increase in the total search yield were retained. Supplemental electronic (Current Contents, Cochrane, University of York NHS Centre) and manual searches were used to create a listing of accepted studies for comparison to the PubMed-only search results. RESULTS: Three thousand six hundred seventy-seven citations were downloaded and screened from all sources, resulting in 133 accepted papers across the five settings (asthma-20, depression-40, diabetes-16, GI disorders-41, migraine-18). Using initial search terms, we would have captured only two-thirds of the eligible studies in our PubMed search (range 55%-83% by setting). By undergoing the explorative process to identify additional terms, 90% of studies (122/135, range 80–100% by setting) were identified via PubMed. CONCLUSIONS: Careful iterative development of search terms should be a component of all systematic searches in PubMed. Supplemental electronic and manual searching remains necessary to obtain a comprehensive study set. PubMed indexing varies by clinical setting and journal subject, with somewhat weaker results for pharmacoeconomic/managed care journals (78%) than disease-specific (94%) or general medical (98%) journals.

**ECONOMIC AND OUTCOMES RESEARCH IN THE REAL WORLD: EVALUATION OF ITS RELEVANCE**

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OBJECTIVE: To review the current state of economic and outcomes research focusing on its application, relevance and communication forums. METHODS: A review of the literature, web sites and guidelines was performed to identify examples where economic and outcomes research was used. A literature search for the top 10 selling drugs in 2000 was also performed to evaluate the extent of outcomes research in these products’ communications strategy. RESULTS: As of 2002, 9 countries required pharmacoeconomic data in reimbursement decisions, 14 countries had informal guidelines and 6 were under development. Of the top 10 drugs by revenues, several trends were noted: a decrease in outcomes communication near patent expiration (e.g., omeprazole), a focus on economic studies rather than PRO when cost offset was a potential advantage (e.g., celecoxib), an emphasis on communicating quality of life information even when drug acquisition costs are high (e.g., epoetin alpha), and a shift from economic communication, following successful formulary pull-through, to patient satisfaction and quality of life. Internationally, the relevance of PRO data may be increasing. New strategies for the use of economic and outcomes data have also been found: in a class of drugs for intermittent claudication facing a revision of its reimbursement dossier in France, a positive PRO study resulted in the change in the package insert for one product, and that product was the only one its class to regain market share; examples of the use of economic data to avoid de-reimbursement also occurred in France. Quality issues continue to be a problem in reimbursement submissions in several countries (notably Australia). CONCLUSION: Economic and outcomes information is being used in an attempt to improve market share by answering regulatory requests and in limited instances may play a crucial role in preserving or increasing revenues.

**DO PHARMACOECONOMIC FELLOWSHIP PROGRAMS PROVIDE THE SKILLS NECESSARY FOR TODAY’S WORK ENVIRONMENT?**

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OBJECTIVES: There is limited information on whether pharmacoeconomic/outcomes research (PE/OR) fellowship programs provide their trainees with an appropriate set of skills. The objectives are to: 1) identify which PE/OR skills are most commonly used by former fellowship trainees in their current work setting, and 2) determine whether former fellowship program participants find their training applicable to their present occupation. METHODS: A 41-item questionnaire was administered to former fellows of PE/OR fellowship programs via the ISPOR website. Former fellows were identified through the directories of the American College of Clinical Pharmacy and ISPOR as well as the website and membership roll of ISPOR. Individuals were enrolled if they 1) completed a PE/OR program at least 3 months prior to initiation of the survey, and 2) were currently employed. RESULTS: Of the 61 respondents meeting the inclusion criteria, 56% completed a PE/OR fellowship program after 1999; 55% and 20% work in the pharmaceutical industry and academia, respectively. Respondents spent 27% and 32% of their time performing PE and OR, respectively. Respondents were actively involved in the conceptualization (74%), operationalization (54%), and data management (67%) of research projects. Overall, 90% of the respondents were satisfied with their PE/OR fellowship experience, and 92% stated that the program provided the necessary skills for their work setting. PE, decision analysis and modeling, and OR were cited as the most essential topics needed for their current occupation. CONCLUSIONS: According to former fellows, it appears that the current skill sets provided in PE/OR fellowship programs prepare individuals for today’s work environment within the field of PE/OR. These findings help demonstrate that PE/OR fellowships are valuable training programs.