



AT THE HELM

Jeff Cammisa, chief creative officer

HIGHLIGHTS

Hired Lydia Canizares for post-marketing and talent officer role

Named AOR Daiichi Sankyo's WelChol and for Merck/Schering-Plough's jointly marketing allergy medication

CHALLENGES

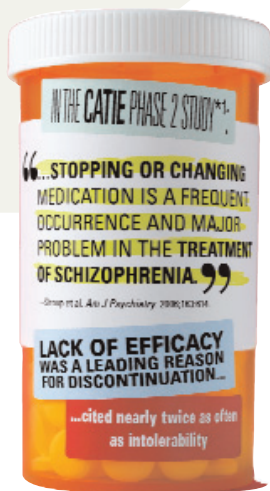
Finding a replacement for former president and CEO Stu Klein

For contact details, service offerings and client roster, see Agency A-to-Z, beginning on page 143

KPR seems to have choogled along reasonably well during its fifth decade of existence

KPR

Currently regrouping, following the departure of CEO Stu Klein



It's hard to get any kind of a handle on the type of year that KPR enjoyed. On one hand, the agency was in the mix for any number of big-brand assignments. On the other, it experienced significant top-level reshuffling and the client/employee musical chairs that usually goes along with such a change.

Former president and CEO Stu Klein left the agency a few months ago, landing at Interpublic Group-owned shop Alchemy as EVP/general manager. In his place, KPR has been run by a combination of former Sudler & Hennessey creative director Jeff Cammisa, chief strategic and marketing officer Robin Roberts and HCG group CEO Denise Bottiglieri. The triad canceled a declined to make itself available for an interview at press time, citing a glut of client and administrative responsibilities.

Before he left, however, Klein painted a picture of a company in transition. Speaking for a profile that ran in the 2006 agency issue of *MM&M*, Klein described KPR as "a work in progress," adding that "everything seems to be coming together in the perfect storm. Or whatever the good version of a 'perfect storm' is. A 'perfect storm' usually does more harm than good."

While he rhapsodized about "the birth of a truly new KPR," he acknowledged some discontent. "Like with

anything else, there are people willing to get on board and people who aren't," he said then.

In the wake of the restructuring that prompted Klein's comments, KPR seems to have choogled along reasonably well during its fifth decade of existence. According to reports first published elsewhere, the agency scored wins from clients old and new in 2006.

Schering-Plough and Merck tapped the firm as AOR for a jointly marketed allergy medication, while Daiichi Sankyo did the same for its cholesterol treatment WelChol. KPR was also said to be working with Duke University's medical school on a cardiology program, Forest Labs on the revamp of its Armour Thyroid Web site, and Organon International on a new hormone therapy. KPR reportedly won the US and global launch assignment for OrthoNeutrogena's soft-tissue dermal filler and a joint Centocor/Schering Plough rheumatoid arthritis therapy. It is unclear whether any or all these accounts remain with KPR.

The firm's area of expertise includes many of the usual suspects: asthma and allergies, central-nervous-system disorders, cardiovascular medicine and diabetes. According to reports, KPR sought to expand its experiential breadth in 2006, working on a Bristol-Myers Squibb cytotoxic positioning effort. As of late last year, the company's Healthcare Consultancy Group network counted access to nearly 50 MDs, PhDs and PharmDs.

On the personnel front, KPR created a new post-marketing and talent officer—to better compete for prime people in a difficult environment. The post was



Left: Self-promotion advertisement for KPR
Top left: From a journal ad for Janssen that raises awareness of the Catie 2 comparison study of schizophrenia treatments

filled by Lydia Canizares, who also handles training programs as part of her role. The firm currently employs somewhere in the neighborhood of 130 staffers.

Before his departure, Klein expressed caution about running up this total unsustainably high, though he expressed a desire to get into the 150 range. "I've seen agencies go from 50 to 150 in no time at all, and just about all of them fall back to 75 or 100. It's not pretty," he quipped.

KPR's services mix remained relatively consistent during the last 12 months. Ninety percent of its efforts involve professional communications, while the remaining 10% is devoted to patient/caregiver communications. —Larry Dobrow