

Commercial writing



Module 11 Topic 4

Medical Writing

- Medical writing is an activity of writing scientific documentation by someone who is a specialized writer (a medical writer) and is generally not one of the scientists or doctors who performed the research
- Purpose - A writing specialist works together with the people who produce the scientific data, in order to create documents that effectively and clearly express the messages (that the data has to tell)
- The medical writer also serves to make sure that the documents comply with any regulatory, journal or other guidelines in terms of content, format and structure



Types of medical writing (major classification)

- Regulatory Writing
- Commercial Writing

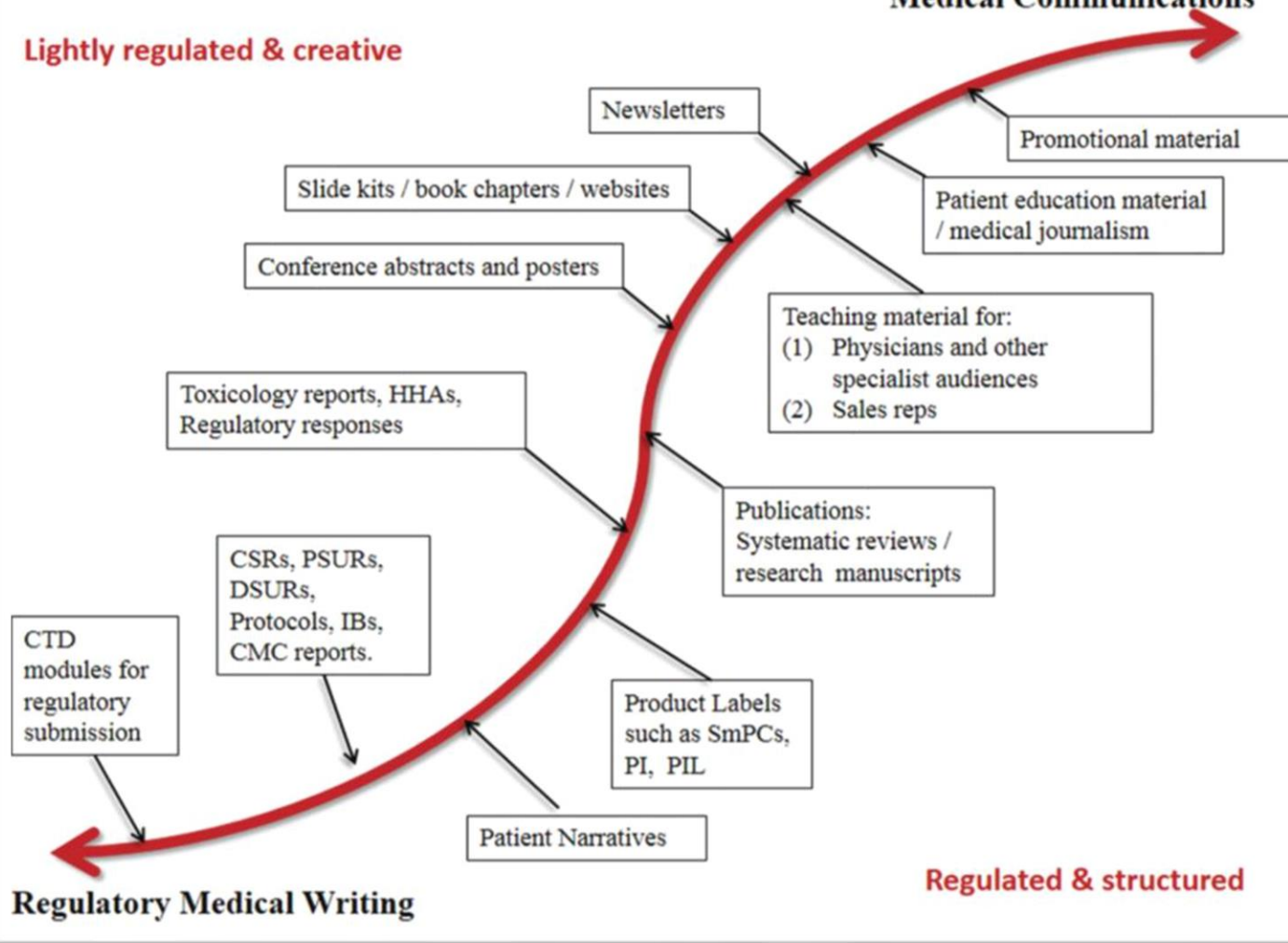


Lightly regulated & creative

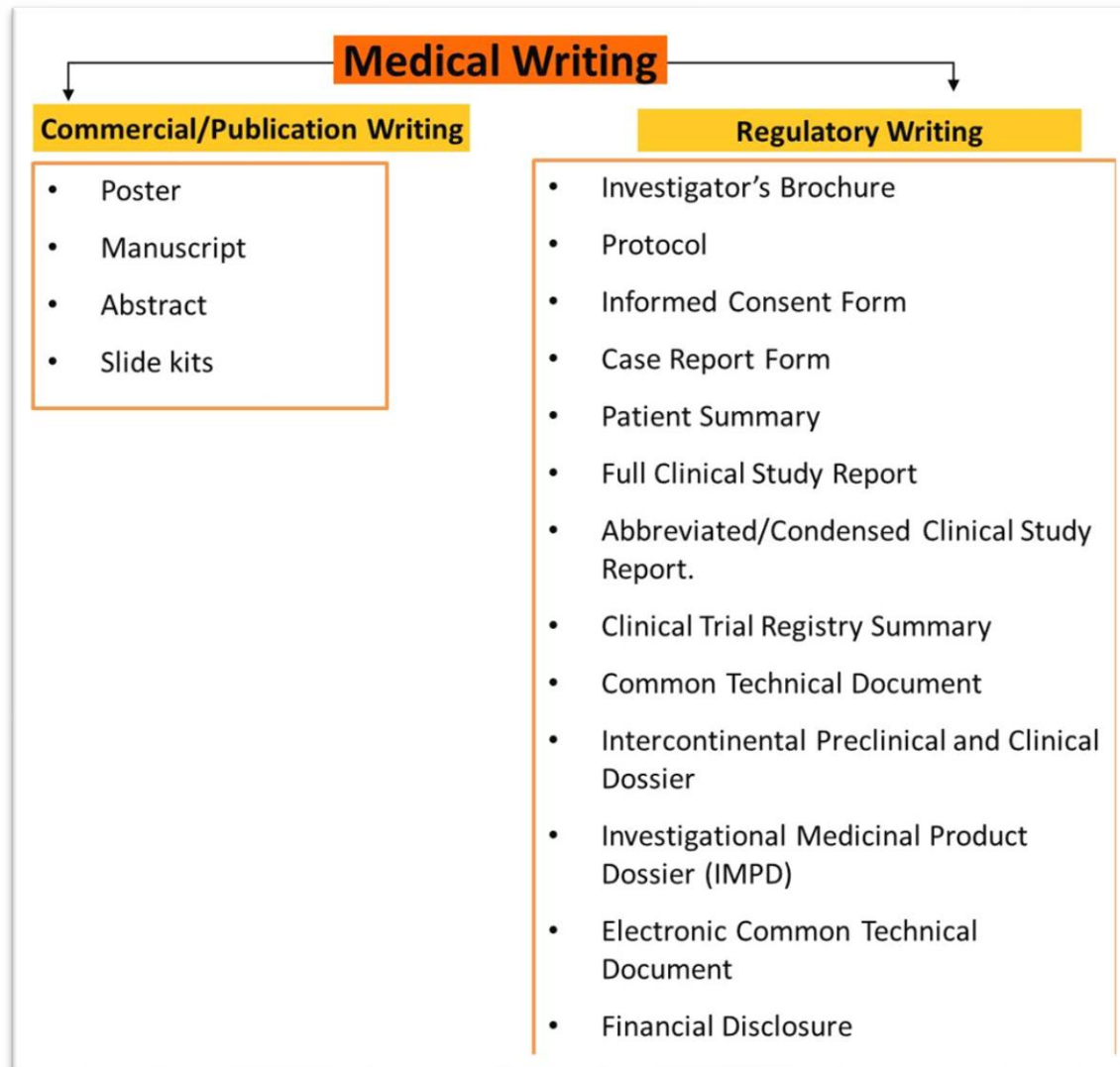
Medical Communications

Regulatory Medical Writing

Regulated & structured



Medical Writing-Classification



COMPARISON OF REGULATORY WRITING AND PUBLICATION WRITING

	Regulatory Writing	Publications
Types of documents	Clinical study reports Protocols Investigator brochures Other IND/NDA sections FDA briefing packages Informed consent forms <i>[See a sample protocol and a protocol template at http://www.med.upenn.edu/ohr/protocol/]</i>	Journal manuscripts <ul style="list-style-type: none"> • Review articles • Clinical trial reports • Other biomedical research studies • Pharmacoeconomic studies Conference abstracts, posters, and oral presentations Publication plans Slide kits
Types of companies	Pharmaceutical Biotechnology and device companies Freelancers Contract Research Organizations	Pharmaceutical Biotechnology and device companies Freelancers Medical communications agencies
Main writing goals	Clarity, accuracy, completeness, consistency	Clarity, accuracy, conciseness, clinical relevance
Primary audiences	FDA reviewers, study investigators, and staff	Clinicians, scientists
Nature of the writing	Very long, highly structured documents <u>Exhaustive</u> presentation of data and procedures Keep interpretation "close to the data" Documents are small sections of larger documents Big emphasis on formatting, use of styles, document management Close connection to "publishing" steps Less literature work Confidentiality	Short documents Narrow, selective presentation of data and methods Emphasize clinical relevance rather than report everything More summarization, synthesis, interpretation Connection to current literature is critical Delivery of simple MSWord documents Style dictated by journal or conference Format less important

Source: AMWA CAROLINAS DINNER DISCUSSION, Presented by Ellen Stoltzfus 12 November 2009



DESCRIPTIONS OF A TYPICAL PROJECTS FOR REGULATORY AND PUBLICATIONS WRITERS

Regulatory Writing: Clinical Study Report	Publications: Clinical Trial Manuscript
<ol style="list-style-type: none"> 1. Meet with team for months before start writing 2. Write "shell" methods and tables based on protocol and statistical analysis plan <ul style="list-style-type: none"> • Use client template as guide to content of each section • Copy and paste large sections from other documents; adapt for clarity, continuity, consistency, tense, and format • Anticipate tables for the results section and build them • Gather missing information from clinical, medical, biostats teams • QC and other internal review 3. Possibly have review meeting with entire team 4. Incorporate comments from many different people on the team (shell review may be smaller team) 5. Receive topline tables and review with client 6. Receive final tables 7. Complete first draft (takes about 3 weeks for the writing) <ul style="list-style-type: none"> • Fill in shell tables with data • Spend long hours with SAS tables • Write very short discussion section and very long results • Describe all efficacy measures, usually in great detail • Write in standard ways about safety data (esp. adverse events) • Describe other safety results specific to the drug/indication/population/study • Details on individual patients with bad safety outcomes • QC and other internal review 8. Team review meeting or receive e-comments (medical monitor, biostatistics, senior review, regulatory, clinical operations) <ul style="list-style-type: none"> • Comments usually integrated 9. Incorporate 1-3 review cycles of comments from large teams <ul style="list-style-type: none"> • Formal drafts • Review cycles with hard and fast timelines 	<ol style="list-style-type: none"> 1. Meet with authors/team to discuss key points and data to be included 2. Receive key tables or extract them from a CSR 3. Draft an outline with tables and figures 4. Receive and incorporate comments and draft extended outline (or proceed to first draft) 5. Write first draft <ul style="list-style-type: none"> • Only relevant aspects of methods and results • Focus on group data • Summarize, be concise, keep under word limits • Connect research question and data to literature • Work with authors, editorial manager, statistician to get missing information • Copyedit and format for journal's guidelines 6. Receive and incorporate comments from authors and other team members <ul style="list-style-type: none"> • Authors have final say • Comments never integrated 7. Do 2-8 more rounds of revisions <ul style="list-style-type: none"> • May be heavy or light revision • May be different reviewers at each step • Reviews stop when the authors/team decide they are done (or budget runs out) • Soft deadlines that are hard to enforce



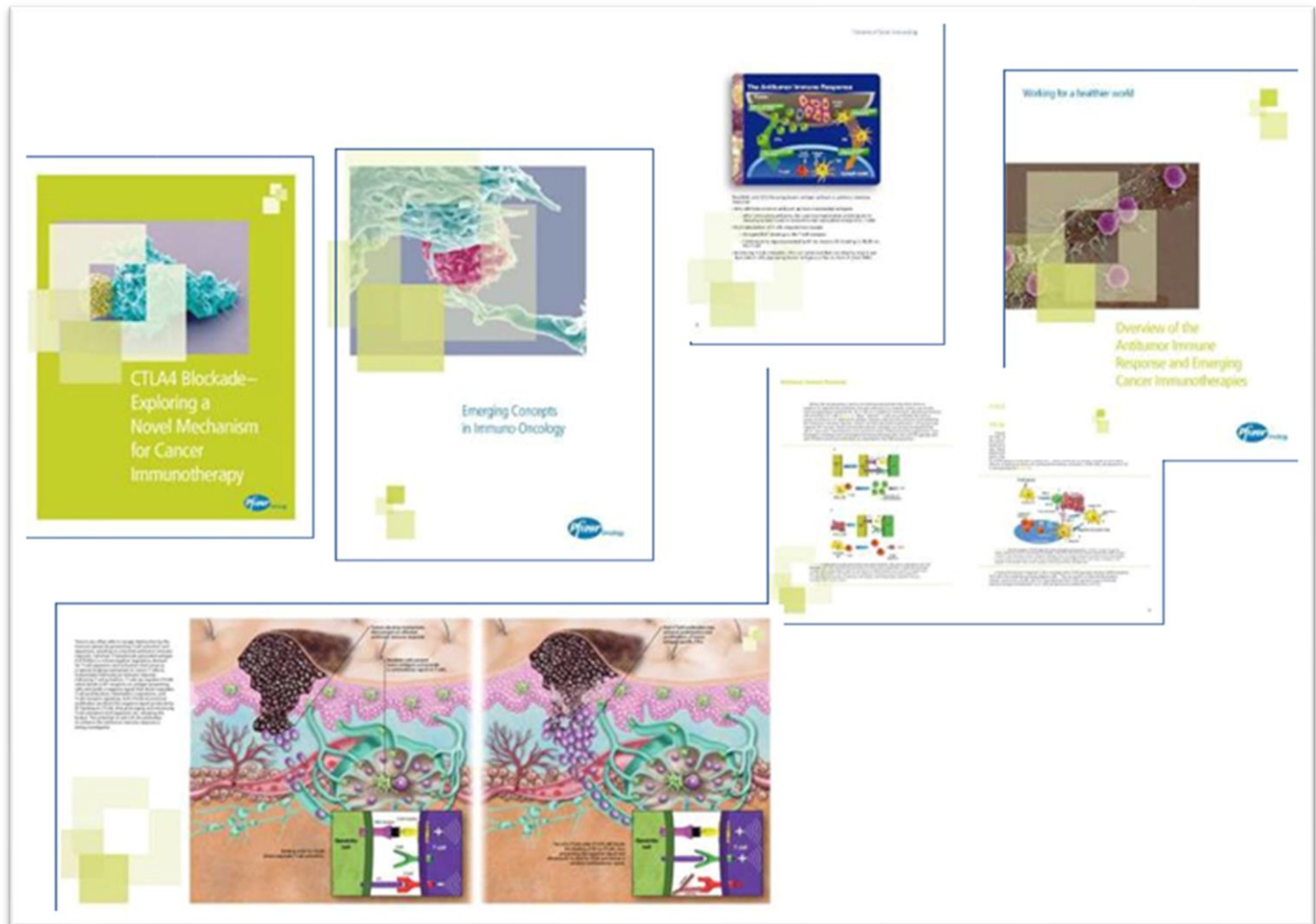
Source: AMWA CAROLINAS DINNER DISCUSSION, Presented by Ellen Stoltzfus 12 November 2009

Supportive Publications Services

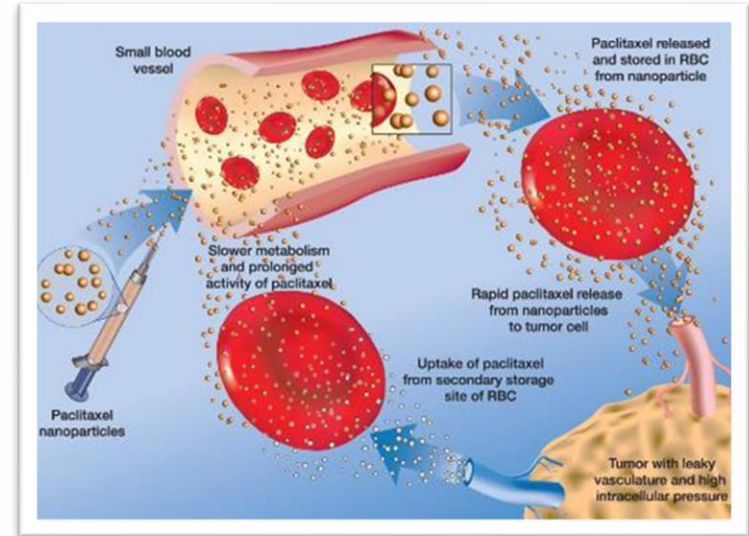
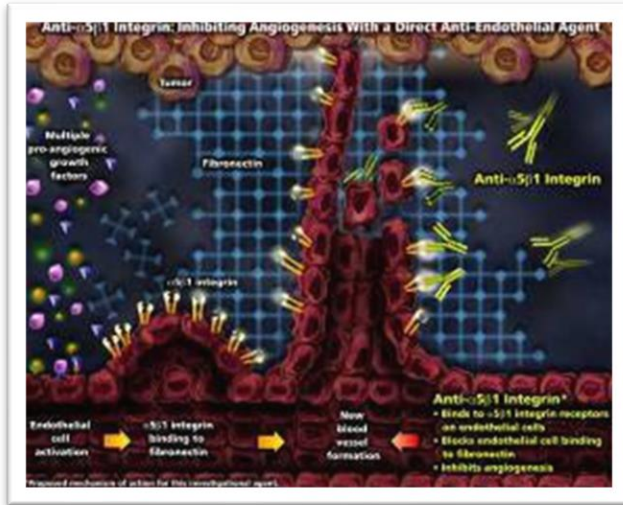
- Strategic literature analyses
- Congress intelligence
- Ad hoc scientific analyses
- Interactive CD-ROM bibliography
- Supplements
- White papers



Booth Collaterals



Illustration



Medical Education

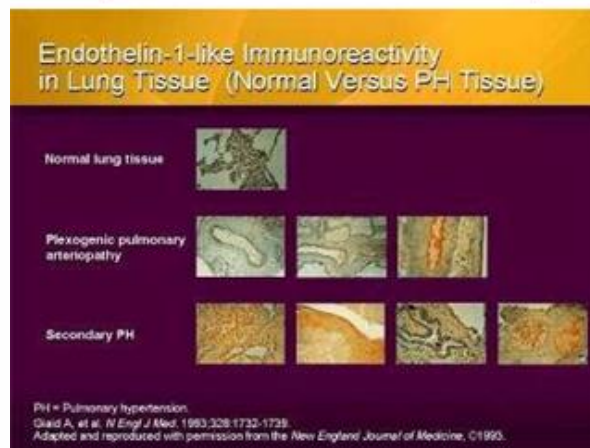
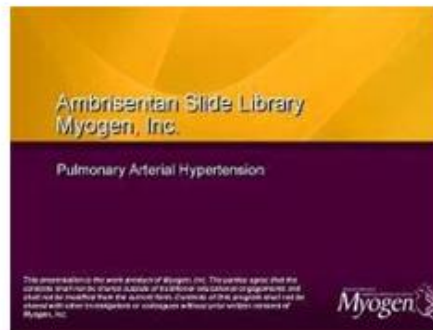
- Corporate-sponsored symposia at medical congresses
- Speaker training
- Speaker bureau
- Slide libraries
- Website content
 - Key opinion leader portals
- Monographs



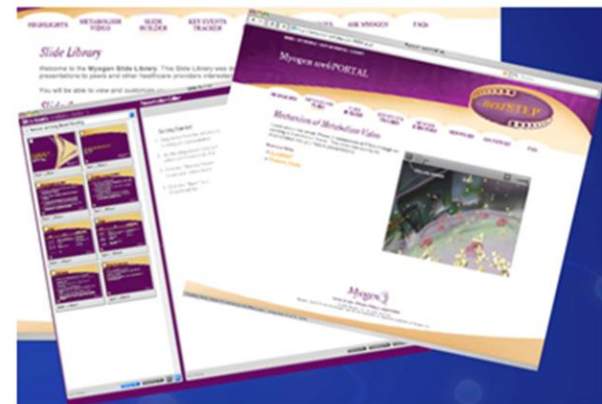
Education Materials



Slide Libraries



Web Portals



Pharmaceutical Company Training and Information Services

- Sales representative training manuals Medical science liasion (MSL) materials
 - Training
 - Physician education
 - Question and answer documents
- Reference libraries



Training Materials



Oncology Learning System

Melanoma and Treatments

Lesson 1: Introduction to Melanoma

Melanoma is a type of skin cancer that starts in the cells that produce the pigment melanin. It is the most common type of skin cancer, but it is also the most dangerous. If not treated early, it can spread to other parts of the body.

Lesson 2: Types of Melanoma

There are four main types of melanoma: superficial spreading melanoma, nodular melanoma, lentigo maligna melanoma, and acral lentiginous melanoma. Each type has different characteristics and treatment options.

Lesson 3: Diagnosis and Staging

Diagnosis is typically made through a skin biopsy. Staging is determined by the depth of the tumor, whether it has spread to lymph nodes or other parts of the body, and the type of melanoma.

Lesson 4: Treatment Options

Treatment options include surgery, immunotherapy, targeted therapy, and radiation therapy. The choice of treatment depends on the stage of the cancer and the patient's overall health.

Lesson 5: Prognosis and Follow-up

Prognosis varies depending on the stage of the cancer. Regular follow-up appointments are essential to monitor for recurrence and manage any side effects from treatment.

Melanoma and Treatments

Module 4

Pfizer Oncology

KLINTEC Academy

Promotion

- Newsletters
- Patient education materials
Public relations materials
- Advertising copy for pharmaceuticals and other products
- Internet content
CDs
- Magazine articles - popular press
Detail aids
- Launch materials

