



Emerging Value and Pitfalls of Large Language Models in Drug Development

Chairs:

Anzar Abbas, PhD

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Disclosures

Anzar Abbas:

Employee, hold shares in Brooklyn Health

Amir Kalali:

Co-Chairman, Digital Trials and Research Alliance (DTRA)

Founding Chairman of the International Society of CNS Drug Development (ISCDD)

Chairman and Chief Curator of CNS Summit

Advisor to Brooklyn Health



Introduction to the session

Anzar Abbas, PhD

What do we mean by large language models

The technical definition

Artificial intelligence, a broad term that can mean lots of things

- ↳ Machine learning, use of statistical methods to enable machines to learn from data

- ↳ Deep learning, a subset of ML based on artificial neural networks

- ↳ Generative AI, an application of deep learning designed to create new content

- ↳ **Large language models**, a specific type of GenAI focused on text and language

A Large Language Model (LLM) is a massive-scale, deep learning architecture—almost always based on the Transformer—trained via self-supervised learning to model the probability distribution of sequences of tokens.

At its core, an LLM is a function $f(x) = y$ where x is a sequence of numerical representations (vectors) and y is a probability distribution over a known vocabulary, used to predict the next most likely token in a sequence.

What do we mean by large language models

A non-technical definition

Models that predict the next word in a sequence based on probability

The cat sat on the _____ .

a) Mat ← 90%

b) Hat ← 10%

c) Banana ← 0%

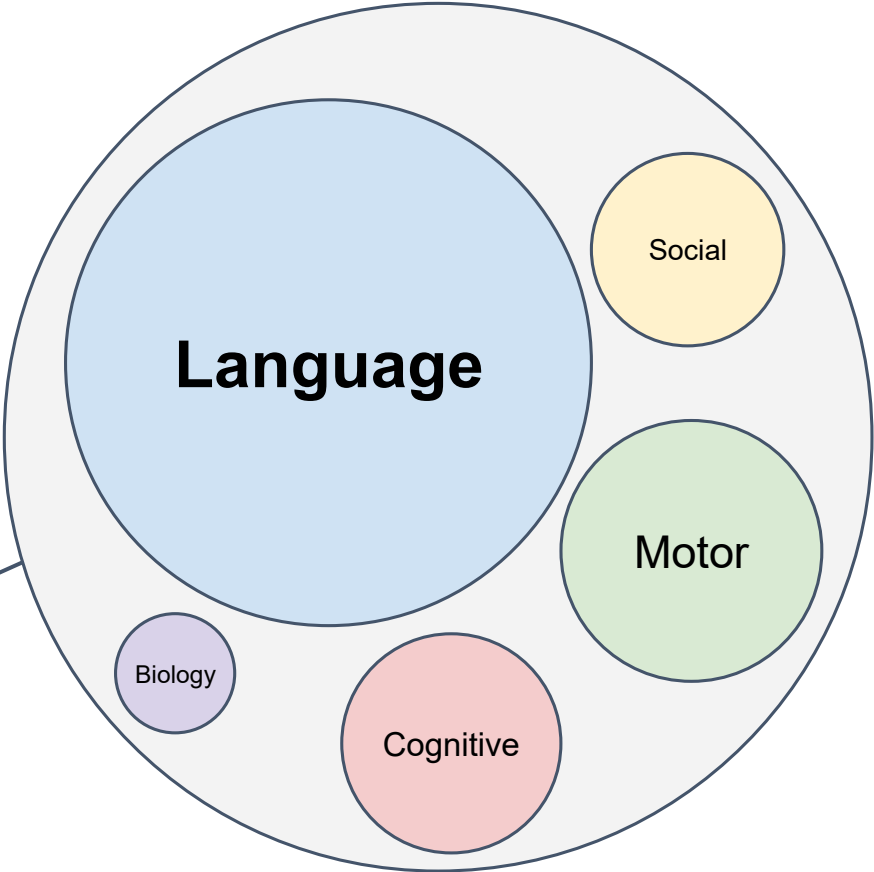
LLMs do this on a massive scale, being familiar with content used in their training, including medical literature, predicting words based on learnings during training.

Why this matters for CNS drug development

Measurement of unstructured data

Field	Data	Measurement
Oncology	Tumor size	Millimeters
Cardiology	Blood pressure	mmHg
Psychiatry	Behavior	erm... scales?

Human Behavior

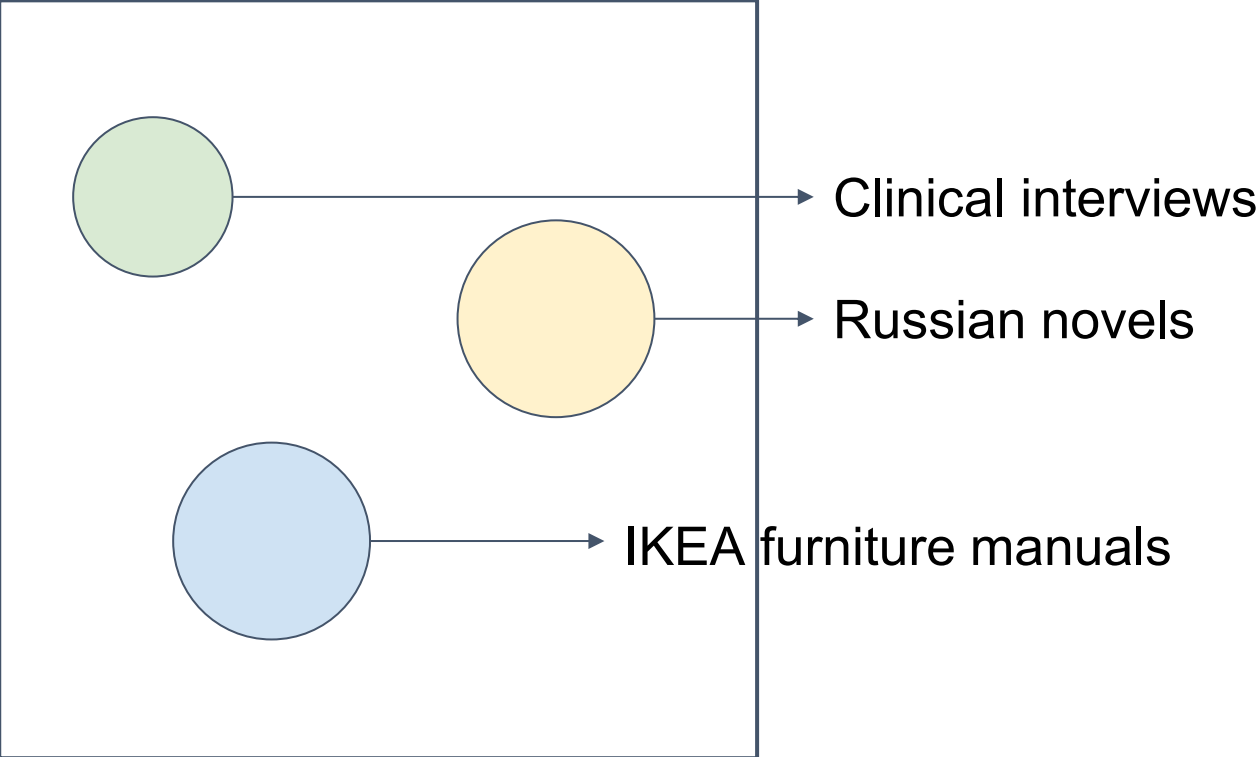


**For the first time, we have a tool that treats
language as the data point.**

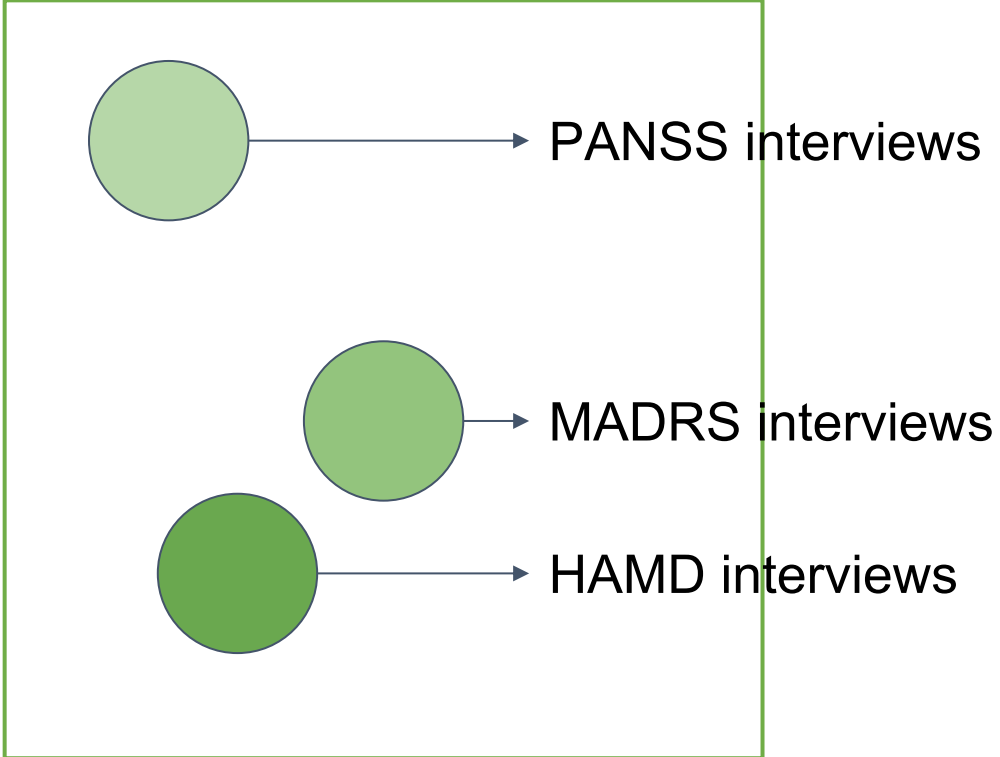
Specializing LLMs to a use case

Increasing how well we can differentiate between content in an embedding space

General embedding space



Fine-tuned embedding space



Back to the session!

How can we use LLMs in drug development *methodology*

All focused on potential for utility in drug development

- **Todd Solomon:** Using LLMs to re-score HAM-A clinical interviews, use the scoring as a triaging mechanism to send interviews for manual review, improve efficiency, increase confidence in data
- **Atul Mahabaleshwarkar:** Using LLMs to monitor dosing sessions, a task not realistic / tenable with traditional methods; LLMs enabling us to do something we simply couldn't do before
- **Jeff Cochran:** Using LLMs to analyze drug response in schizophrenia trials with greater sensitivity than previously possible; deriving additional functional domains from the PANSS clinical interviews

The talks all have regulatory implications – so we're lucky to have **Ruihao Huang** and **Valentina Mantua** with us to give us their general perspectives as well as comment on the talks themselves.

Plus some more bonus content if we have the time...

Some housekeeping!

Each talk is 20 minutes, followed by 10 minutes of questions

Two options to submit your questions:

1. **Come up to the mic**

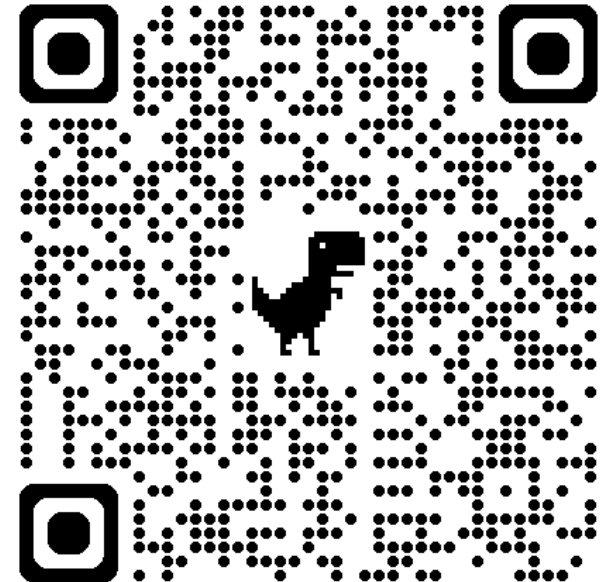
Pros: You can talk for a few minutes until we yell at you for not getting to your question sooner

Cons: Unfair advantage to the bold

2. **Ask your question using the link:**

Pros: No social anxiety, merit based, can submit anonymously

Cons: The chairs will decide whether your question gets brought up



Working group on the same topic *tomorrow!*

To continue the conversation and discuss future efforts

- Continue the discussions started today
- Expand the list of use cases discussed

It's the breakfast working group 🧑🏻 7:45am sharp!



Speakers

Jeff Cochran, PhD

Ruihao Huang, PhD

Atul Mahableshwarkar, MD

Valentina Mantua, MD, PhD

Todd Solomon, PhD

Anzar Abbas, PhD

Amir Kalali, MD