

RB Weekly AI Brief - Issue 21 - 25.08.2026

Covering the week of 25.08.2026 · Issue 21 of the RB Weekly AI Brief

Recurring themes: Regulatory & HTA Signals (3 of last 4 issues) · Regulation & Policy (3 of last 4 issues) · Healthcare & Life Sciences (3 of last 4 issues) · Models & Research (3 of last 4 issues)

AI News Roundup

Regulatory & HTA Signals

NICE Issues Early-Use Guidance on AI Echocardiography for Heart Failure

[IN CASE YOU MISSED IT] NICE published guidance (HTG779) in May 2026 recommending early use of AI-assisted echocardiography analysis to support diagnosis and monitoring of heart failure in the NHS. The committee found AI technologies show good performance for detecting abnormalities compared to human measurements, though they could only demonstrate equivalence — not superiority — to standard echocardiography. The guidance was prompted by significant service pressures, with around 152,000 patients waiting for echocardiography in England as of March 2025.

***So what?** NICE's early-use framework for AI diagnostics is establishing a precedent for evidence standards — including real-world performance data requirements and equivalence thresholds — that pharma and medtech companies developing AI-enabled tools will need to satisfy to gain NHS commissioner support and reimbursement pathways.*

NICE

Regulation & Policy

No qualifying news items identified this week.

Healthcare & Life Sciences

Epic Unveils AI Agent Platform and Predictive Tools at UGM 2026

At its annual Users Group Meeting in Verona, Wisconsin (August 17–20), Epic unveiled a sweeping suite of AI capabilities including Agent Factory — a platform letting health systems deploy over 120 pre-built AI agents or build custom ones without code — alongside Cosmos Curiosity for predictive patient risk analytics and a new AI-native clinical interface called Ergo arriving in November. Nearly 1.5 million clinicians already use AI in Epic each month, and early adopters report measurable gains, with ECU Health saving an estimated 20 hours per week using AI to summarise Transfer Center requests. Epic now commands 43.7% of the acute-care EHR market, giving it significant leverage as it embeds AI across clinical, operational, and administrative workflows.

***So what?** As Epic's AI agents begin automating clinical documentation, prior authorisation, and patient risk stratification at scale, pharma and market access teams must prepare for a shift in how real-world evidence is generated, how HTA bodies receive outcomes data, and how patient pathways — including therapy initiation and adherence — are algorithmically shaped within the dominant EHR ecosystem.*

Fierce Healthcare

Korean AI Endoscopy System Deployed Across Singapore's NUH

[IN CASE YOU MISSED IT] Singapore's National University Hospital signed an agreement with South Korean medical AI company Ainex Corporation to deploy its Endoscopy as AI-powered Device (ENAD) — real-time AI-assisted diagnostic software for upper and lower gastrointestinal endoscopy — across all of its endoscopy units. ENAD detects and automatically characterises lesions in real time to support clinical decision-making, with a peer-reviewed multicentre randomised controlled trial of 998 patients reporting a 16.2-percentage-point increase in adenoma detection rate (from 36.1% to 52.3%) when ENAD assisted colonoscopy. NUH and Ainex also announced a joint clinical research partnership to further improve the algorithm's diagnostic performance.

***So what?** The deployment of AI-powered lesion detection tools that measurably improve adenoma detection rates creates new benchmarks for diagnostic sensitivity that HTA bodies and HEOR teams will need to incorporate when modelling the cost-effectiveness of GI cancer screening and early treatment pathways, particularly as health systems across Asia-Pacific accelerate AI-enabled diagnostics procurement.*

Healthcare IT News

Models & Research

Anthropic Recalibrates Claude Fable 5 Biology Safeguards, Cutting False Positives by 85%

Anthropic announced an update to the biology safety classifiers in its frontier model Claude Fable 5, reducing biology-related 'fallbacks' — where the system automatically switches to a less capable model — by approximately 85% across its product surfaces. The update expands Fable 5's ability to assist with everyday health and educational biology queries such as interpreting lab results and understanding symptoms, while maintaining strict restrictions on dual-use research areas including virology and molecular design. Anthropic cited the US Intelligence Community's 2026 Annual Threat Assessment as context for why it had originally launched Fable 5 with near-total biology query blocking, and said it is developing a trusted access pathway for specialist researchers.

***So what?** For pharma and life sciences professionals, this recalibration signals that frontier AI models are beginning to operationalise tiered access frameworks for sensitive scientific domains — a governance model that HEOR and regulatory teams should monitor closely, as it previews how AI developers may impose differentiated access controls relevant to drug discovery, clinical evidence generation, and pharmacovigilance applications.*

Anthropic

Academic Paper Summaries

Selected from PubMed · Published within the last 12 months · New selections each week

Domain Paper — HEOR / Health Economics / Market Access

Cost-Effectiveness and Budget Impact of Lung Cancer Screening: A Systematic Review.

Chen N, Wang S, Bai J, Franchini F, Winn KM, Hu J, Wang J, Chen G. · PharmacoEconomics · 2026

#HTA · #MarketAccess · #RealWorldEvidence

This systematic review pooled 95 economic evaluations of lung cancer screening — 93 full economic evaluations and 9 budget impact analyses — using formal HEOR quality tools (CHEQUE, ISPOR BIA guidelines). Seventy-nine of 84 full evaluations supported cost-effectiveness of screening overall, and 12 studies specifically assessed AI, genomics, or biomarkers as adjuncts or alternatives to standard low-dose CT screening. For HEOR and market access teams, this is genuine top-tier pharmacoeconomic methodology (rare for this domain paper slot) that explicitly situates AI within the wider economic evidence landscape for cancer screening, rather than evaluating AI diagnostic accuracy in isolation.

PMID: 42487098	PubMed →	DOI →
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AI Research Paper 1

How Does That Large Language Model Make You Feel?

Spichak S. · Journal of medical Internet research · 2026

#ClinicalAI · #PatientOutcomes · #Regulation

This perspectives piece explores the growing trend of people using commercial AI chatbots for emotional support and mental health guidance. It highlights expert concerns around safety, the lack of robust research, and unresolved questions about appropriate boundaries for AI in mental health care. For healthcare leaders, it signals an urgent need for guardrails and evidence standards before these tools become a default resource for vulnerable populations.

PMID: 42383323	PubMed →	DOI →
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AI Research Paper 2

ESMO guidance on the use of Large Language Models in Clinical Practice (ELCAP).

Wong EYT, Verlingue L, Aldea M, et al. · Annals of oncology : official journal of the European Society for Medical Oncology · 2025

#Oncology · #ClinicalAI · #Regulation

The European Society for Medical Oncology (ESMO) has published a consensus framework to guide the safe use of AI language models in cancer care, covering patient-facing tools, clinician tools, and background hospital systems. The guidance emphasizes human oversight, data privacy, and ethical use, while acknowledging benefits like improved patient education and clinical workflow efficiency. For pharma and healthcare executives, this represents a significant regulatory and practice benchmark that will shape how AI tools are adopted and evaluated in oncology across Europe.

PMID: 41111032	PubMed →	DOI →
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