

# Medical Communications Postdoctoral Fellowship



2023 – 2024



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# Medical Communications



# What Is Medical Communications?

## What?

"The development and production of materials that deal specifically with medicine or health care."<sup>1</sup>

## **Publications**

- Conference abstracts, posters, and presentations
- Journal articles
- Patient lay summaries
- Continuing education materials
- Regulatory documents

## Who?

- Medical writers
- Medical publication professionals
- Medical affairs professionals

## **Medical Affairs**

- Strategic analyses (eg, competitive landscape and gap analyses)
- Scientific communication platforms
- Publication planning
- Internal or external training materials (eg, slide decks and standard operating procedures)

## Where?

- Pharmaceutical, biotechnology, and device companies
- Medical publication and communication agencies
- Medical journal publishing groups

- Congress initiatives (eg, video recordings, digital/virtual congress booths, industry symposia)
- Advisory boards
- Websites
- Mechanism of action videos

<sup>1</sup>The American Medical Writers Association. <u>https://www.amwa.org/page/Med\_Communication</u>. Accessed July 27, 2022.



# **Contribute to Projects Across All Phases of a Product's Life Cycle**

	Phase 2	Phase 3	Pre-Launch	ו (NDA)	Launch	Post-L	aunch		
platf Clini Cong Mec Prec Scer Scer Trea	ntific communication form cal publications gress presentations chanism of action education clinical publications he-setting reviews tment landscape education opinion leader tification and engagement	<ul> <li>Advisory boards</li> <li>Key opinion leads</li> <li>Clinical publication</li> <li>Congress present</li> <li>Drug reviews</li> <li>Editorial working</li> <li>Enduring education</li> <li>Interactive manual</li> <li>Medical science Interaction</li> </ul>	ons cations groups onal programs scripts iaison training tools	<ul> <li>Editorial v</li> <li>Education</li> <li>Frequentian</li> <li>Healthcar</li> <li>Interactive</li> <li>Medical in</li> <li>Medical so investigate</li> </ul>	d prescribing information work groups hal symposia by asked questions re provider websites e manuscripts nformation cience liaison training tool cience liaison principal for slide deck dvocacy engagement	<ul> <li>Advanced practitio</li> <li>Editorial work grou</li> <li>Healthcare provide</li> <li>Medical science lia</li> <li>Ongoing studies</li> <li>Patient engagemen</li> <li>Phase 4 studies</li> <li>s</li> <li>Post-marketing sur</li> <li>Secondary analysis</li> </ul>	ups er websites aison training tool nt rveillance		
Audiences									
	<ul><li>Key opinion leaders</li><li>Specialist audiences</li></ul>		sional organizations t advocacy groups	– Allied – Other	nunity practitioners I health professionals r stakeholders rs, etc)	– Patients			

#### NDA, New Drug Approval.



# **Medical Writing**



# Alignment of Skills With a Career in Medical Writing



## **Transferable Skills**

Useful whether you pursue a career in academic science, in industry, at a communications agency, or as a freelance writer



## Public Speaking

Lab meetings, journal clubs, departmental seminars, national/international meetings (posters/talks)



**Data Analyses** Not necessarily field-specific



## **Interpersonal Skills** Working effectively and reliably within a group, collaborating on manuscripts with other authors



**Critical Thought** Do the data support the conclusions?



**Organization** Ability to keep track of details related to multiple projects (lab notebooks)



**Graphics Skills** Excel, PowerPoint, GraphPad Prism



## Time Management

Ability to work on multiple projects concurrently; reprioritization



# A Day in the Life of a Medical Writer

Writing

Email

•

•

### Travel Writing Email Meetings Time management essential (reprioritization) 2.5% 7.5% Journal- or conference-specific guidelines must be followed Reference annotations 10% EndNote Primary mode of communication - Frequent follow-up with authors for input 10% **Client/author teleconferences** Face-to-face meetings are rare, but do happen Kickoff calls scheduled to discuss plans for manuscripts, follow-up calls conducted as needed for each draft 70% **Documentation of activities and compliance steps Conferences/travel** Congress coverage (team or individual)



# The Curry Rockefeller Group, LLC



# CREATING Full-Service Medical Communications Agency

Founded in 2001, CRG is a **passionately independent** agency that effectively creates and communicates scientific information to improve patients' lives.

CRG's highly **experienced team** of professionals form a true **strategic partnership** with clients to achieve their most critical objectives — **communicating the value** of their products to key stakeholders — throughout the product's life cycle, while **maintaining compliance** with the latest industry standards

<b>Quality</b> Providing best-in-class products and services to our clients		<b>Teamwork</b> Working together — internally and with our clients — to meet key objectives
<b>Will to Win</b> Striving to attract, mentor, and retain industry-leading talent	Our Commitment	<b>Accountability</b> Honoring our commitments to ourselves and our clients
<b>Respect</b> Valuing diverse opinions and fostering an environment in which everyone can do their best work		<b>Integrity</b> Upholding scientific, professional, and personal ethical standards in all interactions



# Long-Standing Excellence in Medical Communications



CRG adheres to the highest standards of compliance and ethics

## • Our staff are active members of ISMPP

- ISMPP Certified Medical Publication Professional– credentialed individuals
- Oral and poster presentations at annual meetings
- Lead roundtables and workshops and participate in committees
- Involved with development of Good Publication Practice (GPP) guidelines

- EcoVadis: in 2021, CRG was awarded a silver medal
  - CRG placed in the top 11%
     of all companies surveyed in ethics



## Publications: Abstracts, Posters, Oral Presentations, Manuscripts

#### The NEW ENGLAND JOURNAL of MEDICINE

NOVEMBER 22, 201

AR101 Oral Immunotherapy for Peanut Allergy

#### The PALISADE Group of Clinical Investigators

ABSTRACT

Peanut allergy, for which there are no approved treatment options, affects patients who are at risk for unpredictable and occasionally life-threatening allergic reactions. (Brian P. Vickery, M.D., Andrea Vered: M.D., Ph.D., Thomas B. Casale, M.D Rever, M.D., Geor In a phase 3 trial, we screened participants 4 to 55 years of age with peanut allerey M. Jones, M.D., Wayne G. Shreffler, M.D. for allergic dose-limiting symptoms at a challenge dose of 100 mg or less of peanut antonio, M.B.A., Rezi Z protein (approximately one third of a peanut kernel) in a double-blind, placebo-con-wadzki, Dr.P.H., Stephen G. Dilly, M.B. man M.D trolled food challenge. Participants with an allergic response were randomly assigned.

and A. Wesley Burks, M.D.) assume in a 3:1 ratio, to receive AR101 (a peanut-derived investigational biologic oral immunotherapy drug) or placebo in an escalating-dose program. Participants who completed the regimen (i.e., received 300 mg per day of the maintenance regimen for approximately 24 weeks) underwent a double-blind, placebo-controlled food challenge hors are provided in the Appendix. at trial exit. The primary efficacy end point was the proportion of participants 4 to 17 years of age who could ingest a challenge dose of 600 mg or more, without doseat Aimmune Therapeutics, 8000 Marina Blvd., Suite 300, Brisbane, CA 94005. limiting symptoms. omplete list of the members of the

PALISADE Group of Clinical Investiga Of the 551 participants who received AR101 or placebo, 496 were 4 to 17 years of age; tors is provided in the Supplem Appendix, available at NEJM.org. of these, 250 of 372 participants (67.2%) who received active treatment, as compared with 5 of 124 participants (4.0%) who received placebo, were able to ingest a dose of This article was published on November 600 mg or more of peanut protein, without dose-limiting symptoms, at the exit food 18, 2018, at NEM org. challenge (difference, 63.2 percentage points; 95% confidence interval, 53.0 to 73.3; N Engl J Med 2018;379:1991.2001. Pc0.001). During the exit food challenge the maximum severity of symptoms was DOI: 10.1056/NEIMoa181285 moderate in 25% of the participants in the active-drug group and 59% of those in the Copyright © 2018 Menachania Medical Society placebo group and severe in 5% and 11%, respectively. Adverse events during the interention period affected more than 95% of the participants 4 to 17 years of age. A total of 34.7% of the participants in the active-drug group had mild events, as com

Prevented of the Academy of Managed Care Pharmacy Virtual Meeting 13–66 Acri 1003									ron Versus Mirabegron and Anticholinergics fo ta-Analysis p. M5 <sup>3</sup> Elizabeth Thomaz, M5 <sup>3</sup> Paul N. Mudd Jr, PharmD, MBA <sup>3</sup>	pr (	Dve	era		
	Carolinas Medical Center, Charlott	e, NC; <sup>1</sup> Medical Decisi							Total Universe Incontinence Existed as Safety					
Background		Results						_		• For the 5 published 52-week trials, AFs				
<ul> <li>Bothersome symptoms of overactive bladd- urgency with frequency and nocturia with o (UI)<sup>2</sup> affect more than 30 million Americans *Anticholinergics have been mainstays of tre- adverse effects can limit long-term adheren</li> </ul>	A total of 2038 unduplicated hits were identified (Figure 1)     After review for RTL, 5 publication describing 5 unique RCTs were     Included in the analysis (Fable 1)     Figure 1. PRISMA How Diagram						ere	Mean change from baseline at week 52 in total UI episodes was significantly greater for vibegron than mixelegron and totexodine. Cits overlaped 0 for the comparison between vibegron and solitenacia, indicating no statistically significant: difference (Figure 2) Figure 2. Change From Baseline to Week 52 in Deliv Total UI Episodes Retative	<ul> <li>Anticholinergics: dry mouth, constipa nacopharyngitts, and urinary bract infi - β<sub>1</sub>-adrenergic agonists: hypertension, and heredgehe</li> </ul>					
<ul> <li>Although long-term persistence rates with a compared with anticholinergics/ unmet exp commonly cited reason for discontinuation</li> </ul>	Essenth of MEDUNE, Control Register of References (N=2)	Controlled Table	Exhibited after conduction and Ethylochist eviden (Hr-2010) • Taraster (HT)			-32.00		V begron 75 mg vs Point Estimate (95% Cri) Table 2. Summar	Table 2. Summary of AEs Occurring					
+Vibegron is a novel, selective, oral $\beta_{\rm f}\text{-}{\rm adren}$	ergic receptor agonist? that is	(e-me)		Hudd Imp (s-60) - Conpariso (s-60)     Hudd Imp (s-60) - Conpariso (s-60)     Hudde (s-60) - Conpariso (s-60)     Population((s-60)) - Conpariso (s-60)     Contained (s-60) - Compariso (s-60)					Mitabegron 50 mg 0.88 (0.31 to 1.44) Color Filling Color F	Oupple et al, Ginthe et al, 2013 <sup>10</sup> 2018 <sup>10</sup>				
<ul> <li>In the phase 3, randomized, double-blind, its 40-week double-blind extension, vibeg</li> </ul>	available as a once-daily 75-mg dose - In the phase 3, randomized, double-blind, 12-week EMPOWUR trial and its 40-week double-blind extension, vibearon showed favorable efficacy		ten viatoria te						Tolterodine 4 mg ER - 0.60 (0.09 to 1.10)	10.	MI	204		
and safety vs placebo in patients with OAB		Tawardt - Conpation 8-4     Onloge 8-81     Onloge 8-81			aben fr	4	-10 -0.5 0 0.5 1.0 1.5 2.0 ALN NHE AVOID COMPARATOR FAVOR VIECOLON 75 MG							
Objective		Bernakring after	Literreine	reiteruntereiten freiter in petreit					Mean Change From Baseline, No. of Episodes UTI 53	6.6	•	•		
*To compare the long-term (52-week) efficar	004	a)				2200		Of, unlike learnship advanted advante 11, unlike treardination. Headlands - Xanatada vanifik	:	- 52	•			
(both β <sub>r</sub> -adrenergic agorists), and anticholic treatment of OAB	inergic medications for the	windwid retrandpts (Pol S)				-	(PHS	F	Michardon 23		3.9	5.9		
	Adversarial inducted in network meta-analysis							Ad baseline, mean panger pary number or incurritors across an onan we also (acted also across and action action (acted action)		÷				
Methods	PROJECT, Protected Reporting terms for Typesmeth Review and Indea Analysis.							for vibegron compared with mirabegron, solifenacin, or tolterodine (95% Cris for all treatment	oh Ka	dan(e) m	base DA.			
Systematic Literature Review		Table 1. Trials Identified by the Systematic Literature Review					tevier	w	"Ni wanti awari 1206	UE: orientytteet infector; VE, vitagen, *Nil wasnet present is pillt of patients in other treatment an K wasnet possible to determine whether the All occurred into				
	A systematic literature review was conducted in the MEDLINE, Embase, and Cochrane Central Register of Controlled Trials databases, using terms without the 018		Destructs	SAF, DAL MALA Age. Farmain.					Vbegron 75 mg vs Point Estimate (95% Crit) Conclusion	Conclusions				
.Searches were conducted for 48- to 52-wee	earches were conducted for 48- to 52-week randomized controlled trials RCfs) in adult patients with non-neurogenic OAB		Minibegron 50 mg Minibegron 100 mg* Tollerodine 4 mg ER	812 830 812	789 862 791	453 488		74.0	Solifenach 5 mg + Vibegron wat	<ul> <li>Vibegron was associated with s number of daily total UI episode</li> </ul>				
	Search terms included urinory blosbler, overactive blosbler, overactive urinory blosbler, and OAB, as well as individual terms for each drug approved for the treatment of OAB		Mitabegron 50 mg Soliferacin 5 mg Soliferacin 5 mg + avitabegron 50 mg*	305 308 1396	362 259 1193	311 207 1104	60.5	80.0	·Generally sim	<ul> <li>Generally similar efficacy was and volume voided per micture</li> </ul>				
by time	Studies were limited to those in the English language but were not limited by time		Toloevoline 4 mg ER Villegron 75 mg	2332/545 273/565		106 143	61.4	78.2	Mean Change From Baseline, No. of Mictarition s tolterodine, a	toiterodine, and solifenacin * The top 4 AEs for the class of an				
<ul> <li>Search hits were reviewed for inclusion and exclusion criteria by 2 teams that included either 2 or 3 people</li> </ul>		EMPOWUR Extension Tokyyene et al (2013	Indefensein 0.3 mg 80	55	NR.	NR.	71.2	62.4	Volume Voided Per Micturition constipation,					
Outcomes Assessed	utcomes Assessed Efficacy outcomes included change from baseline to week 48–52 in average		Solferacin 5 mg Inskiefenscin 0.1 mg Bi	54	11	NR	70.7	32.0	*At baseline, mean (range) volume volded per micturition at baseline was 158.2 (154.0-160.5) mL Bundremergie					
			Zultiss et al (2013)         Introductions 0.1 mg BD         21         13         NR         70.7         32.0           UD7         Soliferation 5 mg         20         104         Net         70.7         32.0           ED table 4 days 10, addresses 10, 3 days and 10 and						<ul> <li>At week 52, mean change from baseline in volume voided per micturition was not significantly different for vibegron compared with mirabagron, solitenacin, or tolterodine (Cris for all treatment</li> </ul>	nesopharyngitis, and headache				
daily total UI episodes and micturitions and volume volded per micturition Safety outcomes included adverse event (AE) reporting		145 selected assess for tractinent assess of interact instead in the fail with the second proof for the stat					100		comparisons overlapped 0; Figure 4) References a sec	view DA. o	e el Circon	-		
Statistical Analysis		(2008) and Valoations of al (2008) in which developed hill data seen reported in the MD. As least income terms and particular time that, instructions and relative values gar relations and your term of the anisotration of the data of terms in terms. The particular is in relative and in (2018) while the particular particular terms of the output of terms. The particular is in relative and in (2018) while the particular particular terms of the terms of the particular terms of the terms of te					NA NY ING NG AS NG	indirectory of	Figure 4. Change From Baseline to Week 52 in Total Volume Voided Per Micturition & Witch, et al. 40200	AUX/S161 guideline. Anariza is Designed Accorden; 20 8. Aliza H, et al. Art. 2002;209(20);809-1094. 4. Crean 5. Youwell G, et al. Alia Ganz. 2008;2110(2018); K. Van et al., 7464 (Zens. 2016;512);429-523. 4. Stellar-S2, et al. 2009;564:83.0077/s1.0000000000015174. 36. Creagel- Car-2002;2031;3645:625-624. 32. Youwen T, et al. (New Processing Contemporation);2018;2019;2019;2019;2019;2019;2019;2019;2019				
· Efficacy data were analyzed using Bayesian models with normal ikelihood		case of maxim, requiring an intertaining, "Other monotonic field water and power and power and a trace of their and the set of the and the set of the set					al 52 mil	dis.	d 8./Med/2ex.303.5					
and identity link function • Change from baseline was analyzed as mean (55% credible interval (Crt))		Efficacy												
	of the difference from vibegron and overall mean (95% Cri) change from		Because Yokoyama et al (2013) <sup>10</sup> and Zaltsu et al (2011) <sup>10</sup> did not report						Mirabegron 50 mg         -17.02 (-34.3610.0.34)         itticiatum with           Solifenadin 5 mg         -13.89 (-33.27 to 5.53)         Acknowledgme	ints co				
baseline for each treatment. • Changes from baseline with 95% O'ts not eventapping O were considered statistically significant. • Because placebo arms were not present in the trials, toblencilies 4 mg extended release was used as a reference in all models • Safety results are presented discriptively		the efficacy outcomes of interest, only data from Chapple et al (2013). <sup>36</sup> Gratzke et al (2018). <sup>31</sup> and Stackin et al (2020) <sup>4</sup> were analyzed to							Tolterodine 4 mg IR -16.62/-33.28 to 0.06) and verificate by Uroa	and was harded by Growth Sciences (Invine, Oil.				
		compare changes from baseline in efficacy measures over 52 weeks					52 w	eeks		Funding this stars was harded by Universit Science				
		<ul> <li>Treatment duration in the EMPOWUR extension trial was 40 weeks for patients receiving placebo in the EMPOWUR trial and 52 weeks for patients continuing active treatments; only data for patients</li> </ul>						reeks	Mean Change From Baseline, mL Record State State	Disclosures stated teaming a sciencity to and uncert Sciences and has received get to research tooter sciences, cook system, tigraly mean based within a science of the double cooks where				
		receiving 52 weeks of active treatment were used							Gr, und the Interest, IX activated abara. Banked Sharebay, Effected	Durine Sharikes, Elizabeth Thomas, and Paul & Mudd J				

Poster #45

Twitter Join Dates

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#### ctive Bladder: Long-Term Efficacy and Safety of Vibegron for Overactive Bladder in Patients ≥65 Years Old: Analysis From the EMPOWUR Jeffrey Frankel, MD,<sup>1</sup> Susann Varano, MD,<sup>2</sup> Heather Greene, MPH,<sup>3</sup> Elizabeth Thomas, MS,<sup>3</sup> David Staskin, MD<sup>4</sup> <sup>1</sup>Seattle Urology Research Center, Seattle, WA, USA; <sup>2</sup>Clinical Research Consulting, Milford, CT, USA; <sup>3</sup>Urovant Sciences, Irvine, CA, USA; ificantly greater improve han mirabegron and tolt <sup>4</sup>Tufts University School of Medicine, Boston, MA, USA n for vibegron in micturition compared with mirabegron

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nsion, urinery trect



**Extension Trial** 

#### **Correlation Between Journal Impact Factor** OB IECTIVE and Twitter Engagement .... RESULTS | Journa 36 CRG The Curry Rockefeller Group Terrytown NY, USA .... -

the writing o

International Society for Medical Publication Professionals | May 9-11, 2022 | Washington, D



ORIGINAL ARTICLE

Yves Dauvilliers<sup>10,\*</sup>

trial in patients with narcolepsy

https://doi.org/10.1093/sleep/zsab200 Advance Access Publication Date: 6 August 2021 Original Article

SLEEPJ, 2022, 1-11

#### Is the sodium in sodium oxybate a risk for heart health? A plain language summary

Plain Language Summary of Publication

Alon Y Avidan' & Clete A Kushida <sup>1</sup>David Geffen School of Medicine at UCLA. Los Angeles, CA. USA: <sup>3</sup>Stanford University School of Medicine, Redwood City, CA. USA First draft submitted: 11 November 2021: Accented for publication: 31 January 2022: Published online: 4 March 2022

#### Summarv

#### What is this summary about?

#### Sodium oxybate is a medicine for narcolepsy symptoms. It contains a high level of How to say (double click to play sodium. Should people taking sodium oxybate and their doctors worry about the sodium increasing their risk of heart or cardiovascular problems? This is a summary of Sodium oxybate: SO-dee-uhm AAK-see-bayt an article that reviewed 20 years of published data to answer that question.

#### What were the results?

We found that sodium oxybate was not linked to cardiovascular risks, such as heart attacks or stroke

What do the results mean? This suggests that the sodium in sodium oxybate may not add cardiovascular risk for people with narcolepsy

· People currently taking sodium oxybate should talk to their doctor to ask if they need to be concerned about the sodium in their medicine

People who take sodium oxybate are unlikely to need to change their sodium oxybate medicine because of the sodium

Winter Bark FL USA "Neurotrials Research Inc. Atlanta GA USA Onio Sleen Medicine and Neuroscience Institute Dublin OH USA Avadel Pharmaceuticals, Chesterfield, MO, USA and "National Reference Centre for Orphan Diseases, Narcolepsy, Idiopathic Hypersomnia, Sleep Unit, Department of Neurology, Gui-de-Chauliac Hospital, CHU Montpellier, Univ Montpellier, INM INSERM, Montpellier, France

\*Corresponding authors: David Seiden, Avadel Pharmaceuticals, 16640 Chesterfield Grove Road, Suite 200, Chesterfield, MO 63005. Email: dseiden@avade Com, Yves Dawilliers, Sleep Unit, Department of Neurology, 80 av Augustin fliche, Gui-de-Chauliac Hospital, CHU Montpellier, 34295 Montpellier, France Email: v-dawilliers&chu-montpellier.fr.

Once-nightly sodium oxybate (FT218) demonstrated

improvement of symptoms in a phase 3 randomized clinical

Clete A. Kushida<sup>1,0</sup>, Colin M. Shapiro<sup>2</sup>, Thomas Roth<sup>3</sup>, Michael J. Thorpy<sup>4</sup>, Bruce C. Corser<sup>5</sup>,

Akinyemi O. Ajayi<sup>6</sup>, Russell Rosenberg<sup>7</sup>, Asim Roy<sup>8</sup>, David Seiden<sup>9,\*</sup>, Jordan Dubow<sup>9</sup> and

Department of Psychiatry and Behavioral Sciences, Stanford University Medical Center, Redwood City, CA, USA, <sup>2</sup>University of Toronto

Toronto, ON, Canada, 'Sleep Disorders and Research Center, Henry Ford Health System, Detroit, MI, USA, 'Department of Neurology,

Montefiore Medical Center, New York, NY, USA, Sleep Management Institute, Cincinnati, OH, USA, Florida Pediatric Research Institute

#### Avadel Pharmaceuticals supported this work

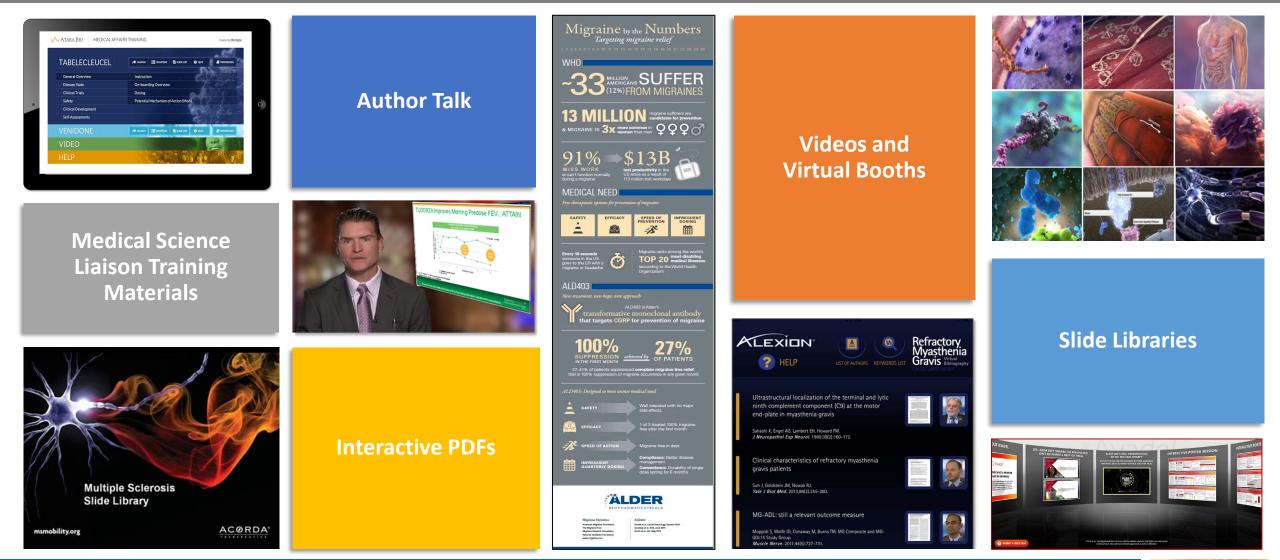
CARDIOLOGY

This summary may be helpful for people with narcolepsy and their families, caregivers, and doctors,

What is narcolepsy?



## **Digital Innovation: Extending the Reach**





# **Therapeutic Areas of Expertise**

- Allergy
- Anesthesiology/pain management
- Biosimilars
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Gene therapy
- Hematology

- Immunology
- Infectious disease
- Medical devices
- Metabolic disease
- Musculoskeletal disease
   Rare diseases
- Nephrology
- Neurology
- Oncology
- Ophthalmology
- Orthopedics

- Otolaryngology
- Psychiatry/CNS
- Pulmonology
- Radiology
- Rheumatology
- Surgery

- Toxicology
- Urology
- Women's health



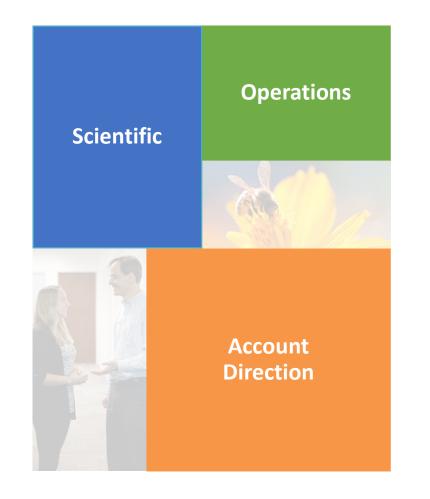






# **Dedicated Team and Team Structure**

- Scientific strategy development and planning
- Scientific content expertise
- Editorial consistency & quality assurance
- Content deliverables
  - Publications
  - Medical affairs projects



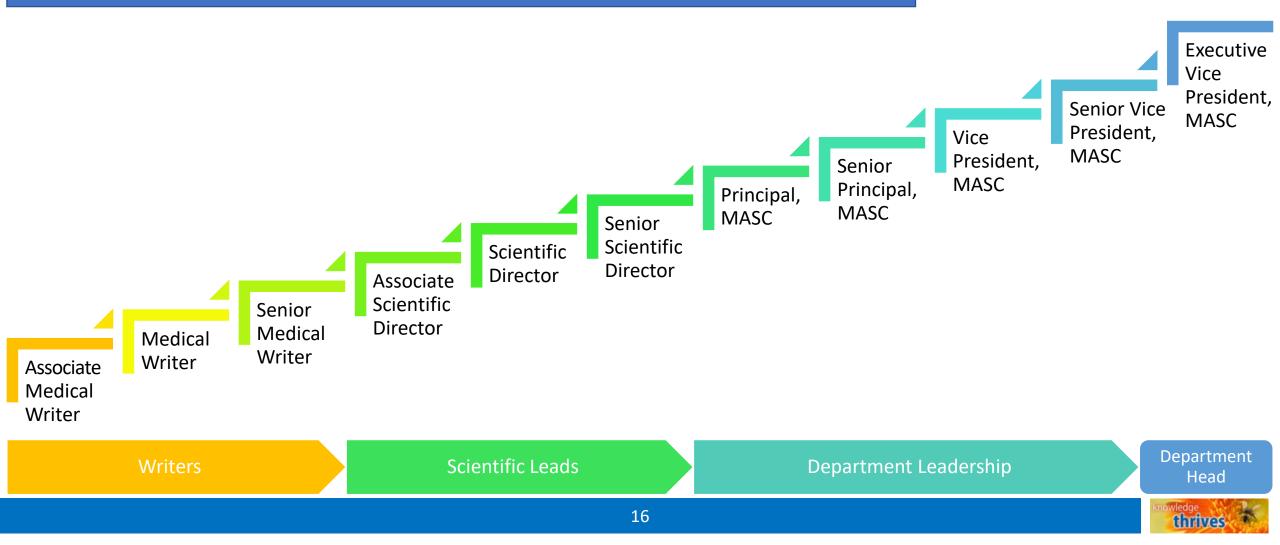
- Project specifications
- Timelines/status
- Process management

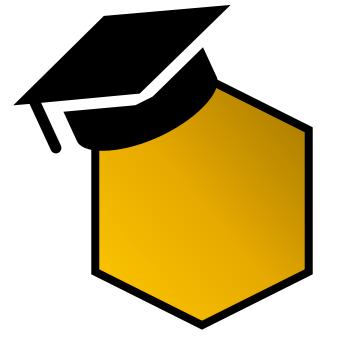
- Business and financial management
- Strategic direction
- Communication planning
- Resource management
- Budgets



# **Scientific Team Career Ladder**

## Medical Affairs & Scientific Communications (MASC) Team





The Curry Rockefeller Group Medical Communications Postdoctoral Fellowship



# **Program Overview**

## • 12-month postdoctoral (PhD, PharmD, MD, DVM) training program

- Intended for candidates with minimal or no prior medical communications experience
- Fellow will serve as an Associate Medical Writer at CRG
- Day-to-day work will be fully remote

## Objectives

- To develop an understanding of the medical communications industry and the types of services provided by an agency to pharmaceutical and biotech client teams
- To gain familiarity with industry guidelines and to learn how to apply good publications practice while developing medical writing skills
- To understand the Medical Writer and Scientific Director roles within a medical communications agency and acquire the necessary skills of a Medical Writer
- To observe and participate in the partnership between the medical communications agency and pharmaceutical/biotech industry team members working toward a common goal

## Level of competency for key performance indicators will be evaluated quarterly



## **Program Activities – Within MASC Team**

- Receive didactic and real-world training by a dedicated editorial leadership team
- Gain exposure to multiple therapeutic areas and project types
- Develop publication-quality deliverables as part of a highly interactive editorial/operational team within CRG
- Research, analyze, and interpret literature to create scientifically rigorous, strategically insightful, and medically accurate manuscripts and presentations
- Learn fundamentals of Good Publication Practice and industry standards for developing clear, concise, and compliant publications
- Collaborate with pharmaceutical industry medical affairs/publications team members to provide strategic and tactical recommendations for building a robust scientific evidence base for a product or portfolio of products
- Foster strong working relationships with some of the most prestigious thought leaders in the assigned therapeutic area



# Expanded Opportunities Beyond CRG/MASC Team

- Student outreach, recruitment, and mentorship
  - Sponsored attendance at career fairs
  - Guest lectures to PharmD/PhD students
  - Mentorship of students at CRG (PharmDs can also serve as APPE preceptors)
  - School & social media outreach
  - Participation in new fellow hiring process
- Professional organizations
  - Exposure to ISMPP and MAPS resources and webinars

- Optional 1-month rotation to site of choice
  - Digital Innovation & Engagement at CRG
  - Business Development at CRG
  - Others depending on interest and availability
- Optional research project on medical communications-related research topic
  - To be presented at an ISMPP meeting and published if feasible

## • ...And more as the program grows!

APPE, advanced pharmacy practice experience; ISMPP, International Society for Medical Publication Professionals; MAPS, Medical Affairs Professional Society; MASC, Medical Affairs & Scientific Communications.



# **Program Benefits**

- Competitive annual salary
- Medical, dental, and vision benefits
- Employer-sponsored health reimbursement account (HRA)
- 401(k)

- Employer-sponsored life and disability insurance
- Paid time off & holidays
- No daily commute (day-to-day work will be fully remote)

- Upon successful completion of the fellowship program
  - Fellow will receive a certificate of completion, declaring competence in medical communications
  - -Fellow may be promoted to Medical Writer with commensurate increase in salary and dedicated team assignment as business needs allow



# CRG

## CURRY ROCKEFELLER GROUP, LLC

Medical Communications Postdoctoral Fellowship

# **Application Process**

Eligible candidates (PhD, PharmD, MD, DVM)

- Email letter of intent and CV to <u>AMWFellowship@curryrockefellergroup.com</u>
  - Unofficial transcripts, recommendation letters, and writing samples (eg, research abstracts or posters, presentations, or scientific articles) welcome
- Qualified applicants will be contacted to complete a writing assessment
- Virtual interviews will be scheduled with selected candidates

## **Application Deadlines**

- For February to January annual program cycle
  - Deadline: last business day in October
- For July to June annual program cycle
  - Deadline: end of first full week in December



# **Fellowship Team Leaders**



# **Rozena Varghese, Scientific Director, Fellowship Director**



## Rozena Varghese, PharmD, CMPP™

Scientific Director Student & Postdoctoral Fellowship Program Director rvarghese@curryrockefellergroup.com Direct: 914-703-3248 Rozena has been working in medical communications since 2013. She earned her PharmD from the Ernest Mario School of Pharmacy at Rutgers, The State University of New Jersey. Rozena has experience with publication planning, competitive surveillance, gap analyses, advisory boards, key opinion leader identification, scientific communication platforms, slide decks, medical response letters, medical science liaison training materials, clinical trial recruitment advertising, abstracts, posters, presentations, manuscripts, review articles, plain language summaries, white papers, blogs, and regulatory documents for clinical and preclinical studies.

Rozena's therapeutic areas of expertise include oncology, rare diseases, connective tissue disorders, women's health, cardiology, metabolic disorders, immunology, musculoskeletal diseases, ophthalmology, and respiratory disorders.

As a Scientific Director with CRG, Rozena currently provides scientific oversight for client accounts in substance use disorders.



# Judy Fallon, Senior Vice President



Judy Fallon, PharmD, RPh SVP, Medical Affairs & Scientific Communications jfallon@curryrockefellergroup.com Office: 914-703-3290 Judy has 20+ years of experience and leadership in the publication planning and medical communications industry. She has led workshops and delivered presentations at industry conferences (International Society for Medical Publication Professionals and Medical Affairs Professional Society). She has in-depth experience developing and delivering strategic communication plans, scientific communication messaging and platforms, lexicons, publication plan tactics, value communications, symposia and advisory board meetings, and innovative medical affairs initiatives and field-training media for single products and across franchises both globally and regionally.

Her experience extends across multiple therapeutic areas, with key areas of expertise including rare diseases, sleep medicine, substance use disorders, neurology, oncology, endocrinology/diabetes, hematology, gastroenterology, and urology.

At CRG, Judy oversees a team of scientific staff, provides strategic and scientific content direction on assigned accounts, and ensures quality and accuracy of project deliverables. She is responsible for development, training, and management of her team to ensure all work is conducted in accordance with industry best practices and current regulatory guidelines, client needs are met, and expectations are exceeded.



## Rhonda Croxton, Executive Vice President



Rhonda Croxton, PhD EVP, Medical Affairs & Scientific Communications <u>rcroxton@curryrockefellergroup.com</u> Office: 914-703-3258 Cell: 610-733-2875

Rhonda has worked in the medical communications industry for the past 15+ years, with both agency and pharmaceutical industry experience in her background. She has provided strategic insights and performed tactical content development across a variety of therapeutic areas and project types. After honing her skills on the agency side of the industry, she joined AstraZeneca as a Clinical Publications Lead for 4+ years to acquire the pharmaceutical industry perspective.

Before joining CRG in 2019, she spent 7+ years as SVP of Clinical Content & Editorial Services with CHC/ICON. Rhonda oversaw a team of >70 Scientific Directors, Medical Writers, and Medical Editors and ensured client satisfaction with editorial quality, efficient resourcing to manage workloads, and adherence to the highest ethical standards for medical communications in the industry.

In her current role as EVP, Medical Affairs & Scientific Communications with CRG, Rhonda leads and mentors our scientific group and is focused on building strong teams who work collaboratively in a compliant manner to exceed the expectations of our clients.



# Erica Wehner, Senior Principal and Scientific Strategy Lead



Erica Wehner, RPh Sr Principal and Scientific Strategy Lead, Medical Affairs & Scientific Communications <u>ewehner@curryrockefellergroup.com</u> Direct: 484-985-5112 Bringing more than 20 years of experience in medical publishing and education, Erica joined CRG as Senior Principal in 2021. She provides strategic oversight and scientific input for accounts across a range of therapeutic areas, ensuring all projects meet or exceed client expectations and all work is conducted in accordance with current industry guidelines and best practices. Her experience encompasses the development and operationalization of franchise-wide scientific communication platforms, development of global and regional strategic and tactical medical communications plans, product-specific scientific communication platforms, lexicons, symposia, videos, interactive PDFs, training slides, and publications (primary papers, review articles, abstracts, posters, product monographs, meeting reports).

Prior to joining CRG, Erica was responsible for the development of eLearning programs for internal training, strategic support for scientific leader engagement, and the creation of engaging virtual programs for marketing and commercial teams. In addition, she has provided medical affairs and competitive intelligence support for multiple sclerosis, oncology, immunology, and transplant.



# We can't wait for you to join our team!

