

MedComms Day: June 24th, 2026

Read by Humans, Ranked by Machines

How Medical Communications Can
Stay Discoverable, Accurate and
Trusted in the AI Era



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Call for Abstracts &
Proposals Closed



**January 25-27
London, UK**

Registration Opens Aug. 20

Call for Abstracts &
Proposals: Aug. 5 - Oct. 2



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Call for Abstracts &
Proposals: Aug. 5 - Oct. 2



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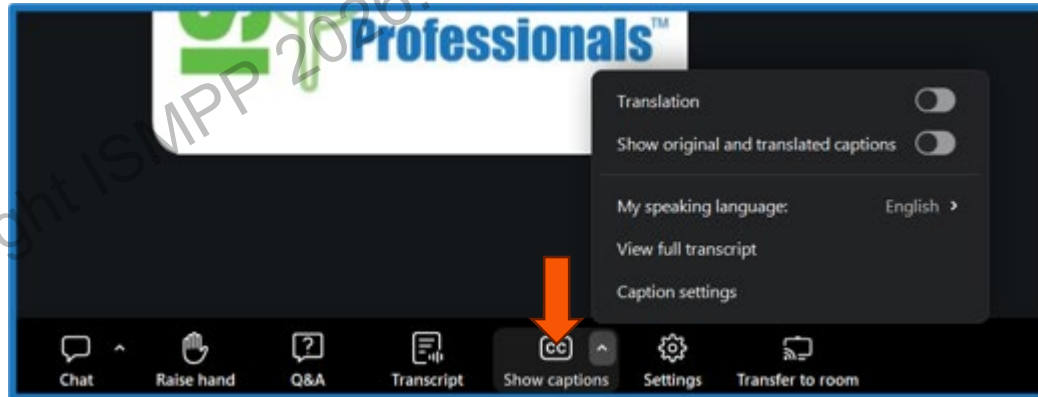
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- In the meeting controls toolbar, click the "Show Captions" icon (usually looks like a "CC")
- Select language:
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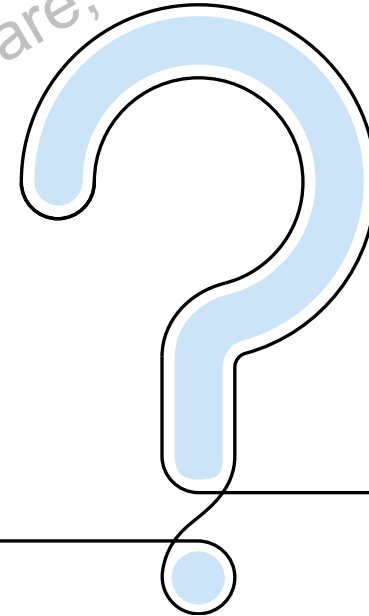
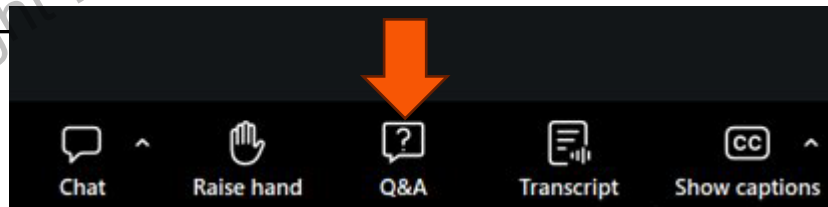
How to ask questions

Feel free to ask a question at any time; however, all questions will be held until the end of the presentation

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

Note: Check "Send Anonymously" if you do not want your name attached to your question in the Q&A

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



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& Strategy

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Publications Head

GSK

Why This Session - Why Now

Three forces are converging

1

HCP behaviour has already changed

HCPs increasingly use AI tools to summarise guidelines, publications, and complex data

Verification is still happening, but trust and speed are in tension

2

AI is reshaping how evidence is surfaced

LLMs increasingly act as the first “reader” of scientific content

Structure and format now influence interpretation

3

Regulation is formalising expectations

Regulatory frameworks are reinforcing transparency, human oversight, and accountability

Publications teams sit at the centre of this shift

To help publications professionals design content that remains **accurate, visible, and trusted** in an AI-mediated, regulated environment.

HCP behaviour has already changed

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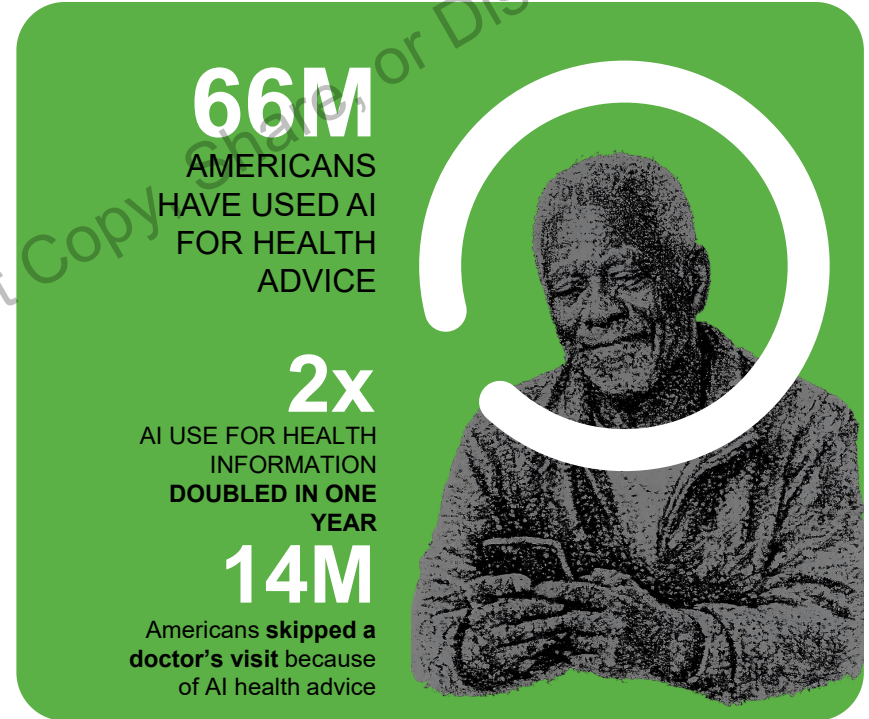
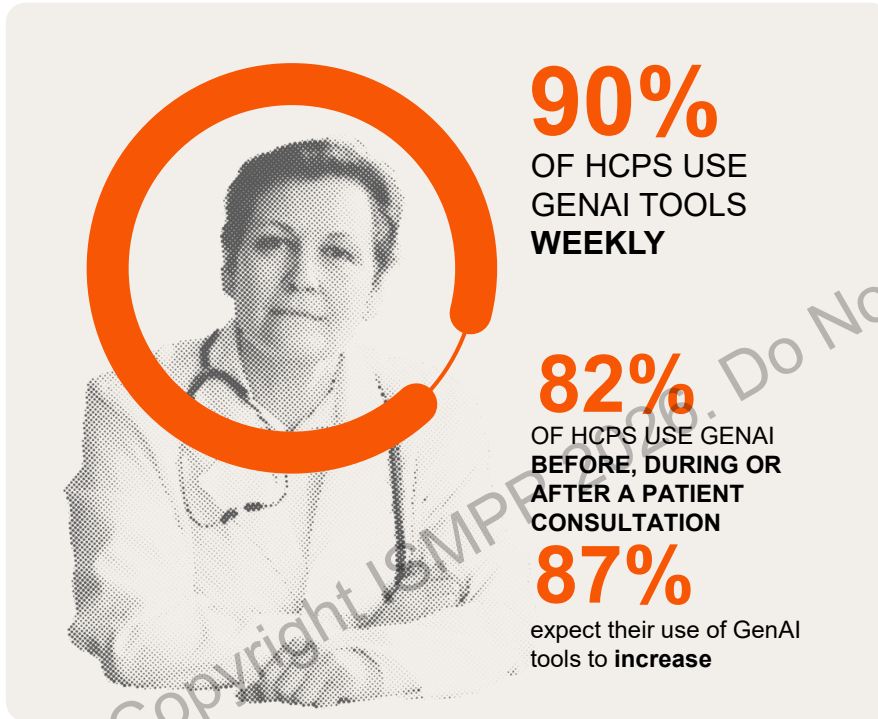
**When was the last
time you actually
clicked a search
result?**

**(Or did you just accept the
AI answer at the top?)**

Select the option that best describes you.

- A. I always click through I don't trust summaries.**
- B. I sometimes click depends how confident the AI sounds.**
- C. I rarely click I get what I need from the AI answer.**
- D. I can't remember the last time I clicked a link.**

Health behaviour has shifted - AI is now part of the conversation before, during and after care



Understanding the use of AI in Clinical and Educational Contexts – A Global HCP Survey. HCG. November 2025. N=644.

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THE OLD PARADIGM

THE ZERO-CLICK REALITY

How does Treatment A compare to Treatment B in first-line ALK+ lung cancer?



Indirect Comparisons of ALK Inhibitors in First-Line ALK+ NSCLC

<https://www.jto.org> › article › indirect-comparisons-alk-inhibitors

A systematic review of adjusted indirect treatment comparisons suggests Treatment A provides longer progression-free survival ...

Five-Year Outcomes With Treatment A in ALK+ NSCLC

<https://www.nejm.org> › doi › full › five-year-outcomes-treatment-a

Updated results from the phase III trial show median PFS was not reached at 5 years with Treatment A ...

Safety Profiles of ALK Inhibitors

<https://www.clinical-lung-cancer.com> › article › safety-profiles-alk

Network meta-analysis indicates Treatment B is associated with lower rates of some grade 3+ adverse events ...

Treatment Paradigms in ALK+ NSCLC

<https://www.annalsofoncology.org> › article › treatment-paradigms-alk

Review of current first-line treatment paradigms for ALK+ non-small cell lung cancer ...

Efficacy and Safety of ALK Inhibitors: A Meta-analysis

<https://www.esmoopen.com> › article › efficacy-safety-alk-inhibitors

Meta-analysis of randomized trials comparing efficacy and safety outcomes among ALK inhibitors ...

How does Treatment A compare to Treatment B in first-line ALK+ lung cancer?



AI Overview

Treatment A and Treatment B are both approved first-line options for ALK+ non-small cell lung cancer. No head-to-head randomized trials exist, but indirect comparisons of real-world data suggest Treatment A may offer longer progression-free survival, especially in patients with brain metastases, while Treatment B may be associated with lower certain grade 3+ adverse events. Choice depends on efficacy priorities, safety profiles, and patient characteristics.

Key Points

Indirect comparisons of phase III trials indicate Treatment A shows longer median PFS than Treatment B.

- Five-year follow-up data from the pivotal study of Treatment A demonstrate a durable PFS benefit.

Indirect Comparisons of ALK Inhibitors in First-Line ALK+ NSCLC
Journal of Thoracic Oncology

Five-Year Outcomes With Treatment A in ALK+ NSCLC
New England Journal of Medicine

Safety Profiles of ALK Inhibitors
Clinical Lung Cancer

AI Overviews trigger for **44–49%** of health/medical queries

YouTube accounts for **4.43%** of health AI Overview citations

What is type-AI mobile searches?

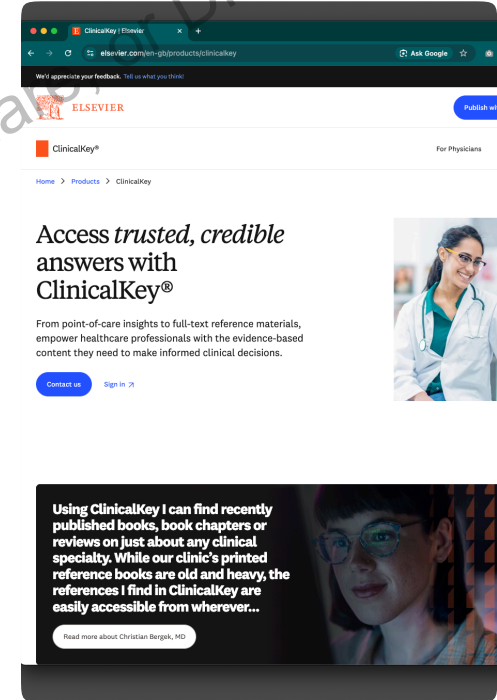
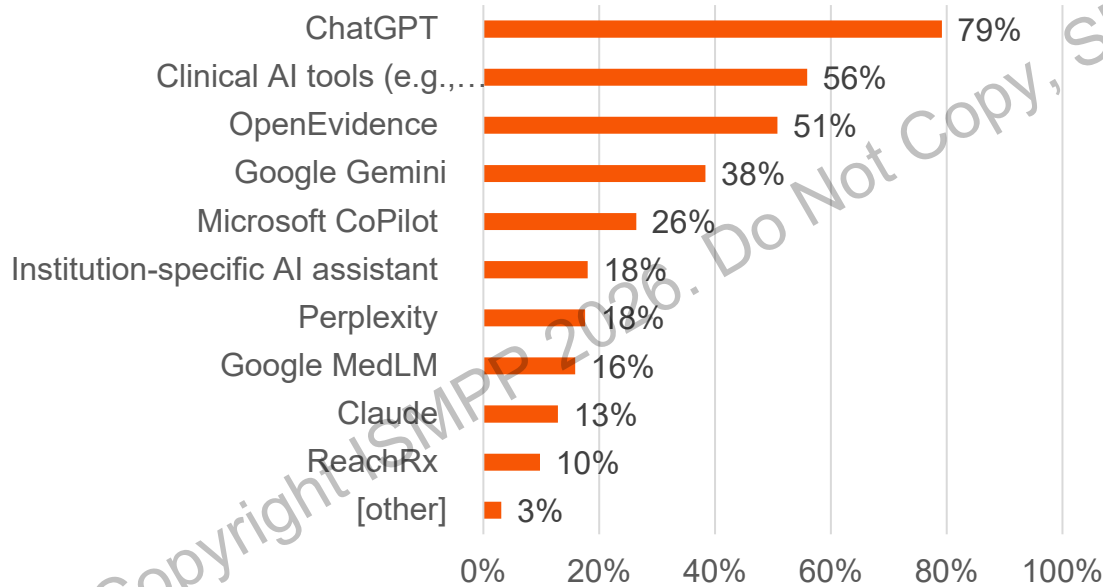


What is anti medical character abvensions?

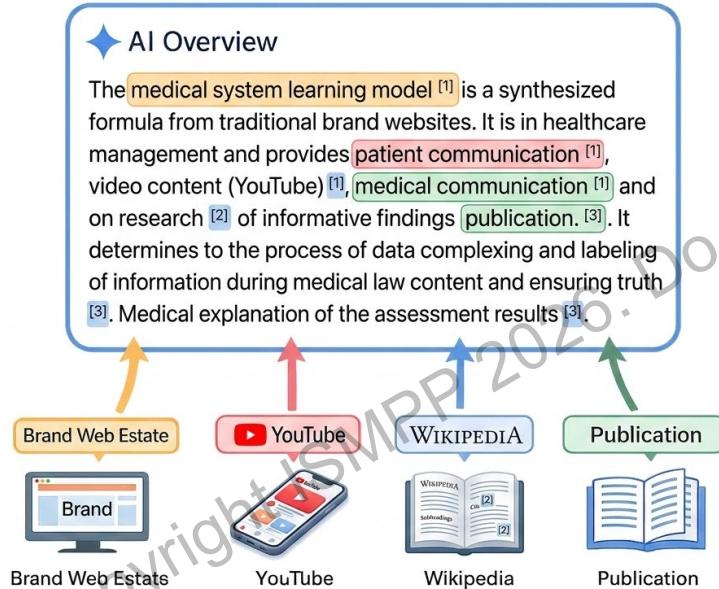


The Answer Layer Is No Longer One Channel

HCPs are already using multiple AI tools for clinical and educational needs, signalling a broader shift in how health answers are found.



The Answer Layer Can Only Synthesize What It Can Find

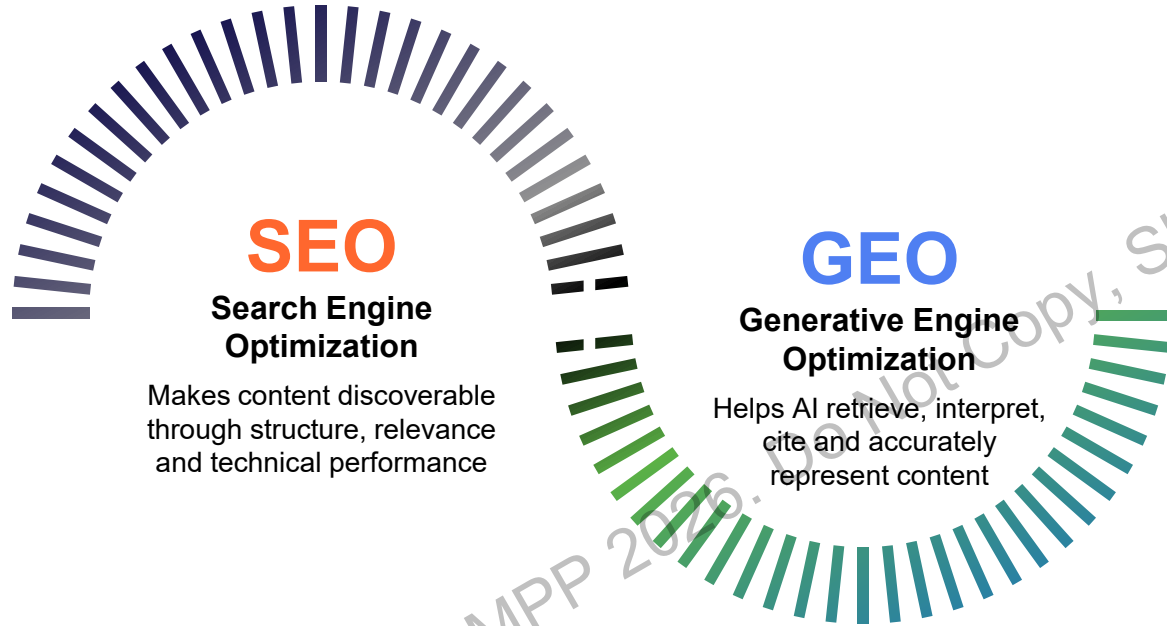


- HCPs and Patients are asking AI tools clinical and educational questions.

But the answer they receive depends on which sources the model can retrieve, parse and trust.

- That creates three risks:
- Omission
- Distortion
- Synthetic consensus

Search Gets You Found, Geo Gets You Understood.



FOUNDATION

SEO remains the base layer.

INTERPRETATION

GEO adds evidence, context and authority signals.

CITATION

Success moves from clicks to retrieval and representation.

TRUST

The aim is accurate answers that preserve scientific and safety context..

And **together** SEO + GEO shift us from ranking pages to shaping accurate, trusted answers.

**AI is reshaping
how evidence is
surfaced**
– tips to increase AI
discovery and readability



**Considering how
AI tools answer queries,
do you apply discovery
and readability in your
content workflow?**

Select the option that best describes you.

- A. Yes, we integrate this into our publication / content strategic planning or journal processes**
- B. Somewhat, we've done some exploratory assessments, such as at individual publication or content level**
- C. No, we've not considered this yet**

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Are my publications being surfaced in AI responses?

📄 🔊 👍 💬 📤 ... Sources

I'm a UK-based pulmonologist considering switching my severe asthma patients to long-acting biological, what publications are there to help my decision making?



6 GSK press releases
5 PubMed (no OA paywall)
4 Direct to publisher (OA)

4 ERS & CHEST abstracts
2 NICE guidelines
2 Wikipedia



Paywall

Let me get more specific details from the published NEJM study.

 Failed to fetch: <https://www.nejm.org/doi/...>



AI bot blocker

www.thelancet.com

Performing security verification

This website uses a security service to protect against malicious bots, not a bot.

Verify you are human



If an AI assistant cannot crawl or retrieve a paywalled article, it will default to open-access sources, summaries, secondary references, or (possibly) less authoritative material (a.k.a. context drift)

How do I increase discovery and machine readability?

- Every publication, slide deck, or poster we produce is now being read twice:
once by humans, once by algorithms.
- AI models **discard** anything they can't confidently parse or cite. That means inconsistent formatting, missing DOIs, or jargon-dense paragraphs are effectively invisible.
- So risk of oversimplification, loss of statistical nuance, context drift, hallucinated or misattributed references
- So “**good writing**” isn't enough – it must be **machine-legible**.

LLMs = gatekeepers of visibility

Content quality = algorithmic ranking

Verified content = Cited and linked

The 4 C's of Content Creation

1. Clearly structured
2. Citable
3. Consistent
4. Contextualised

How can we embed across the workflow?

1: Strategy: Publication Planning

- Discovery & machine Readability (MR) strategy
- Target journal assessment / AI-Readiness Selector
- Machine readability score & suggest tool
- X-functional digital strategy w/ Tech, Medical/ Commercial on content & channels

2: Enhance individual publications

- Apply 4 Cs
 - Clear structure
 - Citable
 - Consistent
 - Contextualised
- 5th C – Content included with publication i.e. Supplemental, EPC
- MR score & suggestions

3: Post-publication content & channels

- PLS-Ps
- Reviews, editorials
- Guidelines
- Content from stakeholders
 - SciComms
 - MedInfo
 - Commercial
 - Corporate comms (press releases, news)
 - Social media

4: Strategy: Measuring Impact

- SEO/GEO/AEO traffic
- MR heatmap on plan
 - Trends with AI evidence surfacing
- Lag metrics (citations, IF etc.)
- Lead metrics (engagement & Sentiment analyses)

EPCs (enhanced publication content) are included as part of the peer-reviewed article, they can include plain language summaries (PLS), infographics, animations, videos, Q&As etc. PLS-Ps, plain language summary papers, usually based on primary manuscript.

1: Strategy: Start at Publication Planning

- Bring structure and methodology in your strategy, with clear objectives – talk with your stakeholders
- How discoverable and machine readable are your publications from last year? Are they being surfaced?
- **Create / enhance your selection for AI-readiness**
 - Additional target journal selection criteria for discovery & MR (open access, reuse/copyrights), metadata and tags, production & website format, supplementary & enhanced publication options etc. – no one size fits all!
- **Create machine readability tool**
 - Reverse prompt engineer with secure AI tool, create standard agent or skill for consistent scoring data
 - Assess both published papers for insights & drafts for suggested improvements

Implementing some file and structural formatting suggestions will depend on what the target publisher and post acceptance production allows...

machine-readability evaluation of the attached publication

Assessment

- The article follows a clear, hierarchical IMRaD structure (Introduction/Background, Methods, Results Discussion).
- Subsections, tables, and figures are logically referenced and ordered.
- This structure is highly favorable for indexing, summarization, and evidence extraction.

Minor Enhancements

- Dense paragraphs in Methods and Results could be further modularized for machine chunking.

Actionable Improvement Tips

- Add explicit subsection labels in machine-readable outputs.
- Use numbered or bullet lists where appropriate to improve chunk-level retrievability.

Category	Score /10
Consistent Formatting	7
Metadata Quality	8
Semantic HTML / Markup	5
NLP Legibility	8
External Links & References	9
Proper File Format	6
Accessibility Features	5
Content Structure	9
Overall machine readability score	7

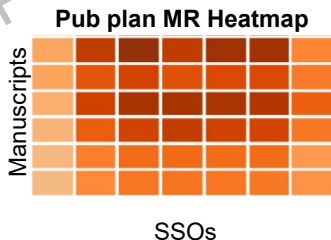
3: Post publication content & channels



4: Strategy: Measuring impact & insights

- Did you meet your objectives? would you have done something differently?
- Defining & measuring real impact requires close cross-functional collaboration
- For publications, you can consider:
 - Collating machine readability scoring on asset publication plan then visualize trends in heatmap form vs. asset strategic objectives, SCP, journal target, competitor etc.
 - Assessing internal website SEO plus GEO / AEO traffic data if available
 - Supplement with other publication metrics for the 'bigger picture'
 - **Lagging** track past performance i.e. citations, impact factor, guidelines (e.g. Dimensions, Scopus)
 - **Leading** (indicators) track current engagement & sentiment (e.g. Altmetrics, PlumX)

Summary Scores		Score /10
Category		
Consistent Summary Scores		Score /10
Consistent		
Meta: Summary Scores		Score /10
Meta: Consistent		
NLP: Summary Scores		Score /10
NLP: Consistent		
Ext: Summary Scores		Score /10
Ext: Consistent		
Prope: Summary Scores		Score /10
Prope: Consistent		
Over: Summary Scores		Score /10
Over: Consistent		
Overall machine readability score		7



Publication metrics

Dimensions Badge



1k	Total citations
1k	Recent citations
n/a	Field Citation Ratio
n/a	Relative Citation Ratio



Altmeter

News (676)
Blogs (78)
Policy documents (7)
Twitter (28255)
Facebook (77)
Wikipedia (2)
Reddit (15)
F1000 (1)
Video (7)

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- Lead metrics (engagement & Sentiment analyses)

What worked well? What didn't?
How has the landscape and opportunity changed?

EPCs (enhanced publication content) are included as part of the peer-reviewed article, they can include plain language summaries (PLS), infographics, animations, videos, Q&As etc. PLS-Ps, plain language summary papers, usually based on primary manuscript.

Governance, Regulation & Responsibility



Have you considered how global AI governance & regulations apply to your medical communications or publications workflows?

Select the option that best describes you.

- A. Yes. We understand the relevant AI governance requirements and are applying them to our workflows
- B. Partly. We are aware of emerging guidance and regulations, but we are still working out what they mean in practice
- C. Not yet. We are not sure which AI regulations or guidance are relevant to our work, or how to apply them responsibly.
- D. Not applicable / unsure. I am not directly involved in AI governance decisions or do not know what my organisation is doing in this area

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AI Discoverability Must Be Responsible By Design

Auditability

Traceable records for review and accountability



Human oversight

AI-assisted outputs require expert human review and accountability



Responsible by Design



Responsible AI discoverability requires governance from the start

Privacy

Protect confidential and personal data



Transparency

Disclose AI use throughout workflows



Copyright & Licensing

Respect IP rights and access rules



Accuracy validation

Validate outputs before use — never assume



Bias & Fairness

Detect and mitigate algorithmic bias



The Global AI Regulatory Landscape

The major regulatory bodies shaping responsible AI implementation in 2026

Region / body	Relevant direction of travel
European Union	EU AI Act and related implementation guidance, including the May 2026 updated 'Living Guidelines'
United States	NIST AI Risk Management Framework, FDA considerations, state-level privacy and AI activity
United Kingdom	Principles-based, sector-led AI governance
China	Algorithm, generative AI, and data governance requirements
Canada, Japan, Singapore, Australia	AI and data legislation, and responsible AI frameworks. Risk-based or principles-based approaches
Global Organisations	WHO, OECD, UNESCO. Principles focused on trust, transparency, fairness, and human oversight.

Regulation is moving fast, but the shared ask is consistent: classify the use case, protect the data, validate the output, document the process, and keep humans accountable

Why the EU AI Act Matters Most

The strongest, most structured, established, legally binding AI regulations. A benchmark for global governance.

Living Guidelines
May 2026 Update

Risk classification	Provider	Deployer	
<ul style="list-style-type: none">● UNACCEPTABLE RISK — Banned outright (Social scoring, manipulative AI, real-time biometric surveillance)● HIGH RISK — Strict obligations (AI in medical devices, clinical decision support, drug safety monitoring)● LIMITED RISK — Transparency obligations (Chatbots, AI-generated content — must disclose AI origin)● MINIMAL RISK — Voluntary codes (Most standard productivity AI tools)	<ul style="list-style-type: none">• Develops and places the AI system on the market (e.g. OpenAI, Google, Anthropic)• Build systems safely and document design• Manage training data risks• Provide instructions for use• Test and monitor performance• Address copyright, safety, cybersecurity, and bias obligations where applicable	<ul style="list-style-type: none">• Uses the AI system in a professional context (e.g. agencies, pharma, publishers)• Use AI only for approved purposes• Ensure human oversight• Train staff• Monitor outputs• Protect confidential and personal data• Keep audit trails• Follow SOPs and laws	<ul style="list-style-type: none">• Human oversight is a legal obligation• Training on AI literacy is a compliance requirement• Transparency in must be documented• Bias monitoring for health content is expected• Data provenance and licensing• Incident reporting processes• SOPs must be living documents

Key Things Med Comms Professionals Need to Know

These are trust frameworks, not a ban on AI

The Act is about transparency, accountability, and responsible use — not stopping innovation.

Most med comms teams are AI *deployers*, not developers

Using AI tools ≠ building AI systems. Obligations are proportionate.

Transparency and human oversight are the core expectations

AI may assist, but humans remain accountable for accuracy and integrity.

Industry guidelines (GPP, GPCAP, ICMJE) already align well with the EU AI Act

Editorial control, review, and documentation are already standard.

The practical impact for publications lands in 2026

Now is the window to align workflows calmly and deliberately

Different AI Ecosystems, Different Access Rules & Equity



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Publisher Licensing and the Platform Landscape



Rights vary by platform, license & access model

General-purpose LLMs, medical AI, enterprise systems, and literature tools each operate under different rules



OpenEvidence & purpose-built medical AI platforms

Licensed, verified, traceable sources — changing how clinicians encounter evidence. Built for HCPs by design.



A new publisher / pharma / agency partnership model is emerging

Publishers as AI ecosystem partners — not just journal hosts. Metadata standards, licensing frameworks, AI access agreements.



Paywalled science is invisible science

Open vs restricted access is a core balance issue — restricted content is silently excluded in an AI-mediated world.

Publisher licensing and OpenEvidence-style platforms

Publisher licensing is becoming a defining issue in AI-era evidence access. Some platforms may access licensed full-text content, while others rely on abstracts, open-access sources, or publicly available web content. This creates an uneven visibility landscape and raises new questions about copyright, permissions, citation display, and content integrity.

AI May Widen or Narrow Evidence Gaps

Multilingual access and global equity

Language representation

English-language evidence may be more visible than non-English or regional evidence in AI-mediated discovery.

Translation risk

Machine translation can improve access, but may also lose scientific nuance, context, or local meaning.

Regional context

Local guidelines, access constraints, treatment patterns, and regional data may be underweighted.

Platform access

Licensed AI platforms may not be equally available across countries, institutions, or health systems.

Planning implication

Global publication teams should design for multilingual search, local adaptation, and linked regional evidence.

Equity lens

Responsible AI discoverability must consider language, health literacy, disability access, geography, and infrastructure.

Multilingual and regional access barriers are strategic considerations, not optional content enhancements. It means making deliberate choices based on **audience, evidence need, and local context** to design content that remains **accurate, visible, relevant and trusted**.

What you can do now

Reframe the question.....

AI is already influencing how clinical evidence is used not just how it's published
Publications now sit at the intersection of: What's changed

- Scientific integrity
 - Efficiency pressure
 - AI-mediated discovery
 - Emerging regulation
- Evidence is increasingly interpreted by AI before humans
 - LLMs shape what is found, summarised, and trusted
 - Regulation is aligning to this reality now, not later

**Publications are becoming inputs to AI knowledge systems not just endpoints
- our profession can influence how quality data is communicated and found!**

Survey insight: Over half of HCPs already use GenAI tools when writing or reviewing publications (HCG Global HCP Survey, 2025; N=644).

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Q&A

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Check out our Podcasts and other #MedComms Day Events!



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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JUN 9, 2026 | POLLS & PERSPECTIVES | 0 COMMENTS

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

Poll Results





#MedComms Day
JUNE 24, 2026



Join the
#WhyISMPP
CHALLENGE!

Share your story. Celebrate our profession.
 Inspire our community.



Let's celebrate
#MedComms Day
 together!



Pride in
PROFESSION

HOW TO PARTICIPATE



1. SHARE YOUR REASON FOR #WHYISMPP.

See examples in the caption or create your own message.



2. POST ON LINKEDIN NOW THROUGH JUNE 26.

Tag @ISMPP and include #WhyISMPP and #MedComms.



3. YOU'RE ENTERED TO WIN!

One participant will receive a prize package (see details at right).

PARTICIPANT PRIZE DRAWING



One-year ISMPP membership renewal
 (a \$235 value)



An exclusive ISMPP backpack
 (a \$52 value)

*One winner will be selected at random.
 Official rules apply.*



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MedComms Day: June 24th, 2026

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How Medical Communications Can
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Trusted in the AI Era



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Stay on zoom.us

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OpenEvidence[®]

OpenEvidence is an AI copilot for doctors, it provides:

- **AI-Literature Aggregation:** models scan, analyze and synthesize thousands of medical studies and guidelines in real time from sources
- **Clinical Query:** Users can ask questions in natural language, getting a concise, evidence-based summary, often including tables, images, and direct links to original sources
- **Integration with Clinical Workflows:** such as electronic health records to provide patient-specific recommendations, suggest relevant study findings, highlight potential drug interactions, and assist with coding and charting (reducing admin and manual errors)

Important notes:

- You must be registered physician to use it, restricting general access
- Geographical considerations: Currently US focused
- Not all publications, guidelines and societies are signed-up but the number is increasing – they include high impact journals such as NEJM and JAMA, Wiley & Cochrane, each requires establishing an agreement, including over copyrights.

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Wiley AI Gateway

Wiley AI Gateway

- Wiley's AI Gateway makes content directly accessible via a connector in AI-assistants i.e. Anthropic's Claude, AWS Marketplace, Mistral AI's Le Chat, and Perplexity
 - It transforms and enriches content into AI-optimized formats (chunks) while preserving citation integrity, methodological context, and peer-review validation
 - Combined with an endpoint built on the **Model Context Protocol (MCP)**, ensures that AI tools can effectively understand, synthesize, and cite research content accurately
- Important notes:
 - The platform is currently available to beta customers (in testing)
 - It requires installing a "plug-in" to the AI assistant, likely reducing usability vs general LLM query
 - Set-up with Wiley content, it will not cover all publications, but they are actively partnering with other publishers to join the network e.g. Sage and American Society for Microbiology (ASM) in an effort to create an industry-wide solution for trustworthy AI-powered research
 - Other MCP initiatives include [Consensus](#), [Scite.ai](#), [cashmere.io](#), and [pubmed MCP](#) (connector through Claude) etc. which also require publishers to sign-up

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OpenEvidence is an AI copilot for doctors, it provides:

- **AI-Literature Aggregation:** models scan, analyze and synthesize thousands of medical studies and guidelines in real time from sources
- **Clinical Query:** Users can ask questions in natural language, getting a concise, evidence-based summary, often including tables, images, and direct links to original sources
- **Integration with Clinical Workflows:** such as electronic health records to provide patient-specific recommendations, suggest relevant study findings, highlight potential drug interactions, and assist with coding and charting (reducing admin and manual errors)

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