



A call to abandon the useless anachronism of the 'define at first use' rule for abbreviations

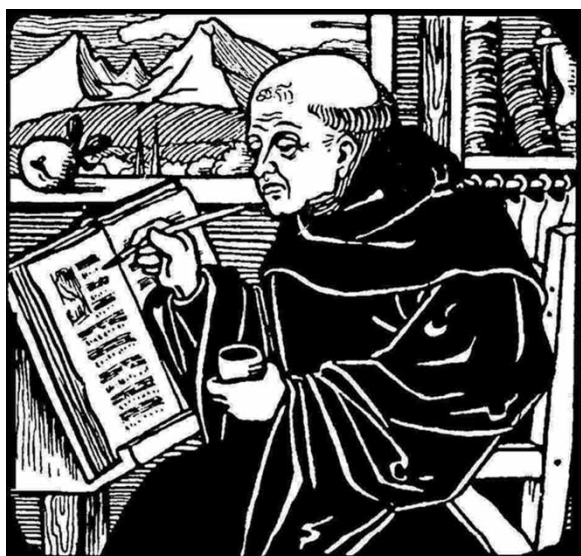
Definitions

CTD – Common Technical Document (dossier submitted for marketing authorization)

eCTD – Electronic Common Technical Document

QC – Quality Control (process of checking consistency in documents just prior to finalization)

I was asked to give a workshop recently which involved discussing the eCTD and how this differed from a paper CTD. It occurred to me that although I haven't worked on a truly paper CTD in many years and we live and work as medical writers in what is an essentially completely electronic environment, it is astounding how many writing habits we all have which are surviving anachronistic remnants of the paper age. Although there are a number of these, today I would like to draw your attention to one of



the most pointless of these which costs all of us considerable wasted time and nerves for no benefit whatever – defining abbreviations at 'first use'.

If you think about this for even a moment, it must be obvious that this rule only makes sense if you read a document from the first page. If for whatever reason you don't start at the first page, you run the risk of missing that all-important 'first use' and therefore being unable to find out what an abbreviation actually means. Most competent medical writers have long since taken up the very sensible habit of including a list of abbreviations at the start of any document to ensure that no matter where you are or start reading in a document, you always know how to quickly find the meaning of any abbreviation without long and frustrating searching through the text for the 'first use'. But despite this much more sensible alternative, most of us still spend a ridiculous amount of QC and editing time searching for and defining every abbreviation at 'first use'.

Do we do this because we are all masochists? Actually, I believe that this is simply an old-fashioned habit that we all seem reluctant to abandon, despite its obvious lack of any utility. Here is a suggestion that could save all of us endless writing and QC time searching for a 'first use' which will undoubtedly change with the comments in the next review cycle. Any client or author who still asks for this should simply be directed to the list of abbreviations at the start of every document and informed that, in fact, we are still following the rule, it just so happens that 'first use' is the same for every abbreviation – it is the list of abbreviations!

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Answers to Medical Writing Jumble #9:
EVENT, UNEASY, SUGAR, and EFFECT.
'As a lot of the funding in the Life Sciences
department was going to neurobiology, the bota-
nist was turning GREEN with ENVY'.