# Improving access to oncology publications for advocates and people with cancer

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- This can offer hope to people with cancer and help them make decisions about their care.
- Here, the authors suggest ways in which different groups may help people with cancer to find, view, and understand articles.
- For example, journals should make articles free to view if they describe research that could change patient care.
- Also, clear titles and easy-to-follow summaries or videos may help people to find relevant articles and understand the main findings.

• It is important to explore ways to best share research with all those whose lives it may affect. *Cancer* 2022;128:3757-3763. © 2022 Pfizer Inc and The Authors. *Cancer* published by Wiley Periodicals LLC on behalf of American Cancer Society. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial License, which permits use, distribution and reproduction in any medium, provided the original work is properly cited and is not used for commercial purposes.

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### THE VALUE OF SHARED DECISION MAKING AND THE ROLE OF INFORMATION SOURCES

Increasingly, studies are establishing that many people with cancer want to be involved in shared decision making with their health care providers.<sup>1–3</sup> This approach may be associated with positive effects on a person's quality of life, improved emotional outcomes, reduced health care use, and better treatment satisfaction.<sup>4–7</sup> Conversely, a passive role in decision making may be associated with more unmet expectations and decisional regret.<sup>8,9</sup> The value of shared decision making has been recognized by the European Cancer Patient's Bill of Rights, which acknowledges the right of European citizens to receive the most accurate information and to be proactively involved in their care<sup>10</sup>; similarly, the European Code of Cancer Practice states that people with cancer have the right to participate in shared decision making with their health care team about all aspects of their treatment and care.<sup>11</sup>

But where do people with cancer find information upon which to base their decisions? Surveys suggest that they often consult written materials from physicians or from the internet.<sup>12,13</sup> However, the volume of written materials from physicians can be overwhelming or too detailed,<sup>3</sup> whereas online information about cancer can be incomplete, outdated, and/or inaccurate.<sup>14–16</sup> Oncology publications offer a valuable source of information about the latest research developments, but only if people with cancer are able to find, view, and understand them.

### BARRIERS TO ACCESSING ONCOLOGY PUBLICATIONS

In terms of finding oncology publications, a barrier for some people could be limited access to journal articles online. This may be because of poor access to broadband or online devices: a survey reported in 2020 suggested that approximately one in four people with cancer at a US center did not have daily internet access,<sup>17</sup> whereas a survey reported in 2021 suggested that approximately one in five breast cancer survivors in the United Kingdom did not have access to a tablet or smartphone.<sup>18</sup> An additional factor for some people may be their level of eHealth literacy,<sup>18,19</sup> defined as the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem.<sup>20</sup>

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<sup>•</sup> Journal articles provide reliable and current information about cancer research.

For those with access to online information, a more important barrier may be that many journal articles sit behind a paywall.<sup>21</sup> To address this, there have been drives to encourage open access publishing, which allows readers to view content free of charge and may be associated with greater numbers of citations and social media attention.<sup>22–24</sup> Such drives include the publication of position statements on this topic,<sup>25,26</sup> the introduction of open access policies by some research funders,<sup>27,28</sup> and the Plan S initiative, which requires that applicable research is published in compliant open access journals or platforms.<sup>29</sup> The proportion of oncology journals that are open access has increased<sup>24</sup>; however, considering the top 10 oncology journals by impact factor in 2021, only the journal Molecular Cancer is fully open access, with all articles made freely and permanently accessible online immediately upon publication. In addition, cancer researchers can be hesitant to submit to open access journals because of article processing charges and a perceived lack of journal quality.<sup>30</sup>

Assuming that people can find and view journal articles, another challenge can be readability<sup>21</sup>; again, this may relate to an individual's eHealth literacy. Plain-language summaries (PLS) of journal articles can improve understanding and facilitate patient-physician dialog<sup>31,32</sup>; they can save time and effort on the part of the reader, help to explain statistics, and offer an alternative reading level, thereby improving accessibility.<sup>21</sup> Research has suggested that visual approaches, including infographic-style PLS and video abstracts, may enhance engagement<sup>31,33</sup> and that PLS and video abstracts offer better understanding than traditional abstracts, regardless of the reader's scientific background.<sup>31</sup> However, few oncology journals invite PLS: research presented in 2019 found that none of the top five oncology journals (by impact factor) were publishing publicly accessible PLS, and scores for *patient-friendly* content were generally lower than for the top five journals in all other fields investigated (cardiovascular, diabetes, gastroenterology and hepatology, and general medicine).<sup>34</sup> Nonetheless, PLS are offered by some oncology journals, including Cancer and the Adis journals Targeted Oncology and Oncology and Therapy. Furthermore, a mechanism that may help to combat the apparent lack of PLS options in the field is the introduction of plain-language summaries of publications by the Future Science Group journals, allowing the publication of freely downloadable, peer-reviewed, standalone PLS of any article (including articles previously published in other journals), with dissemination through social media and patient organizations.<sup>35</sup>

Patient involvement in publication development may also help to improve the clarity of content as well as

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relevance to people with cancer.<sup>36</sup> *The BMJ* advocates such an approach as part of its innovative *patient and public partnership strategy*, which was adopted in 2014 to promote the co-production of content with patients and to help advance the global debate on patient and public involvement in health care and health research.<sup>37</sup> The initiative requires authors to state how patients were involved in the work and invites patients to review articles under consideration and write articles from the patient perspective.

# AUTHOR PERSPECTIVES AND RECOMMENDATIONS

Our author group comprises people diagnosed with cancer, as well as health care professionals and representation from the pharmaceutical industry, to offer a broad perspective on the topic of access to oncology publications. We have summarized our key recommendations as part of the following text, in a visual PLS (Fig. 1) and in a video short (see Video S1).

## *Our case for improving access to oncology publications*

Access to oncology publications is crucial for people with cancer and their caregivers, particularly when research could have real-time impacts on their treatment decisions and direct effects on their lives. An understanding of the research pipeline can also be empowering and offer insights into treatments that may become available in future. The importance of being able to access and understand information has been highlighted by a recent systematic review, which reported that health literacy among people with cancer has been correlated with care experiences and quality of life.<sup>38</sup> Evidence was noted to suggest that conflicting advice or lack of understanding of information could be associated with decision dilemmas, fear, or more unanticipated side effects.<sup>38</sup> Meanwhile, those with greater health literacy were able to play a more active role in managing their own health.<sup>38</sup> Clearly, it is not enough for information to simply be available: it also needs to be understandable and usable by all, irrespective of health literacy. Therefore, our recommendations below not only consider ways to help people find and view publications but also consider ways to support their understanding, e.g., through the development of PLS.

There has been increasing recognition of the need to communicate research to people with cancer and other health conditions. For example, ClinicalTrials.gov is a website maintained by the US National Library of Medicine that provides information about clinical trials and associated publications and was made available to



#### **ONE-SENTENCE SUMMARY**

The research described in journal articles can be of great value to people with cancer and their caregivers: here are some ways that the community could help people to find, view, and understand these articles.

FIGURE 1. Visual plain-language summary of this article summarizing key recommended actions to improve access to oncology publications for people with cancer.

the public in 2000<sup>39</sup>; the US National Cancer Institute shares cancer information summaries written in lay language for patient audiences<sup>40</sup>; and, in the European Union, there are requirements for clinical trial sponsors to develop lay summaries of clinical trials, with associated guidance provided by Good Lay Summary Practice, which was published in 2021.<sup>41</sup> Such moves are aligned with drives by the American Society of Clinical Oncology (ASCO) toward achieving health care equity<sup>42</sup> and the 2020–2021 ASCO President Dr Lori Pierce's presidential theme of health care equity for everyone with cancer.<sup>43</sup> It is also part of the mission of the European Society for Medical Oncology (ESMO) to promote equal access to optimal cancer care for everyone with cancer, as well as disseminating knowledge to people with cancer and the public.<sup>44</sup> Against this background, it is only right that efforts are made to improve access to oncology publications for people with cancer.

# Our recommendations to help people find publications

To help people with cancer and their caregivers find publications that are relevant to them, we encourage authors to provide clear titles that state whether research is preclinical or clinical. Short, tweetable abstracts may support sharing on social media, and some journals (for example, Journal of Clinical Oncology) suggest that authors use Twitter to announce the publication of their articles, although tweets can provide limited context and so should include a link to the full article. In addition, patient organizations should share information about key journal articles via their websites: such websites can offer valuable information for people with cancer, but content varies, and not all direct users to the primary sources. These approaches may all support community organizations in identifying relevant articles to share with people with various levels of eHealth literacy.

### Our recommendations to help people view publications

Once relevant publications are found, open access publishing is key to ensuring that the full articles can be viewed freely. Abstracts alone rarely allow adequate assessment of the quality or relevance of research, yet full articles often sit behind paywalls, which can be a major barrier, particularly for people with cancer who have financial limitations (including those with a background of low socioeconomic status or those who have been unable to continue earning). Therefore, authors should preferentially submit articles to journals offering open access options, with encouragement from pharmaceutical companies and other research funders. Equally, it is imperative that professional societies and other journal publishers offer open access publishing as widely as possible, particularly for articles reporting clinical trials likely to impact clinical practice.

One approach to address several of the challenges raised here could be for journal publishers to make key articles and supporting materials freely available on nonprofit patient organization websites, such as METAvivor or Living Beyond Breast Cancer for those with metastatic breast cancer, or LUNGevity or The GO2 Foundation for those with lung cancer. This could help bring oncology publications directly to the attention of people with cancer.

# Our recommendations to help people understand publications

Once publications are viewed, the level of detail may be valued by some yet overwhelming to others; therefore, there is a rationale for complementing publications with PLS. Authors are advised to seek out journals that proactively engage with patient audiences and embrace opportunities to create patient-directed content. If PLS are not specifically invited by journals, authors should consider submitting a PLS as supplementary material or developing a separate plain-language summary of a publication (as offered by the Future Science Group journals; see above). This may drive more journal publishers to offer formal mechanisms for inviting, publishing, and sharing PLS.

The content of PLS should be understandable and engaging for a broad audience, including people with cancer who have limited specialist knowledge of medical terminology; input from patient advocates may help with this. Data and statistical analyses should be explained clearly, without downplaying their complexity (over-simplified language can be viewed as patronizing)<sup>21,33</sup> to support people in developing the skills and understanding to interpret data appropriately. Infographics can be an effective means to visualize data, especially to explain the design of clinical trials in progress or the results of trials reporting complex biomarker data. We also support efforts to reduce confusion by striving for consistent terminology, such as the recent recommendations for consistent plain-language terms for precision oncology testing, which have been proposed by a multistakeholder group of patient advocacy organizations, professional societies, and industry representatives.<sup>45</sup>

Although people with cancer are exposed to information of vary quality across the internet and social media, it is important that they are able to rely on the accuracy and validity of PLS and other easy-to-follow materials produced alongside oncology publications. We support previous calls for PLS to be provided at the point of article submission (as is the case for PLS submitted to *Cancer*) so that they can undergo peer review alongside the full journal article,<sup>46</sup> and we note that plain-language summaries of publications (as offered by the Future Science Group journals; see above) are subjected to their own peer-review process. We are encouraged to see that many journals are already implementing appropriate measures to safeguard the quality of these materials.

### Broader considerations

In line with previous proposals,<sup>47</sup> we advocate that patient input into research and oncology publications in general may help to improve relevance and appropriate communication to others with cancer. However, this may require a shift in the mindsets of researchers, research funders and author groups, and patient authors would need to be supported in understanding publication processes. Nonetheless, progress is being made; for example, the Workgroup of European Cancer Patient Advocacy Networks offers an online course on how patient advocates can publish their own research and act as co-authors or peer reviewers, and the European Patients' Academy on Therapeutic Innovation provides training for patients on the process of medicines research and development. Other initiatives are connecting cancer researchers and patient advocates, including Guiding Researchers and Advocates to Scientific Partnerships.

Beyond journal articles, congress abstracts represent an important publication type because they report the latest research. As for journal articles, PLS of congress abstracts can support broader access; based on our experiences, when PLS were developed for 363 abstracts that reported Pfizer-funded research at oncology congresses, there were > 6700 views of the PLS. We also note that people with cancer may attend congresses to translate information for others, and so encourage more societies to join ASCO, ESMO, and others in offering free congress registration for patient advocates. Oncology congresses could also follow the lead of other congresses aiming to better connect patients and physicians; for example, the meeting of the European Association of Urology expanded a previous Patient Information Session into a Patient Day, which included sessions focused on the patient perspective, and a Patient Poster Session (a summary of learnings from the 2021 Patient Poster Session on the theme of disconnect between the physician and *patient*) has been shared online.<sup>48</sup> Patients can also present posters during the Patient Perspectives programs at the meetings of the American Urology Association and the American College of Rheumatology. Stanford University's Medicine X program is championing best practices via their model for creating meaningful patient partnerships at congresses, potentially through patient involvement in planning and speaking, financial support, educational support and mentorship, and endorsement of the Everyone Included vision.<sup>49</sup>

Because oncology is a vast field, a key question may be to ask which oncology publications are most relevant to people with cancer and thus should be made more accessible. A multistakeholder working group has recently advocated that, ideally, all publications reporting industry-sponsored medical research should have a PLS mandated by the journal, while acknowledging that this may not be possible in practice because of cost and resource limitations.<sup>50</sup> The group was unable to reach a consensus on how publications should be prioritized for PLS, although it was suggested that PLS for journal articles should be prioritized above PLS for congress abstracts, because congress abstracts are not subject to rigorous peer-review processes (we suggest, however, that a counter-argument could be that congress abstracts should be prioritized because they report the latest research potentially much sooner than full publication in a peer-reviewed journal). Further evidence to help profile the journal articles that are of most value to patients may be informative, but ultimately we suggest a focus on the research that is most likely to impact clinical practice, such as phase 2 and 3 clinical trials and real-world studies of approaches to patient care.

Here, we have described multiple approaches that could improve access to the information in oncology publications for people with cancer and their caregivers, but can this be directly translated to improved patient-centered care? We call for further research efforts to clarify the relationship between access to information and the experiences of people with cancer, and we anticipate that more widespread adoption of approaches to improve access to oncology publications will facilitate research to better understand their impact.

### SUMMARY

People with cancer are the ultimate beneficiaries of oncology research and must be supported in accessing and understanding research findings so that they can make informed decisions about their care with their health care providers: research should be made available to all those whose lives it may impact. As such, the pharmaceutical industry and other research funders, authors, professional societies, journal publishers, and patient organizations have a duty to optimize access to oncology publications and strive for content that is relevant and clear.

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Josep Tabernero has held consultancy or advisory roles for Array Biopharma, AstraZeneca, Avvinity Therapeutics, Bayer, Boehringer Ingelheim, Chugai Pharmaceutical, Daiichi Sankyo, Eli Lilly and Company, EMD Serono, F. Hoffmann-La Roche Ltd, Genentech Inc., HalioDX SAS, Hutchison MediPharma International, Ikena Oncology, IQVIA, Menarini, Merck Sharp & Dohme, Merus, Mirati Therapeutics, NeoPhore, Novartis, Orion Biotechnology, Peptomyc, Pfizer, Pierre Fabre, Samsung Bioepis, Sanofi, Seattle Genetics, Servier, Taiho Pharmaceutical, Tessa Therapeutics, and TheraMyc; and has participated in educational collaborations with Imedex, Medscape Education, MJH Life Sciences, PeerView Institute for Medical Education, and Physicians Education Resource. Tami Eagle Bowling is a patient ambassador for Pfizer, received an honorarium from Pfizer for her participation as a patient author for this manuscript, and is a volunteer for METAvivor Research and Support. Jamil Rivers received an honorarium from Pfizer for her participation as a patient author for this manuscript, and reports leadership or fiduciary roles with METAvivor Research and Support, Living Beyond Breast Cancer, and The Chrysalis Initiative. Dheepa Chari, Jennifer Ghith, and Roxanne Ferdinand are employees and stockholders of Pfizer Inc. Kelly Shanahan has served as an advisory board member for Pfizer Inc, received an honorarium from Pfizer for her participation as a patient author for this manuscript, received an honorarium for participating in a Medscape virtual event on metastatic breast cancer, and serves as a member of the Board of Directors for METAvivor Research and Support. Neal D. Shore is the Director of Carolina Urologic Research Center, has received payment from Ferring for expert testimony, and has served as a consultant or advisory board member for Abbvie, Amgen, Asieris, Astellas, AstraZeneca, Bayer, BMS, Boston Scientific, Clarity, Clovis Oncology, Cold Genesys, Dendreon, Exact Imaging, Exact Sciences, FerGene, Foundation Medicine, GenesisCare, Invitae, Janssen, Lantheus, Lilly, MDxHealth, Merck, Myovant, Myriad, Nymox, Pacific Edge, Pfizer, Phosphorous, Photocure, PreView, Propella, Sanofi Genzyme, Sema4, Sesen Bio, Specialty Networks, Telix, Tempus, Tolmar, UroGen, and Vaxiion.

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#### REFERENCES

- Hahlweg P, Kriston L, Scholl I, et al. Cancer patients' preferred and perceived level of involvement in treatment decision-making: an epidemiological study. *Acta Oncol.* 2020;59:967-974.
- Ihrig A, Maatouk I, Friederich HC, et al. The treatment decision-making preferences of patients with prostate cancer should be recorded in research and clinical routine: a pooled analysis of four survey studies with 7169 patients. J Cancer Educ. 2022;37:675-682.

- Tamirisa NP, Goodwin JS, Kandalam A, et al. Patient and physician views of shared decision making in cancer. *Health Expect*. 2017;20:1248-1253.
- Kashaf MS, McGill E. Does shared decision making in cancer treatment improve quality of life? A systematic literature review. *Med Decis Making*. 2015;35:1037-1048.
- Martínez-González NA, Plate A, Markun S, Senn O, Rosemann T, Neuner-Jehle S. Shared decision making for men facing prostate cancer treatment: a systematic review of randomized controlled trials. *Patient Prefer Adherence*. 2019;13:1153-1174.
- Geerse OP, Stegmann ME, Kerstjens HAM, et al. Effects of shared decision making on distress and health care utilization among patients with lung cancer: a systematic review. J Pain Symptom Manage. 2018;56:975-987.e5.
- Nakayama K, Osaka W, Matsubara N, et al. Shared decision making, physicians' explanations, and treatment satisfaction: a cross-sectional survey of prostate cancer patients. *BMC Med Inform Decis Mak*. 2020;20:334.
- Wilding S, Downing A, Selby P, et al. Decision regret in men living with and beyond nonmetastatic prostate cancer in the United Kingdom: a population-based patient-reported outcome study. *Psychooncology*. 2020;29:886-893.
- Wollersheim BM, van Stam MA, Bosch R, et al. Unmet expectations in prostate cancer patients and their association with decision regret. J Cancer Surviv. 2020;14:731-738.
- Lawler M, Le Chevalier T, Murphy MJ Jr, et al. A catalyst for change: the European Cancer Patient's Bill of Rights. *Oncologist.* 2014;19:217-224.
- 11. European Cancer Organisation. European Code of Cancer Practice. Accessed September 14, 2021. https://www.europeancancer.org/2-stand ard/66-european-code-of-cancer-practice
- Schmidt H, Cohen A, Mandeli J, Weltz C, Port ER. Decision-making in breast cancer surgery: where do patients go for information? *Am Surg.* 2016;82:397-402.
- Chang K, Berthelet E, Grubbs E, et al. Websites, websites everywhere: how thyroid cancer patients use the internet. *J Cancer Educ.* 2020;35:1177-1183.
- Asafu-Adjei D, Mikkilineni N, Sebesta E, Hyams E. Misinformation on the internet regarding ablative therapies for prostate cancer. *Urology*. 2019;133:182-186.
- Salem J, Paffenholz P, Bolenz C, et al. Websites on bladder cancer: an appropriate source of patient information? J Cancer Educ. 2019;34:381-387.
- Wasserman M, Baxter NN, Rosen B, Burnstein M, Halverson AL. Systematic review of internet patient information on colorectal cancer surgery. *Dis Colon Rectum*. 2014;57:64-69.
- Potdar R, Thomas A, DiMeglio M, et al. Access to internet, smartphone usage, and acceptability of mobile health technology among cancer patients. *Support Care Cancer*. 2020;28:5455-5461.
- Moon Z, Zuchowski M, Moss-Morris R, Hunter MS, Norton S, Hughes LD. Disparities in access to mobile devices and e-health literacy among breast cancer survivors. *Support Care Cancer*. 2022;30:117-126.
- Hoogland AI, Mansfield J, Lafranchise EA, Bulls HW, Johnstone PA, Jim HSL. eHealth literacy in older adults with cancer. J Geriatr Oncol. 2020;11:1020-1022.
- Norman CD, Skinner HA. eHealth literacy: essential skills for consumer health in a networked world. J Med Internet Res. 2006;8:e9.
- Nunn E, Pinfield S. Lay summaries of open access journal articles: engaging with the general public on medical research. *Learn Publ.* 2014;27:173-184.
- Young F, Wiehn J, Gothard D, Southam E. Does publication with open access enhance article impact? *Curr Med Res Opin*. 2018;34(suppl 1):18.
- Watson A, Kissner M, Whann E, Skobe C. Online attention and reach of open access industry-sponsored medical publications. *Curr Med Res Opin.* 2020;36(suppl 1):13.
- AlRyalat SA, Nassar AA, Tamimi F, et al. The impact of the openaccess status on journal indices: oncology journals. J Gastrointest Oncol. 2019;10:777-782.
- 25. International Society for Medical Publication Professionals (ISMPP). A multistakeholder discussion on open access and medical publishing 2019. Accessed September 14, 2021. https://www.ismpp.org/open-acces s-white-paper
- Open Pharma. Position statement on open access. Accessed September 14, 2021. https://www.openpharma.blog/position-state ment-on-open-access

- Wellcome Trust. Open access policy. Accessed September 14, 2021. https://wellcome.org/grant-funding/guidance/open-access-guidance/ open-access-policy
- Bill & Melinda Gates Foundation. Bill & Melinda Gates Foundation Open Access Policy. Accessed September 14, 2021. https://www.gates foundation.org/about/policies-and-resources/open-access-policy
- European Science Foundation; cOAlition S. Plan S: making full and immediate open access a reality. Accessed September 14, 2021. https://coalition-s.org/
- O'Hanlon R, McSweeney J, Stabler S. Publishing habits and perceptions of open access publishing and public access amongst clinical and research fellows. J Med Libr Assoc. 2020;108:47-58.
- Bredbenner K, Simon SM. Video abstracts and plain language summaries are more effective than graphical abstracts and published abstracts. *PLoS One.* 2019;14:e0224697.
- Pushparajah DS, Manning E, Michels E, Arnaudeau-Begard C. Value of developing plain language summaries of scientific and clinical articles: a survey of patients and physicians. *Ther Innov Regul Sci.* 2018;52:474-481.
- Martínez Silvagnoli L, Shepherd C, Pritchett J, Gardner J. Optimizing readability and format of plain language summaries for medical research articles: cross-sectional survey study. J Med Internet Res. 2022;24:e22122.
- Cappelli HC, Vreeland AC, Barnes C, Torkabadi H, Parker N, Murthy S. Increasing patient access to medical publications. *Curr Med Res Opin*. 2019;35(suppl 2):16.
- 35. Future Science Group. Plain language summaries. Accessed September 14, 2021. https://www.plainlanguagesummaries.com/
- 36. Arnstein L, Wadsworth AC, Yamamoto BA, et al. Patient involvement in preparing health research peer-reviewed publications or results summaries: a systematic review and evidence-based recommendations. *Res Involv Engagem*. 2020;6:34.
- BMJ Publishing Group Ltd. Patient and public partnership. Accessed September 14, 2021. https://www.bmj.com/campaign/patient-partn ership
- Holden CE, Wheelwright S, Harle A, Wagland R. The role of health literacy in cancer care: a mixed studies systematic review. *PLoS One.* 2021;16:e0259815.

- US National Library of Medicine. ClinicalTrials.gov background. Accessed January 26, 2022. https://www.clinicaltrials.gov/ct2/about -site/background#WhatInformationCanIFind
- National Cancer Institute. PDQ<sup>®</sup> Cancer Information Summaries. Accessed January 24, 2022. https://www.cancer.gov/publications/pdq/ information-summaries
- European Commission Clinical Trials Expert Group. Good Lay Summary Practice. Accessed January 24, 2022. https://ec.europa.eu/ health/system/files/2021-10/glsp\_en\_0.pdf
- Patel MI, Lopez AM, Blackstock W, et al. Cancer disparities and health equity: a policy statement from the American Society of Clinical Oncology. J Clin Oncol. 2020;38:3439-3448.
- Cavallo J. Ensuring equitable cancer care for every patient: a conversation with 2020–2021 ASCO President Dr Lori J. Pierce. ASCO Connection; 2020. Accessed September 14, 2021. https://connection.asco.org/magaz ine/features/ensuring-equitable-cancer-care-every-patient-conversation-2020-2021-asco-president
- European Society for Medical Oncology (ESMO). ESMO mission. Accessed June 24, 2021. https://www.esmo.org/about-esmo/ esmo-mission
- Martin NA, Tepper JE, Giri VN, et al. Adopting consensus terms for testing in precision medicine. JCO Precis Oncol. 2021;5:1563-1567.
- FitzGibbon H, King K, Piano C, Wilk C, Gaskarth M. Where are biomedical research plain-language summaries? *Health Sci Rep.* 2020;3:e175.
- Geissler J, Ryll B, di Priolo SL, Uhlenhopp M. Improving patient involvement in medicines research and development: a practical roadmap. *Ther Innov Regul Sci.* 2017;51:612-619.
- European Association of Urology (EAU). EAU Patient Information. EAU21 patient poster session: what have we learned? EAU; 2021. Accessed October 5, 2021. https://patients.uroweb.org/eau21/eau21 -patient-poster-session-what-have-we-learned/
- Stanford Medicine. Medicine X. Accessed September 14, 2021. https:// medicinex.stanford.edu/
- Lobban D, Gardner J, Matheis R. ISMPP PLS Perspectives Working Group. Plain language summaries of publications of company-sponsored medical research: what key questions do we need to address? *Curr Med Res Opin*. 2022;38:189-200.