

# SCDM 2024 Annual Conference

The Festival Of Opportunity

# Using AI in Clinical Operations, Data Management & Science: A Blueprint for Streamlined Clinical Trials

**Monday, September 30**  
**E240 Room**  
**6:00 – 7:00 p.m.**

# Using AI in Clinical Operations, Data Management & Science: A Blueprint for Streamlined Clinical Trials

Chaired by



**Kathy Zheng**

Director, Project  
Management and  
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PROMETRIKA



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**Rishitha Sajja**

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**Gangjian (Janet)  
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Senior Clinical  
Data Scientist  
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Pfizer



**Sina Adibi**

President & CEO

Adaptive Clinical  
Systems

# Today's Topics

**The AI Landscape  
from a CRO  
perspective**

**Operational  
Excellence with AI  
in Imaging**

**Data Science  
Meets Clinical  
Data**

**Leveraging AI in  
Clinical Studies**

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**Which aspect of AI do you find most promising for improving clinical trial data quality?**

ⓘ Start presenting to display the poll results on this slide.

# Emerging Sources of Data



Electronic Health Records (EHR)



Wearable Devices



Patient-Reported Outcomes



Imaging Data



Social Determinants of Health (SDOH)



Genomic Data

# AI in Data Integration, Cleaning & Visualization

## Data Integration

- Automated Data Ingestion
- Smart Data Mapping
- Real-Time Integration

## Data Cleaning

- Anomaly Detection
- Duplicate Removal
- Data Enrichment

## Data Visualization

- Dynamic Dashboards
- Advanced Analytics
- User-Friendly Interfaces

# AI Driven Innovation in Clinical Trials

## Patient Recruitment and Retention:

- Predictive Analytics
- Personalized Engagement

## Data Integration and Management:

- Automated Data Collection
- Real-Time Monitoring
- Natural Language Processing (NLP)
- Robotic Process Automation (RPA)

## Trial Design and Optimization:

- Adaptive Trial Designs
- Simulation Models
- Machine Learning Algorithms
- Virtual Trials



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**Who drives the AI strategy within your organization?**

ⓘ Start presenting to display the poll results on this slide.



# Different Definitions of “AI”

- Sponsors, Vendors, and CROs all have different definitions
- Artificial Intelligence, Machine Learning
- Data Analytics
  - Advanced and Descriptive
- Data Aggregation and Visualization

# Sponsor Requirements and Motivations for AI

- Each Sponsor has a different level of risk tolerance for AI adoption
- Program drivers
- Business drivers
- “Keeping up with the Joneses” driver



# CRO Implementation Strategies of AI for Sponsors

- One size does NOT fit all
- No standardized strategy or product package
- Each implementation is tailored to the Sponsors individual requirements

# Considerations from a CRO to a Sponsor

- Does the company have a long enough runway to deploy AI?
- Does your therapeutic area provide a large enough dataset for AI to use?
- What functional areas will be using the tool and its output?

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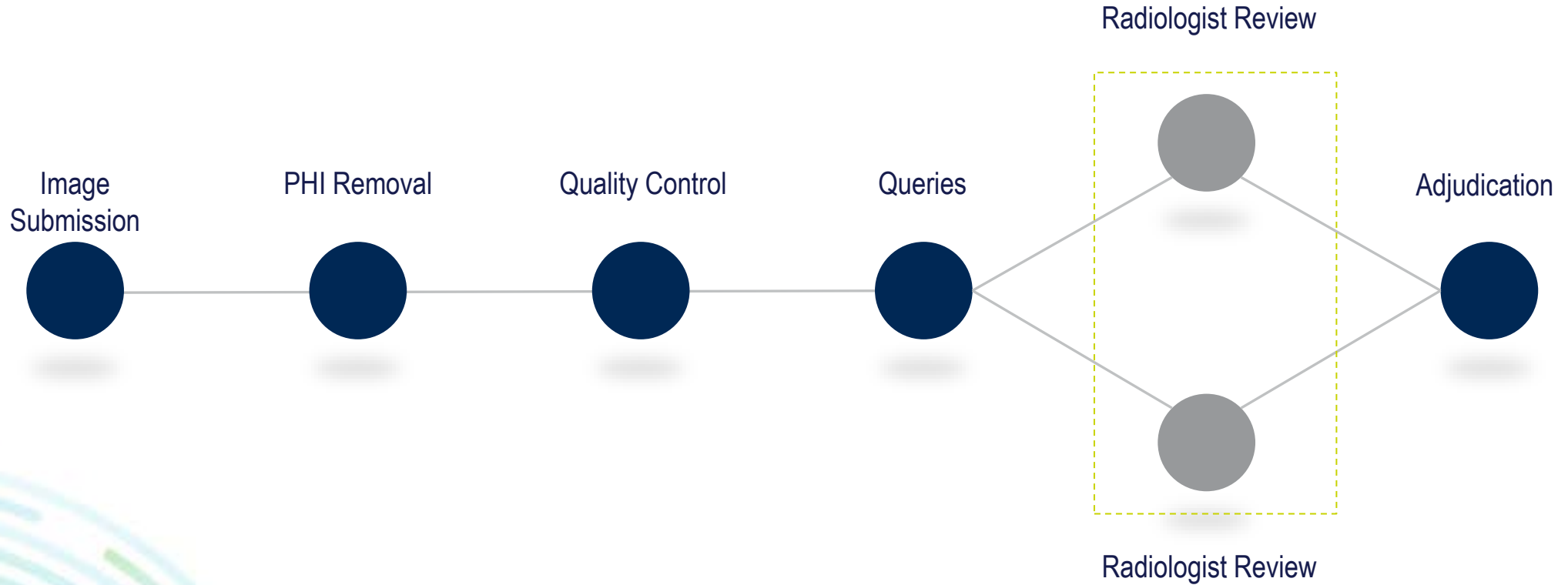
# slido



**Do you have experience with endpoints derived from blinded independent central review of imaging?**

ⓘ Start presenting to display the poll results on this slide.

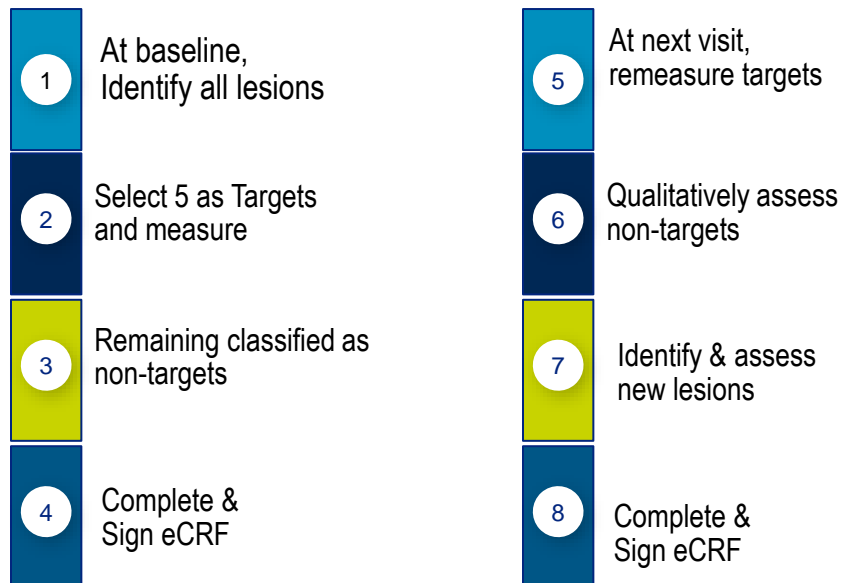
# Typical Imaging Workflow



# Challenges with Imaging Endpoints



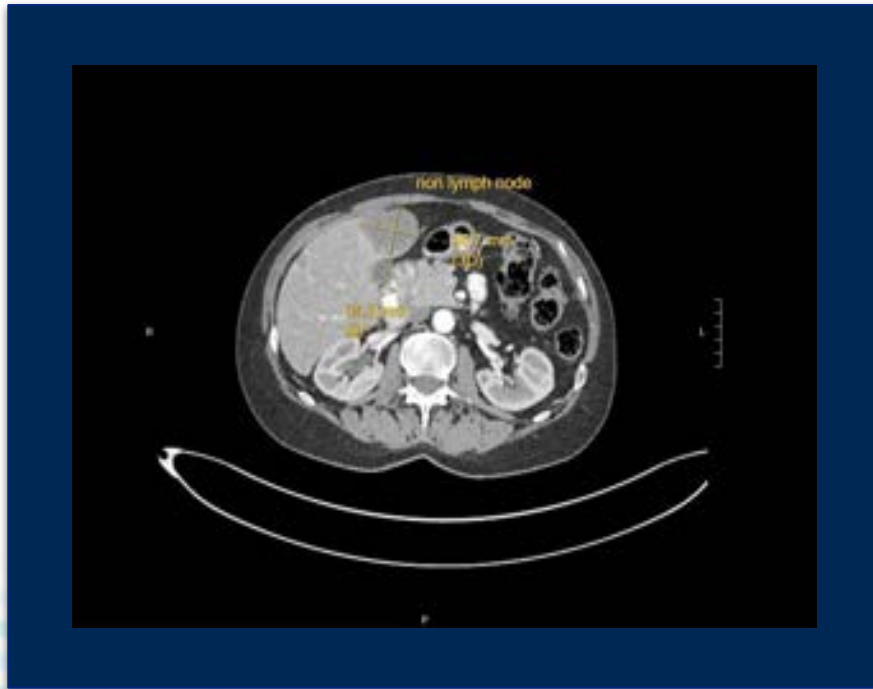
## Manual, Costly & Error Prone



## Variability

- **Central Reads: 25-40%**
  - *Overlooking new lesions*
  - Selecting inappropriate measurable lesions
  - Selecting different target lesions
- **Site vs Central: 24-29%**
  - Target lesion selection
  - Measurement errors
  - Criteria interpretation
  - Bias

# How AI can help



## Algorithm Phase 1: Improve efficiency & reproducibility with current gold standard assessments

- Model identifies lesions and slice with longest lesion diameter identified
- Bi-dimensional measurement placed or arrow for non-measurable
- Co-registration of baseline and follow-up identifies new lesions

Value Gained



Shorten read time

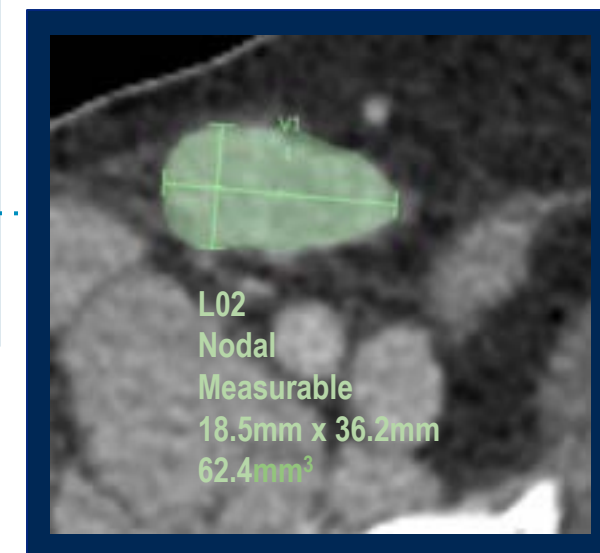
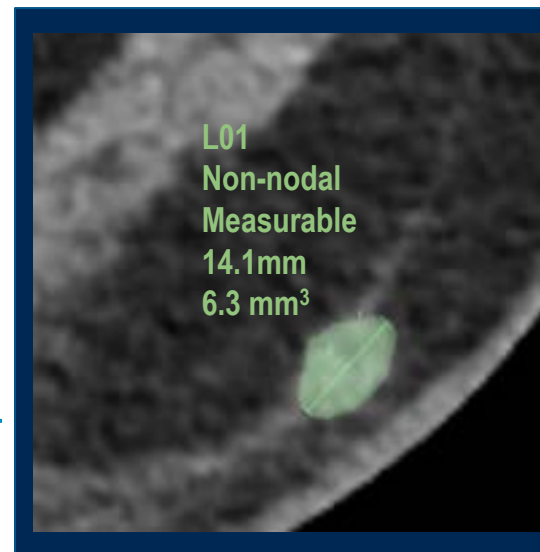


Reduce site and central read variability caused by inaccurate lesion measurements

# How AI can help

## Algorithm Phase 2: Establish a better standard?

- In addition to bidimensional measurements..
- Each image slice will have the lesion area delineated
- The total tumor volume will then be calculated



Value Gained



Shorten read time



Can help establish new standard upon which lesions are analyzed for clinical trials

# Today's Topics

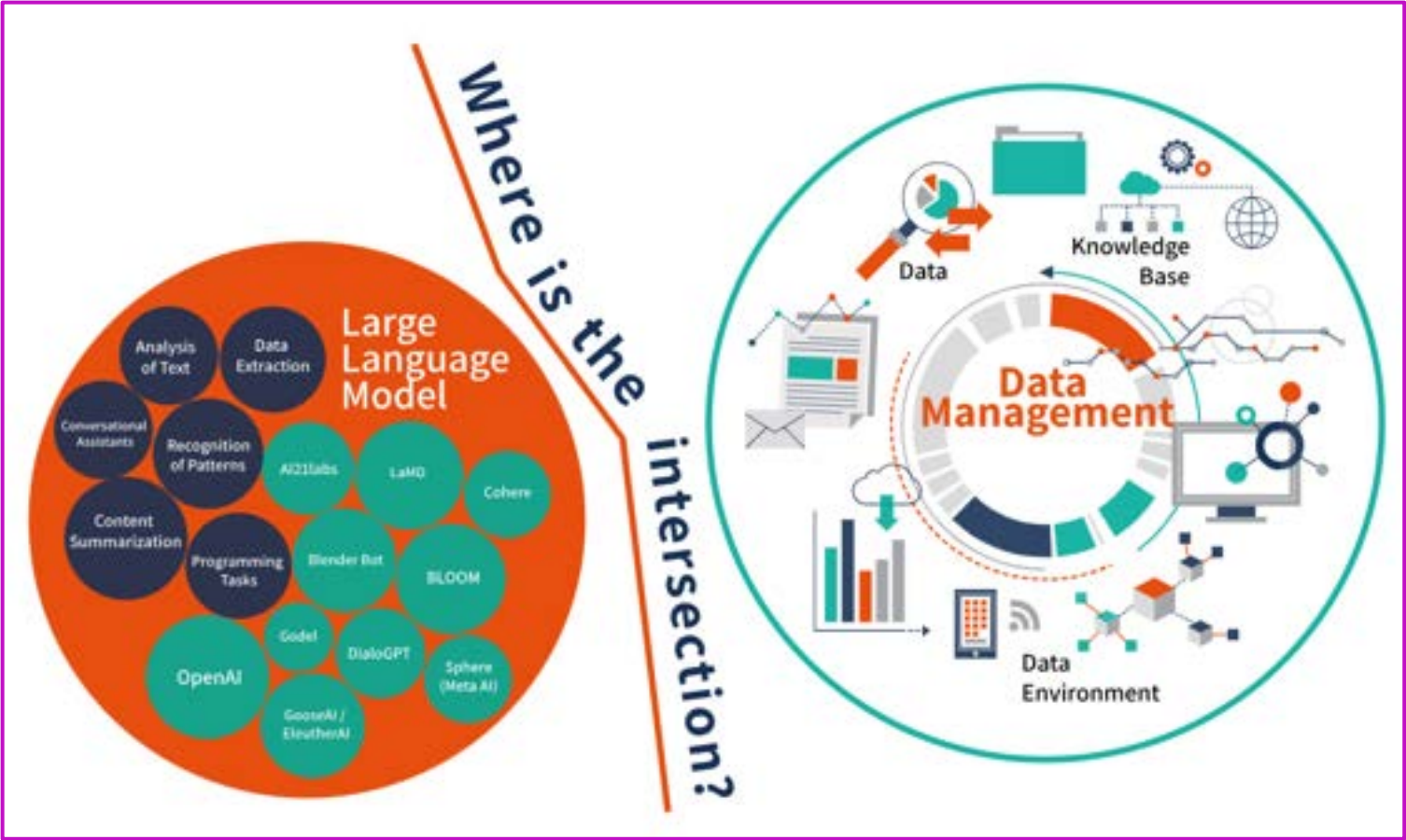
**The AI Landscape  
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# Do you think AI can enhance Clinical Data Review?



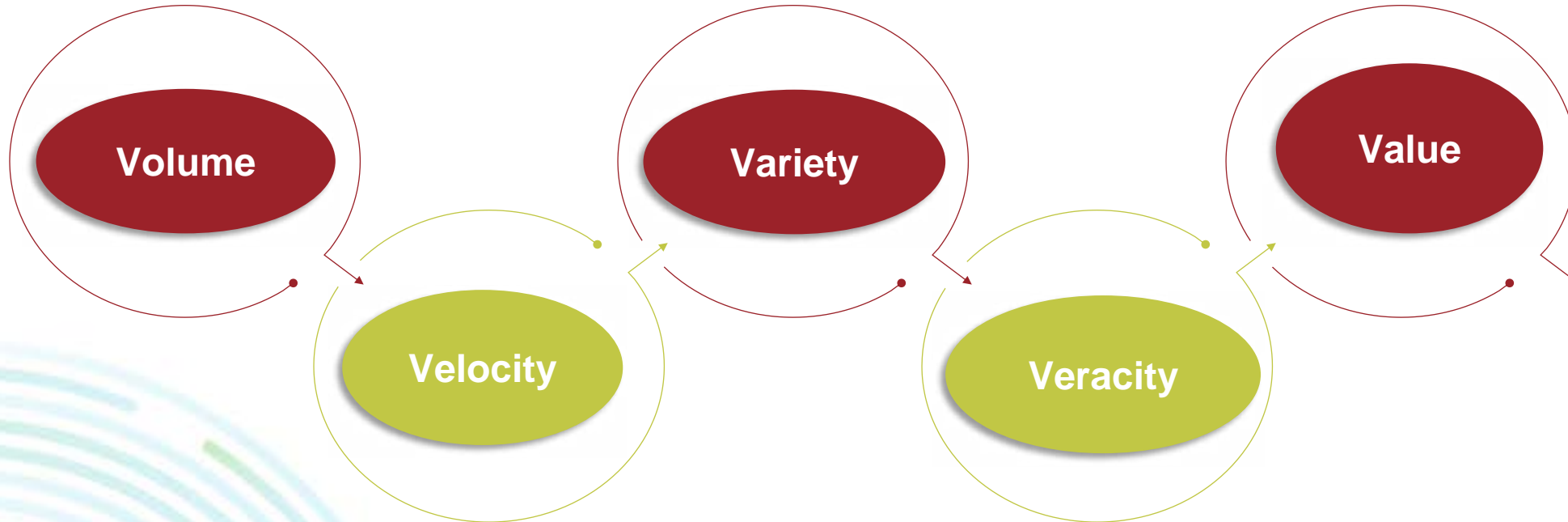


# Clinical Data Review : Current State

A shift from few datapoints to more than a tens of thousands of datapoints

Integration of structured and unstructured data from a wide range of sources

Understand the value of data needed for regulatory submission from the pool of data collected



Real time data availability from multiple data sources

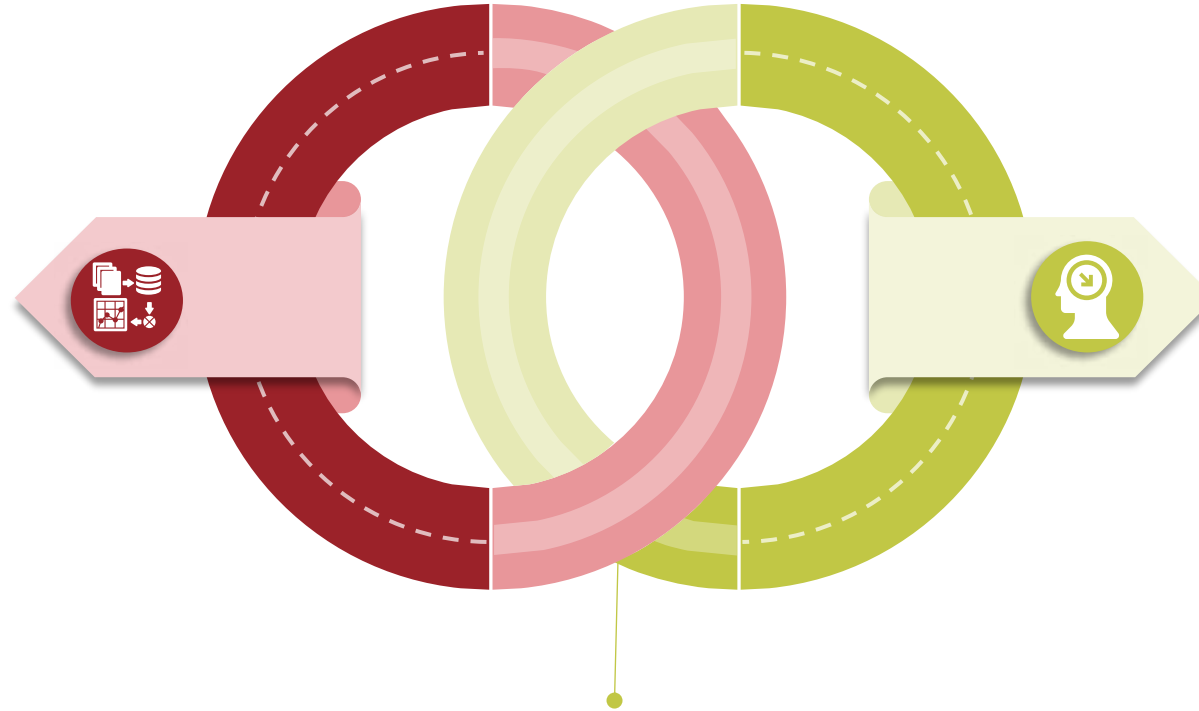
Ever increasing multiple sources of data



# Data Review Automation Strategy

## 1. Select Data Review Objective

- ✓ CRF and Non-CRF data that are high on time & effort for manual data review
- ✓ Applicable across all studies & Therapeutic areas



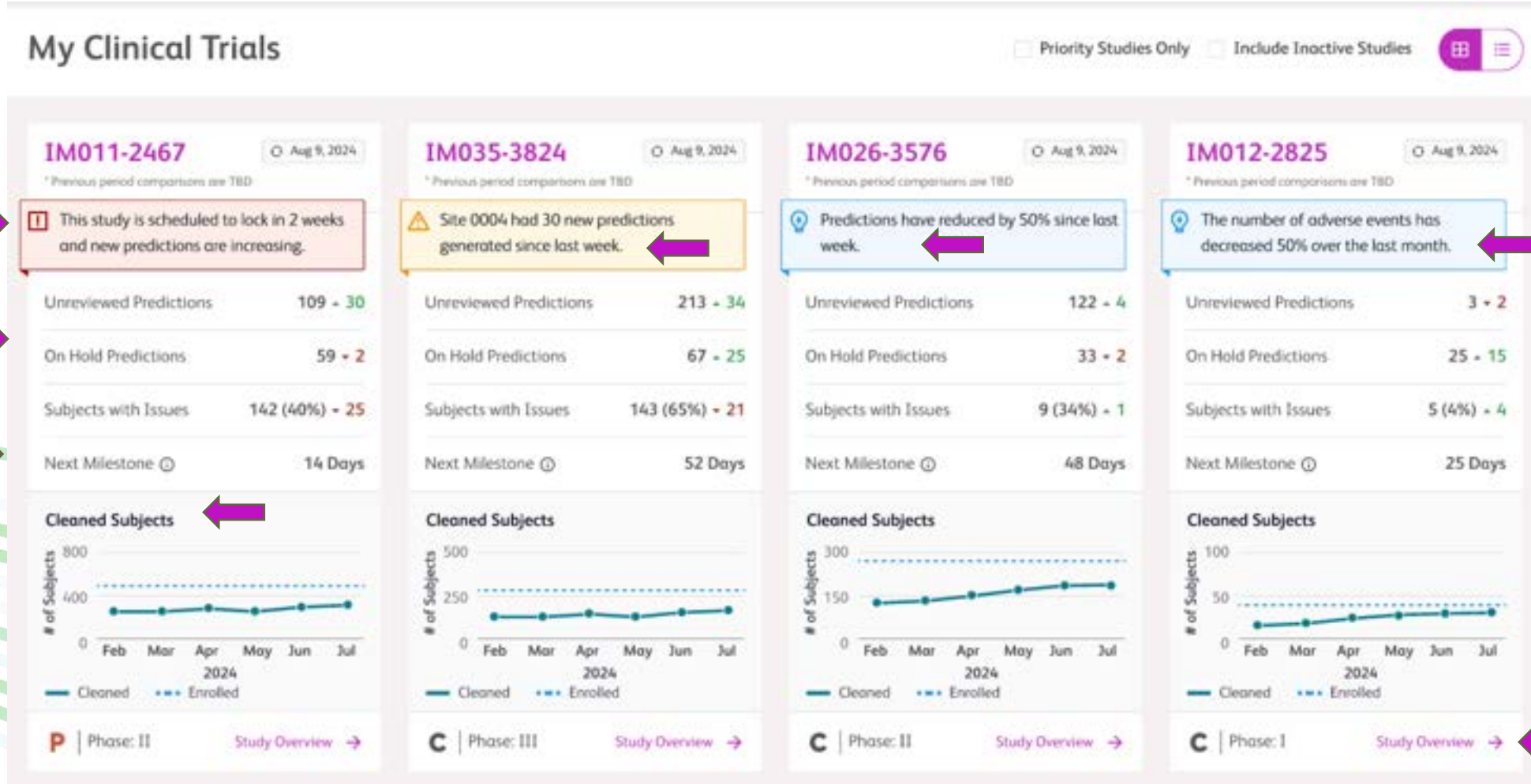
## 2. Explore the Solution

- ✓ Edit Checks and Exception Listings
- ✓ Combination of NLP & Predictive analytics
- ✓ Develop an innovate & scalable product

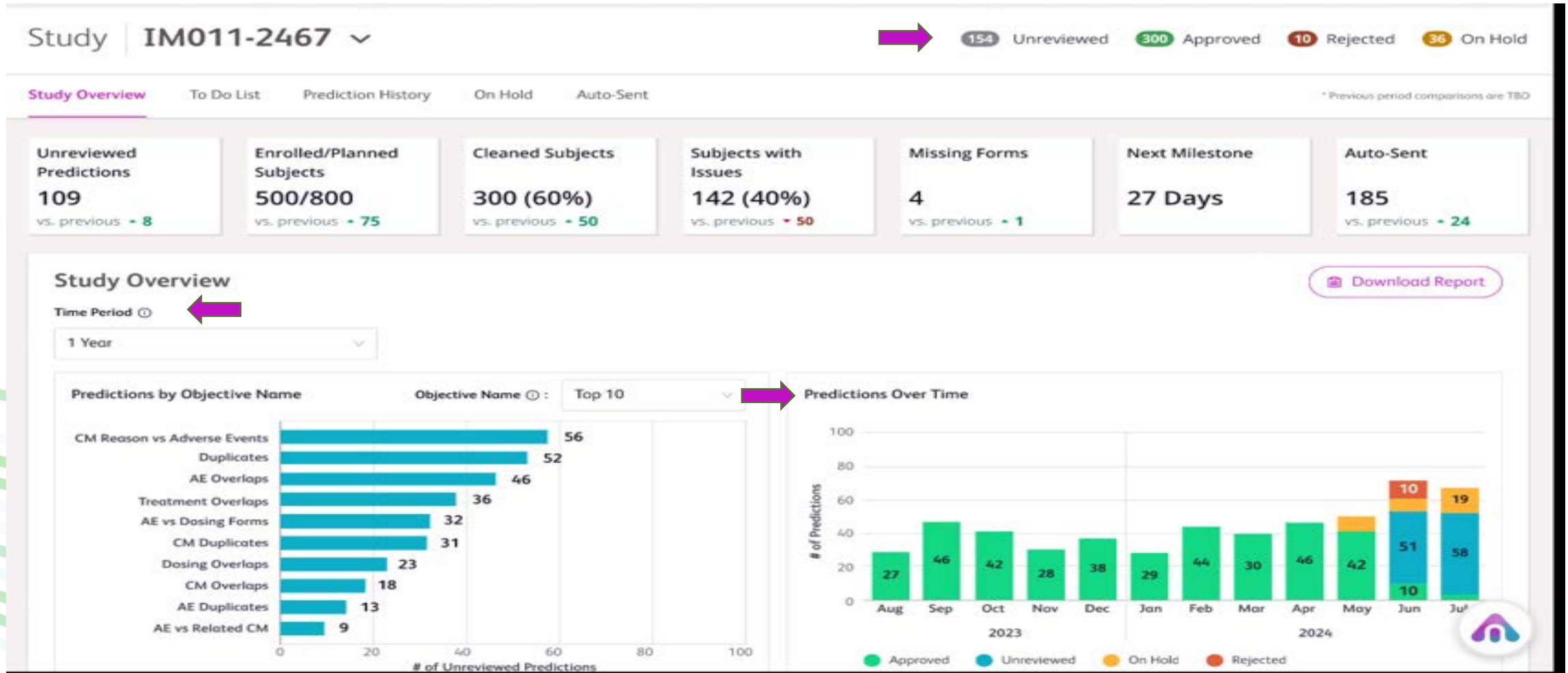
## 3. Value

- ✓ Measure the Turn around time
- ✓ Manual vs Automation solution
- ✓ Have you achieved the time efficiency?
- ✓ Check the data quality
- ✓ Check the count of rejected queries generated by LLM Model

# AI Data Review Assistant



# AI Data Review Assistant



# AI Data Review Assistant


Study | IM011-2467 154 Unreviewed 300 Approved 10 Rejected 36 On Hold

Study Overview **To Do List** Prediction History On Hold Auto-Sent

**To Do List** Filters Download Report

Batch Query

Prediction ID	Source Record ID	Prediction Created Date	Form Name	Visit	Objective Name	Confidence Score	Country	Site
<input type="checkbox"/> 0001	0002 45673	Jul 6, 2024	Prior and Concomitant Medication	Baseline	CM Reason vs AE	98%	USA	0006
➤ 3 Predictions			Adverse Event	AE/Conmed	CM Reason vs AE	98%	USA	Multiple
➤ 12 Predictions			Adverse Event	End of Treatment	CM Reason vs AE	91%	USA	Multiple
<input type="checkbox"/> 0004	0002 45673	Jul 6, 2024	Prior and Concomitant Medication	Baseline	CM Reason vs AE	88%	USA	0293
<input type="checkbox"/> 0005	0002 45673	Jul 6, 2024	Prior and Concomitant Medication	Screen	CM Reason vs AE	84%	BR	0049
<input type="checkbox"/> 0006	0002 45673	Jul 6, 2024	Prior and Concomitant Medication	Day 1	CM Reason vs AE	82%	UK	0112
➤ 24 Predictions			Adverse Event	End of Treatment	CM Reason vs AE	82%	USA	Multiple





# AI Data Review Assistant



My Clinical Trials

Hello, I'm DataReview your data!

Send a Message

There are several issues found with the medications and adverse events for subject 0043 00037. Here are the comprehensive messages for each issue:

1. DM: please note that the medication PREDNISOLONE with start date 2023-03-27 00:00:00 and end date 2023-03-30 00:00:00 falls outside the timeframe of the adverse event ASPARTATE AMINOTRANSFERASE INCREASED with start date 2023-03-15 00:00:00 and end date 2023-03-27 00:00:00. Kindly consider reviewing and update the data here as appropriate, else clarify. Thank you.
2. DM: please note that the medication PREDNISOLONE with start date 2023-03-27 00:00:00 and end date 2023-03-30 00:00:00 falls outside the timeframe of the adverse event URINARY TRACT INFECTION with start date 2023-03-15 00:00:00 and end date 2023-03-27 00:00:00. Kindly consider reviewing and update the data here as appropriate, else clarify. Thank you.
3. DM: please note that the medication PREDNISOLONE with start date 2023-03-23 00:00:00 and end date 2023-03-25 00:00:00 falls outside the timeframe of the adverse event HYPERBILIRUBINEMIA with start date 2023-03-15 00:00:00 and end date 2023-03-20 00:00:00. Kindly consider reviewing and update the data here as appropriate, else clarify. Thank you.
4. DM: please note that the medication PREDNISOLONE with start date 2023-03-25 00:00:00 and end date 2023-03-27 00:00:00 falls outside the timeframe of the adverse event HYPERBILIRUBINEMIA with start date 2023-03-15 00:00:00 and end date 2023-03-20 00:00:00. Kindly consider reviewing and update the data here as appropriate, else clarify. Thank you.
5. DM: please note that the medication PREDNISOLONE with start date 2023-03-27 00:00:00 and end date 2023-03-30 00:00:00 falls outside the timeframe of the adverse event HYPERBILIRUBINEMIA with start date 2023-03-15 00:00:00 and end date 2023-03-20 00:00:00. Kindly consider reviewing and update the data here as appropriate, else clarify. Thank you.
6. DM: please note that the medication CEFIXIME with start date 2023-03-24 00:00:00 and end date 2023-03-27 00:00:00 falls outside the timeframe of the adverse event HYPERBILIRUBINEMIA with start date 2023-03-15 00:00:00 and end date 2023-03-20 00:00:00. Kindly consider reviewing and update the data here as appropriate, else clarify. Thank you.
7. DM: please note that the medication PREDNISOLONE with start date 2023-03-20 00:00:00 and end date 2023-03-23 00:00:00 falls outside the timeframe of the adverse event HYPERBILIRUBINEMIA with start date 2023-03-15 00:00:00 and end date 2023-03-20 00:00:00. Kindly consider reviewing and update the data here as appropriate, else clarify. Thank you.
8. DM: please note that the medication FLOMOXEF SODIUM with start date 2023-03-15 00:00:00 and end date 2023-03-24 00:00:00 falls outside the timeframe of the adverse event HYPERBILIRUBINEMIA with start date 2023-03-15 00:00:00 and end date 2023-03-20 00:00:00. Kindly consider reviewing and update the data here as appropriate, else clarify. Thank you.
9. DM: please note that the medication ACETAMINOPHEN with start date 2023-03-16 00:00:00 and end date 2023-03-24 00:00:00 falls outside the timeframe of the adverse event HYPERBILIRUBINEMIA with start date 2023-03-15 00:00:00 and end date 2023-03-20 00:00:00. Kindly consider reviewing and update the data here as appropriate, else clarify. Thank you.

eCRF inactivations.

Count FROM...

FROM...

ations:

These are limited to the top

# AI Data Review Assistant

Clinical Study: IM011-246

Subject ID: 0002 60112

Objective Name: CM Reason vs AE

Accept

Reject

Put on Hold

Objective

Confirm that Medication reported falls within the timeframe of any related Adverse Events reported.

Suggested Query Text

Conmed start date 10/MAY/2024 is prior to the Adverse Event start date 13/MAY/2024 . Please review and update, else clarify.

Save

Table

SQL

Prediction ID	Site Number	Form Name
145	0021	Adverse Events
146	0021	Prior and concomitant medications

# AI Data Review Assistant

Summary > Study: IM011-2467

Study | **IM011-2467** 154 Unreviewed 300 Approved 10 Rejected 36 On Hold

Study Overview | To Do List | **Prediction History** | On Hold | Auto-Sent

**Prediction History** Filters Download Report

Prediction ID	Source Record ID	Prediction Created Date	Prediction Review Date	Form Name	Visit	Objective Name	Confidence Score	Country	Site	Action Taken	Actioned By
0023	0002 45673	Jul 6, 2024	Jul 6, 2024	Prior and Concomitant Medication	Baseline	CM Overlaps	93%	USA	0023	Approved	GJ
0024	0002 45673	Jul 6, 2024	Jul 6, 2024	Adverse Event	Baseline	CM Reason vs AE	91%	USA	0193	Rejected	TM
0053	0002 45673	Jul 6, 2024	Jul 6, 2024	Adverse Event	Screen	AE Duplicates	87%	BR	045	Approved	TM
0064	0002 45673	Jul 6, 2024	Jul 6, 2024	Cetuximab Administration	Day 1	Dosing Overlaps	87%	UK	0352	Approved	SS
0233	0002 45673	Jul 6, 2024	Jul 6, 2024	Prior and Concomitant Medication	Baseline	CM Overlaps	85%	USA	0154	Rejected	GJ
0294	0002 45673	Jul 6, 2024	Jul 6, 2024	Cetuximab Administration	Day 1	Dosing Overlaps	84%	UK	0099	Rejected	SS
0254	0002 45673	Jul 6, 2024	Jul 6, 2024	Cetuximab Administration	Day 1	Dosing Overlaps	84%	UK	0099	Rejected	SS
0223	0002 45673	Jul 6, 2024	Jul 6, 2024	Cetuximab Administration	Day 1	Dosing Overlaps	84%	UK	0099	Rejected	SS
03	0002 45673	Jul 6, 2024	Jul 6, 2024	Prior and Concomitant Medication	Baseline	CM Overlaps	85%	USA	0154	Rejected	GJ





# AI Solution: Principles and Benefits

## Solution Principles

- ✓ Building **Trust** – Consistent solution, reliable and how the outcome is generated is explainable
- ✓ **Flag** true exceptions / anomalies – Most of the data entries are accurate and does not need human eye.
- ✓ **Shortlisting** anomalies for human data review
- ✓ **Data surveillance system** - Understanding the data review objective like a human and flag issues as quickly as data enters our ecosystem
- ✓ **Traceable** and **transparent**
- ✓ Provide **holistic/comprehensive** review of data from multiple data sources and data formats (EDC, eCOA, sensors etc and listing files)



## Benefits

- ✓ Increase in the identification of data discrepancies
- ✓ Reduction in time to identify data discrepancies
- ✓ Reduce burden on data reviewers (data reviewer satisfaction)
- ✓ Improve accuracy - reduce human error and ensure uniform quality of data review process across team
- ✓ Overall reduction of query count by query consolidation



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**Do you think AI can enhance Clinical Data Review?**

ⓘ Start presenting to display the poll results on this slide.

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**How many in the audience are using Copilot in their daily work?**

ⓘ Start presenting to display the poll results on this slide.

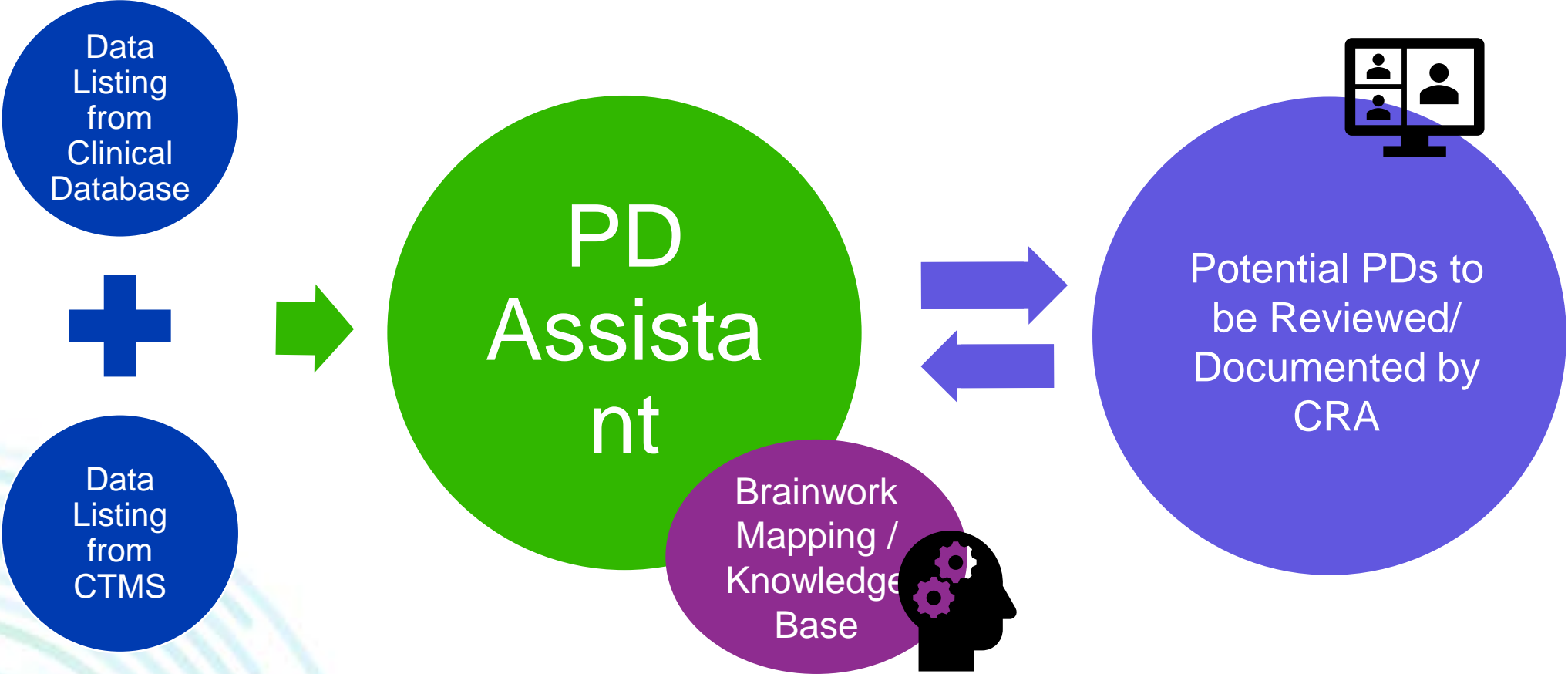
# Challenges in Identifying and Verifying Protocol Deviation

- Protocol Deviation:
  - manual process
  - Hard to verify whether all potential PDs were reviewed, verified and documented
  - Error prone
  - Time consuming
- Can generate List of potential PDs based on protocol specification from EDC clinical database
  - Comparing documented free text formatted PDs with above list is challenging
  - Acronym
  - Alternative
  - Protocol specified
  - PK Visit/Day/timepoints
  - Freetext is hard to parse;

# History of Development

- Developer is intern without any previous Excel macro development experience, no exposure to Copilot. Copilot is used in various steps of the development, including:
  - To identify Excel formulas and generate scripts
  - To learn and create freetext mappings on visit, analytes, test abbreviations...
  - To complete the development/testing of the tool within 10 weeks

# PD Assistant



# Match can be found at different levels

## Visit

- EDC Database 'Cycle 5 Day 1' not done
- CTMS 'C5D1 not done'

## Form

- EDC Database 'Cycle 3 Day1' visit, ECG form not done
- CTMS 'EKG not performed' reported under Cycle 3 Day 1

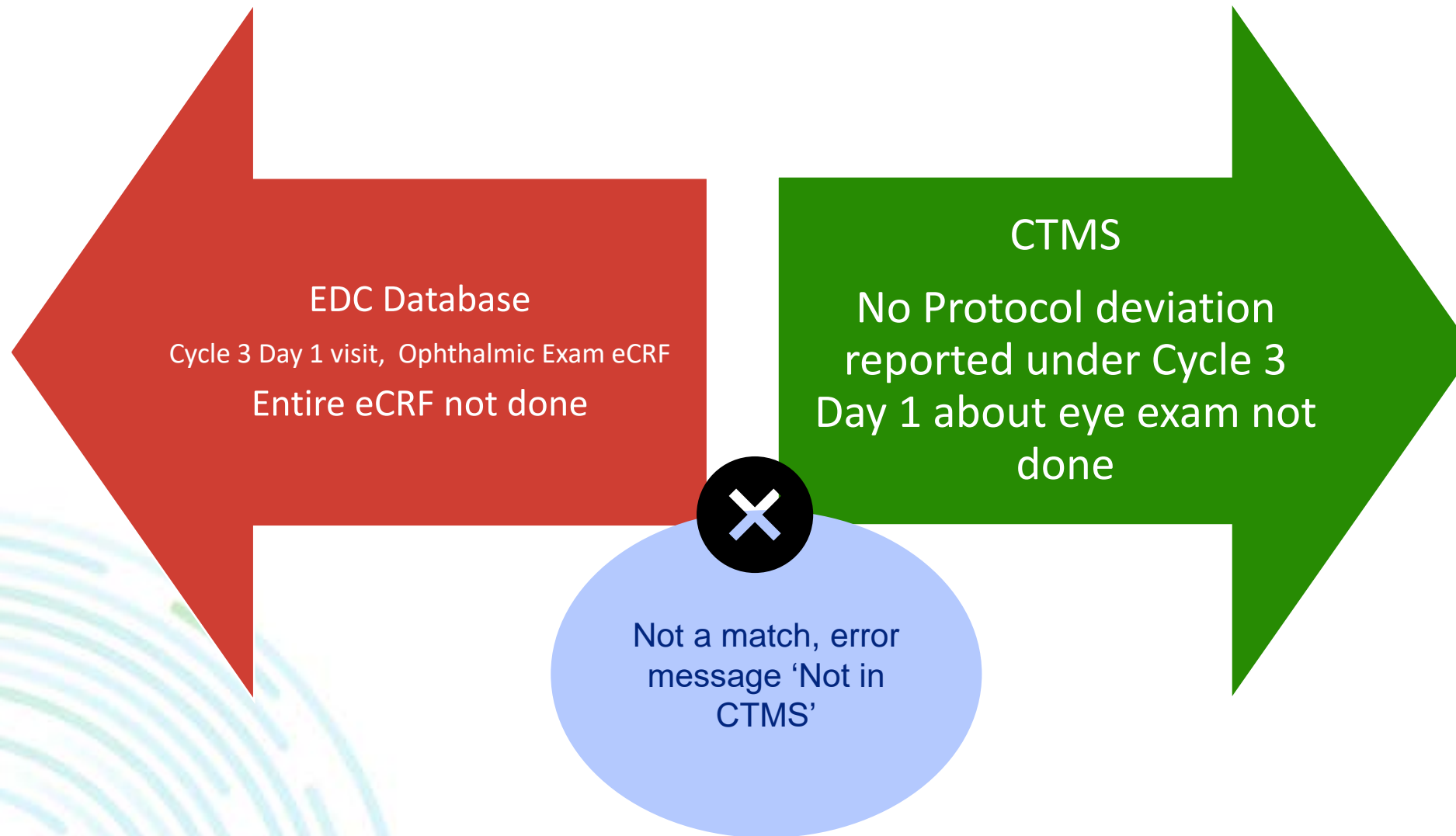
## Test

- EDC Database 'Lactate Dehydrogenase' not done
- CTMS 'LDH not collected'

## Sample

- EDC Database 2 PK samples in Cycle 4 Day 1 not done
- CTMS 'PK not collected because lab kit was not provided to site'

# Cases





# Outcome

- The tool can identify potential PDs with a 98% accuracy on the tested studies.
- The tool can reduce manual work for CRAs to review potential PDs significantly
- The tool can better track PD review process so no potential PD is unreviewed or not documented.
- More efficiency
- Time saving

## A note about (Excel) AI . . .

- Extremely helpful for those without encyclopedic Excel formula knowledge
- Cannot rely on AI 100%, be mindful of possible mistakes especially where complex concepts are involved, and scientific or technical terms are used
- tool needs validation and human proof checking.

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Thank you  
Question & Answers

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**Where do you think AI can help you?**

ⓘ Start presenting to display the poll results on this slide.

# References

- ✓ SCDM, June 2022, The automation of Clinical Data Management Driven Activities. Available at <https://scdm.org/wp-content/uploads/2022/06/SCDM-Automation-of-CDM-Driven-Activities-FINAL.pdf>
- ✓ SCDM, April 2022, The evolution of Clinical Data Review. April 2022. <https://scdm.org/the-evolution-of-clinical-data-review/>
- ✓ SCDM, March 2022, The 5Vs of Clinical Data. Available at <https://scdm.org/the-5vs-of-clinical-data/>
- ✓ King R et al (2022), Data Review for Today and the Next Generation. chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://www.ppd.com/wp-content/uploads/2020/06/Pharmaceutical\_Outourcing\_0620.pdf
- ✓ [Large Language Models 101: History, Evolution and Future \(scribbledata.io\)](https://scribbledata.io)