

Artificial Intelligence in Evidence Synthesis: A Systematic Review and Meta-Analysis of Emerging Biologics for Improving Skeletal Health in Osteogenesis Imperfecta



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LKS Faculty of Medicine
The University of Hong Kong
香港大學李嘉誠醫學院

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Chengfei Li, MPH^{1*}, Zonglin Dai, PhD^{2*}, Wing Chung Tang, PhD³, Zesen Gao, MSC⁴, Vivien K Y Chan, PhD¹, Mariana Ramirez-Posada, PhD⁵, Jiyeong Kim, PhD⁵, CL CHEUNG, PhD¹, Ian Wong, PhD¹, Dong Dong, PhD⁶, Michael To, PhD⁷, Dawn Craig, PhD⁸, Xue Li, PhD^{2#}

¹Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR, Hong Kong

²Department of Medicine, School of Clinical Medicine, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong SAR, Hong Kong

³Yu Chun Keung Medical Library, The University of Hong Kong, Hong Kong SAR, Hong Kong

⁴The University of Hong Kong Libraries, The University of Hong Kong, Hong Kong SAR, Hong Kong

⁵Stanford Center for Digital Health, Department of Medicine, Stanford University, Stanford, CA, USA

⁶The Jockey Club School of Public Health and Primary Care (JCSPHPC), The Chinese University of Hong Kong, Hong Kong SAR, Hong Kong

⁷Department of Orthopaedics and Traumatology, Li Ka Shing Faculty of Medicine, University of Hong Kong, Hong Kong SAR, Hong Kong

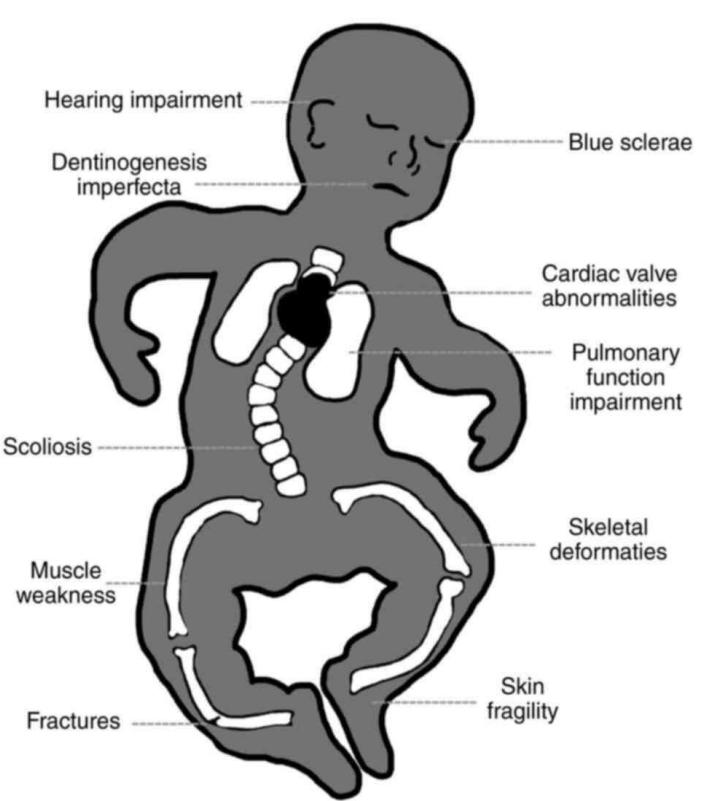
⁸Population Health Sciences Institute, Faculty of Medical Sciences, Newcastle University, Newcastle upon Tyne, United Kingdom

* Co-first authors

Corresponding author: sxueli@hku.hk

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INTRODUCTION



Osteogenesis imperfecta (OI)

- Rare genetic disorder
- Standard of care: bisphosphonates
- Emerging therapies: biologics (mechanism-targeted; evidence fragmented)
- Objective: To systematically evaluate the effectiveness and safety of biologics in OI using artificial intelligence (AI)-assisted evidence synthesis.

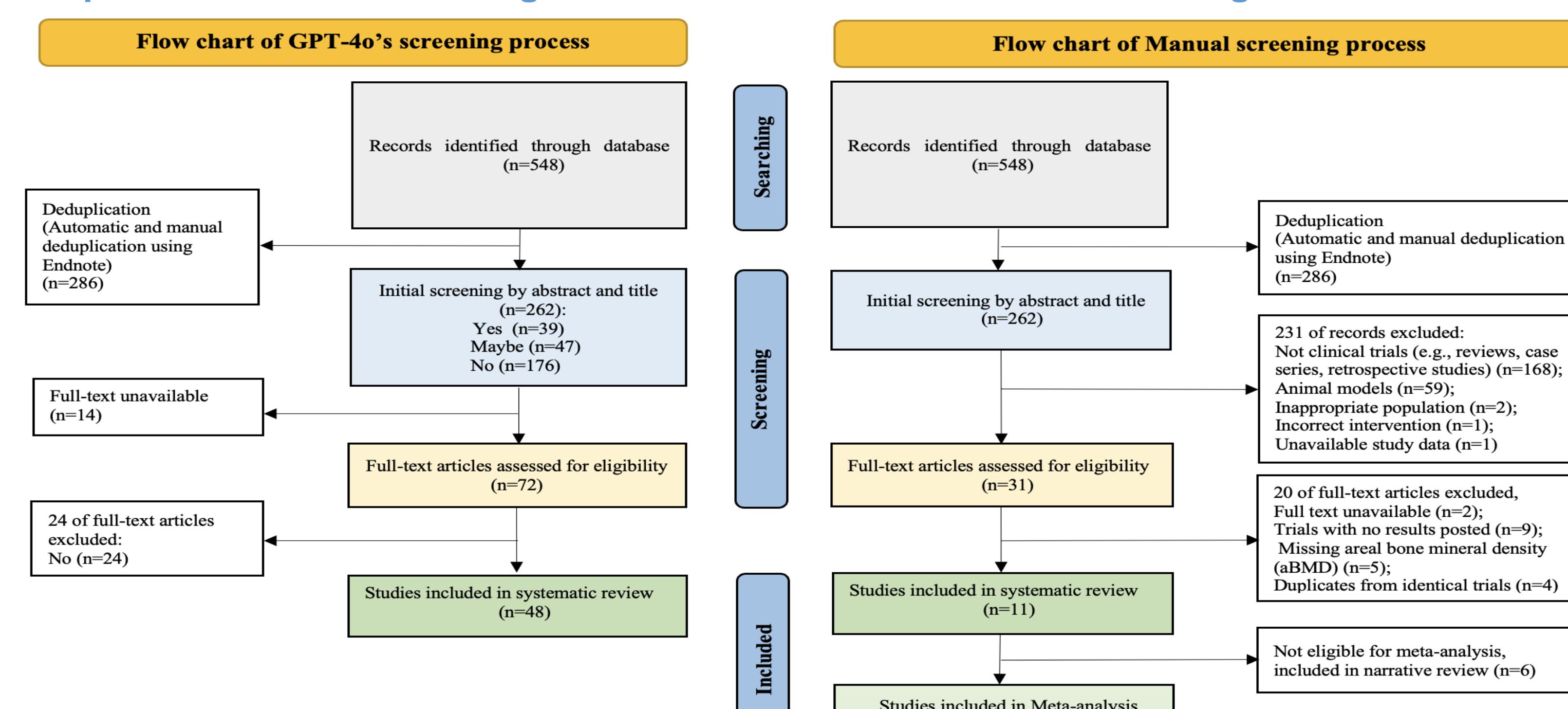
METHOD

- Systematic review and random-effects meta-analysis of trials on denosumab, setruseumab, teriparatide, and fresolimumab in OI.
- **Primary outcomes:** change (%) in areal bone mineral density (aBMD); fracture incidence; safety profiles.
- **AI-assisted workflow:** GPT-4o (2024-08-06 API) assisted title/abstract screening and risk-of-bias appraisal using rule-based prompts.
- **Performance validation:** Compared AI to human using sensitivity, specificity, and weighted Cohen's kappa.

RESULTS

- AI showed high sensitivity in abstract (96.8%) and full-text screening (90.9%), cut screening time by over 95%, and was ~100 times faster per article than humans.
- Agreement with humans in quality assessment was substantial ($\kappa = 0.806$).

Comparative PRISMA flow diagram of AI-assisted and Manual Screening

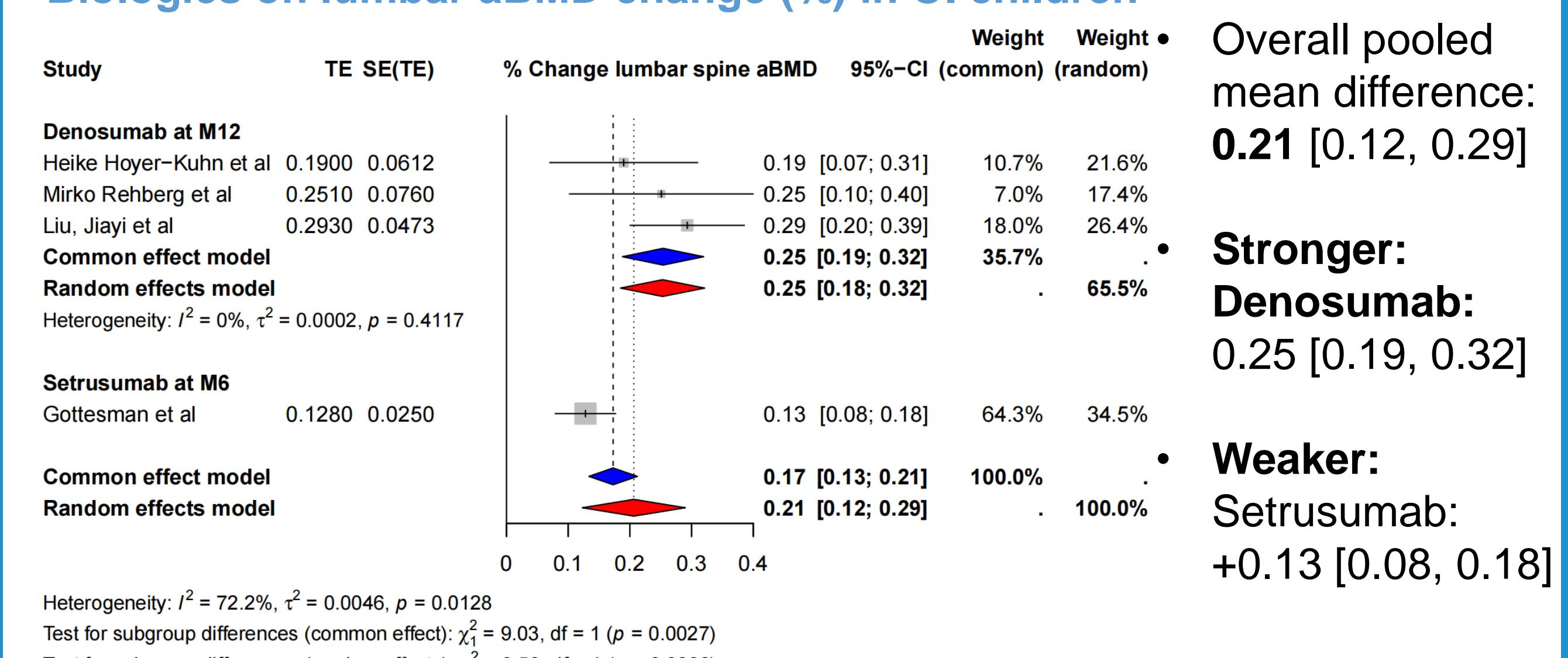


Quality assessment results of human and GPT-based tools

| Study | Liu et al | Hoyer-Kuhn et al | Lin et al | Amgen Inc | Rehberg et al | Orwoll et al | Gatti et al | Glorieux et al | Gottesman et al |
|-----------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Five Domains | Questions | AI | Human | AI | Human | AI | Human | AI | Human |
| Randomization | 1.1 | Y | Y | Y | Y | Y | Y | Y | Y |
| | 1.2 | Y | NI | PY | Y | Y | NI | Y | Y |
| | 1.3 | N | N | Y | N | N | Y | N | NI |
| Assignment* | 2.1 | Y | Y | Y | Y | Y | Y | Y | N |
| | 2.2 | Y | Y | Y | Y | Y | Y | Y | N |
| | 2.3 | N | N | N | N | N | NA | NA | NA |
| | 2.4 | NA |
| | 2.5 | NA |
| | 2.6 | Y | Y | Y | Y | Y | Y | Y | Y |
| | 2.7 | NA |
| | 3.1 | Y | PY | Y | PN | Y | Y | N | Y |
| Missing outcome* | 3.2 | NA | NA | NA | PY | NA | NA | NA | NA |
| | 3.3 | NA |
| | 3.4 | NA |
| | 4.1 | N | N | N | N | N | N | N | N |
| | 4.2 | N | N | N | N | N | N | N | N |
| Measurement* | 4.3 | Y | Y | Y | Y | Y | Y | N | Y |
| | 4.4 | Y | PY | PN | PN | PY | PN | Y | NA |
| | 4.5 | N | PY | NA | NA | PY | NA | NA | NA |
| | 5.1 | Y | Y | PY | Y | NI | Y | NI | NI |
| Selection * | 5.2 | N | N | N | N | N | N | N | NI |
| | 5.3 | N | N | N | N | N | N | N | NI |
| Overall study risk of bias | Some | High | Low | Low | Some | High | High | Some | Some |
| Cohen's weighted κ (95%CI) | 0.779 (0.562, 0.996) | 0.662 (0.357, 0.967) | 0.765 (0.519, 1.011) | 0.702 (0.374, 1.030) | 0.763 (0.483, 1.043) | 0.692 (0.399, 0.986) | 0.677 (0.419, 0.935) | 0.562 (0.171, 0.953) | 0.912 (0.805, 1.019) |
| Weighted overall κ (95%CI) | | | | | | | | | 0.806 (0.734, 0.879) |

Note*: Assignment: effect of assignment to intervention; Missing data: missing outcome data; Measurement: measurement of the outcome; Selection: selection of the reported result.

Biologics on lumbar aBMD change (%) in OI children

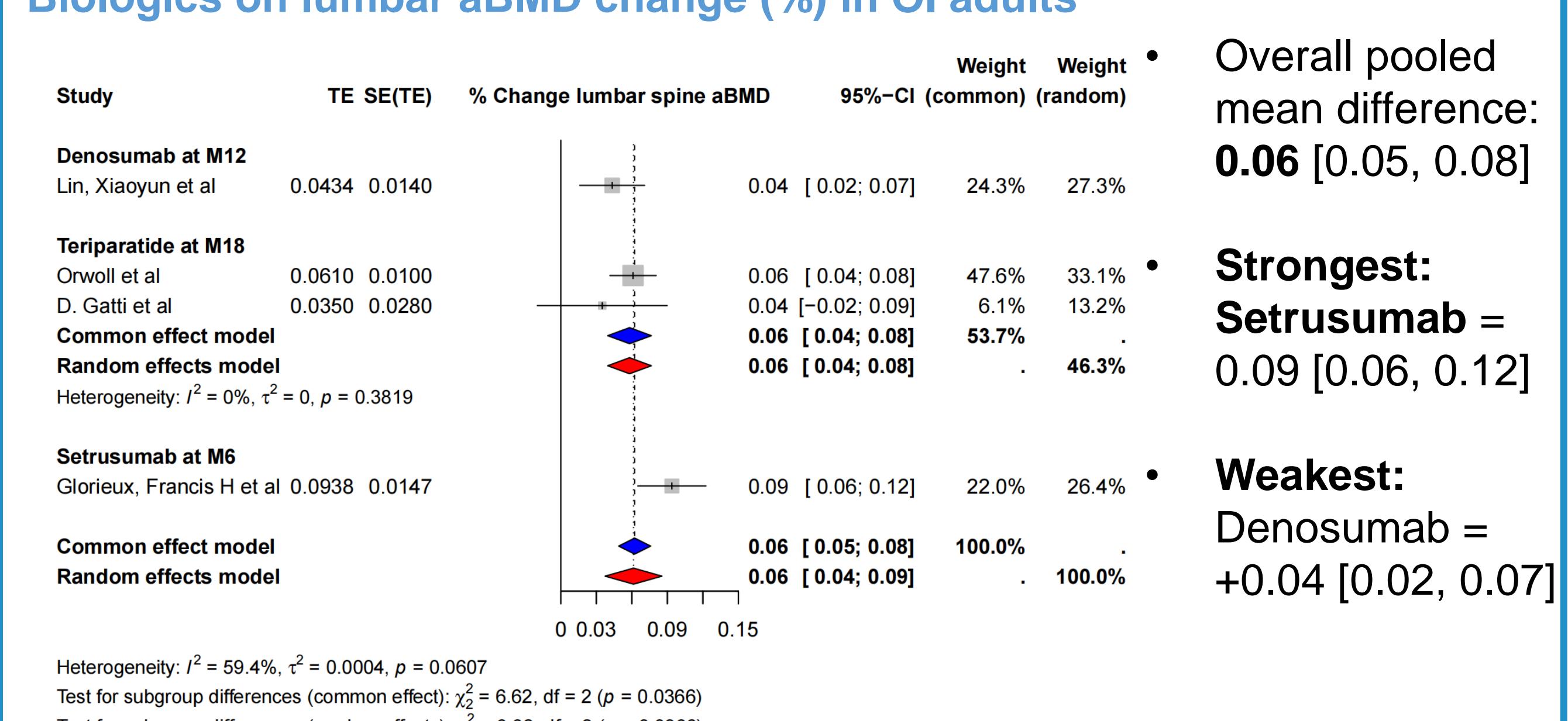


Overall pooled mean difference: **0.21** [0.12, 0.29]

Stronger:
Denosumab: **0.25** [0.19, 0.32]

Weaker:
Setruseumab: **+0.13** [0.08, 0.18]

Biologics on lumbar aBMD change (%) in OI adults



Overall pooled mean difference: **0.06** [0.05, 0.08]

Strongest:
Setruseumab = **0.09** [0.06, 0.12]

Weakest:
Denosumab = **+0.04** [0.02, 0.07]

AI performance in literature Screening

| Document type | Human | | | Sensitivity (TP/[TP+FN]) | Specificity (TN/[TN+FP]) | Screening time (seconds/paper, mean ± SD) | Estimated time for manual screening (minutes/paper) |
|------------------|----------|----------|-------|--------------------------|--------------------------|---|---|
| | Positive | Negative | Total | | | | |
| Title & Abstract | Positive | 30 | 56 | 86 | 96.8% | 75.8% | 3.50±0.14 |
| | Negative | 1 | 175 | 176 | | | |
| | Total | 31 | 231 | 262 | | | |
| | Positive | 10 | 38 | 48 | | | |
| Full-text | Negative | 1 | 213 | 214 | 90.9% | 84.9% | 9.67±1.85 |
| | Total | 11 | 251 | 262 | | | |

Abbreviations: TP, true positive; FN, false negative; TN, false positive; FP, false positive

CONCLUSIONS

- GPT-4o enhances evidence synthesis by increasing screening efficiency and improving quality assessment, providing a scalable way to reduce manual workload; human oversight remains crucial for tasks that require contextual understanding and clinical reasoning.
- Denosumab and setruseumab effectively improve lumbar spine aBMD in OI, but current evidence does not confirm a reduction in fracture risk with biologics.

CONTACT INFORMATION

- Contact person: Xue Li (sxueli@hku.hk)
- LinkedIn: Shirley, Xue Li

