MedComms Day: June 24th, 2026

Demystifying HEOR for Asia Pacific

Understanding the evidence, the publications, and the market landscape within Asia Pacific

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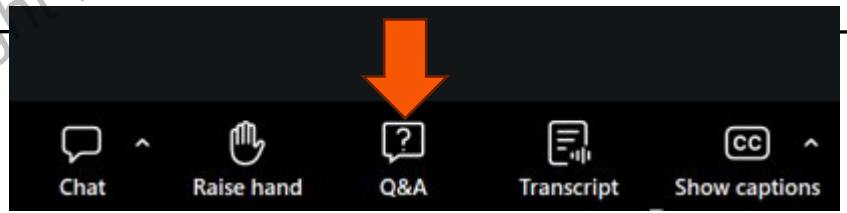

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Today's Moderator and Presenters

Moderator:
Dr. Kirandeep Kaur
Dayanand Medical College & Hospital

Presenter:
Emma New
Costello Medical, Singapore

Presenter:
Richard White, MA, PhD,
Oxford PharmaGenesis

Learning Objectives

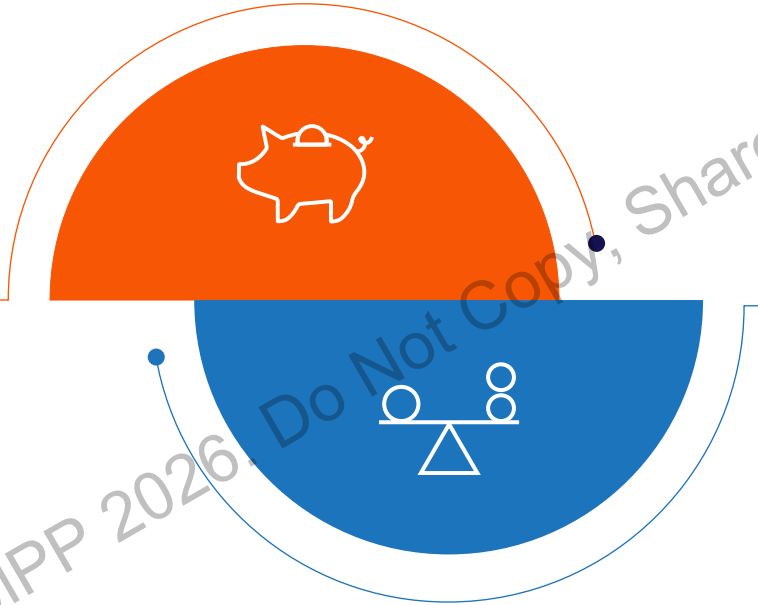
1. Define core health economics and outcomes research (HEOR) terminology, study types, and key reported outcomes, and why each matter
2. Explain the purpose and value of HEOR, including why peer-reviewed HEOR publications are important alongside other payer communication tools
3. Describe how regional evidence needs and access priorities shape HEOR publication planning, using the Agency for Care Effectiveness (ACE) as a specific example
4. Apply best practices for developing HEOR publications, including alignment with established reporting guidelines and strategies for communicating complex economic data to clinical audiences
5. Discuss practical solutions for engaging HEOR teams early in the publication process, and for managing the considerations unique to HEOR studies

Abbreviations: ACE: Agency for Care Effectiveness; HEOR: health economics and outcomes research.

HEOR Foundations

Terminology, study types & key reported outcomes

What is HEOR?



Health Economics

The science of how limited healthcare resources can be used most effectively

Key methods:
- Cost-effectiveness analysis
- Budget impact modelling

Outcomes Research

The science of measuring what treatments do for patients and populations

Key methods:
- Real-world evidence (RWE)
- Systematic reviews
- Network meta-analysis (NMA)

Outcomes research generates the evidence that health economics needs to quantify value

Abbreviations: HEOR: health economics and outcomes research.

Cost-Effectiveness Analysis

As a publication professional

Understanding key health economics terms and how they connect is fundamental to writing about CEA results accurately and credibly

What is a Cost-Effectiveness Analysis (CEA)?

- A CEA compares the **costs and effectiveness** of two or more treatments to determine which offers better **value for money**

Key terms

Utility

Quality of life (QoL) weight

A score from 0 (death) to 1 (perfect health) capturing a patient's QoL at a given point in their disease

Quality-adjusted life year (QALY)

Health gain unit

A measure that combines the length of life (life years) with QoL (utility). The effects of a treatment are typically measured in terms of QALYs

Incremental Cost-Effectiveness Ratio (ICER)

Key CEA output

The extra cost of achieving one additional QALY with the new treatment compared to the existing one

Willingness-To-Pay (WTP) Threshold

Decision benchmark

The maximum a healthcare system will pay to achieve one additional QALY. The benchmark against which the ICER is compared

Interpreting the results

ICER Below Threshold

The new treatment offers good value for money. Likely to receive a positive recommendation from the health technology assessment (HTA) body

ICER Above Threshold

The new treatment is unlikely to represent value for money at its current price. Price negotiation or additional evidence may be required

- ***Note***: Thresholds differ by country and disease area.

Abbreviations: CEA: cost-effectiveness analysis; HTA: health technology assessment; ICER: incremental cost-effectiveness ratio; QALY: quality-adjusted life year; QoL: quality of life; WTP: willingness to pay.

Where Does CEA Data Come From?

As a publication professional

A CEA doesn't generate its own data, but instead draws on a range of study types, each of which is a publication in its own right. Understanding what those study types are, what they report and how they feed into the CEA is fundamental to working across the full HEOR publication landscape

Randomised Controlled Trial (RCT)

WHAT IT IS: The primary source of clinical efficacy and safety data, where available // **KEY REPORTED OUTCOMES:** Overall survival, progression-free survival, safety data

Indirect Treatment Comparison (ITC)/NMA

WHAT IT IS

When head-to-head trial data against relevant comparators does not exist, an ITC synthesises evidence across multiple trials to generate indirect comparative estimates

KEY REPORTED OUTCOMES: Hazard ratios, relative rates, odds ratio

RWE

WHAT IT IS

Analyses of real-world data sources, such as claims databases and registries, to capture resource use and costs as they occur in clinical practice

KEY REPORTED OUTCOMES: Healthcare resource utilisation and costs

Patient Reported-Outcome (PRO) Studies

WHAT IT IS

Studies that capture patient-reported QoL data, commonly using validated instruments such as the EQ-5D, to generate utility values

KEY REPORTED OUTCOMES: Utility values, QoL scores

Cost Databases

WHAT IT IS

Published cost data or national tariff databases used to assign unit costs to healthcare resource use, such as drug acquisition, hospitalisation and monitoring costs

KEY REPORTED OUTCOMES: Unit costs per resource item

Abbreviations: CEA: cost-effectiveness analysis; HEOR: health economics and outcomes research; ITC: indirect treatment comparison; NMA: network meta-analyses; PRO: patient-reported outcome; QoL: quality of life; RCT: randomised controlled trial; RWE: real-world evidence;

Sensitivity Analysis

As a publication professional

Sensitivity analyses are an expected section in any CEA publication. Understanding why they are conducted, how the results are presented, and how to read the results will help you accurately describe and contextualise them for the reader

Why sensitivity analysis?

- The inputs used in a health economic model are based on the best available evidence. However, that evidence is rarely certain, and inputs may vary. Sensitivity analysis tests how much that uncertainty affects the results

Two approaches

Deterministic Sensitivity Analysis (DSA)

One input at a time

Each input is varied while keeping all others fixed, to identify key drivers of the model results

Probabilistic Sensitivity Analysis (PSA)

All inputs at once

All inputs are varied simultaneously to investigate the effect of combined uncertainty in the model inputs on the model results

Abbreviations: CEA: cost-effectiveness analysis; DSA: deterministic sensitivity analysis; PSA: probabilistic sensitivity analysis.

DSA

As a publication professional

You've likely come across figures in CEA publications that aren't immediately intuitive. The next few slides will look at two of the most common, starting with a DSA tornado plot

Longest bar = key model driver

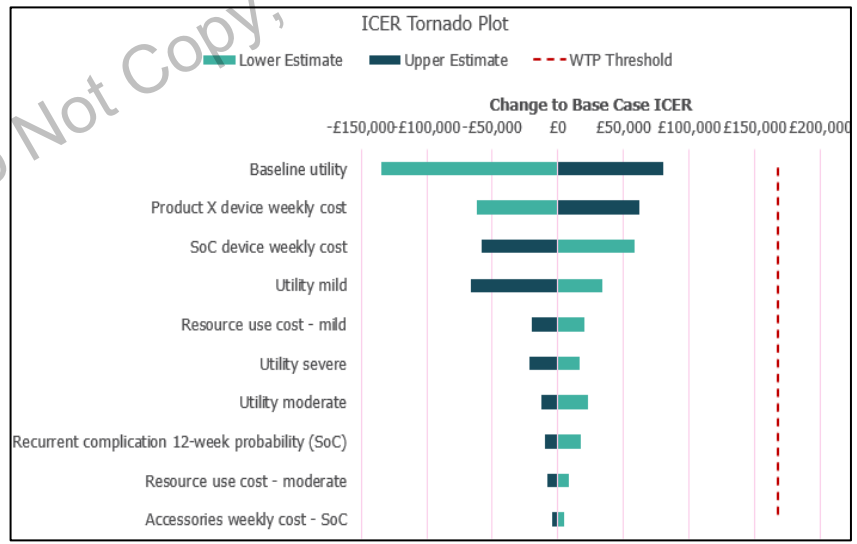
This input has the greatest impact on the ICER, and the model is most sensitive to it. This input requires the most scrutiny and justification given its impact on the results

Short bars overall = robust model

If all bars are short, varying inputs does not meaningfully change the ICER, and uncertainty is less of a concern

When writing about a DSA

Focus on the most influential inputs, what they are, why they were chosen, and whether the ICER remains favourable across the inputs



Abbreviations: CEA: cost-effectiveness analysis; DSA: deterministic sensitivity analysis; ICER: incremental cost-effectiveness ratio; SoC: standard of care; WTP: willingness-to-pay

PSA

As a publication professional

The second figure you'll commonly encounter in CEA publications is the cost-effectiveness plane. Here is what it's showing, and what to look for when writing about it

1. The analysis is run thousands of times

All uncertain inputs are varied simultaneously across many iterations (e.g. 1,000), each producing a different ICER. Results are averaged to produce a probabilistic ICER

2. Compare to the deterministic ICER

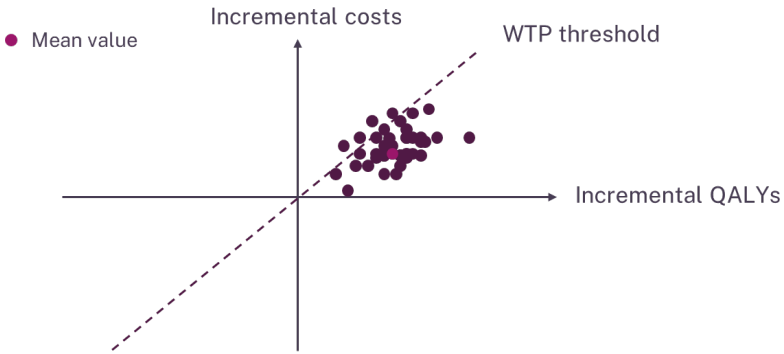
The probabilistic ICER is compared to the base case (deterministic) ICER. If they are close, confidence in the results is higher

3. Read the cloud

Each point on the cost-effectiveness plane = one iteration. A tight cluster = robust. A scattered cloud = greater uncertainty in the conclusion

When writing about a PSA

Report the probabilistic ICER alongside the deterministic, note how close they are, and describe what the spread of the cloud tells us about confidence in the base case conclusion



Abbreviations: CEA: cost-effectiveness analysis; ICER: incremental cost-effectiveness ratio; PSA: probabilistic sensitivity analysis; QALY: quality-adjusted life year; WTP: willingness-to-pay.

What You Should Now Be Able to Do

Objective

Define core HEOR terminology, study types and key reported outcomes, and why each matter

1. Understand core HEOR terminology

From utility values and QALYs through to ICERs, hazard ratios, and resource utilisation. HEOR publications report a range of outcomes across different study types. Understanding what each term means, where it comes from, and how it fits into the analysis is fundamental to writing about HEOR results and methods accurately.

2. Recognise the key study types that generate HEOR evidence

RCTs provide the clinical foundation. NMAs generate comparative efficacy estimates. RWE captures real-world resource use. PRO studies generate utility values. Each is a distinct publication type, and each comes with its own strengths, limitations and key reported outcomes.

3. Identify the key reported outcomes and understand why they matter

The ICER is the headline CEA result. The DSA and PSA show how robust the result is. Understanding what these outputs mean, and how they are presented, is what allows you to write about them accurately to produce credible HEOR publications.

Abbreviations: CEA: cost-effectiveness analysis; DSA: deterministic sensitivity analysis; HEOR: health economics and outcomes research; ICER: incremental cost-effectiveness ratio; NMA: network meta-analyses; PRO: patient reported outcome; PSA: probabilistic sensitivity analysis; QALY: quality-adjusted life year; QoL: quality of life; RCT: randomised controlled trial; RWE: real-world evidence.

The Value of HEOR Publications

Why peer-reviewed publications matter

Why Peer-Reviewed HEOR Publications Matter

- HEOR generates enormous amounts of valuable evidence. But evidence that isn't communicated doesn't influence decisions. Peer-reviewed publications are the most credible, accessible, and enduring way to deliver evidence to the people who need it

Why publications matter

Trustworthiness

Peer review provides open, independent validation that can be publicly referenced

Impact

Published evidence reaches further, lasts longer, and feeds the scientific record

Compliance

Enables legitimate scientific exchange between industry and healthcare professionals

Abbreviation: HEOR: health economics and outcomes research.

Trustworthiness

- The peer review process confers trustworthiness

Credibility

A peer-reviewed finding has been **tested, challenged, and validated** by independent experts. That process is what gives the scientific community confidence to reference, cite, and build upon it

Citability

Because published evidence is **publicly accessible** and **independently validated**, HTA bodies, clinical guidelines committees, and other researchers can formally reference it in assessments, decisions, and future publications

Published evidence vs company materials

Peer-reviewed publication	Company materials (e.g. clinical study report)
▪ Subject to open, independent peer review ▪ Publicly accessible ▪ Openly citable by HTA bodies and guideline committees ▪ Basis for legitimate scientific exchange	▪ Confidential ▪ Cannot be openly cited in the same way ▪ Limited reach beyond the intended audience

Abbreviation: HTA: health technology assessment.

Impact

- Publications last longer than any other HEOR communication tool

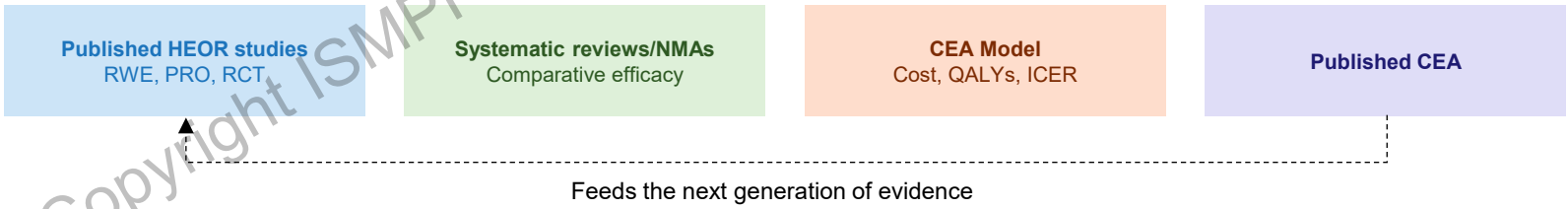
Longevity

Publications are **permanently indexed** and **publicly accessible**. They don't expire or get superseded. A publication from five years ago can still be cited today

Scientific Record

Every published HEOR study contributes to a **growing body of evidence that compounds over time**. Published studies are picked up by future systematic reviews and NMAs, which inform future HEOR activities (e.g. CEAs). Each publication becomes a **building block for the next generation of evidence**

Evidence cycle



Abbreviations: CEA: cost-effectiveness analysis; HEOR: health economics and outcomes research; ICER: incremental cost-effectiveness ratio; NMA: network meta-analyses; PRO: patient-reported outcome; QALY: quality-adjusted life year; RCT: randomised controlled trial; RWE: real-world evidence;

Compliance

- In most markets, pharmaceutical companies are restricted from promoting their products beyond the approved label. Peer-reviewed publications change what is possible, because sharing independently validated scientific evidence is permitted as scientific communication, not promotion

Regulatory Context

The peer review process is what makes the distinction. It is not the company making the claim, it is **independent experts who have tested, challenged, and validated the finding**. That independence is what permits the exchange

What Becomes Possible

Medical affairs and publication teams can **share and discuss published evidence** with clinicians, payers, and other healthcare professionals, **opening scientific conversations that would otherwise be limited or not possible at all**

What You Should Now Be Able to Do

Objective

Explain the purpose and value of HEOR, including why peer-reviewed HEOR publications are important alongside other payer communication tools

HEOR exists to generate, synthesise, and communicate evidence about the real-world value of healthcare interventions, informing decisions across the entire healthcare system. Peer-reviewed publications are the most credible, enduring, and far-reaching way to communicate that evidence.

Why publications matter

Trustworthiness

Open, independent peer review provides validation that the scientific community can publicly reference and build upon

Impact

Permanently indexed, feeding the scientific record and becoming the building blocks for the next generation of evidence

Compliance

Enables legitimate scientific exchange between industry and healthcare professionals that would otherwise be limited

But the value of a publication is only realised if it is targeted at the right audience, with the right evidence, for the right market. Next, we explore how regional evidence needs and access priorities shape HEOR publication planning.

Abbreviation: HEOR: health economics and outcomes research.

HEOR in APAC

Regional evidence needs, HTA bodies & publication planning

ACE: A Case Study in Evolving Evidence Needs

How a change in HTA process changed the role of publications

- Singapore's ACE evaluates drugs for public sector subsidy under the Ministry of Health. Established in 2015, ACE has undergone a significant shift in how it receives and evaluates evidence, with direct implications for publication planning

Pre-2021

ACE-led submissions

ACE identified topics and assessed published evidence directly, with company's submitting a 5-page dossier. Having evidence already published freed up the limited dossier space for unpublished analyses, making publication a strategic tool for maximising the evidence in front of ACE.

Publication priority: High. A strategic way to maximise evidence with a 5-page constraint

2021 onwards

Company-led submissions

Companies can now submit full evidence dossiers directly to ACE, up to 150 pages. Unpublished analyses can be included in the dossier, and with 150 pages of submission space available, there is less pressure to publish data ahead of submission. Publication remains valuable, but the additional dossier space removes the need to prioritise it as much.

Publication priority: Lower. Additional dossier space reduces the pressure to publish ahead of submission

RWE: There is a growing consideration of RWE in Singapore HTA. RWE publications are therefore an increasingly valuable part of the HEOR publication landscape in the region.

Abbreviations: ACE: Agency for Care Effectiveness; HEOR: health economics and outcomes research; HTA: health technology assessment; RWE: real-world evidence.

What You Should Now Be Able to Do

Objective

Describe how regional evidence needs and access priorities shape HEOR publication planning, using ACE as a specific example

1. Understand how HTA process shapes publication priority – the ACE example

ACE's shift from ACE-led to company-led submissions illustrates how HTA process directly shapes publication strategy. With a 150-page dossier now available, there is less pressure to publish ahead of submission, though publication remains valuable. Across APAC, growing acceptance of RWE adds a further dimension to publication planning. Publication strategy must respond as HTA processes evolve.

2. Apply the broader principle – understand your market before building your plan

There is no single APAC publication strategy. The role of published evidence varies by market and evolves over time. Before developing a publication plan, understand how the relevant HTA body receives and evaluates evidence. That determines what you prioritise publishing, when, and why.

Abbreviations: ACE: Agency for Care Effectiveness; HEOR: health economics and outcomes research; HTA: health technology assessment; RWE: real-world evidence.

Communicating complex concepts

Best practices for HEOR publications

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Communicating effectively means explaining the technical jargon

Communicating effectively means explaining the technical jargon

Report transparently: follow CHEERS and other relevant EQUATOR Network guidelines

- How can I address all points of the CHEERS checklist within a 3000-word manuscript?
  - **Publish in advance** as much of the economic model methodology and inputs as you can
  - Make use of **supplementary materials**

- How can I convey the meaning to a non-specialist among all this technical detail?
  - **Use the abstract** to set the study in a clinical context
  - **Preface each section** with one sentence that tells the non-specialist what it means (e.g. utilities)
  - **Use the conclusion** to convey how the results might affect healthcare decision-making

ISPOR Report

Consolidated Health Economic Evaluation Reporting Standards 2022 (CHEERS 2022) Statement: Updated Reporting Guidance for Health Economic Evaluations

Don Husereau, BScPharm, MSc, Michael Drummond, MCom, DPhil, Federico Augustovski, MD, MSc, PhD, Esther de Bekker-Grob, MSc, PhD, Andrew H. Briggs, DPhil, Chris Carswell, BScPharm, MSc, Lisa Caulley, MD, MPH, FRCSC, Nathorn Chaiyakunapruk, PharmD, PhD, Dan Greenberg, PhD, Elizabeth Loder, MD, MPH, Josephine Mauskopf, PhD, C. Daniel Mullins, PhD, Stavros Petrou, MPhil, PhD, Raoh-Fang Pwu, PhD, Sophie Staniszewska, DPhil, on behalf of CHEERS 2022 ISPOR Good Research Practices Task Force

Methodology

Consolidated Health Economic Evaluation Reporting Standards for Interventions That Use Artificial Intelligence (CHEERS-AI)

Jamie Elvidge, MSc, Claire Hawksworth, MSc, Tuba Saygın Avşar, PhD, Antal Zemplenyi, PhD, Anastasia Chalkidou, PhD, Stavros Petrou, PhD, Zsuzsanna Petykó, PhD, Divya Srivastava, PhD, Gunjan Chandra, MSc, Julien Delaye, MA, Alastair Denniston, PhD, Manuel Gomes, PhD, Saskia Knies, PhD, Petros Nousios, MSc, Pekka Siirtola, PhD, Junfeng Wang, PhD, Dalia Dawoud, PhD, on behalf of the The CHEERS-AI Steering Group

Use publication enhancements to explain HEOR studies to non-expert audiences

Health Economic Evaluation ISPOR CHEERS 2022 Reporting Standards

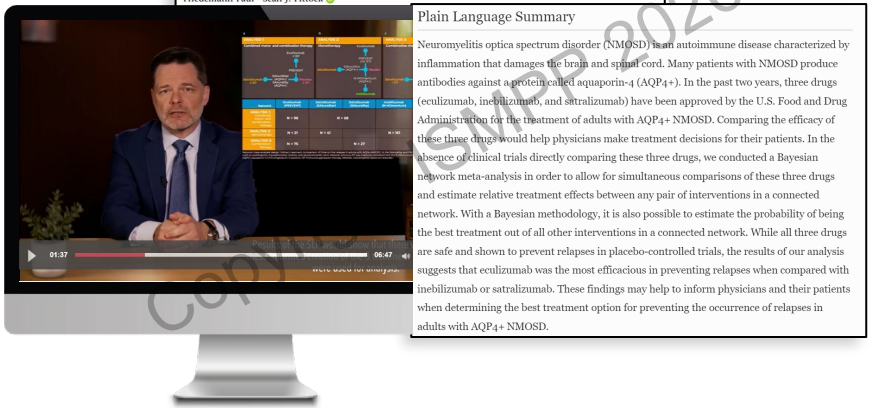
Authors should additionally ***consider producing a plain language summary of their study, which would be helpful to nontechnical audiences, including patients, healthcare professionals and the general public…***

Neurol Ther (2022) 11:123–135
https://doi.org/10.1007/s40120-021-00295-8

ORIGINAL RESEARCH

Network Meta-analysis of Food and Drug Administration-approved Treatment Options for Adults with Aquaporin-4 Immunoglobulin G-positive Neuromyelitis Optica Spectrum Disorder

Dean M. Wingerchuk · Ina Zhang · Adrian Kielhorn · Minying Royston · Michael Levy · Kazuo Fujihara · Ichiro Nakashima · Imran Tanvir · Friedemann Paul · Sean J. Pittock



Plain Language Summary

Neuromyelitis optica spectrum disorder (NMOSD) is an autoimmune disease characterized by inflammation that damages the brain and spinal cord. Many patients with NMOSD produce antibodies against a protein called aquaporin-4 (AQP_4+). In the past two years, three drugs (eculizumab, inebilizumab, and satralizumab) have been approved by the U.S. Food and Drug Administration for the treatment of adults with AQP_4+ NMOSD. Comparing the efficacy of these three drugs would help physicians make treatment decisions for their patients. In the absence of clinical trials directly comparing these three drugs, we conducted a Bayesian network meta-analysis in order to allow for simultaneous comparisons of these three drugs and estimate relative treatment effects between any pair of interventions in a connected network. With a Bayesian methodology, it is also possible to estimate the probability of being the best treatment out of all other interventions in a connected network. While all three drugs are safe and shown to prevent relapses in placebo-controlled trials, the results of our analysis suggests that eculizumab was the most efficacious in preventing relapses when compared with inebilizumab or satralizumab. These findings may help to inform physicians and their patients when determining the best treatment option for preventing the occurrence of relapses in adults with AQP_4+ NMOSD.

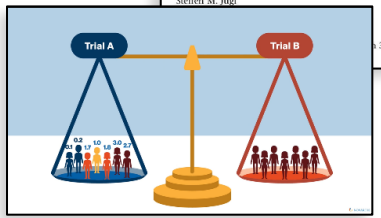
Rheumatol Ther (2018) 5:99–122
https://doi.org/10.1007/s40744-018-0106-6

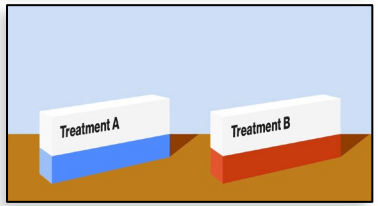
ORIGINAL RESEARCH

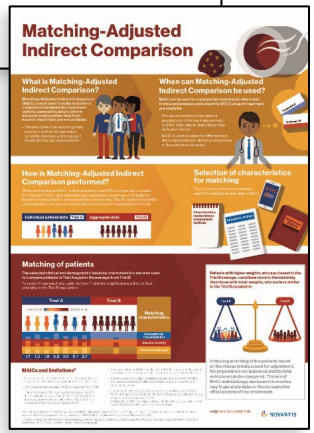
Secukinumab Versus Adalimumab for Psoriatic Arthritis: Comparative Effectiveness up to 48 Weeks Using a Matching-Adjusted Indirect Comparison

Peter Nash · Iain B. McInnes · Philip J. Mease · Howard Thom · Matthias Hunger · Andreas Karabis · Kunal Gandhi · Shephard Mpofu · Steffen M. Jugl

31, 2018







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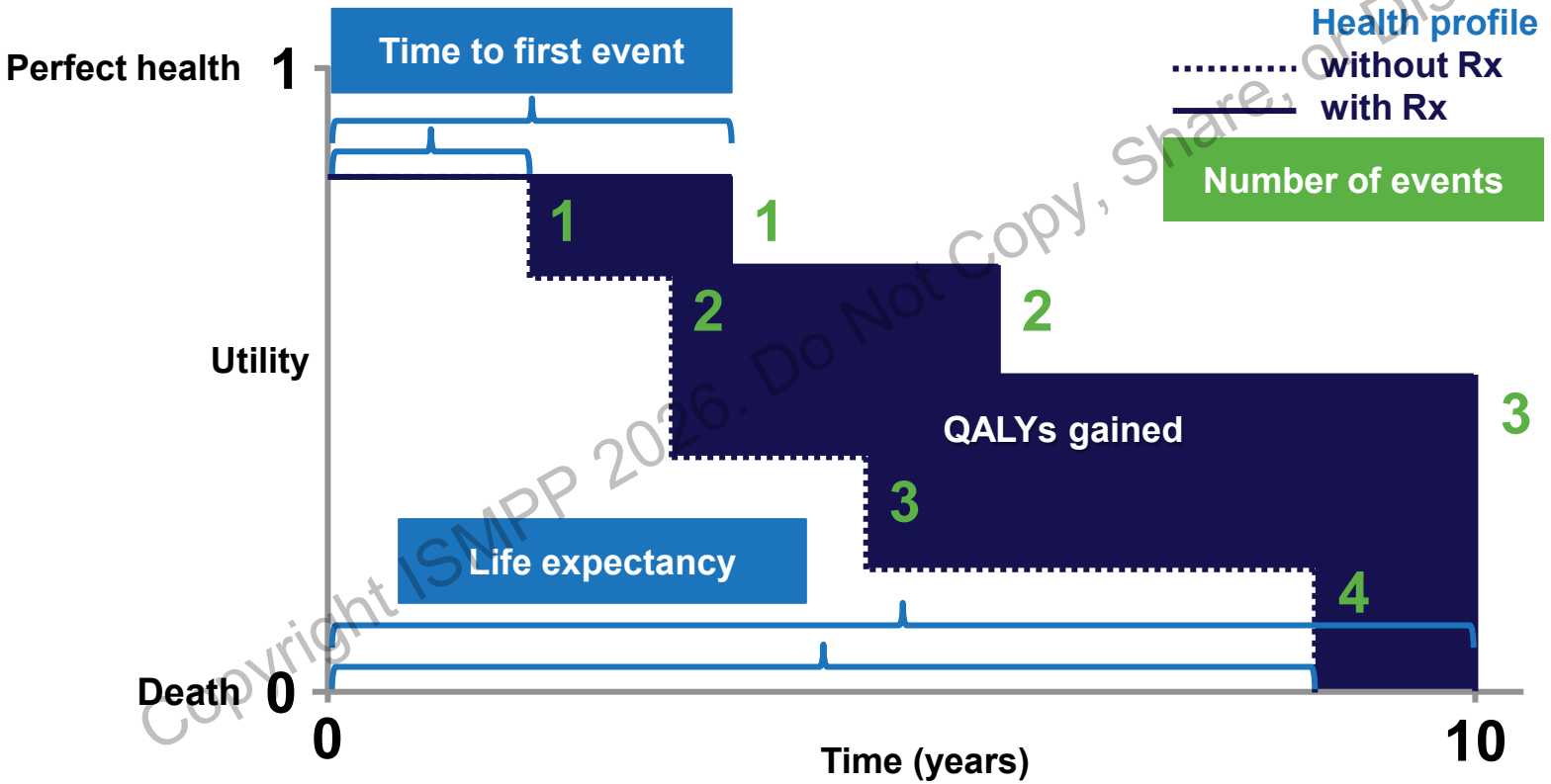
Communicating complex HEOR principles simply: Utility (EQ-5D)

Attribute	Level	Me, today	Me, last week
Mobility	1. No problems 2. Some problems 3. Confined to bed	1	2
Self-care	1. No problems 2. Some problems 3. Unable to	1	1
Usual activities	1. No problems 2. Some problems 3. Unable to	1	2
Pain/discomfort	1. None 2. Moderate 3. Extreme	1	2
Anxiety/depression	1. None 2. Moderate 3. Extreme	2	2
	Calculated utility	**0.85**	**0.62**

EQ-5D, 5-dimension EuroQoL questionnaire

Communicating complex HEOR principles simply: QALYs



Managing the differences

Understanding the unique elements of HEOR studies for successful collaboration

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Good Publication Practice (GPP) 2022 includes HEOR and RWE publications

- *'When developing SOPs, HEOR and RWE publications should be considered…'*
  - **Still a blind spot** in many companies
- *'In cases where protocols … may be registered, they should be'*
  - SLRs (PROSPERO) and some **RWE studies** (Centre for Open Science registry)
- *'… colleagues performing scientific or medical study functions are considered to be researchers regardless of … reporting structure …'*
  - Includes any function **with a research role**

Research and Reporting Methods | September 2022

Good Publication Practice (GPP) Guidelines for Company-Sponsored Biomedical Research: 2022 Update FREE

Lisa M. DeTora, PhD, MS, Dikran Toroser, PhD, Angela Sykes, MA, MPhil, … View all authors +

Author, Article, and Disclosure Information

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Abstract

Translations

These updated Good Publication Practice (GPP) guidelines include recommendations for publishing company-sponsored biomedical research. The GPP guidelines apply to peer-reviewed or peer-oriented biomedical publications, such as manuscripts, meeting presentations, posters, and abstracts, as well as enhanced content, such as plain-language summaries.

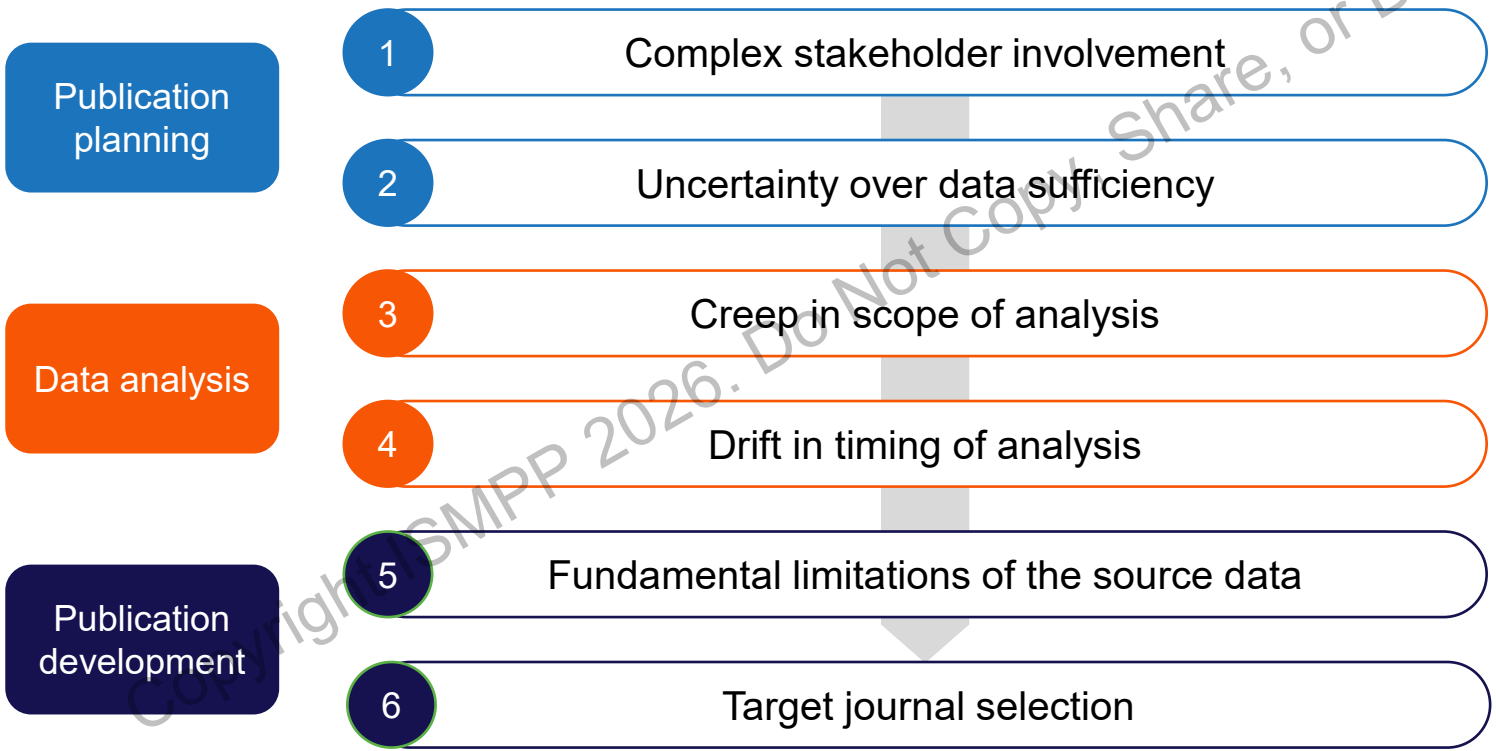
DeTora LM *et al. Ann Intern Med* 2022;175:1298–304

ISMPP International Society for Medical Publication Professionals

HEOR teams often pose challenges for GPP

- *"What's GPP?"*
- *"We don't need to publish our studies"*
- *"GPP doesn't apply to our studies"*
- *"We don't need GPP – our researchers publish all the time"*
- *"We can't implement GPP – our studies are different"*
- *"Pubs leads/agencies don't understand HEOR – you need to leave our publications to the experts"*
- *"We've already asked the HEOR vendor to support publications – now we're paying twice"*
- *"We can't commit to pubs plan timelines – our studies work differently"*

There are inherent differences between HEOR studies and RCTs



1. Complex stakeholder involvement

- Study publications involve additional stakeholders (e.g. HEOR lead, external HEOR study vendor)
  - Not experts in GPP
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- Clarify roles and responsibilities, and establish regular communications
  - Build an understanding of the publication process and the overall publication plan
  - Ensure external clinical experts are involved throughout

2. Uncertainty over data sufficiency

- Lack of sufficient data may mean planned analyses are not feasible at the intended time point
  - Comparative or subgroup analyses
  - Rare disease studies

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- Lack of sufficient data may mean planned analyses are not feasible at the intended time point
  - Comparative or subgroup analyses
  - Rare disease studies
- Be flexible and build contingency plans to anticipate insufficient data
  - Alternative analyses
  - Later congress or journal submission

3. Creep in scope of analysis

- Less rigid protocols than RCTs = temptation for ‘What if …?’ analyses
  - From internal authors, HTA review, journal peer reviewers
  - **But** … exploratory analyses may not be appropriate and may incur risk

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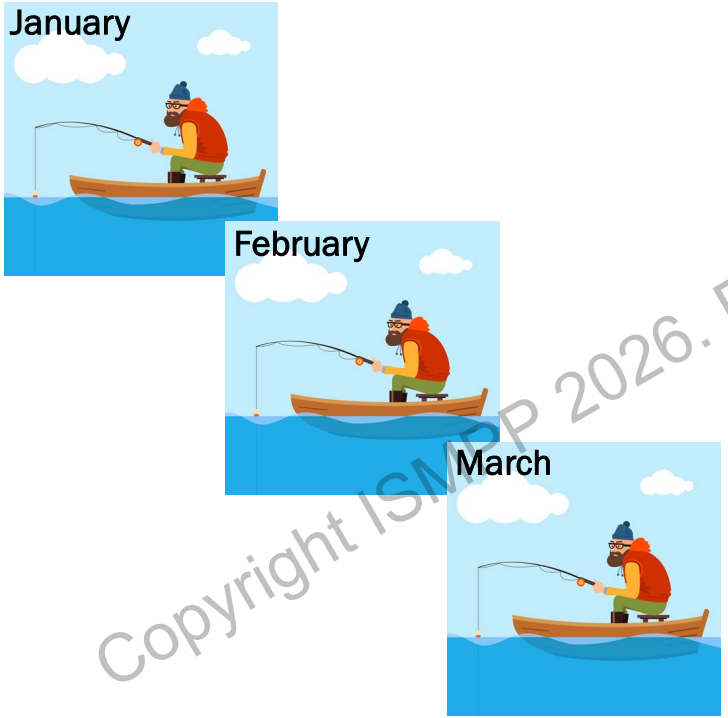
- Less rigid protocols than RCTs = temptation for 'What if …?' analyses
  - From internal authors, HTA review, journal peer reviewers
  - **But** … exploratory analyses may not be appropriate and may incur risk
- Pre-define analysis plan and stick to it as far as possible
  - Understand potentially sensitive model inputs and assumptions, e.g. drug price (potential impact on reference pricing)

4. Drift in timing of analysis



- Robustness of data grows over time for HEOR = temptation to update analyses repeatedly
  - New data or model assumptions
  - **But** … where to draw the line for publication?

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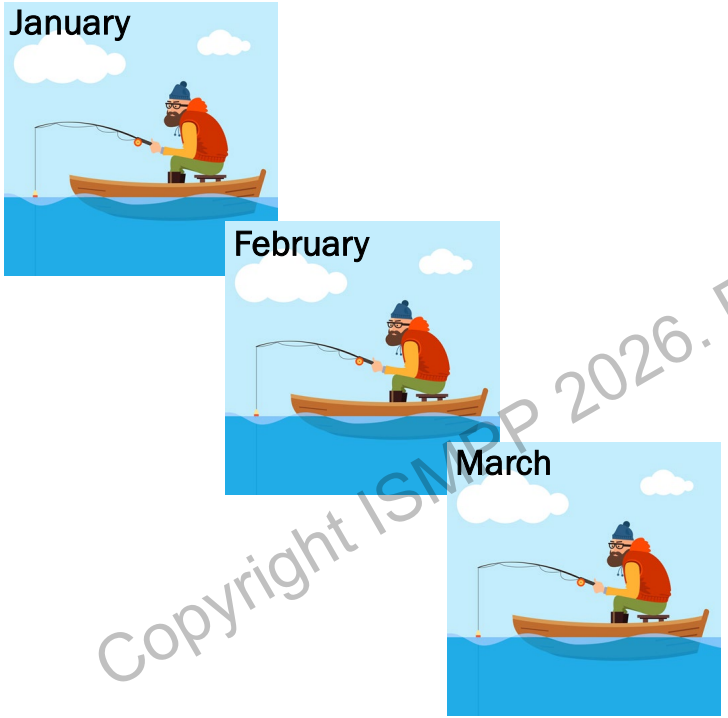
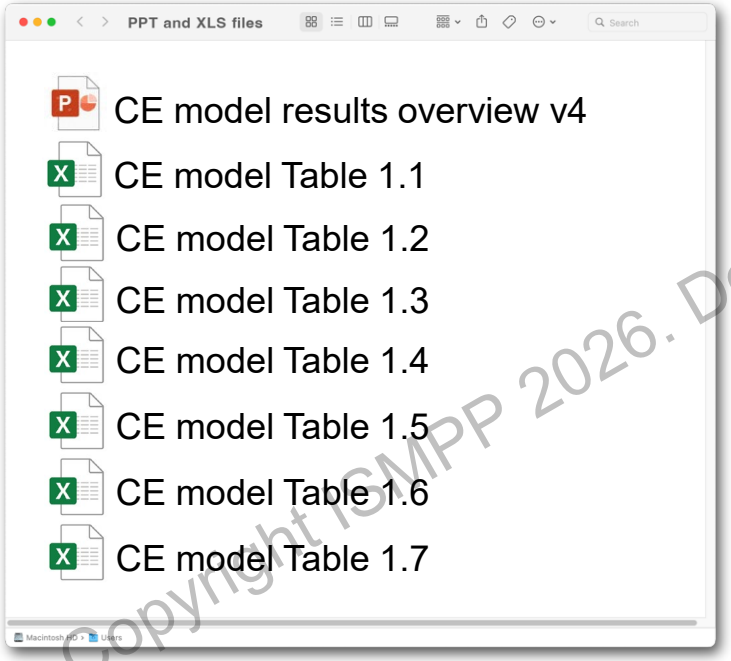


- Robustness of data grows over time for HEOR = temptation to update analyses repeatedly
  - New data or model assumptions
  - **But** … where to draw the line for publication?

- Once publication is initiated, limit extraction of new data
  - Pre-define discrete timepoints for re-analysis during publication development
  - Plan in advance for update publications

5. Fundamental limitations of the source data



- Unlike RCTs, there is usually no formal study report
  - Results may be PowerPoint + Excel files
  - Multiple analyses = version control issues

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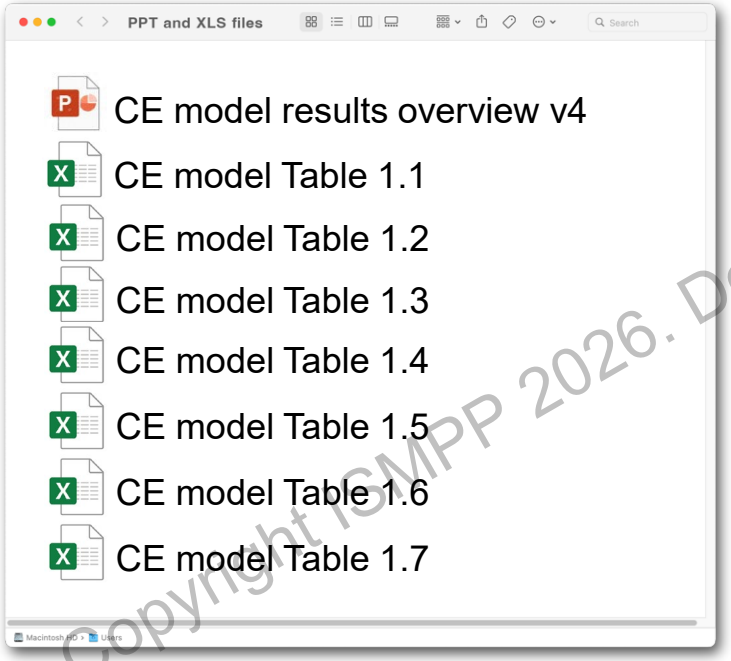

- Unlike RCTs, there is usually no formal study report
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- Agree in advance on format of protocol and results documents
  - Validated study templates, e.g. HARPER for RWE studies
  - Reporting guidelines to be followed, e.g. CHEERS, RECORD-PE, STROBE

6. Target journal selection

- HEOR publications commonly receive one of two responses from journals:
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  - Extensive peer review comments and requests for additional analyses

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- Go beyond typical parameters for journal selection (impact factor, lead time etc.):
  - Interest in HEOR studies, region/ country-specific studies
  - Suitability of results for mainstream clinical vs specialist technical journals
  - Availability of suitable peer reviewers

Collaboration – to overcome the inherent differences between HEOR and medical publications

- Joint HEOR/medical/publications stakeholder workshop
  - Understand different perspectives and common goals
  - Develop mutual respect for each function's expertise
- Co-creation of plan and contingencies by HEOR/medical/publications
  - Communicate importance of GPP and benefits of publications support
  - Agree upon preferred document templates (e.g. HARPER) and writing guidelines/checklists (e.g. CHEERS, RECORD, STROBE etc.)
- Regular updates through joint team video conference and internal communications channels

Q&A

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Upcoming Podcasts	Release dates
A Journal Editor's Perspective on AI	6/23/2026
Uncovering Small Pharma	7/7/2026
A Look Behind the Published Manuscript	7/21/2026
CMPP – Behind the Exam Curtain	8/18/2026

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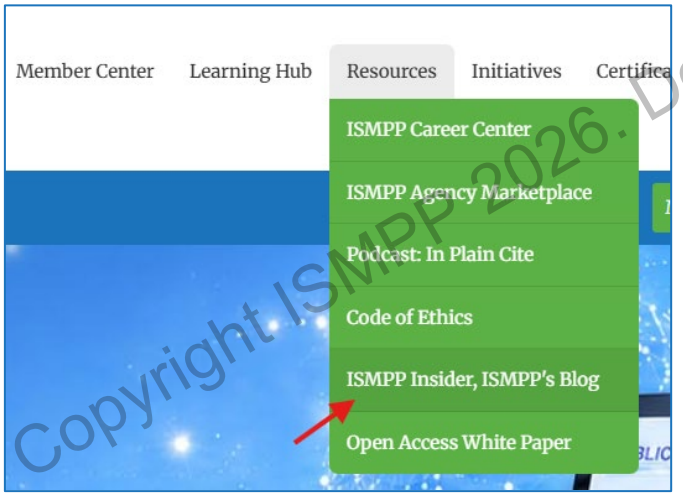

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Poll Results — When AI Shapes the Narrative: Do Pubs Teams Have a Responsibility to Act?

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MedComms Day: June 24th, 2026

Demystifying HEOR for Asia Pacific

Understanding the evidence, the publications, and the market landscape within Asia Pacific

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