PRODNO	=	MDL-FOREM0001163
TREATMENT	:	CONFIDENTIAL
CD_NAME	=	MDLDVD001
DATE	=	10/18/2001
TIME	:	10:45:42 PM
SUBJECT	:	RE: Update on ACNP Press Releases
TO	:	'Viana, Julissa'; Zinnes, Claire
FROM	:	Goetjen, Christina
CC	:	Goetjen, Christina; Greene, Nefertiti; MacPhee, John; Roth, Michael; Novak, Rebecca
FOLDER	:	Outlook Folders\Archive Folders\Deleted Items
SOURCE	:	MacPhee, John
MESSAGEID	:	<2F54E33330409943BEFC912FC7DCB3EBF0E80B@MAIL-NYC>
ATTACHMENT	:	.\Attachments\MDL-FOREM0001163\001.RE_ Rush IDS publication.msg.html .\Attachments\MDL-FOREM0001163\002.Ingelfinger Rule.doc .\Attachments\MDL-FOREM0001163\003.JAMA policy.pdf
BODY	:	All,

I have spoken at length with several parties regarding the importance of preserving our opportunity for publication of the pediatric data in JAMA. In short, for us to walk on the side of the JAMA policies does not require many compromises. One compromise, however, is that we must not directly quote Karen Wagner and we must not issue a press release from the university where the research is from at ACNP. If, however, ACNP chooses to issue a press release on the data, well, that's fair game.

After consulting with several people on all sides of this issue, I recommend that we preserve our chance at publication in JAMA. We will be permitted to cite a "to be published in JAMA" phrase as early as mid-January, which means we can start leveraging the importance of that statement while the Celexa iron is still hot.

This also means that the press release for ACNP must come from Forest. This means it can cite Celexa, we can put a promotional spin on it and we can issue additional PR when it is published in JAMA that may have far more impact (even though it is past time for Celexa promotion as the publication may occur 6 - 10 months after acceptance notification has been issued, we may still be able to do something.)

Enclosed you will find the policies for JAMA.

Thanks,

Christina

Christina Goetjen

Product Manager, Celexa

(212) 224-6848

(212) 750-9152 (fax)

-----Original Message-----

From: Viana, Julissa [mailto:JViana@gcigroup.com]

Sent: Thursday, October 18, 2001 4:43 PM

To: Zinnes, Claire

Cc: Goetjen, Christina; Greene, Nefertiti (ForestLabs); MacPhee, John (ForestLabs); Roth, Michael; Novak, Rebecca

Subject: RE: Update on ACNP Press Releases

Importance: High

Hello again,

Attached are the following:

* Revised pediatric release
* FRX summary release for ACNP

As per my email below, we have not yet updated the relapse release as we are expecting additional information from Bill Heydorn next week.

Please let us know if you have any questions.

Julissa <<DraftPediatricRelease.10-18.doc>> <<FRX Summary Release DRAFT 10-18.doc>>

> -----Original Message-----

> From: Viana, Julissa

> Sent: Wednesday, October 17, 2001 4:57 PM

> To: Zinnes, Claire

> Cc: Goetjen, Christina; Greene, Nefertiti (ForestLabs); MacPhee, John

> (ForestLabs); Roth, Michael; Novak, Rebecca

> Subject: Update on ACNP Press Releases

> Importance: High

>

> Claire,

>

> I just wanted to update you on where we are with the revisions to the ACNP releases. We have finally spoken with Dr. Wagner re: the pediatric release and she was terrific in providing more of a context to what Celexa data means. We have also pulled a few papers that detail SSRI studies in pediatric patients for reference. We will provide all of you with a revised release tomorrow.

>

> As for the FRX summary release of all of the ACNP data being presented, we were going to send it along to you today, however, given that we have spoken with Dr. Wagner we would like to incorporate some of her thoughts into this release as well. Therefore, will send the summary release tomorrow as well.

>

> We also spoke with Chuck Triano this afternoon to discuss the FRX pediatric release and will move forward in drafting a release. As discussed, we should be able to provide it to you by early next week. One point that Chuck made was that internally Forest needed to decide what Forest really wants to do with Celexa in this area. Your decision will, to some extent, impact what is said in the release.

>

> Lastly, we spoke with Bill Heydorn about the relapse release and he does have some information about side effects/tolerability. However, due to the impending Friday deadline to the FDA, he would not be able to provide this to us until early next week. At that point, Bill believes he will have all of the information we need to include in the press release.

>

> Please let us know if you have any questions or comments.

>

> Julissa

>

>

> Julissa Viana

> Vice President

> GCI Group

> 825 Third Avenue

> New York, NY 10022

>

> P: 212-537-8268

> F: 212-537-8250

> e-mail: jviana@gcigroup.com

>

From: AnhThu_Hoang@intramedgroup.com
Sent: 9/26/2001 11:12:25 PM
To: Goetjen, Christina
Cc: Alissa_Sklaver@intramedgroup.com
BCc:
Subject: RE: Rush IDS publication

(See attached file: Ingelfinger Rule.doc)(See attached file: JAMA policy.pdf)

Attached are policies from NEJM and JAMA regarding release of information to the public. Data presented at meetings is one of the exceptions to the rule and NOT considered pre-publication. The NEJM discourages dissemination of detailed information such as graphs and figures to meeting attendees. However, audio recordings from oral scientific meetings accompanied by select slides via internet are NOT considered pre-publication. Extensive and detailed press releases reporting clinical study results ARE considered previously released. Other exceptions include data presented in governmental testimony and results that are urgent to public health.

Can you elaborate on the situation that makes you apprehensive about pre-publication? I've researched this area previously and have found that journal policy and restrictions significantly differ. For instance, the J of Clinical Endocrinology will accept study data even if it's been reported on CME Medscape as long as it's <10% of the total data; On the other hand, JAMA considers all internet publications previously published. If you'd like, I can research a particular journal that you are considering.

Let me know if you have any further questions,

AnhThu

Christina.Goetj en@frx.com To: AnhThu_Hoang@intramedgroup.com
cc:
09/26/01 04:08 Subject: RE: Rush IDS publication
PM

Thanks Anh-Thu!&#65533; Also, can you send me a copy of those new restrictions for JAMA/NEJM regarding publishing of afore-presented data?

Thanks Thelma!

Christina

Christina Goetjen
Product Manager, Celexa
(212) 224-6848
(212) 750-9152 (fax)

-----Original Message-----

From: AnhThu_Hoang@intramedgroup.com

[mailto:AnhThu_Hoang@intramedgroup.com]

Sent: Tuesday, September 25, 2001 7:11 PM

To: Christina.Goetjen@frx.com; daniel.ventura@frx.com;

Alissa_Sklaver@intramedgroup.com; Yvette_Ng@intramedgroup.com;

Philip_Mahin@nyc.sudler.com; jeffrey.lawrence@frx.com

Subject: Rush IDS publication

To follow up with our discussion on method validation. The IDS-SR has been

published and validated. . .

Psychol Med 1996 May;26(3):477-86

 Related Articles, Books,

LinkOut

 The Inventory of Depressive Symptomatology (IDS): psychometric

 properties.

 Rush AJ, Gullion CM, Basco MR, Jarrett RB, Trivedi MH.

 Department of Psychiatry, University of Texas Southwestern Medical

 Center, Dallas 75235-9101, USA.

 The psychometric properties of the 28- and 30-item versions of the

 Inventory of Depressive Symptomatology, Clinician-Rated (IDS-C) and

 Self-Report (IDS-SR) are reported in a total of 434 (28-item) and 337

 (30-item) adult out-patients with current major depressive disorder

 and 118 adult euthymic subjects (15 remitted depressed and 103 normal

 controls). Cronbach's alpha ranged from 0.92 to 0.94 for the total

 sample and from 0.76 to 0.82 for those with current depression. Item

 total correlations, as well as several tests of concurrent and

 discriminant validity are reported. Factor analysis revealed three

 dimensions (cognitive/mood, anxiety/arousal and vegetative) for each

 scale. Analysis of sensitivity to change in symptom severity in an

 open-label trial of fluoxetine (N = 58) showed that the IDS-C and

 IDS-SR were highly related to the 17-item Hamilton Rating Scale for

 Depression. Given the more complete item coverage, satisfactory

 psychometric properties, and high correlations with the above

 standard ratings, the 30-item IDS-C and IDS-SR can be used to

 evaluate depressive symptom severity. The availability of similar

 item content for clinician-rated and self-reported versions allows

 more direct evaluations of these two perspectives.

HELP FOR AUTHORS

Editorial: *The New England Journal of Medicine* -- November 7, 1991 -- Volume 325, Number 19

The Ingelfinger Rule Revisited

The *Journal* has long had a policy, known as the Ingelfinger Rule, of considering a manuscript for publication only if its substance has not been submitted or reported elsewhere. This policy was promulgated in 1969 by the editor, Franz J. Ingelfinger, [1] to protect the *Journal* from publishing material that had already been published and thus had lost its originality. The policy was maintained by Ingelfinger's successor, Arnold S. Relman,[2,3] who saw it as a way to discourage the public announcement of research findings before publication in a scientific journal, as well as to discourage the growing practice of redundant publication. Both Ingelfinger and Relman acknowledged that the Ingelfinger Rule also protects the freshness and interest of the articles we publish. The Ingelfinger Rule has always had strong detractors, who believe it unreasonably slows the reporting of research results to the profession and the public. In particular, many reporters in the popular media insist that they and their expert sources can distinguish valid from flawed work as well as the peer-review system can. With the recent change in the editorship of the *Journal,* it is appropriate to revisit this issue.

How fast should news of medical research, particularly research with important clinical implications, be publicly disseminated? And by what route? Should investigators or their institutions call a press conference as soon as they have finished looking at their data? Can any delay be justified? What are the trade-offs between immediate public release of research results by investigators and release only after peer review and publication in a scientific journal?

Under ordinary circumstances researchers do not simply announce their conclusions to the media after finishing a study. The traditional, orderly process of science involves more than that. Investigators are expected to describe their work in a manuscript, submit it to a scholarly journal for review by other experts in the field, and revise it when appropriate. To be sure, this process takes time, but it has important functions. Even the most honest investigators cannot be expected to judge their own work dispassionately. They are likely to be enthusiastic about their hypothesis and, almost by definition, not aware of flaws in the design of their study and interpretation of their data. The process of interpreting data is seldom clear-cut, and it is easy to be unaware that the data are inadequate to support the conclusions. Without the discipline of organizing and presenting their evidence, and without the criticism and revisions stimulated by the peer-review process, investigators may unconsciously misrepresent their work or exaggerate its importance. To reduce the effect of any possible biases, other experts must independently evaluate the validity of the evidence and the inferences drawn from it. Furthermore, practicing physicians should also have the opportunity to evaluate the evidence before they change the way they treat patients. Doctors should not practice medicine on the basis of newspaper or television reports. For all these reasons, the traditional, orderly — and often time-consuming — process of organizing, reviewing, revising, and reporting

medical research in full detail is more than just a ritual; it is an integral part of clinical research, essential to quality control.

The delay necessary to complete the peer-review process usually presents no problem. Most research, even clinical research, does not have urgent practical implications. Instead, the results usually constitute one of a series of steps leading in a particular direction and suggesting lines for further research. Even results that do have immediate implications for patient care almost always need to be confirmed before practices are changed. Indeed, the failure to appreciate this fact underlies the current popular perception that the public is somehow being misled by contradictory research findings [4].

Increasingly, however, there are pressures on researchers to take their conclusions directly to the media, even before a manuscript has been prepared or reviewed. This is particularly true of research on AIDS, although the pressures are not unique to this disease. News of medical research is in great demand in our health-conscious society. Furthermore, some argue that because the enormous medical-research enterprise is largely subsidized by public funds, the public owns the information at all stages and has a right to hear about it at any time. On occasion this sense of urgency has been fueled by members of the popular media who have hinted darkly at the suppression of information by journals for competitive reasons. It has also been fueled by researchers and institutions who themselves increasingly seek out media attention for its prestige value and potential for enhancing funding.

Why shouldn't investigators go directly to the media, as long as the work is later submitted for peer review and publication? As we see it, the risk is that consumers will be receiving misinformation as well as valid information, and that

they and their doctors will find it difficult to tell which is which. Misinformation is not innocuous. Much is made of the value of early news of research; too little is made of the risks.

Let us look at some examples of misinformation propagated by the premature release of research findings. In 1985 three physicians in Paris, in conjunction with the French Ministry of Social Affairs, held a press conference to announce that cyclosporine was effective in the treatment of AIDS [5]. This announcement was reported widely in the American press; the Wall Street Journal chided the American research community for not informing the public of new results with the same alacrity [6] . The evidence for the French claim was not published, and within a few weeks it was clear that there was no basis for it. Two years later, ICN Pharmaceuticals, Inc., manufacturers of the antiviral agent ribavirin, called a press conference to announce that they had found the drug to be effective in slowing the progression of infection with the human immunodeficiency virus (HIV). Data were said to be forthcoming. The hopes of patients with HIV infection were raised, as was the stock in ICN Pharmaceuticals. Subsequently the Food and Drug Administration found the claim to be unwarranted [7] . Science by press conference is not limited to the field of medicine, of course; Pons and Fleischman engaged in a spectacular example when they announced that they had achieved cold fusion. Their institution, the University of Utah, was promptly voted substantial funds by the state legislature to further the research [8] . Once again, the work was not published. It is not clear whether the announcements about cyclosporine and ribavirin shortened lives, but they did raise false hopes and contribute to indiscriminate cynicism about the validity of medical research.

There is an inevitable tension, then, between the orderly process of science and the public's right to know, between quality and speed, between doing it right and

doing it fast. This tension exists to some extent at all stages of the research process — almost from the inception of a study until publication in a journal — and there is no absolutely clear point along this continuum at which the dissemination of news of the research should occur. Optimally, each case would be considered individually, but that is not practical.

Both the Ingelfinger Rule and our embargo — and the exceptions to these policies discussed below — are meant to address this tension between quality and speed. The Ingelfinger Rule is essentially an agreement between the *Journal* and authors. It stipulates that the *Journal* will consider a manuscript for publication only if its substance has not been submitted or published elsewhere. The embargo is an agreement between the *Journal* and the media. The media agree to wait until Wednesday at 6 p.m. (for the electronic media) or Thursday morning (for the print media) before reporting stories based on that week's *Journal.* In return, we send the *Journal* by first-class mail to members of the media who agree to honor the embargo, to give them time to prepare their stories. (We do not send out press releases.) The effects of these two policies are that the public and our subscribers — who are mainly practicing physicians — get the information at about the same time and that both the media and our subscribers get the information in final form, after the process of peer review and revision has been completed.

We intend to continue to apply the Ingelfinger Rule and the embargo, because we believe that on balance they serve the best interests of medical research, our subscribers, and the public. Over the years four exceptions to these policies have evolved as the editors have responded to the occasional need for rapid dissemination of research findings. To avoid ambiguity for potential authors, we will state them explicitly here.

First, we exempt from the Ingelfinger Rule all presentations at scientific meetings and all published abstracts, as well as any media coverage based on them. But we discourage authors from giving out more information, particularly figures and tables, than was presented at the meeting to their scientific peers.

Second, we defer to the judgment of public health authorities, such as the National Institutes of Health or Centers for Disease Control, about whether prepublication release of research conclusions is warranted because of immediate implications for the public health. If these agencies make such a decision, presumably after appropriate review, we will consider a manuscript even though the results have already been released — say, in a press conference, a special alert, or the Morbidity and Mortality Weekly Report (MMWR). For example, we published the first full clinical descriptions of AIDS, [9,10,11] even though some of the cases had been reported six months earlier in the MMWR [12,13]. We also published reports on the prophylactic chemotherapy of early breast cancer, [14,15,16] despite the earlier release of the conclusions in a special alert by the National Cancer Institute. And we published the first report of the efficacy of zidovudine in the treatment of AIDS, [17] although the FDA had already publicly announced the results.

Third, we will consider manuscripts even when researchers have had to release their data in the course of governmental deliberations — for example, during Congressional hearings or in the course of deliberations by regulatory bodies such as the FDA.

And fourth, we are quite willing to discuss the possibility of special arrangements with authors or institutions when they believe that their findings are of such urgent concern that they should be released before publication in

the *Journal* or reviewed faster than normally. (Because of the intense public interest in AIDS research, we consider all clinically relevant AIDS studies in this category.) If we concur, the peer-review process can be short-circuited (that is, an announcement can be made before peer review) or expedited. In general, we prefer expediting the peer-review process to short-circuiting it. When necessary we can complete a review within a week and handle any required revisions by phone or fax. At that point, if we agree that the paper has immediate clinical implications or if that is the judgment of a public health authority, we may accept it and permit the authors to make their conclusions public without waiting the necessary eight weeks until actual publication.

It is difficult to balance the competing attributes of quality and speed in conveying news of medical research to the public. On the one hand, if researchers and editors compromise the usual process of peer review and revision, they risk misinforming physicians and the public. The greater the implications of the research, the worse the potential damage. On the other hand, if important studies are delayed in the review process, the public may be denied lifesaving information. We hope that our policies achieve a reasonable balance. We intend them to be flexible and open to appeal if the interests of the public are at stake. Although we are editors, we will not lose sight of the fact that, first and foremost, we are doctors.

Marcia Angell, M.D.
Jerome P. Kassirer, M.D.

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script is submitted for publication.[26] Scientific journals go to great lengths to strive to ensure the accuracy and validity of information they publish, which also takes time.

Only complete publication of the research allows for full informed assessment and comment on the study findings. Accordingly, the best way to promote quality of scientific reporting, to increase the likelihood of proper application of study findings, and to help ensure patient safety for all medical research, is through rigorous peer review, careful editorial evaluation, and clear, objective presentation of study findings along with appropriate caveats in the published article and in accompanying editorials. Ultimately, and regardless of the inevitable professional tensions that may exist among researchers, journalists, and journal editors, they actually all share a common goal—ensuring accurate and timely publication of important medical research that will improve patient care.

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THE JOURNAL's Policy Regarding Release of Information to the Public

Phil B. Fontanarosa, MD

Annette Flanagin, RN, MA

Catherine D. DeAngelis, MD, MPH

THE PUBLIC IS INTERESTED IN HEALTH INFORMATION, AND the public news media try to provide it as quickly as possible. Peer-reviewed, primary-source medical journals, however, consider original articles only if they have not been published previously. Thus, a conflict sometimes exists between the representatives of the news media and editors of medical journals who prefer to disseminate complete reports of medical information after validation through peer review.[2-4] All concerned want medical information to be as accurate as possible. Medical editors rely on rigorous peer review to evaluate such accuracy prior to accepting papers for publication, and clinicians rely on journal publication to provide complete reports of validated information they can assess and explain to patients. Editors of *JAMA* consider scientific and clinical reports (ie, submitted manuscripts) individually, first, to evaluate the quality of these reports and to decide whether to accept them for publication and, sec-

See also pp 2886 and 2927.

This policy is a revision of THE JOURNAL's policy[1] as published in 1991.

Author Affiliations: Dr Fontanarosa is Executive Deputy Editor, Ms Flanagin is Managing Senior Editor, and Dr DeAngelis is Editor, *JAMA*.

Corresponding Author and Reprints: Phil B. Fontanarosa, MD, *JAMA*, 515 N State St, Chicago, IL 60610 (e-mail: phil_fontanarosa@ama-assn.org).

ond, to appraise the need for and the timing of the dissemination of medical information contained in these reports through the appropriate media at the earliest possible time. With few exceptions as described below, this dissemination should coincide with publication in THE JOURNAL.

Thus, editors of *JAMA* will consider a scientific manuscript for publication only if it (or substantial portions of it) has not been published previously and it is not under consideration for publication by another journal or publication. Papers that have been posted or distributed on the Internet generally are considered to be previously published. This policy, based on the Ingelfinger rule,[5-7] also extends to significant news media coverage in which the major study results are reported in detail and widely distributed.

Manuscripts submitted for evaluation for possible publication are considered confidential and privileged communications among authors, editors, and peer reviewers. No information about submitted papers will be released by THE JOURNAL staff to anyone outside the editorial review process, without the permission of the author. Conversely, authors should refrain from informing other third parties (such as colleagues, professional organizations, and the news media) that their manuscript is under consideration or has been accepted by *JAMA*.

There are 4 general exceptions to THE JOURNAL's policy precluding prepublication release of information. The most common exception is the dissemination of such information during open scientific or clinical meetings. Less frequent exceptions include the prior release of information during testimony before government agencies, consideration of clinically useful information that is part of the public domain, and prior release of information that is determined to be of urgent public health need.

Presentation of research findings during, or publication of an abstract for, an open scientific or clinical meeting does not preclude consideration of the study for publication in *JAMA*. News media reports based on coverage that occurs during the usual course of presentation of a scientific or clinical paper does not preempt a manuscript from consideration for publication. However, authors presenting papers at such meetings are advised to refrain from providing additional information beyond that covered during the course of their presentation and exchange with meeting attendees. Authors who present information contained in a manuscript that is under consideration by THE JOURNAL (or before it is formally submitted) during open scientific or clinical meetings should not distribute complete reports (ie, copies of manuscripts) or data presented as tables and figures to conference attendees or journalists. Publication of abstracts in print and online conference proceedings is acceptable, but publication of full reports in such proceedings, or in the news media, could jeopardize chances for subsequent publication in a journal.

Authors of submitted manuscripts under consideration or accepted but not yet published, as well as authors' institutions and sponsors, must not participate in press conferences or issue press releases before publication. Authors also must refrain from granting interviews with the news media about the information under consideration, or accepted but not yet published, unless the journalist agrees to abide by THE JOURNAL's embargo policy.

Testimony before a government agency or institution (such as the Food and Drug Administration or Congress) that includes information not yet published will not preclude consideration for publication by THE JOURNAL.

Reports of clinical information from government health agencies (such as the Centers for Disease Control and Prevention) or other public domain reports that have been previously published in print or online will be considered for publication on a case-by-case basis if the editors determine the information will be useful to readers.

There should be no delay in the release of medical information to the public in circumstances in which there is an urgent public health need, even if this release precedes publication in THE JOURNAL. However, very little medical research has such urgency that the findings must be released prior to peer review and acceptance for publication.[8] In these circumstances, the appropriate authorities and agencies, such as the National Institutes for Health (NIH), responsible for public health should be involved in decisions about prepublication release and should be responsible for immediate dissemination of the information to clinicians and the news media (such as with a NIH clinical alert).[8,9] In such situations, THE JOURNAL will work with authors and the appropriate authorities to expedite review and publication decisions and coordinate the release of information.

For other major studies that have important public health or treatment implications, THE JOURNAL will expedite the peer-review and publication process, such as with *JAMA*-EXPRESS evaluation.[10] After peer review, appropriate revision, and acceptance, reports of studies that have immediate implications for public health or clinical practice will be posted on THE JOURNAL's Web site prior to print publication.

Information contained in articles accepted for publication in THE JOURNAL is embargoed until the date of publication. This embargo is an agreement between journal editors and the news media that the information contained in a manuscript that has been accepted but not yet published in THE JOURNAL will not be released by the news media in any format, including print, television, radio, or via the Internet, until a specified date and time.[4] Such medical news embargoes extend back to and might have begun with Morris Fishbein, MD, editor of *JAMA* from 1924 to 1949.[11] The embargo typically holds until 3 PM Central time the day before the cover date of THE JOURNAL. Copies of *JAMA* are mailed to physicians and reporters prior to the embargo release during the week before the cover date. The embargo policy is intended to enable physicians to have access to the published articles several days before news coverage occurs so they will be prepared if patients ask them about news reports based on a published article. In addition to the distribution of advance copies of THE JOURNAL, press releases and a video news release

are prepared by science writers for selected journal articles and approved by *JAMA* editors for release to the news media the week before the embargo is released. This advance information and the news embargo are intended to provide journalists from various competitive news media equal access to news sources and an equal amount of time to prepare their news stories.[4] Authors may cooperate with reporters for interviews or to discuss other information related to the study during the week before publication but only on the condition that the information will be released in accordance with THE JOURNAL's embargo policy. Authors should resist pressure from their institutions, sponsors, the news media, or others to release information before the embargo.

Authors, their institutional representatives, sponsors, and the news media who have questions about THE JOURNAL's policies regarding release of information should contact the editorial office.

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A New *JAMA* Feature for Resident Physicians

A Call for Applications

Joseph K. Lim, MD

Stephen J. Lurie, MD, PhD

PHYSICIANS IN TRAINING CONFRONT A RANGE OF ISsues that include establishing a professional identity, mastering an immense body of existing knowledge while simultaneously keeping abreast of new information, and learning to balance the demands of personal and professional life. *JAMA* is pleased to announce our plans to publish a regular feature devoted to addressing the unique needs and perspectives of resident physicians. We seek to feature a stimulating exchange of ideas, facts, news, and opinions under the direction of a resident-physician advisory board that will ensure the column's timeliness, importance, fairness, and accuracy.

Advisory board members will be responsible for generating ideas for the column, identifying and working with authors, soliciting and editing manuscripts, and writing occasional features. Applicants for the column's advisory board should have a proven interest in writing and should be proficient in electronic communication. Beyond these basics, we would like to assemble an advisory board that will represent a diverse group of interests, talents, skills, and medical specialties. Board members will work closely with *JAMA* staff and will thus be exposed to many aspects of scientific publishing.

We encourage all interested resident physicians, fellows, and fourth-year medical students to apply for 1- to 2-year terms on the charter advisory board. Applicants who are current residents or fellows must have an MD or DO degree and should plan to be enrolled in an accredited postgraduate training program during their entire term. Applications must be accompanied by a letter from the program director, which should attest to the applicant's good standing. Current fourth-year medical students are also welcome to apply and must currently be enrolled in an accredited school of medicine or osteopathy and intend to pursue an accredited postgraduate training program. Applications from fourth-year medical students should be accompanied by a letter from their dean, endorsing their intent to pursue such postgraduate training.

Please send a letter of interest, a curriculum vita, an unpublished 500- to 800-word writing sample, the names of 3 professional references, and supporting letters from deans or program directors electronically to Limjoseph @yahoo.com. The deadline for receipt of applications is February 15, 2001.

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