



Future Science Group

JOURNAL & DIGITAL
PUBLISHING SOLUTIONS

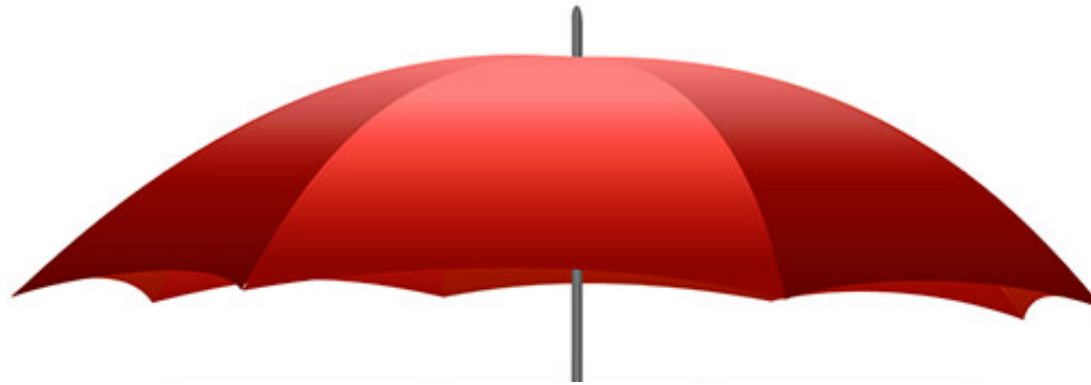
JOANNE WALKER
HEAD OF PUBLISHING SOLUTIONS

PRESENTED AT A MEDCOMMS NETWORKING EVENT,
5 DECEMBER 2018

WWW.MEDCOMMSNETWORKING.COM

Agenda

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



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



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



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

Our Journals

Our Journals



- 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



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,¹ James A Gurr,⁸ Mary-Ellen Marx,⁷ Mina Patel,⁹ Carol Sanes-Miller,¹⁰ Wonne E Yaker,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, England, UK
Pharmaceutical Research & Development, Durham, NC, 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





Original Research

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

The image displays three overlapping research article covers. The top cover is from 'Future ONCOLOGY' and features a blue and red molecular structure. The middle cover is from 'Journal of Comparative Effectiveness Research' and features a pair of silver scales. The bottom cover is from 'CNS Oncology' and features a brain scan and a microscopic view of cells. Each cover includes the title, authors, and a QR code for a video abstract.

Research Article

Future ONCOLOGY

Sequential treatment with afatinib and osimertinib in patients with *EGFR* mutation-positive non-small-cell lung cancer: an observational study

Maximilian J Hochmair¹, Alessandro Morabito², Desiree Hao³, Cheng-Ta Yang⁴, Ross A Soo⁵, James CH Yang⁶, Rasim Guccali⁷, Balazs Halmos⁷, Lara Wang⁸, Amanda Golembesky⁹, Angela Märten¹⁰ & Tanja Cufur¹¹

Video abstract available at:

Research Article

Journal of Comparative Effectiveness Research

Comparative effectiveness from a single-arm trial and real-world data: alectinib versus ceritinib

Jessica Davies¹, Michael Martinec², Paul Delmar², Mathieu Coudert¹, Walter Bordogna³, Sophie Golding³, Reynaldo Martina⁴ & Gracy Crane⁵

Research Article

CNS Oncology

Estimated lifetime survival benefit of tumor treating fields and temozolomide for newly diagnosed glioblastoma patients

Gregory F Guzauskas¹, Marc Salzberg² & Bruce CM Wang^{1,3}

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³Epiya Group, LLC, New York, NY 10017, USA
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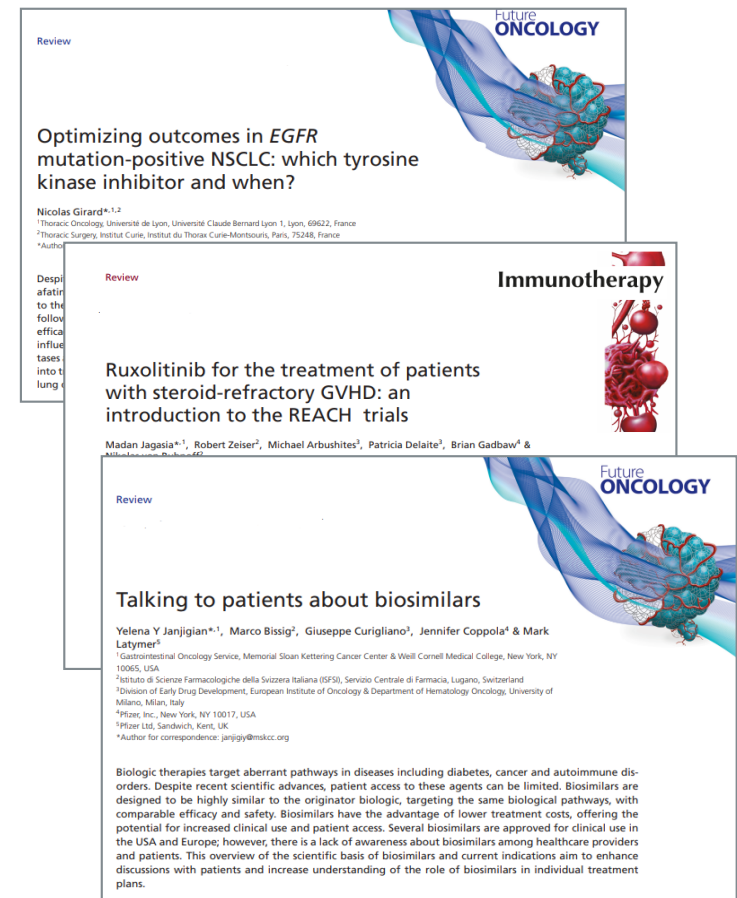
Practice points

- Tumor treating fields (TTFields) for glioblastoma resulted in 5-year survival of 12.8% in the EF-14 trial.
- Epidemiological data suggest glioblastoma survival prognosis improves with time.
- We combined trial and epidemiological data to model lifetime glioblastoma survival.
- Modelling indicates a substantial increase in lifetime survival for GBM patients treated with TTFields.

Aim: To estimate the mean lifetime survival benefit, an essential component of health economic evaluations in oncology, of adding tumor treating fields (TTFields) to maintenance temozolomide (TMZ) for newly diagnosed glioblastoma patients. **Methods:** We integrated EF-14 trial data with glioblastoma epi-

Reviews

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



Clinical Trial Protocols

CLINICAL TRIAL PROTOCOL

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

Paul G Richardson¹, Michel Attal², Frank Campana³, Solenn Le-Guenec⁴, Ai-Min Hul⁵, Marie-Laure Risse⁶, Kathryn Corzo⁷ & Kenneth C Anderson⁸

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⁶Novartis, Novartis Research Institute, Basel, Switzerland
⁷Novartis, Novartis Research Institute, Basel, Switzerland
⁸Novartis, Novartis Research Institute, Basel, Switzerland

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 (NCT02093338) 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 >90% of patients aged ≥60 years (1). Patients with MM experience bone pain/fractures, fatigue, anemia, infections, hyperviscosity 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 (5,6). These agents have demonstrated better outcomes in patients with MM.

Future Oncology **fsg** Future Medicine **fsm**

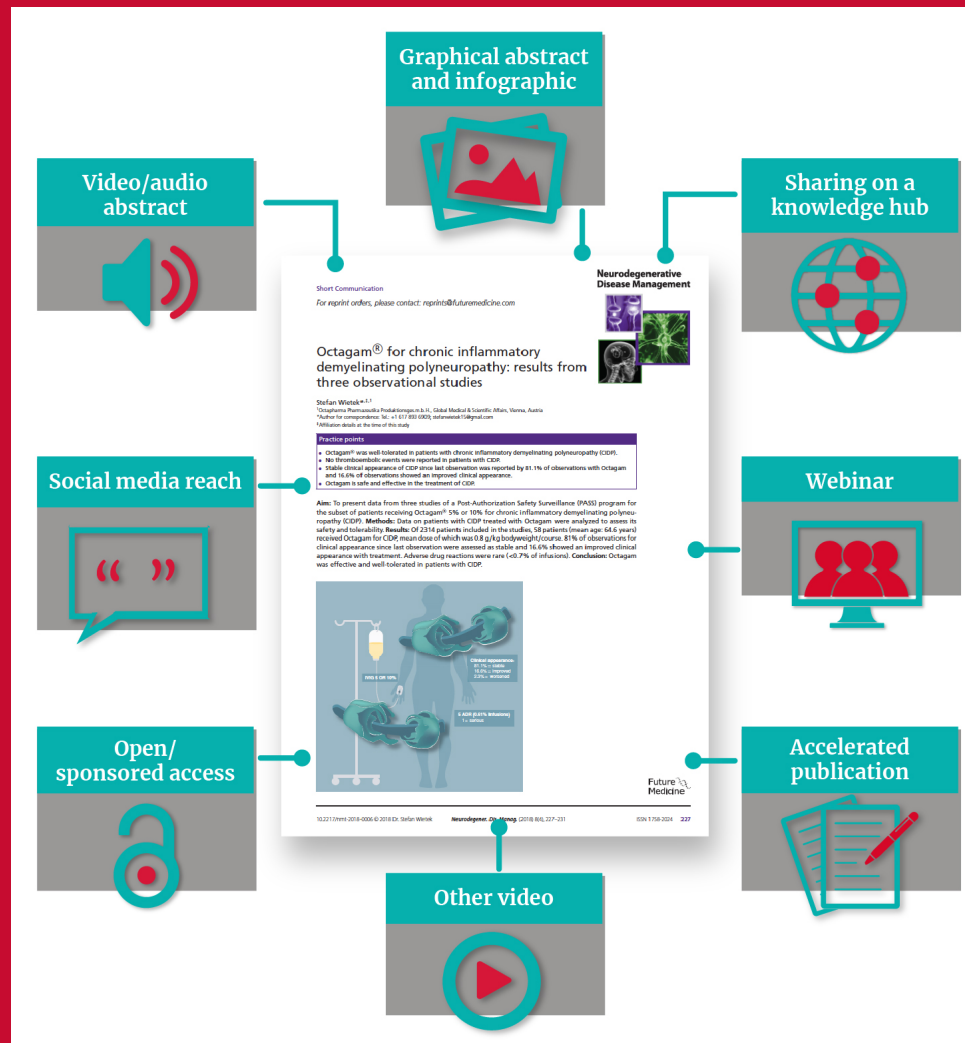
10.2279/2017-0616 © 2018 Paul G Richardson Future Oncol. (2018) 14(16), 1635–1644 1635

Article details	Study design and treatment including planned sample size, planned study period and study procedures	Key eligibility criteria
<p>Title of article FORWARD I: a Phase III study of mirvetuximab soravtansine versus chemotherapy in platinum-resistant ovarian cancer</p> <p>Authors Kathleen N Moors, Ignace Vergote, Ana Daknin, Nicoletta Colombo, Susana Banerjee, Amit Gta, Patricia Pautier, Karim Malek & Michael J Birir</p> <p>Article URL www.futuremedicine.com/doi/10.2217/fo-2017-0646</p> <p>Trial registration number NCT02631876</p>	<p>Global Open-label Multicenter</p> <p>Two-arm study Phase III</p> <p>Target enrolment: 333 patients Randomized 2:1</p> <p>Arm 1 receives mirvetuximab soravtansine infusion at 6 mg/kg (ABW) 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</p> <p>Stratified by number of prior lines of therapy (1 or 2 vs 3), FRa levels (high vs medium) and IC chemotherapy (paclitaxel vs PLD vs topotecan). Investigators will specify the chemotherapy of choice before randomization</p> <p>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</p>	<p>Age ≥18 years of age</p> <p>Histologically confirmed diagnosis of EOC, primary peritoneal cancer or fallopian tube cancer</p> <p>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</p> <p>Measurable disease by RECIST v1.1</p> <p>Patients must have received >1 or ≤3 prior systemic lines of anti-cancer therapy</p>
Primary objective/rationale	Outcome measures/end points	
<p>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 FRa subgroup (≥75% of tumor staining at ≥2+ intensity)</p> <p>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</p>	<p>Primary end points: PFS in: 1. All randomized patients 2. Patients with high FRa levels (≥75% of tumor staining at ≥2+ intensity)</p> <p>Secondary end points: ORR per RECIST 1.1 criteria as assessed by blinded independent review committee, OS, and primary PRO endpoints</p>	
Glossary	<p>ABW: 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</p>	

- 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

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

Accelerated Publication



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



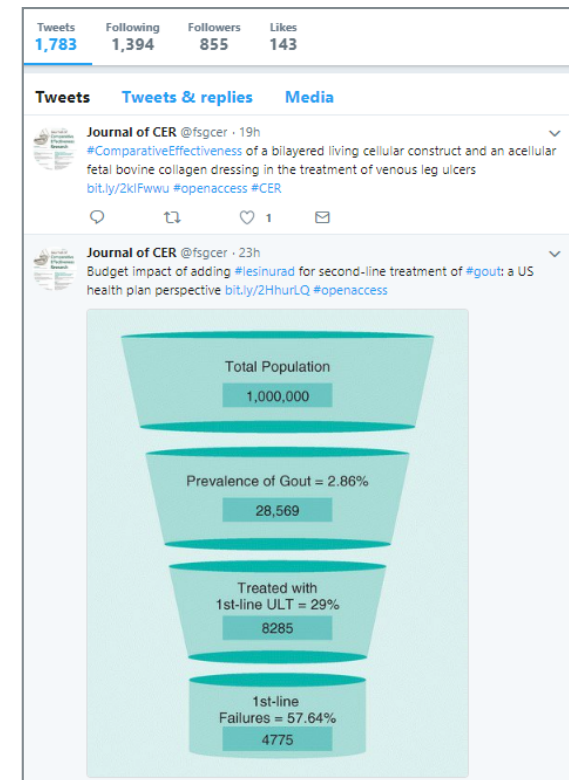
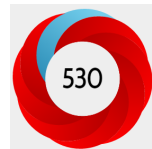
Open Access – Open Access Journals

- 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



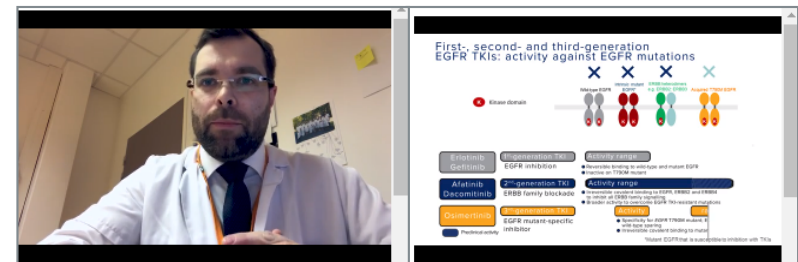
Social Media Reach

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



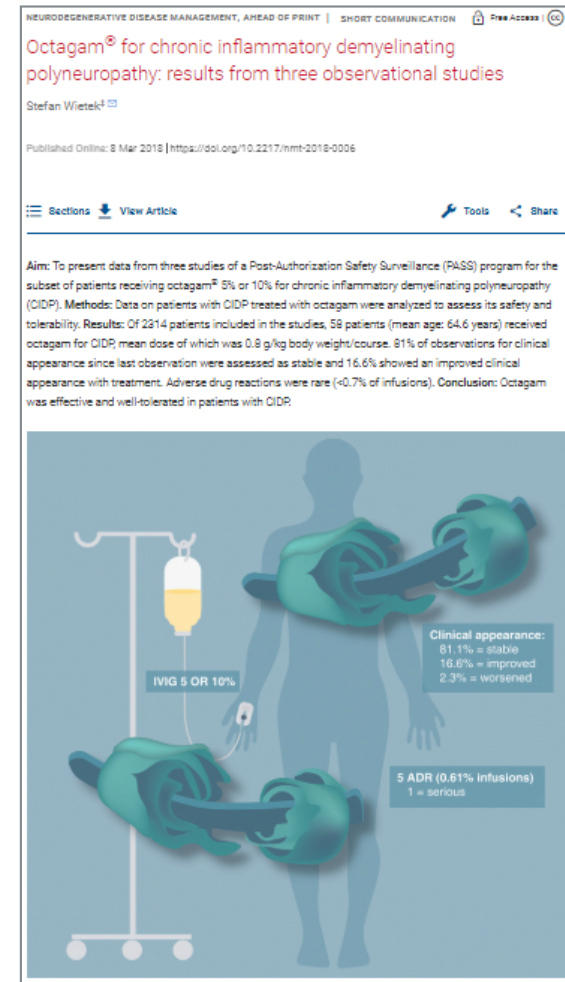
Videos and Video Abstracts

- 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

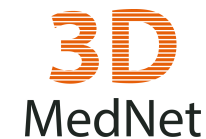
- Concise, visual summary of the main findings of the article
- Services offered:
 - Polishing an existing images
 - Full creative and design service



Our Digital Hubs

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

Digital Knowledge Hubs



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

The screenshot shows the Oncology Central website interface. At the top, there is a navigation bar with links for HOME, DISEASE AREA, TOPICS, NEWS, ARTICLES, and OUR JOURNALS. The main content area features a large article card with the following details:

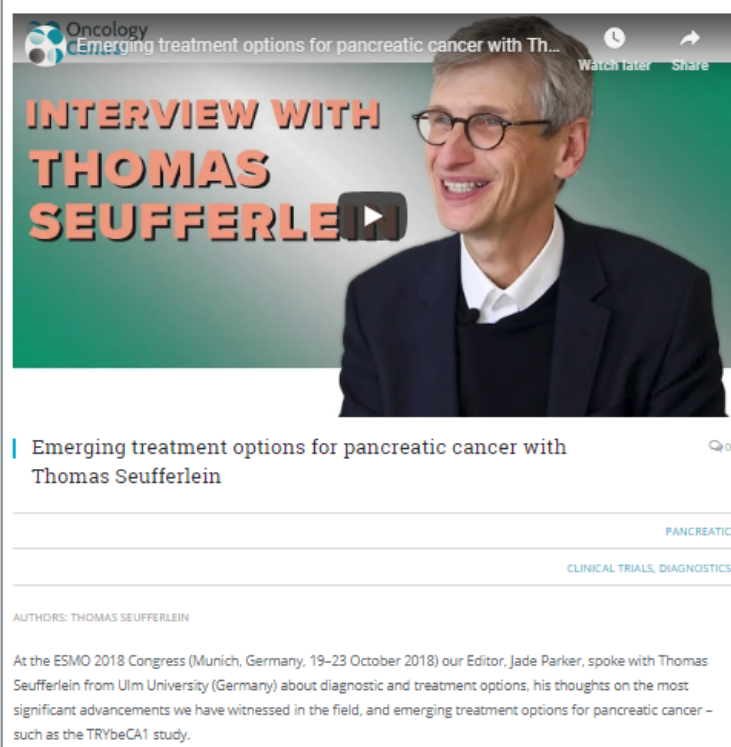
- Title:** Sequential treatment with afatinib and osimertinib in patients with EGFR mutation-positive NSCLC: an observational study
- Authors:** Maximilian J. Hochmair, Alessandro Morabito, Desiree Hao et al.
- Source:** *Future Oncol.* (2018) doi:10.2217/fo-2018-0711

Below the article card, there is a section titled "GioTag: results of real-world study of treatment sequencing in EGFR mutation-positive lung cancer". This section includes a "LUNG" tag and a "CLINICAL TRIALS" tag. At the bottom of the page, there is a "Lay abstract" section with the following text:

GioTag is a non-interventional study based on existing medical records of patients with EGFR mutation-positive advanced NSCLC treated with afatinib as the first-line treatment followed by osimertinib for T790M resistance mutation patients. In this paper find out the results of this observational real-world study and how the findings could increase our understanding of how sequencing of tyrosine kinase inhibitors can extend chemotherapy-free treatment time.

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



Oncology Emerging
Emerging treatment options for pancreatic cancer with Th...
Watch later Share

INTERVIEW WITH THOMAS SEUFFERLEIN

Emerging treatment options for pancreatic cancer with Thomas Seufferlein

PANCREATIC

CLINICAL TRIALS, DIAGNOSTICS

AUTHORS: THOMAS SEUFFERLEIN

At the ESMO 2018 Congress (Munich, Germany, 19–23 October 2018) our Editor, Jade Parker, spoke with Thomas Seufferlein from Ulm University (Germany) about diagnostic and treatment options, his thoughts on the most significant advancements we have witnessed in the field, and emerging treatment options for pancreatic cancer – such as the TRYbeCA1 study.

Our Future

- Plan S
- Video Journal
- Pharma Platforms



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