

AI-DRIVEN DRUG DISCOVERY: TRANSFORMING MODERN PHARMACEUTICAL SCIENCES

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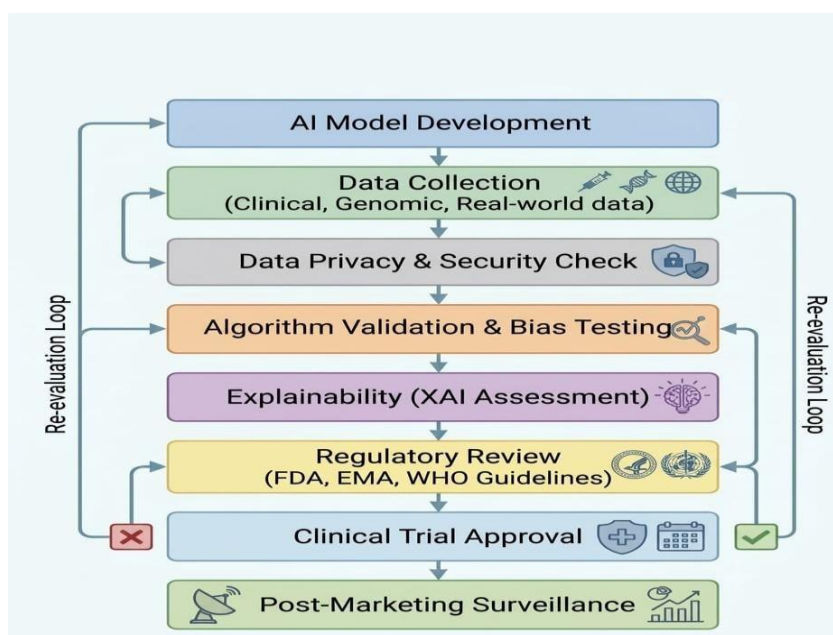
Abstract

Artificial Intelligence (AI) is proving to be a game-changer in the world of pharmaceutical sciences, influencing multiple phases of drug discovery and development, and even clinical trials. The traditional drug development process is typically characterized by costly, time-intensive and unsuccessful clinical trials. The use of AI technologies, such as machine learning, deep learning, natural language processing, and generative AI, has revolutionized pharmaceutical research by facilitating quick and accurate analysis of complex and large biological data. The integration of genomic, proteomic, and biomarker data and the ability to identify and validate targets with AI can help discover novel therapeutic targets. AI plays a significant role in the field of drug design and optimization, aiding in the optimization and identification of novel drug candidates through virtual screening, quantitative structure–activity relationship (QSAR) modeling, molecular docking, and de novo molecular design. Moreover, AI can improve the study of the pharmacology of drugs by predicting the interactions between drugs and targets, assessing the pharmacokinetics of drugs, predicting toxicity and drug repurposing. AI also plays a role in formulation development, nanotechnology-based drug delivery systems, controlled release of drugs, and Quality by Design (QbD) optimization in pharmaceuticals. AI is also vital in the clinical development process, enhancing patient recruitment, design, predictive analysis, and even the generation of real-world evidence. While this has many great benefits, data quality, algorithmic bias, understanding why the algorithms work, regulatory compliance and ethical issues are challenges. The future holds promise for more groundbreaking applications of AI in healthcare, such as explainable AI, precision medicine, digital twins, and autonomous drug discovery platforms. In conclusion, AI can revolutionize the field of modern pharmaceutical sciences by fostering innovation, streamlining drug development, and enabling personalized healthcare.

1.INTRODUCTION

Drug discovery is a process through which new medications against diseases are discovered. It involves the use of a wide variety of technologies and expertise. In general, discovering and developing a drug takes US\$2.8 billion and 15 years on average [1,2]. Artificial Intelligence (AI) is the stimulation of human intelligence by

computer system to learn, reason, recognize patterns, make decisions and solve problems in a manner that normally needs human intelligence. In medicine, AI is showing great promise for its applications, such as disease diagnosis, medical imaging, personalized medicine, and drug development.



Flowchart 1 – AI drug development process

AI's role in healthcare systems has been transformative, streamlining clinical and research workflows, boosting accuracy and efficiency, and ultimately improving patient care and lowering healthcare costs [3,4]. The pharmaceutical industry is plagued with a number of obstacles to drug discovery and development, such as the high costs of research, lengthy development processes, and high failure rates in the clinical trials. The development of a new drug can typically take over 10 years to FDA approval and cost millions of dollars. Other recent developments, such as the availability of large data sets of biological

information and the recent progress in computational technologies, have made it possible to use AI-based methods to overcome these challenges [5,6]. With the help of machine learning, deep learning, and natural language processing, researchers can now process and understand complex biological data and generate more accurate predictions of drug–target interactions, identification of potential drug candidates, and optimization of lead compounds [7,8]. AI's journey in drug discovery has gone far beyond basic computational approaches into advanced algorithms that can create new drug

candidates and forecast their pharmacological characteristics. Genomic, proteomic and clinical data is combined into modern AI platforms to speed up the process of drug development across multiple phases such as target identification, lead optimization, toxicity assessment and clinical trial design [9,10]. In the field of pharmaceuticals, a few companies and research institutions have already used AI-driven approaches to speed up the drug development process and enhance decision-making across various stages of the process [11]. APIs are the easiest tools to use in modern pharmaceutical sciences, connecting

pharmaceutical chemistry, pharmacology and pharmaceuticals. It is useful for rational drug design, for predicting the pharmacokinetic and pharmacodynamic behaviour of drugs and for the development of advanced drug delivery systems. The ongoing advancement of AI technologies will likely be increasingly relevant to precision medicine, personalized therapeutics and next generation pharmaceutical innovations [12]. As such, it is crucial to grasp the applications, opportunities, and challenges enabled by AI in the field of drug discovery to facilitate the progress of modern drug research and development.

PARAMETER	TRADITIONAL DRUG DISCOVERY	AI- DRIVEN DRUG DISCOVERY
Time Required	10-15 years	Reduced significantly
Cost	Very high	Lower due to Automation
Screening Process	Manual and labour-intensive	Automated virtual Screening
Success Rate	Relatively low	Improved candidate selection
Data Analysis	Limited by human capability	Handles large-scale selection
Target Identification	Time consuming	Rapid and Accurate
Lead Optimization	Multiple Experimental cycles	AI-assisted prediction and optimization

Table 1- Comparative study between traditional drug discovery and AI- driven drug discovery

2. FUNDAMENTAL OF ARTIFICIAL INTELLIGENCE IN DRUG DISCOVERY

2.1. Basics of Artificial Intelligence in Drug Discovery

Artificial Intelligence (AI) is an umbrella term for a wide variety of computational technologies that allow machines to emulate human attributes of knowledge, thinking, pattern matching, and decision making [13,14]. As more and more biological, chemical, and clinical

information becomes available, AI is gaining traction in the field of pharmaceutical research [15,16]. AI-driven solutions can help analyse complex datasets, pinpoint therapeutic targets, optimize drug candidates, and forecast pharmacologic effects. Thus, AI is now an

essential part of the contemporary drug discovery process, which can help cut costs, fasten timelines, and increase the success rate of new drug therapies [17].

2.2 Machine Learning (ML)

Machine Learning (ML) is a subset of AI that enables computational systems to learn patterns from data and make predictions without explicit programming [18]. ML algorithms can be broadly classified into supervised, unsupervised, semi-supervised, and reinforcement learning approaches. In drug discovery, ML is widely employed for virtual screening, quantitative structure–activity relationship (QSAR) modelling, prediction of drug–target interactions, lead optimization, and pharmacokinetic property prediction [19,20]. By analysing large chemical and biological datasets, ML models can identify promising compounds and prioritize them for experimental validation. The application of ML significantly enhances decision-making processes and reduces the time and resources required for traditional screening methodologies [21,22].

2.3 Deep Learning (DL)

Deep Learning (DL) is a high-level machine learning technique which uses multi-layered ANNs and automatically learns hierarchical representations of data [23]. Unlike traditional ML algorithms, DL can handle high dimensional, large-scale data without extensive feature engineering [24,25]. The deep learning architectures, including Convolutional Neural Networks (CNNs), Recurrent Neural Networks (RNNs), Autoencoders, and Graph Neural Networks (GNNs) have been found to be highly successful in molecular property

prediction, protein structure analysis, drug–target interaction modelling, and de novo molecular design [26]. Advancements in complex DL models such as AlphaFold for protein structure prediction, have revolutionized biomedical research and propelled the discovery of novel therapeutic candidates [27,28].

2.4 Natural Language Processing (NLP)

Natural Language Processing (NLP) is one of the major areas of AI that deals with the ability to understand, interpret, and produce human language by computers [29,30]. A great deal of unstructured textual information is produced through scientific literature articles, patents, clinical trial reports, regulatory documents, and electronic health records in the field of pharmaceutical research [31].

NLP techniques can be used to automatically extract, structure and interpret this information to aid in knowledge discovery and evidence-based decision making. Biomedical literature mining, Adverse Drug Reaction detection, Pharmacovigilance, Drug repurposing, and Disease-associated biomarker identification are some of the applications of NLP in drug discovery [32,33]. NLP systems can analyse large amounts of texts in a short amount of time, giving researchers valuable insights that would otherwise take a lot of time to manually analyse [34].

2.5 Generative AI and Large Language Models

Generative AI is a type of artificial intelligence that produces original content, such as text, images, molecular structures

and predictive models [35]. In the field of pharmaceuticals, Generative AI is emerging as a powerful asset for drug development, helping to generate new pharmaceuticals with the desired physical and chemical properties and biological activity [36]. Generating vast chemical spaces and structurally diverse molecules are made possible through techniques such as advanced models like Variational Autoencoders (VAEs), Generative Adversarial Networks (GANs), diffusion models, and transformer-based models. In addition, Large Language Models (LLMs) have been shown to aid in various aspects of pharmaceutical research, such as literature review, hypothesis generation, target identification, molecular optimization, and scientific communication [37,38]. The use of generative AI in the drug discovery process could significantly speed up pharmaceutical innovation and precision therapeutics [39].

The most critical technologies in the era of modern AI in drug discovery are Machine Learning, Deep Learning, Natural Language Processing and Generative AI. They are able to analyse huge amounts of data, reveal patterns where none had been found, suggest new hypotheses, and automate relevant research activities in the field of pharmaceutical chemistry, pharmacology and pharmaceuticals [40,41]. These technologies are likely to be even more important in the future of personalized medicine and drug development [42].

3. IDENTIFICATION AND VERIFICATION OF TARGET USING AI

Target identification and validation are important steps in the drug discovery

process; the selection of the biological target is a very key factor in therapeutic development. Historically, it would take a long time and be expensive to identify disease-associated targets through extensive laboratory experiments, genomic studies and clinical investigations [43]. This process has been revolutionized by the advent of artificial intelligence (AI), which can analyze vast amounts of biological data quickly, reveal novel molecular connections, and identify attractive therapeutic targets with greater accuracy [44,45].

AI solutions can use machine learning, deep learning, and network-based computational models to analyze complex biological systems [46]. These approaches help combine genomic, proteomic, transcriptomic, metabolomic and clinical information, and enable researchers to determine genes, proteins, and pathways associated with disease. AI's ability to analyze huge amounts of biomedical data can uncover new therapeutic insights and boost the efficiency of target discovery processes [47,48].

3.1 Genomic and Proteomic Data Analysis

As a result of the next generation sequencing technologies, there has been an unprecedented amount of genomic data generated, which opens the door for AI analysis [49]. Proteomics studies protein expression, structure and function in biological systems and genomics is focused on the study of genes and genetic variations that relate to the development of disease [50]. These datasets can be used with AI algorithms to detect molecular abnormalities that drive disease progression and therapeutic response [51]. The machine

learning approaches have shown great promise for the identification of disease-associated genes from gene expression profiles and genetic mutations. Supervised learning algorithms can classify disease states using genomic signatures, while unsupervised learning algorithms can discover new disease subtypes that are emerging from large sets of data [52]. These strategies have been widely used in oncology, with AI models helping to identify genetic drivers of tumor growth and their sensitivity to targeted treatments [53]

Proteomic analysis has further complexities because of the complexity and dynamic nature of protein interaction. High dimensional proteomics data can be analyzed using deep learning algorithms, which can detect differential expression of proteins and determine the protein-protein interaction networks [54, 55]. Moreover, protein structure prediction using AI has been transforming the landscape of biomedical research, allowing scientists to accurately predict protein structure and understand their function to a greater degree, which helps identify potential targets for drug development. Advances in the development of advanced computational platforms have greatly helped in the understanding of disease mechanisms at the molecular level [56]. The integration of genomic and proteomic data through multi-omics approaches

further enhances target identification efforts [57]. AI models can combine data across various biological layers to create detailed disease states and uncover essential pathways driving disease progression. These integrative analyses are useful for understanding complex diseases such as cancer, neurodegenerative diseases, cardiovascular diseases and autoimmune diseases [58].

3.2 Biomarker Discovery

Biomarkers are measurable biological markers that are related to the physiological or pathological processes and are crucial for the diagnosis, prognosis and therapeutic monitoring of disease [59]. Defining reliable biomarkers is an essential part of precision medicine that will allow the creation of personalized therapeutic strategies. However, the discovery of biomarkers is hindered by the complexity and heterogeneity of biological data using traditional approaches [60]. In this regard, AI has proven to be a formidable ally for addressing these challenges, allowing for the processing of substantial clinical and molecular data. In this context, AI has become a powerful tool for tackling these challenges by efficiently handling large-scale clinical and molecular data [61].

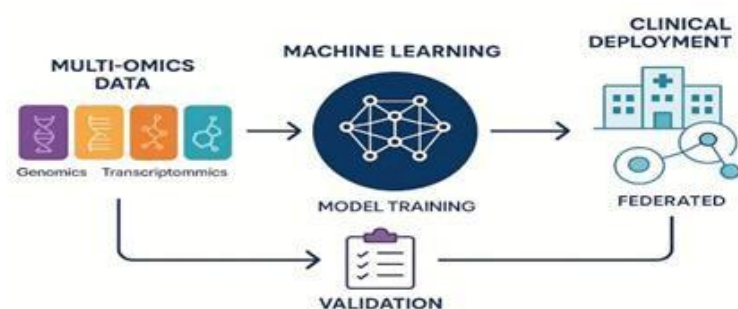


Fig.1 – Biomarker discovery using AI

Machine learning algorithms can even uncover subtle connections between molecular characteristics and clinical outcomes that might not be discernible using traditional statistical analyses [62]. AI systems can use genomic, transcriptomic, proteomic, metabolomic, and imaging data to discover potential disease markers linked to onset, progression, and treatment outcomes. In oncology, AI's ability to uncover biomarkers has played a crucial role in the creation of targeted therapies and personalized treatment plans, highlighting its potential in this field [63]. Additionally, the utilization of deep learning techniques has opened up new possibilities for the discovery of biomarkers in complex biomedical imaging data. CNNs can also help to identify meaningful features from radiological and histopathological images, which aids in the identification of imaging biomarkers for specific disease states [64]. Furthermore, the analysis of electronic health records and real-world clinical data using AI can provide valuable insights for identifying digital biomarkers that can aid in disease surveillance and patient stratification [65,66]. AI's role in biomarker discovery has boosted the accuracy, replicability and scalability of the biomarker identification process. This in turn enables rapid progress to be made in translational research and precision medicine strategies to enhance patient outcomes [67].

3.3 Target Prioritization

Once the targets have been identified, it will be necessary to establish which of these targets have the greatest therapeutic

potential. Target prioritization includes assessing biological relevance, druggability, safety profile and clinical feasibility of candidate targets. During the research and development [68,69] phase, this stage is key to avoiding failed drug development in late stage and to optimizing the allocation of funds. Target prioritization using AI involves using machine learning algorithms to leverage the combination of multiple data sources such as genomic data, protein interaction networks, disease associations, pathway analysis, and clinical evidence [70]. The computational models produce predictive scores to determine the probability of therapeutic success for the specific target. AI can be used to analyze intricate biological relationships and pinpoint targets with a high likelihood of being linked to disease mechanisms and therapeutic effects [71].

Target prioritization is a field that has captured a lot of interest in network-based AI. Biological systems do not function as a collection of independent pathways, but as networks of molecules [72]. These networks can be analyzed using AI algorithms to uncover central proteins, proteins that regulate key processes and central pathways in disease. Therapeutic effects might be greater if one targets such core elements, rather than just individual molecules [73,74]. Furthermore, AI aids in target druggability assessment by forecasting the druggability of a biological target, which is the probability that it can be successfully targeted by small molecules, biologics, or other therapeutic interventions [75]. Predictive models can be used to assess structural features, binding site properties, and molecular interactions to assess the potential of a molecule for drug

development. These features minimize experimentation efforts and aid in drug development decisions during the entire drug discovery process [76,77]. In conclusion, AI has revolutionized target identification and validation by providing a comprehensive analysis of complex biological data, expediting biomarker discovery and enhancing target prioritization strategies [78].

AI can offer a comprehensive platform for discovering high-priority therapeutic targets and developing novel drugs, when combined with genomic, proteomic, and clinical information and systems biology. Moving forward, AI-driven target identification is poised to become a key component of precision medicine and drug innovation [79,80].

AI- ASSISTED DRUG DESIGN AND LEAD OPTIMIZATION

In the realm of drug design, Artificial Intelligence (AI) has revolutionized the identification of potential drug candidates, enhancing the efficiency, accuracy, and speed of the process. In the field of drug design, Artificial Intelligence (AI) has played a pivotal role in identifying potential drug candidates more efficiently, accurately, and quickly [81]. While

traditional drug discovery processes are time-consuming and costly, AI can quickly scan the vast amount of chemical data and make predictions about the biological properties of compounds [82,83].

4.1 Virtual Screening

Virtual screening is a computational method that is applied to narrow down large chemical libraries for the detection of potential compounds. Virtual screening using AI is a technique that uses machine learning algorithms to estimate the binding potential of a compound to biological target [84]. This makes it possible to reduce the number of compounds that have to be tested, and to identify lead molecules more quickly [85,86]. There are some problems that can be solved using Quantum Chemical Data. In many cases, a problem can be solved by using Quantum Chemical Data [87]. The QSAR models are mathematical relationships that describe the relationship between a compound's chemical structure and its biological activity [88]. The use of AI and machine learning techniques improves the capabilities of QSAR analysis by dealing with large data sets and uncovering subtle patterns that would not be apparent through traditional statistical approaches. The efficacy, toxicity, and pharmacokinetic properties of drug candidates can be predicted using AI-assisted QSAR models [89,90].

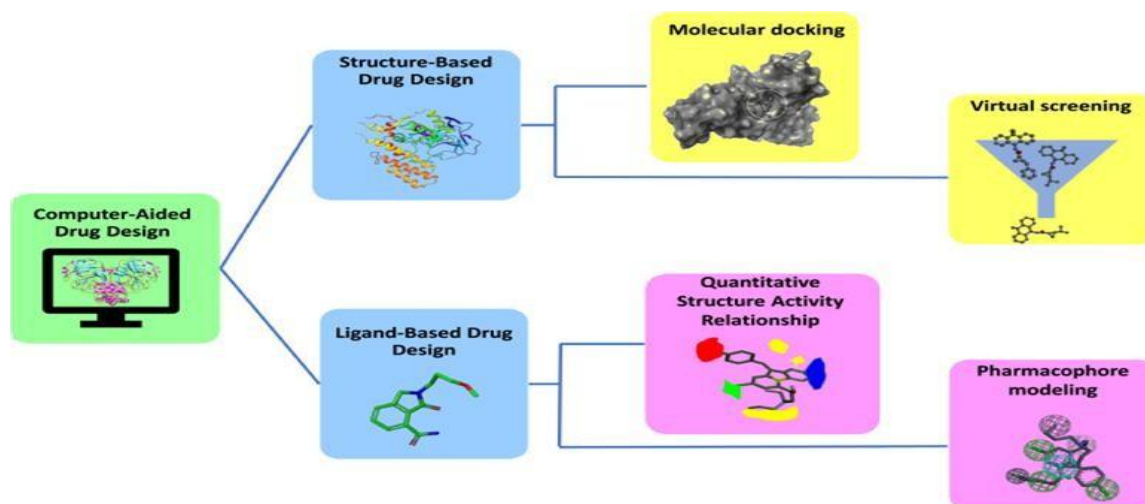


Fig.2 – Major approaches in Computer-Aided Drug Desing

4.2 Molecular Docking and Molecular Dynamics

Using molecular docking, the interaction of a drug molecule and its target protein is predicted and the molecular dynamics simulations are used to assess the stability of that interaction over time [91]. AI enhances docking precision by predicting binding affinities and optimizing the interactions between ligands and targets. The following methods help rational design of drugs exhibiting better therapeutic potential [92].

4.3 de NOVO DRUG DESIGN

De novo drug design is the development of completely new molecular structures that exhibit desired biological properties. The generative AI models, such as deep learning algorithms and generative adversarial networks, can tap into huge chemical spaces to create novel compounds [93,94]. This method allows the fast identification

of innovative promising drug candidates with optimized pharmacological parameters [95].

4.4 Lead Optimization Strategies

The goal of lead optimization is to make the drug candidates more effective, selective, and safer. AI helps to predict structure–activity relationships, metabolic stability, toxicity, and the pharmacokinetics of compounds [96]. AI can be used to combine data from various sources, which helps to make informed decisions and increases the likelihood of successful drug development [97].

5. AI IN PHARMACOLOGICAL EVALUATION

Pharmacological Evaluation is an essential step in drug development where potential therapeutics are evaluated for efficacy, safety and the properties of the drug's

pharmacokinetics [98]. The introduction of AI technologies has contributed to this process, with the ability to model outcomes in a predictive way and make decisions based on data during preclinical and clinical research [99,100].

5.1 Drug–Target Interaction Prediction

Elucidating the drug-biological target interaction is crucial to establishing therapeutic efficacy. Chemical, genomic and proteomic data can be used to accurately predict drug-target interactions using AI models. Such forecasts can aid in target validation and help to identify candidates for drug development [101,102].

5.2 Pharmacokinetic Prediction [ADME]

The Absorption, Distribution, Metabolism, and Excretion (ADME) properties have a significant effect on a drug's performance [103]. Using AI models to predict the pharmacokinetics in the early stages of development helps to identify compounds that show potential for favorable ADME profiles. Early prediction helps minimize the incidence of failure at the end of the development process, and increases development efficiency [104].

5.3 Toxicity and Safety Assessment

Drug toxicity is one of the main reasons of attrition in pharmaceutical development. Chemical structures, biological pathways, and historical safety data can be used to predict toxicological outcomes with the help of AI algorithms [105]. These predictive models are extremely useful in identifying adverse effects prior to the extensive testing in the experimental model, which ultimately leads to better patient safety and lower development costs [106,107].

5.4 Drug Repurposing

The discovery of new uses for existing drugs is called drug repurposing. One area where AI has proven to be a powerful asset is its ability to analyze biomedical literature, clinical data, and molecular interactions for repurposing [108]. It not only helps to decrease development time and regulatory hurdles, but also offers novel therapeutic opportunities for many diseases, including cancer, infectious diseases and neurological diseases [109]. To conclude, AI is enhancing the ability to predict drug efficacy, safety, and pharmacokinetic characteristics, contributing to the more efficient drug development process and the progress of precision medicine [110]

6. AI IN CLINICAL DEVELOPMENT

The clinical development phase is one of the most crucial and costly phases in drug development. Today, despite progress in pharmaceutical research, the challenges with clinical trials include high failure rate, long timelines, and problems with patient recruitment [111]. Artificial Intelligence (AI) has become a helpful technology for optimizing the clinical trial process by making decisions based on data, predicting outcomes, and designing clinical trials to better serve patients [112, 113].

6.1 Clinical Trial Design and Patient Requirement

Recruiting patients can be a significant challenge in clinical trials, with often long periods spent in the process only to fail to find the necessary number of recruits. AI technologies can process EHRs, genomics data and demographic data to identify participants that would be eligible to participate more efficiently than manual

recruitment processes can. Machine learning algorithms help researchers to identify patients that are qualified for clinical trials and increase the enrollee rates as well as shorten the patients' enrollment time (114–116). Moreover, AI can help streamline the clinical trial process by forecasting potential enrollment issues, finding appropriate clinical trial sites, and assessing eligibility criteria [117]. The use of predictive models allows researchers to optimize trial design, both in terms of effectiveness and inclusiveness, and to reduce participant drop-out. These AI-driven solutions help increase the success rate of trials and lower costs of operation [118].

7.2 Predictive Analytics in Clinical Outcomes

Predictive analytics is the use of machine learning and statistical modeling to make predictions about clinical outcomes from past and real-world patient data. AI can help in making informed decisions during the clinical development process by recognizing patterns that correspond to treatment responses, disease progression, and adverse drug effects [119,120]. Using AI to create predictive models can categorize patients by risk level, estimate treatment effects, and guide individualized treatment plans. These features enable the adaptation of clinical trial designs and improve the chance of successful trials [121]. Moreover, predictive analytics can detect early signs of a trial's failure and prompt researchers to make timely adjustments and optimize resources used [122].

7.3 Real-World Evidence Generation

Clinical information that is collected from sources like electronic health records, patient registries, insurance claims databases, and wearable health technologies is known as real-world evidence [123]. AI has made it much easier to manage and analyze these enormous, complex datasets, yielding useful information on the effectiveness, safety, and impact of healthcare on various treatments (124). AI can be used to facilitate post-marketing surveillance, pharmacovigilance and regulatory decision-making, leveraging real-world evidence [126]. AI's ongoing analysis of patient outcomes in real-world conditions can help enhance the safety of medications and more accurately gauge their therapeutic effectiveness. As a result, AI-based RWE generation is becoming a growing part of the precision medicine and modern pharmaceutical development process [127,128].

8. RECENT CASE STUDIES

As AI becomes increasingly prevalent in the pharmaceutical industry, many successful applications have emerged that highlight its potential in drug discovery and patient care. AI's integration into pharmaceutical research has yielded many success stories, such as AI-driven drug discovery platforms and disease prognosis systems that have improved patient outcomes. In several disease fields, AI technologies have helped to identify new drug candidates, optimize therapeutic strategies and advance precision medicine [129,130].

8.1 AI-Discovered Drug Candidates

A major success of AI in drug discovery is being able to identify new therapeutic

molecules in much shorter timeframes [131]. Machine Learning and Deep Learning can be used to sift through millions of compounds and predict their biological activity, as well as creating new molecular structures with desired pharmacological properties. It has been demonstrated that AI driven platforms can successfully shorten hit identification and lead optimization process, which in turn can decrease the development time and cost [132]. One such instance is the use of deep learning methods to uncover new DDR1 kinase inhibitors, which showcased the power of AI systems to quickly generate promising drug candidates [133]. In the same way, AI-driven strategies have been used to discover new antimicrobial drugs, such as the discovery of new compounds for fighting multidrug-resistant pathogens [134,135].

8.2 Applications in Oncology

AI has been applied in the field of oncology, which is one of the most dynamic areas of its use, given the complexity and heterogeneity of cancer. Cancer diagnosis, discovery of biomarkers, identification of targets and optimization of treatment are examples of cancer applications of AI technology in a wide range [136]. A wide range of cancer applications of AI technology is used, including cancer diagnosis, discovery of cancer biomarkers, identification of cancer targets and optimization of cancer treatment [137]. Genomic, transcriptomic and clinical data can be analyzed using machine learning algorithms to identify molecular signatures linked to the development and response to therapy of tumors [138].

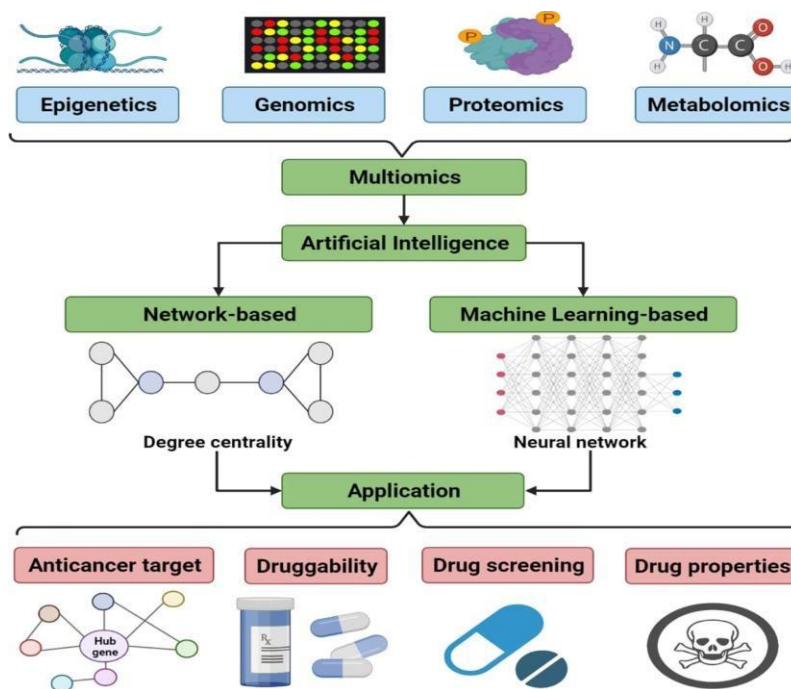


Fig.3- Application of AI in Drug Discovery

AI has also helped in precision oncology by patient stratification and patient treatment selection [139]. Predictive models help

clinicians to identify patients that can most benefit from certain drugs, which can lead to better outcomes and to minimize

unnecessary toxicity. The advances reflect the increasing impact of AI for cancer research and treatment [140].

8.3 Applications in Neurological Disorders

Neurological disorders like Alzheimer's, Parkinson's and multiple sclerosis are difficult to treat; they are complex diseases with few treatment options [141]. The analysis of neuroimaging, genetic and clinical datasets has been made easier by the use of AI-based approaches, which have resulted in more effective diagnosis of disease and identification of therapeutic targets [142,143]. Deep learning models have shown a great ability to identify the early signs of neurodegenerative disease and forecasting disease progression. AI drug discovery platforms are also being used to find new drug targets for neurological diseases, helping to speed studies to meet these unmet medical needs [144].

8.4 Applications in Infectious Diseases

AI has been proven to be valuable during COVID-19 in combating the world's health crisis. Disease surveillance, outbreak prediction, drug repurposing, and vaccine development were all extensively used with the help of AI technologies [145,146]. Within a short time, frame machine learning models were used to analyze the genomes of the virus, predict viral protein structures and identify potential therapeutic targets [147].

Besides COVID-19, AI has been critical in the discovery of new antimicrobial drugs that are effective against resistant organisms [148]. Predictive models have

also been applied to the study of pathogen-host interactions, leading to the creation of novel treatment strategies for infectious diseases and other applications. The strides made in these areas highlight the transformative power of AI in addressing today's and future global health challenges [149].

9. REGULATORY, ETHICAL, AND DATA GOVERNANCE CONSIDERATIONS

Artificial Intelligence (AI) is increasingly being used in the field of pharmaceutical sciences, revolutionizing drug discovery, clinical development, and healthcare provision. While AI offers many benefits, it also presents many regulatory, ethical and data governance issues [150,151]. AI systems may be required to process vast amounts of patient and biomedical data, and can have a significant impact on key healthcare decisions. Accordingly, the security, transparency, reliability and fairness of AI technologies is crucial for their successful application in pharmaceutical research and clinical practice [152,153].

9.1 Regulatory Frameworks

There is an increasing focus on setting standards for the creation and use of AI healthcare technologies from regulatory bodies around the globe. AI has been recognized as a promising technology by organizations like the U.S. Food and Drug Administration (FDA), the European Medicines Agency (EMA), and the World Health Organization (WHO), and they are actively working on frameworks to assess its safety and efficacy [153,154]. The primary difficulty is that AI products are not like traditional pharmaceutical products in

that many machine learning models are constantly improving as more data are added. Because of this 'adaptive behavior', conventional regulatory approaches that are meant for static products are not able to be applied in a straightforward manner [155].

Thus, regulators are looking at lifecycle approaches to oversight, which involve ongoing monitoring, assessment of performance and post-deployment monitoring of AI systems [156,157]. Validation and reproducibility are other regulatory points to take into account. For widespread adoption, AI models need to be effective across various groups and health care environments [158]. Establishing standardized reporting guidelines, transparency in methodologies and independent validation studies are key steps to build and sustain regulatory confidence and patient safety [159]. As AI powered Software as a Medical Device (SaMD) becomes more prevalent, the need for regulation specific to AI has been further highlighted. Before incorporating these tools into the healthcare setting, clinical decision support systems, diagnostic tools, and predictive analytics platforms need to meet quality standards and be thoroughly assessed [160,161].

9.2 Data Privacy and Security

Data are the foundation of AI systems. The need for pharmaceutical AI applications lies in their ability to use electronic health records, genomic data, clinical trial databases, and real-world patient data to make predictions and gain insights. But there are serious privacy and confidentiality issues with the use of such information [162]. Personal information and medical data of patients are key components of patient healthcare records and need to be

safeguarded from unauthorized access [163]. Informed consent, transparency and control over personal data are all noted in regulations like the General Data Protection Regulation (GDPR) as well as other national data protection laws. Ensuring these regulations are adhered to is crucial for maintaining public trust and ensuring ethical implementations of AI [164,165].

Another major issue is information technology security. The information held on the healthcare databases and pharmaceutical information systems make them valuable targets for cyberattacks [166]. Healthcare data breaches can lead to patient privacy issues, interfere with healthcare delivery, and have adverse implications for research. Thus, organizations need to put in place strong security measures including data encryption, secure storage systems, multi-factor authentication and ongoing security monitoring [167]. Federated learning is a new technology that could provide solutions to privacy considerations in AI development. Federated learning is another approach that allows AI models to learn from decentralized data without requiring patients' sensitive information to be sent to a central server, which decreases privacy risks and still provides analytical performance [168,169].

9.3 Ethical Challenges

There are several ethical considerations that need to be taken into account regarding the use of AI in the field of pharmaceutical sciences. The design and use of AI systems should be based on principles of benefit (beneficence), non-harm (non-maleficence), fairness, transparency, and accountability [170,171]. One of the most important ethical issues is with respect to

algorithmic bias. The algorithms powering AI systems are trained using past data and if that data is biased, then the predictions made by the AI will be biased [172]. If the data used to train the AI models is biased, the predictions of such models will be biased as well. For instance, if specific ethnic groups are under-represented in the clinical data, predictions for those groups may be less accurate and may be a contributor to disparities in health care [173,174]. One of the issues is accountability. In situations where AI systems play a role in healthcare choices, who takes responsibility for any errors or negative effects can be challenging to establish [175].

All developers, healthcare professionals, regulators and pharmaceutical companies could have roles in ensuring the safe and ethical use of AI technologies [176]. With the adoption of AI in healthcare, informed consent becomes more crucial than ever. Patients need to be aware of the way the data are gathered, processed, stored and utilized by AI systems. Clear and open discussions on how data is used and how algorithms are made decisions will help maintain patient autonomy and build trust in health technologies [177,178]. In addition, there is a risk that human participation in clinical decision-making will also be diminished by relying too much on AI [179]. The majority of the experts recommend a human-in-the-loop approach where AI is used as an assistant and patients' health cases are ultimately handled by healthcare professionals [180].

9.4 Explainable AI (XAI)

Many sophisticated AI models, especially deep learning models, are essentially a 'black box' as it is hard to understand how

they make their decisions. These models frequently have good predictive power, but often are not very transparent, which can make them less accepted for applications in the pharmaceutical and healthcare sector [181,182]. The goal of Explainable Artificial Intelligence (XAI) is to make predictions more understandable, by giving explanations [183]. By using XAI techniques, researchers and practitioners can gain insights into the factors affecting AI-generated results and determine if these predictions are scientifically and clinically relevant [184].

In the pharmaceutical industry, EAI can enhance the trust in target discovery, drug screening, drug toxicity prediction, and clinical outcomes. Researchers can anticipate what limitations an AI model may have, and validate results prior to real-world use, as they can understand how it reached its conclusion [185,186]. Explainability also aids in compliance. Transparency and auditability are key focuses in assessing AI systems in healthcare. There is a growing focus on transparency and auditability in the evaluation of AI systems in healthcare. Interpretable models typically are easier to validate, monitor and trust, leading to regulatory clearance and clinical use [187,188].

10. CHALLENGES AND LIMITATION AND FUTURE SCOPE

Artificial Intelligence (AI) has transformed pharmaceutical research, making it faster, easier, and more effective in a number of ways, including drug discovery, target identification, formulation optimization, and clinical decision making. Although these advances have been made, there are still some scientific, technical,

regulatory and ethical hurdles to its broad implementation. To capitalize on the opportunities afforded by AI-powered pharmaceutical innovation, it is crucial to overcome these limitations [189].

10.1 CHALLENGES

10.1.1 Data Quality & Data Availability

The accuracy of AI systems relies significantly on the data they use for training, which must be of high quality, in large volumes, and diverse [190]. Predictions from pharmaceutical and healthcare data may be hampered by data incompleteness, inconsistencies, data fragmentation, and data bias [191]. Further, high quality biomedical data sources might be limited by privacy laws, proprietary issues, and the absence of data standardization. The impact of these challenges may restrict the utility and broader applicability of AI systems in various population and disease contexts [192].

10.1.2 Algorithmic Bias

Historical data can include demographic, clinical, or socioeconomic biases that can be learned by AI models. This can lead to biased predictions by AI systems, which could disproportionately impact certain patient populations [193]. All of these biases can affect the identification of targets, patient selection, treatment recommendations, and outcomes. To reduce algorithmic bias and help health services achieve an equitable healthcare experience, it

is important to ensure data diversity and representation, as well as ongoing model validation [194,195].

10.1.3 Model Interpretability

One problem with advanced AI systems is that they can be "black boxes," especially deep learning models, making it hard to comprehend how predictions are being made. Poor transparency may diminish trust within the research, clinical and regulatory community [196]. In the pharmaceutical industry, where patient safety is paramount, it is essential to comprehend the rationale behind AI's decision-making process for validation and acceptance. Enhancing the interpretability of AI models is still a pressing issue in the application of AI [197,198].

10.1.4 – Application of integrated analytics in pharmaceutical workflow

To be effective, AI must be integrated with the current workflows in pharmaceutical research, development and production [199]. The key challenges are insufficient digital infrastructure, lack of technical expertise, skills needs of staff and the willingness of staff to embrace technology. Additionally, there can be interoperability challenges between various software and data systems that can make it difficult to implement AI technologies smoothly [200,201].

10.1.5- Regulatory and Ethical Concerns

AI is a rapidly developing technology, which poses challenges for regulators trying to develop proper regulatory frameworks [202]. In addition, ethical issues with privacy, responsibility, transparency, and consent for data use add to the complexity of AI adoption. This lack of regulatory harmonization can impact the timing of AI-powered drug technologies coming to market [203].

10.2 Future Scope

Although there are obstacles to overcome, the potential for AI in the field of

pharmaceuticals is promising, and it is likely that the technology will continue to evolve. Future developments in computational power, machine learning algorithms, and in the generation of biomedical data are likely to continue to revolutionize the field of drug discovery and health care delivery [204,205]. The use of Generative AI in novel drug design is examined. The examination of novel drug design using Generative AI [206]. Generative AI models are poised to become an increasingly vital part of the drug design process to create novel drug candidates with optimized efficacy, safety, and pharmacokinetic properties [207]. These systems have the ability to quickly survey the breadth of possible chemical space and create novel molecular structures that would not be found by traditional methods [208]. The potential for precision medicine is massive, and AI will play a huge role in advancing the field by synthesizing information from genomic, proteomic, metabolomic and clinical data to create individual treatment plans [209]. Treatment could be tailored to a patient's specific characteristics, which may help optimize treatment efficacy and minimize side effects [210].

10.2.1 Digital Twins and Predictive Healthcare

One such potential application is digital twin technology, where virtual models of patients or biological systems are generated, allowing for simulation and analysis of their behavior [211]. These virtual models can be used to simulate disease progress, predict treatment responses and optimize therapeutic interventions prior to them being put into practice in the “real world”. These innovations could transform personalized

clinical care and treatment decision making [212,213].

10.2.2. A different variety of autonomous drug discovery platforms

In the future, AI systems can help to make the whole process of drug discovery fully autonomous, with minimal human intervention, from target identification to virtual screening, lead optimization, and toxicity prediction [214]. The incorporation of robotics, automation and AI could slash development time and costs and boost research productivity [215].

10.2.3. Explainable and Trustworthy AI

Explainable Artificial Intelligence (XAI) is anticipated to enhance the transparency and trust in AI-driven decision-making processes [216]. With the emergence of future AI models, these predictions will likely be interpreted, making regulatory approval, clinical adoption, and stakeholder confidence easier. In pharmaceutical sciences, trustworthy AI frameworks will be crucial to the ethical and responsible implementation [217].

10.2.4. AI-Driven Pharmaceutical Manufacturing

It is expected that the AI-powered manufacturing systems will bring improvements in quality control, process optimization, predictive maintenance, and real-time monitoring [218]. This integration with Industry 4.0 technologies can result in more efficient, flexible and sustainable pharmaceutical production processes [219,220].

11. CONCLUSION

In the pharmaceutical industry, Artificial Intelligence (AI) is reshaping the landscape

of drug research and drug discovery by driving more rapid, efficient and data-informed strategies throughout the entire drug development lifecycle. AI technologies have revolutionized target identification, lead optimization, drug repurposing, clinical trial design, and personalized medicine. AI can process vast and complex amounts of data to provide researchers with precise predictions, streamline development timelines, and minimize expenses in drug development. However, there are also some challenges to overcome, such as the difficulties associated with data quality, algorithm transparency, ethical concerns, privacy protection, and regulatory acceptance. Standardized guidelines, explainable AI models, and strong data governance frameworks are crucial for responsible implementation of AI in pharmaceutical science, overcoming these limitations and ensuring the technology's benefits are realized responsibly. Future advancements in machine learning, deep learning, generative AI, and digital health technologies are expected to further enhance the capabilities of AI-driven drug discovery. AI will prove to be an essential enabler for the pharmaceutical sector to advance therapeutic innovations and enhance patient outcomes as it moves towards digital transformation. The ability of AI to enhance accuracy, efficiency, and personalization in healthcare makes it a promising application in the field of pharmaceutical sciences.

12. REFERENCE

1. Mak KK, Pichika MR. Artificial intelligence in drug development: present status and future prospects. *Drug Discovery Today*. 2019;24(3):773–780.
2. 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 Discovery*. 2019;18(6):463–477.
3. Paul SM, Mytelka DS, Dunwiddie CT, Persinger CC, Munos BH, Lindborg SR, et al. How to improve R&D productivity: the pharmaceutical industry's grand challenge. *Nat Rev Drug Discovery*. 2010;9(3):203–214.
4. Ekins S, Puhl AC, Zorn KM, Lane TR, Russo DP, Klein JJ, et al. Exploiting machine learning for end-to-end drug discovery and development. *Nat Mater*. 2019;18(5):435–441.
5. Chen H, Engkvist O, Wang Y, Olivecrona M, Blaschke T. The rise of deep learning in drug discovery. *Drug Discovery Today*. 2018;23(6):1241–1250.
6. Zhavoronkov A. Artificial intelligence for drug discovery, biomarker development and generation of novel chemistry. *Mol Pharm*. 2018;15(10):4311–4313.
7. Schneider P, Walters WP, Plowright AT, Sieroka N, Listgarten J, Goodnow RA Jr, et al. Rethinking drug design in the artificial intelligence era. *Nat Rev Drug Discovery*. 2020;19(5):353–364.
8. Walters WP, Murcko MA. Assessing the impact of generative AI on medicinal chemistry. *Nat Biotechnology*. 2020;38(2):143–145.
9. Fleming N. How artificial intelligence is changing drug discovery. *Nature*. 2018;557(7706): S55–S57.
10. Stokes JM, Yang K, Swanson K, Jin W, Cubillos-Ruiz A, Donghia NM, et al. A deep learning approach to antibiotic discovery. *Cell*. 2020;180(4):688–702.11. LeCun Y, Bengio Y, Hinton G. Deep learning. *Nature*. 2015;521(7553):436–444.

12. Jumper J, Evans R, Pritzel A, Green T, Figurnov M, Ronneberger O, et al. Highly accurate protein structure prediction with AlphaFold. *Nature*. 2021;596(7873):583–589.
13. Mak KK, Pichika MR. Artificial intelligence in drug development: present status and future prospects. *Drug Discovery Today*. 2019;24(3):773-780.
14. Vamathevan J, et al. Applications of machine learning in drug discovery and development. *Nat Rev Drug Discovery*. 2019;18(6):463-477.
15. Ekins S, Puhl AC, Zorn KM, et al. Exploiting machine learning for end-to-end drug discovery and development. *Nat Mater*. 2019;18(5):435-441.
16. Schneider P, Walters WP, et al. Rethinking drug design in the artificial intelligence era. *Nat Rev Drug Discovery*. 2020;19(5):353-364.
17. Paul D, Sanap G, Shenoy S, et al. Artificial intelligence in drug discovery and development. *Drug Discovery Today*. 2021;26(1):80-93.
18. Lo YC, Rensi SE, Torng W, Altman RB. Machine learning in cheminformatics and drug discovery. *Drug Discovery Today*. 2018;23(8):1538-1546.
19. Lavecchia A. Machine-learning approaches in drug discovery: methods and applications. *Drug Discovery Today*. 2015;20(3):318-331.
20. Baskin II, Winkler D, Tetko IV. A renaissance of neural networks in drug discovery. *Expert Opin Drug Discovery*. 2016;11(8):785-795.
21. Chen B, Harrison RF, Papadatos G, et al. The use of machine learning in drug discovery and development. *Drug Discovery Today*. 2018;23(6):1241-1250.
22. Ekins S. The next era: deep learning in pharmaceutical research. *Pharm Res*. 2016;33(11):2594-2603.
23. Zhavoronkov A. Artificial intelligence for drug discovery, biomarker development, and generation of novel chemistry. *Mol Pharm*. 2018;15(10):4311-4313.
24. Jumper J, Evans R, Pritzel A, et al. Highly accurate protein structure prediction with AlphaFold. *Nature*. 2021;596(7873):583-589.
25. Senior AW, Evans R, Jumper J, et al. Improved protein structure prediction using deep learning potentials. *Nature*. 2020;577(7792):706-710.
26. Cohen KB, Demner-Fushman D. *Biomedical Natural Language Processing*. Amsterdam: John Wiley & Sons; 2021.
27. Wang Y, Wang L, Rastegar-Mojarad M, et al. Clinical information extraction applications: a literature review. *J Biomed Inform*. 2018; 77:34-49.
28. Névél A, Dalianis H, Velupillai S, Savova G, Zweigenbaum P. Clinical Natural Language Processing in languages other than English. *J Biomed Semantics*. 2018;9(1):12.
29. Wei CH, Allot A, Leaman R, Lu Z. PubTator Central: automated concept annotation for biomedical full text articles. *Nucleic Acids Res*. 2019;47(W1).
30. Leaman R, Wojtulewicz L, Sullivan R, et al. Towards internet-age pharmacovigilance: extracting adverse drug reactions from user posts. *Biomed Inform Insights*. 2010; 3:11-15.

31. Wang X, Chused A, Elhadad N, Friedman C, Markatou M. Automated knowledge extraction from biomedical literature. *Brief Bio informs.* 2018;19(6):1302-1311.
32. Elton DC, Boukouvalas Z, Fuge MD, Chung PW. Deep learning for molecular design- a review of generative approaches. *Mol System des Eng.* 2019;4(4):828-849.
33. Walters WP, Murcko MA. Assessing the impact of generative AI on medicinal chemistry. *Nat Biotechnology.* 2020;38(2):143-145.
34. Brown N, Ertl P, Lewis R, Luksch T, Reker D. Artificial intelligence in chemistry and drug design. *J Med Chem.* 2020;63(16):8664-8684.
35. P. Friederich, A. Asparu-Guzik, M. Krenn, F. Häse, A. Nigam, Self-referencing embedded strings for AI-driven molecular design. *Mach Learn Sci Technol.* 2020;1(4):045024.
36. Blaschke T, Olivecrona M, Engkvist O, Bajorath J, Chen H. Application of Generative Autoencoder in De novo Molecular Design. *Mol Inform.* 2018;37(1-2):1700123.
37. Schneider G. Automating drug discovery. *Nat Rev Drug Discovery.* 2018;17(2):97-113.
38. Paul SM, Mytelka DS, Dunwiddie CT, et al. The pharmaceutical industry's grand challenge: how to improve R&D productivity. *Nat Rev. Drug Discovery.* 2010;9(3):203-214.
39. Fleming N. The role of AI in reshaping the drug discovery process. *Nature.* 2018;557(7706).
40. Mullard A. AI emerges into the mainstream of drug discovery. *Nat Rev Drug Discovery.* 2024;23(1):5-7.
41. Deloitte Centre for Health Solutions. Intelligent drug discovery: powered by AI. Deloitte Insights. 2024.
42. Mayr, A., Klambauer, G., Unterthiner, T., and Hochreiter, S. (2016). DeepTox: toxicity prediction using deep learning citation. *Front. Environ. Sci.* 3. 50.
43. Plenge RM, Scolnick EM, Altshuler D. Validating therapeutic targets through human genetics. *Nat Rev Drug Discovery.* 2013;12(8):581-594.
44. Nelson MR, Tipney H, Painter JL, et al. The support of human genetic evidence for approved drug indications. *Nat Genet.* 2015;47(8):856-860.
45. King EA, Davis JW, Degner JF. Are drug targets with genetic support twice as likely to be approved? *Nat Rev Drug Discovery.* 2019;18(5):337-338.
46. Eraslan G, Avsec Ž, Gagneur J, Theis FJ. Deep learning: new computational modelling techniques for genomics. *Nat Rev Genet.* 2019;20(7):389-403.
47. Libbrecht MW, Noble WS. Machine learning applications in genetics and genomics. *Nat Rev Genet.* 2015;16(6):321-332.
48. Angermueller C, Pärnamaa T, Parts L, Stegle O. Deep learning for computational biology. *Mol System Biol.* 2016;12(7):878.
49. Min S, Lee B, Yoon S. Deep learning in bioinformatics. *Brief Bio inform.* 2017;18(5):851-869.
50. Zou J, Huss M, Abid A, Mohammadi P, Torkamani A, Telenti A. A primer on deep learning in genomics. *Nat Genet.* 2019;51(1):12-18.

51. Ching T, Himmelstein DS, Beaulieu-Jones BK, et al. Opportunities and obstacles for deep learning in biology and medicine. *J R Soc Interface*. 2018;15(141):20170387.
52. Kourou K, Exarchos TP, Exarchos KP, Karamo Uzis MV, Fotiadis DI. Machine learning applications in cancer prognosis and prediction. *Computer Struct Biotechnology J*. 2015; 13:8-17.
53. Huang S, Chaudhary K, Garmire LX. More is better: recent progress in multi-omics data integration methods. *Front Genet*. 2017; 8:84.
54. Hasin Y, Seldin M, Lusis A. Multi-omics approaches to disease. *Genome Biol*. 2017;18(1):83.
55. Jumper J, Evans R, Pritzel A, et al. Highly accurate protein structure prediction with AlphaFold. *Nature*. 2021;596(7873):583-589.
56. Senior AW, Evans R, Jumper J, et al. Improved protein structure prediction using potentials from deep learning. *Nature*. 2020;577(7792):706-710.
57. Baek M, DiMaio F, Anishchenko I, et al. Accurate prediction of protein structures and interactions using a three-track neural network. *Science*. 2021;373(6557):871-876.
58. Karczewski KJ, Snyder MP. Integrative omics for health and disease. *Nat Rev Genet*. 2018;19(5):299-310.
59. Subramanian I, Verma S, Kumar S, Jere A, Anamika K. Multi-omics data integration, interpretation and its application. *Bio informs Biol Insights*. 2020; 14:1-24.
60. Misra BB, Langefeld C, Olivier M, Cox LA. Integrated omics: tools and applications. *Clin Transl Med*. 2019;8(1):35.
61. Henry NL, Hayes DF. Cancer biomarkers. *Mol Oncol*. 2012;6(2):140-146.
62. Goossens N, Nakagawa S, Sun X, Hoshida Y. Cancer biomarker discovery and validation. *Transl Cancer Res*. 2015;4(3):256-269.
63. Diamandis EP. The hundred-person wellness project and beyond. *BMC Med*. 2016; 14:17.
64. Deo RC. Machine learning in medicine. *Circulation*. 2015;132(20):1920-1930.
65. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019;25(1):44-56.
66. Esteva A, Robicquet A, Ramsundar B, et al. A guide to deep learning in healthcare. *Nat Med*. 2019;25(1):24-29.
67. Litjens G, Kooi T, Bejnordi BE, et al. A survey on deep learning in medical image analysis. *Med Image Anal*. 2017; 42:60-88.
68. Rajkomar A, Dean J, Kohane I. Machine learning in medicine. *N Engl J Med*. 2019;380(14):1347-1358.
69. Beam AL, Kohane IS. Big data and machine learning in health care. *JAMA*. 2018;319(13):1317-1318.
70. Hood L, Friend SH. Predictive, preventive, personalized and participatory medicine. *Nat Rev Clin Oncol*. 2011;8(3):184-187.
71. Ashley EA. Towards precision medicine. *Nat Rev Genet*. 2016;17(9):507-522.
72. Collins FS, Varmus H. A new initiative on precision medicine. *N Engl J Med*. 2015;372(9):793-795.

73. Cook D, Brown D, Alexander R, et al. Lessons learned from the fate of AstraZeneca's drug pipeline. *Nat Rev Drug Discovery*. 2014;13(6):419-431.
74. Brown DG, Wobst HJ. Opportunities and challenges in phenotypic screening. *Drug Discovery Today*. 2020;25(2):310-315.
75. Schneider G. Automating drug discovery. *Nat Rev Drug Discovery*. 2018;17(2):97-113.
76. Guney E, Menche J, Vidal M, Barabási AL. Network-based in silico drug efficacy screening. *Nat Commun*. 2016; 7:10331.
77. Zeng X, Zhu S, Liu X, Zhou Y, Nussinov R, Cheng F. deepDR: a network-based deep learning approach. *Bioinformatics*. 2019;35(24):5191-5198.
78. Himmelstein DS, Lizée A, Hessler C, et al. Systematic integration of biomedical knowledge. *eLife*. 2017;6: e26726.
79. Barabási AL, Goldbach N, Loscalzo J. Network medicine. *Nat Rev Genet*. 2011;12(1):56-
80. Goh KI, Cusick ME, Valle D, Childs B, Vidal M, Barabási AL. The human disease network. *Proc Natl Acad Sci USA*. 2007;104(21):8685-8690.
81. Schneider G. Automating drug discovery. *Nat Rev Drug Discovery*. 2018;17(2):97-113.
82. Vamathevan J, Clark D, Czodrowski P, et al. Applications of machine learning in drug discovery and development. *Nat Rev Drug Discovery*. 2019;18(6):463-477.
83. Paul D, Sanap G, Shenoy S, et al. Artificial intelligence in drug discovery and development. *Drug Discovery Today*. 2021;26(1):80-93
84. Gorgulla C, Boeszoermyeni A, Wang ZF, et al. An open-source drug discovery platform enables ultra-large virtual screens. *Nature*. 2020;580(7805):663-668.
85. Lyu J, Wang S, Balias TE, et al. Ultra-large library docking for discovering new chemotypes. *Nature*. 2019;566(7743):224-229.
86. Walters WP, Murcko MA. Assessing the impact of generative AI on medicinal chemistry. *Nat Biotechnology*. 2020;38(2):143-145.
87. Cherkasov A, Muratov EN, Fourches D, et al. QSAR modeling: where have you been? Where are you going to? *J Med Chem*. 2014;57(12):4977-5010.
88. Muratov EN, Bajorath J, Sheridan RP, et al. QSAR without borders. *Chem Soc Rev*. 2020;49(11):3525-3564.
89. Tropsha A. Best practices for QSAR model development. *Mol Inform*. 2010;29(6-7):476-488.
90. Pagadala NS, Syed K, Tuszynski J. Software for molecular docking. *Biophys Rev*. 2017;9(2):91-102.
91. Pinzi L, Rastelli G. Molecular docking: shifting paradigms in drug discovery. *Int J Mol Sci*. 2019;20(18):4331.
92. Hollingsworth SA, Dror RO. Molecular dynamics simulation for drug discovery. *Neuron*. 2018;99(6):1129-1143.
93. Elton DC, Boukouvalas Z, Fuge MD, Chung PW. Deep learning for molecular design. *Mol Syst Des Eng*. 2019;4(4):828-849.
94. Blaschke T, Olivecrona M, Engkvist O, Bajorath J, Chen H. Application of generative autoencoder in de novo molecular design. *Mol Inform*. 2018;37(1-2):1700123.

95. Zhavoronkov A, Ivanenkov YA, Aliper A, et al. Deep learning enables rapid identification of potent DDR1 kinase inhibitors. *Nat Biotechnology*. 2019;37(9):1038-1040.
96. Brown N, Ertl P, Lewis R, Luksch T, Reker D. Artificial intelligence in chemistry and drug design. *J Med Chem*. 2020;63(16):8664-8684.
97. Ekins S, Puhl AC, Zorn KM, et al. Exploiting machine learning for end-to-end drug discovery. *Nat Mater*. 2019;18(5):435-441.
98. Mak KK, Pichika MR. Artificial intelligence in drug development. *Drug Discovery Today*. 2019;24(3):773-780.
99. Chen H, Engkvist O, Wang Y, Olivecrona M, Blaschke T. The rise of deep learning in drug discovery. *Drug Discovery Today*. 2018;23(6):1241-1250.
100. Zhavoronkov A. Artificial intelligence for drug discovery and biomarker development. *Mol Pharm*. 2018;15(10):4311-4313.
101. Schneider P, Walters WP, et al. Rethinking drug design in the artificial intelligence era. *Nat Rev Drug Discovery*. 2020;19(5):353-364.
109. Rifaioglu AS, Atas H, Martin MJ, et al. Recent applications of deep learning in drug-target interaction prediction. *Front Bioeng Biotechnol*. 2019; 7:206.
110. Öztürk H, Özgür A, Ozkirimli E. DeepDTA: deep drug-target binding affinity prediction. *Bioinformatics*. 2018;34(17): i821-i829.
111. Harrer S, Shah P, Antony B, Hu J. Artificial intelligence for clinical trial design. *Trends Pharmacol Sci*. 2019;40(8):577-591.
112. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med*. 2019;25(1):44-56.
113. Woo M. An AI boost for clinical trials. *Nature*. 2019;573: S100-S102.
114. Weng C, Szolovits P. Clinical trial eligibility criteria and patient recruitment. *J Am Med Inform Assoc*. 2011;18(Suppl 1): i9-i14.
115. Beaulieu-Jones BK, Greene CS. Semi-supervised learning of electronic health records. *J Biomed Inform*. 2016; 64:168-178.
116. Wong CH, Siah KW, Lo AW. Estimation of clinical trial success rates and related parameters. *Biostatistics*. 2019;20(2):273-286.
117. Liu R, Rizzo S, Whipple S, Pal N, Pineda AL, Lu M, et al. Evaluating eligibility criteria of oncology trials using AI. *Nat Biotechnol*. 2021;39(12):1529-1535.
118. Mahajan R, Gupta K. Food and Drug Administration's critical path initiative and innovations in clinical trials. *Perspect Clin Res*. 2010;1(3):117-122.
119. Beninger P. Process and challenges of clinical trial recruitment. *Clin Investig (Lond)*. 2018;8(2):75-85.
120. Deo RC. Machine learning in medicine. *Circulation*. 2015;132(20):1920-1930.
121. Rajkomar A, Dean J, Kohane I. Machine learning in medicine. *N Engl J Med*. 2019;380(14):1347-1358.
122. Beam AL, Kohane IS. Big data and machine learning in health care. *JAMA*. 2018;319(13):1317-1318.

123. Esteva A, Robicquet A, Ramsundar B, Kuleshov V, DePristo M, Chou K, et al. A guide to deep learning in healthcare. *Nat Med.* 2019;25(1):24-29.
124. Sendak MP, D'Arcy J, Kashyap S, Gao M, Nichols M, Corey K, et al. A path for translation of machine learning products into healthcare delivery. *EMJ Innov.* 2020;4(1):45-52.
125. Kelly CJ, Karthikesalingam A, Suleyman M, Corrado G, King D. Key challenges for delivering clinical impact with AI. *BMC Med.* 2019;17(1):195.
126. Sherman RE, Anderson SA, Dal Pan GJ, Gray GW, Gross T, Hunter NL, et al. Real-world evidence—what is it and what can it tell us? *N Engl J Med.* 2016;375(23):2293-2297.
127. Corrigan-Curay J, Sacks L, Woodcock J. Real-world evidence and real-world data for evaluating drug safety and effectiveness. *Clin Pharmacol Ther.* 2018;104(5):899-902.
128. Makady A, de Boer A, Hillege H, Klungel O, Goettsch W. What is real-world data? A review of definitions. *Adv Ther.* 2017;34(11):2538-2549.
129. Khozin S, Blumenthal GM, Pazdur R. Real-world data for clinical evidence generation. *J Natl Cancer Inst.* 2017;109(11):djj187.
130. Wang SV, Pinheiro S, Hua W, Arlett P, Uyama Y, Berlin JA, et al. STaRT-RWE framework. *BMJ.* 2021;372:m4856.
131. Franklin JM, Schneeweiss S. Real-world evidence in medicine development and regulation. *Clin Pharmacol Ther.* 2017;102(6):924-926.
132. Fleming N. How artificial intelligence is changing drug discovery. *Nature.* 2018;557(7706): S55-S57.
133. Mak KK, Pichika MR. Artificial intelligence in drug development. *Drug Discovery Today.* 2019;24(3):773-780.
134. Paul D, Sanap G, Shenoy S, Kalyane D, Kalia K, Tekade RK. Artificial intelligence in drug discovery and development. *Drug Discovery Today.* 2021;26(1):80-93.
135. Schneider G. Automating drug discovery. *Nat Rev Drug Discovery.* 2018;17(2):97-113.
136. Walters WP, Murcko MA. Assessing the impact of AI on medicinal chemistry. *Nat Biotechnol.* 2020;38(2):143-145.
137. Elton DC, Boukouvalas Z, Fuge MD, Chung PW. Deep learning for molecular design. *Mol system Des Eng.* 2019;4(4):828-849.
138. 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):1038-1040.
139. Stokes JM, Yang K, Swanson K, Jin W, Cubillos-Ruiz A, Donghia NM, et al. A deep learning approach to antibiotic discovery. *Cell.* 2020;180(4):688-702.
140. Ekins S, Puhl AC, Zorn KM, Lane TR, Russo DP, Klein JJ, et al. Exploiting machine learning for end-to-end drug discovery. *Nat Mater.* 2019;18(5):435-441.
141. Kourou K, Exarchos TP, Exarchos KP, Karamouzis MV, Fotiadis DI. Machine learning applications in cancer prognosis and prediction. *Computer Struct Biotechnol J.* 2015; 13:8-17.

142. Bibault JE, Giraud P, Burgun A. Big data and machine learning in radiation oncology. *Lancet Oncol.* 2016;17(12): e526-e531.
143. Chaudhary K, Poirion OB, Lu L, Garmire LX. Deep learning-based multi-omics integration for cancer prognosis prediction. *Bioinformatics.* 2018;34(22):3907-3914.
144. Esteva A, Kuprel B, Novoa RA, Ko J, Swetter SM, Blau HM, et al. Dermatologist-level classification of skin cancer using deep neural networks. *Nature.* 2017;542(7639):115-118.
145. Jiang F, Jiang Y, Zhi H, Dong Y, Li H, Ma S, et al. Artificial intelligence in healthcare: past, present and future. *Stroke Vasc Neurol.* 2017;2(4):230-243.
146. Huang S, Yang J, Fong S, Zhao Q. Artificial intelligence in cancer diagnosis and prognosis. *Cancer Lett.* 2020; 471:61-71.
147. Jo T, Nho K, Saykin AJ. Deep learning in Alzheimer's disease. *Neurotherapeutics.* 2019;16(3):577-588.
148. Vieira S, Pinaya WHL, Mechelli A. Using machine learning and neuroimaging to diagnose brain disorders. *Neuroimage.* 2017; 145:201-209.
149. Grueso S, Viejo-Sobera R. Machine learning methods in neurological diseases. *Neurologia.* 2021;36(9):681-692.
150. Topol EJ. High-performance medicine: the convergence of human and artificial intelligence. *Nat Med.* 2019;25(1):44-56.
151. Rajkomar A, Dean J, Kohane I. Machine learning in medicine. *N Engl J Med.* 2019;380(14):1347-1358.
152. Beam AL, Kohane IS. Big data and machine learning in health care. *JAMA.* 2018;319(13):1317-1318.
153. World Health Organization. Ethics and Governance of Artificial Intelligence for Health. Geneva: WHO; 2021.
154. European Commission. Ethics Guidelines for Trustworthy Artificial Intelligence. Brussels; 2019.
155. U.S. Food and Drug Administration. Artificial Intelligence/Machine Learning (AI/ML)-Based Software as a Medical Device (SaMD) Action Plan. Silver Spring, MD; 2021.
156. U.S. Food and Drug Administration. Good Machine Learning Practice for Medical Device Development: Guiding Principles. 2021.
157. European Medicines Agency. Reflection Paper on the Use of Artificial Intelligence in the Medicinal Product Lifecycle. Amsterdam: EMA; 2023.
158. Goodman KW. Ethics, Medicine, and Information Technology: Intelligent Machines and the Transformation of Health Care. Cambridge University Press; 2016.
159. Floridi L, Cowls J. A unified framework of five principles for AI in society. *Harv Data Sci Rev.* 2019;1(1):1-15.
160. Doshi-Velez F, Kim B. Towards a rigorous science of interpretable machine learning. arXiv preprint. 2017.
161. Samek W, Wiegand T, Müller KR. Explainable artificial intelligence: Understanding, visualizing and interpreting deep learning models. arXiv. 2017.
162. Holzinger A, Langs G, Denk H, Zatloukal K, Müller H. Causability and explainability of artificial intelligence in

medicine. WIREs Data Mining Knowl Discovery. 2019;9(4): e1312.

163. Jobin A, Ienca M, Vayena E. The global landscape of AI ethics guidelines. Nat Mach Intell. 2019;1(9):389–399.

164. Mittelstadt BD, Allo P, Taddeo M, Wachter S, Floridi L. The ethics of algorithms: Mapping the debate. Big Data Soc. 2016;3(2):1–21.

165. Price WN, Cohen IG. Privacy in the age of medical big data. Nat Med. 2019;25(1):37–43.

166. Kaissis G, Makowski M, Rückert D, Braren RF. Secure, privacy-preserving and federated machine learning in medical imaging. Nat Mach Intell. 2020;2(6):305–311.

167. Reddy S, Allan S, Coghlan S, Cooper P. A governance model for the application of AI in healthcare. J Am Med Inform Assoc. 2020;27(3):491–497.

168. Mesko B, Görög M. A short guide for medical professionals in the era of artificial intelligence. NPJ Digit Med. 2020; 3:126.

169. Gerke S, Minssen T, Cohen G. Ethical and legal challenges of artificial intelligence-driven healthcare. Artif Intell Healthc. 2020;295–336.

170. Char DS, Shah NH, Magnus D. Implementing machine learning in health care—addressing ethical challenges. N Engl J Med. 2018;378(11):981–983.

171. Arrieta AB, Díaz-Rodríguez N, Del Ser J, Benetot A, Tabik S, Barbado A, et al. Explainable Artificial Intelligence (XAI): Concepts, taxonomies, opportunities and challenges toward responsible AI. Inf Fusion. 2020; 58:82–115.

172. Rudin C. Stop explaining black box machine learning models for high stakes decisions and use interpretable models instead. Nat Mach Intell. 2019;1(5):206–215.

173. London AJ. Artificial intelligence and black-box medical decisions: Accuracy versus explainability. Hastings Cent Rep. 2019;49(1):15–21.

174. Wiens J, Saria S, Sendak M, Ghassemi M, Liu VX, Doshi-Velez F, et al. Do no harm: A roadmap for responsible machine learning for health care. Nat Med. 2019;25(9):1337–1340.

175. Jiang F, Jiang Y, Zhi H, Dong Y, Li H, Ma S, et al. Artificial intelligence in healthcare: Past, present and future. Stroke Vasc Neurol. 2017;2(4):230–243.

176. Yu KH, Beam AL, Kohane IS. Artificial intelligence in healthcare. Nat Biomed Eng. 2018;2(10):719–731.

177. Davenport T, Kalakoda R. The potential for artificial intelligence in healthcare. Future Healthc J. 2019;6(2):94–98.

178. He J, Baxter SL, Xu J, Xu J, Zhou X, Zhang K. The practical implementation of artificial intelligence technologies in medicine. Nat Med. 2019;25(1):30–36.

179. Taddeo M, Floridi L. How AI can be a force for good. Science. 2018;361(6404):751–752.

180. Morley J, Machado CCV, Burr C, Cows J, Joshi I, Taddeo M, et al. The ethics of AI in health care: A mapping review. Soc Sci Med. 2020; 260:113172.

181. Leslie D. Understanding artificial intelligence ethics and safety. London: The Alan Turing Institute; 2019.

182. Cath C. Governing artificial intelligence: Ethical, legal and technical opportunities and challenges. *Philos Trans A Math Phys Eng Sci.* 2018;376(2133):20180080.
183. Fjeld J, Achten N, Hilligoss H, Nagy A, Srikumar M. Principled Artificial Intelligence: Mapping consensus in ethical and rights-based approaches to principles for AI. Berkman Klein Center Research Publication. 2020; 1:1–39.
184. McCradden MD, Joshi S, Anderson JA, Mazwi M, Goldenberg A. Patient safety and quality improvement in the age of AI. *NPJ Digit Med.* 2020; 3:172.
185. Amann J, Blasimme A, Vayena E, Frey D, Madai VI. Explainability for artificial intelligence in healthcare: A multidisciplinary perspective. *BMC Med Inform Decis Mak.* 2020;20(1):310.
186. Naik N, Hameed BMZ, Shetty DK, Swain D, Shah M, Paul R, et al. Legal and ethical considerations in artificial intelligence in healthcare. *J Clin Med.* 2022;11(18):5412.
187. European Parliament. Artificial Intelligence Act: European Union Regulatory Framework for Artificial Intelligence. Brussels: European Union; 2024.
188. World Economic Forum. Empowering AI Leadership: AI Governance and Responsible Innovation. Geneva: World Economic Forum; 2024.
189. Chen H, Engkvist O, Wang Y, Olivecrona M, Blaschke T. The rise of deep learning in drug discovery. *Drug Discovery Today.* 2018;23(6):1241–1250.
190. Walters WP, Murcko MA. Assessing the impact of generative AI on medicinal chemistry. *Nat Biotechnology.* 2020;38(2):143–145.
191. Paul D, Sanap G, Shenoy S, Kalyane D, Kalia K, Tekade RK. Artificial intelligence in drug discovery and development. *Drug Discovery Today.* 2021;26(1):80–93.
192. Ekins S, Puhl AC, Zorn KM, et al. Exploiting machine learning for end-to-end drug discovery and development. *Nat Mater.* 2019;18(5):435–441.
193. Vamathevan J, Clark D, Czodrowski P, et al. Applications of machine learning in drug discovery and development. *Nat Rev Drug Discovery.* 2019;18(6):463–477.
194. Mehrabi N, Morstatter F, Saxena N, Lerman K, Galstyan A. A survey on bias and fairness in machine learning. *ACM Comput Surv.* 2021;54(6):1–35.
195. Rajkomar A, Hardt M, Howell MD, Corrado G, Chin MH. Ensuring fairness in machine learning to advance health equity. *Ann Intern Med.* 2018;169(12):866–872.
196. Obermeyer Z, Powers B, Vogeli C, Mullainathan S. Dissecting racial bias in an algorithm used to manage the health of populations. *Science.* 2019;366(6464):447–453.
197. Char DS, Shah NH, Magnus D. Implementing machine learning in health care—addressing ethical challenges. *N Engl J Med.* 2018;378(11):981–983.
198. Jobin A, Ienca M, Vayena E. The global landscape of AI ethics guidelines. *Nat Mach Intell.* 2019;1(9):389–399.
199. Samek W, Wiegand T, Müller KR. Explainable artificial intelligence: Understanding, visualizing and interpreting deep learning models. *arXiv.* 2017.

200. Doshi-Velez F, Kim B. Towards a rigorous science of interpretable machine learning. arXiv. 2017. Molnar C. Interpretable Machine Learning. 2nd ed. 2022.
201. Rudin C. Stop explaining black box machine learning models for high-stakes decisions and use interpretable models instead. *Nat Mach Intell.* 2019;1(5):206–215.
202. Holzinger A, Carrington A, Müller H. Measuring the quality of explanations. *Front Artif Intell.* 2020; 3:1–12.
203. Topol EJ. High-performance medicine: The convergence of human and artificial intelligence. *Nat Med.* 2019;25(1):44–56.
204. Jiang F, Jiang Y, Zhi H, et al. Artificial intelligence in healthcare: Past, present and future. *Stroke Vasc Neurol.* 2017;2(4):230–243.
205. Yu KH, Beam AL, Kohane IS. Artificial intelligence in healthcare. *Nat Biomed Eng.* 2018;2(10):719–731.
206. Zhavoronkov A, Ivanenkov YA, Aliper A, et al. Deep learning enables rapid identification of potent DDR1 kinase inhibitors. *Nat Biotechnology.* 2019;37(9):1038–1040.
207. Schneider G. Automating drug discovery. *Nat Rev Drug Discovery.* 2018;17(2):97–113.
208. Elton DC, Boukouvalas Z, Fuge MD, Chung PW. Deep learning for molecular design. *Mol System des Eng.* 2019;4(4):828–849.
209. Jumper J, Evans R, Pritzel A, et al. Highly accurate protein structure prediction with AlphaFold. *Nature.* 2021;596(7873):583–589.
210. Hassabis D, Jumper J. The AI revolution in biology. *Nat Rev Drug Discovery.* 2024;23(1):1–2.
211. Coravos A, Khozin S, Mandl KD. Developing and adopting safe and effective digital biomarkers. *NPJ Digit Med.* 2019; 2:14.
212. Björnsson B, Borrebaeck C, Elander N, et al. Digital twins to personalize medicine. *Genome Med.* 2020;12(1):1–4.
213. Mak KK, Pichika MR. Artificial intelligence in drug development: Present status and future prospects. *Drug Discovery Today.* 2019;24(3):773–780.
214. Gupta R, Srivastava D, Sahu M, et al. Artificial intelligence to deep learning: Machine intelligence approach for drug discovery. *Mol Divers.* 2021;25(3):1315–1360.
215. Stokes JM, Yang K, Swanson K, et al. A deep learning approach to antibiotic discovery. *Cell.* 2020;180(4):688–702.
216. Lee J, Davari H, Singh J, Pandhare V. Industrial AI and smart manufacturing. *Manufacturing Lett.* 2018; 18:20–23.
217. Wang K, Wang Y, Liu H. Artificial intelligence in pharmaceutical manufacturing. *Pharmaceutics.* 2023;15(3):1–20.
218. Xu X, Lu Y, Vogel-Heuser B, Wang L. Industry 4.0 and smart manufacturing. *Int J Prod Res.* 2021;59(8):2941–2962.
219. Topol EJ. The future of AI in medicine. *Lancet.* 2024;403(10430):1234–1236.
220. He J, Baxter SL, Xu J, Xu J, Zhou X, Zhang K. The practical implementation of AI technologies in medicine. *Nat Med.* 2019;25(1):30–36.