ICCN

INTERPROFESSIONAL CRITICAL CARE NETWORK

SPONSORSHIP PROSPECTUS · 2026 EDITION

Reach the entire critical care *team.*

An interprofessional clinician audience of **80,000+ monthly content views** across Substack, LinkedIn, and the ICCN ecosystem — built and led by a working bedside clinician.

Javier Amador-Castaneda
BHS, RRT, FCCM, PNAP
Founder & CEO, ICCN

A LETTER FROM THE FOUNDER

Critical care isn't built by one profession. *Neither is the audience that listens to us.*

ICCN began as a single clinician sharing one article a day with peers on LinkedIn. Four years later, it's a network read by tens of thousands of clinicians every month — respiratory therapists, intensivists, ICU nurses, advanced practice providers, students, and researchers across **ten editorial tracks, published twice every weekday**.

We translate critical care research into bedside practice. A full-length flagship at 06:00 ET and a focused brief at 12:00 ET, Monday through Friday: sepsis on Monday morning, infection prevention at noon; mechanical ventilation on Tuesday morning, airway and liberation at noon; and so on through Friday's AI in Healthcare brief, which is free to everyone. The audience trusts us because the content is clinician-led, evidence-rigorous, and editorially independent.

This prospectus is for partners who want to reach that audience the way they actually consume content: **at the bedside, twice every weekday, not at a conference once a year.**

If your work serves the critical care community — mechanical ventilation, hemodynamics, ICU pharma, monitors, sepsis diagnostics, CME, EHR, or training — we'd like to talk.

AUDIENCE BY THE NUMBERS

An engaged clinical audience of *80,000+ monthly views*.

Combined reach across the ICCN Substack, LinkedIn channels, and the One Article a Day Challenge — growing month-over-month.

80,000+

MONTHLY CONTENT VIEWS (COMBINED)

Aggregate impressions across Substack and LinkedIn over the past 30 days. Trending up 55.6% on LinkedIn alone.

30,000+

SUBSTACK ARTICLE VIEWS / MONTH

Ten editions a week across ten tracks.

47,665

LINKEDIN ARTICLE VIEWS / 28 DAYS

+55.6% growth period over period.

~5,000

ONE ARTICLE A DAY SUBSCRIBERS

LinkedIn newsletter, daily clinical reading.

~1,200

MECHANICAL VENTILATION NEWS

Specialty subscriber base, RT-dominant.

11,000+

FOUNDER LINKEDIN FOLLOWERS

Direct personal reach of Javier Amador-Castaneda, BHS, RRT, FCCM, PNAP.

~2,000

ICCN COMPANY PAGE FOLLOWERS

LinkedIn business page, growing weekly.

AUDIENCE COMPOSITION

Who reads ICCN.

The defining feature of ICCN's audience is **interprofessionality**. We're read by the entire ICU team — not a single role. That makes the audience uniquely valuable to sponsors whose products touch the whole bedside workflow.

- **Respiratory Therapists (RRTs)**
- **Critical Care Nurses**
- **Fellowship trainees**
- **Medical & RT students**
- **Educators & program directors**
- **Intensivists & Pulmonologists**
- **Advanced Practice Providers (NPs, PAs)**
- **Critical Care Pharmacists**
- **ICU researchers**
- **Hospital administrators**

Geography: United States majority, with growing international readership across Canada, UK, EU, Latin America, and the Middle East.

Decision authority: Many readers are department leads, program directors, or members of formulary and equipment-evaluation committees — the people who shape institutional purchasing decisions.

Engagement profile: ICCN readers consume long-form clinical content daily. They are not passive scrollers. The trust they bring to the page is what makes sponsored content perform here.

EDITORIAL CALENDAR

Ten tracks, twice a day. *One audience.*

Every weekday carries a 06:00 ET Flagship and a 12:00 ET Brief, each with its own editorial track. Sponsors can align with a single track for category exclusivity, or run across the full week for maximum reach.

Monday 06:00 ET FLAGSHIP	**Sepsis & Shock** — recognition, resuscitation, vasopressor strategy, steroids, source control.
Monday 12:00 ET BRIEF	**Infectious Disease & Infection Prevention** — antimicrobial choice, stewardship, MDROs, VAP, CLABSI, prevention bundles.
Tuesday 06:00 ET FLAGSHIP	**Mechanical Ventilation & Respiratory Physiology** — ARDS, PEEP, driving pressure, APRV/TCAV, oxygen targets.
Tuesday 12:00 ET BRIEF	**Airway, Liberation & Recovery** — intubation, SBTs, extubation, tracheostomy, early mobility.
Wednesday 06:00 ET FLAGSHIP	**Cardiac & Hemodynamics** — cardiogenic shock, RV failure, monitoring, post-arrest care.
Wednesday 12:00 ET BRIEF	**ECMO & Extracorporeal Support** — VV/VA ECMO, ECPR, Impella and IABP, CRRT, ECCO2R.
Thursday 06:00 ET FLAGSHIP	**Pharmacology & Nutrition** — sedation, antimicrobial PK/PD, anticoagulation, enteral and parenteral nutrition.
Thursday 12:00 ET BRIEF	**Research & Evidence Mastery** — one paper, one methods concept; last Thursday of the month: Leadership & Education.
Friday 06:00 ET FLAGSHIP	**Neuro & Recovery** — stroke, TBI, neuroprognostication, delirium, PICS, goals of care.
Friday 12:00 ET BRIEF FREE	**AI in Healthcare** — ambient scribes, decision support, bias, governance. Free in full.

Each track has its own indexed landing page on iccn.io (e.g., iccn.io/mechanical-ventilation/) where category-exclusive sponsors appear. Each track is also its own Substack section, so readers opt in by discipline.

What makes this audience *different*.

Clinician-led editorial direction. Javier Amador-Castaneda is a practicing Respiratory Care Practitioner at Columbia University Irving Medical Center and a Fellow of the American College of Critical Care Medicine (FCCM).

He serves the broader critical care community in multiple society leadership roles: **Vice Chair** of the SCCM Emerging Perspectives in Critical Care Committee, **Vice Chair** of the ARDS Innovation Knowledge and Education Group (KEG), member of the Airway Management and Mechanical Ventilation Committee, and member of the FCCS Program Committee and SCCM Program Committee. He is currently completing his second and final year as the **North American Representative for ESICM**.

He is an active member across the major critical care, respiratory, and pulmonary societies — SCCM, ESICM, ATS, CHEST, ELSO, AARC, ERS, and NAP — among others.

Rigorous review pipeline. Every clinical claim published by ICCN is grounded in primary literature. Citations are accessible, traceable, and triple-checked before publication. Modern editorial tools accelerate drafting; the clinical judgment, sourcing, and accountability remain entirely with the founder.

Evidence-rigorous. Every clinical claim is cited from primary literature. The audience trusts that if they read it on ICCN, the trial is real and the interpretation is honest.

Editorially independent. Sponsorship is clearly disclosed and never disguised as editorial. Sponsors do not influence which trials are covered or how they're interpreted. This is the foundation of audience trust — and the reason sponsor content performs here.

Interprofessional, not single-role. Most critical care media targets physicians only. ICCN is read by the entire team — making it the right place to reach respiratory care, nursing, and APP audiences in parallel with physicians.

Twice a day, not episodic. ICCN publishes two editions every weekday — ten a week. The audience has a weekday habit. Sponsors are present in routine clinical learning, not in a once-a-year conference moment.

Multi-channel distribution. Each edition is published across Substack, LinkedIn, the One Article a Day Challenge, the Mechanical Ventilation Newsletter, and iccn.io — meeting clinicians wherever they prefer to read.

TIER ONE

Silver Sponsor.

Entry-level partnership for organizations that want consistent visibility to the ICCN audience without a custom campaign.

Silver

$1,500 / MONTH

Annual: $15,000 — save $3,000 (17% off)

- ✓ **One sponsored mention** in a Substack newsletter post per month (clearly disclosed)
- ✓ Logo placement in **iccn.io site footer** as a Silver Partner
- ✓ **One LinkedIn social post** per month featuring your organization
- ✓ Inclusion in the **quarterly partner roundup** sent to all subscribers
- ✓ Basic monthly **delivery report** (impressions, clicks)
- ✓ Right of first refusal to renew at locked-in rate

BEST FOR: COMPANIES TESTING THE AUDIENCE, CONFERENCE ORGANIZERS, SINGLE-PRODUCT LAUNCHES

TIER TWO

Gold Sponsor.

Significant weekly presence with category alignment to a specific editorial track. Best for mid-market commitment and sustained brand-building.

Gold

$4,500 / MONTH

Annual: $45,000 — save $9,000 (17% off)

- ✓ **Four sponsored mentions** per month (one per week) across Substack newsletters
- ✓ **Track sponsor badge** on one editorial track of your choice (e.g., “Sponsored by [you] this month on Mechanical Ventilation, Tuesday 06:00 ET”)
- ✓ Logo placement on the **relevant track landing page** at iccn.io
- ✓ **Four LinkedIn social posts** per month (one per week)
- ✓ **Dedicated slot** in the One Article a Day Challenge email rotation
- ✓ Mention in the **Mechanical Ventilation Newsletter** when topically relevant
- ✓ Monthly delivery report with audience engagement metrics

BEST FOR: MEDICAL DEVICE COMPANIES, SPECIALTY PHARMA, CME PROVIDERS, EHR / CLINICAL DECISION SUPPORT TOOLS

TIER THREE

Platinum Sponsor.

Full editorial integration, custom co-created content, and category exclusivity. Reserved for partners building long-term presence in the critical care community.

Platinum

$12,500 / MONTH

Annual: $125,000 — save $25,000 (17% off)

- ✓ **Title sponsor** of a full editorial track (e.g., “Mechanical Ventilation, presented by [you]”) with name-in-title billing
- ✓ **Eight sponsored mentions** per month across Substack & LinkedIn (2/week)
- ✓ **Homepage logo placement** on iccn.io in the Partner section
- ✓ **One custom sponsored deep-dive** per quarter (Javier writes; you review for accuracy of any product claims)
- ✓ **Quarterly co-branded webinar** on a topic aligned with your portfolio (Javier moderates)
- ✓ **Eight LinkedIn social posts** per month from both the founder profile and ICCN page
- ✓ **Category exclusivity** on your chosen editorial track for the duration of the agreement
- ✓ **Custom audience survey** once per quarter (we field 3-5 questions for you to ~5,000 engaged subscribers)
- ✓ Priority analytics & quarterly business review with the founder

BEST FOR: VENTILATOR MANUFACTURERS, HEMODYNAMIC MONITOR COMPANIES, ICU PHARMA LAUNCHES, LARGE CME PROVIDERS, CONFERENCE ORGANIZERS, EHR VENDORS

À LA CARTE

Add-ons & one-time placements.

Sometimes a tier-based commitment isn't the right fit. Many sponsors want a single high-impact placement around a product launch, conference, or campaign moment. The following are available as standalone purchases.

PLACEMENT	INVESTMENT
Single Substack newsletter sponsorship Dedicated slot in one edition of your choice (any track, flagship or brief)	$1,250
Sponsored deep-dive article Custom 1,500-word piece, written by Javier with sponsor review for accuracy	$5,500
Webinar title sponsorship 90-minute live webinar with Javier moderating, your branding throughout	$8,000
Custom audience survey 3-5 questions to ~5,000 engaged ICCN subscribers, results delivered exclusively	$3,500
YouTube content sponsorship (when launched) Pre-roll or integrated mention in ICCN YouTube content	$2,500 / video
Annual category exclusivity Lock out direct competitors from any ICCN placement for 12 months	+30% surcharge

Multi-placement and multi-quarter bundles available. All placements are clearly labeled as sponsored. Editorial control of clinical content remains with ICCN.

COMMON QUESTIONS

FAQ for prospective sponsors.

Will I influence editorial content?

No. ICCN's clinical interpretation is editorially independent. Sponsors are clearly disclosed, and sponsored content is labeled. Sponsors review their own product claims for factual accuracy; they don't edit ICCN's independent commentary.

How are sponsorships disclosed?

Every sponsored placement carries a visible "Sponsored by" or "In partnership with" label, consistent with FTC and industry standards. Native sponsored deep-dives are clearly marked at the top, bottom, and inline.

Can I run product-specific clinical claims?

Clinical claims about your product must be supported by published evidence and reviewed for regulatory compliance on your side. ICCN won't publish claims that aren't evidence-supported. We'll work with you in advance to align on what's claimable.

What's the cancellation policy?

Monthly tiers are cancellable with 30 days notice. Annual commitments are non-refundable beyond month one but can be paused or transferred between products with mutual agreement.

Do you offer pharma compliance review windows?

Yes. Sponsored deep-dives include up to two rounds of compliance review by your medical/legal team before publication. Standard turnaround is 7-10 business days.

Can you guarantee impressions?

We provide impression estimates based on rolling 90-day averages and historical data. Actual performance is delivered in monthly reporting. We don't guarantee fixed numbers because clinical content engagement varies by topic and season.

What if my company is in a regulated category (medical device, pharma)?

We're experienced with regulated-category partners and operate within MDR, FDA, and PhRMA Code standards. We'll structure the agreement to meet your compliance requirements.

Are there exclusions on who you'll work with?

Yes. We do not accept sponsorships from organizations whose products lack evidence of clinical benefit, from MLM/pyramid structures, or from entities under active regulatory enforcement for fraud.

NEXT STEPS

Let’s build something *together*.

If your work serves the critical care community, we want to talk. Sponsorships are limited — we cap the number of partners per editorial track to preserve audience trust.

CONTACT CEO@ICCN.IO

Or visit iccn.io/sponsor/
to send an inquiry directly through the site.

Founding Partner Program: The first six sponsors to commit lock in 2026 introductory rates through the end of 2027 — before rate adjustments.

DISCLOSURES & STANDARDS

Editorial standards and partnership commitments.

Editorial independence. ICCN clinical content is independent. Sponsors do not control which trials are covered, which products are mentioned in independent editorial, or how clinical evidence is interpreted.

Disclosure. All sponsored content carries a visible and unambiguous “Sponsored by” or “In partnership with” label at the top of the piece, in any included social posts, and in any associated email subject lines where space permits.

Regulated category compliance. Sponsors in regulated industries (pharmaceutical, medical device, diagnostics) are responsible for ensuring their submitted creative and product claims meet applicable regulatory standards (FDA, EMA, MDR, PhRMA Code). ICCN reserves final approval of any clinical claim made within a sponsored placement.

No regulatory authority. ICCN is an educational publication. We are not a regulatory body, certifying organization, or substitute for institutional clinical guidelines. Sponsorship of ICCN content does not constitute endorsement of a product by any government, professional society, or healthcare institution.

Audience data. Audience numbers reported in this prospectus are sourced from Substack, LinkedIn, and direct subscriber records as of the publication date. Figures are subject to change with the underlying platforms. Verified screenshots available on request.

Contact. Sponsorship inquiries: ceo@iccn.io. Website: iccn.io/sponsor/.

Built for clinicians, by a clinician.

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