



2026 April 20-22
Washington, DC
**Annual Meeting
of ISMPP**



***Simultaneous Publication in the
Era of Rapid Dissemination***

Tuesday, April 21, 2026



Disclaimer

The views and opinions expressed in this presentation are those of the speakers and do not necessarily reflect the views, policies, or positions of their employer or of ISMPP.

Faculty



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ApotheCom

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In case you didn't know...

Simultaneous (aka parallel) publication is when a peer-reviewed manuscript is published concurrently with the first dissemination of the same key data at a medical congress as a presentation. This practice has become so popular that many journals and congresses now have guidelines for parallel publications or make public calls for these submissions.

LEARNING OBJECTIVES

- Describe the rationale behind simultaneous publication in the context of medical and scientific communication and understand its impact on scientific integrity, public understanding, and policy decision-making
- Examine the ethical, editorial, and practical considerations that govern simultaneous publication across journals and congresses
- Identify challenges associated with simultaneous publication, including coordination between stakeholders, timing of data release, and potential risks of misinterpretation
- Apply best practices for planning and executing simultaneous publication to ensure consistency, transparency, and credibility

Poll Question

Voting closed

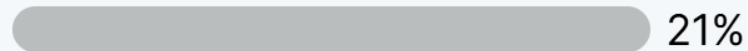
120

What was the main reason you decided to join today's session?

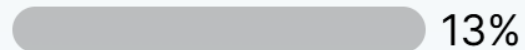
To learn more about best practices



To hear about the case studies



To learn more about what simultaneous publication means



There was no room in the other parallels



120 responses combined for both sessions



WHY SIMULTANEOUS PUBLICATION?

Claudia Piano

Value



Gives the public immediate access to the full study details, enhancing timely information dissemination and providing an accessible reference for data not contained within the congress presentation



Provides opportunity to leverage peer review comments on the manuscript to guide development of the congress presentation to be prepared for potential questions from the audience



Biggest reason – helps to raise the profile of the data; enhances both publication access rates and online activity surrounding the congress presentation

Challenges

Shortened timelines

Resource constraints

Requests from peer reviewers for additional analyses

Journal rejection

Management of all processes and timelines

Authors, journals, and congresses alike have increased the demand for this approach, and so it is important to know how to collaborate amongst stakeholders to achieve successful simultaneous publication.

CRITICAL SUCCESS FACTORS IN SIMULTANEOUS PUBLICATION

Sashi Nadanaciva

Poll Question

🔒 Voting closed

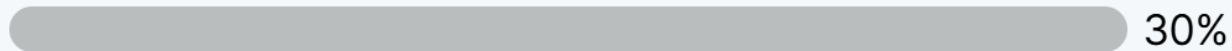
122 🗨

How many of you have direct experience with simultaneous submission/publications?

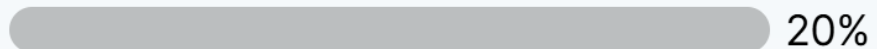
Yes, more than one



No, that's why I'm here



Yes, one



122 responses combined for both sessions

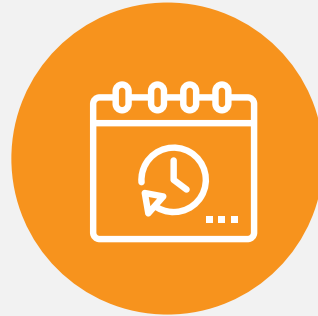
Scenario planning and clear communication are essential



Plan conception



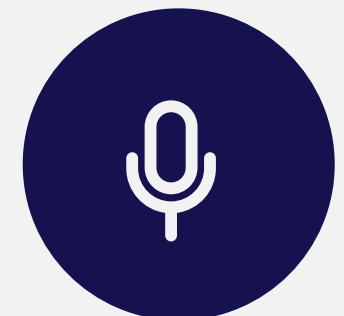
Data availability



**Congress abstract
development**



**Manuscript
development**



**Congress presentation
and manuscript
e-publication**

"An hour of planning can save you 10 hours of doing."

DALE CARNEGIE

Plan conception

Identify
appropriate data
well in advance

Align on
target congress
and journal

Do scenario
planning



Get buy-in from
key stakeholders

Communicate
roles and
responsibilities

Data availability

**Determine
unblinded data
availability date**

**Communicate
timelines to
key stakeholders**

**Discuss
SEC*-required
Press Release
and timing**



**Coordinate with
study team on
unblinding lists**

**Unblind core
medical writing
team early**

**Unblind authors
early**

*SEC=Securities and Exchange Commission, LBA=Late-breaking Abstract

Congress abstract development

**Prepare a placeholder
abstract for a
late-breaking abstract (LBA)**

**Prepare a shell abstract in
advance to add data when
available**

**Determine if an
exception request is needed
from congress**
(most congresses only allow exceptions
for LBAs)



Manuscript development

**Pre-submission inquiry:
state simultaneous
intention and request
rapid review**

**Develop a shell
manuscript for
authors to review
in advance**



**Format
manuscript for
journal and
back-up journal**

**Set up adjudication
calls for resolution of
journal comments**

These steps should ideally occur well in advance of TLR availability. Pre-submission inquiries will need to be adjusted based on the journal's review period once submitted. (for example; *NEJM* requires 8 weeks from submission to publication.)

Congress presentation and manuscript publication



Develop congress presentation with authors, internal study team, and agency

Collect/confirm all author forms to avoid delays in e-publication

Coordinate with the journal the timing of the e-publication with the congress presentation

Key learnings from prior simultaneous publications (1 of 2)



Scenario planning and effective communication are critical

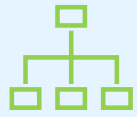


Ensure that the lead author, internal leads of the study team, and relevant internal reviewers are aligned on timelines and the ultimate goal - prioritize the publication



Understand journal requirements up-front and start as early as possible (e.g., redacted protocol(s)/SAP(s), author byline and order, stat and biomarker requirements, figure formats)

Key learnings from prior simultaneous publications (2 of 2)



Ensure you have a dedicated team working on the congress abstract, presentation, and manuscript; take advantage of multiple time zones

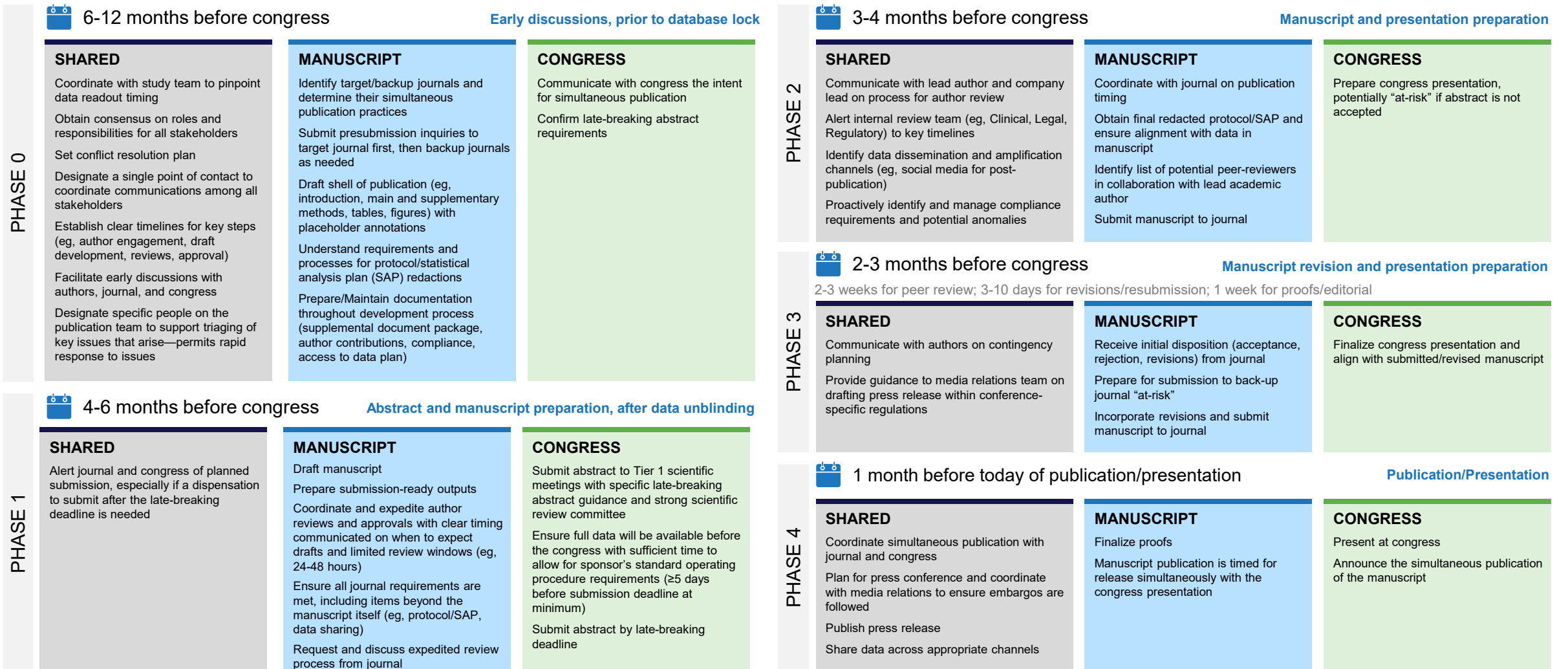


To ensure swift resolution of comments, conduct multiple adjudication calls from pre-submission through post-submission



Confirm/collect author forms (eg disclosure forms) well in advance to avoid delays in the e-publication

Ideal scenario timeline



Adapted from: Schuler, K.W., Kodukulla, M.I., Rosenblum, C.I., Meinhardt, N., Sellnow, R.C., & Parker, T. (2022). Parallel publication of articles and congress presentations for industry-sponsored research: strategies for success. *Current Medical Research and Opinion*, 38(6), 875-880.



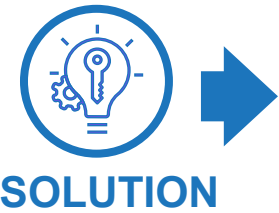
CASE STUDY: A TALE OF 12 SIMULTANEOUS PUBLICATIONS FOR ONE ONCOLOGY PRODUCT

Paul Ricigliano

DS/AZ DESTINY TRIALS CASE STUDY



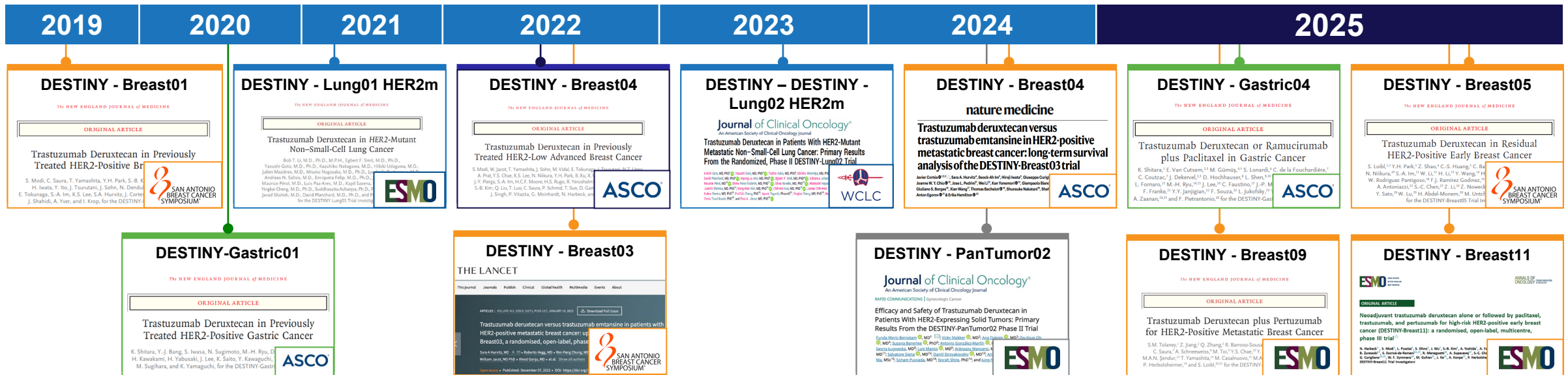
- Faced with multiple pivotal data readouts, with overlapping timelines
- How to maximize impact & visibility of high-profile ADC pipeline



- Simultaneous congress presentations and primary publications in high-impact journals
- Scenario planning based on data availability, alignment of internal cross-functional stakeholders & authors

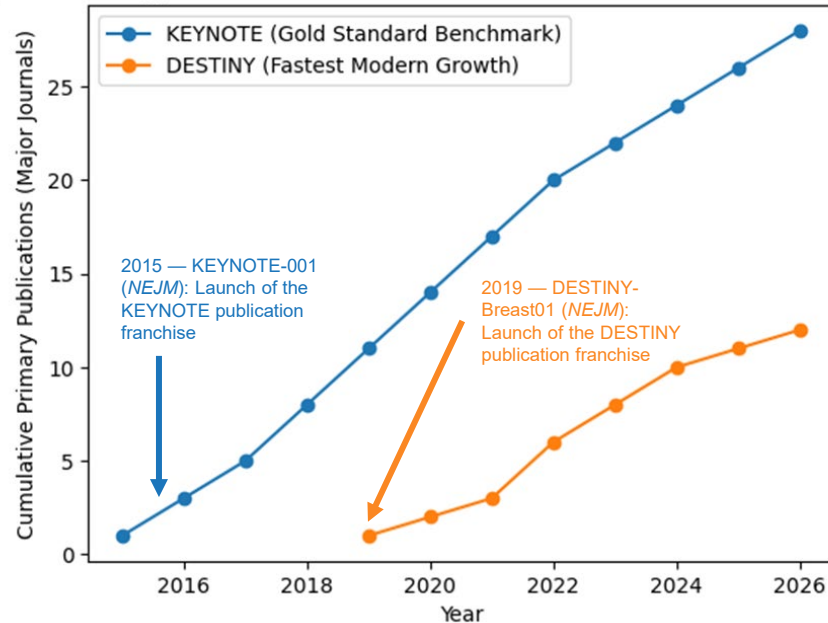


- Supported approval of drug in multiple indications, leading to inclusion in NCCN guidelines
- Leveraged peer review comments on the manuscripts to guide author Q&A preparation for orals
- Achieved timely dissemination of critical data for 11 pivotal studies to the medical community and public



High-Impact Publication Franchise Comparison: KEYNOTE vs DESTINY

High-Impact Oncology Publication Timeline: KEYNOTE Benchmark vs DESTINY Acceleration

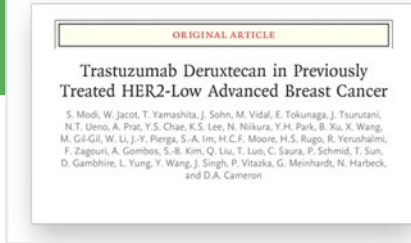


- KEYNOTE established the gold standard oncology publication franchise. Over the past decade, the KEYNOTE clinical trial program has produced dozens of *NEJM* and other high-impact journal publications across multiple tumor types, supporting numerous guideline adoptions, regulatory approvals, and label expansions. For example, publication of KEYNOTE-024 led to FDA approval for first-line NSCLC in the same month the results were published in *NEJM*.
- Given this benchmark, the DESTINY trial program is emerging as a compelling comparator. DESTINY is demonstrating a steeper publication growth curve, with rapid clustering of high-impact primary disclosures for an ADC program. **DESTINY publications frequently coincide with major oncology congresses (ASCO, ESMO, SABCS) and placement in top-tier journals such as *NEJM*, *Lancet*, and *Nature Medicine*.**
- Notably, DESTINY-Breast04 established the HER2-low category in metastatic breast cancer and was approved by the FDA approximately two months after its ASCO 2022 plenary presentation and simultaneous *NEJM* publication.
- **Among ADC programs, DESTINY appears to represent the most rapid clustering of high-impact primary disclosures—particularly in *NEJM*—across multiple tumor types and treatment settings.**

| Metric | KEYNOTE Program | DESTINY Program |
|---|---|---|
| Total high-impact publications* | >60† | 26 |
| Simultaneous congress + journal disclosures | ~10–20 pivotal KEYNOTE trials Typically limited to: Pivotal phase 3 trials Landmark datasets | 12 pivotal DESTINY trials Typically limited to: Pivotal phase 3 trials Strong Scientific Narrative |
| Therapeutic Class | Immuno-oncology (PD-1 checkpoint inhibitor) | Antibody–Drug Conjugate (ADC) |
| Tumor types covered | 30+ tumor types have been studied and reported in key datasets | Breast, Gastric, Lung, CRC, PanTumor |
| Program duration | ~10+ years | ~6 years |

*High-impact publications include *NEJM*, *Lancet/Lancet Oncology*, *Nature Medicine*, and *JCO*
 †~100+ KEYNOTE studies exist across phases and tumor types (widely accepted program scale)

Impact Example: A Simultaneous publication can lead to label and guideline updates and practice-changes



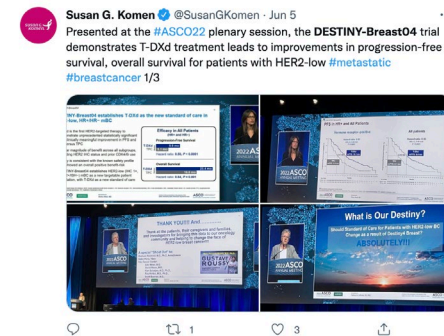
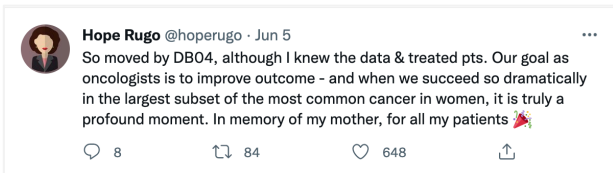
2022 ASCO
ANNUAL MEETING

DESTINY-Breast04

- The DESTINY-Breast04 trial's primary data were simultaneously disclosed at the 2022 American Society of Clinical Oncology (ASCO) Annual Meeting and published in *The New England Journal of Medicine (NEJM)*. This concurrent release significantly amplified the study's visibility and engagement within the oncology community
- Key Metrics and Outcomes:
 - **Attendance and Engagement:** The DESTINY-Breast04 abstract was the most highly attended track at ASCO 2022, with 79% of surveyed oncologists expressing interest in breast cancer data attending the session. Nearly 60% of these oncologists considered the breast cancer data presented at the conference to be the most practice-changing¹
 - **Media and Scientific Impact:** The simultaneous publication in *NEJM*, a journal with a 2022-2023 impact factor of over 96, ensured the study reached a broad audience, including clinicians, researchers, and policymakers. *NEJM* continues to lead in the publication of influential, highly cited clinical research reports. *NEJM* is a top-ranked, global, multi-specialty journal in the general medicine category²
 - **Clinical Adoption:** Following the presentation and publication, the National Comprehensive Cancer Network (NCCN) updated its breast cancer guidelines to include trastuzumab deruxtecan (Enhertu) as a recommended treatment for HER2-low metastatic breast cancer, reflecting the practice-changing nature of the findings^{3,4}

1. <https://www.biospace.com/practice-changing-trial-introduces-a-new-standard-of-care-for-breast-cancer-patients>. 2. 2023 Journal Impact Factor, Journal Citation Reports (Clarivate, 2024) 3. <https://www.oncnursingnews.com/view/updated-nccn-guidelines-recommend-trastuzumab-deruxtecan-sacituzumab-govitecan-for-advanced-breast-cancer>. 4. NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer, V.4.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed [April 17, 2025]

DESTINY-Breast04: attention and coverage



PHARMA

ASCO: AstraZeneca, Daiichi's Enhertu could transform breast cancer treatment with landmark HER2-low show

By Angus Liu · Jun 5, 2022 07:00am

MEDTECH


ASCO: HER2 diagnostics need a revolution as AstraZeneca, Daiichi's Enhertu looks to redefine breast cancer

By Angus Liu · Jun 6, 2022 10:11am

GMA VIDEO SHOP WELLNESS FOOD CULTURE FAMILY LIVING

NEWSLETTER LOGIN

All the best moments from Queen Elizabeth's Platinum Jubilee



WELLNESS -- BREAST CANCER — June 7, 2022

Cancer drug could help women with metastatic breast cancer live longer, study says

A new study published in the New England Journal of Medicine says treating HER2-negative breast cancer patients with the existing cancer drug, Enhertu, can help them live longer by five or six months.

BIOPHARMADIVE Deep Dive Library Events

Pharma Biotech FDA Clinical Trials Deals Drug Pricing Gene Therapy

'Dramatic' study results for AstraZeneca, Daiichi drug suggest new way to treat aggressive breast cancer

Enhertu could become the first targeted treatment specifically for tumors that are "HER2 low," clinical trial results presented at ASCO suggest.

Published June 5, 2022

REUTERS World Business Legal Markets Breakingviews Technology

June 5, 2022 7:18 AM CDT Last Updated 2 days ago

Future of Health

New data sets stage for broader use of AstraZeneca breast cancer drug

By Natalie Grover

3 minute read

Altmetric score less than 25 days post publication



1452



DOES SIMULTANEOUS PUBLICATION INCREASE IMPACT?

CASE STUDIES USING ALTMETRIC DATA

Donna Kelley

Aim

To evaluate whether simultaneous* publication increases publication impact.



Measure of Impact

Altmetric attention score selected as a proxy[†] for publication impact

- Measures online attention & engagement (e.g., news, social media, policy)
- Donut colours indicate source of attention

<https://www.altmetric.com> Publication scores captured 18 Mar 2026

Methodology

Four manuscripts were selected:

- 2 simultaneous
- 2 non-simultaneous

Across two case studies:

- Breast cancer (case study 1)
- Lung cancer (case study 2)

To isolate the ‘simultaneous publication effect’, publications were matched by:

- ✓ Journal (NEJM)
- ✓ Disease
- ✓ Trial phase (Phase 3)
- ✓ Publication year

*manuscripts that were published simultaneously with a congress disclosure vs non-simultaneous, manuscripts published after the initial disclosure;

[†]Reflects early publication impact by capturing online engagement that accumulates shortly after release and tends to stabilise over time—unlike slower, time-dependent metrics such as citations—and is consistently available across NEJM articles, where other usage metrics (e.g., views or downloads) are not consistently reported.

Results & case study context

Results

The simultaneous publications were associated with **greater impact** than non-simultaneous publications:

- +68% Altmetric score (case study 1)
- +110% Altmetric score (case study 2)
- +89% **average Altmetric increase**

However, results should be interpreted with caution due to confounding factors:

- Patient population / unmet need
- “Headline” effect of results
- Magnitude of clinical impact

Case study context

1. Breast cancer

- Higher Altmetric score for the simultaneous publication (DESTINY-Breast04) likely reflects greater clinical novelty and unmet need vs non-simultaneous publication (DESTINY-Breast03)

2. Lung cancer



- **LAURA (osimertinib/ NSCLC)**: higher Altmetric score for the simultaneous publication likely reflects lifecycle expansion of a blockbuster with striking PFS benefit
- **ADRIATIC (durvalumab/ SCLC)**: first major advance in a neglected disease, but with less dramatic effect size (non-simultaneous publication)

→ **These factors likely limit direct comparability between case studies**

Case study 1: 2022 breast cancer publications

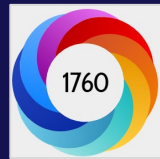
Simultaneous publication

Trastuzumab Deruxtecan in Previously Treated HER2-Low Advanced Breast Cancer

Authors: Shanu Modi, M.D., William Jacot, M.D., Ph.D., Toshinari Yamashita, M.D., Ph.D., Joohyuk Sohn, M.D. , Maria Vidal, M.D., Ph.D., Eriko Tokunaga, M.D., Ph.D., Junji Tsurutani, M.D., Ph.D., , for the DESTINY-Breast04 Trial Investigators* [Author Info & Affiliations](#)

Published June 5, 2022 | N Engl J Med 2022;387:9-20 | DOI: 10.1056/NEJMoa2203690 | VOL. 387 NO. 1

Altmetric score 68% higher than the non-simultaneous publication




Strength of the narrative (DESTINY-Breast04) Arguably greater unmet need impact?

- First targeted therapy in HER2-low breast cancer
- Defines a new, clinically actionable patient population
- Large eligible population (~50–60% of breast cancer)
- Previously treated as HER2-negative → no targeted options
- Redefines disease classification and treatment pathway

 **A paradigm-shifting result addressing a major unmet need**

Non-simultaneous publication

Trastuzumab Deruxtecan versus Trastuzumab Emtansine for Breast Cancer

Authors: Javier Cortés, M.D., Ph.D., Sung-Bae Kim, M.D., Ph.D., Wei-Pang Chung, M.D., Seock-Ah Im, M.D., Ph.D., Yeon Hee Park, M.D., Ph.D., Roberto Hegg, M.D., Ph.D., Min Hwan Kim, M.D., Ph.D., , for the DESTINY-Breast03 Trial Investigators* [Author Info & Affiliations](#)

Published March 23, 2022 | N Engl J Med 2022;386:1143-1154 | DOI: 10.1056/NEJMoa2115022 | VOL. 386 NO. 12

Altmetric score reached 60% of the level observed for the simultaneous publication



Strength of the narrative (DESTINY-Breast03) Highly impactful, but different type of clinical impact?

- Demonstrates superiority vs existing standard (T-DM1)
- Improves outcomes within an established HER2+ pathway
- Replaces, rather than creates, a treatment option
- Builds on an established, competitive treatment landscape


 **A best-in-class improvement within an established setting**

Publication title/ info boxes are linked to the full article
HER2, Human Epidermal growth factor Receptor 2; T-DM1, Trastuzumab emtansine

Case study 2: 2024 lung cancer publications

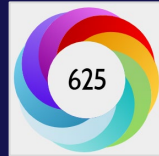
Simultaneous publication

Osimertinib after Chemoradiotherapy in Stage III EGFR-Mutated NSCLC

Authors: Shun Lu, M.D., Terufumi Kato, M.D., Xiaorong Dong, M.D., Ph.D., Myung-Ju Ahn, M.D., Le-Van Quang, M.D., Nopadol Soparattanapaisarn, M.D., Takako Inoue, M.D., , for the LAURA Trial Investigators* [Author Info & Affiliations](#)

Published June 2, 2024 | N Engl J Med 2024;391:585-597 | DOI: 10.1056/NEJMoa2402614 | VOL. 391 NO. 7

Altmetric score 110% higher than the non-simultaneous publication



Strength of the narrative (LAURA)


Arguably the more impactful clinically?

- Massive PFS benefit (game-changing magnitude)
- Applies to a well-defined, routinely tested biomarker (EGFR)
- Immediately practice-changing
- Likely new standard of care globally
- Builds on an already dominant drug → fast adoption

 **The kind of result clinicians act on immediately**

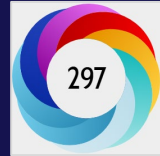
Non-simultaneous publication

Durvalumab after Chemoradiotherapy in Limited-Stage Small-Cell Lung Cancer

Authors: Ying Cheng, M.D., David R. Spigel, M.D., Byoung Chul Cho, M.D., Ph.D. , Konstantin K. Laktionov, M.D., Jian Fang, M.D., Yuanbin Chen, M.D., Yoshitaka Zenke, M.D., Ph.D., , for the ADRIATIC Investigators* [Author Info & Affiliations](#)

Published September 13, 2024 | N Engl J Med 2024;391:1313-1327 | DOI: 10.1056/NEJMoa2404873

Altmetric score reached 48% of the level observed for the simultaneous publication



Strength of the narrative (ADRIATIC)

Highly important, but different type of clinical impact?

- First major advance in limited-stage SCLC in decades
- Improves OS (hard endpoint) → highly meaningful
- Addresses a high unmet need

But:

- Effect size is less dramatic
- SCLC space has slower uptake & less precision-driven momentum

Publication title/ info boxes are linked to the full article

EGFR, Epidermal growth factor receptor; OS, Overall survival; PFS, Progression-free survival; SCLC, Small cell lung cancer

Key takeaways

Simultaneous publications were associated with:

- **higher Altmetric impact**
- **stronger clinical narratives**
(potential confounder)

- ❖ Simultaneous publication may amplify impact, but does not override “narrative strength”
- ❖ Altmetric attention is primarily driven by clinical relevance, magnitude of benefit, and unmet need
- ❖ Clinical impact—not publication mechanics—is the dominant driver of attention

 **Publication strategy matters—
but clinical narrative matters more**

Simultaneous Publication Is an Amplifier—Not the Driver

- **Yes, simultaneous publication *can* increase impact**
 - Data shows a consistent uplift in attention (~+89% Altmetric on average) for simultaneous vs. non-simultaneous publications.
 - This suggests coordinating publication with major congress disclosures can amplify visibility and early engagement.
- **But it's not universally appropriate**
 - The observed benefit is not purely due to timing—it's heavily influenced by:
 - Clinical relevance
 - Magnitude of benefit
 - Level of unmet need
 - In multiple cases, higher impact was linked to stronger, more compelling clinical narratives, not just simultaneity.
 - So, simultaneous publication is most appropriate when:
 - The data are practice-changing or paradigm-shifting
 - There is a clear, compelling story clinicians will act on immediately
- Be prepared for the challenges and pitfalls
 - Confounding factors make it hard to isolate the true effect of simultaneity (e.g., novelty, disease context, effect size).
 - Risk of overestimating impact if:
 - The study lacks a strong narrative
 - The clinical benefit is incremental rather than transformative
 - **Not all high-value studies benefit equally—some may see limited added impact despite simultaneous timing**



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Thank You!