

**SCIENTIFIC
AMERICAN**

2025 Media Kit



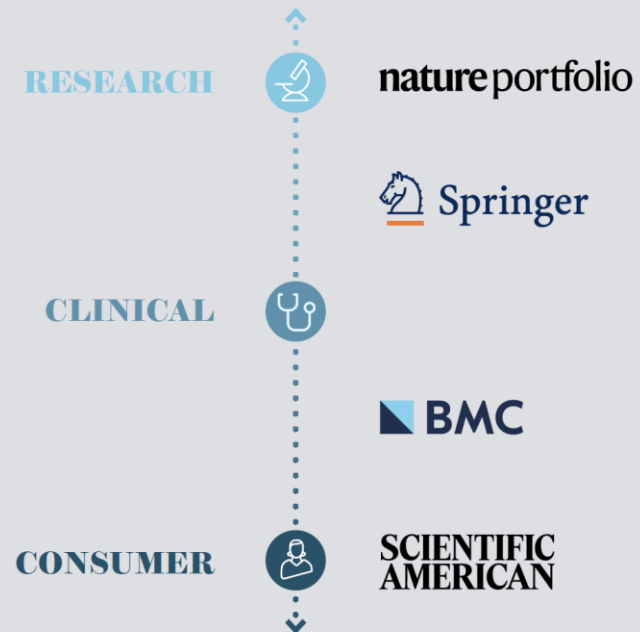
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Scientific American's Mission Statement

Scientific American is a science publication for our times, fulfilling the urgent need for trustworthy, engaging, clear, evidence-driven journalism and analysis.

Scientific American is a leading voice in the issues that are shaping our world in ways that aren't available elsewhere.

Our mission is to elevate, examine, and explain the most important research in the world, from scientists, researchers, and innovators who are doing the most urgent, transformative, and relevant work.



Global Reach



Print Readership*

2.2 Million A18+ Readers



Monthly Web Reach**

3.5 Million Unique Users

4.9 Million Page Views



Social

7.9 Million Social Media Followers

47 Million YouTube Video Views



Apple News

3.5 Million Page Views



A Strong Global Presence

9 Local Language Editions



Audience Demographics



Total Audience	6,484,000
% M/F	64/36
A18-34	34%
A35-54	34%
A50+	40%
Median Age	44 years
Any College	73%
Grad Coll+	50%
Post Grad Degree	26%
HHI \$100K+	46%
HHI \$150K+	28%
Median HHI	\$91,431
Median Home Value	\$369,329
Professional/Managerial	35%
Chief Officer/Owner/Partner/VP	11%
Supervisor	21%

Print Advertising

Print Rates (Four-Color)

	Full Page	2/3 Page	1/2 Page	1/3 Page	1/6 Page
1x	\$45,114	\$36,051	\$30,010	\$18,321	\$11,211
3x	\$44,218	\$35,250	\$29,321	\$17,869	\$10,985
6x	\$42,860	\$34,265	\$28,441	\$17,347	\$10,631
12x	\$40,689	\$32,579	\$27,116	\$16,421	\$10,120
18x	\$38,440	\$30,713	\$25,634	\$15,609	\$9,612
24x	\$36,206	\$28,907	\$24,095	\$14,668	\$8,999

Print Closing Dates

	On-Sale Date	Space Close	Material Due
January	12/17/24	11/08/24	11/15/24
February	01/21/25	12/10/24	12/11/24
March	02/25/25	01/10/25	01/17/25
April	03/25/25	02/10/25	02/13/25
May	04/22/25	03/10/25	03/20/25
June	05/27/25	04/10/25	04/21/25
July/August	06/24/25	05/09/25	05/20/25
September	08/26/25	07/10/25	07/21/25
October	09/23/25	08/11/25	08/14/25
November	10/21/25	09/10/25	09/18/25
December	11/25/25	10/10/25	10/20/25



View Print Specs [HERE](#)

Digital Advertising

ScientificAmerican.com reaches an average 3.5 million monthly unique users who pay to access premium content. While SciAm.com includes material from the magazine, the majority is fresh content updated daily with nearly 200 new articles each month.

Subchannels include:

- Health
- Mind & Brain
- Environment
- Technology
- Space & Physics

Reach these highly engaged users though contextual and/or behavioral targeting, all based on accurate, compliant, and unique first party data.

OCTOBER 18, 2023 | 6 MIN READ

Milestone Pig-to-Human Heart Transplant May Pave the Way for Broader Trial

Surgeons transplanted a genetically modified pig heart into a human for the second time ever, and the recipient survived for six weeks

BY TANYA LEWIS



How AI Can Help Save Endangered Species

OCTOBER 31, 2023 | 4 MIN READ

How AI Can Help Save Endangered Species

Scientists are using artificial intelligence to fight biodiversity loss by analysing vast amounts of data, monitoring ecosystems and spotting trends over time

BY NATURE MAGAZINE & JOSIN THOMPSON



Digital Advertising

Placement	Unit	CPM
Homepage	970x250 (1 st ad position on page)	\$30
	970x250	\$25
Vertical Content Channel	970x250 (1 st ad position on page)	\$25
	970x250	\$20
ROS	970x250 (1 st ad position on page)	\$22
	970x250	\$20
Mobile	300x250	\$20
	300x50	\$18

300x250, 728x90 available on desktop, if needed

View Digital Specs [HERE](#)



Milestone Pig-to-Human Heart Transplant May Pave the Way for Broader Trial

Surgeons transplanted a genetically modified pig heart into a human for the second time ever, and the recipient survived for six weeks.

Late last month a team of researchers at the University of Maryland School of Medicine transplanted a genetically modified pig heart into a person—the second such surgery ever attempted—and it has kept him alive for the past few weeks. The patient, 58-year-old Lawrence Faucette, underwent the highly experimental procedure under a “compassionate use” pathway, in which the U.S. Food and Drug Administration permits an unapproved therapy when a person is seriously ill or dying and has no other options available. Faucette was not eligible for a conventional human heart transplant because he had peripheral vascular disease and other complications, which narrowed the outlook for success.

By mid-October, Faucette was continuing to recover and doing physical therapy. “He’s had a rough time,” however, Bartley Griffith, a surgeon at the University of Maryland, who performed Faucette’s procedure as well as the previous one, said at that time. According to Griffith, Faucette was living at home when the FDA first approved the surgery, but he was subsequently hospitalized with fluid in his lungs. Then he suffered a cardiac arrest the night before the surgery. Still, he had so far responded well to the transplant—and was sitting up in a chair two days afterward.

More than 100,000 people are waiting for an organ transplant—most of them for kidneys—so researchers have long been exploring xenotransplantation: transplanting other species’ organs into humans. To prevent the human immune system from attacking these alien organs, scientists have begun to breed genetically modified donor pigs that lack certain genes or have other genes added.

In the past couple of years, pig xenotransplants have been tested in both nonhuman primates and deceased humans—but the ultimate goal is to conduct human clinical trials on a bigger scale. The results of the recent compassionate use transplant will likely influence the FDA’s consideration of whether and when to allow such trials to take place. Many researchers hope this could happen in the next year or two.

“I would love to see heart [xenotransplantation in] a clinical trial next year and kidney [xenotransplantation trials] shortly thereafter,” says Jayme Locke, director of the division of transplantation at the University of Alabama at Birmingham, who was not involved in the latest experimental surgery. Locke and her colleagues have performed several kidney xenotransplants in humans who had suffered brain death. “The FDA holds those cards, and I think it’s going to really depend on what their risk tolerance threshold is,” she says. “But I’m hopeful. I think the FDA wants to see this happen.”

970x250

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- E-blasts can be used to announce an upcoming event, serve as a call-to-action, promote a contest, etc.

DETAILS

- Reach: 140,000 recipients worldwide
- Distributed Wednesdays
- Requires a 10-day lead time
- Advertiser to supply materials



Innovations in
Climate Resilience
Conference
Registration is open

DATE MARCH 28-30, 2023
LOCATION COLUMBUS, OHIO

"You've been hearing people for decades talking about climate change," says Justin Sanchez a technical fellow at Battelle who is lead organizer for Battelle's **Innovations in Climate Resilience conference** in Columbus, Ohio, next March. "But now it's very personal. The extreme weather events and temperatures and infectious diseases are impacting the things that drive our ability to live the lives we want."

[RESERVE MY SEAT](#)

Avoiding unintended consequences
To cultivate climate resilience, fixing one aspect of the problem, without looking at the whole system, won't work, Sanchez says. It's like a balloon, Sanchez says. "Squeeze on one part, and something else changes."

For example, replacing water-intensive crops with drought-resistant ones may help gird against dry times, but it won't help reduce flooding. But taking both threats into account and [planting the right mix of crops will](#). "You've got to take systems into account in order to actually get something done," Sanchez says.

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Newsletter	# Recipients
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Health & Biology	158,000
Technology	153,000
Mind & Brain	165,000
Earth & Environment	154,000
Space & Physics	136,000
The Week in Science	191,000



October 30, 2023: Why people love being scared, a big mystery in physics and the closest creature to a werewolf on Earth.
—Andrea Gaurylewski, Chief Newsletter Editor

TOP STORIES

BOO!

Why do people love haunted houses and scary movies? Voluntary exposure to horror and scares is [rooted deeply in our evolutionary past](#) and can help us overcome fears and learn how to respond to new challenges—those that surface in our own lives and others that arise in the world. Studies show that there's a strong group bonding element to scary play. People actively regulate their fear and arousal levels when getting scared together.

How it works: Many other animals engage in scary play or morbid curiosity—often in the form of predator watching. When young animals inspect their predators from afar (think gazelles and cheetahs) they learn about the biggest threat in their lives. Meanwhile, play with peers trains them to respond under pressure. For humans, even the fear of exaggerated predators (like zombies) creates strong emotional and behavioral responses, familiarizing us with these reactions for when we have to deal with more down-to-earth dangers.

Dark Energy Delay

When the universe was less than a half-million years old it was relatively uniform—having only minuscule variations in the density of energy and matter. Across cosmic history, gravity has amplified these variations to create the clusters and superclusters of galaxies we see today. However, the force of dark energy—the mysterious force driving an acceleration in cosmic expansion—counteracts this gravitational action, delaying the formation of those structures. In a new paper, physicists studying the large-scale structure of the universe find that dark energy [may be changing over time](#), or even augmented by another as-yet-unknown force.

What this means: The new work tracked the eons-spanning timing of this gradual cosmic coalescence, finding evidence it was delayed for even longer than basic models of dark energy can readily explain. This could mean that dark energy has somehow grown stronger over time, or that another undiscovered force is suppressing large-scale structure formation.

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Cure Launches Its First Xchange Challenge: Health AI for Good

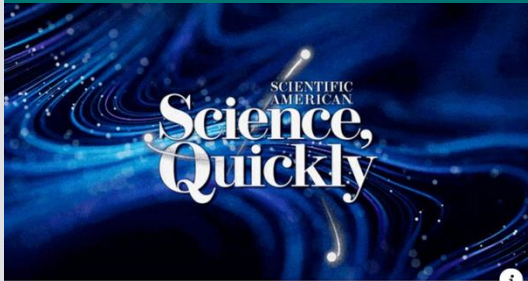


How can we responsibly and equitably use AI in health to accelerate basic research, diagnose conditions, develop novel treatments, predict and prevent disease, and lead to better health outcomes and cures? Apply to the Cure Xchange Challenge: Health AI for Good today and you could win a share of seed money from a pool of \$1 million, 1-YR residency at Cure in NYC and mentorship from our advisors. [Learn More](#)

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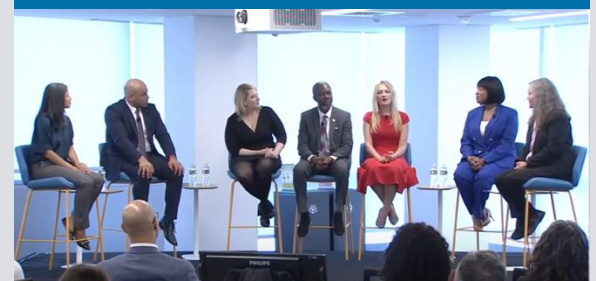
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Video



Events



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SCIENTIFIC AMERICAN
Phenome HEALTH

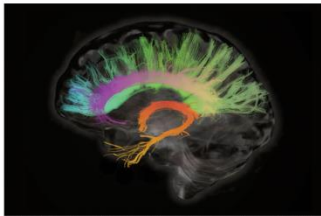


By crunching data from molecular tests, cognitive assessments and medical history, doctors could one day intervene and prevent brain disease.

This article was created by Phenome Health by Scientific American Custom Media, a division separate from the magazine's board of editors.

By Michael Merzenich on December 7, 2022

[f](#) [t](#) [v](#)



A doctor would be foolish to conclude that a patient's heart and lungs are healthy merely because they show up alive to the medical office. That's why doctors routinely use a stethoscope to listen for abnormalities, and why they measure heart rate, blood pressure and oxygenation in blood, assess blood cell compositions and blood chemistry, and apply EKG and other simple functional indices of cardiovascular-pulmonary health at regular checkups, to head off future problems.

In contrast, there is little serious attempt in everyday medicine to manage organic brain health. Even though a majority of people are challenged by a life-degrading neurological or psychiatric illness across a significant span of their lives, there's no equivalent of a stethoscope, blood pressure cuff or EKG to routinely assess brain health during a visit to the doctor. Doctors usually assume that a patient's brain is healthy when they walk into the clinic, hold a conversation, and appear to be sustaining themselves on an elementary, functional level.

We're beginning to move into a new era in medical practice, one focused less on treating diagnosed illness and more on broad informative assessments and health management strategies supporting wellness. We now have tools that enable the routine assessment of brain health in a clinical setting. And we are rapidly working toward the day when we can draw on vast amounts of historical and current personal data to reliably record early warning signs that point to future neurological and psychiatric illness. There is every indication that, by paying closer attention to brain health and intervening at the first signs of trouble, we will be able to prevent a substantial majority of neurological and psychiatric illnesses.

Our ability to analyze and update a broad range of brain-health-relevant information is rapidly progressing. That information includes data on a person's genomics, gene expression, body chemistry. It includes that person's medical history, which can be largely provided by the doctor's office. It includes documented life history factors that impact brain health, as well as data on neurological performance that is collected using computerized assessments and wearable sensors. When integrated and

To explore these new opportunities, our team at Posit Science—a leader in advancing research around brain plasticity into new tools to support brain health optimization—has been working with scientists at Phenome Health to help address the challenges to full implementation of this next-gen medical model.

ASSESSING BRAIN HEALTH

Two challenges stand in the way of routine clinical assessments of brain health. First, while medical scientists have developed many highly sophisticated technologies for assessing the physical and functional status of the brain, practical, scalable tools have not yet made it out of the laboratory into routine clinical practice. Second, the blood-brain-barrier—a tight junction barrier in capillaries that keeps blood-based infectious agents and larger chemical molecules out of brain tissues—limits the detection in blood samples of chemical indicators from the brain that could forestall future neurological



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and we also work on advocacy.

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Huda Y. Zoghbi

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