

A man in profile on the left, wearing a white turtleneck, is looking towards a digital wireframe human figure on the right. The wireframe figure is composed of a grid of lines and is positioned as if it is a digital twin of the man. The background is a light blue gradient with some digital patterns.

AI in Drug Development

—CDER Office of Medical Policy

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Artificial Intelligence (AI): a branch of computer science, statistics, and engineering that uses algorithms or models to perform tasks and exhibit behaviors such as learning, making decisions and making predictions



Final Document

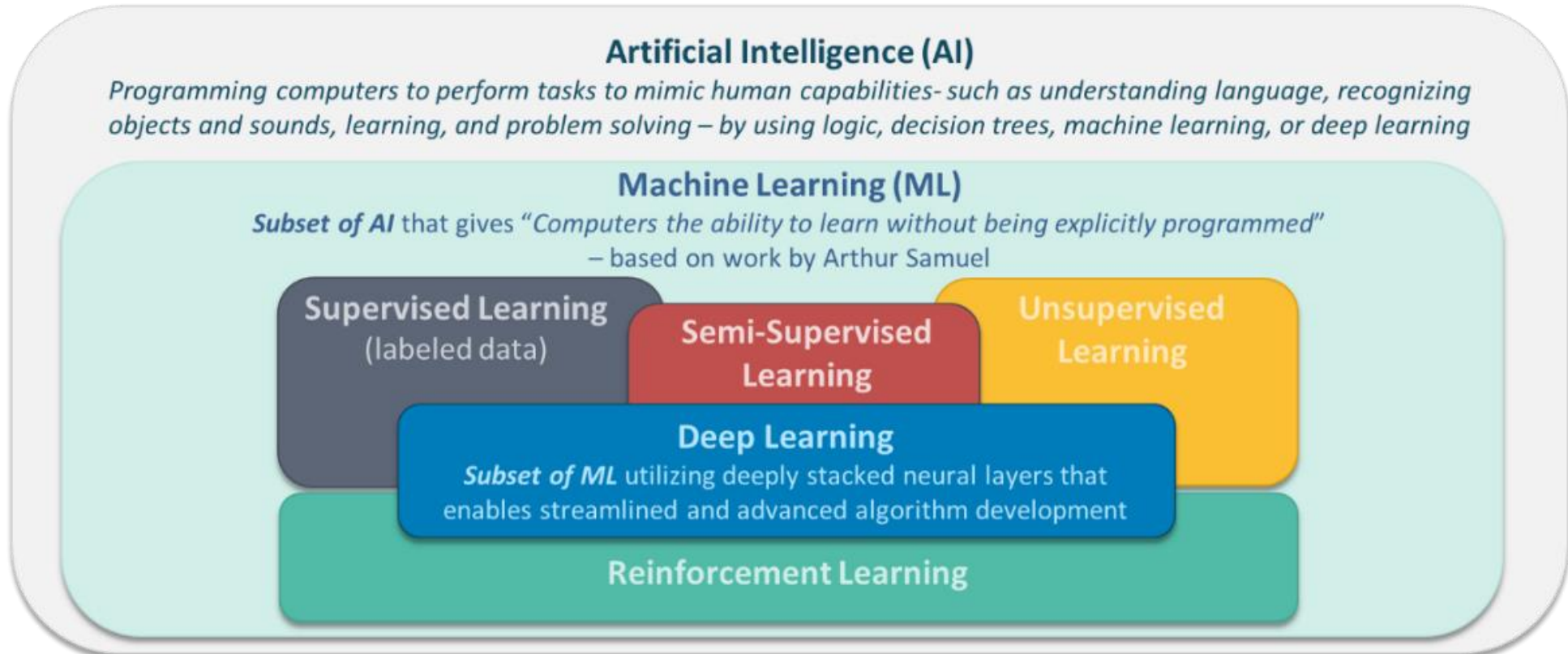
IMDRF/AIMD WG/N67

Machine Learning-enabled Medical Devices: Key Terms and Definitions

AUTHORING GROUP

**Artificial Intelligence Medical Devices (AIMD) Working
Group**

Machine Learning (ML): A subset of AI that allows ML models to be developed by ML training algorithms through analysis of data, without models being explicitly programmed



※ The descriptions within the diagram are not definitions, and are included to convey a general sense of the technology.

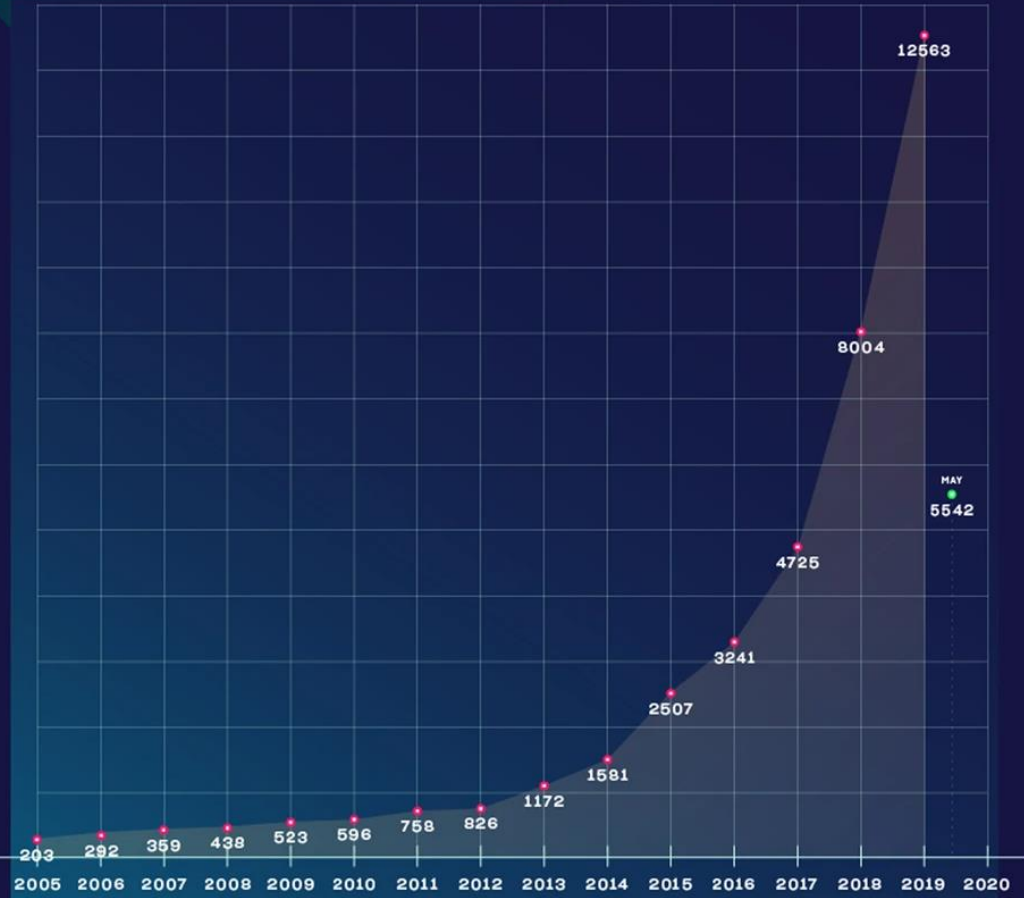
Drivers behind the growth in AI health applications

- Large datasets (e.g., administrative data, EHRs, registries, etc.)
- Diverse and multimodal datasets (e.g., DHTs, genomic, laboratory, imaging, etc.)
- Improvements in data standards (e.g., ICD-10, LOINC, NDCs, UMLS, FHIR/HL7, OHDSI, etc.)
- Improved data interoperability and healthcare data exchange
- Increased computing power
- Advancements in data privacy preserving approaches
- Breakthroughs in methods (e.g., deep neural networks, reinforcement learning, Generative adversarial networks, Variational autoencoders, etc.) and causal inference approaches (e.g., structural causal models and causal Bayesian networks)

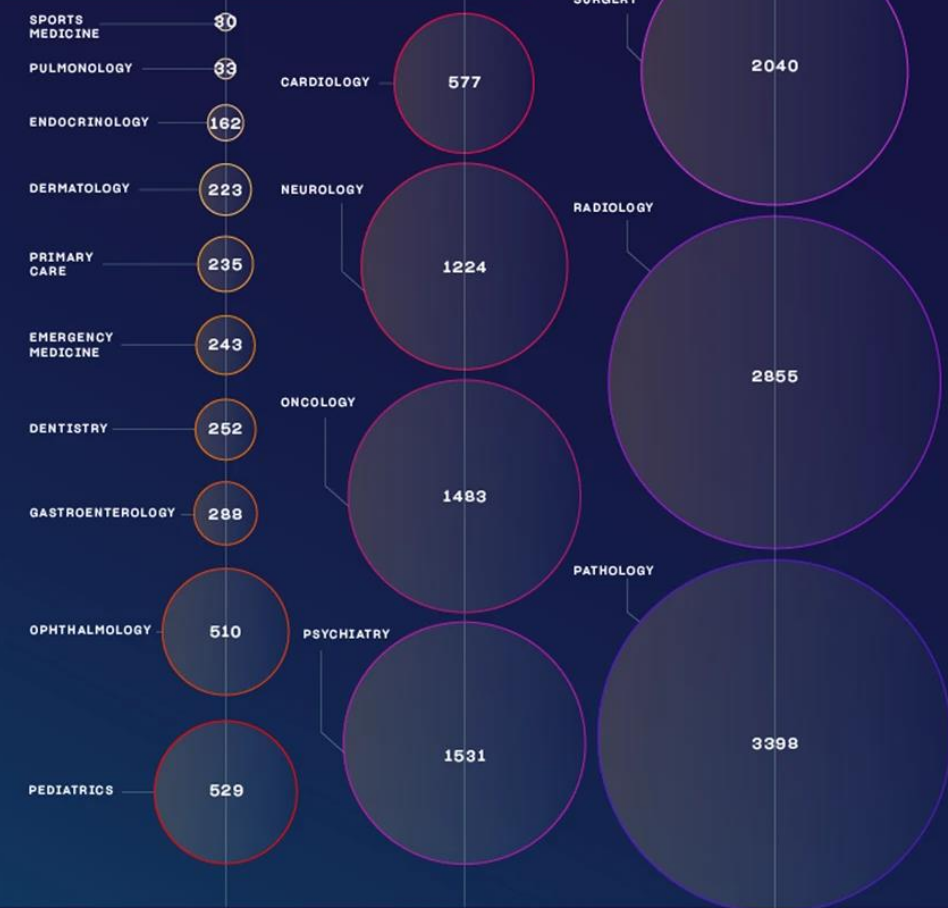
Number of medical AI studies by year from 2010 to 2020; and by medical specialties

MACHINE AND DEEP LEARNING STUDIES ON PUBMED.COM

TOTAL NUMBER OF STUDIES

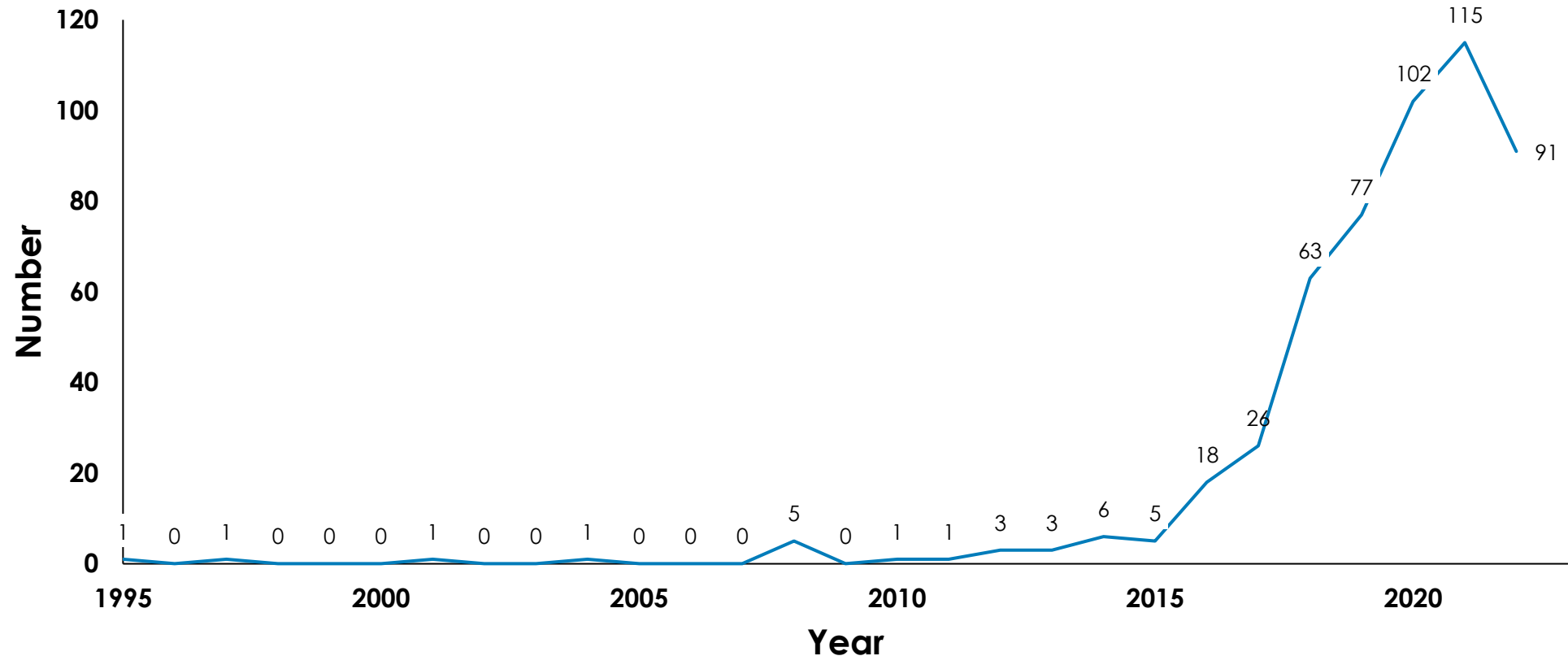


STUDIES PER SPECIALTY



FDA's CDRH has authorized over 500 AI/ML enabled devices

Number of AI/ML-enabled devices by year of FDA decision date



Discovery and Development



- Drug Target Identification, Selection, and Prioritization
- Compound Screening and Design

Preclinical Research



Pharmacokinetic (PK), pharmacodynamic (PD), and toxicologic studies

Clinical Research

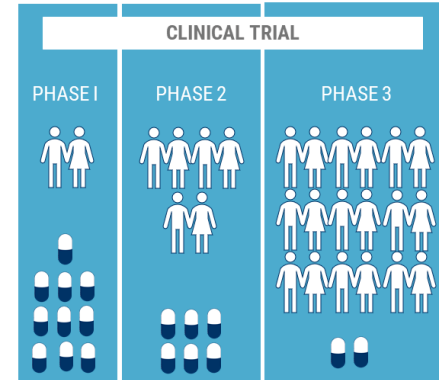


Image source: cbinsights.com

- Dose optimization
- Recruitment and selection
- Adherence
- Retention
- Site selection
- Data collection, management, and analysis
- Clinical endpoint assessment

Manufacturing and Post-Market Safety Monitoring



- Advanced pharmaceutical manufacturing
- Post-market safety surveillance or pharmacovigilance (PV)

FDA's **CDER** has seen a rapid increase in drug regulatory submissions with AI/ML components

Count of regulatory submissions for drug development with key terms “machine learning” or “artificial intelligence” from 2016 to 2021

Submission Type (n)	Year					
	2016	2017	2018	2019	2020	2021
IND	1	1	2	5	11	128
NDA, ANDA, BLA	-	-	1	2	2	2
DDT, CPIM	-	-	-	-	1	2

Drug Development Stage (n)	Year					
	2016	2017	2018	2019	2020	2021
Discovery and Development	-	-	-	-	1	3
Preclinical Research	-	-	-	-	-	8
Clinical Research	1	1	3	5	12	118
Post-Market Safety Monitoring	-	-	-	2	1	3

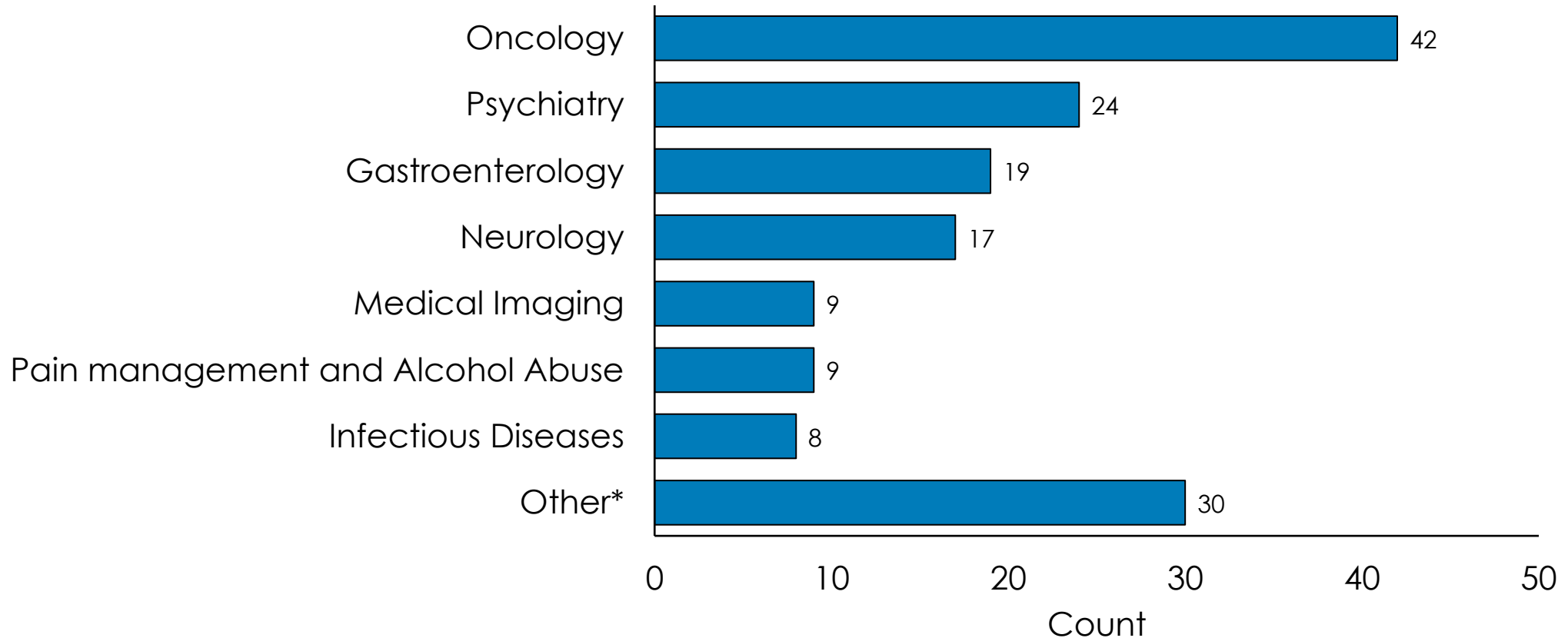
ABBREVIATIONS: Investigational New Drug (IND); New Drug Application (NDA), Abbreviated New Drug Application (ANDA), Biologics License Application (BLA); Drug Development Tool (DDT) Qualification Programs, Critical Path Innovation Meeting (CPIM)

SOURCE: Internal databases maintained by the FDA Center for Drug Evaluation and Research (CDER)

FDA's **CDER** has seen a rapid increase in drug regulatory submissions with AI/ML components

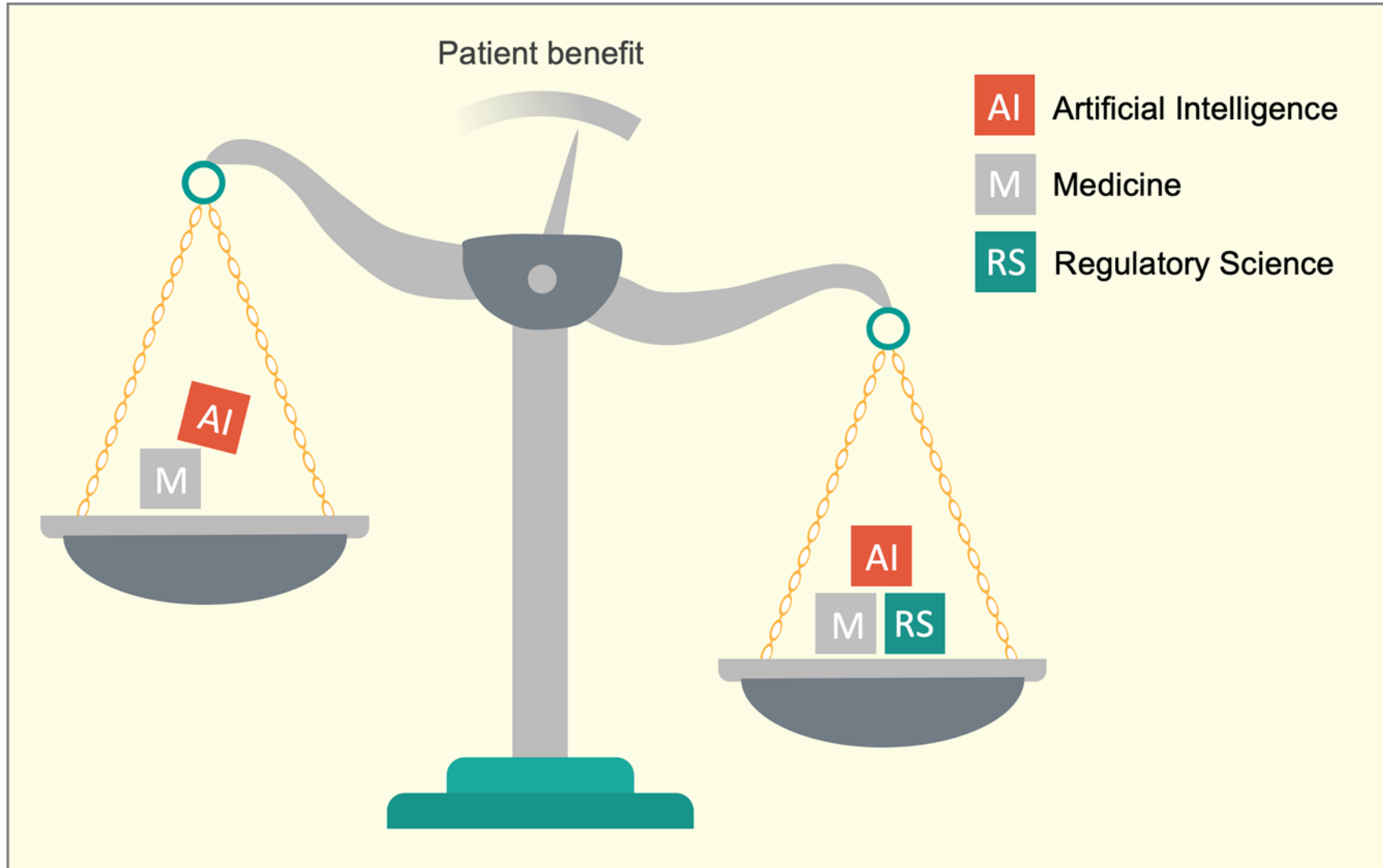


Regulatory submissions with key terms ML or AI by Therapeutic Area



- AI or ML approach can only ever be as good as the underlying data:
 - Scarcity of high-quality, large-scale, and fit-for-purpose datasets for development and testing
 - Identification and mitigation of bias in datasets
 - poor generalization due to dataset shift, to overfitting to confounders
- Black box algorithms
- Ensuring transparency to users
- Providing oversight/governance for adaptive algorithm
- Need for regulatory clarity in certain areas

Advancing regulatory science in this space can help us promote innovation and public health



FDA's efforts in this area? Center for Devices and Radiological Health (CDRH)



CDRH's Good Machine Learning Practice for Medical Device Development: Guiding Principles

1 Multi-Disciplinary Expertise Is Leveraged Throughout the Total Product Life Cycle

6 Model Design Is Tailored to the Available Data and Reflects the Intended Use of the Device

2 Good Software Engineering and Security Practices Are Implemented

7 Focus Is Placed on the Performance of the Human-AI Team

3 Clinical Study Participants and Data Sets Are Representative of the Intended Patient Population

8 Testing Demonstrates Device Performance During Clinically Relevant Conditions

4 Training Data Sets Are Independent of Test Sets

9 Users Are Provided Clear, Essential Information

5 Selected Reference Datasets Are Based Upon Best Available Methods

10 Deployed Models Are Monitored for Performance and Re-training Risks Are Managed

FDA's efforts in this area?

Center for Drug Evaluation and Research (CDER)



- CDER actively collaborates with CDRH, CBER, and other centers on issues related to AI/ML in medical product development to ensure consistency whenever possible
- CDER established an AI Steering Committee in 2020 to facilitate effective use and sustainment of AI in CDER's decision-making and operations
- Next steps: workshops, white papers, discussion paper, harmonizing and tailoring GMLP to drug development, support development of regulatory science methods
- **Our goal: to develop and adopt a flexible risk-based regulatory framework that promotes innovation and protects patient safety**

Thank you