

# Post Conference **NEWS**

**EphMRA**

Issued: September 2006  
[www.ephmra.org](http://www.ephmra.org)

Athens, June 2006



## Dear Colleagues

I really enjoyed the EphMRA conference in Athens in June and hope you did too. It was great to meet so many of you and to share ideas and discuss topics important to us all. I particularly was glad to see over 115 new, first time delegates out of the 345+ delegates overall and I hope you benefited from attending. As President I found it to be a very busy meeting – there was so much going on – the committee meetings, AGM, papers, breakout sessions and the Agency Fair. It really does show that our Association is a vibrant, productive forum where a lot of work goes on – often behind the scenes.

The Training Workshops (complimentary to members this year as a new benefit) were well attended and, looking at the feedback, proved to be very useful and valuable to our functions. We will look closely at the evaluation forms to see where further enhancements can be made – this will be discussed in the September Conference Programme Committee meeting.

The PRM&T Committee recently conducted a survey focusing on our training courses and needs and the valuable results from this will shape the direction and composition of our future training courses and how we deliver them.

There were many Committee meetings taking place and reports from them during the AGM. Please think about whether you, or anyone in your departments could join a Committee and actively contribute to projects which benefit all members and their companies. From the top

line results of the members survey it was clear that many members do not clearly understand the work of the Committees and so we will seek to better communicate their roles and remits in the coming year.

The Associate Members also met in Athens and we have received honest and productive feedback from this meeting which we will discuss in the Executive Committee.

The Conference itself ran very smoothly and the papers offered many opportunities to reflect on issues and ask pertinent questions. There were good levels of attendance each day and an appreciated balance between the opportunities for networking and socialising as well as for listening to the excellent papers and discussing relevant issues raised. I really want to thank all the people involved: the Programme Committee, the speakers and the organizers in helping to bring it all together in such a professional manner.

The agency fair on the Wednesday afternoon gave us all the opportunity to network and learn about new services and meet new people. There was positive onsite feedback, the set up went well, and exhibitors felt there was good traffic to the stands. Thanks to all who invested a great deal of effort into making this such a success.

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The Breakout Sessions on 'Hot Truths' were lively. In one we discussed Adverse Event Reporting – a 'hot' topic right now and such an enormous amount of discussion resulted. EphMRA is taking a proactive lead in this and has already established a Working Party to

address this issue – headed by myself and Allan Bowditch. Initial telecalls have already taken place and the IMM in February 2007 will be the main forum to update the members.

I can assure you that questions, queries and observations made by members, participants and through the Conference Evaluation forms will be reviewed over the coming months in various committees and working groups. We aim to ensure that your points are assessed and discussed.

All the Conference Papers are available in the new Drop Zone on the web site ([www.ephmra.org](http://www.ephmra.org)) along with the AGM Committee presentations and please access these as often as you wish. You will find in the Conference Papers Drop Zone my closing presentation of the conference which gave a summary of key take home messages.

I have found my year as President to be rewarding – being at the heart of our Association has enabled me to gain greater insight into our strategic direction and where we need to focus. We aim to increase the value of EphMRA to our members – through Training, Foundation Committee Projects as well as Guidelines - achieved through more targeted communication strategies.

Many thanks also to the Executive Committee who have assisted me over the past year and I look forward to handing over (on 1 October 2006) to Anne Loisselle as our next President.

Best wishes

**François Feig**  
EphMRA President 2005 – 06  
Merck KGaA  
[francois.feig@merck.de](mailto:francois.feig@merck.de)

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### EphMRA News - Copy Deadline Schedule 2006 - 2007

For inclusion in the EphMRA News please ensure we have your copy/text/ads as follows:

Deadline	News issued
15 October 2006	December 2006
15 February 2007	April 2007
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# Conference Round Up

## PRM&T Committee Masterclass Training Workshops

### **"Communicating with Impact", Masterclass Pre-Conference Workshop led by Dr. Alexis Puhon**

In a short, three-hour workshop (which was repeated three times during the day to separate delegates), Dr. Alexis Puhon managed to give philosophical, theoretical and practical advice on how to improve the way we communicate research results.

First, at a general philosophical level, Alexis demonstrated how we are better able to remember information if we can create stories around it. In an exercise which wasn't my forte, we were asked to remember 8 words (such as plate, elephant, bicycle) which we were shown for a few seconds, and then, after they were taken away, we were required to recall them. As Alexis demonstrated, the delegates who could undertake this task well could do so by creating stories around the data.

This reminded me of the messages from the "Beyond the Norm: Masterclass on semiotics and discourse analysis" at EphMRA 2005, where we were told that humans strive for meaning. As Daniel Chandler writes in his book *Semiotics* (1994) which delegates from that course received, "We seem as a species to be driven by a desire to make meanings; above all, we are surely homo significans - meaning-makers". Information without a story gets forgotten!

At a theoretical level, Alexis had a model which covered a number of steps in the research process. The focus of this workshop was on the communication of the research results, and so Alexis focused on the twin disciplines of "Summarising" and "Synthesising". Summarising is about selecting the key facts; Synthesising is about discussing the implications of what should be done. One tip is that you should consider punctuating a "synthesising" comment with an exclamation mark!



Bob Douglas (left) with Alexis Puhon

Alexis also demonstrated how to build a story, or message, by selecting evidence in two different types of pyramid structures. The first could be considered a "Grouping/logical structure" where your message is supported by three major arguments, and each of these arguments could then be sub-divided. The other could be an "Argument/chain structure" where the main message is reached towards the end of a reasoned assessment of the evidence.

Throughout the course, Alexis helped us understand how to execute this theory with practical exercises and debate. We learnt, for example, that summarising and synthesising are not necessarily polar opposites - some comments are parts of each. Alexis also recommended that we allow enough time in the project timeline to allow for effective summarising and synthesising of data.

Thank you to Alexis for putting together such an effective course.

Workshop convenors were Alexander Rummel, Bob Douglas, Jeremy Lonsdale, Peter Winters and Xander Raymakers.

**Reporter: Peter Winters, Brand Health International, UK.**  
**PeterWinters@brand-health.com**

## 'NLP – NeuroLinguistic Programming – Applications in Market Research'. Masterclass Pre-Conference Workshop

This workshop lasted a full day and was enthusiastically run by two experienced practitioners - Mo Ressler and Tina Berry.

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

The workshop focussed on how to:

- 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.



Tina Berry



Mo Ressler

# CONFERENCE ROUND UP – Session 1

**Context – Chaired by Bob Douglas, Synovate Healthcare, UK**

## **The World of Demographics and the Demographics of the World: A Pharmaceutical Opportunity?**

**Professor David Foot, University of Toronto, Canada**



Prof David Foot

David Foot kicked off the main conference with the key note speech outlining the importance of demographic change in shaping the world we live in. In a lively, amusing and at times provocative presentation David was a worthy winner of the Jack Hayhurst Award for the best paper of the conference.

The paper was based upon his international best selling book entitled, 'Boom, Bust & Echo. Profiting from the demographic shift in the 21st century'.

Boom, Bust and Echo are the key words which explain the changes in demographic profiles since the end of World War Two. This provides the analytical framework for understanding the impact of demographic change.

Most people are familiar with the Baby Boom generation, which happened in most post war countries. This generation, because of its size, has received considerable attention. Marketers have recognised the potential of this group and have targeted products and services at them at each stage in their lives. In fact, according to Foot, a lot of the social and political trends over the last 50 years have been centered on this generation. It is no coincidence that the youth culture movement of the 1960's happened when it did; it was because the Boomers were in their teens. Now the peak of the Boomer generation is entering its 50's it has huge implications for healthcare.

The Bust generation was what followed the Boomers as a result of decreased fertility rates associated with the Pill. This group has been disadvantaged by the Boomers simply because they are not such a large group.

The Echo generation is not a feature of all markets, but where it exists it represents the children of the Boomers and they have some of the advantages of the Boomers but on a smaller scale.

From a global perspective the emerging markets of Brazil, Turkey, India and Indonesia all have large young populations. These countries will need to find jobs for their

young or else they will face political instability. China faces an interesting dilemma. Due to its one child policy it is going to face a crisis of labour to support its ageing population.

A constant which marketers can use to their advantage is that consumption patterns are consistent by age group: people in their teens act and buy in a certain way which is different to people in their 50's. So we can predict which markets will be growing ie of interest to the Boomer generation and which ones will be in decline, ie associated with the Bust generation. For example the key recreational activities expected to boom over the next decade are the more sedentary ones such as walking, gardening and fishing and the ones in decline will be football, scuba, skating etc. So astute marketers should be ready to provide mechanical devices for gardening, so the elderly Boomers who want to spend more time in their gardens don't have to exert themselves too much!

Apply this to pharmaceuticals and not surprisingly drug consumption increases dramatically with age, especially for the over 50's. Foot's conclusion is therefore that, we 'only have to turn up' to be successful, is based upon a predicted explosion of diseases such as diabetes, cancer and stroke. The demographic trend is undeniable, but the key question is who is going to pay for it? Well, people's net worth also increases dramatically with age, so it is argued that governments will find this an irresistible source of funding. Elderly people have the wealth, so they can afford to pay for it! One thing is for sure; reducing health facilities for diseases of the elderly, such as nursing homes is ill timed. As Boomers are used to having it all their own way there is going to be tremendous social pressure to ensure high quality and service in Healthcare provision. And because the Boomers have political clout this is going to be very difficult for politicians to resist. Interesting times!



Bob Douglas



Panel Debate - Session 1

## Assessing Healthcare opportunities using Demographics

Anne Loiselle, Abbott Laboratories, USA



Anne Loiselle

Following David Foot's presentation on the importance of demographics on our business, Anne provided two case studies within healthcare where demographics were used to define Abbott's marketing strategies. The two involved assessing commercial opportunities using a combination of demographic and economic trends. Both made use of live births by country and birth rates for market sizing, prioritising market entry and for assessing future trends. The case studies were based upon products for paediatric use.

**Case study 1:** Synagis is a product used for Respiratory Syncytial Virus (RSV). Primary market research in self pay markets had shown that parents with fewer children were more likely to seek Synagis prophylactic therapy. Demographic analysis involved reviewing the number of children per population, the educational status of women, fertility rates, income levels and future trends in births. The conclusion? To prioritise China, Japan, South Korea and Thailand at the expense of the Philippines, India and Indonesia. In the latter group fertility rates, in particular, are increasing, and therefore they were not prioritised.

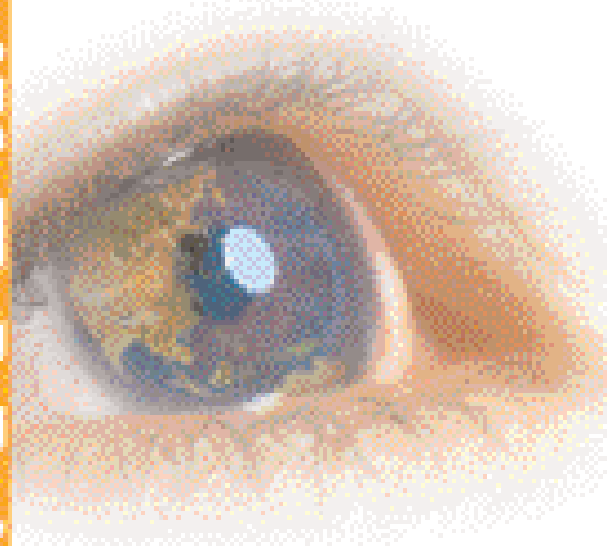
**Case study 2:** Children's nutritionals. U&A studies had shown that the use of milk based nutritionals for children in developing markets was predominantly amongst middle income families. Again, demographic analysis of births, the number of children per household, education, income and breast feeding rates led to clear recommendations prioritising specific countries.

There is a lot of very useful secondary information available to the researcher to help in demographic analysis. A few key links are provided below:

- US Census Bureau  
[www.census.gov/ipc/www/idbnew.html](http://www.census.gov/ipc/www/idbnew.html)  
Data for 200+ countries and projections up to 2050
- Population Reference Bureau  
[www.prb.org](http://www.prb.org)  
Downloadable publications
- UNESCO Statistics  
[www.uis.unesco.org/ev\\_php?id=2867\\_201&id2=do\\_topic](http://www.uis.unesco.org/ev_php?id=2867_201&id2=do_topic)  
Education statistics

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# CONFERENCE ROUND UP – Session 1

## Getting the True Measure of the market

Debbie Kobewka, IMS Health, UK



Debbie Kobewka

Pharmaceutical markets are becoming increasingly difficult to measure due to fundamental changes in the supply chain, both in terms of distribution and dispensing. These changes mean that both innovative and creative solutions are required in order to monitor the use of drugs.

This is particularly the case for the supply of specialty medicines, which have been taking an increasing share of the total pharma market in recent years, and now represent c 35% of the total pharma market by value.

We have witnessed the emergence of several new channels of supply for specialty drugs which are important to accurately measure their use. These new channels include hospital out patient clinics, specialty pharmacies, home care services and mail order. Homecare and specialty pharmacies already account for over €500m turnover in UK and over €400m in Holland. The steady introduction of e prescribing will provide an extra impetus for mail order delivery, and forecasters suggest that these new channels will account for up to 10% of the total market.

There are now cases where companies use these channels of distribution exclusively for nominated drugs. Drugs such as Enbrel use the homecare service including drug administration. Other drugs have special requirements, such as Genotrophin, which needs cold chain delivery.

This phenomenon is not just confined to drugs with specific handling or administration needs. There are more general benefits to patients, prescribers and payers in using channels such as mail order which will drive continued expansion of these routes to market. For example, mail order delivery is more convenient, offers potential savings and facilitates a more direct relationship between the manufacturer and the patient.

All these changes are already impacting the way we monitor drug use in Healthcare. We need to ensure we have a sufficiently broad coverage of channels that we understand the impact this has on drug distribution, and critically that we have measures which allow us to provide a consistent measure across countries.

These issues were illustrated by a case study on the anti TNF market, where the emerging channels of distribution, are critical. The challenges here are narrow and new distribution channels, a wide range of indications for use, and significant differences across countries in terms of how these drugs negotiate the supply chain.

The need was to understand sales volumes, the prescriber base, and quantify use by indication. The key to success was working closely with the clients to understand their distribution strategies and local variations in distribution flows. Building on this using data from a range of different sources including desk research and supplemented by primary research enabled IMS to create a robust analytical model to provide a holistic picture of the national market for these drugs.

The key message was that we need to strive for better market coverage as the distribution channel for pharma becomes more fragmented and complex. We need to seek out innovative and creative solutions in order to understand what is fast becoming the key sector for pharma growth in the future.

## From strategic marketing to strategic market management

François Lucas, Pope Woodhead, UK & Philip Rush, Novartis, Switzerland



Philip Rush



François Lucas

This paper addressed the issue of the relevance of global vs. regional/local marketing. It's a story of David versus Goliath, with David representing the locally driven strategy and Goliath the giant, global corporate strategy.

Global function has a role in directing strategy in the early phases of the product lifecycle, but when the product reaches the mid-point of the lifecycle the emphasis should switch to a regional strategy. During the mature phase, a locally adapted strategy should predominate.

The main limitation for global marketing strategies for pharmaceuticals is that there is no simple notion of a common global market. The enlarged markets of Europe and BRIC (Brazil, Russia, India and China) are too culturally diverse for global messages to be fully effective. In the typical 'global' model, a US strategy is rolled out in Europe and then to the Rest of the World (ROW). But messages often follow the Western mentality, being mainly on rational arguments and narrowly focused on 'prescribers'.

In contrast, local strategies are culturally sensitive and address the full range of local stakeholder needs. These strategies are more focused on emotional themes, and they are responsive to changing market situations because, compared to global teams, the local marketing teams have better knowledge of the local healthcare systems, market dynamics and ultimately customer needs.

Three case studies from different countries were used to reinforce these arguments. The case studies all involved Novartis' mature anti-inflammatory brand, Voltaren. The first one discussed the repositioning of Voltaren in the EU, tapping into emotional factors such as the concerns over the Cox 2 inhibitors and the lack of trust in generics.

The second example took us to Japan, where the 30-year old brand was able to reinvigorate itself by targeting the local need for NSAID plasters. The third example was from Brazil, where the challenge was the generic threat - there, trade research identified an opportunity to launch a self generic combined with commercial deals with pharmacy chains.

The take home message from this paper was to use market research to help identify local opportunities for the brands, with global market research supporting the regional and local initiatives.

**All of the articles on Session 1 were written by Bob Douglas, Synovate Healthcare, UK**  
[bob.douglas@synovate.com](mailto:bob.douglas@synovate.com)

## Vacancy - Training Course Logistical Organiser for EphMRA

Applications are invited for the position of a Training Course Logistical Organiser for a newly created position to organise all the logistical aspects of the EphMRA Training Course and Workshop programmes.

This successful candidate or company will work on a consultancy basis to the EphMRA organisation, as and when required to organise courses, in the applicant/company must be flexible.

The successful candidate will be responsible for all the logistical arrangements involved in setting and running of EphMRA courses, from venue booking and negotiating to onsite support. A full job description for the position can be found on the EphMRA website - [www.ephmra.org](http://www.ephmra.org) - click on Recruitment (web page 1024).

The successful candidate should have a good organisational background, have experience in organising similar events or display aptitude to be able to fulfil the role. The candidate will have strong computer experience in standard pharmaceutical industry software and practical experience in databases. The candidate should also be proactive, diplomatic and have a high level of communication skills. As the candidate will liaise with external suppliers they should have proven negotiation skills. Experience of the pharmaceutical industry would be an advantage but not essential.

Your applications letter accompanied with your CV should be sent to: email: [MrsBRogers@aol.com](mailto:MrsBRogers@aol.com). If you have any queries about the position then you can contact Bernadette Rogers, François Feig, Anne Loisele or Janet Heron - see EphMRA website for contact details.

Closing Date: 31 October 2006

**EphMRA**

European Pharmaceutical Marketing Research Association [www.ephmra.org](http://www.ephmra.org)

## CONFERENCE ROUND UP – Session 2

### Hot Truths – Chaired by Nigel Burrows, IMS Health, Italy

#### Is Procurement jeopardizing the relationship between the Market Researcher and the Agencies?

Mathias Gruenewald and François Feig, Merck KGaA, Germany

Procurement, or the contracts stipulated between Pharma companies and the agencies they contract to do work for them, has now become an everyday reality in the market research arena. The terms and rationale for market research contracts is an aspect that has crept in from other areas of Company life and this debate was a welcome opportunity to air some of the conflicts and issues that arise. We were very pleased to welcome François Feig, the EphMRA President this year, but in his albeit former capacity as a market research head within Merck KGaA putting the case for the market researcher within a Company who has his working life regulated by procurement procedures. His opponent in the debate was his real-life counterpart, Mathias Gruenewald, Head of Procurement at Merck – a very brave person who came to argue his case before an audience of market researchers. Not surprisingly both speakers wore tin helmets for protection.



Mathias Gruenewald (left) and François Feig

Both parties in the debate carefully put their case: one certainly for procurement contracts and the procedure they involve and one perhaps against. However, as the cases unfolded it became more and more apparent that both sides were striving towards similar goals, namely to achieve the best, most cost-effective solution to answering company objectives in the realm of the commissioning of market research. The descriptions of the typical company market researcher and the typical company procurer looked remarkably similar, both having moved away from the more insular view of the past when procurement was seen as an ill-informed “interferer” in market research issues (by market researchers at least).

Several specific issues were raised in the breakout discussions, although the over-riding one related to the cost saving issue. It is clear to all parties that in this era of the ever-present cost-containment measures, it is inevitable that cost-saving is the ultimate reason for a Company wishing to apply procurement procedures. In this light the discussions centred on debating how costs should be analysed. Arguments raised in this context included:

- the quality can suffer if the sole emphasis is on costs
- the lack of standardised formats for preferred supplier agreements implies a time-consuming process with hidden costs for the agency complying
- the degree of detail asked for regarding the breakdown of costs can seem exaggerated.

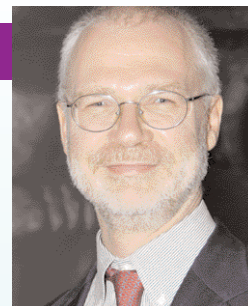
It was even felt that preferred supplier agreements can favour larger companies as they have the time capacity to complete such forms as well as the possibility to offer bulk cost discounting.

However, from the discussions there were also pleas for “two-way transparency” and “missing feedback processes”. These suggest that there is a need for a true dialogue to be built up between the Company market research department, the agency and the procurement department. Whilst it is fair to say that the procurement department will never fully reveal all their negotiating cards it seems that feedback during the process of formalising the preferred supplier agreement may be beneficial.

On the constructive side the following win/win situations were suggested:

- The eventual building up of a long term relationship between the agency and the pharma company based on a close relationship with procurement
  - In this context it was felt that Procurement needs to understand the value proposition, but Mathias gave us evidence of one procurement department already working in that direction
- Working towards an open process with both sides sharing key details
  - i.e. the definition of clear specifications/briefings at the outset
- The establishment of a two way feedback process
  - on a regular basis, in a structured format and throughout the life cycle of a project.

*Continued over >*



Nigel Burrows



Mathias Gruenewald

Perhaps as a final word of caution it was felt that preferred supplier lists are acceptable but room should be left for experimentation. A Company cannot become too set in its ways, only working with the same agencies on its list. A suggestion was made of an 80:20 rule with perhaps 20% of projects being left open for a company to experiment with new agencies to allow new blood to enter the equation.

One thing became clear: procurement is here to stay and form an integral part of the commissioning of any market research project. Understanding the needs of both sides and the building of a dialogue between the two parts represents a coming of age of market research and certainly a more mature way of dealing with the issue.

Whilst this session was not aimed to provide a template for how preferred supplier agreements should be drawn up, it is worth bearing in mind that the Associate Members of EphMRA have produced a working document with the main issues covered. This could be used as a reference tool to help facilitate discussions between market research and procurement departments when setting up preferred supplier agreements.

Reporter: Nigel Burrows, IMS Health, Italy  
nburrows@it.imshealth.com

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## CONFERENCE ROUND UP – Session 2

### Reporting Adverse Events and Market Research: The why, what, how and when?

Pia Nicolini, Brintnall & Nicolini Inc. and  
Nora Cashion, Altana Pharma, USA



Pia Nicolini

The importance of this issue in the conference proceedings cannot be underestimated and given the attendance at the workshops, the subject was clearly seen as a “hot topic.”

The aim of the workshop was: To summarize the emerging issues and concerns and pass them to a “Working Party” that will be charged with the task of developing an agreed

set of policy guidelines and working practices to be implemented when dealing with “adverse event” issues.

Nora Cashion of Altana Pharma, USA, and Pia Nicolini of Brintnall & Nicolini Inc, USA, had clearly conducted a considerable amount of work in gathering the information from professional bodies representing market research and from Pharma Companies prior to the workshop. Because the issues were so important given their potential impact on the way MR is practiced more time for the debate that followed the initial summary would have been helpful to everyone. Nevertheless the inclusion in the meeting allowed everyone the chance to obtain the key facts.



Nora Cashion

Given that the medical authorities have the right to examine company records to assess whether any information about a side effect or toxicity issue was known about should the need arise, anyone that has any information covering these data and has not reported it could face a prison term. Clearly companies are anxious to ensure that they are doing their utmost to avoid this situation and do not want to place any personnel in such a difficult position. Because information gleaned from both primary and secondary MR sources has the potential to cover such information and because those agencies employed on specifically commissioned studies are automatically an “agent” of the client company, they too are in a similar position.

While it might seem an easy solution for market research to comply with this it should be pointed out that

- a) The specific information about what constitutes an AE remains somewhat cloudy as the breadth of what should or should not be included is open to question.

- b) Interviewers should not have to make such judgments when procedures for reporting by physicians are already in place.
- c) 24 hour reporting as required by some companies already is not practicable.
- d) Such information may be counted multiple times from a respondent as they will no doubt be interviewed by several companies over a period of 6 months.
- e) Information obtained about a competitor’s AE’s could be used improperly if questions were so designed to collect such information by a company with similar products in the market.
- f) MR is not a discipline that allows “follow up” with respondents unless permission is sought at the outset. Confidentiality is a bedrock of MR and most companies have had to sign binding documents in relation to the data protection laws that exist in a variety of countries especially in Europe.

While the above points are valid issues, it seems that some Pharma Companies are still unwilling to (at least initially) accept these “arguments”. If market research companies are forced to provide AE information to Pharma companies the time and costs involved in form filling and in implementing training and other procedures for capturing the information will have important “knock on” effects.

Various professional bodies such as the MRS (UK) have expressed similar opinions e.g. *If the client requires information for reporting to regulatory authorities then*

- *the respondent must be told each of the purposes for which their data will be processed (research and drug safety/regulation)*
- *ask for permission for the client to be passed the answers*
- *ask for permission for the client to re-contact the respondent in relation to any adverse event. (MRS June 2006)*

CASRO (USA) and the BVM (Germany) are proposing that market research companies do NOT report information relating to adverse events. They suggest that at the outset of the respondents should be reminded of their obligations to report any such events i.e. patients to their physician and physicians to the drug safety authorities. While those involved in market research might welcome this proposition, it may not satisfy the demands of legal departments working within Pharma Companies. This will need to be carefully examined.

A working party by EphMRA has now been set up to achieve a set of workable international guidelines to enable Pharma Companies and MR agencies to overcome the practical issues that clearly exist.

A UK initiative which involves the UK market research group the BHBIA working with the ABPI (Association of British Pharmaceutical Industry) will be looked at carefully.

**Reporter: Allan Bowditch, Ziment, USA**  
[allan.bowditch@abconsultingintl.com](mailto:allan.bowditch@abconsultingintl.com)

### Methodology – Chaired by Cathy Clerinx, Adelphi International Research

#### “Methodology”: Not the most exciting of session titles

We didn't choose the sexiest of titles for the session 'methodologies'. However, as methodologies are the driving force behind our profession as market researchers, we hope that nobody would have minded too much.

In our profession, we continually look for novel methodologies and hope that these will provide us with the ultimate insight that we have been lacking until now. We sometimes import methodologies from other domains. Arguably, all of the methodologies used in marketing research have been imported at some point or other, psychology, linguistics, sociology and the like. But many of these have now been adapted to a market research setting to such a level of sophistication that has now received the quality label 'market research methodology'.

Most of the time, we make small adaptations to existing methodologies. We try to refine and streamline them, look for lateral links between them, in the hope that we can offer additional insight to our internal or external clients. In this session, we had an example of a 'lateral move' across methodologies, as well as a recent 'import'.

#### Going Beyond 'research as we know it'

Jon Chandler and Peter Winters, Brand Health International, UK



Jon Chandler



Peter Winters

Chandler and Winters demonstrated the opportunities of such a lateral move and, in true Greek fashion, dispelled some of the myths about life, the universe, and... the internet.

Marrying Jon Chandler's long-term experience on branding with Peter Winters' pioneering on the internet, the paper clearly illustrated that the internet should be seen as data collection tool in its own right, rather than a 'cheap and quick' alternative to face to face or telephone interviewing. The speakers went much further. Think of internet research as an interactive exercise: an interface between those who want to know [us] - the respondent - and those we want to know about - the researcher.

You will see that this offers a range of new opportunities and avenues for further exploration. By stimulating the curiosity of the respondent through a versatile, appealing and exciting exercise, we could expect to generate a richer response.



Cathy Clerinx

Chandler and Winters described 4 clear benefits:

1. *Clear and consistent communication:* Research can communicate clearly and consistently to all respondents
2. *Isolating contamination:* Responses are liberated from influence of interviewers or other respondents.
3. *Richer presentation:* Respondents respond to what ever can be presented to them via the screen
4. *Richer response:* respondents can be empowered by recognising and exploiting what this new medium can do.

In other words, no interviewer bias, no need for the respondent to please, no pressure to say or do the right thing, the possibility of turning the screen into a television-like medium, offering clear and consistent communication with pictures, images, movement and sound. In a lively case study on ARBs in hypertension, indeed not the most differentiated of markets, the authors illustrated that they were able to capture different brand personalities for at least some key brands. In that sense, we have a few additional strings to our bow in our quest to understand a brand in all its aspects. Hence it could offer excellent complementary insight to qualitative research, with the additional benefit of generating strength in numbers, a not inconsiderable advantage in our profession that needs to profile itself as 'evidence-based'.

In addition, I personally was very grateful to hear from a true internet expert that internet surveys are not always quicker than face to face surveys. Too often, we market research professionals are forced into this trap by market research users and buyers who need the results yesterday. For this reason, I feel I can now use an outside authority to prove my point. Thank you Jon and Peter!

# Conference Photo Round-Up





## CONFERENCE ROUND UP – Session 3

### Provocation: a new approach to diagnose the truth – applications in market research

Tatyana Ziglina and Elena Mosicheva,  
MarketSense, Russia

It is a pleasure to note that not all new ideas come from the Anglo-Saxon world. Mosicheva and Ziglina gave a paper that shows that there are still interesting concepts used in social research that can be transposed onto marketing research. Provocative discourse being one of them.



Tatyana Ziglina and Elena Mosicheva

Maybe we felt a bit provoked by this paper ourselves. The provocative clips of the Russian commercials, the fact that this methodology has been used primarily in a FMCG setting rather than a pharmaceutical setting, and the fact that it was pioneered in a country that is not a mainstream market for most of us certainly added to some of the mystery. However, don't we all provoke at some point when we're interviewing, as a means of getting through the thick skin of our respondents?

Mosicheva and Ziglina illustrated that using provocative discourse in a more structured setting could provide the most insightful results. The interview is divided into a conventional part, followed by a short break, before the provocative discourse is used. In this second part, the problem is reframed, and the respondent is led to a different track.

Interviewing techniques such as inversion, double inversion, shifting focus, drawing the wrong conclusion, making paradoxical or absurd statements are all methods to lead the respondent down this path. Many of these techniques have been borrowed from psychotherapy, while others have been developed and

refined by the authors themselves (e.g. imitation of a psychological test). The metamorphosis of the devoted housewife who became a rebelling woman ready to break out of her stifling life, as shown in one of their videoclips, was a striking example. The authors stressed, however, that at the end of the interview, it is important to tell the respondent what has happened, and to provide feed-back on the process.

While the authors were the first to say that this is not a technique that should be used in any situation with any audience (e.g. beware of psychiatrists, who may know the tricks!), I could certainly think of various applications of such method. Maybe an undifferentiated market that Jon Chandler and Peter Winters evoked in their paper could benefit from such an interviewing technique, to fully understand the imagery and the feelings towards certain brands. We continually identify barriers to action when we conduct research.

Provocative discourse, if used judiciously, has the potential to be another methodological string to our bow in understanding the extent and intensity of such barriers, and, maybe more importantly for the users of our research, to identify ways of overcoming them.

Session 3 Reporter: Cathy Clerinx, Adelphi  
International Research, Belgium  
[cathy.clerinx@adelphigroup.com](mailto:cathy.clerinx@adelphigroup.com)

### Thank you to all who wrote articles for the Post Conference News:

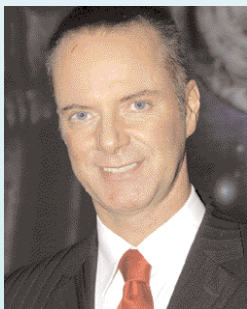
Allan Bowditch  
John Branston  
Nigel Burrows  
Cathy Clerinx  
Bob Douglas  
Peter Winters

### Data Maximisation – Chaired by Allan Bowditch, Ziment, USA

In March 2006 Steve Wills (Managing Director of Customer Insight Solutions) in an article in Research Extra said that researchers “need to start translating findings into valuations of how, for example a new product launch will benefit a company financially”. He urges researchers to talk in currency not percentages. He believes that researchers will “have to get used to the idea of trusting their judgment”. The papers in this section of the conference illustrated how, within the Healthcare Industry, this important directive is already starting to be addressed.

### Enduring Value

Brian Benedetti-Williams, IMS Health, UK  
and Jim Inglis, Jim Inglis Computer  
Consultants, UK



Brian Benedetti



Jim Inglis

Brian Benedetti-Williams and Jim Inglis indicated how a close working relationship with their client and the use of several interlocking procedures covering market intelligence, primary MR, and skillful modeling enabled their client to gain considerably more insight into the market potential and positioning of a new product than other procedures could have achieved. The client had already experienced significant success with the launch of a “blockbuster” product. With recently acquired rights to a novel compound there was clearly a thirst for a repeat of the earlier success, thus expectations were high; but were they realistic?

The external consulting team believed there was a need to temper expectations given that the company's expertise outside the US was limited. It also appeared that significant success would only be possible if the company was first to market in a sector that although seemingly ready for new innovation, was currently one of “high volume low value.”

While there were considerable changes in the client's management over the 5 year period of the project, this meant there was increased pressure on the consulting team to:-

- i) educate new team members
- ii) respond to new initiatives
- iii) consolidate various aspect of information
- iv) clarify the pre-launch requirements
- v) set out realistic sales targets.



Allan Bowditch

Consequently, the external consulting team was in a unique position to act as the product “champions” possibly to an even greater extent than the internal executives. The work illustrated the importance of understanding the different market environments and the pricing implications for the product in question. A forecasting model was developed from a combination of epidemiological data, primary research, trade off analysis and existing secondary data to provide management with a realistic understanding of the product's likely potential. This model covered 16 countries and incorporated much of the information that had been collected from a variety of data sources. This provided a sound basis for “what if” scenario forecasting across the various markets.

The product manager in the latter stages of the project felt extremely pleased that “in aggregate, the forecasts made a significant contribution to global revenue assessment and production volume planning”.

This paper represents a good example of what Steve Wills was advocating in his article. The work provided a clear appreciation of the product's potential dollar revenue and the issues that would need to be addressed in order to achieve it.

## CONFERENCE ROUND UP – Session 4

### Can you just Update this Chart for Me?

Marion Wyncoll, Themis, UK and  
Christoph Petersen, Altana Pharma,  
Germany



Marion Wyncoll



Christoph Petersen

The title of Marion Wyncoll and Christoph Petersen's paper "Can you Just Update this Chart for Me?" will strike a chord with many company executives in a marketing support role. Both speakers indicated the importance of using advanced technological and analytical software to take away the "drudgery" from the updating of sales information and other important secondary market data. Given the increasing need to demonstrate a deep understanding of market drivers and factors that could have a significant impact in the short and longer term, they pointed out the need to add essential commentary to such basic data in order to enhance the final deliverable to management.

Traditionally, data vendors have addressed only the aspects relating to delivering the data to the market researcher in a relatively raw format. Christoph and Marion pointed out the importance of adding three more specific steps:

- i) information modelling;
- ii) data cleaning/bridging
- iii) the application of the company's own business rules, analysis and interpretation and only after these steps, was it felt appropriate to deliver the information to the end user.

For those who are looking to "harness" these elements into an integrated system that would allow more time to add valuable interpretation, it was said that one should be very wary when choosing an external vendor to assist with this data marshalling process. Many providers of very similar solutions may claim to have the optimal solution for a company's specific needs

#### BUT BEWARE

while many have excellent insight into technology, only a few have experience with the pharmaceutical industry's data types and formats.

It was felt there was a clear need to look for a provider that has expertise in working with data needed for the integration process.

Several profound points were made regarding the introduction of a new system of data provision for senior management. It is not enough to believe that what is being offered is in itself the "philosopher's stone" and likely to be welcomed with open arms. Like most new ideas it has to be "sold".

- Many internal clients are from marketing: There is a need to roll-out the plan and promote the access to the site and what it will provide.
- Think about the design and logo, and plan internal campaigns and messages that are easy to remember and show the benefit of the system to the user.
- In every organisation there are people that are extraordinarily keen on data, these people can be stakeholders: it was felt they could be used within an organisation to tell others how useful the system is.
- Train the internal staff and demonstrate what can be achieved "live".
- IT systems are not always easily understood. It was felt there was a need for individualized training for important stakeholders and senior managers in the organisation.
- Having a good system is not enough, clients will tend to absorb the new information as just another market research tool.

The "informed commentary" provided by market intelligence personnel together with the implementation of the above points will ensure that senior management has a better understanding of trends and specific events that could impact key products in the company's portfolio.

While MR executives have considerably broader market intelligence skills than they did several years ago, there has to be enough time built into the development of such an alternative internal data source to bring it to the attention of senior staff. Marion and Christoph explained in detail (as described above) how with useful graphics this could be achieved and consequently how this could enhance the impact and reputation of the MR department with clever use of internal "branding" of the service. It should be easy to appreciate that with clearer direction and graphic representation, decision making has to become easier and more precise, enhancing the effect on the bottom line.

Session 4 Reporter: Allan Bowditch, Ziment, USA  
[allan.bowditch@abconsultingintl.com](mailto:allan.bowditch@abconsultingintl.com)

### Technology – Chaired by John Branston – The Research Partnership, UK

#### Being the Healthcare Consumer

Jane Shirley, Insight International, UK



Jane Shirley

In the final session at this year's EphMRA, we had two papers making use of similar technology, namely the digital video capture of the patient scenario, but captured via different devices and ultimately with quite different scope.

"Being the Healthcare Consumer" by Jane Shirley, Insight International began by deliberating on some of the negative associations with chronic back pain (CBP), from the rather low regard in which physicians sometimes hold their CBP patients to the general public perception of a "bunch of malingerers" with extensive cost to national economies when days at work are lost. It is an 'easy thing to feign'; cases of those caught faking CBP have hit the national TV news in recent times.

In fact, the truth of how CBP is experienced by sufferers provides a more thought-provoking backdrop to the way the condition might be perceived and treated; there is currently a significant mismatch between the CBP sufferer's expectation of joined-up healthcare provision fronted by the GP and the GPs position of relative helplessness, especially if this is tinged with the potentially somewhat dismissive view of the CBF sufferer.

In fact, the truth of how CBP is experienced by sufferers provides a more thought-provoking backdrop to the way the condition might be perceived and treated; there is currently a significant mismatch between the CBP sufferer's expectation of joined-up healthcare provision fronted by the GP and the GPs position of relative helplessness, especially if this is tinged with the potentially somewhat dismissive view of the CBF sufferer.

Having identified four key areas for understanding how the CBP sufferer is affected by the condition (What People Say, Where People Are, What People Mean, What People Do), a number of different research approaches was employed, namely discourse analysis, exploratory research (with ethnography) and creative group discussions supplemented with questions in a quantitative instrument circulated to 20,000 consumers (5,000 with CBP).

And so the information from the different sources was pieced together to form the picture of people whose quality of life had deteriorated in a number of areas; the re-arranging of domestic apparatus, the forced withdrawal from social interaction, the frequent mood swings (born of frustration) were all key manifestations of this loss of important areas of life.

Meshed with all of these findings, the research was able to uncover a clear underlying, conceptual theme of the link between back pain and a real erosion of self-worth. The discourse analysis showed an interesting use of 'back' references in common turns of phrase relating to strength and 'uprightness', particularly where these are projected onto the personality or even moral character of the individual.



John Branston

Beyond this, an interesting insight into the nature of this emotional aspect - among the 40-65 year-old men in this particular sample - was the perceptual link between the 'back' and one's 'performance' or status in a quite masculine sense. Thus a loss of mobility and use of the back is linked very closely with a sense of emasculation.

In the context of the ethnographical approach, the paper included footage from two patients suffering from CBP. This footage was captured by visiting the patients and filming them in their homes and in 'everyday' scenarios, using a standard digital camera. The notion of emasculation among CBP sufferers of a certain age was very clear.

First we saw Raj, a male CBP sufferer whose life is punctuated by a routine of time-consuming back-stretching exercises on the living-room floor, which has also become Raj's bed each night; the implied impact on the relationship with his wife is clear. The trouble Raj has in putting on his socks provided simplistic imagery, but the underlying theme was that CBP was gradually robbing Raj of his perceived position as head of the household; we saw him lagging behind and slowing down the shopping trip with his family.

Then we saw Collin, who we saw trying hard to maintain the role of the active father, despite the obvious limitation of his CBP. His narrative told a clear story of how he wanted to engage with his young son on all levels, but knew how he would pay later - in terms of pain and immobility - for every physical activity he undertook. This, in turn, led to serious limitation of his scope of activity and impinged on his ability to perform basic tasks. And Collin himself was astute at recognising the indirect impact - beyond the tasks of filling the dishwasher and reaching into the fridge - on his relationship and therefore very much on his self-perception as the man in the family.

*Continued over >*

## CONFERENCE ROUND UP – Session 5

Reviewing all the information, it was clear how the breadth of the approach had led to a depth of understanding and enabled the researchers to piece together the true underlying themes. The inclusion of video footage was instrumental in giving further insight into the central themes and thus gave the process an added dimension of depth.

### **“Enlightenment - Gaining Understanding from a Technology-Assisted Ethnographic Approach”**

**Amy Duckett, Synovate Healthcare, UK**

The focus of “Enlightenment - Gaining Understanding from a Technology-Assisted Ethnographic Approach” by Amy Duckett, Synovate Healthcare differed from that of the first paper, in that it was built on the novel concept of patients capturing their own footage via video-enabled mobile phones; as such, it was as much a study of the process itself as it was a study of the patient condition.



Amy Duckett

The choice of mobile phone was made based on image quality and PC compatibility, but the chosen model (Nokia N70) also offered a second camera facing the same direction as the phone's screen, so that the respondents could view themselves while capturing footage.

Next, medical conditions were selected which are mainly experienced in a quite private, individual way by sufferers. Nine patients were recruited on this basis and equipped with the phones. The extent to which patients actually recorded footage varied, but six recorded and provided a lot of useful footage. Footage from three patients was then selected for review by physicians; their conditions were insomnia, incontinence and ulcerative colitis respectively.

In each case, the essential value of being able to see and hear the patients reporting their symptomatic and emotional state at a time of their choosing - usually contemporaneous or immediately subsequent to an acute episode - was immediately apparent. Patients' descriptions related to how and what they were feeling, the social impact of their condition etc., but very importantly they voluntarily provided amazing insights into their relationship with the physician. This included the general sense of not being understood by their doctor, or even taken sufficiently seriously.

Real feelings about the prescribed treatment were also apparent and all comments were expressed openly, frankly, honestly and sometimes even quite forcefully. This was the heart of the paper, seeing patients offering their testimonies when the impact of their respective conditions was current or fresh in their minds (not at some pre-arranged time in a central location!).

Thus it was that we saw the insomnia patient significantly change mood, character and even his general appearance in direct relation to the acute burden of the condition. He reported at 3 a.m., or next morning, or when he'd returned from a day out. Problematic situations were interspersed with lighter moments where therapy appeared to be working and so a balanced view was obtained. The incontinence patient spoke articulately of distressing situations and near misses, including a “nightmare in the science museum”, such that a true picture of her difficulties in planning simple social interaction became starkly clear. The full debilitating impact of ulcerative colitis and the frustrations of an under-therapised patient were particularly striking.

Once this footage was collated and shown to their treating physicians, the impact on the physicians was significant, to the extent where physicians conceded that they had not been aware of the disease's impact and the true patient experience; therapy was changed in one case as a result.

In terms of the issues related to conducting research of this kind, most of these are intuitive at the superficial level but definitely work-intensive in their implementation in detail. These include everything from the legal / confidentiality aspects of creating and sharing these personal testimonies, managing the technical side of video capture and upload and actually creating the framework whereby the content translates into meaning.

Possible uses for this technique were offered within the paper, but I'm sure the whole audience was able to being to imagine many applications where this technique could find use.

As such, both papers contributed a 'different' ending to a successful set of papers at this year's EphMRA conference. Until now, observational techniques have been very difficult to incorporate into our field of research, but in this session we were shown how emerging technologies can be used not simply to replicate or 'speed up' existing patterns of research, but to extend the scope of what we as researchers can provide to aid and inform understanding of key aspects of healthcare.

**Session 5 Reporter: John Branston, The Research Partnership, UK. [JohnB@researchpartnership.com](mailto:JohnB@researchpartnership.com)**

## Thanks

### ...to the Conference Organiser

Janet Henson, the EphMRA Conference Organiser was thanked at the end of the Conference by François Feig, President.



...and thanks to the **Conference Technical Team**...Joan Davies and Ian Ewan



..and also 'much appreciation' to the **Conference Secretariat** for their hard work



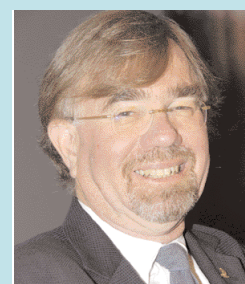
**EphMRA**

## THANKS TO THE 2006 CONFERENCE SPONSORS

If you would like to sponsor the 2007 conference in Malta then please see the Sponsorship form in your delegate bag. Or speak on site in Athens to Janet Henson or Bernadette Rogers.

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### Prof David Foot, University of Toronto wins the 2006 JHH Award for Best Paper



Professor David Foot, University of Toronto, Canada with his paper 'The World of demographics and the demographics of the World' was voted, by the conference delegates, the winner of the Jack Hayhurst Award for the best paper.

In second place was François Feig and Mathias Gruenewald from Merck KGaA with their paper 'Is procurement jeopardizing the relationship between market research and agencies'.

Congratulations to all!

## 2006 Conference Programme Committee

Many thanks to the Committee for steering the Athens programme.

François Feig	Merck KGaA, Germany
Allan Bowditch	Ziment, USA
John Branston	The Research Partnership, UK
Nigel Burrows	IMS Health, Italy
Cathy Clerinx	Adelphi International Research, Belgium
Bob Douglas	Synovate Healthcare, UK
Janet Henson	EphMRA Conference Organiser
Bernadette Rogers	EphMRA General Secretary



### EphMRA Executive Committee

The current members of the Executive Committee are as follows:

**François Feig**, Merck KGaA becomes Past President on 1 October 2006 and **Anne Loiselle**, Abbott Laboratories will then take over as EphMRA President. **Rob Haynes**, Schering Plough will become Vice President on 1 October 2006.

The other members of the Executive Committee are:

**Barbara Ifflaender** - Altana Pharma  
**Kurt Ebert** - F.Hoffmann-La Roche  
**Kerstin Lilla** - Solvay  
**Ulrich Wuesten** - Bayer Healthcare  
**Paris Panayiotopoulos** - Sero  
**Treasurer - Michel Bruguere Fontenille.**



Rob Haynes



Paris Panayiotopoulos

Bringing US together

## Stop Press - IMM 2007

Please mark your diaries for the IMM 2007 - Open to EphMRA Full and Associate Members Only

**Date** - February 8th 2007

**Venue** - Sheraton Hotel and Towers Conference Center - Frankfurt Airport - Adjacent to Terminal 1, Germany

**Time** - 9.30am - Welcome networking coffee for all delegates

**Draft Agenda** - Watch the Website for further details

**10.00-12.00** Full Members Meeting

**10.00-12.00** Associate Members Meeting

**12.00-13.00** External Guest Speaker - Full and Associate Members

**13.00-14.00** Networking lunch for all delegates

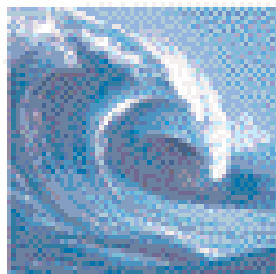
**14.00-16.30** Full and Associate Member Meeting

**16.30-18.00** Networking Cocktails

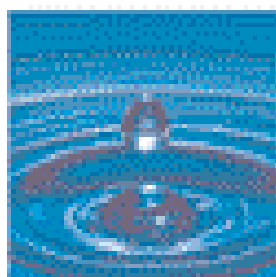
Cost of Attending Meeting - Complimentary to Members

**Thanks** to  
 Achilleas Papachatzis  
 of Novartis Hellas,  
 who now leaves  
 the Executive  
 Committee.





**WOOD.**

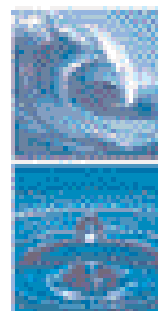


**TREES.**

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**RESEARCH  
INTERNATIONAL**

# The EphMRA Award for Contribution to Pharmaceutical Marketing Research - 2006

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

## Previous winners:

In 2001 the winner was Panos Kontzalis, Novartis and runner up was Allan Bowditch from Martin Hamblin GfK.

In 2002 the winner was Allan Bowditch from Martin Hamblin GfK Inc and the runner up was Rainer Breinfeld.

In 2003 the joint winners were Janet Henson and Bernadette Rogers and the runner up was Dick Beasley.

In 2004 the winner was Isidoro Rossi and the runner up was Dick Beasley.

In 2005 the winner was Colin Maitland and the runner up was Hans-Christer Kahre.

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

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

## Examples of such a contribution are:

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

The award recipient will receive a certificate plus memento.

## 2006 Nominations were:

### Database & Systems Committee

Françoise Forissier - IMS Health

Barbara Ifflaender - Altana Pharma

Hans-Christer Kahre - AstraZeneca

Marianne Schiller - Schering AG

Gilles Pajot - IMS Health



**Winner:**  
Hans-Christer Kahre  
AstraZeneca



**Runner Up:**  
Barbara Ifflaender  
Altana Pharma

**Third Place:** Marianne Schiller  
Schering AG

# Update from the PRM&T Committee

Chair – Janet Henson – [janet.henson@wanadoo.fr](mailto:janet.henson@wanadoo.fr)

## PRM&T Survey

Thank you to all the respondents who took time out to take part in the PRM&T survey, your time and input is much appreciated and the PRM&T are now analysing the results further which will feed-in to the long term plans for the training activities of the committee.

The winner of the prize draw for taking part in the survey is Marco Koch from Merz Pharmaceuticals, Marco wins a free place on an EphMRA training course for himself or someone in his company - Congratulations Marco.

## Hello and Goodbye...

The PRM&T committee warmly welcomes three new members, Henrik Zoeller from Gruenenthal in Germany, Peter Caley of Branding Science, UK and Anna Garofalo of ESSENSE Health Ltd, UK.

A sad goodbye to 4 hard working members of the PRM&T, two of whom were founder members of the PRM&T. Bob Douglas of Synovate Healthcare and Barbel Matiaske of GfK HealthCare, Jeremy Lonsdale of Aequus Research who steps down after his 4 year term as PRM&T member and representative to the Foundation Committee, and to Ruth Evans who has recently left IMS Health. A big thank you to all four for your dedication to the PRM&T committee and you will all be missed. We wish you well in the future.

Dorothy Parker, Fast Forward Research has now taken over (from Jeremy Lonsdale) as PRM&T representative to the Foundation Committee. Thanks to Dorothy for volunteering for this role.

## PRM&T - STOP PRESS

### Future Courses

The PRM&T will be organising an Introduction to Pharmaceutical Marketing Research Course early in 2007 - watch website for more details or contact Janet Henson

The 2007 PRM&T Spring Workshop Theme will be Segmentation - How to Target and Promote to the Customer Effectively - watch website for more details or contact Janet Henson

**The Research Toolbox** - This course is renamed - **'Intermediate Market Research Skills - The Research Toolbox'** - November 28-30th 2006 - Brussels - Belgium

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

Delegates will leave the workshop with a better understanding of:

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

Who should register for the Course?

The training course is aimed at researchers who have either attended the Introduction to Pharmaceutical Marketing Research Course, or who have over 1 year's market research experience. Note this is not a basic level course.

## ADVERSE EVENTS WORKING PARTY

Adverse Events reporting – it's a hot topic right now and EphMRA is taking a proactive stance and has initiated a high calibre working party to thoroughly look into this important topic.

The AE Working Party is:

### Lead by:

**François Feig** - Merck KGaA and EphMRA President  
**Allan Bowditch** - Ziment

### Members:

**Branimir Brankov** - Merck & Co and PBIRG President  
**Dan Fitzgerald** - GfK V2  
**Rob Haynes** - Schering Plough  
**Pia Nicolini** - Brintnall & Nicolini  
**Wayne Phillips** - Double Helix Development  
**Mandy Ilic** - Pfizer  
**Erich Wiegand** - ADM  
**Nora Cashion** - Altana Pharma

Telecalls have already taken place and information gathered from many relevant groups - particularly Drug Safety departments in pharma companies.

The aim is to draft guidelines for review by the members and there will be further discussions held at the IMM in February 2007.

Thanks also to those who have also volunteered to assist the Working Party - we may well call upon you at some point for input.

Any questions please contact Allan Bowditch - [allan.bowditch@abconsultingintl.com](mailto:allan.bowditch@abconsultingintl.com)

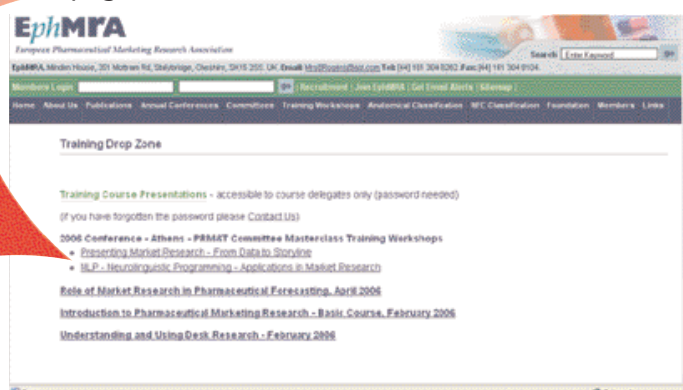
## 2006 Conference Drop Zone Files



All the presentations from the Athens Conference are available on the EphMRA web site [www.ephmra.org](http://www.ephmra.org) (page 1432)



Those of you who attended a **Training Workshop** in Athens can access the presentation slides here: (page 1434)



## DATAMONITOR



**Saeed Mumtaz** has joined Datamonitor Healthcare's consultancy team as a lead Consultant. Saeed has 16 years experience in local and global bio-pharmaceutical sales, decision support and market research, having recently worked for GfK HealthCare, Hoffmann-La Roche and Novartis.

## ZS



ZS Associates welcomes **Anja Visser** as an Associate Consultant working in the London office. After completing her PhD at Cambridge, Anja held positions for the Boston Consulting Group, SKIM Analytical and The Research Partnership. She will be serving pharmaceutical clients across a range of issues, including sales and marketing effectiveness, sales force design, primary market research, and forecasting.



**MEDIMIX**  
INTERNATIONAL  
www.medimix.net

Medimix Europe announces the promotion of **Susana Suarez** as Accounts Director. Previously, Susana held the Senior Account Management position at Medimix. Before joining Medimix, Susana worked as Brand Manager for Boehringer Ingelheim for more than four years.



fieldwork  
international  
healthcare

**Ines Canellas-Jager** has been promoted to Director of In-field Services at Fieldwork international. Ines will be focussing on the expansion of the business and the introduction of new services.



Natasha Barretto



Viv Farr

Insight Research Group has promoted both **Natasha Barretto** and **Viv Farr** to the post of Research Director. Natasha joined Insight in 2001 and Viv in 2002, both having since gained extensive experience in international and UK domestic healthcare marketing research.



**Jean Marie De Maeseneer** has joined Synovate Healthcare to launch a new oncology targeting and sales force effectiveness service in Europe. Jean Marie was previously with Deloitte Consulting and PMSI and will be based in Belgium.

## ims



Robert Dossin



Greg Parrish

IMS announces the appointment of **Robert Dossin**, VP Marketing EMEA, to manage the partnership between EphMRA and IMS. Robert joined IMS in 2005, bringing 13 years of blue-chip marketing experience in both business-to-business and business-to-consumer environments. Françoise Forissier retires after 23 years as key IMS interface with EphMRA.

IMS also announces that **Greg Parrish** has been appointed as VP, Client Services EMEA succeeding Ruth Evans. Greg brings a strong client focus and extensive expertise in the sales and service process to the strategic direction of Client Service EMEA within IMS.



**Marco Koch** has joined the Central Strategic Marketing division at Merz Pharmaceuticals GmbH, Frankfurt, Germany. In a newly established function, he is responsible for International Marketing Research and Business Intelligence, in support of the global marketing teams for CNS and dermatology. Previously Marco was at Schwarz Pharma, where he was engaged in diverse Market Research and Business Development functions.

## SERVICES NEWS



FocusVision offer clients more control over who can view the research: Privacy Plus CD Lock which locks the CD recordings of your Video Streaming projects so only authorized personnel can view it. CD Lock is available at no additional cost and by request only.



FocusVision have launched Highlight Reel which is a single file of multiple video clips making it easier for internal clients to view the key research moments. Reels can be made from the archive recording or the Video Streaming project CD. Reels can also be exported to disk, email and PowerPoint.



Synovate Healthcare has recently extended its online physician panels into China, Korea, Taiwan, Philippines, Hong Kong, Singapore, Japan, Malaysia and India.



Fieldwork International has expanded its call centre capacity to over 100 web enabled seats which, coupled with the move from Quancept CATI to mrCATI - the new SPSS CATI platform - boosts FI's online recruitment and telephone interviewing capacity.



### 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.



- Early market understanding
- Product potential and forecasting models
- Pricing and formulary acceptance
- Product positioning and pre-launch strategy
- Healthcare provider and patient segmentation
- Brand identity, message and communications testing
- Device handling and usability testing
- Product perception, awareness and usage
- Tracking studies

### Market Research Excellence

*Guiding strategic decisions throughout the product lifecycle*



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