


# Ferma Congress

APRIL 2025



 **ZOOMRX**

Our conference coverage is robust and flexible, we enable client teams to amplify their conference CI with high-velocity, hyper-personalized insights

100+  
CONFERENCES  
*for*  
25+  
CLIENTS  
...SINCE 2020

#### PROVEN FRAMEWORK

A well-developed approach, where coverage is tailored for pre-, peri-, and post-conference needs



#### AI-ENHANCED MODULES

Instant summaries for any presentation at a conference

Complex custom analyses, spanning across multiple conference datasets, generated near-instantly



#### COMPREHENSIVE & ADAPTABLE APPROACH

Planning for session coverage (in-person and virtually) spanning Client priorities and competitor of interest

# Your *One-Stop* Conference Intelligence Platform



## CUSTOM PRIORITIZED PLANNERS IN 24 HOURS

for each participating teams across multiple disease areas prioritized based on their competitive landscape, all accessible on the Ferma portal



## AUTO-GENERATED ONE-CLICK SUMMARIES

available on the Ferma portal within 4 hours of the session; designed to deliver quick, detailed snapshots of any conference presentation. These can be downloaded as PowerPoint slides and plugged into your workflows instantly.



## FERMA INSIGHTS

an AI-Driven Interactive Module that generates real-time, tailored insights to your KBQs (or any other question), enabling swift responses to emerging data, competitor actions, and market trends.

# Conference Coverage *Workflow*

- Abstracts populated **within 6 hours**
- In less than 12 hours, automated prioritization of abstracts available
- Within 24-36 hours, manually reviewed and QC'ed planner is ready

## ABSTRACTS RELEASED

- Priority session updates for High Priorities in less than 4 hours
- Photos, videos, posters, and decks (as available) uploaded by end of day along with a report of daily highlights
- AI Generated One-click Summaries available along with the content

## PERI-CONFERENCE

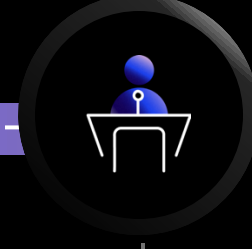
- Understand competitive landscape for each team
- Align on keywords & phrases, priority competitors
- Collect internal Abstracts
- Discuss any other key business questions

## PRE-CONFERENCE

- As time permits, continue prioritization and refinement of sessions and abstracts
- Option for pre-conference report with key themes, prioritization stats and social traction data with tweets, news, & PRs

## POST-CONFERENCE

- Automated updates to session overviews (incl. transcripts as available) within 24-48 hours
- Full report available **1 week** post conference



# One Stop *Portal*

The screenshot displays the FERMA.AI portal interface for the ASCO 2022 Oncology conference. The top navigation bar includes the FERMA.AI logo, a search bar with the text "Search in FERMA", and a user profile section for "Vivek". The main content area is titled "ASCO 2022 - Oncology" and provides event details: "06/02/2022 - 06/06/2022" in Chicago, IL, with a link to the conference website. A status indicator shows "Congress Completed".

A "Filter By" sidebar on the left lists various criteria for filtering abstracts, including Priority, Abstract ID, Date, Session Type, Session Title, Abstract Title, Indication, Primary Drug, Secondary Drug, Comparator Drug, Drug Class, Sponsor, Authors, and Buzz. The main content area features a "Filters" button and a "Sort By: High To Low Priority" dropdown. Three abstracts are displayed in a list view, each with a detailed card showing session information and a "View More" link.

Abs ID	Date	Time	Type	View More
#LBA3	06/05/2022	2:17 pm CDT	Plenary Session	<a href="#">View More</a>
#LBA5500	06/06/2022	8:00 am CDT	Oral Abstract Session	<a href="#">View More</a>
#9003	06/03/2022	2:00 pm CDT	Oral Abstract Session	<a href="#">View More</a>

Each abstract card also includes a session title, a priority dropdown (Flash, High), and a "Buzz" indicator (e.g., 100%, 87%, 85%).

# One Click *Summaries*

- Conferences today feature thousands of sessions running simultaneously, making it challenging to gather key data efficiently.
- With One-Click Summaries, effortlessly download a single-slide summary of ANY presentation.
- Each PowerPoint slide is pre-formatted to integrate seamlessly into your reports—just add your custom implications.

**Efficacy and Safety of AXS-05 (Dextromethorphan-Bupropion) in Patients With Major Depressive Disorder: A Phase 3 Randomized Clinical Trial (GEMINI)**  
*Amanda Jones et al.; P7-040*

Product	Company	Indication	Phase/Trial ID
AXS-05	Axsome Therapeutics	Major Depressive Disorder	Phase 3 (NCT04019704)

**Background**  
 Altered glutamatergic neurotransmission has been implicated in the pathogenesis of depression. This trial evaluated the efficacy and safety of AXS-05 (dextromethorphan-bupropion), an oral N-methyl-D-aspartate (NMDA) receptor antagonist and  $\alpha 1$  receptor agonist, in the treatment of major depressive disorder (MDD).

**Study Design**

- This double-blind, phase 3 trial, was conducted between June 2019 and December 2019
- Patients with a DSM-5 diagnosis of MDD were randomized in a 1:1 ratio to receive dextromethorphan-bupropion (45 mg-105 mg tablet) or placebo, orally (once daily for days 1–3, twice daily thereafter) for 6 weeks
- The primary endpoint was the change from baseline to week 6 in the Montgomery-Asberg Depression Rating Scale (MADRS) total score

**Results**

- A total of 327 patients were randomized: 163 patients to dextromethorphan-bupropion and 164 patients to placebo
- Dextromethorphan-bupropion was superior to placebo for MADRS improvement at all time points including week 1 ( $P = .007$ ) and week 2 ( $P < .001$ )
- Remission was achieved by 39.5% of patients with dextromethorphan-bupropion versus 17.3% with placebo (treatment difference, 22.2; 95% CI, 11.7 to 32.7;  $P < .001$ ), and clinical response by 54.0% versus 34.0%, respectively
- Results for most secondary endpoints were significantly better with dextromethorphan-bupropion than with placebo at almost all time points
- Common adverse events in the dextromethorphan-bupropion group were dizziness, nausea, headache, somnolence, and dry mouth
- Dextromethorphan-bupropion was not associated with psychotomimetic effects, weight gain, or increased sexual dysfunction

**Conclusion**

- In this phase 3 trial in patients with MDD, treatment with dextromethorphan-bupropion (AXS-05) resulted in significant improvements in depressive symptoms compared to placebo starting 1 week after treatment initiation and was generally well tolerated

**Supporting Images**

**Figure 2. MADRS Total Scores, Remission, and Clinical Response in a Phase 3 Trial of AXS-05 (Dextromethorphan-Bupropion) for Major Depressive Disorder (mITT)**

**A. MADRS Total Scores Over Time<sup>a</sup>**

Week	Dextromethorphan-bupropion (N=156)	Placebo (N=162)
0	0	0
1	-4.5	-3.5
2	-10.5	-7.5
3	-13.5	-9.5
4	-16.5	-11.5
6	-17.5	-12.5

**Implications**

- Study demonstrated that treatment with dextromethorphan-bupropion (AXS-05) resulted in clinically meaningful and statistically significant improvements in depressive symptoms compared to placebo starting at week 1 in patients with MDD and was well tolerated
- The efficacy of dextromethorphan-bupropion was supported by significant improvements compared to placebo on multiple clinically relevant endpoints across symptom-specific and global measures, demonstrating internal consistency of the study results

Cut through the clutter

LET ONE-CLICK SUMMARIES DO THE WORK

# One Click *Summaries*

- Empower your decisions with Ferma Insights, an AI-driven module designed to deliver instant, customized answers to your KBQs. Stay ahead by responding swiftly to new data, competitor moves, and market dynamics.
- Effortlessly analyze conference data with automated insights, eliminating manual effort.
- Export results directly into Excel, PowerPoint, or Word, seamlessly integrating into your workflow.

← Back To Planner

Ferma Insights

Summarize sessions on bispecifics for RRMM

Ferma

**My interpretation of your question:**

- Summarize sessions on bispecific antibodies for Relapsed/Refractory Multiple Myeloma.

**My response is below:**

**Innovative Approaches in Bispecific Antibodies for Relapsed/Refractory Multiple Myeloma**

Overview: The recent ASH 2024 conference sessions highlighted significant advancements in the use of bispecific antibodies (BsAbs) for treating relapsed/refractory multiple myeloma (RRMM). These sessions covered various aspects, including real-world utilization, early response assessment, combinatorial strategies, infection risks, and novel resistance mechanisms. The findings underscore the potential of BsAbs to improve patient outcomes through innovative therapeutic strategies.

- **Real-World Utilization and Patient Characteristics:** A study on the real-world utilization of BsAbs in the US community oncology setting revealed rapid uptake following their approval. Among 564 patients, 202 received BsAbs, with teclistamab being the most common (91%). The median age was 69.5 years for the BsAb cohort. The study highlighted the increasing preference for BsAbs, with 54% of patients initiating BsAb therapy in 2024.
- **Early Response Assessment Using CMMCs:** Research on circulating multiple myeloma cells (CMMCs) demonstrated their potential as early biomarkers for assessing response to BsAb therapy. In a study involving 31 patients, 75% achieved CMMC level 0 by day +30, with a 61% overall response rate. This approach could provide real-time insights into treatment efficacy and disease burden.
- **Combinatorial Strategies with CD38xCD28 and BCMAxCD3 BsAbs:** Preclinical studies showed that combining a novel CD38xCD28 BsAb (REGN7945) with linvoseltamab (BCMAxCD3 BsAb) significantly enhanced anti-tumor activity. This combination improved T cell activation, cytokine production, and cytotoxicity, suggesting a promising therapeutic strategy for deeper and more durable

Focus on Action

LET FERMA HANDLE THE HEAVY LIFTING



**Get in touch**

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