THE HEM/ONC COMMERCIAL COMPANION

Marketing, clinical, and pricing insights for managers of solid-tumor and blood-cancer brands and medical devices
The oncology drug pipeline is chock-full of immunotherapies and pathway-directed therapies, treatments lauded for unprecedented outcomes and lower toxicity profiles than traditional chemotherapy drugs. As the pace of innovation nears an all-time high, marketers strive to keep up and industry stakeholders fend off questions swirling around the perceived value of these potentially life-saving drugs. Rebecca Mayer Knutsen reports

The oncology sector is riding an approval wave of new cancer-slashing drugs including immunotherapies such as Merck’s Keytruda (pembrolizumab) and Bristol-Myers Squibb’s Opdivo (nivolumab). Anticancer drug developers are innovating at a fast clip, hoping to offer all cancer patients the gift of improved survival with fewer side effects.

“Cancer immunotherapies are inviting us to channel resources toward cancers where no other treatments have worked,” shares Gil Bashe, health managing partner at Finn Partners. “Our expectation is that the most difficult and deadly cancers, such as lung, kidney and leukemia, can be tackled one day.”

WHAT’S GOING ON?
Immunotherapies are nestling into a spot in the cancer armamentarium alongside standards of care such as surgery, radiation therapy, and chemotherapy. Deep investments in immunological and targeted therapies may strip cytotoxic drugs of their first-line treatment title.

“Many of these therapies are dramatically changing oncology care from short-term cytotoxic treatment to long-term, ongoing care,” says Chris Weber, SVP and group account director at Sandbox.

Digitas Health LifeBrands’ VP and group director Lee Fraser notes chemotherapy as the cornerstone of cancer care, forming the basis of most treatment regimens.

“We cannot move away from cytotoxic drugs entirely,” he states.

New drugs and novel drug combinations, however, hold the promise of improved outcomes and lower toxicity profiles. IMS Health's Global Oncology Trend Report 2015 predicts the launch of a large number of immuno-oncology/targeted therapy combinations during the next six years, with an inflection point near 2020–21.

According to Naxion’s SVP Debra Kossman, the strides made in cancer care in the past 35 years have been dramatic. “Many feel we’re on the threshold of similarly exciting discoveries,” she adds.

WHAT’S TO COME?
Personalized cancer care—specifically genomic testing—is on tap to transform cancer care in the next few years. All eyes are on the role that genomics and proteomics play in identifying individualized, molecularly targeted therapies and the emergence of real-time data to inform patients’ treatment decisions. Seventy-three percent, in fact, of cancer medicines in the pipeline have the potential to be personalized medicines, reports Tufts Center for the Study of Drug Development.

As the very basis of precision medicine, targeted therapies reflect a wider industry trend toward customized health solutions. So what role does targeted therapy play in cancer care? To simplify the distinction, targeted therapies block tumor cell proliferation and chemotherapy agents kill tumor cells.

“Rapid innovation in hematology and oncology requires today’s marketers to advance the way we commercialize these important medicines,” notes Brian Heath, executive director of sales and marketing, Amgen Oncology.

But all of this innovation has sent drug prices spinning out of control. The oncology sector has earned the distinction as the number one therapeutic category in drug spend. According to IMS Health, oncology drugs generated $43 billion in U.S. sales in 2014, a $5 billion increase over 2013. Earlier diagnosis, longer durations of treatment and better outcomes all contribute to the sharp increase in anticancer drug spend.

FAST-PACED INNOVATION
Pharma companies are teaming up to investigate drug combinations, a strategy expected to advance the category.

“Partnering provides a solid foothold in the competitive market,” says Ipsos Healthcare’s head of oncology insight Savade Solanki. “The approach gives second- or third-to-market products an edge by providing physicians with a proven safety profile alongside a drug they already prescribe.”

73% of cancer medicines in the pipeline have the potential to be personalized medicines

— Tufts Center for the Study of Drug Development

“Cancer immunotherapies are inviting us to channel resources toward cancers where no other treatments have worked”

— Gil Bashe, Finn Partners
Roche is now leading the pack in making combination investments, but Eli Lilly recently announced plans to match its cancer therapies with AstraZeneca’s PD-L1 program for durvalumab. And Novartis inked a $170 million deal with Surface Oncology, its most recent move to beef up its oncology portfolio.

Bristol-Myers has cornered the near-term immunotherapy market but competition from Merck, AstraZeneca, and Roche is closing the gap. AstraZeneca’s two lead assets, durvalumab (anti-PD-L1) and tremelimumab (anti-CTLA4), are in Phase III trials.

WHAT THE FUTURE HOLDS
Datamonitor Healthcare analysts expect PD-1/PD-L1 inhibitors to shoot to the top of the immunotherapy commercial success list during the next decade. The category’s first star was Bristol-Myers’ Yervoy (ipilimumab), gaining FDA approval in 2011 for metastatic melanoma.

Fellow checkpoint inhibitors Opdivo and Keytruda joined in the treatment of melanoma in 2014. Targeted therapies, including Genentech’s Zelboraf (vemurafenib), target common genetic mutations such as the BRAF V600 mutation found in a subset of melanoma patients.

Investments in checkpoint inhibitors, like Pfizer’s Ibrance (palbociclib) to treat a form of hormone-dependent breast cancer, are now popping up. If approved, Eli Lilly’s abemaciclib and Novartis’s LEE011 could give Ibrance a run for its money. Even still, Leerink Partners and JP Morgan analysts agree that Ibrance will bring in $4 billion a year by 2020.

Early clinical results in CAR-T cell therapy hold promise in cancer treatment. Novartis, Juno, and Kite are developing CD19-targeted CAR-T treatments for patients with multiple relapsed or refractory acute lymphoblastic leukemia.

The FDA’s decision to green-light Sandoz’s Zarxio, the first biosimilar drug, reflects broader changes occurring in the practice of oncology. Now Amgen/Allergan’s ABP 215, an Avastin biosimilar in Phase III trials, is angling for a share of the cancer market, one that brought Roche $6.6 billion in 2014. Amgen believes ABP 215 will gain approval in all six cancers for which Avastin is already indicated.

THE END RESULT
Only time will tell if the biosimilar can position itself for an easy approval, but what happens once the biosimilar is approved is another matter. First, the price differential for a biosimilar compared with its original antibody cannot parallel that of conventional generic drugs.

With the smaller discount potential, oncologists will need an incentive to make the switch.

“The approach in oncology is to add layers [drugs] to increase the efficacy,” says Solanki. “Oncologists are comfortable with how the drugs they’re accustomed to interact, and may not be open to using a biosimilar alongside another clinical treatment.”

“Partnering provides a solid foothold in the competitive market”
— Savade Solanki, Ipsos Healthcare

$43B
U.S. sales of oncology drugs in 2014, a $5 billion increase over 2013
— IMS Health
Communication is the Cure.™

And in the treatment of cancer, it's vital.

Oncology therapies, data, and protocols are like no other in that they are constantly evolving by the minute. Not only do physicians need to comprehend an enormous amount of information, they also need to translate that information for their patients.

That’s where we come in. greyhealth group has the scientific expertise and the creative know-how to effectively communicate the complexities of cancer.

With more than 50 MDs and PhDs on staff worldwide, we interpret the science for doctors and payers, so that new therapies are quickly understood and adopted. Creatively, we help increase understanding of treatments, which helps patients make more informed decisions. We’re sparking discussions between patients and physicians because the more they share, the better the results.

We are leading the way to deeper, more powerful communication. See what we're talking about at ghgroup.com or join the conversation on twitter @greyhealth.
The relationship between research, innovation, and the value of lifesaving drugs is off-kilter in this country. The debate has reached a boiling point, with accusations of greed coming from every corner of the cancer-treatment paradigm.

In response to cries for mercy, third-party groups are drumming up solutions.

“Drug pricing is a complex economic and social phenomenon,” says Lowell Schnipper, MD, chair of the ASCO Value in Cancer Care Task Force. “Clinical benefits and financial situations need to be linked.”

Drug prices for just about every type of cancer are raising the pricing police’s eyebrows. An eye-popping $23,400 monthly price tag was attached to Johnson & Johnson’s blood-cancer drug Darzalex for the first two months of treatment. The Institute for Clinical and Economic Review (ICER) is rolling out a plan to assess the effectiveness and cost-effectiveness of Darzalex and other drugs attracting attention for extending survival rates five to eight months longer than Celgene’s Revlimid and Takeda’s Velcade.

According to IMS Health, assessing the value of oncology products has become an increasingly complex issue because most drugs will likely list three or more indications by 2020. With some cancer categories celebrating approval after approval for the same indication, drug developers are competing for every page of the prescription pad.

That puts drug prices in the driver’s seat. “If a type of cancer has four approved options with the same efficacy and mechanism of action, oncologists will prescribe based on price,” reports Savade Solanki, head of oncology insight at Ipsos Healthcare.

A Naxion report revealed 87% of oncologists believe patients need to consider out-of-pocket costs when weighing treatment options. While there are more drugs to choose from, many come with extended treatment regimens of a year or more. With monthly co-pays, patient bank accounts are taking the hit.

ASCO formed the Cancer Care Task Force to shoulder some of the patient burden. The task force is working furiously to produce a numerical score that “is an integration of how good a drug is on cancer and how bad it is on health,” says Schnipper.

Digitas Health LifeBrands’ Lee Fraser believes many are conceptually buying into ASCO’s efforts as our nation tries to spend more appropriately in healthcare. “But, ASCO’s had to deal with pressure and pushback from sponsors and HCPs,” he says. “The tool’s an interesting development. Can we quantify cancer care?”

The PBM Express Scripts is spinning its fair drug pricing and value-based reimbursement discussions into an indication-based formula for certain medications. Peter Bach, MD, director of the Center for Health Policy and Outcomes at Memorial Sloan Kettering, and ICER’s founder and president Steven Pearson, MD, are weighing in on the initiative. Bach also created DrugAbacus, an interactive calculator that pulls back the layers on value-based pricing.

The patient voice will play a huge role in how this debate resolves, Finn Partners’ Gil Bashe told MM&M. “The story of one person who survives pancreatic cancer sparks hope in every newly diagnosed patient,” he says. “Pharma and plans will not extinguish that hope or the possibility for longer patient life.”

“Drug pricing is a complex economic and social phenomenon”
— Lowell Schnipper, Cancer Care Task Force

87% of oncologists believe patients need to consider out-of-pocket costs when weighing treatment options
— Source: Naxion Inc.
A new Real-World Evidence tool to improve the effectiveness of oncology communications

Announcing the launch of the Oncology Market Insights (OMI) Platform to deliver more precise and actionable commercial analytics to help strategic decision-making and optimize and measure sales execution and performance.

- Fully integrated technology solution that provides efficient access to clinically robust market, product and competitive data in the U.S.

OMI joins a suite of IMS Health’s oncology offerings, including its anonymous real-world data oncology assets from EMR, claims, hospitals, diaries and mortality databases

- Covering 13+ countries, 3 continents and 25+ primary cancers
- Providing access to cancer-specific registries
The rate at which an oncologist consumes the latest in cancer research and information rivals the pace of the innovations themselves. A technologically savvy bunch, oncologists often turn to a variety of digital tools to gather the information they crave.

At the heart of every digital pursuit is trustworthy information. “Oncologists were devoted followers of evidence-based medicine long before [it] became routine jargon in the industry,” says Naxion’s SVP Debra Kossman.

Oncology encourages doctors to learn and read more, Ipsos Healthcare’s Savade Solanki tells MM&M. “We’re blessed with many resources, news sites and journals to inform physicians, nurses, and other HCPs.”

Marketers must keep pace, as well. “Hematology and oncology is less welcoming to the generalist than ever before,” says Amgen Oncology executive director sales and marketing, Brian Heath. “The rapid pace of change demands more individualized specialization, more functional expertise, and more collaboration in order to successfully commercialize a modern therapy.”

Consider how oncologists seek out information. “The rise of digital tools has diminished the sales rep role,” Kossman observes. “Physicians have always been skeptical of what reps tell them but with the onset of the Web, they’re no longer dependent on them for breaking cancer treatment news.”

Doctors not only gather knowledge but also disseminate it via social media. Physicians tweeted about cancer 138,000 times in 2014, according to MDigitalLife’s Social Oncology Project 2015. Lung and breast cancer prompted the most Twitter discussions.

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The average oncologist’s smartphone houses eight professional apps, according to Digital Insights Group. To satiate the medical oncologist’s appetite for information, the National Comprehensive Cancer Network (NCCN) launched a guidelines app to assist physicians in selecting treatments for cancer patients.

The American Society of Clinical Oncology wants in on the fun. It is furiously developing CancerLinQ to revolutionize cancer care. The tool is intended to overcome the disconnect between the patient experience and the data used by researchers.

While oncologists have welcomed technology with open arms, they continue to rely on their old standbys. “The go-to sources haven’t changed,” says Digitas Health LifeBrands’ Lee Fraser. “Docs still rely on ASCO and NCCN guidelines and UpToDate, but the access method has advanced to a tablet, iPhone, or app.”

The digital tools just might be upping their level of professionalism, too. In a survey conducted by health information network Surescripts, an overwhelming majority of people feel doctors who use computers or tablets over paper during a visit come across as organized, efficient, innovative, and competent.

The sector has its eye on a few tools in development. IBM Watson is working on one, with input from Memorial Sloan Kettering Cancer Center, that some say will transform the delivery of oncology care. Watson for Oncology analyzes a patient’s medical information against extensive data and expertise to produce evidence-based treatment options.

Kossman believes the response has been cautious. “There can be dramatic differences in treatment philosophy and regimens preferred by institution,” she shares. “Docs will need to understand what the tool will tell them in response to specific patient care questions before endorsing the method.”

Familiarity with computer-based oncology tools
Nearly half of oncologists consider themselves to be fairly or very familiar with computer-based oncology tools, but 4 in 10 straddle the midpoint

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8 number of professional apps housed on the average oncologist’s smartphone

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— Lee Fraser, Digitas Health LifeBrands
The innovative cancer-treatment wave is pushing marketers to raise the stakes on their professional and patient-communication strategies. Oncology drug developers are leaving detail aids in the dust in favor of new ways to engage physicians in meaningful discussions while pushing the envelope with public messages that put cancer in a completely new light.

Marketers have to manage expectations for a dramatically different treatment experience for patients, caregivers, and healthcare providers,” says Chris Weber, SVP and group account director at Sandbox. “The patient experience—and the patient’s treatment journey—is profoundly different on these newer therapies.”

Messages touting the promise of immuno-oncology drugs are seeping into prime-time television. Bristol-Myers Squibb’s Opdivo made its way into living rooms last fall, while its DTC campaign met mixed reviews. Digitas Health LifeBrands’ VP and group director Lee Fraser believes the TV spot sends strong a message to patients with an optimistic, hopeful voice.

“Outside of the small segment of the population with the exact tumor type, most people are hearing hope and optimism tied to cancer,” he says.

Some physicians, however, worry the ads may provide false hope for patients in other cancer camps.

“Healthcare providers are a little unsettled by the messaging initiative,” Fraser explains. “They will need to be prepared to address the topics with their patients and clarify the messaging.”

Broad TV messaging is on the cusp of a trend that’s likely to stick around for a while. But, Merck isn’t expected to throw its DTC hat in the ring, observes Finn Partners’ Gil Bashe. Merck manufactures Keytruda (pembrolizumab), an Opdivo competitor. Instead, Merck will err on the cautious side with an emphasis on corporate ads that elevate the cancer-therapy innovation process.

Pharma marketers need to determine whether the educational and awareness benefits of DTC oncology campaigns are worth adding more fuel to the pricing firestorm. Bristol-Myers reportedly spent $12.7 million for the Opdivo spot in third quarter 2015.

“Patients and policymakers associate pharma DTC spend as upping the cost of medications.” Bashe says.

Headlines for new oral, non-chemotherapy treatments are also energizing patients to seek information across the board.

“This will inspire more active discussion between doctors and patients—and may lead to patients requesting certain oncology therapies, which hasn’t been the case for most tumor types,” Weber states.

Patients and caregivers are savvy consumers of online information, providing an open channel for communication strategies. Weber believes pharma and advocacy groups will tap into patient treatment experiences as a resource for patients with a new diagnosis.

Bashe predicts an increase in pharma investments in educating patient advocacy groups about the science, clinical trial, and drug approval process.

“The ‘patient like me’ influence is important to people being diagnosed with cancer, selecting a treatment center and choosing from a range of treatments,” he says.

The altered oncology market highlights the need for marketers to keep patients top of mind. “Through all of the transformation in hematology and oncology, today’s successful marketers increase their value by placing the patient’s well-being at the center of every decision they make,” says Amgen Oncology’s Brian Heath.
We’ve broadened our reach, our talent base, and our ability to help clients transform products into brands and, ultimately, patients into survivors. We’re ready to work with you. Let’s improve patients’ lives together.

To learn more about Navicor, please visit http://the.oncology.agency or contact:

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The specialty pharmacy sector is riding a growth trajectory as more players scramble to dispense an array of complex and expensive cancer medications. In a field crowded with independent outfits and outfits owned by health plans and pharmacy benefit managers (PBMs), as well as health system and physician practice entrants, the boom will continue as industry revenues increasingly come from specialty drugs.

According to the Drug Channels Institute, Express Scripts, CVS Health, and Walgreens Boots Alliance were responsible for 63% of the pharmacy-dispensed specialty drug revenue in 2013. The same top players’ market command dropped to 56% in 2014. With UnitedHealth Group’s recent purchase of Catamaran and Walgreens’ pending acquisition of Rite Aid, however, the market leaderboard is headed for jostling yet again.

As anticancer drug innovation continues to trend off the charts, specialty pharmacies are angling to meet rising demand with more focused patient education, coordination of care, and data collection efforts. Because of the complex nature of cancer treatments, specialty pharmacy tasks go beyond merely dispensing medications.

“Specialty pharmacies educate patients on the importance of medication adherence, laboratory testing, and potential adverse events,” explains says Eric Sredzinski, EVP clinical affairs and quality assurance at Avella Specialty Pharmacy.

According to Lee Fraser, VP and group director at Digitas Health LifeBrands, the responsibility to oversee dosing and monitor medications does not lie solely on specialty pharmacy.

On the flipside, healthcare providers worry about oral oncolytics moving the point of care from the physician’s office to the patient’s home. Further, research shows that more adjunctive/supportive drugs are being self-injected or infused in the home than ever before.

The responsibility of self-administered medications, however, doesn’t come close to the biggest concern among cancer patients: high out-of-pocket expenses. Nearly 75% of specialty pharmacies surveyed in a Genentech survey identified escalation in patient cost share as the most pressing challenge in cancer care.
greyhealth group (ghg) is a global healthcare communications company capable of driving every aspect of healthcare communications. We work with leading companies to build world-class healthcare and pharmaceutical brands among medical professionals and consumers with a unique storytelling approach that covers print, digital, television-broadcast media, medical education, sales-force presentations, and managed-access strategies.

At ghg we believe communication is vital to cancer care. As new therapies continue to outsmart cancer and as patients play an increasingly important role in their own treatment, the communication challenge has never been greater.

ghg has the scientific and creative expertise, digital capabilities, and experience with cognitive computing to make a real difference in communicating to physicians and patients. It’s what we do best. We are leading the way to deeper, more powerful communication in cancer care. Visit our website ghgroup.com or follow us on Twitter @greyhealth.

Gaining new, actionable insights into the total oncology patient experience is critical for all stakeholders operating in the oncology space. IMS Health has a dedicated team of analysts, consultants, developers, and account managers whose sole focus is the oncology market. Our team works with research and development, pharmacovigilance, marketing, brand teams, health outcomes, and managed care to provide consulting and insights for their in-line products as well as their mature brands. We have supported both pre- and post-launch — the most recent 16 out of 18 launches in the oncology area. Our personal understanding of the oncology market contains experts in commercial sales, marketing, and clinical. Our oncology data has been published at global symposia (ESMO/ECCO) as well as U.S.-based meetings such as ASCO, ASH, AUA, and SABCS. The depth of knowledge of the oncology market combined with the technical and data expertise is unparalleled in the industry.

“May you live in interesting times” is an ancient curse. Times have never been more interesting in oncology: At the 2015 ASH Annual Meeting & Exposition, nine new therapies were launched, many of which target new pathways. Here’s the rub: It has never been more challenging to get information to our oncology community.

Trends are colliding. The age, size, and survivorship of the U.S. population are increasing. The number of oncology visits is projected to increase by 48% from 2005 to 2020, while the supply of oncology services will increase by only 14%, a shortfall of up to 15 million visits. Oncologists increasingly have more patients and less time yet more information to absorb; pharma rep/educators had free access to 75% of oncologists in 2010 but only 27% in 2015.

Pharma reps help oncologists stay current, but until we see the window of access reopen, we must evolve our strategies. Concepts such as virtual detailing that allow for topic request and after-hours detailing may keep this vital information flowing. At Navicor, our mission is always to get the right information in the hands of those who ultimately transform patients into survivors. Visit us at http://the.oncology.agency to learn more.