2011 June

IFAPPWORLD

INTERNATIONAL FEDERATION OF ASSOCIATIONS OF PHARMACEUTICAL PHYSICIANS

PRESIDENT'S LETTER

Dear Colleagues

Dr Rudolf van Olden, IFAPP President, The Netherlands:

It is a real honor for me to write my first President's Letter in our IFAPP WORLD. Together with all the well-known and new officer colleagues I want to build up to a strong professional federation of associations. A federation with its heart set on Pharmaceutical ... ▶ page 2

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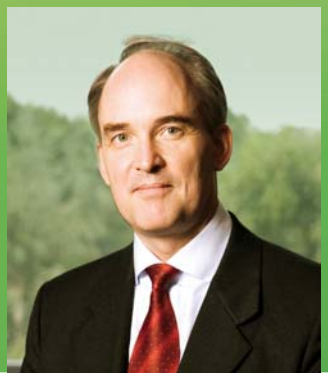
"Our medical discipline, Pharmaceutical Medicine, is all that connects us. Pharmaceutical Medicine is our professional link to the whole medical community."



President's Letter

Dear Colleagues

It is a real honor for me to write my first President's Letter in our IFAPP WORLD. Together with all the well-known and new officer colleagues I want to build up to a strong professional federation of associations. A federation with its heart set on Pharmaceutical Medicine. Our medical discipline, Pharmaceutical Medicine, is all that connects us. But this is not only a connection to our 30 member associations. Pharmaceutical Medicine is our professional link to the whole medical community.

However – to my surprise our famous "Textbook of Pharmaceutical Medicine" and the notable textbook "Principles and Practice of Pharmaceutical Medicine" are absolutely unknown to our clinical colleagues. I have shown these books again and again during lectures for clinical colleagues and every time they are impressed by my story about our professional field of activity.

Working in the arena of Pharmaceutical Medicine is a profession! And we definitely need to tell and sell our discipline.

But some reflection is also needed within our own ranks and files. How many individual members of our IFAPP national member associations are convinced that they are even members of a Pharmaceutical Medicine family? Pharmaceutical Medicine is our direct connection – independent of the preparatory training, independent of any employer or working environment.

Know your roots! Be proud of our profession! Show our professional added values to patients and society.

Well – at this point, I want to express warm words of thanks to our former president, Prof Dr Gerfried Nell from Austria, and to our former secretary, Dr Stewart Geary from Japan. They have both been pivotal in their constructive work for our federation during the past few years. Both have shown a great commitment to IFAPP and its concerns for many years and they still do. I am really proud to say that I had the opportunity to work with them for quite a while. I got the IFAPP vibes from them! It was great that both, Gerfried and Stewart, were available during an informal farewell dinner in the lovely environment of Amsterdam.

I would also like to welcome Dr Marlène Llopiz from Mexico, Dr Anna Jurzynska from Spain, and Dr Yil-Seob Lee from Korea. Yil-Seob will act as IFAPP's president-elect, Marlène will support IFAPP as a secretary, and Anna will organize the next International Congress on Pharmaceutical Medicine – ICPM 2012 in Barcelona with her team. We are all very glad and grateful about their encouragement, and I feel it is extremely important that great professionals in Pharmaceutical Medicine are willing to support our federation. It is of great value to our federation to have a Board of Officers, an Executive Committee and active Councils as there are the IFAPP Council for Education in Pharmaceutical Medicine CEPM and the IFAPP Pharmaceutical Medicine Ethics Council PMEC with committed and professional colleagues.

I could not finish without a special welcome to our new member associations – the Peruvian Association of Pharmaceutical Medicine and the Swiss Association of Pharmaceutical Professionals. All around the globe, we are working as scientists or physicians in the same medical discipline – Pharmaceutical Medicine. A lot of member associations have "opened" their memberships already to colleagues with a non-physician background. It is necessary that, as a Federation of Member Associations, we are and give the right reflection and representation of the individual members within their national associations.

With kind regards – Dr Rudolf van Olden,
IFAPP President, The Netherlands

Dr Rudolf van Olden, IFAPP President, The Netherlands:

New IFAPP President inaugurated – a good reason to provide some bits of information about him.

Personal Snapshot

The President in Person


Even in this era of social media, the new IFAPP President Dr Rudolf van Olden from The Netherlands has no profile in the standard digital networks. "Too much digital overload!" – he argued. But also a good reason to provide some bits of information about him and his background.

After he had graduated from medical school in Amsterdam, The Netherlands' capital, Rudolf van Olden moved a bit southwards down to Eindhoven where he started his professional medical training in internal medicine. Later on, he continued his training in renal disease and started his professional career as a staff member of the internal medicine department in the Academic Medical Center in Amsterdam where he worked from 1991 to 1998. During these seven clinical years, he passed his PhD based on pharmacodynamic studies in renal disease.

"Due to some restlessness in my personal character, I changed the direction of my career and got involved in the pharmaceutical industry," Rudolf van Olden explained. He first joined Nefarma, the Dutch trade association of the pharmaceutical industries. Then he changed his job and joined Eli Lilly; he worked for Lilly for six years altogether. In 2008 he changed again and started as a Medical & Regulatory Director with GlaxoSmithKline Netherlands. He still holds this position today.

"After my professional switch and the exchange of the doctor's white coat for a business suit, I became an active member of the Dutch Association of Pharmaceutical Medicine, my new professional 'home'." In fact – during his six years as President of the Dutch Association he – "together with an excellent team" as he emphasized – established the Association as a professional home for all the different fields of expertise in Pharmaceutical Medicine.

Of course, there is a personal aspect. Rudolf van Olden is married to Ingrid; they both are going to celebrate their 25th anniversary of their marriage this summer – congratulations! Ingrid works as a medical confidant for abused children. "We have three children, our next generation." They are 23 (Raïsa), 22 (Casper) and 17 (Judith), studying psychology, medicine and attending high school respectively. However, Rudolf van Olden dedicates much of his free time to local politics; he has already been a member of the local council in his home village for five years. "It is really great to cooperate with open-minded people for building up positive and reliable structures within the family, in work, in the local environment and last but not least in national and international professional associations such as the IFAPP."

EBB

IFAPP WORLD invites you to get involved!
After reading the following case study please share with us your ethical considerations and provide us your opinion, comment, experience or question. Thank you in advance.

IFAPP's Ethics Corner

Ethical Dilemmas Beyond Clinical Trials – A Case Study

Sponsor Refused Clinical Trial Participation

A young adult patient with hemophilia was hoping to participate in a clinical trial to get treatment for the disease over a one-year period.

When the study sponsor received the information that the patient retained just 50 percent of the target joints (due to disease progression and internal bleeding in the joints he had had several amputations), he held a number of discussions with the investigator and finally the patient was judged not to be eligible for the study.

According to the investigator the 'Karnofsky Performance Scale' score was 60% for this patient (patient requiring occasional assistance, but able to care for most of his personal needs). The protocol required subjects to have a score of ≥ 60 percent; 100 percent is normal without complaints and no signs of disease while 0 percent is death. The investigator confirmed that the patient was able to manage his life with occasional assistance, with the exception of climbing steps.

There were longer-lasting discussions between the site and the sponsor's medical department whether this patient's Karnofsky score was rather 40 or 50 percent, which means that the patient is disabled and requires special care and assistance. But in addition to the score, the sponsor argued that participation of this patient would have had an impact on the study outcomes as well because of the missing joints.

Bild: Fotolia

The investigator had to accept the sponsor's decision. But it was a case where the whole trial site team was emotionally involved due to limited access to other kind of appropriate treatment available in the country and the patient's young age. (Author known to the editor)

Your response is appreciated. Please send your opinion, comment, experience or question to the editor (boebue@boebue.de). With your permission we might publish it completely or in parts and if you wish without disclosing your name. Thank you. ■

David Vulcano, Assistant Vice President and Responsible Executive for Clinical Research, Hospital Corporation of America:

"The industry's role is non-negotiable: Innovation and funds come from the industry while government funding is in jeopardy. Change the aura of disclosures from 'confession of sins' back to recognition of contribution."

Reports and Concepts

Public Professional Perception of the Collaboration Between Industry and Academia

David Vulcano presented a thought-provoking introductory lecture at the 1st IFAPP Science-2Business Conference on 18-19 April 2011 in Amsterdam, The Netherlands

There is an obvious need for collaboration between good science and academic research on the one hand and industrial expertise in good commercialization strategies on the other hand to foster progress in medicine and to provide better medicine for all. However, all the efforts taken to drive this collaboration forward should always be well balanced with the responsibility to review all its influence in different aspects of life.

If progress moves too fast, mistrust erupts. With this statement David Vulcano, Assistant Vice President and Responsible Executive for Clinical Research, Hospital Corporation of America (HCA), Former Chair at the Association of Clinical Research Professionals (ACRP) Board of Trustees, USA, opened the first morning session of IFAPP's S2B conference. Yet, mistrust not only against liaison of academia and industry is quite far spread amongst societies, but also and in particular mistrust against the clinical research process.

Since the 1980s, when the Bayh-Dole Act, also called the US-American Patent and Trademark Law Amendments Act, and the supplementary regulations of the US Food and Drug Administration (FDA) were put in place, more and more issues on conflicts of interest have been brought up concomitantly. ▶

David Vulcano:

"How many watchers does the industry need for appropriate controlling?"

A table was shown by Vulcano that displayed the sum of published articles per year concerning the conflict of interest issue and its explosive increase with just a few publications per year between 1970 and 1990 to more than 400 in 2005, when a plateau was reached. In many cases, these published articles only allowed a superficial insight in facts. As a result of such press, a partly biased idea and perception of clinical research and in particular in clinical trials constitutes a common public opinion resulting in the request for more control and safety installations. The authorities react with enacting ever more regulatory provisions, controls and inspections.

In this context Vulcano asked: "How many watchers does the industry need for appropriate controlling? Is it one, three, 15 – how many?" He then raised the question "Where is the public need best met?" and addressed it just by asking whether the bulk of the available resources should be put into the effort to show people that "You [the industry] are not doing bad" or to convince them of "You are doing good".

With regard to opinion forming and trust building, Vulcano listed positive and negative aspects in healthcare and in the clinical research process. While positives and negatives in healthcare were well balanced, the negative aspects dominate in clinical research with the terms 'human guinea pig', 'research is a Last Resort', 'trial subjects are just doing it for the money', 'providers are just after the money' over only two terms for the positives – 'informed consent' and 'ethics review'. As a corollary of this, volunteers in clinical trials have no good standing in the public opinion. There are several frequently used arguments against industry-funded clinical research, like 'Conflict of Interest puts profits over patients' or the accusation 'non-favorable results would never be published', to mention just two of them.

Recently, new laws and regulations have ruled that results of clinical trials have to be published in a publicly accessible registry. One could say, this is just one attempt to overcome

David Vulcano

mistrust in clinical research. Such publicly accessible registries offer the possibility to read up on study outcomes even if a clinical trial remains partly or completely unpublished in regular journals. There is also a new attempt in the USA to obligate drug and medical device companies to publicly disclose all payments or other transfers to healthcare professionals worth more than a certain small amount of money. However, payments to healthcare professionals for genuine research projects and clinical trials might be exempted from disclosure.

At the end, Vulcano criticized one-sided reporting in the media. He summarized the role of industry in clinical research had to be recognized, needed to be accepted and should be valued. A first step to consolidate or rebuild public trust in clinical research would have to be to improve the standing of Disclosures.

He concluded that the aim is to create a robust continuum of trust in the relationship between industry and academia. Therefore, it requires a balance between government regulations, self-regulations and transparency to the public.

Dr Anja Baumgartner, Project Manager, Clinical Study Center, Ludwig-Maximilians-University, Munich

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Impressions from the 1st IFAPP Science2Business Conference

The 1st IFAPP S2B Conference, entitled ‘Academia-Industry Collaboration for New and Better Medicines’, on 18-19 April 2011 in Amsterdam, The Netherlands, was well attended and exceeded the expectations.

The conference took place in the Pakhuis De Zwijger, a former cold storage for perishable products, which nowadays is a national monument and a cultural meeting place. The huge windows in the foyer allow a wonderful view out over the eastern harbor of Amsterdam.

These positive impressions first received by the venue were complemented by the S2B Conference itself. After the opening remarks of the conference Chair Person, Dr Rudolf van Olden, who became IFAPP President right after the meeting, the first morning session began with an extensive overview of the relationship between public perception of the collaboration between academia and industry and their effects on conducting clinical trials. This overview, entitled ‘Public professional perception of the collaboration between industry and academia’, was presented by David Vulcano and is reported on the previous pages.

Several presentations of lectures being held at the S2B Conference and a selection of photographs taken at the conference are available in the Internet at www.s2b.org

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Personal Snapshot

APPI AWARD

Dr Gustavo Kesselring (left), Brazil’s Delegate to the IFAPP Executive Committee, has received the 2011 Honorary Lifetime Membership Award of the Academy of Pharmaceutical Physicians and Investigators (APPI) during the APPI Program at the ACRP Global Conference in Seattle, USA, in April 2011 (here beside Dr Norbert Clemens, IFAPP Treasurer). Dr Kesselring was honored for his leadership in Pharmaceutical Medicine and his contributions to APPI. For details brows to www.appinet.org and follow the menu “Resources” and “APPI Awards”.

Prof Dr Gerfried Nell, IFAPP Past President, Vienna, Austria, dealing with IMI PharmaTrain as an IFAPP representative, provides answers to four cardinal questions brought up by IFAPP WORLD

Questions & Answers

IMI PharmaTrain on Track?

An Update of the Innovative Medicines Initiative's PharmaTrain, a unique pan-European Training Program in Pharmaceutical Medicine

PharmaTrain – the Pharmaceutical Medicines Training Program – is not a new topic for IFAPP WORLD readers. It is a toddler of two years now starting moving around and discovering how it can change the world of Pharmaceutical Medicine. In June 2009 IFAPP WORLD provided detailed information about it. Thus, it is time to review the PharmaTrain progress to date.

One should remember that PharmaTrain is a unique undertaking, a public-private partnership. It originates from a pan-European project – the Innovative Medicines Initiative (IMI), "Europe's largest public-private initiative aiming to speed up the development of better and safer medicines for patients," as IMI states on its website www.imi.europa.eu. It has been organized as a joint undertaking between the European Commission and the European Federation of Pharmaceutical Industries and Associations (EFPIA) thus creating this public-private partnership. The overarching aim of IMI is to craft a pan-European road map for collaboration between "big pharma", biotech and academia at the highest possible level. The projects sponsored by IMI are aiming at scientific progress and at improving education and training in areas that are critical for the drug development process. One of the educational projects approved in the first round of IMI is PharmaTrain.

PharmaTrain is driven by a consortium consisting of public and private partners – according to the structure of IMI. The private partners come from the EFPIA side and represent 15 major pharmaceutical companies. The public part is represented by 26 universities in 13 European countries, which are either full or associated members of the European Community, and by 10 learned societies, professional organizations or health authorities.

All in all, two billion euros are at work in the IMI project, half of them in cash invested by the European Commission and the other half in kind from the private side. The total budget of PharmaTrain amounts to seven million euros over five years.

For creating a sense of the current IMI PharmaTrain status, Prof Dr Gerfried Nell, IFAPP Past President, Vienna, Austria, dealing with IMI Pharma Train as an IFAPP representative, provides detailed answers to four cardinal questions brought up by Eckhard Böttcher-Bühler from IFAPP WORLD.

Is IMI PharmaTrain on track and gaining momentum?

Prof Dr Gerfried Nell: The basic idea of PharmaTrain is the conviction that an overall understanding of the processes governing the entire life cycle of a drug from discovery through clinical development, marketing and to the eventual cease of the marketing authorization is the basis of a meaningful contribution to drug development. Thus, it is in many cases not sufficient to have some special knowledge in a particular field like clinical development. In order to plan clinical development of a prospective drug properly, it is mandatory to additionally understand the principles of toxicology, galenics, pharmacokinetics, ethical considerations, biometry, outcome research, regulatory affairs, health economics, pharmacovigilance and the medical aspects of marketing.

This understanding has always been the basis of the academic courses in Pharmaceutical Medicine in Europe, Asia and the Americas. The important characteristic of PharmaTrain is the fact that the industry, i.e., the ▶

Dr Michel Goldman, Belgium (left)
Prof Dr Dr h.c. Fritz R. Bühler, Switzerland (right)

organizations that should be interested in a better education of their employees in the first instance, is working together with academic course providers and the associations of professionals – e.g., IFAPP – in order to update and harmonize education in Pharmaceutical Medicine regarding both, content and teaching methods. This cooperation ensures that the demands of the industry are met.

The PharmaTrain project is already bearing fruit. The syllabus of Pharmaceutical Medicine has been updated and based on that, a modular system consisting of a curriculum and learning outcomes has been agreed upon. Some products of the planned PharmaTrain e-library have been finished and a platform for Continuing Professional Development (CPD) has been created. An important achievement is the PharmaTrain Handbook, which outlines the content and delivery of academic courses and sets the standards for professional certificates. In its third year, PharmaTrain has entered a critical phase now. The groundwork has been laid, and now we are in the business of implementing the principles which we worked out. The success of the project depends on the success of the rollout.

Historically, education in Pharmaceutical Medicine and Drug Development Sciences including academic courses and professional training has been concentrated in Western European countries. The academic courses in the field are taught in Belgium, Denmark, France, Germany, Hungary, Ireland, Italy, Serbia, Spain, Sweden, Switzerland and the United Kingdom (UK). Specialist recognition is confined to Ireland, Switzerland and the UK in Europe. However, there is an urgent need to develop education in PM in other central and in the eastern European countries. This task has been taken on by Sandor Kerpel-Fronius of the Semmelweis University in Budapest, Hungary, where he started the Cooperative European Drug Development Course (CEDDC) as part of the PharmaTrain project according to the principles laid down in the PharmaTrain Handbook. The project is now in the stage of establishing a consortium of cooperating universities in central and southeastern Europe in order to set up one integrated course in Pharmaceutical Medicine since each country is too small to run a separate sustainable course.

Who is the conductor of PharmaTrain and what are the next stops or stages?

Prof Dr Gerfried Nell: PharmaTrain is one of the 23 ongoing projects of IMI's joint undertaking under the guidance of the IMI Executive Director Michel Goldman. PharmaTrain is probably the most advanced one.

In establishing a project, EFPIA is instrumental in setting up a particular IMI consortium that is a group with a defined goal. A set of EFPIA companies defines a topic on which they commit to cooperate. Consortia eligible for EU funding compete through expression of interest, which are ranked by independent experts. Then, the top-ranked EU fundable consortium joins the involved EFPIA companies to form the final consortium which develops the full proposal subject to peer review before final approval.

Therefore, the first mandatory step was to establish an EU fundable consortium. This project was initiated in 2007 by the Council for Education in Pharmaceutical Medicine (CEPM), an IFAPP Working Group. The CEPM brought together a group of academic course providers, which formed the nucleus of the European Federation of Courses in Pharmaceutical Medicine (EFCPM), which is chaired by Fritz Bühler, University of Basel, Switzerland. This consortium drafted the expression of interest in 2008, based on the IMI call regarding education in Pharmaceutical Medicine.

Our consortium was selected to join the EFPIA companies, which expressed their wish to cooperate. We set up a public-private consortium and submitted the full project proposal early in 2009. It got approval and PharmaTrain left the station on May 1st, 2009.

Dr Mike Hardman, United Kingdom (left)
Dr Herman Lahon, Belgium (right)

Fritz Bühler serves as the Project Coordinator, the deputy is Ingrid Klingmann from the European Forum of Good Clinical Practice (EFGCP). Mike Hardman from Astra Zeneca is Co-Coordinator.

Within the framework of IMI's joint undertaking, three other educational projects have been set up. SafeSciMet is developing a comprehensive European Modular Education & Training Programme in Safety Sciences for Medicines (www.safescimet.eu) and EU2P is the first European Programme in Pharmacovigilance and Pharmacoepidemiology (www.eu2p.org). These two programs and PharmaTrain are working together under the umbrella of EMTRAIN, the European Medicines Research Training Network (www.emtrain.eu), the latter being coordinated by Mike Hardman who is also the Co-Coordinator of PharmaTrain.

PharmaTrain is scheduled to last five years. It may be prolonged for an additional year. After this period, funding will be stopped. However, partners are already preparing plans for the period afterwards building on the existing EFCPM, which will certainly require an increased commitment of IFAPP or maybe a European chapter of IFAPP's CEPM in order to ensure that this successful program can be continued.

Dr Dominique Dubois (Belgium), Professor Peter Stonier (United Kingdom), Dr Norbert Clemens (Germany) – left to right

What is the role and relevance of IFAPP in PharmaTrain?

Prof Dr Gerfried Nell: IFAPP was instrumental in initiating the public part of the PharmaTrain consortium that evolved later into EFCPM. It is mainly the merit of Herman Lahon from Belgium and Juan Lahuerta from Spain, then head of IFAPP's CEPM, that the project got started.

It soon turned out that due to the complexity of the approach, we would need a professional project management, which was fortunately provided by the administrative staff of the European Center of Pharmaceutical Medicine (ECPM) in Basel, Switzerland. Fritz Bühler and coworkers took over the main load of preparing the expression of interest and the full project proposal. Being fully aware of the fact that this effort was due to all team members it is clear that without Fritz Bühler PharmaTrain would not be where it is today.

From the start there was a general consensus that quality assurance is the mandatory prerequisite of a pan-European educational program, which is harmonized and mutually recognized based on a modular structure. The work package Accreditation, Certification and Quality Management was established under the leadership of Juan Lahuerta, then representing Spain in IFAPP's CEPM and delegated by GlaxoSmithKline. Juan Lahuerta laid the ground of the Quality Management Program. A few weeks ago, he decided to pursue another professional career in Spain and the chair of the working package was passed to Dominique Dubois from Belgium who is investing a similar degree of dedication and expertise.

IFAPP owes Juan Lahuerta sincere thanks for his enormous contribution to establishing the Quality Management Program for PharmaTrain.

Presently, IFAPP is represented on the Executive Board of PharmaTrain by Dominique Dubois, Peter Stonier (UK) and myself, Gerfried Nell. Peter Stonier, who is one of the globally leading experts in Pharmaceutical Medicine, chaired

Dr Domenico Criscuolo, Italy (left)
Dr Honorio Silva, United States of America (right)

the work package, which produced the updated syllabus, curriculum and learning outcomes thus creating the core of the PharmaTrain program. Norbert Clemens (Germany) contributes to the working party on ethical issues and takes care of the finances of IFAPP as related to PharmaTrain. Domenico Criscuolo, Francesco de Tomasi and Luciano Fuccella (Italy) support the development of the courses held in Milan and Rome, Italy, whereas Paul Meurs (The Netherlands) works in program management. I would like to express my sincere thanks on behalf of IFAPP for the valuable contributions of all these colleagues.

Having said that I wish even more commitment from the side of IFAPP and our national member organizations. This is particularly important now since PharmaTrain is moving from the Preparation Phase to the Learning Phase. This means implementation of the proposals of PharmaTrain in the participating universities. IFAPP is supposed to play a decisive role in Quality Management. The colleagues concerned will get the pertinent information during the next weeks.

Thinking global is the pharmaceutical industry's approach. Will PharmaTrain find tracks all over the globe too?

Prof Dr Gerfried Nell: Looking at the future the crucial point is that the basic principles of education in Pharmaceutical Medicine are not confined to a certain geographical area. There is already a strong interest in the program of PharmaTrain in other continents.

Taking this into account, the Executive Committee of IFAPP approved the new syllabus, curriculum and learning outcomes defined by PharmaTrain as well as the master plan for a global roll out of the whole program prepared by Honorio Silva (USA). It is well acknowledged in PharmaTrain that IFAPP has to take a leading role after the end of PharmaTrain in 2014 in Europe and in particular globally in order to keep the momentum in continuously adapting education and training in Pharmaceutical Medicine.

During the next few months we will invite the national member societies and all interested colleagues to join us in working for this program since the impact of IFAPP on this fascinating development will be as strong as we as IFAPP engage ourselves.

Any further questions? Please let us know. Your letter to the editor (boebue@boebue.de) is appreciated. ■

The Flag

IFAPP WORLD is a publication of the

International Federation of Associations of Pharmaceutical Physicians (IFAPP)

IFAPP, founded in 1975, is a non-profit organization with 30 national member associations worldwide.

IFAPP acts as an international forum for all pharmaceutical physicians' organizations worldwide by dealing with matters brought to its attention through national member associations.

Editorial Advisory Board:

Dr Johanna Schenk, FFPM
(johanna.schenk@pharmaprojekthaus.com),
Frankfurt/Main, Germany

Professor Dr Jean-Paul Deslypere
(jpaul@signet.com.sg), Singapore

Dr Stewart Geary
(s2-geary@hhc.eisai.co.jp), Tokyo, Japan

Editor in Chief:

Eckhard Böttcher-Bühler
(www.boebue.de), Eckental, Germany

Design & Layout:

Dipl. Designer Bruno Schwarz FH
(www.brunoschwarz-design.de) Oberasbach, Germany

IFAPP's Calendar

16th 'International Conference on Pharmaceutical Medicine'

14-16 November 2012, Barcelona – Spain


Bild: Fotolia


Bild: Fotolia

AMIFE, the Spanish Association of Pharmaceutical Medicine (Asociación de Medicina de la Industria Farmaceutica Española) and IFAPP kindly invite all IFAPP members and other interested persons and parties worldwide to attend the jointly organized AMIFE-IFAPP meeting, the 'International Conference on Pharmaceutical Medicine – ICPM 2012' to be held in Barcelona, Spain, from Wednesday through Friday 14th-16th November 2012.

During these three days, plenary sessions, practical workshops and debate roundtables will take place that will touch upon key themes around current and future challenges of Pharmaceutical Medicine and the pharmaceutical industry. On this occasion, the following topics will be debated:

- Evolving relevance of the MEDICAL AFFAIRS function – New roles and new directions
- The role of the patient and its interaction with today's pharmaceutical industry: Patient groups, industry guidelines, relevance of patients' associations
- Innovation in therapeutics: The future of personalized medicine – New therapeutic targets – Experimental medicine – The view of the regulator
- New legislation in pharmacovigilance – Challenges and opportunities
- Patents: Current issues and proposed solutions
- The impact and evolution of the market access function as a result of the worldwide economic crisis
- Compliance in Pharmaceutical Medicine
- CRA workshop on management of inspections

Dr Dr Arturo López-Gil (MD, PhD), AMIFE President, Dr José María Taboada (MD), AMIFE Vice-President and the 2012 AMIFE Scientific Committee invite IFAPP members from around the world and all members of national Pharmaceutical Medicine associations worldwide to attend this exciting world conference on Pharmaceutical Medicine in the beautiful city of Barcelona in autumn 2012. ■

IFAPP: New President, New Executive Committee, New Member Associations

IFAPP News

NEW PRESIDENT

IFAPP's new President, Prof Dr Rudolf van Olden from The Netherlands, elected in 2009, will be well known to many IFAPP members as he has served on the IFAPP Executive Committee for several years already. He was also recognized as the highly esteemed host of the International Conference on Pharmaceutical Medicine – ICPM 2008 in Amsterdam.

Rudolf van Olden has just started his IFAPP Presidency in April this year; his current term of office will run for two years. Gerfried Nell, former IFAPP President, is now Past President of IFAPP. ■

EXECUTIVE COMMITTEE

During IFAPP's House of Delegates Meeting on 17th April 2011 the House voted in affirmation of the following officers and Executive Committee members:

- President elect: Dr Yil-Seob Lee, Korea
- Secretary: Dr Marlène Llopiz – Mexico
- Treasurer: Dr Norbert Clemens – Germany (confirmed)
- Co-opted members: Dr Sander Becker – Australia (confirmed); Dr Johanna Schenk – Germany (confirmed); Dr Honorio Silva – USA (newly nominated)

New members of the IFAPP Executive Committee are:

- Dr Kihito Takahashi – Japan, who replaces Dr Stewart Geary
- Prof Dr Sandor Kerpel-Fronius – Hungary
- Dr Won-Sik Lee – Korea
- Dr Ester Freitas – Portugal ■

MEMBER ASSOCIATIONS

Two societies representing Pharmaceutical Medicine have become members of IFAPP:

- The Peruvian Association of Pharmaceutical Medicine (APEMEFA) with its President Dr Ernesto Huayta, Vice-President and IFAPP Dr Delegate Nicolas Sandoval, and Secretary Dr Marita Sanchez-Sierra. The APEMEFA is currently creating logo and website and can be contacted by email (apemefa@gmail.com).

- The Swiss Association of Pharmaceutical Professionals (SwAPP – www.swapp.ch) with its President Dr Mirjam Eglin, Vice-President Annette Magnin, Secretary Ivo Schauwecker. ■

AMENDMENT TO IFAPP'S CONSTITUTION

For the admission of SwAPP – a non-physician organization – as an IFAPP Member Association IFAPP's Constitution needed to be amended. Appropriate modifications to Article 10 were proposed and unanimously approved during IFAPP's House of Delegates Meeting in April. ■

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