MAPS Medical™ Affairs Professional Society
FOR Medical Affairs Professionals BY Medical Affairs Professionals

Enhanced Visualization: Solutions for an Evolving Environment

ICON Global Medical Communications

Amgen, Inc.

22 July 2022

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Acknowledgements

Thank You!

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Learning Objectives

Describe the collaborative process to develop effective enhanced visuals

Demonstrate the benefits of enhanced visualization in communicating data

Discuss considerations for optimizing enhanced visuals in the medical affairs environment

Examine the impact of developing enhanced visuals in a cross-matrix environment

Agenda

01 Webinar Overview

02 Art and Science: The Collaborative Process in Developing Effective Enhanced Visuals

03 Enhanced Visualization Solutions for Real-World Applications

04 Optimizing Enhanced Visuals in the Medical Affairs Environment

05 Q&A

Webinar Overview

Paul Petruzzi, DLitt

Overview

Digital landscape is crowded

- Information is communicated through multiple channels
- Content must be clear and concise to connect with our audiences

Enhanced visualization solutions can help

- Communicate complex data accurately and quickly streamline audience engagement

Webinar remit

- Demonstrate how enhanced visualization can be applied to medical affairs tools
- Illustrate how infographics concisely organize content to enhance audience engagement

Real-world solutions

- Case study examples
- Range and scope of infographic offerings
- Navigating barriers to implementation
- Advancing enhanced graphic solutions in a cross-matrix environment

Art and Science: The Collaborative Process in Developing Effective Enhanced Visuals

Amy O'Connell and
Gerard Johnson, PhD

How Your Audience Sees Your Data

Challenges

79% of users scan first and read later

Too much information hinders comprehension

Increased audience engagement

Opportunities

Visual iconography acts as mental shortcuts

Things that look better pull people in and allow for comprehension

What is the Collaborative Process?

Key Stakeholders

- Sponsors (Medical, Reviewers)
- Scientific Writers
- Creative Team

Design Principles

Content

- Focus on audience
- Establish Key Points
- Organize data

Layout

- Visual hierarchy
- Use of iconography

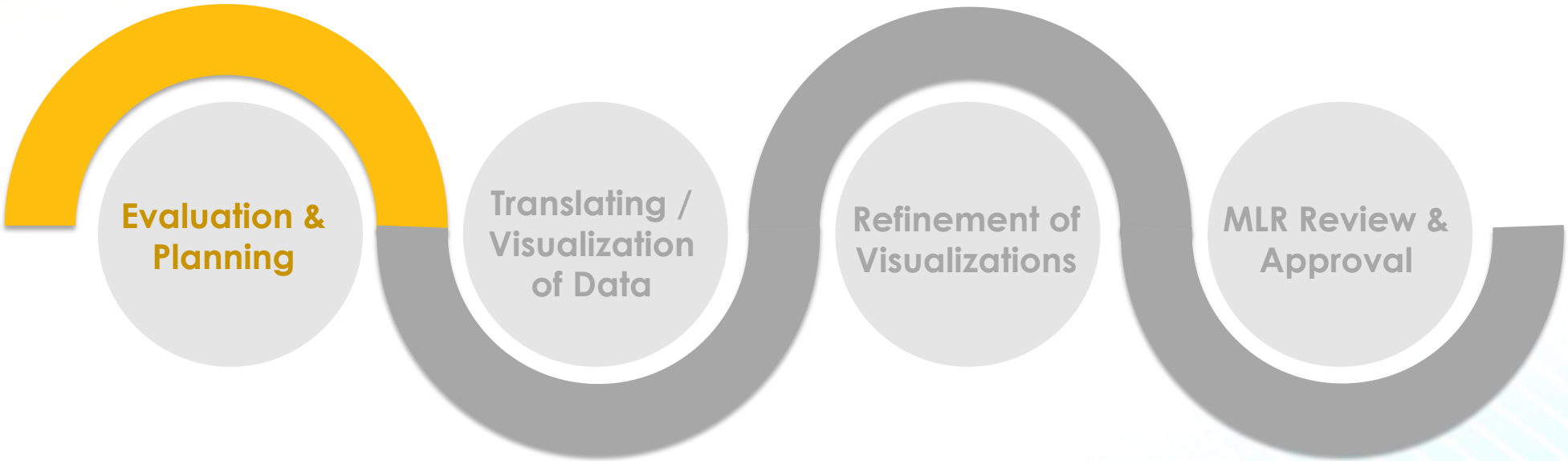
User Experience

- Utilize additional channels
- Interactivity and navigation

Phased Development Process

- Evaluation & planning
- Translating/Visualization of data
- Refinement of visualization
- MLR review & approval

Collaboration Process for Enhanced Visualization



Evaluation and Planning

Audience:
Congress attendees

Format:
Poster

Data Flow

Additional channel:
QR code for additional downloads

Original Data

- This study evaluated people who were given an investigational vaccine at various doses (amounts) and at various times (schedules) and asked:
  - <<Initial vaccination>> Will they still be protected after 1 and 4 years? Is the vaccine safe?
  - <<*Booster* vaccination>> Will they be protected? Is the booster shot safe?
- Healthy adults aged 18–65 years
  - n=2000
- Living in Canada and France
- Stage 1
  - Vaccinated with:
    - Vaccine
      - 2 doses (amounts) of the vaccine were tested
    - Placebo*
  - Given as a 3-dose day (1, 8, 30 days) or month schedule (0, 1, and 6 months)
- Immune responses and safety were assessed during the first year after dose 3
- Booster stage
  - Included subjects who received the vaccine in stage 1, rerandomized 1:1 to receive:
    - Vaccine as booster
      - Same dose and schedule as received in stage 1
    - Placebo*
- Immune responses and safety were assessed 2 years after booster (3 years after stage 1 dose 3)

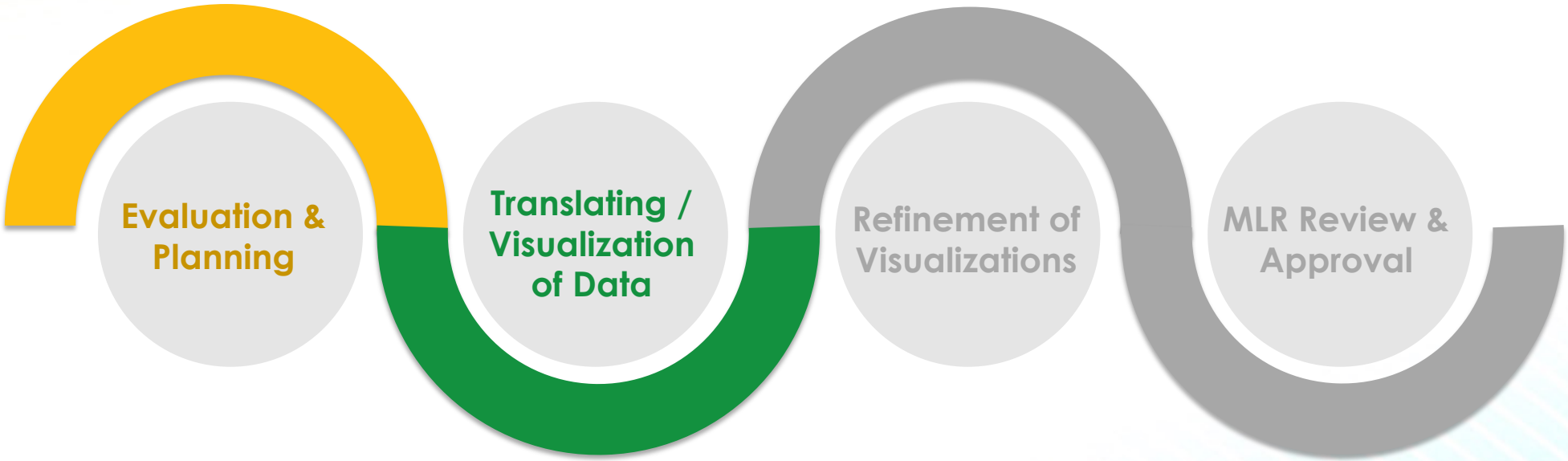
*A placebo does not contain any active ingredients. The placebo and study vaccines look alike.

Key takeaway 1

Key takeaway 2

Key takeaway 3

Collaboration Process for Enhanced Visualization



Translating Data into Enhanced Visualization

Can we render this graphically is a linear format?

Original Data

- This study evaluated people who were given an investigational vaccine at various doses (amounts) and at various times (schedules) and asked:
  - <<Initial vaccination>> Will they still be protected after 1 and 4 years? Is the vaccine safe?
  - <<*Booster* vaccination>> Will they be protected? Is the booster shot safe?
- Healthy adults aged 18–65 years
  - n=2000
- Living in Canada and France
- Stage 1
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- Immune responses and safety were assessed during the first year after dose 3
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  - Included subjects who received the vaccine in stage 1, rerandomized 1:1 to receive:
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      - Same dose and schedule as received in stage 1
    - Placebo*
- Immune responses and safety were assessed 2 years after booster (3 years after stage 1 dose 3)

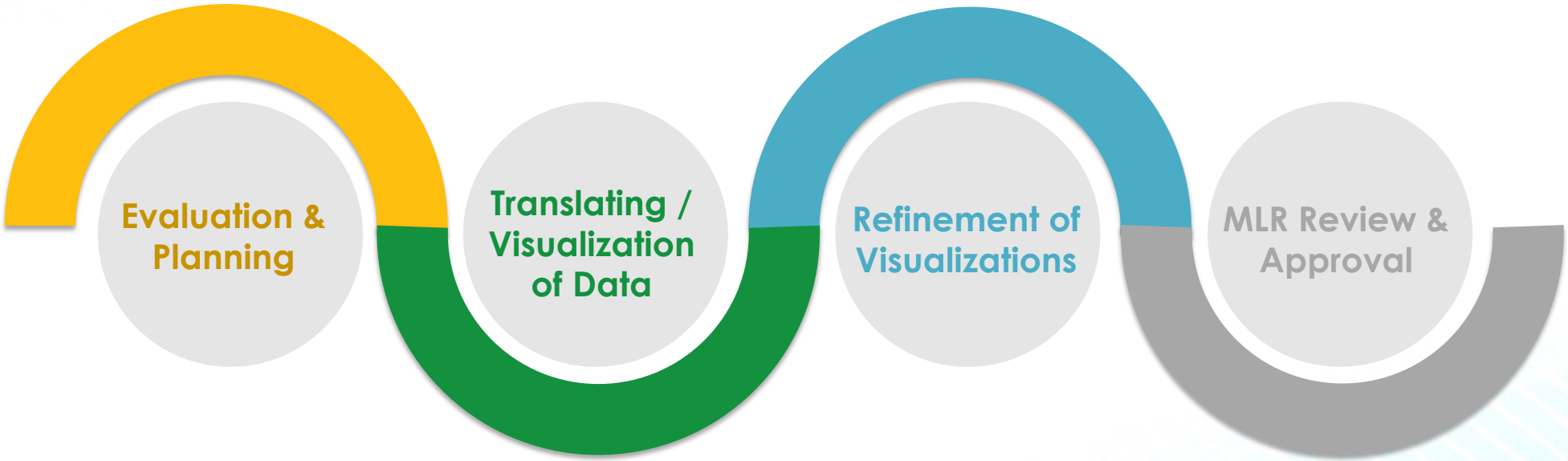
*A placebo does not contain any active ingredients. The placebo and study vaccines look alike.

Delete, this will be in the graphic as data

Use icons

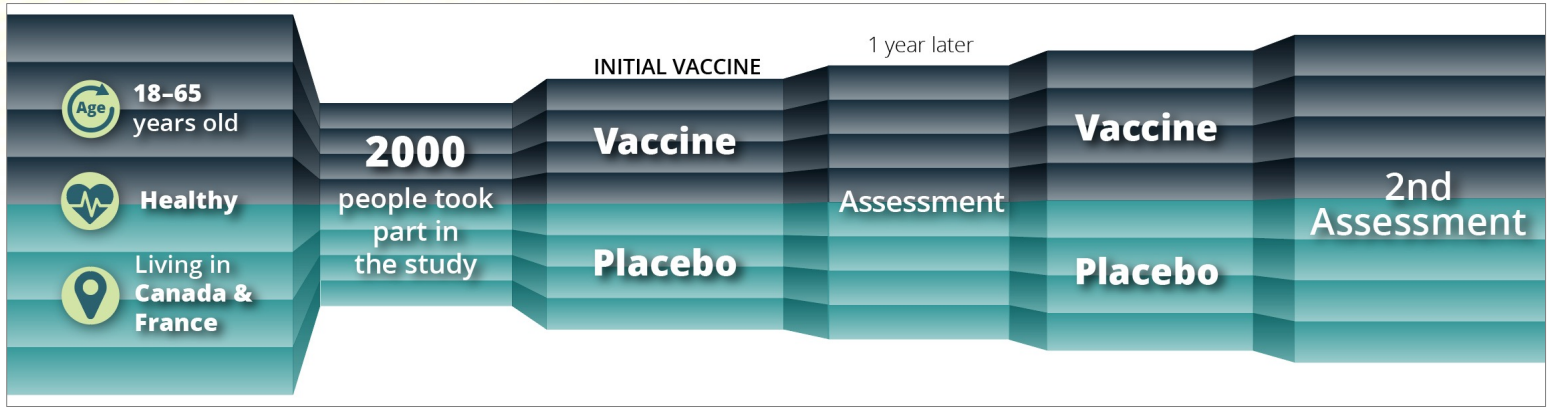
Reorganize: move this to where it occoured in the timeline

Collaboration Process for Enhanced Visualization



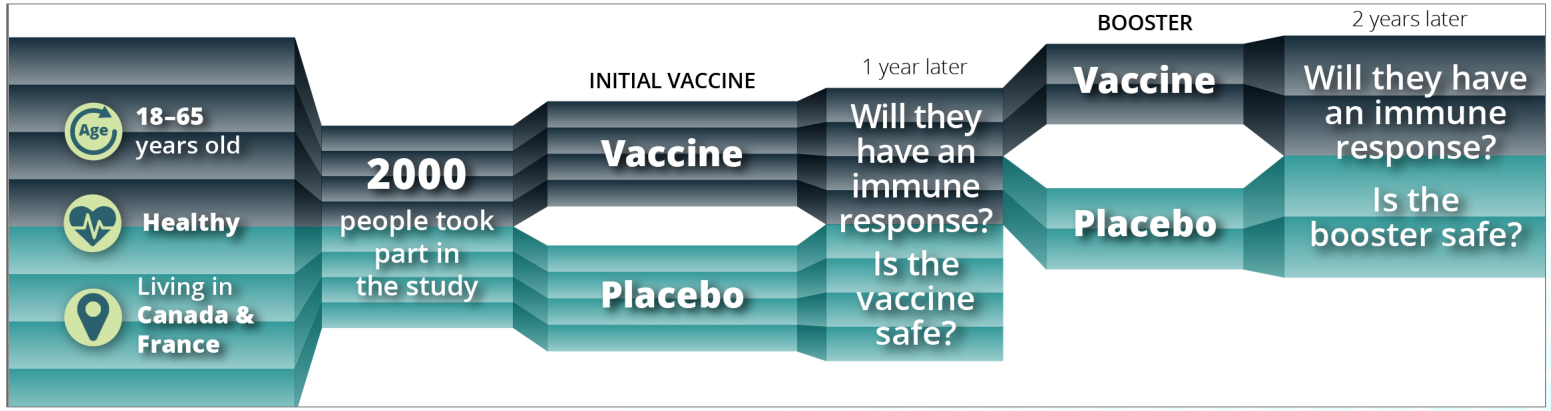
Refinement of Enhanced Visualization

Version 1



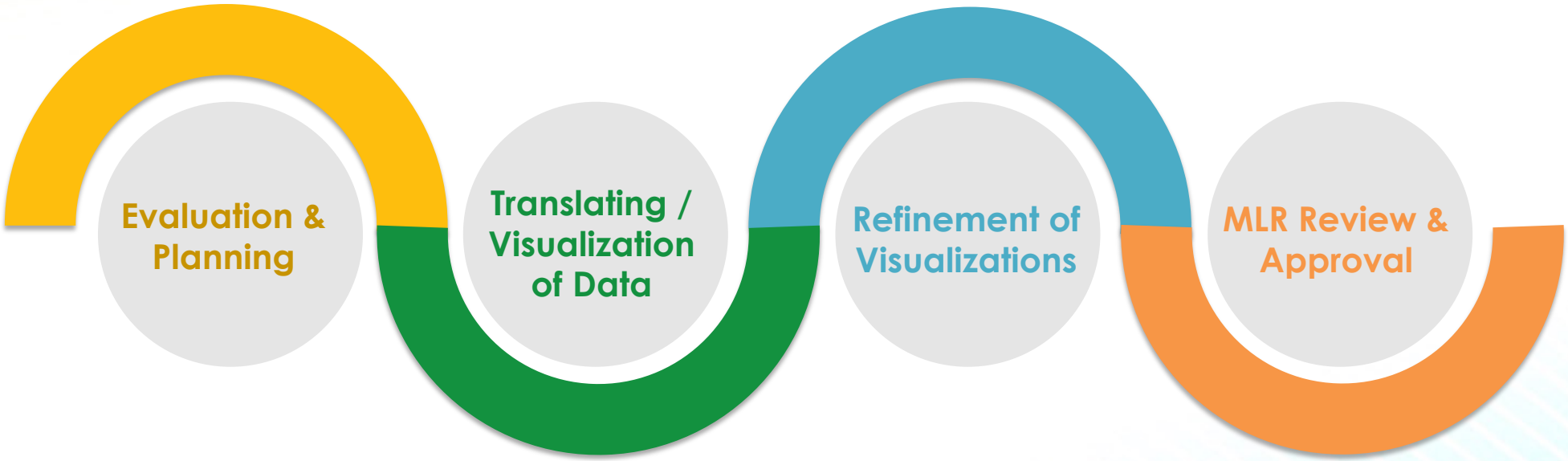
- Is this reading correctly?
- Is this a correct representation of how the phases were organized?

Version 2



- Is this reading correctly?
- What about dosing, schedule, shot and timing information?

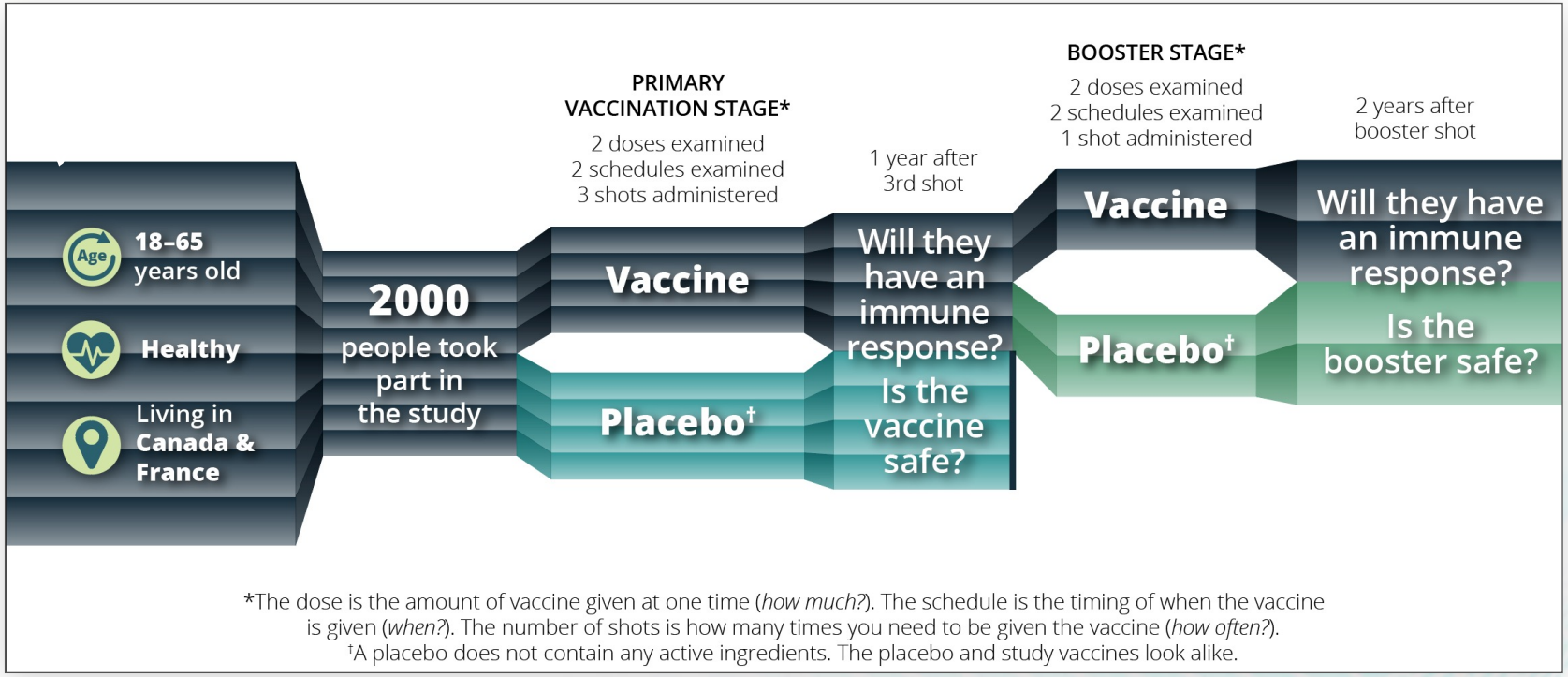
Collaboration Process for Enhanced Visualization



MLR Review and Approval

- Approved by Key Stakeholders
- Layout was fact checked
- Went through MLR review
- Final edits made

Finished Infographic



Tips for Successful Collaboration

- Include key stakeholders, working together will ensure all needs are met
- Schedule checks along the way
- Reiterate that design is what enables communication, allows the data to come through clearly
- In advance of MLR review, set the stage for the review board about the methodical process that has already occurred

Enhanced Visualization Solutions for Real-World Applications

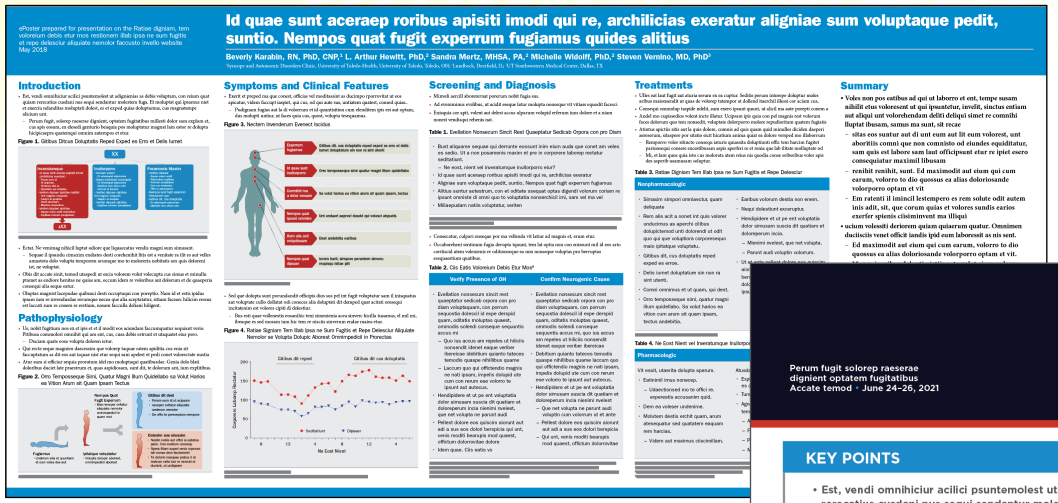
Amy O'Connell and Jandrea Chau

Poll Question 1

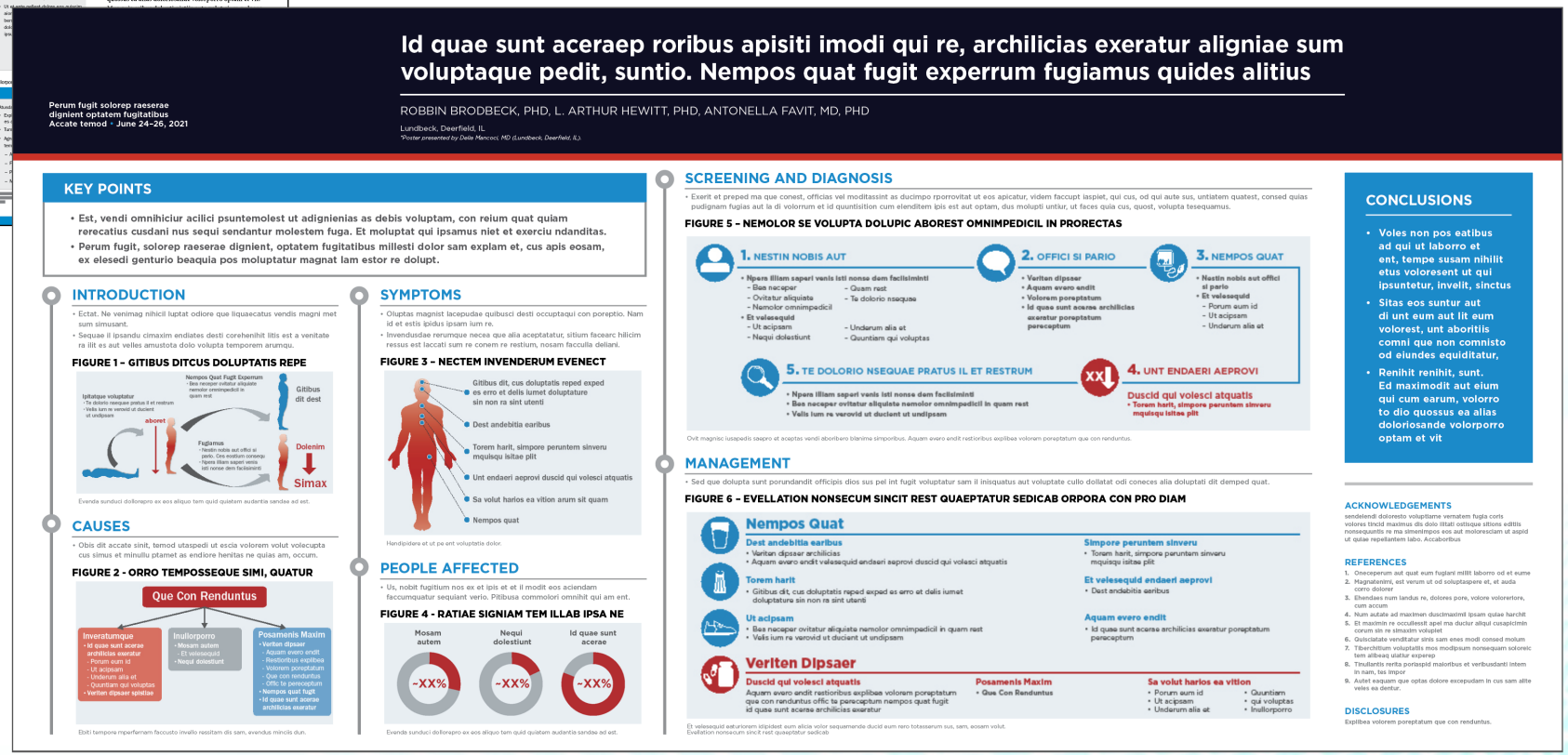
Are you currently using **enhanced visualization solutions**?

Yes, we're totally on board
Some - eg, congress materials
Just getting started
No, at least not yet

Graphic Poster



Traditional poster



Moderate adoption of enhanced visualization

De Novo Infographic Poster with Enhanced Digital Solution

2721

Presented at IDWeek; October 2–6, 2019; Washington, DC

US States' Policies for Meningococcal Vaccination vs Disease Epidemiology

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Introduction

- Shifting meningococcal disease epidemiology and the prevalence of meningococcal serogroup B (MenB):
  - MenB now causes 70% of invasive meningococcal disease (IMD) among individuals aged 16–23 years in the United States.[1]
  - US college students have a 3.5-fold greater risk of developing MenB disease compared with non-college adolescents.[2]
  - MenB caused all 14 IMD outbreaks at US colleges from 2011–2019.[2,4]
- Meningococcal vaccination recommendations from the Advisory Committee on Immunization Practices (ACIP):
  - Routine serogroup A, C, W, Y (MenACWY) vaccination for all adolescents (primary dose at ages 11–12 years and booster dose at age 16 years)[3]
  - MenB vaccination for adolescents aged 16–23 years based on shared clinical decision making[6,7]
- Meningococcal vaccination rates among adolescents aged 13–17 years in 2018[8]:
  - 86.6% of adolescents received ≥1 dose of the MenACWY vaccine.
    - 50.8% of adolescents received the MenACWY booster dose.
  - 17.2% of adolescents received ≥1 dose of the MenB vaccine; <50% complete multidose series.
- State policies requiring vaccination for adolescents to enter middle school (but not state policies requiring vaccine education only) are associated with significantly higher coverage rates for recommended adolescent vaccinations.[9]
- We investigated whether state meningococcal vaccination policies have evolved along with the changes in disease epidemiology.

Methods

- State policies regarding meningococcal vaccination and education requirements for grades 6–12 and college enrollment were compiled using state public health websites and national stakeholder materials.
- Specific college entry requirements were collected from a survey conducted by the Centers for Disease Control and Prevention (CDC) and the American College Health Association (ACHA).[10]
- Vaccination coverage rates over time were compiled using results from CDC's National Immunization Survey-Teen.[8]

Results

- 33 states (including Washington, DC) require 1 MenACWY vaccine dose at age 11 years.
  - Of these, 17 states also require MenACWY booster vaccination at age 16 years.
- 23 states (including Washington, DC) require MenACWY vaccination for college entry.
- Since the first MenACWY dose was recommended in 2005, the number of states requiring 1 MenACWY dose and national coverage rates have increased from 2006–2018.
  - The same trend was observed in state policy requirements and coverage rates regarding booster vaccination after it was initially recommended in 2010, although the number of states requiring vaccination and coverage rates are lower than those for the primary dose.
- In contrast, only 1 state requires vaccination against MenB (required for school-aged adolescents and college entry).
- None of the 8 states that experienced college MenB outbreaks from 2011–February 2019 require MenB vaccination (but all require meningococcal education and/or MenACWY vaccination).
- In a survey of selected colleges, none had entry requirements for MenB vaccination only, but a small percentage required both MenACWY and MenB vaccinations, and a greater number of colleges recommended both vaccines.[10]

HOW MANY STATES REQUIRE VACCINATIONS FOR SCHOOL AND COLLEGE ATTENDANCE?

GRADES 6–12:

- **MenACWY** Primary Dose at 11 Years — **33** STATES
- **MenACWY** Booster Dose at 16 Years — **17** STATES
- **MenB Vaccination** at 16–18 Years — **1** STATE

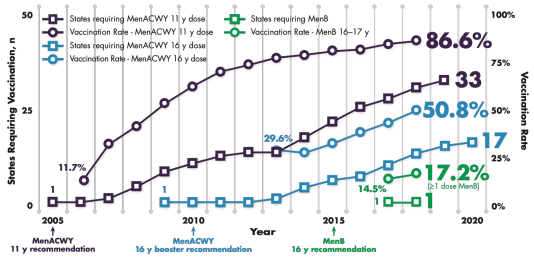
COLLEGE:

- **MenACWY** Booster Dose (Proof of Vaccination or Waiver) — **23** STATES
- **MenB Vaccination** at 16–18 Years — **1** STATE

What About My State?
Scan the QR code in the bottom right corner to view US States' Policies for Meningococcal Vaccination vs Disease Epidemiology (see **Tables 1** and **2**, additional information)

STATE REQUIREMENTS, VACCINATION RATES, AND DISEASE INCIDENCE

State Vaccination Requirements Compared with Vaccination Rates



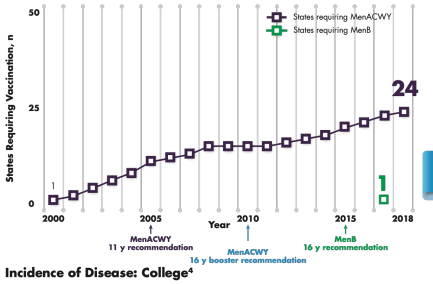
MenACWY

State requirements and coverage **increased**

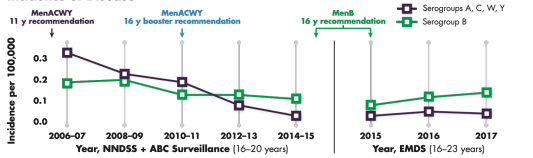
COVERAGE, REQUIREMENTS, INCIDENCE

Incidence **decreased**

College-Level State Vaccination Requirements for MenACWY and MenB



Incidence of Disease[4]

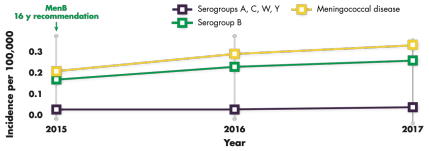


MenB

State requirements, coverage, and incidence **showed minimal changes**

REQUIREMENTS, COVERAGE, INCIDENCE

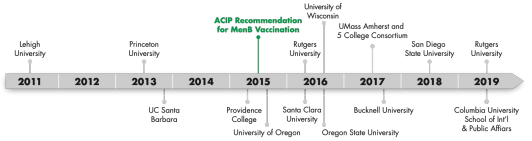
Incidence of Disease: College[4]



ABC=Active Bacterial Core; EMDS=Enhanced Meningococcal Disease Surveillance; MenACWY=meningococcal serogroups A, C, W, and Y; MenB=meningococcal serogroup B; NNDSS=National Notifiable Diseases Surveillance System.

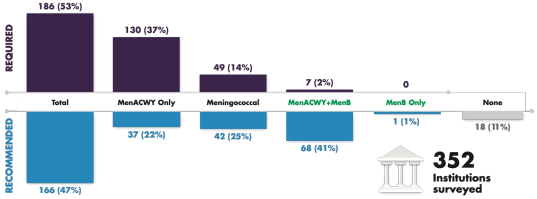
COLLEGE REQUIREMENTS AND OUTBREAKS

Meningococcal Disease Outbreaks on US College Campuses from 2011–2019[4]



MenB **MenB has caused all college outbreaks since 2011.**

College Meningococcal Vaccination Requirements and Recommendations[10]



352 Institutions surveyed

CONCLUSIONS

- **In the United States from 2006–2015, routine MenACWY vaccination has helped quell serogroups A, C, W, and Y meningococcal disease substantially among adolescents aged 16–23 years.[11]**
  - **This was achieved in part by clear and unambiguous ACIP recommendations for routine MenACWY vaccination of adolescents, including college students at increased risk, college-entry immunization requirements, and state vaccination mandates.**
  - **MenB disease showed a much smaller decline in incidence during this period, which preceded the licensure and ACIP recommendations for MenB vaccines in 2015.[12]**
- **The implementation of MenACWY vaccination policies may provide a road map for protection against meningococcal disease caused by all 5 serogroups and a foundation for the efficient integration of the impending pentavalent meningococcal vaccine, MenABCWY, currently in active clinical development to ensure that US adolescents and young adults are fully protected against meningococcal disease.**

References

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3. Soeters HM, et al. *Emerg Infect Dis*. 2019;25(3):434-440.
4. Marshall GS, et al. *J Pediatric Infect Dis Soc*. 2019:[Epub ahead of print].
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7. Ahmed F. U.S. Advisory Committee on Immunization Practices (ACIP) Handbook for Developing Evidence-based Recommendations. Version 1.2. Centers for Disease Control and Prevention (CDC). Atlanta, GA; November 1, 2013.
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9. Bugenske E, et al. *Pediatrics*. 2012;129(6):1056-1063.
10. Oliver S. Meningococcal Vaccine Policies among Colleges and Universities — United States, 2017. Centers for Disease Control and Prevention. Available at: https://www.acha.org/documents/resources/CDC-ACHA_College_Policies_Meningococcal_Vaccines_2017.pdf. Accessed September 10, 2019.
11. MacNeil JR, et al. *Clin Infect Dis*. 2018;66(8):1276-1281.
12. Patton ME, et al. *MMWR Morb Mortal Wkly Rep*. 2017;66(19):509-513.

Acknowledgments

The authors would like to thank Austin Murphy of Temple University School of Pharmacy for contributions to this research. This work was sponsored by Pfizer Inc. Medical writing support was provided by Anna Stern, PhD, of Complete Healthcare Communications, LLC (North Wales, PA), a CHC Group company, and was funded by Pfizer Inc.

Disclosures

Both authors are employees of Pfizer Inc and may hold stock or stock options.

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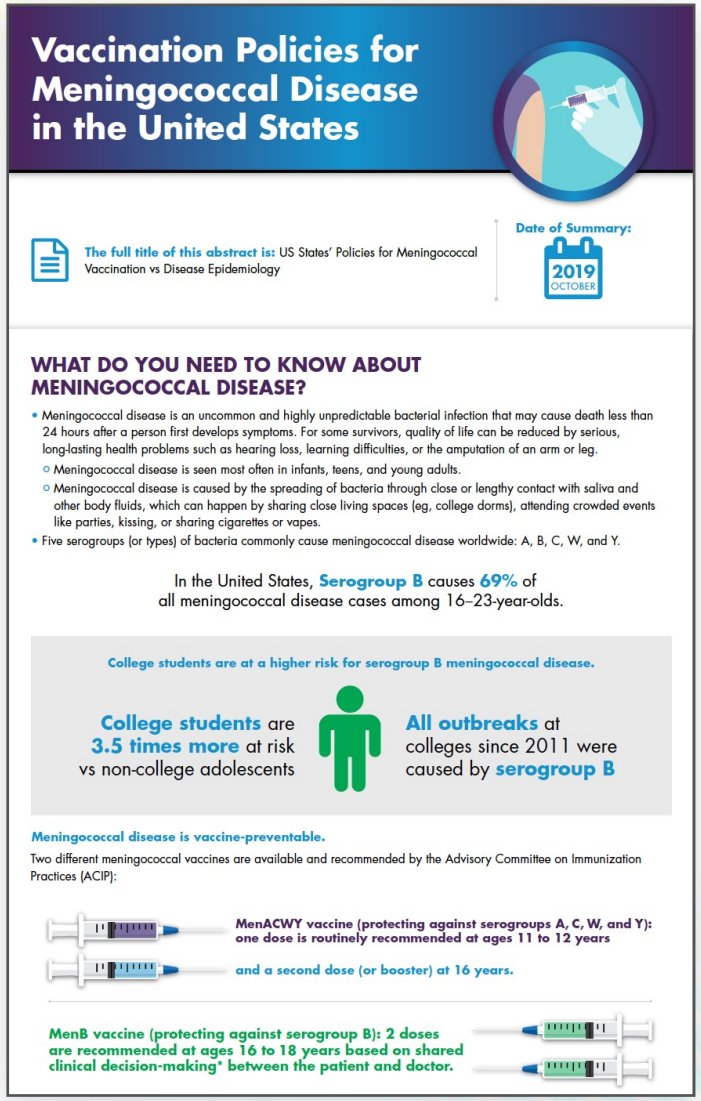
Enhanced Digital Solutions

Through a QR code the audience now has on-demand access to the poster, as well multiple types of supportive information



Vaccination Policies for Meningococcal Disease in the United States

The full title of this abstract is: US States' Policies for Meningococcal Vaccination vs Disease Epidemiology

Date of Summary: 2019 OCTOBER

WHAT DO YOU NEED TO KNOW ABOUT MENINGOCOCCAL DISEASE?

- Meningococcal disease is an uncommon and highly unpredictable bacterial infection that may cause death less than 24 hours after a person first develops symptoms. For some survivors, quality of life can be reduced by serious, long-lasting health problems such as hearing loss, learning difficulties, or the amputation of an arm or leg.
  - Meningococcal disease is seen most often in infants, teens, and young adults.
  - Meningococcal disease is caused by the spreading of bacteria through close or lengthy contact with saliva and other body fluids, which can happen by sharing close living spaces (eg, college dorms), attending crowded events like parties, kissing, or sharing cigarettes or vapes.
- Five serogroups (or types) of bacteria commonly cause meningococcal disease worldwide: A, B, C, W, and Y.

In the United States, **Serogroup B** causes **69%** of all meningococcal disease cases among 16–23-year-olds.

College students are at a higher risk for serogroup B meningococcal disease.

College students are **3.5 times more** at risk vs non-college adolescents

All outbreaks at colleges since 2011 were caused by **serogroup B**

Meningococcal disease is vaccine-preventable.

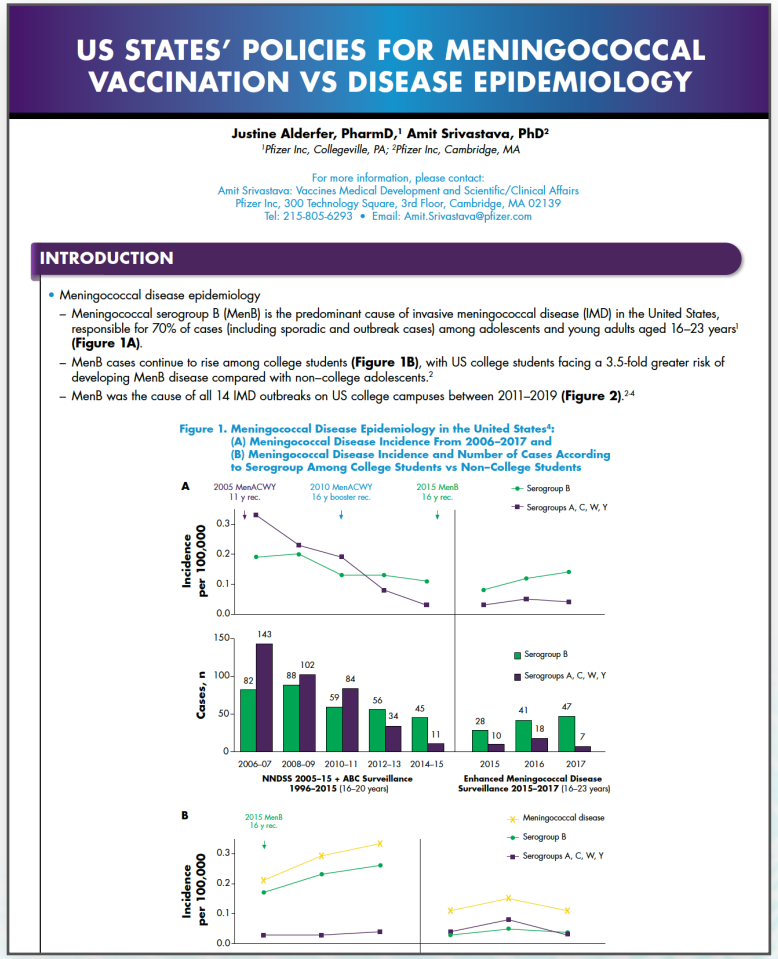
Two different meningococcal vaccines are available and recommended by the Advisory Committee on Immunization Practices (ACIP):

MenACWY vaccine (protecting against serogroups A, C, W, and Y): one dose is routinely recommended at ages 11 to 12 years

and a second dose (or booster) at 16 years.

MenB vaccine (protecting against serogroup B): 2 doses are recommended at ages 16 to 18 years based on shared clinical decision-making* between the patient and doctor.

Plain Language Summary



US STATES' POLICIES FOR MENINGOCOCCAL VACCINATION VS DISEASE EPIDEMIOLOGY

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[1]Pfizer Inc, Collegeville, PA; [2]Pfizer Inc, Cambridge, MA

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Tel: 215-805-6293 • Email: Amit.Srivastava@pfizer.com

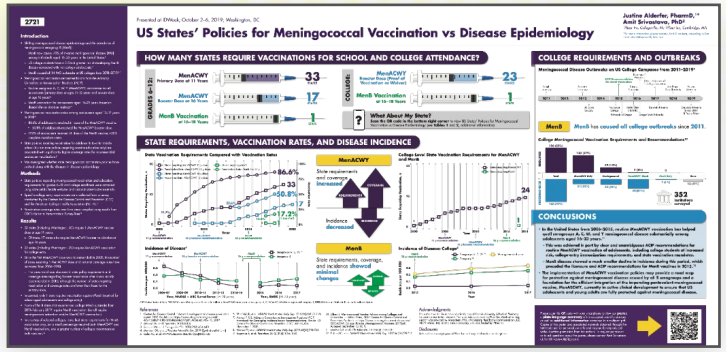
INTRODUCTION

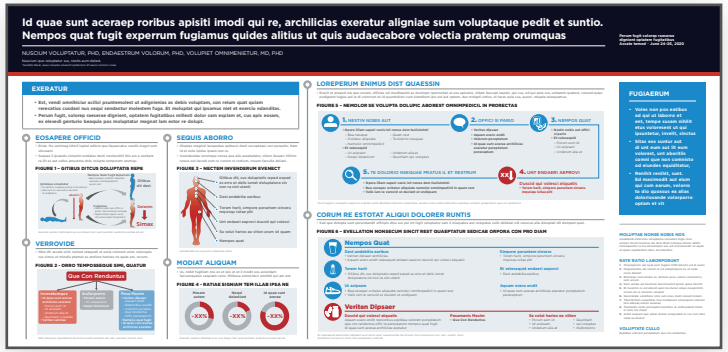
- Meningococcal disease epidemiology
  - Meningococcal serogroup B (MenB) is the predominant cause of invasive meningococcal disease (IMD) in the United States, responsible for 70% of cases (including sporadic and outbreak cases) among adolescents and young adults aged 16–23 years[1] **(Figure 1A)**.
  - MenB cases continue to rise among college students **(Figure 1B)**, with US college students facing a 3.5-fold greater risk of developing MenB disease compared with non–college adolescents.[2]
  - MenB was the cause of all 14 IMD outbreaks on US college campuses between 2011–2019 **(Figure 2)**.[2-4]

Figure 1. Meningococcal Disease Epidemiology in the United States[4]: (A) Meningococcal Disease Incidence From 2006–2017 and (B) Meningococcal Disease Incidence and Number of Cases According to Serogroup Among College Students vs Non–College Students

Long-format manuscript

Metrics and Testimonials





#1 most URL visits of the series

2x more URL visits for QR code posters

2x more URL visits than previous year

190% improvement over previous year's poster

"More people stopped by and asked questions than any other poster presentation I've done"

"…highly recommend presenting THIS poster in the future at any…meeting"

"Poster is GREAT!"

Poll Question 2

Which of these do you engage with **most frequently**?

Graphic Abstract
Plain Language Summary
PowerPoint Slide Decks
Standard Response Letters

Abstract Infographic Plain Language Summary (APLS) sample

Before

An Investigational *Clostridioides (Clostridium) difficile* Vaccine May Provide Long-Term Protection From Disease

<< Graphics: Please include the following information in the document, either as a header or below the title. >>

Date of Summary: October 2020

The full title of this abstract is: Immunogenicity, Safety, and Tolerability of a Booster Dose of *Clostridium difficile* Vaccine and 4 Year Antibody Persistence

Study Number: Clinical Trials.gov number NCT02561195

<< Graphics: Please include the following disclaimers in the document. Please also include a written out web link to the abstract. >>

Please note that this summary only contains information from the full scientific abstract: <<web link>>

- This vaccine is not approved to treat the condition under study that is discussed in this summary.
- This study was sponsored by Pfizer Inc.
- The summary reports the results of 1 study. The results of this study may be different from results of other studies that the researchers look at.
- Researchers must look at the results of many types of studies to understand whether a study vaccine works, how it works, and whether it is safe to prescribe to patients.

What do you need to know about the *C difficile* infection?

- Infection with a bacterium called *Clostridioides (Clostridium) difficile* (also known as *C difficile*) causes severe illness and diarrhea.
  - Older people and those taking antibiotics are especially at risk.
- *C difficile* infection can be difficult to treat, and there is no vaccine available.

What did this study look at?

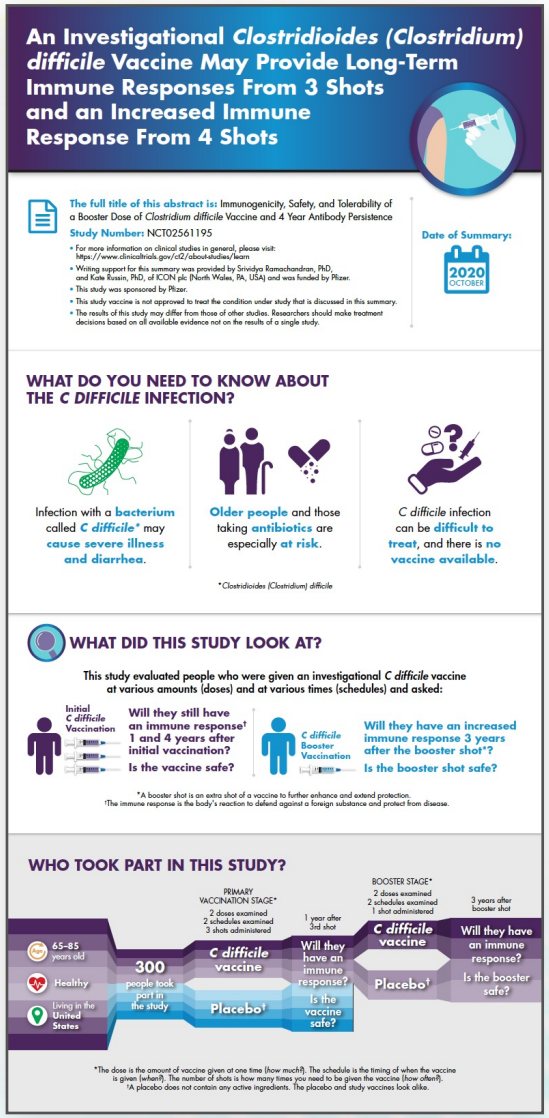
- This study evaluated people who were given an investigational *C difficile* vaccine at various doses (amounts) and at various times (schedules) and asked:
  - <<Initial *C difficile* vaccination>> Will they still be protected after 1 and 4 years? Is the vaccine safe?
  - <<*C difficile* booster vaccination>> Will they be protected? Is the booster shot* safe?
    - *Include following footnote:* *An extra dose of a vaccine to further enhance and extend protection

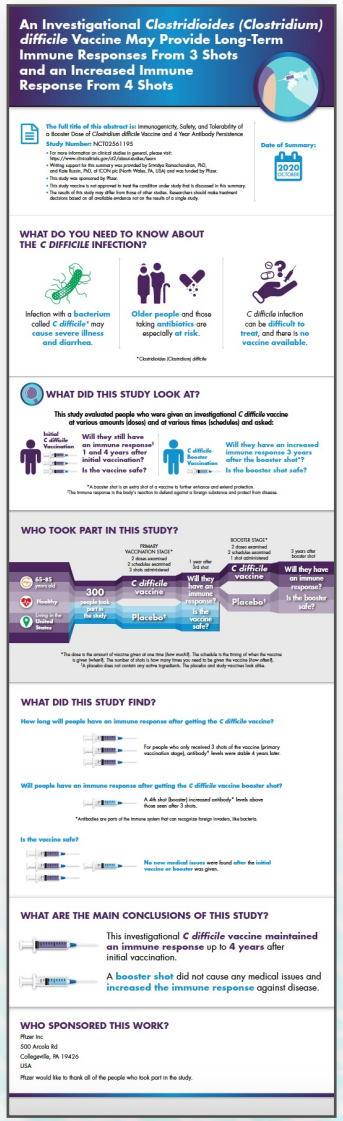
<<Graphics: could we please include a graphic describing the study design?>>

- Healthy adults aged 65–85 years
  - n=300
- Stage 1
  - Vaccinated with:
    - *C difficile* vaccine
      - 2 doses (amounts) of the vaccine were tested
    - Placebo*
  - Given as a 3-dose day (1, 8, 30 days) or month schedule (0, 1, and 6 months)
- Immune responses and safety were assessed during the first year after dose 3
- Booster stage
  - Included subjects who received the *C difficile* vaccine in stage 1, rerandomized 1:1 to receive:
    - *C difficile* vaccine as booster
      - Same dose and schedule as received in stage 1
    - Placebo*
- Immune responses and safety were assessed 3 years after booster (4 years after stage 1 dose 3)

*A placebo does not contain any active ingredients. The placebo and study vaccines look alike.

After





Graphic Abstract

Before

Palbociclib Plus Letrozole for Women with HR+/HER2– ABC in Australia and India

OBJECTIVE

To provide access to palbociclib for patients with HR+/HER2– ABC in Australia and India before commercially availability

STUDY POPULATION

- Key inclusion criteria included:
  - Postmenopausal women aged ≥18 years with HR+/HER2– ABC
  - Eastern Cooperative Oncology Group (ECOG) performance status score of 0–2
  - Deemed appropriate candidates for letrozole therapy
- A total of 252 patients received palbociclib plus letrozole (Australia, n=152; India, n=100).

SAFETY ASSESSMENTS

- The most frequently reported all-grade palbociclib-related TEAEs were neutropenia (66.7%), fatigue (35.3%), and stomatitis (26.6%).
  - Grade 3/4 neutropenia, fatigue, and stomatitis were reported in 62.7%, <1%, and <1%.
- Six patients (2.4%) had febrile neutropenia.
- Approximately 3.2% of patients discontinued due to an adverse event.

RESPONSE RATE [perhaps a vertical bar chart?]

- The observed objective response rate was 19.4% (95% CI, 14.7–24.9) for the total population.
- Australian patients with ≥2 lines of prior therapy for metastatic disease (n=43) had an observed OR rate of 2.3%.

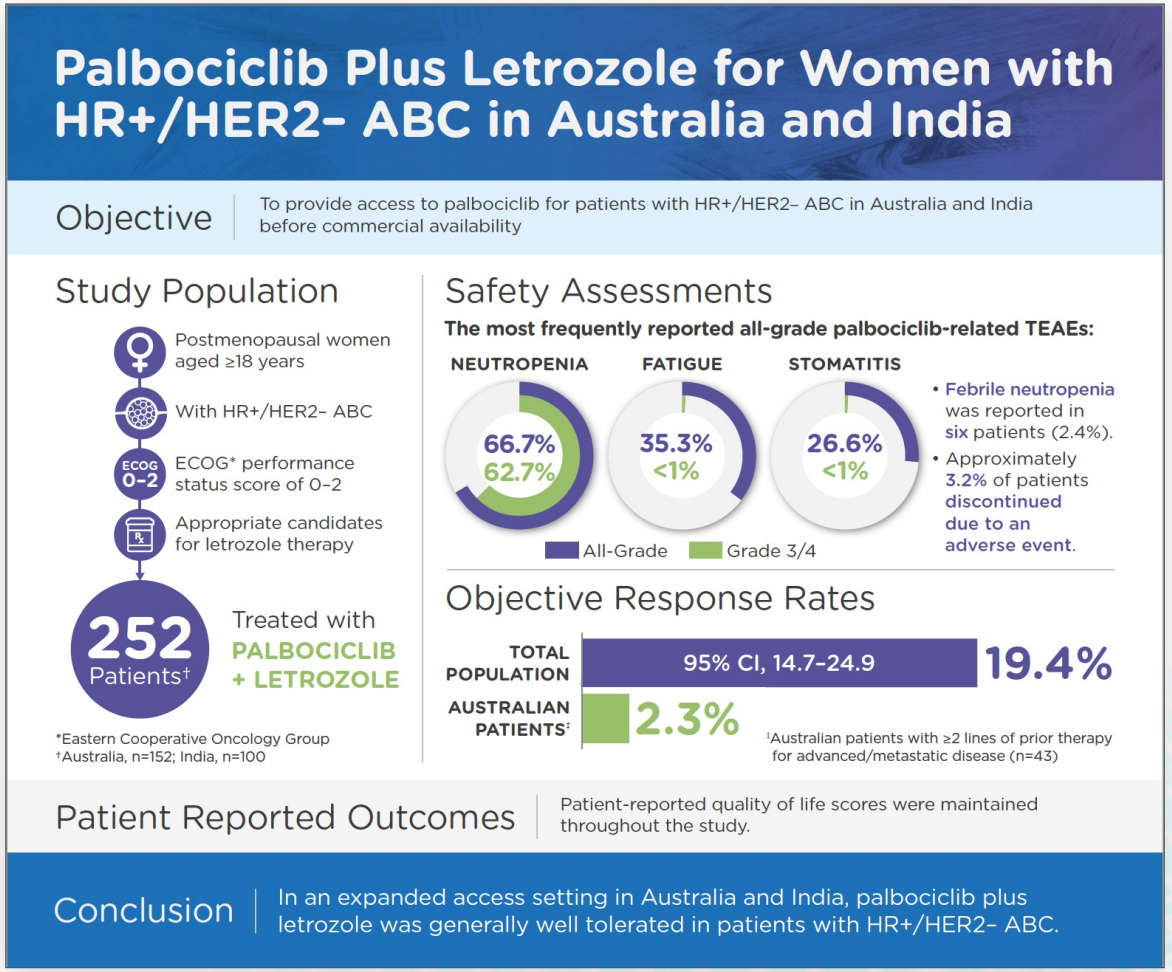
PATIENT REPORTED OUTCOMES

- Patient-reported quality of life scores were maintained throughout the study.

CONCLUSION

- In an expanded access setting in Australia and India, palbociclib plus letrozole was generally well tolerated in patients with HR+/HER2– ABC.

After



Key Takeaway

This process is **scalable** to

- Budget
- Level of complexity
- Diverse formats
- Audience members
- Size of your team

Optimizing Enhanced Visuals in the Medical Affairs Environment

Maya Shehayeb, PharmD

The views expressed in this Webinar are those of the presenter, and are not an official position statement nor do they necessarily represent the views of Amgen, Inc.

Poll Question 3

What is your biggest **challenge** in using enhanced visualization?

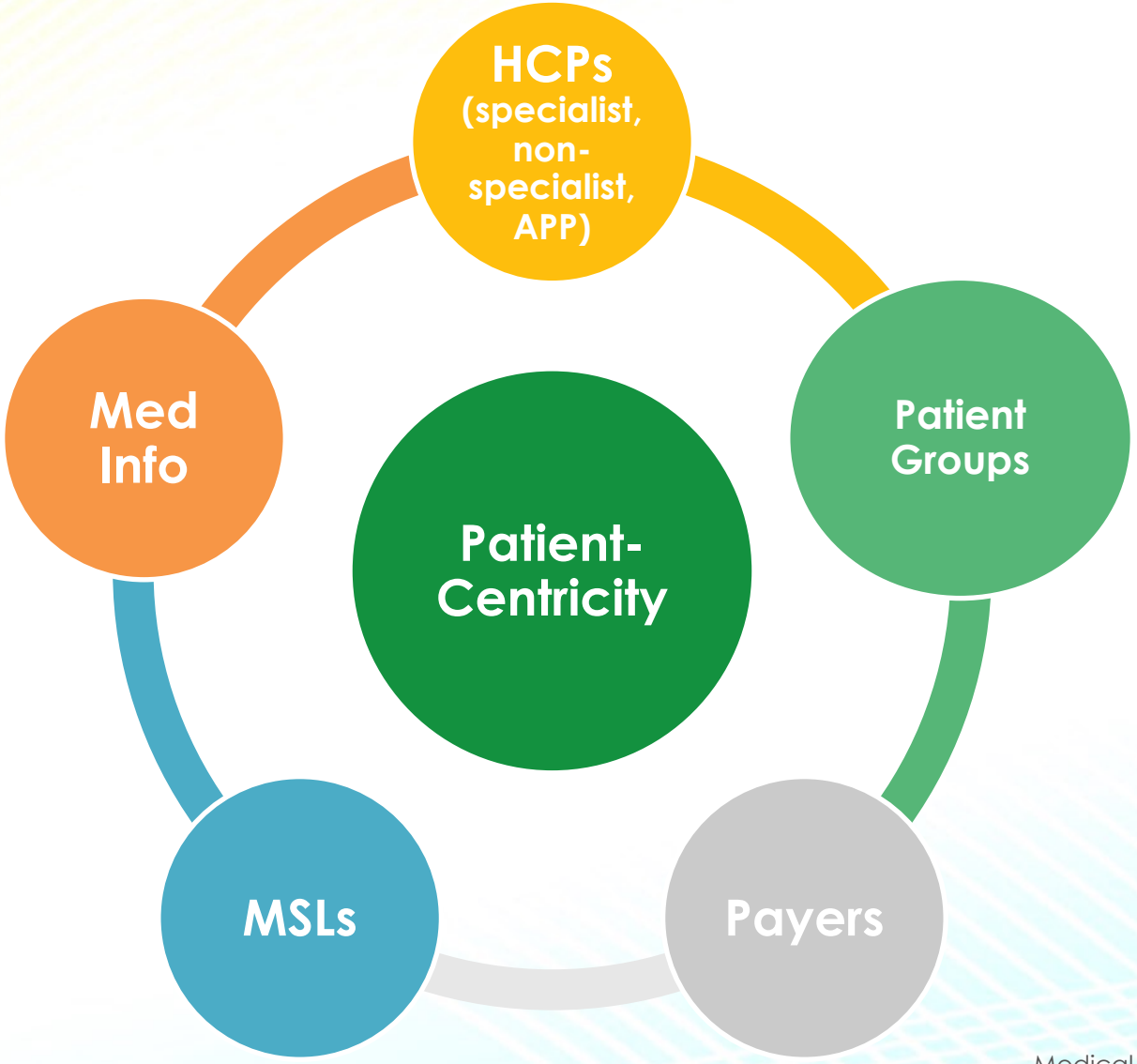
Compliance/Legal
Budget
Perceived as promotional
“Cherry-picking” data

Optimizing Enhanced Visuals in the Medical Affairs Environment

The growth and adoption of enhanced content have:

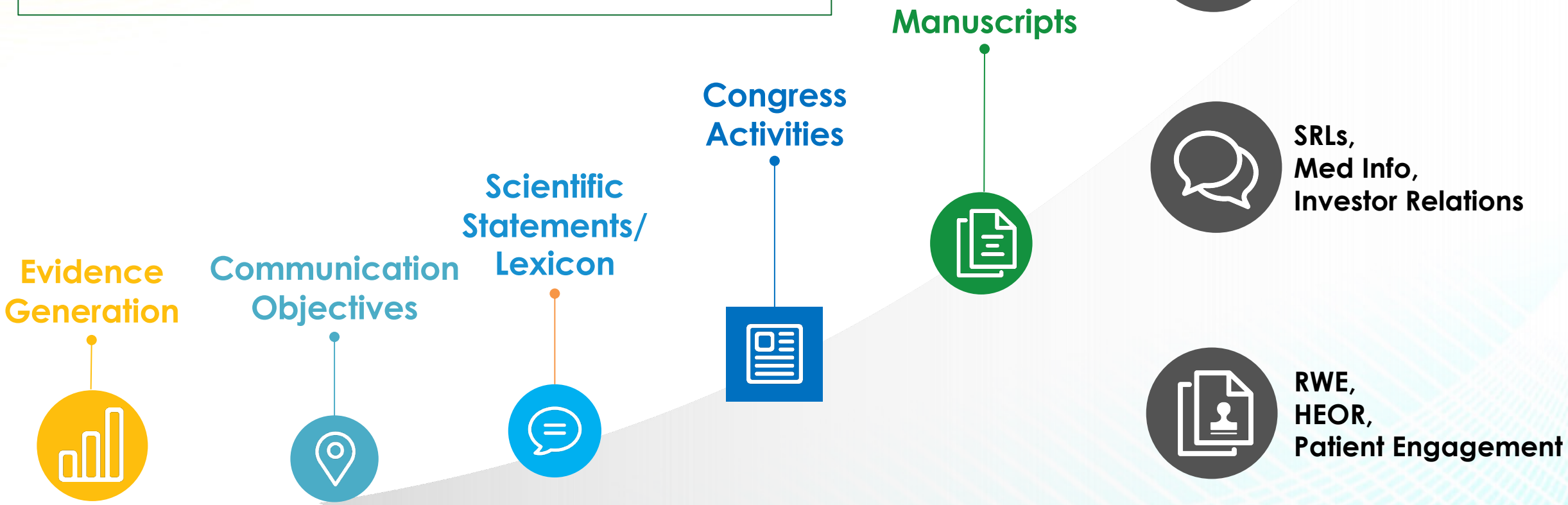
- Provided new tools and options to better communicate data and research,
- Allowed for increased reach, easier access, and a variety of new formats in which to present data compared with traditional printed media

Enhanced Visuals Facilitate Engagement with a Variety of Medical Affairs Audiences



Medical Affairs Guides the Data Communications Journey From Discovery through Engagement

Medical Affairs provides oversight and strategic guidance for education, engagement, training, and related activities and tools



Overcoming Implementation Barriers

Barriers/Concerns	Implementation Strategy
Crisp look and feel to data presentation ("too commercial")	Infographics communicate key data points clearly and concisely. This may be particularly valuable to broader audiences and time-poor clinicians.
Oversimplified, cherry-picked data, lack of fair balance of safety and efficacy	Do not overinterpret data, make factual statements, ensure key overall conclusions of enhanced visual align with original publication/dataset
Budget – often not available for an additional version of the original deliverable	Proactive planning may help mitigate budget constraints. Enhanced visuals can also be the de novo deliverable vs an update of a non-infographic original

Discussion/Q&A/Summing Up

Moderator: Paul Petruzzi, DLitt