



LEERINK SWANN

The Healthcare Investment Bank™

Medical Publishing Insights and Practices Initiative

ISMPP Annual Meeting Presentation



April 22nd, 2009

About this Presentation

- This presentation, prepared for the 2009 ISMPP Annual Meeting, summarizes the activities to date of the Medical Publishing Insights and Practices (MPIP) initiative
- The work of the MPIP initiative has been supported by Leerink Swann, an independent consulting firm, from August, 2008, to April, 2009, and the contents of this presentation are valid as of April 22nd, 2009
- The research phase of this work (August – December, 2008) has been conducted under the stewardship of the MPIP Steering Committee, comprised of representatives from Amgen, AstraZeneca, Bristol-Myers Squibb, GlaxoSmithKline, Pfizer and ISMPP
- For more information about this presentation, please contact members of the Leerink Swann team:
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Outline

MPIP Goals, Structure and 2008 Activities

MPIP Plans for 2009

The Medical Publishing Insights and Practices initiative is a multi-company project to explore how pharma could develop more effective relationships with journals.

Objectives

- **Understand issues and challenges** facing medical journals in publishing pharma-sponsored manuscripts
- **Identify potential solutions** to increase transparency and trust by promoting more effective partnerships between sponsors and journals
- **Build pharma collaborations** to catalyze future activities to improve pharma-journal relations

In the long term, this initiative seeks to lay the groundwork for future dialogue and action involving both industries.

Research Phase (2008)

- Identify key issues from journals' perspective
- Gather journals' ideas for potential solutions to outstanding problems
- Promote open communication between journals and the pharma industry

Execution Phase (2009 →)

- Bring together journals and pharma to identify issues of common concern
- Jointly develop and execute solutions to key issues
- Establish broad collaboration aimed at advancing biomedical publishing

In 2008, we endeavored to gain insights from journal editors and publishers about the publication of pharma-sponsored research in an open, transparent forum.

Organization

- Guided by a Steering Committee of 5 pharma sponsors plus International Society for Medical Publication Professionals (ISMPP)
- Conducted by an independent strategy consulting group (Leerink Swann) to ensure open feedback



Participants

- Targeted editors and publishers of 88 generalist and specialty journals
 - Wide range of therapeutic areas
 - U.S. and E.U. representation
- Successfully recruited over two dozen participants

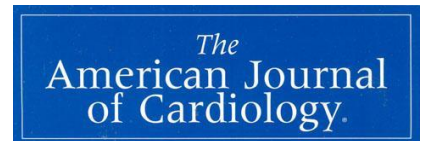
Format

- Combination of interviews and facilitated group discussions
 - Six roundtable forums to promote open dialogue and brainstorming, in both U.S. and E.U.
 - Supplemental one-on-one interviews
- All results anonymized from sponsors

MPIP Goals, Structure and 2008 Activities

MPIP Participants

Initiative participants included senior editors and publishers from a wide range of generalist and specialty journals, therapeutic areas and geographies.



Clinical
Infectious
Diseases



Clinical
Cancer Research



The Journal of Infectious Diseases

PHARMACOTHERAPY

Journal editors and publishers spoke candidly on many issues, and engaged in robust discussions of potential solutions.

Representative Insights from Editors and Publishers

"We need less room for subjective interpretation and more universal guidelines for conflict of interest."

"Some doctors can't write. Professional help can be useful if properly disclosed."

"It's a waste of effort to turn uninteresting results into a full paper."

Key Takeaways

- Research collected individual opinions of editors and publishers
- Aggregate results reflect prevailing views expressed over course of discussion
- Most issues not "black and white"
- Findings do not imply endorsement by journals or sponsors

Editors and publishers identified four areas of interest that present opportunities for collaboration and advancement of common goals.

Publication of Results

For perceived transparency, must all trials be published in traditional journals?

- No – reserve full manuscripts in traditional peer-reviewed journals for highest-impact results
- Explore alternate venues for lower-impact results

Publication of Raw Data

Should raw data be made publicly available, and if so, how?

- No consensus on specifics
- Journals recognize raw data could aid transparency, but many consider it problematic due to potential misinterpretation and misuse

Finances and Authorship

What more can be done to facilitate transparent disclosure?

- Journals recognize they have not standardized disclosure process
- Increased direct, proactive disclosure by pharma would be welcome

Authors' Access to Data

How can pharma enhance the credibility of industry-sponsored studies?

- Ensure that at least one author/investigator has access to full data set

Discussed in detail on following slides

Disclosure of results from all clinical trials would increase editors' perception of pharma's transparency and is a noble goal, but implementation challenges exist.

Rationale for Disclosure of Results of All Trials

- Important to have “clear line of sight” from trial registration to study outcome
- “Less interesting” results may still be scientifically and clinically important

Complicating Factors

- Editorial resource needs
- Competitive intelligence concerns, particularly around early-stage compounds
- Potential lack of appropriate publication venues

There are potential solutions to these issues, however, stemming from editors' recognition that some results are more important than others.

Participants' Views of Need for Detailed Annotation

Low Impact

- Safety (Phase 1) trials
- Confirmatory trials

Medium Impact

- Clinically relevant negative findings
- Weakly positive, but suggestive, results
- Positive results with less clinical relevance

High Impact

- Conclusive, important positive results

Although editors believe the highest-impact efficacy studies should appear in traditional journals, they suggested several possible venues for other results.

Form of Publication

Low Impact

- **Format:** Tables with some description
- Linked to clinicaltrials.gov and/or indexed in PubMed
- Full papers “overkill” for most low-impact work
- **Venues:** Clinicaltrials.gov, published abstracts

Table 3. Prevalence and Co-occurrence of Hypertension, Dyslipidemia, and Diabetes by Sex and Age*

Age (yr)	Male (%)	Female (%)
45-54	46.3 (22.5)	48.8 (22.5)
55-64	52.2 (24.6)	56.0 (25.0)
65-74	53.9 (25.1)	59.0 (26.0)
75-84	53.9 (25.1)	59.0 (26.0)
85-94	53.9 (25.1)	59.0 (26.0)
95-104	53.9 (25.1)	59.0 (26.0)
105-114	53.9 (25.1)	59.0 (26.0)
115-124	53.9 (25.1)	59.0 (26.0)
125-134	53.9 (25.1)	59.0 (26.0)
135-144	53.9 (25.1)	59.0 (26.0)
145-154	53.9 (25.1)	59.0 (26.0)
155-164	53.9 (25.1)	59.0 (26.0)
165-174	53.9 (25.1)	59.0 (26.0)
175-184	53.9 (25.1)	59.0 (26.0)
185-194	53.9 (25.1)	59.0 (26.0)
195-204	53.9 (25.1)	59.0 (26.0)
205-214	53.9 (25.1)	59.0 (26.0)
215-224	53.9 (25.1)	59.0 (26.0)
225-234	53.9 (25.1)	59.0 (26.0)
235-244	53.9 (25.1)	59.0 (26.0)
245-254	53.9 (25.1)	59.0 (26.0)
255-264	53.9 (25.1)	59.0 (26.0)
265-274	53.9 (25.1)	59.0 (26.0)
275-284	53.9 (25.1)	59.0 (26.0)
285-294	53.9 (25.1)	59.0 (26.0)
295-304	53.9 (25.1)	59.0 (26.0)
305-314	53.9 (25.1)	59.0 (26.0)
315-324	53.9 (25.1)	59.0 (26.0)
325-334	53.9 (25.1)	59.0 (26.0)
335-344	53.9 (25.1)	59.0 (26.0)
345-354	53.9 (25.1)	59.0 (26.0)
355-364	53.9 (25.1)	59.0 (26.0)
365-374	53.9 (25.1)	59.0 (26.0)
375-384	53.9 (25.1)	59.0 (26.0)
385-394	53.9 (25.1)	59.0 (26.0)
395-404	53.9 (25.1)	59.0 (26.0)
405-414	53.9 (25.1)	59.0 (26.0)
415-424	53.9 (25.1)	59.0 (26.0)
425-434	53.9 (25.1)	59.0 (26.0)
435-444	53.9 (25.1)	59.0 (26.0)
445-454	53.9 (25.1)	59.0 (26.0)
455-464	53.9 (25.1)	59.0 (26.0)
465-474	53.9 (25.1)	59.0 (26.0)
475-484	53.9 (25.1)	59.0 (26.0)
485-494	53.9 (25.1)	59.0 (26.0)
495-504	53.9 (25.1)	59.0 (26.0)
505-514	53.9 (25.1)	59.0 (26.0)
515-524	53.9 (25.1)	59.0 (26.0)
525-534	53.9 (25.1)	59.0 (26.0)
535-544	53.9 (25.1)	59.0 (26.0)
545-554	53.9 (25.1)	59.0 (26.0)
555-564	53.9 (25.1)	59.0 (26.0)
565-574	53.9 (25.1)	59.0 (26.0)
575-584	53.9 (25.1)	59.0 (26.0)
585-594	53.9 (25.1)	59.0 (26.0)
595-604	53.9 (25.1)	59.0 (26.0)
605-614	53.9 (25.1)	59.0 (26.0)
615-624	53.9 (25.1)	59.0 (26.0)
625-634	53.9 (25.1)	59.0 (26.0)
635-644	53.9 (25.1)	59.0 (26.0)
645-654	53.9 (25.1)	59.0 (26.0)
655-664	53.9 (25.1)	59.0 (26.0)
665-674	53.9 (25.1)	59.0 (26.0)
675-684	53.9 (25.1)	59.0 (26.0)
685-694	53.9 (25.1)	59.0 (26.0)
695-704	53.9 (25.1)	59.0 (26.0)
705-714	53.9 (25.1)	59.0 (26.0)
715-724	53.9 (25.1)	59.0 (26.0)
725-734	53.9 (25.1)	59.0 (26.0)
735-744	53.9 (25.1)	59.0 (26.0)
745-754	53.9 (25.1)	59.0 (26.0)
755-764	53.9 (25.1)	59.0 (26.0)
765-774	53.9 (25.1)	59.0 (26.0)
775-784	53.9 (25.1)	59.0 (26.0)
785-794	53.9 (25.1)	59.0 (26.0)
795-804	53.9 (25.1)	59.0 (26.0)
805-814	53.9 (25.1)	59.0 (26.0)
815-824	53.9 (25.1)	59.0 (26.0)
825-834	53.9 (25.1)	59.0 (26.0)
835-844	53.9 (25.1)	59.0 (26.0)
845-854	53.9 (25.1)	59.0 (26.0)
855-864	53.9 (25.1)	59.0 (26.0)
865-874	53.9 (25.1)	59.0 (26.0)
875-884	53.9 (25.1)	59.0 (26.0)
885-894	53.9 (25.1)	59.0 (26.0)
895-904	53.9 (25.1)	59.0 (26.0)
905-914	53.9 (25.1)	59.0 (26.0)
915-924	53.9 (25.1)	59.0 (26.0)
925-934	53.9 (25.1)	59.0 (26.0)
935-944	53.9 (25.1)	59.0 (26.0)
945-954	53.9 (25.1)	59.0 (26.0)
955-964	53.9 (25.1)	59.0 (26.0)
965-974	53.9 (25.1)	59.0 (26.0)
975-984	53.9 (25.1)	59.0 (26.0)
985-994	53.9 (25.1)	59.0 (26.0)
995-1004	53.9 (25.1)	59.0 (26.0)

Medium Impact

- **Format:** Abbreviated “short reports”; full papers in higher-impact cases
- Indexed in PubMed
- **Venues:** Lower-impact journals, online journals

Effectiveness of Cellulose Sulfate Vaginal Gel for the Prevention of HIV Infection in Nigeria

BMC Research Notes

Short Report
Evaluation of efficacy and safety of gefitinib as monotherapy in Chinese patients with advanced non-small cell lung cancer and very poor performance status
 Zhang Xue, Wang Mengqian*, Zhang Li, Li Longyan and Zhang Xiaoting

Abstract
 Background: Gefitinib is a tyrosine kinase inhibitor (TKI) that has been shown to be effective in the treatment of advanced non-small cell lung cancer (NSCLC) in Chinese patients. However, the efficacy and safety of gefitinib as monotherapy in Chinese patients with advanced NSCLC and very poor performance status remains unclear. This study was designed to evaluate the efficacy and safety of gefitinib as monotherapy in Chinese patients with advanced NSCLC and very poor performance status.

Methods: The efficacy and safety of gefitinib as monotherapy in Chinese patients with advanced NSCLC and very poor performance status were evaluated in a phase II study. The study was conducted in a tertiary care hospital in Beijing, China. The study included 30 patients who were diagnosed with advanced NSCLC and had a performance status of 2 or 3. All patients received gefitinib as monotherapy. The primary endpoint was the objective response rate (ORR). The secondary endpoints were the safety and tolerability of gefitinib. The study was conducted from January 2008 to December 2008.

Results: The ORR was 33.3% (10/30). The most common adverse events were rash, diarrhea, and fatigue. The study was well tolerated and gefitinib was found to be effective in Chinese patients with advanced NSCLC and very poor performance status.

Conclusion: Gefitinib as monotherapy is effective and safe in Chinese patients with advanced NSCLC and very poor performance status. Further studies are needed to confirm these findings.

High Impact

- **Format:** Full manuscripts
- Indexed in PubMed
- **Venues:** Traditional peer-reviewed journals only

NEW ENGLAND JOURNAL OF MEDICINE

ORIGINAL ARTICLE

Identification of a Novel Coronavirus in Patients with Severe Acute Respiratory Syndrome

Christian Drosten, M.D., Stephan Günther, M.D., Wolfgang Preiser, M.D., Ron A. Hill, Ron A. Hill, Klaus Stübgen, Klaus Stübgen

Efficacy and Safety of Esomeprazole Compared With Omeprazole in GERD Patients With Erosive Esophagitis: A Randomized Controlled Trial

Dee F. Kolar, M.D., Robert F. Katzev, M.D., John S. Gorman, M.D., M.Sc., Paul H. Hecht, M.D., Jeffrey C. Levine, M.D., Charles H. Knapp, M.S., Victoria Martin, B.S.M.T. (A.S.C.P.), Bernard Hamada, M.D., and Jeffrey C. Levine, M.D., for the Esophageal Study Investigators

Department of Gastroenterology, Cleveland Clinic Foundation, Cleveland, Ohio; Northwestern University Medical School, Chicago, Illinois; Swedish Gastroenterology Association, Lund, Sweden; Department of Research Institute, Oklahoma City, Oklahoma; Center for Medical Research, Massachusetts General Hospital, Boston, Massachusetts

ILLUSTRATIVE

Impact

For low-impact results, editors support the use of data tables, such as those being incorporated into clinicaltrials.gov in response to the FDAAA.

Participant Flow

Recruitment Details
Key information relevant to the recruitment process for the overall study, such as dates of the recruitment period and locations
Phase IV First Patient Entered 10 Oct 2005 Estimated enrollment = 100 Study conducted at Seoul National University Hospital

Pre-Assignment Details
Significant events and approaches for the overall study following participant enrollment, but prior to group assignment
After 4-week diet/wash out period, patients who are still at or above drug treatment thresholds established by NCEP ATP II were randomized to 1 of 2 active treatment groups VYTORIN™ or atorvastatin 10 mg. Randomization stratified to following LDL-C levels at 1 week before randomization: >130 mg/dL/160 mg/dL, ≥160 mg/dL/190 mg/dL, >190 mg/dL

Reporting Groups

Reporting Group	Description
Vytorin	Ezetimibe 10mg/Simvastatin 20mg
Atorvastatin	Atorvastatin 10mg

Participant Flow: Overall Study

	Vytorin	Atorvastatin
STARTED	108	95
COMPLETED	103	91
NOT COMPLETED	5	4
Adverse Event	3	3
Lost to Follow-up	1	1

Outcome Measures

1. Primary Outcome Measure: LDL-C Lowering Efficacy
[Hide these results.](#)

Measure Type	Primary
Measure Name	LDL-C Lowering Efficacy
Measure Description	LDL-C = Low Density Lipoprotein-c, measured in mg/dl.
Time Frame	6 weeks
Safety Issue	No

Population Description
Explanation of how the number of participants for analysis was determined. Includes whether analysis was per protocol, intention to treat, or another method. Also provides relevant details such as imputation technique, as appropriate.
No text entered.

Reporting Groups

Reporting Group	Description
Vytorin	Ezetimibe 10mg/Simvastatin 20mg
Atorvastatin	Atorvastatin 10mg

Measured Values

	Vytorin	Atorvastatin
Number of Participants Analyzed (units: participants)	105	93
LDL-C Lowering Efficacy (units: Percent Change from Baseline) Least Squares Mean ± Standard Deviation	-51 ± 14.7	-41 ± 16

Statistical Analysis 1 for LDL-C Lowering Efficacy

Groups ^[1]	All groups
Method ^[2]	ANOVA
P Value ^[3]	<0.001
Mean Difference (Net) ^[4]	-10

Clinicaltrials.gov Results Section

- Information provided about the trial and analysis includes:
 - Inclusion/exclusion criteria
 - Statistical analysis method
 - Summary tables of outcomes
- No introduction or discussion, but allows for links to other sites
- Requires disclosure of PI/sponsor agreements

For medium-impact results, editors were open to other media besides full-length papers in traditional journals, and cited examples of suitable forums.

“Alternative” Journals

- Indexed in PubMed
- Range of clinical areas
- Typically online only
- Full articles of primary research findings
- Some implement peer review for technical merit only
- Often offset expenses with higher article/page charges
- **Journals:**
 - E.g., PLoS One, BMC journals

Abbreviated Papers

- Indexed in PubMed
- Range of clinical areas
- Online and print
- Short format for research findings with lower impact
- Full peer review for technical merit and impact
- Generally no or modest publication fees
- **Journals:**
 - Available for many generalist and specialty journals

Although venues appear to exist for disseminating a larger volume of results, editors recognized that sponsors' and journals' resources will likely be taxed.

Concerns Regarding Sponsors

- Do sponsors have sufficient resources to support the writing, editing and submission of significantly more articles?

Concerns Regarding Journals

- Journals' editorial, reviewing and publication resources are already strained – how will they deal with even more studies?



- ***Insufficient resources under “business as usual” to deal with predicted increase in volume***
- ***Need more efficiency and streamlining to meet higher demands in timely fashion***

2008 MPIP Steering Committee members



- Kristen Mosdell, Pharm.D., Director, Medical Communications, Scientific Affairs
- Melissa Schreiweis, Ph.D., Senior Manager, Medical Communications



- John Gonzalez, Global Skills Lead – Publications



- Samantha Gothelf, Pharm.D., Director, Global Scientific Publications



- Bernadette Mansi, Scientific Communications Strategy Head, CVM
- Charles Miller, Scientific Communications Strategy Manager, CVM
- David Richards, Scientific Communications Strategy Head, Respiratory



- LaVerne Mooney, Dr.PH, Director, Publications Management, Global Medical



- Larry Hirsch, M.D., Immediate Past President

Leerink Swann: *Roland Andersson, Ph.D., Senior Managing Director, roland.andersson@leerink.com
Frank S. David, M.D., Ph.D., Manager, frank.david@leerink.com*

Outline

MPIP Goals, Structure and 2008 Activities

MPIP Plans for 2009

As a follow-up to the research phase, we are discussing with the co-sponsors possible future activities to further advance the solution of common problems.

Present

Future

<p>“MPIP 2.0” – Continue Steering Committee meetings to facilitate future pharma collaborations – <i>Ongoing</i></p> <p>Share initiative findings at ISMPP</p> <p>Discuss opportunities for shared policies across pharma companies in critical areas</p> <p>Prepare and execute pharma/journal collaborative meeting to develop solutions in key areas</p>																				

During last year's work, editors and publishers suggested that we convene a diverse stakeholder group to explore solutions to key issues.

Initiative Format

Goals and Stakeholders

Participants' Perception

Pharma/Journal One-on-Ones

- Explore journal-specific issues
- One editor and one sponsor



- Some wariness of direct one-on-one interactions

Meetings of Editors and Sponsors

- Jointly explore policy issues
- Groups of editors and sponsors



- Better communication viewed positively

Broad Meetings of Many Stakeholders

- Discuss wide range of publication issues
- Editors, sponsors, authors, NIH, etc.



- Enthusiasm for multi-stakeholder meetings

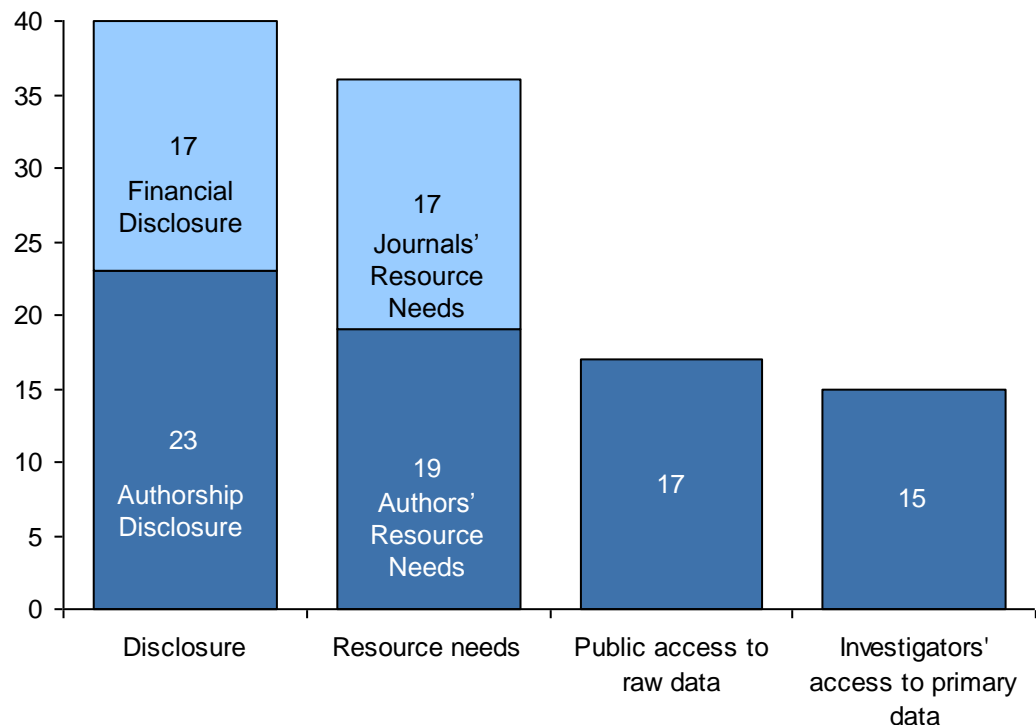
In a follow-up survey, editors and publishers identified several preferred topics around which to structure such a follow-up event.

Topic Descriptions

- Authorship/financial disclosure
 - Guidelines, trends, unmet needs and potential solutions
- Resource needs for publication
 - Authors/sponsors: e.g., alternate article formats and venues for low-impact or negative studies, assistance for writers, etc.
 - Journals: e.g., financial resources, reviewing resources, etc.
- Public access to raw data
 - Whether raw data should be made available, and if so, how, to whom and under what circumstances
- Investigators' access to primary data
 - Guidelines, trends, unmet needs and potential solutions



Preferred Topics for Follow-Up Event



Note: Survey polled 34 medical editors and publishers; data represent frequency each topic was selected in the top 3 (of 6) most preferred

Among other ideas, several co-sponsors support holding a roundtable with journal and pharma representatives to jointly define submission “best practices”.

Objectives

- **Visibly demonstrate sincere commitment on part of pharma to increase trust and transparency with journal editors**
 - Communicate steps already taken by pharma to meet this objective
 - Present data from phase 1 of MPIP Initiative for information and further validation
- **Partner with editors to define article submission “best practices”**
 - Discussion areas could include better journal targeting based on editorial policy, and abbreviated formats and/or template-based “provisional acceptance” for low-interest studies

Logistics

- **Immediately preceding Sixth International Congress on Peer Review and Biomedical Publication (Vancouver; September, 2009) as unaffiliated “satellite” event**

In summary, in 2008 the MPIP aimed to explore editors' and publishers' views of challenges to publishing pharma-sponsored trials, as well as potential solutions.

- The Medical Publishing Insights and Practices (MPIP) initiative was established to foster increased trust and transparency in the disclosure of pharma-sponsored clinical trial results**
- To begin to accomplish this goal, five pharma companies and ISMPP came together last year to research key concerns and potential solutions**
- Through roundtables and interviews with over two dozen leading editors and publishers, we sought to gain insights from journal editors and publishers in an open, transparent forum**

Last year's efforts laid the groundwork for additional potential activities in 2009 aimed at addressing key issues in publishing pharma-sponsored trial results.

- **Our research last year highlighted areas in which editors and publishers saw opportunities for collaborative advancement of common goals by journals and pharma, e.g.,**
 - They support increased data dissemination, and are interested in jointly exploring ways to meet the resource needs of journals and authors/sponsors;
 - They recognize that authorship and financial disclosure rules could benefit from standardization between journals as well as continued proactive disclosure by pharma; and,
 - They support continued efforts to ensure that at least one study author has the ability to access the primary data set for all pharma-sponsored studies

- **By bringing together several pharma companies and ISMPP as co-sponsors and engaging many leading editors and publishers, we laid the groundwork for future potential activities**
 - The MPIP co-sponsors are discussing the possibility of continuing to jointly explore areas of mutual concern and interest, as well as potential collaborative activities
 - Several co-sponsors support hosting an unaffiliated “satellite” event before the Vancouver Peer Review Congress for journal and pharma representatives to discuss submission “best practices”

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