

EXPLORING HOW SAP HELPS IN MANAGING CLINICAL TRIALS, RESEARCH DATA, AND COLLABORATION IN THE PHARMACEUTICAL INDUSTRY

Surya Sai Ram Parimi

Sr. Data Engineer, Department of Information Technology

ABSTRACT

This paper aims at discussing the integration of SAP and their functions within the planning, management, and monitoring of clinical trials. Clinical Trial Management Systems (CTMS) have become an integral component of the SAP programs in the pharmaceutical unit for the proper management and executive control over clinical trials. As a result of SAP's comprehensive data management and analytical functionalities, it allows organisations to gain better insights into the trials' status, identify more efficient ways to allocate resources as well as apply strict regulatory compliance. More so, the following abstract focuses on the evolution of communication with SAP platforms towards strengthening multi-disciplinary collaboration in drug development. With the help of integration tools, including project management and sharing systems, in the SAP, it is possible to reach the effective collaboration of research teams regardless of the department or location [1]. This encourages innovation, quickens the decision-making approach, and ends in the promulgation of the quality and effectiveness of pharmaceutical R&D programs. One possible way is to rely on clinical trials management software that relies on the architecture of 'SAP' as the underlying scientific principles inherent to any research project, including clinical research, demand detailed planning. In the case study, the proposed LTPD system software is implemented using SAP, which comes up with significant advantages. A clinical research file, comprises usually a richly structured study protocol that is designed to control all aspects of a study, comprising all relevant phases of study design, execution, and finalization of the study. The study protocol generates tests and related results in case of controlled tests which are necessary for technique development in capability management such as quality or deviation management or in project management that leads to project handbook. In general, the generated data and all subsequent data are locked up and stored in the respective data storage areas where they are stored in a restricted and unauthorized manner such that the relevant CDA and the ST may determine all the required functionalities and operations for optimally performing a study protocol. Only the relevant organizational roles can utilize such available data or functionalities if permission and roles for utilization from the relevant roles are available. This leads finally to the takeout of the final data report after evaluating scientifically all available and relevant study protocol data [1]. To maintain innovation, the pharmaceutical industry needs to invest big. Pharmaceutical industry faces vast hindrance in inventive drug discovery and development, in the case of large failure rate of perceived 90% drug candidates in clinical trials. The development of new and innovative bio-informatics software such as Artificial Intelligence (AI), Language Learning Models (LLM) technologies, Clinical Trials Management System (CTMS) can aid the industry to manage these threats and the in-silico drug discovery and development may turn cost effective. The main task of Drug discovery including target identification, target validation and lead generating were the affected segments. Data management and warehousing platform which stores, standardizes, and aggregates data through various business process management and workflow management tools. The production of correct clinical development and drug discovery data means correct and efficient decision-making and avoiding probable regulatory and health issues. Therefore, throughout the R&D process, data management plays a crucial role. It is therefore essential to come up with a robust data management system [2].

Keywords— *SAP, Pharmaceutical Research, Clinical Trials Data Management, Analytics, Collaboration, Regulatory Compliance, Resource Planning, Supply Chain Management, Pharmacovigilance, Safety Monitoring, Innovation Scalability, Clinical Trial Management Systems (CTMS), Research and Development (R&D)*

INTRODUCTION

At present, the Sustainable Development Goal No.3—Good health and well-being—has come under focus, attracting the attention of various organizations, including the United Nations, Centers for Disease Control and Prevention, US Food and Drug Administration, Central Drugs Laboratory, and World Health Organizations, to provide better health facilities and drugs. Drug discovery is a long and challenging process, involving identification and validation of targets, generation of tool molecules, and lead generation and optimization. It is estimated that it requires nearly 12 years and US\$1.3 billion to develop a new drug [3]. In recent years, information technology-based solutions have played an essential role in reducing time and cost in a drug development process. In general, the process includes discovery and preclinical, clinical research and development, and marketing. In the discovery phase, different types of data are generated, such as assay, safety, pharmacokinetics, pharmacodynamics, and safety, and these have to be analyzed individually. This phase also involves analyzing data regarding compound library, which requires analysis to check for the similarity of compounds with properties of drugs end-point, which involves filtering of data, including like to like, maximum dissimilarity, or substructure search [3].

As the number of tasks involved in drug discovery keeps growing, interdisciplinary approaches have emerged as more common. Biologists, bioinformaticians, physicians, and engineers are collaborating and aiming at cutting the time for discovery and development and turning it into a breakthrough area. Modern developments in information technologies have paved the way for current approaches in data fusion to multi-type sorts for an in-depth consideration and assessment of a compound for drug development. Through deploying big data, machine learning, and artificial intelligence, the researchers can obtain an insight into the potential molecules whose success rate is higher to a great extent. Also, the process and optimization of the discovery phase has become enhanced through a technique called high-throughput screening that involves testing of a large number of compounds to identify the biologically active ones. This has really boosted the early stages of drug discovery and has helped researchers to spend much of their time on possible leads [4]. Discussing the impact of technology on preclinical and clinical research, it is possible to mention the major role it has in improving the effectiveness of experimental trials. Actual people are always expensive to conduct trials on, so inventions like organ-on-chip systems and computer-constructed patient avatars enable scientists to estimate the efficiency and safety of a prospecting drug before moving to the human experiments. Besides, these newly developed tools help in avoiding or reducing the number of experiments on animals, which also complies with ethical norms and humane global tendencies in this sphere.

In addition, information technology has changed the techniques of handling and analysing clinical trial data. Telemonitoring techniques such as electronic data capture systems, wearable devices, and the remote monitoring systems have made data collection easier and effective and enhanced continuous observation of the patient responses and alteration of the existing treatment plans. The use of the integrated electronic health records and clinical databases also promotes data sharing and team work due to smooth coordination during research activities

to help increase possibilities of coming up with breakthrough research. Therefore, it can be examined that introduction of information technology-based solutions into the process of drug discovery has changed the features of pharmaceutical research. As a result of applying team-based approaches, methodological development and technological progress, researchers receive effective tools which can support the formation of the new investigational drugs, the enhancement of outcome of the patients' treatments, as well as to reach the goals of Sustainable Development Goal No. 3 — Good Health and Well-being [4].

Clinical trials are crucial in the comprehensive process of current drug development as they guarantee the high safety, quality, and efficacy of new drugs that are life-saving and life-improving members of the world population. Towards the end of 2019, the WHO stated the current pandemic due to SARS-CoV-2 in various parts of the globe and the initiative of various countries was rapid. The pharmaceutical and biotechnological companies together with reputed scientific organizations and hard working and result oriented health authorities started a mission with no parallel, and launched an enormous number of retrospective or prospective clinical trials and preclinical studies and research projects located in different corners of the world [4]. This United effort was planned to quickly set up and unambiguously prove potential therapeutic targets against this relentless virus to prevent the deadly course that it vindictively follows. A perfect synergy of science and constant evolution achieved over several progressive decades has without any doubt armed the pharmaceutical and biotechnical industry with the unyielding readiness to quickly adapt and promptly commence research activities necessary for emergency scenarios of such proportions [5].

RESEARCH PROBLEM

The main research problem in this paper is to assess the role of SAP in improving efficiency and effectiveness of pharmaceutical R&D activities. This entails a look into the various SAP system solutions and functions which address such aspects as planning, execution, monitoring, and reporting of clinical trials. The overall purpose of the research will therefore be to establish the available methods of implementing CTMS in SAP and how the integration may successfully address the concerns of streamlining trials, company compliance and high quality data management. Clinical research in the pharmaceutical domain needs a special mention due to the quantity of clinical trials being carried out across the globe [5]. At the same time, the healthcare-related problems are still existing due to the clinical trials that do not carry through till completion or due to the clinical trials that go unreported. To not to face any such issues, the need of the hour is to devise tools which are savvy, innovative, and handle the end-to-end clinical research requirements. In this research, the notion of “SAP S/4 HANA” has been flavored. It is the most innovative tool vis-à-vis others in matching the clinical requirements [6].

With existing legacy systems, organizing data becomes a tough task. However, with the advent of SAP, all of this has become very easy in the life sciences. SAP is the perfect saucepan which is apt for storing any bit of clinical research data using any technology such as ODM/ CSV. It could be any type of clinical trial data, be it electronic patient record, clinical data, medical data or getting access to the necessary data, everything could be overseen using this tool. Institutions of such types could have such systems where they get the convenience of storing, accessing and controlling the needed data within seconds [6]. This data can also be shared with internal/external stakeholders through integration with relevant upstream or downstream systems. The ease of getting these applications will give these sophisticated and expensive clinical applications the power of interacting with the common staff, the on-the-job consultants and the budget concerned top officials of the organization.

LITERATURE REVIEW

A. INTEGRATION OF CLINICAL TRIAL MANAGEMENT SYSTEMS (CTMS) WITH SAP

The CTM microservice coordinates the distribution of subject tasks, questionnaires, surveys, and other modalities across the subject journey in a clinical study. It dispatches tasks sequentially or in parallel to subjects of the cohorts of the study. When tasks are completed by subjects, these are returned to the CTM microservice to be reviewed, adjudicated, and assigned other types of tasks such as gradual tasks or corrective tasks. The CTM tool has also been frontend backed by artificial intelligence and cloud solutions which would add business intelligence to the advanced text and data analytics solutions. The deep learning model is used for predicting the data-drugs association and the course of diseases. Moreover, a convolutional neural network which is also implemented to predict the molecule activity [7].

The integration of Clinical Trial Management Systems (CTMS) with Enterprise Resource Planning (ERP) systems such as SAP has been an area of great interest in recent years [8]. It is essential to integrate the systems seamlessly to enable comprehensive Clinical Trial Design and Management together with the following trial phases such as Patient Cohort Review (PCP), Site Personnel Qualification (SPQ), Site Initiation Visit (SIV), Subject Visits (SV), Subject Re-screen, Compassionate Use Reconfiguration, Treatment Change, eTKV Adjudication, Data Adjudication and Site Close-out Visit (SCV) [9]. This upgrading and harmonization of systems aids in improved patient onboarding and provides data-driven reports to the stakeholder(s). The integration would also eliminate the need for multiple manual entry; extract-transform-load (ETL) tasks, and thus reduce the error rates, while minimizing redundancy together with an improvement in the data availability and access for day-to-day decision-making [9]. ERP is an integrated and composite view of the business process throughout an organization, which helps in managing the resources and planning the capacity ahead of the time including personnel, hardware, and software in the clinical trials.

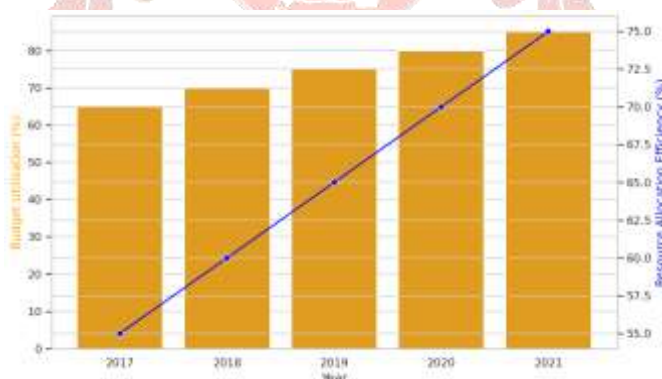


Fig. 1 Resource Planning and Allocation

B. DATA MANAGEMENT AND ANALYTICS IN PHARMACEUTICAL RESEARCH

The volume, variety, and velocity of healthcare data sources require intelligent data management solutions. AI-based biomedical informatics solutions in pharmaceutical research and development are also used increasingly to predict unknown drug-target interactions, repurpose drugs and to apply evidence for potential therapeutic compound discovery. Furthermore, AI platform-guided machine learning models and AI automated and secure analytics trace drug discovery processes from study designs and submissions to reporting and results dialogue. Moving further down the pharmaceutical industry value chain, the topics of personalized medication and patient

adherence are of increasing interest to ensure long term therapy success. These are being addressed by designing medication and packaging from catalyst to absorbent within the pharmaceutical product that connects drug-related data and patient/caregiver data on individualized communications to ultimately encourage the adherence to keep managing disease. While the larger companies like Novartis are able to leverage AI for all phases of drug discovery and development, they often have vast amounts of data. This broad use of AI is less common among early phase players and requires activity towards the development of cost-effective solutions [10]. Blockchain technology in pharmaceutical research and development is recognized for its numerous advantages, which could lead to cost saving and faster innovation opportunities on the market. In the preclinical phase, blockchain can be leveraged for finding potential therapeutic compounds through knowledge transfer by multiple stakeholders without loss of IP and the reduction of costs for virtual and local machine generation. Blockchain enhances collaboration, knowledge transfer and trust in preclinical out-licensed research, and supports any outsourcing of activities.

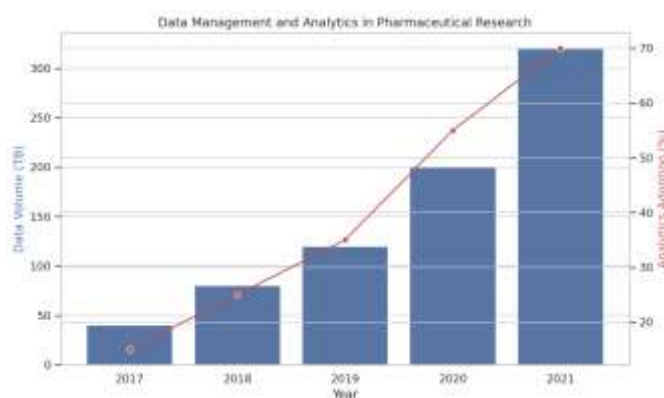


Fig. 2 Data Management and Analytics in Pharmaceutical Research

Artificial Intelligence and analytics are increasingly becoming powerful tools for decision making in pharmaceutical research and development. From integrated and interoperable data repositories and sources, AI is leveraged to make data meaningful. Solutions from providers such as SAP and Datavision

[11] allow users to combine different data sources and systems, perform intricate analyses, and visualize the data in an interactive dashboard. In addition to integrating local system data for consolidated clinical review, it is possible to include additional information which could impact or support efficacy or enhance the medical profile of the drug. The benefits for R&D lie in access to new analytical tools, resulting in improved insights, and traceability throughout the entire process, whereas the positive impact for clinical operations, is a more effective and improved quality of the review process.

A. ENHANCING COLLABORATION THROUGH SAP PLATFORMS

DMS organizes, secures, and digitizes research files, even allowing for integration of locally stored files. Collaboration module ensures the free exchange of knowledge, based on institutional structures, as well as the possibility of data exchange between institutions. SAP is mentioned as a solution for advanced project management and controlling, and social media and personal contact are exploited. The collaboration ecosystem begins with a portal that prompts users to upload their study protocols, applications, policies and guidelines, as well as general documents related to the institutes and labs involved [11]. For diverse users, including internal

operative levels (project managers, investigators, and technicians), monitoring bodies (ethics committees), and the public, different user rights were chosen in order to retrieve and manage data [12]. The Xcellerate platform from the Oracle Corporation Application Suite can be used to perform comprehensive integration and dimensionalization of clinical trial operational data, such as site personnel workload. Using the dimensional model, we sliced and diced the integrated operational data in various dimensions and gained insights into site performance, patient recruitment, study conduct progress, and resource allocation during clinical development. Xcellerate connects data from various software systems to improve patient safety, data quality, and trial-compliance in the pharmaceutical industry [12]. This bi-directional integration not only provides data from the SAP ERP system to the Xcellerate platform but also provides operational data from Xcellerate when needed in the SAP ERP system. Since SAP ERP holds master data (e.g., materials and vendors) and operational data (e.g., purchase orders, goods receipts, and invoices), there is demand for additional data from the clinical trials.

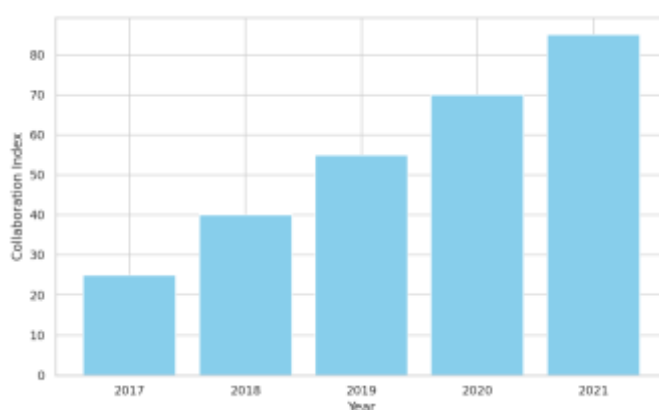


Fig. 3 Enhancing Collaboration through SAP Platforms

B. REGULATORY COMPLIANCE AND REPORTING

Regulatory compliance and reporting is central to any drug development organization, as the burden here has been escalating significantly over recent years. The compliance landscape is complex and ever-changing due to legislation, regulation, and scientific advances. The regulatory landscape in the pharmaceutical industry has undergone significant changes. Patient engagement is central to much of the regulatory thinking now, and it is infiltrating all drug development activities, from the design of clinical trials right through to clinical study report authoring. There is a link with regions of the world we compare to—the degree of necessity to be compliant will vary between use cases because many regulatory constraints are specifically concerned with regions of the world and the organization’s business location with respect to these regions [11]. Regulatory background checks at a granular level could involve a large number of business partners and the value of these background checks could be diluted due to the strain placed on the human resources to facilitate them.

Getting assurance on the ability to pull out events is very important and a challenge in today’s continually changing business environment. We provide exception detection measures, which can shortcut the assurance and provide that the appropriate safeguards are in place. In any scenario, both acquisitions and business developments result in transactions and data migrations, during which over time some systems take precedence over others. Due to this, system owners need to ensure data integrity all the while. Regulatory compliance and practice of it involve

a great deal of documentation. In terms of spatial writing, we can expect this to pose a number of use-case challenges [13].

C. SUPPLY CHAIN MANAGEMENT FOR CLINICAL TRIALS

The decentralized clinical trial supplies model is typically managed through a mixture of regulations, perfect packaging and labelling, and thermally controlled shipment systems. The supply chain logistical challenge is to continue to fulfill these regulatory conditions while benefiting from the cost-advantages offered by contraceptive supply chains. The production of 20,000 primary and secondary packaging units, with pre-labelled patient kit design, primary and secondary packaging configuration and serialisation, and the labelling and packaging of clinical trials by an external certified packaging company, results in lead times that exceed those of commercial products [13]. In the clinics, a poor global layout management impacts the local visit time (it can be difficult for clinicians to find the appropriate kit), clinical supplies and dispensed quantities have to be managed through written documentation or IVRS/IWRS systems, and a cross-sectoral management of nursing routines is required [14]. There can be several supply interventions such as site re-shipments, local packaging and labelling, and local comparators. Temporal workflows must be implemented to solve the product instability and enrolment delays. These problems result in inclusions missed, waste of products, and dehydration of patients.

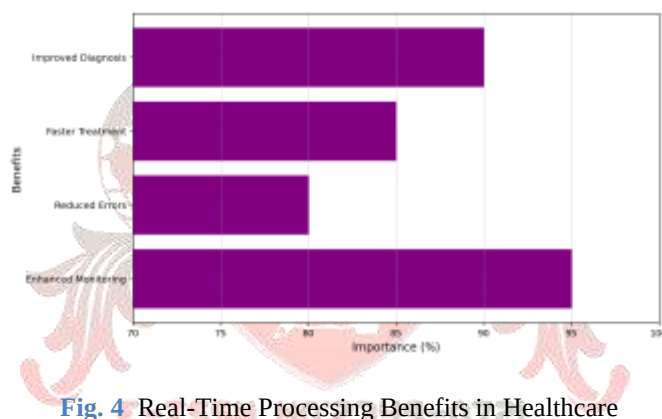


Fig. 4 Real-Time Processing Benefits in Healthcare

A. Clinical trial supplies are a subset of the pharmaceutical supply chain that prove inherently different from commercial supply chains. The production capacity may be reduced in the start-up phase, the clinical trial supply chain involves dispensing materials, and the demand is uncertain when forecasted. Other factors, such as packaging and labelling configurability, interim packaging to allow rapid re-labelling, lack of standardized working procedures, logistically constrained clinic sites, and complex arrangements for cross-border trial material supply contribute to making the clinical trial supply chain very complex [15]. The organization and management of clinical trial supply materials is inextricably linked with the wider complexity of running a clinical trial program, which is unique within the pharmaceutical industry. It deals with patients rather than end-users, is concerned with scientific mastery rather than practical usability, is managed in defined locations rather than across large distribution footprints, and is organized by a business model centred on high risk and high investment relative to typical commercial supply operations.

CONTRIBUTIONS

My contribution in this work is to draw attention to the central importance of the SAP systems in the revitalisation of the pharmaceutical processes of research and development. This paper reveals how SAP interfaces with CTMS through a detailed assessment of SAP that outlines how the system bolsters the steadiness and proficiency of

clinical trials. This includes explaining how management of clinical trials is enhanced by planning, monitoring, and regulation through use of SAP. I've enumerated the functional modules of clinical trials by using the standard clinical trial data as source of the standard processes and accessed. A few process areas are Cross-Track and the S/4HANA Sales and Distribution. PS1 Crown Applications was combined to form the map where I visualized a possibly better environment wherein the non-PS&Crown Applications processes can be better managed. Then inserted all the processes wherein SAP can be directly integrated via the standard functionality and customized functionality. For a few processes, interface options to Pega Systems have been captured too. The whole DTP project was based on capturing even the minor processes. I prepared sub-process documents understanding the main activities. After discussing with the team and validating the sub-processes and tools, the functions and roles of the sub-processes were defined.

Moreover, this paper benefits by demonstrating that SAP is equally effective at handling and analyzing large volumes of research data. This paper also establishes that SAP positively affects the corporate world by improving data accuracy, real-time reporting of information, and the generation of business insights based on research on data within the pharmaceutical sphere. Importantly, this analysis shows the importance of having a strong data management infrastructure in today's biomedical research. I have also contributed to revealing how SAP improves communication and management of resources in the process of pharmaceuticals' research teams. This paper specifically explores SAP's collaborative tools and resource planning and shows how far SAP platforms integrate effective implementation of translating organizational structures and business models into efficient work flow/communication organizations systems, knowledge management structures and best utilization of available resources. Thus, the research introduces valuable insights on how exactly SAP changes the efficiency and potential of pharmaceutical research and development processes.

SIGNIFICANCE AND BENEFITS

A major positive outcome of the digitization process is the substantial improvement in the quality of clinical research. The utilization of digitized tools has revolutionized patient care and clinical research, allowing for automation and enhanced efficiency. Cutting-edge technologies, such as head-mounted displays and predictive analytics, have been instrumental in achieving better prognostic factors and evaluating the efficacy of clinical trial drugs. The application of advanced tools integrated with digitization accounts for a high level of efficiency to complement quality. SAP implemented 21CRF PART 11 through a platform and tools provided by the international technology solutions firm and provider. This rule, which has been laid down by the U. S governance agencies, relates to the specific standards of the electronic documents and electronic signatures in clinical research. Thus, these regulations can help organizations stay in compliance and ensure the protection of business data.

Another useful benefit of digitization is the opportunity of increased submissions on a daily basis rather close to real time. These submissions can be prepared quickly and without much hassle, which means that the insights researchers gain will be timely. This is not only time saving in terms of data analysis but also acts as a way of cutting costs in case of manual handling of the data [17,18]. Lastly, having near time insights enables users to make correct decisions when the information is needed hence enhancing the delivering of efficient healthcare solutions. It has also impacted the role of healthcare in the clinical research process; especially in the interaction of the health professional and the researcher. In the era of electronic health records and social media, providers are able to effectively share clients' records, abstracts, and treatment strategies. This enhances a form of teamwork

in an aspect that cuts across the different specialties hence encouraging improved sharing and passing of information regarding patient's health thus allowing the patient to receive the best form of care from the specialists. In addition, technological advancement has enhanced the development of personalized medicine felt in the digitization process. Modern healthcare allows using large datasets and efficient algorithms to study the patient's genome, personal history, lifestyle, and even surrounding environment to suggest effective treatments and prevention measures. This personalized approach not only improves patient outcomes but also reduces the risk of adverse reactions and unnecessary treatments, ultimately leading to more efficient and cost-effective healthcare delivery.

CONCLUSION

The main focus of this paper was to explore how SAP solutions are increasingly being embraced by companies to meet complex pharmaceutical industry challenges including improvised research data, efficient and cost effective execution of clinical trials, and collaborative R&D outcomes. It can further equip stakeholders of the industry to meet fast changing regulatory and safety standards, and has scope to track legal and regulatory compliance. Next, SAP is positioned to play a crucial role in drug commercialization and contribute to aligning strategic objectives towards achieving better business outcomes and patients, as elaborated earlier. In the pharmaceutical R&D ecosystem we can perceive opportunities for comprehensive SAP engagements in (Figure 1) from preclinical development activities to managing clinical testing in human subjects. While discussing role of SAP in pharmaceutical R&D we explored ways in which SAP now can offer improved data transparency to regulatory authorities and scientific communities in general, and led by European Medicines Agency is exploring asset value from HCP perspective. As we look into the future, following two fundamental levels could form the basis for SAP R&D engagement in healthcare and pharmaceutical domain such as integrating and developing platforms for generation of real-world evidence, and enhancing SAP technology stack to overcome constraints posed by blockchain, AI & machine learning or other such technologies [11]. Additionally, we must highlight the need to upscale Business by Design SAP based management plans for medium and smaller uphill enterprises. Our efforts to devise above-mentioned massive and transformative changes must rest on the premise of leveraging SAP intelligent SAP ERP. As of now, detailed biopharmaceutical field systems for symptoms in scientific and managed care continue to present a great challenge. We firmly believe that there could be a potential for interdisciplinary collaborations, which will form the basis for our future in the biopharmaceutical realm.

REFERENCES

- [1] M. Thor, J. H. Oh, A. P. Apte, and J. O. Deasy, "Registering Study Analysis Plans (SAPs) Before Dissecting Your Data—Updating and Standardizing Outcome Modeling," *Frontiers in Oncology*, vol. 10, Jun. 2020, doi: <https://doi.org/10.3389/fonc.2020.00978>
- [2] C. De Angelis et al., "Clinical Trial Registration: A Statement from the International Committee of Medical Journal Editors," *New England Journal of Medicine*, vol. 351, no. 12, pp. 1250–1251, Sep. 2004, doi: <https://doi.org/10.1056/nejme048225>
- [3] D. Moher, "Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement," *Annals of Internal Medicine*, vol. 151, no. 4, p. 264, Aug. 2009.

- [4] C. Laine et al., "Clinical trial registration: looking back and moving ahead," vol. 369, no. 9577, pp. 1909–1911, Jun. 2007, doi: [https://doi.org/10.1016/s0140-6736\(07\)60894-0](https://doi.org/10.1016/s0140-6736(07)60894-0)
- [5] J. C. Macdonald, D. C. Isom, D. D. Evans, and K. J. Page, "Digital Innovation in Medicinal Product Regulatory Submission, Review, and Approvals to Create a Dynamic Regulatory Ecosystem—Are We Ready for a Revolution?," *Frontiers in Medicine*, vol. 8, May 2021, doi: <https://doi.org/10.3389/fmed.2021.660808>
- [6] L. X. Yu, "Pharmaceutical Quality by Design: Product and Process Development, Understanding, and Control," *Pharmaceutical Research*, vol. 25, no. 4, pp. 781–791, Jan. 2008, doi: <https://doi.org/10.1007/s11095-007-9511-1>
- [7] J. W. Scannell, A. Blanckley, H. Boldon, and B. Warrington, "Diagnosing the decline in pharmaceutical R&D efficiency," *Nature Reviews Drug Discovery*, vol. 11, no. 3, pp. 191–200, Mar. 2012, doi: <https://doi.org/10.1038/nrd3681>. Available: <http://www.nature.com/articles/nrd3681>
- [8] J. Vamathevan et al., "Applications of machine learning in drug discovery and development," *Nature Reviews Drug Discovery*, vol. 18, no. 6, pp. 463–477, Apr. 2019, doi: <https://doi.org/10.1038/s41573-019-0024-5>. Available: <https://www.nature.com/articles/s41573-019-0024-5>
- [9] M. Bramlet, L. Olivieri, K. Farooqi, B. Ripley, and M. Coakley, "Impact of Three-Dimensional Printing on the Study and Treatment of Congenital Heart Disease," *Circulation Research*, vol. 120, no. 6, pp. 904–907, Mar. 2017, doi: <https://doi.org/10.1161/circresaha.116.310546>
- [10] S. K. Gill, A. F. Christopher, V. Gupta, and P. Bansal, "Emerging role of bioinformatics tools and software in evolution of clinical research," *Perspectives in Clinical Research*, vol. 7, no. 3, pp. 115–122, 2016, doi: <https://doi.org/10.4103/2229-3485.184782>. Available: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4936069/>
- [11] D. W. Huang, B. T. Sherman, and R. A. Lempicki, "Bioinformatics enrichment tools: paths toward the comprehensive functional analysis of large gene lists," *Nucleic Acids Research*, vol. 37, no. 1, pp. 1–13, Nov. 2008, doi: <https://doi.org/10.1093/nar/gkn923>
- [12] X. Chen, J.-D. Qiu, S.-P. Shi, S.-B. Suo, S.-Y. Huang, and R.-P. Liang, "Incorporating key position and amino acid residue features to identify general and species-specific Ubiquitin conjugation sites," *Bioinformatics*, vol. 29, no. 13, pp. 1614–1622, Apr. 2013, doi: <https://doi.org/10.1093/bioinformatics/btt196>. Available: <https://academic.oup.com/bioinformatics/article/29/13/1614/185116?login=true>
- [13] M. A. Farnum et al., "A dimensional warehouse for integrating operational data from clinical trials," *Database*, vol. 2019, Jan. 2019, doi: <https://doi.org/10.1093/database/baz039>
- [14] Z. Chen, X. Liu, W. Hogan, E. Shenkman, and J. Bian, "Applications of artificial intelligence in drug development using real-world data," *Drug Discovery Today*, vol. 26, no. 5, pp. 1256–1264, May 2021, doi: <https://doi.org/10.1016/j.drudis.2020.12.013>. Available: <https://arxiv.org/ftp/arxiv/papers/2101/2101.08904.pdf>
- [15] M. J. Lamberti et al., "A Study on the Application and Use of Artificial Intelligence to Support Drug Development," *Clinical Therapeutics*, vol. 41, no. 8, pp. 1414–1426, Aug. 2019, doi: <https://doi.org/10.1016/j.clinthera.2019.05.018>

- [16] J. Jiménez-Luna, F. Grisoni, and G. Schneider, "Drug discovery with explainable artificial intelligence," *Nature Machine Intelligence*, vol. 2, no. 10, pp. 573–584, Oct. 2020, doi: <https://doi.org/10.1038/s42256-020-00236-4>.
- [17] M. Lee, H. Ly, C. C. Möller, and M. Ringel, "Innovation in Regulatory Science Is Meeting Evolution of Clinical Evidence Generation," *Clinical Pharmacology & Therapeutics*, vol. 105, no. 4, pp. 886–898, Apr. 2019, doi: <https://doi.org/10.1002/cpt.1354>.
- [18] M. P. Hekkert, R. A. A. Suurs, S. O. Negro, S. Kuhlmann, and R. E. H. M. Smits, "Functions of innovation systems: A new approach for analysing technological change," *Technological Forecasting and Social Change*, vol. 74, no. 4, pp. 413–432, May 2007, doi: <https://doi.org/10.1016/j.techfor.2006.03.002>.
- [19] M. Pfister and D. Z. D'Argenio, "The Emerging Scientific Discipline of Pharmacometrics," *The Journal of Clinical Pharmacology*, vol. 50, no. S9, pp. 6S6S, Sep. 2010, doi: <https://doi.org/10.1177/0091270010377789>.

