Too many choices : how information departments evaluate and choose new information tools

ICIC 21st Meeting

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Sitges, Spain

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Scientific Information Services Director

WHERE WE HAVE COME FROM

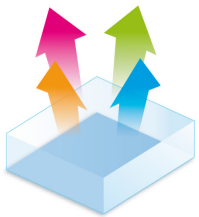
A GROUP ORIGINATING FROM A FAMILY BUSINESS

AN HISTORICAL PRESENCE IN PRIMARY CARE

AN EARLY COMMITMENT TO RESEARCH

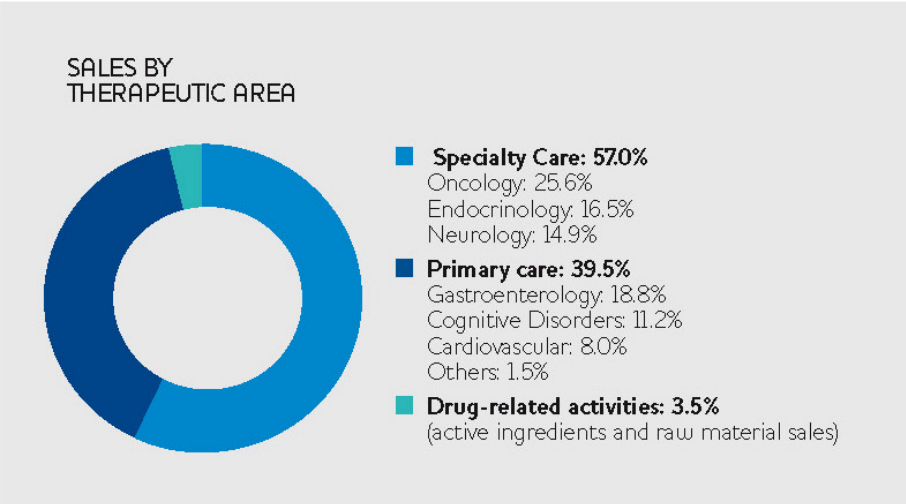
AN INNOVATION DRIVEN INTERNATIONAL SPECIALTY PHARMACEUTICAL GROUP

- Direct commercial presence in over **30** countries
- Over **20** products marketed in more than **100** countries
- **4** R&D centres
- **9** Manufacturing sites, representing more than 1,100 employees
- **More than 4,200** employees worldwide including 800 in R&D



A STRATEGIC FOCUS ON TARGETED DISEASE AREAS

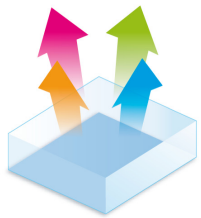
- 4 targeted disease areas (oncology, endocrinology, neurology and haematology)
- Double digit growth rate



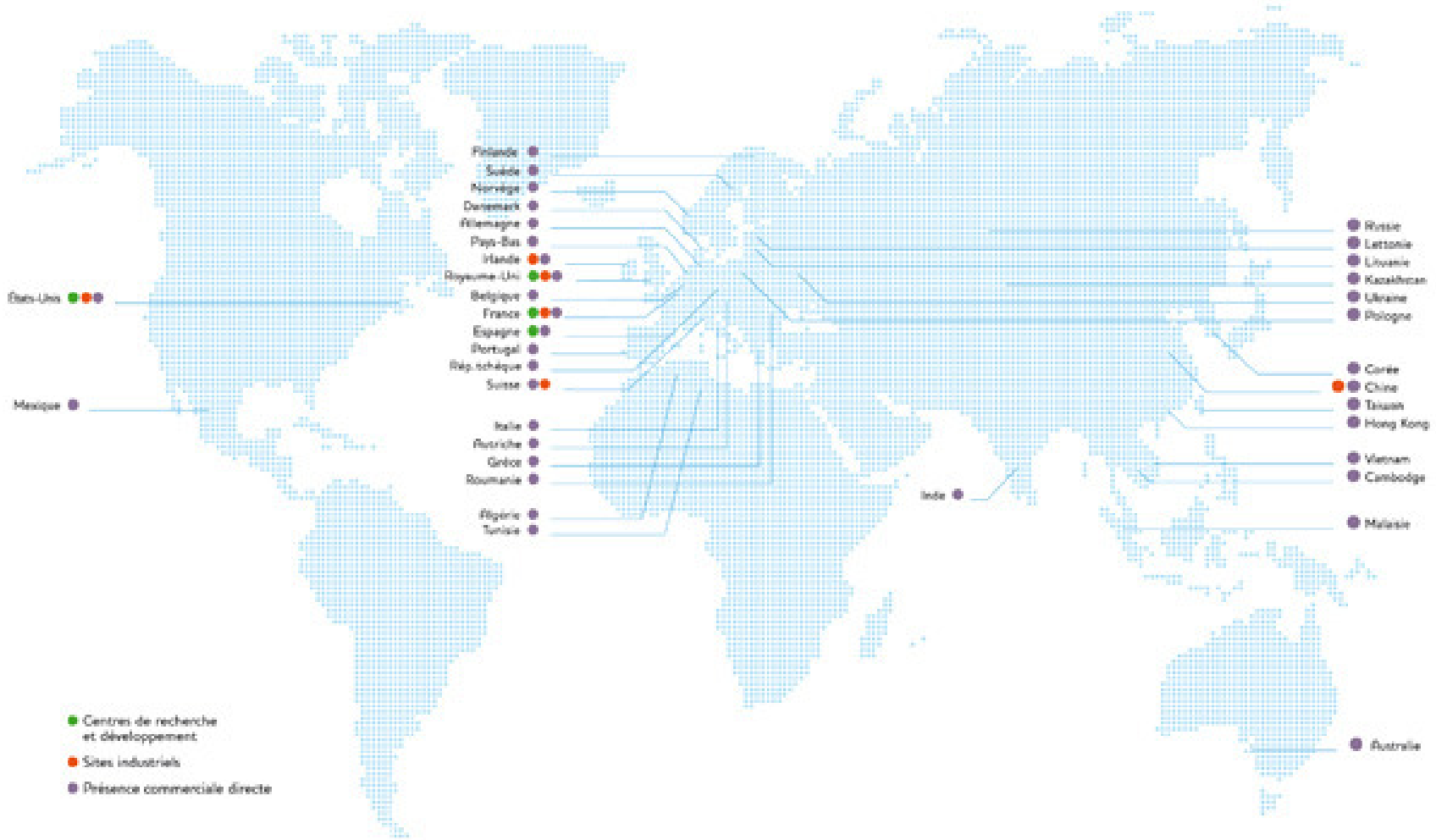
IPSEN
Innovation for patient care

A DIFFERENTIATING RESEARCH AND DEVELOPMENT CAPABILITY

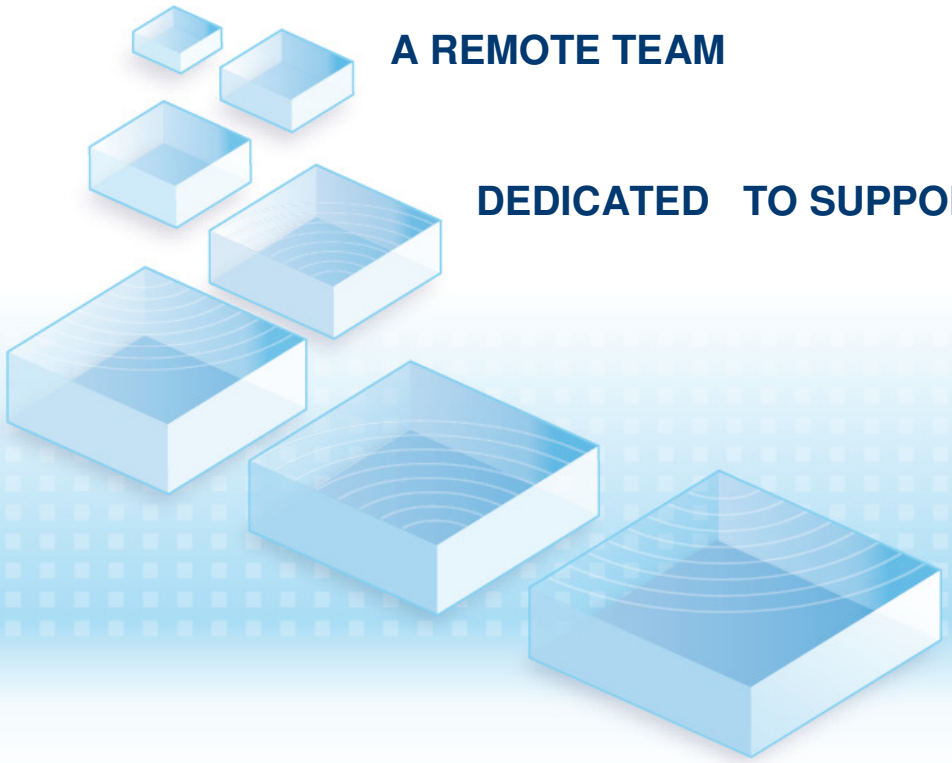
- Focused on hormone-dependent diseases, peptide and protein engineering and innovative delivery systems
- About 19% of sales allocated to R&D in 2008
- 4 centres in Boston, Paris, London and Barcelona
- More than 800 people dedicated to R&D activities
- Over 20 ongoing R&D programmes



IPSEN IN THE WORLD



OUR SCIENTIFIC INFORMATION SERVICES



A REMOTE TEAM

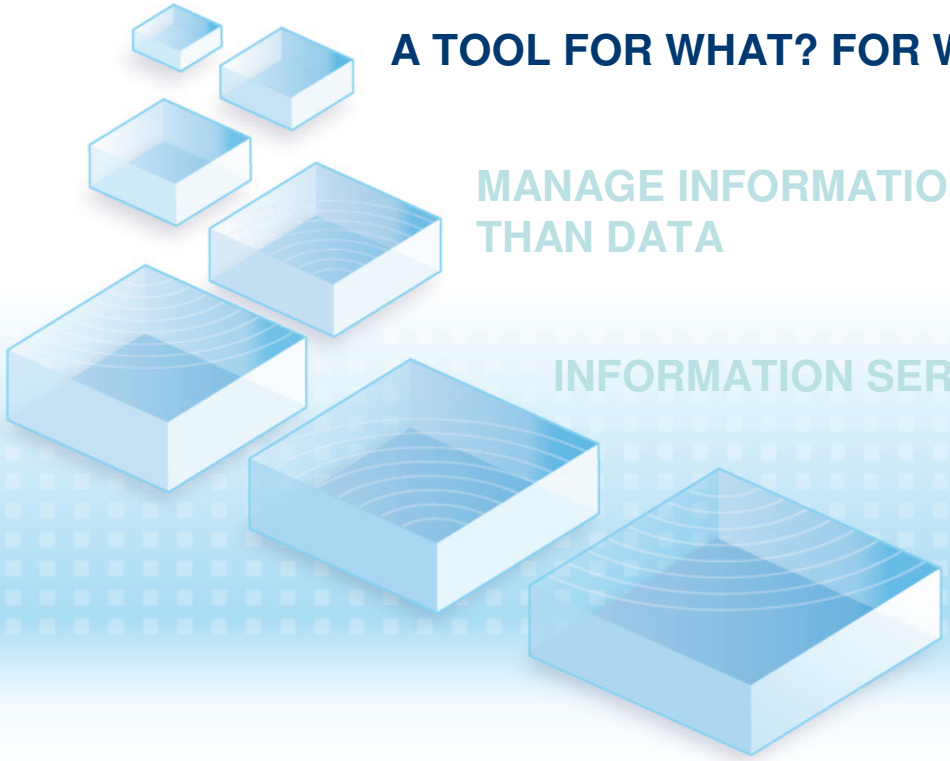
DEDICATED TO SUPPORT ALL IPSEN GROUP FUNCTIONS

OUR MISSION

- Our mission is to help Ipsen entities become more competitive by a better use of information coming from their external environment. Getting the right information at the right time is the best means of limiting risks and making the best decision for the company. This applies particularly to information available on the Internet and other published information in general, including journals and commercial databases.

- **3 functions within the same department :**
  - Library management
  - Scientific and technological watch to support R&D
  - Medical watch to support Operations

TOOL JUNGLE



A TOOL FOR WHAT? FOR WHOM?

MANAGE INFORMATION AND KNOWLEDGE RATHER THAN DATA

INFORMATION SERVICES AND KNOWLEDGE REPOSITORY

EACH INFORMATION STEP REQUIRES TOOLS

Searching and watch

Traditional vendors (Dialog) / Google

SDI / RSS feeds and Google reader

Gathering

“Dedup” command / Federated search

Analysis

Synthesis and bibliographic statistics /

Text mining, semantic and visualization

Dissemination

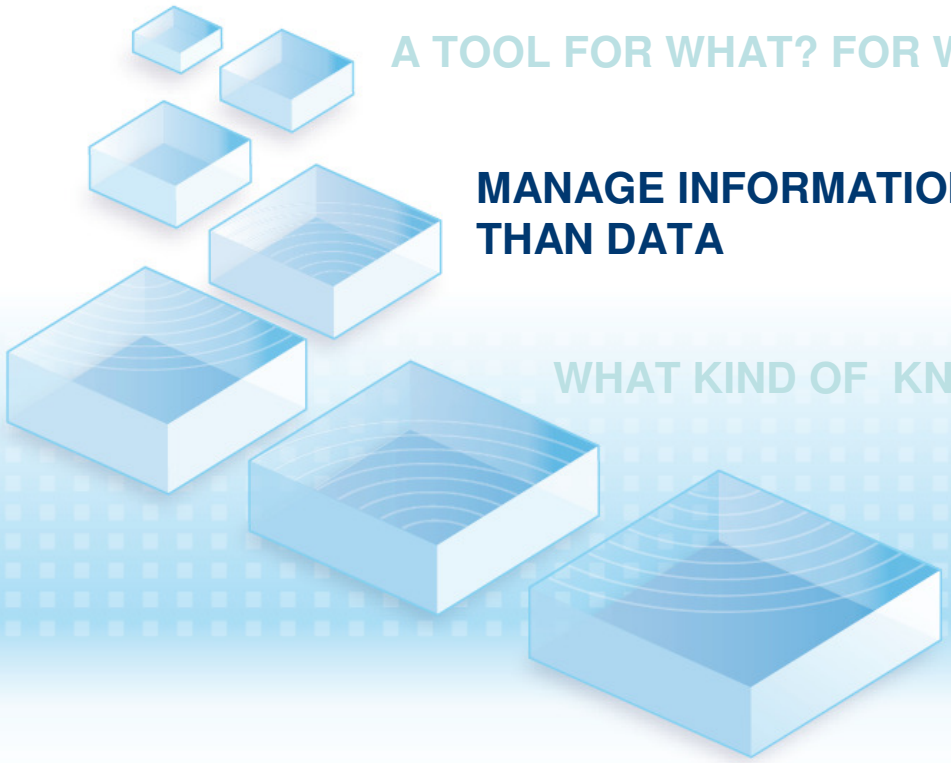
Mails, portals / blogs and

Knowledge sharing communities

END USER NEEDS VERSUS PROFESSIONAL APPROACH

- **End user expectations are similar to their personal behaviors in daily life**
  - Quick, simple, user friendly, intuitive - Google mania
  - No consideration for comprehensive searches (some references are enough)
  - Why care about Intellectual Property if we can technically download and store data?
  - Much more opportunities to use web2.0 tools outside the company!
  - No fun in company applications
- **How be attractive as an information professional? What is really our added value?**
- **As many similar files and databases format co-exist, sharing similar goals, data format standardization problem is a well-known aspect of the “too many tools for too small missions” crisis.**

TOOL JUNGLE



A TOOL FOR WHAT? FOR WHOM?

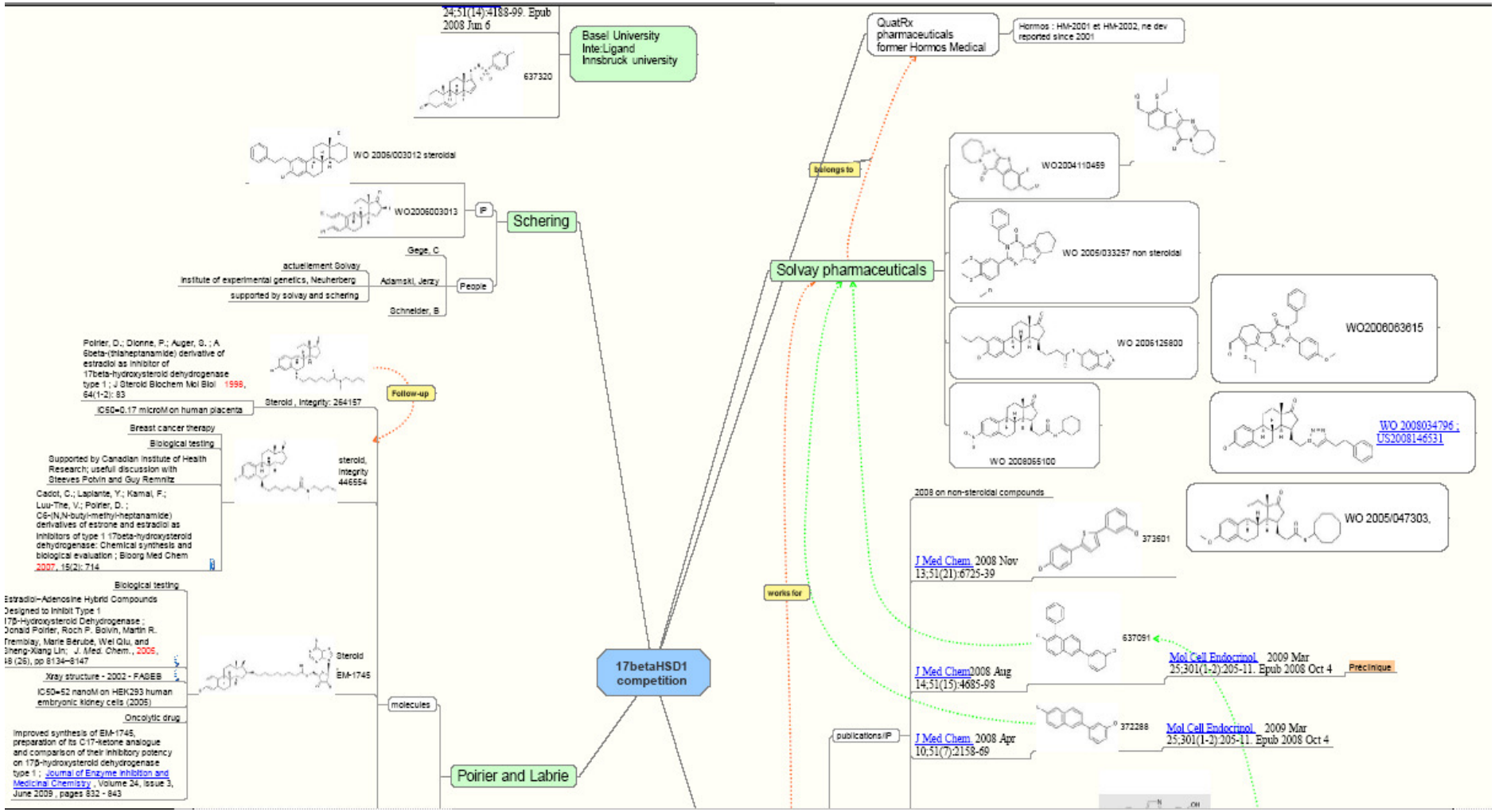
MANAGE INFORMATION AND KNOWLEDGE RATHER THAN DATA

WHAT KIND OF KNOWLEDGE REPOSITORY?

Manage information and knowledge rather than data
R&D Drug pipeline 1.0

	A	B	C	D	E	F	G	H
1	**Database**	**Highest Phase**	**Drug Name**	**Mechanism of Action**	**Organization**	**Condition**	**Pharmacology**	**Références**
2	Integrity (264157)	Biological Testing		17beta-Hydroxysteroid Dehydrogenase (17beta-HSD) Inhibitors, **Type 1**	Universite Laval (Originator);	Cancer	IC50 = 0,170microM sur placenta humain	**Poirier, D.**; et al. ; A 6beta-(thiaheptanamide) derivative of estradiol as inhibitor of 17beta-hydroxysteroid dehydrogenase type 1 ; J Steroid Biochem Mol Biol 1998, 64(1-2): 83
15	413203	Biological Testing		17beta-Hydroxysteroid Dehydrogenase **Type 1** (17beta-HSD1) Inhibitors	Solvay (Originator);	Cancer; Disorders of the ovary and female reproductive tract		WO 2005047303
16	414399	Biological Testing		17beta-Hydroxysteroid Dehydrogenase (17beta-HSD) Inhibitors	Solvay (Originator);	Cancer; Disorders of the ovary and female reproductive tract		WO 2005032527, Novel compounds and their use in therapy
20	417114	Biological Testing		17beta-Hydroxysteroid Dehydrogenase **Type 1** (17beta-HSD1) Inhibitors	Bayer Schering Pharma (Originator);	Cancer, prostate; Cancer, breast; Endometriosis	IC50=15nanoM	WO 2006003012, Novel 2-substituted D-homo-estra-1,3,5(10)-trienes as inhibitors of 17beta-hydroxysteroid dehydrogenase type 1
25	474900	Biological Testing		17beta-Hydroxysteroid Dehydrogenase **Type 1** (17beta-HSD1) Inhibitors	Solvay (Originator);	Cancer, breast		WO 2008034796, Estratriene derivatives and their uses as 17beta-hydroxysteroid dehydrogenase inhibitors
31	303584	Preclinical	HM-2002, HM-2001	17beta-Hydroxysteroid Dehydrogenase **Type 1** (17beta-HSD) Inhibitors	Hormos (Originator); QuatRx	Cancer, breast ; Osteoporosis		
32	397043, 405224	Preclinical	SCH-391, SCH-659, SCH-451659	17beta-Hydroxysteroid Dehydrogenase **Type 3** (17beta-HSD3) Inhibitors	Schering-Plough (Originator);	Cancer, prostate		WO2004060488
33	637091	Preclinical		17beta-Hydroxysteroid Dehydrogenase **Type 1** (17beta-HSD1) Inhibitors	Pharmacelsus (Originator); Solvay (Originator);	Cancer, breast; Endometriosis		**Marchais-Oberwinkler, S.; Kruchten, P.; Frotscher, M.; Ziegler, E.; Neugebauer, A.; Bhoga, U.; Bey, E.; Muller-Vieira, U.; Messinger, J.; Thole, H.; Hartmann, R.W.** ; Substituted 6-phenyl-2-naphthols: Potent and selective nonsteroidal inhibitors of 17beta-hydroxysteroid dehydrogenase type 1 (17beta-HSD1): Design, synthesis, biological evaluation, and pharmacokinetics ; J Med Chem 2008, 51(15): 4685
34	IMS Health	Preclinical		17beta-Hydroxysteroid Dehydrogenase **Type 1** (17beta-HSD1) Inhibitors	ElexoPharm	Cancer, breast; Endometriosis	IC50 values in the low nanomolar range	
35								

Manage information and knowledge rather than data
R&D Drug pipeline 2.0



Manage information and knowledge rather than data
Literature watch 1.0

DECAPEPTYL

ALERT BULLETIN
*Week 39: 6th October 2009**

Sources:

MEDLINE, EMBASE, BIOSIS

Time coverage:

This update covers literature that has been published onto these databases since the last update (29th September 2009) *

Contents:

GnRH agonists , GnRH antagonists, and antiandrogens

Terms of Search:

PART I: GnRH agonists and antagonists....4
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NOTE:

For all congress abstracts:
Open Ipsen Planet Intranet section and log in with your Internet

Manage information and knowledge rather than data

Literature watch 2.0

ACROMEGALY/PEGVISOMANT

Successful use of weekly pegvisomant administration in patients with acromegaly

Author/s Higham CE, Thomas JD, Bidlingmaier M, Drake WM, Trainer PJ.

Source Eur J Endocrinol. 2009 Jul;161(1):21-5

FullText http://www.eje-online.org/cgi/reprint/161/1/21?

IPSEN COMMENTS

Very small study.
Currently, pegvisomant weekly administration has been investigated mainly in co-administration studies (with somatostatine analogues).
Those results are supportive of the weekly mode of administration even when no somatostatin analogue is associated. This trend is observed in practice even if it is not pegvisomant labelling

Main Investigated drugs Pegvisomant

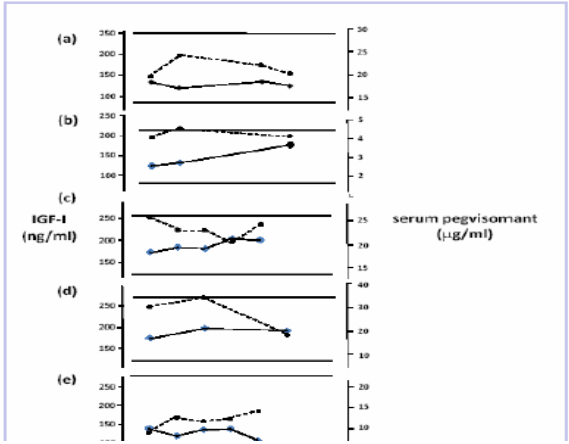
Study type Open-label prospective study

Indication Acromegaly

Number of patients: 7

What was investigated
The efficacy of weekly dosing of Pegvisomant

How it was investigated
A two center, open-label prospective study in patients with acromegaly converted from a stable daily dose of pegV (median dose 15 mg daily (range 10-20 mg od), IGF1 normal for 3 months prior to inclusion) to twice-weekly (week 0-16) followed by once-weekly (week 16-32) administration



The most important information

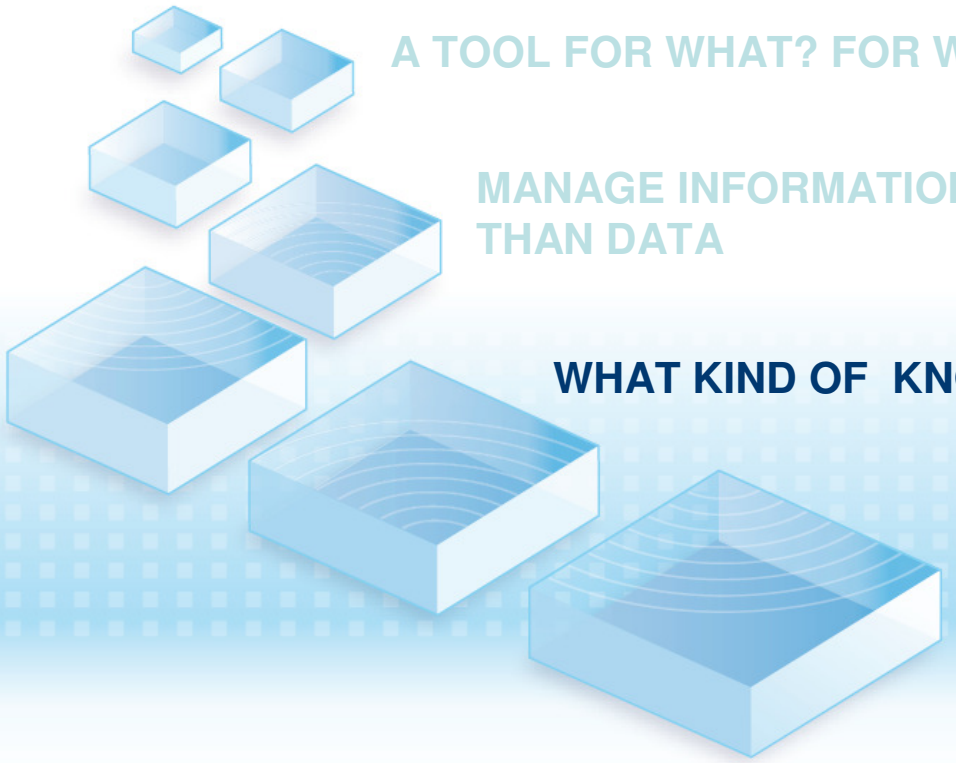
Serum IGF-I and pegvisomant levels were measured one day post-dose and prior to the next dose in five patients during the weekly administration of pegvisomant. There was no significant difference between serum IGF-I (post-dose 129±6.9 vs pre-dose 137±22 ng/ml) or pegvisomant concentrations (post-dose 17,200±11,500 vs pre-dose 14,900±6600 ng/ml) although these decreased in 4 out of 5 patients over the week. Serum IGF-I values remained within reference range throughout the week following injection (Figure 3).

Safety and QOL parameters remained stable.

Author conclusions

To conclude; we have demonstrated that conversion to sole pegvisomant administration on a weekly basis can be achieved safely, with no loss of efficacy or increase in dose requirements and

TOOL JUNGLE



A TOOL FOR WHAT? FOR WHOM?

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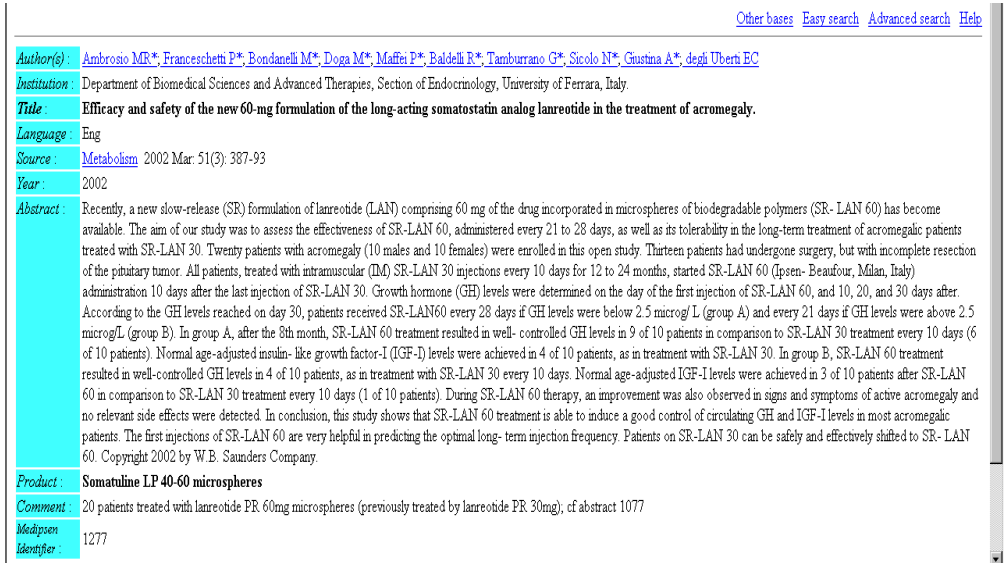
WHAT KIND OF KNOWLEDGE REPOSITORY?

Product Literature Database 1.0



Full text link to the scanned document if copyright compliant

Is a Product Literature Database still needed?

IS view

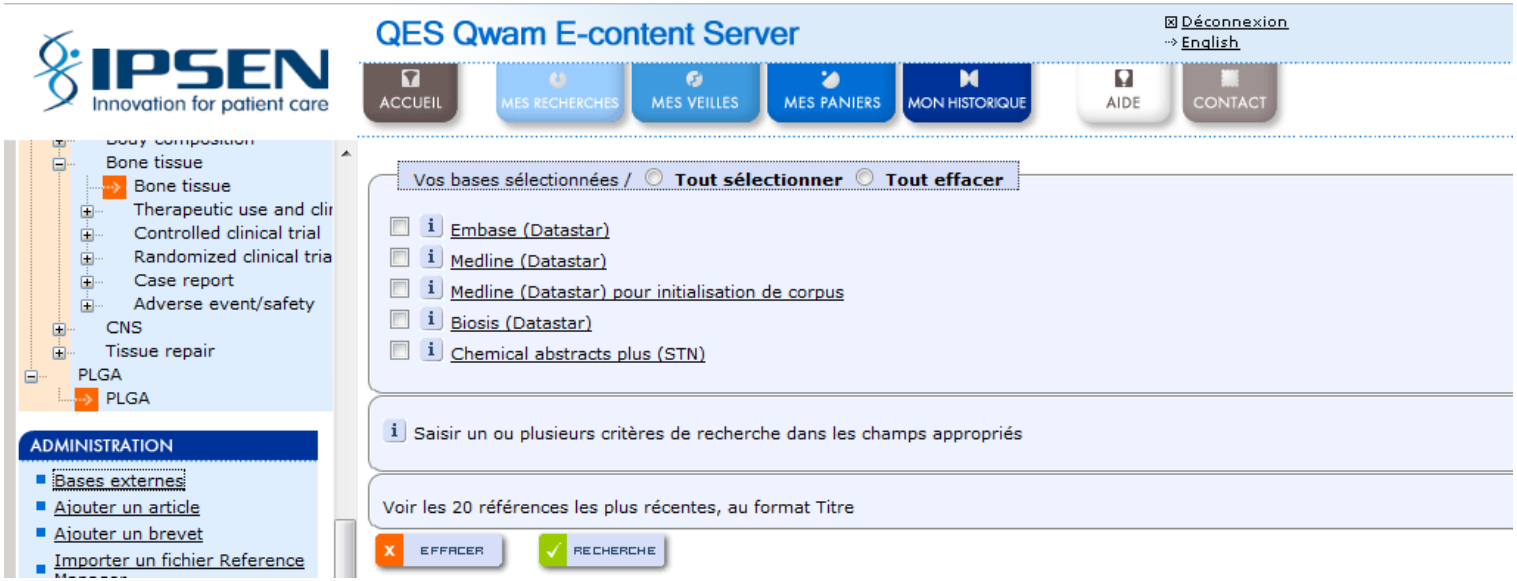
- Strong investment to maintain PLDs
- Abstract is the standard
- Warrant the exhaustiveness
- Comprehensive tracking is not effective before providers have indexed the papers

End-user view

- Need investment for ad hoc searches
- Full text is needed
- Key papers repository is enough
- Alert set-up from some key publisher's sites

Changing landscape for secondary Abstract & Indexing services

FEDERATED SEARCH EVEN FOR PROFESSIONAL SOURCES

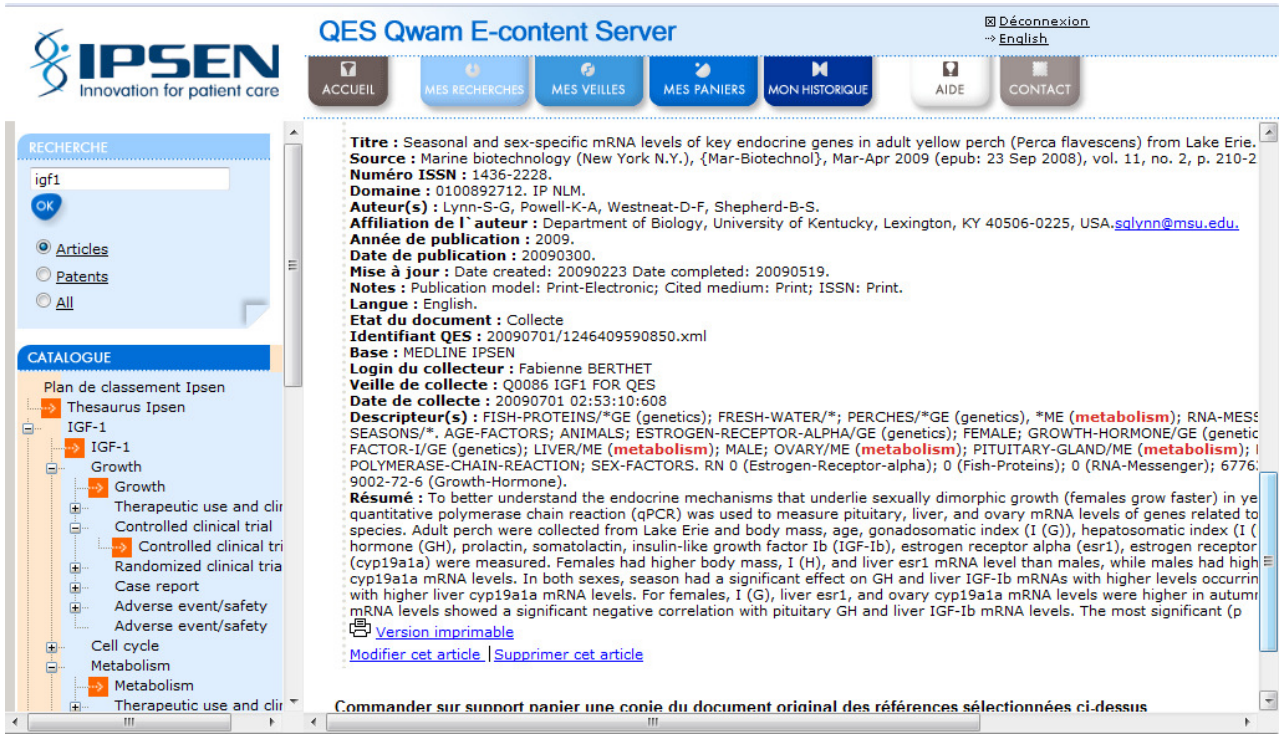


- TO COMBINE PROFESSIONAL SOURCES FROM DIFFERENT VENDORS AND GOOGLE SEARCHES

- TO BRIDGE DISPARATE SILOS OF INFORMATION

PLD : Return of investment of our virtual library

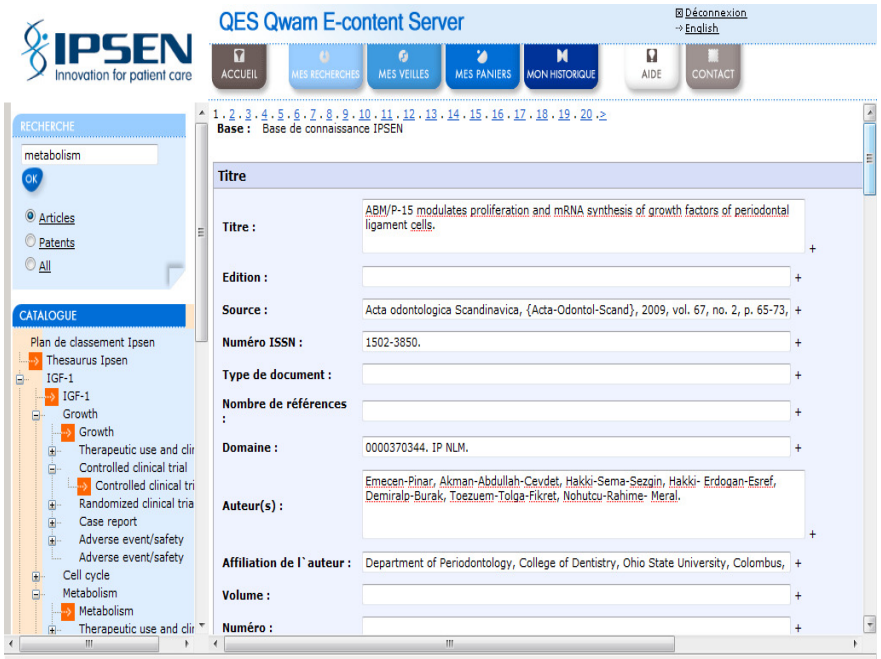
Open URL to link to publisher sites and give access to full text



How federated search enables the “discoverability” of the expensive resources in our library, while protecting the Intellectual Property Rights of content providers

PLD : ASSISTED INDEXATION

- Text mining or semantic tool can be integrated upstream
- Automatic categorization of search results into descriptive folders
- Text mining tools can be integrated downstream as well to analyze the content



CONCLUSIONS – driven by end-user needs and attitudes

- **We still do need traditional tools as a first step**
  - Multiple sources needed to assure exhaustiveness
  - Federated search engines and duplicate remove modules requested
- **However this first step is more and more useful only for information professionals**
  - Human analysis is asked – Brain is the key tool
  - Tools helpful at this step to visualize the analysis
- **Unique platform combining end-user and professional requirements**
- **Such platform needs to integrate different tools**
  - Automatic categorization
  - Electronic document management system
  - Linking to external applications and sources
  - Linking to analysis or visualization tools

THANK YOU

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