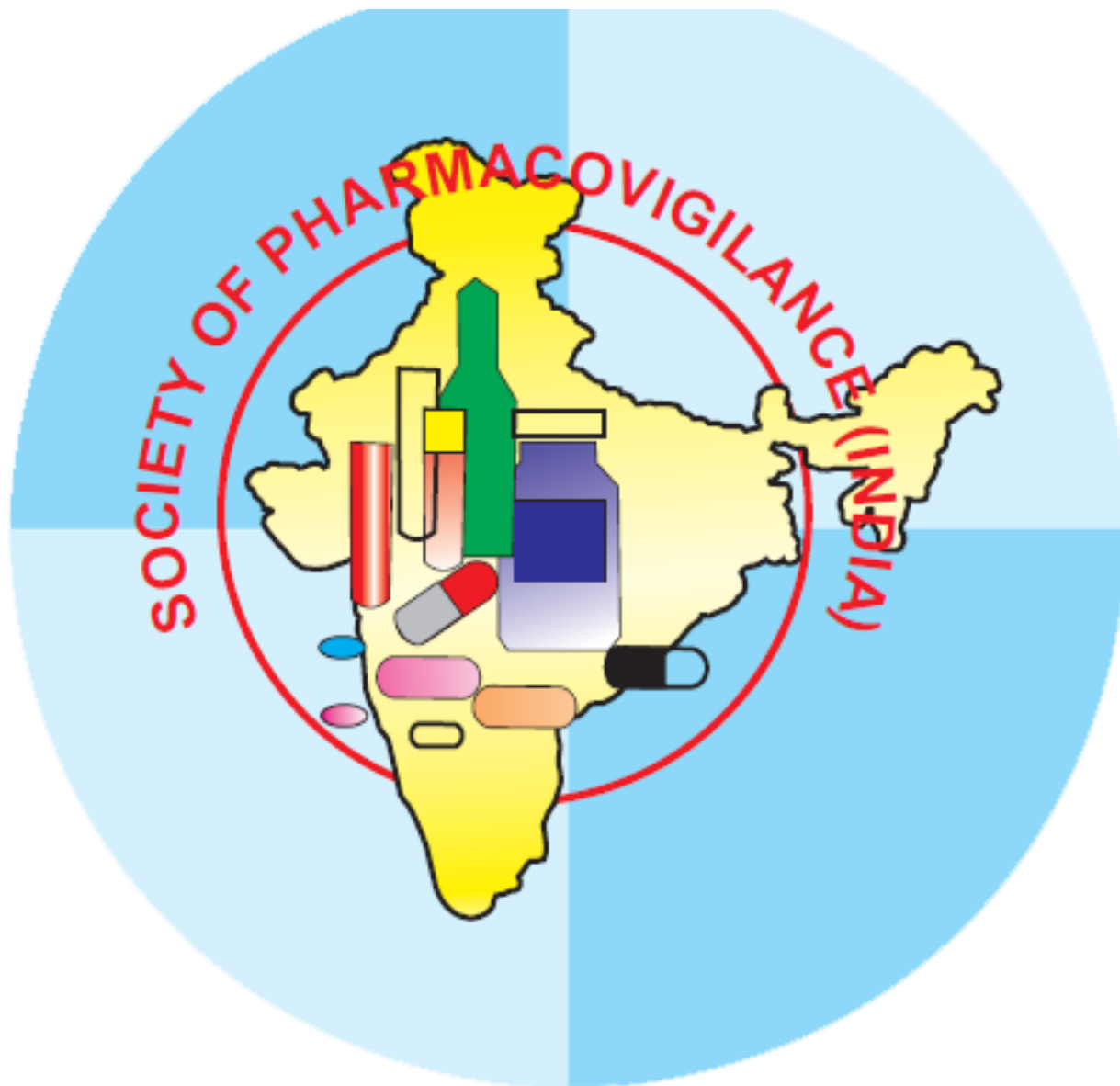


Journal of Pharmacovigilance and Drug Safety

VOLUME 13 ISSUE 2 JULY-DECEMBER 2016



ISSN 0972 8899
Official Publication of
Society of Pharmacovigilance, India

Editor-in-Chief
Dr. Anurag Tomar



ISoP-2016 : AGRA



**16th Annual Conference of
International Society of Pharmacovigilance India**

Theme : Patient Centric Pharmacovigilance

**16-19th October, 2016
ITC Mughal, AGRA (INDIA)**

Programme

Host - SoPI, India

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Welcome Address

Dear colleagues,

On Behalf of the ISoP Executive Committee and the Local Organizing Committee (LOC), it is our great pleasure to invite you to the 16th Annual Meeting of the International Society of Pharmacovigilance (ISoP 2016) in Agra, India from the 16th to the 19th of October 2016.

We have a wide range of scientific topics with something for everyone. The past is reflected in a session about Indian Traditional Medicine and the future is discussed under Big Data Analytics and in the research of our Young Scientists. However, we must live and act in the present and debate pressing challenges that face us today in pharmacovigilance (PV). The rates for Medication Errors are too high. We still struggle to communicate risk well. With the welcome drive towards transparency and respecting human rights, legal and ethical issues in PV have come to the fore. We need patients as full team members in our PV activities to help us meet such challenges. The needs of women's medicines have their own complexity on which we shall focus. Society's research enterprise as a whole needs to become far more aware of the commercial reality that PV underpins Safety, with its intimate links to innovation so that Safety and must be intrinsically built into successful development and marketing. The economics of PV is a neglected topic which ISoP hopes to rectify. With governments round the world struggling to curb healthcare costs, the importance of integrating PV into National Health Programmes has never been more important.

We hope this ISoP Annual Meeting will give everyone an opportunity to share with friends and colleagues a varied scientific programme combined with memorable and golden days in Agra, one of the most exotic tourist cities of India with Delhi and Jaipur and home to the iconic Taj Mahal.

So soak yourself in the scientific excellence of our meeting and the cultural wonders in Agra!

Prof. K.C. Singhal
Chairman, Local
Organizing Committee

Kenneth Hartigan-Go
Chairman
Scientific Committee

Prof. Hervé Le Louet
President, ISoP

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Organizing Committees

ISoP Executive Committee 2012-2016

- Herv'e Le Louteet, President (France)
- Yola Moride, Vice-President (Canada)
- Ulrich Hagemann, Secretary - General (Germany)
- Brian Edwards, Treasurer (UK)
- Ian C.K. Wong, Vice-Secretary / Vice Treasurer, (Hong Kong)
- Luis Alesso (Argentina)
- Andrew Bate, Education and Training Programme Chair (UK)
- Lan Boyd (Australia)
- Kenneth Hartigan- Go (Philippines)
- Gunilla Sjooin – Forsberg (Sweden)
- Macro Tuccori (Italy)
- Alexander Dodoo, Past – President (Ghana)

Local Organizing Committee (LOC) - ISoP 2016

- Prof. KC Singhal (Chairman)
- Prof. Govind Mohan
- Dr. Sandeep Agarwal (Organising Secretary)
- Prof. Anurag Tomar
- Prof. Sayed Zia Ur Rehman
- Padma Shri Dr. D. K. Hazra
- Dr. S. S. Agarwal (President, IMA)
- Prof. Barna Ganguly
- Prof. Harihar Dixit
- Prof. Rabinarayan Acharya
- Dr. Parul Agarwal
- Dr. Geer Mohd. Ishaq
- Prof. Saroj Singh, Principal, Medical College, Agra
- Prof. V.K. Jain
- Prof. R.S. Gill
- Prof. A.S. Sacchan
- Prof. K.C. Gurnani
- Prof. Barun Sarkar
- Dr. U.C. Garg
- Dr. V. N. Kaushal
- Dr. Sunil Bansal
- Dr. Rupak Saxena



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Past Annual Meeting (ESoP and ISoP)

ISoP Annual Meetings

1993 Geneva, Switzerland
1994 Rouen, France
1995 Cambridge, England
1996 Lisbon, Portugal
1997 Berlin, Germany
1998 Budapest, Hungary
1999 Ankara, Turkey
2000 Verona, Italy

ISoP Annual Meetings

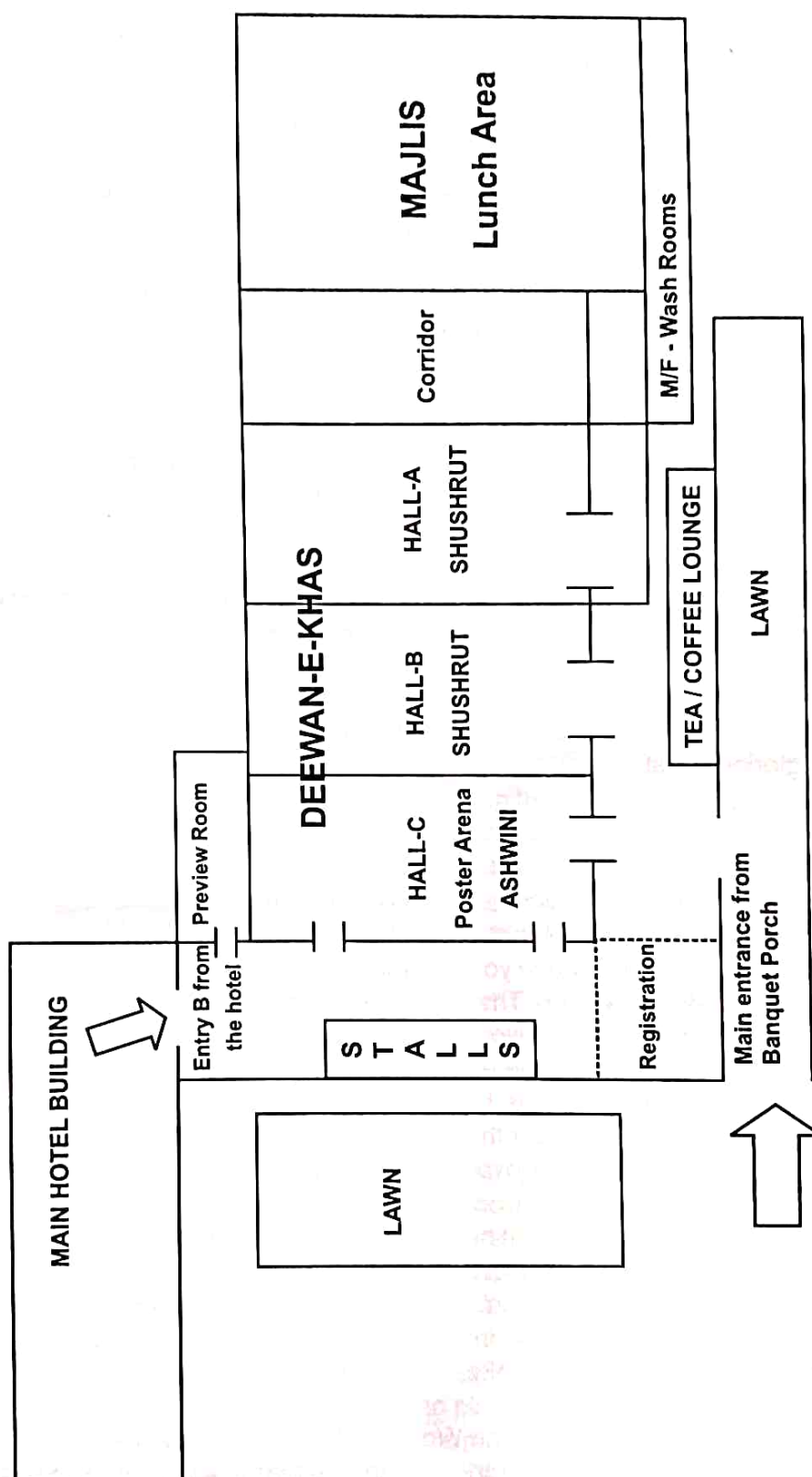
2001 Carthage- Tunis, Tunisia
2002 Amsterdam, The Netherlands
2003 Marrakech, Morocco
2004 Dublin, Ireland
2005 Manila, philippines
2006 Liege, Belgium
2007 Bournemouth, UK
2008 Buenos Aires, Argentina
2009 Reims, France
2010 Accra, Ghana
2011 Istanbul, Turkey
2012 Cancun, Mexico
2013 Pisa, Italy
2014 Tianjin, China
2015 Prague, Czech Republic
2016 Agra, India

Future ISoP Annual Meetings

2017 Liverpool, U.K.

Venue Floor Map

ISOP-2016 : HOTEL ITC MUGHAL : AGRA
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About Agra

Home to one the Seven Wonders of the World the Taj Mahal, Agra is one of the most popular tourist destinations in India. It is as loved by Indians as it is by foreigners who throng here in large numbers to admire its beauty. Along with Delhi and Jaipur, Agra forms the Golden Triangle of tourism in India. Situated in Uttar Pradesh, Agra is synonymous with the Taj Mahal however there's lot more to the city than this world-famous monument. Right from the epic Mahabharata to the Mughal Dynasty, Agra has been monumental and has played a significant role in shaping India's history. The city was first mentioned in Mahabharata as Agrevana which means the border of the forest. It was later established by Sikandar Lodi of the Lodi Dynasty in the sixteenth century who built many structures including forts, step wells, mosques, etc in Agra. He moved his capital from Delhi to Agra and after his death, his son ruled the city for nine years. Later, Sher Shah Suri ruled Agra and from 1556 to 1658 it was the capital of the Mughal Empire. Under the Mughal reign Agra was called Akbarabad and was ruled by greats like Akbar, Jehangir, Shah Jahan, etc. Their love for architecture, gardens and art and culture added a new dimension to Agra's personality. From Persian gardens on the banks of the Yamuna to monuments and mausoleums, Agra's golden age started during their rule. It was after the decline of the Mughal Empire and during the reign of the Marathas that Akbarabad became Agra. By 1803, it came under the British Raj that remained strong for most part until India gained independence in 1947.

What also shaped Agra's culture were the different religions that were born and flourished here. From Din-i-Ilahi to the Radhaswami Faith, these beliefs had followers from Akbar's time. Runukta of Hinduism and Shauripur of Jainism too have their links to Agra.

With so many prominent rulers having ruled the city, Agra is home to several important monuments including three UNESCO World Heritage Sites: the Taj Mahal, Agra Fort and Fatehpur Sikri. A trip to Agra is incomplete without paying a visit to these that will take you back to an era of its glorious past.

Taj Mahal

The very first thing every tourist who comes to Agra wants to do is see the beauty that is Taj Mahal. No matter how many times you've been here, it will leave you mesmerized with its intricate carvings and architecture. The Taj Mahal is certainly the main attraction that draws millions of tourists to Agra every year and rightly so. Called the epitome of love, it was constructed by Shah Jahan for his beloved wife Mumtaz Mahal whose tomb rests right under the central dome of the monument. It took 22 years and over 20,000 workers to construct this marvel. Shah Jahan spent his last years imprisoned in the Agra Fort gazing at his creation and after his death, his tomb was placed inside the Taj Mahal next to his wife. The white marble monument is an architectural marvel with fine gemstones adorn its walls and the intricate inlay work adds a touch of magnificence to the structure. Another brilliant fact that makes it a masterpiece is its symmetry, which is why it looks the same from all four sides.

Being one of the Seven Wonders of the World and the only one in India doesn't stop from wrong stories floating around the Taj Mahal. Ones like the Taj Mahal was also to be built in black marble or



that Shah Jahan dismembered the arms of the artisans who built the monument are pretty common but not really true. But one true and fascinating story is that Agra was not the first choice to build the Taj Mahal. Yes, the world famous monument was originally planned to be constructed in Madhya Pradesh in Burhanpur because Mumtaz Mahal passed away there. Shah Jahan had even marked out the site along the Tapti River where it was to be built but the plan was shelved when Burhanpur was unable to supply enough white marble that was required for its construction. And so, Agra got its iconic monument that we call the Taj Mahal.

Admire its striking beauty yourself when here. The Taj Mahal is open for visitors between 6 am to 6 pm but remains shut on Fridays. The entry fee for Indians is Rs 20 and for foreign nationals it is Rs 750. According to one legend, if you walk away from the Taj Mahal and look back, you are likely to come back for another visit. Would you?

Agra Fort

Another architectural jewel in this city is the Agra Fort, a UNESCO World Heritage Site. It was built by Mughal Emperor Akbar with the help of 4,000 workers who worked for eight years to finish its construction in 1573. Agra Fort is made of red sandstone and was the seat of the Mughal Empire. Some of the major attractions in Agra Fort that will leave you mesmerized are structures like the Sheesh Mahal, Moti Mahal, Jehangir's Palace and Khas Mahal. The fort has four large gate of which the Delhi Gate was used for the king's formal entry. Diwan-i-Khas and Diwan-i-Aam were reserved for royal audience and the public respectively.



Agra Fort has been prominent during the Mughal reign. Even though Akbar built it, during the rule of Shah Jahan, he renovated it by adding marble work and converting the raw red sandstone structure to a palace. Years later, his son Aurangzeb imprisoned him in the same fort at Mussaman Burj. Do pay a visit to this part of the fort as it offers one of the best views of the Taj Mahal. Despite these changes, Agra Fort is an epitome of Mughal architecture at its best and shouldn't be missed.

Agra Fort is open to tourists all days of the week from 7 am to 6 pm. For Indians, the entry fee is Rs 20 while for foreigners it is Rs 300. It is spread across 94 acres so you will need about two hours to explore the entire monument.

Fatehpur Sikri

One of Emperor Akbar's pet projects was building a walled city a little away from Agra. He called it Fatehpur Sikri and even ruled here for sometime before he was forced to move out due to shortage of water supply. Nevertheless, the surviving monuments tell a tale of his valour and great work. Fateh in Persian signifies victory. The city survived and three of its walled sides are still intact. Akbar paid keen interest in its architecture and layout and it took about 15 years to plan and build it completely. Once ready, it had palaces, harems, buildings, courts and a mosque. But one of the best



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architectural wonders of Fatehpur Sikri is the Buland Darwaza, a grand gateway to the walled city. Made of red sandstone, there are 52 steps that lead up to its 175 ft high archway that has two inscriptions. Akbar's favorite minister Birbal too has a monument in Fatehpur Sikri called Birbal's house. Since he was a Hindu, the architecture is different than the usual Mughal buildings. One of the first buildings to be constructed in Fatehpur Sikri was the Jama Masjid, a mosque built according to Indian mosque architecture. It also houses the tomb of Salim Chishti, a great Sufi saint. Akbar, who was the founder of the faith Din-e-Ilahi also constructed Ibadat Khana in Fatehpur Sikri which was used for meetings. The Panch Mahal, a five-storey palatial structure was for the ladies and the Naubat Khana that had drummers announce the entry of the emperor were other unique structures in this city. Despite the lavish architecture and careful planning, Fatehpur Sikri was abandoned in 1585 after ruling it from 1571. This was because the lake that supplied water to the city dried up. Even so, it is worth marvelling the beauty of what a magnificent city this once was. Fatehpur Sikri is about 37 km away from Agra but can be completed on the same trip. Most of the city lies uninhabited and reminds one of its once glorious past. You can find a few budget hotels to stay at near the Fatehpur Sikri Railway Station. Don't miss visiting this place as it is another UNESCO World Heritage Site.

Akbar's Tomb

Akbar the Great built some majestic monuments in his lifetime and one of them was his tomb itself. The task of commissioning your own tomb is part of Turkic custom that Mughals adhered to. He even selected the site where he wanted to be kept. His last resting place, Sikandra is where Akbar's Tomb is. His son Jehangir completed the construction of his father's tomb in 1613 and it was beautifully carved, made of red sandstone. Just 1 km away from Akbar's Tomb is Mariam's Tomb, who was Akbar's wife and Jehangir's mother. The monument is open for visitors on all days of the week from 6 am to 6 pm. The entry fee for Indians is Rs 15 and for foreigners is Rs 110.



Mehtab Bagh

Translating to moonlight garden, Mehtab Bagh is the perfect spot for admiring the beauty of the Taj Mahal. Built by Babur, it is a square garden that was once resplendent with pools, fountains and trees. Today, it makes for a recreational tourist spot. A Mughal garden, it is perfectly aligned with the Taj Mahal along the Yamuna River and was described by Shah Jahan as the ideal spot for viewing the Taj Mahal.

Due to frequent floods and extraction of building material by the villagers, the garden lay in ruins by the '90s. However, the Archaeological Survey of India (ASI) intervened and started work to restore the garden to its original state. They even made sure that the plants used in Mehtab Bagh were ones that were originally a part of Mughal gardens. These included guava, Ashoka, jamun, neem, hibiscus, etc. There were four sandstone towers too in the garden at its four corners, however, only one remains now. During the restoration, other structures were added to Mehtab Bagh that were not originally a part of it. Some of these include a statue of BR Ambedkar holding the constitution of India, a temple and nurseries. Visit Mehtab Bagh between 6 am to 7 pm, it is open on all days of the week. The entry fee for Indians is Rs 5 while for foreign nationals it is Rs 100.

Tomb of Itimad-ud-Daulah

Another display of Mughal architecture, the Tomb of Itimad-ud-Daulah was commissioned by Nur Jahan, Jehangir's wife, for her father Mirza Beg who was given the title of Itimad-ud-Daulah or pillar of the state. The mausoleum is often referred as the draft of Taj Mahal or Baby Taj as it has various elements that are identical to the Wonder of the World. It is also called a jewel box as it isn't as grand as other Mughal structures yet there is no compromise on its intricacy.



The Tomb of Itimad-ud-Daulah is made of white marble from Rajasthan and has semi-precious stones encrusted in its walls that display different objects such as a vase, bouquet, fruits, etc. Its construction began in 1622 and was completed in 1628. A garden criss-crossed by walkways and water courses surround the monument. It is located on the right bank of the Yamuna River and is a close replica of the Taj Mahal including its interiors. Mirza Beg's tomb rests next to his wife's tomb which was inspired by the Taj Mahal. Many of Nur Jahan's relatives' tombs are also kept in this monument.

You can visit the Tomb of Itimad-ud-Daulah any day of the week between 6 am to 6 pm. The entry fee for Indians is Rs 10 and for foreigners it is Rs 250. Even though this is the smallest of the Mughal monuments, it is a must-visit when in Agra for its intricate work.

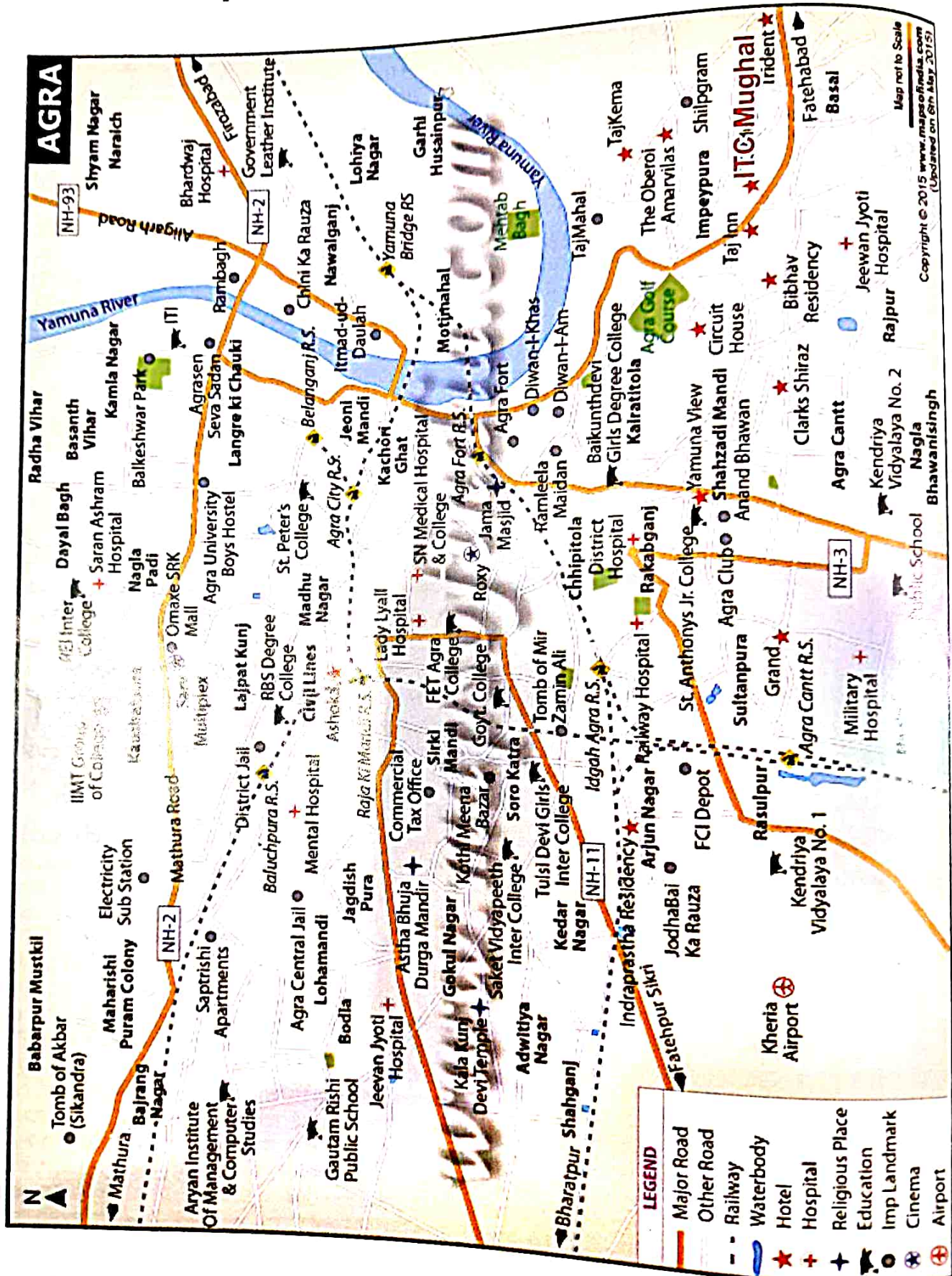
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Social Programmes

Welcome Dinner

October 16, 2016, 20:00 Hrs.
Hotel Samovar Across Road, Hotel Mughal ITC



Conference Dinner with Cultural Programme

October 18, 2016, 20:00 Hrs.
Hotel Taj Khema, Clinton Hill top

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Scientific Programme

Preconference Courses

Sunday, October 16, 2016

HALL- A- CHARAK

Course 1: Essential elements and solutions for advancing risk management and risk communication		
8:30 - 9:00	Registration	
	Chairs	Priya Bahri (European Medicines Agency, UK), Deirdre McCarthy (Quintiles, USA)
9:00 - 9:30		Principles and components of life - cycle risk management of medicines and relevance to public health
	Speaker	Priya Bahri (European Medicines Agency, UK)
9.30 - 10:05		Regulatory frameworks for risk management around the world
	Speaker	Deirdre McCarthy (Quintiles, USA)
10.05 - 10.15	Q&A and expectations for the day	
10:15 - 10:45	Coffee Break	
10:45 - 11:30		Practical aspects of developing a risk management plan
	Speaker	Brian Edwards (UK)
11:30 - 12:15		Learning from the Communication Sciences
	Speaker	Priya Bahri (European Medicines Agency, UK)
12:15 - 12:30	Questions & Answers	
12:30 - 13:30	Lunch	
13:30 - 14:00		Tailoring risk minimization measures to a region and experiences from Asia
	Speaker	Jean-Christophe Delumeau (Bayer, Singapore)
14:00 - 14:45		The Australian experience
	Speaker	Ian Boyd (Ian Boyd Consulting, Australia)
		The Indian experience
	Speaker	Deven Parmar (Cadila Healthcare Ltd., Zydus Research Centre, India)
14:45 - 15:00	Tea Break	
15:00 - 16:30		Workshops – 4 working groups (30 mm group work – elect leader followed by 3 mm leader feedback and group)
16:30 - 17:00		Presentation (as time allows): Interaction with media – Tips from real life
	Speaker	Ulrich Hagemann (ISoP, Germany)
17:00 - 17:30	Wrap up discussion / take-home messages	

HALL- B- SHUSHRUT

Course 2: Advanced Signal Detection		
08:30 - 09:00	Registration	
	Chair	Marco Tuccori (University of Pisa, Italy)
09:00 - 10:00		The foundation of good ICSR assessment for high-quality signals
	Speaker	Ian Boyd (Ian Boyd Consulting, Australia)
10:00 - 11:00		Signals: history, definition and examples – qualitative and quantitative aspects
	Speaker	Marco Tuccori (University of Pisa, Italy)
11:00 - 11:15	Coffee Break	

11:15 - 12:15		Special issues in signal detection – principles novel aspects and future directions
	Speaker	Richard Hill (TGA, Australia)
12:15 - 13:15		Signal Management and Communication
	Speaker	Marco Tuccori (University of Pisa, Italy)
13:15 - 14:30	Lunch	
14:30 - 15:30		Signal detection in longitudinal observational databases LOD
	Speaker	Andrew Bate (Pfizer, UK)
15:30 - 16:30		Frontiers in signal detection
	Speaker	Andrew Bate (Pfizer, UK) and Richard Hill (TGA, Australia)
14:30 - 17:00	Tea Break	
17:00 - 18:00		Panel / Round table Discussion
	Speakers	Richard Hill (TGA, Australia), Ian Boyd (Ian Boyd Consulting, Australia), Marco Tuccori (University of Pisa, Italy), Andrew Bate (Pfizer, UK)
18:00	Concluding remarks	
19:00	Welcome reception Hotel Samovar Across Road, Hotel Mughal ITC	

Main Conference

HALL- A- CHARAK

Day 1 – Monday October 17 th , 2016		
08:00 - 09:00		Registration
09:00 - 09:30		Opening Ceremony Hervé Le Louet (President of ISoP), Kenneth Hartigan-Go, (Chairman of the Scientific Committee), KC Singhal, (Chairman of the Local Organizing Committee) + SoPI Officials
09:30 - 10:30	Opening Lecture	CIOMS Keynote lecture
	Chair	ISoP President
	Lecture title	The future of biomedical research and the role of guidelines such as CIOMS ethics guidance
	Speaker	Johannes J.M. van Delden (President of CIOMS, Professor of Medical Ethics, Utrecht University, Netherlands)
10:30 – 11:00	Coffee Break and Posters viewing	
11:00 - 11:45	Keynote lecture	
	Chair	Jean-Christophe Delumeau (Singapore)
	Title	21st Century Pharmacovigilance: Intuition, Science, and the Role of Artificial Intelligence
	Speaker	Peter Pitts (President, Center for Medicine in the Public Interest, Visiting Lecturer at the Ecole Supérieure des Sciences Economiques et Commerciales (Paris and Singapore), former Associate Commissioner, US Food & Drug Administration, USA)
11:45 - 12:30	Keynote lecture	
	Title	Big Data, Smart Data, fast Data – a paradigm shift
	Speaker	Andrew Bate (Pfizer, UK)
12:30 - 14:00	Lunch	

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Day 1 – Monday October 17 th , 2016		
Parallel session A - 14.00 – 15.30		
Session Title: Risk communication - "Snakes and Ladders" and a Strategic Approach to Risk Minimisation in Healthcare		
Chair(s) / Responsible: Priya Bahri (UK), Alex Dodoo (Ghana)		
14.00-14.10	Introduction	
14.10-14.25	Abstract Title	P040 Drug utilization evaluation as a tool for minimizing risk and promoting rational use of medicines
	Speaker	MI. Geer / India
14.25-14.40	Abstract Title	P066 Communication tool for better safety outcome in using medicines
	Speaker	Y. Oppamayun / Thailand
14.40-14.55	Abstract Title	P083 A model to guide designing Risk-Proportionate Risk Minimisation and Vigilance Programs
	Speaker	JC. Delumeau / Singapore
14.55-15.10	Abstract Title	P061 Did the safety warnings minimize the risk of antipsychotic-related stroke in elderly people with dementia?
	Speaker	G. Trifiro / Italy
13.10-15.30	Discussion time	
15.30 - 16:00	Coffee break and Posters viewing	

HALL B - SHUSHRUT		
Day 1 – Monday October 17 th , 2016		
Parallel session B – 14.00 – 15.30		
Session Title: Medicines for women		
Chairs/Responsible: Parul Agarwal (India), Pia Caduff (Uppsala Monitoring Centre, Sweden)		
14.00-14.05		Introduction and welcome
	Speaker	Pia Caduff (Uppsala Monitoring Centre, Sweden)
14.05-14.30	Presentation	Medicines for women in India: what are the key local issues?
	Speaker	Parul Agarwal (NIMS University, India)
14.30-14:45	Presentation	Safety in Subcontinent Some perspectives Women Psycho-social health
	Speaker	Prof. K C Gurnani(HOD Psychiatry, SNMC INDIA)
14:45-15:00	Presentation	Hot topics worldwide for women's medicines
	Speaker	Brian Edwards (NDA Regulatory Science Ltd, UK)
15:00-15:30	Panel	Pia Caduff , Parul Agarwal, Brian Edwards, Prof. K C Gurnani

HALL A - CHARAK			HALL B - SHUSHRUT		
Day 1 – Monday October 17th, 2016			Day 1 – Monday October 17th, 2016		
Parallel session C – 16.00 – 17.30			Parallel session D – 16.00 – 17.30		
Session Title: Evidence Based PV decision making			Session Title: Catch them young – providing opportunities and a career path for young scientists to undertake research in pharmacovigilance and epidemiology		
Chair(s): Kenneth Hartigan Go (Philippines), Saad Shakir (UK)			Chairs: Hilda Ampadu (WHO Africa), Ulrich Hagemann (ISoP)		
16.00-16.15	Abstract Title	P027 Proton Pump Inhibitors : real indication or trivialized prescription?	16.00-16.15		Do you need a PhD in pharmacovigilance if you work in a CRO?
	Speaker	H. Bagheri / France		Speaker	Deirdre McCarthy (Quintiles, USA)
16.15-16.30	Abstract Title	P048 Data-recapture in hospital coding databases to detect under-reporting of adverse drug reactions	16.15-16.30	Presentation	Why I chose to undertake a PhD in pharmacoepidemiology and drug regulatory science
	Speaker	C. Anton / UK		Speaker	Haggar Hilda Ampadu (WHO Collaborating Centre for Advocacy and Training in Pharmacovigilance, Accra, Ghana)
16.30-16.45	Abstract Title	P050 Time series disturbance detection for hypothesis-free signal detection in longitudinal observational databases.	16.30-16.45	Presentation	Capacity building for the pharmacovigilance of products used in managing poverty-related disease – EDCTP-II explained
	Speaker	A Bate / UK		Speaker	Jean Marie Habarugira (European and Developing Countries Clinical Trials Partnership (EDCTP), Netherlands)
16.45-17.00	Abstract Title	P043 Cardiovascular and gastrointestinal safety of paracetamol in French population	16.45-17.00	Presentation	The EU2P Research Program: opportunities for developing countries
	Speaker	M. Duong / France		Speaker	Karine Palin (European education and training programme in pharmacovigilance and pharmacoepidemiology-EU2P, France)
17.00-17.30	Presentation	Brief aspects of the public health impact of risk minimisation	17.00-17.30	Presentation	P080 Pharmvigill© mobile app for Pharmacovigilance programs Easy and efficient way of assessment of adverse drug reactions
	Speaker	Saad Shakir (The Drug Safety Research Unit, UK)		Speaker	SN. Syed / India
17.30 - 19.00	Chapters Meeting		17.15-17.30	Open Forum and Closing	

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HALL A - CHARAK**Day 2 Tuesday October 18th, 2016****07-00 – 08.30** (Breakfast session) on first come basis**Chair:** Kenneth Hartigan-Go (Philippines)**Title:** Let us talk about organizational leadership**08.30 – 10.15** (plenary) (Symposium)
Monitoring of drugs of Indian Systems of Medicine (ISM)**Chair:** Prof KC Singhal (India)**08.30 – 08.50 Title:** Concept of Pharmacovigilance in Ayurvedic System of Medicine**Speaker:** Professor Shriram S Savrikar, Mumbai, India**08.50 – 09.10 Title:** Principle of safe use of drugs in Unani System of Medicine**Speaker:** Prof. Abdul Latif – Aligarh, India**09.10 – 09.30 Title:** How safe are calcinated metals used in India Systems of Medicine**Speaker:** Prof P Jai Prakash Narayanan, AYUSH, Government of India**09.30 – 09.50 Title:** National Programme for Monitoring Drugs of I S M**Speaker:** Prof Rabinarayan Acharya, Jamnagar, India**09.50 – 10.15 Title:** It is an UPHILL task to monitor drugs of ISM**Speaker:** Prof KC Singhal**10.15 -10.45 : Coffee Break and Posters viewing**

HALL A - CHARAK			HALL B - SHUSHRUT		
Day 2 – Tuesday October 18th, 2016			Day 2 – Tuesday October 18th, 2016		
Parallel session E – 10.45– 12.30			Parallel session F – 10.45– 12.30		
Session Title: Pharmacovigilance Methodologies			Session Title: Integration of PV in Public Health Programmes		
Chairs: Anthony Wong (Brazil), Andrew Bate (UK)			Chairs: Swati Tomar (India), Marco Tuccori (Italy)		
10.45-11.00	Abstract Title	P067 Routine infant vaccination and Stevens Johnson Syndrome	10.45-11.15	Presentation	PV and PHP in India
	Speaker	P. Caduff /UMC		Speaker	Prof Meera Desai (India)
11.00-11.15	Abstract Title	P028 An unexpected long time to onset of injection site reactions after Pneumokokken-13 vaccine in elderly	11.15-11.45	Presentation	Quality Assurance Safety of Medicine role of Physicians vs Regulators/ manufacturers
	Speaker	W.J.A. Hilgersom / Netherlands		Speaker	A. Tomar (NIMS University, India)
11.15-11.30	Abstract Title	P054 Pharmacovigilance Concerns in Kaiyadeva Nighantu – A recognized Ayurvedic lexicon of 14th century	11.45-12.00	Presentation	Addressing concerns of the Public
	Speaker	Raghavendra Naik / India		Speaker	Dr sunil bansal (Indian Medical Association)
11.30-11.45	Abstract Title	P101 A look into the contribution of Rajanighantu, an Ayurvedic Nighnatu (lexicon) of 14th century AD, towards Drug Safety	12.00-12.15	Presentation	Approaches to overcome the challenges in running Pv Programs by involving stakeholders at different levels
	Speaker	P. Rohilla / India		Speaker	Syed Ziaur Rahman (Aligarh Muslim University, India)
11.45-12.00	Presentation	Modern strategies for vaccine surveillance	12.15-12.30	Presentation	Incorporating Teaching PV
	Speaker	Richard Hill (TGA, Australia)		Speaker	Barna Ganguly (Pramukhswami Medical College, India)
12.00-12.30	Discussion				
12.30-13.30	Lunch				
13.30-14.45	ISoP General Assembly Draft Agenda: <ol style="list-style-type: none"> 1. Welcome and approval of Agenda and Minutes GA in Prague 2. Tribute to R Royer 3. ISoP New constitution (new statutes and by-laws) 4. Elections 2016 5. Financial position and membership fees for 2017 6. Training programme 7. Planning for the future 8. ISoP 2017 Annual Meeting 9. Any other business 				

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HALL - A - CHARAK**Day 2 – Tuesday October 18th, 2016**

PRAC session 14.45 – 16.15

Chair: Brian Edwards (NDA Regulatory Science Ltd, UK)

Title: PRAC session-round table discussion-
The impact of PRAC, and global PV regulations and how this affect countries around the worldSpeakers: Richard Hill (TGA Australia) and Munir Pirmohamed (University of Liverpool, UK)
Dr Umakant Bjaj IPC INDIA

16.15 - 16.45 Coffee Break and Posters Viewing

HALL A - CHARAK**Day 2 – Tuesday October 18th, 2016**

Parallel session G – 16.45 – 18.15

Session Title: Medication Errors

Chair: Jeff Aronson (UK),
Padmshree Prof. D K Hazra SNMC, India

16.45-17.00	Intro	Introductory remarks: Morbidity and mortality associated with medication errors
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	Speaker	Jeff Aronson (Centre for Evidence Based Medicine, University of Oxford, UK)
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17.00-17.25	Presentation	Relevance to Pharmacovigilance
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	Speaker	Robin Ferner (West Midlands Centre for Adverse Drug Reaction Reporting, UK)
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17.25-17.50	Presentation	A multicenter study of medication errors in hospital
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	Speaker	Ermelinda Viola, Pharmacology Section, University of Verona, Italy
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17.50-18.15	Presentation	Future prospects
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	Speaker	Jeff Aronson (Centre for Evidence Based Medicine, University of Oxford, UK)
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20.00	Conference dinner	
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HALL B - SHUSHRUT**Day 2 – Tuesday October 18th, 2016**

Parallel session H- 16.45 – 18.15

Session Title: Financial burden of PV

Chairs: Ian Boyd (Australia),
Deirdre McCarthy (USA)

16.45-17.15	Intro	Evolving Global PV regulations: financial implications for MA holders
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	Speaker	Jamal Baig (MSD)
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17.15-17.30	Presentation	P052 Economic costs of adverse reactions to drugs (ADRs) in low and middle-income countries (LMICs)
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	Speaker	G. Deoras / Netherlands
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17.30-17.45	Presentation	P106 The economic burden of adverse drug reactions leading to and occurring during hospitalization
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	Speaker	A. Carvajal/ Spain
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17.45-20.00		Discussion
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Day 3 -Wednesday October 19th, 2016		
Parallel session I – 9.00 – 10.30		
Session Title: Pharmacovigilance concerns around the Globe		
Chairs: Anthony Wong (Brazil), Shanti Pal (WHO)		
09.00-09.30	Lecture Title	Paracetamol, NSAIDS, Comparative safety and Concerns in Febrile Tropical Diseases
	Speakers	Robin Ferner (West Midlands Centre for Adverse Drug Reaction Reporting, UK), Jeff Aronson (University of Oxford, UK), Anthony Wong (Sao Paulo Poison and Pharmacovigilance Center, School of Medicine, University of Sao Paulo, Brazil)
09.30-09.45	Abstract Title	P076 Adverse drug reactions of antibiotics in France, 2005-2014
	Speaker	G. Miremont-Salame / France
09.45-10.00	Abstract Title	P082 Considerations in Pharmacovigilance of Biosimilars
	Speaker	S. Sinha/ India
10.00-10.15	Abstract Title	P038 Use of routinely collected Pharmacovigilance data in detecting product quality problems (Ethiopia)
	Speaker	E. Woldemariam / Ethiopia
10.15-10.30	Abstract Title	P037 Health risks of unknown medicines: evidence from adverse drug reactions in Laos
	Speaker	C. Caillet / Laos-France
10.30-11.30	Coffee Break	

HALL B - SHUSHRUT		
Day 3 – Wednesday October 19th, 2016		
Parallel session J – 9.00 – 10.30		
Session Title: Clinical aspect of PV (Antidiabetic, Oncology/cancer, critically ill-patients)		
Chair: Sandeep Agarwal (India), Prof.Govind Mohan (India)		
09.00-09.15	Abstract Title	P011 The Risk of Hyperglycaemia with the use of Rituximab in Rheumatoid Arthritis. Results from a Meta-analysis of Randomised Clinical Trials
	Speaker	L. Velez-Nandayapa / Switzerland
09.15-09.30	Abstract Title	P013 Overview of the safety of anti-VEGF drugs: data from the Italian spontaneous reporting system
	Speaker	P.M. Cutroneo / Italy
09.30-09.45	Abstract Title	P014 Idelalisib and Progressive Multifocal Leukoencephalopathy
	Speaker	P. Caduff / UMC
09.45-10.00	Abstract Title	P104 Methylenetetrahydrofolate reductase (MTHFR) gene polymorphism & osteoporosis: Need an active solution
	Speaker	S. Singhal / India
10.00-10.15	Abstract Title	P086 Biosimilars in oncology: Do they really behave similar?
	Speaker	S. Agarwal / India
10.15-10.30	Abstract Title	P100 Occurrence of anti-erythropoietin antibodies in patients treated with recombinant erythropoietin
	Speaker	S. Gupta / India

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HALL A - CHARAK

Day 3 – Wednesday October 19th, 2016

Bengt Erik Wiholm Lecture — 11.00 – 12.00

Chair: Hervé Le Louet (President of ISoP), Sten Olsson (President-elect)

Title: Vigilance: back to the future and puzzling it out

Speaker: Ralph Edwards (Uppsala Monitoring Centre)

12.00 - 12.30 - Closing Ceremony of ISoP 2016

Chairs: Hervé Le Louet (President, ISoP), Kenneth Hartigan-Go (Chairman, Scientific Committee), KC Singhal (Chairman, Local Organizing Committee)

Presentation ISoP Annual Meeting 2017

Poster Prize Ceremony

Concluding remarks

12.30 - 13.30 Light lunch

Posters

More than 180 posters have been successfully accepted for this year's 16th ISoP Annual Meeting. Posters will be displayed from Monday, 17 October to 19 October 2016 in the poster area on the Conference floor.

Two poster sessions have been scheduled to the programme of the ISoP Annual Meeting

Poster session part 1 Monday 17 October; 10:30 – 11:00

Poster P001 – P060 will be reviewed the Poster Committee

Poster session part 2 Tuesday 18 October; 15:00 – 16:00

Posters P062 – P0116 will be reviewed the poster Committee

Presenting authors are kindly requested to be present throughout of the official poster viewing times (as specified above) and most importantly during the time slots dedicated to poster committee review.

3 BEST POSTERS WILL BE AWARDED DURING THE POSTER PRIZE CEREMONY ON 19 OCTOBER AT 12-12:30

Velcro tape for mounting posters will be available at the posters desk located in the poster area. Assistance for poster mounting will be equally available.

Poster Mounting

17 October; 8:00- 9:00 hour

18 October; 8:00 – 09:00 hour

Please make sure to **mount your poster on the poster board with the number corresponding to the number assigned to your poster presentation** (e.g. P001, P002 etc) responsibility

Poster dismantling

Same Day at 16:00 hour

Posters which are **not dismantled by the end of the above specified time period will be automatically discarded**. The organisers of the ISoP Annual meeting cannot accept For any material left behind.

List of Posters

Posters Session part 1

(17th October 2016)

(Posters reviewed by the poster committee on Monday 17 October during 10:30-11:00)

P001	Evaluation of pattern, predictability, severity and preventability of adverse drug reactions in Department of Pharmacology D. Bose
P002	Profile of Serious Adverse Drug Events in a Tertiary Care Hospital of South India - a five years example M.Y. Pasha , S. Muraraiah, C.R. Jayanthi
P003	Cutaneous Adverse Drug Reactions from a teaching Hospital in Bengaluru: An Observational Study to Dermatology A. Bedwa, K. Rajarathna, C.R. Jayanthi

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Organizing Committees	P005	Adverse Drug Profile of Antimicrobial Agents in a tertiary care hospital: A retrospective study K.N. Chaithra, C.R. Jayanthi, M.Sushma
Past Annual Meeting	P006	Misoprostol misuse: the Moroccan experience M.E. Elkarimi, I. Talibi, A. Tebaa, R. Soulaymani Bencheikh
Venue Floor Map	P007	Comparison of adverse drug reactions (ADRs) reported by patients before and after the amending of the French legislation C. Le Beller, L. Thomas, R. Aboukhamis, P. Karapetiantz, H. Le Louet, A. Lillo-Le Louet
About Agra	P008	Prevalence of Adverse Drug Reactions Among HIV/AIDS Patients on HAART in University of Maiduguri Teaching Hospital, Nigeria; a Four Year Retrospective Study P.U. Bassi, W.Gashau, H.K. Olaf, A.Dodoo, P. Okonkwo, P.Kanki
Route Map of Agra	P009	Causality, Severity and Preventability Profiling of Adverse Drug Reactions Among Medicine Inpatients P. Tiwari, M.A. Dar, S. D'Cruz
Social Programmes	P010	Malnutrition as Risk Factor for Anthracyclines- Induced Cardiotoxicity in Mexican Children with Cancer J.L. Vargas-Neri, O.D. Castela'n-Martínez, R. Rivas-Ruiz, F. Rodríguez-Islas, A.I. Rico-Arroyo
Scientific Programme	P012	Drug storage and disposal practices in homes of western India N.YMiza, B. Ganguly
Posters	P015	Adverse Drug Reactions due to Cosmetics notified by ADR Monitoring Centre at a Tertiary Care Hospital P.K. Manjhi, H. Dikshit, L. Mohan, H. Mishra, M. Kumar, S. Dokania
Index	P016	Due among Neonatal and Paediatrics In-Patients at a Children's Tertiary Care Hospital A.N. Mir, M.I. Geer, M. Jan
Tourist Information	P017	Interactive Pharmacovigilance website: a useful tool for ADR reports L.Thomas, S. Perrin, F. Bavoux, M. Biour, P. Eftekhari, B. Lebrun-Vignes, M. de Torres, A. Lillo-Le Louet, H. Le Loue
List of Exhibitors	P018	Adverse Events in HIV/TB co-treatment in Kinshasa N.P. Ntamabyaliro, T.F. Musuamba, B.D. Nzolo, N.Y. Lula, N.J. Kayembe, B.A. Aline, M.S. Mampunz
Supporting Institutions	P019	Exceptional case of muscle rupture associated with levofloxacin C.L. Ladhari, I. Aouinti, S. Kastalli, S. ElAidli, R. Daghfous, G. Lakhoua, A. Zaiem
Practical Information A-Z	P020	Years of Pharmacovigilance in New Zealand - Lessons in sustainability and growth M. Tatley, R. Savage, D. Kunac, J. Ashton
Invited Speakers	P021	The Challenges of Traditional Medicine and Pharmacovigilance S. Skalli
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P022	Impact of different reporting procedures of AEFIs by elderly W.J.A. Hilgersom, E.P. van Puijenbroek
P024	Impact of Integrating Pharmacovigilance in Moroccan Tuberculosis Control Programme D. Soussi Tanani, S. Serragui, L. Ait Moussa, R. Soulaymani
P025	Pharmacovigilance in HIV/AIDS public program health: Moroccan experience A.EL Rherbi
P026	Incorporation of Pharmacovigilance in curriculum: To whom and how far? B. Ganguly
P029	Onset time of adverse events to Nifurtimox - Eflornithine Combination Therapy: Review of reports rec B.A. Engo, B.D. Nzolo, N.Y. Lula, N.P. Ntamabyaliro, K.G. Mesia, L.G. Tona
P030	Adverse Drug Reactions monitoring in Public Hospitals using Patient Safety Network system F.A. Al-Braik, M.M. Al Ghufli, R.A. Saad, M.Y. Hasan
P031	Medicines for Women in India: What are the Key Local Issues? P. Agarwal
P033	An Exploratory Factor Analysis of the Spontaneous Reporting of Severe Cutaneous Adverse Reactions (SCARs) M. Hauben, E. Hung, A. Hsieh
P034	Teratovigilance activities in Morocco (2000 -2015) N.Simress
P035	Polycystic Ovarian Syndrome and Berberine: Safety Profile and Current Perspective M. Muttaqui, F. Ahmad, S.Z. Rahman, S.S. Siddiqui, J. Ahmad, T. Rabbani
P036	Risk factors of Ferric carboxymaltose and iron sucrose in women with iron deficiency anaemia A. Naqash, G.N. Bader, R.Ara
P039	Challenges of Pharmacovigilance in neonates I. Convertino, A. Capogrosso Sansone, A. Marino, M. T. Galiulo
P041	Use of Cholera vaccine in pregnant women during mass vaccination campaigns V.J. Midde, N.A.D' Cor
P042	Knowledge, Attitude and Practice towards Pharmacovigilance and Adverse Drug Reaction Reporting Among Postgraduate Medical Students K. Vishnu, K.R. Mamatha, C.R. Jayanthi
P044	Methylphenidate and cardiac arrhythmias: a pharmacoepidemiological approach in VigiBase S. Fregevu, G. Montastruc, A. Revet, G. Durrieu, J.L. Montastruc
P045	Use of a PharmacoVigilance database to investigate the mechanism of adverse drug reactions (ADRs) F. Montastruc, Nguyen Thi Thu Ha, V. Rousseau, M. Lapeyre-Mestre, J.L. Montastruc
P046	Underreporting cardiotoxic effects of antimalarial: Reality or illusion S. Serragui, M. Saley, D. Soussi Tanani, E. EL Karimi4, A. Soulaymani, R. Soulaymani

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Organizing Committees	P049	Prescribing and diagnostic issues associated with sumatriptan identified through open-ended screening for safety signals in electronic health care records R. Savage, K. Star, A. Zekarias, G. Persson Brobert, D. Ansell, I.R. Edwards
Past Annual Meeting	P051	Evaluation of Antibiotic Usage at a Tertiary Care Teaching Hospital of North India A. Mishra, S.Z. Rahman
Venue Floor Map	P053	Detection of signals relating to serious cutaneous adverse effects in ICSRs Moroccan database I. Talibi, L. Ait Moussa, A. Tebaa, R. Soulaymani-Bencheikh
About Agra	P055	A Critical Review on the Drug Safety Issues in Sushruta Samhita – An Ayurvedic Treatise of 600 BC S. Gupta, Acharya
Route Map of Agra	P056	A Critical Review on Pharmacovigilance aspects of Charak Samhita: An Ayurvedic treatises of 300 BC S.P. Rout, R. Acharya
Social Programmes	P057	Process of Minimizing the Harmful Effects of Unani Drugs in the light of Pharmacovigilance: A Unique Technology A. Latif, S. Rehman
Scientific Programme	P058	Unani Medicine: Impediments and Solutions S. Akbar
Posters	P059	How far Ethanolic Extract of Myristica fragrans is Safe in Morphine Dependence – An Experimental Study. I. Zaheer, S. Z. Rahman, R. Ali Khan, M. Parveen
Index	P060	Post-marketing Safety of Two Different Formulations of Deferasirox, Film-coated Tablet (FCT) and Dis L. Velez-Nandayapa, G. Holder, J. Horowitz, R. Singa, A. Cortoos, J. Eisinger
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Supporting Institutions	P062	Regionalization of Pharmacovigilance in Morocco H. Farouk, A. Tebaa, R. Soulaymani Bencheikh
Practical Information A-Z	P063	Misuse, Abuse and Diversion of Instanyl® (Fentanyl Nasal Spray) In France P. Blin, C. Dureau-Pournin, S. Lamarque, M.A. Bernard, R. Lassalle, C. Droz-Perroteau, N. Moore
Invited Speakers	P064	The Effectiveness of Risk Minimization Programs (RMinPs) for Lenalidomide & Pomalidomide in Turkey F. Yasan, Z.F. Korkut, A. Hasaligil, N. Johnson, S. Kaehler, R. Bwire
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P065	The Role of KIDS in Pharmacovigilance Field K. Moonjung, K. Hyunjin, K. Yeojin1, K. Inhye, C.Yeunjung1, K. Hyeonjeong, W. Yeonju, Sooyou
P068	Agranulocytosis around the world A. Carvajal, M.T. Herdeiro, L.H. MartinAria, T. Oscanoa, J. Molina-Guarneros
P069	Pharmacovigilance and Drug Safety: Practical difficulty and Challenges S.S. Sud, K.S. Sud
P070	Safety profile of idarucizumab, a reversal agent for dabigatran: setting-up a regional observatory M. Lemoine, C.M. Samama, D. Smadja, F. Bavoux, O. Conort, A. Lillo-Le Louet
P071	A systems-based Model for better defining the Pharmaceutical System (STAMP) B. Edwards, M. Mikela Chatzimichailidou, C. Prendergast
P072	A Project on Adverse Drug Reactions Due to Medication Errors in Hospital E.Viola, L. Magro, G. Verlato, E. Finocchio, R. Leone, G.P. Velo
P073	Francophone Pharmacovigilance Inter Country Training Course: Skills development tool in the countries S. Serragui, L. Alj, R. Hmimou, L. Ouammi, R. Soulaymani Bencheikh
P074	Identification and resolution of Drug related problems (DRPs) in respiratory medicine patients M. Javid Qbal, M.I. Geer
P075	Drug utilization patterns and patient compliance of statins in patients of diabetes mellitus at a tertiary care hospital A.M. Khan, M.I. Geer, S.R. Masoodi
P078	Impact of Integrating Pharmacovigilance in Moroccan Tuberculosis Control Programme D. Soussi Tanani, S. Serragui, L. Ait Moussa, R. Soulaymani, A. Soulaymani, Y. Cherrah
P079	How to ensure your Pharmacovigilance services can continue to support your products as your portfolio G. Barker, V. Dua1, A. Teagarden
P085	An Observational Study to analyse the Adverse Drug Reactions among the Elderly at a Tertiary Care Hospital R.M. Krishna
P088	Safety Issues in Unani Medicine S. Rehman, A. Latif
P089	Integration of emerging techniques in pharmacometabonomics and nanodiagnostics for personalized PHAR G. M. Ishaq, A. Naqash
P090	Emerging role of pharmacometabonomics in risk assessment of ADRs G.M. Ishaq
P091	The pharmacovigilance concern as quoted in various chapters of Raja Nighantu P. Rohilla, R. Naik, R.N. Acharya

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Past Annual Meeting	P095	Medication Errors vs medical negligence: whose responsibility <u>S Agarwa, E Agarwa, R Bhargav</u>
Venue Floor Map	P096	Pharmacovigilance Operations & Compliance Challenges <u>S. Thapar</u>
About Agra	P097	Safety and efficacy of metallic preparation of Siddha medicine <u>J. Narayanan</u>
Route Map of Agra	P100	Occurrence of Anti-erythropoietin Antibodies in Patients Treated with Recombinant Erythropoietin <u>S. Gupta</u>
Social Programmes	P105	Adverse Drug Reaction Monitoring at a Regional Pharmacovigilance Centre (B.P.K.I.H.S.) <u>G.P. Rauniar, D.R. Panday</u>
Scientific Programme	P107	An Educational Intervention to Improve Nurses Reporting of Adverse Drug Reactions <u>S. Marquez, M.T. Herdeiro, F. Roque, I. Ribeiro-Vaz</u>
Posters	P108	Ensuring Out-Patient Safety – The role of the prescriber <u>Y. Yirengiywaa Esseku, A.N.O. Doodoo, E. Woode</u>
Index	P109	Pharmacovigilance of Ayurvedic Drugs—Current Scenario <u>S.S. Savrikar</u>
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Agra-Jaipur



Rajasthan's beautiful Pink City Jaipur, was the stronghold of a clan of rulers whose three hill forts and series of palaces in the city are important attractions. Known as the Pink City because of the colour of the stone used exclusively in the walled city, Jaipur's bazaars sell embroidered leather shoes, blue pottery, tie and dye scarves and other exotic wares. Western Rajasthan itself forms a convenient circuit, in the heart of the Thar desert which has shaped its history, lifestyles and architecture.

Founded in AD 1727 by Sawai Jaisingh II, Jaipur the capital of Rajasthan is popularly known as the Pink City with broad avenues and spacious gardens. The capital of Rajasthan, Jaipur is steeped in history and culture. Here the past comes alive in magnificent forts and palaces, blushed pink, where once lived the maharajas. The bustling bazaars of Jaipur, famous for Rajasthan jewellery, fabric and shoes, possess a timeless quality and are surely a treasure-trove for the shoppers. This fascinating city with its romantic charm takes you to an epoch of royalty and tradition.

Jaipur has been laid according to the conventional nine-grid pattern that astrologers believe to be lucky, and which has been recommended in the ancient Indian treatise on architecture. Each grid consists of a square, and these have been planned so that, at the heart of the city is the City Palace. Spread around it, in rows, are public buildings, the residences of noblemen, the living and trading quarters of merchants and artisans. Straight, wide roads run through the city, while a high, crenellated wall that forms its defense is pierced with seven gateways that serve as entry points. Today, these walls may be more difficult to spot since the city has grown far beyond its original plan, but they are still there, proof that though Jaipur saw no great siege, it was more than adequately prepared for it.



Jaipur architectural planning may have been ancient, but its execution was definitely modern. Best represented by the City Palace complex, it brought together all that was excellent in Rajput and Mughal architecture, creating a new tradition that found wide currency over much of north India. As in the Mughal tradition, the durbar or court areas became much more open, characterised by a series of arched pavilions held on delicately crafted pillars. Ornamentation had always been a part of the state architectural heritage, now it became much more opulent. The private wings of the family also extended their entertainment areas. Since defence was no longer a primary concern, larger, more ornamental windows were built to overlook the streets or courtyards outside these wings. Gardens were no longer planned within the internal courtyards only, but were added to the external vistas, and

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water, a basic feature of Mughal palaces and gardens, was utilised in a similar fashion, in canals and fountains.

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Jaipur has much to offer visitors everything from pageants and festivals to extraordinarily clad people, a wealth of handicrafts, a royal legacy of palaces, and sightseeing that will occupy their time. However, should the visitors simply choose to walk around the streets of the old city instead, they will not regret it. All of Jaipur is an architectural gem, and no scheduled sight seeing can even hope to do justice to this rare city.

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Getting Acquainted

Languages spoken

Hindi, Rajasthani and English to a small degree are commonly spoken in hotels and restaurants, but speak English as well as Hindi. One can easily communicate with a minimum knowledge of Hindi or English.

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Tipping

Tipping is common for porters in hotels as also the stewards and bearers and tourist guides, though it is not the practice with taxi and auto drivers. The standard amount in hotels and restaurants is 10% of the total bill.

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Dressing

The traditional dress like the skirt and top are woven by women with traditional taste while the saree and shalwar kameez is also common with women. Men wear trousers and shirts. Skimpily dressed women are bound to be stared at. Wear informal, loose clothes during the day and you won't feel uncomfortable. Smart, casual clothes will do for eating out in the evening or visiting friends.

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Buying Liquor

Jaipur observes dry days on national Holidays. Liquor outlets are there in all markets run by private owners. All big hotels serve liquor and so do several restaurants and pubs. Dry days are not applicable to hotels and restaurants.

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Banking Hours

Public sector banks are open from 1000 hrs to 14000 hrs. from Monday to Friday and up to 12 noon on Saturdays. Some private indian banks are also open 8.00 pm and many have the ATM facilities around the city. There are several foreign banks located in and around commercial areas.

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Moving Around Transport

Jaipur has three major modes of transport buses, tempos, minibuses, three wheeler taxi and auto rickshaws. There are also unmetred tourist taxis whose stands are situated mainly at all the gates on M.I. Road. Hotels and travel agents can also arrange for taxis.

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The buses ply on set routes and charge a standard fare. One should insist on paying the autorickshaw driver through meter only. For luggage one has to pay an additional rupee for one piece of luggage. The three-wheelers can also be hired for a day on an agreed fare of 550 to 600 for 8 hours.

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Transportation

Air : Indian Airlines connect Jaipur with Delhi, Jodhpur, Udaipur, Aurangabad, Bombay, Varanasi, Calcutta, Ahmedabad.

Rail: Jaipur is connected by rail with Delhi, Agra, Ahmedabad, Ajmer, Abu Road (Mount Abu), Udaipur, Bombay and Sawai Madhopur.

Road: Good motorable roads connect Jaipur with Delhi 258 km, Agra 236 km, Bikaner 321 km, Udaipur 405 km, Ajmer 131 km, Jodhpur 316 km, Bharatpur 176 km, Jaisalmer 638 km and Mumbai 1202 km

Bus: Regular buses ply from Jaipur to the above places and Alwar, Kota, Sariska, Mathura, Indore, Chittorgarh and Barmer.

Agra-Mathura

MATHURA-VRINDAVAN :

The birth place of Lord Krishna, Mathura are religious cities, situated at National Highway-2, are 70 kms. from the venue. There are many places to visit but important one are following :

The birth place of Lord Krishna, Mathura is an ancient city of India known for its various monasteries of the Hindu religion and various pilgrim spots and temples. The city is one of the oldest in India and is mentioned in the ancient Hindu epic Ramayana. The region however was inhabited since the 6th century BC and came under various historical and mythological dynasties of India. Owing to its ancient culture and tradition Mathura contains a plethora of tourist attractions, the best ones of those are as follows.

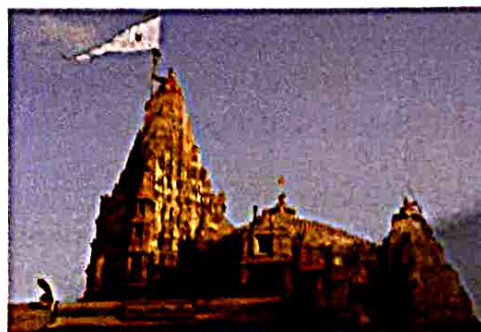
1. Krishna Janma Bhoomi Mandir

"Krishna Janma Bhoomi Mandir" is known to be the birthplace of the Hindu deity Lord Krishna who was the 8th incarnation of the deity Lord Vishnu. The God king was said to be born in a prison cell and the exact location of the prison cell is now occupied by a temple that is frequented by thousands of tourists each year. The best time to visit is during the festival of Janmashtami and Holi when the festivities are at their prime.



2. Dwarkadhish Temple

A fairly new temple in the ancient city of Mathura, the Dwarkadhish Temple was established around 150 years ago by a devotee of Lord Krishna. The temple is known for its amazing swing festival at the start of the monsoons in this region. The Lord Krishna depicted in the idol here is in his "King of Dwarka" form and is depicted without the peacock feather and the flute.

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3. Kusum Sarovar

Located near Radha Kunj, Kusum Sarovar is 450 feet long and 60 feet deep. The reservoir got its name from Krishna's famous consorts Radha, who was said to meet Lord Krishna near the tank. The reservoir has a calm and serene environment and can be used by visitors for a swim. The major attraction here is the evening Aarti which is not to be missed and is commonly photographed by the shutterbugs.



4. Radha Kund

The town is considered to be a major pilgrim spot for the Vaishnavites in India and is known to be the place where Lord Krishna slew a Demon Bull. The pool of the Radha Kund is said to be formed by Lord Krishna who struck the earth and the water emerged at this spot. The pool is considered to be the most sacred and the various pilgrims frequent the place in thousands of numbers.



5. Kans Qila

Also known as Kans Fort, the Kans Qila is named after Lord Krishna's maternal uncle and was built by Raja Mansingh I of Jaipur. Raja Mansingh was one of the Navratnas of the Mughal emperor Akbar. The fort is built in a unique Hindu and Mughal styled architecture near the banks of the Yamuna River.

6. Mathura Museum

Formerly known as Curzon Museum of Archeology, the Mathura Museum was constructed in the year 1874. The museum due to its unique architecture and the important artifacts housed here has also appeared on postage stamps issued by the government of India. The museum houses various ancient archeological findings dating back to the Kushana and the Gupta Empire.



7. Govardhan Hill

Govardhan Hill is located near the Vrindavan and is one of the major pilgrim spots for the Vaishnavites. The hill is mentioned in the ancient texts of the Hindus and was once lifted by Lord Krishna to defeat Indra the god of Rain and thunder in Hindu Mythology. The story related to the legend of this pilgrim spot is pretty interesting and will lead you to explore more about the Hindu myths and legends.



The holy town of Mathura in Uttar Pradesh is also famous for its special sweet dish called the 'Peda' and the city has been mentioned several times in the religious texts as one of the revered pilgrim sites for the Hindus. The above-mentioned places are a must visit as it provides the deep insight of the cultural and ancient historical relevance of Mathura.

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1. M/s. Springer
2. Ab-Cube
3. Mylan Lab
4. Indigene

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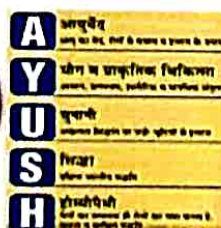


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**Ayush - Ministry of Health
& family welfare, Ayush
Division, Govt. of India**



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Science Academy**

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Accommodation

Should you need any help with your accommodation, please contact our staff at the registration desk.

B

Badges

Each participant will receive a name badge at the registration. Badges must be worn at all times to enable session attendance and social activities.

C

Certificate of attendance

The Certificate of attendance can be picked up at the Registration desk as of Wednesday, 19 October 2016 (in exchange for the completed Evaluation form).

The Certificate of attendance for the Pre-conference courses can be picked up equally at the Registration desk in the evening of Sunday, 16 October (in exchange for the completed evaluation form).

Cloakroom

The cloakroom is located on the Conference floor, right next to the Registration desk. Service is provided free of charge to all registered participants during the entire Meeting.

Coffee breaks

Coffee/tea will be served during the morning and afternoon breaks on the conference floor.

Currency

Currency is INR.

Exchange offices are located throughout the city centre (Airport, Main Railway station, Metro stations) as well as in the banks and post offices.

It is advisable to exchange money in banks rather than in the street exchange offices.

For current Exchange rates please check the Indian National Bank.

ATM machine is available at the venue complex.

Banks opening hours:

Monday to Thursday 09:00 – 18:00

Friday 09:00 – 16:00

Weekend Closed

D

Dates

Pre-conference courses: 16 October 2016

Welcome Reception: 16 October 2016,
19:00 – 20:30

Annual Meeting: 17 – 19 October 2016

Meeting Dinner: 18 October 2016,
19:30 – 22:00 (departure from the venue at 19:00)

E

Emergency numbers

Police 100

Electrical appliances

If you are planning to bring electrical equipment (e.g. battery chargers, laptop power supply, etc.), please check whether you need an adapter.

Electrical power is rated 230 V at 50 Hz. Most common power outlets are designed for a two-pin Euro plug.

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Each participant is expected to fill in the Evaluation form (to be found within the delegate's bag) and hand it in at the Registration desk. The Certificate of attendance will be issued in return.

Information

The registration desk staff will be happy to help you on any questions you may have with regards to the Meeting or any other matter.

Assistance / Information – Technical staff will be in each of the lecture rooms ready to help you.

Insurance

The Organisers do not accept liability for personal injury or loss or damage to private property of participants and accompanying persons either during or while travelling to the Meeting.

Internet

The free Wi-Fi network is available at hotel reception lobby.

L**Language**

The official language of the Meeting is English.

Lost and found

A lost and found service is available at the registration desk.

Lost or stolen credit card? Call one of the following services to take care of it:

Lunches

Lunches will be served upon presentation of conference badge in the restaurant of the conference.

M**Mobile phones**

Participants are kindly requested to keep their mobile phones in the off position or silent mode while session is being held.

P**Photo**

No photo allowed during scientific sessions.

Posters

Posters will be displayed throughout the Meeting in the Poster Area.

Programme changes

The organisers cannot assume liability for any changes in the programme due to external or unforeseen circumstances.

R**Registration**

All documents including meeting bag can be picked up during following opening hours:

Sunday, 16 October 08:30 – 18:45

Monday, 17 October 08:00 – 18:00

Tuesday, 18 October 08:00 – 18:45

Wednesday, 19 October 08:30 – 14:00

S**Shopping**

<http://www.happytrips.com/agra/travel-guide/4-shopping-spots-in-agra/gs31345619.cms>

Smoking

Smoking is forbidden in the venue. The smoking area is outside by the entrance to the venue.

Social programme

Please see pages 10 – 11 for further details on the Social programme.

Speakers' Ready Room

Your presentation (the very last and most up-to-date version, notwithstanding the fact that you sent your presentation previously via e-mail) must be handed over to the personnel in the SPEAKERS' READY ROOM, either with a CD or an USB stick, as far in advance as possible but not later than TWO HOURS before the beginning of each of your dedicated session(s).

Speakers' Ready room is located in Preview room.

Speakers' Ready Room opening hours:

Sunday, 16 October 15:00 – 18:30

Monday, 17 October 08:00 – 18:00

Tuesday, 18 October 08:00 – 18:00

Wednesday, 19 October 08:30 – 11:30

T

Transportation

No shuttle transfers organised from hotels to venue.

For detailed info about transportation please visit the Transportation part

Tipping

In restaurants guests usually tip the waiter with about 5 – 10 %.

U

Useful links

ISoP www.isoponline.org

Meeting web <http://www.isop2016agra.org/>

V

Venue

Hotel Mughal ITC

Tajganj, Agra, Uttar Pradesh 282001

Phone: 0562 402 1700

W

Weather

Agra is a city with a "mild continental climate". The temperature in October varies between 23 °C and 24 °C (average 8,5 °C).

Daily updated weather information for Agra can be found here from <http://www.accuweather.com/en/in/agra/206686/weather-forecast/206686>

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Invited Speakers

Keynote Speakers

Peter Pitts
Johannes J.M. van Delden
Andrew Bate
Ralph Edwards

Invited Speakers

Jen- Marie Habarugira
Room Parmar
Richard Hill
Emelinda Vitor
Jeff Aronson
Deridre McCarthy (USA)
Brian Edwards (UK)
Parul Agarwal (India)
Jean-Chiestophe Delumeau (Singapore)
S.S. Savrikar
Richard Hill (Australia)
Anurag Tomar (India)
Ian Boyd (Australia)
Marco Tuccori (Italy)
Andrew Bate (UK)
Peter Pitts (USA)
Y.Oppamayun (Thailand)
Ralph Edward
M. Hauben (USA)
M. Duomg (France)
Syed Ziaur Rahman (India)

Herve Le Louet (France)
K.C. Singhal (Aligarh)
J. Sultana (Italy)
Johannes J.M. van Delend (CIOMS President)
Mira Harrison-Women (New-Zealand)
Nighat Khan (Pakistan)
Jamal Baig (Delhi)
Brian Edwards (UK)
Saad Shakir
Meera Desai (India)
Brian Edward (UK)
Priya Bahari (UK)
Deven Parmar (India)
Manfred Hauben (USA)
Ml. Geer (India)
J. C. Delumeau (Singapore)
Uma Kant Bajaj
H. Baghri (France)
C. Anton (UK)
Haggar Hilda Amadu
Sandeep Agarwal (India)

Pre-Course Conference Speakers

Priya Bhari, (European Medicines Agency, Pharmacovigilance Department , UK)
Deirdre McCarty, (Quintiles, Benefit Risk Management , UK)
Brian Edwards, (UK)
Jean- Christophe Delumeau, (Singapore)
Anthony wong, (Brazil)
Marco Tuccori, (Italy)
Ian Boyd, (Australia)
Manfred Hauben, (USA)
Deven Parmar, (India)
Andrew Bate, (UK)

List of Participants

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1. Abouelfath, A.
2. Aboukhamis, R. [France]
3. Acharya, R. N.
4. Agarwal, P.
5. Agarwal, E.
6. Agarwal, S.
7. Ahmad, F.
8. Ahmad, J.
9. Ait Moussa, L.
10. Akbar, S.
11. Al Ghufli, M.M.
12. Al-Braik, F.A.
13. Aline, B.A.
14. Alj, L.
15. Alves, C.
16. Ansell, D.
17. Anton, C.
18. Aouinti, I.
19. Ara, R.
20. Arnaud, M.
21. Aronson, J.
22. Ashton, J.
23. Aslam, M.
24. Assemat, G.
25. Bader, G.N.
26. Bagheri, H.
27. Barker, G.
28. Bastos, P.
29. Bate, A.
30. Batel-Marques, F.
31. Bavoux, F.
32. Bedwal, A.
33. Bernard, M.A.
34. Bhargav, R.
35. Biour, M.
36. Blin, P.
37. Bose, D.
38. Bwire, R.
39. Caduff-Janosa, P.
40. Caillet, C.
41. Capogrosso Sansone, A.
42. Caputi, A.P.
43. Carvajal, A.
44. Castela'n-Marti'nez, O.D.
45. Cavalie', P.
46. Cestac, P.H.
47. Chaithra, K.N.
48. Chandler, R.E.
49. Chatzimichailidou, M.M.
50. Chawla, S.
51. Chen, W.W.
52. Cherrah, Y.
53. Claverie-Chau, I.
54. Conort, O.
55. Convertino, I.
56. Cortoos, A.
57. Cutroneo, P.M.
58. D'Cor, N.A.
59. D'Cruz, S.
60. Daghfous, R.
61. Dar, M.A.
62. Dar, P.A.
63. De Torres, M.
64. Delumeau, J.C.
65. Deoras, G.
66. DeVore, L.
67. Dikshit, H.
68. Dodoo, A.
69. Dokania, S.
70. Droz-Perroteau, C.
71. Dua, V.
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81. ElAidli, S.
82. El Karimi, E.
83. Elkarimi, M.E.
84. Engo, B.A
85. Farouk, H.
86. Ferner, R.E.
87. Finocchio, E.
88. Fregeva, S.
89. Gallito, M.
90. Ganguly, B.
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92. Geer, M.I.
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94. Giardina, C.
95. Giorgianni, F.
96. Gupta, S.
97. Hasaligil, A.
98. Hasan, M.Y.
99. Hauben, M.
100. Herdeiro, M.T.
101. Hilgersom, W.J.A
102. Hmimou, R. P073
103. Holder, G.
104. Horowitz, J.
105. Hsieh, A
106. Hung, E.
107. Hyeonwong, K.
108. Hyunjin, K
109. Ientile, V.
110. Iessa, N.
111. Inhye, K.

112. Iqbal, M.J.
113. Ishaq, G.M.
114. Jan, M.
115. Jayanthi, C.R.
116. Johnson, N.
117. Kaehler, S.
118. Kanki, P.
119. Karapetiantz, P.
120. Kastalli, S.
121. Kayembe, N.J.
122. Khan N.M.
123. Khan, A.M.
124. Khan, R.A.
125. Khangura, K.
126. Korkut, Z.F.
127. Krishna, R.M.
128. Kumar, M.
129. Kumar, T.A
130. Kunac, D.
131. Ladhari, C.L.
132. Lair, A.
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149. Mamatha, K.R.

150. Mampunza, M.S.
151. Manjhi, P.K.
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155. Martin Arias, L.H.
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