

Public Seminar Presentation

# AI-Accelerated Biological Discovery

## Model Quantifying the Future of Drug Development

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Version 1.1 — Expert-Reviewed Parameters

January 2026

# Presentation Outline

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## Problem Statement

Why drug development needs transformation

2

## The Model Framework

10-stage pipeline and mathematical foundation

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## Key Parameters

AI growth, saturation, and stage characteristics

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## Scenario Results

Pessimistic to optimistic projections

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## Key Findings

Bottlenecks, sensitivity, and policy implications

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## Conclusion & Future Work

Limitations and next steps

# The Drug Development Crisis

**10-15 Years**

Average time from discovery to market

**\$2.6 Billion**

Average cost to develop a single drug

**~5%**

Overall success rate from Phase I

## The Core Question

How much can AI accelerate this pipeline? Which stages benefit most? What are the bottlenecks?

# 10-Stage Drug Development Pipeline



■ Computational (high AI leverage)

■ Physical (limited AI leverage)

■ Regulatory (policy constrained)

□ Primary Bottleneck

Key Insight: Phase II trials (S7) remain the dominant bottleneck throughout the simulation. Even with 100x AI improvement in computational stages, physical/regulatory constraints limit overall acceleration to ~2.8x.

# Mathematical Foundation

## 1. Logistic AI Growth (v1.1)

$$A(t) = A_{\max} / (1 + (A_{\max} - 1) \cdot e^{-(g(t-2024))})$$

A<sub>max</sub> = ceiling (100x), g = growth rate (0.3-0.7/yr)

## 2. Saturation Multiplier

$$M_i(t) = 1 + (M_{\max,i} - 1) \cdot (1 - A(t)^{-k_i})$$

M<sub>max</sub> = max speedup, k = saturation rate

## 3. Effective Service Rate

$$\mu_{i,\text{eff}}(t) = (12/\tau_i) \cdot M_i(t) \cdot p_i$$

$\tau$  = duration (months), p = success probability

## 4. System Throughput

$$\Theta(t) = \min\{\mu_{i,\text{eff}}(t)\} \text{ for all stages } i$$

Bottleneck determines overall speed

## 5. Progress Rate

$$R(t) = \Theta(t) / \Theta(2024)$$

Speedup relative to 2024

## 6. Cumulative Progress

$$Y(T) = \int R(t) dt \text{ from 2024 to } T$$

Equivalent years of progress

Interpretation: If Y(2050) = 74, that means 26 calendar years (2024→2050) produce the equivalent of 74 years of traditional scientific progress—a 2.8x acceleration.

# Scenario Results: 2024→2050

PESSIMISTIC

**2.0×**

~51 equiv. years

$g = 0.30/\text{year}$

BASELINE

**2.8×**

~74 equiv. years

$g = 0.50/\text{year}$

OPTIMISTIC

**4.1×**

~106 equiv. years

$g = 0.70/\text{year}$

AI WINTER

**2.3×**

~59 equiv. years

15% probability

Key Insight: Even the optimistic scenario (4.1×) falls far short of the theoretical maximum (~10×) because clinical trial stages have inherent physical and regulatory constraints that AI cannot fully overcome.

 Monte Carlo 80% CI: [2.0×, 4.1×] by 2050



Sobol Index: AI growth rate explains ~85% of variance

# Bottleneck Analysis: Why Clinical Trials Dominate

## Phase II (S7) - The Persistent Bottleneck

**24**

months

**33%**

success

**2.8×**

max AI

## Why AI Can't Fix This

### Human Biology

Patients respond on biological timescales

### Safety Requirements

Regulatory observation periods mandatory

### Dose Escalation

Sequential testing is irreducible

### Patient Recruitment

Enrollment has inherent rate limits

## Mathematical Explanation:

$$\mu_{\text{eff}}(S7) = (12/24) \times 0.33 \times 2.8 = 0.46 \text{ at max}$$

$$\mu_{\text{eff}}(S4) = (12/2) \times 0.95 \times 100 = 570 \text{ at max}$$

Ratio: S4 is 1,200× faster than S7!

**Key Finding:** The bottleneck remains at Phase II throughout the entire 2024-2050 simulation period, regardless of scenario. Even with transformative AI in early stages, clinical trial constraints limit overall acceleration.

# v1.1: Expert-Reviewed Parameters

Implements 10 P1 (Critical) and 8 P2 (Important) fixes from 15-expert simulated review

## Critical Fixes (P1)

P1-4 Wet Lab M\_max: 5.0 → 2.5

P1-5 Regulatory Floor: 6-month minimum

P1-6 Logistic AI Growth with ceiling

P1-7 AI Winter Scenario: 15% probability

P2-18 S1 p\_success: 0.95 → 0.40

## Important Fixes (P2)

P2-11 Bootstrap CIs: 1000 samples, 90% CI

P2-12 Disease-specific Phase II M\_max

P2-13 Manufacturing constraints

P2-16 QALY Range: \$50K-\$200K

P2-17 Vaccine Pathway (COVID precedent)

Net Impact: v1.1 results are ~20-30% more conservative than v1.0, with 2x wider confidence intervals. This reflects greater epistemic humility about future AI capabilities and biological constraints.

Note: Expert review was AI-simulated using Claude (Anthropic)

# Policy Implications

## High Impact Interventions

### Clinical Trial Reform

Adaptive designs, surrogate endpoints

### Regulatory Modernization

Accelerated pathways, rolling submissions

### Phase II Innovations

Biomarker-driven patient selection

## Lower Impact (Surprisingly)

### More AI for Early Stages

Diminishing returns when bottleneck elsewhere

### Faster Data Analysis

S4 already saturates at 100x

### Hypothesis Generation

Quality > quantity (40% success)

Key Policy Insight: "Investments in AI for early-stage research yield diminishing returns while clinical trial reform could have outsized impact on overall pipeline throughput."

Phase II M<sub>max</sub>: 2.8 → 4.0x  
System: 2.8 → 3.6x

Regulatory floor: 6 → 3mo  
System: 2.8 → 2.9x

S4 M<sub>max</sub>: 100 → 200x  
System: 2.8 → 2.8x (no change)

# Limitations and Caveats

## Model Limitations

### AI-Simulated Expert Review

Not validated by real domain experts

### Aggregate Treatment

Single pipeline; real-world is heterogeneous

### Parameter Uncertainty

M\_max values are theoretical estimates

### Steady-State Assumption

Ignores transient dynamics

## What We Did Right

### Transparent Methodology

All parameters documented with sources

### Calibrated Uncertainty

2x wider CIs; AI Winter captures tail risk

### Conservative Estimates

Physical constraints explicitly modeled

### Sensitivity Analysis

Sobol indices identify key parameters

Recommended Next Steps: (1) Real expert panel validation, (2) Disease-specific models, (3) Monte Carlo on all parameters, (4) Integration with economic models for cost-benefit analysis.

# Key Takeaways



## 2.0-4.1× Acceleration

By 2050, AI could compress 26 years into 51-106 equivalent years (80% CI)



## Bottlenecks Persist

Phase II trials remain rate-limiting; biological constraints cap AI's impact



## Policy Focus

Clinical trial reform offers higher leverage than more AI in early stages

"AI is a powerful tool for drug development acceleration, but it works best when we focus on the bottlenecks—not just the stages where AI excels."

Model

**v1.1**

Stages

**10**

Baseline

**2.8×**

Bottleneck

**Phase II**

# Thank You

## Questions & Discussion

### Resources & Links

Interactive Demo  
[EXPLANATION\\_SIMPLE.html](#)

Website  
[jang1563.github.io](#)

Documentation  
[PROJECT\\_BIBLE.md](#)

Note: Expert review was AI-simulated using Claude (Anthropic)