Poster number 54

Authorship patterns and other trends in standalone plain language summaries of publications and the associated original articles

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Background

- A standalone plain language summary of a publication (PLSP) is a concise and accessible summary of one or more published, peer-reviewed, research article(s) that uses nontechnical language so that it can be read and understood by a nonspecialist audience.[1,2]
  - Generally, PLSPs are peer reviewed by a panel that includes healthcare professionals and patients/patient advocates/caregivers to improve readability and to ensure that the PLSP is an accurate reflection of the original article.[1,2]
  - PLSPs are aligned with all publishing ethics practices in the same way as the original article.[1,2]
- Authorship of a PLSP generally includes at least one author from the original article and can include authors who are patients and/or caregivers.[1,2]
- Previously, we showed that the number of published PLSPs increased over time from 2020 to January 1, 2024, with more published in 2023 than in 2020–2022 combined.[3]
  - There was a limited number of publishers with PLSP offerings, with 93% published by Taylor & Francis (previously Future Science Group) and 7% by Becaris Publishing.
  - Only 15% of PLSPs had at least one patient author.
- Given the growth in the number of PLSPs published, there is a need to understand emerging trends associated with the publication of PLSPs and the corresponding original articles.

Objective

- We investigated authorship patterns and other trends in standalone PLSPs compared with the associated original articles.

Methods

- Disease-/treatment-focused standalone PLSPs were eligible if they were published in English before December 1, 2024.
- PLSP offerings from major publishers (Adis, Becaris Publishing, Elsevier, Karger, Sage, Springer, Taylor & Francis, Wiley and Wolters Kluwer) were searched using the term 'plain language summary of publication' and similar associated terms (including 'PLSP', 'plain language summary publication', 'standalone plain language summary' and 'PLS publication').

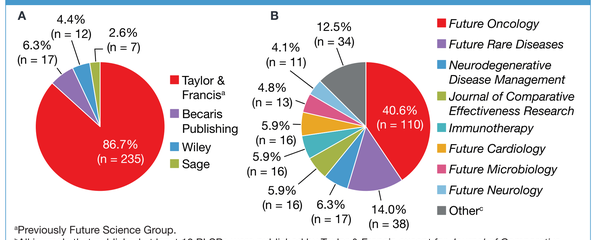
Results

- Overall, 271 PLSPs were identified (references are provided in the **Supplementary information** accessed via the QR code); most PLSPs reported data from one original article, although 22 PLSPs (8.1%) were based on two or more original articles.
- The most commonly reported therapy areas (≥ 10% of PLSPs) were oncology (n = 112; 41.3%), neurology (n = 48; 17.7%), rare disease (n = 45; 16.6%) and respiratory (n = 35; 12.9%).
- All PLSPs were open access except for one phase 1b interventional trial PLSP (the associated original article was open access), while 258/295 original articles (87.5%) were open access.
- After excluding the 22 PLSPs based on two or more original articles (n = 249), the median (range) time between the publication of the original article and the PLSP was 12.0 (–2.0, 86.0) months.
  - Of those, 3/249 PLSPs (1.2%) were published 1 month (n = 1) or 2 months (n = 2) before the original article; 8/249 PLSPs (3.2%) were published within the same month as the original article.
  - Of the 20 PLSPs based on two or more original articles (2 were excluded because it was not clear which original articles the PLSPs were based on), the median (range) time between the publication of the original articles and the PLSP was 19.0 (–2.0, 72.0) months.

Results (continued)

Figure 1. Publishers (A) and journals (B) associated with the publication of PLSPs.

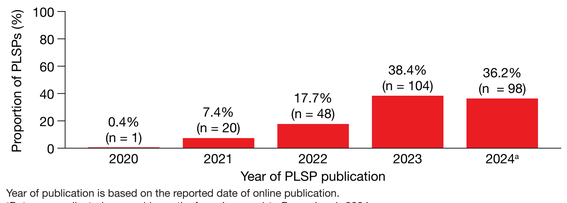
Most PLSPs were published by Taylor and Francis[a] (235/271; 86.7%); PLSPs were most frequently published in *Future Oncology* and *Future Rare Diseases*.[b]



[a]Previously Future Science Group.
[b]All journals that published at least 10 PLSPs were published by Taylor & Francis except for *Journal of Comparative Effectiveness Research*, which was published by Becaris Publishing.
[c]All journals that published fewer than 10 PLSPs.

Figure 2. Year of online publication of PLSPs.

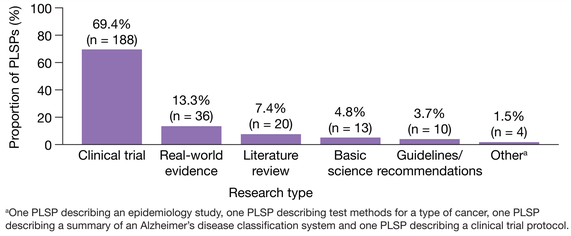
The volume of PLSPs markedly increased from 2020 to 2023 and then plateaued in 2024.



Year of publication is based on the reported date of online publication.
[a]Data were collected across 11 months from January 1 to December 1, 2024.

Figure 3. Research type associated with PLSPs.

PLSPs most frequently reported clinical trials (188/271; 69.4%), of which 20 (10.6%) were phase 1, 51 (27.1%) were phase 2, 128 (68.1%) were phase 3 and 3 (1.6%) were phase 4; phase was unknown in 8 PLSPs (4.3%).

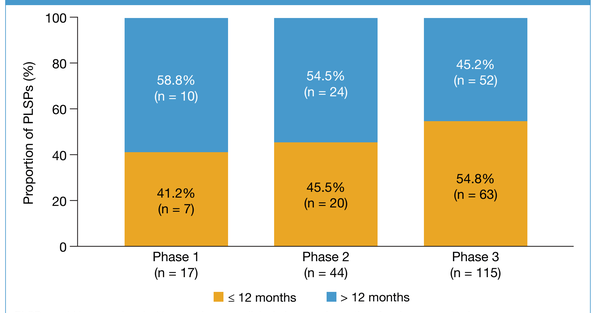


[a]One PLSP describing an epidemiology study, one PLSP describing test methods for a type of cancer, one PLSP describing a summary of an Alzheimer's disease classification system and one PLSP describing a clinical trial protocol.

- In total, 151/188 PLSPs (80.3%) that reported clinical trials included interventions that were approved in Canada, the EU and/or the USA at the time of PLSP publication.
  - Of those, most reported phase 3 data (115/151; 76.2%), while most PLSPs that described unapproved interventions (37/188; 19.7%) reported phase 2 data (18/37; 48.6%) (**Figure S1**; accessible via the QR code).

Figure 4. Time gap between online publication of the original article and the associated clinical trial-based PLSP (n = 164).[a,b]

Compared with the publication of phase 1 and phase 2 trials, there was a trend towards a shorter time gap between the publication of the original article and the associated PLSP for phase 3 trials.

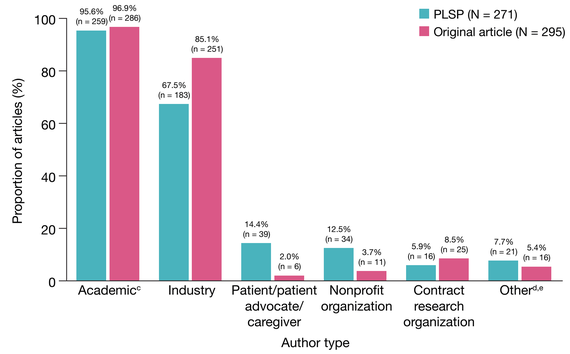


PLSPs could be associated with more than one clinical phase and may therefore be counted twice.
[a]Of 188 PLSPs that reported clinical trials, 24 PLSPs were excluded from the analysis (18 PLSPs that were based on two or more original articles and 7 PLSPs with unknown phase data; 1 PLSP was based on two or more original articles and had unknown phase data).
[b]PLSPs reporting phase 4 data are not shown owing to the limited number of publications (n = 3).

- The median (range) time between the publication of the original article and the PLSP was 15.0 (3.0, 29.0) months for PLSPs reporting phase 1 trials, 13.0 (0, 54.0) months for phase 2 trials, and 12.0 (–2.0, 39.0) months for phase 3 trials.

Figure 5. Difference in authorship between original articles and PLSPs.

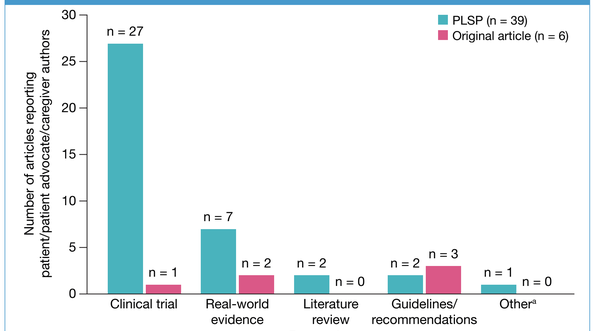
Compared with the original articles (N = 295),[a,b] 171/271 PLSPs (63.1%) had differences in author type; PLSPs had fewer industry authors and more patient/patient advocate/caregiver and nonprofit organization authors.



Author types were determined by review of affiliations in the PLSP and original article. PLSPs and original articles may have had more than one author type.
[a]22 PLSPs were based on two or more original articles.
[b]2 PLSPs were excluded from this analysis because it was not clear which original articles the PLSPs were based on.
[c]Authors were classified as 'academic' if they were affiliated with universities, medical institutions or research institutions.
[d]21 PLSPs had authors affiliated with consultancies (n = 9), journal publishers (n = 5), medical communications agencies (n = 2), technology/equipment vendors (n = 2) and public policy, market research and consumer advocate–scientist partnership (n = 1, each).
[e]16 original articles had authors affiliated with consultancies (n = 10), technology/equipment vendors (n = 3), medical communications agencies (n = 2) and consumer advocate–scientist partnership (n = 1).

Figure 6. Research type associated with PLSPs and original articles reporting patient/patient advocate/caregiver authors.

Most PLSPs with patient/patient advocate/caregiver authors reported clinical trials (27/39; 69.2%).



Author types were determined by review of affiliations in the PLSPs and original articles.
[a]One PLSP describing test methods for a type of cancer.

Limitations

- There was a high proportion of PLSPs from one publisher (Taylor & Francis), which may have influenced which types of PLSPs were accepted for publication.
- Owing to difficulties with PLSP discoverability, there is a possibility that some PLSPs met our eligibility criteria but were not identified during the search.
- Our definition of an approved treatment was limited to Canada, the EU and/or the USA; additionally, the date of treatment approval for a given indication was often difficult to identify because the prescribing information only provides the date of first approval in any indication.

Conclusions

- Compared with the previous analysis (up to January 1, 2024), which showed that the number of published PLSPs increased over time,[3] the publication of standalone PLSPs plateaued in 2024.
  - In addition, the number of publishers with PLSP offerings has doubled, although most published PLSPs remained with Taylor & Francis (86.7%).
- The median time between the publication of the original article(s) and the associated PLSP was 12.0 months, although the delay between publications was generally shorter for PLSPs associated with phase 3 clinical trials than phases 1 and 2.
- There was a trend towards higher engagement of patient/patient advocate/caregiver and nonprofit organization authors in PLSPs compared with the original article(s), which may provide insights into the burden of illness experienced by patients and enable PLSPs to reach wider audiences.
  - Patient/patient advocate/caregiver authors were most frequently engaged with clinical trial PLSPs, and, to a lesser extent, in real-world evidence, literature review and guidelines/recommendation PLSPs.
  - Compared with the previous analysis, similar numbers of PLSPs with patient authors were identified (15% vs 14%, respectively).
- To maximize the benefit of standalone PLSPs, future research should investigate how patients and caregivers are made aware of PLSPs and how they access them.

Abbreviation

PLSP, plain language summary of a publication.

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Disclosures

HN, **VH**, **BC**, **AS** and **FY** are employees and stockholders of Takeda Development Center Americas, Inc. **DP** is a consultant for Takeda Development Center Americas, Inc. **RT**, **HS** and **MR** are employees of Oxford PharmaGenesis.

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