RB Weekly AI Brief - Issue 8 - 26.05.2026

Covering the week of 26.05.2026 · Issue 8 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

NIHR i4i RWE Funding Call Closes: Bridge to Full NICE Guidance

The NIHR Invention for Innovation (i4i) Programme, in collaboration with the Office for Life Sciences and NICE, is running a £10m government-backed funding competition closing 27 May 2026 to generate real-world evidence for technologies recommended through NICE Early Value Assessment. The programme requires 3-way consortia (analytical partner, technology partner, NHS adopting site) and targets products that have received NICE early use recommendations but still need RWE to achieve full NICE guidance and commissioner-level adoption. Funded projects may last up to 3 years with no maximum award cap.

So what? *For companies with AI-enabled diagnostics or digital health tools that hold a NICE Early Value Assessment recommendation, this is the direct funded mechanism to close the evidence gap required for full NICE guidance and NHS-wide reimbursement — the deadline is 27 May 2026.*

NIHR

Regulation & Policy

EU Commission Publishes Draft High-Risk AI Classification Guidelines

On 19 May 2026, the European Commission published draft guidelines under Article 6(5) of the EU AI Act clarifying when an AI system must be classified as 'high-risk', opening a targeted stakeholder consultation until 23 June 2026. The guidelines provide practical examples across sectors — including AI embedded in regulated medical devices (Annex I) and AI used in health and safety contexts (Annex III) — and clarify the 'filter mechanism' that can exempt certain narrow-function systems from high-risk obligations.

So what? *Pharma and MedTech companies deploying AI in clinical decision support, diagnostics, or drug development workflows must now use these draft guidelines to formally document whether their systems fall into the high-risk category — a classification that triggers risk management, transparency, human oversight, and post-market monitoring obligations under the EU AI Act.*

European Commission

EU AI Act Omnibus Deal Extends High-Risk Deadlines, Adds New Bans

On 7 May 2026, EU co-legislators reached a political agreement on the 'AI Omnibus' — a package of amendments to the AI Act that extends compliance deadlines for stand-alone high-risk AI systems (Annex III) from August 2026 to December 2027, and for AI in regulated products such as medical devices (Annex I) to August 2028. The agreement also introduces new prohibited AI practices including 'nudification' apps, eases SME compliance requirements, and facilitates the use of sensitive health and biometric data for bias detection. Formal adoption by the European Parliament and Council is expected by July 2026. [ONGOING DEVELOPMENT: This agreement was reached on 7 May 2026 but requires formal adoption and continued monitoring; it is included here as an actively evolving regulatory milestone, not breaking news.]

So what? *The extended timelines give pharma, MedTech, and digital health companies additional runway to prepare EU AI Act compliance programmes for AI embedded in medical devices and clinical decision tools, but teams should treat the draft high-risk classification guidelines published on 19 May as the immediate action item for gap analysis.*

Council of the EU

Healthcare & Life Sciences

Verily Raises $300M to Scale AI-Driven Clinical Research Platform

Published March 19, 2026 — included here given its strategic relevance to AI-enabled clinical research infrastructure. Verily completed a $300 million investment round led by Series X Capital with participation from Alphabet, UCHealth, and the University of Colorado Anschutz, to scale its AI-driven platform for clinical research, personalised care, and digital health technologies. The financing marked Verily's transition away from majority control by Alphabet, which retains a minority stake.

So what? *Verily's independence and fresh capital position it as a more commercially flexible AI clinical research infrastructure partner for pharma companies seeking AI-enabled trial acceleration and real-world biomarker evidence generation — capabilities increasingly relevant for HTA dossiers requiring robust real-world evidence.*

Verily

Models & Research

Anthropic's Mythos Model Triggers Government Pre-Launch AI Testing Agreements

Anthropic's powerful Mythos model — described by the company as 'far ahead' of other models in cybersecurity capability — prompted Microsoft, Google, and xAI to agree to allow the US Center for AI Standards and Innovation (CAISI) to evaluate new AI models before launch. Anthropic had already restricted Mythos access to a select group of approved organisations and briefed senior US government officials on its capabilities. The White House is reported to be weighing a formal review process for AI models in response.

So what? *Pre-launch government evaluation of frontier AI models sets a precedent that could extend to AI systems used in healthcare and drug development, signalling that regulatory scrutiny of AI capabilities is intensifying beyond product-level classification and towards model-level oversight — a development HEOR and market access teams should monitor for implications on AI tool governance frameworks.*

CNN

Academic Paper Summaries

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

Domain Paper — HEOR / Health Economics / Market Access

Large Language Models in Medical Diagnostics: Scoping Review With Bibliometric Analysis.

Su H, Sun Y, Li R, et al. · Journal of medical Internet research · 2025

#ClinicalAI · #Diagnostics · #NLP

This scoping review mapped how large language models like ChatGPT are being used across medical specialties to support diagnosis. Researchers found the field is expanding rapidly, with LLMs showing promising but variable performance depending on the disease area and how they are evaluated. For healthcare executives, this signals growing clinical AI momentum but also highlights the lack of standardised benchmarks needed before these tools can be reliably deployed at scale.

PMID: 40489764	PubMed →	DOI →

AI Research Paper 1

Physician- and Large Language Model-Generated Hospital Discharge Summaries.

Williams CYK, Subramanian CR, Ali SS, et al. · JAMA internal medicine · 2025

#ClinicalAI · #PatientOutcomes · #NLP

This study compared discharge summaries written by physicians versus those drafted by an LLM at a major US academic medical centre, finding the two were broadly equivalent in quality and safety, with LLM outputs rated as more concise and coherent. Critically, LLM-generated summaries did not produce meaningfully more harmful errors than physician-written ones. For healthcare leaders, this suggests LLMs could realistically reduce documentation burden without compromising patient safety — a significant operational and quality-of-care opportunity.

PMID: 40323616	PubMed →	DOI →

AI Research Paper 2

Role of artificial intelligence in cancer drug discovery and development.

Sarvepalli S, Vadarevu S · Cancer letters · 2025

#Oncology · #DrugDevelopment · #ClinicalAI

This review outlines how AI and machine learning are being applied across every stage of cancer drug development, from identifying targets and screening compounds to designing clinical trials and discovering biomarkers for patient selection. The authors highlight that AI can significantly compress timelines and costs in a field where traditional development is notoriously slow and expensive. For pharmaceutical executives, this underscores AI's strategic value not just in R&D; productivity but in enabling more precise, personalised oncology therapies.

PMID: 40414522	PubMed →	DOI →