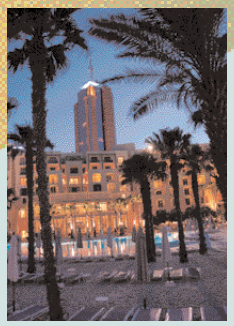
Post Conference NEWS

EphMRA
www.ephmra.org

Malta 2007

Issued: September 2007

Anne Loiselle



Jim Lawless

Dear Colleagues

It is good to reflect now on our successful conference in Malta where I was delighted to meet so many colleagues and discuss many issues. The venue certainly provided a very high quality conference location, with very good meeting rooms and a very large space for the agency fair.

I was glad to see so many new, first time delegates and I hope you benefited from attending. We have read the feedback you kindly provided us on the conference evaluation forms about networking opportunities and plan to discuss these comments.

Highlights for me included:

- the very productive committee meetings where the members address many issues which help us all to do our jobs better,
- a productive meeting with the Associate Members Board to discuss the added value Associate Members can bring to the Association,
- the AGM where it was good to reflect on all that our Association has achieved in the last 12 months – including confirming that the Association is now established on a firm legal footing and entered in the Commercial Register in Basel, Switzerland,
- the Business Skills sessions from Jim Lawless, Richard Denny and Alexis Puhan.

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. After this I found the BBQ sponsored by IMS Health to offer great food and wine, good company and it was so nice to be outdoors late into the evening.

The boat trip on Thursday evening was great fun and there was positive feedback. Each boat got into the swing of things in a different way - and certainly those on the 'boogie boats' had fun dancing. I was on the 'dancing and swimming' boat and it was at the mooring at the Blue Lagoon where the sea was clear and so inviting that a number of delegates dived in!!

I would like to take this opportunity to thank all our generous conference sponsors - we really do appreciate your support: IMS Health, SGR International, The Planning Shop International, Aequus Research, ZS Associates, Ziment, Branding Science, Consumer Health Sciences, Cegedim Strategic Data, A+A, FocusVision.

On another note, I am pleased to report that EphMRA has now issued its Guidelines on Adverse Event Reporting and there was an update in Malta as to how the Working Group achieved this recommended position through significant hard work over the past 12 months.

A major initiative which recently took place was the launch of the EphMRA On-Line Training – a result of member feedback in the PRM&T survey on training needs. Please take the time to visit the On-Line training offering on the EphMRA web site.

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.

I would like to thank the Board members who have assisted me over the past year and I look forward to handing over (on 1 October 2007) to Rob Haynes as our next President.

Anne Loiselle
EphMRA President 2006 – 07
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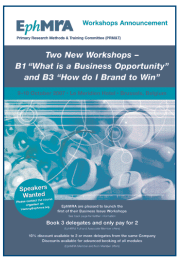
EphMRA Diary

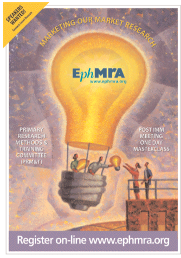
2008 Call for Synopses and Contributions
submission deadline
10th September 2007



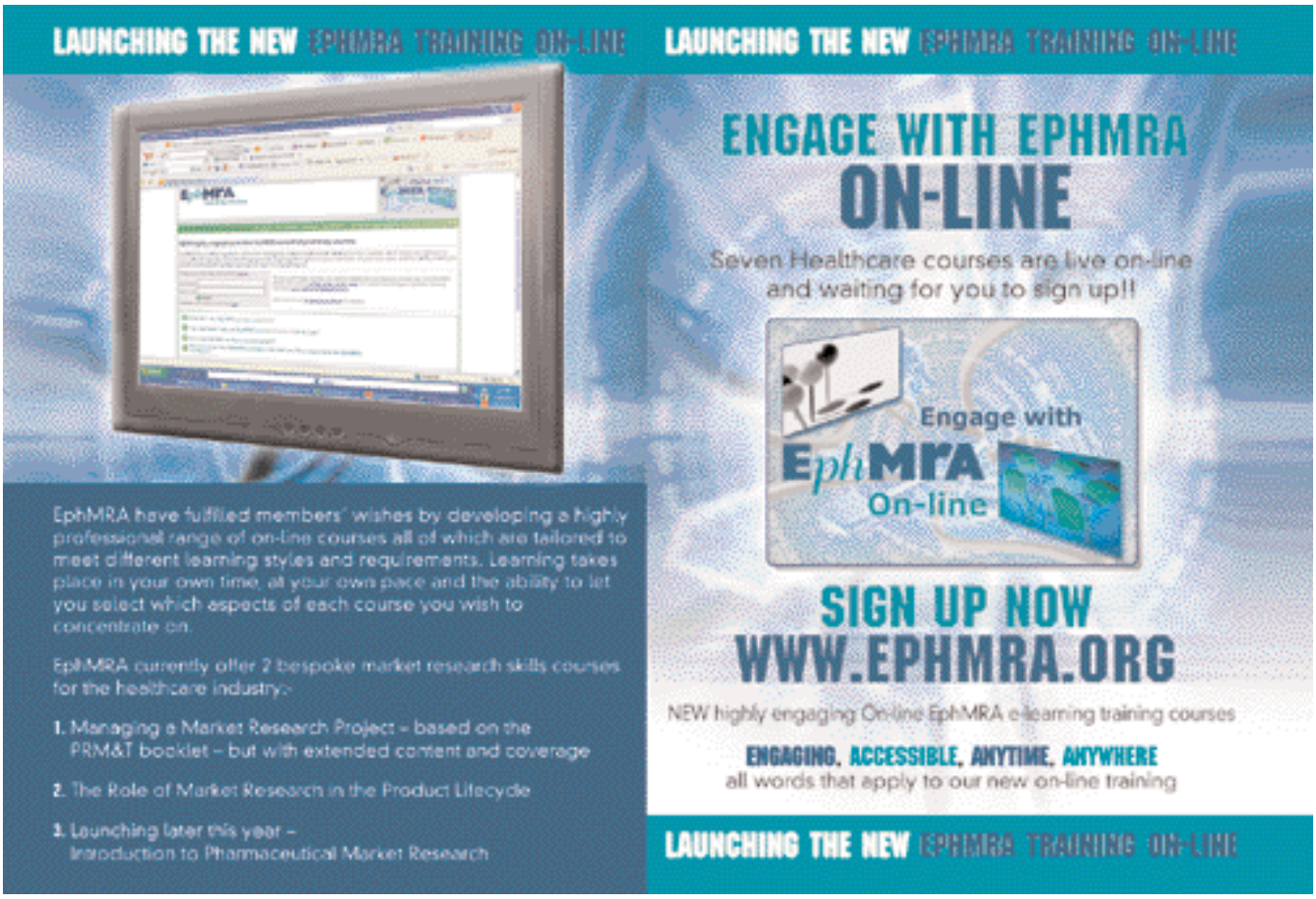
Training
2 courses offered
9 -10 October 2007 - Brussels:
What is a Business Opportunity
How do I Brand to Win?
See EphMRA web site for more details www.ephmra.org

IMM 2008
February 6th
London Heathrow Terminal 4
Hilton Hotel

Post IMM One Day Masterclass
February 7th
Hilton Hotel, Heathrow
Terminal 4
Marketing our Market Research
See EphMRA web site for more details www.ephmra.org



2008 Conference
A Night at the Movies
25-27 June - Barcelona, Spain



EphMRA Healthcare Market Research Skills Course:
EphMRA members 420 Swiss Francs per course per person
EphMRA non-members 600 Swiss Francs per course per person

EphMRA Healthcare Business/Leadership Skills Course:
EphMRA members 190 Swiss Francs per course per person
EphMRA non-members 250 Swiss Francs per course per person

PRM&T Masterclass Training Workshops

Tuesday 19 June

Masterclass One: Mapping: Where is our Product's Position and Where are the Others?

Workshop Convenors – Henrik Zöller (left) - Gruenenthal and Alexander Rummel (right) – psyma international medical marketing research

"Is Mapping an Art or a Science?" asked Stephen Grundy of Marketing Sciences when opening his paper at the one day pre conference Masterclass on Mapping techniques in Malta and he then closed his talk with: "A picture paints a thousand words – so it is art as well as science". Nevertheless it was the science behind which was discussed intensively with 20 delegates both from pharmaceutical industry "a very relevant and informative session" and market research agencies "…lively and competent". The other speakers, John Tapper of Ziment US, Dirk Huisman with Cindy van Kester of Skim Analytical made all delegates sensitive to the topic: All maps should be reasonable representations of cross tabs, so always look at the cross tabs that underlie maps!

Whilst this pre conference event gave a broad overview on available mapping techniques and related pitfalls in interpretation it also served as a forum for methodological discussions on what a mapping is by definition. Henrik Zöller, one of the convenors, pointed out that a mapping is a:

Two-dimensional graphical illustration of objects (a spatial "map" in the common sense) and their respective distances. The distances reflect similarities / dissimilarities between objects and have been measured on at least two different metrical or quasi-metrical scales or transformations of some other quantitative dependant variables.

In conclusion Mappings need at least two measured variables as input data in order to be called "a mapping". In contrast a graph of some function with one dependent (-y) and one independent variable (-x), where the x-variable is given and not measured, would not be called a "mapping". Most delegates agreed on this definition, however a lively debate was initiated on the question whether "pure" qualitative data could be mapped until they are quantitatively scaled, i.e. until some semantic differences can be quantitatively interpreted.

Steve Grundy, focussing on mapping "gaps, opportunities and unmet needs" presented examples of "semi-quantitative maps" widely used in Marketing, e.g. the Boston Matrix contrasting the market growth rate and the relative market share, "the composite matrix" which maps market attractiveness in ordinal metrics (high, medium, low) or the classical "SWOT analysis". These techniques all have in common that the position of an object within this matrix is associated with a given interpretation of the sector and, sometimes, with a recommendation how to deal with it. For the majority of mapping techniques the reader only receives a picture of the situation and the conclusions what to do with this result is a separate story.

However it is not only the conclusion from a mapping which needs careful interpretation. Also crucial is the selection of the "appropriate" items, a reliable method of measurement and understanding of the underlying statistics to "picture" the objects of a mapping. John Tapper gave an overview of the major mapping techniques to the delegates using examples of "brand performance mappings". Behind a map there is always one of a broad range of mapping techniques e.g. discriminant mapping, correspondence mapping, vector mapping, multidimensional scaling (MDS) or derived importance mapping. All of these techniques need caution and an awareness of the advantages and pitfalls. Users, said John, need to learn how to make sure that the maps they receive or produce are both accurate and actionable. Nevertheless, as an experienced researcher, John also advised to take a practical view of these "imperfect market pictures": *…if it works use it!, but always interpret maps with your marketing hat on first, if it does not pass the sniff test, it is probably not a valid conclusion".*

The role of Mappings within a research process was the topic of Dirk Huisman and Cindy van Kester as they invited the delegates to a Hiking through the competitive landscape with a complimentary case study on the osteoporosis market. Dirk and Cindy led us through the "Reposition a staggering product and positioning a phase 3 product" and pointed out that "…mapping of the competitive landscape is a multi-dimensional and continuous process". A "landscape map" has many layers, and it depends on the objectives of the research as to which are chosen. Dirk and Cindy also highlighted "New" techniques and map improvements, presented refined "scale free" scaling techniques (MaxDiff scaling / Best–Worst scaling), latent class - and benefit segmentation.

The syndicate case study, moderated by the convenors, was a methodological test of two different mapping techniques to answer the same question. The delegates mapped the performance of pharmaceutical companies represented in the group and the analysis was done on the spot. This concluded the masterclass which, according to most of the delegates, achieved the right balance between statistical theory and practical examples.

A thank you to all delegates and speakers from the convenors - Henrik Zöller of Grünenthal and Alexander Rummel of Psyma International Medical Marketing Research and: always check the cross tabs behind a mapping!

Alexander Rummel
psyma
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Masterclass Two: The 6 Biggest Mistakes in Pharma Forecasting and How not to Make Them

Workshop leaders – Gary Johnson (left) - Inpharmation and Alec Finney (right) - AstraZeneca

Story of the Old Lady

On my way back from the EphMRA conference, all underground trains were suspended at Hammersmith (in London) due to a points failure, and so I walked, rolling my luggage, to catch a train from Kensington Olympia station. As I did so, I passed a rather unhappy looking old lady. I caught her eye and gave her a fleeting smile to lift her spirits – and yet she called after me, "Stupid Man!". Perhaps she had misconstrued my smile, I thought; did she think it more like a sneer? I turned to wish her well, clarify any misunderstanding, and see if she needed any assistance.

"Where have you come from?" she demanded. I explained that I was returning from a business meeting in Malta. "Did you see Madelaine McCann there? Did you? Did you?" she hectored me. She handed me a well-thumbed tabloid newspaper. "Don't you read the papers?" I resumed my journey; "Empty Head" were her parting words to me.

This curious incident reminded me of some of Gary and Alec's key points from their forecasting course.

Events

For me, the most thought-provoking lesson from the course was how forecasters tend to be sceptical about the relevance of particular events, news or even case-study examples in how they understand the world (in contrast to the old lady who was totally focused on one specific, tragic incident). At a personal level, forecasters are, prima facie, as likely as the next person to be upset by an individual event, but for the questions they want to resolve in their professional lives, they will look at the very big picture. Sometimes this is counter-intuitive in terms of how we develop evidence for an argument. For example, there was some discussion about the likely market share a drug will get according to market entry order; and Gary argued that the pattern, on average, followed Zipf's Law. (Zipf's Law, is strictly speaking an empirical distribution, and was originally derived from studying natural language utterances where the frequency of any word is roughly inversely proportional to its rank in the frequency table.). "But what about successful second-to-market drugs like Zantac and Singulair?" a couple of us protested. "Be careful not to be misled by exception" was his response.

Getting the right data

Gary and Alec encouraged us to be critical of some of the data sources that we might include in forecasts (much as I might have questioned the veracity of much of the information in the old lady's tabloid newspaper). Researchers will be familiar with many of the ways that primary market research data can be biased, and Gary made mention of a couple of such areas. Since respondents tend to want to look good to interviewers (and themselves) they can over-estimate the accuracy of their responses to certain types of question. They are also often poorly able to project how they will behave in future. Instead, Gary suggested, we should think more about using measurements of how people actually behave as data inputs to forecasting models.

Gary illustrated his point by showing some of the lyrics of a love song that Rod Stewart wrote for one his earlier lovers, and then asking us to put ourselves in the shoes of Penny Lancaster, who Rod has just married in June 2007. Gary led us to believe that if Penny Lancaster were any kind of forecaster, her evidence-based analysis would rely less on Rod's songs of love/devotion, and instead, anticipate the likely length of her union based on Rod's hitherto foot-loose behaviour. Do the lengths of Rod Stewart's relationships follow Zipf's Law, I wonder?

Getting buy-in

Alec emphasised that forecasters need good inter-personal skills to get internal buy-in to the adoption of a forecast (in a way that the old lady failed to do with me by her aggressive approach). Too many technically-excellent forecasts were ignored if this was not achieved. Once a forecast is accepted, then forecasters would need judgement and resolve to make sure that it is used to support the best business decisions - particularly as different groups within a pharmaceutical company would have incentives to have the forecast set at different levels. The sales targets that are actually set for a drug do not need to be the same as the forecast.

Effective Communication

Alec strongly argued that forecasts should be communicated in a very clear way (and I could not fault the old lady on her ability to communicate effectively). All delegates were obliged to make an oath swearing not to show an Excel spreadsheet during a forecast presentation.

Both Alec and Gary are clearly very good communicators of a technical subject. As a communication tool, it is evident that Gary likes the use of analogy to make his points. Apart from his Rod Stewart example mentioned above, he previously used the Beatles (and their haircuts) to make his points about forecasts in his 2004 EphMRA conference paper. With this in mind, I thought it only correct that I use the tale of the old lady as an allegory for this course review.

We would like to thank both Alec and Gary for a stimulating Masterclass.

Peter Winters
Brand Health International
PeterWinters@brand-health.com

Convenors – Peter Winters (left) - Brand Health International and Xander Raymakers (right) – NV Organon

Masterclass Three: Presenting Market Research Data – ThinkStoryLine – How to avoid Death by PowerPoint

Workshop leader – Alexis Puhan (left) - skillbuild
Convenor – Peter Caley (right) - Branding Science

It is generally accepted that people can recall information if they are able to create a story around them. Alexis was able to demonstrate this quite clearly at the delegate workshop. Alexis went on to discuss an outline of the steps in the market research process. The emphasis of the workshop centred around outputs of research that went onto spotlight the concepts of "summarising" and "synthesising". Summarising is about selecting the key facts; Synthesising is about discussing the implications of what should be done.

Alexis emphasised 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 be an "Argument/chain structure" where the main message is reached towards the end of a reasoned assessment of the evidence.

During the course, Alexis managed to keep the discussion practical with the aid of exercises and debates. He also stressed the importance of allowing sufficient time (in the project time line) to ensure valuable summarising and synthesising of the data.

We had a good range of participants from client side and agency and there was a great deal of stimulating discussion on both how clients can improve clarity of their research brief and how agencies can synthesise and inject passion into their presentations.

We would like to thank Alexis for such a stimulating course which I am sure all delegates will put into practise.

Peter Caley
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Pre-Conference Session: Adverse Events Through the Looking Glass - Wednesday 20 June

Allan Bowditch

Dan Fitzgerald

On Wednesday afternoon, Allan Bowditch, Ziment and Dan Fitzgerald, GfK US Healthcare, jointly presented the results of the EphMRA Adverse Events Working Group (AE WG). The Group was initiated in mid 2006 to address the issue of Adverse Events Reporting and to develop a position on behalf of EphMRA. The EphMRA Adverse Events Working Group comprised the following individuals:

- Allan Bowditch - Ziment/AE WG Co-Chair
- François Feig - Merck Serono/EphMRA Past President/AE WG Co-Chair
- Dan Fitzgerald - GfK US Healthcare
- Rob Haynes - Schering Plough
- Kerstin Lilla - Solvay
- Pia Nicolini - Brintnall & Nicolini
- Wayne Phillips - Double Helix/EphMRA AM Spokesperson
- Erich Wiegand - ADM

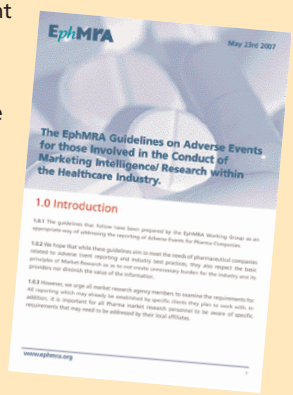
Allan and Dan gave a presentation outlining the guidelines developed by the Group. The current pillars of pharmacovigilance reporting are:

- Voluntary reporting (from health professionals and consumers in some places)
- Mandatory reporting from manufacturers and distributors of pharmaceutical products

Due to increasing concerns from pharmaceutical manufacturers and regulatory agencies, the pharmacovigilance departments of various manufacturers have asked that marketing research agencies assist them by reporting any adverse events that surface in the process of conducting marketing research. As a result, this has produced a number of concerns on the part of the marketing research industry. The main concerns are:

- A question of privacy and confidentiality
- A question of disrupting the natural flow of research/adding burden to the research
- A question of threatening the relationship of market researcher and respondent
- A question of "know-how"
- A question of liability and indemnity
- A question of increased costs to clients
- A question of potential future bias if the "pool" of respondents is diminished.

The EphMRA Adverse Events Working Group endeavored to create a guideline that would guide the industry while accepting and understanding our moral obligation to help protect the safety of the patients using pharmaceutical products. Allan and Dan articulated the Group's definition of an adverse event and when they should be reported.


EphMRA

May 23rd 2007

The EphMRA Guidelines on Adverse Events for those Involved in the Conduct of Marketing Intelligence/ Research within the Healthcare Industry.

1.0 Introduction

- Any serious AE must be reported, irrespective of labeling
- If in the course of a marketing research exercise information emerges relating to AE then the following action should be taken <u>if the following 4 criteria are met.</u>
  - The ADR/AE is identified as being, or thought to be, linked to a specific drug
  - The ADR/AE is a clearly identifiable reaction
  - The ADR/AE is provided by an identifiable reporter (physician/ patient)
  - The ADR/AE is linked to an "identifiable patient" – not necessarily named

EphMRA advocates the following approach for handling a reportable Adverse Event and this is the basic guideline.

The physician (or patient) to be informed that such information is required by the pharmaceutical company as part of pharmacovigilance,

- They should be informed either at the time of the information being stated or at the end of the interview, that they should report the details to the drug company (physician), or in the case of the patient, to their physician.

The Group and EphMRA understand that this approach is not one that will be accepted by all pharmaceutical companies but it also has been accepted by a number of companies and is acceptable in many countries. This position however, is not compatible with the guidelines published for the UK by the ABPI/BHBIA. EphMRA realizes that the tactics employed in reporting adverse events will have to be individually agreed upon by each agency and the pharmaceutical company for whom they are conducting research. The guidelines go on to say:

- The guidelines are intended as a simple "framework" for EphMRA members,
- They are not set out to match the exact wording of pharmacovigilance documentation,
- They cannot be considered legally binding,
- However, it is hoped that most companies will agree with the principles behind the guidelines prepared.

As to timing the guidelines say that the reports should be delivered as soon as possible, preferably with 24 hours and to the commissioning client regardless of in what country the research is being conducted.

The Group defined the following guidance as it relates to syndicated data/research.

- Audits (especially diary) purchased by any pharmaceutical company:
  - No legal obligation for pharmaceutical companies to provide details of AE's when looking at aggregate data
  - Where individual patient records, containing all the relevant fields for a reportable AE, are purchased from a syndicated patient level diary study, then these need to be reported by the pharmaceutical company.

Although the issue of training for the collection of adverse events was discussed, no definitive solution has been reached. Specifically many pharmaceutical companies have developed their own training programs and are requiring the agencies to comply with them.

Allan and Dan indicated that a number of frequently asked questions, which were shown briefly, along with the answers, would be published on the EphMRA website along with the guidelines. Members of the EphMRA Adverse Events Working Group would also be happy to answer any additional questions or provide guidance to the membership.

Dan Fitzgerald
GfK US Healthcare
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Please email Sarah.Phillips@ipsos-mori.com

Ipsos MORI

Ipsos Health

Agency Fair - Wednesday 20 June

Over 60 exhibitors took a booth space at the Agency fair in Malta and it was deemed a very successful event.

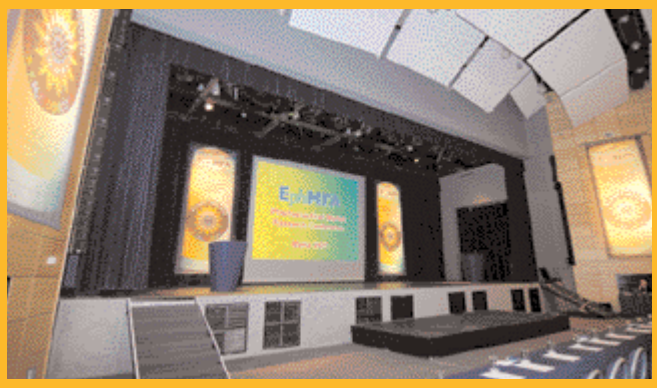
CONFERENCE REPORT

Session One: New Business Models

Chair: Xander Raymakers – NV Organon. Co-Chair: Piergiorgio Rossi – SGR International

Xander Raymakers

Piergiorgio Rossi



Financial Health of the Pharmaceutical Industry: Wall Street's Perspective

by Timothy Anderson, Prudential Equity Group

As one of this years' keynote speakers, Timothy Anderson provided a look into the future from a Wall Street point of view, where the emphasis is on stock performance. Consequently, from an investor's point of view, pharma stocks are competing with stocks in other (healthcare) branches. Since medical device companies, generics manufacturers, managed care and biotech companies aren't doing too well lately, all of a sudden, relative to them drug stocks don't look so bad.

The reasons for this are several: many of the events that weigh heavily on the previously mentioned healthcare branches have already happened to and been dealt with by the pharma industry, and pipelines are filling up again. And, although biological products for highly specialized care appears to be quite popular due to the high barriers of entry, lack of generic competition, and high prices, there's still a lot of sales potential for conventional chemical products even if they are 3rd or 4th entrants in primary care markets. It may be not as sexy as biologicals, but it can be quite profitable!

And in spite of many threats (such as increasing patent challenges by generics manufacturers, price pressure from payers, increasing use of generics, uncertainty regarding the next President of the USA, product liability concerns, risk aversity of the FDA) the short term future of pharma looks reasonably healthy. In 2006 Medicare Part D increased access to drugs to the Medicare patient in the USA and boosted volume by about 3 percent without any price erosion (yet). Also, companies place anewer emphasis on cost structure. There's nothing revolutionary about this, but increased efficiency in sales, marketing administration and supply chain management can generate substantial cost savings. So far, R&D budgets have been largely untouched by this cost awareness.

Another way in which pharma companies prepare for the future is via mergers. The last years, combinations of two Big Pharma companies haven't brought any added value, which again hasn't been rewarded by growth in share value. As a consequence, smaller targets are currently being swallowed up: Pfizer bought Vicuron/ Esperion, Merck bought GlycoFi/Abmaxis, Novartis bought Chiron/ Eon, GSK bought ID Biomedical etc.

However, Pfizer's solution out of its current troubles might be a big merger, which is not ideal, but probably the only solution they have. Also, AstraZeneca's take over of Medimmune provides AZ with a better biologicals pipeline, but at a price that might jeopardize future deals by other pharma companies not willing to pay similar prices.

To understand the future in terms of M&A, we have to understand this: the big pharmaceutical companies basically are growth companies, which means their goal is *not* to return most of their excess cash to shareholders (in the form of dividends and share repurchases). Therefore, drug companies with weak pipelines will continue to hunt for (ie acquire) growth. The reason for this is simple: find & buy the right pipeline drug(s), and growth will return or continue.

Also, as part of breaking with the past, Merck, Pfizer and BMS have replaced their CEOs by new ones. These replacements have more "outside" experience, which is in line with what the investment community has wanted to see.

Finally, globalization offers a significant opportunity for pharma companies. Honoring of patents is a prerequisite to this, but in this globalizing world, countries are being asked more and more to do so e.g. via the TRIPS agreement (Trade-Related aspects of Intellectual Property rights).

Summarising: in general, the outlook for the next couple of years is improving relative to the last handful of years.

- Pipelines are getting better, and this drives future growth
- The industry is adapting to its new environment (e.g.Industry productivity seems to be picking up)
- AND although there will be all sorts of pressure and more or less fundamental changes in the healthcare marketplace, at the end of the day it is quite simple: Companies that make products that people want, will be in good shape.

As an afterthought, linking this lecture to market research: we within market research are the ones who can be in the forefront of determining what's in demand.

Xander Raymakers
NV Organon
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Parallel Universes: Charting Healthcare Possible Futures

by Kim Slocum, KDS Consulting

The second Keynote speaker was Kim D Slocum. Kim has spent the last 33 years working in the Pharmaceutical arena, amongst others as Head of Strategic Planning and Business Development at AstraZeneca.

Kim shared his vision about the future scenario of healthcare and the possible implications these scenarios might have for our industry.

In the past the most common views about Health policies were:

- Health care as a societal right
- Healthcare as a societal right but finance and delivery should be shared
- Healthcare as a market good, consequently every "consumer" willing to access it should be willing and able to pay for it

In reality, there are not pure systems around the Western developed countries, since "pure" systems have proved not to work properly. Kim foresees there will be blended models involving both private and public players to fund healthcare.

Some other factors need to be considered while analyzing what the future might look like.

Aging is a key factor, leading to a growth of the proportion of per capita GDP devoted to healthcare. This will cause increased pressure on healthcare spending. This is bad news, especially for European countries and Japan, where the percentage of care financed by governments is high.

Since healthcare has a high priority for allocation of resources of people, demand for healthcare will increase more and more, leading policy makers to consider rationing. The problem looks even worse if we consider that the proportion of healthcare costs devoted to pharmaceuticals is increasing.

Since cost containment is becoming a major goal, it is quite easy to foresee it will be pursued mainly by targeting the biopharmaceutical industry. A big chunk of healthcare expenditures are wages and benefits for staff working in hospitals, which represent the human face of this system. It would be very difficult to pursue cost containment by cutting jobs. "Faceless" multinational Big Pharma is a much easier target.

Policy makers could shift most of the costs to the patients. This might not be a wise option, since patients forced to pay most of the healthcare costs will not start to spend money more wisely. They will simply stop spending it!

Another option is to put pressure on pharmaceutical companies. But this one as well is not such a simple solution. The question is: Who is actually defining if a drug is truly innovating? Using which criteria, which data to determine if a drug can be reimbursed?

Kim provides 3 likely future scenarios for healthcare in Western developed countries:

1. "Hamster Care": HC is viewed as a societal right financed by powerful third parties. HC will be treated as groups of unconnected costs that must be minimized by controlling the unit price of each element. Consequently suppliers of goods or services will aim to deliver as many units as possible, resulting in budgetary problems, since forecasts will be exceeded very easily. It means price-based competition, shrinking unit margins and consequently reduced resources for R&D. Here, low costs will be crucial; and this will probably result in a manufacturing led strategy that focuses on generics. With regards to MR this might translate in the need for faster and cheaper projects.

2. "Two Tiers": here HC is seen as a market good, although a social safety net is present to ensure access to basic services. Wealthier individuals will be able to access better quality services or avoid waiting lists via private insurance. This scenario will probably require a marketing led strategy to better identify which items consumers are willing to pay for. For MR, patient research will be crucial to be able to establish their needs and preferences.

3. "Triumph of Reason": HC is seen as a societal right with third party payers paying most of the bill. However here HC is seen more as an investment than as a cost. Thus, more attention is paid to determine the outcomes versus the investment made in order to maximize its return, leading to much focus on quality of service delivered and outcomes achieved. Therefore, HC information technology tools are very important to gather homogeneous information about treatments and outcomes of different strategies. Innovative products delivering a clear added value will be reimbursed at a premium price, while less differentiated ones will not. Here a science and technology led strategy will help companies focus on the overall value of their products, determining the value a drug in the system and addressing R&D efforts in those areas where unmet needs are greater. For MR, this 3rd scenario might mean it will have to focus more on unmet needs to better address future R&D activities.

This was a very intense presentation, made enjoyable by a very effective speaker, who made a simple but strong closing remark: "It's not the strongest of the species that survives, nor the most intelligent, but the most responsive to change" (Charles Darwin). We might agree or not with some of the assumptions made. But the opportunities to make a difference are large, and some degree of courage to face and drive the future is needed as well as a redefinition of the skills…..well, are we courageous enough….?

Xander Raymakers
NV Organon
xander.raymakers@organon.com

The Rx Dilemma: Searching for the Grail

Sarah Fuller and Jim McDermott, Decision Resources Inc

Sarah Fuller started admitting that it was only after submitting their paper that she found out that the Holy Grail wasn't part of the history of the Knights of Malta, but of the Knights Templar. But, despite a slightly flawed historical parallel, the pharmaceutical industry is frantically looking for the Holy Grail to solve their current problems.

The problem lies in performance. Due to patent expiry, approximately $50 bln of annual revenues will disappear by 2011 and the phase III failure rate has increased from 35% to 50% in recent years. Efforts to integrate biological and chemical R&D haven't been very successful so far: Only 18 NMEs were approved last year, while partnering with biotech companies reached a value of $20B in deals last year as R&D productivity continues its decade long slide. The world financial markets agree and believe they can earn higher returns elsewhere as pharmaceutical companies continue to post negative shareholder returns since 2001.

So, what is this Holy Grail?

- The next new molecule, protein, device, diagnostic, combination or approach that will address an unmet need, fill a hole in the pipeline, expand the market or develop a new franchise
- The next new business model: a partnership, a deal or a collaboration that might/could/should/will result in new competitive advantage and value
- The next untapped geography, population or market

To that end, Market researchers need to develop perspectives, opinions and insights into areas that not so long ago were plugs in a forecast. Where do we find the talent to evaluate new technologies (say, cell therapy, nanotechnology), new collaborations that bridge the inherent distrust of academic institutions and span

a much more diverse far-flung organization? There are of course the usual suspects as Big players whether they be Pharma or Biotech continue to roll up "Little Science". The transformational opportunity lies elsewhere in the extraordinary talent pools that populate our universities and are returning home to build the new China or India.

China now ranks second in the world in R&D investments surpassing that of Japan. South Korea and Singapore are investing billions of dollars in stem cell research, while India shifts from generics to R&D driven pharma. While the major pharmaceutical companies are investing at the hundred million dollar level, what is needed is a much bolder move that dreams of facilities on the scale of Harlow, West Point and Groton in countries where an excellent scientist can be hired at 30-40% of the cost. In addition there is a rush to field clinical trials in India and China where we estimate more than 20% of the global mix will occur by 2012 to gain speed and access to markets which are the fastest growing globally.

In terms of development, many companies still focus on the "easy areas", while the areas with high unmet needs are hardly covered. As an example: many compounds are in development for hypertension, where already many products are available and unmet needs are not that high. Meanwhile, sepsis has a much larger unmet need, millions of potential patients and yet only a few products are in development.

In oncology however, the market has changed as the new leaders have built deep pipelines with more than 20 programs of which 40-60% have been externally sourced. If the cost structures of India and China can drive the pipelines at one third of the cost, then a new economic model emerges and the day of the $40,000 cancer treatment is over.

For market research, this implies more diversity in terms of geography and languages to cater for the emerging markets, more PhDs/scientific expertise to dig deep, quickly into the new technologies, more quantitatively oriented people and modelers to understand and represent current and future dynamics and finally, more management insight to deal with the inherent challenges, cultural hurdles, questions and decisions that this type of demand will create or require.

All this leads to the following (summarizing) suggestion for a market research charter:

- Develop global perspective and reach
- Predict the future
- Identify products that will fill a known need
- Steer them to rapid approval
- Outline the path to payment.

What could be easier?

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Unlocking Growth in China: Challenges and Opportunities

Yehong Zhang,
IMS Greater China

The first session closed with a bridge to the afternoon agenda and a focus on China – one likely potential source of the Grail. For this, we turned to Yehong Zhang, Country Manager, IMS Health Greater China.

China is seen as a country that will either dominate the world in the future or inevitably collapse. In the meantime, a period of significant change over the course of the last two decades has brought tremendous opportunities - as well as incredible challenges – for companies wishing to expand there. Certainly, the prospects for pharmaceutical multinationals in China are more promising now than they have ever been. The Pharmaceutical industry has shown constant growth at rates twice to three times that of the global average in the last 10 years. Ranked the 12th largest pharmaceutical market in 1997, it has now reached number 9 and is on course to become the 7th largest by 2010.

Some of the major pharmaceutical corporations are already making China a strategic market for the 21st century. However, committing to expansion in this country requires the skilful handling of multiple issues. Apart from its sheer size and looming demographic changes (age-related chronic conditions are already among the fastest growing disease categories in the country), particular features set China apart from most Western pharmaceutical markets. These include a more dynamic and fast changing healthcare environment, a fragmented healthcare infrastructure (17,844 hospitals) creating tremendous inefficiency in the distribution channels, the significant role of Chinese medicine in healthcare delivery and the large disparity between its 650 major cities – each with its own characteristics, degree of development, physician attitudes, and prescribing drivers. At the same time, fundamental flaws in China's healthcare system, including serious funding deficits, the regulation of pricing and reimbursement by non-transparent processes, cost containment measures focused on price control and fixed unilaterally, and a concentration of healthcare provision in large hospitals in major cities (when most of the population resides in rural areas), impede the delivery of quality medical care.

The question is how to lead a successful strategy in China? Yehong suggests the four Ps, supported by data capturing rural and community level healthcare information, prescription-level data for an understanding of disease patterns and current treatments, good supply chain visibility and product tracking:

1. Picking the right portfolio: Choosing the right set of products and effectively managing their launch is crucial in such a varied market in order to maximize growth. To do so, it is essential to be able to quantify strategic objectives, understand the likely future direction of therapy areas in China, and become familiar with and model the investment needed to build a successful brand. It is clear that market research will play critical role in gathering the huge amount of data needed to support these activities.

2. Penetrating the right cities and institutions: Once the right portfolio has been identified, the optimal cities for the brands in the portfolio must be identified and tactical plans developed to drive city expansion. An institutional focus based on therapeutic potential is also important. Finally, it is crucial to understand and identify the right physicians. Again, market research will be essential in providing clear guidance on the key players.

3. Price and policy advocacy: Gaining the support of influencers requires aggressive advocacy with regulators. One of the main goals here is establishing a partnership to develop evidence and value-based pricing, and helping the government address major issues including private payer structure, public health threats and access to the bottom of the pyramid. Market research has an important role to play in providing that evidence and the value-based figures required to shift the pricing assessment.

4. People, leadership and execution: One of the single biggest challenges in China is execution. Many companies lack the wealth of experience they have accumulated in other large and more developed markets. Those with a well thought-out human resource program to attract and retain the best talent will be in the best position to accelerate market penetration.

It is important to be aware that Chinese data is intrinsically poor and must be combined with powerful analytics and in-depth industry knowledge to reach meaningful insights and solutions. The pharmaceutical market is extremely complex but with the right strategy and plans in place, the challenges it poses can be managed and overcome. IMS is pioneering efforts to provide robust support in the form of reliable measures, as well as initiatives around the development of treatment guidelines and health economics data in key chronic disease areas - critical to promoting value and industry growth.

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CONFERENCE REPORT

Conference Session Two: Extending our Reach

Chair: Piergiorgio Rossi – SGR International. Co-Chair: Bob Douglas – Synovate Healthcare

Piergiorgio Rossi

Bob Douglas

Boosting Brand Growth Now in Emerging Markets

Kurt Kessler,
ZS Associates

The first paper of the second session of the day was presented by Kurt Kessler. Kurt is Managing Principal of the ZS Marketing Research Practice Area, he focuses on creating fact-based marketing strategies for Pharmaceutical Marketers. Prior to joining ZS, Kurt devoted a decade to consulting exclusively with pharmaceutical marketers, designing and conducting hundreds of market research studies to develop marketing actions.

The main question Kurt's lecture started from was simply: How to grow in emerging markets, where MR capabilities and resources are limited, marketers local expertise is limited, and the realities are varied, since each market has different challenges to be overcome?

This question is even more relevant if we think of the great demand coming from senior management to achieve more with existing brands in emerging markets.

So many questions need an answer (regarding portfolio complexity, product launches and patent loss, resource allocation, internal planning processes, etc.), without having enough tools to provide a detailed answer to most of them.

A deep analysis of Brand portfolio is key, to identify opportunity areas in the local emerging market. Once that is completed initiatives to unlock the opportunities identified have to be defined, directing the needed resources towards these opportunities. Finally, once areas of greatest interest have been identified, the limited budget available for MR should be used to gather customer insight to make those areas clearer. Definitely, many tasks to do. How to cope with such a large agenda in so many countries, so different from one another?

Kurt suggests a process, a structured approach, and describes it as an unusual event local people should get ready for (gathering info and preparing material), where interaction between functions and countries is Key. This process will allow an identification of cross product synergies as well.

Kurt describes 3 Building Blocks of the process to identify potential sources of growth:

1. Investigate to understand the local market
   a. Patient flow analysis: determine if penetration is ideal at any stage from prevalence to compliance
   b. Interactions and synergies
   c. Stakeholders analysis: find out if key customers are sufficiently covered
   d. Competitive analysis: find opportunities from Competitive analysis

2. Create: imagine (being creative) possible ways to influence the market and unlock the opportunities
   a. Brainstorming 1: Promote unbounded thinking/creativity. Encourage novel and cross-functional activities
   b. Brainstorming 2: Evaluate different initiatives identified
      i. Does it address a strategic objective?
      ii. Is it feasible?
      iii. What is the potential profitability?

3. Evaluate initiatives in a more rigorous way to determine value and prioritize the actions.
   a. Models are developed to evaluate the initiatives
   b. Only some of the identified initiatives will be pursued
   c. To do so funding from the brand should be made available
   d. Translate prioritized plans into concrete actions
   e. Identify:
      i. Key customers
      ii. Key implementation steps
      iii. Timeline
      iv. Detailed activities
      v. Resources needed
      vi. Responsible within the team

It is definitely a structured process. Even when prompted by the audience Kurt explained that it is truly applicable to different realities, countries and challenges, simply because it does provide a structure only, without influencing the content of what will be discussed at each stage of the process.

For sure it does not solve every problem, but it looks like a viable, flexible solution to a complex reality as exists in emerging markets.

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Jackie Morgan

Impact of PCP Beliefs on Future Pharma Marketing;

presenting author Jackie Morgan, Adelphi International Research, Contributing author Tatyana Ziglina, MarketSense

Jackie Morgan is a Director of Adelphi International Research, with over 20 years experience of market research gained in business to business, FMCG and global pharmaceutical arenas. A modern languages graduate and keen traveller, Jackie has always had a fascination for different cultures.

Tatyana Ziglina is the Marketing Director of MarketSense. She has 10 years of market research experience in FMCG and Healthcare sector. Tatyana holds a Ph.D. in sociology.

This paper took us on an interesting journey through new Europe, visiting the well established Western Countries of Germany and the UK, as well as the emerging easterly countries of Russia and the Ukraine.

Jackie and Tatyana aimed to determine whether or not new emerging Europe represents a viable proposition for marketing pharmaceutical brands within a globalized strategy. European enlargement appears to offer great opportunity in terms of economic growth and access to expensive healthcare – but if "new Europe" represents great diversity, then marketing investment could prove costly. The paper focussed on GPs, as those in the frontline of the Healthcare offering in these countries. A qualitative study was carried out, involving 15 extended IDIs (2 hours duration) in each country, conducted by Senior Directors.

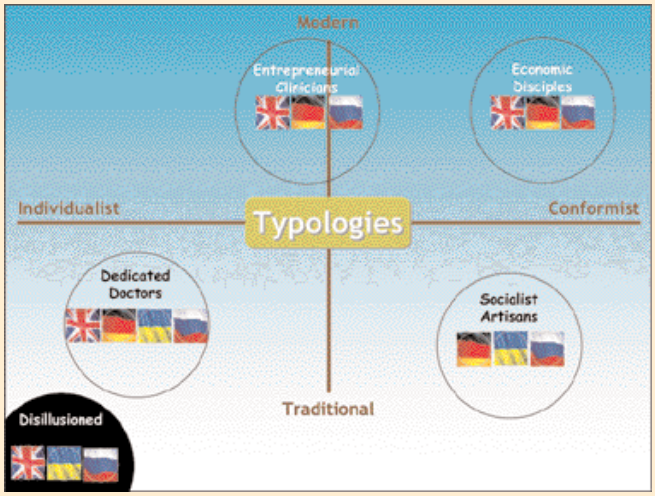
The paper begins with the big picture: what main differences have been detected between the different countries involved in the study? The Ukraine and Russia are characterized by a lack of finance, poor equipment, low pay and lack of professional growth. Given such a environment, younger physicians were more likely to leave medicine for other professional destinations or work abroad. In the Ukraine the situation remains depressed, key examples being the fact that 11.000 people died of TB last year, and GP salaries are equivalent to the lowest paid manual workers. Russia is showing signs of improvement since the National Healthcare Program commenced in 2006, increasing GPs salaries and improving funding and the quality of the tools they are provided with to run their practice. UK and Germany are moving to a framework of politically, target driven cost-effectiveness, to cope with escalating healthcare costs, curtailing GP freedom to prescribe. However GPs do earn high professional salaries with opportunity for extra earnings by taking on additional responsibilities.

The question posed at this point was whether shared philosophies amongst GPs could potentially overcome the historical legacy. Jackie focused first on the core values they were able to identify, and here the first surprise came to light: GPs across the four countries appear to have much in common. Perhaps the peculiarities of the GP profession itself attract a certain personality type?

In more detail, GPs value having Control over their life, represented by a flexible work setting and being able to manage their own time (which would not be possible in a hospital position). They do not have structured career ambitions, they are anti-hierarchical, not fiercely competitive, and place more value on being respected within their own circle of patients and colleagues. In particular they value their autonomy and independence of decision making. Finally they are all interested in people, communicating and listening. They want to understand the patient as a complex reality, rather than specialising in the medical treatment of one condition only.

Moving to behavioural analysis, the next step investigated how individuals conduct their role as a GP within the healthcare system in their country.

Jackie and Tatyana were able to identify two axes (x from individualist=fight for autonomy; to conformist=willing to follow the system/ and Y from traditional=altruistic, self-sacrifice; to modern GP=business man and medical professional), providing the framework for the typology clusters which emerged across new Europe.



Five clear segments were identified along with the preferred communication media for each:

1. Dedicated doctor: situated in the bottom left quadrant; they have an intense personal involvement with patients. They are always available, devote whatever time it takes to their patients, and take pride in being personally appreciated. As regards communication this group is most receptive to their close medical colleagues and preferred sales reps.

2. Entrepreneurial Clinicians: these span the top two quadrants. This group comprises GPs that are both truly dedicated to the medical field and its development, but also want to run a successful business. (eg. perform travel vaccinations, run specialist clinics). They are resentful of the measures which threaten to commercialise patient treatment and threaten their clinical decision making but at the same time they are financially successful, because they take advantage of some additionally paid business opportunities. They have a very proactive attitude to communications – organising formalised meetings to share information, building networks, attending local conferences and flicking through journals.

3. Economic Disciples: they reside in the top right hand quadrant. Younger, and the most political cluster, these are the GPs who are happiest within a healthcare system facing up to economic realities. They consider themselves as a part of the overall Healthcare system. They aim to provide their patients with a competent overall disease management approach, encouraging patients to have a relevant role in managing their own health. Neither Economic Disciples nor Entrepreneurial physicians are present in Ukraine where GPs feel largely that the system is under valued and under funded. As regards communication, their preference is identical to that of Entrepreneurial Clinicians.

4. Socialist Artisans: reside in the bottom right quadrant. These physicians were conformists in the Soviet System, and are not interested in progressing their position, training or acquiring new skills. This is a dying typology, receptive to their preferred sales reps and their medical colleagues, but perhaps not worth investing in!

A fifth, very small and marginal group was identified in the bottom left hand corner:

5. Disillusioned: they are older GPs, in the later stages of their career who have lost enthusiasm. They treat conservatively without keeping up to date.

Therefore it would appear that, in the context of investment in an economically viable healthcare Structure, very similar GP typology clusters exist across Europe. Thus Russia is clearly moving towards uniformity with established Western Europe, whilst Ukraine with its lack of investment and failing system has a slightly different profile.

Towards the end of the paper, Jackie explained the group of techniques known as "Provocative Discourse"® was used in this study to uncover the behavioural typology clusters (revealing what lies behind any professional or public mask that physicians might have chosen to adopt).

One specific illustration of how this technique works was given. A main stated value of GPs is clinical independence and autonomy of decision-making.

Following the self-reflection encouraged by provocation, the emerging confessions help to define different typologies.

The 'Economic Disciple' typology
Quickly shifts to acceptance of commercially driven targets as essential in the modern healthcare structure

The Entrepreneurial Clinician typology
Feels uncomfortable, particularly with the political nature of many guidelines and fights for certain individual cases, but at the same time focuses on running a successful business

The Dedicated Doctor typology
Strongly resent and reject the targets which force them to be commercial to the detriment of individual patients, even if this means that they as a GP miss out financially.

In conclusion, the paper demonstrated that there is a set of common values and belief systems amongst the GP profession that transcends country borders. Within these belief systems and in the context of an economically viable healthcare structure a number of GP behavioural typologies were also identified which exist in all of the countries, but with varying dominance.

The commercial implications of these results are that it should be possible to:

- Develop global communication and promotional activities tailored to address the core values of each of the individual behavioural typology groups regardless of Eastern or Western origin using
  - Data and messages which resonate with their own particular beliefs
  - Media with which they feel most comfortable.

For state or Government policy makers, the results provide an important insight into the GP profession which could be used to

- Communicate and interact with GPs as employees in a targeted way which is motivational for that particular GP type and therefore gain maximum support or develop GPs in tune with policy aims

We should also carefully consider the desirable balance of economic management and altruism/autonomy…. A complete drift from the traditional GP towards the new political breed of 'Economic Disciples' may not be healthy for the nation. But if it is inevitable are we as the pharmaceutical industry ready for it?

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The Epidemiology of Diseases in Emerging Markets and Challenges to Estimating Patient Populations: Focus on China -

Michael McGuill (left) and Nikhil Mehta (right), Decision Resources

China poses unique challenges when attempting to estimate patient populations and forecast market trends. It is too simplistic to treat China as one homogeneous market where 'top down' statistics can be used to build epidemiological and treatment forecasts.

In a vast and diverse country such as China, it is important to build up from the regional level, using regional data sources, rather than making assumptions based upon overall national statistics.

At the regional level it is crucial to estimate the urban and rural populations separately, in order to provide a more accurate understanding of the burden of disease and treatment opportunities. This is important because the disease profile of city dwellers is significantly different from their rural counterparts, with diseases of affluence being markedly more prevalent in the cities. These differences in disease profiles between the rural and urban populations are forecast to become even more marked in the future, and epidemiological forecasts need to account for them.

It is not just the disease profiles which separate rural from urban populations; they also differ on diagnosis rates, access to healthcare facilities, and ability to pay for care. For example, urban-patients are nearly 2.5 times more likely to be diagnosed with diabetes than rural patients, and the upper 20% of earners with diabetes, who are typically found in the cities, are 3 times more likely to be diagnosed than the lowest 20%.

So the doubling of the size of the urban population since the 1970's, from 20% of the population to 40% today, has had a profound impact on the incidence of disease. This process of urbanisation in China is set to continue into the future, with 50% of the population expected to live in an urban environment by 2015. When forecasting epidemiological change in China it is therefore important to factor in these socio demographic shifts.

It is not only the balance between the urban and rural populations that is undergoing rapid change within China; it applies also to the provision of healthcare. This can be seen in the provision of rural healthcare insurance coverage, which until recently was not widespread, but, due to government action, is now more prevalent in rural areas than in urban ones. Now 70% of the rural population has health insurance cover compared to only 55% of the urban population. This has obvious implications for forecasting both diagnosis levels and treatment patterns in China.

There are also major changes planned to increase community care and introduce more retail pharmacies, both of which have been of secondary importance to a hospital based system.

McGuill and Mehta outlined a systematic approach for factoring urban and rural differences into estimates of patient populations at the national and regional level, together with the key healthcare trends.

In order to be able build population models at the regional level, it is critical to have access to the relevant regional data sources or an understanding of the limits and methods of extrapolation of national rates to regions. A number of key sources are listed next, including both secondary sources of information and the large Chinese population databases that are available. In order to make use of the latter a working knowledge of Chinese helps!

Even allowing for a rigorous search and analysis of these sources, gaps will remain, and these can be filled with the use of primary research, both with experts and other stakeholders. Typically primary research should address regional variations in diagnosis and treatment rates, as well as attitudes towards disease management.

Recommended Data Sources:

	Source	Description/How to Access
NBS	China National Bureau of Statistics	Population projections, economic information, regional rural and urban population splits.
	United Nations Population Division	National Age and gender specific population estimates and forecasts (to 2050) and rural and urban population estimates.
CHNS	Chinese Population, Health, Economic and Nutrition Survey	Incidence/ prevalence/ diagnosed/ treated data from sample of 9 provinces and 13,000 adults; six surveys taken between 1989 – 2004; includes self reported lab measures.
InterAsia Study		Nationally representative sample, 35-74, 2000-2001, described markers of lipid levels, overweight and obese, hypertension, diabetes, etc.
NNHS	National Nutrition and Health Survey	Sample of 31 provinces by Chinese Ministry of Public Health; conducted in 2002. http://www.cpc.unc.edu/china and research articles.
International Agency for Research on Cancer	International Agency for Research on Cancer	Incidence data collected by cancer registries worldwide; six Chinese registries are represented. http://www.iarc.fr/index.html
Cancer Database		Incidence data and mortality collected by twelve Chinese registries. http://cancernet.cicams.ac.cn/
CNKI 中国知网	EastView Medical Database	Chinese language equivalent of MedLine, database of Chinese papers, translation required. http://www.cnki.net/index.htm Available through subscription.

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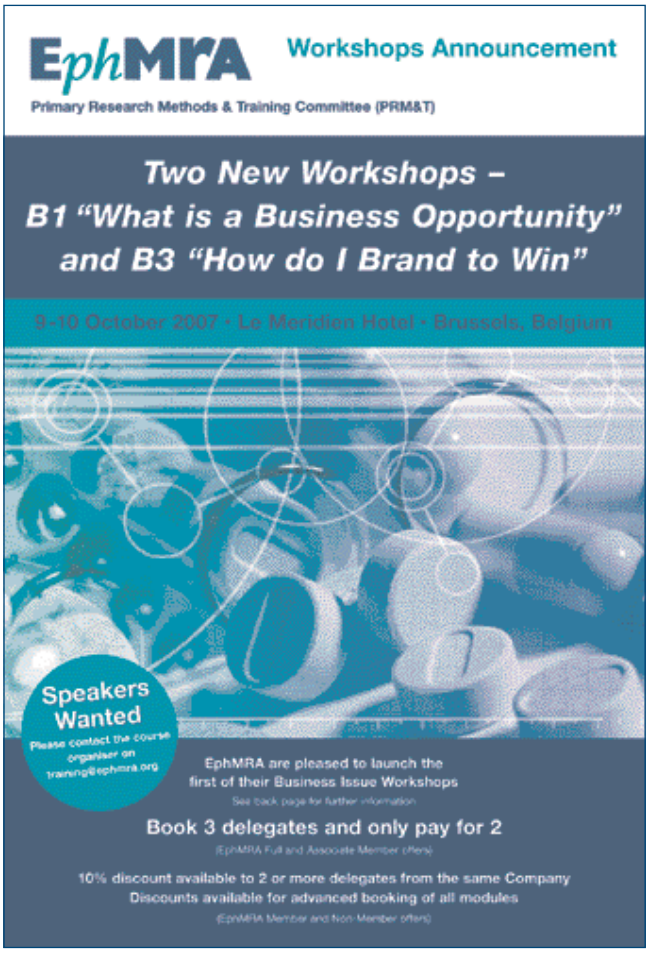
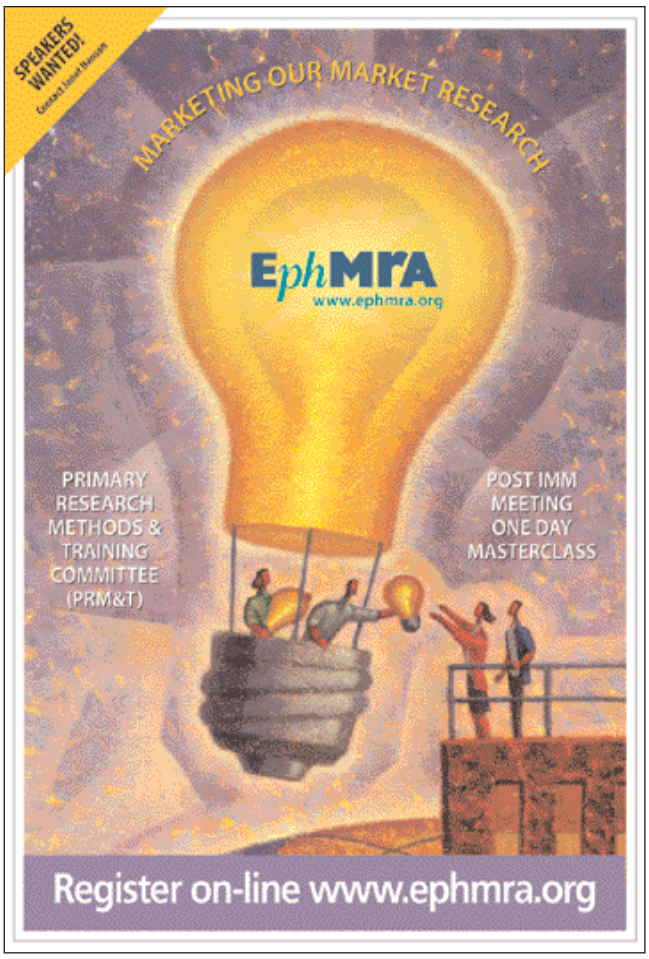
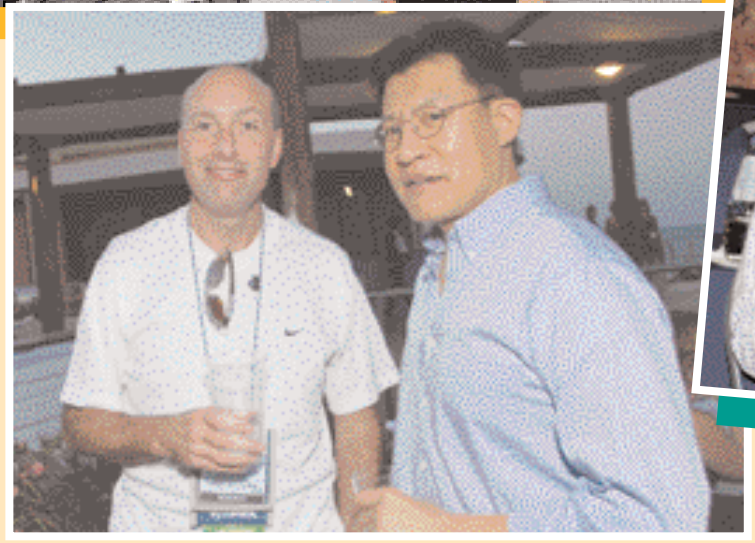
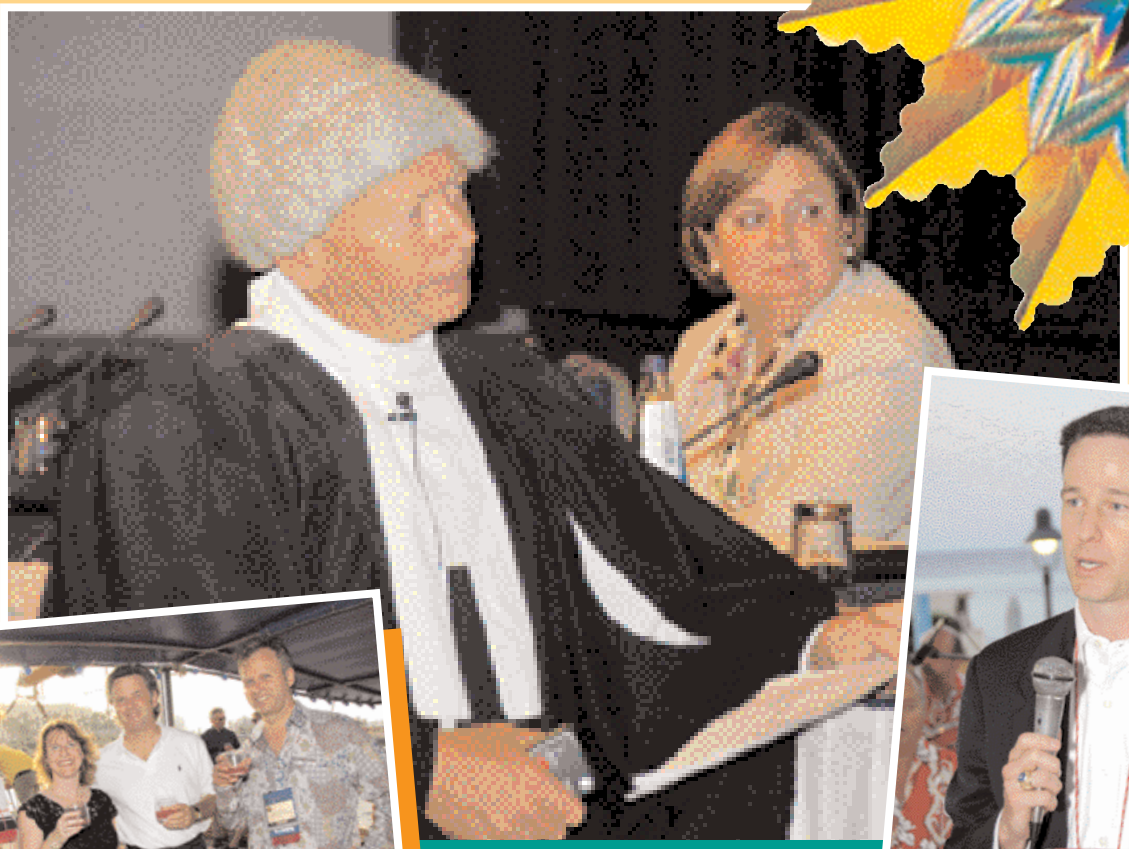




Conference Photo Round-Up





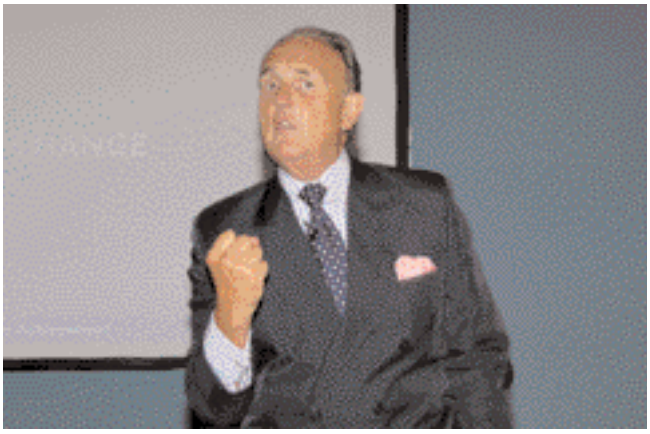
Breakout Business Skills Sessions

Thursday 21 June - Business Skills Breakout Sessions were held for delegates, and there was a choice of three different sessions to attend:

1. Leadership and Teamwork - Richard Denny
2. Think Storyline - How to Avoid Death by PowerPoint - Alexis Puhan
3. How to Tame Tigers - Jim Lawless

Breakout Business Skills Session One Leadership and Teamwork

Richard Denny



Judging by the number of people asking for his business card afterwards, I was far from alone in finding Richard Denny's workshop interesting, insightful and a sheer delight. It was filled with thought-provoking asides, revealing anecdotes and useful advice for inspiring people to greater achievement.

This "Master of Professional Relationships" introduced his session with the comment that our industry is currently going through massive changes and that success for our companies will depend on our ability to change in the evolving market place.

Richard drew for us his "Circle of Success", which comprises not only product/service knowledge and relevant skills, but also the often forgotten "attitude". In a world that is often driven by fear and negativity, it is increasingly difficult to remain positive, but it is the right attitude that brings success and achieves full potential, even when the other parts of the circle (product/service knowledge and skills) are challenged or found wanting. And what's more, we can choose our attitude; it is entirely in our control and it affects not just ourselves, but also those we lead.

In describing the typical evolution of today's Manager, where people who are good at their jobs are promoted to management positions without adequate training on how to be good managers, Richard commented rather poignantly that "people don't leave companies, they leave people". Furthermore, he asserts that we tend to perpetuate bad management by following the example of our own managers.

We were advised that people prefer to work for a Leader than a Manager and that the best management style is that of motivator, where you get people to do something because THEY want to do it (versus manipulator, where you get them to do it because YOU want them to do it).

Richard then outlined his six laws of motivation:

1. WE have to be motivated to motivate others. One simple way of showing this is to walk into the office with a smile and to greet your staff.

2. Motivation requires a goal or objective. Give your staff short term goals (which are more effective than long-term ones) for the day, week or month.

3. Motivation requires recognition. Assuming that one has enough money for food, the three greatest motivators in the western world today, Richard told us, are (in this order):
   i. Fulfilment
   ii. Recognition
   iii. Money

4. Participation motivates. If we listen to our people, our business will do better.

5. Seeing ourselves progressing motivates us. Look for things that indicate progress.

6. Challenge only motivates if you can win. Don't make the challenges too big as that is simply de-motivational.

The next part of Richard's workshop provided some tips on how, as marketers, we can best sell our ideas and convince other people to take them on board. The "hard sell" style of the 60s and 70s, with the "full Nelson" style of closing sales, is out of date, he assured us, having been replaced by consultative and relationship selling. He advocated talking about results before going into detail when trying to sell a new idea and to practice the art of asking the right questions. "Selling is not telling, it's asking".

Richard closed the workshop with the salient comments that it is desire, not ability, that determines our success and that the definition of stupidity is doing the same thing next year as you did this year, expecting different results. His parting advice was to be brave, take an occasional risk and try to have a little fun each day.

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Breakout Business Skills Session Two Think Storyline - How to Avoid Death by PowerPoint - Alexis Puhan

It's a terrible thing to admit, but before seeing the 2007 Conference programme I was not even aware of the "Death by PowerPoint" phenomenon. Who knows how many clients and colleagues I, in my ignorance, have inflicted this most awful of tortures on? But now that I have been to Alexis Puhan's brilliant training session, I'm hopeful there will be fewer casualties at my presentations in the future.

So, how can we avoid death by PowerPoint? Alexis Puhan began with the observation that the human brain is not a linear organism, but one based on networks, levels, and inputs from all the senses. Relatively few of the things we have learnt in life have come to us purely by reading. We learn more by talking, doing and responding to various stimuli through all five senses, and we should remember this when imparting information to others via results presentations.

To illustrate the point, Alexis showed a video and sound clip of Rimsky Korsakov's "Flight of the Bumble Bee". The audience sat in rapt attention as we actually watched a complex piece of classical music play out before us – the notes and instruments of the orchestra transposed as abstract, coloured bars rising and falling on a black background. We realised it is possible to visualise something very complicated without words, and without PowerPoint!

But showing that there are ways of conveying information without PowerPoint was only one of Alexis' objectives. First he showed us how we could convert a torture into a treat within PowerPoint. Here are some of the reminders and tips we picked up:

- Don't show too much on each chart. Management consultants stick to the 3 bullet point formula (apparently you can tell anything in 3 bullets!) – we market researchers could do this more often too.
- Remember the difference between a summary and a conclusion. A summary is a shortened list of given facts (may be correct or incorrect); a conclusion gives new insight (and may be open to debate).
- Write your slides with a "message first" approach. Start each slide with the message or insight you want to give, then ask yourself "what data do I need to illustrate this?" Don't begin writing the slide with the data.
- Use hyperlinks. Link your take-away messages to data charts in the Appendix, in case your audience asks "where's the evidence?"
- Build in time to revise, edit and condense your presentation before sending the final draft. You never get a text chart 100% right at the first try.
- Be "easy on the eye". This commandment covers many design tips, such as using dark grey font rather than heavy bold black; never putting the logo in the top left corner (that's where the message goes); rainbows are pretty but not in presentations – limit colours to 3 per chart.

In the last part of his talk, Alexis called on us all to remember that when we give results presentations, we are telling a story. The market research presenter can learn a lot from a good story teller. Give a hint of the end at the start; establish the context; build suspense; flesh out the ending that we were half expecting all along… Our audience will engage emotionally as well as rationally with what is said, and we need to acknowledge this as we finalise our presentations.

The session ended with a lively question-and-answer exchange, at which many industry delegates showed off the PowerPoint scars they had suffered at the hands of agency presenters. There was huge and immediate applause for Alexis after the last question, and we left with firm resolutions that our presentations will be treats from now on.

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Breakout Business Skills Session Three
The 10 Rules For Taming Tigers
Jim Lawless

The Thursday afternoon break out session was treated to a highly amusing and thought provoking speech from Jim Lawless. Jim, an internationally renowned motivational speaker, has developed his '10 Rules For Taming Tigers'.

Jim highlights the fact that the rules that he has set about defining have been inspired by Yann Martel's bestselling book 'Life of Pi' and offer a fascinating insight into how the individual can adopt these fundamental principles in order to achieve one's goals.

Quintessentially what underpins the credibility of Jim's offering is the fact that it sits alongside a significant personal achievement – making the transition from corporate lawyer to licensed jockey within 12 months. In short, having defined his '10 Rules', Jim was challenged by a client a few years back to appear on national television within 12 months, racing as a licensed jockey. The enormity of the task is magnified when Jim points out that at 36 years old and 3 stone in excess of the typical jockey weight he had never sat on a horse. Suffice is to say that within 12 months Jim had tamed his tiger and at 12.00am on a grey November afternoon rode out on 'Airgusta' for the amateur riders handicap at Southwell race course on national television.

So what is a tiger? And how do we go about taming one? In its simplest form we are told that, a tiger - your tiger - is what roars in order to prevent you from achieving your goals. It is what pulls you back, urging you to stick to the safe ground and run with the pack. In Jim's case his goal was clearly sport, for the audience attending it may well be altering the perception of market research in the pharmaceutical industry and how that is achieved. The point made was that your goals can be anything you desire and that you are prepared to work towards, whether they be personal or professional.

Jim's 10 rules therefore outline a process to navigate the individual, or indeed a team, past those very obstacles that are likely to limit the attainment of goals.

So what are the Ten Rules for Taming Tigers?

- Time is Limited - Act Today
- Re-write your rulebook - Challenge Everything
- Head in the direction of where you want to go - Every Single Day
- It's all in the mind
- The tools for Taming Tigers are all around you
- There is no safety in numbers
- Do something scary every day
- Understand and control your time to create change
- Use the discipline advantage - Follow Rules
- NEVER NEVER GIVE UP

These rules provide much more than a simple frame work to be guided by in work or life, it is a fundamental way of thinking that invites you to challenge the way that you approach your goals that you set for yourself.

On speaking with a number of the attendees after this event, what was clear that most took away was that it is easy to define a set of rules to help you achieve an outcome but ultimately it is how much you want it and to what extent you dare to change those things to make the changes you want.

Alex West
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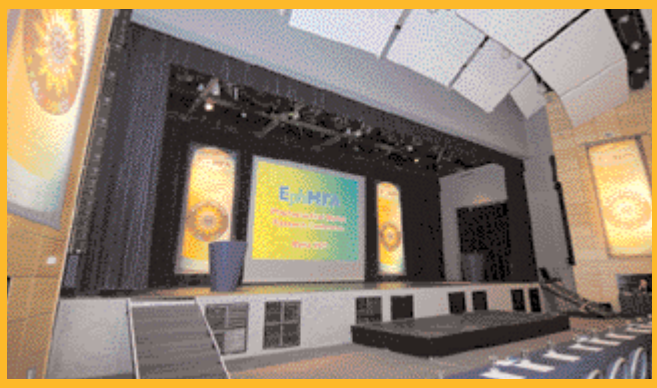
CONFERENCE REPORT

Session Three: Above and Beyond

Chair: Rob Haynes – Schering Plough Corp. Co-Chair: Eric Robillard – A+A Research

Rob Haynes

Eric Robillard



Improving the accuracy and flexibility of MR models to address evolving management needs

John Tapper (left) & Andrew Scott (right), Ziment

With the developed healthcare markets around the world forecast to show single digit growth and a dearth of emerging blockbusters, pharmaceutical companies face a rapidly increasing need to improve existing planning processes. The need to provide more insight so that management can better allocate tight marketing and development resources is pushing market researchers to be more accurate while at the same time being flexible enough to gain insight into the motivating power of the many product characteristics that may drive prescribing. Further, the search for growth is increasingly global, underscoring the importance of accurately capturing country-level nuances.

These pressures compound the already difficult task of testing products across multiple countries and specialties. Qualitative tests, no matter how extensive and insightful, cannot be reliably projected to the population. Quantitative tests, particularly those relying on decision models, are limited in flexibility because of the difficulty and expense of obtaining large enough samples within all the subgroups to be tested. Making matters worse, while new products are often characterized by many, many unknown features best practices limit the number of attributes that vary between scenario tasks to ~7. As a result, market researchers are often forced to base critical decisions on purely qualitative input, limit their investigations to only the most essential unknowns, or sacrifice best practice modeling in favor of increased flexibility.

In their paper, Improving the accuracy and flexibility of MR models to address evolving management needs, John Tapper and Andrew Scott illustrated an innovative approach to addressing the dueling demands of accuracy, flexibility, and global reach. The approach, which they call Benchmark Discrete Choice (BDC), combines traditional monadic reads with powerful partial profile conjoint analysis, and was developed through close collaboration between Novo Nordisk and Ziment. BDC gave Novo Nordisk the flexibility needed to make informed and nuanced marketing and development prioritization decisions. By combining proven modeling techniques in creative ways, and working closely to leverage the expertise of both client and supplier, the team provided management with the unique ability to test the impact of many unknowns, obtain highly sensitive information on the value physicians place on many modeled attributes, obtain accurate assessments of potential prescribing arising from combinations of those attributes, and gain both global and local market insights.

To bring the impact of the work into focus, they presented elements of a study conducted with over 2000 respondents in the diabetes market in six countries. The study modeled the introduction of multiple new products characterized by more than 50 unknown product features.

This project provided deep insight into the drivers of preference share by country. Results revealed strong country-level preferences, subtle differences in drivers across countries, and surprising consistencies. Even more importantly, the study provided powerful guidance to clinical research initiatives, guiding clinical trial development and the positioning of pipeline products.

To accomplish this large and complex project required a highly collaborative, multi-site, multi-disciplinary team. The success of this approach depended upon a well organized, open, and forgiving partnership between client and supplier as well as between teams within Novo Nordisk. These partnerships were critical in guiding the design of the approach as well as in interpreting and implementing results.

The work illustrated that creative applications of well-known techniques coupled with flexible, collaborative, multidimensional teams can provide powerful insights and create substantial value for pharmaceutical companies. More specifically, the paper provided detail on the specific technique employed, challenges encountered, lessons learned, and best-practice recommendations. Similarly, they presented guidelines for building successful working partnerships on projects designed to guide clinical development and competitive assessment. The lessons learned and the modifications made to already available approaches will help to address the increasing demands that pharmaceutical companies are seeking from MR, especially as more targeted products start to emerge in a wide variety of markets in the coming years.

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'The breast cancer journey... It's as vital as the air that they breathe...'

Julie Buis,
Aequus Research

This research study captured and crystallised in a compelling, motivating, emotional and powerful way (using innovative presentation styles and 'live' patient testimonials, from patients and their families) the journey a patient (and her carer) travel through following confirmation that her breast cancer has progressed/re-occurred or metastasized. The research was conducted in 'up and coming markets' with new audiences, specifically scrutinising their attitudes, behaviours and needs vs. those in the more 'traditional' markets. In detail, it focused on the different cultural models, family dynamics, and roles for women in society and the cross country coping strategies they have adopted. The key markets identified, examined and contrasted were Europe, Brazil and China.

The presentation provided the audience at EphMRA with the following information:

- A visual depiction of the physical & emotional journey a breast cancer patient & her family travel through including their 'need states';
- Ground breaking cross cultural patient insights of new audiences to help marketing colleagues, pharmaceutical companies and physicians better understand patient needs in the area of advanced breast cancer;
- A selection of opportunities to better and more profitably meet and exploit customer needs in this therapy area;
- A selection of ideas to capture these opportunities, highlighting both market and cultural differences.

Selected key take away messages include:

- The need for pharmaceutical companies to adopt a 'softer' approach in communicating with metastatic breast care patients
- The need to debate with colleagues and clients the most appropriate methodological approach for terminally ill patients. Would information from the carer work just as well?
- Allow a maximum time for recruitment – patients have good and bad days!
- Tread carefully through the interview discussion guide – flexibility in asking questions is paramount
- Remember that we are trained interviewers and not trained counsellors!

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Leveraging Market Research for Outcomes Research Publications

Michael Kelly, Consumer Health Sciences & imap research

The importance of scientifically rigorous outcomes research publications has grown in recent years as regulatory agencies become more stringent on the standards for what can be included in product labeling. To address the need, outcomes research departments are more often turning to market research survey information as the reference source for their presentations at medical conferences and publications in peer-review journals. This trend represents an opportunity for market research departments to extend the utility of research conducted for other purposes. To fully leverage this opportunity, market research departments must understand the mission of outcomes research and the standards necessary for conducting research that can be used within a publication.

To increase the likelihood that a survey instrument can be used for an outcomes publication, four important factors should be considered by market research. The first is using validated scales in the survey. Validated scales are accepted by the scientific community as being appropriate to measure specific concepts and are proven to be consistent across users. The second factor is gaining Institutional Review Board (IRB) approval of the instrument before it goes into field. While IRB approval is typically associated with clinical studies, it is more often being required by journals for any data that are published. The third factor is to involve opinion leaders in the design of the survey. Opinion leaders provide a tremendous resource to support survey design and also will benefit themselves from knowledge of the survey when they act as the lead author in the resulting publication. Finally, planning ahead is essential. Approaching the survey with hypotheses and planning for unexpected results will support both the market research and outcomes research end mission. Each of these considerations lend to the credibility of the information which, in turn, facilitates its publication and elevates the level of journal that would consider it for publication.

A survey that was conducted using depression patients from the US National Health and Wellness Survey, from Consumer Health Sciences, provides an illustration on how a survey can be used to support the objectives of both outcomes research and market research. The market research purpose of the survey was to identify what proportion of the unipolar depression population in the US should be diagnosed with bipolar depression. The survey included two key contributions made by outcomes research. The first was the identification criteria for bipolar depression as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV). It defines a manic episode as "a period of abnormally and persistently elevated, expansive or irritable mood, lasting for at least one week". The patient must also experience at least three symptoms and symptoms must cause significant impairment in social, occupational, or other daily life activities. Survey questions were designed based upon these criteria. The second contribution was the Psychological General Well-Being (PGWB) scale. The PGWB scale is a validated scale that consists of 22 questions designed to measure individuals' subjective feelings of well-being or distress. With this survey and the contributions made by both functional areas, market research was able to size the misdiagnosed bipolar population in the US and determine the key drivers that lead to misdiagnosis. In addition, outcomes research was able to publish the negative impact of not diagnosing and treating these patients for bipolar depression on the patients overall quality of life.

Partnering with outcomes research can provide significant benefits to market research in improving the overall design of the survey and insuring that the survey is aligned with marketing objectives. Perhaps the most compelling rationale for the partnership, however, is a financial one. In a time where growing market research demands are being put on shrinking market research budgets, partnering with outcomes research provides an opportunity to share the cost of the survey across the two groups, extending the research budgets in both functional areas.

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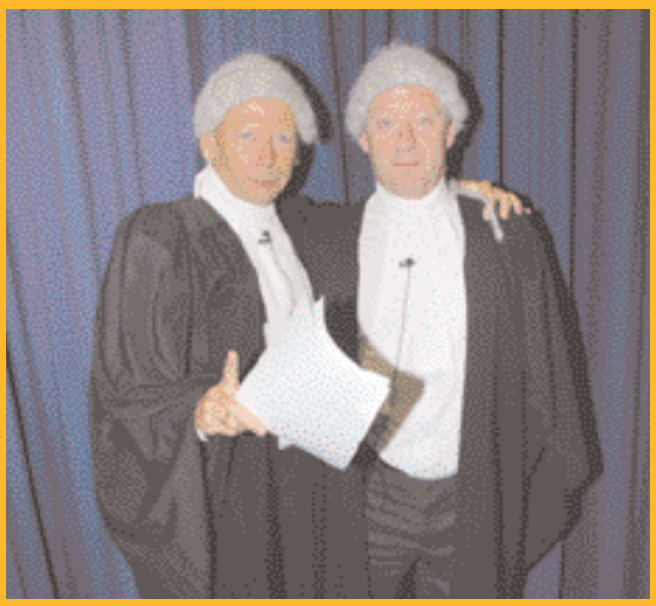
CONFERENCE REPORT

Session Four: Is it Legal to Conduct Market Research



A Report of the "Trial"

Prepared by
Allan Bowditch, The Ziment Group
and Stephen Godwin, Synovate

The Cast

Anne Loiselle (Abbott) - Judge
Allan Bowditch (The Ziment Group) - Prosecution Council
Stephen Godwin (Synovate) - Defense Council

Following the success of the first EphMRA "Trial" held in Basel in 2004 which accused marketing research of not assisting as fully as it might in the sales optimization of new products; the 2007 Programme Committee felt the synopsis from Stephen Godwin (Synovate) presented another opportunity to debate several important issues. On this occasion the "charge" to be discussed was:-

Increased pressure on the way marketing research can function, will adversely affect its future!

The staging of a debate in the form of a trial was an attempt to engage delegates on issues of significance to the industry, while at the same time addressing several critical developments that require all those in marketing research to take action to protect its future: Drama indeed!! Staging such an event is not a simple matter and all those involved (see appended) must be congratulated on the way many critical and up-to-date facts were set out in an often amusing yet meaningful way. Coming at the end of a morning of extremely well presented and engaging talks, the Friday program proved to be one of several high points of the successful meeting.

The technical support from Joan Davies and her team in setting up the introductory court scene and in coordinating the contribution from "prosecution witness" Stephen Knowles (Head of Global Product Safety Lilly UK) as well as splicing together 5 clips to achieve the guillotine scene was amazing. Judging by the enthusiastic response from those who attended and the fact it was voted best "paper" of the conference, the effort from those involved was much appreciated.

Following the setting out of the case by Anne Loiselle (Judge), the prosecuting council (Allan Bowditch) explained the key facts that were going to form the basis of the argument that marketing research's future was going to be seriously jeopardized.

These included:-
> Adverse Event and Adverse Drug Reaction Reporting.
> Increased Incentives for Health Care Professionals and the need for increased incentive transparency for Pharma companies when conducting promotional market research.
> Tighter and Tighter deadlines
> Using MR to Support a Marketing Action already decided upon.

Stephen Knowles (on a simulated satellite link) pointed out several important issues surrounding the reporting of Adverse Events. First he explained that there was a need for a harmonized approach in the UK to Adverse Event reporting by market research and indicated that there was a legal obligation for agencies acting on behalf of companies to become involved in reporting such issues back to client companies. Although it would be important for the client company to follow up the AE with the respondent, anonymity would be respected if the respondent chose not to have their identity passed on. However, the event still needed to be reported. Stephen pointed out that currently in the UK (but also it was probable this would be the case across Europe too), that it would NOT be acceptable to merely ask the healthcare professional to report any AE that occurred during the course of the interview.

An undoubted concern to those in market research was the fact that because Drug Safety personnel will need to understand what their workload might be if AE's are possibly going to be collected in a study; they need to review the questionnaire beforehand! While this will not be for the purpose of vetoing the questionnaire, it at best could slow down the process of data collection and at worse could lead to suggested changes.

Given that the supposed satellite link was broken before the defense team (Stephen Godwin) could ask questions, this lead to an amusing clash between the two opposing councils.

Further concerns about AE reporting were highlighted by Dan Fitzgerald (GfK US Healthcare) who was called as the second witness. He expressed concerns about the impact on respondent confidentiality, and felt that if agencies were forced to get agreement from respondents to allow their details to be passed on if an AE was mentioned; the impact would be considerable and would lead to:

- Lower response rates
- Higher costs
- Potentially biased samples
- Less than honest answers as respondents might hold back on certain points in order to avoid follow-up
- Reduced value to marketing personnel

The defense did not accept the concerns expressed about increased legal liability. However, it has to be a worry that the liability being assumed by a MR agency signing a contract (where they agree to report AE's) will need to include indemnification of the agency by the client. This will help to protect them from any financial consequences as the result of civil litigation – clearly a potential concern. During the "heated" cross examination and amid the claims of witness "badgering", Judge Anne Loiselle had a hard time keeping order, contributing to the fun amidst the seriousness of the issues under review.

The question of increased fees to physicians was also raised during the trial. As the defense claimed, this is an aspect that has been around for a long time and has had to be addressed by recruiters and agencies without any previous detrimental effects on the way market research has been conducted. However, the prosecution tried to illustrate that legal departments have become embroiled in this issue because various government authorities are claiming that high fees paid to physicians by market researchers will have an influential effect on prescribing especially if linked to the testing of promotional information! Could we thus see a "cap" placed on fees? If so, this will seriously impact recruitment rates, increase the time frame and decrease the time allowed for objective analysis.

In a U.S. document from the state of Maine and Washington DC, (and submitted as evidence) it was recently reported that a new demand regarding the fees paid to Healthcare Professionals had been enacted:-

"When a health care provider participates in a market research activity. (e.g., market research survey, advisory panel, focus group, etc.) payments made directly or indirectly to (health care professionals and persons employed by them, health plans and benefits managers, pharmacies, hospitals, nursing facilities, clinics, and other entities licensed to provide health care) in connection with the market research survey(or other activities) undertaken in support of developing advertising and/or marketing strategies; the client must pass this information to the respective state or city medical authority"

Washington DC: DC Register, Chapter 18 (Prescription Drug Marketing Costs of Title 22, section 1800-1805 Maine: Department of Health and Human Services, 10-144, Chapter 275,
Section 2 Reporting of prescription Drug Marketing Costs

The prosecution felt that this troubling trend might be the tip of the ice-berg! - We shall see!

The prosecutions' case was wrapped up with comments from Howard Parr (Ziment) who mentioned the troubling trend which all those in marketing research have been wrestling with, and that is increased pressure to turn around studies at a faster and faster rate. He said "on a very basic level - less time = more margin for error and that this perhaps was more in likely in qualitative studies". Within quantitative research this is somewhat offset by speedier research procedures especially if web based. On a more fundamental level, the demand for speedier research means there is less time for original thinking and providing the appropriate insights and recommendations which Pharma companies rightly demand of MR professionals. Over time this could erode management's confidence in such investigations.

Howard Parr

It has also been noticed that marketing research is being used increasingly even when important decisions have already been made. If it appears that the results do not back up those decisions the research is either called into question and discredited in some way, or simply swept under the carpet. Either way it was said by the prosecution council, that this is not the way market research should be allowed to be used, or eventually it will not be used at all!

The defense case was based on the premise that adverse event reporting – which it was Stephen Godwin's strategy to single out and attack and which Allan Bowditch's witnesses had portrayed as so menacing – was simply not so.

The strategy was executed by calling three witnesses: Julie Buis (of Aequus Research), who elegantly described how the UK Ministry of Health's initiative to tax doctors' market research honorariums had been faced down and lost momentum; Bob Douglas (of Synovate Healthcare), who convincingly explained how a threat – again by the UK's Ministry of Health – to close down IMS and TNS's prescription audit had eventually found an happy compromise; and Jean DelAguila (Merck & Co), who expertly recalled how HIPPA guidelines in the USA, initially perceived as a significant threat to the whole market research industry, had diminished so dramatically in status.

Jean DelAguila

This defense, despite Allan Bowditch's relentless efforts to confuse and unsettle the witnesses, ultimately created the platform for Stephen Godwin to portray the Prosecution's case as over-dramatized and thus likely to merge - with but trifling significance - into the already highly regulated processes which our industry requires.

The prosecution concluded the summing up with a musical reference to the line "we've past the point of no return" from "Phantom of the Opera" before a visual of a falling guillotine was seen: Yes it was pure theatre, but delegates could not deny that they had been given an important wake up call on the issues outlined.

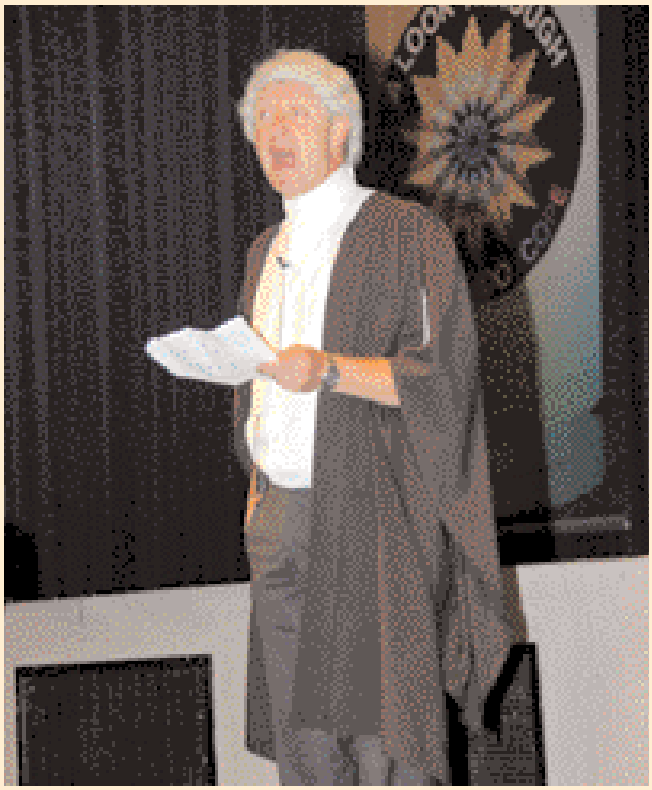
As always, Stephen Godwin (as defense council) rose to the challenge to re-emphasize with persuasive oratory and passion why major events of the past had not derailed the industry and that these current issues although not to be taken lightly, would not do so in the future.

The "guilty or not guilty" verdict was extremely close; clearly a "hung" jury but the flags waved for the defense might just have won the day.

In conclusion, it should be said that market researchers from both agencies and industry will need to keep up to date with these developments. Those in Pharma companies need to inform senior marketing colleagues of the potential threat to being able to implement timely market research investigations and the consequences that will result. Those in agencies will need to have at their fingertips information about the changing developments on Adverse Event reporting and the emerging laws on fees paid to physicians especially when undertaking promotional research. There were undoubtedly several important "take away messages."

Witnesses

Stephen Knowles (Lilly)
Dan Fitzgerald (GfK US Healthcare)
Howard Parr (Ziment)
Bob Douglas (Synovate)
Julie Buis (Aequus Research)
Jean DelAguila (Merck & Co)



Stephen Godwin

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The EphMRA Award for Contribution to Pharmaceutical Marketing Research - 2007

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:

Year	Winner	Runner-Up
2006	Hans-Christer Kahre, AstraZeneca	Barbara Ifflaender, Altana Pharma
2005	Colin Maitland	Hans-Christer Kahre, AstraZeneca
2004	Isidoro Rossi, Novartis Pharma	Dick Beasley
2003	Janet Henson and Bernadette Rogers	Dick Beasley
2002	Allan Bowditch, Martin Hamblin GfK	Rainer Breitfeld
2001	Panos Kontzalis, Novartis	Allan Bowditch, Martin Hamblin GfK.

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 momento.

Those nominated in 2007:

François Feig – Merck Serono International
Stephen Godwin – Synovate Healthcare
Barbara Ifflaender – Altana Pharma, a member of the Nycomed Group
Xander Raymakers – NV Organon
Piergiorgio Rossi – SGR International
Alexander Rummel – psyma international medical marketing research
Ulrich Wuesten – Bayer Schering Pharma AG

Winner
Barbara Ifflaender
Altana Pharma
(member of Nycomed Group)

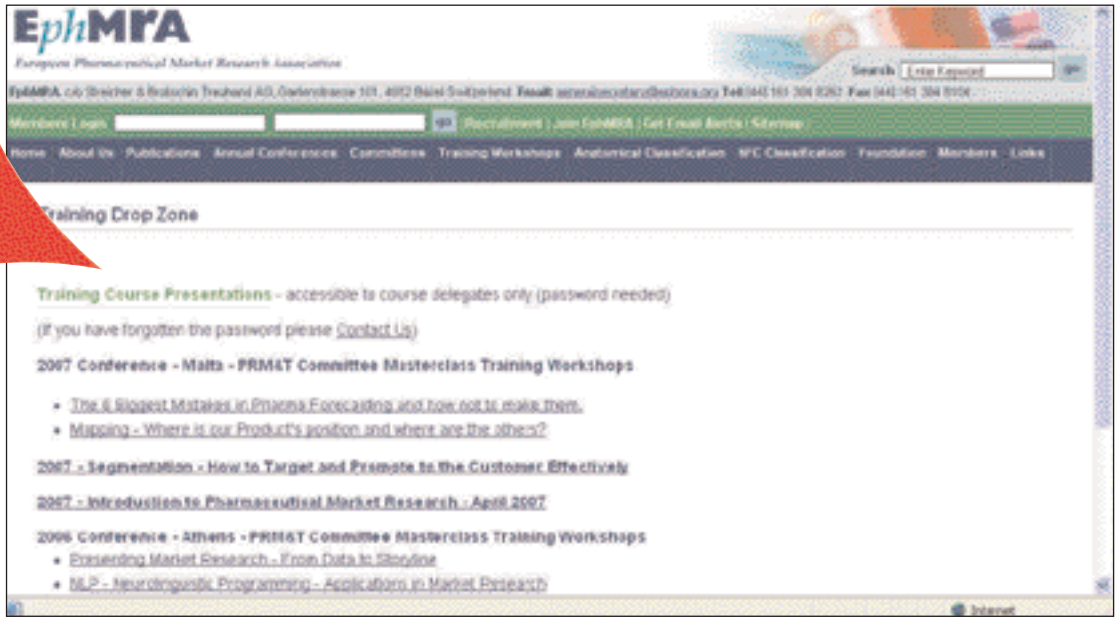
Runner Up
François Feig
Merck Serono

Third place
Ulrich Wuesten
Bayer Schering Pharma

2007 Conference Drop Zone Files

All the presentations from the Malta Conference are available on the EphMRA web site www.ephmra.org (page 1690)

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



Thanks to:

1. ...the Conference Organiser
Janet Henson

2. ....the Technical Team

3. ....the Conference Secretariat

4. ...the writers of the Post Conference News articles and reports

- **Allan Bowditch** – The Ziment Group
- **Peter Caley** – Branding Science
- **Bob Douglas** – Synovate Healthcare
- **Dan Fitzgerald** - GfK US Healthcare
- **Rob Haynes** – Schering Plough Corporation
- **Jeremy Lonsdale** – Aequus Research
- **Marianne Purdie** – Synovate Healthcare
- **Xander Raymakers** – NV Organon
- **Eric Robillard** – A+A Research
- **Piergiorgio Rossi** – SGR International
- **Alexander Rummel** – psyma international
- **Alex West** – P\S\L Research Europe
- **Peter Winters** – Brand Health International

Thanks to the 2008 Programme Committee
for excellent work so far

Allan Bowditch	Ziment, USA - allan.bowditch@ziment.com
Matthias Fargel	Psyma International Medical Marketing Research GmbH, Germany - matthias.fargel@psyma.com
Rob Haynes	Schering-Plough Corp, USA - rob.haynes@spcorp.com
Bernd Heinrichs	Grunenthal, Germany - bernd.heinrichs@grunenthal.com
Eric Robillard	A+A Research, France - e.robillard@aplusaresearch.com
Chris Thomson	IMS Health, UK - cthomson@uk.imshealth.com
Alex West	P\S\L Research, UK - alex.west@pslresearch.com
Janet Henson	EphMRA Conference Organiser, France - conference@ephmra.org

See you in Barcelona, 25-27 June 2008

Winner of the 2007 Jack Hayhurst Award for Best Paper

Winner – **Stephen Godwin** (Synovate Healthcare - left) along with **Allan Bowditch** (The Ziment Group) - Runner-up. Award presented by **Anne Loiselle**, EphMRA President.

EphMRA

Log on to the EphMRA website (members section) to view the 2007 updated...

Review of Treatment Information Sources

- Profiling 13 companies, 50+ treatment information resources and outlining for each
  - Company contact details
  - Recruitment specification
  - Sampling process
  - Diagnostic and patient data
  - Data entry and analysis
  - Reporting
  - Service requirements and pricing
  - Sample size information

Your one-stop shop to finding an information source to meet your needs for treatment information

Developed by the Treatment Information Committee

The EphMRA Board

As of 1 October 2007 the EphMRA Board will comprise:

Rob Haynes – Schering Plough – President

Anne Loiselle – Abbott Laboratories – Past President

Michel Bruguiere Fontenille – Treasurer

Kurt Ebert – Roche - Board Member

Kerstin Lilla – Solvay – Board Member

François Noailles – Pierre Fabre – Board Member

Rob Haynes
Schering Plough
incoming President

Michel Bruguiere Fontenille
Treasurer

Leaving the Board at the end of September are:

Barbara Ifflaender – Altana Pharma (member of Nycomed Group)

Ulrich Wuesten – Bayer Schering Pharma

François Feig – Merck Serono International

Paris Panayiotopoulos – Merck Serono International

Thanks to these Board Members for their commitment and hard work.

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By phone, fax or email...

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Visit the EphMRA web site at www.ephmra.org

Foundation Committee News

Project 1
Doctor Statistics in Turkey
Single country report.

Project won by:

CSD
Cegedim Strategic Data

Cegedim Turkey based in Istanbul

Project 2
Doctor Statistics in CEE.
7 country report - Bulgaria, Czech Republic, Hungary, Poland, Romania, Russia, Slovakia.

East To West Marketing Inc.

Project won by:
East to West Marketing Inc

A further update on the progress of these projects will be available shortly.

Associate Member News

Thelga Areteou has joined the team at Ripple Research as a Research Director. She has a background in Marketing and a 'hands on' approach to research along with an excellent understanding of both qualitative and quantitative research. She has lived and worked in three European countries and speaks French and Greek fluently.

Charlotte Solberger has been appointed Telephone Operations Director for FI Healthcare, based in the UK. Charlotte will be responsible for operational strategy, processes and procedures, and all aspects of project delivery, quality control, data protection compliance and management of interviewer resources.

All Global, the data collection agency specializing in healthcare and medical research, have appointed Kate Grady as their new Viewing Facility Manager at All Global Viewing in London. Kate brings with her over ten years of experience in the Viewing Facility industry.

TM Marketing has joined the INTAGE Group. TM Marketing will continue to operate as TM MARKETING and has absorbed the existing medical research department at INTAGE Inc. The office has moved to the INTAGE Akihabara Bldg. in Tokyo.

Matt Heimerdinger has been appointed Director of Global Operations at TM MARKETING. Matt now leads a team of bilingual researchers that assist overseas clients and local clients with healthcare research in Japan and abroad.

Double Helix Development has appointed Suzie Hall as Senior Research Executive. Suzie joins from Insight Research and has 2.5 years of international ad-hoc pharma market research experience.

Recent promotions at Double Helix Development include - Nathalie Plumet to Associate Director, Holly Jepson to Project Manager and Rebecca McKenzie to Senior Research Executive.

Synovate Healthcare has opened an office in Turkey (Istanbul) which will deliver market-leading services and solutions to clients in this increasingly important pharmaceutical market. Turkey operations will be headed up by Ilkay Raoul, who brings extensive agency and client-side experience.

Synovate Healthcare has launched the Psychoses Therapy Monitor Online which will cover treatment of patients diagnosed with Schizophrenia and Bipolar 1 and 2, incorporating doctor demographics, attitudinal data and patient records. Coverage will include 5 EU with US rollout planned.

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 even further, or still some exciting promotional opportunities on offer – call Janet Hobson +33 4 78 65 77 50 or Bernadette Rogers on +44 161 304 8362.

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Consumer Health Sciences

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Cegedim Strategic Data

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