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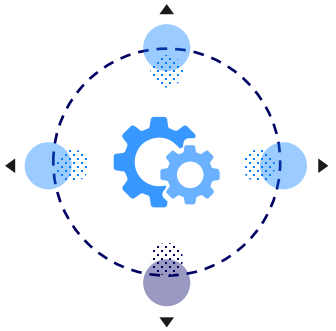
- Stakeholder mapping
- Literature and gap analysis
- Industry analytics
- Competitor intelligence
- KPI assessment

Strategic planning

Insight and metrics



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- Field medical
- Payers
- Policy makers
- Investors

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Interactive educational tools

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e-learning materials/platform
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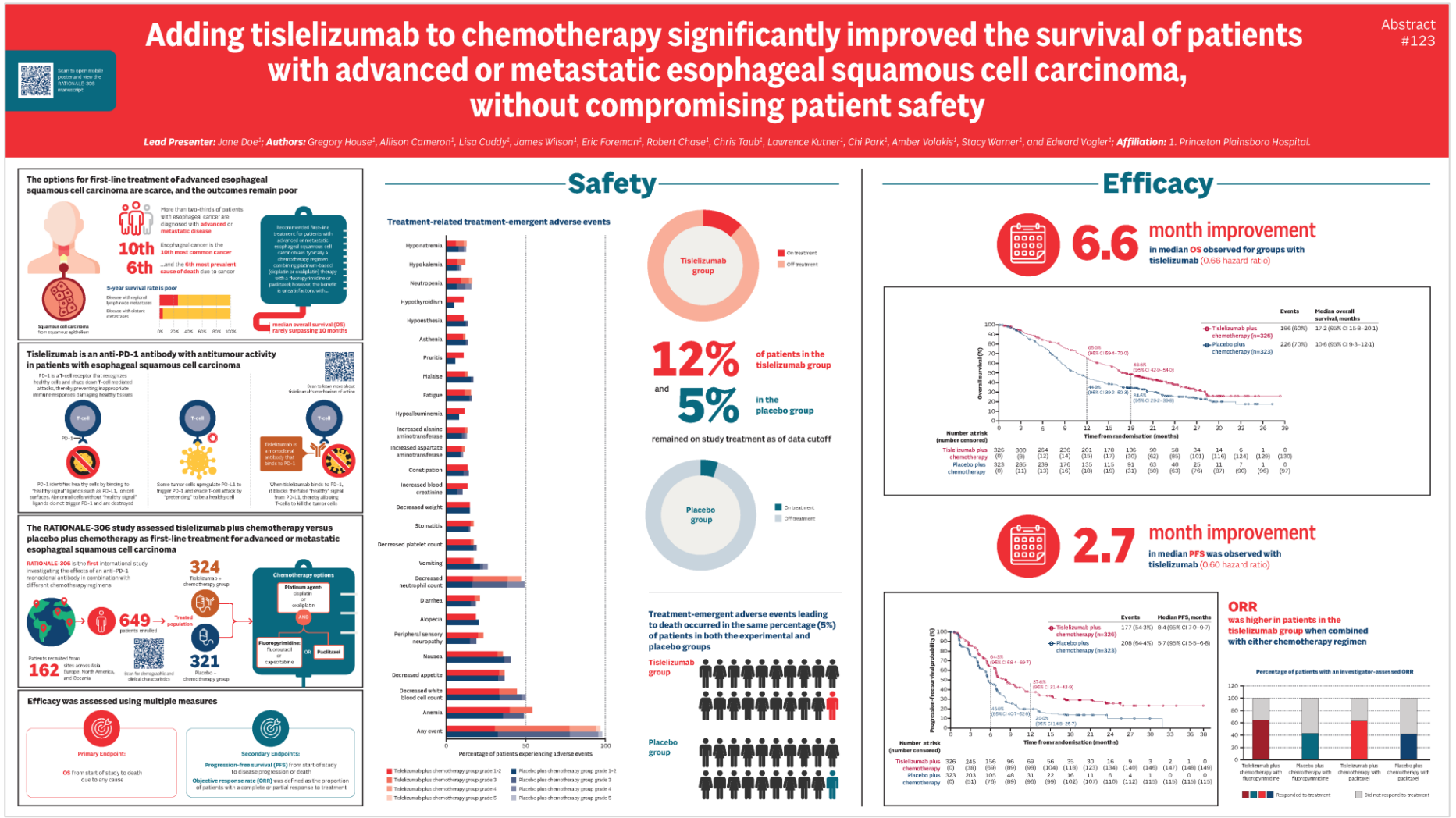
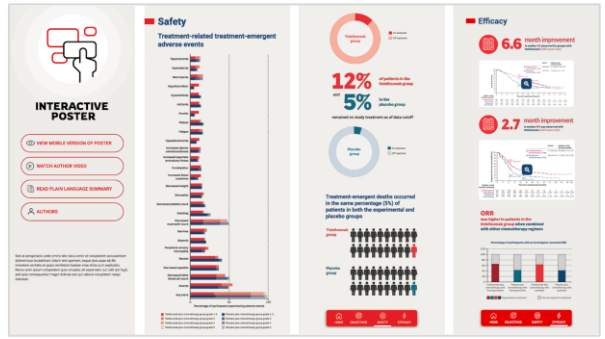
Interactive digital posters





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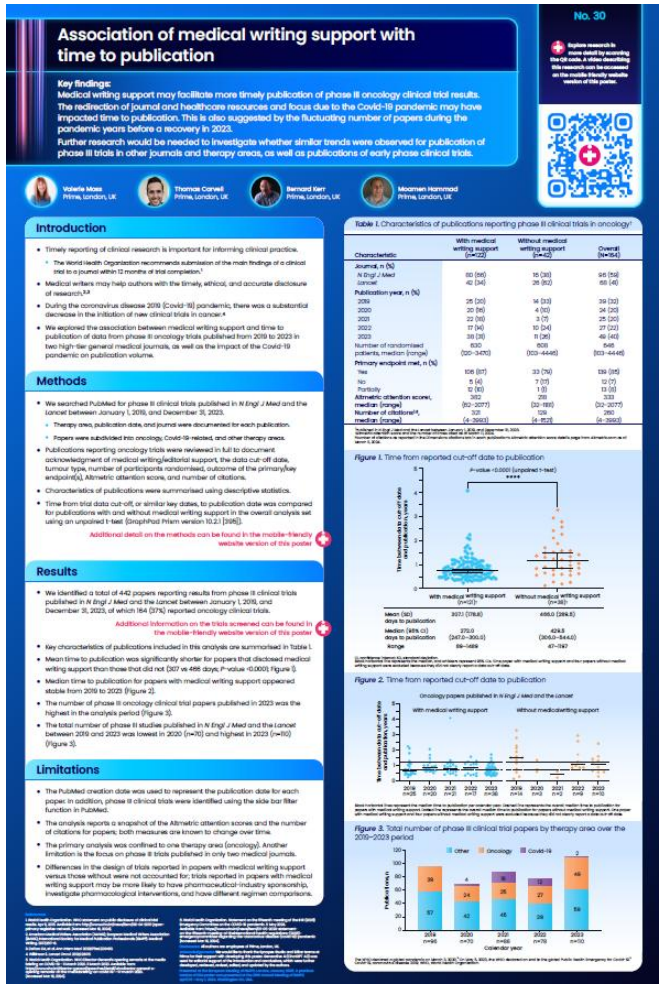
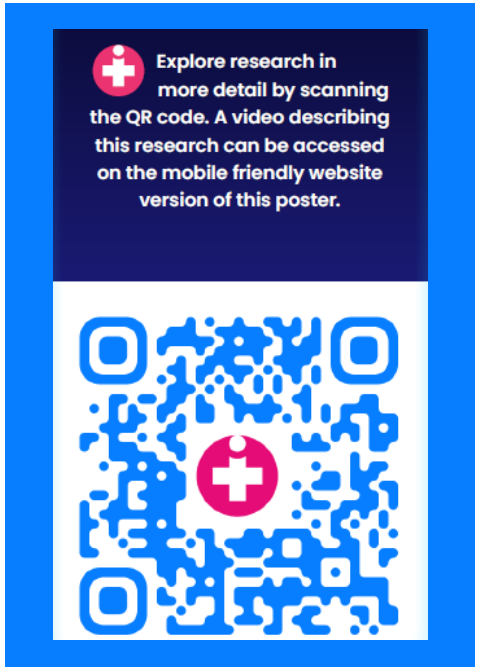
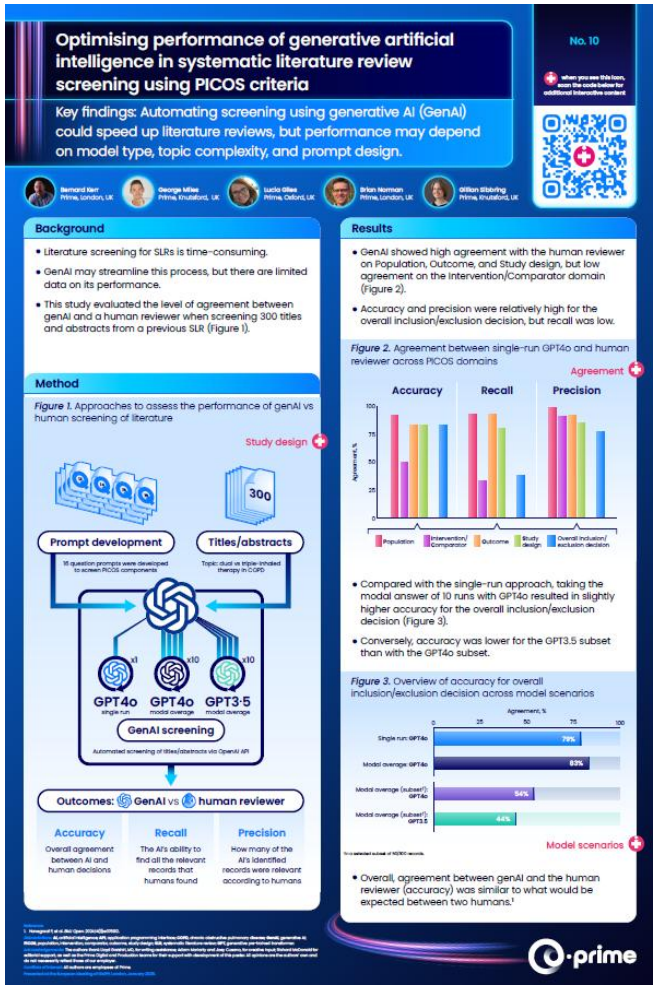
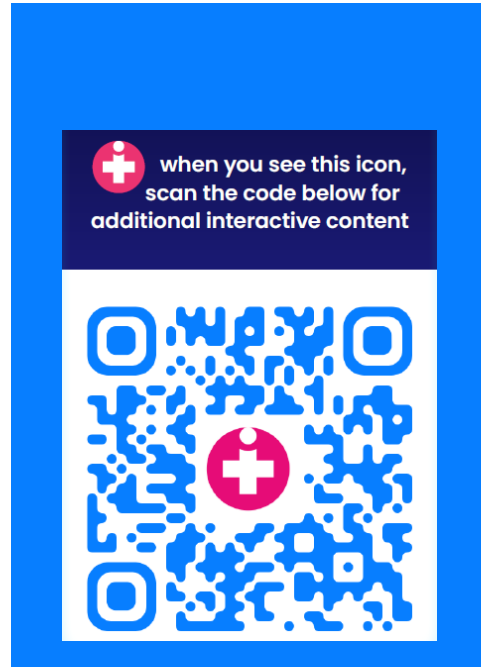
Our industry-leading digital posters

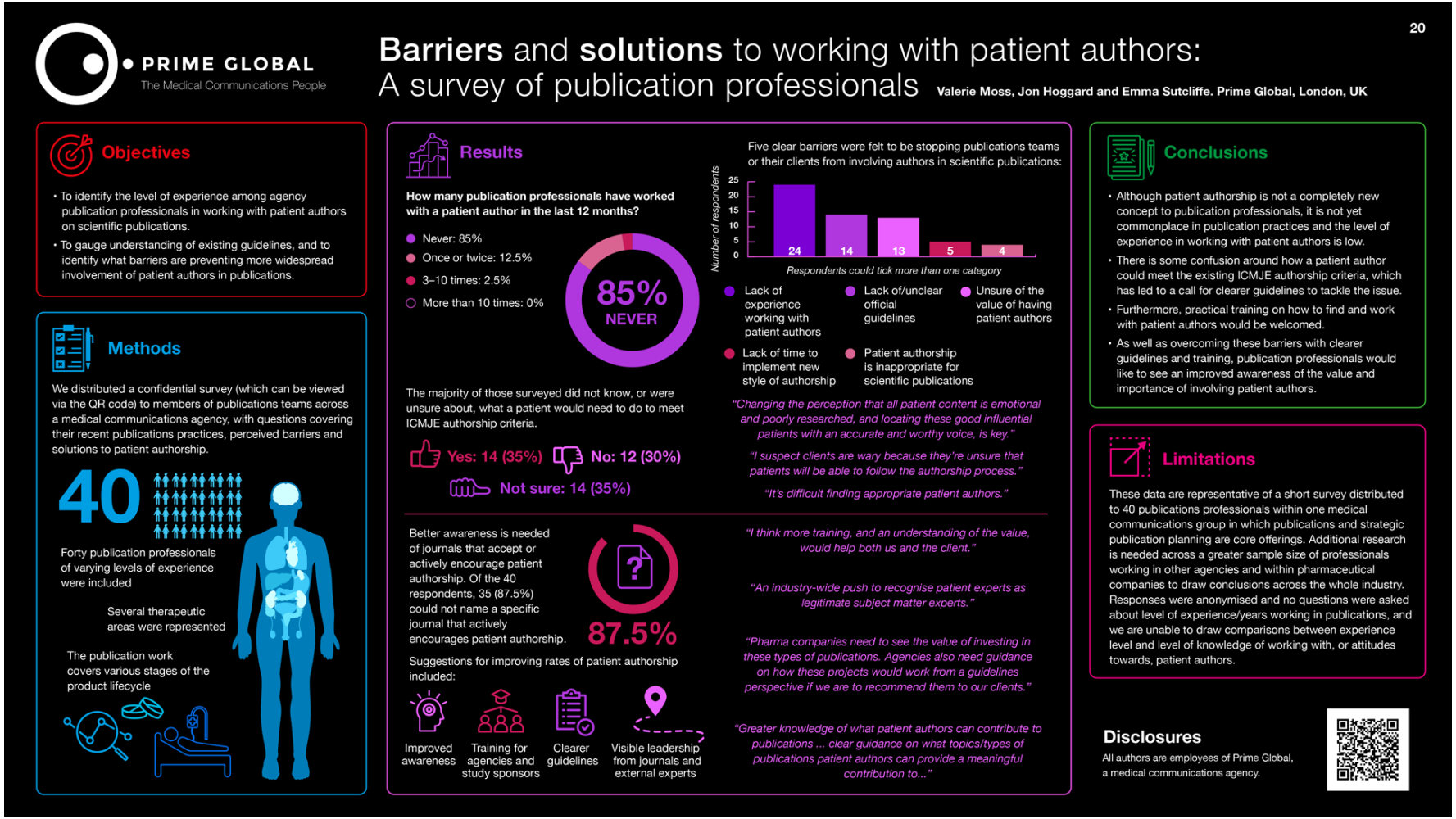








Bring poster data and content to life with Augmented Reality



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Interactive publication content

frontiers | Frontiers in Oncology

TYPE Review
PUBLISHED 04 January 2023
DOI 10.3389/fonc.2022.975473

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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 Friedman[3], Zachary D. Horne[4], Jae Jung[5], Benjamin Kaffenberger[6], Sujith Kalmadi[7], Liza Ovington[8], Rupesh Kotecha[9], Huda Ismail Abdullah[10] and Federica Grosso[11]

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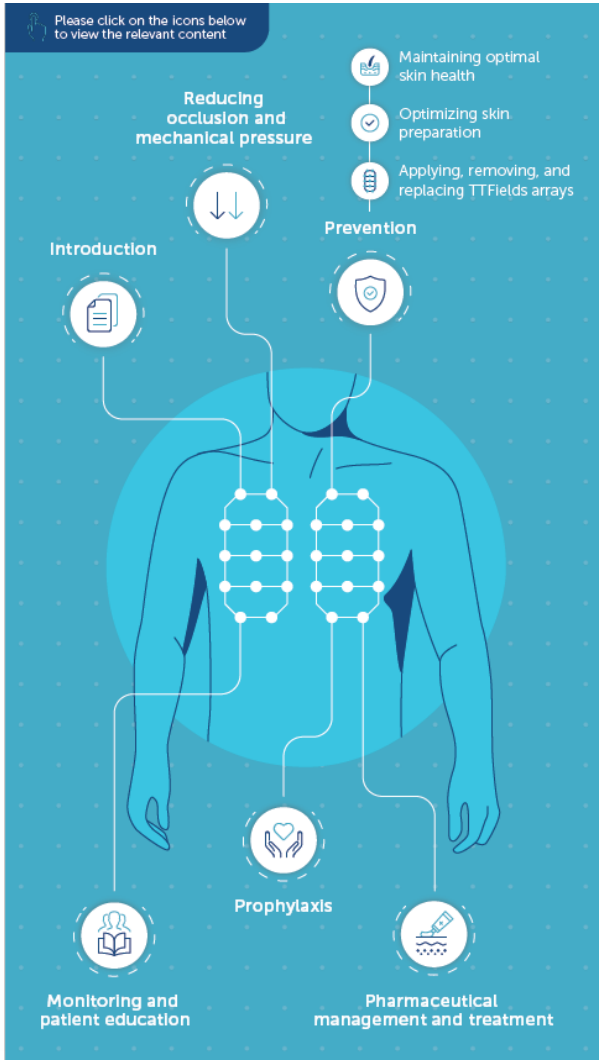
Tumor Treating Fields (TTFields) are electric fields, delivered via wearable arrays placed on or near the tumor site, that exert physical forces to disrupt cellular processes critical for cancer cell viability and tumor progression. As a first-in-class treatment, TTFields therapy is approved for use 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 overlayed 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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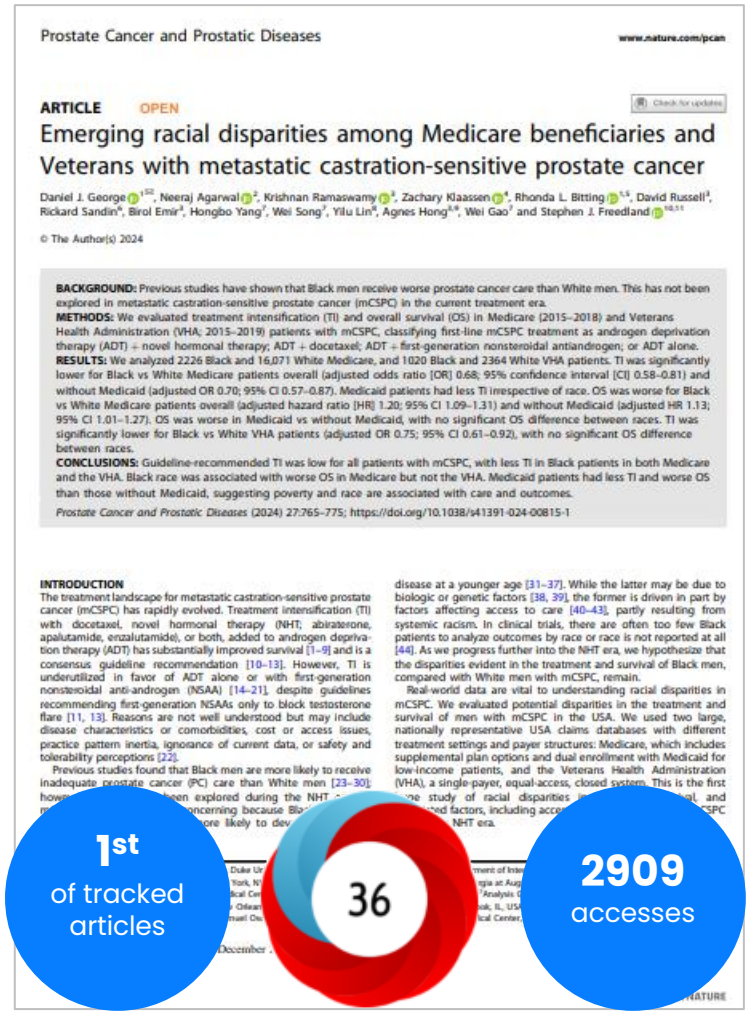
Making the most of study data


Prostate Cancer and Prostatic Diseases

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ARTICLE OPEN

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

Daniel J. George, Neeraj Agarwal, Krishnan Ramaswamy, Zachary Klaassen, Rhonda L. Bitting, David Russell, Rickard Sandin, Birol Emir, Hongbo Yang, Wei Song, Yilu Lin, Agnes Hong, Wei Gao and Stephen J. Freedland

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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

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]; [illegible] concerning because Bla[illegible] more likely to dev[illegible] disease at a younger age [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.

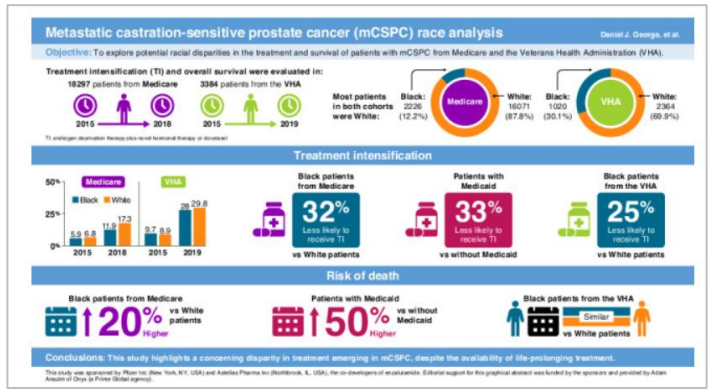
Real-world data are vital to understanding racial disparities in mCSPC. We evaluated potential disparities in the treatment and survival of men with mCSPC in the USA. We used two large, nationally representative USA claims databases with different treatment settings and payer structures: Medicare, which 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 [illegible] study of racial disparities [illegible] factors, including acce[illegible] NHT era.

1st of tracked articles

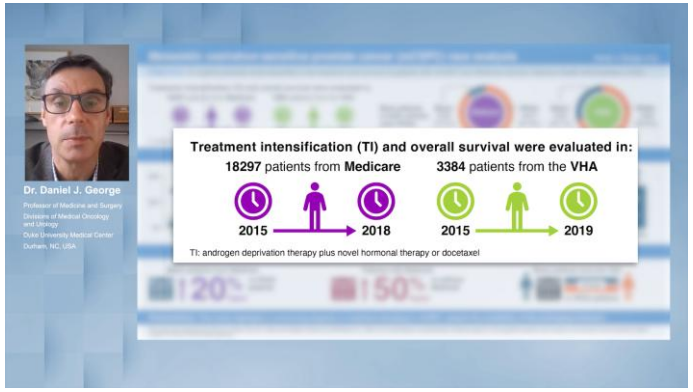
36

2909 accesses

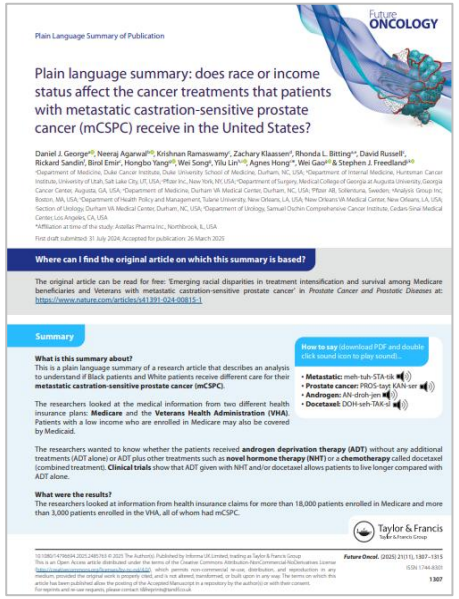
Graphical abstract



Video abstract



PLSP


Plain Language Summary of Publication

Future ONCOLOGY

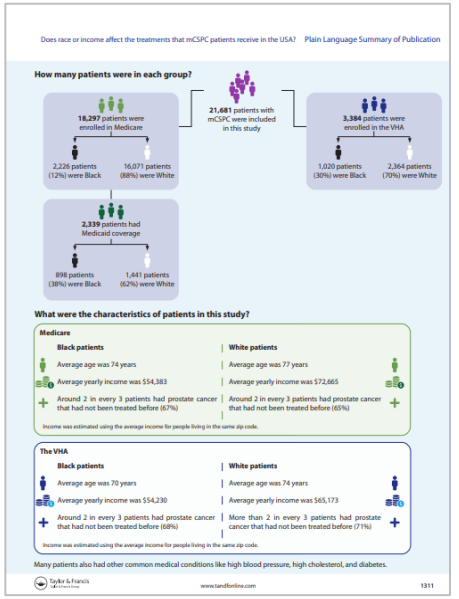
Plain language summary: does race or income status affect the cancer treatments that patients with metastatic castration-sensitive prostate cancer (mCSPC) receive in the United States?

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

Summary

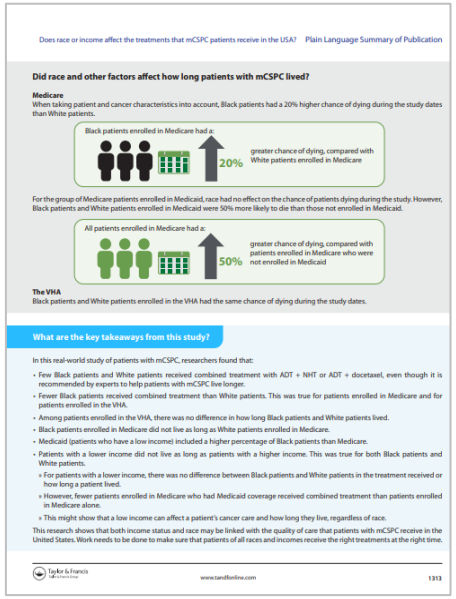
What is this summary about?

What were the results?


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?

What were the characteristics of patients in this study?

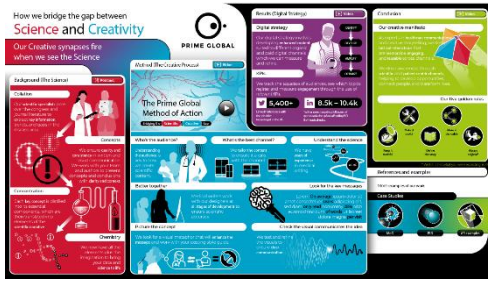

Does race or income affect the treatments that mCSPC patients receive in the USA? Plain Language Summary of Publication

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

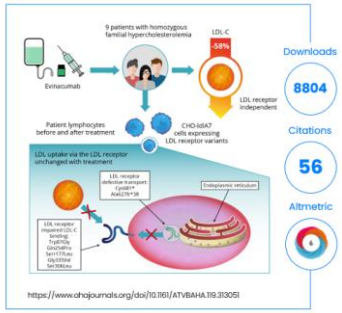
What are the key takeaways from this study?

We utilize new technologies to produce publication extenders in formats preferred by your audience

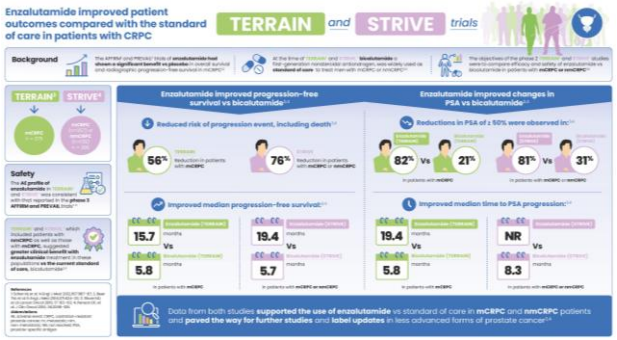
INTERACTIVE POSTERS



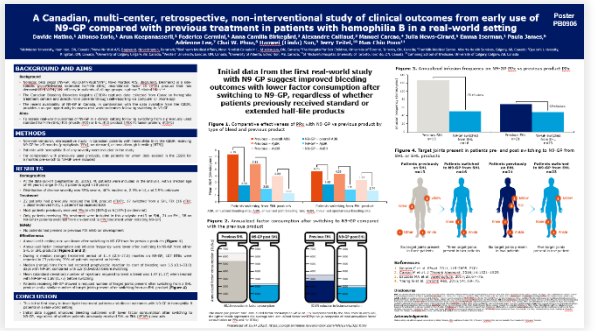
GRAPHICAL SUMMARIES



INFOGRAPHIC PLAIN LANGUAGE SUMMARIES



INFOGRAPHIC SCIENTIFIC POSTERS



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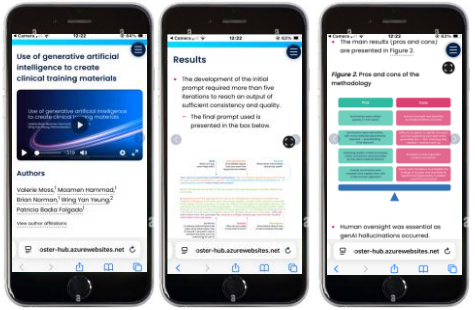
AUGMENTED REALITY VIDEOS

MOBILE-FRIENDLY POSTER FORMAT



AUGMENTED REALITY AVATAR POSTER

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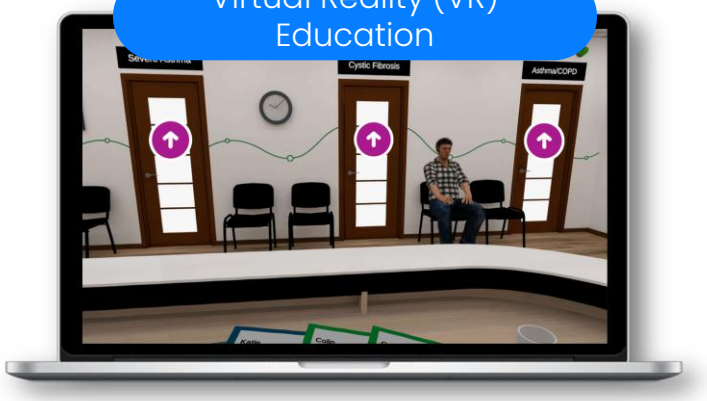
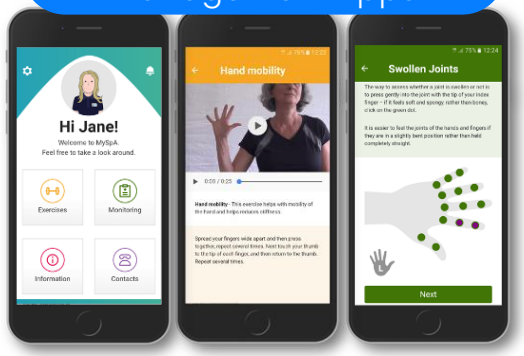
Virtual Reality (VR) Education

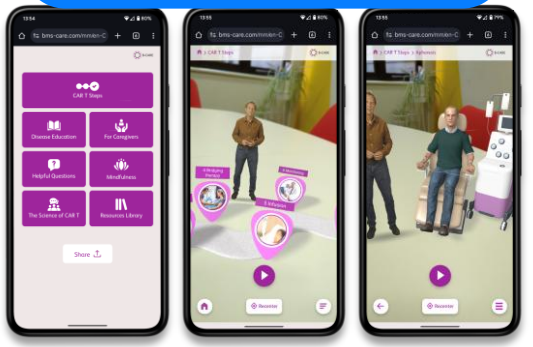


Augmented Reality (AR) Content

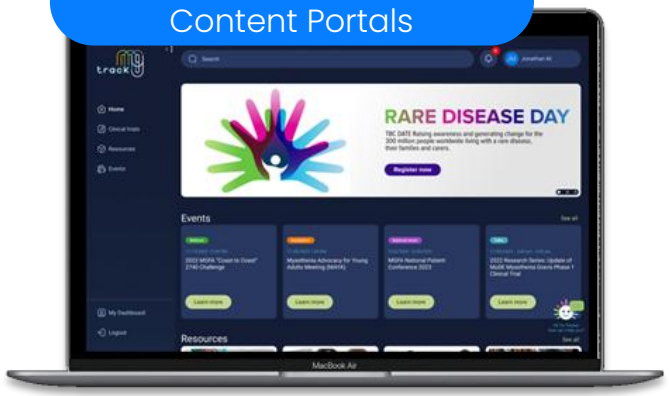
Patient Disease Management Apps



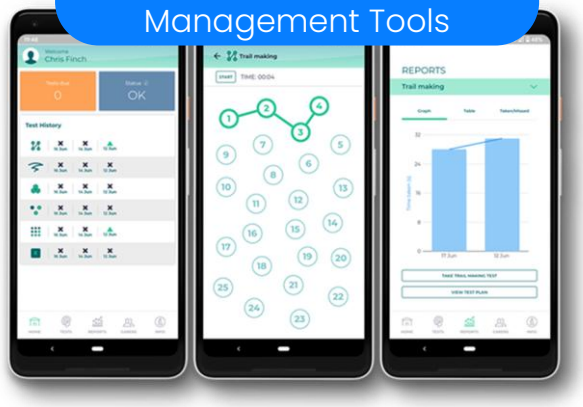
Patient Education



Medical Affairs Content Portals

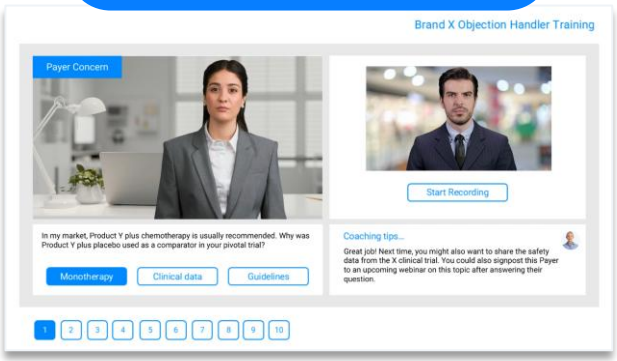


HCP & Patient Disease Management Tools

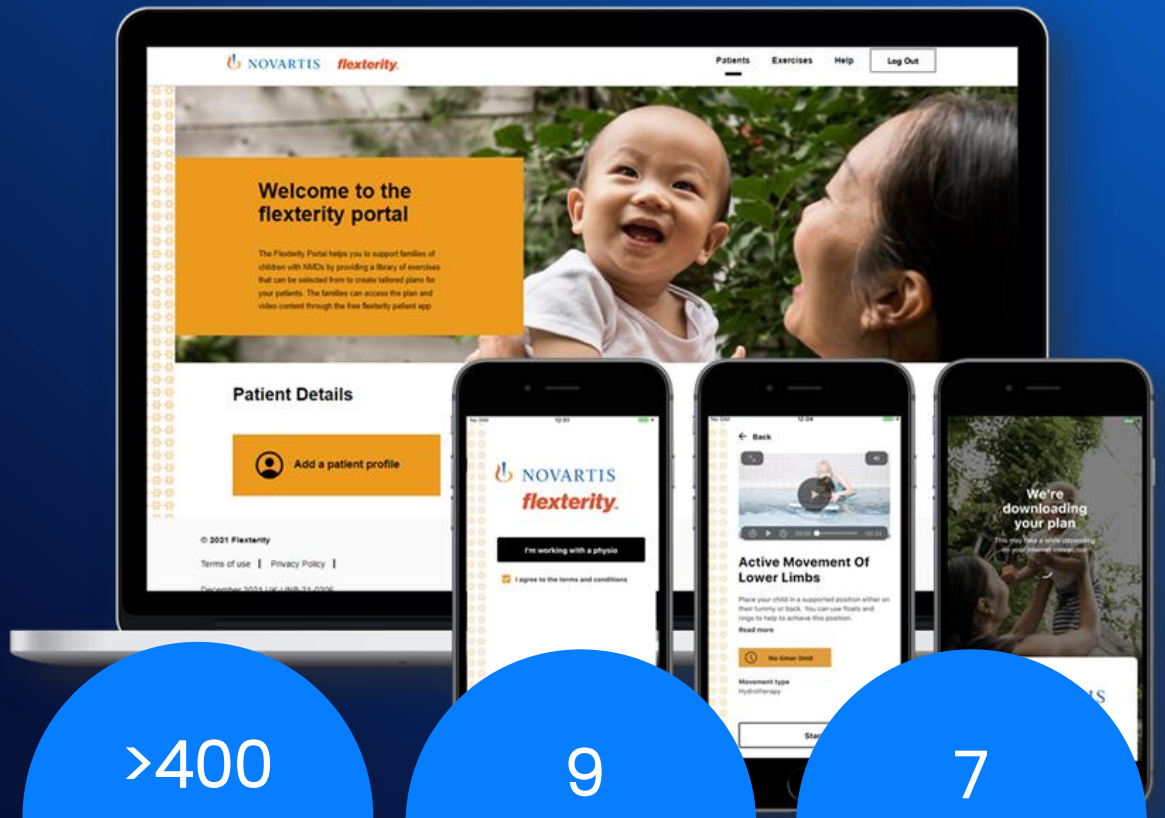


Search and Social Media Campaigns

AI Powered Field Training Tools



“Flexterity” app and physiotherapist portal – Spinal Muscular Atrophy



“We are delighted that the Flexterity app has been so well received, and we would like to thank everyone who contributed to this ground-breaking project which helps to enable access to physiotherapy for children affected by NMD. The future is now looking brighter for those families, whose need for this app was a priority in the NMD community.”

Client, VP and General Manager

>400
UK Physios registered in pilot

9
Countries

7
Languages

Winner
PMEA awards Excellence in Patient Education and Support

Silver
PMEA awards Excellence in Innovation

Silver
PM Society Digital awards Patient Programs

DermaPro - Revolutionizing PASI assessments in psoriasis

176%
HCP users per year vs target

316%
User sessions per year vs target

Gold
PM Society Digital awards
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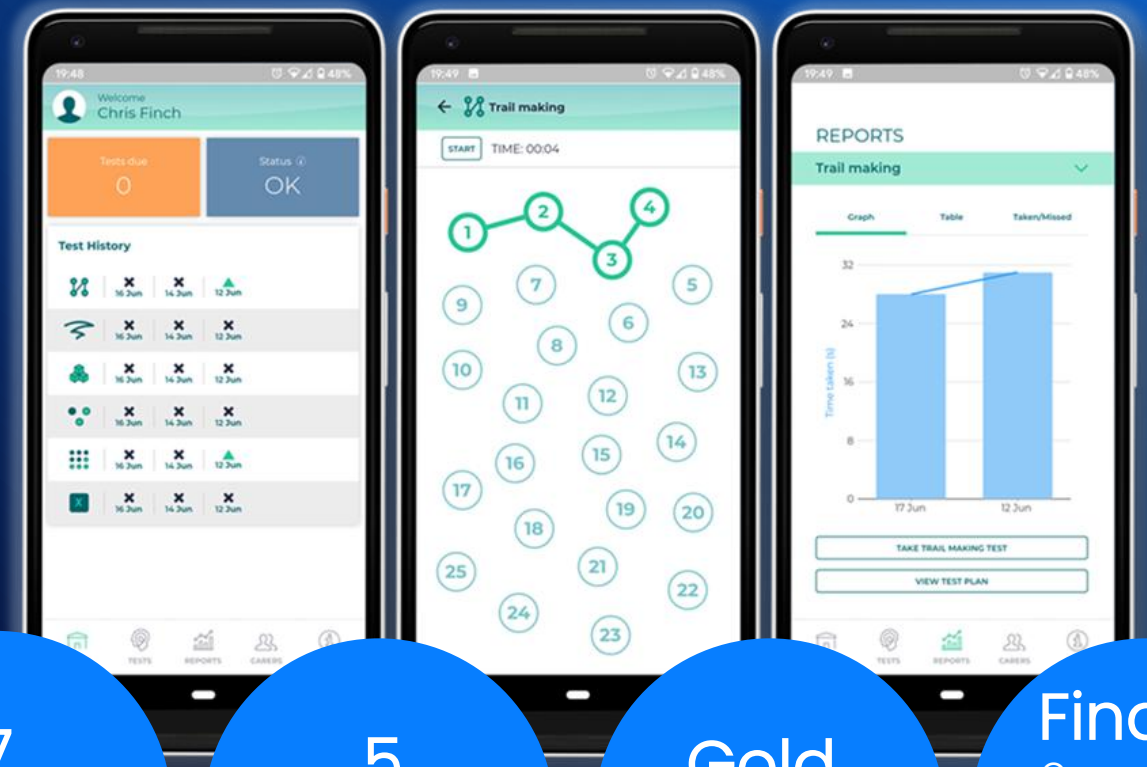
Finalist
Communique awards
Progress in Healthcare and Sci Comms

"DermaPro's user-friendly interface and design have proved to be a great resource for colleagues who do not use PASI scoring very often. Its ability to precisely color in affected areas gives more consistent and reliable results, which provides confidence when discussing treatment options with patients."

Dr Thomas King - Consultant Dermatologist, Sheffield Teaching Hospitals NHS Foundation Trust

Brain function monitoring medical device for early detection of Hepatic Encephalopathy (HE)



7
Countries

5
Languages

Gold
PM Society Digital awards
Patient Programs

Finalist
Communique awards
Progress in Healthcare and Sci Comms

"This was our first software as a medical device. We chose Prime to be our partners because I know I can trust them to be honest and helpful throughout. We have a great relationship with the team that allows us to get things done efficiently as a true partnership."

Client – Head of Global Digital Centre of Excellence

Rare Oncology launch – European omnichannel campaign across multiple affiliates

298k
Content interactions

235k
Video plays on LinkedIn

45k
Website visits

4x
Industry average engagement*

91
MSL appointments generated in 6 months

Silver
PM Society Digital Awards Omnichannel Campaign

*Benchmarks provided by Four Health Media

For more information contact:

Valerie Moss, Chief Science Officer
valerie.moss@primeglobalpeople.com