Standalone plain language summaries of publications: a 5-year trend analysis

Poster number 21

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Background

- A standalone plain language summary of a publication (PLSP) is an article that uses nontechnical language to summarize a published, peer-reviewed research article so that it can be read and understood by a diverse audience of nonspecialists.[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]
- PLSPs are associated with several key strengths, including the following.[1,2]
  - They are peer reviewed by a panel that includes healthcare professionals, patients, patient advocates and others for readability and understanding, and to ensure that the PLSP is an accurate reflection of the original article.
  - They have a unique digital object identifier that means they are fully citable and more easily discoverable than plain language summaries published within the original article.
  - They are aligned with all publishing ethics practices in the same way as the original article.
- Owing to the lack of published data, there is a need to understand recent trends associated with PLSPs.

Objective

- We investigated trends in PLSPs over the past 5 years.

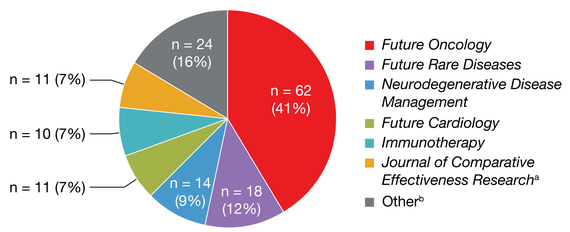
Methods

- Disease-/treatment-focused standalone PLSPs were eligible if they were published in English between January 1, 2019 and January 1, 2024.
- PLSP offerings from major publishers (Adis, Becaris Publishing, Elsevier, Future Science Group [FSG], Sage, Taylor & Francis and Wiley) were manually searched for 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').
- Download numbers for PLSPs and original articles were obtained on March 19, 2024 from the publisher's website, if available.

Results

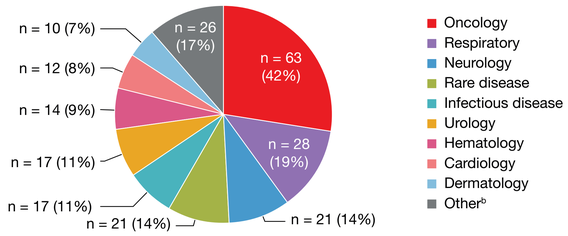
- Overall, 150 PLSPs were identified (the full list of PLSPs is accessible via the QR code), of which 139 (93%) were published by FSG and 11 (7%) were published by Becaris Publishing.
- All PLSPs were open access.
- The most common journals for PLSP publication overlapped with the most commonly covered therapy areas (**Figures 1 and 2**; **Tables S1 and S2** [accessible via the QR code]).
- More PLSPs were published in 2023 (n = 83; 55%) than in 2019–2022 combined (n = 67; 45%) (**Figure S1** [accessible via the QR code]).

Figure 1. PLSPs were most frequently published in *Future Oncology* and *Future Rare Diseases*.



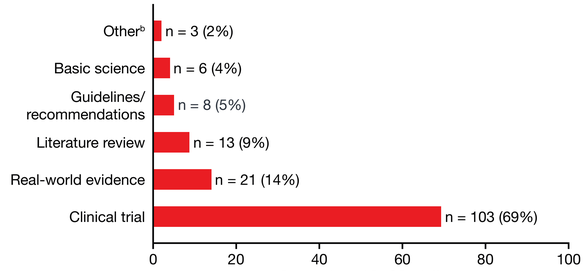
A full list of journals that have published a PLSP is included in **Table S1** (accessible via the QR code).
[a]*Journal of Comparative Effectiveness Research*, published by Becaris Publishing, was the only identified journal not published by Future Science Group that published a PLSP. [b]All journals listed under 'Other' published fewer than 10 PLSPs.

Figure 2. The most commonly covered therapy areas[a] were oncology, respiratory, neurology and rare disease.



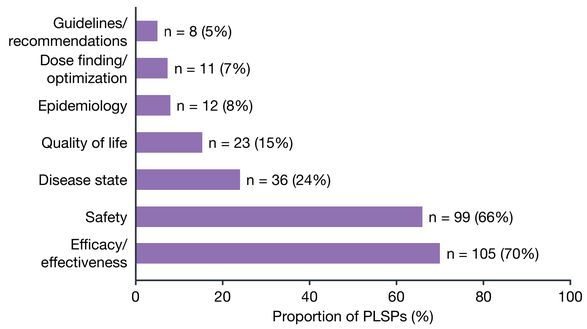
A full list of therapy areas associated with a PLSP is included in **Table S2** (accessible via the QR code).
[a]Percentages do not sum to 100% because PLSPs may have been associated with more than one therapy area. [b]All therapy areas listed under 'Other' were associated with fewer than 10 PLSPs.

Figure 3. The most common research types were clinical trials and real-world evidence.[a]



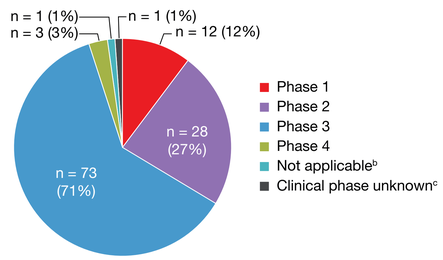
[a]Percentages do not sum to 100% because PLSPs may have reported more than one research type. [b]'Other' included three PLSPs; one was an epidemiology study,[3] one described test methods for a type of cancer[4] and the other was a summary of an Alzheimer's disease classification system.[5]

Figure 4. The most frequent communication topics in PLSPs were efficacy/ effectiveness and safety data.[a]



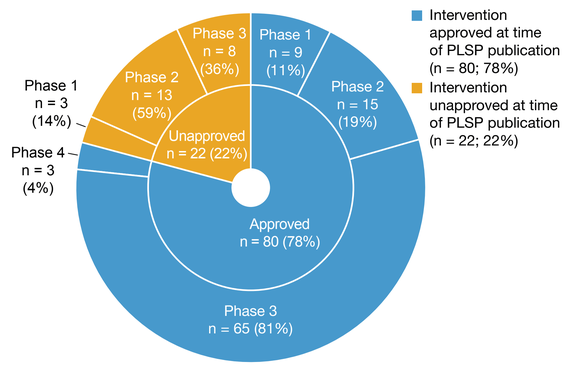
[a]Percentages do not sum to 100% because PLSPs may have reported more than one communication topic. This figure includes communication topics that were present in at least 5% of PLSPs.

Figure 5. Most interventional clinical trials (n = 103) reported in PLSPs were phase 3.[a]



[a]Percentages do not sum to 100% because PLSPs may have reported more than one clinical phase. [b]One PLSP reported a clinical trial of a type of radiotherapy and had a clinical phase of 'not applicable' listed on ClinicalTrials.gov, and was therefore assigned as 'not applicable'.[6,7] [c]One PLSP reported a clinical trial of vibegron in patients with overactive bladder, but the clinical phase was not reported in the PLSP, the original article or on regulatory websites.[8]

Figure 6. Most PLSPs that described interventions that were approved at the time of PLSP publication reported phase 3 trial data, whereas the majority of PLSPs that described unapproved interventions reported phase 2 trial data.



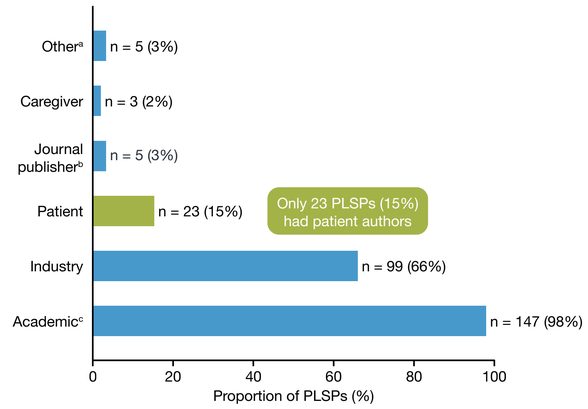
Interventions were classified as 'approved' if they were approved in Canada, the EU and/or the USA for the studied indication at the time of PLSP publication. Percentages do not sum to 100% because PLSPs may have reported more than one clinical phase. One PLSP reported a clinical trial of a type of radiotherapy and had a clinical phase of 'not applicable' listed on ClinicalTrials.gov, and was therefore not included in this analysis.[6,7] Percentages by clinical phase in each of the approved and unapproved categories were calculated based on the total number of PLSPs in each category.

Table 1. Most PLSPs were sponsored by industry.

Sponsor, n (%)	PLSPs (N = 150)
Industry	146 (97%)
Nonindustry	3 (2%)
Not reported	1 (1%)
Pharmaceutical companies that sponsored ≥ 5% of industry-sponsored PLSPs	n = 146
Pfizer	41 (28%)
Boehringer Ingelheim	15 (10%)
Janssen	10 (7%)
AstraZeneca	8 (5%)
Merck	8 (5%)

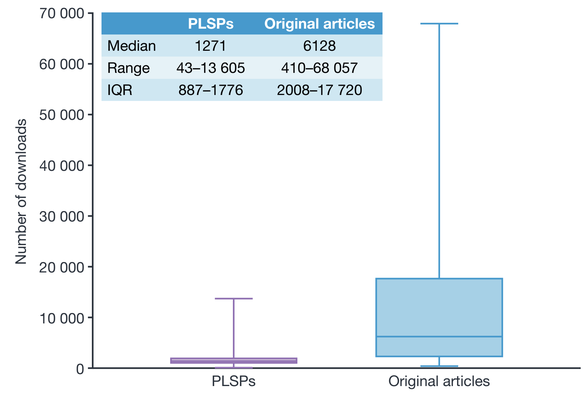
If PLSP sponsor was not provided, study sponsor was used.

Figure 7. Most PLSPs had academic and/or industry authors.



Author types were determined by review of affiliations in the PLSP. Percentages do not sum to 100% because PLSPs may have had more than one author type.
[a]Five PLSPs had authors affiliated with nonprofit organizations, contract research organizations, consultancies and medical communications companies. [b]All five PLSPs that had authors affiliated with journal publishers were published in *Future Oncology* and had the same three authors from FSG, Becaris Publishing and the LUNGevity Foundation who were not authors on the corresponding original articles. The original articles were selected by a steering committee, formed by FSG, to be explained as a PLSP. Medical writing assistance for these PLSPs was funded by FSG via a grant from Pfizer, Inc. [c]Authors were classified as 'academic' if they were affiliated with universities, medical institutions or research institutions.

Figure 8. Download numbers were higher for original articles than the corresponding PLSPs.[a]



	PLSPs	Original articles
Median	1271	6128
Range	43–13 605	410–68 057
IQR	887–1776	2008–17 720

[a]Data are from 32 PLSPs for which download numbers were also available for the corresponding original articles.

Limitations

- There was a high proportion of PLSPs from one publisher (FSG), which may have influenced which types of PLSPs were accepted for publication and the therapy areas represented.
- PLSPs published by FSG appear to have been written according to a provided template, which may have influenced the content of the PLSPs.
- 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 the USA.
- 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.
- The comparison of download numbers between the PLSP and its corresponding original article was limited by the low number of original articles (n = 32) with publicly accessible download numbers.

Conclusions

- Standalone PLSP publication rates increased over time, with more published in 2023 than in 2019–2022 combined.
- PLSPs most frequently communicated efficacy/effectiveness and safety data from industry-sponsored clinical studies of approved treatments.
- Only 15% of PLSPs had at least one patient author.
- The limited number of publishers with PLSP offerings means there is a need for wider adoption of this type of publication by other publishers.
- The low download numbers for PLSPs relative to the corresponding original articles may be due to the later publication date for PLSPs.
  - However, there is still a need to gain a better understanding of the potential access barriers, difficulties with discoverability and lack of awareness by the intended audience.
- Given that PLSPs are primarily developed for patients and caregivers, future research should investigate how patients and caregivers are made aware of PLSPs and how they access them.

Abbreviations

FSG, Future Science Group; IQR, interquartile range; PLSP, plain language summary of a publication.

References

References are accessible via the QR code.

Disclosures

HN, BC, VMH, DHP, AS and FY are employees and stockholders of Takeda Development Center Americas, Inc. HS and MR are employees of Oxford PharmaGenesis.

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Supplementary material

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Table S1. Journals that have published a PLSP

Journal, n (%)	PLSPs (N = 150)
Future Oncology	62 (41%)
Future Rare Diseases	18 (12%)
Neurodegenerative Disease Management	14 (9%)
Journal of Comparative Effectiveness Research	11 (7%)
Future Cardiology	11 (7%)
Immunotherapy	10 (7%)
Future Microbiology	9 (6%)
Future Virology	6 (4%)
Future Neurology	4 (3%)
Pain Management	3 (2%)
Lung Cancer Management	1 (1%)
Nanomedicine	1 (1%)

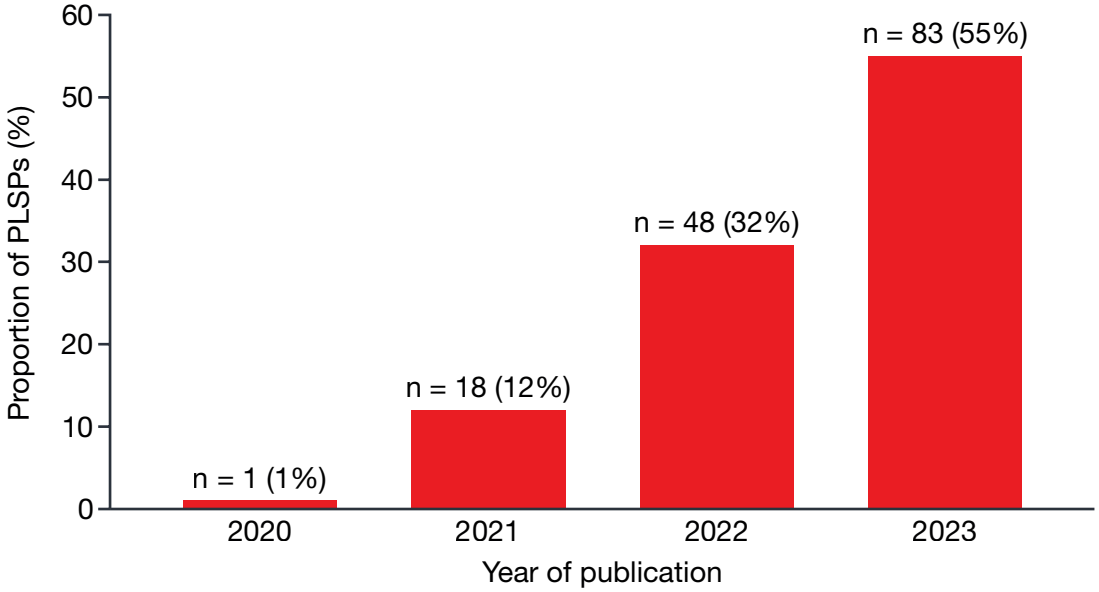
PLSP, plain language summary of a publication.

Table S2. Therapy areas associated with PLSPs

Therapy area, n (%)	PLSPs (N = 150)
Oncology	63 (42%)
Respiratory	28 (19%)
Neurology	21 (14%)
Rare disease	21 (14%)
Infectious disease	17 (11%)
Urology	17 (11%)
Hematology	14 (9%)
Cardiology	12 (8%)
Dermatology	10 (7%)
Gastroenterology	5 (3%)
Mycology	5 (3%)
Gynecology	4 (3%)
Immunology	2 (1%)
Endocrinology	2 (1%)
Obesity	2 (1%)
Hepatology	1 (1%)
Nephrology	1 (1%)
Ophthalmology	1 (1%)
Psychiatry	1 (1%)
Musculoskeletal disease	1 (1%)
Rheumatology	1 (1%)

Percentages do not sum to 100% because PLSPs may have been associated with more than one therapy area.
PLSP, plain language summary of a publication.

Figure S1. PLSPs stratified by year of publication[a]



[a]No PLSPs were published in 2019.
PLSP, plain language summary of a publication.

Full list of PLSPs included in this analysis

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