Report of the Clinical Division of IUPHAR
July 2010 to February 2011

Submitted by:
Don Birkett (chairman), Darrell Abernethy (vice-chairman), Maribel Lucena (treasurer) and Petra Thürmann (secretary)

Content:

1. Introduction and general remarks

Minutes from the Council meeting in Copenhagen 2010 can be found here:
http://www.iuphar.org/pdf/ClinDivMtgsCouncil18July2010.pdf

Minutes from the Clinical Division General assembly 2010 can be found here:
http://www.iuphar.org/pdf/ClinDivMtgsGenAssembly21July2010.pdf

Due to lack of activities two sub-committees were closed, namely the
Sub-Committee for Drug Utilization and Pharmacoepidemiology and the
Sub-Committee Drug Development, Clinical Trials and Drug Regulation.
Unfortunately, a new Sub-Committee for Pharmacoepidemiology could not be founded.
However, a new Sub-Committee on Geriatric Clinical Pharmacology (chairman David Le Couteur) was founded.

The officers of the Clinical Division had regular skype conferences, there were no face-to-face meetings since July 2010 in Copenhagen.

1.1 Survey after WorldPharma 2010

A survey was conducted among the visitors of WolrdPharma 2010 to explore the preferences of basic and clinical pharmacologists regardinge combined or separate conferences (attachment 1).

1.2 Other Activities

Ongoing activities of the council include:
Organisation of focused meetings in between World Conferences (e.g. Thailand, Latin America)
Organisation of a world wide survey on basic and clinical pharmacology
To explore cooperation with the NC IUPHAR group (to be further discussed in Yokohama)

1.3 Report of the treasurer

Several activities of the sub-committees were approved and financially supported. This can be seen in the treasurer's report (attachment 2).

2. Report of Sub-committees

2.1 Report of the Sub-Committee for Clinical Pharmacology in less developed countries

(chairman Lars L. Gustafsson)

2.1.1. Minutes of the meeting of the IUPHAR subcommittee for clinical pharmacology in developing countries

The meeting of the IUPHAR subcommittee for clinical pharmacology in developing countries was held in Room number 23, Bella Centre, Copenhagen, on Thursday, July 22, 2010 between 3-5 p.m. during WorldPharma 2010.

The following participants were present.

1. Prof. Lars L Gustafsson	Chairman
2. Prof. Anthony Smith	Advisor - mentor
3. Prof. Folke Sjoqvist	Advisor – mentor
4. Prof. Andrew Walubo	
5. Dr. Hua-Wen Xin	
6. Dr. Milica Prostran	
7. Dr. Gitanjali Batmanabane	
8. Dr. Shalini Sri Ranganathan	
9. Dr. Dinesh K. Badyal	
10. Dr.Trupti Swain	
11. Dr. Jackson K. Mukonzu	
12. Dr. Bogdam Tamba	
13. Dr. George O. Adjei	

The chairman welcomed the participants and briefed them about the objectives of the subcommittee and the agenda of the meeting.

1. Review and discussion of the annual report to the IUPHAR

There were few activities during the last year because the members were from different regions and focused on different issues.

The names of some of the members were spelled incorrectly in the report and this was pointed out. This will be corrected and the revised report enclosed to the notes.

2. The document titled “Clinical Pharmacology in Research, Training and Health Care” was discussed. Prof Folke Sjoqvist requested all participants to read the document and give their views as quickly as possible, especially pertaining to the deficiencies if any, with regard to the developing countries. Since the document was posted in the WHO website, it was decided to post the link to the article in selected specialist e-groups so that a large number of clinical pharmacologists may be able to read it and send their comments. The pdf file of the document will be circulated to all members of this group together with the notes to this meeting.

3. The name of this group – whether it should be “developing countries” or “developing or emerging economies” was discussed in detail. The group agreed to permit Prof Gustafsson to discuss and finalize it with the main IUPHAR group. The chairman pointed out that IUPHAR may ask the subcommittee to consider to change its status to a IUPHAR section.

4. The major activities for the next few years were discussed based on the concepts presented by Prof. Andrew Walubo during his lecture on 19th July 2010.

The following issues were discussed and decisions taken:

a) The need to identify active members who will contribute to the promotion of clinical pharmacology in the developing countries.

b) A liason group with Prof Folke Sjoqvist as chairman, Prof Kalle Hoppu as vice-chairman and Prof Lembit Rago (WHO) will co-ordinate activities regarding collaboration between IUPHAR and WHO.

c) Resistance from senior physicians to start clinical pharmacology as a specialty was one of the factors which was found to be common in the developing countries. To overcome this, the following options were considered practical and feasible:
(i) To try and influence decision makers that clinical pharmacology should be introduced in the undergraduate medical curriculum, so that it would allow medical professionals to be familiar with the subject from the early years of training.
(ii) Drugs and Therapeutic committees in all countries to collaborate and convince the clinicians in a pedagogic manner that clinical pharmacology services and training are essential.

d) It was decided that Dr Dinesh Badyal and Dr Andrew Walubo to meet, discuss and give a feedback on the document and to discuss issues regarding training and also review and compare how clinical pharmacology is defined between developing and emerging countries.

e) To promote the importance of clinical pharmacology in these countries two approaches were planned. One was the education aspect, and the other was the role of the clinical pharmacologists in activities of national importance such as the preparation of the Essential Medicines List of the countries, initiation and co-ordination of activities for the preparation of Standard Treatment Guidelines. These activities would place clinical pharmacologists in developing countries at the centre of important country-related health activities and help gain the respect and recognition of physicians and administrators.

f) A group in Latin America want to conduct courses in the principles of clinical pharmacology across Latin America, and sought the support of this committee. The members agreed that this group will be supported in their pedagogic activities (but not financially) and that the group should submit their report to this committee when the activity is completed. This activity may be upscaled to other countries and regions later on.

g) In May 2011, Prof Gustafsson will be conducting an advanced course in pharmacokinetics/pharmacodynamics of treatment of malaria and HIV in Kampala. The course would cost around 50,000 to 60,000 USD and would be under the umbrella of this sub-committee. It would be a 2 week course for 20-30 students. Members suggested that Prof Gustafsson approach the Gates Foundation or Clinton Foundation for funding for scholarships for the students attending this course.

h) Information sharing is important among countries. Dr.Gitanjali to send the clinical pharmacology curriculum for undergraduates that was developed with funds from WHO, as an example of Dr.Simon Maxwell's module.

i) There would be a meeting one year from now, when the activities, documents produced could be discussed. A regional meeting may be convened if necessary. The road-map will be drawn up in the future once some of the activities are started and the direction of the activities become clear. The chairman will try to get part of travel costs covered by funds from IUPHAR.

5. All the participants attending the meeting as well as the present group of members (not attending Copenhagen meeting) will be asked if they are interested and have time to take part in subcommittee activities. The subcommittee will be formed by those prepared to take part in activities. Stepwise a core group of members will be formed based on those being active in the group. This procedure has to be ratified by the main IUPHAR group.

6. Since a physical meeting will be impossible in the near future, a telephone meeting on Skype was considered. Due to the wide time zones involved and the difficulties of all to get a Skype connection, it was decided to start an e-group and send mail through email for information sharing. Dr.Gitanjali will set up this group.

The chairman then summed up the points discussed and thanked all participants for attending the meeting. The meeting concluded with a vote of thanks to the chair.

New Delhi July 26, 2010
Notes taken by Dr.Gitanjali Batmanabane-secretary for meeting in Copenhagen
Notes signed by Prof. Lars L Gustafsson

2.1.2. Report on activities for "Subcommittee for Clinical Pharmacology in Developing Countries" (Jan 1, 2010 to Jan 31, 2011) and planning 2011-2012.

1. Background

The subcommittee was formed after the 2006 IUPHAR World Congress in Pharmacology in Beijing when Professor Lars L. Gustafsson at Karolinska Institutet, Stockholm, Sweden was appointed as chairman. Three senior colleagues: Professor Chris van Boxtel (cvboxtel@xs4all.nl), Amsterdam, The Netherlands; Professor Folke Sjöqvist (folke.sjoqvist@ki.se), Stockholm, Sweden and Professor Anthony Smith (Anthony.Smith@ newcastle.edu.au), Newcastle, Australia accepted to serve as advisors and ambassadors of the subcommittee including advice on funding strategies. Later, in July 2007 Professor Joan-Ramon Laporte (jrl@icf.uab.es), Barcelona, Spain joined them as advisor of the subcommittee.

2. The subcommittee

The following colleagues have accepted to serve as members of the subcommittee since 2007:

Professor MD and Dean, Grace Gonzaga, Dep. of Clinical Pharmacology, Medical School of the University of Santo Tomo, Manila, The Philippines. E-mail gracegarayblasgonzaga@yahoo.com.

Professor MD, senior consultant, Lars L Gustafsson (Chairman), Division of Clinical Pharmacology (C1-65), Department of Laboratory Medicine, Karolinska Institutet at Karolinska University Hospital, SE-141 86 Stockholm Sweden. Email: lars-l.gustafsson@ki.se, phone 46-8-58581066 (58581067 secreterary), fax 46-8-58581070

Professor MD R L Jayakody, Chairman, Dep. of Clinical Pharmacology, University of Colombo, Sri Lanka. E-mail: jayakodyrl@hotmail.com.

Professor MD Mahmoud Khayyal, Dep. of Pharmacology, Azhar university, Cairo, Egypt (Joined August 2008, Chairman Clinical Pharmacology Section of Egyptian Society of Pharmacology).E-mail: khayyal@hotmail.com.

MD PhD Philip Sasi, Chairman Dep. of Clinical Pharmacology, Muhimbili University Health College, Dar-es-Salaam Tanzania.E-mail: psasi@muhas.ac.tz.

Professor MD Akin Sowunmi, Dep. of Pharmacology & Therapeutics, University of Ibadan, Nigeria. E-mail: akinsowunmi@hotmail.com.

Professor MD Mabel Valsecia, Dep. of Clinical Pharmacology, Corrientes University Argentina. E-mail: mvalsecia@med.unne.edu.ar
MD PhD Paul Waako, Chairman Dep.of Pharmacology & Therapeutics, University Health College of Medical Sciences, Makerere University, Kampala Uganda. E-mail:pwaako@phs.mak.ac.ug.

Professor Andrew Walubo, Dep. of Pharmacology, University of the Free State, Bloemfontein, South Africa. E-mail:waluboa.md@ufs.ac.za.

Professor MD Fan-Dian Zeng, Dept. of Pharmacology, Tongji Medical College of Huazhong, University of Science and Technology, People Reepublic of China. E-mail:fdzeng@163.com.

At an open subcommittee meeting at Worldpharma in Copenhagen July 22, 2010 new members joined the subcommittee. They are listed below. At this subcommittee meeting it was unanimously decided to be open to all interested members. Stepwise a core group of active members of the subcommittee will be formed in a few years. These new members include:

MD PhD George O. Adjei, Centre for Tropical Clinical Pharmacology & Therapeutics, University of Ghana Medical School, PO Box KB 4236, Accra Ghana. E-mail: goadjei@ chs.edu.gh. goadjei@yahoo.com

Professor, MD PhD Dinesh K. Badyal, Head Dep. of Pharmacology, Christian Medical College
Ludhiana 141008 India. E-mail: dineshbadyal@gmail.com, mobile: +91 9815333776

MD PhD technical officer Gitanjali Batmanabane. World Health Organization-SEARO, Indraprastha Estate, New Delhi 110002 India. Email: gitabatman@gmail.com, batmanabaneg@searo.who.int. mobile: +91 9894673743

Professor MD PhD, Prof Milica Prostran, Dep of Clinical Pharmacology and Toxicology, School of Medicine, University of Belgrade, Dr Subotica 4, PO Box 840, 11129 Belgrade, Serbia. Phone: ++381-11-3643-381, fax: ++381-11-3643-397, mobile: ++381-66-8300-014, e-mail: prostranmv@med.bg.ac.rs

Senior lecturer, consultant pediatrician MD PhD, Shalini Sri Ranganathan, Faculty of Medicine,
University of Colombo, Sri Lanka. E-mail: sshalini14@hotmail.com, mobile: +94 714927165

Associate professor MD PhD Trupti Swain, Dep of Clinical Pharmacology, S.C.B.Medical College, Cuttack, Orissa 753 007 India. E-mail: drtruptiswain@yahoo.com, mobile: +91 9438126333

MD PhD Bogdam Ionel Tamba, Department of Pharmacology, Gr.T.Popa University of Medicine and Pharmacy, Str Universitatii Nr 16, Lasi, Romania. Tel. +40 744 635 724, fax: +40 233 743 860, E-mail: bitamba@mail.umfiasi.ro

MD PhD Hua-Wen Xin, Department of Clinical Pharmacology, Wuhan General Hospital Wuhan, 430070. PRChina. E-mail: huawenxin@163.com, mobile: 13397198732

Professor MD Adrian Llerena, Clinical Pharmacology, University of Extremadura, Badjoz, Spain. E-mail: allerena@unex.es (He regretted that he could attend but he want to be member of the group).

3. Tentative work plan for the Subcommittee

A tentative work plan for 2007-2012 has been developed. The aims are:

1. Maintain a well-functioning subcommittee in the clinical division of IUPHAR focusing on the support of clinical pharmacological teaching, research and services in health care such as drug information, continuous education for the of Rational Use of Drugs (RUD) and participation in Drug and Therapeutics Committees (DTC).

2. Establish and support networks of research based clinical pharmacologists and pharmacotherapeutic experts that communicate across countries and collaborate in areas including:

- development and dissemination of guidelines using electronic media and internet
- drug evaluation
- clinical trials
- development and maintenance of therapeutic drug monitoring laboratories

3. In cooperation with WHO provide assistance in capacity building of national health systems which benefit from the expertise that clinical pharmacology can offer such as promotion of RUD, DTCs and pharmacovigilance.

4. Assist in strengthening the teaching of clinical pharmacology in developing and emerging countries in collaboration with national academic institutions and scientific associations and support development of relevant course material.

5. Liaison with other relevant international and national organizations who share the vision to promote RUD and scientifically solid clinical research with high ethical standards, such as World Medical Association (WMA), Council of International Organizations of Medical Sciences (CIOMS) and International Network for Rational Use of Drugs (INRUD)

4. Planned activities 2011-2012

4.1 Review how clinical pharmacology is taught in undergraduate teaching programs and if and how clinical pharmacology training/specialisation programs with curricula exist for health care services and for research training in developing and emerging countries

The subcommittee will review:

a. the existence and contents of clinical pharmacology in undergraduate teaching programs in developing and emerging countries in a stepwise approach. The aim is to pursue reviews for different regions/continents including Latinamerica, Africa, Asia and Central Asia/Eastern European countries

b. presence, contents and aims of specialisation in clinical pharmacology for healthcare services

c. clinical pharmacology research training programs (masters and PhDs)

This is a major effort. It will take years to finish. Drs Dinesh and Walubo have agreed (Copenhagen 2010) to take the responsibility to initiate these efforts. In South-Africa there are plans for postgraduate training programs. This effort will be of great help to develop similar programs in other countries. The aim is to have collected preliminary information from some countries across during the second part of 2011. A preliminary report can be delivered in 2012 to be presented at a global scientific meeting for the subcommittee and for the clinical pharmacological community. The subcommittee has already collected information

that clinical pharmacology is gaining increased time and influence in undergraduate pharmacology teaching in several medical schools in India.

The subcommittee will ask IUPHAR for support for to cover travel costs to initiate this work. The required sum will cover travel costs for one person (7 days in Africa or in India) and cover administrative and staff costs for the work. Total costs to be covered by IUPHAR equal 5500 USD.

The subcommittee will in the end of 2011 plan for the remaining work.

4.2. Explore opportunities for establishing training centres in the area of RUD for clinical pharmacologists- focus on drug evaluation principles

There is a need to establish training centres in RUD for clinical pharmacologists. This should combine clinical training and research on master or PhD-levels. The aim should be to establish training centres both in Africa, Asia, Latinamerica and Central Asia/Eastern Europe but also in other parts of the world. Clinical pharmacologists from developing and emerging countries should be offered training that preferably could be by rotating periods between various centres. In India the subcommittee (Dr. Dinesh Badyal) has identified that it is hard both for RUD training centres and for drug information centres to secure longterm funding. Therefore a network of Drug Information Centres and a network of RUD could be of value in many continents. In some countries, part of clinical pharmacology training for medical specialisation such as gainining competence in clinical trial methodology and in drug development principles may be carried out with in flourishing national or multinational drug industries.

The subcommittee will explore the idea with training centres in 2011 and 2013 and ask for a total of 4000 USD to cover part of costs- mainly travels for persons in charge of this task.

This is an idea to be explored, presented and then there is a need for longterm funding if this concept is well received and training centres established.

4.3 Review required and existing valuable independent drug information for clinical pharmacologists in developing and emerging countries

The need to have access to independent drug information as well electronic search tools is high in developing and emerging countries. The widespread accessibility of mobile phone and internet makes it important to assist clinical pharmacologists to be able to provide best information and knowledge in clinical pharmacology in their countries. The subcommittee will in 2011-2012:

a. review needs and existence of valuable free of charge independent electronic drug information and electronic tools for clinical pharmacologists in developing and emerging countries

b. provide a concept how these valuable drug information sources and tools could be made made accessible electronically for clinical pharmacologists in developing and emerging countries.

This review will be pursued by one master or PhD-student from Africa, Asia or Latinamerica together with one or two of the subcommittee members in 2011. The subcommittee ask for funding equivalent to 4000 USD from IUPHAR to cover salary and study costs for the student to be involved.

4.4 Participation in IUPHAR/WHO work on clinical pharmacology strategic document
The members of the subcommittee will continue to offer participation in the development of a WHO-document on the discipline clinical pharmacology. In 2011 and 2012 the members will communicate, present and collect feedback on the IUPHAR document. The subcommittee

members will both inform local colleagues and decision makers about the WHO plans for a new strategic technical document on the discipline clinical pharmacology. The subcommittee and its members will provide comments and ideas to the WHO-process. The contact person for this is the advisor of the subcommittee-professor Folke Sjöqvist. He and Professor Michael l´Orme will coordinate IUPHAR contacts with WHO.

4.4 Development of net-based discussion forum for the subcommittee
Based on discussions in Copenhagen the subcommittee will establish, maintain and develop of a net-based discussion. This forum has already been established at IUPHAR-clinpharmacology @googlegroups.com (moderator Gitanjali Batmanabane- to join this discussion forum send an e-mail to gitabatman@gmail.com).

5.Exploration of options for funding

So far costs for meetings, travels and administration have been covered by individual members of the subcommittee or their home institutions. The clinical division of IUPHAR has declared that some travel expenses can be covered yearly. This is considered for our activities 2011-2012 where we ask for funding. To raise major and sustainable funds the subcommittee will focus on one or two major activities as proposed (paragraph 4).

6. Activities 2010 related to the development of IUPHAR strategic views on the discipline Clinical Pharmacology

6.1. Participation in the development of the IUPHAR document on the discipline Clinical Pharmacology

The strategic IUPHAR-document on the discipline clinical pharmacology developed under the leadership of professors Orme and Sjöqvist was distributed to all participants to Worldpharma 2010 in Copenhagen. The title of the publication and the authors are: Birkett D, Brøsen K, Cascorbi I, Gustafsson LL, Maxwell S, Rago L, Sir Rawlins M, Reidenberg M, Smith T, Thuerman P, Walubo A, Orme M, Sjöqvist F. Clinical pharmacology in research, teaching and health care: Considerations by IUPHAR, the Inter-national Union of Basic and Clinical Pharmacology. Basic Clin Pharmacol Toxicol 2010;107:531-59. Drs Gustafsson, Sjöqvist, Smith and Walubo from this subcommittee have been contributors to the work.

The IUPHAR-document was discussed extensively by the subcommittee at its meeting in Copenhagen. The members of the subcommittee has as requested supported the importance of the ideas for developing and emerging countries. WHO is now planning for consultations in order to develop a strategic WHO strategic report that will be of utmost importance for the establishment of models how the discipline clinical pharmacology should ideally develop in research, teaching in medical services in developing and emerging countries. At the Copenhagen meeting all participants (Enclosure 1) expressed their commitment to supporting the work of the liaison officer to WHO professor Folke Sjöqvist.

7. Subcommittee and member activities 2010 on international, regional or national level

7.1. Copenhagen subcommittee meeting July 22, 2010 (enclosure 1)

This was the first face-to-face meeting for members of the subcommittee since its formation in 2007. A total of 13 interested persons took part. The following key decisions were taken:

a. Interested MD clinical pharmacologists to support clinical pharmacology in developing and emerging countries are welcome to participate.
b. A key group will be formed based on those that can be active, meet and initiate activities according to the preliminary workplan of the subcommittee (paragraph 3 above)

c. The IUPHAR document on clinical pharmacology was discussed and feed-back provided to professor Folke Sjöqvist, liaison officer to WHO, about the document and key elements to be included in the planned WHO technical report on clinical pharmacology.
d. The chairman got mandate to discuss the name of the subcommittee with IUPHAR officers. This issue is to be discussed and decided on the next physical general meeting of the subcommittee.
e. The promotion of the discipline in research, teaching and in clinical services in developing and emerging were discussed. The importance of introducing clinical pharmacology courses in medical undergraduate training and the needs for career ladders for physicians choosing clinical pharmacology as a speciality was emphasized.
f. Drs Dinseh Badyal and Andrew Walubo agreed to be responsible to explore how: a. Clinical pharmacology is taught in medical undergraduate schools in developing and emerging countries. b. Clinical pharmacology is defined in developing and emerging countries. These results are to be presented at the next general meeting of the subcommittee. The group will ask for funding of travels for Badyal, Walubo and potentially one additional person to be able to meeting in 2011 and 2012.
g. The group considered that the promotion of clinical pharmacology in developing and emerging countries should focus on: 1. support activities to train in Drug and Therapeutic Committee related issues for clinical pharmacologists- that is critical drug evaluation and 2. support initiatives for inclusion of clinical pharmacology in undergraduate medical curricula.
h. More than 70 scientists from 20 countries in Latinamerica will conduct a course in the principles of clinical pharmacology. The asked support of this was given by the subcommittee and the group (Professor Adrian Llerena facilitator) will report back the experience. There was an interest by the members of the subcommittee to try similar activities in other continents.
i. An e-group for easy communication between members of the subcommittee will be established. Dr Gianjali is in charge.

7.2. Symposium at World Pharma 2010 in Copenhagen

Several members of our group participated actively in the Worldpharma meeting that had several symposia organised under the motto “Clinical Pharmaoclogy in emerging countries” initiated by professor Lembit Rägo at WHO. The following symposias were relevant for us:

a. Clinical pharmacology and promotion of rational use of medicines in emerging and developing countries (Chair: Suzanne Hill)

Dr Andrew Walubo from our subcommittee presented “Clinical pharmacology in developing countries: overview of current status and future trends” . His presentation is available at http://www.worldpharma2010.org/pp/FC01.1.1.pdf.

Dr Folke Sjöqvist presented ”Promoting clinical pharmacology in developing countries through education and research” (no presentation available).

Dr Simon Maxwell presented the IUPHAR document on clinical pharmacology: “Update of the WHO publication on clinical pharmacology 1970: what we learned from the process and main outcomes”. His presentation is still available at Fehler! Hyperlink-Referenz ungültig..

Dr AL Gray and K Holloway presented “Is WHO´s Essential Medicines List contributing to rational medicines use in developing countries?”. This presentation is available at http://www.worldpharma2010.org/pp/FC01.1.4.pdf.

b. Clinical pharmacology and drug regulation in resource limited settings (Chair: Alar Irs)

Dr Ksisantha Weerasuirya presented his work “Objective drug information versus advertising”.

Clinical trials in countries with developing and emerging economies (Chair: Lembit Rago)

c. Pharmacovigilance in emerging and developing countries: A luxury or a must? (Chair: Ambrose O Isah, Lembit Rago)

Dr Ambrose O Isah presented his work “Specific features of medicines safety and pharmacovigilance in Africa”.

Dr Lembit Rago presented his work “WHO Programme for International Drug Monitoring as an effective framework for strengthening national pharmacovigilance systems” that is available at http://www.worldpharma2010.org/pp/FC01.4.3.pdf.

d. In the symposium “WHO and medicines in developing countries” (Chair: Kalle Hoppu)

“Essential Medicines List for children and other activities related to paediatric medicines by the WHO” was presented by Suzanne R Hill and “Essential medicines list for children, what it means for the developing countries” by Shalini Sri Ranganathan from our subcommittee.

The Worldpharma succeeded to present challenges for clinical pharmacology in developing and emerging countries where as said a number of persons in this subcommittee strongly contributed.

7.3 The teaching program “Clinical Pharmacology for LatinAmerica” was planned during 2010 and it starts in 2011. It involves so far 20 Latinamerican and 72 scientists. The facilitator is professor Adrian Lllerena of this subcommitte. He will report continuously with the aim of using part of this program in other parts of the world where clinical pharmacologists are involved.

7.4. Visit to Fiocruz (Oswaldo Cruz Public Health Organisation in Rio de Janeiro) in May and November, 2010

Dr Lars L Gustafsson was invited to present training and research in Rational Use of Drugs at two occasions in 2011. The work of the subcommittee was presented. The host was professor Carlos Morel- director of neglected disease program at Fiocruz and previous director of Tropical Disease Program at WHO Geneva. He met also with professor Guilherme Suarez-Kurtz, National Cancer Institute in Rio de Janeiro and a member of IUPHAR Subcommittee on Pharmacogenetics and Pharmacogenomics. He shared his experience of case based training in clinical pharmacology in Brazil and training program he has been conducting in Mocambique. He is willing to share his expertise (Kurtz@inca.gov.br) and collaborators with Dr Adrian Lllerna across Latinamerican countries.

7.5. Pharmacokinetic/dynamic course for HIV- and antimalarial drugs in Kampala 2011
The joint Makerere University and Karolinska Institutet course will be moved from May 3 2011 to autumn 2011 at the earliest. Planning was carried out during 2010 with involvement of Drs Waako, Gustafsson from this subcommittee and senior staff at the two universities (professors Obua, Hellgren and Dr Jerling as main teacher). Information about the course is provided by professors Celestino Obua (celestino.obua@chs.mak.ac.ug) and Lars L Gustafsson (Lars-L.Gustafsson@ki.se).

8. Critical evaluation of achievements and the priorities for the next two years

The intention with the subcommittee is to support research, teaching and clinical services in clinical pharmacology in developing countries. The subcommittee has during 2010

established itself and recruited a number of interested members. It is considered by the subcommittee important to grow based on those members that can be active. The meeting in Copenhagen was successful and has started projects that will be the focus in 2011 and 2012.
On behalf of the subcommittee: Lars L Gustafsson, MD, PhD
Chairman “Subcommittee for Clinical Pharmacology in Developing Countries
Karolinska Instutet, Stockholm Sweden

2.2 Report of the Sub-Committee for Geriatric Clinical Pharmacology

(chairman David Le Couteur)

The Annual Scientific Meeting of the Australasian Society for Clinical and Experimental Pharmacology and Toxicology (ASCEPT) in Melbourne, Australia in December 20101. Professor Simon Maxwell was the keynote British Pharmacological Society speaker and Dr Tim Gant was the keynote British Toxicological Society speaker. A major theme of the conference was pharmacology education and prescribing competencies which have become increasingly important issues in Australasia.

The Geriatric Pharmacology Subcommittee of the Clinical Division of IUPHAR was established towards the end of 2010. Initial members are Petra Thurman and Darrell Abernethy with David Le Couteur as Chair. Through this subcommittee, IUPHAR is supporting a seminar at the EACPT conference in Budapest in 2011 on functional geriatric outcomes of pharmacological interventions. Presentations at this seminar will be given by Gary A Ford, J Simon Bell, David Le Couteur and Petra Thurmann. The Subcommittee will attempt to establish an international network to support research in geriatric pharmacology and act as an advocate for improving functional outcomes from pharmacotherapeutic interventions in older people.
The sub-committee is planning to establish in cooperation with WHO an essential drug list for elderly people.

3. Report of councillors

3.1. Report by Hiroshi Watanabe, Japan

This year annual JSCPT meeting will be held from December 1 (Thu.) to 3 (Sat.), 2011 at Act City Hamamatsu in Japan. The theme for this year is “Personalized Health Care for the Global Community – Past, Present and Future.”

Clinical pharmacology plays two major roles – that of enabling personalized healthcare via knowledge and information in pharmacokinetics, pharmacodynamics and pharmacogenetics, and that of supporting the development of new drugs and presenting new evidence via clinical testing. Everyone attending the annual science meeting shoulders these roles each in their own way. This year’s meeting should be a good opportunity for everyone to reconfirm what contributions they can make to the advancement of medicine and understand the roles that clinical pharmacology should play to the benefit of patients and people.

I would also like to point out that this year’s annual scientific meeting will be jointly hosted by the three societies of the Japanese Society of Clinical Pharmacology and Therapeutics (JPCPT), the Korean Society of Clinical Pharmacology and Therapeutics (KSCPT) and the American Society of Clinical Pharmacology and Therapeutics (ASCPT) (View the flyer< http://www.ascpt.org/Portals/8/docs/Meetings/2011JSCPT-KSCPT-ASCPT%20Meeting.pdf >). It should, therefore, be an excellent venue for absorbing the latest trends in clinical pharmacology.

3.2. Report by Wei Wei, China

Summary of the 12th National Conference on Clinical Pharmacology of China

22-25th Oct 2010, the 12th National Conference on Clinical Pharmacology was held in Wuhan, China, under the auspices of Division of Clinical Pharmacology of Chinese Pharmacological Society (DCPCPS).
The conference was co-chaired by Prof. Wei Wei, chairman of DCPCPS, from Institute of Clinical Pharmacology, Anhui Medical University, and Prof. Chen Hui, vice chairman of DCPCPS, from Tongji Medical College of Huazhong University of Science & Technology.
Prof. Wei Wei gave an opening speech, in which he welcomed all the participants and sincerely appreciated for the care and support of all the old experts and leaders. Since July 1979, when the first National Conference on Clinical Pharmacology of China was held, the DCPCPS has experienced 31 unforgettable years. The older generation of scientists have made important contributions for the development of clinical pharmacology and trained a large number of academic talent in recent years.
Nearly 400 colleagues in Clinical Pharmacology attended the meeting, who were from universities, hospitals and research institutions. The conference established both the conference reports and special reports.
Several well-known academic experts were invited to make a conference report, which included "Implementation and prospects of personalized medicine", "Role of clinical pharmacology in the research of new drugs under translational medicine", "New drug research under the framework of translational medicine", "Analysis of drug factors on safe medication", " Improved trial designs and drug development using modeling and simulation ", "Concept & applications of model-based drug development", "Management and prospects of Drug Clinical Trial Institutions", "Quality management and subjects protection in clinical trial", "Cognition on pharmacovigilance and pharmaceutical risk management practices", " Recognition on DMARDs and NSAIDs for treatment of rheumatoid arthritis ", "Preparation of tissue factor targeting protein nanoparticles and its anti-thrombotic therapy", "Individualized treatment program on inflammatory bowel disease with thiopurine drugs". The conference set up three special sub-venue of Clinical Pharmacology, including model-based new drug development, drug research and clinical evaluation, clinical medicine and rational use of drug, which conducted a special academic report on clinical pharmacology studies.
During the conference, meeting of all the DCPCPS committee members was held, which drew up in that the 13th National Conference on Clinical Pharmacology of China would be held in autumn 2012 in Chengdu, Sichuan province, China.