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METHODS	RESULTS	LIMITATIONS	REFERENCES

Literature evaluation

- PFL and non-PFL terms were identified based on guidance in the American Medical Association and American Psychological Association inclusive language guidelines. Where available, disease-specific guidelines on preferred language were also consulted.[1-5]

- In brief, phrases beginning with "person(s)/people with" or "individuals with" or "patients with" were classified as PFL, whereas disease names used in adjectival form, either alone or with a noun, were classified as non-PFL (**Table 1**).

Table 1. Summary of key PFL and non-PFL terms by medical condition

Therapy area	Medical condition	Key non-PFL terms *(search string 1)*	Key PFL terms *(search string 2)*
Cardiology	• Heart failure	• heart failure patient(s)	• person(s) or people with… • patient(s) with… • individuals with… • adult(s) with… • men/women with… • people living with… • people who have…
	• Hypertension	• hypertensive(s)	
Endocrinology/ Metabolism	• Diabetes	• diabetic(s)	
	• Obesity	• obese, fat	
Oncology	• Breast cancer	• cancer patient(s)	
	• Lung cancer		
Psychiatry	• Alcohol use disorder	• alcoholic(s)	
	• Schizophrenia	• schizophrenic(s)	
Respiratory	• Asthma	• asthmatic(s)	

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Journal guidelines

- Journals evaluated for presence of PFL guidelines are listed in **Table 2**.

Table 2. Journals evaluated for presence of PFL guidelines

Journal	Impact factor	Journal	Impact factor
CARDIOLOGY			
Heart failure		Hypertension	
European Journal of Heart Failure	15.534	Circulation	29.69
JACC: Heart Failure	12.035	Hypertension	10.19
Circulation: Heart Failure	8.79	European Journal of Preventive Cardiology	7.804
Nature Reviews Cardiology	32.419	Journal of Hypertension	4.844
Journal of Cardiac Failure[a]	5.712	Hypertension Research	3.872
ENDOCRINOLOGY/METABOLISM			
Diabetes		Obesity	
The Lancet Diabetes & Endocrinology	32.069	Obesity Reviews[b]	9.213
Diabetes Care[b]	19.112	Current Obesity Reports	6.919
Diabetologia[b]	10.122	Diabetes, Obesity and Metabolism	6.577
Diabetes[b]	9.461	International Journal of Obesity[b]	5.095
Diabetes, Obesity and Metabolism	6.577	Obesity[b]	5.002
ONCOLOGY			
Breast cancer		Lung cancer	
European Journal of Cancer[a]	9.162	Journal of Clinical Oncology	44.544
Breast Cancer Research	6.466	Journal of Thoracic Oncology[a]	15.609
npj Breast Cancer	6.923	Lung Cancer[a]	5.705
Breast Cancer	4.239	Clinical Lung Cancer[a]	4.785
Breast Cancer Research and Treatment	4.872	Journal of Oncology	4.375
PSYCHIATRY			
Schizophrenia		Alcohol use disorder	
Annual Review of Clinical Psychology	18.561	Alcoholism - Clinical and Experimental Research	3.455
Schizophrenia Bulletin	9.306	Journal of Behavioral Medicine	2.96
Current Psychiatry Reports	5.285	Alcohol and Alcoholism	2.826
CNS Neuroscience & Therapeutics[c]	5.243	Alcohol	2.405
Schizophrenia	5.2	Alcoholism Treatment Quarterly	NA
RESPIRATORY			
Asthma			
Journal of Allergy & Clinical Immunology[a]	10.793	Allergy, Asthma & Clinical Immunology	3.406
Journal of Allergy & Clinical Immunology: In Practice[a]	8.86	Allergy, Asthma & Immunology Research	5.764
Annals of Allergy, Asthma & Immunology	6.347		

[a]Provides general guidance on use of inclusive language, which includes recommendations on avoiding the use of descriptors referring to personal attributes unless relevant or valid.
[b]Provides specific guidance on use of PFL.
[c]Provides regionalized language guidelines upon request.

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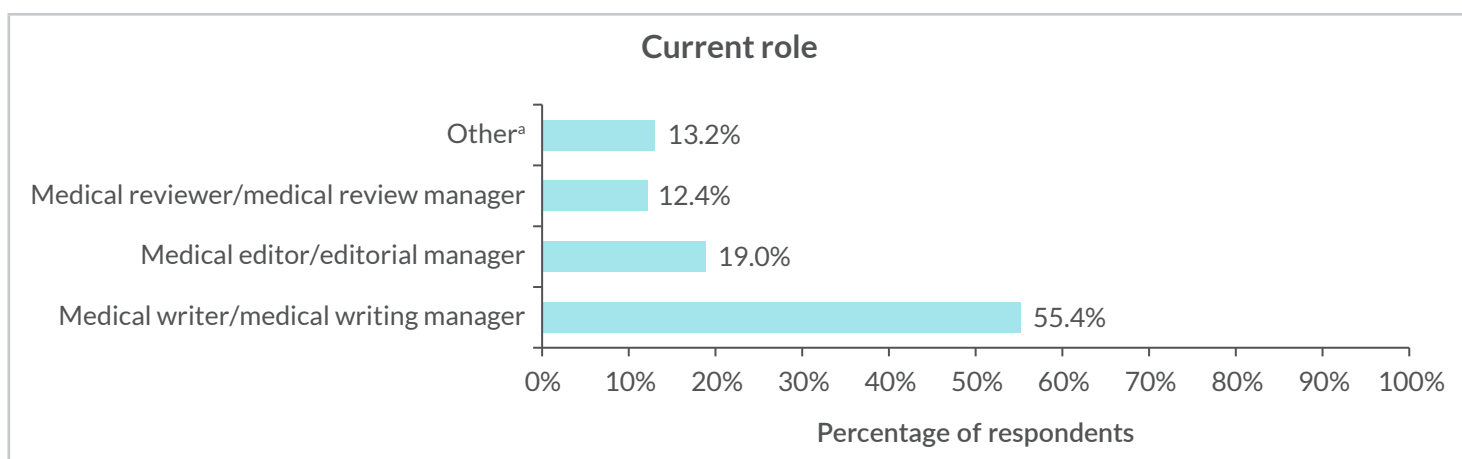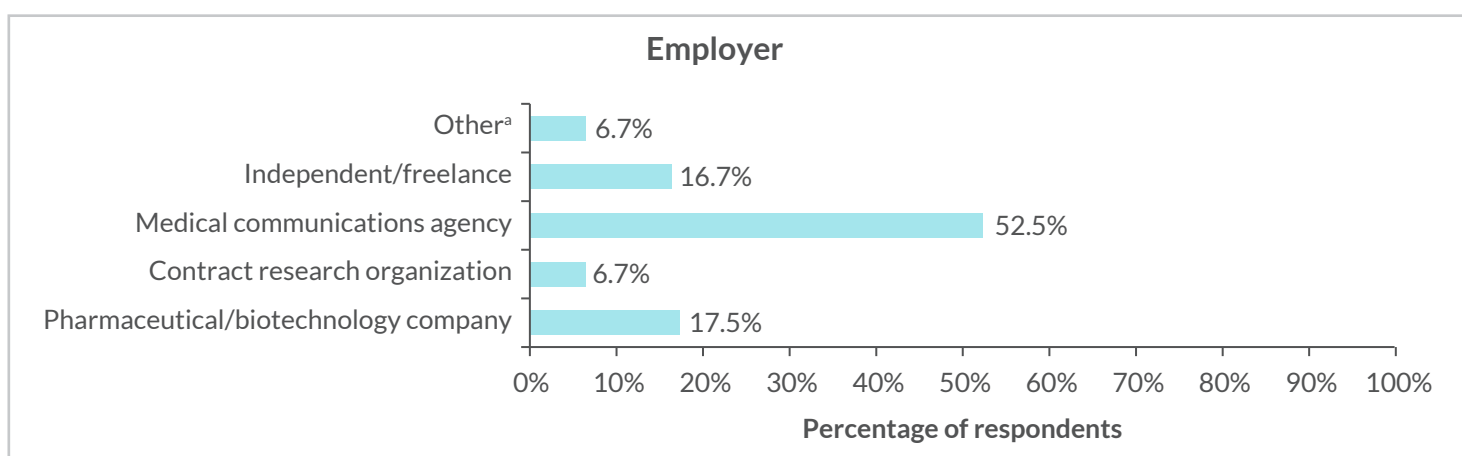### Awareness/perspectives survey

- Of 121 survey respondents, approximately 55% were medical writers/medical writing managers, 53% were employed by medical communications agencies, 65% had publications experience, and 34% had >10 years of experience (**Figure 1**).

Figure 1. Characteristics of survey respondents (N = 121)

Current role

- Other[a] — 13.2%
- Medical reviewer/medical review manager — 12.4%
- Medical editor/editorial manager — 19.0%
- Medical writer/medical writing manager — 55.4%

Percentage of respondents

[a]Included publications manager, scientific director, and medical advisor.

Employer

- Other[a] — 6.7%
- Independent/freelance — 16.7%
- Medical communications agency — 52.5%
- Contract research organization — 6.7%
- Pharmaceutical/biotechnology company — 17.5%

Percentage of respondents

[a]Included medical publisher, medical device company, and professional scientific society.

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METHODS	**RESULTS**	LIMITATIONS	REFERENCES

Figure 1. Characteristics of survey respondents (N = 121) (Continued)

Domain of work[a]

- Other[b] — 7.4%
- Regulatory — 8.3%
- Medical information — 33.1%
- Medical communications — 61.2%
- Publications — 65.3%

Percentage of respondents
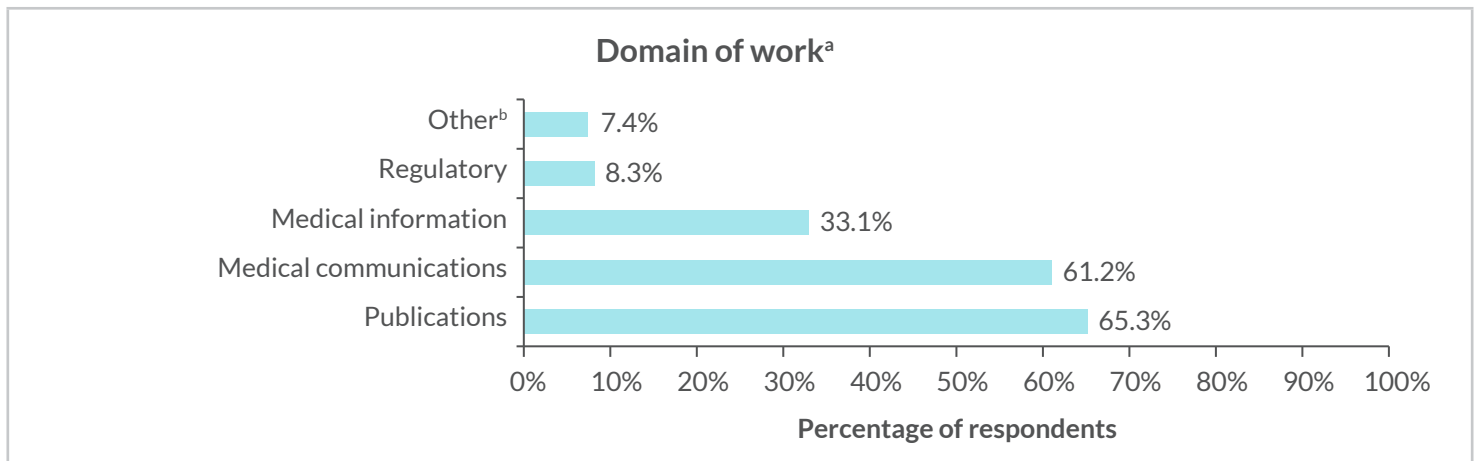
[a]Respondents could select more than 1 answer, so percentages do not total to 100.
[b]Included patient engagement, general science and research communication, and clinical research.
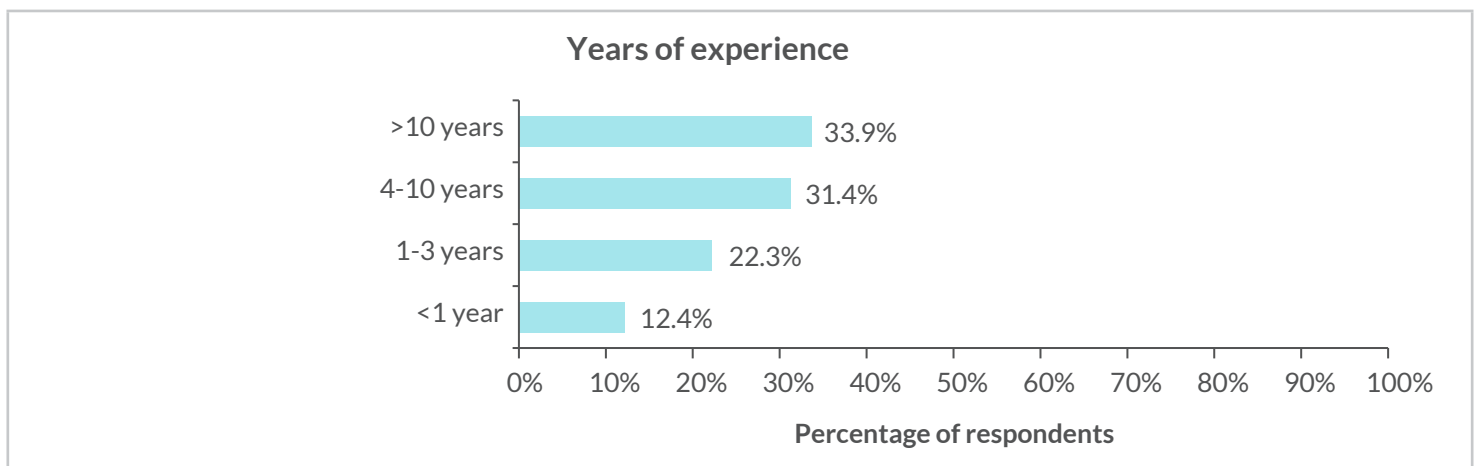
Years of experience

- >10 years — 33.9%
- 4-10 years — 31.4%
- 1-3 years — 22.3%
- <1 year — 12.4%

Percentage of respondents

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- Awareness and usage of PFL and belief in PFL principles were high among the respondents (**Figure 2**).

Figure 2. Awareness and application of PFL among medical communications professionals (N = 121)
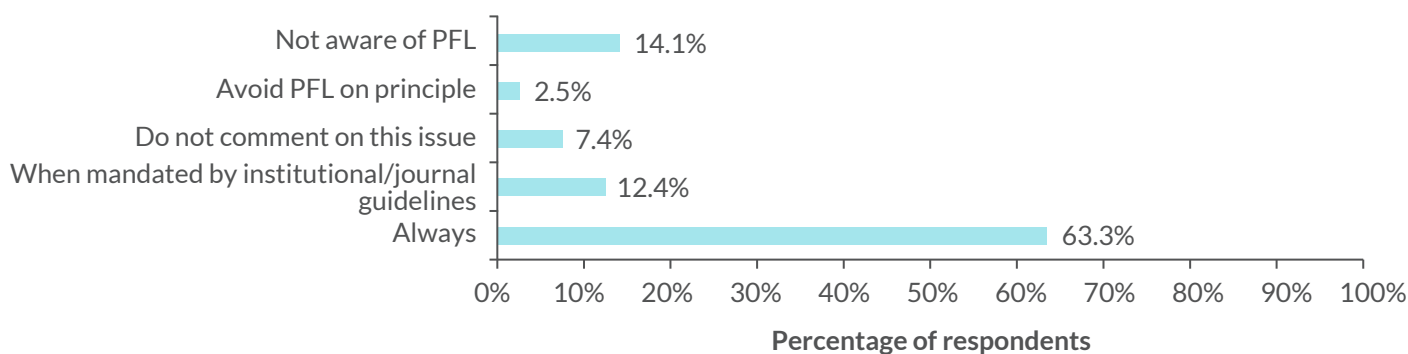

Are you aware of the use of PFL?

No — 21%
79% — Yes
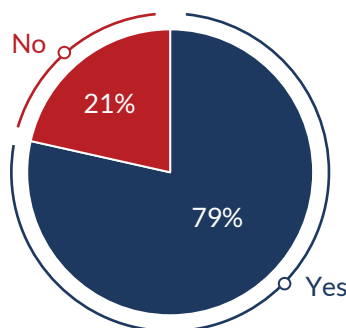
How did you learn about PFL?

	Percentage
Other[a]	21.5%
Not aware of PFL	21.5%
Through journal guidelines	23.1%
Through institutional guidelines	33.9%

Percentage of respondents
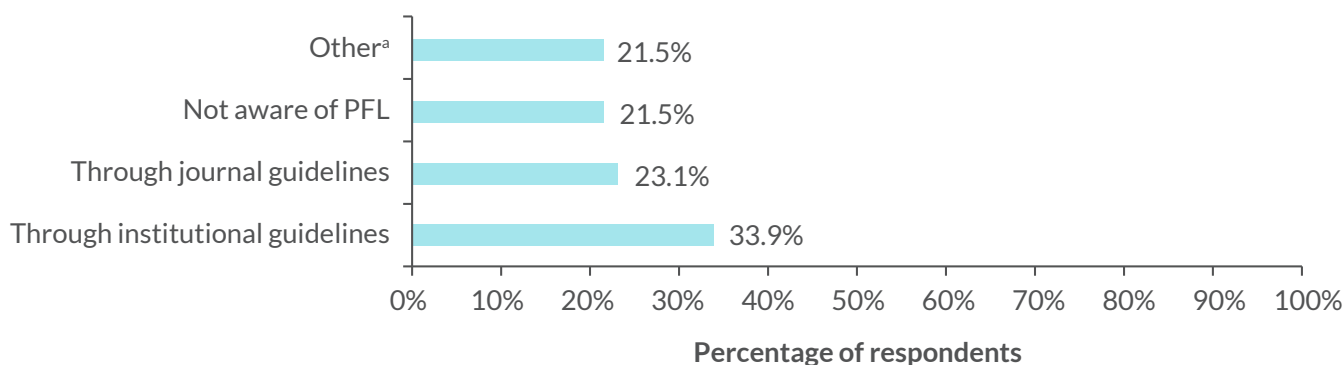
[a]Included company/agency/client guidance, online search, communication from senior writers/editors, industry communication, and patient advocacy organizations.

Do you employ PFL in your routine work?

	Percentage
Not aware of PFL	14.1%
Avoid PFL on principle	2.5%
Do not comment on this issue	7.4%
When mandated by institutional/journal guidelines	12.4%
Always	63.3%

Percentage of respondents

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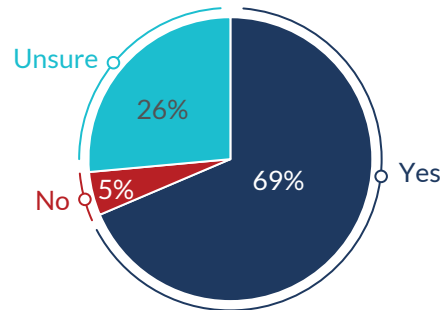
| METHODS | **RESULTS** | LIMITATIONS | REFERENCES |

Figure 2. Awareness and application of PFL among medical communications professionals (N = 121) (Continued)

Do you believe that use of PFL can help reduce the stigma associated with medical conditions or disabilities and improve patient well-being?

Unsure — 26%
No — 5%
Yes — 69%

Are you aware that some groups prefer the use of identity-first language?
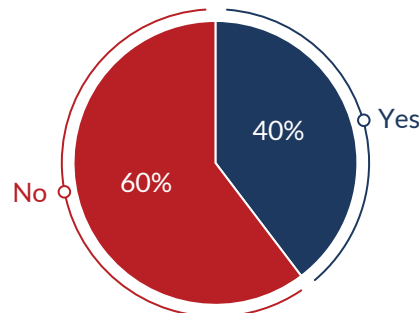
Yes — 40%
No — 60%

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- Owing to the large number of hits, detailed analysis of the context of usage of PFL and non-PFL terms was not possible.

- Apart from adjectival usage of disease names, other disease-specific non-PFL terms were not incorporated into our search. Inclusion of such terms may provide clearer usage trends.

- The survey was restricted to medical communications professionals and excluded other stakeholders such as patients, clinicians, and authors.

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1. American Medical Association and Association of American Medical Colleges. Advancing Health Equity: A Guide to Language, Narrative and Concepts. 2021; https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf. Accessed March 29, 2023.

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