World Journal of Pharmaceutical

Science and Research

www.wjpsronline.com

<u>Review Article</u>

ARTIFICIAL INTELLIGENCE USED IN MEDICAL HEALTHCARE

Chaitanya Gaikwad*, Akshada Karad, Darshan Patkar, Kaveri Jigjeni and Prof. Priyanka Panmand

IVMs, Krishnarao Bhegade Institute of Pharmaceutical Education and Research, Talegaon Dabhade, Pune,

Maharashtra, 410507.

Article Received: 04 October 2024 | Article Revised: 26 October 2024 | Article Accepted: 17 November 2024

*Corresponding Author: Chaitanya Gaikwad

IVMs, Krishnarao Bhegade Institute of Pharmaceutical Education and Research, Talegaon Dabhade, Pune, Maharashtra, 410507. **DOI:** <u>https://doi.org/10.5281/zenodo.14252579</u>

How to cite this Article: Chaitanya Gaikwad*, Akshada Karad, Darshan Patkar, Kaveri Jigjeni and Prof. Priyanka Panmand (2024). ARTIFICIAL INTELLIGENCE USED IN MEDICAL HEALTHCARE. World Journal of Pharmaceutical Science and Research, 3(6), 130-142. https://doi.org/10.5281/zenodo.14252579

Copyright © 2024 Avril Mathias | World Journal of Pharmaceutical Science and Research. This work is licensed under creative Commons Attribution-NonCommercial 4.0 International license (CC BY-NC 4.0)

ABSTRACT

AI in healthcare leverages technologies like machine learning, natural language processing, and deep learning to improve patient care and streamline operations. By analyzing vast amounts of data, AI enhances decision-making, predicts patient outcomes, and optimizes resource management. This proactive approach allows healthcare professionals to identify potential issues earlier, personalize treatment plans, and ultimately improve overall healthcare efficiency and patient experiences. The healthcare industry is in the midst of a transformation. Healthcare systems around the world face huge issues, including a lack of access, high costs, waste, and an older population. Pandemics like the coronavirus (COVID-19) put a strain on healthcare systems, resulting in a lack of protective equipment, insufficient or erroneous diagnostic tests, overworked physicians, and a lack of information exchange, to mention a few consequences. More crucially, a healthcare catastrophe like COVID-19 or the development of the human immunodeficiency virus (HIV) in the 1980s exposes the stark reality of our health-care systems' flaws.

KEYWORDS: Artificial Inteligence, Clinical Decision Making, Management, Ethics, Healthcare.

INTRODUCTION

Artificial intelligence (AI) broadly refers to any human-like behavior displayed by a machine or system. In AI's most basic form, computers are programmed to "mimic" human behavior using extensive data from past examples of similar behavior. This can range from recognizing differences between a cat and a bird to performing complex activities in a manufacturing facility.^[1]

Healthcare systems around the world face huge issues, including a lack of access, high costs, waste, and an older population.^[2] Pandemics like the coronavirus (COVID-19) put a strain on healthcare systems, resulting in a lack of

protective equipment, insufficient or erroneous diagnostic tests, overworked physicians, and a lack of information exchange, to mention a few consequences.^[3]

When a person develops respiratory symptoms and suspects COVID-19, they typically seek medical attention or use available testing methods to confirm the infection. In this situation, the availability and use of data can significantly impact diagnosis, treatment, and the patient's overall journey. Data from previous cases, test results, medical history, and even contact tracing can assist healthcare professionals in making timely, accurate decisions.^[4]

For example, early and accurate diagnostic data from rapid testing methods or laboratory-confirmed tests like PCR help determine whether the patient has COVID-19, which is crucial for timely treatment, isolation, and contact management. Data analytics can also track disease progression, predict complications based on similar cases, and guide treatment protocols (such as medication use, hospitalization, or home care).^[5]

In your capstone project, by exploring the patient journey through different data-driven scenarios, you'll get hands-on experience in understanding how decisions at various stages (such as testing, treatment choices, and patient monitoring) generate different datasets.^[6] These datasets impact patient outcomes and contribute to broader public health efforts. Ethical and regulatory considerations also play a significant role, as patient privacy, data security, and compliance with medical standards must be maintained throughout the process. This experience will show you how leveraging data mining in healthcare can transform patient care by enabling more informed, precise, and ethical decision-making.^[7]

In healthcare, precision medicine is a powerful application of traditional machine learning, where the goal is to tailor medical treatments to individual patients by predicting which treatment protocols will be most effective based on their unique characteristics and the treatment context. Machine learning models analyze vast datasets that include patient attributes like genetics, medical history, lifestyle factors, and the outcomes of different treatments. This allows clinicians to make more personalized and effective treatment decisions.^[8]

Most machine learning applications in precision medicine use supervised learning, where the algorithm is trained on a dataset where both the input variables (e.g., patient features) and the outcome variable (e.g., the occurrence of a disease or the success of a treatment) are known. The model learns from this labeled data to recognize patterns and make predictions about new, unseen cases. For example, by analyzing how certain patient characteristics have correlated with treatment success in the past, machine learning models can predict how a new patient with similar characteristics might respond to the same treatment. This approach has the potential to significantly improve outcomes, reduce trial-and-error in treatment, and lower healthcare costs.^[9]

However, it requires high-quality, well-annotated datasets and raises important ethical questions regarding data privacy, fairness, and bias in healthcare decisions. AI is not one ubiquitous, universal technology, rather, it represents several subfields (such as machine learning and deep learning) that, individually or in combination, add intelligence to applications. Machine learning (ML) refers to the study of algorithms that allow computer programs to automatically improve through experience. ML itself may be categorised as 'supervised', 'unsupervised' and 'reinforcement learning' (RL), and there is ongoing research in various sub-fields including 'semi-supervised', 'self-supervised' and 'multi-instance' ML.^[10]

Need of AI in Medical Healthcare?

- 1) **Improved Diagnostics:** AI algorithms can analyze medical images and data faster and often more accurately than human practitioners, aiding in early detection of diseases like cancer.
- Personalized Medicine: AI can analyze genetic information and patient history to tailor treatments specific to individuals, enhancing treatment effectiveness.^[11]
- **3) Drug Discovery:** AI accelerates the drug discovery process by simulating and analyzing potential drug interactions and effects, reducing the time and cost associated with bringing new drugs to market.
- **4) Telemedicine:** AI-powered tools facilitate remote patient monitoring and virtual consultations, improving access to care, especially in underserved areas.^[12]

Over, All holds The potential to Transform Healthcare Delivery, Improve Patient Outcomes and Reduce Costs.



Figure No 1: Role of AI in Healthcare.

1) Medical imaging and diagnostic

Medical imaging comprises different imaging modalities and processes to image human body for diagnostic and treatment purposes. It is also used to follow the course of a disease already diagnosed and/or treated.^[13]

2) Virtual Patient Care

The World Health Organization (WHO) has encouraged healthcare systems to prioritize the development, evaluation, implementation, and expansion of digital health innovations (DHI) and to integrate these new technologies into existing health system infrastructures1. Similarly, in 2022, the Food and Drug Administration (FDA) commissioned a document focused on advancing the digital health landscape and highlighted the potential of DHI to improve access to care in underserved populations. This has particular relevance for cardiovascular disease (CVD), which remains the leading cause of death worldwide.^[14]

A focus on lifestyle modification and adherence to effective preventive therapies is the cornerstone of CVD prevention and management, which can be augmented with advancing technology. DHI refers to healthcare delivered via the internet, wearable devices, mobile applications and emerging computational methods leveraging big data and artificial intelligence. Artificial intelligence (AI) is defined as the capability of a machine to imitate intelligent human behavior or perform tasks that normally require human intelligence A continuum of AI exists that ranges from situations where machines repeat many human tasks (assisted), enable humans to do more than they are capable of doing (augmented) and fully accomplish tasks on their own without human intervention. The use of AI to improve medical diagnosis and risk assessment has increased dramatically over the past decade.^[4,5] Since the FDA first began reviewing AI-enabled devices in 1995, over 800 clinical AI-assisted algorithms have been approved, with cardiovascular disease among the top specialities for FDA-approved AI algorithms.^[15]

A Deep learning is a subset of machine learning (ML), which is a subset of artificial intelligence. B Architecture of an ML convolutional neural network (CNN) with two hidden layers. >3 layers qualifies as deep learning. C–E Logistic regression vs. CNN. Traditional cardiovascular risk estimates use logistic regression models, which excel when data is linearly separable (C) but not as well in complex situations (D). ML can generate more complex decision boundaries (E).^[16]



Figure No 2:- Process of Virtual Patient Care.

3) Patient Engagement and Engagement

Patients are defined as one of the crucial stakeholders of health care and decision-making, and this shows the need for involving them in the treatment process. It is an ideal healthcare situation in which patients are well informed and motivated to be involved in their own medical care, and it is a means of ensuring that patients are provided the right care appropriate to the individual characteristics, needs, preferences, and conditions of the patients.^[17]

In addition to the patient, other stakeholders also influence this engagement. In Marzban et al. study, a model for PE leadership was presented by considering and combining all stakeholders: data and technology partners, providers and delivery roles, healthcare organizations, patients/families, and payor organizations. An appropriate interaction between these stakeholders and their capacity is effective in shaping PE. Also, PE can affect the costs and other aspects.

Engaged patients can improve health outcomes and transform health care. Patients have several expectations of the health system in regard to value, responsibility, transparency, choice, and engagement.^[18]

4) Adminisrative Application

The trend to use administrative health care databases as research material is increasing but not well explored. Taiwan's National Health Insurance Research Database (NHIRD), one of the largest administrative health care databases around the world, has been used widely in academic studies. This study analyzed 383 NHIRD studies published between 2000 and 2009 to quantify the effects on overall growth, scholar response, and spread of the study fields. The NHIRD studies expanded rapidly in both quantity and quality since the first study was published in 2000. Researchers usually collaborated to share knowledge, which was crucial to process the NHIRD data. However, once the fundamental problem had been overcome, success to get published became more reproducible. NHIRD studies were also published diversely in a growing number of journals. Both general health and clinical science studies benefited from NHIRD. In conclusion, this new research material widely promotes scientific production in a greater magnitude. The experience of Taiwan's NHIRD should encourage national- or institutional-level data holders to consider re-using their administrative databases for academic Purposes.^[19]

5) Rehabilitation

Robotic technology is expected to transform rehabilitation settings, by providing precise, repetitive, and task-specific interventions, thereby potentially improving patients' clinical outcomes. Artificial intelligence (AI) and machine learning (ML) have been widely applied in different areas to support robotic rehabilitation, from controlling robot movements to real-time patient assessment. To provide and overview the current landscape and the impact of AI/ML use in robotics rehabilitation, we performed a systematic review focusing on the use of AI and robotics in rehabilitation from a broad perspective, encompassing different pathologies and body districts, and considering both motor and neurocognitive rehabilitation. We searched the Scopus and IEEE Xplore databases, focusing on the studies involving human participants. After article retrieval, a tagging phase was carried out to devise a comprehensive and easilyinterpretable taxonomy: its categories include the aim of the AI/ML within the rehabilitation system, the type of algorithms used, and the location of robots and sensors. The selected articles span multiple domains and diverse aims, such as movement classification, trajectory prediction, and patient evaluation, demonstrating the potential of ML to revolutionize personalized therapy and improve patient engagement. ML is reported as highly effective in predicting movement intentions, assessing clinical outcomes, and detecting compensatory movements, providing insights into the future of personalized rehabilitation interventions. Our analysis also reveals pitfalls in the current use of AI/ML in this are, such as potential explainability issues and poor generalization ability when these systems are applied in real-world settings.[20]



Figure No 3:- AI for Re-habitation.

6) Medical Research and Drug Delivery

Drug delivery technology has evolved remarkably, driven by the need to address ever-increasing challenges. The first generation focused on improving the basic physicochemical properties of drugs, such as solubility, stability, and bioavailability. However, biological barriers like cell membranes and the blood-brain barrier emerged as significant hurdles. This led to the development of second-generation drug delivery systems specifically designed to overcome these biological barriers. These advancements employed mechanisms like enhanced penetration, targeted delivery to specific tissues or cells, and protection from degradation by the body's defense mechanisms. Ultimately, these secondgeneration approaches aimed to improve therapeutic efficacy and minimize side effects. Despite the progress made by the second-generation drug delivery technologies, it became clear that a comprehensive approach was needed to address both physicochemical and biological barriers. This led to the development of the third generation of drug delivery technologies. The third-generation drug delivery technologies aim to integrate solutions for both physicochemical and biological challenges. They seek to optimize drug properties, such as solubility, stability, and release kinetics, while also considering strategies to overcome biological barriers and enhance drug delivery to the target site. More recent research has explored various approaches to these interconnected issues. Significant work has focused on improving poor water solubility through formulation strategies like modifying excipients. Developing controlled and targeted delivery of proteins, peptides, and other complex drugs has also been a major focus. The later drug development process increasingly utilizes molecular biology, genomics, recombinant techniques, and monoclonal antibodies to enhance therapeutic profiles. Still, some major challenges must be addressed to effectively overcome

human physiology limits, drug intolerance issues, and pathogenic resistance problems demand acceleration of new ways of thinking for possible new methods for better results.^[21]



Figure No 4:- Adaptive CRT Intervention.

Due to the high degree of uncertainty and undiscovered pathophysiology, the complex drug development process also faces challenges in target identification for nervous system issues and disorders. Current pharmaceutical research also faces challenges in recapitulating diseases through animal models addressing patient population heterogeneity through enhanced clinical phenotyping and endotyping. To ensure the proper validation of diagnostic and therapeutic biomarkers for the easy detection of biological states and to navigate the stringent regulatory process, it is crucial to implement appropriate changes at an institutional level to facilitate interdisciplinary explorations. The advancement of technology and the development of skills will play a significant role in addressing these challenges and bridging the gap between academia and the pharmaceutical industry. The industry also faces major challenges, including batch-to-batch variation, ease of process for identification of best drug design, and implementation of economically viable design for profitable business. Innovations are required in various segments of pharmaceutical research to establish robust manufacturing processes that comply with quality specifications, enable ease of continuous manufacturing, minimize process deviations, and ensure compliance with regulatory authorities. These innovations in pharmaceutical manufacturing will help reduce financial and supply risks by enabling effective quality-based production of pharmaceutical products to meet the increasing global demand for medicines.^[22]

Artificial intelligence (AI) and machine learning (ML) have great potential in drug development, bringing about several improvements in different research sectors. These include the identification of novel targets, a better understanding of disease and target associations, selection of drug candidates, predictions of protein structure, design of molecular compounds, enhanced exploration of disease mechanisms, and progressive research into prognostic and predictive

biomarkers. Additionally, AI and ML can provide significant inputs for biometric data analysis through wearable devices, precision medicine, and the execution of clinical trials data analysis for better experimental output in the pandemic era, utilizing proper data collection methods and site monitoring. The rapid advancement of computing capabilities and the refinement of ML and AI has transformed from a theoretical concept to a practical reality, enabling automated tasks performed by machines without human supervision. It exhibits unique and innovative characteristics, showcasing its ability to process information swiftly. Moreover, its cost-effectiveness has made it widely popular in various fields of biomedical sciences. ML, a subset of AI, involves the design of algorithms and focuses on accurately predicting outcome variables. It evaluates the presumed interpretation based on a given dataset. Deep learning (DL), a component of ML, is another term associated with AI.^[23]

Computational algorithms based on AI analyze "training sets" using pattern recognition and data inputs to classify and predict models and patterns with higher precision and accuracy than traditional statistical modeling conducted by humans AI combines comprehensive datasets with computer-aided learning to emulate human intelligence, harnessing its problem-solving and decision-making capabilities. By utilizing mathematical modeling and accurate predictions, AI can achieve tasks in biological sciences that were previously considered unattainable. It operates as a technology-driven system, employing a range of well-developed tools and networks to adopt a predictive approach. The medical field and the design of various drug delivery devices are among the numerous domains benefiting from AI's applications. The proliferation of data from devices like wearable sensors, smartphones, and medical instruments has created a need for more accurate and efficient data analysis, which can be facilitated by DL algorithms. Personalized medicine will become more prevalent in the future, although some physicians may hesitate to embrace rapid changes in established clinical practices.^[24]

CHALLENGES FACED BY UTILIZATION OF AI

1) Technical Challenges

- Data Quality and Availability: High-quality, labeled healthcare data is often limited due to privacy laws and fragmented systems, which restrict the data necessary for AI training.
- Interoperability: Healthcare data is stored across diverse systems that may not communicate seamlessly, making it difficult to integrate AI tools that rely on continuous data access.
- Scalability of Algorithms: AI models may perform well in controlled environments but struggle with real-world data variability when deployed at scale.^[25]

2) Operational Challenges

- Workflow Integration: Embedding AI into existing healthcare workflows can be disruptive if not done thoughtfully, potentially leading to resistance from healthcare professionals.
- **Resource Requirements**: AI deployment requires significant computational power, storage, and skilled personnel, all of which can be limiting factors, especially for smaller facilities.
- Maintenance and Updating: AI models require regular updates to stay effective, which demands ongoing resources and technical expertise.^[26]

3) Ethical Challenges

- **Bias and Fairness**: AI models may inadvertently learn biases from training data, which can lead to unfair treatment or misdiagnoses for certain populations.
- **Transparency and Explainability**: In healthcare, decisions need to be interpretable. Black-box AI models often lack explainability, making it difficult for practitioners to trust their recommendations.^[27]

4) Regulatory Challenges

- **Compliance with Privacy Laws**: Stringent privacy regulations (e.g., HIPAA in the U.S., GDPR in the EU) impose strict controls on data handling, complicating the use of AI on sensitive patient data.
- **Approval and Certification**: Medical AI tools often require certification (e.g., FDA approval) to ensure safety and efficacy, which can be a lengthy and costly process.
- **Liability and Accountability**: Defining accountability in cases of AI-related errors is complex, particularly in high-stakes environments like healthcare where mistakes can have severe consequences.

Each of these challenges requires a tailored approach to ensure that AI solutions in healthcare are not only effective but also safe, fair, and aligned with regulatory standards.^[28]

ADVANTAGES

1) Enhanced Diagnostics and Imaging

AI-driven algorithms, particularly those using deep learning, have shown remarkable accuracy in interpreting medical images (e.g., X-rays, MRIs) and diagnosing conditions like cancer, often on par with or surpassing human radiologists. This has improved diagnostic speed and reduced human error.

2) Predictive Analytics for Personalized Treatment

AI can analyze large datasets to identify patterns and predict disease progression, enabling personalized treatment plans tailored to individual patient needs. Predictive models help clinicians make data-driven decisions for conditions like diabetes, cardiovascular disease, and cancer.

Predictive Analytics for Personalized Treatment

AI can analyze large datasets to identify patterns and predict disease progression, enabling personalized treatment plans tailored to individual patient needs. Predictive models help clinicians make data-driven decisions for conditions like diabetes, cardiovascular disease, and cancer.

3) Remote Monitoring and Telemedicine

AI supports remote monitoring through wearable devices and telemedicine platforms, providing real-time health data analysis. This capability is critical for managing chronic diseases, allowing timely intervention and continuous care.

4) Drug Discovery and Development

AI accelerates the drug discovery process by analyzing biological data and predicting how drugs interact with specific targets. This speeds up R&D phases, potentially lowering the cost and time involved in bringing new drugs to market.

5) Drug Discovery and Development

AI accelerates the drug discovery process by analyzing biological data and predicting how drugs interact with specific targets. This speeds up R&D phases, potentially lowering the cost and time involved in bringing new drugs to market.

6) Improved Efficiency and Reduced Costs

By automating administrative and routine tasks, AI can reduce healthcare costs and improve operational efficiency. For example, AI chatbots and virtual assistants streamline patient interaction, reducing the burden on healthcare professionals.^[29]

DISADVANTAGES

1. Data Privacy and Security Risks

AI systems require vast amounts of personal health data, which makes them vulnerable to data breaches and cyberattacks. Compromised data could lead to loss of patient trust and.

2. High Implementation Costs

Developing and implementing AI systems in healthcare is often costly, requiring advanced technologies and skilled personnel. This can strain budgets, especially for smaller institutions, leading to inequality in AI access.

3. Algorithmic Bias and Inequality

AI models trained on biased data can perpetuate health disparities. If training data does not represent diverse populations, AI tools may yield inaccurate or biased results, disadvantaging certain groups.

4. Lack of Transparency (Black Box Problem)

Complex AI models, especially deep learning systems, operate as "black boxes" with limited explainability. This lack of transparency raises concerns among healthcare professionals who may not fully trust AI-based decisions without understanding the reasoning behind them.

5. Risk of Job Displacement

AI's automation of administrative and some clinical tasks could lead to job losses, particularly for roles that involve routine processes. This may impact healthcare staff morale and create resistance to AI adoption.

6. Over-Reliance on AI Systems

Over-reliance on AI could erode healthcare professionals' diagnostic skills, potentially leading to poorer decisionmaking when AI is unavailable or malfunctioning. Additionally, it might discourage professionals from critically analyzing AI-generated insights.^[30]

CONCLISION

In conclusion, AI is reshaping medical healthcare by offering advanced capabilities to improve diagnostics, treatment, and operational efficiency. Nonetheless, careful Oversight is Needed To ensure that its adoptionenhaces care while safeguarding patient rights and ensuring equitable access.

REFERANCES

- Ahmed Al Kuwaiti, Khalid Nazer, Abdullah Al-Reedy, Shaher Al-Shehri, Afnan Al-Muhanna, Arun Vijay Subbarayalu, Dhoha Al Muhanna and Fahad A. Al-Muhanna, A Review of the Role of Artificial Intelligence in Healthcare, Received: 17 March 2023, Revised: 11 May 2023, Accepted: 12 May 2023, Published: 5 June 2023.
- 2. Manas Dave & Neil Patel, Artificial intelligence in healthcare and education, Published: 26 May 2023.
- 3. Omar Ali, Wiem Abdelbaki, Anup Shrestha, Ersin Elbasi, Mohammad Abdallah, Ali Alryalat, A systematic literature review of artificial intelligence in the healthcare sector: Benefits, challenges, methodologies, and functionalities, Journal of Innovation & Knowledge, January–March 2023; 8(1): 100333.
- Owain David Williams, COVID-19 and Private Health: Market and Governance Failure, 2020; 63(2-4): 181-190, doi: 10.1057/s41301-020-00273-x. Epub 2020 Nov 17.
- 5. Ankita Meghani, Shreya Hariyani, Priyanka Das, Sara Bennett, Public sector engagement of private healthcare providers during the COVID-19 pandemic in Uttar Pradesh, India, Published: July 22, 2022.
- Rahim Hirani, Kaleb Noruzi, Hassan Khuram, Anum S. Hussaini, Esewi Iyobosa Aifuwa, Kencie E. Ely, Joshua M. Lewis, Ahmed E. Gabr, Abbas Smiley, Raj K. Tiwari and Mill Etienne, Artificial Intelligence and Healthcare: A Journey through History, Present Innovations, and Future Possibilities, Submission received: 11 March 2024 / Revised: 22 April 2024 / Accepted: 24 April 2024 / Published: 26 April 2024.
- 7. Anna Ratuszniak, Elzbieta Gos, Artur Lorens, Piotr H. Skarzynski, Henryk Skarzynski, W. Wiktor Jedrzejczak, Performance of ChatGPT in pediatric audiology as rated by students and experts, medRxiv 2024.10.24.24316037.
- Shuroug A. Alowais, Sahar S. Alghamdi, Nada Alsuhebany, Tariq Alqahtani, Abdulrahman I. Alshaya, Sumaya N. Almohareb, Atheer Aldairem, Mohammed Alrashed, Khalid Bin Saleh, Hisham A. Badreldin, Majed S. Al Yami, Shmeylan Al Harbi & Abdulkareem M. Albekairy, Revolutionizing healthcare: the role of artificial intelligence in clinical practice, *BMC Medical Education*, volume 23, Article number: 689 (2023), Published: 22 September 2023
- Diana E. Pankevich, Bruce M. Altevogt, John Dunlop, Fred H. Gage, Steve E. Hyman, Improving and Accelerating Drug Development for Nervous System Disorders, 5 November 2014; 84(3): 546-553.
- Amol D. Gholap, Md Jasim Uddin, Md Faiyazuddin, Abdelwahab Omri, S. Gowri, Mohammad Khalid, Advances in artificial intelligence for drug delivery and development: A comprehensive review, Computers in Biology and Medicine, August 2024; 178: 108702.
- Emma Fröling, Neda Rajaeean, Klara Sonnie Hinrichsmeyer, Dina Domrös-Zoungrana, Johannes Nico Urban, Christian Lenz, Artifcial Intelligence in Medical Afairs: A New Paradigm with Novel Opportunities, Accepted: 19 August 2024 / Published online: 11 September 2024
- 12. Evers M, Suresh B, Westra A, Zemp A. A vision for medical afairs in 2025. McKinsey & Company. 2023, Article number: 689 (2023).
- 13. Sorin V, Glicksberg BS, Artsi Y, Barash Y, Konen E, Nadkarni GN, et al. Utilizing large language models in breast cancer management: systematic review. J Cancer Res Clin. 2024.
- Ramírez-Mena A, Andrés-León E, Alvarez-Cubero MJ, AnguitaRuiz A, Martinez-Gonzalez LJ, Alcala-Fdez J. Explainable artificial intelligence to predict and identify prostate cancer tissue by gene expression. Comput Meth Prog Bio. 2023.

- 15. Haghir Ebrahim Abadi MH, Ghasemlou A, Bayani F, Sefdbakht Y, Vosough M, Mozafari-Jovin S, et al. AI-driven covalent drug design strategies targeting main protease (m(pro)) against SARSCoV-2: structural insights and molecular mechanisms. J Biomol Struct Dyn, 2024.
- 16. Jiang H, Guo J, Li J, Li C, Du W, Canavese F, et al. Artifcial neural network modeling to predict neonatal metabolic bone disease in the prenatal and postnatal periods. JAMA Netw Open, 2023.
- 17. Bohr A, Memarzadeh K. The rise of artifcial intelligence in healthcare applications. Artificial Intell Healthcare, 2020.
- 18. Rubinger L, Gazendam A, Ekhtiari S, Bhandari M. Machine learning and artifcial intelligence in research and healthcare. Injury, 2023.
- Kowsari K, Meimandi KJ, Heidarysafa M, Mendu S, Barnes L, Brown D. Text classification algorithms: a survey. Information, 2019.
- 20. Ross P, Spates K. Considering the safety and quality of Artifcial Intelligence in health care. It Comm J Qual Patient Saf, 2020.
- 21. Bedenkov A, Moreno C, Agustin L, Jain N, Newman A, Feng LN, et al. Customer centricity in medical affairs needs human-centric artificial intelligence. Pharm Med, 2021.
- 22. Aldoseri A, Al-Khalifa KN, Hamouda AM. Re-thinking data strategy and integration for artifcial intelligence: concepts, opportunities, and challenges. Appl Sci-Basel, 2023.
- Knevel R, Liao KP. From real-world electronic health record data to real-world results using artifcial intelligence. Ann Rheum Dis, 2023.
- 24. Askin S, Burkhalter D, Calado G, El Dakrouni S. Artificial Intelligence Applied to clinical trials: opportunities and challenges. Health Technology-Ger, 2023.
- 25. Liu F, Wechh C, Yu H. Advancing clinical research through natural language processing on electronic health records: traditional machine learning meets deep learning. In: Richesson RL, Andrews JE, editors. Clinical research informatics. Cham: Springer; 2019; 357–78.
- 26. Shamim MI. Artificial Intelligence in project management: enhancing eficiency and decision-making. Int J Manag Inf System Data Sci., 2024.
- 27. Fehr J, Citro B, Malpani R, Lippert C, Madai VI. A trustworthy AI reality-check: the lack of transparency of artificial intelligence products in healthcare. Front Digit Health, 2024.
- 28. Niemiec E. Will the EU medical device regulation help to improve the safety and performance of medical Al devices? Digit Health, 2022.
- 29. Khalid N, Qayyum A, Bilal M, Al-Fuqaha A, Qadir J. Privacy preserving artificial intelligence in healthcare: techniques and applications. Computer Biology Med, 2023.
- 30. Chanda T, Hauser K, Hobels berger S, Bucher TC, Garcia CN, Wies C, et al. Dermatologist-like explainable AI enhances trust and confidence in diagnosing melanoma. Net Communication, 2024.
- Alanazi A. Clinicians' views on using Artifcial Intelligence in healthcare: opportunities, challenges, and beyond. Cureus J Med Sci, 2023.
- 32. Garikapati D, Shetiya SS. Autonomous vehicles: evolution of Artifcial Intelligence and the current industry landscape. Big Data Cogn Comput, 2024.

- 33. Haghir Ebrahim Abadi MH, Ghasemlou A, Bayani F, Sefdbakht Y, Vosough M, Mozafari-Jovin S, et al. AI-driven covalent drug design strategies targeting main protease (m(pro)) against SARSCoV-2: structural insights and molecular mechanisms. J Biomolecules Structrue Dyn, 2024.
- 34. Bräm DS, Parrott N, Hutchinson L, Steiert B. Introduction of an artifcial neural network-based method for concentration-time predictions. Cpt-Pharmacomet Syst, 2022.
- 35. Ali S, Abuhmed T, El-Sappagh S, Muhammad K, Alonso-Moral JM, Confalonieri R, et al. Explainable Artificial Intelligence (XAI): what we know and what is left to attain trustworthy Artificial Intelligence. Inform Fusion, 2023.
- 36. Mathur L, Liang PP, Morency L. Advancing Social intelligence in AI agents: technical challenges and open questions. J Comput Sci, 2024.