Optimizing Scientific Communications: A Comparative Analysis of Medical Information Scientific Response Documents

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OBJECTIVE

- SRDs are foundational to MI, supporting accurate, balanced, and compliant responses to unsolicited inquiries. Substantial variability is noted in SRD structure, format, navigability, and usability across the biopharmaceutical industry
- This study was designed to benchmark the consistency, structure, and functional alignment of MI SRDs across biopharmaceutical companies, with the goal of identifying:
  - Current state and best practices
  - Variability across SRD types and formats
  - Opportunities to enhance scientific communication, usability, and customer value

METHODS

- In 2025, we conducted a cross-industry SRD benchmarking study across 66 biopharmaceutical companies, evaluating multiple products and SRD types (efficacy, safety, MoA, PK/PD), to enable a robust comparison of content structure, format, depth, and consistency across the industry

RESULTS

- Overall, we evaluated 325 SRDs from 66 biopharmaceutical companies; large size (n=25), mid-size (n=10) and small/emerging (n=31)

Figure 1: Format of SRDs

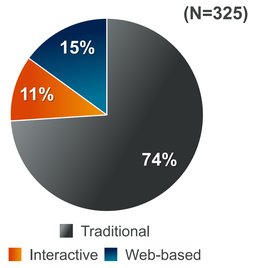
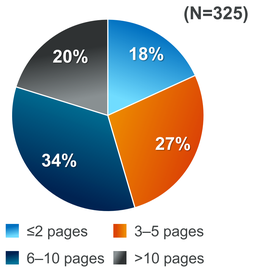


Figure 2: Pages per SRD



- The majority of efficacy and safety SRDs were 6–10 pages in length, while MoA and PK/PD SRDs were typically 3–5 pages

RESULTS

Figure 3: Structural Components of SRDs

- While most SRDs included summary sections and visual elements (such as graphs, tables, or figures), only 20% incorporated a table of contents

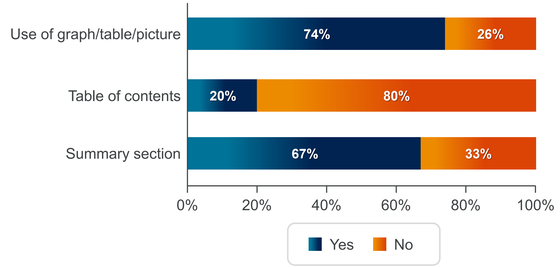


Figure 4: Navigability and Aesthetics

- Navigational enhancements were unevenly applied across SRDs, with section hyperlinks included in only 33% of documents and iconography in just 10%

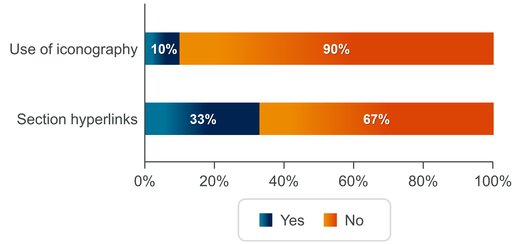


Figure 5: Clinical and Safety Information

- The presence of links to PI was inconsistent across SRDs, and indication information was included in only 42% of documents
- Additionally, dosing and administration details and ISI was incorporated in only a minority of SRDs where such information was relevant

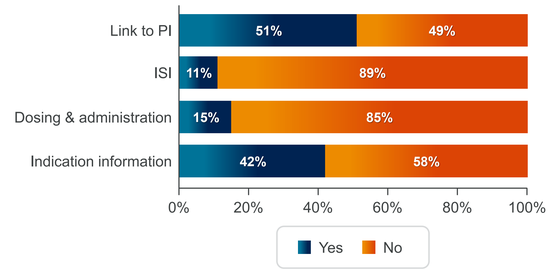
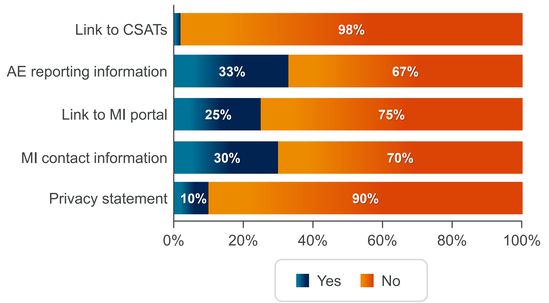


Figure 6: Compliance and Customer Engagement

- Governance and engagement elements were applied inconsistently across SRDs, with privacy statements, MI contact information, MI portal links, AE reporting information, and customer satisfaction survey links frequently absent



Abbreviations: AE, adverse event; AI, artificial intelligence; CSAT, customer satisfaction score; HCP, healthcare professional; ISI, important safety information; MI, medical information; MoA, mechanism of action; PD, pharmacodynamics; PI, prescribing information; PK, pharmacokinetics; SRD, scientific response document.

CONCLUSIONS

- MI organizations rely on SRDs as the primary mode to deliver balanced, evidence-based, and compliant responses to unsolicited requests from patients, HCPs, pharmacies and payers
- SRDs must evolve as expectations rise: HCPs require better digital usability and clarity, regulators demand tighter accuracy and safety alignment, and MI teams are moving to modular content, omnichannel delivery, and leveraging AI support to develop and maintain content
- By benchmarking 325 SRDs from 66 companies across formats and content elements, this study provides a clear industry baseline and highlights critical opportunities to modernize SRD structure, usability, and consistency. Our key findings are:
  - Industry variation in SRD content and delivery remains substantial
  - Traditional formats remain the dominant mode of delivery. Interactive and web-based formats are growing, but still represent a minority share
  - As SRD length increases, effective navigational aids become critical to preserving findability and reading speed, helping balance completeness with usability; however, the adoption of this tactic remains suboptimal
  - Higher consistency was observed for core compliance elements for different types of SRDs, including indication statements, dosing and administration information, ISI, PI links, and AE reporting instructions. Nonetheless, meaningful improvements are still widely achievable
- Future perspectives:
  - Establish a core, cross-company ‘Minimum Viable SRD Standard’ to drive consistency across portfolios
  - Transition to component-based, omnichannel SRDs and content, enabling faster updates, role-based delivery, and reusable governed content blocks with clear metadata and audit trails
  - Validate digital usability through HCP task testing; augment with human-in-the-loop AI for checks and missing-element detection, ensuring measurable gains in speed, accuracy, and compliance
- This benchmarking analysis highlights a critical inflection point for MI. Pragmatic standardization of summaries, navigation, clinical and safety content will improve HCP usability and reduce MI rework as SRDs evolve into modular, digitally enabled scientific assets

DISCLOSURES

The authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation:

- Michael DeLuca – nothing additional to disclose
- Varun Pandey – nothing additional to disclose
- Natalia Gandarillas – nothing additional to disclose
- Carolyn Quon – nothing additional to disclose
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