

ISMPP U APAC Perspectives for Publication Planning and Delivery

ISMPP U Asia Pacific Webinar
May 2026



ISMPP International
Society
for Medical
Publication
Professionals™

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September 29-30, 2026
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Save the Date! New Venue!
Leonardo Royal London Hotel Tower Bridge
European Meeting of ISMPP
January 25-27, 2027
London, UK





2026 17 September
Hong Kong

Asia Pacific Meeting of ISMPP

One Region, Many Voices: Publication Equity in APAC

Save the Date for the 2026 Asia Pacific Meeting of ISMPP

September 17th, 2026 in Hong Kong. More details coming soon!

Call for Abstracts opens May 11th!

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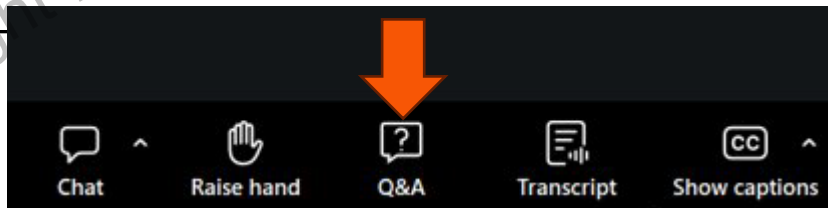
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To ask a question, open the Q&A window and type your question into the Q&A box. Click "Send"

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We will make every effort to respond to all questions live (out loud)



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Learning objectives

This ISMPP U Webinar will enable you to be able to:

- Describe the study and publication landscape in APAC
- State practical steps for strategic publication planning
- Explain tactical considerations for delivering publications

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Today's Moderator and Presenters



Moderator:
Sharon Lee,
ISMPP CMPP™,
Consultant (Medical Communications),
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Presenter:
Malvika Katarya,
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Presenter:
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APAC Perspectives for Publication Planning and Delivery

Regional and Country Perspectives

Malvika Katarya, ISMPP CMPP™,
Regional Publications Lead, International
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ISMPP Asia Pacific Webinar
May 2026



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- Employment and financial interests
- I am employed by GSK and hold financial equities in GSK.
- All opinions expressed are my own and based on my personal experiences in APAC publication planning.

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The importance and diversity of APAC

11+

major markets

4 billion

people

Fastest growing

pharmaceutical region globally

APAC is not homogenous - there are large variations across:

Populations and genetics

Medical practices

Regulatory frameworks

HTA maturity and evidence standards

Data infrastructure

Socioeconomic status

Language and culture

Patient organisation maturity

Studies in APAC are driven by local needs

Country-specific studies come after a level of maturity of the global evidence package

- New therapies are approved in US/EU first, followed by waves of filing in other countries
- Clinical trials include patients from APAC but as a fraction of the overall population
- Foundational economic models must be adapted with local costs, comparators, utility values, and epidemiology.

Studies in APAC serve a range of local purposes

Local regulatory filing and pharmacovigilance commitments

Health technology assessment and reimbursement

Increasing clinical awareness among local healthcare providers

Inclusion in local clinical practice guidelines

Note: One study can serve more than one purpose. Lifecycle stage of the product also shapes which outputs are most relevant.

Types of studies done in APAC

Interventional & regulatory studies	Health economic studies	Real-world evidence & observational studies	Synthesis of existing evidence
Bridging studies (Japan, China)	Cost-effectiveness & cost-utility analyses	Retrospective database studies (claims, registries, EHR)	Systematic literature reviews
Post-marketing surveillance	Budget impact models	Burden-of-disease studies	Meta-analyses
Subgroup & post-hoc analyses of global trials	Public health impact models	Patient-reported outcomes	Narrative reviews
Case reports		Epidemiology studies	

Note: Studies are usually planned several years ahead of local HTA submission or guideline review cycles.

Challenges with studies in APAC

Heterogeneity of evidence requirements

- No unified HTA framework across APAC – different requirements for each country
- Local clinical trials in some countries

Maturity of HEOR capabilities

- More mature in Australia, Japan, Korea, Singapore – healthcare data infrastructure, local expertise, evidence standards required
- Markets with developing maturity - local data not as accessible
- Leverage expertise from across organisation or external researchers

Local RWE studies

- Mostly retrospective studies due to inconsistent tracking of disease burden and outcomes
- Prospective studies exist but carry significant time and cost

Time pressures

- Studies must be published in time for milestones
- Missing a review cycle may mean a long delay for patients

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The implications for publication professionals

Becoming reactive to local needs

Responding to gaps as they emerge rather than anticipating them

Can come at the cost of missing strategic oversight of the plan

Ability to prioritise for greatest impact is lost

Time pressures compound challenges

Studies face delays — data access, site approvals, resource constraints

Publication milestones do not move

The gap between study completion and deadline narrows

Risks for publications

Not being able to deliver publications in time for key milestones

Exceeding available budget or resource capacity

Not fully adhering to Good Publication Practices

Building the strategic publication plan

Practical approaches for APAC publication professionals



Building the strategic publication plan — key questions

Start with strategic intent in mind

- What is the evidence gap being addressed, and what is the intended impact of the data?
- Are there milestones by which the data needs to be published? (e.g. HTA submission, guideline review cycle, product launch)
- Who is the target audience? (e.g. HTA body, clinical community, guideline committee)
- What are the downstream leverage plans? (Determines need for enhanced content, copyright licence and reuse permissions)
- Have we identified authorship and contributions appropriately? (Particularly important for review articles and expert perspectives)
- How will we measure the impact of this publication?

One publication can serve more than one purpose.

Building the strategic publication plan — planning ahead

Plan early	Monitor risks actively	Benefits of proactive planning
Develop local publication plans at least one year ahead	Study team - any issues that might affect timelines or data quality?	Clearer view of expected impact and purpose of each activity, allows prioritisation
Even a directional plan with estimated timelines is useful	Medical teams - any changes in local landscape	Greater control over timelines reduces reactive situations
	Global teams - are we aligned with the overall scientific communication plan?	Better alignment for all involved

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Tactical considerations — target journals

Local/regional or international?

Identify your target audience

International journals - visibility and impact factors
However, local data may be more relevant, impactful and likely to be accepted in local/regional specialty journal.

Regional society journals have real reach

Society-linked journals carry weight within specialty communities and let you reach key readers

Journal selection affects your timeline

Rejections can add several months to the publication

Watch-outs for local and regional journals

- 1 Peer review and publication timelines may be less transparent than for major international journals
- 2 Copyright ownership and licence terms may not be clearly stated - confirm before submission
- 3 Disclosure and COI requirements may not always be explicitly requested - apply GPP-compliant disclosure regardless
- 4 Verify the journal is indexed on PubMed and generates a DOI
- 5 Be vigilant about predatory journals

Tactical considerations — congresses and encores

Local / regional congresses or international?

- Local/regional congresses are an effective way to get local data in front of local HCPs, prescribers, and KOLs
- Local data more relevant and impactful and can tie into broader local engagement strategies

Watch-outs

- Acceptance of industry-sponsored research, encore presentations or publication of abstracts
- Abstract submission requirements not clear
- Changing/uncertainty around congress dates
- Short timeframe to develop posters/orals

Recommendation: Build congress calendar even with estimated dates. Leverage local team relationships with congress organisers

Encores

Plan well in advance as part of the overall data dissemination strategy

Some practical considerations

Cultural sensitivities

- Ways of working vary significantly
- Consider hierarchical structures and author relationships

Authorship

- Different expectations around authorship
- Not always aligned to ICMJE and GPP
- Provide clear, early guidance

Time zones and languages

- Preferences of people with English as second language
- Multiple time zones introduce feedback delays

Resource limitations

- Some countries have small teams, with lean budgets and high workloads
- Need clear prioritisation and focus

Use of AI tools

- Increasingly used for drafting, translation and review
- Consider the accuracy of outputs, transparency per journal and GPP

Key takeaways

Opportunities for publication professionals in APAC

Position as a strategic partner

Advance GPP while remaining pragmatic

Build the bridge between different teams and cultures

Best practices

Proactive publication planning

Strong partnerships

Cultural awareness in ways of working

Prioritising for impact

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Practical Considerations and Best Practices for Publishing Research in APAC

Julie Yuan, ISMPP CMPP™,
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The Real-world cost of ignoring APAC differences

Misrepresented population

- Studies inadequately listing countries in abstracts obscure who the data actually applies to
- Genetic and cultural diversity across APAC countries is collapsed into a single 'Asia' or 'Rest of World' category, distorting clinical relevance
- Treatment guidelines risk being applied to populations for whom evidence was never generated

Delayed or inaccessible evidence

- English-language dominance creates systematic barriers for researchers and clinicians who have English as a second language
- Plain-language summaries rarely reflect APAC cultural framing, limiting patient and HCP reach
- Slower dissemination in the region means real patients wait longer for evidence-based care

Ethical and regulatory risk

- Undisclosed data on regional trial registries can constitute prior publication, triggering journal rejection
- Opaque authorship decisions and ghost-writing erode trust in APAC-generated evidence
- Non-compliance with GPP 2022 and ICMJE criteria can invalidate publications entirely

What are ISMPP, publishers and journals doing?

GPP 2022 APAC adaptation

A dedicated practical guide adapts GPP 2022 for APAC – covering authorship, registries, PLS formats, and GPCAP conference rules.

Plain-language summaries

Some Journals now prefer PLS in APAC-relevant formats – written summaries, infographics, video, and podcasts tailored to local contexts.

Open access & registry policy

ICMJE now excludes HTA and regulatory reports from 'prior publication', removing a key barrier for APAC studies where data are first posted to regional registries.

Editorial outreach

Publishers and Journals are cooperating on Editor visits to foster two-way exchanges between global editorial teams and local researchers in Asia.

Alzheimer's & Dementia — Editor China visit (Apr 2026)

Prof. Donna M. Wilcock, Editor-in-Chief

Peer Reviewer Workshops

3 cities · 25–30 early- and mid-career researchers each · Half-day format

Suzhou	Guangzhou	Beijing
<ul style="list-style-type: none">▪ Editorial insights from the senior editorial team of the <i>Alzheimer's & Dementia</i> journal family▪ Small-group breakout discussions▪ Real published <i>Alzheimer's & Dementia</i> articles used as case studies to simulate the peer-review process		

Hospital & Research Centre Visits

5 in-depth visits across China · Direct author–editor exchange · First-hand insight into China's clinical research landscape

Outcomes

Lively interactive discussions · Positive participant feedback · Strong engagement noted by Prof. Wilcock

Foundation laid for deeper collaboration with China's Alzheimer's research community · New model established for peer reviewer training across the region

Best practice for sponsors, authors and publication professionals

Authorship planning: Document contributions from study start. Intermediaries manage feedback across large multicenter teams. For review papers, consider cultural sensitivities (i.e. author hierarchies, journal selection criteria).

Registry coordination: Align registry posting with submission timelines. Consult sponsor clinical teams to avoid prior-publication conflicts with journal requirements.

Patient advocacy inclusion: GPP 2022 mandates consideration of patient authors and contributors – a new standard being actively adopted across APAC publication teams.

Professional development: Publication professionals must proactively share GPP 2022 knowledge and engage with ISMPP and MAP forums for ongoing APAC guidance.

Artificial Intelligence – opportunity, obligation, and the governance gap

WHERE AI HELPS	RISKS & OBLIGATIONS	THE GOVERNANCE GAP
Language & Accessibility AI-assisted translation and plain-language summary drafting can help bridge APAC's English-language barrier — enabling faster, more culturally appropriate dissemination.	Human Authorship Is Non-Negotiable COPE and GPP 2022 are unambiguous: AI cannot be listed as an author. Human accountability for all content is required, regardless of how much AI contributed to drafts.	Heterogeneous Journal Policies Korean journal surveys show wide variation: some prohibit AI entirely, others accept with strict disclosure. APAC journals are catching up but standards remain fragmented.
Literature & Journal Matching AI tools can scan APAC journal landscapes to identify the best fit by scope, impact, open-access policy, and typical turnaround — a growing priority in publication planning.	Disclosure Inconsistency A 2023 survey of top journals found highly variable AI disclosure policies. APAC publication professionals must check requirements journal-by-journal; no regional standard exists.	COPE's Position COPE calls for transparency and human responsibility but acknowledges that implementation guidance for AI in complex multicultural contexts like APAC is still evolving.
Authorship Documentation AI can assist in tracking and documenting author contributions throughout a multicenter APAC study, addressing one of the region's most persistent transparency challenges.	Misinformation Risk AI-generated content that misrepresents APAC population data or clinical context could compound existing problems of under-representation and inappropriate guideline extrapolation.	The Path Forward ISMPP and APAC publication bodies are called to develop region-specific AI guidance that balances efficiency gains with the ethical rigour demanded of industry-funded research.

► Questions?

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