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EphMRA NEWS

EUROPEAN PHARMACEUTICAL MARKETING RESEARCH ASSOCIATION

Issue: December 2003

The future of pharmaceutical market research looks at the same time challenging and fascinating

Georges Andre

On one side, the flattening market growth puts an unprecedented level of pressure on pharmaceutical companies, which has inevitable consequences in terms of cost control. But, on the other side (and for the same reason), it has never been so crucial to get the best possible understanding of our markets, in order to seize any opportunity to meet increasingly satisfied customer needs. Moreover, the growing role of some stakeholders, such as patients, pharmacists, or payors, adds to the importance of getting a sharper insight on a complexifying market. As a striking illustration, a recent study by Consumer Health Science has shown that in the US and in Europe (which, to many of us, is a surprise), one patient out of three asks for a specific drug to his / her physician.

The challenge for pharmaceutical market research is to manage the transition from being perceived as a «service function that generates costs» to a being a «partner function that is considered an investment for the future».

This challenge represents a formidable opportunity for EphMRA.

First of all, because the core mission of EphMRA is to contribute to the development of the pharmaceutical function. EphMRA is a platform for the improvement of classifications, codes, systems, databases, and methods, which directly contributes to facilitating the lisibility of our markets.

EphMRA is also a platform for training new and seasoned pharmaceutical market research professionals, which has an immediate impact on the quality of their work. The EphMRA Executive again cannot emphasize enough the value of the work of all the people involved in the committees, working groups, workshops, and training sessions. And most of this work is done during « evenings and weekends », which adds to its value.

EphMRA is also the best place for market research professionals, from both client and agency sides, to meet and exchange about issues or concerns, and to start elaborating solutions. Partnership between clients and agencies is key to the quality of market research projects. By the simple fact of bringing together client and agency market research professionals to meet and work together in committees and during training sessions (this applies to both trainers and trainees ...), the contribution of EphMRA is clear. And any suggestion to reinforce this contribution is very welcome.

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CONTACT US

By phone, fax or email...

Bernadette Rogers
Minden House
351 Mottram Road
Stalybridge, Cheshire
SK15 2SS, UK.

Telephone: +44 161 304 8262
Fax: +44 161 304 8104
E-mail: MrsBRogers@aol.com

Visit the EphMRA web site at http://www.ephmra.org

Facts & Figures
about the Newsletter publication

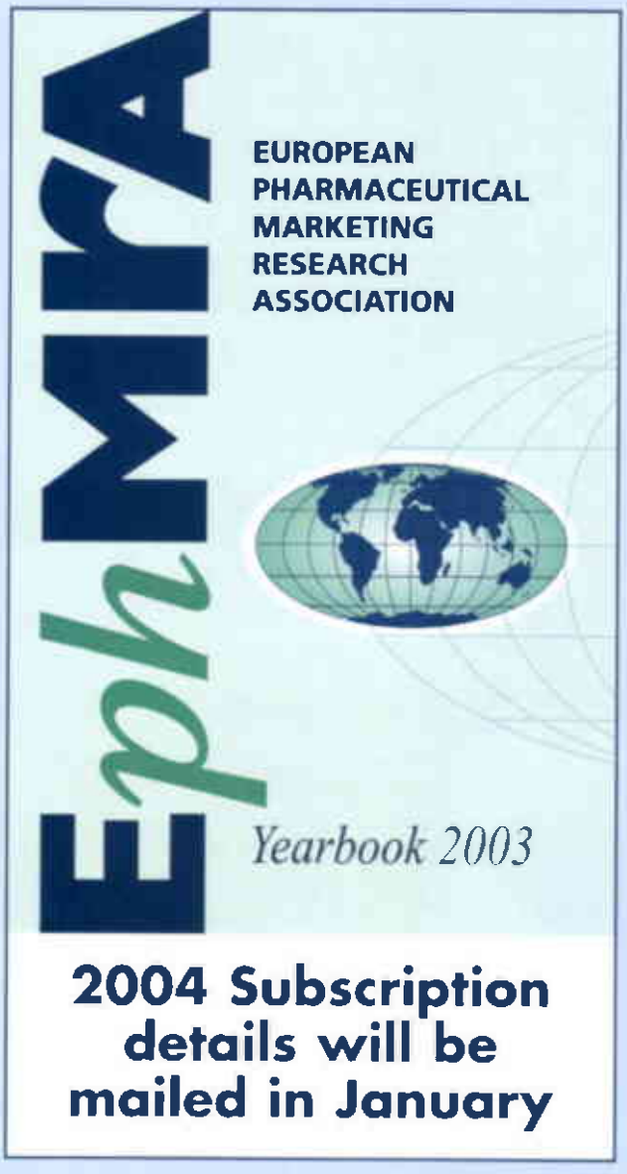
Copy/Advertising Deadline: February 13th 2004.
The next EphMRA News will be issued at the end of March 2004.

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).



A field in which EphMRA could play a more active role is to raise awareness about the value of market research in the eyes of «non market researchers». Product managers are the most «natural» non-MR audience, but there are many other functions that would benefit from the learnings of a «market research 101», such as professionals from R&D, business development, communication, investor relations, purchasing, etc.

Based on all this, the Executive has set some priorities for the year to come:

- Ensure that the committees can work in the best conditions, and that the energy invested by their members has a maximum impact. Some committees have suggested conducting an online survey to get feedback from members on their roles, and, hopefully, obtain some interesting suggestions for new or improved service. The Executive is fully supportive of this initiative, and will coordinate the survey to avoid multiple parallel requests.

- Taking the opportunity of this survey, we will also add some general questions regarding EphMRA «as a whole». Now that the new statutes have been in place for more than one year, allowing agencies and academia to be more involved by becoming Associate Members, it is important to see to what extent the expectations created by this major change have been met. It is also important to identify potential new services that EphMRA could bring to its members.

- Strengthen the cooperation with «sister associations», such as PBIRG or ESOMAR, and make sure joint efforts are conducted wherever they would make more sense than isolated initiatives.

- Be more active in terms of communication and public relations, towards the pharmaceutical market research community, but also towards other audiences. The members survey mentioned above will be a good opportunity for members to suggest creative ideas to communicate more and better about the value of market research (articles, participation in conferences,...). Do not hesitate to think «out of the box»...

As a conclusion, two important messages. The first one is to thank wholeheartedly all the people involved in the activities and services that constitute the essence of EphMRA. Bernadette Rogers and Janet Henson, for their dedication and the irreprochable quality of their work. Dick Beasley, who now can «fully» enjoy his retirement. Thank you too to Christian Hoecker, our new (candidate) Treasurer, and Barbara Ifflaender, our new (candidate) Vice President. Full members will be given the opportunity to vote for Christian and Barbara by e-mail. And also thank you to Uwe Hohgräwe and Andre Boer, who respectively initiated and implemented the recent changes of our statutes and membership.

My final word is just to remind you that the 2004 Conference, that will take place in Basel, will again offer a unique opportunity to learn best practices, to identify trends taking place in our industry and in our function, and to meet in an open and positive environment. A key element of the success of EphMRA's Annual Conferences is the number and the diversity of delegates who are attending. The topics included in the preliminary agenda of the 2004 conference will again directly help many of us cope with some of the main issues that are ranked high on our priority list. So, as we are, in many companies, in the process of finalizing our 2004 operating budgets, let us not be shy in registering colleagues from our organizations, and in advocating the value of this conference to our management.

Georges Andre
UCB Pharma
EphMRA President 2003 - 04
Georges.Andre@UCB-Group.com

LEXICON - UPDATE

The PRMT Committee will commence the annual update of the Lexicon in February 2004 - if you have any definitions that you wish to add or change - please contact Janet Henson - janet.henson@wanadoo.fr

EphMRA is reviewing its MR Code of Conduct in conjunction with PBIRG and ESOMAR.

The Code was last reviewed in 1997 and is available from the web site, www.ephmra.org.

If there are any issues which you would like the Code of Conduct working party to address within the scope of the Code then please let us know thanks.

Contact General Secretary MrsBRogers@aol.com

EphMRA

The EphMRA offices will close on Friday 19th December and re-open on Monday 5th January 2004.

The influence of payors on the pharmaceutical industry and US healthcare

In the US market, payors determine the success of a pharmaceutical product as much as or more than its pharmacological benefits do. This is particularly the case as governmental agencies are developing policy for the establishment of prescription drug benefit packages; MCOs and indemnity insurers are likely to adjust their own formulary policies to match. As these changes are likely to have a broad impact on formularies, costs and reimbursements, payer influence will probably increase dramatically in the near future.

The major US payors can be split into two groups:

- **Managed Care Organizations (MCOs) and indemnity insurers**, which cover nearly 200,000,000 Americans
- **Medicare and Medicaid,** which cover approximately 60,000,000 Americans, and are currently converting some fee-for-service plans to managed care structures in order to cut costs. Another upcoming change may be the addition of prescription benefits.

There are three central ways in which US payors influence the market:

1. Formularies

Typically, payors provide either no or little reimbursement for products not on their formulary. This reduces physicians' likelihood of prescribing these products on both an initial and repeat basis, and reduces patients' motivation to request them. Widespread formulary inclusion is therefore vital to a new product's success. There are often substantial hurdles to overcome for formulary acceptance, however. And even approval does not guarantee broad use, as usage is often restricted to certain specialties or patient types; reimbursement for off-label use is difficult if not impossible for physicians and patients to obtain.

Formularies and the CMS (Centers for Medicare and Medicaid Services)

As has been mentioned, the current Administration and others in Washington are seeking to expand the prescription drug benefit coverage under Medicare. While this would appear to expand the pharmaceutical market, the Medicare inclusion criteria are likely to be based on a highly restrictive "new-chemical" metric. If adopted, this would likely lead to new generation drugs being rejected because they have similar chemical structures to patent-expired or near-expired, older-generation versions. As a result, those receiving Medicare may be more likely to receive pharmaceuticals, but are expected to receive fewer new or next generation products.

Formularies and MCOs

Until recently, MCOs have been under fire from customers who have been frustrated by the (in)frequency with which MCOs update their formularies to include newer ethical drugs. MCOs have responded to these claims by increasingly replacing traditional formularies with tiered cost systems, which feature higher co-pays for certain agents. This has allowed MCOs to place more products "on formulary" without allowing patients cheap access to them, and has shifted the blame for costly medications from MCOs to the pharmaceutical companies. Moreover, MCOs are watching the CMS closely, and many believe that MCOs are likely to amend their own formularies to be in closer accord with those of Medicare and Medicaid.

2. Patient Co-payments

Payor policies also affect a product's success via patient co-payments, which can be quite costly for fixed-income patients, the majority of CMS patients, and those in need of expensive drug therapies. Medicare does not yet cover most prescription drugs, and many Medicare patients are not covered by a supplemental insurance or a prescription drug benefit plan. Because many Medicare and MCO patients cannot afford (or do not wish to pay) co-payments, payors have driven down the number of prescriptions written and filled, and patients have adopted alternative strategies (e.g., buying drugs in other countries).

3. Physician Reimbursement

Since discovering that physicians have sometimes been reimbursed more for supplies than they originally paid, payors are now reimbursing physicians based only on documented costs. By reducing physicians' motivation to prescribe the supplies and non-oral drugs for which they receive the best prices, this reduces the leverage manufacturers can gain from discounting prices to physicians.

However, understanding the implications of this shift provides opportunities for manufacturers as well. For example, physicians are also reimbursed for the time needed to administer on-site treatments like injection or infusion "chair time," but these costs are not subject to this same scrutiny from payors. Because the "chair time" associated with a new and relatively fast treatment can still be the same as that of a relatively slow one, physicians could benefit financially from using new drugs with faster infusion times.

Conclusion: Future Developments

Payors will further affect the size of the market for healthcare companies. Payors may try to decrease reimbursement further, despite some patients, physicians, hospitals and pharmacies struggling financially. The patient base is likely to shrink, particularly for elective and preventive or health-promoting (as opposed to interventional) products and procedures.

Nevertheless, anticipating and understanding these changes and the payer decision-making that drives them can increase the likelihood that a given product is included and made reimbursable. Understanding payors' role in the US healthcare system can provide numerous insights that will drive the strategies of manufacturers, practitioners and suppliers, and is therefore a necessary element of a well-thought out, successful campaign.

Contact:

Jacob Maso
jacob.maso@martinhamblin-gfk.com

or

Ben Gervey
ben.gervey@martinhamblin-gfk.com

WHAT ON EARTH IS A "VALID FORECAST"?

The term "valid forecast" is often used, seldom defined and almost never understood.

This short article attempts to rectify the situation by suggesting that whenever someone claims they have a "valid" forecasting or market research technique, you should ask them one simple question.

"Compared to what?"

The word "valid" means true. So, given that about the only thing that you can say for sure about any forecast is that it will turn out not to be true, we can never have "absolute" validity only "relative" validity.

Forecasting techniques – even the very best forecasting techniques – are much less accurate than most "experts" would ever admit. In fact, many "experts" don't even know how accurate their techniques are or how they would establish this. You don't believe me? Take the incredibly complicated extrapolation technique known as "Box Jenkins". For years people were writing learned treaties on this arcane technique. And when, eventually, people tested how it performed in comparison to other really simple techniques where it had to make an actual forecast and not just fit back data. It was...

Worse!

So, choosing a forecasting technique is a bit like choosing the tallest midget in a circus. You are not looking for the "most perfect" approach, but the "least bad" approach.

We have a database of 155 pharmaceutical forecasts which were made before the forecaster knew the outcome. (In other words they are real forecasts.) Each of these forecasts was made using a range of techniques and I would like to use this database to illustrate how we might talk sensibly about "valid forecasts".

Now, to start validating approaches, we have to find a really short midget as our benchmark. The really short midget that we use is to pick a random number. So, if we are looking at a technique for predicting market shares, we compare how it performs relative to picking a random numbers between 0% and 100%.

What is the simplest model we can think of that might improve on a random number? It is a simple "dilution model". This means that if there are – say – five brands on the market, we forecast an equal share – 20 percent – for each of them.

Is this a valid thing to do? Yes, our database shows that, on average, we cut our error in half. Not bad for an elementary school calculation. And, although there are quite a few other things we can do to improve our forecast still further, we will never see such a big improvement again. From now on we are going to have to be satisfied with much smaller steps in error reduction.

What next? Well, we all know that this is an R&D product driven industry, so what about our product profile. We can give all the products on the market a "score". We can derive this score from conjoint-type studies, from asking customers just to give profiles an overall score or we can score them ourselves. (It makes very little difference.) Then we can simply assume that market shares are proportional to these "preference scores".

Is this a valid thing to do? Compared to what? Well, how about compared to the simple dilution model that we used above. Yes, on average, we cut our error by around 15%. (And we can cut it by around another 10% by "exaggerating" the differences in product scores to take into account the fact that the market rewards better products more and punishes inferior products more than preference scores alone suggest.)

And so on. Is it valid to add the impact of promotion to a forecast? Compared to what? Compared to using a profile model alone. Again, yes.

And so on. Until eventually we come to the tallest midget that we have been able to find: a basket of simple models that combine the impact of key sales drivers – profile, launch order and promotional spend.

I spend a lot of time searching the forecasting literature for evidence of a technique that will prove to be a basket ball player. There are lots of claims. But when you perform the "compared to what" test, they invariably turn out to be midgets – and pretty small ones at that.

Gary Johnson
Inpharmation
gary@inpharmation.co.uk

MUSING ON MODELS 5

Dear Colleague,

We have considered a number of model options over the last year. However, we should really chat a little about the process.

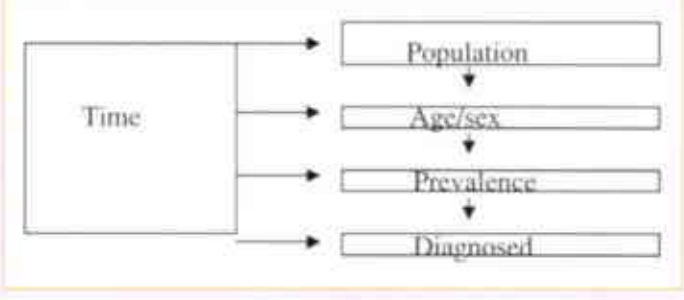
Excel is an excellent modelling tool for the majority of situations that you are faced with, but take care! Do not sit down at the computer and start building the model. Before this you need:

- Organisation
- Plans
- Data Clarity
- A schematic

This will allow you to develop a model that will function in the manner required, and one that will meet the objectives. The process will also ensure that you consider all of the potential elements impacting upon the situation under investigation. It will also help to identify what should and should not be included within the model.

Imagine that you are asked to investigate the potential for an implant to treat rheumatoid arthritis. What could be more simple? All we need to know is how many patients are there and how many doctors will prescribe the implant – or do we.

What is the potential? That question implies time, which itself implies that populations, age/sex distribution, prevalence and current diagnostic rates must be involved. Do we need to change these figures over time or can they be included as a fixed item within the model. In short how will the model be used, and by whom. We can now start to build the schematic.

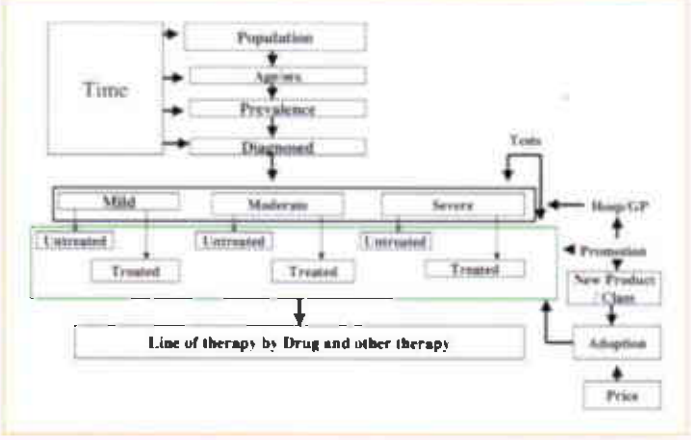


As the above schematic illustrates time will impact on each of the essential elements of defining the usage of the product. But what is meant by time, consider if this should be quarterly or annual. The choice will require different methods of treatment of the population statistics. An annual prevalence is not the same as quarterly or point prevalence.

The next stage in the development of the schematic will be to consider the market. At this level we need to understand the diagnosis in some depth. Will the condition be broken into sub-groups and if so can they be quantified. Are the numbers of treated and untreated patients different in each of those sub-groups? Possibly one group is expanding in treatment terms whilst the remainder are unchanged. Can this dynamic be reproduced accurately within the model? There may be occasions when implants etc are used where the patient has to be removed from the treatable population for a period of time because they cannot receive a second treatment for a specified time period. If this is the case, how many will return at point x in time to receive the second or third treatment.

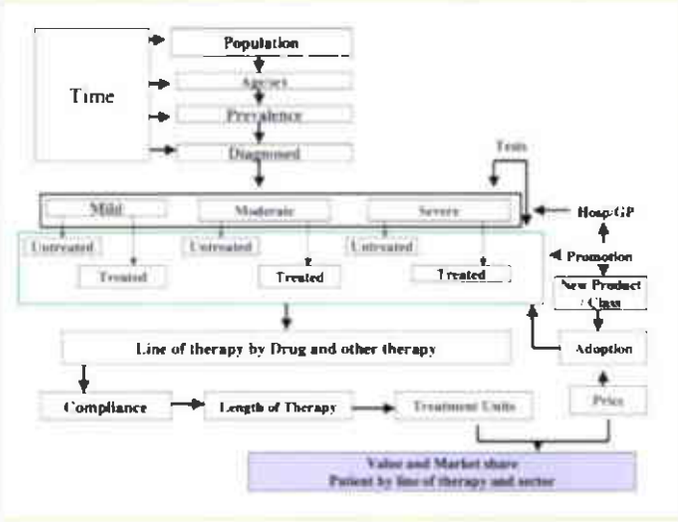
In some markets e.g. HIV therapy will be progressive and be defined by "line of therapy". How much of a given drug will be used at each level of the therapy hierarchy and how do you deal with the problem of patients receiving multiple drugs?

The above questions all relate to the diagnosis but consider also the elements that may impact on each of these as part of the normal therapy choices and progression. Should this also be included into the model?



The schematic now illustrates some of the considerations that you will have to make. Tests may determine the kind of treatment that is received. The diagnosis may be GP or Hospital driven, and if you are considering a new product then the adoption/diffusion through the prescribing population will be a major consideration in assessing the long-term value of the product and at this stage price sensitivity will be a major factor.

These considerations provide the market environment in which you will be operating. The final stage will be to consider the drugs themselves. Important factors such as compliance, length of therapy and treatment units now need to be considered.



You now have a relatively simple model of the market, but of equal importance you now have a visual aid to assist you to question the need and value of each component. It will allow you to test the model against the objectives, and possibly to agree and remove items that are not required. You will also be able to identify the data that you do have and that which needs to be generated by research. It may even point the way to identifying data that is unobtainable resulting in either assumption or surrogates being used.

I would strongly recommend developing schematics of models of this kind. They do not need to be produced in an elaborate manner, but in any form they do assist in the thought process and improving clarity relating to the task in hand.

Regards,

Terry Hardy
Radmos
terry@radmos.co.uk

Update on PRM&T Activities

Janet Henson - janet.henson@wanadoo.fr

New Members

We are pleased to welcome the following new members:
Werner Gorath - Altana Pharma - Germany
Dorothy Parker - Fast Forward Research - UK

UP AND COMING COURSE – NOTE IN YOUR DIARY – REGISTRATION MATERIALS ON EphMRA WEBSITE

CHANGE OF PLAN

The PRM&T Spring Workshop theme and date has changed – the planned Customer Satisfaction Workshop has been postponed until 2004.

The PRM&T Spring Workshop will now take place in Brussels, Belgium - 12-13 February - the Theme 'Positioning - Getting It Right' – Register now on line at www.ephmra.org

Positioning – Getting it Right

Positioning is 'The act of creating an image of what a product can offer and to whom, so that it will occupy a distinct and sustainable competitive position in the mind of the target consumer.' – EphMRA Lexicon

Few terms cause as much debate in the industry as positioning. What exactly is positioning? How is it defined? At what stage in the development cycle should positioning start? What are the responsibilities of headquarters vs. local affiliates in positioning? And, last but not least, how and when should positioning be generated and tested?

EphMRA's Primary Research Methods and Training Committee feels it is worth revisiting this important topic in a dedicated workshop, and to bring together experienced marketing research professionals and experts to discuss these issues.

The Course Convenors are: -

Stephen Grundy, Martin Hamblin GfK Global Healthcare
Michael Owen, Context Research, UK
Baerbel Matiaske, GfK HealthCare, Germany

Workshop Objectives

The key objectives of this workshop are:

- To exchange opinions on the terminology and process of positioning
- To learn about the process of positioning through case studies, and to illustrate the context in which positioning takes place
- To learn about the latest techniques used in positioning research

The Researchers Toolbox

20-22 October 2004 -
Brussels - Belgium

Course Aim

This course is designed as an intermediate course for research practitioners who want to develop their skills beyond a basic understanding. The course will focus on a variety of research techniques and applications required by the professional market researcher.

Delegates will leave the workshop with a better understanding of:

- Questionnaire design and scaling techniques
- Translating research objectives into methodology
- Sampling theory and statistics
- Cultural differences influencing research design
- The application of projective and enabling techniques
- Analysing and interpreting data
- Working with agencies

The course convenors are:-
Bob Douglas – TNS Healthcare
Dorothy Parker – Fast Forward Research
Catherine Franeau – UCB Pharma

Registration materials will be available March 2004

June 2004 - Conference Workshops - Advance Notice

REGISTRATION MATERIALS AVAILABLE JANUARY 2004

"Evaluating licensing opportunities"

Workshop Background

Evaluating licensing opportunities in healthcare needs input from specialised market research and market intelligence activities. This vital sector of activity poses challenges for marketing research executives and managers alike!

- A business and portfolio strategy is selected by senior management - but organizations often have gaps to fill!
- Opportunities arise – how should companies optimally assess these, given the tight time frames imposed by the negotiators!
- What are the constraints effecting methodology and the analysis plan
- What is nice to do and what is critical within the time often allowed
- What is the role of researchers today!

EphMRA's Primary Research Methods and Training Committee believe it is time to provide a review of these important issues, and to stimulate a debate on this topical subject, and its implications for the marketing research community.

Workshop Objectives

The key objectives of this workshop are:

- To review important steps in identifying gaps in a businesses portfolio.
- To provide an update on the range of opportunities available to fill identified gaps.
- To outline the optimal, critical and nice to have methods for prioritising inward and outward licensing opportunities
- To evaluate and discuss the implications for marketing researchers
- To explore the above through an evolving and interactive case study

At the end of the workshop all delegates will have developed their understanding of the topics outlined; and be able to put into practice their skills in support of business development activities.

The convenors are Stephen Grundy - Martin Hamblin GfK Global Healthcare, Xander Raymakers – N.V. Organon, and Ruth Evans – IMS Health.

"How internet research has changed our lives"

Workshop Background

Following the US lead, pharmaceutical industry marketers and researchers now routinely include the medium of the Internet in the vast array of approaches to ad hoc market research techniques at our disposal. The tool has applications throughout the life of a compound of brand, both in strategy development and tactical implementation.

Research conducted by P\S\L and presented at the 2003 EphMRA Conference indicated that Internet research skills were the most sought-after amongst pharmaceutical market research professionals. There are now many good examples of how our industry has used this tool to market, communicate and research our markets, while new applications continue to emerge and broaden its scope. This workshop provides the opportunity to learn of them and how to apply them.

Workshop Objectives

The workshop will provide the opportunity to listen and contribute to discussion and debates, sharing best practice and case studies on a number of developments in the Internet as a research tool, including

1. How the Internet has evolved as an approach to ad hoc research – where we are now in our understanding of the range of applications and its shortcomings
2. Use of the Internet in
    1. New product evaluations
    2. Accessing and researching patients/consumers
    3. Webpage development and evaluation
    4. Access to patient data through medical management systems on the internet
3. The development and use of 'live' interactive methodologies on the Internet e.g. virtual advisory boards and iterative discussion groups
4. Access to respondents: the advantages and drawbacks for the industry of suppliers sharing resources such as Internet 'research clubs' and contact 'pools'

The convenors are Bob Douglas, TNS Healthcare, Baerbel Matiaske, GfK HealthCare and Carolyn Fenwick, AstraZeneca.

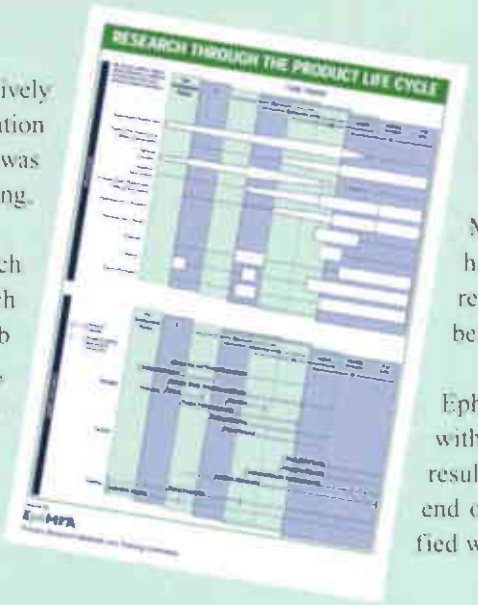
JOINT PRM&T PROJECT WITH THE FOUNDATION BOARD

Product Lifecycle Research References - Grant of up to 7,000 euros

This project has been awarded to JW Consulting, based in the UK and the Foundation Board and the PRMT Committee are working closely together on this.

A number of proposals were received and extensively reviewed by the EphMRA Executive, Foundation Board and PRM&T Committee. In September it was decided to award the project to JW Consulting.

The aim of this project is to use the Research through the Product Lifecycle Wall Chart which EphMRA has developed and to create a web based compendium of lists of useful articles, books, web sites and other reference materials. This will give researchers a one-stop shop when they wish to find information on a particular research approach or methodology eg segmentation or conjoint.



The project will be a member benefit – for Full and Associate members only available on the web site via password activation.

Working with JW Consulting on this project from the Foundation Board are:

Su Meddis - AstraZeneca
Howard Parr - Martin Hamblin GfK Global Healthcare
Dan Fitzgerald - V2 GfK

Members of the PRM&T Committee have also volunteered to assist in reviewing web links and information before publication.

EphMRA is very pleased to be working with JW Consulting on this project – the results are expected to be on-line before the end of 2003 and all members will be notified when available.

Update on the Foundation Project – Doctor Statistics – sponsored jointly by EphMRA and PBIRG

The Need

This project fulfils a long-standing need of international pharmaceutical researchers for better access to doctor universe statistics. There has been tremendous support and enthusiasm for this project, particularly from agencies, reflecting how useful this guide could be.

One reason for particular interest in universe statistics is the increased number of methodologies, which are now available to us - especially various e-research options. For example, in the 2001 EphMRA Foundation project, an online survey amongst GPs in 5 markets was validated against a parallel phone survey. As one audience member asked at the presentation of results on 28 September 2001 - "How do the samples of both surveys (Online versus Phone) compare with the total population of GPs?". This report is intended to provide researchers with greater confidence in the representativity of doctor samples of their surveys by answering these types of questions. Also, by having a harmonised set of universe statistics, future primary research projects could be designed in such a way that the results would match this data.

The Brief

The brief for the project, as published in April/May 2002 was as follows:

To establish Doctor number/populations - across Canada, France, Germany, Italy, Japan, Spain, UK and USA. These will be accessible via the Internet from the EphMRA/PBIRG websites and may be summarised in a paper report which will be printed and distributed. How the statistics would be updated should be addressed in the proposal.

The sources of the statistics should be given - e.g. addresses of associations, contact details for each country. Information to be included will be accurate total universe numbers as well as key demographics across 20-30 specialties - e.g. whether hospital or office based, age breakdown.

Timeline - 3 months from commission to delivery.

Grant - 10,000 € towards the cost of the project.

Continued >

Schmitow-Ubeira

The Spanish agency, Schmitow-Ubeira was awarded this project, and Manuel Espinel was their project leader. The work that they have produced has been of very high quality - exceeding our expectations. Very well done to them!

Issues & Feedback

One of the issues we are debating is whether to update this project. How often should this be? Who would do it? Should we charge for updates of this report? We welcome your feedback on this report and any input on how this project could be made more useful to members of EphMRA and PBIRG.

We should also mention that we accept no liability for any errors in the report, nor from use of the data.

EphMRA Foundation, EphMRA & PBIRG

EphMRA and PBIRG jointly funded this project and we hope there will be other such collaborations.

The EphMRA Foundation supports projects of mutual interest to members of EphMRA. Following advice from the EphMRA Executive, the EphMRA PRM&T works closely with the Foundation with their projects so that information can be incorporated into the training programmes. For example, the information from study was incorporated into the PRM&T Desk Research course in November 2003.

The results of this project is only available to members of EphMRA and PBIRG. For EphMRA this means that Full and Associate members have access.

Many thanks

Ruth Evans (EphMRA PRMT; REvans@uk.imshealth.com)
Marie Manadilli (PBIRG; MManadili@ca.shire.com)
Peter Winters (EphMRA Foundation;
PeterW@Medefield.com)

September 2003

Business and Diversity in Canada

Vancouver, Canada – future 2010 Winter Olympics City, is a heaven for diversity. In the city with a population of one million, the opinions on the same issue can be dramatically different and polar. The mix of different nationalities is present on every street of this vibrant city.

Vancouver is a "multi" city. It is multi-cultural, multi-sensory, multi-story, and multi-lingual. The anecdote about a person speaking three languages and being called tri-lingual and a person who speaks only one language being called North American doesn't apply here. The city speaks all imaginable languages, and even the government-administered driving skills computer test is available in Mandarin, French and Punjabi, as well as in English.

The medical community of British Columbia reflects the multicultural pallet of the society, where one medical centre can have doctors of different nationalities practicing under the same roof.

So, what challenges does this multivocal and multi-layered plate present to the pharmaceutical market researcher?

In a society where information, both accurate and false, flows quickly, pharmaceutical market research has to work internally and externally to maximize the value of innovation, while reducing the risks and concerns regarding its use.

Quantitative research refers to studies involving 'a lot' of people. It uses statistical average techniques such as mean ratings, and statistical tools such as sampling error and standard error to analyze data.

This leaves qualitative research, or studies involving a small number of individuals, such as focus groups or in-depth one-on-one interviews. So, how do we manage to organize the steady flow of fieldwork in a diverse society?

The target of any research project can be reached by using the multi-skilled professionals, who will go an extra mile to get the data your company needs and to deliver the message about your product to the key physicians in the field. Many projects need a strong multi-tasker, a person who can juggle multiple assignments, while keeping several goals in mind.

Let us unveil some of the common misconceptions of market research in Western Canada. "West Coast is slow with recruiting..." – send your screening questions via e-mail, so we know beforehand which doctors you need for your project.

"Many physicians don't like and never do telephone interviews..." – they prefer local companies and voices they trust.

"On-line studies are hard to organize..." – healthcare professionals are all over the Internet, ask a local company to find them for you.

While doing a recruiting project for an online study two years ago I came across physicians with a very negative attitude toward Internet projects. They were hard to convince to do an on-line survey simply because they disliked the impersonal nature of the computer itself.

"I would love to do the interview with you or anyone else here in my office. Bring in your lap top and type in my answers yourself!"- said some of the doctors back then.

It was hard to predict if this attitude would ever change. On the other hand, doing on-line studies in 2003 brought no surprises at all. The recruiting process went smoothly, and the fear of the unknown technological challenge had all but disappeared.

We have to find new ways of meeting the needs of a growing medical population. The project on innovation, technology, society and sustainability extends the current work of a pharmaceutical market researcher.

The challenge is to establish a collaborative process that engages and connects relevant stakeholders while developing specific case studies utilizing new and old methods of pharmaceutical market research.

Small local companies can be considered the most cost effective suppliers of fieldwork in any country of the world. They are more flexible and more determined to deliver the best possible quality, as they are small and strive to be noticed.

In our industry, gone are the days when a single location produced an entire project. The need to finish a project quickly - and in forms varied enough to satisfy local differences - means that companies have to work around the clock. This approach of "following the sun" is more easily done when tasks are split up between continents. And, as the search for information gets more heated, global researchers must be technically adept but culturally sensitive, familiar with corporate rules but flexible enough to bend those rules when necessary. This is all in an effort to get project results across to companies through many time zones.

Anna Vagramov
East-to-West Medical Market Research
adrs@shaw.ca

What does it mean to be on the Executive Committee of EphMRA?

Georges ANDRE, EphMRA President 2003/04

This documents aims to answer some of the questions that market research executives may have, to decide whether or not they will apply to become a member of the Executive Committee of EphMRA.

It is a compilation of the points of view of current and former Executive Committees members, Presidents and Vice Presidents and is based on their own experience.

Current members of the Executive Committee can always be reached personally to provide additional insight.

Why should I take an active role in the life of EphMRA?

Being part of the Executive Committee of EphMRA is a very rewarding commitment, at different levels.

First, is it a nice way to actively contribute to the development of the market research function. It is of course adding an «extra mile» to our day-to-day jobs, and nobody forces us to run this extra mile, but it provides the great satisfaction of contributing to the development of a unique institution that defends and develops a key function at a challenging time for the pharmaceutical industry.

It also provides a great opportunity to identify the trends and to anticipate the changes that will take place in the market research function. Moreover, these changes can be perceived from both sides: supplier and clients.

Needless to say, being involved in the EphMRA is a great networking opportunity. It also allows us to do something a bit different from our day-to-day jobs, which is good to help put things into perspective.

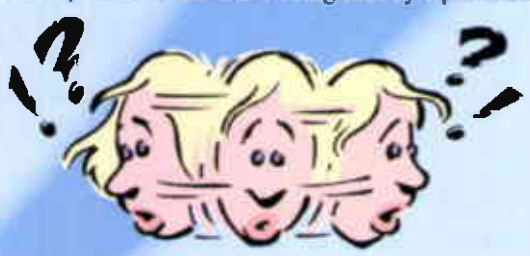
Finally, just as there is a «Spirit of Davos», there is a «Spirit of EphMRA». The agendas of the Executive Committee are always busy, and not all the topics are pleasant to discuss nor all the decisions easy to make. But whatever the circumstances, a positive and constructive atmosphere always prevails. All the people sitting around the table are there because they love market research and want to defend and develop this function. People sharing a passion always get along very well.

What are the constraints? How much time and energy does it take?

This might be the most important question for some people interested in joining the Executive Committee, but who do not want to embark on a too demanding initiative.

A couple of important points should be considered:

- First, except Bernadette Rogers and Janet Henson, all members of the Executive are company executives, and we all play our EphMRA role on top of our other responsibilities (and on a non-remunerated basis). Therefore, it is absolutely taken for granted that we have limited time to dedicate to EphMRA, and the way the Association functions gives a lot of flexibility. The only «hard constraints» are the 3 yearly meetings of the Executive Committee, and the Annual Conference. The President also takes part in the PBIRG Annual Conference, with travel and hotel expenses to the USA being met by EphMRA.



- Secondly, the Executive receives an outstanding administrative support from Bernadette Rogers, Janet Henson, and from the Treasurer too. Most of the «time consuming» tasks are carried out by them, so that the members of the Executive can focus their energy on their role. Bernadette and Janet have been working with EphMRA for a long time, they know very well how the Association works, they have a perfect vision of the timing, and are always there to remind the Executive of important milestones and deadlines.

So, in a few words, yes, it definitely requires some time to be on the EphMRA Executive Committee, especially for the President. About 5 trips a year, the equivalent of 7 to 10 working days spent in meetings (Executive Committees, Annual Conference, ...), plus participation in some teleconferences (with IMS, for instance) and several phone calls, the reading of notes, e-mails and documents, and the reaction to messages, papers for the Newsletters etc.

But, in essence, this involvement is perfectly compatible with a company job. The key points to ensure full compatibility are:

- To get the support of one's own management, by explaining clearly in advance that being on the EphMRA Executive Committee will take some time and will require some flexibility (keep in mind that many senior managers are or have been themselves involved in extra-curricular activities, so they know what it means)

- To be well organized

- To rely on the other members of the Executive Committee, and on the brilliant administrative support.

Continued over>

What responsibilities are involved?

EphMRA is a very serious Association, involving many companies, and dedicated to bringing as many benefits as possible for the fees and costs taken up by its members. Moreover, the image of the market research function in the industry is at stake. So being a member of the Executive Committee is a serious commitment. It implies making key decisions on the future of the Association, its funding, its expenditure, its mission, etc.

However, let's make it clear: the whole future of the Association does not lie on the shoulders of a single person. There are some well-oiled mechanisms to ensure that any important decision is made in a collegial way.

First, any «major change» (regarding the status of the Association, its funding, its mission, etc.) has to be approved by a majority of members during the AGM. So neither the Executive Committee, nor any individual member of it, can make any decision that could seriously affect the Association without approval from the Members.

Secondly, even for minor decisions that do not have to be submitted to the vote of the Members, the Executive Committee in itself works in a very collegial way. It is a very open discussion platform where ideas are tested and challenged, and all decisions are also submitted to an internal vote within the Executive Committee.

Therefore, there are two «layers of wisdom» that ensure that, at the end of the day, the risk of major mistakes occurring is very limited. Moreover, independently of the voting processes described above, the members of the Executive Committees are very supportive of each other. The President or Vice President regularly speak on behalf of the Association. When advice is needed, other Members of the Executive Committee are always available to provide recommendation and guidance.

What should I do internally, vis-a-vis my company management? How will my involvement in EphMRA be perceived?

The two key points here are:

- Be transparent and communicate clearly (and early!) to your management what is at stake, the constraints, but also the benefits of potentially playing an active role within EphMRA.

- Do not commit if you feel there is reluctance «in principle». There might be reluctance because of ack of information, which is not a problem. But if this reluctance persists even after you have explained and discussed what it means to be a member of the Executive Committee, then do not insist.

As mentioned earlier, many senior managers are involved in other activities outside their company, and many greatly value the involvement of their executives in «serious and non-remunerated» extra-curricular activities. In many cases, it is perceived as a proof of openness and professionalism. If it is not the case in your company, you will quickly notice this.

Associate Members

UPDATE LIST

Company	Key Contacts	Address
A+A Healthcare Marketing Research	Pierre Pigeon Bernadette Tournier	A+A Healthcare Marketing Research, 2 avenue Lacassagne, Lyon, 69003, France Tel +33 4 78 62 23 23 Fax +33 4 78 62 84 17
Able Astor, Inc.	Tom Breslin Boris Stern	Able Astor Inc., 21021 Devonshire St. #206, Chatsworth, CA 91311, USA Tel +1 818 998-0266 Fax +1 818 341-6460
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Access Global Research (AGR) Ltd	Sarah Barlow Michael Curry	Access Global Research (AGR) Ltd, Chichester House, 145a London Road, Kingston-upon-Thames, KT2 6NL, UK Tel +44 208 547 2984 Fax +44 208 547 3829
Adelphi	Alison Geary Maria Karlesi	Adelphi International Research, Adelphi Mill, Bollington, Cheshire, SK10 5JB, UK Tel +44 1625 575 060 Fax +44 1625 577 300
Adelphi International Research	Cathy Clerins	Adelphi International Research, 17 Place Bosch, Wavre, 1300 Brussels, Belgium Tel +32 1023 1940 Fax +32 1023 1949
Aequus Research	Jeremy Lonsdale Julie Buss	Aequus Research, 39-43 Putney High Street, London, SW15 1SP Tel +44 20 8780 5969 Fax +44 20 8780 5925
Alex Market Research	Tommaso Pronunzio Marina Mastrolonardo	Alex Market Research, via Valtellina 20, Milan, 20159 Italy Tel +39 02 693 11643 Fax +39 02 693 11572
All Global Ltd	Lia Mann Tony Burke	All Global Ltd, Unit E Zetland House, 5-25 Scrutton Street, London EC2A 4HJ, Uk Tel +44 207 729 1400 Fax +44 207 729 2700
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Back Bay Strategies	Mark King	Back Bay Strategies, 196 Marlborough Street, Boston, MA 02116, USA Tel +1 617 695 9006 Fax +1 617 375 0523
Consulted	Laurent Demonchy	Consulted, 62 chemin des cendres Nanterre 92000 France Tel +33 1 42 64 64 75 Fax +33 1 41 44 20 54
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Datamonitor	Will Hay Mark Mees	Datamonitor, Charles House, 108-110 Finchley Road, London NW3 5JJ, UK Tel +44 20 7675 7188 Fax +44 870 831 2236
Dedicated Research	Marc Dumoulin	Dedicated Research, Avenue Brugmann 216, 1050 Brussels, Belgium Tel +32 2 344 00 86 Fax +32 2 346 9573
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GfK Healthcare	Raphel Matassa	GfK Healthcare, Nordwestring 101, Nuernberg, 90319, Germany Tel +49 911 395 4206 Fax +49 911 395 4230
GO Medizinische Marktforschung	Mr Werner Palancara Gisela Clen	GO Medizinische Marktforschung, Gutleutstr 47, Frankfurt, 60329, Germany Tel +49 69 24 26 25 11 Fax +49 69 24 26 25 23

I+G Suisse Health Research International

Bernd Grobe
Eckbert Wundram

I+G Suisse Health Research International
Klaunhuenengenstr 179,
Basel, 4057, Switzerland
Tel +41 61 638 8001
Fax +41 61 638 8010

IMS Health

Francoise Fonsalas

IMS Health ,
345 avenue Georges Clemenceau,
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Jane Shirley
Matthew Newman

Insight International,
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Fax +44 207 608 9301

Isis Research plc

Colin Maitland
Kitty Sophocles

Isis Research plc
The Boathouse,
The Embankment,
London,
SW15 1LB, UK
Tel +44 20 8788 6819
Fax +44 208789 6876

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Jan Schipper Compagnie

Jan Schipper

Jan Schipper Compagnie
Albrechtlaan 3,
Bussum, 1404 AH,
Netherlands
Tel +31 35 694 1199
Fax +31 35 695 3699

JW Consulting

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JW Consulting,
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20 Albert Street,
Aylesbury,
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Fax +44 1296 436 177

Martin Hamblin GfK Global healthcare

Angela Duffy
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Martin Hamblin GfK Inc
181 Old Post Road,
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CT 06890, USA
Tel +1 203 256 8665
Fax +1 203 256 8792

Mattson Jack Group

Walter Colasante

Mattson Jack Group,
Herts,
AL1 3TF, UK
Tel +44 1727 884 944
Fax +44 1727 884 800

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medefield

Peter Winters

medefield,
Suite 3, 28 Church Row,
Hampstead,
London NW3 6UP,
UK
Tel +44 845 222 0092
Fax +44 845 222 0093

Medi Pragma

Michele Contarin
Larissa Kamburoff

Medi Pragma
Via Nizza 152,
Rome,
00198
Italy
Tel +39 06 845 551
Fax +39 06 841 1850/7

MMR International

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Tina Balenovic
Srdjan Dumicic

PULS
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Zagreb 10000
Croatia
Tel +385 1 4628 669
Fax +385 1 4628 636

QMF International

Anna Neuhold
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QMF International
17 Frognal
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Terry Hardy

Radmos Ltd
26 Rowsham Dell
Giffard Park
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UK
Tel +44 1908 613 080
Fax +44 1908 613 465

The Research Partnership

Mark Jeffery
Mary Assimakopoulos

The Research Partnership
45 Seagrove Road
London
SW6 1SB, UK
Tel +44 20 7385 6222
Fax +44 20 7385 6222

Research Technologies

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Fax +39 06 58 95 834

Skim Analytical

Dirk Huisman
Magdalena Cremer

Skim Analytical
PO Box 29044
Rotterdam
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TNS Healthcare
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19-31 Church Street
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Tel +1 650 513 0300
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16 Connaught Place
London W2 2ES, UK
Tel +44 207 915 4266
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Companynews

Isis Research joins Synovate

Leading international healthcare market research company, Isis Research, is pleased to announce that it has been acquired by Synovate, the market research division of Aegis Group plc. ISIS will become a key part of Synovate Healthcare, Synovate's global healthcare specialist division.

ISIS provides some of the world's largest pharmaceutical companies with syndicated and custom healthcare research including cancer care audits in five key European markets as well as Japan. The acquisition of this healthcare specialist complements Synovate's existing Tandem Cancer Audit in the US, with whom ISIS are now conducting a global cancer audit. It also adds strengths in other syndicated areas including HIV and diabetes.

"Last month our clients welcomed the news of Synovate Healthcare joining forces with ISIS on a global cancer audit," says Synovate worldwide CEO Adrian Chedore. *"This enabled us to create the world's first truly aligned global cancer audit and offer clients significant purchasing economies made possible by such a cooperation. The global cancer audit is but one example of what we can do with our combined capabilities and knowledge. With ISIS in the fold, Synovate Healthcare's market positioning and benefits to healthcare clients are much more robust."*

Colin Maitland, Chairman of ISIS who will be heading up Synovate Healthcare, says, *"Joining Synovate gives us a future with much greater opportunities for growth, and wider career opportunities than we had before. It will also give our clients more and better market research products and services. We look forward to the challenges that face us in building this global healthcare division into the market leader that Synovate wants us to become."*

Aequus is pleased to welcome Ruth Sambrook as Senior Research Executive - Ruth will be working on our ad hoc qualitative and quantitative services, after gaining some valuable experience at Strategic Marketing Europe and TNS. This Autumn has also been exciting for the development of our Internet-based services, as Aequus has become a European founding member of the Medefield network.

Aequus Research has become a European Founding Member of the Medefield Network and will immediately benefit from survey access to the world's largest physician e-research community, currently standing at over 300,000 physicians with roughly 65,000 in the United States and 90,000 in Europe.

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Going Global: V2 Joins the GfK Group and Becomes V2 GfK

V2, formerly the largest independent pharmaceutical marketing research firm in the United States, announced July 31, 2003 its membership in the GfK Group, the fifth largest market research company in the world. V2, which will trade under the name V2 GfK, is now enabled to support its growing global business through the GfK Group's worldwide network of resources and facilities in 51 countries on five continents.

V2, which was founded by Richard B. Vanderveer, Ph.D., in 1994, offers marketing research services and strategic consulting for the pharmaceutical and biotechnology markets as well as medical diagnostics. V2's client base includes a whole host of leading global healthcare companies, such as Pfizer, Novartis, Aventis, Allergan and GlaxoSmithKline. The services comprise qualitative and quantitative ad hoc research and analyses relating to healthcare as well as consulting services and support with regard to strategic sales and marketing.

Debbie Corning joins Isis Research as Director of Oncology Syndicated Services Healthcare market research company, Isis Research, are pleased to announce that Debbie Corning has joined the team as Director of Oncology Syndicated Services, based in Princeton, USA.

Debbie has over 12 years of industry experience working on the vendor side for IMS, as well as on the client side. Pharmaceutical companies Debbie has worked for include Wyeth, Johnson & Johnson, Bristol-Myers Squibb, and most recently Schering AG/Berlex Labs as Director of Oncology Global Market Research.

Debbie oversees all facets of Isis Research's oncology audits and is supported by a team of research executives who are experienced in the scientific and commercial aspects of the oncology market.

ZS is pleased to announce that Ms. JoAnn Jasinski has joined the staff of our marketing research practice. JoAnn brings more than 20 years of healthcare experience, including brand management and strategic intelligence expertise, to our capable team.

Helen Cox, Director of Aequus Research said, "We are delighted to be Founding Members of the Medefield Network which enables us to offer our clients enhanced Internet capabilities and integrate this into our existing qualitative and quantitative services. Without doubt Medefield have developed an e-research community and a technical infrastructure that are unrivalled. Our decision to join the Medefield Network reflects our commitment to remain at the fore front of pharmaceutical market research design".

News from rxmark, the market research division of InterbrandWood Healthcare

rxmark launched recently its new website, rxmark.com.

rxmark is a key global provider of innovative research methodologies and consulting services for brand intelligence to the pharmaceutical, biotechnology and healthcare sectors, involved in the development and validation of over 80 FDA and EMEA brands.

rxmark.com has been designed to serve as an online community focused on 'brand intelligence', partnering pharmaceutical, biotechnology and healthcare clients with healthcare professionals and consumers around the world.

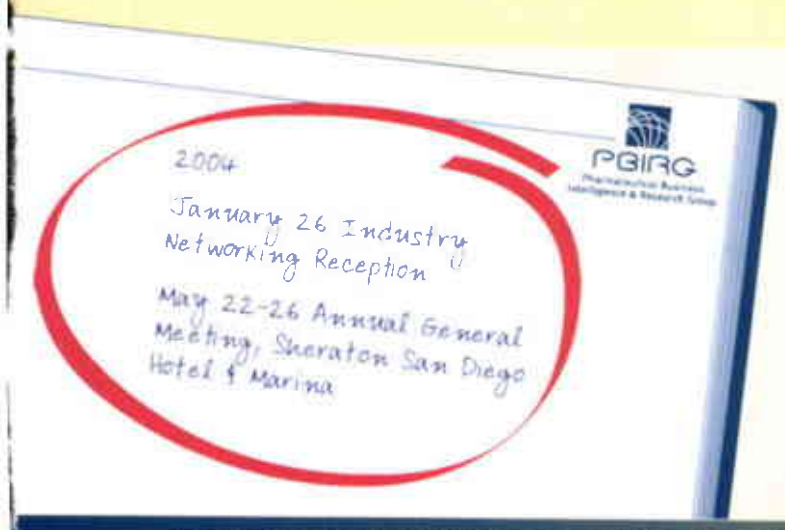
At the site, you may register as an 'rxmark Partner' to receive updates on the many brand-related developments that are impacting future drug introductions, such as the proposed changes at the FDA regarding nomenclature submissions by sponsors.

The growth of THE PLANNING SHOP international continues with the arrival of four new faces.

Caroline Wood joined the company in June as International Research Director. She has a wealth of experience in the industry, having previously worked as divisional director at Martin Hamblin GfK. Caroline says 'I'm excited to be working at a smaller agency with a fresh perspective'.

Joanna Hayter and Shaheen Ashraf, both of whom previously worked at Root, joined in October and early November respectively. As bright young researchers, they have seamlessly slotted into the dynamic team at The Planning Shop international.

Jo Mallindine, our latest recruit, joined us in mid November as an Associate Director. Jo worked for 6 years at Martin Hamblin GfK before moving on to fresh pastures. She says 'the decision to move companies after so long a period was difficult, but it has certainly proved to be the right move for me'.



European Patient Internet Research Panel Launched by Ziment, A WPP Company

Ziment, a leading global pharmaceutical and healthcare marketing research agency, has launched their European on-line patient panel with their first foray in the UK. The panel, facilitating fast access to the opinions of patients suffering from a wide range of chronic illnesses, has been started with an initial 45,000 patients.

According to CEO, Howard Ziment, this Chronic Illness Panel in the UK has added to the company's Internet research capabilities by providing its clients with the ability to quickly find low incidence patient groups. Combined with Ziment's global physician Internet panels and the Ziment Chronic Illness Panel in the United States numbering 222,000, clients can easily conduct studies using the speed and large sample power of Internet research.

The panel profiles close to 100 different chronic illnesses. *"This terrific resource has helped to keep Ziment on the cutting edge of healthcare Internet research," said Ziment. "It is a high quality panel of respondents who have opted in to conduct research. This ensures high response rates and high quality data, the building blocks for great marketing research leading to superior business intellect."*

The Panel is powered by Lightspeed, a sister Kantar company that is in the business of conducting research with consumers through the Internet.

Ziment, based in New York City, is a full-service consultancy offering strategic custom marketing research for the healthcare and pharmaceutical industries worldwide. It is the global healthcare research brand of the Kantar Group, the Information and Consultancy Division of WPP, plc.

Interested in submitting an Article?

If you would like to submit an article for possible publication in this Newsletter then forward them to EphMRA at: MrsBRogers@aol.com. We welcome submissions from all parties.

Basel 28 June - 2nd July 2004
in conjunction with the
43rd Annual EphMRA's General Meeting

the persistent flow of time

market research looking
behind to the future

Programme and Registration details will be mailed in January 2004.

On-line registration available.