

A Shot of *DARING*



After almost 40 years in the lab, **Dr. Harriet Robinson** is still as passionate about drug discovery and development as ever. And her goal to develop and market a vaccine for HIV/AIDS would be the crowning achievement to a career already filled with memorable milestones and accolades.

Throughout her life and career, **Dr. Harriet Robinson** has dared to take on challenges. Today, she is focusing her skills and determination on one of the most sought-after goals in global healthcare:
DEVELOPING A VACCINE TO PREVENT HIV/AIDS.

Science requires the courage to delve into uncharted territory and the conviction to follow an instinct even in the face of widespread disbelief. Harriet Robinson, Ph.D., senior VP of research and development at biotech company GeoVax, has demonstrated an abundance of both traits throughout her life and career.

It's daring that took her to the former Soviet Union as a Russian-English speaking guide for a cultural-exchange exhibition when she was a young college graduate in the late 1950s. And, ultimately, her intrepid nature drew her to the field of vaccine research and to cutting-edge science.

While Dr. Robinson has demonstrated that there is huge potential in using recombinant DNA vaccines as a way to inoculate against disease, she came up against significant resistance when she first made the discovery in her lab at the University of Massachusetts Medical Center in 1992.

"My realization that DNA could be used to vaccinate was completely independent of other people, but at first it was such a novel concept that I practically lost my career because I couldn't get funding," she says. "But I knew this was important work and I stuck with the research, which ultimately led to many different scientific avenues."

Curiosity and a knack for problem solving are second nature to Dr. Robinson. She was raised in a household that was constantly busy and active, and one that encouraged inventiveness.

“Growing up, there were always interesting things going on in the basement and the kitchen,” she says. “The sewing machine was always being used; if we were going camping, we made our own tents and backpacks.”

Dr. Robinson has carried these traits to her personal and professional life. As a mother, she raised her three children to be capable and creative; as a scientist, she has always thought through problems in a practical way, and she has helped those she works with in the lab to do the same.

“People tend to think vaccine research is complicated, but it isn’t,” she says. “Research is simply a case of putting the various pieces together and building a foundation that allows a project to move further along. It’s a very practical process.”

Dr. Robinson is recognized as one of the world’s leading AIDS vaccine researchers and has devoted more than 15 years to developing effective and safe vaccines designed to prevent clinical AIDS.

Her perseverance and puzzle-solving skills are starting to show positive results. GeoVax’s DNA/MVA vaccine is set to move into Phase II trials, which is a significant milestone in HIV/AIDS vaccine research.

GeoVax, which was established in 2001 to develop promising HIV/AIDS vaccines, has been working with the HIV Vaccine Trials Network since 2006 to conduct its clinical trials.

“The HIV Vaccine Trials Network runs a lot of Phase I trials; for example, the Phase I trial that recently was conducted for us was number 65,” Dr. Robinson says. “But when it comes to Phase II trials the number is much smaller; ours is only the fifth to be undertaken by the HIV Vaccine Trials Network.” (For more information on GeoVax’s advancements, see box on following page.)

THE LANGUAGE OF SCIENCE

The journey to HIV/AIDS vaccine research began when a young Harriet Robinson dis-

AIDS is considered the most lethal infectious disease in the world, and its incidence is growing rapidly, according to the World Health Organization (WHO).

Globally, an estimated 40 million people are infected; more than 6 million are infected yearly; more than 22 million people have died from AIDS; more than 3 million are dying annually; and 68 million are projected to die by 2020.

In the United States, more than 1 million people are infected. More than 10 million are infected in India, and a similar number of people are infected in China. It is estimated that sub-Saharan African populations have more than 25 million people infected with HIV.

The incidence of European — particularly Eastern European — cases of AIDS is increasing.

Vaccine sales estimates exceed \$4 billion per year for a safe and effective vaccine designed to prevent clinical signs of AIDS.

Source: International AIDS Vaccine Initiative (IAVI), June 2005 report.

covered she had an affinity for the sciences while attending Swarthmore College.

Science was uncharted territory for the young Harriet, since her high school, Girls Latin School in Boston, focused on languages and history.

“I took biology in my first year to fulfill the university’s science requirement, and I really liked it, so I began to make the switch into a career in science,” Dr. Robinson says. “The college had a field biology course, which was very appealing; I just loved being outdoors and marveled at nature.”

During a recent World AIDS Day festivities (Dec. 1), Dr. Robinson recalled that the Dean of Harvard’s School of Education said: “My dear, you want to be a scientist, not a teacher.”

“The Dean, a large woman in a purple dress with a handkerchief in her bosom, recognized something that none of my family or

teachers or even myself had recognized — that my calling was science,” Dr. Robinson says.

Encouraged by the Dean’s advice, Dr. Robinson switched her graduate-school applications from education to science and has never looked back.

As an alumnus of Girls Latin School, where Latin was a significant part of the syllabus, Dr. Robinson inevitably was attracted to language as well.

“When I went to college I wanted to learn Russian,” she says. “It was unusual to allow a freshman to study Russian, but because of all the Latin instruction I had, the teacher allowed me to join the class.”

Studying the language turned out to be an engrossing experience for Dr. Robinson. The teacher, an émigré with an aristocratic background who left Russia after the revolution, developed a strong bond with her students.

“Her students became her family, and so instead of meeting three times a week we met daily,” Dr. Robinson recalls.

The year she was graduating from college there was a notice in the New York Times for Russian-English guides for the American exhibition in Moscow. Dr. Robinson applied and got the job.

“My Russian wasn’t nearly as good as some of the other guides, because many of them were children of émigrés or they’d been trained at the Monterey Language School for the Army, but I was the American ‘Girl Scout’ — I represented the ‘real American,’” she says.

The experience was a huge eye-opener for the young college graduate. This was in 1959, and while memories the Soviets as an ally in World War II has not been forgotten, the Cold War had fast cooled relations.

“The Russian people had very little concept about how people in America lived, just like people in America had very little concept about how the former Soviets lived,” Dr. Robinson says. “Russians enjoyed life. For example, in the winter they would freeze water on their parks and everyone would skate throughout the city. While there were many good aspects to the country — there was universal healthcare, for instance — it was very secretive. My experience made me a tremendous U.S. patriot.”

Dr. Harriet Robinson

In science, I have always pursued projects that I've been interested in and thought were important, not what everybody else was doing.

I'VE NEVER BEEN AFRAID OF DOING SOMETHING THAT NOBODY'S TAUGHT ME HOW TO DO.

The trip, however, was interesting enough to draw Dr. Robinson back two years later to experience a Ford Thunderbird at Transportation-USA exhibit, following the completion of her master's in biochemistry at MIT.

LAB AWAKENING

The laboratory has been Dr. Robinson's place of passion from early in her career. After returning from her second trip to the Soviet Union and with a master's under her belt, the young researcher began working as a technician under the tutelage of MIT's Dr. James Darnell.

"I wanted to be able to work on my own projects, which wasn't possible as a technician, so I went back to graduate school for my Ph.D.," she says.

This was a thrilling time and place to be conducting scientific research. Of those who worked in the lab with Dr. Robinson, three went on to become members of the national academy and one went on to become a Nobel prize winner — David Baltimore, who was honored for the discovery of reverse transcriptase, an enzyme that copies RNA into DNA.

Dr. Robinson's accomplishments are

equally as impressive. Dr. Robinson has published extensively on HIV/AIDS vaccine research, with more than 130 peer-reviewed scientific journal publications, 45 monograph reviews, and six book chapters authored. She has consulted for the U.S. National Institutes of Health, the U.S. Food and Drug Administration, the Bill and Melinda Gates Foundation, and the World Health Organization. (To read more about Dr. Robinson's accomplishments, please access the digital edition of the publication at pharmavoices.com.)

"Sometimes academic institutions can have silos; people on one floor don't talk to people on the next floor," she says. "But during this window of time at MIT our internal and external seminar series were better than our invited series. All of the scientists were communicating with one another; it was an exciting place to be. Every experiment had a purpose."

After a break of 10 years to raise her three sons, Dr. Robinson returned full time to the research lab at the Worcester Foundation for Experimental Biology, ultimately assuming the role of principal scientist. Over time she became increasingly drawn to immunology, so much so that she taught courses on the subject.

"That's one of the perks of being a professor, you can teach courses to learn a new area," she says.

As her knowledge of and expertise in the area of HIV vaccine research grew, she needed access to nonhuman primates for her research, and so she moved to Emory University.

"The Emory vaccine center was in a dynamic growth phase; scientists were interacting with one another and there was a rich immunology environment, so it was an exciting time to be there," Dr. Robinson says. "Also this was the first time that an institution where I was doing research was really working with me, which was very enabling."

An accomplished and highly regarded scientist, Dr. Robinson says one of the secrets to her laboratories' successes was ensuring that she employed people who were more capable than her in their respective fields and then giving them responsibility for what they were doing.

THE MOVE TO BIOTECH

While her work at Emory opened many pathways, at a certain point Dr. Robinson realized that to develop a vaccine as a potential commercial product it would become a conflict of interest to continue in an academic lab.

RESEARCH PATH

HARRIET ROBINSON, PH.D. – RESUME

FEBRUARY 2008 – PRESENT. Senior VP, Research and Development, GeoVax Inc.

1999 – 2008. Asa Griggs Candler Professor of Microbiology and Immunology, Emory University; on leave of absence from Emory

1998 – 2008. Chief, Division of Microbiology and Immunology, Yerkes National Primate Research Center, Emory University; Professor, Department of Microbiology and Immunology, Emory University School of Medicine; and Member, Emory Vaccine Center, Emory University School of Medicine

1988 – 1997. Professor, Department of Pathology, University of Massachusetts Medical Center

1977 – 1987. Staff, then Senior, then Principal Scientist, the Worcester Foundation for Experimental Biology

1967 – 1977. Part-time Research Associate, Stanford University School of Medicine

1965 – 1967. National Science Foundation Postdoctoral Fellow, Virus Laboratory, University of California at Berkeley; Advisor, Dr. Harry Rubin

1962 – 1963. Research Assistant at the Massachusetts Institute of Technology, Laboratory of Dr. James E. Darnell

1961 – 1962. Russian-English speaking guide for USA-USSR cultural exchange exhibit, "Transportation - USA"

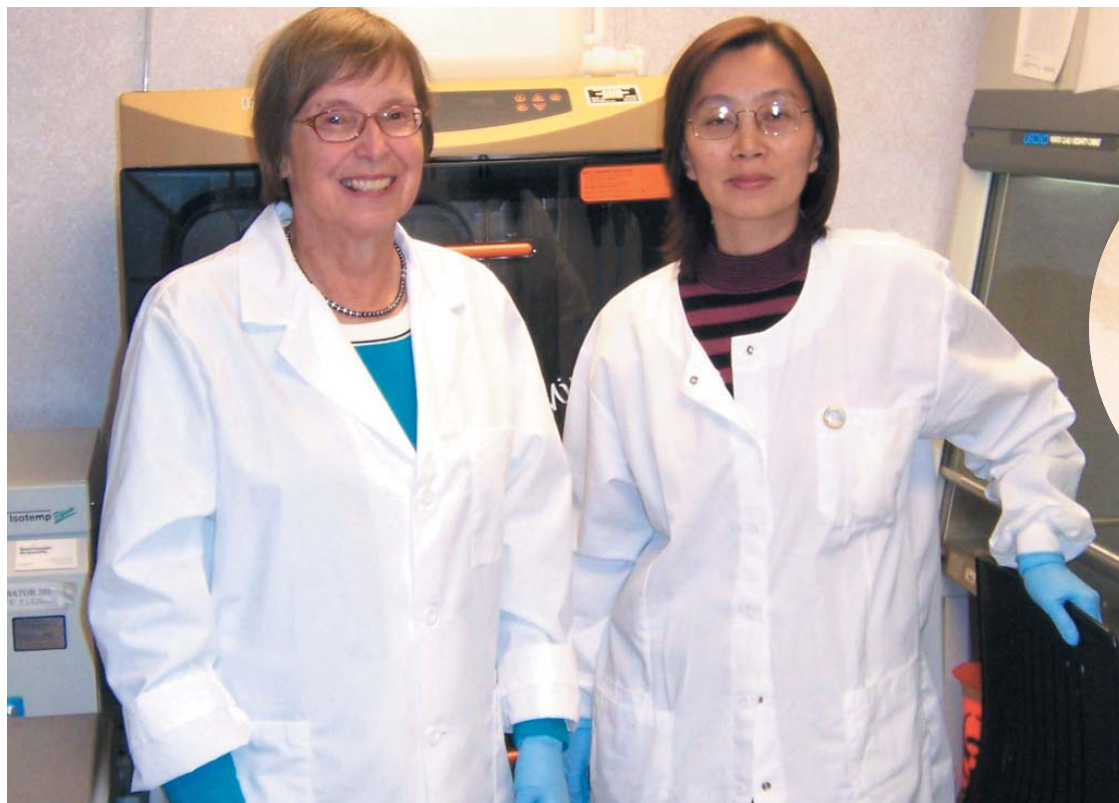
1959. Russian-English speaking guide for USA-USSR cultural exchange exhibit, "USA"

EDUCATION

1963 – 1965. Candidate for a Ph.D. in Microbiology at the Massachusetts Institute of Technology; Thesis Advisor, Dr. James E. Darnell

1959 – 1961. Candidate for a Master's Degree in Biochemistry at the Massachusetts Institute of Technology; Thesis Advisor, Dr. Gene M. Brown; Teaching Assistant for Department of Biology

1959. B.A. Swarthmore College



Research is simply a case of putting the various pieces together and building a foundation that allows a project to move further along. **IT'S A VERY PRACTICAL PROCESS.**

“Recombinant vaccines are such that they can now express multiple proteins from a single construct, which means the vaccine can be kept simple enough to produce easily and be cost-effective,” she says. “A lot of people don’t believe a vaccine will be possible, but I still believe, and when it happens it will be a big breakthrough.” ♦

“That’s the reason I’m in the biotech world,” she says. “We need an HIV vaccine very badly.”

Dr. Robinson credits the years of research at Emory as vital in her being able to develop the groundwork and gain experience in the HIV field.

“The virus is extremely complex in the

way it interacts with the immune system of its host; it takes a long period of time working in the field of HIV research to begin to understand the infection,” she says.

While a vaccine is still several years away, many significant milestones have been achieved, such as clear and concise vaccine regimens.

PharmaVOICE welcomes comments about this article. E-mail us at feedback@pharmavoice.com.

SEE DIGITAL EDITION FOR BONUS CONTENT
WWW.PHARMAVOICE.COM

A LIFE BEYOND SCIENCE

Harriet Robinson, Ph.D., senior VP of research and development at biotech company GeoVax, has truly made her mark in the world of vaccine research. But Dr. Robinson has always managed to maintain a strong balance between her professional and personal life.

For 10 years, she stepped away from the workforce, working only as a part-time research associate at Stanford University School of Medicine while she raised her three sons.

“When I went back to work I started at the Worcester Foundation for Experimental Biology,” she says. “I can remember when I drove back after the interview at dinner, I looked up to see how many people were working, and all the lights were off, and I thought ‘I can do this.’”

While as a mother eager to spend time with her growing children this was a natural reaction, Dr. Robinson quickly realized it was exactly the wrong reaction.

“As a leader, you want your people working,” she says. “I wasn’t sophisticated enough at the time to realize that an institution needs all its lights on at night and its students working.”

It wasn’t long, however, before she had an active lab on the go, with lab assistants and students keeping busy day and night and producing exciting results.

Family, though, has been and remains central to Dr. Robinson. A grandmother now, she ensures she spends time with her three grandchildren. She also finds time to unwind by hiking in the area surrounding Atlanta, where she now makes her home. And she remains active in a church group.



Having a rounded life is important, Dr. Robinson believes.

“I always encourage women to have children while they’re still young, because that biological clock is ticking, and science can be done at 40, 50, or even 60 or older,” she says.

Harriet Robinson, Ph.D.

A Pioneering *SPIRIT*

Harriet Robinson, Ph.D., is the developer of GeoVax Inc.'s HIV-1 AIDS vaccine technology. One of the world's leaders in HIV/AIDS vaccine research, she currently serves as senior VP, research and development, for GeoVax. Previously, she was chief of the division of microbiology and immunology at the Yerkes National Primate Research Center and the Asa Griggs Candler Professor of Microbiology and Immunology at Emory University.

Dr. Robinson has published extensively on HIV/AIDS vaccine research as well as viral-induced cancers. Her pioneering studies on the development of DNA vaccines demonstrated not only that DNA could raise protective immunity for viral infections, but also identified methods of DNA delivery that

could be used to control the type of immune responses raised by DNA vaccines.

Her early work with HIV/AIDS vaccines demonstrated that DNA alone would not be sufficient to raise protective immunity for HIV. She then combined DNA with protein boosters or live viral-vectored boosters to show that the most effective control was through a combination of DNA prime and viral-vectored boosters. Her most recent work has developed single mutiprotein-expressing DNA, and working with the NIAID, she developed a single poxvirus vector (MVA) has been developed to be used for priming and boosting. It is these vaccines that GeoVax has licensed for development.

Dr. Robinson has published extensively on

One of the world's leaders in HIV/AIDS vaccine research,

Dr. Harriet Robinson

has published extensively on the subject and has been a **PIONEER IN DEVELOPING DNA VACCINES AND DNA DELIVERY.**

HIV/AIDS vaccine research, with more than 130 peer-reviewed journal publications, 45 monograph reviews, and six book chapters authored. She has consulted for the NIH, the



Dr. Robinson and her colleagues at GeoVax have been working with the HIV Vaccine Trials Network (HVTN) since 2006 to conduct its clinical trials.



Food and Drug Administration, the Bill and Melinda Gates Foundation, and the World Health Organization.

Dr. Robinson received her B.A. from

Swarthmore College and her Ph.D. in microbiology from Massachusetts Institute of Technology. She also has been elected to the American Academy of Microbiology. ♦

THE ROAD TO A VACCINE

GeoVax was established in 2001 to develop promising HIV/AIDS vaccines. Since 2006, the company's vaccines have moved into clinical trials conducted by the HIV Vaccine Trials Network.

The vaccines, which are recombinant DNA and MVA, are focused on the major HIV-1 subtypes (A, B, and C). Company leaders believe these vaccines will be able to be used alone or in combination depending on the local infection. Subtype B is most common in North America, the European Union, Japan, and Australia, and is GeoVax's first priority.

"Our vaccine is a clade B vaccine, which is primarily used in the developed world," says Harriet Robinson Ph.D., senior VP of research and development at GeoVax.

In its research, GeoVax has found that when administered in a series, these AIDS vaccines induce strong cellular and humoral immunity (protection) in non-human primates against multiple HIV-1 proteins (AIDS virus components). The company says this suggests that GeoVax's vaccines will provide protection against the development of AIDS in HIV-1 virus-infected people.

A big breakthrough for the company has been the announcement of Phase IIa trials to take place at 12 sites across North and South America. These trials will involve 150 vaccinees and 75 placebo participants.

"The trials will involve people who are not already infected and not at particular risk; they're volunteers," Dr. Robinson says. "After that, the next goal would be to go into high-risk groups, such as couples where one partner is infected and the other isn't."

The Phase IIa trial involves gathering more safety data, with the goal thereafter being to conduct efficacy trials, followed by licensure trials.

In addition to a preventive vaccine, the

company also is exploring a therapeutic benefit, which would involve using the vaccine in already infected people to see if it elicits an immune response to help them control their infection in the absence of drugs.

The signs are promising. Emory colleague Dr. Rama Amara has been conducting therapeutic trials in the nonhuman primate models, and Dr. Robinson reports she has had reasonable success.

Further down the line, GeoVax is eager to develop vaccines for the A and C HIV subtypes. Complications, however, beyond the company's control have curtailed its programs in A and C: in Africa, a coup dissolved what the company had in place with regard to research into clade A, while efforts to get C research under way in India were torpedoed when the political party in power changed.

The area of HIV vaccine research is a complex and highly contested one, with many people doubtful a vaccine will be possible.

"I still believe we're going to have a vaccine, and it will be a big breakthrough," Dr. Robinson says.

A pragmatist, Dr. Robinson recognizes more research is necessary and, in the meantime, the most effective solution is a public health one.

"If universal annual testing were instituted, even in developed countries such as the United States, people would know very soon after they were infected and they would have the opportunity to modify their behavior so they'd be less likely to transmit the disease," she says.

From a treatment perspective, she notes that the HIV drug regimens have become far less complicated. Nevertheless, for the developing world, the best solution ultimately will be a vaccine, Dr. Robinson notes.



Harriet Robinson, Ph.D.

HONORS AND AWARDS

2007. Dean's Distinguished Faculty Lecture and Award, Emory University School of Medicine
2007. Fellow, American Association for the Advancement of Science
2006. The Mary Lynn Morgan Annual Lectureship on Women in the Health Professions, Center for Women at Emory University
2004. The George Stamatoyannopoulos Lecture for the American Society for Gene Therapy
2004. Finalist, Atlanta Woman of the Year, Atlanta Woman Magazine
2003. Harry M. Rose Memorial Lecture in Infectious Diseases, Columbia University College of Physicians and Surgeons
2003. Atlanta Business Chronicle Healthcare Innovations Hero of the Year
2002. The Tadeusz J. Wiktor Lecture, Wistar Institute
2002. Ninth Thomas Merigan Lecture, Stanford University
2002. Albert E. Levy Research Award, Emory University
2001. Maurice Hilleman Lecturer, American Society for Virology 20th Annual Meeting
1999. Asa Griggs Candler Professor of Microbiology and Immunology, Emory University
1996. Breakfast Club Salute, Chamber of Commerce, Worcester, Mass.
1995. Outstanding Graduate, Boston Latin School/Boston Latin Academy
1994. Fellow, American Academy of Microbiology

PROFESSIONAL SERVICE

International

2006. Member, organizing committee, 24th Annual Symposium on Nonhuman Primate Models for AIDS
2005. Member, IAVI AVIP Consortium Proposal Review Committee
2005. Indo-US Vaccine Action Program
2004. Reviewer, Gates Foundation Grand Challenges in Global Health
2000 – Present. Member, organizing committee for annual meeting, National Foundation for Infectious Diseases
2002. Member, Scientific Advisory Committee, DNA Vaccines 2002 – The Gene Vaccine Conference
1995 - 1999. Member, Steering Committee on New Vaccination Approaches, World Health Organization
1996. Co-organizer of the international meeting, "Scientific Future of Genetic Immunization," American Academy of Sciences
1996. Organizing Committee for the international meeting, "Nucleic Acid Vaccines for the Prevention of Infectious Diseases," European Commission, Food and Drug Administration, National Institute of Allergy and Infectious Diseases, World Health Organization
1994. Ad Hoc Committee, "HIV Vaccines - Accelerating the Development of Preventive HIV Vaccines for the World," Rockefeller Foundation

National

2007. Chair, Special Emphasis Panel, NIH/NIAID
2005-2007. Site Visitor, Washington National Primate Research Center
2005. Site Visitor, Listeria project, Center for Blood Research, Harvard Medical School
2005. Member, CDC Hepatitis C Nonhuman Primate Research Review Committee
2005. Member, Organizing Committee, AIDS Vaccine 2005
2005. Member, Organizing Committee, NIH, NIAID, DAIDS, OAR "Assay Potency of Novel Vaccines"
2005. Member, Organizing Committee, Emory University, "Bridging the Sciences, HIV Vaccine Research and Drug Development"
2005. Participant, AAM Colloquium on "Vaccine Development: Current Status and Future Needs"
2005. Chair, AAAS Electorate Nominating Committee, Section on Medical Sciences

2003 – 2006. Member, Board of Governors, American Academy of Microbiology
2002 – 2005. Member, AAAS Electorate Nominating Committee, Section on Medical Sciences
2002 – 2005. National Organizing Committee, Basic Aspects of Vaccines, sponsored by Walter Reed Army Institute of Research
2000. Member, FDA Site Visit Committee, National Institutes of Health
1999 – 2002. Sarber Awards Committee, American Society for Microbiology
1998 – 1999. Member, Office of AIDS Research Fiscal Year Vaccine Planning Coordinating Committee
1989 – 1997. Member, Board of Directors, Center for Blood Research, Harvard Medical School
1995 – 1996. Member, Recombinant DNA Advisory Committee, NIH
1995 – 1996. Chairman, Targeted Vaccine Development Subcommittee, Vaccine Research and Development Area Review Panel, Office of AIDS Research, NIH
1988 – 1992. Chairman, Basic Sciences II AIDS Research Review Committee, NIAID
1988. Chairman, National Cooperative Drug Discovery Groups Review Committee, NIAID
1987 – 1992. Member, Basic Science Study Section, California Task Force on AIDS
1985 – 1992. Member, Biomedical Research Grants Review Board, Massachusetts Branch of the American Cancer Society

Emory University

2006 – Present. Member, Emory Vaccine Center Executive Committee
2002 – 2004. Member, Research Advisory Committee, Emory University School of Medicine
2003. Member, Research Strategic Planning Committee, Emory University School of Medicine
2001 – 2002. Member, Search Committee, Chair, Department of Pathology and Laboratory Medicine
2001 – 2005. Member, School of Medicine Research Advisory Committee
2001 – 2002. Member, Search Committee, Director of the Woodruff Health Sciences Center Library
1998 – PRESENT. Faculty, Immunology and Molecular Pathogenesis Program of the Graduate School of Biological and Biomedical Sciences
1998 – 2002. Member, Executive Committee, Immunology and Molecular Pathogenesis Program of the Graduate Division of Biological and Biomedical Sciences
1998 – 1999. Member, Conflict of Interest Committee
1998. Member, Search Committee, Director of the Office of Technology Transfer
1997 – 2000. PI, Developmental Core, Atlanta/Emory Center for AIDS Research

University of Massachusetts Medical School

1992 - 1997. Immunology and Virology Committee, Vice-Chairman
1992 – 1997. Graduate Council
1989 – 1994. Medical Student Research Committee, Chairman

Worcester Foundation for Experimental Biology

1986 – 1987. Codirector of the Cancer Center
1978 – 1985. Member, Advisory Board for the Consortium Ph.D. Program
1977 – 1979. PI, American Cancer Society Institutional Grant

FREE EDUCATIONAL WEBSEMINAR

Register Now! www.pharmavoice.com/servicemodel

The Vast Majority of Pharmaceutical Companies across the US and Europe Say They Are Moving from Traditional Sales Models to New Service Models.

- ▶ **But Are Doctors Experiencing Any Real Change?**
- ▶ **What New Service Experiences Do Doctors Want? And How Well Are 16 Top Pharma Companies Delivering?**
- ▶ **Which Rep Attributes Matter Most to Physicians?**
- ▶ **Which Communication Channels Do Doctors Prefer?**

Find Out at a New FREE WebSeminar:

Building the Optimal Service Model: Creating the Right Physician Experiences to Drive Business

February 5, 2009 — 10:00 am to 11:30 am EST



FEATURING

NEW Research with Physicians across the US and Europe on Their Experience Preferences— Plus How They Rate 16 Pharma Companies on Reps, Relationships and Services

The pharmaceutical industry says that it's moving from traditional sales models to customer-centric service models. What does that transition mean for companies, reps and physicians? What should you do differently to ensure the new models succeed? And what do doctors really want from you? Learn the answers at a NEW WebSeminar—***Building the Optimal Service Model: Creating the Right Physician Experiences to Drive Business.***

Defining the New Service Models: What They Are and How to Make Them Succeed

- ▶ Understand what the new service models are—and see real-world examples of new customer-centric structures.
- ▶ Find out how to integrate new relationship metrics that are key to your success in a service environment.
- ▶ Discover why a “call isn't a call” anymore—and how you can achieve real call quality in the new service world.

Listening to Your Customers: Where Doctors See Change and What They Want from Your Reps (Based on NEW Research with US and EU Physicians)

- ▶ Learn where physicians are experiencing changes in how effectively pharma provides key services—and how trends have shifted since last year.
- ▶ Identify which rep characteristics doctors value most.
- ▶ Explore which information channels physicians prefer.

Getting Your Service Model “Report Card”: What Doctors Value and How They Rate Companies on Delivering (Based on NEW Research with US and EU Physicians)

- ▶ Hear what physicians across the US and Europe value most in their pharma relationships—and how preferences compare across countries and over time.
- ▶ Analyze how doctors “grade” 16 pharma companies across a range of activities.
- ▶ See which companies have improved most since last year—and where you can gain a competitive edge.

SPEAKERS

Andrew Brana

*Senior Global Consultant,
Sales Performance Optimization
TNS Healthcare*

Mark Sales

*Global Practice Leader,
Stakeholder Management
TNS Healthcare*

Martin Silverman

*Senior Vice President and Practice
Leader, Sales Force Effectiveness
TNS Healthcare*

With access and productivity rates declining, budgets tightening and competition growing, this is a program you cannot afford to miss! Learn how to get the greatest return on your sales and marketing investment by giving doctors what they want—and what will drive your business—at ***Building the Optimal Service Model.***

Register today at
www.pharmavoice.com/servicemodel

Sponsored by



Brought to you by

