



Regulatory Aspects in Drug Development with AI- Generated Tools

Rutuja Nangare¹, Dimple Marathe¹, Girish Kashid², Shubham Karpe³

¹ Department of Regulatory Affairs, Sanjivani College of Pharmaceutical Education and Research, Kopergaon, Maharashtra, India-423601.

² Department of pharmaceutical chemistry Sanjivani College of Pharmaceutical Education and Research, Kopergaon, Maharashtra, India-423601.

³ Lovely Professional University, School of Pharmaceutical Sciences, Jalandhar - Delhi, Grand Trunk Rd, Phagwara, Punjab 144001

(Received: 07 January 2024

Revised: 12 February 2024

Accepted: 06 March 2024)

KEYWORDS

Artificial Intelligence, Machine Learning, Deep Learning, Drug Development.

ABSTRACT:

This review delves into the multifaceted applications of Artificial Intelligence (AI) in drug development. It explores the utilization of AI, Deep learning and machine learning at different phases of drug development, emphasizing their roles in compound screening, drug design, target identification, and clinical trial planning. The regulatory environments in the USFDA and Europe (EMA) are discussed, reflecting the increasing integration of AI in drug development. The article highlights AI's impact on virtual screening, toxicity prediction, pharmacokinetic modeling, and clinical trial design, showcasing its transformative potential in enhancing efficiency and success rates. However, challenges such as human oversight, data quality, collaboration, transparency, and prioritizing patient safety are acknowledged. The opportunities presented by AI, coupled with human expertise, regulatory frameworks, and data quality, are crucial for revolutionizing drug development and ensuring safety and effectiveness.

1. Introduction

AI refers to the imitation of human excellence processes by computers. This involves computers gathering information, creating rules for its use, making approximate or definite conclusions, and correcting errors on their own. The progress of AI is like a double-edged sword: some worry it may threaten job security, while others celebrate each AI advancement, believing it will greatly benefit society. AI is utilized across various fields, revolutionizing education and automating business tasks. The emerging concept of incorporating AI into drug development has moved beyond mere excitement to a sense of hope. This review explores potential AI applications in the drug development process, covering strategies, processes, pharmaceutical research and development efficiency, attrition rates, and collaborations between pharma industries and AI.

2. Overview Of Ai In Drug Development

AI, machine learning and deep learning

AI is becoming a part of the healthcare field is shown in Figure 1. Artificial Intelligence is essentially using methods to enable computers to imitate human behavior, as indicated in the figure. Machine Learning (ML), a subset of artificial intelligence (AI), utilizes statistical techniques and can acquire knowledge through either explicit instruction or implicit learning processes. [1-3] Three primary categories of machine learning exist: reinforcement learning, unsupervised learning, and supervised learning. Regression and classification algorithms are used in supervised learning to build prediction models from data coming from input and output sources. This type of machine learning has practical applications, such as disease diagnosis within subgroup categorization and predicting medication



efficacy and ADMET (Absorption, Distribution, Metabolism, Excretion, and Toxicity) under regression within subgroups [4]. Unsupervised learning involves utilizing finding feature and clustering techniques to organize and analyze data solely based on input data [5]. Unsupervised machine learning techniques can be employed to discover potential illness targets through feature-finding methods and identify disease subtypes by utilizing clustering approaches [6]. Reinforcement learning involves the process of making decisions within

a specific context and executing them to optimize performance. Through decision-making and the execution of experimental designs, this kind of machine learning is essential to the achievement of de novo drug creation. These tasks can be accomplished by employing modeling techniques and leveraging the principles of quantum chemistry [7]. Deep learning, a subset of artificial intelligence (AI), relies on artificial neural networks trained on extensive experimental data [3,8].

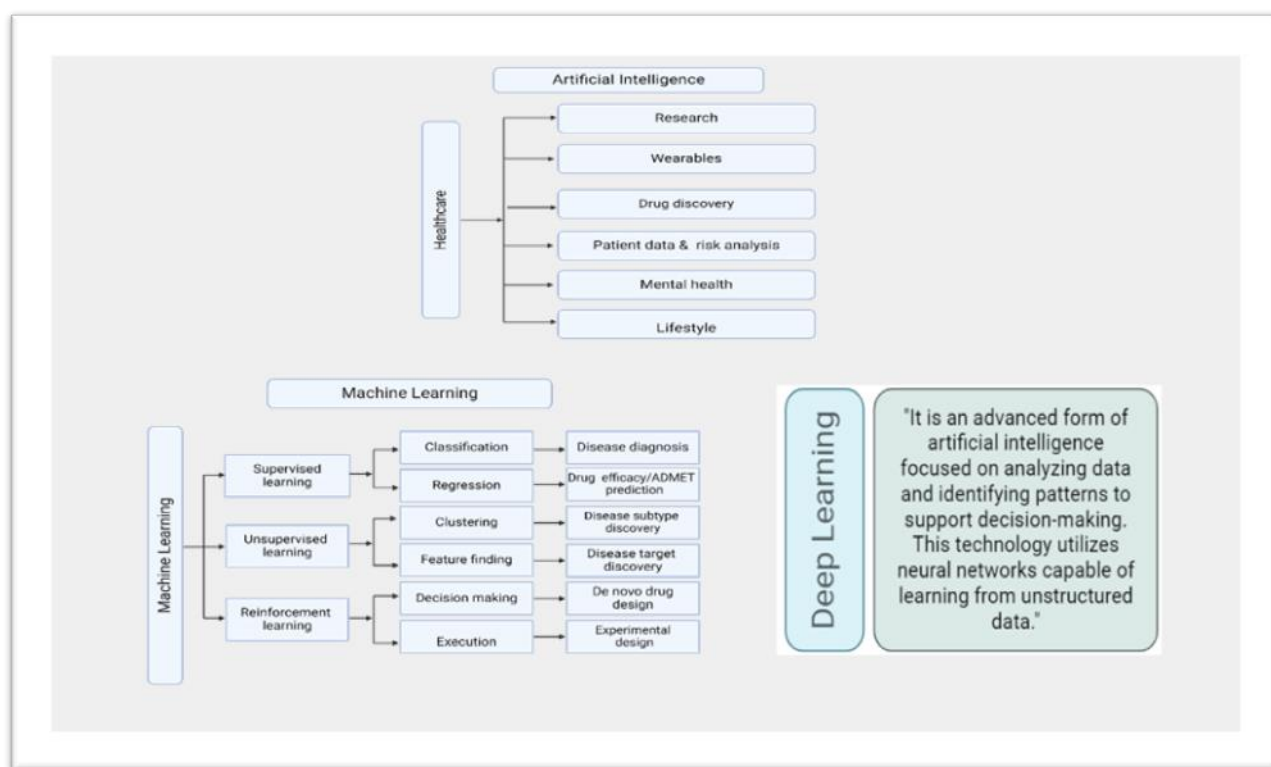


Fig.1 The application of Artificial Intelligence (Ai) and its subfields: ML& DL in healthcare.

This branch of machine learning benefits from big data, incorporating data mining and algorithmic techniques. The abundance of data, coupled with advancements in processing capacity, has facilitated the discovery of new compounds with potential pharmaceutical applications. Deep learning also plays a role in identifying or repurposing medications for enhanced effectiveness, either individually or in combination. Additionally, it contributes to the progression of genetic marker-based personalized medicine. The versatility of neural network architectures—which include fully linked feed-forward networks, recurrent neural networks, and convolutional

neural networks—is what distinguishes deep learning within artificial intelligence. [7]. It is anticipated that, with appropriate AI method development, we will enter a phase of reduced clinical trial failure rates and more efficient, faster, and less expensive drug discovery processes. [9,11].

Ai in drug development

In realm of early drug discovery and development, there is a notable and active utilization of AI/ML. The current and future applications encompass various stages such as compound screening, drug design, and target



identification, prioritization, and selection. The feedback-driven iterative drug development process begins with the use of data that has already been collected from many sources, such as computer modeling, high-throughput compound and fragment screening, and literature-based research. This process involves a continuous interplay of induction and deduction. The combination of these approaches ultimately yields molecules with optimal hit and lead contents. Automation of specific stages within this cycle serves to reduce errors and randomness, contributing to increased productivity in drug development [12].

The identification of new and promising compounds with potential efficacy against particular disease targets is made possible in large part by active learning algorithms. The first step in the medication development process is to find novel chemical compounds with biological activity. The material may interact with a particular enzyme or an entire organism to cause this activity. The first chemical molecule to exhibit activity against a certain biological target is referred to as a "hit". Hits are frequently found via screening chemical libraries and computer simulations, as well as naturally occurring materials like fungi, bacteria, and plants [13].

In the second phase of drug development, the focus shifts to the identification of a lead compound, which is a chemical molecule with significant potential for the development of new drugs to treat diseases. To assess the

efficacy and potential safety of the molecule, hits identified in the initial screening are subjected to evaluations in animal models of disease and cell-based tests reflective of the disease state. Once a lead compound is identified, its chemical structure becomes the foundation for subsequent modifications. These alterations are aimed at identifying compounds with the highest potential for medicinal benefit and the least likelihood of causing harm [14].

In the lead generation process, hit compounds are systematically changed to maximize their activity and selectivity towards particular biological targets and reduce their toxicity and unwanted effects at the same time. Hit expansion, a crucial step in this process, involves the creation of analogues chemically similar molecules derived from a hit [15].

Organic chemists use tried-and-true techniques to increase the number of hits they can produce. Synthetic throughput is increased by concentrating on particular reactions or groups of reactions to quickly assemble building blocks and generate a variety of analogues. Any molecule having reactive functional groups and atoms that interact with a biological target's active site is referred to as a "building block". When a chemical (or substrate) binds there via contact forces, it forms the active site. Models like as the "lock and key" or "induced-fit" models help visualize how a substrate binds to an active site [16].

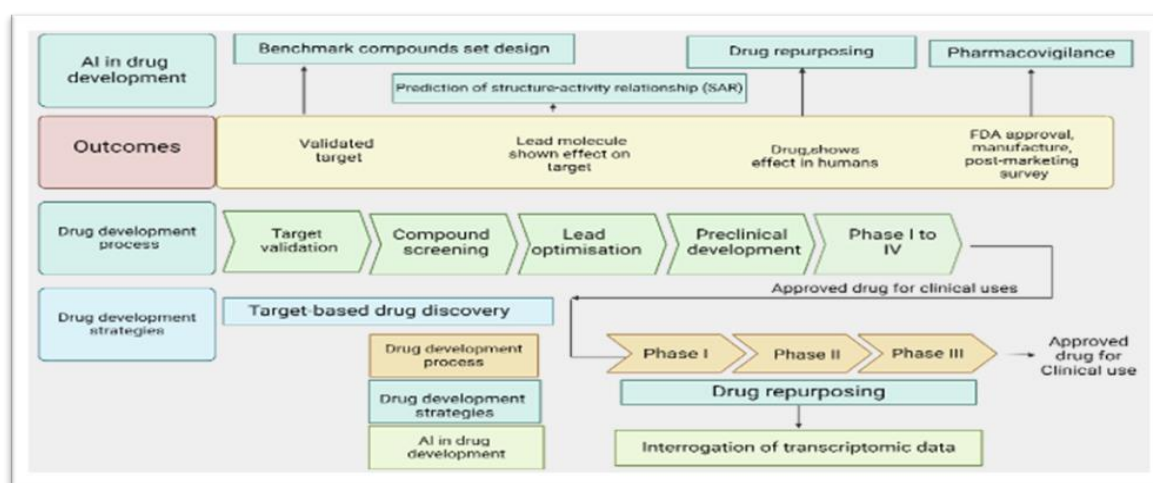


Fig. 2 The Artificial Intelligence (AI) in drug development process.



Regulatory Environment for AI in drug development

FDA Regulations

The USFDA is actively developing an adaptable regulatory structure based on risk aimed at fostering innovation and ensuring patient safety in the utilization of artificial intelligence (AI) and machine learning (ML) within drug development. Recognizing the expanding role of AI/ML throughout the drug development process and its potential in order to hasten the creation of safe and efficient pharmaceuticals, the FDA is deeply engaged in areas such as clinical trial design, technology related to digital health (DHTs), real-world data (RWD) analytics, where the integration of AI/ML is becoming increasingly prominent. Notably, the FDA has observed a significant uptick in the number of applications incorporating AI/ML in recent years. In 2021 alone, the FDA received over 100 submissions for medicine and biological

product applications that prominently featured AI/ML, marking a substantial increase compared to preceding years. The applications of drug

development process, as discussed in this section. The stage of clinical development and research emerges as the primary focal point for the frequent utilization of AI/ML in these submissions. This underscores the significance of AI/ML technologies in enhancing various aspects of clinical development and research endeavours within the pharmaceutical and biomedical sectors. The MIDD Pilot Program has been launched by the FDA's Centers for Drug Evaluation and Research (CDER) and Center for Biologics Evaluation and Research (CBER). The purpose of this initiative is to make it easier to construct and apply biological, statistical, and exposure-based models that are drawn from nonclinical and clinical data sources [17]. This methodology, known as model-informed drug development (MIDD), aims to enhance the drug development process by incorporating and leveraging various types of models based on data from both preclinical and clinical studies. The FDA also requests extramural contributions that address new regulatory scientific goals through channels such as a Broad Agency Announcement. Using external infrastructure and resources to provide information on how AI/ML is incorporated and evaluated in the drug development process is one such strategy.

EMA Regulations

In 2020, the General Data Protection Regulation (GDPR) of the European Union, the European Medicines Agency (EMA) conducted workshops to investigate the use of artificial intelligence (AI) in clinical trials and data exchange. These topics were incorporated into the work plan of the EMA and HMA Big Data Steering Group. The recommendations resulting from these discussions will be endorsed and further reinforced by the European Medicines Agency's network strategy extending through 2025. The European Medicines Agency (EMA) underwent a recent reorganization that involved establishing two task groups aimed at enhancing its expertise in digital technologies and data analytics, including artificial intelligence (AI) [18].

Additionally, The Artificial Intelligence Regulation, also referred to as the Artificial Intelligence Act, is a proposed law that was presented by the European Commission. The goal of this proposal is to create uniform rules that will control the creation, promotion, and application of AI systems inside the European Union. The approach outlined in the proposal is based on a reasonable risk assessment. The code of ethics developed by this group emphasizes the goal of achieving trustworthy AI, highlighting human review as an essential component (European Commission 2020b) [19,20]. However, there are various challenges that may limit the feasibility of human oversight, including a lack of AI expertise, concerns about potential inefficiency or hindrance of AI by human intervention, and the potential for AI systems to surpass human capabilities. The European Union's core principles could be impacted by the application of AI, which also has the potential to violate basic rights. Potential violations of rights like freedom of expression, freedom of assembly, human dignity, non-discrimination, data protection, privacy, the right to a fair trial, an effective legal recourse, and consumer protection are among the issues raised by the European Commission. These concerns may arise from issues such as biased data usage or flaws in the overall architecture of AI systems, especially in terms of human oversight (European Commission 2020b) [22].

AI tools in drug development

AI-based technologies have transformed into versatile tools with broad applications across various stages of



drug discovery. These applications include virtual screening, predictive toxicology, pharmacokinetic modeling, and clinical trial planning. AI is utilized for predicting synthetic routes of drug-like compounds, assessing pharmacological properties, understanding protein features and efficacy, exploring drug combinations, deciphering drug–target drug interactions, and repurposing drugs. By using omics analysis, it is possible to identify new pathways and targets by identifying associations between drugs and disorders. The multifaceted applications of AI contribute significantly to advancing drug development processes.

Virtual screening

artificial intelligence (AI) is instrumental in predicting protein-drug interactions, virtually testing and refining molecules, and assessing their bioactivities. AI aids in virtual screening by creating predictive models that identify substances with likely to bind to a target protein with high probability, utilizing various data types for training such models [23]. When developing new medications, AI considers physico-chemical characteristics like solubility, permeability, ionization, and partition coefficient. AI also provides insights into drug reaction mechanisms, suggests efficient chemical synthesis routes, and identifies potential undesirable interactions with other molecules [24]. In drug development, AI streamlines the refinement of candidate structures, improving their pharmacodynamics, pharmacokinetics, toxicological characteristics, and target specificity. The virtual chemical space with structural and ligand information enables cost-effective profile analysis, expedites lead structure exclusion, and accelerates drug development by minimizing the need for extensive laboratory work. Techniques like multi-objective optimization help fine-tune molecules in desired directions, while molecular dynamics modeling and docking techniques simulate the orientation, stability, and dynamics of molecules [25].

Toxicity Prediction

AI systems, utilizing analyses of molecular properties and chemical structures, have the capability to predict the toxicity of drugs. Machine learning algorithms, trained on toxicological databases, can identify potentially hazardous structural features or anticipate adverse

consequences. This allows researchers to minimize the risk of undesirable reactions during clinical trials and prioritize the development of safer compounds. Medicinal chemists, in particular, are enthusiastic about the potential of AI platforms that can predict the in vivo safety profile and both on- and off-target effects of drugs before their actual production. Such platforms contribute to reducing the time, cost, and attrition rates associated with drug development. Examples of these platforms include Deep Tox, which predicts the toxicity of novel drugs, and ProCTOR, which forecasts the likelihood of toxicity in clinical trials [26,27].

Pharmacokinetic modeling

Machine learning (ML) and deep learning (DL) algorithms find extensive use in predicting pharmacokinetic parameters, particularly in the domain of drug absorption, distribution, metabolism, and excretion (ADME). Various ML techniques, such as Bayesian models, random forest, Artificial neural networks, decision trees, and support vector machines have all been used for this. Further, DL techniques including Recurrent Neural Networks (RNNs), Long Short-Term Memory (LSTM), and Convolutional Neural Networks (CNNs) are widely used in the prediction of pharmacokinetic parameters like drug half-life, volume of distribution, clearance, absorption, and bioavailability. In the context of pharmacokinetics, a computational approach known as Quantitative Structure-Activity Relationship (QSAR) leverages a molecule's chemical structure to forecast the biological activity of it. This method proves valuable in predicting key characteristics like solubility, permeability, and metabolism of drugs.

Clinical trial design

An ideal artificial intelligence (AI) technology for supporting clinical trials should possess the capability to identify the patient's condition, identify specific targets for genes, and forecast the effects of both on-target and off-target molecules. Ai Cure is a novel artificial intelligence platform that was created as a mobile application to track medication adherence in a Phase II experiment with participants who have schizophrenia. Ai Cure is a novel artificial intelligence platform that was created as a mobile application to track medication



adherence in a Phase II experiment with participants who have schizophrenia. According to reports, Ai Cure demonstrated a 25% improvement in adherence compared in contrast to the conventional "modified directly observed therapy" [28]. Selecting the right patients is a crucial aspect of clinical trials. Analyzing the correlation between in vitro phenotypes and human-relevant biomarkers provides a more consistent and measurable assessment of the uncertainty surrounding treatment outcomes in individual patients. The development of AI methods to recognize and forecast illness biomarkers relevant to humans makes it easier to enrol particular patient groups in Phase II and III clinical trials. The success rate of clinical trials may be increased by using AI predictive modeling in patient population selection [29,30].

AI in validation strategies

In the domain of medical software, validation pertains to the verification, bolstered by impartial proof, that the prerequisites for a specific goal or function have been accomplished. The term "validation" can be understood in two distinct ways:

1.Narrow Validation: This involves confirming whether the medical software has been constructed correctly to meet its intended use or purpose. The intended use depends on factors such as users, context, patient group, and the medical purpose. Narrow validation typically occurs towards the end of the product development life cycle and is conducted using a black box methodology. The ISO 9000 definition aligns with this narrow validation.

2.Broad Validation: Also known as validation in a broader sense, it encompasses not only narrow validation but also a more extensive range of activities leading to narrow validation. In this case, the goal of software validation is considered to be software quality assurance throughout the entire development process, ensuring that best practices and methodologies are employed in software development. These validation techniques involve an understanding of the inner workings of the software system, treating the program as a white box throughout its development. Comprehensive validation goes beyond testing the software for flaws or confirming

intended usage; it also aims to prevent errors from occurring in the first place [31].

Current Challenges and Opportunities

Challenges

1.Human Oversight: The need for human oversight suggests that AI algorithms are not infallible, and there's a requirement for human expertise to ensure that the generated insights align with ethical and safety standards. This is crucial in industries like drug development, where the consequences of errors can be severe.

2.Data Quality: The statement emphasizes that AI-generated Only the data used to train them can determine how good an insight is poor-quality lead to inaccurate predictions and potentially compromise the success of drug development efforts. Ensuring high-quality, unbiased, and representative data is a significant ongoing challenge in the field.

3.Collaboration and Transparency: Successful adoption of AI in drug development necessitates a collaborative and transparent approach. This highlights the importance of open communication and cooperation between AI developers, data scientists, and domain experts in the pharmaceutical field. Transparent processes help build trust and ensure that the technology is used responsibly.

4.Prioritizing Patient Safety: The paragraph stresses the importance of putting patient safety at the forefront. AI should not compromise on safety standards, and any insights generated by AI algorithms should undergo rigorous validation and verification processes to ensure they align with the requirements for effective drug development.

5.Effective Drug Development: While AI is a powerful tool, the paragraph underscores that it cannot replace human expertise and judgment. Human intuition, creativity, and deep domain knowledge are still crucial in making critical decisions in drug development. AI should complement human capabilities rather than replace them [32].

Opportunities

Drug development could be revolutionized by artificial intelligence (AI), which could make the process faster,



more effective, and more focused. AI combined with human knowledge, in the domains of toxicology specifically, pharmacology, and clinical research. The approaches for effective AI in drug development are examined in these opportunities, along with the significance of regulatory frameworks, data quality and transparency in AI algorithms, and cooperation between AI and domain experts. AI and domain experts working together can guarantee that AI algorithms are properly deployed and customized to the unique requirements of medication development. For AI algorithms to produce precise insights, high-quality data is a requirement. As

erroneous data might have serious effects, data quality is very critical in the drug development process. Thus, data must be thoroughly verified, and AI algorithms must be open and understandable. In order to guarantee that pharmaceuticals are both safe and effective for patients, regulatory frameworks are essential. Regulatory frameworks must change as artificial intelligence (AI) is employed more and more in drug development to guarantee that the insights it generates are sufficiently vetted and validated. The process of finding new therapeutic targets,

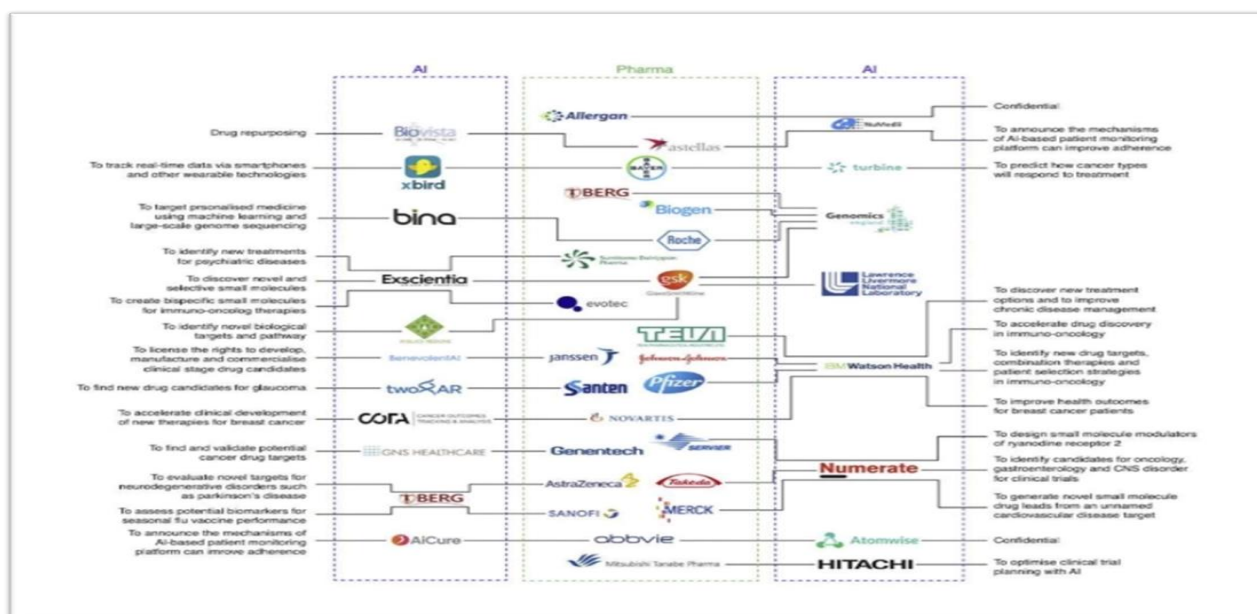


Fig.3 Partnership between Artificial Intelligence and Pharmaceutical companies and area of collaboration in drug development

improving drug candidates, and anticipating possible safety and effectiveness problems can all be greatly sped up using artificial intelligence (AI). AI can be used to determine which patient subgroups are more likely to benefit from a certain medication [32].

Conclusion:

The use of artificial intelligence has grown in strength in drug development, offering innovative solutions to enhance several facets of the procedure. While the potential benefits are substantial, challenges such as the need for human oversight, ensuring data quality,

fostering collaboration, transparency, and prioritizing patient safety must be addressed. The collaboration between AI and domain experts, adherence to robust regulatory frameworks, and the use of high-quality data are identified as key opportunities. The application of AI to drug development has the potential to accelerate the identification of therapeutic targets, improve drug candidates, and streamline safety and effectiveness assessments. Finding the ideal mix between artificial intelligence (AI) and human expertise is essential to achieving AI's transformational potential in terms of drug development process revolution.



References

1. Bishop, C.M. (2013) Model-based machine learning. *Philos. Trans. A Math. Phys. Eng. Sci.* 371 <http://dx.doi.org/10.1098/rsta.2012.0222>
2. VoPham, T. et al. (2018) Emerging trends in geospatial artificial intelligence (geoAI): potential applications for environmental epidemiology. *Environ. Health* 17, 40
3. Lee, J.-G. et al. (2017) Deep learning in medical imaging: general overview. *Korean J. Radiol.* 18, 570–584
4. Gun9 car, G. et al. (2018) An application of machine learning to haematological diagnosis. *Sci. Rep.* 8, 411
5. Koohy, H. (2017) The rise and fall of machine learning methods in biomedical research. *F1000 Res.* <http://dx.doi.org/10.12688/f1000research.13016.2>
6. Young, J.D. et al. (2017) Unsupervised deep learning reveals prognostically relevant subtypes of glioblastoma. *BMC Bioinf.* 18, 381
7. Chen, H. et al. (2018) The rise of deep learning in drug discovery. *Drug Discov. Today* 23, 1241–1250
8. Grys, B.T. et al. (2017) Machine learning and computer vision approaches for phenotypic profiling. *J. Cell Biol.* 216, 65–71
9. Labovitz, D.L. et al. (2017) Using artificial intelligence to reduce the risk of nonadherence in patients on anticoagulation therapy. *Stroke* 48, 1416–1419
10. Jiang, F. et al. (2017) Artificial intelligence in healthcare: past, present and future. *Stroke Vasc. Neurol.* 2, 230–243
11. Fleming, N. (2018) How artificial intelligence is changing drug discovery. *Nature* 557, S55–S57
12. Yuan, Y. et al. (2011) LigBuilder 2: a practical de novo drug design approach. *J. Chem. Inf. Model.* 51, 1083–1091
13. Zhu, T. et al. (2013) Hit identification and optimization in virtual screening: practical recommendations based on a critical literature analysis. *J. Med. Chem.* 56, 6560–6572
14. Anderson, A.C. (2012) Structure-based functional design of drugs: from target to lead compound. *Methods Mol. Biol.* 823, 359–366
15. Hall, D.R. et al. (2012) Hot spot analysis for driving the development of hits into leads in fragment-based drug discovery. *J. Chem. Inf. Model.* 52, 199–209
16. Alanine, A. et al. (2003) Lead generation-enhancing the success of drug discovery by investing in the hit to lead process. *Comb. Chem. High Throughput Screen.* 6, 51–66
17. Using Artificial Intelligence & Machine Learning in the Development of Drug & Biological Products - Discussion Paper and Request for Feedback, April 2019. <https://www.fda.gov/science-research/science-and-research-special-topics/artificial-intelligence-and-machine-learning-aiml-drug-development>
18. https://www.ema.europa.eu/en/documents/work-programme/workplan-hma/ema-joint-big-data-steering-group_en.pdf
19. https://www.ema.europa.eu/documents/report/european-union-medicines-agencies-network-strategy-2025-protecting-public-health-time-rapid-change_en.pdf
20. <https://www.ema.europa.eu/en/about-us/who-we-are/task-forces>
21. <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A52021PC0206>
22. Informal Innovation Network Horizon Scanning Assessment Report – Artificial Intelligence 6 August 2021, Page No. 9-10. <https://www.ema.europa.eu/en/news/artificial-intelligence-medicine-regulation>
23. Álvarez-Machancoses Ó., Fernández-Martínez J.L. Using artificial intelligence methods to speed up drug discovery. *Expert Opin. Drug Discov.* 2019;14(8):769–777. [PubMed] [Google Scholar]
24. Zang Q., Mansouri K., Williams A.J., Judson R.S., Allen D.G., Casey W.M., Kleinstreuer N.C. In silico prediction of physicochemical properties of environmental chemicals using molecular fingerprints and machine learning. *J. Chem. Inf. Model.* 2017;57(1):36–49. [PMC free article] [PubMed] [Google Scholar]
25. Nicolaou C.A., Brown N. Multi-objective optimization methods in drug design. *Drug Discovery Today. Technologies.* 2013;10(3): e427–e435. [PubMed] [Google Scholar]
26. Mayr, A. et al. (2016) DeepTox: toxicity prediction using deep learning. *Front. Environ. Sci.* 3, 80



27. Gayvert, K.M. et al. (2016) A data-driven approach to predicting successes and failures of clinical trials. *Cell. Chem. Biol.* 23, 1294–1301
28. Bain, E.E. et al. (2017) Use of a novel artificial intelligence platform on mobile devices to assess dosing compliance in a Phase 2 clinical trial in subjects with schizophrenia. *JMIR Mhealth Uhealth* 5, e18
29. Perez-Gracia, J.L. et al. (2017) Strategies to design clinical studies to identify predictive biomarkers in cancer research. *Cancer Treat. Rev.* 53, 79–97
30. Deliberato, R.O. et al. (2017) Clinical note creation, binning, and artificial intelligence. *JMIR Med. Inf.* 5, e24
31. Dr. David C. Higgins. Validation of artificial intelligence containing products across the regulated healthcare industries.
32. Yash Garg. (2022) Artificial Intelligence in Drug Development: Opportunities, Challenges, and Considerations for Successful Adoption. (IJSR) ISSN: 2319-7064