IFAPP WORLD
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International Federation of Associations of Pharmaceutical Physicians
II·2009·DECEMBER

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President's Letter

Professor Dr Gerfried Nell, IFAPP President

Dear Colleagues

A prominent part of 'IFAPP World' II-2009 focuses on our discipline Pharmaceutical Medicine (PM). In an interview Dr Dominique Dubois from Belgium, who has enjoyed a long and distinguished career in Pharmaceutical Medicine, is drawing a particular picture of Pharmaceutical Medicine, starting on this front page.

The concept of Pharmaceutical Medicine originates mainly from Europe, especially from the United Kingdom. The matter of Pharmaceutical Medicine as represented by the IFAPP syllabus shows an array of scientific ▶ page 2

Questions & Answers

Pharmaceutical Medicine – What it Was, Currently Is, and Might Be in Future

An Expert Estimation by Dominique Dubois

For 'IFAPP World' Dr Dominique Dubois from Belgium, who has enjoyed a long and distinguished career in Pharmaceutical Medicine, is drawing a particular picture of Pharmaceutical Medicine. The picture is influenced by and based on his vast scope of experience, his profound knowledge and his own thinking in longer terms.

IFAPP WORLD • Dr Dubois, when – from your perspective – did the term Pharmaceutical Medicine first come up and what was originally meant by it?

Dr Dominique Dubois • The term Pharmaceutical Medicine goes back a long time to the earliest days of the 1970s. The term did essentially refer to the specific core activities of pharmaceutical physicians, mainly in clinical research and pharmacovigilance.

IFAPP WORLD • You have enjoyed a long and distinguished career in Pharmaceutical Medicine – what changes have you seen regarding the term Pharmaceutical Medicine?

Dr Dominique Dubois • The scope of the term Pharmaceutical Medicine has changed substantially. At the beginning of my career, Good Clinical Practice – GCP – rules and regulations did not yet exist and ▶▶ page 4

Dr Dominique Dubois, Belgium: "The need for training and education in Pharmaceutical Medicine will become increasingly important.

Reports & Concepts

WHO's Responsible? The Global Imperative for Human Subjects Protection

Biomedical and health research is increasingly a global endeavor, and the need for a more harmonized, cooperative international approach is well recognized.

By Dr Juntra Karbwang, Dr Francis P. Crawley, Dr Juhana E. Idänpään-Heikkilä and Dr Greg Koski

Few organizations are better positioned to exert global leadership in biomedical research and human subjects protection than the World Health Organization, commonly referred to by its English acronym, WHO. [1] The WHO is part of the United Nations system, and as such "is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries, and monitoring and assessing health trends."

In a world whose people are all less than a day apart, health improvement is a global concern and a shared responsibility. Similarly, biomedical and health research is increasingly a global endeavor, and the need for a more harmonized, cooperative international ▶ page 2

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◀ page 1 approach is well recognized. Much of the WHO's effort and resources are applied to improving public health worldwide according to an agenda that focuses on health resources, accessibility to care, health security, health delivery systems, research capacity, and research-derived information for improving public health. Also of concern is the development of productive partnerships to facilitate more effective international initiatives, and to improve performance in healthcare delivery and research worldwide. [2]

Of particular importance are research capacity-building activities – those that establish within developing countries the infrastructure and expertise to safely and effectively conduct research involving human subjects, including review and oversight by ethics committees. Many take for granted the existence of such infrastructures, not realizing that, in many host countries around the world where research might be done, until relatively recently local ethical review was an exception rather than the rule.

One of the earliest discussions among diplomats who met to form the United Nations in 1945 was the need for a global organization to promote health and health-related research. These early discussions laid the foundation for what is today known as the WHO. A constitution for this organization was adopted on 7 April 1948, a date now celebrated annually around the world as World Health Day. According to this constitution, the ultimate goal of the WHO was not the eradication of disease, but "the attainment by all peoples of the highest possible level of health … a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

The authoritative decision-making body for the WHO is the World Health Assembly, which meets each year in May in Geneva, and is attended by delegations from all 193 Member States. An Executive Board composed of 34 experts, each elected for a three-year term from the global health community, provides overall management expertise for the WHO. The core functions are listed in Table 1.

The mission of the WHO is executed by a staff of more than 8,000 medical doctors, public health specialists, scientists and epidemiologists, and managers trained to handle administrative, financial, and information systems, as well as experts in the fields of health statistics, economics, and emergency relief. Their efforts are supported and coordinated through a network of 147 country offices, six regional offices, and its headquarters in Geneva, Switzerland. ▶▶ page 6

Table 1 • The WHO Fulfills its Objectives Through its Core Functions

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed.
- Shaping the research agenda and stimulating the generation, translation, and dissemination of valuable knowledge.
- Setting norms and standards and promoting and monitoring their implementation.
- Articulating ethical and evidence-based policy options.
- Providing technical support, catalyzing change, and building sustainable institutional capacity.
- Monitoring the health situation and assessing health trends.

From www.who.int/about/role/en/index.html.

President's Letter

◀ page 1 and medical as well as legal topics, which are all important in their own rights. However, the subsumption of all these disciplines comprising the whole life cycle of a drug from cradle to grave is the special feature of Pharmaceutical Medicine. It represents a bird's eye view on drug development from drug discovery to the eventual end of marketing a drug. This integrated overview allows for the proper perspective in handling the medical, scientific, legal and commercial aspects of a drug's life cycle.

Due to the mainly European origin, it is not surprising that three of the five countries where Pharmaceutical Medicine is recognized as a medical specialty in its own right, namely Ireland, Switzerland and United Kingdom, are situated in Europe. The other two are Argentina and Mexico, which underlines that also in Latin America the concept has met approval early.

During the last few years and especially in 2009 we have been experiencing the truly global spread of the concept of Pharmaceutical Medicine. Especially important are the efforts to promote our discipline in Asia. In several countries of this region, new national associations for Pharmaceutical Medicine are emerging. In China the 'Chinese Pharmaceutical Medicine Forum' (CPMF) has already been founded and there are similar ongoing activities in other countries of the Asia Pacific region.

Consequently, the most important event of the year 2010 will be the International Conference on Pharmaceutical Medicine to be held in Shanghai, China, on November 7th – 10th, 2010. It will be jointly organized by the CPMF and IFAPP. I am looking forward to this exciting congress and hope to meet many colleagues from all over the world on this occasion.

In Europe the project 'PharmaTrain' of the 'Innovative Medicines Initiative' (IMI), a joint undertaking by the European Commission and the 'European Federation of Pharmaceutical Industries and Associations' (EFPIA), is gaining momentum and will raise education and continuing professional development regarding Pharmaceutical Medicine to new standards with the scope of harmonizing academic teaching in our discipline throughout the European Union. And, moreover, the UK 'Faculty of Pharmaceutical Medicine` is planning to schedule its Diploma in PM examination in overseas centers (for details see page 3).

Last but not least let's have a look at the Americas. In the US the 'Association of Clinical Research Professionals' (ACRP) and the 'Academy of Pharmaceutical Physicians and Investigators' (APPI) have started including teaching in Pharmaceutical Medicine into their agenda and two academic courses in Pharmaceutical Medicine have already been established. APPI also confers the designation of 'Certified Physician Investigator' (CPI) upon qualified physicians (details on page 3). At the same time we see increased interest of colleagues in Latin America outside the countries where Pharmaceutical Medicine has already been firmly established.

Looking back at the year 2009 we see a surge of interest in our discipline worldwide and my wish for 2010 is to take advantage of this momentum in order to further promote Pharmaceutical Medicine globally.

On behalf of the IFAPP Executive Committee I wish you a great holiday season and a successful Year 2010.

With kind regards – Professor Dr Gerfried Nell, IFAPP President, Austria ■

Education & Certification

'Certified Physician Investigator' – an APPI Designation

APPI Invites IFAPP Members to Register for Certification Exams

The US-American 'Academy of Pharmaceutical Physicians and Investigators' (APPI) – a member of IFAPP since its inception – announced to confer the designation of 'Certified Physician Investigator' (CPI®) upon qualified physician investigators who have met the professional eligibility requirements, taken the examination, and demonstrated job-related knowledge and skills. APPI President Dr Charles M. Alexander and APPI President-Elect Dr Peter Rheinstein recently have addressed a letter to all IFAPP members about the CPI certification program. According to this letter, the program has been significantly enhanced for 2010 with a new globally-harmonized exam and computer-based testing offered at sites worldwide. APPI invites IFAPP members to register for the March 4-13, 2010 Certification Exams by 10 January 2010 at www.acrpnet.org/MainMenuCategory/Certification/CPICertification.aspx.

The APPI Pharmaceutical Medicine Working Group is sponsoring a Pharmaceutical Medicine program at the 'Association of Clinical Research Professionals' (ACRP) 2010 Global Conference to be held 23-27 April 2010 in Tampa, Florida, USA. The program, entitled 'Frontiers in Drug Development – Not for Physicians Only', will address the science, business, and ethics of drug development over the course of nine sessions held over two days.

In addition to the two-day Pharmaceutical Medicine program, the APPI Program at the Global Conference has been expanded to 35 hours of physician education – an 82% increase in content. The Global Conference is designed for and attracts representatives of every function on the clinical research team from study coordinators to physician investigators and pharmaceutical physicians. Attendance has ranged between 2,000 and 3,000 in each of the past several years. Registration is now open and information can be found at www.acrp2010.org. ■

Diploma in PM – UK Faculty Planning Overseas Examinations

A Plan of the UK 'Faculty' of the Royal Colleges of Physicians

The 'Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom' is planning to schedule its Diploma in Pharmaceutical Medicine examination in overseas centers from 2010. In an appropriate document the Faculty said, that the locations for examinations will be confirmed once the level of interest from candidates is known – locations being considered are Cape Town, Mumbai and the east coast of the USA.

The date of the examination is 14-15 October 2010 – the examination will be scheduled concurrently at the UK and overseas centers. The examination will consist of 4 written papers: multiple-choice questions, short answer questions, essays and a critique of a publication. Successful candidates with relevant clinical experience will be eligible to apply for the Membership of the Faculty of Pharmaceutical Medicine (MFPM).

Prospective candidates must register their interest in sitting for the examination in one of the potential overseas centers listed above before 9 April 2010 by emailing fpm@fpm.org.uk or writing a letter to the Faculty. The actual centers selected for 2010 will depend on the number of prospective candidates and will be announced after this date. Prospective candidates will be sent an application pack and they must submit an application form and fee to the Faculty after which successful applicants will have their registration confirmed. Closing date for overseas center applications is 30 July 2010.

The Faculty of Pharmaceutical Medicine reserves the right to withdraw its plan to hold the Diploma in Pharmaceutical Medicine in overseas centers at any time. It does not undertake to necessarily hold the examination in the locations listed above.

Additional information on the examination and the syllabus is available on the Faculty website at www.fpm.org.uk/examinations/overseascentresfordpm. ■

IFAPP's Calendar

11th IFAPP European Conference Jointly Organized with DIA

London, United Kingdom, 4-5 February 2010

The IFAPP is pleased to announce its 11th European Conference on 4-5 February 2010 in London, United Kingdom, which will be jointly organized by the Drug Information Association (DIA) and the IFAPP as the 'DIA-IFAPP Pharmaceutical Policy Forum 2010' – a collaboration that will generate an important synergistic effect.

DIA-IFAPP Pharmaceutical Policy Forum 2010

This Forum will highlight current and upcoming global pharmaceutical development hot topics from various viewpoints. Experts from regulatory authorities, industry and contract research organizations will present and discuss emerging issues and cover six different areas:

- Transparency – EMEA transparency policy
- Future of Clinical Trial Legislation (Drugs and Devices)
- Intersection between pharmaceutical/device industry and healthcare
- Fraud and misconduct
- Globalization – co-operation FDA and EMA
- Standardization of investigational site qualification

The 11th European Conference will be very fruitful for all Professionals working in the fields of clinical development, regulatory affairs, quality assurance, project management or legal departments.

Details are available at the end of this 'IFAPP World' issue.

Join us for a two–day update on key issues in Clinical Development!

The IFAPP launched the First European Conference in 1997. Since then, almost every year in January or in February, the IFAPP has called for an International Event to discuss some of the most relevant issues in clinical development among a selected group of experts.

In the past IFAPP events several topics were covered by experts from Europe, the USA, Latin America and Asia, e.g., drug safety, biotechnology products, elderly patients, globalization of clinical development. The discussion has always been stimulating and productive with significant contributions from regulatory, academia and industry experts. ■

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◀ page 1 clinical trial protocols and case report forms were only a few pages long. In those early days, I remember preparing randomization for the trials, writing protocols, designing case report forms, and even counting the study medications all by myself. Today this is hardly thinkable anymore. By now, we have Standard Operating Procedures – SOPs – for almost anything we do. The arrival of GCP and the 'International Conference on Harmonisation' – ICH – also had a profound influence on our work. It was no longer enough to do things right; you had to fully document that you did it right. Although the GCP principles have contributed enormously to enhancing the scientific rigor and quality of clinical research, with it came an increasing administrative burden in the conduct of clinical trials. This inevitably has caused a shift in our activities away from our specific core medical tasks.

Another major change is that contract research organizations – CROs – became an important partner for clinical research. This has triggered a change in the bylaws of our Belgian association. BeAPP membership was broadened to include both pharmaceutical physicians working "in" as well as "for" pharmaceutical companies.

New disciplines have also been added. Pharmacoeconomics and patient-reported outcomes research are the ones that I have been involved in more closely. It seems that pharmaceutical physicians are still underrepresented in these emerging disciplines. This is thus the more surprising to me, because pharmacoeconomics is dealing at least as much with clinical evidence as with the economic side of the equation. The same applies for patient-reported outcomes. These are the only measures in clinical research that directly reflect the patient's own perspective on the impact of disease and its treatment, and therefore represent an important additional endpoint in many clinical trials.

Finally, the scope of activities has expanded beyond clinical R&D into marketing and management roles in the broadest sense of the term.

IFAPP WORLD • What about the role of pharmaceutical physicians – has it changed accordingly?

Dr Dominique Dubois • There has been an enormous growth in the depth and breadth of our roles and responsibilities of pharmaceutical physicians. Early on, very few physicians were employed in the pharmaceutical industry, and often on a part-time basis – typically it was looked for less demanding pre-retirement jobs. With the risk of exaggeration, the role of the pharmaceutical physician was often little more than to review and sign off a number of key documents.

Looking at it today, the role of the pharmaceutical physician has changed completely, and has become a critical driver of success for early clinical research and development – R&D –, market access and lifecycle management alike.

The change in job contents has also led to an increased managerial role. Medical knowledge is no longer enough. Expertise in regulatory issues is imperative. And negotiation, communication and presentation skills, to name a few, along with managing budgets and timelines are new job requirements that are all essential in today's work environment.

IFAPP WORLD • What makes a successful career in Pharmaceutical Medicine?

Dr Dominique Dubois • This is a very challenging question. To be honest, I don't really know. It probably depends a lot on individual expectations and ambitions. For me personally, I have always considered the most important driver for a successful career was to adhere to the highest scientific and ethical professional standards. This allowed me to build a rewarding equal partnership relationship based on mutual trust with colleagues in industry and in academia, as well as with the regulatory authorities.

IFAPP WORLD • What do you think physicians need to improve on as they get involved in pharmaceutical development and marketing?

Dr Dominique Dubois • I would like to see a more prominent leadership role taken by physicians in these newer disciplines of pharmacoeconomics and patient-reported outcomes research. Healthcare funding and reimbursement systems are changing rapidly. There is increasing emphasis from payers on effectiveness in daily practice rather than efficacy in randomized controlled trials alone. Evidence provided by pre-registration trials is no longer enough. This opens new opportunities for observational trials and outcomes research.

For example, new funding mechanisms, such as performance-based agreements, have been proposed as a means to manage uncertainties about effectiveness in the real world. Such agreements typically include the commitment for an observational study to evaluate the performance of a new product in real daily practice.

Together with the regulatory requirements for risk management plans, it is clear that economic evaluations as well as risk-benefit assessments will become increasingly important to informed market access decision-making. It seems to me that the pharmaceutical physicians are not yet seizing the many opportunities to enhance the clinical evidence of new innovative medicines arising from these new developments.

IFAPP WORLD • Beside pharmaceutical physicians, other experts in Pharmaceutical Medicine work in that field – what do they have in common and in which way are they different from each other, what is their position now and once Pharmaceutical Medicine becomes a distinguished medical specialty?

Dr Dominique Dubois • At first sight, they all have most in common, irrespective of their background qualification. But when looking more closely, I believe the pharmaceutical physicians will keep a unique position, based on their ethical responsibility to always put the interests of patients first. Therefore, the end responsibility for clinical research studies should definitely remain with the pharmaceutical physician.

IFAPP WORLD • You have also had a great deal of experience in education in Pharmaceutical Medicine – how do you see the need for training and education in this specialty changing in the future?

Dr Dominique Dubois • The need for training and education in Pharmaceutical Medicine will become increasingly important. Training will be needed for all professional colleagues involved, including clinical investigators and their teams, regulatory agencies, health insurance companies and national, regional and local pricing and reimbursement decision makers.

For physicians working in the pharmaceutical industry, I expect a significant growth in continuing professional ▶ page 5

Dr Dominique Dubois: "I would advise physicians who are just starting a career in Pharmaceutical Medicine to attend one of the IFAPP accredited postgraduate training courses in Pharmaceutical Medicine. I would also encourage them to join their local professional association of pharmaceutical physicians."

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◀ page 4 development programs to allow them to maintain their specialist certification.

The e-learning courses are also rapidly making their entry and will bring all the advantages of distance learning and on-line services that come with them. This will be particularly useful to support the much-needed geographical extension of training and education in Pharmaceutical Medicine across Europe and beyond.

IFAPP WORLD • From 1984-1992 you were President of the 'Belgian Association of Pharmaceutical Physicians' – BeAPP. What do you see as the dominant purpose and function of national and international societies and associations of pharmaceutical physicians and Pharmaceutical Medicine like BeAPP and IFAPP at present and in the future and as the benefits for their individual members and for national member associations in being part of IFAPP?

Dr Dominique Dubois • Many medical practitioners are still unaware of the important role played by their colleagues within the pharmaceutical industry in domains as diversified as basic research, clinical development, registration, medical information and pharmacovigilance.

For instance, the 'Belgian Association of Pharmaceutical Physicians' – BeAPP – became a member of the 'International Federation of Associations of Pharmaceutical Medicine' – IFAPP – at its foundation in 1975 and was permanently represented on the IFAPP Executive Committee since then. In line with IFAPP's international goals and objectives, BeAPP has endeavored to portray the image of this profession in Belgium, as favorably as possible, not only towards other physicians but also towards regulatory and academic institutions. This task can in no way be considered to be accomplished and will need to be continued indefinitely.

IFAPP fosters the development and international recognition of Pharmaceutical Medicine as a medical specialty and the development of training and continuing education programs in Pharmaceutical Medicine. Every two to three years a National Member Association organizes the International Conference on Pharmaceutical Medicine (ICPM).

Our joint commitment to training and education is nicely illustrated by the leading role of several IFAPP representatives on the 'PharmaTrain' project of the European 'Innovative Medicines Initiative' (IMI) on training in Pharmaceutical Medicine.

Last but not least, both BeAPP and IFAPP provide an ideal networking platform to meet and discuss with colleagues the many challenges of our daily work.

IFAPP WORLD • How do you think you have benefited personally from these associations – BeAPP and IFAPP?

Dr Dominique Dubois • I have benefited enormously from both BeAPP and IFAPP. I learned a great deal about our industry in general, and the role of the pharmaceutical physician in particular, through my membership of both associations. This network of colleagues has been an invaluable sounding board.

In addition, I had the exceptional privilege to have my colleague and friend, Herman Lahon, as a coach and mentor all along my professional career. I gladly take the opportunity to express my thanks for his truly exceptional contributions in laying the foundation and building the discipline of Pharmaceutical Medicine not least as founding president of BeAPP and IFAPP, founding member of the Belgian College of Pharmaceutical Medicine, first chairman of IFAPP's Council for Education in Pharmaceutical Medicine (CEPM), and founding president of the International Committee of the Faculty of Pharmaceutical Medicine. And this impressive list of achievements is only exemplary, and by no means complete.

IFAPP WORLD • It sometimes seems the pharmaceutical industry is caught up in rapidly changing enthusiasms or short-term trends. Taking the longer view, what do you think is important for pharmaceutical physicians to focus on in the development and marketing of new therapies?

Dr Dominique Dubois • It seems likely that the focus will increasingly be on the demonstration of value for money in terms of cost effectiveness, improved health outcomes including health-related quality of life, a favorable benefit-risk-ratio and strong clinical evidence beyond the initial randomized controlled trials.

I think it is important for pharmaceutical physicians to focus on pursuing a compelling value proposition and substantiation for new innovative medicines that integrates each of these components. Given the predominant weight of patient outcomes and clinical evidence of this value-based approach, I am confident that the pharmaceutical physician is well prepared to take up the challenge.

IFAPP WORLD • The pharmaceutical industry is increasingly looking to countries in Asia and Latin America both for the development of pharmaceuticals and as rapidly growing markets – speaking as a physician based in Europe, what opportunities or challenges do you think this will bring for the industry in Europe?

Dr Dominique Dubois • I see these developments as an opportunity rather than a threat for the industry in Europe. Today, these markets indeed offer the greatest opportunity for growth. Moreover, the increasing outsourcing of drug development activities into the Asian Pacific countries generates a global competition for quality and provides an incentive for specialization and innovation in Europe.

IFAPP WORLD • Thank you very much for your answers.

Dr Dominique Dubois was interviewed by Eckhard Boettcher-Buehler, 'IFAPP World' Editor in Chief. ■

Personal Snapshot

Dr Dominique Dubois

…from Belgium is a fellow of the Belgian College of Pharmaceutical Medicine. He graduated as a medical doctor from the Catholic University of Leuven in 1975. After 3 years of medical practice he started his career in the pharmaceutical industry and grew into an internationally renowned physician specialist in the field of Pharmaceutical Medicine (PM).

From 1984-1992 he was President of the 'Belgian Association of Pharmaceutical Physicians' – BeAPP. In 2006 he became board member of the 'Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom'. He is also an active member of IFAPP's 'Council for Education in Pharmaceutical Medicine', and Vice-President of PHARMED, the 'Postgraduate Program in Pharmacology and Pharmaceutical Medicine' at the Free University of Brussels (ULB).

And last but not least he has held different leading positions within the pharmaceutical industry where he was particularly involved in the advancement of patient reported outcomes (PRO) research. He has contributed to initiatives shaping the international regulatory environment, such as the FDA PRO draft guidance and the European Medicines Agency reflection paper on the regulatory guidance for the use of health related quality of life measures in the evaluation of medicinal products. He is also the author of more than 30 peer-reviewed manuscripts and countless scientific congress abstracts.

He is currently the Managing Director of a consultancy company active in the fields of Health Economics and patient-reported outcomes research.

Above all, he is an advocate for the acknowledgement of PM as a distinct medical specialty for pharmaceutical physicians. ■

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WHO's Responsible?

As a nongovernmental organization (NGO), the WHO works cooperatively with many governmental and nongovernmental agencies and organizations worldwide that share its vision and mission. The WHO is most effective in fostering cooperation and harmonization, in large measure through its convening authority, that is, its ability to bring people, organizations, and nations to the table to discuss challenges and undertake initiatives that are not regulatory or nationalistic in nature.

Ethical Standards, Review, and Conduct of Research Involving Human Participants

The WHO and its affiliates support development and application of ethical standards and review processes for research with human subjects through several initiatives. These include training programs for researchers and research ethics committees, commonly referred to as institutional review boards (IRBs) in the United States and other regions. The WHO established ethics review committees in the headquarters in Geneva and conducts reviews for studies it supports, and is engaged in capacity-building activities at local, regional, and international levels. It has issued several guidance documents both on its own and in cooperation with other groups, particularly the Council for International Organizations of Medical Sciences (CIOMS) and the WHO/United Nations Development Programme (UNDP)/United Nations Children's Fund (UNICEF)/World Bank Special Programme for Training and Research in Tropical Diseases (TDR) through its cooperation with the Strategic Initiative for Developing Capacity for Ethical Review (SIDCER), described more fully below. (Table 2.)

The WHO and the United Nations Educational, Scientific, and Cultural Organization (UNESCO) established CIOMS jointly in 1949 as an international, nongovernmental, nonprofit organization whose membership includes 48 international and 18 national member organizations representing the biomedical sciences, and national academies of sciences and medical research councils. CIOMS affords a venue for promoting and facilitating international activities in the biomedical sciences. By fostering collaborative relationships between the United Nations and its specialized agencies, including WHO and UNESCO, CIOMS is able to coordinate and advance global standards and initiatives in bioethics, health policy, drug development, and human subjects research.

In collaboration with the WHO, CIOMS has issued international guidelines for the application of ethical principles, such as those set forth in the World Medical Association Declaration of Helsinki in both clinical and epidemiological studies. Other recent documents focus on clinical trials, including pharmacovigilance, vaccine vigilance, pharmacogenetics, and safety monitoring.

CIOMS guidelines are widely referenced and are available on the CIOMS website. [3] CIOMS notes that "the Guidelines are designed to be of use to countries in defining national policies on the ethics of biomedical research involving human subjects, applying ethical standards in local circumstances, and establishing or improving ethical review mechanisms … to reflect the conditions and the needs of low-resource countries, and the implications for multinational or transnational research in which they may be partners." [4]

SIDCER, another major international venture in human research ethics, is housed within the TDR [Tropical Disease Research Programme], an independent global program of scientific collaboration established in 1975 under the cosponsorship of UNICEF, UNDP, the World Bank, and the WHO. TDR's vision, recently refocused, is "to foster an effective global research effort on infectious diseases of poverty in which disease endemic countries play a pivotal role." SIDCER is a network of independently established regional forums in which ethical review committees, health researchers, and organizations with common interests in the development and improvement of ethical review come together to share resources and expertise.

SIDCER emerged from the capacity-building activities of WHO/TDR and the Good Clinical Practice Alliance – Europe (GCPA), in cooperation with several national and international research organizations, corporations, foundations, and regulatory agencies. It was established to address fundamental ethical challenges encountered in health research globally. The primary objective of SIDCER is to contribute to efforts to protect and enhance human research subjects globally by developing local and regional capacity in ethical review and the ethics of health research. (See Table 3.)

SIDCER's regional forums are established in the Asia and Western Pacific region from India to Japan (Forum for Ethics Committees in Asia & the Western Pacific, FERCAP), across the Congress of Independent States of the former Soviet Union (Forum for

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Table 2 • Selected Research Ethics Resources at the WHO

- WHO Research Ethics Review Committee (ERC)
  www.who.int/rpc/research_ethics/en/index.html
  www.who.int/tdr/grants/grants/ethical.htm
- Department of Ethics, Trade, Human Rights and Health Law
  www.who.int/ethics/en/ETH_N_S_research.pdf
- Guidelines for Research in Reproductive Health
  www.who.int/reproductive-health/hrp/serg_guidelines.html
- Guidelines on Good Clinical Practice (GCP) for Trials on Pharmaceutical Products
  www.who.int/medicinedocs/en/d/Jwhozip13e.18
- Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women (FCH/GWH)
  www.who.int/gender/violence/womenfirtseng.pdf
- Ethical considerations arising from vaccine trials
  www.who.int/vaccine_research/documents/ethics/en/index.html
- Indigenous peoples and participatory health research
  www.who.int/ethics/indigenous_peoples/en/index.html

Table 3 • WHO/TDR Mission and Operations

Research and Development: To improve existing and develop new approaches for preventing, diagnosing, treating, and controlling neglected infectious diseases that are applicable, acceptable, and affordable by developing endemic countries, can be readily integrated into the health services of these countries, and focus on the health problems of the poor.

Training and Strengthening: To strengthen the capacity of developing endemic countries to undertake the research required for developing and implementing these new and improved disease control approaches. [www.who.int/tdr/index.html]

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◀ page 6 Ethics Committees in the Confederation of Independent States, FECCIS), Latin America (Foro Latino Americano de Committees de Etica en Investigacion en Salud, FLACEIS), Africa (Pan-African Bioethics Initiative, PABIN), and North America (Forum for Institutional Review Boards/Ethics Review Boards in Canada and the United States, FOCUS). Through its regional forums, SIDCER provides a voice for human subjects research issues across national, regional, and international healthcare settings. (See Table 4.)

The strength of SIDCER lies in its partnership model, which fosters a grassroots (bottom-up) approach that places primary responsibility and decision-making authority in the hands of the regional participating parties operating at the local, national, and regional levels. The dedication and commitment of the regional forums and the SIDCER partnership organizations are the primary factors driving the project. The emphasis on valuing local knowledge and cultural understanding contributes critically to SIDCER's evolution and success. [5]

Since its inception, SIDCER has catalyzed the preparation and dissemination of three important guidelines, including one detailing operational guidelines for ethics review committees, one for surveying and evaluating their function, and another for establishing and operating data monitoring and safety oversight committees for institutions engaged in biomedical research. (See Table 5.)

The potential and success of these programs are well illustrated in the Asia-Pacific region, where in a relatively short time, they have fostered the development of ethics committees in countries through the region. In countries such as Thailand, for example, challenging studies of HIV prevention and treatment and other conditions are under way. Under the auspices of the FERCAP regional forum, representatives from more than 20 nations in the region now meet annually to share their practices and progress toward effective programs for protection of human subjects. While many of these countries may have only limited amounts of human subjects research under way, they now have a capacity to conduct ethical review that was nonexistent just a few years ago.

As this capacity and expertise grows, sponsors will be more comfortable and find it easier to initiate studies in these countries and across the region, as they have adopted common operating procedures and policies. As this important infrastructure develops, it also provides a platform for developing knowledge and expertise in ethics in the region, which is critical. It is not adequate to simply go through the motions of ethical review – there must be meaningful ethical review, according to standards and practices that are recognized by the global community. Accordingly, the need for education and training, not only for members of ethics committees, but of investigators, coordinators, monitors, and administrators, is ongoing. Developing capacity and expertise in this way empowers local and regional communities to become more engaged in the international research endeavor, providing important benefits for those communities.

Table 4 • The SIDCER Guiding Principles

SIDCER accomplishes its mission by actively translating the following principles into action in all of its engagements:

- The promotion and protection of the dignity of the human person.
- The respect of cultural diversity and ethical values across societies.
- The promotion of independence in decision-making.
- The development of partnerships extending across borders and sectors dedicated to the value of the human person in research as extending above and beyond all other values.
- The pursuit of social justice.
- The pursuit of peace.

From www.sidcer.org/new_web/index.php.

The SIDCER Recognition Program

Three years ago, SIDCER implemented a special recognition program to acknowledge those institutions and organizations within its operating regions and forums that have successfully met the standards established by the WHO/TDR Guidelines. Through this program, SIDCER provides operational accountability for the quality and effectiveness of ethical review from ethics committees electing to be reviewed. The program engages in rigorous site visits conducted according to its guidelines for surveying and evaluating ethics committees. Those ethics committees that demonstrate an appropriate level of commitment and performance in accordance with the guidelines are awarded a certificate of recognition. "A SIDCER recognition certificate … is a sign that the highest standards of ethical review in clinical research are being met." [6]

Currently, approximately 25 IRBs have received SIDCER recognition, mostly within the Asia and Western Pacific region under the auspices of FERCAP, where the program was initially piloted. The program is slated to be extended to other regions in the coming year. The first survey was conducted in Russia under the auspices of FECCIS in January 2008, and will be followed by Ethiopia and Tanzania later. The SIDCER program lays a foundation for the accreditation systems for ethics committees in accordance with national needs and international guidance. This is consistent with trends toward more widespread reliance upon objective tools for validation of having met specified standards within a given professional paradigm.

Through partnerships with organizations engaged in training and certification of individuals engaged in human research, WHO/TDR hopes to facilitate recognition of a globally recognized and accepted "gold standard" for biomedical and public health research. A long-term vision of SIDCER could reasonably include the establishment of a network of accredited research sites with fully certified teams of research professionals, operating within a framework of harmonized ethical principles and guidelines with review and oversight by accredited ethics committees and ▶ page 8

Table 5 • WHO/TDR Operational Guidelines for the Establishment and Functioning of Ethical Review Committees and Data & Safety Monitoring Boards

- Operational guidelines for ethics committees that review biomedical research
  www.who.int/tdr/publications/publications/ethics.htm
- Surveying and evaluating ethical review practices
  www.who.int/tdr/publications/publications/ethics2.htm
- Operational Guidelines for the Establishment and Functioning of DSMBs
  www.sidcer.org/new_web/pdf/2006/operat_guidelines.pdf

Reports & Concepts

◀ page 7 humans subjects protection programs. Such a network would enable research sponsors, whether corporations, private foundations, or governmental entities, to place and conduct research essentially anywhere in the world with full confidence that the work will be performed according to uniform standards of professional integrity and excellence.

This brings us back full circle to where this article began – recognition that the WHO is optimally positioned to promote a global effort that can bring the benefits of biomedical and public health research to all of the world – our world.

This article was published in June 2008 Monitor, Volume 22, Issue 3, pages 73-77. The Monitor is a bimonthly publication of the US-American 'Academy of Pharmaceutical Physicians and Investigators' (APPI) and the 'Association of Clinical Research Professionals' (ACRP). Reprint by courtesy of APPI and ACRP. ■

Acknowledgements

The authors would like to thank the many individuals and organizations who have nurtured and supported the WHO/TDR and SIDCER efforts for several years, far too many to name individually. Special thanks are extended to the leaders and participants in the regional forums, without whose energy, wisdom, and commitment these programs would be impossible. This article is based largely upon public information provided by the WHO and its affiliated organizations, TDR and CIOMS, though their respective websites as referenced herein. Opinions presented here are those of the authors, and do not necessarily reflect the positions or opinions of the WHO/TDR, CIOMS, and GCPA, or their members.

References

1. See www.who.int/about/brochure_en.pdf.
2. See www.who.int/about/agenda/en/index.html.
3. See www.cioms.ch.
4. See www.cioms.ch/frame_guidelines_nov_2002.html.
5. Additional information can be found at www.sidcer.org/new_web/index.php.
6. See www.sidcer.org/new_web/main/SIDCER_RecPro.doc.

The authors

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IFAPP's Vision Statement

"By 2011, IFAPP is recognized and accepted as an authoritative voice on the medical aspects of the pharmaceutical industry and education and standards within Pharmaceutical Medicine by governmental and regulatory authorities, pharmaceutical industry bodies, the public, healthcare providers, healthcare professionals, academic bodies and the media."

Reports & Concepts

EMEA Becomes "The Agency"

The European Medicines Agency (EMA – formerly EMEA) officially unveiled a package of changes on 8 December 2009, with the launch of a new visual identity and new organizational structure.

European Medicines Agency: New Organizational Structure

According to an official release, the Agency has integrated human pre- and post-authorization activities into one unit to guarantee seamless lifecycle-management of medicines. The new unit, named 'Human Medicines Development and Evaluation', is responsible for the provision of advice during R&D, through to management of the review process and changes to products after they have been approved.

The Agency has also created a 'Patient Health Protection' unit to further strengthen the Agency's focus on monitoring safety of medicines from the multiple perspectives of pharmacovigilance, risk and crisis management, patient and healthcare professional information, inspections for both human and veterinary products, and appropriate regulatory compliance. The Unit will also be in charge of community procedures for both centrally and non-centrally authorized products.

In addition, a dedicated group for the management of product data and documentation is supposed to improve the efficiency of data management processes throughout the Agency.

EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

EMA's New Visual Identity

The European Medicines Agency has announced not using the EMEA acronym in their communications any more, and not featuring it in the logo, but going on with EMA in the new web address (www.ema.europa.eu) and email extension ('...@ema.europa.eu'). With the new visual identity, the Agency intend to promote public recognition of the Agency and its contribution to public and animal health.

As a further initiative, the Agency announced to completely redesign its public website and its launch in the coming months offering improved navigation and search functionality, providing better access to information on public-health issues. BöBü ■

IFAPP's Regional Update

News and Views from the IFAPP Member Associations

Brazil • In September 2009 a National Clinical Research Course was launched in Brazil. It is an e-learning web-based course for the National Clinical Research Hospitals Network. According to the course brochure, "This course is the result of a partnership between the Hospital Alemão Oswaldo Cruz and the Brazilian Ministry of Health, as part of the project 'Excellence Hospitals at the Service of SUS' [National Service of Health]. The course aims at training and qualifying health professionals, giving them the opportunity of broadening their knowledge to better design and develop clinical trials according to strict international regulations."

The course content was based on the "Course of Specialization in Pharmaceutical Medicine of the Federal University of São Paulo (UNIFESP)", which was accredited by the IFAPP.

For details see the course brochure which is available at www.ifapp.org in the "news archive" issue "October 15-10".

Brazil • In November 2009 the Brazilian 'Sociedade Brasileira de Medicina Farmacêutica' (SBMF) held its 35th Congress of Pharmaceutical Medicine in São Paulo, Brazil, with more than 300 attendees and three IFAPP speakers –Professor Dr Gerfried Nell from Austria, the IFAPP President, as well as Dr Stewart Geary from Japan and Dr Luís Collia from Argentina, both Members of the IFAPP Executive Committee.

During the congress at the general SBMF assembly, a new board of directors was elected with Dr Marcelo Lima (GE Health) next SBMF president (2010-2011) and Dr Gustavo Kesselring, currently SBMF President, as the next Vice-President and delegate to the IFAPP. Congratulations!

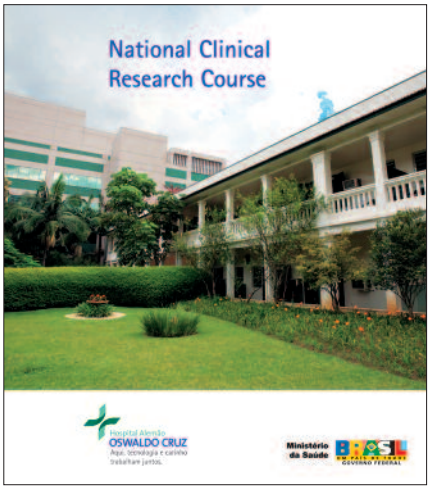
Finland • The Finnish Association of Pharmaceutical Physicians (SuLL/FiAPP) elected a new President and a new Delegate to the IFAPP. The new President is Dr Anne Heikkilä from Oy Eli Lilly Finland Ab, Vantaa, Finland. The Delegate to the IFAPP is Dr Joni Turunen from Schering-Plough Oy, Espoo, Finland. Congratulations!

Contact details are listed in the members section of the IFAPP website www.ifapp.org.

United Kingdom • The 'Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom' elected Dr Richard Tiner next President. Dr Tiner took up the office at the Annual Dinner on 20 November 2009.

Congratulations!

A National Clinical Research Course was launched in Brazil



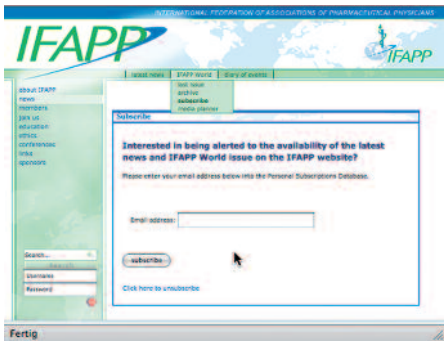
IFAPP News

Subscriptions to 'IFAPP World' and 'News Alerts'

Interested in being alerted about the 'Latest News' on the IFAPP website, 'IFAPP World' releases and news regarding the 'International Conference on Pharmaceutical Medicine' – ICPM 2010 – in Shanghai, China, 7-10 November 2010?

Please subscribe at www.ifapp.org/subscribe

Upon entering your e-mail address into the personal subscriptions database, you will get an e-mail with a hyperlink to the newsletter 'IFAPP World' and to the latest IFAPP news upon availability.



New IFAPP E-Mail Address

Since November 2009 IFAPP is available at a new e-mail address:

secretariat@ifapp.org

This new address is in line with IFAPP's website address which is www.ifapp.org.

The former e-mail address does not work anymore; so please change your directories accordingly.

THE FLAG

'IFAPP World' is a publication of the

International Federation of Associations of Pharmaceutical Physicians (IFAPP)

The Federation, founded in 1975, is a non-profit organization with 28 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.

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IFAPP's CEPM Update

Promoting Education and Training in PM

IFAPP's CEPM Members Met at DIA *By Stewart Geary*

Members of the IFAPP Council for Education in Pharmaceutical Medicine (CEPM) met during the Drug Information Association's (DIA) Annual Meeting in San Diego, California, USA, on 23 June 2009 to strategize and consider further initiatives for promoting education and training in Pharmaceutical Medicine (PM). Under the leadership of CEPM Chair Professor Dr Jean-Paul Deslypere from Singapore, Dr João Massud Filho from Brazil, Dr Brigitte Franke-Bray from Switzerland, Dr Stewart Geary from Japan and Dr Honorio Silva from the United States of America met to share ideas on furthering the mission of the CEPM.

The participants noted the importance of continuing the work of the CEPM in certifying courses in Pharmaceutical Medicine, partnering with other organizations to advance education and training, and of the Innovative Medicines Initiative (IMI) on education in PM in Europe. Prof Dr Deslypere reflected on the discussion and current issues of the CEPM as follows.

IFAPP WORLD • Why do you think it is time to consider how CEPM activities might be further strengthened?

Prof Dr Jean-Paul Deslypere • CEPM has been around for several years during which a lot was achieved in terms of initiating and recognizing courses in PM. However within the CEPM there was a sense that more could be done to inform the medical and clinical research community about PM and the activities of IFAPP. This certainly is also correlated with one of the major aims of IFAPP and the CEPM: to achieve wide spread acceptance of PM as a separate medical discipline.

IFAPP WORLD • What do you believe was accomplished in the CEPM discussion?

Prof Dr Jean-Paul Deslypere • Since this was a face-to-face meeting we could immediately focus the discussion on initiatives which would better inform our colleagues on PM and since we were all attending the DIA meeting it was only a small step to come up with the proposal to have dedicated sessions about PM at the upcoming DIA meetings.

IFAPP WORLD • What do you see as the important recent accomplishments of the CEPM?

Prof Dr Jean-Paul Deslypere • One of the most important recent accomplishments of the CEPM was the proposal of some of our European members who were instrumental in setting up the Innovative Medicines Initiative (IMI) together with the EU Commission and representatives of the pharmaceutical industry and academia. This initiative will radically change the training of pharmaceutical physicians in Europe in the years to come and could be a good example of what should be set up in other parts of the world.

IFAPP WORLD • What are your goals for the CEPM in 2010?

Prof Dr Jean-Paul Deslypere • Well, we have indeed some work on our plate for the next twelve months: starting up the IMI initiative, expanding the CEPM in Asia, helping in starting up online training courses, evaluating the existing courses in PM and creating new courses in regions where there are only a few, e.g., in Asia, the USA and Africa.

IFAPP WORLD • What message on Pharmaceutical Medicine education programs would you like to bring to future DIA meetings?

Prof Dr Jean-Paul Deslypere • Most importantly information about PM, and about these programs and hopefully this will also motivate some colleagues to set up courses in new locations, so that a new generation of pharmaceutical physicians can be mentored.

The interview was conducted by Dr Stewart Geary, Japan, member of the IFAPP Executive Committee. ■

Members of IFAPP's CEPM: (left to right) Dr João Massud Filho from Brazil, Prof Dr Jean-Paul Deslypere from Singapore and Dr Stewart Geary from Japan attending the Drug Information Association's (DIA) Annual Meeting in San Diego, California, USA.

IFAPP's Calendar

ICPM 2010 'International Conference on Pharmaceutical Medicine'

Shanghai, China, 7-10 November 2010

Please join us in this important event for Pharmaceutical Medicine and mark this date in your calendar already now. Detailed information on ICPM 2010 will be available soon on the IFAPP website www.ifapp.org or subscribe to the IFAPP 'News Alert' under www.ifapp.org/subscribe – looking forward to see you in Shanghai!

Call for Abstracts

The ICPM 2010 Scientific Committee invites you to submit abstracts of your research for presentation at the ICPM 2010 in the following areas:

- Innovations in Research & Development
- Clinical Trials and Human Pharmacology
- Translational Medicine and Biomarkers
- Drug Safety and Pharmacovigilance
- Medical Marketing and Medical Communication
- Regulatory Science
- Pharmacoepidemiology
- Pharmacogenomics and Personalized Medicine
- Pharmacoeconomics
- Biotechnology
- Training and Professional Development

Each abstract has to contain a statement of purpose, innovation or hypothesis, a description of methods and materials, data and results, interpretation, conclusion or significance.

All abstracts are to be submitted to the 'ICPM 2010 Scientific Committee' c/o IFAPP secretariat, Mrs Caroline van Bruggen, secretariat@ifapp.org or via letter to Kuipersweg 2T, 3449 JA Woerden, The Netherlands. Abstract submission deadline is 30 June 2010.

All abstracts will be evaluated and selected by the Scientific Committee, and corresponding authors will be notified mid-July 2010 regarding the status of their abstracts. ■

Abridged Reports from ICPM 2008

Developing Pharmaceutical Care – Medicines After the Blockbuster Area

Amsterdam, The Netherlands, September 7-10, 2008

Dr Jane Barrett, United Kingdom, Chair of the ICPM 2008 "Off-Label Pharmacotherapy" Session

"Off-Label Pharmacotherapy"

Chairs: Dr Jane Barrett, Barrett Consultancy, United Kingdom, Principal; Dr Eric Hoedemaker, Sanofi-Aventis, The Netherlands, Medical Director • Speakers: Prof Dr Anthonius de Boer, University of Utrecht, The Netherlands, Dean of the Department of Pharmaceutical Sciences; Prof Dr Albert Wertheimer, Temple University, USA, School of Pharmacy; Dr Noël Wathion, European Medicines Agency, United Kingdom, Head of Unit.

This topical and well-attended session started with questions from the chair the most important of which being: "Are patients at added risk from off-label drug use?" The three excellent speakers all addressed this point.

Off-Label Pharmacotherapy – When Evidence is Without Label

The first speaker, Prof Dr Anthonius de Boer, agreed that in principle drugs should only be used with evidence but that, for example, 74% of anticonvulsants and 60% of antipsychotics were used off-label. It is of course common knowledge that up to 90% of drugs used in children can be off-label. Indeed, there are advantages to using drugs off-label. It permits innovation, early access to valuable medicines, and it is often the only way to treat orphan indications. But there are disadvantages, too.

Prof Dr Anthonius de Boer, The Netherlands: "…it was estimated that up to 73% of off-label use has little or no scientific support."

Off-label use undermines any expectations that risk-benefit is fully evaluated, it undermines any incentives for manufacturers to do studies, and it discourages evidence-based medicine (EBM). Therefore, a clear framework for off-label use is needed, as it is an important aspect in pharmacotherapy. Off-label use can only be acceptable if there is no authorized alternative, there is solid scientific evidence, there are professional guidelines for the use of that drug in that indication, and the patient has given his consent.

Off-Label Prescribing - The Payer's Perspective

Prof Dr Albert Wertheimer gave the payer's perspective. Patients see doctors for results, usually represented by a prescription, although few diseases are actually cured with drug treatment; most of them are only symptomatically improved. He agreed with Prof Dr de Boer that off-label use is not always wrong, although it is illegal in some countries. Clinical studies typically exclude women, children and the elderly, so the labels may not include these groups. Some indications only become apparent later in the patent life of the respective drug; such use is off-label while waiting for regulatory approval. But use of drugs on-license is not always absolutely good; for example, one licensed dose for all adult patients cannot be the best dose for everyone.

Payers have options when asked to fund off-label use. They can refuse to pay but the condition may worsen if untreated, thus generating increased expense. They can pay for all off-label drugs, which defies EBM but may add useful experience. Or they can have no set policy, which allows physicians to use their judgement. An optimal policy might include the need for all orthodox treatments to have failed, for the indication to be labelled elsewhere in the world, or for economic factors to be taken into consideration.

There will always be unanswered questions, for example on the use of drugs registered and marketed since before the requirements of modern licensing were set up, but we all have to continue to ask them.

Off-Label Use of Medicines and Risk Management Plans: EMEA Experience

The final speaker was Dr Noel Wathion from the EMEA, who like many other regulatory authorities recognizes the use of off-label drugs. He agreed with de Boer that off-label use lacks the risk-benefit balance of licensed indications, but he also agreed with Prof Dr Wertheimer that such information on licensed indications can often be missing in special populations.

The Risk Management Plan (RMP) has been part of the Marketing Authorization Application (MAA) since 2005, and must be viewed as a living document. It should include discussion about the potential for off-label use and should identify risks and necessary activities associated with them. This is particularly relevant for orphan drugs and those ones intended for use in children. Dr Wathion illustrated his points with a discussion of the current use of thalidomide for multiple myeloma, and coagulation factor VIIa for life-threatening bleeds, and concluded with a discussion of the need to better document the potential of off-label drug use.

Conclusion

So in conclusion, there was agreement on the fact that there are advantages and disadvantages in the use of drugs both on- and off-label. The fact that the authorities are closely monitoring the experiences ▶ page 12

Dr Noël Wathion, European Medicines Agency, United Kingdom: "… the concept of Risk Management Plans requires the pharmaceutical industry to provide information on both the potential for off-label use, and in particular off-label pediatric use."

Abridged Reports from ICPM 2008

◀ page 11 associated with off-label use reassures that it might be possible to prevent patients from being put at additional risk from off-label drug use. We have to keep on questioning and monitoring off-label use, and the number of questions from the floor indicated great willingness on the part of the pharmaceutical industry to do so.

Dr Jane Barrett, United Kingdom, member of the IFAPP Executive Committee

"Orphan World"

Chairs: Dr Norbert Clemens, CRS Clinical Research Services Mannheim GmbH, Germany, Head of Clinical Development, IFAPP Treasurer; Dr Ad Sitsen, ClinPharMed Consultancy, The Netherlands, CEO. Speakers: Dr Sonja van Weely, Dutch Steering Committee Orphan Drugs, The Netherlands, Scientific Officer; Dr Marlene Haffner, Amgen, USA, Executive Director Global Regulatory Intelligence and Policy; Dr Jaap de Boer, Genzyme, The Netherlands, Medical Director.

Orphan drugs are used for the diagnosis, prevention or treatment of life-threatening or of very serious but rare diseases. Dr Ad Sitsen opened the session with introductory remarks on the different historical facts of drug development for orphan diseases. In the US this development started with regulatory incentives in 1983, while a similar regulation in the EU was implemented in 2000.

Orphan Drug Development in Europe

Dr Sonja van Weely presented the European approach and experiences with currently more than 500 designations and 46 approved orphan medicinal products. Designated potential orphan drugs in the EU are entitled to several incentives, of which a market exclusivity of 10 years upon authorization is the most important one. Other incentives are the direct access to the centralized procedure for European marketing authorization, 50% fee reductions for regulatory procedures and free scientific advice during the development process. According to Dr Sonja van Weely, some challenges still exist in orphan drug development, for example some requirements of the European Union's 'Good Clinical Practice Directive' interfere with the recruitment of patients in rare diseases. The small number of products that have so far been approved in the EU as compared to the number of rare diseases emphasizes the need for further efforts in Dr van Weely's opinion. She concluded with a description of the scattered availability of orphan medicinal products throughout the European Union and referred to the 2007 survey of the 'European Organisation for Rare Diseases' (EURORDIS, in the worldwide web: www.eurordis.org).

Professor Dr Sam Salek, University of Cardiff, in a conversation at the IFAPP booth at ICPM 2008 in Amsterdam, The Netherlands.

Twenty-Five Years of Orphan Drug Development

Dr Marlene Haffner provided an insight into the US experience. Dr Haffner had been a Director at the Office of Orphan Products Development at the US American 'Food and Drug Administration' (FDA) over a period of 20 years. She presented examples of successfully stimulated developments: azidothymidine (zidovudine) for the treatment of human immunodeficiency virus (HIV) infections was initially designated as orphan drug; the process of pegylation has been developed through this process as well. Regardless of the proven positive impact of the program with more than 1700 designations and 300 approved orphan medicinal products, patients' access to orphan drug treatments is still difficult, mainly due to reimbursement issues. The FDA has offered protocol assistance since the launch of the program, which in Dr Haffner's opinion did not work out as intended. She mentioned the immanent problem of safety data collection within a small population, which should not be neglected.

Hurdles in Orphan Drug Development

Finally Dr Jaap de Boer (stepping in for Dr Bruno Giannetti, Pharming Group N.V., The Netherlands, Chief Operations Office) focused on challenges of orphan medicinal product development. For rare diseases, only a few animal models exist. Another critical issue is to identify experts of the respective rare disease who are available and committed to invest the required time for clinical trial execution. However, in rare diseases all parties involved – patients, physicians, companies and authorities – are highly motivated to participate in the orphan drug development. Dr de Boer recommended the setup of disease specific registries allowing the capture of long-term follow up data and information on the natural course of the disease under investigation. After marketing authorization, further hurdles have to be overcome like patient identification and coverage of treatment costs.

Discussion

The discussion with the audience focused on the success of orphan drug regulation measured numerically by market approval of designated drugs as a function of the difference between the number of applications and the number of authorized orphan medicinal products.

Dr Norbert Clemens, Germany, IFAPP Treasurer ■

Joint DIA/IFAPP Pharmaceutical Policy Forum

(including 11th IFAPP European Conference)

Event #10102
February 4-5, 2010
Hotel Hilton London Canary Wharf, London, UK

Programme Chairperson

Norbert Clemens
Head Clinical Development, CRS Clinical Research Services Mannheim GmbH, Germany, representing DIA and IFAPP

Programme Committee

Domenico Criscuolo
Chief Executive Officer, Genovax, Italy, representing IFAPP

Brenton James
Strategic Consultant Regulatory Affairs in the European Union, London

Truus Janse-de Hoog
Staff member MEB, Chair CMD(h)
Medicines Evaluation Board, The Netherlands

Peter Schulz
Vice President Global Safety, ii4sm, Switzerland

Detlef Niese
Head, Development External Affairs, Novartis Pharma AG, Switzerland

BENEFIT FROM PRACTICAL INDUSTRY CASE STUDIES!

Tabletop Opportunities available!
Tabletop exhibition will be available at this event.
For further information, please contact Simona Ponzer at simona.ponzer@diaeurope.org

This conference has been awarded with 3.0 CPD credits from the **Faculty of Pharmaceutical Medicine**

Programme Overview

This Forum will highlight current and upcoming global pharmaceutical development hot topics from various viewpoints. Experts from Regulatory Authorities, Industry and Contract Research Organisations will present and discuss emerging issues. This Forum offers an excellent networking opportunity.

Topics Will Include

- Transparency - the European Medicines Agency transparency policy
- Future of Clinical Trial Legislation (Drugs and Devices)
- Intersection between pharmaceutical/device industry and healthcare
- Fraud and misconduct
- Globalisation – co-operation FDA and the European Medicines Agency
- Standardisation of investigational site qualification

Learning Objectives

At the end of this conference participants should be able to:

- Anticipate upcoming modifications of legislation
- Identify pre-cursors of fraud and misconduct
- Optimise investigational site selection
- Familiarise with the European Medicines Agency and FDA working environments

Who Should Attend

Professionals working in the following areas:

- Clinical Development
- Regulatory Affairs
- Quality Assurance
- Project Management
- Legal Departments

IFAPP - INTERNATIONAL FEDERATION OF ASSOCIATIONS OF PHARMACEUTICAL PHYSICIANS

The Federation is a non-profit organisation and has existed since 1975. The aim of IFAPP is to act as an international forum for all the organisations of Pharmaceutical Physicians world-wide by dealing with matters suggested by its 30 National Member Associations, representing more than 8000 pharmaceutical professionals. IFAPP fosters the development and international recognition of Pharmaceutical Medicine as a medical specialty and the development of training and continuing education programmes in pharmaceutical medicine. It stimulates a closer relationship between the Member Associations and an improved understanding between the Associations and the medical and allied professionals, regulatory authorities and health care providers. Every two years a National Member Association organises the International Conference on Pharmaceutical Medicine (ICPM).

About the Drug Information Association (DIA)

DIA serves more than 30,000 biopharmaceutical professionals from industry, academia and regulatory agencies worldwide. Through its domestic and international meetings, training courses, workshops and webinars, DIA provides a neutral global forum for the exchange of information critical to the advancement of the drug discovery and lifecycle management processes.
Headquartered in Horsham, PA, USA, and with offices in Basel, Switzerland, Tokyo, Japan, Mumbai, India, and Beijing, China, the Association is led by its volunteer-based Board of Directors and executive management team. For more information, visit www.diahome.org or call DIA in Europe +41 61 225 51 51.

IFAPP

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www.diahome.org

THURSDAY | FEBRUARY 4, 2010

08:00 **Conference Registration and Welcome Coffee**

09:00 **Session 1**

TRANSPARENCY

Session Co-Chairs:
Truus Janse-de Hoog, Staff member MEB, Chair CMD(h), Medicines Evaluation Board, The Netherlands
Arielle North, Scientific Administrator, Directorate, European Medicines Agency, EU

The European Medicines Agency released for public consultation their draft Transparency policy that sets out how the Agency intends to increase transparency and openness in all areas of its operation.
In this session the objectives of the European Medicines Agency Transparency policy will be explained. Strengthening of the interaction with stakeholders is one of the objectives of the European Medicines Agency. Different stakeholders: a healthcare representative and industry representative will give their views on the proposals for more transparency. The European Medicines Agency and Heads of National Agencies work together in the European Network in order to achieve a common approach on Transparency issues. As an example of this common approach the handling of requests for safety information will be discussed.

Transparency Policy of the EuropeanMedicines Agency
Valentina Stamouli, Scientific Administrator, European Medicines Agency, EU

What Do Doctors Want to Know?
Michael Wilks, President, Standing Committee of European Doctors (CPME), EU

A Company's View
Graham Higson, Vice President & Head of Global Regulatory Affairs, AstraZeneca, UK

Handling of Requests for Safety Information
Truus Janse-de Hoog, Staff member MEB, Chair CMD(h), Medicines Evaluation Board, The Netherlands
Arielle North, Scientific Administrator, Directorate, European Medicines Ageny, EU

Panel discussion with session speakers and Fergus Sweeney, Head of Sector, Compliance and Inspections, European Medicines Agency, EU

11:00 **Coffee Break**

11:30 **Session 2 - Part 1**

FUTURE OF CLINICAL TRIAL LEGISLATION

Session Chairperson:
Domenico Criscuolo, Chief Executive Officer, Genovax, Italy

The European Directive on Clinical Trials was a remarkable effort to standardise and harmonise procedures to conduct clinical trials in the European Union (EU). Since it came into effect however, the EU has expanded, reaching the present number of 27 Member States. In addition, some weaknesses were identified which needs to be addressed in order to safeguard the EU's role in the clinical development of new drugs. This session will address these issues and provide an update on the subject.

Clinical Trial Directive - Progress
Hartmut Krafft, Head, Section Clinical Trials, Paul Ehrlich Institute, Germany

Clinical Trials in the EU - Better Quality Standards
Fergus Sweeney, Head of Sector, Inspections, Compliance and Inspections, European Medicines Agency, EU

12:30 **Lunch Break**

14:00 **Session 2 - Part 2**

Italian Law on the Minimal Requirements for CRO Personnel – a case study
Fabrizio Gallicia, Senior GCP Inspector, AIFA, Italian Medicines Agency, Italy

Panel discussion with session speakers

15:00 **Coffee Break**

15:30 **Session 3**

INTERSECTION BETWEEN PHARMACEUTICAL/DEVICE INDUSTRY AND HEALTHCARE

Session Chairperson:
Peter Schulz, Vice President Global Safety, ii4sm, Switzerland

The scientific, economic, regulatory and reimbursement framework of the pharmaceutical industry is changing very rapidly, leading to the development of more specialised medicines in smaller populations, ultimately paving the way to personalised medicine. The associated development strategies need to take this change into account and drive a much closer collaboration between the pharmaceutical industry and the healthcare sector. This session evaluates the opportunities of this collaboration, the recent progress in the standards community and technologies that support the collaboration and looks at a case study of clinical development in the healthcare environment.

Clinical Development in a Healthcare Setting
Judith Kramer, Executive Director, The Clinical Trials Transformation Initiative (CTTI), USA

Enabling Technology and Standards
Charles Mead, Chief Technology Officer, National Cancer Institute (NCI), Center for Biomedical Informatics and Information Technology (CBIIT), USA

Presentation Title to be confirmed
Peter Schulz, Vice President Global Safety, ii4sm, Switzerland

Economic and Reimbursement Drivers for Pharma/Healthcare Collaboration
Rob Thwaites, Senior Executive Director - Europe, United BioSource Corporation, UK

Panel discussion with session speakers

17:30 **Reception**

The Drug Information Association (DIA) has been approved as an 'Authorized Provider' by the International Association for Continuing Education and Training (IACET), 8405 Greensboro Drive, Suite 800, McLean, VA 22102.

DIA is authorised by IACET to offer **1.2 CEUs** for this programme.

If you would like to receive a statement of credit, you must attend the programme, return your evaluation form and complete the online credit request process through My Transcript at www.diahome.org. Participants will be able to download a statement of credit upon successful submission of the credit request.

Disclosure Policy
It is Drug Information Association policy that all faculty participating in continuing education activities must disclose to the program audience (1) any real or apparent conflict(s) of interest related to the content of their presentation and (2) discussions of unlabelled or unapproved uses of drugs or medical devices. Faculty disclosures will be included in the course materials.

FRIDAY | FEBRUARY 5, 2010

08:30 **Welcome Coffee**

09:00 **Session 4**

FRAUD AND MISCONDUCT
Session Chairperson:
Jane Barrett, The Barrett Consultancy, UK

This session is currently in development

Overview of Research Fraud and Misconduct
Jane Barrett, The Barrett Consultancy, UK

Handling of Whistleblowers
Speaker invited

Investigation and Prosecution of Research Fraud
Speaker invited

Investigation of Research Fraud
Regulatory Agency representative invited

11:00 **Coffee Break**

11:30 **Session 5 – Part 1**

GLOBALISATION
Session Co-Chairs:
Brenton James, Strategic Consultant Regulatory Affairs in the European Union, UK
Janice M. Soreth, Europe/US FDA, Deputy Director, Liaison to European Medicines Agency

The Confidentiality Agreement between the European Commission, the European Medicines Agency and the US FDA is of major interest to stakeholders, and its current status will be discussed.
GMP inspections of Active Pharmaceutical Ingredients are taking place as part of a pilot project between EU, the TGA of Australia and the USA FDA. The Global Pharmaceutical Industry is conducting more and more clinical studies in the developing world and GCP Inspections for applications for Marketing Authorisations in the Centralised Procedure have increased. These topics will be presented and discussed in this session.

FDA/European Medicines Agency Confidentiality Agreement and Trans Atlantic Simplification Activities
Janice M. Soreth, Europe/US FDA, Deputy Director, Liaison to European Medicines Agency, EU

Clinical Trials in Third Countries
Fergus Sweeney, Head of Sector, Compliance and Inspections, European Medicines Agency

12:30 **Lunch Break**

13:30 **Session 5 – Part 2**

GLOBALISATION
Session Co-Chairs:
Brenton James, Strategic Consultant Regulatory Affairs in the European Union, UK
Janice M. Soreth, Europe/US FDA, Deputy Director, Liaison to European Medicines Agency

14:30 **Coffee Break**

15:00 **Session 6**

STANDARDISATION OF INVESTIGATIONAL SITE QUALIFICATION
Session Chairperson:
Norbert Clemens, Head Clinical Development, CRS Clinical Research Services Mannheim GmbH, Germany

Investigational Site Qualification in view of the EU Clinical Trial Directive is mainly focussed on investigator qualifications. Investigators should be able to critically evaluate study proposals, to conduct studies according to Good Clinical Practice (GCP), and to conclude and report valid data as rapid and safe as possible. The way to achieve this is through education and training, but on a global scale harmonisation is not yet completed. This session will present established trainings and will provide an investigator perspective.

APPI Qualification/Certification Trainings for Investigators
Greg Koski, The Academy of Pharmaceutical Physicians and Investigators (APPI) Past President, Partners, USA

eCLIN Qualification/Certification Trainings for Investigators
Jean-Paul Deslypere, CEPM chair IFAPP, SGS Testing & Control Services Singapore Pte. Ltd., Singapore

Investigator Perspective – Case Study
Bettina Bergtholdt, emovis GmbH, Germany

Panel discussion with session speakers

17:00 **End of Conference**

Hotel Information

The DIA has blocked a number of rooms at the:

Hilton London Canary Wharf Hotel
South Quay Marsh Wall
London E14 9SH
United Kingdom
www.hilton.co.uk/canarywharf
Tel: +44 (20) 3002 2300
Fax: +44 (20) 3002 2350

at the special rate of:
£159.00 per single standard room inclusive of English Breakfast, excluding VAT

Travel to the Hilton London Canary Wharf hotel, 15 minutes by taxi from London City Airport in the bustling commercial district. The hotel is within easy reach of Greenwich and the West End, on London's river taxi network. The nearest underground station is Canary Wharf on the Jubilee line or South Quay station on the Docklands Light Railway.

Please make your reservation online at:
http://www.hilton.com/en/hi/groups/personalized/LONCWHI-ADIA-20100201/index.jhtml

Important:
Please complete your reservations by January 5, 2010. A credit card is required to guarantee your reservation.

Cancellation Policy:
Free cancellation can be made up to 16.00 PM (UK time) on the day of arrival. The full accommodation will be charged when cancellations are received after this deadline or in case of no show.

REGISTRATION FORM

Joint DIA/IFAPP Pharmaceutical Policy Forum (including 11th IFAPP European Conference)

February 4-5, 2010 - Hotel Hilton London Canary Wharf, London, UK

ID# 10102

If DIA cannot verify your membership upon receipt of registration form, you will be charged the non-member fee.

Early-Bird rates available for Members: Deadline on or before December 23, 2009

Join DIA now to qualify for the early-bird member fee! To qualify for the early-bird discount, registration form and accompanying payment must be received by the date above. **Does not apply to government/academia/non-profit members**

Early-Bird Fee (on or before December 23, 2009)	FEE
Join DIA now to qualify for the Early-Bird Rate	€ 115.00 ❑
Early-Bird Industry (DIA and IFAPP)	€ 1'000.00 ❑

Category	Member Fee (after December 23, 2009) FEE
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Government (Full-Time)	€ 600.00 ❑

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Category	Non-Member Fee FEE
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Charitable/Non-profit/Academia (Full-Time)	€ 1'015.00 ❑
Government (Full-Time)	€ 715.00 ❑

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TOTAL AMOUNT DUE: € _____ **NOTE:** Payment due 30 days after registration and must be paid in full by commencement of the event

STUDENT RATES AND GROUP DISCOUNTS ARE AVAILABLE! PLEASE CONTACT DIA FOR MORE INFORMATION. 10102DIAWEB

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Payments must be net of all charges and bank charges must be borne by the payer.

Persons under 18 are not allowed to attend DIA meetings.

CANCELLATION POLICY

All cancellations must be in writing and received at the DIA office by 17:00 CET on January 27, 2010

Cancellations received by the date above are subject to an administrative fee:
Full Meeting Cancellation: Industry (Member/non-member) = € 200.00 Government/Academia/Non-profit (Member/non-member) = € 100.00. Tutorial cancellation: € 50.00. Registrants who do not cancel by the date above and do not attend, will be responsible for the full registration fee. Registrants are responsible for cancelling their own hotel reservations. DIA reserves the right to alter the venue and dates if necessary. If an event is cancelled DIA is not responsible for airfare, hotel or other costs incurred by registrants.

Transfer Policy

You may transfer your registration to a colleague prior to the start of the event but membership is not transferable. Substitute registrants will be responsible for the non-member fee, if applicable. Please notify the DIA office of any such substitutions as soon as possible.

IMPORTANT: **Hotel and travel reservations should be made ONLY after receipt of written registration confirmation from DIA. If you have not received your confirmation within five working days, please contact DIA.**

HOW TO REGISTER

The DIA Customer Services Team will be pleased to assist you with your registration. Please call us on +41 61 225 51 51 from Monday to Friday between 08:00 and 17:00 CET.

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