



AT THE HELM

Steve West, CEO and chief creative officer

PERFORMANCE

Anticipating \$12 million in fees by end of 2010

HIGHLIGHTS

New work added from Biogen Idec (hemophilia franchise) and Genzyme (Thyrogen and Septrafilm)

Brought in for marketing help for PTC Therapeutics

Acquired digital media/marketing firm RDVO to offer digital in-house

CHALLENGE

Competition in specialty drugs from healthcare agencies who have lost big categories

For contact details, service offerings and client roster, see Agency A-to-Z, beginning on page 169

“To do digital the right way, you have to know the drugs, the doctors, the rules, the lingo”

—Steve West

Cambridge BioMarketing

Focused firm sets its sights on West Coast expansion, snags big wins

When asked about his firm’s expertise, Cambridge BioMarketing CEO and chief creative officer Steve West comes out with the sort of straightforward, self-knowing comment not heard often enough. “We don’t do big drugs. We don’t do the big diseases,” he says plainly. “No hypertension. No asthma. None of that.”

Those are the words of a CEO secure in his agency’s positioning—in this case, products marketed to specialists and tightly focused patient communities. And within that space, few firms have thrived over the last few years like Cambridge BioMarketing has. It expanded steadily over the last decade. It was ahead of the digital curve, snapping up a rare digital media/marketing firm with healthcare experience, RDVO, before the calendar turned to 2010.

This left Cambridge in prime position. At the same time, it faced unexpected competition from agencies pushed out of the big pharma picture. “Those big categories we don’t work in, they’re all going generic,” West explains. “None of that has affected us, but it has heated up the competition for specialty drugs.”

West has his doubts that such organizations can shift their focus to a different sort of product and approach, just as he doubts that digital generalists can elbow in on healthcare marketing firms with in-house expertise. He likens the current state of affairs to the explosion of DTC work years back: “Companies would go to their

regular agencies to do the ‘ask your doctor’ ads, but it didn’t work. They knew media and TV commercials, but they didn’t know physicians or the science. To do digital the right way, you have to know the drugs, the doctors, the rules, the lingo.”

Cambridge scored a handful of big wins. It added Biogen Idec’s hemophilia franchise to its slate and claimed two new assignments from longtime client Genzyme, for thyroid cancer drug Thyrogen and for surgery adhesion barrier Septrafilm (as global AOR). Genzyme also expanded Cambridge’s work on renal drug Renvela to include a disease-awareness effort.

Cambridge also did well with orphan drugs. The firm had pitched PTC Therapeutics in 2010 for a muscular dystrophy drug; Cambridge didn’t get the assignment and the drug’s development stalled. When PTC refiled for

Caution
What role does calcium intake play in arterial calcification in CKD patients?

Calcium intake, among other factors, has been linked to the progression of cardiovascular calcification.^{1,2} Even in patients who are new to dialysis, about two-thirds (64%) have been shown to have calcification.^{1,2} KDIGO CKD-MBD guidelines suggest limiting calcium in CKD patients with vascular calcification.³ The guidelines state that the presence and severity of cardiovascular calcification strongly predict cardiovascular morbidity and mortality in patients with CKD.⁴

Learn more at www.medscape.com/info/site/ckd/ad

*As shown in a prospective, randomized study of 129 patients new to dialysis evaluated using electron beam computed tomography.
References: 1. Goodman WG, Goldin J, Kuizon B, et al. Coronary calcification in young adults with end-stage renal disease who are undergoing dialysis. *N Engl J Med*. 2000; 343:1458-1463. 2. Cozzoli A, London GM, Marchais S, et al. Arterial calcification and mortality in end-stage renal disease. *Hypertension*. 2003; 41:1014-1021. 3. Sangal DR, Raggi P, Anderson R, et al. Calcium and cardiovascular morbidity in patients new to dialysis. *Hemodialysis Int*. 2004; 28:252-257. 4. Kidney Disease Improving Global Outcomes. KDIGO CKD-MBD Work Group. KDIGO clinical practice guideline for the diagnosis, evaluation, prevention, and treatment of chronic kidney disease-related mineral and bone disorders. *KDIGO-MBD*. Kidney Int. 2009; 76(suppl 1):S115-S130.

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Above: A disease state awareness ad for arterial calcification in CKD patients for Genzyme

approval, it brought in Cambridge for marketing help.

When asked about challenges or setbacks, West downshifts into deadpan: “There’s no bad. There are no headaches. Not here.” The firm did, however, lose AOR designation for Alexion’s Soliris. It continues to do project work for Alexion, which prompts West to add: “It’s gone, but it’s not dead-gone.”

In years past, West had waved off talk about geographic expansion. But given the slate of recent successes, Cambridge could well add an office within the next year, with the company targeting the West Coast. “We have assignments from Genzyme and Biogen Idec that can grow, but we’re looking to get into other midsize/large specialty companies,” West says. “You get one of them and you do a good job, hopefully they give you more. So, the next year could be interesting in that sense.” —Larry Dobrow