

## Conference Success in Berlin

Berlin, June 2005

I am sure that you will all agree – that the Berlin Conference was again a conference to remember for many reasons – not least because an enormous amount of hard work goes on behind the scenes:



Barbara Ifflaender

- **tremendous preparation** work from all the people involved: the Programme Committee, the speakers, the organisers, the agencies who were present during the agency fair. As every year, a great deal of effort was invested, but it paid off.
- **exceptional participation**, both from agencies and from pharmaceutical companies. The richness and flavour of the Conference is directly linked to the high level of networking and interactions, questions raised and answered.
- We value and appreciate the contribution of **sponsoring agencies**, without whom many things would not be realised.

During the many formal and informal discussions which took place in Berlin, the Executive Committee absorbed many questions, queries and observations made by participants and each of these will be reviewed over the coming months in forthcoming meetings and working groups.

I hope that you all enjoyed the Committee and Working Group poster session – a chance for the work of our Association to be proudly displayed. It was the first time this was undertaken and it brought together the diversity and richness of the work done by EphMRA and raised interest in Committee participation. Next year in Athens we will build on this and show case the Committee work again – using the feedback received this year.

EphMRA is a vibrant, evolving Association with a strong sense of positive team work and an earnestness to improve market research and maximise the value and reach of our profession.

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# Pre-Conference Training Workshops – Tuesday 21 June 2005

## Masterclass – Leading Edge Research – “Beyond the Norm” Advanced Qualitative Techniques

By her own admission, Rachel Lawes is a workaholic and her enthusiasm for her area of expertise was evident as she led the Advanced Qualitative Masterclass. In the course, the two technical disciplines she covered were “Semiotics” and “Discourse Analysis”; and the overall commercial benefit of mastering these skills was to be better able to understand how it is possible to create desire (for your brand) amongst your target markets.



Rachel Lawes

At the start of the day, there was a short discussion about what delegates were hoping to learn from the day – and these can be summarised as

- i) understanding what these techniques are,
- ii) how they can be implemented, and
- iii) how best to communicate their benefits to key decision-makers within pharmaceutical companies.

### What are they?

Rachel described Semiotics as the study of signs and symbols and has its roots in linguistics and anthropology from the early part of the 20th Century. Discourse Analysis is a somewhat more recent discipline and is the study of talk-in-interaction, evolving from semiotics and social psychology. Although Rachel works in many industry sectors, she had prepared the material so that it was focused on the pharmaceutical industry.

During the course, delegates were absorbed by many, many, many concepts which are used within these disciplines. To give a sense of the concepts presented, we picked out three which we found particularly interesting.

- **Concept 1** – “Where there is choice there is meaning”. The point here is that it is only relevant to conduct semiotics and discourse analysis of material if there has been choice in its creation (why green was chosen rather than blue, and so on).

- **Concept 2** – “Binary oppositions”. The notion here is that it is only possible to understand something if it is in opposition to something else (e.g. the concept of “women” would have no meaning without the opposite concept of “men”). This would not be the negative form – i.e. the opposition to “effective” would be “gentle” (and not “ineffective”); the opposition to “scientific” would be “natural” (and not “unscientific”).
- **Concept 3** – “Up the Mountain” or “Down the Pan”. We understand the world through myths formed by our culture, our personality and so on. Rachel articulated two opposing myths that might be held with regard to healthcare; one was an “Up the Mountain” view whereby everything was getting better and then she described an opposite “down the pan” view. It possible to support, persuasively, both “myths” by the selection of different evidence and arguments.

Indeed, we have just illustrated another point which Rachel made during the course – the “3-part list”. Discourse Analysts will recognise that arguments will appear much more complete if they are supported by 3 elements. If for example, you say that a drink made you feel “strange, weird and odd” – that would convey a much stronger message than just saying it made you feel “strange”. Similarly, providing a course summary in 3 parts, as has been done in this article, should give a sense that we were paying complete attention to Rachel’s presentations!



## How to implement?

The afternoon was dedicated to syndicated sessions with delegates split into two groups. One group undertook a semiotic review of various adverts whilst the other group considered various texts (such as a scare-mongering article about Seroxat and various patient descriptions of their conditions) using their newly-taught skills in Discourse Analysis.

These sessions gave delegates a sense of how it is possible to deconstruct the meaning of advertising material and brand messages, and also, how to go about an analysis of motivations. Indeed, it is possible to construct quite elaborate theories in this way, which may go far beyond what the data can reliably support. In this respect it was interesting to see Rachel, the expert, at work. She was ready to express opinions, or hypotheses, about how one could interpret a particular set of data. She was also open-minded as to alternative explanations and, overall, was very keen to emphasise that all conclusions should be evidence-based; considering both the original data sets and research literature.

The implementation of such qualitative techniques would imply that there would be less emphasis on the standard qualitative, interviewer-led, in-depth interviews and groups in favour more eclectic data collection methodologies. The data for Discourse Analysis is gathered from many different sources, including from patient forums, blogs, observing doctors interact and so on.

In the 2001 EphMRA "Online Research Revolution" pre-conference workshop, there had been a debate on the motion of "qualitative research is not suited to the net" and few had disagreed with this motion. Yet, armed with the tools of Discourse Analysis, surely the set-up of online patient discussion forums could provide very useful qualitative source material!

## How to communicate the benefits?

Perhaps the hardest task is to work out how to communicate the benefits of these approaches to decision-makers in pharmaceutical companies. What should the elevator-pitch be for Semiotics and Discourse Analysis? One thing to mention is that these techniques have particular application for projects which deal with packaging, advertising and communications. Otherwise, no firm conclusions were reached at the course, as far as we are aware.

Perhaps a Discourse Analysis study of pharmaceutical executives could help shed light on this!



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# Pre-Conference Training Workshops – Tuesday 21 June 2005

## Gaining Understanding & Insight with Conjoint and Discrete Choice Models

Obviously it was a “trade off task” for delegates to attend the one day pre conference course on conjoint methodologies in Berlin as not all enrolled delegates showed up. Those 18 delegates who attended, reported spontaneously “high utility values” for their daily research practice. The speakers represented the top level of conjoint experts explaining and demonstrating the value and the risks of this methodology in research through the life cycle of pharmaceutical products.

What is the conjoint technique good for? In the increasingly complex range of market situations that companies have to assess, it is necessary to provide market research approaches that can help management to have better insights on many challenging questions.

These can include: -

- i) What product features a product must possess in the future for it to succeed.
- ii) What modifications to the product's profile will affect the chances of success positively/negatively?
- iii) How potential newcomers will influence existing and other new market entries.

Conjoint and Discrete Choice Model studies are able to assist with these difficult questions. The workshop objectives were:

- To provide delegates with **practical guidance** on the breadth and depth of marketing research techniques, covering conjoint and discrete choice model approaches that will enable everyone to make better-informed decisions.
- On returning to their companies delegates should be able to more effectively and appropriately **advise** their internal and external customers.

During the course it became clear that the art of conjoint is thereby twofold: firstly it needs a **deep understanding** of the market and its products for



Convenors – left to right  
Stephen Grundy, Kurt Ebert and Alexander Rummel

designing the conjoint tasks and for interpreting the results and secondly it needs the **methodological and statistical skills**. Maybe “passion” is the third important factor as Dirk Huisman of SKIM, one of the presenters, outlined “...after more than thirty years in conjoint I’m still fascinated by the applications of the technique and I’m still extending its applications”.

The course programme started with the convenors establishing “jointly” the techniques delegates are familiar with and used, and specific problem areas faced.

Stephen Grundy (Defining the Role for Conjoint and Discrete Choice Models) and Roger Brice – Adelphi (What are Conjoint and Discrete Choice Models) laid the **theoretical and practical fundament** of conjoint techniques. For those new to this methodology it became clear that “conjoint” is a generic term for a whole family of techniques which can be applied at various stages of a product life cycle. More experienced delegates learned that there is still an ongoing discussion among experts how to interpret and compare the range of utility values for different attributes. Also there is still a discussion on the influence of having varying number of levels for each attribute on interpretation of the relative importance of an attribute. “Sunbathing in Scotland”, with an entertaining case study, Roger Brice explained the need for fractional conjoint designs to cover the complexity of the market.





Ralf Maser - Psyma - and Dirk Huisman – SKIM - focused on the **practical part** of conjoint techniques “What does it all mean and how to apply and Utilise Conjoint and Discrete Choice Model Results”. Ralf Maser (early life cycle) showed in case studies that attributes and levels can also be defined by qualitative benefits for the physician and are therefore in many cases closer to the reality than abstract clinical improvements. Dirk Huisman (mid lifecycle onwards) broadened this by showing examples of visualised levels showing pictures instead of text.

Despite the fascinating opportunities of conjoint methodologies to model products and markets, all speakers highlighted that market uptakes especially need **careful interpretation** of conjoint results and that conjoint does not substitute market knowledge.

This became also clear when Roger Brice and David Luery – TNS Healthcare – concluded the workshops agenda with the general pitfalls (David Luery) and “Do’s and Don’ts” (Roger Brice) of questionnaire design.

All participants agreed to cancel the planned break out session in favour of more time for the presentations and the workshop ended with a lively discussion on opportunities and limits of these fascinating techniques.

Thank you to all delegates and speakers from the convenors – Kurt Ebert – F.Hoffmann-La Roche, Stephen Grundy – GfK Martin Hamblin Global

HealthCare and Alexander Rummel, Psyma International Medical Marketing Research.

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## EphMRA diary

## 2006

### 2005

**2 - 24 June**  
Annual Conference, Berlin.  
MR = Maximising Reach.

**17 - 18 November**  
Brussels, Belgium.  
Positioning & Branding -  
Getting it Right - PRM&T  
Training Course.

**17 - 18 November**  
Brussels, Belgium.  
Global Significance of  
Customer Satisfaction,  
Training Course.

**31 January - 2 February**  
Brussels, Belgium -  
Basic Introduction to  
Pharmaceutical  
Marketing Research.

**1 - 2 February**  
Brussels, Belgium -  
Using & Understanding  
Desk Research.

**8 February**  
Brussels, Belgium -  
Interim Members Meeting  
& Networking Event.

**4 - 5 April**  
PRM&T Spring Workshop  
The Role of Market  
Research in Pharmaceutical  
Forecasting, Germany.

**21 - 23 June**  
Annual Conference, Athens.  
Truths, Myths & The Future.

# Reaching Out .....To Where?

Following a warm welcome to Berlin from our President Barbara Ifflaender, this opening session of the conference aimed to put our theme into context. Marketing Research reaching out to where? That was the question being tackled and we certainly gained a clear idea of where it was reaching and why it should be doing so from this session.

Reaching out to those boardroom decisions was the hypothesis and our keynote opening paper from Thomas Hein of Schering AG and Lisa Heideman of SKIM Analytical Healthcare set the scene. The thrust of their argument was that if you, as a Marketing Researcher, add value to those boardroom decisions, you should be involved in them for the benefit of the Company. Furthermore, if what you are doing meets all of the preconditions of adding value, don't worry: you will be asked for your input. One of the main considerations of analysing whether the marketing research department does provide that added value relates to defining just what we do and defining the skill set that goes with it.



Thomas Hein

Thomas provided an intriguing pick-and-mix 3-by-3 matrix of titles we use, with the first word being a choice of "business", "competitive" or "marketing" and the second a choice between "information", "analysis" or "intelligence". Call yourself what you will but you should be doing all of these things. Add to the mix, personality and communication skills and you have the perfect identikit of the marketing researcher in his role reaching out further. We heard several key phrases such as: "only do state of the art marketing research", "stand up for yourself", "no nice-to-know results", "refuse to carry out a study unless you know what you need it for", "marketing research has to challenge marketing on the implications". All these phrases imply that marketing research should play an independent role if it wishes to demonstrate that it can add value. The training element and development of a meaningful career path is the key to ensure that the marketing research role is able to fulfil the prerequisites behind adding value.

A separate issue in this context relates to the role of the external market research agency. The view



Lisa Heideman

expressed was that the agency needs to partner with the Company market research department and not try to by-pass it by going directly to the horse's mouth, the marketing department. Although the external agency might be tempted to do this if they are feeling blocked, this speaker's view was that the external agency can never know the internal procedures and politics within a company. Rather its role should be someone who challenges the internal view, thus again adding further value to the company decision process. The external agency view presented by Lisa Heideman reinforced this view. The agency should keep asking questions until they are clear precisely what the problem is and what kind of decisions are expected to be taken on the basis of the information provided. This independency can help to cut through the vested interests sometimes underlying the decisions which need to be made, e.g. the clinicians not being willing to admit the weaknesses of their product since their job may depend on it. Other times it may be that there is no one person responsible for early stage products and so a good investigative approach is required to clarify the issues at stake.



Kurt Kessler

Our second speaker, Kurt Kessler from ZS Associates helped us question why Marketing Research may not be in the position we would like it to be. He proposed a pecking order of current value within companies where marketing research is low down and sales much higher up. Although marketing underpins much



of what we do, high value is not attached to it which leads to a reduction in investment. Kurt argues that we should move towards a hub and spoke view with marketing research at the centre seeking out a range of customers throughout the company functions (clinical, sales, etc.) to help raise the value. We should develop best practices to identify and harmonise internal work streams, educating as needed to develop buy-in from our customers. The idea would be to focus on separate bit-sized chunks, distinguishing between analysis, synthesis and then decision-making. During the process of resolving the marketing problem posed, marketing research should take a pro-active role, talking through and "socialising the results" with the various stakeholders. All this aims towards preparing for the "big meeting", ensuring that everyone becomes involved, problem areas are resolved along the way and the implications are discussed with all parties. This helps avoid those sudden surprises at the "big meeting" and should also aim to help people accept the change inherent in the decision to be made. Marketing research in this context should play a facilitating and integrative role, synthesising results and driving the process if it is to be perceived to be adding value, with the consequence of becoming fully involved in the important decisions.



and culture. He described the true role required as one of orchestrating the internal knowledge base in a cross-functional give and take approach. The five key areas of facets of success: guiding, metrics, culture, tools and roles; need an infusion of sales

type personnel to provide leadership drive and communication skills. The second time this point had been made and which begs the question of whether this identikit of interpretational and communication skills can be found often in the same person - perhaps not, but it is not said that the marketing research department need to be just one person. The communication skills are relevant not just in the internal company function interactions but also in peer to peer interactions across the various affiliates of a company. Once again the thrust of the argumentation put forward is that marketing research needs to live up to its function, earn recognition from higher functions by identifying the key stakeholders, discuss the expectations and outcomes with these stakeholders and provide key insights to senior management. In short, we need to publicise ourselves: monitoring our success by measuring satisfaction over time, communicating any signs of success and making ourselves more visible, discussing insights and learning how these insights are being used. This approach should help ensure whether we end up being perceived as pure data providers or move more in the direction of becoming an equal business partner with other senior functions, ending up being sought out to help in those important boardroom decisions.



Olaf Schäfer

The final speaker in this session, Olaf Schäfer from Accenture GmbH, took the view that marketing research today is at a crossroads. It should become an equal business partner with the main company functions and generate a demand for insight. Historically, he argued, marketing research has been backward looking, a

gateway to IMS data, number crunching, using guesswork to make assumptions about the future. He identified four key dimensions: international vs. a US focus; ATC or product focus vs. others; centralised vs. decentralised; tactical vs. strategic. He claimed that the term "marketing research" is no longer sufficient to cover the role required of the job, which encroaches more and more on the territory of competitive intelligence. A familiar concept in these keynote speeches, and again the emphasis was placed on training - the need to actively develop the people, skills

In the final question and answer session, Thomas Hein reiterated that it can be very sexy to report to the board but it is not always a pre-requisite for being seen to be adding value to company decisions. The idea of illustrating the ROI of marketing research also reiterated that we should look at the actions taken from our input and evaluate the effect of those or, conversely, look at the important decisions taken by a company and understand the role of marketing research in those. If you can put your hand on your heart and say, yes we had an important role to play in that management decision, then there should be no questioning of the value of marketing research. It reaches out to where it deserves to reach out. If it does not, it only has itself to blame.

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## CONFERENCE ROUND UP – Session 2

### Projects that Maximise Reach

Chaired by President elect, François Feig, this session opened with a paper presented by Bärbel Matiaske (GfK Healthcare Germany) and Uwe Hohgräwe (J&J), who showed a case study demonstrating how MR can be pivotal in the internal processes relating to a drug development program. Uwe and Bärbel explained how they had conducted a study in Constipation, which they described as a three-phase, step-by-step approach. In this process, they supported various departments and played a leading role in co-ordinating the internal communication, particularly the dissemination of information and findings throughout the organisation.



Bärbel Matiaske



Uwe Hohgräwe

The design of the study itself was not the focus of the paper; indeed it consisted of a very traditional combination of desk research, qualitative research and a quantification exercise. Instead, it served to highlight how MR departments can best work together with their internal clients and stakeholders within the company to achieve

the maximum possible integration. For each Phase of the project, we were given a broad idea of who had been involved and what had been the general import of the findings.

Phase Three was a planned quantification of the identified consumer typologies, with a full segmentation. This would have been fascinating, but the study failed to fulfill its potential when the product itself was cancelled due to adverse clinical findings. Hence we were denied the opportunity of learning more about the process by which the results of this study fed into the longer-term development of the drug. Instead we heard briefly how the project, if carried out today, might benefit from the use of the Internet for both recruitment of patients and fieldwork, as well as the potential consideration of ethnographics issues in the research design. What a shame there wasn't more time to learn what that was all about!?

We were reminded that our product, as market researchers, is the expertise which we bring to any process in which we are involved; this is done to best effect by a deep understanding and the rigorous and correct use of available methodologies.

The second paper, presented by Dieter Korczak (GP Forschungsgruppe) and Kai Bruns (Lilly Germany), put the case for using MR to support the use of a product which could reduce patient care costs by obviating the need for hospitalisation. The case study, set in Germany, centred on a short-acting insulin analogue (Humalog) and must be understood in the context of the enormous pressure on Germany's healthcare system due to demographic shifts and high unemployment. As such, we were presented with the details of a study where Lilly MR team's cross-functional position was able to influence and benefit the Health Outcome Exposé and increase awareness about the specifics of caring for specialist groups of patients with Type 2 Diabetes.



Dieter Korczak



Kai Bruns

The take-away message was that there is a win-win situation to be derived from conducting research of this kind, which goes beyond the traditional remit of research activity and has clear directional insights for stakeholders in Lilly. The suggestion was that the care of elderly diabetes patients can be greatly improved and that efforts designed to enhance carers' knowledge of this product type would not only lead to greater product success for Humalog, but also help patients and make a positive contribution to the economic aspects of diabetes care; a benefit for the creaking healthcare system.

'Wise words' were a feature of the conference and this session left us with two post-lunch helpings of food-for-thought:

- "If you have 6 hours to chop down a tree, spend 4 hours sharpening the axe."
- "If you approach a situation as a sheep; you will get much more insight than a dangerous wolf."

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## Maximising Information Collection and Use – Wonders of Market Research

The 2005 Ephmra conference set a very challenging target, trying to discuss under several different angles how to maximise the results and the benefit of Market Research as a service and as a tool.

On June 23rd, after a sparkling and entertaining evening, with excellent food and nice cabaret, the attendees listened to a number of interesting lectures on the topic above.

In this session two of the most interesting and appealing lectures were given. The reason for the level of interest generated by this session was the generous amount of innovation of the techniques presented as well as the practical conclusions the attendees were provided with: it is not so easy to listen to presentations where useful and interesting “take aways” are provided.

The first lecture, "Modelling Advice-Seeking Behaviour of Pharmacy Customers", co-presented by Thomas Kopf from Beiersdorf, Germany, and by Bernhard Treiber from Treiber and Partners, Germany, brilliantly merged two emerging fields of innovative research together. First of all the technology of a well skilled agency to allow researchers to model in a simple and consistent way, using a so-called Tutor, Mentor and Advisor system, the behaviour of the customers which are looking for advice and information about the products they are likely to buy.



Thomas Kopf



Bernhard Treiber

Secondly, the usage for the first time of the virtual reality applied to marketing research, just to replicate, record and test how customers actually gather the information they are looking for and use the advice for relevant purchase decisions.

This blended methodology has been put together to help Beiersdorf understand their customers' behaviour in a pharmacy, while browsing the products from a shelf or while purchasing through the pharmacist, acting as an OTC consultant, a product.

Before co-operating with Treiber and Partners, Beiersdorf used more traditional approaches such as: Mystery shopping/In store observation/Ethnographic Interviews/Diaries/Focus groups/In depth Interviews, etc.

By using those traditional techniques the Company was missing important information on how customers make their purchase decision of OTC medications in the pharmacies, as well as how the pharmacists might influence these purchase decision while interacting with the customers. The interaction between the customer and the pharmacist was basically lacking from the traditional approaches.

The need to re-build a realistic scenario without acting inside real pharmacies, given the severe restrictions for in-store research in Germany, led to the development of the “4D Shopper” a customised new format for *Experimental In Pharmacy Research*, based on a very simple but functional idea, as well as on advanced virtual reality technology.

Two main elements of this innovative tool are:

- **The Embodied Conversational Agent (ECA):** nothing else than a computer generated version of a pharmacist, ready to interact to a number of different stimuli coming from a hypothetical customer. The ECA is programmed to act/react as a real pharmacist in a different way according to the type of situation/customer faced time by time. The ECA will provide the Pharmacist interaction.
- **Virtual Stores:** Is a computer generated fully interactive retail environment, reproducing a virtual pharmacy. It is fully controlled by the choice of the customer, and allow a complete measurement of the purchase behaviour of the client at any time.

It is very likely my words themselves are not enough to describe how pleasant and realistic this system looked while presented by Bernhard Treiber. The environment of the pharmacy looked tremendously real, the navigation through it very smooth and intuitive and the interaction with the ECA well programmed.

While watching and listening my fantasy started flying all around trying to imagine the several different application such a system might have in pharmaceutical market research.

In the meantime some scepticism raised..... For instance, are we sure the ECA is programmed in order

## CONFERENCE ROUND UP – Session 3 (continued)

to reproduce all the real situations we might experience in a real pharmacy?

Well, while I was thinking the answer was reaching my ears. There is an enormous preparatory qualitative process to go through before fielding such a tool: in fact, all the possible interaction between the pharmacists and the customer are prepared according to a simple but exhaustive scheme (Standard Treatment Selection Strategies) which clarifies what might be covered in such a conversation. Here below we can find an example of this scheme:

TOPICS	QUESTIONS	EXAMPLE
Sympton clarification	when/how/since/ how frequent/etc.	acute neck pain
Medication History	similar symptoms before	none
Preferred Application Format	e.g. internal vs. external	external
Expected Treatment Effects	Speed/duration	fast relief expected, plus long duration
Possible Side-Effects	Skin Allergy if topical	none
Product Recommendation	Product XYZ	Heat Plaster, as muscle relaxant
Product Information	Dosage	1 x per day
Follow-Up Information	when to check professional advice	within the next 7 days

At the end of the interaction the virtual pharmacist will suggest 6 different products and the customer will makes his/her own choice.

This exercise allows us to calculate two different type of measures:

- **Process measure:**
  - Time spent in category
  - Time spent on purchase decision
  - Contact with individual products
  - Purchase decision
- **Outcome measure:**
  - Sales volume + value
  - Purchase decision quality
  - Patient satisfaction

As we said, it is a very interesting tool, of course very useful, well built and cool/appealing.

This instrument will allow us to test the interaction between the pharmacist and the customer without being too intrusive, and will provide Companies with

very useful information about the different models of behaviours of people inside a pharmacy.

Nevertheless, my question is, if this tool was built mainly to monitor the interaction, is the virtual interaction, although very well conceived and programmed, variable and personal enough....

I will leave the decision to you, whilst we step into the second lecture of the session, and last of the day: "Quantifying the Halo Effect for Alternative Registration Strategies for a New Cardiovascular Drug", Mark King, Back Bay Strategies, USA.



Mark King

As already stressed at the beginning of this article, this was also a very interesting presentation, not only because it was very nicely packed and presented, but because it started from an important and common problem which has strategical clinical and financial implications, to show how well a wisely designed Market Research project could help to address all these different issues, making the Client save some good money as well.

The research started from the awareness of the high costs of running cardiovascular clinical trials, which require the enrolment of a large number of patients, need to be run for an extensive period of time, and sometime lead to negative results which might make the Company drop the molecule in the middle of the project.

Furthermore some of the results from a clinical trial might be of absolute interest for a sub group of patients, but totally useless for another one. So: how to best design a clinical development programme to make the product relevant to the largest amount of patients, using, anyway the resources wisely. The market research run by Back Bay Strategies was mainly meant to quantify the so-called "Halo effect", in essence the amount of prescribing that would occur in patient populations not studied in those large clinical trials required for marketing registration. The research aimed to identify the revenue impact of 4 different patient types, and to determine the incremental effect of biomarker studies as well as of surrogate endpoint studies (which require specific invasive tests, used to compare relatively small populations of treated and controlled patients over a limited period of time). A total of 15 scenarios were tested. To run this research 30 KOL interviews, followed by 200 (100 Cardiologists



and 100 PCPs) Web Based interviews were carried out in the US, Germany and France. The interviews mainly focused first of all on how cardiologists think about Cardiovascular risk. Subsequently they were shown a very basic product profile to test their reaction to it. From this first revision it was immediately clear cardiologists do need good safety data, as well as mortality data. They won't be happy to get "CV events" data only.

The "Halo effect" was calculated starting from the total number of patient with each of the risk factor that would have been eligible for a treatment with Product X, in order to reflect:

- Percentage of patients consulting a physician
- Percentage of patients properly diagnosed with the risk factor
- Percentage of patients on primary HT therapy
- Percentage of patients with elevated levels of drug-specific biomarker

The results showed that an approval trial conducted in **post stroke** patients would have generated a bigger "Halo effect" in the US rather than in the EU, where it is likely reimbursement policies might restrict physicians' freedom to prescribe the product outside the initial product indication.

Subsequently the effect of the publishing of biomarker studies on "Halo effect" prescribing was tested showing they had no effect in the studied population (post stroke patients), but sensibly raised prescribing in the other patient groups monitored.

Finally the effects of surrogate markers of efficacy were tested on the "Halo effect" showing a non significant impact on the other patient populations studied.

The same effect was then tested on 15 different scenarios (where the population in which the pivotal data was developed was varied), and the results were then examined together with the Client's clinical development team. At the end of this process two development scenarios were selected. This was because they seemed to maximise the total number of prescriptions the client might have achieved.

And then...what?

Remember, the main objective of this research was not only to determine the most successful group of patients to trial. By assessing the reaction a defined set of information about a group of patients will generate over the physician's population we can even control the expenses of the clinical development of a product without weakening its potential, once it will be launched in the market.

The survey pleasantly and nicely presented by Mark King resulted in the selection of a number of different scenarios which are expected to maximise the revenues, saving, at the same time 80 Millions of \$.

Wonders of market research.....

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# Conference Photo Round-Up







## CONFERENCE ROUND UP – Session 4

### Where is the researcher with the holistic view?

The paper presented by Marcus Koester (Merck KGaA) entitled Trends in Market Research gave a very lively and visual presentation looking at trends in MR. If you want to present the future of MR in one word you could simply add the word 'online' but there is more to it than that.



Marcus Koester

Marcus looked at the future from the perspective of a Global Pharma company market researcher. In the traditional market research gang there is the agency and the client at the pharmaceutical company – he put himself in the middle of this dynamic as the client side MR as he has many internal clients.

He showed a picture taken from a children's book which represented the world in 2005 as it was imagined in years gone by. He used this to illustrate the potential pitfalls of forecasting as the world as we know it in 2005 is far from the underwater world seen in the picture. You can't always know what the future will be. He then looked into his crystal ball to try and imagine the organisational structures of the future.

He looked at the challenges faced by the pharma industry:

- Few blockbusters
- Thin pipelines
- Patent Expiries
- Mergers & Acquisitions
- Globalization
- Changes in health care systems
- Regulatory scrutiny
- Communication more complex

On an organisational level there is a thunder storm brewing.... We have to react to this storm of challenges. This will not be by luck but we need to adapt and change roles to manage this. There are 2 ways of 'facing the lion' – looking at the internal positioning of the market researcher and looking at the interaction with the agency. Will the internal market researcher still be necessary??

Marcus looked at series of organisational structures:

- 1) Market Research as part of marketing
  - a. This can cause a very complicated system of communication. If MR is not a separate function then the communication with the agencies may not be very structured
- 2) A one-stop shop - an independent function which is multi functional and can interact with the business units.

- 3) Alternatively all MR could be outsourced to consultants

The solution is **balance...**

Management will decide on the balance of insourcing and outsourcing - should be a balance between the two.

For the MR department independence means freedom, they can become centres of Competence, Excellent and Consultancy. With this freedom will come new responsibilities:

**Continuous learning:** keeping up expertise and specialisation. Keeping up-to-date with the latest research skills

**Giving value for money:** Increased efficiencies; generalised processes; project management; global contract; preferred vendor programs.

The role of the client side market researcher will be to mediate/communicate between the agency and company. Translating objectives into projects and being the 'translator' from the external to the internal.

The second part of the presentation dealt with the future by looking at targeting both in terms of treatment developments and the future of MR.

The future is targeted therapies for cancer BUT this may not work in all patient types – the answer is personalised medicine. How can market research help in this targeted /personalised future. It is an opportunity but we might be looking at a small slice of the chocolate cake. Classic MR will help address the personalised future: segmentation/positioning etc.

The other challenge for the future is the over targeted physician – they are reaching saturation because of the limited universe. Market Researchers are queuing up outside the physicians office and they have had enough.

As a result there is growing refusal to participate. There is growing bias in research. There is bad research and a negative view of MR. How can MR overcome this problem??

- Position MR as part of the drug development process to get physicians and patient buy-in
- Companies to cooperate to avoid repeating research

This is a sensitive area and will need cooperation from agencies and pharma clients.

So what is the future for MR – the best case scenario is that they are centres of excellence which exist as separate departments and have a strong internal voice. The worse case scenario is that they become part of another function and lose their voice. Whatever the future MR will continue to exist.



The next paper was the JHH Award winning paper from Stephen Godwin –

### **We've been Here 100 years; What price the next 20? What's in store for the pharma industry?**

This presentation was made up of the results from two separate pieces of research – one conducted in the early 90's looking at the interaction between researchers and product managers and the second piece conducted in 2005 looking at where we may be going in the future.

The current piece of research asked a small group of individuals where they thought the industry was going, what they thought would sustain it and what part marketing/market research would play in the future.

#### **WHERE WE WERE**

The 90's research looked at the interaction between Marketeers and Market research – each group was asked to describe the style of the other.

Marketeers described Market Researchers as:

- Analytical
- Methodical
- Numerate (lots of graphs)
- Late, late usually
- Helpful
- Long reports
- Over-cautious, slow
- Usually gets job done

Market researchers described marketeers as:

- Always crises/fire-fighting
- Success-driven
- Workaholic
- Competitive
- Creative
- Articulate
- Showy
- Political
- Superficial
- Impatient
- Hard-working
- Opportunist
- Cliquey
- Unhealthy

Product marketing is critical to product success and market research is critical to marketing and therefore to company success.

Despite the fact that communication technology has changed beyond recognition the philosophy behind the way we communicate has changed little.

We need good relationships with marketing not to make it simple but to make it work! Screening by the client market researcher runs the risk of taking the edge off the research.

#### **WHERE WE MAY BE GOING**

5 interviews were conducted with captains of the pharma industry.

They were asked:

***Question 1: Can our industry continue to exist in (more or less) its present form for another 10 or 20 years?***

The current business model is not sustainable as drug prices are going to tumble and there are not enough big products out there.

In the short term there will be more mergers and acquisition leading to more consolidation and focus.

***Question 2: What model would you favour for 10 or 20 year survival?***

The future of the business is fragmentation – the skills and powers are different for development, discovery and commercialisation. Reps may no longer be the most effective way.

***Question 3: Market researchers can see their findings being downplayed when they jar with the views of a product group. Is this healthy internal competition or is it a risk?***

They trust the Product Manager. If MR wants to be influential they need to influence the Product Managers.

***Question 4: Any obvious weaknesses in the marketing information that leaders would like to see?***

The key take out is that their confidence in forecasts was low they are often way off beam – we need to find more sophisticated approaches.

In summary we need to work more effectively with marketing to help Product Managers to make better decisions.

We need to be more persuasive with better/more evidence. As researchers we are not using new technologies enough. Persuasive evidence will be electronic.

The future of MR is as healthy as marketing!

## CONFERENCE ROUND UP – Session 4 (continued)

The third paper – **Maximising Information Collection and Use. Making Sense of Complexity** from **Bob Douglas** conveyed the view that we need to embrace change to survive!



Bob Douglas

Prescribing decisions are more complex - now include pharmacists and nurses.

We need to embrace the new technologies that are out there. We need to link information and respondents in a better way.

Current research tends to look at respondents in a too simplistic way looking at them in isolation. We need to understand relationships between them.

For example do interviews with payors AND physicians or pharmacists AND physicians. Include patients wherever possible and look at the relationships between them. Understand the different perspectives they have. OR include support materials in the interviews for them to react to eg video clips/data from other surveys.

Otherwise we can do more formal linking through modelling. An example was given of mapping MS patient flow. This is complex to put together but real value and uses a proliferation of sources.

Greater opportunities exist because of disruptive technologies. For example PDAs can be used as electronic diaries for immediate information. Point of care terminals provide diagnostic info and allows patient to interact with HCP.

Ethnography by using web cams is another example of a 'disruptive' technology. Bob showed a clip of the use of web cams in research for a cable channel – watching the family watching TV – looking at attentiveness/use of remote control etc.

There is also a new breed – DATA minders – to help us to make sense of all the available info. For example Tesco have a huge amount of data from their loyalty cards – transactional data can then be overlaid with attitudinal data.

Data fusion enriches the data sources – looking at correlations.

All the above will change the way we interact with our respondents – linking data sources/panels/same respondents for multi stage research. What we as disruptive researchers need to do is not over complicate things but to get more sophisticated.

As Einstein said "Everything should be made as simple as possible but not simpler"

Bridget Pumfrey –  
GfK Martin Hamblin Global HealthCare  
Bridget.Pumfrey@gfkmh.com

## Committee and Working Group Poster Session

This year in Berlin we initiated a Poster session to highlight the work done within EphMRA by a large number of dedicated members.

There is a copy of all the posters available in paper form and also on the EphMRA web site.

We aim to build on this for Athens following feedback from delegates.

### The 2005 EphMRA Poster Session, Berlin



Copies of Posters



## The Debate - This House believes that market research should maximise its reach to be involved in boardroom decisions

The last day at the conference managed to wake up the weary amongst the delegates with a lively debate. Those who attended the cabaret on Wednesday evening might have been forgiven for initially thinking that we were due for another dose of Pomp and Circumstance as Nigel Burrows the moderator was led on with much heraldry, theatricality and very British 'circumstance'.

Speaking for the motion were Mike Owen from Context Research and Linda Grosjean from F. Hoffmann-La Roche. Speaking against the motion were Sandra McAuliffe from Novartis Pharma and Gary Johnson, Inpharmation.



Michael Owen

Mike opened the debate with a persuasive argument. What is the evolution of the market research role? It used to be more about collecting data not using it and not analysis and interpretation. Nowadays we are all in the role of identifying opportunities and maximising potential. The market researcher has evolved into the brand analyst.

He then focussed on those in the boardroom. What are the roles and responsibilities of this group? It is to make decisions that will advance their company. It is about making more profit by building strong and successful brands and hence increasing shareholder value. And what, therefore, is a successful brand? One that is appropriately positioned in a unique place in the consumer's mind. Brilliant brands capture the heart of the consumer/patient. Some examples he drew on included: Red Bull, Moët and Chandon and Chanel.

Nowadays, therefore, the market researcher needs to be a brand analyst and they need to bring this skill into the board room to help drive and support the important role these board members have. Without market research in the board room we run the risk of 'brand roulette'. With market research in the boardroom we have balance, and a long term perspective.



Sandra McAuliffe

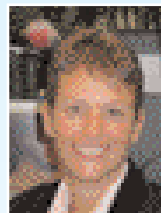
Sandra McAuliffe then began the counter argument, against the main proposition, and opened with a very persuasive point. There is nothing wrong she maintained about market research not being in the boardroom as long as market researchers maintain their direct line and 'ear' to those strategy planners. She concurred with Mike, there is a high cost associated with 'getting it wrong' She also then turned to examine the role of the board. Her argument was

that their role is to set the broad policy and that it is senior management's role to implement this policy. Market research she maintained therefore is more important at this senior management level than at the level of the board. This was the crux of the argument against the motion and was very amusingly illustrated with an excerpt from the successful Hollywood film 'Big' starring Tom Hanks.

In the film, Hanks places the role of a child who unwittingly finds himself in the body of an adult. In the scene he is attending a meeting at a toy company where some market research is being used fairly unimaginatively to underpin the decision to launch a new product. Hank's character very simply 'cuts through the crap' and identifies the weakness

in the market research in a very child like and naive way and helps the company avoid making an expensive mistake.

The board does not, therefore, need to be involved in all the company's functions. Market research is certainly very important but does not need to underpin all board level decisions.



Linda Grosjean

Linda Grosjean then had the very difficult task to counter this argument (without the benefit of knowing its substance in advance). At this point the debating really began with Linda being able to cite even more examples of how some great brands had needed the support that market research can provide. She also looked closely at who sits on the board and their ability to interpret that data to the advantage of the company.



Gary Johnson

Gary Johnson finally had his chance to support Sandra's argument and add some of his own thoughts for the opposition. The boardroom is not where market research should be reviewed and access to the output from research is not needed to make strategic decisions. He was able to cite very cleverly several failed brands whose launch had been based on market research output. Moreover, the availability of market research is likely to overly increase the confidence of board members who can then rely on that rather than their inherent instinctive abilities to make decisions. Without research they are likely to be more cautious and considered in their decision making as a poor decision will reflect directly on them.

So to put the arguments in a nutshell this house believes that Market Research should maximise its reach to be involved in the boardroom decision.

The argument for:

- The evolution of the market researcher to more of a brand analyst/ consultant has won them the right to a place in the boardroom.
- Without market research companies are likely to suffer brand failure which does not add to share holder value! Adding to share holder value is the *raison d'être* of the board.

The argument against:

- Market research is not needed to make decisions at board level and in fact it can be dangerous as it makes the members overly confident.
- There are numerous other examples of failed brands whose launch was based on market research.

By a very narrow margin the motion was carried. Well done to the speakers for raising an issue very close to the hearts of all delegates.

Authors

Christine Corner

Alan John  
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# The Berlin Agency Fair – one of the largest ever

A very successful agency fair was held on 23 June with almost 60 exhibitors as follows:

A+A	Fast Forward Research	Praxis Research & Consulting Ltd
A+A Fieldshop	Fieldwork International	PROPHARES International AG
ACNielsen Corporation Japan	Genactis	PSL Research Europe
Adelphi	GfK HealthCare	Psyma International Medical
All Global Ltd	GfK Martin Hamblin Global	Marketing Research
Answers	HealthCare	Research Matters AG
Asai Planning Office Ltd	Gillian Kenny Associates	The Research Partnership Ltd
Back Bay Strategies LLC	Harris Interactive	Rogers Medical Intelligence
Branding Science UK Ltd	ICM research	Solutions
Brintnall & Nicolini	IMS Health	Ronin Corporation
Clark Medical Research	Insight International	rxmark
Concentra Marketing Research	Intage	Searchlight Pharma Partner
Consumer Health Sciences	InterCAM Ltd	SKIM Analytical
Datamonitor Healthcare	Link Institute	SSRI
Decision Resources International	Medefield Europe	Synovate Healthcare
Double Helix Development	Medical Marketing Research	Themis
DRSI	International Ltd	Time Research
dtw Marketing Research Group	NOP World Health	TM Marketing Inc
The Dunn Group Inc	PharmaForce International –	TNS Healthcare
Essense	Europe	V2 GfK
E-TABS	The Planning Shop international	
Evaluate plc	Pope Woodhead & Associates	





# Many thanks to the 2005 Conference Programme Committee...

... for steering the successful Berlin conference and programme

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## Stephen Godwin, Synovate Healthcare, wins 2005 JHH Award for Best Paper

Stephen Godwin with his paper "We've been Here 100 years; What price the next 20? What's in store for the pharma industry?" was voted, by the conference delegates, the winner of the Jack Hayhurst Award for the best paper.

In second place was Bob Douglas also from Synovate Healthcare with a paper entitled "Maximising Information Collection and Use". Third place went to the paper entitled "Modelling Advice seeking behaviour of Pharmacy Customers" from Thomas Kopf of Beiersdorf and Bernhard Treiber of Treiber + Partners.

Congratulations to all!



# Contributions Synopses Invited – Deadline 23rd September 2005

21st - 23rd June Athens 2006 in conjunction with the 45th Annual EphMRA General Meeting 19th - 21st June 2006

## Introduction

We are returning to Athens, a city which has undergone a metamorphosis, has aesthetically reinvented itself post Olympics and is a more vibrant cultural hub. The setting for the conference against this historical back-drop where Poseidon and Athena challenged each other with the prize being the city of Athens for the winner. According to myth, an olive tree sprung from the ground at the touch of Athena's spear.

Do such myths exist in our industry and how do we deal with them? When we look and find the truth how does this add value to the decision making landscape?

Our conference for 2006 looks to examine and challenge the myths we work with daily, to seek where new perspectives lie and assess our reactions to unveiled ideas and revealed truths. We invite papers and contributions which will assist us to construct our conference programme which will involve papers offering insightful perspectives and food for thought.



### Session One – Context

From Mount Olympus market researchers survey the changing landscape of our industry! Seriously speaking, we have witnessed mergers on both the industry and supplier side, seen changes to the fundamental way in which we work and have had to adapt so that we become multifaceted and multi tasked. Will this trend continue or will we see fragmentation and depolarisation and what effects will this bring? Are mergers and acquisitions viable routes for strengthening R&D pipelines and increasing shareholder value?

Change can't be avoided but it can be anticipated and managed. It can be contended that with an understanding of changes in our environment, companies can build a strong foundation upon which to structure an understanding of the past and a vision of the future.

We are looking for papers which explore the effects on the healthcare market place, historically and futuristically whilst at the same time dispelling myths. Practical demonstrations and case studies of how the impact of environmental developments have been harnessed in your company are welcomed.

### Session Two – Organisation

Myths still exist around Market Research and where it best fits in the organisational structure. MR has variously been ignored, moved around, split up, reunited, fought for recognition and identity, as well as for resources and involvement in business decisions. Pushed by the environment, customers and competitors, our function within our companies has had to adapt in order to ensure future success.

This session's objective is to identify as many truths as possible within each of the following areas:

- What should be the role of MR in our organisations, looking for the right involvement in business decisions and bringing the objective view of customers into the decision process;
- What is the right balance between new blood and experience, and why MR should be on the career path of commercial employees;
- What aspects of interactions with procurement and vendors make sense in order to both reach the company's economic targets yet affording the necessary flexibility to innovate and achieve.

We invite people who have experienced and faced any of these issues - and can share their empirical experience of how to turn them around to best advantage - to submit their papers and contribute to stimulate the cross fertilisation of successful MR functions within our industry.

The Greeks should inspire us in the way we analyse our markets, take actions in shaping our organisations and build our future.

## What we are looking for

We need papers which will:

- Show how real value can be added to company decisions.
  - Be thought provoking, innovative, forward looking or controversial in nature.
  - Offer solutions and recommendations based on the problem addressed.
  - Demonstrate how a specific process, technique or approach can impact on the business.
  - Be appropriate to an international audience of multi national researchers.
- Joint papers showing added-value partnerships (both internal and external) are highly valued.

In the selection of papers the Programme Committee will assume that, in line with the ICC/ESOMAR International Code of Marketing and Social Research Practice, the author has ensured that permission has been obtained from clients or other third parties to present the information contained in the paper. He/she will indemnify EphMRA and will ensure that EphMRA is not held liable for any claims from clients or other third parties incurred by the author's failure to obtain permission to use information.



## Where to send your synopsis

Participants wishing to present a paper should submit a written outline (300 - 500 words in English) to the EphMRA General Secretary before 23rd September 2005, which can be e-mailed to MrsBRogers@aol.com

## What you should include in your synopsis

Synopses should outline the main argument to be put forward, describe the case study/data which will be used to support the argument, present the major findings or conclusions and list any published papers which will be referred to. Your synopsis should clearly outline in a separate paragraph the key take-away messages you anticipate from the paper.

Your synopsis outline must include:

- Paper title
- The session for which the paper is intended
- The names of the conference paper presenters and these are to be distinguished from contributing authors. Please make this clear in your synopsis.
- A half page curriculum vitae for each speaker
- Company employed by and nature of business
- Company web site address
- The full name, address & contact details of each presenter
- A photograph of each presenter - min. quality 300dpi.

### Session Three – Methodology

Certain preconceptions are held about the techniques and methodologies we use (or do not use) for researching health-care markets. In this session we want to examine the extent to which these preconceptions actually hold true. Where are the weaknesses in accepted theory? Does our empirical experience of these methodologies match or dispel the common perception?

- Is telephone research really the epitome of representativeness?
- However “quick” it may be, is Internet research too “dirty” to be reliable?
- Do commonly-used question types actually deliver useful data?

Also, there is a general idea that we in healthcare MR have a lot to learn from our counterparts in other branches of research. Is this truly the case, or are we already good at identifying what is and isn't feasible given our very specific set of circumstances? Which ideas from the world of e.g. consumer or financial research could we adopt to our benefit, especially as we shift our focus to the healthcare “consumer” and health economics? Where might the transfer of methodologies work well and where might it fall down?

What is the “truth” about what pricing research can achieve in healthcare MR? Can available research methods successfully address the complexities of the issues affecting purchase and pricing in the markets we study?

In general, we are looking for papers which either challenge a commonly-held belief about established techniques, or examine how the methodological landscape could (or should) change in the future to adopt or adapt specific methodologies for our use.

### Session Four – Technology

The Greeks were clearly visionary regarding the future, providing us with myths which have lived through to this age. Just looking into the more recent past, 45 years ago at the time of the founding of EphMRA, remember those films where men flew around in small family-sized spaceships, called home on video-phones and lived in disease free societies? 50 years on how close have we got to these visions of the future?

The video-phones have arrived, we have decoded the human genome and even the first leisure voyager into space has taken off. To what extent have we really moved into this envisaged future? This session will aim to re-visit the predictions of what bio-technology offers in terms of resolving diseases, finding new targeted treatments and will examine how far down the path the industry has moved, perhaps re-adjusting or re-appraising the forecasted success of these new possibilities.

Papers are also invited regarding the impact of the new technologies on market research, collection methods, reporting methods, diffusion of information methods, etc. Since the invention of the Internet, there has been an explosion in hi-technology from videophones to satellite connections, fast modems to webex's, to name just a few. We are looking for papers to give insights into how these new tools have been, are being and should be integrated into our everyday work practices.

Now that these futuristic ideas have become reality and we have had a chance to familiarise ourselves with them, surely we are in a better position to appraise their true functionality now. Clearly, we would be looking for demonstrations to illustrate the points, and would encourage practical involvement of the audience in experiencing these new millennium tools.

Writers of synopses should take into consideration that a synopsis must give a clear and detailed picture of the intended full paper to allow the Programme Committee to judge the quality of the proposed contribution. Sometimes potentially worthwhile papers can be rejected because of inadequate detail or poor explanation.

Papers are typically rejected for the following reasons:

- No space for the paper in the programme.
- The paper largely focused on a description of a supplier's service or technique.
- The paper was already presented at another conference by the time of the EphMRA conference.
- The subject matter is not relevant to the audience, or the quality of the synopsis is poor.

If you are in any doubt about the suitability of a contribution please contact a member of the Programme Committee to discuss the matter.

## Important Dates

- We need to receive your synopsis by 23rd September 2005
- You will receive comments on your synopsis by end October 2005
- Full written papers are required by 31st January 2006
- Final PowerPoint presentations are needed by 18 May 2006
- The Conference takes place 21st - 23rd June 2006 in Athens
- The Committee meetings and EphMRA Annual Members Meeting takes place 19th - 21st June 2006

## Please email your synopses to Bernadette Rogers.

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MrsBRogers@aol.com

## Enquiries about the conference should be addressed to Janet Henson.

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# The EphMRA Award for Contribution to Pharmaceutical Marketing Research - 2005

In 2001 EphMRA initiated an award which was first presented at the Athens 2001 conference. This award is a recognition of a person's outstanding contribution to pharmaceutical marketing research.

## Previous winners:

- In 2001 the winner was Panos Kontzalis from Novartis and runner up was Allan Bowditch from Martin Hamblin GfK.
- In 2002 the winner was Allan Bowditch from Martin Hamblin GfK Inc and the runner up was Rainer Breinfeld.
- In 2003 the joint winners were Janet Henson and Bernadette Rogers and the runner up was Dick Beasley.
- In 2004 the winner was Isidoro Rossi and the runner up was Dick Beasley.

The award recipient can be from a pharmaceutical company or supplier/agency and will receive the award based upon:

- having made an outstanding/recognisable contribution to EphMRA
- having made an outstanding/recognisable contribution to pharmaceutical marketing research

Examples of such a contribution are :

- New technique developed
- Strengthened the role of marketing research in pharmaceutical companies
- Done much more than agreed and contracted
- Representation of EphMRA to other associations or organisations
- Strengthened the role of EphMRA
- Lifetime achievement etc

The award recipient will receive a certificate plus memento.

## 2005 Nominations were:

Andre Boer – ex Astellas

John Branston – P\SL Research

Nigel Burrows – IMS-Pitre

Terry Hardy – Radmos

Hans Christer Kahre – AstraZeneca

Colin Maitland – Synovate

Baerbel Matiaske – GfK HealthCare

Theresa Ormiston – IMS

## Winner:

**Colin Maitland –  
Synovate Healthcare**



*left to right*  
Colin Maitland with  
Bob Douglas

## Runner Up

**Hans-Christer Kahre – AstraZeneca**

## Third Place

**Andre Boer – ex Astellas**

*left to right*

Barbara Ifflaender with Andre Boer



## PRM&T - Speakers Required

The PRM&T committee are looking for speakers for the following, please contact Janet Henson [janet.henson@wanadoo.fr](mailto:janet.henson@wanadoo.fr) if you are interested and feel you have the right experience to participate:-

### Understanding and Using Desk Research

1 - 2 February 2006 - Brussels, Belgium

- 1 Project Brief and Project Scope - the process from getting a brief, determining the key objectives and information needs through to presenting data - The presentation will focus on the importance of research problem definition and how to obtain a full and detailed brief, what the brief should contain, through to defining the key aims and objectives.
- 2 Current Marketed Products - How to look after the brand franchise and building the brand - the role of desk research - How desk research plays a role in protecting and building the brand, through patent expire and beyond.

If you are interested - please send a short synopsis for the presentation and also a short CV. For full details of Using and Understanding Desk Research please see [www.ephmra.org](http://www.ephmra.org).

Many thanks Janet Henson,  
Chair of PRM&T

## Facts & Figures about the Newsletter publication

Deadline for Advertising in the next News is October 20th 2005.

The News is issued December 2005.

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 Executive Committee

The current members of the Executive Committee are as follows:

**François Feig**, Merck KGaA becomes President on 1 October 2005 and **Barbara Ifflaender**, Altana Pharma will become Past President of EphMRA on 1 October 2005. **Anne Loïselle**, Abbott Laboratories will become EphMRA Vice President in October.

Treasurer – **Michel Bruguier Fontenille** was voted in as Treasurer for a 2 year term starting on 1 October 2005 – taking over from **Ulrich Wuesten**, Bayer Healthcare.

Executive members are:

**Kurt Ebert** – F.Hoffmann-La Roche

**Kerstin Lilla** – Solvay

**Achilleas Papachatzis** – Novartis Hellas

**Ulrich Wuesten** – Bayer Healthcare

There is one vacancy on the Executive for a Full member.

EphMRA would like to thank all contributors to this Post Conference News especially those who have written the conference articles and session summaries – it is appreciated that this is done in 'spare time'.