Harnessing the Power of Al: Revolutionizing HEOR and Market Access

ISPOR Annual 2024



This presentation is provided to you by Trinity, LLC. The presentation is meant to enhance discussions between your organization and Trinity, LLC. The substance of this presentation is confidential and may be legally privileged. This presentation is intended only for those in attendance.





Introducing Trinity Life Science's **ISPOR 2024** Symposia...



Today's Panel Topic...

HARNESSING THE POWER OF AI: **REVOLUTIONIZING HEOR AND MARKET ACCESS**



ISPOR 2024 THEME "THE TRANSFORMATIVE IMPACT OF AI IN HEOR AND MARKET ACCESS"

Note: *The views and opinions shared by the guests featured on this panel are solely their own and do not reflect those of their current employers

Today's goal: "Making AI Real" in HEOR and Market Access

- 600 publications on the application of AI in HEOR methods over the last five years
- 200+ poster/panel presentations at ISPOR on the topic of AI in 2023 alone
- and yet...questions remain on how and where to best apply and drive adoption of HEOR and Market Access AI initiatives

Common themes in publications and posters...

Developing content for dossiers

Summarizing and synthesizing HTA decisions

access outcomes Finding undiagnosed, misdiagnosed patients...

Developing access rationales

Product value

messaging

Predicting patient outcomes, treatment journeys, costs

Predicting

What is or should be a priority AI application for HEOR and market access at your organization over the next 12 months?



AI should really be considered "Augmented Intelligence"...

What AI Is Good At

- ✓ Summarizing Documents
- ✓ Extracting Facts and Insights
- ✓ First Draft Content Generation
- ✓ Idea Generator, Thought Partner
- ✓ Research Tool to Answer Questions
- ✓ Finding Patterns in Historical Information

Areas Where Human Domain Experts Excel



(ů)

- Making Judgments, Decisions, Recommendations
- Understanding Nuance and Context
- Ethical Considerations
- Creative Innovation
- Emotional Intelligence
- Adapting to Unpredictable Changes



Where are we with AI in HEOR and Market Access?



Where are we with AI in HEOR and Market Access?

Multiple Choice Answers

- Near technology trigger
- Peak of Inflated Expectations
- Trough of Disillusionment
- Slope of enlightenment
- Plateau of Productivity

Start the presentation to see live content. For screen share software, share the entire screen. Get help at pollev.com/app

10

Today's discussion will focus on the following three real-world case studies on the use of AI in HEOR



The Role of AI in the interpretation of genomic testing reports

- LLMs can learn very fast this process will only get faster
- Human expertise still needed for validation and trust
- This validated use case confirms the broader applicability of AI in HEOR work (SLRs, TLRs, etc.)



Francesco De Solda

James

Creeden

Utilizing AI-powered tools and subject-matter experts (SMEs) to understand customer expectations for an oncology therapy

- Using AI to efficiently conduct landscape review and linguistic analysis concept of "cure" in Prostrate Cancer
- Al enabled a broad look at definition of cure, preferred terminology to describe cure and related terms

Adrienne Lovink

Current and emerging applications for AIML specific to HEOR applications

- Real-world examples of problems to solve and the key benefits of an AIML enabled approach
- Deploying AI to augment Clinical Trial Site Selection and Prioritization

The goal of these case studies is to elucidate real-world and practical applications of AI from actual users in the field today

Case Study The Role of AI in the interpretation of genomic testing reports



In precision oncology, genomic profiling generates extensive laboratory reports...

Patient	Uncol	TEEP Analysis	Report										
	KEY GENOMIC ALTERATIONS*												
ata of Birth: MM, DO TITY ex: Famile ancer Type: Malanoma	CANCER TYPE FATIENT ID LAMPLE D	PATIENT NAME PATIENT &		LEATED ON	Page 2	117							
linical	CLINICAL TRIALS												
edical Dector: We go further	None	-	e Cese	eter)	MCT 80								
denutiple diffupe metastases	Datrafenils and/or Trametinio Rollover S	udy Phat	el fRH	UNLARATION DE	NCT03340506								
theological Diagnostic MeGavorus	A Basivet Trial of an ERK1/2 Inhibitor (LY3	214996) in		s us je im									
ample	Combination With Abemacicib.				And and the Party of the			1000	100				
Weavy Damer Sites Siles	A Single Arm Trial Evaluating the Et	Malamana		200.015	MM, DO TITT	Aug. 10 2023							
dection Date: Mar. 01 2023	Unresectable or Metastatic Melanc	becoming cancerous. T	Therefore, since	we noticed an ac	skation of mTOR we ca	n't entirely remo	ve the p	cossibility of a poter	cial				
	DETERMINE (Determining Extender Indications for Exipting Drugs in Ra	not, no conclusion conc	erning the clinic	al impact of mTOR	inhibitors can be provid	ed.	a advert	OF DR PUP DOUBL					
HERAPIES ASSOCIATE	Indications Using a National Evalua Mapter Screening Protocol	The analyses were per	rformed on the	slides labelled EZ	3330/23.2.8.								
ne how a less responses an	DETERMINE Trial Treatment Arm D	THE PARTY OF											
Associated Remarkers p.V5000	Positive Cancers.	THERAPIES (FU	JLL LIS	CANCER TYPE		-	-		10 10 20 20		Fage 4117		
Ateoplicumab and PC		Orag Nume	Chese	GENICIPAL	CICNATURE.	640.101	104		man				
emurafenb 87	COMPREHENSIVE SUN	Atepolicumab and	PD-L1	GENOMIC	- ananoni ordes								
incoratenib and Einimetinib BF	We found a BRAF V600E variant, it is most common SRMF variant in main	venura/enib	inhibit	TMB Low H	an Multimere						212262762		
femurafenib 68	cell transformation (PMID: 12068308	datrafenit and trametinit	BRAF I	We did no blockade	ot observe a high turnor I have been associated v	mutational burn	ten (TMB	0. In patients with h 5 diverse tumors (H	ph TMB, checkpoint ICO 28836386), The	int inhibitors (PD) erefore, treatment	1/PD-L1 ts based		
emuraten band BF	Patients whose tumors harbor this a BRAF inhibitor only (although versus	Encorafemilo and	BRAF (on PD-1/	PD L1 inhibitors wor			and arguing					
Associated Bromarkers EACC1	trametinib or vemurafenib * cobimet raferib plus binimetinib provided clir	e-smetric	00451	The TMB	calculation is perform	CANCER TVI	-	ann to LAMPLE IS	A TRUT NAME	MM, DO TTYT	Aug. 10 2028		Page 1271
Carboplatin Di	free survival and overall survival con	verseering	BRAF (TMB is de	fined as the number	efect	Neros.						
ivalplatin Df	ATP-competitive MEX1 inhibitor, on	cobimetivib	inhibit	Buil, this r	umber may slightly	INCID	ENTAL P	INDING	provinted with new	and inheritari dise	anar tha		
Associated Bermarker: 10924: 7	Byears (PMID 30364298)	Anneciated Biomark	are MIGAP	Then, the tendally d	number of mutation temation or VUS IVA		Cardiofe	aciocutaneous syndi	sme 1 (CPC1)				
laxonubicin hydrochioride in	of the sumor associated with low CD	Parameterized Biosmark	Anglan	marphise	ns (MAF a 1%), low o		Noonan LEOPAR	n syndrame 7 (NS7) ID syndrome 3 (LEO	(ARDS)				
pirubicin hydrochloride	Ateoplicumab has also been approve	Entrectinib	Recept	The TMB (obcained is classified								
Associated Bremarkers TOPOT, I	Based on package plus analysis, th chemotehrapies.	Largerectinity	NTRK	Low -10	diffeum	DETECT	ED V	ARIANTS LIS	r,				
inotecan hydrochloride	Design of the second se	LOND-292	RET IN	Remark 1 similar re	: Our TMB calculatio	dame	Cet.	Val. Press. / Come ND	COVER.	AA	Muligical Interest	Thatapeatical	Phildential Electrony
To To	Rmic	Passecuted Surveyle	100 T L	Remark 2	For the moment, I	BRAF	211	25.75%	NM.004353.4	p.V600E	Pathopenic	Tiertä	YES
observation in	The immunogram show a low potent	Associated Essentia	HALL BROCK	on a cano cue-offs n	er type-specific TMB nay be needed.				NM 198253.2				
	sensible to PD-1/PD-L1 inhibitors.	Carboplatin	DNA e			1 CAL		55.944	6-58-88C+T		10-th	100.00	NU
	Beaus note that results of FBCC1	Gestatio	DNA c			ATR	LOH	1			Pathogenic	Terili	NO
	interpretations difficult. Also non	Cognition	agents DNA o		1	CONN28	LOH	1			Likely Fachogenic	Tigr 18	NO
	Also note that we detected a por	oxaliplatin	agents		1 100	FANCO2	LOH	1			Likely References	Terli	NO
	of tumor cells immonostained, re no interpretation of the PTEN IHC a	Associated Remarks	Tennis		£	CAN'T	104				Likely	Terli	NO
	is present/absent and thus if it ante	hydrachiaride	inhiti		g + I.						Fathogenic Likely		
		Epinubicin Hydrochloride	Tepois inhibit		1 as	PTEN	LOH	4			Fathoganic	Tertt	NO
		Annulated Research	ion TOPO1		8 em	8A050	LOH	1			Pathogenic	Terill	NO
		hydrachlaride	Tepoit		11	AMERI	SW	1.00%	NM_153424.8 c.1987G-C	p.V663L	VUS	Terili	NO
		Topotecan	Tepela			ATM	SNV	48.00%	NM_000051.3	p.(9776	WU5	Terti	NO
		tradirectrioride				1000000	-	5.000	NM 004050.4		we	Tertil	NO
		hydrachioride				- ACT 2012			c.2840-C NM coat60-P				
		hydrachilaride				801212				a.N925	V./5	Terli	ND
		hydrachioride				BCL2L2 PABPN1	9W	1.30%	e 275, 276knv				ND
		hydrachioride		(MSE Station) Walded no	10.00%)	BCL2L2- PADINI BCR	5W 5W	1.0% 5.3%	e 275 276avv NM_004327.3 e.3611.3615d #5ny0CACA	p.A1204_T120 SdelinsG7	vus	Ter II	
		hydrachlaride		Mile Suite (We did no checkpoin with a lac	tobserve a high leve s: inhibitor drugs (PC s: of cirrical benefit fit	BCL2L2 PABPN1 BCR CD7BA	5W 5W 5W	1.37% 5.37% 6.07%	e 275 276av NM_004327.3 c.3611_3615d e5ny0CACA NM_001783.3 c.35C-G	p.A1204 T120 ScielinsG7 p.A325	ws ws	Tar II Tar II	ND
		hydrachlaride		Mile Stative P We did no checkpoin with a lact like the or	tobarive a high leve is initiator diruga (PC de d'oficial benefit fi nes present in the pr	BCL2L2 PABPN1 BCR CD78A CT89	5W 5W 5W 5W	1.35% 1.37% 6.65% 29.54%	e 275 276AV NM 004327.3 e 3611 3615d efm0CACA NM 001783.3 e 550-G NM 014633.4 e 1665.4	p.A1204 T120 ScelingGT p.A32G p.M83R	vus vus	Ther II Ther II Ther II	ND NO
		hydrachloride		MSI: Statis (We did no checkpoin with a lact tike the or	tobarve a high leve winkbard sings (FC k of clinical barvefit fo res present in the pr	BCL2L2 PABPN1 BCR CD7BA CTR9	5W 5W 5W 5W	1.25% 1.37% 6.65% 29.54%	e 275 276av NM 004327.3 e 3011.3015d efm0CACA NM 001783.3 c 30C-G NM 014833.4 c 30C-G NM 014833.4 c 30C-G NM 014833.4	p.A1204 T120 ScelingG7 p.A22G p.M83R	vus vus vus	Ter H Ter H Ter H	ND NO
		hydrachloride		Mile Statistic (checkpoin with a lact like the or	to dearwing it observe a high feve is inhibitor dirugs (PC is of chrical beams if it has present in the pr	BCL2L2 PABINI BCR CD78A CTR9 CXCR4	5W 5W 5W 5W 5W	1.355 1.375 6.655 19.345 52.195	e 275 276av NM 004327.3 c.3611.3615d ethn0CcCA NM 001783.5 c.55C-G NM 01853.6 c.2487-G NM 01853.6 c.2487-G NM 00100554 0.2c.563A-G NM 177458 T	p.A1204 T120 ScelinsCT p.A225 p.M838 p.Y188C	vus vus vus	Tar II Tar II Tar II Tar II	ND NO NO
		hydrachloride		Mile butter Wedd re enectpor with a last tile the or	to boars a high feve to inhibitor disign (PC is of christal bears if it has present in the pr	BCL2L2 BCL2L3- PABINIT BCR CD75A CC759A CC769 CCC64 DICC861	5% 2% 5% 5% 5% 5%	1.255 1.275 6.655 39.545 52.195 52.195	e 275.278.078.04 NM. 004327.3 c.3011.30566 ethil0CACA NM. 001783.3 c.302-G NM. 014833.4 c.2487-6 NM. 00100354 0.2 c.563A-G NM. 177438.2 c.33580-A	p.A1204 T120 SoeinsGT p.A225 p.M83R p.V188C p.C1153V	vus vus vus vus vus	Tier II Tier II Tier II Tier II Tier II	NO NO NO
		hydrauhioride		Mission Station Mission and which a last like the or	to observe a high leve is inhibitor days (FC is of chrical barwelfs fi has present in the pr	BCL2L2 BCL2L3- PABINI BCR CD75A CD75A CTR9 CXCR4 DICER1 LFR85	51W 52W 52W 52W 52W 52W	1.30% 5.30% 6.60% 92.84% 52.19% 52.95% 5.41%	e 275 276av NM 004827.8 c 2611 3015d efw0CACA NM 00783.8 c 2650-0 NM 018833.6 c 2650-0 D.2 c 5634-0 NM 0170454 c 26584-0 NM 177450.2 c 26584-0 NM 177450.2 c 26584-0 NM 017062.3	p.A1204 T120 ScelosGT p.A22G p.A82G p.M83R p.Y188C p.C1159Y p.G1299 H130 ScelosDY	WUS WUS WUS WUS WUS	Tier II Tier II Tier II Tier II Tier II	ND NO NO NO
		hydrachloride		Mission Station (Mission and which a last like the or	tobersy) tobers a high leve is noticed angle (C and cincal bandle fr has present in the pr	BCL2L2 PABINYI BCS CO79A CTE9 CXCR4 DICER1 LFBR5	5NV 5NV 5NV 5NV 5NV 5NV	1.30% 5.30% 6.60% 92.84% 52.19% 5.41%	e 275 276av NM 004327.3 e.2611 30136 ethn062463 NM 001783.3 e.955~6 NM 001883.8 e.2487~6 NM 0010054 0.2 e.583A-6 NM 0010054 e.383B-3000r V	p.A1204 T130 BoliniGT p.A32G p.A32G p.A32R p.Y188C p.Y188C p.C1153Y p.G1299 H130 DeeliniGV	ws ws ws ws ws	Taril Taril Taril Taril Taril Taril	ND NO NO NO
		hydrachborde		Millin Duttine (We did free with a last like the or	toloona) toloorava high leve a shabbar ding (10) ar discontinuette te present in the pr	BC222 PABPN1 BC5 C078A CTE9 CXC84 DRC821 LTE85	5W 5W 5W 5W 5W 5W	1.39% 5.39% 6.65% 9.84% 52.19% 5.47% 5.47%	e 275 276av NM 004327.3 25013 00160 etm002403 NM 0014823.8 2562°-6 NM 014823.8 22487°-6 NM 0014823.8 22487°-6 NM 0014823.8 2.25587-4 NM 001082.3 2.38580-4 NM 001082.3 2.8596.3800w Y	p.A1204 1130 BotingGT p.A20G p.A30G p.438R p.4188C p.C1153Y p.G1299 H130 DdelmDV	445 445 445 445 445	Tar II Tar II Tar II Tar II Tar II Tar II	ND NO NO NO



The results are outlined in **extensive (20-50 pages) laboratory reports** which are **challenging** to be **interpreted** by physicians promptly and efficiently

Report data is **comprehensive yet extremely dense** as it is comprised of text, tables, figures and graphs that **require time** and sometimes different **specialized knowledge** for analysis

~80% of oncologists struggle to decipher the **reports** and **~50% of oncologists** have **difficulty** in **understanding the complex genomic data;** this results in an **underutilization** of validated data and **failure** to leverage a **great opportunity** for **individualized treatment decisions**

Therefore, the full value of these reports **is often not realized** as community oncologists often **practice using guidelines** and may not make use of genomic profiling, limiting access to precision oncology approaches

By making this additional dimension of clinically valid information more widely available and digestible, we can expand the analysis and prediction aspects while still leaving the clinical judgments and decisions to clinicians

There is a need to make genomic profiling reports more interpretable and accessible to physicians surmounting the bottleneck of human and time-consuming interpretation

Case Study The Role of AI in the interpretation of genomic testing reports



WHY AI?

Oncologists need a **practical and validated method** to integrate the **granular data** included in genomic profiling reports to their decisionmaking, bypassing the **time-consuming task of interpretation** by analysts



An AI workflow was developed to streamline genomic profile interpretation

- The AI tool developed can **search relevant** information for inputted query and **generate text** in response to the request
- The outcome of the AI tool is the production of informed and accurate analysis outputs that can be confidently and promptly used by physicians
 - Human feedback is central to the training process and improvement of the AI tool*

Learnings

- LLMs (used in AI tools) can be leveraged to analyze human genomic profiling data promptly; a process which can be further improved with human feedback and become more efficient, accurate, and faster over time
- "Explainable AI" and "Human in the loop" are reasonable expectations for any mission-critical analyses

Explainable Generative Al-based Cancer Genomics Report Interpretation infused with Quantum Computing Reduce 90% of text reading and analysis work



• Although large corporation are unlikely to use standalone AI in the near future for mission-critical applications, **HEOR** and **market** access professionals could benefit from these AI tools

 For example, HEOR professionals could take advantage of the implementation of report analysis which be conducted locally, internally and quickly with low risk and information protection Future Applications



*Reinforcement learning is a type of machine learning in which a computer learns to perform a task through repeated trial-and-error interactions within a dynamic environment. The "loss" of this AI tool, how often its model's predictions are incorrect, have been measured and observed to decrease significantly as training progresses. In research, it was shown that there is a sharp decline in the loss at the beginning of the training process, yet the model quickly grasps the patterns in the data; Abbreviations: AI: Artificial Intelligence; LLM: Large Language Model

Case Study Using AI to understand stakeholder perceptions of "Cure"



In Prostate Cancer (PC), emerging treatments have increased the possibility of achieving cure...



Absence of curable treatment in PC

Historically, **treatments** in **PC** have revolved around **controlling** disease **progression**

With emerging treatments in early-stage PC, the **possibility of achieving cure across PC stages** has increased sparking conversations of curative treatment in PC





Uncertainty in perceptions of "cure" in PC

Given the evolving treatment landscape, manufacturers are interested to learn if stakeholders will **define and perceive "cure" differently in PC**



Understanding how the concept of cure is perceived and/or defined is important for **effective communication across stakeholders**, including academic researchers, healthcare professionals (HCPs), policymakers, and most importantly patients

In the absence of AI, hypothesis testing could be inefficient and costly...



- Without AI, hypothesis testing could translate to prolonged data collection, manual analysis, and potentially limited insights due to traditional methods' constraints
- With traditional research methodology, manufacturers would rely on costly, time-consuming, and face scalability challenging methods such as surveys and interviews to understand stakeholders' views on "curative treatment" in PC

Case Study Using AI to understand stakeholder perceptions of "Cure"



€ <u></u>	WHY AI?	 Al tools streamline research by analyzing large datasets, gathering stakeholder input across platforms, and understanding diverse perceptions of concepts like "cure"; Al's capacity improves communication strategies, especially for complex topics like early-stage prostate cancer "cure" discussions. 	1	SME Selected Ko • Cure • Curative intent • Remission • Complete remission Hit acquisition	eywords • Survivor • Survivorship • No evidence of disease (NED)	
	Al-Powered Landscape Analysis of Prostate Cancer Cure Concept	 Al analyzed 20K+ social media posts to study public perceptions and usage of "cure" for PC; 	2	from 4 platforms (Supplementary Table 1)	Contextual term identification Contextual terms list	5
Чфл ВВ		 Al enables effortless dataset reevaluation to capture current perceptions. Keywords like cure, survivorship, and survivor reveal diverse sentiments; 	3	NetBase sentiment & geolocation analysis	SME review & refinement) (5)
		 No consistent definition for cure was found with varied perceptions across stakeholders types. 		 Sentiments and drivers Geographical distribution 	Final context terms	
	Learnings	 The AI-driven approach can enhance and potentially outperform traditional methods of conducting landscape analysis; 		SME selected hits	Quid semantic analysis) (6)
		 This research demonstrated how AI can distinguish high-fidelity nuances in language across diverse stakeholder groups. 	(4)	Qualitative analysis	Contextual term count	
Ì	Future Applications	 In the future, AI-driven language analysis could revolutionize patient-centered care by uncovering valuable, often overlooked insights crucial to the patient experience, particularly in disease areas like PC. 	2	Additional search ^b	Quantitative analysis) 7

13

Case Study Real-world examples of the key benefits with a AIML approach

Approach: Using RWD, past enrollment, and RCT data, leverage AI to predict clinical sites, patient enrollment, drop-out, and endpoint progression.

Benefit: Reduce resources and time needed to enroll, identify ideal clinical trial sites, enroll underserved populations, and identify patients most likely to benefit.

Approach: Based on similar patients, predict best course of action using (supervised and unsupervised) machine learning.

Benefit: More efficacious treatment plans, reduced side effects, and avoidance of unnecessary treatments.

Approach: Incorporate claims, EHR, laboratory, genetic, wearable databases to predict risk factors and disease

Benefit: Identify diseases at an earlier stage, personalize clinical check-in frequency, prioritize screening and preventative measures.

Approach: AIML from known patients and controls.

Benefit: Identify patients with improved prediction accuracy, incorporate complex variable interactions, and understand variable relative importance.

Approach: Harness innovations in large language models to improve accessibility to unstructured EHR content

Benefit: Convert EHR notes to structured content to improve available clinical depth and specificity, and support workflow improvements and the range of RWE applications.

Approach: Leverage publications, clinical data, and genetic repositories to identify proteins differentially expressed, network analysis to elucidate disease pathways, AI to identify drug targets

Benefit: Accelerate drug discovery, identify novel therapies, repurpose existing drugs.



Case Study Using AIML to Identify clinical patients & trial cites



Ç?	WHY AI?	 Traditional recruitment methods often result in delayed trial operations. Al offers potential to improve precision and efficiency in site selection and patient recruitment, crucial for expediting trials and potentially the approval process for innovative treatments. 	WA OR
	An Al-Powered Workflow for Streamlined Recruitment	 An AIML model was developed to analyze how key variables such as patient volume, treatment history, referral network strength, and site connectivity interact and contribute to successful recruitment for clinical trials. Quantified and weighted social determinants and related parameters were used to develop a composite ethnic diversity score to align with diversity inclusion objectives for the trial. AIML outcomes and diversity scores metrics were combined to recommend trial sites and HCPs for engagement. 	CA HCC James Richard Soft SubSET BL/D Soft Aved Bits, CA, 6000 Bipedaily - Hernatory All James R Derenan Malle James R Derenan Mal
	Learnings	 Al algorithms can be tailored to ensure key parameters of interest are considered while improving the efficiency and effectiveness of clinical trial establishment Al enabled trial optimization can be used to increase visibility to patients meeting inclusion criteria and to prioritize HCPs and sites for engagement 	Physician activity Quara activity 405 claims torr Rank Physician name 1 Noa Biran 2 David S Slegel
Ŵ	Future Applications	 The success of AI-powered trial recruiting process sets a precedent for its use in accelerating recruitment across different therapeutic areas. This could support the evolution of personalized medicine and targeted recruitment. 	Noopur Suresh Anrela Krishnan Anrela Krishnan Any K Nooka Jonathan L Kau Ajal Chari Nuan Marques B Larry D Anderso Io Ratat Abonour

Site Recommendations



HCP | Recommended PI Profiles



HCP and Site Prioritization

Rank	Physician name	Specialty	Payment \$	# of claims	# of Publications	Static score	Network score	Final score
1	Noa Biran	Hematology & Oncology	\$316.98K	1,891	14	94	100	100
2	David S Siegel	Hematology & Oncology	\$404.78K	1,277	43	92	93	96
3	Noopur Suresh Raje	Hematology & Oncology	\$277.25K	83	106	96	86	94
4	Amrita Krishnan	Hematology & Oncology	\$446.54K	1,930	42	83	97	93
5	Ajay K Nooka	Hematology & Oncology	\$78.03K	516	61	85	95	93
6	Jonathan L Kaufman	Hematology & Oncology	\$88.10K	347	62	81	96	92
7	Ajai Chari	Hematology & Oncology	\$275.86K	1,614	63	82	95	92
8	Ivan Marques Borrelio	Oncology	\$119.87K	166	20	86	92	92
9	Larry D Anderson	Oncology	\$61.21K	2,298	3	76	98	90
10	Rafat Abonour	Hematology & Oncology	\$300.62K	3,199	27	85	89	90

AI has created an opportunity to rethink how we work...

What AI Is Good At

- ✓ Summarizing Documents
- Extracting Facts and Insights
- ✓ First Draft Content Generation
- ✓ Idea Generator, Thought Partner
- Research Tool to Answer Questions
- ✓ Finding Patterns in Historical Information

How can human domain experts leverage AI...

James Creeden

 Al to decipher very complex information – output to be used by human domain experts for treatment decisions

Francesco De Solda

 Al to summarize vast amounts of human sentiment information – helping domain experts shape communication strategies to meet customer expectations

Adrienne Lovink

 Al to find patterns in historical real world data to help experts optimize clinical operations

15

TRINITY

Steven Laux, Vice President slaux@trinitylifesciences.com

Adrienne Lovink, Partner alovink@trinitylifesciences.com

Matt O'Hara, Partner MOHara@trinitylifesciences.com

GURGAON

LONDON

BENGALURU

TORONTO

MUNICH

SAN FRANCISCO PENNSYLVANIA

PRINCETON

NEW YORK

WALTHAM

CHENNAI

CAMBRIDGE