REVIEWS ARE IN AND ADVENTURES IN PHARMA WAS A CERTIFIED BOX-OFFICE SMASH HIT!

"THE MOST ENGAGING LIFE SCIENCES CONFERENCE I HAVE BEEN TO IN A VERY, VERY LONG TIME – IF EVER"

SPEAKER

★★★★★

"WHAT A FANTASTIC DAY"

PARTICIPANT

★★★★★

"VERY IMPRESSIVE EVENT... I LOOK FORWARD TO SEEING HOW IT DEVELOPS"

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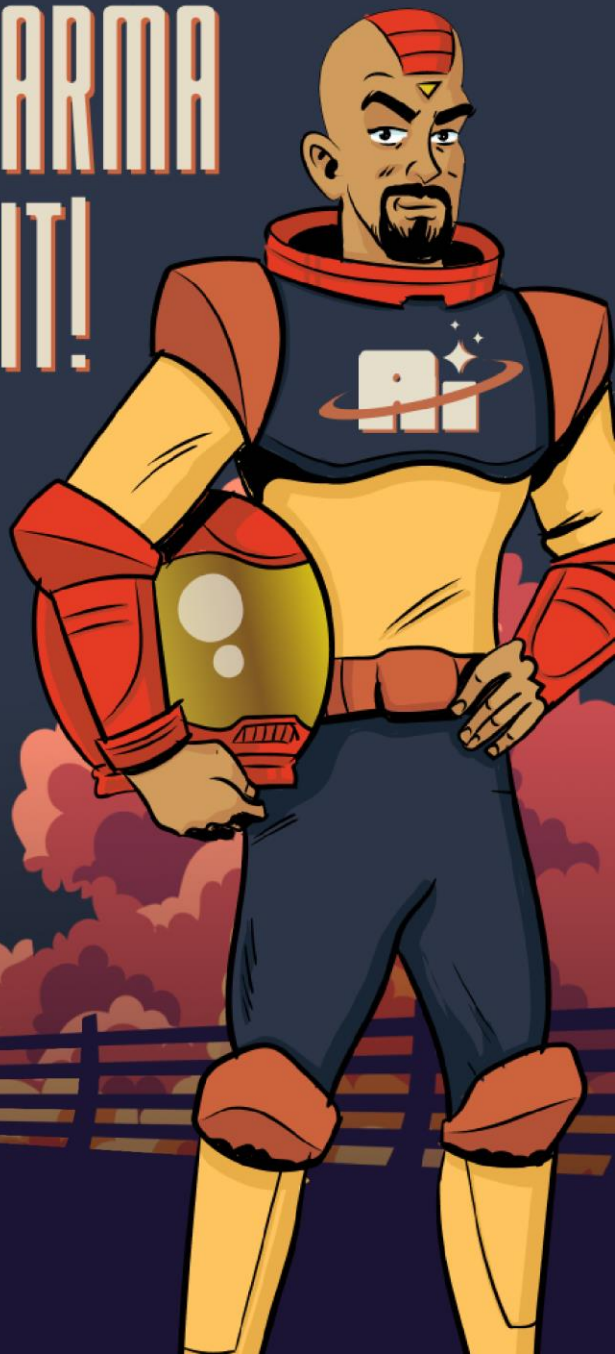
ADVENTURES IN PHARMA

Brought to you by

CAMINO



On 1 July 2025, nearly 120 pioneers gathered for Adventures In Pharma. Our mission was clear: trade passive listening for active AI quest-building.

What began as a roomful of strangers ended as a connected network of mission co-pilots. Our expert Adventures Crew inspired mixed-discipline teams to fan out across our galactic map, imagining – then blueprinting – how AI could unlock entirely new modes of discovery, engagement and evidence generation. Together we sparked big, pragmatic ideas and built bridges to cross-functional worlds, all with AI in mind.

This is your mission report. Dive in to relive the best thinking of the day, note down each mission's highlights, and take new ideas back to your colleagues. If a concept here lights a fire, reach out – we're already charting the next mission and there's always room on the crew. Let's turn inspiration into action.

Pass it on – knowledge likes to travel.

Drop this deck into your company Teams channels, share on socials under #AdventuresInPharma, or ping it to a colleague who still thinks AI is next year's problem.

The more people it reaches, the faster your next Adventure begins.

On to your full Adventures In Pharma mission report – and don't forget to check the back for bonus content!

THE ADVENTURES CREW

Nyambe Sumbwanyambe

Dr Fran Conti-Ramsden

Alex Legg

Christina Busmalis

Matt Lewis

Jess Blackwell

Manuel Mitola

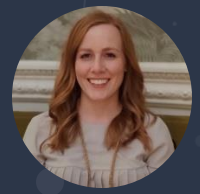
Filippo Sassi

Nicola Millard

James Turnbull

Leonardo D'Ambrosi

Calum Goodwin



Victoria McCaffrey

Tim Batchelor

Ellie Thomas

Stephanie Clapham

Kerstin Wagner

Hank Du

William McCully

WELCOME TO ADVENTURES

James Turnbull & Jess Blackwell, Camino

A RALLYING LAUNCH SEQUENCE THAT POSITIONS AI AS A HERE-AND-NOW OPPORTUNITY

The day blasted off with a reminder that AI is not some distant galaxy. James and Jess set the scene by declaring that "Artificial intelligence isn't light-years away… it's happening now" and inviting delegates to cut through the hype with real-world missions and genuine conversation.

They shared the backstory: a small Camino crew, a huge contact list of "really cool people" and a bold decision to "just put on a conference" so the wider community could hear those stories first-hand.

Finally, they framed the day as a narrative arc – how we got here, where AI is working now and where we can push to next – urging everyone to enjoy the adventure, swap ideas in the breaks and leave able to "ignore the rubbish" and start something on Monday morning.

AI IN HEALTH, CARE AND LIFE SCIENCES POLICY BRIEFING

Ben Howlett, UKAI

A WHISTLE-STOP TOUR OF THE FAST-MOVING UK/EU REGULATORY LANDSCAPE AND WHY PHARMA MUST ENGAGE LAWMAKERS EARLY

Former MP Ben Howlett stepped in at short notice to map the fast-moving UK/EU AI policy scene. He outlined his work giving healthcare organisations a louder voice in Westminster and Washington, stressing the need for life-sciences language to dovetail with NHS priorities rather than create a parallel universe.

Ben urged pharma to influence the government's flagship AI Opportunities Action Plan early if it wants pragmatic guardrails that still leave room for innovation. His global media platforms – from journal *Chamber UK* to Politics Global – are open channels for anyone prepared to offer evidence-based views.

Ben's presence anchored the day in real-world governance rather than blue-sky speculation.

MISSION HIGHLIGHTS

- ✪ The forthcoming AI Opportunities Action Plan will set overall direction on NHS adoption, research funding and data policy
- ✪ Evidence beats lobbying: lawmakers need case studies demonstrating safer, faster or cheaper patient outcomes
- ✪ Recent wins like the world-first NHS AI early-warning system for perinatal harms show potential, although ongoing NHS re-organisation may slow adoption
- ✪ Alignment with NHS priorities, not tech jargon, is key to winning funding and political goodwill
- ✪ Watch Europe's AI Act: its risk-tier model will spill into UK supplier vetting even post-Brexit
- ✪ Ben's open invite: submit evidence-based case studies via journal *Chamber UK* or Politics Global

NHS, National Health Service.

MISSION BRIEFING: CHARTING A COURSE FOR AI IN PHARMA

Christina Busmalis, AO Foundation

A STRATEGIC MAP FROM LEGACY DATA SILOS TO A CONNECTED, PERSONALISED, INTELLIGENT HEALTH ECOSYSTEM

Christina brought decades at IBM, Google and biotech start-ups to sketch a 'connected, personalised, intelligent' future of health where 30% of the world's data – already health related – finally talks to itself instead of languishing in its current messy silos.

The prize is multimodal, secure data underpinning consumer-centred care. She urged leaders to be inquisitive change-champions, noting that generative and agentic AI are pushing innovation straight into the hands of patients. Looking beyond today's process optimisation, Christina spotlighted digital-twin R&D: running *in silico* trials first to slash failure rates, costs and recruitment pain.

Her takeaway: move fast, integrate fearlessly and reward safe experimentation – because transformation, not tinkering, is the real mission.

MISSION HIGHLIGHTS

- Health already generates 30% of global data; the gold lies in integrating EHR, imaging and real-world streams
- Generative and agentic AI have the potential to streamline healthcare through personalised interactions with patients
- Digital twins can weed out poor drug candidates early, lowering failure rates and speeding time to market
- AI must transform, not just optimise. Real change means rethinking healthcare models, with better outcomes as the focus
- Leaders should nurture inquisitive, change-ready champions and reward safe experimentation

EHR, electronic health record; R&D, research and development.

LIFT OFF: PRACTICAL USE OF AI TODAY

Manuel Mitola, ctcHealth, & James Turnbull, Camino

HOW TO TURN A PROMISING MODEL INTO A PRODUCTION-READY TOOL THROUGH CONTEXT ENGINEERING AND RAPID ITERATION

Manuel demystified 'context engineering', showing that great outcomes come less from clever prompts and more from feeding LLMs the right context and data, defining ground-truth metrics and iterating in short, time-boxed sprints.

He and James shared the mantra 'start small, test, learn, scale': pick a pain-point, involve end-users early and treat evaluation as code – if you can't measure, you can't optimise. Early prototypes may look 'sweet' but rapid evolution follows disciplined feedback loops.

Their takeaway: secure enterprise environments and hands-on pilots beat endless white papers. Adoption flows when teams see the metrics and the value for themselves.

MISSION HIGHLIGHTS

- Treat the model like a keen intern: break work into atomic tasks and refine outputs through feedback loops
- Ground-truth datasets and repeatable evaluation pipelines trump clever prompt templates for long-term accuracy
- Model selection is task-specific – test GPT-4, Claude 3 and Gemini against your KPIs before locking in
- Enterprise sandboxes keep confidential data safe while letting staff experiment freely
- Time-boxed sprints force momentum and keep stakeholders engaged
- Always finish with human review – unchecked output becomes 'AI slop'
- Adoption = trust: share clear accuracy metrics so sceptics see progress

KPI, key performance indicator; LLM, large language model.

NAVIGATING THE AI SOLAR SYSTEM: CASE STUDIES

Calum Goodwin, Encephalitis International, & Filippo Sassi, Version 1

A CHARITY–TECH PARTNERSHIP THAT TRANSFORMS NEUROLOGICAL JARGON INTO PATIENT-FRIENDLY, MULTILINGUAL GUIDANCE

Encephalitis International's Calum admitted he's a fundraiser, not a technologist, yet AI is now integral to his charity's mission. Partnering with Filippo's Version 1 AI Lab, they built a multilingual, readability-tuned content engine (GRACE) that translates, simplifies and personalises information on a complex brain inflammation condition affecting 6,000 UK patients annually. Survivors are often left with memory or comprehension challenges – precisely the audience traditional leaflets fail.

By automating translation and simplified language checks, staff can focus on human support while ensuring every family gets clear, culturally sensitive guidance at diagnosis, not months later.

MISSION HIGHLIGHTS

- Combines AI translation with simplified language, ensuring cognitively impaired readers aren't left behind
- Translators now focus on nuance and cultural sensitivity, not brute-force first drafts
- Automated workflow slashed time and expense, freeing resources for direct patient support and advocacy
- Metrics matter: readability scores, click-through rates and helpline call reductions prove impact to funders
- Demonstrates that 'AI for good' isn't a slogan – it's measurable, mission-critical output

NAVIGATING THE AI SOLAR SYSTEM: CASE STUDIES

Leonardo D'Ambrosi, Bayer

SELF-SERVE ANALYTICS THAT ANSWER REAL-WORLD DATA QUESTIONS BEFORE YOUR COFFEE GETS COLD

Leonardo explored AI's role in real-world evidence at Bayer, focusing on synthetic datasets that accelerate trials without compromising rigour. Their text-first AI assistant detects entities, auto-builds phenotypes, writes the SQL, creates the cohort and visualises results, slashing the effort of data-wrangling from months to minutes.

Success came by 'not swallowing the elephant': tackle one pain-step at a time, build evaluation ground-truths, value context over clever prompts, and keep users in the loop.

Leonardo argued that AI like this augments critical thinking rather than replacing it, freeing brains for higher-value work, provided organisations consciously carve out time for reflection.

MISSION HIGHLIGHTS

- Natural-language interface builds study cohorts, flags confounders and creates the code to access the data
- Turnaround reduction from weeks/months to minutes frees statisticians for design thinking rather than data wrangling
- Synthetic patients enable scenario testing before costly live recruitment – huge for rare diseases
- Planned next step: integrate real-time dashboards so MAF can interrogate data on the fly
- Core philosophy: AI augments expert reasoning; it never eliminates the need for clinical judgment
- There will come a tipping-point where *in silico* validation gives companies 'very high confidence' before first-in-human studies, reshaping the entire Phase I–III paradigm

MAF, medical affairs; SQL, structured query language.

NAVIGATING THE AI SOLAR SYSTEM: CASE STUDIES

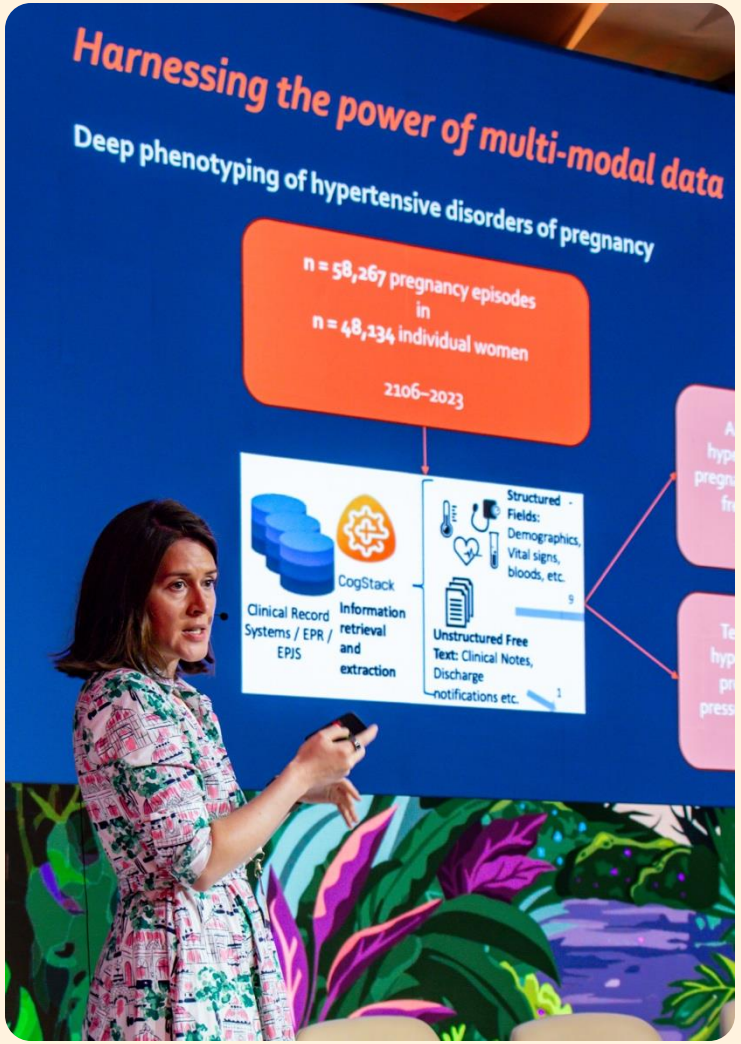
Dr Fran Conti-Ramsden, King's College London

NHS COGSTACK SHOWS HOW NLP CAN MINE UNSTRUCTURED NOTES TO IMPROVE PERINATAL RISK PREDICTION

Fran showed how King's College London's CogStack data-lake unlocks messy, multimodal NHS records with embedded NLP, turning free-text radiology notes and clinic letters into research-ready insights at scale.

CogStack has already flagged 3000+ vascular scans, uncovering >500 patients who missed genetics referrals, with a 25% mutation-positive yield. Real-time prototypes now decide whether the next CT scan warrants testing. In women's health, Fran's team has deep-phenotyped 58,000 pregnancies to build dynamic postpartum-risk models, launching this year.

Early wins replace manual note-trawls, expose diagnostic bias and keep sensitive data safely on-site – proof that clinician-guided AI can surface hidden patterns without compromising trust.



MISSION HIGHLIGHTS

- Hybrid NLP stack maps synonyms and local jargon to SNOMED codes with clinician-in-the-loop validation
- Early pilots show that NLP dramatically reduces manual review time, freeing time for patient care
- Data remains inside NHS firewalls, satisfying governance rules
- Clinicians armed with domain expertise and AI tooling can surface patterns that would stay buried, improving care while safeguarding patient privacy
- Vision: extend to imaging reports and pathology free-text for a 360° patient view, with dynamic risk prediction

CT, computed tomography; NHS, National Health Service; NLP, natural language processing; SNOMED, Systematized Nomenclature of Medicine.

NAVIGATING THE AI SOLAR SYSTEM: CASE STUDIES

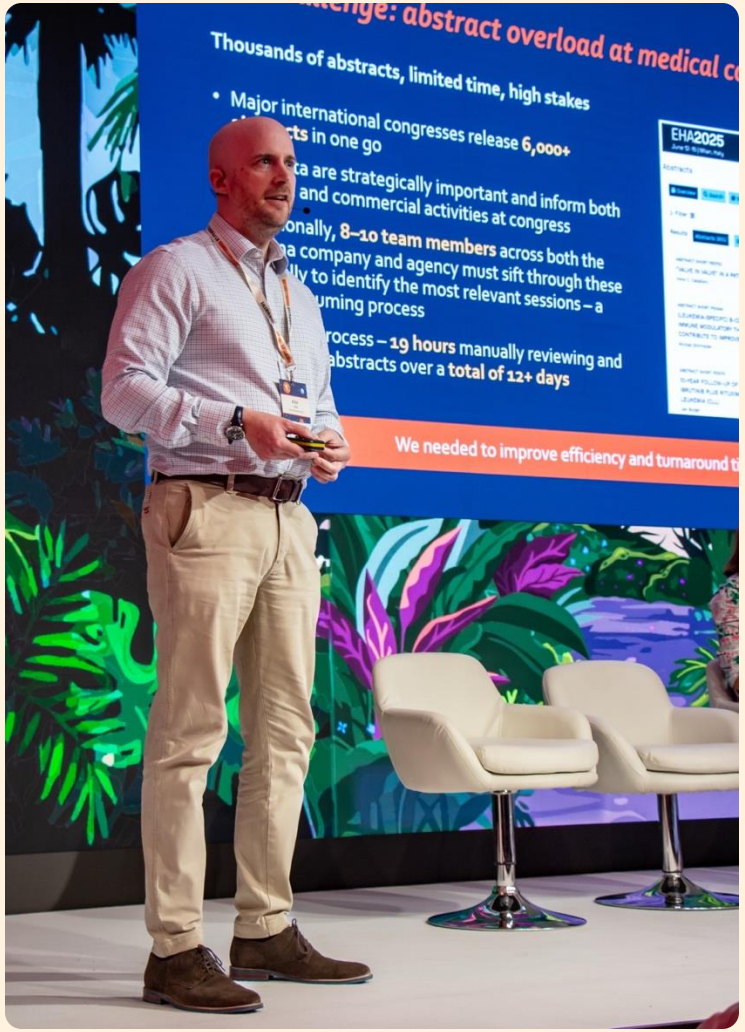
Alex Legg, Jazz Pharmaceuticals

AI TRIAGES THOUSANDS OF SCIENTIFIC ABSTRACTS SO MSLs CAN FOCUS ON HIGH-VALUE INSIGHTS

Drawing on experience at Jazz Pharmaceuticals, Alex argued that AI's biggest impact often lies in the 'boring stuff': parsing thousands of congress abstracts overnight and reducing human review to 2 hours, so experts can spend time on strategy, not manual sifting.

Teams that start with small, repetitive tasks build confidence, master compliance guardrails and deliver quick wins that fund the next pilot – a smarter route than chasing billion-dollar moon-shots.

His rule of thumb: if a process steals creative energy, let the algorithm have it – and measure the human bandwidth you get back.



MISSION HIGHLIGHTS

- Workload ratio flipped from 50:50 to 90:10 AI:human within three pilot cycles
- Success is measured in decisions accelerated, not pages processed
- Lessons learned: start small, iterate, and choose vendors with real expertise
- The original tool is now expanding to become an interactive dashboard that can be used to monitor and interrogate insights live from the congress

MSL, medical science liaison; NLP, natural language processing.

NAVIGATING THE AI SOLAR SYSTEM: CASE STUDIES

Panel discussion

FIVE AI PRACTITIONERS COMPARED FLIGHT LOGS AND AGREED THAT ADOPTION BEATS PERFECTION EVERYTIME

Chaired by Ellie Thomas from Camino, Calum, Filippo, Leonardo, Fran and Alex compared notes on scaling up AI pilots and making sure they do a real job. Inclusion surfaced as a moral and strategic imperative: AI can widen or narrow health gaps depending on whose voices shape datasets and design choices.

They urged delegates to bake inclusive design checks – e.g. dyslexia reviewers and culturally sensitive wording – into every pilot from day one, because 'budget or practicality' is no excuse when the tools are now cheap and fast.

Success stories all shared a common thread: intentional change-management that prepares people for new workflows rather than dropping 'shiny tools' and hoping for adoption.

MISSION HIGHLIGHTS

- Start small, test, learn, scale – adoption matters more than chasing 99% accuracy
- Inclusive-design checks (e.g. dyslexia reviewers) were built into pilots and well received
- Human-in-the-loop remains non-negotiable – every use case still needs expert checks
- Expect early scepticism; numbers and quick wins convert doubters
- Success stories all paired pilots with hard evaluation metrics – share these openly to build organisational appetite for the next pilot
- Internal champions can accelerate scale-up far more than top-down mandates

EXPLORING NEW WORLDS: UNCOVERING USE CASES FOR PHARMA

All Adventurers

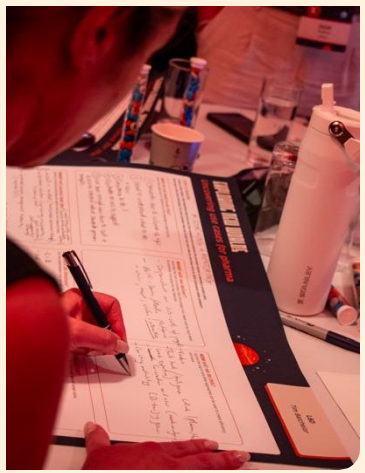
IN JUST ONE ACTION-PACKED HOUR, QUEST CREWS SKETCHED A MAP OF AI PILOT PROJECTS

Boldly led by Tim Batchelor (IPSEN), Stephanie Clapham (consultant), Manuel Mitola (ctcHealth), Victoria McCaffrey (J&J), Kerstin Wagner (Kenvue), Alex Legg (Jazz Pharmaceuticals), and William McCully and Hank Du (AITHENA), the midday workshop shifted the conference from show-and-tell to hands-on creation.

Guided by templates, each group took a different focus, from learning & development through to congress experience, medical affairs, data insights and marketing.

The result was a shared ideas bank that any attendee can mine for pilots – complete with MVP steps, support-team calls-to-action and 'where next' suggestions.

A dedicated 'Quest Map' report captures detailed plans – if you haven't received yours, email adventures@caminocomms.com.



MISSIONS IDENTIFIED

- **Omnichannel AI Journey Orchestrator**
  Live customer signals drive smarter content choices, boosting satisfaction, speed and ROI
- **AI Knowledge Forge**
  Source-cited insights to cut review cycles and free experts to chase the next breakthrough
- **Congress Pathfinder**
  Overnight briefs turning conference intel into sharper on-site impact and follow-up wins
- **AI Coaching Platform**
  Continuous, data-driven coaching that slashes ramp-up time and scales mentorship
- **Medical Field Insight Synthesiser**
  Action cards to speed evidence flow and strengthen MSL–HCP partnerships
- **Marketing Insight Reactor**
  AI distils data chaos into crystal-clear, first-mover campaign advantages

HCP, healthcare professional; MSL, medical science liaison; MVP, minimum viable product; ROI, return on investment.

THE NEXT FRONTIER FOR AI IN PHARMA

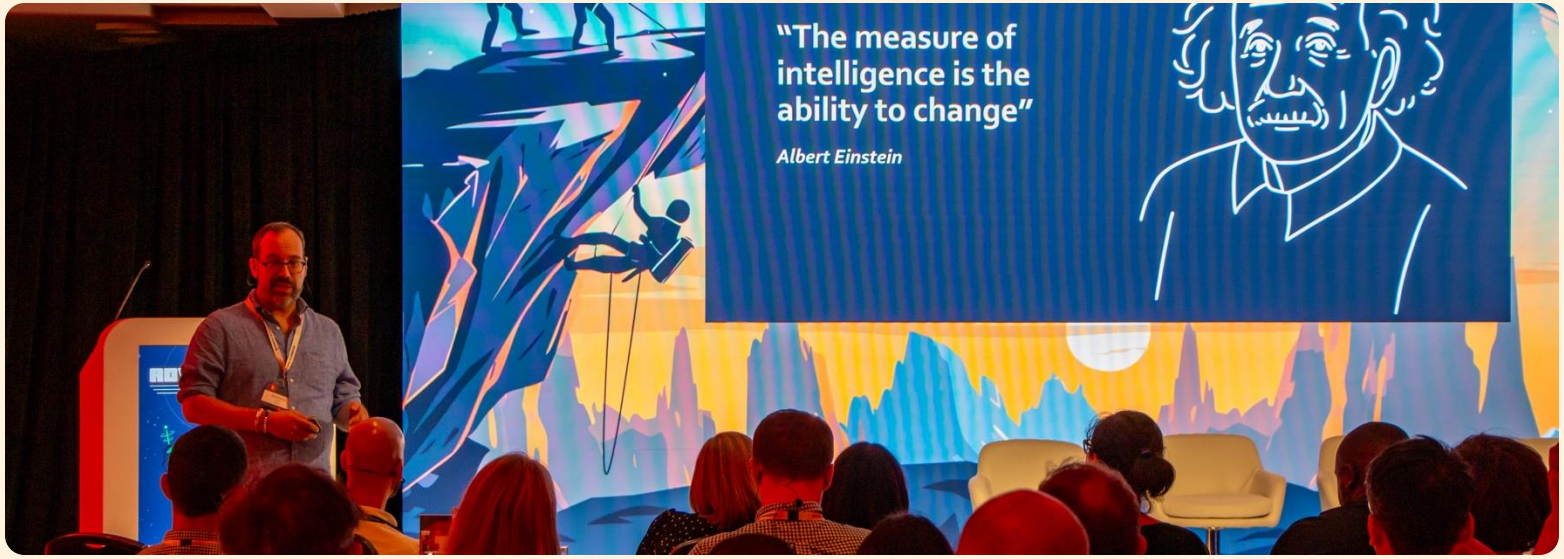
Matt Lewis, LLMental

STOP BUILDING GIANT IN-HOUSE LLMs; REAL VALUE COMES FROM RAPID, HIGH-IMPACT PARTNERSHIPS

Matt invited delegates to close their eyes and picture the 2025 world they imagined as kids – flying cars optional – then reminded them that a billion possible futures are still unwritten.

He introduced the 'brain-capital' thesis: when mental wellbeing and an abundance mindset converge to treat AI like a thought partner, life-sciences teams can solve problems once deemed science fiction.

Instead of spending fortunes on proprietary models, he urged life-sciences teams – starting with the C-suite – to get hands-on with best-in-class platforms, build a small GPT of their own and iterate. Value flows from applied imagination, not petabyte burn.



MISSION HIGHLIGHTS

- 'Brain-capital' grows when healthy, curious minds pair creative freedom with capable AI co-pilots
- Home-grown LLMs burn budgets unless you have unique data at massive scale
- AI + human intelligence can lower stress and burnout by skyrocketing productivity; 1 human + AI ≈ 7 humans
- Measure success in decisions accelerated and engagement lifted, not parameter counts
- Prompt tip: anthropomorphise your co-pilot – treat it like a colleague for richer outputs
- Mandate to C-suite: every leader needs ≥10h hands-on with GenAI and a personal GPT

LLM, large language model; ROI, return on investment.

THE NEXT FRONTIER FOR AI IN PHARMA

Dr Nicola Millard, BT

GENERATIVE AI CAN DIMINISH CRITICAL THINKING UNLESS WE TEACH PEOPLE TO THINK WITH THE MODEL, NOT DEFER TO IT

Nicola, BT's former 'futurologist', warned that over-reliance on AI can shrink creativity and working-memory – she cited a study where 80% of users never checked the output. Drawing on Moravec's paradox and a chilling autopilot crash story, she argued that success lies in augmentation: let AI handle onerous tasks while humans exercise judgement.

Yet the upside is huge when organisations hit the sweet-spot, where each party is 'brilliant': AI summarises, humans strategise.

Nicola urged universities and businesses alike to adopt open AI-use policies and embed reflection prompts so staff keep their cognitive edge.

MISSION HIGHLIGHTS

- Universities now require students to declare AI use, normalising openness over prohibition
- Metacognitive 'laziness' emerges when people never interrogate model outputs; build in reflection prompts
- Sweet-spot is clear: humans strategise and judge; machines summarise and suggest
- Real-world trials in BT contact centres show AI boosts novice productivity but can hinder seasoned experts unless reflection prompts are built in
- Organisations should measure how employees collaborate with AI. Over-reliance can sap creativity – teams need room to experiment and reflect

THE NEXT FRONTIER FOR AI IN PHARMA

Panel discussion

A CHAT ON BALANCING EXPERIMENTATION WITH GUARDRAILS AND JUDGING AI BY ADOPTION, NOT NOVELTY

Matt and Nicola's joint Q&A reframed 'hallucination' as a feature: LLMs widen the aperture of possibility to 'a million ideas' – experts then judge which matter for patients.

Nicola highlighted concerns about how machines now handle the 'bottom-rung' grunt work, but that breaks the learning ladder. Where will tomorrow's experts come from if we don't keep foundational skills alive, so we can practise the basics, test the tech, and spot hallucinations?

Both agreed the challenge is cultural: reward curiosity, embed guardrails and treat the model as a thought-partner, not an oracle.

MISSION HIGHLIGHTS

- Hallucinations widen the idea aperture; experts decide what sticks
- Measure success in active use and time saved, not headline novelties
- Guardrails must be kept under review: document assumptions and adjust policies as needed
- Upskilling means reflection prompts and critical-thinking drills, not just tech courses
- Declare and discuss AI use (as universities do) rather than banning it, to track skills as well as speed and prevent 'AI slop'

LLM, large language model.

APPROPRIATE INTELLIGENCE: THE HUMAN IMPACT OF AI ADVANCES

Panel discussion

FOUR LEADERS EXPLORED HOW AI CAN WIDEN OR CLOSE HEALTH GAPS DEPENDING ON WHOSE VOICES SHAPE IT

This closing discussion tackled the human impact head-on. Nyambe Sumbwanyambe, a champion of employee development and inclusion who joined for the discussion, argued that AI can amplify inequity unless teams intentionally design for voice, diversity and access at every step.

Panellists stressed that change management must start before automation; free time created by AI shouldn't be filled with more busywork, but reinvested in patient interaction and upskilling.

Live captioning, multilingual outputs and low-vision modes are easy wins that broaden access and widen who can benefit from AI.

MISSION HIGHLIGHTS

- Bias is measurable: track model performance with drug-level rigour and act on disparities
- Reinvest saved time in staff development and patient interaction
- Live captioning, multilingual interfaces and adaptive modes are easy wins with big impact
- Build ethics and AI know-how into governance early; regulation is racing ahead (EU AI Act, NHS guidance)
- Small charities and under-resourced teams need partnerships to avoid being left behind
- True equity demands continual vigilance; complacency kills inclusivity

NHS, National Health Service.

FINAL TRANSMISSION

James Turnbull & Jess Blackwell, Camino

JAMES TURNBULL AND JESS BLACKWELL CLOSED THE DAY WITH RAPID THANKS, A SOCIAL CALL-TO-ACTION AND A REMINDER THAT THE REAL MISSION BEGINS BACK AT YOUR DESK

After running through a roll-call of sponsors, organisers and charity partners, James and Jess asked delegates to snap photos, post them and send blunt feedback – because next year's event is not guaranteed without it.

To prove that generative models still struggle with humour, James read the crowd-sourced winners: "Why don't aliens visit our solar system? They read the reviews – only one star," and the room's favourite, "How do astronauts throw a party? They plan-et well in advance." Drinks, music and gift bags awaited outside – fuel for the next AI adventure.

MISSION HIGHLIGHTS

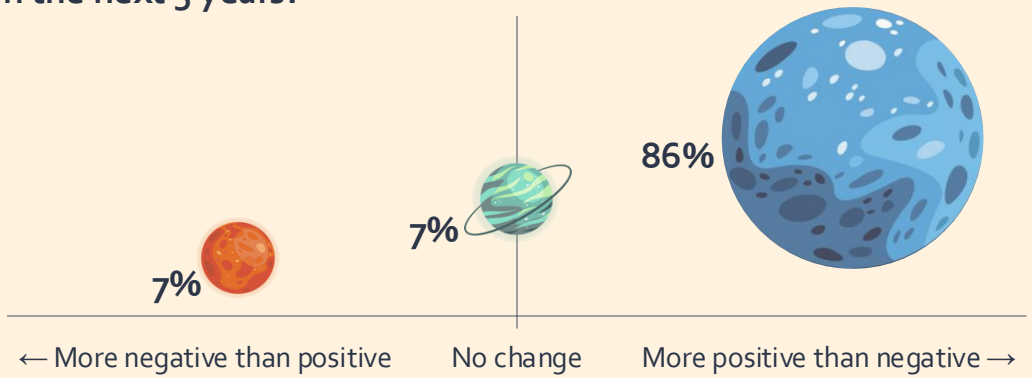
- Prototype fast, learn faster – take one concrete idea back to work and test it
- Keep the community alive: share photos and feedback so Camino can decide on future events
- Evidence beats hype; success stories in your organisation will persuade more than any keynote.
- Remember: even space jokes show AI's limits. Human creativity still matters

ADVENTURES IN PHARMA

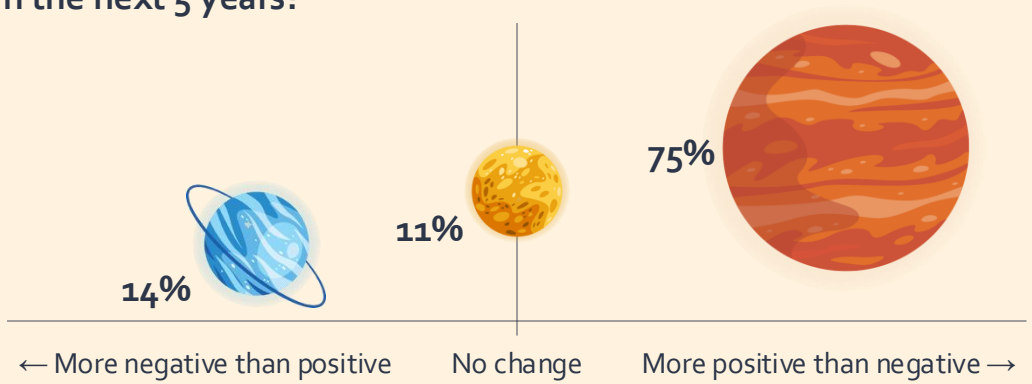
BONUS CONTENT!

WE ASKED OUR ADVENTURERS...

What is the most likely impact of AI on healthcare in the next 5 years?



What is the most likely impact of AI on human society in the next 5 years?



Planets drawn to scale of the responses.

SECOND WAVE: ANSWERS FROM THE OUTPOST

Speakers answer questions not addressed on the day

LEONARDO D'AMBROSI

Q: *How have you used AI on real-world data (RWD) and worked with medical/regulatory/ compliance teams?*
A: His group applies advanced AI/ML to large RWD sources (EHRs, claims) to map the patient journey and uncover unmet needs. They partner closely with clinical and medical colleagues to frame the right questions and provide evidence that shapes trial design and new-indication scouting, thereby de-risking programmes and accelerating time to market.

Q: *Can AI-driven RWD ever replace clinical trials?*
A: Not yet. AI tools such as synthetic control arms, digital twins and data-driven recruitment already shorten trials and reduce participant burden, and can substitute for portions of a study in rare or ethically sensitive cases. But full replacement still requires validation in real-world outcomes and rigorous regulatory review.

DR NICOLA MILLARD

Q: *Preliminary data suggest AI use may erode critical thinking; how do we prevent that?*
A: Humans are prone to over-trust automation. AI should create space for higher-value reflection, yet often just increases 'busyness'. Organisations must actively schedule time for thinking and embed critical-thinking skills across education if we want technology to augment, not dull, cognition.

Q: *Is AI sentient now, or could it become so?*
A: Today's systems are not sentient – they simulate cognition but feel nothing. True sentience would require codifying 'feelings and sensations', which remains extraordinarily hard; while the future can't be ruled out, no pathway is currently evident.

FILIPPO SASSI

Q: *Does the GRACE system save individual text simplifications?*
A: Not currently, but the feature could be enabled; all document translations are already stored.

Q: *When are avatars useful in applications?*
A: It depends on context; for instance, letting museum-app users pick both language and persona (avatar) has proved highly effective for accessibility at Bletchley Park.

EHR, electronic health record; ML, machine learning; RWD, real-world data.

SECOND WAVE: ANSWERS FROM THE OUTPOST

Speakers answer questions not addressed on the day

DR FRAN CONTI-RAMSDEN

Q: *Could AI help break down silos in a fragmented NHS?*
A: Potentially – e.g., automating cross-specialty communication and referral pathways – but success hinges on solving real clinical problems and winning user adoption, which remains the bigger bottleneck.

Q: *Plans to take CogStack beyond the UK?*
A: Yes; the open-source platform is already live in regions such as Australia and Thailand.

Q: *Guardrails for accurate extraction from free-text notes?*
A: MedCAT/MetaCAT NLP models are fine-tuned with clinician-annotated data, then evaluated on held-out test sets before large-scale deployment.

Q: *How to tackle patient loss to follow-up once an AI flags risk?*
A: Engage stakeholders early, understand drivers of healthcare use, and co-design follow-up workflows around their needs.

Q: *Consequences of model errors and acceptable false-positive rates?*
A: Tolerances vary by use-case (screening vs diagnosis). Many projects keep a clinician-in-the-loop – for example, geneticists review high-risk cardiac cases before contacting patients.

Q: *Will identifying more eligible patients overwhelm NHS capacity?*
A: Unknown; modelling suggests that preventing catastrophic events (e.g., sudden cardiac death in young adults) could offset resource demands, but formal health-economic evaluation is required.

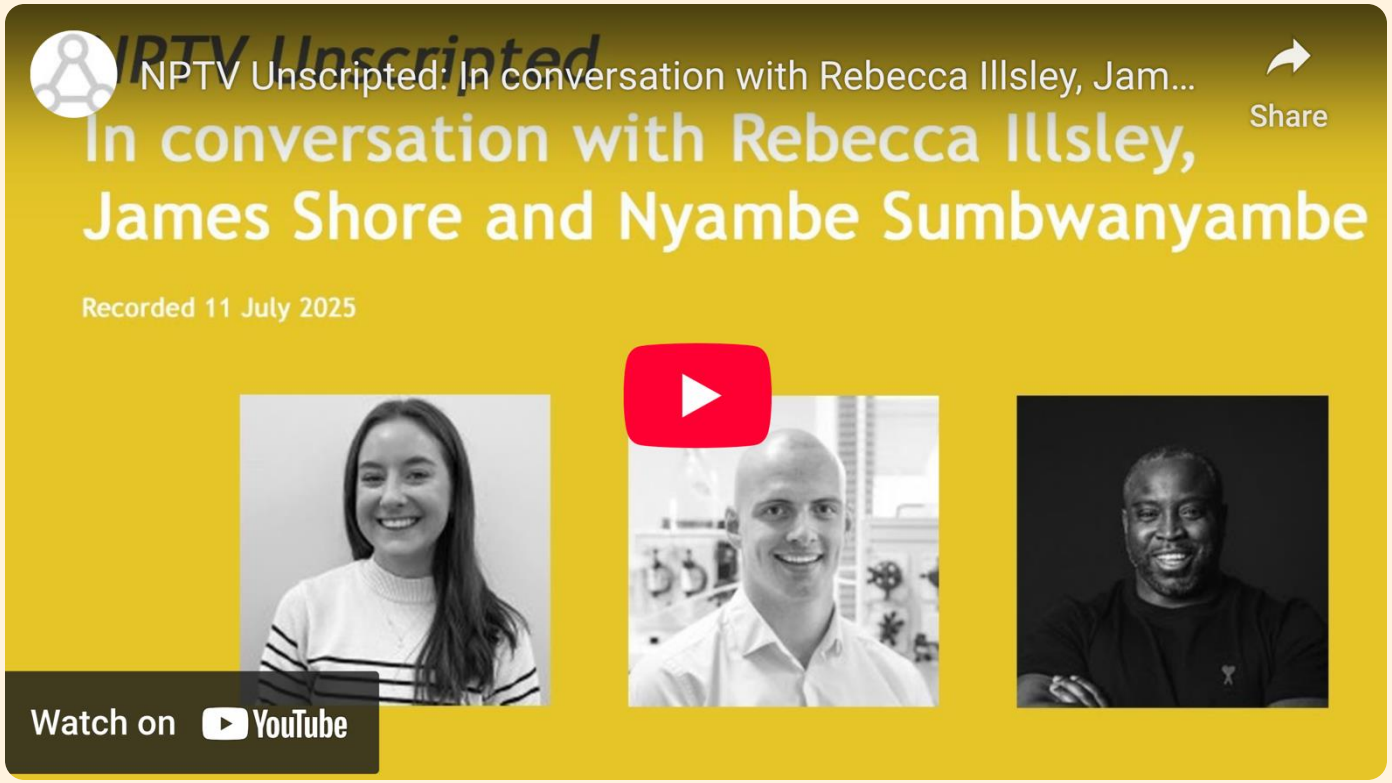
NHS, National Health Service; NLP, natural language processing.

NPTV UNSCRIPTED LOOKS BACK AT WHAT WE LEARNT

MISSED IT? OR MISSING IT? CHECK OUT REFLECTIONS OF THE EVENT FROM OUR PARTNER, NETWORKPHARMA.TV

Reflections on Adventures In Pharma from attendees Peter Llewellyn (NetworkPharma.tv), James Shore (J&J), speaker Nyambe Sumbwanyambe (The Black Sherpa), and organiser Becky Illsley (Camino), in an NPTV Unscripted conversation.

Watch on NetworkPharma.tv or Youtube.



"ADVENTURES IN PHARMA 2025 WAS SOMETHING SPECIAL."

How would you rate your overall experience at Adventures In Pharma?

Based on what you have learned today, what will you implement going forward?

"Embrace, experiment."

"It has started me on a journey to learning more about AI and how we could use it."

"It was a really brilliant event and great to hear different perspectives and use cases of AI."

"Loads."

"Honestly too much to write down – I enjoyed the case studies and hope that we can implement more to streamline initiatives."

"So many things! Better prompting for one."

"Get stuck in with AI – don't wait to know everything."

Any other comments?

"My most favourite day for a very long time."

"Such a great day out and so many great people in one place."

"I really did have a brilliant day – one full of great conversations, inspiring knowledge acquisition and smiles."

"Excellent day, learnt so much, too much to mention."

"It was a great experience indeed!!"

"It was brilliant, and the agenda was incredibly relevant and insightful. If this event is held again next year, I will definitely be attending."

If Adventures takes place in 2026, would you attend again?

Until our next Adventure…

THANK YOU TO OUR PARTNERS

ADVENTURES IN PHARMA

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Got an adventure that might benefit from some AI sparkle?
Get in touch – we'd love to chat!

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