



*News from the  
International  
Society for  
Medical  
Publication  
Professionals*



Special Edition 2011, Vol. 14

## *SPECIAL EDITION!*

In keeping with our commitment to provide the most relevant information to the ISMPP membership, here is a special edition of *the map*. In lieu of our regular 2Q issue, this special edition presents highlights from the 7<sup>th</sup> Annual Meeting of ISMPP held April 4-6, 2011, in Arlington, Virginia, USA. The theme for this year's meeting was "Anticipating Change in Medical Publication: Leading Now for the Future." The presentations featured below are a random subset of the many excellent sessions at this year's meeting. The full program is available [here](#) on the ISMPP website.

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Copies of Annual Meeting presentations are posted in the Members' section of the ISMPP website ([www.ismpp.org](http://www.ismpp.org) > Member's Lounge > ISMPP Archive > Annual Meeting Archive).



## *Keynote Presentation: A View Toward 2020: What Should Medical Publication Professionals Should Be Doing Now?*

*Jim Carroll, Futurist, Trends and Innovations Expert, and Author*

*Monday, April 4, 1:45PM–2:45PM*

*Contributed by William G. Glass, Abbot, Abbott Park, IL*

The meeting opened Monday afternoon with Jim Carroll's keynote presentation, which focused on the importance of innovation and on future changes that may occur with healthcare and the practice of medicine. According to Mr. Carroll, "So much change is going on in the world today that every organization is struggling with what will happen in the future." To drive home the point that "the future belongs to those who are fast," Mr. Carroll shared three statistics that he carries with him:

- 65% of children in preschool today will work in jobs that do not yet exist
- 50% of material learned in the first year of a college-science degree will be obsolete by the time of graduation
- A manufacturer has only 3-6 months to sell a new digital camera before it becomes obsolete

To highlight the rapid pace of technology, Mr. Carroll used several interactive "text" polls where he asked a question of the audience who used their cell phones to text in their answers. Mr. Carroll noted that the world is changing quickly and that 2-3 years ago, very few people would have been comfortable texting a response to a question asked at a meeting. Mr. Carroll then discussed how companies need to embrace the rapid speed of innovation to remain successful. He described how the head of innovation at General Electric studied innovation during times of economic downturn and found that 60% of companies barely survived such a downturn. However, the 10% of companies that focused their dollars on innovation were the companies that came out in a positive position when the economic recovery happened. Those that didn't developed "organizational sclerosis," which shuts down the ability to innovate and adapt to changing environments. Mr. Carroll then quoted from his book: "Some people see a trend and see a threat—other people see the same trend and see an opportunity."

Over the next 10 years, Mr. Carroll predicted that major changes will occur regarding healthcare, the environment, and energy. He then described several trends that will result from these changes including:

- Movement to a model of preventive healthcare.
- Embracing Health 2.0 (referring to when patient records are all electronic).
- Connecting all relevant devices. For example, a cell phone connected to a biometric sensing system could allow your doctor to monitor your blood pressure via your phone. As a result of bioconnectivity, more healthcare will occur through virtual care instead of at hospitals, extending the reach of the primary care provider to the home.
- Utilizing the power of the cloud, which is the mass of data that exists on remote servers or social networks (outside of hard drives).
- Delivering medical knowledge to providers as needed (ie, the concept of "just in time knowledge"). Mr. Carroll noted that medical knowledge is doubling every 8 years.
- Developing systems that can handle the new scientific velocity.
- Developing innovations based on an optimism for the future.

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Challenges for such innovation may include the velocity of change, ethics (what is considered ethical may vary in different parts of the world), and the ability of regulatory systems to keep up with scientific velocity.

Mr. Carroll concluded by stressing how ISMPP needs to become more aggressive in educating others about the important role of those involved in developing medical publications. Mr. Carroll ended his talk with what he described as Ten Great Words:

1. Observe - Pick up knowledge.
2. Think – Think about the message and how to provide Big Bold Solutions.
3. Change – What can you change personally?
4. Dare – Watch for 3 ideas you think you would never do and then try them.
5. Banish – Discard anything that is an innovation killer.
6. Try – Try 3 things you said you would.
7. Question – Challenge the assumptions.
8. Growth – Challenge yourself to grow.
9. Do – What do I, myself, need to do?
10. Enjoy – Enjoy what you are doing!



**Keynote speaker Jim Carroll (far left) and session attendees**



## *Perspectives That Will Shape Our Future in Publication Planning*

*Steve Palmisano, Sr., CMPP, VP, Medical Communications, MedThink SciCom*

Monday, April 4, 2:45PM–3:30PM

*Contributed by Gordon Muir-Jones, Oxford PharmaGenesis  
Newtown, PA*

On Monday afternoon, Steve Palmisano presented a talk that continued the theme from Jim Carroll's whistle-stop tour of our future. In his talk, Mr. Palmisano focused on the publications environment, where the apparently imminent shift from traditional communication vehicles to the incorporation of social media serves to highlight communication complexities. The question no longer seems to be "if" this will happen, but "when" – reinforced by the expressed view of a sample of journal editors and publishers on the likely role of social media in the dissemination of medical research. Having said that, the sampled editors and publishers, broadly speaking, have yet to develop guidelines as to how this shift to include social media could, or should, be managed.

Mr. Palmisano concluded that the high interest level in social media is not matched by an urgency to act or to provide guidance on social media use. Nevertheless, in certain circles, Mr. Palmisano highlighted examples where social media have already been adopted (WikiProject Pharmacology and Medicine; pharma companies on Twitter; mechanisms of action and trial recruitment videos on You Tube; trial recruitment and congress apps, etc).



**Speaker Steve Palmisano, Sr., CMPP**

So what does this mean for the future of publication professionals? Mr. Palmisano suggested that publication planning, execution, and even measurement could/should harness the power of social media, and he recommended a series of actions we should consider for integrating these media into our professional lives.

In delivering his "call to action," Mr. Palmisano ended his talk with a quote from the blog by Seth Godin (American entrepreneur, author, and public speaker): "How can you squander even one more day not taking advantage of the greatest shift of our generation? How dare you settle for less when the world has made it so easy for you to be remarkable?" In the words of at least one participant in the audience, "Book early to avoid disappointment—social media is already here."

## *The Future of Publication Planning: Lessons Learned from CME*

*Jon Bigelow, President and CEO, KnowledgePoint360*

Monday, April 4, 3:45PM–4:15PM

*Contributed by Meera Kodukulla, Amgen, Inc.  
Thousand Oaks, CA*

Publication professionals and medical communication agencies provide valuable services towards ensuring timely publication of clinical trial results. Yet ongoing concerns about alleged conflicts of interest and ghostwriting suggest that the value of such services to the healthcare system is not fully understood.

In this presentation, Jon Bigelow argued that we, as a profession, cannot assume that key policy makers recognize the value of the work we do—and we cannot assume that this lack of understanding makes no difference. Rather, Mr. Bigelow said, we need to be proactive in explaining clearly what we do, that we do it according to established and transparent guidelines, and that it adds value to the healthcare system. To illustrate the risk of complacency, Mr. Bigelow made a comparison to the experience of the Continuing Medical Education (CME) field. In 2007, the overall market for CME included non-profit companies, medical institutions, and societies. Over half of the funding was supported by pharmaceutical companies. Over the immediately preceding years there had been an intense focus on establishing and following best practices for the identification, development, and promotion of standards for quality CME, driven not only by the quasi-official Accreditation Council for Continuing Medical Education (ACCME) but also by other interested groups such as the Pharmaceutical Alliance for Continuing Medical Education (PACME) or the North American Association of Medical Education and Communication Companies (NAAMECC). Yet between September 2007 and August 2008, several factors besieged the CME community that resulted in

a succession of restrictive actions and negative headlines. Pharmaceutical companies withdrew support for, and academic institutions took actions to limit, CME programs provided by medical education and communication companies (MECCs) even though ACCME's own review showed that MECCs were following established guidelines. From the 2007 peak, 2008 and 2009 saw a 14% and 17% decline, respectively, in commercial funding. Physicians today no longer have the benefit of many excellent CME programs.

Could the circumstances that led to a decline in commercial support for CME be repeated for publication planning? ISMPP members make a positive contribution to patient care through education and advocacy. As we strive to follow GPP2 guidelines and best practices, medical communication companies should also emphasize to multiple stakeholders the value of our role in the healthcare system to provide ethical and accurate work. As Mr. Bigelow stated, "We need to make it clear that we are part of the solution, not part of the problem."



*Speaker Jon Bigelow*



## *The Future of Emerging Markets in Publication Planning*

*Keynote Presentation and Panel Discussion*

*Leslie Citrome, MD, Professor of Psychiatry, New York University School of Medicine and Associate Editor, Psychiatry, International Journal of Clinical Practice.*

Tuesday, April 5, 8:15AM–10:00AM

*Contributed by Amy Zannikos, Peloton Advantage,  
Parsippany, NJ*

Through 2014, economies in emerging markets are expected to grow by 14% to 17% compared with an estimated 3% to 6% growth anticipated in developed nations. Leslie Citrome, MD, Professor of Psychiatry at New York University of Medicine and Associate Editor, Psychiatry at the *International Journal Clinical Practice*, gave the keynote presentation of the morning, focusing on medical publication trends in emerging markets and noting that it is “important to get information to clinicians so that patients get the care they need.” He discussed that medical publications in emerging markets can be viewed from various perspectives: (1) that of the researcher, noting the emergence of new countries conducting clinical trials and the greater autonomy of clinical trial execution in Asia; (2) that of the medical journal, noting that access to resources may differ in emerging markets and that English language and indexing method are factors that will influence the prestige of journals in emerging markets; and (3) that of the clinician, noting that access to literature, new medications, diagnostic tests, and access to basic health care may vary in emerging markets.

Dr. Citrome’s keynote presentation was followed by a panel discussion in which he was joined by Charlie Buckwell, MBA, Chief Executive at Complete Medical Group Worldwide; Jodie Gillon, Director, Worldwide Publication Management, Pfizer, Inc.; Renu Jeneja, PhD, Senior Director, Strategic Scientific Communications, Novo Nordisk; and Drew E. Lewis, MD, Senior Director, Infectious Disease for Emerging Markets, Pfizer, Inc. The discussion was moderated by Christopher Rains, Senior Director, Global Publications, Shire Pharmaceuticals.

The panel discussion focused on the practical aspects of managing publications in emerging markets, with each presenter describing how his or her department is set up and how each functions within the larger organization. Some important considerations when engaging in medical publication planning and implementation with authors in emerging markets include:

- How evidence is being used by clinicians in emerging markets
- Ensuring that country-specific information needs are being met
- Adhering to local laws and regulations (as applicable) and respecting cultural norms

The panelists discussed some challenges with publication planning in emerging markets, including (1) the vast amount of effort that will be required to keep pace with the increasing number of clinical trials being conducted in various countries throughout the world, and (2) respecting cultural diversity while attempting to maintain consistency in terms of compliance with medical publication guidelines. The panelists agreed that ISMPP has an opportunity to take a leadership role in developing guidance for medical publication planning in emerging markets.

*Seen at the meeting...*



**Left: Outgoing ISMPP President Julia Ralston installs Rob Matheis as the new ISMPP President by presenting him with the ceremonial presidential gavel.**



**Right: Rob Matheis presents Julia Ralston with a plaque acknowledging her dedication and leadership as president of the society this past year.**

**Ginny Boland assists members in opening a Twitter account onsite at the ISMPP Twitter kiosk.**

**Follow ISMPP on Twitter at @ISMPP and join the conversation on LinkedIn.**



**Danita Sutton, Chair of the Certification Board, gives an overview of the new CMPP recertification program (for more details, see page 16).**

*Seen at the meeting...*

**On Tuesday afternoon, ISMPP once again featured roundtable discussions on pre-selected core topics evolving in the medical publications community.**



**Attendees engaged in discussion at the CMPP booth in the Exhibit Hall.**

**Martin Delahunty gives an interview for ISMPP News Network (INN), highlighting key elements from his Wednesday morning keynote presentation (see page 12). To view this and other INN interviews captured throughout the meeting, click [here](#).**



***Parallel Session (Track One): “Walking the Line: Balancing Intellectual Property Protection with Ever-increasing Demands for Transparency”***

*Stephen Brunton, MD, EVP for Education, Primary Care Education Consortium*

*Lorraine E. Ferris, PhD, CPsych., LLM., Secretary, WAME Executive Board*

*J. Michael Gonzalez-Campoy, MD, PhD, FACE, Medical Director and CEO, MNCOME*

*Moderator: Tim Bacon, CMPP and CEO, Medicine in Practice*

Tuesday, April 5, 3:30PM–4:30PM

*Contributed by Jon Nilsen, Amgen, Inc.  
Thousand Oaks, CA*

In this session, all three presenters agreed that the increased scrutiny on conflict of interest (COI) documentation in recent years has not been handled optimally. Lorraine Ferris presented the efforts of World Association of Medical Editors (WAME) to increase the amount and kind of relevant COI disclosures. WAME recently consolidated their Policy and Ethics documents and expanded the policy to cover non-financial COI for reviewers, editors, and authors. This policy also lists COI-related issues that should be addressed by journals, but purposefully does not set universal policy for all journals, reflecting the differences in practices and stages of development among the various journals.

Dr. J. Michael Gonzalez-Campoy argued against the very concept of conflict of interest. He presented the case that, instead, there is a commonality of interests in physician/industry collaborations that is healthy, desirable, and beneficial. These working relationships are what have lead to more effective medicines and treatments.

Stephen Brunton used a series of anecdotal stories to support the position that the current focus on COI has gone overboard and is limited due to the lack of discussion on how the degree of a relationship may impact the perceived conflict. He further emphasized that the current system has taken a very patronizing attitude toward physicians. While the consensus seemed to be that everyone has existing COI and that the need for transparency exists, Drs. Gonzalez and Brunton argued that the pendulum has swung to an extreme that has hindered the necessary collaboration among clinicians, academic researchers, and industry. Further, they claim that due to the framing bias of COI, the value of industry input to the composite set of evidence used by physicians to evaluate treatments is lost. This, in turn, can lead to detrimental effects on patient care and healthcare outcomes.

***Audience members listen intently to the panel discussion.***



## ***Parallel Session (Track One): “Personalized Medicine and Pharmacogenomics: Benefits and Possible Implications”***

*W. Douglas Figg, PharmD, Head, Molecular Pharmacology Section, Senior Scientist, National Institutes of Health, Medical Oncology Branch and Affiliates*

Tuesday, April 5, 4:30pm–5:30pm

*Contributed by Jill Condello, Complete Healthcare Communications, Inc.  
Chadds Ford, PA*

In a parallel session held Tuesday afternoon, Dr. W. Douglas Figg, Head of the Molecular Pharmacology Section and Clinical Pharmacology Program within the Medical Oncology Branch, Center for Cancer Research, and National Cancer Institute, reviewed a case report that involved codeine and a post-operative death in a healthy 2-year-old boy with an unknown ‘ultrarapid-metabolism’ genotype. Dr. Figg then cited a drug’s pharmacogenetic profile as one of the top reasons regulatory authorities may ultimately halt its development. As a field of study, the goal of pharmacogenetics is to identify genetic polymorphisms in proteins involved in drug metabolism or transport that may be of clinical relevance, thereby aiding in individualized drug treatment. This strategy is most relevant when a potential drug therapy has a narrow therapeutic index, a high degree of inter-individual variability in response, and few or no available methods to monitor efficacy and safety, and when a condition has only limited alternative treatment options. A number of genotyping platforms allowing for the identification of genes involved in drug metabolism are available for advancing the goals of pharmacogenetics.

While the movement toward personalized treatment continues to evolve, remaining barriers to the progress of pharmacogenetics include challenges in identifying gene variations affecting drug outcomes, limited availability of treatment alternatives for patients with prohibitive gene variations, ethical storage and use of personal genetic information, potential disincentives for pharmaceutical companies, and healthcare provider education on this topic.

What do these advances in pharmacogenetics mean for publication planning professionals? Potential avenues of pursuit that were suggested include encouraging investigators and diagnostic companies to 1) publish prospective validation data to ensure inclusion in drug labels and 2) pursue further investigation of outliers in clinical studies and the potential involvement of pharmacogenetics.

***Attendees enjoyed numerous networking breaks in the Exhibit Hall throughout the meeting.***



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## *Parallel Session (Track Two): “Integrating Health Outcomes and Medical Publication Planning: A Real World Example”*

*Mehul Jhaveri, PharmD, MPH*

*Jeff Frimpter, sanofi-aventis, presenter*

Tuesday, April 5, 3:30PM–4:30PM

*Contributed by Geoff Smith, Amgen, Inc,  
Thousand Oaks, CA*

In another of this year’s new parallel sessions, Jeff Frimpter of sanofi-aventis discussed his company’s experiences integrating health outcomes/economics research (HEOR) into an existing medical/clinical publication plan.

Mr. Frimpter explained how at sanofi-aventis, the Health Outcomes team traditionally generated HEOR, while the Publications Team communicated results of key data to targeted customers. This resulted in limited knowledge-sharing among members within therapeutic areas and led to a fragmented publication plan. A lack of strategic alignment also had a negative impact on the organizational value of HEOR. Once the opportunity for a cross-functional collaboration was realized, the resulting integration of HEOR and publications functions into a new Scientific Publications organization enabled standardization of publication practices across departments, including revising standard operating procedures (SOPs) to ensure cross-functional compliance. Some areas of focus included ensuring that ICMJE criteria for authorship were followed, incorporating congress/journal requirements early in publication development, and harmonizing complementary clinical and health economic efforts to address customer needs. The end result was an enhanced alignment of resources and increased opportunities for team members to draw on each others’ expertise.

According to Mr. Frimpter, the rapid pace of change in the healthcare environment necessitates an increasingly complex publication plan that includes a focus on value as supported by evidence-based medicine. At sanofi-aventis, data from these insights have become an important driver for strategic dissemination of key publications that describe a cohesive overall story encompassing disease state information, clinical trial data, and value proposition. The end result is that HEOR publications, rather than supplementing the publication plan, now enhance the quality of the plan and provide added value, both to internal and external customers.



## *Keynote Presentation: Future Trends in Maximizing Impact of Medical Publications*

*Speaker: Martin Delahunty, Associate Director, Academic Journals, Nature Publishing Group*

Tuesday, April 5, 8:15AM–9:00AM

*Contributed by Christine Gatchalian, Amgen, Inc.  
Thousand Oaks, CA*

Martin Delahunty of the Nature Publishing Group delivered Wednesday's keynote presentation. In this wide-ranging talk, Mr. Delahunty spoke about how the advent of the World Wide Web has created challenges as well as opportunities for the academic publisher. The biggest challenge facing academic publishing today is understanding how to leverage the Web platform effectively to build and maintain a "cycle of value" for its constituents, including journal readers, authors, and peer reviewers. Throughout his presentation, Mr. Delahunty provided case studies to illustrate this theme, some of which are summarized below. For example, it is now easier for publishers to launch open-access journals than traditional journals funded by subscription fees. The ability of academic publishers to provide readers in the scientific community free access to the latest, peer-reviewed data helps to maximize the impact of scientific discovery, which is a key component of the cycle of value. The tremendous growth in open-access scientific publishing is reflected in the number of available open-access journals, now totaling over 6000, which together have published ~ 500,000 articles (as tracked by [www.doaj.org](http://www.doaj.org)).

Open access publishing aims to provide universal Web access to knowledge but traditional copyright and licenses remain inflexible. Creative Commons is a non-profit organization which, through its standard licenses, creates that balance for open access authors wishing to retain copyright while allowing content users certain rights. Mr. Delahunty also described an online, subscription fee-based service, Faculty of 1000, which he cited as an example of the innovative use of social media to promote the post-publication peer review of scientific articles. To complete the cycle, there now exists an opportunity for publishers to use the latest advances in Web technology to engage in innovation as well. To illustrate this point, Mr. Delahunty described the private-public partnership (which includes *Nature*) for a challenge-driven innovation initiative called "InnoCentive" ([www.innocentive.com](http://www.innocentive.com)), which provides financial rewards for "solvers" worldwide who develop solutions to problems brought forth by "seekers."

Since the launch of its innovation pavilion in 2010, Nature.com has partnered with InnoCentive and other publishers to post 44 challenges to interested solvers in the scientific community. To date, solvers have succeeded in developing solutions to 17 of these challenges. Mr. Delahunty concluded his presentation by remarking that the academic publisher aspires to integrate medical research knowledge and that the appropriate adoption of innovative advances in Web technology will enable the academic publisher to fulfill this mission.

## *Editors Session: Who Has the Best Prescription for the Future of Medical Publications Professionals?*

Session Moderator: Bob Norris, President, Complete Healthcare Communications, Past President ISMPP

Editor Panel: Rollin M. Gallagher, MD, MPH, Editor-in-Chief, *Pain Medicine*  
Maja Zecevic, PhD, MPH, North American Senior Editor, *The Lancet*

### Publication

Professional Panel: Jonathan Druhan, PhD, Associate Director, Publications, AstraZeneca  
Sarah L. Feeny, BSc, Head of Scientific Direction, Complete Medical Communications  
Yvonne Yarker, PhD, Author of GPP2

Wednesday, April 5, 11:00AM–12:30PM

*Contributed by Cynthia Gobbel, Scientific Connexions  
Newtown, PA*

In a case-based panel discussion moderated by Bob Norris (President, Complete Healthcare Communications), editors and publication professionals addressed important issues facing the profession of medical publication planning. Using a scenario involving the acquisition of a small pharmaceutical company by a larger one as the foundation, the panel discussed commonly encountered issues related to compliance and transparency, strategic publication planning, data access, and bias. Key points included:

- Publication policies, when shared among authors, contributors, industry sponsors, and journal editors, improve transparency and the quality of publications.
- Publication planning, including strategic timing of publications, is critical to a thoughtful process of timely and proper communication of study findings.
- Publication delays can often be minimized by appropriate involvement of medical publication professionals and medical communications agencies.
- All authors (and especially the corresponding author or guarantor) should have full access to data. Data access for journal assessment varies and should be based on what is needed for an honest appraisal of study results and methodologies.
- Separation of the editor and publisher roles is essential for minimizing potential bias related to reprint sales.

Panelists agreed that transparency is key for building trust in ethical publication processes. Overall, the best prescription for success in building trust is for those involved in the medical field to maintain focus on improving patient health and to design studies that answer the most important clinical questions.

## *ISMPP Member Poster-Presentation Highlights*

*Contributed by Jean Barilla, MedImmune, Gaithersburg, MD  
and Amy Zannikos, Peloton Advantage, Parsippany, NJ*

This year, over 35 abstracts were submitted for consideration to the ISMPP Annual Meeting, of which 26 were accepted and published in *Current Medical Research and Opinion*. The majority of presented posters focused on good publication practices, compliance, and ethics; other topics included the use of technology in publication planning as well as the timely topics of health economics and outcomes research/comparative effectiveness research in medical publications. Highlights of presented posters included:

- A poster by Watkins et al presented a study on comparative effectiveness research (CER),<sup>1</sup> which is gaining prominence in the United States and raising potential concern about restricted access to branded products. In addition to presenting this cutting-edge topic, William Watkins of PPSI (a PAREXEL company), presented his team's research in a novel way. The poster was shown on an interactive flat-panel touch screen – a technology that many may embrace in the future. Advantages include the ability to show supplementary data at the touch of a finger, the incorporation of video elements, and the ability to incorporate a poll or survey. Interactive presentations will likely gain acceptance, and, according to William, congress officials are particularly receptive to this type of presentation. We anticipate that many ISMPP members will use this new approach for future poster presentations.
- The development of a comprehensive publications guidance document was described in a poster by Scheckner et al.<sup>2</sup> Per Brian Scheckner of Shire Development Inc, the use of a standardized publications guidance document represents “an effective compliance measure to help companies navigate through ever-changing industry guidances and regulations.” The guidance document incorporates GPP2 guidelines, internal and industry best practices, and current regulations and laws. The Shire publications guidance document was reviewed and approved by a number of internal stakeholders, including senior management; legal, global and US compliance; US & ex-US publication team leaders; and the publication department head. After the guidance document was approved, says Brian, “publication leads trained agencies and other publication team members.”
- A poster by McDonough et al reviewed guidelines that are important for the ethical practice of medical publication planning and professional medical writing.<sup>3</sup> Jason McDonough of MedErgy Healthgroup described the results of a 9-question survey that assessed the familiarity of 23 non-industry authors with guidelines for GPP and clinical data reporting. Over 50% of respondents were familiar with both ICMJE and the original GPP guidelines. Over 75% of respondents indicated that there is a role for professional medical writers in medical publications; however, only 23% of respondents had institutional policies relating to the use of professional medical writers. Jason concluded that there is an ongoing need to educate non-industry authors on relevant GPP guidelines.
- Knowledge of medical publication guidelines was also evaluated in a survey of 31 non-industry authors conducted by Kimberly Trimblett and colleagues of Embryon. It was reported that authors are generally cognizant of publication guidelines, particularly ICMJE.

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Survey results were presented in a poster by Blasberg et al.<sup>4</sup> In this survey, 81% of respondents indicated that the guidelines do not dissuade authors from working with pharmaceutical companies on primary study manuscripts; however, over 40% indicated that they would not be inclined to work with pharmaceutical companies on secondary analyses or review articles. Furthermore, over 40% felt that journals are more likely to reject industry-supported articles. It was also found that guidelines may negatively impact the timeliness of publications and may dampen financial support from pharmaceutical companies.

1. Watkins W, et al. Comparative effectiveness research in the United States: implications for publication planners. *Curr Med Res Opin.* 2011;27(suppl 1):S7.
2. Scheckner B, et al. Create a scientific publications guidance document to ensure continued awareness and compliance with industry best practices, regulations, guidances, and laws. *Curr Med Res Opin.* 2011;27(suppl 1):S8.
3. McDonough J, et al. Familiarity of non-industry authors with good publication practice and clinical data reporting guidelines. *Curr Med Res Opin.* 2011;27(suppl 1):S9.
4. Blasberg V, et al. Publications and regulation: are we strangling the science? *Curr Med Res Opin.* 2011;27(suppl 1):S11.

## ***2011 ISMPP Poster Award Winners***

Presenters described their posters to attendees in an interactive session on Monday evening.

### ***Winner of Best Original Research and Best in Best Practice (tied):***

**Monitoring the external publications environment: one company's commitment to ensuring the highest standards in medical publications.**

Meera Kodukulla, Jon Nilsen, Geoff Smith, Michele Vivirito, Scott Silbeiger, Juli Clark, Mee Rhan Kim. Amgen Inc. Thousand Oaks, CA, USA

- This poster described the significance of establishing internal work streams (Monitoring the External Publications Environment [MEPE] Task Force) within a company to increase internal awareness of the current landscape of medical publications. Establishing and implementing best practices in publication standards and communicating new trends/developments to key internal stakeholders demonstrates continued commitment to increase internal awareness and ensure integrity, transparency, and excellence in medical publications. Said Meera, "On behalf of the MEPE Task Force, I'd like to thank the ISMPP committee for granting Best Poster awards in the Original Research and Best Practice categories for our poster."

### ***Winner of Best Visual Presentation, Best in Best Practice (tied), and People's Choice Award:***

**Incorporating 21<sup>st</sup> century technology to modernize scientific posters.**

Julie Newman<sup>a</sup> and Geoff Tainton<sup>b</sup>. <sup>a</sup>Bristol-Myers Squibb. Australia Pty Ltd, Melbourne, VIC Australia; <sup>b</sup>TonicApps, Brisbane, QLD, Australia.

- This poster and oral presentation described a 21<sup>st</sup> century approach to presenting scientific posters that improves and modernizes the delivery of scientific information by incorporating Quick Response (QR) codes. A QR code is a specific matrix barcode, readable by QR barcode readers and camera phones, which allows users to download PDF files or images, send a text or e-mail, and much more. QR code technology is free, with no permission required to use it. In their pilot of 6 posters incorporating QR code technology, Newman and Tainton noted a 75% reduction in printed handouts and a 25% increase in audience interaction at the posters. They concluded that QR codes will set a new standard for sharing medical information.



## *CMPP Recertification Update*

*Contributed by Amy Zannikos  
Peloton Advantage, Parsippany, NJ*

Over 300 individuals have now earned the Certified Medical Publication Professional (CMPP) credential, which indicates knowledge and skills in strategic and tactical publication plan development, plan implementation, as well as expertise in ethical publication practices. Given the dynamic nature of publication planning, the Recertification Program was established to ensure that CMPPs maintain professional knowledge and skills and keep informed of evolving standards in ethical publication practices.

Danita Sutton, PhD, current Chair of the Certification Board, provided an overview of the recertification requirements to maintain the CMPP credential:

- Certification is valid for 5 years from the date of initial certification.
- To maintain CMPP certification, CMPPs must satisfy the following:
  - The equivalent of at least 3 years of active employment or practice in the medical publications field during the 5-year certification period
  - Acceptance of the Certification Program agreement to uphold and abide by ISMPP's Code of Ethics and established standards and best practices
- CMPPs may recertify by either (1) re-examination during the year immediately preceding their certification expiration, or (2) continuing education
  - Re-examination: CMPPs must achieve a passing score on the CMPP examination during the year immediately preceding expiration of their certification (subject to exam application submission and associated fees, eligibility requirements, and adherence to retake policies)
  - Continuing education: 75 continuing education (CE) credit hours are required over the 5-year certification period. One credit hour is equivalent to a 50-minute educational session. A minimum number of credits will be required in each of 4 domains: strategic publication plan development, tactical publication plan development, publication plan implementation, and professional responsibilities. CMPPs will be required to maintain complete and accurate records of their CE activities and submit a Credit Activity Report at the end of each certification year. In addition, a Recertification Application must be submitted at the end of the 5-year certification period.

Full details on the recertification requirements, processes, and fees will be provided in the Recertification Handbook, which will be available in the summer of 2011.

For more information on CMPP certification, see <http://www.ismpp.org/certification/certification.html>



*Jane Moore and Bob Norris outside Senator Grassley's office.*

## *ISMPP's First Advocacy Day on Capitol Hill*

*Contributed by Linda Rice, Amgen Inc.,  
Thousand Oaks, CA*

On Monday, April 4, 2011, eight ISMPP members visited Capitol Hill to call on the offices of eight Senators and five Representatives (see Table) to discuss issues related to medical publishing. These thirteen legislators were chosen for their potential influence in healthcare discussions and policy.

Despite concerns that arranging time with these legislative offices would be challenging, making appointments was easier than expected and every appointment request was granted. A few visits occurred directly with legislators (such as Representative Pitts who is Chair of the House Subcommittee on Health), but most visits were with legislative aides. At these meetings, ISMPP members provided information regarding transparency in medical publishing and the role of ISMPP members in championing this process. Overall, the healthcare-policy advisors appeared willing to work with ISMPP on transparency issues, and this mutual interest contributed to a tone of "partnership" during the visits.

Every meeting ended with an ISMPP member asking two questions: "When issues relating to transparency arise in the future, can we count on you to call ISMPP as the representative organization for professional medical writing?" and "May we call on you during the year as needed?" The answer to these questions was always "Yes." A simple 1-page handout prepared by ISMPP was then left behind for the healthcare-policy advisors. Of note, one visit arranged by Jane Moore (CMPP ISMPP member) was with Senator Grassley's office. Jane and Bob Norris (past president of ISMPP) met for about 20 minutes with Rodney Whitlock, who is Senator Grassley's Health Policy Director. Discussion topics included the value professional medical writers and publication planners bring to scientific publications and the role of ISMPP in ensuring its members adhere to ethical standards (especially around transparency of contributors to medical publications).

The visit ended with a commitment from Mr. Whitlock that he would be willing to take into consideration ISMPP's view on any related legislation. Overall, the advocacy day not only demonstrated that healthcare-policy advisors are willing to work with ISMPP but also established a network of healthcare-policy advisors that ISMPP can call upon and created a framework for future advocacy initiatives. According to Bob Norris, "We were all given a reasonable time to make our case and were invited to call on them if there was new information or if there was a specific piece of legislation that we want to present a view on. We were all impressed with our progress and are encouraged to expand it to more legislators and many more ISMPP members next year."

### **Capitol Hill Visits**

<b>Senators</b>	<b>Representatives</b>
Casey D-PA	Hayworth R-NY*
Gillibrand D-NY	Murphy D-CT
Grassley R-IA	Pascrell D-NJ
Kerry D-MA	Payne D-NJ
Lautenberg D-NJ	Pitts R-PA
McCaskill D-MO	
Menendez D-NJ	
Schumer D-NY	

*\*Representative Hayworth may be particularly familiar with issues related to medical publications as she was vice president at a large healthcare communications agency.*

**The International Society for  
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**Very special thanks to those who not only attended  
sessions but also contributed articles for this issue:**

<b>Jean Barilla</b>	<b>Meera Kodukulla</b>
<b>Jill Condello</b>	<b>Gordon Muir-Jones</b>
<b>Christine Gatchalian</b>	<b>Jon Nilsen</b>
<b>William Glass</b>	<b>Linda Rice</b>
<b>Cynthia Gobel</b>	<b>Geoff Smith</b>
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