

PHUSE Data Transparency Autumn Event 2026

AI-Driven Video Plain Language Summaries

Getting clinical trial results to more patients, at scale

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Agenda

What we'll cover today.

1

Why we started

The patient need behind this work

2

What we built

Video plain language summaries

3

How it works

A five-step, AI-enabled process

4

Why it works

Scalable, low-cost, and sustainable

5

The patient impact

Access, time saved, and trust

6

What we learned

Five takeaways from building this

7

Where we go next

Learning from patient feedback

The why

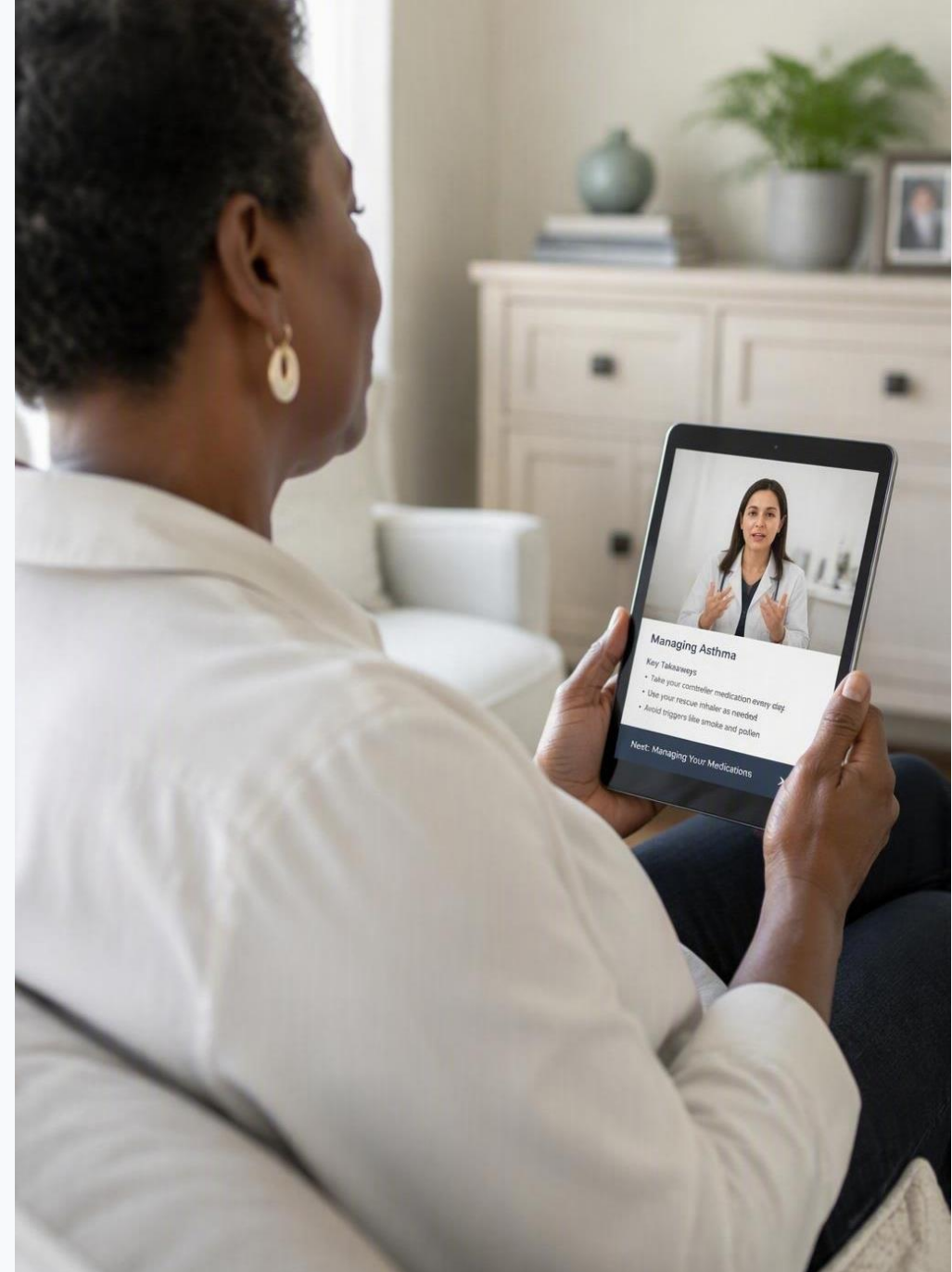
Why We Started

This is not primarily a story about AI. It's a story about patients.

- People take in information in **different** ways:
 - reading
 - seeing it
 - hearing it explained
- Written Clinical Trial Plain Language Summaries (PLS) were a big step forward — but **not the whole answer**
- Video can make health information easier to **access and understand** for many kinds of patients. [1,2, 3, 4]

Key question:

Can we scale clinical trial video PLS for patients without adding headcount?



The Video PLS for Trial Results

A new format for sharing trial results — video, alongside the written summary.

2 Innovations – PLS Video and AI Tool



Still New to the Industry

Video PLS for trial results is still **new** in our industry - unique way to reach more patients



Complement, Not Replace

Video PLS were designed to **complement**—not replace—written PLS.



Accessibility Beyond Simplifying Words

Offering information in a format that may **better meet patient preferences.**

Scaling Up Without Adding People

Making a lot of these is the hard part — so we built a repeatable, human-led process.



The Challenge

- Traditional video is **manual**— added time, cost and people
- Patient and transparency **expectations** keep rising
- Teams must **do more** with the resources they already have



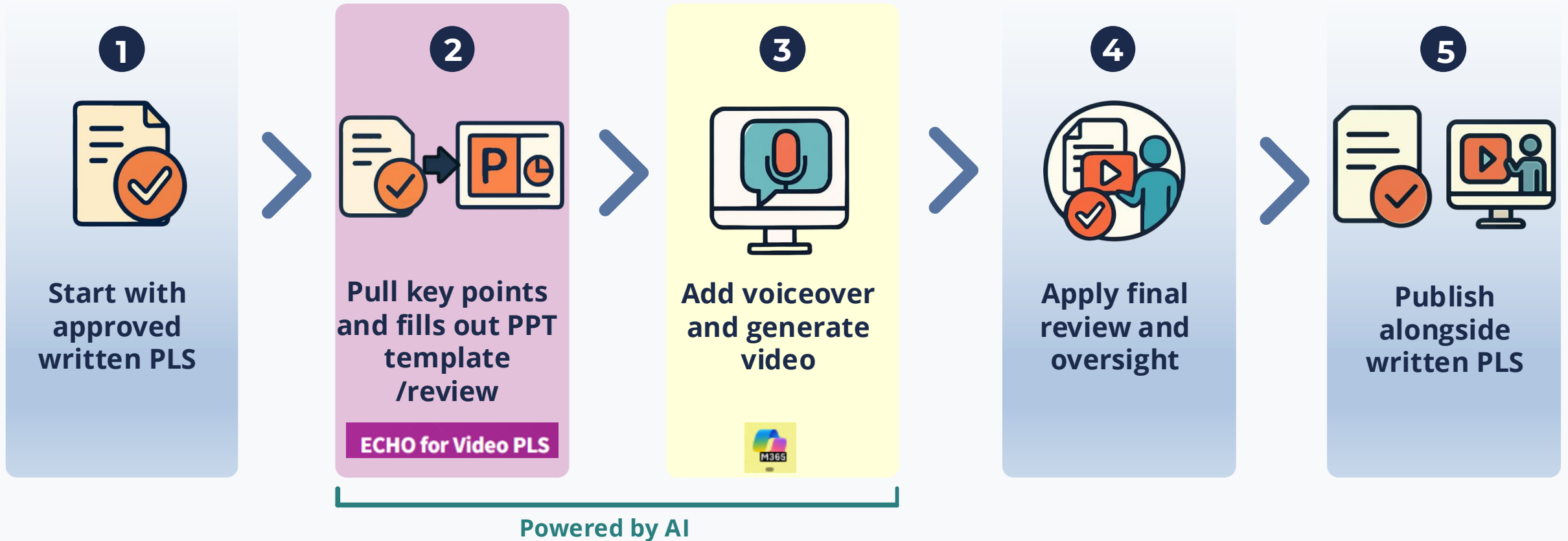
A Repeatable Process

- **Builds on** the approved written PLS
- AI framework: Uses that approved content as the source — **no re-authoring, consistent**
- **Repeatable process**: same quality, more scalable
- Shifts team from producers to reviewers & editors

Goal: Technology assists but humans stay accountable at every step

How the Process Works

Five steps, with the approved content at the center the whole way through



“ Different format. Nothing new added to the science.

A Look Inside the AI Tool - ECHO

ECHO for Video PLS

Executive Content Handoff Orchestrator | Card R-07 · Clinical Trial Results | Built in-house by TRIM

Upload a Plain Language Summary (Word or PDF) and let AI extract the study data and slide narration, or bring an agent-generated script directly — then populate the approved BMS Video PLS PowerPoint template.

1

Study Source

Extract from a PLS document with AI, or bring a ready-made script

Input Source

AI reads a Plain Language Summary and produces the <STUDY_DATA> and <SLIDE_NARRATION> blocks for you

Generate from PLS document (AI)

Drag and drop file here

Limit 200MB per file • PDF, DOCX

ca224-123_pls_en_final_approved.pdf 1.5MB

ca224-123_pls_en_final_approved.pdf

AI Model

claude-opus-4-8

Endpoint: Anthropic /v1/messages (native PDF / Word text)

Extraction Prompt · default

Run AI Extraction

2

PowerPoint Template

Use the approved template or upload a modified version

Template Source

The default template lives in the Domino code section

Upload a modified template instead

BMS Video Script Template.pptx

FOUND

3

Run Options

Choose what gets populated in this run

Populate Mode

Choose what the script populates

Both (text placeholders + speaker notes)

Text placeholders only

Speaker notes only

Generate PowerPoint

Study Data Fields

All fields are editable — fix any extraction errors before generating

Study Identity

STUDY ID

CA224-123

STUDY MEDICINE

nivolumab + relatlimab

CONDITION FULL NAME

metastatic colorectal cancer

1

LLM based Extraction Agent

2

Editable token fields and narration script

3

AI PowerPoint template filler

- 1 LLM based Extraction Agent
- 2 Editable token fields and narration script
- 3 AI PowerPoint template filler

A Look Inside the AI Tool – ECHO

A brief demo



ECHO for Video PLS

Executive Content Handoff Orchestrator | Card R-01 - Clinical Trial Results | Built in-house by TTRM

Upload a Plain Language Summary (Word or PDF) and let AI extract the study data and slide narration, or bring an agent-generated script directly — then populate the approved BMS Video PLS PowerPoint template.

Open AI Agent

1

Study Source

Extract from a PLS document with AI, or bring a ready-made script

Input Source

AI reads a Plain Language Summary and produces the <STUDY_DATA> and <SLIDE_NARRATION> blocks for you

Generate from PLS document (AI)

▼

Drag and drop file here

Limit 200MB per file • PDF, DOCX

Browse files

ca224-123_pls_en_final_approved.pdf

1.5MB

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ca224-123_pls_en_final_approved.pdf

PDF

AI Model

claude-opus-4-8

▼

Awaiting your study source

Upload a Plain Language Summary (.pdf / .docx) and run AI extraction, or paste a ready-made script containing <STUDY_DATA> and <SLIDE_NARRATION>

From Document to Video

The same approved content, side by side — the written summary and the video.



Bristol Myers Squibb

Plain Language Summary of Clinical Trial Results

Short Study Title: A Study of Nivolumab-relatlimab Fixed-dose Combination Versus Regorafenib or TAS-102 in Participants With Later-lines of Metastatic Colorectal Cancer (RELATIVITY-123)

Study Medicine: BMS-986213 also called **nivolumab + relatlimab** (pronounced "NIV-oh-LOO-mab + reh-LAT-ih-mab"),

Date of Summary: 17 June 2026



Thank You!

Thank you for taking part in this clinical study. Bristol Myers Squibb ran the study, for your time and commitment.

This summary shares what the study was about. It also shares what the researcher people who took part.

Approved v1.0

Why was the study done?



This study was done to find a new type of treatment for people with **metastatic colorectal cancer** whose previous treatments did not work well.

Metastatic colorectal cancer is a type of cancer that starts in the large intestine (colon or rectum) and has spread to other parts of the body. The colon and rectum are part of the digestive system. They help the body process food and remove waste.

People with **metastatic colorectal cancer** may:

- Feel tired or weak
- Have stomach pain
- Have changes in bowel habits (such as diarrhea or constipation)
- Lose weight without trying

This study aimed to find out if:

- **nivolumab + relatlimab** could help people with colon cancer live longer than standard treatment
- **nivolumab + relatlimab** was safe to take

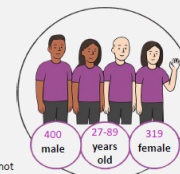
Who took part in the study?

The study included **719** participants with **metastatic colorectal cancer**.

- 400 were male.
- 319 were female.
- They were between **27** and **89** years old.

Participants:

- Had colorectal cancer that had spread or could not be removed
- Had already received previous treatments for their colorectal cancer



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Key sections pulled



ECHO and Copilot

A Study of Nivolumab + Relatlimab in People with Metastatic Colorectal Cancer



Why was the study done?

Metastatic colorectal cancer is a type of cancer that starts in the large intestine and has spread to other parts of the body.

People may feel:

- tired or weak
- have stomach pain
- other symptoms



This study was done to find out if **nivolumab + relatlimab**:

- could help people with colon cancer live longer than standard treatment
- it was safe to take



Who took part?

719 people with metastatic colorectal cancer took part in the study.



Participants were from four regions including:

- Australia
- Europe
- Asia
- North America
- South America.

Want to learn more?

This video helps explain the study results in plain language. It gives a summary and does not include all details. For more information, please see the full Plain Language Summary and the study results on public clinical trial websites.



Study ID: CA224-123

Always talk to a doctor before making any treatment decisions.

Approved Written PLS

Simple AI-Generated Video PLS

A Study of Nivolumab + Relatlimab in People with Metastatic Colorectal Cancer



Why This Works in Practice

Scalable, low-cost, and sustainable for our team

~20 min
To produce, start to finish

***Save ~\$2.5K - \$25K**
Per 4 Min Video



For Our Team

- Scales **without adding headcount**
- Built at **no extra cost**
- **Quick** to set up and deploy
- **Easy to improve** over time



For the Organization

- **More patients** reached
- Stronger **trust**
- Innovation others can **reuse**

**Estimated vs. the cost of fully outsourced video development.*

The Patient Impact

The value here isn't the technology. It's what it opens up for patients.

***~78–95%**
Time Saved for Patients
compared with reading the full
summary



More choice and
flexibility in how
patients access
study results



More
approachable
and engaging
format for
complex clinical
information

“ Our hope is that by lowering that first barrier, more patients take the first step. A short video can encourage patients to read the full summary for the whole picture.

**~78–95% time savings estimated by comparing average PLS reading time (~18–60 minutes for 6–10 pages at ~3–6 minutes per page) to video watch time (3–4 minutes) [5].*



The Broader Impact

Beyond the data, the impact is deeply human.

1



Reaching underserved patients

Accessible, easy-to-translate formats **reach patients often left out** — those facing language or access barriers.

2



Building Trust in Research

Clarity **builds trust** in research, which could make people more willing to take part in future trials.

3



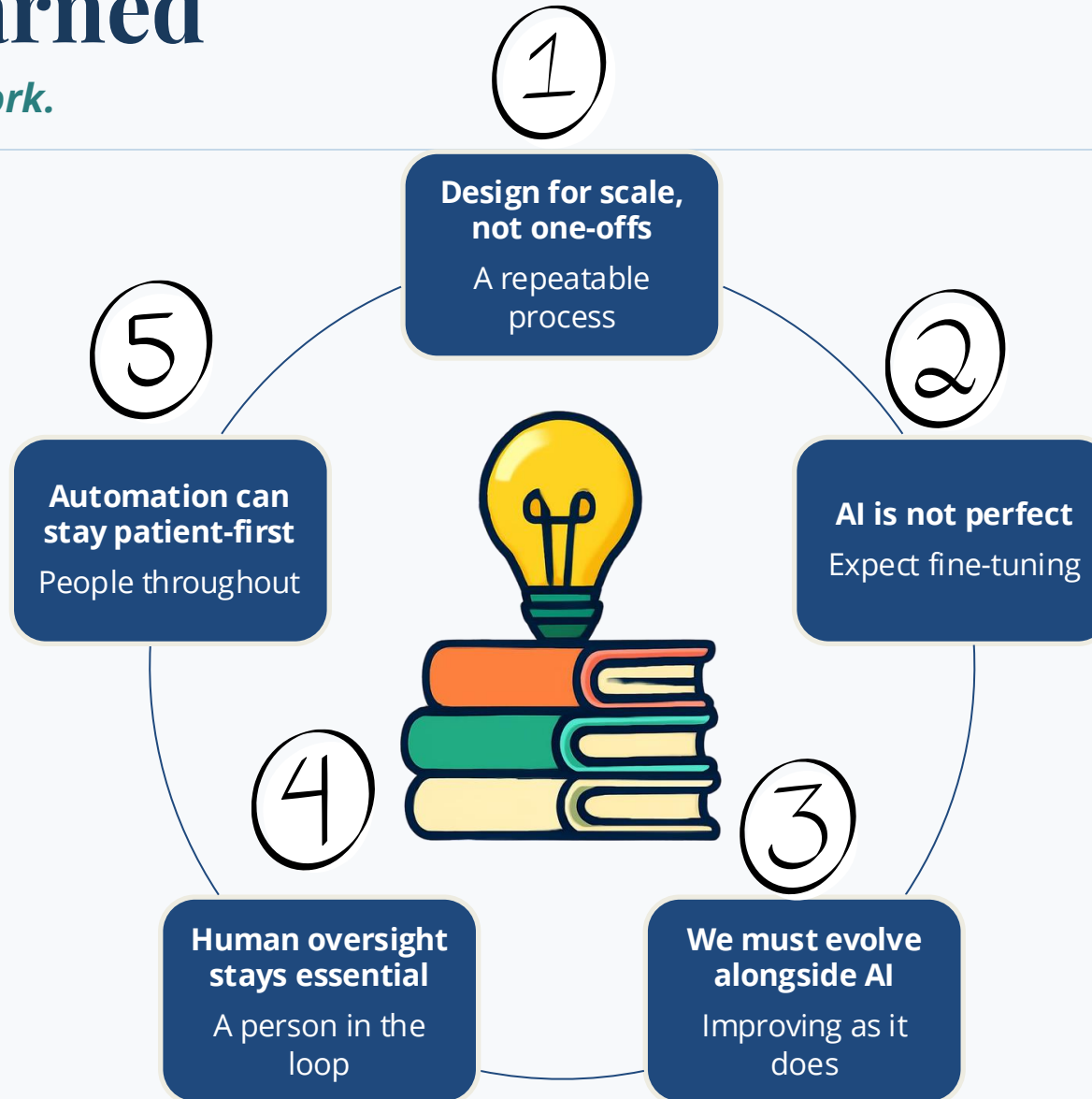
Giving patients the choice

When information is clear, patients can make their own **informed decisions** about their health and care.

At the heart of it — meeting patients where they are, and letting them choose how they take this in.

What We Learned

Five takeaways from this work.



In Closing

Looking Ahead

Now that the capability exists, the real learning begins.

"Patients don't experience our processes — they experience the information we provide. The next chapter is learning how different formats can better reach the patients and communities we serve."

Moving forward



Keep improving

We'll keep **refining the tool** and videos as AI and our process evolve.



Gather patient feedback

We want to **hear directly from patients and patient groups** about how these summaries work for them – so far encouraging.



Learn what matters

To understand the **value** of these summaries — and how format shapes the way patients engage.

Thank you

Questions?

References

External References

Peer-reviewed evidence supporting the patient impact of video summaries

1. **Moe-Byrne T, Knapp P, Lidster A, et al.** How effective are video animations as information tools for patients and the general public? An updated systematic review. *Frontiers in Digital Health*. 2025;7:1717044.
2. **Galmarini E, Marciano L, Schulz PJ.** The effectiveness of visual-based interventions on health literacy in health care: a systematic review and meta-analysis. *BMC Health Services Research*. 2024;24:718.
3. **Hansen S, Jensen TS, Schmidt AM, et al.** The effectiveness of video animations as a tool to improve health information recall for patients: systematic review. *J Med Internet Res*. 2024;26:e58306.
4. **Blake KV, Antal H, Bunnell HT, et al.** Comprehension by caregivers and adolescents of clinical trial information delivered via multimedia video versus conventional practice: nonrandomized controlled trial. *JMIR Pediatr Parent*. 2023;6:e44252.
5. **WordTimeCalculator.** (n.d.). *Reading time and words-per-minute benchmarks*. <https://wordtimecalculator.com/>

