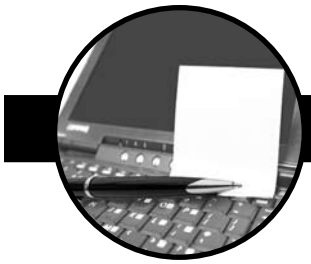

Briefly Noted

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❖ **GPP2, a revision of "Good Publication Practice guidelines for pharmaceutical companies**," was unwrapped in April at the annual meeting of the International Society for Medical Publication Professionals. A 1998 brainchild of what is now the Council of Science Editors, the GPP provides guidance about the ethics of presenting and publishing clinical trial data. New sections address recent developments such as clinical trial registration and the ethics of results disclosure. Watch **www.gpp-guidelines.org** for details.

❖ **The Pharmaceutical Research and Manufacturers of America** has revised its "Principles on Conduct of Clinical Trials and Communication of Clinical Trial Results." The guidelines, which take effect on October 1, address disclosure of industry sponsorship, standards for authorship, acknowledgment of medical writers, sponsor review of clinical trial reports, and other ethical issues. Free at **www.phrma.org**.

❖ **SocialMention.com** searches user-generated content, such as blogs, Twitter, FriendFeed, Flickr, Digg, YouTube, and even bookmarks. I was skeptical that it's relevant to medical writing, so I did 2 tests. In the first, I typed the name of a drug class I was researching and found a brand-new meta-analysis confirming that a certain adverse effect is a class effect. Someone had found a news report about the analysis and had sent a link to Twitter. In the second test, I typed the name of a cystic fibrosis drug. Within the first 5 hits on SocialMention, I found a mother's blog about what it's like to have a toddler with cystic fibrosis and a teenager's demonstration on YouTube of what she has to go through to use the drug. Okay. I'm sold.

❖ **A must for copywriters and potentially interesting to all** —The US Food and Drug Administration (FDA) has published draft guidance about the criteria it uses in evaluating ads and promotional labeling for prescription drugs and medical devices (**http://digbig.com/4ytwx**). Start on page 7 to see what to consider when developing print or audiovisual ads—or what to beware of as a health care consumer when evaluating an ad's claims. The FDA's considerations range from the framing of information to whether the music in a TV ad stays at constant volume during discussion of risks versus benefits. Note: Even when finalized, FDA guidance documents do not establish legally enforceable responsibilities.

❖ **ACCME stays the course**—The Accreditation Council for Continuing Medical Education (ACCME) has announced that it "will not be taking any action to end the commercial support of accredited continuing medical education." Rather, ACCME has 2 innovations in the idea stage: (a) A designation and review process for providers that wish to identify a CME program as "Commercial Support Free" and/or "Promotional Teacher and Author Free." (b) A central granting agency, independent of ACCME, that would accept unrestricted funds from industry and distribute them to accredited providers. Responses to calls for comments on these ideas are posted at **www.accme.org**.

❖ **Medical societies "must distance themselves completely from industry promotions**," according to a special communication in *JAMA* [2009;301(13):1367-1372]. Dr David Rothman and others present 10 guidelines for how societies should avoid conflicts of interest, including "not allowing satellite symposia to take place immediately before, during, or immediately after the conference." Related news is that in March the American Psychiatric Association ended its practice of allowing industry-sponsored educational seminars and meals at its meetings.

❖ **An Institute of Medicine report on conflicts of interest in medicine makes several recommendations of interest to medical communicators:** (a) Community physicians, as well as academic physicians, should "not make educational presentations or publish scientific articles that are controlled by industry or that contain substantial portions written by someone who is not identified as an author or who is not properly acknowledged." (b) A new system should be developed for funding accredited CME, free of industry influence. (c) Companies "should not involve physicians and patients in marketing projects that are presented as clinical research." A summary is at **http://digbig.com/4ytnt**. The report was funded in part ($75,000 of the $1.375 million development cost) by the Macy Foundation, which has called for the elimination of industry support for CME [see "Briefly Noted," *AMWA J.* 2008;23(2):76].

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