

Rutgers University Medical Writing Workshop

Post-workshop Slides and Resources

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What you can do during grad school/postdoc to prepare for a medical writing career?



Preparing for a Career in Medical Writing

- Write
 - Publications
 - School newsletters
 - Blog
- Seek internship opportunities
- Network



Local (NJ/NY/PA) Medical Communication Companies

Contact for informational interviews or assess potential internship opportunities:

- Apothecom
- Biolumina
- BoCentric
- CDMi Connect
- Chameleon Communications International
- ETHOS Health Communications, Inc.
- Focus Medical Communications
- Harrison Star
- JOLT
- Omnicom
- Publicis Healthcare Communications Group
- RJO
- Skills Alliance
- Supernova
- The Bandish Group
- The Phillips Group



Networking Opportunities

- American Medical Writers Association (AMWA)
- National Association of Science Writers (NASW)
- American Association of University Women
- Women in Bio
- Network After Work
- Alumni events

Preparing to Land a Medical Writing Job



Update your Resume

- Name, contact info
- Professional Profile
- Career Accomplishments
- Experience
- Education
- Honors/awards
- Publications

Karen H. Ventii, PhD

Strategic Medical Communications Specialist

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PROFESSIONAL PROFILE

Skilled medical communications expert specializing in oncology with over 7 years of cumulative experience communicating medical research to scientific and lay audiences. Highly effective team member with strategic mindset. Excellent leadership, managerial, communication, and interpersonal skills.

Core competencies and areas of expertise include:

- Market research & landscape assessment
- Strategy development
- Post-meeting executive summaries
- New business proposals
- Press releases
- Feature articles
- MS Office Suite (Word, Excel, PowerPoint), EndNote, Ovid, Medline, PubMed
- Web and print publishing
- Newspaper, magazine and journal articles
- Research grants
- Coverage of science and medical conferences

Career Accomplishments/Community Outreach

- Article on "Biomarkers in Prostate Cancer" selected as one of the **Top 5 ONCOLOGY Reviews** of 2014
- Invited participant – 2013 AAMC- Post-Doctoral Fellows and Graduate Student Workshop: Exploring the Full Spectrum of Science Careers: Discovering the Leader within You
- Invited participant - 2012 AAAS Emerging Researchers National Conference
- Scientific American – Invited guest blogger 2011
- Helped secure over \$500,000 in pharmaceutical industry contracts within 4-months of joining TRM-Oncology
- Supported launch of the US-division of TRM-Oncology, a medical marketing company



Leverage Recruitment Agencies/Head Hunters

- Ives and Associates
- The PharMed Group
- BioCareers
- Elite Search Group
- William Halderson Associates, Inc
- Metro Staffing Consultants
- Real Staffing Group
- The Parthenon Group



Select Writing Samples for Your Portfolio

- Portfolio
 - White 3-ring binder format (small-medium size)
 - Tabs
 - Print copies of resume on stock paper
 - Include examples of various type of writing samples (pubs, PPT, articles, blog posts, newsletter clippings)
 - Provide digital portfolio (USB drive) as well
- For PPT samples:
 - Choose aesthetically pleasing (e.g. no title ‘jumping’, appropriately referenced)
 - Logical story flow (e.g. 2-3 slides with discussion questions on a potential competitor compound in a certain disease area)
 - Indicate who your target audience is

Sample Medical Writing Exercise #1

Instructions

- This test consists of multiple assignments
 - Instructions for each assignment can be found in the slide speaker notes
 - Please note that you will need Internet access to source certain pieces of information
- Please complete all assignments and return within 2 business days of receiving this test

Good Luck!

Ovarian Cancer

- Leading cause of gynecologic cancer-related death¹
- 5th leading cause of cancer deaths in women in US¹
 - 21,550 diagnoses, 14,600 deaths in 2009
- About 70% of cases diagnosed at advanced stage²
 - 5-year survival in these patients = 31%
- More common in US and Northern Europe
 - Less common in Asia and Africa³

¹Jemal A et al. *CA Cancer J Clin.* 2009;59:225-249.

²National Comprehensive Cancer Network. Clinical practice guidelines: epithelial ovarian cancer. V.1.2010.

³International Agency for Research on Cancer. *CANCERmondial.* Available at <http://www-dep.iarc.fr>

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Sample Medical Writing Exercise #2

Lung Cancer Incidence and Mortality (United States, 2008)

	Men	women
Estimated New Cases (<i>lung and bronchus</i>)	114,690	100,390
Percentage of all cancer cases	15%	15%
Estimated Deaths (<i>lung and bronchus</i>)	90,810	71,030
Percentage of all cancer deaths	31%	26%

Lung Cancer Incidence and Mortality (United States, 2010)

	Men	Women
Estimated New Cases <i>(lung and bronchus)</i>	116,750	105,770
Percentage of all cancer cases	15%	14%
Estimated Deaths <i>(lung and bronchus)</i>	86,220	71,080
Percentage of all cancer deaths	29%	26%

Sample Medical Writing Exercise #3

Adverse Reactions

Cytopenias

- Febrile neutropenia occurred in 5% (23/503) of patients; 2 patients (0.4%) died from complications
- Dose reduction due to neutropenia was required in 12% (62/503) of patients, and discontinuation was required in <1% of patients
- G-CSF or GM-CSF was used in 19% of patients who received HALAVEN
- Mean time to nadir was 13 days; mean time to recovery from severe neutropenia (<500/mm³) was 8 days

Peripheral Neuropathy

- Dose reduction due to peripheral neuropathy was required by 3% (14/503) of patients who received HALAVEN
- 4% (20/503) experienced peripheral motor neuropathy of any grade, and 2% (9/503) of patients developed Grade 3 peripheral motor neuropathy

Key Questions

- What product is being discussed?
- Where can I download the product's prescribing information (PI)?
- What does it mean to 'annotate'?

Adverse Reactions

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Peripheral Neuropathy

- Dose reduction due to peripheral neuropathy was required by 3% (14/503) of patients who received HALAVEN
- **Four percent** (20/503) experienced peripheral motor neuropathy of any grade, and 2% (8/503) of patients developed Grade 3 peripheral motor neuropathy

Sample Medical Writing Exercise #4

Instructions

- Your client has asked you to draft 2-3 strategic discussion slides on a potential competitor compound (pomalidomide) for an upcoming advisory board focused on relapsed/refractory multiple myeloma
- Attendees include 15 thought leaders in multiple myeloma (from both academia and community practice)
- For this assignment, please reference the following abstracts for data to be used as context for the discussion:
 - <http://ash.confex.com/ash/2010/webprogram/Paper26490.html>
 - <http://ash.confex.com/ash/2010/webprogram/Paper28736.html>
 - <http://ash.confex.com/ash/2010/webprogram/Paper32083.html>
- Slides may include data summaries but the focus should be to solicit advisor feedback on pomalidomide's efficacy/safety profile and strategic insight on how it could change the treatment landscape

Key Questions

- What is the purpose of the slides that I'm being asked to create?
- How will the slides be used?
- Who is the target audience?

Instructions

How will the slides be used?

- Your client has asked you to draft 2-3 strategic discussion slides on a potential competitor compound (pomalidomide) **for an upcoming advisory board focused on relapsed/refractory multiple myeloma**
- Attendees include **15 thought leaders in multiple myeloma (from both academia and community practice)**
- For this assignment, please reference the following abstracts for data to be used as context for the discussion:

Who is the target audience?

<http://www.jco.org/jco/ash/2010/webprogram/Paper26490.html>

<http://www.jco.org/jco/ash/2010/webprogram/Paper28736.html>

<http://www.jco.org/jco/ash/2010/webprogram/Paper32083.html>

- Slides may include data summaries but the focus should be **to solicit advisor feedback on pomalidomide's efficacy/safety profile and strategic insight on how it could change the treatment landscape**

What is the purpose of the slides that I'm being asked to create?

Discussion:

Current Treatment Landscape

- What is your current approach to treating relapsed/refractory multiple myeloma (R/R MM)?
 - What are the most important medical drivers of treatment selection (patient-related, disease-related, other)?
 - What are the primary challenges for the treatment of R/R MM:
 - In academic centers?
 - In community centers?
- What are the primary safety-related concerns for the management of heavily pretreated R/R MM?
- How does mechanism of action (MOA) impact sequencing of treatment for patients with R/R MM?
 - What is the clinical relevance of targeting the myeloma environment vs the myeloma cell in this setting?
- What are the most promising strategies being explored to improve clinical outcomes for patients with MM refractory to approved agents?

Discussion:

Pomalidomide Clinical Data

- Based on the data presented, what are your initial impressions of pomalidomide's clinical profile?
 - Strengths? Weaknesses? Key distinguishing elements?
 - Data suggest a lack of cross resistance with lenalidomide. How might this translate into differentiation in the clinic?
- Based on the data presented, are there particular patient sub-groups more likely to benefit from treatment with pomalidomide?
- What are your impressions regarding the different dosing strategies utilized in these 3 studies?
- What are your impressions of the 17-month median survival estimate for patients receiving pomalidomide (Richardson et al)? Is this likely to translate into a survival benefit in the phase 2 portion of the trial?
- What are your impressions regarding pomalidomide's safety profile?
 - How does it compare to the safety profile of other immunomodulatory agents? Other novel agents?
 - Are there adverse events of particular concern in the safety profile?
 - What are your impressions regarding the incidence of grade 3/4 myelosuppression associated with pomalidomide in these 3 studies?

Discussion:

Pomalidomide Clinical Implications

- Based on the data, what is the potential role of pomalidomide in the treatment algorithm for R/R MM?

Eg. role in sequencing of therapy.

- How would these data be adapted by practicing oncologists in:
 - Academic centers?
 - Community centers?

- What are the most pertinent outstanding questions regarding pomalidomide's role in the treatment landscape for MM?

Eg. Use in the upfront or maintenance settings. Use with low- vs high-dose dexamethasone. Use in other patient populations.

Sample Medical Writing Exercise #5

Instructions

- Not all clinicians have an adequate understanding of the specific needs of special populations with advanced HCC, which may lead to suboptimal care. There are additional demographic factors and issues related to health care team coordination that can adversely impact patient care.
 - Concisely describe current gaps in professional practice with regard to the care of patients with HCC (2-3 paragraphs at most).
 - Provide references to support your argument.
 - Based on this assessment, identify the educational needs and learning objectives for clinicians.
 - Recommend an activity (or series of activities) to improve the clinical competence of those clinicians.



Advanced Hepatocellular Carcinoma Landscape Assessment

- Hepatocellular carcinoma (HCC) is a global health problem with rising incidence. With approximately 749,000 new cases per year, it is the fifth-most-common cancer in the world, and the third-most-common cause of cancer-related death.^[1,2]
- Treatment of HCC is challenging, primarily because most patients are diagnosed at an advanced stage. As a result, curative therapy is often not possible. Systemic therapy options are limited, and HCC is notoriously resistant to conventional chemotherapy.^[3] The kinase inhibitor sorafenib was the first molecular-targeted agent approved for advanced HCC,^[4] and has since become the standard reference for systemic treatment. However, unmet needs remain for patients who cannot tolerate or whose disease is unresponsive to first-line sorafenib therapy. Robust clinical development is underway to identify novel agents that are effective in this setting.^[5]
- The treatment landscape for advanced HCC is evolving rapidly and, therefore, attempts to generate standard algorithmic approaches are difficult. There are limited options for patients with advanced disease. Furthermore, therapeutic approaches tend to vary on the basis of available expertise to guide evidence-based decisions and variability in the criteria for treatment selection.

Educational Needs and Learning Objectives

- Given the rapidly evolving treatment landscape for advanced HCC, practitioners are challenged to:
 - Understand the specific needs of special populations with advanced HCC
 - Effectively assess patient demographic factors that affect patient care
 - Stay abreast of emerging therapies in clinical development and understand how they would fit into the treatment algorithm
 - Recognize the value of a multidisciplinary health care team
- On the basis of this analysis, an educational program that would fulfil the following objectives is recommended for healthcare providers involved in the management of patients with advanced HCC:
 - Summarize patient selection criteria for approved systemic therapy by considering recent data and guidelines
 - Understand evidence-based data for agents under clinical investigation for advanced HCC
 - Discuss strategies to optimize the continuity of care for patients with advanced HCC through a multidisciplinary approach



Recommended Activity - Advanced HCC News Tonight: A Satellite Symposium

- The intent of the “Advanced HCC News Tonight” Satellite Symposium is to deliver a focused update highlighting the most clinically relevant advances in the treatment patients with advanced HCC
- A multidisciplinary panel of faculty members will be seated in a roundtable format on a “news set” where they will discuss “news stories” (recent publications and congress abstracts) and their impact on current management approaches
- The symposium will utilize an interactive news talk show format to enhance the educational impact. Nationally recognized clinicians will assist in the development of the educational content and will serve as faculty for the symposium
- The goal is to create an engaging program with an innovative format to optimize the educational impact. “Advanced HCC News Tonight” will deliver cutting edge science and incorporate experts’ opinions on best practices for patients with advanced HCC
- State of the art multi-media and audio/visual delivery methods will be utilized onstage to emphasize key points during the presentations and discussions.



References

- Ferlay J, Shin HR, Bray F, et al. GLOBOCAN 2008 v1.2, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 10 [Internet]. Lyon, France: International Agency for Research on Cancer; 2010. Available from: <http://globocan.iarc.fr>, accessed on July 23, 2012.
- Bray F, Ren JS, Masuyer E, et al. Estimates of global cancer prevalence for 27 sites in the adult population in 2008. *Int J Cancer*. 2012. Jul 3.
- NCCN Clinical Practice Guidelines in Hepatobiliary Cancers. Version 2.2012
- Llovet JM, Ricci S, Mazzaferro V, et al. Sorafenib in advanced hepatocellular carcinoma. *N Engl J Med*. 2008;359(4):378-90.
- Villanueva A, Llovet JM. Targeted therapies for hepatocellular carcinoma. *Gastroenterology*. 2011;140(5):1410-1426.

Sample Medical Writing Exercise #6 (instructions)

Standardized Medical Writing Exercise

Background: Currently in the United States, there are 2 primary agents used for pharmacological management of overactive bladder, including oxybutynin and tolterodine (Detrol[®]). Both are antimuscarinic agents with a similar mechanism of action. Recently, Alza Pharmaceuticals launched a controlled-release formulation of oxybutynin (Ditropan XL[®]), and they are aggressively marketing it against the client's product, Detrol, suggesting that it has superior efficacy. However, no head-to-head studies have been done.

You are given the 2 attached articles (Gleason et al. *Urology* 1999;54:420-423 AND Appell *Urology* 1997;50(suppl 6A):90-96) and advised that these are the 2 best available articles that demonstrate efficacy for the 2 products.

Instructions: Please review the 2 articles and determine if the 2 agents (tolterodine and oxybutynin XL) can be compared and contrasted. Then prepare a few slides in powerpoint with accompanying narratives to compare/contrast (however possible) these 2 agents based on the studies provided. [Target audience: physicians who treat patients with overactive bladder, including urologists, urogynecologists, family practice.] You do **not** have to provide a full slide kit that tells the entire story, just a few slides (as many as you need) to provide the key points and conclusions. Please provide a short summary (approximately 1 page, double-spaced) of your assessment.

The purpose of this exercise is to assess your ability to analyze the medical literature and summarize it. Our intention is not to assess your ability to create slides – we have a creative department that does this. However, you should consider the amount of material that should be presented in a slide. If you would like to use a graph or figure, you may draw it by hand, describe it, or use any other method you prefer. You will be evaluated on your ability to determine when a graph or figure is the appropriate means to communicate information, and not your technical ability to create the graph.

Additional information: Three additional references are included for background information only. You do not have to use them. They are as follows:

1. Wein AJ, Roven ES. The overactive bladder: an overview for primary care health providers. *Int J Fertil* 1999;44:56-66. [Review article on overactive bladder]
2. Yarker YE, Goa KL, Fitton A. Oxybutynin. A review of its pharmacodynamic and pharmacokinetic properties and its therapeutic use in detrusor instability. *Drugs and Aging* 1995;6:243-262. [Review article on oxybutynin]
3. Hills CJ, Winter SA, Balfour JA. Tolterodine. *Drugs* 1998;55 (6):813-820. [Review of tolterodine]