

# EphMRA NEWS

EUROPEAN PHARMACEUTICAL MARKETING RESEARCH ASSOCIATION

Issue: March 2006

*Dear colleagues,*

The first quarter of a new year is always such a busy time for our members and indeed also for EphMRA!

In January I hope you all found the 2006 Athens Conference Programme and Registration pack hitting your desks. From the details it looks like we can expect a well constructed and stimulating event in June and as President I am looking forward to welcoming you to Athens. The agency fair will this year take place in the afternoon of Wednesday 21st June and we expect a high number of exhibitors. I would like to strongly encourage all pharmaceutical company conference attendees to take appropriate time to attend the fair and network with colleagues.

The second IMM (Interim Members Meeting) took place on 8 February at the Sheraton Hotel, Brussels Airport. It was a very successful day. In parallel there were separate Full member and Associate member meetings in the mornings. The Full members meeting was attended by over 20 senior managers and the discussions covered topics including organizational structures within departments, budget holding and staffing levels.

After this meeting the Full members attended a talk from David Trower, Chief Privacy Officer at IMS Health entitled 'EU Privacy – ethical and legal aspects for pharmaceutical marketing research'. This covered a number of issues of relevance to our industry and emphasised to delegates the importance of clarifying issues surrounding data collection and data 'ownership' in the planning stages of a project. It certainly gave me 'food for thought' to mull over on my way back to the office at the end of the day!

After a networking coffee with Associate Members, we all attended a most invigorating and dynamic talk by Richard Denny entitled 'Leadership and Teamwork -

motivate, communicate, succeed and inspire'. Richard has an incredible gift of being able to uplift and encourage us to think again about our management practices and he is committed to delivering complex ideas in an entertaining and yet humorous way. His enthusiasm shone through and at the end of an intellectually stimulating day it was a perfect note to end on – we all came away from his talk with tangible management ideas to reflect on.

Turning to the work of EphMRA, as President, I continue to praise the work of the Committees – their Chairs and active Members are dedicated teams. As you will see later on in this News we have much to report on concerning Training, Foundation projects and other committee initiatives.

You will also note the formation of the Associate Members Board who have already started to take the initiative and bring together the views of our Associate members (there are almost 100 agency members now) and work in partnership with the Executive Committee to discuss issues of relevance to all members.



Finally my fellow colleagues on the Executive Committee meet quarterly to address and move forward a wide range of agenda points and many emails are exchanged in between meetings as necessary. Thanks to their dedication we will have much to report on at the June AGM.

I look forward to the next News - issued just before our conference and reporting on some highlights of the conference not to be missed.

Many thanks

**François**

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**Facts & Figures**  
about the Newsletter publication

Deadline for Advertising in the June  
pre-conference News issue is  
April 30th 2006 (see page 7 inside).

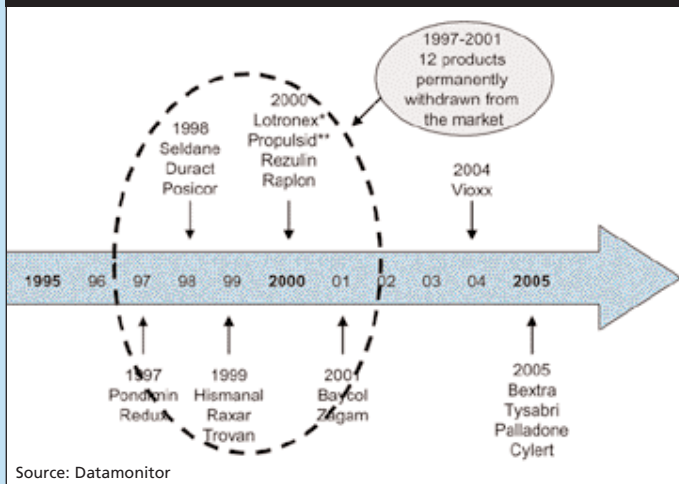
# Drug Safety - The Changed World Post Vioxx

Several recent high-profile drug safety concerns, including the withdrawal of Vioxx (rofecoxib) and the link between antidepressants and suicidal thoughts, have led to pharmacovigilance becoming a major issue in the pharma industry. Although these cases have harmed the reputation of the pharma industry, initiatives are being adopted to repair the damage. Moreover, with increasing pressure on regulatory authorities, there is now a greater emphasis on drug safety than ever before.

## The impact of a drug safety scare is dependent on a number of factors

As Figure 1 illustrates, drug withdrawals due to safety issues are not a new phenomenon. However, few of these withdrawals have had the same impact as that of Vioxx, which led to a severe decline in sales of Pfizer's competitor product Celebrex (celecoxib) and a review of the safety of all the COX-II's, resulting in the withdrawal of Pfizer's other COX-II product Bextra (valdecoxib).

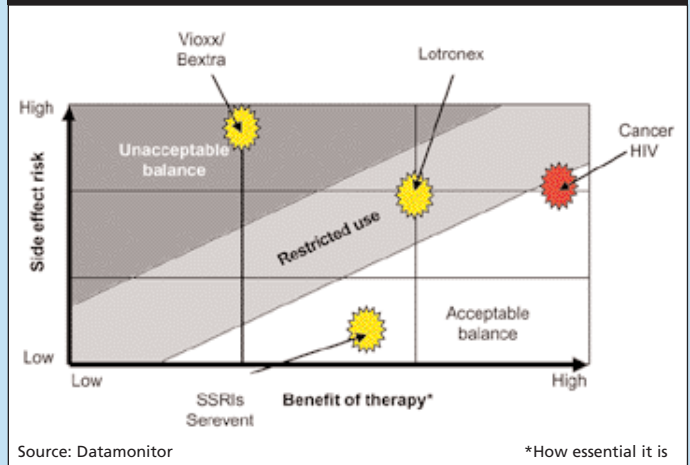
**Figure 1:** Over 15 drugs have been permanently withdrawn due to safety issues in the last decade alone



Here are several factors which will exert an effect on the significance of the impact of a drug safety scare, the most crucial of which are the severity of condition and the chronicity of treatment. As shown in Figure 2, therapies for the treatment of life-threatening or severely debilitating diseases, such as HIV and cancer, are generally associated with unpleasant and sometime serious side effects.

However, most patients accept the adverse side effects as these treatments prolong, and improve the quality of, life. In contrast, if the risk of side effects is perceived to outweigh the therapeutic benefit provided by the product, use is often restricted or the drug is withdrawn from the market.

**Figure 2:** Despite having poor side effect profiles, drugs used for cancer and HIV treatment are widely used due to the therapeutic benefit provided



The size of the affected patient population is also critical in assessing the potential impact of a drug safety scare. In February 2005, Elan/Biogen's multiple sclerosis drug Tysabri (natalizumab) was voluntarily taken off the market after it was believed to be responsible for the deaths of three patients. However, given the size of the niche market that it was used in, the withdrawal did not garner the same publicity as the withdrawal of Vioxx and, although the share price of the manufacturers initially fell, the companies conducted additional trials and are now looking to relaunch the product. In contrast, safety issues with products that are used widely in the general population and are highly visible through marketing have been heavily covered in the media, which, in turn, feeds public concern and can prolong the safety scare.

The speed with which an adverse effect is identified also exerts a considerable influence on the impact of a safety scare. Bigger and faster drug launches are producing more immediate information about possible adverse effects and drug interactions than had been experienced in the past. With the uptake of drugs now significantly faster, with products such as Celebrex and Vioxx both becoming \$1 billion blockbusters within twelve months, the patient base required to build up a statistically significant number of ADRs is being generated within one or two years of launch.

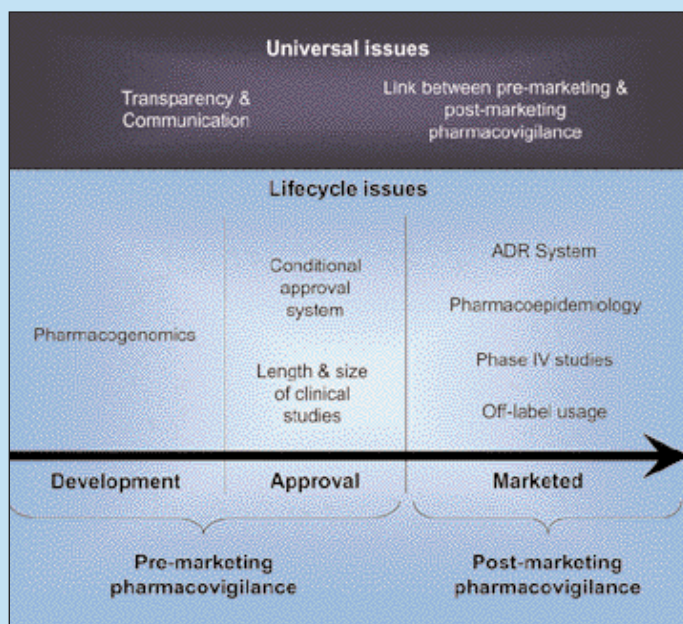
## The FDA responds to the criticism raised by Vioxx

Drug regulators and drug manufacturers have faced a barrage of criticism over recent safety scares. The FDA has publicly responded to the criticism and sought new ways to improve the effectiveness of its organization and the US pharmacovigilance system as a whole. For example, Lester Crawford, the acting FDA Commissioner at the time, sponsored the Institute of Medicine (IOM) to conduct a study on the US drug safety system in November 2005 and created the much criticised Drug Safety Oversight Board in 2005. Further changes are expected in 2006, which will undoubtedly be shaped by the publication of the results from the IOM study.

## A more proactive approach to pharmacovigilance is needed

As the safety of the drugs continues to come under public and regulatory scrutiny, the pharmaceutical industry will need to take a more proactive approach to pharmacovigilance. As Figure 3 illustrates, it will be necessary for companies to be forthcoming with registering clinical trials, publishing positive and negative trial data and conducting clinical trials and post-marketing studies to further assess the risk-benefit profile of their drug where necessary.

**Figure 3:** Changes that will impact the future of pharmacovigilance



Source: Datamonitor

While the regulatory authorities are unlikely to demand substantially larger and longer trial data to grant approval, it is expected that they will be quick to the mark to request additional safety data if there are any doubts on safety before the drug is approved. After approval, regulatory authorities are likely to increasingly use their prerogative to request additional studies to further establish a drug's risk-benefit profile.

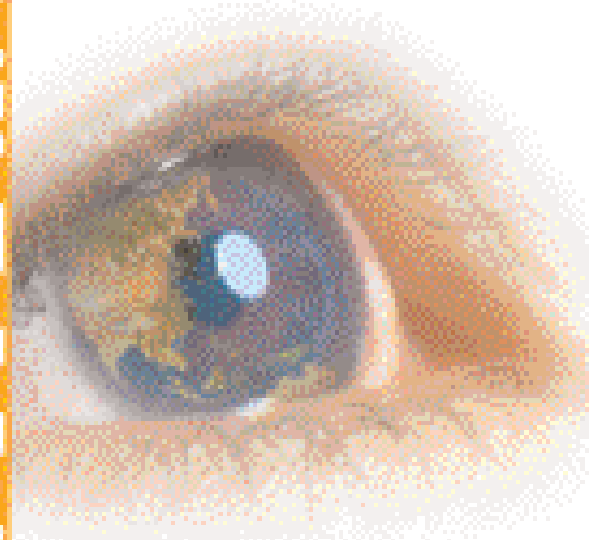
A proposal causing concern among the Industry is the FDA's Drug Watch page, which will be used to post information about emerging safety issues. If the proposal is implemented, the Drug Watch website will affect drug prescription and usage in both the US and globally, due to the nature of the Internet. Consequently, the proposal for the Drug Watch page has faced opposition from Pharma companies, with many citing concerns that the information could confuse patients and physicians. The FDA has not yet specified a timeframe for the implementation of Drug Watch, but Pharma companies must note the serious implication the website could have, if adopted.

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# Ethnographic Research: Getting Closer to Healthcare

'Ethnography' is the label that is used to describe a variety of different qualitative research approaches that have come into vogue in recent years.

'Ethnography' can mean living with consumers for days and weeks at a time, it can mean going out into pubs and clubs to see how people really party, it can mean leaving a camera in the corner of the room to observe the minutiae of everyday life.

Within the healthcare arena 'ethnography' can mean a wide variety of things as well. It can mean visiting anaesthetists in hospital to observe what actually happens in preparing a patient for an op and talking to them about it there and then. It can mean going into chronically ill patients' homes and letting them provide a guided tour of where and how they live with their condition. Leaving video diaries with doctors or patients can allow them to keep a record of events, big and small, in their everyday lives – 'how diabetes affected me today', 'a day in my life as a GP', and so on.

The fundamentals underlying some of these approaches are not new. Ethnographic research has a long history in the world of social science. Many pioneering studies of the 19th and early 20th century, in what were then the far flung corners of the world, helped to form the foundations of modern social sciences. Often these 'studies' would involve living amongst 'native' peoples for extended periods, often years rather than weeks or months. Fundamental here was the assumption that to understand how cultures that are radically different from our own actually work, it is necessary to live that culture and get inside its skin.

'Ethnographic research' has never really gone away, but it certainly has been upstaged at different points in time by other research approaches. This is because other research approaches may deliver better to some goals, but also because there are fashions in research just as there are elsewhere. In the case of Ethnographic research the fashion pendulum has to some degree swung back again. The last decade has seen a revival of interest in qualitative research approaches that have again started to call themselves 'ethnographic'.

One element that is new in the modern forms of ethnographic work is the use of video recording technology to capture the ethnographic moment. Capturing and recording real behaviour and communication



in situ allows for more complete observation, it allows for more rigorous analysis and comparison of different events, and it allows us to demonstrate results by incorporating visual elements into presentations.

As we have seen above, a variety of different types of approach have all styled themselves as in some way 'ethnographic'. What unites these different approaches is that they attempt in various ways to get inside the world of the consumer by visiting them, observing them, interacting with them and interviewing them in their own environment. Ethnography is about reality. The simple proposition here is that it makes more sense to find out about cooking, diet, lifestyle and so on by watching what people do and talking to them about it in the real world of kitchens, dining rooms and supermarkets. By contrast the world of research [the questionnaire, the phone survey, the focus group] is somewhat removed from reality, it is a vehicle through which consumers create a version of the world, it is not the world itself.

The benefit of more ethnographic approaches is that they offer us the chance of getting closer to what actually happens in people's lives. Ethnography allows less room for people to 'sanitise' their lives, it allows less room for post rationalisation. Ethnography also brings researchers and clients into a more direct confrontation with realities that challenge research and marketing agendas in a way that more traditional forms of research cannot.

Ethnography offers more understanding and insight, it offers different kinds of understanding and insight. This is particularly important in development and pre-launch phases, this can give big clues as to how and where markets and thinking can be reshaped. If we expect consumers to seriously engage with our brands, then we need to seriously engage with consumers' lives and develop brands that more effectively meet their real needs.

Putting cameras in the corner of the living room allows observers to see that how people really watch TV can be very different from how they say they watch TV. Observing [and filming] people doing their washing can reveal that different people have some very different ritual behaviours in their laundry preparation. Filming patients using asthma inhalers can allow a real appreciation of the short-comings of inhaler design and training. Exploring a day in the life of a GP allows us to realise that the fine differences between two similar drug brands are fairly low on the GP totem pole. Talking to patients in their homes allows them to focus upon how life really is for them, we can see for example that for many the problem of compliance is that it's no fun.

Ethnographic research is about gaining additional insight and understanding by taking research back out into the real world. Typically these journeys into the real world are intensive trips involving deeper and more involved relationships between the researcher and their subjects. Ethnographic research is typically characterised by small numbers of 'respondents' and small numbers of researchers and it is very qualitative. In modern terms, ethnographic research is about as 'touchy-feely' as you can get. This is both its great attraction and one of its greatest inhibitions. The attraction is new, intense and different insights. The inhibitions relate to certainty of interpretation and this is particularly so in an international or cross cultural setting. Here there are real issues about how projects can be conducted and results analysed and interpreted at a cross cultural level with such a 'touchy-feely' research form.

In the next issue of this Newsletter I will look at ways in which we can start to address some of the issues that do arise from ethnographic research across an international setting; the problems of consistency and analysis, the where, how and why of integrating ethnographic approaches with other styles of qualitative and quantitative work.

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# Some Articles About Challenges in Patient Recruitment

(There is some overlap across these articles but all bring out relevant and pertinent points to consider)

## 1. PATIENT RECRUITMENT ISSUES

Traditionally, research has been centred on medical experts and payers. However, the Internet, patient support groups and, in some countries, direct to consumer advertising have empowered the patient and expanded their influence in the prescribing decision. In countries where there is co-payment for prescriptions, the patient has even more purchasing power.

Compliance remains an issue where patients also yield considerable power, whether consciously or not. With the number and cost of prescriptions rising year on year and in acknowledgement of the non-compliance issue, governments have to face this problem head on. In the UK, where costs of prescriptions dispensed exceeded £8 million in 2004 in England alone, a government agency Medicines Partnership, has been set up to define and implement 'concordance'. This is the concept of partnership, where both the medical professional and the patient share the decision over which medicine should be prescribed, and where the patient's knowledge and views are not only taken into account but also respected.

Never have the healthcare systems and pharmaceutical industry been so patient centric. And in recognition of the importance of the patient point of view, more and more research is now being focused on this key end user.

As a result, patient recruitment is a challenge market researchers increasingly have to face. There are a number of issues that need to be addressed.

For a start it can be difficult to get hold of patients or certainly it can take more time than originally anticipated. Understandably, doctors have a legal duty of confidentiality towards their patients. They may act as an intermediary between the researcher and the patient, inviting patients to participate, handing out questionnaires and returning the questionnaires to the researcher. Or the doctor can pass on an invitation to participate in research from the researcher to a patient, giving the patient the choice to contact the researcher or not.

Highly specific recruitment criteria can add substantially to the research timeline. If a doctor is approached to recruit a patient it can take weeks for the right patient to walk through the surgery door, let alone a 'rare' patient. Once the patient has agreed to participate in the research, you can try 'snowballing', asking a patient to nominate anyone they know who is suffering from the condition, but again this can take time.

While patient support groups might be an obvious starting place, one must remember that patients sourced in this way are likely to be even more knowledgeable and more motivated than the 'typical' patient and may also have a political axe to grind. These patients are still valuable for very specific types of research, such as creative research where they can provide an 'opinion leader' type perspective but are not suitable where more general responses are required.

You have to be realistic as to the recruitment criteria and the number of patients you expect to interview. For instance there may be few late stage cancer patients who are willing or able to be interviewed. Logistics also need to be considered. When interviewing a patient who is seriously incapacitated by the disease (either physically or emotionally) you may need to consider telephone interviews if they want to avoid face to face contact. This may also have a bearing on both recruitment and fieldwork duration.

One should also be conscious of the fact that even once a patient has been recruited, they may cancel on the day due to their having a 'bad day', being temporarily disabled (patients suffering from multiple sclerosis or rheumatoid arthritis) or undergoing chemotherapy or experiencing treatment side effects (hepatitis C).

Dependent on the nature of the research and the type of patient, it may be useful to recruit the patient's carer as well (as in Alzheimer's). This can provide further valuable insights as the patient and carer tend to prompt each other, presenting a more comprehensive view of the disease. Be aware, however, that the presence of a carer can considerably raise the level of emotion.

Recruitment of children needs careful consideration. Dependent on the child's age you may need the presence of the parent or guardian, and you will always need their permission. Location could also be a recruitment issue here: older children may focus best out of the house whereas younger children may respond more naturally in the home environment. Equally, parents and guardians may be more likely to agree to a home interview (since it fits in better with the child's routine).

Groups with patients can be very constructive and elicit enormous amounts of information. But be aware of group dynamics and possibly even gender issues; while menopausal women might be happy to discuss their condition in a group format, younger men suffering from erectile dysfunction might not be as easy to recruit.

Finally, while not strictly a recruitment issue, consideration as to the target population must be made when planning methodology and interview logistics. For instance:

- Patients with Parkinson's disease may find it difficult to fill in a self-completion form.
- Those with arthritis could find stairs challenging so choose your viewing facility with care.
- It would be insensitive for a pregnant woman to interview patients on the issue of infertility.

Any of these scenarios could make the respondent uncomfortable and understandably unwilling to be recruited again. Common sense and empathy will eliminate many of these potential problems. After all, patients are human beings and they are human beings in often painful and distressing situations.

As a researcher you have a duty to your client to answer the objectives of the research conducted with the right type of patient within the agreed timelines. You also have a duty to the patient to provide a relaxed, comfortable environment conducive to good interviewing conditions. With thoughtful recruitment you can hope to fulfill both duties, and in so doing to provide vital communication between patient and pharmaceutical companies.

### The Research Partnership



## 2. THE CHALLENGES OF PATIENT RECRUITMENT

The Pharmaceutical Industry and Healthcare Market Research are increasingly aware that in Europe patient input into drug choice is growing.

Healthcare consumers, i.e. the patients, have become major influencers and decision makers in terms of their own health and the treatment they receive from their physicians and healthcare providers.

This shift/difference has long been obvious in the USA, due to the increased choice in healthcare provider and Direct To Consumer Advertising (DTC). Changes in healthcare in Europe over the last few years mean the shift towards the patient has now grown apace across EU.

The industry needs to understand the many motivations of the numerous different types of patients, especially those related to their Quality Of Life (QOL), since research shows this has a major impact on choosing a treatment.

The big challenge is that the difficulty in reaching patients has grown, unsurprisingly perhaps, as the demand for patient research has increased. Ethics, Privacy and Data Protection all have a higher profile across EU than ever before and this impacts how patients can be recruited and data collected about them. Restrictions and interpretations of the same EU legislation vary by country, with Germany currently being the hardest to recruit in amongst the 5EU.

The demand for specific respondents has also increased - there are more requests for patients on specific medication, which restricts the choice of recruitment methodologies.

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## Facts & Figures about the Newsletter publication

Deadline for Advertising in the June pre-conference News issue is April 30th 2006

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

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So how do we find and recruit patients given the current climate?

Traditionally, physicians had provided the obvious link to patients, but the increase in demand has meant those willing to help are swamped by requests. Some physicians have also become more wary as a result of Data Protection legislation and exposure to Privacy considerations. Many physicians feel that asking patients to participate in MR jeopardizes their relationship with the patient - who may feel obliged to take part as the request comes from their doctor.

Also, it is often the extrovert/talkative patient who volunteers to participate, which can bias the research. With low incidence conditions this may also lead to a kind of professional respondent. Increasingly physicians ask that the research agency obtains Ethics Committee clearance, which is often too lengthy and time consuming a process given study deadlines.

So we need to find other alternatives to reach patients – eg associations, advertising, Random Digit Dialling (RDD), lists and proprietary panels.

Associations and self-help groups are widely used and represent a very important source of patients, as members tend to be eloquent and very well informed about their conditions and the treatments available. This has its own drawbacks - the patients recruited may include highly opinionated people (sometimes anti-pharma industry). Plus how representative are they of sufferers as a whole? However, all members usually provide very valuable information and can give exceptionally clear insight into their life as a “sufferer” .

The willingness of associations to co-operate differs widely and how to approach them is crucial when trying to obtain a successful outcome for both sides. Relationships built up between MR Agencies and Patient Associations over time are crucial.

Generally an association is motivated to help more by a summary of results of the survey than by an incentive. They need to feel included and informed so that they can properly advise their members on whether to take part.

The major advantage of associations is that they are the gateway to low incidence or hard to reach groups of patients, for example rare blood disorders, mental health issues etc.

Advertising in the general press for volunteer participants represents another option but response rates differ greatly country to country. For instance Italians and Spaniards will not respond as eagerly as the British, so timelines, and number of ads will differ. In the UK, Italy and Spain, good national papers are available, whereas in Germany and France, it is often regional ones which result in better response rates. The choice of newspaper and terminology has to be carefully assessed, depending on the population of patients/readership aimed at. Not every condition lends itself to this method, especially in terms of cost-effectiveness. The conditions have to be fairly well known and understood by the general population. Recent studies successfully recruited in this manner have been on diabetes, asthma, glaucoma, incontinence and osteoporosis. By contrast, a study on Growth Hormone treatment was recruited through patient associations as the incidence was too low for ads to be a viable tool.

If your request is limited to a specific medication, the choice is to either name the condition in the ad and hope to catch those patients on that drug, or switch methodologies, since it is impossible in Europe to name drugs in an advert. In all but a few rare cases newspaper respondents are genuine sufferers. Skilled screening quickly takes care of the dishonest minority. We now know that ads in certain regions will inevitably attract opportunists, but trained ears can easily spot these unwanted individuals with their ever changing names.

RDD can be an excellent option for high incidence conditions, such as asthma / allergies / weight issues, or for more delicate subjects such as those linked to sexuality. Asked outright, some people may respond more easily to this random approach, rather than taking a conscious step to volunteer. With a sensitive introduction and carefully chosen questions, it is possible to broach those difficult subjects.

Lists and proprietary panels are still the fastest ways of accessing patients, although the source of these panels must be clearly explained to all involved. Consumers are often solicited and may forget what they have agreed to take part in. Some patients will tend to forget what they opted into and will need frequent and sensitive handling.

The internet is a very useful tool to reach a vast number of people suffering from high incidence conditions. As panels and usage of the internet grows, so will the number of patients accessible by this method. Currently the elderly and lower income groups are not widely accessible via internet, and in some areas home computer ownership is relatively low.

In any case, consistency across countries regarding recruitment methodologies is still one of the most important issues.

One of the challenges of patient research is to ensure a representative sample - to also include the less responsive, not just the talkative and willing respondents, as the former often represent the larger percentage of the population.

Patient research is challenging and subjective in nature, as each kind of patient, age group, background, level of education and income brings different attitudes, emotional baggage and responses to treatment requirements and demands.

With the changes in healthcare providers and insurances, patients have become more demanding and expect more from their physicians and treatments, so it is definitely time to listen to those requests and give these consumers the opportunity to voice them.

**Sophie Wintrich**  
Fieldwork International





# 3. Towards “clean” recruitment in patient research - Germany

- Approx. 40,000 German patients go to court each year to get more and more compensation for pain and suffering: Tendency = growing.
- German health insurance companies offer a “treatment fault management” service to their clients through a “joint analysis of the medical facts” and thereby assist patients in suing their doctors.
- The doctor-patient-communication increasingly resembles – certainly in the case of chronic diseases – an exchange between two experts.
- Over the past two years, special interest journals on health and wellness have experienced a major growth in circulation.



What are these facts telling us? That patients have more and more influence in our health system.

The changing role of the patient has come about for several reasons in Germany. First of all, there was a major reform of the health care system in 2004 which had clear relevance for patients in two areas, namely a) a higher financial burden because of the requirement to make extra payments and b) more information opportunities and participation rights for patients.

In order to save money the individual patient has to be more conscientious with the disease; he/she is confronted with alternatives and has to compare services and prices. Health consciousness is awarded with bonuses by the health insurance companies. Patients can demand a receipt where the doctor’s services are listed. Since 2004, representatives of organised patient interest groups participate in all official health committees and take part in all kinds of decision making processes.

The consequences of the reform coincide with an interesting socio-cultural macro-trend: a return to a focus on the body as an elementary reference point for identity and wellness. Furthermore, two years ago, the proportion of citizens older than 60 years exceeded 25%. These elderly people have a lot of spare time to think about their diseases and do this in a more active and conscientious way than previous generations. The generation of the “new old” does not trust blindly in the opinion of the “gods in white” since they are searching for medical information more actively and with modern means of communication.

## Patient recruitment

Hence, the times are definitely over where patients are regarded and addressed seriously only as consumers of OTC-products otherwise playing a subordinate role in pharma marketing. Meanwhile, it is a platitude that a purposeful campaign towards patients is an important part of marketing in ethical pharma.

Therefore, patients are becoming increasingly important as points of analysis in pharma market research studies. A central problem in patient studies is what can be called “clean” recruitment. But – what does “clean” mean in this context? “Clean” means more than “true”. “Clean” means also “realistic”, “updated” and “adequate”.

### 1. “clean” = “true”

Respondents should be true patients, suffering really from the disease to be analysed and not only pretend to do so (“simulator”, “black sheep”).

### 2. “clean” = “realistic”

Quota and selection criteria should be factually verified. Unrealistic quotas together with “time corsets” are counterproductive for all partners in market research. Example: A client wants to do a small study with 14 patients suffering from chronic hepatitisB and only 3 of them may have a co-infection with HIV; 8 of them need to be treated with a special drug.

Table 1: Pros and Cons of different means of recruitment

Means of recruitment	Pros	Cons
<i>Indirect ways</i>		
Via doctor	True patients	Time, additional costs through intermediation incentive
Via receptionist	True patients, perhaps not as reliable as via doctor in case of medically complex requirements	Time, additional costs through intermediation incentive
Via pharmacist	True patients, perhaps not as reliable as via doctor	Time, additional costs through intermediation incentive; only incidental address
Via self help / rehabilitation / gymnastic groups	Relatively big number of respondents achievable, regional / local extension	Time, bias because of positive selection (more active and more optimistic patients)
Snowball system	Rapid reaction	No guarantee for true patients
<i>Direct ways</i>		
Via press ad	Rapid reaction	Many “black sheep”
Via waiting room	Rapid reaction	Mobility of the recruiter, annoyance, resentment of receptionist/doctor

continued over>

Problems: Only specialists are in a position to find such patients. The notion of HepB is negatively loaded; therefore, patients are not very interested in participating, patients without co-infection with HIV mostly come from southeast Asia, the Sahara or Amazon's regions.

These patients are not able to give an interview in German. Other patients are avoided by physicians because they come from disadvantaged circumstances or are drug addicts. Many of these patients are not receiving medical treatment, or the drug is only taken for a short period of time. Outcome for the recruitment efforts: Numbers of doctors denying a recommendation of patients = 68; numbers of doctors nationwide willing to cooperate = 5; refusal rate of patients = 5:1 or 83%. Despite repeated explanation of the problems the client only granted a slight time extension for the recruitment.

After the factually justified failure of the recruitment and after two additional weeks the client changed the selection criteria completely. If the quota had been realistic upfront patients could have been recruited and interviewed within 10 days or even less. Therefore, a close cooperation with the local agencies before the recruitment process starts is essential.

Clients should be prepared to accept the agency recommendations if they draw attention to comprehensive medical sociological realities of the respective countries and this information given at an early stage of the project, will be a valuable and time-saving service of specialized agencies.

### 3. "clean" = "updated"

The best guarantee for a good quality patient file is an ongoing cooperation with doctors and pharmacists willing to keep a file with potential patients for market research which is updated at regular intervals.

### 4. "clean" = "adequate"

Even if the trend goes in the direction of consumer market research it should be kept in mind that patients cannot always be addressed as mere health consumers. More often a psychological, a medical sociological expertise and last but not least knowledge in communication sciences is needed to address patients in an appropriate way, i.e. in a "sensitive" way. This holds true above all for chronic or life-threatening diseases. In these cases, a very sensitive and empathetic handling of the patient as well as of the doctor is an absolute must.

They should always receive a letter or a document in which:

- the medical background
- the overall aim of the study
- the selection criteria of the patients
- the role of the patients in the study
- the contents of the interview as well as
- the assurance of absolute discretion is explained as thoroughly as possible.

Only in this way is a positive attitude towards market research generated, and the willingness to cooperate is increased.

And, only in this way can the absolute worst case scenario can be prevented: that a patient becomes aware for the first time that his disease is life threatening whilst reading a product profile in a market research study. At that point, only a very experienced and trained moderator will be in a position to put right the recruiter's mistakes.

**Ulrike Dulinski**

GO Medizinische Marktforschung  
UDulinski@go-mmr.com

## 2006 Conference



### Venue

We are returning to Athens, a city which has aesthetically reinvented itself post Olympics and is a more vibrant hub. The setting for the conference is against the historical backdrop 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.

### Event Focus

Do 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, and to seek where new perspectives lie and assess our reactions to unveiled ideas and revealed truths.

### *The most important event in the Pharmaceutical Marketing Research Calendar Year*

The conference is the high point of the EphMRA year and provides an outstanding event with excellent networking possibilities, inspiring and fruitful discussions, an essential forum in which to:

- Build new skills essential to maximizing your companies' performance.
- Recharge your batteries and gain inspiration.
- Network with peers and make valuable new connections.

### Executive Level Speakers From Across the Industry

The EphMRA conference is renowned for providing a programme of distinguished calibre speakers delivering papers of high quality.

## Interaction Built In

This conference is not just about listening to high-level speakers from across the industry; it's about engaging in knowledge sharing and interactive dialogue. With two open forums for questions, a panel debate and four parallel breakout sessions, you can put your questions directly to the industry leaders and experts.

## Best place to see and evaluate products, technologies and services you need

The EphMRA agency fair is a unique platform for agencies to gain visibility, exposure, name recognition and demonstrate their contribution to pharmaceutical marketing research.

## Key Dates

EphMRA Committee Meetings .....19 June – 20 June  
EphMRA Training Workshops ..... 20 June  
EphMRA AGM ..... 21 June a.m.  
EphMRA Conference ..... 21 June – 23 June  
EphMRA Agency Fair ..... 21 June from 12.40 p.m.

## A big thank you to all our generous sponsors

If you would like to sponsor the conference and would like to discuss ways in which your company exposure can be enhanced there are still some exciting promotional opportunities on offer – call Janet Henson +33 4 78 05 71 50 or Bernadette Rogers on +44 161 304 8262.



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## EphMRA Committee Meetings, Associate Members Group Meeting, AGM, & Training Workshops

### MONDAY 19 JUNE

0900 – 1800  
1400 – 1700  
1400 – 1700  
Evening Free

**EphMRA Committee Meetings**  
Classification Committee  
PRM&T Committee  
Market Intelligence Committee

### TUESDAY 20 JUNE

0830 – 1130

**EphMRA PRM&T Committee Masterclass Training Workshops**  
Presenting Market Research Data – 'From data to storyline' repeated at 1200 and again at 1515  
NLP – NeuroLinguistic Programming – Applications in Market Research

0900 – 1730

**EphMRA Committee Meetings**  
Classification Committee  
Database & Systems Committee  
NFC Committee, Market Intelligence Committee, Medical Data Committee  
Executive Committee  
Foundation Board  
Joint Meeting of Executive Committee & Committee Chairs  
EphMRA Welcome Reception

0900 – 1800  
0900 – 1700

1000 – 1700  
1300 – 1700  
1700 – 1830

1900 – 2000

### WEDNESDAY 21 JUNE

0700 – 0830  
0830 – 1000

**EphMRA Committee Meetings**  
Welcome Delegate Breakfast  
Associate Members Group Meeting (For EphMRA Associate Members only)

0830 – 0845  
0845 – 0925  
0925 – 0935  
0935 – 0940  
0940 – 0950

**EphMRA AGM - CLOSED SESSION For Full EphMRA - members only**  
EphMRA Presidents Report  
EphMRA Update  
EphMRA Treasurer's Report and Vote  
Discharge of Executive Committee  
Discussion & Questions, Election of Officers: President, Vice President & Executive Committee Members  
Incoming President's & Vice President's Address

0950 – 1000

**OPEN SESSION - For Full and Associate EphMRA members/PBIRG only – except by invitation**

1000 – 1030

Committee Poster Session and AGM Delegate Coffee

1030 – 1035

EphMRA Presidents Welcome

1035 – 1045

Address by PBIRG President

1045 – 1055

Members Survey Findings

1055 – 1100

Members Survey Q&A

1100 – 1115

Classification Committee Report

1115 – 1125

Medical Data Committee Report

1125 – 1135

Database & Systems Committee Report

1135 – 1145

Market Intelligence Committee Report

1145 – 1155

PRM&T Committee Report

1155 – 1205

NFC Committee Report

1205 – 1220

Foundation Board Update

1220 – 1230

Associate Members Group Report

1230 – 1235

Questions

For the Conference programme – see web site and register on-line [www.ephmra.org](http://www.ephmra.org)



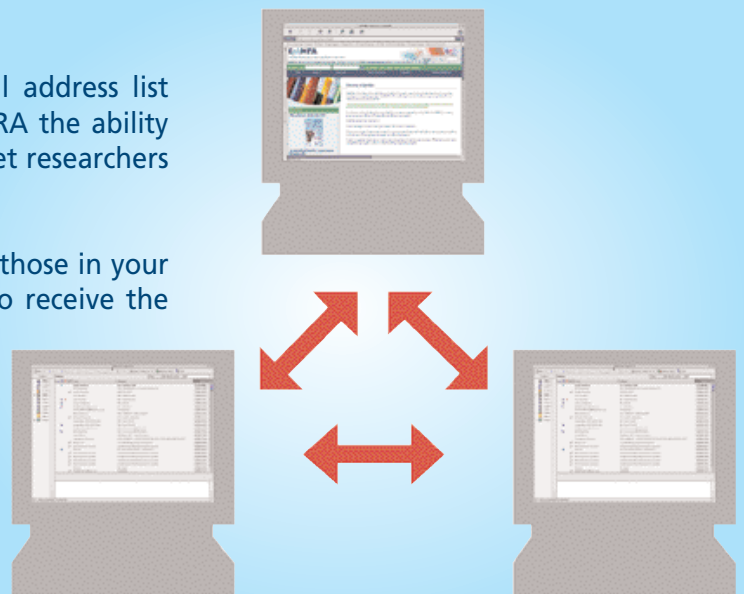
# Communication via Em@il with EphMRA Members & Non Members

In 2006 EphMRA is aiming to increase the level of communication via email with members and non members. This means we will be posting/ mailing out fewer paper materials but instead we will be emailing them out as attachments/pdfs or sending out e-Newsletters from the EphMRA web site.

Thus EphMRA is establishing a much larger email address list than maintained currently and this will give EphMRA the ability to communicate with a much wider range of market researchers than at present.

Please let us know the name and email address of those in your company/affiliates/other offices who would like to receive the following types of communications:

- Newsletters
- Training course programmes and details
- Conference materials
- Foundation announcements
- Committee news
- Etc etc



The purpose of collecting the Email Addresses is to be able to inform contacts about our events, publications and information of interest.

All information provided will only be used internally by EphMRA and will not at all be passed to any third party and nor will the information be shared/made available amongst EphMRA members. Privacy is maintained.

All emails will be sent out 'blind copy' to each recipient so email addresses are not seen.

Please send your contact email addresses to: Bernadette Rogers, at MrsBRogers@aol.com

Associate Member companies please can you indicate who in your company is the main EphMRA contact – for general liaison, PR, updating the email list etc.

## **Contact:**

Bernadette Rogers • EphMRA General Secretary • MrsBRogers@aol.com • Tel +44 161 304 8262 • Fax +44 161 304 8104

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In 2006 at the annual conference in Athens, EphMRA will not be offering a Goody Bag to pharmaceutical company delegates.



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The post will be located in Basel, Switzerland but will require extensive travel (approximately 40%). EU nationality or working permission for Switzerland strongly preferred.

Please send inquiries by email or mail (with CV) to:  
nbosshart@researchmatters.com or

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# Guide to the EphMRA website

**Join EphMRA** - Click on here to see details about how to join as a Full or Associate Member. -  
 - Also here is a full list of the Full and Associate Members.  
 - EphMRA's Statutes - list of the Statutes

## About us

- Executive Committee - who is on the Executive
- Questions and Answers - Q&A about being on the Executive Committee
- Contribution Award - a list of past winners

## Recruitment

- Post up a vacancy

## EphMRA Committees

- The Executive Committee
- ATC - Anatomical Classification
- Medical Data Committee
- Database and Systems Committee
- New Form Codes Committee
- Market Intelligence Committee
- PRM&T Committee

## Training Workshops

- Details of all the current Training courses planned

## Foundation

- The Board - Who we are
- Foundation Projects - Proposals Needed
- Foundation Projects - Previously Funded
- Guidelines for the Foundation

## NFC Classification

- Includes the 2006 NFC

## Anatomical Classification

- Includes the 2006 ATC

## Publications

- EphMRA Pharmaceutical Marketing Research Code of Conduct
- EphMRA - PBIRG Internet Research Guidelines
- Lexicon
- EphMRA Newsletters
- EphMRA Yearbook 2005
- Publications available to Full and Associate Members
- PRM&T Publications

## Annual Conferences

- Register here for the 2006 Conference - Truths, Myths and the Future 2006
- Also details about previous conferences

## The Research Toolbox November 2006

- Register on line

## Forecasting Course April 2006

- Register on line

## Calendar of Events

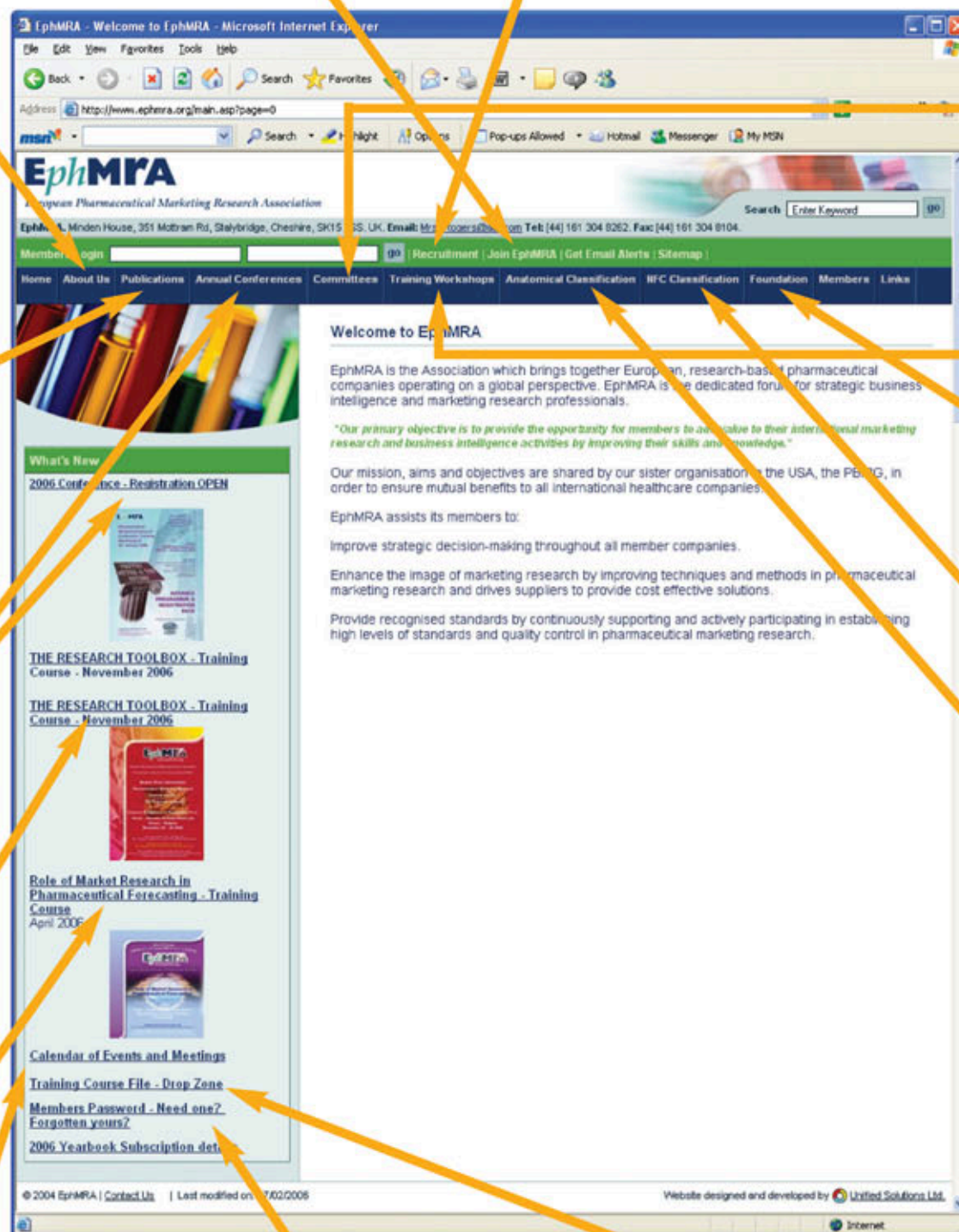
- List of upcoming Committee meetings and EphMRA events

## Passwords

- Request a password
- If you have forgotten your password...

## Training Drop Zone

- Delegates can access the files from recent Training Courses



www.ephmra.org



**Janet Henson - janet.henson@wanadoo.fr**

**Janet Henson - janet.henson@wanadoo.fr**

**DO NOT FORGET PRM&T  
COURSES ARE NOW  
PAPERLESS -  
YOU CAN ONLY  
REGISTER VIA THE  
INTERNET**

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# "Role of Market Research in Pharmaceutical Forecasting"

The aim of this course is to focus on the role marketing research plays in the forecasting process; therefore it is unique in addressing this role. The course is envisaged almost like a case study from inception to read out, and how marketing research inputs along the process.

The course will provide:

- A understanding of the basic fundamental principles of pharmaceutical forecasting and the essential role of the marketing research function
- The role of forecasting in the organisation and through the product lifecycle
- A review of good forecasting practices and strategies
- Advice on how to determine and select the most appropriate forecasting technique
- An overview of the analytical and practical tools for forecasting
- How to cope with new indications, including the exotic and extreme
- Hands on guide to quick forecasts
- How to achieve buy in and sell forecasting to end users
- Best practices to ensuring forecasts are implemented and successfully
- How to maximize role of marketing research in making successful forecasts

The target audience for this intermediate course is:

- Pharmaceutical market researchers
- Pharmaceutical marketers
- Pharmaceutical strategic planners

The course is suitable for both Pharmaceutical companies and agencies.

The course will take place at the Kempinski Hotel Gravenbruch, Neu-Isenburg, Frankfurt, Germany.

The hotel 15 minutes away from Frankfurt airport and 5 minutes from the next highway and 20 minutes from Frankfurt city center.

## Convenors & Organiser

Representatives from the EphMRA Primary Research Methods and Training (PRM&T) Committee are convening and organising the workshop as follows:

**Ulrich Wuesten**  
Bayer Healthcare - Germany

**Alexander Rummel**  
 Psyma International Medical Marketing  
 Research GmbH - Germany

**Janet Henson**  
Workshop Organiser - France

The pharmaceutical industry represents a very dynamic yet fluctuating market that is very challenging to analyse and predict. Market drivers are diverse, ranging from government regulations to the introduction of drugs or diagnostics that influence the course of diseases.

With the cost to launch a new drug over \$800 million we no longer have the luxury of maintaining large drug portfolio pipelines. Forecasting and modelling market dynamics is an increasingly important function used to develop and support the clinical development of drugs. In addition to new products forecasting, in-line analysis of current drugs is critical to ensure that past analyses reflect current and future market drivers. Therefore, it is imperative to analyse not only the historical market, but to predict the evolution of the market with accuracy by incorporating a multitude of market events that impact the future.

## The Research Toolbox – Intermediate Course – Module Three

See the website for full details.

Sheraton Brussels Hotel and Towers – Belgium. November 28 – 30 2006

### 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 course 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

### Who should register for the Course?

Researchers who have either attended the Introduction to Pharmaceutical Marketing Research Course, or who have over 1 year's market research experience.

### Venue

The course will take place at the Sheraton Brussels Hotel and Towers:  
3 Place Rogier, B-1210 Brussels, Belgium



**Early bird deadline ends 1st Sept 2006**

## June 2006 PRM&T Pre-Conference workshops



### Pre-conference PRM&T workshops 20 June 2006

Pre-conference workshops are offered at no additional charge only to EphMRA full and associate members who are fully registered and paid up conference delegates.

These interactive programs are typically more hands-on than the conference sessions and are an ideal way to develop new skills or gain new perspectives, whilst focusing on a topic in-depth. Registration is required for all workshops.

This year there are two Masterclass workshops – Presenting Market Research Data – 'From data to storyline' and NLP – NeuroLinguistic Programming – Applications in Market Research. The workshops have a maximum of 30 delegates each.

Presenting Market Research Data – 'From data to storyline' is repeated three times on the 20 June; this is to allow maximum participation. Each session has a maximum of 10 delegates.

### Important information about the workshops

Both workshops will be filled on a first-come, first served basis, so register early! Spaces are limited for each workshop. As the workshop is free to members, participation is limited to 1 delegate per company for each workshop; this system will allow more members to benefit.

Although registration is free if you fail to attend, and have not cancelled in according to the terms and conditions of registration, we will send an invoice for 1400 Swiss Francs.

**FREE workshops for EphMRA members**

## EphMRA PRM&T MASTERCLASS – PRESENTING MARKET RESEARCH DATA 'From data to storyline' Tuesday 20 June 2006

This workshop lasts 3 hours, and is repeated 3 times to allow maximum participation

Workshop leader – Dr Alexis Puhan

Workshop One – 08.30 – 11.30: Workshop Two 12.00 – 15.00: Workshop Three 15.15 – 18.15

### Workshop Leader and Workshop Convenors

The workshop leader for this interactive master class is Dr. Alexis Puhan. Alexis is the founder of skillbuild inc., specialised in coaching, 'storylining' and facilitating. His field of expertise chiefly includes presentation design and training within the pharmaceutical industry. Alexis typically consults at the interface where the insights relevant for decisions, based on market research data, are being created. Alexis stays involved in day-to-day business life by leading projects for both market research and pharmaceutical companies. The objective of a typical project is to distill market research data into a concise "storylined" presentation enabling management to take decisions. Since founding his company in 2002, Alexis has been involved in numerous international mandates for major pharmaceutical companies and agencies.

### Workshop Background

One of today's challenges in the pharmaceutical industry is information oversupply. Conversion of this 'information oversupply' into an effective piece of communication is a pivotal and time consuming task for executives at all levels. It has become more important than ever to structure, prioritise, synthesise and communicate the relevant data to meet a specific objective. Unfortunately, important messages quite often don't reach the recipient as intended: Misunderstandings, frustration, even fear and delayed decisions are the consequence.

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## Workshop Objectives

Focus lies on creating a concise storyline bringing complex data into a logic flow. The workshop is about thinking through the story first and hence avoiding "death by PowerPoint". Participants will take away practical tools enabling them to create such storylines effectively themselves and coaching others to do it.

Real life market research data will be utilised in the workshop, taking data from previous EphMRA Foundation projects.

## Learning Outcomes

Participants can integrate workshop storylining tools into their daily practice "the next day".

The target audience for this advanced workshop is experienced market researchers who want to be better able to provide insight into ways to justify new approaches within their companies. Participants who are regularly involved in information oversupply management and being given the task to create or manage presentation documents, will most benefit from this workshop.

## EphMRA PRM&T MASTERCLASS – NLP NEUROLINGUISTIC PROGRAMMING

Applications in Market Research

Tuesday 20 June 2006

09.00 – 17.30

Workshop leaders – Mo Ressler and Tina Berry

Convenors - Carolyn Fenwick – AstraZeneca – UK and Dorothy Parker – Fast Forward Research – UK

## Workshop Objectives

The objective of the workshop is to focus on the application of NLP in Market Research within the arena of health, health professionals and Pharmaceuticals, and to show how NLP can deepen insight into target audiences as well as improving professional effectiveness. The workshop will of course also cover the therapeutic application of NLP as an introductory background. Its aim is very much the practical application of NLP in the Pharmaceutical Industry, achieved via an interactive approach.

## Learning Outcomes

Participants can expect to:-

- Understand the relevance of NLP fundamentals to Pharmaceutical Marketing Research – specifically as it relates to obtaining useful emotional insights into patients, and going beyond the rational to understand what makes health professionals tick
- Enhance confidence in their ability to apply NLP to current working practices in Pharmaceutical Marketing Research – including successfully managing their own personal effectiveness and improving their professional and interpersonal skills

The target audience for this advanced workshop is market researchers who want better insight into NLP and its applications in Pharmaceutical Marketing Research.

## Programme

**Workshop One** – Convenors from PRM&T Committee – Steven Burrows – Novartis Pharma – Switzerland and Alexander Rummel – Psyma International Medical Marketing Research – Germany

08.30 – 09.30	Summarising/Concluding
09.30 – 10.30	Storylining
10.30 – 11.30	On-site discussion of real life data examples

**Workshop Two** – Convenors from PRM&T Committee – Ruth Evans – IMS Health – UK and Bob Douglas – Synovate Healthcare – UK

12.00 – 13.00	Summarising/Concluding
13.00 – 14.00	Storylining
14.00 – 15.00	On-site discussion of real life data examples

**Workshop Three** – Convenors from PRM&T Committee – Peter Winters – Brand Health International – UK and Jeremy Lonsdale – Aequus Research – UK

15.15 – 16.15	Summarising/Concluding
16.15 – 17.15	Storylining
17.15 – 18.15	On-site discussion of real life data examples

## Workshop Background

NLP explores the relationship between how we think (neuro), how we communicate both verbally and non-verbally (linguistic) and our patterns of behaviour and emotion (programming). It is a bit like an 'instruction manual for the brain'.

It has been called the technology of excellence, because NLP started out as an attempt to investigate systematically just what it was that made some people really exceptionally able and effective at what they do. NLP asks: what is the difference that makes the difference? The resulting knowledge falls into two parts: exceptional skills, beliefs, attitudes and behaviours which can be passed on to others as strategies for life; and the learning of the processes of how to model exceptional people and thus add to the body of knowledge.

NLP is widely used in business to improve management, sales and team achievement, performance, and to give people even more effective interpersonal skills; in education, NLP helps to better understand learning styles, develop rapport with students and parents and to aid in motivation; and of course, NLP is a profound set of tools for personal and professional development.

## Programme

- Learn about the origins and development of NLP – its relevance and how it got its name!
- Acquire understanding
  - concerning the structure of subjective experience, defining aspects of experience normally regarded as intangible in order to gain new insights into situations and people, in particular physicians.
- Acquire new tools to
  - to create compelling outcomes and better choices
  - communicate more consciously and fully on many levels
  - enhance rapport skills with clients and respondents using unconscious communication
  - deal more effectively with difficult interpersonal situations
  - manage one's mindset and emotional state, in different research contexts, for energy and confidence

The course will combine teaching with practical exercises designed to integrate learning with time to discuss applications.



## Workshop Leaders

The course leaders are Mo Ressler and Tina Berry, Master Practitioners of NLP who have been using NLP enthusiastically in the business world as researchers and planners for some time.

### Mo Ressler

Graduating from Manchester University in Social Science, Mo joined Bill Schlackman's market research agency as a graduate trainee. Her next job was at Ogilvy & Mather to work in creative development research. She then went to BBC TV to work as an editorial researcher on the Parkinson programme spending six years at the BBC working on a variety of magazines and documentary programmes.

She then became an independent qualitative research consultant. She recently became a BAC accredited counsellor working part time as a GP counsellor and has extended her work to include market research training, brainstorming and group facilitation. She regularly gives seminars to the MRS and Association of Qualitative Research on Group Dynamics, Transactional Analysis and NLP.

### Tina Berry

Graduating in Scotland, Tina started her career in Paris working in research for a French marketing company, Bernard Krief. Back in the UK, she turned research buyer with SKB, learning to appreciate a client perspective on business. Next, at Saatchi's, she helped introduce brand planning, and became involved in international planning and research, an consuming interest.

Her company offers a combination of planning and research to clients in consumer marketing and services. Like Mo, she is a Master Practitioner of NLP and actively involved in the practical application of NLP to business and research practices. Most recently, this summer, she qualified as NLP trainer with Robert Dilts at NLPU in Santa Cruz.



## Positioning and Branding - Getting it Right

The November 2005 Positioning and Branding course received high rating by attending delegates.

Out of a possible score of 5, delegates rated the overall value of the course in their jobs at 4.3. The quality of speakers overall received another high score of 4.1. Overall organisation for the event was felt to be extremely good receiving a score of 4.5. The top ranking speaker achieved a score of 4.7 for usefulness and 4.6 for overall value.

With ratings as high as these the course will be rerun at a future date. EphMRA would like to thank all the speakers, the three PRM&T convenors and of course all the delegates who attended the course. Now read on for the course write up...

## The elusive art of positioning and branding

Is there anything more exciting in our profession than positioning and branding? The fact that the PRM&T committee is organizing a course on this topic for the fifth time in as many years would suggest that this is a continued area of interest.

There is something magical about positioning and branding. It is about the careful crafting of your product offer to create the best 'fit' with your customer. But the whole process remains a bit of an elusive undertaking. The research efforts that are required to support the positioning and branding process cannot be packaged into a fool-proof 'one size fits all' recipe

As in the previous years, our speakers have done an excellent job in demystifying the different aspects of the process.

### A continuous and active process

Our industry speakers, Elmar Schnee (Merck KGaA) and Jacques Gorissen & Xavier Hormaechea (UCB) clearly illustrated that a company needs to remain master of its

own positioning and branding destiny for its brands. The alternative is that the marketplace will dictate your positioning and brand image.

The fact that this marketplace never ceases to evolve make this a never-ending process, rather than a one-off exercise.

### Agreeing on Definitions

Having good definitions already goes a long way towards demystification, and facilitates the communication between us all.

First of all, it is important to understand the juxtaposition of 'positioning' vs 'branding'. The different speakers were remarkably unified in these definitions, even if they used different expressions.

## Positioning

the unique space we wish to capture in the customers' mind

Appeals to 'the mind'

## Branding

What gives the brand meaning in the minds of our customers

Appeals to 'the heart'

In addition, in one of his passionate speeches, Mike Owen (Brand Health) made a plea to distinguish the process from the end-result.

- 'Brand Development' is the overall process by which we develop both the positioning and the branding for our product
- The 'Positioning' and the 'Branding' are the end result of our endeavours.

Mike also clearly illustrated that a conceptual 'brand development model', such as the one developed by Brand Health is a helpful guide to focus one's efforts and understand the interactions between the components of the model.

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## Identifying the building blocks

Positionings and branding materials do not emerge out of a single piece of research. In other words, one could argue that there is no such thing as 'positioning and branding research'. Instead, positionings and branding materials emerge through a cunning combination of true market understanding and a bold vision of your product's own abilities.

So, how do we achieve true market understanding? Huw Davies (Adelphi) and Nigel Burrows (IMS Health) demonstrated ways of building this insight. Qualitative and quantitative methods are now well developed to help segment your customers in a meaningful way according to their needs. Multivariate analysis can be very instrumental in helping to distinguish the expressed from the more latent customer needs.

Intricately linked to understanding these customer needs is getting an understanding of your competitive environment and the space they occupy in the customer's mind. Not just on the rational side, but also the more intuitive side.

## Building the Brand

All delegates to the course will remember Barry Gowers' (BG Branding Consultancy) 'family analogy' when talking about a brand, since it was a vivid illustration of the fact that a building a brand is a continuous process. The brand is the baby that has to develop into a confident adult, while we, as parents (brand managers) need to educate, nurture, and (try to) shape it throughout its life. As parents, we know that this is a life-long process.

Mike provided excellent clues on how to unearth the required brand elements in qualitative research. He also illustrated that projective techniques can be very powerful to help build the 'touchy feely' aspects of your brand vs that of your competitors, so as to build a distinctive brand, with distinctive values. However, it is worth making judicious use of them.

## Monitoring

As we live in a dynamic marketplace, the speakers clearly impressed on us that our job does not stop at the launch phase. Nigel provided some very telling examples on how brands need to be

monitored quantitatively in a way that provides actionable insight. Xavier's and Jacques' real-life case study of Keppra's branding development supported his thesis that regular brand audits pave the way for gradual adaptations to the branding materials produced.

## The future?

After five workshops on this topic, do we need to have a sixth one? I personally believe that there will always be a need for education on a topic so vital to our profession as positioning and branding. Not just for researchers who have recently joined our ranks, but also as a refresher for the more experienced ones among us, if only to help challenge our engrained ways of doing things.

A special thanks to the speakers, who have stuck with us all those years and who have continued to refine their presentations, to Janet Henson and Penny Tolley responsible for the flawless organisation, and to my co-convenors Xander Raymakers and Peter Winters, as it all contributed to a truly 'value added' workshop.

On behalf of the convenors,  
**Cathy Clerinx,**  
**Adelphi International Research**

## Course Delegates



**Jennifer Cassels**  
Brand Health  
International



**Gary Dowkes**  
Pysma International  
Medical Marketing  
Research GmbH



**Krishnamah Guckenberger**  
Pysma International  
Medical Marketing  
Research GmbH



**Katy Fisher**  
Adelphi  
International  
Research



**Sarah Jarvis**  
ZS Associates



**Sophie Jillings**  
AstraZeneca



**Margit Knoblauch**  
Solvay  
Pharmaceuticals



**Sarah Merchant**  
Allergan Ltd



**Wendy Nuttall**  
GE Healthcare



**Chrissi Panagopoulou**  
Novartis Hellas



**Christoph Petersen**  
Altana Pharma



**Paula Scott**  
Brand Health  
International



**Kate Seymour**  
Aequus Research



**Helen Strongman**  
Adelphi  
International  
Research



**Rina Valeny**  
Brand Health  
International



Course photo



Course Convenors - left to right:  
Cathy Clerinx, Xander Raymakers, Peter Winters



# FOUNDATION UPDATE - News from the Foundation Board

The EphMRA Foundation has been established to support and fund original projects in the international healthcare marketing research and business intelligence fields. EphMRA Member companies will be able to benefit from these added value projects since they will provide incisive information and knowledge and address important issues - relevant to the Industry today and tomorrow.

The EphMRA Foundation retains full copyright and publishing rights to each completed project and will publish the findings to all EphMRA Member Companies and any other relevant parties. Joint projects are also undertaken with our allied organisation, PBIRG.

## Board Vacancies

There is currently 1 vacancy on the Board for a Full company member we are looking for interested and motivated members to support the Foundation in its role.

Applications are invited – please use the Foundation Application form available from the web site at [www.ephmra.org](http://www.ephmra.org)

## Foundation Board Members and Profiles



**Su Meddis**  
AstraZeneca, UK - Chair  
Business Analyst  
Member since January 2005



**Jeremy Lonsdale**  
Aequus Research, UK  
Director  
PRM&T representative



**Dan Fitzgerald**  
GfK US Healthcare Companies  
Group Executive Vice President,  
Associate Members Group Contact  
Member since April 2005



**Sally Birchall**  
Chugai Pharma Europe, UK  
Associate Director, Business  
Intelligence Division  
Member since January 2005

A graduate in Biological Science and Psychology, Sally spent 8 years at primary market research agencies (Isis Research and Martin Hamblin) in international research, and has since spent over 6 years in the company environment, again in international roles.

She joined the EphMRA Foundation because of a firm belief in the potential value of the Foundation's purpose – to raise the quality of the day-to-day contribution of market researchers, by executing original research projects designed to improve knowledge and best practice, which otherwise would not be funded from individual product or company budgets



**Angela Duffy**  
The Research Partnership, UK  
Director  
Member since June 2005



**Dr Philip Stern** BSc (Sussex), MSc, PhD  
(London), Senior Lecturer in Marketing  
and Strategic Management at Warwick  
Business School and Academic Director  
of the Executive MBA programme.  
Academic Foundation Board member  
since October 2005



**Bernadette Rogers**  
EphMRA General Secretary

Support role involves:

- support and liaise with the Board Chair re Foundation activities
- organise and initiate meetings for Board and projects undertaken, but not actively run projects
- take and issue meeting minutes
- write and produce any RFPs following Board outlines
- liaise with the PRM&T rep to ensure smooth interaction and translation of suggestions into practice
- ensure the Chair makes appropriate PBIRG contact and maintains links which are appropriate and productive
- help to recruit members when Board vacancies arise
- organise the Foundation section on web site
- write a Foundation Update for the EphMRA News to increase awareness of the Foundation's work

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# FOUNDATION UPDATE - News from the Foundation Board

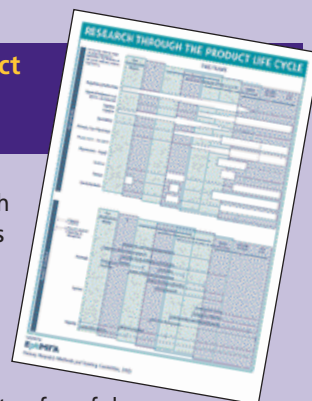
## How You can Help the Foundation

1. Proactively make suggestions for topics and projects
2. Apply to join the Board when vacancies are advertised
3. Work as part of a Foundation Project Team – we email out asking for volunteers to help work on our projects. This means that you can become involved in the work of the Foundation but do not have to commit to being a full Board member.
4. Give feedback and input on the value and utility of current projects.

## 2. Research through the Product Lifecycle - Update starting March 2006

JW Consulting is updating the Research through the Product Lifecycle. This is a valuable tool which contains information which can support you in your daily jobs.

The aim of this project was to create a web based compendium of lists of useful articles, books, web sites and other reference materials so that when researchers wish to find information on say Pricing Research or Segmentation etc you can go to the Research References and web link to relevant information.



## Projects being Undertaken

### 1. Doctor Statistics Report Update - EphMRA/PBIRG Project

EphMRA/PBIRG have commissioned 2 Doctor Statistics projects as follows:

#### Project 3

A new report on Doctor Statistics - featuring Argentina, Mexico, Chile, Brazil – grant of 7000 euros.

Project awarded to Brintnall & Nicolini, Pia Nicolini



#### Project Team:

Celine Wakrat – PBIRG  
Sally Birchall – Chugai Pharma Europe, EphMRA

#### Project 5

A new report on Doctor Statistics in India – grant of 2500 euros. This report will be in two parts: 1. a qualitative overview of the healthcare structure in India and comments on reasons why statistics vary across specialities; 2. a comprehensive quantitative report on doctor statistics following the established structure of the existing report.

Project Awarded to GRAM, Santosh Gupta.

#### Project Team:

Celine Wakrat – PBIRG  
Jeremy Lonsdale – Aequis Research, EphMRA

The aim is to complete the projects by June 2006.

### However we still need proposals for the following projects:

#### Project 2

A new report on Doctor Statistics – featuring Sweden, Finland, Denmark, Norway – grant of 7000 euros.

#### Project 4

A new report on Doctor Statistics – featuring China, South Korea, Taiwan, Australia – grant of 7000 euros

Please see the full RFP on the web site for full details – [www.ephmra.org](http://www.ephmra.org)

### 3. Internet Access Amongst Physicians

After proposals were submitted and extensively reviewed this project was awarded to Medimix Europe



#### Project details:

Practically all of us open up our Internet access almost every working day and probably surf the web in the evenings dipping into a wide range of websites for information, shopping, the news etc. We work in an environment which demands the use of mobile phones, remote access to emails and increasingly the use of hand held Blackberry type devices.

We know from published sources that data is available which informs us about how many consumer house-holds have Internet access and regularly access websites. But what of the physician population – to what extent do we independently know whether or not they have any/intermittent/regular Internet access? We know from a variety of sources that physicians in some European countries have more regular internet access than others – but where is the evidence for this?

This Foundation project initiated by EphMRA will assist in establishing more reliable data to demonstrate the extent to which physicians have Internet access. The study results will have a myriad of uses in our day to day work and one obvious impact would be on sampling for Internet studies and other MR projects.

This Foundation project aims to determine the extent to which specified physicians have access to the Internet.

#### Countries included are:

France, Germany, Italy, Spain, UK.



#### Physician types to be sampled:

- GPs (or local country equivalent).
- Specialists are also to be included, Cardiologists, Oncologists, General Physicians/Internists/General Medicine.

#### Timeline

The project has been initiated in January 2006 and we aim to have the results ready for the EphMRA AGM in Athens, June 2006.

#### Project Management Team

EphMRA: Dan Fitzgerald - V2 GfK  
Angela Duffy - The Research Partnership

Medimix: Henry Gazay  
Europe: Sylvia Rossi-Montero  
Susana Suarez

#### Ownership of Project

EphMRA maintains ownership of all reports resulting from Foundation grants and any intellectual rights.

#### Reminder - Completed Foundation Projects

##### 2003

Research Through the Product Lifecycle - Research References Compendium/Wallchart - conducted by J.Wagster Consulting

##### 2003

Doctor Statistics Report - conducted by Schmitow Ubeira, Spain.

##### 2003-2005

What makes Market Research Useful [or not] to Product Managers - conducted by Synovate Healthcare

##### 2001

Verification of the Internet as a Research Tool - conducted by PSL Research

##### 1999

Assessing the Cultural Impact on How Questions are Answered: An Application of Bias Correction - Conducted by Total Research

##### 1998

Perception and Reality in Prescribing - conducted by Warwick University, Dr Philip Stern

## NEWS from the Committees

### WANTED – NEW RECRUITS TO JOIN THE MEDICAL DATA COMMITTEE

#### The objective of the committee...

Investigate and monitor sources of medical information and work with suppliers to improve the quality and availability of medical data globally.

#### Activities of the committee include...

Designing and project managing the 'Review of Medical Data Services'. Gathering feedback from clients on the issues they face with medical data. Discussing issues/projects/new services with suppliers.

#### What would you need to do...?

Attend 1-2 meetings per year (with phone and VC discussions where possible). Bring your enthusiasm for using and wanting to improve the availability of medical data.

#### What should I do if I want to join the committee...?

Contact Jayne Shufflebotham – Tel +44 (0) 1625 516 534 or email: Jayne.shufflebotham@astrazeneca.com. We do hope to have our first face to face meeting in June prior to the EphMRA conference

Both Full company Members and Associate members with relevant experience can apply to join this committee.

# JACK HAYHURST 1920 - 2005

It is with great sadness that I write to inform you of the death of Jack Hayhurst, a former President, whose contribution to EphMRA was significant and in whose name the Award for the Best Paper is still presented at every Annual Conference.

I have known Jack for over 40 years and it is therefore a great privilege to have been asked to write these few words about him.

Jack Hayhurst was born in 1920 in the Preston area of Lancashire, England. He was a true Lancastrian and very proud of his Lancashire roots.

Jack studied Pharmacy at Liverpool University and after he graduated he became a member of the Pharmaceutical Society of Great Britain which is the organisation which regulates the professional activities of Pharmacists in England, Scotland and Wales.

During the Second World War Jack joined the General Chemicals Division of ICI as a salesman but his career was cut short when he was called upon by the Government to help the war effort by working as a miner in the coal mines of Choppington Northumberland, an experience which he apparently greatly enjoyed.

After the war Jack joined Evans Medical (formerly a part of the Glaxo Group) as a representative working in and around Preston. In 1950 he joined ICI again, selling both medical and veterinary products also in the Preston area. In 1954 Jack was transferred to the Northern Region Sales office of ICI based in Manchester, where he became Assistant Sales Manager. In 1964, following a major reorganisation in ICI, Jack was transferred again to the Headquarters of the relatively new ICI Pharmaceuticals Division at Alderley Park and was appointed Marketing Services Manager in the UK Marketing Department. It was then that I first met him.

Within a few years Jack was appointed UK Market Research Manager and very soon afterwards to the larger role of International Marketing Research Manager.

Jack's first involvement with EphMRA was in the late 1960's when he was asked to join the Classification and Standardisation Committee as the ATCC was then known. This was a very important and challenging time for EphMRA because the Classification Committee, comprising representatives from both EphMRA and IPMRG, was responsible for designing the framework and guidelines for the International allocation of all medical products in the world, in a standardised format that was acceptable to EphMRA and IPMRG Members, and also to IMS.

Where would the Global Marketeers of today be without reliable market sales and prescription data classified in a standard format? Jack's role in this exercise was to examine the chemical/biological content and mode of action of every Cardiovascular product in the world and to allocate them to a new therapeutic class. This was a long and laborious process which Jack carried out in his own methodical and meticulous way.

Later in the 1960s Jack was asked to represent the UK member Companies on the Executive Committee and in 1976 he was elected President of EphMRA and organised the Annual Meeting in Dublin. Jack retired from the Executive Committee in 1979 on his retirement from ICI Pharmaceuticals.

Jack's involvement with EphMRA did not however end then. The Executive Committee, supported by the Members, had the wisdom to appoint him as the first salaried General Secretary, a move which resulted in an enormous improvement in the efficiency of the Association and in its stature in the Pharmaceutical Industry. Jack finally retired from his work with EphMRA at the meeting in Sorrento in 1988 when the Award for Best Paper was established in his name in recognition of his enormous contribution to the work of the Association.

Outside work Jack's main interests were golf, ornithology and travelling around the UK with his wife in his caravan to follow his interest in natural history. He was also an accomplished musician and loved to play the piano and electronic organ. Many former colleagues will remember Jack's impromptu performances at numerous meetings whenever he came across a piano just waiting to be played.

Many former friends and business colleagues have described Jack Hayhurst as a proud, likeable and friendly man, totally reliable, quietly gregarious and possessing a great sense of humour and fun. Unfortunately his health began to fail about three years ago and he had to give up his beloved golf and his travelling. However he always retained his sense of humour and his affection for EphMRA. He was deeply moved to be remembered by the ongoing presentation of the Jack Hayhurst Award and whenever I met him he never failed to ask me about EphMRA and if I had any news of his former friends and colleagues.

Sadly Jack finally succumbed to ill health and died on 29th May 2005 at the age of 85. He is survived by his wife Nellie, his Son and Daughter (also a pharmacist) and several grandchildren. I am sure that everyone in or connected with EphMRA would like to express their deepest sympathies to them in their loss. We have also lost a great friend and trusted former Colleague.

**Mike Brew** - EphMRA President 1987



# ASSOCIATE MEMBERS UPDATE

The Associate Members Board has been formed and the 4 elected representatives are the main point of contact for all Associate Members.

## Speaker for the Associate Members Board

Martine Leroy-Sharman,  
GfK HealthCare, London, UK.  
General Manager

Martine.Leroy-Sharman@gfk.com

Martine has over 20 years experience in international marketing research and has previous experience gained at Isis Research, Datamonitor Healthcare, NOP Healthcare and GfK Martin Hamblin where she was a Board Director.

Within EphMRA Martine has presented 2 papers at previous conferences and was a member of the Foundation Board (joint Chair).

## Board Member

Cristina Mazzeletti, Medi  
Pragma, Rome, Italy  
Manager, International  
Research

mazzeletti.cristina@medipragma.com

Cristina has over 15 years experience in marketing research and has worked at Medi Pragma since 2003 as Manager of the International Department. She has previous experience gained at Grandi Numeri, InraDemoskopea and Pragma. Cristina speaks fluent English.

Cristina attended the EphMRA conferences in Brussels and Berlin and has previously attended Associate Members meeting.



Martine Leroy-Sharman



Wayne Phillips



Cristina Mazzeletti



Angelina Dolan

## Vice Speaker for the Associate Members Board

Wayne Phillips, Double Helix  
Development, London, UK  
Managing Director

wphillips@doublehelixdevelopment.co.uk

Wayne has over 26 years experience in the pharma industry with 10 of these in international marketing research, since founding Double Helix Development in 1995. Wayne's previous experience was gained on the industry side (Medical Director/Clinical Research Physician – Sterling Winthrop, Hoechst, Beecham, Sandoz, Genentech).

Wayne is a qualified physician, and a Fellow of the Royal College of Pharmaceutical Physicians.

## Board Member

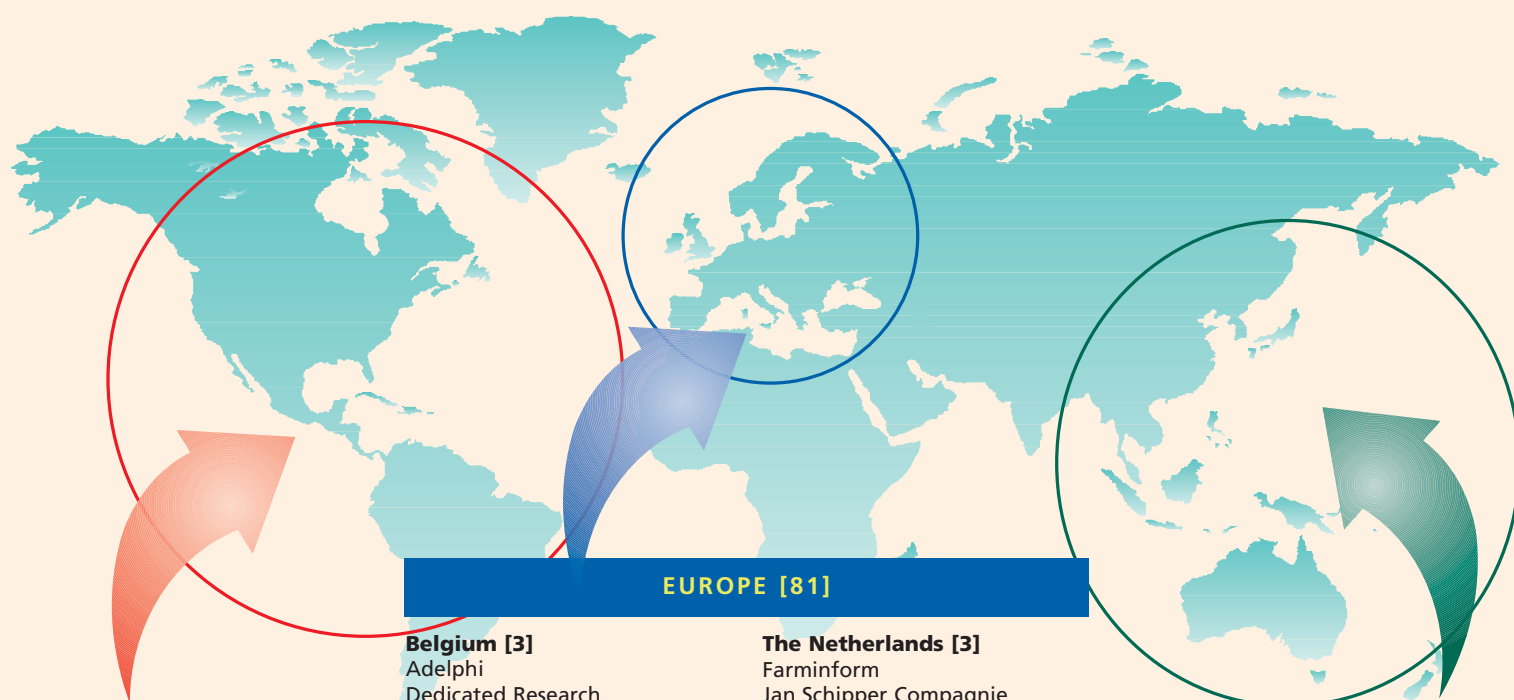
Angelina Dolan, Adelphi  
International Research,  
Macclesfield, UK  
Director

angelina.dolan@adelphigroup.com

Angelina has 25 years experience in international marketing research and has previously held positions at Taylor Nelson Medical as well as having 10 years client side experience at Boehringer Ingelheim, Syntex and ICI Pharmaceuticals. In 1989 Angelina was a founder of Adelphi International Research.

The Board held a first meeting for Associate Members on 8 February in Brussels at the Interim Members Meeting and minutes have been issued and are also available on the EphMRA web site. The meeting was attended by almost 30 Associate Members and very productive discussions resulted.

## The current list of Associate Members and their geographical location



### AMERICAs [14]

**Brazil [1]**  
Market Analysis Brasil

**Canada [2]**  
East to West Medical  
Market Research  
P/S/L Research

**Mexico [1]**  
Knobloch Information  
Group

**USA [10]**  
Back Bay Strategies  
Brintnall & Nicolini  
dtw Marketing Research  
FocusVision Worldwide  
GfK V2  
Pennside Partners  
Research Technologies  
SynergyLines  
Ziment  
ZS Associates

**Belgium [3]**  
Adelphi  
Dedicated Research  
Keystone Network

**Croatia [1]**  
PULS

**Finland [1]**  
Finnish Pharmaceutical Data

**France [5]**  
A+A Healthcare Marketing  
Research  
Cegedim  
ConsuMed  
Genactis  
TNS Healthcare France

**Germany [8]**  
AnswerS Teststudio  
Concentra  
DocCheck  
GfK HealthCare  
GO  
Leyhausen International  
Produkt + Markt  
Psyma international medical  
marketing research

**Greece [2]**  
Medi Mark  
Pavlopoulou Group

**Italy [7]**  
Adacta  
ALES market research  
MC International  
Medi Pragma  
Meta Research  
Monitor Team  
SGR International

**Spain [3]**  
Amber Marketing Research  
Block de Ideas  
Nueva Investigacion

**Sweden [2]**  
GfK Sweden  
QQFS

**Switzerland [2]**  
Research Matters  
rxmark

### EUROPE [81]

**The Netherlands [3]**  
Farminform  
Jan Schipper Compagnie  
SKIM Analytical

**UK [44]**  
Adelphi International Research  
Aequus Research  
Alexis Medical  
All Global Ltd  
Brand Health International  
Branding Science  
CRAM International  
Datamonitor  
Double Helix Development  
English International  
Essense Health  
Evaluate plc  
Fast Forward Research  
Fieldwork International  
Fiori Nash  
GfK HealthCare  
Gillian Kenny Associates  
HI Europe  
ICM Research  
IMS  
InforMed Direct  
Insight International  
JW Consulting  
Lifescience Dynamics  
Medefield Europe  
Medicys  
Medimix Europe  
MMR International  
The Planning Shop International  
Pope Woodhead & Associates  
Praxis Research & Consulting  
P/S/L Research Europe  
Research International  
The Research Partnership  
Ronin Corp  
Sharpstream Life Sciences  
Silver Fern Research International  
Synovate Healthcare  
Themis  
Time Research  
TNS  
Wood Mackenzie  
Zaicom Research Plus  
ZS Associates

### ASIA - Pacific [4]

**Australia [1]**  
Jigsaw Healthcare

**Japan [3]**  
AC Nielsen  
SSRI  
TM Marketing



GO Medical Market Research announces that Sabine Bielfeldt, a psychologist (and former behavioural therapist) who specialises in the field of qualitative approaches in medical market research has joined the company along with Robert Frank, an experienced analyst and a specialist in medical anthropology and medical sociology.



Alex West has been appointed as Managing Director at P&S&L Research Europe. Alex has over 15 years worth of experience in pharmaceutical research and has been with P&S&L for 8 years.

Marianne Fillion also joins P&S&L Research Europe as a Director. Marianne has worked for the P&S&L Group in Canada and the US for 4 years and will spend her time at P&S&L's office in London focusing on business development.



Double Helix Development has appointed Matt Brooks as Director of International Market Research. With prior experience from GfK Healthcare, Matt has 11 years market research experience, the last 9 of which have focused on strategic solutions for pharmaceutical clients.

In addition, Neil Williams joins as Project Manager and has 6 years of prior experience from TNS in marketing research.



DocCheck Medical Services is joined by two new staff members. Meike Csicsáky will be working on DocCheck's Patient Panel while Daniel Goetz promotes the international business.



Andrea Mehl joined GfK in January 2006. She is a German native and holds an MA degree in Business Administration specialising in Marketing and International Management. She has international competence gained during her stays at the University of Buenos Aires and in Nicaragua and has experience in market research techniques at GPI.

insight international  
insight



Insight Research Group USA have appointed Caryl Kahn as Market Research Director.

Caryl brings over 20 years of extensive experience of quantitative and qualitative techniques to Insight, from a wide variety of industries including pharmaceutical, B2B, CPG, direct mail and media.



Richard Trenholm has joined Adelphi International Research as a Project Director. Richard has extensive experience in sales and

marketing effectiveness gained through twenty years working in senior sales, marketing, training and project management roles at SmithKline Beecham and AstraZeneca.



Research Executive Sarah Allan has returned from travelling after taking a six month sabbatical from Fast Forward Research to expand her horizons and now returns to work.



John Branston has joined The Research Partnership as Director. John will be working with clients in Europe, using his experience in both qualitative and online research approaches.



Datamonitor announces that Lulit Solomon has joined as Global Director Epidemiology. Lulit has a PhD MPhil (Epidemiology) and is an Honorary Fellow of Cancer Registry, University of Cambridge. She has extensive experience and strong academic collaborations from her role as Principal Epidemiologist at Decision Resources and from international strategic consultancy projects.



Also joining Datamonitor is Daniel Rosenberg - Global Consultant Epidemiology and Daniel holds a PhD (Epidemiology). Daniel brings extensive experience from his role as Director of Epidemiology at Glaxo-SmithKline. He developed epidemiological evidence across many disease areas and collaborated with academics in the US, Europe and Asia.



Lori Beck joined TNS Healthcare with a focus on brand performance. Lori will be working with the UK Domestic and UK International teams.



Iain Aikman has joined TNS Healthcare as a Senior Research Executive from NOP World Health. Iain has over 4 years pharmaceutical marketing research experience and will be working for the International Adhoc team on both quantitative and qualitative projects.





Gareth Nicol has been promoted to Director of Online Services and Flavia Prina returns to Fieldwork International as CAI Technical Expert to work on Online and CATI services.



Ziment announces that Isobel McGregor has joined as Director of Field Logistics, and Mary Ann Slater has joined as Director of Analytics, both based out of London.

## CompanyNEWS



DocCheck Medical Services has launched the "Proved Patient Panel" which involves an approach to "qualify" patients and their indications.

### New Services



Synovate Healthcare announces the expansion of the Global Tandem Oncology Monitor into China and Australia for 2006. Other countries planned for inclusion later on are Korea, Poland, Latin America and Canada.

### Office Move



SGR International announces that the Research and Administrative Department is now located at Via Pascarella 31, 00153 Rome, Italy. The former office at Via Pascarella 46 will be converted into a viewing facility centre.



Fieldwork International announces the launch of FocusVision in their viewing facility in South-West London.

## Interested in submitting copy for the News?

If you would like to submit copy for possible publication in this Newsletter then contact EphMRA at [MrsBRogers@aol.com](mailto:MrsBRogers@aol.com).

Guidelines for articles and copy are available. EphMRA reserves the right to edit/adjust any material submitted.

Articles published in the EphMRA News do not necessarily reflect the opinions of EphMRA.

