59] McNoe BM, Gage R, Signal L. What can Aotearoa New Zealand learn from the Australian Sunsmart Story? A qualitative study. *Australian and New Zealand Journal of Public Health.* 2022 Jun 1;46(3):387-93.

- [60] Nichols JA, Herbert Chan HW, Baker MA. Machine learning: applications of artificial intelligence to imaging and diagnosis. *Biophysical reviews*. 2019 Feb 7;11:111-8.
- [61] Zawacki-Richter O, Marín VI, Bond M, Gouverneur F. Systematic review of research on artificial intelligence applications in higher education—where are the educators?. *International Journal of Educational Technology in Higher Education*. 2019 Dec;16(1):1-27.