

Decentralized Clinical Trials (Dcts): Opportunities, Challenges And The Future Of Remote Research

Mohammed Mukhaydhir Alhejaili^{1*}, Abdullah Barka Alrahidi⁴, Asim Dakhilallah Alrohaily², Turki Ibrahim Furayj Aljohani², Maher Oudh Sand Al Yunbawi², Omar Hamed S Al Sulymani³, Meshari Saeed Muhayya Almutairi¹⁰, Khawlah Hassan Hussain Almalki⁴, Hanan Ali Matar Almuzaini⁴, Mohammed Jameel Saad Al-Otaibi⁵, Mansour Eid Mohammed Al-Sawat⁶, Khaled Awad Hamdi Al-Nafiei⁶, Hatem Hasen Mohsen Alqurashi⁷, Meshari Sulaimen Rahayan Alanazi⁸, Areej Hudaiban Dhaifallah Al-Ofi⁹, Basmah Saud Ayed Aljohani⁹

¹Al-Salam Endowment Hospital in Medinah, Madinah-42311, Saudi Arabia

²Madinah Health Cluster, Ministry of Health, Pobox 4102, Madinah 42325, Saudi Arabia

³King Faisal Medical Complex-Taif, Shihar Road, Alhadaek, Taif 26514, Saudi Arabia

⁴King Salman Bin Abdulaziz Medical City-Madinah, Al-Madinah 42319, Saudi Arabia

⁵Al-Taif Medical Centre Taif, Naif Road, Taif, Saudi Arabia

⁶Health Services and Hospitals Management Specialist, Ministry of Health Branch, Taif Governorate, Saudi Arabia

⁷Ministry of Health Branch in Taif, Taif Governorate, Saudi Arabia

⁸Hafar Al-Batin Central Hospital, King Abdulaziz Road, Hafar Al Batin 39513, Saudi Arabia

⁹Durrat Al-Madinah Health Center, Al-Madinah, Saudi Arabia

*Corresponding author: Mohammed Mukhaydhir Alhejaili¹

Abstract

Decentralized Clinical Trials (DCTs) represent a transformative shift in clinical research, leveraging digital technologies to move clinical trials from traditional, site-based models to more flexible, patient-centric approaches. This shift has been accelerated by the growing use of telemedicine, wearable devices, mobile applications, and artificial intelligence (AI). DCTs improve accessibility for participants by eliminating geographical barriers and reducing the logistical burden of trial participation. Moreover, they provide more diverse and representative patient populations, leading to more generalizable and inclusive clinical data. The integration of AI enhances the efficiency of DCTs by optimizing patient recruitment, real-time data analysis, and personalized medicine strategies, thereby improving patient outcomes. AI-driven tools can predict patient responses, identify optimal treatment strategies, and reduce dropout rates, thus accelerating trial timelines and minimizing costs. Despite these advancements, DCTs face challenges related to data privacy, regulatory compliance, and the integration of complex technologies across various platforms. Ensuring secure and reliable data handling, meeting regulatory standards across regions, and addressing technological infrastructure gaps are critical obstacles to the widespread adoption of DCTs. This paper explores the opportunities and challenges of DCTs, highlighting the potential of AI and other digital health technologies to reshape clinical trials, enhance patient engagement, and improve the efficiency of drug development. The future of clinical research will likely see further integration of AI and digital health tools, driving more efficient, cost-effective, and inclusive clinical trials.

Keywords: Decentralized Clinical Trials, Digital Health Technologies, Artificial Intelligence, Telemedicine, Wearables, Mobile Applications, Patient Stratification & Remote Drug Delivery.

Introduction

Clinical research is experiencing a paradigm shift to decentralized clinical trials with the rising use of digital technologies to enable remote monitoring and interaction with participants [1]. This development, which has been drastically accelerated by recent world health crises, is to increase efficiency and decrease the

burden of participants, and increase their accessibility [2, 3]. This paradigm transformation involves real-world information and patient-centricity, which moves the old site-based models to enhance accrual and diversity [4, 5]. This is not only the most effective way to reduce the logistical hassle that comes with the traditional trials, including traveling and visiting participants, but also drastically increases the geographical base on which the participants recruitment can be conducted [6, 7]. This growth is essential bearing in mind that the process of enrolling patients usually occupies a third of the overall length of a clinical trial, and inappropriate selection of participants is the primary reason behind the failure of about 86 percent of trials [8]. These issues have been tackled with the use of decentralized clinical trials that provide virtual and remote methods of clinical trials that include telemedicine, mobile applications, and direct-to-patient delivery of drugs in order to enhance patient access and minimize the burden on participation [9, 10]. These are technology-based clinical trials that shift the trial activities out of the conventional clinical facilities to the close settings of the participants and have the benefit of providing greater efficiency and the possibility of gathering bigger datasets [11]. This movement towards a more decentralized model enables a broader range of patient populations to be involved, which does capture the clinical presentation as it would occur in the field of practice compared to site-centric research [12].

Background of Clinical Trials

Classical Clinical Trial Paradigm and its limitations the stringent features of the conventional randomized controlled trials that includes intensive screening and physical oversight of the subjects normally result in some shortfalls such as high cost and inaccessibility of the research to the participants that could cause research disparities [13]. These limitations demonstrate the necessity to find new means that will manage to cope with the geographical limitations and expand the variety of the participants, which will lead to more generalizable and fair outcomes of the study in the future [6]. Also, the issue of patient dropouts stops a significant portion of clinical trials, approximately 30 percent and involves additional recruitment procedures and expensive financial and time losses [8].

Digital Health Technologies and Telemedicine New digital health technologies, such as wearable and telemedicine, have already allowed decentralizing clinical trials and making remote data collection and virtual interactions possible [14]. The innovation has also enabled the development of trials to be more efficient and in a patient-centred manner that is convenience and access-centred and ultimately minimises the burden, lowers costs and shortens timelines without undermining the high quality and safety [15]. This change is explained by positive impact of the decentralized approaches on the recruitment, retention, and diversity of the clinical trials [16]. Furthermore, one can use digital technologies such as artificial intelligence to estimate the outcomes of the trial and patient response based on the previous trends in the work and real-time observation, and make better decisions during the trial [17]. The developments are particularly applicable in the reduction of the common problems like patient dropouts that are causing 30 percent of clinical trial failures and necessitate re-recruitment, which is costly [8]. Another field where AI has been applied is preclinical development that has helped to streamline the research design by simulating biological processes and predicting drug action that minimized the number of repeat tests and enhanced reliability of the preclinical models [17]. The adaptive trial design can be supported with this AI-based predictive models and the real-time data of the decentralized trials so that the protocols can be altered dynamically to maximise the efficacy and safety indicators [18].

This integration will allow the stratification of patients in a better way and preventive treatment of potential adverse events which will ultimately simplify drug development pipeline [19]. In addition to it, AI algorithms can identify intricate associations between different factors such as gender, genetics, lifestyle, and environmental factors that have a significant impact on the understanding of multifaceted disorders, such as cardiovascular disease [8]. The competency enables the capability of the researcher to create very personalized intervention strategies and prevention models and extends beyond the traditional approach to medicine that is quite common, where people are treated in a general, one-shoe-fits-all method [20]. The

applications of artificial intelligence in clinical trials in the future will give the opportunity to facilitate the efficiency and success rates of drug development by optimizing the trial design and innovating [21]. This disruptive potential is also transferred to the optimization of the recruitment of the participants, retention of the patients, and the organization of the logistics of trials by the means of the advanced predictive analytics and automation [22,23].

Besides, large amounts of data, which AI is able to study, will help predict the outcomes of clinical trials more accurately, which will streamline resources utilization and accelerate the drug approval [24,25]. It is also justifiable by the fact that AI can assist in analyzing actual data and identifying hidden patterns that will be used to optimize the appearance of trials and determine which drug degrades in which manner and why which is a highly precise method of predicting drug degradation [19,21]. The same level of analysis also enhances the identification of the right drug target and how its compounds and potential side effects are likely to work thus rendering the entire process of drug discovery effective [26]. AI is also instrumental in the field of drug characterization, drug target discovery and validation as well as in the facilitation of the clinical trials process through molecular generation methods that aids in the generation of new drug molecules and forecasting their properties and activities [27]. These technologies allow researchers to find large chemical spaces in a more efficient manner, identify promising candidates that otherwise would remain overlooked and reduce the current lengthy process of translating these technologies into clinical applications [17]. Accelerated design and re-engineering of medicinal molecules are also performed using generative AI although very little emphasis is given to prevalent and rare diseases [28].

Defining Decentralized Clinical Trials

This model unites virtual instruments, service platforms in telemedicine, wearable devices, where participants are able to enter data in their respective contexts, which reduces geographical and logistical constraints [29,30]. Essential Competencies and Processes of DCTsThe decentralized clinical trials are fundamentally changing the structure of how clinical research is conducted because they combine a set of digital tools and virtual operations to transfer the majority of trial operations to the locations of trial participants, whether at home or within local health care centers. Spectrum of DecentralizationThe spectrum is between hybrid models with a little virtual component to entirely virtual trials with little or no physical site visits [14]. These models build up on digital technologies to gather data from a distance usually making the administrative tasks of patients and researchers less demanding and patient-centric [31]. Such flexibility in design can be used to provide a more customized approach to clinical research to suit diverse patient groups and fields of treatment [32]. More importantly, AI will be able to further streamline these designs to simulate the different trial parameters in-silico, predict, and pinpoint the most effective strategies and thus, save on resources and time, even before actual trials are conducted [33]. Such application of AI to decentralized clinical trials has massive potential to reduce the largely financial and time-intensive nature of conventional clinical studies that can cost billions of dollars to pharma research, and in many cases, delay recruitment of subjects, 80 percent of clinical studies [34].

Patient selection and adherence can be optimized with the use of AI in this regard avoiding major trial failures and financial losses [8]. Besides, AI provides extensive functionality in the form of organized, standardized, and digitally represented components in medical research to expedite medical breakthroughs and simplify the drug development process [20]. The Algorithms produced are able to forecast drug efficacy, toxicity and any adverse effects, hence streamlining the processes of conducting clinical trials and hastening the introduction of innovative drugs to the market [35]. Moreover, AI-based digital health technologies can generate temporal data in a natural living setting and thus can be used to improve the accuracy and ecological validity of clinical trial results [36]. This real-world, continuous data collection is much better in terms of ecological validity of trial outcomes as this gives a more realistic portrayal of the effect of a drug in real life as opposed to an artificialized clinical trial [37]. Moreover, predictive analytics based on AI are able to predict recruitment difficulties and risk of retention and, through such methods, preempt

delays and enhance effectiveness of the trials [23]. Additionally, the predictive capabilities of AI to process large and intricate datasets yield concealed image and trends, which allow forecasting drug degradation pathways and stability profiles with shocking precision [19]. This capability to analyze drugs lowers the amount of time and money used in development of drugs by minimizing failure in subsequent stages of the research [38,39].

Potentials of the Decentralized clinical trials

Though the benefits of the decentralized clinical trials are several, the introduction of artificial intelligence enhances their potential even more because it allows more efficient and accurate approaches to it [17,25]. This interaction enables trial protocol to be optimally adjusted dynamically according to the real-time analysis of data, which is not possible in the case of traditional models, and thus increases the flexibility and responsiveness of clinical research [19]. The AI methods have the ability to detect complex relationships across heterogeneous data, resulting in more precise stratification of patients and better outcomes [8]. This technological integration has also made the approaches of personalized medicine highly refined in a way of predicting the individual response to treatment and also in optimizing the drug delivery processes [18,40]. The implementation of AI and machine learning solutions has a broad spectrum of application in both basic and clinical research, drug discovery and development included, diagnostic imaging and multi-omics data analysis [41].

Improving Patient-Centricity and Accessibility.

Minimizing Patient Burden and Geographic Barriers This intervention method will increase the level of patient interaction through the introduction of convenient remote participation methods, thus expanding the demographic scope of clinical trials and increasing the diversity of study cohorts. **Enhancing Diversity and Representation in Trial Populations.** Having more participants automatically enhance the diversity of those in the trial, so the clinical trial findings are more representative of the entire population [42]. **High Patient Engagement and Retention.** This, in its turn, is beneficial in overcoming the issue of patient dropouts, with this number representing about 30% of clinical trial failures. Close patient monitoring and helping them to follow trial procedures can avoid such dropouts, thus, study completion can increase the speed of the study, and financial losses can be minimized. Moreover, AI-based interventions have the potential of customizing adherence plans, foresee possible non-adherence, and offer timely personalized support to the participants [8].

This active participation does not only support the continuation of the participation of the participants, but also enhances the integrity and completeness of the gathered data. The AI predictive powers can also determine patients who may drop out, and interventions targeted to boost retention rates may be applied. In addition, predictive models powered by AI can be used to examine the extensive data about patients to determine those who have the greatest likelihood of responding to a specific treatment, which will streamline the recruitment of subjects in phase II and III clinical trials and, therefore, enhance the ability to predict therapeutic targets at an earlier stage [8]. Predictive analytics with the help of AI positively influence the efficiency of the trial not only by predicting patient responses and adverse events but also help in mitigating risks, therefore, improving patient safety and overall efficacy [43]. This is a strong strategy that improves the ethical system of clinical trials, as it puts the interests of the patient first and makes research activities as effective as possible and as less burdensome as possible. This multifaceted approach to AI in decentralized clinical trials, therefore, does not only facilitate the process of operational activities but also increases the scientific and ethical quality of pharmaceutical research to an entirely new level [8,44]. The creation of digital platforms, the combination of clinical trial management systems with electronic health records, and the development of digital health technologies are also the aspects that support this innovative paradigm as they enable remote health assessment and data collection [45].

Table 1: Challenges and Opportunities in Decentralized Clinical Trials [DCTs].

Challenges	Opportunities	References
Data Privacy and Security Concerns	DCTs involve the remote collection and transmission of patient data, raising concerns about data breaches, unauthorized access, and data integrity. Solutions include encryption and secure digital platforms.	[9,34,41]
Regulatory Compliance and Uncertainty	DCTs must navigate complex and evolving regulatory environments across different jurisdictions. This includes ensuring compliance with standards such as HIPAA, GDPR, and other data protection laws.	[19,30,35]
Technological Infrastructure and Integration	The successful implementation of DCTs requires robust digital infrastructure, which may be lacking in certain regions, particularly in low-resource settings.	[29,52,56]
Ensuring Informed Consent in Remote Settings	Remote trials face challenges in obtaining truly informed consent, especially when participants are interacting via digital platforms and may not fully understand the complexities of the trial.	[17,51,53]
Data Quality and Validation	Ensuring the accuracy and reliability of data collected remotely can be difficult due to variances in data sources, device calibration, and lack of face-to-face oversight.	[8,17,60]

B. Operational Efficiencies and Cost-Effectiveness.

Faster Recruitment and Trial Processes.

AI is also capable of greatly reducing the time-to-recruitment period that historically takes a third of the overall duration of a clinical trial by effectively sifting through eligible participants and minimizing the effort required to design the trial [8,23]. Less On-site Infrastructure and Oversight Costs through remote monitoring infrastructure and AI-enhanced data analysis, the infrastructure on-site and the necessity to employ manual supervision are greatly reduced, which results in a significant reduction of cost [34]. Using Digital Technology to collect and manage Data. This trend of using AI to collect and manage large and diverse amounts of data does not only simplify the process of aggregating such data but also guarantees its integrity and real-time accessibility, allowing dynamic changes to trial protocols due to new knowledge [21]. It is an automated incorporation of trial data collected in a variety of sources that enables a standardized transfer of data in digital format that are easily transferred to pertinent downstream systems that further streamline operational processes [25].

Generation of Data Quality and Real-World Evidence

Passive monitoring and continuous Data Collection AI-based wearables, such as, may be used to monitor vital signs and other health indicators in real-time and allow making instant changes to treatment plans [17]. Recording Data in the field This is a less invasive method of data collection in the natural environments that gives a more precise and in-depth perception of drug effectiveness and patient experiences in uncontrolled clinical environments.

Possibility to have better Data Precision and Richness This abundant granular and continuous data goes a long way in enhancing the strength and predictability of clinical trial studies, as opposed to the sporadic observations, which develop a dynamic view of the patient. It allows the identification of disease progression, tracking of treatment outcomes by means of continuous, multidimensional changes in pre-identified biomarkers. The abilities allow the pro-active identification of the least amount of residual disease, hence, making it possible to interfere sooner and provide even more individualized treatment modifications [8].

The ability of AI to process and analyze large and complex data also provides new biomarkers, which provide a more profound understanding of the disease processes and the effectiveness of treatment [25]. Constant surveillance of the real-world data through the use of AI-powered systems also makes it possible to recognize the adverse effects early and promptly implement changes in the drug usage guidelines [33]. Such a comprehensive data analysis may also help to maximize drug regimens and routes of delivery, which will enhance the therapeutic outcomes of patients [47]. Artificial intelligence [AI] tools can help to stratify patients in a more beneficial way by combining various sources of data, such as patient demographics, comorbidities, and genetic predispositions, to promote precision medicine methods. The high-level processing of diverse patient information, where additional variables such as gender, genetics, lifestyle and environmental factors are taken into account, enables AI to detect complex relationships that are important in successful patient stratification and personalization of treatment plans [8].

Moreover, AI has the capability to process real-time patient data including electronic health records and genomic profile to keep improving dosages, getting the best therapeutic effects and reducing adverse effects to the minimum [17,48]. This ongoing education and adjustment make the pharmacological interventions very specific to the needs of individual patients resulting in patient outcomes that are optimized and patient safety being improved [8,45]. Moreover, AI applications can be integrated with wireless communication and artificial neural networks in regular therapeutic care, improving the level of drug distribution by monitoring real-time and transmitting orders [25]. This type of integration allows dynamic dosing changes, which depend on the age, weight, genetic composition, and overall health of a patient, and as a result, optimize the application of therapeutic reactions and reduce the adverse reactions [17].

The AI algorithms may also be used to control the administration of medication by using the microchips to reduce the systemic toxicity and decrease the therapeutic window, as well as minimize the adverse effects, particularly where continuous monitoring is required such as in diabetes [25]. This individualized design, which uses AI capability to combine individual factors about a patient including genomics and metabolomics, enables individualized drug design and dose that eventually maximizes therapy and reduces side effects [49,50].

Table 2: Key Digital Technologies Used in Decentralized Clinical Trials [DCTs].

Technology	Applications in DCTs	Benefits	References
Telemedicine	Facilitates remote consultations, real-time health monitoring, and virtual visits with clinicians.	Increases patient access to care, minimizes travel requirements, and provides continuous patient engagement without the need for physical visits.	[12,17,20]
Wearables	Continuous tracking of physiological parameters such as heart rate, activity levels, and sleep patterns, enabling real-time data collection.	Enables ongoing health monitoring, providing a comprehensive view of patient health outside the clinical setting, increasing trial data accuracy and patient adherence.	[14,17,26]

Artificial Intelligence [AI]	AI algorithms predict patient responses, optimize trial design, and streamline patient recruitment by analyzing vast amounts of clinical and demographic data.	Enhances efficiency in patient selection and retention, improves stratification of patients, and customizes treatment protocols based on real-time data analysis.	[8,19,21]
Mobile Applications	Apps designed to facilitate data entry, provide reminders for medication adherence, and enable direct communication with trial coordinators.	Increases patient engagement, improves data accuracy, and ensures participants stay on track with trial protocols by sending timely reminders and updates.	[12,22,45]
Remote Drug Delivery	Direct-to-patient delivery systems that send investigational products to participants' homes.	Ensures patients can continue participation without the need to visit trial sites, improving adherence and reducing logistical challenges in drug administration.	[13,17,34]

Challenges and Considerations in Implementing DCTs

There are various major challenges to the mainstream adoption of decentralized clinical trials, among which are the challenges of interoperability of the data and the uncertainty that exists over regulatory frameworks [34]. The solution to these issues will require a collective endeavor to formulate sound data integration policies and effective, flexible regulatory rules that can keep up with the changes in technology [17]. Additionally, data safety and privacy, particularly with sensitive patient data in different digital systems, is one of the most important issues to consider [19]. There are also other ethical implications associated with the implementation of artificial intelligence in decentralized clinical trials, including possible bias in AI algorithms and the necessity of transparency in decision-making, which should be implemented to guarantee fair treatment results and public confidence [17].

Regulatory and Ethical Frameworks

Managing Changing Regulatory Directives [e.g. FDA, EMA] with the fast-paced development of AI, current guidelines have to be reconsidered continually to fit new paradigms and provide patient safety and integrity of data [19]. Finding a way to ensure informed consent in remote settings enhancing interactive and dynamic models of consent is essential to efficiently convey the complexity of AI-based interventions and the use of the data to the participants, as the continuous nature of the data collection and the constant adaptations of the algorithms used in such trials [51]. Data Privacy, Data Security, and Data Compliance [e.g., GDPR, HIPAA] strong platforms should be adopted to ensure the safety of sensitive information of the patient against breaches and unauthorized access and in line with high data protection laws like GDPR and HIPAA in all jurisdictions where the trial is being run [41].

Ethically, the possibility of AI models to reinforce biases when they are trained using unrepresentative datasets is also relevant, which explains why the development of AI requires transparency and equity to keep the clinician and the population confident [52]. Reducing the effects of algorithmic bias should be done by carefully examining training data and applying particular methods to reduce the impact of biases [53]. Many AI algorithms are also opaque, which makes it even harder to regulate the ethics, and explainable AI needs to be used to offer a transparent justification of the AI-based decision-making, which is becoming a more important requirement in the regulations of some countries, such as the EU [GDPR]

and the U.S. FDA. Moreover, it is necessary to introduce transparent accountability mechanisms to the AI-based decisions, especially where the latter act as black boxes, i.e., it is hard to understand the logic behind the decisions they make [52].

To meet these issues, there is a need to have a coherent international regulation framework and strong cooperation among research locations, patients, and sponsors to formulate clear rules regarding the assessment and responsibility of AI [54,55]. These encompass the formulation of quantifiable standards, strategies of multi-stakeholder engagement, and international collaboration to have AI advancements in the healthcare sector address the ethical and practical requirements [56]. Furthermore, current legal systems, including the ones introduced by the European Union General Data Protection Regulation and the U.S. Food and Drug Administration, are also becoming more conscious of AI systems and their transparency and interpretability in order to hold them accountable and prevent losing the trust of the population. Such focus indicates increased awareness that until insights on how AI makes decisions are made clear and actionable, its general acceptance in critical clinical environments will be limited [52].

Technological Infrastructure and Digital Divide

Getting fair access to technology by all players This has the aspect of eliminating socioeconomic inequalities that can affect access to the digital devices or appropriate access to internet services, therefore ensuring that some groups are not able to engage in DCTs [52]. Controlling Data Integration and Interoperability to promote the exchange of data between different digital platforms and electronic health records, it will be necessary to develop a standard form of data and a robust set of interoperability protocols to ensure that the view of data related to patients can be performed in a comprehensive manner without affecting the integrity or security [19]. Cybersecurity Risks and Data Trustworthiness The spread of cyber threats requires a high level of encryption, multi-factor authentication, and constant monitoring to secure sensitive health data and ensure no high-level attacks suppress the integrity of clinical trial data [56]. To ensure that digital health records are not affected by such vulnerabilities, the strong protective measures, such as exercising caution in processing and taking informed consent, are required [51]. Such safeguards must apply to every data subject since AI systems can be configured in a wide manner, and they frequently have privacy outcomes that are unforeseen and unintended [55,57].

Furthermore, there are the possibilities of advanced persistent threats such as quantum hacks and advanced cyberattack, which require constant innovation in cybersecurity defense to protect medical data. The fluctuating character of the data flow, including wearables and clouds, in turn, increases the threat of breaches and unauthorized access immensely and requires a detailed security plan that would cover all the steps of data transmission and storage. The traditional protection fails in protecting information in a decentralized setting, particularly when exchanging records among facilities or in the presence of AI services by third parties [51]. This will require a defense-in-depth approach, which involves a combination of layers of security, including strict access control and a high level of data protection [58]. Homomorphic encryption and federated learning are also privacy enhancing technologies that are essential to process sensitive healthcare data and maintain confidentiality across distributed systems [51].

Operational and Methodological Hurdles

Mentoring and monitoring of remote respondents and employees extensive training on digital tools and observance of study procedures are necessary to ensure that such participants and research personnel are knowledgeable on the use of digital tools and are able to follow the study procedures even in decentralized models that present complexities in data gathering and data monitoring [59]. Home-based drug/device delivery and management logistical issues involved in the safe and efficient delivery of investigational drugs and devices to the home of participants, in maintaining the proper storage conditions, and controlling compliance to treatment are problems that need innovative solutions and effective management of supply chains [19]. Identification and compliance strong authentication procedures such as biometric and multi-factor options play an important role in confirming the identity of participants and compliance with study procedures in addition to the monitoring of compliance to prescribed therapies or the use of a device [60].

Remote supervision of safety and adverse events the most important step is to develop advanced remote monitoring tools and transparent communication channels that would enable detecting and responding to adverse events in the nearest possible time, thus, maintaining patient safety without visiting them frequently. Moreover, the introduction of AI-based predictive analytics will be capable of improving the timely detection of the possible adverse situations and reducing the risk of negative aspects in the remote patient control. Nevertheless, the issue of data quality in decentralized trials is a major issue that needs effective measures to guarantee the reliability and accuracy of data gathered through the various sources and remote environments [61]. This requires the adoption of rigorous data governance systems such as standardized procedures of data collection, validation and integration to maintain the integrity of the outcomes derived using such distributed environment [19,60].

Moreover, it is essential to provide effective supervision of trial-related responsibilities assigned to other parties, as it is concerned by the regulatory authorities, to conserve the integrity of the data and prevent the conflicting allocation of importance [59]. It is relevant especially in the environments where digital transformation of clinical research encounters special problems, like in sub-Saharan Africa, in which the lack of infrastructure and training may increase the problems of data quality and accountability [61]. Additionally, the lack of strict control systems and standard procedures in the management of data in such areas may create a significant number of inaccuracies in the end result of the trial and ethical violations [62]. Thus, it is crucial to come up with region-specific guidelines and develop international collaborations to reduce the effects of these issues and consider high-quality clinical research and fairness worldwide. Specifically, consumer-grade devices are available, but they might not be as precise as medical-grade devices, and thus they have to be vetted carefully before their use in clinical trials [3].

Table 3: Key Benefits of AI in Decentralized Clinical Trials.

Benefit	Explanation	Impact on Clinical Trials	References
Improved Patient Stratification	AI analyzes complex data from various sources [e.g., genetic, demographic, clinical] to identify the most suitable patients for specific treatments.	Enables more precise patient recruitment and ensures the most appropriate candidates are chosen, leading to more effective clinical outcomes and reducing trial failure rates.	[8,19,21]
Faster Recruitment and Retention	AI models predict which patients are likely to enroll and stay in the trial, based on historical data and behavioral patterns.	Significantly reduces recruitment time, which traditionally accounts for a third of the overall trial duration, and enhances retention by identifying potential dropouts early.	[9,19,23]
Real-Time Data Analysis	AI allows continuous, real-time data collection and	Facilitates immediate adjustments to trial protocols based on data	[8,19,25]

	analysis, providing instant insights into patient health and trial progress.	trends, improving the trial's responsiveness and increasing overall efficiency.	
Personalized Medicine	AI enables the creation of individualized treatment plans based on real-time patient data, such as genetic information and health history.	Tailors treatment to individual patients, enhancing therapeutic efficacy and minimizing adverse effects, which leads to better patient outcomes and safety.	[8,19,34]

The Future of Remote Research and DCTs

Decentralized clinical trials incorporating artificial intelligence and machine learning can present unprecedented opportunities to make processes more efficient, safer, and with higher data integrity [22]. With the assistance of AI, it is possible to simplify the complicated procedure of patient enrollment, real-time monitoring, and data analysis, which will save the time and resources spent on clinical trials many times [8,30]. Predictive analytics with AI may also help to optimize the selection of patients, recognize possible risks at an earlier stage, and customize treatment plans, which results in more effective and safer therapeutic interventions [19]. Moreover, the development of digital health technologies, which are facilitated by AI, may be critical in enabling such development by offering advanced solutions to remote data gathering, data analysis and real-time intervention, both of which are needed to enable large-scale use of digital endpoints in clinical research [36,63]. With the current pace of the AI algorithms development, such as the reinforcement learning or generative adversarial networks, the drug discovery and development is likely to experience the major breakthroughs, making the process more efficient and quicker [17].

Healthcare Systems Integration

Synergies with Telehealth and Digital Health Platforms

These platforms have been rapidly adopted because of the recent global health crises, and they can be used by DCTs as a natural extension that allows them to integrate trial activities into standard patient care and digital health ecosystems [64]. Influence on healthcare delivery models such integration enables a more holistic approach to patient care blurring clinical research with the normal medical practice, which would result in more adaptive and responsive healthcare systems [19]. This intersection supports sustained learning ecosystems with real-life data of DCTs able to guide clinical practice and vice versa to hasten translation of medical knowledge [65]. Moreover, future AI tools [including quantum machine learning and combination of omics data] will transform the field of drug discovery by allowing more precise molecular simulations and personal medicine methods [8,19]. The use of NLP to read clinical trial registries and electronic health records also hastens the process of identifying patient cohorts and determining eligibility, making a previously time-intensive process of starting a clinical trial more efficient [66].

Such an improvement will greatly shorten the patient enrolment time that is a third of clinical trial periods [8], which will eventually fast-track the drug development pipeline. Pharmaceutical companies have already widely applied AI-pharmaceutical development and found it as a powerful alternative to traditional procedures [8]. This change is enabled by the fact that machine learning and deep learning algorithms can analyze huge datasets and identify potential drug candidates efficiently and predict molecular interactions with the biological targets, which is usually time-consuming and expensive in traditional methods [17]. The AI uses are in the field of virtual screening, de novo drug design, prediction of drug properties, and lead compound optimization, which further improve drug-target interaction predictions and analysis of biological activity [25]. All these developments have the result of lowering research expenses and reducing the time needed to introduce drugs in the market, which has increased the effectiveness of pharmaceutical

research and development [39]. Moreover, the innovative character of AI and its greater accuracy, alongside the automated simulation, have a significant impact on the optimization of drug development and forecasting in vivo response and pharmacokinetic parameters of the therapy [8].

These advanced predictive technologies enable optimization of the design of the drug, reduce possible side effects and speed up the process of developing the drug [26]. The capability of AI to act on large and multifaceted data also uncovers unintuitive correlations and patterns that human minds cannot perform their own analysis at the same accuracy, thus making more precise predictions of drug degradation and stability profiles. This ability is important to increase the efficiency and safety of pharmaceutical products in their lifecycle. These radical techniques are based on advanced computational techniques, which allow researchers to make better products in less time, resulting in shorter development cycles and reducing the time between laboratory and clinic translation of innovative drug candidates [19].

Technological and Artificial Intelligence

Role of Wearables, Sensors, and Artificial Intelligence

The advancement of wearable sensors and AI-based platforms is changing the data collection in DCTs by providing an opportunity to continuously and passively track the physiological parameters and behavioral patterns, providing a more comprehensive and ecologically valid picture of how patients respond to interventions. Predictive Analytics to Select and Monitor Patients AI can also be used to predict the best cohort of patients to include in a trial and predict possible negative outcomes, which improves the safety of participants and integrity of the trial [67,68]. It involves the maximization of study designs, prediction of drug behavior, and the detection of relevant experiments, which save a lot of time and cost of preclinical trials [17]. The use of AI in this field also contributes to the detailed analysis of the needs of the product as perceived by a client and awareness of the market needs [8]. Such advanced AI can process complex molecular and clinical data in order to determine the patient subpopulations with the highest probability of responding to a specific treatment therefore improving patient stratification of a clinical trial and leading to more focused therapies [19].

This accuracy in selection of patients is essential in enhancing the success rates of clinical trials and speeding up the delivery of novel treatment [19]. In addition, AI algorithms offer a more comprehensive set of degradation pathways compared to the conventional empirical approaches, especially in the initial phase of drug development to avoid the costly failure [19]. The predictive modeling can also be applied to the optimization of formulation stability and its shelf-life in different environment requirements needed to be met by regulatory approval and commercial feasibility. Moreover, the adoption of generative AI models such as Generative Adversarial Networks and large language models is creating new opportunities in de novo drug design and synthesis, which enables a quick exploration of large chemical space and creates new molecular structures with desired pharmacological properties [19,28]. It allows the discovery of completely novel chemical entities that will be more effective and less toxic, and traditional limitations of drug discovery are surpassed [19]. Such AI-related methods can also be used to speed up preclinical trials by providing a quicker way to find new drug candidates and analyze large volumes of medical and clinical trial data [69]. Such analytical skill greatly cuts the time cycles and expenses of getting new drugs to the market and at the same time improves the likelihood of successful clinical performances [70]. The use of AI practices like neural networks and genetic algorithms offers a better implementation of complex formulations than the conventional statistical tools like response surface methods, which have been misleading in complex situations [25].

Long-Term Impact on Clinical Development

Paradigm Shifting in Drug Discovery and Development

The adoption of AI is the beginning of a new age in the field of pharmaceutical research, where the use of linear development routes is no longer essential and instead changes to dynamic and data-driven approaches optimize the entire process, including target identification to post-market surveillance [25]. Because AI is becoming more embedded in clinical trials, the multifaceted nature of the ethical considerations of privacy of patient data, algorithm prejudice, and fair access to AI-guided therapeutics will be the foremost concern on responsible and patient-centered innovation [8]. The ongoing development of AI requires the possibility of constant legislative control to make sure that the AI is applied safely, ethically, as well as without bias in the pharmaceutical environment [35]. These developments especially the advancements in generative AI are not the incremental improvements but a fundamental change in the way the pharmaceutical research and development is carried out because it presents a chance in the world of innovation and efficiency never seen before [27,71,72]. It is possible to shorten the duration and cost of developing drugs dramatically thanks to the strategic implementation of AI-driven solutions to increase the overall success rates and allow the rapid entry of new therapeutics into the market [27]. Artificial intelligence is causing a paradigm shift in the pharmaceutical industry that is fully automating the data, computing, and sophisticated algorithms throughout the drug R&D pipeline [27,68].

This synergy has the benefit of making the drug research more efficient and accurate but it also helps in cutting development timeframes and decreasing costs involved [27,73]. The fact that AI can analyze large volumes of data and find the complicated patterns that human researchers may have missed further streamline drug design, formulation development, and clinical trials [25]. By enhancing the efficiency and accuracy of the process, the use of AI, in this case, shortens the time-consuming and resource-intensive drug development process extremely. It enables more efficient and cost-efficient way of introducing new drugs to the market, which fosters innovation and results in better patient outcomes because it can remedy the challenges in pharmaceutical research that were previously impossible to resolve [72]. What is more, optimization of dosing regimens and customization of drug formulations to the profiles of individual patients opens up the prospects of really personalized medicine solutions, increasing therapeutic efficacy and patient safety [8,19]. It is one of the capabilities that are a part of the bigger revolution that AI is causing to pharmaceuticals, which will spans the entire drug development cycle, including the first discovery of the drug until its production and supply chain management [71]. These involve the use of AI in the creation of innovative knowledge, in automating simulation, and in predicting to lead to an overall operational efficiency and ongoing performance in the pharmaceutical sector [8]. Neural networks, along with other AI models, can be used to make correct predictions of both molecular structures, physicochemical properties, in vivo reactions, and pharmacokinetic parameters, which have greatly improved drug design and formulation [8]. Such an advanced predictive ability has a significant positive effect on the efficiency and accuracy of drug candidates and therapeutic profiles optimization, which accelerates the drug discovery process [72].

Conclusion

Decentralized Clinical Trials [DCTs] are revolutionizing the way clinical research is conducted, moving away from traditional site-based models to more flexible, patient-centric approaches. The integration of digital technologies, including telemedicine, wearables, and AI, allows for more inclusive and diverse patient recruitment, real-time data collection, and more efficient trial management. While DCTs offer significant advantages such as improved patient access, engagement, and cost-effectiveness, challenges related to data privacy, regulatory compliance, and technological infrastructure must be addressed for widespread adoption. As AI continues to evolve, its integration into DCTs holds the potential to streamline trial processes, improve patient outcomes, and accelerate drug development timelines. The future of clinical research will likely see further integration of AI and digital health technologies, leading to more efficient, safer, and cost-effective trials that ultimately benefit both patients and the broader healthcare ecosystem.

Conflict of Interest

The authors declare they don't have any conflict of interest.

Author contributions

The first author wrote the first draft of the paper, which was supervised by a cross-responding author. Each author contributed to the manuscript's writing, gathered information, edited it, made tables, and received approval to submit it to a journal for publication.

Acknowledgement

The authors thank numerous resources for their open access publications, including DOAJ, Google Scholar, PubMed, Cochrane Library, BMJ Clinical Evidence, Embase, and Medline.

Ethical Approval

Not Applicable

References

1. Zagarrì E, Frasson S, Valerio A, Gussoni G. Decentralized Clinical Trials in Italy: state of the art and future perspectives. *AboutOpen*. 2023 Feb 10;10:22. <https://doi.org/10.33393/ao.2023.2546>.
2. Robinson R, Sacks L. Decentralized Clinical Trials in the Development of Drugs and Biological Products. *Ther Innov Regul Sci*. 2024 Feb 2;59(6):1191. <https://doi.org/10.1007/s43441-023-00612-3>.
3. Hanley DF, Bernard GR, Wilkins CH, Selker HP, Dwyer JP, Dean JB, et al. Decentralized clinical trials in the trial innovation network: Value, strategies, and lessons learned. *J Clin Transl Sci*. 2023 Jan 1;7(1). <https://doi.org/10.1017/cts.2023.597>.
4. Chen J, Di J, Daizadeh N, Lü Y, Wang H, Shen YL, et al. Decentralized Clinical Trials in the Era of Real-World Evidence: A Statistical Perspective. *Clin Transl Sci*. 2025 Feb 1;18(2). <https://doi.org/10.1111/cts.70117>.
5. Sinha S, Sriramadasu SC, Raphael R, Roy S. Decentralisation in Clinical Trials and Patient Centricity: Benefits and Challenges. *Pharm Med*. 2024 Mar 1;38(2):109. <https://doi.org/10.1007/s40290-024-00518-x>.
6. Dulko D, Kwong M, Palm ME, Trinquart L, Selker HP. From a decentralized clinical trial to a decentralized and clinical-trial-in-a-box platform: Towards patient-centric and equitable trials. *J Clin Transl Sci*. 2023 Jan 1;7(1). <https://doi.org/10.1017/cts.2023.629>.
7. Pennestri F, Banfi G, Tomaiuolo R. Remote decentralized clinical trials: a new opportunity for laboratory medicine. *Clin Chem Lab Med (CCLM)*. 2023 Jan 4;61(8):1388. <https://doi.org/10.1515/cclm-2022-1184>.
8. Noorain, Srivastava V, Parveen B, Parveen R. Artificial Intelligence in Drug Formulation and Development: Applications and Future Prospects. *Curr Drug Metab*. 2023 Sep 1;24(9):622. <https://doi.org/10.2174/0113892002265786230921062205>.
9. DiMasi JA, Smith Z, Oakley-Girvan I, Mackinnon A, Costello M, Tenaerts P, et al. Assessing the Financial Value of Decentralized Clinical Trials. *Ther Innov Regul Sci*. 2022 Sep 14;57(2):209. <https://doi.org/10.1007/s43441-022-00454-5>.
10. Getz K, Smith Z, Kravet M. Protocol Design and Performance Benchmarks by Phase and by Oncology and Rare Disease Subgroups. *Ther Innov Regul Sci*. 2022 Aug 12;57(1):49. <https://doi.org/10.1007/s43441-022-00438-5>.
11. Rijssel TI van, Thiel GJM van, Delden JJM van, consortium O behalf of the T. The Ethics of Decentralized Clinical Trials and Informed Consent: Taking Technologies' Soft Impacts into Account. *Health Care Anal*. 2024 May 19;33(2):139. <https://doi.org/10.1007/s10728-024-00483-1>.
12. Aiyegbusi OL, Davies EH, Myles P, Williams T, Frost C, Haroon S, et al. Digitally enabled decentralised research: opportunities to improve the efficiency of clinical trials and observational studies. *BMJ Evid Based Med*. 2023 Feb 21;28(5):328. <https://doi.org/10.1136/bmjebm-2023-112253>.
13. Jean-Louis G, Seixas A. The value of decentralized clinical trials: Inclusion, accessibility, and innovation. *Science*. 2024 Aug 22;385(6711). <https://doi.org/10.1126/science.adq4994>.

14. Norman GAV. Decentralized Clinical Trials. *JACC Basic Transl Sci.* 2021 Apr 1;6(4):384. <https://doi.org/10.1016/j.jacbts.2021.01.011>.
15. Krumholz HM, Sawano M, Bhattacharjee B, Caraballo C, Khera R, Li S, et al. The PAX LC Trial: A Decentralized, Phase 2, Randomized, Double-Blind Study of Nirmatrelvir/Ritonavir Compared with Placebo/Ritonavir for Long COVID. *Am J Med.* 2024 May 10;138(5):884. <https://doi.org/10.1016/j.amjmed.2024.04.030>.
16. Miyata B, Tafuto B, Jose N. Methods and Perceptions of Success for Patient Recruitment in Decentralized Clinical Trials. *J Clin Transl Sci.* 2023 Apr 1;7:21. <https://doi.org/10.1017/cts.2023.160>.
17. Singh R, Arya P, Dubey S. Artificial Intelligence in Pharmaceuticals: Revolutionizing Drug Formulation and Optimization. *J Drug Deliv Health Sci.* 2024 Sep 25;1(3):138. <https://doi.org/10.21590/jddhs.01.03.03>.
18. Anuyah S, Singh MK, Nyavor H. Advancing clinical trial outcomes using deep learning and predictive modelling: bridging precision medicine and patient-centered care. *World J Adv Res Rev.* 2024 Dec 5;24(3):1. <https://doi.org/10.30574/wjarr.2024.24.3.3671>.
19. Dangeti A, Bynagari DG, Vydani K. Revolutionizing Drug Formulation: Harnessing Artificial Intelligence and Machine Learning for Enhanced Stability, Formulation Optimization, and Accelerated Development. *Int J Pharm Sci Med.* 2023 Aug 30;8(8):18. <https://doi.org/10.47760/ijpsm.2023.v08i08.003>.
20. Chopra H, Annu A, Shin DK, Munjal K, Choudhary P, Dhama K, et al. Revolutionizing clinical trials: the role of AI in accelerating medical breakthroughs. *Int J Surg.* 2023 Oct 6;109(12):4211. <https://doi.org/10.1097/js9.0000000000000705>.
21. Zhang B, Zhang L, Chen Q, Jin Z, Liu S, Zhang S. Harnessing artificial intelligence to improve clinical trial design. *Commun Med.* 2023 Dec 21;3(1). <https://doi.org/10.1038/s43856-023-00425-3>.
22. Cascini F, Beccia F, Causio FA, Melnyk A, Zaino A, Ricciardi W. Scoping review of the current landscape of AI-based applications in clinical trials. *Front Public Health.* 2022 Aug 12;10:949377. <https://doi.org/10.3389/fpubh.2022.949377>.
23. Ismail A, Al-Zoubi T, Naqa IE, Saeed H. The role of artificial intelligence in hastening time to recruitment in clinical trials. *BJR|Open.* 2023 Mar 16;5(1):20220023. <https://doi.org/10.1259/bjro.20220023>.
24. Jin S, Chen L, Ding HB, Wang M, Lun Y. Can artificial intelligence predict clinical trial outcomes? *arXiv.* 2024 Nov 26. <https://arxiv.org/abs/2411.17595>.
25. Ali KA, Mohin S, Mondal P, Goswami S, Ghosh S, Choudhuri S. Influence of artificial intelligence in modern pharmaceutical formulation and drug development. *Future J Pharm Sci.* 2024 Mar 29;10(1). <https://doi.org/10.1186/s43094-024-00625-1>.
26. Kant S, Deepika D, Roy SC. Artificial intelligence in drug discovery and development: transforming challenges into opportunities. 2025 Jun 2;1(1). <https://doi.org/10.1007/s44395-025-00007-3>.
27. Fu C, Chen Q. The future of pharmaceuticals: Artificial intelligence in drug discovery and development. *J Pharm Anal.* 2025 Feb 26;15(8):101248. <https://doi.org/10.1016/j.jpha.2025.101248>.
28. Niazi SK, Mariam Z. Artificial intelligence in drug development: reshaping the therapeutic landscape. *Ther Adv Drug Saf.* 2025 Jan 1;16. <https://doi.org/10.1177/20420986251321704>.
29. Karako K. Artificial intelligence applications in rare and intractable diseases: Advances, challenges, and future directions. *Intract Rare Dis Res.* 2025 May 27;14(2):88. <https://doi.org/10.5582/irdr.2025.01030>.
30. Askin S, Burkhalter D, Calado G, Dakrouni SE. Artificial Intelligence Applied to clinical trials: opportunities and challenges. *Health Technol.* 2023 Feb 28;13(2):203. <https://doi.org/10.1007/s12553-023-00738-2>.
31. Jaccard G. Innovative clinical trials: Addressing the evolving needs of clinical research and participants with decentralised and complex trials. *Regul Aff Watch.* 2024 Dec 1;6(9):4. <https://doi.org/10.54920/scto.2024.rawatch.9.4>.

32. Raju KV, Rehana S, Seethamraju SM, Nori LP. Revolutionizing Medicine: Unleashing the Power of Real-World Data and AI in Advancing Clinical Trials. *Braz J Pharm Sci.* 2024 Jan 1;60. <https://doi.org/10.1590/s2175-97902024e23980>.
33. Sanjay KD, Gadekar PS, Patil KVT. Transforming Drug Discovery: The Impact of Artificial Intelligence and Machine Learning from Initial Screening to Clinical Trials. *Int J Res Appl Sci Eng Technol.* 2024 Aug 15;12(8):503. <https://doi.org/10.22214/ijraset.2024.63936>.
34. Olawade DB, Fidelis SC, Marinze S, Egbon E, Osunmakinde A, Osborne AG. Artificial intelligence in clinical trials: A comprehensive review of opportunities, challenges, and future directions. *Int J Med Inform.* 2025 Oct 9;206:106141. <https://doi.org/10.1016/j.ijmedinf.2025.106141>.
35. Malheiro V, Santos B, Figueiras A, Mascarenhas-Melo F. The Potential of Artificial Intelligence in Pharmaceutical Innovation: From Drug Discovery to Clinical Trials. *Pharmaceutics.* 2025 May 25;18(6):788. <https://doi.org/10.3390/ph18060788>.
36. Chen J, Di J, Daizadeh N, Lu Y, Wang H, Shen YL, et al. Decentralized Clinical Trials in the Era of Real-World Evidence: A Statistical Perspective. *arXiv.* 2024 Oct 9. <https://arxiv.org/abs/2410.06591>.
37. Niazi SK. The Coming of Age of AI/ML in Drug Discovery, Development, Clinical Testing, and Manufacturing: The FDA Perspectives. *Drug Des Dev Ther.* 2023 Sep 1;2691. <https://doi.org/10.2147/dddt.s424991>.
38. Singh S, Gupta H, Sharma P, Sahi S. Advances in Artificial Intelligence (AI)-assisted approaches in drug screening. *Artif Intell Chem.* 2023 Dec 19;2(1):100039. <https://doi.org/10.1016/j.aichem.2023.100039>.
39. Paul RE. The Impact of AI on Pharma R&D: Accelerating Innovation in Drug Developments. *Membrane Technol.* 2025 Jan 23;566. <https://doi.org/10.52710/mt.313>.
40. Dey H, Arya N, Mathur H, Chatterjee N, Jadon R. Exploring the Role of Artificial Intelligence and Machine Learning in Pharmaceutical Formulation Design. *Int J Newgen Res Pharm Healthc.* 2024 Jun 30;30. <https://doi.org/10.61554/ijnrph.v2i1.2024.67>.
41. Carini C, Seyhan AA. Tribulations and future opportunities for artificial intelligence in precision medicine. *J Transl Med.* 2024 Apr 30;22(1):411. <https://doi.org/10.1186/s12967-024-05067-0>.
42. Thomas KA, Kidziński Ł. Artificial intelligence can improve patients' experience in decentralized clinical trials. *Nat Med.* 2022;28:2462. <https://doi.org/10.1038/s41591-022-02034-4>.
43. Ojo OO, Kiobel B. Integrating predictive analytics in clinical trials: A paradigm shift in personalized medicine. *World J Biol Pharm Health Sci.* 2024 Sep 20;19(3):308. <https://doi.org/10.30574/wjbphs.2024.19.3.0630>.
44. Lu X, Chen Y, Liang L, Hu G, Zhong Z, Jiang Z. Artificial intelligence for optimizing recruitment and retention in clinical trials: a scoping review. *J Am Med Inform Assoc.* 2024 Sep 11. <https://doi.org/10.1093/jamia/ocae243>.
45. Crisafulli S, Ciccimarra F, Bellitto C, Carollo M, Carrara E, Stagi L, et al. Artificial intelligence for optimizing benefits and minimizing risks of pharmacological therapies: challenges and opportunities. *Front Drug Saf Regul.* 2024 Mar 18;4. <https://doi.org/10.3389/fdsfr.2024.1356405>.
46. Jayeoba D. Role Of Ai In Drug Discovery: A Case To Reconsider Pharmaceutical Regulatory Exclusivities. *SSRN Electron J.* 2025 Jan 1. <https://doi.org/10.2139/ssrn.5126246>.
47. Vora LK, Gholap AD, Jetha K, Singh TRR, Solanki HK, Chavda VP. Artificial Intelligence in Pharmaceutical Technology and Drug Delivery Design. *Pharmaceutics.* 2023 Jul 10;15(7):1916. <https://doi.org/10.3390/pharmaceutics15071916>.
48. Yadav MK, Dahiya V, Tripathi M, Chaturvedi N, Rashmi M, Ghosh A, et al. Unleashing the future: The revolutionary role of machine learning and artificial intelligence in drug discovery. *Eur J Pharmacol.* 2024 Nov 6;985:177103. <https://doi.org/10.1016/j.ejphar.2024.177103>.
49. Vidhya KS, Sultana A, M NK, Rangareddy H. Artificial Intelligence's Impact on Drug Discovery and Development From Bench to Bedside. *Cureus.* 2023 Oct 22. <https://doi.org/10.7759/cureus.47486>.
50. Jena GK, Patra CN, Jammula S, Parhi R, Chand S. Artificial Intelligence (AI) and Machine Learning (ML) Implemented Drug Delivery Systems: A paradigm shift in the Pharmaceutical industry. *J Bio-X Res.* 2024 Jan 1;7. <https://doi.org/10.34133/jbioxresearch.0016>.

51. Shifa N, Saleh M, Akbari Y, Maadeed SA. A review of explainable AI techniques and their evaluation in mammography for breast cancer screening. *Clin Imaging*. 2025 May 12;123:110492. <https://doi.org/10.1016/j.clinimag.2025.110492>.
52. Ehidiamen AJ, Oladapo OO. Enhancing ethical standards in clinical trials: A deep dive into regulatory compliance, informed consent, and participant rights protection frameworks. *World J Biol Pharm Health Sci*. 2024 Oct 20;20(1):309. <https://doi.org/10.30574/wjbphs.2024.20.1.0788>.
53. Petrini C, Mannelli C, Riva L, Gainotti S, Gussoni G. Decentralized clinical trials (DCTs): A few ethical considerations. *Front Public Health*. 2022 Dec 15;10. <https://doi.org/10.3389/fpubh.2022.1081150>.
54. Göktaş P, Grzybowski A. Shaping the Future of Healthcare: Ethical Clinical Challenges and Pathways to Trustworthy AI. *J Clin Med*. 2025 Feb 27;14(5):1605. <https://doi.org/10.3390/jcm14051605>.
55. Compagnucci MC, Fenwick M, Wilson ML, Forgo N, Baernighausen T. Mapping the Digital Healthcare Revolution. 2024. <https://arxiv.org/abs/2407.20300>.
56. Khatun MA, Memon SF, Eising C, Dhirani LL. Machine Learning for Healthcare-IoT Security: A Review and Risk Mitigation. *IEEE Access*. 2023 Jan 1;11:145869. <https://doi.org/10.1109/access.2023.3346320>.
57. Rashid A. Untitled. 2024 Mar. <https://doi.org/10.55277/researchhub.vq5dnd6h>.
58. Ficili I, Giacobbe M, Tricomi G, Puliafito A, Prieto J. Perspective From Sensors to Data Intelligence: Leveraging IoT, Cloud, and Edge Computing with AI. 2025.
59. Nebié E, Sawadogo H, Eeuwijk P van, Signorell A, Reus E, Utzinger J, et al. Opportunities and challenges for decentralised clinical trials in sub-Saharan Africa: a qualitative study. *BMJ Open*. 2023 Sep 1;13(9). <https://doi.org/10.1136/bmjopen-2023-075903>.
60. Betcheva L, Kim JY, Erhun F, Oraopoulos N, Getz K. Applying Systems Thinking to Inform Decentralized Clinical Trial Planning and Deployment. *Ther Innov Regul Sci*. 2023 Jun 30;57(5):1081. <https://doi.org/10.1007/s43441-023-00540-2>.
61. Brouwer WD, Patel CJ, Manrai AK, Rodriguez-Chavez IR, Shah NR. Empowering clinical research in a decentralized world. *npj Digit Med*. 2021 Jul 1;4(1). <https://doi.org/10.1038/s41746-021-00473-w>.
62. Harmon D, Noseworthy PA, Yao X. The Digitization and Decentralization of Clinical Trials. *Mayo Clin Proc*. 2023 Jan 19;98(10):1568. <https://doi.org/10.1016/j.mayocp.2022.10.001>.
63. Shah P, Kendall F, Khozin S, Goosen R, Hu J, Laramie JM, et al. Artificial intelligence and machine learning in clinical development: a translational perspective. *npj Digit Med*. 2019 Jul 26;2(1). <https://doi.org/10.1038/s41746-019-0148-3>.
64. Su J, Cheng X, Shang A, Wu S, Xie Z, Xiong RG, et al. Artificial intelligence in drug discovery: A comprehensive review with a case study on hyperuricemia, gout arthritis, and hyperuricemic nephropathy. *arXiv*. 2025 Jul 4. <https://arxiv.org/abs/2507.03407>.
65. Mottaghi-Dastjerdi N, Soltany-Rezaee-Rad M. Advancements and Applications of Artificial Intelligence in Pharmaceutical Sciences: A Comprehensive Review. *Iran J Pharm Res*. 2024 Oct 15;23(1). <https://doi.org/10.5812/ijpr-150510>.
66. Yadav S, Singh A, Singhal R, Yadav JP. Revolutionizing drug discovery: The impact of artificial intelligence on advancements in pharmacology and the pharmaceutical industry. *Intell Pharm*. 2024 Feb 24;2(3):367. <https://doi.org/10.1016/j.ipha.2024.02.009>.
67. Palo-oja OM, Rinkinen S, Mäkimattila M. AI in innovation: impacts on management functions. *Organ Manag J*. 2025 Oct 30;1. <https://doi.org/10.1108/omj-11-2024-2358>.
68. Saini J, Thakur A, Yadav DK. AI-driven innovations in pharmaceuticals: optimizing drug discovery and industry operations. *RSC Pharmaceutics*. 2025 Jan 1;2(3):437. <https://doi.org/10.1039/d4pm00323c>.
69. Doron G, Genway S, Roberts MA, Jasti S. Generative AI: driving productivity and scientific breakthroughs in pharmaceutical R&D. *Drug Discov Today*. 2024 Dec 1;104272. <https://doi.org/10.1016/j.drudis.2024.104272>.
70. Zhang K, Yang X, Wang Y, Yu Y, Huang N, Li G, et al. Artificial intelligence in drug development. *Nat Med*. 2025 Jan 1;31(1):45. <https://doi.org/10.1038/s41591-024-03434-4>.

71. Suri GS, Kaur G, Shinde D. Beyond boundaries: exploring the transformative power of AI in pharmaceuticals. *Discov Artif Intell*. 2024 Nov 14;4(1). <https://doi.org/10.1007/s44163-024-00192-7>.
72. Chen J, Lin A, Luo P. Advancing pharmaceutical research: A comprehensive review of cutting-edge tools and technologies. *Curr Pharm Anal*. 2024 Dec 1;21(1):1. <https://doi.org/10.1016/j.cpan.2024.11.001>.