

Medical & Scientific Visual Communication

Presentations, congress posters,
educational materials, and scientific storytelling.

Clear. Accurate. **Visually compelling.**



Medical doctor. Designer. One partner.

Scientific accuracy and visual clarity, without the hand-off between them.



01 —

MEDICAL BACKGROUND

- Medical doctor with 25 years in the pharmaceutical industry
- Medical Advisor, Marketing Manager, Business Unit Head
- Interprets clinical-trial data and speaks the language of medical reviewers and KOLs

02 —

DESIGN & COMMUNICATION

- 5 years designing for pharma and healthcare
- Presentations, congress posters, HCP education, packaging, motion
- Across therapeutic areas and specialties, from oncology and cardiology to diabetes and beyond

03 —

BUSINESS & PROCESS

- eMBA: brand strategy, timelines and budgets
- Veeva Vault PromoMats and medical review workflows
- White-label agency collaboration, reliable delivery

Borislav Mrdja, MD, eMBA

Founder, Moj Dizajner – Medical Design Studio
Belgrade, Serbia · Remote / International (CET)

Fewer medical revisions. Faster approvals. Clearer stories.

MEDICINE.
DESIGN.
BUSINESS.

Selected medical & scientific communication work

A curated selection of projects demonstrating scientific depth and visual communication.

01 —

CLINICAL-TRIAL COMMUNICATIONS

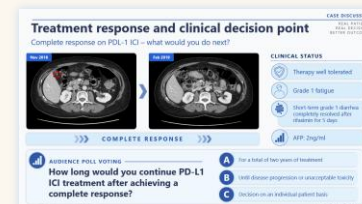
From complex data to clear, impactful stories.



02 —

CASE REPORTS

Highlighting unique clinical insights.



03 —

HCP & PATIENT EDUCATION

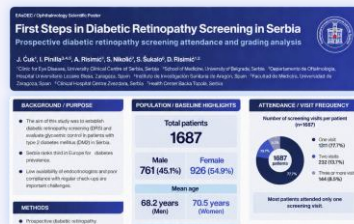
Turning complex Information into clear, relevant messages.



04 —

CONGRESS MATERIALS

Engaging visuals for scientific exchange.



05 —

HEALTHCARE PACKAGING

Clinical clarity from carton to label.



06 —

MOTION & BRAND FILM

Premium product films with every animation synced to sound.



4K · 16:9 · 10 s

Diverse formats. A consistent purpose.

Supporting better science, better conversations, and better outcomes.

MEDICAL KNOWLEDGE.
VISUAL IMPACT.
REAL-WORLD VALUE.

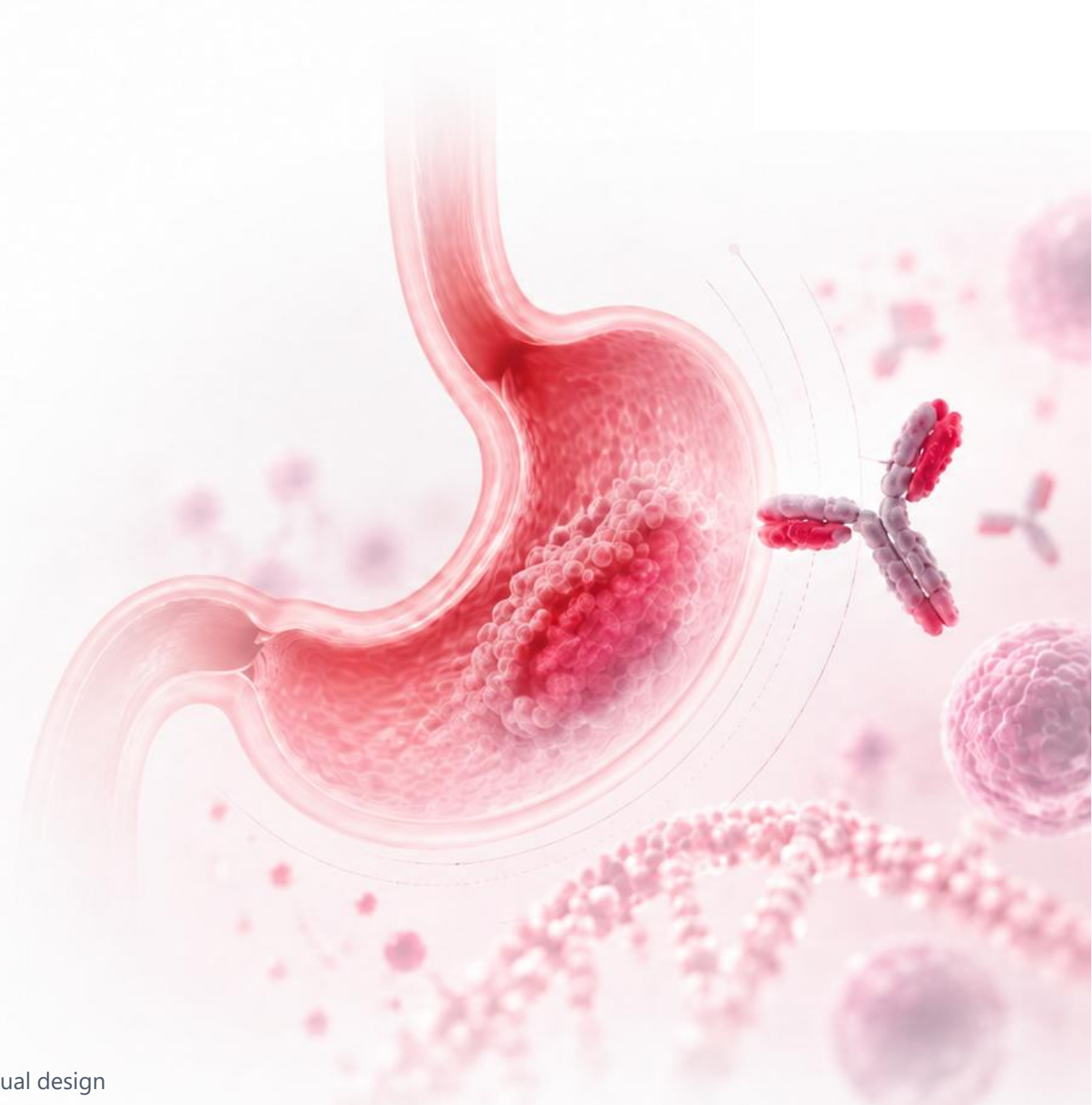
SPOTLIGHT: a multicentre, randomised, double-blind, phase 3 trial

Zolbetuximab plus mFOLFOX6 in patients with CLDN18.2-positive, HER2-negative, untreated, locally advanced unresectable or metastatic gastric or gastro-esophageal junction adenocarcinoma

Shitara K, et al. Lancet. 2023;401:1655–1668.

Independent portfolio concept based on published SPOTLIGHT trial data. Not commissioned by or affiliated with the study sponsor.

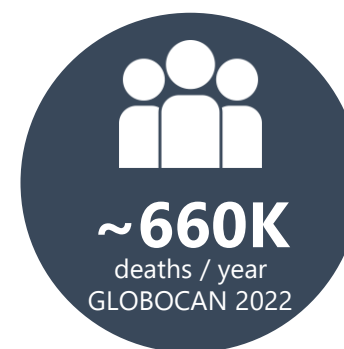
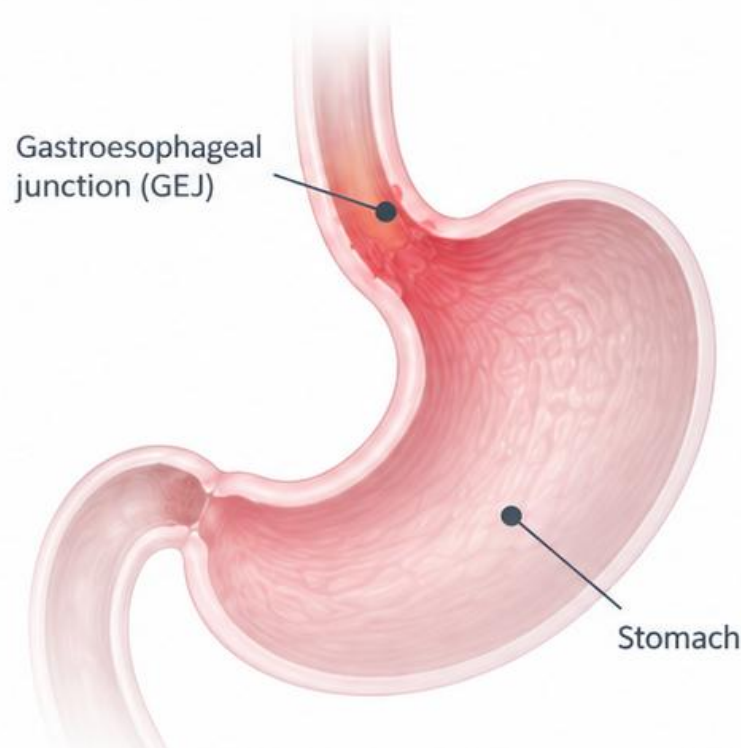
Role: scientific review • evidence synthesis • slide architecture • data visualization • visual design



Disease Context & Clinical Summary

Advanced Gastric / GEJ Adenocarcinoma

High unmet need persists in advanced gastric/GEJ cancer, with limited survival and growing importance of biomarker-guided care.



**High
unmet need**



**Advanced
disease**
unresectable or
metastatic



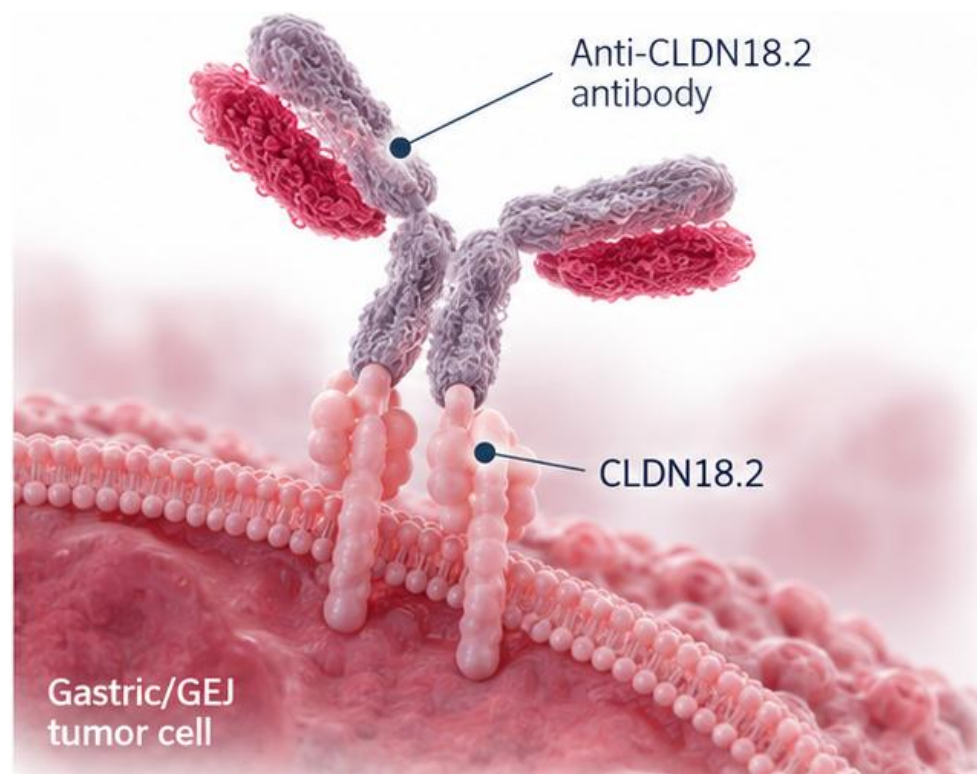
**Biomarker
strategy**
increasingly
important

Clinical Rationale

Why Target CLDN18.2?

CLDN18.2 is a clinically actionable target in a biomarker-defined subset of gastric/GEJ adenocarcinomas.

- **Selective expression**
- **Therapeutic accessibility**
- **Precision-medicine opportunity**



Aberrantly exposed in cancer

CLDN18.2 becomes exposed on tumor cells in gastric/GEJ adenocarcinoma.



Targetable on tumor cells

Cell-surface localization enables antibody targeting.



Defined patient population

38.4% (922/2403) of screened patients with valid CLDN18 IHC results were CLDN18.2-positive...using the $\geq 75\%$ moderate-to-strong membranous staining cutoff.

Study design

Randomized, double-blind, placebo-controlled phase 3 trial

Study population



Untreated locally advanced unresectable or metastatic gastric or GEJ adenocarcinoma



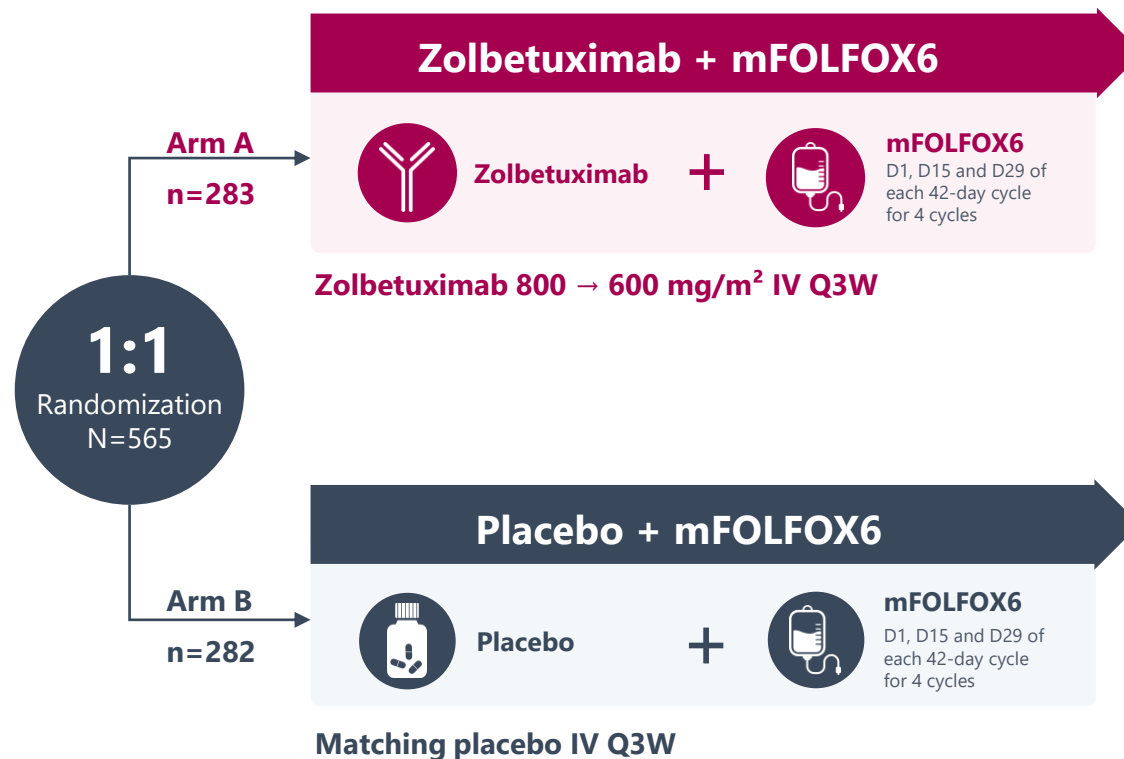
HER2-negative



CLDN18.2-positive (≥75% of tumor cells, IHC)



ECOG performance status 0–1



Primary endpoint



- Progression-free survival by IRC per RECIST v1.1

Key secondary endpoints



- Overall survival (OS)
- Time to deterioration in QoL (TTCD)

Selected secondary endpoints



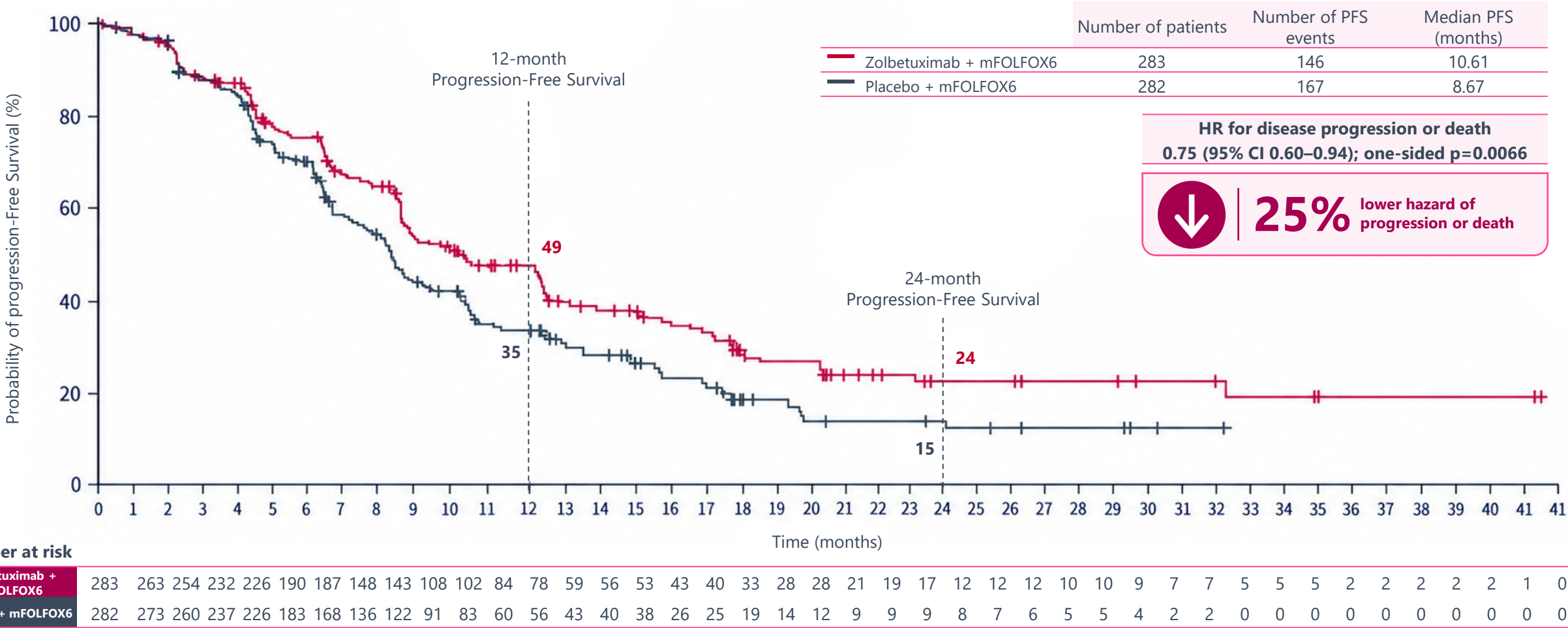
- Objective response rate (ORR)
- Duration of response (DoR)
- Patient-reported outcomes (PROs)
- Safety

Stratification factors

- Region (Asia vs non-Asia)
- Number of organs with metastases (0–2 vs ≥3)
- Prior gastrectomy (yes vs no)

Progression-Free Survival

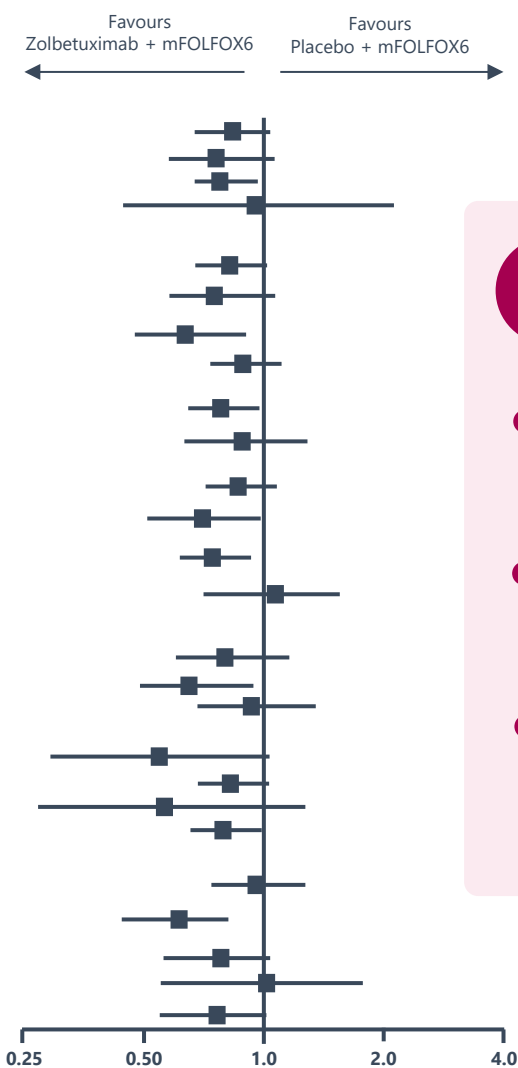
Kaplan-Meier analysis (full analysis set)



Subgroup analysis

Progression-free survival (PFS) in the full analysis set

Subgroup	Zolbetuximab + mFOLFOX6		Placebo + mFOLFOX6		Hazard ratio (95% CI)
	Number of events / number of patients	Median PFS (months)	Number of events / number of patients	Median PFS (months)	
Age (years)					
≤65	94/181	11.04	106/181	8.94	0.77 (0.58–1.02)
>65	52/102	10.61	61/101	8.57	0.71 (0.49–1.04)
≤75	138/267	10.61	154/260	8.44	0.74 (0.59–0.93)
>75	8/16	8.34	13/22	10.41	0.96 (0.39–2.34)
Sex					
Male	95/176	10.61	106/175	8.94	0.78 (0.59–1.02)
Female	51/107	11.04	61/107	8.38	0.71 (0.49–1.03)
Region					
Asia	45/88	12.55	47/89	8.21	0.56 (0.37–0.85)
Non-Asia	101/195	9.69	120/193	9.36	0.85 (0.65–1.11)
Number of metastatic sites					
0–2	107/219	12.35	123/219	9.20	0.73 (0.56–0.94)
≥3	39/64	8.11	44/63	8.18	0.84 (0.55–1.30)
Previous gastrectomy					
No	106/199	9.30	117/200	8.57	0.81 (0.62–1.05)
Yes	40/84	12.42	50/82	9.26	0.62 (0.41–0.94)
Primary site					
Stomach	109/219	12.22	126/210	8.38	0.69 (0.53–0.89)
Gastro-oesophageal junction	37/64	8.77	41/72	8.94	1.02 (0.65–1.59)
Lauren classification					
Diffuse	40/82	12.48	64/117	10.28	0.76 (0.51–1.13)
Intestinal	41/70	10.28	46/66	6.57	0.58 (0.38–0.89)
Mixed or other	49/81	9.79	35/55	8.67	0.93 (0.60–1.43)
Country					
Japan	12/32	18.07	17/33	8.28	0.48 (0.23–1.01)
Non-Japan	134/251	10.41	150/249	8.74	0.79 (0.63–1.00)
China	12/19	8.54	10/17	6.24	0.50 (0.20–1.26)
Non-China	134/264	11.04	157/265	9.07	0.75 (0.60–0.95)
Race					
White	77/140	8.94	82/134	10.15	0.93 (0.68–1.27)
Asian	47/96	13.96	51/97	8.21	0.53 (0.35–0.79)
Tobacco history					
Never	75/142	10.35	82/137	8.25	0.74 (0.54–1.01)
Current	15/26	10.28	14/25	8.67	1.00 (0.48–2.09)
Former	56/113	12.32	70/118	9.76	0.71 (0.50–1.02)



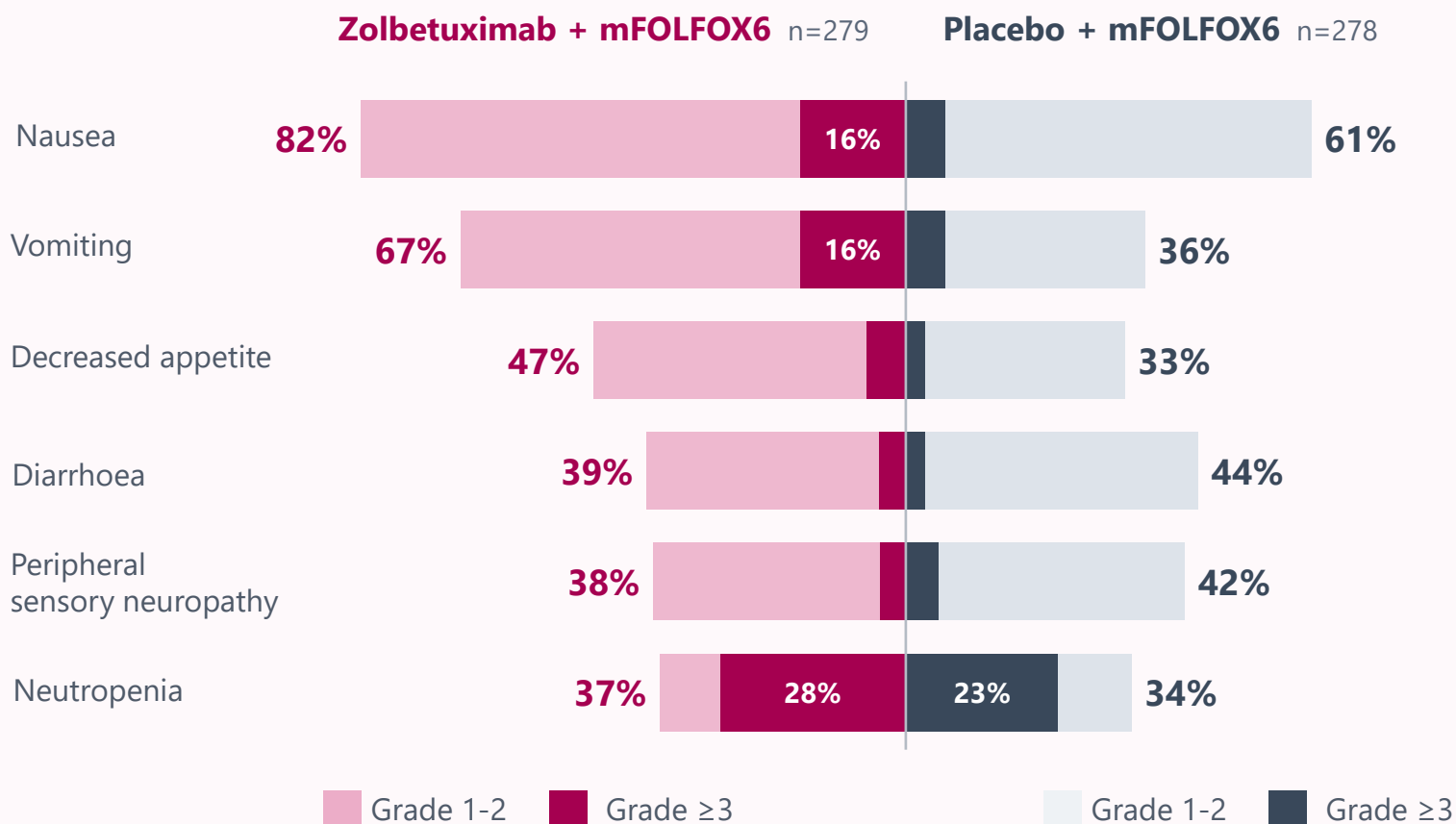
Key takeaways

- PFS benefit generally favored zolbetuximab across most subgroups
- Treatment-effect estimates varied, and several 95% CIs crossed 1
- Small subgroups had wide CIs; subgroup findings should be interpreted cautiously

Safety profile

Most frequent treatment-emergent adverse events (safety analysis set)

Selected treatment-emergent adverse events (by preferred term)



Key safety observations

Grade ≥3 TEAEs

87% vs **78%**

Treatment-related discontinuation

14% vs **2%**

Treatment-related deaths

2% vs **1%**

■ Zolbetuximab ■ Placebo



Nausea and vomiting were more frequent with zolbetuximab; overall safety was consistent with the known profile.

Initial assessment and surgical pathway

From suspected HCC to resection and follow-up gap

CASE DISCUSSION

NATIONAL CONGRESS ON
HEPATOBIILIARY CANCERS

2022



Clinical status



- **Radiology:**
Highly suspicious for HCC
- **Stage:**
BCLC A
- **Child-Pugh:**
A
- **Preserved liver function,**
no portal hypertension,
no extrahepatic spread.



Preserved liver function
and Child-Pugh A status
supported surgical
eligibility

2022



Diagnostic work-up



- **HCC diagnosis** based
on pathology analysis
- **CT findings typical
for HCC** arterial phase
hypervascularity with portal
venous washout in nodules >1
cm in a cirrhotic patient



Typical imaging and
pathology findings
confirmed HCC and
supported resection

Aug
2022



Surgery and follow up



- **Abdominal MSCT after
resection :**
No sign of recurrence
- **Pathology:** moderately
differentiated HCC, R0
resection
- **Patient** was referred to surgery
without prior MDT discussion
- From August 2022 to June
2024 patient did not attend
follow-up visits

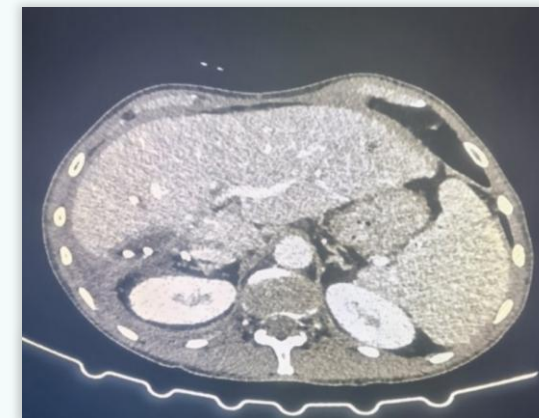


R0 resection was achieved,
but the absence of MDT
review and follow-up are
critical learning points

CT scan



Preoperative CT

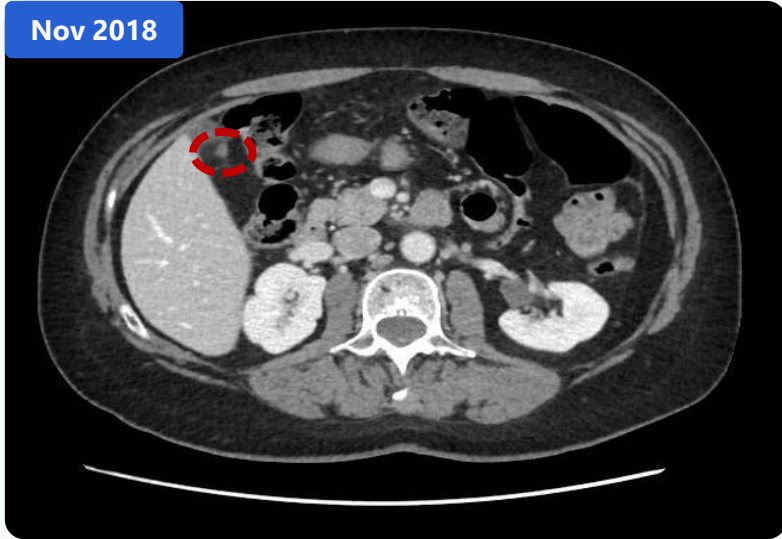


Post-resection CT

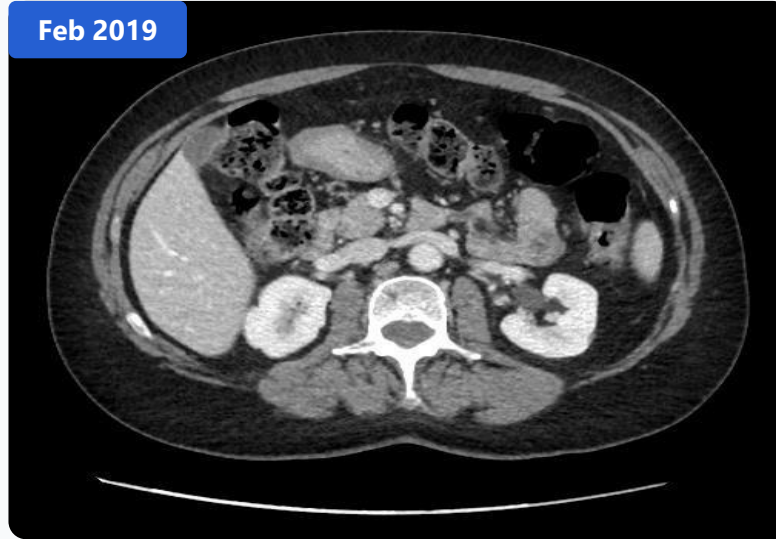
Treatment response and clinical decision point

Complete response with anti-PD-L1 therapy – what would you do next?

Nov 2018



Feb 2019



COMPLETE RESPONSE



CLINICAL STATUS



Therapy well tolerated



Grade 1 fatigue



Short-term grade 1 diarrhea completely resolved after rifaximin for 5 days



AFP: 2 ng/mL



AUDIENCE POLL

How long would you continue anti-PD-L1 therapy after achieving a complete response?

A

For a total of two years of treatment

B

Until disease progression or unacceptable toxicity

C

Decision on an individual patient basis

HCP Educational Materials

CLIENT WORK

Ophthalmic HCP brochure · 6 panels · Serbian market

Challenge

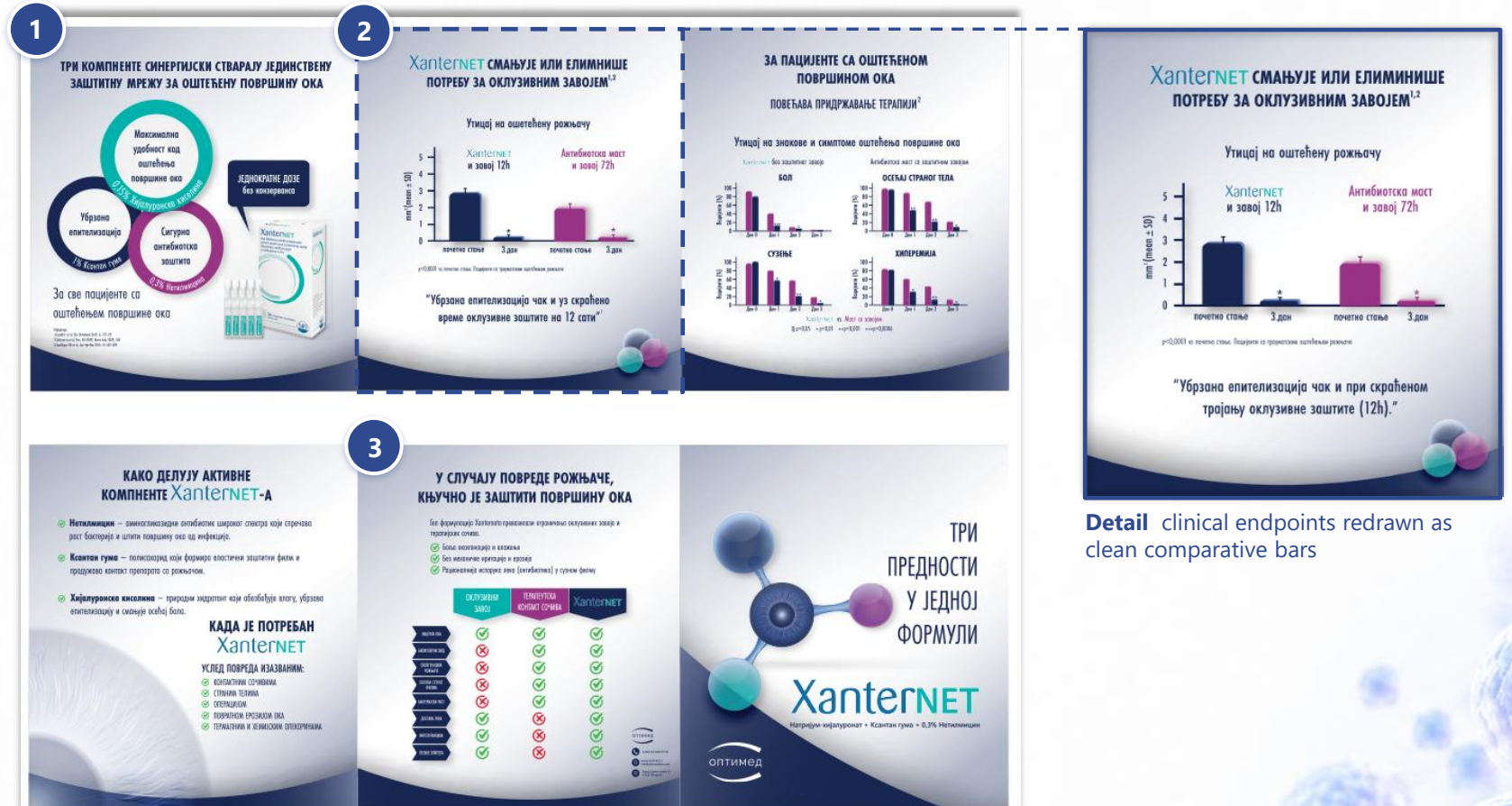
Product science and clinical evidence had to work within a short medical-rep visit.

Approach

One visual story: mechanism → evidence → comparison, with clinical data redrawn as simple charts.

► [Open full PDF](#)

Role: information architecture • visual storytelling • production design



Detail clinical endpoints redrawn as clean comparative bars

- 1 Mechanism of three components shown as one system
- 2 Clinical endpoints as comparative bar charts
- 3 Feature comparison vs. alternatives at a glance

Congress Poster

CLIENT WORK

A0 scientific poster · EASDEC Annual Meeting 2025

Challenge

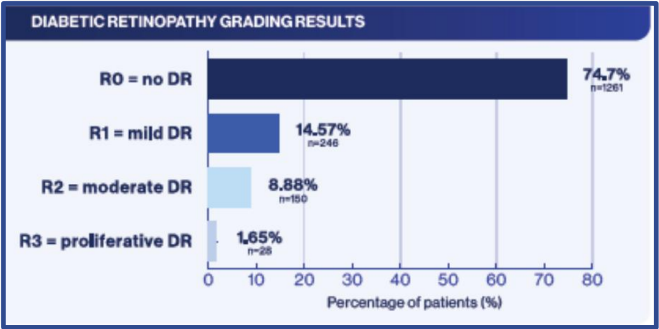
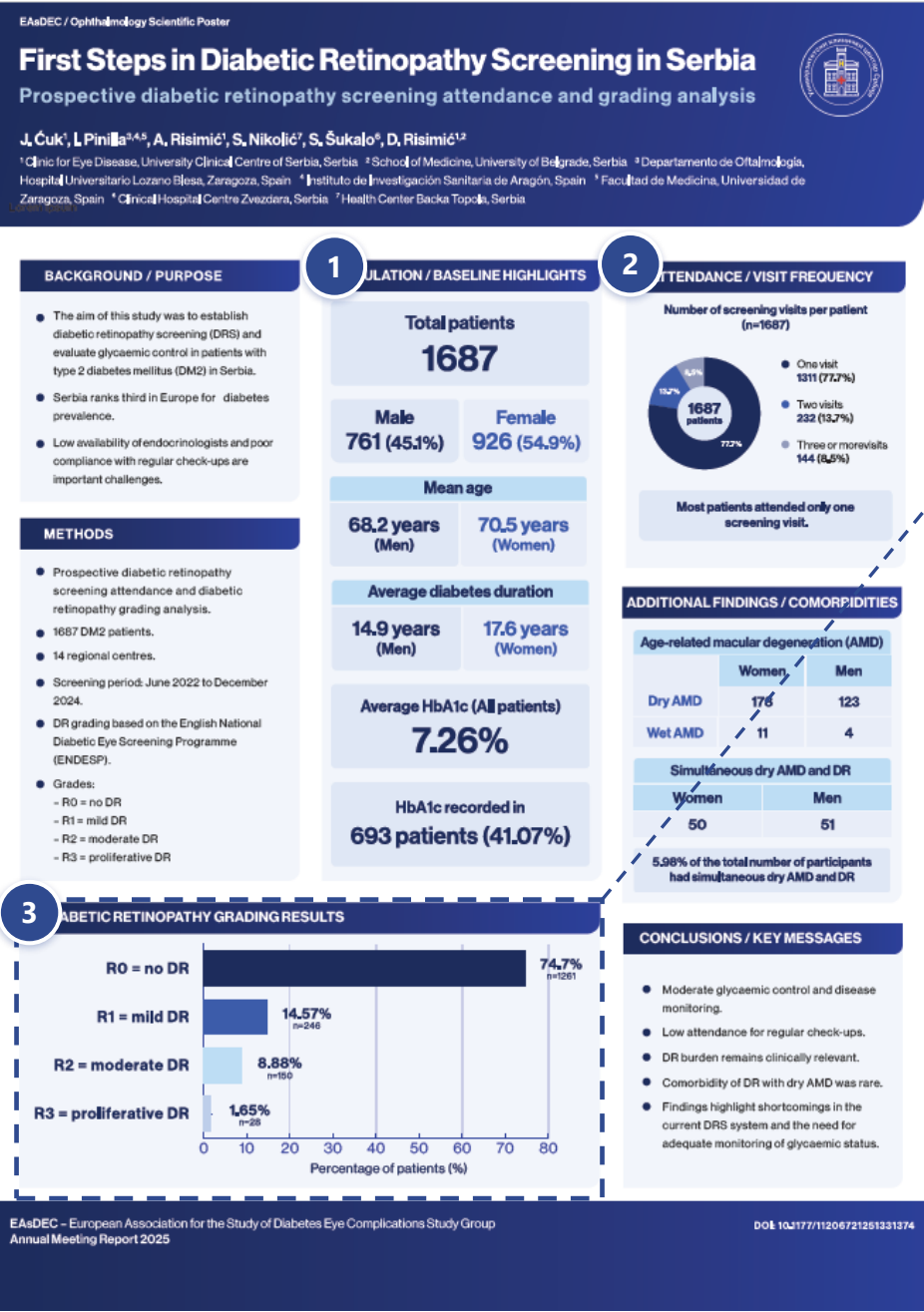
A multi-centre screening study (1,687 patients, 14 centres) had to be understood in under a minute at a busy congress.

Approach

Key numbers first, methods condensed, results as ranked bars and a donut chart.

► [Open full PDF](#)

Role: content structuring • data visualization • A0 poster design



Detail grading results as ranked bars with n per group

- 1 Baseline data as scannable number blocks
- 2 Visit frequency as a donut chart
- 3 DR grading as ranked horizontal bars

Healthcare Packaging

CLIENT WORK

Ophthalmic solution · carton & label · Serbian market

Challenge

Look clinical and trustworthy on a busy pharmacy shelf, and still fit all mandatory Cyrillic text.

Approach

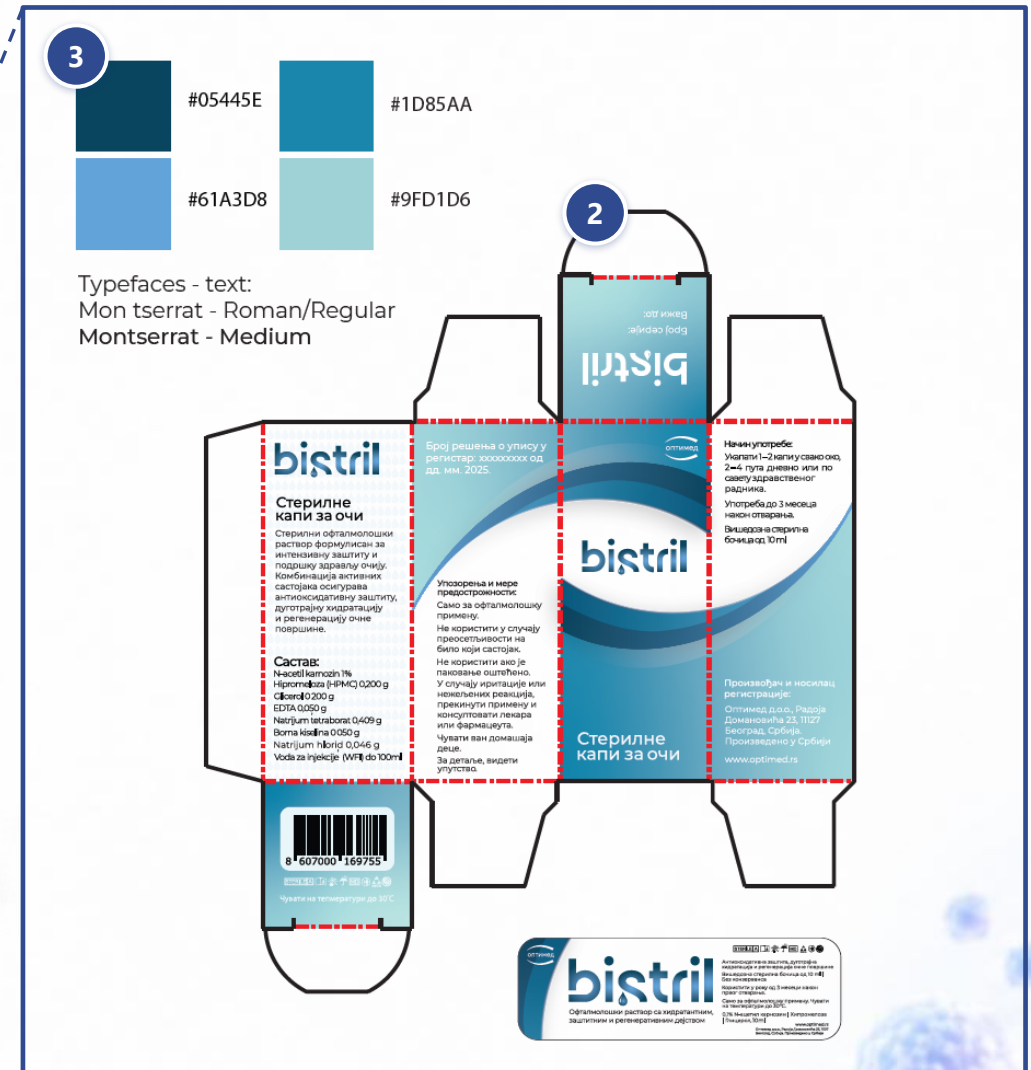
A calm teal wave system: four colours and one typeface, from carton to label.

► [Open full PDF](#)

Role: packaging design • dieline & artwork • colour & type system

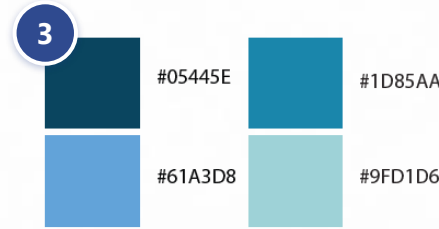


1 3D carton mockup with brand wave



2 Full dieline with mandatory Cyrillic text

3 Colour palette and type system



Motion & Brand Concept

10-second premium OTC product film (Bilobil Intense): morning light reveals the message, then the product, with every animation synced to the music.

► [Open full Video](#)

4K · 16:9 · 10 s · music & SFX sync

Role: concept • art direction • motion design • compositing • sound design

Concept / spec work. Not commissioned by or affiliated with Krka; brand and pack shown for portfolio purposes only.



0:01 Morning light



0:03 Flare reveals the claim



0:04 Pack on the beat



0:10 End card

How I can support **your team**

Medical understanding. Scientific storytelling. Visual communication.

01 —

MEDICAL & SCIENTIFIC

- Scientific review & content validation
- Evidence synthesis & key messages
- Clinical-trial interpretation
- Medicine & life sciences

02 —

VISUAL COMMUNICATION

- Presentations, congress decks & posters
- Case reports & clinical storytelling
- Figures, data visualization & HCP materials
- Print & digital deliverables

03 —

WAYS OF WORKING

- Project-based or ongoing freelance support
- White-label agency collaboration
- Remote / international work

Scientific review and visual design can be delivered as an integrated service or separately, depending on project needs.

SAME SCIENCE.
A CLEARER STORY.
GREATER IMPACT.

Borislav Mrdja, MD, eMBA

Belgrade, Serbia | Remote / International

✉ office@mojdizajner.com

in [linkedin.com/in/borislavmrda](https://www.linkedin.com/in/borislavmrda)

🌐 www.mojdizajner.com

Available for project-based and ongoing freelance collaboration.

Portfolio use & rights notice

This portfolio includes independent scientific demonstrations and selected client work. The notice below clarifies source data, ownership and my design contribution.

01 —

INDEPENDENT SCIENTIFIC DEMONSTRATION

- SPOTLIGHT materials are independent portfolio concepts based on publicly available published clinical-trial data.
- Data source: Shitara K, et al. Lancet. 2023;401:1655–1668.
- Not commissioned by, affiliated with, or endorsed by the study sponsor.

02 —

SELECTED CLIENT WORK

- Some examples were created as completed client projects and are shown solely to demonstrate my visual communication contribution.
- Client-supplied content, product names, trademarks and source materials remain the property of their respective owners.
- No endorsement, affiliation or ownership of third-party brands is implied.

03 —

DESIGN CONTRIBUTION

- Visual design, information architecture, layout and presentation development were created by Borislav Mrdja.
- Examples are included for portfolio review only and should not be reused without appropriate permission.
- Scientific review and visual design can be delivered together or separately, depending on project needs.

Purpose of this portfolio

To demonstrate scientific-communication, medical-content structuring and visual-design capabilities — not to imply sponsorship, endorsement or ownership of third-party material.