EphMRA news
September 2011
keeping members informed and involved
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Welcome to Post Conference News 2011!

This is our 50th anniversary year and we were back in Switzerland where it all began in 1961.

June saw a record number of delegates converge in Basel for the 2011 EphMRA Annual Conference.

This year's theme of ***'Stepping it Up'*** - of how to raise our game to meet the many challenges we face - produced some fascinating, albeit challenging, insights from our speakers. In the plenaries, IBM's Katherine Holland delivered a mandate for global healthcare to become 'smarter', Charlotte Sibley revealed some surprising home-truths about the state of US healthcare and Toralf Haag and Chris Krattiger-Savelkouls explored the 'brave new world' of biosimilars. Meanwhile, the parallel sessions saw other thought leaders from pharma companies and research agencies worldwide offer new perspectives on everything from 'pharmerging' markets to online brand communities. You can read a full overview of each paper within these pages.

Meanwhile, don't forget to register for our forthcoming conference in Shanghai, 27-29 September - our first ever in Asia. Whether you're an Asia-based researcher, or work outside of Asia and have an interest in the region, this one's for you.

We hope you enjoy all the news on Basel, and we look forward to seeing you in Shanghai - or, if not, Paris 2012!

The EphMRA Board

See web site for more details
www.ephmra.org

50th Anniversary EphMRA 1961-2011

2011 winners

Jack Hayhurst Award

Best Paper as voted by the conference delegates

Charlotte Sibley

Winner

Quo Vadis U.S. Healthcare Reform

Charlotte E. Sibley, Sibley Associates, and
Dan Hoffman, PBRA, USA

Runner Up

The emergence of biosimilars - how they are different from generics and what are the implications for marketing?

Toralf Haag, Chief Financial Officer,
Lonza Group Ltd, Basel, Switzerland

and

Chris Krattiger-Savelkouls, Head of Global Marketing,
GfK HealthCare, Basel, Switzerland

Agency Fair Competition Winners

The 3 winners of the agency fair competition were:

Felicina Itote, Abbott

Andrea Mehl, Daiichi Sankyo Europe

Ahmed Nour Elalaoui, Novartis

2011 Contribution Award Winner

At the evening event the winner of the Contribution Award was announced. This was hotly contested and it is the members themselves who vote. Isidoro Rossi, former Classification Committee Chair assisted in presenting the awards. The results were:

2011 Winner
Kurt Ebert, Roche

Runner Up
Bob Douglas
Synovate Healthcare

3rd Place
Piergiorgio Rossi
SGR International

The 2011 Nominations were:

Bob Douglas - Synovate - for sterling work leading the EphMRA Ethics Group to develop the Code of Conduct. A very active Associate Member of the Executive Board.

Kurt Ebert - Roche - long term supporter of EphMRA. Has been an active Executive Board member and PRM&T Committee member for many years. Just recently retired from Roche.

François Noailles - Pierre Fabre Medicament - François has been a very active member of EphMRA over many years, has been an Executive Board member for over 4 years and served on other EphMRA Committees (eg Medical Data).

Piergiorgio Rossi - SGR International - strong supporter of EphMRA and its work, championing AMs interests and an active Associate Member on the Executive Board.

Henrik Zoeller - Gruenenthal - Always supportive and enthusiastic to EphMRA, outstanding contribution towards successful PRM&T Committee activities and events.

2011 winners

Contribution Award Previous Winners and Runners Up:

Year	Winner	Runner-Up
2010	Rob Haynes, Merck Inc	Roger Brice, Adelphi
2009	Bob Douglas, Synovate Healthcare	Janet Henson
2008	Stephen Grundy, Marketing Sciences	Anne Loiselle, Abbott
2007	Barbara Ifflaender, Altana Pharma, Nycomed Group	François Feig, Merck Serono
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

Both Full and Associate members make nominations and then vote.

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 market research

Examples of such a contribution are:

- New technique developed
- Strengthened the role of market 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

update from the board - 2010 - 2011

Following a recent change in the statutes (as voted in by Full Members) 3 new Associate Members have now been appointed to join the Board. The Board now comprises 5 Full Members and 5 Associate Members.

Bernadette Rogers
EphMRA General Manager
(non voting)

Rob Haynes
EphMRA President
Merck & Co., Inc
Leader, Global Market Research & Analytics. Partnershops, Excellence & Strategy.

Michel Bruguiere-Fontenille
EphMRA Treasurer
(non voting)

EphMRA Executive Board expanded to include more Associate Members

Full Members

Georgina Butcher
Astellas Pharma Europe (UK) Associate Director Marketing Intelligence.

François Noailles
Pierre Fabre Médicament. Director, Global Market Research Department

Beatrice Redi
Merck Sharp & Dohme/ Schering-Plough Italia, based in Rome and Milan, Italy. Customer & Disease Understanding Senior Manager - Italy

Virginie Verdoucq
sanofi-aventis Groupe. Director, Business Analysis Global Operations

Robert Verspagen
Nycomed

Associate Members

Bob Douglas
Global Head Healthcare Synovate

Kim Hughes
Managing Director The Planning Shop International Ltd

Sarah Phillips
Head of Health Ipsos

Piergiorgio Rossi
Managing Director SGR International

Abigail Stuart
Global Head, Health Hall and Partners

update from the board - 2010 - 2011

David Delgado
MSD

James Rienow
Pfizer Ltd

From October 1 2011 the Full Members on the Board will be **Beatrice Redi** and **Georgina Butcher** as previous and they will be joined by:

David Delgado, MSD Europe/Canada (MSD International)

Market Research Manager, Hospital Products

David has worked in MSD International since 2006. Before that he held positions in Eli Lilly and Research International, having more than 13 years of market research experience now. Passionate with Market Research and Business Intelligence, he likes convincing partners of the importance of data-driven decision-making.

and

James Rienow, Pfizer Ltd

Regional Market Analytics Manager for Pfizer's Emerging Markets Europe

James Rienow is in his 17th year as a market researcher. His initiation into the field began on the vendor side conducting quantitative research for clients in the consumer packaged goods and service businesses. He joined Pfizer 13 years ago in the U.S., where he spent 11 years leading the market research for a variety of pre-launch and in-line brand teams & also spearheading several best practice training initiatives for the global market research department. He has been based in Belgium for the last 2 years as the Regional Market Analytics Manager for Pfizer's Emerging Markets Europe group covering Lipitor, Viagra, Lyrica, and Champix among other primary care brands. He has Master's and Bachelor's degrees in Business Administration.

Both **David** and **James** were voted into office by the members at the AGM.

Rob Haynes, Merck Inc will remain as Board Member and President.

There is one vacancy on the Board for a Full Member.

Francois Noailles, Pierre Fabre and **Virginie Verdoucq, Sanofi** are leaving the Executive Board at the end of September - many thanks to both for their time and commitment.

As you probably know by now, 2011 is a very special year for EphMRA: it is none other than our half-century!

Fifty years ago - when the pharmaceutical landscape looked very different to how it does today - fourteen European-based pharmaceutical companies converged in Geneva. Their mutual objective? To achieve comparable information on a multinational basis to support product research and marketing. As a result of that meeting, EphMRA was born.

Well we've come a long way since then and, today, our membership includes practically all major pharmaceutical companies worldwide, along with a significant proportion of its market research suppliers.

As EphMRA has evolved and grown, so too have the services we are able to provide to our members. Here, we've listed our proudest achievements over the past 50 years. After all, we think you'll agree that a half-century is as good an excuse as any to celebrate them!

Celebrating
50 Years
of Service:
1961 - 2011

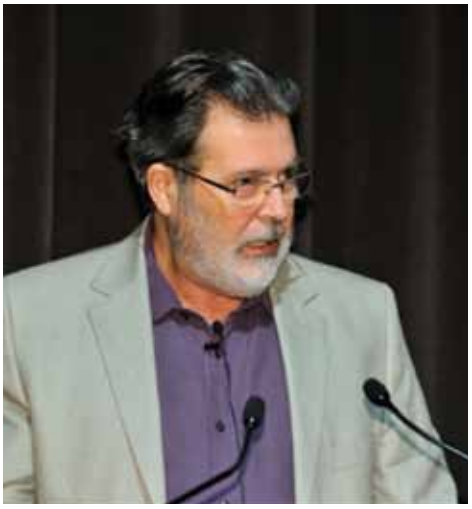
Bernadette Rogers, General Manager

Michel Bruguiere-Fontenille was re-elected at the AGM as Treasurer starting 1 October 2011 for a 4 year term.

The AGM (Annual General Meeting for Full Members) which was run by **Bernadette Rogers**, General Manager also thanked **Kurt Ebert** - recently retired from Roche - for all his support. Kurt had served many years on the PRM&T Committee as well as the Executive Board.

Kurt Ebert

Full Members at the AGM



Michel Bruguiere Fontenille, the EphMRA Treasurer gave an overview of the Association's finances and proposed the budget for the coming year.

Full Members at the AGM

update from the associate members

For the first time, Associate Members now have a real voice on the EphMRA Board, via their representatives (Bob Douglas, Piergiorgio Rossi, Sarah Phillips, Abigail Stuart and Kim Hughes). This allows all AMs to have a say in the future of the organisation, how it is organised, how it operates, the services it provides and the issues it focuses on.

At the Associate Members Meeting in Basel, the new AM members of the Executive Board met with Associate Members and discussed ideas for the future and key issues which impact agencies who are part of EphMRA. The Board members are keen to increase the level of engagement and participation of AMs in the association, and to make sure they are representing the views of all AMs. Their first objective is to find out what AMs think of EphMRA and what they would like to see happening in the future. They want to make sure they provide true representation and are therefore setting up a number of initiatives over the coming months for people to have their say, for instance:

One point of contact from each Associate Member

It is important to have a senior person in each agency representing their agency's views as an Associate Member. We will be asking each agency to put forward an appropriate person, who wants to have an active say in the future of EphMRA.

Consultation over key issues and lobbying points

All agencies will be invited to take part in an exercise to discuss the AM forum, how it should be structured and what issues and ideas people have to take to the Board. This is a really important discussion and will be critical for the future shape of Associate Member meetings and organisation. Everyone is encouraged to participate.
The consultation is likely to be a series of tele-groups and an on-line forum to allow people to discuss, raise and upload their comments.

The aim of the AM board members is to raise the profile of Associate Members within the organisation and ensure everyone gets maximum value out of membership, not just through conference, but through other initiatives as well. To achieve this, it is important that they hear from AMs and listen to their ideas.

All members are encouraged to contact their representatives on the Board with ideas, who look forward to speaking to them over the coming months.

Bob Douglas, Global Head Healthcare, Synovate
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Kim Hughes, Managing Director, The Planning Shop international Ltd
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Sarah Phillips, Head of Health, Ipsos
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Piergiorgio Rossi, Managing Director, SGR International
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Abigail Stuart, Global Head Health, Hall and Partners
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thank you to the 2011 conference sponsors

EphMRA wishes to thank the 2011 Conference Sponsors for their generous support.

A+A
Sole Sponsor:
Delegate pen

Being a global stakeholder, A+A supports EphMRA which facilitates sharing views, questions and solutions to face new challenges.

Pierre Pigeon
CEO, A+A

Aequus Research
Sponsor:
Agency Fair Lunch

Lunchtime at EphMRA - A great time to fish for new contacts!

Julie Buis
Managing Director
Aequus Research

Branding Science
Sole Sponsor:
Conference Web Site

Branding Science makes the connection between creativity and market expertise, uncovering insights with a practical and commercial orientation. It is great to support EphMRA in its connections.

Peter Caley, CEO, Branding Science

Data Intelligence
Sole Sponsor:
Delegate Bag insert

Data Intelligence specialises in sales and marketing software solutions and services for the pharma industry. Our goal is to remove the pain from using pharma business information.

Mike Askew, Director, Data Intelligence Ltd.

Data Intelligence
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Conference Delegate Bags

Market research built for you.

Peter Eichhorn
Managing Director
GfK HealthCare

IMS Health
Sole Sponsor:
Post Conference News

IMS and EphMRA go back more then 50 years. In the current dynamic times it is critical we stay the course, whilst adapting to new market realities. IMS is proud to continue to sponsor EphMRA with support and market intelligence to aid its members to the best of our ability dealing with these new dynamics.

Robert Dossin, Vice President, IMS Health

IMS Health
Sole Sponsor:
Agency Fair Guide

Ipsos Health Division
Sole Sponsor:
Conference Delegate List

Ipsos is delighted to support EphMRA as the voice of the pharma and healthcare industry.

Sarah Phillips, Head of Health, Ipsos Health Division

Kantar Health
Sole Sponsor:
Delegate Bag Insert

Kantar Health is pleased to be continuing our support of EphMRA and its efforts in the European market research community.

Jim Needell Managing Director, Kantar Health

Medefield
Sole Sponsor: Coffee Break

Medefield is proud to support EphMRA and thier dedication to achieving excelence in the pharmaceutical market research industry.

Asif Javed, Group President, Medefield

The Planning Shop
international
Sole Sponsor:
Conference Signage

We are market researchers with strategic brand planning, as well as client-side marketing and market research experience

Kim Hughes, Managing Director
The Planning Shop international

SGR International
Sole Sponsor: Conference Pad

SGR look at EphMRA as a Big Community, and we believe in it! We traditionally take the opportunity to sponsor at the AGM not only because this gives us a very good visibility, but also because we truly believe in EphMRA and want to support its initiatives as much as possible.

Piergiorgio Rossi, Managing Director, SGR International

Masterclass 1

Future Needs of Decision Makers within a varied and changing environment throughout Europe & Emerging Markets

Convenor: Karl Mann, Shire Pharmaceuticals

Convenor: Steve Grundy, Marketing Sciences

Stephen Godwin, Synovate

Marc Yates, The Research Partnership

This Masterclass, reviewing the future needs of policy decision makers, was convened and facilitated by **Karl Mann** - Shire Pharmaceuticals and **Steve Grundy** - Marketing Sciences. The session was lively and very well attended; it illustrated how diverse the markets are from the perspective of market access and reimbursement. This diversity is true both across and within the continents we reviewed.

Radical change was a common theme in almost all markets. There are significant long term developments planned, particularly in China and Russia, and also cost cutting and containment measures due to the increasing costs of healthcare and the economic challenges many countries are facing.

The opening presentation, prepared by **Brian Lovatt** - Vision Healthcare Consultancy Ltd. and presented by **Stephen Godwin** - Synovate was dedicated to the core big five EU markets. It is important to not only understand them as a reference point, but also to recognise that significant change is happening in the top 5 EU markets which we need to be informed about. Generally, there is a trend of decentralisation for decision making, devolving power to regions and in some cases local areas, which presents both opportunities and challenges. This creates a broader stakeholder group who may be more accessible than a top level national body, but it also means that there is a need for multiple approvals and negotiations in order for your drug to be widely prescribed.

There was significant discussion about who the key influencers were and how these could be accessed. The consensus was that top level payers are not always accessible but that you can seek to understand their influence network and tap in to this as a source of information, understanding and guidance in developing arguments for market access negotiations.

There is increasing demand for 'value' demonstration with the new system in Germany. The challenge around 'value' is understanding the definition. The Masterclass delegates discussed the importance of understanding what 'value' means within your local country/area and making sure that you have the data and tools to address this. Clinical trials are designed long before the discussion on value demonstration, but clearly the two are linked and it is critically important that internal stakeholders are aware of the impact of clinical trial design. Involving the right team early on in the process can clearly assist these later discussions. Many drugs which are perceived by companies to be valuable/innovative are not meeting the criteria that are being applied by payers.

It was evident throughout the discussion that there are significant differences across the EU5 even though we often talk about these countries as a collective group. Local experts who truly understand the landscape and the changing needs of decision makers are vitally important and their local insights need to be communicated to global HQ's during the early stages of drug development.

The presentation and discussion on the developments in China, given by **Marc Yates** - The Research Partnership China, was a fascinating one. The potential impact and planned changes in the delivery of healthcare in China are quite incredible. China varied from the other markets in that radical changes to the healthcare system are being centrally controlled and investment is working towards a vision for 2020, to provide healthcare to rural areas as well as the larger cities.

Discussions centred on whether or not this was achievable. As with other markets the budgets in China are limited so the bold plan to make healthcare accessible to the mass population has to be balanced with the available budget. The government is encouraging the better off to take out private health insurance recognising that this will ease their burden.

The huge population in China and the expansion of their health system will provide for interesting viewing and potentially provides a great opportunity for many international companies.

A significant challenge for pharmaceutical companies will be to get their drug listed on the Chinese National Reimbursement Drug List. Drugs are favoured if they are for widespread life threatening diseases with clinical efficacy. However, centralised government lead procurement is driving costs down and companies without a physical presence or a joint venture with a Chinese company are at a significant disadvantage. So this remains a challenge for International companies. One benefit is that China is adopting GMP standards which International companies already adhere to, but which may require considerable investment by local companies.

Anna Grabara - PMR Corporate reviewed the four Central and Eastern European markets of Poland, Hungary, The Czech Republic and Russia. As with the 5EU discussed earlier there was incredible diversity in their current systems and the route forward.

Anna Grabara

Russia is the country with the most far-reaching expansion plans for the future. Along with China they have a vision for 2020. There will be significant investment with a focus on local manufacturers and local production. Russia is also pro-generic and even though there is potential for growth of innovative medicines this will be an area that continues to be a challenge. In the public sector there is an essential drugs list so as with the EU5 it is important to understand how your drug will be viewed and hence what role and reimbursement level it is likely to receive.

The 3 markets of Poland, Hungary and The Czech Republic are very pro-generic and looking at ways to contain and aggressively reduce pharmaceutical expenditure. Reimbursable drug lists are not necessarily updated as often as planned so even if you have an innovative medication it may take a while for this to be recognised. These are clearly important markets but the economic conditions make the challenges more acute and increase the need to really understand how the key stakeholders will view your drug and supporting package.

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Masterclass 2

Increasing the value of both Market Research and the functional area within an organisation through persuasive negotiation

The aim of the workshop was to enable international pharmaceutical market researchers to increase the value of both their research findings and the market research discipline itself within an organisation, through persuasive negotiation and better communication with colleagues/ Senior Managers etc.

The workshop was facilitated by external trainers, **Berry Winter** and **Janet Silver** of JamBerry Ltd, and convened by **Anna Garafalo** (medeConnect Healthcare Insight) and **Sandra McAuliffe** (Chair EphMRA PRM&T Committee).

Communicating not only the value of market research and its functional area is of prime importance in terms of getting an organisation to act on its findings. Communication of research requires a set of skills which includes not only understanding the research methodology, but also the ability to present the results as a clear story.

A mix of techniques were used throughout the session to help participants grow their ability to communicate difficult concepts and discover how to get their point across successfully.

Berry Winter, JamBerry (standing)

The workshop was fast and fun and highly interactive. It drew upon acting and theatre practices to help participants communicate more effectively and test their powers of persuasion.

The session began with delegates being split into groups to explore the impact of status using a deck of playing cards. Through this practical exercise, we understood how we react when we, ourselves, have higher or lower status. Delegates explored how their perceived status affected confidence and their ability to present, paying particular attention to body language and voice tones.

Janet then led the group through a session on how actors prepare themselves before a performance and we practiced warming up the voice and body through a number of exercises including moving the mouth and jaw and even singing a range of musical notes.

Berry then covered an overview of the different types of questioning and negotiation techniques before smaller teams each worked on 4 different exercises to explore negotiation, questioning skills, rapport building and extracting key messages from a short newspaper article.

The negotiation involved the team having to negotiate with a particular character, which was 'acted out' by Janet. Janet assumed different roles to enable the teams to question her and decide on a best way forward for her and the business.

Meanwhile another team was asked to sit back to back and replicate a drawing that only 1 of them could see which was a great test of specific questioning skills.

Rapport building was performed with team members assuming characters in a car sales room. The aim of the exercise was to try and build rapport with a rather unwilling customer with some rather interesting results!

The remainder of the workshop then concentrated on creating a 3 minute presentation that would sell some market research to the audience. Teams could be as creative as they liked and could turn the presentation into a radio or TV advertisement, a play, pantomime or anything else they chose.

The result was incredible. All teams produced wonderfully creative depictions from variations on Nursery rhymes, such as the 3 Little Pigs, to conveying the message completely in song. In true 'acting style' an award ceremony was held to reward such aspects as a) the most cohesive team performance b) the best portrayal of the research story c) the best Male and Female in terms of body language through the performance.

Convenor: Anna Garofalo, medeConnect

There was then opportunity for the group to have an open question session and ask Janet more about her thoughts and views, as an actor, to control such aspects as 'nervousness', 'dry mouth', 'mind going blank and forgetting what to say' and more pointers on 'body language'.

In summary, this had been a Masterclass which had allowed delegates to stretch their imagination, debate with colleagues, embrace the exercises (both physical and mental!) and prepare, create and deliver mini presentations.

Delegates were very engaged throughout and full of energy for the tasks. This Master Class was definitely a success with great team and individual spirit, together with a willingness to try new and different things outside the normal business environment and learn through fun practical experience. Each delegate left with at least 1 aspect that they were going to implement back in their work places.

Convenor: Sandra McAuliffe, EphMRA

The convenors, Anna and Sandra, would like to thank Berry and Janet and also the very engaged and energetic participants for this very lively and insightful event.

Written by
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Sandra McAuliffe, PRM&T Committee Chair
prmtchair@ephmra.org

Masterclass 3 The Role of Research in Social Networking

Presenters: Annelies Verhaeghe and Magli Geens, InSites Consulting

Annelies Verhaeghe

Magli Geens

Convenor: Julie Buis, Aequus Research

Convenor: Christine Corner, Roger Green & Associates

The overall objective of this cutting edge session was to explore how healthcare market researchers are using social networks and research communities to enable brands and organisations to get in touch with the authentic voice of the customer. In this Masterclass, our focus was very much on the patient as a customer, and, not the physician. The Masterclass was convened by Christine Corner, Roger Green & Associates and Julie Buis, Aequus Research.

The first session who timetabled only one day into the conference and there are only five tweets online that are tagged with #EphMRA. So there's clearly a need for our industry to increase our digital knowledge and clear the way for social media research in the broader healthcare arena! And that is exactly why the Masterclass was convened.

The **internet**

The internet has really been embraced as a source of information about healthcare. Patients are more and more frequently turning to the internet as their first call (before going to the doctor) about their condition. A recent study conducted by InSites showed that 50% of patients will now use this as their first source of information. Moreover, significant numbers of people also claim that they would prefer to consult a doctor on-line rather than visit a surgery! The industry does not seem to be keeping up with this trend as the pharmaceutical industries' own web sites seem to be of minor importance/ use compared to other health related sites.

And when we turn to the internet as a whole there are some very compelling statistics to show that the internet is an immensely powerful forum for communication - for example:

- Nearly 2 million visitors a day to Wikipedia a day;
- The fastest growing online segment is 55+ (the highest users of pharmaceuticals);
- More than 60% of consumers are willing to give product development input for brands they like;
- 2500 people *like* the new Disney blog the first hour after its launch…etc etc

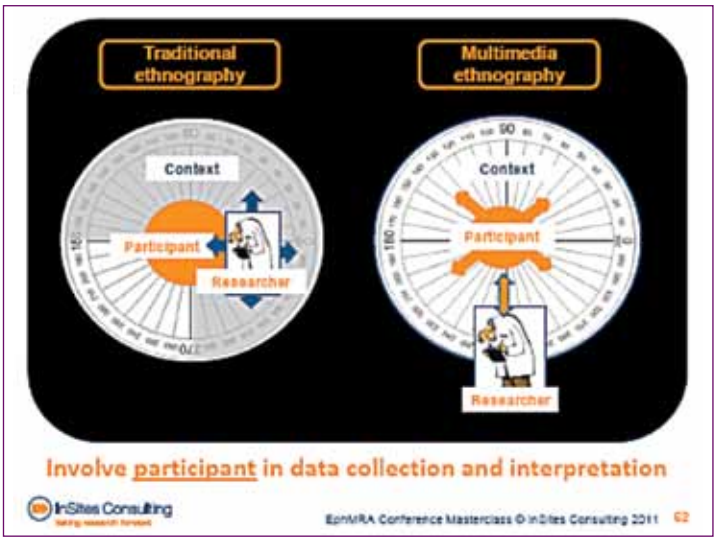
If we put social media research in the pharmaceutical industry into a broader context we can see that patients, HCPs, and even pharmaceutical researchers are, most of the time, also consumers and part of this wider community. So as researchers we would be foolish to ignore this very rich source of research material.

The pivotal question is, can these digital channels be harnessed to use for healthcare research? There are many approaches and in the Masterclass we focused on two **multi-media ethnography** and **nethnography**

What sets both of these apart from main stream research methods are that both generate very rich data akin to that generated from a qualitative project, but the volume of this is much more in line with that generated from a quantitative project. Potentially they can both, therefore, provide some very robust insights and can both, be genuinely described as real hybrid research methodologies.

1 Multi-media Ethnography

Using the disciplines that are fundamental to a traditional ethnographic study, multi-media ethnography harnesses these and extends them to use the internet in a pioneering way. The participant, (not respondent), becomes key to the research process itself, as they not only help collect and formulate the data but aid in its interpretation.



This fascinating approach is very clearly and neatly illustrated during the Masterclass in a case study conducted for Danone water. The methodology harnesses multiple techniques and approaches that provide the researcher with a very rich insight into water drinking habits. The example has many synergies with research objectives we might have in pharmaceutical research and can surprisingly easily be translated into the need to understand compliance, how a patient manages their disease on a day to day basis, or product optimisation of auto-injectable devices, inhalers, and more.

The output from these types of study can be very rich and complex and the interpretation and analysis was not overlooked in the Masterclass. Workshop participants were very enthusiastic about the practical exercises to support and illustrate the interpretation of visual output. Small groups teamed up to interpret Fridgewatcher.com pictures.

Some conclusions from these idiosyncratic pictures were: no beer in the fridge + yoghurts for kids = a single mum! Common sense is indeed important, but rules of thumb for analysing visual ethnographic stimuli are clearly required to avoid researcher's bias. The key questions to answer are: what is central in the photo? Where are the similarities between the images? What can we deduct from the context? Sarah Pink's book: *Doing visual ethnography* is a source of more detail for those who are interested.

2 Nethnography

Nethnography is a research methodology that makes use of publicly available, user-generated content in order to answer research questions. Nethnography must not be confused with social media dashboards or monitoring which produces more audit type data, for example the number of mentions of a product rather than what people are saying about it.

Unlike multi-media ethnography, with nethnography the participants/respondents are not involved in the research, they are merely 'observed' on-line.

To understand this approach we looked at a second case study conducted in the pharmaceutical arena for UCB. The key objectives were to explore the impact that epilepsy has on peoples' daily lives.

The kick-off for this type of research is to define the universe. What sorts of sites are we going to look for? What are the social media sites where people talk about the research topic? Coupled with this, what are the key words or terms that are used on-line when customers/patients are talking about the research subject. There are numerous challenges. Firstly, the code of conduct prevents this type of research using password protected sites. So, sites like 'a patient like me', or even Facebook cannot be accessed. Privacy needs to be respected. The implication of this is that if physicians are the target respondent group then nethnography is unlikely to be a valuable approach as most discussions and blogging occurs in privacy rather than in a public arena.

Our presenter shared some examples of sites that might be used and these fall across a continuum. One end of the continuum would be sites that focus entirely on the research subject (for example in this case study www coping-with-epilepsy.com) and the other end of the continuum are those idiosyncratic sites where epilepsy might be discussed in passing. An example of this latter type was an American school site where one of the pupils was talking about the impact of epilepsy on her schoolwork.

The data is collected through a painless process called 'scrapping'! This broadly involves collecting all material contained within the defined universe, across the range of sites. This is followed by a cleaning of the vast amount of material that has been collected.

Analysis and interpretation is again a challenge, and is achieved by using both a top-down and bottom-up approach. 'Text analytics' extracts knowledge and information from the text. It is then decided what to use, and the terms are then grouped into higher level concepts or categories. Some classic qualitative content analysis might also be used. The epilepsy case study involved analysis of nearly 40,000 on-line conversations!

So what was the output and how did UCB use it? As might be expected, simple explanations, (as opposed to medical explanations) on seizure type was a key output, combined with some valuable understanding on how products are used and perceived. This output provided UCB with the necessary material to optimise their on-line marketing strategy.

What are the **limitations?**

As with any research approach, nethnography is not a perfect solution and some time was spent in the Masterclass discussing limitations as well as advantages.

Some questions voiced by participants highlight their concerns at present:

- How authentic/true are statements made?
- Who is the person (profile) making these statements?
- From which country is this respondent?
- Possible selection bias as only the 'engaged' will participate!
- How can you scope the project management?
- How do you deal with the ethical concerns?
- How representative is social media content?
- How do you make results actionable?

And, of course,

- How to apply the Code of Conduct and deal with AE reporting?

Conclusions

We really only scraped the surface of what might be possible utilising these digital approaches in our industry and how these will impact working practices. But it is clear that on-line research is now firmly established in our portfolio of research methodologies. The 2011 EphMRA Masterclass paves the way for even more digital approaches yet to come! We're sure that future conferences will have more to say!

Written by
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Conference Opening

Georgina Butcher

The Conference was opened by Georgina Butcher, Astellas Pharma Europe and Sarah Phillips, Ipsos Health and their presentation focussed on some of the achievements of EphMRA over the past 50 years and also celebrated the 40th Anniversary of Anatomical Classification.

The Anatomical Classification of Products classifies all products in all therapeutic categories worldwide - and is continually updated to meet market changes. The robustness of the ATC is evidenced by the fact that it forms the architecture of virtually all pharmaceutical audits globally.

The ATC Classification has evolved to provide:

- Universally accepted global classification tool
- Gold standard for therapy market analysis
- Constantly developing system to capture market changes

Once the opening was concluded the keynote speaker took the stage.

Katherine Holland

Smarter **Healthcare**

Katherine Holland, General Manager, Global Life Sciences Industry, IBM Corporation

Chair: Sarah Phillips, Ipsos Health

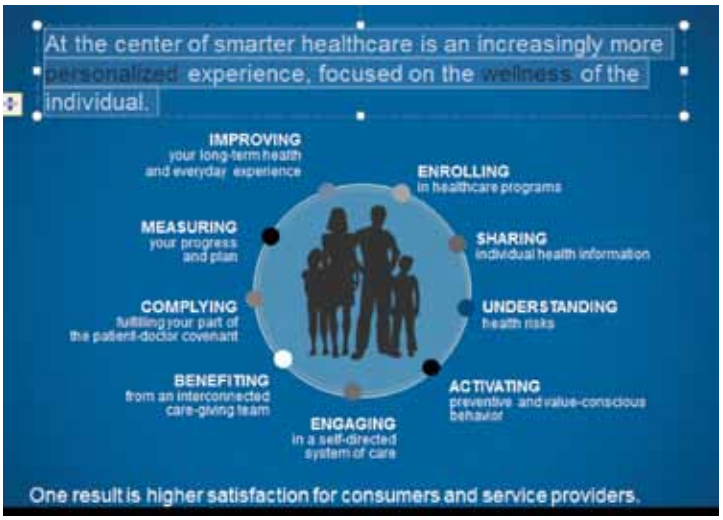
The pharma industry is faced with many challenges in the changing economic climate and "smarter healthcare" as outlined by Katherine Holland from IBM in an enlightening yet uncompromising talk is one way in which we can address some of the issues. Driving IBM's "smarter" approach is the belief that we are now, more than ever, part of an "instrumented, interconnected, intelligent" world community and need to act accordingly, working together to provide better care while activating individuals to make better, "smarter" choices. And to illustrate her points Katherine led us through four related sessions on Smarter Healthcare, Watson, a global CMO study and Smarter Commerce.

Sarah Phillips

In constant contact with the CEOs of many of the pharma companies Katherine is well placed to comment on the pharma industry. In fact, having already made the transition from a product based company to a product and services based company (currently 17% of revenue is derived from products and 50% from services), IBM is in a good position to give helpful advice on the challenges faced and the lessons learned. Consistently one of the top global brands, IBM is the only brand in the top 40 that does not sell to consumers: they develop technologies but they do not commercialise them. For instance, they are currently working with Roche Diagnostics on the DNA transistor, which will enable an individual's genomes to be sequenced at speed and relatively low cost. This could have a huge impact on determining an individual's predisposition to particular diseases or conditions and enable greater personalisation of medicine; an interesting prospect in the light of research which suggests that 90% of drugs work in only 30-50% of people.

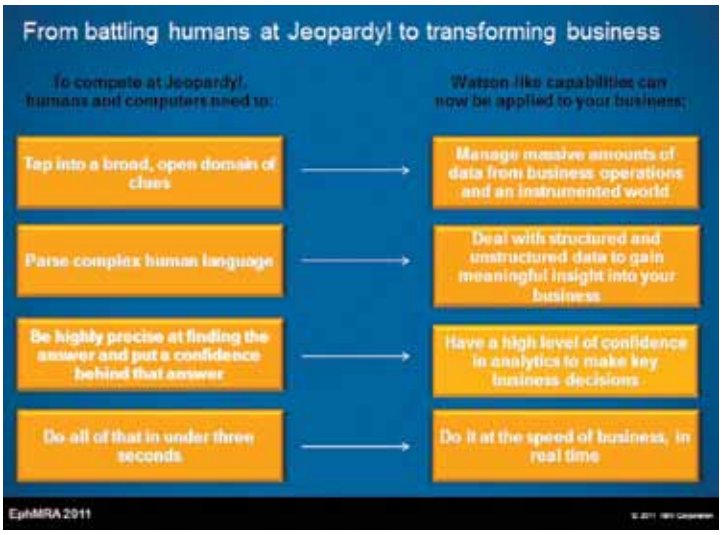
With 450,000 employees worldwide, IBM has a vested interest in improving healthcare and keeping down the associated costs (IBM staff constitute the largest self-insured population in the US!) but it is also part of their social responsibility to help the healthcare industry. Ever conscious that a productive global economy needs a healthy population and yet faced by the reality that in many developing countries people have no healthcare at all, IBM has a long history of working with governments around the world helping to shape policy and also to ensure it reflects ever changing needs. The emphasis is moving from simply treating disease to building greater public healthcare and wellness. And the focus is very much moving from companies and onto "people": no longer even referred to as patients. It is much more cost effective to treat people out of hospital and therefore we must keep people well and stop their health from declining to a level that requires hospitalisation.

The healthcare ecosystem is expanding massively, with not only the pharma companies, medical device manufacturers and health insurers offering their services but with retail clinics and even banks trying to get involved (with the reasoning that as custodians of our most trusted information, our financial records, they should also take care of our healthcare records, our next most important records!). Again, this could have huge implications for our industry because this is a very different definition of our competitors; who the influencers are in terms of where our product goes to market; and there will be a large impact in terms of what people say about our products in this age of social media.



So we need to broaden our approach and look to harness other ideas and technologies which can help us improve healthcare. Aside from the DNA transistor which has obvious direct benefits for our industry, IBM has developed Watson, a computer system with the capability to understand the meaning and context of human language, with all its nuances, to process information at speed and, with confidence, to provide accurate answers to complex questions.

Earlier this year IBM entered Watson as a contestant into a Grand Challenge with the two all time champions of a US game show called "Jeopardy". Over the three days of the show, Watson, which was not connected to the internet at any point, "learnt" using its ability to synthesise the data with its large mathematical models and, in so doing, beat the other contestants. Impressive and entertaining enough on a game show but the potential for businesses is immense. The skills needed to win at Jeopardy, tapping into a broad domain of clues, parsing complex human language, finding a precise answer with confidence in three seconds can be directly related to any business. We all need to manage overwhelming amounts of structured and unstructured data from global operations; we all need the ability to use this data to gain genuine insights into our business and to make key business decisions with confidence and at speed.



It is clear to see how Watson could impact on healthcare. Initially it will work as a "physician's assistant" in diagnosis using its ability to respond to questions in human language, to return a list of ranked list answers based on confidence and providing a summary of supporting evidence. Working in collaboration with many pharma companies, later this year IBM will announce further details on how Watson will be used with more information on its capabilities to help physicians in choosing which drugs to use; its use for Payors etc.

And it is not just in adapting technologies that we need to be flexible. We also need to anticipate changing roles in business. For the first time this year IBM have run a worldwide CMO study in recognition of the increasing importance of marketing to the global economy. Responsibilities of the CMO are expanding in setting strategy, forming corporate culture and influencing decisions on technology and we need to know what changes are impacting on them, how this effects what they need in terms of skills, technologies, data. And in the spirit of encouraging people to be "interconnected" and collaborative those taking part in the survey are given a copy of the full report, a customised report and a follow up conversation with an IBM exec to discuss the implications for their organisation.

However, it is not just with our immediate colleagues and prospective clients that we should share this collaborative approach. In Katherine's final session she touched on "Smarter Commerce" and the need to redefine the value chain in the age of the empowered customer. With the internet, customers have unlimited access to information which they can share instantly through social networking sites (155 million tweets are sent by Twitter every day!). Expectations of service, price and delivery have risen dramatically and power has definitely shifted to the customer and this holds true just as much in the doctor/patient relationship with much better informed patients making much greater demands. Again this necessitates the customer being put at the centre of the process with a focus on customer insight, greater partner engagement with the customer and a reassessment of how they define value. This strategy will allow us to make smarter decisions on supply chains based on customer demand, delivery of a flawless service, targeted marketing of the right product, at the right place, time and cost.

For the company which helped send man to the moon, the sky certainly holds no limits. Still pushing the boundaries to make new discoveries, and using "smarter" planning IBM are working to put people right back "instrumented, interconnected and intelligent" at the centre of our own world. Big challenges but even greater opportunities.

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Quo Vadis U.S. Healthcare Reform

Charlotte E. Sibley, Sibley Associates, and Dan Hoffman PBRA, USA

Session Chair: Allan Bowditch, AB Consulting, USA

Charlotte E. Sibley

We were promised a hard hitting talk on Healthcare Reform in the USA and we got it. Charlotte Sibley and Dan Hoffman's meticulously researched presentation was a genuine wakeup call and left us in no doubt that our industry needs to change or die. As market researchers we can currently justify our existence in many ways but we need to be assessing what we could do differently if circumstances change. And change they must because while the key goals of healthcare systems will remain constant, namely as access, quality and cost containment, the standards need to be raised on all these three components in the US and we in turn need to raise and vary our game to support our customers in recognising and addressing these issues.

Dan Hoffman

The Patient Protection and Affordable Healthcare Act (ACA) of 2010 was intended to address the problems of access (with 1 in 6 Americans lacking health coverage), quality (WHO ranks the US 37th and with the problems of obesity and the exacting demands of the baby boomers this will only get worse) and cost containment (WHO ranking of 54th in fairness of financial contribution to the healthcare system and 18% of the GDP - $2.5 trillion in 2009). Charlotte and Dan argue, however, that despite its best intentions to offer "wellness" and "protection" to everyone, the Act has not adequately addressed any of these issues, and while some amendments might be made, the act will not be repealed, as many people wish (46%) or believe (22%) has already happened.

Requiring everyone to buy health insurance from private carriers, with no exclusions for pre-existing conditions will bring its own challenges. The premiums to employers (through whom 46% of the US are covered) will increase and so will the employee contributions. Expanding Medicaid will cost an estimated $120 billion but this seems small fry in comparison to the projected total costs of $1 trillion over the next decade. While one would hope that a tighter focus on quality might improve adherence, it would seem inevitable that disparities in quality across the different states will occur. And with the increased pressure on Medicaid and employers, there are bound to be restrictions imposed on drug options and devices.

Allan Bowditch

But the impact of coverage for an additional 52 million Americans doesn't end with these cost, quality and access issues. There is a shortage of 60,000 doctors in the US with a large number of PCPs consolidating into larger practices and even being bought out by hospital based Integrated Delivery Networks (IDNs). Costs will be driven up as IDN hospital admissions increase as has been witnessed in the UK's NHS. And the IDNs look set to become increasingly influential: they are signing up 55% of those coming out of residency and some have managed to win 60-70% increases from private payors on contract rates. Are we in the Market Research Agency speaking to the IDNs? Because we should be, just as we should be aware of other changes in the delivery of medical services such as WalMart's walk in clinics and Minute Clinics ("you're sick, we're quick…").

So what is the effect of these trends on our industry? With more doctors working for an employer in an IDN, they have less say on the drugs or protocol they choose. These choices will be made by business-influenced committees which is a huge change for the US. A requirement by Medicare for physicians to use Electronic Medical Records (EMRs) by 2015 will lead to a universal adoption of EMRs which allow provider organisations and payors to

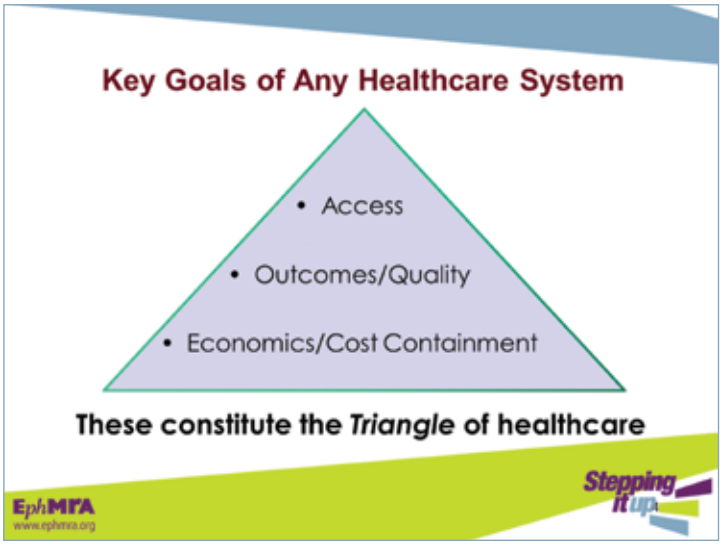
develop databases that indicate the most cost-effective treatment patterns, based on real-world experience. In essence our entire customer base will change. And we don't yet know which database will prevail, that of the IDNs, the FDA, the payors or the manufacturer. Primary clinical trial data will become less influential following recent scandals, the inherent conflict of interest, concern over the growing number of trials taking place in Eastern Europe and Asia-Pacific and finally the recognition that the products' efficacy does not always live up to what it promised in the trials.

Optimal protocols and formularies can be developed with ease using the information stored in all these different databases and when run against pharma companies' analysis the result will be the creation of a number of small, niche products for a tiny number of patients each. But how does the pharma industry survive with 4% market share when it has been used to generating massive income from its blockbuster products? Certainly with only 23 NMEs approved last year, the pharma industry is not succeeding in advancing standards of care and if they are reliant on niche products the quality of the products will have to improve.

The balance of power is shifting and where previously pharma have been aided in their promotion of products by conflicting evidence / information they will now be up against the FDA's Sentinel database with 100 million patients tracking the safety of drugs and devices. In conjunction with the EMRs and insurance claim databases, these data will dramatically limit pharma's ability to differentiate its products. And it will be harder for pharma to communicate and influence with reps already banned from many academic medical centres.

So, how is pharma responding to these changes? Charlotte and Daniel were brutally honest in their assessment that senior pharma management from CEOs to Marketing Managers are in denial or at very least guilty of the "I'll be gone, you'll be gone" approach. Returns on small, niche products will not satisfy investors and until incentive plans universally cover "innovation/new drug" metrics CEOs will not be motivated to act. And at grass root level the traditional marketing tools need to be overhauled. "Wishing and hoping" will not suffice; pharma needs to get better at BTB selling. Cuts in R&D have been surpassed by the massive cuts in sales, general and administration (second only to government and non-profit in 2010). But placing purchasing power in Finance's hands is not necessarily the answer; Johnson & Johnson weekly recalls and GSK fines for poor manufacturing quality are testament to that. Pricing all new products at orphan level will not work; that might work for rare diseases but any price rise on an emotive disease such as breast cancer would risk a march on Congress demanding compulsory licensing! And, please, China is not the answer! While China will provide some revenue, most of that will be from generic drugs manufactured locally and the margins will not be what we're used to in the US, Europe and Japan.

Sobering words. Not even the auto industry lost as much as $1 trillion of capitalisation as the pharma industry has in the past decade. So what can we do in the market research industry to justify our existence especially at a time when the pharma companies do not have the NMEs and channels of communication are being shut down? Following this talk we all have a much better lie of the land. Charlotte and Daniel advocate that we look outside our industry and learn from other industries; drop the complacency and start asking strategic questions of the right people, the Accountable Care Organisations (ACOs), the IDNs, etc., to ensure we find out what they really need, rather than what we already know. And we mustn't just have faith in the power of market research to uncover bad decisions but we must also push the boundaries to ensure that market research is at the forefront in adapting to these changes in our industry.



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Pharmemerging markets - Chasing future growth opportunities

Alan Harrison, General Manager,
IMS Global Market Measurement Offerings, UK

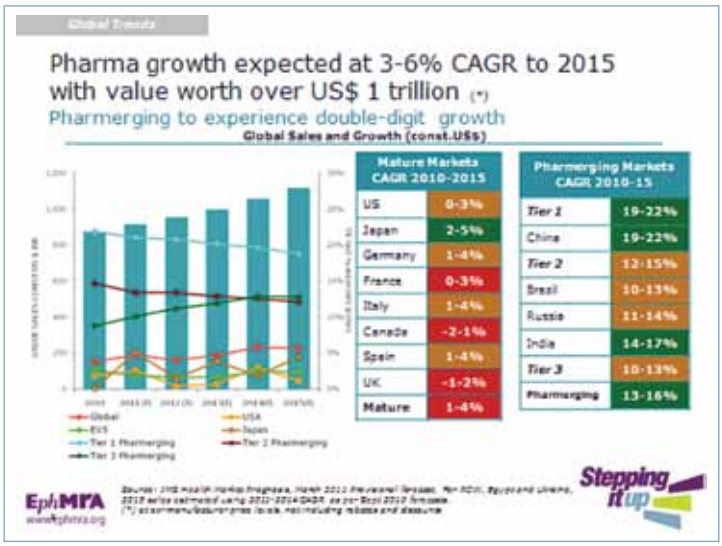
Session Chair: Trevor Acreman, Millward Brown Healthcare

Parallel Session 1

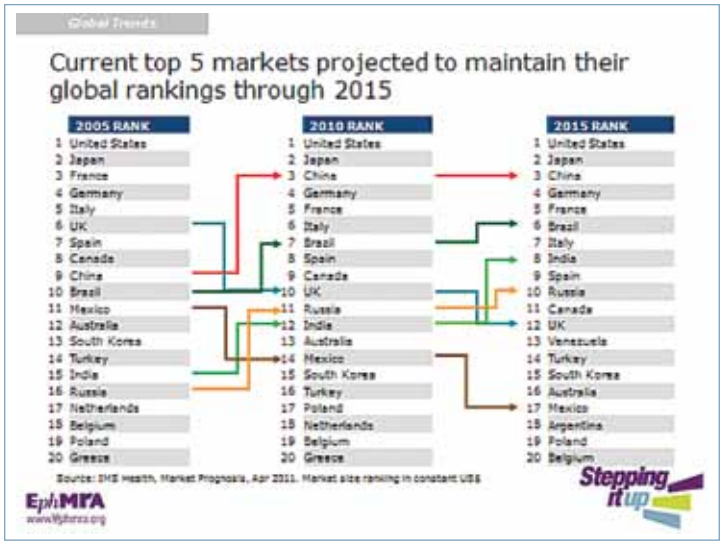
Alan Harrison

Trevor Acreman

We have been familiar with the BRIC economies and their growing importance for many years now. This paper showed that there are now 17 countries that have high growth rates in pharmaceutical sales and they have been labelled as the Pharmemerging markets by IMS. These markets are spread across the continents and include a diverse mix including Vietnam, Turkey, South Africa and Argentina. All together these markets are predicted to grow by 13-16% per year up to 2015, compared to average growth rates of 1-4% in mature markets and these Pharmemerging markets will be the driving force behind pushing total pharmaceutical sales to over $1 trillion by 2015.

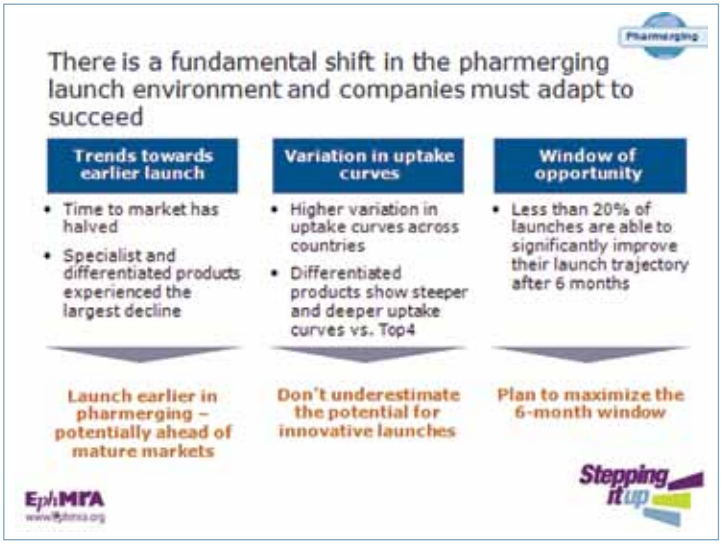


The BRIC economies will begin to take their place at the top table of pharmaceutical sales during this period up to 2015. In the global league table of pharma sales and comparing 2005 with 2015, China will rise from 9th to 3rd, Brazil from 10th to 6th, India from 15th to 8th and Russia from 16th to 10th. Argentina and Venezuela will also enter the top 20, with Venezuela growth rates of 30% per year even faster than China. The biggest drop in ranking of pharmaceutical sales is predicted to be the UK, with real declines of 1-2% and dropping from 6th to 12th in the global ranking on sales.



However, these strong growth rates do not mean easy success for the big pharmaceutical companies. First of all, generic sales are increasing more quickly than original brands. So, with increasing price sensitivity, pharma companies will need to include in their future pricing strategy strong discounts and price cuts to gain market access. This is complex but related to funding in each market. Turkey and Russia have the highest levels of public funding (at 69% and 66% respectively) whereas Brazil and India have low levels of public funding and the highest levels of out of pocket payments (79% and 64% respectively). Furthermore, growth for original brands will require customising the local portfolio to meet each individual and specific country needs.

The chart below summarises some of the key trends companies need to launch successfully in pharmemerging markets - early launch greater differentiation and focus on getting it right in the first 6 months after launch.



The other key trend for pharmemerging markets is the move towards a chronic disease profile - so that by 2030 it will be similar to today's mature markets. Importantly, much of the chronic market will be in generics. The implications of this are the potential for mature brands to move into pharmemerging markets and also there is potential for branded generics to enable pharma cos to gain market share.

The paper went on to summarise how diverse and challenging pharmemerging markets are by highlighting some of the specific issues in China, Brazil, India, Russia and Venezuela.

Key challenges in China include Government regulations that favour local companies as well as calculations of price/volume trade off given price pressures and a large untreated segment of the population.

For Brazil the commoditisation of retail suggests pharma cos need to focus on winning with technical skills and superior drugs which will differentiate them from local competitors in the non-retail arena.

For Russia there is a lot of uncertainty over regulations and promotional activities but clearly a drive to increase domestic drug production is having an impact.

In India, some patent implementation issues remain, but probably the biggest challenge is marketing and differentiation to a large population of doctors when there are c10,000 producers and 35,000+, mainly undifferentiated, drugs.

Finally Venezuela where the 30% growth rates have contributed to shortages and supply chain issues remain - requiring strategies that ensure and maintain market presence.

In summary, to succeed in pharmemerging markets will require adaptations to the corporate models:

1. Corporate functions must adapt to local requirements, e.g. regulatory, pricing, medical affairs/communication
2. Strategic and marketing planning needs to embrace mature and key pharmemerging markets
3. Use the value of the brand and the corporate name as a guarantor of performance and quality, especially as one molecule may support many brands
4. Promotional investment needs to go where the optimal exist and be adaptable to local needs whilst recognising that a blockbuster mandates a successful US launch
5. A clear portfolio strategy is essential, whether it is sticking to what you have, strengthening the range in core areas or expanding to fit local needs.
6. Clinical trial design needs to involve a broader range of ethnic group to complement the wider population groups.

Finally we come to the implications for market research. Clearly there are many gaps in knowledge and many gaps in secondary data. Keeping up to date with the latest designs and coverage of secondary data sources will highlight the need for primary research.

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Parallel Session 2

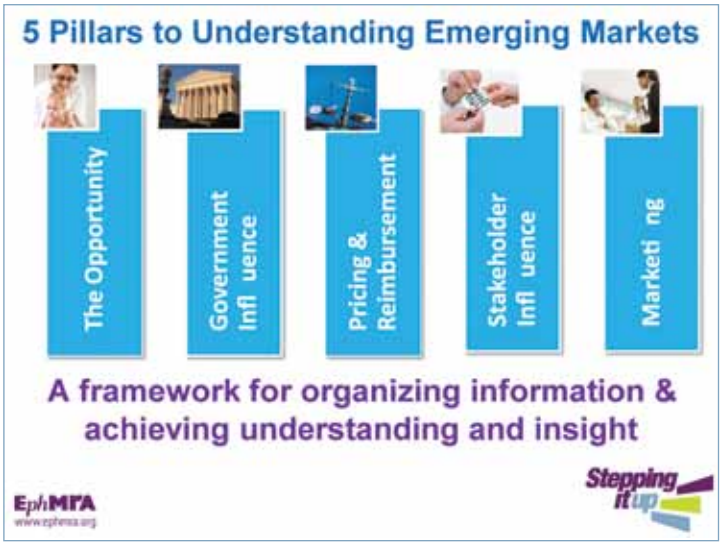
Five pillars to success - developing a framework for emerging markets market research.

Steve Kretschmer, Global Head of Emerging Markets Research (Turkey), Ipsos and Beyza Ozel, Strategic Planning and Marketing Excellence, Novartis Turkey

Chairs: Anna Garofalo, medeConnect UK and Vivienne Law, Adelphi UK.

Understanding and researching emerging markets has for some time been positioned as an area that only specialist consultancies can handle - but are the processes involved in understanding and researching these markets really that different? As pharma market researchers we are experts in asking the right questions, collecting and questioning data and synthesising information, in all of its forms, into insights that shape corporate and brand strategy - these same skills can be applied to emerging markets. In their paper Steve and Beyza outlined a framework to ensure consistency and comparability across markets whilst retaining the flexibility to capture country specific nuances.

Steve and Beyza outlined their model of thinking and illustrated its application, in very practical terms, using Novartis case studies. The 'five pillars to understanding emerging markets' were identified as follows: identify the opportunity; assess the government influence in the market; understand the pricing and reimbursement scheme; evaluate and map stakeholder influence; and determine the best marketing strategies.



Steve and Beyza argued that the main challenge of researching emerging markets is that Business Intelligence Units are often asked to research multiple emerging markets in one go and yet, aside from growth potential, this is where the similarities start and end. These stark differences can have far reaching implications for the commercialisation of a brand. The paper also highlighted how inconsistent and unreliable information can be. Particular emphasis was placed on the importance of triangulating different sources of information in order to come to a common understanding of issues in each market.

Steve Kretschmer

Beyza Ozel

Anna Garofalo

Vivienne Law

A number of case studies specific to the Turkish market were used to illustrate the power of this approach.

1. Novartis needed to understand the needs and expectations of the Turkish government whilst at the same time not under-estimating the importance of patient accessibility. They worked closely with the government to secure a mutual understanding of issues faced resulting in the development of a package of cost reductions that enabled the government to meet its objectives of price stabilisation whilst at the same time smoothing the pathway for subsequent product launches - a win:win:win outcome for the government, Novartis and most importantly, patients!
2. A second case study presented highlighted the importance of embracing change, such as the reduction in rep access to hospital doctors in Turkey. Whilst for some this could have been perceived as a negative - research identified alternative channels that could be used to communicate with physicians and a segmentation approach to best match preferred channels with each physician.

The case studies presented demonstrated how proximity to stakeholders and issues can quickly convert potential obstacles into opportunities that can bring with them significant rewards for the business.

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Parallel Session 3

Open Data - Free to Access Data Sources Project - from the EphMRA Syndicated Data Committee

Marion Wyncoll, Themis, UK

Chair: Hilary Worton, Synovate Healthcare

Marion Wyncoll

Hilary Worton

Co-Founder and Business Development Director of Themis, Marion Wyncoll is passionate about equipping clients with the right information to make the best decisions. It made perfect sense therefore for her to work alongside EphMRA's Syndicated Data Committee on an important project which was the topic for this paper.

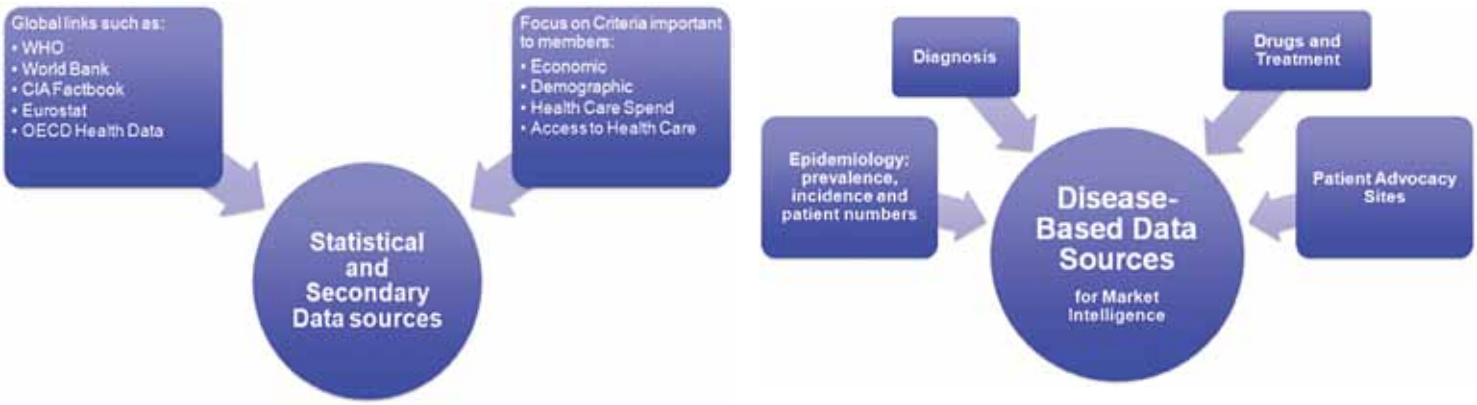
The paper that Marion presented to delegates in Basel summarised the outputs from a project commissioned by the Syndicated Data Committee to provide EphMRA members with easy means to access 'free' data available on the web. The premise for the project is that there is an increasing amount of free good quality information on the web, but there are fundamental issues facing all of us - namely - when do we have the time to search? Where do we start? What do we look for? We might have our individual own 'favourite' places to go to but are they together in one place? How do we find the source quickly? How do we add another useful source and quickly find it again?

As a result of all these questions, Marion (on behalf of the committee) conveyed that it is hoped that the EphMRA SDC 'Open Data' solution will be the start point. This concept is very much a new idea; this is the first release and it is designed to be added to over time - so very much an evolving tool for members.

Marion then explained the value of this tool for members:-

Firstly, it offers a means of providing valuable general background that adds to a researcher's knowledge for strategic assessments, for quickly evaluating new disease areas/markets and to assist in the design of primary research/access to universe for projections. It will be particularly useful where resources are limited; there is no/little direct experience with a disease area and background is desired for primary research: target, sample size, areas of questioning.

The database is essentially a repository of web links providing easy access to the most useful online sources and is structured around two fundamental types of information as shown below: statistical and secondary data on the one hand; and disease specific web resources on the other.



So firstly on the Statistical and Secondary Data part of the project, Marion explained that they had been able to incorporate some very sound and well respected data sources, representing excellent global coverage. These have been reviewed for overlaps and include the following sources:

WHO

European Commission / Eurostat

World Bank

CIA / World Fact Book

EphMRA's own Doctor Statistics publication

On the disease-specific element, Marion used the example of Multiple Sclerosis to explain and demonstrate the depth and range of sources, including for example patientslikeme.com, regulatory authorities' documentation on specific drugs, and the WHO Atlas of MS study covering qualitative and quantitative information such as epidemiology, diagnosis and disease management, etc.

Marion really brought this to life by showing a couple of screenshots from the database itself, demonstrating how what is available to members and how it can be accessed. Here's an example from one of the Statistical and Secondary Data screens:

Finally the session concluded with a reminder that this is a living data resource and will continue to grow over time. It is very much hoped that members will find this a valuable resource and actively support its further expansion by helping to recommend their own key favourite sites that they would like to be incorporated.

Written by:
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Plenary Session

The emergence of biosimilars - how they are different from generics and what are the implications for marketing?

Toralf Haag, Chief Financial Officer, Lonza Group Ltd, Basel, Switzerland
and Chris Krattiger-Savelkouls, Head of Global Marketing, GfK HealthCare, Basel, Switzerland

Chair: Sarah Phillips, Ipsos Healthcare

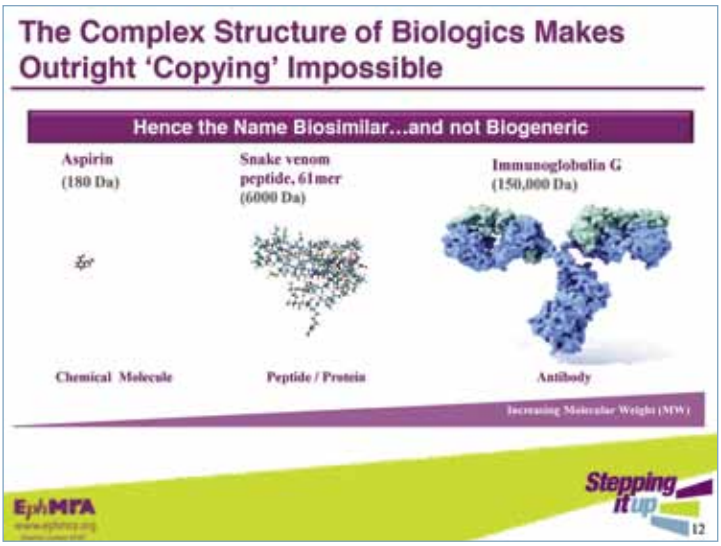
Toralf Haag

Chris Krattiger-Savelkouls

Toralf and Chris presented a lively and very informative paper in the plenary session about the emergence of biosimilars and their potential impact on both marketing and market research. They took an in depth look at the biosimilar market, and using both primary and secondary data presented their view on the obstacles that exist to market entry and why so many companies are looking at this market place. The paper was particularly stimulating for the audience as Toralf and Chris held different views on the subject and challenged each other to rebut their arguments.

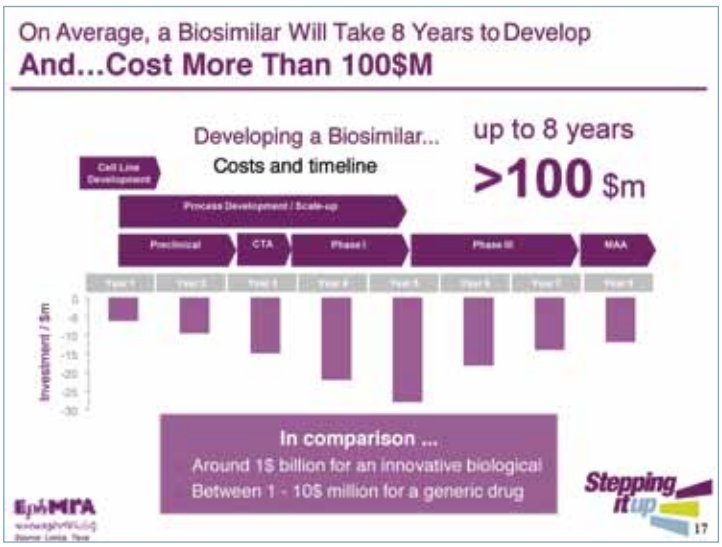
They gave the audience an understanding of why the biosimilar market is so interesting for companies. They started with the biopharmaceutical market, which will be worth $160bn by 2016, with the largest consumption being in the US (although growth rates in the Far East are high). The treatment costs for biologics is extremely high, with Avastin (for the treatment of colorectal, breast, NSCLC, glioblastoma cancers) costing around $9,000 per month per patient. This is significantly higher than the average monthly treatment for a small molecule, which is on average $174. However, this is a major use-limiting factor, and more people could be treated if the costs were lower.

A critical change in the market is the loss of patent for biologic agents; 45 will lose their patent by 2015. This represents a great opportunity for biosimilar agents. However, compared with a chemical molecule, a biologically produced antibody has an extremely complex structure and outright copying (as is done with generics) is impossible. This is why they are called biosimilars, and not biogenerics



This means that there is a high barrier to entering this market, as high capital investment is required to set up the biological manufacturing process, the development of new cell lines is necessary, the production process is highly complex and there are sophisticated regulatory requirements. The regulatory framework and requirements for biosimilars is still in development, with some countries having much clearer legislation than others, for instance European guidelines are more advanced and specific than in the US.

Biosimilar producers will be required to do clinical trials, but whether they will get blanket approval (ie do you only need to do trials in one indication to receive approval in all) is still an open question. For example, will the Enbrel biosimilar(s) have to do trials in all indications - RA, AS, psoriasis etc, or will a positive result in only one indication allow use across them all? The clinical evidence requirements for a biosimilar make it closer to a branded product than a generic.



Chris told the audience that biosimilars are different to generics; they aren't an exact copy of the product, and they have no track record, therefore they represent a new concept which needs to be convincing to all stakeholders involved in the purchase decision. She then showed some primary data with key stakeholders to assess their reaction to the concept of biosimilars.

It was clear from this data that many predictions are being made about biosimilars, but everyone is in agreement that the biosimilar market is a 'new land'. She quoted an EU Biosimilar executive as saying *"From a development perspective, biosimilars need to be considered as between branded drugs and generics…from a go-to-market perspective, biosimilars are closer to branded products…"*. Therefore the rules of engagement in this market place are different to that of generics.

The stakeholders Chris spoke to had different opinions about the importance of price as a driver of success for these products. Pharma execs believed that biosimilars would not succeed on price alone, unlike biosimilar producers. Payers tended to sit somewhere between the two, agreeing that price mattered, but equivalent safety and efficacy data was also important.

Pharmaceutical companies are not sitting around waiting for biosimilars to come to market, they are innovating in the biologics market to stay ahead. In addition, they are looking at payment schemes to ensure access is as wide as possible. Some of these respondents were strong in their opinion that price was being used by payers as a smokescreen to justify switching, but in contrast to generics, biosimilars cannot automatically substitute originator brands, therefore there is clearly a marketing job to 'win over' physicians, payers and patients.

Toralf presented the case from the biosimilar producers' point of view, that their objective is to provide the same treatment as innovative products, but at a lower price. This will provide greater access for patients to life saving products. He admitted that there were concerns about biosimilars, but was sure that these would be eliminated over time.

Physicians on the other hand were aware of the need to lower the burden of the cost of drugs on their overall budget, but they were wary about 'experimenting' with life saving drugs.

For physicians, their concern was to see long term safety data, which is now available for most biologics on the market. As a US oncologist said *"I recognise that payors may want to go with the lower cost biosimilar option, but we as physicians would want to be convinced."*

Finally payers were clearly advocates of cheaper treatment, but it was clear that they realised that they were in a new land. They expected cost reductions to be around 20 - 30%, clearly less than what is seen with generic products. Although economics and reducing healthcare costs were high on their list, it was also clear that they will need to be convinced in terms of safety and efficacy.

Chris and Toralf finished the session by giving their impression of what the implication of these changes will have for market research. Firstly they talked through the different arguments on each side of the market - pharma companies will argue that biosimilars do not have the track record of biologics, and economics are not a reason to encourage medical short cuts. However, from the biosimilar producers' side, they will argue that biosimilar efficacy and safety profile are the same and lower cost equivalents will have a positive impact on healthcare budgets and improve access to products. From a marketing perspective, building trust in biosimilars will be critical through clinical data, while pharma companies will focus their emphasis on track record.

They concluded that the adoption of biosimilars will be a balancing act between cost savings and clinical reassurance. The willingness to switch may be different in different situations, for instance there may be a greater willingness in larger indications, as the cost savings will be greater, or this may be lower in life saving situations where long term safety is an important issue. The decision will be made on a case by case basis.

Finally, they reminded the audience that the biosimilar market was a new land in terms of products. It is not a market many pharma companies will be able (or willing) to enter, as it is complex and expensive. However the potential rewards are much higher than the generic market. Ultimately they asked the audience to think of biosimilars more like me too products, than generics, or even 'me-similars'.

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Parallel Session 4

Andrew Reid

Allan Bowditch

Martin Schlaeppi

Revising the Pharma Business Model: Online Brand Communities - a new medium for Business

Andrew Reid, Managing Director, VERVE, UK and Allan Bowditch, Board Director, PharmaGems, USA

Chair: Martin Schlaeppi, Praxis Research

Andrew Reid from Verve and Allan Bowditch from AB Consulting/Pharmagems treated us to a fascinating insight into how the social life of brands in the consumer world is evolving in the form of custom online communities. The thrust of the paper was how a similar approach might be applied to the pharmaceutical sector.

Andrew started on a cautionary note (cautionary given the impending 50th anniversary celebrations due later that same evening): What happens in Vegas no longer stays in Vegas. Indeed, it may end up spread all over the Web's various social media platforms for all to see - just ask the average Premier League footballer!

Suffice it to say, the power of web-savvy customers has led to many a company finding their name being dragged through the 'mud' of the internet with websites and chat rooms set up to air and share grievances. In the words of one blogger: "Now consumers don't just consume, we spit back. We have our own printing presses."

Thankfully it is not all bad news; Andrew described how Dell had managed to harness groups of dissatisfied customers who had set up a website called Dell Hell and turn this into a powerful creative tool for the company called IdeaStorm.

This actually evolved into a new customer feedback system called Direct2Dell. This approach has now been extended into the field of market research and has captured a wave of intent amongst CEOs to get their senior management closer to their customers.

A community was likened to having a group of customers sitting in the next room enabling regular 'conversations' to take place - be they in the form of quantitative or qualitative research sessions - the purpose of which is to build stronger relationships between

businesses and community members. It became apparent, however, that an online community is definitely not simply a new pair of words to describe an access panel, in the latter the communication happens between the panel member and the panel "manager" whereas in the online community the interactions happen between members as well. This is a more unstructured thus uncontrolled environment but one that yields better insight as a result. One factor that must be taken into account is the need to keep the community interested and participative since participants are not paid per task as panel members are. The importance of feedback to the members was stressed.

Allan took over to examine how such communities might apply in our sector particularly given the increasing focus on health management, outcomes and value for money. There is increasing focus on healthcare consumer empowerment: where and how they get their information, the language they use and, perhaps more importantly, how information from one group can be fed into another corresponding group. Of course it is not just consumers/ patients that can form such communities; physicians, nurses, payors, sales representatives and so on are all potential communities with which the industry can interact and there are some examples where groups have started to establish panels or communities - Sermo and Diabetes Daily in the USA and Doctors.net.uk being noted.

The speakers had undertaken a survey amongst more than 20 companies about how they felt about this area. Not surprisingly there was a good deal of interest but also a recognition that the industry must keep up with the rapid evolution of areas such as social media or risk being left behind and missing out on valuable insights from customers. Of course, a number of concerns were voiced: the need for commercial transparency, regulatory issues such as adverse event reporting and privacy laws and how these differ from country to country when the Internet respects no country boundaries. Other concerns centred on the need to avoid any sense of "promotion" to patients and how to manage member to member (mis)advice about drugs and diseases as well as negative comment or bad-mouthing about individual doctors or companies for example.

By reviewing examples that have been successful some key learnings were imparted such as build trust, don't try to sell anything, personalise communications and respond to questions in a timely manner. Higher order needs should also be addressed through emotional engagement and life-enabling propositions. Content and research must be well planned to ensure variety with content changed often. This requires a community manager to continuously monitor the discussions and this, of course, must be budgeted for.

Andrew took over to show a couple of *vox pop* interviews, one with a rheumatoid arthritis sufferer and a second with a nurse that illustrated the types of dialogue with community members that might take place. The RA patient described how she and her family and friends had used the Web to collect sufficient information to persuade her GP to change her therapy - a classic example of patient empowerment. The practice nurse described her newly extended role and how she had the luxury of time to spend with her patients that the doctor simply did not and how this could lead to better identification of patient concerns and wishes that could be fed through to the physician.

The online community can be used to tackle sensitive subjects with some ease (male use of cosmetic Botox being a quoted example) however this would not extend to every such situation - discussing IVF and miscarriage would inevitably demand a more empathetic, face to face setting for research. Similarly, some materials or device testing situations may require physical examples or hard copy sent ahead of the interview since looking at something on a screen is simply not the same as holding it in your hands.

But the communities are extremely useful for rapid turn-round situations: sounding out opinions on a broad range of topics from company image or disruptive trends to advertising or new product concepts. The longitudinal views that can be gained over periods of weeks, months or even years are valuable and, to cap it all, once the community is established, the research costs tend to be less than specific ad hoc studies.

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Parallel Session 5

Market Accessibility - a dip into reality

Ana Schaeffer, Managing Director, Psyma Pesquisas de Marcado Ltda, Brazil and Simeon Pickers, Deputy Director, Psyma Latina S.A de C.V., Mexico

Chairs: Dorothy Parker, fast forward research and Vivienne Law, Adelphi

Ana Schaeffer

Simeon Pickers

Dorothy Parker

Having experience of different cultures both in the developed markets and the developing world, Ana and Simeon are both well placed to understand the issues facing patient access to medicines in emerging markets. Market access in developed markets has been increasingly difficult over the last decade (with emergence of the 5th hurdle, health economics and outcomes) and particularly now that budgets are ever tighter, however, access is far easier than in other parts of the world. Acknowledging that it is difficult in these markets to gain access, one must reflect on how difficult it is in the developing markets, whose budgets are already well behind those in developed markets. The importance of understanding these emerging markets is critical as these will no doubt shape the global market of tomorrow. Ana and Simeon could only touch on the immense issues being faced in Brazil and Mexico.

The key differences in access between developed and developing markets is around reimbursement and the patient's ability to pay. In emerging markets such as Brazil and Mexico, WHO reports that **out-of-pocket spending covers 58% and 93% of the population's private healthcare expenditure**, respectively. In Brazil, the public healthcare system, only accounts for about 30% of pharmaceutical spending, whereas the Mexican government covers 27% of drug expenditure. Thus, the individual or family budget has a crucial impact on ***if and how the patients have access*** to a specific drug.

The paper identifies the disparity between the rich and poor as well as overall deficiencies in the public health systems - lack of therapies available, out of stock pharmacies, Doctors at saturation point. Where developed countries take access to medicines for granted those in Mexico and Brazil have to make daily tradeoffs. Patients trade off how they spend their money, Doctors on budget versus need and Pharmacists on what options to offer patients.

For patients healthcare is not a right but a matter of adjusting the monthly income to assess where funds can be found. Is the disease/ condition serious enough and do they have the money to pay? Some patients have even suspended treatment when symptoms disappear (against Doctor advice to finish therapies and maintain compliance) or just start reducing their food allowance to save money. This prioritisation approach is particularly key where for example the elderly are on poly medication. Priority is therefore on seeking cheaper options such as generics/ 'similars' or simply focusing on priority medication. The Government in Brazil gives their backing to generics and media attention has caused widespread acceptance of generics. In Mexico the Government plans to request bioequivalence testing for generics and eliminate the 'similars' category.

The search for cheaper options has an impact on how Doctors and Pharmacists also work alongside each other as each are intrinsically linked.

The Doctor - patient relationship is based on patient budget and Physicians ability to adapt according to the purchasing power and coverage of the patient. Patients tend to shop around for physicians that offer lower cost medications whilst Doctors are also aware to prescribe according to the patient's budget, despite having a preference for brands. Choice is ultimately with the patient. There is also a conflict with matching a therapy to a patient

whilst ensuring compliance, so the dilemma is prescribing cheaper therapies but less effective drugs vs. more expensive but fewer drugs. Some Doctors will therefore recommend branded drugs for serious diseases and generics for less serious ailments. However, this is dependent on the patient budget - some patients may have to do without certain luxuries or commodities or possibly even revert to family and friends for help so as to afford healthcare for serious conditions.

The pharmacist - patient relationship is based on purchasing choice. Strategies are put in place by Pharmacies to ensure the needy are supported. Such shopping strategies for medications include in-store discounts, loyalty programmes, price matching and discount schemes. In many instances patients often request cheaper options than prescribed brands therefore generics are offered. Generics are certainly popular in both Brazil and Mexico and are certainly viewed as necessary for the population, however, in Mexico, there is still some scepticism towards this option. Aside from this, there are some pharmacies in Mexico, who offer on site physicians, often sponsored by generic labs that undertake quick and cheap diagnosis and therapy. Again a conflict between optimal therapy and budget control, particularly as Doctors are unsure of the quality of this approach.

In future there looks to be an expansion of branded generics, investment in customer support options (education, patient support, financing options and poly medication programs) as well as more direct distribution channels.

The important learning's from this paper are that

1. Whilst economic and demographic development seems to promise growth in emerging countries, market access is not only ***accessing the*** market but also being ***accessible for*** the market.
2. Pharmaceutical companies will need to look at alternative ways to help patients in these markets to gain access to their medicines and support options to do so
3. Companies need to understand the key hurdles and challenges stakeholders tackle when faced with healthcare choices and cost, and the aspects which influence the prescription-to-sale- process and market accessibility.
4. Patients have to prioritise both their monthly income and need for healthcare - they have competing priorities which are not necessarily appreciated in developed markets. We need a better understanding of the emotional impact of balancing basic necessities against each other and how these emotions can be leveraged.
5. Physician and Pharmacy practices have to be in line with the budget levels of the population and prescriptions are not necessarily on the basis of what is best for the patient but on what the patient can afford - Pharmaceutical companies need to take this on board if they are to compete in these markets.

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Parallel Session 6

Mirror, Mirror on the Wall... Who is the Fairest of Them All? Does Your Company's Self Image Reflect Social Media Reality?

Henry Gazay, CEO, Medimix, USA and François Noailles, Director of Global Market Research, Pierre-Fabre Medicament, France

Chair: Alex West, PSL Research, UK

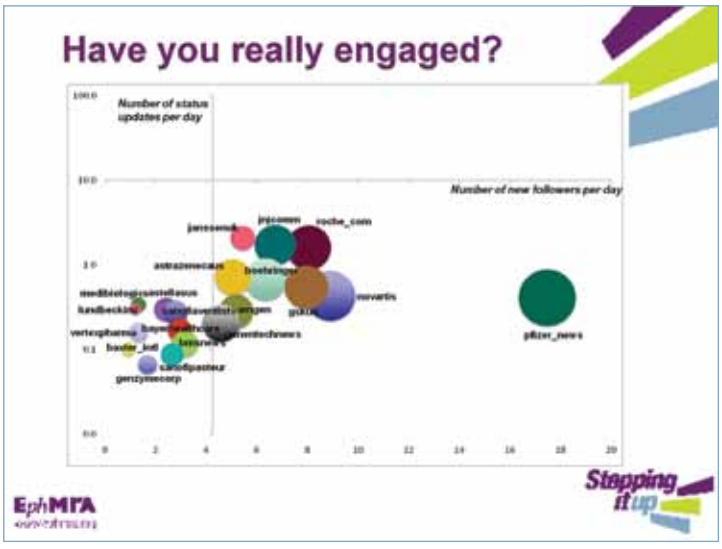
The digital age, and Web 2.0 specifically, has not only changed the way we communicate with each other but also the way by which information and opinion can be shared instantly across the globe.

Our ability to communicate has been revolutionised by the likes of Facebook, YouTube, Twitter and Flickr and offers a medium where savvy customers and clients alike can tap into a vast information resource that has been peer reviewed, discussed and debated.
In the Henry and François paper they specifically looked to see to what extent the pharma industry is keeping up with its consumer counterparts in the social media environment.

Henry opened the discussion by looking at the traditional approach to pharma marketing strategies. In the past this has been via medical conventions, conferences, office sales calls and literature. This is in addition to direct customers' connection through educational materials or websites. However, with the adoption of social media - it's a whole new era!!

According to a Nielsen Global Online Consumer Survey, over 90% of consumers do trust peer recommendation. However, according to Deloitte, more than 35% of life sciences professionals say they have no plans to use online social networks in any capacity. So…is it all hype or is there really some hope for this medium in our industry?

Perhaps the answer lies in understanding to what extent pharma companies themselves have really engaged in the adoption of social media. Henry and François showed that relative to non-pharma companies the difference in the extent of engagement is currently vast. Companies such Wholefoods provide up to 10 media updates a day with 2500 followers compared with Pfizer, only providing 1 update a day with around 20 followers. Early days perhaps?

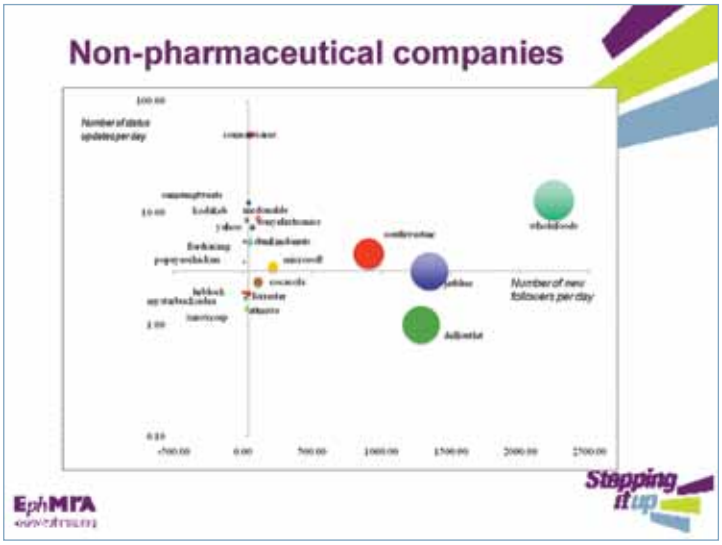


Henry Gazay

François Noailles

Alex West

conference round up



François posed the question, what is pharma management's view of social media? The pharma industry certainly recognises that the subject is popular - after all everyone is talking about it? But what of its potential? Pharma can see that it is of interest to all industrial sectors, as well as the general public and it is the daily subject of numerous communications (papers, emails, reports).

It is, therefore, an area that should fascinate all senior management for a variety of different reasons. Specifically:

- **CFOs** dream of cutting marketing, sales forces and communication budgets
- **Marketing Directors** dream of limiting the influence of the sales team
- **Sales Directors** dream of finally achieving one-to-one marketing
- **Communications Directors** dream of finally being the one to control all the information exchanged with the outside world
- **CIOs** dream of owning this new means of communication

It would appear, therefore, that everyone is potentially on board (on paper) but the lack of uptake to date suggests that something isn't right. Perhaps the main reason is that the key decision makers within pharma are not aligned in terms of what social media is or really should be and before any sort of communication project is embarked upon there are a number of grey areas that need addressed - What's the ROI? Who actually owns the project? How is content decided upon?

As a way of getting started, François outlined a number of possible recommendations when considering a communication project:

- Be humble and admit that this new medium requires new skills that may not exist within your company
- Do not overlook "internal politics" of such a project
- Ensure that top management has a clear vision of what you want to do and will give you enough time to initiate and develop the project
- Start with a simple project

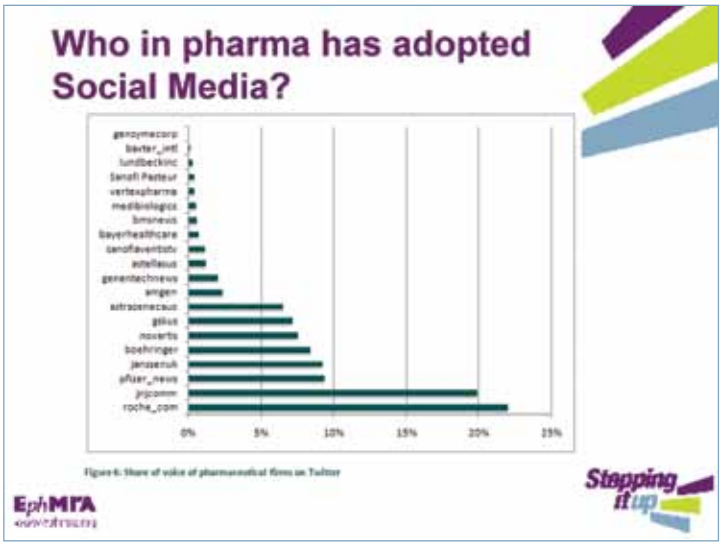
So having pointed out the recommendations, Henry then outlined the core areas of information that would underpin a pharma company's social media strategy:

- Information on conditions
- Symptoms
- Treatment options
- Efficacy of various drugs
- Share experiences
- Real-life advice from the online community

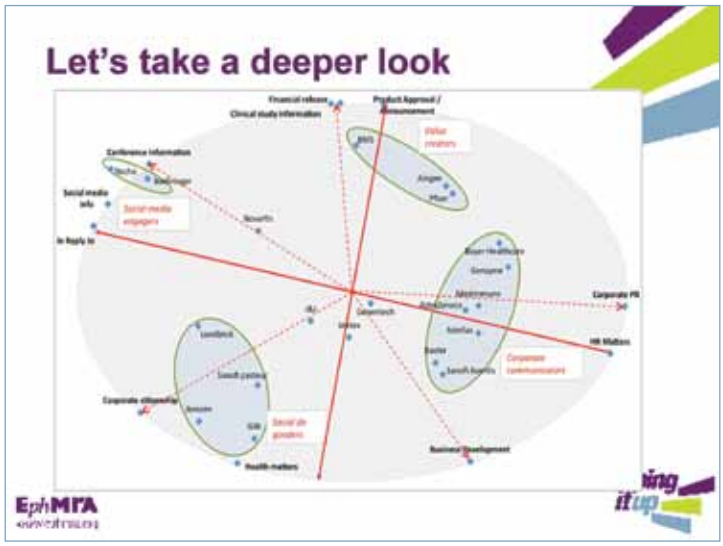
On that note there were some additional "Do's and Don'ts" - specifically:

- DO coordinate across departments
- DON'T be tentative in your participation
- DO go in with a comprehensive plan
- Clearly define your goal
- Know your audience - when talking about your products, brands, and therapeutic areas
- Listen to the conversations first and think how you can creatively connect and continue the dialogue

When considering the recommendations provided above and the specific Do's and Don'ts, it is important to 'integrate your thinking'. Don't have one (canned) message that you push and broadcast everywhere but consider a goal where you are seeking to become a part of the community. Recognise that it is important to listen to the conversation and post updates/interact with your followers on a very regular basis. When the conversation is negative, be ready to combat disinformation with a timely response with facts and keep track of satisfaction issues and resolve them as the need arises.



As the paper drew to a close Henry and Francois took a deeper look at those pharma companies involved in social media and categorised companies into specific segments - 'value creators', 'social media engagers', 'corporate communicators' and the 'social do-gooders'.



In closing, Henry and François sum-up in outlining that social media is not only a channel for communicating with their customers. It affords the pharma industry much more - the ability to track competitive products and judge how they are perceived, to monitor market trends and adjust strategy when necessary, highlight different cultural likes and dislikes as well as how specific companies are rated with the public.

In conclusion, "Mirror Mirror…who is the fairest of them all?"…I think it is right to say that Pharma has a little way to go in its adoption of social media but it is certainly here to stay. How it is augmented into specific corporate strategy, brand strategy or whether it is used as a listening or competitive intelligence tool, or all of the above remains to be seen. One thing is clear, in the last 12 months since this subject was last reviewed at EphMRA, the evolution has begun.

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Parallel Session 7

Sangita Salunke

Gauri Pathak

Assessing Optimum Pricing in the Indian Market

Sangita Salunke, Associate Director of Market Research, Sanofi-Aventis, India and Gauri Pathak, General Manager (India), Kantar Health

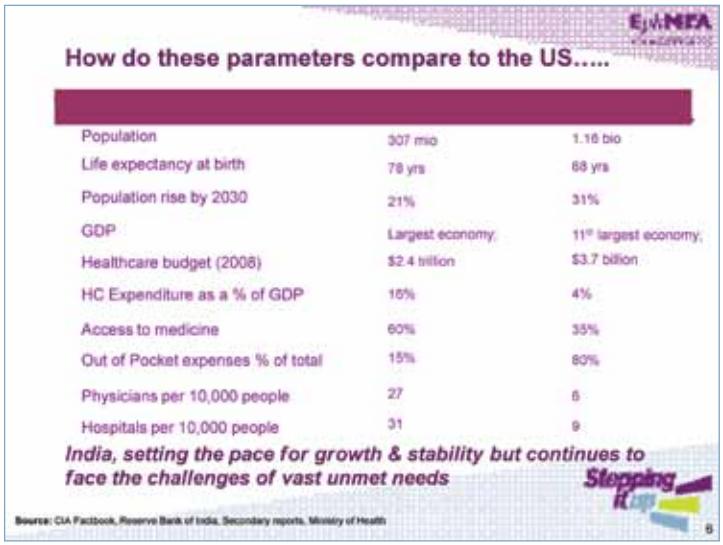
Chairs: Hilary Worton, Synovate Healthcare, UK and Anna Garofalo, MedeConnect, UK

We were delighted that Sangita Salunke from Sanofi and Gauri Pathak from Kantar Health were able to join us for the conference in Basel: both Sangita and Gauri are very experienced marketing/market research professionals with strong, direct experience working in the Indian market. They brought an extremely valuable perspective to the topic based on their years of practical experience working with Western pharma companies and providing guidance on how to optimise pricing and launch strategies for the local Indian market. This paper provided a highly comprehensive insight into the Indian pharma market; emerging trends in Indian healthcare and opportunities for pharmaceutical companies; the pricing dilemma for pharmaceutical companies (global prices or local prices) and finally, how market research can help.

Sangita set the scene by providing a fascinating insight into some of the facts and figures that make India such an appealing market in terms of future growth prospects for the pharmaceutical industry. Here are a few key facts that you may not have known:

- India has a large, resilient economy, with a GDP growth rate of 8.7% for 2010. India is projected to be the 3rd largest global economy by 2030;
- There is a stable government with broad consensus on economic reform and inclusive growth;
- At least 60% of the 1 billion population are of working age. Life expectancy is 69 years;
- In terms of geographical size India is six times the size of France and 33% the size of USA;
- The population is 81.5% Hindus, 12.2% Muslims, 2% Sikh, Christians;
- There are 18 principal languages and 14 'official' ones - the majority of the population speak Hindi and the business language is English. The literacy rate is 65%;
- India has a rising prevalence of chronic lifestyle diseases like diabetes (51 million), hypertension (250 million), cardiovascular disease (35 million) as well as a high prevalence of cancer and infectious diseases.

The chart below highlights why India is a market that is of such tremendous global interest for its future growth potential.



Sangita and Gauri argued that the **pricing decision is one of the most crucial decisions for products in India** for the following reasons:

- There is a large pool of diagnosed patients, hence there is a huge volume opportunity. India is already the 4th largest pharma market worldwide in volume terms.
- India is a predominantly out of pocket market (80% population not insured).
- It is a strong branded generic market, with aggressive pricing.
- There is often a lengthy delay between the first global launch of a brand and its launch in India and in many cases local branded generics are on the market first.
- The average cost of therapy is lower than most parts of the world
- There is a need to take pricing decisions based on existing market scenarios and adapt pricing strategy as the scenario changes.

They then provided delegates with 2 scenarios, showing the various options available. These were as follows:

Scenario A: Global brand launch is after generics or generic launch immediately after global launch

Example: Crestor

Originator brand is approximately 2 times more expensive than other branded generic

Consequent to being premium priced and launched 6 years after generics in a cluttered generic market, the Crestor enjoys 10% share and is no 3 brand

- Objective is to know what price the brand can command vs branded generic
- In such cases techniques like PSM (price sensitivity meter) are more suitable to understand best price
- This best price could also be adopted as the market situation changes

Scenario B: Global brand is an innovative/patented first in class drug

Example: Januvia

Originator brand launched in India at 1/5th of global price.

This is approximately 10 times more expensive than other branded generic in India.

Januvia is the 3rd largest OAD brand in India today

- Objective is what value can the innovative brand command?
- Techniques like DCM (discrete choice modeling) are more suitable to understand the best value proposition given the innovative drug's benefits to patients

Gauri Pathak went on to describe a case study of how Sanofi undertook a market research programme to assist with the development of their pricing strategy for one of their innovative drugs. Here is how she described the specific scenario:

Gauri explained that traditionally pricing research in India has tended to rely on relatively unsophisticated methodologies. This case was different in that Sanofi were keen to undertake both a DCM and a PSM approach to the research design and analysis. The outputs from each method were compared and revealed a disparity between the two; Gauri concluding that the DCM approach provided a robust, value-based optimal price point.

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Parallel Session 8

Su Meddis

Nigel Griffiths

Customer closeness through social media: Stepping it up by stepping alongside

Su Meddis, Business Intelligence Director, AstraZeneca (UK) and Nigel Griffiths, Director, Insight Research Group, UK

Chair: Dorothy Parker, fast forward research

Su and Nigel demonstrated in this session, through real AstraZeneca oncology case studies, the opportunities offered by the 'safe havens' of social media research; buzz tracking, and an experimental 'proto-community' of patients developed to understand 'what matters to me in non small cell lung cancer' which they termed Web1.X. In addition they also reviewed the emergence of Marketing Research using Online Communities (MROCs).

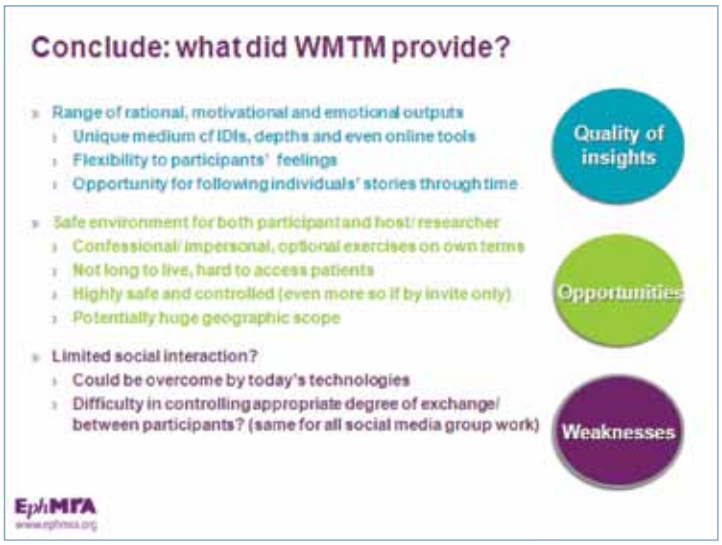
In the first case study Su presented AstraZeneca's learnings from working with a Buzz metric agency using social media and 'active listening' to online conservations/chats via media such as Twitter streams, facebook, Ning, flickr etc. plus patient blogs and patient organisations. This case study focused on China, Japan, France and Germany and gave a much better understanding of online discussions re. anti-EGFR Tx in non-small cell lung cancer, NSCLC, identifying language and terminology used as well as allowing testing of new AstraZeneca AE reporting processes.

Su discussed how four key metrics were captured in the Buzz process; Buzz volume, discussion topics, treatment sentiment and sentiment drivers. She then concluded what buzz tracking provided and identified some considerations that need to be taken into account as can be seen in the following slide:

They then reviewed the emergence of MROCs (marketing research via online communities). Here the opportunity to engage with customers and observe their interplay and dialogue over weeks and months yields great opportunities for iteration and co-creation. On the other hand there can still be ethical anxieties over the handling of user-generated content and practical issues around appropriate incentivisation and striking the right collaborative balance between moderator and customers. Su and Nigel summarised:

The second case study was an interesting 'Web 1.X' halfway house which was neither static/informational nor truly social. Patients and caregivers were encouraged to go and visit and share their experiences of living with NSCLC on an experimental website 'What matters to me'. Participants couldn't directly interact although they could view each other's storylines and experiences. Also there was a 'hands off' laissez faire approach whereby respondents were left to get on with it and make of it what they will. It was highlighted that these patients were at a relatively late stage of their disease and could input in a confessional way and follow their stories through time. The outputs of this gave emotional insights (of a deep, personal and complex nature), resource for HCP education materials and generated articles for conferences and publications. This particular case study had involved 371 patients across the Americas, EU, E Med, W Pacific, Africa & SE Asia. The market research included adaption of qualitative techniques to web format and website utility testing and utilised novel colourful 'spirals' that were unique to each patient reflecting their responses to the different questions. Once the survey had been completed, patients could see their own entire spiral and 'unravel' the spirals of other respondents who had taken part.

Su and Nigel clearly demonstrated what this website research had delivered and where any limitations were:



In closing, Su and Nigel highlighted the internal tensions posed by Web 2.0 Research among pharma company stakeholders such as Pharmacovigilance, Legal and Compliance. With social media research the opportunities to get close to customers have to be balanced with the risks and ethics in the current challenging environment, as highlighted by the recent hesitancy of the FDA and ESOMAR in drafting Social Media Research Guidelines. (NB. ESOMAR now published: *http://www.esomar.org/*)

Su and Nigel concluded with the rallying cry that in the current climate of confusion regarding ownership and ethical compliance it is vital for business insight professionals to take a lead in understanding the new media and championing their immense potential as unique insight gathering tools if judiciously managed.

Su's analogy used for this complex current social media world was very memorable: "teenage sex... everybody's talking about it, some are doing it and some are doing it badly!"

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Parallel Session 9

Nick Molden

Can lessons from other sectors help increase return on investment from marketing and communications for global pharmaceutical companies?

Nick Molden, Managing Director, Oxford Indices, UK

Chair: Martin Schlaeppi, Praxis Research, UK

Continuing the theme from earlier papers, Nick Molden from Oxford Indices brought another dimension from the consumer world to the pharmaceutical sector: that of complex data modelling to determine return on investment from sales and marketing communications and the planning of an optimal promotional mix.

Nick handled a potentially very dense and confusing topic in a way that enabled even non-statisticians to grasp the possibilities that neural networks, genetic algorithms and non-linear regression may have to offer our industry. Drawing on his past experience of working in the communication and media business with United Business Media (owners of VIDAL and Pulse) and Haymarket (owners of MIMS), Nick brought the topic to life in a way that the audience could relate to.

From the basic premise that marketing mixes in pharma are no different from those in other sectors in that they are becoming more complex, they include new channels such as social media and result in simultaneous combinations of mechanics that traditional modelling approaches struggle to manipulate successfully, Nick outlined how he felt new approaches to data modelling could be used by pharmaceutical marketers.

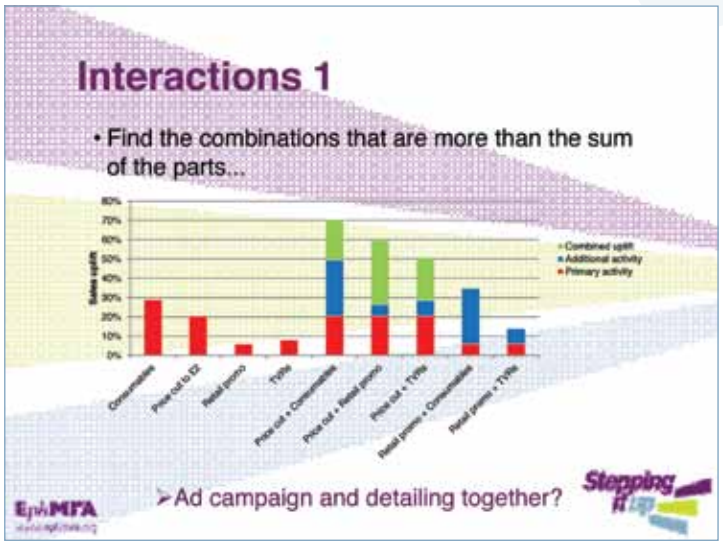
There would be a number challenges to overcome in undertaking this type of analysis in the healthcare setting notably the levels of 'interference' from payors and other gatekeepers, varied sales force mixes and product detail order, regulatory restrictions that differ across countries and, possibly the greatest hurdle, the availability of quality historical data. Nick indicated that several of these do affect other sectors of industry in one form or another and went on to describe the approaches and the toolkit he deploys to tackle some of the key questions posed by marketing teams.

At its fundamental level, the approach is to take large numbers of input variables (which may be noisy and gappy) and explain the interactions and relationships between the inputs - which combination of marketing levers explains our sales performance for example - such that the outputs from the analysis can be used in a predictive manner to optimise the marketing mix.

By way of a case study involving consumer magazines, Nick described a number of key considerations in analysing promotion and sales data in order to answer the key questions his client had posed: promotional efficiency, tactical combinations of promotions, impact of seasonality, competitive effects and own-portfolio cannibalisation issues.

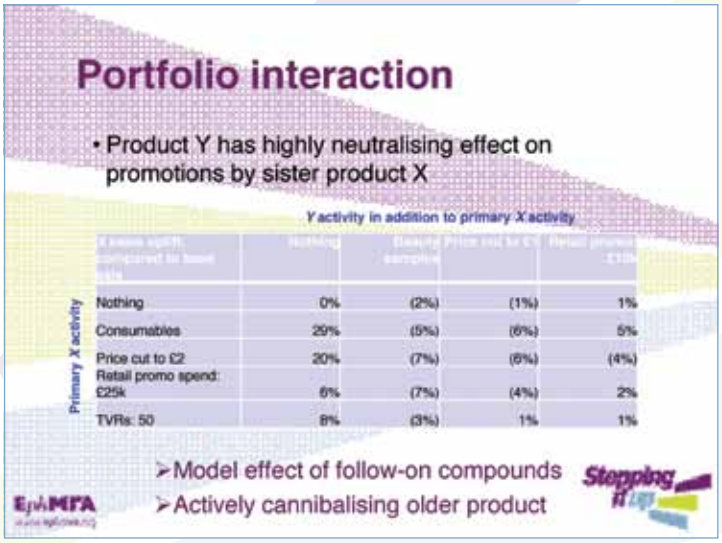
Starting from the analysis of considerable quantities of diverse data to identify a "base" sales picture, the modelling approach was able to demonstrate how changing the timing of promotions across the year could increase effectiveness - very much a challenge to the established wisdom in that industry at the time.

Beyond this, the various promotional tools at a magazine's disposal - price cuts, cover mounts, TV advertising and point of sale retail promotions for example - were examined such that the combinations resulting in greatest additional sales uplift could be shown. Similarly, combinations to avoid could be modelled. It was thus that we learned that a price cut with a bar of chocolate stuck to the front of the magazine resulted in sales uplift greater than the sum of its parts whilst putting a book on the cover alongside the price cut resulted in sales uplift less than the sum of parts. The message to pharmaceutical researchers was clear: use this type of approach to identify the best combinations of promotional efforts to improve overall efficiency - but maybe not by giving away chocolate bars!



Perhaps of greater relevance to the audience were the analyses of one's own activity on the competition and of competitors' effects on one's own brands with, again, the potential importance of seasonality being seen. One result shared showed that, whilst an expensive TV campaign might result in increased sales for your brand, it may also result in a growth of your competitor's business at no cost to him!

Yet another very pertinent analysis showed the importance of deconflicting marketing efforts within one's own portfolio of products - a situation common to pharma salesforces where multiple products maybe detailed in one call or where several potentially competing products are sold in a single disease area. It was eye-opening to see how the efforts to support Brand 1 could have a seriously deleterious effect on Brand 2 without there being any such intent. Of course, the model could then be used to overcome these effects and plan far better tactical deployment of promotional resources.



In concluding Nick explained how his analysis had helped his client take some far reaching decisions about the promotional tools that were deployed to support their two potentially competing magazines and, beyond this, how the analyses were then used to develop a forecasting tool to allow better planning and budgeting.

His final thoughts included that, in order to model these complex effects, an Excel spreadsheet is not up to the job. There is no reason why these approaches would not work with pharma data although the nuances of that market must be accounted for in the bespoke model in the same way as the nuances of the publishing or automotive sectors must. Finally, in the end analysis, the ROI delivered by undertaking this type of work is a high multiple of the actual cost of doing it.

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Debate: Consumer Researchers do it Better!

Alastair Bruce

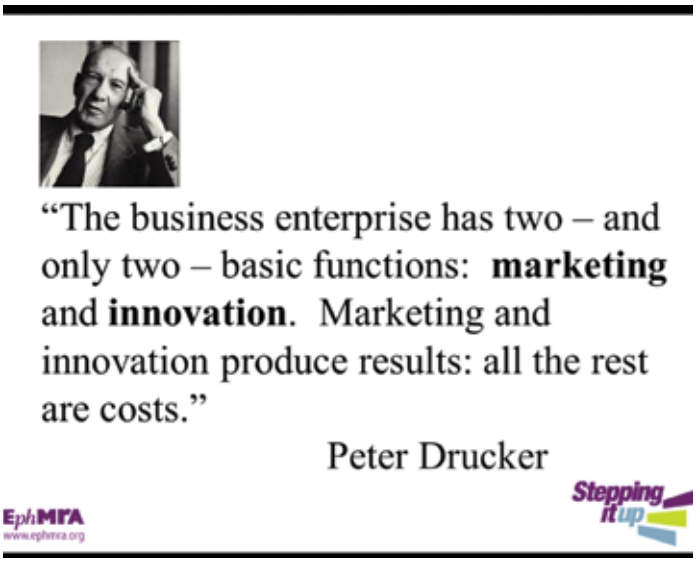
Louis Rougier

The 2011 conference concluded with an entertaining debate between four sets of speakers on the motion of whether consumer researchers do it better. Two speakers (Alastair Bruce from GfK Consumer Healthcare and Louis Rougier from Ipsos Marketing France) went first supporting the motion that 'Yes, consumer researchers do it better!' Opposing the motion (believing that consumer researchers do not do it better) were a joint team of Markus Koester from Merck and Gary Johnson from Inpharmation along with Stephen Godwin of Synovate. After an expert panel decided on the winning paper on each side, it was left for a show-down with the audience having the final say.

Alastair Bruce spoke first - presenting his paper on how consumer researchers have 'Bigger Ears'.

He began his argument by laying out the traditional hypothesis that people assume that consumer research is more innovative, more creative and delivers greater insight than research conducted within the healthcare sector. He explained that his case was based on a number of interviews conducted with senior research buyers, users and implementers in both pharma and FMCG, and he personally has experienced both sides of the fence.

The core of his support for the motion centred on the question that it is not about 'better' or 'worse' research, rather that innovation, insight, creativity and implementation were what makes consumer researchers different and better. He countered this by saying that, in his view, consumer and healthcare market researchers can learn from each other, by listening with 'bigger ears' to help their respective clients with their business issues.



Alastair went on to talk about innovation, and quoted Peter Drucker as saying "The business enterprise has two - and only two - basic functions: marketing and innovation. Marketing and innovation produce results: all the rest are costs." Taking this as his theme, he argued that FMCG companies have best-in class marketing. For instance, McDonalds, and their 'Do you want fries with that?...' success. FMCG products demand a level of sophistication and support in a fluid, often highly competitive market place, which is rapidly evolving and global. He conceded that marketing is receiving an increasing emphasis in the pharma world, but it is more defined and better developed within FMCG. As the International Journal of Pharmaceutical and Healthcare Marketing stated, '[the marketing concept in pharmaceuticals] remains relatively under-explored'.

The paper then moved on to focus on innovation. Alastair argued that due to medical legacy, regulatory requirements, legal controls and constraints, pharma marketing and its associated market research has struggled to develop innovative and creative ways to bring added value to the table. It's the way the industry is set up. Back in consumer-land, it is much less

restrictive in terms of being able to deliver advertising messages across various touchpoints. Consumer marketers are freer to make claims than their pharma colleagues. This freedom allows research to push the boundaries further to be more creative and insightful.

Alastair then went on to show a very entertaining video parodying the discussion between a pharma marketing executive and their communications agency, which many members of the audience nodded in agreement to.

Alastair summed up his argument by saying that a complex market does not naturally drive creativity and insights. A simpler market demands much more creativity and insight than a complex one. He supported his summing up with some statistics from Google searches (if in doubt, turn to Google). If you google 'Consumer market researchers do it better' you get 40.4M hits, and while Pharma market researchers only gets 34.7M hits - case closed (according to Alastair).

Louis Rougier of Ipsos, as a consumer researcher, then took the stage and gave his view of which three elements are most difficult for market researchers to capture and offered some technical and methodological solutions from the consumer world.

His first point focused on the breadth of understanding that is required to really comprehend who a person really is. This understanding needs to take into account the constraints of the person's daily life, their emotions, their values, their system of influences and their beliefs and doubts. Only once you understand a person from all of these aspects can you truly know them. Louis gave an example of how a chocolate company had approached the diabetes market using this type of framework and how as a result they had a deep understanding of how and when to engage with that type of consumer. This is a very different approach to a pharma company, who may have focused more on the diabetes, and less on the person.

He reminded the audience that physicians are people too, who work within their own constraints, values and aspirations. The challenge for researchers is how to gain these insights into human values. Louis suggested a number of solutions, firstly to try walking in this person's shoes, to be with them and understand them through ethnographic research.

Next he turned to social representations and group discussions. Clearly pharma researchers use group discussions as well, but in the consumer world there are more creative variants, such as conflict groups, family groups and friends - people's behaviour changes depending on who they are with. Social listening is a more common approach amongst consumer researchers to understand what people mean by the language they use, and finally, they aren't scared to use other sectors to benchmark their performance.

He then moved to the second element, the deeper vision of consumer researchers, how they dig into the unconscious of people. The difficult thing for researchers is to understand and capture the emotions of consumers. These are not rational, they are feelings. Not only that, but they include unconscious routines that can't be easily explained, such as brushing your teeth in the morning, most people do this without thinking and without much rationalising. For an FMCG company, if they want their product to relate to real needs and behaviours, these illogical and unconscious behaviours need to be understood.

In addition, people have unconscious social representations and influences. Again, these are difficult to capture because they are unconscious and changing. For instance, being ecologically friendly 10 years ago marginalised you, 5 years ago it was a trendy thing to be, nowadays it's a general value, not even a trend, everyone recycles. However, the consumer provides researchers with more challenges, as she has a contradiction between what she says and what she does. She may say she makes healthy decisions, but her kitchen cupboards say something else. Consumers have two faces, their real one and their projected. For an FMCG company to be relevant, they need to talk to both sides of the person, does a pharma company think about this?

Louis offered some consumer techniques to try and reach the unconscious level of the consumer. He argued that consumer researchers are more daring than pharma researchers in their use of projective techniques, for instance by asking consumers to believe they are a contact lens…and explain what their life would be like. It's very hard for pharma researchers to do this with products. They can also use non verbal communication through picture sorting of feelings, and emotional map models to explain the complexities and how the fmcg brand fits with consumer values and aspirations. This level of complexity and depth isn't required in pharma, where patients rarely make the choice of drug brand for themselves.

Lastly Louis touched on the consumer journey and how a dynamic vision is required to understand people. Life is not a series of pictures, it's a journey that evolves over time. You can apply this thinking into pharma, for instance through how patients trust their treatment (the example Louis used related to cancer) and how they flow through the system.

Markus Koester

To capture the journey, Louis advocated capturing the instant things happen, through mobile research or webcam ethnography. In this way, you can know what someone thinks or does when they do it. It provides you with a true read on the moment, place, mindset and behaviour. He also suggested that building real consumer communities could be an approach to deepening understanding, this can provide continuous observation and flash surveys on demand. Consumer companies are ahead in using this approach. This isn't to suggest that the traditional methods are no longer appropriate, it's the combination of approaches through offline and online, in person interviews and forums or online focus groups.

Louis concluded his support for the motion by summarising the three key areas where, in his view, consumer researchers do it better; getting a broader understanding of the person, a deeper insight into the unconscious and a dynamic following of their journey.

Gary Johnson

Following the arguments put forward by Alastair and Louis, the expert panel deliberated on which was the more convincing (and possibly entertaining) paper. It was a close decision, and Alastair was put through. Louis was evicted from the balloon.

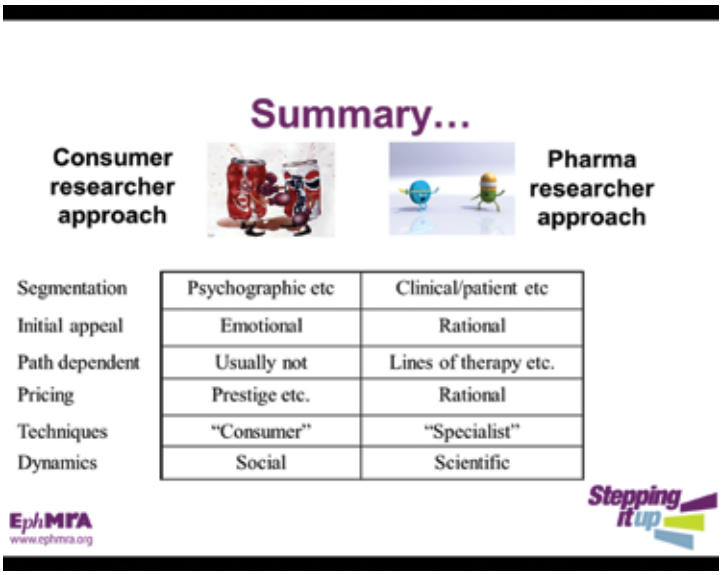
Next came the turn of the opposition.

Markus Koester from Merck and **Gary Johnson** from Inpharmation presented the case for the opposition first, putting their arguments forward that consumer researchers don't do it better. Their starting premise was that doing research for fizzy sugar water (ie colas) is very different to specialised pharmaceutical markets. The consumer approach for, what are essentially basic products needs to be creative and tap into the illogical consumer brain. However for pharma the research needs to be much more logical and rational. They

argued that there is a big difference between emotional and rational approaches. Therefore consumer researchers don't do it better, they do it differently. Gary and Markus used some entertaining examples to prove their point, for instance comparing the pricing of handbags with cost-value equations for drugs.

They went on to show that the techniques required for the different sectors are fundamentally different, consumer research requires social, almost entertaining research, while pharma requires more specialist and scientific approaches to talk to physicians.

Markus and Gary drew a direct comparison between how researchers might approach the soft drinks category to how pharma researchers might approach the oncology market. In their view, the approaches required for research and for successfully marketing products are fundamentally different. For instance, with consumers it is important to consider the psychographics, the emotions and what triggers will encourage consumers to buy the product. However, in the oncology market, what is important is the clinical and rational, how safe is the product, what is its efficacy, and which patients should it be used in.



They argued that marketing a drug to an oncologist requires a very rational approach focusing on the clinical and patient benefits. This is a successful marketing strategy in pharma. If a company tried to market a drug using the emotional and entertaining techniques of the FMCG world, it would not work, this is not what clinicians want to hear.

They concluded their paper by saying that the approaches and techniques required in pharma are fundamentally different to consumer, which is why they could not support the motion that consumer researchers do it better.

Stephen Godwin of Synovate then stood up to conclude the case for the opposition. He started his argument by asking the audience whether they believed that consumer researchers always do it better, as this is what was implied by the motion put forward, and the positive view presented by the other side.

Stephen Godwin

He then put forward three key arguments for why he could not support the motion. Firstly he stated that research done by pharmaceutical researchers is actually pretty good, we do execute on strong projects and solve complex business issues, and we are certainly no worse than consumer researchers. For Stephen this point hit to the heart of the motion, that there is an implication that the grass is greener on the other side, it isn't, and we should be proud of the work we do.

He then moved onto his next point, the fact that there are some things that we simply aren't allowed to do for regulatory and legal reasons, for instance, we can't give people products

to take home with them, or to test them in any environment. We are constrained within guidelines, but despite this, we still produce great research.

Thirdly he argued that good research, both in the design and execution is all about the people in the team. There are some great people who are doing pharmaceutical research, he flattered the audience by claiming that many of those great people were there on that day. In the same way there are some great consumer researchers, but there are also teams which are not so strong on both sides. It is therefore impossible to argue that consumer researchers, as a whole, do it better, when the success is dependent on the strength of the people behind the research.

Having clearly and carefully laid out his three key points, Stephen then presented some entertaining examples of where consumer marketing had not just got it wrong, but severely wrong. Some of these were due to lack of local cultural insight, resulting in poor communications for the products under question. He concluded that while it was possible to show some good consumer marketing, there were also some great howlers.

The expert panel then decided which paper for the opposition was in their view the strongest. They decided to vote out Stephen from the balloon who was ejected on screen. It was then left for Alastair and Markus & Gary to argue against each other on the motion. A lively and entertaining debate ensued with each side countering the other. Finally it was left to the audience to decide. By a very close margin Markus & Gary were considered the winners. This was a highly entertaining end to the conference.

Stepping it up

Conference Closing

The conference was then closed by Alex West, PSL Research and Kerstin Lilla, Abbott Products Operations who highlighted:

- 50 years of change

Imagine trying to work in a time when:

- The internet, e-mails and office computers did not exist
- The only low cost data collection technique was the postal survey and response rates were commonly 10-12% despite considerable creativity
- Analysis was laborious and relatively unsophisticated
- Multi-country studies were always multi-agency studies and coordination was hugely time consuming
- Reports were hand written & printed on machines that used stencils
- All visuals for presentations were either 35 mm or overhead projector slides
- Most client correspondence was by letter and all reports were delivered by post

Kerstin Lilla

And then took us right into 2011:

- EU spend on pharma market research close to $1bn
- Quantitative, global projects in 3-4 weeks
- Huge change in how we research and who we talk to
  - Web based surveys / social networking / digital / online communities
  - Multitude of accessible stakeholders to research - physicians / patients / payers / pharmacists
  - Expansion of emerging markets / economies & beyond

So - was the conference a success?

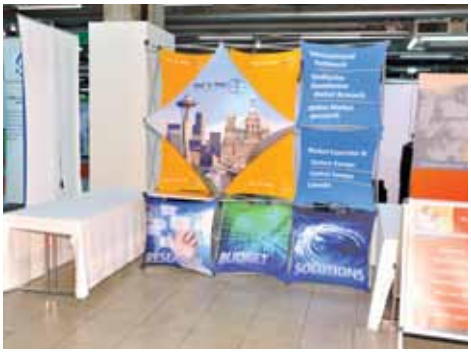
The feeling was that it had been 50 years of success:

- Growing Our Market Research Talents
- Building Invaluable Networks
- Setting Industry Standards
- Sharing Best Practices
- Raising The Discipline

50th Anniversary EphMRA 1961-2011

Agency Fair

60 exhibitors booked a booth for the Agency Fair in Basel - this was a record number. The fair was held over a lunch time and networking was high on the agenda.



Agency Networking Session

On the morning of 28 June a 2 hour networking session was held - this was an opportunity for suppliers to meet each other and exchange information about their services.

Stepping it up

In 2011 a new session was held during a coffee break - Poster Session with Author Presentations.

This was very well attended and appreciated by delegates who were able to have refreshments whilst listening to a poster being presented. 5 posters were presented and delegates were also able to pick up a more detailed handout.

1. Poster: **Shining a Light on a 'Hidden' Disease**

   Jon Simons, Account Director, Insight Research Group, UK and Dr Robert Siegmund, Director Global Commercial Analytics, Actelion, Switzerland.

2. Poster: **Do Clinical Quality of Life Measures Mirror the Reality of what Patients actually Value?**

   Jeanette Kaye, Deputy MD and Sian O'Regan, Research Manager, Healthcare Research Worldwide, UK.

3. Poster: **Tracking Reincarnated.**

   Silja Schiller, Kantar Health

4. Poster: **Combining Choice Methods and Simulation to Evaluate Compounds in Development.**

   Roger Green, President, Roger Green and Associates, USA

5. EphMRA Foundation Committee Poster - **Internet Access in Brazil, Russia, India and China (BRIC)**

   Angela Duffy, Foundation Committee

Shining a Light on a Hidden Disease

Dr. Robert Siegmund MBA, Director Global Commercial Analytics, Actelion | Dr. Jon Simons, Account Director, Insight Research Group

BACKGROUND

Project brief

To guide earlier diagnosis of Niemann-Pick type C disease (NPC) in order to help improve the experiences for patients and their families.

Because of progression and early death there is always a need for earlier diagnosis. Specific treatment for NPC is available and if earlier diagnosis could be achieved, the optimal window for treatment would increase therefore improving the prospects for patients.

Specific objectives

To better understand the actual experiences of families living with NPC.

- What does the path to diagnosis look and feel like?
- What is the physical and emotional impact of these events on patients and their carers?
- What are the barriers to diagnosis and how can earlier diagnosis be promoted?

What is NPC?

NPC is a rare genetic disorder with progressive symptoms caused by the accumulation of certain lipids in several tissues in the body, especially within nerve cells. It is estimated that NPC affects approx. 1 in 120,000 people in Western Europe. However, the wide-ranging symptoms mean the disease can often go undetected.

Non-neurological symptoms
Enlarged liver
Jaundice in newborns
Enlarged spleen

Neurological symptoms
Eye movement problems
Balance Discorders
Problems with information processing or memory
Difficulty swallowing
Slurred and irregular speech
Sustained muscle contraction
Episode of sudden muscular weakness

APPROACH

Pooling resources was instrumental in advancing the understanding of a life-limiting condition. The following groups were involved:

Steering Committee
Made up of a panel of experts experienced in NPC who were consulted to guide the research. In-depth interviews were conducted with HCPs from the Steering Committee to give 'leading guidance' for non-experts regarding NPC, which could be fed into communications.

Pharma Company (Actelion)
Sponsored the study; aiming to create media awareness activities to encourage earlier diagnosis of NPC.

Insight Research Group
& Families Living with NPC
Coordinated the study: delivered insights into patients, carers and family members' personal experiences pre- and post- NPC diagnosis.

26 x in-home qualitative depth interviews, 1-2 hours duration Interviews conducted across 6 EU countries: DE, SP, FR, IT, NL and UK

PR Agency (Packer Forbes)
Created and im plemented the educational communications programme.

Input from all these key stakeholders used to translate insights into educational materials

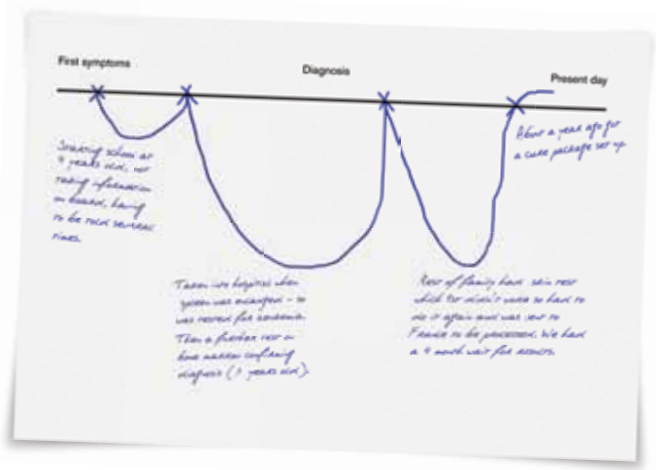
FINDINGS

i. Three main patient types were identified, illustrating the varying diagnostic pathway and hurdles faced

Typically increasing length of diagnosis process (up to 19 yrs)

	1. Having visceral (classic) symptoms	2. Having learning difficulties	3. Having psychiatric symtoms
Typical symptoms	Born with enlarged liver or spleen	Co-ordination difficulties, frequent falls, being behind at school	Hallucinations, aggressive behaviour, paranoia
Diagnostic journey	Usually diagnosed quickly if picked up soon after birth	Often misdiagnosed as dyslexia or dyspraxia	Often misdiagnosed with schizophrenia, autism or bipolar disorder
When there is delay in diagnosis	Symptoms not specific to NPC may subside by themselves over time. It can be many years before other symptoms develop and the opportunity to diagnose NPC early is missed	Family may see a series of separate specialists (neurologists, metabolic specialists, psychiatrists) over a number of years before NPC is diagnosed	Absence of physical symptoms means they can remain in psychiatric care until they appear and the original diagnosis becomes doubtful

ii. The path to diagnosis is a turbulent time for both child and family as the symptoms worsen



"I knew something was wrong right from the start. My daily life has always revolved around him. I was always busy visiting doctors, finding therapies, arranging appointments, trying to find ways to help him and achieve improvements."

FINDINGS Continued

iii. Emotionally, life is tough for parents before diagnosis as they are ignored or misunderstood

Parents may worry they are over-reacting

Parents may be made to feel overly-anxious by HCPs

Leads to feelings of anger and frustration, especially amongst parents whose instincts tell them there is a problem

Parents need to follow their instincts and not be concerned about being labelled neurotic (especially difficult to judge 'normal' if it is their first child)

"The family and the patient him/herself are relieved once they have the correct diagnosis. Finally, they have an explanation for the symptoms and know what is wrong."

"It felt as if no-one was taking me seriously. I really had to bang my fist on the table to get some recognition. As a mother I simply knew and I really had to make fierce demands."

iv. While diagnosis of NPC comes as a shock, parents realise the value of identifying the problem and the benefit of early diagnosis

Making memories
Family has the opportunity to spend quality time with their child

Prioritise holidays
Make the most of life before the disease progresses

Emotional preparation
Be ready to understand and accept what the future may hold

Access support / receive counselling
Put systems in place to be better able to cope

Physical preparation
Make alterations to the home if needed

Start treatment
Have confidence that the child is being given the best chance of a good prognosis

"If they had diagnosed my daughter a little earlier...she could have had a better quality of life and wouldn't have progressed as much."

"Finally getting the right diagnosis was like sunshine. We have actually got that light at the end of the tunnel now we knew what we're facing."

KEY INSIGHTS

The study identified several key opportunities for earlier diagnosis:

i. Initial symptoms, which could identify NPC, need to be given more 'weight' so that patients are sent for appropriate medical care.

ii. Generalists (especially Paediatricians) need to listen more to parents and consider the possibility of a severe physical illness.

iii. Specialists, who tend to treat single symptoms, need to look at the 'bigger picture'.

"Listen, really listen because the parent knows. If you don't know what's wrong then refer them onto somebody that can be some help. Don't just send them off saying there is nothing wrong and to come back in four months."

IMPLEMENTATION

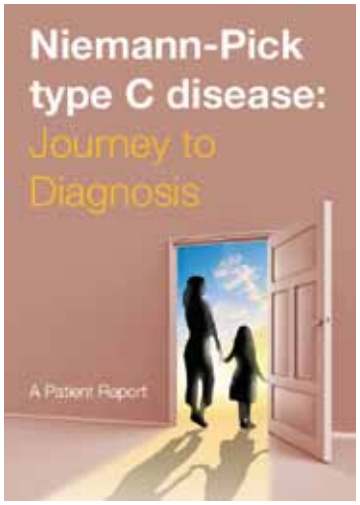
Educational materials have been developed to communicate a clear call-to-action for everyone affected by NPC

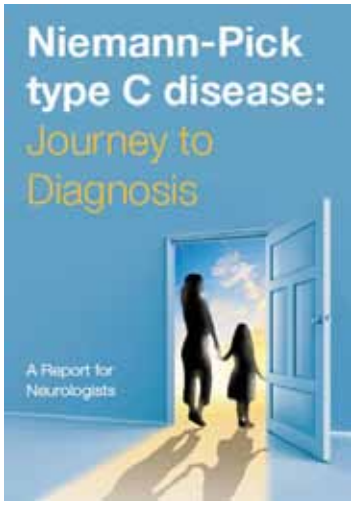
Increase awareness of symptoms amongst HCPs
Better knowledge of the classic symptoms would facilitate the earlier referral of infants for specialist care as well as those children who present in early school years with classic symptoms.

Consider a diagnosis beyond the obvious
Specialists need to ensure they are looking at all the symptoms a patient presents with and to link these symptoms together.
Encourage parents to share more background about their child's illness, even if other symptoms seem irrelevant.
Encourage HCPs to speak to colleagues if unsure of the symptoms presenting.

Listen to parents and carers
Generalists, such as GPs and paediatricians, should listen more to parents and consider the possibility of ruling out severe physical illness rather than dismissing them as 'over-anxious'.
Parents and carers could seek the support of teachers or other social networks to gain extra evidence when presenting concerns to HCPs.

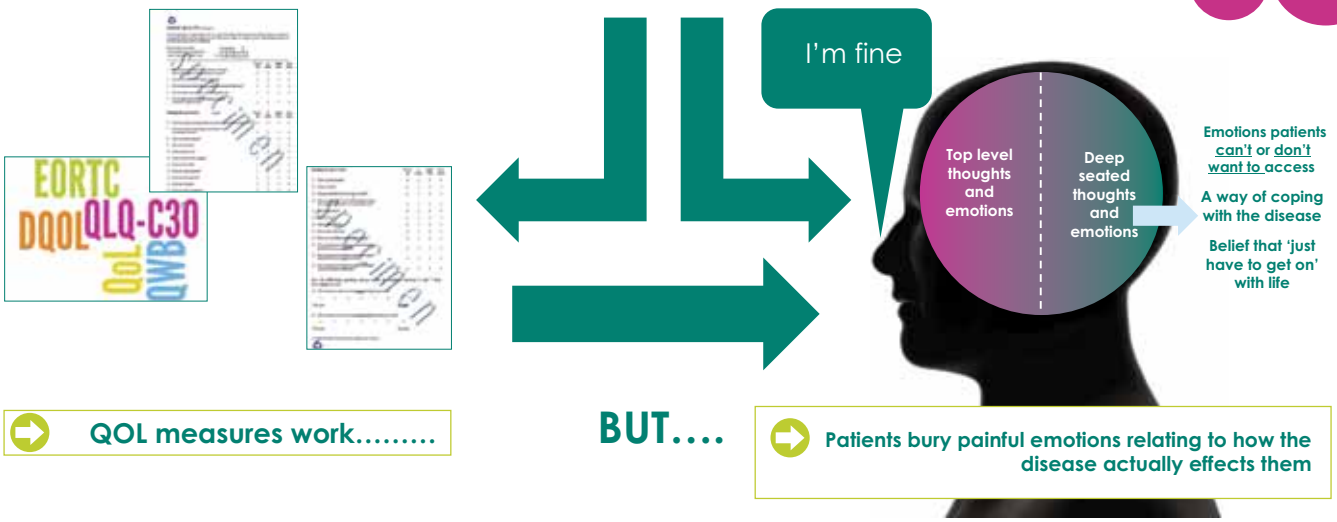
Seek support
Parents and carers should be proactive in seeking support from patient organisations, social services and family networks to ease the emotional impact of receiving a diagnosis of NPC and to help manage challenges in coping with the condition.





ACTELION insight RESEARCH GROUP

Do clinical Quality of Life measures mirror the reality of what patients really value?



QOL measures work.....

BUT....

Patients bury painful emotions relating to how the disease actually effects them

"QoL measures in clinical terms are different but complementary to those considered to be of key importance to patients"

Understanding patients is becoming increasingly meet the needs of patients, it is vital to be aware of what they really value and how this impacts on their behaviour around the management of their treatment.

How can we access these deep seated thoughts?

Soulmate interviewing

provides a safe environment which enables patients to openly discuss issues that usually remained buried.

- Involves patients interviewing patien
- Freedom to discuss the most important issues
- Being able to ask difficult questions which may otherwise be upsetting and intrusive
- Rapport is easily built because of the common bond between patients with the same disease

Interviews across 4 disease areas:

- Breast cancer, prostate cancer, COPD and Diabetes

3 hour interviewing sessions

- Initial IDI with moderator and patient
- Training session with patient
- Patient then interviewed another patient with the same disease

KEY TAKE OUTS

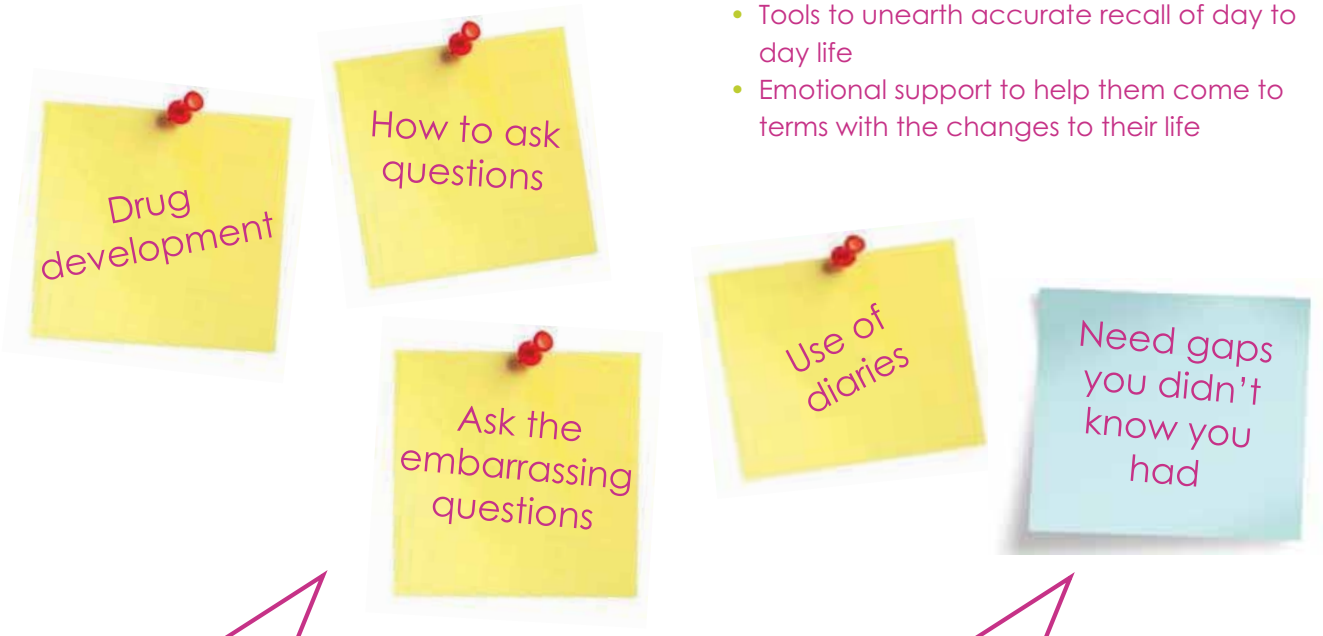
On the face of it, most patients feel that they've made minimal changes to their life or downplay the impact that the condition has had.

However, on further exploration significant changes are evident.

Patients can't or do not want to think about their condition and so are reticent to think about the impact

In order to access this information patients need

- Time to reflect and consider their responses to questions
- Tools to unearth accurate recall of day to day life
- Emotional support to help them come to terms with the changes to their life



[During treatment] I couldn't have the telly on because I couldn't turn it off. Silly little things, I had to learn how to use the timer. I couldn't read a newspaper or a book, I couldn't flip the pages.

Breast cancer patient

I haven't made that many changes [but] actually...
I did have trouble putting on my socks....
I actually don't go a lot on holidays now....
If I had to do any digging in the garden I would have to go in and sit down and give up

COPD patient

KANTAR HEALTH

Tracking

CURRENT STATE OF THE PRACTICE & HOW WE CAN MAKE IT BETTER

Tracking is a staple of pharma MR

To pharma companies, ATUs are a source of real-time strategic information
- Living & dynamic
- Mined like secondary data

To MR companies, ATUs are typically viewed as projects
- Discrete deliverables
- Beginning, middle & END

Is there a mismatch between agencies and clients? Does it get in the way of high-impact work?

Attitude, Trial & Usage

We think so...
Are we ready for a new approach to ATU tracking? What could it look like?

We interviewed clients around the world

- **What are current perceptions?**
- **What are agencies doing well?**
- **Where are we falling down?**
- **What innovative ideas are out there**

Client Expectations	Agency Operational Realities
Ability to change as market evolves	Pricing that assumes few changes from wave to wave
Continuous support	Discrete engagement
High quality insight	Lack of insight into client strategy/tactics
Insight every time	Consistency wave over wave
Top-shelf talent	Need to deploy best talent on more complex work
Quick reactions to internal questions	Resources committed to other engagements

How are ATU's perceived?

Most are satisfied, not thrilled, with ATUs

"I'm satisfied. But, I don't expect them to add great value..."

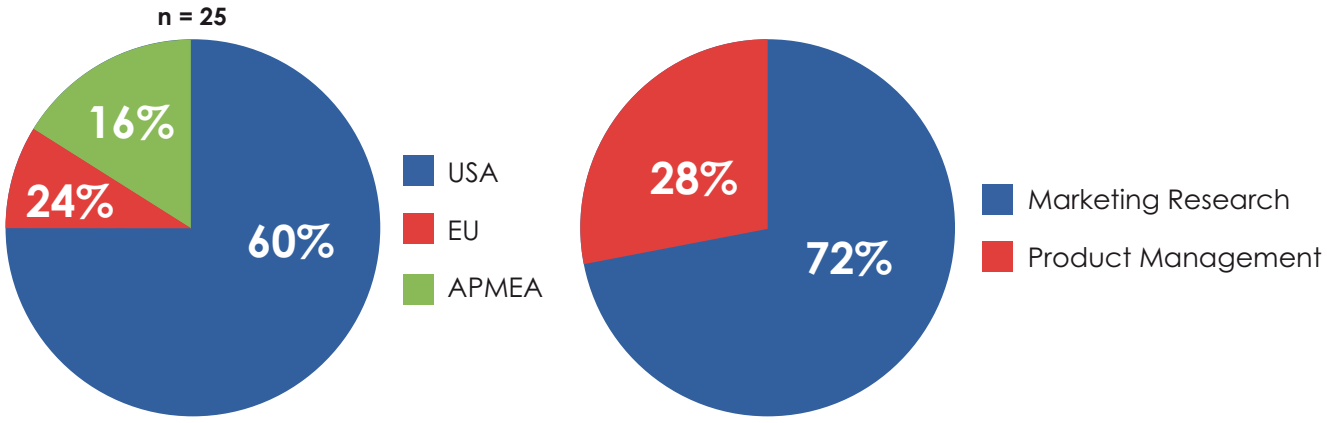
Follow up support is often lacking

"We want the consultant to be a true partner... but when we need them, they have moved on..."

50% UNSATISFIED with reporting

Desperate for REAL insight

"They are doing hypertension one day, cancer the next how should they know our business."



"There are quality providers, but better offers are more expensive. I rarely have budget for those..."

How would people react to a new idea?

If we approach Attitude, Trial & Usage Tracking differently, can we **transform** the experience?

An emerging concept we discussed...

Strategic Market Structure Deliverables at most 1x/year
More frequent tracking follows a service model

- Basic charting of all data + tabulations
- Key metrics available via online dashboard
- Specific client-requested analytics via hourly consulting model
- 100 Hours of consulting time included
- Additional hours available
- Cost savings of approx. 15% v. full-service model

Transformational innovation is a nice-to-have in ATUs
Despite perceived low quality, satisfaction is high-enough

Deep need for quality fundamentals - providing insight not data
Innovation opportunity: Provide insight while containing costs

Combining Choice Methods and Simulation to Evaluate Compounds in Development

Roger Green, President, Roger Green and Associates
Mark Boyer, formerly Senior Director Global Early Commercial Input, Shire Pharmaceuticals

KEY CONSIDERATIONS FOR RESEARCHERS

1. High cost of failing to kill projects early
2. Importance of enlisting R&D and Commercial functions in endorsing a single set of study results
3. Design combining conjoint and patient simulation drove consensus around a controversial decision

BACKGROUND

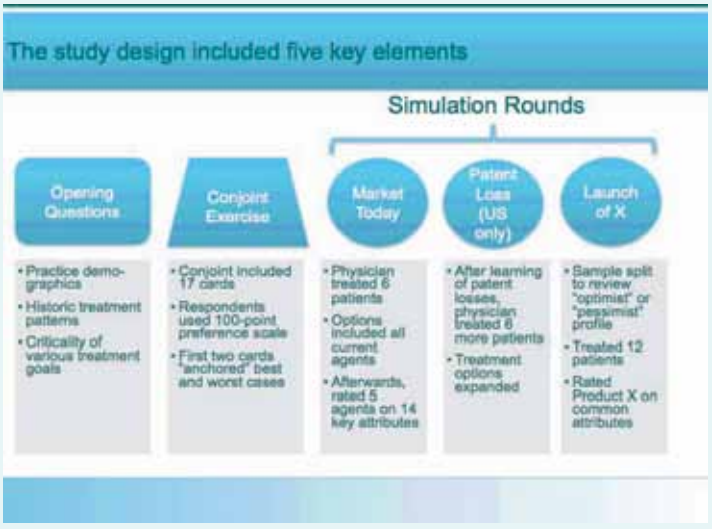
- Shire Pharmaceuticals sought to develop Phase 3 trial strategy for an NCE, Product X
- Product X possessed mode of action similar to Product A, a leading agent in the class
- Product X would go to market after current leaders lost patent protection

METHODOLOGY

- Hybrid research design incorporated pre-post treatment simulation design with full profile conjoint
- Treatment simulation would produce:
    - o Estimates of peak market use
    - o Series of 7-10 "value drivers" to identify critical success factors
    - o Critical patient groups to address in trial
- Conjoint would identify the key clinical trial parameters

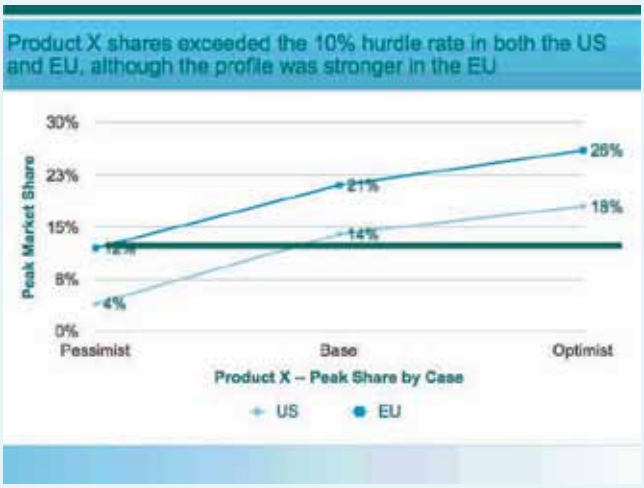
STUDY DESIGN

- 425 total interviews
    - o 213 EU (109 PCPs, 104 specialists)
    - o 212 US (109 PCPs, 103 specialists)
- Sample divided into monadic cells
    - o One reviewed "optimist" profile
    - o One reviewed "pessimist" profile
- On-line interviews mean 58 minutes, (41–71) 84% who began the survey completed it.
- One hunded simulated patients reflected 18 variables
- Conjoint included ten variables



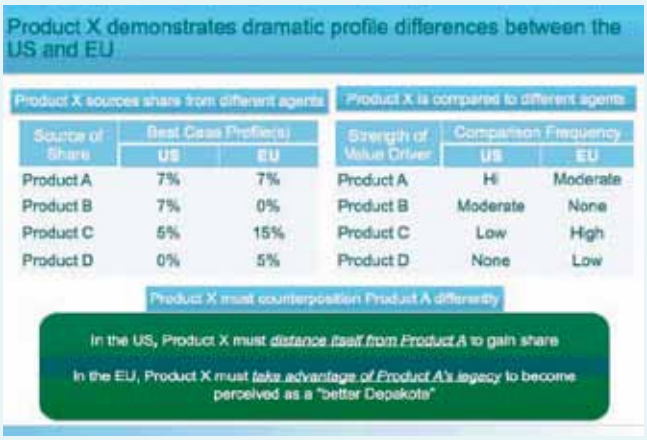
FINDINGS -- POSITIVE

1. Product X passes base case share hurdle
2. High probability of success for key conjoint variables



FINDINGS -- NEGATIVE

Winning value propositions in US and EU were virtually opposite from each other



BENEFITS

1. Despite positives, scientists could not create a trial design to support both US and EU
2. Development could not devise a viable common TPP that meet both sets of positioning needs

CONCLUSION - PRODUCT DISCONTINUED

1. Three separate evaluation criteria produce richer insights
2. Multiple measurement methods give both sets of stakeholders a way to be comfortable with results

EPHMRA Foundation: Physician Internet Access

Brazil Russia India China

How much do we know about conducting online research in the BRIC countries?

Do we just take the same approach as we do in Europe / USA and hope for the best

How do we encourage future participation?

Do physicians in India have reliable broadband internet access suitable for online survey participation?

More physicians have reliable internet access at home than at work – and they would prefer to take part in online market research surveys from home.

If I have to field my online survey in English, will Russian physicians take part?

Surveys in English will limit participation in all countries other than India

– but particularly in Russia

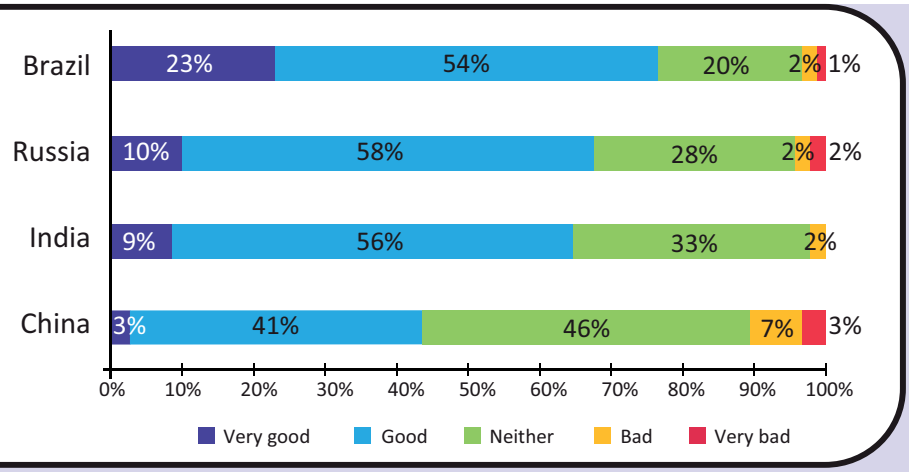
I only have one weekend to field an online survey in Brazil. Will anyone respond?

There is no "ideal" day or time of day to field an online survey, but including a weekend in the fieldwork period will boost participation.

How can I persuade physicians in China to take part in my online survey?

Fear of computer viruses and concerns about confidentiality need to be addressed to encourage participation in online surveys.

Experience with online surveys varies, but most physicians report positive experiences with online survey participation.
But less so in China.....



The pool of future participators in online surveys looks set to grow, with existing participants planning to continue to take part and new respondents expecting to participate.

This will be encouraged by thoughtful design of online surveys by all of us to try to improve respondents' experiences of online research.

How?

Read the full individual country reports from the latest EphMRA Foundation project on Physician Internet Access in the BRIC countries, produced by our partner agencies:

MEDIMIX INTERNATIONAL

Top of Mind
Marketing Research & Consultancy

EVALUESERVE
Your Global Knowledge Partner

For any further information about this project, please contact any member of the EphMRA Foundation or the Foundation Chair: foundationchair@ephmra.org

EphMRA Code of Conduct Training

Monday 27 June 2011

Responsible Research - A Training Course in EphMRA's Code of Conduct, Ramada Hotel, Basel

EphMRA has developed a brand new Code of Conduct - specific to primary healthcare market research in international markets. A vital initiative, the new Code offers critical and up-to-date guidance on legal, ethical and data protection issues affecting your day-to-day work. To ensure successful implementation of the Code - to ensure legal and ethical research across our industry - EphMRA held a second Code of Conduct training session. Comprising lectures, discussions and practical work that reflects real scenarios, the training will offer a thorough grounding in all aspects of the Code, as well as a certificate of attendance.

Convenors - from PRM&T Committee: **Peter Caley**, Branding Science, UK and **Alexander Rummel**, Germany. From EphMRA: **Catherine Ayland**, Ethics Consultant.

Peter Caley

Alexander Rummel

Catherine Ayland

19 delegates attended on the day and here's what some of them said:

'A very enjoyable training day and very useful information'

'Each session focussed on very important issue and the exercises helped me a lot for better understanding'

'The training course was well organised and the balance of lecture and discussion was also appropriate'

Next F2F training session - June 2012, Paris. Can't wait till then? Try our in house training on the Code.

Competency Test Certification

The EphMRA Competency Test is an optional online test of members' knowledge and understanding of the Code of Conduct. EphMRA's overall goal for the Competency Test is to encourage the highest ethical standards within primary healthcare market research carried out by members in international markets.

Code Training and Competency Test - FREE to members
www.ephmralearning.org

Online Training

This online training course takes you through understanding the scope, purpose and basis of the Code. You will also understand respondents' rights and researchers' responsibilities at key project stages (from recruitment, through design, fieldwork, reporting and closure) and by research approach so that you understand the variations.

News since 2010 / 11

Bob Douglas gave an Update on the Code of Conduct during the conference. The main points Bob covered were:

- **Launch of Training Workshop**
- **Launch of Online Training (free)**
- **Launch of Competency Test (free)**
- **Expansion of Code to include Scandinavia**
- **First EphMRA/PMRG Webinar**
- **First in-house company training**
- **Responded to 41 enquiries in last 12 months**

The Ethics Group were recommending to the Executive Board that the Code becomes mandatory and Members will be consulted and input sought on the next steps. This is a very important step forward for EphMRA and Member feedback and input will be invited.

committee focus

The SDC had a successful and active meeting in Basel on 27th June, 2011.

The Committee members are all extremely pleased with progress over the last year. The team have completed a short guide which has been incorporated into 'Checklist for Managing a Research Project', which focuses on the purchasing of syndicated data and the key questions to ask. Additionally, the Committee has already received excellent feedback on its launch of its booklet 'A Guide to Using Longitudinal Patient Data'. This is available via the EphMRA website and a copy was also included in delegate bags at the recent conference and has been mailed out to all contacts.

One of the key projects the SDC has developed over the last year is OpenData (a searchable database containing links to freely available information (statistics and diseases) on the web. Themis who have worked with the SDC on this project presented a paper in Basel, which was well received. The database was launched to clients in July, 2011 via the EphMRA website.

Going forward, our main areas of focus over the next 12 months will be to:

- Further develop the OpenData database; expanding content and developing it into a web-based database
- Develop an Index of Syndicated Data Services in an database format
- Develop further guides and reference materials
- During Spring 2012 the Committee are looking to survey clients to establish the level of usefulness of guides and databases published and to obtain feedback on further projects and developments

If you would like any further information about our Committee activities, have any suggestions on other areas we should focus on or indeed if you might be interested in joining us, please contact the SDC Chair, Karen Cooper, as below.

Karen Cooper
Chair of Syndicated Data Committee
Tel +44 (0) 1664 420041
Mobile +44 [0] 7714337222

Worldwide...
and beyond

A+A has taken on all of your emerging markets challenges and tackled them one by one: reliability, accuracy and relevance.

RELIABILITY
Quality of data, quality of processes, meeting deadlines
A+A is one of the most experienced healthcare agencies of reference for these markets. For over 20 years our teams have been working simultaneously in at least 15 emerging markets each week (across a total of 45 countries). We are constantly identifying, evaluating and training a selection of top local partners to our strict quality standards. Our established quality control procedures are applied with appropriate adaptations to ensure that local constraints are not overlooked.

ACCURACY
Your expectations and requirements mirror those of our own: emerging markets are becoming a strategic priority in your organization. We derive actionable recommendations by building quality samples, ensuring data collection and data analysis are pertinent to local requirements and through our insightful interpretation of the data.

RELEVANCE
In line with our major market practices, one of our senior level project directors will remain your daily point of contact to help you maximise the value of his/her long-standing expertise in the emerging markets. Their suggestions and recommendations are based on a strong foundation of rich industry experience.

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EphMRA's Guiding Principle

"Creating excellence in professional standards and practices to enable Healthcare market researchers to become highly valued business partners"

How does EphMRA **benefit the industry?**

- Adds rigour, credibility and commercialism to healthcare market research
- Creates the base for a professional healthcare market research career
- Provides data, information & guidance on industry-critical issues
- Fosters open communication, critical in today's shifting landscape
- Brings collective power & influence to bear on legislative changes
- Harnesses collective investment in the industry's future

How does EphMRA **benefit you?**

- Ongoing news, updates & guidance from EphMRA
- Access to EphMRA Code of Conduct & Query Service
- Access to free original data from Foundation Committee studies
- Access to publications, the Lexicon & other resources
- Peer-to-peer networking & contacts
- Involvement in EphMRA committees
- Preferential rates for EphMRA Annual Conference
- Free attendance at pre-conference one-day masterclass training
- Preferential rates for EphMRA training courses
- Invitation (free) to annual Interim Members Meeting (IMM)
- Supplier networking & contacts (Full Members)
- Free full-page entry in EphMRA Yearbook (Associate Members)
- Free announcements in EphMRA Newsletter (Associate Members)

Next steps

See full details, including fees for Full and Associate memberships, online at http://www.ephmra.org/membership.aspx.

Alternatively, contact generalsecretary@ephmra.org.

50th Anniversary EphMRA 1961-2011

Associate Members 2010 - 2011

The number of Associate members has grown over the last 12 months and we have over 160 members now and the geographical spread is widening.

360Insights
42 market research
A+A
Adacta
Adelphi
Advanced Healthcare Research
AMS-Advanced Marketing Statistics
Aequus Research
Albar Research
Ales Marketing Research
All Global
Amber Marketing Research
Anterio
ARG Adkins
Bazis IG Ltd
Beyond Data
Big Fish International
Black Swan Analysis
Blauw Research
Block de Ideas
Blueprint Partnership
BMR
Brains & Cheek
Brand Health
Branding Science
CE&Co SrL
Cegedim Strategic Data
Concentra
Confield-MENA
Data Intelligence Ltd
Demanda
DeNovo Research Solutions
Double Helix
dtw Research Group
East to West
Elma Research
Eksen Research
English International
EQ Heathcare
Estima
Estudio Silvia Roca
Etik Field Research
Eumara AG
Evolution Marketing Research
Exafield GmbH
Facta Research
Farminform
Fast Forward Research
Fieldwork Network International
FocusVision Europe
Genactis
GfK Healthcare
GIM
GKA
GlobUS
GMO Japan Market Intelligence
GO Medical Fieldservice
Hall & Partners
Healogix
Healthcare Research Worldwide
iCONSULT research & consulting
IFOP
IMS Health
Informed Insight
Inpharmation
Insight Research Group
InSites Consultig
Intercampus
Ipanelasia
Ipsos Health
ISIS
Inter-View Partners
JMax Inc
Just Worldwide
Kantar Health
KeyQuest Health
KOL Connection
Leyhausen

Associate Members 2010 - 2011

Lifescience Dynamics
LINK Healthcare
M3 Global Research
Made in Italy
Manthan Services
MAR Consult
Market Strategies International
Marketeers Research
Marketing Sciences
Marketing Solutions International
Medeconnect
Medefield Europe
Medi Pragma
Medical Collective Intelligence
Medical Marketing Economics
Medical Marketing Research Group
Medicys Ltd
Medi-Mark
Medimix Europe
Meta Research
MG Solutions
MicroStrategy
Millward Brown
MM2 & Partners
Monitor Team
Motivacao
National Analysts
Navigant
Nueva Investigacion
Office Support
Omega Insights
OMI (Online Market Intelligence)
Opinion Health
Optimal Strategix Group
Pennside Partners
Perleberg Pharma Partners
Pharmore Research
PharmaForesight
Pharma-insight
PharmaWare
Phoenix Healthcare
PMR Research
Point Blank International
Praxis Research
Produkt und Markt Research
PSL Research
Psyma international
Quintuit
QQFS
Reckner Healthcare
Ripple International
Roger Green and Associates
Ronin
Searchlight Pharma Partner
Semantics
SGR International
Silver Fern
Simpson Carpenter
SKIM
SMP D.Ost
SSRI
Stethos International
Stohos
Strata Research
suAzio
Sunfaith China
Synapses quali
Synovate Healthcare
TAB Healthcare Research
Tecnova India
The Planning Shop International
The Research Partnership
The Willow Group
Themis
Time Research
Toluna
Top of Mind
Tribe Research
UGAM Research Solutions
Update France
Vision Critical
Voisbox Research Shanghai Ltd
World One
Zaicom Research Plus
ZS Associates

50th Anniversary EphMRA 1961-2011

People News

New product development and brand equity tracking hire for P\S\L Research

P\S\L Research Europe has appointed Emma Middleton as Account Director, responsible for business development. Emma joins from Synovate Healthcare.

New Business Development Director for Medefield Asia

Jackie Kwan has been appointed as Business Development Director in response to growing client demand for fieldwork services in the region.

Ipsos Health is delighted to announce that Carolyn Chamberlain will be joining their UK team from September. And offer their best wishes to Emily Peasgood on her maternity leave.

Robert Dossin, former Vice-President Marketing at IMS Health joined the academic visionaries, passionate marketers and research innovators who bring Customers in the Boardroom at the online conversation company InSites Consulting.

Global market research consultancy Double Helix announces the appointments of Fiona Bailey & Anwar Kumi as Associate Director and Research Executive within the London HQ strategic Market Research team.

Fiona Bailey

WorldOne opens in Switzerland. Corinne Dulles, will be heading the new Swiss branch bringing with her 13 years' experience in MR industry including over 5 at WorldOne.

Global Panel & Technology provider Toluna announces newly appointed European Healthcare Practice Director, Patricia Chapin-Bayley. Based in London, Patricia will be launching Toluna's growing healthcare practice in Europe.

People News

Adelphi International Research have appointed Michelle McNamara as Managing Director.

Michelle is looking forward to drawing on her vast pharmaceutical and market research experience to ensure Adelphi International Research continues to bring a fresh perspective to clients and deliver exceptional service and quality.

Services News

Announcing the availability of the IMS MIDAS Biosimilars facility. Providing robust global analysis of the biosimilar segment using new granular level product attributes and 4 new product groupings. Contact: biosimilars@imshealth.com

FocusVision, the leading provider of webcam-enabled focus groups, announced the release of InterVu 2.0, an upgrade to its industry-leading platform with a new project management portal and marking tool.

Hall and Partners Health announces the Oncology Center of Excellence -- combining the scientific knowledge of oncology with a creative approach to market research throughout the product life-cycle, across malignancies.

SKIM Healthcare announces its Qualitative Research Center of Excellence with in-house native-speaker moderation capabilities for key European markets, resulting in fast, high quality analysis and strategic market insights.

Services News

fastforward announces the success of their innovative walled patient communities operating across cultures, time zones, ages (14-80) therapy areas. The platform offers private diary, forum, stimulus and questionnaire areas.

To help us access reality, we've developed Soulmate™ interviewing. Patients interview patients to uncover the real issues which matter to them. To find out more, contact Caroline Jameson (c.jameson@hrwhealthcare.com) +44 (0)1491 822515.

Growing Online Physician Panel in Russia
OMI is partnering with professional social network Evrika.ru to grow online physician panel in Russia up to 30,000 participants by the end of 2011.

"Living with Rheumatoid Arthritis" is now available. Carried out amongst 2,200 patients in the US and 5 EU, this report provides in-depth patient understanding and a practical segmentation. contact@researchpartnership.com

Our Patient Research Group capabilities are enhanced through investment in digital innovation as well as NLP skills, and also expanded our Oncology Research Group by welcoming onboard an oncology quantitative specialist

Company News

In 2011, Amber Marketing (Spain) celebrates its 10th anniversary by re-launching the International Research department. For more details on our brand new perspective and structure, contact international@ambermarketing.com

Marketeers Research Joins IRIS Network

Marketeers recently joined IRIS Network (World's largest network of MR Institutes). Through IRIS, Marketeers will widen its Pharmaceutical MR coverage to reach the globe. www.marketeersresearch.com

Demanda celebrates its 44th anniversary of quality services with an event offered to current and past collaborators, suppliers and clients, including a seminar, music presentations and a special dance party.

Medimix Unveils New Corporate Idientify Elements

New logo, footer, tagline support expanded focus on providing "e-merging insights for tomorrow's global healthcare.™ Distinctive footer incorporates monuments evocative of its world divisions.

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Target Your Audience

Advertise with EphMRA - either www.ephmra.org or EphMRA News - and you'll get your message out to a vast and targeted audience of international and locally-based pharmaceutical market researchers.

Who? All EphMRA members - both Full (client-side) and Associate (agency-side) - are involved in multinational or national pharmaceutical market research and / or business monitoring.

How **many?** The EphMRA website has over 11,660 page views and 2,500 unique visitors each month, with the average time on site being 3 minutes. Meanwhile, EphMRA News is disseminated to 2400+ EphMRA members and contacts.

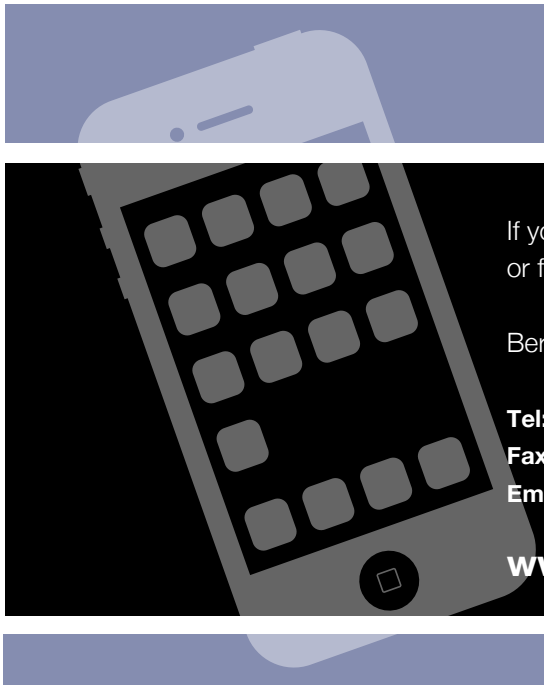
How **much?** For full details of ad specifications, costs and deadlines, find our media pack online at

http://www.ephmra.org/web-site-advertising-details.aspx.

Alternatively, just contact

generalsecretary@ephmra.org.

get in touch



If you have any enquiries

If you have any enquiries, suggestions or feedback, just phone, fax or email us:

Bernadette Rogers, General Manager

Tel: +44 (0) 161 304 8262
Fax: +44 (0) 161 304 8104
Email: generalsecretary@ephmra.org

www.ephmra.org

December News - Copy deadline

EphMRA news
december 2011

keeping members informed and involved

October 15th is the deadline for submitting your copy for the **December** News. Send it to **generalsecretary@ephmra.org**

Other News Copy Deadlines:	**News Published**	**Copy Deadline**
	March 2012	15 January 2012
	June 2012	15 April 2012

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