AI FOR HEALTH

GRAND PALAIS

Adopt AI

Report & Replays

Adopt AI Summit **2025 edition at a glance.**

20.000 attendees

27 CEOs

3.000+ CXOs

650+ speakers

250+ exhibitors

7 stages

35+ country delegations

70+ country represented

14 country booths

AI for HEALTH speakers.

50
Conferences

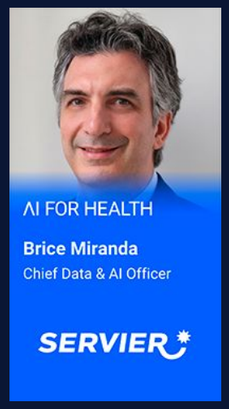
121
speakers

[Conference Program]

REPLAYS

AI for HEALTH speakers.

REPLAYS



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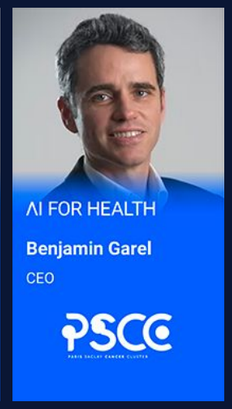
Brice Miranda

Chief Data & AI Officer

SERVIER



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Benjamin Garel

CEO

PSCC

AI FOR HEALTH

Arafat Mlika

Global Sales Leader & Life Sciences Business Development Lead

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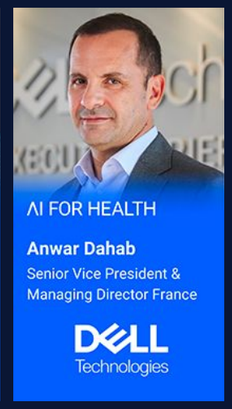

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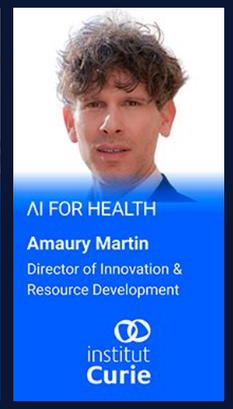
Senior Vice President & Managing Director France

DELL Technologies



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AI FOR HEALTH

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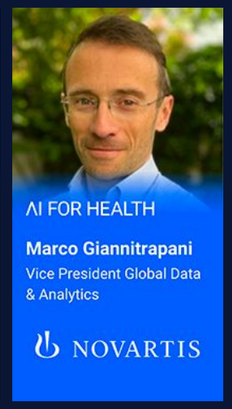
RÉPUBLIQUE FRANÇAISE · Inria



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Marco Giannitrapani

Vice President Global Data & Analytics

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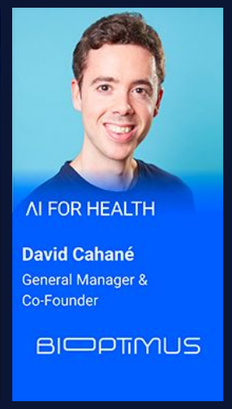

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David Cahané

General Manager & Co-Founder

BIOPTIMUS

AI FOR HEALTH

Dr. Olivier Véran

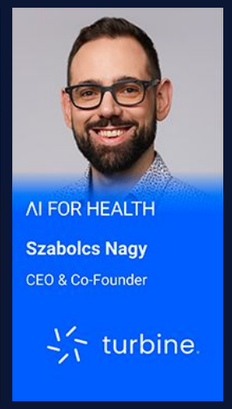
Former French Minister of Social Affairs and Health & Former Government Spokesperson & CEO & Founder of InnOV

AI FOR HEALTH

Prof. Ian Abbs

Strategic Advisor, Former CEO

NHS Guy's and St Thomas' NHS Foundation Trust



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Szabolcs Nagy

CEO & Co-Founder

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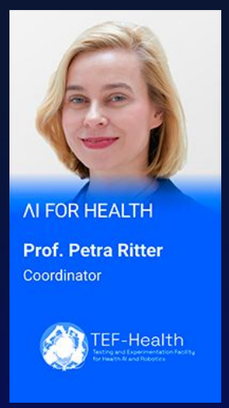

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codoc

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Chief Digital Officer

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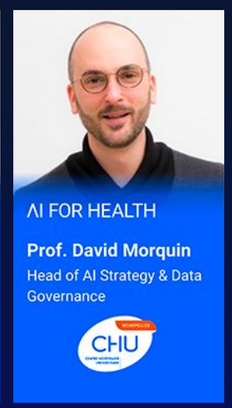

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Chief Data & AI Officer

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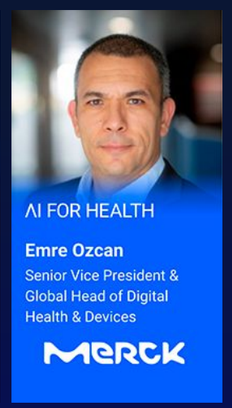

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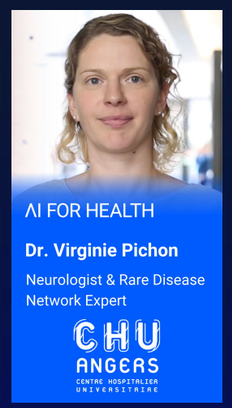
Emre Ozcan

Senior Vice President & Global Head of Digital Health & Devices

MERCK



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Dr. Virginie Pichon

Neurologist & Rare Disease Network Expert

CHU ANGERS

AI FOR HEALTH

Prof. Charlotte Bunne

Professor

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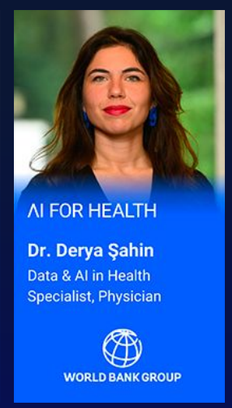

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Data & AI in Health Specialist, Physician

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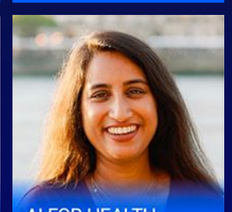

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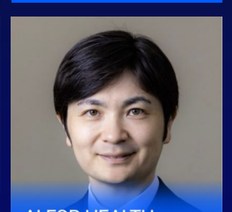
Partner - Healthcare Data & AI Transformation

ARTEFACT



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Research Professor

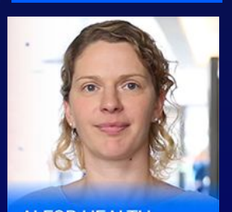
京都大学 KYOTO UNIVERSITY

AI FOR HEALTH

Dr. Tedros Adhanom Ghebreyesus

Director General

World Health Organization



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Neurologist & Rare Disease Network Expert

CHU ANGERS

AI FOR HEALTH

Brian Gruttadauria

Chief Technology Officer, Hybrid Cloud

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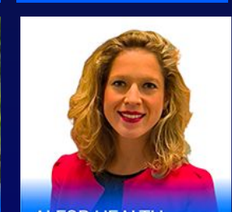

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Dr. Solène Vo Quang

Surgeon, CEO & Founder

HACK YOUR CARE

KEY HIGHLIGHTS AI FOR HEALTH

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Conferences Program

The AI for Health discourse was unequivocal: a handful of powerful, AI-driven trends are no longer emerging, they are actively converging to create a new competitive and operational reality. Leaders who fail to grasp their implications will be strategically outmaneuvered.

- **The Paradigm Shift to Proactive Health:** Foundation models are enabling a fundamental move from treating established illnesses toward predicting and preventing chronic diseases, identifying the risk of conditions like Alzheimer's and Parkinson's up to seven years before clinical symptoms manifest.
- **Accelerating the R&D Pipeline:** AI is compressing timelines across the entire therapeutic value chain, with documented cases showing protocol development timelines cut by 75%, patient recruitment for clinical trials accelerated by 50%, and medical/legal review workflows shortened by up to 60%.
- **Unlocking Novel Insights with Multimodal Models:** Foundation models trained on diverse, integrated biological datasets (spanning genomics, medical imaging, proteomics, and clinical notes) are allowing researchers to "make connections that we haven't been capable of making as a human race so far."
- **Decentralizing Diagnostics to the Consumer:** AI-powered analysis of data from consumer wearables and other accessible home-based tools is shifting early disease detection from the exclusive domain of the clinic to the hands of the individual.
- **Automating Complexity with Agentic AI:** Sophisticated AI agents are now being deployed to autonomously orchestrate and execute complex operational, clinical, and commercial workflows, freeing up human capital for higher-value strategic activities.
- AI as the Clinical Co-pilot Intelligent systems are being integrated directly into clinical workflows to absorb administrative burdens, giving physicians and nurses back "the part of the job they thought they had lost" and allowing them to reclaim invaluable time for direct patient care.

The strategic implications of these trends are vast and immediate. To translate these high-level insights into a tangible competitive advantage, we urge you and your leadership teams to delve into the full session replays. Understanding the depth and nuance of these shifts is the first step toward harnessing their power to drive innovation, efficiency, and ultimately, better patient outcomes within your organization.

AI FOR HEALTH

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Adopt AI

CEO STAGE

25 - 26 November, 2025.

Fireside Chat: The Future of AI in Health.

Paul Hudson, CEO

About Paul Hudson: Since 2019, Paul has been leading Sanofi's transformation into a modern healthcare company. Under his leadership, Sanofi is driving breakthroughs in medicines and vaccines, while putting social impact, company culture, and sustainability at the heart of its strategy.
About Sanofi: The French multinational pharmaceutical and healthcare company reported 2024 revenue of approximately €47.05 billion and employs around 90,000 people worldwide, headquartered in Paris, with a mission to practice science to improve people's lives.

You say a CEO should not delegate the AI revolution, but lead it. What does that mean?

Paul Hudson: CEOs must lead from the front, rather than delegating the AI strategy to the CIO or CTO, who often fall into the trap of trying to build everything in-house (e.g., their own Large Language Model), which is usually impossible. Effective leadership involves incubating, encouraging, allowing for failure, and most importantly, looking for a demonstrable Return on AI (ROAI)—a concept used internally to stop the proliferation of small, non-scalable "pilots" and demand a true return, not just a use case.

Introducing these changes often meets resistance, especially when breaking vertical silos. How do you handle that?

Paul Hudson: Most large companies build AI vertically. Sanofi made a transversal decision to integrate AI across functions 4 years ago. This was met with resistance, as employees felt their role was to curate and "spin" data for the CEO. An example is a CEO agent predicting a $100 million out-of-stock event 1.5 years away by combining Quality, Finance, HR, and Site data, something no single human could do. This agent-driven, real-time data access has led to a major cultural shift, reducing the annual budget presentation from 3,000 slides to just 12.

How is AI changing your manufacturing process, particularly with digital twins?

Paul Hudson: Sanofi has 300 manufacturing lines across 38 sites that suffer from capacity loss (up to 20% weekly) due to "minor stoppages." A "shop floor agent" was introduced that ingested all SOPs, history, manuals, and best practices. Using a wearable device, the agent provides predictive intervention to operators. The shop floor workers were reportedly "thrilled" because the real-time, predictive guidance allows them to keep the lines moving, demonstrating AI's immediate, on-site value.

How much of a game-changer is AI on the R&D front?

Paul Hudson: AI will not deliver a "cure for cancer" by simply perfecting data, as human biology is too heterogeneous. However, AI is critical for improving the chances of success in the 15-year-long drug discovery pipeline. The technology helps to reduce the phase one failure rate from 90% to 80% through better design and screening, using generative AI to run simulations for molecules that cannot even be synthesized in a lab. Biology and regulators still move at their own pace, but AI allows Sanofi to find "more miracles" and improve success rates.

How do you reconcile the cutting edge of medicine with growing public skepticism toward traditional medicine, like vaccines?

Paul Hudson: The current "fourth industrial revolution" will bring more specific, more efficacious, and safer medicines, allowing the industry to "drug the undruggable." This future will align with growing fiscal pressure on governments post-COVID. Governments are increasingly prioritizing Population Health Management to get citizens back to work and contribute to GDP.

> *"The organization that are successful are those who are deploying it company wide where you have a clear collaboration between legal, tech, HR and business units."*

AI Serving patients: from target to treatment.

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Olivier Laureau, President

Virginie Dominguez, EVP Digital, Data & Information Systems

SERVIER

About Olivier Laureau: President of Servier, responsible for steering the group's long-term strategy under its unique non-profit governance structure.
About Virginie Dominguez: Executive Vice President of Digital, Data & Information Systems, leading the convergence of technology and scientific research within the organization.
About Servier: An independent global pharmaceutical group governed by a non-profit foundation, HQ in Suresnes, France, with ~€5.3B in revenue and 22,000 employees.

"Patients cannot wait. They don't have time for them. This is not just a metric. It's hope."

- **Discovery & Recruitment:** Using causal AI and digital twins, the team has already identified three new breakthrough targets. Furthermore, AI optimizes global site selection for clinical trials and identifies eligible patients for rare diseases worldwide, ensuring faster access to potentially life-saving drugs.
- **The "Hybrid" Engine:** Success relies on a **hybrid operating model** where R&D scientists and engineers work in unified multi-disciplinary teams, supported by a state-of-the-art data platform built on Google Cloud.
- **Ethical Framework:** Governance is strictly "human-in-the-loop." AI is never treated as a "black box"; it must be explainable or supervised, ensuring patient data remains anonymized, secure, and compliant with EU regulations.
- While AI will not cure all diseases overnight, it is pivotal for the immediate future of **early diagnosis, personalized treatment, and supply chain reliability**. Because Servier is foundation-owned with no shareholders, it can prioritize these long-term technological investments solely for patient benefit rather than short-term profit.
- **Metric-Driven Acceleration:** AI is not theoretical at Servier; it is actively slashing analysis times (e.g., from weeks to hours) and aims to cut drug time-to-market by up to 4 years.
- **Foundation-Led Innovation:** The company's unique non-profit structure allows for bold, long-term capital investment in AI without the pressure of short-term shareholder returns.
- **Explainability is Mandatory:** Servier enforces a strict "no black box" policy, requiring that all AI applications in clinical settings remain explainable or human-supervised.

- The core challenge in pharmaceutical R&D is the high failure rate and long development cycles; currently, the probability of success for a therapeutic project is **below 5%**, and it takes **10 to 15 years** to bring a drug to market. Biology's complexity, especially in rare diseases, often exceeds traditional research capabilities, creating an urgent need for data-driven acceleration.
- Servier is deploying AI to radically alter these metrics, with the bold ambition to **double the probability of success** and reduce time-to-market by **two to four years**.
- **Operational Velocity:** Concrete results include reducing novel therapeutic target assessment from two hours to five minutes and cutting real-world data analysis from three weeks to half a day.

"We are free in our decision. We have no shareholder... That's the purpose which every day move our 22,000 employee... to be dedicated to the therapeutical progress for the benefit of the patient."

AI FOR HEALTH

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Adopt AI

MAINSTAGE

25 - 26 November, 2025.

AI for Health Grand Palais Opening Ceremony.

Adopt AI
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Dr. Tedros Adhanom Ghebreyesus, Director General

World Health Organization

About Dr. Tedros Adhanom Ghebreyesus: A highly respected public health leader and former Minister of Health for Ethiopia, he is currently serving as the Director-General of the World Health Organization (WHO), driving global health policy and initiatives.

About World Health Organization (WHO): The specialized agency of the United Nations responsible for international public health, headquartered in Geneva, Switzerland. Its mission is to attain the highest possible level of health for all people (Revenue: Approx. $7.9 billion for 2024-2025; Employees: $\approx 7,000$).

- **The primary objective of the "AI for Health" summit,** now under the "Adopt AI" umbrella, is to establish AI as a present reality—not a future concept—and to foster an entire ecosystem where startups, physicians, patient associations, industry, and MedTech communicate to drive adoption.

- **AI adoption is seen as a key driver for innovation and productivity growth,** exemplified by physicians using conversational agents to save time and return focus to patient care, and R&D teams using agentic or generative AI to accelerate the discovery of new molecules.
- **Dr. Tedros emphasized that despite the power of AI,** the duty of care remains with health providers, necessitating immediate investment in clinician training, digital literacy, and supervisory competence across all countries.
- **The transition faces challenges, primarily concerning data access,** the quality and quantity of health data, and the need for policy frameworks to support the required ecosystem shifts; AI also offers solutions, such as generating synthetic patient data to train models for rare diseases.
- **The WHO has launched the Global Initiative on AI for Health with over 500 collaborators,** focusing on establishing standards, benchmarking, and governance to ensure AI serves to narrow inequalities rather than widening them.
- **Beyond discovery and economics,** AI in health is fundamentally a public health challenge that requires balancing its transformative potential with strong ethical principles and science-based governance, including a concerted effort to combat health misinformation.
- **AI is not the future of health;** it is the present reality whose immediate adoption is required to restore physician focus on patients and accelerate R&D.
- **Global AI governance and standards,** championed by the WHO, are critical to ensuring the technology narrows existing health inequalities rather than exacerbating them.

> *"We must also ensure that these innovations reach the populations who need them most and that they serve to narrow inequalities rather than widen them."*

Agents: The AI-Powered Path to Improve Patients' Outcomes. (1)

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Arafat Mlika,Global Sales Leader at Amazon Web Services

Prof. Ian Abbs, Strategic Advisor & Former CEO

Emma Charles, Senior VP & European Markets

Mathilda Ström,Founding Chief Operating Officer

About Arafat Mlika: He is a Global Sales Leader at Amazon Web Services (AWS), responsible for strategic customers and leading healthcare/life sciences business development across EMIA and APAC.
About Amazon Web Services (AWS): A subsidiary of Amazon providing cloud computing services essential for large-scale AI deployment. (Revenue: $\sim \$92$ Billion (FY2023); Employees: N/A, part of Amazon's 1.5M; HQ: Seattle, USA)

About Prof. Ian Abbs: He is the former Chief Executive of Guy's and St Thomas' NHS Foundation Trust, a large UK health system, now focusing on implementing new technology and AI tools into healthcare.
About Guy's and St Thomas' NHS Foundation Trust: One of the largest NHS trusts in the UK, providing comprehensive patient care.

About Emma Charles: She is the Senior Vice President, European Markets at Bristol Myers Squibb (BMS), leading operations across 19 European markets and specializing in oncology/R&D.
About Bristol Myers Squibb (BMS): A global biopharmaceutical company dedicated to innovative medicines in oncology, hematology, and more. (Revenue: $\sim \$45$ Billion; Employees: $\sim 34,000$; HQ: New York, USA)

About Mathilda Ström: She is the Founding Chief Operating Officer (COO) of Bioptimus, previously an entrepreneur in telemedicine for underserved populations.
About Bioptimus: An AI company building the world's first multiscale, multimodal foundation model for biology, aiming to be the "OpenAI for biological data."

Can you give an example of where AI agents' impact is or will be very visible for the patients?

Emma Charles: AI will significantly transform diagnostics, especially in oncology, by providing support through machine learning to identify early diagnoses and even misdiagnoses or abnormalities sometimes missed by human eyes. She detailed a BMS partnership with Carebot using AI to systematically analyze chest X-rays for early lung cancer detection, finding small lesions in patients not yet seeking cancer diagnosis. This early diagnostic capability leads to better long-term survival, and the program is expanding across six countries.

Beyond diagnosis, how will AI agents change the everyday life of a medical doctor?

Professor Ian Abbs: The core challenge is that the financial and human resource equations of healthcare are fracturing, making the current model unsustainable. Since health systems were designed for resource constraints, the agentic AI offers a chance for super abundance. The crucial question is how to redesign a health system that leverages this super abundant model.

Agents: The AI-Powered Path to Improve Patients' Outcomes. (2)

Adopt AI
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What main trends are you seeing across the industry regarding AI agents and how are they driving speed and automation?

- **Arafat Mlika:** AWS is observing a significant shift towards agentic AI for increased speed, automation, and enabling the workforce to focus on high-value activities across the entire life sciences value chain:
  Drug Discovery: AI agents augment scientists by automating complex research workflows, breaking problems down into steps defined on the fly rather than being predetermined. This substantially accelerates target and lead identification processes.
  Clinical Development: Agents orchestrate the ingestion, transformation, and integration of clinical data from multiple sources (EDCs, labs, imaging, real-world data), breaking down traditional sequential hand-offs that used to take weeks. They are optimizing clinical protocols (reducing timeline by up to 75%) and improving patient recruitment through intelligent site selection (reducing timeline by 50%).
  Commercial Operations: Agents reduce medical and legal review timelines by up to 60% by tagging content and performing risk scoring. They also enable omni-channel automation by developing a 360-degree view of physician behavioral patterns.

> *"The question I think for us is all health systems were designed for constraints but agentic gives us the opportunity of super abundance."*

How do you handle agents built on foundation models that can change clinical research and personalized medicine?

- **Mathilda Ström:** The problem with current agents is their reliance on Large Language Models (LLMs) trained on text and language. The core need is to fundamentally raise the ground truth understanding of biology using AI. Bioptimus achieves this by feeding models multimodal biological data (proteins, DNA, cell images, tumors) to make connections the human race has not yet discovered. This foundation is crucial to move beyond assumptions or small studies toward judgments based on thousands or millions of patients. Use cases include biomarker discovery, speeding up pathology workflows, and predicting tumor progression.

> *"Imagine what would happen when we have the scale of agentic systems that foster multi-agent collaboration and coordination."*

What is the responsibility of a cloud provider to ensure AI agents remain transparent, reliable, and interoperable?

- **Arafat Mlika:** Given the highly regulated nature of life sciences, AWS provides reliable, secure production infrastructure with fit-for-purpose compute, long runtimes, and isolated sessions, which are essential for the required explanability, traceability, and reproducibility. For interoperability, AWS supports open standards, citing their partnership with Anthropic on the model context protocol and continuous evaluation of other open agent protocols.

What operational and clinical governance conditions must be put in place for a health trust to adopt these agents?

- **Professor Ian Abbs:** He argued that there is a skewed risk appetite, where the risk of adopting innovation is overweighted compared to the status quo, which is viewed as risk-free despite the clear evidence of the high-risk nature of the current system (e.g., demand-supply mismatch).
- **The focus of deployment must shift from hospitals** (80% of current AI deployments, such as in radiology) to the more complex world of population health where AI's scale can approach the complexity of people's lives.

Agents: The AI-Powered Path to Improve Patients' Outcomes. (3)

Adopt AI
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> *"We need to really stimulate the medical community, healthcare system to experiment. If it's falling, if it's failing, that's okay. We learn from it."*

What can you tell us about leveraging AI agents in clinical development?

- **Emma Charles:** AI is already integral to R&D and clinical development at BMS, where speed, predictability, and quality of analysis are key. BMS uses AI to predict lead candidates among both small and large molecule developments. With the massive data generated by trials, machine learning accelerates and improves the quality of analysis. AI is also continuously used to analyze real-world data (RWD) collected after treatments become available, supporting ongoing research.

What are the technical breakthroughs still needed for agents to handle truly complex multimodal data?

- **Mathilda Ström:** The need is for high volumes of high-quality multimodal data to account for biology's inherent multiscale and multimodal nature, moving beyond historical scientific silos (e.g., studying only one protein).

- **While technological breakthroughs in data capture are happening,** the "bitter lesson" of machine learning (throwing more compute at a 'dumber' algorithm) is not holding true in biology; proprietary new algorithms are necessary to connect different biological scales.

In your view, what is the most transformative role of these AI agents in the next 5 to 10 years?

- **Professor Ian Abbs:** The ability to achieve super abundance and daily intervention for high-risk populations (10% of the public, consuming 30% of resources) by using agentic systems to check on their adherence, environment, and well-being every day. This level of intervention is impossible with human resources.
- **Emma Charles:** Accelerating R&D and breakthrough treatments for severe, life-threatening pathologies where there is a high unmet medical need. AI will enable a faster "race against time" to bring therapies to patients, augmenting both survival and quality of life.
- **Mathilda Ström:** Agrees on the importance of adherence (citing 30% with chronic diseases needing only medication) and the potential for cures for cancers, making it a thing of the past.
- **Arafat Mlika:** AI agents will orchestrate the patient's connection with the best physician or the right trial by understanding the patient's full history from the outset. This accelerates the treatment pathway by avoiding months of referral networks and speeds up clinical trial recruitment for life-saving therapies by compliantly breaking down data silos.

> *"We need to do is fundamentally raise the ground truth understanding of biology using AI... by instead of feeding language and text, we're feeding these models biological data."*

Redefine the Future of Health: Leading with AI.

Adopt AI
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Walid Mehanna, Chief Data & AI Officer

Emre Ozcan, Global Head of Digital Health & Devices

MERCK

About Walid Mehanna: As the Chief Data and AI Officer, he drives Merck's global data and AI strategy, emphasizing the integration of AI across the entire value chain, from R&D to patient interaction.

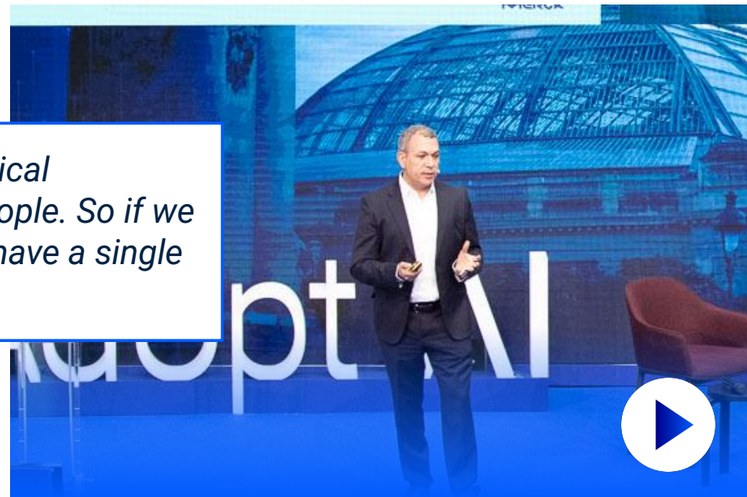
About Emre Ozcan: As the Global Head of Digital Health and Devices for Merck Healthcare, he leads the care innovation agenda, focusing on transforming patient care delivery using digital tools.

> *"The killer feature of making AI useful is quality data. And unfortunately many organizations didn't put too much love and too much effort into data making it a first class citizen."*

- **AI Readiness and Foundation:** While a recent CB Insights study placed Merck second globally for AI readiness in pharma, excelling in execution, innovation, and talent, this simply means the company is well-prepared and the "game starts now." The core AI strategy is to harness data and AI in everything to spark discovery and elevate humanity.

- **Data as the Killer Feature:** AI itself is not a competitive advantage, as models can be bought or fine-tuned, offering only a gradual advantage. The killer feature for making AI useful is quality data. Organizations must prioritize data as a "first-class citizen," acknowledging that this foundational work is hard, not sexy, and has no shortcuts.
- **The Seamless AI Ecosystem:** The future of AI will be as an integrator, making the employee experience (and subsequently the patient experience) more seamless by reducing the need to switch between different applications and user interfaces. Merck is building this internal ecosystem, with AI agents integrating data and having personal context for every user.
- **Overcoming Healthcare's Lag:** Despite technological advancements, healthcare lags behind sectors like banking due to its complexity and conservative nature, demanding a focus on human autonomy and the inability to "break things and go fast." Innovation is necessitated by challenges like the aging population and the severe shortage of specialists (e.g., one medical oncologist per 60,000 people in France).
- **Focus on Rare Diseases:** Merck is applying digital health innovations to rare diseases, where 60% of patients suffer from delayed diagnosis (taking 6-8 years) and 60% are misdiagnosed. The use of digital biomarkers (collected via smartphones, monitoring voice, movement, and eyes) can detect early symptoms and aid diagnosis.
- **Beyond discovery and economics,** AI in health is fundamentally a public health challenge that requires balancing its transformative potential with strong ethical principles and science-based governance, including a concerted effort to combat health misinformation.
- **Three Lessons for Scaling Innovation:** To scale digital health, companies must: 1) Focus on concrete problem statements instead of just solutions, 2) Build solutions with providers/nurses for better uptake (a novel approach for pharma), and 3) View interoperability as the foundation, not just a feature, to enable value-care-based models.

> *"So in France there is one medical oncologist for every 60,000 people. So if we were to average that we don't have a single oncologist among us."*



Bridging AI Innovation From Bench to Bed. (1)

Adopt AI
GRAND PALAIS

Reda Guiha, Country President

Peter Schardt, CTO

Nasheed Jamal, CMO

Grégorie Pigné, CEO & Co-founder,

About Reda Guiha: Country President of Pfizer in France, he oversees the operations for a global biopharmaceutical leader specializing in innovative medicines and vaccines. Pfizer (Revenue: $\approx\$58.5$B, Employees: $\approx88,000$, HQ: New York, USA).

About Peter Schardt: CTO of Siemens Healthineers, he guides the technology strategy for a worldwide health technology company focused on diagnostics, imaging, and connected care. Siemens Healthineers (Revenue: $\approx€21.7$B, Employees: $\approx71,000$, HQ: Erlangen, Germany).

About Nasheed Jamal: CMO of BioSerenity, a French MedTech company that develops connected medical devices and tele-diagnostic platforms for neurology and other disorders. BioSerenity (Private/Growth Stage, Employees: ≈500, HQ: Paris, France).

About Grégorie Pigné: CEO and Co-founder of Pulse Life, a French scale-up that developed an AI-powered clinical decision support platform for physicians. Pulse Life (Private/Growth Stage, Employees: ≈50, HQ: Paris, France).

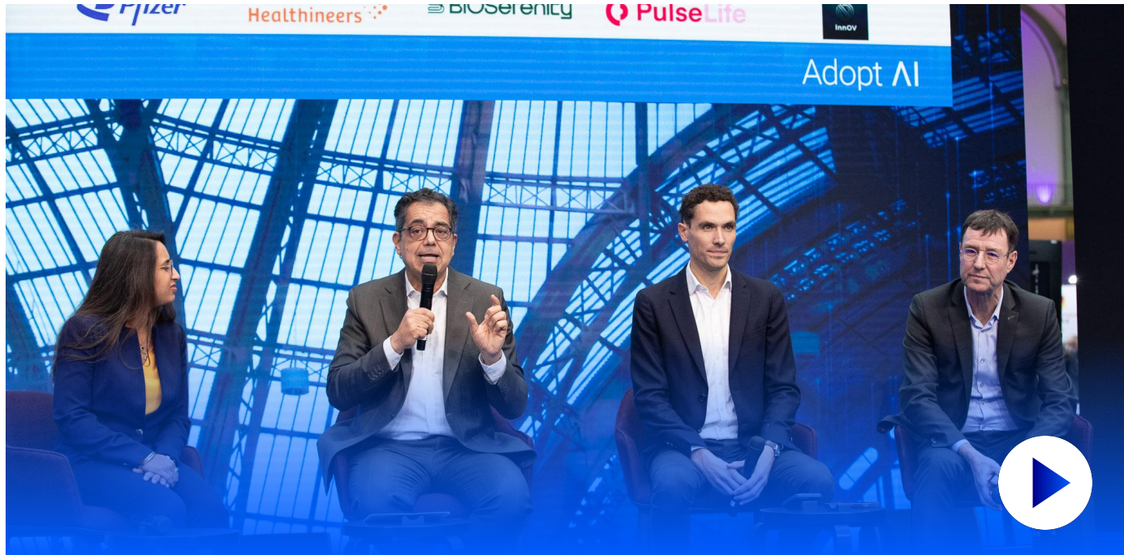
What is the primary role of a large pharma player within the current European AI innovation ecosystem?

Reda Guiha: The core role is to bridge between startups, biotechs, the public sector, and academia through partnerships. Large pharma cannot process all AI innovation alone, so partnerships are their "lifeline," allowing them to seek out "very bold ideas." Pfizer is using AI to identify one molecule out of millions of candidates, accelerating clinical programs and increasing the probability of success.

How do major industry players like Siemens Healthineers and Pfizer engage with startups to overcome the four main challenges: Data Access, Regulation, Funding, and Market Adoption?

Peter Schardt: Siemens runs a dedicated "Shift Innovation Ecosystem" to engage early. Their strategy is not financial investment but seeking solutions that are complementary to fill gaps in their portfolio. Engagement starts with early research, clinical trials, and navigating the regulatory pathway, typically ending in a full acquisition ("black and white" policy) rather than minority investment. They encourage startups to approach them, especially for EU public-funded grants to gain larger data access.

Reda Guiha: Pfizer's engagement focuses on measurable impact. They project a 25-30% improvement in their preclinical portfolio by 2025 due to AI-powered partnerships. On a global level, they are on track to deliver $2 billion in positive impact by 2026 through AI adoption acceleration. Locally in France, the Pfizer Healthcare Hub connects AI biotechs to their scientists and experts to accelerate health solutions and commercialization. Last year, they invested $100 million in VCs for disruptive programs, providing capital, expertise, and industry connections.



Bridging AI Innovation From Bench to Bed. (2)

Adopt AI
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As a startup, what do you most need from large industry partners to seamlessly validate and scale your AI solutions?

- **Nasheed Jamal:** The most critical need is collaboration on clinical trials to accelerate validation and scaling. BioSerenity's AI foundation model can help pharma at all stages: 1) Beginning: Triage patients into optimal diagnostic groups. 2) Middle: Provide frequent electrophysiological data analysis to prove treatment efficacy and detect weak signals for early detection/prediction of response. 3) End: Assist with Phase IV/post-market surveillance to prove real-world efficacy.

What would a truly integrated, AI-driven ecosystem look like from early discovery through diagnosis and therapy?

- **Reda Guiha:** It's already happening. He cites a collaboration with the French startup Bioquantis, which uses AI-powered diagnostics to instantly identify the rare cardiovascular disease transthyretin amyloidosis, often misdiagnosed as congestive heart failure. The future must accelerate and expand AI across preclinical, clinical, diagnosis, treatment, and follow-up. The ultimate goal is a fundamental shift from reactive to proactive/predictive treatment powered by AI, leveraging vast health and lifestyle data to model individual health trajectories and anticipate risks.

- **Nasheed Jamal:** He uses the example of the ICU. Studies show 34% of ICU patients need continuous EEG, but only 11% receive it due to a global shortage of neurologists. AI algorithms are the only solution to augment efficiency in interpreting EEGs, providing accurate diagnosis, and most critically, performing risk stratification for prevention of seizures and encephalopathies.

> *"It's impossible for any company even a company of our size to process all the innovation that AI is bringing."*

> *"The ones which are flying out of the shelves is the ones which are making the users the professionals more productive."*

How can large companies align their slow, evidence-based development speeds with the fast-moving pace of startup AI innovation?

- **Peter Schardt:** While healthcare is slow for good reasons (clinical trials, regulation, reimbursement), the new emerging driver for speed is the staff shortage and rising cost pressure. This creates a market for productivity as a methodology. Siemens' most popular AI tools are those that make professionals more productive, allowing them to see twice the number of patients. Focusing AI on reducing waiting times and documentation can avoid deep regulatory hurdles and is "flying off the shelves."

What is needed to make partnerships sustainable for a startup like Pulse Life and its users?

- **Grégorie Pigné:** The foundation is trust, which must be built by responding to big issues with the best product. Pulse Life validated the quality of their AI by having it rank in the top 2% of best students in the national medical doctor exam in France. Sustainability requires working with the entire ecosystem: with groups like the COPE (led by Pfizer) to put the patient at the center, and with institutions like AP-HP (the biggest hospital cluster in Europe) through a massive partnership to ensure the highest level of security, trust, and adoption.

Bridging AI Innovation From Bench to Bed. (3)

> *"AI can actually detect weak or subtle signals that the human eye cannot thereby enabling early detection and even prediction of response to treatments."*

What final advice do you have for startup founders looking to work with Big Pharma or MedTech?

- **Reda Guiha:** Two key takeaways: The first is scientific rigor, ensuring a project has strong scientific foundations supported by solid data from the early phases. The second is to think long-term and globally for scalability. Even when partnering with a local French startup, Pfizer requires the solution to be globally implementable due to their international nature.

- **Peter Schardt:** The most important advice is to team up very early in the process. Startups should proactively leverage opportunities like EU-funded IHI grants or other mechanisms to see if their portfolios are complementary with a large company. This early collaboration allows them to evolve together and address specific disease states like stroke or cardiovascular conditions effectively.

Given the criticality of patient safety, how did Pulse Life specifically address the risk of AI hallucination in its clinical chatbot?

- **Grégorie Pigné:** The initial reaction to building an AI chatbot was to say "no, it's impossible" unless hallucinations could be eliminated completely due to the life-or-death decisions involved (e.g., recommending $50 \text{mg}/\text{kg}$ instead of $5 \text{mg}/\text{kg}$). The solution implemented was to ensure the medical chatbot, unlike generic models like ChatGPT, is designed to prefer the response "I don't know" or "I haven't any information about that" rather than generating an unverified or hallucinated answer. This makes "I don't know" a "precious word" in a clinical setting, demonstrating a commitment to safety over providing an answer at all costs.

For a large company like Siemens Healthineers, what is the value proposition of your 'Shift Innovation Ecosystem' beyond purely financial investment?

- **Peter Schardt:** The value is rooted in finding complementary gaps in Siemens' comprehensive portfolio. Startups provide the specific, deep solution required to address a niche problem in healthcare, while Siemens provides the large platforms and broad scale to make that specific solution available to a worldwide customer base. They offer the necessary, but costly, pathways for regulatory approval and often a final, complete acquisition to ensure total integration and alignment, which is essential in a specialized and highly regulated industry.

What specific examples illustrate how Pfizer is leveraging AI-powered startup solutions in France to accelerate its R&D value chain?

- **Reda Guiha:** In the preclinical setting, Pfizer is partnering with Ederis, a French biotech based in Lyon, to test two million drug candidates against biological targets using Ederis' AI predictive model. This accelerates the process for identifying potential molecules in areas of unmet medical need. Another partnership is with Ectos, a Paris-based AI startup, which provides AI solutions for chemical synthesis and drug design, utilized globally in Pfizer's labs for small molecules. Furthermore, the Pfizer Healthcare Hub proactively accelerates the commercialization of French AI startups by connecting them directly to Pfizer scientists and experts.

> *"I don't know is a precious word when you do politic too you know maybe you sometime you have to say that."*

Transforming Hospitals Through On-Premise Generative AI. (1)

Paul Rinaudo, CEO & Founder

Prof. David Morquin, Head of AI Strategy & Data Governance

Anne Ferrer-Villeneuve, Managing Director

About Paul Rinaudo: Leads the company that provides the data platform, serving as the critical enabler for structuring and contextualizing health data within the hospital's premises.

About Prof. David Morquin: A practicing doctor and clinical AI lead who oversaw the technical development and randomized clinical trials of the generative AI system.

About Anne Ferrer-Villeneuve: Holds the highest management position, driving the hospital's systemic and sustainable AI strategy (Appointed Director General in March 2023).

What is the Montpellier UHC's overarching AI strategy and what are the specific institutional goals?

Anne Ferrer-Villeneuve: The strategy is a deliberate institutional decision made within the Med Vallée ecosystem, which shares innovation between private companies (like Dell, Adlin) and the hospital. The goal is to afford stakeholders and caregivers the best way to work, significantly decreasing ancillary tasks and time spent on computers, using their consent-protected data for better patient care, teaching, and research. The decision was made to build the strategy to be autonomous and drive it on-premise, inside the hospital.

Can you detail the initial clinical use case, the system architecture, and the outcome of the trial?

Prof. David Morquin: The hospital chose to build its own on-premise system, using open-source Large Reasoning Models, specifically to prevent data being uncontrolled in shadow IT or third-party apps. The first trial, a randomized clinical study with 120 families, involved an AI assistant drafting the discharge letter in the pediatric emergency department to ensure families and children better understand their care. The system is not a simple chatbot but an agent designed for collaborative work to help human staff avoid errors and switch from computer time back to patient relation time. The effort was necessary because capturing, transforming, and exploring information is currently too time-consuming, directly affecting care safety and quality.

As an enabler, why is the quality and context of data so important, and what is ADLIN's approach to data structuring?

Paul Rinaudo: Adlin defines itself as an enabler, driven by the belief that the patient must be at the center of the reflection. The approach is systemic, recognizing that many hospital use cases rely on a single critical component: data quality. Adlin works with the hospital to structure data correctly for primary care and research. Their vision is to connect all data types—biological, real-world, imaging—around the patient to create truly effective agents. They emphasize that data should be kept on-premise primarily for its context, as the circumstances, clinicians, and multimodel nature of health data are necessary to train useful models.

Transforming Hospitals Through On-Premise Generative AI. (2)

Adopt AI
GRAND PALAIS

What were the biggest hurdles in change management, and how did the leadership ensure the project was sustainable?

- **Anne Ferrer-Villeneuve:** Driving change required a systemic approach starting with trade unions, which must be engaged and trained to avoid failure. The hospital focused on the employability of all stakeholders, creating an internal school to train them and ensure no one was left behind. Finally, the model must be socially acceptable and financially sustainable, which they achieve by adding value to data use and controlling structural costs.

What are the next planned clinical steps for the AI implementation?

- **Prof. David Morquin:** The team is focused on context engineering for various hospital workflows. Specific next steps include:

  Supporting clinical reasoning in very specific areas.

  Providing documentation and conversational recognition using the same compute cluster.

  Structuring data in the background for coding, research, and quality assessment.

  Providing assistance in the operating theater for surgery information, medical reports, and checking implanted material.

  The crucial next step is the ability to test predictive models of every kind of specialty and seamlessly switch between collaborative agents and predictive tools to enable personalized medicine.

“This is not a simple chatbot. It's a an agent. We are wanted to design an agent for collaborative works..."

"But the most important aspect why data needs to be on premise it's its context."

- **Dell's AI Factory model** provides a four-pillar roadmap for Private AI (Strategy, Data, Models, Infrastructure), emphasizing that enterprise data, which is 90%+ private, dictates the necessity of local infrastructure.

- **Systemic AI** adoption in healthcare requires a definitive choice for on-premise infrastructure to guarantee data sovereignty, achieve ultra-low latency critical for clinical settings, and, most importantly, preserve the rich clinical context necessary for training reliable models.

- **Successful hospital transformation i**s a collective, systemic effort: it must be driven from the top (Director), validated clinically (Doctor/Trial), supported by an adequate data platform (Adlin), and secured politically through deliberate change management involving the workforce and unions.

From Innovation to Clinical Impact: New Approaches for AI in Rare Diseases. (1)

Adopt AI
GRAND PALAIS

Thibaud Guymard, Head of Innovation, Services & Digital

Arthur Delapalme, CEO & Co-Founder

Dr. Virginie Pichon, Neurologist & Rare Disease Network Expert

Prof. Philippe Codron, Neurologist & Clinical AI Expert

About Thibaud Guymard: Head of Rare Disease Strategy at Biogen, representing the pharmaceutical industry partner providing strategic support and funding.

About Biogen: A US-based midsize biotechnology company with significant global presence (Revenue: $\approx\$10B$; Employees: $\approx9,000$; HQ: Cambridge, MA) focusing on developing medicines for diseases with unmet needs, including rare disorders.

About Arthur Delapalme: CEO of Kodok, the technology provider responsible for developing the AI algorithm.

About Codoc: A healthcare technology spin-off leveraging AI to make unstructured, heterogeneous clinical data usable for care and research.

About Dr. Virginie Pichon: A neurologist specializing in rare diseases, providing the essential clinical perspective on diagnostic challenges.

About Prof. Philippe Codron: Head of the Innovation Department at the University Hospital of Toulouse, providing the institutional platform for AI integration.

About University Hospital of Toulouse (CHU Toulouse): As a major academic center, it operates with significant scale (approx. 14,000 employees; public institution revenue varies) and deep medical expertise in rare diseases, serving as a critical hub for the project.

Can you take us through the reality today of moving from innovation to clinical impact, particularly regarding a disease like Friedreich's Ataxia ?

- **Dr. Virginie Pichon:** Friedreich's Ataxia (FA), a progressive inherited degenerative disease linked to the FXN gene expansion, is challenging to diagnose due to its clinical heterogeneity. While the hallmark is progressive ataxia, it is a multi-systemic disease involving cardiomyopathy, skeletal abnormalities, and diabetes. This broad phenotype results in a long diagnosis delay, averaging 3 to 6 years, or longer for atypical cases. Early diagnosis is crucial for initiating care, accessing emerging therapies, and clinical trial eligibility.

- **Prof. Philippe Codron:** The primary question is how AI can improve the early identification and detection of patients who might have FA, thereby reducing the significant diagnostic delay. Challenges include the disease's high heterogeneity, the variability of onset (early or late, even within the same family), and the high volume of textual medical records. These factors necessitate the use of new, advanced AI approaches rather than reliance on simple keywords or "old-fashioned AI".

From Innovation to Clinical Impact: New Approaches for AI in Rare Diseases. (2)

How does Codoc leverage AI to address these complex data challenges and deliver clinically actionable insights?

Arthur Delapalme: Codoc focus is on democratizing data usage by making the massive amount of unstructured, heterogeneous, and siloed data produced during care usable for research and clinical action. For rare diseases, which affect millions of people (e.g., 2 million in France, 100 million in Europe) and involve complex, progressively evolving phenotypes, AI is essential. Specifically, in the AXIA project, Codoc is creating patient archetypes—a model describing the patient with every sign in a real clinical setting. The AI then identifies 20 to 30 of the most similar patients from the collective hospital memory, empowering clinicians to take action. This approach builds on scientific evidence developed at the Necker Children's Hospital.

How do you build trust with clinicians when implementing this new system?

Arthur Delapalme: Building a trusting environment is key. The process involves three main components: Medical Validation by gathering experts to be part of the algorithm creation; Full Transparency through data traceability, and explainability, all embedded in secure, compliant technologies designed for healthcare providers; and a Clinical Feedback Loop where doctors assess the algorithm's output by reviewing the original clinical notes and data, ensuring they remain in the loop and that the process is clinically meaningful.

"Early and accurate diagnosis is a human imperative, not just a clinical ambition."

Adopt AI
GRAND PALAIS

"And with this archetype we are able in this massive collective memories that's created in hospitals well to find similar patients."

How can an industry partner like Biogen help ensure real clinical impact once the technology is ready?

Thibaud Guymard: Biogen's role is not only to bring novel medicines but also to provide solutions that improve the care pathway for patients suffering from diagnostic delays. Success is built on partnering with the best experts (clinicians and AI startups) and leveraging the specific strength of the centralized French healthcare system, which features established networks of experts for each rare disease, such as the Reso Ugo network. Furthermore, Biogen is a founding partner in the Radar association (Réseau d'Aide au Diagnostic des maladies RAres, officially announced soon), which focuses on enabling public and private players to leverage AI to reduce diagnostic delays in rare diseases. Axia is one of the four foundational projects supported by Radar.

What are the key performance indicators (KPIs) for the AXIA project?

Thibaud Guymard: The primary, straightforward goal is reducing the diagnostic delay for Friedreich's Ataxia, which currently ranges from 5 to 6 years, but can extend to 10-15 years for atypical forms. Other KPIs include giving back time to healthcare professionals (HCPs) by reducing the time wasted as patients cycle through the system undiagnosed, and ultimately creating a data-driven pathway that simplifies the process for both patients and clinicians.

From Innovation to Clinical Impact: New Approaches for AI in Rare Diseases. (3)

Adopt AI
GRAND PALAIS

> *"It's really important to make an early diagnosis because it allow to initiate the plan care for a patient to access emerging therapies and clinical trials."*

- **The AXIA Project** is a critical public-private partnership (CHU Toulouse, Kodok, Biogen) leveraging advanced AI to identify patients with suspected Friedreich's Ataxia hidden within unstructured clinical data, directly addressing the 5-15 year diagnostic delay.
- **The core technological i**nnovation is the creation of patient archetypes via AI to compare against a "collective memory" of hospital data, providing clinicians with a handful of highly similar potential cases for intervention.
- **Successful cross-sector** collaboration is sustained by a shared commitment to patient impact, clear governance (supported by the new Radar association), and a recognition that Real World Data (RWD), when accessed via AI, is a significant, currently undervalued opportunity to revolutionize patient care pathways.

How do the different stakeholders—hospital, tech, and industry—balance their diverse priorities to ensure project success?

- **Prof. Philippe Codron:** The core balance is found in the common goal: the patient. All partners are driven by the sincere desire to improve clinical life as a physician and bring a solution to patients, which provides a strong unifying purpose despite different organizational structures.
- **Arthur Delapalme:** The massive potential impact—shortening a 10-year diagnostic wandering—is the driving force. While hospital, pharma, and startup time frames are vastly different (5-10 years, 1 year, and a few months, respectively), the sheer value at the end of the road motivates collaborative effort.
- **Thibaud Guymard:** Success starts with clarifying roles and responsibilities from the outset. Crucially, the partners are "dreamers" who see AI as a mature, identified opportunity that can now be leveraged to tackle long-standing diagnostic challenges.

> *"So if you want to to detect the patients based on the text on the textual the medical records, you have a high volume of data and very different trajectories. So you cannot rely on keywords or old-fashioned AI."*

Smart Hospitals: Infrastructure & Tools for Tomorrow's Healthcare. (1)

Adopt AI
GRAND PALAIS

Prof. Antoine Tesnière, Managing Director

ParisSanté campus

Dr. Michael Lauk, Chief Digital Officer

HACK YOUR CARE

Dr. Solèje Vo Quang, Surgeon, CEO & Founder

B BRAUN

About Professor Antoine Tesnière: Professor of Medicine and leader of the Biomedical Data Warehouse at Not Medical University, he is focused on the data-driven reshaping of biology and social realities in healthcare.

About Dr. Michael Lauk: As Global Head of Digital Health at B. Braun, a leading medical device and pharmaceutical company (Approx. $8.9 Billion Revenue, 63,000 Employees, HQ: Germany), he represents the manufacturer's viewpoint on system integration and regulated AI.

About Dr. Solène Vo Quang: A private sector surgeon with a strong digital background and co-founder of Hack Your Care, she focuses on the clinical adoption of AI and the essential need for physician and patient education.

From the manufacturer's perspective, how is the influx of AI and data reshaping hospital systems, and what is the primary challenge?

- **Dr. Michael Lauk:** The fundamental challenge is the data side, where an overload of information is often not presented or analyzed correctly to benefit healthcare workers or patients. A major obstacle is the lack of interoperability, with large customers often using 2,000 different systems that do not communicate. This requires manufacturers to integrate their devices and applications more seamlessly to ensure data availability across the hospital ecosystem.
- **Professor Antoine Tesnière:** The core issue is data flow, citing instances of "media breaks" in areas like infusion therapy where information is printed from one device and manually re-typed into another, highlighting the basic, foundational work still needed before advanced AI can be truly effective.

As a private sector surgeon, what does the concept of a "smart hospital" or "smart practice" mean for you, and what is the key challenge from the caregiver's side?

- **Dr. Solène Vo Quang:** The smart hospital simplifies down to the smart surgeon who is generating the data. The key challenge is the lack of education for both physicians and patients regarding the use and ethical implications of health data and AI. Physicians must be able to guide patients to understand the benefits and risks, for example, why using large language models like GPT for medical advice is not appropriate.

How do faculty and researchers contribute to the transformation toward smart hospitals, and what implications does this transformation have both inside and outside the institution?

- **Professor Antoine Lerou:** Data and digital tools are profound facilitators and accelerators of change, driving improvements in safety, quality, and productivity within the hospital. Data-driven changes are crucial in areas like the emergency room, the operating theatre, and internal planning. Additionally, this transformation opens the hospital to its external environment by creating better connections and providing information across the entire care pathway, enabling the hospital to take a new role in prevention initiatives.

Smart Hospitals: Infrastructure & Tools for Tomorrow's Healthcare. (2)

Adopt AI
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- **Professor Antoine Tesnière:** He reinforced the idea of new opportunities for prevention and the need for medical education to drive these necessary changes, noting the importance of technology being well-designed to avoid being "repulsive" to users.

Can you provide practical examples of digital transformation and discuss the key regulatory challenges B. Braun is facing in integrating AI into regulated medical devices?

- **Dr. Michael Lauk:** B. Braun starts with non-regulated areas, such as using AI for better, predictive service cases on analysis machines. This allows service teams to identify error causes faster, reducing cost and improving efficiency. When it comes to regulated areas, the main difficulty stems from conflicting regulations, specifically the EU AI Act and the Medical Device Regulation (MDR), which both require a risk-based approach. Under a strict interpretation, every Class 2A, 2B, and 3 medical device automatically falls under the AI Act's definition of a high-risk AI system, severely slowing down innovation.

- **Professor Antoine Tesnière:** Asked about the non-tangible nature of risk (privacy, IP) compared to material failure, which is harder for patients to grasp, highlighting the need for increased awareness from manufacturers.

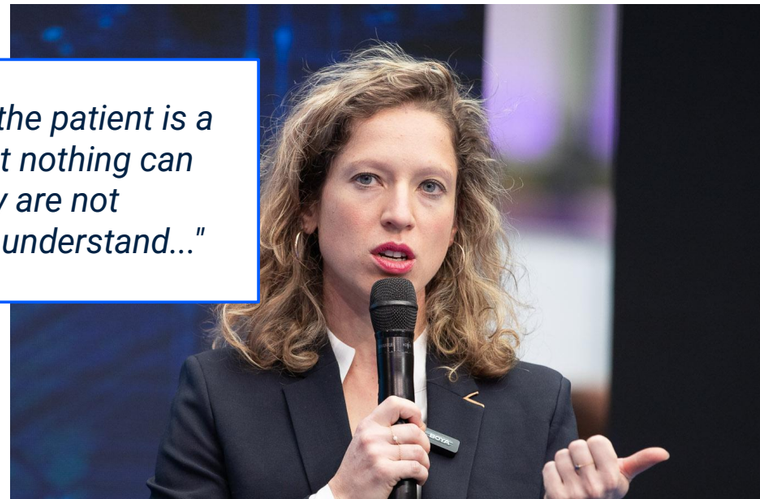
> *"I think every time we talk about data, I think that's that's really the the foundation."*

> *"So our commitment is to also help as a manufacturer to make this this better and to embed our different uh devices and applications and consumables that we have in higher integrated systems..."*

Ultimately, what is in this transformation for the patient, and how can physicians help alleviate patient stress regarding AI?

- **Dr. Solène Vo Quang:** Everything done in healthcare is for the patient, but patients are highly stressed and often ask, "Where are my data going?" The physician's role is to be a real actor in the system, helping the patient understand AI. She uses AI in her practice for more precise diagnoses (e.g., X-ray analysis) and co-develops AI tools to reassure patients post-surgery (e.g., explaining normal recovery symptoms). Through her company, Hack Your Care, she facilitates clinicians—as clinical experts, not IT experts—to participate in co-development missions with manufacturers to bridge the knowledge gap.

> *"So my point of view is that the patient is a real actor of this system. But nothing can be done if the physician they are not educated to to help them to understand..."*



Servier Hackathon Award Ceremony. (1)

Olivier Laureau, President & CEO

Virginie Dominguez,Executive VP of Information Systems, Digital Data, and AI

Brice Miranda, Chief Data & AI Officer

Ahmad Murtada, Chief Transformation Officer

About Olivier Laureau: As President and CEO, he provides the final, high-level strategic conclusion, emphasizing purpose-driven innovation.

About Virginie Dominguez: As Executive VP of Information Systems, Digital Data, and AI, she delivered an assessment of the hackathon's high-quality output and praised the teams' engagement.

About Brice Miranda: As co-host, he provided the foundational background on Servier's global scale and the role of the hackathon in accelerating digitalization.

About Ahmad Murtada: As a key host/presenter, he frames the event as a celebration of internal talent and Servier’s digital ambition.

About Servier: Servier is an international pharmaceutical company, governed by a non-profit foundation, operating in over 140 countries with 22,000 employees.

External Data Note: Servier’s 2023 revenue was approximately €5.36 billion. Headquarters are in France.

Adopt AI
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Can you tell us a few words about Servier and its global mission?

Brice Miranda: Servier is a 70-year-old international pharmaceutical company, governed by a non-profit foundation with its headquarters in France. As a global leader employing 22,000 people in over 140 countries, its core mission is to deliver innovative medicines in three main therapeutic areas: cardio metabolism and venous disease, oncology, and the expanding field of neurology.

What is Servier's digital ambition and how is it being executed?

Ahmad Murtada: Servier has a bold digital ambition to be a "best-in-class digital performer" in key therapeutic areas by 2030, leveraging digital technologies like Artificial Intelligence. The transformation is focused on three strategic objectives: 1) Accelerating therapeutic innovation, 2) Strengthening the engagement of healthcare professionals and patients, and 3) Improving organizational sustainability and efficiency. Since 2025, the company has entered a new phase of accelerated innovation and collaboration.

Servier Hackathon Award Ceremony. (2)

Adopt AI
GRAND PALAIS

> *"At survey we organized our first ever digital [hackathon] last week. During three days, 10 teams, more than 100 people work to transform complex and challenges ideas into real concrete prototypes."*

What is the strategic rationale behind the new partnerships, specifically with Artefact?

- **Ahmad Murtada:** Servier has maintained a strategic partnership with Google Cloud for five years, which has been crucial to its progress. Today, they are announcing a new strategic partnership with Artefact specifically to "leverage data and artificial intelligence" to accelerate the digital transformation and achieve the 2030 ambition.

What was the purpose and scope of this first digital transformation hackathon?

- **Brice Miranda:** The hackathon, co-organized with Google and Artefact, is viewed as a vital tool to accelerate digitalization by bringing together diverse teams to tackle concrete, real-world problems. Over three days, 10 teams comprising more than 100 people worked to transform complex challenges into concrete prototypes. The event serves not only to share results but also to celebrate the teams' outstanding contributions.

> *"We are happy and proud to announce that we have a strategic partnership with Artefact to leverage data and artificial intelligence and help us accelerate in our transformation."*

What were the key innovations that won the awards across the three categories?

- **Ahmad Murtada:** The prize for "Accelerating Therapeutic Innovation" went to the PLF team for an AI solution that predicts high responders to specific medication.
- **Ahmad Murtada:** The award for "Strengthen Engagement of Healthcare Professionals and Patients" was given to the Mate Trainer team, who developed a fully customized AI virtual trainer to impact interaction with healthcare professionals.

What were the executive impressions and final takeaways from the hackathon?

- **Virginie Dominguez:** She expressed sincere thanks to the teams for their energy and engagement, stating the hackathon was her best ever. The output from the three days was "just amazing," and the work done was "tremendous."
- **Olivier Laureau:** He stated that the event was profoundly inspired by Servier's core purpose: "to discover breakthrough innovation to save life." He encouraged everyone to be inspired by this purpose—the therapeutic progress for the ultimate beneficiary, the patient—every day.

Servier Hackathon Award Ceremony. (3)

Adopt AI
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> *"I was clearly it wasn't my first but it was actually my best. The output of these three days were just amazing."*

- **Servier** has entered an accelerated "new season" of digital transformation (since 2025) focused on three clear pillars: Therapeutic Innovation, Stakeholder Engagement, and Operational Efficiency.
- **The new strategic alliance with Artefact** focuses on the critical enabler of this acceleration: leveraging Artificial Intelligence and Data to move beyond foundational digitalization.
- **The inaugural hackathon p**roved that internal talent can rapidly produce high-value, purpose-driven AI prototypes (e.g., responder prediction, customized virtual trainers, supply chain risk systems) directly supporting the mission of patient care.

Q: What is the competitive edge of the Jury's Special Award winner in oncology?

- **Ahmad Murtada:** The winner, the Salesforce AI team, had a project that perfectly fits the ambition to "kill cancer." Due to its competitive advantage, the content cannot be fully disclosed, but it is known that the solution will significantly help researchers in the way they identify targets for oncology treatment.

What was the executive assessment of the hackathon's final output?

- **Virginie Dominguez:** She explicitly stated that the "output of these three days were just amazing." The work completed by the teams was "tremendous," and she expressed how "very very proud" she was of what they accomplished, suggesting the prototypes were of high business value.

What is the single most important long-term inspiration for the Servier teams?

- **Olivier Laureau:** He stated that the most important inspiration is the organization's purpose: "to discover breakthrough innovation to save life." He defined the ultimate goal as "the therapeutical progress for the ultimate beneficiary which are... the patient."

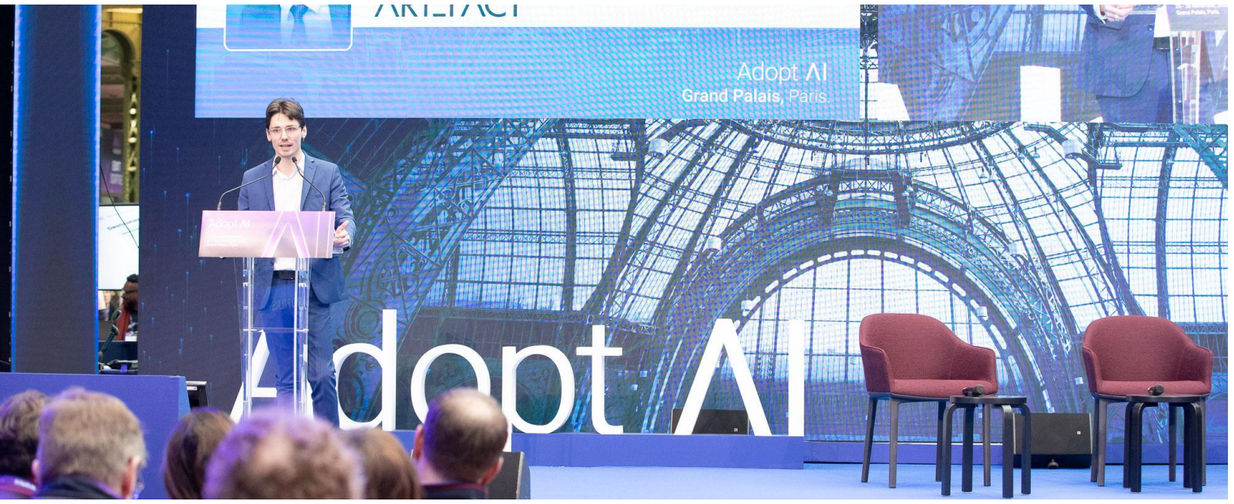
> *"Be inspired by a purpose and our purpose is the therapeutical progress for the ultimate beneficiary which are who are the patient."*

AI for Health Grand Palais Day 2
Opening Words.

Sébastien Marguerès,
Director AI for Health & Public Affairs

About Sébastien Marguerès: As the host and an organizer, Mr. Marguerès is responsible for the vision and execution of the AI for Health summit, which is held in conjunction with the broader Adopt AI event. His role involves steering the strategic direction of the conference, ensuring relevant topics like European adoption, data access, and regulatory compliance are front and center, building upon the 8-year history of the event.

About AI for Health Summit (via Adopt AI): The AI for Health Summit is positioned as the health vertical within the larger Adopt AI conference, which focuses on the widespread application and adoption of Artificial Intelligence across multiple sectors (finance, industry, travel, etc.). The event is a major gathering for the European AI ecosystem, currently hosting its 8th edition, demonstrating its longevity and importance in the technology calendar.



- **The challenge for the AI for Health** community is no longer just technological feasibility, but the practical, scaled adoption of AI within specific, regulated ecosystems, particularly in Europe. The core problem being addressed is the transition from pilot projects to real-world integration, which requires solving data accessibility and navigating rapidly evolving regulatory frameworks.

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- **The conference** agenda for the second day covers the breadth of AI adoption across numerous verticals, including finance, industry, planet, and travel, underscoring the necessity of AI adoption everywhere. Looking forward, Mr. Marguerès announced a concentrated programmatic shift for the next year's 9th edition, prioritizing three critical tracks:

European Adoption: A dedicated track will explore how European nations and companies are practically adopting AI within the European ecosystem. This includes discussing the practical use of frameworks like EHDs (European Health Data Space) for the secondary use of data.

Data Access: The challenge of accessing and leveraging health data will be a major focus, as it remains a "huge, huge challenge to tackle together" for industry growth and scalability.

Regulatory Updates: A third main focus will be the discussion of all relevant regulatory updates the industry will face, ensuring the ecosystem is prepared to integrate these changes effectively.

- **The conference's central mission** is to bring the entire ecosystem together—including partners, the scientific committee, and the managing team—to discuss practical adoption and collectively tackle shared challenges, ensuring a unified path forward for AI in health. The event is a confirmed date for the future, scheduled for December 2026, underlining its essential recurring role in steering the industry.

> *"This is a huge event about adoption of AI and we have to adopt it everywhere."*

The Midas Touch: Transforming Real World Oncology Data Through Collective Intelligence. (1)

Sophie Ollivier, Chief Data Officer R&D

Pascaline Villié, Project Director, Innovation & Data Division

Amaury Martin, Director of Innovation & Resource Development

About Sophie Ollivier: Head of Cancer Research Institute at Servier, focused on delivering high-impact drugs in oncology and accelerating drug discovery.

About Pascaline Villié: Data Strategy and Governance Director at AP-HP, focused on making healthcare data available for reuse for research and innovation.

About Amaury Martin: Director of the Valorization and Industrial Partnerships at Institut Curie, responsible for fostering collaborations to unlock the potential of clinical data.

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Why did Servier join the PCC data project, and what are the initial goals?

Sophie Ollivier: Servier joined because it perfectly aligns with their strategy to deliver high-impact oncology drugs alongside cutting-edge institutions and a dynamic startup ecosystem. The primary goal is to address data requests in a single list and receive a quick answer across all cluster hospitals, leading to further analysis if results are appropriate.

Why did AP-HP join the PCC, given its existing, extensive Data Warehouse (DW)?

Pascaline Villié: It was obvious for AP-HP's top management that they should contribute to the innovation ecosystem, especially as AP-HP accounts for one-third of cancer activity in the region. Their role is to build on their existing Data Warehouse—the first authorized by French CNIL in 2017—to contribute to the PCC dynamic. The AP-HP DW currently holds data on approximately 19 million patients across 38 hospitals, and PCC is seen as a great opportunity to accelerate and maximize this data's potential for reuse.

> *"most data is unstructured and when you want to look for a variable well most variables are within clinical documents written by doctors."*

The Midas Touch: Transforming Real World Oncology Data Through Collective Intelligence. (2)

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What are the key technical and structural challenges in making this multi-centric approach work?

Amaury Martin: Institute Curie strongly believes that structuring data internally is the first step, but unlocking the full potential requires a truly federated approach to communicate between all hospitals. This platform is a major step forward for accelerating data access for both researchers and industrialists.

What is Institut Curie's structural and administrative vision for the project?

Amaury Martin: The goal is a unified model not just for data (FHIR/OMOP), but also for data valorization. They aim to have a single platform and, critically, one single way of contracting to simplify administrative processes across the multiple institutions, reducing complexity for industrial partners. This effort is seen as laying the foundation for the future European Health Data Space (EHDS).

"Our ambition is to have the platform first but also to be able to have one single way of contracting with the the platform and that's that's a challenge."

How will the economic and operational model change from pre-PCC to post-PCC for institutions like Institut Curie?

Amaury Martin: The world is changing, and collective effort is necessary as a single hospital cannot build a platform to the required industry standard alone. Curie is looking to switch from a pay-per-view model to an economic model more adapted to industry needs. While single-institute contracts will remain for specific questions, the multi-centric approach is vital for questions regarding rare diseases or small, highly-defined patient populations.

"I should say that this human interaction is very valuable because it makes people also internally understand how they should refine the request to better take benefit of the whole data sets."

Pascaline Villié: For AP-HP, a key change is the trend toward using the Data Warehouse for fact-based feasibility studies, moving away from relying on doctors' estimates. Furthermore, the PCC centralized request point is creating a new, centralized way of organizing how AP-HP deals with external studies.

What is the most critical element still needing improvement from an industrial partner's perspective?

Sophie Ollivier: The most critical need is the reduction of the administrative burden. While the promise is 3 months for data access, adding nine months for contract signing does not accelerate the process, necessitating a new operational model for legal, administrative, and financing alignment. Furthermore, data must be harmonized and of high quality to facilitate computation, and eventually be connected to international datasets (like the EHDS).

Human. Machine. Care.

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Jan Beger, Global Head of AI Advocacy

GE HealthCare

About Jan Beger: As VP, Head of AI & Digital Health for Germany, Switzerland, & Austria at GE HealthCare, Mr. Beger drives the strategic implementation and adoption of advanced digital solutions and AI to transform regional healthcare delivery and address critical system challenges.

About GE HealthCare: GE HealthCare is a leading global medical technology, pharmaceutical diagnostics, and digital solutions innovator. With a trailing twelve-month revenue of approximately $20.25 Billion and over 53,000 employees globally, the company is headquartered in Chicago, IL, USA, and is dedicated to creating a world where healthcare has no limits.

- **Global healthcare systems face an urgent,** multi-faceted crisis driven by exponential data growth, leading to critical clinician burnout, patient safety concerns (1 in 10 chance of harm), and a severe capacity gap that requires immediate technological injection.
- **The Data Tsunami:** The volume of medical data worldwide doubles approximately every 72 days (compared to 3.5 years in 2010), with 30% of global data being health-related. This volume makes information consumption impossible for clinicians; for example, a General Practitioner would need to read for 21 hours each day just to keep up with primary care literature.
- **The Unused Data Burden:** A staggering 97% of the data generated in healthcare is unused, unharnessed, and unleveraged, providing no benefit to patient outcomes. This vast, untapped resource is often viewed as a cost/burden due to storage and maintenance, which AI must convert into a source of value.
- **The Capacity and Burnout Crisis:** The sector is struggling with a global shortage of approximately 7 million healthcare professionals, a number projected to grow to 10 million by 2030. High workload (70% of clinicians seeing more patients) and administrative demands contribute to high burnout rates, with 50% of radiologists experiencing burnout.
- **The AI Tipping Point (2025):** The recent breakthrough is attributed to two technologies: Multimodal AI (Foundation Models capable of synthesizing diverse data types—like imaging, labs, and notes—to create a holistic patient context, mimicking human diagnosticians) and Agentic AI (Automating discrete steps within controlled, human-overseen workflows to reduce administrative load and improve efficiency).
- **The Imperative of Responsible AI:** Due to the inherent caution required in patient care (contributing to a slower digital transformation), all AI technologies must be thoroughly tested and validated to ensure they do not harm patients, making Responsible AI a critical focus from the onset of development, not an afterthought.

> *"97% of the data we are generating is unused unharnessed unleveraged and does nothing to improve patient outcomes."*

The Clinical AI Shift: How Hospitals Are Moving from Pilots to Practice. (1)

Brian Guttadauria, Chief Technology Officer, Hybrid Cloud

Dr. Eva-Maria Hempe, Executive Director Public Sector EMEA

Jan Beger, Global Head of AI Advocacy

About Brian Gruttadauria: As Global Health and Life Sciences CTO at HPE, he drives technology strategy and infrastructure solutions for the healthcare sector.

About Dr. Eva-Maria Hempe: As VP and Head of Strategy and Business Operations at Philips, she focuses on scaling technology and driving strategic vision in healthcare.

About Jan Beger: As Head of AI Advocacy at GE Healthcare, he champions the adoption and understanding of AI across the medical technology space.

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Why is it difficult to scale AI innovations easily in the healthcare sector today?

Dr. Eva-Maria Hempe: The primary challenge is an "over-choice" of possibilities. What is ready for immediate scaling is often the "less sexy" workflow automation and mundane tasks, such as note-taking, billing processes, and procurement/stocking. These deliver immediate value and open up avenues for more ambitious, diagnostic-focused AI down the line.

Jan Beger: Compared to other industries, healthcare is slow, but for good reason. AI is not new (e.g., deep learning in MRI to reduce scan times and breath holds), but adoption has historically focused on easier Computer Vision spaces like radiology due to solid ground truth data. The higher-value, more complicated use cases lie elsewhere.

Is data access a significant block to scaling AI in hospitals?

Brian Gruttadauria: Yes, the access to data is restrictive due to compliance and regulatory reasons. The challenge lies in dealing with both structured and unstructured data. Being able to access and apply AI models, especially to unstructured data, is crucial for extracting value and improving patient care.

> *"Working through that takes a lot of work. And typically a good approach is to have a good strategy. Having a key, having a strategy that really lets you understand how you're going to access that information... is really important."*

The Clinical AI Shift: How Hospitals Are Moving from Pilots to Practice. (2)

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What is the blueprint for an IT Director to successfully scale an AI pilot across a country and then Europe?

- **Dr. Eva-Maria Hempe:** The initial pilot must be part of a bigger picture and compelling vision of the end state. The strategy should combine two "whats":
- **Process Automation:** For quick returns to build the business case.
- **AI as an Assistant:** System support for humans across the entire hospital value chain. The strategy also needs a "how"—a unified infrastructure architecture and a roll-out blueprint that can be given to other hospital systems.

How can healthcare leaders overcome change management issues and convince physicians to adopt AI, especially concerning model quality and trust?

- **Dr. Eva-Maria Hempe:** Change management is not an afterthought; it must be baked in. Leaders must focus on "what's in it for people," by solving real problems for the end-users. A great example is ambient listening/note-taking, which frees up doctors to focus on helping patients, their primary motivation. Trust is built through an initial phase of comparison and check-ins, allowing familiarity to build until the technology is trusted and adopted. The fear of AI must be addressed in a structured way, leveraging champions who are early adopters.

> *"You don't become a doctor to take notes. You become a doctor to help people. So, if you have somebody who takes does a note-taking for you, why wouldn't you use it?"*

- **Brian Gruttadauria:** The technology approach must include Human-in-the-Loop (HIL) to ensure accuracy and build trust. This is a new technology, and human oversight is necessary during the definition and delivery of the use case.
- **Jan Beger:** Beyond a clear strategy and vision, governance is a major aspect, specifically model monitoring and post-market surveillance to prevent model/data drift. Crucially, healthcare professionals (HCPs) and clinicians must be upskilled through AI literacy programs (e.g., GE Healthcare's program) to be successful. Education empowers frontline staff to identify useful AI use cases.

> *"I also believe and I hope that um healthcare professionals prof uh clinicians will be incredibly well served by AI over the next decade. It's going to be a transformational impact to how we operate healthcare as a whole."*

As a technology provider, how does HPE help hospitals manage their infrastructure for AI adoption?

- **Brian Gruttadauria:** HPE partners with Nvidia to bring AI to the data, addressing hospital restrictions. They offer a full-stack, turnkey system called Private Cloud AI to deliver time-to-value, allowing hospitals to immediately start writing ML pipelines and agents. HPE also works with over 50 partners (including a dozen in healthcare) through its Unleash AI program, as infrastructure is only one layer of the total solution.

From Science to Solutions, AI Adoption as the Key to Next-Generation Health. (1)

Hugo Ceulemans, Senior Director Discovery Data Sciences

Johnson&Johnson

Patrick Pérez, CEO

/ kyutai

Paul S. Addison, Chief Scientist for Data Science & AI

Medtronic
Engineering the extraordinary

Hela Ghariani, Co-Head of the French Ministerial Delegation for e-Heath

MINISTÈRE
DE LA SANTÉ, DES FAMILLES,
DE L'AUTONOMIE
ET DES PERSONNES HANDICAPÉES
Liberté
Égalité
Fraternité

About Hugo Ceulemans: Head of Artificial Intelligence & Machine Learning - R&D at Johnson & Johnson.

About Patrick Pérez: Chief Executive Officer (CEO) of Kyutai, a non-profit open science research lab.

About Paul S. Addison: Senior Director, Acute Care Monitoring Innovation at Medtronic.

About Hela Ghariani: Deputy Head of Department, Digital Health & AI at the French Ministry of Health (Délégation au Numérique en Santé).

How is AI currently transforming drug discovery and development at J&J?

Hugo Ceulemans: AI is pervasive, moving from isolated pilots to connected, end-to-end processes across the R&D value chain. In early research, it helps select the right drug modality (small molecules, peptides, antibodies) and then pre-screens designs for activity or toxicity virtually before massive-scale execution. It aids in scale-up, determining clinical study locations, and reducing patient burden, such as using AI to analyze pictures of treatment evolution (e.g., for psoriasis trials). Crucially, all these applications are now integrated, forming a singular end-to-end trail.

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How is AI changing medical devices, particularly in acute care monitoring at Medtronic?

Paul S. Addison: Medtronic is leveraging AI to move from wired, therapeutic monitoring to touchless sensing, collecting data like respiratory rate, heart rate, and patient posture using cameras and other modalities. Examples include finding real-time, continuous, and quantitative vital signs (e.g., activity) in the NICU and reducing wires in sleep labs. To overcome the high cost and lack of data for new technologies, Medtronic is heavily investing in digital twins to synthesize data for AI training, using real patient data primarily for validation.

How does Kyutai's work directly impact patient lives today?

Patrick Pérez: Kyutai is an open-science, nonprofit foundation models research lab focused on voice technology for accessibility and human dignity. He introduced "Invincible Voice," an open-source, voice-based technology for ALS patients (like entrepreneur Olivier Goy) who have lost the ability to speak. The system uses a robust transcription, a personalized LLM to propose relevant answers, and a speech synthesis module to utter the chosen response using the user's original voice/style. He stressed the importance of recording one's voice early upon diagnosis for this technology to be effective later.

From Science to Solutions, AI Adoption as the Key to Next-Generation Health. (2)

Adopt AI
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hat concrete actions is the French government taking to improve data sharing for AI in healthcare?

- **Hela Ghariani:** The French government supports the European Health Data Space (EHDS), a game-changing regulation where data produced daily in the healthcare system will be designed to be reusable by default for innovation and research (with a citizen right to opt-out). France has a public organism (created in 2019) and a network of hospitals with data lakes to make this data available. The goal is to network these providers to potentially lower data access prices, describing data sets with common standards at the European level.

What is the right balance with regulation to both ensure safety and accelerate AI deployment?

- **Hugo Ceulemans:** The answer is context-dependent, based on a risk-based assessment. In deployed healthcare (massive scale, experience built-up), the bar should be extremely rigorous to protect patients, an approach the EU embraces. However, in R&D, where there is no patient scale or pre-existing experience, setting the same high bar would stifle innovation. He praised recent EU steps to streamline cross-sector regulations and accommodate the R&D exception in the AI Act, arguing for a nuanced, flexible approach.

> *"And once this done in a couple of of seconds, then the there is a a speech synthesis module which utters the sentence or the answer with this voice and the speaking style of the user and it it does make such a difference..."*

> *"The most important thing and I'm going to round up there is that all of those things start handing over information one to another so it becomes this one end to end uh end to end trail..."*

What other key actions can governments take to help AI scale in the healthcare ecosystem?

- **Public Assessment & Financing:** Finance the assessment of new AI solutions in healthcare organizations (hospitals, private practices) to measure both quality of care/patient benefit and financial efficiency/return on investment (ROI). Publishing these proven ROIs encourages other organizations to adopt and deploy the technology.

- **National Economic Incentives:** Implement national-level economical models where the incentive is on system-wide efficiency, not just individual buyers. A new model, recently voted by the French Parliament, will pay a medical support system provider a percentage of the actual efficiency economy generates for the national insurance fund.

From Science to Solutions, AI Adoption as the Key to Next-Generation Health. (3)

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> *"So a lot of the stuff we're doing now is investing heavily in digital twins, synthesizing the kind of data and then using that to train our AI and then using the you know real data to to validate the the results from from that uh information that we gain from our digital twins."*

How do you ensure solutions remain reliable and safe after deployment, given modern AI complexity?

- **Patrick Pérez:** Three key approaches are necessary:
- **Adaptability:** Models must be able to adapt and personalize to a given user/patient without needing a full retraining.
- **Openness:** Making the foundational elements of these tools open-source is vital for transparency, the possibility of audit, maximizing impact, and building trust.
- **Efficiency:** Building systems that are small enough to run locally improves practicality, sustainability, and enhances privacy and safety.

How do explainability and transparency help build trust, especially in medical devices?

- **Paul S. Addison:** Explainability must be contextually relevant for the target audience: clinicians, patients (especially for consent), or regulators. Regulators (FDA, MHRA) require deep "theory of operations" for a device, while a patient needs a simpler explanation (e.g., AI learned from similar images). He cited an active Medtronic project using AI to suppress inconsequential "nuisance alarms". The current challenge is figuring out how to explain the AI's pause to the end-user clinician (e.g., display, pop-up, or signal saliency maps) so they feel comfortable and understand the action (or lack thereof).

> *"The idea is pretty um gamechanging because it considers that when data is actually produced on a daily basis in our healthcare system... This data needs to be designed to be reused."*

Smarter Care, Stronger Ecosystems: How AI Becomes the Co-Pilot of Healthcare Transformation. (1)

Marie Morice-Morand, Associate Director of Innovation & Digital

Dr. Nicolas Gatulle, CEO & Co-Founder

Axel Voss, Member of the European Parliament

About Marie Morice-Morand: She is the Associate Director of Innovation and Digital for Amgen France, specializing in oncology, hematology, rare diseases, and inflammation.

About Dr. Nicolas Gatulle: He is an anesthesiologist and the founder of the startup Paper Do, which builds AI solutions to help healthcare professionals (HPs), researchers, and patients find scientific information and fight against fake news.

About Axel Voss: He is a center-right politician from Germany serving in the European Parliament and is a lawyer by background, having recently dealt with data protection (GDPR) and the AI Act.

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What are the major challenges in adopting AI within the pharma/biotech ecosystem?

- **Marie Morice-Morand:** The technology is evolving faster than the ecosystem it serves. Key challenges are: 1) AI is only as strong as the quality data it learns from; 2) Innovation must move at the speed of trust; and 3) Technology adoption requires human transformation first. A case study in clinical trial patient recruitment showed great results but was hampered by slow data governance, lack of "one-click" solutions, and the need for extensive training for HPs on inputting parameters correctly (e.g., biomarker spelling).

- **Axel Voss:** Europe needs greater speed and a new strategic plan to scale up without fragmenting itself. A key political challenge is balancing the need for quality, accessible data with existing privacy and data protection principles designed for an era where data was considered a resource to be minimized or deleted (e.g., GDPR).

How do you bridge the gap between healthcare provision and entrepreneurial tech development?

- **Dr. Nicolas Gatulle:** Entrepreneurs must map the triangle of the final user, the decision-maker, and the payer to accelerate integration. From an HP perspective, the human must be at the center of the innovation process to address the fear of replacement. Like a streaming platform where the AI is hidden, the ultimate goal of the technology is care, and the human HP must retain the final say, exemplified by a product failing because it was designed for investors, not for doctors' daily utility.

> *"The technology is evolving much faster than the ecosystem."*

Smarter Care, Stronger Ecosystems: How AI Becomes the Co-Pilot of Healthcare Transformation. (2)

Adopt AI
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What is the single most critical missing element to strengthen the ecosystem and "move the needle"?

- **Axel Voss:** We need to inject more management skills and speed into administration and politics instead of waiting for the "last man on board". A radical, top-down approach is necessary, urging a management mindset to "break things fast" to move beyond fragmentation.

- **Dr. Nicolas Gatulle:** Focus on putting the human at the center of the innovation process. The industry must work hand-in-hand with final users (HPs and patients) to educate them on the limits and risks, just as they would with any new drug.

- **Marie Morice-Morand:** Europe must ensure it doesn't "protect so well that it forgets to innovate". We have the data, talent, and science, but the missing element is speed and alignment. We need to allow for continuous testing and learning with authorities and different actors around the table to move forward.

> *"The final user is not the decision maker and the decision maker is not the final payer."*

- **The shift in the AI/Healthcare** discourse is from simple Adoption to complex Integration, highlighting a systemic failure in fragmented, siloed procurement and policy processes.

- **Overcoming the human barrier** requires placing the HP/Patient at the center of innovation to build trust and counter the fear of replacement, ensuring the human remains the final decision-maker.

> *"Deleting data today means throwing away resources but politically it's very very hard to come to such a situation."*

- **Europe** must urgently balance the need for speed, interoperability, and access to quality data with existing, sometimes anachronistic, privacy regulations to avoid protecting itself out of the global innovation race.

Redefining Health Through the Patient's Power. (1)

Adrien Coulet, Researcher and co-lead of HeKA, a joint Inria-Inserm lab

Nacim Rahal, Vice President, Data & AI

DR. Derya Sahin, Data & AI in Health Specialist, Physician

About Adrien Coulet: A Research Scientist at INRIA and HEKA (a joint lab with Inserm and the University of Paris City), his research combines data and expert domain knowledge in LLMs to guide clinical decision-making in digital health.

About Nacim Rahal: Vice President of Data and AI at Doctolib, responsible for building and scaling real-world AI products for patients and practitioners.

About Dr. Derya Sahin: The inaugural Lead of the OECD Expert Group on AI for Health, offering a policy perspective on AI, healthcare, and global health equity.

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In what specific ways are your AI tools empowering patients to improve access to healthcare and working with practitioners closer together?

Nacim Rahal: Doctolib's core mission is to enable access to care. AI is now deployed to bridge gaps for those less comfortable using online systems, specifically via a phone assistant (live in Germany, launching in France) that handles booking, modification, and basic health inquiries (with practitioner validation) via call. Critically, AI solutions for practitioners, such as an AI scribe/consultation assistant, save general practitioners and pediatricians approximately 5 hours and 30 minutes per week by reducing administrative load. The AI removes the mental load and saves about a third of consultation time previously spent typing, thereby increasing medical capacity and improving patient access indirectly. A new joint lab with INRIA is dedicated to optimizing patient journeys and outcomes, specifically addressing access constraints.

What research standards and safety protocols are most critical when developing AI systems for clinical decision-making, and how do you address bias?

Adrien Coulet: Rigorous evaluation is necessary to prove the superiority of new approaches using diverse metrics. Fairness metrics are essential to ensure that a clinical decision support system achieves consistent performance across all identified sensitive groups in the population. A primary source of bias is data scarcity and siloed data structures. Current hospital data, though detailed, is often isolated from crucial primary care or outpatient records. The collaboration with Doctolib aims to combine rich hospital data with primary care data to overcome these silos, which currently perpetuate inequality in prediction quality.

> *"The technology is evolving much faster than the ecosystem."*

Redefining Health Through the Patient's Power. (2)

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How can we make sure that AI-driven healthcare innovation actually benefits diverse populations across different healthcare systems and economic contexts?

- **Dr. Derya Sahin:** Success hinges on "reimagining retailing tech"—moving beyond a purely technological focus. Adoption failure is often due to non-tech factors: the solution must be easy to use, accessible (meaning users have the resources and infrastructure), and meet a demonstrable need. She cites an example in a developing country where a well-developed state app for rural health workers failed because the low-paid workers could not afford the necessary smartphones and data packages. In Europe, low digital literacy is a staggering barrier, with 45% of Europeans lacking basic digital skills (15% in France). This lack of literacy must be addressed to digitalize healthcare effectively.

> *"The final user is not the decision maker and the decision maker is not the final payer."*

Given that doctors can disagree up to 60% of the time, how do you build AI tools when there is difficulty in evaluating the criteria of a successful AI tool?

- **Nacim Rahal:** In developing the reference data for the "Doctolib Parents" AI chat, expert pediatricians agreed only about 40% of the time, confirming significant noise and disagreement in clinical practice. The solution involves clarifying explicit guidelines to remove ambiguity, using odd numbers of experts for majority votes, and sometimes forcing consensus. The difficulty is reflected in the code base: approximately 90% is dedicated to evaluation, and only 10% to the patient-facing product, underscoring the immense effort required to ensure safety and handle inherent variability.

- **Adrien Coulet:** From a technical standpoint, the focus is on utilizing reasoning capabilities and robust sourcing . AI systems must provide traceable explanations for their suggestions, linking them to specific exams, results, or published expert guidelines.

> *"Deleting data today means throwing away resources but politically it's very very hard to come to such a situation."*

- **AI's value** is currently proven through boosting access via both direct patient communication tools and significant administrative time savings (over 5 hours weekly) for practitioners.

Boosting Drug Discovery with Agents & Digital Twins. (1)

Adopt AI
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Thomas Fuchs, Senior VP & Chief AI Officer

Szabolcs Nagy, CEO & Co-Founder

David Cahané, General Manager & Co-Founder

About Thomas Fuchs: SVP and Chief AI Officer at Eli Lilly; former Dean of AI and Human Health at Mount Sinai and founder of Paige AI.

About Szabolcs Nagy: Co-founder and CEO of Turbine; an expert in virtualizing biological experiments to predict cancer cell behavior.

About David Cahané: Co-founder and GM of Bioptimus; previously Chief Solutions Officer at Owkin with a focus on deep-tech venture scaling.

Can you clarify the concept of a digital twin and its role in drug development?

- **Thomas Fuchs:** Digital twins are digital replicas of physical or biological processes, ranging from single cells to entire manufacturing lines. At Lilly, we utilize high-granularity models to optimize manufacturing; for example, a digital twin for medicine drying processes allowed us to deliver millions of additional doses to patients, showing immediate ROI. While discovery is a longer-term goal, these high-capacity deep learning models allow for unprecedented fine-grained modeling of biology.

What are the primary challenges to making these technologies work long-term?

- **Szabolcs Nagy:** Data is the key limitation, but specifically the "unsexy" work of harmonizing diverse, biased, and "dirty" datasets from multiple laboratory sources into a single model. Additionally, utility is a hurdle; we must integrate these simulations into current laboratory workflows so they are viewed as rational engineering tools rather than just novelty generators.
- **Thomas Fuchs:** Compute is no longer the bottleneck; the focus has shifted to organizational change and data. Lilly has decades of data, including failed experiments, which is crucial because public data is biased toward success. Training AI on failures is essential to building accurate twins.

> *"Language will not solve that... you need these dedicated models. There's no way around to doing actually the hard stuff."*

Boosting Drug Discovery with Agents & Digital Twins. (2)

Adopt AI
GRAND PALAIS

What is the high-level activity and strategy for Turbine?

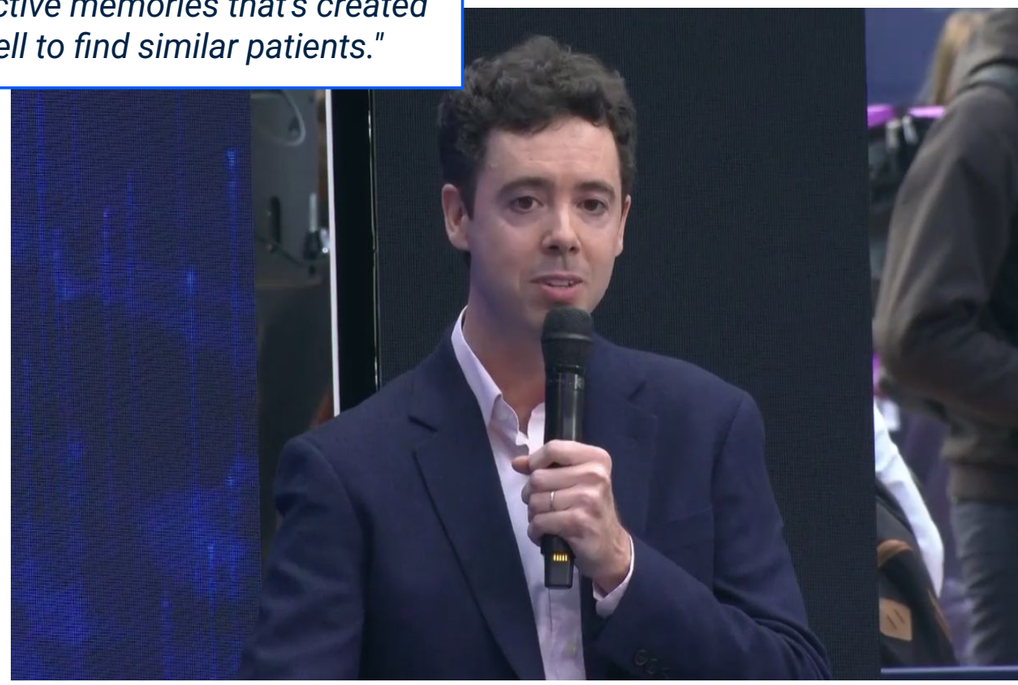
- **Szabolcs Nagy:** Turbine creates a "virtual cell" that predicts the behavior of cells in laboratory settings to learn fundamental biological mechanisms. We have realized that the best path to adoption is virtualizing the assays pharma companies already run, turning an empirical discovery process into a rational engineering workflow. This approach is driving our partnerships with AstraZeneca and Merck.

Tell us about Bioptimus' mission and the strategy behind universal foundation models.

- **David Cahané:** Our mission is to develop large-scale universal foundation models that act as the "brain" for digital twins. The old paradigm of task-specific AI is dead; we now train models across tasks and diseases. Because biology is multi-modal, we must integrate transcriptomics, proteomics, and imaging from day one to fully capture biological complexity.

> *"Instead of saying 'I'll generate another large data set and that's what will make me win,' think about how you bring together data from multiple co*

> *"And with this archetype we are able in this massive collective memories that's created in hospitals well to find similar patients."*



How does H-Optimus-01 lead toward a fully-fledged digital twin?

- **David Cahané:** H-Optimus-01 is a foundation model for digital pathology, currently one of the most accurate in the world. It identifies biomarkers using smaller datasets, which is vital for oncology. Our vision is a reasoning model that scales from molecules to cells, tissues, and eventually the entire patient. We start with histology because it is a mature field for AI and serves as a platform to expand into clinical and molecular data.

The Future of AI for Life.

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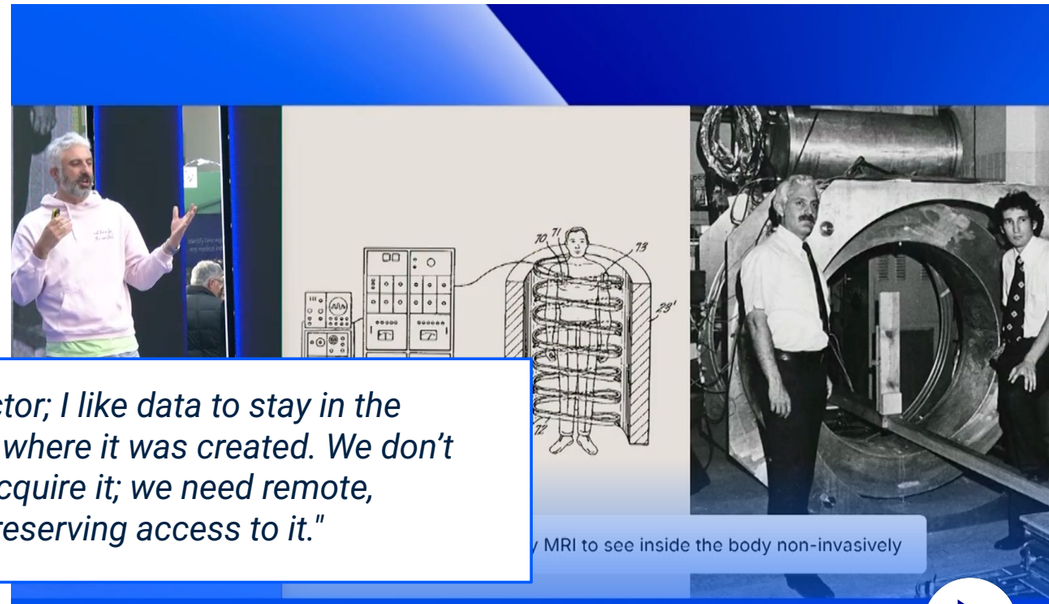
Thomas Clozel, Chief Biology ASI & Co-Founder

OWKIN

About Thomas Clozel: A former clinical onco-hematologist and Assistant Professor, Clozel transitioned from clinical practice to tech to solve the "data silo" problem in medicine. He is a pioneer in applying Federated Learning to drug discovery and was named a "Young Global Leader" by the World Economic Forum.

About Owkin: Revenue: ~$50M (Est.); Employees: ~300+; HQ: New York/Paris; Mission: To find the right treatment for every patient through AI.

- **The pharmaceutical** industry faces a "productivity crisis" where the cost of drug development is rising while the probability of success remains low, largely due to a lack of access to high-quality, diverse patient data trapped in hospital silos.
- **Federated Learning Paradigm:** Instead of moving sensitive patient data to the cloud, Owkin "takes the model to the data." This allows AI to learn from multi-center datasets (hospitals and labs) without ever compromising patient privacy.
- **Multimodal Data Integration:** Success in precision medicine requires shifting from unimodal analysis to "multimodal" and "multiscale" approaches—combining genomics, pathology slides, and clinical records to find causal biological signals.
- **Agentic AI for Biology:** The introduction of "Owkin K" (Agentic AI) marks a shift toward AI that can reason through biological complexity, automating the discovery of novel biomarkers and drug targets.
- **The future of "AI for Life"** is an end-to-end "AI Biotech" model that replaces vertical, fragmented bets with a horizontal, data-driven platform capable of decoding the ground truth of human biology.
- **Decentralization is Key:** Privacy-preserving Federated Learning is the only viable way to build the massive, diverse datasets required for general-purpose biological intelligence.
- **Causality over Correlation:** To improve drug success rates, AI must move beyond identifying patterns to understanding the causal links between a gene, a cell, and a disease outcome.
- **The "AI Biotech" Evolution:** Traditional Pharma must evolve into "AI-First" organizations that prioritize data-driven pipelines over legacy chemistry-heavy discovery methods.



"I'm a doctor; I like data to stay in the hospitals where it was created. We don't need to acquire it; we need remote, privacy-preserving access to it."

Rethinking How We Regulate & Evaluate Health Technologies in the AI Era. (1)

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Saila Rinne, Head of Unit “ Artificial Intelligence in Health & Life Sciences” at the EU AI Office

Prof. Hiroki Habuka, research Professor

Francesca Colombo, Head of Health Division

Prof. Petra Ritter, Coordinator

About Saila Rinne: Head of Unit for Artificial Intelligence in Health and Life Sciences at the European Commission’s AI Office.

About Prof. Hiroki Habuka: Research Professor at Kyoto University and world-leading expert on agile governance and distributed regulatory models.

About Prof. Petra Ritter: Director for International Affairs at Charité Berlin and lead of the European Testing and Experimentation Facility (TEF) for Health AI.

About Francesca Colombo: Head of the Health Division at the OECD, directing global work on health system performance and digital transformation.

What are the most important lessons regulators should learn from the scientific community regarding AI evaluation?

Prof. Petra Ritter: The primary challenge is the current absence of standardized test catalogs for "trustworthy AI." To solve this, the TEF Health initiative is developing validation frameworks specifically for the clinical sector. It is vital to embed these testing facilities directly within hospitals, as clinical researchers are the only ones capable of determining if an AI system provides genuine patient benefit in a real-world environment. This physical integration is the foundation of institutional trust.

How can Europe ensure that its various regulatory frameworks work together rather than in silos?

Saila Rinne: The complexity of the "regulatory puzzle"—including the AI Act, GDPR, and Medical Device Regulation (MDR)—is a known hurdle. To mitigate this, the Commission has introduced a simplification initiative and the "AI Act service desk" to provide direct support. Expert-drafted guidance documents now specifically address the interplay between the AI Act and the MDR, ensuring that innovators have a clearer roadmap for multi-layered compliance.

What are the main obstacles to interoperability and regulatory alignment across countries?

Francesca Colombo: Scalability is hindered by four main barriers: 1) Fragmented frameworks within countries (e.g., disparate privacy laws in Canadian provinces); 2) Divergent interpretations of shared laws like GDPR (e.g., differing definitions of "public interest" between Germany and Finland); 3) A lack of political will to enforce semantic standards; and 4) A massive digital skills gap where the majority of health workforce mismatches are linked to data interpretation.

Rethinking How We Regulate & Evaluate Health Technologies in the AI Era. (2)

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How does Japan's "soft law" approach to AI governance work in practice?

- **Prof. Hiroki Habuka:** The "soft law" label is often a misconception; Japan applies "hard law" (copyright, health, data protection) to AI, but lacks a single, holistic "AI Act" like the EU. Japan's model is outcome-based and "future-proof," requiring businesses to be proactive in risk management rather than waiting for government instructions. Culturally, Japan's "robot-friendly" history allows for a more promotional stance, where AI can be viewed as a "friend" rather than just a tool.

What conditions are essential for regulatory sandboxes to accelerate responsible innovation?

- **Prof. Petra Ritter:** Under the AI Act, sandboxes must allow testing in real-world environments, which in healthcare means clinical settings. However, a significant bottleneck remains: the lack of harmonized medical "outcome measures." Without standardized metrics to define what a "good" medical result looks like, we cannot objectively compare or validate the performance of AI systems across different regions.

"Because AI system itself cannot be perfect, you have to communicate with stakeholders... to make sure that this AI system will not cause severe damage."

"The commission published and announced in April this year the AI continent action plan that has really ambitious goals for Europe to advance AI and trustworthy AI."

How should evaluation models evolve for AI technologies that change constantly?

- **Francesca Colombo:** We must move away from "fixed" pharma-style evaluations. We need a flexible system that distinguishes between major changes (requiring re-evaluation) and minor updates. Criteria must expand to include privacy, cyber-security, and data bias. The goal is a "fast-track" entry pathway paired with mandatory, continuous re-evaluation using real-world evidence to monitor safety in real-time.

How can policy makers balance flexibility and accountability in AI regulation?

- **Prof. Hiroki Habuka:** Trustworthiness must be assessed at three levels: 1) The system (via "red teaming" since code alone is too complex); 2) The organization (verifying their risk management and documentation); and 3) Stakeholder communication. Because AI is probabilistic and never 100% safe, "acceptable risk" is a cultural decision that must be determined through continuous multi-stakeholder dialogue.

Rethinking How We Regulate & Evaluate Health Technologies in the AI Era. (3)

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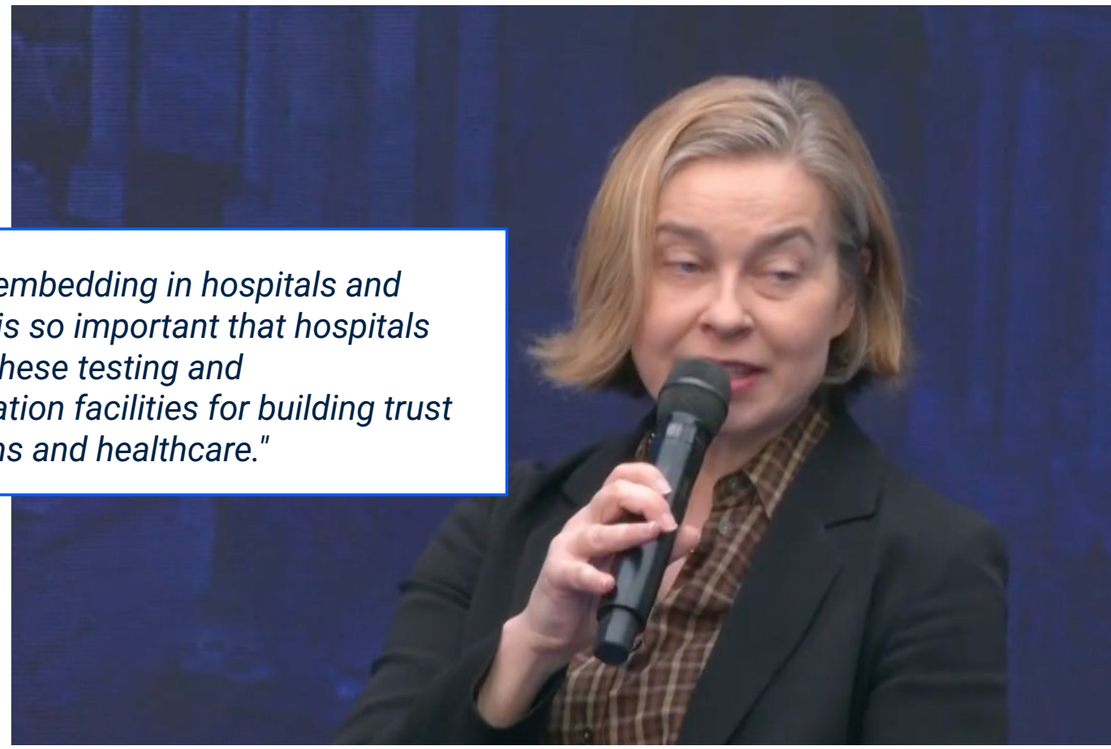
> *"Unless really we leverage and achieve the scale we will not have all the potential gains... whether it's in terms of innovations, research, or cutting waste in health systems."*

- **Regulatory agility** is mandatory; static "one-and-done" approvals are incompatible with the iterative nature of machine learning.
- **Fragmentation** is the "disease" of the health sector; scaling AI requires harmonized outcome metrics and legal interpretations across borders.
- **Trust is not a technical** setting but an organizational and cultural outcome, requiring physical validation in clinical settings and proactive risk management.



> *"It requires embedding in hospitals and therefore it is so important that hospitals are part of these testing and experimentation facilities for building trust in AI systems and healthcare."*

How will the EU's pillars of data and skills make it a global leader in AI?

- **Saila Rinne:** The "AI Continent Action Plan" focuses on "AI Factories"—high-performance computing centers—to build ecosystems in specific domains. By unlocking high-quality genomic and medical imaging data via the European Health Data Space and attracting top-tier talent, the EU aims to create a trustworthy infrastructure that supports the large-scale adoption of AI across the entire health sector.

Call for Abstracts Award Ceremony.

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Prof. Stéphanie Allassonnière, VP, Valorisation & Chair of the Prairie Institute

Université Paris Cité

David Cahané, Co-Founder & General Manager

BIOPTIMUS

Prof. Pierre-Antoine Gourraud, Professor & Healthcare Practitioner

Nantes Université

Prof. Céline Hudelot, Professor & Head of the MICS Laboratory

CentraleSupélec

Dr. Raphaëlle Parker, Expert AI for Health

Prof. Antoine Tesnière, Managing Director

ParisSanté campus

Dr. Kevin Yauy, Physician & PhD in AI, Head of the Generative AI in Health Lab - ERIOS

MONTPELLIER CHU CENTRE HOSPITALIER UNIVERSITAIRE

- **The "AI for Health"** summit identified a critical need to ground B2B business activities in rigorous scientific research, launching its first-ever "Call for Abstracts" to bridge the gap between breakthrough laboratory innovation and market-ready healthcare solutions.
- **The competition** evaluated global projects from the UK, Iran, and France, focusing on five high-impact domains: antibody optimization via AI, LLM-driven OMIX data analysis, spheroid-based drug prediction, AI-enhanced EEG interpretation, and microsatellite instability deciphering.
- **Selection criteria** prioritized both "trendy" foundational models and research deeply rooted in clinical reality, emphasizing the ability of AI to translate complex data into actionable medical insights.
- **The winning project,** "Jim," demonstrated a specialized application of AI in analyzing EEG data to assist doctors in diagnosing neurological diseases, showcasing a shift toward specialized diagnostic support tools.
- **The summit concludes** that scientific excellence is the prerequisite for business innovation; as a reward, the winner receives a platform for the 2026 edition to facilitate the transition from research to commercial scaling.

AI FOR HEALTH

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