

FOUNDATION NEWS

Welcome

Hope everyone has had a very pleasant Christmas and New Year - this time 12 months ago the Millennium celebrations were in full swing and yet the time seems to have passed by so quickly.

This is a bumper issue with regards to generating advertising revenue to support the Newsletter. Many many

thanks to all companies who have booked advertising space for this edition it is great to have such patronage. From feedback it appears the Newsletter has made an impact and is specifically targeted at the healthcare arena but needs support to keep it going. Thank you very much so far.

Hope you will soon all receive our Conference Programme and registration details in the mail and

don't forget to book early to benefit from the Early Bird fees. This year Agency Foundation members pay a lower fee than non-members do.

Our next Newsletter will appear in March/early April and so look forward to seeing you then!

Bernadette Rogers
Foundation Administrator

Letter from the editor

Dear Colleague

We are aiming to make the Foundation News one of the most relevant and interesting Newsletters that you receive

In this edition we have three articles on Internet issues. Humphrey Taylor's analysis discusses how the Internet will be used by pharmaceutical manufacturers, health insurance and managed care groups to build relationships with patients, and the impact which this could have on the doctor-patient relationship. On the qualitative front, Christiane Perleberg compares the results of conventional focus groups with those from online chat groups. The second of three Internet articles from Martin Hamblin provides some very useful websites for healthcare researchers. Parallel importation is a key issue for the industry; we have included an article which identifies those factors which have slowed the growth of parallel importation in France. Roger Brice's second pricing article discusses research to understand the role of price and research to help set a product price. Last but not least, Wood Mackenzie has provided a summary review of factors influencing pharmaceutical market growth over the last twenty years.

We plan to introduce some new features in future editions, including...

● People Moves

When you have new staff join your company why not send us a few details of the new person and their position so that we can include it in this section.

● Bookworm

If you come across books or articles on Pharma research which you feel are very interesting or useful, please send us a reference and a short commentary on why you liked it.

● Working Abroad

Many of us have experience of working in different countries. If any of you would like to include a short article on the pleasures and pitfalls of working in another country please let us know.

I hope you enjoy reading this edition of Foundation News. If you have any suggestions for future editions please let us know.

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Pricing Research - Further Reflections



Review of the Pharmaceutical Industry



Searching on the Internet for New Products

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EphMRA organised
Basic Marketing Research Training Course
 "Introduction to International Pharmaceutical Marketing Research"

Course Aim :

At the end of the course all delegates (from both pharmaceutical companies and market research agencies) should have a basic grounding in the course topics outlined and be able to put into practice on their return to their companies much of what they have learnt.

Who should register for the Course :

The target audience for this basic course is those who have joined an international pharmaceutical market research department or agency within the last 18 months.

Details and Logistics:

Course Dates :
 28 - 30 March 2001.

Course starts 08.30 on 28th March and finishes 15.30hrs on 30th March.

Venue : Sheraton Hotel, Brussels, Belgium.



The topics to be covered will be :

- The Role and Scope of Pharmaceutical Marketing Research.
- Types of primary Market Research - case study to prepare pre launch plan. Early differentiating between role and character of qualitative and quantitative research methodology in order to maximise application and value.
- Basic primary Market Research methods and techniques - benefits and drawbacks. Translation of business objectives into research objectives. Sampling and fieldwork issues, analysis and interpretation.
- Case Studies - how to analyse data.
- Available sources of international data - both quantitative/audit and qualitative.

Briefbits

EphMRA Lexicon



Hope members of the Foundation received their pack of 10 complimentary Lexicons. It is a very useful booklet - over 50 pages long - and is available to non members at 10 Swiss francs each - 6 Swiss francs each to Foundation members.

Facts and Figures

about the Newsletter publication

Copy/Advertising Deadline :
 28th February 2001
Newsletter Issued : April 2001

Advertising rates and details are as follows.

Four colour and B&W ads can be carried.

Prices are quoted in Swiss francs.

	Quarter page	Half Page	Full Page
B&W	300 CHF	500 CHF	800 CHF
Four colour	N/A	750 CHF	1200 CHF

Prices do not carry VAT (EphMRA is a Swiss based Association) and invoices will be issued in Swiss francs - you transfer the relevant amount into our bank account (details of which will be on the invoice).

EphMRA *Foundation*

Report from the Foundation workshop in Frankfurt at the Sheraton Hotel in Frankfurt on 27th September when 33 company and agency persons met to hear the study results from the Total Research Foundation project 'Assessing the Cultural Impact on How questions are Answered: An Application of Bias Correction'.

The workshop was convened by David Owen from Taylor Nelson Sofres who introduced the audience to Karen Hyver from Total Research who gave a very detailed account of the study findings and overall implications. The findings could have wide ranging

implications for study design in terms of the use of scales and the application of bias correction factors. There was then time for questions and a lively debate on what researchers can do with the findings before presentations from guest speakers.

Philip Howe from Martin Hamblin gave insights into the marketing implications which could be deduced from the study and what companies might do with the information. Phil drew on his extensive company background to give the audience insights into his recommendations. This was followed by a detailed presentation from Kevin Mahoney from Diagnostic Decisions who focused on the use of bias correction factors

and other approaches which could be used to manage the data. Finally the workshop received a paper from Angelina Dolan of the Adelphi Group who gave a useful 'hands on' overview about what the results mean in practical terms for data interpretation and sample design.

The workshop was complimented by all those attending and the venue and hotel were positively received.

All presentations have subsequently been put on a CD ROM and distributed to all EphMRA members and Foundation agency members. If you would like any more complimentary CDs [there are still a few spares left] for colleagues then please feel free to contact the General Secretary.

Agency Foundation Members - 2000 - 2001

There has been a very good response this year to agency membership and practically all agencies have renewed their membership and we have now more members than before. The current list of members is as follows:

Agencies renewing their membership :

Adelphi
Datamonitor
I+G Germany
I+G Suisse
Isis Research
Martin Hamblin
Medi Mark
Medi Pragma
Medicare
Pentor - Institute for Opinion and Market Research (Poland)
Perleberg Pharma Partner
Pyma international medical marketing research
Quality Medical Field
SGR International
Skim Analytical
Strategic Marketing Europe
Taylor Nelson Sofres Healthcare

New Members :

ARPO - Spain
Cox Marketing
Medical Marketing Research International
PASS [GTW]
The Planning Shop
Radmos Ltd
Wood Mackenzie

The one stop site for
Pharmaceutical Industry Personnel
log on for.....

● Service Companies Database ● Career Opportunities
● Conferences, Events and Training Courses
● Medical Image Library ● Opinion Leader Database

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Pricing Research

- further personal reflections -

In the last issue of the Newsletter I reflected on the development of pricing research within our industry. Before going on to consider the merits and applicability of the various research techniques it is appropriate to consider just what we mean by the term "pricing research". In my own dealings with clients over recent years two broad types of research emerge. These are research to establish the role of price in the prescribing decision and research to assist in setting (or reviewing) the price of a product. This distinction has real impact on the applicability of research techniques.

Related to this consideration, pricing research techniques may be conveniently divided into two groups: those that are based on a trade off approach and those that rely on the concept of willingness to pay. Trade off techniques (e.g. conjoint analysis, discrete choice modelling) assume that the uptake of a new product can be estimated from the utility scores associated

with a set of product attributes. The attributes can, of course, include price. By varying the value of the price attribute and keeping other attributes fixed a price/volume relationship is produced. This approach is fine for establishing the relative importance of the price variable in the purchasing/prescribing decision and for determining the extent to which price is traded off with respect to other attributes. I am far from convinced of their general applicability in the setting of the optimum price for new products. The one exception to this in terms of research technique is brand price trade off (BPTO), certain forms of which have proved very useful, for example, in considering a price change for an existing product.

The price that is acceptable, or the volume that will be purchased/prescribed at a given price, is a function of the value placed on the product offer. This determination of price should be carried out as near to product

launch as possible. At this point the product profile will be known and respondents in the pricing research will react according to their value assessment of the new product offer relative to those products currently available. Trade off techniques do not start from this premise and, if used, will require the introduction of variations in attributes where, so far as the new product is concerned, none exists. Perhaps more importantly, they do not generally address the notion of value assessment. The one exception to this, where a trade off technique is required is when the final outcome of the regulatory process on a very important attribute is not known.

By "value" in this price setting context we mean the difference between product performance and its price. In terms of value for money this means

$$\text{Product Value} = \frac{\text{Performance}}{\text{Price}}$$

and Volume Use = $f(\text{value})$

Graphically, this gives relationships between value and market share of the type shown in the following two charts:



Chart #1 shows the general case where product performance is fixed and variations in the perceived value of the offer as price increases results in declining market share. Chart #2 shows the effect of also considering product performance as a variable.

Changing product performance results not only in a higher price being acceptable at a given market share but also allows the consideration of increasing share at a given price. This latter point is particularly important when either product cost is high or

external factors impose a maximum price. The consequent importance of understanding the drivers of performance and working on the product profile to maximise its perception is illustrated in the following two charts.



The key pre-requisite before designing any price setting research is to understand the components of product performance; identifying those that will influence value assessment.

In trade off based techniques we very often limit ourselves to performance characteristics that reflect product labelling. This results in attributes within the domains of efficacy and safety together with other product features such as formulation and daily dose frequency.

However other endpoints can be as or more important. These include impact on healthcare resources (e.g. time in hospital, physician visits, tests) and impact on the patient or carer (e.g. time away from work, quality of life). To this must also be added the product positioning and the effectiveness of its communication. With this information respondents can assess product value and research techniques used that relate willingness to pay to volume use (Gabor Granger, Van Westendorp, monadic test, constant sum).

My conclusions at this point are that we must distinguish between price role understanding and price setting research, and that it is crucial to have established value drivers and product positioning before price setting research is undertaken. In the next Newsletter I will offer some personal reflections on particular research techniques.

Roger Brice - Adelphi

EphMRA Primary Research Methods & Training Committee

This EphMRA Committee is very active within EphMRA and its members are currently involved in the following:

- Basic Training Course - Introduction to International Pharmaceutical Marketing Research
- EphMRA Spring Training Workshop
- Internet workshops held during the annual conference

There are also other activities in which the Committee is involved - concerning focus on new methods and articles on market research.

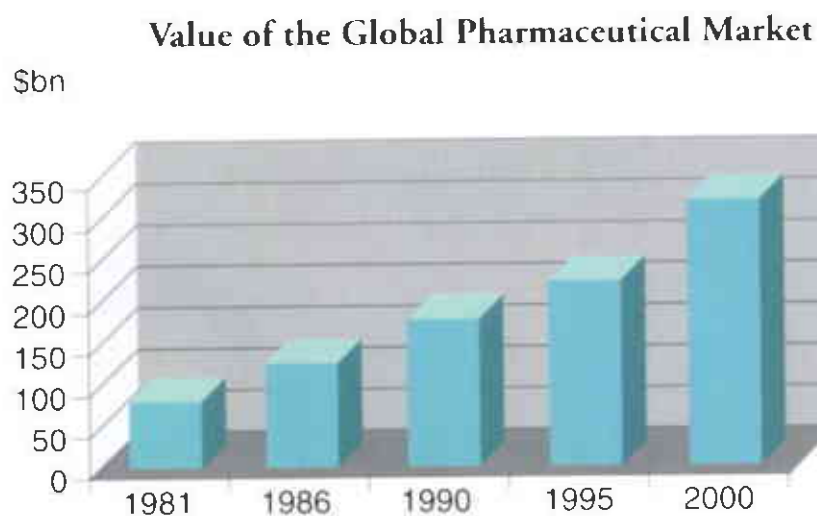
The Committee currently consists of pharmaceutical company EphMRA representatives and agency representatives (currently Baerbel Matiaske of I+G Germany; Bob Douglas of TNS and Cathy Clerinx of Adelphi). It is a benefit of being a member of the EphMRA Foundation that you can apply to join the Committee when vacancies arise and this also applies to the Foundation Board. So, joining the Foundation means you can get more involved.

Review of the Pharmaceutical Industry 1980-2000

1. Introduction

Wood Mackenzie began covering the pharmaceutical sector in the early 1980s, and over the ensuing 20 years the industry has changed dramatically. This article examines the key trends that have been witnessed within the pharmaceutical industry during that extended period.

Figure 1: Value of the Pharmaceutical Market 1981-2000



The value of the pharmaceutical market has grown from an estimated \$70bn in 1981 to a forecast \$323bn in 2000, representing a compound annual growth rate of 9.3%. The significant growth of the pharmaceutical market reflects several key dynamic factors:

- The ageing population and greater life expectancy in developed countries, thus fuelling the demand for innovative (premium priced) healthcare treatments.
- The success of emerging economies in achieving more industrialised lifestyles, thereby increasing the demand for modern pharmaceutical treatments.

- The fuelling of consumer demand through more innovative marketing techniques, including direct-to-consumer advertising, greater media publicity and, most recently, the advent of consumer healthcare information via the Internet.
- The discovery and development of drugs to treat previously unmet medical conditions. These include products designed to treat the underlying disease condition rather than the more traditional method of treating the symptoms (e.g. Immunex' TNF receptor Enbrel) or more specific treatments which have the dual advantage of potentially limiting side effects whilst improving efficacy through their selectivity for the disease state (e.g. Genentech's Herceptin).
- Such medications can command exceptional prices, which have further helped to fuel market growth. The expanding cost of pharmaceuticals within the healthcare industry has come under increasing scrutiny from healthcare payers.

While government led healthcare payers (for example in Europe and Japan) have focused heavily on curbing the rising cost of pharmaceutical treatments by placing tight limits on prescribing budgets, almost the opposite is true in North America. The advent of managed care in the US has placed a greater emphasis on the overall cost of healthcare treatment. The science of pharmacoeconomics (detailed in PharmaForum No. 44) has flourished as companies attempt to illustrate the broader cost advantages of premium priced pharmaceuticals over a longer time period.

(extracted from Wood Mackenzie's PharmaForum No. 45, September 2000)

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EUROPEAN PHARMACEUTICAL MARKETING RESEARCH ASSOCIATION

ONLINE RELATIONSHIP MARKETING: THE COMING BATTLE FOR THE HEARTS AND MINDS OF PATIENTS

by Humphrey Taylor
Chairman, The Harris Poll
Harris Interactive

Our latest data show that over 100 million adult Americans have gone online to look for health or medical information. We call them "cyberchondriacs." In the United States, physicians, pharmaceutical and health insurance will soon be fighting an online battle for the hearts and minds of health care consumers.

The explosive growth of the Internet will transform the doctor-patient relationship. Before long most doctors and their patients will be using the Internet to fix appointments, to refill prescriptions, to read about the latest medical research, to ask for, and provide, information and advice and (such is the Internet) many things we have not yet thought of. But physicians are not the only people who will use the Internet to build relations with health care consumers. The big battalions want to build their own on-line relationships with patients.

The Internet is, by a wide margin, the fastest growing technology in history. It is a revolution that has only just begun and nobody knows where it will take us. Initially, like all new technologies it is being used to do old things better, faster or cheaper - and it will do a lot of that. Increasingly, however, like all major new technologies, it is starting to be used and will increasingly be used, to do completely new things that nobody could do at all, or at an affordable cost, previously. How all this will transform the healthcare marketplace in the long run, we cannot tell. But the effects will be huge - whatever they are.

- Communications must be secure to protect patient privacy.
- Physicians must know how to protect themselves from unreasonable malpractice claims.
- Physicians need to be compensated appropriately for providing care on-line.
- Physicians must be able to connect their patients to a good online "library" of relevant medical information.

All of these issues are now being addressed and will, I believe, be resolved soon.

Our latest data show almost 50% of Americans are online from home, and over 60% of adults are online from home, work, school, university or library. In a few years almost everyone will be using the Internet as well, and as much, as the 10% of the public who use it most effectively now. The battle to determine who controls the patients - or at least who most influences them - has only just begun.

Right now the pharmaceutical companies are investing huge amounts of money in what they call "relationship marketing," "direct to patient marketing" or "database marketing." This is different from direct to consumer (DTC) advertising using traditional TV and print media. It means building databases of the e-mail addresses of patients with particular medical conditions with whom they can have a one-on-one relationship using the Internet. For example, drug companies are building e-mail databases of people with hypertension, diabetes, arthritis and allergies. If they are successful this will change the doctor-patient relationship in so far as patients will, in effect, be getting medical advice (including "compliance management") from someone other than their doctors.

In the United States the health insurance and managed care industry is starting to build e-mail databases of their own plan members so that they can also have closer relationships with them. They want to bond with their members and (the general unpopularity of managed care notwithstanding) they probably will to some extent. Most people are still reasonably satisfied with their own health plans even if they think managed care, in general, stinks. One reason why "direct-to-patient" on-line marketing will grow very quickly is that the Internet makes it possible to send highly personalized messages, tailored to the specific needs and interests of millions of individual patients, at a ridiculously small cost.

And patients can reply from their homes at no cost to themselves. This is as big a communications revolution as Gutenberg's printing press.

The managed care and insurance companies want to build relationships with their members for "demand management" (getting people to seek and receive medical care when, and only when, appropriate), case management and "member retention." The drug companies want to build relationships with patients so that they will ask about their drugs, use their drugs appropriately and refill their prescriptions when necessary. None of this is inherently bad for physicians or patients - and much of it is good. However, the risk to physicians is that their patients may come to rely more on advice from others and become less dependent on advice from their doctors, weakening the doctor-patient relationship.

Physicians start with a huge advantage; they have earned the trust and respect of their patients to an extent that pharmaceutical companies (let alone insurance companies) have not and could not. But the health care industry has enormous financial resources and will invest very heavily in building one-on-one Internet-based relationships with the public. If physicians do nothing much, they will lose this battle by default. Until now only one in twenty American patients have either contacted, or received communications from, their physicians on-line. Four major issues need to be addressed before this is commonplace:

What are you looking for in good qualitative research - I mean the *good old conventional qualitative research methods like focus groups*?

You certainly are looking for the exchange of views among your group participants and an alert, involved, curious moderator, capable of leading the group without dominating it and well familiar with the product field or indication area of interest. It is the underlying motivations you can detect "between the lines", the gestures, the mimics and spontaneous "aahs" or "oohs" to your new clinical data that respondents are assessing. Finally, choosing focus groups for certain study types/ questions only and the analysis complete the picture.

With the emergence of internet research, we have to ask ourselves if this approach can be replaced by new media, by online-chats? Or should we better ask: **What role can online-chats take specifically in the medical field?**

Major benefits of internet based research are said to be speed and cost-effectiveness as well as quality (with sometimes a question mark).

There is no doubt about speed and cost-effectiveness being associated with online-chats.

speed :	at least through printing out transcripts immediately after the focus-round chat
cost-effectiveness :	saving travel expenses, no transcribing of tapes, no hall-rental, food or beverages for group participants (about 10% cost saving compared to live groups)

But : what about **quality**? Quality can be assured by :

- traditional ways of recruitment to make sure whom to include (avoidance of convenience samples)
- incentives (comparable to traditional groups)
- pre-checks of software-compatibility / browsers
- carefully selected study types/ contents

According to our experience from chat-groups with physicians and with patients (HIV) it can be concluded :

- answers are much more to the point than in traditional focus groups;
- less conformity to group pressure, more individual statements;
- the higher the specialisation of physicians the higher their readiness to participate and the higher the moderator requirements as to moderation skills and familiarity with the indication area;
- patient groups are challenging to moderate, due to respondent's strong interest to chat about experiences suffering;

We **have compared the results from conventional focus groups with the ones from online chat groups** (8 focus rounds in total, of which 4 were with either medium and 2 different target groups). For all groups the same discussion guide and stimulus material (product profile) were used.

<u>question/ aspect</u>	<u>finding</u>
● description of a typical patient indication X	same characteristics in both, live group and online-chat. Online-chat : even more precise descriptors to define the typical patient.
● indications of percentage figures for patient types	identical information.
● understanding of severity stages for indication areas	identical information, clear picture of typical symptoms in both groups.
● product segmentation/ understanding of the market	identical information.
● awareness of latest technologies/ product innovations for product field	more precise information online (OLs/ centres).
● reactions to product profile	very precise in both groups.

Conclusion :

As long as the research objective does not require a work-shop style or involves handling aspects, online chats appear suitable for many subjects traditionally covered by focus groups.

Encouraged by the experience to date it appears a charming new research option for certain study types, offering **the best of both worlds** : individual statements and (some) group dynamics.

In any case for the medical field it requires a very experienced moderator highly familiar with the indication area.

Christiane Perleberg - perleberg pharma partner

Barriers to Parallel Imports in France

France is in no hurry to encourage Parallel Imports

A new pricing convention in France has prompted a small move towards higher 'European prices'. However barriers still remain before competitively priced parallel imports (which successfully address the issue of the 'vignette' required for reimbursement) flow in France. The French authorities' lack of enthusiasm will also not help to speed things up.

Low prices in France have in the past led to exports, but that could change

Low average prices, as a consequence of being one of the world's highest volume consumers of medicines, has made France a major parallel exporter. For many years, usage of French-originated products has accounted for more than 20% of parallel imports recorded in the UK by the TNS PI Monitor.

However, most French companies have signed up to a new pricing convention under the 1999 framework agreement (*accord sectorial*). The Health Products Pricing Committee (*Comité Economique des Produits de Santé*; CEPS) is now committed to awarding 'European' price levels to innovative new products that the Transparency Commission classifies I or II on its ASMR scale of improvement in medical benefit. As a result, some prices are no longer low in comparison to those of other member states. While this could theoretically begin to reverse the direction of parallel trade, obstacles still remain.

Changes to the authorisation for parallel imports still some way off A system of abbreviated marketing authorisation to allow entry of parallel imports into France from elsewhere in the EU/EEA in accordance

with Communication C115/5 (OJ 6.5.82) from the European Commission does not yet exist. Under pressure from the Commission, probably acting after a complaint to it by a trader, ad hoc regulation is in the process of being drawn up by the Health Products Safety Agency (AFSSAPS). This process has already taken more than two years. Recently a draft regulatory text has been notified to the Commission, and 'should be in force by late 2000 or early 2001', an AFSSAPS spokesperson confirmed.

Price setting and the 'vignette' remain difficult issues

Even after the above regulations are enacted two further major barriers to parallel imports in France remain. Firstly, like any other product, they would need to have their prices set by the CEPS. The Committee has not even begun to discuss how this would be done, and would probably award the same price as for the domestic version (and certainly the same reimbursement rate would apply). Secondly, there would be a barrier to reimbursement of the pharmacist as foreign packs would not contain the bar-coded vignette that needs to be detached and affixed to the prescription form. Vignettes are incorporated into the label by the manufacturer.

The French authorities are unenthusiastic

Innovators should be encouraged by the marked lack of enthusiasm shown by the French authorities for parallel imports. There was a critical mention of parallel trade in Article 11 of the accord, but unlike the situation in the UK with the PPRS, no complaints were received from traders. CEPS is fearful of companies disinvesting from France with products being supplied from elsewhere.

France is not alone in being slow on the parallel import issues as Spain is also being criticised by the European Commission for not having parallel import regulations in place.

Article reprinted from the PI Journal from Taylor Nelson Sofres



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Internet-based Research: Searching for New Products

By: Julia Conlon Levy, Martin Hamblin, Inc.
and Michelle Bowen, Martin Hamblin, Ltd.

This is the second of three articles about how professionals in our industry can use the latest technology to best advantage in gaining a wealth of information quickly. This article speaks to the gathering of information on new pharmaceutical products; the last will cover the area of market intelligence.

HESED : "What is the mark of wisdom among men?"

HOMER : "To read aright the present, and to march with the occasion."

"The Contest of Homer and Hesiod," in Hesiod, the Homeric Hymns and Homeric by Hesiod

(As cited on the NPS Pharmaceuticals web page: <http://www.npsp.com/>)

Hesiod and Homer were not directly addressing market researchers, though they could have been. In our profession, we must not only work to accurately read today's pharmaceutical marketplace, but must also continuously find and follow information on new products that will define its future.

The Internet can be used extensively, and successfully, as a first source in tracking recent developments in pharmaceuticals through sites that have the latest product news and pipeline information. Much of this information is free, though some of the more extensive databases can be accessed only by subscription.

As a general guideline, most of the web sites offering general pharmaceutical information and news have a section dedicated to drugs and drugs in development. If these sites are not specific enough, or if you do not have a brand or even generic name (how many of us have tried typing a compound identification number into a search engine, with the result "no citations found?"), try pharmaceutical company web sites. Most of these have a page outlining their pipe line products (often hidden in last years company reports). Or you can always try patient support web sites – they are often surprisingly useful, with up to date new drug information.

The following serves only as a brief introduction to numerous websites that can keep you up to date on pharmaceutical news and developments:

www.qxhealth.com Here you can subscribe to free newsletters, delivered regularly to your email address, covering the latest pharmaceutical developments by disease area. Licensing news is also available.

www.pharmabusiness.com has monthly industry news by category, including Drugs in Development, R&D, Advancing Drug Discoveries, New Drug Approvals, Partners in Clinical Trials, and Recent Discoveries and Trial Results. The site also sells database products such as "What's in the Pipeline."

www.lexi.com/new_drugs.htm

Lexi.com provides "timely, concise, and unbiased" drug information on medications recently approved by the FDA or those likely to be FDA approved within the next year. They also sell an index of new drug monographs on CD-ROM which is updated every quarter.

www.medscape.com/Home/Topics/pharmacotherapy/pharmacotherapy.html This site contains "Today's Pharmacotherapy News" and a "Journal Room" that has regular featured articles. There are also links to treatment updates and pharmacotherapy resources.

For biotechnology there are specific sites such as www.biotechinfo.com and www.recap.com that contain information on biotechnology news, alliances, companies and clinical trials. The Recap site has a Clinical Trials Search Builder that allows you to search their database of biotech clinical trials.

For information on clinical trials or pipeline information to track the development of specific new drugs, useful sites include:

www.clinicaltrials.gov This (US) site provides patients, family members and members of the public with current information about clinical research studies. Information can be searched by disease, location, treatment, sponsor, etc. You can also browse for studies listed by disease, condition or by funding organization here.

www.phrma.org/searchcures/newmeds/ This database allows you to search for information about medicines in development not only by disease, but also by indication or drug name.

www.centerwatch.com This site has information on more than 41,000 industry- and government-sponsored clinical trials as well as new drug therapies recently approved by the FDA. It is designed to be a resource both for patients interested in participating in clinical trials and for research professionals.

www.inpharm.com/directories/pharmas/index.html This site contains a database of contact details for pharmaceutical and healthcare companies. Websites for the individual companies vary by content. Websites for some companies contain little information, but many others are much more sophisticated, offering tremendous sources of information about the therapy areas they are working in and the research and development ongoing within the company.

Lastly, for those colleagues who may be new to the industry, and to the topic of clinical trials in particular, a relatively fun and informative site is www.sarlehealthnet.com/pipeline.html. This site hosts The Pipeline Game, the first game to give players the opportunity to learn the business of drug development in game fashion, based on the US drug development system. If you're a winner, your investigational compound will pass through the many phases of testing, and get to the market quickly. If you're a loser, your compound fails before getting to market, requiring you to start the process all over again.



**MEDICAL MARKETING RESEARCH
International**

Medical Marketing Research International is a rapidly growing Agency with over 50 full-time staff. The Company has sustained impressive growth in recent years and has ambitious plans to achieve even more - and in order to maximise this growth MMRI is urgently seeking additional Executives for both qualitative and quantitative market research.

Research Directors
With a track record of generating sales in
Europe and/or the United States

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Senior Research Executives

Research Executives

So, if you feel you can hit the ground running, please write or email enclosing a copy of your c.v. - or why not 'phone for an informal chat first?

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EphMRA

Pharmaceutical Marketing Research Conference, Training Workshops
With Annual EphMRA AGM

THE GLOBAL SPECTRE



Venue – Athenaeum Intercontinental Hotel
Athens – Greece – June 2001

EphMRA Committee Meetings 25/26 June
EphMRA Training Workshops 26 June
EphMRA AGM 27 June a.m.
EphMRA Agency Fair 27 June
EphMRA Conference 28 June – 30 June

ADVANCE PROGRAMME
REGISTRATION & RESERVATION FORM

for more details visit the ephmra website @

www.ephmra.org

2001 PBIRG ANNUAL GENERAL MEETING

Market Intelligence for Global Leadership

May 19-23, 2001

The Peabody Resort Memphis

Seize the opportunity to talk with the industry experts and leaders who make key decisions at major pharmaceutical companies. The 2001 PBIRG Annual General Meeting will present an exciting and challenging forum in which delegates can interact with, discuss, and benefit from the insight of these key decision makers.

Join PBIRG delegates as we:

- < Learn what key leaders think regarding the pressures on the future pharmaceutical industry.
- < Hear how MEGA brands are developed in the competitive pharmaceutical landscape.
- < Gain insights on how CEO's think about mergers, their benefits and drawbacks.
- < Discover how Market Research can influence the decisions of these leaders.
- < Participate in workshops geared to provide insights and valuable tools to enable you to frame your market intelligence activities to best address the information needs of key clients.

Registration Opens February 2001
www.pbirg.com Tel: 215/337-9301



MAIN CONTACTS:

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WHO WE ARE

SGR International *Health Care Marketing Research* is an independent company, established in 1986.

WHAT WE PROVIDE

- Formulation of Research Projects
- High Quality Fieldwork
- In-house Data Processing
- Drawing up of Reports in Italian, English and German
- Presentations in Italian and English
- Recommendations for Future Strategies

METHODOLOGICAL SKILLS

SGR International *Health Care Marketing Research* has an expertise in pharmaceutical / health and body care research, and carries out both **QUALITATIVE** and **QUANTITATIVE** studies.


TARGET GROUPS

- GPs
- Opinion Leaders
- Hospital / Office Specialists
- NHS Managers
- Hospital / Retail Pharmacists
- Nurses / Care Givers
- Patients

MEDICAL AREAS

- AIDS
- Cancer / Hematology
- Pain Therapy
- Cardiovascular
- Vaccines
- Diabetology / Obesity
- Transplantations
- Neurology / Psychiatry
- Erectile Dysfunction
- Gastroenterology / Hepatitis
- Osteoporosis
- Growth Hormone
- Dialysis
- Bio-technology
- Diagnostics
- Antibiotic Therapy
- Pneumology / Cystic Fibrosis
- Cardiosurgery
- Dermatology
- Surgical Instruments
- Infectivology
- Alcoholism

STRUCTURE

- Office located in the centre of Rome
- CATI positions
- 2 meeting rooms with:
 - viewing facilities, one way mirror, CCTV system
 - Sound System with Simultaneous Translation
 -  (video-conference on line)



MMR
INTERNATIONAL

MEDICAL MARKETING RESEARCH International

WORLDWIDE OPINION LEADER DATABASE OPEX™

The most objective, systematic and comprehensive method for identifying Top Opinion Leaders, Top Authors, Top Journals and Potential Clinical Trialists in any topic and any country or region

QUALITATIVE ADHOC MARKET RESEARCH STUDIES WITH GPs, SPECIALISTS OPINION LEADERS, PATIENTS

Our 'in house' Physician Research Director support adds another layer of understanding to your studies, ensuring that you gain the deepest insights into your specific market and that subtle medical marketing implications are not overlooked

QUANTITATIVE ADHOC MARKET RESEARCH STUDIES WITH GPs, SPECIALISTS OPINION LEADERS, PATIENTS

A dedicated team of Project Co-ordinators with expertise in all techniques/methodologies. Resources include an international CATI centre, an international network of face-to-face interviewers, an international postal department and facilities for web-based surveys.

OPINION LEADERS SEMINARS/ADVISORY BOARDS

Bringing together the top national Opinion Leaders for a 1 or 2 day Seminar/Advisory Board to address specific issues of strategic importance to your company

INTENSIVE TRAINING COURSES

In Disease & Therapeutic Areas, Pharmaceutical Sciences, Pharmaceutical Marketing Planning and Pharmaceutical Marketing Research

For Further Information on any of our services, please contact Safia Eljamaly BA (Hons)
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Tel +44 1932 351733 Fax +44 1932 341472 E-mail: mail@mmr-international.com

We are pleased to feature here some dates of training seminars and agency events - if you are a Foundation Member feel free to send your dates to us for inclusion in the next edition.

<i>Agency</i>	<i>Title</i>	<i>Date</i>	<i>Venue</i>	<i>Contact</i>	<i>Price/Audience</i>
Martin Hamblin	Improving Brand Management	January 2001	Connecticut	Contact : lpergola@martinhamblin.com	Price : Free. Pharmaceutical company personnel only
TPI	Pharmaceutical Marketing Planning	19 - 23 February 2001 and 2 - 6 July 2001	The Clifton Ford Hotel London, UK	Contact : Sally Woolman on 01932 351 333	Price £2100 + VAT. For Pharmaceutical Company People.
Taylor Nelson Sofres Healthcare	General Open Day - Introduction to Marketing Research	1st March 2001	Epsom Downs Race Course, Epsom Surrey, England	Contact : Louise Hamer 01372 825825	Price : Free
TPI	Pharmaceutical Marketing Research	12 - 16 March 2001 and 15 - 19 October 2001	The Clifton Ford Hotel London, UK	Contact : Sally Woolman on 01932 351 333	Price £2100 + VAT. For Pharmaceutical Company People.
Martin Hamblin	Patient and DTC Research	April 2001	Paris	Contact : anna.dewey@martinhamblin.co.uk	Price : Free. Pharmaceutical company personnel only.
Martin Hamblin	International NPD	September 2001	Germany	Contact : anna.dewey@martinhamblin.co.uk	Price : Free. Pharmaceutical company personnel only.
Martin Hamblin	Young Researchers Seminar	November 2001	London	Contact : anna.dewey@martinhamblin.co.uk	Price : Free. Pharmaceutical company personnel only.

SGR International, Italy

We are pleased to inform you that SGR International has doubled the size of its premises. This initiative allows the company to have an additional meeting room bestowed with all necessary technological supports such as one-way mirror, audio- and videotaping system (both in Italian and other languages) as well as FocusVision videoconferencing link. Both rooms allow high-quality audiotaping since they are built so as to be sound proof.