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IN THIS ISSUE:

Healthcare agency roundtable

For the ninth year, the leaders of selected Manny Award-winning and nominated ad agencies respond to key industry-related questions from *Med Ad News*.

By Joshua Slatko
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***Med Ad News*: How do you think the results of the just-past U.S. election might impact the healthcare arena in general and your agency's business in particular?**

Rich Levy, chief creative officer, Draftfcb Healthcare: In general the election did nothing to impact healthcare as the ACA was already in place and Obama was re-elected. Congress is still divided and the Supreme Court ruled that the ACA was constitutional. I think the fiscal cliff discussions will have a greater effect on healthcare than the election as any grand bargain would likely affect Medicare, but all of that remains to be determined.

I'm truly not the expert on the ACA (Obamacare) as well as tax legislation, but in broad generalities the ACA presents both opportunities and challenges. The opportunities are a whole broad spectrum of new patients that can potentially benefit from healthcare and drug coverage that never did before. The importance of patient support programs, compliance and adherence initiatives, payer value propositions, and evidence based stories will only increase in the future. The challenges will be the increased pressure for generic over brand use, rationing of branded products based on cost with cost as a driver of brand choice being significantly elevated. And lastly it will be imperative that you have a clear payer strategy prior to launch. Ignore the payer in the future at your own peril. I believe that tax legislation around the ACA will tax medical device marketing differently than it does currently, which could crib marketers' budgets even more than today.

As it relates to innovation in the pharmaceutical industry, there is still a place for new product entrants with good efficacy. The challenge for pharmaceutical advertising and promotion will be to focus on products and services that satisfy unmet needs in order to be successful. Data and evidence driven arguments will be a key criteria for market adoption and growth. The expansion of personalized medicine and the impact of social media will also factor into the strategy employed by pharmaceutical companies and their agencies on crafting appropriate messages to both patients and providers. Although the market is changing and is highly regulated, there is still tremendous opportunity to develop products that improve and save lives, as well as decrease the need for hospitalization and the costs associated with same.

Scott Cotherman, president and CEO, CAHG: The presidential election resolves any uncertainty about the future of the health reform law, and the administration (Secretary of Health and Human Services, led by Kathleen Sebelius) is expected to move full steam ahead to implement its central coverage expansion provisions. Highlights include:

• State exchanges where individuals can purchase insurance go into effect January 1, 2014 with open enrollment set to begin by October 1, 2013. Controlling costs by state will be a priority and more than likely put more pressure on access to branded medications with a focus on generic-first formularies. These exchanges are a new customer segment for pharmaceutical companies and will likely resemble Managed Medicaid formularies. This will require companies to evaluate the potential on a state-by-state level to determine the high level of discounts they must provide to have formulary access.

• Beginning in 2014, Medicaid eligibility will be expanded. Medicaid is already a budgetary squeeze and the implication to pharmaceutical companies will be a higher level of discounts and supplemental rebates.

• A tax on medical device manufacturers takes effect in January 2013. Medical device manufacturers employ 360,000 people in 6,000 plants across the country. This law imposes a new 2.3 percent excise tax. A day after the election, Stryker, Boston Scientific, Medtronic, Abbott Labs, and Covidien announced layoffs as a direct result of this new tax.

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This month on PharmaLive.com

The top 8 digital trends for healthcare in 2013: Leigh Householder of GSW Worldwide explains what's next for digital in healthcare in the coming year.

Linking and tweeting: Pharma gets more social: Although many pharma execs and managers may not know exactly how much their companies are spending on social media, most report that usage is increasing for a variety of activities, according to a new survey.

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Jen's clients use these words to describe her now.

For more information on the masterminds behind Draftfcb Healthcare, contact Dana Maiman at 212-672-2336.

DRAFTFCB
HEALTHCARE

tothepoint

It's the feelings of reward, the thrill of competition, and the camaraderie of a gaming community that marketers are hoping to harness in using gaming to bolster patient compliance with treatment regimens.

By Christiane Truelove chris.truelove@ubm.com

If you've been at any pharmaceutical digital marketing conference this year, you've probably heard something about the role gamification can play in drug promotion and in patient adherence.

You may think games are just something your kids play endlessly with their friends on the Xbox or Wii in your family room, or hunched over their computers or handheld PSPs. You may not be grinding levels with your Night Elf rogue on Azeroth, been amused by the donkey woman glitch in Red Dead Redemption, or even know who half the people are in the Call of Duty: Modern Warfare commercial – but if you've ever played repeated rounds of Solitaire on your iPad while waiting in an airport, been obsessive with Farmville, Castleville, Fishville, or Mafia Wars on Facebook, or indulged in endless trivia games online, you too are a gamer.

It's the feelings of reward, the thrill of competition, and the camaraderie of a gaming community that marketers are hoping to harness in using gaming to bolster patient compliance with treatment regimens. As I write on page 16, there is a growing body of evidence that gameplay can get pediatric cancer patients more engaged and aware of their treatment, as well as getting middle school kids to exercise more.

One company, HealthPrize, is betting that its platform can help older patients with chronic diseases be more adherent to medications. In the HealthPrize platform, which can be accessed via Web or through mobile devices, patients can play educational games and take quizzes, and enter their data such as weight, blood pressure, blood glucose levels, and other measures. By proving that they refilled their medications, they can accumulate points to spend on prizes such as iTunes, Amazon, or Starbucks gift cards, or other items. Patients can customize their views, choosing to submit stats to leaderboards or participate in daily sweepstakes.

Pharma companies have to get involved in creating adherence programs, because they are leaving a lot of money on the table. A study by Cap Gemini and HealthPrize say unfilled prescriptions are not costing the global pharmaceutical industry $30 billion a year; rather, they estimate that the number is more than $500 billion, and more than $180 billion in the United States alone. Imagine recapturing just 5 percent or 10 percent of those sales; the money spent on adherence is considerably cheaper than trying to bring 10 blockbuster drugs to market. Additionally, with healthcare reform in ther United States and elsewhere, pharma companies are under increasing pressure to show the effectiveness and value of their medications. Because even the most effective medicine will show only marginal results if patients stop taking the drugs, adherence programs can be used to gather statistics to prove to payers that a particular drug improves patient health.

And for chronic conditions such as obesity, diabetes, and hypertension, the encouragement, competitiveness, and community that gamified adherence programs can provide offers an impetus for patients to take their medicines and make the lifestyle changes needed to achieve better health outcomes.

If there is any doubt in your minds that seniors and others of a certain age would be interested in playing games for rewards, I point to the retirees heading to the Atlantic City casinos or their local bingo halls. They love the camaraderie of being with friends and the chance for prizes. And if you think seniors won't play games online, my own mother is currently entranced by Lucky 7 Slots on Facebook and keeps sending me invites to play (sorry Mom, but glad you're having fun nonetheless).

And as I continue to slide into middle age, I have rediscovered games that I played for hours in college: Tempest and Rogue. I played Tempest in the student center arcade, and Rogue was an ASCII-based fantasy adventure game that was available to me in the college computer lab (back in the days when most students didn't have their own PCs). Now these games are available (Rogue in an updated version) on the iPad. I have managed to get through all the levels of Rogue and actually win just once, but I keep on trying, for endless hours, nonetheless – and go for game play tips on an online chat forum, where my fellow players and I bemoan the fact that we've had characters starve to death on the way back up to the surface with the magic amulet, or get flamed by a dragon on Level 23, or set on by a pack of ogres, medusas, griffins, jabberwocks, and vampires on Level 19 when we're completely out of spells, potions, magic wands, and armed only with a flaming +2 +2 bow and no arrows.

So, if I were taking a chronic med and could get game upgrades for my favorite games and other rewards just by proving I filled my prescription that month, would I do that? As Mom says, "You bet your sweet bippy!"

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This month on PharmaLive.com

Each month, *Med Ad News* editors provide content exclusively available on our Website, PharmaLive.com. This valuable industry coverage provides additional insight into news and events affecting pharmaceutical business and product marketing.

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MedAdNews insider

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@GSW_Worldwide 1 minute ago

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Or tweet Leigh's mother, who is of course on Twitter too:

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The biggest impact to our clients is the increasing pressure for generic alternatives by payers resulting in a higher level of discounting and co-pay cards. With many branded drugs having flat sales and higher expenses impacting their gross-to-net sales, they may reduce or postpone marketing investments. On the opportunity side, there will be many "new healthcare consumers" that will need education and assistance in navigating the exchanges and healthcare in general. This will be a big opportunity for education initiatives with which agencies can support pharmaceutical companies.

Kyle Barich, president, CDM New York: We have been thinking about the impact of this year's election as it relates to the Affordable Care Act and its effect on our healthcare system. It's particularly interesting to consider the context of how this all might affect a typical physician-patient conversation about the patient's health.


Kyle Barich, CDM New York

The already busy physician will be consumed with figuring out a new electronic health record system and new payment models while preparing for a wave of newly insured patients to flood the waiting room. The patient, who has perhaps been absent from medical care for a while, has to be well informed and prepared before the visit to ensure an accurate diagnosis and meaningful conversation with a potentially distracted physician – or more likely an NP or a PA.

As healthcare communications people, we feel increasingly responsible to work with our clients to make sure patients and physicians have valuable interactions, and that both of the participants have a clear and compelling understanding of which medicines are most appropriate and valuable.

Jennifer Matthews, managing partner, The CementBloc: It's all about getting ready for 2014 when the Affordable Care Act will be implemented. In the meantime, the states will start to focus on establishing health exchanges so people can purchase their own coverage. Regardless, this means an even greater shift in responsibility to the patient, who will be increasingly responsible for managing and paying for their own healthcare as well as the payer, who will increasingly decide what is covered. While there is much discussion of an increase in wellness and prevention strategies, the current system is not equipped nor incented to promote wellness and prevention over treatment. From an agency perspective, our model will continue to shift to deliver more integrated, targeted solutions that deliver upon the needs of multiple stakeholders.


Jennifer Matthews, The CementBloc

Bill McEllen, president, Echo Torre Lazur: The results of the past U.S. election will put the focus back on the implementation of healthcare reform. The goal of reform is to expand coverage to all Americans, while making the overall healthcare system sustainable. To do this we need to make healthcare more affordable and hold insurers more accountable. This is an extremely complex task with and equally complex solution. While the Affordable Care Act takes into account a number of crucial aspects of our system including expanded coverage, it remains to be seen how it adequately address the rising costs of healthcare.


Bill McEllen, Echo Torre Lazur

Steven Gold, principal, Giant: As an independent company with a staff of over 125, almost everyone will be impacted by a change to payroll taxes and personal taxes/take-home pay.


Steven Gold, Giant

The Affordable Care Act will have a significant impact on our clients' customers. On one hand adding 30 million uninsured patients expands the treatable market, but the cost-containment measures will decrease reimbursement to providers, which could force physicians to see more patients to maintain practice profitability or forego managed care entirely and offer fee for service. Industry pipelines will target areas of unmet need in areas such as oncology and neurodegenerative disease. These evolutions are already well underway.

The act also provides access to care and pharmaceuticals to those that were not previously able to access physician services as well as pharmaceutical coverage -- thereby expanding the patient/customer pool. Therefore, optimizing the promotional mix for HCPs as well as patients will be important for clients. The opportunity for providing health-related information (non-brand specific) is growing key as a drive.

Faruk Capan, CEO, Intouch Solutions: The good news is, the uncertainty of the past is over; Obamacare will be implemented. This knowledge helps pave the way for the industry to accept the future and shift strategies accordingly. More lives will be covered and therefore more people will be treated. However, government pricing controls and other factors will balance out the impact on bottom lines.


Faruk Capan, Intouch Solutions

New players – namely, payers – will increasingly influence the pharma-physician-patient relationship. We will all need to pay attention to that. Pharma companies will need to break down their own siloes to ensure meaningful clinical impact from the early stages of development to prove cost savings to payers.

Pharma companies will continue to run with slimmer workforces and will remain cost-conscious. Historically, when it comes to marketing spending, an increased focus on ROI has been beneficial to integrated, digital-centric agencies like Intouch. Our clients typically find they can spend less and achieve more with a digitally-led program. And as more professionals and consumers search for health information online and via mobile devices, digital channels will continue to become even more critical to the marketing mix.

Mike Myers, president, Palio: With Obama's re-election, we now know that the Affordable Care Act will likely go through as originally planned. Beyond the expected actions surrounding the initial legislation being upheld by the Supreme Court, I believe that two things will occur:


Mike Myers, Palio

- The Democrats and President will view the re-election as support for their plans in general and specifically for ACA, his key first term legislation. As such, they will be less willing to compromise on any aspects of the plan, will be pressing states to adopt exchanges, and labeling any pushback as political positioning.
- The comparative value emphasis heard and seen of late will grow exponentially; me-toos with nominal incremental benefits will have difficulty being approved as the FDA may begin to use approvals as policy implementation, managed care organizations will be pushing back aggressively using the media and general tenor of the market as support, and physicians will be less inclined to make prescribing decisions on any product that doesn't clearly show a benefit to currently available alternatives (i.e. generics).

***Med Ad News:* We are another year into the "social media revolution," but much of pharma seems to be blissfully ignorant of this, or at least watchfully waiting. How do you see the industry's relationship with social media developing over the next year? What interesting social media developments have you observed in your own work with clients?**

Jay Carter, senior VP, director of strategy, AbelsonTaylor: I emphatically believe that pharma isn't ignorant of social media. Listening is the norm, and is a useful way to gain insight into several key markets where either the patient or caregiver is likely to be social or in rare diseases where community is important. In addition to the regulatory hurdles surrounding social, there is a simple need to understand the customer and her demographic. In many marketplaces – particularly where the diseases affect a patient demographic greater than 60 years of age – social isn't a major factor in the patients' lives.


Jay Carter, AbelsonTaylor

Tim Hawkey, managing director, executive creative director, Area 23: Well, we may not be at the point that there is a true "pharma social media revolution," but the assumption that brands are blissfully ignorant, or at least watchfully waiting is not exactly correct either.

Pharma has the unique challenge of the FDA and internal regulatory teams casting a watchful eye over social content and communications. Brands are aware of the risks associated and potential company impact that social engagement represents and are cautiously putting their toes in the water. A year later, we have seen further emergence of pharma corporate Twitter, Facebook, YouTube, blogs, and mobile applications that help engagement with patients and professionals. Some trailblazers are pushing the boundaries with new experiences like Syrum and partnering with new sharing sites like Pinterest as part of their engagement strategy. Co-creation engagement methodologies further reinforce the social conversation, and we know collaboration bridges connections.


Tim Hawkey, Area 23

We are now having social media strategic conversations with our clients and discussing these opportunities as part of the overall brand strategy. Many of our brands are beginning to embrace, at least conceptually, the need to engage and communicate with customers unlike anyway they have done previously.

This brave new world for pharma will also require marketers to evolve team structures to include social and mobile experts, such as community managers, to further surround the brand team. We are already seeing this evolution occurring on the brand side.

The facts are clear, last year over 50 percent of brand communications overall were peer-to-peer, through earned media. This sends a very powerful message to brand marketers and the brands that will succeed in the social space will recognize how important it is to not only listen at a minimum, but rather participate in the engagement happening. My mom used to say showing up was only 50 percent of the way there – participation is key.

Scott Cotherman, CAHG: We do not see a significant change in the industry's relationship with social media in the next year. Companies seem to be either utilizing social media in a productive way or have decided to delay their social media presence. We believe companies that have already started their social media efforts will continue to build their efforts as they attract more followers and realize the incremental value social media offers. However, we do not believe companies that have delayed their efforts will begin a social media effort in the coming year. These companies are likely waiting on guidance from the FDA about what they can and cannot do via social media and we have seen no indication the FDA will release significant guidelines next year. In the past year there has been limited FDA guidance about replying to off-label use of medication and a briefing document did not mention specific social media platforms.


Scott Cotherman, CAHG

Industry participants that have used social media have launched successful campaigns. Leading hospitals such as Mayo Clinic and Cleveland Clinic have successfully implemented Twitter, Facebook, and YouTube, and Mayo Clinic has over 300,000 Twitter followers and over 7 million YouTube views. The excellent and unbranded content is why people continue to follow hospitals on Twitter, Facebook, and YouTube.

Major pharmaceutical companies have also used numerous platforms. Typically, pharmaceutical companies post disease-related news or tips about living with a specific condition and avoid posting content about their specific drugs.

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Recently, via Twitter, Merck posted numerous facts about diabetes to help spread awareness about World Diabetes Day. While Merck markets a leading drug for diabetes, it continues to post content in an unbranded way, a tactic that almost all other companies use. Companies such as Acorda Therapeutics, Biogen, Novartis, and Vertex have done similar posts with hepatitis C and multiple sclerosis. Companies have also launched health-specific initiatives, including Pfizer's "Get Old" campaign, which focuses on healthy aging, and Novo Nordisk's "Race With Insulin" campaign, which features Charlie Kimball, a diabetic professional race car driver. Both campaigns have attracted thousands of followers and we believe these types of campaigns will continue going forward.

Even though pharmaceutical companies have participated, they need to improve their efforts. Consumers are still wary about engaging in a conversation or reposting pharmaceutical-sponsored content. According to a PricewaterhouseCoopers survey in April 2012, only 37 percent of respondents replied they would trust information from a pharmaceutical company via social media and only 28 percent said they would share information from pharmaceutical companies via social media. This ranks below doctors, hospitals, and health insurance providers.

Kyle Barich, CDM New York: We are experiencing a fundamental shift in human interaction – people now"talk" to each other from the devices in their pockets. As a result, in the halls of pharma, the answer has been social, no matter the question. Our clients' desire to play a bigger part in a free-flowing social conversation is huge, but to date, that desire has been outmatched by the legal and regulatory need to manage risk. We continue to encourage and experiment with cautious adoption. We have all learned that this environment is a great place to listen, gain insights, and respond to certain types of customer complaints or concerns. But a healthy argument persists about whether social media is the best place to be persuasive and drive brand awareness.

In the right circumstance, however, social is just what the doctor or patient ordered. We have experienced some success using this channel with small and highly motivated populations of sufferers who have mobilized advocacy networks. Even in this setting, pharma remains carefully on the sidelines, looking for appropriate ways to join the conversation.

Prodeep Bose, senior VP, engagement strategy, The CementBloc: Social media is the topic that pharma loves to talk about but hates to do anything about. The reasons are obvious – this is a risk-averse industry and the risk of off-label marketing is high when playing in a promotional space with content that cannot be controlled. However, there are situations where this risk can either be minimized or it's worth taking. Driving influence through structured opinion polls has played a growing role across most social platforms in healthcare, as has social listening. We believe that the next generation of social strategies will be around adverse event management and patient compliance enhancement. These are areas where the benefits of managing to better outcomes outweigh the risks of not having complete control over content.


Prodeep Bose, The CementBloc

Bill McEllen, Echo Torre Lazur: As healthcare and medicine has become more and more socially driven, pharma is beginning to put its fear of social media aside and are beginning to "get in the game." At last measure, nearly 75 percent of pharma have adopted some form of social, mostly in the form of Facebook, Twitter, and Pinterest. Most however, are using these sites as another broadcast channel; patient insight and activity is often overlooked, and companies are creating these communities without any real strategy behind them.

We believe that social media is a perfect platform to connect with patients, caregivers, and HCPs in a way that's never been possible before. Direct interaction is critical to learn about their experiences with a brand, as well as create relationships that in the past were too costly or resource-intensive to do well. But to leverage the medium's full potential, consumers need to be considered a top priority, and it must tie to other channel strategies.

Thus, we have been helping our clients to mitigate the risk of social and to at least dip their toes into the preverbal social waters. While many brands are reluctant to do so because of FDA's lack of guidance and the propensity for many conversations to move off-label, many of our clients have embraced social listening as a way to better understand their customer. In some cases, we have been working with our clients to develop closed communities that evoke deeper conversations between patients, caregivers, and HCPs without the implied risks of Facebook and Twitter.

Consider it a case of if you can't beat them, join them.

Steven Gold, Giant: We don't foresee a huge change here. Ultimately it will be the client's regulatory and legal departments that will need to loosen the chains; however, disease awareness remains an opportunity moving forward as new treatments come through the R&D pipeline.

I might add that the role of social media in patient recruitment in clinical trials could be a solid emerging trend in 2013 especially in oncology. Finding patients is a premium these days and social media is a powerful grassroots tool to find difficult patient types.

The advent of the Sunshine Act and the constraints it will place on personal interactions with HCPs will force industry into non-personal, digital promotion and to engage social media as a viable channel to maintain share of voice. The ability to gauge sentiment and track metrics through social media channels also provides a cost-effective comparator to standard market research studies such as an ATU.

Steve Viviano, CEO, ICC Lowe: There are those that are certainly "watchfully waiting". Unfortunately, they may find themselves waiting a long time for the clarity, guidance, or relevant examples needed to confidently push them into the space. The other issue, involving those that want to engage socially, is balancing the importance of adding value and contributing to the community with what is often a narrow field in which to play based on legal and regulatory requirements. Social communities demand authenticity and transparency. The greatest application of social media within the pharma space is likely in specialty products, where patients and advocacy groups play a much larger role in treatment decisions.


Steve Viviano, ICC Lowe

Faruk Capan, Intouch Solutions: Actually we've seen the opposite. Most of our clients are already active in social media – Sanofi and Galderma among them. Other clients that have been traditionally more risk-averse are opening up to the idea. And we are receiving unprecedented new business inquiries related to our social media experience. Despite FDA silence on the topic, companies are embracing social media because they are seeing it's more than a trend -- it's an important part of the mix.

We've seen a shift from a very risk-averse, one-way approach over the past several years to one of building relationships and active engagement. It's certainly not the campaign-driven, broadcast, heavily brand-centric style of advertising, so maybe that's what's driving the perception social media isn't being deployed. But it is. And it's being done the right way – benefiting patients while connecting them to brands.

Mike Myers, Palio: Pharma is diving into social media at an ever-increasing rate. Sanofi, not a client, continues to be lauded for their groundbreaking efforts. Pharma has officially woken up and realized that a lack of clear guidelines does not mean that social media is inappropriate or unsafe as a communications channel.

We've seen more and more interest in the emerging channels like Pinterest and Instagram and of course a deeper desire to understand the traditional mainstays – Twitter, Facebook, and YouTube. YouTube and video in general have taken an increased role with pharma and our customers as the ability to control the message and provide fair balance where needed is easy in comparison to other channels.

***Med Ad News:* Is the DTC television ad in terminal condition? Why or why not?**

Jay Carter, AbelsonTaylor: In the words of my favorite New Jersey poet, "Everybody dies, baby, that's a fact." The DTC television ad is in terminal condition the same way that *Med Ad News* is - it will die some day. But I believe the demise of each is a long way off. DTC spends have diminished and will continue to do so, but there will remain brands where mass demand needs to be driven. The pharmaceutical business is driven by patients who are 55+, and to reach that group with frequency, you need broadcast television.

Scott Cotherman, CAHG: It may be easy to believe that the use of TV ads in DTC campaigns is declining when you simply look at spend data. However, performing a deeper analysis of spend allocation and understanding the TV industry more thoroughly might make you think twice about whether the medium is in terminal condition.

First, Nielsen data show that spend in measured media for all DTC declined from Q1 2011 to Q1 2012 by approximately 14 percent or from $1.04 billion to $898 million. Spend in TV alone declined from $690 million to $641 million; however, as a percentage of the total spend, TV actually rose from 66.2 percent in Q1 2011 to 71.4 percent in Q1 2012.

Second, we have to take into account the "Quadrennial Effect," which happens every four years in the TV industry. The combination of the Summer Olympics and presidential election has a negative impact on the use of TV for DTC campaigns because ads are more expensive and fewer inventories are available.

Lastly, we can't ignore the fact that TV has the greatest reach with the 18+ audience. A recent Television Bureau of Advertising study shows that TV reaches 88.3 percent of this audience and that this group spends 5.02 hours per week watching TV.

Kyle Barich, CDM New York: There is still a role for DTC TV, for example, a large patient category with the right demographics for TV, where your brand has dominant share, and where the disclaimers won't scare away would-be prospects. The problem is that there are fewer and fewer products that winthe cost-benefit analysis with all of these criteriato consider, however, consumers are still hungry to make decisions about their health and nothing beats TV for building awareness and creating a compelling and emotional narrative about your brand.

Chances are TV will still have a role, perhaps no longer as the primary screen, but as an additional screen in an overall multichannel approach.

Elizabeth Elfenbein, partner, The CementBloc: With blockbuster brands a thing of the past and specialty brands a thing of the present, we will see the broadcast arena for healthcare marketing continue to take different shape. It will never be the mass reach channel it was and will transform into a targeted channel. This will drive a more targeted and efficient media push. With 500 channels of highly targeted programming, it is getting easier to use more efficiently. Tie that into CRM and digital channels and you can have a real 360 experience. We'll also see media mixes that mirror the type of products we promote. In the past, DTC television advertising was driven by billion-dollar blockbuster brands. Now a specialty brand will have a more targeted media approach, like targeted programming that's mobile, online, and in-office.


Elizabeth Elfenbein, The CementBloc

Steven Gold, Giant: Some could argue that DTC television should never been approved by FDA. Although the original intent was to inform the consumer, its contribution to the high cost of healthcare can't be overlooked. Elderly patients asking for new therapies that they can't afford – or don't need – and the bigger budgets that are required to be competitive in that space have resulted in higher drug prices.

From a creative perspective, all of the advertising looks the same, driven by a constrained regulatory environment. As the regulatory environment continues to become more conservative – DTC television tends to be moving to the wayside – being replaced by other media channels, such as YouTube, Vimeo, etc. – clients are seeing that with effective drivers in place, they are able to utilize emerging media channels for the same impact with a greater ROI. In addition, in a world with DVRs, many skip DTC broadcast; therefore another rationale for delivering content to consumers in a targeted fashion.

The future of DTC lies in the unbranded or light-branded opportunity to motivate a consumer to behave in a way that aligns to brand objectives. The small molecule blockbusters are starting to fade, which means more personalized medicine for more-severe conditions or areas of unmet needs. The fair balance for these medicines alone makes DTC unrealistic, the psoriasis biologic market is a good marker for where DTC promotion is headed.

Faruk Capan, Intouch Solutions: For large disease categories and mega-brands needing broad awareness – especially at product launch – DTC television advertising can still make sense. But the landscape continues to change with the popularity of DVRs and online viewing; the power and reach of YouTube cannot be denied.

For smaller disease categories – which is more of where the industry has been heading –brand teams must take a critical look at the ROI of television over channels that can have a much more laser focus.

Mike Myers, Palio: DTC TV ads are not dead. They are, however, facing a twofold challenge. The first is the challenge facing all advertisers that use television – specifically the ability to gain attention with a viewing audience overwhelmed and engaged with multiple options vying for their attention. To succeed, DTC marketers, now more than ever, need effective creative that speaks to their target audiences in meaningful and direct ways. They also need to work to capitalize on the third screen to create a higher level of targeted engagement.

The second challenge specific to pharma is the disdain that generally exists for pharma advertising. Pharma ads that are prominently viewed frequently receive quick negative press in social media, traditional media, and even as the punch lines of late night monologs within hours of airing. This reaction does have an impact on pharma as shareholders, physicians and patients all see it.

While I don't believe DTC TV ads are terminal, I do believe that they will take a smaller and smaller portion of marketing efforts going forward. Digital, however, will grow.

Med Ad News: **The use of mobile devices, and industry's development of physician- and patient-facing apps, has continued to grow, but it's harder to tell how much actual health impact all those apps have had. What do you think are the keys to a successful mobile strategy? Any particularly good examples of successful mobile work that you've seen in the past year?**

Jay Carter, AbelsonTaylor: The use of apps is driven by two very different dynamics. For physicians, it is all about leveraging a great new tool for rep engagement, the iPad. Early pioneers reaped returns by merely having the device in the rep's hands, but today the majority of physicians own a tablet and the use of tablets among clinicians will soon be universal. So the key to physician engagement is going to be brand experience - actually letting the physician experience the brand through the iPad. We think that few platforms today make that easy.

Patient-facing apps require a patient population that is appropriate for the app, and is a tool they want to interact with regularly. Our industry is HUGE, so there are plenty of markets where patient health apps make sense. But it is by no means a universal need. The right mobile strategy begins by understanding the way information is consumed by your patient population. It requires a willingness to admit that maybe your patient isn't a smart-phone owner and a commitment to finding the right tools to reach her through whatever channels she uses.

Tim Hawkey, Area 23: Our belief is that mobile is not a standalone channel execution, but rather becomes the most powerful medium when orchestrated in concert with a broad range of marketing tactics. This approach allows us to take a holistic view of our clients' business. A successful mobile strategy is one that is in lock step with all channel strategies laddering up to the brand strategy. Separating channels out reduces the impact to the sum of the parts.

Tactically speaking, a sound mobile strategy for brands starts with fundamentals, gradually building up to a more sophisticated mobile program. You have to optimize web and search strategies for mobile first, then adapt the rest of your marketing plan for mobile. Once you've been playing in the space a while, really understand your customers' mobile behavior and have pushed a few things through the highly regulated system you can start innovating with unique mobile tools and experiences leveraging cutting-edge technology and engagement methods.

Most of the industry leading mobile work comes from outside brands. The mHealth space is full of killer apps. The WellDoc diabetes management system extends care beyond traditional office visits by linking doctors and patients on a virtual platform. Based on results from randomized clinical trials, WellDoc boasts a 2 point reduction in blood glucose levels; each point linked to a 44 percent reduction in diabetes complications. Now that's making a health impact.

Scott Cotherman, CAHG: Mobile is no longer the "second screen" and as designers of mobile user experiences it is important to remember that users don't hope for a mobile-optimized version of your web site anymore; they expect it. If they don't get it, they won't hesitate to go elsewhere for their content.

Know your end user and know the devices they're using: analytics can reveal more than just the number of hits your web presence is receiving. You should learn as much as possible about the devices hitting your site and how to design for them. Sometimes pushing the technology envelope can backfire if your primary target users are all still working with an antiquated Research In Motion (RIM) device.

Most successful mobile sites are the ones that know how to best optimize the mobile experience. They know the best time to use a mobile layout engine versus a responsive design frame-

work. They know how to serve up rich media, such as video or audio, or live streaming content. They are considerate of users' data plans by limiting needs for high bandwidth. They know how to respect a user's privacy, while still making use of technologies like geo-location. Most importantly, they know when to keep a mobile site utilitarian versus more visually engaging, carefully balancing form and function when both are required.

Kyle Barich, CDM New York: As I search my phone for some of my favorite apps, I have to wade through countless icons of apps that looked cool, which I downloaded, and then quickly abandoned. I, like most physicians and patients, only use the mobile applications that are useful, simple, fun, or all of the above. When working with clients, we share the additional burden of creating an app that is somehow related to what we are trying to communicate with our brand.

Our best applications use the available technology to help physicians overcome communication barriers with patients or let patients become better decision makers, with friendly depictions of an MOA, inspiring patient success stories, or compelling and educational gaming experiences.

Kim Johnson, partner, The CementBloc: Even though healthcare companies have been creating mobile apps and mobilized versions of websites for the last few years, we are still at the early stages of innovation. We've seen mistakes both from not acting and taking the wrong actions. In terms of not acting, too many brands are still not doing what we call the "table stakes." In many industries, it would be unthinkable to have a brand website that wasn't viewable on most mobile devices today, but a quick review shows that this isn't uniformly the case in health, so clearly we have some catching up to do. And we've also seen mobile investments that don't appear to have a strong connection to the strategy for their brand.


Kim Johnson, The CementBloc

To move forward both quickly and thoughtfully, it is important to ask some fundamental questions to guide mobile development:

- Are we doing the basics to ensure that our content is available across mobile devices, including using the principles of responsive web design?
- Why should we do something different than other brands, based on our unique business context?
- Are there key customer beliefs or behaviors that we could more effectively reinforce or modify through a mobile experience rather than through other points of interaction, such as on a desktop, via e-mail, or in person?
- Are there key moments in the decision-making and treatment for our brand when customers turn to a mobile device, such as a doctor picking up an iPad during a consultation with a patient or a patient looking up information in their car after leaving the doctor's office?
- Based on the types of interactions we and our customers want to have, what types of mobile experiences should we create?
- Should we only do the basics (such as make our brand website viewable on all main mobile devices), go beyond the basics (create apps for mobile devices) or create experiences that leverage newer and not yet widely adopted mobile technologies (such as augmented reality)?
- Do customers need or want to have ongoing interaction with us, for which an app may be more relevant than a website?
- How much of an investment should we make in mobile? Is mobile central to the success of our brand or peripheral (such as for brands mainly sold to executives through in-person account managers)?

An example of a mobile experience that innovates with purpose is Aetna's ONiT mobile app. ONiT was built on the insight that some patients need to track adherence information for themselves as well as others, as is the case of the "sandwich generation" who take care of their children and parents in addition to themselves. Designed with this in mind, ONiT brings together the ability to track adherence for both the user and their friends and family by establishing reminders and setting up individual notifications. It also provides integrated access to GoodRx's medication database for up-to-date information about prescription medications.

Bill McEllen, Echo Torre Lazur: Mobile health applications may be the next wonder of the world, but relatively few are using them. Citing data from the Pew Internet and American Life Project, while 88 percent of Americans have a cell phone, only 10 percent have downloaded health-related mobile apps.

And while mobile health and medical app downloads are expected to rise to 142 million by 2016, researchers quickly point out that health apps tend to lose favor quickly with most users. The difficulty in quantifying the impact of mobile health and the perceived lack of enthusiasm toward long-term use of health apps is not necessarily a reflection on the capabilities of the technology – but rather an indication that patients and physicians' high expectations have not yet been met.

A successful mobile strategy starts with a deep understanding of the end user. A mobile experience that is simple to use, integrates seamlessly with various interfaces and provides a fresh, unique service to a targeted audience is bound to be successful.

Some of the most promising mobile health technologies released in the past year are leveraging the inherent characteristics of mobile technology to achieve the ideal end-user experience. At Apple's annual World Wide Developers Conference this year, CEO Tim Cook highlighted just a few of the 650,000 apps available for iOS devices that had made an impact in people's lives – of the top four, three were health-related. Among them, Cook highlighted Ariadne GPS, an app that helps visually impaired or blind people better navigate streets.

Asthmapolis is a GPS inhaler-tracker that sends real-time breathing data to physicians' smartphones. The device integrates seamlessly with an app that enables users to track their condition and better understand the connections between their asthma and environmental triggers in their area.

The Mayo Clinic's recently launched app enables patients to access their medical records, lab results, appointment schedules, health recommendations and alerts. The app also includes a feature that enables patients to request an appointment, refill prescriptions, and contact their care team via secure messaging.

Where else is mobile health technology making an impact? The iPad has taken the physician community by storm. The device's high-resolution screen allows for diagnosis through medical imaging applications, and the on-the-go interactive experience makes it an ideal tool for education. Every one of our clients is currently talking with us about ways to advance the use of mobile and iPad specifically as a way to better connect with physicians, patients, caregivers, sales teams, or anyone who will ultimately benefit from this on the go technology.

Steven Gold, Giant: It really depends on what you mean by health impact. Mobile apps such as Epocrates, built on a proven successful platform, provide physicians with faster and more comprehensive access to drug-related information. From a patent perspective some mobile apps that play an integral, daily role in patient care have made a difference.

Apps that assist in monitoring and tracking blood glucose levels and those that remind patients to take their medications should be effective and utilized moving forward.

High tech will continue to make strong inroads into app development.

The emergence of point-of-care technology may also impact how physicians use mobile as they are increasingly able to perform remote patient monitoring and diagnostic testing.

Steve Viviano, ICC Lowe: There is as vast an offering of mobile apps as there are preferences of the people who use them. Marketers should approach mobile in the same way they do any of their communications channels. Develop a clear strategy, design an impactful experience, deliver on core functional needs, and then deploy a value-add. Some of the top rated apps incorporate these key elements. Starbucks, for example, created a simple user experience and core basic tools to find stores, manage reward cards, and save favorite drinks, then they enabled mobile-pay and the ability to redeem rewards via the app. To date, Starbucks has processed over 70 million mobile payments – more than any other retailer. The app has not only improved the relationship between the brand and the consumer, it has improved in-store efficiencies and reduced transaction fees.

Faruk Capan, Intouch Solutions: It's a misnomer to equate a mobile strategy to mobile apps alone. Mobile strategy is much more than an app. In fact, it might not even include an app if it doesn't make sense. A successful mobile strategy must include all elements of mobile reach -- mobile-optimized websites, mobile-optimized content, a mobile-friendly email program, mobile search, mobile ad buys, social, local … it's gotten very complex. You have to look at the whole picture and consider a mobile-friendly strategy from the ground up. We've seen a lot of growth in responsive web design, for example, when we are building or redesigning a website. We are encouraging our clients to think mobile first.

There are some successful apps that are sticking – especially in the wellness arena – though not everything will work for everyone. Ambient technologies such as NikeFuelBand and Fitbit hold great promise because they don't require a tremendous amount of effort from users. Pharma needs to think more about this and decide where their role is to provide value beyond the pill.

Apps can make sense in disease categories where users need information on-the-go. For example, the GoMeals app, www.gomeals.com, that we built for Sanofi continues to be popular and is evolving to offer users even more features. The latest release added a blood glucose log for blood sugar readings, an activity tracker, social sharing, and cloud sync for multiple device use and data backup.

Mike Myers, Palio: Every major advertiser and marketer is discussing mobile. Many advertisers are placing it at their highest level of future import when discussing channels. Mobile, however, is riddled with changes to the current promotion and brand communication approaches as messaging and engagement need to be timely, relevant, to the point, and not hampered by the medium.

The preponderance of apps is growing as all of us with smartphones are experiencing. Pharma is working to leverage this tremendous opportunity for education and dialog effectively. A recent app by Eli Lilly that explains the dosing and usage of Glucagon is an example of how pharma is working to evolve their usage of emerging technologies. It is the first branded pharma app for a product.

***Med Ad News:* What if any brand work shifts – i.e., primary care drugs to specialty care drugs, drugs to medical devices, prescription to OTC and wellness – have particularly affected your agency in the past year? How do you think these sorts of shifts will alter the agency world going forward?**

Jay Carter, AbelsonTaylor: A corollary to the shift from primary care drugs to specialty care drugs is the shift from branded injectable agents to biosimilars. While well-entrenched specialty brands have prepared for biosimilars for years, the time to actually act is quickly upon us - likely in 2013. Specialty marketers will look closely at the launch of biosimilars into the marketplace, observing how those products fare compared to their branded counterparts. Just as an agency needed to be able to manage client marketing partnerships in the first decade of the 21st century to thrive, agencies will need to learn how to cope with or market biosimilars to survive in the next 20 years.

Scott Cotherman, CAHG: Specialty care drugs are increasing as primary care drugs are moving to generics. The challenge this brings for agencies is complex and ever-changing.

To adapt in this new world order, surviving agencies will need the following capabilities:

- Improved business acumen to foster improved staffing models. Gone are the days of large-scaled agency retainers that support fixed staffing models. Agency leaders will need to have intimate understanding of annual brand work plans and determine the diverse set of talent required to meet the needs of the brand.
- Broader talent expertise and streamlined execution. Mobilizing a diverse set of talent efficiently and effectively will be challenging for traditional advertising agencies. Agencies will need to learn how to identify and activate new talent, as well as develop an approach to workflow management that harnesses the right talent at the right time. An example of this is SPARK, CAHG's new proprietary creative process. The goal is a more effective and efficient process every step of the way. It is designed to develop better ideas by creating the right conditions for success, and involves a full commitment on both the part of the agency and the client. SPARK reinvents the creative development and client decision process and the result is better creative ideas and a more rewarding experience for all involved.
- Global reach. Today's healthcare world plays out on a global stage and emerging markets are an area of tremendous potential growth. This year CAHG became the lead US agency within the TBWA\WorldHealth network, expanding our global footprint. The TBWA\WorldHealth network has 47 offices in 36 countries with 6 international hubs.
- Thought leadership and risk taking. Today's clients are asking agencies to help solve business problems, not communications problems. Agencies that can fully understand the world the CEO lives in and the pressure to

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deliver results will develop the best solutions for brands. An example of this is the TBWA\WorldHealth Disruptio process, which is a tool for change and an agent for growth. It is the art of asking better questions, challenging conventional wisdom, and overturning assumptions and prejudices to imagine new possibilities and visionary ideas. Disruption™ is not limited to marketing communications but can be applied to deeper levels of an organization including products and services or the core business offerings.

Agencies will need to develop new business models to serve these new business shifts. Agencies that used to make their living managing a handful of mega brands, with huge teams, may now need to figure out how to be more profitable with more brands and smaller teams, and smaller budgets per brand.

Another area that will have major implications for healthcare is personalized medicine. Advances in molecular diagnostics are enabling physicians to match patients with optimal therapies across a broad range of diseases. As the price for genomic sequencing drops, physicians will need to understand the implications to guide prevention and treatment of illnesses. However, the majority of physicians have had no formal education in this area. A recent study by CAHG and Adelphi, with over 400 European and US physicians, found that over 70 percent expect personalized medicine to be routine in their own clinical practice within 5 years. However, with the exception of oncologists, less than 10 percent claim to be "very familiar" with the issues and advances of personalized medicine.

Stephanie Berman, partner, The CementBloc: Historically, we have always had a heavy focus on specialty care drugs, and that remains true. Because of this, the industry shift toward specialty care has worked in our favor. Over the last few years, we evolved our agency model, recognizing that there would be fewer broad-stroke brand initiatives, and instead more targeted communications across multiple decision-making and decision-influencing customers across multiple channels. We proactively made significant investments in the areas of multichannel strategy, digital delivery, intelligence and analytics, and relationship marketing to be primed for the shift we now see accelerating, with cross-functional teams of experts, rather than generalists, becoming the norm.

Stephanie Berman, The CementBloc

As an aside, counter to the general trend, we have also seen a significant increase in our primary care business over the last couple of years: there are far fewer big blockbuster opportunities out there, but we are handling more of them.

Additionally this year, we moved beyond humans into animal health. Our animal health group has grown to a very significant size and is providing us wonderful opportunities to deliver innovative strategic, creative, and tactical thinking across multiple channels.

We have also seen a very exciting increase in the number and scale of consumer and patient initiatives, both on existing accounts and with new account wins. For a few years now, many if not most pharma clients have been talking about patient-centricity, and finally we are starting to see that really come to life, as more brands embrace and empower patients as decision-makers and look to build meaningful relationships over time.

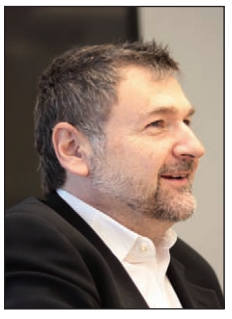
We actively sought out opportunities to move beyond the confines of traditional pharma over the past year into the broader arena of healthwellness. It's a broadening of focus we have seen work very successfully for our Indigenus partner agencies around the world; it makes sense from a business perspective of course as a proactive initiative to guard against shrinking pharma budgets. From a creative perspective too, it's inspiring to work in less expected, less restrictive territory. Collectively, we've put shoes on the feet of children in developing countries, motivated people to get off the couch and into the gym, and spooned yogurt into tummies. It's all related to health and well-being, but in its largest sense. It's a strategy that helps to attract and retain better creative talent. And let's be honest—that's something U.S. agencies could really use.

Steven Gold, Giant: Our work in the specialty arena has grown dramatically, fueled by approvals at the heart of the specialty market pipeline: oncology, devices, pulmonology, etc. It's less about the product and more about who the key customer is. The specialist remains a significant gatekeeper for the new therapies coming down the pipeline.

Steve Viviano, ICC Lowe: These shifts are something our agency been anticipating and planning around for several years. While the shifts have not fundamentally changed our business model they have required that we get in front of them to build an organization that can better meet the needs of clients operating in these markets. As an agency built on specialty and high science marketing this shift was relatively easy to embrace since it's still at our core. We have built an outstanding consumer health practice at one of our offices specifically to work within the OTC and Wellness space and we launched an agency, ICC Lowe Redshift, a few years ago to capitalize on the shift towards the marketing of higher technology brands and services such as integrated drug/delivery devices and EHRs.

***Med Ad News:* What other trends and changes have you observed in the typical brand promotional mix?**

Rich Levy, Draftfcb Healthcare: In the past few years, we've experienced a grand evolution in the typical brand promotional mix. We've witnessed the promotional mix transform itself from a channel specific offline approach to an integrated multichannel experience with the goal of engaging our customers for a sustained period of time to maximize our branded share of voice. The experience we're attempting to create has shifted from traditional personal selling approaches to highly interactive experiences that are typically web based…which is now the norm, not the exception.



Rich Levy, Draftfcb Healthcare

iDetail

• Having an interactive, tablet-based selling tool is no longer optional. It is imperative.

• Not all iDetails are the same. Third party market-level research shows that physician customers perceive differences in quality and impact of the iDetails they experience. A superior iDetail can provide a competitive advantage.

• An iDetail has to be more than a slide show on a tablet.

E-mail

• E-mail is one of reps' most valuable tools.

• A rep's ability to communicate personally with their customers and provide information via e-mail is a high-impact opportunity that is underutilized.

Customers seek information using multiple devices – smartphone, tablet and desktop. Optimizing your message for those devices increases impact and provides a superior brand experience.

Websites/Responsive Design

• Creating a distinct mobile site is a valid approach and is the minimum a brand should do.

• The emerging best practice is responsive design which allows you to create and update a single asset that will deliver optimized content regardless of the device.

In the end, we've learned that in today's digital world, our customers want information on their time, not ours, which has caused a tremendous shift in how we think about engaging our customers.

Scott Cotherman, CAHG: While clients are seeking new ways to reach customers, many have difficulty moving into uncharted, unproven waters. Clients desire solutions that can demonstrate strong return on investment, not leaving much room for innovation. More and more, we are working with our clients to infuse a "test and learn" mindset, allowing for the development of customized solutions to meet a specific brand need.

There is increasing emphasis on added value service/support – especially in highly competitive categories with generic alternatives. These are becoming more important in differentiating a brand and helping drive choice. And there are more ways to support customers today. For example, there are mobile apps that remind patients of appointments, to take their pills, and provide portals to disease states and brand-related information.

An example of this at CAHG was the development of a mobile solution for a specialty pharmaceutical company marketing a pediatric medication. In order to help combat the threat of generics, a mobile web application was developed to provide patients with greater convenience of rebate redemption. By just scanning a bar code from their phone at the pharmacy, the busy parent was able to benefit from the cost savings for the branded product. Unlike consumer marketing, pharmaceutical marketing has been slow to adapt this dynamic medium when reaching patients.

These trends mean agencies have to get into new businesses, such as software development and content creation. These activities are driving change in staffing, process, and profit models. Agencies are getting into the business of licensing intellectual property, and experimenting with different types of partnerships with clients and third parties to share risk and explore new ways of generating revenue. Agencies may become more specialized over time to focus in some of these new areas, but right now we are in a period of transformation, exploration, and learning.

Elizabeth Elfenbein, The CementBloc: There is nothing "typical" anymore. The promotional mix of today puts traditional adverts at the bottom of the list. What used to be standard operating procedure for a brand and their promotional mix is now a blend of media that works toward being most effective in communicating with our customers. Campaigns targeted to physicians are being presented by the sales rep on an iPad. For the patient, it might be through a series of rich media banner ads or even an educational brochure they pick up in the doctor's waiting room. The focus now is how to target the right customer at the right time in the right channel with the most relevant information, all while driving ROI. The customer is at the center of the promotion. Finally, pharmaceutical marketing is catching up with what other verticals have been doing successfully for decades.

Steven Gold, Giant: Significantly more digital and interactive channels. Communication plans need to be developed in a channel agnostic fashion and therefore can optimize the promotional mix for the individual client based upon targeting and segmentation. Based upon the nature of our society with information on-demand needs - the pendulum has swung to a 60/40 split in favor of interactive versus print. And the pendulum is picking up speed.

Steve Viviano, ICC Lowe: Beyond the obvious shift to new and emerging media, we see an increasingly complex promotional mix that utilizes more channels and targets more audiences than ever before. The challenge with this is in creating seamless integration and where possible synergy across the mix. There are more moving parts and it requires more precise control of the medium and the message than ever before.

One welcome shift has been in client philosophy: our partners now have greater willingness and appreciation for customer-centric positioning statements, strategies, and brand communications. Our clients are less and less interested in bundles of benefits and more and more interested in single, clear brand promises that deliver on what's most important to healthcare providers. This insight-driven shift toward building stronger connections with customers has informed and shaped the development of far more personal communications, fostering greater mutual understanding between brand and prescriber, and has enabled us to help our clients achieve and maintain superiority for their brands over their competitors' brands.

Faruk Capan, Intouch Solutions: We continue to see more effort and more budgets going toward the digital channel in general– and more specifically – toward search engine optimization and content strategy.

We're excited to see our clients become more tech-savvy and more comfortable with the digital medium. This comfort level helps them consider new possibilities besides the traditional promotions they've been doing for years.

Along with this, we have witnessed (and we welcome) the fact that clients are becoming more data-oriented. There is an increased willingness to invest in – and act upon – advanced program analytics.

And it goes without saying that the iPad has been a game-changer for pharma sales forces. That trend continues.

Mike Myers, Palio: Digital is no longer the new kid on the block. While some brands have worked this way for some time, digital is officially the center of almost all client dialog surrounding brand promotion.

As an example, as you know, the iPad was only released a little over two years ago. Yet, iPad promotion for pharma sales has gone

from avantgarde to passé and expected.

Clients want cutting edge work that takes advantage of technology, is compliant with regulatory guidelines, and that is cost effective.

"More with less" is no longer discussed. "Less" that is equally effective is the new norm and a basic expectation in all promotional dialog.

***Med Ad News:* How, if at all, did Hurricane Sandy affect your agency's operations/business?**

Kyle Barich, CDM New York: Every agency in our area had people that experienced personal and professional traumas, from simple work disruptions to outright tragedies at home. Our agency has prepared well for all types of scenarios since 9/11, and we fared better than many.

I was struck by the resilience and perseverance of our people, who despite having no power, heat, or water, came through on client work. One person rode her bike through hurricane winds to deliver a hard drive. Another hiked through the woods to navigate around a tree-strewn driveway to get to an awaiting car headed for a pitch.

We wish everyone still affected by Sandy our heartfelt wishes for a return to normalcy.

Jennifer Matthews, The CementBloc: We're located south of 23rd Street in NYC and our offices lost power and connectivity for seven days. This was unprecedented in our 12-year history. Never before have we been so reliant on voice and text communication.

First and foremost, we scrambled for a few days to ensure that our staff was safe in the wake of the storm. Next, we held company-wide conference calls to update everyone on progress; team members hosted meetings in their homes to keep client business moving; staff mobilized relief efforts.

Despite a very trying time, the agency pulled together to find solutions to business as well as personal challenges with incredible fortitude and resolve.

Bill McEllen, Echo Torre Lazur: Agency life has always been referred to as a whirlwind of activity – Hurricane Sandy showed us the literal side of things.

The impacts of Hurricane Sandy were far reaching and devastating for so many involved. We have all heard, or experienced, truly heartbreaking stories of loss. Our agency and staff were not immune from the impacts of the storm. Many suffered extreme damage to homes, lived without heat and power, and learned that patience is a virtue in a long line for gasoline.

The McCann Echo Torre Lazur offices were without full power or phones for more than a week. Coupled with everyone's personal situations, this tested the ingenuity and resolve of the entire agency. The outcome of the situation was nothing short of inspirational. Priority was placed, first and foremost, on people's personal situations and extreme flexibility was demonstrated by our clients and partners regarding business necessities.

While no one relishes the idea of having to go through anything like that again, it's comforting to know that together they can handle even the most extraordinary circumstances.

Steven Gold, Giant: No impact on our business except for some delays from our East Coast vendors. In lieu of a holiday gifts for clients this year, we will be making a significant contribution to the American Red Cross for the Hurricane Sandy relief fund.

Steve Viviano, ICC Lowe: Certainly Hurricane Sandy confirmed for all of us (if it wasn't already known) that our business can operate somewhat virtually. With proper planning, our folks were prepared to continue operations during and after the storm from their homes, local hotspots and even from their cars parked strategically near where cell towers continued to operate. Our offices ended up being closed for three full days yet work continued for the most part from "non-office" settings. On the other hand, once our offices re-opened, I never saw so many co-workers happy to be in the office…and genuinely glad to be reunited with their teammates!

Faruk Capan, Intouch Solutions: Our New York office wasn't impacted, but many of our clients certainly were. A grassroots effort from our staff, who wanted to find a way to help, turned into a unique campaign to raise funds for Red Cross. Below is an excerpt from our blog:

In an effort to give everyone a chance to help, the Intouch Solutions Philanthropy Committee challenged all associates to donate whatever they could toward a total goal of $2,500. If that goal was reached, I would personally add another $2,500, and Intouch Solutions would double that by adding another $5,000 for a grand total of $10,000.

As no Intouch associate is ever satisfied with delivering simply what was asked, the entire agency rose to the occasion and donated more than twice the goal: $6,355. All told, Intouch was able to deliver a check for $13,855 to the Red Cross for Hurricane Sandy relief, among the largest corporate donations in the Kansas City area.

Though Intouch is based in Kansas City, we still very much felt the wrath of Sandy as she affected the lives of people we care about: East Coast clients, employees, and friends and family of Intouchers. Many of them are still trying to get their lives back together. I'm so proud of our associates for their kindness, generous commitment and support. ■ MEDADNEWS

Game on for ADHERENCE

The pharmaceutical industry can no longer afford to sit out and wait for others to create effective patient adherence programs, and gaming can be a powerful tool in the compliance arsenal.

by Christiane Truelove (chris.truelove@ubm.com)

When patients don't fill their prescriptions and fail to take their medicines, it's everyone's problem and everyone loses. Although pharma companies have focused their efforts primarily on getting doctors to write prescriptions, industry experts argue that it's time for the industry to switch gears and start getting creative in finding ways to get patients to be more adherent to medications. And the hottest trend in patient adherence in this age of computer games and mobile apps is gamification.

According to a study conducted by Cap Gemini and the patient adherence company HealthPrize Technologies, the true global cost of nonadherence in lost pharma sales is estimated to be $564 billion, far more than the typically used number of $30 billion. If companies devoted as much time and effort to patient adherence programs as they do to other tactics to boost sales, recapturing even 10 percent of those sales would be the equivalent to the sales of a group of blockbuster drugs to market.

Cap Gemini and HealthPrize experts say for the U.S. pharmaceutical industry alone, nonadherence is costing $188 billion annually. This represents 59 percent of the $320 billion in total U.S. pharmaceutical revenue in 2011 and 37 percent of the $508 billion annual potential total revenue. Increasing adherence rates by only 10 percentage points, they believe, would translate into a $41 billion pharmaceutical revenue opportunity in the United States ($124 billion globally), accompanied by improved health outcomes and decreased healthcare spending.

Looking at specific therapeutic categories, lost revenue can equal 200 percent or more of a drug's actual sales. In chronic conditions such as diabetes, total U.S. pharmaceutical revenue totaled $19.6 billion and chronic use about $17.6 billion. Considering an estimated mean adherence rate of 60.7 percent across medications, the estimate of revenue lost in this therapeutic area alone is $11.4 billion or 58 percent of total revenue, Cap Gemini and HealthPrize say.

HealthPrize executives say the reason why so many adherence efforts fail is because of a lack of understanding of human psychology. John Ruvane, VP of sales and business development for HealthPrize, calls this "present bias," meaning people always favor immediate rewards over a promised reward in the future.

"This is why people don't save enough for retirement or their kid's college education," Mr. Ruvane says. "All the smart people working on the non-adherence issue have had a difficult time getting their mind around the problem of present bias in human psychology, yet moms and preschool teachers inherently get it, and reward kids with immediate rewards, stickers, attaboys, and all kinds of things. They totally get it, and that predisposition, which is innate to human beings, doesn't change because you're no longer five."

The rise of gaming

There is no doubt about the prevalence of gaming in the lives of just about everyone. According to the Entertainment Software Association, a trade group for the U.S. video game industry, 49 percent of U.S. households own a dedicated game console, and those that do own an average of two. Gamers are roughly split in half by gender, 53 percent male and 47 percent female. The average age of the the most frequent game purchaser is 35.

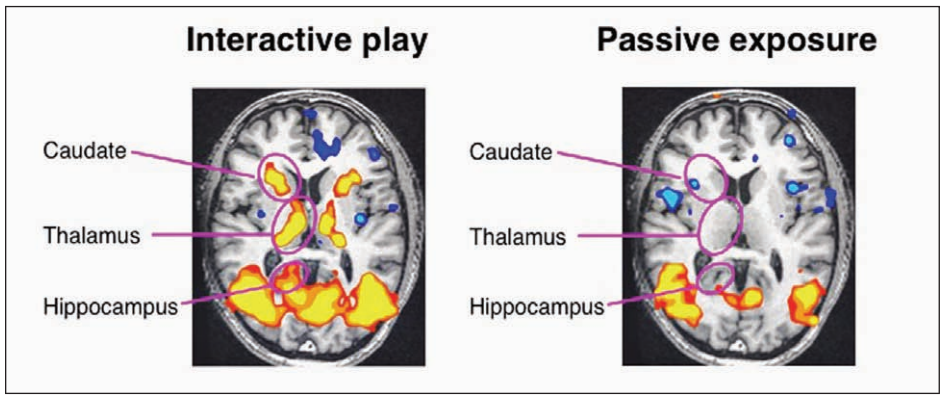
When it comes to online gaming, surprisingly the most popular games are not the persistent multi-player universe ones such as the infamous World of Warcraft. Of the types of online games played most often, 45 percent are puzzle, board game, game show, and trivia card games; 25 percent are action, sports, strategy, and role-playing games; 13 percent are downloadable games; and 11 percent are the World of Warcraft-type games.

Of the U.S. households that play games owning a dedicated game console, PC, smart phone, dedicated handheld system, or wireless device, 70 percent play games on their console; 65 percent play on their PC; 38 percent play on their smart phone; 35 percent on their dedicated handheld system; and 28 percent on their wireless device.

Of gamers who reported playing games on the go, 33 percent play games on their smart phone, and 25 percent play games on their handheld device. Almost half of the games – 47 percent – played most often on mobile devices are puzzles, board games, game shows, trivia games, and card games.

Though Call of Duty: Modern Warfare was the top-selling video game in 2011, three fitness-related games did make the top 20. Just Dance 3 was No. 2; Just Dance 2 was No. 9; and Zumba Fitness: Join the Party was No. 12.

HopeLab's Zamzee, a pocket-size activity meter that loads data to a motivational Website, has been shown to encourage exercise in middle schoolers and reduce risk factors for heart disease and diabetes.



A study done of the pedatrric cancer patient game Re-Mission, a game designed to boost adherence, demonstrated that the learning areas of the brain are activated during interactive play, and less active during passive exposure.

Gaming to promote patient adherence is not a new idea, either. Experts point to HopeLab's Re-Mission, released in April 2006, as the first patient-oriented video game. Developed specifically for adolescents and young adults with cancer, the game features a nanobot named Roxxi, which players pilot as she travels through the bodies of fictional cancer patients destroying cancer cells, battling bacterial infections, and managing side effects associated with cancer and cancer treatment. In 2008, data from a study of Re-Mission was published in the journal *Pediatrics*, and demonstrated that video-game intervention significantly improved treatment adherence and indicators of cancer-related self-efficacy and knowledge in adolescents and young adults who were undergoing cancer therapy.

In March, HopeLab and Stanford University researchers announced new data that showed Re-Mission strongly activates brain circuits involved in positive motivation. The activation is associated with a shift in attitudes and emotions that helped boost players' adherence to prescribed chemotherapy and antibiotic treatments, as shown in the 2008 study. Researchers say the study released in March provides new insights as to how these effects might have occurred, revealing that active participation in gameplay events is key to activating the brain's positive motivation circuits.

"Active involvement in video game play sparks positive motivation in a way that watching and hearing information does not," says Steve Cole, Ph.D., VP of research and development at HopeLab, professor of medicine at the University of California, Los Angeles, and co-author of the article.

HopeLab, a nonprofit organization, has distributed more than 185,000 free copies of Re-Mission in 81 countries worldwide since its release. The game is also distributed free of charge through partnerships with organizations, including CIGNA HealthCare, the ESA Foundation, and Starlight Children's Foundation.

HopeLab is also developing Zamzee, a pocket-sized activity meter that connects to a motivational game-based Website. In September, the company released the results of a study showing that use of Zamzee and the motivational Website increased physical activity levels in kids by 59 percent over a six-month period and reduced biological risk factors for heart disease and diabetes. The control group in the study received Zamzee but did not have access to the motivational Website.

"This study shows that technology is not just part of the problem; it can also be part of the solution in helping kids be more physically active," Dr. Cole says. "

It's not just kids and young adults finding diversion in gaming – and the older age group is a prime audience for pharma. "Gaming online is one of the highest uses of the Internet for that 40 to 60 year old range of people," says Stacey Auer, senior director of strategy and CRM at Klick Health. "They're spending gobs of hours online. They're not only being incented to come back and play, but there are leaderboards and there are different ways they are being measured, it's the social aspect, it's that whole gaming community that they're a part of."

What Klick Health is trying to do with its wellness programs is taking the stimulation of the rewards and acknowledgments to keep patients interested. "It's sometimes the randomness of an award that brings people back to the site, back to the tool, back to whatever it is we're asking people to log into on a regular basis," Ms. Auer says.

Pharma industry's adherence role

HealthPrize CEO Tom Kottler says he can understand pharma executives' cynicism about

whether such programs can really improve adherence. "Frankly, interventions have not worked very well, and pharma's been a little bit jaded about the problem," he says.

Also contributing to the industry's reluctance to get involved in patient adherence is that pharma has traditionally viewed its major customer as the physician, not the consumer. "Pharmaceutical brands understand doctors really well," Mr. Kottler says. "A lot of the managers used to carry a bag and know physicians really well, and they tend to do a nice job marketing to physicians. It just happens to be the case that most brands don't actually know a lot about the people that actually have the problem, and they have a hard time communicating with them because of regulations and they don't have any direct contact with them the same way that they have with doctors."

Companies may believe that they have produced patient-centric programs, but Mr. Kottler insists that HealthPrize departs from past, ineffective programs. "We've truly built a platform that is patient-centric in that it uses tried-and-true lessons from marketing, from loyalty programs, from financial incentives, from psychology and behavioral economics that are used in areas of commerce outside of healthcare by marketers to motivate people to engage with their brands and use their products," he says.

The pharma industry has just as much of a stake in improving patient adherence as health plans, employers, and the federal government, HealthPrize executives say. And while increased adherence would improve pharmaceutical sales, the industry should not be castigated for that. After all, health plans and the government are looking at adherence programs to reduce their costs as well as improve patient health.

"It's really interesting to us that it seems OK for every major constituency in healthcare to push medication adherence except for the companies that make the products that everyone wants them [patients] to adhere to," Mr. Kottler says. "We think it's kind of ridiculous and silly that a deep-pocked constituency with a direct economic and social interest in having patients get better outcomes would be excluded from the conversation because critics think they are doing it for their own economic gain. They're for-profit entities, they do things for economic gain. So do health plans, so do hospitals, so do employers, so do PBMs, so do pharmacies."

Mr. Ruvane adds, "I think the flaw in the logic is the thinking that that if pharma wins, somehow, somebody must have lost. And that just doesn't happen to be true – if pharma pushes and promotes better adherence for members, they are promoting adherence for patients who have been prescribed the medication by their physician, so patients are already on medication, the drug has been reviewed and approved, through Phase III clinical trials for safety and efficacy, and all they are doing is asking patients to take it as it was prescribed to them."

The HealthPrize platform allows pharma companies to create incentive-based gaming programs. Depending on what companies choose as incentives, patients can earn such things as Starbucks or iTunes gift cards or other gift cards. HealthPrize is currently engaged in two programs with pharmaceutical companies, one program targeting patients with hypertension, and the other for dermatology patients. A third program for patients with diabetes taking an injectable insulin is expected to launch early in 2013, and a fourth program for patients taking an oral diabetes drug is expected to launch mid-year. HealthPrize expects to have enrolled between 50,000 and 100,000 patients in all of these programs by the end of next year.

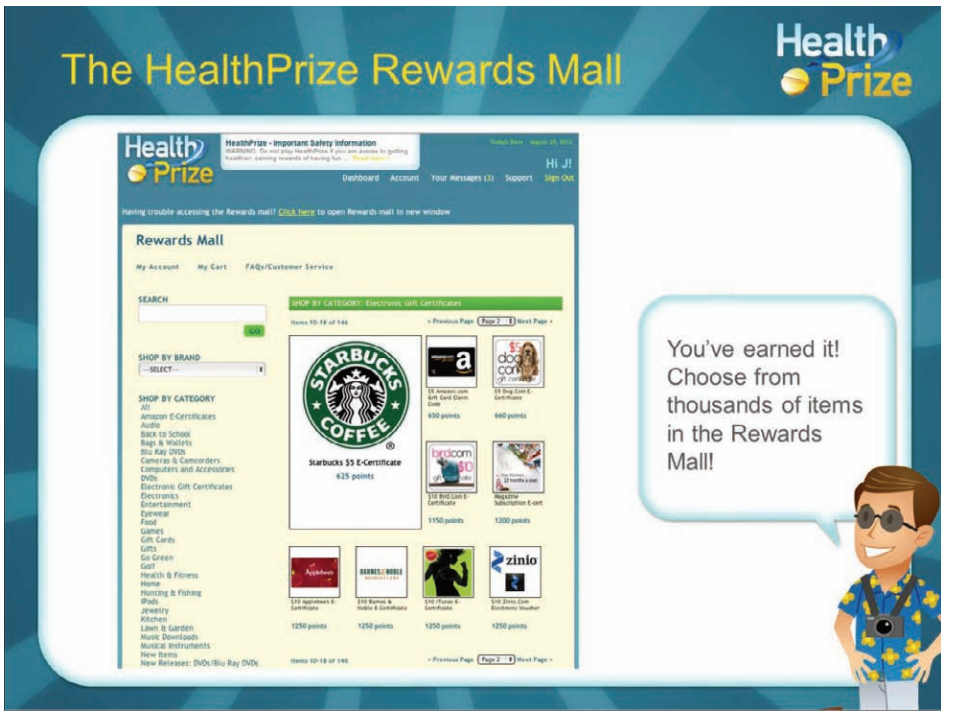
In the hypertension and dermatology programs, HealthPrize is measuring three sets of metrics: increased adherence to the medication or treatment regime; new scrip writing by physicians as a result of offering the program with the brand; and increased patient engagement and medical literacy as a result of the medical education in the program. For the dermatology program, which features a product dispensed in a pump tube with a 90-day scrip and patients that fill 1.3 scrips on average, the goal is to get patients on therapy for at least an additional 45 days. For all programs, the goal is to get one to two additionals scrips per user on average.

Initial data on scrip writing from the dermatology program has been positive so far, executives say, and adherence data on that program are expected in the first quarter of 2013. Adherence data from the hypertension program are expected in the second quarter of 2013.

For companies who are hesitant to use HealthPrize's incentive-based programs because of legal concerns, executives say these concerns are needless. Although physicians are looped into and are made aware of the adherence programs, they do not receive any compensation from them.

"Unlike a lot of things that have been done in the past, we don't provide any benefit to a prescriber to choose one product over another, except to have them believe the program will be beneficial to the patient," Mr. Kottler says. "We have spent a lot of time, money, and energy making sure that everything we do is on the right side of the law."

HealthPrize's programs have been through medical-legal-regulatory review with seven pharmaceutical companies, and have passed review at all of them, including review by the companies' own outside counsel. The company's programs have passed final legal review at three of the top 10 pharmaceutical companies. "What we typically run into is a knee-jerk reaction, oh my God, we can't do what you're doing, until they actually look at the law in as detailed a way as we have, and what they realize is that what they're actually doing is superimposing the rules for physicians onto patients, and the rules are very different, as they should be," Mr. Kottler says. "We have every one of our programs file a form 2253 with FDA, FDA knows what we do, we don't hide anything that we do, we're very public and open about what we do, how we do it, and why we do it."



Patients enrolled in HealthPrize's adherence programs can redeem their points for things they want at the HealthPrize Rewards Mall.

HealthPrize's customizable dashboard allows patients to track their winnings and see how they are doing against others.

Gamification, pharma, and adherence

HealthPrize's system holds promise, but pharma marketers have to keep in mind that not every patient will be receptive to it. "People are pretty hard-wired to enjoy games," says Brendan Gallagher, senior VP, Emerging Technology & Channels at Digitas Health. "It's something that any marketer would love to grab on to, but the problem with healthcare is that we're also hardwired not to think about our own mortality. It's really important to think about what is the right audience or disease or condition state to create a program that has a gamified experience to it."

Mr. Gallagher says in trying to determine which patient audience would be most receptive to gamified programs, he looks at two continuums, one being from chronic to acute, and the other from severely worrying to mildly annoying. A patient with a broken leg would not be interested in a gamified experience, but patients with chronic conditions such as asthma, diabetes, and obesity would express far more interest. As far as condition severity goes, "If anything gets too close to life-threatening, you tend not to engage in gamified experiences, and same thing if it's just mildly annoying and not threatening anything," Mr. Gallagher says.

This willingness of patients with severe, but not incapacitating, chronic conditions to engage is the reason why there are more than 220 apps in the Apple store that are focused on patient adherence, most of them focusing around diabetes, obesity, and other similar chronic conditions, Mr. Gallagher says.

Digitas Health has worked with one large pharmaceutical company on a hypertension program, and created a mobile program with "nudge-like" feedback elements. "There could be intervention moments where a text message can come through and ping you with little quirky messages along the lines of, 'Remember, your arteries are like underwear, once they're stretched, they can't go back,'" Mr. Gallagher says. "And we've been seeing a lot of success around this nudge-like approach."

Mr. Gallagher admits this program is not truly gamified. Game-like mechanics are things such as reward mechanisms, achievement levels, leader boards, badges, progress bars, challenges between users, etc. "But as far as dipping a big toe in the water, from a pharma standpoint, we've seen a lot of success there," he says. "I think you'll see next year, we are engaging with a lot more clients in terms of talking around the principles of gamification and adherence. We're gearing up for a lot more of it next year."

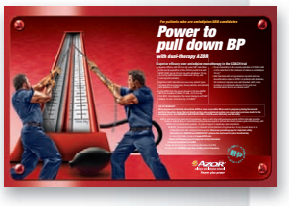
Klick Health, which is working with HealthPrize on the oral diabetes drug program, has created its own health and wellness programs where people can enter information and track weight or blood pressure readings. According to Ms. Auer, for patients who are middle aged or older, with a chronic condition that they could control, gamification will be key to patient compliance.

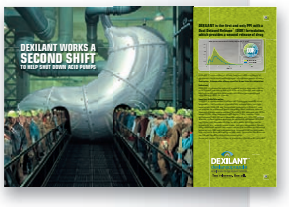
"Is this going to be blanket across all the drug categories or even different medicines?" Ms. Auer says. "We think that there are some that can be really enhanced. And obviously, the innovations in technology have opened up a variety of new communications channels for us." She adds that Klick has targeted mobile programs as a particular area that is ripe for innovation.

Klick aims to have compliance be measurable, to be able to target better, segment on patient behavior, and provide what patients are looking for, Ms. Auer says.

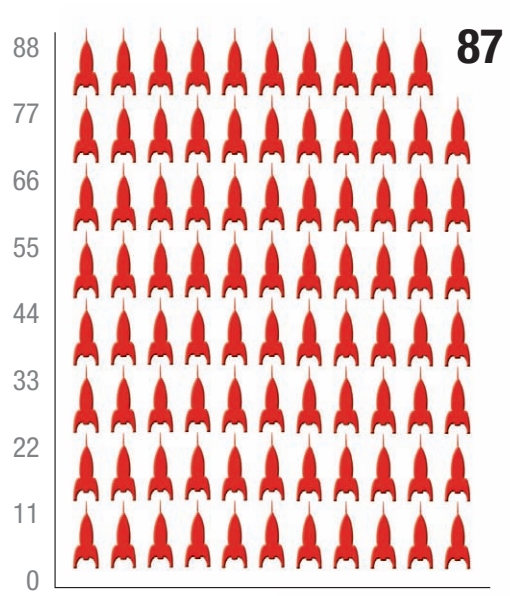
"We are looking to take advantage of the rapid development of applications for smart phones, and we're looking at ways to communicate with patients directly through SMS, in a real personalized yet unobtrusive way," she says. "Not only is it low-cost, it's effective, and we're finding that patients can manage their e-diaries, appointments, those sorts of things, it fits around their lifestyle, and it also provides that sense of empowerment, that they're participating and managing their disease state." Klick is trying to use new technology and patient engagement with it to create apps and tools for adherence. ■ MEDADNEWS

Get the most out of your launch.





AbelsonTaylor Brand and Indication Launches



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DTC ain't dead yet

Unbranded Websites are here to stay, but will not erase DTC.

By Ed Silverman ed.silverman@ubm.com

The day before Boehringer Ingelheim disclosed plans last November to begin a Phase III trial of its experimental hepatitis C treatment, the drug maker launched a new patient education web site called HepCRedefined.com that is devoted to bolstering awareness of the disease and "redefine the HCV journey" by providing resources that can be downloaded and shared by doctors, patients and caregivers.

The timing was obvious, especially given that the study results were being presented at the annual meeting of the American Association for the Study of Liver Diseases, the highest-profile gathering of medical specialists who treat hepatitis C. What better way to emphasize a commitment to treatment than to also show physicians that a well-rounded approach to patient education is being put in place?

Such a web site, however, is hardly new. The pharmaceutical industry has been increasingly embracing the Internet to educate patients about illnesses, in general, as a means to bolster awareness of the need for treatment. This so-called unbranded approach has, of course, also been a fixture of direct-to-consumer advertising, but the utility offered by a web site holds considerable potential for outreach.

"There's already been a pretty significant movement within interactive marketing teams to look at the role of digital communications compared with some traditional DTC," says Karla Anderson, a partner in pharmaceutical and life sciences practice at the PricewaterhouseCoopers consulting firm."Everyone is trying to use more mobile and digital technology to make sure the message gets out.

"We've seen vendors move away from the high points of spending, because of segmentation in the marketplace and change in different demographic groups and viewing patterns. What we're seeing more of is teams working across different therapeutic areas and customer segments. So the role of unbranded patent awareness education campaigns is more central than ever."

Indeed, Boehringer emphasizes that its site is an important "support resource" that is geared towards healthcare professionals and patient advocates who are involved with HCV patients. "The assets are downloadable and shareable; and the site's responsive design enables the content to be accessed on almost any device by anyone," a spokeswoman says.

"The entire HCV community is in need of simple tools and resources to talk about the disease in an informed, supportive way," says Michael Ninburg, executive director of the Hepatitis Education Project, a non-profit organization that offers patient outreach, in a statement. He worked with the drug maker in developing its site. "There is information about HCV across the web, but HepCRedefined.com is designed to aggregate straightforward and accurate information in a single, virtual destination."

Meanwhile, the amount of money spent nationally on direct-to-consumer advertising by the pharmaceutical industry has declined significantly. In 2011, spending slightly exceeded $4 billion, which was flat from the year before and a 16 percent drop from the $4.8 billion that was spent in 2007, according to Nielsen AdViews.

The implication is that direct-to-consumer advertising has hit a brick wall. Of course, $4 billion is certainly a large expenditure and even another 16 percent drop over the next four years would still mean that some $3.5 billion or more would be spent each year to reach consumers and their advocates. But a decline is also still a decline.

At the same time, the budget allocations set aside by drug makers based in the United States for patient adherence has grown from just $400,000 in 2009 to $1.5 million this year, an eye-popping 281 percent, according to a survey by Cutting Edge Intelligence, a market research firm. And educational web sites are among the different patient outreach activities to which dollars are most likely to be shifted over the next five years. An 11 percent share of projected spending is forecast to be funneled toward web sites.

"There's an overall price compression in the industry and brand teams are being asked to spend less and rethinking decisions and the cost of using direct-to-consumer advertising and the relative cost of digital channels," says PwC's Anderson. "So if there are other channels to reach patients this is what they're doing. It's an economic trade off and decision that was not being looked at a couple of years ago."

And so, this raises a question: is it conceivable that unbranded patient education web sites will eventually supplant direct-to-consumer advertising as a means to reach consumers and, in the process, turn the marketing strategies and budgets for patient outreach upside down? After all, an increasing percentage of the overall population now own digital devices and are comfortable with the Internet.

Think of it this way. The glut of television ads that are designed to reach older patients – who, logically, have more illnesses to treat thanks to the aging process – were once thought to be unfamiliar with computer technology and even intimidated by the Internet. But that stereotype is gradually getting placed in the retirement home of outdated thoughts.

The Baby Boomer generation, for instance, is by and large an Internet-savvy demographic and they will, naturally, soon become the next elderly population to which marketing messages about more prescription medicines are aimed. In short, most everyone will soon be an Internet-savvy consumer and this opens the proverbial door to an increased use of web sites to promote education, not just brands.

Using this logic, it would seem that relying on the Internet to reach consumers is going to become increasingly necessary. For now, though, most experts believe that direct-to-consumer will not evaporate to any great extent any time soon, especially as technology continues to make it possible for more sophisticated devices to incorporate more forms of media all the time.

"It's not likely that non-branded patient education campaigns will ever replace direct-to-consumer branded advertising here in the United States," says John Mack, a consultant who writes the Pharma Marketing Blog. And a key reason, he explains, is that competition in a therapeutic category causes drug makers to switch gears from education to more vigorous rivalry to promote their medicines.

"There is a lot of competition in major disease areas such as diabetes and soon in Alzheimer's. When there are competing brands on the market, drug companies are less likely to opt for disease awareness and other non-branded campaigns that tend to favor the market leader," he says.

"The more people who go to physicians' offices in response to patient education ads, the more likely they are to be prescribed the leading brand. This is an axiom of pharmaceutical marketing. When new drugs come to market and when old drugs get ready to leave the market, that's when you see an uptick in branded DTC advertising."

This is an age-old practical matter, of course, and suggests that direct-to-consumer advertising – whether such ads are delivered on older television sets watched by the elderly or pushed through to hand-held devices to consumers in any age bracket – will continue to occupy a necessary place in the marketing tool box.

And Boehringer agrees. After all, the drug maker hopes to enter what is a red hot, but increasingly crowded hepatitis C market. The competition already includes **Vertex** Pharmaceuticals and **Merck**, and others, notably **Gilead Sciences**, are angling for a share of a market that is liberally estimated by Wall Street analysts

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Where patients engage with their health

More Visits* | Delivering access to 9 million

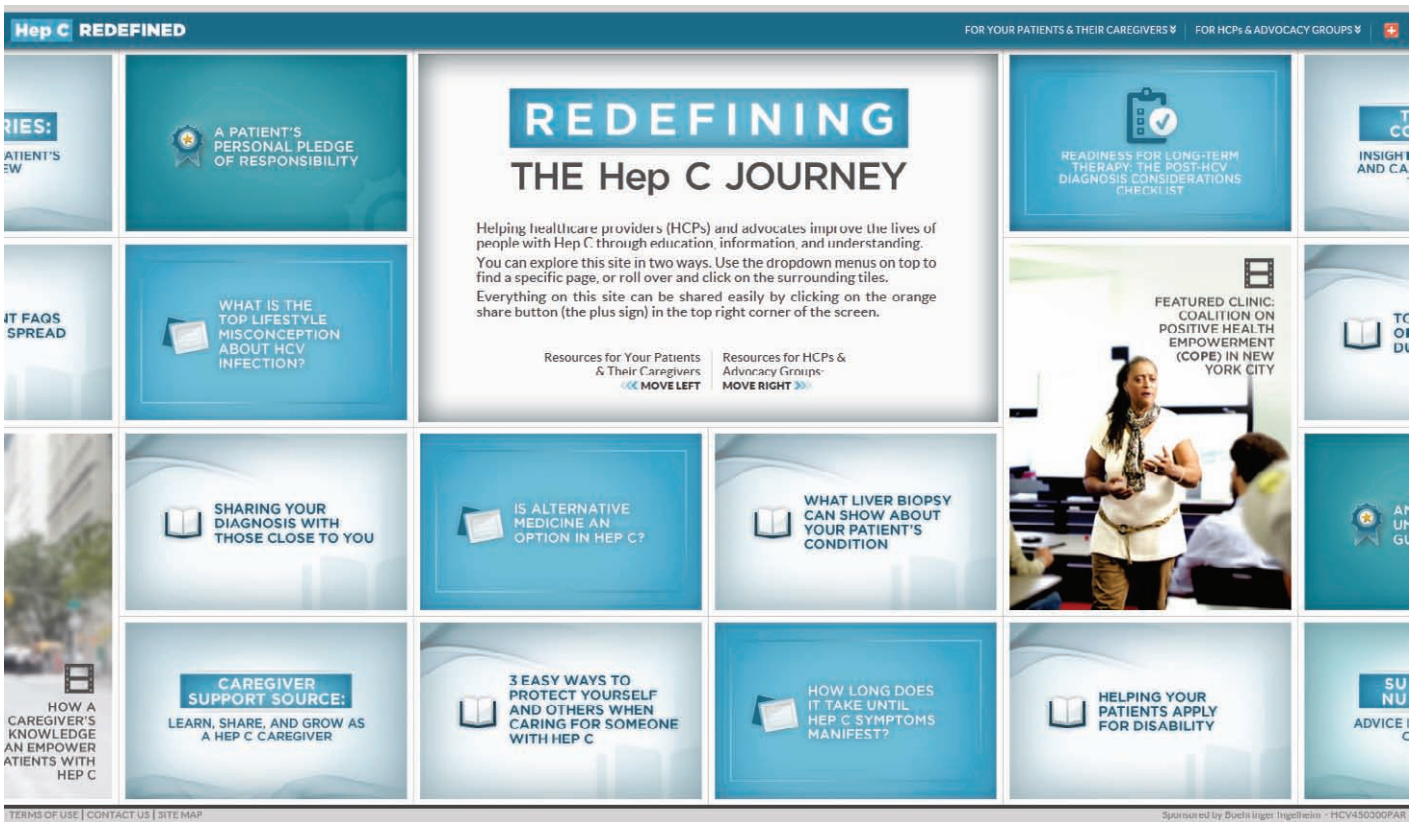
More Engagement** | unique patients each month across

More Touch Points** | a suite of vibrant platforms.

* Number of unique visitors more than doubled since July 2011 – comScore, July 2012

** Compared with WebMD.com and EverydayHealth.com: More minutes per visitor, more visits per visitor, more minutes per page. comScore, July 2012

*** Condition Specific Site (health centers, patient paths, caregiving, recipes and fitness advice), newsletters, dedicated e-mail, healthy insight, mobile, safe social, proprietary lead acquisition



Boehringer Ingelheim's Hep C Redefined Website launched just as the company moved an experimental hepatitis C compound into Phase III development.

to soon reach the billions of dollars annually, in part because more people are being diagnosed each year.

Cutting through the noise will take an old-fashioned promotional pitch that an unbranded, educational web site cannot offer.

"HepCRedefined.com is, as you know, unbranded and does not mention any particular treatment, so it is unlikely that it will overtake DTC promotion," the Boehringer spokeswoman says.

"Based on insights from the market, we continue to believe that direct to consumer advertising along with other promotional activities can heighten awareness about certain medical conditions and contribute to better health of patients by fostering an informed conversation about between patients and healthcare practitioners," she concludes.

With the race to grab a piece of the hepatitis C market becoming more intense every few months, such acknowledgements should not be surprising. Like others, Boehringer has already crowed about the achievements of its experimental treatment. But press releases and medical journal articles will not reach consumers who are suddenly concerned about their health and wondering which medication may be best when they visit their physician.

There is another reason to suspect that direct-to-consumer advertising will continue. A recent study in the International Journal of Industrial Organization found that more people are better off thanks to the impact of such advertising spending than they would be without such marketing efforts.

The analysis, which focused on advertising for six cholesterol-reducing prescription drugs, was the first to establish some type of link between direct-to-consumer advertising and patient benefit. Specifically, the analysis found that individuals between 50 and 60 years old seemed to have the highest average change in consumer welfare – about $22 – while those between 60 and 70 years old ranked second with about $20 in improved welfare. These compared with average welfare gains of $12.88 across the entire population studied. Of course, this also reflected the higher rate of use of such medicines based on age groups and their awareness of their health issues.

The study relied on individual level healthcare use data from the annual Medical Expenditure Panel Survey from 1997 to 2000; brand-level advertising and sales data from IMS Health; consumer exposure to media data from the Survey of Media and Markets, and data on formulary status of statin drugs and their co-pay rates from Atlantic Information Services.

The upshot was that the researchers found increased levels of consumer welfare due to direct-to-consumer advertising than when compared to situations without this type of marketing. Moreover, the findings suggested that this type of advertising also prompted under-diagnosed patients to seek medical treatment, which is an argument regularly made in favor of direct-to-consumer advertising.

The takeaway message, according to Jayani Jayawardhana, an assistant professor in the University of Georgia's College of Public Health, who conducted the study, is that direct-to-consumer advertising can lead to more informed and more inquisitive consumers and that, in turn, can lead to better health outcomes and lower costs for their healthcare system.

"Let's say you see a commercial for Lipitor and you suspect that you have high cholesterol, so you ask for that drug from your physician," she says in a statement. "For whatever reason, the doctor may assume that isn't the best drug for you, and you get prescribed Zocor instead. The point isn't that you didn't get the drug you saw on the commercial, but that you came to the doctor and get treatment for your condition, which leads to welfare improvement."

Of course, this underscores the point made by Mack and explains why direct-to-consumer advertising generally turns into a horse race. Overall patient welfare may improve thanks to an ad, but the notion of brand loyalty is often non-existent in a world where physicians are deciding which drugs to prescribe. And this harks back to the debate over the virtues of DTC advertising ever since federal rules were relaxed in 1997.

Ironically, the continued, if necessary, emphasis on establishing a newly branded product bumps up against the repeated message from the pharmaceutical industry that patient education is an increasingly priority as part of the larger discussion concerning preventing disease and healthcare costs. This comes at a time when the overburdened healthcare system is trying to talk up preventive steps to lower overall expenditures.

"As budgets are being cut for DTC marketing most managers do not have the dollars to do both plus there are very few health conditions that consumers do not know about or in research," says Rich Meyer, a healthcare and pharmaceutical marketing analyst at eMarketer. "While I believe we need to do more education, especially around the dangers of diabetes for example, the pharmaceutical industry seems to be taking an approach to 'we will treat it' rather than doing anything for prevention."

This tendency is unlikely to change, however, especially as the U.S. healthcare system undergoes a massive shift. The advent of the Affordable Care Act and the implementation of healthcare exchanges by 2014 raise the possibility of increased marketing across the board, according to PwC's Anderson. This will play out over period of time, but likely prove to be a boon to marketing.

And as consumers are confronted with new decisions to make – and new tools with which to make those decisions – direct-to-consumer advertising is likely to remain a key fixture of marketing departments that help promote prescription medicines.

"There will be more marketing to consumers by the healthcare industry, in general, and more that is specific to decisions and raising awareness," she says. "For that reason, I don't see this necessarily changing the way brand managers think about who they reach and how. Direct-to-consumer may be more expensive, but it's still a way to get a mass market message out."

"Direct-to-consumer advertising, in its traditional sense, is not as central as it once was, but I don't think it's not part of the brand manager's tool kit," Anderson continues. "It depends if you have a more senior population and treatment selections to offer. I still believe there's merit through targeted advertising by using continued direct-to-consumer. It's been complemented, yes, in a significant way relative to digital channels. But I don't think it's going to go away or become miniscule." ■ MEDADNEWS

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OUT Of CONTROL

R&D for diabetes is focused on oral formulations with less frequent dosing as the disease's global population expands by 5 million people annually; the worldwide pharma market for type 2 diabetes is expected to almost double in value during the next decade.

By Andrew Humphreys andrew.humphreys@ubm.com

More than 371 million individuals worldwide – including over 26 million Americans – have diabetes, and that total is projected to exceed 556 million by 2030 according to data revealed in November 2012. The increasing global diabetes population is attributed to economic development, aging populations, growing urbanization, dietary changes, less physical activity, and changes in other lifestyle patterns. The chronic disease's worldwide growth is particularly evident in less-developed nations. Four out of five people with diabetes reside in low-income and middle-income countries, according to the International Diabetes Federation.

"The new numbers are alarming, both because the number of people with diabetes keeps growing, but also because so few of them are in good control of their disease," states Lars Rebien Sørensen, president and CEO of Novo Nordisk A/S, the sales leader for diabetes medicines. "More awareness, better methods to detect the disease and more effective treatment options are needed to break the curve."

According to a November 2012 report from BCC Research, the worldwide market for diabetes therapeutics and diagnostics was valued at $110 billion during 2011 and should approach $118.7 billion for 2012. The total market value is projected to reach nearly $157 billion in 2017 after growing at a five-year compound annual growth rate (CAGR) of 5.7 percent. The current diabetes market consists of insulin and insulin-delivery devices, different classes of oral hypoglycemic agents, and various kinds of instruments and devices used for diagnosis and particularly for monitoring the level of diabetic control.

BCC Research shows that for the diabetes therapeutics/diagnostics market, the America region is projected to have a value of nearly $43 billion in 2012 and $54 billion in 2017 for a CAGR of 4.7 percent. Europe is forecasted to reach $26.8 billion in 2012 and $35.4 billion in 2017 for 5.7 percent CAGR. Asia is predicted to come in at $48.9 billion in 2012 and $67.3 billion in 2017 for a CAGR of 6.6 percent.

According to EvaluatePharma's World Preview 2018 report published in June 2012, diabetes will be the No. 2 therapy area in worldwide Rx and OTC sales during 2018 at $58.2 billion, trailing only oncology ($104.1 billion). From 2011 to 2018, diabetes is forecasted to have one of the highest CAGRs among leading therapy areas at 9.1 percent.

The present market for diabetes treatments is led by only a handful of product classes, with significant unmet needs existing for physicians and patients. Insulin treatments for diabetes have traditionally been administered via subcutaneous injection. In recent years, drug developers have shifted the treatment paradigm to conventional oral tablets and capsules. BCC Research notes that other types of hypoglycemic drugs can typically be taken orally but some have inherently short half-lives, leading to frequent dosage.

The therapeutic diabetes arena is dominated by five companies: **Novo Nordisk** of Denmark, Paris-based **Sanofi**, **Merck** & Co. of New Jersey, Indianapolis-based Eli **Lilly** and Co., and **Takeda** Pharmaceutical Co. of Japan. According to industry sources, these five companies accounted for nearly 84 percent of global anti-diabetic prescription sales during 2011 at about $28.84 billion. The EvaluatePharma report projects that these five companies will remain the leaders in 2018 with combined sales of $43.71 billion, which would represent about three-quarters of the estimated worldwide prescription sales total for the disease that year.

To help combat diabetes, Sanofi is forming partnerships to offer diagnostics, therapies, services and devices, including innovative blood glucose monitoring systems. The company markets injectable and oral medicines for individuals with type 1 or type 2 diabetes. Investigational compounds in Sanofi's pipeline include an injectable glucagon-like peptide 1 (GLP-1) agonist being studied as a single agent, in combination with basal insulin, and/or together with oral antidiabetic agents.

The best-selling diabetes medicine worldwide is Sanofi's **Lantus**. This is the first long-acting recombinant human insulin analog with once-daily administration. Lantus is used to treat adults with type 2 diabetes, and adults and children (6 years and older) with type 1 diabetes for the control of high blood sugar. Containing insulin glargine, the drug should be taken once every 24 hours at the same time daily to lower blood glucose.

Lantus is the world's leading insulin brand in sales as well as units. Lantus generated sales of SFr3.92 billion ($5.46 billion) during 2011, up 11.6 percent versus the product's 2010 amount. Available in more than 70 countries, Lantus' three top sales markets during 2011were the United States, France and Japan. The product was introduced in the European Union during June 2000 and in the United States during May 2001.

For the first nine months of 2012, Lantus franchise sales advanced 18.1 percent compared to the one-year-earlier period to SFr3.63 billion ($5.05 billion). **Lantus SoloStar** accounted for 51.5 percent of all third-quarter 2012 Lantus sales in the United States (SFr800 million). Lantus SoloStar is a pre-filled disposable pen available in 50-plus countries. According to Sanofi, this is the only disposable pen that joins together a low injection force – up to 80 units per injection – with ease-of-use.

Sanofi announced during June 2012 that individuals with early type 2 diabetes uncontrolled on metformin showed superior HbA1c reduction with Lantus compared to sitagliptin. Fifty percent more patients on Lantus achieved target HbA1c compared to sitagliptin at the EASIE study endpoint. According to certain estimates, a 1 percent reduction in the average blood sugar level/HbA1c decreases diabetes-related deaths by 21 percent.

Sitagliptin is the active ingredient in Merck's blockbuster diabetes medications **Januvia** and **Janumet** (the latter also contains metformin). EASIE was a multicenter, international, randomized, open-label, six-month study pitting once-daily insulin glargine with sitagliptin (100 mg) once daily, as add-on therapy to metformin, in insulin-naive people with early type 2 diabetes (median disease duration after diagnosis: 4.5 years). Type 2 diabetes accounts for at least 90 percent of all diabetes cases.

Lantus' main compound patent is protected in the United States until February 2015, in most of Western Europe until November 2014, and in Japan until November 2014.

Sanofi is developing a new version of insulin glargine. During third-quarter 2012, the company launched four new Phase III clinical studies evaluating the new formulation.

According to EvaluatePharma, the Januvia and Janumet family will rank No. 1 among all diabetes prescription franchises in 2018. Combined sales during 2018 for Januvia and Janumet are expected to total $9.71 billion, which would place that product line ahead of all others for any therapeutic category in that year. EvaluatePharma estimates Lantus sales of $5.99 billion for 2018, placing that brand at second place among all diabetes medication families.

Januvia and Janumet global sales for 2011 came in at about $5.1 billion between marketers Merck; **Ono** Pharmaceutical Co. of Osaka, Japan; and Barcelona, Spain-based pharma company **Almirall** S.A. About $4.16 billion of that amount was accounted for by Merck.

The dipeptidyl peptidase-4 (DPP-4) inhibitor Januvia entered the U.S. marketplace during October 2006. DPP-4 inhibitors represent a class of prescription drugs that improve blood sugar control in patients with type 2 diabetes by enhancing a natural body system known as incretin, which helps to regulate glucose by affecting the beta cells and alpha cells in the pancreas. Merck reported that Januvia generated sales of $3.32 billion during 2011 and $2.95 billion for the first nine months of 2012.

The oral antihyperglycemic agent Janumet unites Januvia with metformin in one tablet to target all three key defects of type 2 diabetes. Janumet gained U.S. marketing clearance on March 30, 2007, less than six months after FDA approval was granted for Januvia. For Merck, Janumet produced worldwide sales of $1.36 billion in 2011 and $1.21 billion during the first three quarters of 2012.

FDA in October 2011 cleared for marketing **Juvisync**, which joins together the glucose-lowering product sitagliptin with the cholesterol-lowering drug **Zocor** (simvastatin). Marketed by Merck, Zocor in 1997 was the top-selling prescription medicine worldwide. Juvisync is the first treatment option for health-care providers to help patients who require the blood sugar-lowering benefits of a DPP-4 inhibitor and the cholesterol-lowering benefits of simvastatin, with the convenience of a 24-hour single tablet.

Merck's sitagliptin franchise gained another family member during February 2012 when FDA gave the green light to **Janumet XR**. This type 2 diabetes medicine combines sitagliptin with extended-release metformin. The product provides a convenient once-per-day treatment option for physicians and patients who need help to control blood sugar.

Sitagliptin's main compound patent is due to expire in the United States during 2022. The drug's salt patent is protected in the United States until 2026.

Januvia is being developed by Merck in a one-tablet combo with atorvastatin for treating diabetes and atherosclerosis. Atorvastatin is the active chemical in **Pfizer** Inc.'s cholesterol medication **Lipitor**, which was the top-selling prescription drug worldwide from 2001-2011. Known by the product code **MK-0431E**, the sitagliptin/atorvastatin combo is expected by Merck to be filed for FDA marketing approval during 2014.

NovoLog/NovoRapid in 2012 exceeded $2 billion in annual sales for the third consecutive calendar term. After generating DKr12.8 billion ($2.39 billion) in 2011 worldwide sales, the amount for the first three quarters of 2012 totaled DKr11.4 billion ($2.13 billion). Containing insulin aspart, NovoRapid was launched in the European Union during 1999 and NovoLog reached the U.S. arena in September 2001.

According to marketer Novo Nordisk, NovoLog/NovoRapid is the world's most widely used rapid-acting insulin for use at mealtimes. For individuals with type 2 diabetes who have uncontrolled blood glucose levels while on a basal insulin, intensification with the medicine helps attain and maintain treatment goals. NovoLog/NovoRapid is used by patients with type 1 and type 2 diabetes.

In the United States, NovoLog's compound patent will expire during 2014 and the formulation patent is protected until 2017. The compound patent has already expired in Germany, France, the United Kingdom, China, and Japan. EvaluatePharma analysts have projected that NovoRapid will be the world's No. 3 diabetes medicine during 2018 with sales of $4.93 billion and a 8.5 percent share of the global marketplace.

Novo Nordisk is a worldwide healthcare company with 89 years of innovation and leadership in diabetes care. The company discovered and is developing insulin degludec as a once-daily new-generation basal insulin analog, with an ultra-long duration of action. The drug has a distinct slow absorption that provides a flat and stable action profile. Insulin degludec has been studied in a large-scale clinical-trial program known as BEGIN, examining its impact on glucose control, hypoglycemia and the possibility to flexibly adjust insulin degludec dosing time to meet patient needs. Insulin degludec is expected to be branded in major markets under the trade name **Tresiba**.

Novo Nordisk is developing a combo product containing insulin degludec in a formulation with a bolus boost of insulin aspart. This represents the first soluble insulin combo of insulin degludec and the most prescribed rapid-acting insulin (NovoLog/NovoRapid), providing fasting and post-prandial glucose control. The intended brand name for insulin degludec/insulin aspart is **Ryzodeg**.

Tresiba and Ryzodeg were filed for FDA and EMA regulatory review in September 2011. Applications also have been filed for regulatory clearance in Japan, Canada, Switzerland and other countries. Tresiba was approved for marketing in Japan during September 2012. Tresiba and Ryzodeg received positive CHMP opinions in October 2012, clearing the way for approval in Europe. An FDA advisory committee during November 2012 recommended approval of the medicines despite safety questions. As a result, Novo Nordisk reportedly is expecting a first-half 2013 U.S. approval for Tresiba.

Novo Nordisk markets three other diabetes blockbuster medicines. **Levemir** is a soluble, long-acting modern insulin for once-per-day use for type 1 and 2 diabetes. The

product provides glucose control with a favorable weight profile. Weight maintenance is significant because insulin has long been connected with weight gain, which is a barrier to starting insulin treatment according to diabetes experts. Levemir is the first basal insulin analog approved for 2-to-5 year olds with diabetes.

Levemir was approved for marketing in the European Union during June 2004 and in the United States one year later. The medicine generated global sales of DKr7.68 billion ($1.44 billion) in 2011 and DKr7.1 billion ($1.33 billion) during January-September 2012. Levemir's compound patent is protected until 2014 in China; 2018 in Germany, France and the UK; and 2019 in the United States and Japan.

Composed of biphasic insulin aspart, **NovoLog Mix 70/30** and **NovoMix 70/30** represent another successful diabetes franchise for Novo Nordisk. Used to either initiate or intensify insulin therapy, this dual-release modern insulin covers both mealtime and basal requirements.

NovoMix/NovoLog Mix generated sales of DKr8.28 billion ($1.55 billion) during 2011 and DKr6.86 billion ($1.28 billion) for the first three quarters of 2012. The main compound patent runs out during 2014 in the United States and Japan; during 2014-2015 in the UK, Germany and France; and has already expired in China.

Victoza, composed of liraglutide, represents Novo Nordisk's fastest-growing sales generator. According to the company, Victoza is the only human glucagon-like peptide-1 analog that is 97 percent similar to endogenous human GLP-1. Like natural GLP-1, the drug works by stimulating the beta cells to release insulin only when blood sugar levels are high. Because of this glucose-dependent mechanism of action, Victoza is associated with a low rate of hypoglycemia. The mechanism of blood sugar lowering additionally involves a delay in gastric emptying.

As of September 2012, Victoza had been launched in 57 countries. Victoza gained U.S. marketing clearance on Jan. 25, 2010, as an adjunct to diet and exercise to improve blood sugar control in adults with type 2 diabetes. The product's EU launch occurred in the summer of 2009, and the U.S. market introduction took place on Feb. 16, 2010. Global sales came in at DKr5.99 billion ($1.12 billion) for 2011, and advanced 74 percent year-over-year in January-September 2012 to DKr6.79 billion ($1.27 billion).

According to Novo Nordisk and IMS Health, as of August 2012 Victoza held worldwide leadership with a 66 percent market share in the GLP-1 segment versus 53 percent during 2011. The GLP-1 class' share of the total diabetes care market through August 2012 rose to 5.6 percent compared to 4.2 percent for full-year 2011.

FDA during April 2012 granted Novo Nordisk approval to update Victoza's product label to include data demonstrating superior blood sugar control versus Januvia. Victoza additionally was shown to provide greater weight reduction than the Merck blockbuster brand. For the two open-label studies, each medicine was taken in combination with metformin in adults with type 2 diabetes.

Victoza's main compound patent is protected until 2017 in China and 2022 in the United States, France, Germany, the United Kingdom, and Japan. According to EvaluatePharma, Victoza is on pace to rank as the No. 4 diabetes medicine globally in 2018 with sales of $3.49 billion and a 6 percent share of the worldwide market. Liraglutide is undergoing Phase III studies for treating obesity in non-diabetic patients. Also under way are Phase IIIa trials for **IDegLira**, a fixed-ratio combo of insulin degludec and liraglutide for treating type 2 diabetes.

Eli Lilly has been a long-time global leader in the diabetes field. In 1923, Lilly introduced the world's first commercial insulin. The company's diabetes blockbusters include **Humalog**, **Humulin**, and **Actos**.

Humalog is an injectable human insulin analog for treating diabetes. The product gained initial marketing clearance in the United States and European Union during 1996. Lilly reported Humalog sales of $2.37 billion for 2011 and $1.78 billion for the first nine months of 2012.

Humalog's U.S. compound patent expires in May 2013, and the medicine is protected in Europe only by formulation patents. Lilly does not expect the loss of patent protection for Humalog to lead to a rapid and severe decline in revenue because no company has received marketing approval for a biosimilar version of the drug. EvaluatePharma trackers project Humalog will have sales of $2.52 billion and a 4.3 percent of the global diabetes market in 2018.

An injectable human insulin, Humulin is still selling at a blockbuster level despite gaining FDA approval back on Oct. 28, 1982. Lilly reported Humulin sales of $1.25 billion for 2011 and $896 million in January-September 2012. According to Lilly, third-quarter 2012 U.S. sales declined 7 percent due to the medicine's removal from a large formulary in 2012, the continued decrease in the market for human insulin, and the termination of the Humulin ReliOn deal with Walmart pharmacies.

Lilly markets Actos for the treatment of type 2 diabetes in certain countries outside the United States. Takeda markets the pioglitazone-containing medicine in the United States, Japan, and other territories. Actos was launched in the United States during August 1999, in Japan during December 1999, and in the European Union during October 2000.

Actos was the world's top-selling diabetes medicine during 2010 with about $5 billion in global sales, but since then patent expirations have taken effect. Generic versions of Actos from various global companies hit the U.S. market starting in August 2012. Takeda has projected worldwide pioglitazone sales of 114 billion yen ($1.38 billion) for the 12-month period ending March 31, 2013.

Lilly is developing a new generation of diabetes drugs, including the GLP-1 analog **dulaglutide** as a once-weekly treatment. During 3Q 2012, Lilly announced positive Phase III results. Dulaglutide 0.75mg and 1.5mg showed statistically superior reduction in HbA1c from baseline versus exenatide twice-daily injection at 26 weeks; metformin at 26 weeks; and sitagliptin at 52 weeks.

Exenatide is the active ingredient in **Byetta**, which was launched in the United States during June 2005. Byetta injection represents the first in a new class of type 2 diabetes drugs known as incretin mimetics. The GLP-1 receptor agonist was jointly promoted in the United States by Lilly and **Amylin** Pharmaceuticals Inc. until Nov. 30, 2011. At that time, Amylin took over the product's marketing in that territory.

Exenatide is also the active chemical in **Bydureon**, an extended-release injectable suspension. The medicine was approved in Europe during June 2011 and the United States in January 2012 for treating type 2 diabetes. Bydureon is the first once-weekly treatment for type 2 diabetes.

Bristol-Myers Squibb Co. completed its acquisition of Amylin on Aug. 9, 2012, for $5.3 billion. Following the acquisition, **AstraZeneca** Plc. made an initial $3.2 billion payment to Amylin, which became a wholly owned subsidiary of Bristol-Myers Squibb. The payment was made in relation to the expanded diabetes alliance between AstraZeneca and Bristol-Myers Squibb to incorporate the development and marketing of Amylin's diabetes portfolio.

Bristol-Myers Squibb and AstraZeneca entered into a collaboration in January 2007 to research, develop and commercialize investigational compounds for type 2 diabetes. The collaboration has concentrated on the DPP-4 inhibitor **Onglyza** (saxagliptin), **Kombiglyze** XR (saxagliptin and metformin extended release) and the SGLT2 inhibitor **Forxiga** (dapagliflozin). Onglyza was launched in the United States during August 2009 and Kombiglyze XR made its U.S. market debut in January 2011. The two products generated joint sales of $684 million in 2011 and $764 million in the first nine months of 2012. Forxiga gained approval from EU health authorities during November 2012 for treating type 2 diabetes. ■ MEDADNEWS

TOP-SELLING DIABETES PRESCRIPTION MEDICINES

Medicine	2012 first-nine-month sales ($ in millions)	2011 full-year sales ($ in millions)	2010 full-year sales ($ in millions)	2009 full-year sales ($ in millions)	2012 reporting company	First approval date and/or launch date
Lantus	$5,050	$5,455	$4,890	$4,291	Sanofi	U.S. approval: April 20, 2000 EU approval: June 9, 2000 EU launch: June 15, 2000 U.S. launch: May 2001
Januvia	2,952	3,324	2,385	1,922	Merck & Co.	U.S. approval: Oct. 16, 2006 U.S. launch: October 2006
NovoLog/ NovoRapid	2,129	2,392	2,223	1,821	Novo Nordisk	NovoRapid EU launch: 1999 NovoLog U.S. launch: September 2001
Humalog	1,780	2,368	2,054	1,959	Eli Lilly	EU approval: April 30, 1996 U.S. approval: June 14, 1996 U.S. launch: Aug. 12, 1996
Levemir	1,326	1,435	1,285	976	Novo Nordisk	EU approval: June 2004 U.S. approval: June 16, 2005 U.S. launch: March 28, 2006
NovoLog Mix/ NovoMix	1,282	1,546	1,461	1,214	Novo Nordisk	NovoMix EU launch: March 26, 2002 NovoLog Mix U.S. launch: Sept. 30, 2002
Victoza	1,268	1,119	433	16	Novo Nordisk	EU launch: Summer 2009 U.S. launch: Feb. 16, 2010
Actos *Note: Lilly markets Actos in certain non-U.S. countries.*	1,249+	3,592+	5,017 (estimate)	4,952 (estimate)	Takeda Pharmaceutical and Eli Lilly	U.S. approval: July 15, 1999 U.S. launch: Aug. 2, 1999 Japan launch: December 1999 EU launch: October 2000
Janumet	1,207	1,363	954	658	Merck & Co.	U.S. approval: March 30, 2007
Humulin	896	1,249	1,089	1,022	Eli Lilly	U.S. approval: Oct. 28, 1982
Onglyza and Kombiglyze XR	764	684	227	35	Bristol-Myers Squibb and AstraZeneca	Onglyza U.S. launch: August 2009 Kombiglyze XR U.S. launch: Jan. 7, 2011
Galvus and Eucreas	655	677	391	181	Novartis	Galvus EU approval: Sept. 28, 2007 Galvus EU launch: Early 2008 Eucreas EU approval: Nov. 14, 2007 Eucreas EU launch: Early 2008

Sources: eKnowledgeBase.com and industry reports

Notes: This chart presents the top-selling diabetes medicines in order by their sales for 2012 (the first nine months of the year). Certain products are represented by more than one company due to joint-marketing or joint-promotion accords. Joint-promotion profit or royalty revenue are not included in product sales totals.

* + = Sales are assumed to be higher than the represented total.
* All foreign product sales are reported in U.S. dollars using Federal Reserve exchange rates. 2011 exchange rates were used to translate all yearly figures.
* Takeda's Actos 2011 sales are for the fiscal year ended March 31, 2012 (2010 = year ended March 31, 2011; 2009 = year ended March 31, 2010). Takeda's Actos 2012 sales are an estimate for the March-December 2012 period.

By Joshua Slatko joshua.slatko@ubm.com

The buzz about using celebrities in healthcare promotion

By Tali Mackay and Alan G. Minsk

With apologies to Spinal Tap, we live in a relentless, multi-media environment with the volume turned up to "11." Add to that an onslaught of direct-to-consumer advertising vying for the attention of the almost 50 percent of Americans who use prescription drugs. For anyone who's in the business of capturing the hearts and minds of that particular demographic, the use of celebrities in DTC advertising, or its cousin disease education, has grown in popularity. The obvious reason for this is the instant recognition factor and built-in brand that a celebrity brings to the table. The particular promotion (be it print, broadcast, or digital) elevates the impact of the message by providing thehope of instant credibility. In an environment where the good will of the biopharmaceutical industry is debated on a regular basis, this halo brand benefits not only the image of the drug itself, but it lends an air of authenticity to the company behind it.

Celebrity campaigns are here to stay, so it's worthwhile to address some rules of the road for using this strategy that not only make good marketing sense, but also meet FDA's guidance on promotion. Although not exhaustive, the following list offers select salient points in the proper use - and misuse - of celebrities.

Pharma companies have run into varying degrees of trouble using celebrities like Paula Deen, Magic Johnson, and Ty Pennington as their brand representatives.

Ensure that the celebrity's brand is aligned with the goals of the campaign.

Long known as the doyenne of all things fried, Paula Deen famously revealed herself on the Today Show and in *USA Today* on January 17, 2012, as having type 2 diabetes, and the spokesperson for a company's integrated marketing campaign Diabetes in a New Light. The reaction from the public was swift. Her brand as a down-home cook and enthusiastic consumer of rich Southern dishes quickly presented itself as a contradiction in messaging. The following day, in a futile effort to stem the negative tides, her camp made a donation to the American Diabetes Association.

The Diabetes in a New Light campaign launch generated 1,641 stories reaching an audience of nearly 409 million. Sadly for Ms. Deen and the company, not to mention the millions of Americans who live with type 2, the messages about embracing a healthy lifestyle in the face of diabetes were buried. The majority of articles were focused on the startling contrast between Ms. Deen's scripted talking points and her reputation as someone who loves to cook and eat food from her native Georgia. Long embraced for being authentic, she was pilloried upon the revelation that she had in fact been diabetic for three years as she continued to churn out dishes that would make anyone's heart skip a beat. Defying the adage that even bad news is good news, it took Ms. Deen several months to bounce back from the episode, and for the campaign to reengage audiences on the health messages.

The use of a celebrity raises the bar on providing adequate risk information and elicits questions about a "typical" patient experience.

It is a rare celebrity who can maintain their brand in the face of personal crisis and adversity. Even more rare is when that celebrity can successfully navigate a post-career career. Earvin "Magic" Johnson, five-time NBA champion, retired from the Los Angeles Lakers in 1991 after revealing he had contracted HIV. Since then, he has built a phenomenally successful civilian life in business, broadcasting, and philanthropy. More notably, Magic Johnson is certainly the most visible person who has lived with HIV as a chronic condition for over 20 years.

It was this success story that made Mr. Johnson an obvious choice to become the face of a prescription anti-HIV-1 protease inhibitor. One element of the campaign's launch was a patient DVD that included an 11½ minute testimonial by Mr. Johnson on his personal experience with the disease and the drug.

Reacting to outdated product labeling and risk information featured at the very end of the DVD, FDA issued a warning letter. While FDA acknowledged that the DVD may have been an accurate reflection of Mr. Johnson's personal experience with the drug, the agency took exception to the claim that the drug could work as well for others as it did for him: "The personal experience of a … patient such as Magic Johnson does not constitute such evidence." FDA maintained that companies cannot extrapolate the experience to overstate the benefit or broaden the product's indication. In this case, the use of a celebrity drew scrutiny to the claims made by the company, and the implication that one particular person (and one with unlimited access to the highest-quality medical care) had an experience that was typical for anyone else using the drug.

Affiliation with a celebrity should not substitute for original brand strategy.

"Now once I got on medication it's just amazing the transformation I made. It literally changed my life, and gave me the confidence to achieve my goals … It's truly a transformation. I mean talk about an Extreme Makeover."

If you guessed that these words were spoken by Ty Pennington, you'd be correct. If you also guessed that this company received an FDA warning letter for overstating efficacy – you win again. In an effort to harness Mr. Pennington's recognizable role as the host of the popular television series *Extreme Makeover: Home Edition*, the company used language to evoke the concept of being "made over" to tell the brand story of a drug prescribed for ADHD. Clearly FDA took issue with the implication that the drug had the potential of being "transformative" and "life-changing" in the face of a diagnosis and treatment that remains socially and emotionally complex. Although the words were uttered by Mr. Pennington, in its warning letter FDA asserted that the celebrity was being used as an agent of the company.

The campaign that was developed for the drug was derived from riding the brand coattails of Mr. Pennington and his TV show. Furthermore, once the company ended its relationship with Mr. Pennington, it was left with a brand that didn't stand on its own. In an attempt to extend the life of the campaign, a Pennington look-alike wearing a tool belt was used for a period of time. When sound, original brand strategy is developed at the outset, celebrities can be employed – and unemployed – easily and appropriately.

Because you are ultimately responsible for the message, train a celebrity like any other company spokesperson.

Despite their star status, the celebrity doesn't typically receive letters from FDA or FTC in the face of inappropriate promotional activity; the company does. Therefore, proper training – what can and cannot be said – is crucial. Rules that come as second nature to biopharma marketers and their regulatory teams are not widely known to others outside the industry. It's not an excuse to say, "They said it, not us," or, "They didn't know they couldn't say that." The company is always responsible for the promotional content, whether or not the celebrity is being financially compensated. As FDA's policies in social media promotion continue to evolve and be announced (often through enforcement), the need to control all spoken, written, or recorded statements apply, regardless of the technology. If you want to reap the benefits of utilizing a recognizable spokesperson, you assume the risks as well.

Tali Mackay is senior VP, Hill+Knowlton Strategies. Alan G. Minsk is partner, Arnall Golden Gregory.

FACTS & FIGURES

Nearly three-quarters (**74 percent**) of respondents to Cegedim Relationship Management's (cegedim.com/rm) 2012 US Pharma Insights survey ranked the changing commercial business model as their first, second, or third priority of concern; followed by regulatory reform (**62 percent**) and market access (**53 percent**). Additionally, decision making leadership now sources from executive management for most technology decisions (**46 percent**); and strategy/business development for main business model/process changes (**55 percent**). Further, respondents defined the following prioritized changes for the near future: increased focus on market access strategies (**64 percent**), primary sales force realignment (**38 percent**) and increased focus on managed markets (**35 percent**).

Surveyed executives cite continued focus on field centric tablet usage, their preferred mobile OS, and social media. Eight out of ten (**80 percent**) currently use or will be using tablets, with field sales/account management (**61 percent**) accounting for the most active tablet users. Further, **exactly half** selected Apple OS as their favorite mobile platform. In terms of social media trending, the survey results underscore significant increases in usage between 2011 and 2012. LinkedIn (**96 percent**) and Facebook (**70 percent**) represent respondents' leading channels, with marketing (**64 percent**), PR (**42 percent**), and sales (**38 percent**) making up the most active departments. Lastly, despite minor social media budgets, those surveyed exhibited notable gains according to the report.

According to the Express Scripts Prescription Price Index, prices on a market basket of the most highly used brand-name medications increased **13.3 percent** from September 2011 to September 2012, far outpacing the overall economic inflation level of **2 percent**. During the same timeframe, prices of generic medications declined **21.9 percent**. This **35.2 percentage point** net inflationary effect is the largest widening of brand and generic prices since Express Scripts (express-scripts.com) began calculating its Prescription Price Index in 2008.

During the first three quarters of 2012, spending on traditional medications decreased **0.6 percent** over the same period in 2011, primarily driven by lower prices brought on by increased use of generic medications. The top traditional therapy class is mental and neurological disorders (including antidepressants), which now consumes **24.7 percent** of all traditional drug spend. Although use of these medications has increased **3.1 percent** compared to the first three quarters of 2011, total spending in this class is down **1.9 percent** due to newly available generic antidepressants and antipsychotics. Total spending on medications to treat high blood pressure and high cholesterol decreased **7.7 percent**, primarily driven by the continued impact of patent expirations.

During the first three quarters of 2012, spending on specialty medications increased **22.6 percent** over the same period in 2011, primarily driven by unit cost increases. In the first nine months of 2012, specialty drug costs consumed **20.8 percent** of total pharmacy spend. The three therapy classes representing the largest amount of specialty drug spend continue to be rheumatoid arthritis/autoimmune conditions, multiple sclerosis, and cancer. Medications commonly used to treat hepatitis C continue to have the largest specialty spend increase, **117.3 percent** over the same period in 2011.

MOST-RECOGNIZED BRANDS

ANTI-INFECTIVES

The most-recognized anti-infective brand in North America is **Cipro**. The brand was most-recognized by 7.9 percent of physicians in a survey conducted by **Brand Institute** Inc. during the second quarter of 2012. Cipro, comprising ciprofloxacin, is marketed by **Bayer** HealthCare Pharmaceuticals (bayerhealthcare.com). The drug was first approved by FDA in 1987 and has earned indications for treatment of a variety of bacterial infections, including anthrax.

Zithromax is the second most-recognized anti-infective in North America. About 5.6 percent of physicians recognize this brand the most. Zithromax, comprising azithromycin, is marketed by **Pfizer** Inc. (pfizer.com). The product was first approved by FDA in November 1991, and various formulations of the drug have been approved for more than 20 anti-infective indications.

The third most-recognized anti-infective in North America is **Levaquin**. About 5.5 percent of physicians recognize this brand the most. Levaquin, comprising levofloxacin, is marketed by Ortho-McNeil Pharmaceutical Inc. (ortho-mcneilpharmaceutical.com) and PriCara Inc. (pricara.com), both subsidiaries of **Johnson & Johnson** (jnj.com). The product was first approved by FDA in December 1996, and its various formulations have been approved for 28 different anti-infective indications. Levaquin's most recent new indications came in September 2007, when the drug was approved for the treatment of acute pyelonephritis and for the treatment of complicated urinary tract infection.

The most-recognized anti-infective brand in Europe is **Augmentin**. About 6.5 percent of physicians recognize this brand the most. Augmentin, comprising amoxicillin and clavulanate, is marketed by **GlaxoSmithKline** (gsk.com). The drug was first approved in 1984 and has earned more than 25 anti-infective indications.

Zithromax is the second most-recognized anti-infective brand in Europe. About 3.3 percent of physicians recognize this brand the most.

The third most-recognized anti-infective brand in Europe is **Amoxil**. About 2.3 percent of physicians recognize this brand the most. Amoxil, comprising amoxicillin, is marketed in Europe by GlaxoSmithKline and in the United States by **Dr. Reddy's** Laboratories Inc. (drreddys.com). Discovered by scientists at Beecham Research Laboratories in 1972, amoxicillin is one of the world's most widely used antibiotics.

Brand Institute (brandinstitute.com) surveyed more than 2,000 physicians and hospital and retail pharmacists in North America and Europe to determine the most-recognizable brands in the category of anti-infectives. Brandpoll is a marketing tool designed to help clients monitor the competitive marketplace and identify the potential strengths and weaknesses of their brands.

Phone, mail reminders improve adherence: research

Patients newly prescribed a cholesterol-lowering medication were more likely to pick it up from the pharmacy if they received automated phone and mail reminders, according to a study published in the *Archives of Internal Medicine* in November.

The study of 5,216 Kaiser Permanente Southern California patients found that those who received an automated reminder were 1.6 times more likely to fill prescriptions for cholesterol-lowering statins than those who didn't receive a reminder. Informational and encouraging phone calls were automatically generated if a patient did not pick up his or her medication within one or two weeks of a doctor's appointment where a prescription was written. One week after the telephone call, researchers sent a reminder letter to patients who still had not picked up their prescription. When systems for automated outreach exist, the expense of outreach is relatively small. Expenses for both these prompts totaled $1.70 per participant in the study. After the intervention, the percentage of patients who picked up their prescriptions increased from 26 percent to 42 percent.

"Getting patients to take the well-proven medicines their physicians prescribe for them will ultimately reduce their risk of heart attacks and stroke," says Stephen F. Derose, M.D., of the Kaiser Permanente Southern California Department of Research & Evaluation. "This automated intervention is a good way to very efficiently reach a large number of people and improve their health outcomes."

Previous studies have estimated that in the United States each year medication nonadherence contributes to about 125,000 deaths and costs the healthcare system $290 billion. One in three patients prescribed a medication by their healthcare provider never pick it up, and, among those who do, nearly three in four Americans do not take prescription drugs according to providers' orders.

Although this study examined medication adherence exclusively among patients at Kaiser Permanente Southern California receiving their first prescription for a statin drug, the low-cost method is likely to be viable for large populations, other chronic conditions, and other medications. Based on the results of the study, Kaiser Permanente Southern California implemented a new regional outreach program in April 2012. The program has sent reminders to about 2,200 members each month.

A 2011 study of 12,061 men and women in Kaiser Permanente Colorado found that patients whose pharmacies are linked to their electronic health records are more likely to pick up their prescriptions. Another 2011 Kaiser Permanente Northern California study found that patients who obtained new statin prescriptions via a mail-order pharmacy achieved better cholesterol control during the first year of therapy. And a first-of-its-kind study by the company in 2010 found buying mail-order medications may encourage patients to stick to their doctor-prescribed medication regimen.

Interactive&DigitalMarketing

By Joshua Slatko joshua.slatko@ubm.com

HCP sites leading, EMR sites catching up

HCP content sites such as Medscape.com are reaching more than four in five physicians, more than any other type of Website, according to a study by comScore Inc. And electronic medical records sites such as Allscripts.com are showing higher levels of engagement as physicians have begun to use these sites to replace paper record-keeping.

The study results come from the comScore/Symphony Health Care Professional Measurement Solutions offering, which provides insight into the actual online behavior of physicians with regard to health-related categories, and the Physician Mobile Survey, a survey of physicians' attitudes toward mobile devices and tablets in the workplace. Based on a longitudinal study of a permission-based panel of 1,000 U.S. physicians, comScore's study showed that HCP content Websites such as Medscape.com, which provide content or services catering specifically to physicians, reached the highest percentage of physicians (81 percent) in comparison to other types of health sites. The study also revealed that although computers are still the most often used device to go online at work by physicians, more than half of physicians expressed interest in using mobile phones and tablets in the workplace.

"It has never been easier for physicians to access health information digitally in the workplace, which makes it important for health marketers to understand exactly how and when doctors are using online tools to do their work more efficiently," says John Mangano, VP for comScore Health and Pharmaceutical Solutions (comscore.com). "With the health industry placing more emphasis on the potential of mobile platforms, marketers must also educate themselves on how physicians are currently integrating – or plan to integrate – smartphones and tablets into their digital work habits."

In the first quarter of 2012, HCP content sites reached the highest percentage of physicians at 81 percent and also showed the second-highest visitation frequency among different types of health sites. In contrast, Electronic medical records sites showed the lowest physician reach at only 4 percent, but exhibited the highest visitation frequency and most average time spent per physician for those now using electronic records to replace paper records. Physicians using tablets showed a greater propensity to access medical records on their tablets rather than mobile phones, suggesting that the reach of this category will likely only grow with further tablet adoption. Health social media sites such as Sermo.com now reach half of physicians going online, showing the largest growth in visitation over the past year. The health social media category also had the largest share of visits from high-prescribing physicians, a priority target for many HCP marketers.

Another aspect of the study examined the correlation between prescribing activity and exposure to pharmaceutical advertising. An analysis of high-prescribing physicians' online behavior from first-quarter 2011 through first-quarter 2012 showed a strong correlation (R^2=0.6557) between share of visits to Medscape properties among high-prescribing physicians and the number of pharmaceutical ad impressions to which they were exposed. While correlation does not necessarily imply causation, this strong positive association indicates the possibility of online ad exposure driving prescription activity.

A survey of more than 300 U.S. physicians owning mobile devices conducted in June 2012 showed that computers remain the most heavily used electronic device in the workplace. More than three-quarters of physicians said they used their PCs on a daily basis to go online to access health content. The results also showed that 60 percent also reported using mobile phones on a daily basis, with 62 percent of these daily mobile users indicating they need their device to stay in contact with their job.

In addition, 44 percent reported using tablets every day. However, while mobile phones outpaced tablets in terms of actual use, a greater percentage of physicians reported a preference for using tablets in the workplace (64 percent versus 55 percent). This disparity, comScore analysts say, suggests the potential for further adoption of tablet usage among physicians in order to meet their stated preference. On tablets, the most heavily accessed pieces of content were medical news, drug information, and disease treatment options. Tablets also showed an advantage over mobile phones as a point of access for electronic medical records and health records.

Specialists showed a slightly higher propensity to use smartphones and tablets in the workplace, compared to primary care physicians. And no statistically significant difference in device usage was found between Baby Boomers and Generation X, suggesting that physician age is less of a barrier to technology adoption than it is in the general population.

"While mobile phones have already emerged as a means for doctors to look up medical information quickly and efficiently, tablet usage is ramping up quickly and shows significant promise to serve as a substitute for computers in handling more involved tasks like record-keeping," Mr. Mangano says.

FACTS & FIGURES

Twenty six percent of U.S. online adults have discussed health information online in the past 12 months, and **30 percent** of those have changed a health behavior as a result, according to a recent survey commissioned by GE Healthcare (gehealthcare.com). In addition, **82 percent** of online adults have used social media in the past 12 months, with Facebook, LinkedIn, and Twitter the most-used sites.

Of those who discussed health information online, 42 percent used social media to seek or post information about a current medical condition or find clinical trials on a specific condition. Nearly 35 percent went online to get or give support from/to others for fitness or health goals. 29 percent used social media to friend/follow brands, companies, and/or organizations related to fitness, health, diet, or specific medical conditions.

Of note was why users said they used social media/online communities/message boards/forums for health-related topics. Nearly half, **49 percent**, said it was because social media is a quick and easy way to get health information or recommendations. Nearly as many, **47 percent**, said it represents a good way to get different opinions from a wide range of people.

According to the survey, many online adults agreed that others knowing about their diet, health and fitness, and/or specific medical condition(s) is the top concern to discussing health information online (**46 percent**). Online adults cited trustworthiness (**45 percent**) and accuracy of information (**44 percent**) as top concerns as well.

PERCENT REACH OF HEALTH CATEGORIES AMONG PHYSICIANS Q1 2012

Health Category	% Reach of Physicians Online	Average Visits per Physician	Average Minutes per Physician
HCP Content	81%	14.6	5.1
General Health Content	72%	6.5	2.9
Association	61%	4.8	6.9
Government	51%	4.7	6.3
Health Social Media	50%	9.7	8
Pharma Support	47%	8.6	10.2
Pharmaceuticals	44%	3.3	3.6
Health & Wellness	39%	4.9	5.1
Insurance	34%	7	8.9
Physician Locator	33%	2.7	2.3
Medical Journal	30%	3.5	4.8
Clinic	25%	7.4	9.4
Pharmacy Services	18%	8	10.1
Electronic Medical Records	4%	18.4	18

Source: comScore/Symphony HCP Measurement Solutions

Three consumer trends brands should keep their eye on in 2013
By Monique Levy

With tightening budgets and competing priorities, identifying and staying focused on consequential trends has never been more important for pharma marketers. Here are three trends with regard to consumer marketing to keep top of mind in 2013.

Health is 360: The healthcare delivery model is shifting dramatically from one where care is provided by a doctor in an office to one where care is given by multiple professionals in various locations such as pharmacies, mass retailers and urgent care clinics, as well as remotely. Moreover, signs of continuous data sharing versus intermittent touches between patients and providers are starting to emerge. For example, 16 percent of online consumers have already received routine medical care from a pharmacy, and an additional 41 percent are interested in this kind of service. Additionally, about one in ten consumers track their medical measurements electronically to manage a condition.Marketers need to expand their classic view of "point of care" and consider other influence points across the patient journey to adapt to this new landscape.

Internet shaping care choices: We're squarely in a new phase of the health web, where online health resources are impacting the purchase and choice of care services and products, not just helping build knowledge of conditions and wellness. 73 percent of U.S. adults are using the Internet for health information and services – including in patient scenarios such as after receiving a diagnosis or prescription and for support and information for managing a health condition. Furthermore, 54 percent of online consumers say the Internet influenced a health-related decision, such as selecting a doctor, treatment, or medical facility.

Mobile changing health, but not how you'd expect: While there is some movement in using mobile devices to track conditions and capture and share health data in real time, this market is still relatively early. The real story with mobile is contextually relevant information. Among online adults using smartphones for health resources, 55 percent say they feel more in control of their health as a result. So whether figuring out a diagnosis while a doctor steps out of the office, deciding whether it's worth moving to a generic when a pharmacist says a prior authorization is needed, or determining which is the closest urgent care center to drive to, consumers are using their mobile devices to make consequential decisions. Marketers need to consider these critical decision points and whether they address on-the-go scenarios in their campaigns.

Monique Levy is VP of research for Manhattan Research.

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AdAgencyUpdate

By Joshua Slatko joshua.slatko@ubm.com

Sudler launches two new groups

Sudler & Hennessey has announced the launch of two new groups: Quality Matters, dedicated to improving the quality of healthcare and closing the gaps in care delivery; and Primary Source, a healthcare technology consulting group.

The first new group, Quality Matters, will employ an innovative communications platform to enhance engagement across pharmaceutical clients, patients, healthcare providers, and organized systems of care within an accountable care environment.

"We are excited to bring this expertise to our current and future clients, all of whom are facing these healthcare challenges," says Louisa Holland, co-CEO of the Americas, Sudler & Hennessey (sudler.com). "Quality Matters provides the opportunity to leverage the current focus on quality in the healthcare marketplace and make it actionable for our audiences, which can include pharmaceutical clients, provider groups, patients, or policy groups."

According to agency leaders, key provisions from the Affordable Care Act are shaping the transformation of patient care delivery in this new era: proliferation of accountable care organizations (ACOs), patient centered medical homes (PCMH), formation of state health insurance exchanges, requisite integration of electronic medical records, establishment of quality improvement organizations, and an overall focus on cost savings, quality measures, and improved access. With healthcare systems, hospitals, and providers being held clinically and financially accountable for patient outcomes, the healthcare industry is being forced to adopt new and creative ways of delivering value-based care cost-efficiently. This opens an opportunity for Quality Matters, which Sudler executives say is the only agency dedicated to supporting varied elements in the healthcare arena including the integration of quality measures, policy development, and ultimately, improved outcomes for patients.

Olivia Banyon, founder and executive VP of the Quality Matters division of Sudler, is developing innovative solutions to optimize new models of accountable care and related quality metrics and essential elements.

"We see an urgency in the use of evidence-based medicine, treatment protocols, risk stratification, and disease management in order to achieve quality goals," Ms Banyon says. "A core component of our work focuses on opportunities for intervention and management throughout the care transition that harnessing the trifecta of patient, provider, and organized systems of care. We are excited to be part of Sudler, knowing that its senior leadership shares our vision and focus on the future. The broader Sudler talent pool will allow us to offer an unprecedented level of assistance to our pharmaceutical clients in navigating the changing healthcare marketplace, and provide a service for practitioners in their efforts to deliver better healthcare more efficiently."

"Quality Matters provides the opportunity to leverage the current focus on quality in the healthcare marketplace and make it actionable for our audiences, which can include pharmaceutical clients, provider groups, patients, or policy groups," says Louisa Holland, co-CEO of the Americas for Sudler & Hennessey.

Ms. Banyon has 20-plus years of experience in quality and health improvement

AGENCY PEOPLE ON THE MOVE

AbelsonTaylor

Erich Voigt is promoted to senior art director, AbelsonTaylor (abelsontaylor.com). Mr. Voigt joined the agency last year as an art director. **Steph Krout** is promoted to art director. Ms. Krout was previously associate art director. **Larry Koplow** is promoted to associate create director, copy-digital. Mr. Koplow joined AbelsonTaylor in 2008 as a senior copywriter. **Ann Titus** is named senior copywriter. Ms. Titus joins the agency from Euro RSCG Chicago, where she was a senior copywriter and associate creative director. **Syed Ahmed** is promoted to copywriter from associate copywriter. **Dan Lathitham** and **Jenny Beaumont** are promoted to senior account supervisor, from account supervisor. **Dave Schafer** is hired as manager of interactive development. Mr. Schafer joins the agency from SilverTree Systems, where he was a partner. **Yijing Luo** is named senior enterprise engineer. Mr. Luo previously worked as a senior software developer at Dell.

Cadient Group

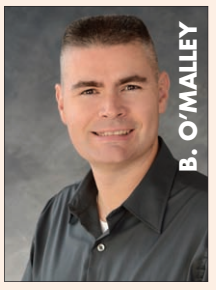
Chris Mycek becomes chief customer officer, Cadient Group (cadient.com). Mr. Mycek most recently served as executive VP at Influence Interactive. **Nigel Downer** and **Amy Cypres** are hired as senior executives in the areas of new business development and account management. Mr. Downer was most recently VP for strategic accounts at ProtonMedia. Ms. Cypres joins the agency from KHJ.

Centron

Rob Perota is named executive creative director, Centron (centroncom.com). Mr. Perota was previously senior VP group creative director, Cline Davis & Mann.

FingerPaint Marketing

Lindsay Montesano has joined FingerPaint Marketing's (fingerpaintmarketing.com) account service team. Prior to joining the agency, Ms. Montesano spent several years as a marketing specialist at Albany Medical Center. **Bryan O'Malley** brings his expertise in digital and mobile application development to the interactive team at FingerPaint. Mr. O'Malley was previously owner and president of Axeva Inc., providing mobile application services for small start-ups and international companies such as General Electric, IBM, and Standard & Poor's. **Erica Karras** joins FingerPaint as a writer on the creative team. Ms. Karras was most recently senior marketing manager at Optum. **Danette Kadlic** joins FingerPaint's account service team. Ms. Kadlic was previously director of marketing and PR at HITS Inc. **Dave Lindberg** joins the agency's creative team. He previously served as principal and creative director of his own multichannel marketing company. **Shanin Dockrey** joins the editorial team. Ms. Dockrey previously ran her own business providing editorial and writing services. **Kristina Kulin** has joined FingerPaint's project management team. Ms. Kulin was a digital marketing manager at Twinlab Corp. **Gwen Ivins** is now a part of the agency's creative team. Ms. Ivins was previously a freelance graphic designer at the Golub Corp. **Lauren Bo** has also joined the creative team. Ms. Bo previously worked at AbelsonTaylor, GSW Worldwide, and other agencies.



HCB Health

Nicole Temples is named account supervisor, HCB Health (hcbhealth.com). Ms. Temples joins the agency from Ignition DG.

Publicis Healthcare Communications Group

Shannon Boyle is appointed senior VP, human resources, Publicis Healthcare Communications Group (publicishealthcare.com). In her new role, Ms. Boyle will manage human resources for Digitas Health, Publicis Life Brands Medicus, and Medicus International. Most recently, she served as head of global talent development for AstraZeneca.

Roska Healthcare Advertising

Kimberly Clotman is promoted to executive VP, director of client services, Roska Healthcare Advertising (roskahealthcare.com). Ms. Clotman was previously senior VP.

We're in a changing global business that needs a new global service addressing brand needs at the earliest point of development in order to shape the market correctly," says Jed Beitler, chairman and CEO Worldwide Sudler & Hennessey. "Unlike the 'one size fits all' approach that big consultancies provide, the Primary Source method allows the thinking to adapt to the business needs and the science results to drive the process, rather than the process drive the thinking.

initiatives with national and regional customers, including Harvard Pilgrim, Health Net, United, Aetna, Pfizer, Merck-Medco, and Kelsey-Seybold. Her areas of concentration include disease management, predictive analytics, education, and wellness and behavioral change science. She also holds a public health degree in epidemiology from New York Medical College.

Partnering with Ms. Banyon at Quality Matters is Van-Anh Nguyen, Ph.D., who will serve as senior VP, focusing on strategy, medical direction, and new business development. With more than 10 years of scientific research background and professional experience in marketing and health economics, Dr. Nguyen has been involved in agency healthcare communications as a medical director, responsible for strategic and tactical execution of medical education and pharmaceutical marketing in a variety of therapeutic areas.

Quality Matters offers expertise in strategic planning, quality metric databases and profiling, disease and quality improvement management and programming, measures assessment, continuity of care programming, quality measure protocol development, QIO partnership and KOL alignment, patient and provider engagement, behavioral change science, and quality specific sales training modules.

Sudler also recently announced the launch of Primary Source, a new healthcare technology consulting group. The premise for Primary Source, agency leaders say, lies in properly shaping businesses and brands based on market expertise, in-depth understanding of science, and how healthcare stakeholders truly behave. A division separate from Sudler & Hennessey, Primary Source will serve the needs of commercialization teams during the early development process. The service offering focuses on launch strategy, commercial plans, and life-cycle planning.

"We're in a changing global business that needs a new global service addressing brand needs at the earliest point of development in order to shape the market correctly," says Jed Beitler, chairman and CEO Worldwide Sudler & Hennessey. "Currently there is a gap between the big analytic groups that do heavy-duty analytics and the small pharma contracting groups. Unlike the 'one size fits all' approach that big consultancies provide, the Primary Source method allows the thinking to adapt to the business needs and the science results to drive the process, rather than the process drive the thinking. Primary Source is designed to fill this gap and the need for more intellectual medical business strategic modeling."

Primary Source plans to use a novel method that is market evidence based and scalable, establishing relevance before differentiation. The new group, executives say, will marry market analytics and science evidence to build business value, transforming health technology into health brands, focusing value based on the impact on disease trajectory.

With a distinct offering addressing strategic challenges that do not require a full-service agency, two strategic healthcare experts will be leading the Primary Source team, both with global and U.S. expertise. Dr. Brian Kelly, Primary Source's managing director based in London, will co-lead with Brian Robinson, a managing director based in New York. Both are strategy veterans with experience across all major therapeutic categories, stages of product life cycle, and audiences – healthcare professional, consumer, and business to business. Their work experience includes clinical research, consulting, and marketing companies.

"Current consultancy work may not work that well because it's driven by a process in which certain tools are applied irrespective of the true understanding of the marketplace," Dr. Kelly says. "The result can be either too bland or all encompassing, and difficult to execute against. The biopharma market requires an in-depth understanding of what drives stakeholder decision making; business decision makers already understand that not all strategies are purely science driven and may require a further connection to real insights to effect change. We are now in the position to unite these two interests and show how they should be managed."

PeopleontheMove

By Joshua Slatko joshua.slatko@ubm.com

Teva adds new leaders

Teva Pharmaceutical Industries Ltd. has announced several management changes to its executive leadership team. Allan Oberman, senior VP of North America Generic Pharmaceuticals, has been promoted to president and CEO of Teva Americas Generics as part of an orderly management succession. In his new role, Mr. Oberman will report directly to Dr. Jeremy Levin, president and CEO of Teva, and will have continued responsibility for North America Generics as well as overall management of Teva's Latin American businesses.

The company also announced the appointment of Jill DeSimone to the newly created position of senior VP and general manager of Teva Global Women's Health, overseeing all aspects of Teva's Women's Health franchise.

"These changes are part of our ongoing process to build a premier leadership team and reshape Teva," Dr. Levin says. "Allan brings extensive experience in global generics to the company's Americas teams. Jill brings a great track record and many years of experience in building franchises in specialty medicine. We look forward to her contributions in leading our Women's Health business. These changes underlie our commitment to build, in a disciplined fashion, a world class business and provide much needed medicines to patients around the world."

As part of the succession, William S. Marth has stepped down as president and CEO of Teva Americas and retire at the end of 2013. Mr. Marth will serve as a senior advisor to Dr. Levin until his retirement.

"We greatly appreciate the contributions that Bill has made to Teva over the years, most recently leading the Teva businesses in the Americas," Dr. Levin says. "During this time, the company experienced significant growth. We thank him for his tremendous service to the company and look forward to working with him over the next year in his new capacity as a core advisor."

Mr. Oberman has served as senior VP of North America Generic Pharmaceuticals since earlier this year. He first joined Teva in 2000 and has served as president of Teva EMIA (Eastern Europe, Middle East, Israel, and Africa), where he led a diverse group of countries in achieving consistent sales growth – more than double the market growth. Mr. Oberman also served as the chief operating officer of the Teva International Group and prior to that, as president and CEO of Teva Canada. Previously, Mr. Oberman was president of Best Foods Canada Inc. He also served as chairman of the Canadian Generic Pharmaceutical Association in 2007-2008.

Ms. DeSimone has many years of experience, joining Teva from Bristol-Myers Squibb, where she held various global leadership positions, most recently as senior VP, U.S. Commercialization Excellence. She also held previous roles in Bristol-Myers Squibb's U.S. Oncology and Virology business units, where she developed important franchises. Ms. DeSimone serves on the board of directors for the Children's Health Fund (New York) and Aids United Washington (DC).

PHARMA

■ **Melissa Barnes** is promoted to chief ethics and compliance officer and senior VP of enterprise risk management, Eli Lilly and Co, effective Jan. 1, 2013. Ms. Barnes will replace Anne Nobles, who will retire at the end of the year. She is currently VP and deputy general counsel. Lilly (lilly.com) is developing a growing portfolio of pharmaceutical products by applying the latest research from its own worldwide laboratories and from collaborations with eminent scientific organizations.

■ **Suzanne LoGalbo** is named regulatory affairs director, Reckitt Benckiser. Ms. LoGalbo joins the company from Pfizer Consumer Health. Reckitt Benckiser (rb.com) is a global consumer goods leader in health, hygiene, and home.

BIOTECH/BIOPHARMA

■ **George G. Montgomery** is appointed chief financial officer, Coherus BioSciences Inc. Mr. Montgomery was a managing director at Sagent Advisors LLC. Coherus (coherus.com) is an emerging biopharmaceutical company developing safe, high-quality biosimilar therapeutics.

■ **Lindsay Rocco** becomes executive VP, corporate communications, Dendreon Corp. Ms. Rocco most recently served as senior VP at Rx Mosaic Health. Dendreon (dendreon.com) is a biotechnology company whose mission is to target cancer and transform lives through the discovery, development, commercialization, and manufacturing of novel therapeutics.

SPECIALTY

■ **Stephen A. Hill**, M.D., is named president and CEO, Targacept Inc. Dr. Hill served previously as president and CEO of Solvay Pharmaceuticals and ArQule Inc. Targacept (targacept.com) is developing a diverse pipeline of innovative NNR therapeutics for difficult-to-treat diseases and disorders of the nervous system.

■ **Russell H. Plumb** is appointed CEO, Biota Pharmaceuticals Inc. Mr. Plumb previously served as president, CEO, and chief financial officer of Inhibitex Inc. **Joseph M. Patti**, Ph.D., becomes executive VP, corporate development and strategy. Dr. Patti was a co-founder of Inhibitex and served as its chief scientific officer and senior VP of research and development from 2007 to February 2012. Biota (biotapharma.com) is an anti-infective drug development company with key expertise in respiratory diseases, particularly influenza.

■ **Umang Vohra** will take over the role of executive VP and head of North America generics, Dr. Reddy's Laboratories Ltd., in

January 2013. Mr. Vohra was previously the company's chief financial officer. To replace Mr. Vohra, **Saumen Chakraborty** has been appointed chief financial officer of the company effective January 2, 2013. Mr. Chakraborty is currently president and global head of quality, HR, and IT and business process excellence at Dr. Reddy's. He was also the chief financial officer between 2006 and 2008. Dr. Reddy's (drreddys.com) is an integrated global pharmaceutical company, committed to providing affordable and innovative medicines for healthier lives.

■ **Robert G. Kramer** is promoted to chief financial officer, Emergent BioSolutions. Mr. Kramer succeeds **R. Don Elsey**, who will be leaving to pursue a new opportunity at a private healthcare company. Mr. Kramer was previously executive VP, corporate services division, and with this appointment, his title will become executive VP, corporate services division and chief financial officer. Emergent BioSolutions (emergentbiosolutions.com) is a specialty pharmaceutical company seeking to protect and enhance life by offering specialized products to healthcare providers and governments to address medical needs and emerging health threats.

■ **Andrew Drechsler** is appointed chief financial officer, Insmed Inc. Mr. Drechsler joins Insmed from VaxInnate, where he was also chief financial officer. Insmed (insmed.com) is a biopharmaceutical company dedicated to improving the lives of patients battling serious orphan lung diseases through the development and commercialization of novel, targeted inhalation therapies in orphan patient populations with critical unmet needs.

■ **Charles Deignan** is named chief financial officer, Clearside Biomedical Inc. Mr. Deignan has held financial management positions at several healthcare companies, including AtheroGenics Inc., AAIPharma, and Schering-Plough. Clearside (clearsidebio.com) is a clinical-stage ophthalmic pharmaceutical company developing and commercializing targeted therapeutics for the treatment of sight-threatening diseases.

■ **Joseph Turgeon** becomes senior VP sales and commercial operations, Spectrum Pharmaceuticals. Mr. Turgeon brings more than 25 years of pharma sales experience, including various executive leadership roles at Amgen. Spectrum (sppirx.com) is a biotechnology company focused on acquiring, developing, and commercializing drug products, with a primary focus in oncology and hematology.

■ **Philip Ashman**, Ph.D., is named senior VP, and European managing director, Alimera Sciences Inc. Dr. Ashman most recently was responsible for leadership of the market access strategy in the U.K. for Bayer. **Eric Teo**, MBBS, becomes VP and European medical director. Dr. Teo most recently served as director of global regulatory affairs, health and personal care, Reckitt Benckiser. **Anne-Marie Swift** becomes VP and European marketing director. Before joining Alimera, Ms. Swift served as European brand director for ophthalmology at Pfizer. Alimera (alimerasciences.com) is a biopharmaceutical company that specializes in the research, development, and commercialization of prescription ophthalmic pharmaceuticals.

■ **Thom Rowland** is appointed VP of commercial operations, Arbor Pharmaceuticals. Mr. Rowland was one of the founders of Ventrus Biosciences, which completed a successful IPO in 2010. Arbor (arborpharma.com) is a specialty pharmaceutical company currently focused on the cardiovascular, pediatric, and hospital markets.

■ **Jeff Hackman** becomes VP of commercial operations, Sigma-Tau Pharmaceuticals Inc. Mr. Hackman was CEO of the U.S. office and global senior VP, commercial operations at Intercell AG. Sigma-Tau Pharmaceuticals (sigma-tau.com), a U.S. based, wholly owned subsidiary of the Sigma-Tau Group, is dedicated to the global development and commercialization of medicines for patients with rare diseases.

WATSON ANNOUNCES GLOBAL GENERICS MANAGEMENT TEAM

Watson Pharmaceuticals, Inc. has announced its Global Generics management team, following the the completion of the acquisition of the Actavis Group for €4.25 billion. The combination creates the world's third largest generic pharmaceutical company, with anticipated pro forma combined 2012 revenue of more than $8 billion.

"Since the announcement of our intention to acquire Actavis in April 2012, we have been working to ensure that we have the management structure in place to capitalize on the commercial momentum of this combined organization," says Paul Bisaro, president and CEO of Watson (watson.com). "Led by Siggi Olafsson, president, Global Generics, we begin operations as one company, with a commercial team that recognizes the extraordinary commercial expertise of senior leaders from both companies. We are structured to ensure that we immediately create value for customers and shareholders."

Watson's U.S. generic business, with about 10 percent U.S. market share, will be led by **Andrew Boyer**. Mr. Boyer joined Watson in 1998 as associate director of marketing in Generics and has taken on roles with increasing responsibility, serving most recently as senior VP, Sales and Marketing. Before joining Watson, Mr. Boyer held management positions with Lederle/American Cyanamid and Barr Laboratories.

Watson's Canada and Latin America business will be led by **Jean-Guy Goulet**. Mr. Goulet joined Watson in 2011 as president, Canada and Mexico for Watson's Canadian subsidiary Cobalt Pharmaceuticals. Before joining Watson, Mr. Goulet was president and CEO of Ratiopharm Canada. Mr. Goulet began his career in the quality control department at Technilab, which was later acquired by Ratiopharm. He rapidly moved up within the organization, gaining increasing responsibilities in operations, sales, marketing, and business development. In 2002, he was appointed president of the commercial division of Ratiopharm Canada, based in Toronto, before his appointment as the company's president and CEO in 2006.

Watson's European generics business, led by **Lars Ramneborn**, has been structured into seven country clusters of approximately equal revenue size and with similar market structures and dynamics. Mr. Ramneborn was VP of strategy at Actavis, a position he held since March 2010. Mr. Ramneborn has more than 20 years of experience in the pharmaceutical industry and joined Actavis from Zentiva, where he was VP and a member of the board of directors since 2003. Prior to joining Zentiva he was VP CEE/Middle East for five years for Galena/IVAX, which later merged into Teva.

Watson's Asia and Middle East and Africa generics business, led by **Hordur Thorhallsson**, has been structured into five country clusters, based on geographic location as well as similarities in market structure and commercial dynamics. Mr. Thorhallsson was executive VP of MEA and Asia Pacific sales for Actavis. He joined the company in 2000 and worked as VP of operations from 2002 to 2003. From 2003 to 2006, Mr. Thorhallsson served as managing director at Actavis hf. in Iceland, before transferring to the company's corporate level as managing director of business improvements.

Watson's Australian business will be led by **Karen McTavish**. Ms. McTavish joined Watson in 2012 to lead the company's Australian business following the acquisition of Ascent Pharmaceuticals. Ms. McTavish joined Watson from Apotex Pty Ltd, in Sydney, Australia, where she served as national sales and marketing director since 2006. Before her Australian assignment, she held several positions in Apotex in Canada from 1992 to 2006. Prior to Apotex, she held positions of increasing responsibility with NCR Canada Ltd.

Watson's Global Generics R&D function will be led by **Hafrun Fridriksdottir**, Ph.D. Dr. Fridriksdottir served most recently as Actavis' VP of R&D, U.S., Europe, and ROW, residing in the United States and serving on the company's U.S. executive management board. From 2002 to 2008 she was VP of R&D, EU and ROW at Actavis. Dr. Fridriksdottir joined the generic pharmaceutical development company Omega Farma in 1997 as divisional manager, development, and was promoted to managing director in early 2002, a post she held until the company was acquired by Actavis in late 2002.

Watson's Specialty Pharmaceutical Development function will be led by **Stefan Sveinsson**. Mr. Sveinsson will lead a separate function that will focus on critical technologies for driving future product initiatives in both the Global Generics and Global Brands business. Mr. Sveinsson joined Actavis in 1993, serving most recently as executive VP of R&D.

Wolter F. Kuizinga will lead Watson's International Business Development function and **Daniel N. Motto** will lead Watson's U.S. Business Development function. The company's third-party sales business, which includes both Actavis' Medis business and Watson's Specifar Pharmaceuticals, will ultimately operate under the Medis name and will be led by **Valur Ragnarsson**. Mr. Ragnarsson joined Actavis' Medis division in 2001. He was appointed managing director in 2003 and executive VP in 2008. business.

■ **Jonathan Berlent** is named VP of business development, Tris Pharma. Mr. Berlent most recently served as president of Granules USA, where he led North American operations and successfully launched a finished dosage business platform working with such companies as Pfizer, Novartis, McNeil Consumer Health Janssen, and GlaxoSmithKline. Tris Pharma (trispharma.com) is a specialty pharmaceutical company focused on the research and development of technologies-driven products.

■ **Heather Cook**, Ph.D., is appointed director of regulatory affairs, Pharmalink AB. Dr. Cook was previously head of department for regulatory development projects at H. Lundbeck A/S. **Marek Poszepczynski** becomes director of business development. Mr. Poszepczynski was lead equity analyst at Handelsbanken. Pharmalink (pharmalink.se) is a Swedish specialty pharma company developing high value products for niche indications.

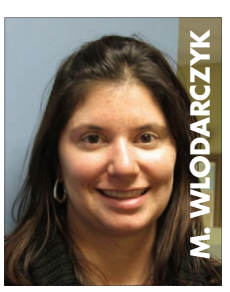
SERVICE SUPPLIERS

■ **Michael Swanick** is appointed global pharmaceutical and life sciences industry leader, PwC. Mr. Swanick previously held the position of PwC's U.S. pharmaceutical and life sciences leader and global tax leader for the practice. PwC's (pwc.com) Pharmaceutical, Medical Device, and Life Sciences industry group is dedicated to delivering effective solutions to the complex strategic, operational, and financial challenges facing pharmaceutical, biotechnology, and medical device companies.

■ **Lawrence C. Marsh** becomes chief strategy officer and senior VP, new market development, AmerisourceBergen Corp. Mr. Marsh was previously managing director, equity research at Barclays. AmerisourceBergen (amerisourcebergen.com) is one of the world's largest pharmaceutical services companies serving the United States, Canada, and selected global markets.

■ **Gerald R. Melillo**, Jr., is promoted to president, sales services, PDI Inc. Mr. Melillo was senior VP of business development. PDI (pdi-inc.com) is a healthcare commercialization company providing superior insight-driven, integrated multichannel message delivery to established and emerging healthcare companies.

■ TGaS Advisors names **Tim Burke**, **Brian Voellmecke**, and **Michele Wlodarczyk** directors/management advisors. Mr. Burke most recently served as director, business operations for a new payer department at Pfizer providing managed markets operational support for the company's specialty products. Mr. Voellmecke was global director, strategic alliance and partnership program, IMS Health. Ms. Wlodarczyk was senior offering manager for IMS Health's longitudinal patient-level offerings. TGaS (tgas.com) is a benchmarking and advisory services company serving pharmaceutical commercial operations organizations.



■ **Yaron Landow** is named VP of U.S. sales and business development, Treato. Mr. Landow has held a series of leadership roles in Omnicom and Publicis agencies, most recently leading Flashpoint Medica's strategic services and business development departments. Treato (treato.com) is a new platform of patient intelligence based on online discussions about real life experiences.

■ **Hettie Han** rejoins Kantar Health China as director. She rejoins the company from TBL Consulting Co., and has also held analyst roles at several other U.S. and China-based pharma companies, including Bristol-Myers Squibb, Purdue, and Kunming Pharmaceuticals. Kantar Health (kantarhealth.com) is a global decision support partner to the world's leading pharmaceutical, biotech, device, and diagnostic companies.

THELASTWORD These "experts" may be hazardous to your health

By Sander A. Flaum

I'd like to ask a favor. The next time you're about to use the phrase "It's a no-brainer," think to yourself, am I describing something that's really obvious, along the lines of "poking paperclips into electrical outlets is a bad idea?"… or is it just my way of saying, "seems right to me"?

I've become sensitive to our mountain of no-brainers. It seems like every week I read some healthcare recommendation handed down from a panel of "experts." Normally, I couldn't care less what comes out of Washington (I trust my doctors to give me sound advice); but these days, what starts as a recommendation often turns into a guideline and next, a regulation or even a law.

My concerns were recently articulated by Pamela Hartzband and Jerome Groopman, whose editorial, "Rise of the Medical Expertocracy," appeared in the *Wall Street Journal*. They point out that the current rage for identifying medical "best practices" often ignores and slights the fact that real controversy surrounds many of these advisories, even among experts. Yet despite the lack of consensus, these asserted best practices are often characterized as – you guessed it – "no brainers."

Two examples. In 2009, the U.S. Preventive Services Task Force announced that on the basis of long-term studies, women under the age of 50 should no longer routinely have mammograms. Even though an estimated 12,000 lives were being saved yearly by early detection, the USPSTF concluded that, for women 49 years or younger, the increased risk of false negatives, unnecessary biopsies, and excessive radiation exposure offset the survival benefit.

One statistician was apparently quoted as saying the recommendation was – yep – a "no-brainer."

He wasn't saying that the task force had put its brains on hold (although that's my take), he believed the case against mammography in women under 50 was absolutely clear-cut – on the order of not inserting paperclips into outlets. Many of you may remember the furor that erupted following the announcement, mainly from oncologists, the American Cancer Society, breast cancer advocates, women patients, and their significant others. In short, from just about everyone who wasn't a member of this "expert" task force.

Here's another Washingtonian "no-brainer" – this one from 2011. It turns out that experts now agree that prostate cancer screening is useless. This conclusion is based on observations that many prostate cancers do not progress (and so don't "need" to be treated), that many biopsies are negative (and so were actually unnecessary), and that treatments can have significant side effects (really?). I wonder if the experts talked to Rudy Guiliani? Or Colin Powell? Or John Kerry? Or Warren Buffett? Or Bob Dole? These men had no trouble in deciding to treat their prostate cancer, and I'll wager they don't regret their decision.

Who's right? I think healthcare bureaucrats are making decisions that are not theirs to make. If you take away the opportunity for screening and early detection, you're also taking away a patient's ability to make potentially life-altering decisions. Look, we all have cancer stories in our lives, but instead of sharing mine, I'll challenge you to put yourself in the place of a woman who at the age of 40 was talked out of having her regular mammogram, only to find out that at the age of 42 ... you fill in the rest.

Where do these expert-o-crats get off deciding how old a woman must be before she can try to protect her life? How can a statistician insist that early detection of prostate cancer doesn't matter? Isn't it better to realize that medical care is not now and never will be an objective science? Patients want and deserve to make their own decisions, and physicians will be guided by both data and their own experiences in the clinic.

So let the medical expertocracy review the studies and reach their conclusions; but let the real experts – the patients and doctors with actual skin in the game – make up their own minds. Few healthcare questions are genuine "no-brainers." When they concern life and death, they're tough and they're often agonizing. The "best practice" I want to see is that the people whose recommendations impact how healthcare is delivered should remember to use their brains – and while they're at it, to listen to their hearts as well. ■ MEDADNEWS

Sander A. Flaum is principal, Flaum Navigators, and chairman, Leadership Forum, Fordham University Graduate School of Business.

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