

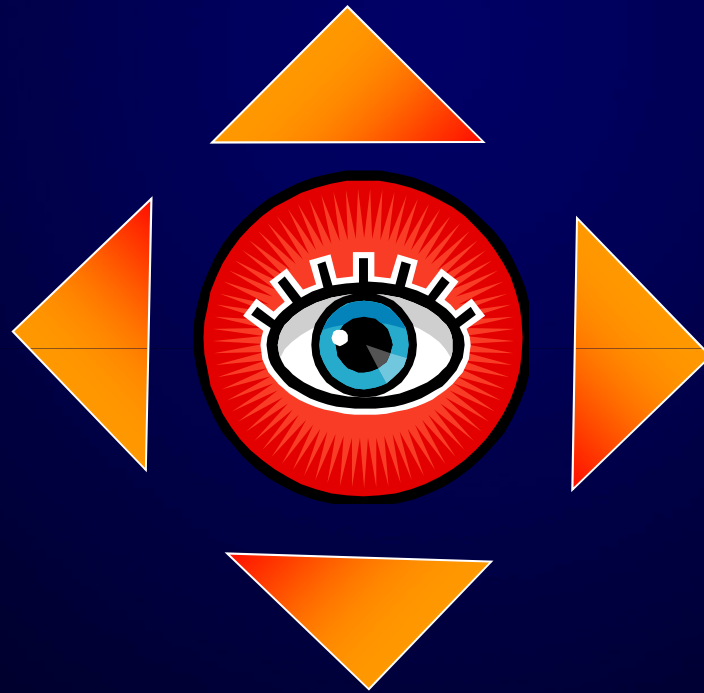
Medical Writing as a Career

*Where I came from and what I did
once I got there...*

Louise Alder
able mc Ltd

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Med Comms...



...through a writer's eye



Starting out

- **Academic background**
 - Medical School (Birmingham)
 - BSc Hons Molecular and Microbiology (Liverpool)

- **Medical writing introduction**
 - Editorial Assistant:

 - Section Editor:





Career ladder in Med Comms

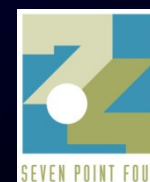
- Writer - Editorial Manager:
- Account Director/Editorial Director:
- Group Editorial and Scientific Director:
- Director, BioScience:
- Independent (since 2007)
 - Writing - home office
 - Interim dept management

COLWOOD

Agility Healthworld
Medical Education

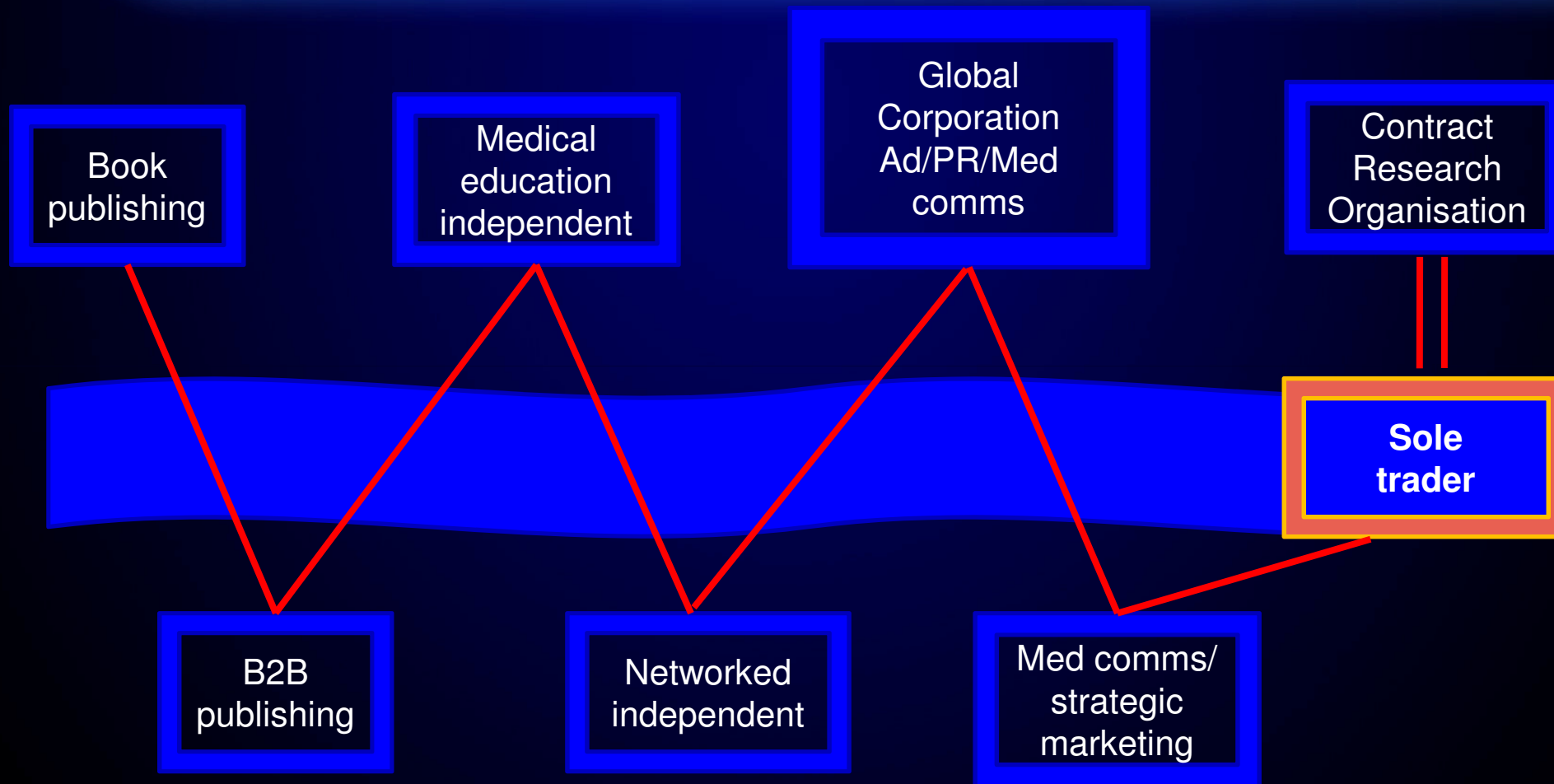
 QUINTILES

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Not all agencies are the same..



Med Comms in perspective



- Communicate a wide variety of medical information to healthcare professionals - Drs, nurses, pharmacists, payers (and sometimes to patients or patient groups)
- Usually paid for by the Pharma industry (somehow)
- Usually related, in some form, to a pharmaceutical agent or medical device either currently being marketed or still in development
- Can take many forms – word documents, printed materials, journal articles, meetings and events, electronic media and websites...
- Highly regulated environment – ethical and evidence-based
- Can work either at global, regional or domestic (eg UK) level – is quite a difference!



So what have I done in 20 years...

■ What haven't I...

Newsletters	Congress reports	Journal articles	Advisory boards
Satellite symposia	Monographs	Training packs	Core value dossiers
Clinical trial recruitment	Media kits	Branding/positioning	Exhibit stands
Slide presentations	Abstracts and posters	Educational campaigns	Websites
Meeting in a box	Train the trainer	Detail aids	Patient booklets

Has Med Comms been a good career for me?



- Challenging but rewarding
 - Fast-moving, driven, dynamic
 - Variety and creativity
 - Flexible
- Applying interest in science and medicine to ‘bigger picture’
- Cutting edge exposure to new information and ideas
- Opportunity to meet ‘Thought Leaders’ at the top of their game
- Travel
- Opportunity for rapid career progression
- Interesting mix of colleagues
- GOOD medical writers always in demand

Also, you can make a difference...



Articles

Thrombolysis with alteplase for acute ischaemic stroke in the Safe Implementation of Thrombolysis in Stroke-Monitoring Study (SITS-MOST): an observational study

Background The aim of the Safe Implementation of Thrombolysis in Stroke-Monitoring Study (SITS-MOST) was to assess the safety and efficacy of intravenous alteplase as thrombolytic therapy within the first 3 h of onset of acute ischaemic stroke. Under European Union regulation, SITS-MOST was required to assess the safety profile of alteplase in clinical practice for comparison with results in randomised controlled trials.

Methods 4483 patients were recruited from 283 centres (90% with little previous experience in stroke thrombolysis) in 16 countries between 2001 and 2005 for this prospective, open, randomised, observational study. Primary outcome was symptomatic haemorrhage in National Institutes of Health stroke scale score of ≥ 6 intracerebral/haemorrhage. At 3 months, 24 h and 90 days after stroke, we compared mortality, functional outcome, and functional outcome at 3 months with relevant pooled results from randomised controlled trials.

Findings Baseline characteristics of patients in SITS-MOST were much the same as those in the pooled randomised controlled trials. At 24 h, the proportion of patients with symptomatic intracerebral haemorrhage (per the SITS-MOST protocol) was 7.7% (95% CI 6.7-8.7), of whom the proportion with the same condition as per the Cochrane definition was 7.0% (95% CI 6.2-7.7. It compared with 6.6% (95% CI 5.4-7.8) in the pooled randomised controlled trials. The mortality rate at 3 months in SITS-MOST was 13.7% (95% CI 12.5-15.0) compared with 17.7% (95% CI 16.1-19.3) in the pooled randomised controlled trials.

Interpretation These data confirm that intravenous alteplase is safe and effective in routine clinical use when used within 3 h of stroke onset, even in centres with little previous experience of thrombolytic therapy for acute stroke. The findings should encourage wider use of thrombolytic therapy for suitable patients treated in stroke centres.

Introduction Stroke is one of the leading causes of death and disability in developed countries. Although considerable progress has been made in stroke, effective prevention and treatment, substantial challenges remain to improve the quality of care. In particular, current focus has been on the speed of emergency response, from the time that the patient develops symptoms after the onset of stroke through to the possibility of recovery without impairment.¹ Alteplase (recombinant tissue plasminogen activator) is currently the only approved medical therapy for patients with acute ischaemic stroke that is recommended as first-line treatment by most national and international stroke organisations.²⁻⁴ Intravenous treatment of ischaemic stroke with alteplase within a 3 h window of stroke onset has been shown to be safe and effective in randomised controlled trials.⁵⁻⁷ Studies have shown that patients treated with alteplase can have better accessibility to have little or no disability at 3 months than those who did not receive this treatment,⁸ and the estimated number of patients needed to treat to identify clinical benefit is only three.⁹ However, concerns have been raised over the applicability of data from randomised controlled trials to individuals in daily clinical practice, especially considering the differences within which treatment must be given and the potential risks of intracerebral haemorrhage when thrombolytic therapy is applied.¹⁰ Alteplase was licensed for the treatment of acute ischaemic stroke in the USA in 1996, and in Canada in 1999. In selected patients treated within 3 h of acute ischaemic stroke in the European Union (EU), it has been granted in 2002 on two conditions: the setting in place of an international safety study, the Safe Implementation of Thrombolysis in Stroke-Monitoring Study (SITS-MOST) to assess the safety profile of alteplase in routine clinical practice within 3 h of the onset of stroke symptoms, and the initiation of a new randomised trial, the European Cooperative Acute Stroke Study (ECASS-III), which compared alteplase with aspirin extended beyond 3 h. The results of both studies will serve as a basis for the assessment of the benefit-risk profile of alteplase for the thrombolysis treatment of acute ischaemic stroke in the EU. The main aim of SITS-MOST was to investigate whether treatment with intravenous alteplase within 3 h of stroke onset was safe and effective in patients with acute ischaemic stroke symptoms in daily clinical practice.

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1st in the Next Generation of Atypical Antipsychotics

ABILIFY: Demonstrated Efficacy

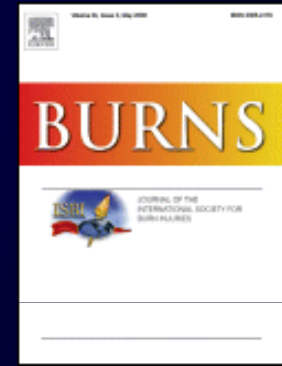
A2
ABILIFY
(aripiprazole)

The Cancer Information Maze

Report investigating information access for people with cancer

Developed by the Association of the British Pharmaceutical Industry in partnership with CancerBACUP and Ask About Medicines - November 2005

abpi **cancerBACUP** **ask**
helping people live with cancer about medicines





Thank you for listening

Feel free to ask us

..more..

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