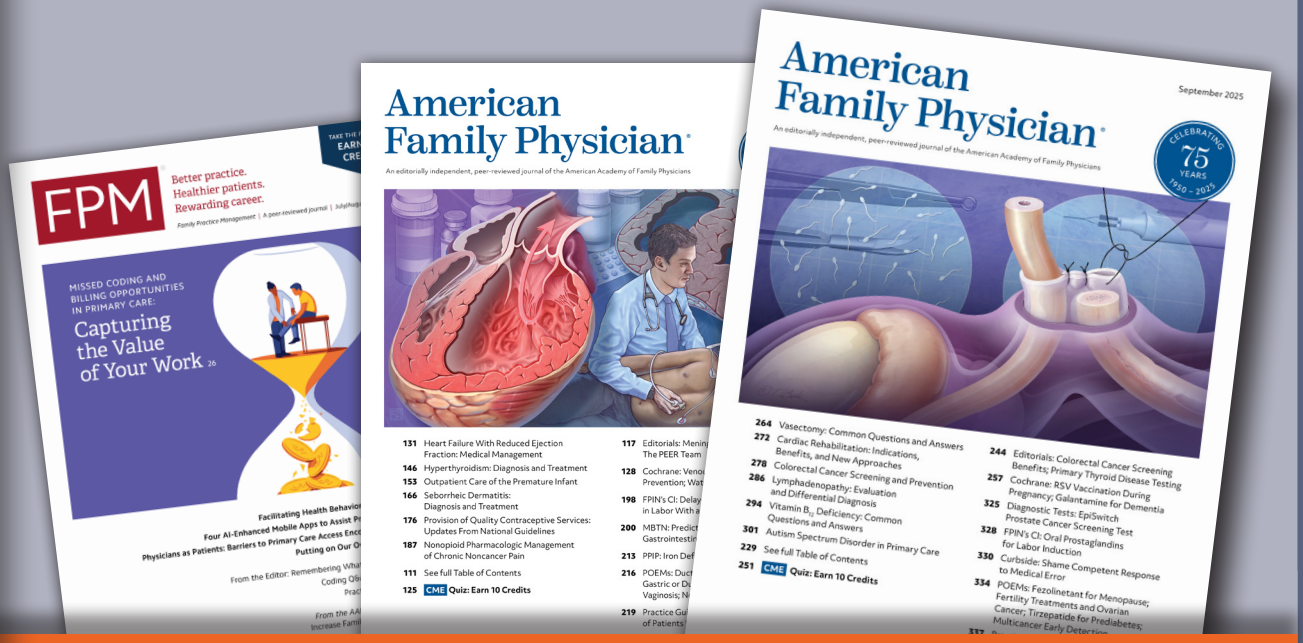
WILEY

2026 MEDIA KIT

Your Brand. Their Practice. Real Influence.

American Family Physician

FPM



The Most Trusted Brands in Primary Care

Table of Contents

Your Brand. Their Practice. Real Influence.

Who is the American Academy of Family Physicians (AAFP)

The American Academy of Family Physicians (AAFP) is one of the largest medical organizations in the U.S., representing 128,300 family physicians, residents, and medical students.

American Family Physician (*AFP*) is the official peer-reviewed journal of the AAFP, the most essential,[1] editorially independent, evidence-based, clinical review journal in primary care. Published continuously since 1950, each issue provides up-to-date information on clinical topics, the latest diagnostic and therapeutic techniques, and summaries of practice guidelines from major medical organizations.

The mission of *AFP* is to empower family physicians to improve the health of patients and communities as the leading source of medical information while advancing science and health equity.

General Editorial Direction

AFP publishes high-quality, evidence-based, peer-reviewed, clinical content that enhances family physicians' ability to care for patients at the point of care and beyond. In addition to systematically covering a "core curriculum" of topics in family medicine with comprehensive articles, *AFP* publishes a lineup of popular departments that feature clinical recommendations from leading medical organizations, summarize and practice-changing studies from the medical literature, and highlight new drug products, medical devices, and clinical aids.

Regularly appearing editorial departments include *AFP* Clinical Answers, Cochrane for Clinicians, Curbside Consultation, Diagnostic Tests, Diary of a Family Physician, Editorials, FPIN's Clinical Inquiries, FPIN's Help Desk Answers, Graham Center Policy One-Pagers, Lown Right Care, Medicine by the Numbers, Photo Quiz, POEMs, Point-of-Care Guides, Practice Guidelines, Putting Prevention into Practice, STEPS: New Drug Reviews, U.S. Preventive Services Task Force, and more.

Evidence-based Medicine

Evidence-based medicine is judicious integration of the best available evidence with clinical expertise and an individual patient's values, preferences, and unique circumstances. *AFP* authors and editors explicitly rate the strength of evidence for key recommendations on diagnosis and treatment and present this information with articles. Readers depend on *AFP* to inform what they know and what they do, updating their knowledge and improving their patient care according to the best quality evidence.

CME Credit

AFP offers at least nine CME credits, and often more, free in each issue. The CME quiz that readers complete covers most of the issue content, therefore encouraging cover-to-cover reading.

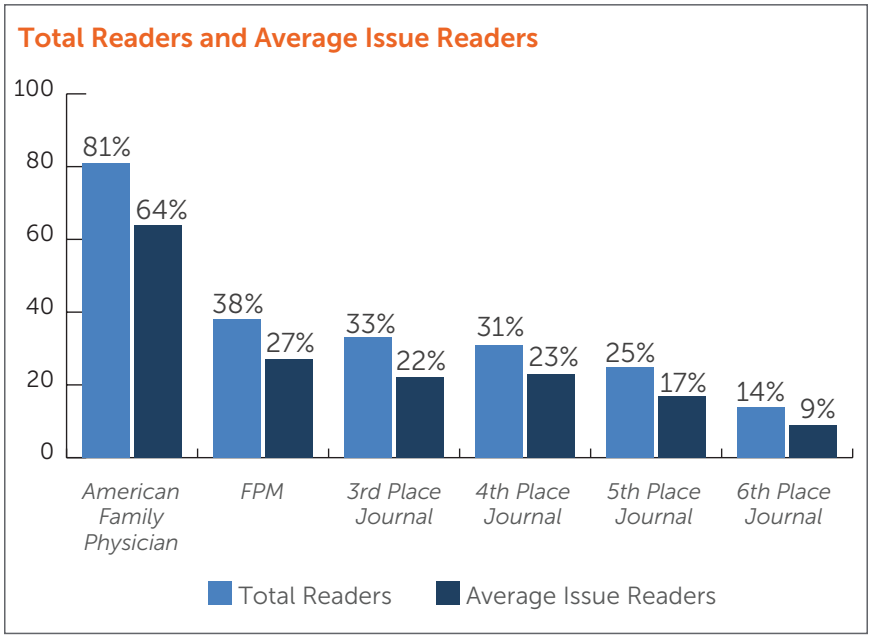
AFP is the #1 Media Brand in Family Medicine

#1 Highest Website Reach[1]

#1 Total Readers: 81%[1]

#1 Average Issue Readership: 64%[1]

#1 *AFP* and AAFP.org are the top 2 websites for average minutes spent per website session[1]



1. M3 MI Medical/Surgical Media Measurement 2025, Family Medicine Tables 201, 203, 402-404

Wide-Ranging Opportunities for Promotion With *AFP*

Display Advertising

In print, online and in the journals' regular eNewsletters and eTOCs, display advertising is the cornerstone to your branding and promotion efforts.

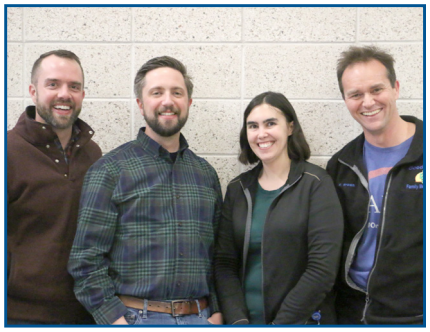
Cover Tips and Outserts

Cover tips put your promotion right on the cover of *AFP*. Outserts offer a powerful alternative to direct mail to deliver your message to your target audience.

Podcast Sponsorships

The *AFP* Podcast is frequently in the top 15 of all medical podcasts on iTunes! It has an average 4.7-star rating (655 reviews) on iTunes. Educational, philanthropic, and recruitment messages are welcome and are played pre-roll and mid-roll of each episode. With two episodes per month, each averaging 35,000 downloads, this is an opportunity to be heard as an industry leader by thousands.

See pages 27 and 28 for more information.



Content Marketing

Employ a variety of content marketing tactics to engage and educate primary care physicians, build awareness, and position your company as a thought leader.

ADVERTORIALS

Information-rich promotion, designed to educate rather than sell, is highly valued by physicians and accepted by *American Family Physician*.

Cover Wraps – extend your campaign through dedicated mailing with your message

Cover wraps are ad placements consisting of multiple pages that wrap around the front and back covers of magazines at the spine.

For more details, please contact your AAFP sales representative.

See page 25 for more information.

Expand your reach to a highly engaged, fully paid audience!

AFP's award-winning sister journal, *FPM* (formerly *Family Practice Management*), shows physicians how to deliver exceptional patient care, enhance efficiency and revenue, and increase their professional satisfaction. Peer-reviewed CME content focuses on providing practical solutions to the challenges they face every day.

***FPM* insertions count toward earned frequency in *AFP*, and vice-versa.**

Classified and Recruitment Advertising

Contact: Momentive Software's AAFP Classified Ad Sales Team
727-497-6568 or aafp@momentivesoftware.com

See page 22 for more opportunities available from the American Academy of Family Physicians.

Voice of the Reader

How do readers consume *AFP* content?[1]

Readers engage with *AFP* content mainly by going to the *AFP* website (75%) or by reading the *AFP* in print (80%). When looking at their preferred format, *AFP* print (43%) was slightly lower than *AFP* website (46%).

What do readers value most from engaging with *AFP* content?[1]

Virtually all readers provided high ratings for the following five attributes: **quality of conten**t (97%), **usefulness** (95%), **readability** (96%), **timeliness** (93%), and **visual appeal** (90%).

"Easier to find articles. Skim content. And easier to see tables and quickly understand. The headings in the articles help me focus on what's important to me."

"I prefer to read print and mark my places and underline, highlight as I wish."

"I can read the whole article more easily at a designated time. I can flip back and forth between pages more easily. I can copy a chart easily. I can highlight or underline easily as needed for future reference."

"I am old-fashioned and like to be able to hold onto the journal. It's easier to take it on the go. With print, I can start an article, stop and restart more easily than online."

"I often take my AFP journals on plane trips. I like being able to refer back to pages. I like not having to look at the articles on a computer. I live in a rural area and computer access is not guaranteed 24/7."

1. 2024 AFP Editorial Survey

Prescribing Details[1]

How many *AFP* readers write prescriptions?

95% of physicians write prescriptions

How many prescriptions do *AFP* readers write weekly?

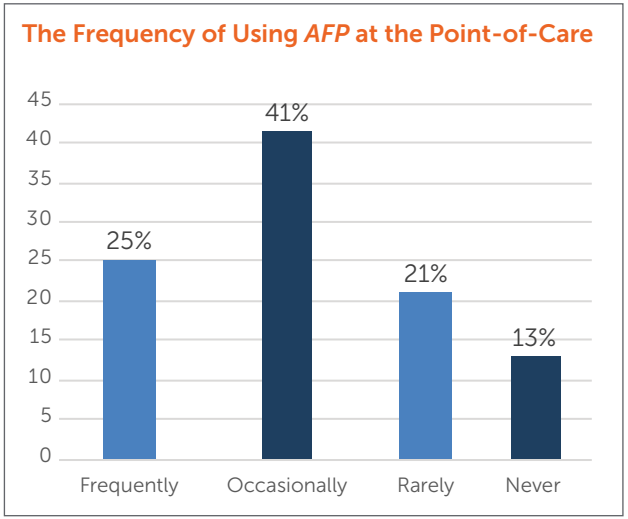
Physicians write on average 104 prescriptions per week

Prescriptions Written for Disease States[1]

Cardiovascular (including hypertension)	90%
Allergy/respiratory disease/COPD/asthma	92%
Endocrinology (diabetes, obesity, metabolism)	88%
Anti-infectives (including anti-bacterials, antivirals, antifungals, and anti-parasitics)	94%
Neurological conditions (including migraine and epilepsy)	84%
Psychiatric medications	88%
Dermatologic conditions (including psoriasis)	84%
Women's health (including menopause/hormones)	71%
Infectious Diseases (e.g., HIV, RSV, Mpox, COVID)	75%
Alzheimer's/dementia	46%

1. 2024 AFP Editorial Survey

AFP Content Point-of-Care[1]



Top Reasons for Point-of-Care Use by Physicians[1]

To look up an answer to a specific questions	71%
To research specific topics	53%
To ensure I have the latest updates	28%
To print out patient information handouts	18%
To browse content collections	16%

1. 2024 AFP Editorial Survey

AFP Print Advertising Rates, Specifications

Full-Run Color Charge CHARGE PER COLOR PER PAGE OR FRACTION

Three- and Four-Color Process $3,970

Premium Position Rates

2nd Cover (PREMIUM ON B/W SPACE ONLY) 50%
3rd Cover (PREMIUM ON B/W SPACE ONLY) 10%
4th Cover (PREMIUM ON B/W SPACE ONLY) 70%
Opposite Table of Contents (PREMIUM ON B/W SPACE ONLY) 15%
Center Spread (PREMIUM ON B/W SPACE ONLY) 10%
Preceding Lead Article (PREMIUM ON B/W SPACE ONLY) 10%

Full-Run Rates RATES EFFECTIVE JANUARY 1, 2026

***AFP* Full-Run Run-of-Book**

FULL-RUN ROB B/W	1-X	6-X	12-X	18-X	24-X	36-X	48-X	60-X	72-X
1 PAGE	$17,750	$17,400	$17,040	$16,870	$16,700	$16,520	$16,070	$15,900	$15,810
2/3 PAGE	$13,320	$13,060	$12,790	$12,660	$12,530	$12,410	$12,060	$11,920	$11,860
1/2 PAGE	$12,440	$12,190	$11,930	$11,820	$11,690	$11,570	$11,250	$11,140	$11,080
1/3 PAGE	$8,890	$8,720	$8,530	$8,450	$8,370	$8,270	$8,060	$7,970	$7,930

***AFP* Full-Run Inserts**

FULL-RUN INSERTS	1-X	6-X	12-X	18-X	24-X	36-X	48-X	60-X	72-X
2-PAGE	$37,080	$36,360	$35,610	$35,250	$34,880	$34,510	$33,590	$33,210	$33,030
4-PAGE	$73,810	$72,360	$70,860	$70,150	$69,420	$68,660	$66,840	$66,080	$65,720
6-PAGE	$110,170	$108,010	$105,770	$104,710	$103,600	$102,490	$99,760	$98,650	$98,080
8-PAGE	$146,170	$143,310	$140,330	$138,940	$137,460	$135,990	$132,370	$130,880	$130,140

FULL-RUN RATE INFORMATION

FULL-RUN RATES Effective Rate Date: January 1, 2026. Agency commission: 15% of gross billing for space and color. Subject to withdrawal on accounts not paid within 30 days of invoice date. **Rebates:** Advertisers who exceed their contracted frequency will be rebated. All paid pages count toward earned frequency rate, whether split-run or full-run.

Bleed: No charge. **First-time advertisers:** First-time advertisers/agencies are required to prepay first advertising ad campaign or first digital month to ensure placement.

EARNED RATES Policy: Rates subject to change with 90-DAYS NOTICE. Frequency discounts are based on the actual number of paid pages placed during one contract year. Full-page or fractional units are counted as one page. Split-run pages count toward the earned rate as one page. Contracts are accepted with the understanding that rates will be guaranteed beyond the last issue closed. Advertising is sold only at earned published rates. Contracts and insertion orders issued for units at less than published rates are not accepted. **Prescribing Information (PI)/Important Safety Information (ISI) Discount:** Advertisers earn a 50% discount starting with the 3rd PI/ISI page.

Split-Run Rates RATES EFFECTIVE JANUARY 1, 2026

AFP Split-Run Run-of-Book									
50% OR LESS OF FULL CIRC. B/W	1-X	6-X	12-X	18-X	24-X	36-X	48-X	60-X	72-X
1 PAGE	$11,730	$11,500	$11,250	$11,150	$11,030	$10,910	$10,620	$10,500	$10,440
2/3 PAGE	$8,800	$8,640	$8,450	$8,370	$8,280	$8,190	$7,970	$7,870	$7,830
1/2 PAGE	$8,210	$8,060	$7,880	$7,810	$7,730	$7,640	$7,430	$7,360	$7,320
1/3 PAGE	$5,880	$5,760	$5,700	$5,580	$5,530	$5,470	$5,320	$5,270	$5,240

AFP Split-Run Inserts									
INSERTS	1-X	6-X	12-X	18-X	24-X	36-X	48-X	60-X	72-X
2-PAGE	$24,490	$24,010	$23,520	$23,290	$23,040	$22,810	$22,180	$21,920	$21,810
4-PAGE	$48,720	$47,800	$46,800	$46,330	$45,830	$45,370	$44,140	$43,630	$43,390
6-PAGE	$72,730	$71,340	$69,860	$69,170	$68,400	$67,700	$65,880	$65,120	$64,760
8-PAGE	$96,500	$94,650	$92,690	$91,770	$90,750	$89,830	$87,420	$86,390	$85,930

Split-Run Color Charge CHARGE PER COLOR PER PAGE OR FRACTION

Three- and Four-Color Process $2,780

COVERS, PREMIUM POSITIONS Covers and premium positions are sold annually on a contract basis to individual advertisers. Premiums are charged on one page of ad unit when multiple page units are acceptable. Premium position advertisers cannot be guaranteed more than two pages of separation from a competitor. Cancellation of less than 60 days written notice will incur a fee equal to the cost of the premium for one month.

INSERT SPECIFICATIONS **Availability:** All inserts are subject to approval. Sample must be provided for review.

Acceptance: No BRCs are accepted. 100 lb text stock maximum. Approval will be granted prior to space closing; sample must be delivered to the printer two weeks prior to issue space closing date. Variations from standard inserts will be accepted only after prior approval and at the discretion of the publisher. A special charge may be added for handling. Paper attachment, die cuts, or other effects may not extend to within two inches of any trimmed edge, cover more than 20% of the page area, or result in otherwise undesirable changes in the characteristics of the insert stock. Short-fold inserts are limited to a maximum of four for each issue. Short-fold inserts are accepted on a first-come, first-served basis upon receipt of a written insertion order.

Trimming: Ship folded to 8" x 10.75". Trim size is 7.75" x 10.5". Trimming of oversize inserts will be charged at cost. Keep live matter at least 3/8" away from trim edges. Book is jogged to foot; trim is 1/8" each side.

Quantity: Full-run is 175,000, which includes spoilage and 1,000 for publisher's use. For more information, btaylor@aafp.org.

SPLIT-RUN RATE INFORMATION **Premium Cover Positions:** may be split to US-only audiences for the full run rate plus a $1,500 gross surcharge with prior approval. Contact advertising sales for more information.

COVER TIPS Your message displayed on a cover tip offers premium visibility and precise targeting. These units are available on a limited basis and may only be reserved by contract. Please contact advertising sales for availability and pricing. **Specifications for a standard 2-page/single-leaf cover tip:** Standard size (w x h): 7.75" x 5.5"; Stock: 100# text. For custom sizes, pita pockets, and multipage units, please contact advertising sales.

OUTSERTS Outserts offer an effective and cost-efficient method to deliver your message directly to your target audience. Outserts ride along with the journal in a clear polybag, making them visible when the journal is received. Availability is limited. Contact advertising sales for pricing.

ACCEPTANCE, PRICING, PRODUCTION **Requirements and Cancellation Acceptance:** Content must be reviewed and approved in advance. Reservations only accepted on a firm order in advance. **Pricing:** Based on a net cost-per-piece basis based on the quantity, size, weight, and format of the unit. **Production Requirements:** Please send two mock-ups for approval to: Quad; Attn: Todd Kelley for *AFP*; N61 W23044 Harry's Way; Sussex, WI 53089. Creative with pita pockets must be wafer sealed. Cancellations received 60 days or more via written notice prior to issue ad close deadline, no charge; 30-60 days prior to issue ad close deadline, 50% of contract rate; 30 days or less prior to issue ad close deadline, 100% of contract rate.

Premium Visibility Targeted Programs

Cover Tips

Your message displayed on a cover tip offers premium visibility and precise targeting. These units are available on a limited basis and may only be reserved by contract. Please contact advertising sales for availability and pricing at AAFP_NJ@aafp.org or kfranz@wiley.com. Specifications for a standard 2-page/single-leaf cover tip:

- Maximum size: 7.75" x 5.5"
- Minimum size: 7.75" x 5"
- Stock: 100 lb text
- Max. weight: 2 pages (single leaf)
- For custom sizes, pita pockets, and multipage units, please contact sales.

Outserts

Outserts offer an effective and cost-efficient method to deliver your message directly to your target audience. Outserts ride along with the journal in a clear polybag, making them clearly visible when the journal is received. Availability is limited. Contact advertising sales for pricing.

Benefits to Sponsor

- Premiere exposure: Your outsert mails in a polybag together with the journal.
- Exclusivity: If placing a full-run outsert, only one outsert per issue is accepted.
- Unique formats allowed: Because your outsert does not interfere with the physical environment of the journal itself, some variation from standard folding and format, which is not acceptable for inserts, may be allowed upon prior approval and at the discretion of the publisher. (For example, bound-in BRCs are generally acceptable.)
- Advertorial content allowed: Advertorials may be acceptable upon prior approval and at the discretion of the publisher. Call your *AFP* sales representative for policies regarding advertorials.
- Maximum size: 7.75" x 10.5"
- Minimum size: 7.75" x 5.25"
- Stock: 120 lb text
- Max. weight: 2 pages (single leaf)
- For custom sizes, pita pockets, and multipage units, please contact sales.

See page 26 for more information.

Insert, Cover Tip, and Outsert Shipping

Each insert carton should be marked for *AFP* journal, with date of issue, Quad job number, name of advertiser, product, and quantity.

Insert shipments that do not meet requirements are subject to additional charges. Contact the Production Department at: btaylor@aafp.org or (913) 906-6294 for additional information.

Ship prepaid. C.O.D. not accepted. Send to:

Quad
Attn: Receiving
N61W23044 Harry's Way
Sussex, WI 53089

NOTE: EXCESS MATERIALS ARE DESTROYED AFTER PRINTING OF EACH ISSUE.

Acceptance, Pricing, Production Requirements,and Cancellation

Policies: See page 18 for all advertising acceptance, format, and business policies.

Acceptance: Content must be reviewed and approved in advance. Reservations only accepted on a firm order in advance.

Pricing: Based on a net cost-per-piece basis based on the quantity, size, weight, and format of the unit.

Production Requirements: Please send two mock-ups for approval to:

Quad
Attn: Todd Kelley for *AFP*
N61W23044 Harry's Way
Sussex, WI 53089

Creative with pita pockets must be wafer sealed. Cancellations received 60 days or more via written notice prior to issue ad close deadline, no charge; 30-60 days prior to issue ad close deadline, 50% of contract rate; 30 days or less prior to issue ad close deadline, 100% of contract rate.

Targeted Campaigns

List Matching Requirements

Print campaigns being sent to a target list need to be submitted directly to:

MMS
Attention: Colin Elliott
c-elliott@mmslists.com

AFP Production

First Issue: January 1970

Issuance: Published 12 times per year

Issue Dates: Once monthly

Mailing Date/Class: Mid-month of issue date/ Periodicals

ISSUE AND CLOSING DATES

- Insertion orders and all reproduction materials are due as indicated in the production deadlines table. For dates that fall on weekends or holidays, use the next business day.
- No cancellations after closing date of publication.

AD PLACEMENT POLICY

Advertising is rotated and interspersed throughout the issue—within departments and between articles.

AD SPACE SIZES

Full page ..... 7" x 10"
⅔ page ..... 4¾" x 10"
½ page vertical ..... 3¼" x 10"
½ page horizontal ..... 7" x 4½"
⅓ page vertical ..... 2⅛" x 10"

BLEED AD SPACE SIZES

Full page ..... 8" x 10¾"
⅔ page ..... 4¾" x 10¾"
½ page vertical ..... 3⅞" x 10¾"
½ page horizontal ..... 8" x 5⅛"
⅓ page vertical ..... 2¾" x 10¾"

Keep live matter ⅜" away from trim edges.
Trim size of magazine: 7¾" x 10½"

Production Deadlines

ISSUE	QUAD JOB NUMBER	DEMO AD LIST DUE AT MMS	SPACE CLOSING	ROB MATERIAL DUE	INSERTS/ OUTSERTS/COVER TIPS DUE
Jan	C5077K0	11/21/25	12/05/25	12/12/25	12/19/25
Feb	C600ME0	12/18/25	01/08/26	01/15/26	01/23/26
Mar	C6043P0	01/28/26	02/09/26	02/16/26	02/23/26
Apr	C6043T0	03/03/26	03/13/26	03/20/26	03/27/26
May	C6043V0	03/30/26	04/09/26	04/17/26	04/24/26
Jun	C6043X0	04/28/26	05/08/26	05/15/26	05/22/26
Jul	C604400	06/02/26	06/12/26	06/19/26	06/26/26
Aug	C6043W0	06/29/26	07/10/26	07/17/26	07/24/26
Sep	C50L8W0	07/28/26	08/07/26	08/14/26	08/21/26
Oct	C6043Y0	08/31/26	09/11/26	09/18/26	09/25/26
Nov	C604410	09/22/26	10/02/26	10/09/26	10/16/26
Dec	C604420	10/27/26	11/06/26	11/13/26	11/20/26

Mechanical Requirements

PAPER STOCK

Inside pages (body pages): 34# UPM Cote

Covers: 100# Sterling Ultra Gloss C2S

Type of Binding: Perfect bound

SPECIFICATIONS

AFP is printed web offset.

- Format files as PDF/X-1a
- Flatten transparencies
- All images at least 300 dpi
- 4/C solids should not exceed ink density of 320%
- Single-page size should not exceed bleed size
- Color bars, crop, and registration marks must be kept outside the bleed size
- Prepare spread ads as individual pages
- After one year of storage, digital files will be deleted

To upload files, visit: www.adshuttle.com/AAFP. One actual-size, SWOP-certified color proof is recommended and must match the digital file. Ship color proof to:

Quad – Sussex
ATTN: Mike Strzyzewski (Imaging/Prepress)
N61 W23044 Harry's Way Sussex, WI
53089-3995

If you do not wish to submit a SWOP-certified color proof of your ad materials but one is required, we will provide one at a rate of $50.00 per page, including shipping.

For digital specifications, contact *AFP* Production at: btaylor@aafp.org.

AFP Editorial

CME Credit

AFP offers CME credits free in each issue. The CME quiz that readers complete covers most of the issue content, therefore encouraging cover-to-cover reading.

Editorial Department Features

AFP Clinical Answers, CME Quiz, Cochrane for Clinicians, Curbside Consultation, Diagnostic Tests, Diary of a Family Physician, Editorials, FPIN's Clinical Inquiries, FPIN's Help Desk Answers, Graham Center Policy One-Pagers, Implementing AHRQ Effective Health Care Reviews, Letters to the Editor, Lown Right Care, Medicine by the Numbers, Photo Quiz, POEMs, Point-of-Care Guides, Practice Guidelines, Putting Prevention into Practice, STEPS: New Drug Reviews, U.S. Preventive Services Task Force.

AFP Circulation

Definition of Recipient Qualification

Qualified recipients are family physicians, including medical teachers, selected office-based practitioners, selected direct patient care office- and hospital-based general internists of family medicine osteopaths, Academy members in FM/GP/IM and other specialties, Canadian and other international physician members, student-affiliate members, and physician members with medical teaching, administration, research, and other activity as their major professional activity.

Circulation Verification

Audit: AAM statement for January 2025 issue. For semiannual circulation updates, visit https://auditedmedia.com/.

Mailing house: MMS, Inc.

Coverage and Subscriptions

A. See the table below for a breakdown of circulation by classification of reader.

B. Controlled: 39%: Paid: 3%, Requested: 65.3%

C. Subscription price in U.S. $315; Foreign $540

D. Institutional price: Quote upon request

E. Medical students, residents, health care professionals, and office management staff in U.S. $200; Foreign $420

Family Medicine	**116,652**
Internal Medicine	**23,490**
Other Specialties	**19,628**
Total Qualified to Physicians	**159,770**
Percent to Physicians	**99%**
Medical Students	**1,404**
Total Qualified Circulation	**161,174**

Updated circulation data as of January 2025.

FPM Editorial

The mission of *FPM* is to give family physicians the tools and information they need to maintain efficient and effective practices, enhance the patient experience, and maximize their professional satisfaction.

Award-Winning Content

FPM was most recently awarded the Education Excellence Award by the American Medical Association and is a past winner of multiple awards from the American Society of Healthcare Publication Editors and Association Media & Publishing, now SIIA.

CME Credit

FPM offers at least five CME credits free in each issue. The CME quiz that readers complete covers most of the content of the issue, therefore encouraging cover-to-cover reading.

Patient Care Focus

Increasing demands from payers, employers, and patients for high-quality, cost-effective care have made efficient health care delivery more challenging and more important than ever. *FPM* authors describe proven approaches to managing the care of patients with chronic diseases, communicating effectively with patients, providing team-based care, and achieving quality metrics.

Coding and Billing Expertise

FPM's advice on diagnosis and procedure coding translates to dollars for readers. The complexity of the coding systems and ever-changing billing rules makes *FPM*'s coding and documentation advice invaluable.

FPM Distribution

- Print: Approximately 1,475 paid print subscribers (data as of December 2024)
- Online: 204,009 monthly unique users (12-month average through July 2025)
- eNewsletter and eTOC monthly averages: *FPM* eNews = 107,126/*FPM* eTOC = 105,356.

FPM Print Advertising Rates, Specifications

Full-Run, Run-of-Book Rates RATES EFFECTIVE JANUARY 1, 2026

FPM Full-Run, Run-of-Book Rates							
B/W	1-X	6-X	12-X	18-X	24-X	36-X	48-X
1 PAGE	$4,010	$3,930	$3,800	$3,670	$3,570	$3,430	$3,310
2/3 PAGE	$3,050	$2,970	$2,860	$2,790	$2,680	$2,590	$2,510
1/2 PAGE	$2,830	$2,770	$2,670	$2,580	$2,510	$2,420	$2,340
1/3 PAGE	$2,030	$1,980	$1,940	$1,860	$1,810	$1,760	$1,680

Color Charge CHARGE PER COLOR PER PAGE OR FRACTION

Three- and Four-Color Process $910

Premium Position Rates

2nd Cover (PREMIUM ON B/W SPACE ONLY) 35%

3rd Cover (PREMIUM ON B/W SPACE ONLY) 10%

4th Cover (PREMIUM ON B/W SPACE ONLY) 45%

Opposite Table of Contents (PREMIUM ON B/W SPACE ONLY) 15%

Preceding Lead Article (PREMIUM ON B/W SPACE ONLY) 10%

Consecutive Right-hand Pages (FULL OR FRACTIONAL) 5%

Cover Tips

Your message displayed on a cover tip offers premium visibility. These units are available on a limited basis and may only be reserved by contract. Please contact advertising sales for availability and pricing.

Specifications for a standard 2-page/singleleaf cover tip:

- Maximum size: 7.75″ x 5.5″
- Minimum size: 7.75″ x 5″
- Stock: 100 lb text
- Max. weight: 2 pages (single leaf)
- For custom sizes, pita pockets, and multipage units, please contact sales.

FULL-RUN RATE INFORMATION

FULL-RUN, RUN-OF-BOOK RATES Effective Rate Date: January 1, 2026. Agency commission: 15% of gross billing for space and color. Subject to withdrawal on accounts not paid within 30 days of invoice date. **Rebates:** Advertisers who exceed their contracted frequency will be rebated. All paid ad pages count toward earned frequency rate.

Bleed: No charge. **First-time Advertisers:** First-time advertisers/agencies are required to prepay first advertising campaign or first digital month to ensure placement. Contact advertising sales for more information.

EARNED RATES Policy: Rates subject to change with 90-days notice. Frequency discounts are based on the actual number of paid pages placed during one contract year. Full-page or fractional units are counted as one page. Split-run pages run in *AFP* count toward the earned rate as one page. Contracts are accepted with the understanding that rates will be guaranteed beyond the last issue closed. Advertising is sold only at earned published rates.

Contracts and insertion orders issued for units at less than published rates are not accepted.

COVERS, PREMIUM POSITIONS: Covers and positions are sold annually on a contract basis to individual advertisers. Premiums are charged on one page of the ad unit when multiple page units are acceptable. Covers and positions near other positions are not bound by normal product conflict guidelines. Cancellations of less than 60 days written notice will incur a fee equal to the cost of the premium for one month.

FPM Production

First Issue: October 1993

Issuance: Published six (6) times per year

Issue Dates: Bi-monthly as combined issues

Mailing Date/Class: Second week following issue date/Periodicals

Production Deadlines		
ISSUE	SPACE CLOSING	ROB MATERIALS DUE
Jan/Feb	12/09/25	12/16/25
Mar/Apr	02/09/26	02/16/26
May/Jun	04/10/26	04/20/26
Jul/Aug	06/12/26	06/19/26
Sep/Oct	08/14/26	08/21/26
Nov/Dec	10/12/26	10/19/26

Ad Space Sizes

AD SPACE SIZES

Full page ..... 7" x 10"
⅔ page ..... 4⅜" x 10"
½ page vertical ..... 3¼" x 10"
½ page horizontal ..... 7" x 4½"
⅓ page vertical ..... 2⅛" x 10"

BLEED AD SPACE SIZES

Full page ..... 8" x 10¾"
⅔ page ..... 4¾" x 10¾"
½ page vertical ..... 3⅞" x 10¾"
½ page horizontal ..... 8" x 5⅛"
⅓ page vertical ..... 2¾" x 10¾"

Keep live matter ⅜" away from trim edges.
Trim size of magazine: 7¾" x 10½"

Issue and Closing Dates

- Insertion orders and all reproduction materials are due as indicated in production deadlines table. For dates that fall on weekends or holidays, use the next business day.
- No cancellations after closing date of publication.
- Send Insertion orders to your account manager.

Ad Placement Policy

Advertising is rotated and interspersed throughout the issue—within departments and between articles.

Mechanical Requirements

PAPER STOCK

Inside pages (body pages): 60#

Covers: 80#

Type of Binding: Perfect bound

SPECIFICATIONS

File types accepted are PDF/X-1a or PDF.

Email files to btaylor@aafp.org.

- Format files as PDF/X-1a
- Flatten transparencies
- All images at least 300 dpi
- 4/C solids should not exceed ink density of 320%
- Single-page size should not exceed bleed size
- Color bars, crop, and registration marks must be kept outside the bleed size
- Prepare spread ads as individual pages
- After one year of storage, digital files will be deleted

One actual-size, SWOP-certified color proof is recommended and must match the digital file. Contact Bret Taylor at: (913) 906-6294 or btaylor@aafp.org for additional specifications.

Advertising Materials

Send PDFs to: btaylor@aafp.org
and color proofs to:

FPM c/o American Academy of Family Physicians
Bret Taylor
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680

Classified and Recruitment Advertising

Momentive Software
AAFP Classified Ad Sales Team (727) 497-6568
aafp@momentivesoftware.com

Online Advertising Rates/Opportunities

The combination of *AFP/FPM* is the perfect choice to reach/engage primary care physicians. Engagement: More than 128,300 AAFP members are registered users of the website.

AAFP.org Combo US only

Page views..... 2,222,234
Sessions..... 1,908,268

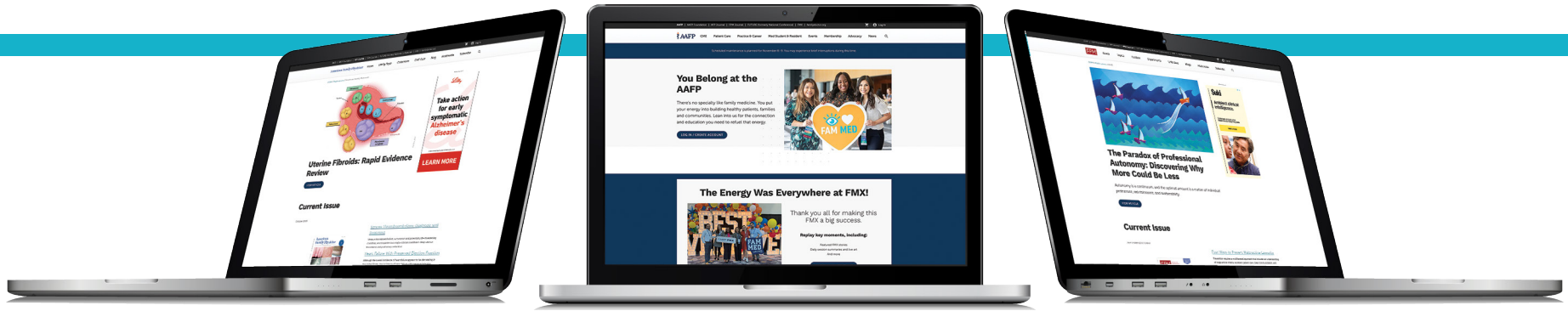
AAFP.org/afp US only

Page views..... 1,998,236
Sessions..... 1,728,442

AAFP.org/fpm US only

Page views..... 225,209
Sessions..... 187,208

1. Google Looker Studio 12 monthly average July 2024-June 2025
2. M3 MI Medical/Surgical Media Measurement 2025, Family Medicine, Table 201



WILEY

Online Advertising Rates/Opportunities (continued)

AAFP.org Advertising Rates RATES EFFECTIVE JANUARY 1, 2026

AD UNIT	COST
AFP/FPM Combo Buy (banners*)	$130 CPM
AFP/FPM Combo Buy Half page (300x600)	$155 CPM
AFP/FPM Combo Buy Interstitial	$225 CPM

*Leaderboard (728x90), medium box (300x250)

Website and eTOC Advertising Specifications

CREATIVE UNIT NAME	INITIAL DIMENSIONS (WxH IN PIXELS)	MAXIMUM EXPANDED DIMENSIONS (WxH IN PIXELS)	MAX INITIAL FILE LOAD SIZE	HOST-INITIATED SUBLOAD	ANIMATION/VIDEO GUIDELINES	Z-INDEX RANGES	UNIT-SPECIFIC NOTES
Expandable/ Retractable	300x250 to 600x250, 300x600 to 600x600, 728x90 to 728x315	Expansion must be user-initiated	150 KB	300 KB	Minimum 24 fps for video 15-sec max length (unlimited user-initiated); 1.1 MB additional file size allowed for host-initiated video; unlimited size for user-initiated video)	5,000 - 1,999,999 (for entire ad unit)	Retract Feature = Either click to close/expand or enable Mouse-Off Retraction
Medium Rectangle (Non Expanding)	300x250	N/A	150 KB	Not allowed for this unit	15-sec max animation length; Max loop 3 times	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Leaderboard (Non Expanding)	728x90	N/A	150 KB	Not allowed for this unit	15-sec max animation length; Max loop 3 times	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Half Page (Non Expanding)	300x600	N/A	150 KB	Not allowed for this unit	15-sec max animation length; Max loop 3 times	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Smartphone Static Wide Banner	320x50	N/A	50 KB	Not allowed for this unit	15-sec max animation length; Video not allowed for this unit	0 - 4,999	Ad unit content must be clearly distinguishable from normal webpage content (ad unit must have clearly defined borders and not be confused with normal page content).
Between-the-Page (a.k.a. "Interstitial")	300x250 300x600 800x400	N/A	200 KB	300 KB	15-sec max animation length; Video not allowed for this unit	N/A Unless the ad covers content on the target page, then use range for overlays: 6,000,000+	Label = "Advertisement" Font = 8pt (11px) by 16pt (21px); "Close" control provided by browser window if ad displays in its own browser window. If overlaid on target page, include "Close X" button. Font = 8pt (11px) by 16pt (21px)
eTOC/Newsletter	300x250	N/A	N/A		130 characters Maximum looping (animation): 3 loops Maximum file size and required format: 200 kb; GIF Animated GIF files are accepted. In certain email applications, only a static image of the first frame of the animation will appear. Please ensure any branding and important information appears in the first frame.		Medium box creative must include company name and/or body copy. Static GIF or JPEG Flash and rich media are not supported. Third party <noscript> tags are accepted if they render the actual GIF image and URL landing page. Tags rendering at 1 ppi are not accepted.
eTOC/Newsletter	Inline Text	N/A	N/A		Headline 50 characters, body copy 300 characters. Up to 2 URL links allowed		

Email Display and Inline Text Advertising

Distribution: Includes active AAFP member physicians and journal subscribers.

Semi-exclusive opportunity: Only one display ad (300x250 medium box) and one inline text ad (headline/copy = 350 characters) are accepted per newsletter or eTOC. High SOV.*

Example of inline text ad:

EMAIL DISTRIBUTION	*AFP* ETOC/ CLINICAL ANSWERS	*FPM* ETOC	*FPM* ENEWSLETTER
Average Distribution	115,136	107,126	105,356
Frequency	2x/month	6x/year	18x/year
Specialty*			
Family Medicine	93%	95%	86%
Other Specialty	3%	1%	3%
Unknown or Not Applicable	5%	3%	8%
Designation*			
MD	67%	79%	73%
DO	18%	19%	18%
NP	1%	0%	1%
PA	1%	0%	1%
Other Designation	2%	0%	1%
Unknown	12%	1%	4%

* Specialties and Designations add to more than total due to multiple specialties and designations for many individuals

*Medium box creative must include company name and/or body copy.

INFORMATION FROM THE AAFP

Impact on Health Systems from COVID-19 and the Role of Social Determinants of Health

Family physicians can ensure equitable access to care for COVID-19 and many other diseases and conditions by recognizing and addressing

See pages 29 and 30 for more information.

AFP eTOC/Clinical Answers Advertising Rates

	1-X	3-X	6-X	12-X	18-X	24-X
MEDIUM BOX (300X250)	$10,290	$9,780	$9,320	$8,800	$8,340	$7,940
INLINE TEXT AD	$7,210	$6,850	$6,540	$6,170	$5,870	$5,570
MED. BOX & INLINE TEXT	$16,860	$16,020	$15,270	$14,420	$13,670	$12,990

AFP eTOC/Clinical Answers Production Deadlines

ISSUE	SPACE CLOSING	AD MATERIAL DUE	*AFP* ETOC/CLINICAL ANSWERS DELIVERY DATE
Jan - Clinical Answers	12/11/25	12/16/25	01/05/26
January - eTOC	01/02/26	01/07/26	01/16/26
Feb - Clinical Answers	01/16/26	01/22/26	02/02/26
February - eTOC	02/03/26	02/06/26	02/17/26
Mar - Clinical Answers	02/16/26	02/19/26	03/02/26
March - eTOC	03/03/26	03/06/26	03/17/26
Apr - Clinical Answers	03/18/26	03/23/26	04/01/26
April - eTOC	04/02/26	04/07/26	04/17/26
May - Clinical Answers	04/17/26	04/22/26	05/01/26
May - eTOC	05/04/26	05/07/26	05/18/26
Jun - Clinical Answers	05/15/26	05/20/26	06/01/26
June - eTOC	06/02/26	06/05/26	06/16/26
Jul - Clinical Answers	06/17/26	06/22/26	07/01/26
July - eTOC	07/01/26	07/07/26	07/16/26
Aug - Clinical Answers	07/20/26	07/23/26	08/03/26
August - eTOC	08/04/26	08/07/26	08/18/26
Sep - Clinical Answers	08/18/26	08/21/26	09/01/26
September - eTOC	09/01/26	09/04/26	09/16/26
Oct - Clinical Answers	09/17/26	09/22/26	10/01/26
October - eTOC	10/02/26	10/07/26	10/16/26
Nov - Clinical Answers	10/19/26	10/22/26	11/02/26
November - eTOC	11/03/26	11/06/26	11/17/26
Dec - Clinical Answers	11/13/26	11/18/26	12/01/26
December - eTOC	12/02/26	12/07/26	12/16/26

FPM eTOC/eNewsletter Advertising Rates

	1-X	3-X	6-X	12-X	18-X	24-X
MEDIUM BOX (300x250)	$7,500	$6,920	$6,600	$6,240	$5,910	$5,610
INLINE TEXT AD	$5,100	$4,860	$4,640	$4,370	$4,160	$3,950
MED. BOX & INLINE TEXT	$11,920	$11,360	$10,800	$10,200	$9,670	$9,190

FPM eTOC/eNewsletter Production Deadlines

ISSUE	SPACE CLOSING	AD MATERIAL DUE	ETOC/ ENEWSLETTER DELIVERY DATE
Jan/Feb Issue - eTOC	12/22/25	01/05/26	01/14/26
Jan - eNewsletter	01/13/26	01/16/26	01/28/26
Feb - eNewsletter 1	01/28/26	02/02/26	02/11/26
Feb - eNewsletter 2	02/11/26	02/16/26	02/25/26
Mar/Apr Issue - eTOC	02/25/26	03/02/26	03/11/26
Mar - eNewsletter	03/11/26	03/16/26	03/25/26
Apr - eNewsletter 1	03/25/26	03/30/26	04/08/26
Apr - eNewsletter 2	04/07/26	04/10/26	04/22/26
May/Jun Issue - eTOC	04/29/26	05/04/26	05/13/26
May - eNewsletter	05/12/26	05/15/26	05/27/26
Jun - eNewsletter 1	05/27/26	06/01/26	06/10/26
Jun - eNewsletter 2	06/10/26	06/15/26	06/24/26

ISSUE	SPACE CLOSING	AD MATERIAL DUE	ETOC/ ENEWSLETTER DELIVERY DATE
Jul/Aug Issue - eTOC	06/30/26	07/06/26	07/15/26
Jul - eNewsletter	07/15/26	07/20/26	07/29/26
Aug - eNewsletter 1	07/29/26	08/03/26	08/12/26
Aug - eNewsletter 2	08/12/26	08/17/26	08/26/26
Sep/Oct Issue - eTOC	09/02/26	09/08/26	09/17/26
Sep - eNewsletter	09/16/26	09/21/26	09/30/26
Oct - eNewsletter 1	09/30/26	10/05/26	10/14/26
Oct - eNewsletter 2	10/14/26	10/19/26	10/28/26
Nov/Dec Issue - eTOC	10/28/26	11/02/26	11/11/26
Nov - eNewsletter	11/11/26	11/16/26	11/25/26
Dec - eNewsletter 1	11/23/26	11/30/26	12/09/26
Dec - eNewsletter 2	12/09/26	12/14/26	12/23/26

Advertising and Funded Activities: Policies and Principles

The AAFP accepts paid advertising and funded educational activities in certain of its publications including *American Family Physician* (*AFP*) and *FPM* journal print and digital channels. The revenue associated with these investments helps to support numerous activities of the AAFP, including the publishing expenses of *AFP* and *FPM*. The purpose of the AAFP journals is to serve our members, our specialty, and the broader primary care medical profession. This includes providing continuing medical education.

Because of this, the appearance of advertising and other funded activities cannot indicate or imply AAFP or journal endorsement of the advertised company or product(s), nor can funders influence the independence of journal editorial content at any stage of its development in any channel.

AAFP physician members, other non-member physicians, and other allied healthcare professionals expect the AAFP journals to be authoritative, evidence-based, and independent voices in the world of science and medicine.

Public, including AAFP member, confidence in our objectivity is critical to carrying out our mission. The AAFP adheres to the standards for advertising set forth by the Council of Medical Specialty Societies (CMSS) Code for Interactions with Companies, which includes these statements:

Advertising in all Society publications should be easily distinguishable from editorial content.

Advertising should not be designed to look like scientific articles.

In Society Journals, the placement of Advertising adjacent to articles or editorial content discussing the Company or product that is the subject of the ad should be prohibited.

Society Journals and other Society publications that…provide activities through which readers can earn CME credits should also comply with ACCME requirements for Advertising set out in the Standards for Commercial Support.

The following advertising policies and principles apply to all AAFP journal brands and channels:

1. Products and services to be advertised must meet the standards of generally accepted medical practice, be relevant to the clinical or socioeconomic practice of medicine or be of special interest to the physician readership. Funding, including for advertising, is accepted only if judged to be consistent with the interests and practice of family physicians, and funding standards are formalized, as in this document, and ever evolving.
2. The AAFP and members of its journal staff have the right to refuse any advertisement or funded activity that they deem incompatible with the mission or inconsistent with the values of the journal or the society, as well as to stop accepting any advertisement or funded activity previously accepted.
3. Advertisements, including advertising creative assets, that are new to the AAFP journals require pre-approval before they can appear and must be submitted for review no later than 10 days before the ad materials closing date for the print issue or no later than 10 days before the ad materials deadline for online and digital channels.
4. Advertisements and funded activities for the following categories are prohibited: Alcohol, tobacco, cannabis or cannabinoids, weapons, firearms, ammunition, fireworks, gambling and lottery, pornography or related themes, political and religious themes, and ads directed at children, as well as any products that make health claims that are not substantiated by scientific evidence.
5. All advertisements and funded activities must clearly and prominently identify the advertiser or funder by logo and/or name identification.
6. We prohibit the intentional placement of advertisements and funded activities adjacent to content that discusses the same company or product as the advertised product.
7. Advertisements and funded activities that make comparative claims to competitive products must be substantiated by supporting data.
8. Products that require approval by the U.S. Food and Drug Administration and/or U.S. Department of Agriculture for marketing must receive FDA or USDA approval before being eligible to advertise and must include "full disclosure" when required. It is the responsibility of the advertiser to conform to regulations of the FDA/USDA and all legal requirements for the content of claims made for products.
9. We may require supporting documentation to substantiate claims. For products not regulated by the FDA or USDA, technical and/or scientific documentation may be required.
10. Advertisements and funded activities that make health claims for non-FDA/USDA-approved nutritional supplements, foods, food additives, and other substances and devices with health claims must be substantiated by clinical studies, generally meaning studies that have independent support in authoritative, evidence-based medical literature. Such advertisements and funded activities may be required to additionally carry the following disclaimer: "These statements have not been evaluated by the [FDA or USDA]. This product is not intended to diagnose, treat, cure, or prevent any disease."
11. The AAFP follows the American Medical Association's Code of Medical Ethics Opinion 8.063 regarding the sale of health-related products from physician's offices. Products must serve the immediate and pressing needs of their patients, be supported by evidence in peer-reviewed literature and other unbiased scientific sources that review evidence in a sound, systematic, and reliable fashion, and such sales must not present a financial conflict of interest for the physician or physician's practice.
12. The AAFP follows the American Medical Association's Code of Medical Ethics Opinion 8.03 prohibiting physicians from placing their own financial interests above the welfare of their patients. Advertisements for products or services that assist the physician in running a more efficient practice, thus enabling the physician more time for patient care, will usually be accepted. This includes categories such as office equipment and software. Advertisements that focus marketing messages solely on increasing profitability are not acceptable.

13. Continuing medical education courses, seminars, and conferences are eligible to advertise, and we emphasize the preference for CME activities to be accredited by AAFP Credit System.
14. For enduring materials (e.g., books, audio and video products, software, etc.), submission of a sample for review to establish eligibility may be required.
15. The full rules for any market research or promotion associated with an advertisement must be displayed in the ad or available via a prominent link.
16. Sponsored Content: Advertorials and other longer-form content created for commercial purposes may be harder for the average reader to readily distinguish from journal content. While the AAFP journals do allow such types of advertising, we will publish no advertising that resembles our editorial content in design or format enough to confuse the reader or to be mistaken for editorial content. The company name or brand logo must appear prominently on the first page of this type of sponsored content and the word "SPONSORED" must appear in all caps at the top center of each page. Sponsored Content designs and layouts must be advance-reviewed for approval by the journal staff. At their discretion, the advertising may need to be reformatted to minimize its resemblance to editorial content, and this must be considered as part of an approval timetable. The journal editors have no part in the development of such sponsored and funded content.
17. The journals adhere to the policies of the American Academy of Family Physicians (AAFP), the Council of Medical Specialty Societies (CMSS) Code, and the Accreditation Council for Continuing Medical Education (ACCME) Standards. Journal staff members also frequently reference guidance and recommendations of the World Association of Medical Editors (WAME) and the International Committee of Medical Journal Editors (ICMJE).
18. The following online advertising formats are prohibited: pop-ups and floating ads; ads that collect and transact personally identifiable information, including physician-level data, from site users, including our members, without their knowledge or permission; ads that extend across or down the page without the visitor having clicked or rolled over the ad; and ads that send visitors to another site without the visitor having clicked the ad.
19. Online and digital advertisements and other funded or sponsored content must be clearly distinguishable from journal editorial content and will be labeled "ADVERTISEMENT" or "SPONSORED," depending on the advertising tactic, as part of standard site architecture.
20. Neither advertisers nor their agents may collect any personal information from the user except with the user's knowledge and permission and only after giving the user substantive information about the uses of the information. (See paragraph 18 above.) Similarly, cookies, pixels, applets, and other such files are prohibited if those files transmit any personally identifiable information to the advertiser or agent without the user's knowledge and permission.

Business policies

21. In consideration of publication of an advertisement, the advertiser and the agency, jointly and severally, agree to indemnify and hold harmless the AAFP and its officers, agents, and employees against expenses (including legal fees) and losses resulting from the publication of the contents of the ad, including, without limitation, claims or suits for libel, violation of privacy, copyright infringement, or plagiarism.
22. The AAFP shall not be liable for any failure to print, publish, or circulate any ad that is accepted. However, the journals shall, in collaboration with the advertiser or its agent, use reasonable efforts to place such advertising among subsequent available inventory.
23. The AAFP is not responsible for incidental or consequential damage for errors in printing an ad.
24. The AAFP will not be bound by any condition, printed or otherwise, appearing within agreements, on advertising order forms or within copy instructions when such conditions conflict with the conditions set forth in these advertising policies and principles.
25. Because journal editorial content requirements change as issue production progresses, all advertising insertion order position clauses are treated as important requests that may require change.
26. In the event of nonpayment, the advertiser and/or its agency shall be jointly and severally liable for such monies as are due and payable to the AAFP or its advertising sales agents.
27. Advertising materials must conform to mechanical specifications as indicated in the most recent journal media kit. These advertising policies and principles are not exhaustive and are subject to change at any time without notice.

Updated: September 2025

More Opportunities with the AAFP

The American Academy of Family Physicians (AAFP) works with a variety of health care-focused companies that share our goal of providing family physicians, their care teams, and their patients with the best resources and education tools. We strive to ensure our partnership delivers a valuable, collaborative, and relevant experience by identifying win-win opportunities for everyone involved.

The AAFP provides numerous ways to connect and collaborate with the Academy and our members.

BECOME AN AAFP PARTNER

Amplify your brand and build relationships with physicians in one of health care's largest specialties. The AAFP Partner Program offers six levels to best fit your organization's budget and goals. At every partner level, you'll join a passionate community where you can empower family physicians and make a real difference in patient care.

SHARE YOUR BRANDED CONTENT

Get your branded primary care educational content and resources into the hands of AAFP members. Whether sharing your organization's practice management tools, health and well-being information or clinical resources, a multi-channel marketing approach is utilized to maximize reach among family physicians and enhance overall value.

COLLABORATE ON STRATEGIC PROJECTS

Let's work together to develop practical, evidence-based tools and resources that improve educational outcomes for family physicians, family medicine residents and medical students as well as the patients they serve.

SPONSOR OR EXHIBIT AT AN EVENT

Increase your brand's visibility and directly connect with members at an industry-leading AAFP event. Opportunities include FMX, the premier family medicine event, FUTURE, the national event dedicated to the next generation of family physicians, AAFP Leadership Conference, Direct Primary Care Summit, Resident Leadership Summit and the Physician Health and Well-Being Conference.

HIRE FAMILY PHYSICIANS

Search the largest pool of family medicine candidates to fill your openings. Utilize AAFP CareerLink to post open positions and get noticed by the most qualified candidates.

ADVERTISE DIRECTLY TO PATIENTS

FamilyDoctor.org is AAFP's patient-focused site offering education from a trusted source – family doctors. Opportunities include site advertising, customized condition-specific advertising on targeted pages, sponsored and collaborative content packages and underwriting content creation.

AAFP CME BULLETIN - FUNDED EDUCATION

Be an exclusive sponsor for an edition of the AAFP CME Bulletin. Mailed with *American Family Physician* to nearly 75,000 AAFP active members. Each edition includes a self-assessment quiz and is ACCME accredited.

See page 31 for more information.

SPONSORED EDUCATIONAL CONTENT (NON-CME)

Publish your educational content or thought leadership as an insert in *American Family Physician*. Printed on heavy stock and mailed to nearly 75,000 AAFP active members.

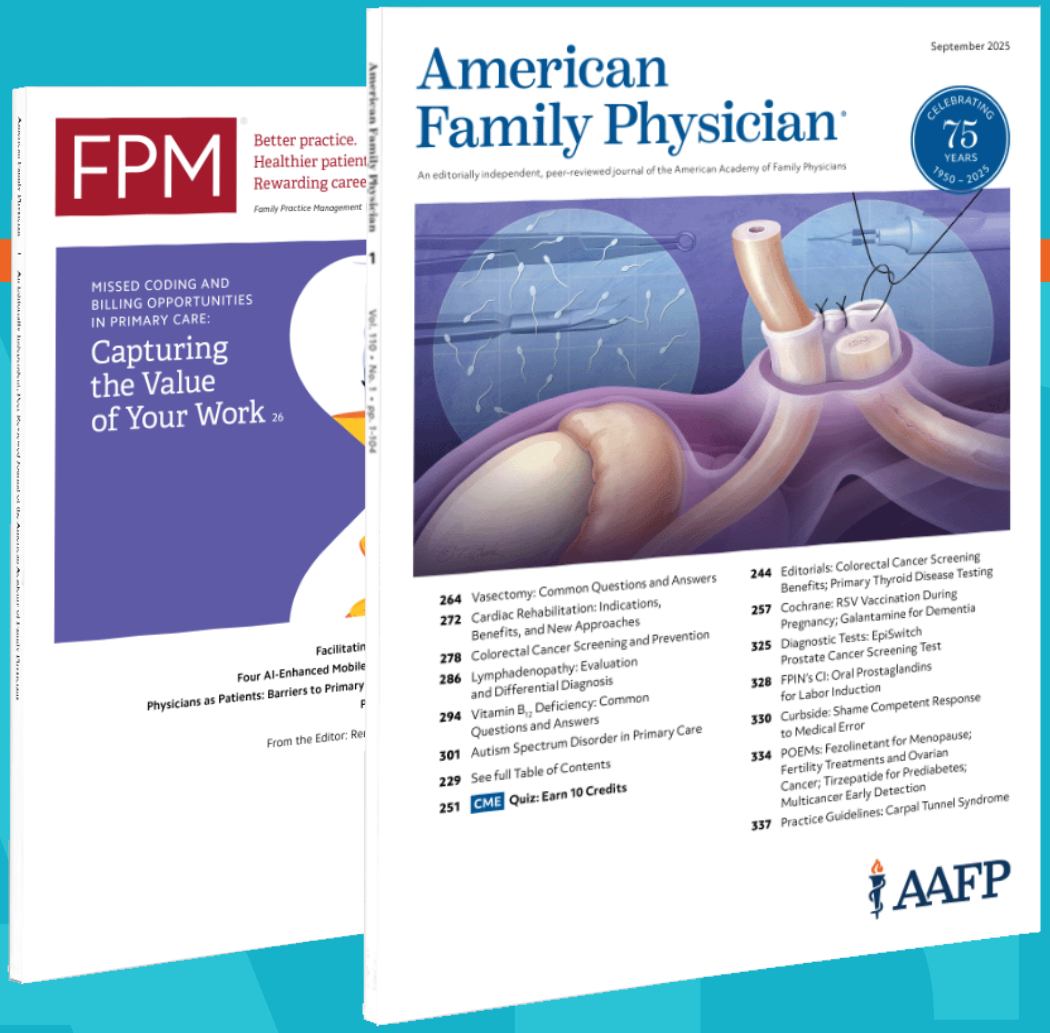
See page 32 for more information.

Let's get started:

Visit aafp.org/partner or email strategicengagements@aafp.org to learn more.

To explore these partnership opportunities through the AAFP or to learn more, contact:

Darren Sextro
dsextro@aafp.org
VP of Journal Media



Widely Read. Deeply Trusted.

ADVERTISING SALES

Karl Franz, *Regional Sales Manager*.....kfranz@wiley.com
Tara Schelling, *Senior Account Manager*.....tschelling@wiley.com
Kevin Dunn, *Senior Account Manager*.....kdunn@wiley.com

AD SERVICES AND SALES SUPPORT SPECIALIST
Stefanie Valenzano.....svalenzano@aafp.org
General Advertising Inquiries .....dsextro@aafp.org

BILLING COORDINATOR
Tania Tkachuk.....ttkachuk@wiley.com

***American Family Physician's* dominant engagement with family physicians and primary care physicians is well-detailed by M3 MI independent research. For more information, contact your Wiley advertising sales representative.**

AAFP JOURNAL MEDIA PRODUCTION/EDITORIAL OFFICE

11400 TOMAHAWK CREEK PARKWAY · LEAWOOD, KS 66211-2680
800.274.2237 · 913.906.6000 · FAX 913.906.6080

VP OF JOURNAL MEDIA
Darren Sextro.....dsextro@aafp.org

PRODUCTION DIRECTOR
Bret Taylor .....btaylor@aafp.org

PRODUCTION EDITOR
Evan Palmer.....epalmer@aafp.org

AAFP

AMM Association of Medical Media

Alliance for Audited Media

AFP COVER WRAP PROGRAM

Cover Wraps – extend your campaign through dedicated mailing with your message

Cover wraps are ad placements consisting of four, six, eight, or ten pages that wrap around the front and back covers of magazines at the spine.

For more details, please contact your AAFP sales representative.

Advantages of the Cover Wrap Program:

- You can fit a considerable amount of information and customized content on cover wraps
- The freedom to write bold and creative messages.
- Cover wraps provide the perfect targeting solution to speak directly to your audience uniquely and effectively.

Speak to your Wiley account manager:

Kevin Dunn, (201.264.5345; kdunn@wiley.com)
or Tara Schelling (215.933.2012; tschelling@wiley.com)

AAFP | American Family Physician

AFP COVER TIPS AND OUTSERTS

American Family Physician (*AFP*) accepts cover tip and outsert advertising:

- Orders accepted on a first-come, first-served basis.
- Creative (mock-up or sample) subject to publisher approval.
- Space reservations accepted:
- Must receive contract or insertion with creative (for approval) no later than six weeks prior to issue date.
- Materials due 30 days prior to issue date.

Cover Tip Specifications:

- Maximum size (w x h): 7-3/4-inches x 5 1/2-inches
- Minimum size (w x h): 7-3/4 inches x 5 inches
- Stock: 80# text
- Quantity: As specified. Contact production director for spoilage.
- Custom sizes: Contact *AFP* for specifications and rates.
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AMERICAN FAMILY PHYSICIAN PODCAST

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Frequently in the top 15 of the iTunes Medicine category, the *AFP* Podcast is a fun, compelling, and engaging way for HCPs to glean the knowledge from each issue of *American Family Physician*. Hosted by faculty and residents of the University of Arizona College of Medicine–Phoenix Family Medicine Residency, the podcast provides a common sense discussion of the approach to clinical decision-making based on information in each issue of *AFP* as well as other topics relevant to medical students, residents, physicians, and other HCPs.

Episodes: The podcast, now in its 10th season, releases new episodes twice a month (two episodes for each issue of *AFP*) with 1 to 2 bonus episodes per year that include the hosts interviewing family medicine physicians. Each episode of the podcast is downloaded approximately 35,000 times, with all episode downloads totaling more than 8 million (65,000 per month) and growing. The podcast has listeners in more than 200 countries.

Ratings: Frequently rated as one of the top medical podcasts in iTunes, the *AFP* Podcast has received an overall rating of 4.7 out of 5 overall based on 655 reviews. August 2024.

Some Sample Reviews:

"The staff and residents do a wonderful job. I just finished listening to every single recorded episode and the quality continues to improve. This is my go-to podcast for medicine...Thanks for all you do. Keep up the good work."

"Love the podcast!! Great evidence-based overviews, succinct and not too dry. Personally, I appreciate some of the jokes and transitions – makes me smile while reviewing the topics. Thank you for the podcast!"

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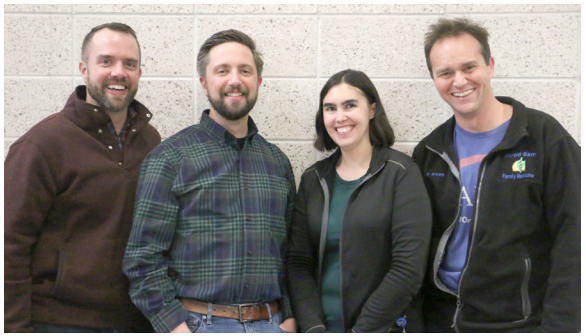

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Fast Facts

- Subscribers to the *AFP* Podcast listen to 85% of each episode on average.
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Source: Apple Podcasts Connect Analytics (based on the past 60 days of podcast traffic as measured by iTunes)

AFP Podcast Listener Profile

Family Medicine	89.6%
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Other	5.8%

Source: 2021 *AFP* Podcast Listener Survey, AAFP Marketing Research, April 2021, base 196 respondents

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- Educational, philanthropic, and recruitment messages are welcome
- Ads/copy are subject to acceptance by the publisher, editor-in-chief, and podcast host
- Copy may be modified by the publisher, without notice, to adhere to the style guide

Messages are informative vs. promotional in tone. They should describe your offering, rather than sell your offering.

- Avoid superlative statements (such as best, top-rated, "the only," premier, #1, etc.)
- Avoid competitive comparisons (such as "preferred by physicians 2:1")
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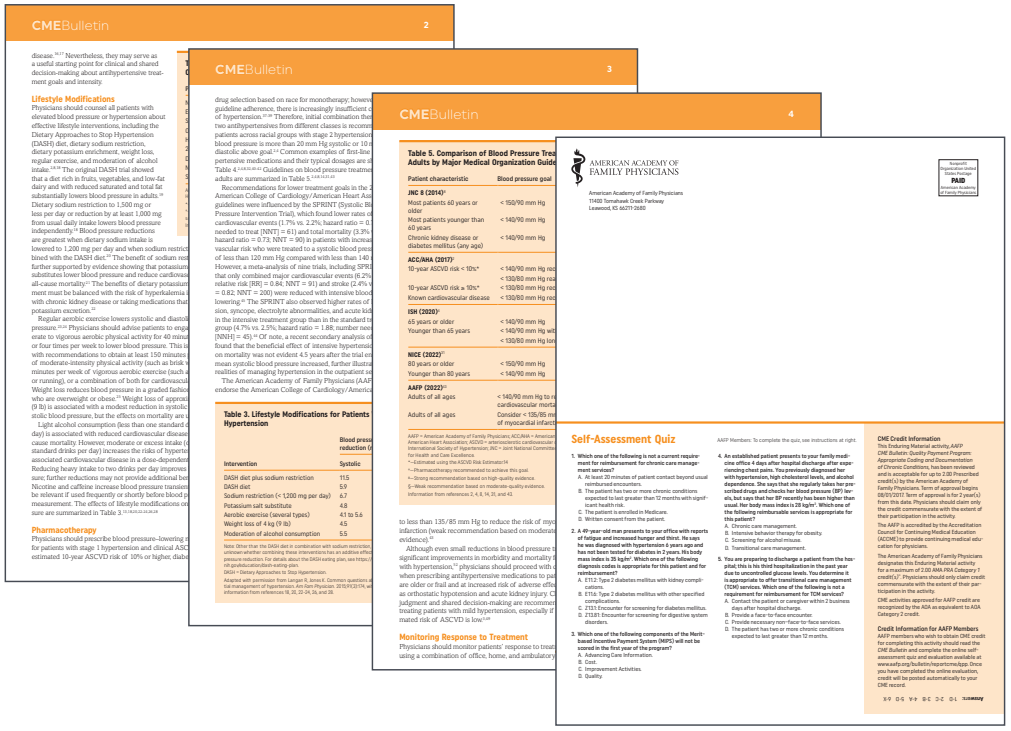

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A PEER-REVIEWED BULLETIN FOR THE FAMILY PHYSICIAN

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Hypertension in Adults: Initial Evaluation and Management

S. Lindsey Clarke, MD, Self Regional Healthcare Family Medicine Residency Program, Greenwood, South Carolina

Learning Objectives

1. Identify recommended but often underused evidence-based services relevant to patients with chronic illnesses (such as diabetes) to maximize professional reimbursement.
2. Use up-to-date coding and billing practices to ensure accurate reimbursement of these services.
3. Incorporate these services into clinical practice to maximize potential for quality improvement and reimbursement.

Hypertension in Adults

Hypertension is the persistent elevation of systolic and/or diastolic blood pressure and a leading modifiable risk factor for cardiovascular disease; it is the most common chronic condition seen by family physicians. Cardiovascular and cerebrovascular risk each increase linearly with blood pressure higher than 110/75 mm Hg, and risk accumulates with the addition of other cardiovascular risk factors. Treatment of hypertension reduces morbidity and mortality due to coronary artery disease, myocardial infarction, heart failure, stroke, and chronic kidney disease.[1-4]

Depending on the threshold used for diagnosis, hypertension affects 32% to 46% of U.S. adults, and prevalence increases with age.[2] Black individuals are affected at least 30% more than White individuals; this racial disparity is greatest among women, according to data from the National Health and Nutrition Examination Survey.[5] Reasons for these disparities are not completely understood, but access to care and social determinants of health play a significant role.[6] Classifications of hypertension according to recent guidelines are shown in Table 1.[2,4,7,8]

Screening and Diagnosis

The U.S. Preventive Services Task Force recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (grade A recommendation).9 Blood pressure should be measured using a calibrated auscultatory or oscillometric device. The cuff bladder should encircle 80% of the patient's arm because cuffs that are too small will overestimate blood pressure.[2,10] An AFP Community Blog post discusses the importance of accurate cuff size (https://www.aafp.org/pubs/afp/afp-community-blog/entry/for-accurate-blood-pressure-measurement-cuff-size-matters.html). Patients should rest quietly for five minutes in a chair, with their feet on the floor and their arm supported at heart level. At least two or three measurements should be taken at one- to two-minute intervals.[2,3,10]

For accurate diagnosis, blood pressure should be averaged over three or more separate visits, unless blood pressure exceeds 180/110 mm Hg or 160/100 mm Hg with evidence of end-organ damage.[2-4] Office blood pressure measurements should be confirmed with home or 24-hour ambulatory measurements when possible.[9,11] Typically, these will be 5 to 10 mm Hg lower than office measurements. Moreover, up to 20% of patients with high blood pressure in the clinic have normal ambulatory pressure or white coat hypertension.[2,3]

Evaluation

Assessment should focus on identifying complications of hypertension and comorbid cardiovascular risk factors.[4] History should include a personal and family history of hypertension, cardiovascular disease, and related disorders, such as diabetes mellitus and hyperlipidemia. Prior treatment, medications, and lifestyle habits (e.g., diet; salt intake; exercise; sleep; use of alcohol, tobacco, and stimulants) should be noted.

The physical examination and review of systems should identify pertinent signs and symptoms of cardiac, pulmonary, neurologic, visual, renal, and peripheral vascular dysfunction. Common secondary causes of hypertension should be considered, such as obstructive sleep apnea, primary aldosteronism, renovascular disease, renal parenchymal disease, and alcohol and illicit drug use, especially in patients younger than 30 years and those with markedly elevated blood pressure.[2,12]

Recommended laboratory and other diagnostic tests are listed in Table 2.[2,7,13] Patients 20 to 79 years of age without arteriosclerotic cardiovascular disease (ASCVD) can be risk stratified using the ASCVD Risk Estimator (https://tools.acc.org/ldl/ascvd_risk_estimator/index.html)[14] or ASCVD Risk Estimator Plus (https://tools.acc.org/ascvd-risk-estimator-plus/).[2,15] These tools have been shown to significantly overestimate risk in patients with predicted risk greater than 10%, higher socioeconomic status, or greater utilization of preventive care services. The tools underestimate risk in patients from certain racial or ethnic groups and in those with lower socioeconomic status or chronic inflammatory

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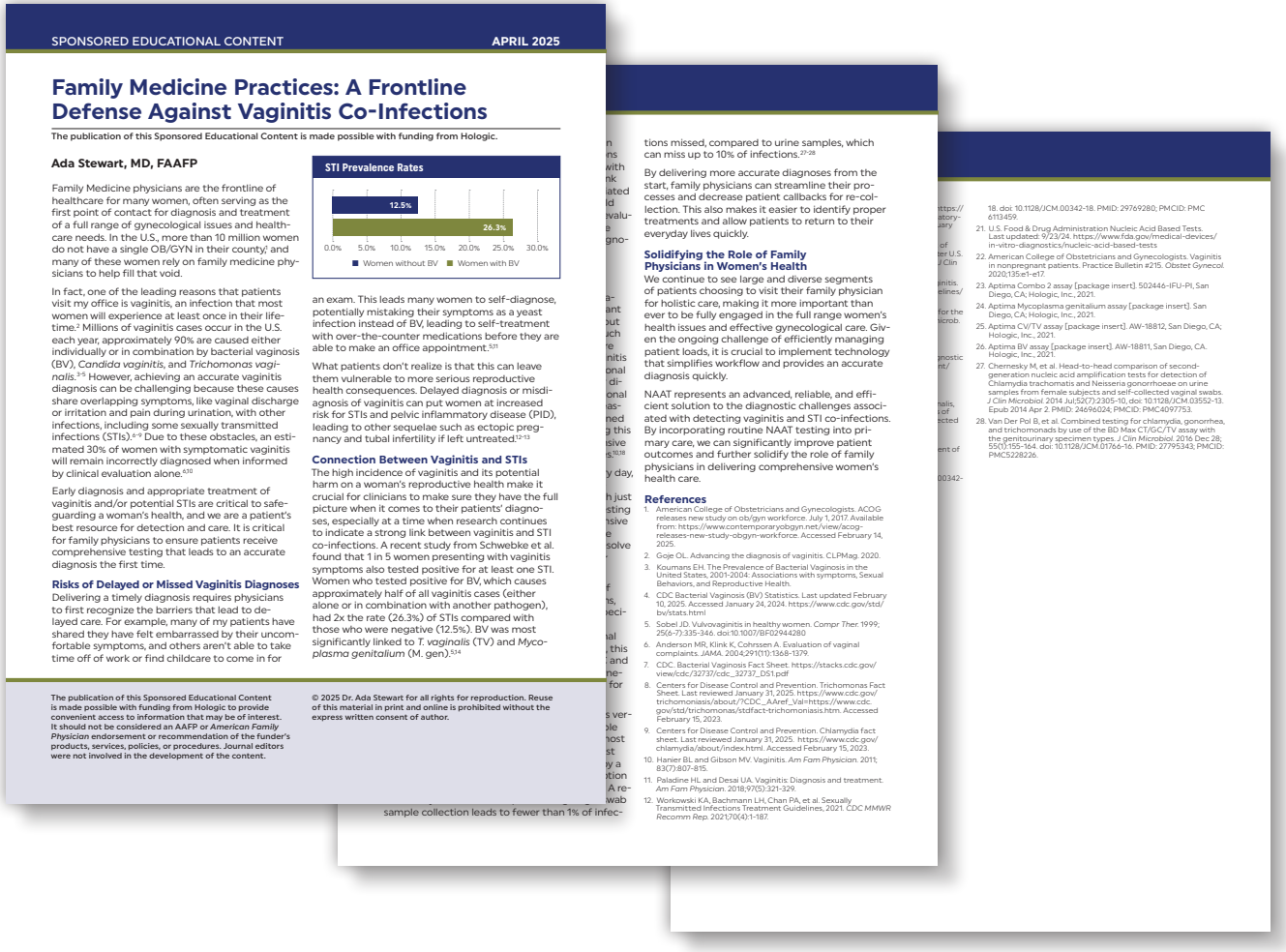

SPONSORED EDUCATIONAL CONTENT APRIL 2025

Family Medicine Practices: A Frontline Defense Against Vaginitis Co-Infections

The publication of this Sponsored Educational Content is made possible with funding from Hologic.

Ada Stewart, MD, FAAFP

Family Medicine physicians are the frontline of healthcare for many women, often serving as the first point of contact for diagnosis and treatment of a full range of gynecological issues and healthcare needs. In the U.S., more than 10 million women do not have a single OB/GYN in their county,[1] and many of these women rely on family medicine physicians to help fill that void.

In fact, one of the leading reasons that patients visit my office is vaginitis, an infection that most women will experience at least once in their lifetime.[2] Millions of vaginitis cases occur in the U.S. each year, approximately 90% are caused either individually or in combination by bacterial vaginosis (BV), *Candida vaginitis*, and *Trichomonas vaginalis*.[3-5] However, achieving an accurate vaginitis diagnosis can be challenging because these causes share overlapping symptoms, like vaginal discharge or irritation and pain during urination, with other infections, including some sexually transmitted infections (STIs).[6-9] Due to these obstacles, an estimated 30% of women with symptomatic vaginitis will remain incorrectly diagnosed when informed by clinical evaluation alone.[6,10]

Early diagnosis and appropriate treatment of vaginitis and/or potential STIs are critical to safeguarding a woman's health, and we are a patient's best resource for detection and care. It is critical for family physicians to ensure patients receive comprehensive testing that leads to an accurate diagnosis the first time.

Risks of Delayed or Missed Vaginitis Diagnoses

Delivering a timely diagnosis requires physicians to first recognize the barriers that lead to delayed care. For example, many of my patients have shared they have felt embarrassed by their uncomfortable symptoms, and others aren't able to take time off of work or find childcare to come in for an exam. This leads many women to self-diagnose, potentially mistaking their symptoms as a yeast infection instead of BV, leading to self-treatment with over-the-counter medications before they are able to make an office appointment.[5,11]

What patients don't realize is that this can leave them vulnerable to more serious reproductive health consequences. Delayed diagnosis or misdiagnosis of vaginitis can put women at increased risk for STIs and pelvic inflammatory disease (PID), leading to other sequelae such as ectopic pregnancy and tubal infertility if left untreated.[12-13]

Connection Between Vaginitis and STIs

The high incidence of vaginitis and its potential harm on a woman's reproductive health make it crucial for clinicians to make sure they have the full picture when it comes to their patients' diagnoses, especially at a time when research continues to indicate a strong link between vaginitis and STI co-infections. A recent study from Schwebke et al. found that 1 in 5 women presenting with vaginitis symptoms also tested positive for at least one STI. Women who tested positive for BV, which causes approximately half of all vaginitis cases (either alone or in combination with another pathogen), had 2x the rate (26.3%) of STIs compared with those who were negative (12.5%). BV was most significantly linked to *T. vaginalis* (TV) and *Mycoplasma genitalium* (M. gen).[5,14]

tions missed, compared to urine samples, which can miss up to 10% of infections.[27-28]

By delivering more accurate diagnoses from the start, family physicians can streamline their processes and decrease patient callbacks for re-collection. This also makes it easier to identify proper treatments and allow patients to return to their everyday lives quickly.

Solidifying the Role of Family Physicians in Women's Health

We continue to see large and diverse segments of patients choosing to visit their family physician for holistic care, making it more important than ever to be fully engaged in the full range women's health issues and effective gynecological care. Given the ongoing challenge of efficiently managing patient loads, it is crucial to implement technology that simplifies workflow and provides an accurate diagnosis quickly.

NAAT represents an advanced, reliable, and efficient solution to the diagnostic challenges associated with detecting vaginitis and STI co-infections. By incorporating routine NAAT testing into primary care, we can significantly improve patient outcomes and further solidify the role of family physicians in delivering comprehensive women's health care.

References

1. American College of Obstetricians and Gynecologists. ACOG releases new study on ob/gyn workforce. July 1, 2017. Available from: https://www.contemporaryobgyn.net/view/acog-releases-new-study-obgyn-workforce. Accessed February 14, 2025.
2. Goje OL. Advancing the diagnosis of vaginitis. CLPMag. 2020.
3. Koumans EH. The Prevalence of Bacterial Vaginosis in the United States, 2001-2004: Associations with symptoms, Sexual Behaviors, and Reproductive Health.
4. CDC Bacterial Vaginosis (BV) Statistics. Last updated February 10, 2025. Accessed January 24, 2024. https://www.cdc.gov/std/bv/stats.html
5. Sobel JD. Vulvovaginitis in healthy women. *Compr Ther.* 1999; 256-7):335-346. doi:10.1007/BF02944280
6. Anderson MR, Klink K, Cohrssen A. Evaluation of vaginal complaints. *JAMA.* 2004;291(11):1368-1379.
7. CDC. Bacterial Vaginosis Fact Sheet. https://stacks.cdc.gov/view/cdc/32737/cdc_32737_DS1.pdf
8. Centers for Disease Control and Prevention. Trichomonas Fact Sheet. Last reviewed January 31, 2025. https://www.cdc.gov/trichomoniasis/about/?CDC_AAref_Val=https://www.cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm. Accessed February 15, 2023.
9. Centers for Disease Control and Prevention. Chlamydia fact sheet. Last reviewed January 31, 2025. https://www.cdc.gov/chlamydia/about/index.html. Accessed February 15, 2023.
10. Hanier BL and Gibson MV. Vaginitis. *Am Fam Physician.* 2011; 83(7):807-815.
11. Paladine HL and Desai UA. Vaginitis: Diagnosis and treatment. *Am Fam Physician.* 2018;97(5):321-329.
12. Workowski KA, Bachmann LH, Chan PA, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. *CDC MMWR Recomm Rep.* 2021;70(4):1-187.
18. doi: 10.1128/JCM.00342-18. PMID: 29769280; PMCID: PMC6113459.
21. U.S. Food & Drug Administration Nucleic Acid Based Tests. Last updated: 9/23/24. https://www.fda.gov/medical-devices/in-vitro-diagnostics/nucleic-acid-based-tests
22. American College of Obstetricians and Gynecologists. Vaginitis in nonpregnant patients. Practice Bulletin #215. *Obstet Gynecol.* 2020;135:e1-e17.
23. Aptima Combo 2 assay [package insert]. 502446-IFU-PI, San Diego, CA; Hologic, Inc., 2021.
24. Aptima Mycoplasma genitalium assay [package insert]. San Diego, CA; Hologic, Inc., 2021.
25. Aptima CV/TV assay [package insert]. AW-18812, San Diego, CA; Hologic, Inc., 2021.
26. Aptima BV assay [package insert]. AW-18811, San Diego, CA. Hologic, Inc., 2021.
27. Chernesky M, et al. Head-to-head comparison of second-generation nucleic acid amplification tests for detection of Chlamydia trachomatis and Neisseria gonorrhoeae on urine samples from female subjects and self-collected vaginal swabs. *J Clin Microbiol.* 2014 Jul;52(7):2305-10, doi: 10.1128/JCM.03552-13. Epub 2014 Apr 2. PMID: 24696024; PMCID: PMC4097753.
28. Van Der Pol B, et al. Combined testing for chlamydia, gonorrhea, and trichomonads by use of the BD Max CT/GC/TV assay with the genitourinary specimen types. *J Clin Microbiol.* 2016 Dec 28; 55(1):155-164. doi: 10.1128/JCM.01766-16. PMID: 27795343; PMCID: PMC5228226.

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