## Speakers

## Jenni Pickett, PhD

*Yseop, Medical Writing Customer Success Director; Apex, NC*

*AMWA Carolinas Chapter Immediate Past President*

## Sonya Dave, PhD

*North End Advisory, Director of Medical Writing; Smyrna, GA*

## Ravi Ramachandran, PhD

*Peer AI, Co-Founder & CSO; Boston, MA*

## By Madelyn Mauterer, PhD

*On May 16th, Drs. Jenni Pickett, Sonya Dave, and Ravi Ramachandran each presented an overview of recent advances in AI and summarized how medical writing AI platforms assist writers.*

In recent years, the popularity of Artificial Intelligence (AI) and the number of available generative AI (GenAI) tools have both grown exponentially. While most mass-market AI software is easily accessible and can automate many routine tasks, publicly available AI tools can also jeopardize the confidentiality of sensitive content making them ethically and legally inappropriate for data-driven medical writing needs. Many companies are turning instead to private AI software that are closed models equipped with advanced data protection to process confidential information.

In this session, Drs. Pickett, Dave, and Ramachandran each presented how private AI software can benefit medical writing companies and shared their experience developing these models. Each speaker also discussed what medical writers and agencies should consider when choosing an appropriate service provider to develop their specialized AI tools.

Private AI tools are extremely valuable but also expensive and time-consuming to create. To maximize the effectiveness of the final product, it is crucial for potential clients to enter discussions with AI development companies with defined goals and a basic understanding of the benefits and limitations of private AI.

**Some considerations include:**

* Like other types of software, AI can be a cloud-based Software as a Service (SaaS) or a static enterprise software, and the same traditional limitations for each also apply to the AI iterations.
* All AI processes data as “tokens” which are the smallest unit of data the model can read or produce. GenAI tools are built on Large Language Models (LLMs) whose tokens are composed of a set numbers, characters, or words and can vary by model. The number of tokens that can be processed at once (context windows) differ by the GenAI tool and is an important consideration given the length of most medical writing source documents.

Popular LLMs can accommodate approximately 275-400 pages of source content per task. Additionally, Retrieval Augmented Generation (RAG) systems determine which source content is most relevant to the task, so GenAI tools that utilize RAG generally offer outputs with improved accuracy and specificity.

* Data used with certain types of highly accurate AI products must be machine-readable, which doesn’t resemble traditional table, figure, and listing formatting. This automation-friendly data format is embraced by data standards initiatives like the Clinical Data Interchange Standards Consortium (CDISC) Analysis Results Standard (ARS) initiative ([CDISC, 2025](https://www.cdisc.org/standards/foundational/analysis-results-standard)).
* AI is not perfect, especially when citing its references. For example, up to 50% of references generated by both ChatGPT-4 and Gemini have been found to be inaccurate ([Chen & Chen, 2023](https://pmc.ncbi.nlm.nih.gov/articles/PMC10410472/); [Ghanem et al., 2024](https://pmc.ncbi.nlm.nih.gov/articles/PMC11368215/); [Omar et al, 2025](https://www.sciencedirect.com/science/article/pii/S0010482524016305#abs0015)). For publication-focused writing, secure AI tools that emphasize citation accuracy are particularly critical.

In summary, growing pains are inevitable when incorporating AI into medical writing, and it can be challenging to identify and implement the best solution. Users have to decide whether to build their own tools, use specialized medical writing tools, or use software development kits (SDKs) to leverage specialized tools in their own builds.

For those considering private AI software to streamline their medical writing, it is just as important to make well-informed decisions about the nature of the tool as it is to identify the appropriate service provider to create it.

Thank you, Drs. Pickett, Dave, and Ramachandran for making such a relatively daunting topic much more accessible and highlighting specific applications for the use of AI in medical writing.

*Acknowledgements:*

*Thank you, Melissa Growney, MS, and Michaela Price, PhD, for reviewing and editing this report.*