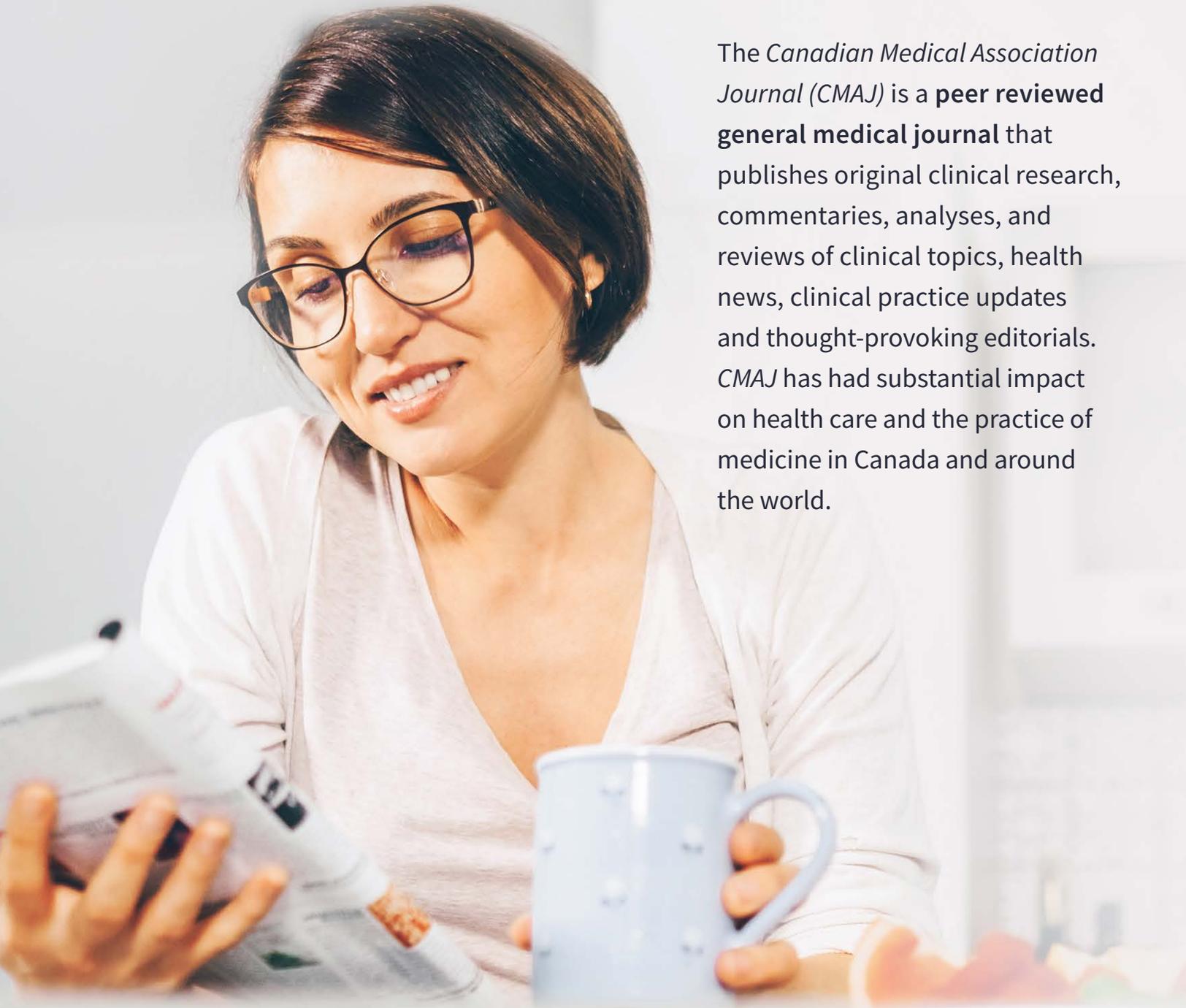


# cmaaj

CANADIAN MEDICAL ASSOCIATION JOURNAL

## 2021 PRINT MEDIA KIT



The *Canadian Medical Association Journal (CMAJ)* is a **peer reviewed general medical journal** that publishes original clinical research, commentaries, analyses, and reviews of clinical topics, health news, clinical practice updates and thought-provoking editorials. *CMAJ* has had substantial impact on health care and the practice of medicine in Canada and around the world.

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ASSOCIATION



## Canada's leading general medical journal published since 1911

Reaches 75,000 physicians in print — more GP's and specialists than any other medical publication

Our high circulation guarantees superior reach of practicing physicians at all stages in their career.

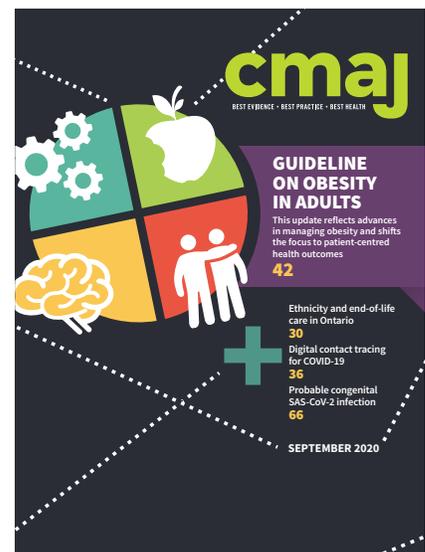
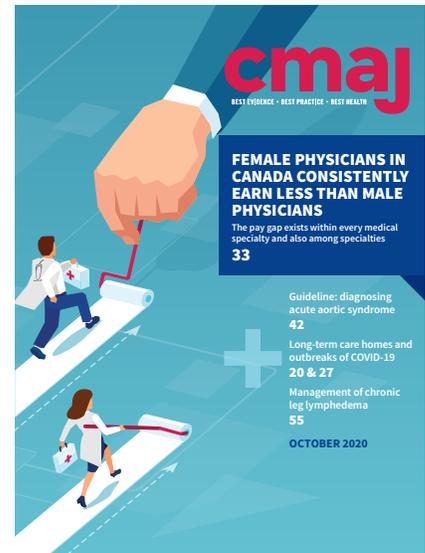
CMAJ is valued benefit of membership to the Canadian Medical Association.

## Serving our membership with more options to read, learn, and engage.

- CMAJ print frequency — 12 x per year
- cmaj.ca — updated daily, archives since 1911
- cmaj email alerts — sent weekly
- Regular uploads to CMAJ Podcasts, Blogs, Facebook, Instagram, Twitter, Pinterest, YouTube and more...

## Continued investment in our product promotes the highest readership among Canadian physicians.

- Accredited provider of Mainpro+ credits (College of Family Physicians of Canada)
- Indexed by PubMed and PubMed Central
- Regularly featured in Canadian and international media
- High Impact Factor — an indication of quality and relevancy
- An international forum that offers physicians and researchers exposure to a worldwide audience



## Print Advertising four colour advertising rates

SIZE	1X	6 X	12 X	24 X	B/W Fair balance
1 page	\$8,500	\$8,075	\$7,670	\$7,400	\$1,915
2/3 page	\$7,225	\$6,865	\$6,520	\$6,265	\$1,845
1/2 page V/H	\$6,290	\$5,975	\$5,675	\$5,455	\$1,520
1/3 page V/H	\$5,530	\$5,255	\$4,980	\$4,800	\$1,185
DPS				\$13,200	

## Preferred positions

### 4-colour only

Front cover tip-on (supplied)	\$18,200
- Horizontal format only	
- Printing is extra	
Inside front cover	\$9,895
Inside front cover DPS	\$16,575
Inside back cover	\$8,920
Outside back cover	\$10,190
Inside front cover gatefold (3 pgs)	\$29,000

### Bootlug positions

Table of Contents #1	\$ 3,995 (4 X 1)
Table of Contents #2	\$ 4,620 (7 X 1 5/8)

### Earlug position

Masthead page	\$2,315 (1 1/2 X 3 3/4)
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### Supplied advertising inserts

2 pages	\$7,930	Full circulation
4 pages	\$15,760	Full circulation
2 pages	\$6,630	Per GP, Specialist or Regional split
4 pages	\$12,600	Per GP, Specialist or Regional split

**Requirements:** Full page and/or fractional page inserts are acceptable. Single-leaf inserts: 80lb maximum is allowable. Multiple-page inserts: 70lb maximum is allowable, to be supplied folded. All inserts to be supplied untrimmed. Other types of insert stock subject to publisher's approval. Perforating, embossing and die-cutting permitted, provided they do not alter outside dimensions of insert.

**Bellyband options available upon request** (Please speak to your advertising rep.)

CMAJ produces a digital edition flipbook version of each print issue. All run of book scheduled print advertising is included in our digital edition of CMAJ.

Issue date	Ad/material deadline
January	Dec 9/20
February	Jan 6
March	Feb 3
April	Mar 10
May	Apr 7
June	May 5
July	Jun 9
August	Jul 7
September	Aug 4
October	Sep 8
November	Oct 6
December	Nov 3

# Ad sizes and examples

## Bootlug

Trim 7" x 1 5/8"  
 Bleed No Bleed  
 Live 7" x 1 5/8"

## 1/3 page horizontal

Trim 8 1/8" x 3 5/8"  
 Bleed 8 3/8" x 3 7/8"  
 Live 7" x 3"

## 1/3 page vertical

Trim 2 5/8" x 10 7/8"  
 Bleed 2 7/8" x 11 1/8"  
 Live 2 1/4" x 9 1/2"

## 1/2 page horizontal

Trim 8 1/8" x 5 7/16"  
 Bleed 8 3/8" x 5 11/16"  
 Live 7" x 4 5/8"

## 1/2 page vertical

Trim 4 1/16" x 10 7/8"  
 Bleed 4 5/16" x 11 1/8"  
 Live 3 3/8" x 9 1/2"

## 2/3 page vertical

Trim 5 3/8" x 10 7/8"  
 Bleed 5 5/8" x 11 1/8"  
 Live 4 5/8" x 9 1/2"

## Full Page

Trim 8 1/8" x 10 7/8"  
 Bleed 8 3/8" x 11 1/8"  
 Live 7" x 9 1/2"

## Double-page Spread

Trim 16 1/4" x 10 7/8"  
 Bleed 16 1/2" x 11 1/8"  
 Live 7" x 9 1/2"  
 (on each full page)

## Binding: Saddle-stitch

**4-Colour PDF: CMYK**  
 (No RGB or PMS spot colour)

Ad specifications for special formats available on request.

Bootlug 7" x 1 5/8"

### ✦ PRACTICE

**Acute histoplasmosis in immunocompetent individuals may not always require treatment.** However, chronic mild to moderate disease can be treated with oral itraconazole, whereas severe or disseminated disease should be treated with liposomal amphotericin B. Histoplasmosis in immunocompetent individuals, regardless of severity of disease, should always be treated!

**Ultraviolet skin lesions in a recipient of lung transplantation should raise concern for opportunistic infections (e.g., mycobacteria, nocardia, and Rhodococcus bacteria, Leishmania and septi-ridia), as well as a drug-resistant, cutaneous malignant neoplasm (including basal and squamous cell carcinomas), systemic malignant neoplasms (including basal and squamous cell carcinomas), and inflammatory conditions such as post-transplant lymphoproliferative disease or lymphoma. A skin biopsy for culture and histopathology is essential to establish a diagnosis. If histoplasmosis is suspected, additional work-up should include fungal culture of the respiratory tract, imaging of the chest, fungal blood culture, and testing for serum and urinary histoplasma antigen.**

**Competing interests:** No Link Lung has received a researcher-initiated grant from Pfizer and consultant fees from Air outside the submitted work. No other competing interests were declared.

**The authors have disclosed potential conflict.**

**Affiliations:** Division of Dermatology (Simoniak), Department of Medicine; Department of Pathology (Shelton) and Division of Infectious Diseases (Liang), Department of Medicine, Centre Hospitalier de l'Université de Montréal (CHUM), Montreal, Que.

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**Correspondence:** Alexandre Lemieux, alexandre.lemieux@umontreal.ca

**Clinical images are chosen because they are particularly intriguing, classic or dramatic. Submission of a high-quality, original, high-resolution image must be accompanied by a brief caption. A total of 1000 words (including the abstract) is the maximum length of the image with minimal alterations is required. The patient's written consent for publication must be obtained before submission.**

1/3 page horizontal 8 1/8" x 3 5/8"

### What does this mean for pan-Canadian health care?

**Federal attempts to contain spending on health care**

Cost sharing on a proportionate basis puts the national partner at risk if the provincial partners fail to control spending. Within 3 years of extending this process of cost sharing from general hospitals to physician services, the Government of Canada began seeking ways to contain its financial exposure. In fiscal year 2014 alone, outlays for the 2 cost-shared health programs rose by almost 20%. From 1995 to 2009, provincial and territorial spending on health care increased by 100%, while federal spending on health care increased by 50%, thereby driving down the federal share.

**Delivery of health services.** That authority in turn means that they bear primary responsibility for the state of these systems, even if their efforts at times were undermined by federal decisions that arbitrarily cut transfers in repeated application. When compared with peer nations on many performance measures, such as waiting times for a wide variety of services, Canadian health systems are not strong performers.<sup>10</sup> Provincial and federal reviews have observed that Canada's provincial and territorial health care systems are widely regarded with a fragmented budgetary architecture that is a widespread impediment to efficiency, quality and innovation – and a source of frustration to those working in them.<sup>11</sup>

**Place-based provincial reforms**

Provinces and territories rightly assert their constitutional authority over

2/3 page vertical 5 3/8" x 10 7/8"

1/3 page vertical 2 5/8" x 10 7/8"

1/2 page horizontal 8 1/8" x 5 7/16"

### ✦ LETTERS

arising from earlier trimeric infections, and it is possible that compromise of placental integrity during maternal infection may be a risk factor for facilitating timely vertical transmission. Several important factors may contribute to risk of infection in the perinatal period. Maternal disease can be severe and is compounded by the added risk of common coinfections. Regardless of whether vertical transmission of SARS-CoV-2 occurs, the newborn is at risk of acquiring infection in the early neonatal period. Both mother and newborn can act as vectors for infection in the community and in health care settings. Although respiratory tract infection dominates, the presence of infections (viral or bacterial) in the respiratory tract (nasopharynx, oropharynx), and in breast milk (more likely via contamination from other sources) has the potential to complicate the epidemiology of virus spread.

Although more data are required to fully understand how SARS-CoV-2 is spread from mother to child, prevention and control of infection among pregnant mothers and their offspring is imperative in this context. This is especially important because both mothers and newborns may be relatively asymptomatic. The continuing search for definitive mechanisms of vertical transmission deserves our attention.

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**Competing interests:** None declared.

1/2 page vertical 4 1/16" x 10 7/8"

Full Page 8 1/8" x 10 7/8"

## Technical specifications

### Display Advertising:

[www.cmaj.ca/pdfs/display-e.pdf](http://www.cmaj.ca/pdfs/display-e.pdf)

### PDF Export Settings:

[www.cmaj.ca/pdfs/export-e.pdf](http://www.cmaj.ca/pdfs/export-e.pdf)

## Material submission

- All pharmaceutical advertising must be PAAB approved
- Insert and shipping enquiries, display advertising material and billing: [trish.sullivan@cmaj.ca](mailto:trish.sullivan@cmaj.ca) and [deborah.woodman@cmaj.ca](mailto:deborah.woodman@cmaj.ca)



## Payment information

### Commission

Agency commission of 15% to recognized agencies only.

### Payment

All invoices are payable to **CMA Joule Inc.** Advertising agencies and advertisers are jointly and severally responsible for payment of invoices.

## Cancellation

Cancellation requests will not be accepted past the advertising deadline.

## Advertising Sales

### Trish Sullivan

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