

RB Weekly AI Brief - Issue 5 - 06.05.2026

Covering the week of 06.05.2026 · Issue 5 of the RB Weekly AI Brief

Recurring themes: Regulatory & HTA Signals (3 of last 4 issues) · Regulation & Policy (2 of last 4 issues) · Healthcare & Life Sciences (2 of last 4 issues) · Models & Research (2 of last 4 issues)

AI News Roundup

Regulatory & HTA Signals

No qualifying HTA news items identified this week. This section requires stories from official HTA body sources or specialist health policy outlets — general AI regulation stories are excluded.

Regulation & Policy

EU AI Act High-Risk Obligations — August 2026 Deadline Remains Live

As noted in Issue 4, the EU AI Act's high-risk AI obligations are currently scheduled to take effect August 2, 2026, affecting any business developing or using AI systems that impact EU individuals regardless of location. A Digital Omnibus proposal is widely expected to extend this to December 2027, but has not been formally adopted and does not yet carry legal force. Fines remain up to €35 million or 7% of global turnover.

***So what?** Healthcare AI companies should continue compliance preparation — the August 2 deadline remains the current legal obligation until the Digital Omnibus proposal is formally adopted. Pausing preparation now carries regulatory risk.*

European Commission Digital Strategy

Healthcare & Life Sciences

AI Medical Scribes Save Clinicians an Hour Daily

Cooper University Healthcare implemented Dragon Copilot and found that the solution saved clinicians 4.15 minutes in documentation time per patient, adding up to approximately one hour or more saved daily. A recent JAMA study found AI-powered ambient scribes decreased total EHR time by 13.4 minutes and documentation time by 16.0 minutes.

***So what?** These proven time savings create a compelling business case for health systems to invest in AI documentation tools, potentially accelerating market adoption and creating opportunities for pharma partnerships in clinical data capture.*

American Hospital Association

Models & Research

GPT-5.5 and Claude Opus 4.7 Lead AI Coding Benchmarks

There is no single best AI model in May 2026. GPT-5.5 leads Terminal-Bench 2.0 at 82.7% for agentic terminal workflows. Claude Opus 4.7 leads SWE-bench Pro at 64.3% for complex coding.

***So what?** The specialisation of AI models for specific tasks means pharmaceutical companies should adopt multi-model strategies rather than relying on single solutions for drug discovery and clinical development workflows.*

Build Fast with AI

DeepSeek V4 Challenges Frontier Models at Lower Cost

DeepSeek V4 is the release MIT Technology Review called 'the most significant since R1.' It comes in two variants: V4-Pro (1.6T parameters, 49B active, \$0.55/M input) and V4-Flash (284B parameters, 13B active, \$0.14/M input).

***So what?** Cost-effective AI models with frontier capabilities democratise access to advanced AI tools for smaller biotech companies, potentially accelerating innovation across the pharmaceutical ecosystem beyond large pharma.*

Build Fast with AI

Academic Paper Summaries

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

Domain Paper — HEOR / Health Economics / Market Access

The evolution and future of integrated evidence planning.

Lee WC, Blanchette C, Pokras S, et al. · Expert review of pharmacoeconomics & outcomes research · 2025

[#DrugDevelopment](#) · [#MarketAccess](#) · [#ClinicalAI](#)

This paper reviews Integrated Evidence Planning (IEP), a strategic approach that helps pharmaceutical companies generate the right evidence throughout drug development to meet regulatory and market access requirements. The authors found that AI, machine learning, and real-world evidence are transforming IEP by enabling better decision-making and faster insights. This matters because better evidence planning can accelerate drug approvals and improve patient access to new treatments.

PMID: 40266581

[PubMed →](#)

[DOI →](#)

AI Research Paper 1

Artificial intelligence in cardiovascular pharmacotherapy: applications and perspectives.

Costa F, Gomez Doblaz JJ, Díaz Expósito A, et al. · European heart journal · 2025

[#ClinicalAI](#) · [#PatientOutcomes](#) · [#DrugDevelopment](#)

Researchers reviewed how artificial intelligence is being used to improve heart disease treatments by optimising drug selection and predicting which patients will respond best to specific medications. They found AI can help identify the right treatments for individual patients, speed up drug discovery, and improve clinical trial design. This is important because it could lead to more personalised cardiovascular care and better patient outcomes.

PMID: 40662528

[PubMed →](#)

[DOI →](#)

AI Research Paper 2

Artificial Intelligence in Dermatology: A Comprehensive Review of Approved Applications, Clinical Implementation, and Future Directions.

Nahm WJ, Sohail N, Burshtein J, et al. · International journal of dermatology · 2025

[#Diagnostics](#) · [#ClinicalAI](#) · [#Regulation](#)

This study examined AI applications in dermatology that have received regulatory approval, finding 15 approved devices globally including 3 FDA-approved systems in the US. Most focus on skin cancer detection, with international platforms offering broader mobile-accessible tools for various skin conditions. This matters because AI could improve early detection of skin cancer and make dermatological expertise more accessible to patients and healthcare providers.

PMID: 40387622

[PubMed →](#)

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