June 2018 • www.pmeonline.com

# PME

PHARMACEUTICAL MARKET EUROPE



# The value of creativity

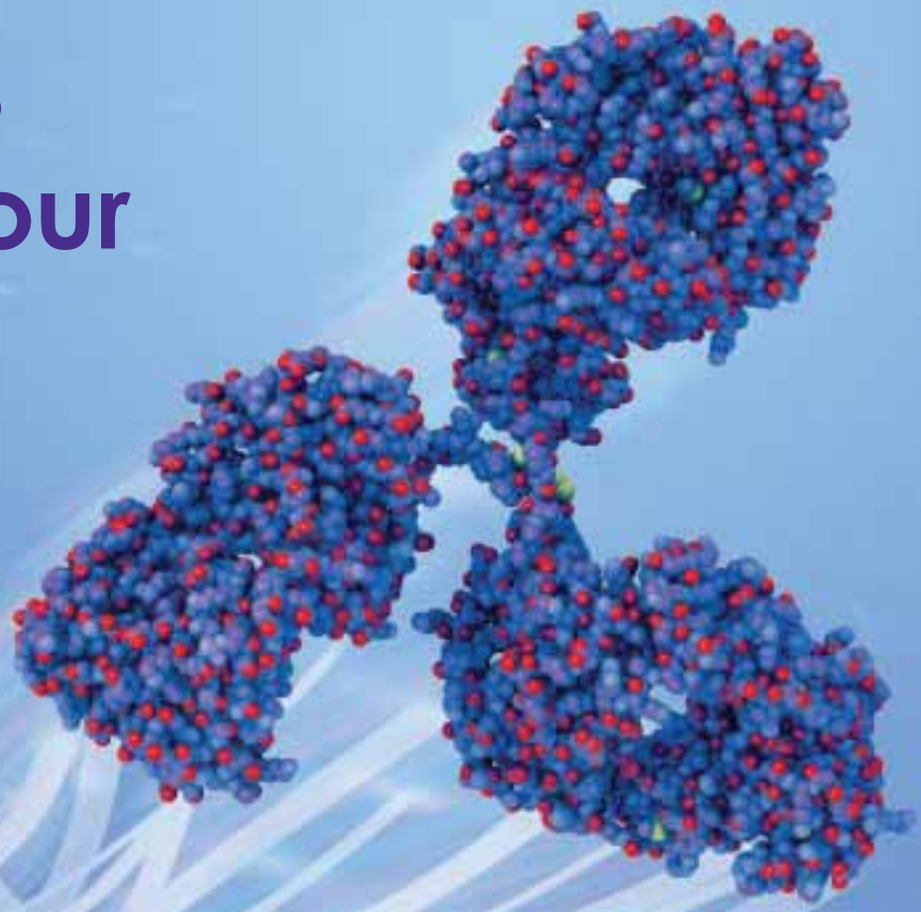
30 women leaders in UK healthcare

Mylan talks biosimilars

Diversity and inclusion

Cutting out the noise | Advancing women in healthcare | Flexible working | Digital intelligence

# Impact accelerates uptake of your biosimilar brand



Impact helps build biosimilar brands.

It's all we do.

Our global programmes accelerate their uptake and optimise brand differentiation for healthcare professionals and payers.

If you are building a biosimilar brand and would like to benefit from our three years of experience, or receive our latest biosimilar review paper, call or email:

Impact

Building Biosimilar Brands

**+44 (0) 7714 762 621**

**rod@impactmedicaleducation.com**

**www.impactmedicaleducation.com**

**THE TEAM**
**Editorial:**
**Group editor Andrew McConaghie**
**Managing editor** Iona Everson
**Reporter** Gemma Jones

**Studio:**
**Executive director** Karl Equi
**Middleweight graphic designer** Catherine Philip
**Middleweight graphic designer** Helen Penfold

**Sales:**
**Business director** Tara Lovegrove

**Production:**
**Production director** Keith Shilson
**Production manager** Samuel Hamilton



**PUBLISHED BY**
PMGroup
Mansard House, Church Road,
Little Bookham, Surrey, KT23 3JG, UK
Tel: +44 (0)1372 414200
Fax: +44 (0)1372 414201

**CONTACT US**
General enquiries: **info@pmlive.com**
Editorial: **editor@pmlive.com**
Advertising: **sales@pmlive.com**
Subscriptions: **subscriptions@pmlive.com**



The magazine is also available at the following subscription rates: £120 UK, £180 Europe, £210 RoW


Hello and welcome to the June issue of Pharmaceutical Market Europe. This is my first full issue at the helm of PME, and it's been a pleasure getting to know the great team here at Mansard House, and also seeing the fantastic engagement that our audience has with the magazine and all of PMGroup's products.

None more so than the Comm*uniqué* Awards, which is unquestionably one of the focal points of the year for pharma and healthcare communications professionals.

I played a small role in the two days of intense Comm*uniqué* judging last month, and can attest to the great craft, creativity and rigour put into the entries, and a matching commitment to fairness and high standards from all the judges from agencies and clients. That's why winning a Comm*uniqué* award is an achievement to be proud of.

The very best of luck to all the finalists, and I look forward to meeting many of you on the night itself at the Grosvenor House on 28 June.

**Women leaders in healthcare**
Women have always played a crucial role in healthcare, even when they were far from being men's equals in society: from Florence Nightingale to Rosalind Franklin, from Marie Curie to Frances Oldham Kelsey, there have been plenty of female heroes and pioneers if you knew where to look.

In 2018 we are in the midst of an exciting re-energised drive for women to secure true 'gender parity' – and some concrete measures such as the UK's Gender Pay Gap regulations are helping to accelerate that. But the best drivers for change are women themselves, leading from the front and breaking down barriers.

My thanks to the wonderful members of the Healthcare Businesswomen's Association (HBA) in London who invited me to attend their recent event (featured on p26), which brought together four remarkable women leaders in healthcare.

The HBA London chapter's energy inspired this month's in-depth feature – 30 Women Leaders in UK Healthcare. In this list, we've selected just a small cross section of the great female talent taking a lead today, and reshaping our field for now and the future.

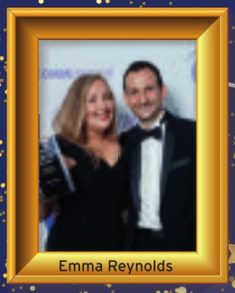
Andrew McConaghie
Group Editor

PMGROUP
intelligence. innovation. inspiration

# COMMUNIQUÉ Awards 2018

# CELEBRATE OUTSTANDING WORK IN HEALTHCARE COMMUNICATIONS ON 28 JUNE


90TEN


Emma Reynolds


RB Innovation Hack


Alastair Kent OBE


Sarah Matthew

**Some of our 2017 winners**

## BOOK YOUR PLACE NOW!

AT THE GROSVENOR HOUSE HOTEL, LONDON!

**www.pmlive.com/communiquetickets**

or contact Amy Watson on +44(0)1372 414248 or email awatson@pmlive.com

## LOOK OUT FOR RESULTS ONLINE FROM 29 JUNE!

Sponsored by

90ten Life. Changing. · Acteon · Attigo part of the MEDNET GROUP · BEDROCK Dedicated people delivering inspiring results · Cuttsy Cuttsy · dna AS DIFFERENT AS YOU

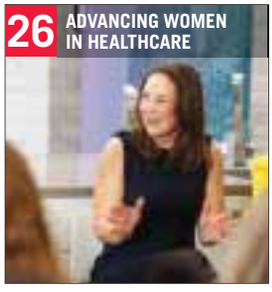
DOVETAIL effectivecollaboration · Edelman · FRONTERA LONDON · havas life medicom · HAVAS LYNX · HEALTH UNLIMITED · imc group

jpa HEALTH COMMUNICATIONS · LUCiD GROUP Transforming lives. Always. · mxm GROUP · OmnicomPublicRelationsGroup · OXFORD PharmaGenesis The HealthScience Communicators · Pegasus inspiring healthy decisions. · porterhouse medical group Insight • Science • Creativity • Impact

Publicis Resolute · REAL SCIENCE · REYNOLDSMACKENZIE COMMUNICATIONS GROUP · Say. · Syneos Health Communications · SV synergy vision · VIRGO HEALTH HEALTH WITH A HUMAN TOUCH

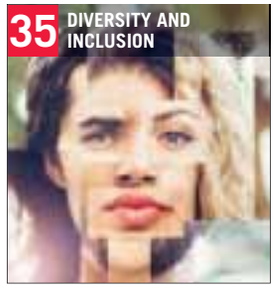
# JUNE 2018

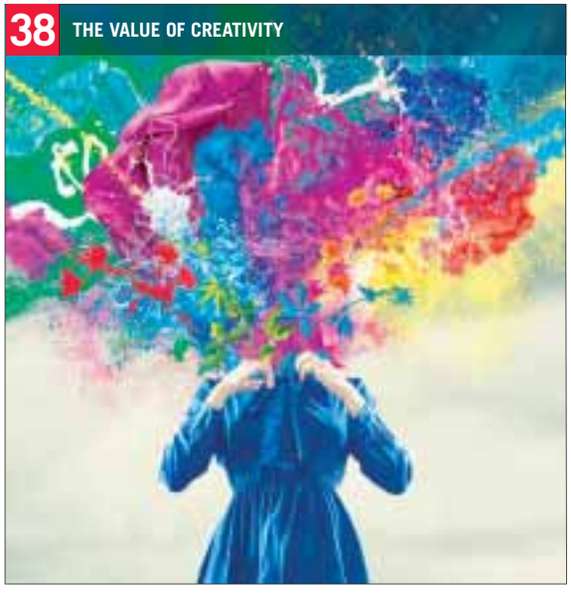










# Lilly adds AurKa Pharma to oncology buying spree

## Lilly is buying back its former drug after just two years

**Just days after having unveiled its $1.6bn acquisition of Armo Biosciences, Lilly has made another purchase to bolster its oncology pipeline.**

The pharma giant announced it would pay $110m up front for the Montreal-based AurKa Pharma, with up to $465m more in regulatory and sales milestones, should its lead candidate AK-01 gain approval.

The interesting twist is that AK-01, an Aurora kinase A inhibitor, was originally discovered by Lilly, but offloaded in 2016 as part of a pipeline review.

Now the company sees the potential first-in-class asset as an opportunity for Lilly to get ahead in oncology.

AurKa Pharma is currently studying the drug in Phase 1 clinical trials in multiple types of solid tumours. Aurora kinases, consisting of Aurora A, Aurora B and Aurora C, are key mitotic regulators required for genome stability and are frequently overexpressed in cancerous tumours.

Lilly sold the compound to TVM Capital Life Science, which then established AurKa as part of


a life sciences venture fund, aimed at creating a lean and accelerated development path to market.

"Lilly Oncology is focused on the development of innovative cancer therapies that can make a meaningful difference for patients," said Levi Garraway, senior vice president, global development and medical affairs, Lilly Oncology.

"The acquisition of AurKa Pharma expands our pipeline with a promising oncology compound targeting a distinct cell cycle pathway. The work done by AurKa will allow Lilly to leverage emerging data about cancers in which this molecule might be effective,and determine if it can be beneficial to people living with various forms of cancer."

"Through the unique healthcare venture capital model pioneered by TVM Capital Life Science, companies such as AurKa have been established to more quickly and efficiently bring promising compounds to clinical proof-of-concept," said Luc Marengere, Managing Partner at TVM Capital Life Science.

"We are pleased that the scientific advances made by AurKa could contribute to the development of AK-01 and hopefully help deliver a potential new medicine for cancer patients."

# Roche digs out soil drug discovery deal with Lodo

## Lodo is raiding the rich microbial world of soil for potential new drugs

**Roche unit Genentech has signed an approximately $1bn alliance with Lodo Therapeutics to delve into the genomes of microbes in soil in the hope of finding new drug therapies.**

The agreement is the first big pharma deal signed to date by Lodo, which came out of stealth mode in 2016 with $17m in backing from Accelerator Life Science Partners. It includes an undisclosed upfront payment and up to $969m in R&D and commercial milestones, as well as tiered royalties on sales if products reach the market. For now, the disease categories being pursued under the alliance haven't been divulged.


A large proportion of drugs developed in the last few decades have originated in natural products, such as microorganisms and plants. For example, an estimated three-quarters of cancer drugs since the 1980s were derived this way, as well as a sizeable slice of drugs used to treat infections and chronic illnesses.

More recently, an increased focus on biologic large-molecule drugs, as well as synthetic small-molecules based on rational design and combinatorial chemistry has pegged back investment in this area, but the latest deal shows there is still interest in breaking into nature's medicine chest.

Under the terms of the Genentech deal, Lodo will deploy its genome mining and biosynthesis research and expertise to seek out naturally occurring small molecules with therapeutic potential from microbial DNA.

Lodo launched just over two years ago on the strength of a platform that differs from other natural drug discovery systems; it does not rely on culturing known strains of bacteria, and focuses instead on isolating microbial DNA from soil samples and identifying gene clusters involved in the synthesis of bioactive molecules.

The approach increases the number and diversity of natural products that are available for screening, as the majority of bacteria aren't easy to culture in the lab, and according to Lodo could reduce the time and cost of drug discovery.

Brady's lab work has already resulted in some interesting drug leads, including a new class of antibiotics dubbed 'malacidins' that have never been described in culture-based natural product discovery but seem to be active against resistant pathogens including vancomycin-resistant enterococci (VRE) and methicillin-resistant Staphylococcus aureus (MRSA).

# Takeda seals Shire takeover

**After weeks of public wooing of Shire and its shareholders, Takeda has sealed a £46bn ($62bn) deal to acquire the company.**

The merger will create a company with revenues of $31 billion, making it one of the sector's top ten – but the size of the outlay and the rationale behind the deal has left many analysts cold.

Takeda's Chief Executive Christophe Weber will now have to demonstrate that the outlay can bring returns for shareholders of both companies. Takeda is looking for new growth outside its home market of Japan as patent expirations and drug pricing pressures trim its profits there. However, Shire has fallen from favour with investors over the last 12 months, as competition against key therapy franchises such as haemophilia and the failure of earlier M&A deals to lift prospects have dragged down sentiment.

# PMCPA takes AZ to task over asthma drug press release

## Concluded that the data in the release had not been "placed in context"

**A complaint filed by GlaxoSmithKline against AstraZeneca about a press release for its severe asthma drug Fasenra, which competes with GSK's Nucala, has been largely upheld by the industry governing body.**

The source of GSK's anger was a PR put out by AZ after interleukin-5 inhibitor Fasenra (benralizumab) was recommended for approval by the Committee for Medicinal Products for Human Use last November, which it claimed contained "unbalanced and misleading" statements on Fasenra's clinical data and was effectively an advert for the drug.

The Prescription Medicines Code of Practice Authority backed a number of GSK's concerns but said that it "did not consider that the claim in the press release was an advertisement for Fasenra, a prescription only medicine, to the public".

The spat comes as Fasenra and Nucala (mepolizumab) are slugging it out in the severe asthma category, with GSK's drug firmly in the lead – thanks to a two-year lead in the market – with $344m ($457m) in sales last year.


In the complaint, GSK maintained that the statement that benralizumab cut the annual asthma exacerbation rate by up to 51% compared to placebo cherry-picked the best result out of two pivotal trials of the drug, as the other study achieved a 28% reduction.

It also took issue with claims relating to Fasenra's speed of onset, convenience, its effects on oral corticosteroid (OCS) use and its safety profile which AZ indicated was similar to placebo. Some of the claims related to these measures were promotional in nature and in breach of the PMCPA code, asserted GSK.

Taking into account AZ's response, the PMCPA ruled that the 51% reduction statement was in breach, as were statements related to a "rapid improvement in lung function" seen with AZ's drug that it said were misleading because the PR didn't make it clear the changes were from baseline, and not a comparison with placebo.

Similar reasoning was used to uphold the complaint about OCS use, with the PMCPA panel concluding that the data in the release was "not placed in context" and so had not been presented in a balanced way. It also ruled that the statement about placebo-like AERs exaggerated the properties of Fasenra.

# Novartis legal head resigns over Cohen payments

## General counsel steps down, but Novartis still facing difficult questions

**Novartis' legal head Felix Ehrat is resigning from his position, and has claimed responsibility for the scandal surrounding the $1.2m payments to President Trump's lawyer Michael Cohen.**

As the Swiss pharma company's group general counsel, Ehrat was the co-signatory, along with then-CEO Joe Jimenez, on the contract to hire Cohen's firm to provide consultancy services.

The payments were exposed as part of an ongoing legal battle between Cohen and the lawyer of porn star Stormy Daniels, and as such entangled Novartis in a web of sleaze and clandestine payments.

Novartis' new CEO Vas Narasimhan has since admitted that the payments were a serious error, but has been careful to distance himself from the decision.

Ehrat has now fallen on his sword, with the aim of sparing the company any further embarrassment.

In a statement he said: "Although the contract was legally in order, it was an error. As a co-signatory with our former CEO, I take personal responsibility to bring the public debate on this matter to an end."

Shannon Thyme Klinger, currently Novartis' Chief Ethics, Risk and Compliance Officer, took over the Group General Counsel role on 1 June, and the company has signalled that its compliance and ethics measures will be tightened in response to the affair.

However Mr Ehrat's resignation won't bring the matter to a close, as formal investigations into the payments remain a possibility in Switzerland and the US.

The Office of the Attorney General of Switzerland has responded to media enquiries by saying it is in discussions with the Public Prosecutor's Office in Basel about whether it should launch an investigation.

In the US, the revelations have prompted Democrat Senator Ron Wyden to launch an inquiry. Writing to Narasimhan, Wyden demanded detailed answers about the Cohen agreement, including who at Novartis had approved it and what the company had expected in return for its $1.2m payment.

In a separate letter to the Novartis CEO recently, two more Democrat senators, Elizabeth Warren and Richard Blumenthal, called the payments "stunningly irresponsible" and listed 15 questions of their own.

## In brief

**Bristol-Myers Squibb** has expanded an existing partnership with **Flatiron Health**, a start-up focused on mining electronic health records and real-world data to support cancer drugs development. BMS says it will use Flatiron's real-world data to accelerate its R&D and improve its ability to generate real-world evidence.

**Valeant**'s years of buccaneering mergers and acquisitions, suspect business practices and allegations of fraud have left it saddled with debt and a pariah-like status in the industry. CEO Joseph Papa has worked to cut $5bn from what was a debt of $30bn. Now the firm will be renamed as **Bausch Health Companies**.

**Novo Nordisk** has unveiled a new alliance with San Diego-based biotech **Epigen Biosciences** for a novel compound to treat diabetic and chronic kidney disease. The Danish group has licensed the Epigen's LPA1 receptor antagonist EPGN696 for development in diabetic and chronic kidney disease and other chronic diseases associated with metabolic syndrome.

**Abcam**, a UK-based biotech research services firm, launched a takeover bid for rival **Horizon Discovery** this week, but has seen its £270m ($368m) offer rejected. Horizon Discovery released a statement rejecting the offer, calling the bid "highly opportunistic" and said it fundamentally undervalued the company and its future prospects..

*Digital intelligence*, **see p50**

# Novo Nordisk expands cell therapy R&D, says type 1 diabetes cure a step closer

## Company has reached milestone in stem cell therapy as it looks to broaden range beyond diabetes

**Novo Nordisk has unveiled an increased investment in stem cell-based therapies and an expansion beyond its current focus on type 1 diabetes into other serious chronic diseases.**

Novo is one of the world's biggest producers of insulin products and other diabetes treatments, with these products accounting for most of its $17.5bn annual sales.

Now it says it has reached a milestone in the development of a stem cell therapy which replaces the beta cells missing in type 1 diabetes patients – bringing it one step closer to a cure which could one day free patients from their dependence on insulin.

This would of course be the ultimate 'disruptive innovation' for Novo Nordisk, but the company says it wants to be at the forefront of this expected breakthrough.

"Finding a cure for diabetes is part of Novo Nordisk's vision and recent progress in our stem cell research and the access to robust and high-quality cell lines raises hopes for people with type 1 diabetes," said Mads Krogsgaard Thomsen, Novo Nordisk's Executive Vice President and Chief Science Officer.

Novo says it has reached a milestone in producing high-quality stem cell lines for transplantation through its partnership with the University of California San Francisco.

Thomsen added: "Our collaboration with UCSF is also expected to accelerate current and future partnerships to develop stem cell-based therapies for treatment of other serious chronic diseases."

Funding in the wider field of cell and gene therapies is increasing rapidly with groundbreaking CAR-T products. Competitors in the stem cell therapy for type 1 diabetes field include Semma Therapeutics, a Boston, Mass-based biotech.

Novo Nordisk has licensed a technology from UCSF to enable the generation of good manufacturing practice-compliant human embryonic stem cell lines as well as rights to further develop these into future regenerative medicine therapies.

The partners have just opened a new GMP laboratory at UCSF where employees from the university and the company will work together on deriving the cell lines. They say these will achieve a better-than-ever quality, and enable a breakthrough in using stem cell-based therapies.

Novo Nordisk says that after two decades of research focusing on the differentiation of pluripotent stem cells into insulin-producing beta cells, it has now achieved preclinical proof-of-concept. The firm has also worked with Cornell University, to develop an encapsulation device to deliver transplanted beta cells into patients and protect them from attack by the immune system.

The first clinical trial could begin within the next few years.

The company is also working with Swedish biotech Biolamina and Lund University, with research underway to develop stem cell-based treatments for Parkinson's disease.

For another partnership with Biolamina and the DUKE National University Singapore Medical School, the research focus is on chronic heart failure and age-related macular degeneration.

The company has made its goal of expanding beyond diabetes clear with its recent failed bid to acquire biotech Ablynx.

It is likely to stay on the look-out for more mid-sized acquisitions to boost its revenues as US payers squeeze profits in the diabetes market.

# Roche's Hemlibra first drug to top standard therapy in haemophilia A

## Latest data could unlock a new patient population for the Swiss pharma giant's drug

**Roche's blockbuster ambitions for new haemophilia A therapy Hemlibra have been bolstered by new data showing the drug was able to cut bleeds by more than two-thirds compared to standard factor VIII therapy.**

It's the first time that any medicine has been able to outperform factor VIII prophylaxis, with patients switched to Hemlibra (emicizumab) given as a once-weekly or biweekly injection, seeing the number of bleeds reduced by 68% compared to their prior therapy. It also reduced bleeds by 98% in patients who did not get any preventive treatment in the HAVEN 3 trial, which enrolled people with haemophilia A without factor VIII inhibitors, antibodies that limit the effect of clotting factor replacement.

"Even with current prophylactic treatments, many people with

haemophilia A continue to have bleeds that can lead to long-term joint damage, and there is a need for more treatment options," commented HAVEN 3 investigator Johnny Mahlangu.

The latest results could help unlock a much larger eligible patient population for Roche's drug if approved. The data is being "submitted to health authorities around the world for approval consideration", it said. Roche was awarded a speedy FDA review for haemophilia A without inhibitors via a breakthrough designation last month.

A second trial – HAVEN 4 – was also reported this morning and showed that Hemlibra could be given just once a month and still provide "clinically meaningful" control of bleeding rates in haemophilia A patients with and without inhibitors.

That would give the drug a dosing advantage over long-acting factor VIII-based drugs such as Adynovate from Shire – now in the process of a $65bn takeover by Takeda – as well as Biogen's Eloctate and Bayer's Kovaltry. All these drugs are generally dosed two or three times a week and, according to analysts at Jefferies, Hemlibra's ease of administration positions it as the new standard of care for haemophilia A, potentially becoming a $5bn product at peak.

# Safety scuppers combo trials with J&J/Genmab's Darzalex

**Genmab's hopes of finding a role for its Darzalex drug in combination with immuno-oncology drugs have hit a snag, with reports of increased mortality in trials pairing the antibody with checkpoint inhibitors.**

A phase Ib/II trial of anti-CD38 antibody Darzalex (daratumumab) given in combination with Roche's PD-L1 inhibitor Tecentriq (atezolizumab) in previously treated non-small cell lung cancer, and a phase I study pairing the drug with Johnson & Johnson's experimental PD-1 inhibitor JNJ-63723283 in multiple myeloma, have both been terminated. There was a "numerical increase" in deaths when Darzalex was added to Tecentriq and no evidence of any increase in clinical benefit compared to Tecentriq on its own in the LUC2001 trial, according to Genmab.

# BMS continues Nektar combo pivotal trials, despite data debate

## Data not mature enough to give an accurate ORR reading, says companies

**Bristol-Myers Squibb and Nektar are pressing ahead with phase III trials for the combination of Opdivo and NKTR-214 after reporting new results at ASCO, although the companies had to defend the data.**

The phase I/II PIVOT trial met the criteria to advance Opdivo (nivolumab) and NKTR0214 into trials in melanoma, renal cell carcinoma and urothelial cancer. However, a comparison of data from the trial reported last year showed a reduction in response rates that spooked some investors.

The companies defended results at ASCO and the decision to implement an expensive late-stage trial programme.

Some of the confusion comes from the design of the trial, which is divided into two parts – an initial stage 1 assessment for efficacy, and a second to recruit additional patients and see whether a phase III programme is warranted.

The confusion was that high response rates reported last year in stage 1 patients seemed to have reduced in stage 2 for melanoma and RCC, even though the thresholds were met to advance into late-stage testing.

The combo achieved an overall response rate of 85% in stage 1 but this had fallen to 50% in stage 2 at ASCO. Just 3 out of 15 additional patients saw that response, and there was a similar picture for RCC with the ORR dipping from 64% to 46%. They also reported initial stage 1 data in urothelial cancer which showed an ORR of 60%.

The companies say the stage 2 data is simply not mature enough to give an accurate ORR reading, as it takes time for the combination therapy to kick in, although BMS and Nektar struggled to get the message across among a storm of speculation on Twitter about the reasons behind the result.

# ASCO data backs Merck & Co's dominance in lung cancer

## Keytruda improved survival of previously-untreated NSCLC patients by four to eight months, according to data

**Using chemotherapy to treat non-small cell lung cancer (NSCLC) could be relegated to second-place now that a trial of Merck & Co's Keytruda has shown an improvement in overall survival.**

The results of KEYNOTE-042 reported at ASCO showed giving Keytruda (pembrolizumab) to previously untreated NSCLC patients improved survival by up to eight months compared to standard platinum-based chemo, and reduced the side effect burden.

The trial enrolled patients with PD-L1 expression levels of 1% or more, a much broader patient population than was tested in the earlier KEYNOTE-024 trial of Keytruda monotherapy in first-line NSCLC, which resulted in the approval as treatment for patients with expression levels of the biomarker above 50%.

Keytruda is still the only cancer immunotherapy approved for the initial treatment of NSCLC


and has also been cleared for use in combo with chemo. The new data consolidates its position, although other companies are trying to muscle in on its territory.

That includes Roche, which reported updated data from a study showing a 29% improvement in the risk of the disease worsening or death for Tecentriq (atezolizumab) plus chemo versus chemo alone in previously untreated squamous NSCLC patients. However it wasn't able to detect any improvement in OS and Roche is continuing the study, hoping to demonstrate that at a later date.

Merck has new data for Keytruda in combo with chemo in first-line NSCLC, however, and seems to be keeping its nose in front of the competition in that setting too.

The KEYNOTE-407 trial showed Keytruda plus chemo reduced the risk of death by 36% compared to chemo alone in patients with advanced squamous NSCLC, reducing PFS by 44%.

Meanwhile, Bristol-Myers Squibb has been playing catch-up since a trial of its PD1 inhibitor Opdivo (nivolumab) failed to show efficacy in NSCLC patients two years ago.

It too is trying to break into front-line treatment with a trial comparing Opdivo plus platinum chemo to chemo alone in patients with PD-L1 expression levels above 1%.

## In brief

Some ovarian cancer patients in England and Wales will be able to access **Tesaro**'s once daily, PARP Inhibitor Zejula (niraparib), following a recent approval by the National Institute of Health and Care Excellence (NICE). The drug is available via the Cancer Drugs Fund for patients with recurrent platinum-sensitive ovarian cancer.

**MSD** and **AstraZeneca**'s PARP inhibitor Lynparza has been approved for maintenance therapy in ovarian cancer in Europe, getting the green light for a new tablet formulation. Lynparza (olaparib) can now be used in Europe to prevent relapse in patients with platinum-sensitive ovarian, fallopian tube or primary peritoneal cancer, regardless of BRCA status.

**AstraZeneca's** hopes of taking on rival **GlaxoSmithKline** in the respiratory antibody sector have taken a knock after a failed phase III trial. AZ's injectable interleukin-5 inhibitor antibody Fasenra (benralizumab) was unable to show a benefit compared to placebo in reducing exacerbations in moderate to very severe chronic obstructive pulmonary disease patients.

**Bristol-Myers Squibb** has suspended two trials of its BMS-986205 candidate – acquired via its $1.2bn purchase of Flexus Biosciences in 2015 – in non-small cell lung cancer and head and neck cancer. A third study in melanoma is still active but has only recruited a portion of the patients expected.

*An insulin game changer,* **see p28**

# Pharma sees European generics export plan as anti-innovation

## EFPIA condemns plans, but European Commission says changes would create jobs in Europe

**Plans to make it easier for European generics companies to compete in global markets outside the EU have been unveiled – and promptly attacked by the pharma industry as anti-innovation.**

Generics firms based in the EU are currently barred from manufacturing generics of drugs still covered by Supplementary Protection Certificates (SPCs). This puts them at a disadvantage to generics firms in places such as India, and means European generics firms can't launch on 'Day 1' of patent expiry.

The European Commission is now proposing what it calls a 'targeted amendment' to EU intellectual property (IP) rights, a so-called 'export manufacturing waiver' to Supplementary Protection Certificates.

This would allow the generics firms to begin work on their copies before the SPC expires, as long the drugs were intended only for export out of the EU.

The European Commission says the changes could generate €1bn net additional sales per year, and up to 25,000 new jobs over 10 years. It says the change would particularly benefit the many small and medium-sized enterprises in the field. In the medium term, it says more competition will improve patients' access to a wider choice of medicines and alleviate public budgets.

European Commission Vice President Jyrki Katainen responsible for Jobs, Growth Investment and Competitiveness, commented: "Europe is and should remain at the forefront of pharmaceutical research and manufacturing. Our rules on intellectual property protection of pharmaceuticals promote innovation and creativity. We are committed to the core rights and the length of this protection, which remain unchanged."

He added: "We are proposing a well-calibrated adjustment to the current regime to remove a legal barrier that was preventing our companies from competing on equal terms in global markets where competition is fierce. We want to make sure that our pharmaceutical industry reaps the benefits of such competition."

While the proposals have been warmly welcomed by Europe's generics association Medicines for Europe, pharma industry organisation EFPIA has condemned the proposals.

Nathalie Moll, EFPIA's Director General, says Europe has long benefited from a framework of IP and incentives that has given investors and companies the assurance they need to invest in drug development.

She concluded: "The Commission's proposal to devalue this framework puts Europe at a serious disadvantage in the global race to attract life science investments."

Even though the plans wouldn't directly affect patent-protected medicines in Europe, EFPIA nevertheless says the move would be interpreted negatively by pharma, and says it has a 'very real concern' it would lead to R&D investment going elsewhere.

EFPIA's experts say the plans to introduce an SPC manufacturing waiver is "all the more striking given the extent to which other geographies, notably China, are moving in the opposite direction by strengthening their IP frameworks, aiming to become the Europe of tomorrow."

EFPIA is likely to maintain its opposition to the plans, and will look for support from EU governments to support its concerns.

The European Commission insists, however, that the EU's IP protection for medicine production in Europe will remain"the strongest in the world" and that SPC-protected medicines will retain their full market exclusivity in the EU, and that the plans would boost the region's economy.

# Trump pledges 'total victory' in war on drug prices

## Despite rhetoric against pharma and PBMs, shares rise as markets shrug off threats to sector

**President Trump's speech on prescription drug prices contained plenty of anti-pharma rhetoric – but despite concerns about proposed changes, shares in the sector rose in response to what were seen as hollow threats.**

The President also took aim at Pharmacy Benefit Managers (PBM) – saying these 'middlemen' would be 'eliminated' – but lack of detail on this threat also saw PBM share prices rise.

News from the American Patients First blueprint is that Trump hasn't followed through on earlier promises to have the federal government negotiate the price of drugs used in the Medicare system, and hasn't made it possible for US citizens to import lower-cost medicines from overseas.

Instead, the intention is to give new powers to Medicare's private prescription drug plans


(Part D) with a report drawn up "on whether lower prices on some Medicare Part B drugs could be negotiated for by Part D plans". Part B drugs are dispensed at physicians' offices and hospitals.

Other measures could see pharma companies include pricing in prescription drug advertising and making price increases and generic competition more transparent.

Probably the most significant policy is the proposal to outlaw pharma offering rebates in return for inclusion of its products on PBM and health plan formularies – which many market analysts say encourage price increases.

Health and Human Services Secretary Alex Azar said the document includes more than 50 measures that his agency has already put into action or has planned, although some will require new legislation. Democrats have accused the President of backing down from his earlier pledges and caving into pressure from the pharma lobby.

In his speech, Trump said the current "broken system" of medicines delivery is an "incredible abuse" by all parties involved.

He had plenty of vitriol for the pharma industry, saying "the drug lobby is making an absolute fortune at the expense of American consumers" and also that foreign countries "extort unreasonably low prices from US drugmakers" in a form of "global freeloading", adding that he had instructed the US Trade Representative (USTR) to make this issue a priority in future trade talks.

Responding to the idea that getting other countries to pay more for drugs would result in lower prices in the US, Paul Ginsburg, Professor of Health Policy at USC said it would have no such effect and would raise pharma profits.

Despite this, pharma share prices rose pretty much across the board after the comments, suggesting the investors aren't worried about the impact of the proposals.

# Can new data aggregators shift the balance of power away from pharma?

**The evolution of the pharmaceutical industry over the last 40 years has been punctuated by periods of erosion of its influence, usually catalysed by new regulations or new stakeholders with novel technology or business models. (In the latter case think biotechs and PBMs.) The industry's strategic response has usually been jump-started by M&A, since organic growth driven by R&D-led changes were usually too slow to regain the initiative. The big push into developing markets in the last decade was an exception to the M&A solution, since rapid infrastructure expansion and approval of existing products was a relatively easy response to a slowing pipeline.**

Today's challenges are rather different; as we enter an age in which the acquisition and analysis of data becomes all-pervasive, the prospect of data aggregators entering the healthcare ecosystem could prove the latest challenge to an embattled pharmaceutical industry. Society appears to acknowledge a future in which the possession of data, rather than product alone, is gaining greater currency. Big pharma's usual response is to acquire something to fill the product/knowledge gap but first it needs to acknowledge 'data' as a core competence, something it has singularly failed to do. The consequence of such insouciance in the face of the digital revolution that is underway everywhere else could be another shift in the balance of power.

The prospect of large technology-based data aggregators, such as Google or Amazon, becoming meaningful stakeholders within the healthcare ecosystem is an intriguing prospect. The opportunity to aggregate data across the healthcare treatment pathway for large numbers of patients in many disease areas has proved elusive thus far but significant pockets of useful data have been aggregated already. The best example is probably Jem Rashbass' successful attempt to consolidate NHS cancer data through the National Disease Registration Service as part of Public Health England. Operating mostly under the radar this service has yet to market itself widely but the potential to identify cost-effective and clinically successful drug regimes is enormous. This could have far-reaching consequences for some players in the pharmaceutical industry who may find their product pricing to be untenable when the cost/clinical benefit calculus becomes totally transparent. How long before Google or others license the data-gathering process and apply it to other geographies where such disparate silos of data are stored.

Casual observers of the healthcare industry may be forgiven for dismissing a potential healthcare data land grab by technology players as fanciful. However, it was only 20 years ago that several genomics companies, led by Human Genome Sciences Inc, thought they could secure a monopoly position over unprecedented drug targets by filing patents on gene sequences emerging from their own human genome sequencing programmes. At the time there was a strong scientific belief in the central dogma, that is 'one gene codes for one protein'. If that had been true then one or two companies securing intellectual property rights over what was considered to be a finite resource, ie 100,000 genes, potentially could have controlled access to the flow of future drug targets for the entire industry. As it turned out the central dogma was too simplistic; genomics is way more complex than was thought at the time. Besides this, it was not possible to secure IP on gene products.

Futurists constantly remind us of the rapid pace of change and that those companies who close their minds to new ideas run the risk of being left behind. The fact that innovation outside the core drug discovery business is considered to be anathema by pharma companies has been explained by the need to adhere to strict rules and regulations. However, the acquisition and analysis of healthcare data is too important a game in which to be merely a spectator. Partnering and exploring where pharma companies can add value must be a priority if they are to avoid being a single component supplier in a commoditised business with a transparent risk/reward trade-off. Maybe Roche's $1.7bn acquisition of Flatiron Health is the first foray into such an exploration of healthcare data. Whatever the pharma response may be, it does need to be based on a greater understanding of the management and analysis of data. Making 'data' a core competence will not infringe on the current rules of engagement but would at least give pharma the ability to respond rapidly and with understanding to whatever changes the data revolution should bring.

**Stewart Adkins** is a Director of Pharmaforensic Limited, www.pharmaforensic.co.uk


# Malthus' orphans

BRIAN D SMITH

**Firms focusing on small, high-profit niches risk falling into a 200-year-old trap**

**Just as Darwin is the inspiration for my research, one of Darwin's most important influences was Thomas Malthus, whose dire predictions have made his name an adjective. I was reminded of Malthus, and what his work might mean for the life sciences industry, as I discussed the orphan drug and rare disease market with some clients this week. As usual, allow me to digress for a moment into the science and the history before returning to the practical and thought-provoking implications for our industry.**

Thomas Malthus was an 18th century clergyman. His book, *An Essay on the Principle of Population*, contains a key idea: increased food production, which might be expected to lead to improved standards of living, actually leads to an increased population. This 'Malthusian trap', as it became known, means that rather than a better-fed society, the population would grow until it outstripped food supply and the lower classes starved. His thinking influenced many Victorian scientists, including Darwin, but his worst fears were not realised. Technological developments, such as birth control and industrial food production, that he did not foresee, changed the course of history. But his logic persisted in the thinking of Darwin. Competition for limited resources is central to Darwinian evolution.

Malthus came to mind this week as I read a valuable report from EvaluatePharma, which predicts that orphan drugs will capture no less than 20% of spend on prescription drugs by 2024. The parallel with Malthus might not be obvious, so let me clarify that. The life sciences industry feeds, as it were, on the amount of money that governments and other payers have to spend, which is related, ultimately, to GDP. In economically developed markets at least, there is enough money to pay for a good standard of basic healthcare and then spend more on therapies and treatments that our ancestors would have considered expensive luxuries. This latter category includes many orphan drugs and rare diseases, whose health economic outcomes are often much less than other parts of the market, such as antibiotics or vaccines, for example. To a rough approximation, the growth of GDP has enabled the growth of the number of conditions we can treat, much as Malthus noted that increased crop yields led to higher populations.

Looked at in that way, there may be a Malthusian trap lying ahead for those companies who have invested in orphan drugs, such as Takeda with its recent acquisition of Shire. The attractiveness of rare diseases, orphan drugs and other 'ultra niche' strategies is their high relative profitability; governments tolerate high cost per patient because the patients are few and often tragically high-profile. But if EvaluatePharma is right and the proliferation of such treatments means that 20% of drugs spend is on these expensive products, that toleration may not be sustainable. It's easy to see governments limiting the benefits of orphan drug status or starting to limit the prices paid for rare disease treatments. If so, the projections on which orphan drug investments are premised may prove optimistic.

Of course, it's possible that unforeseen developments might save the day. Some people argue that the costs of specialised treatments may come down over time. They point to Moore's Law-type trends in information technology. But I fear this may be unduly optimistic. Price decline depends on economies of scale, learning curves and competition. By and large, rare diseases and orphan drugs don't lend themselves to the former or the latter. That's the nature of niche strategies. It's true that learning curves and other effects might drive down prices somewhat, but my instinct tells me that small volume treatments will remain very expensive, in relative terms at least.

And if prices don't decline significantly, rare diseases, personalised therapies and other expensive niche therapies will consume much more than the modest growth expected of mature economies. It's hard to imagine a scenario when such disproportionate growth in costs does not force governments to collectively treat these specialist diseases much more like their larger but cheaper cousins. Failure to apply some cold-hearted cost-benefit analysis to orphan drugs, rare diseases and other niches would inevitably lead to the 'lower classes' being starved of healthcare spend. Given the political nature of healthcare spend, such neglect is likely to be concentrated on conditions that don't vote, such as disease prevention and 'elective' procedures and therapies, such as fertility treatment.

Malthus is often ignored because his impeccable logic did not, in this particular case, pan out as predicted. But, to adapt Richard Feynman's famous quote, for a successful business model, reality must take precedence over hope because the payer will not be fooled. Life sciences companies that see orphan drugs and other diseases as their future might do well to consider the threat of Malthus' trap.

**Professor Brian D Smith** is a world-recognised authority on the evolution of the life sciences industry. He welcomes comments and questions at brian.smith@pragmedic.com

ROHIT KHANNA

# Trump attempts *The Art of the Deal* with pharma

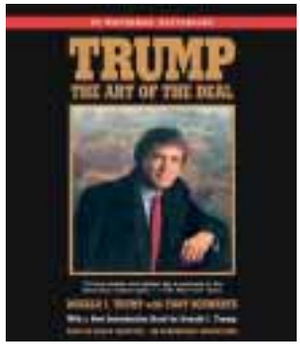
## Yet incendiary language, bullying and threats rarely lead to a deal

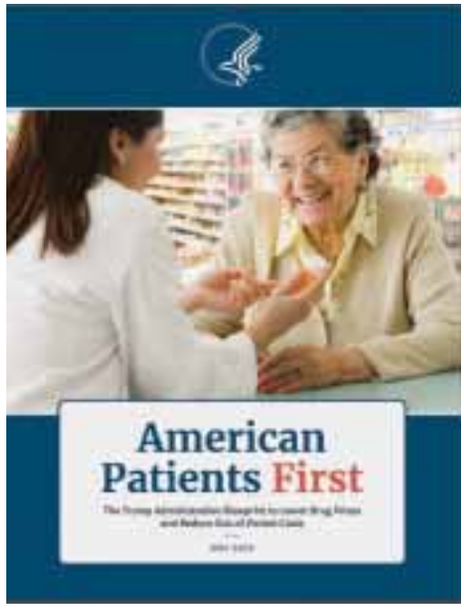
**The President of the United States recently unveiled his long-awaited plan to lower prescription drug prices in America. Trump's plan, called *American Patients First, The Trump Administration Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs* is a 44-page document that was released in mid-May. The plan seeks to increase competition, improve negotiation and create incentives to lower list prices of prescription drugs and out-of-pocket costs for consumers. Some of the steps it outlines are rebate-sharing in Medicare drug plans, promoting generics and copycat version of biologic drugs and requiring drug manufacturers to publish list prices for drugs in television advertisements.**

It has been said that serving in public office builds character. In Trump's case, it reveals character.

Make no mistake about it. This is about getting a deal. This is not about patients. Or levelling the playing field for all stakeholders. Or a long-term plan that allows Medicare to negotiate drug prices directly with manufacturers – as he promised during his 2016 campaign. This is about positioning the issue as 'us' vs 'them'.

Don't believe me? Here's what else Trump said upon unveiling his administration's plan. "It's time to end the 'global freeloading' once and for all", referring to how some countries set price controls and therefore pay less for drugs than Americans, while US companies invest in research and drug development. He said he has directed US Trade Representative Robert Lighthizer to make fixing this a top priority with every trading partner. "We have great power over the trading partners," he said. "You're seeing that already. America will not be cheated any longer and especially will not be cheated by foreign countries." Like Trump's thinking on steel tariffs, his view on the trade imbalance with China and his perspective on NAFTA (North American Free Trade Agreement) with Canada and Mexico is always about the 'bad' deal that America has had to absorb. The Paris climate accord and the Trans-Pacific Partnership? More examples of bad deals.




Trump wants the rest of the world to pony up its fair share. The plan states that the US Department of Health & Human Services has identified four challenges in the American drug market. And one of them is 'foreign governments' free-riding of American investment in innovation'. Let's not forget that much of the bench research and drug discovery process for a single therapy is a collaborative effort involving hundreds of people across the globe. And the pivotal registration trials that form the basis for a new drug submission include patients from around the world. And quite often, the manufacturing and supply chain for a therapy involves plants, distribution centres and manufacturing sites located outside the United States.

The plan is clear on the issue: the existence of single-payer systems and the imposition of drug price controls as well as the practice of external price referencing are the culprits. You see the thinking goes something like this: "Every time one country demands a lower price, it leads to a lower reference price used by other countries. Such price controls, combined with the threat of market lockout or intellectual property infringement, prevents drug companies from charging market rates for their products." The irony here is obvious. In the United States, drug companies are charging market rates with a few exceptions (Veterans Affairs) and this is the problem. Not the other way around.

His views on almost every issue are part isolationist and part protectionist. The language he and his administration use to frame issues are confrontational and designed to evoke nationalistic pride. It is unfortunate that one country's inability to reign in runaway drug prices is being spun as partly a function of being cheated by foreign countries. It is dismaying that the global contribution required to bring a therapy to the market is ignored. And it is distressing that he promotes himself as an artful dealmaker. Incendiary language, bullying and threats should never be framed as 'art' and they certainly never lead to a 'deal'.

**Rohit Khanna** is Managing Director of Catalytic Health, a healthcare communications, advertising and strategy agency. He can be reached at: rohit@catalytichealth.com

# 30 women leaders in UK healthcare

The enormous challenges facing UK healthcare mean it needs great leaders. *PME*'s Group Editor Andrew McConaghie introduces 30 outstanding innovators and trailblazers helping to shape the future

**Welcome to *PME*'s special feature on 30 women leaders in UK healthcare.**

We've put together this list of 30 truly dynamic and talented people to illustrate how pharma, biotech, academia and the NHS already have a wealth of women leaders – working in fields which not long ago where overwhelmingly dominated by men. Now women leaders are playing their part in answering the big questions of 21st century healthcare – with dedication, diligence and new ways of thinking and working.

At the same time, there is no doubt that there is still a long way to go before we can truly claim 'gender parity' in senior UK management teams, part of the push for broader diversity in the workplace which the best organisations know they must strive to achieve.

The reasons behind the still-too-slow progress towards gender parity are many, and are often subtle cultural and social barriers that aren't easy to dismantle. They include: early education choices made by girls, cultural assumptions about what a 'leader' looks like, a lack of role models and mentors for young women, career pathways incompatible with motherhood and sadly, on occasion, that 'boys' club' mentality which belittles or excludes women.

Organisations such as the Healthcare Businesswomen's Association (HBA) are helping to accelerate progress by celebrating leadership and mentoring by men and women – but of course employers must also play their part in this transformation.

Writing in an ABPI blog to mark International Women's Day last year, Pfizer's Professor Melissa Hanna-Brown commented:

"There are still not enough women in leadership positions (in academia or industry) and women are still not receiving equal pay. I would like companies and academia to be held accountable for addressing this problem while supporting women in the workplace," she said.

"There should be more flexibility across the career landscape to help women return to work after having children and we need to see companies commit to equal opportunities at all career stages to ensure women are actively supported to reach their full potential."

Finally, a note on the logic behind our list of 30: this is not a 'power list', indeed there is no hierarchy (the numbering is there simply to make it easier to navigate), and it doesn't strive to be definitive. Rather, these women have been chosen for their leadership in their chosen field, often breaking out of the mould and taking a new approach to an old problem, even if they're not in an 'entrepreneurial' role. We also wanted to illustrate the diversity of talent working across healthcare, and emphasise how seeing UK healthcare as one ecosystem, and breaking down organisation barriers is the best way forward for patients and society.

## 1 Fiona Marshall, Head of MSD's new discovery research facility

In November, MSD announced it was to invest in a new, multi-million pound drug discovery centre in London – and appointed a renowned researcher and entrepreneur to lead it.

Dr Fiona Marshall has joined MSD from Heptares Therapeutics, the UK biotech company she co-founded more than a decade ago, which was acquired by Sosei in 2015.

Dr Marshall is a world-leading expert in G-Protein-Coupled-Receptor (GPCR) biology and drug discovery. GPCRs are the single largest class of drug targets and recent developments in structural biology have provided new opportunities in the design of drug candidates across a wide variety of therapeutic areas.

In her career, spanning more than 25 years and including firms such as GSK and Millennium Pharmaceuticals, Dr Marshall has led research teams to numerous significant advances, and will now direct a team of around 150 scientists at the MSD UK Discovery Centre.

Brexit means the UK life sciences sector is facing great uncertainty, which has made MSD's decision to invest in the centre a hugely important endorsement of the country's scientific ecosystem. MSD's expansion over the coming years will help the company hold the government to its promises included in the Life Sciences Sector Deal.

Marshall is among the best-connected UK science leaders, and has won numerous awards, including the 2012 WISE award for Outstanding Achievement for Innovation and Entrepreneurship, the 2018 WITH Award for outstanding women innovators in healthcare and the 2015 RSC Malcolm Campbell Award for chemistry. She was elected as a Fellow to the Academy of Medical Sciences in 2016.

MSD says it has invested in the UK because of its excellence in drug discovery – and finding a top British scientist to lead its new centre helps back the country's claim to world-leading status.

The company is now looking for a suitable central London site for its new research campus, and hiring the best available scientific minds.

The centre will be judged on the strength of its innovation, but the appointment of a world-class woman scientist to the role is a notable breakthrough of its own.

## 2 Louise Houson, MSD UK and Ireland General Manager

Louise Houson is the first ever woman leader of MSD in the UK and Ireland (known as Merck Inc in North America) and is leading it at a hugely exciting but challenging time for Britain's pharma sector.

That's because while the industry is bringing a wave of innovative new treatments to market, the NHS is struggling financially, putting new pressure on the industry to prove the real-world value of its medicines. The main focus of the NHS is on remodelling frontline services around the creation of new integrated care organisations – and the industry needs to demonstrate its partnership credentials by assisting in this goal.

Houson rose through the ranks at MSD after graduating from Oxford with a degree in biological sciences, and took on the managing director role after 19 years of varied experience within the company.

Deploying her understated but driven leadership style to great effect, Houson is co-ordinating the company's growth in the UK. A very notable victory has just been announced, with Keytruda becoming the first of the groundbreaking immunotherapy drug to exit the Cancer Drugs Fund and secure NICE approval for first-line use in lung cancer patients.

Louise also plays a key role in the sector as a whole. As Chair of the Industry Negotiating Board for PPRS, she will be central to the sector securing the best possible deal from the all-important pricing agreement. Negotiations between the industry and the government are now under way for another four-year agreement, and a deal must be agreed before the end of 2018.

Louise was also involved in the launch of the government's Industrial Strategy last year, which set out a post-Brexit vision for the sector – a masterplan which leaders like Louise will press the government to deliver on.

Meanwhile, the company is also breaking new ground in its collaborations with the NHS. It has just won an HSJ Healthcare Partnership award for a high-impact collaboration with a local NHS organisation on modernising frontline healthcare.

Its work on the NHS England Early Intervention Long-Term Conditions Test Bed with NHS Heywood, Middleton and Rochdale CCG in Lancashire and Google's health division Verily used new digital methods to help frontline services proactively manage patients at high risk of hospital admission.

As well as implementing a clinical change management programme and a risk stratification tool, over 300 patients were enrolled for tele-monitoring, and the University of Manchester will now independently assess the impact of the combined interventions, and build a case for wider NHS adoption.

Finally, MSD is also creating a new UK-based drug discovery centre – (see Fiona Marshall's entry opposite) – another major undertaking that the accomplished Louise Houson will help lead.

## 3 Rachel Dunscombe, CIO, Salford Royal NHS, Chief Executive NHS Digital Academy

One of the most experienced and accomplished leaders in digital transformation of NHS services, Dunscombe joined the health service in 2005 from a background in IT for insurance and military sectors. Among her triumphs have been making IT and informatics a key part of a turnaround at Bolton NHS Foundation Trust, and building on the renowned Salford lung study with the North West E-Health team, which has the potential to be a world-leading digitally-enabled research hub.

Rapid uptake of digital innovation is vital if the NHS is to keep on top of rising demand, but leaders like Dunscombe know they have to learn from mistakes made in previous centralised IT programmes.

Since last year, she has added to her Salford CIO role the part-time position of chief executive of the NHS Digital Academy – a national programme aimed at creating the next generation of digital innovation leaders.

The abiding truism about introducing new technology is that it's not about the IT, but about winning over the workforce. Central to this is creating digital leaders in the NHS who can create a new culture and ways of working, and this is Dunscombe's great challenge.

## 4 Professor Jane Cummings, Chief Nursing Officer, NHS England

Chief Nursing Officer for England is one of the most important posts in the NHS – not least because nurses and midwives are the backbone of the whole health service, and account for around 500,000 of its 1.7 million staff.

Professor Jane Cummings has been in the post since 2012, and has played a pivotal role in one of the most difficult periods of NHS history.

Cummings introduced a new nursing strategy shortly after taking up her role, aimed at restoring the profession's pride in the wake of the Mid Staffs hospital scandal, where a failure in nursing standards was identified as a major factor.

Her actions help maintain nurses as the most trusted of professions in the eyes of the general public, and Cummings has continued to drive up standards and promote the role of nurses.

Undoubtedly her biggest challenge has been the nurse staffing crisis, with at least 36,000 vacancies in the service. This has been caused by more nurses leaving the profession than joining it, and exacerbated by a seven-year pay freeze and Brexit.

After more than six years in the role, and nearly 40 working in the NHS, Jane announced in May that she will be stepping down – but not before launching the largest nurse recruitment campaign of recent times. This will be vital to the future of the NHS, which is celebrating its 70th birthday this year.

Sir Malcolm Grant, NHS England Chair, praised her experience, "energy and emotional intelligence to provide real leadership to the nursing and midwifery professions across the NHS in England" and said her achievements would have a long-lasting impact on the health service. →

## 5 Lisa Anson, Redx CEO, former President of AZ UK

Lisa Anson has been one of the UK pharma industry's most high-profile women leaders since being appointed President of AstraZeneca UK in 2012 and serving as President of the ABPI since 2017. This month sees Lisa taking her 20-plus years of experience to a fresh new challenge, leaving 'big pharma' to become chief executive of Redx, a promising UK biotech company focused on novel cancer and fibrosis treatments.

## 6 Dr Susan Galbraith, Senior VP and Head of Oncology at AstraZeneca's Innovative Medicines and Early Development (IMED) Biotech Unit

Dr Galbraith, based in Cambridge UK, is responsible for the discovery and early development of AstraZeneca's oncology medicines across small molecules, oligonucleotides and other novel drug discovery platforms. She joined AstraZeneca in 2010, after moving from clinical practice to the pharma industry with Bristol-Myers Squibb.

She also co-leads the Cambridge Cancer Centre Onco-Innovation group, which connects academic Cambridge scientists to biotech and pharma companies in the region, home to AstraZeneca's new global headquarters and research labs. In addition, she is a Non-Executive Director on the Board of Cambridge-based Horizon Discovery.

She played a key role in the development and approval of Tagrisso, AstraZeneca's next-generation EGFR-targeting lung cancer treatment that is proving a major advance on existing treatments, and for Lynparza, the first in class PARP inhibitor now approved in ovarian and breast cancers. This has made her a key leader in AstraZeneca's efforts to restore its fortunes in the hugely competitive oncology market.

"Susan was one of the first leaders I hired when I joined AstraZeneca and has been a forceful driver of change across the company over the past eight years," Dr Mene Pangalos, Executive Vice President, IMED Biotech Unit & Global Business Development, AstraZeneca.

"She is focused on scientific rigour and quality, with a passion for getting things done to ultimately deliver life-changing medicines for cancer patients. She is resilient and one of our most tenacious and inspiring leaders. She has truly had a significant impact on transforming AstraZeneca's pipeline."

## 7 Joanne Hackett, Chief Commercial Officer, Genomics England

Genomics England is that rare thing for the UK and the NHS – a clear global leader in its field, thanks to its groundbreaking 100,000 Genomes Project.

It represents the world's largest depository of whole genomes with associated clinical data, and is already being used to diagnose and personalise treatment for people with rare diseases and cancers. Now moving into its next phase of implementation, the vision is to make a genomics medicine service a reality in the UK – which will be a first anywhere in the world.

Part of this vision from the outset was that by creating a world-leading genomics database, England could also reap the benefits financially from its value as a uniquely valuable research tool.

To that end, in 2017 Genomics England appointed Joanne Hackett as its commercial director. An exceptional scientist-entrepreneur, Hackett trained initially in regenerative medicine, and then went on to create and sell two companies to major multinationals.

She also has extensive experience of translating academic research into medical and commercial returns in the UK ecosystem, having worked at UCLPartners and Cambridge University Health Partners.

As a recent report from the Commons Science Committee pointed out, Genomics England still has a long way to go to ensure the NHS, its patients and the UK economy benefit from the progress already made.

Joanne Hackett and the Genomics England team are still developing business models for external access to the data, but if they can find the right formula for this (while safeguarding data security) the country could truly be a world leader.

Joanne is also proud of being a woman scientist and businesswoman, and combines her love of genomics with a determination to encourage other women into the field. As she wrote in a blog to mark International Women's Day on 8 March this year:

"My passion is creating collaborations and relentlessly pursuing better health for all – and this is what I do every day. It is now my duty to pay it forward. This is why I mentor and support individuals on the NHS Clinical Entrepreneur Training Programme, NHS Innovation Accelerator, and DigitalHealth.London Accelerator. I think that the time for talking about genomic potential is past. It's time to talk to business – and forge partnerships on an industrial scale."

## 8 Professor Kerry Chester, Antibody Engineering Group at UCL Cancer Institute

Kerry Chester is one of the UK's foremost experts in antibody engineering, having over twenty years' experience in the field and antibody phage-display technology.

She works mainly in the translational field, focusing on the design and construction of antibody-based therapeutics to hit specific cancer targets.

Her group designed and manufactured the first single chain Fv antibody (scFv) to enter clinical trials and she is the academic lead of a GMP facility, manufacturing recombinant antibody-based cancer treatments for first-in-human trials.

Current projects include developing antibodies for use as cancer imaging agents, antibody drug conjugates, chimeric antigen receptor therapies (CAR-Ts) and nano-medicines.


## 9 Angela McFarlane, Market Development Director UK & Ireland, IQVIA

One of the best-connected people in the UK life sciences sector, few people understand the NHS and UK pharma industry better than Angela McFarlane, and she dedicates herself to finding novel ways to reach that elusive 'win/win' for both sides.

Backed by IQVIA's powerhouse of data and analytics, Angela helps her clients secure market access in England's complex system. Bringing people together to make things happen across organisational lines, Angela is leading projects to exploit real-world evidence, adaptive trials, accelerate the uptake of biosimilars and assist in Greater Manchester's drive to create a truly integrated health and social care system.

## 10 Noor Shaker, Co-Founder and CEO at GTN, a quantum machine learning technology

Noor Shaker believes her young start-up company GTN can revolutionise drug discovery through the application of artificial intelligence, and overcome scepticism about the much-hyped technology.

While there has been lots of chatter about the potential of AI, Noor says companies entering the field have over-promised and under-delivered so far.

She says GTN is different from other companies that promise to unlock drug discovery because its technology is a unique synthesis of novel quantum computing and machine learning technology.

"We're taking ideas from quantum physics and combining them with machine learning, and then applying that to biochemistry. That's an interdisciplinary approach that's completely new, and we're using technology which wasn't even available even a year ago."

The firm says its unique technology will be able to optimise leads through advanced quantum-based representation of molecules, surpassing the text-based inputs relied on by other AI-led firms, and using efficient AI to generate a set of high-quality drug candidates.

Originally from Syria, Shaker earned her degree from Damascus university, and then relocated to Leuven in Belgium to study for a masters in artificial intelligence. She then went on to Copenhagen in Denmark, where she became an assistant Professor at Aalborg University working on machine learning, artificial intelligence and data mining.

Proving herself to be a prodigious talent when working in developing AI for the games industry, Noor relocated to London in search of a new challenge in machine learning. It was there she met her future GTN co-founder and quantum physicist Vid Stojevic, with whom she jointly identified drug discovery as the greatest area in need of disruptive AI innovation.

GTN is already working with several big pharma companies on an exploratory level, and hopes to have an early proof of concept for its platform within six months.

So does she feel that she has faced barriers in her work because she is a woman? She says generally no, and thankfully biotech is far less male-dominated than AI and computing.

She does believe women have to work harder to prove themselves, however.

"I met a chairman of a biotech company, who's been in the industry for a long time. He said 80% of the people he had hired in his career had been women, mainly because they have to fight to be there, so they are generally more productive than their male counterparts.

"I tend to believe that because that is how my journey has been. So you can't simply be as good as your male colleagues, you have to beat them [and show] that you are more qualified for the job."

## 11 Jackie Hunter, CEO, BenevolentBio

Jackie Hunter is a hugely experienced drug discovery scientist who is now championing the use of AI to transform pharma R&D.

She made major scientific contributions to neuroscience R&D within the pharmaceutical industry at GlaxoSmithkline, and also championed the vision for the Stevenage Bioscience Catalyst and the European Innovative Medicines Initiative.

This drive towards opening research to new influences and insights led her to become joint CEO of BenevolentBio in 2016, a company dedicated to accelerating drug discovery with machine learning, using platforms such as deep learning linguistic models, knowledge graphs and algorithms.

The company is still in the early stages of proving its technology, and recently signed a deal to work with a group of charities for the blind aimed at discovering new treatments for age-related macular degeneration (AMD).

Jackie is convinced the firm will produce compelling data from its ongoing studies. In the meantime, she is challenging not just the accepted ways of conducting drug discovery, but also some of the male behaviour that can mar the working environment. She recently told the *Financial Times* that she regularly challenges male behaviour, no matter how trivial, including anything which will subtly but definitely exclude women from advancement, saying "it's those little things that make a big difference".

This is her way of attempting to help speed up cultural change in the male-dominated tech industry. She is adamant that women must consider careers in technology because the field "is going to transform the way we do so many different things".

## 12 Dr Amanda Begley, Director of Innovation and Implementation at UCLPartners

Dr Begley works at UCLPartners, one of England's 15 Academic Health Science Networks (AHSNs) that help the NHS to deliver innovation at scale to benefit patients and the wider population. Amanda is focused on increasing the pace of innovation diffusion in the NHS, using 'patient pull' and 'peer-to-peer horizontal' approaches – or in other words, anything other than top-down. She is also currently working part-time as a GSK Fellow, looking to encourage collaborative solutions between pharma, academia and the NHS to achieve better outcomes for patients.

→

# Doing more with less: when 'client-centricity' matters most

## At a time when companies face continued downward pressure on operational expenditure, doing 'more with less' is becoming a fact of life

**There has been a trend for some time in the pharmaceutical industry toward leaner staffing models, yet companies are still expected to continue delivering the same level of key business initiatives. Many companies rely more and more on external contractors, freelancers and agencies to support them – all who will claim to be 'client-centric' in nature. But what is 'client-centricity' and how do you know that these claims will translate into reality?**

### Immerse yourself in the business

As external organisations, we hear time and time again, 'we don't need a vendor, but a trusted partner, a team who can act as an extension of our business'. So as agencies, we should immerse ourselves in the business – knowing the challenges you face, the broader environment you function in and the organisational context you operate in. This allows us to step in not just with the brilliant basics, but to add value and deliver impact for your company. In some situations, this level of engagement for agencies leads to secondment opportunities.

### Be a true partner

Client-centricity doesn't just pertain to the external organisation, but to the individuals working as part of the overall team day in and day out. After all, we are all human. At a time when industry people are being asked to do not just a full-time job but the work of multiple people with limited resource, you need support not just around your company's objectives, but your personal objectives as well. So, when external agencies say they will act as an extension of you, what does this mean? Agencies should make it their business to not only know what your business is trying to achieve but your role in that effort. They should make sure the wider business impact being made also highlights your success as well – either internally through strong measurement reports and highlight reels to showcase with senior management or externally through award submissions for industry recognition.

**'As the industry continues to evolve, agencies will need to not just talk about 'client-centricity', but live it'**

### Earn trust to deliver

Trust is at the heart of a good client relationship and acts as a valuable asset for all institutions. It builds confidence by proving agencies can be trusted to get things done, in the right way. The Edelman Trust Barometer is all about earning trust. We often use our annual survey results to inform client programmes. For example, who are your most trusted spokespeople within the organisation? In 2018, results found the most trusted 'voices of authority' to be technical and academic experts. However, the role of earning trust typically starts by delivering on operational excellence. We leverage insights from research to deliver high-quality work that is valuable and relevant to the client and internal stakeholders, including leadership, offering a clear context to show the impact of our work.

### Offer fresh thinking

When you are so focused on delivering the daily work, where do you get fresh thinking? Agencies often have experience beyond health, so they can bring the outside in – looking beyond current pharmaceutical thinking or sharing how they've handled similar issues in other industries. For example, an approach for technology, consumer brands or sustainability programmes may offer new insights into the pharmaceutical industry, among global health programmes or within general health and wellness.

Angela Mahaney

At the end of the day, joining in our clients' enthusiasm for their business and showing our commitment to help solve problems together with them is at the centre of all we do. As the industry continues to evolve, agencies will need to not just talk about 'client-centricity', but live it.

Edelman

**Angela Mahaney** is a Senior Director at Edelman Health, a leading global communications marketing firm helping business and organisations evolve, promote and protect their brands and reputations. She has an innate interest in client-focused business and can be reached for questions or comment at angela.mahaney@edelman.com.

## 13 Jen Hyatt, CEO and founder, Big White Wall

Big White Wall is a digital behavioural health service that provides personalised support and recovery pathways for people with mental health problems. While mental health is one of the biggest burgeoning problems facing the world, few digital interventions have been proven to be effective. Big White Wall is an exception to this, with numerous studies showing it has had a positive impact on users' well-being. This has led the NHS to identify the company as a High Impact Innovation that it hopes can meet the needs of patients that cannot be met by an overstretched health service.

## 15 Dr Sarah Woollaston, MP, Chairman, Health Select Committee

Woollaston is one of Westminster's most influential MPs, chair of two key groups, the Liaison Committee and the Health Select Committee. Having served as a doctor for 20 years in the NHS, Woollaston entered Parliament in 2010, and has proven herself willing to stand up to her own Conservative government on matters of principle. As Chair of the Health Select Committee, she raised concerns about the NHS sharing confidential patient data with immigration officials, eventually forcing NHS Digital to end the practice.

Originally pro-Brexit, Woollaston swapped sides before the referendum, and has since become highly critical of the government's approach to Brexit. She has led numerous inquiries into its likely impact on health and life sciences, and also defied personal and misogynist abuse for taking a stand on numerous issues, including being one of 11 Conservative MPs who rebelled to give Parliament a meaningful vote on Brexit.

## 14 Professor Melissa Hanna-Brown, Associate Research Fellow, Pfizer UK

For an industry focused on discovering and marketing groundbreaking medicines, pharma still struggles with adopting innovative working practices. Many big pharma companies are now looking to address these issues – and Pfizer UK's Professor Hanna-Brown is a leader in this movement. Based at Pfizer's UK research centre in Sandwich, Kent, Melissa is part of Pfizer's Technology & Innovation team. She and her colleagues work closely with external organisations to bring the best technologies and organisations together to accelerate medicines development timelines.

She is also playing an active role in promoting gender parity and Diversity & Inclusion (D&I) at her company. Writing in Pfizer's 2018 Gender Pay Gap Report, Professor Hanna-Brown commented: "To sustain and promote our inclusive culture, we need everyone to play a part. We want to see every UK colleague setting a D&I goal in 2018. This will help us collectively achieve a level playing field for all colleagues. It's the right thing to do socially, morally and for the success of our company."

**'To sustain and promote our inclusive culture, we need everyone to play a part'**

**'This will help achieve a level playing field for all colleagues. It's the right thing to do socially, morally and for the success of our company'**

## 16 Eva-Lotta Allan, UK biotech dealmaker

Eva-Lotta Allan is an independent board director on biotech boards including publicly-listed Targovax. Until earlier this year she was the Chief Business Officer at Immunocore (since 2013), one of the most hotly-tipped UK biotech companies in the field of immunotherapy. She started her career in the lab at the Karolinska Institutet in her native Sweden, but made the switch to commercial roles, quickly rising to take on senior business development and corporate roles for Vertex and Ablynx. At Immunocore, Eva-Lotta contributed significantly to a $320m Series A fundraising in July 2015, at the time the largest in Europe and second-largest around in the world in the private life sciences sector. The strategic partnerships she has forged on Immunocore's behalf with big pharma companies have secured vital funding and allowed the company to grow – AstraZeneca, Genentech and GlaxoSmithKline have each signed significant strategic discovery deals during Eva-Lotta's five years at Immunocore.

## 17 Magdelena Skipper, Editor of *Nature*

Magdalena Skipper was named as the first ever woman editor-in-chief of influential bioscience journal *Nature* in May.

Skipper has a PhD in genetics from the University of Cambridge, UK, and worked for a short time as postdoctoral researcher at the Imperial Cancer Research Fund in London before entering publishing as editor of *Nature Reviews Genetics* and rising through the ranks.

She says she wants to further *Nature*'s focus on ensuring that scientific findings are reproducible and robust, currently an Achilles heel for much academic research.

"Science is becoming increasingly analytically complex and data rich, so there is an increased focus on data and computation. We have taken some amazing strides," Skipper said when her appointment was announced last month, but she added there was more to be done in this field, and in supporting 'open science' and data transparency.

## 18 Ingrid Marchal-Gerez, Senior healthcare solutions leader, J&J and President, HBA, London Chapter

Pharma companies are increasingly recognising they need to provide their customers with solutions – and not just novel products – because healthcare systems around the world are struggling to adapt to growing patient demand, static budgets and accelerating technological change.

J&J has its own healthcare solutions division, and Ingrid Marchal-Gerez leads the design and development of solutions to improve outcomes, in collaboration with regional and local marketing teams.

A native of Paris, Ms Marchal-Gerez earned a PhD in biochemistry in Lille and an MBA in London. Early in her career she followed her entrepreneurial instincts and co-founded a bioinformatics company.

Her role today at J&J is to engage health systems with that same 'can-do' mindset, offering solutions such as digital innovation to help frontline clinicians modernise and improve patient services.

Ingrid is also President of the London chapter of the Healthcare Businesswomen's Association (HBA), and is ready to challenge existing barriers to the advancement of women within the sector.

Speaking in a personal capacity, and not representing her company's views, Ingrid commented on her twin drives of greater collaboration within healthcare, and for gender parity.

**'Many studies have shown the business benefits of gender parity... yet there are still more CEOs named John than there are female CEOs'**

"Everybody in healthcare is motivated to improve patient experience and outcomes," she says.

"There is no quick fix, but collaborating with healthcare systems to identify how to apply technology that can have impact is very rewarding."

In her role at the London chapter of the HBA, she is also committed to its overriding goal of achieving gender parity between men and women in life sciences – something which is still far from being a reality. This will require efforts from men, women, companies and institutions to challenge the prevailing culture, and overcome unconscious biases which make us assume women can't or won't fulfil a leadership role.

"Many studies have shown the business benefits of gender parity, yet there are still more CEOs named John than there are female CEOs," says Ingrid.

"The HBA believes that achieving gender parity will make the healthcare industry stronger and better equipped to innovate in our fast-changing world. This is not just a women's issue, but a business and everybody's issue."

## 19 Kate Bingham, Managing Partner, SV Life Sciences

Kate is one of the best-known faces in UK biotech venture capital, and plays an increasingly important part in the life sciences ecosystem. In her 25-plus years in the sector, her investments have resulted in the launch of six drugs, spanning inflammatory and autoimmune disease and cancer. As well as serving as one of five Managing Partners on SV's Investment Committee, managing more than $2bn in total assets, Kate also played an active role in setting up the UK's new Dementia Discovery Fund (DDF) and serves on the DDF Investment Committee.

## 20 Prof Rebecca Fitzgerald, MRC Cancer Unit, University of Cambridge, and Honorary Consultant in Gastroenterology, Cambridge University NHS Hospitals Foundation Trust

Frustrated by the shortcomings of biopsies for suspected oesophageal cancers, Prof Rebecca Fitzgerald and has developed a novel diagnostic device – the CytoSponge – to solve the problem.

The device involves a patient swallowing a pill-sized capsule with a sponge inside, which travels to the stomach where the capsule opens. Retrieving the sponge by pulling on an attached string allows the CytoSponge to collects cells for testing from the oesophagus, collecting a much fuller sample of cells than a biopsy. The device has now been licensed to Covidien GI Solutions and is in late-stage trials for Barrett's oesophagus.

## 21 Sarah Teichmann, Head of Cellular Genetics, the Wellcome Trust Sanger Institute

Sarah Teichmann is a world-leading researcher in genomics and molecular biology, working in numerous collaborative efforts to unlock the mysteries and complexities of gene expression and proteins interactions in normal health and in disease.

As well as being head of a programme in Cambridge, Sarah also co-ordinates a hugely ambitious project to map all the cells in the human body, known as the Human Cell Atlas consortium.

Launched in 2016, the international project is already making progress towards its long-term goal of creating a 'Google Map' of an astonishing 10 billion cells covering all tissues, organs and systems. This atlas will then enable a deeper understanding of human health, helping to diagnose, monitor and treat disease, which Teichmann and her fellow researchers say will transform our understanding of biology. →

# Communication is the key to unlocking the potential of immuno-oncology

**A new white paper from Havas Lynx Group explores the exciting new frontier of cancer treatment – immuno-oncology (IO) – and what it means for how we communicate with healthcare professionals and patients. David Hunt, CEO of Havas Lynx Group, writes why Big Communication in the age of IO will be crucial to realising the potential of this groundbreaking new treatment modality.**

Despite its many forms and varied outcomes, cancer has stubbornly embedded itself as a singular entity in the public's consciousness: the amorphous and universally feared 'Big C'.

In 1971, the 37th President of the United States, Richard Nixon, famously declared his war on this singular, recalcitrant enemy, asking congress for the "same kind of concentrated effort that split the atom and took man to the moon" to beat cancer.

Decades later, in a twist of presidential fate, 92-year old fellow US President Jimmy Carter received his all clear from melanoma thanks in part to an entirely new way to treat the Big C.

"To truly realise the transformative potential of immuno-oncology, we must step up and create equally transformative Big Communication across every healthcare touchpoint."
David Hunt, CEO, Havas Lynx Group

This new treatment – immuno-oncology (IO) – is revolutionising cancer care. Immune-based drugs are controlling advanced cancers in a way that's never before been possible. IO is fast becoming a lifeline to thousands of cancer patients, and has reformed our expectations and hopes for what's possible in treating cancer.

The science of 'omics' – genomics, proteomics, metabolomics – has already taught us that the Big C is far from a singular entity, but is more like thousands of individual diseases caused by a myriad of cellular glitches that make normal cells 'go rogue' and grow unchecked. Fantastic successes with IO have given tantalising glimpses into how the power of the immune system can be unleashed to recognise and kill such rogue cancer cells.

Yet IO is still a story of two extremes. At one end of the spectrum comes the unprecedented successes – the supersurvivors – those who defy long-embedded prognostic expectations, whose tumours melt away to nothing thanks to the near-miraculous effects of IO. Though their numbers are steadily increasing with every new IO approval, the supersurvivors remain the lucky outliers.

For every patient who has a supersurvivor response, there's a handful of those who don't respond at all. And there's still no reliable way to predict this.

For those on the front line of treating cancer, IO brings a whole new level of excitement and opportunity, but also unprecedented complexity and uncertainty. And for patients, the practicalities of their cancer treatment have changed. IO is shifting the fundamental realities of cancer treatment. Scans look different. Treatment schedules are unlike those of other treatments. And side effects can range from the benign to the devastating.

IO heralds a new age for the Big C. Not just a new age, but an entirely new vision. New treatment standards require new communication standards.

In short, in the era of IO, the Big C is Big Communication.

Our latest white paper explores how we can help to unleash the true potential of IO through such Big Communication thinking.

The next wave of IO discovery will focus on identifying patients in whom these treatments work best; discovering mechanisms of resistance that can be overcome; and developing better means of reducing side effects. Our white paper shows how a corresponding wave of Big Communication will be essential to focus on cutting through the complexity that IO brings.


David Hunt speaking at the Havas Lynx Group #LXAcademy Launch 2018

This clarity afforded through Big Communication could help to improve outcomes for many more patients. On the flip side, there's a real danger of letting patients down if we don't do more to support the unprecedented clinical advances with fit-for-purpose communications strategies.

"I was told [I had cancer] in a language that I didn't understand. It was a total shock. We had access to a network of people who had more experience. We spent time emailing people for case studies and what we could do. But I don't know if other patients would be able to do that, or would do that?"
Marje Isabelle, Founder and CEO, Fertile Matters

This means working with others to define a new lexicon for cancer care; helping healthcare professionals stay on top of the deluge of new data and insights; and lifting the veil on the IO field for patients.

Our white paper looks at how Big Communication in IO affects every patient touchpoint – from clinical trial engagement to conversations about prognosis and side effect education. Moreover, it redefines how we talk to healthcare professionals and raises the need for a new value proposition beyond basic unit cost.

IO has broken the mould. It's changed the conversation. It moves us yet further away from the tumour-centric view of cancer treatment to one that co-opts a patient's own immune cells to create living drugs that respond to rogue cancer cells anywhere in the body.

We must correspondingly break the mould of communication in cancer. Big Communication is a necessity, not an option.

**To download the white paper and access further information go to: switchedoncology.com**

**David Hunt**, CEO, Havas Lynx Group

## 22 Deborah O'Neil, Chief Scientific Officer and CEO, Novabiotics

Women setting up their own ventures still remains a rarity in biotech today, but one of the UK's best-established trailblazers in this respect is Deborah O'Neil.

An immunologist with over two decades' experience in anti-infectives research and drug development, Deborah set up Novabiotics to discover and develop the next generation of treatments. This includes tackling one of the world's biggest health problems today – the growing threat of drug resistant 'superbugs'.

Cutting her teeth at leading academic centres in the UK, US and Belgium, O'Neil relocated to Aberdeen, where she spun Novabiotics out of the city's Rowett Research Institute in 2004. Fifteen years on, the company's lead product candidate, Lynovex, for the treatment of acute pulmonary exacerbations in Cystic Fibrosis, was recently granted FDA Fast Track Designation.

## 23 Dr Kathy Niakan, Developmental Biologist, The Francis Crick Institute

The last few years have seen a huge surge of interest in new gene editing tools that have enormous potential as tools for drug discovery and as direct therapies for currently untreatable conditions.

The greatest excitement is reserved for CRISPR-Cas9 gene editing, even though the technology is still in its infancy. While trials of the technology to produce therapeutics are just getting underway, some pioneers are already using it in different applications. Kathy Niakan is a group leader investigating the mechanisms of lineage specification in human embryos and stem cells, and was the first person ever to be granted a licence to conduct CRISPR-Cas9 gene editing in this setting.

## 24 Dr Sandra Bucci, Senior Lecturer and Clinical Psychologist, University of Manchester

An academic, practicing clinician and social enterprise entrepreneur, Dr Sandra Bucci is focused on improving treatment and support for people with acute mental illness.

Originally from Australia, Dr Bucci moved to Manchester to become a Lecturer in Clinical Psychology in 2008 and continue working with patients.

After returning from maternity leave, she secured MRC funding to develop innovative methods to treat psychosis, and she and her team are now developing the interactive 'Actissist' app to provide Cognitive Behavioural Therapy (CBT)-informed strategies for people with early psychosis.

In order to accelerate its development, Bucci set up a community interest company, called Affigio, with colleagues at Manchester aimed at making the self-management tool more widely available.

Bucci's work exemplifies several encouraging trends in healthcare: the development of evidence-based tech for mental health, the use of social enterprise to accelerate progress and the emergence of women physician-entrepreneurs determined to make a difference.

She and her team have now received funding to conduct a larger-scale, randomised, controlled trial which will run until October 2020.

## 25 Dr Pauline Williams, GSK Global Health Research

Dr Pauline Williams is Senior Vice President and Head of Global Health R&D in GlaxoSmithKline (GSK). A physician by training, Dr Williams joined Glaxo in 1992 in the clinical pharmacology department. In the years since, she has demonstrated a remarkable and singular determination to overcome barriers to improving health for the most vulnerable patients in developing countries.

In 2012 Dr Williams created the GSK Maternal and Neonatal Health R&D Unit, and launched an innovative partnership with Save the Children to develop medicines specifically designed for use in low-resource settings.

One notable project involved Williams reformulating the active ingredient from a GSK mouthwash, chlorhexidine, into a gel to help prevent neonatal sepsis – thereby turning a similar consumer health product into a potential lifesaver. Crucially, GSK also agreed to supply the product at a not-for-profit price.

Dr Williams also founded the GSK Non-communicable Diseases (NCD) Open Lab, an open-innovation initiative designed to stimulate and support research by African academic researchers to understand and address the rising burden of non-communicable diseases in sub-Saharan Africa.

She is a keen advocate for women in science and is active in mentoring and promoting awareness of careers in science and the pharmaceutical industry.

Writing in a MRC blog about women in science earlier this year, Dr Williams picked up on a theme often cited as one of the barriers for individual women advancing their careers: self belief.

"Believing in myself has been one of the biggest challenges of my career to date. It took a long time for me to stop talking myself out of new opportunities because of lack of confidence."

Pauline's great achievements are, of course, just the kind of example that could inspire a new generation of women to enter science.

## 26 Professor Janet Darbyshire, Emeritus Professor of Epidemiology, University College London, Honorary Senior Scientist, MRC Clinical Trials Unit

One of the outstanding clinical trialists and epidemiologists of her generation, Prof Janet Darbyshire's expertise in research methodology has led to improved prevention and treatment of diseases such as HIV and tuberculosis around the world.

She established the MRC Clinical Trials Unit (CTU) at UCL as an internationally recognised centre of excellence for clinical trials, meta-analyses and epidemiological studies.

As well as having an enduring impact on health in developing nations, Professor Darbyshire has also been influential in building the UK health research. As Director of the MRC Clinical Trials Unit she has led the National Cancer Research Network in applying clinical trials for the improvement of cancer management in the UK.

She was recognised for her the lifetime achievements with the MRC's Millennium Medal Award earlier this year, the first woman ever to receive the honour.

## 27 Dr Indra Joshi, Digital Health and AI Clinical Lead (NHS England)

Dr Indra Joshi is clinical lead for NHS England's digital experience programme, a former emergency medicine doctor who is leading the creation of a patient and public-friendly digital interface for the NHS.

She admits that the NHS is having to play catch-up in the digital world, but says creating a digital NHS service that is fully inclusive, and that patients trust takes time.

"My role is to empower patients and citizens to improve their own experience of the NHS, and take care of their own health.

"We are all familiar with the idea that when you're ill, you call the doctor. We're saying there's a lot more you can do digitally – whether that is booking an appointment online or managing your condition with an app or a wearable."

However, she is cautious about the hype surrounding the possibilities of exciting new technology, such →

as AI, and says the fundamentals of patients being comfortable with technology, sharing their data and giving consent, all need to be embedded first.

"I am focused most on how to make the average patient feel comfortable with these new ideas. While all these whizzy gadgets are exciting, you need to bring patients and the public along on this journey. Many people using the NHS won't have a mobile phone, for example, so you have to think about them when planning a digital service."

Indra points to progress already made on these fundamentals: free wi-fi available to 40 million people on NHS sites across the country; a simple, user-friendly and trusted NHS.uk information website attracting 50m visits per month; and an ongoing roll-out of an online '111' urgent service across England.

As for more advanced tech, she says there are some great (early) examples already being used, such as the chatbot Oli the Elephant, an AI-led device which helps children understand what will happen to them in hospital and their surgery.

Indra also feels strongly about advancing women in the digital healthcare and IT leadership, which remains male-dominated. She is the Clinical Director of One HealthTech, a UK network that champions and supports under-represented groups in health innovation, particularly women, to become the future leaders in healthcare.

"We want to provide a wider platform to speak. How often have we seen an all-male panel – a 'manel'!? It is so disappointing. We need diversity, and to promote those people with different backgrounds who are doing really cool things in health tech."

## 28 Baroness Delyth Morgan, Breast Cancer Now Chief Executive

Delyth has been a central figure in breast cancer charities for more than 20 years, building the sector's voice in health policy campaigning and research, and putting breast cancer firmly on the public agenda.

In 2015 she oversaw the merger of her organisation Breast Cancer Care with Breast Cancer Campaign, and became CEO of Breast Cancer Now, the UK's largest UK charity of its kind.

Its stated ambition is that, by 2050, everyone who develops breast cancer will live.

She now sits in the House of Lords as an independent peer, and is chair of the National Cancer Research Institute (NCRI), the linchpin of UK cancer research collaboration between government, academia and commercial organisations in the UK.

## 29 Emma Walmsley, GSK CEO

Emma Walmsley is the first-ever leader of a big pharma company, having taken on the CEO role at GlaxoSmithKline in April 2017.

Since then, Walmsley has very definitely put her own stamp on the firm, making major changes in personnel and culture, and clearly signalling that it needed to shake off years of underwhelming R&D and commercial performance.

Walmsley has impressed with a few high-profile hirings to key positions, including Dr Hal Barron as its new R&D supremo, but it will take a few years to see whether her strategy will pay off commercially.

There has been no shortage of 'big calls' to make – Walmsley has just ordered the sale of GSK's rare diseases division, while reversing her predecessor's puzzling decision to scale back its presence in oncology. She also decided to pay $13bn to buy Novartis out of the companies' consumer health joint venture, a tricky balancing act to pull off when also looking to increase investment in the more profitable pharma business and maintain shareholder returns.

As pharma's first woman CEO, she is clearly under extra pressure to prove that she is as good as her male peers, with commentators also eager to see if she brings a different managerial style.

Commenting on these questions, and the need for diversity in the sector, she said earlier this year: "I try to define myself personally by my job to deliver… rather than by my gender. But I recognise the responsibility I have as a leader… as a role model, because you're just more visible whether you like it or not. And I have represented, and want to represent, diversity in that sense."

**'I try to define myself personally by my job to deliver… rather than by my gender. But I recognise the responsibility I have as a leader'**

Graduating in Classics and Modern Languages from Oxford and beginning her career at L'Oreal before joining GSK's consumer division, Walmsley has certainly taken an unconventional route for a pharma CEO. Whether she can turn this outsider status to her advantage is yet to be seen, but leading the UK's biggest global pharma company means there will be a lot riding on her leadership in the next few years.

## 30 Claire Fuller, Senior Responsible Officer, Surrey Heartlands STP

The future of health and social care in England will be driven by a new breed of Integrated Care Organisations, aimed at creating sustainable, proactive and patient-focused care. ICOs (formerly known as Accountable Care Systems) require exceptional individuals who can break down the many institutional, cultural and financial barriers between hospitals, primary care and local authorities.

Greater Manchester is England's trailblazer, but close behind is Surrey, where NHS and local authority leaders have now signed a devolution deal. This will give the area greater autonomy to implement a master plan for joined-up health and care services for a diverse population of 850,000 people.

Dr Claire Fuller has been a practising GP since 1995, but has taken on leadership roles in the last decade at the CCG level and now beyond.

Among her first priorities are to co-ordinate greater collaborations between hospitals, community and primary care organisations. She has also been instrumental in ambitious plans to create new integration of health and social care locally; including new pathways to support the frail and elderly and also in stroke care.

There is no doubt that Claire and her ICO colleagues face huge challenges, not only in bringing about closer integration between a huge range of disparate organisations, but also in making budgets stretch to meet their ambitious goals.

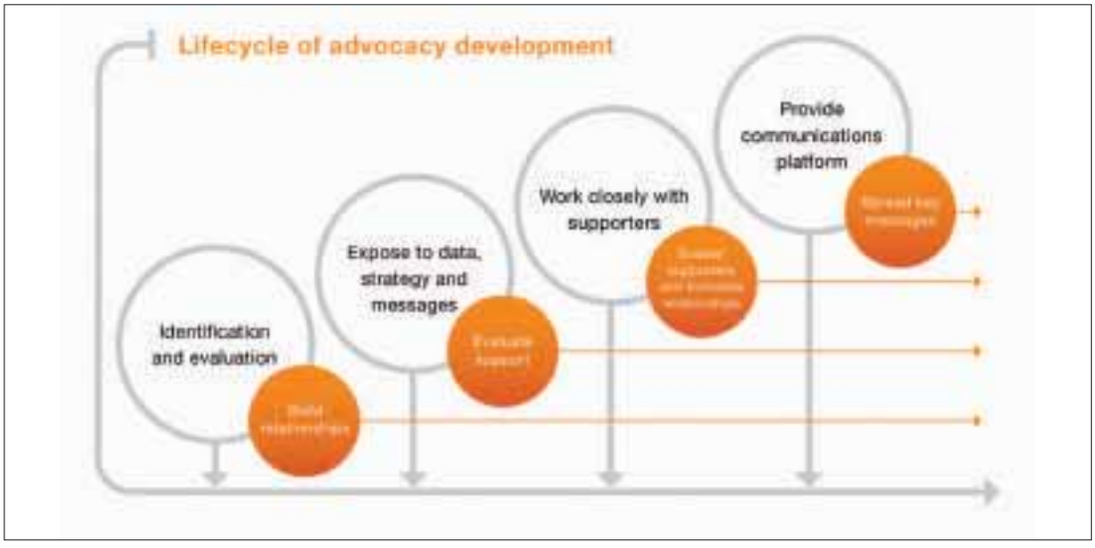
# Developing advocacy in the pharmaceutical industry

**Advocates who can act as spokespeople for your brand and provide feedback on your strategy and tactics are a valuable asset and need to be treated with respect, honesty and transparency. In fact, having open and honest relationships with your key opinion leaders (KOLs) is crucial to launching and growing a successful brand and is an important element of any business plan.**

Some of the issues that such advocates can help you with include:

- Engaging with your target audience in a direct (peer-to-peer) and meaningful way
- Encouraging brand awareness and brand acceptance among fellow healthcare professionals
- Facilitating market access for your product by providing you with a favourable independent voice when it comes to funding decisions.

It should also be remembered that advocacy development and usage are not just reserved for launch; rather, they should be valued throughout the life cycle of the product and thus managed appropriately and within the scope of their own life cycle (see figure).




## Measurement

In today's cost- and time-sensitive times, it is important that advocacy and our relationships with investigators are subject to the same – or at least similar – value-for-money measures to which other investments would be subject. When it comes to advocacy, return on investment is perhaps not so straightforward, but there are some metrics – both qualitative and quantitative – that can be applied. Quantitative measures might include:

- An agreement/contract in place to participate in a stated number of programme activities
- The provision of written feedback on presentations or discussions
- Assistance with study enrolment/publications/congress activities.

Qualitative measures might include the advocate being viewed positively by his or her peers.

## Setting up an advocacy programme

The type of programme you decide to undertake with your advocates will, of course, depend on your specific market and on the position of your product in its life cycle. In all cases, you will need to define your objective, apply a robust strategy and plan carefully. Programme types are multiple and varied, and if you have a KOL or group of KOLs in mind, it is important to match your programme with their strengths and career status. Programmes might include:

- Awards panels
- Rising star academies
- Continuing medical education activities
- Debating societies
- Educational faculties
- Policy steering committees.

## Recruitment

So how does one identify the right advocates and advocate mix in order to support and promote the brand? A first step is to define a set of criteria. For example, these might include advocates who are:

- Highly knowledgeable and keen to share information with their peers
- Influential and viewed positively by their peers
- Good communicators (either as chairs, speakers or both) – potentially to patients, patient organisations and payers, as well as to other healthcare professionals.

Most likely, you will know some of – even most of – your potential advocates. But if you or your company is new to a therapy area, you may wish to use KOL profiling or mapping to help identify the right candidates. KOL mapping can include both traditional and novel means of identification.

Traditional: Identifying academic activities in terms of publication record, volume and impact of literature, conferences, papers and posters; involvement in journals, learned societies, guidelines and clinical research; and engagement with industry.

Novel: Identifying social media activities – in terms of involvement, scope and impact – via LinkedIn, Twitter, YouTube, ResearchGate, etc.

A composite measure, eg the Porterhouse Index, can be created to capture an individual's score, which can be weighted according to your specific objectives.

## Role of med comms agencies

Med comms agencies can have an important role to play in helping you achieve the best outcome for your company and the advocate. Experienced agencies will ensure that no single advocate is overused or forgotten, define and communicate the expected participation levels, foster trust and loyalty, and help align advocates by interests and abilities. In addition, they can help handle mundane activities such as contracting.

## Evaluating the success of a programme

At the outset of any new programme, a set of key performance indicators should be developed to evaluate the value for money of the endeavour. This could range from fairly simple in scope, eg number and quality of publications, to complex, eg the impact on social media.

## Successfully exiting a programme

Advocacy programmes should not be left to wither and die. It is best practice to put in place an exit strategy ahead of time so that advocates know the limitations on their terms and length of service. The development of a charter is an elegant way of doing this and should be a key step when first establishing a programme.

porterhouse medical group
Insight • Science • Creativity • Impact

**Brian Parsons** is Joint Managing Director at Porterhouse Medical Group

# Advancing women in healthcare

## Fostering the next generation of leaders

**The Healthcare Businesswomen's Association (HBA) honoured its Woman of the Year with a gala event in New York in early May, while a gathering took place simultaneously on the other side of the Atlantic in London.**

Both events celebrated the achievements of some remarkable women in healthcare – but those inspiring individuals also made it clear that there's lots more to do in advancing women and the wider cause of diversity.

Taking on the mantle of HBA's Woman of the Year 2018 is Julie Gerberding, Merck & Co's chief patient officer, and head of global public policy and population health. She has had a long and distinguished career serving patients, training first as an infectious disease doctor, and then expanding her horizons continually to become one of the world's most influential public health leaders.

Explaining how she has approached her career, she naturally makes a link with the micro-organisms she has studied – and battled – over the decades.

"When it came to my career, I learnt to think like bacteria. They divide and grow, frolic around and enjoy themselves until they run out of nutrition – then they hit what's called the stationary phase, and growth stops," she says.

A period of growth for bacteria is known as 'log phase' – and Julie urged her audience to always aim for this.

"You have to either freshen the media or give the bacteria a bigger environment if you want them to keep growing. It's the same for me – I made the decision to stay in log phase."

Gerberding's talent as a doctor and a public health leader first became apparent while working at the frontline of the HIV/AIDs crisis in the 1980s, to leading the US Centers for Disease Control and Prevention (CDC) and overseeing a restructuring of the government agency's multibillion dollar budget and 10,000 employees.


The HBA London Chapter meeting, from L-R: Joanne Hackett, Rachel Scott, Priya Agrawal

She joined Merck & Co in 2009 and sees her role in promoting vaccines and facilitating greater access to them in all parts of the world as an extension of this same initial impulse to help a patient – only this time it is millions of patients, rather than just one at a time.

She is especially proud of working to reduce the manufacturing costs of vaccines for diseases like human papillomavirus (HPV) and rotavirus, with the aim of these being more widely available in developing countries.

Growing up in small town South Dakota, her parents brought her up to see no barriers in life, regardless of gender or background. She says she is committed to helping other women advance, and to promoting the idea of 'horizontal leadership' which is "more about learning than knowing" and not a winner-takes-all mentality.

"It's difficult to find that kind of leader – but more often than not when you do, that leader is a woman."

She concluded that women actively encouraging other women around the world was a "powerful accelerant" for positive change.

"Please keep learning – stay in log phase in the biggest beaker you can imagine.... together we will create a better, healthier future for all."

### Paying it forward

This theme was picked up in the HBA's meeting in London, with a roundtable of women healthcare leaders hosted at Syneos Health by the President of Syneos Health Communications Europe, Julie Adrian.

While the four panellists all have different stories to tell, one consistent theme which emerged was the need to have a good mentor – male or female – and for women to 'pay it forward' to other women in need of guidance and moral support.

Joanne Hackett is Chief Commercial Officer at Genomics England and is charged with creating alliances with life sciences firms and her organisation, which is a world leader in turning the vision of genomics-based healthcare into a reality.

As a tissue engineer who became an entrepreneur, Joanne says taking risks and being bold didn't come naturally at first.

"I didn't learn any of this at university, I learnt from others who took the time to help me. Then I developed the courage to take a crazy idea and run with it."

She said her most important mentor was a woman business associate who at first took advantage of her then-unassertive character.

Then one day she said to me: how much longer are you planning


Professor Melissa Hanna-Brown

to let me take advantage of you? That really struck me – then she sat me down and helped me write my own business plan – and from that moment on she didn't ask for anything in return."

**'I didn't learn any of this at university, I learnt from others who took the time to help me, then I developed the courage to take a crazy idea and run with it'**

Rachel Scott is a partner at PA, and helps life sciences companies adapt and manage change in their businesses.

She says women so often have to juggle their career advancement and motherhood – but need to challenge themselves if they're only staying with a company because of a good maternity leave policy.

"You always need to push yourself, and do something scary to take yourself out of the comfort zone."

She says experience has also taught her that you don't need to 'fit in' too much to a male-dominated environment.

"I have noticed a tendency for women to shift their personalities in a male environment. But if you can be yourself at work, people can see you are authentic and trust in your leadership."

Professor Melissa Hanna-Brown is Associate Research Fellow at Pfizer UK. Her job involves helping Pfizer's research and development teams adopt new technology – something which in reality is more of a people-focused role than a tech-focused role.

"Coming from an academic background and being a natural introvert, I was suddenly forced to talk a lot more than I was used to. But you have to do a lot of talking and schedule a lot of meetings to get buy-in," she says. "But once you have put all that groundwork in, getting people to come with you is much easier."

There is one key skill in change management and leadership – often seen as a strength of women – which makes all the difference. "You need to listen to them, actually listen. Then you can take them through that change curve."

Dr Priya Agrawal is Business Unit Director, Vaccines & Women's Health at MSD. She trained as an obstetrician and gynaecologist, and then pursed her drive to help more people through public health and improving maternal health care, especially in developing nations.

This included setting up her own social enterprise in Africa, leveraging mobile phones to help ensure women had access to critical healthcare or products by empowering them with information through their phones.

The panellists also shared in common either a 'relentless pursuit of purpose' or a willingness to try and fail at something new.

"I see people who don't do what they know is right, just because they're worried about what would happen if it all goes wrong," says Priya. "Once you feel like a leader, you can take bolder decisions."

One book she recommended to everyone was '*Drop the Ball – Achieving More By Doing Less*' by Tiffany Dufu, which speaks directly to women about not having to be perfect or take responsibility for everything.

All the speakers said they were active mentors of other women, and said it was their duty to 'pay forward' their lucky breaks. The flipside is the quote from former Secretary of State Madeline Allbright: "There is a special place in hell for women who don't help other women."

Rachel concludes: "Mentoring women and girls is very important of course – but we have to help boys as well. I was so delighted the other day when my son came home from school and announced: 'Mum, I'm a feminist!'"

There is undoubtedly more that employers and institutions can do to achieve the aim of gender parity, and the goal of true diversity in the workplace, with initiatives such as the UK's gender pay gap disclosure helping to make this more transparent.

But individual efforts to challenge outdated attitudes and to nurture talent wherever you find it will also play a very significant role.

**Andrew McConaghie** is Group Editor at PMGroup

# Mylan sees the UK paving the way for an insulin game changer

## As biosimilars surge into the insulin market, governments are urged to seize 'the opportunity of the century'

**The jostling for position in the crowded insulin market is intensifying as a surge of biosimilars enters a dynamic arena with an ever-growing patient population.**

Mylan, the global healthcare company, has chosen the UK for the launch pad of its much-anticipated biosimilar version of the Sanofi blockbuster Lantus (insulin glargine), which it hopes will become a significant player.

The company also wants the British profile – with its track record of a swift adoption of new drugs – to model the benefits for other European countries that are traditionally more resistant to the charms of biosimilars.

The fertile UK landscape is an alluring springboard for biosimilars, with Mylan recording strong uptakes in previous launches. Jacek Glinka, the company's European president, was quick to point out the positive climate.

"British people have a practical approach and can differentiate between the true science and the fake science, and arguments about whether efficacy and safety is the same for biosimilars and original products," he said.

"There is a more positive environment for the uptake in the UK compared to other European countries as there is good support from the government and the national competent authorities because they can see both the saving and the increase in patient access."

Mylan believes that early proof of high savings for the NHS drugs bill will send motivating tremors through other countries where it has struggled to convince governments to adopt generics and biosimilars.

"The UK can take the lead on showing other countries how to properly manage the opportunity of biosimilars," he added. "The dream is that, on Day One when the product loses its patent, 100% of the patients use the biosimilar and the opportunity has been optimised.

### New drugs

"In the EU5, between 2006-2014, there has been a 44% increase in access to therapies because of biosimilars, yet some countries remain slow despite proof of savings and increased patient access.

"They need to recognise that this is the opportunity of the century and they should seize it."

The diabetic population shows no sign of reducing any time soon, with research suggesting that the number of diabetics in Europe is expected to grow from 58 million today to 67 million by 2045, according to the International Diabetes Federation. Worldwide, there are 352 million at risk of developing type 2 diabetes.

The need for new drugs follows that trajectory with a report from analysts Research and Markets predicting the insulin market will continue to grow at an annual rate of just above 6%.

Glinka and UK country manager Jean-Yves Brault took time out from putting the finishing touches to their launch campaign to talk to *PME* about the potential from an insulin biosimilar and the promise of Mylan's pipeline, which is fuelled by an annual Research & Development spend of around $650m."Drugs worth €47bn are approaching the patent cliff so, assuming that biosimilars could take up a portion of that, then it could create €15bn savings in Europe, if not more," said Brault.

"It is about increasing access. Bringing a biosimilar insulin to the market will create extra options for healthcare professionals and, in turn, lead to more people being treated, and treated better, for their diabetes. We have a huge range of products and complementary skills which allows us to interact with the hospital pharmacist, the Clinical Commissioning Groups (CCGs) retail pharmacists, the General Practitioners and secondary care doctors, and we also have good

partnerships with patient associations, which puts us in a good place to understand the needs of patients and payers.

## Fewer resources

"We don't only supply a medicine, we try to position it as a value package built around product values and connected service. With insulin, we are creating new educational and awareness programmes based on the fact that biosimilars come at a better value proposition than the originators. The money saved can be reinvested for better early patient diagnostics or education, and more nurses to help patients to better control their diabetes and decrease their risk of developing more chronic conditions."

Brault added that the biosimilar launch would represent an embodiment of Mylan's approach to using biosimilars to drive better health outcomes.

"We have a strong portfolio and regard ourselves as being part of the solution," he said. "We want to treat more people. Our ageing populations mean that more people need support while less and less people are paying tax. There are fewer resources so we have to offer innovative products at a right value proposition with complementary tools, education and a real wish to partner. We want healthcare systems to have enough resources to treat people and still have the resources to treat future generations.

"We try to stay connected with our patients because, if we pay attention to their needs, and unmet needs, we can create the value proposition in partnership with all the stakeholders. It's pretty much our DNA."

Mylan, which has three other drugs working their way through the market authorisation process, believes biosimilar penetration will continue to vary across countries and that recognition of the financial risk of developing a biosimilar, along with its ability to save costs, is not universal.

A traditional approach to the costs of production and pricing is also hampering progress, according to Glinka.

## Hybrid solutions

"Biosimilars are difficult products to develop and not all products make it.

Failures can be expensive," he said. "But payers are fixed on models of a new chemical entity, which comes at a high price, or a generic, which can be priced down. There should be recognition of a 'Third Way', something that is not a new chemical entity but is also not a small molecule. We cannot expect these products to be commercialised with just a 10% mark-up because the return would be too small and no-one would be tempted to invest.

"We are discussing with governments how they can give us an opportunity to commercialise products to generate sufficient return to be able to invest in the next, 3rd and 4th generation of biologics. We are looking at a hybrid solution that offers favourable pricing and increased access for the patients. We want constructive dialogue, but it's different from country to country; in many it is a long and difficult process but, the more the government is conscious about the opportunity, the more proactive they are and the more productive the discussions are compared to those not interested or willing to consider the opportunity."

Individual case studies may have the most powerful impact, with grass-roots feedback influencing government thinking. In the UK, a gain-sharing scheme in Southampton was developed locally where savings from introducing a biosimilar were shared to improve delivery for both patients and clinical staff.

"It created immediate interest and is a good showcase for other countries to see the difference," added Glinka.

"Developing biosimilars is very expensive and there is a high risk of failure, but we are not taking a passive approach and saying we will not risk the money. We put the money up front and have one of the most robust pipelines in the world for biosimilar products. We are committed to bringing these vey complex products to the market and offering them to patients in Europe.

"We invest the money for the benefit of the patients and to tackle something very difficult. Biosimilars are the supercars of healthcare and are very difficult to bring together, so we have a huge sense of pride and it's a huge contribution to be able to offer them to the healthcare systems.

"Mylan is always bold; it's part of our DNA. We are incredibly committed to this and we are never afraid of being bold and we will continue to make the case for biosimilars across Europe and the world."

**Danny Buckland** is a health journalist

# Cutting through the noise

## Why creativity = impact in medical education

**Healthcare professionals (HCPs) are currently presented with an overwhelming array of sources of information and changes in best practice. Medical education programmes must compete to stand out, not only by promising a truly meaningful educational experience but, tougher still, by measuring real impact. Why should busy physicians join your educational programme?**

### Impact through creativity

Creativity is critical to success, and should run through all stages of an educational activity, from insight gathering, through programme design, to execution and impact measurement. True creativity is not just applying gloss; it should come from blending a deep understanding of the learner, educational principles, content and the regulatory environment with a person-centric mindset and a drive for constant improvement.

When pharma companies sponsor educational programmes they usually aim to:

- Fill gaps in clinical knowledge and improve patient outcomes
- Show a commitment to supporting HCPs and improving patient care
- Show leadership and build relationships on trust.

Physicians want to:

- Maintain knowledge of best practices or learn about new developments in their field
- Network, share and discuss learnings with peers
- Access knowledge within the time constraints of a very busy profession.

A successful educational programme will address all these needs, while standing out from the crowd. This can only be achieved by combining high-quality content, design principles and creativity, with proven educational experience, throughout.

### 'I do not think it means what you think it means'

Creativity is often conflated with promotional marketing; in an educational context, that does not necessarily engender trust. Creativity should not focus solely on delivering a superficial 'wow-factor'; true creativity arises from deep insight into the needs and nature of the learner, resulting in the delivery of something uniquely impactful and memorable. Creativity should act as a catalyst, ensuring that educational objectives are achieved. Creative ideas should be integrated within programmes, not layered on top.


Figure 1

### Start with 'who'

It is vital to understand who is at the centre of the learning experience. The days of pushing out 'messages' and 'educational themes' with no consideration of the audience's needs have gone. Only a profound understanding of the learners and the situational context can ensure that you understand where their needs intersect with your educational imperatives, how their clinical environment influences practice, and where the gaps are in the broader communications landscape, enabling you to create a genuinely differentiated experience.

### Getting close

In recent years we have explored how best practices in marketing communications can be extended to medical education. Audience segmentation, channel preference data and persona development can all be applied. Closed-loop engagement with modern customer management systems can provide useful insights; however, segmentation often describes behaviours, not needs. The best insights can come from direct conversations with physicians; Medical Science Liaison (MSL) colleagues are a great source of insight, as they really understand physicians' perspectives. The gold standard in getting close to the audience is to co-create a programme with a panel of representative learners (not necessarily 'key experts'). The closer you can get to your audience, the better the insights, and the more likely you are to trigger a truly creative solution.

### Once more, with feeling

Emotion is the most overlooked component in medical education today. Emotions shape memories of an event and how it is described to others. Decisions, such as referring colleagues, are often based on emotion; a positive emotional experience will also help with recall, increasing educational value. Evaluate both rational and emotional factors when building learner profiles; consider whether an emotional component could support the learning experience or inspire your call to action.

### No pain, no gain

It is critical to uncover learners' 'pain points'. If you can find a problem that no-one else has identified

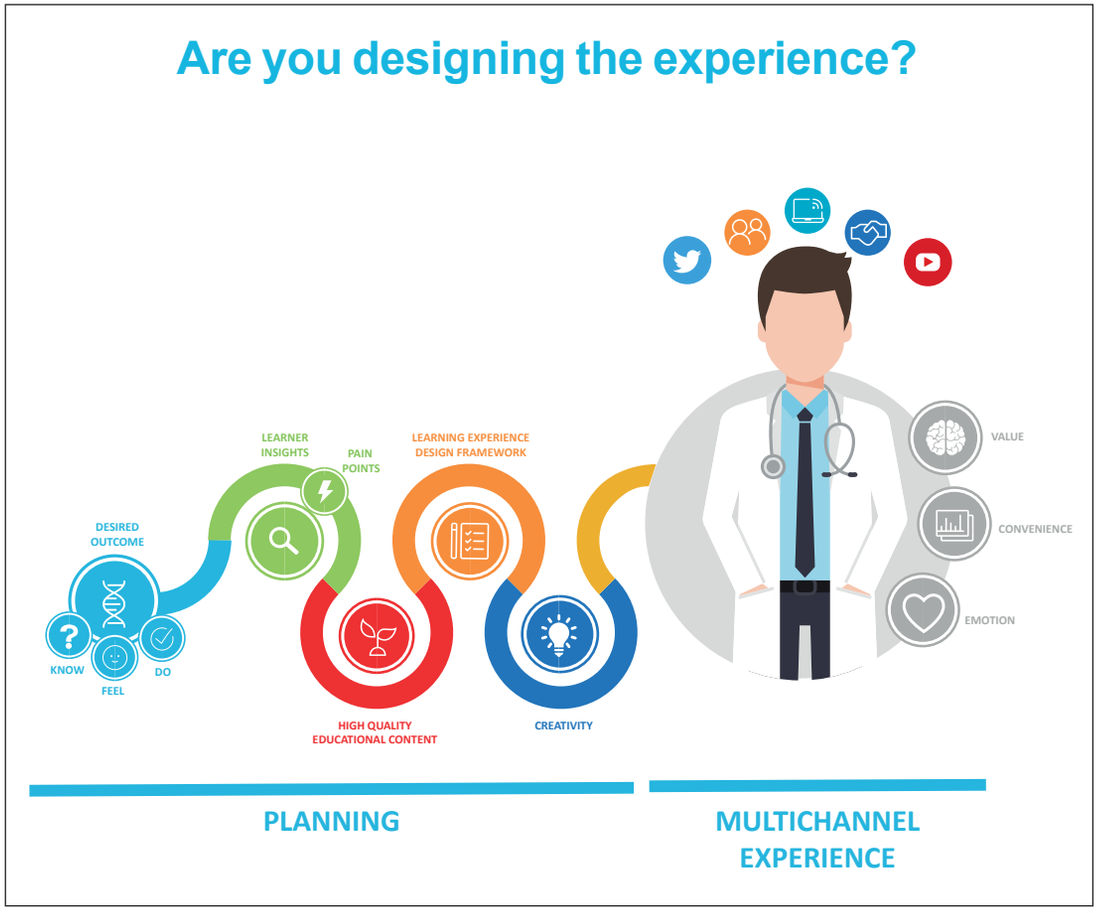



Figure 2

then you will probably discover the most creative outcome. To steer your insight-gathering, focus on value, convenience and emotional needs. What would the physician value but currently misses? What could make the programme work seamlessly? What distinguished the last memorable event a physician attended? These insights do not show up in typical segmentation exercises. You do not need to cover everything in the learning experience: it may be as simple as finding one key pain point and focusing on that.

## Rigor mortis

Adult learning models are crucial for ensuring activities are designed to have educational impact, but applying these frameworks rigorously does not mean killing creativity. Consider the adult learning principles described by Knowles et al, 2012:

- Learners need to know why, what and how
- Learners want to be autonomous and self-directing
- Learners' prior experience is an important consideration
- Readiness depends on the learner's needs
- Orientation to learning tends to be problem-centred and contextual
- Motivation to learn is an intrinsic value, with personal payoff.

These principles enable us to spark creativity by engendering questions such as: 'how can we give the learner full autonomy in this experience?' and 'how can we accommodate different prior audience experiences?' Regardless of whether you are following Knowles' ideas or applying 'constructive alignment' (Biggs and Tang, 2011) or the ADDIE model (Analysis, Design, Development, Implement, and Evaluate; Morrison 2010), remember that the framework is not a straitjacket: use it to guide you to the right questions.

## Map the journey

Considering the programme as a journey reminds us to view it from the learners' perspective, and check that we are addressing their needs in terms of value, convenience and emotion. While most engagement now takes place within a broad multichannel context, events still form part of the mix. For simplicity let us consider when creativity can enhance an educational event.

*Pre-engagement*

The event must convince physicians it will be of value, from the very beginning. Personalisation is powerful, forging a direct link with each individual learner's needs. How can we tap into a delegate's internal motivation ahead of attendance? How can we establish groundwork for social learning? Can delegates start participating before the event actually starts?

We can showcase convenience by overcoming barriers to attendance and allowing remote access to key sessions and content.

Creating an event 'branding' can catch the delegates' attention, setting expectations around the emotional tone of the event. Positive expectations should make their choice easy!

*The meeting*

Design with the end in mind: what should learners be able to do differently after the programme? The level of learning will help define educational activity formats and is a key component of the meeting's value.

Peer-to-peer interactions facilitate contextualisation of information, experience sharing and creative tasks, all of which stimulate effective learning. Session formats and room layouts should encourage learners to meet, talk and learn from each other. Remember the delegates' perspective. How do they get from one session to the next? Will they feel intimidated by unstructured workshops? How do you make it seamless and convenient?

Technology can play a key role, but again, consider the delegate's perspective: does it add value or convenience? Could you achieve more emotional engagement with physical interaction, such as collaborative poster walls and social learning points?

Finally, remember that the vast majority of our sensory impressions come from sight, and appropriate visually inspiring graphic design can reinforce key emotional experiences.

*Post-meeting engagement*

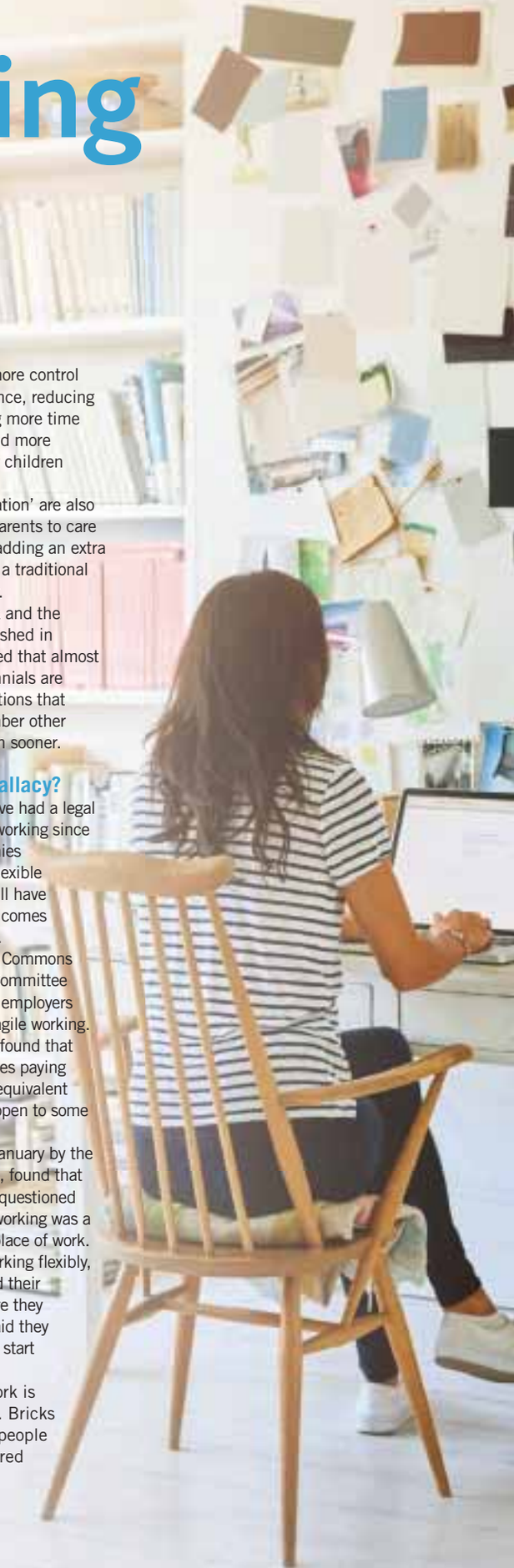
Calls to action aligning with the drivers of value, convenience and emotion will have the best chance of achieving successful long-term engagement. How can you engage delegates but avoid triggering 'sign-up fatigue'? Although evaluation does start in the room, follow-up enables more robust impact measurement and enables continual improvement. Consider applying a preference measure, such as Net Promoter Score, to evaluate how the experience was perceived. Consider how the event links with your broader multichannel engagement and achieves continuity of that experience.

## Conclusions

Many medical education programmes expend huge effort, and budget, on channelling information to physicians without meaningful consideration of their viewpoint or needs. If you demand more engagement and impact from your programmes, remember that creativity within an established educational design framework, placing the learners and their clinical context at the centre, is key to educational effectiveness; it can differentiate your programmes as trusted offerings delivering real value to physicians.

**Tim Norris** is Group Director at Excerpta Medica, Amsterdam, Netherlands and **Dominic Sloane** is Business Development Director at Adelphi Communications, Manchester, UK

# Is flexibile working the future?



**As the gig economy (a labour market characterised by the prevalence of short-term contracts or freelance work as opposed to permanent jobs) takes hold and the demand for a better work-life balance is soaring among staff, many healthcare communications companies are reviewing their approach to flexible working. But the question remains among the doubters whether this virtual model actually works for clients? The answer is a resounding 'yes' from Angie Wiles, the founder of healthcare's first 'virtual' agency that has broken the mould and is blazing a trail for agile working in communications.**

The PR profession, by its very nature, is creative, innovative and forward-thinking. But when it comes to offering flexible – or agile or virtual – working, it appears this progressive industry is, well, failing to progress. Even though the majority of workers are now demanding the ability to work flexibly, the reasons given for PR to not embrace it vary.

They include that it should only really be an option for 'helping' mums return to work, or that, because a service is being provided, clients have the expectation of round-the-clock provision or even that strategic thinking, the brainstorming and sharing of ideas with colleagues so vital in a creative industry, is no longer possible.

So what is the reality? Can flexible working ever work for the PR industry – for a business, for workers and for clients? According to PR heavyweight Angie Wiles, who last year set up The Difference Collective, the first ever, virtual healthcare communications collective, the answer is "a big yes".

Wiles, the founder and former joint CEO of Virgo Health, who is set to celebrate the first anniversary of the Collective in June, says: "We are proof that the communications industry is ready to embrace this change.

"Our members, both men and women, have made an active choice to work differently, for a whole host of reasons and the Collective allows them to be life-flexible, however they want that life to look.

"Some are training for additional qualifications, others want to work overseas, others want to fit work around family life, some just don't want to work in a corporate, agency, 9-5 environment anymore. That does not mean they are any less productive, in fact it is quite the opposite and it in no way means a compromise on the quality of the work they love to do."

## The rise of working differently

The idea of the eight-hour working day was first suggested more than two centuries ago, when child labour, 16-hour days and six-day working weeks were common. Yet it is still ingrained in us that the definition of 'work' is being present – at a desk, in an office for those eight hours.

But in 2018, this proscriptive working regime, the idea that presenteeism is the only, and the right, way to work, no longer feels necessary. Particularly when what should not be in doubt is that flexible working is not a second-class service, a concession put in place simply 'to get mums back to work'. In fact, far from it. Agile working keeps highly talented, senior specialists from being lost to the industry, which can only benefit the communications industries as a whole.

A glut of research in recent years has already busted this 'mum myth' being perpetuated by those who fail to see the obvious – that the majority of Britain's workforce now demands flexible working to get a better work-life balance.

In fact, a study of 3,000 UK adults, the largest and most focused review of Britain's permanent workforce, released by the Timewise Foundation in September last year found that a staggering 92% of Millennials, 88% of Generation X and even 72% of Baby Boomers said they were working flexibly in some way or wanted to.

The main reasons for wanting to work flexibly included more control over their work-life balance, reducing their commute, allowing more time for leisure and study, and more opportunities to care for children and other dependents.

The 'sandwich generation' are also now finding they have parents to care for as well as children, adding an extra level of demands which a traditional job just cannot cater for.

A report from Upwork and the Freelancers Union published in October last year revealed that almost half (47%) of US millennials are freelancing, with predictions that freelancers may outnumber other workers by 2027 or even sooner.

## Is flexibility just a fallacy?

Employees in the UK have had a legal right to request flexible working since 2014. Yet while companies like to emphasise their flexible working policies, they still have a long way to go when it comes to making them a reality.

In April, the House of Commons Women and Equalities Committee highlighted that 96% of employers say they offer a level of agile working. But the Timewise report found that just 9.8% of job vacancies paying over £20,000 full-time equivalent are advertised as being open to some kind of flexibility.

A survey released in January by the charity Working Families, found that fewer than half of those questioned (44%) felt that flexible working was a genuine option in their place of work.

Of those who were working flexibly, nearly a third (31%) said their employer restricted where they could work and a fifth said they had no control over their start and finish times.

Yet we forget that work is an activity, not a place. Bricks and mortar don't bind people together but rather shared knowledge, passions, beliefs and values do.

While it may seem radical to strip away the physical structures and onerous processes intrinsically linked to PR agency life, what it actually does is free talent and clients to connect and engage with one another at a much more meaningful and senior level.

Wiles says: "I am proud to be leading the way as a force for change within an industry renowned for its rigid and often antisocial working hours. The response from members and clients has been overwhelmingly positive and demonstrates that the desire for change is real and that this is only the beginning."

## Why flexible working really works

The benefits of flexible working to the employee or consultant are self-evident – autonomy, empowerment, personal and professional fulfilment. But what about the benefits for clients? There still seems to be an innate belief that people working from home or remotely are not doing the hours they should be or working as hard as they would be in the office. But the opposite appears to be the case. A recent report from Stanford University showed there was a 13% increase in productivity when employees worked remotely.

Measuring performance based on hours or days present is outdated. People should be trusted to manage their own time and outputs in a way that best suits them. When working flexibly, you are only as good as your last piece of work, with your entire livelihood and reputation depending on it.

Just because people sit at their desks from 9-5:30 doesn't mean that they are productive and effective or indeed engaged, particularly when you add in the myriad distractions of traditional agency/office life: the chit-chat, endless – sometimes pointless – meetings and mountains of admin.

Client budgets are also under unprecedented strain so, across the board, the PR industry needs to be working smart. An agile workforce in communications can be transformative for clients using that flexibility to ensure they get an exceptional service. For example, The Difference Collective only signs up highly skilled senior experts from the health communications world, creating hand-picked, purpose-built teams for each piece of work. This ensures only the staff with the right skills are on the brief, ensuring clients get the senior input so often missing in traditional agency-led projects.

But agility is also about delivering the highest quality outputs by getting things right first time where expectations are not just met but often exceeded. There are obvious frustrations, not to mention the expense, to clients of multiple rounds of edits often associated with junior-staff-generated materials.

Clients and managers simply want a job done well and to deadline. They should be focused on the end result, not about where people were geographically to achieve it. This is the mindset shift needed if the PR industry is to attract and retain the best talent and stay competitive.

## Is flexible working the brave new world?

We are now logged-in to technology 24/7. It's how we communicate, shop, think, live and socialise. This has not only completely changed how we work but how we think about work.

PR has never been about sitting at a desk – it's an industry crafted around people, communication, brands, ideas and events. Technology now dictates this is also done across a whole range of platforms and channels, none of which is in just one place.

If technology has transformed what the actual 'job' of PR is, why can't it change how people work in the industry too?

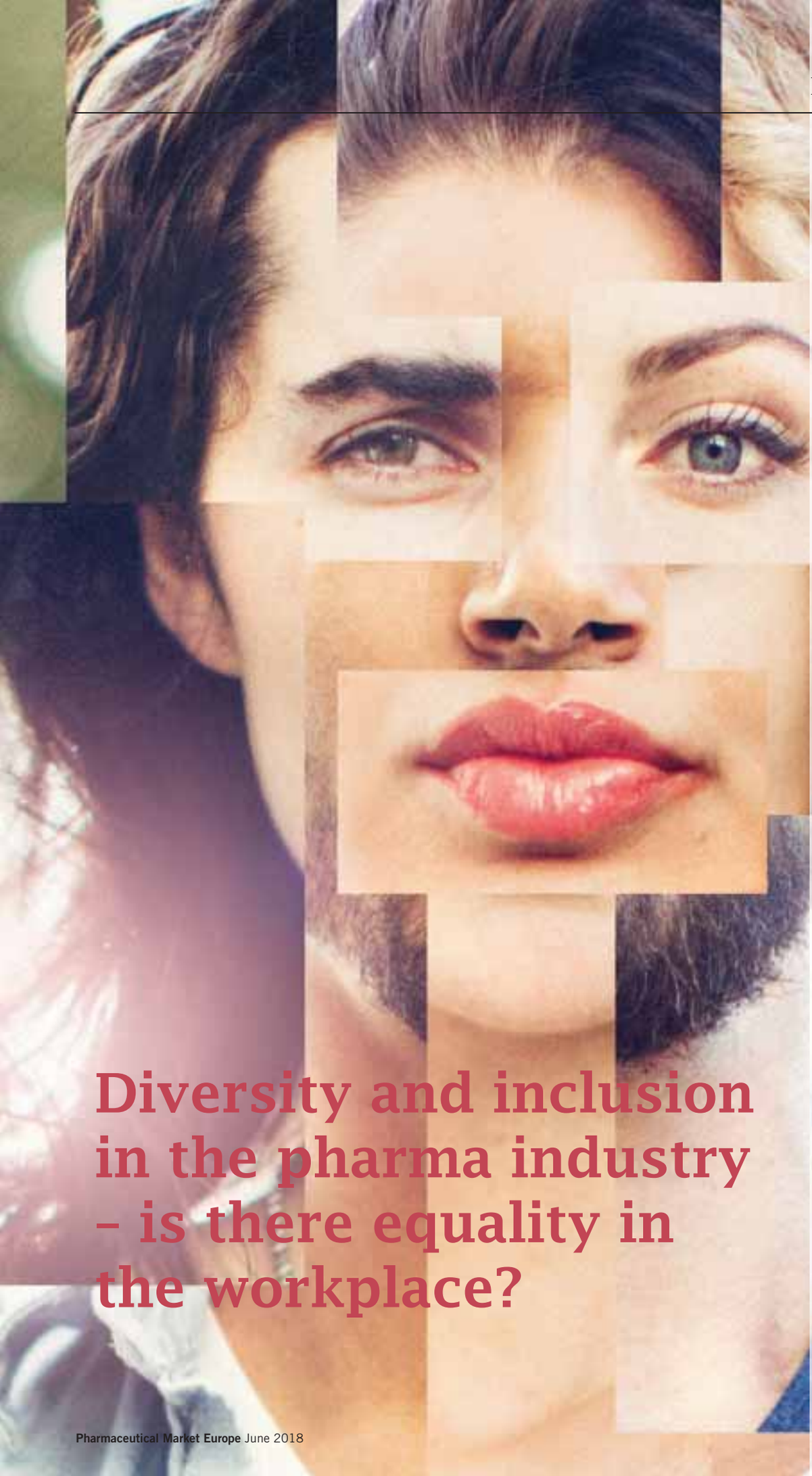
According to Wiles, the virtual communications model is an obvious development in PR.

She says: "I am excited about the prospect of a brave new world in healthcare communications. With the recent glut of agency mergers and brand integrations, and the rise once again of the specialist boutiques, it's clear that times are changing.

"Flexibility is the way forward. There is a massive desire for it from consultants, and clients are quickly seeing the benefits in terms of quality, agility and economies in an industry that is undergoing significant change."

With 20% of UK workers set to be part of the so-called 'gig economy' by 2020, adopting a flexible approach to resourcing can allow access to senior talent without the long-term commitment. It seems to be a win-win formula that a progressive PR industry can embrace.

**Jo Willey** is former Daily Express Health Editor, freelance Media Consultant and Collective Media Maestro at The Difference Collective



# Diversity and inclusion in the pharma industry – is there equality in the workplace?

**I've walked into a lot of meetings in the world of pharmaceuticals and biotech and have always noticed one thing: the lack of people 'like me' – people of colour, people from working class backgrounds and people who are women in senior positions. This is even more surprising as I don't work at the 'bench face' of science where the shortage of women is now acknowledged, but on the marketing side of the business which is seen as a more female-friendly specialism.**

Now at a time when diversity and inclusion (D&I) are finally on the agenda, or at least there is government-driven introspection on the gender pay gap (GPG) and a growing societal awareness of inequality, as well as the business and wider community recognising the value that a more diverse leadership and workforce bring, there is some insight and discussion about the nature of our industry and whether it offers a positive career experience for more diverse talent.

But first let's be clear, D&I is more than gender and more than the GPG, and while anyone with an interest in more diverse teams would welcome action in this area, they would also agree that recent UK GPG reporting addresses only one small part of the inequality challenge.

## Diversity and inclusion: value to the business

Should we care about D&I in our industry and if so, why? Jodie Morrison, CEO of Tokai Pharmaceuticals and Robert K Coughlin, President and CEO of MassBio, in a recent article on GPG in STAT, summed up why it is important: 'The global biopharma industry is one of the most powerful and important industries today, directly affecting the lives of billions of people around the world on a daily basis. In order to understand and meet the critical unmet medical needs of patients, the industry must represent the population it serves.'

Luckily most senior industry leaders are now on message about the value of diversity – a step forward in itself – with all calling for a more diverse workforce. As with all industries, this was not always the case and the debate continues in other sectors, but this is a welcome change of attitude. At a time when business needs innovation, disruptive advantage, global understanding and less 'group-think', we need to address our talent pipeline and ask the question, →

are we attracting talent that builds the new global businesses of the future? And does that talent find a collaborative, inclusive and fair workplace? Diversity could be a win/win for our industry, our talent pipeline and our people; creating teams who accurately represent our customers and our patients, who offer new thinking and who don't bring 'one-size-fits-all' cultural attitudes and opinions could be a critical part of the solution as we look to modernise and succeed.

If, as GlaxoSmithKline CEO Emma Walmsley said, talking about diversity to Business Insider UK, "You cannot be a modern employer in an industry that should be future facing and modernising arguably much more aggressively than it is without being very demanding on this topic", surely diversity should be a priority business strategy?

And if you don't see the business value or question whether diversity can make a positive difference to our industry? What about the need for the sector as global, ethical businesses to do the right thing?

## Measurement and transparency

So how is the pharmaceutical industry doing when we look across the D&I mix? Well, we don't actually know, which is why I started this article with my personal experience – because on the bigger questions we mainly have to trust our gut feelings. And therein lies the heart of the challenge.

If the industry is truly committed to change, and the action that drives it, we need to measure D&I and be transparent about what the numbers tell us. As the saying goes, if we don't measure it, we can't manage it. Without data, how do we understand the challenge the industry faces, assess effective strategies and realise a best talent approach? GPG reporting and discussion provides us with a moment in time to look across diversity, beyond just gender alone and with measurement and transparency as key principles to quantify the situation, agree on the need for new approaches and then act.

## Gender pay gap: not an equal paying ground

Regulatory driven though it may be, GPG reporting provides a snapshot of gender diversity in pharma and biotech industries and across corporate UK.

When we look across leading UK companies from a range of industries we find that all of them have a GPG. Driven by a range of factors and historical practices, most companies reported pay, bonus and senior leadership gaps. Many pharma companies reported the same findings which, if doing as badly as everyone else, allowed management to breathe a sigh of relief, but that won't always be the case as businesses seek to make a difference.

**'It's time to look deeper and wider and hold our industry accountable for its performance on diversity and inclusion'**

Taking a closer look at the details, some companies did slightly better than the UK average on mean GPG numbers, but several have GPGs considerably higher and, when we look at the bonus pay gap, it's not unusual to find that gap between women's and men's bonuses to be between 20% to nearly 50%. Not exactly equality.

Yes, this isn't the same as equal pay but what it highlights is that the pharma industry is not an equal 'paying ground' for female employees. Nearly every company had a distinct imbalance in their senior leadership figures, the main reason for bonus differences. This imbalance has only recently started to be addressed, despite the value of diverse senior teams being acknowledged for several years now. This year McKinsey's *Delivering Through Diversity* report reiterated this and showed that the companies with more diverse senior leadership groups are a third more likely to outperform their competitors.

These figures obviously form part of a regulatory request, but there has to be hope that internally they are being carefully reviewed as deeper interrogation and broader thinking are needed. For example, one company seems to have achieved more senior level parity between the numbers of men and women than their peers, yet they still have a gender bonus gap of nearly 20%.

## Talent is diverse, as are the strategies to keep it

While GPG reporting and other recent research have laid bare the challenges across the scientific and pharma industry in terms of attraction and retention of women, there is a considerable lack of numbers on the broader challenge of D&I in the healthcare industry; where is the talent from Black, Asian and Minority Ethnic (BAME) backgrounds, with disabilities, from lower socio-economic groups, and so on? The recent Government Race Disparity Audit was evidence of the impact of inequality for people from diverse backgrounds across aspects of life and companies must now ensure their recruitment and retention practices address the full spectrum of diverse talent.

While most GPG reports shared initiatives that addressed the women in leadership, including informal networks and mentoring, as well as a firm commitment to ensuring fair and gender-neutral recruitment, roles and pay, surprisingly few even mentioned other aspects of diversity. Indeed, some reports seemed to imply that gender was their sole diversity focus.

Best practice recruitment processes are just one step in the D&I journey for all types of talent. Once you're through the door and part of a company, what do people from diverse backgrounds experience and perceive as evidence of equal progression, rewards and senior leadership opportunities?

Again, there is a lack of available industry data and more reliance on personal experience over many years, but I do believe there is more BAME diversity in pharmaceutical and biotech industries than many others, but is the sector retaining and enabling diverse talent to reach its full potential? In other industries there is increasing recognition of the 'squeezed middle' of mid-level colleagues who feel they cannot progress in their current role and often leave their jobs in search of more enlightened corporate cultures; effectively a diversity brain drain. Other barriers to progression include unconscious and conscious bias when considering promotions, identifying rising stars and conducting appraisals. This has been acknowledged as negatively affecting BAME employee advancement.

Unless we build inclusive cultures and related HR practices that can consistently support BAME talent in the same way as Lesbian, Gay, Bisexual, Transgender (LGBT) talent or disabled talent, there will be limits to how companies can reshape their talent, regardless of any recruitment or leadership targets.

## Leadership for all; all for leadership?

For fundamental D&I change our industry needs leaders to create a culture and senior leadership group that supports open and fair practices with a clear, vocal and actionable commitment to D&I. Without senior sponsorship change will not happen and outdated models of leadership will continue to put diverse candidates at a distinct disadvantage. The lack of existing diverse senior role models, for example, will reinforce the gender and BAME leadership gap, making diverse talent ask if career progression is possible and if the wider culture is supportive of a more diverse leadership group?

## Embrace reporting, embrace change

It's time to look deeper and wider and hold our industry accountable for its performance on D&I.

As a leading business sector that touches the lives of everyone and often battles to protect its reputation in wider corporate debates, the pharma and biotech industry should see D&I as an area where is it perfectly placed as a global, locally driven, health-based industry to set a new standard. The sector should embrace broader diversity measurement and reporting, and acknowledge that effective D&I strategies can achieve not only a fair and equal workplace but also, through talent and new thinking, be critical in meeting other business imperatives.

**Avril Lee** is Deputy Chair Global Health Practice, Burson-Marsteller, Chair of the Chartered Institute of PR's Diversity and Inclusion Forum, as well as an ambassador for the Taylor Bennett Foundation and BAME 2020 and a mentor for the joint BME PR PROs/PR Week mentoring scheme

# The playbook of a 'reluctant creative'

**When I started Bedrock, I thought my first senior hire would be a real 'creative'; someone who could dream up fabulous new communication programmes to engage audiences on healthcare matters while everyone else excelled at implementing them. It was some time later when I realised that this capability already existed within all of us. To this day my team pushes itself to unleash its 'creative'. It pays off for us and our clients and it can for you.**

## I'm not a creative (?)

I hear the statement 'I'm not creative' as much as I hear 'I'm not strategic'. For some reason both concepts seem ethereal to many. However, this attitude is often based on unrealistic comparisons to those who have seized the opportunity to try and who have the resilience to keep going.

One may perceive great business strategists as cerebral leaders in suits, cleverly calculating the correct way forward. We might consider creatives to be relaxed, spiritual types with no limits to their innovative capabilities. However, they share many characteristics; both seek to deeply understand their environment and their audience. Both consider (and often work up) several options before choosing a way forward. And often both work with others in their quest for differentiation. I am a great believer in the power of individual viewpoints and the energy that this brings to the collective – never more so than in strategic and creative thinking.

## A starting point

A blank piece of paper, no matter how white, can be a dark place. Surrounding yourself with appropriate stimuli will fill it with light, sometimes unexpectedly and often at strange times (right now I am literally standing in a queue for a boat trip, writing on my phone as thoughts enter my head). For me, stimuli can include people, pressure or space. Give yourself the permission to experiment and discover your inspirational stimuli. Oh, and remember to have something to write on!

## Listening

Creativity is often considered to be an output – a deliverable. Worrying about the output often leads us straight into 'writer's block'. Instead, make your first question: 'What is the input or the starting point?' Enquiring and actively listening takes time but will help you understand your specific challenge and the needs of the audience.

Moreover, it will get your creative juices flowing in a focused way that leads to ideas: 'Knowing that you need this, what if we tried that?' Now we are testing, not creating – a much more comfortable, incremental state. 'If that isn't right, maybe this or that is?'

Colleagues and agencies can really help by bringing experience, insight and an alternative perspective, often spanning many sectors. This is valuable, effective co-creation.

## Imagination

As Edgar Allan Poe said: "Those who dream by day are cognisant of many things which escape those who dream only by night." Imagination is, of course, a fundamental part of the creative process. A creative challenge is in itself a great opportunity to develop the imagination – give yourself the time and permission to dream a little and remember there are no wrong answers; ideas breed new, often improved ideas.


David Youds

## Time

Time pressure can be good, but you risk ideas not maturing properly. Taking regular breaks has been shown to reduce stress and creative block when dealing with a creative challenge. Regardless of the mood you're in, exercise has been found to increase creativity. I find putting a whole day aside for 'creating' is far less effective than going for a walk, or to the gym.

## Bravery

Unfortunately, the creative process isn't always comfortable. Making time in your busy calendar or committing yourself to an activity you consider to be a weakness takes bravery. This deserves reward and the first should simply be feeling proud of yourself for getting out of your comfort zone. So many people don't.

## Discomfort

'Stopping power' – the ability to get the audience to stop, look and engage is not achieved by fitting in with the environment. If you are agonising over how your creative idea fits in, then you may be looking at it wrong. If you want your idea to be memorable and to change the way our audience thinks, let's first change the way that we think. Be prepared to push your ideas forward, bringing others along with you.

## What is success?

If like many you are more of an implementer than a starter, the delivery of what you dreamt up will bring the real delight. You must stand back and reward yourself for what you have achieved – that's the success that will bring you right back to your comfort zone!

BEDROCK
Dedicated people delivering inspiring results

**David Youds** is CEO at Bedrock Healthcare Communications

# INDEFINABLE, INCOMPARABLE AND ENDURING: THE VALUE OF CREATIVITY

**Twenty years ago, my first ever article as a salaried journalist explored 'creativity in pharmaceutical marketing'. Two decades later and, though the worlds of both pharma and communications are now vastly different, the core principles described in 1998 remain the same today. Creativity is subjective, intangible and indefinable. It stirs the emotions. It unites and it divides. Good, bad or indifferent, it gets everyone talking. Commentators claim that creativity is the most powerful competitive advantage a business has, possessing the unique ability to change minds and change behaviours. And yet… the formidable power of creativity can often be overlooked, undervalued and unexplored. All of which leads to a familiar discussion: if creativity is the magic stardust that helps brands and businesses rise and shine, how do we create the environment that encourages, nurtures and harnesses it to deliver tangible business value? More specifically, can we build that culture in the highly regulated market for pharmaceuticals where creative communication plays by different rules?**

## Challenging the stereotypes

It's a common cliché that creative genius cannot be taught; it's apparently the preserve of free-thinking, non-conforming eccentrics with big imaginations and a healthy disregard for rules. Yet creativity doesn't do stereotypes; it's not an exact science and there's no formula or textbook to guide us. Moreover, the notion that we cannot 'learn' creativity is countered by a paradoxical view: we're all born creative but it's educated out of us at school. This fascinating philosophy busts a myth and provides clues for a more creative future. Confused? Let me explain.

In 2016, the Worldwide Chief Creative Officer of a leading global communications agency said that we need to debunk the notion that creativity is elusive, mysterious and the domain of the few. "Young people fizz with ideas," he said. "But the moment they go to school they begin to lose the freedom to explore, take risks and experiment. We need to empower people to use their imaginations. Not everyone can be Mozart, but everyone can sing."It's a theory that got me thinking: did everyone in pharma study at the same school? Because if 20 years of writing about creativity in pharma has taught me anything, it's that – despite the best efforts of the 'creative industries' – freedom, risk-taking and experimentation are not typically associated with pharmaceutical marketing.

But perhaps I'm guilty of old-school thinking. Primarily, pharma has never been creatively starved – its creatives are among the very best. What's more, recent conversations suggest that historic creative shackles that have hidden behind regulations are finally being removed. The worm is turning. Secondly, my lazy language would no doubt earn a stern rebuke from our worldwide CCO, whose deconstruction of commonly-used terminology frames a wider point about the value of creativity: "Whenever I hear the phrase 'creative industries', I'm always surprised," he says. "I ask myself, are there any uncreative industries? If so how do they survive? Innovate or die is not just a slogan, it's a vital truth." He's right. Businesses

**'The formidable power of creativity can often be overlooked, undervalued and unexplored'**

without creativity at their heart are dead in the water. Since pharma is consistently one of the world's most profitable sectors – boasting some of its biggest-grossing brands – it must be doing a lot of things right. Let's take a closer look.

## 21st century creative

Primarily, the industry has been on a journey. Twenty years ago, 'creative' was purely a tactical output; a print ad, a detail aid and maybe an exhibition stand. Today it's a whole new ball game. "Creativity is much broader than the tactics of a marketing campaign," says Aaron Bean, Life Sciences, EY UK & Ireland. "It's about finding new ways to do things that inspire people to behave differently – and that's never been more important in healthcare, with all the challenges around affordability and helping patients access innovative medicines. Companies are exploring innovative ways to cut through the noise and make audiences pause, reflect and then change their behaviour. Creativity is at the heart of that process. But to resonate it must be honest, authentic and bold."

So how's it doing? Two years ago, an IPA report described a 'creative crash', where a shift to short-termism had fuelled an erosion in creativity across all industries. Well almost all; the word on the street in pharma is that creativity is in rude health.

"Creativity in pharma is more valued and more important than it has ever been," says Kim Hughes, Managing Director, LEC. "Companies know that in an environment where drugs increasingly have similar clinical profiles and data, they need to find something that makes them stand out. Creativity is a differentiator. And as brand teams recognise this, they're exploring a breadth and diversity of creativity that's never previously been seen. And their execution through multiple channels is bolder and more compelling. These are really exciting times."

The industry's exploration of non-traditional channels is an indication of growing confidence. "The modes we communicate through have changed – we're now increasingly using platforms where there was once reticence, fear and caution," says Sinead Murphy, Creative Director, Syneos Health Communications. "Pharma has recognised that many HCPs are now digital natives, so they're engaging them online and having authentic conversations that use 'human' rather than 'technical' language.

A recent study cited pharma as one of four industries likely to dominate social media in 2018 – with companies talking about disease not brands and developing engaging online personalities. That's hugely positive and a sign of creative confidence."

Moreover, as pharma's tactical use of multichannel marketing improves, the 'creative concept' is rightfully becoming the strategic glue that binds everything together. "The industry is now in a better place than ever," says Jon Yuill, Creative Director, Carling Communications. "Creativity is no longer just about creating a great ad, it's about delivering a great experience. The best creative campaigns are those that take a brilliant idea and integrate it right through print, apps, HCP experience and patient experience. Crucially, 'digital' has become just another part of the mix, rather than an isolated function that bolts onto the side of it. Brand teams are really embracing the integrated approach and working hard to ensure that creative ideas translate both strategically and tactically."

## The art of storytelling

The challenge, of course, is measuring success. The core metrics are invariably sales-led and data-driven, and that's not necessarily a good measure of creativity. Human choices are based on complex individual factors, cognitive bias and deep-rooted beliefs. Since the rationale for decision-making is often intangible, the influence of creativity on those decisions is largely unmeasurable. Although proxies like how many people have downloaded your app or clicked on your web page are useful, they don't tell the full story. In fact, in an era where storytelling has become the ultimate creative art, success should not be measured by how long people have spent on your site or your exhibition stand but by the quality of the conversation that they had there. Much of that is intuitive.

"It all boils down to storytelling," says Kim "If you're confident in your story and communicating it well, you'll win – and you'll know you're winning. Marketing is no longer about noise level and visibility, it's about communicating – and those communications are now more personal and targeted. The creativity is not so much in the big idea but in the stories you tell and how you tell them.

"Great storytelling is about ensuring that the narrative is the right one for your audience. We need to segment those audiences and work out what's meaningful to them – and then communicate on their terms not our own. We do lots of work around language auditing to make sure communications speak in voices that connect and mean something to the target audience. The challenge is to tell different stories to different people, each of whom has very different decision-making filters. It's actually the same story, but our job is to make it matter to the person who is listening. That's the art of great storytelling and great creativity."

## Real-world problem solving

So what are the other key components? Jon Yuill believes that the "human connection" is a vital ingredient of creativity but says that, as society's appetite for technology grows, there's a danger of this becoming lost. "Creative has to be something that's arresting, different and perhaps unexpected – but if it doesn't touch the human spirit, it fails. Technology is increasingly being used creatively to solve all kinds of problems. That's great. But in the headlong rush to make everything digital, it's important to remember that there's no substitute for the human touch. Disruption is all very well, but there are countless ways our lives are digitally disrupted every day – and not all of them are engaging or helpful. The best creative will always disrupt, but in ways that make human connections and touch the soul. We should never forget that."

Another key component is utility; creativity must be useful. "I passionately believe that the ultimate role of creativity, particularly in this industry, is to help," says Sinead. "Our job is to help doctors prescribe confidently, help nurses provide the best care and help patients make well-informed decisions. Because fundamentally, creativity is about problem-solving. The best communications are useful and solution-focused. As communicators, our role is to impart information in the most intuitive, seamless, painless and efficient way. The doctors' journeys see them encounter content across multiple channels every day. We need to interact with them in non-intrusive ways that support them through that journey. There's opportunity for creativity in all those touchpoints, but we must ensure we connect all the dots and tell a consistent story that helps them solve their problems."

## Creative thinking

In fact, the opportunities for creativity are not just in the final execution, they're scattered throughout what is a dynamic, organic and ever-changing process. Aaron Bean believes there are five areas where pharma can build creativity. "Firstly, there's scope for creativity in how you understand your customers, leveraging behavioural economics or new data sources like the Internet of Things, wearables, sensors and social listening. Secondly, creativity in customer experience; how innovative is your customer engagement, from a channel and a content perspective? For example, some companies are using Augmented Reality to explain complex concepts. The challenge is to join everything up and avoid the digital/marketing divide. The third is creative storytelling; how do your campaigns build on one another to create those emotional connections? Fourthly, there's huge opportunity for creativity around your value proposition; how do you broaden the scope so that it's not just about the product? Services that deliver value to prescribers, payers and patients will be crucial. It's a rich ground for creativity. Finally, marketing needs to expand into outcomes-based contracting; how you contract with payers, beyond the pill, provides real opportunity for creativity that integrates all the components of the creative story."

The key to all of it, says Aaron, is to take a risk-based, rather than risk-averse, approach. "Creativity means being bold – but that doesn't have to mean risk. With the right frameworks in place, companies can make bold, sensible and creative moves that don't land them in trouble."

## To boldly go...

Ultimately, creative success is about being brave. For pharma, this may require companies rethinking how they work with their creative agencies. "The relationship is king," says Kim. "If you give your agency clarity, depth of knowledge and the insight they need, together you can do amazing things."

Trust is pivotal. "Trust your agency with the space to be creative," says Sinead. "Give them room to move. Creatives like to feel like there are no boundaries at the beginning; let them loose and see what they can do. You can always pull something back. Give them the problem you're trying to solve and let them explore the best way to attack it."

Finally, as Henri Matisse said: "Creativity takes courage." Jon Yuill agrees. "Every agency has great ideas but the best ones are always in the top drawer. The successful marketers are often those that have the courage to pick it up and run with it all the way through. With good strategy, good creative and vast amounts of courage, brands can make a huge difference. You don't need big budgets; you just need a big imagination and the will to do it well."

---

**Chris Ross** is a freelance writer specialising in the pharmaceutical and healthcare industry

# IT'S AMAZING WHAT CAN BE DONE IN JUST 365 DAYS

Carling London's 1-year anniversary is June 1, 2018. And in only one trip around the sun…Four major international client pitches, all won. Personnel doubled in numbers. Broadgate office space already expanded. And alongside our Carling San Diego and Fishawack colleagues, we're more than ready for the next 365.

CARLING

A MEMBER OF THE FISHAWACK GROUP OF COMPANIES

The more the merrier. To learn about Carling London, or to join us on our journey, contact Gerry Crawford at gerry.crawford@carlingcom.com.

CARLINGCOM.COM | HELLO@CARLINGCOM.COM

## Chair / Facilitator

**Nuala Murphy**

President
Clinical Research Services
ICON

## Contributors

**William H. Carson, M.D.**

President & Chief Executive Officer
Otsuka Pharmaceutical Development
& Commercialization, Inc.

**Francesca Wuttke**

Managing Director Europe
MSD Global Health
Innovation Fund

**Badhri Srinivasan**

Global Head
Development Operations
Novartis

Perspectives from senior pharma executives

# Special Report

## Disruptive innovation – the impact

### Setting the scene

At a panel session hosted by ICON early in 2018, senior executives from leading pharma companies shared their views on 'Disruptive Innovation'. The session was chaired by Nuala Murphy, President, Clinical Research Services, ICON and guest panellists Francesca Wuttke, Managing Director, MSD Global Health Innovation Fund, Dr. William H. Carson, President and CEO of Otsuka Pharmaceutical Development & Commercialization, Inc. and Badhri Srinivasan, Global Head of Development Operations, Novartis provided insight into the challenges and barriers to innovation, the likely shape of clinical trials in the future and the important success factors to drive innovation in organisations.

### Topics covered:

– The digital explosion and data tsunami

– Direct to patient strategies introducing new players to the industry

– Democratising and destigmatising clinical trials to improve patient recruitment

– Patient privacy and data protection

– Choosing the right innovation and the right partner

– Organisational evolution to deliver innovation

– Resourcing to drive change

– Innovative therapies – pushing the boundaries of current practice.

### Report summary

The industry is experiencing a digital explosion that comes with the challenge of transforming high-volume, complex data into smart data that can be leveraged to advance life sciences. The number of companies working on disruptive innovation has increased substantially over the past few years and investment in this sector is massive. Areas of focus for innovation continue to be around unresolved issues, such as improving patient recruitment and engagement, for which the need to democratise clinical trials will be a key factor in providing a solution. Direct-to-patient strategies are introducing new players to the industry and this may also support democratising clinical trials by making trials more accessible to more patients. As these strategies evolve, patient privacy and data protection will continue to be something that stakeholders need to consider and we are already seeing technologies that may address these issues. Although pharma companies and CROs are certainly here to stay, they need to change how they look at everything they do across the entire spectrum of drug development. Innovation should be part of their DNA and how they are going to adapt to change. Companies need to become more agile so that they are open to learning. Failure needs to be tolerated because failure – if dealt with in the correct way – is what leads to success. These concepts are embedded in technology companies so pharma companies and CROs may need to start thinking and acting more like these organisations.

Repetitive paper-based processes must be automated and algorithms can support 'data crunching' but analysis by skilled data scientists will also be mandatory. By adopting disruptive innovation, interventions can be made at each stage of the clinical development process to radically change and improve the way clinical trials are designed and conducted, to the benefit of the industry and, most importantly, patients' lives.

To read more download the full report at:
**ICONplc.com/Disruptive-Innovation**

# Got marketing ambition? You need to master biases of cognition

**If you've ever walked into a supermarket 'just for milk' and left with a chicken, cereal in a brightly coloured box and a multipack of baked beans because that offer was too special to be ignored, then you too appreciate the power of applied psychology in decision-making.**

The armamentarium of subtle tricks supermarkets use to encourage desired customer behaviour has been widely documented in the past. But before we jump to conclusions of unwanted purchases and unneeded expense, we should take a second to appreciate the positives in the techniques they use.

## How do our brains process an information overload?

The reality is that the modernisation of supermarkets has brought an extraordinary amount of choice to everyday shoppers. If presented in an unordered and illogical way this would overwhelm customers and negatively affect business. To avoid this, supermarkets use cognitive biases to their advantage in a way we should all aspire to.

Cognitive biases are psychological shortcuts, partly ingrained from birth and partly formed from previous experiences, which allow us to make informed assumptions about situations we've never been in before.

Historically, a handful of these roughly 180 distinct biases would have usefully helped us figure out when we're being lied to or misled, or even remember which food was poisonous. The advantageous results of these behaviours have led to them being retained in our genetic make-up. Broadly speaking, cognitive biases are useful in helping us process information and have been so ingrained into our patterns of decision-making that their natures still hold true in modern situations.

For instance, when presented with a range of unknown chocolate brands, we're far more likely to pick the one we see other people pick before us, despite the fact that they may be in exactly the same situation. Likewise, healthcare decision-makers must employ a range of subconscious cognitive biases to effectively process the large amounts of information presented to them on a regular basis.

## How can these insights help us understand our industry?

As a start, applying what we know about cognitive biases can help go at least some of the way to explaining certain decision-making behaviours. Such an example is that of irrational escalation: the observation that individuals or groups – even when faced with increasingly negative outcomes from some decision, action or investment – continue the same behaviour rather than alter course as their actions remain consistent with previous choices. This minimises Cognitive Dissonance; the psychological distress experienced when a person's actions and beliefs contradict each other.

The infamous 1961 shock experiments by Stanley Milgram showcase a well-known example of irrational escalation. He examined justifications for acts of genocide offered by those accused at the Nuremberg trials – mostly that they were following orders – by conducting an experiment focusing on the conflict between obedience to authority and personal conscience. Few people will ever experience such an extreme scenario, but the observation offers an answer as to why prescribing can become a habitual process in the face of equally good alternatives.

## How can these insights help us influence our industry?

An applied knowledge of cognitive biases can be used to do much more than just explain behaviour. Ensuring messages are remembered until they become immediately relevant to a situation is a core principle of successfully influencing behaviour, and memory, in particular, is a process strongly influenced by cognitive biases. Examples of this include the 'Bizarreness Effect' (where bizarre information is recalled more strongly than non-bizarre information) and the 'Processing Difficulty Effect' (the relationship by which processing difficulty has been shown to enhance memory).

By framing information to best take advantage of these hardwired thinking patterns, messages can be created and presented in ways that ensure they land with far more impact, and are far more memorable, than messages not designed with these factors in mind.

## Change your perception of cognitive biases. Change how you communicate.

Cognitive biases aren't inherently good or bad, but they are unavoidable. To understand the depths of their potential and use them to your advantage is to empower yourself – whether you choose to use that potential to culture powerful messaging and accelerate your brand's success or avoid being coaxed into spending a little extra money on the weekly shop is up to you.


Jonathan Hibberd

LEC appreciates the power of cognitive biases and how to unlock their potential for your brand. Tap into our expertise and unique tools to create campaigns that make a real difference to beliefs and behaviours. Optimise your campaign by calling Marie Little, MD, on 07795 297405 and discover what we can offer.

LEC
BRAND COMMUNICATIONS

**Jonathan Hibberd** is an Associate Science Writer at LEC

# Revenue down the back of the beanbag

**Business leaders and HR professionals have become a little millennial-obsessed. It is a modern day leadership pre-requisite to consider the attraction and retention of this new era of tech savvy talent. It's become a boardroom agenda item; one where someone typically feels obliged to comment on his or her nephew's smartphone addiction and low attention span.**

Yet still amid the wave of office smoothies, dog yoga and beanbag break-out areas, is anyone actually saying or doing anything meaningful to truly engage them?

Clearly it's premature and difficult to definitively answer this; time will tell. Therefore the question should be, is your company pursuing the right strategy? And more pertinently, is a specific millennial talent strategy required at all?

The concept of a millennial talent and engagement strategy makes me cringe slightly. The lazy media preconceptions of entitlement and self-gratification are hopefully being taken less seriously, but there are still some serious missed opportunities in treating this, or any other generation, homogenously. With the right overarching people strategy in place, you can keep everyone motivated, not just your under-35s.

I have identified two misconceptions that are barriers to successful engagement.

1. The Millennial generation hates revenue-generating multinational corporations

The research shows that we are all de-prioritising money over a meaningful career and work-life balance. This is understandable from many perspectives - the impact of the financial crisis and a broader consciousness of the lack of corporate moral responsibility. This does not mean however that younger people aren't motivated financially and aren't interested in your company's performance. The fundamentals of traditional employee engagement tools are as relevant here as they are anywhere. Transparency of the long-term business strategy, communication of company performance and creation of vehicles for shared wealth generation (such as well-designed bonus schemes and all employee stock plans) will always increase engagement. Everyone wants to have a role in a winning team, regardless if that team is a Nasdaq listed company or a ten-person start-up. There are some incredibly hungry and smart future leaders out there who think differently. Meaningful involvement in future forums, reverse mentoring, or even more fundamental activity such as earnings call debriefs, can create a line of sight and additional discretionary effort at all levels of the organisation.

There are only so many non-profit and NGO careers available. With the technology sector no longer the beacon of virtue, post-Cambridge Analytica and other scandals, there is an even greater opportunity for the pharma industry to attract the best talent. After all, in how many other careers can you say you are making people's lives better? We just mustn't treat people as too naïve to understand that you create shareholder value in doing so. Graduates can get as excited about an increasing share price as any executive I have seen, even though they have far less financial skin in the game.

2. Wanting to have a sense of purpose, the need to have an impact, the desire to have clear communication and work in a fun environment, are prerequisites unique to this generation

For the first time in history, we see five generations of employees working in an organisation. Traditionalists, Baby Boomers, Generation X, Millennials and Gen Y.


Liam Mulvihill

Due to the shifting workforce dynamic the millennials are fast becoming 'the doers'. They currently comprise 35% of the UK workforce, and are set to represent an astounding 50% of the global workforce by 2020. It's important to set the right environment for everyone however. These groups have different archetypes but the fundamentals are the same. Great line management cannot be substituted by an innovative workplace environment, or an outlandish recognition programme. Companies still need to invest in manager essentials training, especially in an industry with highly specialised technical experts in line management roles that they might not have a natural aptitude for.

While there can be some adaption to policy for more junior roles (not age groups) such as quarterly salary reviews, on the whole the documented pillars of millennial engagement should just become the expected method of workforce engagement across most organisations. Simon Sinek's beautifully articulated views on the importance of creating 'the why' for employees is universal surely? More agile working, clear communication, the ideas of fun in the workplace, these are not the sole right of the under-35s.

We should stop creating generational stereotypes, but instead engage with all employees to create a sophisticated strategy, with core principles that make everyone feel valued, regardless of the mechanism for doing so. Assuming that a graduate or apprentice isn't interested in company strategy or EPS projections is as ridiculous as assuming that baby boomers don't like smoothie Fridays.

Syneos Health

**Liam Mulvihill** is HR Director of Syneos Health Europe Commercial Solutions and a millennial (just)

# ‘How is your day?’

## The initiative that shows how plasma protein therapies improve lives

**Plasma proteins help people with rare diseases live full lives. Why is the value and unique aspect of these therapies not better known?**

For many of us, the question ‘how is your day?’ is a simple conversation we have with others. But no day is ordinary for thousands of people around the world who live with rare diseases and rely on plasma protein therapies for a stable life.

Plasma protein therapies are biologic medicines – derived from human plasma or recombinant analogues (that treat bleeding disorders) – that treat a range of life-threatening, chronic and genetic diseases. They bring life-saving treatment to patients worldwide who live with these conditions.

The benefits of plasma protein therapies are well-known to those who are closest to them. These are the specialist physicians who prescribe them, and the patients and their families whose lives they have transformed. But curiously, even as these proteins make a unique and valuable contribution to society in every country worldwide – and have brought better health to a growing number of people over the past three decades – the therapies remain relatively unknown in the public perception and on the global healthcare landscape.

The ‘How Is Your Day?’ initiative is global and seeks to increase awareness of the value and unique character of plasma protein therapies. This is the first effort of its kind to bring the plasma protein story to the world through the eyes of patients whose lives have been improved by plasma treatments.

‘How Is Your Day?’ brings together people who have been touched by plasma protein therapies. These are the patients whose lives are improved, medical professionals, international and local patient organisations, regulatory agencies and manufacturers of plasma protein products.

The central message of ‘How is Your Day?’ is that more patients need to know that these therapies are available. Physicians need to be more aware of rare diseases that may hide behind recurring issues that some patients have. And that policymakers responsible for national health governance need to see the health benefits that these therapies bring to patients’ lives. These issues reinforce the global need for sufficient safe supplies of source plasma to ensure that patients always have access to the therapies they need.

The initiative links patients and producers to policymakers and the wider public. It shares patient stories and presents an evidence base to make the case for the value and importance that these therapies bring to patients and society. The stories show how a ‘normal day’ for most people – driving, walking, shopping, seeing friends, going to school or work – is a real gift for those who use plasma therapies to treat their conditions.

Take the example of Erica, a 31-year-old mother of two boys living with X-linked agammaglobulinemia (XLA). This condition causes chronic lung, ear and sinus infections. Thanks to plasma protein therapies, she says that she no longer worries that the boys will catch an illness that may land them in hospital during their normal daily activities. ‘’With plasma treatments they can go on holiday, play in the park, in public swimming pools or at birthday parties. They can do everything another mother wouldn’t have to think twice about doing with her kids,” she explains.

World champion cyclist Alex Dowsett lives with severe haemophilia. He also speaks for ‘How Is Your Day?’. Alex is an elite sports competitor who uses plasma protein therapies to stabilise his condition as he competes year-round across Europe with Team Katusha-Alpecin.

Yet, despite the life-changing impact that plasma proteins bring patients, they are not so visible on the global health landscape. Consequently, they are less understood, and their critical contribution to people’s health and well-being is less appreciated. ‘How Is Your Day?’ aims to change this perception. The initiative shows:

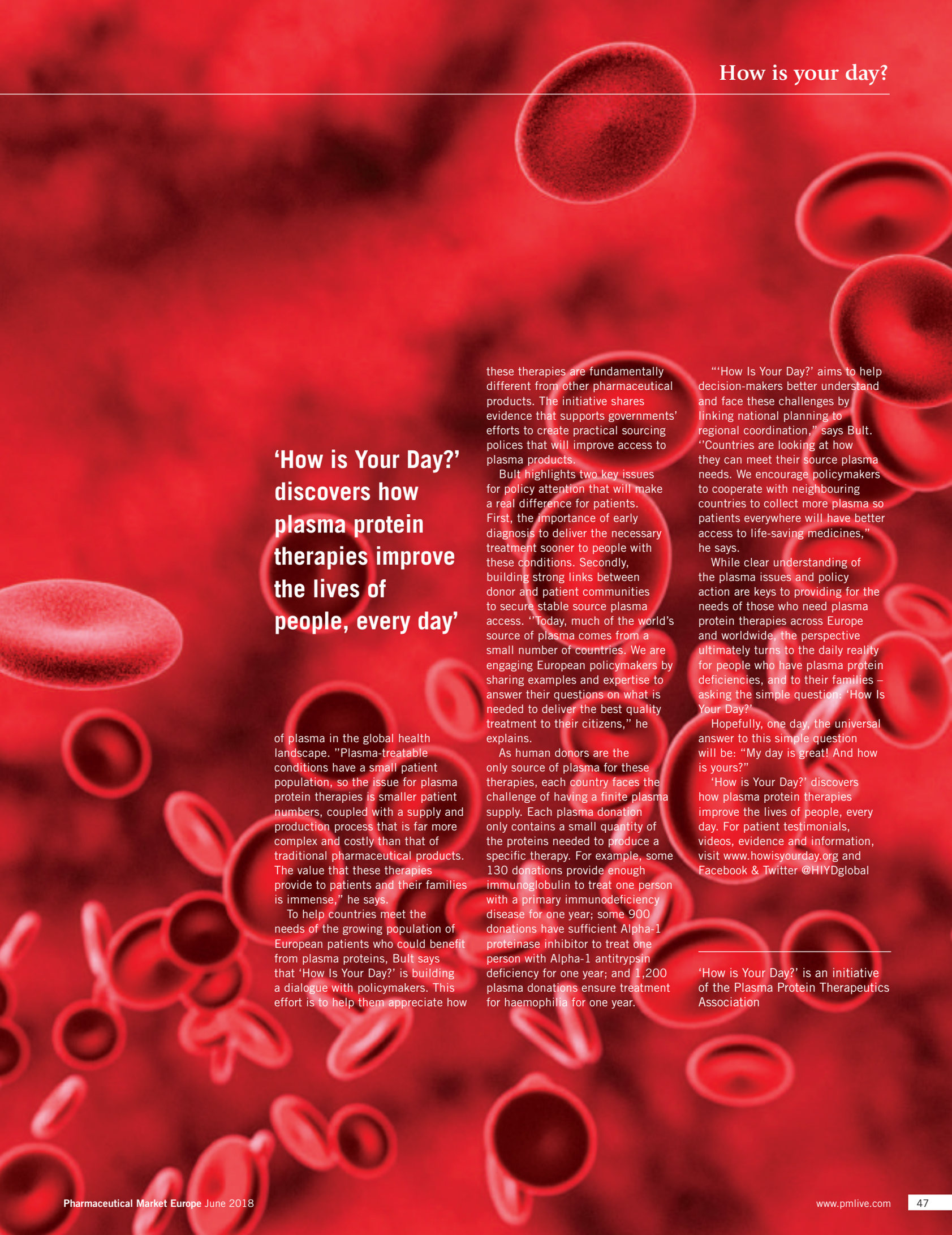
- How plasma proteins are different from standard pharma products – their source materials can come only from human plasma donors
- The value that these proteins bring to people living with life-threatening, genetic diseases – there are no non-plasma treatments available for most conditions
- The importance of a need for national and regional strategies to ensure stable access to source plasma – countries need to plan for a growing population of people who can benefit from plasma.

Haemophilia is a condition that can be treated by both laboratory-produced recombinant plasma therapies or medicines made from donated plasma. But for the vast majority of conditions that plasma proteins treat, the only option for patients is medicines made from proteins that are provided by plasma donors.

This means that adequate plasma supply from a committed community of donors is a critical resource for thousands of people worldwide who suffer from a range of serious conditions.

These are: Primary Immunodeficiency Diseases (PID – causes severe infections); Chronic Inflammatory Demyelinating Polyneuropathy (CIDP – causes of loss of limb function/disability); bleeding disorders (haemophilia and related conditions); Hereditary Angioedema (causes severe swelling that obstructs airways) and Alpha-1 Antitrypsin Deficiency (causes chronic emphysema and liver damage).

Jan M Bult is President and CEO of the Plasma Protein Therapeutics Association, the organisation charged with building global awareness of plasma protein therapies. He explains the unique aspects and policy context



**'How is Your Day?' discovers how plasma protein therapies improve the lives of people, every day'**

of plasma in the global health landscape. "Plasma-treatable conditions have a small patient population, so the issue for plasma protein therapies is smaller patient numbers, coupled with a supply and production process that is far more complex and costly than that of traditional pharmaceutical products. The value that these therapies provide to patients and their families is immense," he says.

To help countries meet the needs of the growing population of European patients who could benefit from plasma proteins, Bult says that 'How Is Your Day?' is building a dialogue with policymakers. This effort is to help them appreciate how these therapies are fundamentally different from other pharmaceutical products. The initiative shares evidence that supports governments' efforts to create practical sourcing polices that will improve access to plasma products.

Bult highlights two key issues for policy attention that will make a real difference for patients. First, the importance of early diagnosis to deliver the necessary treatment sooner to people with these conditions. Secondly, building strong links between donor and patient communities to secure stable source plasma access. ''Today, much of the world's source of plasma comes from a small number of countries. We are engaging European policymakers by sharing examples and expertise to answer their questions on what is needed to deliver the best quality treatment to their citizens," he explains.

As human donors are the only source of plasma for these therapies, each country faces the challenge of having a finite plasma supply. Each plasma donation only contains a small quantity of the proteins needed to produce a specific therapy. For example, some 130 donations provide enough immunoglobulin to treat one person with a primary immunodeficiency disease for one year; some 900 donations have sufficient Alpha-1 proteinase inhibitor to treat one person with Alpha-1 antitrypsin deficiency for one year; and 1,200 plasma donations ensure treatment for haemophilia for one year.

"'How Is Your Day?' aims to help decision-makers better understand and face these challenges by linking national planning to regional coordination," says Bult. ''Countries are looking at how they can meet their source plasma needs. We encourage policymakers to cooperate with neighbouring countries to collect more plasma so patients everywhere will have better access to life-saving medicines," he says.

While clear understanding of the plasma issues and policy action are keys to providing for the needs of those who need plasma protein therapies across Europe and worldwide, the perspective ultimately turns to the daily reality for people who have plasma protein deficiencies, and to their families – asking the simple question: 'How Is Your Day?'

Hopefully, one day, the universal answer to this simple question will be: "My day is great! And how is yours?"

'How is Your Day?' discovers how plasma protein therapies improve the lives of people, every day. For patient testimonials, videos, evidence and information, visit www.howisyourday.org and Facebook & Twitter @HIYDglobal

'How is Your Day?' is an initiative of the Plasma Protein Therapeutics Association

# THE PATIENT JOURNEY:

## A ROADMAP FOR SUCCESS

**There has been a lot of talk in recent years of a need to increase patient-centricity within the pharmaceutical industry. Indeed, there have been many great steps towards a more patient-centric approach, and a greater recognition of the value of patient choice and the need for increased self-management across healthcare systems. This is mirrored when we speak to healthcare professionals, who have a growing demand for methods to support patients, beyond the medicine.**

While we know that self-management and choice are increasingly important within healthcare, actually putting this into practice and creating meaningful solutions for patients has been tricky. Patients are only able to better manage their conditions and do more for themselves with the necessary tools and information. And these tools and information have to fit into the lives of patients in a seamless way. This is a real opportunity for those within the pharmaceutical sector to empower people, but they can only do this by truly understanding the unmet needs.

### MAPPING THE PATIENT JOURNEY

There are many different perspectives of how to build an effective and successful patient support programme, with each offering a unique method of doing so. One thing is clear though: any successful patient support programme must be grounded in the patient journey. Taking a step back and reflecting on each step prior to building any journey can contribute to the quality of the overall analysis. When developing a patient journey it's imperative to understand a variety of perspectives.

Typically, research consists of speaking to patients, carers and healthcare professionals. Before building solutions for patients and carers there is a need to construct a coherent understanding of the unmet needs of the audience. By identifying the unmet needs, engaging with patients will add value to the insights instead of duplicating existing knowledge. Only then can you create tactics to overcome unmet needs.

### TRANSLATING INSIGHT INTO EFFECTIVE PATIENT SUPPORT

As a starting point, patient journey maps provide fantastic illumination of the challenges faced by patients and their supporting stakeholders. However, while the research conducted to generate a patient journey map will provide the audience with empathy into patient lives, which of course is a key motivator for why we do what we do, its potential is so much more.

The true purpose is to identify unmet needs along the journey that, through consultative interpretation, and the provision of appropriate tools, can change beliefs and behaviours towards disease management for improved clinical outcomes. Internally the patient journey map provides you with the blueprint for strategic planning, identifying the needs to be tackled to make a meaningful difference to the treatment paradigm. The visual representation of the journey is also a great tool to bring colleagues on board with your strategic approach, basing it on evidence as well as inspiration.

Tools generated for patients need to be developed with the user in mind. The traditional approach of writing by pharma has focused on high science with the medical audience as a target. However creating engaging materials for the patient audience requires a different skill set. Tone of voice, empathy and simplicity are crucial


Contributors:

**Neil Rees**
Head of Research
neil.rees@the-earthworks.com

**Dr Sumira Riaz**
Lead Health Psychologist
sumira.riaz@the-earthworks.com

**Alex Morton**
Patient & Healthcare Writer
alex.morton@the-earthworks.com

in developing tools and content that are read and re-engaged with. Creating engaging content that is easy to understand and yet grounded in clinical evidence is key when creating meaningful interventions for patients. Embedding this content in relevant behavioural models will ensure that measurable behaviour change occurs.

A failure point of tools generated from patient journey mapping is the resultant lack of awareness from HCPs, patients, carers and other stakeholders. Frequently we find they are unaware of specific apps that can aid patient disease management yet state certain services apps offer as unmet needs. The notion of 'build it and they will come' isn't enough – users and healthcare providers need to be aware not only of the tools, but the benefits of these and the difference they can make. Effective brand and medical communications, utilising case studies of uptake and who the tool is for is crucial for engagement. And simply engaging with patient associations as part of the immersion process is not enough. Ongoing consultancy can lead to greater buy-in of the tool and recommendations to their members as a valuable aid to disease management. With this buy-in, the effectiveness and reach of any patient support programme is heavily increased.

## THE FIVE PILLARS OF JOURNEY MAPPING

There are five pillars which should be considered when developing a patient journey. Aligning to these will ensure that the process of building a journey is multi-layered and robust.

**1** Integrate behaviour change within the patient design. Considering the purpose behind patient mapping is to develop solutions to meet the unmet needs of the audience, analysing the insights using behaviour change theories will ensure that the outputs of the journey elicits behavioural change.

**2** Critically analyse existing research, including publications and systematic review. Summarising the findings within a literature review can inform the development of the research plan. A literature review also serves as a rationale for the qualitative interviews and begins to form the patient journey.

**3** Listening to social conversation can add layers of insights. Online conversations can uncover valuable insights about the audience, whether this be patients, healthcare professionals or key opinion leaders.

**4** Speak to real patients, carers and healthcare professionals to help construct the journey. This can be done in a number of ways and is dependent on how much insight is collated. Observational or phenomenological methodology is dependent on the sample size and rationale behind the research. Although there is a preference for one-to-one interviews, focus groups and advisory boards can offer just as much value and insight required.

**5** Engage with key influencers throughout the patients' journeys. This allows the development of a robust strategic patient pathway. Mapping this out will help inform the specific touchpoints where a tactical intervention can be introduced and by whom. And it's important not to forget patient associations – accessing and working in collaboration with patient groups can help engage patients willing to co-design research and be part of the co-creation process.

In summary, when considering the five pillars of constructing a patient journey, it is important to integrate, critically analyse, listen, speak and engage with patients, carers, healthcare professionals and patient associations.

# Digital skills gap hinders UK healthcare innovation

## Report calls for greater emphasis on HCPs' digital and data literacy education

**While the development of digital health technologies seems to be catapulting across the UK, the country is still lagging behind in deployment, warns a report.**

*The Human Factor: Driving digital solutions for 21st century health and care* – a report led by the National Centre for Universities and Business – suggests that a reason for this is the lack of digitally literate healthcare professionals.

Recognising the need for collaboration, 85% of academic clinicians believe that professional bodies must work together to create higher standards of digital skills in healthcare, according to the report.

A further 50% of those academic clinicians believe that healthcare professionals are risk averse in translating digital technology in digital practice.

Beverley Bryant, chief operating officer, System C and Graphnet Care Alliance and co-chair of the report, said: "The UK must seize the prize of becoming one of the top digital health and social care systems and economies on the planet.

"The health and care system as we know it today can truly transform itself, with digital as an enabler and catalyst.

"This will allow work to be done in different locations, at the patients', consumers' or users' convenience, and with different sets of skills.

"This will require a re-education process and a love of ongoing learning to be added to the specialism approaches of today."

However, even though the report acknowledges the benefit of having digitally-literate healthcare professionals, the UK is still struggling to keep up with its digitally savvy European counterparts, according to a report published late last year.

This particular report revealed that the country ranked 19th out of 29 in the provision of digital public services. Although, things are looking brighter for the UK as the country has been seen to be bulking up on its digital initiatives as of late, especially with the Greater Manchester work.

Since its devolution in April 2016, one of the biggest regions in Northern England has gained complete control over its share of the healthcare budget.

Since then, Greater Manchester has been involved in a number of healthcare projects – partnering with local bodies and pharmaceutical companies such as GlaxoSmithKline – harnessing the use of data and digital technology to tackle some of the region's health problems.

But whether Greater Manchester will act as a catalyst for the rest of the UK to follow remains to be seen.

# Boehringer partners with Bactevo on drug discovery

## Bactevo will use its TIME platform to identify small molecule lead compounds

**Boehringer Ingelheim is bolstering its drug discovery efforts with a new collaboration with UK tech-enabled research firm Bactevo.**

Enabled by advance machine learning, Bactevo claims that its Totally Integrated Medicines Engine platform (TIME) will be able to bring about a paradigm shift in the speed, efficiency and quality of drug discovery, as well as dramatically enhanced safety profiling.

Aiming to identify novel small molecule lead compounds, the deal will see Bactevo use its TIME and synthetic chemistry technology to further enhance speed, efficiency and quality when detecting novel in vivo-enabled leads.

In addition to working with partners to develop novel first-in-class medicines, Bactevo is also developing breakthrough medicines for the treatment of diseases that involve defects in mitochondrial function, such as MELAS and LHON. It is also targeting diseases of the central nervous system, such as Parkinson's, Alzheimer's and Amyotrophic Lateral Sclerosis (ALS).

Bactevo will receive upfront payments and research funding, although that specific amount was not disclosed at the time of writing.

The tech group could also be eligible to receive payments for certain research, development and commercialisation milestones.

David Williams, chief executive officer of Bactevo, said: "We are pleased to be commencing this highly complementary collaboration with Boehringer Ingelheim.

"It combines our cutting-edge TIME drug discovery platform with the powerful therapeutic drug development and commercialisation experience at Boehringer Ingelheim to create much-needed new medicines in areas outside our current therapeutic focus."

# Nokia's digital health unit returns to its roots

**Nokia has been mulling the sale of its digital health business for a while now, with big names such as Samsung and Google's Nest rumoured to be interested in the unit, but it looks as if the business' original co-founder has beaten them to the punch.**

Two years after selling the business – formerly known as Withings – to Nokia for €170m, co-founder Éric Carreel is planning to reacquire the unit.

If the deal goes ahead, Carreel will acquire a portfolio of consumer and enterprise products along with a number of digital health devices.

The move could see the business go back to its roots, and while the details of the deal remain undisclosed at the time of writing, Nokia said the deal is expected to close in late 2018.

# FDA looks to regulate digital tools

## US regulator adds new components to digital health plan

**As digital health makes greater inroads into the life sciences sector, the US Food and Drug Administration (FDA) is looking to streamline and accelerate its reviews of these products.**

FDA Commissioner Scott Gottlieb launched the Digital Health Innovation Action Plan last year, and the agency will be investigating the option of regulating digital tools as part of the drug review process.

The FDA plans to develop a new regulatory framework for reviewing 'software as a medical device' and has also issued guidance regarding the FDA's regulatory process for digital tools.

Scott Gottlieb said: "We know that consumers and healthcare providers are increasingly embracing digital health technologies to inform everyday decisions.

"Given the benefits from empowering consumers, we believe the FDA must encourage the development of tools that can help people be more informed about their health."

Aiming for a more 'streamlined' review, the FDA has updated the


software pre-certification pilot programme and a working model of this will soon be released.

This model will outline critical components of the pilot such as pre-certification of companies, the pre-market review process and post-market surveillance, according to the FDA.

Additionally, the US agency has issued draft guidance concerning the FDA's stance on reviewing devices with multiple functions, confirming that it will take a hands-off approach towards certain functions of digital devices.

Gottlieb concluded that an "efficient" approach would allow the agency to focus on those functions that the FDA oversees, while allowing the industry to modernise digital tools to deliver additional benefits.

# Disruptive technologies set to stabilise soaring drug prices

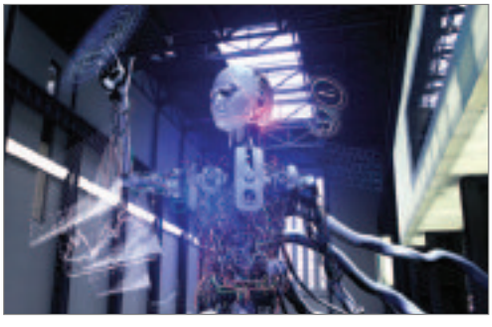
## AI and blockchain could accelerate the drug development process, says report

**The pharmaceutical industry has been no stranger to the rising costs of drug development as of late, but disruptive technologies could soon change this paradigm, according to a report by GlobalData.**

Artificial intelligence (AI), big data and blockchain are set to impact the industry, not only by helping to add value in terms of personalised treatments, but to also counteract the unsustainability of skyrocketing drug prices, according to the data and analytics company.

The report states that there are currently over 100 companies applying AI to healthcare, with big names such as Google, Microsoft, Amazon and IBM Watson paving the way.

With the new technology, researchers are hoping to "generate more accurate hypotheses faster, making the drug discovery process less expensive and more effective", said Valentina Gburcik, GlobalData's cardiovascular and metabolic disease director.



She added: "In addition, the database of electronic medical records and public health data can be analysed to identify hidden patterns that can lead to a quick identification of potential molecular targets for a disease."

And it's not just the pharmaceutical industry that is set to see the change either. Quite recently it was reported that health insurers are also testing blockchain's capabilities in generating more accurate and reliable demographic data, such as health records.

Gburcik concluded: "Blockchain could be a platform for sharing electronic health records between various health organisations in a secure way, which would further facilitate research and speed up the drug development process. Furthermore, there is a great potential for using this technology in pharmaceutical supply chain, medical billing and anonymised patient record transmission."

## In brief

Medidata has utilised the use of AI technology to alleviate the risk of regulatory non-approval and delays through its programme Edge Trial Assurance. The end-to-end solution is said to detect data entry errors, outliers, potential fraud or misconduct and delivers a report of the results by a team of clinical analysts.

Due to a rising prevalence of mobile apps that provide therapeutic benefit, the digital therapeutics space is starting to take off, according a report by ReportsnReports, which said that digital therapeutics may one day rival mainstream pharmaceutical products in areas such as chronic disease care.

PureTech Health's Akili raised $55m in a funding round to advance its digital medicine platform. More specifically, the proceeds will go towards candidates such as its flagship investigational product AKL-T01 for the digital treatment of children and adults with ADHD.

The mHealth market is set to swell to $58.8bn by the year 2020, according a report by Research Beam, which said that a rise in mobile phone usage across developing markets has prompted the surge along with the technology's flexibility and 'consistent care' convenience.

Six clinical commissioning groups (CCGs) across south east London will soon be able to access VisualDX's AI-powered visual diagnostic tool, as per terms of a deal between the NHS and the healthcare software company. The tool has a library of more than 41,000 peer-reviewed images to help physicians make better-informed diagnoses.

# Sanofi

## JOHN REED

Sanofi has appointed a new head of research and development after it announced that Elias Zerhouni is to step down after seven years in the role. Taking his place from 1 July will be **John Reed**, who left his Basel-based role as Roche's head of pharma research and early development after a reshuffle at the Swiss pharma giant. There, he was responsible for directing research and early development activities through to phase IIb proof-of-concept across all therapeutic areas including oncology, immunology, rare diseases, neuroscience, ophthalmology and infectious diseases. Prior to his time at Roche, he was president and chief executive officer of the Sanford-Burnham Medical Research Institute. Reed's new role will see him look at increasing productivity from its research budget, which stood at €5.4bn last year.

Eli Lilly

### SUE MAHONY

Eli Lilly's senior vice president and president of Lilly Oncology, **Sue Mahony,** is set to retire at the end of August after 18 years of service with the company. Mahony joined Lilly back in 2000 after more than a decade in sales and marketing roles for companies including Amgen, Bristol-Myers Squibb and Schering-Plough. Lilly has said it is considering internal and external candidates to find Mahony's successor.

GlaxoSmithKline

### KEVIN SIN

**Kevin Sin** has joined GlaxoSmithKline as its senior vice president, head of worldwide business development for pharmaceutical research and development. In this position, Sin will play a role in strengthening GSK's pharmaceutical pipeline and identifying enabling technologies to enhance delivery of new medicines for patients. Sin joins GSK from Genentech, where he served as vice president and global head of oncology business development.

Biogen

### DANIEL KARP

Biotechnology group Biogen has appointed **Daniel Karp** as its executive vice president, corporate development effective 11 June. Karp's new role will see him lead the newly created corporate development function, which will include business developments and corporate strategies. He will also become a member of the executive committee and will report directly to chief executive officer Michel Vounatsos.

Abeona Therapeutics

### STEFANO BUONO

Abeona Therapeutics, a clinical stage biopharmaceutical company focused on developing cell and gene therapies, has expanded its board of directors through the appointment of **Stefano Buono**. Buono was previously the chief executive officer and president of Advanced Accelerator Applications, an international radiopharmaceutical company he founded in 2002. He has also served as a scientific associate for CERN.

Novartis

### ROBERT WELTEVREDEN

**Robert Weltevreden** has been appointed head of the Novartis Business Services (NBS), a role that will also see him become a member of the executive committee, reporting to the group's chief executive officer Vas Narasimhan. Weltevreden, who was previously head of business services for biotechnology group Syngenta, has experience in the finance and commercial sectors of the business. He will join Novartis' Basel base in Switzerland.

Novo Nordisk

### LARS REBIEN SØRENSEN

Novo Nordisk's former longstanding chief executive officer **Lars Rebien Sørensen** has been appointed as life science investor group Novo Holdings' new chairman. Sørensen succeeds Sten Scheibye as he retires from the company effective 1 July. Sørensen will also become chairman of the board of the Novo Nordisk Foundation, a Denmark-based international group focused on medical treatment and research.

Exelixis

### ANDREW PETERS

California, US-based biotechnology group Exelixis has appointed **Andrew Peters** as vice president of strategy. In this newly created role, Peters will work with the Exelixis leadership team to further refine the company's mid- and long-term strategy, which is focused on advancing the next generation of Exelixis medicines. Prior to his new role, Peters served as a director and senior analyst for Deutsche Bank Securities.

Novartis

### SHANNON THYME KLINGER AND NATACHA THEYTAZ

Novartis has reshuffled its executive committee following the retirement of group general counsel Felix Ehrat. **Shannon Thyme Klinger** will succeed Ehrat after serving as Novartis' chief ethics, risk and compliance officer. **Natacha Theytaz**, global head internal audit will lead the ethics, risk and compliance organisation ad interim. She joins the Swiss pharma giant from Roche.

PureTech Health

## JOEP MUIJRERS

Biopharmaceutical company PureTech Health has bolstered the team with a new chief financial officer in the form of **Joep Muijrers. Muijrers** most recently served as a partner and portfolio manager at Life Sciences Partners, a transatlantic investor group with an exclusive focus on the life sciences industry. During his 11 years at the company, Muijrers' responsibilities saw him help several companies strengthen its biopharmaceutical status.

IRBM

## CARLO TONIATTI

IRBM has recruited **Carlo Toniatti** as part of its global growth strategy. Toniatti has been appointed as its chief scientific officer, bringing more than two decades of drug development and discovery experience to the role. At IRBM, Toniatti will strategise the expansion of IRBM, creating international partnerships with pharmaceutical, biotechnology and not-for-profit research institutes to offer on-site, integrated services and expertise.

Concept Life Sciences

## DAVID HIGTON

Concept Life Sciences has appointed **David Higton** as its biotransformation and metabolite identification expert. Higton, who has over 34 years of expertise in bioanalytical and biotransformation studies, spent 23 years at Glaxo Group Research - now GlaxoSmithKline - where he supported pre-clinical, clinical and discovery investigations. Higton has also held roles for Redx Pharma and AstraZeneca.

Prevail Therapeutics

## FRANCOIS NADER

Prevail Therapeutics, a biotechnology company focused on the development of gene therapies for patients with neurodegenerative diseases, has strengthened its board of directors with the addition of **Francois Nader**. From 2008-2015 Nader was president and chief executive officer of NPS Pharma, until Shire acquired the company back in 2015 for $5.2bn. Nader has also served in several roles for Care Capital and Aventis.

RedX

## LISA ANSON

Drug discovery and development group Redx Pharma has appointed its new chief executive officer in the form of **Lisa Anson**. Anson, who was previously AstraZeneca's UK president from 2012, also joins Redx's board of directors, taking up both roles on 1 June. Following a 20-year career with AstraZeneca, Anson has held a variety of senior management roles at the pharmaceutical company, including global vice president oncology.

Concept Life Sciences

## MATILDA BINGHAM

Concept Life Sciences has appointed **Matilda Bingham** as site director of its Alderley Park unit based in Cheshire, UK. With over 15 years' experience in the pharmaceutical industry, Bingham joins Concept from Redx Pharma, where she held positions as head of research operations and executive director of oncology and immunology. Prior to this, Bingham also worked for MSD Research Laboratories.

Gamida Cell

## JOSH HAMERMESH AND PAUL NEE

Gamida Cell has appointed a new chief business officer in the form of **Josh Hamermesh**, who will lead business operations and corporate development strategies. The company has also appointed **Paul Nee** as vice president of marketing. Nee, who has previously worked for Biogen, Amgen and Novartis, will lead market research, commercial strategies and competitive intelligence at the company.

IRBM

## HEIDI KINGDON-JONES

Contract research organisation group IRBM has appointed its first global vice president of sales and marketing in the form of **Heidi Kingdon-Jones**, who brings over 20 years' experience in the life sciences industry to her new position at the company. Jones' new role will see her support and lead a team to promote IRBM's services and facilities worldwide and will be creating a formal business development and marketing strategy for the company.

ProPharma

## DAWN SHERMAN

Pharmacovigilance and consulting company ProPharma Group has appointed a new chief executive officer and president in the form of **Dawn Sherman**. Sherman brings international strategy experience to the group following multiple executive leadership positions in various companies. Most recently, Sherman was president of EnvisionRxOptions, and she has also served as chief operating officer for Teva Pharmaceuticals.

Neurimmune

## FABIAN BULLER

Monoclonal antibody-focused Neurimmune has appointed **Fabian Buller** to the newly created role of chief business officer. Buller, who joins the biopharmaceutical group's executive team, brings eight years of biotech and pharmaceutical experience. Prior to joining Neuriummune, Buller served as director new ventures at Johnson & Johnson Innovation, as well as director of business development of Covagen.

Pharnext

## AMIT KOHLI

Clinical-stage biopharmaceutical group Pharnext has appointed **Amit Kohli** as chief operating officer, a role which will see him take responsibility for leading Pharnext's corporate strategy and operations. Before joining Pharnext, Kohli was general manager of clinical diagnostics at Eurofins based in Brussels. He has also held a number of leadership roles with Sanofi in sales, marketing, finance, supply chain and manufacturing.

Axovant

## GAVIN CORCORAN

Biopharmaceutical group Axovant has appointed **Gavin Corcoran** as executive vice president of research and development. Corcoran's career history has seen him supervise drug development across multiple therapeutic areas. Most recently, Corcoran served as chief medical officer at Allergan and before that he was Actavis' chief medical officer. Throughout his career he has served in numerous roles for Celgene, Amgen, Schering-Plough and Bayer.

# Appointments

Havas Lynx

## ELIZABETH EGAN

Havas Lynx has appointed **Elizabeth Egan** as its new managing director, a role that will see her lead the agency's expansion of its London office. Egan, who has nearly 30 years' experience working with various companies including AstraZeneca, Weight Watchers and Electronic Arts, will lead the London-based team to deliver communications that equip clients with the tools they need to improve healthcare systems.

Incisive Health

## MADDY FARNWORTH AND TOM STEPHENS

Incisive Health has appointed **Maddy Farnworth** as its new account manager. Farnworth joins the team from the Nuffield Trust, where she was the events and marketing communications manager. Joining Farnworth is **Tom Stephens,** who takes up an account executive role at the consultancy. He previously served as a parliamentary researcher for Diana Johnson MP.

AXON

## EMMA LEMON

UK-based medical communications agency AXON has promoted **Emma Lemon** to take the helm of the agency's medical communications stream. As director, head of medical communications, Lemon will be based in AXON's London, UK office. Since joining AXON as part of its leadership team back in February 2015, Lemon is said to have led client accounts and in-house teams.

Accretio

## NEIL LEVINSON

Accretio, part of the OPEN health group of companies, has appointed **Neil Levinson** as its strategy director. Levinson will join the Accretio leadership team alongside managing director Richard Baderin and operations director Charlotte Richards. Most recently, Levinson was vice president at Kaiser Associates. Prior to this, Levinson spent ten years at IMS Health, where he was senior principal.

Unlimited Group

## MICHAEL RICHARDS

Unlimited Group has appointed **Michael Richards** as group managing director. The appointment comes following the recent announcement of the group's restructure and rebrand around its seven core disciplines. Richards joins the group from VCCP, where he held the role of international managing director. His new role, however will see him head the group's partners' board, reporting to the group Chairman Ian Ferguson.

Cognite

## VEE RAGUNATHAN

International healthcare strategy and communications agency Cognite has appointed **Vee Ragunathan** into an account executive role. Ragunathan joins the agency from medical education and PR group Publicis Resolute, but her new position at Cognite will see her pursue a promotional role, one that will involve the use of digital to further bolster the agency and its clients' journey.

90TEN

## SABRINA GOMERSALL

Healthcare PR consultancy 90TEN has created the role of director and head of client service for it. PR division, appointing **Sabrina Gomersall** to the position. Joining from Chandler Chicco Agency, part of Syneos Health, Gomersall will lead several of 90TEN's international and UK accounts. She will also work with colleagues across the business to ensure client satisfaction.

WA Health

## CAROLINE GORDON

WA Health has announced that senior consultant **Caroline Gordon** will be joining as a Director. Gordon is making the move from Incisive Health, bringing significant experience in health policy, consultancy, politics and the voluntary sector. Gordon will join head of health, Jenny Ousbey to support WA's ambition to become a major player in the health public affairs and communications market.

Pegasus

## HARRIET MIDDLETON AND EMILY BERRINGTON

Pegasus, part of UDG Healthcare, has grown its pharma and life science division. Former HAVAS Just employee, **Harriet Middleton** joins the agency as its senior account director following a background in healthcare public affairs and experience in stakeholder relations, policy and patient advocacy. Additionally, former Zoetic Science member **Emily Berrington** joins the Pegasus team as an account manager.

Lucid

## HELEN HUTTON, DAVID BURTON AND CLARE BIBBY

Lucid Group has appointed **Helen Hutton** as its business unit director for its specialist strategic health communications arm Leading Edge. Hutton will be based in the Macclesfield office and she will oversee the North West- and Buckinghamshire-based teams. Also joining the Macclesfield office is **David Burton**, who becomes its programme director and **Clare Bibby** also joins the group as senior account manager.

Pegasus

## JACK NEWTON, KATE GERRARD, FRANCESCA MCDANIEL AND EMMA FIELDHOUSE

Continuing with its hiring streak, Pegasus has appointed former HAVAS Health employee **Jack Newton** as its senior account executive, along with **Kate Gerrard**, who was former communications coordinator at Lighthouse Arts. Meanwhile, **Francesca McDaniel** and **Emma Fieldhouse** both join the agency as junior account executives.

The Difference Collective

## STUART MAYELL AND JO WILLEY

Virtual healthcare specialist The Difference Collective has appointed two of its senior freelance consultants to its core collective team. Former Ruder Finn UK creative director **Stuart Mayell** has been made head of the creative difference and former *Daily Express* health editor **Jo Willey** is now collective media maestro and her new role will see her offer media experience to the group's client base.

## Top job this month

**Product Manager, Hertfordshire**

**South East England • Competitive salary plus benefits**

Dermal, a dermatology-focused pharmaceutical company, is seeking a candidate with a background in marketing coupled with pharmaceutical sales experience. The role carries the responsibility of assisting with the delivery of Dermal's promotional plan for a range of brands in the UK and Ireland. Key responsibilities include working with internal and external teams, marketplace monitoring and report writing. The successful candidate will have excellent verbal and written communication abilities, a creative skill set and a flexible 'can-do' attitude. To apply, please email your CV and a covering letter to careers@dermal.co.uk.

## June highlights*

**Assistant Product Manager, Hertfordshire**
**South East England - Competitive salary**

Dermal is recruiting an individual with a marketing background and excellent project management and communications skills to join a small and friendly team. Email your CV and a covering letter to careers@dermal.co.uk.

**Brand Lead, Vaccines, Berkshire**
**South East England, Salary negotiable**

A global integrated healthcare leader focused on patient needs across a range of therapy areas is looking for a degree-educated individual who has experience in sales, marketing and commercial. Call Danny on 0161 914 7660.

**Senior Brand Manager, Rheumatology**
**London, Salary negotiable**

A biopharmaceutical company is seeking a candidate with experience in sales and product management to develop, implement and evaluate product specific marketing activities. Call Emma on 0161 914 7660 to learn more.

**Scientific Engagement Director, North West England, Salary dependent on experience**

We're looking for someone with a masters degree and at least six years medical writing experience across multiple therapy areas. Contact Jamie at Jamie.wallwork@wrglive.com.

**Account Director, Training and Medical Comms, London, Competitive salary**

We are seeking an individual to fill a role involved in client-side training and medical communications with the opportunity to build a team. Contact Anthony on 07968 181759 or Anthony@adeptoconsulting.com.

**Medical Writer**
**London, £30,000 to £40,000**

A med comms agency is looking for a candidate with a degree in life science and experience at a med comms agency. Call or email Julia on 020 7359 8244 or Julia.walton@media-contacts.co.uk.

**Engagement Strategist, Healthcare Brand Comms, London, £60,000**

This is an exciting new opportunity for candidates who are eager to utilise their agency experience across global pharma brands. Contact Anthony on 07968 181 759 or Anthony@adeptoconsulting.com for more information.

**Client Partner, Healthcare Brand Comms**
**London, £55,000**

We are looking for an individual who is comfortable developing strong working relationships with a range of global pharma clients. Contact Anthony on 07968 181 759 or Anthony@adeptoconsulting.com for further information.

**Group Account Director, Manchester**
**North West England, £70,000 to £85,000**

A med commns agency is looking for a candidate with global campaign and integrated communications experience. Previous success in FMCG and experience in healthcare is desirable. Call Chris on 07713358677 for more information.

## *100s of live vacancies with more added daily

- 124 Medical communications
- 80 Healthcare PR
- 52 Medical writing
- 32 Healthcare market research
- 25 Pharmaceutical
- 24 Market access
- 97 Medical education
- 75 Healthcare advertising
- 34 Healthcare consultancy

Pharma marketing, sales and communications jobs

**jobs.pmlive.com**

*Job numbers were correct as of 08/06/18

*Featured jobs were live as of 08/06/18

## WE COMBINE YOUR MAGIC WITH OURS

**TO CREATE PROGRAMMES THAT IMPROVE PATIENT OUTCOMES.**


LUCID GROUP

Transforming lives. Always.

LUCID-GROUP.CO.UK