Connecting the dots across the writing continuum

Ambika Subramanian
Actu-Real Inc.

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Correspondence to:
ambika.subramanian
ambika.subramanian@actu-real.com

Abstract

A medical writer has a unique opportunity to be involved with documents across the various stages of a product's lifecycle. At the start of their careers, writers typically specialise in documents that are created in a particular phase of drug development and are accordingly titled as early phase writers, late phase writers, publication writers, and so on. As writers progress in their careers, depending on each writer's interests, they could be exposed to a plethora of documents across the writing continuum (starting from pre-clinical to post-approval phases of drug development). Writers thus have the potential to play an important role in ensuring data is disseminated to various stakeholders in a coherent and seamless manner throughout the product's lifecycle. Let's take a look at the various aspects to keep in mind as writers move from one document to the next and help connect the dots!

Be informed of the different document types

Some common documents that medical writers are associated with include protocol and amendments, investigator's brochures (IB), clinical study reports (CSRs), clinical summaries and overviews, integrated summaries, result summaries, lay summaries, and manuscripts. There are various other documents that medical writers undertake (both pre- and post-approval of a drug) but let's limit ourselves to the common ones (Figure 1).

It is important as a first step for a writer to understand how these various documents fit into the product lifecycle. A good resource to start with would be the common technical document (CTD) to get a sense how various clinical documents are structured. The specifications of the CTD are followed by pharmaceutical companies for most regulatory submissions. International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (ICH) guideline M4 provides relevant details regarding the structure of CTD.[1] Similarly, looking at post-approval regulatory requirements of various countries can give a writer an idea of associated post-approval documents. Writers are usually exposed to one document at a time, and the focus is so much on the document itself, that sometimes the big picture is not provided or is not clear. Here, a little proactiveness from the writer to understand the overall product lifecycle and the requirement of different documents at specific timeframes within this lifecycle, would go a long way in ensuring the writing itself becomes clearer and more robust.

Nuances of each document: Be well-versed with document templates

Most pharmaceutical companies and contract research organisations maintain document-specific templates based on formats recommended by various guidelines and regulations. These templates can be obtained at the ICH website for clinical documents such as ICH E3 for CSR, ICH E6 for IB, ICH E6, and M11 for protocol.[2] For the EU specific documents, like EMA content and format for non-interventional post-authorisation safety studies, can be found on the EMA website.[3] Furthermore, the EQUATOR Network is a good source for various reporting guidelines and checklists.[4] Following the formats and recommendations provided by regulators would increase the chances of a successful submission.

Thus, writers should familiarise themselves with the document and template, reading all instructions carefully before starting to work on any assigned document. Not following document guidelines and instructions could potentially lead to unsuccessful submissions or delayed approval decisions. Special care is also needed when you are working on amendments or updates, where the tendency is to take a previous version of the document and work on it. Not checking for template updates made during the interim could result in the amendment not reflecting important changes. Additionally, it is important for writers to familiarise and follow the guidelines of not just the document they are working on, but also other templates in the continuum, especially as they take on senior roles within the team.

Prepare each document while keeping the next in mind

As mentioned previously, one way for writers to familiarise themselves with each document in the writing continuum is by having a look at the document templates (see previous section) and also looking at the structure of the written documents. Writers can learn from the teams that work with these templates or find it online. Most

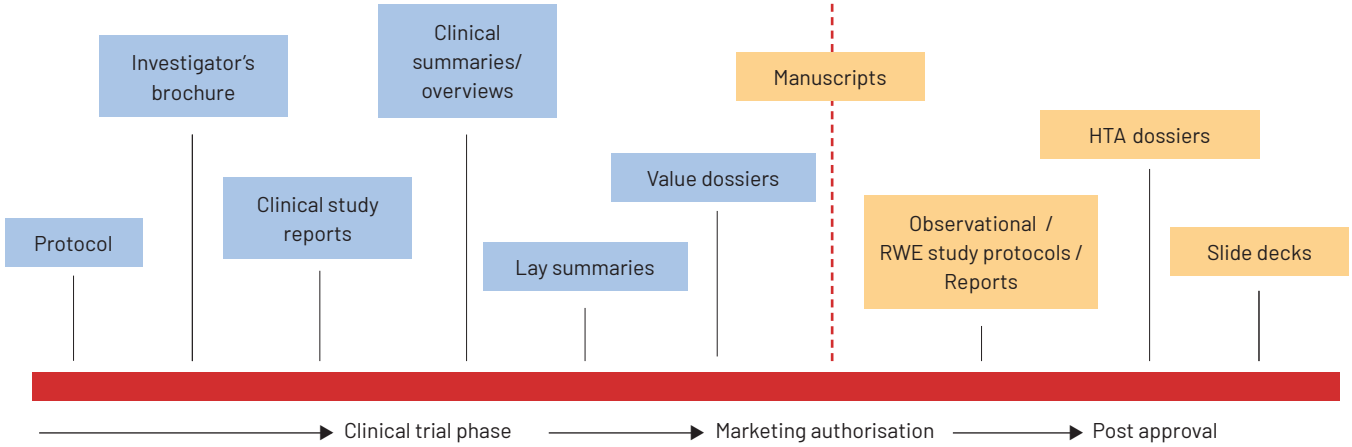

Figure 1. Example document types across the writing continuum

Abbreviations: HTA, health technology assessment; RWE, real world evidence

Abbreviations appearing in this article

CSR, clinical study report;
CTD, common technical document;
CTIS, Clinical Trial Information System;
EU, European Union;
FDA, Food and Drug Administration;
HTA, health technology assessment;
IB, investigator's brochure;
ICH, International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use;
PSUR, periodic safety update report;
RWE, real world evidence

Understanding the connections among documents saves the writer time.

of the templates are publicly available on the EMA website. As writers get familiar with various documents, they will soon learn, or ought to learn, that data from one document usually flows into one or more downstream documents – sections from the protocol are used in the shell of the CSR, results from the CSR go into multiple documents like summaries, IBs, manuscripts, and others. Understanding the connections among documents saves the writer time by ensuring all necessary data are captured in the document, thus making it available to be incorporated in subsequent documents. To achieve this, writers would have to efficiently collaborate with other departments, and also other writers, to get all the required data for their document. Ultimately, having a document with all necessary data would further help downstream document writers adhere to timelines and aid in timely submissions.

Have the same writer author multiple documents of a study

In companies that have a large writing team, writers could be assigned to work on a specific study document and then moved to another study or project depending on team requirements. As an example, multiple studies may be ongoing in parallel and there may be a need for additional writers to work on an important submission dossier. In this case, the writer who worked on a study protocol will later have to work on a high priority project, and some *other* writer may be assigned to work on the CSR for the previous study. Even though sometimes challenging, if possible, try to forecast and plan resources ahead of time and have the same writer available to work on most documents related to a single study. This would ensure better continuity in the flow of data and writing styles from one document to the next.

Ensure all documents are telling the same story – consistently

It may not always be possible for the same writer to work on all the documents, especially for outsourced writing work. In such a scenario, it becomes especially important for the lead writer who is ultimately managing the submission package to ensure that all documents are telling the same story. For example, make sure that results presented in the CSR are also reflected in the IB, summaries, and manuscript. For consistency across documents, all stakeholders need to be kept informed of updates or changes, ensuring uniform messaging in all the documents and writers play a crucial role here!

Be aware of guidelines and requirements

It is always helpful for writers to be aware of the latest guidelines and requirements. For instance, medical writers should be aware that clinical trials should be registered in a public trial registry before or at the first patient recruitment as a consideration for publication by journals following International Committee of Medical Journal Editors recommendations.[5] Similarly, some countries have the requirement to publish clinical trial results on specific registries. For example, for a clinical trial conducted in the US, trial results must be published in clinicaltrials.gov.[6] On the other hand, there is no FDA regulation for lay summaries of trial results, but in the EU, lay summaries are a regulatory requirement.[7]

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Knowing applicable regulatory requirements and guidelines at the get-go would help writers prepare documents accordingly, and would require minimal efforts later on for other subsequent activities, like removing any patient identifiers or personal details from clinical documents such as CSRs. This way minimal redaction is required when the CSR needs to be made publicly available. Most document templates have these instructions, and writers should read

them carefully before starting to write. And if they are not sure why certain things are being requested in the template, that is their cue to ask or read up on relevant requirements.

Beyond clinical documentation

The writing continuum doesn't stop after product approval, and a whole bunch of documents are written post-approval. These documents are written for real world/post-approval studies (protocols, reports, manuscripts/posters). Post-approval, periodic safety reports are required and label updates may be needed. It happens frequently that a certain adverse event not observed in clinical trials occurs in the real world setting after the drug is approved. Based on the relevant evidence gathered, the pharmaceutical company is obligated to inform the regulators and, in some cases, update the drug's label accordingly.

Marketing authorisation holders gather safety evidence for marketed products from various sources and share that information at regular intervals with the regulatory authorities through periodic safety update reports (PSURs). In the EU, once a product is marketed, PSURs must be submitted every six months after initial placement on the EU market for two years, then once a year for the next two years, and thereafter at three-year intervals.[8] Additionally, regulatory authorities have defined guidelines on what data should be reported on an expedited basis. In most countries this rapid transmission is usually focused on the expedited reporting of adverse reactions that are both serious and unexpected.

It is important to understand that R&D, safety monitoring, improvements in drug effectiveness, and innovation needs to continue beyond drug approval, and the information needed to support these comes from post-approval studies. Real world studies enable researchers and healthcare providers to go beyond data collected in clinical trials that can be limiting by the characteristics of the sample population selected for the trial. Evidence from real-world studies provide valuable information on how the drug performs in the real world, especially in terms of long-term safety and effectiveness, economic performance, and comparative effectiveness with other treatments.[9] More recently, with many regions and payers requiring value of the drug to be demonstrated prior to deciding on pricing/ reimbursements/ insurance, pharma companies need to have robust value dossiers. And writers are increasingly becoming an integral part of teams working on various such value dossiers – global value dossier, local value dossier, health technology assessment (HTA) reports, academy of managed care pharmacy dossier, and many others. Apart from economic data, there are a lot of clinical and literature data that go into these documents as evidence. Writers are required to weave all the information at hand – starting from established evidence from clinical studies to pooled analysis, literature evidence, real world data, economic data, etc. into a document that brings out the true value of a drug – thus playing an active role at this end of the continuum, too!

Conclusions

We get a sense of the wide variety of documents writers could be handling at various phases of a product's lifecycle, and a writer's role in ensuring data from one document connects to the next. Well written and structured submission dossiers would aid in speeding up the approval process and similarly in the post-approval stages would help in disseminating the right value of the product to a large audience including regulators, patients, healthcare providers, payers/insurers, and others, thus showcasing the pivotal role that writers play throughout the product lifecycle.

Disclaimers

The opinions expressed in this article are the author's own and not necessarily shared by her employer or EMWA.

Disclosures and conflicts of interest

The author declares no conflicts of interest.

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Author information

Ambika Subramanian has been working in the medical writing field since 2008 and her writing experience spans regulatory writing and medical communication. She is currently Associate Director, Scientific Writing, at Actu-Real Inc. where she leads the writing department.