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Innovations in Publications

April 2026



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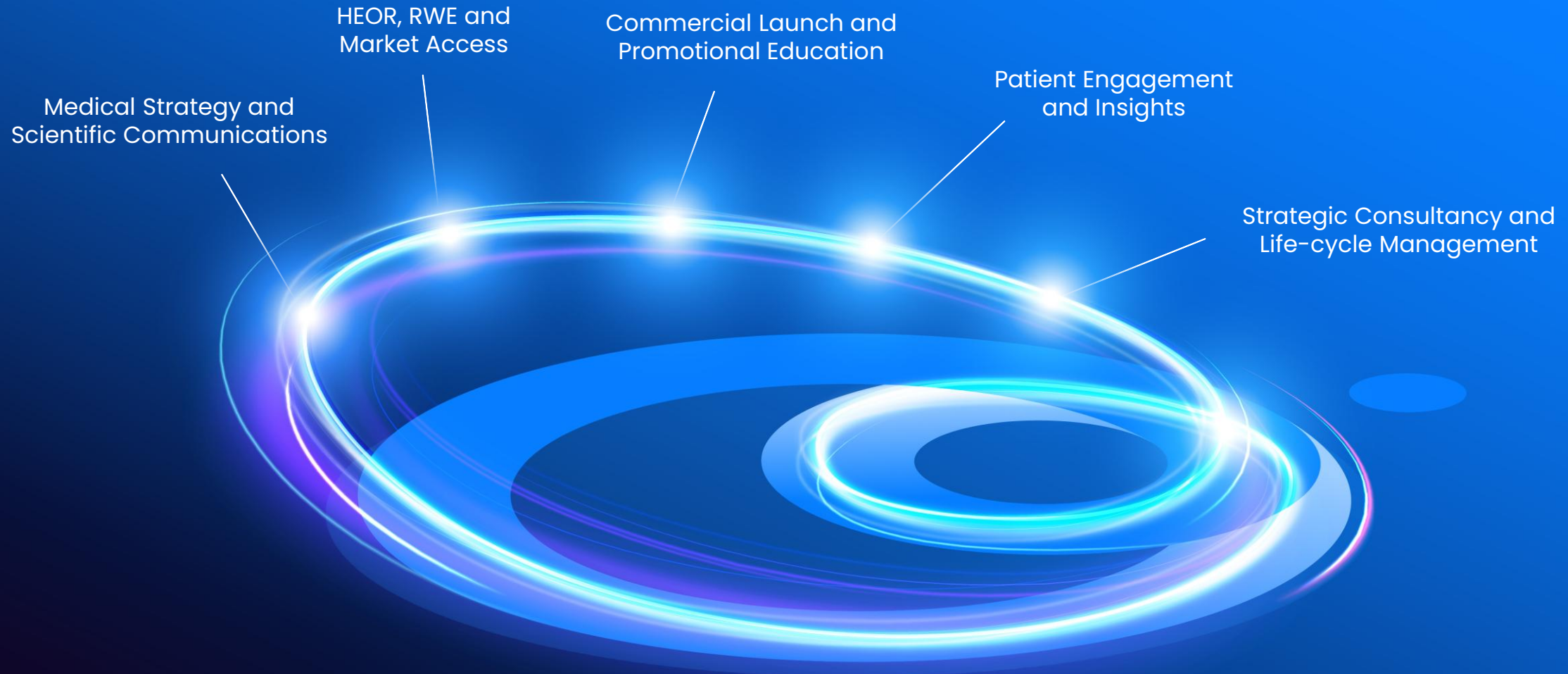
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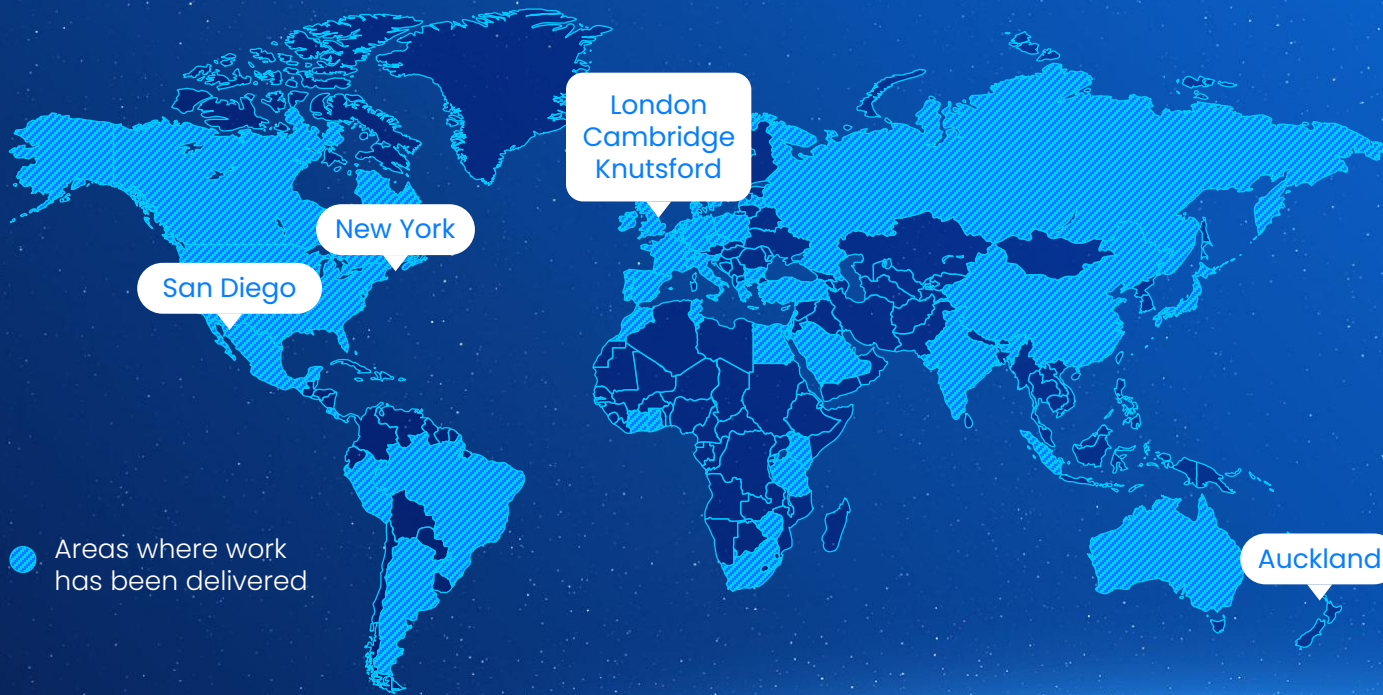


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Valerie Moss

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Award Winning Innovation

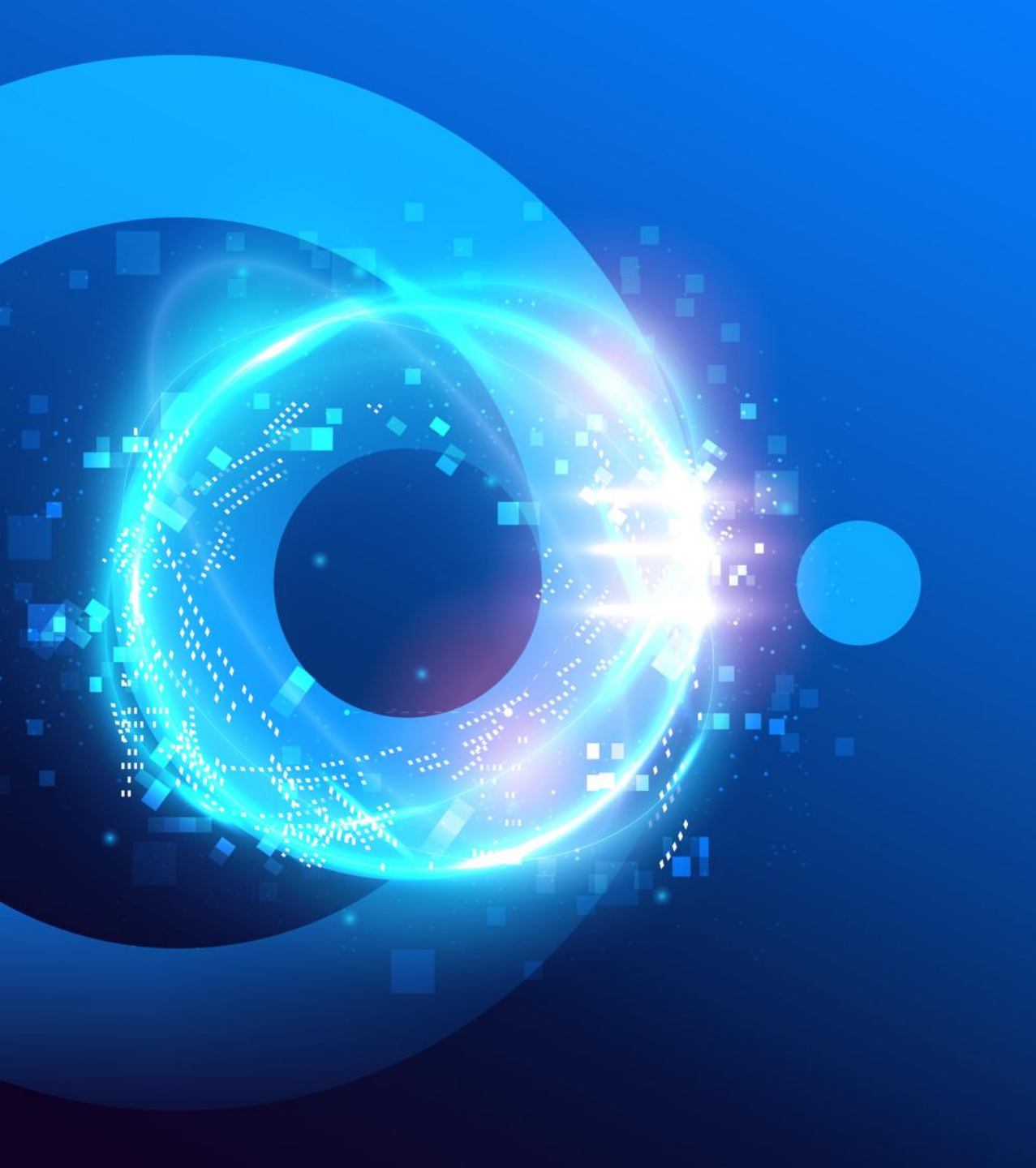


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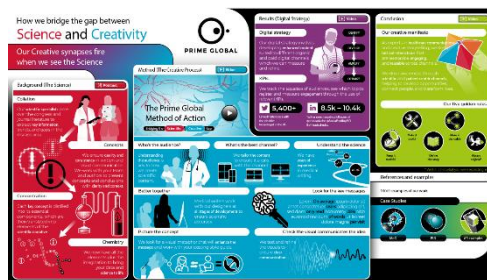


Innovation in publications

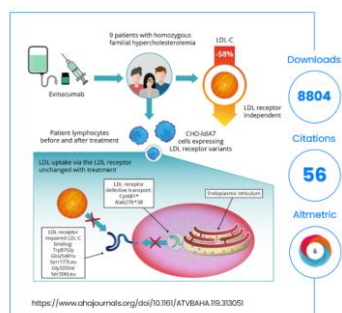
Examples

We utilize new technologies to extend the reach of your data in formats preferred by your audiences

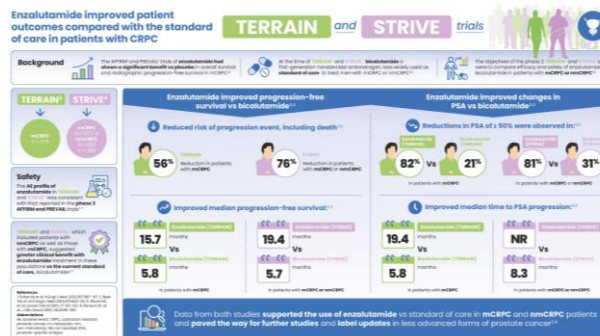
INTERACTIVE POSTERS



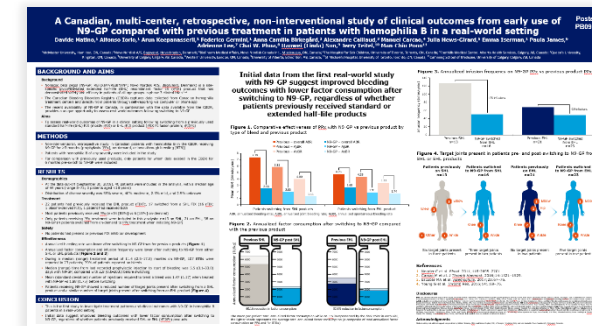
GRAPHICAL SUMMARIES



INFOGRAPHIC PLAIN LANGUAGE SUMMARIES



INFOGRAPHIC SCIENTIFIC POSTERS



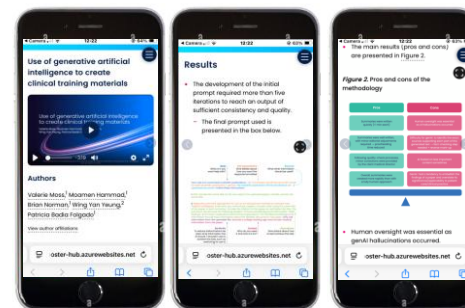
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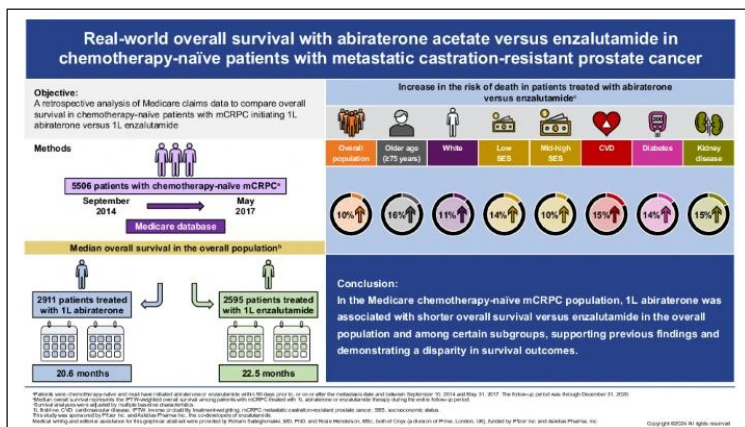


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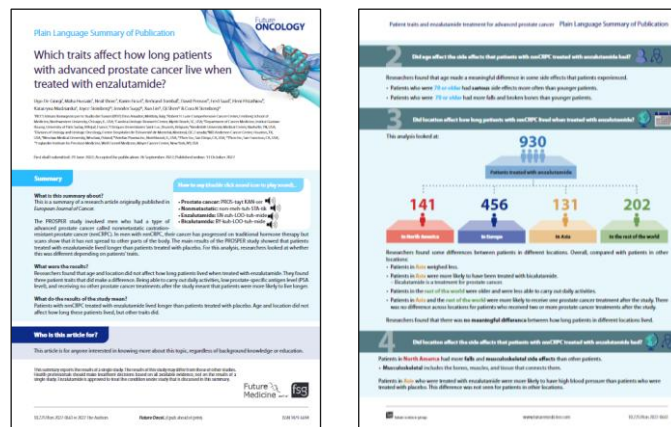


Enhanced publication content

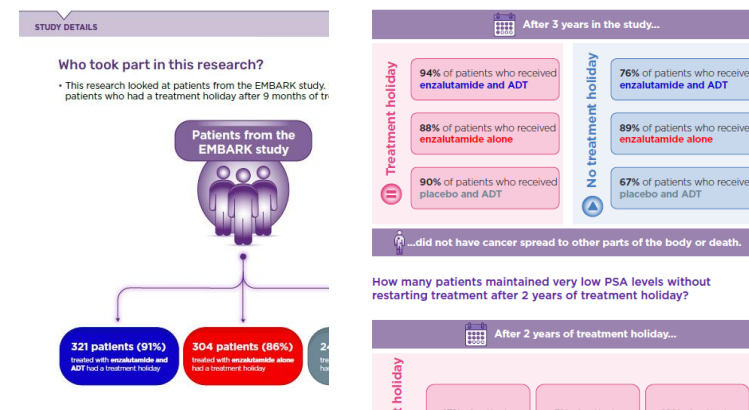
Graphical Abstracts



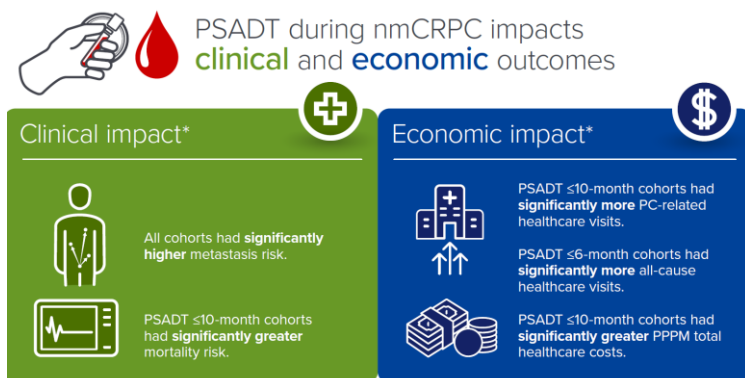
Manuscript Plain Language Summary



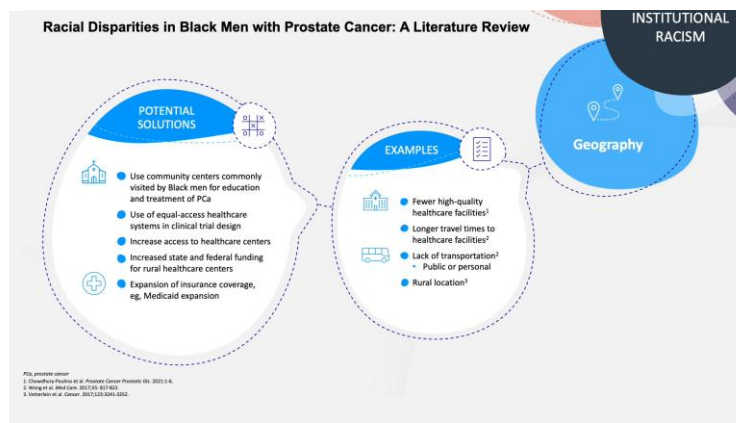
Abstract Plain Language Summary



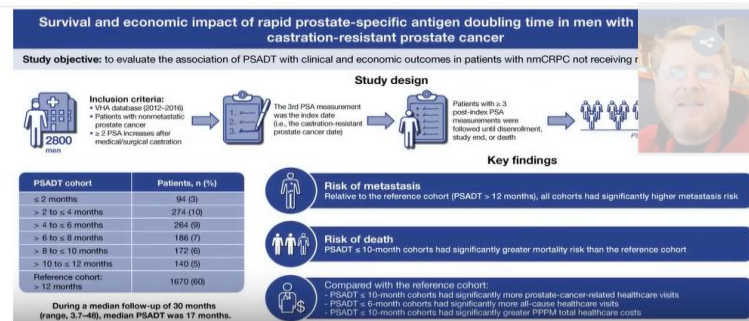
Invited commentaries



Videos and video figures



Congress videos



*Compared to the reference cohort (PSADT > 12 months)
nmCRPC, non-metastatic castration-resistant prostate cancer; PC, prostate cancer; PPPM, per patient per month; PSADT, prostate-specific antigen doubling time

Interactive publication content

frontiers | Frontiers in Oncology

TYPE Review
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DOI 10.3389/fonc.2022.975473

Check for updates

OPEN ACCESS

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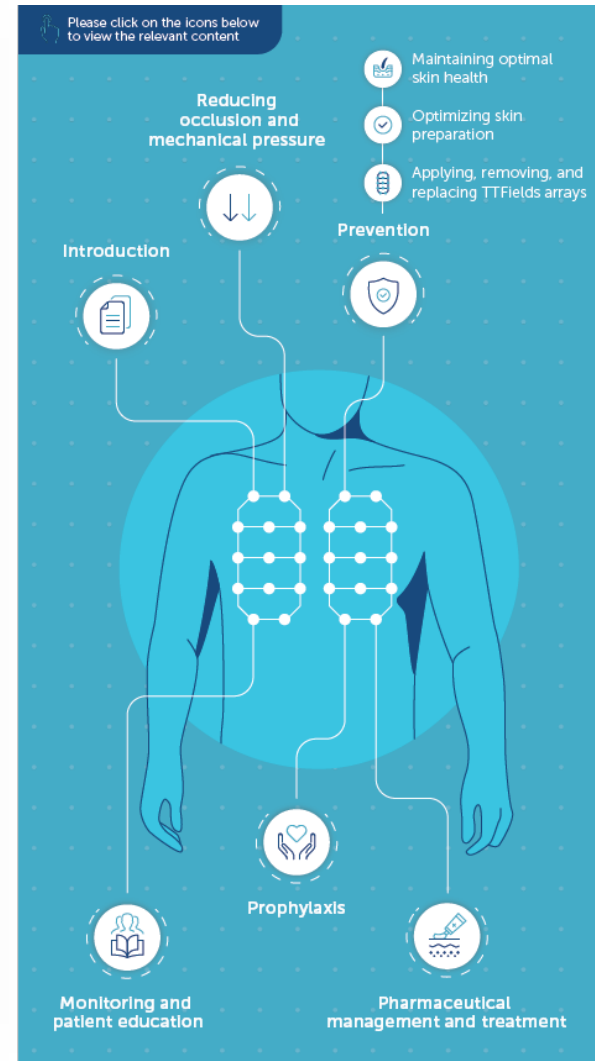
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Expert guidance on prophylaxis and treatment of dermatologic adverse events with Tumor Treating Fields (TTFields) therapy in the thoracic region

Milan J. Anadkat^{1*}, Mario Lacouture^{2†}, Adam Friedman³, Zachary D. Horne⁴, Jae Jung⁵, Benjamin Kaffenberger⁶, Sujith Kalmadi⁷, Liza Ovington⁸, Rupesh Kotecha⁹, Huda Ismail Abdullah¹⁰ and Federica Grosso¹¹

¹Division of Dermatology, Department of Medicine, Washington University, St. Louis, MO, United States, ²Dermatology Service, Department of Medicine, Memorial Sloan Kettering Cancer Center, New York, NY, United States, ³Division of Dermatology, Department of Medicine, George Washington University School of Medicine and Health Sciences, Washington, DC, United States, ⁴Department of Radiation Oncology, Allegheny Health Network Cancer Institute, Pittsburgh, PA, United States, ⁵Department of Dermatology, Norton Healthcare, Louisville, KY, United States, ⁶Wexner Medical Center, Ohio State University, Columbus, OH, United States, ⁷Oncology and Haematology Department, Ironwood Cancer & Research Center, Chandler, AZ, United States, ⁸Ovington & Associates, Walnutport, PA, United States, ⁹Miami Cancer Institute, Baptist Health South Florida, Miami, FL, United States, ¹⁰Novocure Inc., New York, NY, United States, ¹¹Mesothelioma Unit, SS Antonio e Biagio General Hospital, Alessandria, Italy

Tumor Treating Fields (TTFields) are electric fields, delivered via wearable arrays placed on or near the tumor site, that exert physical forces to disrupt cellular processes critical for cancer cell viability and tumor progression. As a first-in-class treatment, TTFields therapy is approved for use in newly diagnosed glioblastoma, recurrent glioblastoma, and pleural mesothelioma. Additionally, TTFields therapy is being investigated in non-small cell lung cancer (NSCLC), brain metastases from NSCLC, pancreatic cancer, ovarian cancer, hepatocellular carcinoma, and gastric adenocarcinoma. Because TTFields therapy is well tolerated and delivery is locoregional, there is low risk of additive systemic adverse events (AEs) when used with other cancer treatment modalities. The most common AE associated with TTFields therapy is mild-to-moderate skin events, which can be treated with topical agents and may be managed without significant treatment interruptions. Currently, there are no guidelines for



Bring opinion piece and review publications to life with enhanced supplemental content

An interactive infographic overlaid with videos of the first author discussing the topics covered in the opinion piece, provided bite-sized content for readers to engage with

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Making the most of study data

Prostate Cancer and Prostatic Diseases www.nature.com/pcan

ARTICLE OPEN Check for updates

Emerging racial disparities among Medicare beneficiaries and Veterans with metastatic castration-sensitive prostate cancer

David J. George^{1,2,3}, Neeraj Agarwal^{4,5}, Krishnan Ramaswamy^{6,7}, Zachary Klaassen^{8,9}, Rhonda L. Bitting^{10,11}, David Russell¹², Rickard Sandin¹³, Bilal Emir¹⁴, Hongbo Yang¹⁵, Wei Song¹⁶, Yilu Lin¹⁷, Agnes Hong¹⁸, Wei Gao¹⁹ and Stephen J. Freedland^{20,21}

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BACKGROUND: Previous studies have shown that Black men receive worse prostate cancer care than White men. This has not been explored in metastatic castration-sensitive prostate cancer (mCSPC) in the current treatment era.

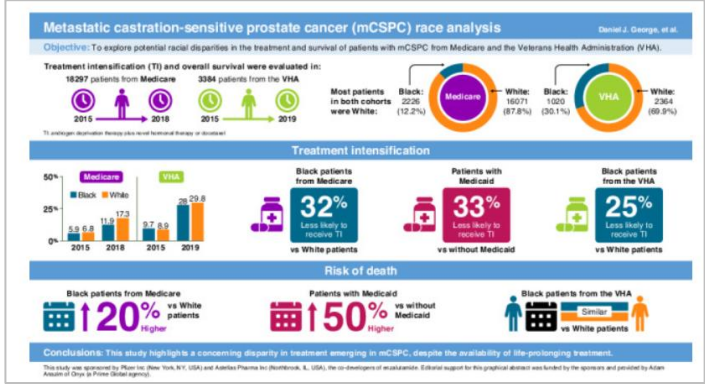
METHODS: We evaluated treatment intensification (TI) and overall survival (OS) in Medicare (2015–2018) and Veterans Health Administration (VHA, 2015–2019) patients with mCSPC, classifying first-line mCSPC treatment as androgen deprivation therapy (ADT) + novel hormonal therapy, ADT + docetaxel, ADT + first-generation nonsteroidal antiandrogen, or ADT alone.

RESULTS: We analyzed 2226 Black and 16,071 White Medicare, and 1020 Black and 2364 White VHA patients. TI was significantly lower for Black vs White Medicare patients overall (adjusted odds ratio [OR] 0.68; 95% confidence interval [CI] 0.58–0.81) and without Medicaid (adjusted OR 0.70; 95% CI 0.57–0.87). Medicaid patients had less TI irrespective of race. OS was worse for Black vs White Medicare patients overall (adjusted hazard ratio [HR] 1.20; 95% CI 1.09–1.31) and without Medicaid (adjusted HR 1.13; 95% CI 1.01–1.27). OS was worse in Medicaid vs without Medicaid, with no significant OS difference between races. TI was significantly lower for Black vs White VHA patients (adjusted OR 0.75; 95% CI 0.61–0.92), with no significant OS difference between races.

CONCLUSIONS: Guideline-recommended TI was low for all patients with mCSPC, with less TI in Black patients in both Medicare and the VHA. Black race was associated with worse OS in Medicare but not the VHA. Medicaid patients had less TI and worse OS than those without Medicaid, suggesting poverty and race are associated with care and outcomes.

Prostate Cancer and Prostatic Diseases (2024) 27:765–775; <https://doi.org/10.1038/s41391-024-00815-1>

Graphical abstract



Video abstract



Dr. Daniel J. George

Professor of Medicine and Surgery
Division of Medical Oncology and Genitourinary
Duke University Medical Center
Durham, NC, USA

Treatment intensification (TI) and overall survival were evaluated in:

- 18,297 patients from Medicare (2015-2018)
- 3,384 patients from the VHA (2015-2019)

TI: androgen deprivation therapy plus novel hormonal therapy or docetaxel

INTRODUCTION

The treatment landscape for metastatic castration-sensitive prostate cancer (mCSPC) has rapidly evolved. Treatment intensification (TI) with docetaxel, novel hormonal therapy (NHT), abiraterone, apalutamide, enzalutamide, or both, added to androgen deprivation therapy (ADT) has substantially improved survival [1–9] and is a consensus guideline recommendation [10–13]. However, TI is underutilized in favor of ADT alone or with first-generation nonsteroidal anti-androgen (NSAA) [14–21], despite guidelines recommending first-generation NSAAs only to block testosterone flare [11, 13]. Reasons are not well understood but may include disease characteristics or comorbidities, cost or access issues, practice pattern inertia, ignorance of current data, or safety and tolerability perceptions [22].

Previous studies found that Black men are more likely to receive inadequate prostate cancer (PC) care than White men [23–30], however, this has not been explored during the NHT era. The present study is concerning because Black men are more likely to die from prostate cancer than White men [31–37]. While the latter may be due to biologic or genetic factors [38, 39], the former is driven in part by factors affecting access to care [40–43], partly resulting from systemic racism. In clinical trials, there are often too few Black patients to analyze outcomes by race or race is not reported at all [44]. As we progress further into the NHT era, we hypothesize that the disparities evident in the treatment and survival of Black men, compared with White men with mCSPC, remain.

Real-world data are vital to understanding racial disparities in mCSPC. We evaluated potential disparities in the treatment and survival of men with mCSPC in the USA. We used two large, nationally representative USA claims databases with different treatment settings and payer structures: Medicare, which includes supplemental plan options and dual enrollment with Medicaid for low-income patients, and the Veterans Health Administration (VHA), a single-payer, equal-access, closed system. This is the first study of racial disparities in the treatment and survival of mCSPC in the NHT era.

1st of tracked articles

36

2909 accesses

PLSP



Plain Language Summary of Publication

Plain language summary: does race or income status affect the cancer treatments that patients with metastatic castration-sensitive prostate cancer (mCSPC) receive in the United States?

David J. George^{1,2,3}, Neeraj Agarwal^{4,5}, Krishnan Ramaswamy^{6,7}, Zachary Klaassen^{8,9}, Rhonda L. Bitting^{10,11}, David Russell¹², Rickard Sandin¹³, Bilal Emir¹⁴, Hongbo Yang¹⁵, Wei Song¹⁶, Yilu Lin¹⁷, Agnes Hong¹⁸, Wei Gao¹⁹ and Stephen J. Freedland^{20,21}

Where can I find the original article on which this summary is based?

The original article can be read for free: Emerging racial disparities in treatment intensification and survival among Medicare beneficiaries and Veterans with metastatic castration-sensitive prostate cancer in *Prostate Cancer and Prostatic Diseases* at <https://www.nature.com/articles/s41391-024-00815-1>

Summary

What is this summary about?
This is a plain language summary of a research article that describes an analysis to understand if Black patients and White patients receive different care for their metastatic castration-sensitive prostate cancer (mCSPC).

The researchers looked at the medical information from two different health insurance plans: Medicare and the Veterans Health Administration (VHA). Patients with a low income who are enrolled in Medicare may also be covered by Medicaid.

What were the results?
The researchers looked at information from health insurance claims for more than 18,000 patients enrolled in Medicare and more than 3,000 patients enrolled in the VHA, all of whom had mCSPC.

How to say (download PDF and double click sound icon to play sound):

- Metastatic mch-hu-STA-8
- Prostate cancer: PRO-loy-OW-er
- Androgen: AN-droy-on
- Docetaxel: DOH-seh-TAK-ee

Many patients also had other common medical conditions like high blood pressure, high cholesterol, and diabetes.

Taylor & Francis

Does race or income affect the treatments that mCSPC patients receive in the USA? Plain Language Summary of Publication

How many patients were in each group?

- 21,681 patients with mCSPC were included in this study
- 18,297 patients were enrolled in Medicare (2,226 Black, 16,071 White)
- 3,384 patients were enrolled in the VHA (1,020 Black, 2,364 White)
- 2,338 patients had Medicaid coverage (896 Black, 1,441 White)

What were the characteristics of patients in this study?

Medicare	White patients
Average age was 74 years	Average age was 77 years
Average yearly income was \$34,383	Average yearly income was \$72,665
Around 2 in every 3 patients had prostate cancer that had not been treated before (67%)	Around 1 in every 3 patients had prostate cancer that had not been treated before (65%)

The VHA	White patients
Average age was 70 years	Average age was 74 years
Average yearly income was \$54,230	Average yearly income was \$65,173
Around 2 in every 3 patients had prostate cancer that had not been treated before (68%)	More than 2 in every 3 patients had prostate cancer that had not been treated before (71%)

What are the key takeaways from this study?

In this real-world study of patients with mCSPC, researchers found that:

- Fewer Black patients and White patients received combined treatment with ADT + NHT or ADT + docetaxel, even though it is recommended by experts to help patients with mCSPC live longer.
- Fewer Black patients received combined treatment than White patients. This was true for patients enrolled in Medicare and for patients enrolled in the VHA.
- Among patients enrolled in the VHA, there was no difference in how long Black patients and White patients lived.
- Black patients enrolled in Medicare did not live as long as White patients enrolled in Medicare.
- Medicaid (patients who have a low income) included a higher percentage of Black patients than Medicare.
- Patients with a lower income did not live as long as patients with a higher income. This was true for both Black patients and White patients.
- However, lower patients enrolled in Medicare who had Medicaid coverage received combined treatment than patients enrolled in Medicare alone.
- For patients with a lower income, there was no difference between Black patients and White patients in the treatment received or how long a patient lived.
- However, lower patients enrolled in Medicare who had Medicaid coverage received combined treatment than patients enrolled in Medicare alone.

* This might show that a low income can affect a patient's cancer care and how long they live, regardless of race.

This research shows that both income status and race may be linked with the quality of care that patients with mCSPC receive in the United States. Work needs to be done to make sure that patients of all races and incomes receive the right treatments at the right time.

Taylor & Francis

Does race or income affect the treatments that mCSPC patients receive in the USA? Plain Language Summary of Publication

Did race and other factors affect how long patients with mCSPC lived?

Medicare
When taking patient and cancer characteristics into account, Black patients had a 20% higher chance of dying during the study dates than White patients.

Black patients enrolled in Medicare had a 20% greater chance of dying, compared with White patients enrolled in Medicare.

For the group of Medicare patients enrolled in Medicaid, race had no effect on the chance of patients dying during the study. However, Black patients and White patients enrolled in Medicaid were 50% more likely to die than those not enrolled in Medicaid.

All patients enrolled in Medicare had a 50% greater chance of dying, compared with patients enrolled in Medicare who were not enrolled in Medicaid.

The VHA
Black patients and White patients enrolled in the VHA had the same chance of dying during the study dates.

What are the key takeaways from this study?

In this real-world study of patients with mCSPC, researchers found that:

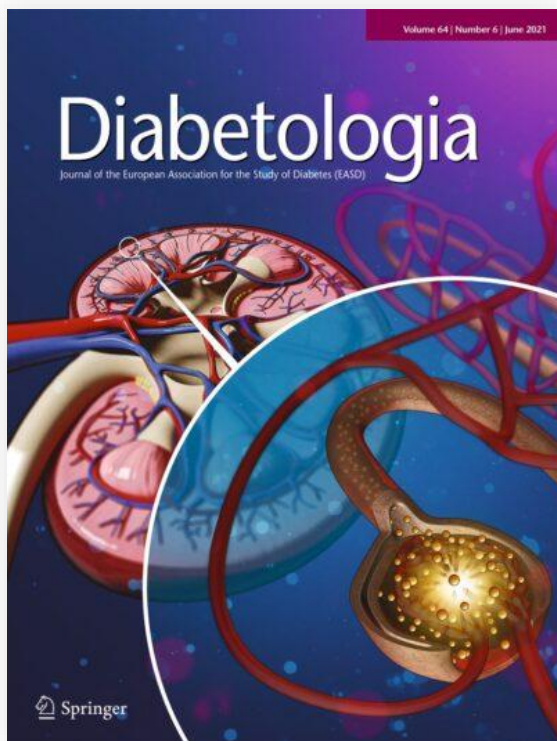
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This research shows that both income status and race may be linked with the quality of care that patients with mCSPC receive in the United States. Work needs to be done to make sure that patients of all races and incomes receive the right treatments at the right time.

Taylor & Francis

Journal front cover and graphical abstract to accompany a high-profile manuscript



Diabetologia (2021) 64:1256–1267
<https://doi.org/10.1007/s00125-021-05407-5>

ARTICLE

Effects of ertugliflozin on kidney composite outcomes, renal function and albuminuria in patients with type 2 diabetes mellitus: an analysis from the randomised VERTIS CV trial

David Z. I. Cherney¹ · Bernard Charbonnel² · Francesco Cosentino³ · Samuel Dagogo-Jack⁴ · Darren K. McGuire^{5,6} · Richard Pratley⁷ · Weichung J. Shih^{8,9} · Robert Frederick¹⁰ · Mario Maldonado¹¹ · Annpey Pong¹² · Christopher P. Cannon¹³ · on behalf of the VERTIS CV Investigators

Received: 25 August 2020 / Accepted: 11 December 2020 / Published online: 4 March 2021
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Research in context

What is already known about this subject?

- Sodium–glucose cotransporter 2 (SGLT2) inhibitors have demonstrated reductions in atherosclerotic CVD, hospitalisation for heart failure and diabetic kidney disease risk in individuals with type 2 diabetes mellitus
- In the VERTIS CV trial, the HR (95% CI) with ertugliflozin compared with placebo in the secondary kidney composite endpoint (doubling of serum creatinine, kidney dialysis/transplant or renal death) was 0.81 (0.63, 1.04)

What is the key question?

- What is the impact of the SGLT2 inhibitor ertugliflozin on the following endpoints: (1) a pre-specified exploratory kidney composite endpoint from VERTIS CV comprising sustained 40% decline in eGFR, renal replacement therapy or death; (2) eGFR and albuminuria over time; and (3) kidney-related variables?

What are the new findings?

- The HR (95% CI) for ertugliflozin vs placebo for the risk of the pre-specified exploratory composite endpoint (sustained 40% decline in eGFR, chronic kidney dialysis/transplant or renal death) was 0.66 (0.50, 0.88)
- Ertugliflozin reduced albuminuria in individuals with micro- or macroalbuminuria at baseline, and attenuated the progression of eGFR decline

How might this impact on clinical practice in the foreseeable future?

- The totality of the data available for SGLT2 inhibitors, including ertugliflozin, emphasises that treatment with these agents in type 2 diabetes is effective in reducing the risk for composite outcomes reflecting incidence and progression of diabetic kidney disease, attenuating incidence and progression of albuminuria and having no deleterious effect on the incidence of acute kidney injury

Graphical abstract

VERTIS CV (NCT01986881)
 Individuals with type 2 diabetes mellitus and atherosclerotic cardiovascular disease

N=8246

Ertugliflozin
Placebo

Mean follow-up for 3.5 years
 Pre-specified exploratory kidney analyses

Ertugliflozin associated with an attenuation in the decline of eGFR over time

End of study placebo-adjusted difference in eGFR was 2.55 ml min⁻¹ [1.73m]⁻²

Ertugliflozin associated with **34%** relative risk reduction in composite of:

- Sustained **≥40%** reduction in eGFR
- Chronic kidney dialysis/transplant
- Renal death

Hazard ratio (95% CI): 0.66 (0.50, 0.88)

Ertugliflozin was associated with improvement in albuminuria status

Hazard ratio (95% CI) for progression: 0.79 (0.72, 0.86)
 Hazard ratio (95% CI) for regression: 1.23 (1.10, 1.36)

Results



- **78** tweeters
- **26** Mendeley
- **2** news outlets

Altmetric score **3 x** that of competitor article in the same issue (*not open access*)

<https://link.springer.com/article/10.1007/s00125-021-05407-5>

Drive poster engagement with interactivity and mobile accessibility

INTERACTIVE POSTER

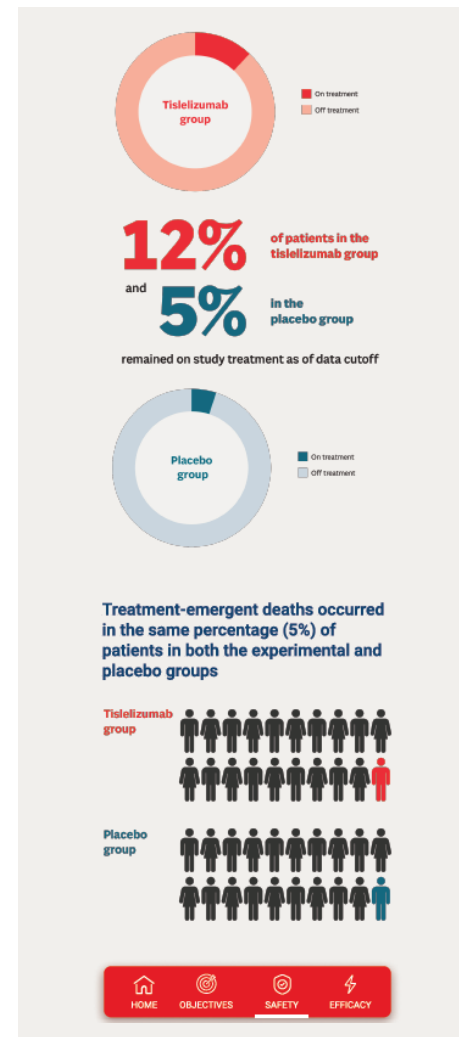
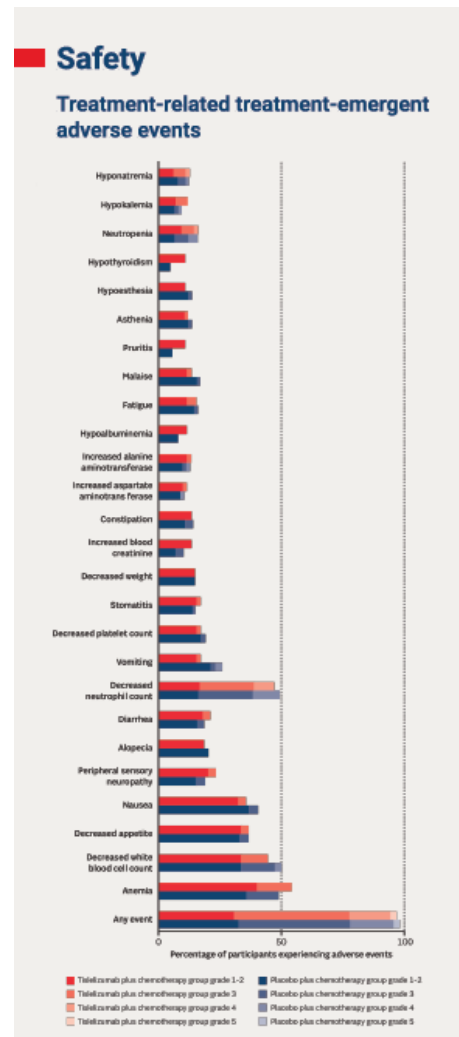
- VIEW MOBILE VERSION OF POSTER
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- AUTHORS

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INTERACTIVE POSTER


Adding tislelizumab to chemotherapy significantly improved the survival of patients with advanced or metastatic esophageal squamous cell carcinoma, without compromising patient safety

- OBJECTIVES
- SAFETY
- EFFICACY
- DOWNLOAD MANUSCRIPT



Please note that the version available here is for demonstration purposes only and does not support full functionality

Using avatars to extend the life and reach of poster data



Barriers and solutions to working with patient authors:
A survey of publication professionals

Valerie Moss, Jon Hoggard and Emma Sutcliffe, Prime Global, London, UK

20


Objectives

- To identify the level of experience among agency publication professionals in working with patient authors on scientific publications.
- To gauge understanding of existing guidelines, and to identify what barriers are preventing more widespread involvement of patient authors in publications.

Results

How many publication professionals have worked with a patient author in the last 12 months?

- Never: 85%
- Once or twice: 12.5%
- 3-10 times: 2.5%
- More than 10 times: 0%



85% NEVER

Five clear barriers were felt to be stopping publications teams or their clients from involving authors in scientific publications:

Barrier	Number of respondents
Lack of experience working with patient authors	24
Lack of/unclear official guidelines	14
Unsure of the value of having patient authors	13
Lack of time to implement new style of authorship	5
Patient authorship is inappropriate for scientific publications	4

- Lack of experience working with patient authors
- Lack of/unclear official guidelines
- Unsure of the value of having patient authors
- Lack of time to implement new style of authorship
- Patient authorship is inappropriate for scientific publications

"Changing the perception that all patient content is emotional and poorly researched, and locating these good influential patients with an accurate and worthy voice, is key."

"I suspect clients are wary because they're unsure that patients will be able to follow the authorship process."

"It's difficult finding appropriate patient authors."

"I think more training, and an understanding of the value, would help both us and the client."

"An industry-wide push to recognise patient experts as legitimate subject matter experts."

"Pharma companies need to see the value of investing in these types of publications. Agencies also need guidance on how these projects would work from a guidelines perspective if we are to recommend them to our clients."

"Greater knowledge of what patient authors can contribute to publications ... clear guidance on what topics/types of publications patient authors can provide a meaningful contribution to..."


Conclusions

- Although patient authorship is not a completely new concept to publication professionals, it is not yet commonplace in publication practices and the level of experience in working with patient authors is low.
- There is some confusion around how a patient author could meet the existing ICMJE authorship criteria, which has led to a call for clearer guidelines to tackle the issue.
- Furthermore, practical training on how to find and work with patient authors would be welcomed.
- As well as overcoming these barriers with clearer guidelines and training, publication professionals would like to see an improved awareness of the value and importance of involving patient authors.

Methods


We distributed a confidential survey (which can be viewed via the QR code) to members of publications teams across a medical communications agency, with questions covering their recent publications practices, perceived barriers and solutions to patient authorship.

40




Forty publication professionals of varying levels of experience were included


Several therapeutic areas were represented




The publication work covers various stages of the product lifecycle




Improved awareness



Training for agencies and study sponsors




Clearer guidelines



Visible leadership from journals and external experts

Limitations

These data are representative of a short survey distributed to 40 publications professionals within one medical communications group in which publications and strategic publication planning are core offerings. Additional research is needed across a greater sample size of professionals working in other agencies and within pharmaceutical companies to draw conclusions across the whole industry. Responses were anonymised and no questions were asked about level of experience/years working in publications, and we are unable to draw comparisons between experience level and level of knowledge of working with, or attitudes towards, patient authors.




Disclosures

All authors are employees of Prime Global, a medical communications agency.



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Association of medical writing support with time to publication

No. 30

Key findings: Medical writing support may facilitate more timely publication of phase II oncology clinical trial results. The reduction of journal and healthcare resources and focus due to the Covid-19 pandemic may have impacted time to publication. This is also suggested by the fluctuating number of papers during the pandemic years before a recovery in 2023. Further research would be needed to investigate whether similar trends were observed for publication of phase II trials in other journals and therapy areas, as well as publications of early phase clinical trials.

Authors: Valerie Moss, Thomas Cowell, Bernard Orr, Moamen Homayed

Table 1. Characteristics of publications reporting phase II clinical trials in oncology*

Characteristic	With medical writing support (n=222)	Without medical writing support (n=42)	Overall (n=264)
Journal n (%)			
N Engl J Med (n=14)	10 (5%)	15 (35%)	25 (9%)
Journal n (%)	42 (19%)	29 (69%)	71 (27%)
Publication year, n (%)			
2019	25 (11%)	14 (33%)	39 (15%)
2020	22 (10%)	4 (10%)	26 (10%)
2021	22 (10%)	1 (2%)	23 (9%)
2022	17 (8%)	10 (24%)	27 (10%)
2023	39 (18%)	9 (21%)	48 (18%)
Number of randomised patients, median (range)	202-3403	303-4448	303-4448
Primary endpoint met, n (%)			
Yes	126 (57%)	33 (77%)	159 (60%)
No	9 (4%)	7 (16%)	16 (6%)
Partially	12 (5%)	1 (2%)	13 (5%)
At least one other outcome met, n (%)			
Yes	163 (73%)	103 (243%)	266 (100%)
No	59 (27%)	39 (91%)	98 (37%)
Number of abstracts, median (range)	30-2077	0-1882	0-2077
Number of abstracts, median (range)	4-3000	0-110	0-3000

Figure 1. Time from reported cut-off date to publication

Figure 2. Time from reported cut-off date to publication

Figure 3. Total number of phase II clinical trial papers by therapy area over the 2019-2023 period

Key findings: Medical writing support may facilitate more timely publication of phase II oncology clinical trial results. The reduction of journal and healthcare resources and focus due to the Covid-19 pandemic may have impacted time to publication. This is also suggested by the fluctuating number of papers during the pandemic years before a recovery in 2023. Further research would be needed to investigate whether similar trends were observed for publication of phase II trials in other journals and therapy areas, as well as publications of early phase clinical trials.

Explore research in more detail by scanning the QR code. A video describing this research can be accessed on the mobile friendly version of this poster.

Using Generative AI to Facilitate Strategic Publication Planning

Poster 9

Project Insights: AI serves as a tool to augment, rather than replace, human expertise. Medical writers and clinical experts remain essential to validate outputs, correct errors, interpret clinical significance, and ensure strategic relevance of findings. Medical communications project teams are essential to transforming and packaging useful AI outputs into deliverables that meet expectations.

Conclusions: To view a plain language summary video, access the digital poster by scanning the QR code. ChatGPT can support expedited production of literature analyses for publication teams by rapidly identifying and extracting outcomes of interest. Human oversight remains essential to ensure quality of outputs, and for interpreting strategic relevance of findings. This approach enabled rapid identification of variations in clinical outcome definitions and analytical methods used to assess treatment effects in a rare disease, informing literature gaps and publication planning strategies.

Introduction: Successful gap analyses inform strategic publication and integrated evidence planning activities and guide medical education initiatives. Despite their importance, gap analyses can be difficult to perform, often requiring the processing of larger amounts of information. There may also be challenges related to identifying and formatting initial questions. We explored the utility of generative artificial intelligence (GenAI) to identify and retrieve outcomes of interest as part of literature gap analysis and strategic publication planning.

Methods: Publications (manuscripts and congress abstracts) of phase II trials evaluating the clinical impact of approved therapies for rare heart failure were identified in trials using broad search terms. Search results were imported and the title and abstract were manually reviewed for relevance. ChatGPT-4o was prompted to reform each abstracted record into a simplified, structured output. Then, using a closed-system approach, ChatGPT-4o-mini was instructed to analyse the formatted abstract (formatted abstracts) to identify key outcome categories and extract detailed outcome definitions and analysis methods. A medical writer reviewed the ChatGPT outputs for quality and accuracy. The synthesised report was reviewed, and outputs were used to support identification of data generation gaps for publication planning (Figure 1).

Results: Approximately 93 publications of interest were identified. ChatGPT processed the publications nearly instantaneously and generated a list of study outcome categories in seconds (Box 1). ChatGPT extracted clinical outcome definitions and analysis rapidly. Outputs were further optimised using structured, iterative prompting. ChatGPT reliably reported straightforward information such as the key trial outcomes assessed and specific definitions of outcomes. However, ChatGPT was unable to generate useful initial outputs. All informative details were manually to complement the qualitative extraction tables created by ChatGPT (Figure 2).

Figure 1. Approach to performing a strategic gap analysis with GenAI:

Figure 2. Human outputs (A) and GenAI outputs (B) included in the analysis report:

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Summary



We are a publications powerhouse, setting new standards with best-in-class delivery...

Publications run in our DNA

5000+ publications successfully delivered over last 5 years	25+ ISMPP CMPP™ certified staff	Participated at >20 ISMPP meetings
Leaders in AI adoption within publications and content generation	80%+ of medical writers have higher degrees (e.g., PhD, MD, PharmD)	

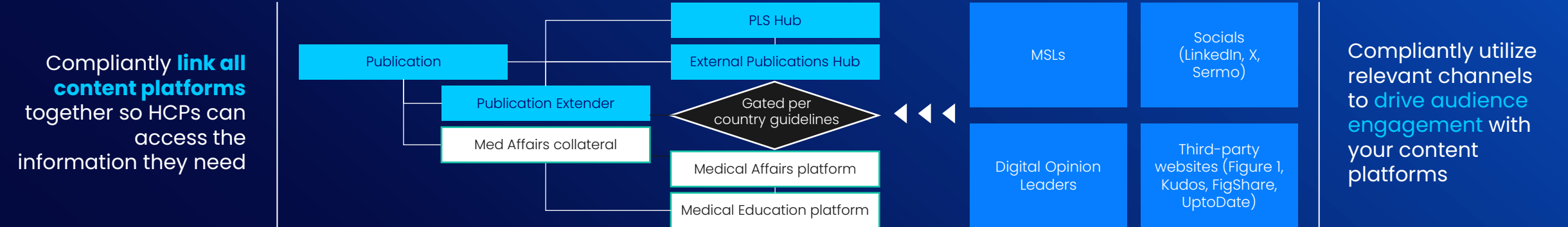
Industry-leading publications expertise

Expertise in the range of publications including preclinical, clinical, PK/PD, RWE and HEOR, translational medicine, patient and plain language

EFPIA training and compliance adherence across all publications	Successfully supporting publications for >26 years	100% GPP & ICMJE adherence in all publications	>10 simultaneous publications supported in 2024; many published/in progress in 2025
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Our top-tier journal record includes publications in *NEJM* (78.5 IF), *The Lancet* (88.5 IF)

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2. Global market insight

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3. Seamless integration and change management

Expertise in embedding AI into pharma workflows using internal and external systems, with full adoption support and measurable KPIs

4. Our augmented intelligence model

We blend AI and human expertise to deliver scientifically accurate, compliant, and strategically relevant results, supporting better decisions and maximizing value

Demonstrating ROI

Efficiency gains:

Faster draft creation, shorter review cycles, accelerated insights

Cost optimization:

Transparent tracking of savings vs traditional methods

Quality improvements:

Increased accuracy, consistency, and reduced rework

Continuous improvement:

AI models fine-tuned for sustained performance gains

We are engaging with several clients to pilot their systems, ensuring quality and evaluating potential efficiencies



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Thank you!

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