Improve Pharmacovigilance by Releasing the Power of Generative AI for Drug Safety Monitoring

1.Miss. Gayatri Mahale, 2.Mr. Nikhil Chaudhari, 3. Mr. Utkarsh Mandage, 4. Miss. Jagruti Patil, 5. Miss. Snehal Chaudhari, 6. Mr. Harshal Borse, 7. Mr. Dr. Pankaj Chaudhari, 8. Miss. Sarita Beldar

Abstract- Throughout the whole life cycle of a pharmaceutical product, pharmacovigilance is essential for guaranteeing drug safety and advancing patient wellbeing. However, this subject confronts a number of difficulties, such as underreporting of unfavourable events, poor data quality, and the difficulty of signal detection in massive datasets. There is rising interest in utilising the potential of generative artificial intelligence (AI) tools to address these issues and improve medication safety monitoring. This article investigates the uses and effects of generative AI in pharmacovigilance. addition to demonstrating their capacity to evaluate drug databases, medical literature, and real-world data sources to detect medication interactions, adverse events, and potential safety signals, it gives an overview of common generative models and explains how they function. Additionally, it emphasises the value of expert oversight and human validation when interpreting and acting on the insights produced by generative AI systems. Combining generative AI's computational capability with human expertise results in a synergistic approach when it is used with conventional pharmacovigilance techniques. Improved signal identification, effective case report production, pro-active risk assessment, and optimal resource allocation are all possible outcomes of this integration. The essay also discusses difficulties with data quality, interpretability, and model validation in generative AI applications, highlighting the necessity of standardised procedures and coordinated efforts from all parties. Overall, generative AI has enormous potential for pharmacovigilance.

INTRODUCTION

The discipline of pharmacovigilance is only one where generative artificial intelligence (AI) has found use as a potent tool with a wide range of applications. The basic objective of pharmacovigilance is to monitor and ensure the safety of pharmaceuticals and medical devices by identifying, evaluating, comprehending, and avoiding side effects and other drug-related issues. The application of generative AI to pharmacovigilance has the potential to fundamentally alter how drug

safety is handled and monitored, bringing fresh perspectives and solutions to enhance patient outcomes. We will examine the fundamentals of generative AI and its uses in pharmacovigilance in this thorough investigation. We'll start by giving a thorough introduction to generative AI, outlining its guiding principles, and showcasing a range of generative models currently being used in the industry. The discussion will next shift to pharmacovigilance, where we will examine its significance, difficulties, and current approaches of detecting adverse events and maintaining safety.

Selection of Articles

The use of artificial intelligence in patient safety and/or pharmacovigilance was discussed in any scientific article that was reviewed.

1) Criteria for Inclusion:

Articles must be published between January 1, 2015 and July 9, 2021, be in the English language exclusively, and must deal with the identification, characterization, assessment, or management of signals.

2) Criteria for exclusion:

papers containing insufficient information (such as abstracts or posters without the full text), letters to the editor, notes, commentaries, and duplicate papers were among the removal criteria.

Resources and Methods

This article material was defined and created using a methodical methodology. It discusses the usage of generative AI in pharmacovigilance. The following steps were taken:

 Literature Analysis: A thorough search was undertaken to locate significant research papers, review articles, regulatory documents, and other reliable sources about generative AI and its use in pharmacovigilance. The websites of regulatory authorities as well as databases like PubMed and

423

Google Scholar were used to uncover a wide range of scholarly and trustworthy sources.

- 2. Data Synthesis: Key details of generative adversarial networks (GANs), variational autoencoders (VAEs), and transformer-based models, among other generative AI models, were taken from the thoroughly reviewed articles and synthesised and arranged to offer a cogent summary. The content addressed the operational theories, architectural layouts, and applications in pharmacovigilance. drug safety monitoring with generative AI. commonalities, contrasts, and distinguishing features of the various generative models were highlighted, along with their specialised applications and benefits in drug safety monitoring.
- analysis of the issues: The problems with pharmacovigilance, including underreporting, poor data quality, and signal detection in large datasets, were identified after a thorough examination of the literature. We examined these issues, their effects, and potential solutions using generative AI.
- 5. Organisation of the Document: The obtained data, synthesised information, and analysis of challenges were grouped into a cohesive structure to present a full overview of generative AI in pharmacovigilance. Prior to delving deeply into the architectures and applications of generative AI models in drug safety monitoring, the manuscript was created to provide readers with a complete understanding of the concept, distinctions, and operating principles of these models. Finally, the challenges of pharmacovigilance and potential remedies employing generative AI were highlighted. The concepts and techniques utilised in this article text were defined by a careful examination of the literature and reliable sources thanks to the methodical approach. It was made simpler to provide a thorough and well-structured overview of generative AI and its effects on pharmacovigilance.

data-producing artificial intelligence: A class of AI models and algorithms known as generative artificial intelligence (AI) are created to produce fresh, synthetic data that closely mimics a specified training dataset. Generative AI models try to produce fresh data samples with traits like the training data, in

contrast to other AI techniques that concentrate on tasks like classification, regression, or pattern recognition. The main distinction between generative AI and other AI techniques is in the goals they are trying to achieve. Unlike generative models, which concentrate on understanding the underlying structure of the training data and creating new samples that accurately represent it, discriminative models, like conventional machine learning algorithms, try to categorise or predict labels based on given inputs. Let us explore some well-known generative models:

- 1. GANs, or generative adversarial networks: A generator and a discriminator are the two primary parts of a GAN. To trick the discriminator, the generator creates synthetic samples using random noise as input. Contrarily, the discriminator seeks to discriminate between authentic and artificial samples. The generator and discriminator advance iteratively through an adversarial training process, with the generator progressively creating more realistic samples. GANs have been effectively employed to produce lifelike images, movies, and sounds.
- 2. VAEs, or variable autoencoders: Autoencoders are the foundation of VAEs, which are generative models. A decoder network reconstructs the original data from the latent space in an autoencoder, which is made up of an encoder network that compresses the input data into a lower-dimensional representation (latent space). VAEs expand this architecture by giving the latent space a probabilistic component. By learning to encode data into a distribution in the latent space, they can create new samples by selecting samples from that distribution. Images, text, and other complex data kinds are frequently produced by VAEs.

Pharmacovigilance: Challenges and its Importance
The research and practises surrounding the identification, evaluation, comprehension, and prevention of side effects or any other drug-related issues are referred to as pharmacovigilance. Throughout the course of a pharmaceutical product's life cycle, it is essential for ensuring drug safety and advancing patient wellbeing. The importance of pharmacovigilance and the main difficulties it now faces are summarised here.

Pharmacovigilance: Its Importance:

1. Patient Security: Pharmacovigilance is crucial for keeping track on the security of medicines once they are on the market. It ensures patient safety by assisting in the identification and reduction of potential dangers related to the use of drugs.

- 2. Early Adverse Event Identification: Pharmacovigilance permits the early discovery of novel or rare adverse reactions that could not have been seen during clinical trials by methodically gathering and analysing data on reported adverse events. If necessary, this information may result in regulatory proceedings, label revisions, or even the removal of medications from the market.
- 3. Benefit-Risk Analysis: The constant assessment of how well pharmaceutical treatments balance their risks and benefits is aided by pharmacovigilance. It offers useful information to evaluate the efficacy and safety of medications, enabling regulatory agencies and healthcare providers to make knowledgeable choices about their use.
- 4. Protection of public health: Pharmacovigilance's timely detection and dissemination of drug safety concerns aid in the preservation of public health. It enables the execution of suitable risk-mitigation measures, such as prescription adjustments, warnings, or awareness-raising campaigns.

Problems with pharmacovigilance:

- 1. Underreporting: The underreporting of adverse events is one of the main difficulties in pharmacovigilance. Patients and healthcare providers frequently reluctant to report potential adverse reactions, which results in insufficient data. This makes it more difficult to adequately identify and evaluate a drug's genuine safety profile [9, 11].
- 2. Data Reliability: Pharmacovigilance depends on reported data being accurate and comprehensive. Risk assessment and signal detection can both be impacted by incomplete or erroneous information. The quality of the data may be further hampered by variations in the systems used for data collecting and reporting across various geographic areas and healthcare settings [1].
- 3. Large-Scale Dataset Signal Detection: Finding useful indicators of potential dangers is more difficult due to the growing amount of data in pharmacovigilance databases. Large datasets must be analysed using sophisticated statistical and data mining techniques in order to distinguish between random events and real signals [7].

4.Causality Evaluation: It is difficult to establish the cause-and-effect connection between a medicine and a negative outcome. Multiple factors, such as underlying illnesses, concurrent drugs, or patient-specific elements, can contribute to adverse effects. It is a difficult undertaking to establish causation since it calls for comprehensive assessment and analysis of numerous actors [3, 5].

Generative AI applications in pharmacovigilance:

- Detection and Prioritisation of Adverse Events: Important elements of pharmacovigilance include signal prioritisation and adverse event identification. To ensure patient safety, one must be able to recognise and prioritise safety signals related to certain medications. Promising approaches to improve unfavourable event identification and prioritisation are provided by generative AI algorithms. The applications of generative AI for signal prioritisation and adverse event detection will be covered in this section.
- EHR (Electronic Health Record) Data Mining: A variety of patient data is included in electronic health records (EHRs), including details on medication prescriptions, diagnoses, and clinical outcomes. EHR data can be processed and analysed by generative AI models to find probable side effects linked to medications. These models consider several variables, including patient demographics, comorbidities, and concurrent drugs, to detect correlations between drug exposure and adverse outcomes. Generative AI can shed light on potential safety issues that would have gone missed using conventional techniques by analysing a sizable dataset [3, 12].
- Making Use of Data from Clinical Trials: Data from clinical trials is yet another important source for pharmacovigilance. To discover adverse events connected to the investigational medications, generative AI models can be used to analyse and interpret clinical trial data. These models can help in the identification of adverse events that would have gone unnoticed during the trial or the identification of signals that appear only after the medicine is given to a bigger population. Generative AI can improve safety monitoring during the medication development process by analysing a wide variety of clinical trial data [3, 5, 10].

425

- Recognition of Safety Signals Early: In order to enable prompt interventions, generative AI models can help in the early detection of safety warnings. These algorithms can find new patterns or unexpected connections between medications and adverse events by routinely analysing data from many sources, such as adverse event reports, EHRs, and clinical trial data. For proactive actions like updating drug labels, issuing warnings, or doing more research, early detection of safety signals is essential [2, 10, 12].
- Analysis of signals and trends: Machine learning algorithms from Gen AI are effective tools for trend analysis and signal detection. The AI system can analyse enormous volumes of adverse event data from numerous sources and spot trends, correlations, and significant safety flags that might not be obvious using more conventional manual methods. Gen AI can identify new safety signals linked to medications or treatments by analysing data from a variety of dimensions, including drug names, therapeutic regions, patient demographics, and geographic locations. With this ability, pharmacovigilance specialists can proactively address possible safety hazards before they worsen, improving patient safety and general health. The prediction skills of Gen AI can also identify potential patterns and dangers in safety data.
- Automatic Validation and Quality Assessment of Data: For pharmacovigilance to be effective, adverse event data must be accurate and reliable. By comparing provided information with alreadyexisting databases, medical terminology, and safety standards, Gen AI may automate the data validation process. The AI system can verify the accuracy and coherence of adverse event reports, highlighting any discrepancies or missing data for additional examination and rectification by pharmacovigilance specialists. The possibility of errors and inaccuracies in the analysis is decreased by this automated data validation, which makes sure that only reliable and highquality data are used in the safety evaluation. Additionally, Gen AI's capabilities for evaluating data quality are crucial for preserving the accuracy of pharmacovigilance data. The AI technology helps to streamline the database,

- making it more effective and dependable for safety evaluations, by finding missing or duplicate data.
- System for Cognitive Decision Support: Gen AI is used by pharmacovigilance specialists as a cognitive decision support system. Gen AI enables experts to make data-driven decisions with more assurance by delivering pertinent safety information, potential risk factors, and safety alerts in an approachable style. In addition to streamlining the decision-making process, this decision support system also facilitates comprehension of the underlying safety implications.

• Risk evaluation and forecasting:

In order to forecast the risks that medications will have for a given patient, generative AI approaches can be used to integrate clinical, genetic, and demographic data. Generative AI models can pinpoint patients who might be more susceptible to unfavourable outcomes by considering a variety of variables. Here are some examples of how generative AI might help with risk assessment and prediction:

- 1. Integration of Data: To build thorough patient profiles, generative AI systems can combine many data sources, including clinical data, genetic profiles, and electronic health records. The models can find patterns, correlations, and risk factors related to bad events by aggregating and analysing these datasets.
- 2. Individualised Risk Assessment: Machine learning techniques can be used by generative AI models to create risk prediction models that are specific to each patient. The patient's demographics, medical history, genetic markers, concurrent medications, and lifestyle factors are all considered by these models. Generative AI can calculate the risk of unfavourable outcomes for a certain patient by examining these factors [5,10].
- 3. Treatment Enhancement: By taking the patient's risk profile into account when prescribing pharmaceuticals, generative AI can help with treatment optimisation. Healthcare workers can choose drugs, change dosages, or use therapeutic interventions with more knowledge if risk projections

are incorporated into clinical decision-making [5,10]. By identifying patients who can benefit from tailored monitoring, alternative treatment options, or preventive interventions, generative A-driven risk assessment and prediction enable personalised medicine methods, improving health outcomes.

Benefits of Combining Existing Pharmacovigilance Practises with Generative AI:

- ❖ Increased Effectiveness and Scalability: Using generative AI in conjunction with conventional pharmacovigilance procedures improves scalability and efficiency. Large data quantities may be processed fast by generative AI algorithms, allowing for the study of various data sources and the detection of safety signals that might have gone unnoticed by manual approaches alone. Pharmacovigilance teams can handle larger datasets and adjust to the rising number of adverse event reports because to this scalability [10].
- A better signal detection and prioritisation system: Data may be thoroughly analysed by generative AI systems, which can also spot emergent safety signs and patterns. Signal detection and prioritisation are improved when generative ΑI is used with current pharmacovigilance procedures. The algorithms can analyse and interpret data from a variety of sources, including unstructured data, to spot potential security issues. Human specialists can then examine, validate, and prioritise the generated insights to make sure the most urgent safety alerts are swiftly addressed [4].
- Improvements in Decision-Making and Patient Results: Decision-making is improved and patient eventually outcomes are improved incorporating generative AI with current pharmacovigilance practises. Pharmacovigilance professionals may benefit from having a deeper understanding of drug safety profiles thanks to the generated insights, which will help them decide how to label medications, implement riskreduction measures, or alter patient care. The safety and wellbeing of the patient can be guaranteed by more proactive and effective actions as a result of this integration [5].
- Permanent Learning and Development: Combining generative AI with conventional pharmacovigilance procedures establishes a feedback loop for ongoing learning and

development. The performance of the algorithms can be validated or improved with input from human experts on the insights produced. This method encourages continuous iterative advancements in generative ΑI models, increasing their precision, dependability, requirements alignment with the pharmacovigilance [3, 6, 10].

AI Is Required for Drug Safety and Toxicology In PV Future toxicity and safety standards will consider polypharmacy, pre-clinical drug safety, and postmarketing surveillance; as a result, ML and DL will be used. From 2008 to 2017, 321 new medications were approved by the FDA. The FDA Adverse Event Reporting System (FAERS) collected 10 million AE reports during that time, of which 5.8 million were serious reports and 1.1 million were associated to fatalities. Assessing AE reports for the most recent data on drug safety after a new medicine has been licenced but before it has undergone clinical trials, confirming that it is safe, and then being sold is a PV task. However, it is impossible to examine every drug's effect and evaluate adverse events in populations. As a result, agencies now haphazardly employ databases of AE reports and conduct follow-up analyses. Drug preclinical evaluation is done prior to clinical trials in order to identify drug toxicity, which is the discovery of AES of drug components on humans, animals, and the environment. Target-based prediction and QSAR can be used to assess toxicity. PV uses NLP neural nets for multi-task learning and attention techniques. Recently, they have used annotated datasets to predict ADEs in cheminformatics. Using GANs (Generative Adversarial Network) type of ML model, molecule with own desired chemical properties arises for drug safety in silico (9).

Software: Tools for predicting toxicity that are opensource include Target ox and Proctor. The nearest protein bound to the medication is determined using Target ox data that detect protein targets and boosting gradients that reveal toxicity scores. Target ox can therefore produce toxicity predictions and data on protein networks. The target-based toxicity prediction programme Proctor also forecasts the score for chemical characteristics. In comparison to Target ox, it includes many more features, including 48 variables, 50 decision trees, and outcome prediction. To forecast toxicity, it can make use of a variety of target- and structure-based features (15).

Post-Marketing Monitoring: The Naranjo algorithm, Venule algorithm, and WHO-UMC system are some of the traditional techniques used to evaluate and assess AEs. FAERS cannot be used as mining methods to identify AEs in post-marketing PV, hence information extraction requires AI techniques.

- Mining EHR: The diagnostic process, drug codes, ongoing lab tests, semi-structured and unstructured medical reports, and notes are all included.
- 2. HER data that is structured: The Bayesian method represents the effect of drugs-using primary care data and prescription; Zhao et al. assign nine strategies about how to use drugs, diagnoses, and measure features for ADR prediction; and structure data has the big advantage that it is easily pre-processed for ML and DL algorithms (16)(17).
- Early-stage toxicity: For this, ML algorithms are used, which analyse models at low levels of complexity and provide information on the mechanism of action and drug toxicity. Consider logistic regression.
- Postmarked security: DL algorithm, which has a high order of complexity and is utilised for clinical decision making and safety evaluations, is employed in postmarked safety. CNN, RNN, etc.

Regulatory Frameworks and Guidelines:

- GDPR: General Data Protection Regulation: The European Union's (EU) GDPR, which governs how personal data is collected, processed, and protected, offers standards in several areas. For patient data privacy, data reduction, and secure data storage and transfer, organisations adopting generative AI in pharmacovigilance must adhere to GDPR requirements.
- ➤ HIPAA, or the Health Insurance Portability and Accountability Act: The purpose of HIPAA regulations in the US is to protect patient health information. When gathering, keeping, and processing patient data for generative AI analysis, organisations must adhere to HIPAA regulations. HIPAA guarantees the privacy, accuracy, and accessibility of protected health information.
- Guidelines for Ethical Use of AI in Healthcare: The World Health Organisation (WHO) and the European Commission, among other

- organisations, have published ethical standards for AI in healthcare. These recommendations emphasise the significance of openness, responsibility, equity, and human oversight in the design and implementation of AI systems. When employing generative AI in pharmacovigilance, organisations should abide by these rules.
- Regulations issued by Regulatory Agencies: Guidelines for the use of AI in healthcare and pharmacovigilance are provided by regulatory organisations like the European Medicines Agency (EMA) and the U.S. Food and Drug Administration (FDA). The regulatory requirements, data specifications, and validation procedures for AI-driven systems are described in these guidelines. The responsible use of generative AI in pharmacovigilance is supported by adherence to these rules, which guarantees compliance. To ensure compliance, protect patient privacy, and encourage responsible and ethical use of generative AI in pharmacovigilance, pharmacovigilance organisations should keep up with changing ethical norms and regulatory frameworks. The field may take advantage of generative AI's promise while prioritising patient welfare and privacy by resolving these ethical issues and adhering to pertinent laws.

CONCLUSION

In conclusion, pharmacovigilance is essential for guaranteeing the safety of medications and preserving patient wellbeing. It entails the identification, evaluation, comprehension, and prevention of unfavourable effects or any other drug-related issues. Pharmacovigilance is important, however there are several issues that need to be resolved. Underreporting, in which patients and healthcare providers are reluctant to report adverse events, is one of the major problems. This results in insufficient data. Another issue is data quality, as insufficient or faulty data can make it more difficult to detect signals and determine the risk of an event. Further difficulties include determining the causal relationship between medications and adverse occurrences and signal discovery in massive datasets. Pharmacovigilance programmes must succeed if stakeholders are to collaborate effectively on a global scale. These difficulties can be overcome, and pharmacovigilance

procedures can be improved, with the help of generative AI. Pharmacovigilance can gain from improved adverse event detection and signal prioritisation by utilising the capability of generative AI models like GANs, VAEs, and transformer-based models. To find new safety signals and rank them for additional research, these models can analyse adverse event reports, explore electronic health records, and use clinical trial data. Additionally, generative AI may automate the creation of case reports by quickly collecting pertinent data from unstructured data sources and producing structured case reports.

REFERENCE

- 1. Alla.F.. Rosilio.M.. Funck-Brentano, C., Barthélémy, P., Brisset, S., Cellier, D., Chassany, O., Demarez, J., Diebolt, V., Francillon, A., Gambotti, L., Hannachi, H., Lechat, P., Lemaire, F., Lièvre, M., Misse, C., Nguon, M., Pariente, A., Rosenheim, M.,. Weisslinger-Darmon, N. (2013). How can the quality Pharmacovigilance, of medical data in Pharmacoepidemiology and clinical studies be guaranteed? Therapies, 68 (4),217-223. https://doi.org/10.2515/therapie/2013040
- 2.Aronson,J.K. (2022). Artificial intelligence in Pharmacovigilance: An introduction to terms, concepts, applications, and limitations. Drug Safety, 45 (5), 407-418. https://doi.org/10.1007/s40264 022-01156 5
- 3. Basile, A. O., Yahi, A., &Tatonetti, N. P. (2019). Artificial intelligence for drug toxicity and safety. Trends in Pharmacological Sciences, 40(9), 624-635. https://doi.org/10.1016/j.tips.2019.07.005
- 4.Botsis, T., Ball, R., &Norén,G.N. (2023). Editorial: Computational methods and systems to support decision making in pharmacovigilance. Frontiers in Drug Safety and Regulation, 3. https://doi.org/10.3389/fdsfr.2023.1188715
- 5. Kalaiselvan, V., Sharma, A., & Gupta, S.K. (2020). "Feasibility test and application of AI in healthcare"—with special emphasis in clinical, pharmacovigilance, and regulatory practices. Health and Technology, 11(1), 1-15. https://doi.org/10.1007/s12553-020-00495-6
- 6. Kompa, B., Hakim, J. B., Palepu, A., Kompa, K. G., Smith, M., Bain, P. A., Woloszynek, S., Painter, J. L., Bate, A., & Beam, A.L. (2022). Artificial intelligence based on machine learning in

- Pharmacovigilance: A scoping review. Drug Safety, 45(5), 477-491. https://doi.org/10.1007/s40264022-01176-1
- 7. Koutkias, V., & Jaulent, M. (2015). A Multiagent system for integrated detection of Pharmacovigilance signals. Journal of Medical Systems, 40(2). https://doi.org/10.1007/s10916-015-0378-08.Liu N., Chen, C., & Kumara, S. (2020). Semi-supervised learning algorithm for identifying high-priority drugdrug.
- 8. Liu, N., Chen, C., & Kumara, S. (2020). Semi-supervised learning algorithm for identifying high-priority drug-drug interactions through adverse event reports. IEEE Journal of Biomedical and Health Informatics, 24(1), 57-68.
- 9. Moride, Y., Haramburu, F., Requejo, A. A., &Bégaud, B. (1997). Under-reporting of adverse drug reactions in general practice. British Journal of Clinical Pharmacology, 43(2), 177-181. https://doi.org/10.1046/j.1365-2125.1997.05417.x 10. salas M., Petracek, J., Yalamanchili, P., Aimer, O., Kasthuril, D., Dhingra, S., Junaid, T., & Bostic, T.
- Kasthuril, D., Dhingra,S., Junaid,T., & Bostic,T. (2022). The use of artificial intelligence in Pharmacovigilance: A systematic review of the literature. Pharmaceutical Medicine, 36 (5), 295-306. https://doi.org/10.1007/s40290-022-00441-z.
- 11. Tandon, V., Mahajan, V., Khajuria, V., & Gillani, Z. (2015). Under-reporting of adverse drug reactions: A challenge for pharmacovigilance in India. Indian Journal of Pharmacology, 47(1), 65. https://doi.org/10.4103/0253-7613.150344
- 12. Trifirò, G., Pariente, A., Coloma, P. M., Kors, J. A., Polimeni, G., Miremont-Salamé, G., Catania, M. A., Salvo,F., David, A., Moore,N., Caputi,A. P., Sturkenboom, M., Molokhia, M., Hippisley-Cox,J., Acedo, C.D., Van der Lei,J., &Fourrier-Reglat, A. (2009). Data mining on electronic health record databases for signal detection in pharmacovigilance: Which events to monitor? Pharmacoepidemiology and Drug Safety, 18 (12), 1176-1184. https://doi.org/10.1002/pds.1836
- 13. Wang,H., Ding, Y.J., & Luo,Y. (2023). Future of ChatGPT in Pharmacovigilance. Drug Safety. https://doi.org/10.1007/s40264-023-01315-2
- 14. Kalaiselvan V, Sharma A, Kumar S. "Feasibility test and application of AI in healthcare "— with special emphasis in clinical, pharmacovigilance, and regulatory practices. Health Technol (Berl) [Internet].

© September 2023 | IJIRT | Volume 10 Issue 4 | ISSN: 2349-6002

- 2020;(0123456789). Available from: https://doi.org/10.1007/s12553-020-00495-6
- 15. Aarushi, Naveen Nandal and Anuradha, Satyam Computers Scam- Pre and Post Analysis, International Journal of Psychosocial Rehabilitation, Volume 24, Issue 6, pp. 1817-1824.
- 16. Sreenivasa Rao VeerankI,"A Hybrid Cloud and Cluster Computing Paradigm for Life Science Applications", International Conference on Soft Computing and Intelligent Technologies [ICSCIT–2021]", ISBN: 978-93-91535-15-5,24 December 2021, sreeni.bi@gmail.com,
- http://proceeding.conferenceworld.in/ICSCIT2021/44 .pdf
- 17. Wang X, Hripcsak G, Markatou M, Friedman C. Active Computerized Pharmacovigilance Using Natural Language Processing, Statistics, and Electronic Health Records: A Feasibility Study. J Am Med Informatics Assoc [Internet]. 2009;16(3):328–37. Available from:
- http://dx.doi.org/10.1197/jamia.M3028
- 18. Bousquet C, Henegar C, Louët AL Le, Degoulet P, Jaulent MC. Implementation of automated signal generation in pharmacovigilance using a knowledge-based approach. Int J Med Inform. 2005;74(7–8):563–71.
- 19. Abatemarco D, Perera S, Bao SH, Desai S, Assuncao B, Tetarenko N, et al. Training augmented intelligent capabilities for pharmacovigilance: applying deep-learning approaches to individual case safety report processing. Pharmaceut Med. 2018;32(6):391–401.
- 20. Negi K, Pavuri A, Patel L, Jain C. A novel method for drugadverse event extraction using machine learning. Inf Med Unlocked. 2019;17: 100190.
- 21. Anna O. Basilea, Alexandre Yahia NPT. Artificial Intelligence for Drug Toxicity and Safety. Physiol Behav. 2019;40(9):624–35. 15 Basile AO, Yahi A, Tatonetti NP. Artificial Intelligence for Drug Toxicity and Safety. Trends Pharmacol Sci. 2019;40(9):624–35. 16 Schmider J, Kumar K, LaForest C, Swankoski B, Naim K, Caubel PM. Innovation in Pharmacovigilance: Use of Artificial Intelligence in Adverse Event Case Processing. Clin Pharmacol Ther. 2018;105(4).
- 21. Routray R, Tetarenko N, Abu-Assal C, Mockute R, Assuncao B, Chen H, et al. Application of Augmented Intelligence for Pharmacovigilance Case Seriousness Determination. Drug Saf [Internet]. 2020;43(1):57–

- 66. Available from: https://doi.org/10.1007/s40264-019-00869-4
- 22. Ghosh R, Kempf D, Pufko A, Barrios Martinez LF, Davis CM, Sethi S. Automation Opportunities in Pharmacovigilance: An Industry Survey. Pharmaceut Med [Internet]. 2020;34(1):7–18. Available from: https://doi.org/10.1007/s40290-019-00320-0
- 23. Tricco AC, Zarin W, Lillie E, Jeblee S, Warren R, Khan PA, et al. Utility of social media and crowd-intelligence data for pharmacovigilance: a scoping review. BMC Med Inform Decis Mak. 2018;18:1–14. 24. Hauben M, Hartford CG. Artificial Intelligence in Pharmacovigilance: Scoping Points to Consider. Clin Ther [Internet]. 2021;43(2):372–9. Available from: https://doi.org/10.1016/j.clinthera.2020.12.014.
- 25. Bousquet C, Henegar C, Louët AL Le, Degoulet P, Jaulent MC. Implementation of automated signal generation in pharmacovigilance using a knowledge-based approach. Int J Med Inform. 2005;74(7–8):563–71.