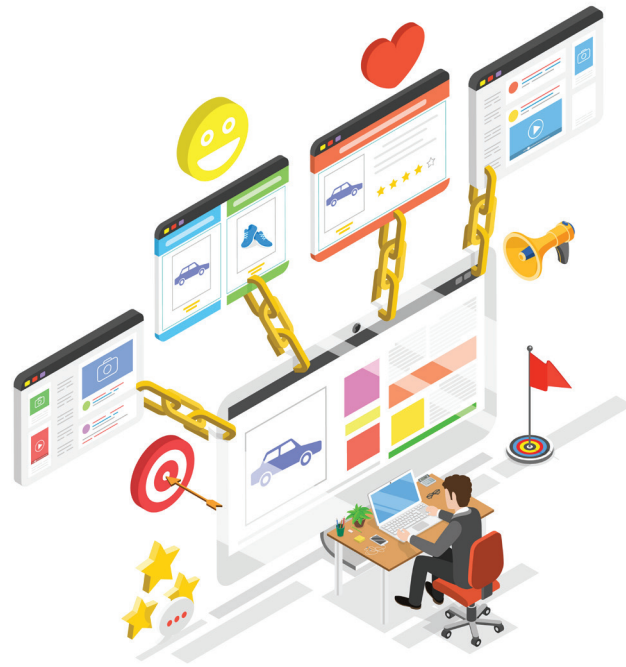


Content Development and Medical Writing: What's the Difference? Does It Matter?

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The ways in which we communicate are evolving. Content development and medical writing are different disciplines—and each discipline can learn a lot from the other.



In medical communications, we perform both content development and medical writing. Although these terms are sometimes used interchangeably, they represent different disciplines.

An internet search on the term “content development” provides definitions such as: Content development is the process of conceiving, planning, producing, editing, and distributing content for publication, often used to support business goals.

According to Wikipedia, “medical writing” became established in pharmaceutical, medical device, and contract research organizations because the industry recognized the need for clear articulation of medical science in well-structured, standards-compliant documents that medical professionals can readily absorb.

Accuracy and clarity are vital elements in all medical communications. The looming widespread use of ChatGPT and AI means that we need to be extra vigilant in ensuring accuracy. Unless it’s a topic of special interest to them, **busy people only read and quote headlines, whether from social media, news, or academic medical materials.** Therefore, the headlines must be complete and unbiased. When information is incomplete, inaccurate opinions are widely adopted.



LESSONS FROM CONTENT DEVELOPMENT

Content development has emerged as an important discipline in a time when we are bombarded with information. To communicate effectively in an environment of social media, online news, and the internet in general, we use headlines and short phrases to engage and inform the audience about new and important information.

This approach can be helpful in medical writing. Using headlines and key phrases to break up longer, more detailed medical information and highlight important messages makes it easier for medical professionals to quickly read and understand information.

LESSONS FROM MEDICAL WRITING

In medical writing, our first step is to review the published literature to understand the landscape. Then we cite peer-reviewed publications to support claims in the headlines, key phrases, and statements in the body of the work.

If we follow this approach in content development, we can be confident that we are communicating accurately and thoroughly. Although it's time-consuming, the result is worth the effort.

CASE STUDY: How Medical Communications Contributed to Slow Adoption of Biosimilars in the US

Targeted biologic therapies have transformed treatment and outcomes in multiple disciplines, including dermatology, gastroenterology, oncology, and rheumatology. However, in contrast to chemical drugs, biologics are large recombinant proteins that require complex, costly manufacturing systems and have contributed to rising healthcare costs. In a report published in 2018, the Rand Corporation estimated that, in the United States, biologic therapies accounted for 38% of annual drug costs in 2015, totaling at least \$123 billion per year.¹

Expiring patents for the originator biologics opened the door for lower cost biosimilar products. In 2018, it was estimated that biosimilars could reduce spending on biologic drugs in the US by \$54 billion from 2017 to 2026.¹

There are stark differences in uptake of biosimilars between the European Union and the US. For example, **by 2020, infliximab biosimilars to the originator biologic Remicade® had been widely accepted in the EU, capturing 71% market share, whereas the US share for infliximab biosimilars reached only 15% since the introduction of the biosimilar Inflectra® in late 2016.**² It should be noted that the market penetration for infliximab biosimilars in Europe is still increasing.³

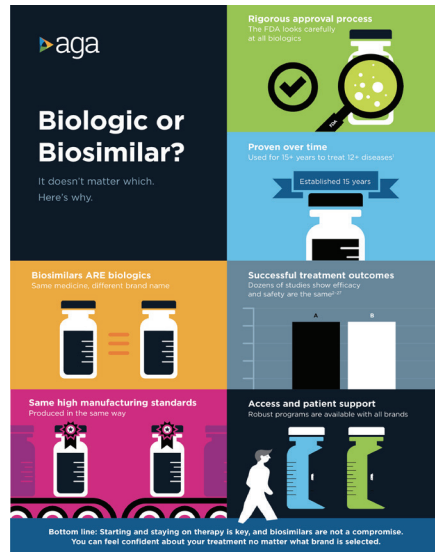
What happened to slow adoption in the US?

Initially, physicians in both the EU and the US were reluctant to prescribe biosimilars because of unfamiliarity. The medical community in the EU reviewed the emerging data demonstrating clinical equivalence, and biosimilars were widely adopted.

In the US, a number of factors slowed adoption. In addition to the patent gamesmanship that we play in the US, from a communications standpoint we saw statements such as, “Biosimilars are similar but not the same as originator biologics” from some pharma companies and in social media. While this is true, this incomplete information sowed doubt in the minds of prescribers and patients.

By 2023, real-world evidence and multiple publications convinced most academic practices that biosimilars are clinically equivalent, but a lot of confusing, inaccurate information is still available on the internet. Now, unless patients are able to pay out of pocket for their medications, insurance coverage determines which biologic/biosimilar medication is prescribed. And when patients who are doing well on their current medication are faced with a change due to insurance coverage, they need counselling and reassurance from their healthcare team. However, recent interviews conducted by our team remind us that busy HCPs do not always keep up with the literature and often are not aware of the evolving clinical data. There continues to be a need for education of all stakeholders, HCPs, and patients in the US, especially in community practices where most patients are treated.

While content in social media may have accomplished a business goal, it slowed adoption, added anxiety for patients, possibly contributed to the nocebo effect, and resulted in unnecessary costs to the healthcare system in the US. Meanwhile, billions of dollars were saved in the EU.



In a recently developed infographic, *Biologic or Biosimilar? It doesn't matter which. Here's why.*, we demonstrate that it is possible to communicate complete, accurate information using headlines and key phrases.

[CLICK TO VIEW](#)

THE BOTTOM LINE

We owe it to the healthcare community and to the patients we serve to tell the whole story, clearly and completely, in our short and long communications!

In content development:

Review published literature to understand the landscape.

Support claims in headlines and key phrases by citing peer-reviewed publications.

In medical writing:

Use headlines and key phrases to make it easier to quickly read and understand information.

References

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