

DELAWRITER

The quarterly newsletter of AMWA-DVC

Delawriter Editors

Spring Edition, 2020

VOLUNTEER CORNER

Showcasing members who contribute time, energy, and expertise to AMWA's Delaware Valley Chapter

A Scientist Discovers Her Love for Writing

By Jacqueline M. Mahon

Ruwaida Vakil, long-time member and volunteer for the American Medical Writers Association (AMWA), says that her passion for science and medicine was cultivated by her mother's similar interests. Vakil gravitated to science as a youngster and later completed a Master's in Immunology at the University of Toronto and the Ontario Cancer Institute (now the Ontario Institute for Cancer Research). That was when she discovered her love for writing. "I loved writing my thesis, so I took my time working on it," she notes. The MSc degree propelled her to a position conducting research at the Ontario Cancer Institute, followed by Connaught Laboratories (now Sanofi Pasteur). However, while heading to the laboratory each day, Vakil was also writing articles for a doctor's waiting-room publication directed at patients, called Geriatrics & Aging. This work was refreshing because it required a completely different and creative mindset involving empathy for people seeking healthcare, rather than pure molecular and cell biology. Vakil found switching between the two endeavors mentally stimulating. But she had not realized that her passion for science could be creatively combined with her love for writing into a medical writing career.

In 1999, Vakil worked at Hoffmann-La Roche (now Roche) in Nutley, New Jersey. However, when she and her husband bought a house near Princeton, she began seeking a position closer to home. Vakil again pursued scientist roles, but while waiting in a long line at a job fair, her peripheral vision caught a woman gesturing to her from an exhibit promoting DesignWrite LLC. After ensuring that her place in line would be saved, Vakil approached the woman. This was a momentous decision.

"I didn't realize that medical writing was a whole field, that you could devote yourself to it. If I moved out of the lab, I certainly wanted to put my science degrees and experience to good use, and I always enjoyed writing." After an intriguing discussion with DesignWrite staff members, she left her resume with them. Thus, began Vakil's medical writing career. Brian Bass, currently President of Bass Global, Inc. and Past President of AMWA, also worked at DesignWrite. He encouraged her to consider freelancing and introduced her to AMWA.

In 2007, Vakil started her medical writing and content development company, ProMed Write LLC. She specializes in medical communications, CME, patient education, and sales training. For assistance in growing her business, she joined AMWA in 2007. Vakil remarks, "I learned so much attending AMWA workshops and conferences and interacting with other members." She is eager to share a few gems:

- No more than 20% of your business should be from one client.
- Position yourself as an expert partner and demand respect.



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Quick Notes

Join the DELAWRITER

The DELAWRITER needs contributing authors for the quarterly publication. *Have an idea for an article? Haven't used that byline recently? If so, please contact the [editorial team](#).*

Quarterly Quotes

"If you want what you're saying heard, then take your time and say it so that the

listener will actually hear it." - Dr. Maya Angelou

"Few things are more important during a change event than communication from leaders who can paint a clear and confidence-inspiring vision of the future." Sarah Clayton

"The pessimist complains about the wind; the optimist expects it to change."

- Educate your clients about ideal processes.
- Have the confidence to decline projects that are not a good fit.

Ruwaida Vakil, MSc

"Expect to change,
the realist adjusts the
sails."
William Arthur Ward

Vakil started volunteering for AMWA in 2012 and took on the position of Membership Chair for the Delaware Valley Chapter (DVC). She also served as Secretary of the chapter in 2014. In 2014, Lori DeMillo brought her in as co-chair of the annual AMWA-DVC Freelance Workshop, and then Vakil took over this enormous task for an additional 3 years. She is still involved on the advisory board for the workshop. Vakil has been a Roundtable Moderator, a Presenter at the workshop, and has also presented at the national AMWA conference. In 2015, she co-authored an AMWA training guide on writing Continuing Medical Education needs assessments. She has been the editor for the AMWA Journal Freelance forum section since 2015 and is a regular contributor to the AMWA Journal.

When not writing and spending time with family, including two teenage boys, Vakil is defending her water garden and goldfish from area wildlife-particularly a blue heron that fishes in her pond. Motion-activated sprinklers now do the job. "It was an expensive buffet for a while there," Vakil laughs. "I helped dig a pond at my Toronto home. I enjoy all forms of gardening, including water gardening and growing vegetables and flowers." Vakil also has painted murals on her sons' bedroom walls, and sewed all the curtains in her home. As we learn in AMWA, all work and no play make for a dull medical writer!

Vakil has been in the pharmaceutical industry for 22 years. She transitioned into medical communications 19 years ago and has enjoyed the freedom of freelancing on a full-time basis for 13 years. With this experience comes marketing savvy, the tools to maintain a robust client roster, and a honed radar for problem projects. It is beneficial to us all to remember that bumps in the freelance road smooth out with time and with the help of AMWA.

Jacqueline M. Mahon, MA, is principal of Acorn Freelance in Philadelphia and has been a medical writer and editor of pharmaceutical and hospital education and communications, journal articles, and medical textbooks for 24 years.

AROUND TOWN

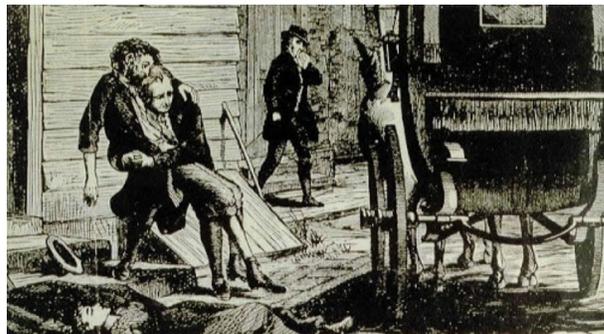
A Forgotten Plague: The 1793 Yellow Fever Epidemic in Philadelphia

by Steven Drehobl

The novel coronavirus pandemic has altered everyday life in the Philadelphia region, even in ways that we will not understand for years to come. Nevertheless, Philadelphians have survived epidemics in the past.

In the spring of 1793, French refugees, fleeing the Haitian Revolution in the Saint Domingue colony on Hispaniola, flocked to the port of Philadelphia, then the temporary capital of the United States. Not long after, strange fever cases appeared in the city. Doctors were perplexed. The sickly season had barely begun, and yet cases of fever rippled throughout the city. This "yellow fever" was named for jaundice afflicting its patients. Dr Benjamin Rush was a leading voice of medicine in Philadelphia. A physician and elder statesman, he attended the Continental Congress and signed the Declaration of Independence.

In 1762, when Rush was still an apprentice, he witnessed another yellow fever epidemic. His experience allowed him to identify the disease and the threat it posed to the city of Philadelphia. He warned the city government to impose quarantine measures on the refugees from Saint Domingue. By then, two weeks had already passed, and it was too late. Unfortunately, the quarantine on the docks was not well-enforced. At the outset, it only applied to the refugees from Saint Domingue; others could pass freely between the docks and the city proper. Yellow fever was transmissible by asymptomatic carriers, so those traveling through the quarantine zone likely brought the disease to the rest of the city.



The city was also unable to effectively enforce social distancing, as the area churches continued to hold services to raise morale. Philadelphia, founded by the Quaker William Penn, was still the center of Quaker life in the country, and the Yearly Meeting of the Society of Friends was held at the Arch Street Meetinghouse, near the docks. One hundred Quakers from across the nation came to this city under siege, believing that if fated to die, God could just as quickly strike them down where they stood as could a deadly disease. Among the casualties of the Meeting was lawyer John Todd, whose young widow, Dolley Payne Todd, would later marry President James Madison.

At this point, the principles of virology were unknown. Physicians did not understand the transmission and propagation of the virus. Yellow fever had a mosquito animal host, brought to the city in the standing water of the refugees' ships. Back then, Philadelphia was the hottest and dampest of the cities on the Atlantic coast, surrounded by marshes and swamps that have since been drained. The sewage system also left much to be

Quarterly Pun

What is a semicolon?
Half of a large
intestine!

desired, as the city was still decades away from converting the old Dock Creek into an enclosed sewer system. Those who did not live close enough to the creek to use it for waste disposal dug pits which also collected rainwater runoff. These factors made Philadelphia the perfect habitat for the fever-carrying *Aedes aegypti* mosquitos which spread it across the different populations in the city.

Nurses tending to the sick were falling ill themselves, creating a secondary crisis. Dr Rush was aware of a previous yellow fever epidemic in Charleston in 1742. In that epidemic, a lower proportion of the African slave population was affected by the fever. With this information, Dr. Rush surmised that the free black population of the city would be immune. He went to the city government to promote recruitment of "black nurses" to aid in the care of the afflicted. Newspapers and pamphlets were then distributed among the black community, urging them to volunteer, and ensuring them that the disease would not affect them.

Rush's theory was incorrect. The African slaves in Charleston had likely been exposed to yellow fever before their abduction from Africa. Their previous exposure to a milder form of the disease gave them immunity. However, Philadelphia was a free city with African Americans born in America. The black nurses were not immune while tending to the sick and moving the victims' bodies. They died in the same proportion as the white nurses. A total of 240 African Americans would die before the crisis was over.

The horror of yellow fever would not last forever. Eventually, the seasons changed, and the non-native *Aedes aegypti* mosquitoes could not withstand the autumn chill. As more of the mosquitoes died, the number of cases finally began to decline. The harbor reopened, goods returned to the city, and stores reopened.

By the end of the 1793 crisis, 4044 were counted as dead from the illness. However, for a city of 50,000, this death toll is probably an underestimate. The figure was derived by counting the number of new graves but did not include the bodies buried in mass graves, such as the one in Washington Square at Sixth and Walnut Streets. That particular "potter's field" would remain in use for another year to bury the dead. Most of the deaths were among the poor. With their homes in the city's squalid alleyways, lower-class workers were unable to isolate from the illness. Without access to treatment, they became easy prey for the fever.

Over two hundred years have passed since the yellow fever outbreak. In the 19th century, we came to understand the role of pathogens in infectious disease and later identified mosquitoes as the primary disease vector for yellow fever. Today, we are revisiting the importance of early quarantine and social distancing learned from the 1793 yellow fever crisis.

Steven Drehobl is pursuing a career in medical communication and scientific writing. He has extensive experience in video production and creating content for print and broadcast. He is currently enrolled in the Professional Science Master's program in Scientific Writing at Temple University. He is seeking internships and writing opportunities.

Bioethics in a New Era of Care

by Viola Brown



At the Emerging Therapies in a New Era of Care speaker series at the Franklin Institute, Steven Joffee, MD, MPH, spoke about ethical principles involved in clinical trials and the challenges of developing drugs quickly. Dr Joffee is a pediatric oncologist and bioethicist at the University of Pennsylvania Perelman School of Medicine. New drug development requires rigorous testing for safety and efficacy before a drug is approved and marketed to the public. Patients may find the clinical development process to be lengthy and want access to breakthrough therapies. Dr Joffee spoke about the balance between expediency and the need for safe and effective trials.

During the past few decades, the drug development process has changed significantly. Drug development has been a slow and arduous process. Back in the 1980s, Dr Joffee spoke about his first residency in California, when San Francisco was the epicenter of the AIDS epidemic. Patients with AIDS and advocates were upset over the slow pace of HIV drug development. Advocacy groups like Act Up protested to FDA and Congress to produce drugs more quickly. These protests highlighted flaws in the drug development process. Activists disagreed with the use of placebo treatment arms for fatal diseases and demanded that all patients have the potential for clinical benefit when participating in these clinical trials. Activists also wanted to expedite approvals to treat patients faster. In response, the FDA instituted the Accelerated Approval Program allowing patients with serious conditions and an unmet medical need to be approved on the basis of surrogate endpoints. The FDA also created the Expanded Access Program that allows physicians and patients access to investigational drugs pre-approval outside of the clinical trial setting.

Dr Joffee spoke about some ethical hallmarks in clinical trials. While investigational drugs may have safety issues, a clinical benefit to the patient or society must outweigh these risks. As a young investigator, Dr Joffee spoke about his experience in an early T-cell trial. Seven-year-old Emily Whitehead was diagnosed with acute lymphoblastic leukemia (ALL) and had exhausted all medical treatment options. She enrolled in a clinical trial

lymphoblastic leukemia (ALL) and had exhausted all medical treatment options. She enrolled in a clinical trial at Children's Hospital of Philadelphia (CHOP), which was investigating the chimeric antigen receptor T-cell (CART) therapy in April 2012. This CART treatment had significant safety risks that could be fatal or life threatening. With no other available treatments, Emily was the first pediatric patient enrolled in the trial. Her participation saved her life. At present, Emily remains in remission from ALL and is a happy, healthy teenager. Based on evidence from this trial, the FDA determined that the therapy's clinical benefit outweighed its risks, and approved KYMRIA[™] (tisagenlecleucel) as one of the first T-cell therapies.

Another potential ethical issue is that patients must be fully informed and approve of their participation in the clinical trial. Dr Joffe shared an experience showing the need for clear communication when treating a patient. A 90-year-old woman from Central America was experiencing the onset of paralysis from a tumor pressing against her spinal cord. The woman did not speak English and her children did not share her diagnosis with her because they did not want to upset their mother. The physician wanted to inform the patient of her condition and treatment options, but the children refused. However, the children did give the physician permission to treat their mother. Dr Joffe was uncomfortable with the patient not approving her cancer treatment. He invited a Spanish-speaking colleague to talk with the patient and her children. The family allowed this discussion. His colleague asked if their mother wanted to know her diagnosis and asked who was responsible to make her treatment decisions. Their mother wanted to be informed of her treatment options and wanted to make her own treatment decisions.

Treating patients in the clinic or in a clinical trial requires the same communication and transparency. Dr Joffe elaborated by explaining the informed consent (IC) process. In a clinical trial, the IC process requires that patients receive and understand information on the risks and benefits of participating in the trial. The process provides the patient the opportunity to consider all treatment options, allows the patient to ask questions, and ensures their understanding. The patient must agree to participate in a trial to receive treatment. By sharing these stories of his real-world experiences working with patients, Dr Joffe presented these important ethical challenges of consent in clinical trials.

Viola Brown is an aspiring medical writer and enrolled in the Professional Science Master's program in Scientific Writing at Temple University. She has great interest in writing educational materials for patients and caregivers. She is seeking internships and writing opportunities.

Nominations for President-Elect and Secretary



AMWA-DVC's 2020 Nominating Committee has nominated 2 candidates for the 2020-2021 year:

- President-Elect: Dan Benau
- Secretary: Deb Anderson

We have not received any additional nominations. AMWA-DVC will use an online system for voting. The voting period will be open for 10 days between Tuesday, June 9, 2020 and Friday, June 18, 2020. Voting instructions and ballot will be sent using an email survey.

Thanks to the Nominating Committee Members Jennifer Minarcik, Mark Bowlby, Kathy Molnar-Kimber, Tara Dougherty, Suzanne Bujara, and Darryl L'Heureux participated in choosing this year's candidates.

Thanks so much, AMWA Volunteers!

The AMWA-DVC Chapter thanks Janet Manfre for being the Website Chair for 10 years. We truly appreciate all the time, effort, and dedication that Janet put into updating and maintaining this wonderful resource for our members. It was challenging work especially since the website was built several years ago using a now outdated content management system.

We also thank Monica Nicosia for becoming the Website co-Chair in March. Monica has designed and developed a beautiful new AMWA-DVC website using the Wix website builder platform. The new website now contains all the past issues of the Delawriter. It's more user-friendly and easier to update. Please check it out! If you have any comments and /or suggestions, please send to Monica Nicosia (websitechair@amwa-dvc.org).

The AMWA-DVC Chapter thanks Mira Belkin for being the Membership Chair and the Volunteer Chair for several years! Please welcome Nicole Walz as the new AMWA-DVC Membership Chair.

If you are interested in volunteering with the AMWA-DVC, please send inquiries to volunteer@amwa-dvc.org. Open positions include the Volunteer Chair (maybe 1-2 hrs/month) Webinar Chair, and writing articles for the Delawriter (with Byline).

Friends of AMWA-DVC email list

AMWA-DVC is launching a new email list called "Friends of AMWA-DVC". In the past, several colleagues have asked to receive AMWA-DVC event announcements although they were not members of our AMWA chapter. Now they can join this Friends of AMWA-DVC email list and receive all AMWA-DVC event announcements. Thanks to Monica Nicosia and Darryl L'Heureux for setting this up.

AMWA National Conference 2019 Highlights

Med Write Talks: CMEpalooza: A Story of Reputational Marketing

Speaker: Scott Kober, MBA, President, MedCaseWriter, Inc.

by Katherine Molnar-Kimber

Finding clients can be made easier through the development of a reputational marketing strategy. Scott Kober described his ongoing utilization of reputational marketing to drive his medical writing business through CMEpalooza. CMEpalooza is an online conference that Kober co-produces with Derek Warnick, a regional grants officer at Pfizer. Begun in 2014, CMEpalooza is a semi-annual, free online conference that offers 7-8 sessions at each event, focused on various topics of interest to those who plan, develop, and assess continuing medical education (CME).

Kober and Warnick organize an interesting and varied program, and they also do all of the marketing and sponsorship recruitment for each event. During this process, they interact with many owners and senior executives at medical education and communication companies (MECCs) and academic centers, as well as individuals who provide financial grant support to CME via their pharmaceutical company employers.

From a recent CMEpalooza post-activity survey, 28.4% of responding viewers indicated that they worked in the MECC environment. Others worked in hospitals (16.4%), medical schools (10.4%), or industry (6.8%), while 16.4% listed themselves as independent consultants. Many of these individuals, Kober noted, have the professional authority to hire medical writers and often utilize freelancers to help develop content for educational activities.

In addition to being a great free resource for writers of CME programming, CMEpalooza serves as a reputational marketing vehicle for Kober. He is able to develop relationships and promote himself through his work with CMEpalooza without having to directly market his primary medical writing business in an intrusive manner. The CMEpalooza website gets between 500 and 2500 unique visitors each month, with more than 6000 unique viewers visiting the CMEpalooza website in 2019. Kober described several companies who contacted him recently and became clients through his personal relationships developed via CMEpalooza.

Kober also mentioned other medical writers who rely on reputational marketing vehicles to build their professional brand. This includes the monthly Pencil Points e-newsletter from Brian Bass and Cyndy Kryder. Kober emphasized that providing great content to companies in your niche can keep your name and business in front of them so when they are looking for an independent writer, your name and reputation is top of mind. The Spring 2020 CME Palooza and earlier programs are archived <https://cmepalooza.com/live/>.

Katherine Molnar-Kimber, PhD., is the owner of KMK Consulting Services of Kimnar Group LLC in Worcester, PA and writes predominantly scientific publications, Continuing Medical Education Needs Assessments and programs, and white papers.

UPCOMING EVENTS

Voting for Chapter Officers

The 2020 elections will be held between June 9 to June 18, 2020. A link to cast your vote will be sent via email to AMWA-DVC members.

Monday, June 22 at 7:00 to 8:30 pm. AMWA-DVC June Business meeting.

Business Meeting: AMWA-DVC President Mark Bowlby will be inducting the new AMWA-DVC President and Officers and giving awards to volunteers in the chapter.

Telemedicine and Medical Writing: Recently, TeleMedicine has jumped to prominence due to the social distancing guidelines put in place for the SARS-CoV-2 pandemic. Virtual health care (telemedicine) has advantages such as increasing access to care, reducing health care costs, and improving patient outcomes. It has shown its worth repeatedly during the current pandemic. It's also an opportunity for medical writing.

Documents such as clinical practice guidelines and protocols, templates that incorporate insurance reimbursement requirements, scripts, and user-friendly guides assist health care providers to become comfortable practicing through telemedicine. The speaker, Megan Dobson, has been a physician's assistant since 2011 practicing primary care and emergency medicine. She has been practicing primary care via telemedicine since 2018.

2020 Freelance Workshop and Princeton Forum

Due to uncertainties caused by COVID-19, AMWA-DVC has decided to cancel the 2020 Freelance Workshop and Princeton Forum. If you have not yet requested a refund, we will send a refund within the next month. We look forward to these events in Spring 2021.

AMWA-DVC Virtual networking event in July

AMWA-DVC will host a virtual networking event in July. Stay tuned!

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