Message from the Chair
Alex Feng, Chair, PHTD 2011-2012

Change – it’s the one thing that, ironically, won’t change in our lives.

It’s affecting the world we live in, our economies and our jobs.

But it’s also an opportunity for all of us to remake ourselves, to grow in ways we may not have imagined – and ultimately, to flourish!

Hopefully you’ve caught my excitement at our opportunities at the Spring Meeting in Baltimore, where we discussed our ever-changing landscape and the opportunities that we have before us. It’s a theme that will continue both at the upcoming SLA Annual Meeting in Chicago and throughout the rest of the year!

It is with this excitement that, with this issue of CapLits, we are beginning an exciting series of articles entitled “Librarians in Adjacent Careers,” a series which will continue on a regular basis both in CapLits (with shortened digests) and on the new PHT Division website (with the full articles).

The idea for these articles arose primarily from our stories – how our jobs are changing as information professionals in life science companies. Not only is our world changing, our companies are changing – and so are the jobs that we are finding ourselves in. Our old jobs – involving a large amount of shelving, archiving and reference work – are diminishing, and the old skill sets that were once essential are no longer as valuable.

But this is a very good thing.

With the evolution in our companies and our jobs, we are also evolving. We are adding analysis to our skill set and being actively involved in business decisions. We are business owners ourselves, deciding what activities to continue and what services to prune. Rather than being a cost center, we are directly contributing and increasingly being viewed as a strategic asset.

With the change in roles, our job titles may also be changing.

In some cases, we change our roles and keep similar job titles and in others, we keep our roles and change our job titles. In either case we stay within the company, in a close adjacency, a logical side step from where we were. Others of us, however, are taking our key skill sets and making a huge leap – changing roles, job titles, departments, and even companies – in some cases, all at once! And we’re finding that our new landing spot is new, but also a pretty exciting and invigorating place to be.

The goal of this series is to tell these stories – to tell about the exciting parts, to tell about the challenges, to tell about what it’s like in a completely different place – and how we as librarians can thrive there. So that we all can benefit – certainly by cheering each other on – but as importantly, by providing a path forward so we can all be ready for our next career move, even if it is a big leap!

Please enjoy these stories – I’ve been inspired interviewing each of our distinguished colleagues, and I’m sure you will be too.

See you in Chicago!

Cheers,
Alex

Alexander Feng is the Director of Strategic Research at the dd+p group, a medical device, diagnostics, and pharmaceutical consultancy. He lives in Cincinnati, Ohio with his fantastic wife Laura and their three little ones: Hannah, Timothy, and Phoebe.
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Librarians in Adjacent Careers

A New Series by Alex Feng

Barbra Rosenberg

Current Position: Senior Director, Strategic Account Planning (Sales)

Most Recent Library Position: Senior Manager, Library Director (2007)

How did you get to where you are today?

I’ve never said no if someone asked me to take on a new assignment, because I was always writing my own job description. I’ve also always been a big believer in marketing myself – whenever there was somebody new I always made a point of trying to introduce myself.

I did that with the person who ended up changing my life – my corporate mentor. Shortly after he was hired as the head of the division that I reported into, I set up a meeting with him to discuss the services I provided and how that could help him. Within a few months he asked me to assist with a marketing war room. Working in a “war room” was nothing I’d ever done before, but it turned out well. Our relationship developed from there and he kept asking me to take on different projects while still in my role as a librarian.

“Barbra Rosenberg” continued on page 5
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Publishers of Quality Research
In January 2007, he called me into his office and said, “Barbra, would you be interested in doing something outside of being a librarian?” And I said “Sure!! What is it?” (I said yes before I knew what it was!)

When his initial answer was sales, I thought, “Hmm, I'm not really good at sales.” But that's how I made that first step. That first year, my job was managing the sales operations process, providing sales analyses, and helping with process development for a CRM system.

I had to learn how to become proficient in Excel and overcome my fear of spreadsheets (it's hard to analyze sales without them!). I also had to improve my PowerPoint skills because in the corporate world, nobody writes Word documents anymore. In fact, one of the things that made me more valuable to my mentor was my writing style and writing skills. I could write very clearly and succinctly (an important organizational skill, in my opinion) and my mentor kept leveraging that. I sat in on the quarterly management meetings and knew the whole big picture — and presented trends to them on an ongoing basis and actively helped write the slides. So in leaving the library, I moved from supporting strategic activities to directly contributing to them.

A few years after my initial career switch (my role expanded one more time during this period) my mentor began leading the effort to introduce strategic account management as a discipline in the company. He approached me about a new position in that area a few months later. That's how I moved into my third post-library job — the position that I’m currently in.

What I’ve discovered is that anybody that has a job that’s hard to describe (the position I’m in now) is often doing something that they weren’t initially trained to do. Most companies have roles which require good people who can be responsible, who can try to deliver on time and who are willing to step back and see what needs to be done and be OK with uncertainty.

**So what is strategic account management?**

It involves managing your most important customers and looking at things from both the sales and an operational perspective. The goal is to fundamentally change the customer/supplier relationship in a way that’s beneficial to both parties. Strategic account planning is one part of that process which requires the team to identify their goals and long-term objectives. It’s not just about increasing your numbers, your revenue.

The first year in this role, I focused on helping to define the process for our company. As this program has matured, I’m now working on managing best practices for our strategic partnerships. At this point I feel that I’m doing knowledge management again because everyone is doing things slightly differently and I’m gathering all that information together. I’m identifying what I think is the best way of doing things and going back with the subject matter experts and helping to train people — so it’s capturing and developing our intellectual
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property around these topics and training people on them and then continuing the cycle by doing lessons learned.

**What are the key skills for success?**

In strategic account management there is this association, SAMA. I think it’s really useful to join and at least read what other people are doing. A lot of it comes from a sales background but it’s fascinating to see a different professional perspective.

In term of skills for my current role, it’s really about organizing information. For a strategic account plan, there is a lot of information you want to capture about your accounts and it’s not just sales numbers. It’s also what are we doing operationally, what are we delivering? If you’re in a product environment, what are the products and then what are the account’s goals and how can we help the account to meet those goals? Basically, I’m organizing information again in a more strategic fashion.

Strategic account planning is process-focused and about capturing information and how you’re going to share that information within whatever your team is. It definitely helps that as a librarian I always looked across all the parts of the company and developed a big picture view. I never was looking just at one slice of things and that’s critical to strategic account management because you are not just supporting one group.

Full interview available at the PHT website: [http://pht.sla.org](http://pht.sla.org)
The National Library of Medicine’s (NLM) Drug Information Portal
<http://druginfo.nlm.nih.gov/>

The portal provides links to sites from the National Library of Medicine and other key U.S. government agencies for over 31,000 selected drugs from their entry into clinical trials through arrival into the marketplace. Information includes consumer health summaries, clinical trials, chemical structures, and PubMed biomedical literature. Coverage includes drugs found in NLM and other government resources, drugs with official generic name status such as USAN (United States Adopted Name) or INN (International Nonproprietary Name) and drugs having categories extracted from the NLM MeSH Pharmacological Action field. All drugs in the FDA Substance Registry System maintained by NLM are also covered, as well as those in the Daily Med and Drugs@FDA systems. Drugs coming from other countries are covered but not as thoroughly as U.S. drugs. Experimental drugs or untested folk remedies not covered by NIH and government resources are not included in the Drug Information Portal.

The system default is a search on a drug’s trade name or generic name. Autocomplete offers suggestions after typing the initial letters of a drug’s name or a drug category. Searching with truncations is available. Use an asterisk (*) at either or both ends of a term to find text embedded in a drug name. For example, ibuprofen* finds drugs that begin with the term “ibuprofen”, "buprenorphine" finds “Buprenorphine mixture with Naloxone” or “N-(3-Butenyl)norbuprenorphine”. “cillin” finds a range of drugs from “Penicillin” to “Tobicillin”. You may retrieve multiple answers when searching via truncation and can select individual drugs from the results list.

You can also search by drug category by selecting the radio button next to By Category. Drug categories contain data taken from an extended version of NLM's MeSH Pharmacological Action (PA) field. It has cross references from the MeSH file, as well as some that have been added by NLM. You can see a list of available categories and their descriptions by clicking the Show drug category descriptions on the Drug Information Portal home page. A drug usually has more than one category assigned to it. Once you retrieve a drug record, you can search for any of the Categories listed in the box below the drug name by clicking on them. This retrieves the other drug records in that category.

General drug classes can be searched by using the generic name stem of a drug. A table of these stems is available <http://druginfo.nlm.nih.gov/drugportal/jsp/drugportal/DrugNameGenericStems.jsp>. Name stems must be search in the Name search box by using asterisks for truncation, such as “pril” to find drug names that correspond to Antihypertensives (ACE inhibitors) such as Captopril.

It is also possible to search the Drug Information Portal using a Food and Drug Administration Unique Ingredient Identifier (UNII). To do this, add UNII- to the beginning of a number. For example, to search for P6YC3EG204, type in UNII-P6YC3EG204 and make sure you’ve selected the radio button next to “By Name”.

If the system can’t find the drug name entered, it displays a message that the word may be spelled wrong or the wrong “By Name” or “By Category” option may have been selected or the word is not in the Drug Information Portal database. The system also offers a list of names in the database that are similar to what was typed in the search box.

The results page provides a description of the drug and links leading to more information from selected resources. The drug name is usually the official generic name for the drug. If available, the source of the generic name such as “USAN” is shown in brackets, with a pop up explanation if the mouse is hovered over the data in brackets. The description is usually taken from the “Note” field of the NLM MeSH file. You can see synonyms for a drug by clicking on the show more names link. Click on the show structure link to display the drug’s 2D chemical structure diagram. All categories which have been assigned to a drug are displayed by clicking show more categories. There is an information button (i) that opens a window giving a more complete description of a term or phrase.

The links to information resources discussing a given drug are sorted into three categories. Resources listed under Summary provide easy-to-understand information about a drug. Those resources listed in the Detailed Summary give more comprehensive and technical information. And Additional Resources links to sites elsewhere in the world of Federal online information. Holding your mouse over a resource link shows more detail about that resource. Clicking on a resource link opens a new window with the results from that resource.
Summary


ClinicalTrials.gov http://ClinicalTrials.gov – Patient studies for drugs and treatment


Detailed Summary


ChemIDplus® http://chem.sis.nlm.nih.gov/chemidplus/chemidheavy.jsp – Chemical structure and nomenclature and resource locator

Additional Resources


Drugs@FDA http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm – Information from the U.S. Food & Drug Administration

USA.gov http://usasearch.gov/ – Information from other government resources

Mobile access to the Drug Information Portal went live in April 2012. The mobile version is useable by iPhone, Android and BlackBerry phones. It has the same spell-check, auto-suggest, and embedded drug name match that is in the original Drug Information Portal as well as a dynamic chemical structure display. The system automatically switches to the mobile version if the main Drug Portal detects a mobile phone. It will also try to link to mobile versions of a given resource when it is available.

Find more information about the NLM Drug Information Portal and other NLM resources on the Division of Specialized Information Services home page, http://sis.nlm.nih.gov/. Send questions about these resources or suggestions for drugs to be added to the Drug Information Portal to tehip@teh.nlm.nih.gov. The NLM Drug Information Portal was developed and is maintained by an Interdisciplinary and inter-organizational NLM team led by Dr. George Hazard. He may be reached at hazardm@nlm.nih.gov.

Stephanie Publicker

Stephanie Publicker has an Associate Degree in Nursing, a BA in Italian and a Masters in Library Science. Since receiving her MLS from the University of Pittsburgh in 1991, she has been involved in end user training, getting her start when users were thrilled to have a 2400 Baud modem. She began her Federal career in 1994 at the National Institutes of Health Library. She then worked at the Biotechnology Library of the US Patent and Trademark Office. She currently works in the National Library of Medicine’s Specialized Information Services Division where she is involved in end user training, database development, and web content management.
Sunday AM/PM

11:00 – **PubMed for Experts** Designed as an advanced class for experienced MEDLINE searchers, this hands-on session will highlight advanced PubMed techniques that can be used to conduct comprehensive searches. Attendees are encouraged to share difficult search experiences (both past and present) to discuss with the class. Participants are eligible for two MLA continuing education credits. Please bring your own computing device; Internet access *will* be provided but laptops/iPads will *not*. NOTE: this class is *free* but we ask that you preregister online at [http://pht.sla.org/event-registration-2/?ee=2](http://pht.sla.org/event-registration-2/?ee=2)

1:00 – **Using the TOXNET Toxicology Data Network**

This session is designed to convey the basics of searching the NLM’s TOXNET®, a Web-based system of databases in the areas of toxicology, environmental health, and related fields. Participants are eligible for two MLA continuing education credits. Please bring your own computing device; Internet access *will* be provided but laptops/iPads will *not*. NOTE: this class is *free* but we ask that you preregister online at [http://pht.sla.org/event-registration-2/?ee=2](http://pht.sla.org/event-registration-2/?ee=2)

Monday AM

8:00 – 9:30 **Networking Breakfast**

10:00 – **Collaborative Insights** A collaborative session co-developed by the CI, KM, BF and Pharma divisions. As competitive intelligence and information management evolve, collaboration can lead to better results. Speakers will address how to develop insights through collaboration from different perspectives.

Monday PM

12:00 – **Pharma Chatter: Capturing and Managing Non-traditional Information for Competitive Advantage** Learn about the unique nature of competitive intelligence in the pharmaceuticals industry and hear how info pros are using it to improve their organizations’ competitive advantage. Learn how insights from a variety of sources can help you to deliver value to your organization.

4:00 – 5:30 **PHTD Business Meeting and Snack**
Tuesday AM

8:00 – 9:30  From Info Pro to Info Hero: 5 Easy Ways to Turn Information into Insight  It’s no longer enough to efficiently and cost-effectively find the best information. Now we also have to add value to our research products, and develop the services that our clients can’t find elsewhere and can’t imagine living without. In this fast-paced session, Mary Ellen Bates provides at least five simple techniques for providing more insight and value in what you send your clients.

10:00 – Knowledge Management Across the Health Care Spectrum During the panel discussion, we’ll take a look at what knowledge management means within this field, hear how one medical librarian is playing a role in knowledge management at her organization, and learn how we can advocate for ourselves to take on knowledge management responsibilities. There will be plenty of time for audience questions and discussion. While this panel will focus on various roles in the health sciences, anyone interested in learning more about KM and getting involved in this new role is welcome to attend!

Tuesday PM

4:00 – 5:30  Evidence-based Healthcare and the Cochrane Collaboration The non-profit Cochrane Collaboration works to help health care providers make well-informed decisions about care based on the best available evidence. The group creates, updates, and promotes the accessibility of Cochrane Reviews – internationally recognized as the benchmark for evidence-based clinical review. This session will provide insight into Cochrane’s purpose, scope, goals, and processes as the global focus on evidence-based medicine and comparative effectiveness research intensifies, while also providing a “behind the scenes” look at the role of information professionals in the creation of these reviews.

7:00 – Joint PHTD and Legal Division Networking Mixer What’s better than an event designed to help you build your network within your SLA division? One that helps you build it within two! The Pharmaceutical & Health Technology Division and the Legal Division invite our members to interact with colleagues, discuss the latest industry trends, meet new friends, and explore the increasing overlap between our divisions.

Wednesday AM

8:00 – 9:30  Board Meeting for PHTD
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Spring Meeting Travel Award Essays

Future Forecasting: Describing a Future Vision for the Corporate Information Professional.

What are the three core competencies for today’s corporate medical information professional to be future ready?

Of course, there are many things which we could point to as core competencies: Information Outlook has been discussing many of them in the past several years: understanding the importance of social media (LinkedIn, Facebook, Twitter) to information retrieval; a feel for which resources will give the best information for what a company needs; promoting information outflow to devices for efficiency and better communication. Yes, these are important competencies.

Still, there are some competencies which are more basic, and more vital to understanding and solving information needs. We have to be “out there.” We need to be able to be the “face of information” in our companies. We know that it is not always possible to “Google” an answer. But our colleagues don’t know that. So, the first competency is getting up from behind our desks and talking with colleagues (customers) to understand their needs. This is easy for some; not so easy for others. It is a person-to-person contact, and it does get easier with practice.

To be interested in what a company does, and to learn more about the products the company researches and sells is a key competency. Getting invited to in-house research seminars, having lunch at least once a week with colleagues from different departments to see what they are doing is important. The pharmaceutical business landscape is complex. It is good to have friends in research, regulatory, marketing, and all the other departments who can be information mentors to us, just as we are information mentors to them.

It is a competency to be involved in one’s own continuous education. SLA has added many webinars to its roster of Future Ready advice. Many are free or of low cost, plus they are recorded for viewing after work should that be necessary. Staying interested in the evolving world of information, be it new media, databases, websites, ideas, is a third competency.

What are three things that professional associations should do to promote the need for corporate medical information professionals?

In the consulting world, marketing the competencies of employees is done through white papers on their corporate websites. SLA could do the same, and could also volunteer to speak at major conferences, AAAS, SCIP, the Pharma CI Conference held here in NJ in September come to mind. If the topic is pertinent, it will gain positive recognition for the association and for information professionals, in general. Another option are opinion pieces in the New York Times, Wall Street Journal, or the Washington Post newspapers on how information professionals add to an organization’s bottom line.

SLA should continue to offer webinars and meetings which teach new resources and methods of delivering information. "Presentation skills" is an area in which many information professionals need help. Our skills lie not only in finding quality information, but in how we present it. In a consulting company, a new consultant spends about two to four years learning how to create PowerPoint slides to tell a story. That story has a clear answer to a client’s need. SLA could also consider offering classes in Microsoft software, on all levels (Beginner, Intermediate, and Advanced).

Lastly, I think it is important for SLA to know what members want from their professional association. A survey sent out to the membership with an iPad2 drawing for all who complete the survey would be well received and may get a better response than just the survey alone. The Chapters and Division Boards might be able to help create the questions asked in the survey.

Addendum:

Last summer, I decided to create a PowerPoint presentation on “Marketing a Pharmaceutical Information Center.” I did this mostly for myself, but I also sent it to two pharmaceutical company libraries to use as they wished. Perhaps some of the slides would be useful for PHT Division members. These slides will be posted on the PHTD website.

Claudia Cuca

Technology: Free Resources Leveraged by Medical Information Professionals

Medical information professionals can take advantage of several free tools that are available to them and their users. It is common for users of special libraries to request to have alerts set up based on their current research goals. Users can create daily email alerts on Google Alerts (http://www.google.com/alerts) to receive the latest news based on the search terms entered in the alert set-up. Google Alerts are free and easy to set up. The table of contents alerts that are available on e-journal sites may also be of interest to users to pinpoint articles of interest. Alerts are convenient in that they deliver the latest information that the user is most interested in through a daily email and are a great starting point for research or for keeping up with the latest news.

Free scholarly articles are available to special library users on many sites. PubMed (http://www.ncbi.nlm.nih.gov/pubmed/) provides access to several full text articles that do not require paid subscriptions. Google Scholar (google.com/scholar) also allows users to locate the full text of several peer reviewed articles. Many users utilize these free methods to supplement material from paid databases. Certain websites also provide a limited amount of free access to non-subscribers, such as EvaluatePharma (http://www.evaluatepharma.com/default.aspx) and U.S. Pharmacist (http://www.uspharmacist.com/). Users can also request sample issues of journals through the publisher. It is also important to check with publishers regarding free journals that could be added to a library’s subscription list.

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The Upcoming Killer App That Corporate Librarians Should Claim for Our Own

Scientists are narrowing in on the killer app I’ve been waiting for – the ability to send information directly to a client’s brain. This technological advance would enable the brain implant owner to instantly absorb and integrate the new information they asked their trusted reference librarian to select for them on a “just in time” basis. The “just in time” information sent to the brain implant could be instantly discarded when it is no longer needed, making room available for more information when needed, as storage space will always be finite. This would not replace conventional learning, unless storage could be made more long term, but in just in time situations, such as being asked to make a recommendation to in-license a compound in a previously unfamiliar therapeutic area, the competitive landscape, pipeline and mechanisms of actions could be searched, provided and applied in virtually no time for the brain implant owner.

As this implantable technology would be elective, voluntary, and highly coveted for those who absolutely needed it, to enhance their decision-making roles, any dystopic (1) and ethical concerns for this new technology can be put to rest.

The razor-sharp on-target searching skills of impartial top reference librarians would create the needed feeds to deliver exactly what was needed just in time.

As both (a) time to search, query, think, learn, absorb, assimilate, integrate and critically apply brand new information is increasingly scarce given the speed of business and scientific discovery and (b) Storage to house the infinite yobibits of the unsifted information explosion are at a premium, this technology, combined with the very best searching skills could not come at a better moment than now.

Here’s how it would fit in today’s world:

We all work with senior decision makers who need to become expert on a brand new topic – usually urgently and at the last moment. To help them, we need to understand what is the specific need so that we can find exactly what is needed – nothing more. Nothing less.

Time to absorb selected information and storage of information collections that might someday be of use continue to be challenges for our clients. I have long hoped for the ability, the “app” to be able to have librarians, especially great corporate reference librarians, turn people into instant experts. When we develop strong, trusted partnerships with our clients, they come to us with confessions that they reached the limits of what they know or have been thrown into an unfamiliar area and trust us to bring them up to speed and keep their secret about feeling insecure. It takes our investigative talents, our knowledge of a myriad of esoteric sources and connections and razor-sharp searching skills to hone in on the needed needle in the haystack to rescue our client’s hide – time and again.

The problem for our clients is that they still need to take the time to read and incorporate the on-target information we found for them. With the speed of change in today’s economy, especially in the never more competitive pharma/biotech world, the challenge to absorb new information instantly was never greater. They still need what we do for them – now more than ever – to expertly select the most actionable authoritative information to flow to them on a just in time basis. Now, with the newest technologies we are almost there.

Experiments have been conducted with brain chip implants controlled by thought alone (2, 5), and implantable computer brain chips that mimic human thought (3, 4) already exist. These, combined with the exciting new ability to send information to bionic contact lenses brings us very close to the point where requested information can be sent directly to the implant owner’s brain, already absorbed and synthesized, ready for immediate use.

It is clearly obvious for ethical and other reasons that only the most important, on-target information requested be the desired just in time feed for this new app. Who better than the trusted, skilled reference librarian to partner with the newly implanted critical decision-makers for this killer app to make the most of this technology’s promise?

References


Jessica Hadley

Rya Ben-Shir
CE Course: Applying Text Mining Techniques for Scientific Literature and Patent Search and Analysis

Presented by: David Milward and Jeff Nauss, Linguamatics

The CE course presented at this year’s PHTD Spring Meeting highlighted a topic of great interest and relevance in the age of “information overload.” Text mining has become the latest method for managing the vast amounts of information available in the literature.

The workshop focused on text mining, natural language processing and how it is applied to drug discovery. The goal was to educate attendees on how to manage the vast amounts of information available from the literature, and how text mining can get them to answers more quickly. David and Jeff covered the broad topic of text mining and natural language processing, and demonstrated the value by providing examples using the Linguamatics Interactive Information Extraction (i2e) solution.

David Milward began with an overview of text mining and natural language processing as well as how to leverage vocabularies in text mining. In general, text mining is the automatic process of deriving high-quality information from text. David explained that text mining can improve search strategies for finding documents as well as extract facts from a variety of written resources. Queries can be combined to uncover indirect relationships occurring across multiple documents. Finally, the results of text mining can be consumed by a variety of visualization and workflow tools to communicate and present a synthesized view of the information.

Natural language processing (NLP) analyzes the grammar or syntax of a sentence and works out the meaning (semantics). By identifying noun groups (entities) and verb groups (actions) within a sentence you can identify meaningful relationships. ‘Morphology’ provides additional flexibility in your searching by allowing for different forms of the word. For example, “Statins treat high cholesterol” is the same meaning as “High cholesterol is treated by statins.” “Treats” and “Treated” are morphological forms of the same term.

Terminologies can be used in text mining to link individual synonyms to a semantic concept. Using standard identifiers helps to improve the clustering of results. For example a standard identifier for Cyclosporine can have multiple synonyms (cyclosporin, CsA, Sandimmune, etc.) but all relevant hits can be grouped by the preferred term. The i2e solution can integrate terminologies from public and commercial sources, but also has proprietary terminologies that the searcher can leverage. Additionally, you can extend a terminology by adding your own list of terms, which is helpful when a new area of study or a list of topics is not already available.

In the afternoon, Jeff Nauss followed with more specific instructions on how to synthesize information for use in competitive intelligence, as well as how to use linguistic techniques to reduce noise and extract scientific knowledge.

Identifying patent grants by disease, or disease areas with the most activity, can provide valuable insight into the development areas competitors could be moving into. Social media can be mined to identify KOLs based on the influence they generate in platforms such as Twitter. It can also be used to analyze in real-time events such as disease outbreaks and politics.

Properties related to individuals identified in news sources can be mined to help profile industry leaders or influencers. Using terminologies and morphologies of relationships such as “agreements,” “collaborations,” and “alliances,” news feeds can also show relationships between organizations. Competitive Intelligence can also be gathered and mined from additional sources such as conference proceedings, clinical trial data, as well as the publishing habits of competitors in Medline.

Jeff continued the workshop with hands-on activities to show more advanced techniques using the “Pro” version of the i2e solution, that allow you to reduce ‘noise’ and further extract knowledge. Using constructs of noun entities, we were able to increase the number of relevant documents while reducing the number of false hits. The “Pro” query screen provided flexibility over traditional proximity searching through linguistics. For example, the construct of the terms “history,” “of” and the entity:basic phrase “heart disease” was combined to produce results including “history of heart disease,” “history of ischemic heart disease,” “history of coronary heart disease,” “history of clinically significant heart disease.”

Using text mining, you can identify direct and indirect relationships between drugs and diseases as well as explore the mechanisms. You can also identify safety and toxicity issues by extracting results based on statements related to negative effects or adverse reactions. Clinical Trials information can be used to identify competitors in a therapeutic area, monitor competitors’ progress or evaluate a competitor’s trial design.

While standard search can provide the most relevant documents related to your query, text mining can summarize properties or relationships through clustering in order to provide more meaningful results.

Submitted by: Julie Williams

Opening Keynote: The US Pharmaceutical Market: Trends, Issues and Outlook

Presented by: Doug Long, Vice President, Industry Relations, IMS Health, Inc.

Probably the most highly anticipated meeting each year for pharmaceutical/biotech companies is the IMS “State of the Pharmaceutical Industry” presentation given by Doug Long, usually in the Spring after year-end numbers are scrutinized. Typically Doug gives two presentations detailing lots of IMS predictions, based on IMS data, to which the companies subscribe. The first presentation is general: the state of the global pharmaceutical industry, as IMS sees and forecasts it.
The second presentation is drills down to the company, with benchmarking information on sales, therapeutic category competition, and forecasting. It behooves us, as information professionals, to attend the IMS presentation in our companies. (Therefore, get invited to it.) In Baltimore, we heard an abbreviated version of the general presentation. We learned that by 2012 China will replace Japan as the 2nd largest market behind the US. Pharmerging Markets: China, Brazil, India, Russia; and all other under-developed markets, will have an average growth of 13-16% from 2011-2015. In contrast, the US is expected to grow 1-4% over that same timeframe. Generics showed a 13.8% growth in 2011. The following are reasons for slowing growth: economic downturns, slowed innovation, safety concerns, Rx to OTC conversions, and of course, patent expiries. Like 2011 (with Lipitor going off-patent), 2012 is another year of patent cliffs with Plavix, Seroquel, Singulair, and Lexapro, all going off patent. The problem is that there are few new drugs to replace those going off-patent: we are commoditizing our drugs. In 2011, the top 5 therapy classes were lipid regulators, antipsychotics, antidepressants, proton pump inhibitors, and human insulin analogs. In 2011, the top 5 companies (by sales) were Pfizer (including Greenstone), AstraZeneca, Merck & Co, Novartis (including Sandoz), and Teva. The top generics companies were Teva, Mylan, Sandoz, Watson, and Hospira. Generics accounted for 18.2% of the dollars spent in 2011, but a whopping 76.7% of the total prescriptions dispensed. IMS predicts that generics will continue to grow until 2015, to reach 87% of the total scripts dispensed. As I listened to Doug’s presentation, I thought I heard Whoopi (as Ghost’s Oda Mae Brown telling us: “You in danger, girl!” and all is lost. BUT, there are bright spots: in 2011, 35 new drugs were approved. There are now two new hepatitis-C drugs and a new drug for late stage prostate cancer, one for Hodgkin’s lymphoma, one new drug for lupus, seven new drugs provide major treatments for cancer, which is one of the growing areas in research. Almost 50% of these drugs are significant advances over existing treatments for heart disease, stroke, and kidney transplant rejection. Biologics, especially specialty biologics are future drivers for pharmaceutical growth. Also, in America, if the new healthcare laws go through, 25-30 million more of us will be covered, and a greater share of the healthcare budget could be directed to pharmacotherapy to keep patients out of very expensive hospitalizations.

There is an increased desire to use healthcare information and drug efficacy reports (patient records?) to improve treatments. An aging, educated, and still active population in America could mean improved compliance in drug use. A few days after our conference, a Congressional Research Service report by Wendy Schacht became known. It is entitled: “Drug Patent Expirations: Potential Effects on Pharmaceutical Innovation” (March 2, 2012). Contact your congressman to receive a free copy. This report outlines what could happen if we don’t sustain an innovation environment and support increased R&D spending for the US pharmaceutical industry. This could be an important and positive development for us in the US pharmaceutical sector.

Submitted by Claudia B. Cuca MS, MLS

Practical Steps to Reinvent the Corporate Information Center and Demonstrate Value

Presented by: Blanca Chou and Eric Stubbs, Otsuka America Pharmaceutical

Many pharmaceutical companies have struggled with economic uncertainty, restructuring and outsourcing as their firms try to cope with change. Corporate information centers are often a target for closure or downsizing during these times, which makes it a basic necessity for information managers and staff to find ways to adapt to the company’s changes.

Otsuka America Pharmaceuticals went through a period of extended change, complete with restructuring and layoffs. As a result, the company developed a new culture, new direction, and new expectations with all of this coming from new upper management. The company’s new leaders included the chain of command through which the Information Resource Center (IRC) reported.

This led to the first task for the IRC management – understand the company’s new culture, direction and expectations. This meant meeting with the new boss, new Vice Presidents and new CEO to help increase awareness and understanding of what was ahead for Otsuka. Senior Manager Blanca Chou took every opportunity to meet with these people directly to show her understanding of the new results oriented, value-driven company and to make sure they noticed the IRC’s positive attitude towards change.

A second task was to increase efficiency and effectiveness. The IRC assessed all their processes and sought to modify or simplify them where possible. To that end, they increased the number of end-user products and promoted a self-service model. They outsourced document delivery, journal management and book orders. They stopped claiming journals and shifted to routing electronic tables of contents rather than routing actual journals. The new

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self-service model for employees saved staff time and enabled the IRC to concentrate on higher level work.

As part of the new self-service model, employees were required to use an online information request form that identified what project the information would be used for, how it would be used and what impacts were expected. This increased the IRC’s efficiency because they were better able to tailor research and prioritize projects. The users did not show much resistance to this change, perhaps because the entire company was changing.

A third goal of the Information Resource Center staff was to expand their capabilities and add value. Efforts were made to develop or improve both hard and soft skills to make the staff even more valuable to the company. New opportunities were seized to leverage the staff’s skills, such as becoming the global competitive intelligence function of the company, providing copyright expertise and supporting other global initiatives.

Fourth, the Information Resource Center sought to enhance collaboration and visibility through revised marketing strategies. They requested to receive notices of new hires and promotions from Human Resources and are now present at HR orientation sessions. Systems were set up to keep track of interactions with employees: who attended a meeting and when, what was discussed, who attended a training session, and who needs to be invited to training. Also, company social functions were used as opportunities to chat with upper management. In all of these interactions with other employees, the IRC staff learned to think of themselves as ambassadors for their department.

With these new directions, the final step was to communicate value, success and ROI upwards. Statistics were combined with customer statements to provide understandable and compelling stories. The resulting reports created from this data served to highlight the successful changes within the IRC and illustrated its continued value to the company.

The process for reinventing yourself and your information center, even in times of great change, boils down to: invent, adapt, re-invent. Add value in ways no one else can. Be entrepreneurs. Where others see ambiguity, the IRC sees opportunity for action. When others see reasons to quit, the IRC sees chances to create.

Submitted by: Marianne Cirrito, Purdue Pharma L.P.

Mobile Devices & the Information Professional – Where Do We Fit In?

Presented by: Andrew Clark, Head Information Discovery, UCB

Andrew called for a volunteer from the audience to sit next to him as he presented. He used squeezable and foldable balloons as a prop. His point was to illustrate that just like the balloon, a mobile device is a “tool” that can be “shaped” to meet the information requirements of end users. It was certainly a refreshing and innovative way to engage the audience.

The agenda covered understanding the need, knowing the landscape, thinking about the challenges, and identifying opportunities.

Andrew advocated for an assertive role of info pros to seek out opportunities to lead the mobile initiative. As deployed within UCB, he focused on the importance of understanding the needs of users and the need to push information to them.

He suggested that info pros should first understand the business requirement for “going mobile.” Then they should ask themselves the question, “where do I fit in” within the mobile initiative.

Info pros should become conversant with the mobile technology. They need to learn the language of the mobile world, then engage the users via surveys and go with one-on-one Q&A sessions with key stakeholders.

Info pros should establish relationships with IT via face-to-face meetings. They should find out how users will consume information and how it is provided.

Info pros also need to think about and understand the challenges of a mobile device initiative including IT policies (e.g., BYOD or Bring Your Own Device), information security, user authentication, and usage metrics.

Some of the mobile device requirements at UCB were to push the information, to enable real-time access, to let users easily understand what providers can provide information to what devices, and to enable easy access and manage scientific papers with copyright compliance.

Additional requirements included seamless integration to workflows in a cloud environment, leveraging knowledge and scientific excellence, and finally connecting to patients and physicians with copyright compliant workflow.

Andrew then cited implementation successes at UCB including using QR codes to let users scan for contents, deploying “push” marketing capability via the My Library (Infotrieve) Session slides can be found online at the PHT website: http://pht.sla.org
platform, enabling user to manage personal libraries containing copyright compliant contents with additional collaboration capabilities (sharing contents and thoughts with colleagues).

He concluded his presentation by reiterating the critical role of info pros, leading by example, adding value, and shooting for the moon (achieving what you first thought might be unachievable). GO FOR IT!

Submitted by: John Chu

Librarians as Internal Consultants

Presented by: Josh Duberman, Partner, Pivotalinfo LLC

Josh Duberman’s talk ‘Librarians as Internal Consultants’, developed concepts from his earlier article ‘Reflections in a Fun House Mirror: Web Trends and Evolving Roles for Information Specialists’ (J. Duberman, Searcher, 2/99). Duberman discussed the parallels between librarians’ and consultants’ jobs, citing information from consulting books and from The Librarian As Information Consultant: Transforming Reference for the Information Age, (S.A. Murphy, ALA, 2011).


Submitted by: Andrew Clark, Head of Information Discovery UCB, Executive Board of the PDR

KOLs—Who are they, where are they, and how do you find them?

Presented by: Marc Engelsgjerd, MD, Wolters Kluwer InThought

As an Information Specialist I am frequently called upon by library clients to supply the names of Key Opinion Leaders (KOLs) in a particular field or specialty. Invariably, I turn first to the literature to see who has published most extensively on the topic of interest. However, this approach seems somewhat one sided and stacked in the favor of academics and physicians over clinicians and other healthcare professionals. Therefore, I was excited by the opportunity to expand my horizons at the PHTD meeting session on KOLs presented by Marc Engelsgjerd, MD of Wolters Kluwer. Dr. Engelsgjerd presented a brief history of the evolution of KOLs and continued with options for locating KOLs and some of the pitfalls inherent in defining and finding KOLs. The presentation was more theoretical than “how to” so no specific sources or search techniques were singled out.

Prior to WWII the media was considered the ultimate arbiter of how opinions are formed. How-
strated that a nonsensical lecture delivered by a personable, convincing imposter received high effectiveness ratings from an audience of doctors and graduate students. The upshot for seekers of KOLs is not to be swayed too much by slick packaging and self-promotion. Check out your KOL’s credentials before you hand over the check.

Submitted by: Christina Sullivan, Information Specialist, Covidien

Big Projects, Big Solutions – Using Ovid SP and QUOSA for AdComm Prep

Presented by: Natalie Rainford of Astellas Pharma Global Development

Natalie Rainford reported on how she was able to effectively leverage two different search requests into a new workflow using Ovid for searching and Quosa for retrieval, tagging, and storage. With some planning and foresight, and a few speed bumps, Natalie was able to provide a common platform and tie the project results to corporate objectives.

The two groups each required significant literature surveys at the same time – on very related topics – without knowing of the other parallel project. Natalie decided that common ground was needed: a platform which would allow each group to add annotations and keep the annotation “as part of the articles DNA” and each group would be able to access.

The project requirements were:

- 30-40 people (internal and external)
- 30-40,000 articles to start with
- Two weeks’ lead time given for set up

Natalie wanted to have a framework in place as the documents were being put into the Virtual Library – organization, folder access, topics of interest. This would be much easier to do ahead of time instead of retrospectively.

Quosa was proposed as the platform. Annotations would stay with the article; it was easily accessible to employees and consultants; synching notes and comments across folders and platform. Con: capital investment.

IT suggested using SharePoint because no additional expenditure required. However there were some significant drawbacks to using SharePoint: it would not be accessible to outside users; would need to use a spreadsheet to track the commentary and annotations. There were also significant concerns about version control and human errors.

It took days to compile the search strategies – they would be run within the OVID channel on Quosa. Quosa would pull articles and they’d be loaded into the appropriate Virtual Library.

Speed bumps during the process:

- Hard to multi-task the processing of the Quosa search and the rest of her duties – needed a dedicated terminal
- System timeouts were a problem. OVID was able to change the length of timeout
- Large results sets maxed out the Quosa system – instead of having to break down the search into smaller chunks – Quosa engineers made the appropriate adjustments

Natalie successfully:

- Created direct ties to strategic decision making by management
- Shared intelligence throughout the organization
- Prepared Regulatory for the Advisory Committee Meeting

Natalie gave kudos to Ovid and Quosa for their outstanding customer support which helped make the success of this project possible.

Submitted by Jeanie Fraser

The Rise of China: Implications for Pharma and Pharma Librarians.

Presented by: Josh Berlin, Elsevier Business Intelligence

Joshua Berlin of Elsevier Business Intelligence gave a very insightful talk on the Chinese healthcare system, and future implications for pharmaceutical companies. Joshua has spent a great deal of time working in China, and appeared to be dialed in as to what is happening there.

As Western pharma companies are experiencing significant challenges these days (patent cliff, reduction in NDAs, etc), they are increasingly looking to developing countries with expanding markets. China’s explosive growth and favorable demographics place it squarely in the sights of large pharma companies.

Joshua made an excellent case, citing China’s aging population, expanding economy, and interestingly the increasing lifestyle changes leading to health degradation along the Western model. These factors combine to place China in third place among the world pharma markets.

Ironically, China’s healthcare system is undergoing significant reform. Joshua explained that health care in China is a cen-
Centralized, single payer system requiring patients (regardless of malady) to wait in line at the local hospital. Drugs (mostly generics) are dispensed by the hospital, with prices set by the government. Hospitals pad their budgets by selling drugs at a significantly higher price (30-40%). Each province negotiates their own reimbursement scheme.

Joshua explained the main goals of the Chinese healthcare reform. The government is expecting to extend coverage to the entire population by 2020. Out of pocket costs are expected to decline to 25-30%. A list of essential drugs with prices set will be expanded in the near future, with 100% reimbursement. Hospitals will be required to sell drugs to patients with no additional markup. There is a push for smaller healthcare facilities, steering patients away from the larger hospitals. There is also a drive for healthcare equality, ensuring that patients in rural areas have access to the same quality care as urban residents.

The fragmented nature of the Chinese pharma market is challenging to pharma companies. Pfizer has the largest share of the market, at 3%, which demonstrates how many companies are fighting for a piece of the pie. As the healthcare reforms in China continue, there are many questions that still need to be answered. For example:

Home-grown biotech industry – Will China succeed in establishing a flourishing biotech industry? The government is providing massive amounts of funding to get things started. It remains to be seen if this will translate into success in the clinic.

Insurance – Will the Chinese government allow commercial insurance options, to supplement the government insurance?

Premium drugs – Will there be a place for premium state of the art drugs for ailments such as Cancer?

Joshua provided us with an excellent summary of the current state of the Chinese healthcare system, and the many challenges for pharma companies. It will be interesting to see how it all plays out in the decade to come.

Submitted by: Cary Cochrell, Elan Pharmaceuticals.

Biosimilars and Biopharmaceuticals: Dealing with the Challenges

Presented by: Ronald A. Radar

Radar discussed some of the excitement and uncertainties surrounding “biosimilars” as a new class of biopharmaceuticals. The term appears in quotes, as he discussed some of the complexities around the varied uses of the term. Depending on who is using the term, it could mean ‘anything involving the life sciences research or technology’ to something that ‘uses biotech-like business models’. Radar suggests some ways to clarify related terms and usage below:

• Biotechnology – involves the use of living organisms that perform some active transformation

• Drug – manufactured by chemical means, involving small molecules and chemical substances

• Biopharma – use of living organisms and involves intersection of pharma and biotech

• Biologics – a regulatory term used the FDA for ‘biopharma’ Radar also provided a sense of what is NOT biopharma, narrowly defined:

• Natural products – chemical substances derived from dead organisms or tissues where no bio-processing is involved. e.g., Heparin, collagen; taxols (tree bark, dead tissue); antibiotics (metabolites from biotechnology processing); small molecule drugs

Sizing the Market: Biotech

• Biopharma is estimated to be a $150B industry (436 products) and includes recombinant proteins, recombinant antibodies (mAbs), vaccines, blood/plasma products (160 products valued at $20B), biosimilars (14 products in the EU valued at $0.3B; U.S. does not yet have an approval system in place).

• Approximately 1200 companies form the core of the industry, with approximately 1000 products in the pipeline in trials. Biopharma products are defined by the bioprocessing involved in creating the product – in other words, each product is invariably fully unique and different, even if they are the ‘same’ product (and in this respect, are analogous with wine, cheese, yeast – these in fact include active biotechnology products!)

The term ‘biosimilar’ comes from previous lack of regulatory pathways for this kind of product, and approvals were based on similarity to reference products in terms of primary structure, clinically significant differences, analytical profiles, pharmacokinetics, safety and efficacy.

Due to these various definitions in use, Radar emphasized the importance of being discerning when various sources apply these terms to product categories, market segments, and company types.

Submitted by: Hyun-Duck Chung

Session slides can be found online at the PHT website: http://pht.sla.org

“Baltimore” continued on page 22
**Breakout sessions:**

**The Challenges of Global Contracts**

*Moderated by: Robyn Smith, Takeda Pharmaceuticals.*

*Contributors included Sid McNab, LEK Consulting; Diane Webb, Bizint Solutions; Susan Zelenski, Cephalon; Laurie Smith, United Biosource Corp.; Karen Ross, Astrazeneca; William Maxwell, Genericsweb; and Karen Erani.*

Challenges brought forth included:

- The globalization of regional contracts
- Transitioning into contract management
- How to educate your new manager on contract issues
- Vendor demands to list sites and IP addresses even though the contract is global.
- Pricing models

Solutions discussed:

- How to define the global company in the Terms & Conditions document. Some companies start with global and then narrow it down so it will be easy for the vendor to add on affiliates or users in the future.
- Have the pricing model built into the contract. What is it based on?
  - FTE*
  - IP
  - Country
  - Banding of company size
- *Limits to FTE-based pricing when FTEs are always changing.
  - Can be defined by what can be verified in the press
  - Identify subsets, i.e. R&D.
  - Some vendors may want FTE by region
- Have a master agreement in place. It is the vendor’s responsibility to get an umbrella agreement for all its products.

*Submitted by: Cindy Crane, Takeda Pharmaceuticals. (Recorder)*
b. RightsLink will go to the article level – even down to components of the articles, such as charts and graphs.
c. RightsSphere is at the journal level.
d. There is a question about the allocation of funds received through RightsLink, vs. RightsSphere.
e. RightsLink to purchase one-off permissions
f. RightsSphere collects and manages the collaborative agreements between the CCC and publishers, as well as incorporate individually-obtained licensing agreements with publishers.

3. CLA vs CCC
   a. Digital Pharmaceutical License through the CLA (along with the multinational License).
   b. Analysis reveals that RightsSphere needs to be overhauled to reflect responsive rights permissions more accurately and seamlessly (expressed by one current RightsSphere user and agreed by another).

4. Mobile Content Copyright – “storage & distribution”
   a. Discussion about subsequent distribution of digital content – why does it matter how many devices a user has.
   b. Sunshine Act – $10

5. Miscellaneous
   ◊ Outsell has a good article on the acquisition of PubGet by the CCC.
   ◊ Are the CCC and CLA collaborators or competitors?
   ◊ Why is there no integration of the CCC products? RightsSphere, RightsLink, Copyright.com?
   ◊ Discussion on why the CCC is not very forthcoming with information – the fine line the CCC has to walk as a non-profit representing the interests of the publishers.
   ◊ Discussion about the change of Annual Licenses and the use of document depositories. CEDRO (Spain’s copyright agency) differentiates between storage vs depositories.

Submitted by: Jeanie Fraser (Session Recorder)

Session slides can be found online at the PHT website: http://pht.sla.org

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BizInt Solutions is thrilled to announce the release of BizInt Smart Charts Reference Rows™ 1.0!

BizInt Smart Charts Reference Rows offers the ability to create a “reference row” — a single row combining information from different sources. Related source records representing the same drug, patent family, or clinical trial are presented in a single row, and each cell in the reference row is selected based on a database ranking and column rules which you define.

BizInt Smart Charts Reference Rows is a separate application which is downloaded and installed on each BizInt Smart Charts user’s desktop. It is included in all BizInt Smart Charts licenses, and available for customer and trial downloads from our website:

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In an attempt to find a real-life instance of inaccurate, outdated or irresponsible health information on the Internet, I turned to the Internet itself, more specifically, my Facebook friends. Within moments of my status requesting an example, a friend commented that she was searching for information on Asperger’s Syndrome and found information promoting “autism diets” that rob children of valuable nutrients that make it even harder for them to function. Moments after that, another friend sent me a private message telling me she didn’t want to start an argument with a stranger, but she knows many people who have had success with these diets. Within moments, the very problem with conflicting consumer health information on the Internet played out on my own Facebook page.

With recent reports that 1 in 88 children are diagnosed with autism spectrum disorders (Baio, 2012), there is an increased need for information for concerned parents and future parents. This information need creates a unique opportunity for information professionals to make an impact on users on a meaningful and personal level.

There is no doubt that people are turning to the Internet for health information. In a 2010 Pew Internet & American Life Project survey, it was found that 80% of Internet users have looked online for information on health topics such as a specific disease or treatment with 30% reporting that they or someone they know has been helped by following information found online and only 3% reporting that they or someone they know has been harmed. (Fox, 2011) The perception appears to be that all of this information is a good thing, but what can be done to be sure that the number of people who report being harmed stays so low?

One of the most important interventions is simply education surrounding evaluation of the credibility of information presented on the Internet. In a study evaluating how consumers search for and appraise health information on the Internet, none of the participants reviewed “about us” sections, disclaimers or disclosure statements (Eysenbach & Kohler, 2002). Instead, the participants relied on professional design, a scientific or official touch, language and ease of use. While these are certainly factors that should be used to evaluate credibility, when it comes to something as important as one’s health or the health of a loved one, users should be empowered to go further in assessing credibility.

Going further from this simple certification, information professionals can provide users with other important questions that should be asked to determining credibility, such as: are research findings cited and documented? Is there evidence that the information is accurate? Have there been frequent updates indicating there is ongoing site maintenance? Is the authority clearly identified with background, resume, CV, or biography? (McInerney, 2000) If users are unwilling or unable to make these assessments on their own, they can be directed to existing portals, such as MedlinePlus, a project of the National Library of Medicine that provides access to quality health information. For the example of autism and diet, information accessed through a MedlinePlus search reveals that to date, there are no controlled scientific studies showing that diet improves the symptoms of autism, even though some people report relief. Ultimately, the best advice is offered – talk to your health-care team, including a registered dietitian. Although information professionals can guide users toward accurate information, it is important to avoid dispensing medical advice and stress that decisions should be made in consult with a health care professional.

Libraries may also want to offer expert searching services and create vetted consumer health portals. A 2006 study examined feedback from 566 individuals who sought health information on their own and found that when professional searchers assisted, previously unfound information was delivered for 96.2% of the users. (Volk, 2007) While users may be hesitant to reveal personal information in reference settings, the creation of a portal may help in nudging them toward it, or at the very minimum, give them access to appropriate quality sources. Such portals can be designed to provide a variety of up to date, verified, quality consumer health information, such as links to MedlinePlus and the National Center for Complementary and Alternative Medicine, clinical trials information, support resources, drug information and search resources. Additionally, offering expert search services and reminding users of the library’s policy on protection of privacy may prompt users to ask for help. Providing timely information may also add value; for example when the autism data was released the latest report could be summarized, linked and paired with quality information about early intervention and treatment options.

A simple way to encourage this extra step is generate awareness of the Health on the Net (HON) certification, which is awarded to health websites that present information that is authoritative, complementary to the doctor-patient relationship, respectful of privacy, clearly identified with background, resume, CV, or biography? (McInerney, 2000) If users are unwilling or unable to make these assessments on their own, they can be directed to existing portals, such as MedlinePlus, a project of the National Library of Medicine that provides access to quality health information. For the example of autism and diet, information accessed through a MedlinePlus search reveals that to date, there are no controlled scientific studies showing that diet improves the symptoms of autism, even though some people report relief. Ultimately, the best advice is offered – talk to your health-care team, including a registered dietitian. Although information professionals can guide users toward accurate information, it is important to avoid dispensing medical advice and stress that decisions should be made in consult with a health care professional.

Libraries may also want to offer expert searching services and create vetted consumer health portals. A 2006 study examined feedback from 566 individuals who sought health information on their own and found that when professional searchers assisted, previously unfound information was delivered for 96.2% of the users. (Volk, 2007) While users may be hesitant to reveal personal information in reference settings, the creation of a portal may help in nudging them toward it, or at the very minimum, give them access to appropriate quality sources. Such portals can be designed to provide a variety of up to date, verified, quality consumer health information, such as links to MedlinePlus and the National Center for Complementary and Alternative Medicine, clinical trials information, support resources, drug information and search resources. Additionally, offering expert search services and reminding users of the library’s policy on protection of privacy may prompt users to ask for help. Providing timely information may also add value; for example when the autism data was released the latest report could be summarized, linked and paired with quality information about early intervention and treatment options.
Information professionals cannot and should not take the place of health care providers but can serve as advocates and a link between consumers and quality information and most importantly – encouraging them to use that information to initiate discussion with medical professionals.

References


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“Travel Essays” continued on page 28
Student Travel Award Essays for SLA Annual Meeting

Susan Gleckner: Value and Sustainability

Issue: Currently, we see corporate libraries losing budget or being cut altogether from an organization. The issue companies often provide is that it is unable to establish a clear value relationship between library services and the organization’s bottom line. What strategies and actions should corporate librarians employ to ensure value, and future sustainability?

I’d like to think that I have a real example of a strategy and associated actions that a corporate librarian (me) employed to ensure the value and future sustainability of a library. I believe that my information function at Johnson & Johnson Consumer & Personal Products Company has “stood the test of time” because we made a conscious choice to change our operating model to become financially viable while emphasizing highly visible, value-added deliverables. It was a slow and persistent progression to gather and implement the necessary tactical pieces over time.

First, here is some background on J&J and its info services. The Corporation is decentralized, with 117,000 employees in 60 countries and more than 250 operating companies organized into three sectors: Pharma, Medical Devices & Diagnostics, and Consumer. Info services in J&J are scattered. My Consumer Knowledge Services primarily supports Consumer R&D worldwide. Currently, besides me, there are two contractors in our info center. Knowledge Services reports into R&D Operations.

The strategy we developed to ensure our value and future sustainability is as follows:

1. Take action to avoid relying on a departmental budget.
2. Keep your eye on technology developments even if you think you will never have the money or resources to implement them.
3. Maintain contact with your customers, know their info needs, and make them aware of what your info center offers and its expertise.
4. Develop staff skills that support products and services beyond the norm.
5. Involve customers in the development and process of information products.

These strategic steps are what we’ve heard time and again from our profession, but for me, they came to life over the past four to five years. Early on in my career, whenever I heard SLA and its members and experts talk about “strategy,” it struck me as a foreign notion, something that other people did, and a skill I thought I wasn’t very good at. Yet in fact, I had been planning strategically all along. For me “strategic thinking” is basing every decision on a simple question: “How will this make my department survive?”

My management has endorsed for many years the idea of self-service for our customers. So we provide access to powerful self-service tools and subscriptions. And, as many of my PHTD colleagues will attest, it takes some effort to manage all the moving parts behind the scenes that make self-service work. I wanted to find a way, however, to better leverage and increase the use and visibility of those subscriptions. And we needed something more robust and glitzy to hang our hat on, a more solid foundation of products and services besides self-service.

My manager and I recognized that the department needed to find a way to subsidize itself, so we considered chargebacks. I remember attending a PHTD Spring Meeting presentation years ago by an info pro who had established chargebacks for everything his department touched; the process was onerous and I felt relieved that I did not have to do all that accounting work. Fast forward … I was now faced with a similar situation. I have to admit, I was not an advocate of charging back, leery that customers would not be willing to pay, and wanting to avoid getting involved in all the associated “paperwork.”

But in order for Knowledge Services to survive, I had to make some radical changes to the way we operated and offered services. After some research and benchmarking on the topic, my manager and I initially devised chargeback costs for literature searches based on a simple tiered system of hours spent (e.g., $x for up to four hours of work, $xx for up to a full day, etc.). This straightforward pricing established a precedent that has endured and has been used time and again as baseline for other deliverables. I am always amazed that this approach seems to work fairly well, regardless of the product to which it is applied.

My staff was reluctant from the start to chargeback, being conservative in assigning a cost to their lit searches, but I implored them to place a real value on their expertise. My customers are ready to pay outside companies for information; when put in this perspective, they realize even more the value of our internal services, and are willing to pay for the high quality product we provide.

One of our initial biggest, and now most reliable, sources of income is compliance deliverables. We have come to realize that there will always be a need for such required literature searches (e.g., monitoring the literature for adverse events). This has become one of our base businesses.

But the real key to the sustainability puzzle for us came in the summer of 2010 when a scientist new to the Topical Health franchise approached me wanting to find a way to bring together in one place all the current information about her therapeutic area, so everyone in her group would be aware of what was happening in the outside world. Historically, my company had not done this systematically; competitive intelligence was done piecemeal at best and on an as-needed basis.

Fortunately, I had at-the-ready all the pieces to do this: premium subscribed content in the form of news, scientific databases, journals, and other sources, as well as knowledge of the ability of an existing vendor to institute a current awareness portal, a vendor who could normalize disparate feeds to deliver
very targeted content. I also had a customer base that was by now used to the idea of paying for valuable content deliverables. The bonus was that this portal would become another source of annual “income” for Knowledge Services.

In matter of months, a current awareness portal was launched for the Topical Health franchise. The strength of this product lies in the filtered content feeds; practically every story that comes in, thanks to my staff’s search strategies and content choices, can be published to the portal. Importantly, subject matter experts in the franchise are actively involved, curating the stories. They are thus reading information that they should be reviewing anyway as part of their jobs. And the reach of InfoWatch goes beyond R&D, to its marketing and supply chain partners, and globally as well. Our worldwide employees are very hungry for current, targeted information.

One great, unanticipated benefit of InfoWatch is that it seems to have created a well-informed franchise community – everyone in the franchise knows that everyone else has read the same stories. A popular by-product of the portal is a customized weekly newsletter. Another unexpected advantage – the newsletter story choices have validated our selection of subscriptions (Knowledge Services provides the full text of 75% of the stories that are published, either through subscriptions or open access), a great return on investment. Better still; a subsequent franchise started a formal competitive intelligence program based on the information coming into InfoWatch, a big – visible – win. Our expertise has become more evident to our customer base and we’ve gained additional business from this exposure.

I didn’t set out to be a vendor, but it occurred to me at some point in this evolution that is what I had become. I would encourage any information professional to always be in entrepreneurial mode. Take on work and projects that will pay off strategically even if you think you do not have the resources to do them (you’ll find those resources somehow).

To summarize, we had to change our operating model to survive – the department needed money to subsidize the labor and subscriptions that form the foundation of our routine “back office” operations (e.g., the self-serve piece) as well as support our value-added products (e.g., InfoWatch newsletters). Our customers believe in us and our value-added products. This year, Knowledge Services experienced reduced operating expenses and loss of key staff. I chose to cut subscriptions in order to be able to provide the services for which we charge back – not only for the obvious reason that they generate funding, but also because I believe that these true value-added products and services represent our most solid foundation and expertise now – and our future.

Epilogue (June 2012)

While there continue to be budget cuts, our current operations continue. Because I was able to demonstrate that they are funded by other departments, my contractors remain. My on-going strategic plans may have been put on hold for 2012, but hopefully I’ll be able to pick them up again at a later time. We’ll be ready.

Much appreciation to PHTD, and to Rochelle Stern’s committee, for the travel award that allowed me to attend the annual SLA Conference in Chicago in July.

Susan Gleckner

Susan works in Consumer Knowledge Services at Johnson & Johnson Consumer & Personal Products Worldwide, located in Skillman, NJ.

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