

DELAWRITER

The quarterly newsletter of AMWA-DVC

Delawriter Editors

Winter Edition, January 2018

Brian Bass, Our Swanberg Award Winner

By Carol DiBerardino

Brian Bass was an active member of the DVC from January 1, 1994 to May 12, 2016. He now resides in Florida and is a member of AMWA's Florida chapter. In 2008, he co-authored *The Accidental Medical Writer* with Cynthia L. Kryder.

Ever since my first year as a member of the American Medical Writers Association (AMWA) in 2009, I have been impressed with Brian Bass as a volunteer, workshop leader, and mentor. I met Brian at the DVC Princeton Conference, and his leadership was instrumental in my decision to join. Over the years, I have taken his workshop, "The Creative Process in Pharmaceutical Advertising and Promotion," and attended the DVC Freelance Workshop in Pennsylvania, where Brian has also participated and led many roundtables. He has been a tremendous mentor for my work as a freelance editor, as well as my experience with pharmaceutical marketing. Also, whenever I meet Brian at a conference, he is always warm and caring. When I discovered Brian won the 2017 Swanberg Distinguished Service Award, I was thrilled that our own DVC native son was being honored this way. I asked Brian if he would grant me an interview, and he graciously accepted.

What was your initial inspiration for writing, specifically medical writing?

I had been an advertising copywriter in New York, and about 6 years into my career I had an opportunity to work for an ad agency in New Jersey whose clients were in animal health.

Why did you join AMWA?

I looked for a place where like-minded writers meet and where I could learn more about the profession.

Was there a specific person (or persons) at AMWA who had an impact on your career?

So many AMWA friends and colleagues have positively impacted my career as a medical writer, whether they know it or not. I remember Sue Dalton and Chris Harte were very influential in getting me involved in volunteering for AMWA.

You have been instrumental in helping freelance writers and editors plan the business side of their careers. What are three tools you offer that you wish you had had when you were starting out on your freelance career?

When I first started as a freelance writer, business financial software like QuickBooks, which I also use to track time and prepare estimates, was not available. Also, Windows was in its infancy and I wasn't quite ready to give up DOS. Finally, at the time, AMWA did not have many freelance mentors.

It is often difficult for editors and writers to hear negative feedback from clients or employers. What was the harshest critique you ever received, and how did you respond to it?

The most memorable time I received negative feedback was when I was working in the advertising department at Macy's in New York. At that time, Apple manufactured a product called PC Junior, which did not have powerful software. Macy's obtained an exclusive on software that would make PC Junior more powerful. I had the opportunity to write a full-page ad that would appear in the New York Times promoting this new software, and I came up with the headline "Junior grows up." The client changed the headline to "Sale \$299." I just swallowed my pride and accepted the change for what it was. Even when the customer is wrong the customer is always right, but that can be a rough lesson to learn.

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Volunteer Corner

2018 is here! At the start of each year, many of us feel a sense of rejuvenation and look forward to the prospect of new opportunities. When planning your year, AMWA-DVC asks you to consider volunteering.

This year we need volunteers at every level of the organization. There

are many ways to volunteer, whether it is helping with registration, writing for the Delawriter, or planning upcoming events. It's a great way to meet your colleagues and show off your talents!

For more information on getting involved, contact Kira Belkin, our volunteer coordinator, at volunteer@amwadvc.org.

You have enjoyed great success as a freelance writer. Do you have any second thoughts on how you have navigated your professional career?

No, I have not had any regrets. I have been very satisfied with how I've navigated my career. I learn as I go, following opportunities and embracing challenges as they arise.

How many times have you reinvented yourself as a writer to adapt to a changing market?

First, when I expanded my freelance business, I needed to learn how to manage other people. Then, I rebranded my company in 2014 to keep pace with our continually evolving industry. Finally, I took a risk by relocating my business to Florida, realizing the move could have negative repercussions. At each stage there was an element of risk involved.

You are a leader in marketing and sales training because you bring innovative approaches to these areas, such as the use of gaming as a training tool. How do you manage to "think outside the box" to find such remarkable ideas?

My goal is to write to motivate people to care and to take action on an issue. I look for new ways to engage people and imagine how they might like to learn.

If you had not become a writer, what other profession would you have chosen? As I mentioned in my Swanberg Address, I would probably have pursued acting and drama.

What does winning the AMWA Swanberg Distinguished Service Award mean to you?

Winning the Swanberg award is truly the capstone of my career and volunteering at AMWA. It's not an ending, but rather a new beginning. For me, this award means that I can continue bringing value through my work as a writer, a freelance, and a mentor. It has provided me with newfound motivation to continue perfecting my craft and helping other writers do the same.

Carol DiBerardino, MLA, ELS, is a medical editor and writer with more than 25 years of experience in medical publishing and pharmaceutical promotional materials. She lives in Lindenwold, NJ.

McGovern Award Address: Communicating Benefit and Harm: Avoid the NNE (Numbers Needed to Exaggerate)

By Monica Nicosia

At the 2017 Medical Writing & Communication Conference (held November 1-4 in Orlando, FL), AMWA President Lori Alexander presented the McGovern Award to Lisa Schwartz, MD, MS, and Steven Woloshin, MD, MS, internists, professors of medicine, and co-directors of the Center for Medicine and Media at The Dartmouth Institute for Health Policy & Clinical Practice (<u>http://tdi.dartmouth.edu/</u>). As Alexander noted, the work of this husband-wife team exemplifies the spirit of the McGovern Award, which recognizes a preeminent contribution in medical communication.

Over two decades of collaboration, Schwartz and Woloshin have extensively researched, published, and advocated in 5 areas:

- Medicine and the media
- The science of effective risk communication
- Communicating information about prescription drugs
- Overdiagnosis
- Exaggeration in presenting medical evidence

"The real focus of our work is trying to help people make good decisions," Woloshin said at the start of their humorous and engaging presentation, titled "Communicating Benefit and Harm: Avoid the NNE (Numbers Needed to Exaggerate)." He explained that to make good decisions people need facts and clarity of personal values. Schwartz and Woloshin's work has focused on facts because of the abundance of misleading information.

Then, with input from the audience, Woloshin showed how a physician-directed ad-which claimed that a drug significantly reduces vertebral fracture risk at 1 year with 68% reduction versus placebo-provided only 2 of 3 essential pieces of information regarding the risk data:

Question	Answer
What is the outcome?	Vertebral fracture
What is the time period of the outcome?	1 year
In whom is the outcome being assessed?	Unknown

"It's easy to criticize the drug ad," Woloshin said. "There are a lot of statistics out there which when misused or misunderstood can exaggerate the magnitude of difference and make things seem better or safer than they really are." The remedy is to gain some background in statistics and pay attention to the numbers.

Quarterly Quote

"Amateurs sit and wait for inspiration, the rest of us just get up and go to work."

Stephen King, On Writing: A Memoir of the Craft

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. To that end, Woloshin explained the differences between absolute risk (number who had an outcome divided by number who could have had the outcome), relative risk (absolute risk of treatment group divided by absolute risk of control group), and relative risk reduction (1 minus relative risk). Since relative risk reduction is more impressive than absolute risk reduction, especially for uncommon events, he recommended using both values.

Woloshin then defined the number needed to treat (1 divided by the absolute risk reduction). He also emphasized the importance of presenting in the same way the benefits and harms associated with a treatment to facilitate comparisons. To provide understandable prescription drug benefit and harm information to the lay public, Schwartz and Woloshin developed the Drug Facts Box (see Schwartz LM, Woloshin S. <u>The Drug Facts</u> <u>Box: Improving the communication of prescription drug information</u>. Proc Natl Acad Sci USA. 2013;110:14069-14074). In response to criticisms that the public would not understand such data, they performed several studies including randomized controlled trials that they presented to the Food and Drug Administration (FDA) in 2008 and published in several journal articles. Unfortunately for all of us, the FDA has yet to implement their recommendations.

In the second half of the presentation, Schwartz discussed why odds and odds ratios are not to be confused with risk and relative risk. She recounted what happened in 1999 when a misinterpreted study (Schulman et al. <u>The effect of race and sex on physician's recommendation for cardiac catheterization</u> N Engl J Med. 1999;340:618-626) led to a media frenzy with typical stories that said, "Blacks and women with chest pain are

40 percent less likely than white men to be referred by physicians for cardiac catheterization." In fact, the data showed that the physicians who participated in the survey study (which used videotaped interviews of actors posing as patients) would have referred black women 7% less often than black men, white women and white men. The authors had overstated their results and incorrectly reported the comparison, peer and editorial review had not caught the mistakes, and the media had spread the misinformation. I suggest reading Schwartz et al's critique of the study (Schwartz LM, Woloshin S, Welch HG. <u>Misunderstandings about the effects of race and sex on physicians referrals for cardiac catheterization</u>. N Engl J Med. 1999;341:279-283), which also provides the following recommendations for clearer and more accurate presentation of statistics:

- Report absolute event rates
- Convert odds ratios to risk ratios
- Ensure that comparisons are appropriate
- · Question the evidence base for the desired outcome

Schwartz started the last part of the talk by saying, "If there were an Academy Award for the most misused statistic, the winner would be survival statistics and screening." The key is to understand the difference between survival and mortality.

- **Survival**: The numerator is the number of people who are alive at a specified number of years after diagnosis. The denominator is the total number of patients with that diagnosis.
- **Mortality**: The numerator is the number of people who died a certain number of years later. The denominator is the entire population.

With an old Komen Foundation ad that promoted breast cancer screening, Schwartz deftly illustrated why comparing survival of patients diagnosed by different methods (ie, those diagnosed because of symptoms versus those diagnosed through screening) does not provide information about the benefit of early detection via screening. The two key problems are lead time bias and over diagnosis. According to Schwartz, the only reliable way to determine if screening works is to carry out a randomized trial that measures mortality in parallel screened and unscreened groups.

Via the AMWA website, Schwartz and Woloshin also provided two useful handouts ("Numbers and Statistics" and "Tip Sheet") that can be downloaded from the https://www.amwa.org/page/2017sessions (login required).

Monica Nicosia, PhD, is a freelance medical writer at Nicosia Medical Writer LLC, Bryn Mawr, PA.

Report on "Zika-The Bite Heard Round the World"

By Carol DiBerardino

While attending the 2017 AMWA National Conference in Orlando, FL (Nov. 1-4, 2017), I joined an open session entitled "Zika-The Bite Heard Round the World" presented by Larry Lynam and Michelle Sauer Gehring. I chose to attend this session because, as an editor of an online and print journal on infectious diseases, I encounter stories on Zika at least once a day. Therefore, I wanted to gain as much information as possible on this disease, and I was very impressed with Lynam and Gehring's presentation.

Anyone who lives in the endemic regions or who expects to travel to Florida, Texas, Central America, or the Caribbean is haunted by the specter of the Zika virus. The virus is carried by mosquitos. However, as Lynam and Gehring point out, only female mosquitos bite. Lynam provided details on the hotspots in Florida, and Gehring discussed how the mosquito has plagued Texas, stating that it is so prevalent, it is often cited as the state bird of Texas.

In their overview of how the virus is transmitted, Lynam and Gehring made complex ideas accessible for lay writers and editors by focusing on the three Vs:

- Vector
- Virus
- Victim

In the first section, they discussed that only the Aedes aegypti mosquito carries the Zika virus. This species also transmits yellow fever, dengue, and chikungunya viruses.

Lynam and Gehring then provided a history of the virus itself. The virus originated in Africa, specifically in Uganda in the Zika forest. The infection was noted first in monkeys. However, the virus managed to jump from forest mosquitos to mosquitos that bite humans. Through human travel and encroachment on forested areas, the virus spread from Africa to the Americas.

As the presenters point out, the virus has profoundly severe effects on its victims. The symptoms of Zika virus are fever, red eyes, joint pain, muscle pain, and rash. Pregnant women show the most serious adverse effects since the infection can cause congenital Zika syndrome in their unborn fetuses. These infants are born with microcephaly (small head), along with other deformities. Scientists have been working fervently to find an answer as to why this virus is able to cause such a syndrome in the human fetus. As Lynam and Gehring mentioned in their session, researchers have uncovered an answer. They have found that a protective mutation in the virus called S139N makes the virus more lethal to human neuron precursor cells. Also, Guillain-Barré syndrome (GBS) has been associated with the new mutation of the virus in acutely ill adults. Although researchers are relieved to have found the means the virus uses, it is truly frightening to know that the virus has become so much more severe through a single mutation.

Along with research in the development of the Zika virus, Lynam and Gehring presented new approaches that are being used to slow down or halt the transmission of the virus, until a vaccination can be developed. At the moment, there is no cure for the infection. However, researchers are trying to halt the transmission of the disease by manipulating the vector, that is, the mosquito. Some researchers have tried infecting the *Aedes aegypti* mosquito with *Wolbachia* bacteria, a bacteria species that only infects insects, not humans, and since the infection is only passed vertically (through infected eggs), it affects only the offspring of that specific species of mosquitos that have been infected with it.

Essentially, Lynam and Gehring gave a very comprehensive overview of the specter of Zika and made the information relevant to writers and editors alike.

Jacquie Mahon, MA, is owner of Acorn Freelance in Philadelphia and has been a medical writer and editor of journal publications, medical textbooks, and hospital and pharmaceutical communications for 22 years.

2017 AMWA-DVC's Annual Holiday Get-Together

By Vikas Kumar

AMWA-DVC celebrated the holidays with its annual December networking event at Triumph Brewery in Princeton, NJ on December 7, 2017. About 25 members gathered to network and enjoy cocktails at the open bar followed by appetizers, salad, a full buffet dinner, and delicious desserts. Their genres ranged from regulatory writing to CME (continuing medical education), publication planning and manuscript writing to advertising, grant writing to conference coverage, editing to blogging, and probably several more.

The ambiance of Triumph was perfect for our group to "jingle and mingle" with new colleagues and old friends. After clever prodding in the form of Santa cartoons and an altered "Night Before Christmas" poem, long-time DVC member Linda Felcone decided to attend. How fortuitous that one of her former students who had just moved back to the area after 10 years in Seattle would attend as well! "Food was delicious, and all had a merry, cozy, and newsy time," added Felcone. Other attendees shared similar sentiments. "Meeting with new DVC friends is a pleasant experience," said Frank Dutko, a recent retiree from Merck. Michelle Dalton thought it was great seeing all the DVC members who came out to talk about our previous year and what we are looking forward to in 2018.

Mark Bowlby, treasurer of AMWA-DVC, won the annual raffle, entitling him to free registration at either the AMWA-DVC Freelance Workshop or the AMWA-DVC Princeton Conference. Mark said, "The meeting is a great way to reconnect with colleagues and meet people new to the field in a relaxed, holiday setting."

Jacquie Mahon, MA, is owner of Acorn Freelance in Philadelphia and has been a medical writer and editor of journal publications, medical textbooks, and hospital and pharmaceutical communications for 22 years.

Upcoming Events: "An investment in knowledge pays the best interest." Ben Franklin

Learn and Network at the 2018 Freelance Workshop on March 17, 2018

By Ruwaida Vakil

If you're a freelance medical writer or thinking about becoming one, don't miss AMWA-DVC's 2018 Freelance Workshop, to be held on Saturday, March 17, 2018, at the DoubleTree by Hilton Hotel

Philadelphia-Valley Forge, located in King of Prussia, PA. As always, the workshop will feature three presentations on key topics in freelancing, a networking luncheon, interactive sessions, and roundtable discussions.

Why You Must Attend

"Our Freelance Workshop offers extraordinary learning and networking for seasoned, new, and aspiring freelance medical writers," says Lori De Milto, MJ, a freelance medical writer since 1997.

"This is the one workshop a year where I know my investment is worthwhile before I even set foot in the door," says Michelle Dalton, ELS, a freelance medical writer since 2006, and AMWA-DVC's former president.

"The Freelance Workshop is the event each year where freelancers can come together, share experiences, and learn from one another. Everyone is so welcoming!" says Jennifer Minarcik, MS, AMWA-DVC's current president.

Get Involved

Gain new skills and build your network even more as a member of the Freelance Workshop Committee. "The annual DVC workshop invigorates freelances, as writers/editors, business owners, AND chapter members. It provides a forum for invaluable learning, exchange and networking, and, in my case, a great opportunity to become more involved with the chapter," notes Karen Golebowski, MS, biomedical writer.

We have many volunteer opportunities available, with varying time commitments. To learn more, or to volunteer, e-mail: freelance@amwa-dvc.org.

Register Early

Registration is open on DVC's website. To register please go to: <u>https://goo.gl/QibBgK</u>. The <u>brochure</u> for the Freelance Workshop is now available. We expect a large crowd this year, so register early.

Ruwaida Vakil, MS, is a freelance medical writer and owner of ProMed Write LLC. She specializes in CME, patient education, sales training, and medical communications.

2018 Princeton Forum on April 21, 2018

By Darryl Z. L'Heureux

AMERICAN MEDICAL WRITERS ASSOCIATION - DELAWARE VALLEY CHAPTER

The Princeton Forum

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Providing educational excellence in medical communications for over 20 years

Saturday April 21, 2018

The AMWA-DVC Princeton Forum is scheduled for Saturday 21-Apr-2018 at the Princeton Marriot. This oneday forum will include two separate tracks of sessions on **Medical Writing Essentials** and **Hot Topics in Medical Writing**. Sessions include Jane Miller's intensive tutorial on Quantitative Writing, Editing to Create Publishing-ready Documents, Lessons in Project Management, Primer on Biostatistics, Outcomes Research, Publications Best Practices, and more.

Registration will open soon. Save the date! Saturday 21-Apr-2018 at the Princeton Marriot!

Certifications for Medical Writers

By Katherine Molnar-Kimber

Certifications in various specialties of medical writing require applications, preparation, and formal testing at a specified site. The application and review process usually takes two to four weeks before registration for the exam. Each organization provides resource materials to study for their exams.

AMWA Medical Writing Certification (MWC) is a certification that covers the many types of documents provided by medical writers. AMWA provides information for the application and preparation for the exam at https://www.amwa.org/page/MWC.

The Certified Healthcare CPD Professional (CHCP) and the Healthcare CPD Associate Certificate are certifications that many medical writers involved in continuing professional development (CPD), including continuing medical education (CME), seek from the Alliance for Continuing Healthcare Professionals (<u>http://www.acehp.org/p/cm/ld/fid=441</u>). Medical writers need to have worked in the field before applying to take the exam. The 2018 tests place more emphasis on the National Learning Competencies than the tests of previous years.

The **Certified Medical Publication Professional (CMPP)** credential is offered by the International Society for Medical Publication Professionals (<u>http://www.ismpp.org/overview</u>) for medical writers who write publication plans and work with authors to compose articles for professional audiences. The website provides many resources and a link under Critical Reference List to the 2010 publication: Chipperfield et al. <u>Author's Submission Toolkit: a practical guide to getting your research published</u> (Curr Med Res Opin.

2010;26(8):1967-1982).

Regulatory Medical Writing Certification is developed by the Regulatory Affairs Professionals Society (<u>https://www.raps.org/</u>). Resources for preparation and application for the exam can be found at URL: <u>https://www.raps.org/rac-credential/prepare-for-the-exam</u>.

Katherine Molnar-Kimber, Ph.D. of Kimnar Group LLC in Worcester, PA is an independent medical writer who specializes in writing scientific articles, reviews, CME needs assessments and programs, web pages, and white papers.

DVC Chapter Webinars

Each year the DVC provides online educational opportunities to increase member opportunities for professional development. These user-friendly webinars are a convenient way to learn and a great way to network.

Unable to join in on the live event? Not to worry. DVC archives allwebinars, so members can listen to the broadcast at their convenience. A few of our most recent webinars include:

- Submissions 101: The Medical Writers Guide for Successful Submissions
- 3 Sure-Fire Ways to Get the Freelance Clients You Deserve
- Pricing Strategies for Freelance Medical Writers
- Step Into My Web--How to Stay Safe Online

We are currently planning our spring webinar and welcome volunteers to help plan, present, or assist with hosting the event. For more information on getting involved, contact Jen Minarcik, our webinar chair at Webinar@amwa-dvc.org

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