Medical Writing

Trends in medical writing

It is my privilege to present you the *Medical Writing* special issue garnering the current Trends in the Medical Writing sphere. With the perpetual amendments in the pharmaceutical industry and the ever-evolving approaches in operating and disseminating biomedical research, we are witnessing a matching progression in medical writing. Be it battling the rampant free-flowing medical misinformation in this post-truth world, or public disclosure of clinical trials, or the drifts in manoeuvring artificial intelligence and digital health, medical writers are prudently setting trends. We have assembled these anecdotes, in the form of thirteen feature articles, which are gaining attention by diversifying the already-colourful medical writing arena.

 In the opening piece, **Raquel Billiones** discusses the latest development in biomedical exploration (biohacking, combination products, vaccine hesitancy, and many more aspects), which could eventually dictate the medical writers to modulate our stance. **Maria Carolina Rojido** enlightens us about lifestyle medicine: its importance in tackling non-communicable diseases, and the promising opportunities for the medical writers in this incubating field. **Martin Delahunty** walks us through the advancement in artificial intelligence-based tools fitted to support the scientific and medical publishing in his insightful account "Will we be replaced by robots?"

Content is king – we medical writers are aware of that. Nevertheless, a one-size-fits-all tactic will not help us achieve our goals. Then, how should we efficiently plan-develop-disseminate accurate and useful content for a diverse readership under different state of affairs? The following four articles unravel the solutions:

Science communication offers researchers with an invincible power of story-telling their discoveries to a broad array of population. **Melvin Sanicas** urges scientists to engage more with the public by protecting them from the malady of misinformation.

In this era of big data, keeping pace with the stockpiling scientific and medical data is a painstaking task. As a resolution, the content curators come into play, where they amass pertinent contents on a specific topic from a wide range of sources and serve it in a systematised fashion to respective clients. **Laura C. Collada Ali, Jackie L. Johnson,** and **Amy Whereat** shed light on the role of medical writers in content curation. Equipped with a blend of analytical and writing skills, medical writers could act as content curators

presenting trustworthy information to clinicians or patients. The trio expands the discussion by providing tailored strategies designed for specific audiences.

The American Medical Writers Association (AMWA), European Medical Writers Association (EMWA), and International Society for Medical Publication Professionals (ISMPP) have recently released a Joint Position Statement on Predatory Publishing ,[1] educating us about this malign practice. We are republishing it in this issue. On a similar note, **Andrea Bucceri, Peter Hornung** and **Thomas M. Schindler** delve deeper into this topic making us aware of the severe consequences of publishing in these pseudo-journals. Moreover, they propose several recommendations to evade being knuckled down by the predatory publishers.

Taking the proceedings forward, **Diana Ribeiro** and **Mathew Wong** talk about the responsibility of medical writers in creating a precise content strategy to crack the vicious puzzle of medical misinformation in this age of "fake news" and "viral pseudoscience".

As a successful trendsetter and inspiration for the freelance medical writers, **Brian Bass** highlights his precious experience about building medical writing business via the subcontracting/outsourcing path. He explains the pros and cons of the subcontracting practice, guidance that could be an asset for the future sub-contractors.

In the next two articles, patients are at the cynosure. **Lisa Chamberlain James** and **Trishna Bharadia** cover the practical details of writing a lay summary, especially emphasising the challenges associated with the process and guidance for the medical writers to nurture the science-public alliance. **Vivien Fagan** shares her fascinating journey from regulatory writing to be in the field of clinical trial disclosure. She elucidates the actions she has taken along the transition, being under the umbrella of a clinical research organisation.

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It is challenging to stay abreast of the up-to-date regulatory practices in the dynamic setting of pharmacovigilance legislation. To make your job easy, **Sushma Materla** put forward a comprehensive approach to write a risk management plan. **Surayya Taranum** illuminates the latest trends in regulatory writing, guiding us around the developments in EU regulations for medical devices, data protection (General Data Protection Regulation and EMA policy 0070), and the influence of artificial intelligence in the global medical writing market. Finally, **Clare Chang** explains the transforming regulatory medical writing scene in China, particularly upon China's inclusion as a member of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use. Moreover, she talks about the striking growth at the Chinese popular science writing turf – a steady stride boosting societal science awareness.

Before summing up, I would like to thank all authors for their esteemed contributions. I thoroughly enjoyed reading their edifying accounts. Big thanks go to Evguenia Alechine and Victoria White for their relentless help and support to put this issue together. I hope you find this issue of *Medical Writing* interesting and enlightening, inspiring the trend-setting medical writer within you!

References

1. American Medical Writers Association; European Medical Writers Association; International Society for Medical Publication Professionals. AMWA-EMWA-ISMPP joint position statement on predatory publishing. Curr Med Res Opin. 2019 Jul;35(9):1657–8.

GUEST EDITOR

Somsuvro Basu, PhD
Science Communication Officer
Central European Institute of
Technology (CEITEC)
in Brno, Czech Republic
Manages the science magazine
CEITEC Connect
Proud EMWA member since 2017
somsuvro.basu@ceitec.cz

Corrections to articles published in June 2019 *Medical Writing*

Because of a production error that occurred after the authors' final review of the proofs, an incorrect symbol was displayed on p. 28 of the June 2019 issue of *Medical Writing* (Volume 28, Number 2), in the article titled "Statistical principles in biosimilar development".

The error was not present in the print version of the journal but was online for some time before being corrected.

The null hypothesis is stated correctly below, with the symbol before 1.25 correctly displayed as greater than or equal to.

$$H_0 : {}^{\mu_T}/_{\mu_R} \leq 0.80 \ or \ {}^{\mu_T}/_{\mu_R} \geq 1.25$$

$$H_1 : 0.80 < {}^{\mu_T}/_{\mu_R} < 1.25$$

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On p. 70, in the article titled "International Committee of Medical Journal Editors' requirements for sharing individual participant data from interventional clinical trials", the text incorrectly indicated that clinical trial sponsors must pay fees for participating in all data-sharing platforms discussed. The platform Project Data Sphere does not charge fees.

The corrected paragraph appears below and has been updated online.

Clinical trial sponsors pay a fee for participating in some of these platforms, which provide most of the services relevant to assessing and processing the data sharing requests for IPD. These platforms help clinical trial sponsors meet the ethical obligations for sharing of deidentified/ anonymised IPD. Some current data-sharing platforms include the ClinicalStudyDataRequest consortium,[41] the YODA Project,[42] Vivli,[43] Project Data Sphere (does not charge any fees),[44] and DataCelerate.[45] Furthermore, several other clinical data-sharing platforms concentrate their efforts at a national or institutional level (e.g., US National Institutes of Health), or at a disease-specific level (e.g., Alzheimer's Disease Neuroimaging Initiative).[46]

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