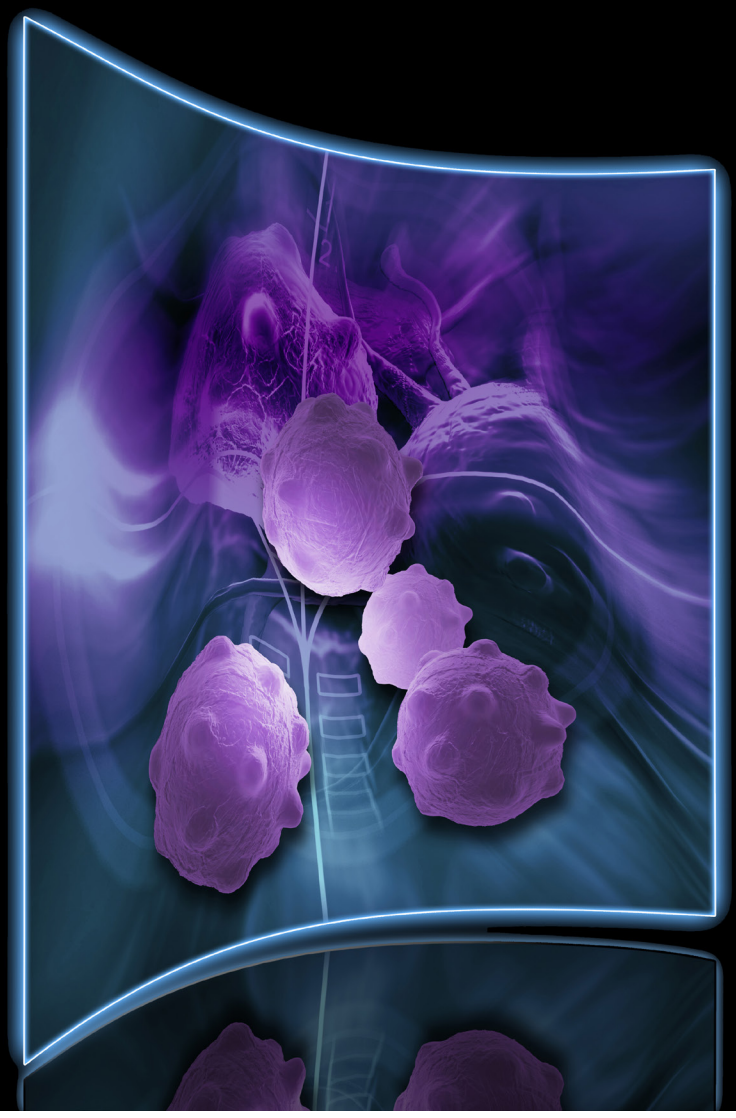
MM&M eBook

haymarket

ONCOLOGY MARKETING GOES PRIME TIME

Pharma brands move to DTC advertising to capture market share



SPONSORED BY

2e

gci health gi

NAVICOR | inVentiv Health Communications

CHANGING THE CONVERSATION AROUND CANCER CARE

Ten years ago the direct advertising of cancer drugs to consumers was unheard of. Now you'll find dueling ads for Keytruda and Opdivo on prime-time TV.

Similarly, just six years ago immunotherapies that harness the body's own immune system to attack cancer were only beginning to take shape. As Sharon Karlsberg, principal of ZS, told me at the American Society of Clinical Oncology's annual meeting in June, "It's clear that immunotherapies are becoming a backbone of oncology treatments."

For marketers and drugmakers alike, there's more at stake now than ever. In the past five years, 68 novel drugs have been approached for the treatment of cancer in 22 indications — according to the QuintilesIMS Institute — and there are no signs that this pace of change is slowing. Among Merck, AstraZeneca, Roche, and Bristol-Myers Squibb alone, there are an estimated 1,000 ongoing clinical trials evaluating various combinations of immunotherapies, according to Evercore ISI analyst Umer Raffat.

For all the talk about how personalized medicine will transform the healthcare system, most of that change is being seen in oncology. With the recent approval of Keytruda in certain tumors regardless of location, oncology advancements are even beginning to change how we talk about the disease.

No other therapeutic category has seen more upheaval in the past five years. Communicators who can illuminate, inform, and educate about the latest oncology advancements are needed more than ever.

The information in the following pages will bring you up to speed on this new paradigm and share thoughts about where it's all headed.

Kevin McCaffrey, senior reporter, *MM&M*

CONTENTS

3 FROM DTP TO DTC: MEDIA SPEND IN ONCOLOGY GOES BIG

5 R&D ROLLUP: WHAT'S NEXT IN THE ONCOLOGY PIPELINE?

8 PROVENGE'S COMEBACK PROVES MARKETING'S IMPACT

10 CHANGING THE ONCOLOGY MARKETING PARADIGM

12 VOX POP

For information about other *MM&M* eBooks, visit mmm-online.com.

For sponsorship opportunities, contact **Doreen Gates** at 267-477-1151 or email doreen.gates@haymarketmedia.com.

FROM DTP TO DTC: MEDIA SPEND IN ONCOLOGY GOES BIG

Brands move to direct-to-consumer advertising to capture market share.

BY KEVIN McCAFFREY

In 2015, DTC spending on ads for cancer drugs was a small part of the $5.2 billion the industry spent as a whole. With Bristol-Myers Squibb and Merck battling for market share in immuno-oncology, that is poised to change.

From June 2013 to February 2017, pharma companies spent an estimated $223 million on more than 42,000 airings for DTC ads for BMS' Opdivo, Merck's Keytruda, Dendreon's Provenge, and Amgen's Neulasta, according to iSpot.tv. At least half of that spending was for Opdivo ads that aired during the past year.

Before 2013, when the first Provenge DTC ad aired, it was unheard of for brands to use DTC advertising for oncology drugs. DTC was a marketing play for the blockbuster consumer brands, the Lipitors and Viagras of the world.

Four years later, there are now dueling immunotherapy ads — Keytruda and Opdivo — on primetime TV for certain lung-cancer patients.

Immunotherapies represent some of the most innovative cancer advancements of the past decade, and with as many 44 active PD-1 combination drugs in development, experts say the industry may be nearing a massive splurge on national TV ads for new cancer medicines.

DTC is often the go-to strategy for the drug with the most to gain, such as when brand teams are trying to create awareness of a new market or new type of drug, or if the therapy has a stronger clinical profile than its competitors.

"DTC is a blunt instrument," explained Matt Arnold, principal analyst for Decision Resources Group. "What it does very well is build that initial awareness for a launch brand, especially in an emerging class, such as immunotherapy."

BMS launched the first DTC ad for Opdivo, called Longer Life, in September 2015. Opdivo was approved by the FDA to treat advanced non-small cell lung cancer in the second line, regardless of the patient's PD-L1 expression, a claim Merck couldn't make for Keytruda. At the time, Keytruda was only approved to treat patients whose tumors had high expression of PD-L1.

Merck's campaign kicked off more than a year later, on January 30. Three months earlier, the FDA granted Keytruda approval as a stand-alone therapy in the first-line setting for advanced non-small cell lung-cancer patients, an indication Opdivo does not have. BMS' plans for a first-line indication for Opdivo may be further away than expected since Opdivo failed its monotherapy Phase III trial for first-line use in August.

To hear Jill DeSimone, SVP of commercial operations for Merck's oncology

"Unlike other disease states, where we've grown accustomed to [different] types of therapy, the area of cancer therapy has so many breakthrough medicines that it's very hard for patients to stay in tune with what's happening and what's new"

— Gil Bashe, Finn Partners

Drugmakers boost DTC spending to $5.6 billion in 2016

Spending on DTC pharmaceutical ads rose 9% to $5.6 billion in 2016, in part fueled by a 16% boost in spending from Bristol-Myers Squibb, according to data from Nielsen.

Pfizer and Bristol-Myers Squibb again took the two top spots among drugmakers, spending $1.1 billion and $458 million, respectively, on DTC ads. AbbVie, Eli Lilly, and Allergan rounded out the top five DTC spenders. The Nielsen figures include business-to-business, outdoor, cinema, television, magazine, newspaper, and radio media spend, but not digital.

Bristol-Myers Squibb doled out more than $170 million on its immuno-oncology therapy Opdivo alone in 2016, the only cancer drug among Nielsen's top 20 DTC spenders. It's traditionally rare for pharma companies to use DTC to promote oncology brands, but the Opdivo campaign along with a competing campaign for Merck's Keytruda, which launched in January, may be changing that paradigm. — *Jaimy Lee*

business, tell it, the company knew Keytruda's latest approval represented an innovative step forward for lung-cancer patients — one on which Merck intended to capitalize. "We wanted to go forward when we had something really significant to say to patients and caregivers," she said. "Up until this point there hadn't been a lot of innovation in first-line lung cancer."

HERALDING INNOVATION

In 2016 Opdivo generated nearly three times the revenue that Keytruda did, with sales of $3.7 billion, compared to Keytruda's $1.4 billion. In the first nine months of last year, BMS doled out $108 million in ad spend for Opdivo, while Merck spent $24 million on Keytruda in the same time frame, according to Kantar Media. Up to this point, Merck had targeted oncologists through professional journal ads — outspending BMS two to one ($2 million from Merck versus $863,000 from BMS) in the first half of 2016, also according to data from Kantar.

Now that Merck kicked off its new campaign, that figure is expected to rise. Merck has its own story to tell for Keytruda, Arnold said. "TV is a great way to tell that story and build that initial awareness, especially with an older population," he said. "It's expensive. It's a shotgun approach, and it's not very targeted, but we know that it works for awareness."

Promoting brands that treat lung cancer can be challenging compared to other forms of the disease. BMS had to overcome stigmas in marketing Opdivo, since it's prescribed after patients have already failed another form of treatment, said Teresa Bitetti, SVP of U.S. oncology for BMS.

"Lung cancer is often an aggressive, highly stigmatized, difficult-to-treat disease with a high mortality rate," she said in an email. "Unfortunately, we know that some patients with lung cancer declined additional treatment after progressing on a previous therapy, and this decision is often made because there is a lack of awareness and understanding of additional treatment options beyond chemotherapy."

Top Five Cancer Drugs in Marketing Spend, 2016

rank	product	manufacturer	U.S. dollars (millions)
1	Opdivo	Bristol-Myers Squibb	167,835
2	Keytruda	Merck	61,281
3	Ibrance	Pfizer	32,722
4	Kyprolis	Amgen	1,300
5	Zytiga	Janssen Biotech	1,079
		GRAND TOTAL	264,217

Source: Kantar Media, 2017
Media spend includes TV, radio, internet, outdoor, newspaper, magazine and paid search display ads.

KEEPING PATIENTS INFORMED

Gil Bashe, managing partner of global health for Finn Partners, said it's difficult for patients undergoing treatment to be aware of new options.

"Unlike other disease states, where we've grown accustomed to [different] types of therapy, the area of cancer therapy has so many breakthrough medicines that it's very hard for patients to stay in tune with what's happening and what's new," he said.

All awareness is not created equal, however, and the Opdivo ad faced criticism. When it debuted, detractors argued that BMS blurred the line of hope and hype in its promotion of the immunotherapy.

Dr. Lowell Schnipper, an oncologist at Beth Israel Deaconess Medical Center in Boston, argued in an op-ed in *JAMA Oncology*, published last August, that the ad does not facilitate productive conversations between patients and doctors. "It is difficult to conceive that a medical oncologist would fail to discuss the potential use of [Opdivo] or another immuno-modulatory agent for second-line therapy of squamous non-small cell lung cancer," he wrote.

An op-ed in *The New York Times* also criticized the ad, saying that its "velvet-voice narrator" and "actors portraying lung-cancer patients playing with babies and watching Little League games" would be uplifting "if it weren't so utterly misleading and exploitative." Matt Jablow, the author, lost his wife to lung cancer. Opdivo was one of the drugs she took in her treatment regimen.

Even investors have questioned the utility of DTC for a cancer drug. During an earnings call in January 2016, Deutsche Bank analyst Gregg Gilbert questioned the usefulness of the tactic, saying that he expected adoption of immune-oncology drugs like Opdivo to grow whether or not the company promoted the drug to patients.

Decision Resource Group's Arnold said that DTC is "a reasonable first step for a launch brand as long as there's follow-up online," but there are diminishing returns for individual brands as more pharma brands turn to TV. "The more brands you cram into the category, the thinner each wedge of that pie is going to be, and the outlays for these campaigns are substantial," he said.

R&D ROLLUP: WHAT'S NEXT IN THE ONCOLOGY PIPELINE?

With trials for cancer drugs heating up, here's what's on the horizon.

BY KEVIN McCAFFREY

Few therapeutic categories have seen more change and reinvention in recent years than oncology, led by Merck's Keytruda and BMS's Opdivo, which have been battling for market share indication by indication for more than a year.

At least 68 new drugs spanning 22 indications have been approved to treat cancer in the past six years alone, according to the QuintilesIMS Institute. And within the immunotherapy class (in which the first drug was approved in 2011), there are now an estimated 1,000 clinical trials under way involving the major immuno-oncology players: Merck, AstraZeneca, BMS, and Roche, according to data shared by Evercore ISI analyst Umer Raffat.

Despite the attention and excitement around the potential of immuno-oncology therapies, there is lingering uncertainty around the cost-effectiveness of certain therapies, about whether all PD1/PD-L1 inhibitors are created equal in terms of how successfully they treat patients, and concerning which of the nearly innumerable pairs of combination drugs being investigated will ultimately prove successful and take the market lead.

Here are three of the most talked about clinical-trial results from the American Society of Clinical Oncology's annual meeting in Chicago in early June.

ASTRAZENECA'S LYNPARZA

AstraZeneca's Lynparza is the first of the three FDA-approved PARP inhibitors to have supporting data that demonstrates effectiveness in cancers other than ovarian cancer. Lynparza competes with Tesaro's Zejula and Clovis Oncology's Rubraca in the PARP inhibitor class.

Lynparza was approved by the FDA to treat ovarian cancer in 2014 and saw sales of $57 million in the first three months of this year, a 30% increase from the same period a year ago.

The drugmaker's Phase III trial of 302 women being treated for breast cancer found that those who received Lynparza were 42% less likely to have their cancer spread metastatically compared to those treated with chemotherapy. The patients taking Lynparza saw a three-month delay in disease progression, compared to chemotherapy, as well.

LOXO ONCOLOGY'S LAROTRECTINIB

Loxo Oncology, a rather-small biotechnology firm based in Stamford, Connecticut, released new clinical data that may well lay the foundation for the first targeted oral-cancer drug able to treat patients across different tumor types. It's being tested in 17 different cancers.

Loxo Oncology's experimental Larotrectinib is meant for a small set of cancer patients, those with a genetic abnormality referred to as the tropomyosin receptor kinases gene.

The drug received a breakthrough designation from the FDA in 2016 to treat both adult and pediatric patients with this genetic abnormality.

"It has a strong chance to be practice changing because you're seeing a significant improvement without the toxicity of chemotherapy"

— Sharon Karlsberg, ZS

JOHNSON & JOHNSON'S ZYTIGA

New data found that Johnson & Johnson's prostate-cancer treatment Zytiga allowed men with advanced forms of the disease to live longer.

Most patients initially take hormone therapy as a first-line treatment for the

Top 20 companies by non-discounted U.S. sales, 2016

rank 2016	rank 2015	company	2016 total (billions)	2015 total (billions)	% change	2016 sales market share	2015 sales market share
1	1	Gilead Sciences	$26.0	$27.6	-5.8%	5.7%	6.4%
2	3	Pfizer	$23.4	$21.9	6.8%	5.1%	5.1%
3	4	Johnson & Johnson	$23.3	$21.1	10.4%	5.1%	4.9%
4	5	Merck	$22.1	$20.7	6.8%	4.9%	4.8%
5	7	Amgen	$21.1	$19.7	7.1%	4.6%	4.6%
6	2	Teva	$21.0	$24.0	-12.5%	4.6%	5.6%
7	11	AbbVie	$20.6	$17.5	17.7%	4.5%	4.1%
8	9	Sanofi	$20.1	$20.3	-1.0%	4.4%	4.3%
9	10	Roche	$19.5	$18.0	8.3%	4.3%	4.2%
10	6	Novartis	$19.0	$20.3	-6.4%	4.2%	4.7%
11	12	Eli Lilly	$17.0	$13.9	22.3%	3.7%	3.2%
12	8	AstraZeneca	$15.8	$19.1	-17.3%	3.5%	4.4%
13	13	Novo Nordisk	$14.7	$13.3	10.5%	3.2%	3.1%
14	15	GlaxoSmithKline	$13.2	$11.6	13.8%	2.9%	2.7%
15	14	Allergan	$12.5	$11.7	6.8%	2.7%	2.7%
16	20	Bristol-Myers Squibb	$12.0	$7.0	71.4%	2.6%	1.6%
17	16	Mylan	$9.6	$9.3	3.2%	2.1%	2.1%
18	19	Valeant	$8.9	$7.7	15.6%	1.9%	1.8%
19	18	Boehringer Ingelheim	$8.8	$8.0	10.0%	1.9%	1.8%
20	17	Biogen	$8.7	$8.2	6.1%	1.9%	1.9%
		TOTAL TOP 20	$337.4	$319.0	5.8%	74.6%	74.5%
		TOTAL OTHERS	$114.6	$108.8	5.3%	25.3%	25.4%
		TOTAL U.S. MARKET	$452.0	$427.9	5.6%	100.00%	100.00%

Source: QuintilesIMS, National Sales Perspectives

disease. The trial of more than 1,000 patients showed that taking Zytiga along with hormone therapy reduced the risk of death by almost 40%. The study was funded in part by Johnson & Johnson.

"It has a strong chance to be practice changing because you're seeing a significant improvement without the toxicity of chemotherapy," said Sharon Karlsberg, principal at ZS.

COSTS KEEPING CLIMBING

These results will likely be boon for Zytiga, which has already seen impressive sales, bringing in more than $1 billion in U.S. sales in 2016.

In a new report, QuintilesIMS forecast that the costs of oncology drugs will grow between 6% and 9% annually through 2021 and that overall costs will eventually exceed $147 billion by 2021.

The same report found that cancer drugs launched in the past five years accounted for more than 20% of global oncology spending in 2016, noting that "these gains have been driven particularly by the newest generation of immuno-oncology drugs."

A recent report from Express Scripts, too, suggests that the cost of cancer drugs is becoming more of a burden for employer health plans. The pharmacy benefit manager said cancer was the third-costliest therapy class for employers in 2016, with spending on cancer drugs increasing nearly 22% last year. It also found that list prices of oral oncology drugs doubled between 2011 and 2016.

Also worth considering, as reported by *MM&M* executive editor Jaimy Lee, is that some members of the American Medical Association are calling for the inclusion of retail prices in DTC pharmaceutical ads, part of an effort to address the rising cost of prescription drugs.

The resolution calls for the AMA to advocate to the FDA, the Federal Trade Commission, and the Federal Communications Commission — each of which regulates drug advertising to some degree — to require pharmaceutical companies to include the prices in their DTC ads.

HEALTHCARE MARKETERS, MEET YOUR HEALTHCARE AGENCY

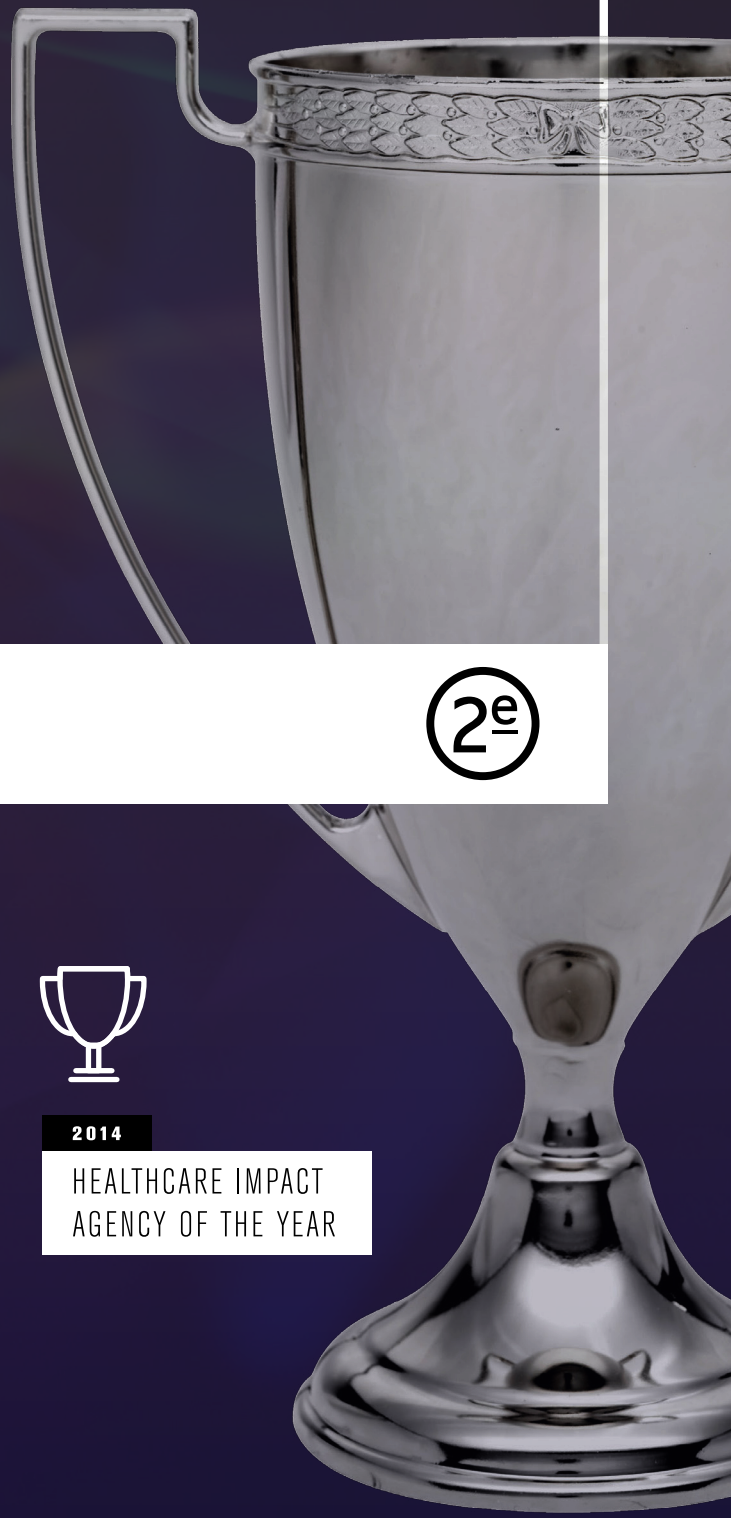
LIKE ATTRACTS LIKE

2e Creative is more than shiny awards.

The hearts, minds, and muscle behind 2e Creative is what attracts some of the most exciting brands in healthcare. And we've had the privilege of helping those brands navigate the complex industries of specialty pharma, medical device, and more.

We are a unique kind of agency — one that is built specifically and successfully for healthcare and you.

Drop us a line. We'd love to show you how we work.
hello@2ecreative.com
314.436.2323



2ECREATIVE.COM

2016
SMALL HEALTHCARE AGENCY OF THE YEAR

2015
SMALL HEALTHCARE AGENCY OF THE YEAR

2014
HEALTHCARE IMPACT AGENCY OF THE YEAR

PROVENGE'S COMEBACK PROVES MARKETING'S IMPACT

Back at Dendreon, Jim Caggiano revives the prostate-cancer drug with a campaign targeted to urologists. **BY LARRY DOBROW**

When the FDA gave Dendreon's prostate-cancer therapy Provenge a thumbs-up in 2010, even the most skeptical observers had a hard time keeping expectations in check. Here was the first immuno-oncology drug, one that offered patients a significant survival benefit with minimal side-effect profile. One analyst predicted annual sales of $4.3 billion by 2020, making all the "blockbuster" chatter seem decidedly non-bombastic.

"The drug got approved, then [Dendreon] proved it could execute the logistics, then it secured Medicare reimbursement. Had you told me all three of those things would happen, I would have said, 'Here's your next blockbuster. Thousands of men are going to be treated with this,'" he said.

Caggiano's thinking wasn't entirely off the mark. Provenge's slow start was not, he notes, related to a product issue. But in the minds of several analysts, price ($93,000 for a full treatment course) and concerns about its administration proved a heavier lift than expected.

"We have the people, energy, and resources to make Provenge the world changer it has always had the potential to be" — Jim Caggiano, Dendreon

Then Provenge hit the market, where it promptly tanked, taking Dendreon down with it. The firm filed for bankruptcy protection in November 2014 and was purchased by Valeant the following February.

Observing the scene from afar, Jim Caggiano, then a VP at Allergan, was stunned. He had witnessed Provenge's birth during an earlier turn at Dendreon and couldn't understand what went wrong.

FLAWED MARKETING STRATEGY

Caggiano didn't think these explanations passed the smell test. They considerably overstated the challenges associated with administration and didn't touch on an initial marketing strategy that was flawed at best.

So when Valeant called in mid-2015 and asked him to return to Dendreon, Caggiano accepted. Item one on his to-do list, not surprisingly, was to breathe life back into Provenge. Central to that effort was refocusing marketing efforts around urologists, rather than the oncologists who received the most attention the first time.

"If urologists didn't embrace [Provenge], it wasn't going to reach its potential," he noted. "The urologist should be the quarterback of prostate-cancer care."

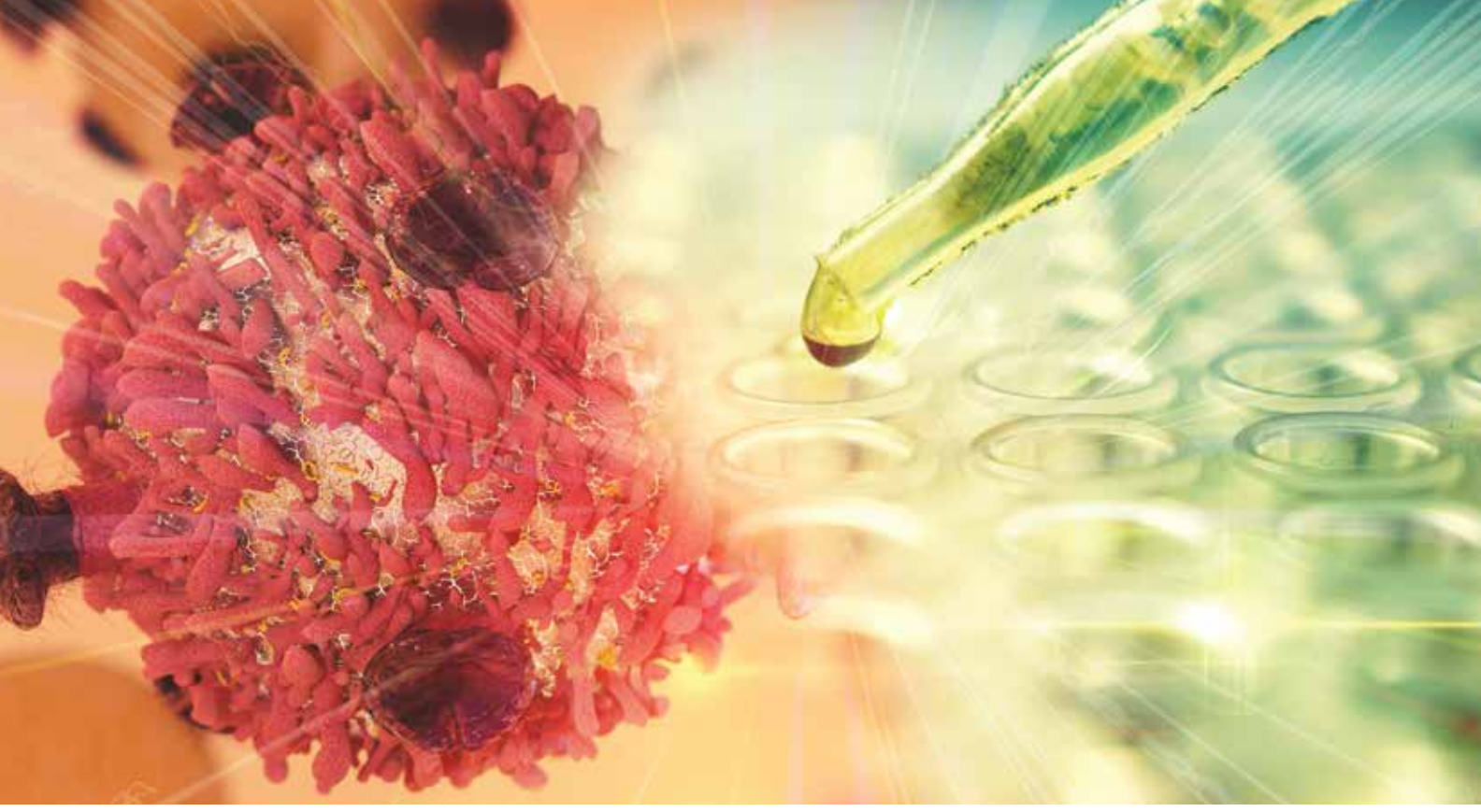
Caggiano and his team went to work. In the first phase of their efforts, they explained the Provenge administration process to urologists. "What some of them didn't get was that this isn't chemotherapy. They didn't need extra resources. They needed a chair and a pole," he explained. "We had been hearing, 'Oh, this is going to be a headache.' Once they treated a few patients, they realized it was a simple process."

After that, Caggiano and company went into teaching mode. They instructed urologists how to identify when patients were at the point in their disease progression where they would benefit most from Provenge. They also provided practice-management assistance when needed.

The turnaround was swift. In 2015, 20% of Provenge enrollments came from urologists; that figure will exceed 50% this year. Caggiano said Dendreon "has a shot" of increasing Provenge enrollments by 20%.

Caggiano, not surprisingly, is doubling down on his early belief that Provenge will realize its blockbuster destiny — and restore Dendreon's luster in the process.

"Between organizational discipline and a change in strategy, we've evolved into an exciting and growing enterprise," Caggiano said. "We have the people, energy, and resources to make Provenge the world changer it has always had the potential to be."



gci health

We strive to play an integral role in further understanding the biology of cancer and the development of transformative therapies. Given the dynamism of the oncology market and the pace at which patient needs evolve, we believe communications focused on science and innovation can better serve and respond to patient voices.

We are driven by data, inspired by patients and partner with our clients to dream big and think over the horizon.

To learn more, visit:

www.gcihealth.com

CHANGING THE ONCOLOGY MARKETING PARADIGM

Cancer patients — and their caregivers — require messaging that speaks to their needs. **BY BARBARA PECK**

In May, stakeholders from several types of organizations came together for an inVentiv Health–sponsored roundtable moderated by *MM&M* executive editor Jaimy Lee to explore the promise and the challenges of social centricity in the category of breast and ovarian cancers. A large part of the discussion focused on how the marketing paradigm needs to evolve, most notably as patients become advocates and drivers of their care and treatment plans are more personalized.

Changes in patient longevity mean that the way the industry communicates with patients must change, noted Dave Querry, president of Navicor.

"We have to keep in mind that they're people first and patients second," he said. "They have careers. They have families. They have lives. They're going to get through it and they need support."

To Querry's point, Christine Verini, R.Ph., chief business development officer, CancerCare, added, "We need to recognize that cancer affects you physically, emotionally, spiritually. We're seeing an increase in support groups. It shows that patients are recognizing the need," she said.

The pace of advancements in treatment has brought its own communication challenges. "We now have very sophisticated tools for diagnosing and treating patients," said Kristin Ainsworth, VP of marketing at Tesaro. "As the treatment plan has changed, the conversation has changed — from 'here's what we have for you' to more of a consultative dialogue."

"We're moving to where the patient is really the quarterback of his or her own care"

— Linda House, Cancer Support Community

The concept of patient care is evolving, agreed Linda House, president of the Cancer Support Community. "We're moving to where the patient is really the quarterback of his or her own care," she said. While the older generation of healthcare providers is still more directive, the younger group understands that concept. "And we have the opportunity to influence that," she said.

Ensuring everyone involved in the patient journey is speaking a common language is also a concern. "We've got healthcare providers, industry, insurance companies, advocacy — how can we better partner with one another?" asked Kathleen Starr, managing director of inVentiv Health Behavioral Insights. "Could we create a communications matrix so we're all speaking the same language and making it less confusing?"

ADVOCACY COMMUNICATIONS

Some gaps in communications may be the result of the absence of standardization, posed Linda House. The oncology care model requires patients to be screened for depression, she said, which has led to HCPs opening their eyes to a "whole new world of the patient experience. Often, the physicians don't know that patients need help, the patients may not realize it themselves, and the caregivers are too busy putting food on the table and getting people to appointments."

Kimberly Jewett, Patient advocate consultant and breast-cancer survivor, CEO & founder, Kimberly Jewett Consulting, echoed House's call for standardization.

Marketers need to understand that a cancer diagnosis does not affect just the patient. The inconsistent information patients and care partners get doesn't help, Jewett said. To help rectify that, the industry, agencies, and advocacy groups should work together to develop standardized tools and resources.

"It's important that we learn to collaborate and offer resources that will make this experience less overwhelming for all concerned," said Jewett.

The awareness ribbon. As the universal symbol for cancer advocacy, it represents the unrelenting determination and success of so many programs funding clinical research, building international support communities, and fueling the hope felt by millions of people living with and beating cancer. Yet, these ribbons can also call to mind the desperation that comes with battling the harsh brutality and relentless nature of cancer. What is needed lies far beyond awareness — and well past the promise of hope.

These heroic individuals need transformative therapies, the benefits of which are communicated with clarity, simplicity, and memorability. For the past 12 years, we have been honored to combine our strategic acumen and creative firepower with a tireless passion for turning groundbreaking therapies into meaningful brands, empowering hopeful patients to become extraordinary survivors. Because at Navicor, we believe the more we dedicate our lives to cancer, the fewer lives it will take.

Let's turn hopeful patients into extraordinary survivors together.

Dave Querry, President, 614.209.5016, david.querry@inventivhealth.com

THE ONCOLOGY AGENCY

NAVICOR
http://the.oncology.agency

inVentiv Health Communications

VOX POP

Debra Kossman
SVP, Naxion

Teresa Bitetti
SVP, U.S. oncology
Bristol-Myers Squibb

Michael Kleinrock
Director, research development,
QuintilesIMS Institute

What unique aspects of market access, value, and pricing should marketers of specialty cancer meds keep in mind?

Value for patients is living longer and better in an affordable way. But the number of patients for whom cancer care will be unaffordable threatens to grow substantially even as new therapies are more effectively helping people live longer and better.

More than ever, marketers need to understand the types of contracting terms with payers that will optimize the combination of product availability to patients while keeping patients' cost burden low.

"Value" is viewed very differently from the lens of patients, physicians, and payers. Patients define value as efficacious medications with minimal side effects. Physicians consider it as improving care against quality outcome measures. Payers assess value by evaluating a medicine's clinical merits relative to economic modeling of total cost of patient care.

Developing tailored resources that address value dynamics collectively is imperative to ensure patient access to innovative medicines.

The benefits of new cancer treatments and their aggregate burden on the health system and individual participants (payers, providers, patients, insurers) are changing the calculus of value in ways that must be discussed and negotiated on an ongoing basis, not just as a pre-launch price-setting step.

The continuous flow of new agents, regimens, and data about each one of them makes decision-making and negotiations ever more complex.

Is there a clinical development program, emerging drug class, or other area you think deserves extraspecial attention?

Despite advances in the identification of distinctive genetic and epigenetic abnormalities in cancer cells that promise to guide highly personalized and targeted therapies, treatment continues to be selected based on clinical trial results from groups of patients with heterogeneous tumor characteristics.

This will likely be the case for a considerable time into the future, as well.

Oncology research is at an inflection point. Combinations with different therapeutic modalities, including next-generation immuno-oncology assets, will be the wave of the future.

In addition, identifying the patients who will benefit most from a particular combination will require enhancing translational research capabilities, including finding innovative biomarkers, such as PDL1, MSI-H, TMB, and LAG-3.

The PD-1/PD-L1 area is getting the greatest amount of attention, while personalized treatments are challenging treatment dynamics and payment structures the most.

One emerging area is epigenetic drugs. As Dr. George Demetri has pointed out, drugs that target EZH1, EZH2, and bromodomain inhibitors provide an alternate. Expect more studies of combinations of epigenetic therapies with targeted immunotherapies.

How can oncology marketers be sure they reach the right customer at the right time with the right message?

Community oncologists are narrowing the types of tumors they treat, leaving the care of other cancers to colleagues in their group practice. This trend is driven by the difficulty of keeping pace with new knowledge and new therapies for all of the tumors a community oncologist once treated.

As a result, marketers must profile, and select oncologists for promotional messaging, based on tumor focus.

Next-generation promotion is achieved when personal and non-personal channels work in an integrated fashion to ensure customers receive information on their own terms.

When customers receive relevant customized content in a timely manner, engagement is at its best. For that, a data-driven marketing strategy is required to adapt the marketing mix at the individual level along with automated IT solutions for marketing campaigns.

Real-world evidence derived from primary and secondary research is key to identifying the "right" customer. Marketers now leverage social media to understand patient and physician perspectives for message development.

Real-world insights from secondary data reflecting patient and physician behavior give marketers greater specificity in defining customer types and delivering relevant messages in near real time.

PARTNER PERSPECTIVES

Maggie Piasecki
Director of strategy

The healthcare industry is built on innovation. Today that push is most evident in how we utilize data and technology across areas that include diagnostics, targeted treatments, genomic profiling, and health history. Oncology in particular is leading the push via advancements that connect and transform innovations into targeted precision medicine in order to drive better patient outcomes.

Turning to the traditional agency landscape: This is an industry built on creative effectiveness, crafting solutions that both stand out and stand up for its company, product, brand, or project. At the intersection of healthcare and agency is 2e Creative. While other firms may see the continuously evolving oncology space as a continuously growing bucket of challenges, we see it as a completely new set of crayons to create with. Technology and data are the primary mechanisms for oncology's growing outcomes-based systems, and outcomes are what many of the most effective healthcare marketing solutions focus on. Now it's up to us to ensure it's creative.

For more: maggiep@2ecreative.com or 2ecreative.com

Jill Dosik
President, global scientific communications and message impact

We unquestionably live in an age of profound innovation in understanding the biology of cancer and developing transformative therapies. Despite this significant progress and promise, there are patient needs that can be better addressed, to some extent, with thoughtful and effective communications.

Driving awareness of clinical trial opportunities is one area. Given the volume of open clinical trials, it is disappointing that only 3% to 6% of patients participate in studies. A concerted effort by the biopharma industry, advocacy groups, and physicians to provide comprehensible and accessible information about these trials could help people with cancer realize the benefits of scientific advances while moving research forward.

There is also a lot of misinformation. In search of hope, many cancer patients and their families turn to unreliable social media discussions and sites. Understandable and relatable information from drug developers about study findings could help patients and their families have more productive conversations with their physicians and ultimately get better care.

For more: jilldosik@gcihealth.com or gcihealth.com

Dave Querry
President

Over the past decade we have seen incredible progress in cancer treatments, resulting in people living with cancer longer, as opposed to dying from it. It's that kind of progress that makes being in this industry so rewarding. We need to be valuable partners so people can be engaged, educated, and part of the treatment dialogue from diagnosis all the way through.

They are people, not patients. They have careers, families, and lives. It's why we take a social-centric approach to account for the differing contexts that shape individual behavior. It gives us the ability to keep engagement high beyond initial diagnosis. And it helps us build trust between healthcare providers and their patients for better treatment compliance.

At Navicor, our mission is always to get the right information in the hands of those who ultimately transform patients into survivors.

For more: dquerry@navicorgroup.com or the.oncology.agency