

# Single Day Event

Accelerating Clinical Data  
Management, Analysis, and  
Reporting with Gen AI-  
powered Code Assistants

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# About me

- **PhD in Cell & Molecular Biology (Drexel University, Philadelphia, USA)**  
Studied the role of Dendritic cells in HIV-1 and HCV infection
- **Postdoctoral Research Scientist (Drexel University College of Medicine, Philadelphia, USA)**  
Studied the role of innate immune system in Cancer
- **Postdoctoral Research Scientist (The Wistar Institute, Philadelphia, USA)**  
Studied Myeloid-Derived Suppressor cells and their role in cancer
- **Senior Research Scientist (Cell & Gene Therapy Division, Intas Pharmaceuticals, Ahmedabad, India)**  
CAR-T cell therapy against hematological malignancies and solid tumors  
Hematopoietic Stem Cell Gene-Addition/Editing therapies for  $\beta$ -Thalassemia and Sickle Cell Disease
- **Cell & Gene Therapy SME (Cognizant Technology Solutions)**
- **Cell, Gene & Other Advanced Therapies Practice Lead (Hexaware Technologies)**



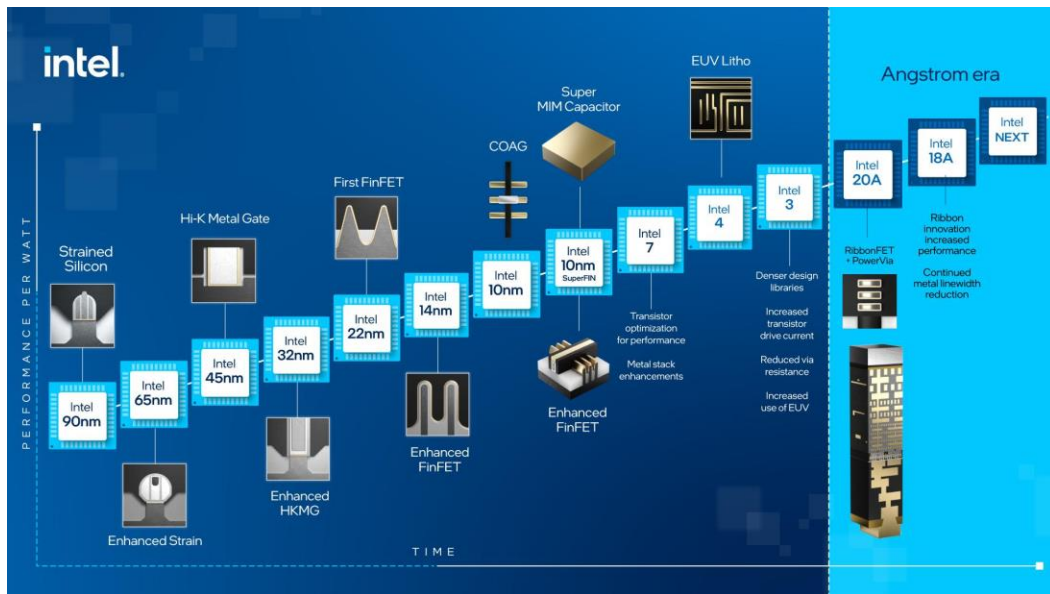
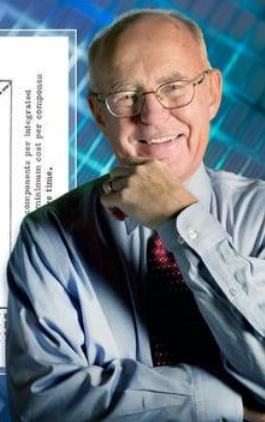
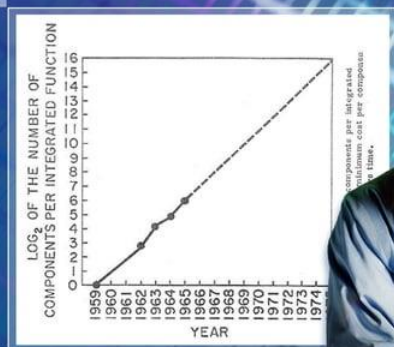
# Agenda

- Rising R&D Costs
- Growing complexity of Clinical Trials
- GenAI-powered code assistants
- Leveraging GenAI-powered code assistants for Clinical Programming
- Q&A



# Moore's Law

In 1975, Intel co-founder Gordon Moore gave Moore's law → Number of transistors on a chip will **double every two years** with a minimal rise in cost

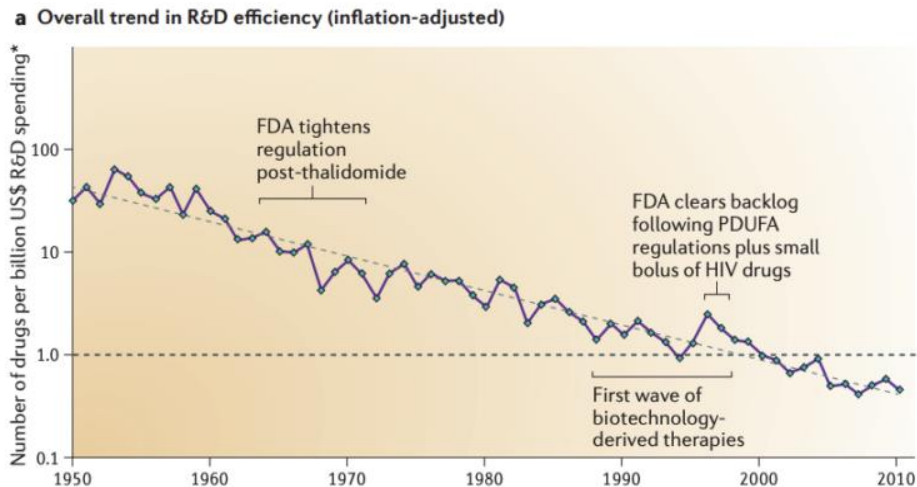


Source: Intel Website



# Eroom's Law (Moore spelled backwards)

In 2012, Jack Scannell published a landmark study that highlighted the steady decline in R&D efficiency. He gave **Eroom's law** which states that the **inflation-adjusted cost of developing a new drug roughly doubles every nine years**



Source: Scannell et al; Nature Reviews Drug Discovery (2012)

According to a 2021 study by Tufts Center for the Study of Drug Development, the average cost of developing a prescription drug is **\$2.6 billion**



# Clinical Trials account for major portion of the R&D spending

(dollar figures in millions)

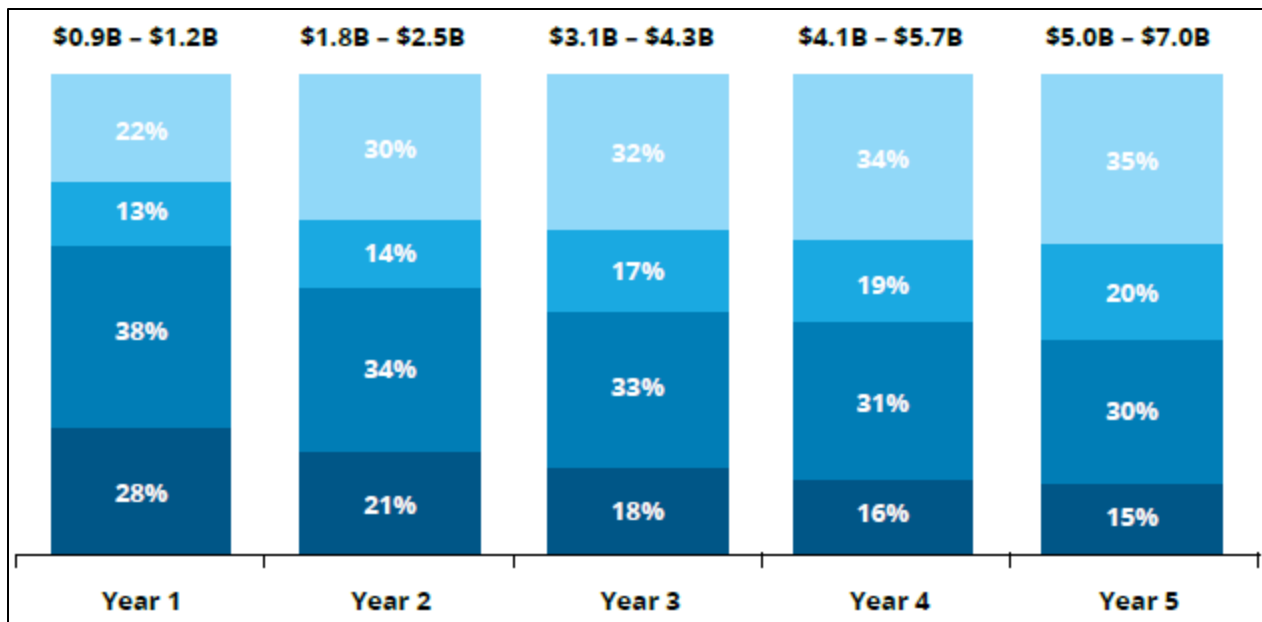
| Function               | Dollars            | Share         |
|------------------------|--------------------|---------------|
| Pre-Human/Pre-Clinical | \$16,030.1         | 15.9%         |
| Phase I                | \$8,531.5          | 8.5%          |
| Phase II               | \$11,197.7         | 11.1%         |
| Phase III              | \$29,050.3         | 28.8%         |
| Approval               | \$4,290.9          | 4.3%          |
| Phase IV               | \$11,597.6         | 11.5%         |
| Uncategorized          | \$20,147.0         | 20.0%         |
| <b>TOTAL R&amp;D</b>   | <b>\$100,845.2</b> | <b>100.0%</b> |

**Source:** Pharmaceutical Research and Manufacturers of America, PhRMA Annual Membership Survey, 2023



# AI/GenAI can potentially unlock billions of dollars in value for the pharmaceutical industry

A top 10 biopharma company with current sales of US\$6.75 billion could capture between US\$57 billion of potential value by leading the use of AI over 5 years



Source: Deloitte Analysis



# Increasing complexity of clinical trials

## Trial Design Complexity

- Complex Innovative Trial Designs such as Adaptive Protocols, Master Protocols
- Increase in Procedures
- Increase in Endpoints

## Data Complexity

- Variety
- Volume
- Velocity

## Operational Complexity

- Managing Global Studies
- Decentralized Clinical Trials

### Manual Coding is:

- Expensive
- Labor intensive
- Time-consuming
- Error-prone



# The future of pharma is open-source

It's not just about cost-cutting; it's about value-adding

- Pharmaceutical companies are turning to open source at every level to increase the speed and efficiency of clinical trials and bring life-saving treatments to patients faster
- Talent out of university prefers open-source programming languages like R & Python



Johnson & Johnson  
Innovative Medicine



GSK

AstraZeneca

Lilly

Make Go/No-Go  
Decisions Faster

Innovative ways to analyze clinical trial data and make faster decisions at every go/no-go checkpoint

Manipulate data  
more efficiently

Open-source can get you to SDTM/ADaM datasets quicker

Submit to the  
regulatory agencies  
confidently

Regulators like the FDA are embracing open-source for regulatory submissions



# Rapid proliferation of code generation models

**ANTHROPIC**

Claude 3

**Google**

CodeGemma

Gemini

Codey

 **OpenAI**

Codex

GPT-4

 **MISTRAL  
AI\_**

Codestral

 **Microsoft**

WaveCoder

Phi-3



**Hugging Face**

StarCoder 2

 **Meta**

Llama 3

 **Carnegie  
Mellon  
University**

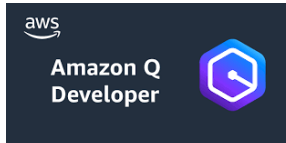
PolyCoder



# Most popular GenAI-powered code assistants

 **GitHub Copilot**

 **tabnine**



 **replit**



  
**Gemini**  
Code Assist

 **Cody**

 **codium<sup>ai</sup>**

 **refact.ai**

 **GitLab** Duo

watsonx Code Assistant

  
Tencent Cloud



# GenAI-powered code assistants

- ✓ Code completion, code optimization, code debugging, code refactoring in multiple programming languages
- ✓ Natural Language Chat interface
- ✓ Integrate with several IDEs and code editors such as RStudio, Visual Studio Code, Visual Studio, Vim, Neovim, the JetBrains suite of IDEs, and Azure Data Studio
- ✓ Customer-generated code not used for training and improving the performance of the model
- ✓ Option to customize to an enterprise's codebase
- ✓ Deployment: Cloud/Local



# Challenges of leveraging code assistants for clinical programming

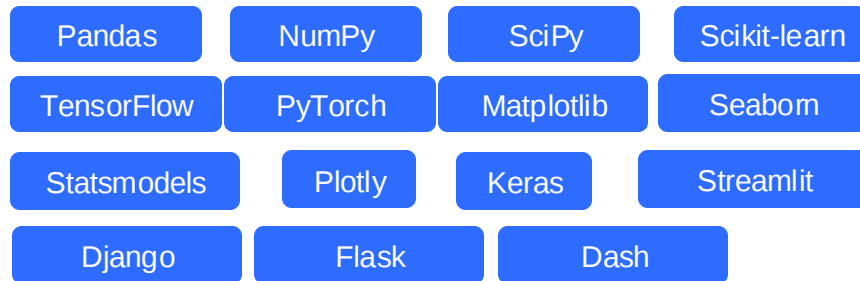
**Challenge 1: General Purpose Code Generation Models have not been trained on packages/libraries relevant for Clinical Programming**

**Solution: Pre-train/fine-tune/Retrieval-Augmented Code Generation using R and Python libraries and web frameworks**

## **R packages and Web frameworks**



## **Python Libraries and Web frameworks**





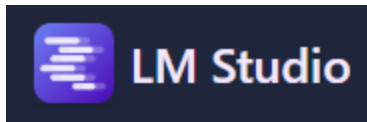
# Challenges of leveraging code assistants for clinical programming

## Challenge 2: Security & Privacy

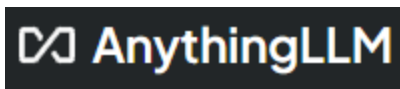
Solution: Running LLMs locally (on-prem/local machine)

Personal LLMs??

Most popular platforms to run LLMs locally



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# Advantages of GenAI-powered code assistants



Quality



Speed



Efficient use of resources



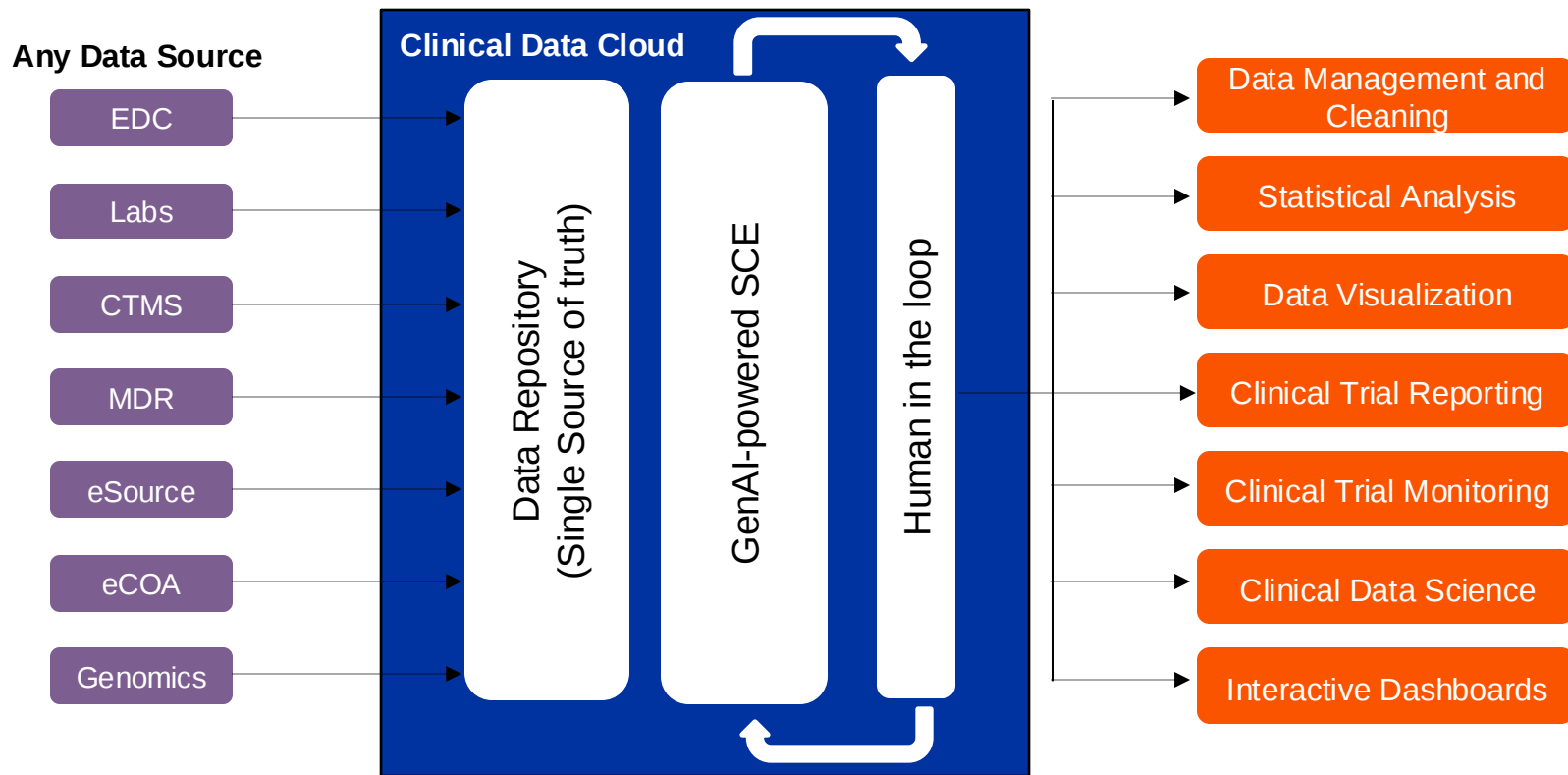
Reduced Cost

## ‘Trust’ but verify

- It’s just a model that’s been trained on a lot of data
- It’s not always right, appropriate, or optimal
- So, it’s important to verify the output before using it (**Human in the loop**)
- **Pair Programmer?**



# Need of the Hour – GenAI-powered SCE within Clinical Data Cloud



# Thank You!

For any Questions related to this presentation,  
please email me at [mohits12@hexaware.com](mailto:mohits12@hexaware.com)



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