ISMPP U Webinar

2026 APAC Meeting of ISMPP Member Research Oral Presentations

November 16 - 9:30pm ET
November 17 - 11:30am JST
November 17- 8:00am IST

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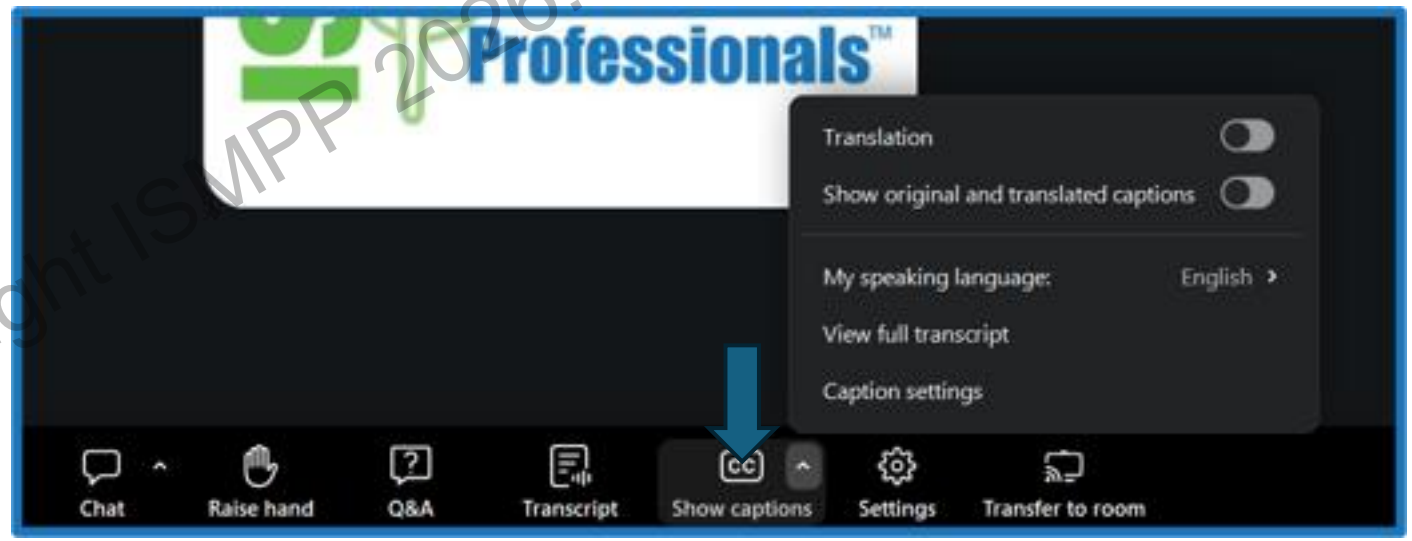


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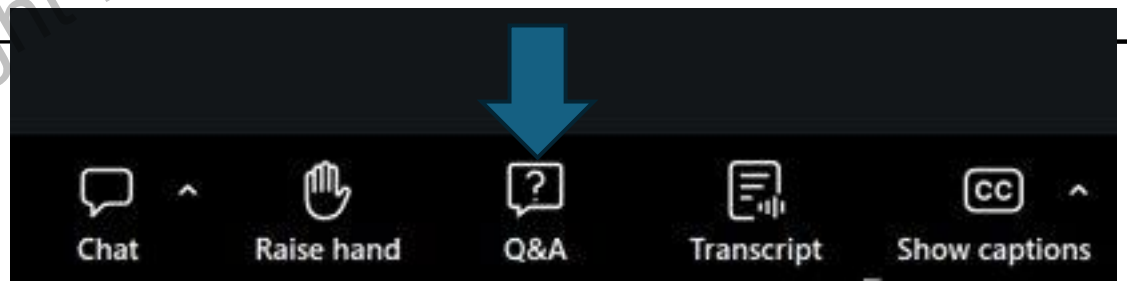
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Moderator



Chu Kong Liew

Medical Team Lead

ProScribe KK, Envision Pharma Group (PhD, ISMPP CMPP)

Faculty



Hiroko Ebina

Senior Medical Team Lead

ProScribe KK, EMC Medical, Envision Pharma Group



Nan Cui

Medical Publication Manager

Takeda (China) International Trading Co., Ltd.



Amit Koushik

Manager

GBS Publications, Alexion, AstraZeneca Rare Diseases

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From Evidence to Impact: Dual-Language Literature Searches to Optimize Publication Strategy and Development

Hiroko Ebina[1], Serina Stretton[2], and Renee E. Granger[2]

[1]ProScribe K.K., Envision Pharma Group, Tokyo, Japan

[2]Envision Pharma Group, Sydney, Australia



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Disclosures and Acknowledgments

- We would like to express our sincere gratitude to the Astellas project team for their partnership and guidance as project owners for the deliverables described in this case study

- All authors participated in the research, were actively involved in preparing the abstract, and provided approval for submission

- All authors are employees of Envision Pharma Group and acted in a voluntary capacity

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Introduction / Background



Integrating local-language evidence into the global evidence base is critical to ensure that research from diverse populations and healthcare settings is included in evidence-based decision-making



However, data from Asia-Pacific regions are often not fully included in English-language databases, limiting the visibility and accessibility of regionally relevant evidence



This case study describes a structured, expert-led, dual-language literature search (DLLS) approach to identify and include local-language evidence and explore how this approach can affect evidence interpretation and publication strategy

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Local Databases in Japan

	Content	English interface	Subscription and licensing
Ichushi-Web Principal biomedical database in Japan	• Extensive coverage of medical, pharmaceutical, nursing, and allied health publications	Not available	Required
jRCT Principal clinical trial registry in Japan	• Clinical trials and research, interventional studies, industry-sponsored trials conducted in Japan • Records migrated from the former JapicCTI and JMACCT-CTR registries in 2023	Available	Not required
UMIN-CTR Major academic clinical trial registry	• Investigator-initiated studies, university-led research, hospital-based studies, and other academic clinical research	Available with English fields	Not required

JapicCTI, Japan Pharmaceutical Information Center - Clinical Trials Information; JMACCT-CTR, Japan Medical Association Center for Clinical Trials - Clinical Trial Registry; jRCT, Japan Registry of Clinical Trials; UMIN-CTR, University Hospital Medical Information Network Clinical Trials Registry.

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Research Objective, Design, and Methods

- DLLS were conducted across multiple case studies using a defined workflow integrating parallel searches of Japanese and global databases
- The objective was to carry out a comprehensive assessment of the evidence related to mirabegron treatment for overactive bladder (OAB) published after 2011, when mirabegron was initially launched in Japan, and to identify evidence reflective of real-world clinical practice for Japanese clinicians when managing patients with OAB
- Native Japanese- and English-language medical writers collaborated throughout a structured process that included protocol preparation, publication screening, and translation-informed data extraction to evidence synthesis
- Outputs were iteratively aligned with local and global publication teams to ensure relevance to strategic objectives and local evidence needs

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DLLS, dual-language literature search.

Mitsui T, Ukai M. Clinical evidence of mirabegron for the treatment of overactive bladder: a systematic literature review. Jpn J Urol Surg. 2021;34:513–28. [Japanese]

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Key Research Eligibility Criteria

P	Adults ≥ Aged18 years with OAB, country not specified
I	Mirabegron
C	Placebo, OAB drugs
O	Efficacy, safety, medication adherence
S	Randomized, nonrandomized, observational

Original articles in English or Japanese

Global databases

- MEDLINE, Embase, Cochrane Central Register of Controlled Trials
- EBM Reviews – HTA
- ClinicalTrials.gov, WHO International Clinical Trials Registry Platform

Local Japanese databases

- Ichushi-Web
- JapicCTI
- UMIN-CTR

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EBM, evidence-based medicine; HTA, health technology assessment; JapicCTI, Japan Pharmaceutical Information Center - Clinical Trials Information; OAB, overactive bladder; UMIN-CTR, University Hospital Medical Information Network Clinical Trials Registry, WHO, World Health Organization.

Mitsui T, Ukai M. Clinical evidence of mirabegron for the treatment of overactive bladder: a systematic literature review. Jpn J Urol Surg. 2021;34:513–28. [Japanese]

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Process of DLLS

Kickoff meeting

- Confirmed the research background, research questions, and objectives
- Discussed the DLLS approach with future manuscript development in mind

Conduct DLLS

- Databases searched and screened by each language expert
- Duplicates identified
- Data extracted into a single spreadsheet in English
- Study quality evaluated

Manuscript preparation

- Prepared in Japanese
- The choice of publication language and target journal was guided by the authors' objective of disseminating information relevant to healthcare professionals using the drug in routine clinical practice in Japan

Protocol preparation

- Dual-language search protocol was developed using local expertise to capture language-specific terminology, clinical concepts, and indexing practices within each database

Summary report preparation

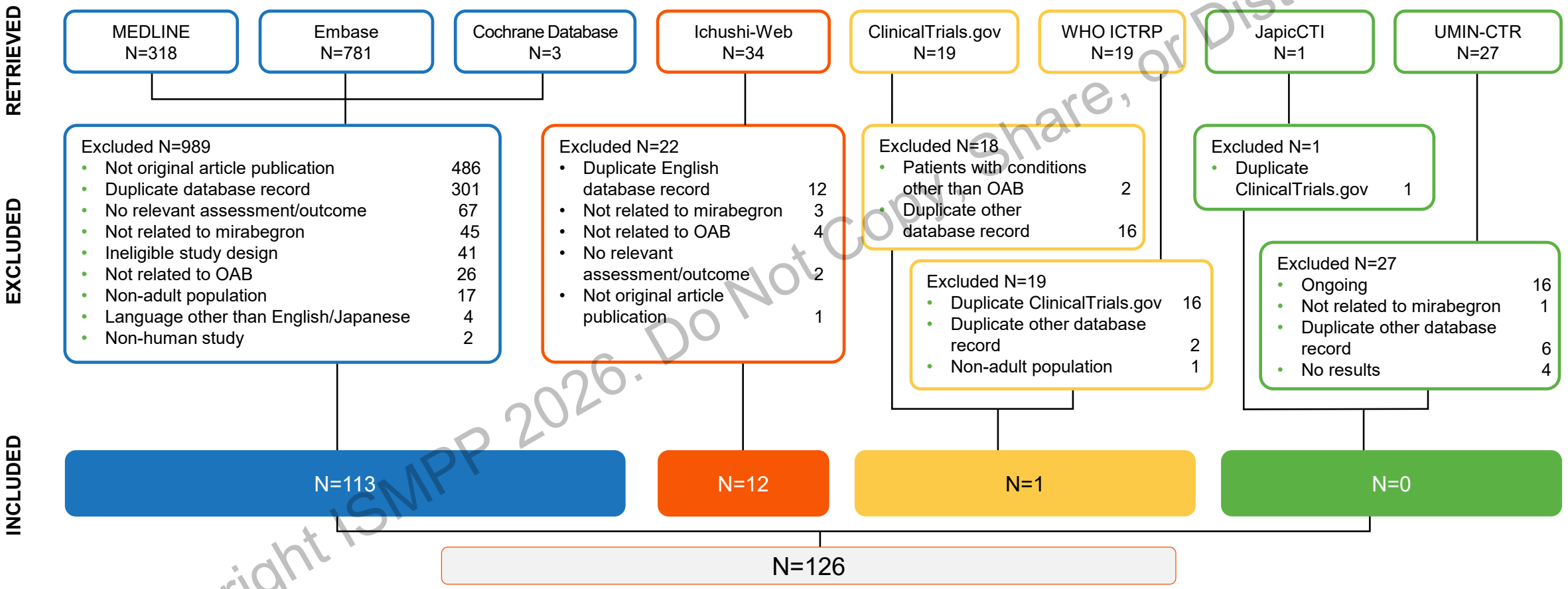
- Prepared in Japanese to facilitate discussion with the team
- Search results verified against sources
- Facilitated interpretation of DLLS results and identification of new evidence

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A Total of 126 Original Articles Were Included, Mostly From the Publications Databases



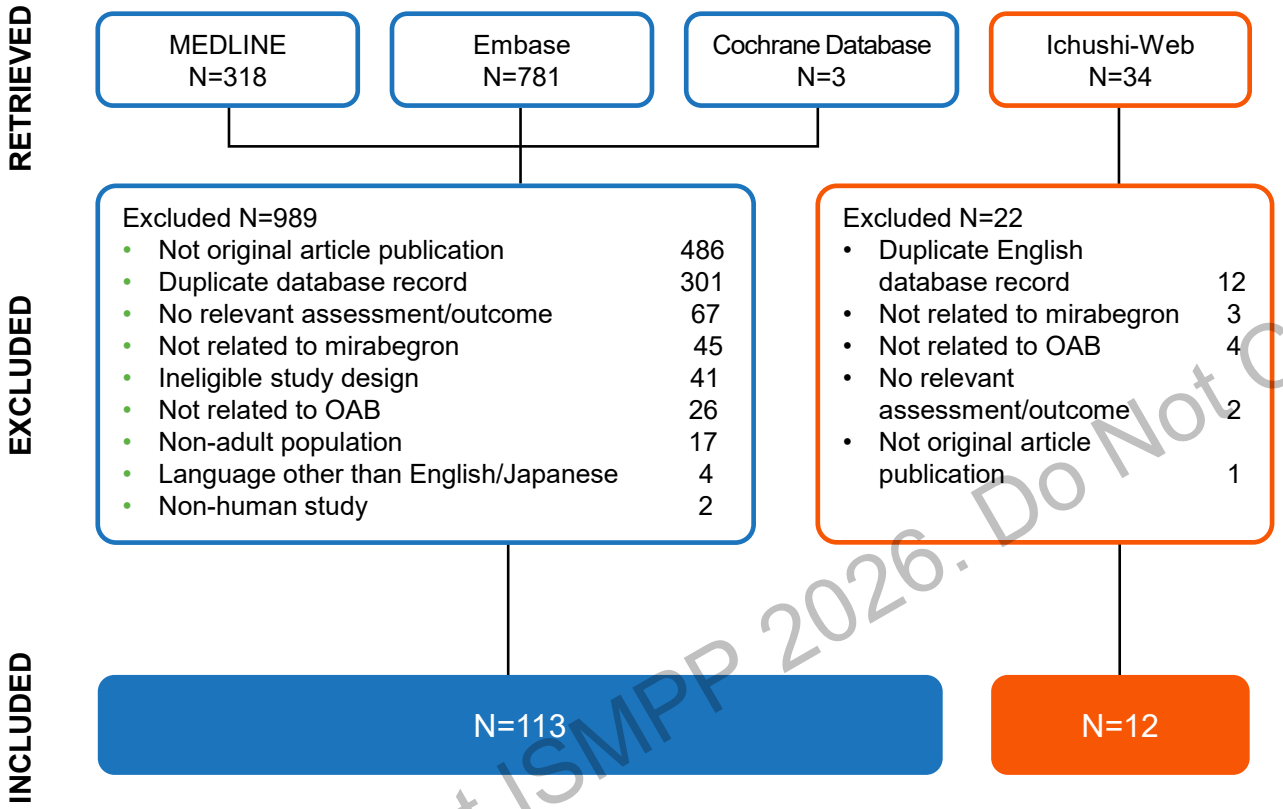
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JapicCTI, Japan Pharmaceutical Information Center - Clinical Trials Information; OAB, overactive bladder; UMIN-CTR, University Hospital Medical Information Network Clinical Trials Registry, WHO ICTRP, World Health Organization International Clinical Trials Registry Platform.

Mitsui T, Ukai M. Clinical evidence of mirabegron for the treatment of overactive bladder: a systematic literature review. Jpn J Urol Surg. 2021;34:513–28. [Japanese]

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Articles Extracted From Ichushi-Web Accounted for About 10% of All Published Articles Included



Ichushi-Web

- 12 articles were original studies not available elsewhere
- 22 articles were excluded, including 12 duplicates identified in the global publications databases

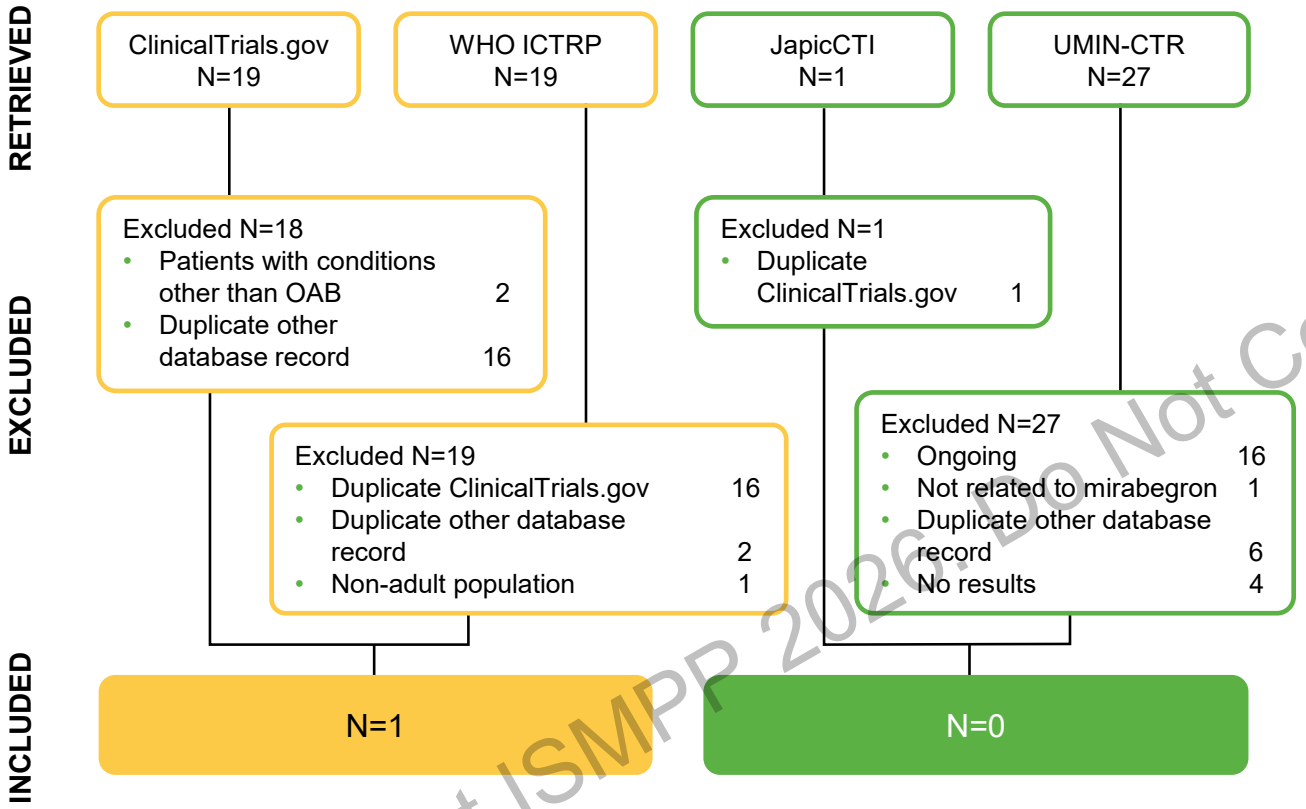
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OAB, overactive bladder.

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Most Studies With Results Identified Through the Clinical Research / Trial Registries Had Already Been Retrieved From the Publications Databases



Japanese clinical research registries

- 16 ongoing studies were identified, providing insight into emerging research and future evidence generation

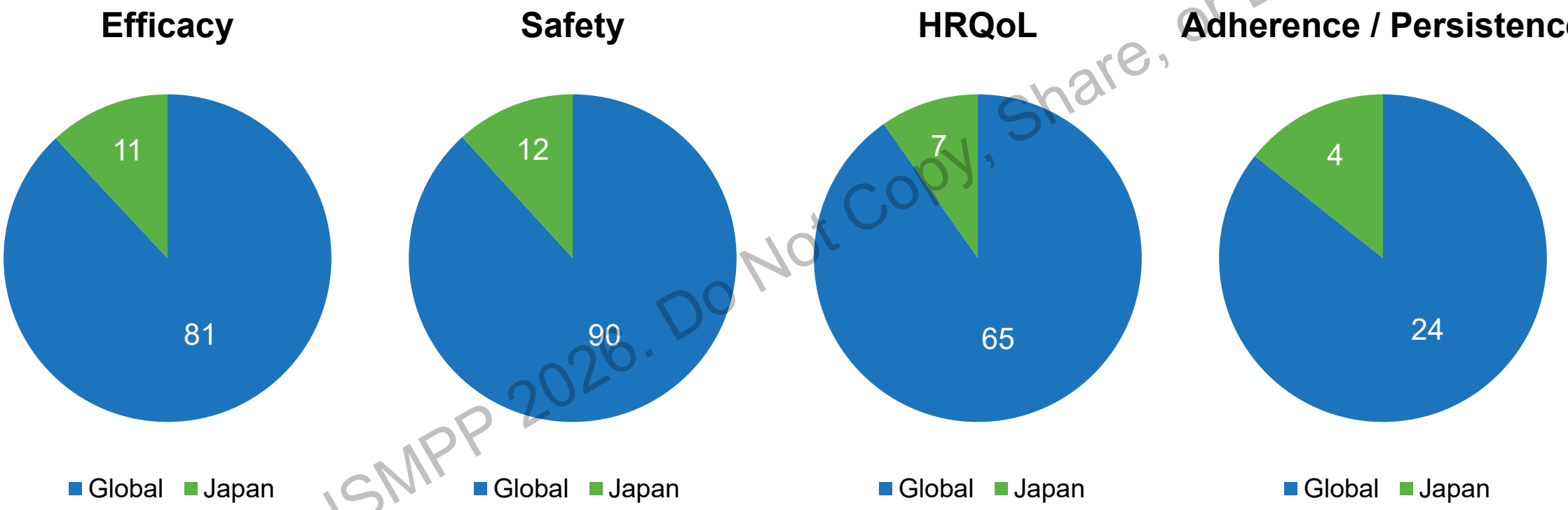
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JapicCTI, Japan Pharmaceutical Information Center - Clinical Trials Information; OAB, overactive bladder; UMIN-CTR, University Hospital Medical Information Network Clinical Trials Registry, WHO ICTRP, World Health Organization International Clinical Trials Registry Platform.

Mitsui T, Ukai M. Clinical evidence of mirabegron for the treatment of overactive bladder: a systematic literature review. Jpn J Urol Surg. 2021;34:513–28. [Japanese]

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Most Included Articles (N=12) From the Japanese Databases Reported on Efficacy, Safety, and Health-Related Quality of Life (HRQoL)



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Note: Some publications were categorized into more than 1 topic.
HRQoL, Health-Related Quality of Life.

Mitsui T, Ukai M. Clinical evidence of mirabegron for the treatment of overactive bladder: a systematic literature review. Jpn J Urol Surg. 2021;34:513–28. [Japanese]

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Inclusion of the Japanese Database Enables Identification of Additional Evidence Beyond That Captured in the Global Database Alone

Among the 114 publications retrieved from global databases, 32 (28%) included Japanese data

Data were reported for clinically relevant subgroups (outcomes by age, sex, symptoms)

- Elderly women unresponsive to conventional treatment
- Patients with frequent nocturia

Of the 12 publications identified from Japanese databases, 1 was a clinical study and 11 were observational studies (8 prospective and 3 retrospective); the observational studies included interim results from Japanese post-marketing surveillance

Most of the 12 publications reported PROs (OABSS, IPSS) rather than measures of symptom frequency

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Note: Some publications were categorized into more than 1 topic.
IPSS, International Prostate Symptom Score; OABSS, Overactive Bladder Symptom Score; PRO, patient-reported outcome.

Mitsui T, Ukai M. Clinical evidence of mirabegron for the treatment of overactive bladder: a systematic literature review. Jpn J Urol Surg. 2021;34:513–28. [Japanese]

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Limitations of Evidence From the Local Studies



Typically had smaller sample sizes than the global studies



Insufficient statistical power for some subgroup analyses



Limited number of randomized controlled trials, with most available evidence coming from observational studies

- Inclusion of observational studies provides valuable real-world insights; however, these studies are subject to limitations (including selection bias and incomplete data capture, etc.) and should be interpreted with caution

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Benefits of Including Searches in Japanese Databases



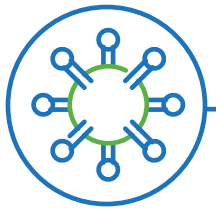
This structured DLLS approach enabled systematic identification and integration of locally generated evidence not captured through the global publications databases



In addition to efficacy and safety, the DLLS identified outcomes in clinically relevant subgroups and included quality-of-life and treatment persistence outcomes



Inclusion of Japanese studies from Japanese databases provided access to local evidence that was not captured in the global databases and information from Japanese peer-reviewed journals not indexed in global databases



Inclusion of the Japanese clinical research registries identified ongoing research into future evidence generation

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Value



Overall, the DLLS further supported evidence prioritization, evaluation of overlap between local and global datasets, and refinement of scientific narratives



These insights directly informed publication strategy by enabling more locally relevant positioning within global plans and by strengthening the evidence underpinning key messaging for clinicians who treat patients in local settings



Use of local databases such as Ichushi-Web enhanced identification of local-language evidence, thereby reducing language bias

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Summary



DLLS can advance publication equity when implemented through a structured, expert-driven approach



By integrating local-language evidence, DLLS can enhance the relevance, transparency, and scientific credibility of publications, supporting inclusive and contextually meaningful interpretation of clinical data for Asia-Pacific audiences and beyond

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WeChat-based dissemination of a plain language summary increased engagement with a published oncology article: a case study from China

Presenter: Nan Cui

Affiliation: Takeda China International Trading Co., Ltd., Beijing, China

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Acknowledgement & Disclosure

The author thanks Jonathan Lee (Takeda Global Center of Excellence), La Da (formerly Takeda China Medical Affairs), and Xiao Chu (Takeda Data Dissemination team) for their valuable support and contributions to this project and its dissemination through the WeChat platform.

Disclosure: This work was supported by Takeda. The presenter is a Takeda employee and shareholder. The views expressed are those of the presenter and do not necessarily reflect those of Takeda. The presenter has no relevant relationships with vendors associated with the technology platform described in this presentation.

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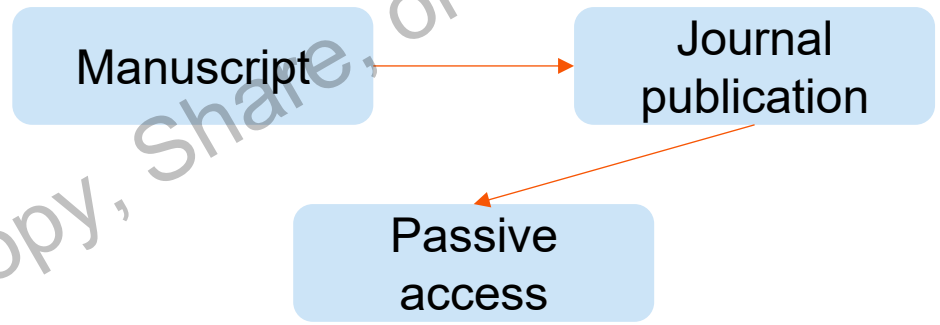
Why Dissemination Matters After Publication

- **Publication does not automatically translate into access, understanding, or engagement.**

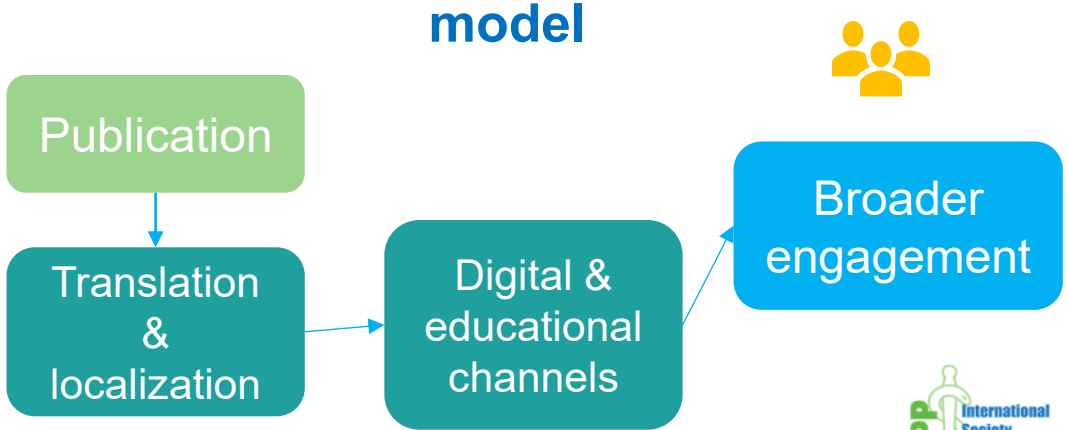
For English-language medical publications, reach may be limited when:

- **Target audiences primarily practice in local-language settings**
- **Journal websites are not the main information source**
- **Scientific content is not well aligned with local digital reading habits.**
- **This creates a need for planned, localized post-publication dissemination.**

Traditional model



Localized dissemination model



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Case Background and Research Question

- **Research question**
  - Can a Mandarin PLS and WeChat-based dissemination strategy enhance reach and engagement among Chinese oncology HCPs?
- **Starting point**
  - Published English-language scoping review
- **Target audience**
  - Chinese oncology HCPs

Dissemination gap



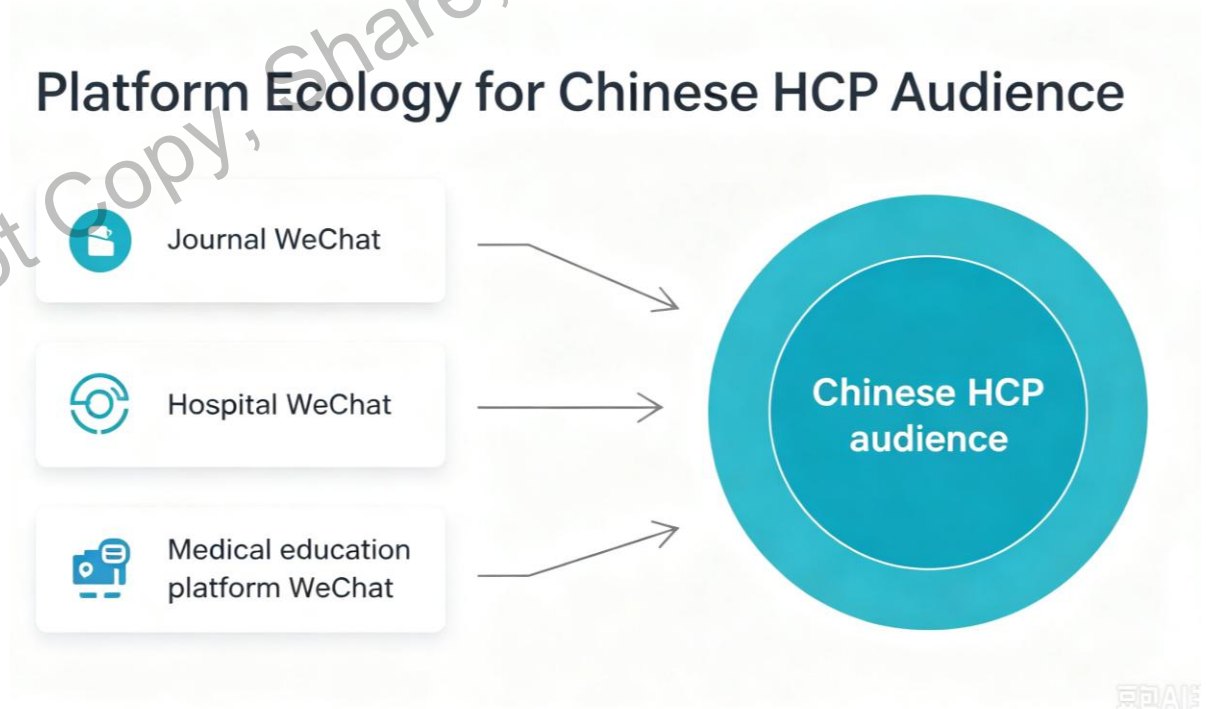
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All dissemination activities were based on a published peer-reviewed article and focused on communicating scientific content in a non-promotional educational context.

Why WeChat?

WeChat is widely used as a digital channel through which physicians in China access and share medical information.

- **It supports multiple content formats:**
  - Videos
  - Article repost
  - Expert-style commentary
  - Link-based redirection



- It enables dissemination through both journal and medical-community channels.

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Publication Dissemination Journey

Scan to access all dissemination materials

- **Publication → Localization → Dissemination → Amplification**

Manuscript → **Plain Language Summary/ Video Abstract** → **Journal WeChat Dissemination** → **Hospital WeChat: Content Republishing** → **LYH: Literature Commentary**

Published English-language scoping review


Cancer Management and Research

REVIEW

Research Status of Androgen Deprivation Therapy Monotherapy and Combination Therapy for Prostate Cancer: A Scoping Review

Xiaolin Lu[1,2], Xiaojie Bian[1,2], Shanshan Wang[1,2], Dingwei Ye[1,2]

[1]Department of Urology, Fudan University Shanghai Cancer Center, Shanghai, People's Republic of China; [2]Department of Oncology, Shanghai Medical College, Fudan University, Shanghai, People's Republic of China

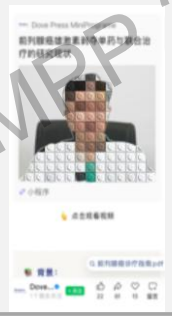
Correspondence: Dingwei Ye, Department of Oncology, Shanghai Medical College, Fudan University, Shanghai, People's Republic of China, Email dweiy81@163.com

Background: Prostate cancer (PC) is a common malignant tumor. Although androgen deprivation therapy (ADT) drugs are widely used in the treatment of PC, to date, clinical research on ADT drugs has not provided a clear overview of the existing treatment regimens. The purpose of this study is to use scoping review to sort out relevant research, present relevant research evidence, and identify recommended guidance for selecting therapeutic strategies.

Methods: PubMed, Embase and Cochrane Library databases were searched for literature published until September 2025. Statistical analysis was conducted on the main characteristics of the included studies, with a primary focus on changes in the medication regimens of the four ADT drugs identified in clinical studies.

Results: Ultimately, 160 literatures with 126 randomized controlled trials (RCTs) were included in the analysis. There were 52, 47, ten, and 16 studies evaluating leuprorelin, goserelin, triptorelin, and degarelix, respectively. The main medication regimens for ADT drugs included monotherapy and combination therapy with first generation anti-androgen drugs, novel hormonal drugs, and other treatments. In RCTs that evaluated leuprorelin and goserelin, numerous studies involved all four medication regimens. However, due to the relatively late regulatory approval of triptorelin and degarelix, these were mainly studied as monotherapy. There were only one

Mandarin video abstract published on the journal website



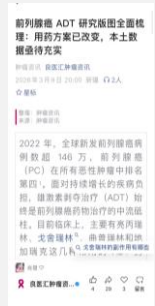
Video abstract, text abstract, and key study findings reposted via Dove Medical Press WeChat



Journal WeChat content further amplified through a hospital-affiliated WeChat channel



Publication featured in a commentary article published by the Liangyihui Oncology Information WeChat



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Journal-initiated Mandarin video abstract supporting localized access to published evidence.

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1. Lu X, et al. Cancer Manag Res. 2026;18:541723. 2. Dove Press WeChat Video Abstract. 2026.3. FUSCC Urology WeChat Repost. 2026. 4. Liangyihui Oncology WeChat Commentary. 2026.

What Was Adapted?

Adaptation is not about changing the science; it is about changing how the scientific content is presented and delivered.

Original Publication		Adapted Dissemination
English-language article		Mandarin summary
Full scientific manuscript		Plain Language Summary
Journal Website	Adaptation	WeChat Ecosystem
Static article page		Multimedia video abstract
Passive access		Active dissemination

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Measurement and Interpretation

This case uses publicly available digital metrics — including views, likes, and shares — to evaluate the dissemination performance of different channels.

Digital metrics were collected as of 28 June 2026.

- **Metrics:**
  - Article HTML views
  - Article PDF downloads
  - WeChat views
  - Likes, Comments, and Shares
- **Interpretation principle:**
  - Views were used as a practical indicator of reach
  - Likes and shares were considered descriptive engagement signals
  - Cross-channel comparisons should be interpreted cautiously

Activity	Date	Audience
Original article	8 Jan 2026	Journal Readers
Dove press WeChat video abstract	24 Feb 2026	Journal WeChat subscribers
Dudan Hospital repost	10 Mar 2026	Primarily patients and oncology physicians
Liangyihui Oncology post	9 Mar 2026	Oncology healthcare professionals across China*

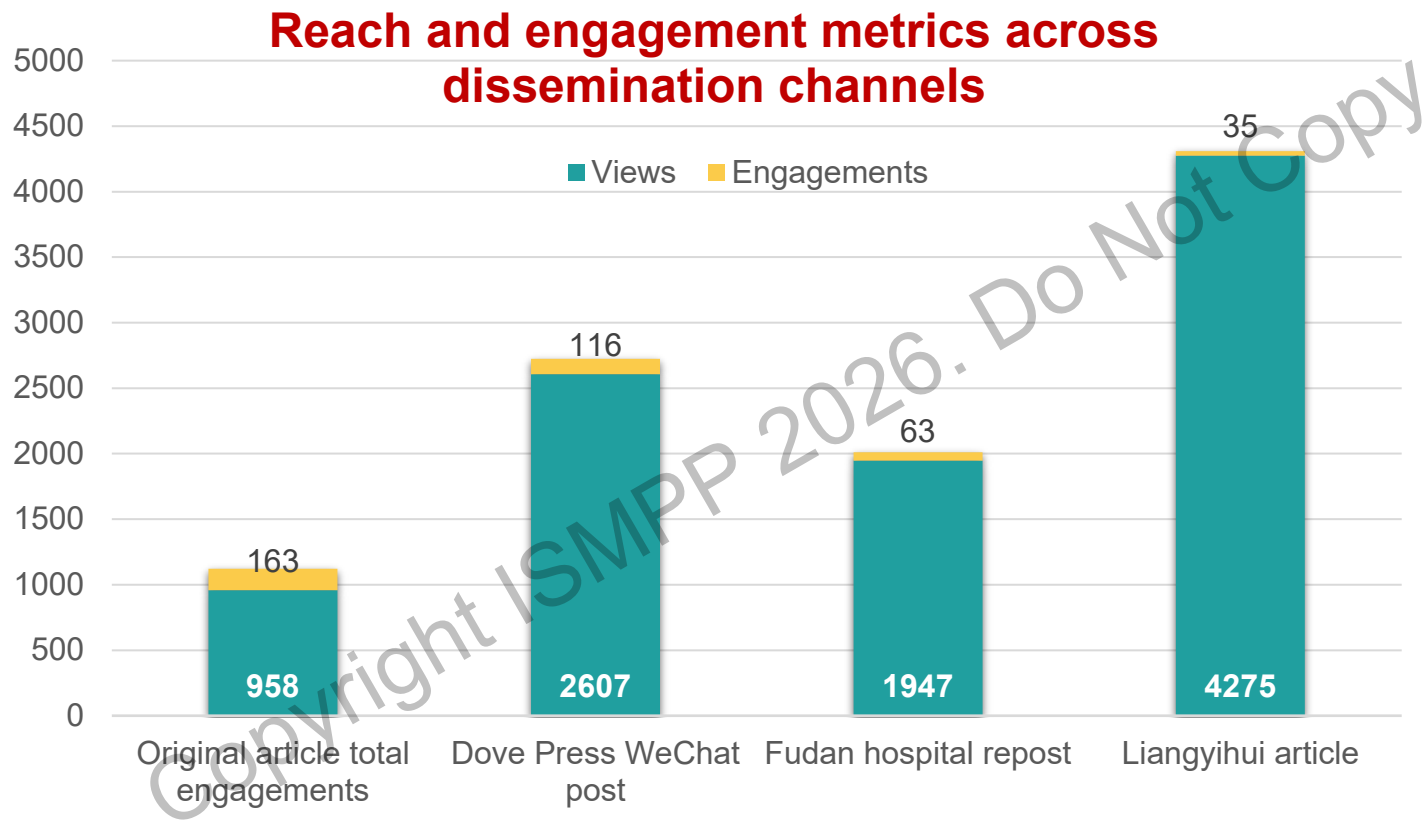
*Note: The audience profile is based on the WeChat account's own description.

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WeChat-Based Dissemination Expanded Publication Reach

All three WeChat channels generated more views than the original journal article HTML page, suggesting that localized dissemination was associated with greater observed reach.



4.5× higher reach vs journal article HTML views

Engagement definitions vary by channel

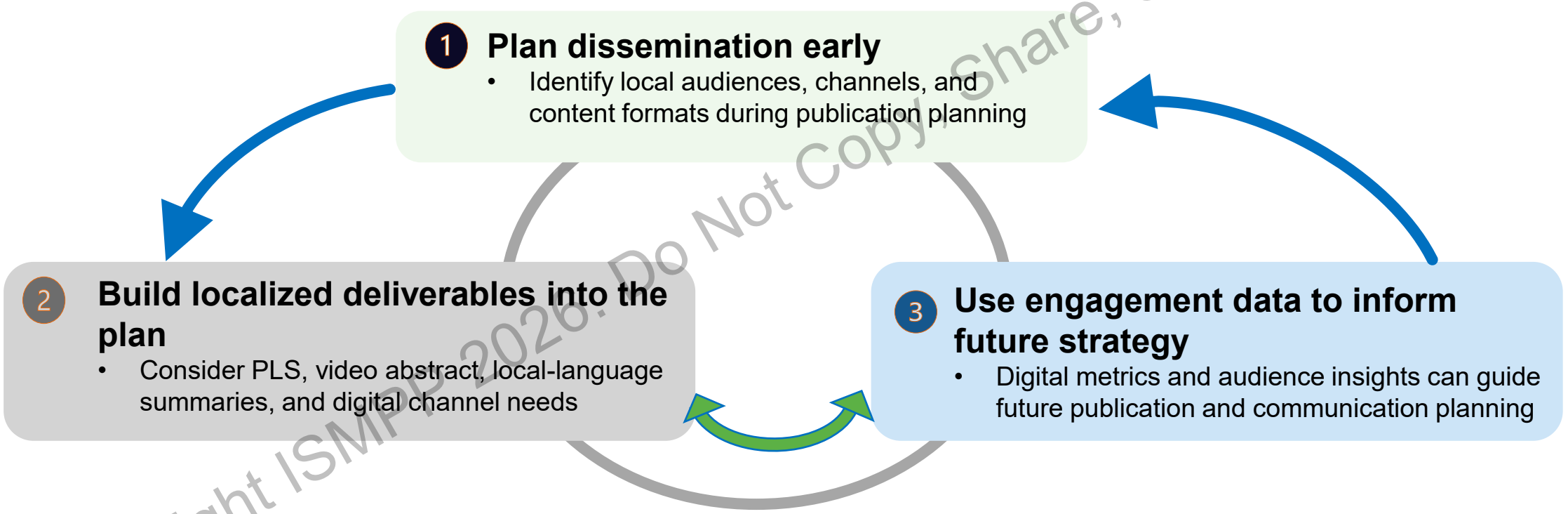
- Journal article: PDF downloads
- WeChat channels: Likes, Comments, and Shares

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From Dissemination Activity to Publication Planning

- This case suggests that dissemination should be planned as part of the publication lifecycle, not only after publication.



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Broader Implications for Publishers and Congress Organizers

- ☐ Scientific publications are global, but audience engagement remains local. Post-publication dissemination services should consider regional languages, platforms, and audience behaviors to support publication equity.

Limitations and Considerations

- **Findings should be interpreted cautiously because:**
  - This was a descriptive case study, not a controlled comparison
  - Channels differed in format, audience, and exposure duration
  - Views indicate reach, not knowledge gain or behavior change
  - Likes and shares are descriptive engagement signals, not validated impact measures
  - The Publication type, i.e., a scoping review and author influence may also have contributed to engagement
- The value of this case lies in generating practical learnings for localized dissemination planning.

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KEY TAKEAWAYS

1. Localized dissemination expanded reach

A structured WeChat-based dissemination strategy achieved greater reach than the journal article page alone.

2. Adaptation was the key driver

Language, platform, format, and context adaptation helped make the publication more accessible to local audiences.

3. Dissemination should be integrated into publication planning

Early dissemination planning can help support publication equity in multilingual APAC markets.

- **Publication is a milestone, not the end of dissemination.**

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ORAL PRESENTATION | ISMPP APAC 2026 meeting
September 17, 2026 | The Executive Center, Quarry Bay, Hong Kong

Barriers and enablers affecting the visibility and uptake of Asia-Pacific-generated real-world evidence compared with mature markets

Raghuraj Puthige,[1] Amit Koushik,[1] Ubhayabharathi Gurunath[2]

[1]Alexion, AstraZeneca Rare Disease, Global Business Services, Bangalore, India
[2]AstraZeneca, Global Business Services, Bangalore, India

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APAC real-world evidence is valuable, but its visibility and uptake are uneven

INTRODUCTION

1 What RWE shows

Describes healthcare delivery and patient outcomes in routine practice across APAC[1]

2 What makes it valuable

Fit-for-purpose data, rigorous methods, transparent reporting and stakeholder trust[1–3]

3 Why APAC is diverse

Health systems, data maturity, research capacity, governance, language and publication infrastructure vary, affecting visibility, credibility, transferability and uptake

4 Why it matters

Better quality and visibility support publication equity and fair representation of local data, expertise and patient experiences in decision-making

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APAC, Asia-Pacific; RWE, real-world evidence.

1. Asia Pacific Medical Technology Association. Advancing Real World Evidence in APAC: Key Considerations for Policymakers. 2022.
2. Costa V, et al. Front Public Health. 2025;13:1512429.
3. Hennessy S, et al. Pharmacoepidemiol Drug Saf. 2025;34:e70117.

Two aims: map barriers and enablers, then compare APAC with mature markets

OBJECTIVE

1

Identify

Reported barriers and enablers affecting the visibility, credibility, publication impact and uptake of APAC-generated RWE

2

Compare and apply

Compare APAC with selected mature[a] evidence ecosystems and identify implications for publication planning and equity

Approach: a structured thematic literature review of concept-based PubMed searches; no meta-analysis planned

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APAC, Asia-Pacific; RWE, real-world evidence.

[a]Mature market refers to a healthcare ecosystem with highly integrated health data infrastructure, standardized regulatory pathways, and established methodologies for generating and accepting real-world evidence.

A structured thematic review of concept-based PubMed searches

METHODS | 1 OF 2

28,386
records identified before deduplication

2015–2026
PubMed search window (1 Jan 2015 to 2 Jul 2026)

No pooling
thematic synthesis; no meta-analysis planned

1 Identification

Concept-based PubMed searches on barriers, enablers, EHR interoperability, confounding and publication planning

2 Eligibility

Prespecified criteria on APAC relevance, thematic domain, language and study type

3 Thematic coding

Eligible publications coded across six domains, from data quality to stakeholder uptake

4 Synthesis

Barriers, enablers, ecosystem differences and implications for publication planning and equity

Search yields were not additive because concepts overlapped. Records were screened and eligible publications were thematically coded.

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Figure 1. Concept-based PubMed search and thematic evidence-mapping workflow.
APAC, Asia-Pacific; EHR, electronic health record.

Eligibility criteria and six thematic coding domains

METHODS | 2 OF 2

Eligible if the publication:

- Addressed RWD or RWE conducted in, or relevant to, the APAC region
- Addressed at least one prespecified thematic domain
- Was an English-language review, commentary, methods paper, guidance document or empirical study
- Reported on barriers, enablers, credibility, publication, equity or stakeholder uptake

Thematically coded across six domains

1. **Data quality and completeness**
2. **Interoperability and infrastructure**
3. **Methodological credibility and confounding**
4. **Governance, privacy and regulation**
5. **Equity, access and generalizability**
6. **Publication readiness and stakeholder uptake**

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APAC, Asia-Pacific; RWD, real-world data; RWE, real-world evidence.

Barriers: five system and study challenges reduce visibility and stakeholder uptake

RESULTS | 1 OF 4

Domain	Reported APAC challenge	Potential implication
Data infrastructure	Fragmented EHRs, incomplete clinical detail, limited linkage and uneven interoperability[1,4–6]	Less complete, less comparable evidence; difficult to scale across settings
Methods	Confounding, selection bias, misclassification, missing data and time-related bias[2,3,7]	Reduced confidence and limited causal interpretation
Representativeness	Narrow or single-center populations and variable access to care[4,5,8]	Transferability may be limited
Governance and regulations	Country-specific privacy, access, coding and regulatory requirements[1,3,9–11]	Slower data access and multicountry research
Publication and communication	Inconsistent reporting and limited explanation of local relevance[12–14]	Lower visibility and stakeholder confidence

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Table 1. Findings are recurring themes from the literature, not estimates of the prevalence or relative importance of barriers across APAC. APAC, Asia-Pacific; EHR, electronic health record.
1. APACMed 2022; 2. Costa 2025; 3. Hennessy 2025; 4. Shau 2023; 5. Julian 2024; 6. Li 2022; 7. Alipour-Haris 2024; 8. Orcutt 2025; 9. Burns 2023; 10. Maeda 2022; 11. Asano 2025; 12. von Elm 2007; 13. Benchimol 2015; 14. Langan 2018. Full list on the final slide.

Enablers: the same barriers can be addressed with planned, practical steps

RESULTS | 2 OF 4

Enabler	Practical application	Expected benefit
Fit-for-purpose data	Check source, completeness, timeliness, clinical detail and relevance	Clear, defensible data choice
Linked and harmonized sources	Link EHR, claims, labs, biomarkers and registries using common definitions	Better follow-up and comparison
Protocol-driven methods	Prespecify design, estimand, confounders, missing-data and sensitivity plans	Reliable estimates and interpretation
Validation and triangulation	Validate measures, replicate where feasible and run sensitivity analyses	Greater confidence in findings
Transparent reporting	Report provenance, coding, missingness, linkage, governance and limitations	Reproducible research and reviewer confidence
Evidence positioning	Define decision need early; explain APAC value, transferability and limits	Stronger publication impact and uptake

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Table 2. Enablers for strengthening credible, visible and decision-relevant APAC evidence.
APAC, Asia-Pacific; EHR, electronic health record.

Compared with mature markets, APAC evidence needs more context to earn trust

RESULTS | 3 OF 4

Dimension	Reported APAC pattern	Contrast with selected mature-market[a] systems	Implication for uptake
Data ecosystem	Variable digitization, completeness, linkage, coding, interoperability and access	Established linked, longitudinal resources in some systems; quality and access still vary	Explain data fitness-for-purpose in detail
Research infrastructure	Uneven registry development, curation, analytical expertise and capacity	Established secondary-use workflows and specialist capacity in some systems	Collaboration and capacity building may be needed
Governance and regulation	Country-specific, evolving privacy, data-sharing, regulatory and HTA requirements	Established RWE review experience or pathways for some uses	Country-specific planning and early engagement
Representativeness and transferability	Wide variation in populations, healthcare access, geography and clinical practice	Consistent longitudinal coverage in some defined populations; transferability still needs assessment	Justify transferability rather than assume it
Publication and communication	APAC value, local expertise and methodological strengths may be under-communicated	Established contexts may be familiar to reviewers and decision makers	Clearer positioning and tailored communication may improve uptake

Table 3. Qualitative comparison; not a country ranking.
[a]Mature market refers to a healthcare ecosystem with highly integrated health data infrastructure, standardized regulatory pathways, and established methodologies for generating and accepting real-world evidence.
APAC, Asia-Pacific; HTA, health technology assessment; RWE, real-world evidence.

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Six publication-planning steps to build credibility and equity

RESULTS | 4 OF 4

1 Start with the decision need

- Define the research question and audience
- Understand the decision context
- Define the publication objective

2 Build credibility

- Select fit-for-purpose data
- Prespecify the analysis
- Validate key definitions
- Assess important biases

3 Report clearly[12–15]

- Follow a reporting guideline such as STROBE, RECORD or RECORD-PE
- Report provenance, coding, missingness, linkage, governance and limitations

4 Support publication equity

- Explain the APAC-specific value
- Define the intended population and setting
- Justify transferability
- Avoid treating mature markets as the default standard

5 Share expertise and credit fairly

- Involve APAC investigators, data custodians, clinicians, patients and local communicators
- Engage contributors in design, interpretation, authorship and dissemination
- Recognize contributions fairly

6 Tailor dissemination

- Add plain-language summaries to the scientific publication
- Use clear visuals and locally relevant examples
- Tailor messages to the intended audience

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Table 4. Publication-planning implications. APAC, Asia-Pacific; RECORD, REporting of studies Conducted using Observational Routinely-collected health Data; RECORD-PE, RECORD in PharmacoEpidemiology; STROBE, Strengthening the Reporting of Observational Studies in Epidemiology.
12. von Elm 2007; 13. Benchimol 2015; 14. Langan 2018; 15. Sem 2022 (DIA Global Forum). Full list on the final slide.

The review maps recurring themes; it does not measure how common they are

LIMITATIONS

Themes, not prevalence	Recurring themes were identified, but the prevalence or relative importance of individual barriers across APAC was not estimated
No pooling	Quantitative findings were not pooled because populations, settings, outcomes and denominators differed
Search scope	PubMed indexing may have excluded regional policy documents, HTA reports, local journals and grey literature
Thematic synthesis	Heterogeneous evidence was synthesized thematically rather than statistically
Qualitative comparison	APAC and mature-market comparisons are qualitative and should not be read as country rankings

APAC, Asia-Pacific; HTA, health technology assessment.

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APAC RWE can have greater impact through rigor and visible local value

CONCLUSIONS

1 Value with limits

APAC RWE can address important questions about routine care, but fragmented data, methodological limitations, evolving requirements and insufficiently tailored communication may limit visibility and uptake

2 Impact needs rigor

Fit-for-purpose data, prespecified methods, validated measures, transparent reporting and clear communication of local relevance and transferability

3 Visibility builds trust

Strengthening evidence quality and the visibility of APAC expertise can improve trust, uptake, publication equity and representation of diverse patient and health-system experiences

Rigorous methods and clear communication help APAC evidence to be seen, trusted and used

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APAC, Asia-Pacific; RWE, real-world evidence.

Four points to remember

KEY TAKEAWAYS

1

The challenge is connected

Data fragmentation, methodological limitations, governance constraints and communication gaps can compound one another

2

Size is not enough

A large dataset cannot compensate for confounding, misclassification, missingness or poor representativeness

3

Credibility can be improved

Fit-for-purpose data, linkage, validation, prespecified methods and transparent reporting are practical levers

4

Visibility is part of equity

Clearly communicating APAC-specific value, justified transferability and local expertise can improve publication impact and uptake

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APAC, Asia-Pacific.

References, funding and disclosures

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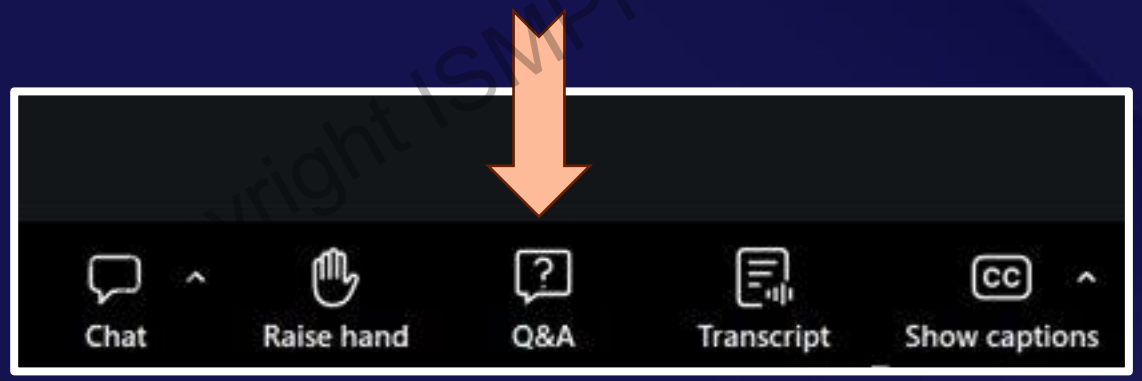
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Q&A



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