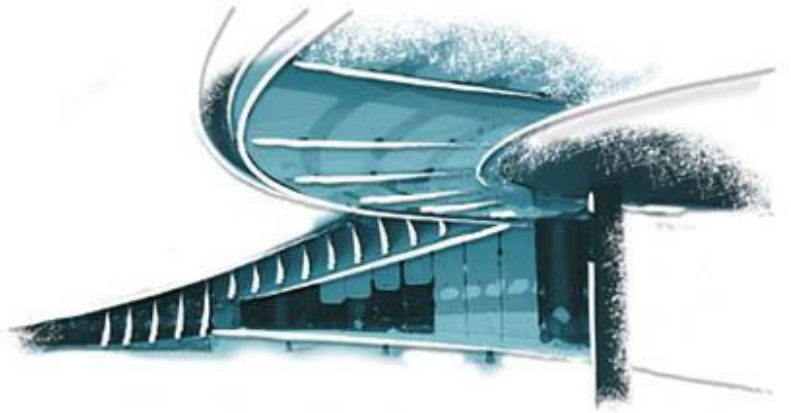


ESC Congress Industry Forum 2010

Welcome!



18 May 2010 – European Heart House

ESC Congress Industry Forum 2010

1. Evolution of the ESC & ESC Congress

- 09:00 – 10:30:
- Presentation ESC « Society »
 - Presentation ESC Congress Evolution
 - Presentation ESC Congress 2010 Initiatives
 - Presentation ESC Congress 2010 Sponsorship
 - Presentation Oxford University Press

Isabel Bardinet
Ben Hainsworth
Stephanie Raty
Aoife Delmas
Elisabetta Sheffield

10:30 – 10:45: Coffee break

2. Reports from Taskforces & Discussion

- 10:45 – 11:00: - Report on Closed Industry Meeting 17 May 2010
- 11:00 – 11:30: - Report on Housing Taskforce
- 11:30 – 11:45: - Report on CRT Future of Scientific Communication Taskforce
- 11:45 – 12.30 - Open Discussion on Regulatory & Compliance Challenges for the ESC Congress

Industry
ESC/Industry
ESC/Industry

12:30 – 13:30: Lunch

3. Report from Taskforce & Discussion

- 13:30 – 14:00: - Report on Industry Guidelines Taskforce
- 14:00 – 15:00 - Open Discussion on Online & Electronic Communication at the ESC Congress

ESC/Industry



18 May 2010 – European Heart House

ESC Congress Industry Forum 2010

Presentation ESC « Society »

Isabel Bardinet



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18 May 2010 – European Heart House

European Heart House Structure

Scientific Affairs

Guidelines
Journals
Education/Book publishing
Professional standards
Surveys/Registries

Congress & Meetings

ESC Congress
Assoc/WG congresses
Meetings in-house /
Outside clients

Advocacy & Representation

NS
Fellows of the ESC
CRT
EU Affairs

Speciality Centre

Associations
Working Groups
Councils

Web, Communications & Press

Web

Communications

Press

Infrastructure

Development

Customer Services

Finance

Accounting

Finance Control

HR

Welcome Desk

General Services

General Management

Board

ESC Congress Industry Forum 2010

Presentation ESC Congress Evolution

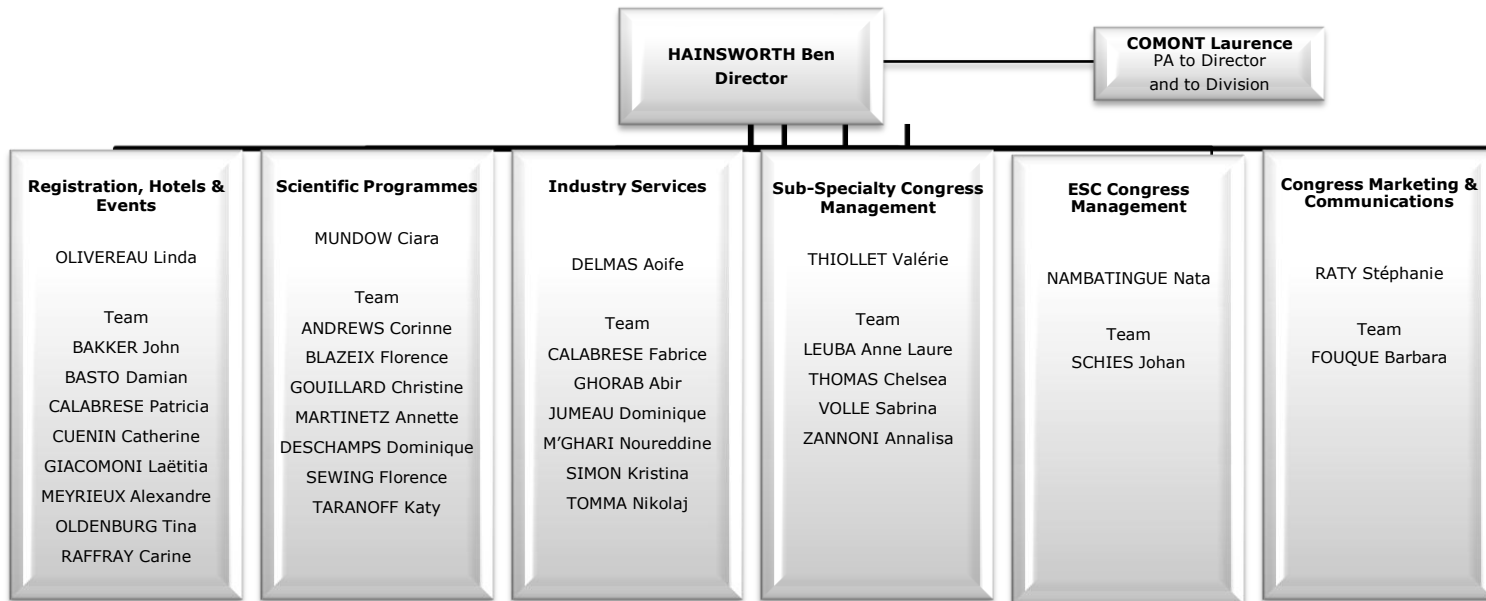
Ben Hainsworth



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Congresses & Meetings



NB: Stéphanie BRODIN, on sick-leave

ESC Congress Industry Forum 2010

- ❖ The only non-logistical meeting between us
- ❖ Discuss recent operational issues and solutions
- ❖ Discuss strategic issues facing us now and in the future
- ❖ Understand each other's position and priorities
- ❖ Consider ways to face new challenges

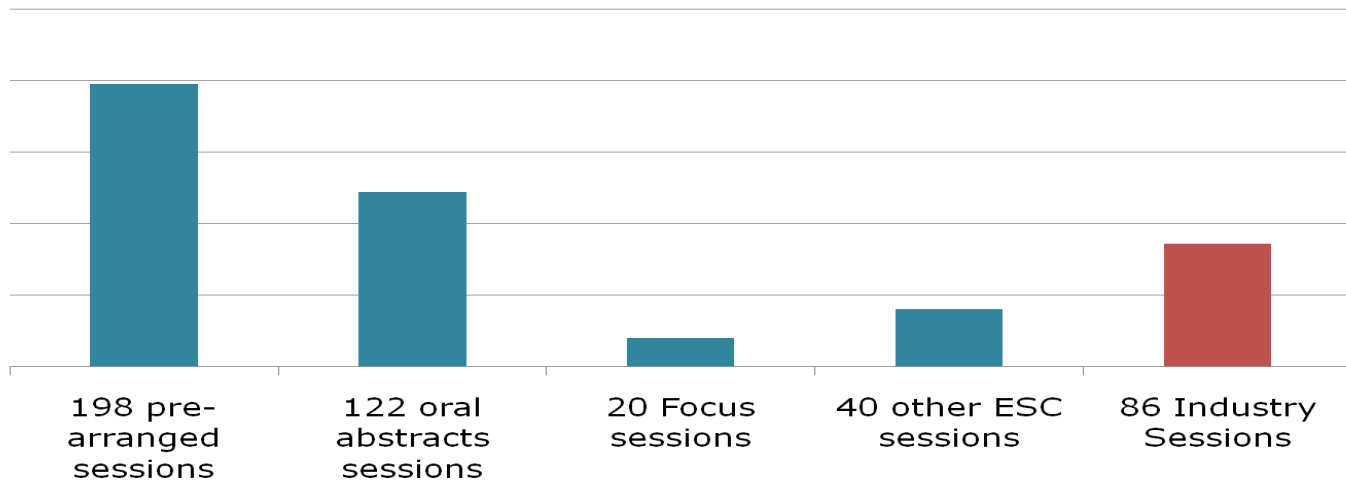
ESC Congress Industry Forum 2010

ESC Congress Metrics “at a glance”

	Average 2002 - 5	WCC 2006	ESC 2007	ESC 2008	ESC 2009	ESC 2010 Budget	ESC 2010 Actual
Abstracts submitted	9,032	10,593	9,691	9,469	9,848	9,500	9,511
Abstracts selected	2,958	3,959	3,523	3,532	4,085	± 4,000	
Lecture rooms	25	30	30	29	30	30	
Number of sessions	310	356	336	362	364	360+	
Expo m ² occupied	11,785	15,228	13,408	14,214	14,178	13,000	12,000
Satellite Symposia	57	79	59	64	63	60	55
Workshops/Mini Satellite Symposia	6	10	13	15	23	25	27
Active Delegates	19,010	25,501	23,091	23,605	25,056	23,000	
Total Attendance	24,659	32,544	29,423	30,382	31,323	30,000	

ESC Congress Industry Forum 2010

ESC Congress 2009 Scientific Programme



+ 3,357 posters

ESC Congress Industry Forum 2010

Abstracts by country for 2010

Abstracts by country	Regions	ESC CONGRESS 2010	
		Accepted	Submitted
Germany	ESC	546	936
Italy	ESC	425	913
Japan	Asia Pacific	318	783
United Kingdom	ESC	242	449
France	ESC	238	443
Greece	ESC	235	559
Netherlands	ESC	221	368
Spain	ESC	204	526
Poland	ESC	175	507
United States of America	North America	175	284
Switzerland	ESC	116	185
Portugal	ESC	112	337
Korea, Republic of	Asia Pacific	97	229
Sweden	ESC	82	172
Austria	ESC	75	131
Belgium	ESC	69	133
China, People's Republic of	Asia Pacific	67	161
Brazil	South & Central America	65	204
Australia	Asia Pacific	64	115
Norway	ESC	61	93

ESC Congress Industry Forum 2010

Abstracts by topics for 2010

	Submitted	Accepted
Arrhythmias	1255	496
Heart Failure / LV Dysfunction	1042	454
Valvular Disease / Pulmonary Circulation / Myocardial-Pericardial disease / Congenital Heart Disease & Paediatric cardiology	1150	513
Ischaemia / CAD / ACC	1396	569
Interventions / Peripheral Circulation / Stroke / Surgery	1208	572
Prevention / Rehabilitation / Sports / Nursing	1305	575
Hypertension / Pharma	479	202
Basic Science	705	391
Cardiac Imaging / Computers	971	395

ESC 2010 attendance

Physicians	23,050
Press	750
Total active participants	23,800
Exhibitors	5,500
Accompanying persons	700
Total participants	30,000

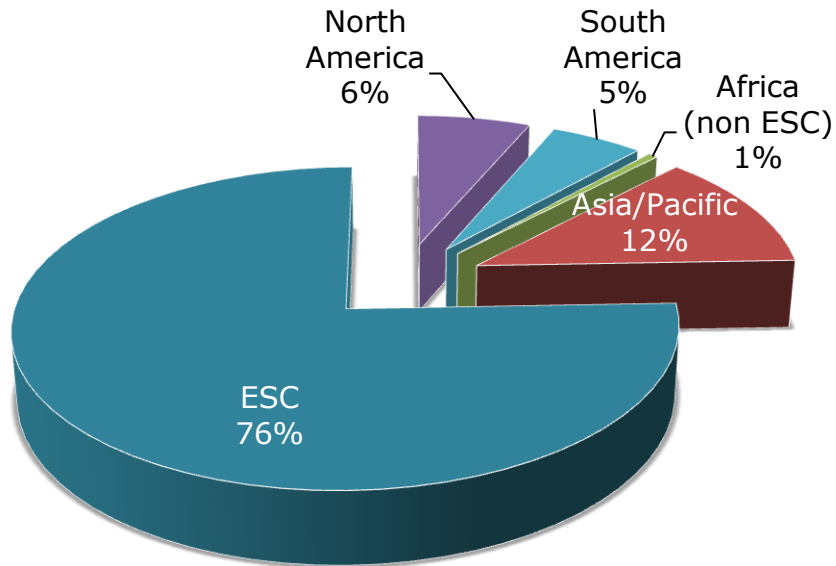
ESC Congress Industry Forum 2010

Attendance 2009: top 20 countries

Germany	2,022
France	1,952
Italy	1,734
Spain	1,611
United Kingdom	1,305
United States of America	990
Greece	912
Netherlands	731
Switzerland	654
Poland	643
Brazil	636
Turkey	610
Belgium	579
Sweden	549
Japan	532
China, People's Republic of	458
Romania	449
India	441
Portugal	418
Denmark	412

ESC Congress Industry Forum 2010

Attendance 2009: by region



Fields of Interest and Areas of Expertise	2008	2009
Heart Failure (HF)	60%	61%
Acute Coronary Syndromes (ACS)	59%	58%
Non-invasive imaging - Echocardiography, CMR, CT and Nuclear Techniques	49%	48%
Hypertension	41%	41%
Arrhythmias	38%	37%
Cardiovascular Rehabilitation and Secondary Prevention – Long-term Management	36%	35%
Chronic Ischaemic Heart Disease (IHD)	35%	35%
Valvular Heart Diseases	35%	34%
Atrial Fibrillation	30%	30%
Invasive imaging - Cardiac Catheterisation and Angiography	26%	25%
Myocardial Disease	25%	24%
Diabetic Heart Disease	24%	24%
Sudden Cardiac Death and Resuscitation	22%	22%
Syncope	20%	20%
Clinical Pharmacology	18%	18%
Infective Endocarditis	16%	15%
Basic Science (New category)	14%	15%
Peripheral Arterial Diseases	13%	13%
Rehabilitation and Exercise Physiology	12%	13%
Primary Pulmonary Hypertension (PPH)	12%	13%
Thromboembolic Venous Disease	12%	13%
Pericardial Disease	13%	12%
Congenital Heart Disease	11%	11%
Diseases of the Aorta and Trauma to the Aorta and Heart	10%	10%
Pregnancy and Heart Disease	10%	10%
Genetics	8%	9%
Cardiac Tumours	7%	6%
Other	4%	4%
Cardiac Consult (New Category)	1%	2%

Attendance 2009 Profiles

Place of Work	2008	2009
In University Hospital	63%	65%
In Non-University Hospital	34%	31%
Private Practice	16%	16%
Research (New category)	2%	5%
Other (New category)	1%	2%

Professional Activities	2008	2009
Cardiologist	78,7%	77,6%
Cardiologist - Trainee	6,0%	6,6%
Other	6,2%	6,6%
Scientist	4,1%	4,8%
Industry/Agent	4,6%	4,3%
Nurse	1,5%	1,7%
Press/Medical Writer	1,2%	1,2%
General Practitioner	0,6%	0,7%
Surgeon	0,7%	0,7%
Public Health Organisation/NGO	0,4%	0,5%
Technician	0,3%	0,2%
PR Agency/Communications	0,2%	0,2%

ESC Congress Industry Forum 2010

ESC Congress past, present and future

Phase #1

Development of a European cardiology congress

Phase #2

Growth and consolidation as the premier International cardiology congress

Phase #3

New horizon

- Societal trends
- Regulatory and Governance
- Commercial reality

ESC Congress Industry Forum 2010

Phase #3 will require **understanding** and **vision**

- Identify what elements have driven us through phases #1 and #2
- Protect them, adapt them if necessary and appropriate

ESC Congress Industry Forum 2010

- ❖ ESC **legitimacy**, representative body of the medical speciality
- ❖ International recognition and **demand** for ESC knowledge, education, leadership & community
- ❖ **Commitment** and professionalism of healthcare industry
- ❖ ESC / EHH organisational & administrative **infrastructure**

ESC Congress Industry Forum 2010

Presentation ESC Congress 2010 Initiatives

Stephanie Raty



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ESC Congress 2010: New Features

ESC For Primary Care Physicians & Nurses

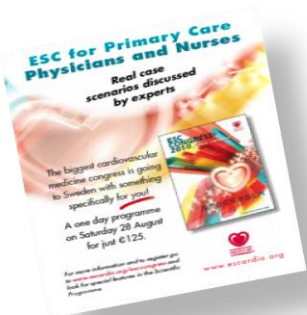
New programme dedicated to:

- **General Practitioners**
- **Primary Care Practitioners**
- **Nurses**
- **& all major players in cardiology**

Real case scenarios discussed by experts which will cover the most relevant issues professionals have to face in daily practice

A dedicated 1-day Programme (Saturday) for just €125

Inform your subsidiaries:
Invite local/Scandinavian GPS, PCP & Nurses



ESC Congress 2010: New Features

"Cardiologists of Tomorrow" Programme



**offers FREE registration
to young cardiologists,
cardiologists in training**

- < 35 y. o.
- Individuals have not yet attended
- Nor submitted papers to ESC Congress

- Partnership between the ESC, its 52 National Societies & 28 affiliate NS
- Need to train/educate cardiology trainees to ensure the progress of cardiology & related sciences over time (**specific educational Track**)
- ESC leadership would like to ensure the new generation of cardiologists:
 - Are provided with the latest data
 - Assist in the latest debates
 - Contribute to the latest research in cardiology
- New generation of cardiologists will recognise ESC Congress as *the international platform for education & exchange!*
- ESC will:
 - Offer complimentary registration (up to € 820, incl. Journal subscription)
 - Propose affordably priced accommodation

Your support will contribute to education of future generation of cardiologists
& strengthen your educational approach towards this audience
(travel & accommodation costs)

ESC Congress 2010: New Incentive "Raise Your 'My ESC' Profile"

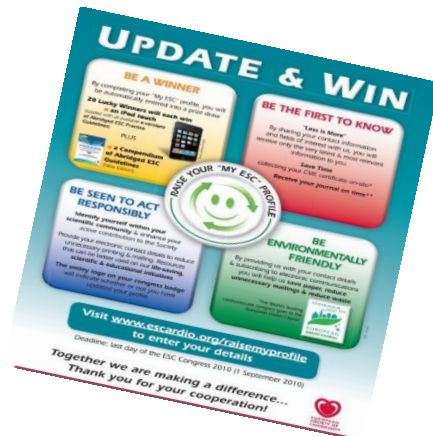


Aims:

- Have complete delegates profiles
- **Maximise our/your messages to leading cardiologists worldwide**
- Save paper, Save resources, Reduce wastes

How:

- Prizes to complete My ESC profiles
- 20 hostesses at the Congress centre
- Delivery of the CME certificate to only complete profiles



ESC Congress 2010: New Incentive "Raise Your 'My ESC' Profile"



What we need:

1. Correct nominative details (Family Name, First Names)
2. Correct email address (not the email of subsidiary nor agency!)
3. Correct physical address (not the address of subsidiary nor agency!)

emailings
Pre-congress mailings
Badge readers reports
Global reports

Help us help you:

- Inform your staff, subsidiaries & agencies
- Provide accurate data when registering delegates ("**garbage in/garbage out**")
- Ask your congress participants to log-in to their "My ESC" accounts (update personal details: place of work/fields of interests)
- On-site: invite delegates to visit a "Raise Your "My ESC" Profile" desk when leaving your exhibition stand

ESC Congress Industry Forum 2010

Presentation ESC Congress 2010 Sponsorship

Aoife Delmas



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ESC Congress 2010: New Product **ESC FOCUS Sponsor Group**



What is a FOCUS session:

- **Cardiology Practice (10)**
- **Imaging & Intervention (10)**
- **Live Sessions**
- **State of the Art Technology**

Associate with the educational requirements of delegates via these highly popular sessions by joining this exclusive group of sponsors

Sponsor Privileges:

- Distribution list of FOCUS delegates
- Exclusive Behind the Scenes access
- Educational Partner Association
- Extensive Acknowledgement



Raise your educational profile:
Join the FOCUS Sponsor Group via
sponsorship@escardio.org

ESC Congress 2010: Extended Product **Hands –On Tutorials**

What:

- Tutorials devised by industry as integral part of the scientific programme to offer hands-on learning experience to delegates in a class-room setting



Why:

- Responds to a real delegate desire to acquire learning techniques and procedures that will impact their daily practice

How:

- 4 Hands-On Tutorial Rooms – Zone C
- Programme Saturday – Tuesday
- Maximum delegate reach - Open to all delegates
- Indicated in scientific programme online & Final Programme

ESC Congress 2010: New Promotion **Industry Educational Session Display Racks**



Key Points:

- Standard presentation of industry educational sessions to delegates
- No more Standard Drop Banners
- Located in Entrance of Congress Centre
- Opportunity for promotion via giant information screen

ESC Congress 2010: New Feature

"Scene @ ESC"



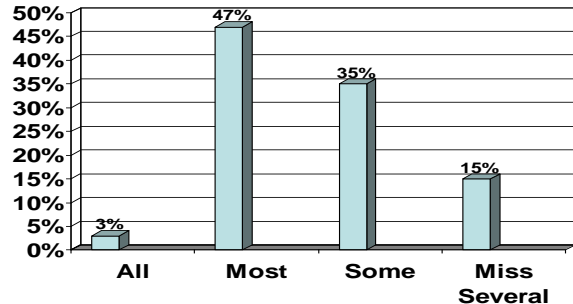
Official Replay of key ESC sessions fully integrated into the ESC Congress Scientific Programme broadcast in 2 specifically designed auditoria – Zone C

Why not?

Specific Industry Timeslots

- Simultaneous Sessions
- Diversity of Scientific Programme
- Time spent on networking/exhibition/other educational activities

When attending the ESC Congress? Are you able to attend all the sessions of interest to you?



ESC Congress 2010: New Publication MD Conference Express (MDCE)



What is MDCE?

World's first peer- reviewed medical congress highlights report

**Exclusive Sponsorship
Opportunity**
Demonstrated ROI

Key Points:

- 36 Page Overview of ESC Congress findings
- Content selection by advisory board of world experts
- Collaboration and endorsement by ESC (chairman letter, content approval)
- Extend Congress Reach via Post-Congress mailing



ESC Congress Industry Forum 2010

Presentation Oxford University Press

Elisabetta Sheffield



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European Heart Journal Supplements

ESC Points Scheme



Elisabetta Palanghi Sheffield

Head of Advertising and Special Sales

18th May 2010



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Why Consider a Supplement?



**Physicians continue to rely on
medical journals for medical
information**



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Why Consider a Supplement?



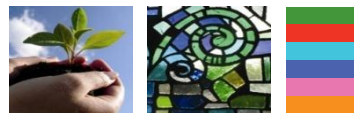
How useful do you find each of the following in your work as a Doctor

	Very Useful/Quite Useful		Not Particularly Useful		n/a	
	All	Cardiology	All	Cardiology	All	Cardiology
Events/Meetings/Conferences	91%	94%	5%	4%	4%	2%
Printed Medical Journals	93%	95%	4%	3%	2%	2%
Medical Journals Article Reprints	58%	61%	30%	28%	11%	10%
Medical Journal Websites	65%	81%	25%	14%	10%	6%
The Internet	88%	91%	7%	4%	5%	6%
CME/CPD/Other Medical Educational Materials	85%	87%	10%	9%	5%	4%
Pharmaceutical/Other Company Literature/Mailing	37%	44%	56%	50%	7%	6%
Pharmaceutical/Other Company Reps	40%	48%	52%	45%	7%	7%



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OXFORD UNIVERSITY PRESS

Why Publish a Supplement in the *European Heart Journal Supplements*?



- **High Quality Content** – Association with the **leading** European Cardiology Journal Official journal of the European Society of Cardiology (ESC)

- **Reach**

Print run **22,000** print subscribers

Online - 18,688 monthly unique users

- **Timelines**

Review - 3 weeks

Publication – 10 weeks

- **Targeted Audience** – Practising Cardiologists

Supplements Editor-in-Chief:

Francisco Fernández-Avilés



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2010 Charges for ESC Satellite Symposia



EHJ - PRINT SUPPLEMENTS

	Standard Rate		Discounted Rate for ESC Congress Related Supplements* - 10% Discount Applied		Added Value for ESC Congress Related Supplements*	Point Earned
	Supplement	per Unit	Supplement	per Unit		
24pp	€68,703	3.12	€61,833	2.81	500 free print copies	22
32pp	€76,956	3.50	€69,260	3.15	500 free print copies	25
48pp	€91,605	4.16	€82,445	3.75	500 free print copies	30
56pp	€100,270	4.56	€90,243	4.10	500 free print copies	33

RUN-ON COPY COSTS FOR A SUPPLEMENT OF 48 PP AND NO COLOUR

Number of copies	Total
500	€1,249
1,000	€2,497
5,000	€11,451
10,000	€20,819



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2010 Charges for ESC Satellite Symposia



EHJ - ONLINE SUPPLEMENTS

	Standard Rate	Discounted Rate for ESC Congress Related Supplements* - 10% Discount Applied	Added Value for ESC Congress Related Supplements*	Point Earned
	Supplement	Supplement		
24pp	€58,398	€52,559	500 free e-print	19
32pp	€65,412	€58,871	500 free e-print	21
48pp	€77,865	€70,077	500 free e-print	25
56pp	€85,230	€76,706	500 free e-print	28

REPRINT COSTS FOR A SUPPLEMENT OF 48 PP

Number of Reprints	Total
500	€4,933
1,000	€5,797
5,000	€13,628
10,000	€23,182

E-PRINTS COSTS FOR A SUPPLEMENT OF 48 PP AND NO COLOUR

Number of e-prints	Total
500	€3,946
1,000	€4,638
5,000	€10,902
10,000	€18,545



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Questions

Q & A

Thank You

Elisabetta Palanghi Sheffield
Head of Advertising and Special Sales

Elisabetta.sheffield@oup.com
0044 (0)1865 353329

ESC Congress Industry Forum 2010

Report on Closed Industry Meeting 17 May 2010

Marianne Weimers



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Agenda

1.	Welcome and round of introductions	Marianne
2.	Brief review of taskforce experience <ul style="list-style-type: none"> • Guidelines • Hotel & Accommodation • CRT Future of Scientific Communication • EBAC taskforce <p>The review will focus on how the collaboration with ESC went, taskforce results will be discussed in the Industry Forum the next day.</p>	Thomas Leo Marianne Marianne
3.	Open discussion on future collaboration with ESC and industry <ul style="list-style-type: none"> • What went well during 2009/2010? • What does industry want to improve? • Is there a common industry position? • What are our objectives for the Industry Forum? 	Thomas
4.	Election of a new ESC Congress Industry Forum leadership representative Since Thekla Grzeschik left Bayer-Schering-Pharma, a new member has to be elected.	
5.	Review of past meeting minutes Identification of unresolved issues	Marianne
6.	Any other business	Thomas

Status EBAC taskforce

Participants from Industry:

Diane Krusko – Pfizer,

Sylvia Fondaneche – sanofi-aventis,

Nathalie Ungern-Sternberg/Laure Cloarec-Blanchard – Servier

Marianne Weimers – AstraZeneca

- Previous meeting held during ESC Congress Sept 2009
- Planned taskforce meeting in January cancelled
- New Chairman to be elected at the congress in Stockholm

Status EBAC taskforce

What is new?

- EBAC will now be totally independent from the ESC
- EBAC will review the possibility to accredit educational sessions at other congresses than ESC
- Next EBAC taskforce meeting will take place in Stockholm during ESC 2010

Status – Future of scientific communication taskforce – jointly with CRT

Objective:

- To describe how Industry and ESC can collaborate on educational activities for the dissemination of scientific information
- First draft of position paper discussed at a TC on May 7
- Agreed that the document was not on objective and needs rewriting
- All taskforce members were asked to provide comments by May 10
- New draft to be available within four weeks

Status – Future of scientific communication taskforce – jointly with CRT

MW's comments related to the desposition of the document communicated

- A clear rational focusing on the objective
- Description of the role of ESC and industry in this context
- Description of the current collaboration and why needed
- Prerequisites and available regulations for such collaboration; conflict of interests declarations, Pharma rules related to regulatory compliance and anti-bribery laws
- Set some rules for collaboration between the ESC and Industry with regard to scientific communication(– e-g. support from more than one company required, marketing functions not involved in negotiations or similar)
- The future

Doctor groups set new policy to curb industry sway /Washington Post 2010-04-23

By MARILYNN MARCHIONE

No more letting industry help pay for developing medical guidelines. Restrictions on consulting deals. And no more pens with drug company names or other swag at conferences. These are part of a new ethics code that dozens of leading medical groups announced Wednesday, aimed at limiting the influence that drug and device makers have over patient care. It's the most sweeping move ever taken by the Council of Medical Specialty Societies to curb conflict of interest - a growing concern as private industry bankrolls a greater share of medical research. The council includes 32 medical societies with 650,000 members, from neurologists and obstetricians to family doctors and pediatricians. They include the American College of Physicians, the American College of Cardiology and the American Society of Clinical Oncology, the largest group of cancer specialists in the world. "We take very seriously the trust that is placed in us by physicians and patients to be authoritative, independent voices in cancer care," ASCO's chief, Dr. Allen Lichter, said in a statement. He led the panel that developed the code. One of its most controversial rules: requiring top leaders of any medical society and top editors of its journals to have no consulting deals or financial ties to industry. "When a physician stands up to represent medicine and his or her specialty, there shouldn't be any confusion as to who they're speaking for," said Dr. Norman Kahn, the council's chief executive and a former rural medicine doctor from California.

The code requires groups to:

- Publicly post any industry support the group receives, such as money for continuing education sessions.
- Decline industry funding for developing medical practice guidelines, such as who should get a drug, a test or treatment. Require that most members of a guidelines panel be free of financial ties to industry.
- Disclose any financial ties that leaders and board members have with companies.
- Ban company or product names and logos from pens, bags and other giveaways at conferences.

Fourteen groups in the council, including ASCO and the College of Physicians, have already adopted the code. Most of the rest plan to by the end of the year. Last year, leading medical journals agreed to use a uniform conflict-of-interest disclosure form for researchers publishing in their journals. The new ethics code the council is adopting should make financial ties more transparent to patients and breed professionalism and trust in doctors, Kahn said.

Doctor groups set new policy to curb industry sway /Washington Post

- "... 32 medical societies with 650,000 members, from neurologists and obstetricians to family doctors and pediatricians..."
- "...top leaders of any medical society and top editors of its journals to have no consulting deals or financial ties to industry..."
- "Publicly post any industry support the group receives, such as money for continuing education sessions"
- "Decline industry funding for developing medical practice guidelines..."
- "Require that most members of a guidelines panel be free of financial ties to industry."
- "Disclose any financial ties that leaders and board members have with companies."
- "Ban company or product names and logos from pens, bags and other giveaways at conferences."

ESC Congress Industry Forum 2010

Report on Housing Taskforce

Sophia Antipolis May 18-2010

Leo van Maanen

*ESC Congress Industry Forum Representative
Chair of the Hotel Taskforce*



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-
- **ESC Industry / Suppliers meeting**
 - **Paris 26-01-2010**
-

Who do we represent

- **26 pharma member companies globally**
 - **200 industry companies at the ESC Congress**
 - **+ 70% of world healthcare market (IMS)**
 - **Encompasses Pharmaceutical, Imaging and Diagnostic industries**
-

Code of Conduct and Guidelines

- The IPCAA Code of Conduct includes basic statements on healthcare congress issues
- The initial Code of Conduct, ratified in 1991, was recommended by (EFPIA) to all its members.
(European Federation Pharmaceutical Industry Associations)
- The Congress Guidelines document - extensively expanded over the years

• **WHY ??**



NHS links with drug firms under scrutiny

The influence of drug firms on the NHS is under wide ranging scrutiny

AZ seeks big rise in pay

Heather Tomlinson

The chief executive of drug firm AstraZeneca could earn more than £9m a year under a new pay scheme to be put to investors this month.

A new share performance plan to be given on top of the existing pay arrangements has

was paid £1.4m last year plus pension and share options. I waived half of his bonus last year because of undermining public confidence and trust in the NHS, a highly critical report on the links between the pharmaceutical industry, doctors and the government says today.

A new scheme will give directors shares worth more than six times salary if the share price outperforms that of its peers over a three-year

James Moir
Health correspondent

Britain's "lax" controls over powerful drug companies are in danger of undermining public confidence and trust in the NHS, a highly critical report on the links between the pharmaceutical industry, doctors and the government says today. It blames the Department of Health for failing to put patients and public health first, the industry for helping to promote the belief there is a pill for every ill and doctors for succumbing to companies making excessive claims for their drugs and sometimes accepting "considerable sums" for putting their names to particular products.

The all-party Commons select committee report, written each year by England alone and most of the NHS in England, cost the NHS in England £7bn a year, about 12% of the annual health budget, 80% of that is spent on patented branded products. "The Department of Health has for too long optimistically assumed that the interest health and of the industry as one," the report says. The result is that the industry has been left to its own devices too long. It may be that this is the first major committee inquiry into pharmaceutical industry almost 100 years."

The MPs do recognise medicines "contribute massively to the health of the nation" and praise the science that funds

Drug company is censured for offering perks to prescribing nurses

The drug company AstraZeneca has been censured by the UK drug industry's watchdog for offering nurses who manage chronic diseases excessive hospitality at educational meetings located in luxury hotels.

The watchdog, the Prescription Medicines Code of Practice Authority, ruled that one of the meetings had breached clause 2 of the code of practice, which says that methods of promotion must never bring discredit on or reduce confidence in the pharmaceutical industry.

The meeting, which AstraZeneca cancelled after a complaint from a local GP, was due to be held at the Cameron House Hotel in Loch Lomond. Nurses were scheduled to have three hours of talks on asthma during a stay of nearly 24 hours at the hotel, which included dinner, bed and breakfast, and lunch.

The authority, which administers the voluntary code of practice for the Association of the British Pharmaceutical Industry, ruled that the meeting "could have been held over one day without the need to provide overnight accommodation."

turning Britain every ill' society

But the MPs concluded "Breaches of advertising regulations, cover-up of negative

reports on drugs by "ghost writers" without ever seeing the raw data on which the re-



Anti-depressants: MPs criticised doctors for prescribing them 'indiscriminately on a grand scale'

Daily Mail, London, April 9, 2005

MPs blast the drug giants

A nation of pop

THE drug industry is paying a bill for every day it takes an "unhealthy" over-reliance on medicines, an influential committee of MPs said today. The report, published in the House of Commons, says the industry has been "over-reliant" on medicines for too long. It says the industry has been "over-reliant" on medicines for too long. It says the industry has been "over-reliant" on medicines for too long.

Drug giants court NHS nurses with luxury hotel breaks

SARAH-KATE TEMPLETON

NHS nurses have been invited on luxury trips to four and five-star hotels by pharmaceutical firms which manufacture the drugs they are now allowed to prescribe.

As some nurses have gained the power to decide which medicines patients receive on the NHS, they have become the target for drug firms keen to ensure

Millions taking drugs they don't need

By Jenny Hope
Medical Correspondent

THE use of drugs and medicines in Britain is out of all proportion to the true state of the nation's health, it was claimed yesterday.

Around 70 per cent of the population are taking medicines "to treat or prevent ill health or to enhance well being", according to GP Iona Heath.

"How can this level of medicine-taking be appropriate in a population which, by all objective measures, is healthier than ever before in history?" said Dr Heath, who works in North London.

Over-prescribing by doctors was actually creating sickness among the "worried well", she claimed.

Her attack, published in the British Medical Journal, follows a report published this month by the Commons Health Select Committee which said British patients were popping pills on an unprecedented scale.

It said there was an "unhealthy" over-reliance on medicines which are often "indiscriminately prescribed on a grand scale".

The report also said aggressive marketing of new treatments squeezed out cheaper alternatives, non-drug approaches or preven-

tion. Some drug companies acted as "disease mongers" with the aim of increasing the number of patients classified as ill and therefore needing treatment. The report also blamed doctors for over-prescribing the latest generation of SSRIs, antidepressants, and arthritis drugs known as COX-2 inhibitors which have been linked with side effects.

Dr Heath, who gave evidence to the committee, said excessive prescribing could lead to patients suffering from complications that could otherwise have been avoided.

She said adverse reactions to drugs accounted for 4 per cent of hospital bed capacity in the Health Service, costing about £466million a year.

She added: "As the overall health of a population increases, more money can be made from selling healthcare interventions for the healthy majority than for the sick minority."

"In rich countries, more money is now invested in research into the prevention of disease than into its treatment."

deemed to be at risk of heart lems, such as those with high cholesterol, with the aim of increasing the number of patients classified as ill and therefore needing treatment. The report also blamed doctors for over-prescribing the latest generation of SSRIs, antidepressants, and arthritis drugs known as COX-2 inhibitors which have been linked with side effects.

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She added: "As the overall health of a population increases, more money can be made from selling healthcare interventions for the healthy majority than for the sick minority."

"In rich countries, more money is now invested in research into the prevention of disease than into its treatment."

Cholesterol-lowering drugs were made available over the counter at UK pharmacies last year so people



Not in my name

How I was asked to 'author' a ghostwritten research paper.

By Adriane Fugh-Berman

at least is a recognisable form of persuasion. More insidiously, drug companies sponsor many talks at medical meetings or conferences. In the US, it is so common for a lecturer to be in the stable of a drug company that, when invited to speak, I am often asked which firm usually sponsors my talks. I declined the offer from RxComm, but another "author" was willing to do it. A few weeks later, a manuscript with alarming similarities was sent to me for peer review by the Journal of General Internal Medicine. On being

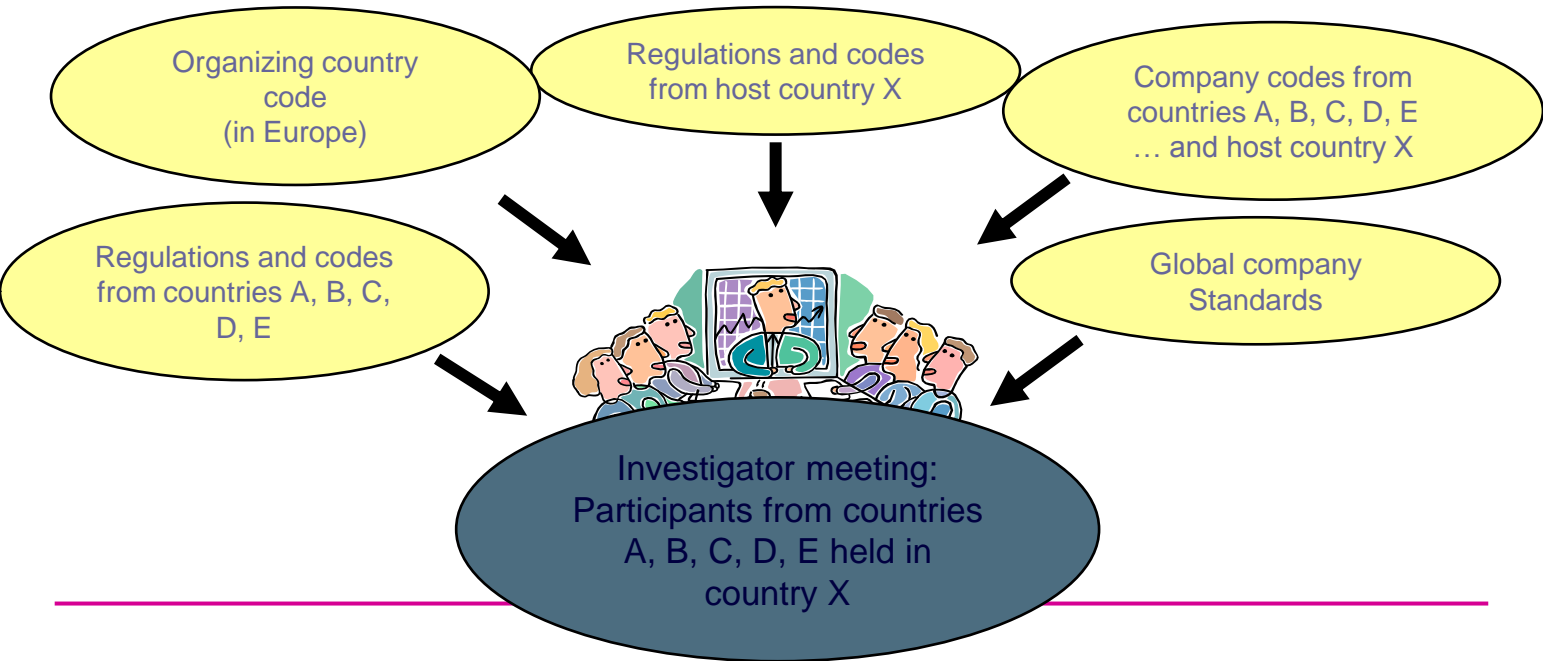
and nurses and car Groucho St

drugs, provided a 45-ing its guests to ers pan-fried and shaved beetroot duck breast and

n Lederer, a Development, told

Multi-country events:

What limits apply to hotel accommodation?



What does this mean ?

- **We can still sponsor delegates**
 - **Focus on science**
 - **Some countries have co-payment**
 - (NL-SE pay 50%, CH 33%)
 - **No accompanying persons, i.e. spouse, family member, etc.**
 - **No resort or tourism location**
 - **No luxury / no 5 star / no Resort, Golf or Spa**
 - **No entertainment**
 - **Feed the delegates so they stay alive**
-

What does this mean ?

- **Economy class on travel**
 - **Housing: Hotel rooms through the official housing bureau in order to stay within the limits.**
 - **More transparency regarding contracts and agreements.**
 - **Early availability of roomblocks (> 1 year)**
 - **Close collaboration between all partners**
 - **No brokers / middlemen**
 - **Availability of large / maximum room blocks**
 - **To optimise our presence, we have to maximise groups**
-

What does this mean ?

Internal regulations

- **Hotels 200-250 Euros/night (Tax–breakfast included)**
 - **Conseil National de l'Ordre des Médecins (CNOM) accepts no higher than 230 Euro per night** (taxes included)
 - **No CNOM approval >> No go !!**
 - **Meals (for France)**
 - Lunch 60 Euro
 - Dinners 60 Euro (VAT / drinks included)
-

-
- **Bottom-up vs top-down**
-

Task force proposals and ESC responses

Terms and conditions

- **Proposal 21: ESC to share terms and conditions of the housing bureau contract, so that the conditions can be brought in line with the contracts with the companies.**
 - **Our position: Even though the terms and conditions between the ESC and the Housing Bureau will remain confidential the conditions with hotels are reflected in the contract with each company.**
-

Task force proposals and ESC responses

Deposits

- 22) ESC to re-visit policy for housing contracts: 10% (1st deposit) upon signing of the contract. All following deposits in the year of the event: 40% (2nd deposit) by March 31, 40% (3th deposit) June 30. Final balance within 15 days after the final invoice received.
- Significant improvements have already been implemented, namely by splitting the payment : 50% upon signature and 50% by 30 April.
- Meanwhile ESC must still honor deposit payment conditions, which it should be said, are often stricter (higher deposits, earlier deadlines) when we request the largest possible room contingent as demanded by industry. The administrative costs of multiple invoicing and payments should also not be underestimated or neglected.

Task force proposals and ESC responses

Final invoice

- 23) It is suggested the ESC send the final hotel invoice no later than November 1
- Our position: In 2008 we did so before the end of the calendar year and last year by December 1. Due to the reliance on local situation however we cannot guarantee delivery before the end of the year, though we always strive to do so.

Task force proposals and ESC responses

Cancellation conditions

24) Housing deposit & cancellation conditions should be modified: Until September 1 one year prior to the event 100% can be cancelled, the 10% deposit will not be refunded. Until March 31, 30% of the room nights per hotel can be cancelled without incurring cancellation fee. Cancellations exceeding 30% will be charged 50%. From March 31 until June 30 the amount of 50% is due for the remaining rooms, However there will be a 10% cancellation fee if rooms are re-sold. From June 30 the amount of 100% is due for the remaining rooms, however there will be a 20% cancellation fee if rooms can be resold.

- Our position: This proposal is based on Proposal 28 that requires that room allocations are made 1.5 to 2 years in advance of the event, for which we are not in a position to adhere.**

Task force proposals and ESC responses

rooms - Brookers

- **25) It is suggested that ESC books a minimum of 22500 rooms, being 75% of the total delegates attending the event**
- **Our position: Our aim is also to increase the allotments and this has been consistently achieved. ESC are alone in the market to secure such a percentage.**

Task force proposals and ESC responses

Room allocation

- 26) It is suggested that room allocation to companies should be maximum per available hotel and sharing hotels with other companies should be minimized
 - Our position: This is current policy but depends very much on local hotels' capacities. The same hotels are often requested by different companies and the priority status of the company is taken into consideration when assigning the rooms.
-

Task force proposals and ESC responses

Available hotel list

- **27) It is suggested that ESC/housing supply hotel lists of total inventory, so companies can make a preferred selection (point system can still be respected by creating decision time slots)**
 - **Our position: Companies (or their agencies) currently identify the hotels they want and send us a wish list. We endeavor to both respect point ranking and maintain a respectable level of availability for lower ranked companies.**
-

Task force proposals and ESC responses

Extended Lead time

- **28) It is suggested that room selection and allocation starts 2 years prior to the event necessity**
- **Our position: An accurate Accrued Points ranking cannot be provided at this stage, furthermore most companies do not have visibility of their own requirements so far out.**

Task force proposals and ESC responses

Room list vs housing

- **29) Room lists are submitted to housing, 3 weeks prior to the event, from then housing steps back and the Company deals direct with the hotel. Name change fee no longer applies.**
- **Our position: ESC must keep track of all modifications as these will be reflected on the invoices. Furthermore, hotels do not accept to handle rooming lists directly with 3rd parties for administrative and accuracy reasons. The local agent remains the main contact. Modification fees have been reduced since 2009.**

Task force proposals and ESC responses

Extended stay and prices

- **30) Pre and post nights can be booked through housing up until 4 weeks prior to the event, however a reduced room rate should apply**
- Our position: ESC cannot hold pre and post nights without being exposed to costs. Keeping them this long will imply penalties that we should not cover. Earlier and post event date bookings are upon request and depending on availability. Reduced rates for one night prior to the official congress dates are not always available. Reduced rates for arrivals earlier than the day before the congress are possible with some hotels.

Task force proposals and ESC responses

contracts

- **Proposal 31: It is suggested to facilitate the application process by allowing companies to use their own contract templates subject to prior ESC approval of the template.**
 - **Our position: As with exhibition, satellite and other sales this proposal is impracticable.**
-

Main focus for improvements

- Focus on **transparency** and bring housing conditions in line with the industry conditions (21)
- Deposits (22)
- Pricing / commission (22-23)
- Hold 10% (22-23)
- Final invoice November 1 latest (23)
- Shoulder nights (30)

Report on CRT Future of Scientific Communication Taskforce

Muriel Mioulet



EUROPEAN
SOCIETY OF
CARDIOLOGY®

18 May 2010 – European Heart House

CRT PROJECT TEAM

“Scientific Communication”

Update

Industry Forum

European Heart House

Scientific Communication

- Scientific communication towards the medical profession as well as the patients is rapidly evolving, with new tools and new technologies.
- The development of e-medicine and e-health will have an impact on physicians' practice and it is important to anticipate and adapt to these changes.
- Both communication vehicles and message contents will need to adapt.

Scientific Communication

- First Meeting on 24 November 2009
With presence of Thomas Reichert & Marianne Weimers, representing Industry Forum
- 3 projects identified:
 1. White Paper on the collaboration between ESC and Industry (Chairs: A.Schaefer-Jugel/M.Komajda)
 2. Market Research to identify communication needs within the cardiovascular community (Chairs: A.Potgieter/M.Cowie)
 3. 3rd step: Definition of a strategy for scientific communication, using the results from the market research

White Paper

Scientific Communication – White Paper

- 28 January: Meeting AS-J/MK to define a brief for a medical writer
- 22 February: Meeting with the medical writer to clarify the brief
- 22 March: Review of the first paper outline, to prepare a first draft.
- 07 May: Review of the first draft with the full project team and clarification of the objectives.

Scientific Communication – key messages

- Cooperation as it is happening today in Europe is beneficial for healthcare and the patient
- Collaboration is needed and necessary
- Focus on Research
 - Not only because of financial support, but because of exchange of expertise (1+1=3)
- Focus on CME
 - Who takes responsibility of CME at the moment?
 - No one, but Industry and Medical organisations
- The cooperation must be and is widely regulated
- Keep up the transparent, ethical, partnership approach in Europe

Market Research

Market Research

- Brief agreed by the project group
- February: Call for proposals to 6 companies
- 5 proposals received
- 2 companies short-listed
- 07 May 2010: presentation by the companies to the project group
- SHIFT LEARNING selected for the project

Scientific Communication – Market Research - Objectives

To obtain a better understanding of what kind of professional services the cardiology community requires from the ESC/professional societies and where and how this community seeks these services.

To establish what the most effective and relevant communications methods are.

To identify any mismatch between what the ESC currently offers and the expectations of European cardiologists, particularly with a view to the future.

The overall aim will be to understand how the ESC can broaden its appeal both in terms of converting prospective members to membership and in terms of moving these members towards making a more active contribution to the Society.

Methodology

1

In-depth
telephone
interviews

2

Online
focus
groups

Type of respondents

Young cardiologists

Within the first 5 years of independent professional practice

Variety of specialities

Range of familiarity with ESC

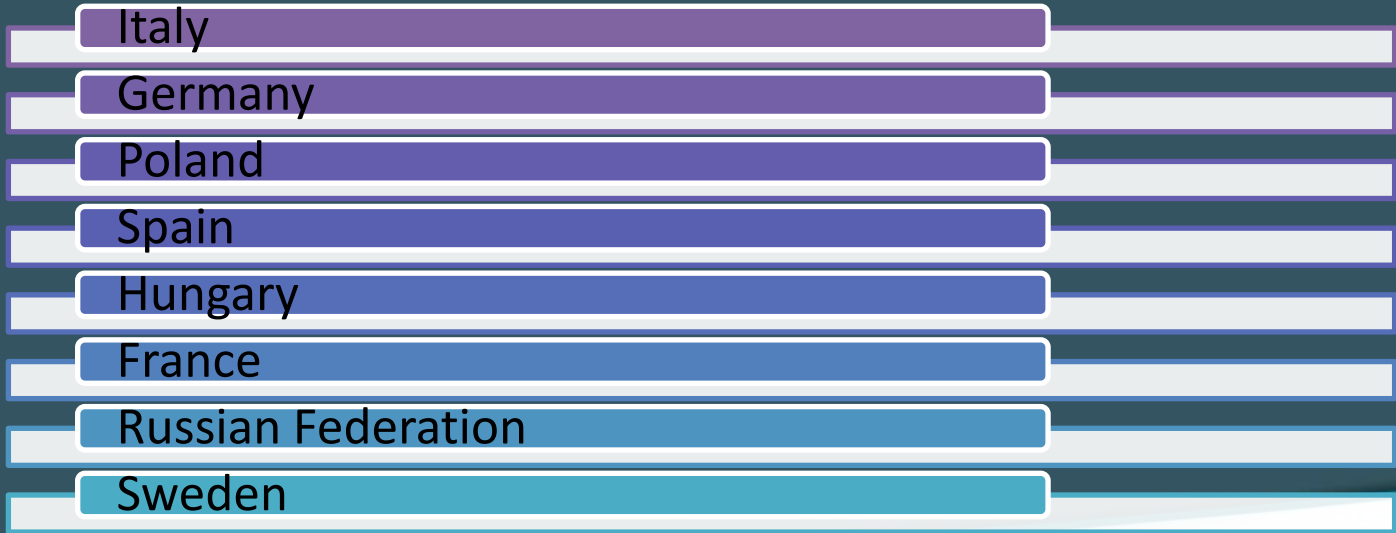
Cardiologists in private practice

Less likely to join the ESC

Variety of specialities

Range of familiarity with ESC

Territories: based on ESC activity + potential



196 total interviews

- 160 telephone interviews

	Italy	Germany	Poland	Spain	Hungary	France	Russ. Fed.	Sweden
Young	10	10	10	10	10	10	10	10
Private Practice	10	10	10	10	10	10	10	10

- 6 focus groups with 6 respondents in each

Scientific Communication – Market Research - Objectives

To obtain a better understanding of what kind of professional services the cardiology community requires from the ESC/professional societies and where and how this community seeks these services.

To establish what the most effective and relevant communications methods are.

To identify any mismatch between what the ESC currently offers and the expectations of European cardiologists, particularly with a view to the future.

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Report on Industry Guidelines Taskforce

Thomas Reichert



EUROPEAN
SOCIETY OF
CARDIOLOGY®

18 May 2010 – European Heart House

Results of the ESC Congress Guidelines for Industry Participation Task Force

Aoife Delmas, ESC
Thomas Reichert, Guidelines Task Force

Guidelines Task Force

- Ingrid Marti, Actelion
- Marianne Weimers, Astra Zeneca
- Christian Claus-Roth, Novartis
- Martin Hess-Janorschke, Roche
- Dany Ruinet, Sanofi-Aventis
- Laure Cloarec-Blanchard / Sylvain Gaudron, Servier
- Thomas Reichert, Siemens (Chair)

Involved ESC Representatives

- Ben Hainsworth,
Congress Division Deputy Director
- Stephanie Raty,
Head of Industry Services Department
- Aoife Delmas,
Sponsorship & Sales Supervisor

Schedule of Events

- 3 November 2009, Stockholm:
Formation of Guidelines Task Force
- 23 January 2010:
Distribution of suggested changes to all industry partners
- 26 February 2010:
Submission of suggested changes to ESC
- 18 May 2010, Sophia-Antipolis:
Presentation of agreed upon changes to Industry Forum
- ESC Congress 2011:
Implementation target date

Legend



Industry Proposal



ESC Position



Item resolved

(11 of 20 items)



Item to be resolved

(4 of 20 items)











Item resolution questionable (4 of 20 items)



Item resolution failed (1 of 20 items)







Items 1-4

Industry Sponsored / EBAC Accredited Sessions

1. Meetings during Congress but outside of session hours
 - ♥ - industry to provide full listing to ESC
 - less than 150 people permitted
 - more than 150 people: ESC approval required
2. 90 min satellite symposium requires grant equivalent to 50 m2 booth space instead of actual exhibit
 - ♥ - ESC open to negotiate exceptions where judged necessary (not in guidelines)
3. 45 min Sunday satellite pricing equal for all companies
 - ♥ - 24.000 € for all, traditional reductions apply
4. Better communicate value add of EBAC accreditation
 - ♥ - ESC open to all suggestions (online or other media)

Items 5-7:

Webcasts of Industry Organized Sessions (1)

- ESC representatives and Guidelines Task Force agree on certain aspects of a future Webcast product (cf. next 3 slides).  
- ESC representatives will develop a product proposal based on these aspects. 
- Proposal will be submitted ESC Board and Congress Programme Committee. 
- ESC representatives will seek a decision in time for the ESC Congress 2011 guidelines.
(subject to product development and approval) 


Items 5-7: Webcasts of Industry Organized Sessions (2)

Agreed upon aspects (1):



- Ensured visibility
 - Adequate balance between integration with and distinction from scientific program
 - Uniform appearance across all scientific and industry sessions and across all companies
 - Common search possibilities
 - Disclaimer
 - ESC right of intervention
- (subject to product development and approval)



Items 5-7: Webcasts of Industry Organized Sessions (3)

Agreed upon aspects (2):



- Ease of use
 - Easy navigation
 - Access to individual presentations (menu structure)
 - Parallel availability of short highlight / synopsis and full versions
 - Parallel visibility of speaker and slides
 - Uniform technical specifications
- Availability within days after ESC Congress

(subject to product development and approval)



Items 5-7: Webcasts of Industry Organized Sessions (4)

Agreed upon aspects (3):















- Standard options for all industry partners:
 - Hosting of Webcasts on ESC Website
 - Production of Webcasts according to specification (available through ESC or supplier of choice)
- Property rights and speaker approval responsibility remains with industry partner.



To be considered: Weblinks from Webcast pages
(subject to product development and approval)






Items 8-11 Exhibition

- 8. Ban “food and nutrition specialists and companies advertising sporting and healthy life style goods”
 - ESC requires “demonstrable interest related to the prevention and management of cardiovascular disease”


- 9. If “companies provide ESC with a complete name list prior the congress, green stickers will be provided at exhibitor registration without the need to be accompanied”.



- 10. “If there is a danger of unfairly blocking another stand from view, even where all these Guidelines are respected, the ESC will retain all rights of approval of the final stand design.”



- 11. Allow to hang e.g. lightning from ceiling w/o blocking view
 - “ESC will allow suspension of individual points for lighting on "invisible" iron cords, must not exceed the overall height structure of the stand and no truss structures will be accepted”.



Items 12-15:

Improved Web links for Industry Organized Sessions (1)

- ESC representatives and Guidelines Task Force discussed certain aspects of an improved Web link product (cf. next 5 slides).  
- They will be taken into consideration by the ESC over the coming months to try and improve the validity and ROI of this product. 
- ESC can not commit development and decision in time for the ESC Congress 2011 guidelines.
- Note: Changes will not affect EBAC sessions.

(subject to ESC development and policy change)



Items 12-15: Improved Web links for Industry Organized Sessions (2)

Discussed aspects (1):



- Improve validity of product
 - Ensure optimum user traffic
 - Web link button to replace details button
- Clear distinction between ESC pages and industry pages (cf. next 2 slides)
 - Page top and / or mouse-over disclaimer
 - Web link opens in new tab / window

(subject to ESC development and policy change)



SPO Daily Program Example

Scientific Programme Online





















ESC Congress 2008

30 August - 3 September - Munich (DE)



Saturday 30 August 2008

Note: Clicking on  will open an industry Web page for which ESC cannot assume any responsibility.

Time	Type	Session Title	Room	Details
12:00-13:30	Satellite Session	Tackling atherosclerosis in high risk patients: setting new standards	Madrid - Zone A1	
12:00-13:30	Satellite Session	New developments in cardiac computed tomography diagnosis	Vienna - Zone A4	
12:00-13:30	Satellite Session	Combination treatment in hypertension	Cairo - Zone B1	
12:00-13:30	Satellite Session	Optimising pharmacological therapy for at-risk acute coronary syndromes patients click here	Stockholm - Zone B1	
12:00-13:30	EBAC Accredited Educational Programme	Debates and dialogues in atrial fibrillation	Copenhagen - Zone B3	
12:00-13:30	EBAC Accredited Educational Programme	Heart failure management today and tomorrow - The outlook in 2008	Rome - Zone C	
12:00-15:30	Satellite Session	Cardiovascular risk management - From prevention to treatment	Brussels - Zone A1	
12:00-15:30	Satellite Session	Know the score: best practices in reducing cardiovascular mortality	Paris - Zone B1	
14:00-15:30	Satellite Session	Key lessons from morbidity/mortality trials: Evidence for benefits of the perindopril/amlodipine combination	London & The Hague - Zone B4	
14:00-15:30	Satellite Session	Leading innovations in ultrasound cardiac imaging	Vienna - Zone A4	
14:00-15:30	EBAC Accredited Educational Programme	Optimising outcomes in acute coronary syndromes: role of new approaches to platelet inhibition.	Rome - Zone C	
14:30-16:00	Satellite Session	A step beyond: an innovative approach to anticoagulation management	Budapest - Zone A1	
14:30-16:00	Satellite Session	Preliminary and clinical aspects of autologous stem cell therapy	Oslo - Zone A1	
14:30-16:00	Satellite Session	Second generation drug eluting stents and the implications of change	Berlin - Zone A3	
14:30-16:00	Satellite Session	Latest advances in 2D and live 3D echocardiography	Bucharest - Zone A4	
14:30-16:00	Satellite Session	From hypertension to protection: contribution of angiotensin receptor blockers in the fight against cardiovascular disease	Cairo - Zone B1	
14:30-16:00	Satellite Session	Why Inhibiting Cholesterol Absorption and Production is Today's Treatment Standard click here	Stockholm - Zone B1	
14:30-16:00	Satellite Session	Cardiac insights in recurrent stroke prevention click here	Ankara - Zone B3	
14:30-16:00	EBAC Accredited Educational Programme	Oral antiplatelet therapy for acute and chronic management of ischaemic heart disease click here	Athens - Zone B3	
14:30-16:00	Satellite Session	Revolutionary cardiac imaging technologies for improved patient care in Coronary Artery Disease click here	Copenhagen - Zone B3	

This button leads to an industry Web page for which ESC cannot assume any responsibility.




















(subject to ESC development and policy change)

SPO Advanced Search Example

Note: Clicking on  **will open an industry Web page for which ESC cannot assume any responsibility.**

17 results found.

Date	Time	Changed	Final Prog. Number	Title	Person	Room	Session
30 Aug 2008	12:00-15:30			Cardiovascular risk management - From prevention to treatment	Chairperson(s) : L Ryden (Stockholm, SE), M Tendra (Katowice, PL)	Brussels - Zone A1	
30 Aug 2008	12:00-13:30			Tackling atherosclerosis in high risk patients: setting new standards	Chairperson(s) : J-P Bassand (Besancon, FR), P G Steg (Paris Cedex 18, FR)	Madrid - Zone A1	
30 Aug 2008	12:00-13:30			Combination treatment in hypertension	Chairperson(s) : G Mancia (Milan, IT), R Ferrari (Ferrara, IT)	Cairo - Zone B1	
30 Aug 2008	12:00-13:30			Optimising pharmacological therapy for at-risk acute coronary syndromes patients click here	Chairperson(s) : E Braunwald (Boston, US), C W Hamm (Bad Nauheim, DE)	Stockholm - Zone B1	
30 Aug 2008	12:00-13:30			New developments in cardiac computed tomography diagnosis	Chairperson(s) : J J Bax (Leiden, NL), W Rutsch (Berlin, DE)	Vienna - Zone A4	
30 Aug 2008	12:00-15:30			Know the score: best practices in reducing cardiovascular mortality	Chairperson(s) : A M Heagerty (Manchester, GB)	Paris - Zone B1	
30 Aug 2008	14:00-15:30			Key lessons from morbidity/mortality trials: Evidence for benefits of the perindopril/amlodipine combination	Chairperson(s) : R Ferrari (Ferrara, IT), G Mancia (Milan, IT)	London & The Hague - Zone B4	
30 Aug 2008	14:00-15:30			Leading innovations in ultrasound cardiac imaging	Chairperson(s) : J Gorcsan (Pittsburgh, US), H-J Nesser (Linz, AT)	Vienna - Zone A4	
30 Aug 2008	14:30-16:00			Why Inhibiting Cholesterol Absorption and Production is Today's Treatment Standard click here	Chairperson(s) : T R Pedersen (Oslo, NO), A K Gitt (Ludwigshafen, DE)	Stockholm - Zone B1	
30 Aug 2008	14:30-16:00			Second generation drug eluting stents and the implications of change	Chairperson(s) : P W Serruys (Rotterdam, NL), C W Hamm (Bad Nauheim, DE)	Berlin - Zone A3	
30 Aug 2008	14:30-16:00			Preclinical and clinical aspects of autologous stem cell therapy	Chairperson(s) : J Bartunek (Aalst, BE), K-H Kuck (Hamburg, DE)	Oslo - Zone A1	
30 Aug 2008	14:30-16:00			From hypertension to protection: contribution of angiotensin receptor blockers in the fight against cardiovascular disease	Chairperson(s) : C M Ferrario (Winston-Salem, US), R Schmieder (Erlangen, DE)	Cairo - Zone B1	
30 Aug 2008	14:30-16:00			Revolutionary cardiac imaging technologies for improved patient care in Coronary Artery Disease click here	Chairperson(s) : P J De Feyter (Rotterdam, NL), J Mair (Innsbruck, AT)	Copenhagen - Zone B3	
30 Aug 2008	14:30-16:00			A step beyond: an innovative approach to anticoagulation management	Chairperson(s) : H R Bueller (Amsterdam, NL), FWA Verheugt (Nijmegen, NL)	Budapest - Zone A1	
30 Aug 2008	14:30-16:00			Cardiac insights in recurrent stroke prevention click here	Chairperson(s) : H C Diener (Essen, DE), S Yusuf (Hamilton, CA)	Ankara - Zone B3	
30 Aug 2008	14:30-16:00			Impact of modern diagnostic tools in pulmonary arterial hypertension	Chairperson(s) : N Galie (Bologna, IT), C F Opitz (Berlin, DE)	Prague - Zone B3	
30 Aug 2008	14:30-16:00			Latest advances in 2D and live 3D echocardiography	Chairperson(s) : M Pepi (Milan, IT), H P Kuehl (Aachen, DE)	Bucharest - Zone A4	



This button leads to an industry Web page for which ESC cannot assume any responsibility.



(subject to ESC development and policy change)

Items 12-15:
Improved Web links for Industry Organized Sessions (3)

Discussed aspects (2):



- Enable conscious user decision to continue on ESC or industry Web pages
 - Linked Web pages can be regular industry pages including navigation to related industry topics.
 - Content of directly linked page will still require ESC approval prior to link activation.

(subject to ESC development and policy change)



Items 5-7:

Improved Web links for Industry Organized Sessions (4)

Discussed aspects (3):




- Web link to become part of standard industry session package
 - Increase usage from 20% to 100% of industry partners
 - Lower additional price per link accordingly
 - Ensure uniform appearance


(subject to ESC development and policy change)



Item 16

Refer delegates to sessions of interest


16. Enable companies to refer potential delegates to ESC scientific sessions of potential interest 

 - ESC requires disclaimer: “This session is an official scientific session of the ESC Congress, XXX has in no way been involved in, contributed to or affected the outcome of this/these scientific session(s), wholly devised and organised by the ESC Congress Programme Committee. For further information on this session(s), please refer to www.escardio.org”



Items 17-20:

Application / contract for industry sessions & exhibition

- 17./19. The ESC will harmonise application forms for exhibition, industry sponsored sessions and sponsorship activities to apply same terminology. Application forms will refer to an "agreement" rather than a "contract" between the parties - signature of the agreement will imply acceptance of the terms outlined in the Guidelines for Industry Participation. 
- 18./20. Any requirement by industry for a contract separate to the agreement will be processed on a case by case basis and will be in subsequent addition to the necessary application forms for each activity 