Welcome to the March 2022 News

Delivering the membership benefits to you

Ensuring you know what's on offer

Welcome to the EPHMRA March 2022 News

Contents

Member News

Agency Members can include one piece of News for free: 50 words max (increased from 30 words) plus photo/logo.

Member Articles

In addition we encourage companies to submit articles for publication – these can be on any topic you think the EPHMRA audience would find interesting. There is no charge for these articles but it's an offer only available to Agency Members of EPHMRA.

Each article can be one A4 page long (full page) and supplied ready formatted as follows:

No bleed	297mm x 210mm
With bleed	307mm x 220mm
Type Area	277mm x 190mm

Resolution/Artwork - If using photoshop or software dependent on resolution please ensure that it is set at the correct size and that the resolution is set to no less than 300dpi. Finished artwork needs to be supplied in CMYK with embedded fonts, or text should be converted to outlines/paths and supplied as an EPS. Print quality PDF files are also acceptable. PLEASE NOTE: We cannot be held responsible for any misprint, if fonts are not embedded/converted and the file is not in CMYK.

System - Apple Mac

Programmes - Quark Xpress, Adobe Illustrator, Freehand, Adobe Photoshop

File formats - Graphics should be supplied (CMYK) in the following formats EPS, TIF, JPEGS and Print Quality PDF files.

Copy Deadline

For the June 2022 News -
Copy deadline is 15 April 2022
Send to generalmanager@ephmra.org
www.ephmra.org

Get in touch

If you have any enquiries, suggestions or feedback just email us: Bernadette Rogers, General Manager
Email: generalmanager@ephmra.org

Meet the
EPHMRA Board

Who are your representatives on the board?

Karsten Trautmann
Merck KGaA
Board Industry Member
President

Thomas Hein
Thermo Fisher Scientific
Board Industry Member
Past President

Gabi Gross
Thermo Fisher Scientific
Board Industry Member

Richard Head
Research Partnership
Board Agency Member

Xander Raijmakers
Eli Lilly Nederland BV
Board Industry Member

Nicola Friend
AstraZeneca
Board Industry Member

Richard Hinde
Norgine
Board Industry Member

Stephen Potts
Purdie Pascoe
Board Agency Member

Marcel Slavenburg
SKIM
Board Agency Member

Carolyn Chamberlain
Blueprint Partnership
Board Agency Member

Amr Khalil
Ripple International
Board Agency Member

2022 AsiaPac Conference

EPHMRA is delighted to announce we will be holding an AsiaPac focussed online event in 2022 – this conference will be a deep dive into topics relevant to healthcare market research and business intelligence in the region.

Interested in presenting at the conference? Then read on and find out more.

Dates to Note

The conference will take place on 18 and 19 October 2022 and will be held each day starting at 8am UK time (that's 17.00hrs Japan time) to 12 noon UK time (21.00hrs Japan time).

Synopsis Submission deadline: 14 March 2022 – submit online here: https://www.ephmra.org/ephmra-event-paper-submission-form/

Convenors:

It is great to announce our Convening Group – all with extensive experience in the region.

- Otto Tsang, Director, Regional Insights & Analytics, APAC, Healthcare Business of Merck Biopharma
- Marc Yates, Senior Director, Asia Pacific & Emerging Markets, Research Partnership
- Pieter De Richter, Head of APAC/MENA Syndicated Real World Evidence Healthcare, Ipsos Kuala Lumpur
- Stephen Potts, Director, Purdie Pascoe

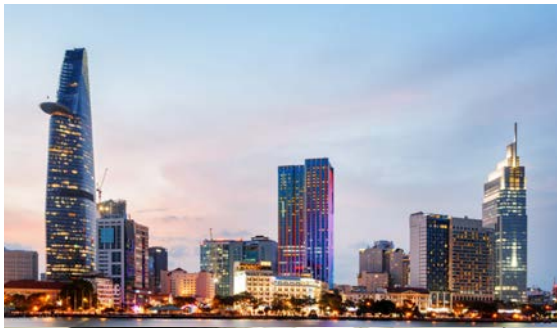
What Papers are we Looking for

We are looking for papers that focus on the following topics and case studies are also welcomed. Please have a think to see if you can submit a joint case study synopsis – involving both an industry speaker and an agency - case studies are great as they provide context and bring that market to life. But if you have an idea for a different topic then also feel free to submit that!

Please ensure that in your submission you state the countries your paper will cover – we are looking for papers to be country or groups of country focussed rather than general about the region.

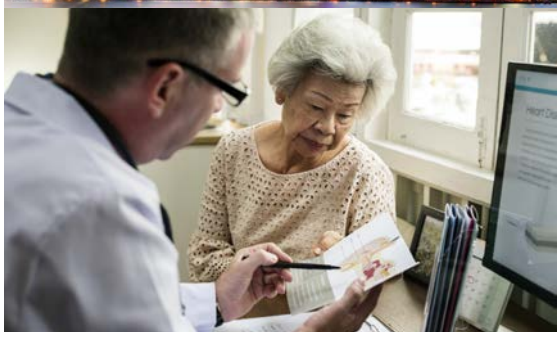
1. Emerging Asia

In 2020, Vietnam was Asia's best performing economy and companies are looking to Vietnam and other emerging Asian economies, such as Indonesia, Thailand, the Philippines and Malaysia to drive growth in the region. We are looking for papers that help us understand the nature of the opportunities in these countries, the idiosyncrasies of their healthcare systems and how to conduct impactful market research.



2. Market Access and Patient Accessibility

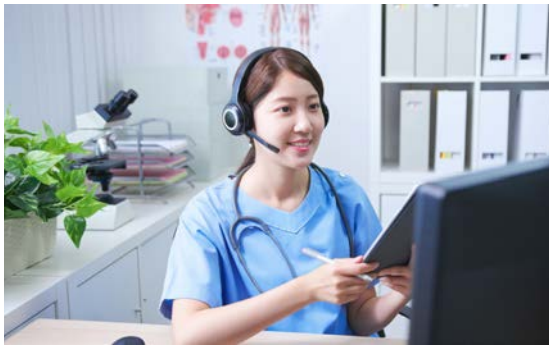
The market access challenge is different in every country in Asia, ranging from those with well-funded reimbursement systems, such as Japan and Taiwan, to those heavily reliant on patient self-pay, such as Vietnam and Indonesia. We are looking for papers that bring this market access challenge to life and showcase examples of great work that have helped our industry get the right medicine or device/test/intervention to the right patient at the right time.



It would be great here to focus on some specific therapy areas eg. oncology or vaccines as these are growth areas for the region or even look at the evolving role of private insurance, which is growing rapidly in places like China. These are just examples – feel free to suggest other areas as well.

3. Digital Transformation

COVID-19 has transformed the way that we communicate (and that includes markets in the region that have in the past been quite resistant to embracing digital health platforms). What opportunities and challenges exist for our industry as we seek to engage doctors digitally? And to what extent are HCPs and patients open to TeleHealth? We are also keen to address the impact of omnichannel communications, understanding how the model will work going forward and what is the role of the Sales Representative in this hybrid model.



4. Patient Empowerment

In many parts of Asia, the relationship between patient and doctor has traditionally been very one-sided, with little involvement of the patient in treatment decisions affecting their health. With increased access to information through online channels, increased awareness of the importance of personalised medicine, increased patient empowerment through patient advocacy groups, and increased personal ownership of data through connected health tools, this balance is rapidly shifting. How can our industry help further amplify the voice of the patient, and how do we ensure we accurately capture and represent patient attitudes, opinions and unmet needs?

We also need to consider the impact and direction of travel of patient empowerment and what it means for specific brands ie are patients increasingly asking for specific brands and if they are, where do they get their information from and if they do request a specific brand how does the HCP respond? Another topic are might be the impact of patient empowerment on adherence and duration of therapy – this is a hot topic for pharma.

Speaker Information

Number of Speakers: EPHMRA accepts 2 speakers per presentation submission. Panels, debates can feature more speakers of course and this needs to be highlighted in your submission.

All speakers need to feature on the submission form here: https://www.ephmra.org/ephmra-event-paper-submission-form/

Registration

All speakers are able to attend their speaking session for free but will need to register and pay to attend the whole event.

Registration fees

The conference registration fees will be:

- 1500 euros for an unlimited attendance ticket – enabling everyone in one member company to attend
- 500 euros for an individual single ticket attendance (no ticket sharing)

Papers will:

- be presented in English
- be presented using the EPHMRA conference PPT template, which will be sent following acceptance onto the programme
- have a speaking slot of 20-25 minutes + 5 minutes for Q&A

You will receive more details in the Speaker Guidelines which we will email to those who get a speaking slot.

Tips for a Successful Submission

A successful paper:

- Is thought provoking, innovative, forward looking or controversial in nature
- Offers solutions and recommendations based on the problem addressed
- Demonstrates how a specific process, technique or approach can impact on the business
- Is appropriate to an international audience with a focus on the region.

It is assumed that all presenters have ensured that permission has been obtained from clients or other third parties to present the information (this includes, music, drawings, visuals etc.) contained in the paper and/or the final presentation. The presenters will indemnify ephmra and will ensure that ephmra is not held liable for any claims from clients or other third parties incurred by the author's failure to obtain permission to use information. The authors should also be sure there is no infringement upon the copyright, right of use or any other right of intellectual property under any circumstances.

PLEASE ENSURE:

- You give a clear and detailed picture of the intended full paper to enable judgement of the quality of the final presentation output.
- Outline the main argument to be put forward, describe the case study and/ or data which will be used to support the argument, present the major findings or conclusions and list any published papers which will be referred to.
- State clearly the key take away messages from your paper – what will the audience be able to do differently when back in the office.

Submit your speaking ideas synopsis online by 28 February 2022. A receipt should be received by email within 2 working days - if not then please contact ephmra to check if the document has been received. This is very important as each year at least one submission is not received by EPHMRA and the authors did not follow up to enquire about receipt. If you are submitting supporting files, then please ensure that you indicate on your submission (and in your email) what you are proposing to send, so that you are proposing to send, so that we can be sure to tie up your submission.

5. What Happens After You Submit

The submissions are all formatted and then evaluated by the Programme Committee. In October - we contact you about the Programme Committee's decision.

There are 3 possible outcomes:

1. Acceptance onto the programme (with or without revisions)

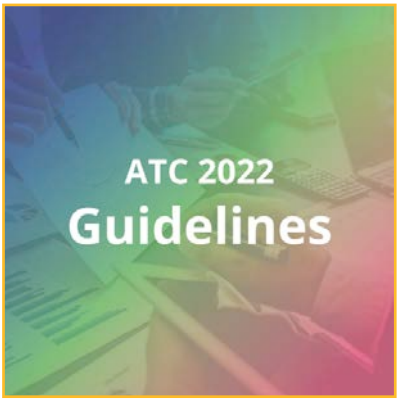
2. A 5 minute telephone 'pitch' to the meeting Convenors to provide further detail on your submission and 5 minutes for questions. The zoom meetings will be 10 minutes and will be arranged at 15 minute intervals: 5 minutes pitch time and 5 minutes for questions.

3. Your submission not being accepted onto the programme, with some guidance on why this decision was reached.

Contact with any questions
Bernadette Rogers, General Manager on generalmanager@ephmra.org

Committees

ATC Classification



https://www.ephmra.org/classification/anatomical-classification/

The Anatomical Classification of Pharmaceutical Products has been developed and maintained by the European Pharmaceutical Marketing Research Association (EPHMRA) and is therefore the intellectual property of this Association. EPHMRA's Classification Committee prepares the guidelines for this classification system and takes care for new entries, changes and improvements in consultation with the product's manufacturer.

The contents of the Anatomical Classification of Pharmaceutical Products remain the copyright to EPHMRA. Permission for use need not be sought and no fee is required. We would appreciate, however, the acknowledgement of EPHMRA Copyright in publications etc.

Users of this classification system should keep in mind that Pharmaceutical markets can be segmented according to numerous criteria.

Introduction of NFC Classification

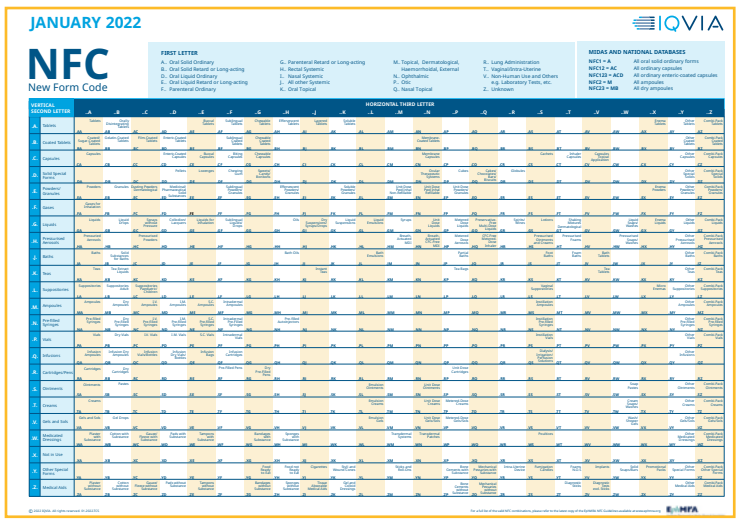
The THREE LETTER CODE (TLC) was introduced as a dosage Form Code in the audits during the middle of the 1960s.

A large number of new dosage forms have appeared since that time and it was considered that revision of the system was required in order that a unified, worldwide classification could be developed. The Annual General Meeting of EphMRA in 1984 decided to create a Working Party to discuss suggested improvements to the classification, and members were appointed from representative countries and IMS. This group based their work upon proposals which were already under consideration between some members and IMS.

The result of the Working Party deliberations was the NEW FORM CODE (NFC) which was accepted for worldwide introduction at the 1985 AGM of EphMRA. At that meeting it was also agreed that the New Form Code Committee should assume responsibility for further improvements and development of the NFC in addition to the allocation of correct codes.

You can also find on the web site the 2022 NFC files: https://www.ephmra.org/classification/new-form-codes/

NFC Guidelines 2022



NFC Guidelines

NFC Summary of Changes

NFC Summary of Class Changes

NFC Poster

Learning & Development Committee

Thanks to the fantastic support from our LDC members – delivering training webinars and programmes. Interested in joining this group then please do get in touch – generalmanager@ephmra.org

Name	Company
Marcel Slavenburg	SKIM
Alexander Rummel	Aurum Research
An-hwa Lee	Research Partnership
Jana Rueten	M3 Global Research
Stefanie Foerster	Janssen
Lara Lucchese	BMS
David Twinberrow	Genactis

Objectives

The Committee supports the international healthcare research community and strategically underpins EPHMRA's aim to inspire and empower members to influence decision through expert advice and insights to help drive business performance to gain competitive advantage.

Specifically the Committee is:

- Setting the gold-standard
- Meeting the needs of the evolving skills set
- Delivering training and opportunities for best practices
- Supporting ongoing development

2022 Conference – 21-23 June

Registration for our 2022 Conference – online in June is now open. https://www.ephmra.org/events-training/events/2022-annual-conference/

Take advantage of the early bird registration fees:

Members:

1. Industry fees: Early bird fee – till 31 March 2022

- Ticket – unlimited company attendance – 2500 euros
- Individual ticket – no place sharing – 500 euro

2. Agency member fees: Early bird fee – till 31 March 2022

- Ticket – unlimited company attendance – 2500 euros
- Those with agency memberships in the category: up to 15 executives – unlimited company ticket 1000 euros
- Individual ticket – no place sharing – 500 euros

After the early bird fees with increase by 30%

Programme – take a look at the fantastic line up of speakers and papers.

EPHMRA is pleased to announce the outline programme for the 2022 online Conference – take a look at the fantastic agenda and speakers we have on offer. The topics cover cutting edge topics which are highly relevant to our industry.

Day 1 – 21 June

AGM

10.30 – 11.15 – Join us for the AGM (Annual General Meeting) online to get an update on what's been happening across the Association, an update on membership and plans moving forward.

Conference begins at 12.00 UK time

UK times quoted	Convenor	
12.00 – 12.15		Conference Opening – Karsten Trautmann, Merck KGaA and EPHMRA President
12.15 – 13.00	Amr Khalil, Ripple International	Opening speaker (45 minutes incl Q&A)
13.00 – 13.15		Break
		Topic Focus: Patients
13.15 – 13.45	Georgie Cooper, Basis Health	**Paper 1:** Untangling patient journeys: From theory to practice Speakers: Ana Edelenbosch and Melissa Félix Figueroa SKIM and Boehringer Ingelheim
13.45 – 14.15	Amr Khalil, Ripple International	**Paper 2:** Obesity: An Empathy Blind Spot Speakers: Lucy Neiland and Mark Pritchard Ipsos MORI and Johnson & Johnson Medical
14.15 – 14.30		Break
14.30 – 15.15	Elizabeth Kehler, Adelphi Research	**Paper 3:** As an industry are we capturing the full, diverse patient voice? Panel Discussion Speakers: Ines Canellas-Jager and Sophie Wintrich Hall & Partners & MDS Patient Support
15.15 – 15.45	Georgie Cooper, Basis Health	**Paper 4:** Patient meets market researcher – when two worlds collide Speaker: Jemma Reast Ipsos MORI
15.45 – 16.15	Tracy Machado, Phoenix Healthcare	**Paper 5:** Living with Head and Neck Cancer: How digital ethnography was used to capture the individual and shared experiences of cancer Speakers: Mandira Kar and Lara Lucchese Research Partnership and Bristol Myers Squibb
16.15 – 17.00	Stephen Potts, Purdie Pascoe	**Discussion:** Digital Health: India and China's transformation and adaption of various healthcare services, the digital way! Panel Discussion Priya Jain from Velocity Healthcare + one other speaker
17.00 – 17.15		Day 1 Conference Closing

Day 2 – 22 June

Conference begins at 12.00 UK time

UK times quoted	Convenor	
12.00 – 12.15		**Conference Day 2:** What's Coming Up Today
12.15 – 13.00	Sarah Phillips, IQVIA	Opening speaker (45 minutes incl Q&A)
13.00 – 13.15		Break
		Topic Focus: Analytics and Forecasting
13.45 – 14.15	Erik Holzinger, groupH	**Paper 7:** Forecasting Sarah Rickwood, IQVIA
14.15 – 14.45	Elizabeth Kehler, Adelphi Research	**Paper 8:** Passive tracking among Doctors: Scaling passive monitoring and getting the most out of big data Speakers: Elizabeth Bradley and Ana Claudia Alvarez Ipsos MORI and Sanofi Regeneron
14.45 – 15.00		Break
15.00 – 15.30	Erik Holzinger, groupH	**Paper 9:** Forecasting Paper
15.30 – 16.00	Erik Holzinger, groupH	**Paper 10:** Forecasting Paper
16.00 – 16.30	Sarah Phillips, IQVIA	**Paper 11:** Understanding UX of A Breakthrough App Designed to Restore Dignity to the Aged Speakers: Maria Huab and Rob Weisner Civicom and 2Europe International Market Research
		Day 2 Conference Wrap Up – Elizabeth Kehler, Adelphi Research

Day 3 – 23 June

Conference begins at 11.00 UK time

UK times quoted	Convenor	
11.00 – 11.15		Conference Day 3 – What's Coming Up Today
11.15 – 12.00	Carolyn Chamberlain, Blueprint Partnership	Opening speaker (45 minutes incl Q&A)
12.00 – 12.30		Break
		Topic Focus: Analytics
12.30 – 13.00	Tracy Machado, Phoenix Healthcare	**Paper 12:** Project delivery vs. panel health Speakers: Tom Pugh and Matt Shepherd M3 Global Research
13.00 – 13.30	Carolyn Chamberlain, Blueprint Partnership	**Paper 13:** The big promise of AI: Can computer led analysis replace human analysis and interpretation to get faster and deeper insights? Speakers: Ann-Kathrin Bopp and Christoph Petersen Roche Pharma AG
13.30 – 13.45		Break
		Topic Focus: Behavioural Science
13.45 – 14.15	Roy Rogers, Research Partnership	**Paper 14:** Habit Loop, Reimagined: A Novel Method for Uncovering the Drivers of Physician Treatment Decisions at the Speed of Medical Decision-Making Speakers: Jeff C. Brodscholl and Robert Egerton Branding Science and Bristol Myers Squibb
14.15 – 14.45		**Paper 15:** Incorporating Longitudinal Repeated Measures in a Real-World Evidence Methodology to Prove Workflow Efficiency Gains Speakers: Victoria Barnosky and Amanda Bruemmer SuAzio and GE Healthcare
14.45 – 15.00		Break
15.00 – 15.30	Roy Rogers, Research Partnership	**Paper 16:** From Adherence to "Adhesion": measurements, actual pitfalls, and future options Speakers: Michele Spinetta and Daisy Lau Menarini Farmaceutici and SKIM
		Topic Focus: Innovation
15.30 – 16.00	Tracy Machado, Phoenix Healthcare	**Paper 17:** How to use a longitudinal agile patient panel to get hands-on patient insights on a rare chronic disease with unpredictable acute outbreaks Speakers: Ramona Schmidt and Bors Hulesch Boehringer Ingelheim and Brains & Cheek
16.00 – 16.30	Stephen Potts, Purdie Pascoe	**Paper 18:** The future is already here: How to find the Edge in Strategic Innovation Speakers: Hannah Osborn and Eduardo Manso Del Valle Vox.Bio and Omron Healthcare
16.30 – 16.45		Day 3 Conference Closing – Karsten Trautmann, Merck KGaA and EPHMRA President

A huge thanks to our Conference Steering Committee for planning and steering the fantastic content for our event.

Elizabeth Kehler
Managing Director
Adelphi Research

Georgie Cooper
Partner
Basis Health

Carolyn Chamberlain
Commercial Director
Blueprint Partnership

Erik Holzinger
Founder & Director
groupH

Roy Rogers
Director
Research Partnership

Sarah Phillips
VP, Practice Lead,
IQVIA

Tracy Machado
Director
Phoenix Healthcare

Stephen Potts
Director
Purdie Pascoe

Amr Khalil
Managing Director
Ripple International

UK One Day Meeting – 26 April

The 2022 UK Chapter meeting will be held as an in-person meeting in London on Tuesday 26 April 2022. Why not join us – we have over 70 delegates attending and fantastic support.

Just one exhibition booth left for our meeting - why not book that spot and join your exhibitor colleagues:

- Blueprint Partnership
- Cello Health
- Creation
- Origins Insights
- Threadline

A BIG thank you to our Convenors for the 2022 UK Chapter meeting who are:

Alex Marriott
Cello Health

Anna Garofalo
Janssen

Gayle Hughes
Pfizer

John Grime
Strategic North

Our meeting will focus on **"The future for MR is bright - how market research is adapting to a rapidly changing landscape."**

Exhibitors:

Take a look at the fantastic speakers and papers we have planned for the day:

09:30-10:05
Session 1: Keeping the Show on the Road

Speakers:
Hannah Osborn, Head of Market Research and Alice Welch, Research Executive, Vox.Bio

Convenor: Anna Garofalo

Hannah Osborn,
Head of Market Research
Vox.Bio

Alice Welch,
Research Executive
Vox.Bio

Paper Overview

Restrictions imposed by the COVID-19 pandemic forced the need for adaptation within market research to more online / remote ways of conducting research and collecting insights. We will discuss how innovative, exciting autoethnographic techniques, easily conducted within the home environment, should be here to stay post-pandemic.

We will provide an overview to autoethnography and the application and benefit of conducting this research within the home setting. Aside from the clear safety benefits of these techniques during the pandemic (i.e. patients who were potentially shielding / isolating), the benefits of these autoethnographic methodologies still stand regardless of societal/ travel restrictions. For example, patients who are unwilling or unable to travel due to ill health or remote locations can still participate in research. This means that clients can access a wider audience / geographical reach in turn lending to a more representative and diverse sample population.

We will describe a toolkit of different 'autoethnography' strategies and techniques that can be used to enhance market research from within patients' home environments, using case studies to

demonstrate the benefits of each to both the client and patients:

Online communities: Collection of data on patients' personal experiences/ thoughts / feelings through a variety of activities and exercises i.e. image uploads, video diaries, letter writing. These personal touches provide rich, in-depth insights and provide a more honest view of patient's needs and experiences. Not only do these activities help with patient engagement, the sharing of their own personal experiences mean that these communities also organically become a support network for patients.

QR codes: Use of QR codes that are placed in locations / objects in the home that have relevance in the day-to-day life for patients (i.e. kettle, bathroom mirror).

10:05-10:40
Session 2: Towards a more diverse patient perspective: best practices for more inclusive patient research

Speakers:
Anne-Sophie Lenoir, Director, Branding Science and Ranj Hayre, Senior Project Manager, Just Worldwide

Convenor: Alex Marriott

Anne-Sophie Lenoir,
Director
Branding Science

Ranj Hayre,
Senior Project Manager
Just Worldwide

Paper Overview:

Objectives of the paper: We aim to raise awareness about the importance of diverse patient samples and inclusive study design for decision-making. Considering the needs of a broader range of patients when developing products and communication materials can improve adherence and patient outcomes. We argue that researchers should strive to engage patients regardless of education, health literacy, age, native language, socio-economic status, sexual orientation, gender identity, or ethnic background. They should also aim to design more inclusive studies that are suitable for a broader patient population. This has several methodological and practical implications, which we will discuss in this presentation. We will share best practices for inclusive recruitment, research design, and analysis, and address implications for industry companies. We will use blinded case studies to provide examples of the challenges and mitigation strategies discussed.

Sample diversity and inclusive study design are essential to gather representative data and ensure healthcare companies can develop products and design communications that meet all patients' needs: lack of diversity considerations could degrade results and lead to suboptimal decision-making.

Leveraging a range of innovative recruitment strategies and access points can help with achieving more diverse representation in patient samples, while designing screeners and recruitment approaches with inclusivity in mind will ensure patients from underrepresented groups are not inadvertently screened out.

Market researchers should be deliberate about designing inclusive studies by selecting methodologies that are suitable for a larger proportion of patients, offering alternative response formats where appropriate, optimising stimuli, and ensuring analysis processes factor in key patient characteristics.

11:00-11:35
Session 3: Understanding the clinical trial journey for Investigators and Patients to deliver a more positive experience

Speakers:
Jeet Uppal, Senior Director, BMS and Neil Van Der Linde, Associate Director, BMS. Paper will also be supported by Kirsty Pegram, BMS.

Convenor: John Grime

Jeet Uppal,
Senior Director
Bristol Myers Squibb

Neil van der Linde,
Associate Director
Bristol Myers Squibb

Paper Overview

Objectives of the paper: By better understanding the current clinical trial experience of US oncology investigators and support staff as well as patients

and caregivers we identify key opportunities to make pharmaceutical manufactures better partners and deliver a more positive experience

To improve the Clinical Trial Journey for the sites the following pain points needs to be addressed: - Burdensome Protocols & Consents - Multiple Systems/ Duplication of Effort - Communication Overload - Frustrations with CRO Staff - Internal Roadblocks

To improve the Clinical Trial Journey for patients and caregivers various pain points are prevalent during each stage of the journey and the research addressed opportunities at each stage. These ladder up to the following overall unmet needs at each stage: - Pre-trial activities: Participants need help cutting through the clutter of materials as they make urgent decisions under emotional duress - Trial Duration: Opportunity exists to streamline participant routines and help them feel connected - Trial Closure: The end of the trial can leave participants feeling like an afterthought

Clinical trials have various stakeholders who have their own specific unmet needs and pain points during each stage of the journey and pharmaceutical manufacturers have an opportunity to partner with these stakeholder groups to ensure a more holistically positive experience for everyone involved.

13:15-13:50

Session 4: Virtual Reality in Healthcare: Understanding the art of the possible

Speakers: Chloe Cangardel, Principal, Ipsos Strategy 3 and Fran Ayalasomayajula, Digital health technologist and strategist

Chloe Cangardel, Principal Ipsos Strategy 3

Fran Ayalasomayajula, Digital Health Technologist and Strategist

Paper Overview:

- Overall state of the technology area – where we are seeing activity from your peers and competitors
- VR beyond healthcare, snapshot of current activity that's driving movement in healthcare
  - i.e. plummeting cost of hardware, increasing functionality, increasing use in consumer spheres
- Double click on specific use cases:
  - Diagnosis
  - Surgical/intervention planning
  - Education for clinicians and patients
  - VR as DTx, esp in combination with existing treatment modalities
  - Drug research and discovery

13:50-14:25

Session 5: Today's Dynamic Healthcare environment deserves Brave New Thinking – The Role and Profile of PMR – how is it changing and what is the future – views from a collection of Pharma Insight clients

Speakers: Carolyn Chamberlain, Commercial Director, Blueprint Partnership and Yvonne Engler, VP, Bayer

Convenor: Anna Garofalo

Carolyn Chamberlain, Commercial Director Blueprint Partnership

Yvonne Engler, Vice President Bayer

Paper Overview

Objectives of the paper: We will recruit 8-10 global Pharma insights buyers to participate in a Swarm AI session where we'll ask them key questions surrounding the future of PMR, how it is evolving, their predictions on the future, value to medical, clinical and commercial teams; including strategies for engaging the patient. The group of 'experts' will work together to answer at an individual level; and then together to arrive at a negotiated answer. We'll share all of the findings with the delegates and to take this a step further we'll include a fireside chat between Carolyn Chamberlain and Yvonne Engler at Bayer.

SWARM is a digital tool applying the power of AI to groups interacting online to optimise insights, forecasts and assessments. It leverages true collaboration to arrive at shared decisions and preferences, revealing optimal solutions Traditional approaches tend to identify the 'average' or the plurality/majority answer. With SWARM, participants work together in an interactive dynamic system and their decision is derived from how they behave as a system, taking into account the relative level of certainty of each participant. These group of insight experts will work together using a powerful swarm platform for all delegates to observe.

Swarms make better predictions, leveraging the ability of the full group. So we'll test this and provide agile answers based on the group of insight buyers/ experts - again enabling for all delegates to observe.

To take the research a step further, we'll then discuss the findings with the VP of Commercial Insights at Bayer and explore her thoughts on the data and her views on the future of PMR.

14:45-15:20
Session 6: How turbo-charging segmentation studies with behavioural science can pay dividends

Speakers: Rhiannon Phillips, Senior Behavioural Scientist, HRW and Katy Irving, Global Head of Behavioural Science, HRW

Convenor: Gayle Hughes

Rhiannon Phillips,
Senior Behavioural Scientist
HRW

Katy Irving,
Global Head of
Behavioural Science
HRW

Paper Overview

Objectives of the paper: To demonstrate, through interactive and compelling case studies, how secondary behavioural science analysis of existing market research data turbo-charges segmentation studies through the development of robust hypotheses that inform research design to tease out hidden behavioural influencers.

Reviewing clients' existing raw data and research to ground segmentation design in the knowledge they have already established is a great way to kick start a project. By applying a behavioural science lens to understanding market dynamics and customer behaviour it adds another dimension that pays dividends across the life span of the project. - Behavioural science's unique lens during this phase of the project enables the development of informed hypotheses to explore how the same factors could create different responses, or even no response, in different audiences.

Drawing on the behavioural science insights gathered at initiation by using them to directly shape survey design, means questions can be developed that specifically draw out behavioural influencers often invisibly influencing behaviour. - By shining a light on how these cognitive biases and emotional influencers are impacting different segments or personas in varying ways a fuller, richer understanding of target audience behaviour is gained.

Once gathered, these insights drawn from questions designed to access unseen behavioural influencers and identify how they are influencing different segments can then be blended with insights from the core research approach to generate enriched, behaviourally informed tangible, targeted, actionable recommendations.

Germany Chapter meeting – Online for 2022

It's great to announce the 11th Germany Chapter meeting for 2022. This will be an online meeting over 2 days:

12 May from 12 noon – 4pm UK time and 13 May 9am – 12 noon UK time.

Our convenors have reviewed market trends and feedback from the 2021 Germany meeting as well as looking at the industry landscape and challenges faced amongst our colleagues.

We are currently working on the agenda which will be announced soon.

Registration is now open - the fees are shown in the registration form - 205 euros per person. The early bird fee closes on 22 March after which the ticket price will increase by 75 euros. There are currently no places available for non member companies but a wait list can be offered.

The meeting is held almost entirely in German with no translation available.

A BIG thank you to our convenors for developing and steering the programme and meeting structure:

Katja Birke
Managing Director
Produkt +Markt

Yannick Rieder
Manager Market Research
& CI
Janssen-Cilag GmbH

Bianca Lücker
Research Executive
Point Blank Research
& Consultancy

At the meeting in May the Convening Group will also be joined by Barbara Lang, Managing Director of Point Blank Research

Get a flavour of the agenda:

Day 1: 15.25

Why not join us for a Panel Discussion on Social Listening – Convened by Katja Birke, Managing Director, Produkt +Markt and Barbara Lang, Managing Director, Point Blank Research

Our expert panel includes: Yannick Rieder, Janssen-Cilag along with Christophe Petersen from Roche and Stefan Maas of Ipsos GmbH.

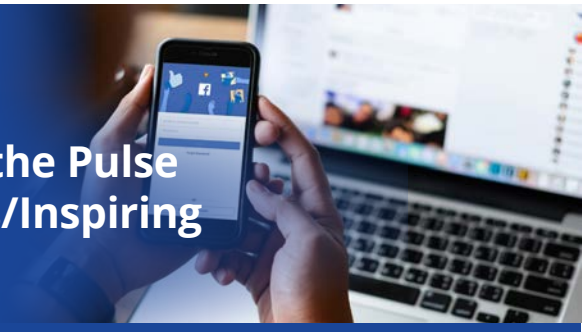
Day 2:

Unboxing insights along the Customer Journey - Jessica Schomberg, Senior Research Consultant & Innovation and Christiane Bernsen, Division Director, Produkt + Markt.

Behavioural audit: How post-hoc analysis can uncover hidden drivers of behaviour in existing data - Anne Sophie Lenoir, Director and Catharina Prott, Senior Research Analyst, Branding Science.

EphMRA Online event - 1 February 2022

Social Listening in Pharma: Taking the Pulse of Patients and Digital Stakeholders/Inspiring Approaches and Best Practices



Speaker: Yannick Rieder, Janssen-Cilag GmbH

Convenor: An-hwa Lee, Director, Research Partnership

In his webinar presentation to EPHMRA, Yannick Rieder of Janssen-Cilag GmbH focused on social listening within the context of two different approaches, emphasising the complementary insights that it can offer compared to traditional interview-based market research methods.

What is social media?

Social media is real and is part of our reality.

Social media content is representative of more than just social media users. The topics that are discussed via social media are also relevant to those who are passive or not active on social media.

Social media content underlies different biases. Users are aware that they are discussing things publicly and this influences the way that they act.

What is social listening?

Social listening is a broad concept that is based on the observation of behaviour. It can involve:

- Patient listening, which is the most popular form of social listening in healthcare research. Patients are very active on social media where they discuss their diseases and treatment as 'experts', offering information to others. Patient listening is topic and community-focused and patient communities need to be identified before starting research projects, so that 'noise' and fake news can be rejected. Social media provides the tools to communicate with patients and a programme is needed for each patient forum in order to crawl the information efficiently.
- Stakeholder/account listening, which focuses on professional accounts, output from politicians and journalists, Twitter and press office communication from organisations i.e. people who are talking about and shaping the healthcare industry.
- HCP monitoring can also be carried out but this currently offers few opportunities as most HCPs are on closed platforms in Europe. If they are active, they often use social media as a platform to promote their practices.

Patient listening

Yannick outlined a Janssen project that used social listening to obtain feedback from German-speaking IBD patients. The objective was to 'close the loop' by getting closer to patients directly, rather than the usual approach via advocacy groups, in order to add value to existing offerings, find USPs and improve the patient/HCP relationship. Social media was used to obtain details on the daily lives of the patients, the topics that interested them and the queries that they had, with the aim of closing the information gap by providing answers to their questions i.e. knowing what was going on and being part of it. Visual content, such as on Instagram, was blurred to get the impression of what patients were saying, rather than including personal detail.

Quant analysis of 3-4K mentions per quarter was carried out across three main categories: therapy, coping with everyday life and information needs. This was summarised in a quarterly living report so that it could be seen how topics evolved dynamically over time i.e. when a topic was relevant, it stayed in the report. The quant analysis was then adopted into an editorial plan to show the priority topics for patients, which included:

- What engages patients.
- Current trends and life-hacks.
- Seasonal topics
- Any special patient needs.
- Competitor social media benchmarking.

The insights gained through social listening were turned into actions including:

- The launch of a Spotify podcast channel to provide information for patients, with a series of podcasts based around a topic e.g. pregnancy and IBD.
- Adapting the look and feel of Instagram to get closer to patients.
- Providing an up-to-date and measurable FAQ section on Janssen's website, including questions that patients had in connection with Covid-19 and their treatment.

Stakeholder listening

Janssen carried out a stakeholder listening project that looked at the official accounts of around 300 stakeholders, including politicians, press officers, NGOs and associations, to track everything that they published on healthcare topics. Everything pharma-related was monitored and cross-matched with key words in specific topics, such as benefit assessment, pricing and digital health. Through this, it was possible to understand which stakeholder was talking about a particular topic, for example:

- Journalists talking about digital health e.g. helping or curing patients with depression.
- Government representatives talking about how real-world data can support the development of antibiotics and reduce side-effects.

A dashboard was then prepared that was released to relevant Janssen team members with nothing filtered out to enable in-depth analysis of the findings and more effective positioning with stakeholders. A monthly newsletter has also been produced to raise awareness of this information and this is sent out to nearly all of the Janssen team so that everybody is aware of new trends, interesting topics and comments from stakeholders.

Key takeaways

- There are a number of advantages of social listening over primary market research. It can provide real-time data in a fast and cost-effective way, adding another angle to observations.
- Patient listening can be carried out to obtain information on the patient journey, how relevant topics are among patients and how channels are performing.
- Stakeholder listening can be used to observe political positioning, agenda-setting and the prioritisation of topics, as well as new topics coming up. Everything these stakeholders say is relevant.
- HCP listening currently provides limited added value but this may become more important in the futur

research partnership

What does the future hold for Light-chain Amyloidosis?

Harrison Gaiger Marketing Manager, Research Partnership

Recent advances in the understanding and treatment of Light-chain (AL) Amyloidosis, including the availability of biomarkers and novel therapies, are reforming pharma's approach to the management of this rare disease and giving physicians new options to treat their patients. With a new standard of care rapidly developing, what does the landscape look like?

Amyloidosis is a group of rare, serious conditions caused by the abnormal folding of amyloid proteins that build up in tissue throughout the body. The accumulation of these insoluble deposits causes organs such as the heart, kidneys, stomach, and liver to thicken which then leads to organ toxicity, irreversible damage, and dysfunction that can ultimately be fatal.

With a protracted and often difficult patient journey, little is still known about the burden of AL amyloidosis on health-related quality of life, because it is a complex disease with a variety of clinical manifestations. Physicians we've asked, report the kidneys and heart are the most commonly involved organs and that just over a third of patients also have multiple myeloma. Depending on the tissues and organs that are affected, non-specific symptoms can include loss of appetite, fatigue, shortness of breath and tingling in the wrists, hands and fingers.

As with any disease, the prognosis for patients with AL amyloidosis is improved by early diagnosis and treatment. However, owing to these diverse presentations and a tendency to mimic many other more common medical conditions, it often takes patients an extended period of time to be referred to the right specialist. In our research, we have found the average time between initial presentation to diagnosis is over six months. Consequently, the condition is often diagnosed late and organ dysfunction is advanced by the time treatment is initiated.

A concoction of treatments

Until recently, what had complicated the patient journey further was the lack of treatments officially approved for the management of AL Amyloidosis. This rather predictably led to a medley of inconsistent treatment pathways across the globe. Corticosteroids, alkylating agents, proteasome inhibitors, and immunomodulatory drugs were just some of the off-label treatments that had been used by physicians in various combinations to treat AL Amyloidosis. In the absence of approved therapies, the treatment strategy being adopted was very much aligned with that recommended for Multiple Myeloma, with Velcade (bortezomib), used in combination with cyclophosphamide and dexamethasone (CyBorD) being considered the standard of care in the frontline setting. However, with very few controlled studies investigating the most appropriate approach for different settings, various treatment strategies have evolved over the past decade, primarily based on the opinion of experts in AL Amyloidosis.

Recently, Darzalex (daratumumab), a monoclonal antibody developed by Genmab and Janssen, that has been available for the management of patients with multiple myeloma across Europe for 5 years, was granted accelerated approval in combination with CyBorD for the treatment of newly diagnosed adult patients with AL amyloidosis. This followed the presentation of data from the Phase 3 ANDROMEDA study at the 2021 American Society of Clinical Oncology (ASCO) Annual Meeting and at the 26th European Haematology Association (EHA) Congress.

Research to understand the current market landscape

Earlier this year, we conducted research with physicians across Europe to understand the current situation and the impact new entrants may have on the marketplace going forward. Conducting tracking research to get a picture of the market for a rare disease such as AL Amyloidosis can be challenging. Firstly, and perhaps most obviously, the patient populations are small, which of course means that market research sample sizes are limited as a result. Secondly, diagnosis barriers can make it more difficult to accurately size the market. This is a common goal of demand assessment research, but often something we think about in tracking as well. Finally, the marketing process and lifecycle for a rare disease drug are very different to a mass-market product. These treatments are often approved based on single arm clinical trials via an accelerated process. For market researchers, this means we are often working with less complete information, which in turn forces us to make more assumptions when designing research.

At Research Partnership, we understand these challenges and come up with creative solutions to overcome them. Our Quantitative Centre of Excellence and in-house advanced analytics team are equipped with the skills, knowledge and creative flair to design and implement quantitative solutions that make tracking research in rare diseases feasible.

Prior to the approval of a new combination treatment for use across Europe, we conducted the first wave of our research to generate a baseline measure of the market situation. We found spontaneous awareness of new developments and approvals to be very limited in all markets. However, we also found there was some off-label use of regimens under development but not yet approved, with high levels of satisfaction.

The road ahead

Looking ahead, it would seem there is a large appetite for new therapies and the uptake, once they are approved, will be substantial. For example, more than half the physicians in our study who had experience prescribing new non-approved combination therapies said they would be likely or very likely to prescribe them again in the future. Furthermore, amongst the physicians who had not yet prescribed them, almost half said they would be likely to prescribe them in the future. These included not only the recently approved Darzalex regimen, but also regimens in development, e.g. Sanofi's Isatuximab, and a potentially first-in-class fibril-reactive mAb from AstraZeneca's Alexion division. However, while a large appetite for new therapies is promising, in order to secure high uptake pharma will need to ensure they are doing enough to increase awareness of newly approved therapies. Our research found more than two-thirds of physicians strongly agreed that they would be more likely to use a regimen if it was specifically approved for AL Amyloidosis, and more than half strongly agreed that they would be more likely to prescribe a regimen if it were recommended by a local/national AL Amyloidosis expert.

The future looks somewhat brighter, but despite recent advances in treatment strategies, delayed diagnosis of AL Amyloidosis remains a challenge to physicians and the disease continues to disrupt patients' lives. For companies with assets in development, further research to understand the patient journey would provide the insights needed to develop impactful disease awareness campaigns that not only improve the journey but enhance recognition of AL Amyloidosis itself and the therapies that are now available.

As with any rare disease, sensitively conducted market research can help pharma to truly understand the burden of AL amyloidosis, highlight the unmet need for treatment, and help both the industry and physicians identify treatments and patient support programmes aimed at improving patients' functioning, well-being, and overall health-related quality of life.behaviours of European and Japanese patients toward their CD are important to understand so that not only are their needs identified, but these needs are met in an appropriate manner that resonates with patients' respective experiences with CD.

Clinical research – Can data support your identification of low incidence oncology patients? How to prepare to ride the wave of decentralized clinical trials

Decentralized clinical trials have become the new normal during Covid times, and many advocate for this novel approach to grow into the industry standard. The days of solely focusing on key large centres for patient accrual are over, and this shift in paradigm can only benefit a greater number of cancer patients, everywhere. While Covid and trial continuity risk management were important catalysts to shift our conventional mindset, this behavioral change, regardless of how it happened, will help to bring more patients to clinical trials, or more clinical trials to patients.

Especially in oncology, where targeted therapy trials are becoming the norm, finding qualified patients is proving to be increasingly difficult, if not impossible. More than ever before, matching a patient to a clinical trial relies on luck or serendipity (especially for low incidence/rare mutations).

Decentralized clinical trials also mean reaching out to a larger clinician base (and exponentially increasing awareness of clinical trials), as they are the best conduit to finding patients and initiating the conversation on clinical trials with potential participants. Research and interviews have shown that patients trust first and foremost their healthcare professionals when it comes to treatment options and treatment decisions (regardless of how many websites one might browse late at night…). These patients that are so needed for clinical trials are out there and known to the healthcare system. They just have to be identified, **wherever they are.** Decentralized trials create a new opportunity to include all patients, not just those who happen to be treated in a tertiary center by a renowned KOL.

As the competition for the same patient becomes fiercer then ever (how many NRG1 or KRASG12C patients can really be out there…(!)), it is key to step outside the comfort zone to reach out to non-traditional clinical trial patients (and their

treating physicians), as well as to understand the drivers and barriers to clinicians participating in a study. Having a trial for rare mutation patients is great, and the few patients that are being recruited are lucky. **But if only 1% of the physician's population is aware of the trial, that leaves the assumption that 99% of the patients could be left behind.**

How can you improve reach, awareness, and participation to your clinical trials? By understanding your customers and having the right answers for them.

Quantitative surveys can be an insightful and cost-effective method to understanding a wider customer base and finding solutions to clinical trial recruitment challenges.

For more information about our expertise in companion diagnostics and oncology strategy market research, please contact Marianne.Fillion@purdiepascoe.com

Marianne Fillion, MSc.
VP North America
Marianne.fillion@purdiepascoe.com

Day One Strategy welcomes Emma Eden to our growing team. Emma has joined as a Research Director and brings years of healthcare expertise. Emma will play a critical role in helping us continue to develop innovative solutions that address our clients increasingly complex business challenges.

Blueprint Partnership has launched 'The Blueprint Strategic Storehouse'. The new solution offers a single integrated source for all your PMR projects. Drawing on the skills, experience, and commercial acumen of Blueprint's senior team, the solution delivers immersion, knowledge gaps, practical application, and ultimately actionable strategic insights. Contact Carolyn Chamberlain: C.Chamberlain@blueprintpartnership.com

Research Partnership is pleased to announce seven Director level promotions - Ellie Forde, Vicki Newlove, Danielle Christmas, Emily Hoffman, Steven Helm, Kristin Lovallo, and Cindy Adams. Five of the newly appointed Directors joined Research Partnership through the graduate programme, which has been running since the company was founded in 1997.

Earlier this year, HRW were delighted to welcome three new Senior Research Managers; Madeleine Knowles, Gates Helms, and Dylan Brown, based in both their New York and London offices. In addition, they're delighted to welcome Elinor Day, their newest Director based remotely.

After a record-breaking 2021, Elma Research consolidates its offering with new disruptive solutions to keep providing clients with sharper, actionable, and cost-effective insights. These include an app to capture the dynamic market in the moment and a more agile, holistic and actionable brand tracking model. #LeadingWithIdeas

Purdie Pascoe is delighted to announce the appointment of Adam Hussain as a Research Executive within their PMCF team. This role represents further expansion of Purdie Pascoe's PMCF business, which has gone from strength to strength following the changes to the EU MDR regulation in May 2021.