

MAY 5/6 2003

THERAPEUTIC INSIGHT 2003



The next 5-10 years will be characterized by tremendous ferment within the Pharma-Biotech-Specialty Pharma complex. Join Defined Health and industry notables at Therapeutic Insight 2003.

Plenary sessions will feature discussion and debate on overarching industry dynamics:

- **Creating Sustainable Value in the Pharma-Biotech-Specialty Pharma Complex**
- **Pharma Panel Discussion Session**
- **Biotech Panel Discussion Session**
- **Mixing It Up: Perspectives from Big Pharma, Specialty Pharma, Biotech and Wall Street**

Breakout sessions will highlight key issues impacting growth strategies in these therapeutic areas:

Cardiovascular
Oncology
Depression and Mood Disorders
Obesity
Anti-Senescence

Back by popular demand, the Keynote will be a presentation by **Uwe E. Reinhardt, PhD**, James Madison Professor of Political Economy & Professor of Economics and Public Affairs, Princeton University.

The 250+ senior executives who attend Therapeutic Insight 2003 will join a gala NETWORKING RECEPTION at Guastavino's: "Very, very civilized, this loftier (as in height, quality, service and price) sibling of the downstairs brasserie provides uplift via chef Daniel Orr's spectacular French food, an awe-inspiring setting, attentive service and plenty of space between tables; no wonder everyone feels special here." (*Zagat Review 3/03*)

THE INTERNATIONAL CONFERENCE FOCUSED ON THERAPEUTIC FRANCHISE GROWTH STRATEGIES

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MAY 5/6 2003

The international conference that brings 250+ senior pharma, biotech and investment executives together to explore the evolving strategic dynamics of the pharma, biotech and specialty pharma complex, with breakout sessions in Cardiovascular, Oncology, Depression and Mood Disorders, Obesity, and Anti-Senescence.

Keynote: **Uwe E. Reinhardt, PhD**, James Madison Professor of Political Economy & Professor of Economics and Public Affairs, Princeton University



SPEAKERS

- Jack M. Anthony, SVP, Business & Commercial Development, **Tularik**
 Karen Bernstein, PhD, Chairman & Editor-in-Chief, **BioCentury**
 Thomas P. Blackburn, PhD, VP, Drug Development Operations, **Synaptic**
 Andrew G. Bodnar, MD, JD, SVP, Strategy, Medical & External Affairs, **Bristol-Meyers Squibb**
 Graham E. Cox, Director, Strategic Planning, CNS & Pain, **AstraZeneca**
 Gary C. Cupit, PharmD, VP, Global Business Development & Licensing, **Novartis**
 Howard Fillit, MD, Executive Director, Institute for the Study of Aging
 Frederick Frank, Vice Chairman, **Lehman Brothers**
 James A. Geraghty, SVP, International Development, **Genzyme**
 Prof. Leonard Hayflick, PhD, University of California San Francisco
 J. Martin Jernigan, PhD, RPh, Head-Early Brand Management & Licensing, Deputy Head, New Products Global Marketing, **Aventis**
 Cynthia Kenyon, PhD, Founder and SAB member of **Elixir**, Herbert Boyer Distinguished Professor of Biochemistry and Biophysics, University of California San Francisco
 Fredrik Lönnqvist, MD, PhD, Medical Director & VP, Clinical Science, **Biovitrum**
 Clive A. Meanwell, MD, PhD, Executive Chairman, **The Medicines Company**
 Russell M. Medford, MD, PhD, President & CEO, **AtheroGenics**
 Roger S. Newton, PhD, President & CEO, **Esperion Therapeutics**
 Steve J. Offord, PhD, Head New Products CNS & Anti-Thrombotic Global Marketing, **Aventis**
 Stelios Papadopoulos, PhD, Vice Chairman, **SG Cowen**
 Uwe E. Reinhardt, PhD, James Madison Professor of Political Economy & Professor of Economics and Public Affairs, Princeton University (*Keynote*)
 Edward C. Saltzman, President, **Defined Health**
 Arthur T. Sands, MD, PhD, President & CEO, **Lexicon Genetics**
 George A. Scangos, PhD, President & CEO, **Exelixis**
 Robert A. D. Scott, MD, SVP, Clinical Development and Regulatory Affairs and Chief Medical Officer, **AtheroGenics**
 Carl J. Seiden, Managing Director, **JPMorgan**
 Mark W. Sleeman, PhD, Associate Director, Neural and Endocrine Biology, **Regeneron**
 Mary C. Tanner, Senior Managing Director, **Bear Stearns**
 David E. Thompson, VP, Corporate Strategy and Business Development, **Eli Lilly**
 Bruce A. Williams, SVP, Sales & Marketing, **Genta**

SESSION DESCRIPTIONS

Plenary Sessions

The next 5-10 years will be characterized by tremendous ferment within the Pharma-Biotech-Specialty Pharma complex. Four T12003 Plenary Sessions will explore key issues from the standpoints of Big Pharma, Biotech, and Specialty Pharma and the complex as a whole:

- Will Pharma finally move more toward a franchise-based model to leverage, and indeed, salvage some of the therapeutic area assets it acquired during the blockbuster boom?
- Are certain therapeutic areas more amenable to a franchise-based approach, or, indeed, do certain therapeutic areas actually require a franchise approach?
- Can Pharma deliver on a franchise-based strategy without blockbusters?
- In what ways will those fortunate Biotechs that reach product approval cope with the need for actual commercial vision?
- Can Biotech successfully utilize a therapeutic franchise approach in selected areas, e.g., Oncology, or are there other, better post-commercial models for Biotech?
- Are there avenues for Biotech to leverage its core value in discovery without following a conventional path to product development?
- How will Specialty Pharmacos address the clear need to move beyond the serial product acquisition model?
- Can Specialty Pharma define a new vision as true specialist franchise players, particularly in the face of Big Pharma's revitalized foray into specialty markets?
- What are the implications for future strategic alliances and M&A, both within the sectors and for the complex as a whole, as players within each of these industry segments refine existing business models or conceive entirely new ones in order to forge a path to success?

Breakout Sessions

Join established and emerging players and clinical thought leaders who will discuss what it takes to be a franchise force in selected therapeutic areas:

In Cardiovascular:

- Given the paucity of innovative agents within the late-stage pipeline, will the Cardiovascular sector suffer franchise neglect?
- With the ratcheting up of development costs and risks associated with providing necessary clinical outcomes data, is the notion of sustaining a competitive Cardiovascular franchise a practical one?
- What does the Cardiovascular franchise of the future look like in the post branded statin world? Where are the next blockbuster Cardiovascular therapies?
- What will be the impact of emerging surrogate markers, like C-Reactive Protein?
- Given the increasing demand for long-term outcomes data and the tremendous developmental risk that goes along with such lengthy trials, which emerging surrogate markers might provide companies with much-needed shortcuts to commercial success?

In Oncology:

- As Oncology transforms into a larger, more competitive marketplace populated with next-generation cytotoxic and novel cytostatic therapies, will there be a parallel evolution in the model of the successful Oncology player? What does the successful Oncology franchise of the future look like?
- Will single-modality (cytotoxics or hormone therapy or supportive care) franchise models continue to be tenable, or will future success be dependent on synergies from marketing cytotoxic, cytostatic, and supportive agents?
- Will clinical development continue to be the single most important driving force behind expanding market share for novel agents, or will sales, marketing and promotional spend become equally important drivers? What are the implications for existing and emerging Oncology players?
- Is there blockbuster potential within the Oncology sector?
- How does company size and ability to spend affect success in the Oncology space?
- Can Biotechs "go it alone" with novel agents that have potential in multiple major tumor types? Can Mid-Size and Specialty Pharma players compete by focusing limited resources on a few key opportunities?
- How can companies maximize returns from partnerships?

In Depression and Mood Disorders:

- Could an advanced appreciation of Depressive Syndrome affect the way in which Biotech and Pharmaceutical companies discover, develop and market drugs for Depression?

- What is the next frontier in Depression? What other indications are logical targets for an expanded Depression franchise?
- What novel mechanisms might open the door to expansion beyond the current "Depression and Mood Disorders" franchise arena, e.g., the "diseasing" of conditions not currently considered diseases (PMS, Social Anxiety, etc.)?
- Will these new brands create enough clinical value to prevent the installation of generic SSRI's as standard of care in perpetuity, or will off-patent SSRI/SNRI alternatives preclude these new mechanisms from ever really taking off?

In Obesity:

- How can the industry capitalize on what may be the ultimate disease management opportunity – weight control as a prophylaxis against extremely expensive to treat chronic diseases such as Diabetes, and a slew of Cardiovascular conditions?
- Is it reasonable to think about developing an integrated Metabolic Syndrome franchise as opposed to an Obesity franchise? What are the strategic considerations for such an integrated, cross-disciplinary approach?
- What are the novel targets that are likely to catapult this opportunity to its full potential?
- How will some of the innovators, who are targeting severe Obesity with centrally-acting, novel compounds, maximize their markets by reaching the broader patient segments of less obese patients?
- What will be the role of surrogate markers in the development of Obesity agents? How will the lack of long-term outcomes data at launch affect the pricing and positioning of Obesity agents and the clinical valuation placed on them by insurance companies?
- What, if any, role might managed care or the government play in the development of long-term outcomes data for these agents?

In Anti-Senescence:

- Ultimately, could there be such a thing as an anti-aging franchise? While managed care will pay for treatment of Alzheimer's Disease, and may pay for treatment of Mild Cognitive Impairment, will they pay for a cognition enhancer, or something that does not address what has historically been construed as a "clinically significant" deficit?
- What impact will anti-aging medicines have on the core revenue engine of Pharma, the long-term treatment of chronic disorders? Will foundational assets such as statins be swept away, or would those on anti-aging meds still need to take them?
- What are the consequences of anti-aging treatments that increase longevity but do not eliminate diseases of aging, shifting the curve to the right so that they start to become apparent at 100 instead of 60?
- Will age retardants, assuming that they can be developed, give birth to the ultimate consumer-driven prescription market?



May 5/6, 2003, Grand Hyatt, New York

Presented by:

Defined Health and Communitech Market Intelligence

Location: Grand Hyatt, Park Avenue at Grand Central, New York, New York.

Special room rates are available to conference participants. To receive this rate, phone the Grand Hyatt at (212) 883-1234 and inform them that you will be attending the Therapeutic Insight Conference.

Registration Fee: \$1850.

Included: The registration fee covers your attendance at all sessions of the 2-day conference, handbook, continental breakfasts, snacks, luncheons, all-day beverages, and a Monday evening networking reception (cocktails and hors d'oeuvres) at Guastavino's.

Cancellation Policy: Cancellations made by March 31 will receive a full refund minus a \$100 processing charge. If you must cancel after that date, please send a substitute participant.

To register online: www.definedhealth.com

To register by phone: Communitech 914-245-7764