

# IUPHAR Executive Committee Meeting Minutes

May 25<sup>th</sup> - 26<sup>th</sup>, 2012

Der Teufelhof Hotel, Basel, Switzerland

## Participants

Darrell Abernethy, USA, Vice Chair of Clinical Pharmacology Division  
Donald Birkett, Australia, Chair of Clinical Pharmacology Division  
Kim Brøsen, Denmark, Councilor  
Kay Brune, Germany, Councilor  
Patrick du Souich, Canada, President  
Sue Piper Duckles, USA, Past President  
S. J. Enna, USA, Secretary-General  
Graeme Henderson, UK, First Vice President  
Masamitsu Iino, Japan, Second Vice President  
María Isabel Lucena, Spain, Treasurer of Clinical Pharmacology Division  
John Miners, Australia, Councilor  
Douglas Oliver, South Africa, Councilor, and President, 2014 World Congress of Basic and Clinical Pharmacology (WCP2014)  
Urs Rugg, Switzerland, Treasurer  
Petra Thürmann, Germany, Secretary General of Clinical Pharmacology Division  
Yongxiang Zhang, PR China, Councilor  
Leigh Ann Arbuckle, USA, Treasurer's Assistant  
Lynn LeCount, USA, Administrative Support

## Guests

Christiaan Brink, Chair, Education Section, and Secretary, WCP2014  
Martine Clozel, Actelion Pharmaceuticals, Ltd.  
Robert Fuchs, Web developer  
Alex Phipps, F. Hoffmann-La Roche, Ltd.  
Brian P. Richardson, Novartis  
Michael Spedding, Chair, NC-IUPHAR

## Friday, May 25<sup>th</sup>

Dr. S. J. Enna called the meeting to order and thanked everyone for attending.

### President's Welcome

Dr. Patrick du Souich gave a brief overview of IUPHAR activities, including the next IUPHAR congress in Cape Town, South Africa in 2014. He announced that Dr. Michael Spedding, chair of NC-IUPHAR, serves on the preclinical program committee for the Congress. He described PharfA, an African association working to coordinate preclinical and clinical pharmacology activities throughout the continent. Dr. du Souich explained that IUPHAR is emphasizing regional congresses and interactions with the World Health Organization (WHO). He noted in particular the possibility of working together with PharfA and WHO on issues relating to tropical and rare diseases.

### NC-IUPHAR Overview

Dr. Spedding presented a summary of NC-IUPHAR activities including a list of GPCR receptors, voltage-gated ion channels, nuclear receptors, and transporters the committee has, or is currently, classifying. He also mentioned the NC-IUPHAR links with Orphanet (INSERM's orphan disease platform). Dr. Spedding discussed the importance of the receptor database for both industry and academia. Dr. Brian Richardson commented that Novartis uses the receptor database extensively and supports the project.

## IUPHAR Executive Committee Meeting Minutes May 25<sup>th</sup> - 26<sup>th</sup>, 2012

### Industry Panel Presentations and Discussion

Dr. Urs Ruegg introduced representatives from the pharmaceutical industry that he had invited to the meeting.

#### *Actelion Pharmaceuticals, Ltd.*

Actelion's activities were presented by Dr. Martine Clozel. Actelion has 2,500 employees. Products and leads generated since the company's founding 15 years ago include Bosentan (Tracleer - PAH), Veletri, and Ventavis for the treatment of pulmonary arterial hypertension, and Zavesca for treating Gaucher disease. They have about 400 compounds in research at this time, of which 12 are undergoing clinical testing. It has recently been reported that Macitentan demonstrated excellent results in Phase III trials as a treatment for pulmonary arterial hypertension. They are also examining Selexipag, a selective PGI<sub>2</sub> agonist licensed from Nippon Shinyaku and are exploring the therapeutic potential of orexin antagonists.

#### *Novartis Institute for Biomedical Research*

Novartis' history and current activities were presented by Dr. Brian Richardson. He reported there are 6,000 associates among the ten Novartis institutes covering therapeutic areas as diverse as autoimmune disorders, central nervous system conditions, oncology, respiratory disorders, and ophthalmics. Dr. Richardson's own area of expertise is musculoskeletal diseases.

He emphasized that preclinical in silico safety checks are very important for Novartis. Dr. Richardson explained that a committee validates research drug targets in areas where this is an unmet need. He listed various preclinical and clinical techniques and technologies employed by Novartis scientists. Dr. Richardson stated there are currently 90 projects aimed at identifying and developing a molecular entity, with 25 compounds currently in clinical trials. He noted that the success rate for potential new products from preclinical research to Phase III entry is 19%.

Dr. Richardson described how Novartis has established an educational program for clinicians in Ghana, Kenya, South Africa, Brazil, and Puerto Rico to encourage medical research in those countries.

#### *F. Hoffmann-La Roche, Ltd.*

Dr. Alex Phipps believes efforts must continue to perfect personalized health care to counter the lack of efficacy of current medications. He noted that the success rate for new drug candidates is only 18% in Phase II trials, with a cost of \$2.4 billion/candidate. He then went on to describe some of the Roche agents that are currently in clinical trials or recently approved. Included were Lebrikizumab for asthma and Zelboraf-B for malignant melanoma. He discussed the importance of optimizing and individualizing doses for maximum efficacy. Dr. Phipps closed by discussing briefly the importance of developing diagnostics, indicating that 30% of the Roche clinical trials are conducted with companion diagnostics.

#### *What does the pharmaceutical industry need from IUPHAR?*

Dr. Richardson observed that many scientists lack training in the principles of pharmacology, toxicology and pharmacovigilance. He felt IUPHAR can play an important role in fostering programs that expose students to these areas and other essential elements of the drug discovery process. He suggested this could perhaps be accomplished by awarding scholarships to work in industry, and in organizing and funding workshops and training programs in personalized medicine and in vivo research techniques. He encouraged efforts to create collaborations that bring together government, academic and industry scientists and resources in identifying new drug targets. He also challenged IUPHAR to initiate programs aimed at recruiting more minorities into careers in biomedical research and drug discovery.

Dr. Phipps indicated that the IUPHAR receptor database is used frequently by investigators at Roche. He believes that, given its reputation, IUPHAR could play a

## **IUPHAR Executive Committee Meeting Minutes** **May 25<sup>th</sup> - 26<sup>th</sup>, 2012**

significant role in disseminating information on the importance of personal health care and in promoting the image of the pharmaceutical research in general. Some initiatives he believes IUPHAR should consider are advocating publication of negative data, supporting mechanism-based research, and educating the public and fellow scientists about the importance of rigorous preclinical and clinical testing, double blind designs, and the use of adequate sample sizes. In addition, Dr. Phipps would like to see IUPHAR encourage alternative indications for NCEs. He concluded by stating that, in his view, the most important role for IUPHAR is to act as an advocate for the survival of the drug research.

Dr. du Souich thanked Drs. Clozel, Richardson and Phipps for their time and recommendations. He expressed hope that the dialog initiated today would continue, with the aim of enhancing further a working relationship between IUPHAR and the pharmaceutical industry.

### Strategic planning proposal and discussions

A discussion on IUPHAR strategic planning was chaired by Dr. Kay Brune. Committee members discussed issues they believed are crucial for ensuring the growth of IUPHAR including educational programs, encouraging member societies to be more active in IUPHAR-sponsored projects, expanding NC-IUPHAR, initiatives to ensure survival of the discipline, and the steps needed to ensure the next generation of pharmacologists will be dedicated to these goals as well. It was agreed the primary focus of IUPHAR should be on education. Other items considered included enhancing the visibility and identity of IUPHAR, the creation of an IUPHAR Section of Industrial Pharmacology, communicating with universities about the importance of recruiting faculty with expertise in basic or clinical pharmacology, and sponsorship of short courses in pharmacology.

Fundraising was discussed at length. It was agreed that most donors, especially pharmaceutical firms, are more likely to contribute when the request is for funds to underwrite a specific project. To help counter the decline in outside support, Dr. Henderson suggested that IUPHAR consider generating income from the sale of a textbook or journal. After some discussion, the textbook option was abandoned because of the time and effort needed to prepare such a work. On the other hand, the Committee members agreed it would be good to explore the journal option once again. To this end, Dr. Henderson agreed to speak with publishers to determine whether launching an IUPHAR journal for profit is a feasible idea.

### ***Saturday, May 26<sup>th</sup>***

#### Secretary General's comments

Dr. Enna announced that Dr. Ingolf Cascorbi will represent IUPHAR at the upcoming 50<sup>th</sup> Anniversary Meeting of the Hungarian Society for Experimental and Clinical Pharmacology. Dr. Ruegg will represent IUPHAR at the 2012 Annual Meeting of the Indian Pharmacology Society.

Dr. Enna inquired if any of the Executive Committee members had colleagues in or from Venezuela or Pakistan who could be contacted as his office has been unable to obtain the names and contact information of the current officers of those IUPHAR member societies. Dr. du Souich agreed to contact a scientist he knows from Venezuela.

Ms. Lynn LeCount and Mr. Robert Fuchs presented an overview of the new IUPHAR.org website that is now in development. Ms. LeCount highlighted the changes made in response requests put forth during the 2011 Executive Committee meeting. She then briefly described the two software, Joomla and Moodle, which comprise the website. The combination allows four layers of security access: 1) Public, in which the content may be viewed by anyone; 2) Registrants, people who voluntarily register their email address to receive access to controlled content, such as the IUPHAR Member Directory; 3) Participants, individuals invited to enter a Virtual Meeting Room for a particular group

## IUPHAR Executive Committee Meeting Minutes May 25<sup>th</sup> - 26<sup>th</sup>, 2012

or project, and 4) Administrators, someone designated by each IUPHAR group (section, division, committee, etc.) to monitor and update the related webpage contents, Virtual Meeting Room(s), and Participants, as necessary.

In addition to showing sample webpages, Ms. LeCount and Mr. Fuchs demonstrated a Virtual Meeting Room, which allows an Administrator to manage the organization, processing, and output of committees while minimizing the time needed to accomplish these tasks. Important documents can be archived for reference by officers in the future. The IUPHAR officers will test the Virtual Meeting Room design and tools in the next few months to fine-tune the screens and settings. Once they are satisfied with the system a Virtual Meeting Room will be assigned and customized for the officers of each IUPHAR group that wishes to have one. Ms. LeCount will train each Administrator to ensure the needs of his/her group are met. She noted the Virtual Meeting Rooms could also be granted to IUPHAR member societies that do not have a central administrative office for their use in handling society business.

Ms. LeCount acknowledged the efforts of Drs. Robert Likic, Simon Maxwell, and Christiaan Brink, in developing the IUPHAR website in conjunction with the Education Section activities. The next major step is to import data from the existing IUPHAR Member Directory into the tandem Joomla/Moodle databases.

### Treasurer's report

Dr. Ruegg noted the external and internal audits of the 2011 financial records have been completed with all auditors endorsing these reports. He acknowledged the efforts of Drs. Garrett FitzGerald and Brink as the internal auditors.

For 2011, Dr. Ruegg reported the IUPHAR operational income and expenses (US dollars):

<b>2011 Operations Income*</b> in USD	<b>Amount</b>
Membership Dues	95,280
Dividend Income	5,860
Meeting Income from Congress 2010	85,707
PharmacoCareers	548
GRIP Reimbursements	3,380
IOSP – Travel Reimbursement	879
<b>Total Operations Income</b>	<b>191,654</b>

<b>2011 Operations Expenses*</b> in USD	<b>Amount</b>
External Audit	575
Bank Fees	3,163
Currency Exchange Loss	2,358
Unrealized Loss - Investment Value	24,499
Dues (ICSU & ICLAS)	3,763
Secretary General's Office	43,400
Treasurer's Office	9,584
Meetings – Executive Committee	33,177
GI Section Support	2,945
Meeting – ICSU Liaison	1,957
GRIP Reimbursements	8,048
Clinical Division Support	5,000
Young Investigator Awards	993
Website	8,473
<b>Total Operations Expenses</b>	<b>147,935</b>
<b>Net Operations in USD</b>	<b>43,719</b>

\* Excludes NC-IUPHAR

**IUPHAR Executive Committee Meeting Minutes**  
**May 25<sup>th</sup> - 26<sup>th</sup>, 2012**

It was observed the membership dues collection for last year was one of, if not the, most complete on record. Ms. Leigh Ann Arbuckle reported that a few member societies paid prior years dues during 2011 in addition to their current year dues. This helped increase the size of the collection for last year. Each year IUPHAR member societies receive dues invoices for an aggregate of ~US\$80,000. Dr. Enna remarked that the dues collected each year cover only the fixed administrative costs of IUPHAR.

Dr. Ruegg then reported the 2011 IUPHAR Nomenclature Committee (NC-IUPHAR) income and expenses (US dollars):

<b>NC-IUPHAR Donations in USD</b>	<b>Amount</b>
Servier	35,355
GSK	31,174
Pfizer	20,000
Actelion	10,000
DiscoverRx	7,940
Lundbeck	4,990
ASPET – Drug Discovery Division	5,000
ASPET – Neuro Division	5,000
Abbott	2,000
<b>Total NC-IUPHAR Donations</b>	<b>121,459</b>

  

<b>NC-IUPHAR Income in USD</b>	<b>Amount</b>
Corporate & Member Donations	121,459
Endowment Dividend	3,913
Currency Gain	1,235
<b>Total NC-IUPHAR Income</b>	<b>126,607</b>

  

<b>NC-IUPHAR Expenses in USD</b>	<b>Amount</b>
Database	169,466
Meetings	54,023
Unrealized Loss - Investment Value	19,262
Bank Fees	73
<b>Total NC-IUPHAR Expenses</b>	<b>242,824</b>

  

<b>Net NC-IUPHAR in USD</b>	<b>-116,217</b>
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The IUPHAR officers expressed their gratitude to the 2011 donors, with a special acknowledgement of Servier's generosity over the years, both in terms of financial support and the many hours its employees have donated to IUPHAR. Dr. Ruegg then summarized the 2011 income and expenses for all of IUPHAR as a whole (US dollars):

<b>Balance of all accounts 1 January 2011</b>	<b>815,497</b>
Total Income	+317,026
Total Expenses	-344,642
Unrealized Investment Value	-43,761
Currency Gain/Loss	-1,123
<b>IUPHAR net loss in USD</b>	<b>-72,500</b>
<b>Balance of all account 31 December 2011</b>	<b>742,997</b>

Dr. Ruegg explained that approximately half of the net loss was due a drop in value on the investment accounts, with other half resulting from a change in timing for the NC-IUPHAR Database Operation payments. In past years the Database group was paid retrospectively by IUPHAR. During 2011, the payments were made prospectively, making it necessary for IUPHAR to send three installments rather than two. Dr. Enna reminded the group about the agreement with the British Pharmacological Society (BPS), which involves the BPS covering some of the cost of the Database Operation in

## IUPHAR Executive Committee Meeting Minutes May 25<sup>th</sup> - 26<sup>th</sup>, 2012

Scotland. This will help decrease the financial burden on IUPHAR over the next three years. In addition, Dr. Enna informed the group that Dr. Tony Harmar has submitted a grant to the Wellcome Trust which, if funded, should reduce the IUPHAR financial obligation to NC-IUPHAR further. The NC-IUPHAR Chair, Dr. Michael Spedding, is aware of the funding challenges and is working towards a breakeven budget. Dr. Sue Duckles asked to receive a copy of the current NC-IUPHAR budget while Dr. Don Birkett asked to receive a copy of the current IUPHAR budget. Dr. Enna confirmed both are available and will be sent to the Executive Committee members. Dr. Ruegg was also asked to include current year budget estimates of IUPHAR and NC-IUPHAR during his future annual reports to the Executive Committee.

Dr. Ruegg presented a list of unpaid IUPHAR membership dues (US dollars):

<b>Societies with Unpaid Membership Dues<sup>+</sup></b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>Total</b>
American College of Clinical Pharmacology			585	\$585
Argentine Society			749	\$749
American Society of Clinical Pharmacology Therapeutics			585	\$585
Bulgarian Pharmacology Society		160	160	\$320
Chilean Society of Pharmacology	304	320	320	\$944
Colombian Pharmacological Association		160	160	\$320
Cuban Society of Pharmacology			320	\$320
Egyptian Society of Pharmacology & Experimental Therapeutic			192	\$192
Indonesian Pharmacological Association		169	169	\$338
Latin American Association of Pharmacology		585	585	\$1,170
Pacific Rim Association for Clinical Pharmacogenetics			585	\$585
Pakistan Pharmacological Society		160	160	\$320
Pharmacological & Therapeutic Society of Thailand		160	160	\$320
Philippine Society of Experimental & Clinical Pharmacology	211	222	222	\$655
Polish Pharmacological Society			780	\$780
Safety Pharmacology Society		585	585	\$1,170
Serbian Pharmacological Society			480	\$480
Venezuelan Society of Pharmacology		160	160	\$320
<b>Total Outstanding Membership Dues in USD</b>				<b>\$10,153</b>

<sup>+</sup> Updated as of June 20<sup>th</sup>

After a brief discussion, the Executive Committee members authorized Dr. Ruegg to increase annual IUPHAR membership dues by 5% for 2013.

Dr. Duckles asked whether the balances of accounts of the Sections are reported to the IUPHAR Secretary-General Office. Dr. Enna replied the various Section chairs have reported difficulties in raising support and, while activity and financial reports have been requested from the Sections, only activity reports are normally received. Dr. Petra Thürmann stated that the Clinical Division had been able to provide limited amounts of support to some of the Sections in the past but that was unlikely to continue given the fact that the Division account is shrinking.

### Activity Reports

As the activity reports from the liaisons, committees, sections, and Clinical Division had been circulated with the meeting materials Dr. Enna inquired if any of the Executive Committee members had questions about the contents. As there were no questions these reports were accepted in their present forms. The following oral reports were provided:

## IUPHAR Executive Committee Meeting Minutes May 25<sup>th</sup> - 26<sup>th</sup>, 2012

### *IUPHAR representatives to other organizations*

#### International Council for Science (ICSU)

Dr. Duckles served as the IUPHAR delegate for the ICSU General Assembly in Rome in September 2011. She highlighted the structure and history of ICSU and their long relationship with IUPHAR. Dr. Duckles stated that ICSU has provided funding for NC-IUPHAR in the past and, more recently, for the IUPHAR Integrative Organ and Systems Pharmacology (IOSP) Initiative. She noted that because ICSU tends to emphasize work in the earth and physical science projects the members of the ICSU Biounions Cluster have begun to increase its visibility and collaborations within the organization. One of the Biounions Cluster initiatives submitted to ICSU for funding is the organization of a meeting in conjunction with the upcoming World Congress of the International Union of Physiological Sciences (IUPS). Dr. Kay Brune agreed to represent IUPHAR on the planning committee for this event as he is the IUPHAR Liaison to IUPS. However, Dr. Brune has reported that he has yet to be contacted by IUPS concerning this matter. Dr. Duckles also announced that she met with the International Union of Toxicology (IUTOX) President, Dr. Dan Acosta, who expressed continued interest in IUTOX collaborations with IUPHAR.

#### IUTOX

Dr. John Miners, the IUPHAR Liaison to IUTOX, reported that he has been in communication with President Acosta and Ms. Donna Breskin, the IUTOX Executive Officer, regarding two possible collaborative efforts. The first is a joint proposal to ICSU requesting support for a teaching initiative. Dr. Miners said more information would be sent to the officers as details become available.

IUTOX has also invited IUPHAR to sponsor a toxicology-related symposium during the XIII International Congress of Toxicology in Seoul, Korea, June 30<sup>th</sup> – July 4<sup>th</sup>, 2013. In turn, IUPHAR has invited IUTOX to reciprocate by supporting a pharmacology-relevant symposium during the WCP2014 in Cape Town, July 13<sup>th</sup> – 18<sup>th</sup>, 2014. Dr. Miners is working with the IUPHAR Drug Metabolism and Drug Transport Section Chair, Dr. Allan Rettie, to organize a symposium related to drug metabolism for the IUTOX meeting next year. Dr. Oliver remarked that Dr. Vanessa Stein in South Africa serves on the WCP2014 Program Committee and is the local representative for IUTOX. He encouraged Dr. Miners to include her in discussions about the possible IUTOX symposium in Cape Town. The Executive Committee members made suggestions about possible symposium sponsors and asked questions about the reciprocal symposia proposal agreement with IUTOX. Dr. Miners will discuss these matters with the IUTOX representatives.

### *Committees*

#### NC-IUPHAR

Drs. Spedding and Harmar were commended for their efforts in maintaining the quality, visibility and utility of NC-IUPHAR programs. Dr. Oliver asked whether there is a succession plan in place if Dr. Spedding steps down as chair of this committee. Dr. Enna replied that he and Dr. Spedding have approached a current member of NC-IUPHAR, who has agreed to assume the chair if necessary. Ultimately, the Executive Committee would have to approve a replacement if an opening developed. Dr. Brøsen recommended that the officers encourage Dr. Spedding to recruit more young pharmacologists onto the NC-IUPHAR committees to help build long-term viability. Dr. Henderson proposed that one way to reduce the expenses associated with the NC-IUPHAR meetings would be to hold them on the weekend prior to, or following, a major pharmacology meeting as speaker fees for some of the participants could help defray NC-IUPHAR travel costs.

## **IUPHAR Executive Committee Meeting Minutes** **May 25<sup>th</sup> - 26<sup>th</sup>, 2012**

### Membership

- Dr. Enna summarized recent changes in the Membership Committee necessitated by the retirement of Dr. George Carruthers. He has now been replaced by Dr. Stuart MacLeod. Dr. Enna reported that the officers have encouraged the Membership Committee chair, Dr. Karl Netter, to follow up with the pharmacology societies in Kenya, Mexico and Ecuador concerning membership as strengthening pharmacology in Africa and Latin America is a major IUPHAR goal.
- Dr. du Souich reported that the Cuban Society of Pharmacology is revitalizing the Latin American Pharmacology Society (ALF). He explained that the ALF Presidency is assigned to the President of the next congress, which is being hosted by the Cubans.

### *Clinical Division*

- Dr. Don Birkett reported that the Clinical Division officers meet most months via Skype. Currently they are trying to establish a subcommittee on pharmacoepidemiology.
- Dr. du Souich reported he had been contacted by Giampaolo Velo to request IUPHAR sponsorship for a one-day meeting in Verona on pharmacoepidemiology. The organizers were seeking patronage but no funding. Dr. Brøsen commented that the European Association of Clinical Pharmacology and Therapeutics had received and approved a similar request from the organizers. The Executive Committee members approved patronage of the Verona event as long as it does not require funding.
- Dr. Birkett stated that the Clinical Pharmacology officers have made overtures to the International Pharmaceutical Federation (FIP) and the American Society for Clinical Pharmacology and Therapeutics in the hopes of establishing collaborations. They are also exploring Regional Focused Conference possibilities with the South East Asian Western Pacific Regional Federation of Pharmacologists (SEAWP-RFP) and/or the British Pharmacological Society (BPS). Dr. Henderson commented that Dr. David Webb was recently appointed the Vice President of Meetings for the BPS so would be the right person to contact concerning this matter.
- Dr. Birkett said the clinical pharmacology document was recently completed and approved by the IUPHAR officers as a joint venture between IUPHAR, WHO and the Council for International Organizations of Medical Sciences (CIOMS). It is to be printed through CIOMS. Dr. Birkett noted the Clinical Division has developed a working relationship with CIOMS and that information about their mission and goals was included in the Executive Committee meeting materials. Dr. Enna asked Dr. Birkett to circulate a copy of the published version of the clinical pharmacology document to Executive Committee members and possibly have it posted, or a link provided, on the IUPHAR website. Dr. Birkett acknowledged the substantial efforts of Drs. Folke Sjöqvist and Michael Orme in preparing the manuscript.
- Dr. du Souich proposed that another short document may be in order to address the question of "What must be done to improve rational drug utilization?" Such a report would outline ways that basic and clinical pharmacologists, basic and clinical pharmacists and other health care providers might work together, particularly in emerging economies, to better serve the medicine-based needs of these various populations. Dr. Thürmann noted that a similar document has been published by a joint commission of WHO/FIP/UNESCO and volunteered to circulate a copy to the Executive Committee members.
- Dr. Birkett reported that the Subcommittee on Geriatrics has been active and that the Subcommittee on Clinical Pharmacology in Lesser Developed Countries is doing well. During 2011 the Pediatric Clinical Pharmacology Section began working with the Hospital District of Helsinki and Uusimaa (HUS) on a European

## **IUPHAR Executive Committee Meeting Minutes** **May 25<sup>th</sup> - 26<sup>th</sup>, 2012**

- Commission contract as part of the Global Research in Pediatrics (GRIP) initiative. The Section Chair, Dr. Kalle Hoppu, organizes meetings and IUPHAR provides participants for these meetings, whose expenses are covered by HUS. Now that the clinical pharmacology document is finalized, Dr. Birkett plans to contact the IUPHAR Liaisons to WHO, Drs. Sjöqvist, Hoppu and Gabrielle Hawksworth, to complete the strategic planning document required by WHO. Dr. Enna reminded him that the WHO Liaison to IUPHAR, Dr. Lembit Rägo, agreed to offer his advice on what information is needed to complete this document.
- Dr. Maribel Lucena summarized the financial reports of the Clinical Division. Effective January 1, 2011, the bank balance was €47,804. Over the course of 2011 the Division received €3,665 from IUPHAR and spent €9,588, resulting in a December 31, 2011 balance of €41,881. Thus far during 2012, the Clinical Division has received €3,810 from IUPHAR and spent €3,200, primarily in support of the recent geriatric symposium during the European Association of Clinical Pharmacology & Therapeutics meeting in Budapest. For the remainder of this year, Dr. Lucena projects €17,500 in expenditures, which include support for the June Pharmacogenetics/genomics meeting in Brazil, a clinical pharmacology symposium during WCP2014, publication fees for the clinical pharmacology document, and travel support for the representatives of the subcommittees. She estimates the December 31, 2012 balance will be approximately €24,990. Dr. Ruegg asked whether there are plans to identify additional sources of funding since the Clinical Division is spending more each year than it receives from IUPHAR. Dr. Abernethy replied that going forward it is hoped support will be secured on a project basis.
- Drs. Birkett and Darrell Abernethy commented that members of the Clinical Division are also working with the WCP2014 organizers to develop clinical contents for the scientific program.

### *Sections*

#### Section Liaisons

- Drs. Miners and Thürmann stated that the Sections have had limited or no success in identifying sponsors for their activities. They have encouraged some of the sections to collaborate when possible. In this regard it is anticipated the WCP2014 Program Committee will receive a collaborative symposium proposal from the Drug Transport & Drug Metabolism and the Pharmacogenetics /genomics Sections. Dr. Miners raised concern about the fact that fundraising efforts are not coordinated among the IUPHAR entities, making it possible for a potential donor to be independently approached by representatives of IUPHAR, NC-IUPHAR, and one or more Sections.

#### Gastrointestinal (GI) Section

- Dr. Enna briefly summarized the GI Section activity during 2010 and 2011, which included symposia during WorldPharma2010 and a meeting in St. Petersburg, Russia in October, 2011. For 2012, the GI Section is planning meetings in San Diego during April and May, Tokyo in July, Budapest in September, and Honolulu in September. The GI Section has petitioned the IUPHAR Executive Committee to commit US\$6,000 towards the Tokyo and Honolulu meetings. It was noted, however, that the Funding Proposals guidelines posted on the IUPHAR website indicate that only non-profit organizations and events encouraging the participation of developing countries are eligible to receive IUPHAR funding. The Executive Committee members felt that neither the meeting locations nor the bulk of the anticipated participants fulfilled this requirement. For these reasons the funding request was denied. Dr. Enna was asked to convey this decision to the GI Section Chair, Dr. Sandor Szabo.

## **IUPHAR Executive Committee Meeting Minutes** **May 25<sup>th</sup> - 26<sup>th</sup>, 2012**

### Natural Products Section

- Dr. Yongxiang Zhang reported that he and the Section Vice-Chair, Dr. Valérie Schini-Kerth, are working on the 2nd World Conference on the Pharmacology of Natural and Traditional Medicines to be held November 6th to 8th, 2012, in Macau, China. The 1<sup>st</sup> World Conference was held in 2009. The forthcoming meeting is being cosponsored by the Chinese Pharmacology Society and the University of Macau. The conference is listed on the IUPHAR website and the organizers are now seeking sponsors and support. They are also inviting speakers and hope to finalize the program by July. Dr. Zhang invited all of the Executive Committee members to participate.
- Dr. Zhang said the Natural Products Section is also planning a symposium for WCP2014. Although he had invited the International Council for Medicinal and Aromatic Plants to collaborate in preparing a symposium proposal, Dr. Zhang is not optimistic they will be able to contribute since their own congress is planned for August 2014 in Australia.

### Education Section

- Dr. Brink announced the Education Section, in conjunction with the Pharmacology for Africa (PharfA) initiative, had been awarded €30,000 by ICSU to organize IOSP workshops emphasizing pharmacovigilance in Ghana (2012), drug toxicology screening in Nigeria (2102), and risk management of medicines in Tanzania (2013). He is working with the local organizers to finalize the 2012 workshop offerings. In addition, the IOSP chair, Dr. David Lewis, applied through his own institution, Leeds University, for an IOSP-related grant from the Nuffield Foundation. The application has been chosen as one of the three finalists.
- Dr. Brink reported that Dr. Lewis also volunteered to evaluate the existing teaching resources on IUPHAR.org in order to organize and prioritize what should be loaded into the new website. Dr. Brink noted that many of the projects undertaken by the Education Section depend on a robust website so these have been delayed while the new IUPHAR website was being developed.

### Proposal to establish an Immunopharmacology Section

- Dr. Enna described communications received from Dr. Francesca Levi-Schaffer proposing the establishment of an IUPHAR Section on Immunopharmacology. The Executive Committee reviewed the proposal. While the group approved the idea in principal, it was noted that the proposal lacked key components stipulated by the IUPHAR Statutes, namely a mechanism for electing officers, section aims, function, and membership. In addition, the Executive Committee members felt it would be beneficial for the organizers to provide either proposed bylaws or statutes for the section. Dr. Duckles recommended that the text pertaining to the establishment of a section within the IUPHAR Statutes be revised to clarify the necessary requirements. The Executive Committee agreed. Ms. LeCount will forward the applicable IUPHAR Statute text to Drs. Duckles, Thürmann and Miners for an update, which will in turn be forwarded to the Executive Committee members for review. Once approved by the Executive Committee, the revised Statutes will be presented for approval to the IUPHAR delegates during the 2014 General Assembly. Dr. Enna will ask Dr. Levi-Schaffer to revise the proposal with the additional information required by the current IUPHAR Statutes to resubmit to the Executive Committee for their consideration and email vote.

In light of the presentations to the Executive Committee by the Swiss pharmaceutical representatives, Dr. du Souich asked whether the group thought there may be merit in establishing a Section on Industrial Pharmacology. It was generally agreed that being approached by an enthusiastic organizer tends to yield better results than the Executive Committee trying to identify and convince someone to take the lead in developing a section. Dr. Henderson observed that what is more

## IUPHAR Executive Committee Meeting Minutes May 25<sup>th</sup> - 26<sup>th</sup>, 2012

important than establishing a section focusing on pharmaceutical companies is exploring how to more effectively engage pharmacologists in industry in IUPHAR meetings and collaborations. A mix of academic, government and industry interchange is more likely to produce creative yet realistic solutions and strategies than can be accomplished within only one of the groups. He reported that a colleague in AstraZeneca is currently conducting a poll among employees in the major pharmaceutical companies to ascertain, on behalf of BPS, the reasons for the dramatic decline in their participation in international meetings and initiatives. It was pointed out that the numerous company mergers and acquisitions during the past decade had substantially reduced the number of people in the pharmaceutical industry. Those remaining are faced with the challenges of a weak economy and a decline in new product approvals. Dr. Henderson volunteered to inquire if his AstraZeneca colleague would be willing to share the results of his poll with the IUPHAR Executive Committee. He encouraged the WCP2014 organizers to be proactive in seeking the opinions of industry pharmacologists for possible topics and workshops that would be of interest and thereby attract industry registrants at meetings. Dr. Oliver noted that, while it differs from country to country, in South Africa he has learned that a presentation featuring a regulator draws pharmaceutical company participants. Dr. Darrell Abernethy confirmed that, in most cases, having regulators on the program ensures a greater representation of industry among meeting participants. Dr. Ruegg agreed to contact the Swiss pharmaceutical representatives to solicit their advice on how IUPHAR might encourage the involvement of industry personnel in its meetings and initiatives.

### Meetings

#### WCP2014

- Dr. Oliver highlighted the topics discussed during the WCP2014 International Advisory Committee (IAC) meeting held the previous day. The WCP2014 organizers are aiming for 1,500 registrants for a break-even budget, although they remain confident the number of registrants will be much higher. It was agreed to offer a discounted student rate in addition to the regular registration fee. Speaker reimbursement will be a flat fee, based on the country in which the speaker resides. The fee will be paid once the speaker arrives at the Congress. The organizers are diligently seeking sponsors to increase the number of travel bursaries and have already secured one platinum sponsor (pledged one million rand) and one double-platinum sponsor. The Fundraising Committee goal is to obtain 75% of their total donations by the end of 2012. A first-author abstract must be submitted to the Congress for Young Scientists to be eligible for a travel bursary. The IAC felt the organizers should carefully define who qualified as a Young Scientist and encouraged the criterion of career stage instead of age. Dr. Oliver described the results of a survey to gather opinions on themes and ideas conducted by the Program Committee from November 2011 through March 2012. A call for formal proposals is scheduled to be announced at the beginning of July, 2012, with a deadline of November, 2012. Dr. Oliver stated the Program Committee intends to finalize the list of speakers during the summer of 2013. At this time, seven parallel sessions are planned but change is possible based on the proposals received. A marketing plan has been developed which emphasizes not only the quality of the basic and clinical offerings but also the popularity of South Africa as a vacation and sight-seeing destination.
- Dr. Oliver brought to the attention of the group a clause within the Congress contract with IUPHAR that states the WCP2014 organizers must obtain liability insurance. As the Professional Congress Organizer and the Cape Town International Convention Centre both carry such insurance, Dr. Oliver inquired whether that contract clause may be waived, especially in light of the US\$200,000 cost. Dr. Enna asked Dr. Oliver to compose and submit a proposal to the IUPHAR officers outlining the justifications

## **IUPHAR Executive Committee Meeting Minutes** **May 25<sup>th</sup> - 26<sup>th</sup>, 2012**

for such an exemption, after which his request would be formally considered and acted upon.

### 2018 World Congress of Basic and Clinical Pharmacology

Dr. Masamitsu Iino informed the Executive Committee that the Congress will be held in the Kyoto National Convention Center on July 1 – 5, 2018. The Japanese Pharmacology Society (JPS) and the Japanese Clinical Pharmacology Society (JCPS) have formed a legal entity to organize the Congress. Officers have been appointed. Dr. Enna thanked Dr. Iino and his colleagues for their cooperation and understanding during contract negotiations. He informed the Executive Committee that the contract for the WCP2018 has now been finalized.

### Regional Focused Conferences

Ms. LeCount listed the groups that have requested the Regional Focused Conferences guidelines and briefly summarized the communications received, if any, from each. Dr. du Souich emphasized that the goal of this program is to stimulate the organization of meetings in geographical areas that have in the past had few conferences devoted to the discipline. He expressed concern that some of the applicant groups are already involved in well established annual meetings, which is not the intended use of these IUPHAR funds.

Drs. Oliver and Brink were excused while the Executive Committee discussed the Regional Focused Conference proposal for the 5<sup>th</sup> All Africa Congress of Basic and Clinical Pharmacology. It was agreed that support of an existing series of conferences did not fit with the goal of facilitating new regional meetings. For this reason, the Executive Committee was unanimous in denying this request. Dr. du Souich will inform the applicants of this decision.

### Future Executive Committee meetings

Dr. Enna announced that the BPS has agreed to participate in Experimental Biology '13 (EB'13), which is the venue for the annual meeting of the American Society for Pharmacology & Experimental Therapeutics (ASPET). Given the importance of these two IUPHAR member organizations, he proposed that the next Executive Committee meeting be held in conjunction with the EB'13 meeting. Dr. Enna noted it would give the IUPHAR Executive Committee an opportunity to meet with officers from the BPS and ASPET. The Executive Committee was unanimous in endorsing the proposal to hold its next meeting in Boston just prior to the April 20-24, 2013 EB'13 meeting.

Dr. Enna reminded the group that the final meeting of the 2010-2014 Executive Committee will take place in Cape Town in association with WCP2014. While everyone is encouraged to participate in the entire Congress, IUPHAR will pay hotel expenses only for the nights preceding the Executive Committee meetings for the 2010-2014 Committee members.

The meeting was adjourned at 11:35 a.m. on May 26<sup>th</sup>, 2012.

Lynn LeCount, CMA, Administrative Officer and Leigh Ann Arbuckle, Treasurer's Assistant