

Understanding Appetite & Opportunities for Plain Language Summaries (PLS)

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Objective

- Publication of PLS is encouraged in publication guidelines for biomedical research^{1,2} and supported by publication stakeholders³.
- Our aim was to investigate stakeholder approaches to PLS and assess opportunities for PLS resources.

Research design & methods

An online survey (13 questions) was distributed to publication professionals via email, social media and the ISMPP Connect forum over 3 months (December 2022–February 2023).

Results

- Of 65 respondents, 28 (43.1%) were affiliated with pharma, 22 (33.9%) with medcomms and 15 (23.1%) with publishing, academia, HEOR and patient advocacy; 58 (89.2%) indicated their clients/employers were publishing PLS (**Figure 1a & 1b**).
- Preferred digital enhancements were graphical PLS (66.2%) and abstracts (64.6%), text PLS (63.08%) and infographics (47.7%).
- Target audiences for PLS included HCPs/non-specialist clinicians (84.6%), patients (78.5%), patient advocates and caregivers (76.9%) and general lay audiences (67.7%) (**Figure 2**).
- PLS were published to extend reach of study findings (87.7%), facilitate accurate communication of medical information (70.8%) and improve awareness of therapies (69.2%).
- Barriers to PLS publication included lack of journal PLS mandates (64.6%), clarity regarding which journals publish PLS (52.3%), information/support from publishers (41.5%), stakeholder buy-in (38.5%) and time/funding (35.4%) (**Figure 3a & 3b**).
- Respondents ranked PubMed indexing, publisher dissemination, post-publication submission and online databases as the most important (scores >4.9) PLS resources/services (**Figure 4**).

Conclusions

This survey suggests that PLS are considered an essential publication enhancement by publication stakeholders. Key opportunities include:

- Improved publisher information and support
- Stakeholder collaboration on discoverability
- Enhanced health literacy through patient partnership
- Online repository/database archive for PLS publications.

Figure 1a. Respondents’ roles/employers

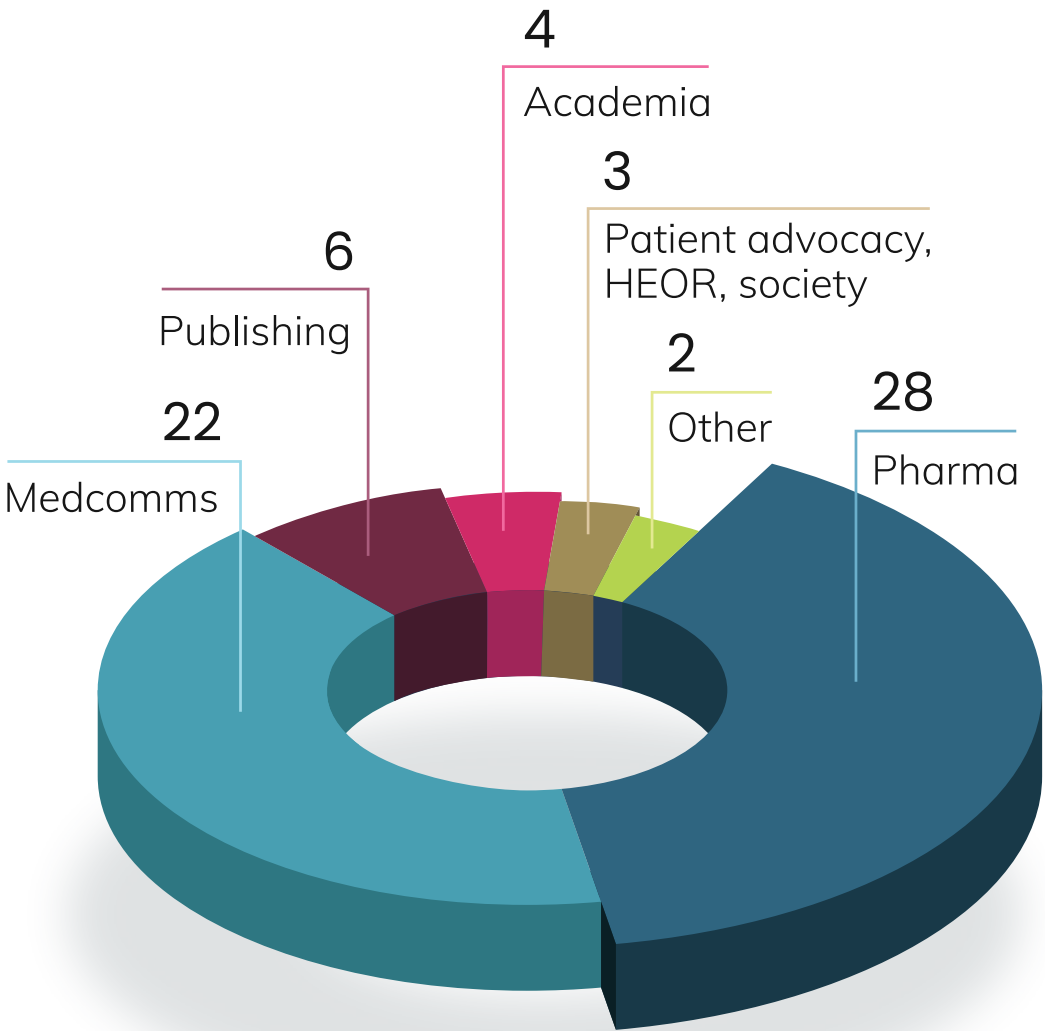


Figure 1b. Are you or your clients/employer publishing PLS?

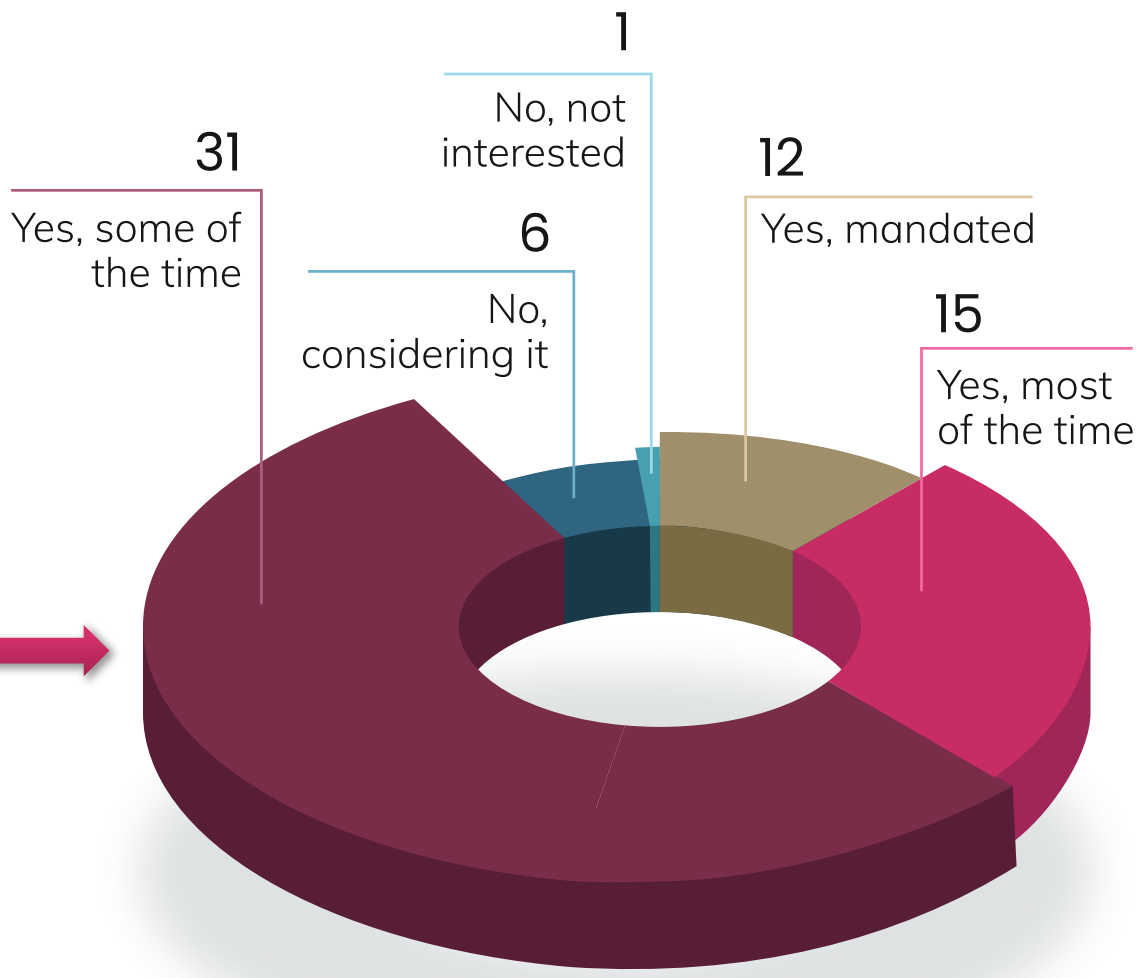


Figure 2. Target audiences for PLS

(shown as percentage of respondents who selected answer)

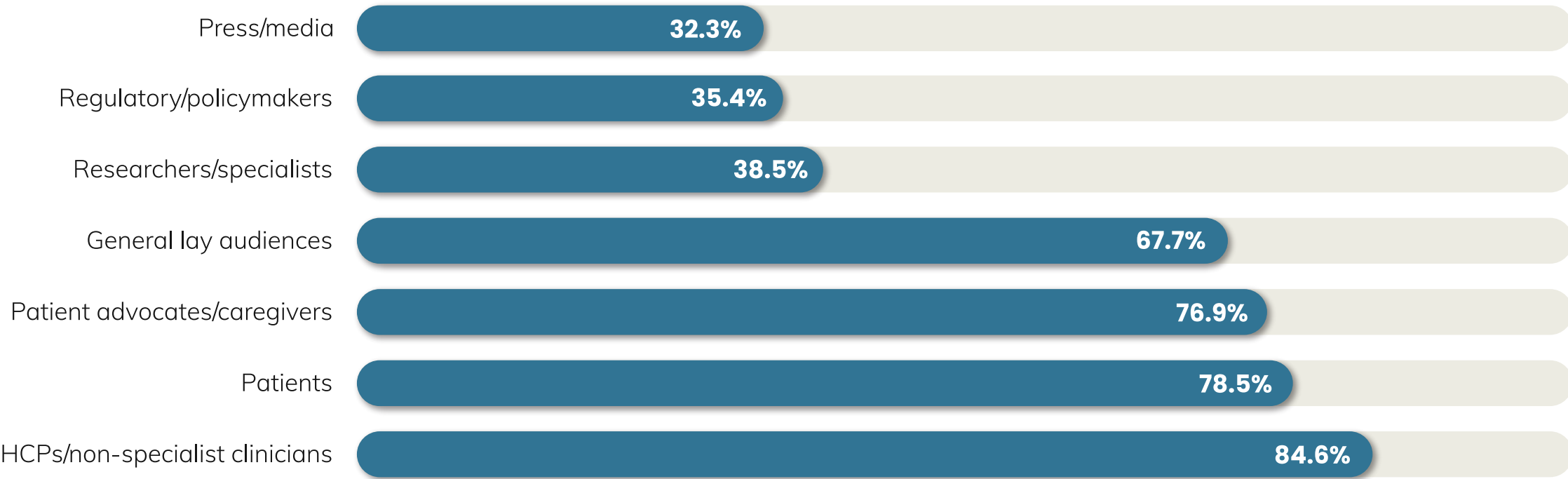


Figure 3a. Barriers to publication of PLS

(shown as number of respondents who selected answer)

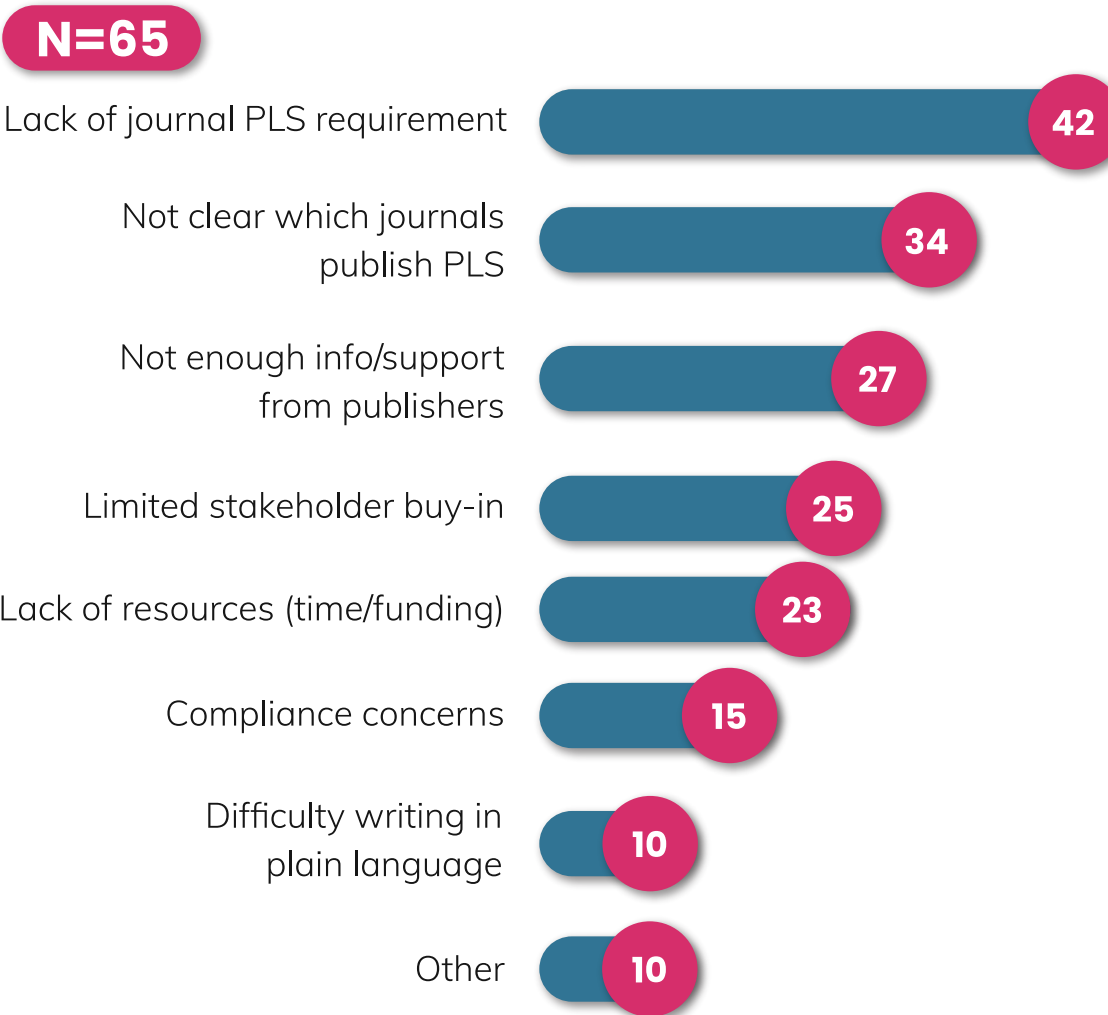


Figure 3b. How to you determine which publishers/journals offer PLS?

(shown as number of respondents who selected answer)

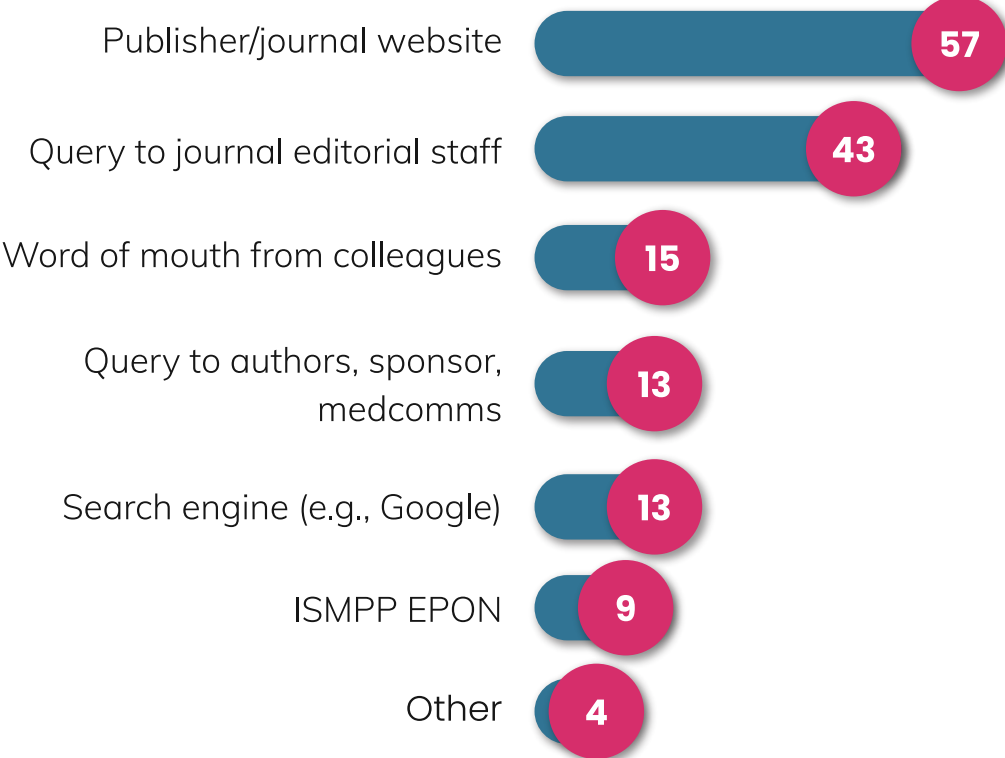


Figure 4. PLS resources/services ranked by importance

(ranked from most important to least important)

1. **PubMed indexing** of PLS
2. **Publisher dissemination** to intended audience
3. **Post-publication submission** of PLS (after article publication)
4. **Searchable online database** of published PLS
5. **Visible metrics** for PLS views/downloads
6. **Patient** advisory boards, peer reviewers and authors
7. **Services for writing** and creating PLS
8. **Educational resources and webinars** on PLS

“Having PLS freely and easily available is critical. Putting them behind a paywall is obviously a bad practice, but even a site that requires free registration adds a burden to patients trying to access information.”
– Survey respondent

References. 1. DeTora L, et al. Ann Intern Med 2022;175(9):1298–1304.; 2. Rosenberg A, et al. Curr Med Res Opin 2021;37(11):2015–16.; 3. Lobban D, et al. Curr Med Res Opin 2022;8(2):189–200.

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Abbreviations. HCP: healthcare professional; HEOR = health economics and outcomes research; medcomms = medical communication agencies; pharma = pharmaceutical companies; PLS = plain language summaries.

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