

## President's Message

Elizabeth Matovinovic, MSc



Dear Members,

I am sad to announce that I will be stepping down as president of AMWA N Cal after only a few months in this position. My reason for leaving is a sign of the times that I'd like to share with you.

The pharmaceutical company I have been working at for a couple years is closing their west coast facility, and last month I received notice that my position is being terminated. The winds of change are blowing me out of the US all the way to Australia!

I have been working part-time for a few years on a PhD studying genetics in the Mutiny on the Bounty derived pedigree that occupies Norfolk Island. With strong encouragement from my thesis supervisor, I decided to pursue this degree full-time and finish it up. How exciting is that? I will still be an AMWA member, but of the Australasian MWA.

I would like to introduce our new president, former vice president Forrest Blocker, to the position.

Forrest has an impressive academic and industry scientific research background and has extensive regulatory and manuscript medical writing experience. Forrest has agreed to attend the National Board meeting in Maryland next month. She will be a terrific president, welcome Forrest!

Best wishes to everyone. I'll be back in a couple years!

## Working Words

The seven best words in a freelance writer's vocabulary:

"That sounds a little low to me" followed by a long, expectant pause.

## In This Issue

April, 2009

President's Message .....	1	Cancer Prevention .....	6
Working Words .....	1	Useful Book .....	7
Sell the Children? .....	2	AMWA Gift Cards .....	8
Coming Meetings .....	4	Chapter Board .....	8
Other Events .....	5		

## Is it time to sell the children?

### Where Biotech and Pharma Companies May Be Going in This Volatile Economy

Forrest J. Holmes Blocker, Ph.D.

There has been an avalanche of big player mergers, acquisitions, and failures in the last month in Biotech and Pharma. It is a predatory environment in which big fish are getting eaten by even bigger fish.

For example, Schering-Plough acquired Organon in late 2007, and then was itself acquired by Merck this month. In the San Francisco Bay Area alone, Genentech was acquired by Roche, CV Therapeutics was acquired by Gilead, and Affymax, Exelixis, Theravance, and others are being targeted for acquisition by various buyers.

Biotech and Pharma have markedly different business models. Pharma has traditionally screened libraries of mostly small molecule drugs for utility against disease while Biotech designs drugs to target specific disease vulnerability. But even before the financial crisis, the line between Pharma and Biotech had begun to blur:

Biotech has proven its ability to produce commercially viable drugs even as Pharma is running out of molecules to repurpose. It is natural that Pharma has been working rapidly to adapt its model to include a rational approach to drug discovery and seeks a closer association with Biotech.

It is also ironic that 2008 was the first year ever in which the biotech industry as a whole earned a profit. Biotech, historically cash poor, has now lost outside funding. Even viable companies with strong pipelines are vulnerable to acquisition and bankruptcy.

This is particularly true of smaller biotech companies which are in the earlier stages of development and have no commercial products to provide a cash float.

Venture capital investment has dropped more than 30% in the last year. About half of the publicly traded Biotechs have less than a year of cash left in their reserves. How dire has the situation become?

Ten publicly traded Biotechs have declared bankruptcy since November. It is estimated that 100 publicly traded Biotechs could fail or be acquired by the end of 2009.

And the problem isn't just in the United States: A fifth of European Biotechs are in danger of bankruptcy before the end of the year. Fortunately for European Biotechs, assistance has already been made available to the industry by European governments, taking an investment stand toward their local scientific industry.

Pharma with available cash is in the rare position of picking up assets and IP on the cheap. At the same time, blockbusters such as Pfizer's Lipitor are coming off patent and will be open to generic competition, increasing Pharma's need for and interest in Biotech.

Meanwhile, Biotech, desperate to maintain its independence, is cutting costs where it can.

Many Biotechs have been forced to concentrate on their late stage products and virtually abandon their pipeline. This means research and researchers are being scrapped wholesale. Layoffs in both Pharma and Biotech have been rampant, particularly in development.

Roche has already laid off 1500 workers and more layoffs have been forecast. Merck has indicated that there would be significant layoffs. A third of Biotechs are reporting layoffs, with many reporting as much as 75% of their workforce being let go.

The real question is whether Pharma will succeed in taking over the role of innovation or whether it will simply take the late stage products to market and scrap the riskier pipeline. Franz Humer, CEO of Roche, indicated that the research arm of Genentech would remain autonomous.

It is interesting to recall what happened during the great depression with Coca Cola and Pepsi. Coke took the long view and increased its advertising budget, while Pepsi spent less. Analysts believe that the market advantage Coke derived from this strategy continues to this day.

If Roche and other Pharma companies manage to take the long view and foster Biotech-style innovation, they, like Coke, will gain an enduring competitive advantage, not only in sales of established products but in bringing new products to market. And if President Obama doubles cancer spending, as he has indicated he wants to, those American

Biotechs focusing on oncology, particularly monoclonal antibodies, may likewise emerge from this economic storm as competitive winners.

## **Upcoming Northern California Chapter Programs**

Catherine Magill, PhD

### **The History of Doping in Sport, Franco Navazio, MD, PhD**

Date: Saturday, April 11, 2009

Time: 10:30AM-1:00PM

10:30-11:00 Networking

11:00-11:45 Lunch

11:45-1:00 Lecture and Q&A

Description:

An informal survey of the history of doping in sport, from ancient Egypt through modern times. Dr Navazio will cover doping in the classic Olympic games, Galen, and ancient Rome including the stimulants taken by gladiators. He will also discuss doping in other cultures including those in China (quoting the medical book "NEI-CHING"), India (the quotations in the VEDA (2000 a.c.)), and the Middle East including the Crusaders, who imported a variety of oriental drugs and stimulants back to Europe.

Dr. Navazio will also touch upon the phenomenon of witches in the middle-ages, including their influence through the 17th and 18th centuries. The phenomenon of the typically American erythroxyton COCA and its subsequent invasion of Europe will be discussed, and the talk will end with the present epidemics of steroids and other agents.

Location:

Pyramid Alehouse

1410 Locust St.

Walnut Creek, CA 94596

(925) 946-1520

<http://www.pyramidbrew.com/alehouses/walnut-creek>

Cost: \$35.00 for chapter members, \$40.00 for non-members

To register, please contact our Programs Chair, Catherine Magill at [magill\\_catherine@yahoo.com](mailto:magill_catherine@yahoo.com).

**Evidence-Based Design: Improving the Quality of Healthcare, Callie Fahsholz, Project Manager, The Center for Health Design**

Date: Saturday, June 6, 2009 (to be confirmed)

Description:

The Center for Health Design (CHD) is a research, education and advocacy organization that supports healthcare and design professionals all over the world in their quest to improve the quality of healthcare through evidence-based design. Healthcare is currently in the midst of a patient safety and quality revolution. CHD's goal is to provide the tools that architects, designers, and facilities need to incorporate evidence and research into their designs and facilities in order to make them healthier and safer for everyone.

People die in hospitals everyday because of hospital-acquired infections. People are forced to stay in facilities longer because they fall and injure themselves. So how can evidence-based design help?

CHD project manager Callie Fahsholz will discuss what evidence-based design is and why it is so important. Healthcare construction costs are rising and healthcare projects are driven by dollar signs. If patients and communities demand better quality of care through better design and efficiency, hospitals and healthcare facilities will see a faster return on their investment through lower operating costs, fewer errors, and better results.

But many people just see dollar signs or more work. CHD needs help to get the information out about the benefits, both financial and quality, of evidence-based design to those who would benefit from it: patients, doctors, nurses, and healthcare executives. Help CHD celebrate those doing it, and get the word out to those who aren't.

Location:

Delancey Street Restaurant, San Francisco (to be confirmed)

For more information please contact our Programs Chair, Catherine Magill at magill\_catherine@yahoo.com.

**Other Meeting and Events of Interest**

**Venture Spotlight Series:**

**The Shifting Tide of Stem Cell Research**

When: April 9, 2009, 8:00 - 10:00am (breakfast included)

Where: NYSE, 845 Page Mill Road, Palo Alto, CA

Cost: Advance Online Registration : \$19.00; Onsite Registration:

\$29.00

Moderator: Anthony R. Klein (online biography), Partner, Latham & Watkins LLP

To register, click here

**The Ten Commandments of Cancer Prevention**

Harvard Men's Health Watch, April, 2009. Reprinted with permission.

About one of every three Americans will face some form of cancer during his or her lifetime. You can help beat these grim statistics by taking steps to protect yourself right now. In fact, up to 75% of cancer deaths in the United States can be prevented. Here are 10 ways to get started.

1. Avoid tobacco in all its forms, including exposure to secondhand smoke.
2. Eat right. Reduce your consumption of saturated fat and red meat. Limit your intake of charbroiled foods, and avoid deep-fried foods. Eat more fruits, vegetables, and whole grains. And don't forget to eat fish two to three times a week.
3. Exercise regularly. Physical activity has been linked to a reduced risk of colon, prostate, breast, and reproductive cancers.
4. Stay lean. Obesity increases the risk of many forms of cancer. Calories count-if you need to slim down, take in fewer calories and burn more with exercise.
5. Limit alcohol consumption. Excess alcohol increases the risk of cancers of the mouth, larynx, esophagus, liver, and colon; it also increases a woman's risk of breast cancer. If you choose to drink alcohol, the limit should be one to two drinks a day for men, no more than one a day for women.
6. Avoid unnecessary exposure to radiation. Wear sunscreen to protect yourself from ultraviolet radiation. Get medical imaging studies only when you need them. Check your home for radon.
7. Avoid exposure to industrial and environmental toxins such as asbestos, benzene, aromatic amines, and polychlorinated biphenyls (PCBs).
8. Avoid infections that contribute to cancer, including

hepatitis, HIV, and human papillomavirus (HPV).

9. Consider taking low-dose aspirin. Men who take aspirin or other nonsteroidal anti-inflammatory drugs may have a lower risk of colon and prostate cancers.

10. Get enough vitamin D. Taking 800 to 1,000 international units (IU) daily may help reduce the risk of prostate and colon cancers.

These lifestyle changes will yield another cancer-preventing benefit: if you stay healthy, you won't need cancer treatments (chemotherapy, radiotherapy, immunosuppressive drugs) that have the ironic side effect of increasing the risk of additional cancers.

As always, prevention is the best medicine.

Read Full-length Article: "The 10 commandments of cancer prevention."

### Useful Self-Promotion: *Microsoft Word for Medical and Technical Writers*

Peter G. Aitken, PhD

There is no shortage of books on Microsoft Word, but all of them seem to be aimed at the business user or the beginner. It's a pleasure to finally find one that is aimed specifically at medical and technical writers.

The authors, Peter G. Aitken and Maxine M. Okazaki, are both experienced medical writers and, as such, recognize our special requirements. The documents we write tend to be long, often include many complex tables, make heavy use of automatic numbering, are loaded with cross-references, and are faced with stringent formatting requirements from our employers or clients.

This book does not attempt to cover all of Word but instead focuses on those aspects of the program that are most likely to cause problems. The authors also present fixes and work-arounds for some of Word's pesky bugs and provide lists of dos and don'ts as well as best practices for using the program.

For example, have you ever found your table of contents format changing unexpectedly? You'll learn why this happens and how to prevent it.

Or perhaps you are not sure how to keep a table caption on the same page with the table, or why you should never use the Normal style in your documents. A particularly valuable chapter deals with Word's many options, explaining how to set them to avoid unexpected

changes and maximize your control over your documents.

The book is 158 large-format pages and has large print and a spiral binding for easy reading. It is available for \$39.95 plus shipping at [www.tech-word.com](http://www.tech-word.com), where you can also read reviews and reader comments.

### RECEIVE \$25 GIFT CARDS

That's right, \$25. It's not a typo!

AMWA is giving away \$25 gift cards from Amazon.com to every AMWA member who successfully recruits a new member in 2009. No drawing to enter, no waiting—just successfully recruit a new member by December 31, 2009, and the gift card is yours. And there is no limit to the number of gift cards you can receive!

More detailed information and a form are available on our Web site by clicking here.

### 2009 Northern California Board of Directors

President	Elizabeth Matovinovich	president@amwancal.org
Vice President	Forrest Blocker	vicepresident@amwancal.org
Programs Chair	Catherine Magill	programs@amwancal.org
Treasurer	Sunny Bishop	treasurer@amwancal.org
Secretary	Joan Brodovsky	secretary@amwancal.org
PCC Conference Chair	Kristen Mayo	conference@amwancal.org
Newsletter Editor	Fred Gebhart	pacemaker@amwancal.org
Membership Liaison	Monique La Fleur	membership@amwancal.org
Webmaster	Mimi Wessling	Webmaster@amwancal.org
Past President	Catherine Magill	pastpresident@amwancal.org