

**REVIEW PAPER ON: ROLE OF ARTIFICIAL INTELLIGENCE IN CLINICAL TRIALS**

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**ABSTRACT**

Clinical trials are being rapidly transformed by artificial intelligence (AI), which improves the speed, precision, and efficiency of the drug development process. AI-driven solutions allow the analysis of large-scale datasets to enhance patient recruitment, optimize trial design, and produce more accurate outcome forecasts. Conventional clinical trials are frequently time-consuming, costly, and difficult. The development of customized medicine is aided by machine learning algorithms that use genomic data, electronic health records, and empirical evidence to forecast patient responses. AI also makes it easier to identify negative events early and enhances risk management techniques. Human error is decreased and overall trial quality is improved by automation and sophisticated data monitoring. Despite these benefits, issues including algorithmic bias, data privacy concerns, and

regulatory obstacles need to be resolved. All things considered, AI has enormous potential to transform clinical trials, resulting in future drug development that is safer, quicker, and more economical.

**KEYWORD:** Artificial intelligence, Clinical Experiments, Learning by Machine.

**INTRODUCTION**

What is artificial intelligence in clinical trials ?

Artificial Intelligence (AI) is quickly becoming a potent healthcare technology that will

drastically alter how clinical trials are carried out. In order to assess the safety and efficacy of novel medicines, clinical trials are an essential stage in the drug development process. However, typical clinical trials include drawbacks such as patient recruiting, data administration, and trial delays, and they are frequently expensive and time-consuming. By processing massive amounts of healthcare data using methods like machine learning and data analytics, AI helps overcome these obstacles. It can better anticipate patient outcomes, find appropriate participants, and optimize trial design. Additionally, AI makes it possible to monitor patient data in real time, which enhances overall patient safety and aids in the early detection of negative consequences. Additionally, evaluating unique patient features and forecasting treatment outcomes, AI aids in the advancement of tailored medicine. This results in therapies that are more focused and successful. Despite its benefits, there are challenges with data privacy, ethics, and regulatory permission when using AI in clinical trials. All things considered, AI is revolutionizing clinical trials by making them quicker, more dependable, and efficient. It also has enormous potential for the advancement of medication discovery and healthcare innovation in the future. In clinical trials, artificial intelligence (AI) refers to the application of computer-based systems and algorithms to enhance and expedite the testing of novel medications and medical interventions on human subjects. AI supports trial decision-making by analyzing vast volumes of healthcare data, including clinical information, test results, and patient records. It aids in the selection of appropriate patients, the creation of more effective study plans, the prediction of treatment results, and the real-time monitoring of patient safety. AI lowers clinical trial time, expense, and human error by utilizing technology like data analytics and machine learning. In general, it improves the effectiveness, precision, and dependability of clinical research.

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## **AI Workflow in Clinical Trials:**

### **1. Information Gathering**

Large and varied datasets from several sources, including electronic health records (EHRs), hospital databases, laboratory results, imaging data, wearable technology, and prior clinical trial information, are first gathered using AI. This establishes a solid basis for analysis.

### **2. Integration and Cleaning of Data**

The information gathered is frequently inconsistent or lacking. AI systems clean the data by eliminating duplicates, fixing mistakes, adding missing values, and merging data from several sources into a single format. High-quality data for subsequent processing is ensured by this phase.

### **3. Recruitment and Identification of Patients**

Finding qualified patients is one of AI's most crucial functions. In order to match patients with trial criteria (such as age, disease kind, medical history, etc.), machine learning algorithms search medical information. This decreases manual labor and expedites hiring.

### **4. Optimization of Trial Design**

Researchers can create more effective clinical trials with the use of AI. It can recommend ideal control groups, dosage plans, sample sizes, and research lengths. This lowers needless expenses and increases trial success rates.

### **5. Stratification of Patients**

AI classifies people according to lifestyle, genetics, or the severity of their illness. This supports individualized medicine by helping to understand how various patient types react to the same treatment.

### **6. Forecasting**

AI forecasts treatment results, potential adverse effects, and illness progression using both

historical and current data. This lowers hazards during trials and helps researchers make better decisions.

## **7. Monitoring in Real Time**

AI uses sensors, applications, and hospital inputs to continuously monitor patient data during the research trial. It enhances patient safety by promptly identifying abnormal health changes or negative drug reactions.

## **Data Source used in AI Clinical Trials**

### **1. EHRs, or electronic health records**

These are digitized patient records from clinics and hospitals. Medical history, diagnosis, medications, test results, and specifics of treatment are all included.

### **2. Databases for clinical trials**

Drug performance, side effects, and success rates are understood using data from past and ongoing clinical studies.

### **3. Data from Medical Imaging**

AI detects illnesses and tracks the effectiveness of treatments using pictures from CT, MRI, PET, and X-ray scans.

### **4. Data Reported by Patients**

information on symptoms and quality of life that is directly reported by patients via surveys, mobile apps, or interviews.

### **5. Databases for Public Health**

Research and model training also make advantage of huge datasets from international health studies and government health organizations.

## **AI Models used in Clinical Trials**

In order to increase productivity, accuracy, and decision-making, AI models are being utilized more frequently at various phases of clinical trials. Using structured data like electronic health records, traditional machine learning models like random forests and gradient boosting are frequently used to anticipate trial outcomes, identify risk factors, and predict patient eligibility. Convolutional neural networks and transformers are two examples of deep learning models that are especially helpful for processing complex data, such

biomarkers and medical images. Large language models and natural language processing models are used to match patients with appropriate trials, extract pertinent information from unstructured clinical notes, and even help with trial. Additionally, before carrying out actual research, researchers can theoretically evaluate and improve trial designs thanks to simulation-based models and digital twins. Even though these technologies greatly improve clinical trial procedures, human competence is still necessary for validation and decision-making; they are mostly utilized as supportive aids.

### **Statistical role of AI in Trials**

Predictive modeling, which uses machine learning techniques like random forests or gradient boosting to forecast outcomes like treatment response, dropout risk, or adverse events, is one important function. By seeing trends in complicated datasets that conventional models might overlook, these techniques increase statistical power. AI is also frequently used in patient stratification, which lowers trial outcome variability and supports personalized therapy by grouping patients into subgroups based on genetic, clinical, or behavioral data. Adaptive trial design, where AI-driven techniques assist in changing sample numbers, dosage plans, or patient distribution in real time depending on interim data, is another significant advance. This improves upon conventional adaptive architectures while enabling quicker and more accurate decision-making. By employing sophisticated algorithms to estimate partial observations and identify hidden confounders, AI also facilitates bias reduction and missing data imputation, enhancing the validity of statistical conclusions. By adding nonlinear correlations and large-scale covariates, AI also improves survival analysis and time-to-event modeling, surpassing traditional models such as the Cox proportional hazards model. Synthetic control arms are created using simulation-based AI techniques, such as digital twins, which eliminate the requirement for placebo groups while preserving statistical validity.

### **Data Quality improved by AI**

AI reduces errors, fills in gaps, and increases the reliability of vast and complicated datasets for statistical analysis, all of which improve data quality in clinical trials. One of the primary contributions is automated data cleaning, in which artificial intelligence (AI) tools identify inconsistencies, duplication, outliers, and entry errors in clinical trial databases far more quickly and precisely than manual inspections. This helps guarantee the consistency and reliability of the dataset utilized for analysis. AI also enhances quality by addressing missing

data. Patient records in clinical trials frequently contain missing values because of missed visits or problems with reporting. By using patterns in other patient data, machine learning models may effectively reconstitute these missing values, lowering bias and enhancing statistical validity.

## ADVANCED CHALLENGES



### 1. Bias and heterogeneity in data

Clinical trial data can produce biased AI predictions and inconsistent patterns because it comes from a variety of facilities, people, and technologies.

### 2. Restricted interpretability (black-box models)

Because many AI models are difficult to explain, statisticians and regulators find it challenging to comprehend how choices are made.

### 3. In small datasets, overfitting

AI models perform well on training data but badly on new patient data since clinical trials frequently have small sample numbers.

### 4. Low sensitivity to data quality

AI systems rely largely on input data; outputs can be greatly distorted by noisy, inaccurate, or insufficient data.

### 5. Issues with regulatory validation

Because AI models are frequently sophisticated and difficult to fully validate or duplicate, it is challenging to meet stringent clinical standards (like GCP).

## Future Research Directions

### 1. Development of Explainable AI (XAI)

Future research will concentrate on increasing the transparency of AI models so that regulators and clinicians can comprehend how judgments and predictions are made.

### 2. AI-statistical hybrid models

combining machine learning with conventional biostatistics (such as survival analysis and hypothesis testing) to increase interpretability and accuracy.

### 3. Federated learning to safeguard privacy

Enhancing privacy and regulatory compliance by training AI models across several institutions without directly exchanging patient data.

### 4. Improved management of tiny and unbalanced collections

creating sophisticated algorithms that function well even with small clinical trial samples and information on uncommon diseases.

### 5. Adaptive clinical trial systems in real time

AI-powered systems that use incoming data to continuously alter patient allocation, dosage, and trial design.

## DISCUSSION

AI in clinical trials is anticipated to concentrate on improving research efficiency, accuracy, and patient-centeredness in the future, but it also necessitates resolving a number of technological and legal issues. The development of explainable AI, in which models are made to offer concise justification for their forecasts so that regulators and clinicians can rely on and validate the outcomes, is one important avenue. Integrating AI with conventional biostatistics to create hybrid models that combine the interpretability of traditional statistical techniques with the predictive power of machine learning is another crucial topic. In the future, AI in clinical trials is expected to focus on increasing research efficiency, accuracy, and patient-centeredness, but it also requires resolving a number of technological and legal concerns. One significant approach is the creation of explainable AI, in which models are designed to provide succinct explanations for their predictions so that regulators and physicians can depend on and validate the results. Another important area is the integration of AI with traditional biostatistics to develop hybrid models that combine the predictive

capability of machine learning with the interpretability of classic statistical methods.

## CONCLUSION

In conclusion, by enhancing data analysis, patient recruitment, trial design, and general efficiency, artificial intelligence is revolutionizing clinical trials. It helps produce quicker and more dependable clinical insights, promotes more accurate forecasts, and improves the capacity to manage big and complicated datasets. But there are still issues that need to be resolved, like poor interpretability, problems with data quality, ethical issues, and regulatory concerns. Future developments in federated learning, explainable AI, and hybrid statistical models should improve the effectiveness, transparency, and patient-centeredness of clinical trials. All things considered, AI will keep supporting and becoming more significant in bolstering the statistical and scientific underpinnings of clinical research.

## Review of Literature

According to recent research, artificial intelligence has emerged as a crucial instrument for raising the effectiveness and precision of clinical trials. Patient selection, outcome prediction, and risk assessment utilizing electronic health records have all made extensive use of machine learning models including random forests, support vector machines, and gradient boosting techniques. When compared to conventional statistical methods, researchers such as Obermeyer et al. have demonstrated that predictive models can greatly enhance patient risk categorization.

## Need of Study

The increasing complexity and volume of medical data produced during contemporary healthcare research necessitates the study of artificial intelligence in clinical trials.

Large, high-dimensional, unstructured datasets like genomic data, medical imaging, and electronic health records are frequently difficult for traditional statistical approaches to handle. AI is therefore required to enhance clinical research's data processing, pattern recognition, and forecasting accuracy.

Accelerating clinical trial procedures is also crucial, particularly patient recruitment, which is frequently laborious and ineffective. AI can speed up and improve the accuracy of identifying eligible participants, cutting down on delays and increasing trial efficiency. In order to ensure more dependable and consistent outcomes throughout various trial phases, it is also necessary

to improve data quality and minimize human error.

## REFERENCE

1. Emanuel, E. J., and Obermeyer, Z. (2016). Big data, machine learning, and clinical medicine: forecasting the future, 375(13): 1216–1219 *New England Journal of Medicine*.
2. Rivera, S. C., Moher, D., Calvert, M. J., Liu, X., and Denniston, A. K. (2020). The CONSORT- AI extension is a set of reporting guidelines for clinical trial reports including artificial intelligence interventions. 1364–1374 in *Nature Medicine*, 26.
3. Dean, J., Kohane, I., and Rajkomar, A. (2019). Medical machine learning. 380(14), 1347–1358; *New England Journal of Medicine*.
4. E. Topol (2019). High-performance medicine: the fusion of artificial and human intellect. *Medicine in Nature*, 25, 44–56.
5. C. Jin and associates (2021). Applications and difficulties of artificial intelligence in clinical trials. *Medical Frontiers*, 8, 1–12.