Welcome to the 6th Annual Meeting of ISMPP

Delivering Value and Driving Advocacy in Medical Publications

April 19-21, 2010

ISMPP International Society for Medical Publication Professionals

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Transparency:
Promoting meaningful disclosure

David Verbraska
Pfizer
IFPMA: Member of Regulatory Policy Committee

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Topics

"Meaningful Transparency" - What we do and why it is important

1. What, When: Information Disclosure
2. How: User Friendly
3. More Transparency to Come….

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Disclaimer

The following presentation and opinions expressed by the presenter do not necessarily reflect the views of

Pfizer Inc. or IFPMA

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Evolving Expectations on "Transparency"
Ready, fire, aim?

Global Regulatory Authorities

Resource Constraints

Legislative Oversight

Physicians/ Providers

Pharmaceutical Industry

Science/Academia

Patients

Health Policy Makers

Media

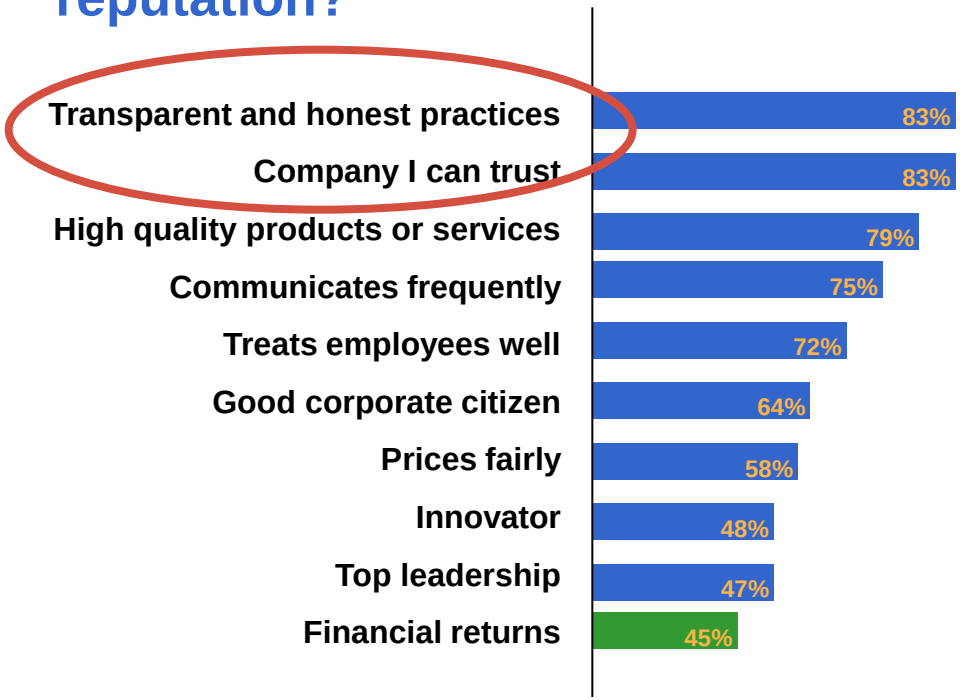
Corporate Reputation
"Transparency & honesty" matter most

What shapes your trust in a company?

U.S. 2006

How important are these factors to corporate reputation?

U.S. 2010



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Goal of Transparency
Key Focus on Impact

To provide meaningful information and insight that enables patients to have informed conversations with their physicians about health care treatment options.

- Benefits:
  - Empowered decision-making
  - Confidence in the system and medicines
- Meaningful disclosure is an ethical obligation.

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“Meaningful” Transparency

1. Useful information to decision-making
2. User Friendly

- Information, yes.

- But information needs <u>context</u>
  - Not communicating just to communicate

- <u>Meaningful Information requires</u>:
  - Public and available
  - Aggregated, organized, searchable
  - Consistency of data
  - Audience understanding

- **Is more always better?**

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Know your Audience

Who are you publishing to and how will they use your information

Audiences

- Patients
- Healthcare providers
- Academic researchers
- Journal editors
- Third party payers
- Lawyers
- Industry competitors

Uses

- Guide/inform treatment decisions at physician and patient levels
- By editors when reviewing manuscripts
- By industry to inform clinical programs
- Re-analyze individual study data
- To conduct meta-analyses and reviews

Credit:
Andrew Freeman
GSK

Words of caution?

- *"It's about knowledge but what we have is bureaucracy."*
  - Senior European Regulator
- *"Transparency is a means to an end, not an end to itself."*
  - Executive at global health care company

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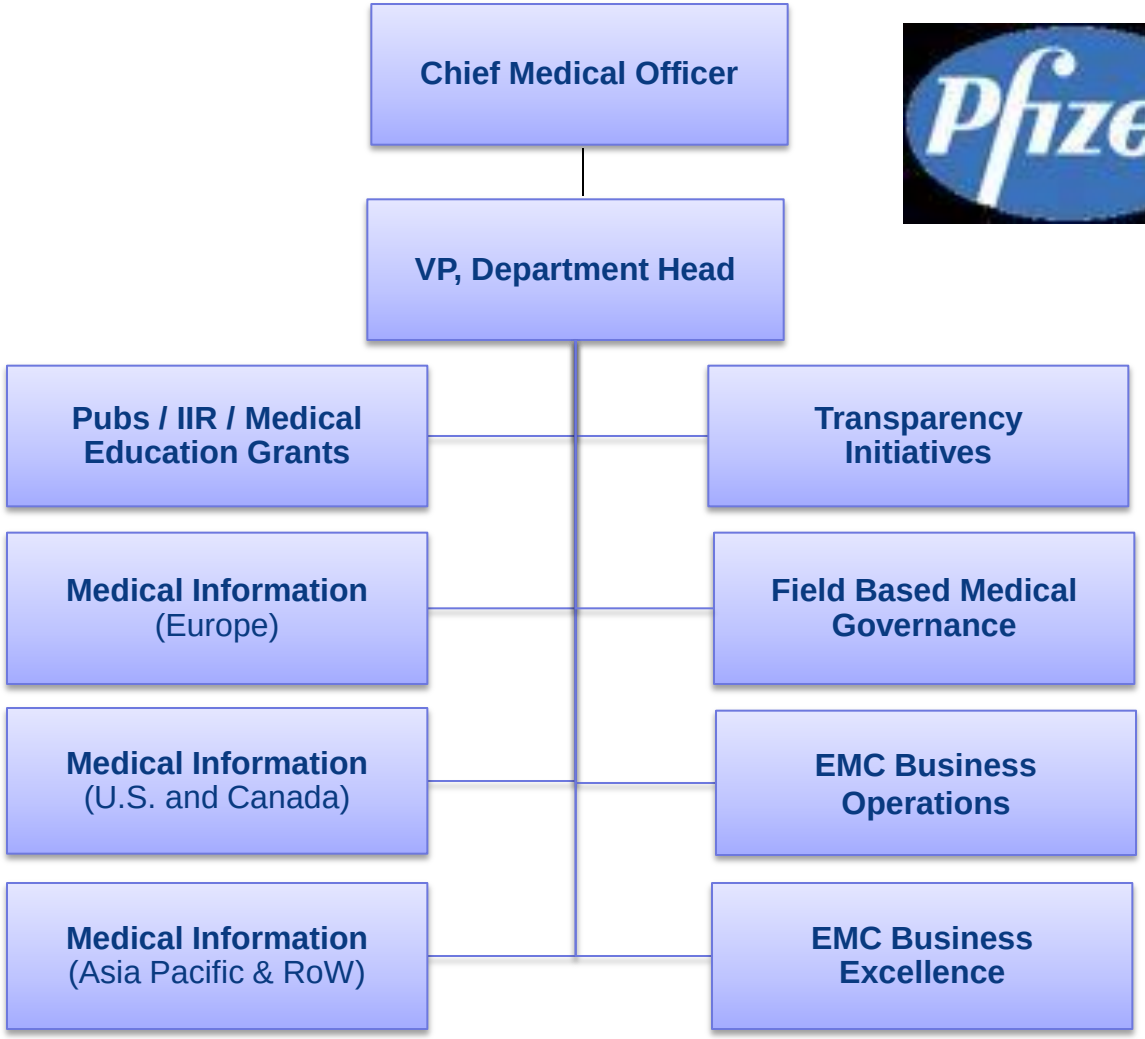
External Medical Communications Team

"Timely, accurate, fair balanced"



Meaningful Disclosure
Providing Information

Industry has done a lot;

but there is more to do

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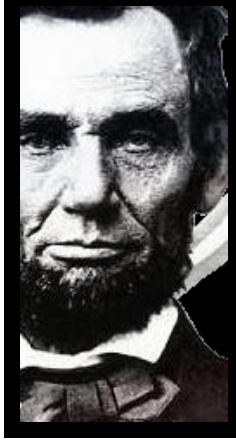
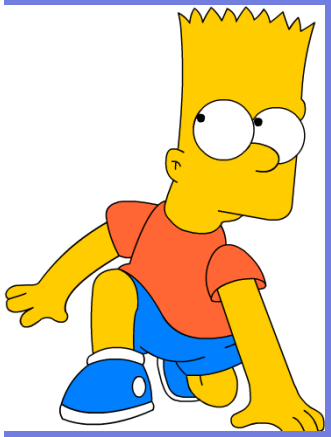
Where Are We Now
Misaligned Expectations?

"You cannot escape the responsibility tomorrow by avoiding it today"



Abraham Lincoln

"I didn't do it. No one saw me do it. No one can prove anything"



Bart Simpson

Credit:
Moira Daniels AZ

My Brother-in-Law – the doctor

- Medical institution heavily involved with pharmaceutical industry
- Reasonably skeptical
- Should be among the most informed and confident

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Clinical Trials – What to Disclose
Industry Joint Position (revised Nov 2009)

PhRMA New Medicines. New Hope. | IFPMA International Federation of Pharmaceutical Manufacturers & Associations | efpia | JPMA

- **Minimum: All clinical trials in patients**
- Maintain protections for privacy, intellectual property and contract rights

Registry

- No later than 21 days after initiation of patient enrollment
- Unique identifier – transparency and avoid multiple postings
- Include Minimum Trial Registration Data Set (WHO May 2006)

Results

- Plus failed development studies if significant medical importance
- No less than one year after approval
- Cite the article if published; if not published use ICH E-3 summary format

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Protocol registration

- Early work by ICMJE, WHO and others
- Enables studies to be tracked to publication
- Enables review of submitted manuscripts against the protocol summary
- Helps reduce duplication
- Provides opportunities for participation

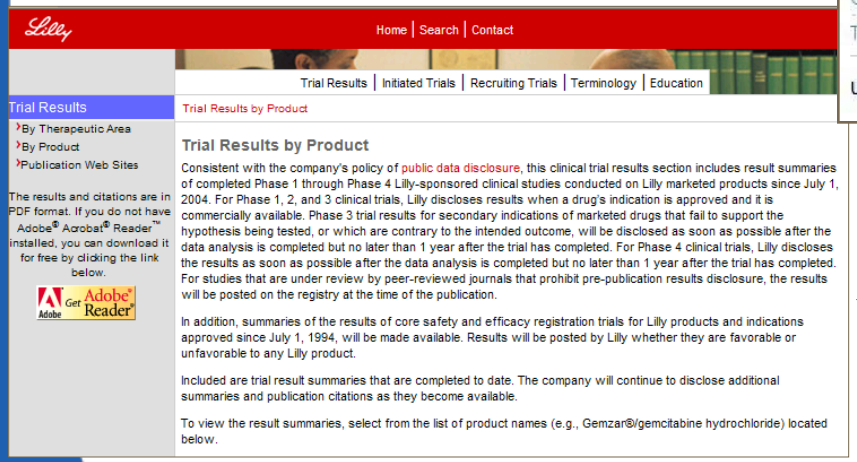
Is this clinical trial fully registered? A statement from the International Committee of Medical Journal Editors

Credit:
Andrew Freeman
GSK

Results registration

- Pioneered by industry
- Results in the public domain irrespective of outcome and whether or not studies are accepted for publication

GSK Clinical Study Register
Launched October 2004



Lilly Clinical Trials
Launched December 2004

Credit:
Andrew Freeman
GSK

What Does it Look Like?

The study listed may include approved and non-approved uses, formulations or treatment regimens. The results reported in any single study may not reflect the overall results obtained on studies of a product. Before prescribing any product mentioned in this Register, healthcare professionals should consult prescribing information for the product approved in their country.

Study No.: USA30206

Title: A randomised, double-blind, parallel group, multi-centre study comparing the safety and efficacy of a remifentanil and propofol regimen versus a fentanyl and propofol regimen, including an investigation of the pharmacokinetics of remifentanil and remifentanil acid, in Intensive Care Unit patients requiring analgesia and sedation in association with short-term mechanical ventilation.

Rationale: It was proposed that a remifentanil-based treatment regimen could offer advantages over a standard analgesia and sedation regimen for subjects in the Intensive Care Unit (ICU).

Phase: III

Study Period: 12 July 1999 to 19 June 2000

Study Design: A randomised, double-blind, parallel group study. There were 3 phases: open-label randomised pilot phase; open-label practice phase; and randomised double-blind phase.

Centres: 21 centres in 5 countries (Germany [8], Spain [4], United Kingdom [4], Belgium [4] and The Netherlands [1]).

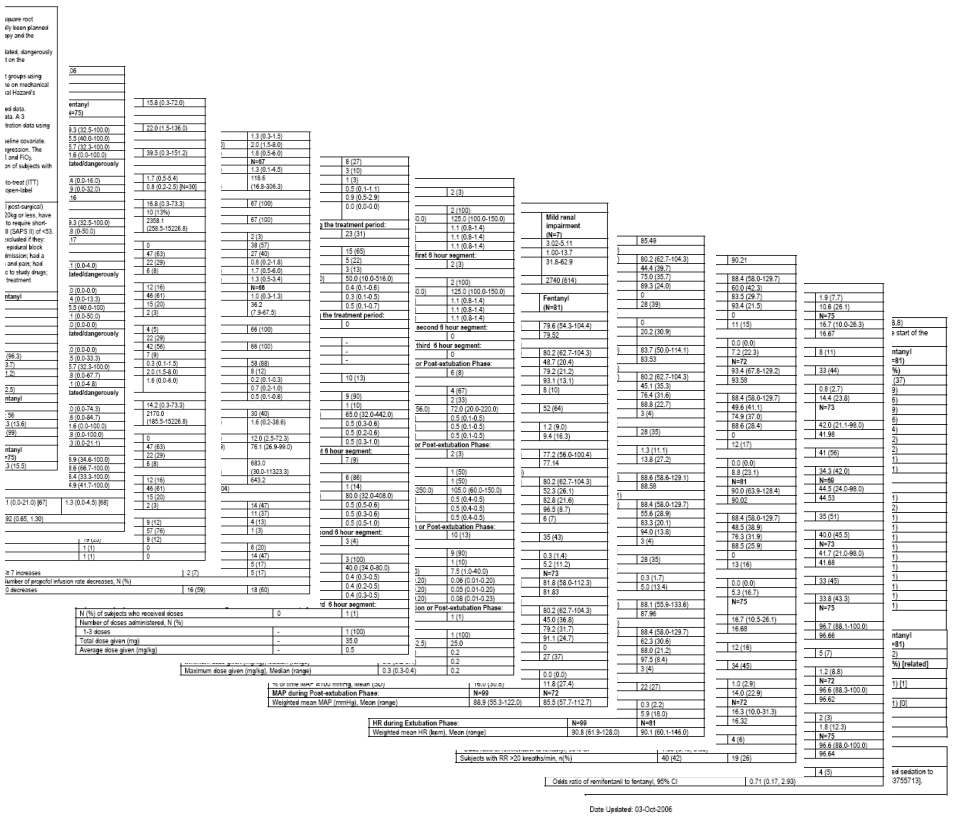
Indication: Analgesia and sedation in critically ill patients

Treatment: For all subjects the study was divided into 4 periods:
Screening: from ICU entry until starting study drug intravenous infusion
Treatment: from starting until stopping study drug opioid infusion (maximum of 72 hours treatment and 1 hour weaning). During the maintenance phase (from starting study drug until starting extubation), subjects in the double-blind phase received study drug at a starting infusion rate of 6mL/h (remifentanil 9microg/kg/h [0.15microg/kg/min], fentanyl 1.5microg/kg/h [0.025microg/kg/min]), which was titrated using a pre-defined algorithm to a target Sedation Agitation Scale (SAS) score of 4 (subject was calm and co-operative) with no or mild pain. If and when the opioid infusion rate reached 8mL/h (remifentanil 12microg/kg/h, fentanyl 2microg/kg/h), any requirement for additional sedation was provided by a bolus dose of propofol (up to 0.5mg/kg) and the initiation of a propofol infusion at a starting rate of 0.5mg/kg/h. During the extubation phase (from starting the extubation process until subjects was extubated), propofol infusion was stopped and study drug infusion was reduced to 4mL/h over a period of up to 1 hour. Open-label sedation (propofol) and analgesia (fentanyl) were used. Post-extubation, study drug was reduced by 25% of the rate at the start of extubation and then by 25% decrements at 20 minute intervals. Open-label sedation (propofol) and analgesia (fentanyl) were used.
Post-treatment: from stopping study drug until 24 hours later, ICU discharge, or death which ever occurred first.
Follow-up: from 24 hours after stopping study drug until ICU discharge, end of Day 7 after entering the ICU or death, whichever came first.

Objectives: to compare the effectiveness of the remifentanil and propofol regimen with the fentanyl and propofol regimen in terms of the level of sedation provided and the doses of opioid and propofol required; to compare the adverse event (AE) and haemodynamic profile of the 2 treatment regimens; and to examine the pharmacokinetic (PK) profile of remifentanil and remifentanil acid in subjects with normal renal function and mild renal impairment.

Primary Outcome/Efficacy Variable: The between-subject variability around the mean percentage of hours of optimal sedation (defined as a SAS score of 4), evaluated from the start of study drug infusion until either start of extubation or 72 hours after the start of study drug infusion (whichever came first).

Secondary Outcome/Efficacy Variable(s): Mean percentage of hours subjects were optimally sedated (SAS=4), inadequately sedated (SAS=5, 6 or 7), excessively sedated (SAS=1,2 or 3), dangerously agitated (SAS=7) or unrousable (SAS=1); mean percentage of hours with no/mild pain during the treatment and post-treatment periods; time between start of extubation and actual extubation; total time on mechanical ventilation within the treatment period; time between extubation and ICU discharge; time from start of the study until ICU discharge. Other secondary efficacy endpoints were: weighted mean infusion rates of remifentanil, fentanyl, and propofol; total exposure to study opioid and propofol including frequency of opioid infusion rate changes and propofol infusion rate changes (from starting the opioid infusion until it was discontinued); incidence of supplementary open-label propofol and fentanyl bolus doses administered for stimulating procedures during the Treatment Period; incidence of open-label propofol and fentanyl bolus doses administered for rescue treatment during the Maintenance Phase; incidence of supplementary open-label propofol, fentanyl, morphine and bupivacaine bolus doses administered for analgesia/sedation during the Extubation and Post-Extubation Phases. PK secondary endpoints included remifentanil and remifentanil acid blood concentrations. Safety endpoints were: haemodynamic parameters during and after treatment (mean arterial pressure [MAP] and heart rate [HR]); respiratory function (post-extubation only- respiratory rate [RR], fractional inspired oxygen concentration [FiO2] and peripheral oxygen saturation [SpO2]), incidence of adverse events.



Credit:
Andrew Freeman
GSK

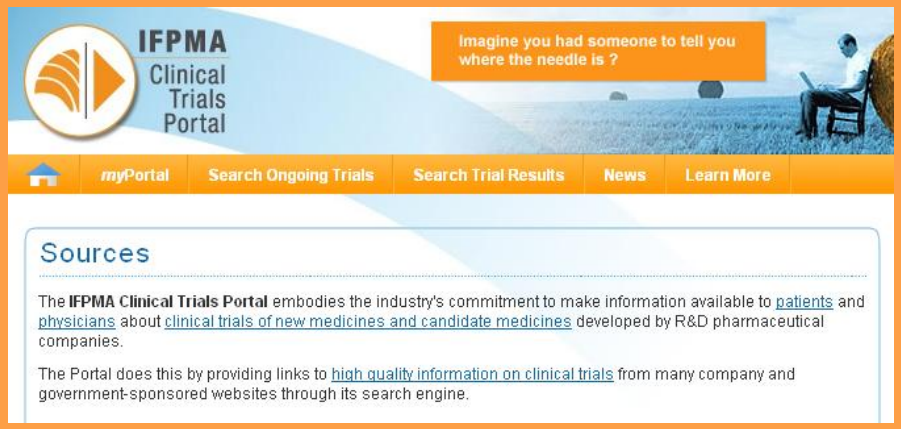
Clinical Trials – Where to Disclose
"Central sources and Portals"

US central sources:

ClinicalStudyResults.org

ClinicalTrials.gov
A service of the U.S. National Institutes of Health

International Portals:



World Health Organization
INTERNATIONAL CLINICAL TRIALS REGISTRY PLATFORM SEARCH PORTAL

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Clinical Trials – Where to Disclose
National Registries (Mar.10)

Mandatory transparency requirements are in place (or soon will be) for the following countries. Most have (or will have) their own registry:

- ✓Argentina
- ✓Brazil
- ✓Croatia
- ✓Czech Republic
- ✓Europe
- ✓France*
- ✓India
- ✓Iran
- ✓Israel
- ✓Italy
- ✓Malaysia
- ✓Netherlands
- ✓Norway
- ✓Peru
- ✓South Africa
- ✓Spain
- ✓Chinese Taipei
- ✓United States
- ✓Turkey

*** Includes mandatory results posting**

Voluntary registration is in place or pending in additional countries

- ✓Africa
  - •Pan African Registry
- ✓Australia
- ✓Canada
- ✓Chile
- ✓China
- ✓Cuba
- ✓Germany
- ✓Hong Kong
- ✓Japan
- ✓Latin America
- ✓New Zealand
- ✓Sri Lanka
- ✓Chinese Taipei PMS
- ✓UK

Credit:
Jacqueline Sayers,
Roche

Pfizer Publication Policy

- Supports ICMJE guidelines on authorship
- Requires
  - Recognition of medical writers in the publication
    - author (if meet criteria)
    - acknowledgement
  - Medical writers work under the direction of the authors
  - Disclosure of funding source(s)
    - study, writing support, other support
  - Disclosure of potential conflicts of interest

Pfizer marketing colleagues are not involved in preparation, planning or content development of publications

Pfizer Medical Education Grants

Pfizer Changes Its Funding of Continuing Medical Education in the U.S.

Support to Focus on Academic Medical Centers, Hospitals, Associations and Medical Societies

Eliminated Direct Support for Commercial CME Providers

- In 2008, eliminated direct funding support for CME programs by for profit (commercial) providers, including medical edication and communication companies (MECCs)
- In 2009 implemented a quarterly competitive grant review process to encourage more innovative, high-quality grant applications and align with resource availability throughout the year by way of a periodic rather than continuous review
- Require all major grant applicants to meet criteria equivalent to ACCME's highest level of accreditation
- In addition, Pfizer will continue to publicly report all CME grants provided in the U.S. at www.pfizer.com along with grants and charitable contributions made by Pfizer to US patient, scientific and medical organizations and healthcare related support to civic organizations

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Pfizer Physician Disclosure

Disclose payments *to*:

- **All practicing healthcare professionals who can prescribe medicines (includes physicians, NPs, PAs)**
- **Major institutions for ongoing clinical trials (before July 1, 2009)**
- **All principal investigators and other entities for Phase I-IV clinical trials sponsored by Pfizer beginning after July 1, 2009**

Disclose payments *for*:

- **Clinical development and commercial consulting**
- **Promotional speaking**
- **Phase I-IV clinical trials**
- **Investigator-initiated research**
- **Educational items**
- **Meals and business-related travel**

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Pfizer Physician Disclosure

2009 Data (Starting July 1st) Posted March 2010

- Annual report if the **recipient receives ≥$500** in aggregate
- Include **meals or business-related travel expenses ≥$25**

2010 Data (full year) Posted March 2011

- **No threshold** of $500 or de minimus of $25

2011 Data will be posted quarterly starting June

The New York Times

April 1, 2010

Senator Charles Grassley: "*It's a real milestone for the transparency campaign to have one of the biggest drug makers in the world respond with an initiative like this.*"

The New York Times

April 12, 2010

Data on Fees to Doctors Is Called Hard to Parse

By DUFF WILSON

Pfizer *recently became the latest big drug maker to start disclosing payments to doctors who act as consultants or speakers. But many followers of the pharmaceutical industry are still finding it far too difficult to follow the money.*

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Meaningful Disclosure
User Friendly

Need to ensure that information is accessible and understandable to the specifics of audiences

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My Mother – the patient

- Relatively well informed but seeks more information on medication, treatments
- Lots of sources – more is not necessarily better for her
- Should be better empowered with aggregated sources and perspective

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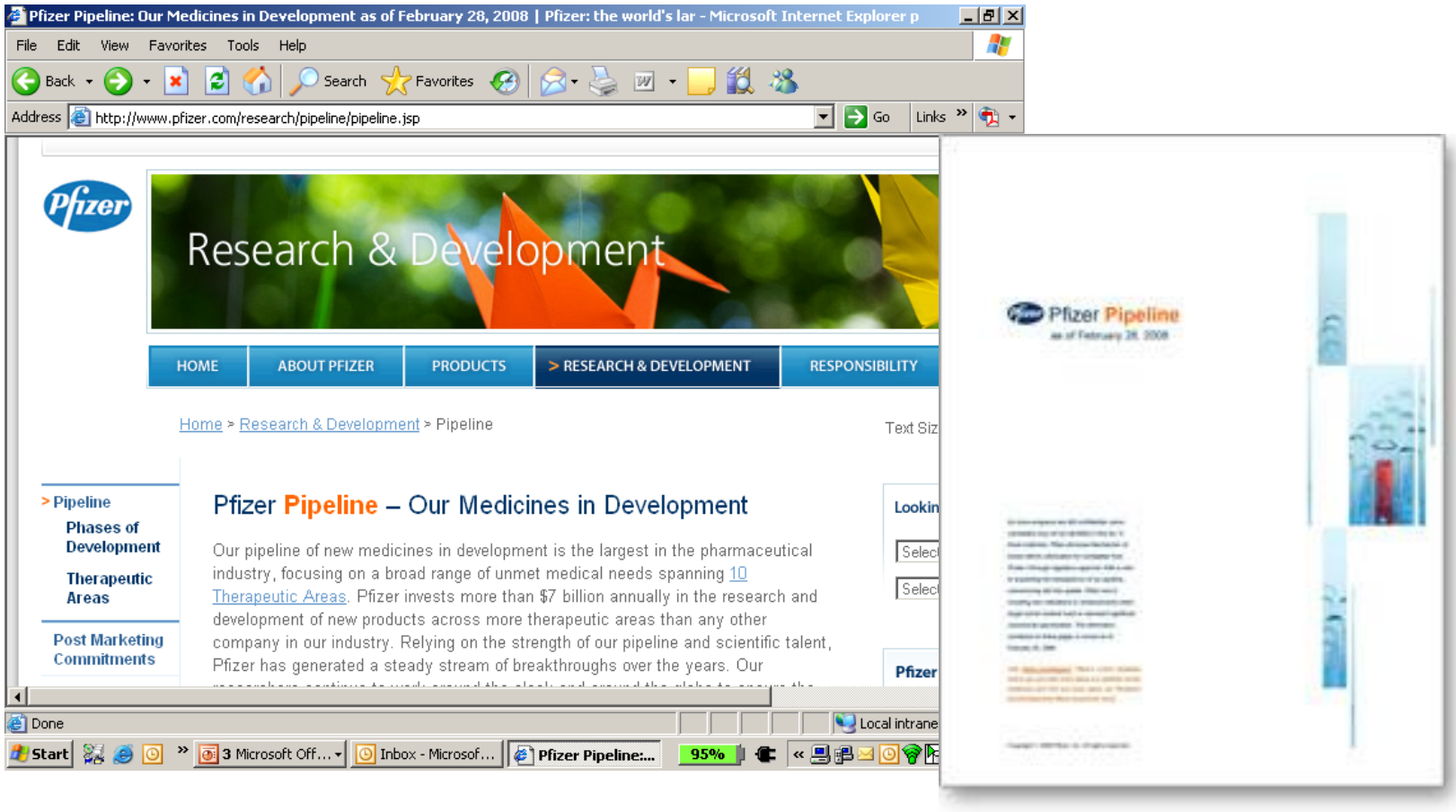
Pfizer Pipeline Transparency



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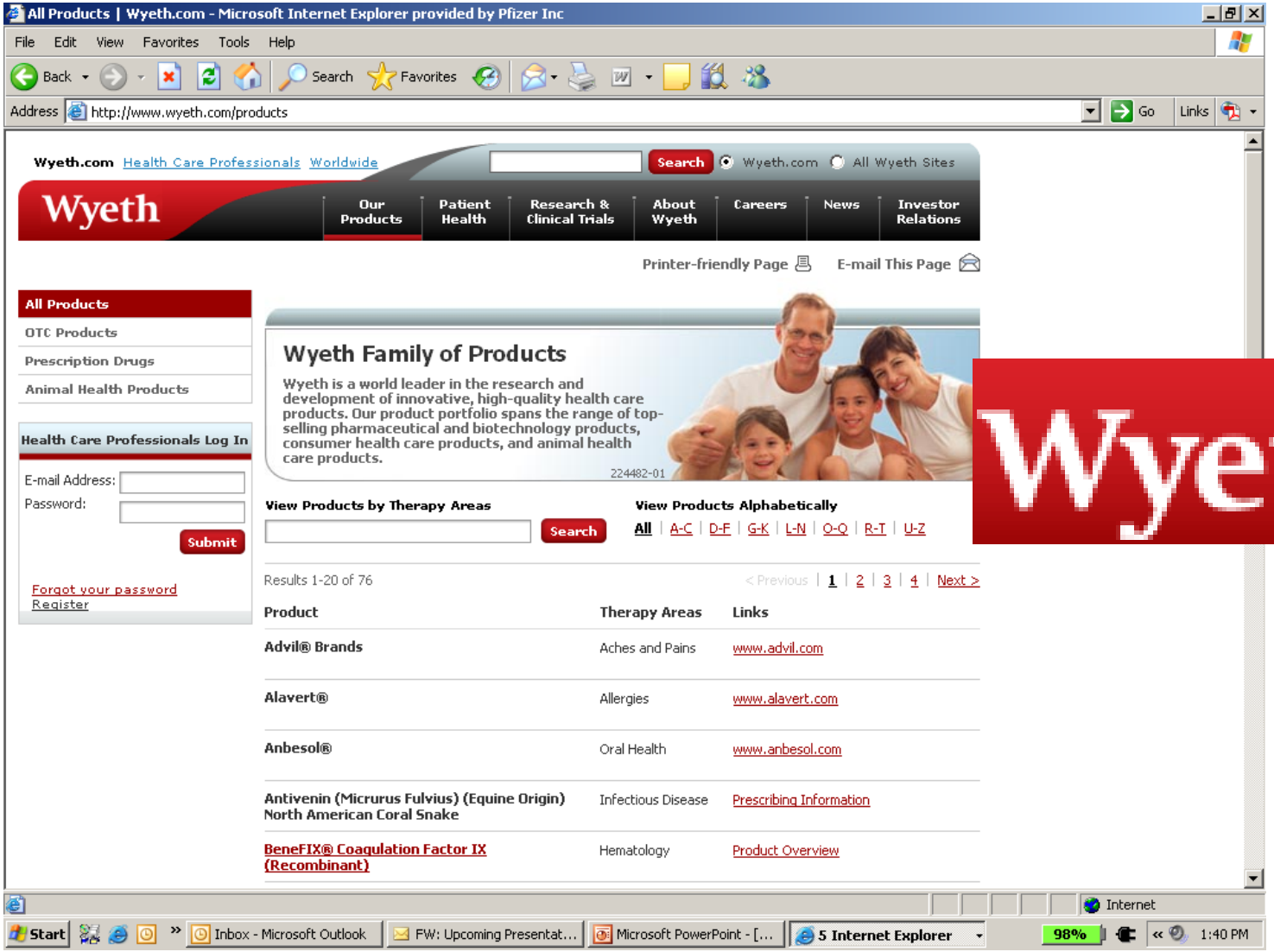
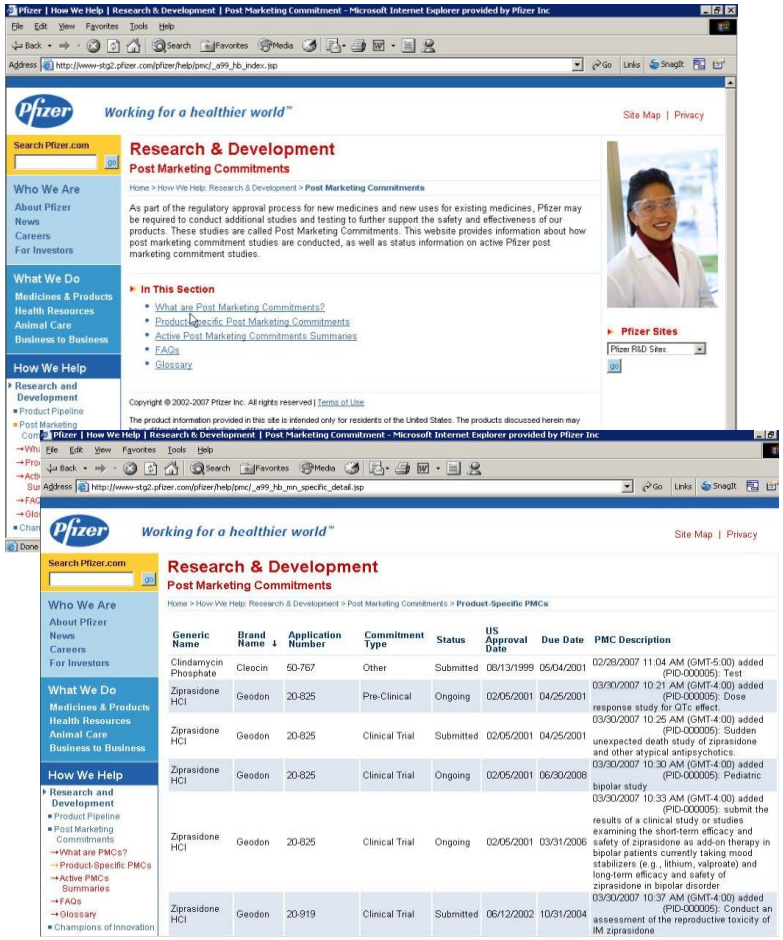
Product Labels / Med Guides



Pfizer US Post Marketing Commitments 2007

- **More timely US PMC information**
  - Pfizer site updates weekly
- **More complete US PMC information**
  - Additional PMCs unreported by FDA
  - Information on revised and renegotiated PMCs
- **Easier to use**
  - User-friendly design for lay public
  - Clarifies redundant, multiple records
- **Greater context for public**
  - Provides educational material such as study types, status definitions, study development process, glossary, FAQs

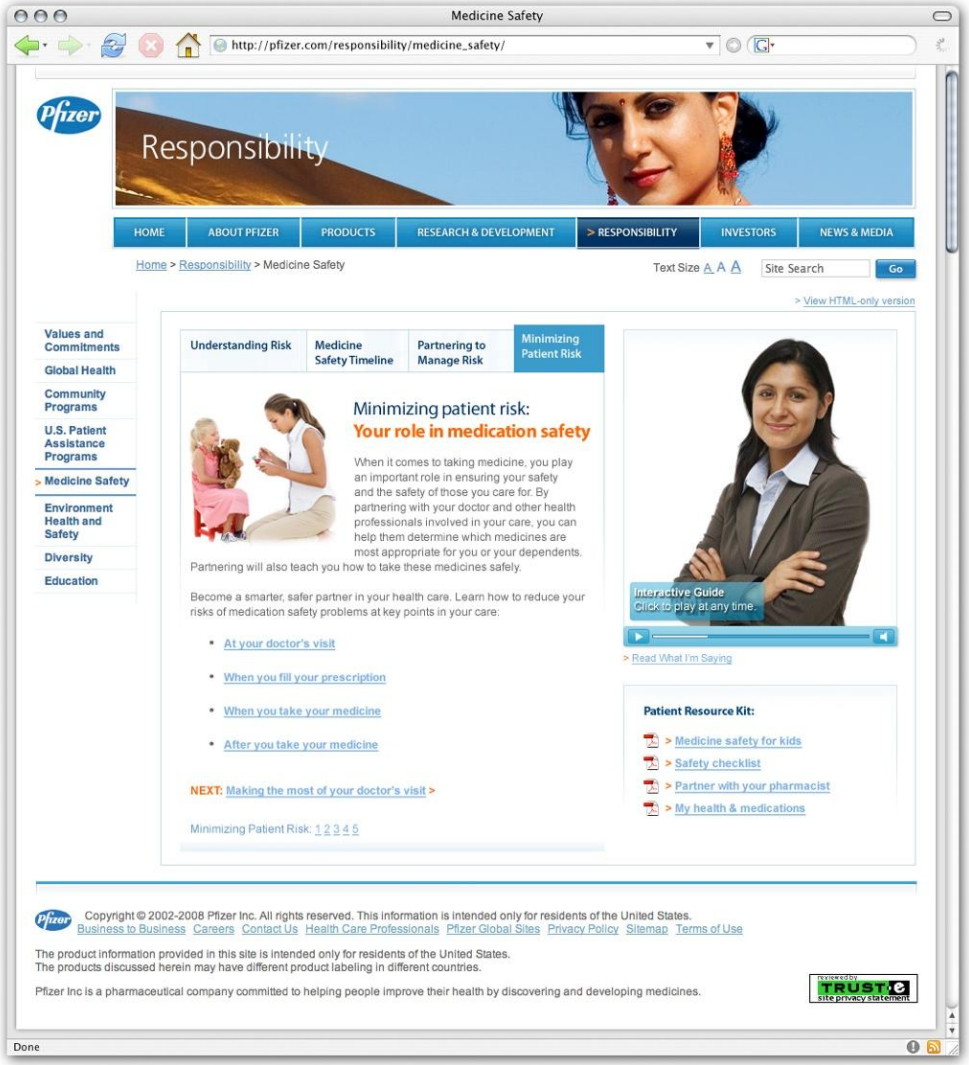


European PMCs
Feb 2010

Policy Disclosure

Advocating For and Disclosing Policies to Public

Pfizer Safety Portal



Designed to provide broader public insight and information on medicine risk, benefit-risk balance

- Drug safety in R&D process
- Taking Medicines Responsibly
  - At your doctor's visit
  - After your prescription is filled
- Risk Perception
- Resources

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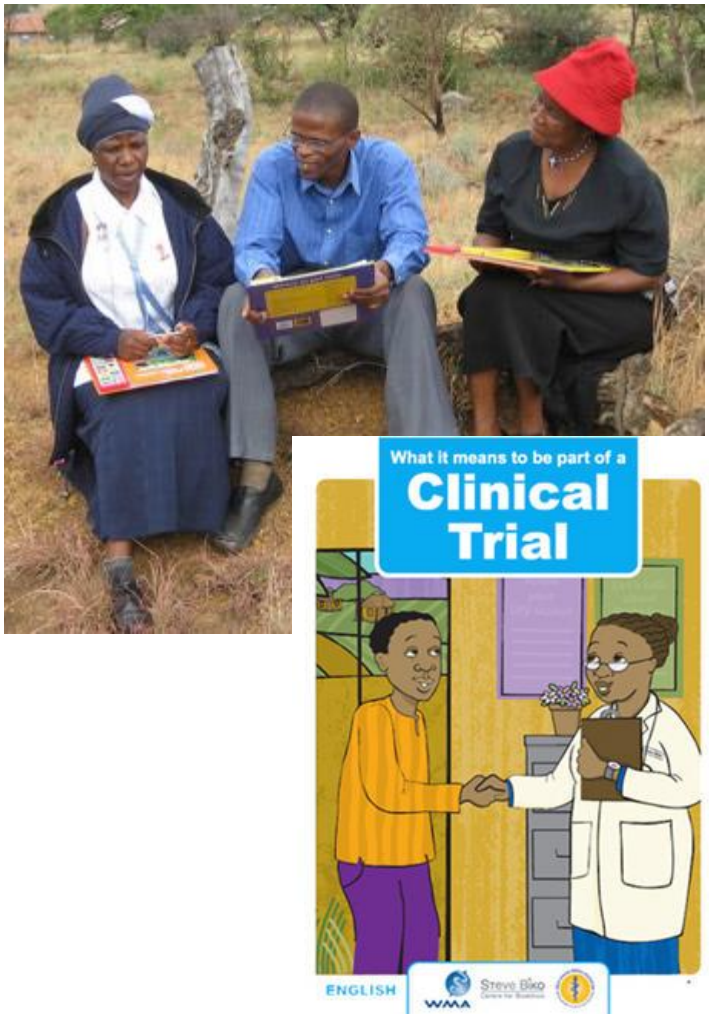
Trial Participant Education



"Speaking Books"

Lower literacy audiences

Content includes:

- CT Objectives
- Patient Rights and Role

Partners include:

- WMA
- Steve Biko Centre
- South Africa

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User Friendly Case Study
IFPMA's Trial Portal

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IFPMA in brief

- **IFPMA** – International Federation of Pharmaceutical Manufacturers & Associations

- **Non-profit**, non-governmental organization founded in 1968, representing **over 45 national and regional industry associations** and **25 R&D companies**

Advocates policies that encourage discovery of and access to life saving and life enhancing new medicines to improve the health of patients everywhere

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R&D Industry Commitment to Transparency

Commitment #1	Commitment #2
Industry will make information about all ongoing trials in patients publicly available	Industry will also post summary results of all completed trials in patient after drug approval

A WORLD'S FIRST	September 2005

Creation of the FIRST global clinical trials portal

To facilitate access to worldwide online CT information sponsored by R&D based pharmaceutical companies.

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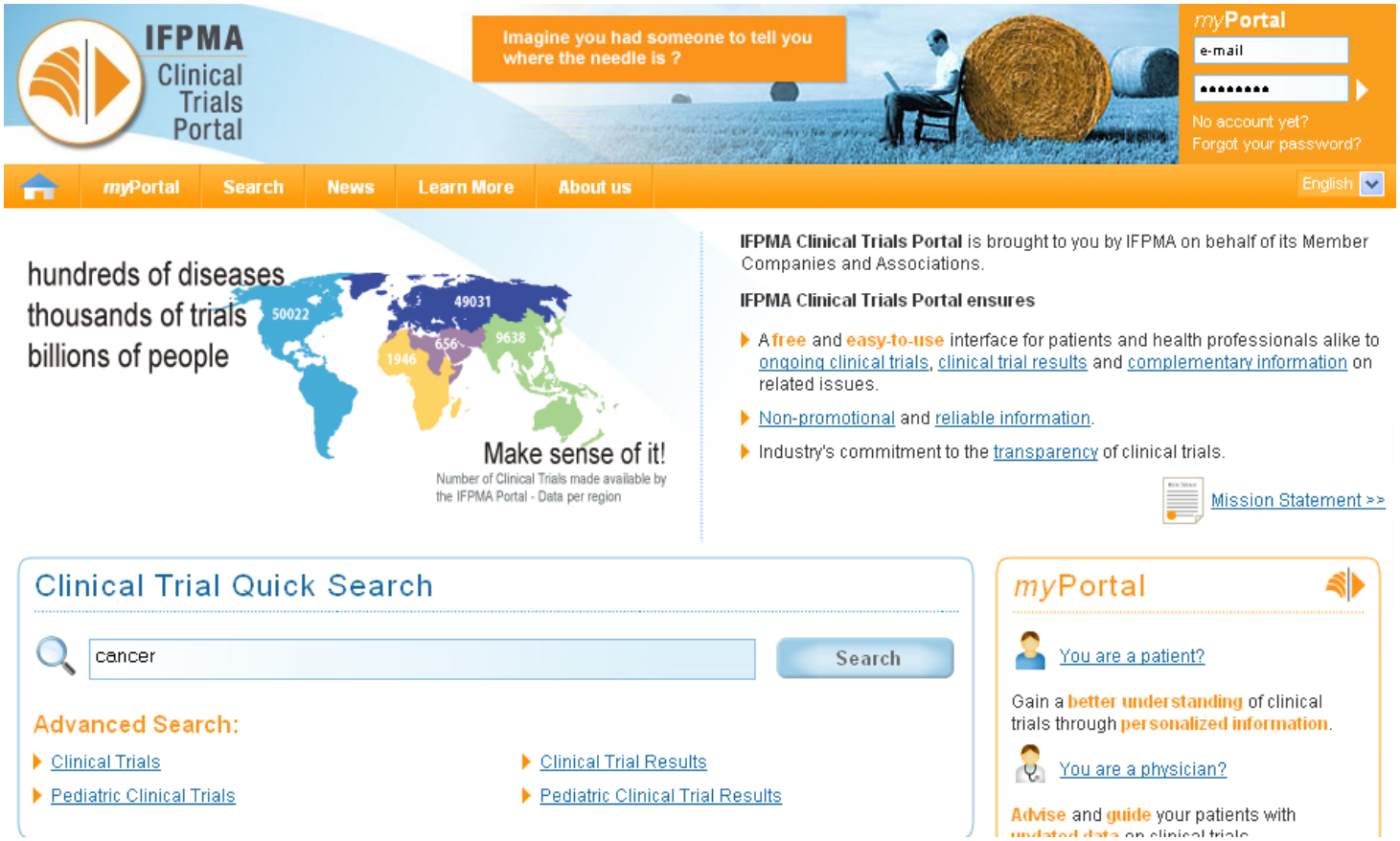
Access Clinical Trials Information



No need to visit 10 different websites to find non-promotional and reliable information on clinical trials.

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Sources

The Portal provides links to clinical trials conducted by R&D industry posted on company/industry association websites and government websites listed below.

Government websites

ClinicalTrials.gov

Current Controlled Trials

Company & Industry association websites

AstraZeneca

Bayer

Bristol-Myers Squibb

Boehringer Ingelheim

ESTEVE

gsk GlaxoSmithKline

Menarini

NOVARTIS

PURDUE

Roche

JAPIC

PhRMA

Pfizer

ClinicalStudyResults.org

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IFPMA Portal in numbers

- The IFPMA Portal features **trials from 160+ countries** (Nov 09)

Number of Clinical Trials made available by the IFPMA Portal - Data per region

Region of the Americas
64205

European Region
56260

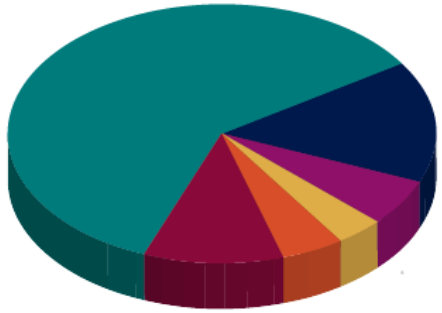
South-East Asia and Western Pacific Region
10350

African Region
1986

Eastern Mediterranean Region
694

Number of results of completed clinical trials made available by the IFPMA Portal - Data per condition

Total: 8'750



Cancer
11%

Cardiovascular diseases
5%

HIV/AIDS
3%

Diabetes
6%

Neurological disorders and mental health
15%

Other
60%

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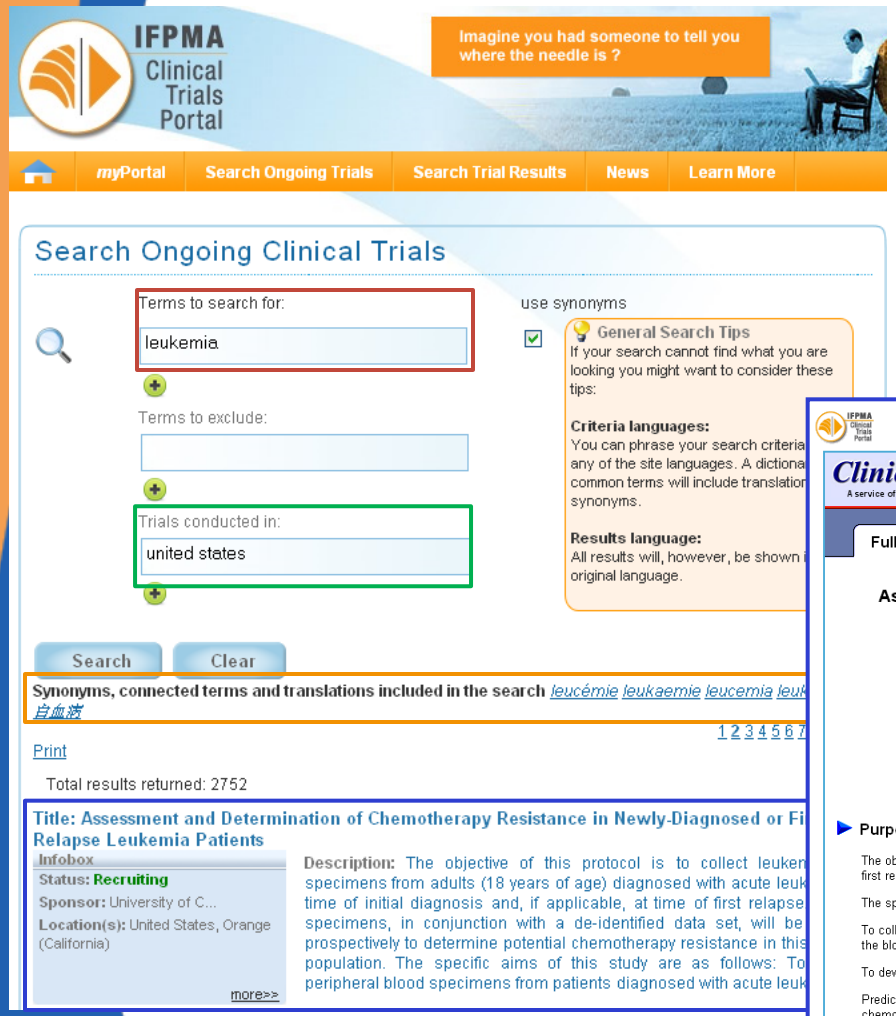
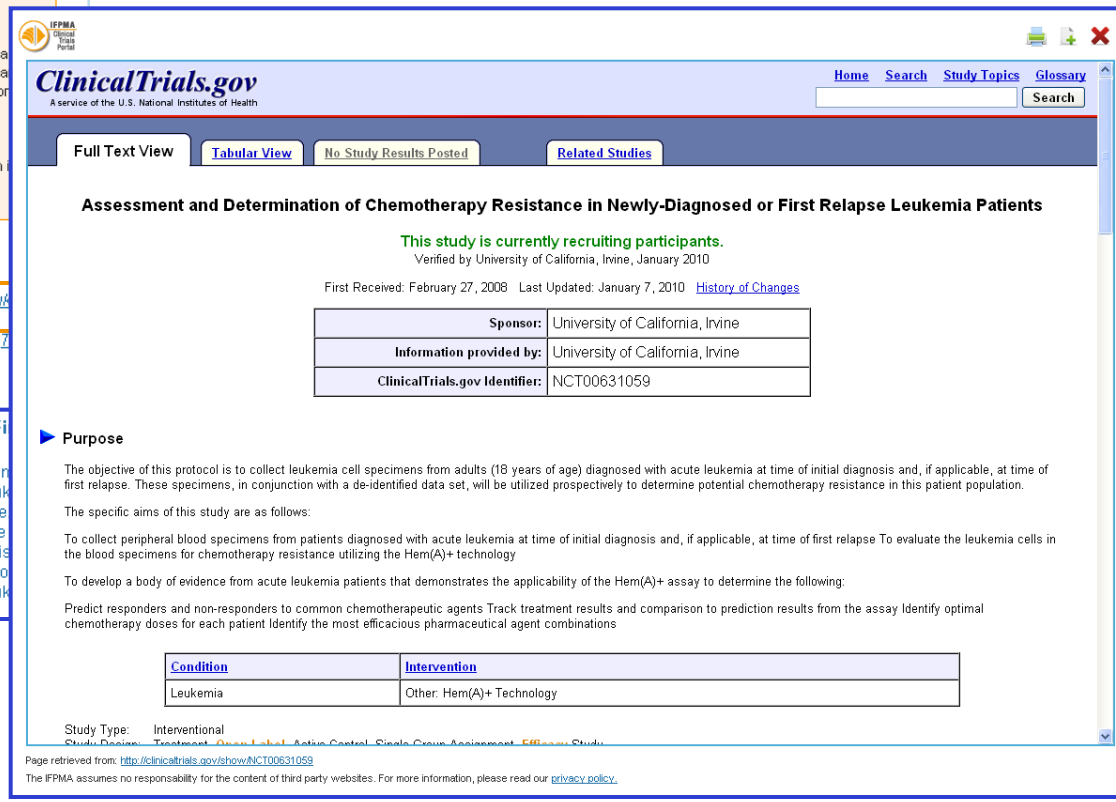
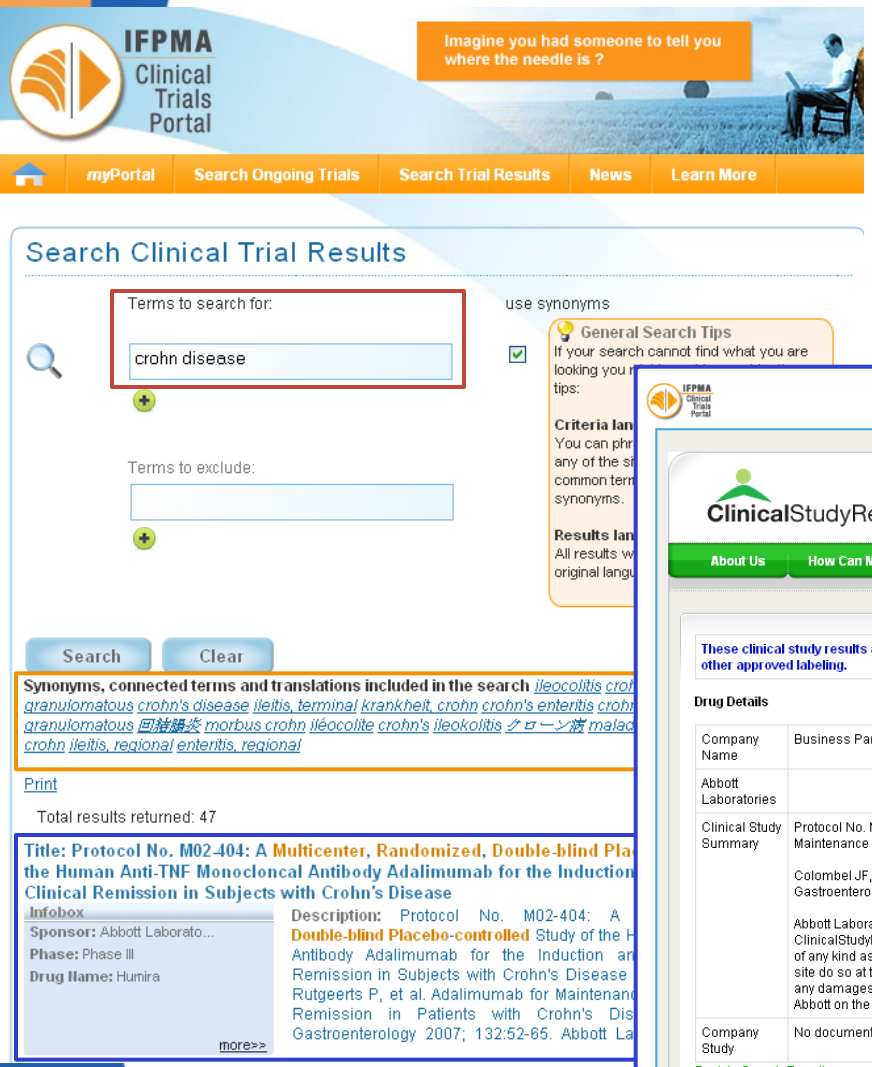
Find information on ongoing / completed clinical trials



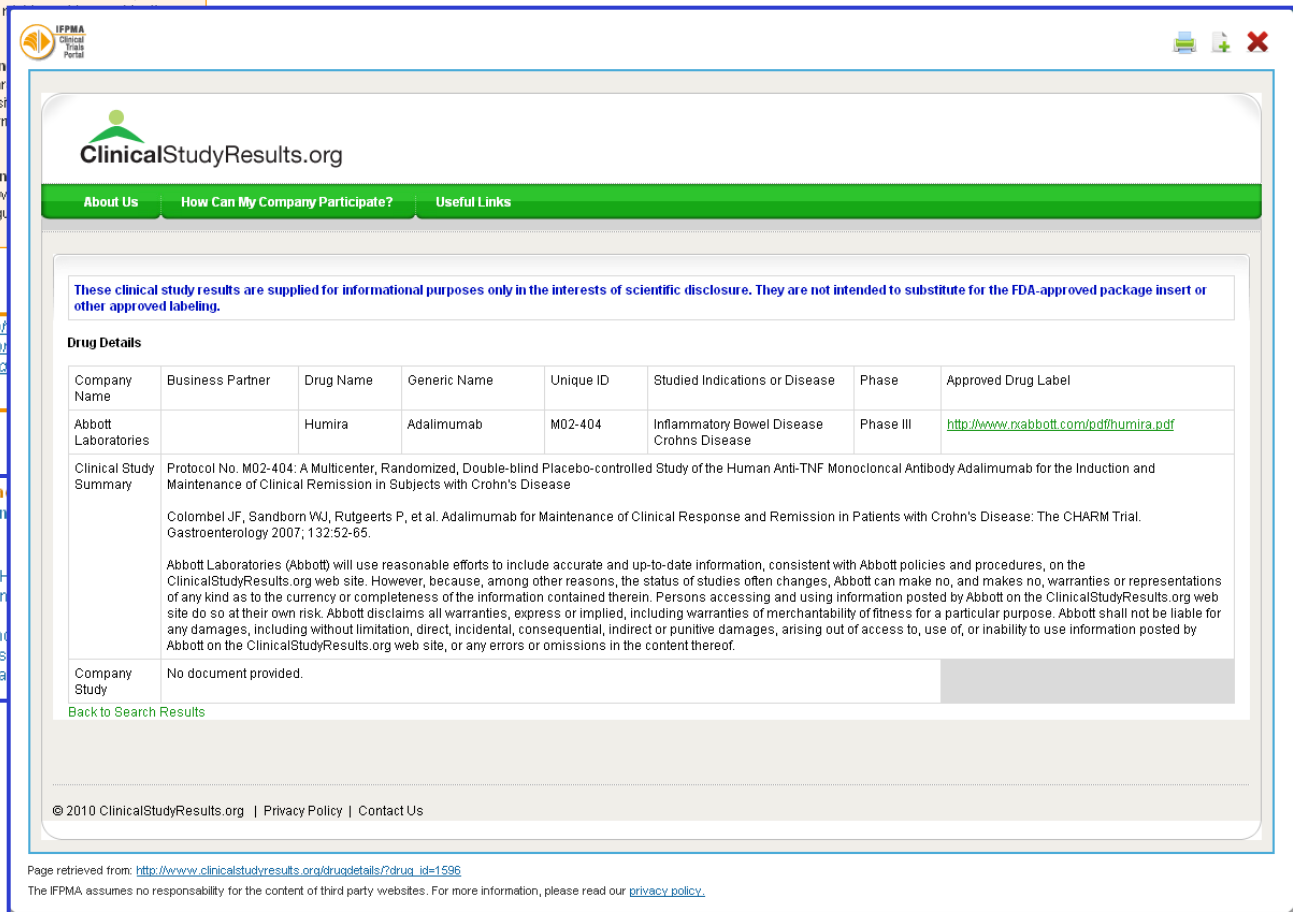
- Search by Medical Condition or Drug Name
- Search a particular country or city
- Search integrates synonyms, connected terms and translations



Find information on clinical trial results



- Search by Medical Condition or Drug Name
- Search integrates synonyms, connected terms and translations



Access to the Portal in 6 languages

Enter your search Criteria in:

- English
- French
- German
- Japanese
- Spanish
- Swedish via Fass.se website

More language soon

No dictionary needed: the same unique tool is available in your native language.

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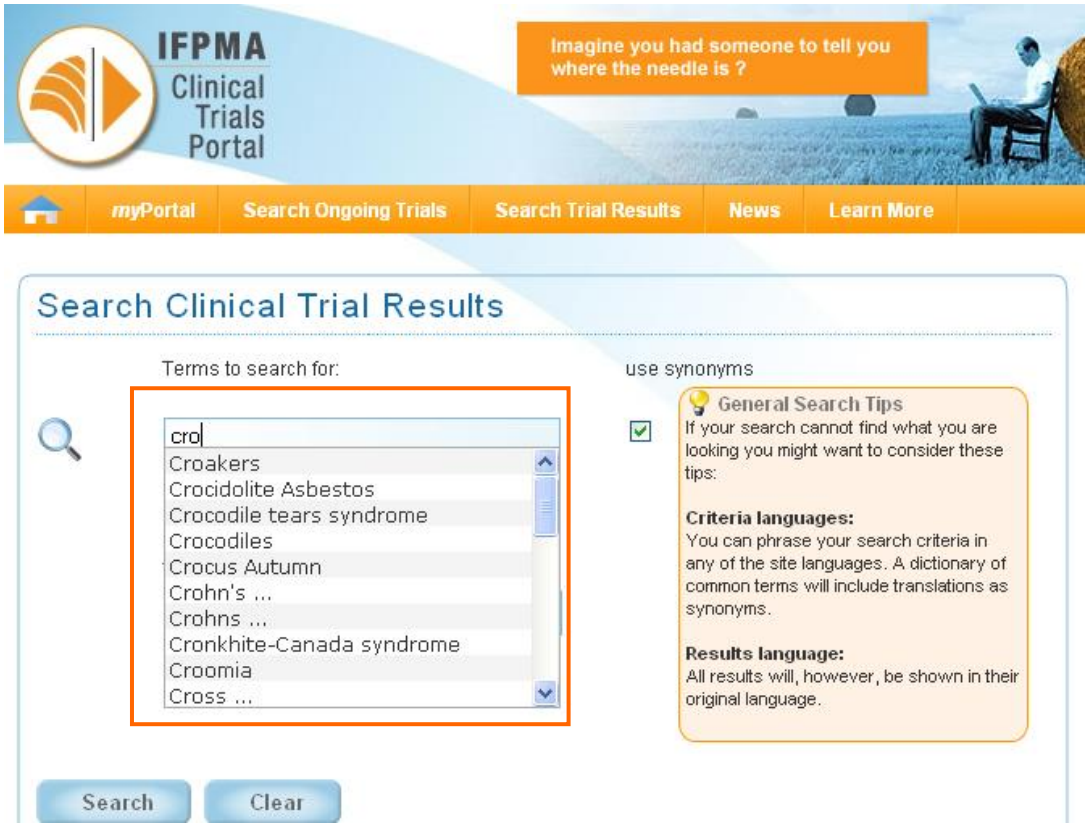
Spelling suggestions



Not sure of the spelling? The Portal will suggest names for disease or medicines specified.

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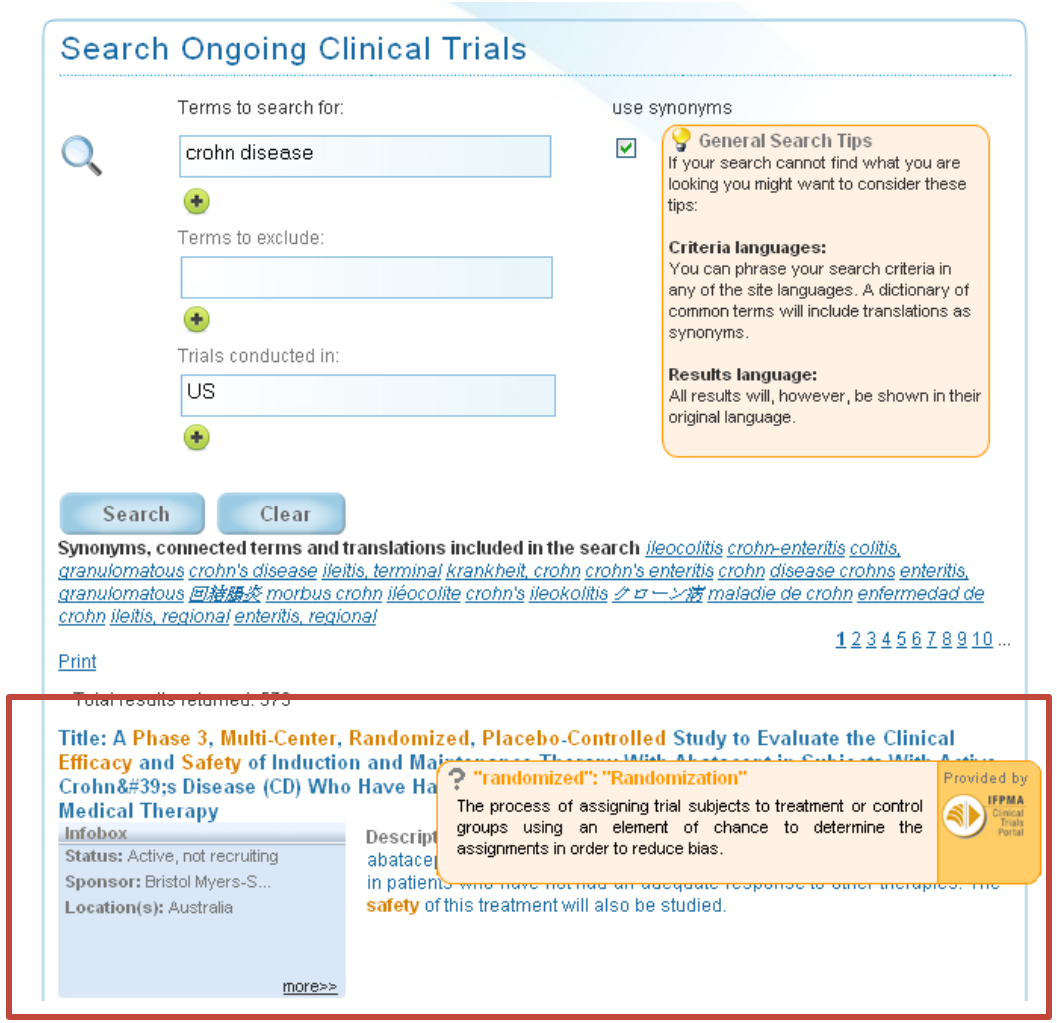
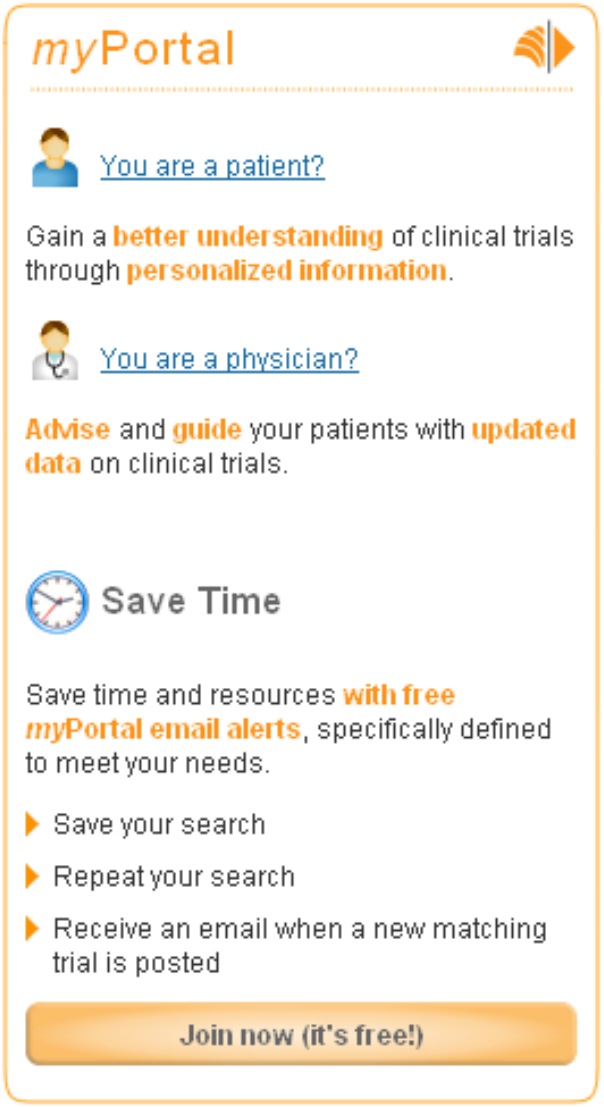
Easy-to-understand explanations



Complicated trial postings are suddenly much easier to understand!

Make Portal yours



- Save your search and receive an email each time a clinical trial is posted in the medical catergory your are interested in.
- You let us do the work and spend less time searching for trials!

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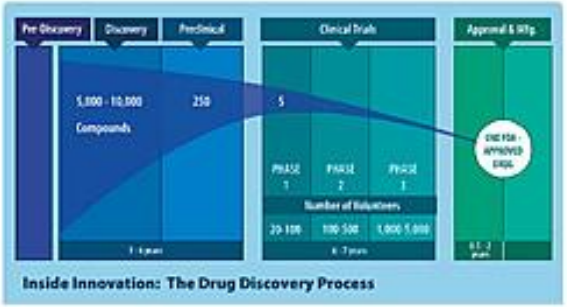
Learn more about Clinical Trials

Helping you understand the Drug Development Process

Understand the drug development process through an easy-to-use interactive module by innovation.org.



Inside Innovation: The Drug Discovery Process

FAQs

IFPMA provides access to on-going clinical trials and results of completed clinical trials. Use the navigation to get answers to questions you may have.

Printer Friendly Format

1. IFPMA CLINICAL TRIALS PORTAL

Q: Why is the pharmaceutical industry developing a portal for searching information on clinical trials?
Q: What information can I find by use of the portal?
Q: How does the portal work?
Q: How can I print out my search results?

2. CLINICAL TRIALS

Q: What is a clinical trial?
Q: Why participate in a clinical trial?
Q: Where do the ideas for trials come from?
Q: Who sponsors clinical trials and where are they conducted?
Q: What is a protocol?
Q: What is a placebo?
Q: What is a control or control group?
Q: What are the different types of clinical trials?
Q: What are the phases of clinical trials?

Understand the drug development process and find answers to frequently asked questions about trials in general or focusing on child-specific needs.

Contact us

Please visit our website to find out more:

www.ifpma.org/clinicaltrials

Contact person: Laetitia Bigger, IFPMA
Email: L.Bigger@ifpma.org

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What's Next
More Transparency to Come

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It's an Evolutionary Journey

2002	POLITICAL CONTRIBUTIONS TRIAL REGISTRATION on clinicaltrials.gov
2004	TRIAL RESULTS on clinicalstudyresults.org.
2006	PIPELINE
2007	U.S. POST MARKETING COMMITMENTS on pfizer.com
2008	GRANTS AND CHARITABLE CONTRIBUTIONS MEDICINE SAFETY WEBSITE EXPANDED TRIAL RESULTS REGISTRATION
2010	EU Post Marketing Commitments HCP payment information on Pfizer.com
	Pilots underway

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Questions for the Future

- “Whose data is it?”
- “What additional categories of meaningful information should be disclosed?”
- “Where does public need to know end and intellectual property begin?”
- “When is the optimal time for disclosure?”

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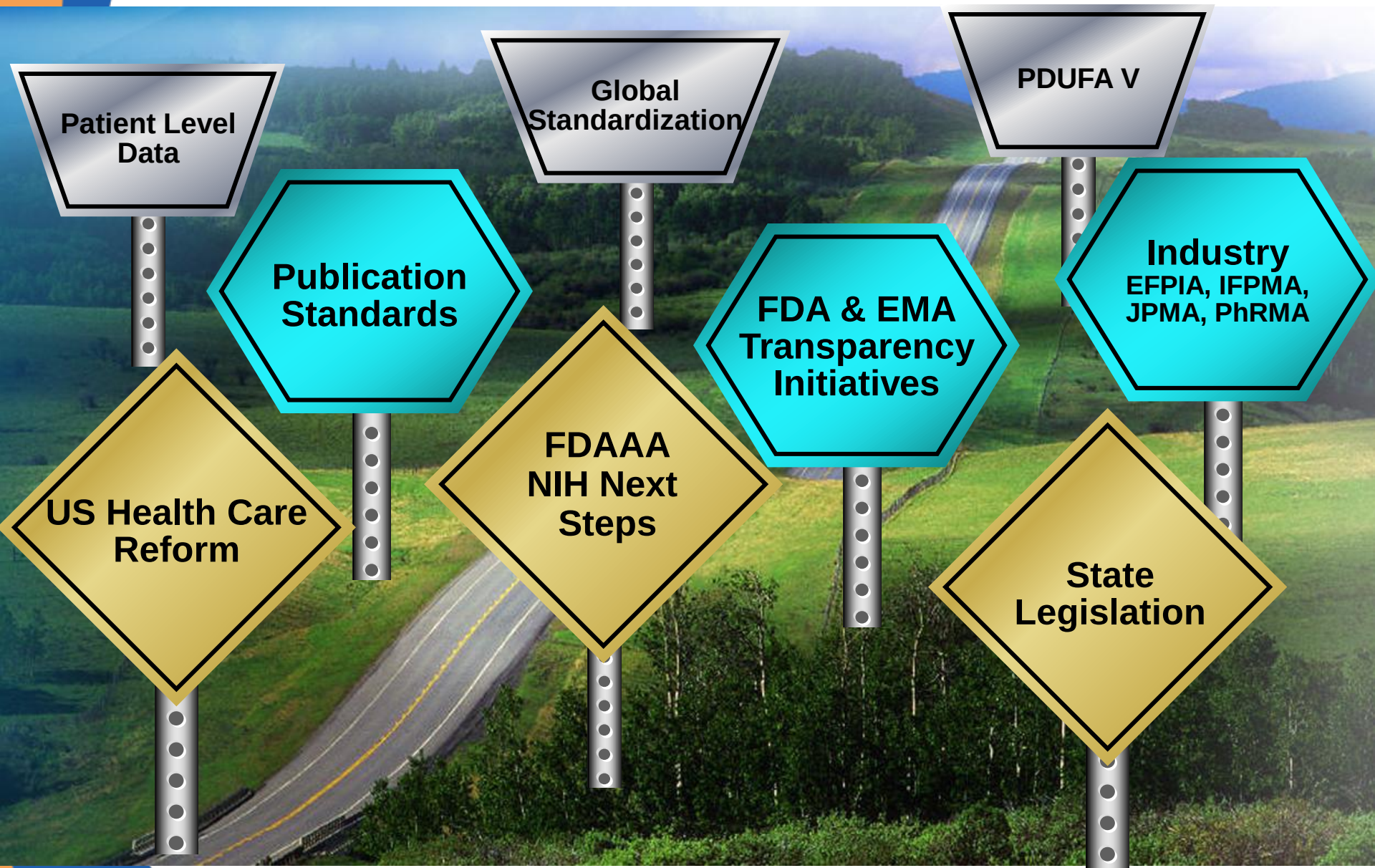
Initiatives / Issues



Change will continue, it's inevitable…and good…

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"The patient is waiting"

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