

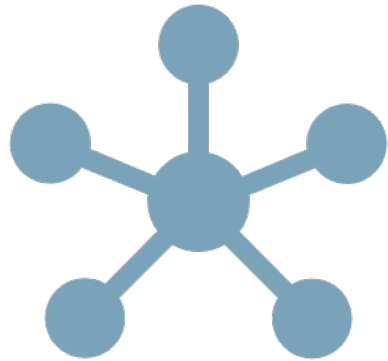


AI IN PHARMACOVIGILANCE - INDUSTRY PERSPECTIVE

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OPINIONS EXPRESSED ARE THOSE OF THE PRESENTER, NOT THE COMPANY OR ORGANISATION

DEVELOPED IN COLLABORATION WITH DR. ATTILA OLAH (M4E) AND DR. SVEN KOHLER (EFPIA)



Case Processing – efficiency, quality,
compliance



Steering of process – compliance,
effectiveness, quality



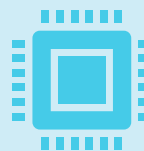
Downstream processes – authoring,
patient facing, prediction

AGENDA – DAY TO DAY APPLICATION AND GREATER POTENTIAL

AUTOMATION, AI, NEWEST TOPICS



Many automation topics can be addressed by rule based automation: specified, tested, validated, always producing what is wanted



AI in general is can be used for topics that cannot be addressed with rule based automation, e.g. free text analysis, unspecified actions based on previous data etc.



AI usage has downsides, e.g. and the biggest one, hallucination. AI does not have a fixed outcome and prompting techniques do not consistently produce the same outcome. Thus, it is not guaranteed that the requirements as written down are always fulfilled.



Agentic AI moves AI to a different level, introducing systems that are supposed to be ,autonomous, providing insights, ,thinking‘ and reasoning‘ – powerful and good when the right use case is there

HOW TO INTRODUCE AI IN A VALIDATED SYSTEM FOR CASE PROCESSING – AN EXAMPLE IN USE AT BOEHRINGER INGELHEIM

- Use of GenAI for intake of information from forms, such as CIOMS or from partially structured mails – easy to read and check, but can be used for any unstructured info coming in
- On top and within a validated computer system, being described in the validation plan and integrated in release frameworks
- No self learning algorithms
- Two factor human oversight:
 - Transparency of which data are read via AI with ability to change the data if wrong
 - Monitoring of accuracy through reports about manual changes and thus performance of the model
- Oversight, control, improvement through human pattern recognition

EXAMPLE

Source and screen view

RCT-10022025-0001509.pdf - version:1.0

1 of 1

Automatic Zoom

Message Subject : WG: NAVAX: Serious Adverse Event logged for study 1456-0001
site USA15 University [REDACTED] bject 1840015001
Received Time : Mon Feb 10 09:51:13 UTC 2025
Sender Address : ni [REDACTED] ngelheim.com
TO Addresses : SMD [REDACTED] ngelheim.com:
CC Addresses :
No. of Inline/ Attachments : 0

Message content follows :

A SAE has been logged on 1456-0001
Study: 1456-0001
Site: 1456-0001
Country : United States
Subject : 1840015001
Year of Birth : [REDACTED]
Gender : Male
Adverse Event : HYPOXIA
AE Start Date : 15 NOV 2024
AE End Date : 19 NOV 2024
AE Serious : Yes
AE Death : No
Life Threatening : No
Disability or Permanent Damage : No
Congenital Anomaly or Birth Defect : No
Hospitalization (Initial or Prolonged) : Yes Other Serious (Important Medical Events) : No Adverse Event of Special Interest : No
AE Outcome : Recovered/Resolved
Therapy for Event : Yes
Action Taken With Study Treatment : MULTIPLE Action Taken With BI 1831169 : Not Applicable
Action Taken with Ezabenlimab : Not Applicable
AE Relationship to Study Treatment : MULTIPLE Relationship to BI 1831169 : No Relationship to

CDD: 19-Feb-2025 | ADD: 11-Feb-2025 | Serious | MedDRA V.27.1

Case Information Automation Review Case Documents Data Assessment

The values in the highlighted fields have been extracted using Generative AI
Confidence: ☐ Low (<70%) ☐ Medium (70-89%) ☐ High (90-100%)

General | Source | Reporter | Study | Patient | Product(s) | Event(s) | Narrative | Causality | Pregnancy | Lab Data | Literature

☐ Un-consumed NavaX DDE Values

Strength
--Select--

Event(s) Add Delete Copy Grid View On Rank

1. HYPOXIA S c

Event Information

NavaX DDE Value (100.0%)
HYPOXIA

Reported Term (AE Term)
HYPOXIA

Event MedDRA LLT Code
10021143

Hypoxia

Event MedDRA PT Code
10021143

Hypoxia

Reported Term In Native Language
--Select--

Native Language
--Select--

NavaX DDE Value (100.0%)
15-NOV-2024

Onset Date
15-Nov-2024 NF

NavaX DDE Value (100.0%)
19-NOV-2024

Cessation Date (Is it Event End Date)
19-Nov-2024 NF

Duration
5 Day Manual

Country Of Detection
UNITED STATES OF AMERICA (USA)

NAVAX LSMV SCREENSHOT, TESTING ENVIRONMENT BOEHRINGER INGELHEIM

ASSESSING EXTRACTION QUALITY – TEST CASE

Receipt No.	Sender Org	Field Name	Section	Extracted Data	Current Data	Data Changed?
RCT-26022025-0002229	BRAVE	Country of Detection	Case Specific Information -> General	UNITED STATES OF AMERICA	UNITED STATES OF AMERICA	No
RCT-26022025-0002229	BRAVE	Primary Source Country	Case Specific Information -> General	UNITED STATES OF AMERICA	UNITED STATES OF AMERICA	No
RCT-26022025-0002229	BRAVE	Latest Received Date	Case Dates -> General	2025-02-26 13:13:23	2025-02-26 13:13:23	No
RCT-26022025-0002229	BRAVE	Report Type	Case Report -> General	Report from study	Report from study	No
RCT-26022025-0002229	BRAVE	Sender Organization	Source[25#NEW]		BRAVE	Yes
RCT-26022025-0002229	BRAVE	Patient DOB	Patient Identifiers -> Patient	1961-01-01 00:00:00	1961-01-01 00:00:00	No
RCT-26022025-0002229	BRAVE	Sex	Patient Identifiers -> Patient	Male	Male	No
RCT-26022025-0002229	BRAVE	Cessation date	Events[HYPOXIA]	2024-11-19 00:00:00	2024-11-19 00:00:00	No
RCT-26022025-0002229	BRAVE	Reported Term	Events[HYPOXIA]	HYPOXIA	HYPOXIA	No
RCT-26022025-0002229	BRAVE	Outcome	Events[HYPOXIA]	Recovered/Resolved	Recovered/Resolved	No
RCT-26022025-0002229	BRAVE	Onset date	Events[HYPOXIA]	2024-11-15 00:00:00	2024-11-12 00:00:00	Yes
RCT-26022025-0002229	BRAVE	Death?	Events[HYPOXIA]	NO	NO	NO

- Comparison of data in defined fields at **entry and exit of Intake&Assessment**
- Runs daily and displays all SAE Alerts that exited I&A on the previous day
- Identifies process gaps (people changing data where they should not) and technology gaps
- Cumulative report will be created for **trending**
Findings to be discussed with vendor → update of prompts, configurations, or fix

OTHER POTENTIAL USE CASES IN CASE PROCESSING

Intelligent coding of adverse events

- For everything that goes beyond an exact match
- Important in the process: the user has to be able to see what is a direct match, a synonymy file approved match and an AI generated match which needs review
- External application: UMC

Fully AI based case processing

- requires a lot of review and checking
- Does not differentiate the mix of rule based automation and AI technologies
- Not seen yet

Data extraction from full text literature articles

- Abstract extraction the easy use case
- Full text, more complex, requires module to be able to extract info from graphs and tables.

Gen AI based narrative writing in ICSR processing

- Extract from structured fields or from an already templated narrative
- Integrates reporter comments with company narrative
- Doable, needs review

Avoid review fatigue, have a clear QC mechanism, ensure critical thinking can still be applied

ACADEMIA ON AI BASED CAUSALITY ASSESSMENT – ONE EXAMPLE

- Drug Safety Group at University of Copenhagen
 - Automating Causality Assessment with AI precision: how to harness the power of AI to systematically evaluate and determine the likelihood of a causal relationship between a drug or a vaccine and an adverse event.
 - Prompting
 - LLM
 - Algorithm

Drug Safety (2025) 48:805–820
<https://doi.org/10.1007/s40264-025-01531-y>

ORIGINAL RESEARCH ARTICLE



Off-the-Shelf Large Language Models for Causality Assessment of Individual Case Safety Reports: A Proof-of-Concept with COVID-19 Vaccines

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AGENTIC AI – POTENTIAL FOR USE IN STEERING OF PROCESSES

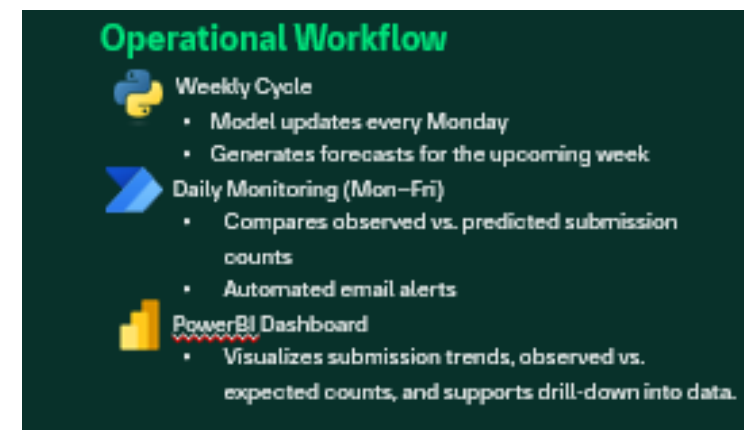
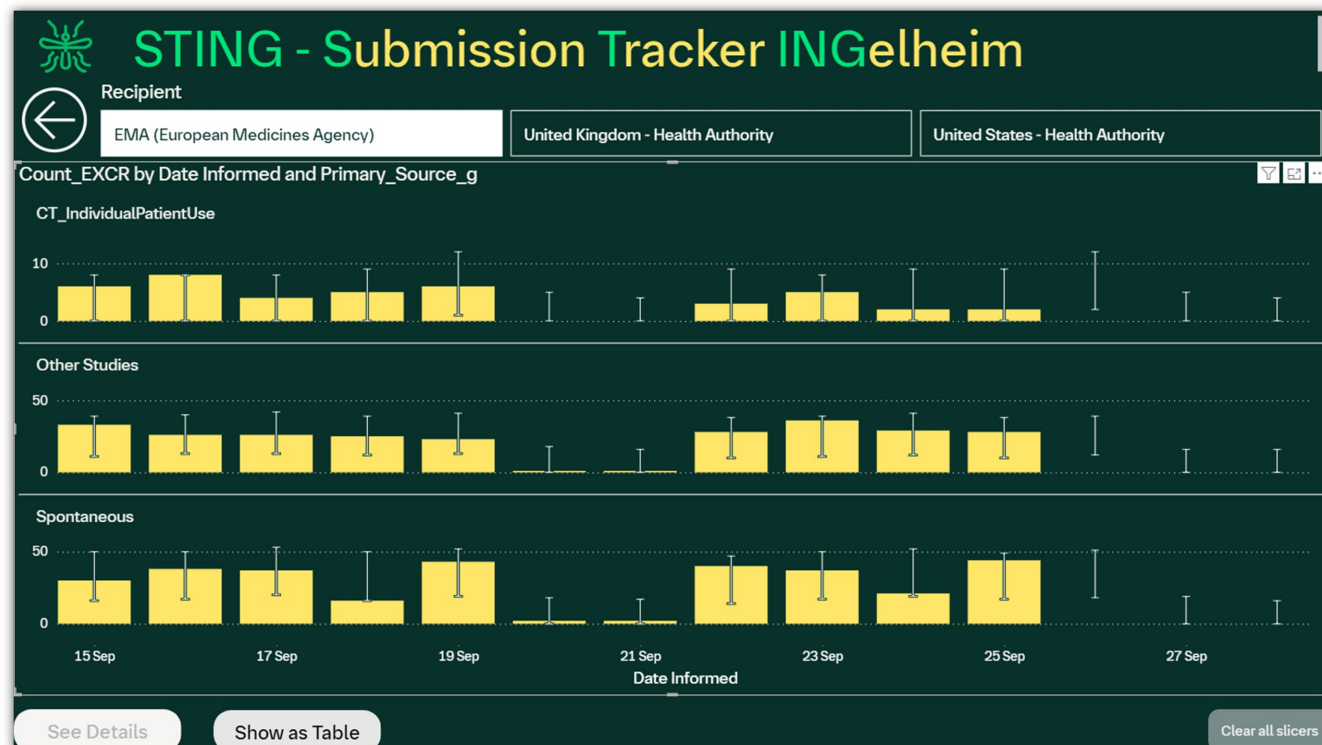
What is it?

- Focuses on autonomous systems that can make decisions and perform tasks with limited or no human intervention.
- Intelligent agents working together
- A goal needs to be set, context needs to be given, data are used to derive actions
- Next level of potential that also brings a next level of risk if used without awareness

Potential

- Multiple intelligent agents can work on PV data available and derive quality suggestions, based on available checks, data in the past, changes made in corrections in the past and current data.
- User instructions: ,this program has never had a patient from this country‘, ,no pediatric indication, check age and potential for off label use‘
- Avoidance of quality issues has to be the leading thought for such a use case
- Case workflow steering/compliance – avoidance of case ageing, suggestions for backlog handling

A PRECURSOR ACTIVITY AS A PREP FOR AN AGENT



AI use through an ML model in the forecasting part
Potential to weave into a ,submission alerts agent'
measure - processed and submitted
forecast - expected submissions
compare and alert - actual submissions
analyse – hint on faulty process

USE CASES IN PV IN DOWNSTREAM PROCESSES

Authoring of aggregate safety documents

- The ideal:
 - Use existing aggregate report
 - Use new data, available assessments during reporting period and actions taken
 - Draft new aggregate report
- What is needed:
 - Pre-work on the documentation of assessments and actions taken
 - Data availability and usage potential
 - Good prompting!
- Great potential for agentic AI: data and document retrieval, data analysis, comparison, writing, hyperlinking, checking – all designed for aggregate PV reports
- Keep in mind that when writing the aggregate report is not the time we look at the data first time for the period. We summarize an ongoing process.

FRAMEWORK AROUND USE OF AI

- Ensure every user is trained on risks of AI
- Ensure that system owner and process owners are aware of the technology and what it does so a risk based assessment can be made in an informed way
- Ensure that you are aware if AI or rule based automation is used
- Ensure that the recommendations provided are transparent and beware of hallucinations or other gaps
- Ensure human is in the loop and understands the concept of false negatives
- Ensure data confidentiality and following the principles of the EU AI act
- Ensure process is documented

MORE OF A BRAINSTORMING STAGE RIGHT NOW AND BEYOND PHARMACOVIGILANCE – WHAT IF

... we could predict probability of success in the development process

- Prediction from tox data and previous data into the human studies
- Potential to minimize risk right in the studies

... we could prevent events from happening or worsening?

- Find digital biomarkers that build up before an event happens
- Find algorithms to predict this
- Instruct HCPs and patients on positive interventions
- Use AI and automation where we cannot use paper and instructions



THANK YOU