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❖ **Standard disclosure form**—The International Committee of Medical Journal Editors (ICMJE) has created a standard form for its member journals to use in requesting disclosure of authors' potential financial conflicts of interest. Many additional journals follow ICMJE guidelines, and medical writers could do a public service by educating editors and authors about this form, which is in the public domain. See www.icmje.org/coi_disclosure.pdf for the blank form and www.icmje.org/sample_disclosure.pdf for a completed sample. It is hoped that authors will save time by storing a partially completed form on their computers and filling out manuscript-specific information as needed. The form is in "beta testing" until April 10, 2010, and users may make comments and report problems via the comments feature at www.icmje.org.

❖ **The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) Statement** is a new guideline that supersedes the QUOROM statement for reporting meta-analyses. The PRISMA Statement and a companion explanatory document have been published in several journals, but the easiest way to obtain them is from the dedicated Web site, www.prisma-statement.org/index.htm.

❖ **COMPARE (www.randcompare.com)** aims to be a nonpartisan, objective tool for evaluating proposals for reforming the US health care system. Supported by the Rand Corporation, it has 3 main sections: information about the current status of the system, explanations of policy options for changing the system, and a matrix that compares how changes in policy would affect overall spending, consumer financial risk, and other considerations. A "hot page" tracks key House and Senate bills and provides documents released by the White House, the Congress, federal agencies, and other stakeholders.

❖ **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 took 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. The guidelines are available at no cost at www.phrma.org.

❖ **Rapid Research Notes** is a new open-access archive of biomedical information on focused topics of immediate interest to researchers, policymakers, and the public. The inaugural collection is PLoS Currents: Influenza (<http://digbig.com/5bajcf>). Publishers (not individual authors) may deposit materials under National Library of Medicine guidelines (www.ncbi.nlm.nih.gov/rrn/about). Materials are not peer-reviewed, and the contributing publisher must have a panel of experts screen them for acceptability.

❖ **And the pendulum swings**—A new group, The Association of Clinical Researchers and Educators (ACRE) (www.acreonline.org), aims to promote responsible physician-industry collaborations. According to its Web site, it opposes the "increasingly onerous regulations" championed by "the anti-industry movement," including "substantial disclosure," "censorship on writing, speaking or advising," and "restrictions on physician-industry associations, actions, and rewards." These regulations, ACRE says, "only serve to decrease medical education and innovation, and will eventually have a negative effect on patient health."

❖ **ACCME has decided not to act on 3 proposals**, issued in April, related to the funding of continuing medical education (CME). Under the proposals, CME providers would have had the option to offer "Commercial Support-Free Accredited CME" or "Promotional Teacher- and Author-Free Accredited CME," and ACCME would have created an independent entity to distribute unrestricted grants for accredited educational projects.

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