

Put more disease education in oncology marketing communications

As oncology treatments become increasingly personalised, marketers need to devote more time to helping specialists understand the science behind the drugs, as well as what the new drugs do for patients, says **Jeremy Smith**.

Only a few years ago, the typical treating oncologist did not know that biomarkers, pathways or mutations such as PD-L1 / PD-1, P13K, T790M and 17p deletion existed, much less what they could mean for their patients in terms of therapeutic options.

Today, as we continue to learn more about the specific mechanisms of cancer, this knowledge is translating into highly targeted treatments. However, as the treatments are so new, and underpinned by scientific principles which are not always fully understood by the oncologists who will be prescribing them, pharmaceutical brand marketers now face significant communication challenges.

These hurdles can, however, be overcome with careful planning and by following some new rules.

Oncology is one of the busiest specialties: according to an October 2012-March 2013 ASCO survey, the average oncologist in the US works 57.6 hours per week and sees 52 outpatients per week. This leaves little time for them to digest new scientific learning that results in new products. This leads to a lack of understanding of potential new treatments, which in turn creates communication challenges for marketers. These include:

- Having to educate oncologists about previously unknown biomarkers, pathways and mutations, at the same time as communicating all the important attributes of a product in the

short time that oncologists have, and

- Finding the best way to position the new treatments after the scientific and discovery people have spoken about the brand in public and effectively started the positioning.

Challenge One: discovery versus commercialisation

More and more burden is falling to the manufacturers to educate oncologists about new mutations, pathways and scientific discoveries and their therapeutic benefits. Also, many pharma companies have a discovery vs. commercialisation model.

So, while a great deal may be communicated about the science of new mechanisms of action, it may also be disconnected from the commercial team's concept of clear brand communication. This potential for confusion creates a challenge for marketers and market researchers, as the brands we are trying to build from scratch are already being publicly spoken about by scientific and discovery colleagues, and have already been given some level of positioning through multiple, and often uncontrolled, channels.

The assumption is that marketers have the luxury of carefully crafting all of the communications surrounding the launch of a new product. However, in reality when so much of the information is already available, from so many sources, the job becomes one of repositioning, even at launch.



Jeremy Smith

Challenge Two: mechanism of action

Another challenge for marketers lies in managing the differing views on the importance of mechanism of action knowledge for a successful brand launch.

While most oncologists agree that they feel more confident when they know how something works, many will not hesitate to prescribe a product with a mechanism of action they do not understand. For marketers, this means there is a fine line between providing too much information that would be unlikely to be read, and providing too little information, leaving the oncologists uncertain and unwilling to prescribe, as well as stratifying their communication by clinician desire.

Challenge Three: partial information

The situation is often further complicated by only having partial knowledge of how the mechanism of disease (and thus the relevant mechanism of action) works. The marketer is often torn between the need to educate and the need to build a distinctive positioning for the brand.

Challenge Four: multiple launches

If this were not challenging enough, the time between the first drug in a new class launching and the second and third has decreased greatly. In the past, the first launched brand would communicate the mechanism of disease/mechanism of action and still have time later to focus on brand differentiation.

This means that even drugs launched later, second or third in class, cannot capitalise on the knowledge communicated by their earlier-launching competitors as this may not have had enough time to penetrate yet. So launching second no longer equates to a brand-share fight, but increasingly needs to incorporate a market build component.

Challenge Five: two become three

Clinicians only have room for two solutions to the same problem and yet often three products launch into a new class/tumour type in quick succession.

Bridging the gap

The good news is that excellent marketing and market research can help bridge the gaps and solve the communication problems, and both are already starting to change the way brands are marketed.

Successful marketing and communication must now start much earlier and communicate both the product and the science. Market research should start earlier and be broader in scope.

Consequently, marketers are becoming increasingly more skilful at communicating both the science and product in ways that are engaging, informative and helpful to the clinician.

New world, new rules

In this new world there are some new rules – and some hints and tips – to help launch new oncology treatments:

1. Conduct your market research earlier – the luxury of considering positioning in the last year before launch is gone, since the branding begins when the scientists communicate those first few messages about a product or mechanism of action.
2. Think differentiation from day one. Build differentiation into clinical trials either by conducting additional trials or building in relevant endpoints (emphasis on relevant). This requires an early-phase 2 understanding of the problems that clinicians need to solve and making sure the endpoints cover not only the primary problems, but the secondary ones, too. Build differentiation into simulations in your market research.
3. Be prepared to segment from the start. After all, a key marketing maxim is ‘one, two, segment’, i.e. be first or second in the mind of the physician or find a segment where the brand can be first or second. Match the clinical trial patient recruitment definitions to those in the mind of the oncologist so that, as necessary, segment data can be used. Think about the different clinician segments and who your product or company can target most effectively.
4. Define how much mechanism of disease and mechanism of action needs to be communicated for success. A tipping point analysis with oncologists is critical to uncover the degree of understanding that is required. This approach quantitatively evaluates how motivating each product attribute (e.g. overall survival, progression-free survival, toxicity, etc) is to prescribe in order to understand the ‘tipping point’ of target product profiles, impact on patient share and measures both the latent and stated importance of key drivers. This sounds simple but involves generating a deep understanding through clever market research, as clinicians are poor observers of their own motivations and behaviours.
5. Spend time evolving the most effective way to simplify the communication. This is often best accomplished in co-creation sessions with oncologists, but be prepared to work iteratively and don’t expect to crack these complex problems at the first attempt. As with rules one and two, starting earlier with this development is a great advantage.
6. Be prepared to adapt. Just because an approach was successful previously with one product does not mean that the same approach will work in the next situation.
7. Be single-minded in communication, as the penalties for not being so are much greater, since timelines are shorter, information is more complex and competition is increasing.

Embrace the new world with new approaches

As pharmaceutical market research experts we have evolved alongside our marketing colleagues to help create future communications that are concise, engaging and effective. In this new world it would be inappropriate to act as if nothing has changed, therefore New World = New Approach.

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About the author

Jeremy Smith is a research manager in the oncology specialist group at The PLANNING SHOP international. He has nearly ten years of global pharmaceutical research experience and joined the company one year ago to focus on the oncology sector.