

DOI: <https://dx.doi.org/10.18203/2319-2003.ijbcp20241657>

Review Article

Artificial intelligence-driven patient monitoring for adverse event detection in clinical trials

Sai Bhargavi Vampana*, Emani Sai Sri Jayanthi, D. Aashritha Mary,
Chakravarthi Sriniketh

Department of Pharmacy Practice, Pulla Reddy Institute of Pharmacy, Hyderabad, Telangana, India

Received: 03 April 2024

Revised: 07 May 2024

Accepted: 08 May 2024

***Correspondence:**

Dr. Sai Bhargavi Vampana,

Email: Saibhargavivampana99@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Artificial intelligence (AI) keeps an eye on people in clinical studies to find out when bad things happen. This is a big way that AI is changing healthcare. It goes into a lot of detail about how AI has changed this field and stresses how important it is to use complicated formulas, always keep an eye on things, and follow the rules. These days, we have tools like deep learning frameworks, controlled and unsupervised learning models, and others that help us find bad things faster and more accurately. Tracking in real time is possible with early warning systems and constant data analysis. It helps make sure the experiment is done right and puts the safety of the people being tested first. AI-driven tracking systems can only work in an honest and reliable way if they follow the rules set by regulatory bodies such as the FDA and the EMA. The fact that AI has the ability to change the way medical research is done today, with benefits like making it faster and more accurate, makes its problems even more important. The report comes to the conclusion that more research, better teamwork, and a wider use of AI technologies are needed to make it more reliable to find bad events in clinical studies over time.

Keywords: Artificial intelligence, Patient monitoring, Adverse event detection, Advanced algorithms, Real-time surveillance, Regulatory compliance, Healthcare innovation

INTRODUCTION

When new medical methods are introduced or new treatments are shown to work, they need to go through clinical trials. One of the big problems with going from new ideas to practice is that bad things always happen. The old ways of keeping track of adverse events (AEs), which relied on observers and reports, didn't always work well for modern clinical trials. This process is time-consuming and prone to mistakes.¹ They also make it more likely that answers will have to be put off because of safety concerns, which could put patients at risk and make people question the experiment's validity. Putting AI into systems that watch over patients is one way to solve these problems in a way that changes the game. AI-powered methods could

change the way that bad things happen in clinical studies are found and dealt with.² The goal of these methods is to make tracking systems work better, be more accurate, and respond faster by using complex formulas and machine learning.

As part of AI-driven AE recognition, processes that need a lot of work are automated to replace them with ones that are based on data. The system can find trends, outliers, and small changes that could mean bad things are going to happen by using complex algorithms like guided and autonomous learning models. We can guess that the discovery process will go faster and with less room for mistake since this is not how things usually work.³ Adding early warning systems to these models helps researchers

and doctors quickly find possible safety risks and take the right steps to fix them. By quickly fixing problems, this real-time function protects the integrity of the study and makes it safer for everyone involved in it.

There are many good reasons to use AI to find bad things that are happening. Because they make identification more accurate, there may be fewer false hits and negatives. They also help track things faster.⁴

OVERVIEW OF CLINICAL TRIAL AE MONITORING

Clinical trials are important for improving medical treatments because they make sure that study participants are safe and that the results can be trusted. It is very important to keep a close eye on AEs, which are any bad medical things that happen to trial subjects.⁵ Because monitoring has always been done by hand, healthcare workers have had to carefully watch for and record AEs for a long time. Some of the problems with old ways of doing things are that they are subjective, waste time, and may not always be consistent when collecting data.⁶ In order to make clinical trials safer and more effective, this essay talks about the problems with traditional methods of tracking AEs and the need to use new, cutting-edge methods. In traditional clinical trials, healthcare workers are expected to carefully watch for and record AEs based on their own knowledge and gut feelings. Despite this, there are many problems with this method.⁷ Because different people use different criteria to record AEs, there may be differences between where trials are done and where study is done.⁸ The large amount of data that has to be collected by hand makes mistakes or oversights more likely and also causes problems with logistics. These limits show how important it is to come up with new ways to keep an eye on bad events in clinical studies.

AE tracking in the 21st century: Researchers and drug companies are counting more and more on advanced technology to make data more accurate and make AE monitoring easier. They do this because they know that older methods have their limits.⁹ One choice is to use electronic data capture (EDC) devices to collect and analyse AE data in real time. It is easy to report when you can use EDC options. People are less likely to make mistakes and be late when they don't have to write things down by hand as often. AE reports are more accurate and reliable across a number of study sites when built-in validation checks are added to EDC systems and gathering data in the same way at all of them. A better way to find and sort AEs might also be possible when AI tools are added.¹⁰ Programmes that use AI may not only keep an eye on people, but they may also look through huge amounts of clinical data for small trends that could mean bad things are happening. This way, they can make sure that people who go through studies are safe.¹¹ Tracking AEs from afar and wearable tech make it possible to keep an eye on them all the time, not just in clinical situations. Wearable trackers that check people's blood pressure, heart rates, and

other physiological data all the time can tell us a lot about their health. Seeing bad things happen before they get worse is another thing they can do. Remote monitoring tools make it easy for participants and healthcare workers to talk to each other in case of a bad reaction or other medical emergency.¹²

To make sure that everyone is safe and the results are accurate, it is very important to keep an eye on bad things that happen in clinical studies. A lot of time has been spent on normal ways to keep an eye on AEs, but they have some flaws that make them useless and wrong. If you want to solve these issues, you should use cutting edge technology, like AI, wearable tech, and tools for tracking from afar.¹³

IMPORTANCE OF TIMELY AE DETECTION

The speed with which problems are reported in clinical research is important for making sure that test subjects are safe and that the results can be believed. The length of time it takes to report bad events is bad for the trial's overall success, the participants' health, and the research's ethical issues.¹⁴ When problems are found quickly, subjects can be sure they will get the medical care they need. We can make sure that people who take part in research are safe and support ethical research methods by taking this precaution. Because of this, the damage that bad luck could do is lessened.

If the information about bad events in clinical studies is correct and reliable, then the studies themselves are honest. It is very important that problems are found and shared quickly so that researchers can make smart choices about whether to continue, change, or end the study. This will help experts fully understand the safety profile of the intervention.¹⁵ This gives the study's findings more weight and makes its scientific basis stronger. It is important to recognise the difficulties of manual tracking and stress the importance of quickly finding AEs in order to improve participant safety, protect study integrity, and move medical research forward.¹⁶

ROLE OF AI IN PATIENT MONITORING

AI and machine learning have changed how healthcare is provided, especially how patients are watched. AI-based smart technologies have made research studies safer, more productive, and better at analysing data. This is very important for tests that need to be correct and safe. This piece talks about a new way that AI can be used to keep an eye on patients in clinical studies that isn't possible with the old ways.¹⁷ There is talk about how AI can help find bad things faster and better. People use the term "AI" to describe many different types of computer software that can learn and make choices like people. A branch of AI called "machine learning" is all about making rules that computers can follow to learn from data and then use what they've learned to guess or decide what to do without any help from a person. AI and ML have sped up big changes in healthcare.¹⁸ This has helped doctors figure out what's

wrong with patients faster, keep better records on them, and plan better care for them.

One of the best things about AI-based patient tracking is that it makes it easier and faster to find bad events.¹⁹ When AI systems look at large datasets in real time, they can find AEs more accurately and carefully. This lowers the chance that important events will be missed or not mentioned fully. AI systems can also learn to find things better over time, which makes them more useful and less likely to give false results.²⁰

Clinical trial data and accounts of bad events are more likely to be true when this fair method is used. The people who pay for and run clinical studies can quickly fix bad results by using AI to find them early on.²¹ AI programmes can find small changes in patient data that can keep people from getting sick in the first place. Tracking systems that use AI can also send real-time alerts to healthcare workers, which lets them move more quickly and with less risk of harm. The way that patients in study trials are watched has changed because of AI. AI-based tracking systems that use machine learning are better at finding bad things because they are more accurate, quick, and fair.²² These technologies help find risks early so they can be dealt with and lowered quickly. Watching over patients will be even better as AI technology is used more in the healthcare field. Clinical trials will be safer and more useful, and medical research will move forward.

APPLICATION OF AI IN CLINICAL TRIALS

AI has changed how doctors keep an eye on patients and test for safety in clinical studies. This area is entering a new age. It is important to quickly and correctly report AEs in clinical studies so that they can fully test how well and properly medical treatments work. Using AI to improve the speed, accuracy, and usability of systems that keep track of patients is very important.²³ There are a lot of different ways that AI can be used in clinical studies. Researchers can use these algorithms to find bad things that might not be seen with other methods. Biomarkers, demographics, and medical background are just some of the things that AI systems can look at about a patient to find possible AEs early on. This makes it possible for managers to be proactive and take steps to avoid problems.²⁴ It is better and more thorough to keep an eye on bad events in clinical trials when new information is found. This protects the health of the people who are using the trials.

It lets doctors act right away in case of bad events or medical problems, and it also lets them change treatment plans right away. Based on data from the past, machine learning models can guess how likely it is that people in clinical studies will have bad things happen to them.²⁴

System that uses AI do a lot of the work that needs to be done to collect, handle, and report data for patients. AI systems do boring monitoring jobs like adding data and

looking at trends. Physicians will have more time and energy to provide the best care for their patients. AI-powered technology also makes it less likely that people will mess up or miss something when AE is being found, making it more regular and dependable.²⁵ By using AI's revolutionary features, healthcare companies can speed up the search for new treatments, improve patient outcomes, and spur new ideas. Precision medicine based on data and better patient care are on the way, and it all starts with clinical studies that use AI technologies.²⁶

ADVANCED ALGORITHMS FOR AE DETECTION

Very complicated algorithms powered by AI and ML are needed to keep an eye on people in clinical trials and find bad things that happen. These methods make it possible for processes to be data-driven and automated. They include deep learning frameworks, supervised and unsupervised learning models, and more. Another thing they make possible is better and more accurate unfavourable event recognition.²⁷

SUPERVISED LEARNING MODELS

You can teach guided learning methods by giving them a list of inputs and outputs. This lets the computer learn from data that has already been marked up. Detecting bad events is done with the help of guided learning models. Datasets with named AEs are used to train these models.

Classification algorithms

Several types of classification methods can be used in supervised learning models. These include decision trees, logistic regression, random forests, support vector machines (SVMs), and more. These algorithms put the data into groups so that bad things can be found based on certain traits or features of the data.²⁸

Performance evaluation

Some of the things that are used to judge supervised learning models are their F1-score, memory, accuracy, and precision. The model is said to be good if it can find malicious objects with few false positives and rejections based on these criteria.

UNSUPERVISED LEARNING MODELS

When you use unstructured data for autonomous learning, you teach a model how to find patterns and structures in data without any help from a person. Models that are not watched work better than ones that are when it comes to finding examples of bad behaviour.²⁹

Clustering algorithms

In random learning models, some of the most popular ways to group things together are K-means, hierarchical, and density-based clustering. The things that these tools

discover about data points help them be grouped together. In this way, you can find trends that don't make sense and could mean that bad things are about to happen.

Anomaly detection

Models that learn without being watched are also very good at finding things that don't make sense. This is the way that strange events are found in a paper log. Anomalies can point to strange events or bad results, which means that more research needs to be done.

DEEP LEARNING ARCHITECTURES

A new trend in machine learning is called "deep learning." It is a powerful way to get complicated patterns and models from simple data. Neural networks with many layers, like those used in deep learning, have been very helpful in many healthcare jobs, like finding bad events. In this article, we learn how to use deep learning models in health care. Regular neurons (RNNs) can handle real-time data processing, and convolutional neurons (CNNs) can be used to look at pictures.³⁰ When doctors use convolutional neural networks (CNNs), they can quickly and correctly understand medical pictures. This helps them care for their patients better and make better choices. RNNs are regular neural networks that are good at dealing with sequential data.³¹

This could help bosses stop bad things before they happen. Because RNNs can handle a lot of data at once, they are great for tracking and monitoring healthcare all the time. AI and machine learning have changed the way healthcare is provided. New algorithms like deep learning frameworks, controlled learning models, and unsupervised learning algorithms have made this possible.³²

Physiological data collected in real time can also be used to spot early signs that something bad is about to happen. If strong AI systems are used in healthcare, things like patient safety, correct diagnosis, and medical growth can all get better. Deep learning will have a bigger and bigger effect on healthcare as it grows. It will lead to new ideas and change how people all over the world are looked for.³³

DATA INTEGRATION AND FEATURE EXTRACTION

It is important to get useful data from a lot of different sources in order to find and correctly spot bad events in clinical trials. Data integration and feature extraction can help you make your system for keeping an eye on patients better. This piece goes into more detail about the subject.³⁴

UTILIZING DIVERSE DATA SOURCES

The different kinds of data that come from clinical trials include information about the patients, their medical background, lab data, imaging data, and real-time physiological measurements. Putting together all of these

different data sources is important for finding AEs because it gives a full picture of each participant's health. By connecting to EHRs, we can see patients' medical records, which can help us understand their health history, including past problems and diseases they already had. Giving a better picture of where the patient started from helps find changes that could be signs that something bad is going to happen.³⁵

Picture scans or blood tests can help find problems early on, which makes it possible to find bad things faster and better.³⁶ Reports from patients and subjective data, along with objective measurements, tell us important things about symptoms, pain, or changes in health that we might not have noticed otherwise. It is easier to find bad things that happen with this patient-centered method.

EXTRACTING RELEVANT FEATURES FOR ACCURATE DETECTION

When different data sources are put together, a very important step is featuring extraction. This gets useful information from the raw data so that bad events can be found more easily. Before you can decide where to start with each patient, you need to get their vital signs, lab values, and medication information, among other things. When this standard is broken, it can show what bad things could happen. Over time, patterns can be seen in changes in things like blood pressure, heart rate, and breathing rate. These patterns can help you spot small changes that could have bad effects.³⁷ Time-series study is great because it can find issues early on. Modern picture and signal processing methods can be used with signal data or medical photos, such as electrocardiograms. Data and feature extraction working together is a big step towards finding safety issues more quickly and correctly. For the research studies to go well and keep people happy, this is a must. Two important tools that can help researchers keep an eye on people in clinical studies and know when something bad happens are real-time tracking and early warning systems with AI.³⁸

DESIGNING AI SYSTEMS FOR CONTINUOUS MONITORING

This is what "real-time monitoring" in health care means: always looking at patient data to quickly notice and respond to changes in health. AI makes things better in many ways, like being able to scale, respond, and be right, especially when it's used in big clinical studies. For AI systems that are meant to be watching all the time, some of the most important design problems are how to make them grow, change with adaptive algorithms, stream data in real time, and connect with wearable tech.³⁹ To make sure that AI systems that are always being watched are quick and correct, it is important to set up ways for real-time data streams. AI systems can almost always keep an eye on a participant's vital signs because they can look at new data sources as they come in. With this method, it's easy to see right away when bad things might happen, so steps can be taken ahead of time to lessen their effects.

It is especially important to build AI systems with scalability in mind when doing large-scale clinical trials with a lot of participants and different types of data. Because there is so much and different kinds of data being created, we need architectures that are scalable so that we can keep an eye on many people at once at different study sites. By using distributed computing resources and parallel processing, scalable AI systems can safely and efficiently handle the computing needs of continuous monitoring.⁴⁰ When wearable sensors are used for constant monitoring, the data that is collected is complete and more exact. If you connect these things to your computer, you can record vital signs, biometric measurements, and the amount of movement you're doing all the time. Wearable tech that can detect small changes in health indicators is one way that AI systems can teach people a lot about their health. With this integration, bad things can be caught early and health and safety of people can be taken care of before they get worse. This improves the accuracy and usefulness of tracking that never stops.⁴¹

Adaptive algorithms let tracking settings be changed at any time, which gives systems that keep an eye on things all the time more freedom and trust. In real life, this helps them do their job better in hospitals.⁴² For healthcare AI systems that are always watching, it's important to think about things like being able to grow, interact with wearable tech, stream data in real time, and be able to change through adaptive algorithms. If these things are thought about when making AI-driven systems for continued monitoring, they can be faster, more accurate, and able to handle more users. Monitoring people all the time with AI could totally change how healthcare is provided. This is because AI makes it easier to see bad things coming and stop them, as well as give each patient care that is tailored to their needs. AI systems could help hospitals do their jobs better and people get better if they are used. This part of the field is growing a lot.⁴³

IMPLEMENTING EARLY WARNING MECHANISMS

When bad things happen, early warning tools help people in health care and academia act quickly. When setting up early warning systems, you need to think about both math and strategy: Alerts can be sent to you when numbers start to differ a lot from what you expect for important physiological markers. This threshold-based method works well as a first line of defence against bad things that could happen.⁴⁴ Machine learning models can look at past data and watch what's happening in real time to figure out how likely it is that bad things will happen. This makes early warning systems even more bold. Patterns and trends help them figure out what risks there might be.

There are ways for the early warning system to keep learning, so it can change as new information comes in. It guesses and adapts to new trends better as this method is used more and more.⁴⁵ It is best to plan ahead and set up AI systems that can watch what is happening in real time

and give good early warning systems to make sure that clinical studies are better and more successful. These tools help find bad things that happen in a way that is proactive and focuses on the people involved. They do this by updating the health of the people who are taking part and letting the results happen before they happen.

VALIDATION AND REGULATORY CONSIDERATIONS

An AI-driven monitoring system must first pass strict rules and tests before it can be used in clinical studies. It's to make sure the study is real, right, and done in an honest way. If AI is used to track people in clinical tests, what rules do researchers have to follow? This section will talk about them. It will also talk about the important parts of making sure that the tracking works.⁴⁶

There needs to be a lot of clinical validation research with real patients to show that AI-driven tracking works well and is useful in the clinic. Gold standards and well-known practical goals should be used to judge the system's success in these tests. When AI algorithms are open and easy to understand, it builds trust and makes it easier for researchers, healthcare workers, and regulators to check model results. If you want to show something, you should carefully write down the steps that were used to make the decision. It is important to set up systems that will always look for changes in AI models.⁴⁷ These changes could be caused by new data or new clinical knowledge. This makes sure that the models will come in handy again and again. When it comes to making rules and standards for using AI-powered technology in clinical trials, regulatory groups play a big role. Adhering to these rules is very important for moral reasons and to keep patients safe. They have to follow the FDA's rules to be safe and do their job well. Some ideas for how AI can be used in clinical studies are also given to the government. EMA standards, which are the same as European standards, must be met for AI-driven tracking to be used in studies that involve more than one country.⁴⁸ There must be a decent way to do this. When researchers work with governing bodies to make and use AI-powered monitoring systems, they can better meet the needs of laws that are getting stricter. People are also more open when they work together. It's important to use the right validation methods and follow the rules set by officials for AI-driven tracking to work in clinical studies.⁴⁹ If scientists put ethics, dependability, and trustworthiness first, they might be able to figure out the rules and help make strong rules for using AI in medical study.

BENEFITS AND CHALLENGES

A lot of good things come from using AI to track people in clinical studies. It speeds up and improves the accuracy of the studies and gets rid of problems with ethics and privacy. But this new technology that changes everything also comes with risks that need to be carefully thought through. AI is used to find bad things that happen while a

patient is being watched.⁵⁰ It has both chances and risks. AI systems can work with very big datasets at the same time very well. This lets them find oddities or small trends quickly, which could mean bad things are about to happen. These steps make the players safer by speeding up the search for them.

With the help of machine learning algorithms that can understand complex data trends and correlations, bad things can be found more accurately. The monitoring method is more accurate overall because AI-driven monitoring is more precise and helps cut down on false positives and negatives. Because the boring parts of AEs tracking have been taken over by computers, healthcare workers can focus on more important tasks. The use of AI in clinical trials is more effective because it improves work processes, which frees up time and resources.⁵¹

It can be hard to give people clear information about how their data is being used and make sure they know what will happen if AI is used to monitor them. To protect moral standards, it is important to keep informed consent methods clear. When sensitive health data is used in AI systems, data security and privacy are important problems. When creating and using AI-driven monitoring, it's important to pay close attention to the little things, like making sure that user information is safe and that privacy rules are followed. AI systems could be biased if they learn them from training data, which could lead to unfair treatment of some groups of people. Because it is the right thing to do, we need to fix algorithmic bias so that everyone in the study gets fair results.⁵²

CONCLUSION

Human treatment is changing because of AI. One very important job is to keep track of people in clinical studies in order to find bad things that happen. This article talked about the main parts of tracking with AI. These are very main to make sure that tests for medicines are safer and work better. For example, you have to follow the rules, use difficult formulas, and keep track of everything at the same time. Finding bad things that happen is getting faster and more accurate thanks to new algorithms like deep learning frameworks and controlled and uncontrolled learning models. They can sort through a lot of information, look for patterns, and show immediate views. This helps us find early safety risks a lot faster. A big part of this change is real-time tracking, which lets researchers continually check on patient data during clinical trials. Keeping everyone safe is our top goal with the study. Tools that send us early warnings help us move quickly when new problems show up. Regulators have set rules that you must follow if you want to use AI to keep track of people. These technologies stay up to date by following the rules set by groups like the FDA and EMA. This gives people faith in their safety and right use. AI could lead to many good things, but it could also cause some bad things, such as worries about privacy, bias, and moral problems. AI helps make medical growth possible by making things more

accurate, faster, and simpler to understand. All of these things must be in place for clinical studies to work. As a final note, people must continue to study, work together, and pay attention because AI-driven patient tracking is so important in clinical trials. AI might need to be studied and used more in clinical study and healthcare to find more and better bad things that happen. To get the most out of AI and make sure it is used in a moral and helpful way, researchers, people who work in healthcare, and government bodies must all work together. It's very important to know this as we study medicine, an area that changes all the time.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Niazi SK. The coming of age of ai/ml in drug discovery, development, clinical testing, and manufacturing: The FDA perspectives. *Drug Design, Development Therapy.* 2023;17:2691-725.
2. Sadaf DS, Sameer S. Pharmacovigilance and adverse event detection: a comprehensive review of artificial intelligence applications. *Eur J Modern Med Pract.* 2023;3(12):97-104.
3. Egon K. Machine Learning in Drug Safety Monitoring: Enhancing Pharmacovigilance Efforts. *Osfpreprints.* 2023.
4. Hosagowdar S, Kinkar MG. Pharmacovigilance and adverse event reporting in clinical trials: best practices. *Eur J Modern Med Pract.* 2023;3(10):18-27.
5. Chen E, Prakash S, Janapa Reddi V, Kim D, Rajpurkar P. A framework for integrating artificial intelligence for clinical care with continuous therapeutic monitoring. *Nature Biomed Eng.* 2023;1-10.
6. Irshad N. The Future Is Data-driven: Revolutionizing Clinical Trials Through Informatics. *ResearchGate.* 2023.
7. Pun FW, Ozerov IV, Zhavoronkov A. AI-powered therapeutic target discovery. *Trends Pharmacological Sci.* 2023;44(9):561-72.
8. Rana MS, Shuford J. AI in Healthcare: Transforming Patient Care through Predictive Analytics and Decision Support Systems. *J Artificial Intelligence General Sci.* 2024;1(1):3006-4023.
9. Iqbal J, Jaimes DCC, Makineni P, Subramani S, Hemaia S, Thugu TR, et al. Reimagining healthcare: unleashing the power of artificial intelligence in medicine. *Cureus.* 2023;15(9):e44658.
10. Ganesh GS, Kolusu AS, Prasad K, Samudrala PK, Nemmani KV. Advancing health care via artificial intelligence: From concept to clinic. *Eur J Pharmacol.* 2022;934:175320.
11. Mittal P, Goyal R, Kapoor R, Gautam RK. Artificial intelligence (AI) and machine learning in the treatment of various diseases. In *Computational Approaches in Drug Discovery, Development and*

- Systems Pharmacology. Academic Press. 2023;139-58.
12. Singh H, Nim DK, Randhawa AS, Ahluwalia S. Integrating clinical pharmacology and artificial intelligence: potential benefits, challenges, and role of clinical pharmacologists. *Expert Rev Clin Pharmacol.* 2024;17(4):381-91.
 13. Alowais SA, Alghamdi SS, Alsuhebany N, Alqahtani T, Alshaya AI, Almohareb SN, et al. Revolutionizing healthcare: the role of artificial intelligence in clinical practice. *BMC Med Educat.* 2023;23(1):689.
 14. Durga K. Intelligent Support for Cardiovascular Diagnosis: The AI-CDSS Approach. In *Using Traditional Design Methods to Enhance AI-Driven Decision Making.* IGI Global. 2024;64-76.
 15. Li R, Curtis K, Zaidi ST, Van C, Castelino R. A new paradigm in adverse drug reaction reporting: consolidating the evidence for an intervention to improve reporting. *Expert Opinion on Drug Safety.* 2022;21(9):1193-204.
 16. Higgins D, Madai VI. From bit to bedside: a practical framework for artificial intelligence product development in healthcare. *Advanced Intelligent Systems.* 2020;2(10):2000052.
 17. Yoon JH, Pinsky MR, Clermont G. Artificial intelligence in critical care medicine. *Annual Update in Intensive Care and Emergency Medicine.* 2022;353-67.
 18. Weatherall J, Khan FM, Patel M, Dearden R, Shameer K, Dennis G, et al. Clinical trials, real-world evidence, and digital medicine. In *The Era of Artificial Intelligence, Machine Learning, and Data Science in the Pharmaceutical Industry.* Academic Press. 2021;191-215.
 19. Chakraborty A, Venkatraman JV. Pharmacovigilance Through Phased Clinical Trials, Post-Marketing Surveillance and Ongoing Life Cycle Safety. In *The Quintessence of Basic and Clinical Research and Scientific Publishing.* Singapore: Springer Nature Singapore. 2023;427-42.
 20. AI, T. P. U. G. The Journal of Multidisciplinary Research (TJMDR). *J Multi Res.* 2023;3(3):9-16.
 21. Tiwari PC, Pal R, Chaudhary MJ, Nath R. Artificial intelligence revolutionizing drug development: Exploring opportunities and challenges. *Drug Development Res.* 2023;84(8):1652-63.
 22. Abirami MS. AI Clinical Decision Support System (AI-CDSS) for Cardiovascular Diseases. In *2023 International Conference on Computer Science and Emerging Technologies (CSET).* 2023;1-7.
 23. Pramanik S, Khang A. Cardiovascular Diseases: Artificial Intelligence Clinical Decision Support System. In *AI-Driven Innovations in Digital Healthcare: Emerging Trends, Challenges, and Applications.* IGI Global. 2024;274-87.
 24. Singh S, Kumar R, Payra S, Singh SK. Artificial Intelligence and Machine Learning in Pharmacological Research: Bridging the Gap Between Data and Drug Discovery. *Cureus.* 2023;15(8):e44359.
 25. Davies M, Duffield EA. Safety of checkpoint inhibitors for cancer treatment: strategies for patient monitoring and management of immune-mediated adverse events. *Immuno Targets Therapy.* 2017;6:51-71.
 26. Al Kuwaiti A, Nazer K, Al-Reedy A, Al-Shehri S, Al-Muhanna A, Subbarayalu AV, et al. A Review of the Role of Artificial Intelligence in Healthcare. *J Personalized Med.* 2023;13(6):951.
 27. Yang H. Regulatory Perspective on Big Data, AI, and Machining Learning. In *Data Science, AI, and Machine Learning in Drug Development.* Chapman and Hall/CRC. 2022;19-42.
 28. Coutré SE, Barrientos JC, Brown JR, De Vos S, Furman RR, Keating MJ, et al. Management of adverse events associated with idelalisib treatment: expert panel opinion. *Leukemia Lymphoma.* 2015;56(10):2779-86.
 29. Shu Y, He X, Liu Y, Wu P, Zhang Q. A real-world disproportionality analysis of olaparib: data mining of the public version of FDA adverse event reporting system. *Clin Epidemiol.* 2022;14:789-802.
 30. Lazarevic B, Boezelijn G, Diep LM, Kvernrod K, Ogren O, Ramberg H, et al. Efficacy and safety of short-term genistein intervention in patients with localized prostate cancer prior to radical prostatectomy: a randomized, placebo-controlled, double-blind Phase 2 clinical trial. *Nutrit Cancer.* 2011;63(6):889-98.
 31. Bradstreet S, Allan S, Gumley A. Adverse event monitoring in mHealth for psychosis interventions provides an important opportunity for learning. *J Mental Health.* 2019;28(5):461-6.
 32. Tuccori M, Montagnani S, Capogrosso-Sansone A, Mantarro S, Antonioli L, Fornai M, et al. Adverse reactions to oncologic drugs: spontaneous reporting and signal detection. *Expert Rev Clin Pharmacol.* 2015;8(1):61-75.
 33. Seyhan AA, Carini C. Are innovation and new technologies in precision medicine paving a new era in patients centric care? *J Translational Med.* 2019;17:1-28.
 34. Scheinfeld N. Efalizumab: a review of events reported during clinical trials and side effects. *Expert Opin Drug Saf.* 2006;5(2):197-209.
 35. Huang S, Guo Z, Wang M, She Y, Ye X, Zhai Q, et al. Ocular adverse events associated with BRAF and MEK inhibitor combination therapy: a pharmacovigilance disproportionality analysis of the FDA adverse event reporting system. *Expert Opin Drug Saf.* 2023;22(2):175-81.
 36. Kulldorff M, Davis RL, Kolczak M, Lewis E, Lieu T, Platt R. A maximized sequential probability ratio test for drug and vaccine safety surveillance. *Sequential Analysis.* 2011;30(1):58-78.
 37. Li C, Li Z, Sun Q, Xiang Y, Liu A. Severe cutaneous adverse reactions associated with immune checkpoint inhibitors therapy and anti-VEGF combination therapy: a real-world study of the FDA adverse event

- reporting system. *Expert Opin Drug Saf.* 2023;23(6):1-8.
38. MacConell L, Brown C, Gurney K, Han J. Safety and tolerability of exenatide twice daily in patients with type 2 diabetes: integrated analysis of 5594 patients from 19 placebo-controlled and comparator-controlled clinical trials. *Diabetes, Metabolic Syndrome Obesity: Targets Therapy.* 2012;5:29-41.
39. Kumari Y, Bai P, Waqar F, Asif AT, Irshad B, Raj S, et al. Advancements in the management of endocrine system disorders and arrhythmias: a comprehensive narrative review. *Cureus.* 2023;15(10):e46484.
40. Jang MG, Cha S, Kim S, Lee S, Lee KE, Shin KH. Application of tree-based machine learning classification methods to detect signals of fluoroquinolones using the Korea Adverse Event Reporting System (KAERS) database. *Expert Opin Drug Saf.* 2023;22(7):1-8.
41. Achalu DL, Mohammed FG, Teferi M. Magnitude and Impacts of Adverse Events of Injectable Containing Shorter Regimen in Programmatic Management of Multi-Drug Resistant Tuberculosis in Ethiopia: A Retrospective Cohort Study. *Therapeutics Clin Risk Management.* 2023;19:889-901.
42. Kempen JH, Daniel E, Gangaputra S, Dreger K, Jabs DA, Kaçmaz RO, et al. Methods for identifying long-term adverse effects of treatment in patients with eye diseases: the Systemic Immunosuppressive Therapy for Eye Diseases (SITE) Cohort Study. *Ophthalmic Epidemiol.* 2008;15(1):47-55.
43. Kujtan L, Kancha RK, Gustafson B, Douglass L, Ward CR, Buzard B, Subramanian J. Squamous cell carcinoma of the lung: improving the detection and management of immune-related adverse events. *Expert Rev Anticancer Therapy.* 2022;22(2):203-13.
44. Mytheen S, Varghese A, Joy J, Shaji A, Tom AA. Investigating the risk of deep vein thrombosis with JAK inhibitors: a disproportionality analysis using FDA adverse event reporting system database (FAERS). *Expert Opin Drug Saf.* 2023;22(10):985-94.
45. Shah V. AI-Powered Drug Repurposing for Pandemic Preparedness and Response. *Int J Computer Sci Technol.* 2023;7(3):227-42.
46. Wu XP, Lu XK, Wang ZT, Huang L, Cai RW, Yu HM, et al. Post-Marketing Safety Concerns with Upadacitinib: A Disproportionality Analysis of the FDA Adverse Event Reporting system. *Expert Opin Drug Saf.* 2023;22(10):975-84.
47. Huber P, Flynn A, Sultan MB, Li H, Rill D, Ebede B, et al. A comprehensive safety profile of tafamidis in patients with transthyretin amyloid polyneuropathy. *Amyloid.* 2019;26(4):203-9.
48. Patil S, Shankar H. Transforming healthcare: harnessing the power of AI in the modern era. *Int J Multidis Sci Arts.* 2023;2(1):60-70.
49. Sun C, Yang X, Tang L, Chen J. A pharmacovigilance study on drug-induced liver injury associated with antibody-drug conjugates (ADCs) based on the food and drug administration adverse event reporting system. *Expert Opin Drug Saf.* 2023;1-12.
50. Chaurasia A. Algorithmic Precision Medicine: Harnessing Artificial Intelligence for Healthcare Optimization. *Asian J Biotechnol Bioresource Technol.* 2023;9(4):28-43.
51. Mazhar F, Battini V, Gringeri M, Pozzi M, Mosini G, Marran AMN, et al. The impact of anti-TNF α agents on weight-related changes: new insights from a real-world pharmacovigilance study using the FDA adverse event reporting system (FAERS) database. *Expert Opin Biological Ther.* 2021;21(9):1281-90.
52. Mazhar F, Krantz Å, Schalin L, Lysell J, Carrero JJ. Occurrence of adverse events associated with the initiation of methotrexate and biologics for the treatment of psoriasis in routine clinical practice. *J Dermatological Treatment.* 2023;34(1):2215354.

Cite this article as: Vampana SB, Jayanthi ESS, Mary DA, Sriniketh C. AI-driven patient monitoring for adverse event detection in clinical trials. *Int J Basic Clin Pharmacol* 2024;13:543-50.