

INTRODUCTION

- We previously reported the patient-centric value of medical publications illustrating alignment of a cancer patient's experience with key points communicated in primary publications¹
- Since that time, the development of plain language summaries of publications (PLSPs), which are based on the primary publications, have become a significant tool in patient education
- An ISMPP- and agency-sponsored Working Group used a Delphi-like approach and stakeholder meetings with PLSP experts for a recent publication identifying key issues to be considered in developing company-sponsored PLSPs²
 - Drug mechanism of action (MOA) was not deemed important to include by HCPs; patients thought the MOA should be included when relevant for context
- To understand current practice, we examined the frequency of including MOAs in PLSPs



Interactive question: Will you include a graphical MOA in your next PLSP?

METHODS

- We conducted a PubMed search of PLSPs on November 8, 2022, with the search term 'plain language summary' using filters of 'free full text' and 'in the last year'
- Overall, 165 publications were identified, of which 134 were plain language summary abstracts only
- Of identified PLSPs (N = 31), all were published by Future Scientific Group
- PLSPs across a broad spectrum of therapeutic areas were assessed for inclusion of MOAs either in the text or in a schematic
- Counting statistics were employed to calculate the standard error (SE) for binary (yes/no) results for each observation; for the fraction $x/n < 1$, $SE = (x/n)/\sqrt{n}$; for the fraction $x/n = 0$ or 1 , $SE = (1/n)$

RESULTS

- In surveyed PLSPs (N = 31), 23 (74%) reported MOAs, with 15 (48%) including a schematic (Figure 1)
- MOAs represented in PLSPs (n/N; %) across therapeutic areas included: neurology (2/7; 29%); oncology (12/13; 92%); cardiology (1/1; 100%); ophthalmology (1/1; 100%); infectious disease (2/2; 100%); inflammatory and immune-related disorders (0/1; 0%); mental health (1/1; 100%); overactive bladder (0/1; 0%); pain (1/1; 100%); rare diseases (2/2; 100%); and dermatology (1/1; 100%)
- For the therapeutic areas of oncology and neurology (selected as having the highest n), fraction +/- SE did not overlap (Figure 2)
 - Oncology, 12/13 = 0.92 ± 0.11 (+1 SE boundary is 0.40)
 - Neurology, 2/7 = 0.29 ± 0.26 (-1 SE boundary is 0.66)

Figure 1 Percentage of PLSPs that reported MOAs in text or schematic (N = 31)

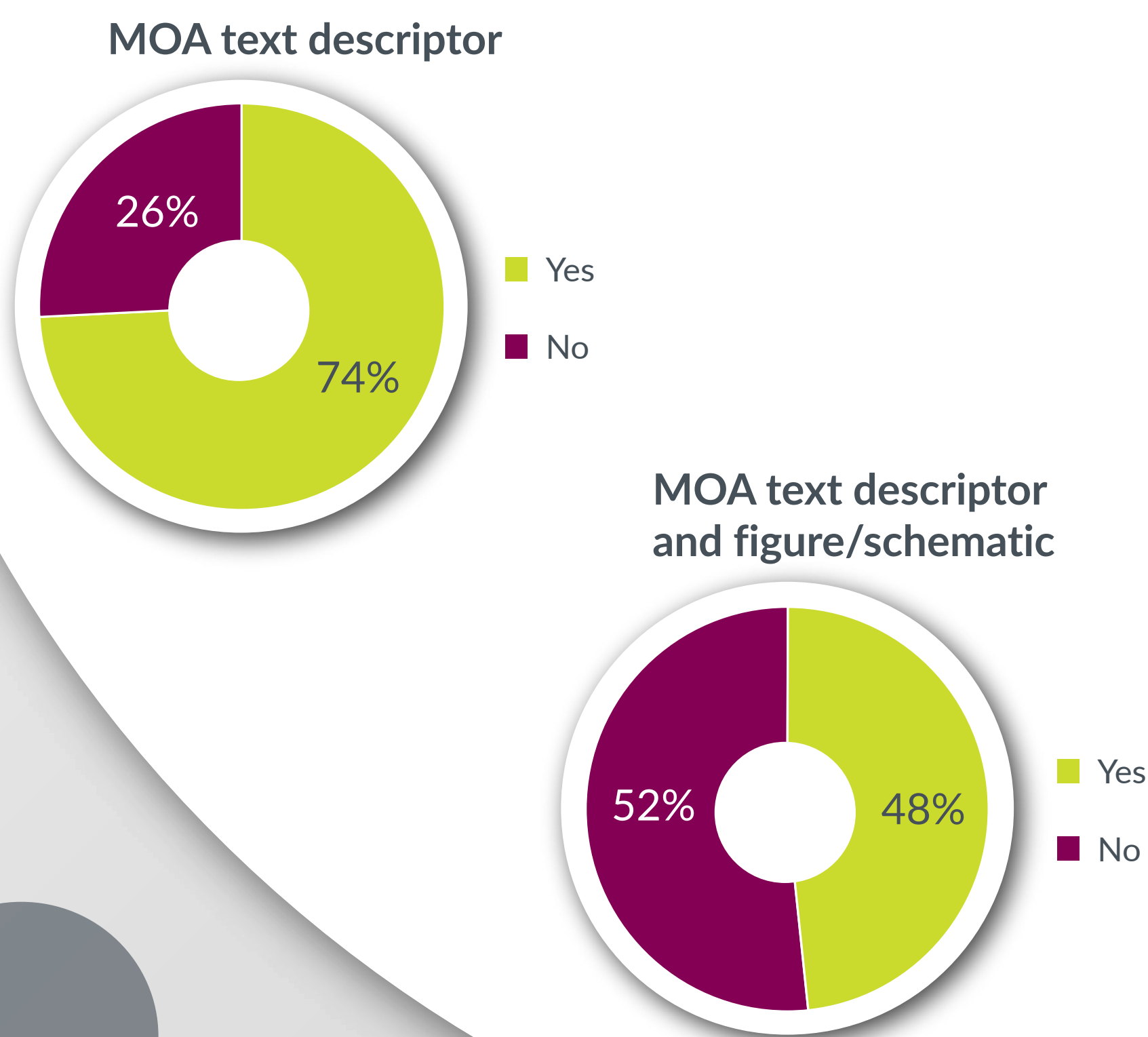
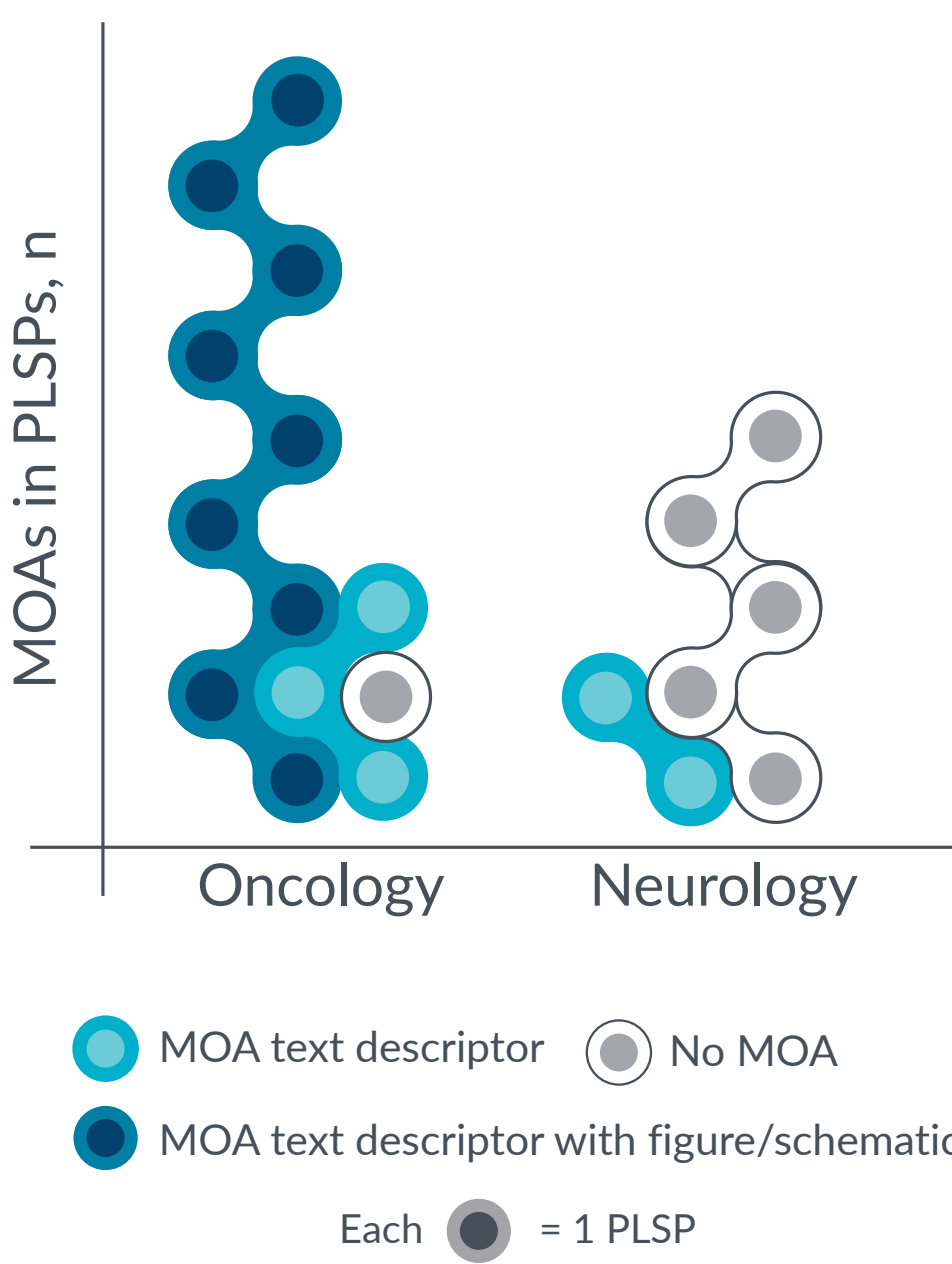


Figure 2 Percentage of PLSPs that reported MOAs in the areas of oncology and neurology



Plain language summary publications: mechanism of action or inaction?

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Scan the QR code to continue the interactive journey, access expanded data, and join the conversation



http://bit.ly/41rHKCG

QR+ indicates where further information is available

CONCLUSIONS

Consistent inclusion of drug MOAs within PLSPs may improve patients' understanding of research findings, facilitate discussion with their HCP/specialist, and help inform their treatment decision-making



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KEY FINDINGS

- Although an ISMPP Working Group publication did not provide a strong recommendation to include MOAs in PLSPs of company-sponsored medical research, we found that they are well represented, appearing in approximately 3/4 of all PLSPs
- There was marked variability in reporting of MOAs across therapeutic areas. For example, MOAs were described in only 2 of 7 neurology PLSPs but in 12 of 13 oncology PLSPs
- MOAs were more prevalent in oncology compared with neurology PLSPs, potentially reflecting a better understanding of oncology drug MOAs
- Only half of PLSPs included a figure or schematic representation of the MOA
- Additional research is warranted to determine what patients wish to see in terms of MOA

WHY DOES THIS RESEARCH MATTER?

- Patients can change their behavior through engagement and activation
- **ENGAGEMENT** represents the **actions one must take** to obtain the greatest benefit from the healthcare services available to them
- **ACTIVATION** includes the skills and confidence that equip patients to be **actively engaged** in their healthcare
- **BEHAVIORAL CHANGES** require **knowledge, skills, and confidence** to communicate with HCPs, develop problem-solving skills, and build confidence to take health behavior action

"Publication professionals understand the patient's experience to enable them to impart health education and skills in a clear, direct, engaging manner" – Inclusion of MOAs in PLSPs may help achieve our mission as medical publication professionals of empowering patients

Context framed from Ide Mills, Kenote Address at the 11th Annual Meeting of ISMPP.



Scan the QR code to see Ide's thoughts on why this research matters

References

1. Mills I, Mills I. Patient centricity in medical publication: a unique patient case report. Presented at the 13th Annual Meeting of ISMPP, May 3, 2017, National Harbor, MD, USA.
2. Lobban D, et al. Plain language summaries of publications of company-sponsored medical research: what key questions do we need to address? *Curr Med Res Opin.* 2022;38(2):189–200. doi: 10.1080/03007995.2021.1997221.

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