
The Write Stuff

The Journal of the European Medical Writers Association

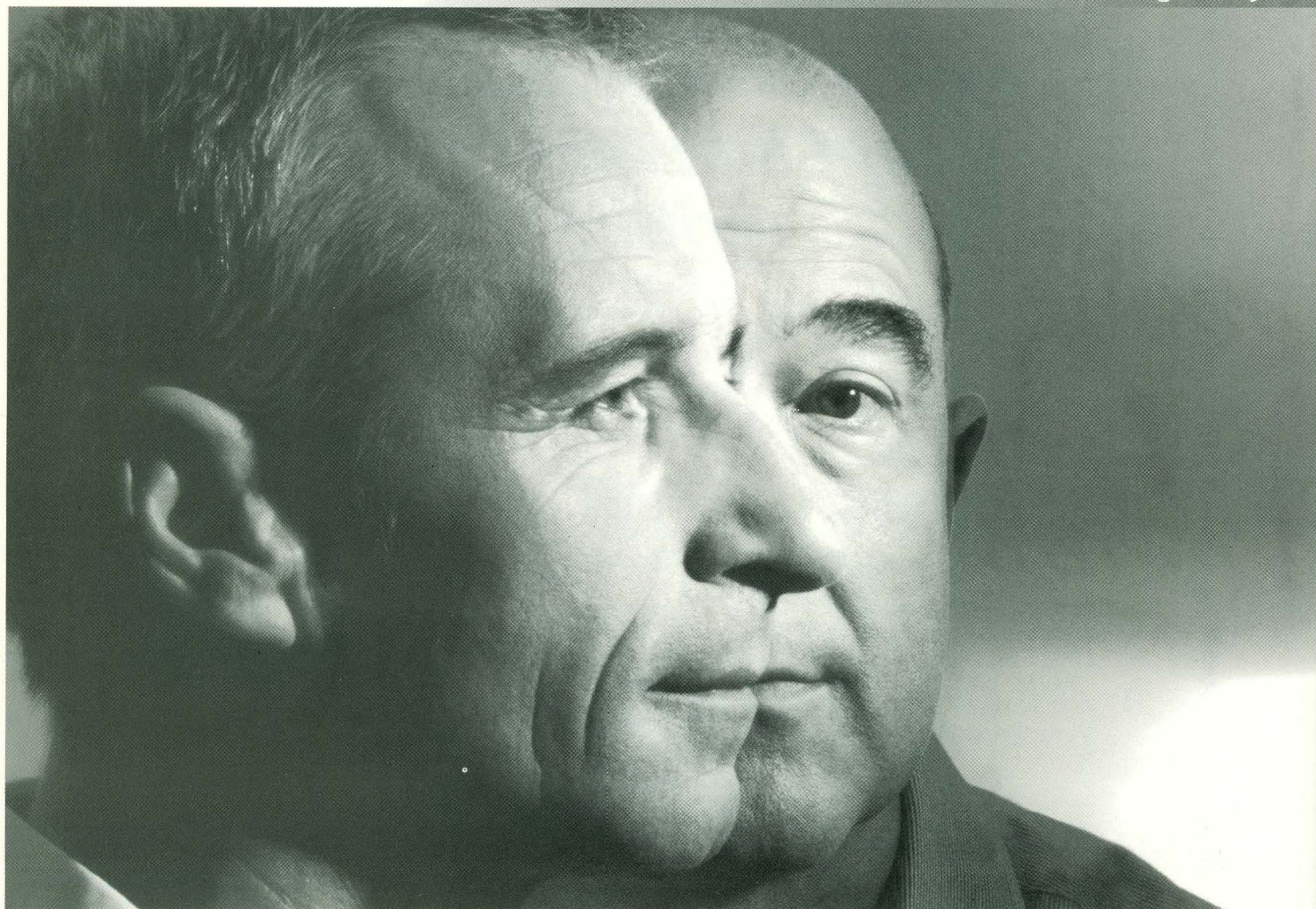
Life beyond clinical study reports: An insight into other types of writing



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***Life beyond clinical study reports:
An insight into other types of writing***
Vol. 10, No. 3, 2001

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<http://www.emwa.org>

The cover image is a montage of images from PowerPoint ClipArt and dgl.microsoft.com

Journal Insights

The Write Stuff is the official publication of the European Medical Writers Association. It is issued quarterly and aims to provide EMWA members with relevant, informative and interesting articles and news addressing issues relating to the broad arena of medical writing. We are open to contributions from anyone whose ideas can complement these aims.

Articles or ideas should be submitted to the Editor-in-Chief (see back cover for address) or another member of the Editorial Board.

Subscriptions:

Subscriptions are included in EMWA membership fees. Non-members can subscribe at an annual rate of:

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- £30 outside Europe

Instructions for Contributors:

- **The Write Stuff** typically publishes articles of 500 - 1500 words although longer pieces or those with tables or graphics will be considered.
- All articles are subject to editing and revision by the Editorial Board. Any changes will be discussed with the author before publication.
- Submissions should include the full address of the author, including the telephone/fax numbers and e-mail address. Suitable quotes for side boxes can be indicated or they can be selected by the Editorial Board.
- Material should be submitted electronically on computer disc or by e-mail as an MS Word file using Arial font (or equivalent), 11-point, and single spacing.
- Published articles generally include a recent photograph of the author (portrait picture, CV or passport style).

Back Issues:

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From the (Deputy) Editor's Desk: Life Beyond Clinical Study Reports – An Insight into Other Types of Writing

by Varsha Imber

It all happened after I had attended my second EMWA conference in Dublin. After seeing members volunteering to run workshops, agreeing to write articles for TWS, and taking up various roles on the EMWA Executive Committee (EC), I thought that this looks challenging and maybe I should have a go! Although, at that time, I was doing my Masters degree and had enough on my plate, I knew I would need something else to occupy my time when it was all over. Most people would cherish their "free" time after doing extra studies, but not me! It all happened a few months after completing my Masters. I felt a bit twitchy and before boredom could set in, I decided to contact Julia Forjanic Klapproth to ask if I could get on the EC. Unfortunately, it was impossible at that time, but she forwarded my email to Barry Drees. This is when I thought, "Oh my goodness, what have I let myself in for...I know I will be persuaded to do something for TWS," and I was right! As far as I can remember, Barry called me within a few days to discuss the options available, which were writing an article for TWS, being a copy editor, or the most "prestigious" role of being the Editor, and of course, he "sold" the latter option to me!

Following my conversation with Barry, I was quite excited and went around telling my work colleagues that I was going to be the Editor for TWS. Nevertheless, in the cold light of day, the excitement had worn off somewhat and I felt a bit nervous (okay, very nervous) because I would be responsible for putting a whole issue together (aarrgh!). Then, as the days went by, I did not hear anything from Barry, and I thought (well, secretly hoped!) that maybe he had forgotten about me. But I was wrong, and he did track me down (and in the last issue, my name was mentioned in black and white)! There was no escape, and here I am with my first issue. So, here goes!

Have you ever wondered if there is life beyond writing clinical reports and protocols? If your answer is yes, then fear not as there is light at the end of the tunnel in the form of medical communications-type writing (e.g., publications, medical advertising, medical education)! If, however, your answer to the question posed is no, then still read on, as you may change your mind later!

I was quite excited and went around telling my work colleagues that I was going to be the Editor for TWS

Like many, I did not know what medical communications-type writing involved. However, after writing reports and protocols for a long time and hearing some of my friends who had started working for "med comms" agencies (one thing I have learned is that you have to keep up with the lingo!) talking about their new experiences (such as, jet-setting off somewhere exotic, having brain-storming

From the (deputy) editor's desk

meetings in the pub, and the list goes on!), I thought medical communications can't be that bad, can it? So, I decided to take the plunge. After all, if I didn't like it, I could always go back to writing clinical documents.

Although a relatively new recruit in this field, I can tell you that medical communications-type writing is shockingly different from clinical writing. It is challenging (not that clinical writing is not, but in a different manner), it takes one to new depths and you don't have to deal with statistics or statisticians (unless, of course, you like to!). So, in this issue of TWS, I would like to give you an insight into what is available to medical writers who want to do something different, but still use their skills to some extent. There will be a range of articles that will give you tips on how to publish journal articles, tell you what is involved in medical advertising, and give you an insight on how to organise a symposium. In addition, for those of you who missed out, we have a report on the EMWA conference in Montpellier, and we have the usual features, such as the message from the President and meetings of interest.

Well, I can go on forever, but before I end, I have to say that putting this issue together was challenging and hard work, but enjoyable. I now understand how hard Barry works on producing an issue of TWS! Lastly, I would like to say thank-you to everyone who took time out to write articles for this issue (no bribes were offered either!). So, happy reading, folks!

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On another note, most of you will remember Nick, who tragically passed away. Sabine, Nick's widow, recently wrote to Keith with the following message.

"It is hard for me to express just how much EMWA's collective appreciation of Nick has helped us to keep going through this difficult time. On behalf of all of us, I would like to thank everyone at EMWA for the many caring emails, letters and phone calls, and for your generous donation to the Woodland Trust. In their last letter, the Trust informed us that the total amount received for Nick's trust by 30 May was a stunning £1,598.43! There will be a lot of trees planted or tended in Nick's name all over the UK."



Message from the President . . .

by Julia Forjanic Klapproth

EMWA has been growing in leaps and bounds in the last few years. What began as the brainchild of a few eager medical writers with a vision, is now coming of age. With over 400 members and its own educational programme (the EMWA Professional Development Programme), the organisation has become a recognised landmark for medical writers in Europe and around the globe.

Until recently, EMWA mostly brought writers together and recruited volunteers to do something (anything!) for the organisation. Whether it was finding people to share their knowledge and experience in the form of workshops, or to offer their time and enthusiasm in a position on the Executive Committee (EC), the main point was to get people involved. EMWA activities have traditionally been driven by a group of people full of ideas and enthusiasm, with very little in terms of formalised processes to guide those activities. In a small organisation, this is effective and sufficient because it is possible to maintain an overview of what people are doing.

Now, however, as EMWA matures into a larger and more professional organisation, I can see the need to provide some degree of a formalised framework within which the large body of members and the EC officers can orient themselves. There needs to be continuity from one year to the next, as officers hand over their positions to the newly elected. We need to think about where EMWA is going and where we want it to go. And we need to establish an infrastructure that clearly defines our processes gives us guidance around the intricacies of administering and running a growing organisation.

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about where EMWA is
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want it to go.***

To this end, I have started working on an EMWA organisational handbook, and Stephen de Looze has prepared an EMWA Workshop Leaders Handbook.

These two documents should establish an infrastructure for how our organisation functions (all those little details that everyone encounters at some point or another and isn't sure where to find the answer... like what exactly is the intended role of the Membership Officer? Or, exactly which expenses are covered for workshop leaders?). Having such documents should provide transparency and clarity for everyone involved. Of course, we have the constitution, but after only 2 years, you will have discovered that it is already out of date. Indeed, the constitution needs to be amended, and the amended document will form the basis of the EMWA organisational handbook.

Message from the President

One example of how I hope the organisational handbook will improve things, will be to define an appropriate process for our elections at the General Assembly. I was quite dissatisfied at the General Assembly in Montpellier, as we raced through the "exercise" of presenting the positions that were open for election and the ensuing voting (in the absence of any contenders). It is my intention that, from now on, all posts that are up for election at a coming General Assembly will be announced prior to the meeting, together with a description of the responsibilities that accompany the respective posts. In this way, people will have time to think about whether or not they would like to stand for election ahead of time (not in the 30 seconds after being made aware that a post is available!), and we can prepare nominations before the election.

It is organisational details like these that I will address and lay out in the organisational handbook, with the goal of making EMWA an organisation where everyone feels that they are an informed member. If anyone has any thoughts or suggestions for areas that they think are unclear about how the EMWA is run, please let me know so that I can find a way to provide transparency on every aspect of the organisation. Once these handbooks are complete, they will be available to everyone: probably using the website, as well as being published in instalments in TWS. It is my hope that by instituting a few essential guidelines, everyone will have a better understanding of how EMWA functions and people will feel fully informed on the activities of the organisation.

To maintain the essence of what EMWA has always been is to prevent anyone from feeling that they are outside of a group of a privileged few who are running the show. EMWA is the product of all of its members working together to share their knowledge and to raise awareness of medical writing. I hope that by laying a few cornerstones for an infrastructure, we can help EMWA stay true to the sense of community that it was founded on and continue to grow as a professional organisation that meets the needs of its members.

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Tenth Annual EMWA Meeting: Montpellier

by Diana Klein-Franke

Full of anticipation, I attended my first ever major conference in beautiful Montpellier in the South of France. I arrived at Nimes the day before the conference, and who should I meet at the airport but Phillipa Clow, Nicky Bartlett and Jane Stock (my workshop leader for the following afternoon). I was lucky enough to share the taxi with them to the hotel. I attended four workshops and still had enough time for a bit of sightseeing. It really was a gorgeous location and a great "getaway" from the usual hectic pace of life that we all have, and allowed us to get to know our fellow EMWA members much better.

Montpellier was a fantastic setting for the conference. The weather could have been a bit better but hey, let's not get picky here! The organisation and the outings, especially the visit to the château with the wine tasting, were such an experience that I am glad I was there. Moreover, during the conference, I was lucky enough to find time to interview the three women at the top - Phillipa Clow, Julia Cooper and Julia Forjanic Klapproth. I learned a lot about EMWA while carrying out the interviews; everything from the past and present to the plans for the future!

Not only has the organisation been growing steadily...but, also the educational programme has improved.

I will begin with Phillipa Clow. She has been the association's secretary for the past 5 years and hopefully will continue for many more. When she started with EMWA, there were only two people running the office! The first conference (if you could call it a "conference") took place in the UK (Alderley Park, to be more precise) and was attended by only nine people! Since then, EMWA conferences have grown and grown (this conference was the largest yet with over 150 attendees!) and have been held in wonderful places like Madrid, Copenhagen, Dublin, and Montpellier. Not only has the organisation been growing steadily in membership, but also the education programme has improved. A major contributor to this positive change has been the creation of the EMWA Professional Development Programme (EPDP), with most of the credit going to Julia Cooper. She put many hours of work into the programme and developed it with the enthusiastic assistance of the EMWA Professional Development Committee (EPDC). Another great improvement in the past 5 years is, of course, TWS. This great journal has not been around very long, but it has had a tremendous impact by providing quality reading for all EMWA members - Well done, Barry, for producing a great read!

Well, after speaking with Phillipa, curiosity got the better of me and I decided to see if I could catch Julia Cooper to hear more about the education programme. Then I also

Tenth Annual EMWA Meeting: Montpellier

heard that Forjanic Klapproth was taking over the presidency of EMWA. On the spur of the moment, I decided to interview her as well. I had such a good time talking with them that I was late for the ethics workshop I was due to attend - Sorry, Faith!

Julia Cooper, the first Education Officer, has been with EMWA for over 5 years and is the brains behind the education programme. EMWA used to participate in the Core Curriculum (CC) programme run by AMWA. As EMWA grew into a more independent organisation, and began to develop a programme tailored to European needs, EMWA and AMWA reached a mutual agreement that EMWA would strike out on its own.

Since then, EMWA has evolved into the vital organisation it is today, and the education programme is being tailored to EMWA members based in Europe. The programme in its new format has been running for a year and will soon cover all the needs of medical writers in Europe. The second 1-day conference in Lille, France, was specially tailored to the needs of new medical writers. Both 1-day conferences were very successful.

Lastly, our new President, Julia Forjanic Klapproth, has been a member of EMWA for just 3 years, but what an incredibly successful 3 years she has had. In her first year, Julia was the Membership Officer, in the second year the Vice-President, and now, the President, taking over from Keith Veitch. Julia's first conference was in Copenhagen. Since then, more members have attended the annual conferences, a broader sense of community has evolved, and EMWA is "as friendly as ever". Julia is looking forward to the year ahead in her role as president and certainly has very high goals. She hopes to establish a dialogue between the European Agency for the Evaluation of Medicinal Products (EMA) and EMWA, which will not only help to raise awareness, but will also explore ways that EMWA can be involved in the regulatory process. Additionally, Julia has thought of having 1-day meetings that are dedicated to a single topic or area, for example, exploring the guidelines for the Common Technical Document with the organisation that produced them. I really wish her a lot of luck in achieving these goals.

In conclusion, the conference in Montpellier was really wonderful. Apart from meeting and mingling with lots of fellow EMWA members, as a relatively new member I also managed to receive an insight into an association to which I am proud to belong. The actual organisation of the conference was superb, and the conference rooms were ideal for the workshops. The EMWA mugs we all received were a nice touch, indeed mine is in constant use at work! Also, a special mention has to go to Dominique Chenon, who really helped in organising the fascinatingly beautiful social outing to the château and, of course, the music which accompanied the wine tasting. For those of you who did not attend, you really missed out big on the wine!

Let's hope that the next annual conference, which is taking place in Prague, the "golden city", will be bigger, better and more successful than ever!

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The End of Medical Journals? ***Things are changing fast, but could it be for the better?***

by Tim Albert

Regular readers of the *British Medical Journal* (BMJ) could be forgiven for thinking that the first editorial of this year was little more than an elegant suicide note. "Our judgment is that journals whose main contribution is peer review and distribution of research will disappear", wrote editor Richard Smith and web editor Tony Delamothe¹.

The immediate reason for the editorial was to inform readers that *BMJ* articles will now be made available, free, on PubMed Central, an electronic library financed by the US government. It is a major step, and one which publishers are following with more than a passing interest. It is a tangible sign that the world of medical publishing is going through a period of major turmoil. The changes we are seeing will inevitably alter the structure of that industry, the way we do science, and – if we are particularly fortunate – the language in which medical scientists talk and write.

The position of current journal publishers is looking increasingly shaky. For more than 50 years they have done very well for themselves. Their profits were driven not just by the noble quest for knowledge and its dissemination, but by the fact that publication bestowed financial benefits on those identified with them through "authorship". This was based on a simple economic reality: paper journals were expensive to produce; access was limited and therefore prized; and, thus, names on a database became a performance indicator.

The underlying economic model has now been consigned to history. Publishing articles electronically on the World Wide Web has virtually no direct costs once the systems are in place. Publishing 20 papers costs little more than publishing 10. Journals can now select many more articles (provided they meet the scientific criteria), publishing the full paper electronically and running a summary in the paper journal. Some less prestigious journals are already finding it hard to attract sufficient original papers.

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Even the future of large publishing groups is not guaranteed. If it is so easy now to publish research, why bother with publishers at all? Already some scientists are talking about disseminating their work by putting it directly onto their own websites. They will be able to do this quickly and will retain control. Scientific endeavour will have been wrested away from the control of profit-hungry publishers and returned to the scientists.

What about peer review? Will getting rid of publishers throw the baby out with the profit-tainted bath water? Well, probably not. Peer review does not have to be organised in advance of publication; it can take place afterwards.

End of Medical Journals?

With electronic publishing, authors can post their papers, and their colleagues can comment on them as soon as they appear. Authors can make changes in the light of these comments, and the paper will continue to evolve. This seems more in keeping with the original spirit of peer review, which has somehow mutated into peer editorial control.

One of the great advantages of all this is that it could destroy the validity of publication as a performance indicator. If more and more people can get published in the more prestigious journals, or if publishing in other sites, such as PubMed Central, becomes equally prestigious, then the race to amass publication points becomes easier and, therefore, less valued.

Another reason for optimism, as Smith and Delamothe point out, is that the 15 per cent of journals they estimate will survive will do so only because they have adapted. Free from the need to validate science, journals could revert to their original role of communicating advances.

This will have implications for technical editors. As well as ensuring that manuscripts have an internal logic, are accurate, consistent, and grammatically correct, technical editors will need a completely new set of skills. These will include the ability to translate "scientific writing" into plain English, to write shorter articles (structured as news pyramids), to write and deploy headlines, standfirsts and other pieces of "page furniture", to commission original articles, and to run news-gathering operations.

All this could have a beneficial effect on the culture of medical science, which currently suffers from what I have called the "*Pulse Paradox*"². This is the observation that doctors value what they read in medical journals, even though (studies have shown) they rarely read them, find them difficult to understand, and seldom change their habits as a consequence. On the other hand, doctors read, understand and act upon medical newspapers, such as *Pulse* in the UK. Yet they devalue what such newspapers do and dismiss them (in the UK at least) as the comics or the funnies.

***If journals cannot
add value, then they
will die, which is
right and proper.***

But if journals start adopting this style, then this prejudice may start to disappear, with all kinds of benefits to the communication of science and the practice of medicine. As the doctor and writer Michael

O'Donnell argued last year, in his characteristically forthright way: "That oft-evoked entity 'the literature' has, I submit, been corrupted by a language created by people who write not to be read but to be cited...I wonder do the citation seekers ever consider the plight of us poor readers, deafened by the hoovering up of data...and struggling to survive in a world that equates data with knowledge?" He concludes: "If we could get the citation seekers out of our journals and into peer-reviewed electronic databases, we could rid ourselves of their vernacular and start to share our ideas in a clear, honest and interesting way"³.

In short, and this is the best news of all, the changes currently going on in medical publishing could finally return the language of medical science to something that approximates to "good writing", as advocated by a range of writers from George Orwell

to Bill Bryson. As Smith and Delamothe write: "If journals cannot add value then they will die, which is right and proper. But if reading them can be a pleasure not a chore then they can survive"¹.

Medical writing a pleasure to read? Now there's an interesting notion!

Tim Albert runs a training business. His latest book "A-Z of Medical Writing" was published last year by BMJ Books.

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FOOD FOR THOUGHT

"To write an article of any sort is, to some extent, to reveal ourselves. Hence, even a medical article is, in a sense, something of an autobiography."

***J. Chalmers Da Costa (1863-1933)
Taken from JAMA 2001; 285: 169***



How to Publish in Biomedical Journals

by Liz Wager

As an EMWA member, you probably reckon you're pretty good at writing. Well, this is an advantage when it comes to preparing publications, but it's not the whole story. Peer-reviewed journals have their own rules and conventions, and you need to understand them. One difference from regulatory writing is that you do not have a captive audience. If you want to get published, you must first persuade the reviewers and editor to accept your work. So, here is a 10-point plan to help you get published. Please note that although I have used the term "author" for simplicity, many of the roles could apply to professional writers or author's editors.

1. Choose the right journal

Consider the implications of your research, your intended audience and the message you want to communicate. Ask colleagues which journals they read and respect. Browse back-issues to understand the journal's scope. Check that the format you have chosen is acceptable (e.g., don't send a review to a journal that only publishes original research).

2. Keep the journal and your intended audience in mind as you write

Ask yourself, "Why would these people want to read my paper?" Check for specific instructions about length and format and stick to these.

3. When you've finished writing, read the Instructions to Authors again

Few things exasperate editors more than authors who ignore their instructions. Although ground-breaking findings are unlikely to be rejected because of a few typos, paying attention to detail usually pays off. The CONSORT guidelines provide an excellent checklist for the components of randomised trial reports and many journals ask authors to adhere to these. Get the latest version from www.consort-statement.org.

4. Start gathering the things you need for the submission package as soon as possible

By the time you come to submitting a paper, you will either be fed up after umpteen revisions or facing a deadline. Either way you will want to submit as quickly as possible. Check the items you will need (such as authors' signatures, copyright permissions) and have them ready at the pre-final draft stage to avoid last-minute stress.

5. Remember what the reviewers and editors will have to do

Most journals want everything double-spaced with wide margins on numbered pages. This is to help reviewers and technical editors mark their suggestions and queries on the paper.

6. Facilitate masked review

Put author details on a separate title page (start the abstract on the next page). Do not include authors' names in headers, footers or file names. This will assist journals that remove author details before sending papers to reviewers.

7. Write a good covering letter

- Use headed paper to indicate where you work.
- Get the editor's name right: sending a letter to the previous editor does not inspire confidence.
- Describe, very briefly, what you found and why this will interest readers.
- Briefly explain the key message and implications of your findings.
- Tell the editor why you are submitting to his journal.
- Show an understanding of the journal's readership and/or previous related publications.
- Consult the Instructions to Authors for necessary wording, e.g., that the paper is not being considered for publication by other journals.

8. Submit your paper

But only after having read the Instructions to Authors yet again to check that you've included all the bits and pieces.

9. Wait!

Journals usually acknowledge receipt of submissions and may assign a reference number for further correspondence. Once you have received this acknowledgement, all you can do is wait. A few journals (notably the pay journals and electronic ones) aim to make a decision in a couple of weeks. For the rest, decision-making usually takes from 3 to 6 months.

Four things can happen to your submission:

- Outright rejection
- Rejection with an invitation to make major changes and resubmit
- Acceptance conditional on responding to reviewers' comments
- Unconditional acceptance.

If your submission is rejected

Read the reviewers' or editor's comments carefully after the initial disappointment has worn off. Put them away for a couple of days, then read them again and decide, with your co-authors, whether to change the paper.

Re-submitting to the same journal is not usually worthwhile. However, if you feel your paper has been completely misunderstood, or you are able to answer major criticisms, it may be worth appealing against a decision. In most cases, though, it is better to submit elsewhere.

If you get a conditional acceptance

Virtually all acceptances are conditional on the authors responding to the reviewers' comments. Remember that you do not have to make all the changes the reviewers suggest, but you do have to answer all their concerns. If you are unwilling to change something, you must give convincing reasons.

Publishing in Biomedical Journals

After you have revised your manuscript, prepare a response describing what you have done. If reviewers number their comments, use this system for your response. If you have rejected a suggestion, give the reasons.

If you come across errors or feel inspired to make changes not suggested by the reviewers, you should identify these in the response. In most cases, editors are happy to accept these, since it is easier to make changes at this stage than after typesetting. However, if you have had a conditional acceptance, count your blessings and don't rewrite your paper completely.

Some journals return revised papers to the reviewers, in other cases the editor decides whether the paper is now acceptable. Sometimes journals send papers to another reviewer, e.g., a statistician. Whichever applies, you will get a response to your revised submission. In some cases, you will be asked to make further changes. The same rules apply.

When the paper is acceptable to the journal, you will get a final acceptance letter. Keep this in case you want to cite your work elsewhere before it is published, since many journals require evidence that a paper is "in press".

If you get an unconditional acceptance
CELEBRATE!

10. After your paper has been accepted

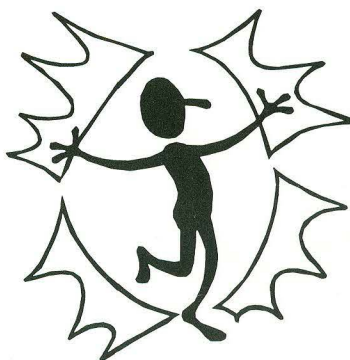
The next time you see your paper will be as proofs, but before it is typeset it will undergo technical editing. Editors of specialist journals may do this themselves, but in larger establishments this is done by sub-editors who are experts in preparing papers for printing and good at picking up errors and inconsistencies, and putting things into house style.

Journals usually expect a rapid response to proofs, so make sure you keep the editor informed of any changes to the corresponding author's contact details. You can usually mark all changes on the proofs but it may sometimes help to add a covering letter.

After you have returned the corrected proofs, sit back and wait for publication day. Or start writing your next paper!

This article is based on a chapter that will appear in: Wager E, Jefferson T & Godlee F (2002). *Peer Review: A Survival Guide for Healthcare Professionals*, BMJ Books, London (due to be published Q1 2002)

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PRAGUE CONFERENCE 2002 CALL FOR WORKSHOP LEADERS

Next May still seems far away, but it is not too soon to start putting together the workshop programme for the EMWA conference in Prague!

If you would like to contribute to EMWA's success, and the success of the next annual conference, by developing and running a workshop in Prague, you are invited to submit proposals to the EMWA Professional Development Committee (EPDC) as soon as possible. You can send your proposal to me (contact details are on the back cover of TWS) or to any member of the EPDC (details on the EMWA website).

Currently, the EPDC is looking for leaders to run workshops in any of the following areas:

- *Biomedical Research Design*
- *Building an NDA*
- *Clinical Thought and Logic*
- *Clinical Trial Exemption Applications*
- *Cross-cultural Communication*
- *Developing Research Materials into Articles*
- *Electronic Regulatory Submissions*
- *Grant Writing*
- *IT for Medical Writers*
- *Manuscripts other than Research Articles*
- *Outlining for Writers and Editors*
- *Periodic Safety Update Reports*
- *Presentation Materials*
- *Principles of Electronic Document Management*
- *Quality Control*
- *Scriptwriting for Multimedia*
- *The Creative Process in Pharmaceutical Advertising*
- *The Review Process*
- *Writing About Health and Medicine for Magazines*
- *Writing Abstracts*
- *Writing for a Non-Native Speaker Audience*
- *Writing INDs*

New ideas for workshops are welcome at any time, even if you do not wish to be a workshop leader yourself – you might also wish to suggest a leader! For those interested in running a workshop, the EPDC is currently finalising the *Workshop Leaders Handbook*, which will be available later this year. It contains information on workshop format, workshop approval, templates, train-the-trainer training, expenses and other matters of interest to workshop leaders.

Stephen de Looze
Education Officer

SEX*

DRUGS, AND WRITING ADS

Position available – Creative Copywriter

Applicant must have the following skills:

- Ability to write creatively in promoting clients' new pharma products
- Ability to understand and subsequently adhere to the letter of the ABPI guidelines (UK only)
- Meticulous eye for detail – thousands of people will see your work; you need to pick up the clangers no-one else but a writer will see
- Able to understand enough science to spell "therapeutics"

In addition, the applicant must be prepared:

- For long, drawn-out meetings over drinks discussing the nuances of split-infinitives and oxymorons, yet keep a sane overview of the needs of your client's product
- To appreciate the merits of not churning out clinical reports and front-loading protocols
- For the frustrating times, when the work at hand seems to be a grind and the concepts simply aren't flowing, or the words don't seem to stick together goodly

The Package

Does not include wading through thousands of tables, figures, or listings. No need to have ICH E3 guidelines memorised, or know about the Common Technical Document. Will give greater understanding and appreciation of the advertising around you. Ever wondered why sex sells? Did the headline above draw your attention?

OK, you saw through it. This isn't a job advertisement, it is supposed to be an article of types touching on one of the many different avenues available to writers. I have, possibly haphazardly, thrown some ideas together on the differences between copywriters and science writers; not that, by any means, being a copywriter is a bed of roses!

There are many aspects to writing copy for medical advertisements. From conception stage, where the basic miasma of ideas start to form, to writing the heavy-weight medical education pieces for GPs, consultants and hospital staff; setting the scene for future product demand (i.e., your client's product).

As such, your writing skills need to target many different audiences, and adaptation of style is an often-necessary talent; you can't use the same language for a consultant oncologist as you would for a patient leaflet on chronic back pain.

If there is one major difference I have experienced between clinical writing and medical advertising, it's the variety of work available to copywriters. There are probably four areas integral to the medical copywriter:

- Creative thinking – sales lines that reflect the product's strengths

Working without the facts can only mean the end result is fiction.

- Images – reflect the "feeling" or "focus" of the product: how serious is the treatment area? Is humour inappropriate?

Often, fewer words say more.

- Science – there is plenty of science in copywriting. The product is nothing without a solid scientific foundation; your job is to investigate, clarify, and highlight the important clinical messages.

I have found that I'm required to have a greater scientific knowledge in copywriting than when I was a medical writer. This reflects both the broad and in-depth scientific understanding required when dealing with a client's high-cost national or global campaign.

- Attention to detail

How many positions are there where this is not a prerequisite? To be a professional writer is itself a certification for attention to detail.

In the end, the two questions you need to ask are: "Why will you remember this advertisement?" and "Can you do better?"

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Prescribing information:

This is the column that usually contains the drug information, listing most adverse events, drug administration and dose, presentation, the disease state, contraindications, how to prescribe, how much it costs, susceptible patient groups, product licence number, and the name and address of the pharmaceutical company.

An eye for detail is mandatory for this type of print. The copywriter is required to check all this small print that no-one else will read. And if you think that this is not enough detail, check out the references; no-one ever reads these, but it will be your job to ensure that they are accurate and pertinent to the claims.

References:

1. Tutenkhamun, P. What I have found is that none of these authors is called Smith or Jones. *Egypt Archives* 250BC; 12(1): 1-67.
2. Stiltskin, R. All of the authors seem to have unpronounceable names that have to be checked meticulously each time they are used. *Obscure Journal that has been out of print for 20 years*. 1943; 1512: 1189-1354. *Sex is not guaranteed. Past performance is not an indication of future performance; interest in sex may go down as well as up.



Simply Symposia

by Katherine Hall

If you've never been involved in organising a symposium, it's very difficult to imagine what it's like. As a writer new to medical communications, I certainly had no idea what was in store when I was asked to run one for the first time. Industry-sponsored symposia are part-and-parcel of most international congresses. They are a medium used by pharmaceutical companies to disseminate key messages and new and exciting data on pharmaceutical products. These messages and data are presented to the audience by a faculty of practising and well-respected opinion leaders, led by a chairman. The medical writer's job is, ultimately, to ensure that key product messages are conveyed clearly without compromising the credibility of the presenters. This is by no means an easy job, but if everything goes according to plan, the results can be extremely rewarding for all involved.

Pre-event organisation

Work can begin months in advance of an event, although for my first symposium we had to turn things around in just 6 weeks! As the writer, one of my first jobs was to ghost write copy for the symposium invitation on behalf of the chairman, and then obtain approval of this from both the client and chairman. This process went in parallel with designing a suitable "theme" for the meeting, driven by our creative team. The theme incorporated the product branding and colours, and was based on the title of the symposium. It was also a "malleable" design that translated well to all symposium materials, i.e., the invitation, abstract book, stage set, directional signage and presentation slides.

The creative process is a joint effort between a creative designer, project account manager and medical writer. The account manager ensures that the correct branding and product messages are incorporated into the design process, while the writer checks that any "biological" imagery used reflects the correct science for the product and indication. Coming from a CRO background, where clinical study reports were my bread and butter, working with creative designers and a production studio was a new and challenging experience – but seeing my work "in print" for the first time was quite exciting!

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The next step in the process is presentation development. The writer works with the speakers to develop their presentations, outlining the aims and content of the presentations, with data and references as appropriate. The writer has to handle this with sensitivity, as some speakers are glad to receive as much assistance as possible while others do not appreciate being "told" what to present. Once the presentation content has been developed, an abstract can be written for each presentation.

Most clients require an abstract book to accompany the symposium, which usually contains the chairman's welcome message, a short biography of each speaker, an abstract for each presentation and 3–5 key slides from each presentation. Again, developing abstracts is not always plain sailing, as some speakers happily allow the writer to draft it for them, while others will want to write their own without any assistance.

Slide development

One of the most challenging aspects of running a symposium is obtaining a speaker's slides before the event. As the symposium is a high priority for the client, pressure is often applied to the writer and account manager to obtain and finalise slides well in advance of an event. However, sending a PowerPoint presentation to a communications agency is usually way down the list of priorities of key opinion leaders. The writer, therefore, has to strike a happy medium between the two parties – managing client expectations, while at the same time chasing up speakers so that slides are received before the actual day of the symposium!

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Prior to the symposium, we discussed the slides in detail with the speakers and the client. The chairman's input at the symposium can be invaluable as he/she can assist with some awkward aspects of running the event. A common problem is the speaker who supplies, and expects to use, 50 slides for his/her 10-minute presentation. If the writer and client cannot persuade the speaker that this number of slides is excessive, the chairman often can!

Lights, camera, action!

When the day of my first symposium arrived, I was tired, nervous and excited. What if it all went wrong? What if the slide projector failed? What if I'd missed an embarrassing typo in one of the slides? All of these things crossed my mind as I walked into the auditorium where the symposium was to be held. As I entered the room, my adrenaline levels heightened when I saw the results of 6 weeks' hard work. The huge projection screen carried the title of the symposium (the title that I'd proof-read so many times in the previous weeks!) on a product-branded background that we'd worked hard with the client to perfect. Either side of the screen, two 6-metre-long branded banners framed the screen, making it appear enormous. A lectern on the right of the stage was also "dressed to match", and a table on the stage (provided for the faculty) was adorned with flowers and a branded panel.

After taking in my surroundings, I was told to go and sit with the audio-visual crew and the PowerPoint operator. At this point, I learned that symposia have a language all of their own. I was informed that I was sitting in the "box" (the room at the back of the auditorium), where I was required to wear "cans" (headphones) and was put onto "talkback" (in constant contact with my colleagues at the front of the auditorium through use of the headphones and a microphone). As the audience filed in, the auditorium took on the atmosphere of a theatre – low mutterings in the audience between friends, shuffling "programmes" (in this case, our abstract book) and a sense of anticipation.

Simply Symposia

The audio-visual team then started their countdown from 10 seconds down to zero. The lights went down, the audience hushed and the faculty took their seats – we were on!

The symposium began with a branded, animated video, accompanied by music. At the end of the video, the audience broke into spontaneous applause, which made everyone in the box laugh and helped to calm nerves. The chairman took to the stage, welcomed the audience and introduced the first speaker. I was just starting to relax when suddenly red and green lights flashed before me and a loud noise rang in my ears. I panicked and sat bolt upright, thinking there was a fire alarm, but it was just the signal from the speaker to let the PowerPoint operator know he wanted to move on to the first slide! Thankfully the rest of the 2-hour symposium went without any more shocks to my system! As the audience left, we were congratulated by both the chairman and our client for producing a good event. I left the auditorium feeling a mixture of emotions – elation, because it had gone so well, and sheer relief because it was all over!

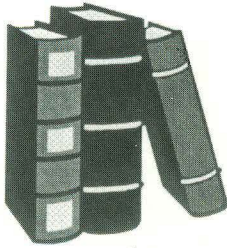
I've been involved in one other symposium since my first, and thankfully that also ran smoothly. Running a symposium is arguably the most demanding role that a medical writer can take on in the world of medical communications, but with the support of a good team, a co-operative client and an amiable faculty, it is undoubtedly the most rewarding.

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FOOD FOR THOUGHT

***"It does not require many words to speak
the truth"***

***Chief Joseph (1840-1904)
Taken from JAMA 2001; 285: 294***



In the Bookstores...Not Just Another "How To"

by Karen Shashok

George M Hall, editor. *How to Write a Paper*. London: BMJ Books, 1998. ISBN 0 7279 1234 8

The publishers who not long ago gave us Tim Albert's *A-Z of Medical Writing* are again to be congratulated for this compact but informative guide to preparing manuscripts for medical journals. All 18 authors are UK-based (and seven of them were affiliated with the same journal at the time the book was written), so users of this book should be aware that the views offered are mainly British. Nevertheless, this caveat in no way limits the usefulness of the first 11 chapters of the book, which deal specifically with scientific papers. The UK affiliations need only be taken into account in considering the opinions expressed in the final 7 chapters, most of which are devoted to wider issues of biomedical publishing not directly related to writing and editing.

Originally intended for non-native English-speaking authors, this book found an unexpectedly large audience within the UK, according to the editor's preface to the second edition. The reasons for this success are clear. Each of the first 11 chapters offer clear, practical advice on what to include, and where, in order to produce successful manuscripts. The final seven chapters (with the exception of Chapter 16; see below) look at the mechanics of biomedical publication, and centre on just the issues authors are likely to be most concerned about. The tips are offered in frank, direct language with plenty of imperative verbs that make it clear what should and should not be done, and few words are wasted. Most of the chapters are short and to the point, and most include a few well-chosen tables or boxes that make the main messages easy to identify, assimilate, and put into practice. Many chapters conclude with a succinct list of references or a brief list of recommended reading. This format is perfect for harried authors who just want to know, with as little fuss and theory as possible, exactly what they should do.

The tips are offered in frank, direct language that makes clear what should and should not be done, and few words are wasted.

The topics covered in the first 11 chapters are The structure of a scientific paper; Introductions; Methods; The results; Discussion; Titles, abstracts, and authors; References; How to write a letter (a very useful chapter on a type of manuscript that had not previously received the attention it deserves in "How to" books); How to write an abstract for a scientific meeting; How to write a case report; and How to write a review.

Chapter 4, which deals with the Results section, deserves special mention for its instructional value. Chapter 11, on review writing, is a bit long on opinion regarding such things as peer review, editing, and the origins of review articles, and a bit short on up-to-date practical advice on literature searching and current approaches to

systematic reviewing. Some of us would probably not agree fully with the recommendation in Chapter 7 to use and cite only articles from journals indexed in *Index Medicus*. Because of the possible over-representation of USA journals in Medline¹, and because of some of the biases inherent in the inclusion criteria used by the National Library of Medicine to select journals for coverage, exclusion of a journal from Medline cannot be assumed to mean that the excluded journal publishes substandard science. But overall, these first 11 chapters, along with Chapter 16, titled "Style – what is it and does it matter?" (the only chapter, by the way, that offers advice about the actual process of writing and revising), are a fine source of information and help.

The final chapters explain some of the mysteries of how journals operate, and together form a useful introduction to medical journal publishing. The topics covered are The role of the editor; The role of the manuscript editor; What a publisher does; Who should be an author?; Ethics of publication; and The future – electronic publishing. However, users of the book should be aware that much of the material here is opinion, not knowledge, and that positions on ethics and electronic publishing change almost daily as new evidence comes in. Readers looking for recommendations on what to do if they are involved in an ethical quandary may find they need to look harder for specific advice than they did in the earlier chapters. And they may well be confused by the conflicting recommendations on how to decide authorship. Whereas Chapter 17, on ethics, recommends that the criteria published in 1997 by the International Committee of Medical Journal Editors be followed (Table 17.4, p. 127), Chapter 15, on authorship, states: "Rigid, unenforceable, and widely ignored definitions should be abandoned" (p. 113), in what is clearly a critique of these very criteria.

Users of the book should be aware that much of the material in later chapters is opinion, not knowledge, and that positions on ethics and electronic publishing change almost daily.

To more effectively reach its original readership (non-native users of English), it might be helpful to qualify some of the culture-related assumptions and values that appear throughout the book, and to edit the language in a few places to do away with overly idiomatic constructions. Meanwhile, this collection of practical advice and professional debate can be recommended not only to authors, but also to author's editors, reviewers and editors who want a plain-talking, highly informative introduction to biomedical manuscript preparation and publication in the UK.

Reference:

1. Waheed AA. England and US corner the journal market (Correspondence). *Nature* 2000;405:613

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EMWA Two in One Brighton, United Kingdom

Training
Medical Writers

November 8, 2001 The Common Technical Document in Context

The CTD will soon be the standard format for submissions of Marketing Applications in ICH regions and beyond. In Europe, the CTD format can already be applied for submissions as of July 2001!

This seminar will include presentations from representatives from **the European and the US regulatory authorities**. We will also hear from **Francoise de Cremiers** (Wyeth-Ayerst Research, France), presenting an EU industry viewpoint, and **Andrew Marr** (GlaxoSmithKline, UK), presenting on the status of the eCTD guidelines. These presentations will be followed by an open round of discussion for everyone to share perspectives, ask questions and gain insight. We will have a full day to discuss and explore the new CTD guidelines, including how we expect to implement them, and how this will change the basic approach of writing and coordinating a global submission dossier.

Registration fee: member £200/€320
non-member £255/€424

Register for both and save!!

2-day registration fee: member £250/€400
non-member £330/€528

November 9, 2001 EMWA Professional Development Workshops

- Information Sources for Medical Writers
Alison Rapley (Parexel)
- Essentials of Editing and Proofreading
Barbara Grossman (Covance) and Marian Hodges (National Institute for Clinical Excellence)
- Medical and Pharmaceutical English – Not only for Non-native Speakers
Alistair Reeves (Aventis) and Susanne Geercken (Pfizer)
- Writing Clinical Study Reports using ICH E3
Stephen de Looze (Aventis)
- Data Presentation I
Barry Drees (Aventis)
- Medical Writing and Drug Safety
Mike Matthews (Freelance)
- Crafting a Press Release – The Principles of Writing for the Press
Geoff Hall (Freelance)
- Introduction to Pharmacokinetics
John Carpenter (Freelance)

Registration fee: member £75/€120
non-member £130/€208
plus workshop fees

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