

NATIONAL  
ACADEMIES

Sciences  
Engineering  
Medicine

SESSION 8:

# Putting it all Together: Envisioning the AI Future for Cancer Research and Care

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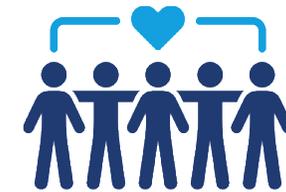
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# There are 2 Distinct Stakeholders in Cancer Care and Research, Who Have Very Different Needs



**Physicians  
Navigators  
Nurses**



**Patients  
Families  
Caregivers**

High education and high literacy

Rational

High SES

Access to and proficiently uses technology



Very broad range of education and literacy  
(5th-grade reading level to graduate)

Emotional and not in the best state of mind

Financial and logistical challenges

Lack of Access, Information overload  
Needs day-to-day support and navigation

Fragmented care systems  
Burnout

# There is a Huge Imbalance in Technology, Digital Health and AI Investments



- Predominant investments in AI are in the fields of genomics, radiology, pathology, clinical innovations in Cancer Research and Care solutions for physicians and healthcare institutions.
- AI innovations and technology infrastructure have not focused on the **lived-experience needs of patients and caregivers.**
- There are 15 dimensions of inclusivity to solve for.



# It is Time That we Also Focus on AI Innovations to Benefit Patients and Caregivers in Cancer Care and Research.



eConsent



Create Language and Cultural relevance through conversational AI and content AI



AI to enhance patient experience as a patient assistant



AI for participant-facing research navigation



Provide patients access to their own data through explainable AI



Increase patient Engagement (automated notifications, reminders in local language, culturally sensitive)

**NCI/NIH and the broader USG have invested a lot to achieve this aim, and these investments can be leveraged for Cancer AI.**

# To Build Trust, Patients' Concerns Must be Adequately Addressed by Any Agentic AI Solution. Explainability is the Key.



- “Is a machine making decisions about my life?”
- Data privacy and secondary use of genomic data
- Bias affecting underserved populations
- Loss of human connection
- Unclear accountability if something goes wrong –  
Need governance



# Five Patient-Centered Action Areas



1

Ensure **accountability, governance** and adaptive oversight

2

**Co-design** with patients and caregivers  
**Ensure CULTURAL RELEVANCE and LANGUAGE**

3

Make AI transparent and **explainable**

4

Ensure **replication and reproducibility** of DATA

5

**Reduce burden** across the care and research journey

**If AI reduces fear, confusion, and inequity for patients and caregivers, we will have succeeded. If it adds opacity, burden, or bias, we will have failed – no matter how sophisticated the technology.**

thank you

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