Future Science Group

JOURNAL & DIGITAL PUBLISHING SOLUTIONS

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HEAD OF PUBLISHING SOLUTIONS

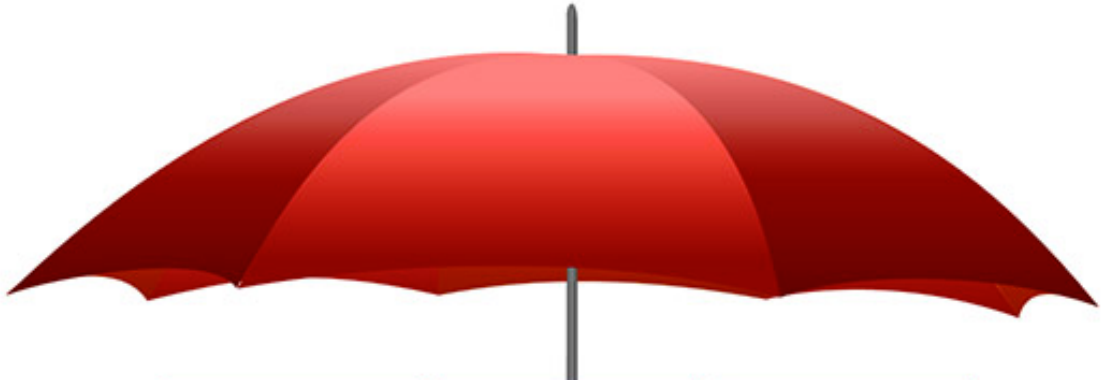
PRESENTED AT A MEDCOMMS NETWORKING EVENT,
5 DECEMBER 2018

WWW.MEDCOMMSNETWORKING.COM

Agenda

- Overview of FSG
- Our Journals
- Our Publishing Solutions
- Our Digital Hubs

Overview of FSG



Future Medicine

- Clinical & translational medicine titles
- 26 journals
- 5 digital hubs

newlands press

- Titles in applied science and IP issues in R&D
- 5 journals
- 2 digital hubs

FUTURE SCIENCE

- Fully open access titles
- 2 journals
- 1 digital hub

Our Journals

Our Journals

Journal Management

- All journals run by a Commissioning Editor and Managing Editor in collaboration with the journal's Editorial Board
- Manage pre-submission enquiries
- Commission content and ensure quality
- Pipeline management
- Editorial Board management
- Social media & marketing activities
- Journal development

Editorial Board Management

- Team of 30+ key experts from academia and industry
- Recruited at launch and refreshed on an ongoing basis
- Support the journal by:

- Providing content suggestions
- Conducting peer review of manuscript – particularly difficult papers, those with a split opinion, etc.
- Providing feedback on the journal
- Writing for the journal themselves
- Acting as a journal ambassador

Trusted, ethical publication principles

- Pre-submission enquiries encouraged
- Peer review by at least 3 specialists
- Editorial decision within 2 working days
- Journal cascading/transfer
- Publication standards - CONSORT, COPE, GPP3 and ICMJE
- ISMPP association

CONSORT
TRANSPARENT REPORTING of TRIALS

COPE COMMITTEE ON PUBLICATION ETHICS


Good publication practice for communicating company sponsored medical research: the GPP2 guidelines

Chris Graf,[1] Wendy P Battisti,[2] Dan Bridges,[3] Victoria Bruce-Winkler,[4] Joanne M Conaty,[5] John M Ellison,[6] Elizabeth A Field,[7] James A Gurr,[8] Mary-Ellen Marx,[9] Mina Patel,[10] Carol Sanes-Miller,[3] Yvonne E Yarker,[11] for the International Society for Medical Publication Professionals

In response to changes in the environment in which authors, presenters, and other contributors work together to communicate medical research the **International Society for Medical Publication Professionals** has updated the good publication practice guidelines

John Wiley & Sons, Wiley-Blackwell, Oxford OX4 2DQ, Johnson & Johnson Pharmaceutical Research & Development, Raritan, NJ, USA

Authors and presenters are responsible for how medical research is interpreted and communicated. Often their work is the product of collaborations with other individuals (such as clinical investigators, biostatisticians, and professional medical writers) from around the world. by companies. These guidelines were written in light of these developments.

Methods

The International Society for Medical Publication

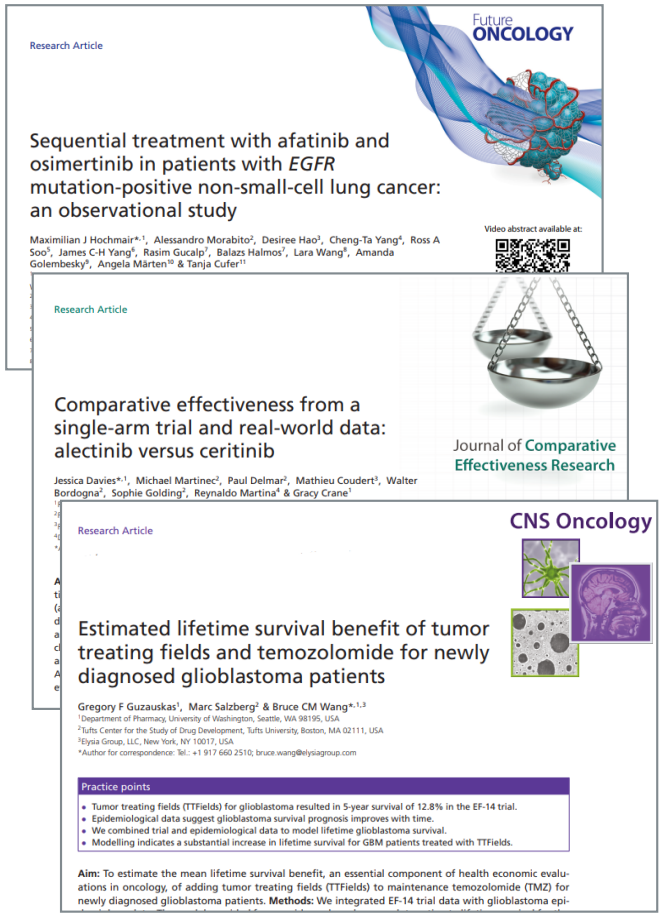
ICMJE INTERNATIONAL COMMITTEE of MEDICAL JOURNAL EDITORS

ISMPP International Society for Medical Publication Professionals

Journal Scope

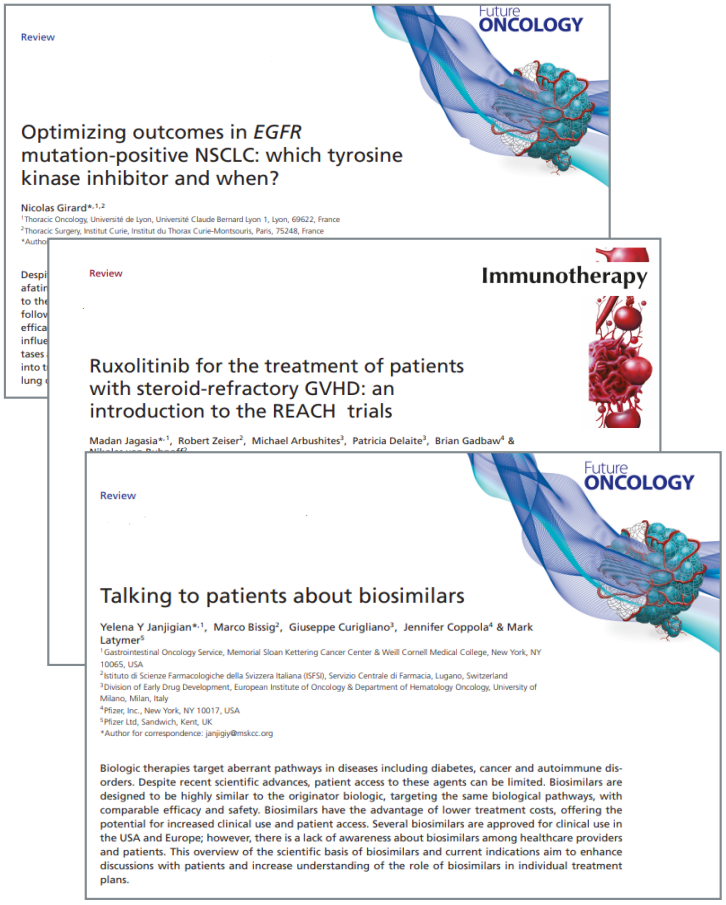
Original Research

- Pre- and post-registration studies
- RWE & HEOR research
- Observational studies

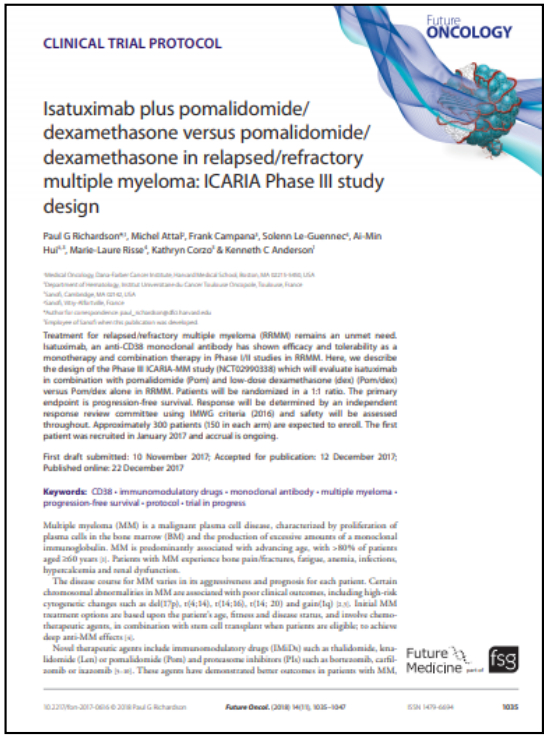


Reviews

- Narrative & systematic reviews
- Therapeutic overviews
- Unmet needs
- Drug, device & vaccine evaluations
- Consensus and treatment guidelines



Clinical Trial Protocols



CLINICAL TRIAL PROTOCOL

Future ONCOLOGY

Isatuximab plus pomalidomide/ dexamethasone versus pomalidomide/ dexamethasone in relapsed/refractory multiple myeloma: ICARIA Phase III study design

Paul G Richardson[*1], Michel Attal[2], Frank Campana[3], Solenn Le-Guennec[4], Ai-Min Hui[4,5], Marie-Laure Risse[4], Kathryn Corzo[3] & Kenneth C Anderson[1]

Treatment for relapsed/refractory multiple myeloma (RRMM) remains an unmet need. Isatuximab, an anti-CD38 monoclonal antibody has shown efficacy and tolerability as a monotherapy and combination therapy in Phase I/II studies in RRMM. Here, we describe the design of the Phase III ICARIA-MM study (NCT02990338) which will evaluate isatuximab in combination with pomalidomide (Pom) and low-dose dexamethasone (dex) (Pom/dex) versus Pom/dex alone in RRMM. Patients will be randomized in a 1:1 ratio. The primary endpoint is progression-free survival. Response will be determined by an independent response review committee using IMWG criteria (2016) and safety will be assessed throughout. Approximately 300 patients (150 in each arm) are expected to enroll. The first patient was recruited in January 2017 and accrual is ongoing.

First draft submitted: 10 November 2017; Accepted for publication: 12 December 2017; Published online: 22 December 2017

Keywords: CD38 • immunomodulatory drugs • monoclonal antibody • multiple myeloma • progression-free survival • protocol • trial in progress

Multiple myeloma (MM) is a malignant plasma cell disease, characterized by proliferation of plasma cells in the bone marrow (BM) and the production of excessive amounts of a monoclonal immunoglobulin. MM is predominantly associated with advancing age, with >80% of patients aged ≥60 years [1]. Patients with MM experience bone pain/fractures, fatigue, anemia, infections, hypercalcemia and renal dysfunction.

The disease course for MM varies in its aggressiveness and prognosis for each patient. Certain chromosomal abnormalities in MM are associated with poor clinical outcomes, including high-risk cytogenetic changes such as del(17p), t(4;14), t(14;16), t(14; 20) and gain(1q) [2,3]. Initial MM treatment options are based upon the patient's age, fitness and disease status, and involve chemotherapeutic agents, in combination with stem cell transplant when patients are eligible; to achieve deep anti-MM effects [4].

Novel therapeutic agents include immunomodulatory drugs (IMiDs) such as thalidomide, lenalidomide (Len) or pomalidomide (Pom) and proteasome inhibitors (PIs) such as bortezomib, carfilzomib or ixazomib [5–8]. These agents have demonstrated better outcomes in patients with MM,

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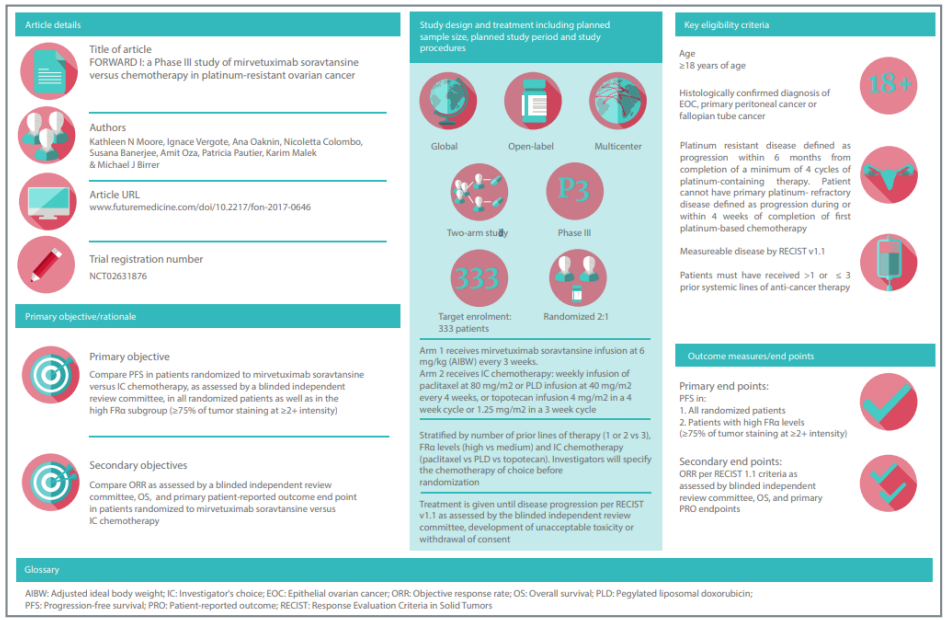


Article details

Title of article
FORWARD I: a Phase III study of mirvetuximab soravtansine versus chemotherapy in platinum-resistant ovarian cancer

Authors
Kathleen N Moore, Ignace Vergote, Ana Oaknin, Nicoletta Colombo, Susana Banerjee, Amit Oza, Patricia Pautier, Karim Malek & Michael J Birrer

Article URL
www.futuremedicine.com/doi/10.2217/fon-2017-0646

Trial registration number
NCT02631876

Primary objective/rationale

Primary objective
Compare PFS in patients randomized to mirvetuximab soravtansine versus IC chemotherapy, as assessed by a blinded independent review committee, in all randomized patients as well as in the high FRα subgroup (≥75% of tumor staining at ≥2+ intensity)

Secondary objectives
Compare ORR as assessed by a blinded independent review committee, OS, and primary patient-reported outcome end point in patients randomized to mirvetuximab soravtansine versus IC chemotherapy

Study design and treatment including planned sample size, planned study period and study procedures

Global | Open-label | Multicenter

Two-arm study | Phase III

Target enrolment: 333 patients | Randomized 2:1

Arm 1 receives mirvetuximab soravtansine infusion at 6 mg/kg (AIBW) every 3 weeks.
Arm 2 receives IC chemotherapy: weekly infusion of paclitaxel at 80 mg/m2 or PLD infusion at 40 mg/m2 every 4 weeks, or topotecan infusion 4 mg/m2 in a 4 week cycle or 1.25 mg/m2 in a 3 week cycle

Stratified by number of prior lines of therapy (1 or 2 vs 3), FRα levels (high vs medium) and IC chemotherapy (paclitaxel vs PLD vs topotecan). Investigators will specify the chemotherapy of choice before randomization

Treatment is given until disease progression per RECIST v1.1 as assessed by the blinded independent review committee, development of unacceptable toxicity or withdrawal of consent

Key eligibility criteria

Age
≥18 years of age

Histologically confirmed diagnosis of EOC, primary peritoneal cancer or fallopian tube cancer

Platinum resistant disease defined as progression within 6 months from completion of a minimum of 4 cycles of platinum-containing therapy. Patient cannot have primary platinum- refractory disease defined as progression during or within 4 weeks of completion of first platinum-based chemotherapy

Measureable disease by RECIST v1.1

Patients must have received >1 or ≤ 3 prior systemic lines of anti-cancer therapy

Outcome measures/end points

Primary end points:
PFS in:
1. All randomized patients
2. Patients with high FRα levels (≥75% of tumor staining at ≥2+ intensity)

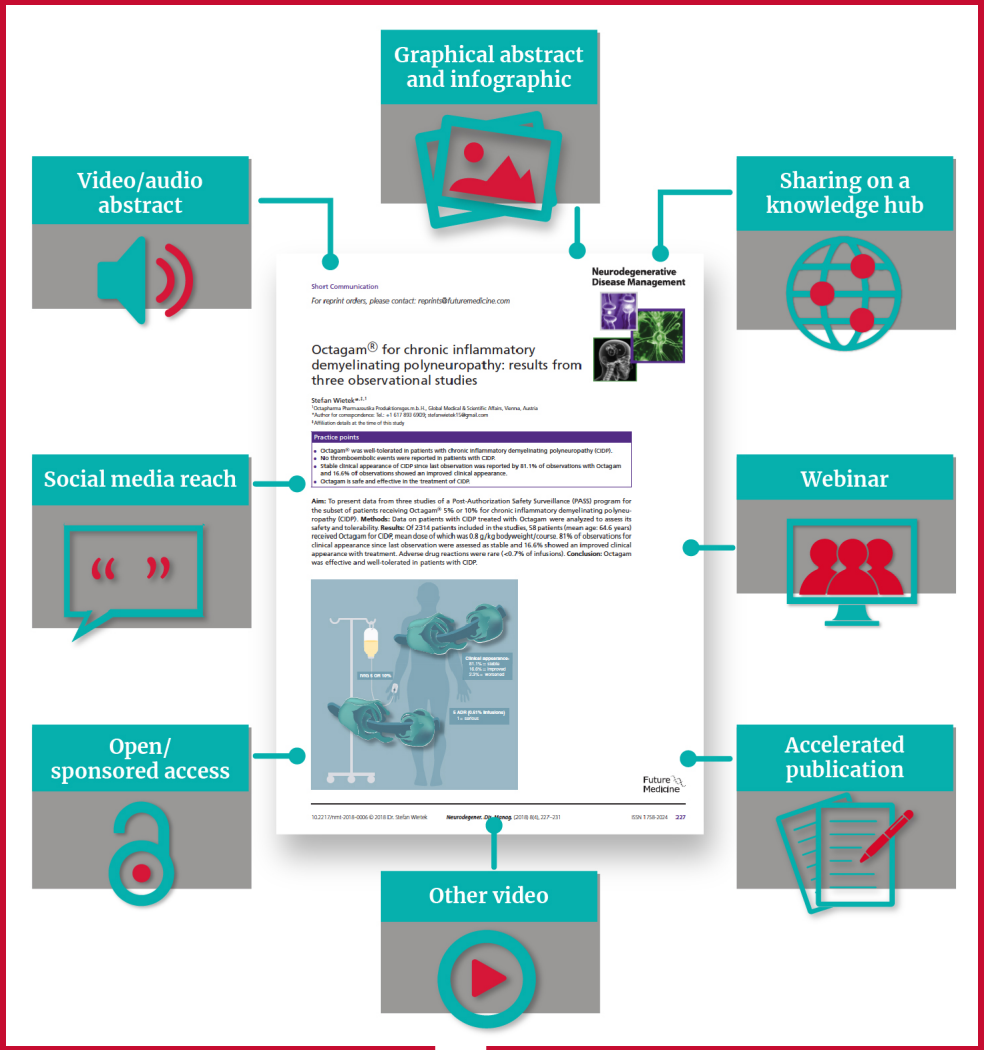
Secondary end points:
ORR per RECIST 1.1 criteria as assessed by blinded independent review committee, OS, and primary PRO endpoints

Glossary

AIBW: Adjusted ideal body weight; IC: Investigator's choice; EOC: Epithelial ovarian cancer; ORR: Objective response rate; OS: Overall survival; PLD: Pegylated liposomal doxorubicin; PFS: Progression-free survival; PRO: Patient-reported outcome; RECIST: Response Evaluation Criteria in Solid Tumors

- Background, design and rationale of trial
- Phase 2/3 or post-registration studies
- Educate for trial recruitment
- Summary infographic

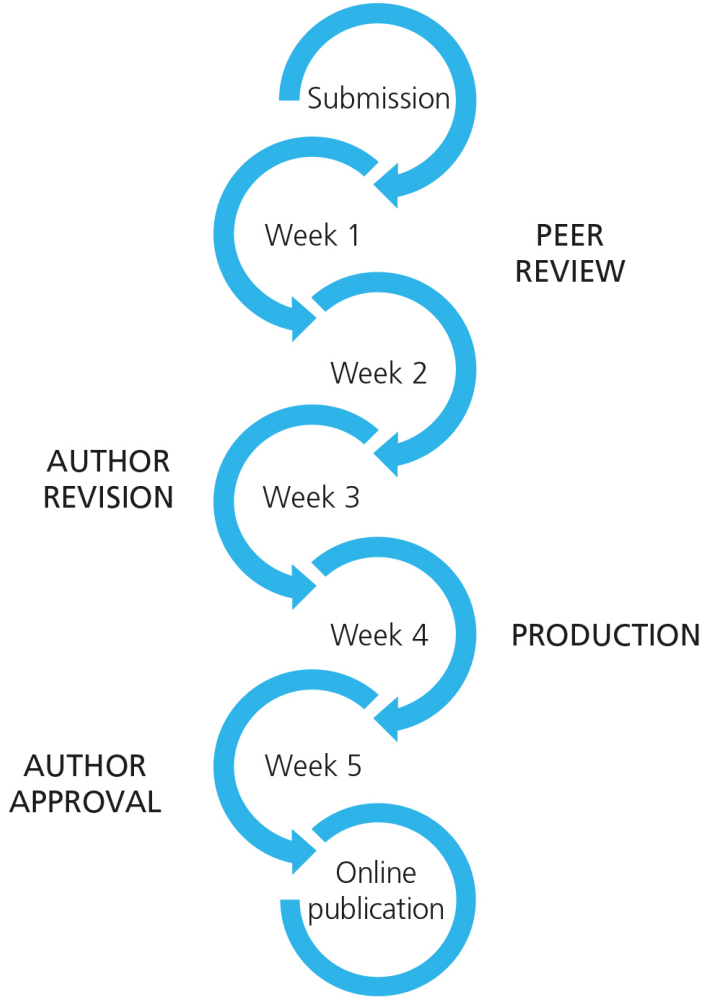
Our Publishing Options



Timely and highly engaging, well-read articles

Accelerated Publication

- Standard publication – 14–18 weeks
- No page charges
- Accelerated publication – 6 weeks
- $270/page
- Online ahead of print and fully citable



Open Access – Hybrid Journals

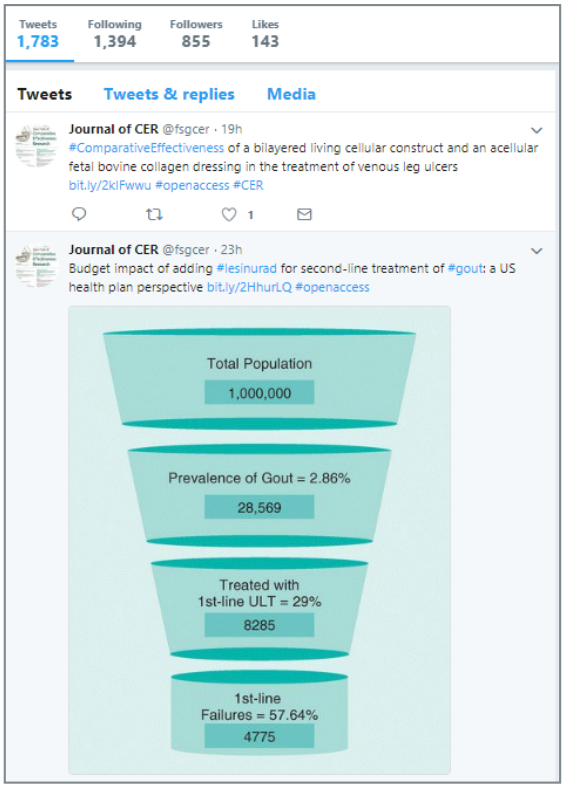
- Open access options for all 21 subscription journals
- Fee of $2,500
- CC BY-NC-ND license
- Copyright assigned to the author
- Options available for other OA licenses and uses

Open Access – Open Access Journals

- 12 journals are currently fully OA
- Range of OA license options available
- Future Science OA –
  - CC-BY license
  - Publishes all research of relevance to human health

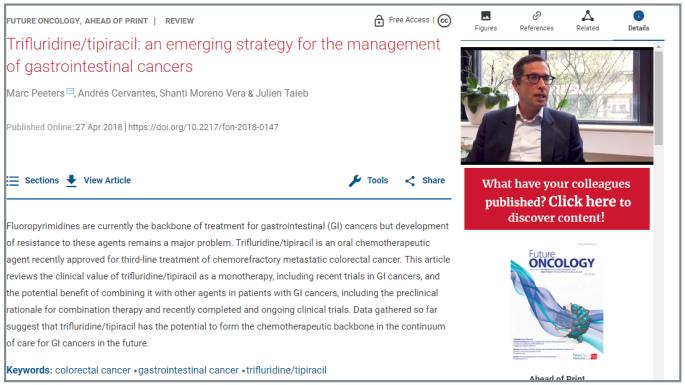
Social Media Reach

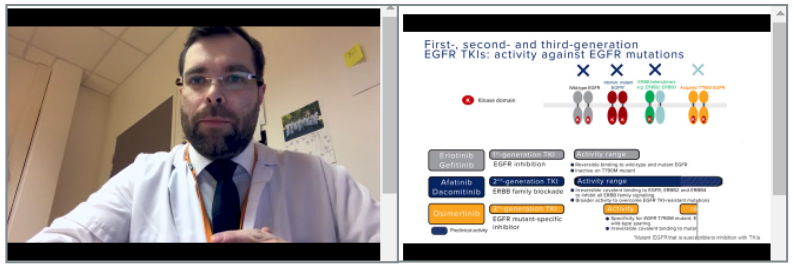
- All journals integrated with Twitter
- Many have sizeable LinkedIn groups
- Articles shared daily using # and @
- Attention tracked via article metrics



Videos and Video Abstracts

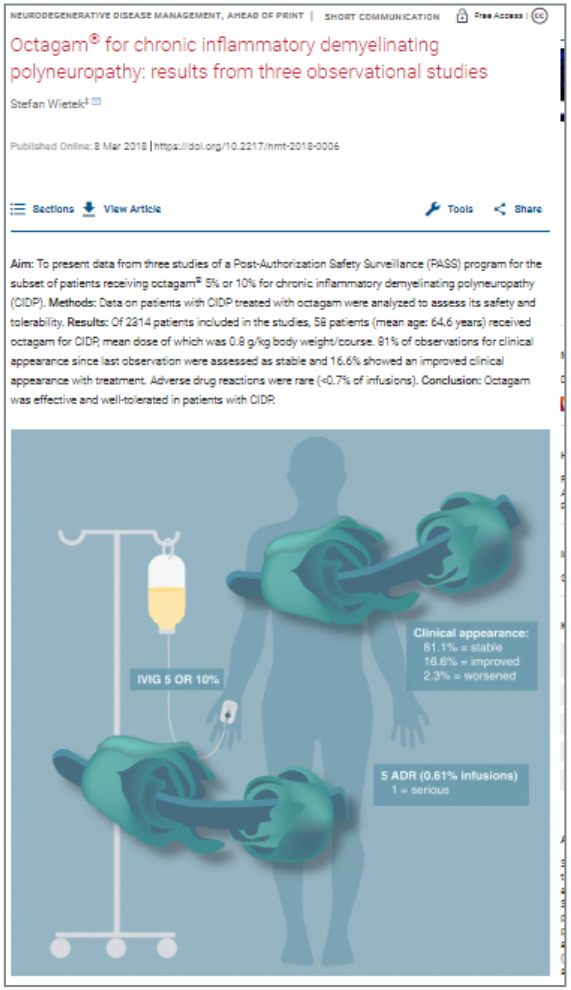
- Video abstracts, mechanism of action videos, procedures, audio only
- Free
- On YouTube
- Added post-publication
- Services offered – in-house team
  - Polishing an existing video
  - Creating an image-based video
  - Full filming and production service





Graphical Abstracts

- Concise, visual summary of the main findings of the article
- Services offered:
- Polishing an existing images
- Full creative and design service



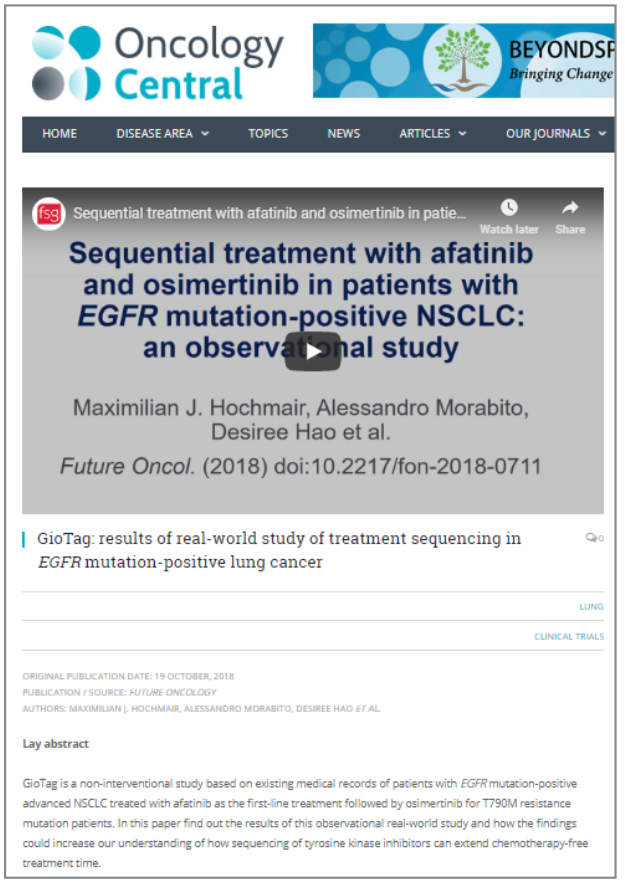
Our Digital Hubs

Digital Knowledge Hubs

- Complement our key journals
- **Free** to register online resource
- Membership based - fully compliant
- Daily news and articles
- Feature selected journal articles

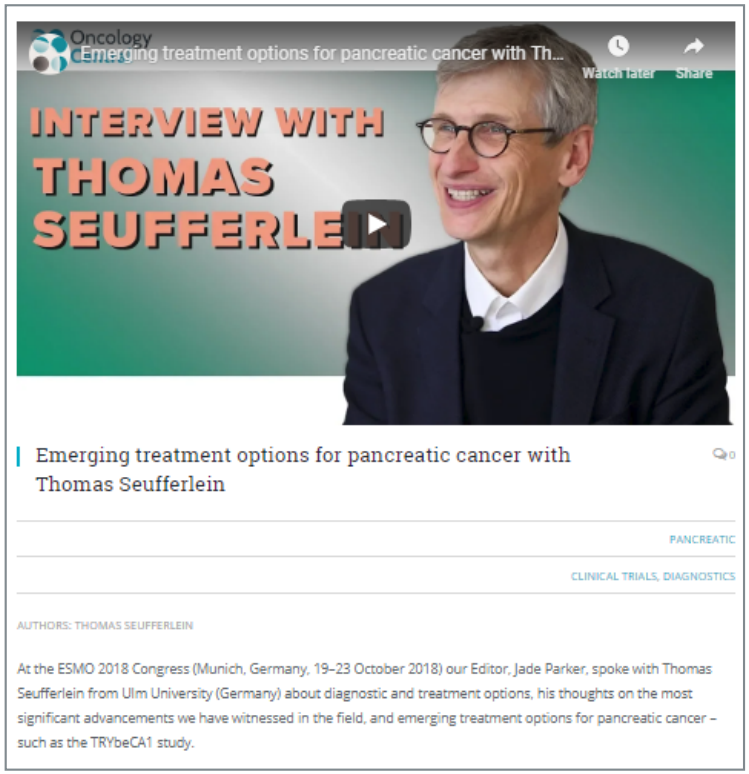
Sharing Journal Articles on a Digital Hub

- Article abstract hosted on hub
- Link through to article – exclusive for members
- Feature on the digital site homepage
- Promotion via social media
- Highlighted in the weekly newsletter



Medical Education Platforms

- Hubs are platforms to provide bespoke content
- Include interviews, white papers, editorials and webinars
- Video interviews present research findings and expert opinion
- Raise awareness of emerging therapies, treatment strategies and clinical trials



Our Future

- Plan S
- Video Journal
- Pharma Platforms

Contact

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