

SCRIBE

THE INTERNATIONAL SOCIETY FOR PHARMACOEPIDEMOLOGY

President's Message By Thomas M. MacDonald

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Greetings from me on this my first *Scribe* article as president of the society. Big things have been happening behind the scenes in ISPE. Many wise brains have been thinking about the future. These wise brains have concluded that we are currently at a crossroads. Do we stay exactly as we are or perhaps even shrink as a society? Or should we seek to expand our membership, our interests and our organisation? There are no easy answers to these questions but there are broadly two camps of opinion. There is the 'I like ISPE as it is and making it bigger will spoil it' camp. This camp does not want ISPE messed with! 'Changing ISPE risks making it more like many other societies and less of what it is. If it goes down that route I won't come any more!' is a repeated and legitimate viewpoint. However there is the alternative view that ISPE needs to be bigger, better, more influential, and more than just a 'one annual meeting and one mid-year meeting society'. ISPE-watchers will have witnessed some of this debate at Edinburgh but in case you missed it...

ISPE or ISPE RM that is the question?

Towards the end of last year, **Peter Gruer** championed the idea that ISPE should embrace the concepts of risk management by making ISPE the scientific forum and natural home for this topic. Peter put persuasive arguments before the



Board that culminated in the board adopting the concept that ISPE might change its name to ISPE Risk Management or ISPE RM. Of course rearranging the

spacing of this produces the title ISPE RM, perhaps not the best name for a scientific organisation? Such unfortunate acronyms have not stopped other organisations from adopting new names (for example Diabetes United Kingdom did not duck out of DUK) however the annual meeting of members held in Edinburgh produced passionate pleas from an anti-name change lobby of influential ISPE members. There was however, strong support for the concept that ISPE should embrace risk management. The rules of the society require that something as fundamental as a name change be put to the society. The board's present view is that we should ask the membership. Watch this space!

The Broader Issue

Risk management and how to embrace it is perhaps just one (albeit an important one) of the issues to be thought about. Where are we going? Where do we want to go? How will we get there? And, what will we have achieved if we do get there?

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are fundamental naval-gazing exercises that all organisations have to go through periodically. All societies need direction. So what course should ISPE set sail for? ISPE usually has a Long-Range Planning committee that meets after the (long) board meeting. This year we thought the issue of strategy was so important that we decided to devote much more time to the future. We decided to develop a strategic plan!

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The ISPE Strategic Plan

So, after the delights of the 18th ICPE in Edinburgh, a hardy group of members (the Ad Hoc Strategic Planning Committee) stayed on in their student accommodations and met to brainstorm a strategic plan for the future of ISPE. This meeting was facilitated by **Bruce Butterfield** a 'professional guru in strategic planning matters'. Bruce led us through the issues and the process in a most enlightening way. He asked us to come up with what we thought was our 'preferred future' for ISPE. After a lot of deliberation and debate the group came up with the following 'preferred future' statements:

- ISPE is the driver of radical change by integrating epidemiology and public health perspectives into the way therapeutic agents are researched, developed and applied;
- ISPE drives development of the field of therapeutic risk management to maximize benefits and minimize risk in individuals and populations;
- ISPE is essential to producers and users of pharmacoepidemiology data;
- ISPE is a credible and sought after stakeholder in development of healthcare policy;
- ISPE is pharmacoepidemiology's advocate with policy makers and influencers;
- ISPE is the driver of pharmacoepidemiology training and placement;
- ISPE is a global organization.

So, what do you think of these? If you have comments, suggestions, abuse or praise and you want to contribute to the debate, email them to **Mark Epstein**, ISPE Executive

Secretary (mepstein@paimgmt.com) who will collate them and tell the Board. This is your chance to speak!

Of course any good strategy needs to have SMART objectives (Specific Measurable Achievable Realistic and Timed). So to be realistic, we decided that the above objective statements are to be fulfilled by 2009. However there are lots of milestones to reach on the way. The strategic planning group also considered the various actions and processes required to move these goals along to fruition. They produced a three-page document in one and a half days (and one evening)! However, the group was well pleased with this result. This document now gives a clear direction of travel. If everyone agrees with its goals, it will help to refocus us in the future when we are uncertain of where we are going. It may also reduce the need for further naval gazing for at least a few years.

The Mission Statement

Whether you like mission statements or not a good mission statement should be like a good physician. It should be wholly good and it should obey the rule 'Above all, do no harm' (*primum non nocere.*) The planning group thus took the opportunity to revise our mission statement. The new ISPE statement is now proposed to be:

'ISPE is a forum for exchange of scientific information and for development of policy, a provider of education and the advocate for the fields of pharmacoepidemiology and therapeutic risk management'

So now you know what we aspire to!

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Vice-President Finance Report

By Judith Jones

In parallel to the ISPE strategic planning initiative, **Annette Stenhagen**, after ably serving as ISPE's Vice President Finance for the last two years, turned over the green eye shades and hefty accounting books to **Judith Jones**, who will serve for the next two years. Last Spring, Annette, Mark and Judy as well as the Finance Committee began taking a hard look at ISPE's investments and financial reserves, not least because in company with everyone with almost any kind of

investment, our ISPE investments suffered with the declining stock market. Somewhat offsetting this, the ISPE Board was very grateful to the generous contribution of \$100,000 from Pharmacia this year. Nonetheless, both these events underlined the need to further organize our financial policies.

Accordingly, at the Board meeting, ISPE's policies were changed to set up three reserve accounts that would hold the funds in more conservative

investments (cash equivalents and no-load index funds). The first fund, serves as a direct reserve of one-year of ISPE's operating costs; the second, accumulating when the first fund meets goals, is for special projects, and the third for restricted accounts.

Challenges looming in the near future in the finance area include guidelines for cost sharing in collaborative meetings (as with ISPOR or other organizations) and financial guidelines for Annual Meeting chairs.

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Board Approval

The ISPE Board has broadly endorsed the strategic plan and mission statement and set up a *Strategic Plan Implementation Task Force* to refine the details and to drive the actions required to make the plan work!

One of the first actions that the board voted for was to name the 19th ICPE in Philadelphia the *19th International Conference on Pharmacoepidemiology & the 1st International Conference on Therapeutic Risk Management*. So all of you risk managers out there, get your abstracts ready for Philadelphia.

The strategic plan document will soon be posted on the ISPE website (www.pharmacoepi.org) in the Member's Section. Do you remember the login and password?

Another action point decided is that the mid year meeting in Edinburgh will have an ISPE teaching course associated with it (15th April 2003). This is in addition to the joint ISPE, ISPOR, and Royal College of

Physicians of Edinburgh symposium entitled *Drug Treatment: Maximising Benefit and Minimising Risk* (14th April 2003). So book your trip to Edinburgh in the spring to attend the course and see the heather bloom!

Making things work

One of the major issues surrounding any plan or initiative is how to make it happen. Inevitably, even in an association of volunteers, and even with a *Strategic Plan Implementation Task Force* in place, initiatives need financed. To this end we have set the goal of raising an additional \$200,000 this year. To do this we will need all the help we can get. Do you have a piggy bank that could squeeze an extra few \$ to ISPE? In these difficult stock-market days asking for more resources is going to be difficult so we really need the friends of ISPE to try hard to help.

ISPE Fellows

One issue that was quietly passed by the Board in Edinburgh was the system of electing ISPE fellows. The

idea is that ISPE fellowship is to be conferred on those people who have made significant contributions to ISPE and to pharmacoepidemiology as a discipline. The first ISPE fellows are the past presidents of the society. These past presidents are responsible for identifying and proposing the first batch of elected ISPE fellows. ISPE fellows will have the right to add the letters FISPE after their name (as long as they are 'in good standing'). However, fellowship has its price. Fellows are expected to contribute more to the society (double the usual subscription in the first instance) but they are also supposed to be ISPE devotees. They are to form the bedrock of ISPE. This means that they will be expected to help and nurture the society in the long term. Do you aspire to being an ISPE fellow? We hope so. Read the criteria and discover how to get there! **[Editors Note: See article on ISPE Fellows in this issue.]**

As you can see, your board has been busy. Do you have a view about these matters? If so, let us know.

Highlights of the 18th ICPE

By Glenys Bloomfield

This is the largest International Conference on Pharmacoepidemiology (ICPE) ever held, with more than 600 registered delegates”, announced **Tom MacDonald** as he welcomed participants to the 18th ICPE meeting at the Edinburgh Conference Centre at Heriot-Watt University, Scotland. The conference included 150 oral presentations and 265 poster presentations, chosen from more than 480 submitted abstracts. The three-day meeting also featured six symposia, 11 workshops, two plenary sessions and an invited plenary lecture by **Hershel Jick** on ‘Principles & Methods in Pharmacoepidemiology’. In addition to a stimulating scientific meeting, the participants were treated to a taste of Scotland. A piper opened and closed the conference and there was a free whisky tasting and a chance to try Scottish dancing at the welcome reception ceilidh. Delegates also had the opportunity to visit the Edinburgh Military Tattoo, the Royal College of Physicians and Dynamic Earth (Edinburgh’s Millennium Landmark project).

Challenges and Opportunities

In his Presidential Address, **Jacques LeLorier** highlighted the recent publication of the Dictionary of Pharmacoepidemiology, edited by **Bernard Bégaud**. All members of ISPE are invited to submit suggestions for new entries to the dictionary. “The aim is that this will become an ongoing communal project, under the guidance of Bernard Bégaud”, said Jacques LeLorier. Another positive development is that *Pharmacoepidemiology and Drug Safety* (PDS) has been listed by Medline.

This will improve its impact factor and has already led to an increase in the number of papers being submitted to the journal.

Dr LeLorier pointed out two new challenges facing pharmacoepidemiology.

- The results of the Women’s Heath Initiative randomised clinical trial on hormone replacement therapy (HRT) and cardiovascular disease risk conflict with data from previous observational studies.
- Studies on the same database produced differing results.

One initiative to assess the impact of ‘statistician effects’ is a new cohort synthesiser program that is being developed. A synthesised cohort of oral contraceptive users will be made available on the ISPE website. ISPE members are invited to download and ‘torture’ the data. If there is sufficient interest, a workshop on the results will be included in the ICPE 2003 programme. Three prizes will be awarded – one for the person/team whose analysis comes ‘closest to the truth’ and another two for those who achieve the highest and lowest measures of associations, respectively. “We hope that this project will enable us to generate a measure of statistician induced bias, while being both informative and fun”, said Jacques LeLorier.

Drug Utilization Research

The EURODrug plenary session ‘Bringing epidemiology into Drug Utilization Research’ was chaired by **Jacques LeLorier** and **Robert Vander Stichele**. **Jerry Avorn** said

that drug utilisation studies were evolving. Currently, we are gaining understanding of the mechanisms of poor drug use and interventions to improve drug use. The next stage is to move forward to evaluating the effects of such interventions. Pharmacoepidemiology can play a key role in drug utilisation studies, he said. **Jesper Hellas** discussed how to characterize drug use based on data on individual drug dispensing, with examples from Danish prescription databases. **Keith Beard** outlined factors that influence prescribing patterns, including the role of prescribing policies, guidelines, industry promotional activities and the influence of opinion leaders and patients. **David Henry** discussed the uses of prescribing indicators to assess the appropriateness of drug selection. There are a wide variety of prescribing indicators, but he pointed out that many of them have been developed for use by administrators and economists, without reference to physicians or patients.

Risk Management

As discussed in the last issue of *Scribe* (Volume 5, Number 2), Risk Management is currently high on the agenda in the USA and among the members of ISPE. This was evident from the fact that the workshop, ‘Risk Management: What are we driving, where are we going, and how will we know when we get there?’ chaired by **Elizabeth Andrews** was a standing room only session. Dr Andrews presented the following definition of Risk Management: “An endeavour applied to the use of

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therapeutic agents in conditions of general use that seeks to ensure benefits to patients outweigh risks". Speakers at the workshop discussed Risk Management interventions from the perspective of regulators, industry and academia. In the USA, the recent Prescription Drug Users Fee Act (PDUFA III) calls for Risk Management assessments for all new drugs submitted for marketing approval after 1 October 2002. One issue that emerged from the workshop was the question of who should take responsibility for Risk Management for older generic drugs.

Risk/benefit considerations were on the agenda in the Hot Topic session, 'COX2-selective non-steroidal anti-inflammatory drugs and cardiovascular disease', chaired by **Wayne Ray**. The panelists discussed data on selective COX2 inhibitors, including the results of the VIGOR trial. It is currently unclear whether there is a class effect of COX2 inhibitors leading to cardiovascular adverse events, and the role of the dose of rofecoxib also needs further study. Summing up the session, **Jerry Avorn** pointed out that there would always be new risks uncovered once a drug is in widespread use. "The issue is how can we shorten the lead time and minimise propagation of risk", he said. Mandated, proactive post-marketing surveillance, based on informed 'priors', may need to become a routine part of the drug approval process, Dr Avorn suggested.

At the ISPE Annual Meeting, members discussed whether the society should be more involved in Risk Management and whether this

should be reflected in a name change for ISPE. Based on the results of an unscientific 'straw poll', there appeared to be a general consensus that ISPE should become more involved in this area, but opinions about the need for a change of name were divided.

Communicating risk/benefit information

In his Keynote Address, 'For the good of the patient: risks and benefits of medicines', **Alasdair Breckenridge** discussed how issues of drug safety and efficacy are communicated to physicians, patients, and the media. He pointed out that successful communication depends on the message being:

- Targeted to the appropriate audience;
- Understandable to them;
- Open, not hiding or minimising facts;
- Informative;
- Balanced – including statements of risk and benefit.

"I feel that, on occasion, we are going backwards rather than forwards and there remains considerable room for improvement with respect to

communication", commented Professor Breckenridge.

The importance of accurately communicating information on the risks and benefits of therapeutic interventions was further highlighted during the symposium on the 'Impact of Drug Safety Scares on Physicians'. During this lively and informative session, moderated by **Stephen Evans** and **Alice White**, four topics were discussed. **David Purdie** spoke about HRT; **James Drife** discussed oral contraceptives; **David Henry** reviewed issues concerning NSAIDs in Australia; and **David Salisbury** reviewed the controversies over MMR vaccination. David Salisbury pointed out that scare stories 'have legs' and can move rapidly around the world. Conversely, studies showing negative risk findings often receive little publicity. The Internet, where statements are unregulated, and the media are the battlegrounds for the future, he added. One point that emerged from this session was that the concept of relative risk (RR) could be misinterpreted if no information on absolute risk is provided. Some participants even went so far as to call for the use of RR to be banned!

ICPE 2003

Sean Hennessy, Chair of the ICPE 2003 Scientific Program Committee, closed the ICPE with a lighthearted review of the things that he had heard and learnt during the 18th ICPE. He concluded by inviting delegates to the 19th ICPE & 1st International Conference on Therapeutic Risk Management, to be held in Philadelphia, USA on 21-24 August 2003.

Awards Presented at the 18th ICPE

Student Awards

To recognize and encourage excellence in the scholarship of students in Pharmacoepidemiology, the ISPE Board of Directors created several student awards. The Scientific Program Committee oversees the selection and presentation of awards. The awards presented at the 18th ICPE follow.

Edlavitch Award:

Anke-Hilse Maitland-vander Zee, *The Effectiveness of HMG-CoA Reductase Inhibitors Is Affected by ACE Insertion/Deletion Polymorphism.*

The Edlavitch Award, created by the Board at the time of retirement of the Society's first Executive Director, Dr. Stanley Edlavitch, is presented to the student who submits the best abstract for presentation of the meeting

Second Best Abstract:

David Spiro, *Use and Primary Idiopathic Intussusception: A Case-Control Study*

Third Best Abstract:

Joelle Erkens, *Use of Fluoroquinolones Is Associated with a Reduced Risk of Coronary Heart Disease in Diabetes Mellitus Type 2 Patients*

Best Methods Abstract:

Maarten ten Berg, *Assessment of a Formula for Converting Odds Ratios To Effect Sizes: Depression Scale Outcomes as a Model*

Best Drug Utilization Abstract:

Willeke Kasje, *Current Treatment for Chronic Heart Failure in General Practice. Is an Intervention To Improve Prescribing Really Necessary?*

ISPE-Pharmacoepidemiology & Drug Safety Award

The initial ISPE-PDS Award, for the best paper in PDS was presented to **Chantal Bourgault**, Eleanor Elstein, Marc A. Baltzan, Jacques Le Lorier, and **Samy Suissa**, for *Antihypertensives and myocardial infarction risk: the modifying effect of history of drug use*, 2001; 10: 287-294

ISPE Distinguished Service Award

Presented to **Hugh Tilson** for his leadership, dedication, and contributions to the Society. Tilson, who is founding co-president of the Society, is a long-active member, a program participant and currently chairs the Committee on Policies and Bylaws.



▲
Student Award Recipients, from left: Maarten ten Berg, Joelle Erkens, Anke-Hilse Maitland-vander Zee, and Willeke Kasje



◀
A Most Distinguished Member, Hugh Tilson receiving the ISPE Distinguished Award from Jacques LeLorier on right.

SUBSCRIBERS' FORUM:

Conflict of Interest or Interest In Conflict

By Felix M. Arellano

Recently, the International Society of Pharmacoepidemiology (ISPE) enacted a policy that requires presenters of papers at the International Conference of Pharmacoepidemiology (ICPE) to declare any "conflict of interest" before presenting their work. During the recent meeting in Edinburgh, Scotland, presenters were variously "creative" in acknowledging such conflicts, but some of the presenters claimed to have none, explaining that they worked for an academic institution or regulatory agency, not a pharmaceutical or other commercial interest. Although the approved policy requires the declaration of *all* conflicts of interest, not only financial or commercial, most of these presenters probably did not give their words a second thought, thus highlighting a dangerous trend in our society. Financial sources of interest are widely recognized and managed through a variety of institutional rules and regulations. Nonfinancial conflicts of interest, although widely recognized, cannot be eliminated. In a recent review, Levinsky¹ described how the management of this conflict of interest relies in the ethical attitudes of individuals.

Just as an undue focus on statistical significance often erroneously characterizes study data as only either "true" ($p < 0.05$) or "false," ($p > 0.05$) a similarly strict and impractical focus on conflict of interest carries a risk of categorizing presenters and members of ISPE as either "ethical" or "unethical." Statements of financial conflict of interest are presented as ethical safeguards. By definition, such statements imply that the association between the presenter of certain data and the source of the potential conflict—that is, the presenter's workplace or source of funding—may be

unethical.² By the same implication, anyone without such an association is free from this unethical discord. This issue may place at risk the essence of the ISPE's purpose: to serve as a forum for scientific and professional interchange among its members, regardless of the nature of their personal or professional financial interest or support. In such a setting, all members are considered equal; none is regarded as "purer" than another.

The difficulty with mandatory conflict of interest disclosure becomes clear as some (a minority) members, benefiting from the cachet conferred by a "proper" association, declare their sources of conflict of interest selectively so that they may present unacceptable data in the name of "academic independence," protected by a small clique of "pure" peers untainted by commercial interest. Such an approach allows these presenters to avoid the fate of their colleagues, who state their financial affiliation or source of funding, only to find their work criticized in the name of healthy "scientific skepticism."

In my opinion, declarations of conflict of interest are useless in a presentation. Those who are prejudiced, but claim not to be, will hear what they wish to hear; others will listen more objectively. However, I find it unacceptable that some presenters choose to limit their statements to financial conflict. This practice is based on the flawed assumption that the only possible bias is financial and that only pharmaceutical companies can be the source of that bias. It is worth remembering that an anti-industry bias is no different from a pro-industry one. For example, reviewers of scientific journals are required to disclose financial links with industry, but not whether a particular bias would make

him/her accept or reject a manuscript for any nonfinancial reason (e.g. a simple personal dislike for one of the authors).

Having worked in industry for some time, I have met several "independent" consultants (a minority, fortunately) who have had serious financial conflicts. On one occasion, one of these consultants had offered to perform a post-marketing surveillance study on a particular medication, but when I declined the offer, explaining that the methodology was substandard, the consultant threatened to "take this into consideration" during his analysis of a competitor's drug—whose manufacturer had paid for a study. On another occasion, a consultant who presented a study with a relatively negative result for a product offered to "fix" the result with "further funding." When I was in clinical practice, I worked with many talented and ethical colleagues and physicians. However, a few had asked sales representatives from pharmaceutical companies for a computer so that they could prescribe those companies' drugs.

Sometimes, as a source of conflict, greed pales in comparison with the desire for publicity or revenge, an obstinate defense of an idea, or just blatant cultural arrogance. For example, I recently heard an "independent" scientist who, when informed that a drug must have first been in the market before post-marketing surveillance can be performed, declared that drugs should be launched first in "some other countries" before they are approved in his.

It is true that some of the practices by some members of some

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"Scenes from the 2002 ICPE"





In Appreciation

The Board of Directors, members and staff of the International Society for Pharmacoepidemiology (ISPE) would like to acknowledge the following volunteers and organizational supporters of the Society. Their contributions contributed to the success of the 18th International Conference on Pharmacoepidemiology.

Thomas M. MacDonald, *Chair, ICPE Scientific Program Committee*
Keith Beard, *Chair, Local Host Committee*

Members, ICPE Scientific Program Committee
 Members, Local Host Committee
 Edinburgh Conference Centre at Heriot-Watt University
 Experience Scotland



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- Uppsala Monitoring Centre
- GlaxoSmithKline

ISPE's Future is Now:

Part 2 - Plan Implementation

By Mark H. Epstein

By accepting the Ad Hoc Strategic Planning Committee's preferred future and related program and management goals needed to reach the desired future, the ISPE Board of Directors signaled a shift from the status quo to the pursuit of new opportunities and new directions. This decision also moves the Society from planning to implementation; from discussing to action!

As a first step, the Board formed the Strategic Plan Implementation Task Force (Task Force) to oversee plan implementation. The Task Force will review the strategic plan to ensure prudent use of available resources, assign implementation responsibilities, and regularly monitor progress. The Task Force members are **Tom MacDonald, Susana Perez, Judith Jones, Jacques LeLorier, Hugh Tilson, Annette Stemhagen, Sean Hennessy, Peter Gruer, Corrine De-Vries, Susan Sacks, Stan Edlavitch, and Mark Epstein.**

The actual development of an implementation strategy, tactics and activities (i.e., work) will be



From left: Susan Sacks, Elizabeth Andrews, Tom MacDonald & Peter Gruer

accomplished by the responsible party (e.g., Development Committee, Membership Committee, Scientific Program Committee).

We should not forget the membership has been involved in creating the Society's preferred vision. The Ad Hoc Committee assisted by its facilitator **Bruce Butterfield**, The Forbes Group, Fairfax, VA, sought your opinions earlier this year using the email survey. Butterfield also conducted personal interviews with the members of the Ad Hoc Committee. All of this information was shared with the Ad Hoc Committee prior to its planning session in August. The Committee met at the Edinburgh Conference

Centre for a 1.5- day strategic advance (no retreats at ISPE) following the 2002 ICPE. The products of this intense effort were the draft preferred future and the ISPE strategic plan.

Kudos to the members of the Ad Hoc Committee for their important contribution to the Society: **Tom MacDonald, Jacques LeLorier, Bert Leufkens, Annette Stemhagen, Judith Jones, Peter Gruer, Susan Sacks, Frank May, Sean Hennessy, Elizabeth Andrews, Susana Perez, and Mark Epstein, to Bruce Butterfield** for bring order from what could well have been chaos to a clearly articulated preferred future, and to ISPE members for sharing their ideas and preferences.

The ultimate success of this planning initiative and ISPE's future depends on ISPE members involving themselves, contributing their expertise, ideas, and time to the Society. We need your ideas, energy and time – whatever you can contribute to the implementation effort. There is a seat for you on whatever committee you would like to serve. [The list of committee chairs is posted on the ISPE website in the "About ISPE" section.]

[Editor's Note: See also Tom MacDonald's column for his perspective on ISPE's future.]



From left: Jacques LeLorier, Annette Stemhagen, Sean Hennessy, & Susana Perez

SUBSCRIBE

Board Approves Fellowship Status (FISPE)

The ISPE Board of Directors approved a new membership category — *ISPE Fellow* – to recognize and advance leadership in the Society. To be an ISPE Fellow, an individual must be an ISPE member for at least five years, present/author at least three papers or posters at the ICPE or in *PDS*, serve at least two years on at least one committee or the Board, evidence a passion for pharmacoepidemiology in one or more elected positions, committee chairs, or other roles, and be a member in good standing.

Fellows may refer to themselves in public statements, documents, and resumes as “Fellow of the International Society of Pharmacoepidemiology”, add the letters FISPE after other credentials, and receive appropriate

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pharmaceutical companies may be unacceptable, but most members of those same companies may also have unimpeachable integrity. The same applies to members of academia and regulatory agencies, scientific journals and to everyone else. The distribution of integrity in society is neither random nor normal, but it bears no relationship to our source of income. Do we judge authors on the basis of their nationality or affiliation or on our preference for a database? We all do. Do we like results better from the people we like? Certainly. Can anyone witnessing the bitterness of a debate over the results from a study claim that money is the main source of bias? One must be blind to do so. Would anyone believe that one of the authors involved in such a debate will judge the other's work objectively? No. Do we hear any of these clear sources of bias ever disclosed? No.

recognition by ISPE. Fellows also must pledge to support the Society's mission, vision and values, serve the Society, including mentoring new members, and contribute to the Society.

Jacques LeLorier, Immediate Past President, chairs the initial Fellowship Committee. All members who feel they meet the criteria are encouraged to self-nominate this year. The Fellowship Committee will screen applications and nominate the initial Fellows for appointment to the Board. The Board will officially appoint the initial Fellows who will be honored at the 2003 annual meeting. If you are interesting in seeking Fellow status, please contact Jacques LeLorier at jacques.le.lorier@umontreal.ca

2002 Election Results

Congratulations to **Susana Perez**, President Elect, **Felix Arellano**,

Bias is like driving: none of us admits to being an average driver, although it is clear that most of us *must* be. In fact, we would all probably do society a service by admitting that we all have biases and would welcome criticism on our contributions. It would be wise for all of us to be aware of our biases and commit to judging ideas and results rather than authors. If we were to be true to our aim for “full disclosure” and identify all our sources of bias, we would run the risk of letting the ICPE become a forum of public confessions, rather than a scientific meeting. But so be it in the sacrosanct name of conflict of interest.

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1. *Levinsky NG. Nonfinancial conflicts of interest in research. N Engl J Med 2002; 347: 759-761.*
2. *Rothman KJ, Cann CI. Judging words rather than authors. Epidemiology 1997; 8: 223-225.*

Industry North America; **Kenneth Rothman**, Academic North America; **Lynn Bosco**, Government North America; **Jan Willem vander Velden**, Industry Non-North America; and **Corrine de Vries**, Academic Non-North America. And thanks to all ISPE members who stood for election.

2003 Membership Billing

Invoices for 2003 membership dues will be mailed to all members soon. You will be able to renew your membership by mail, by fax or online at the ISPE website.

Call for Nominations

The ISPE Nominations Committee invites your participation in identifying qualified members to serve on the ISPE Board of Directors. The Committee will be working to fill five director positions, the President-Elect, and the Vice President Finance –Elect. Directors and officers are elected for 3-year terms; directors can be re-elected to a second successive term.

If you would like to nominate someone, if you are interested in serving, or if you have questions about the responsibilities of serving, please contact Jacques LeLorier, Chair, ISPE Nominating Committee at jacques.le.lorier@umontreal.ca,

Members – Stay in Touch with ISPE

Remember to send ISPE your new email address, phone number, or mailing address. Send an email to ISPE@paimgmt.com, or update your membership file online using the Member Update Information Form in the Members Section of the ISPE website.

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&

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Conference on Therapeutic
Risk Management

21-24 August 2003

Wyndham Franklin Plaza Hotel
Philadelphia, Pennsylvania



Revolution's In the Air

The 2003 annual meeting will be a revolutionary event in ISPE's history, marking the 1st International Conference on Therapeutic Risk Management, to run simultaneously with the 19th International Conference on Pharmacoepidemiology. Come and learn about the latest advances in pharmacoepidemiology and therapeutic risk management, and of course catch up with old friends and make new ones. The Keynote Address by **Robert M. Califf, MD** promises to be insightful (and provocative), and the Special Plenary Lecture by **Samuel Shapiro, MB, BCh, FRCP(E)** will leave us with much to talk about. Come be a part of history in the making.

Call For Abstracts

ISPE invites your abstracts for oral/poster presentations and workshop & symposia.

Submission Deadline:

21 February 2003

Visit the ISPE website, www.pharmacoepi.org, 2003 Annual Meeting for information about the online abstract & workshop/symposia submissions, meeting agenda and housing.

SPONSORSHIPS & EXHIBITS

ISPE offers organizations opportunities to support the 19th ICPE and 1st International Conference on Therapeutic Risk Management through sponsorships and by displaying their products and services to conference attendees. Contact the ISPE Office for more information. ISPE@paimgmt.com or 301-718-6500.

ISPE

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Global Evidence for Local Decisions: 5th International Conference on the Scientific Basis of Health Services, 20-23 September 2003, Washington, DC.

The International Conference on the Scientific Basis of Health Services is a biennial conference series, that began ten years ago in the U.K., was passed on to the Netherlands, Canada and then Australia. The 5th Conference will be in the United States, hosted by the Agency for Health Care Research and Quality (AHRQ) and AcademyHealth.

The series has provided an international forum for the exchange of research and experience on the use of health services research to improve access to and the quality of healthcare systems. Its focus is on the process of promoting the use of scientific evidence for clinical practice, health services management and policy. Rather than examining the specific research methods or the content of different areas of

scientific evidence, the objective of the conference series is to improve its dissemination, synthesis, translation and uptake at different levels of decision-making. Numerous international research societies, governments, international agencies and private sector companies have supported the series as complementary to their efforts.

The 5th International Conference will be held 20-23 September 2003 in Washington, DC. The conference is organized around the five themes: National Strategies for Organizing Health Services Research; Using Evidence to Improve Clinical Practice; Using Evidence to Improve Health Services Management; Using Evidence to Improve Policymaking; and Using Evidence to Alleviate the Burden of Specific Diseases (mental health; cancer; cardiovascular; maternal child health and HIV-AIDS)

ISPE and the other member organizations of the Forum of International Professional Societies (FIPS) are collaborating organizations. (The FIPS members include AcademyHealth, International Health Economics Association, International Society for Pharmacoeconomics and Outcomes Research, International Society for Quality in Health Care, International Society for Quality of Life Research, Society for Medical Decision Making and ISPE. **Hugh Tilson** is the convener.) Plans are to have representatives of the FIPS members participate in a special session highlighting the role of professional societies in advancing public health.

For more information about this international conference visit www.icsbhs.org

Invitation to Review Abstracts for 2003 Annual Meeting

Sean Hennessy, Chair of the ISPE Scientific Program Committee, invites ISPE members to review abstracts submitted for presentation as oral/poster presentations at the 2003 Annual Meeting.

To review abstracts, you must be a member in good standing (your dues must be current), be available to review abstracts between 13-24 March 2003, and return the Reviewer Questionnaire by 31 December 2002 to the ISPE Office. The questionnaire was emailed to all members in October and November; it also is posted in the 2003 Annual Meeting section of the ISPE website (www.pharmacoepi.org).



Royal College of Physicians of Edinburgh *in association with*
The International Society of Pharmacoepidemiology (ISPE) and
The International Society for Pharmacoeconomics and Outcomes Research
(ISPOR)

Symposium on:
Drug Treatment: Maximising Benefit and Minimising Risk
Edinburgh, 14 April 2003

Venue: Royal College of Physicians of Edinburgh

The College has joined forces with two major international societies to bring together a number of key individuals in risk assessment and outcomes evaluation of treatment with modern medicines. There will be speakers representing clinical medicine, academia and the pharmaceutical industry including:

- Professor Stephen Evans (London, UK)
- Dr Jacques LeLorier (Montreal, Canada)
- Professor Ian Ford (Glasgow, UK)
- Professor Milton Weinstein (Boston, USA)
- Dr Susana Perez Gutthann (Barcelona, Spain)
- Professor Tony Avery (Nottingham, UK)
- Dr Mac Armstrong (Edinburgh, UK)
- Professor James Raftery (Birmingham, UK)

For further information please contact:

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Upcoming ISPE Sponsored Meetings

■ 12-15 APRIL 2003

Mid-Year Meeting

- 12 April: ISPE Board of Directors Meeting
- 13 April: ISPE Scientific Program Committee Meeting
- 14 April: Symposium on Drug Treatment: Maximizing Benefit & Minimizing Risk
- 15 April: Introductory Course on Pharmacoepidemiology Royal College of Physicians of Edinburgh, Edinburgh, Scotland

■ 21-24 AUGUST 2003

19th International Conference on Pharmacoepidemiology and 1st International Conference on Therapeutic Risk Management
Wyndham Franklin Plaza, Philadelphia, Pennsylvania

■ 20-23 SEPTEMBER 2003

5th International Conference on the Scientific Basis of Health Services (ICSBHS) Washington, DC

■ TBD, AUGUST 2004

ISPE Annual Meeting
Bordeaux, France

■ TBD, AUGUST 2005

Nashville, Tennessee