



ACROSS
HEALTH

a precision value & health team

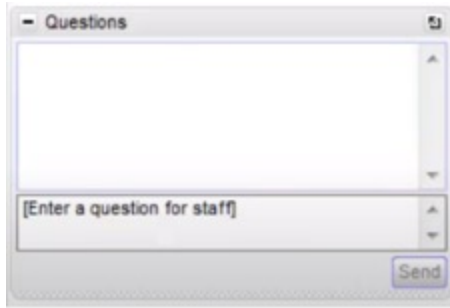


Omnichannel Launch Excellence: Medical & Commercial best practices

Thursday 27 October 2022

Ground rules

- This webinar will take around **40 minutes**, followed by questions
- You can submit **questions** at any time via the “**Questions**” box



- **Please give us your feedback!**
 - Right after the webinar a short satisfaction survey will be launched. We would love to know your opinion!



Why are you here?



40% of worldwide drug launches failed to meet 2-year sales forecasts (2009–2017)¹



80% of all launches have their long-term fate determined during the first six months on the market¹



65% of Physicians dissatisfied or neutral with digital component at launch²

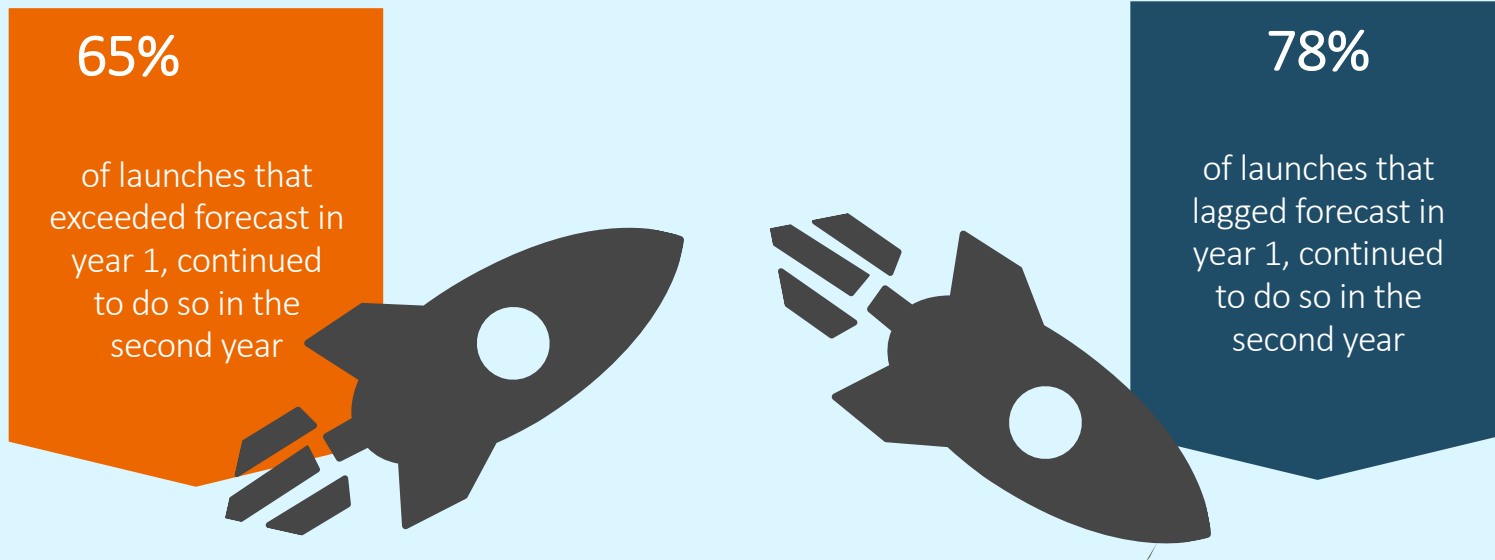
The Next Normal?

How does your launch strategy and execution need to evolve for success?

1. Source: Ready for launch: Reshaping pharma's strategy in the next normal. McKinsey & Company. 2020
2. Source: Navigator365™ EU5 Specialists Q3 2022 (n=40100)

Launches are more important than ever before, as 20+% of the Rx market goes off patent in the next few years....

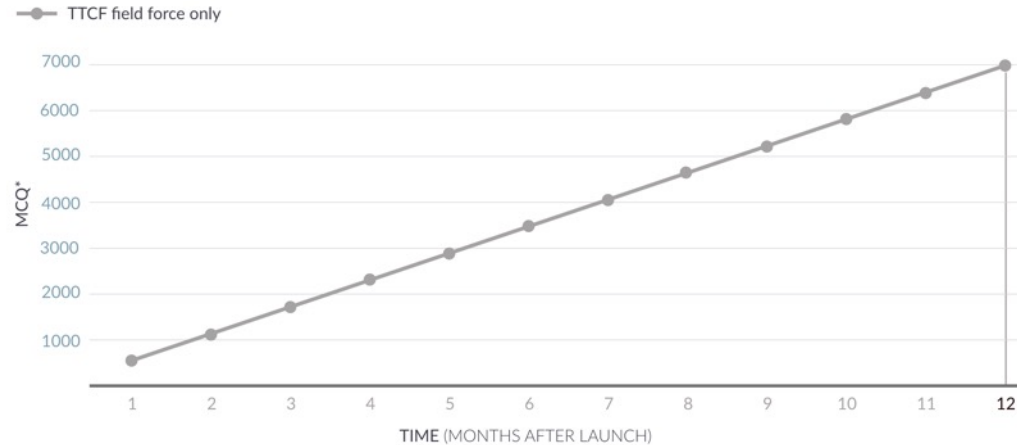
...and the first 6 months of launch are critical



Source: EvaluatePharma/McKinsey analysis

Using only rep interaction usually takes too long for product launches to “cut through the noise” in time

TIME TO CRITICAL FREQUENCY

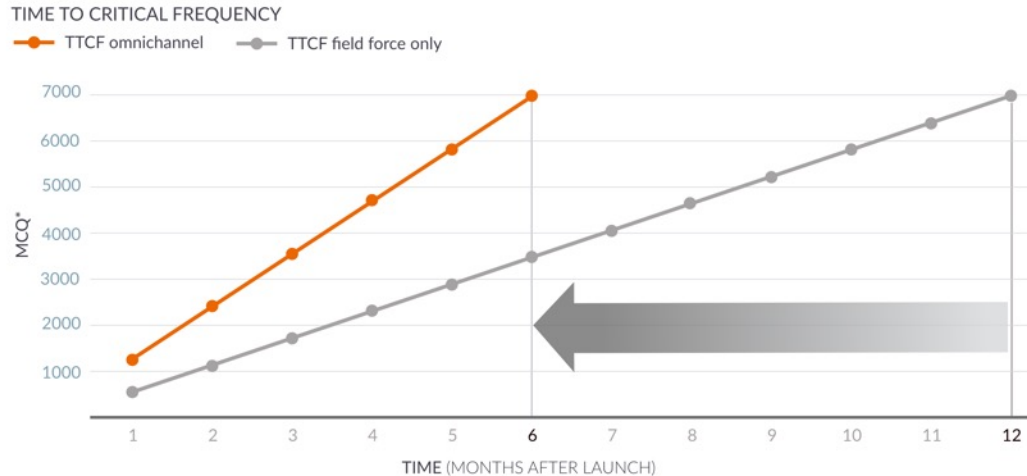


*MultiChannel eQuivalent – a standard unit of engagement to compare the relative impact of different channels

Source: Across Health 2022



An omnichannel approach can potentially reduce time to critical frequency (TTCF) by 50% to 6 months...



An omnichannel approach works to:

1. Shorten time to **critical frequency**
2. Improve **customer experience** and engagement
3. Capture **actionable customer data** for higher impact (lead management and message/channel personalization)

*MultiChannel eQuivalent – a standard unit of engagement to compare the relative impact of different channels

Source: Across Health 2022



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Customer trends at launch

Still a strong preference for F2F...but mix & digital represent 47%

Q: *In terms of engagements with reps in a launch setting, which option do you prefer?*

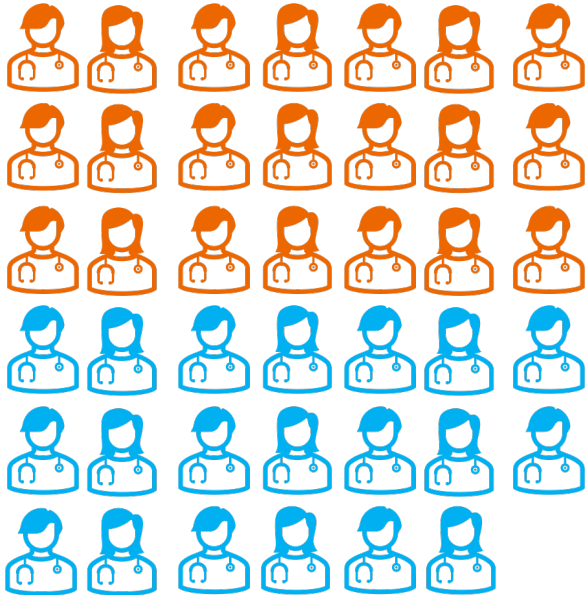


49% mainly in person

Source: Navigator365™ EU5 Specialists Q3 2022 (n=4010)

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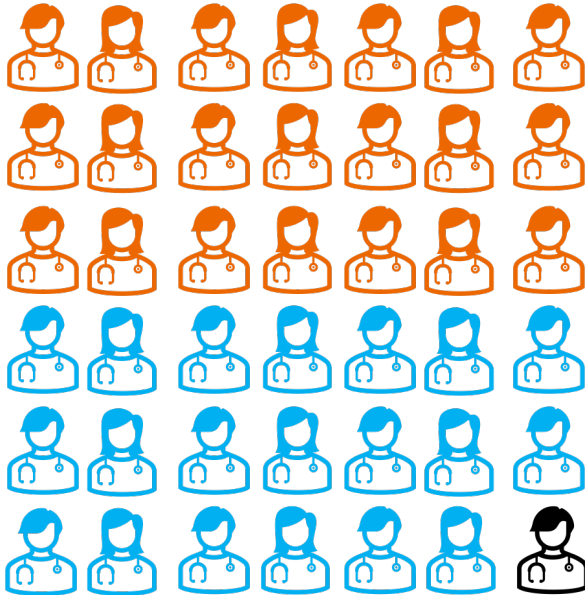


47% mix of in-person and digital or digital only

Source: Navigator365™ EU5 Specialists Q3 2022 (n= 4010)

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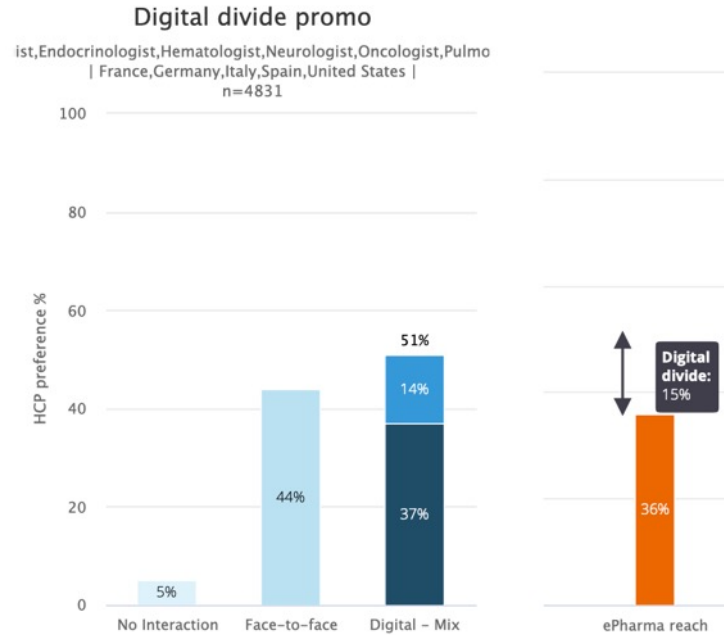
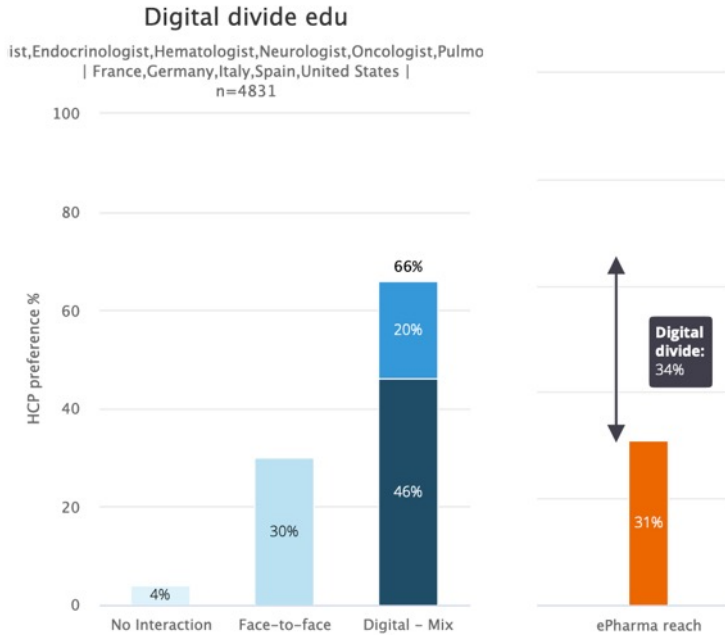
47% mix of in-person and digital or digital only



4% No contact

Source: Navigator365™ EU5 Specialists Q3 2022 (n= 4010)

The unmet need for digital educational content vs. promotional is large

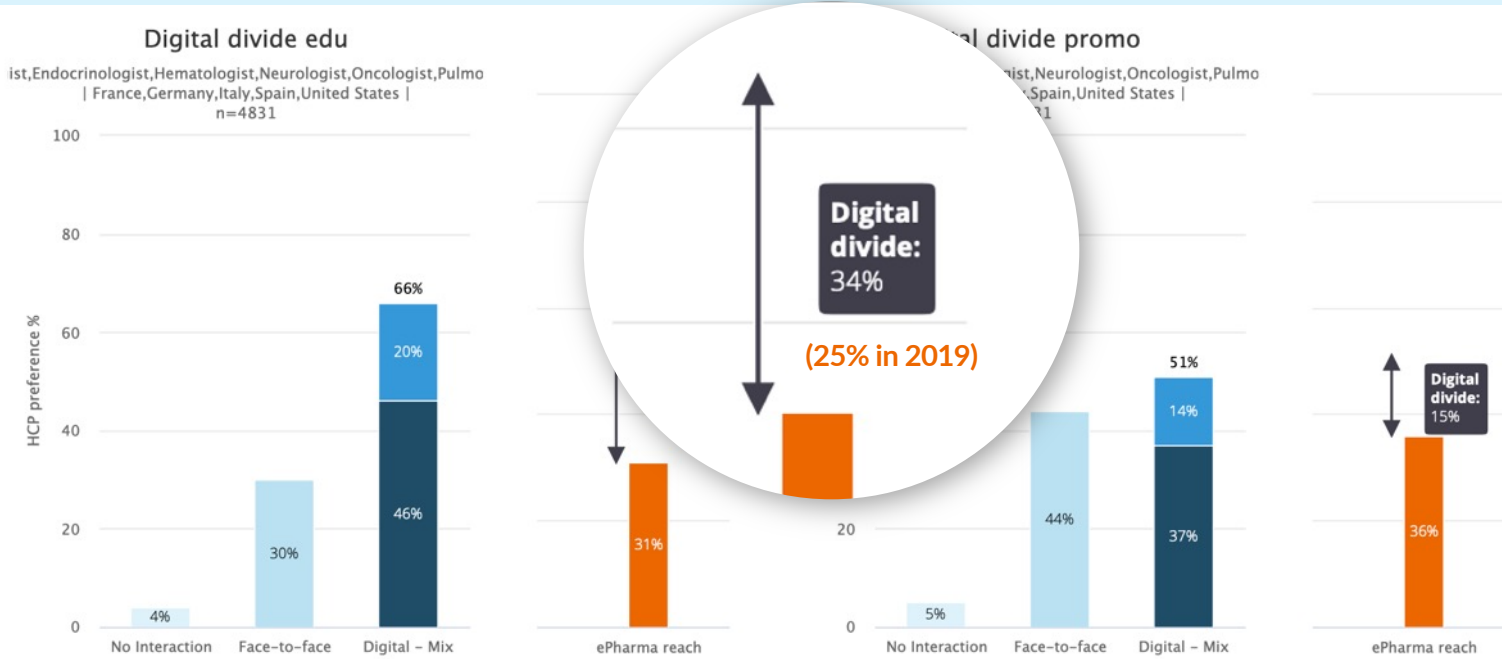


The digital divide is defined as the delta between the % of HCPs preferring digital or mix and average % reach of the top 3 online educational channels ('ePharma reach')

The digital divide is defined as the delta between the % of HCPs preferring digital or mix and average % reach of the top 3 online promotional channels ('ePharma reach')

Source: Navigator365™ EU4 + US Specialists Q3 2022 (n= 4831)

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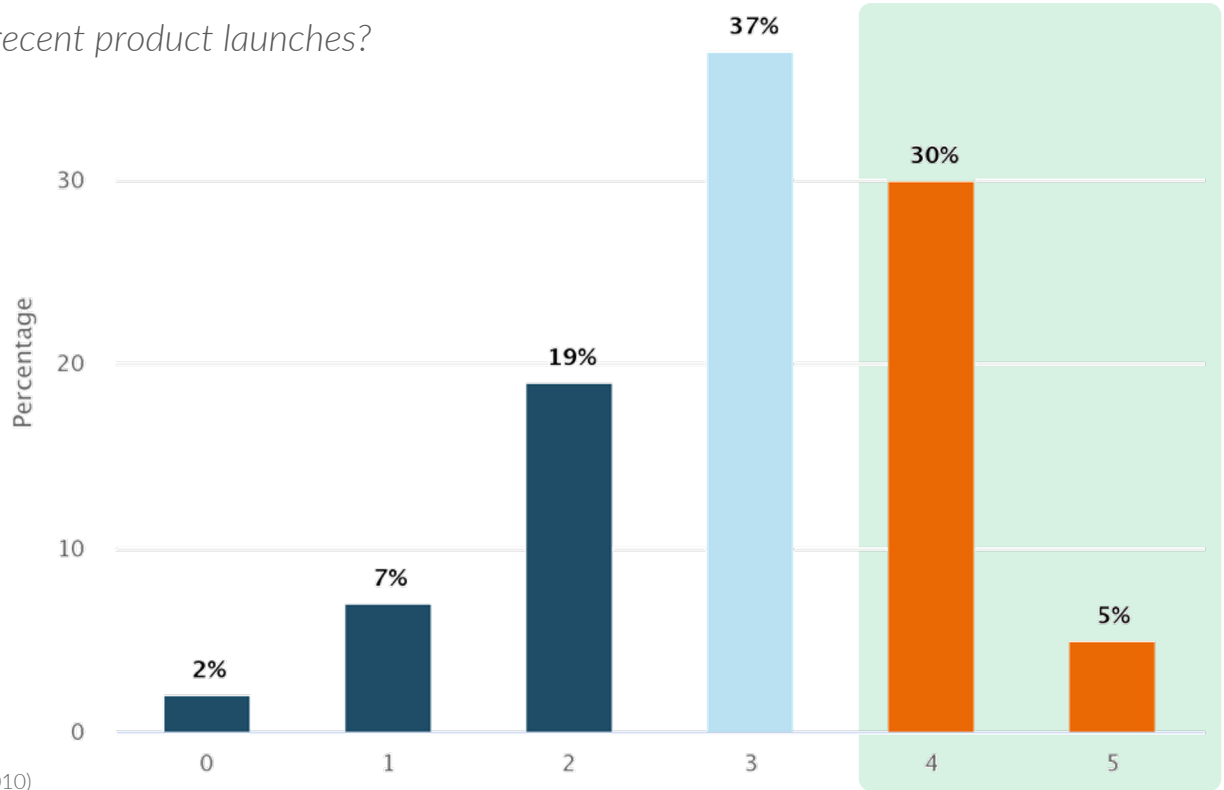
Source: Navigator365™ EU4 + US Specialists Q3 2022 (n= 4831)

And HCP satisfaction levels with pharma digital clearly need some work!

Q: Satisfaction with digital during recent product launches?



35%



Source: Navigator365™ EU5 Specialists Q3 2022 (n= 4010)

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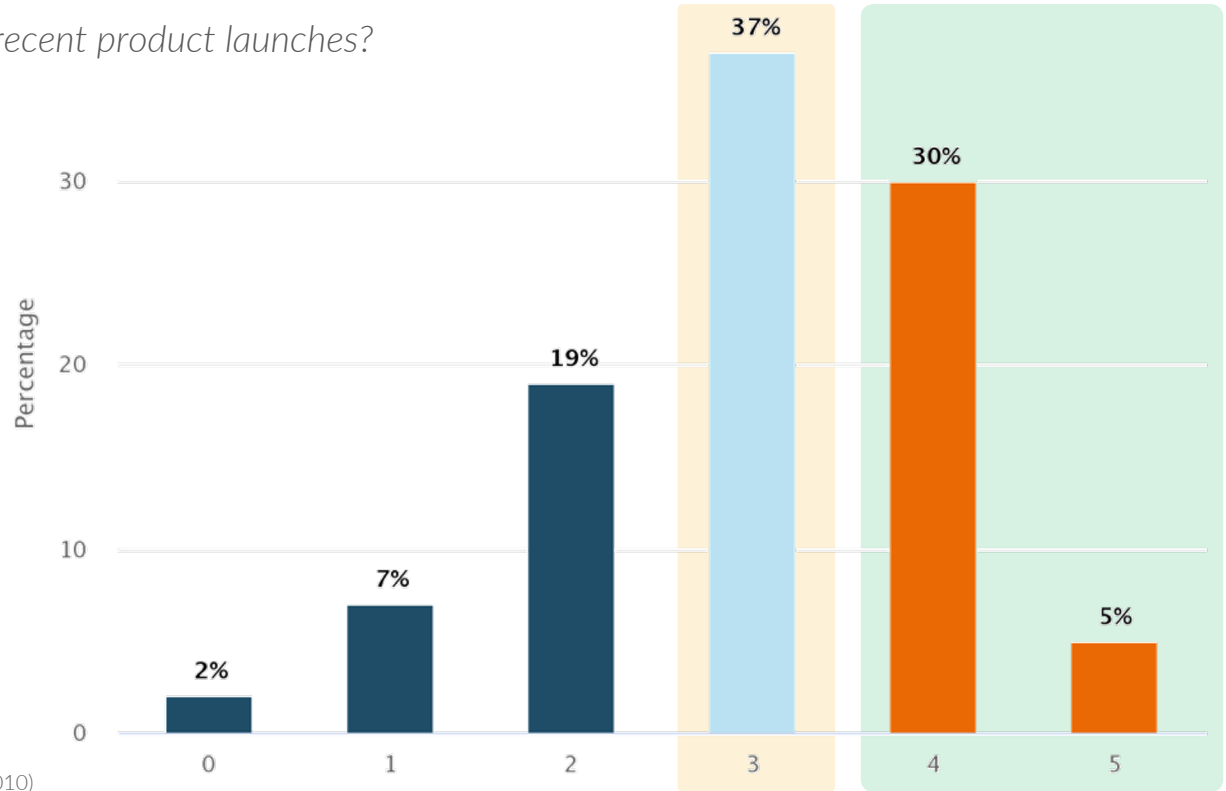
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37%



Source: Navigator365™ EU5 Specialists Q3 2022 (n= 4010)

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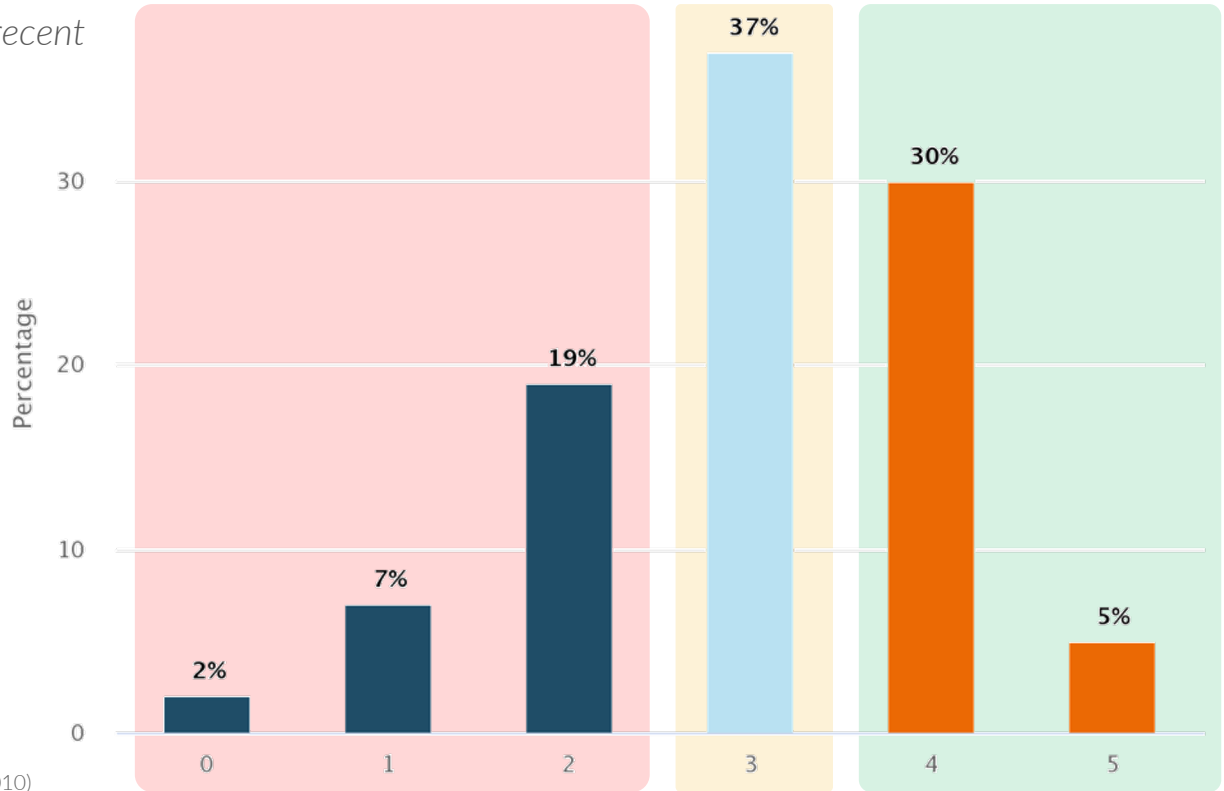
35%



37%



28%



Source: Navigator365™ EU5 Specialists Q3 2022 (n= 4010)

Channel preference and engagement fundamentally changed over the last 2 years

BC ⚡ AC

**BEFORE
CORONA**

**AFTER
CORONA**



Navigator365™ Core

PART 1



CHANNEL, FREQUENCY AND CUSTOMERS

- CHANNEL PERFORMANCE
- CHANNEL FREQUENCY
- MCKINSEY ARCHETYPES
- COMMUNICATION PREFERENCES
- DIGITAL SATISFACTION
- COST ANALYSES

PART 2



CONTENT & CONTEXT

- OC LAUNCH (NEW)
- OC REP
- OC MARKETING
- OC MEDICAL
- PATIENT PROGRAMMES
- HEALTH TECHNOLOGY

PART 3



3RD PARTY MEDIA

- REACH, IMPACT & FREQUENCY OF 8 KEY MEDIA TYPES

PART 4

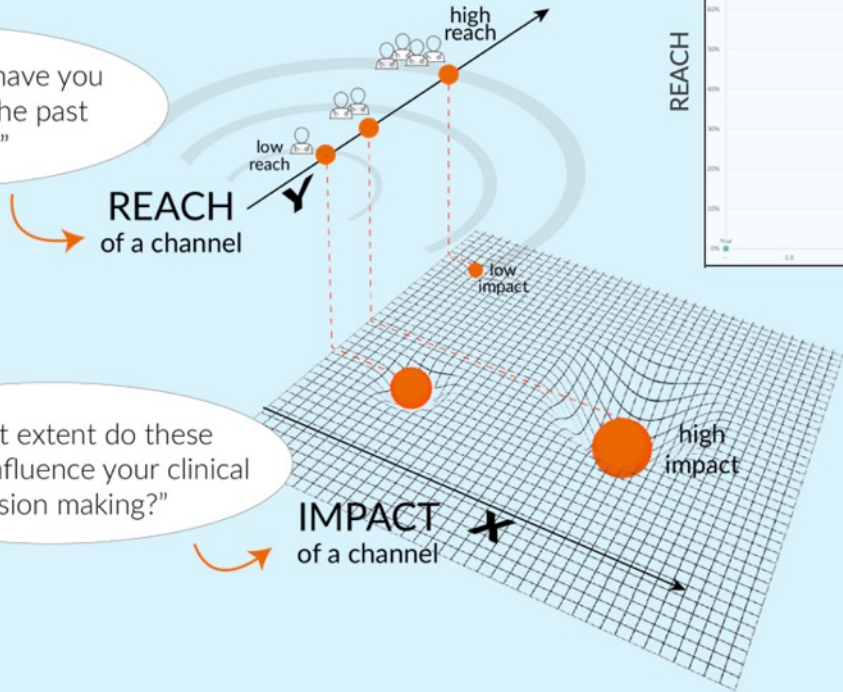


COMPETITION

- COMPANY BENCHMARK
- 18 CHANNELS

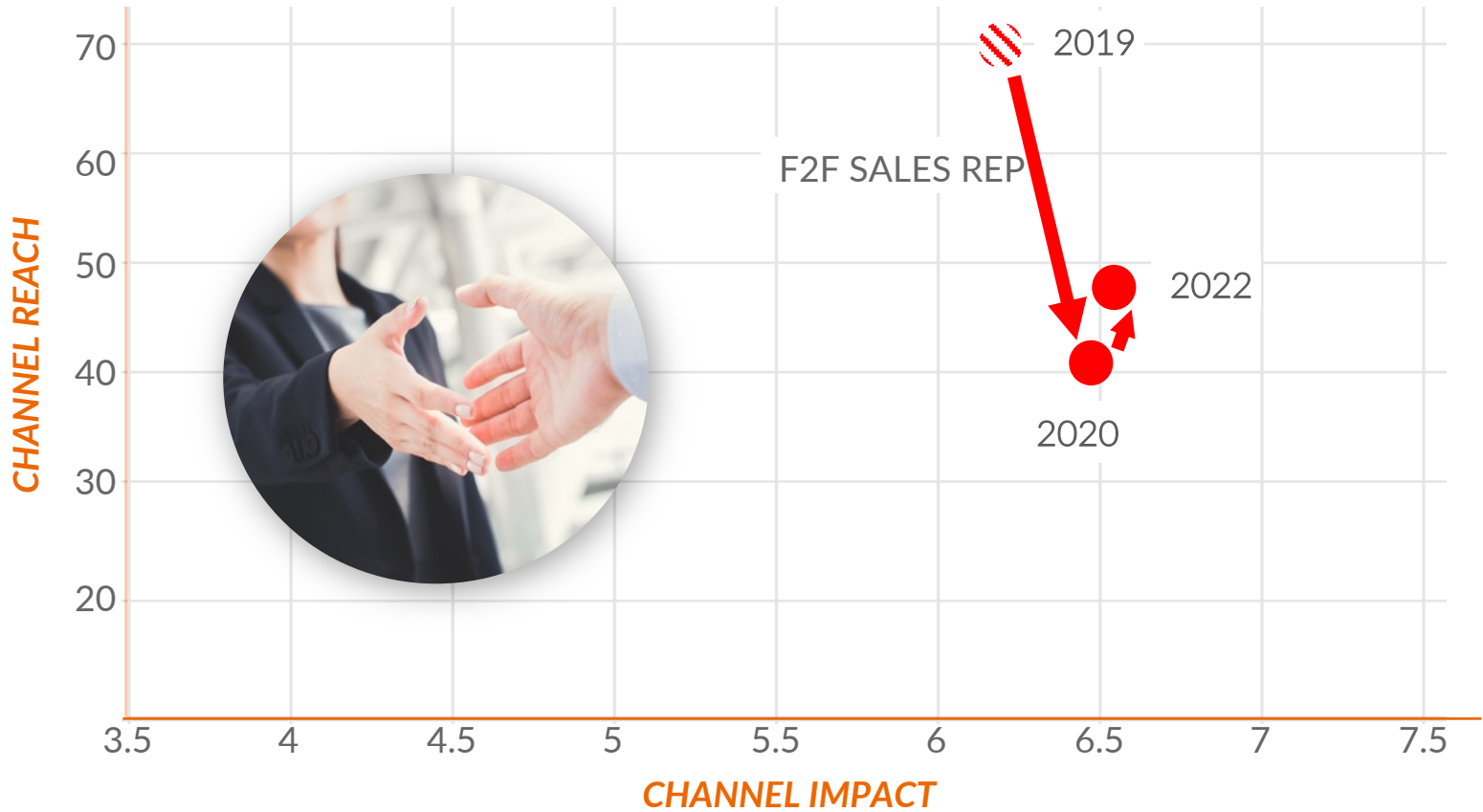


“Which channels have you encountered in the past 3 months?”

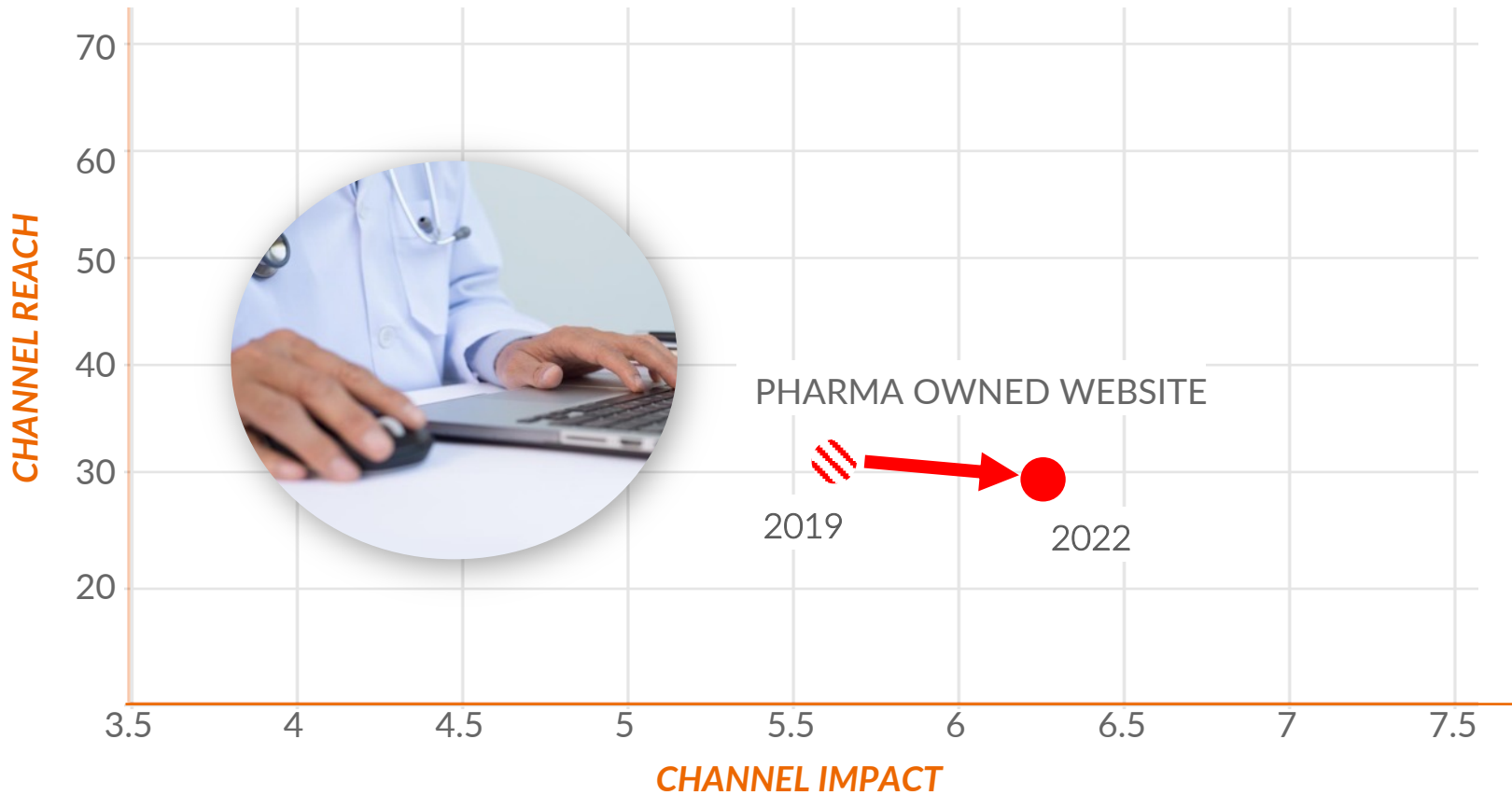


“To what extent do these channels influence your clinical decision making?”





Source: Navigator365™ EU5 Specialist 2019 (n=4104) 2022 (n=4010)

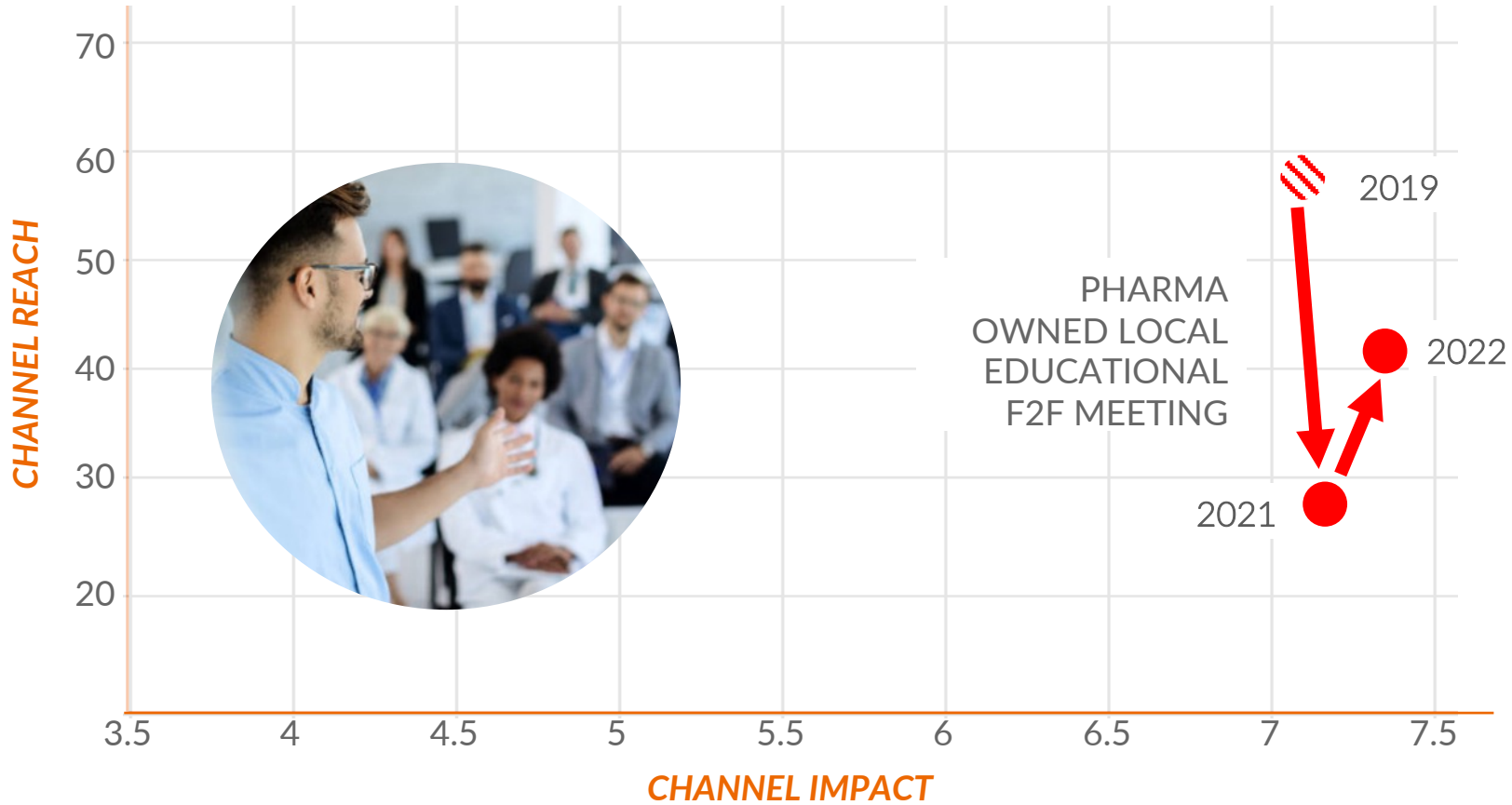


Source: Navigator365™ EU5 Specialist 2019 (n=4104) 2022 (n=4010)

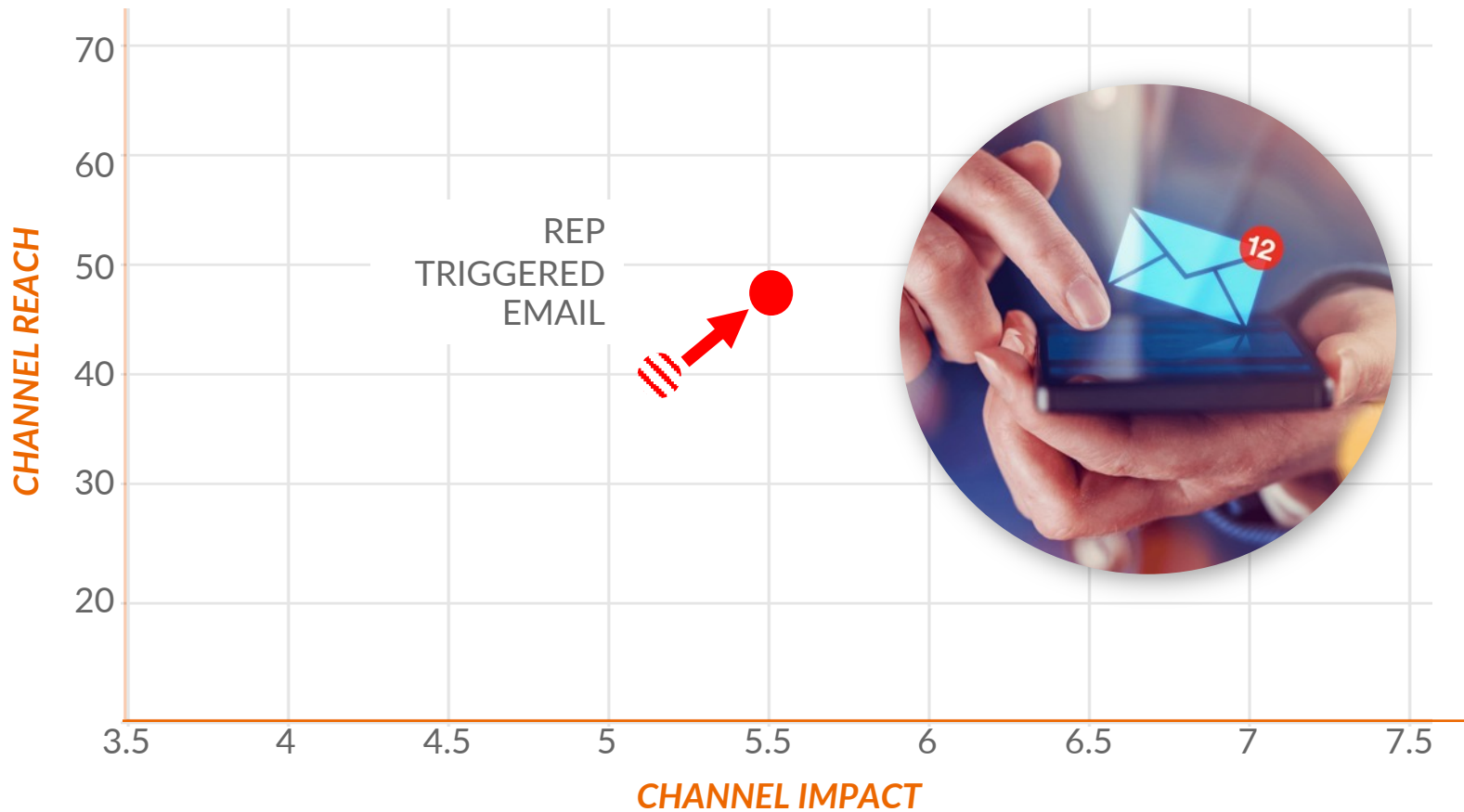
CHANNEL REACH



Source: Navigator365™ EU5 Specialist 2019 (n=4104) 2022 (n=4010)



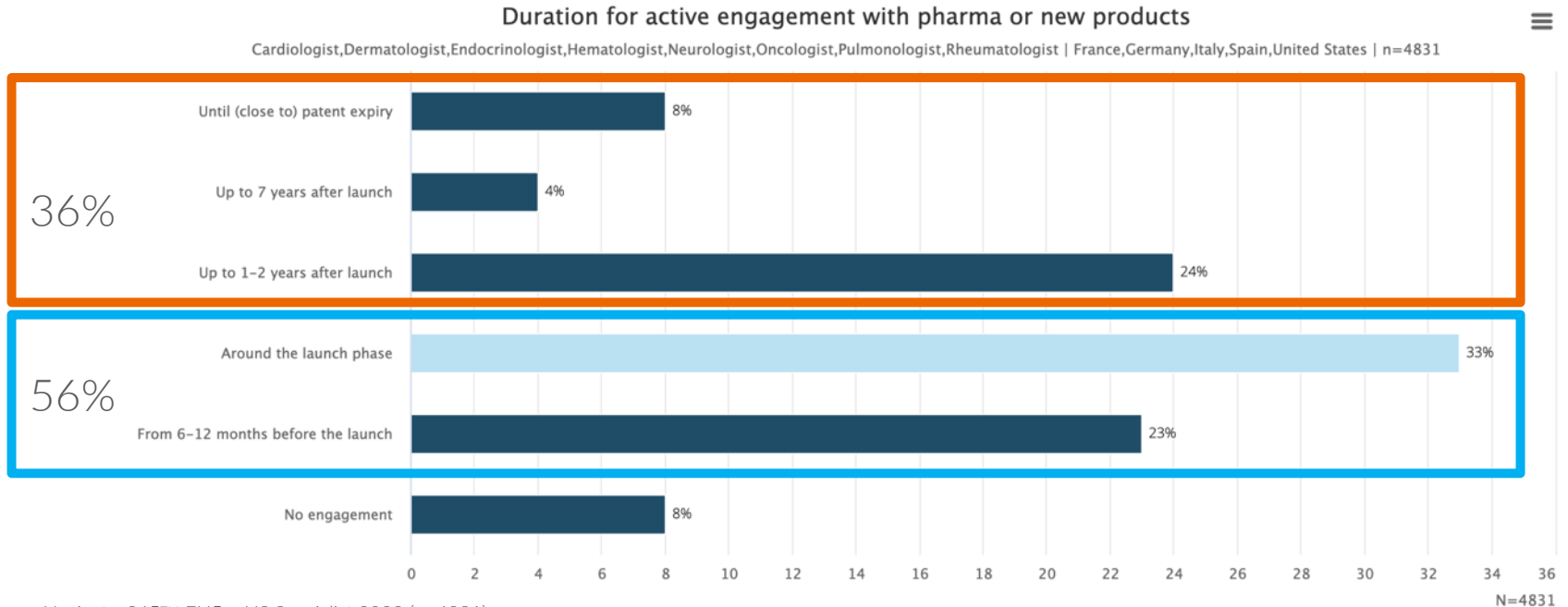
Source: Navigator365™ EU5 Specialist 2019 (n=4104) 2022 (n=4010)



Source: Navigator365™ EU5 Specialist 2019 (n=4104) 2022 (n=4010)

56% don't really care after launch; your success is shaped prior to the launch

For new products, how long do you want to actively engage with pharma companies (meetings, reps, MSL,...)?



Source: Navigator365™ EU5 + US Specialist 2022 (n=4831)



HCPs are experiencing
information overload

Exponential Medical Data

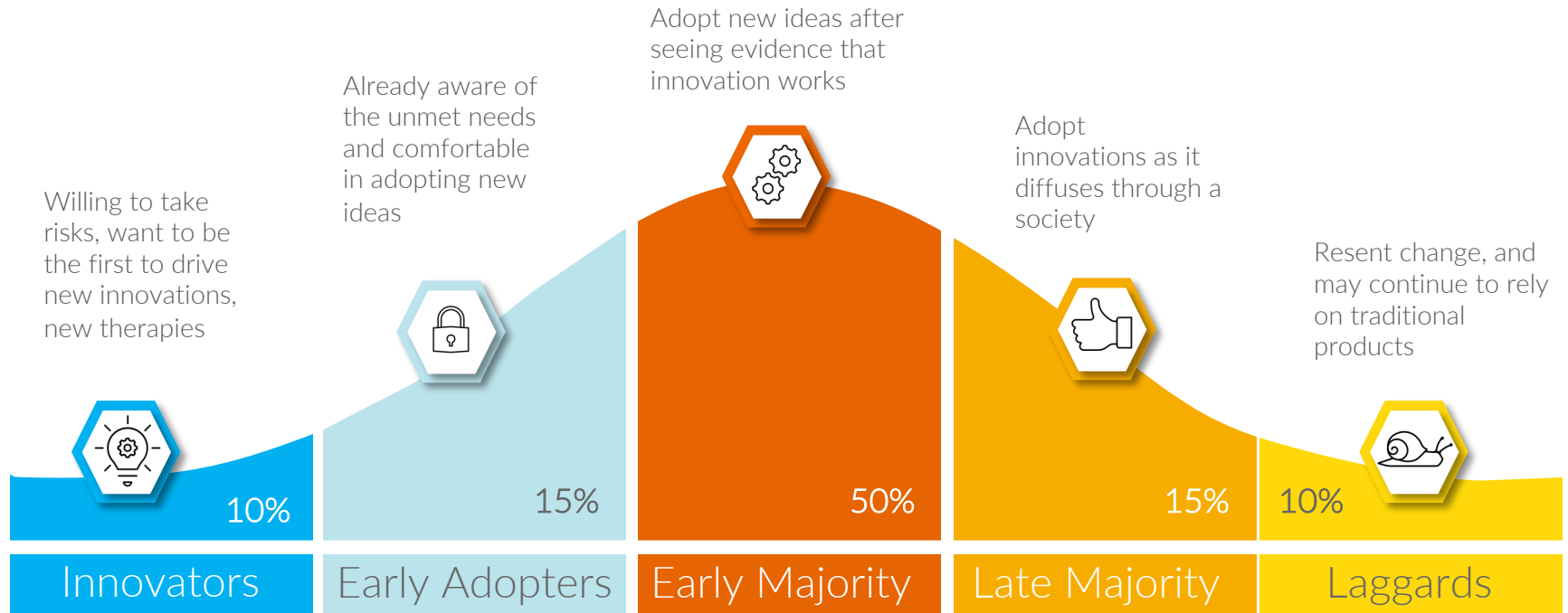
Medical knowledge is expanding faster than our ability to assimilate and apply it effectively.

The doubling time of medical knowledge in 1960 was 50 years; in 1980: 7 years; and in 2010: 3.5 years.

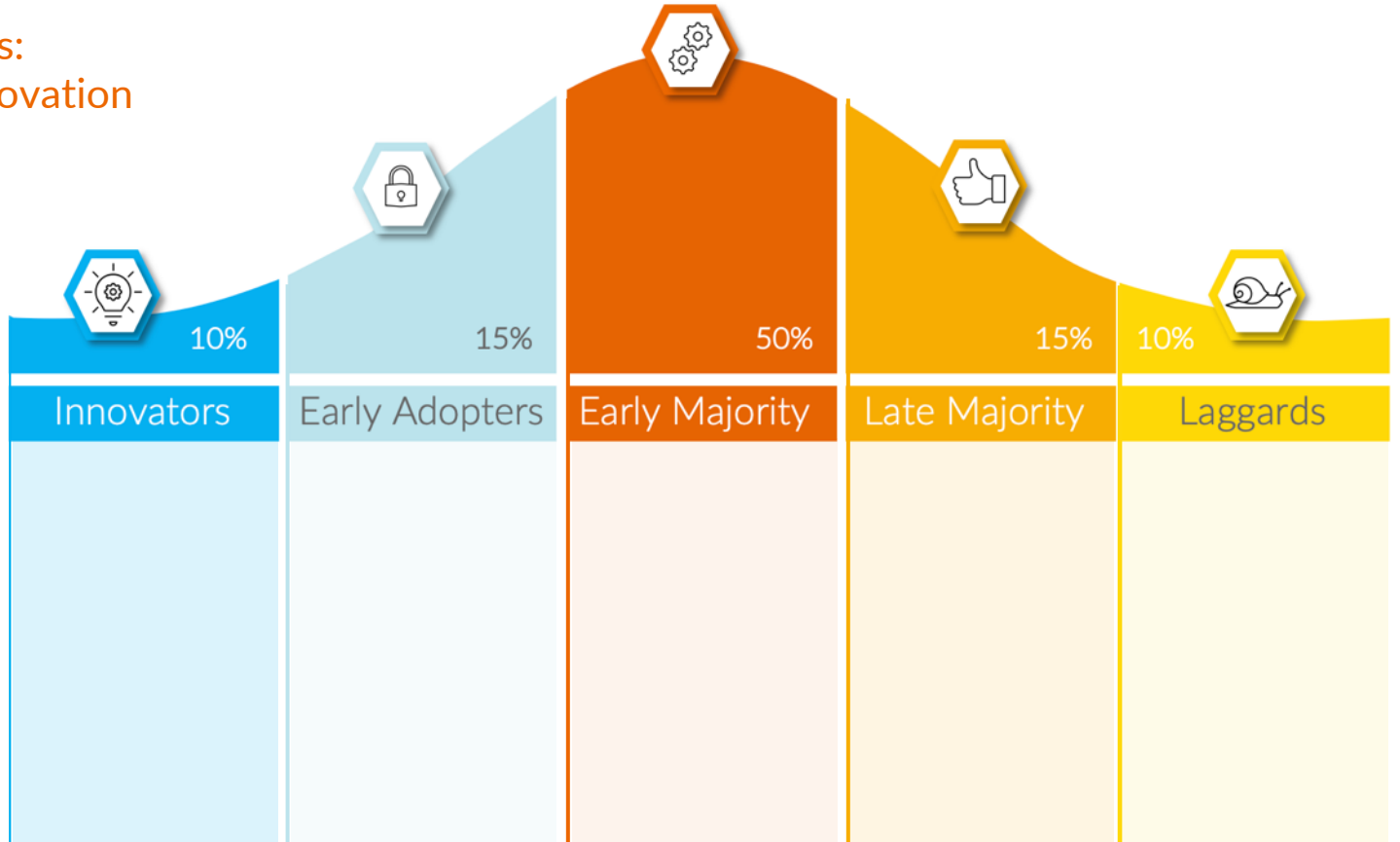
In 2020, it was projected to be just 73 days¹

1. Denson et al. Trans Am Clin Climatol Assoc. 2011; 122: 48-58

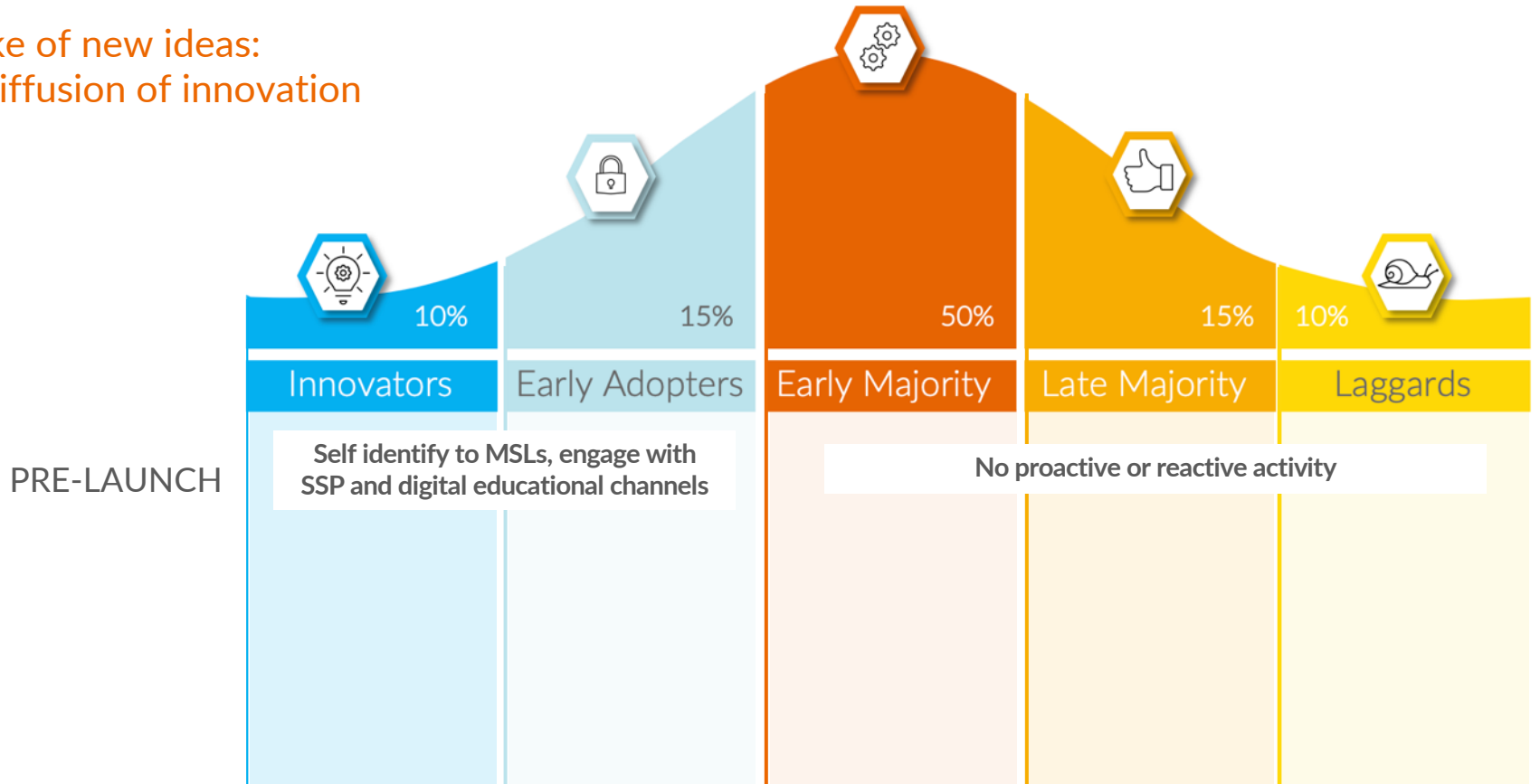
Uptake of new ideas – the diffusion of innovation



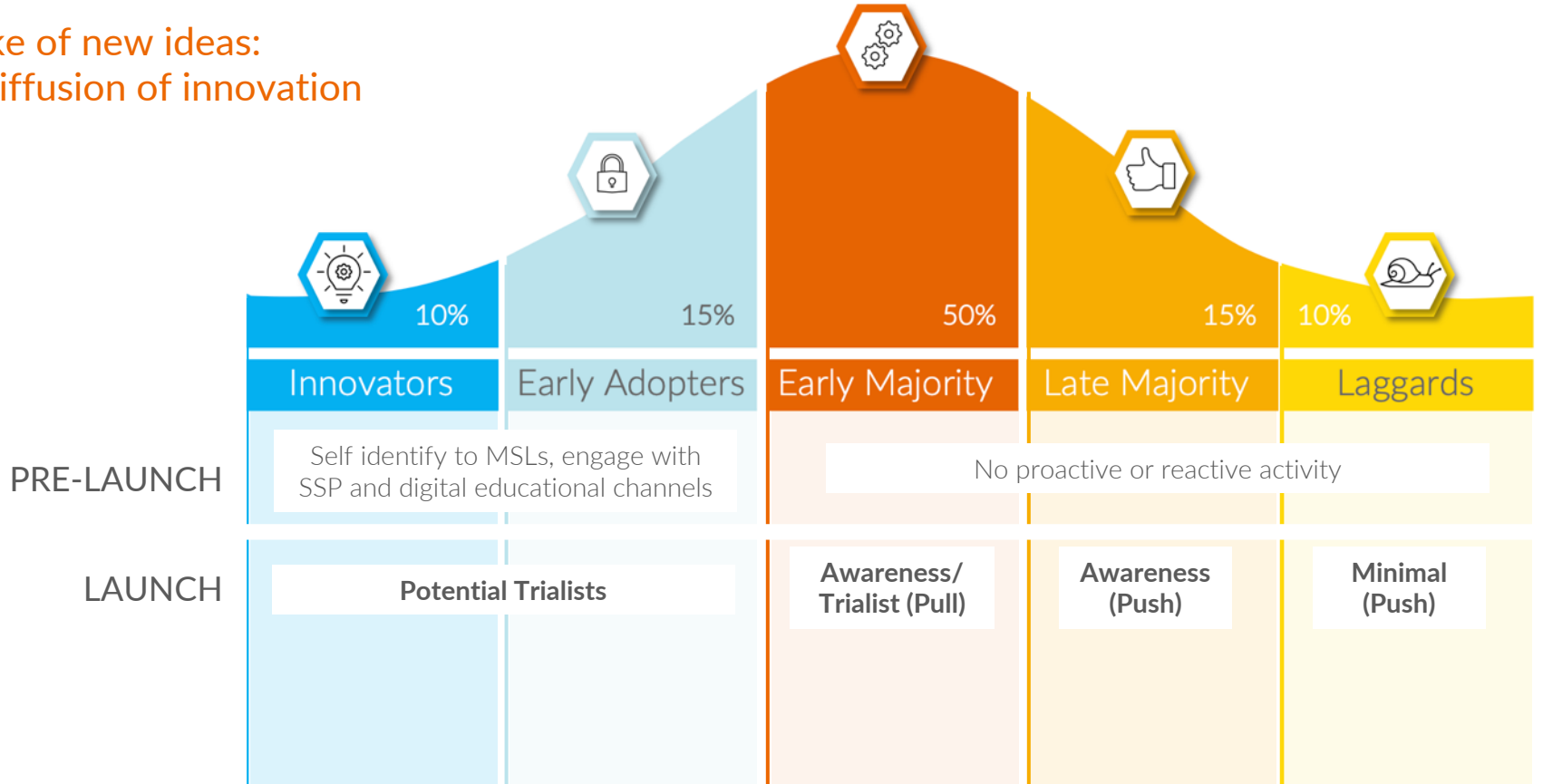
Uptake of new ideas: The diffusion of innovation



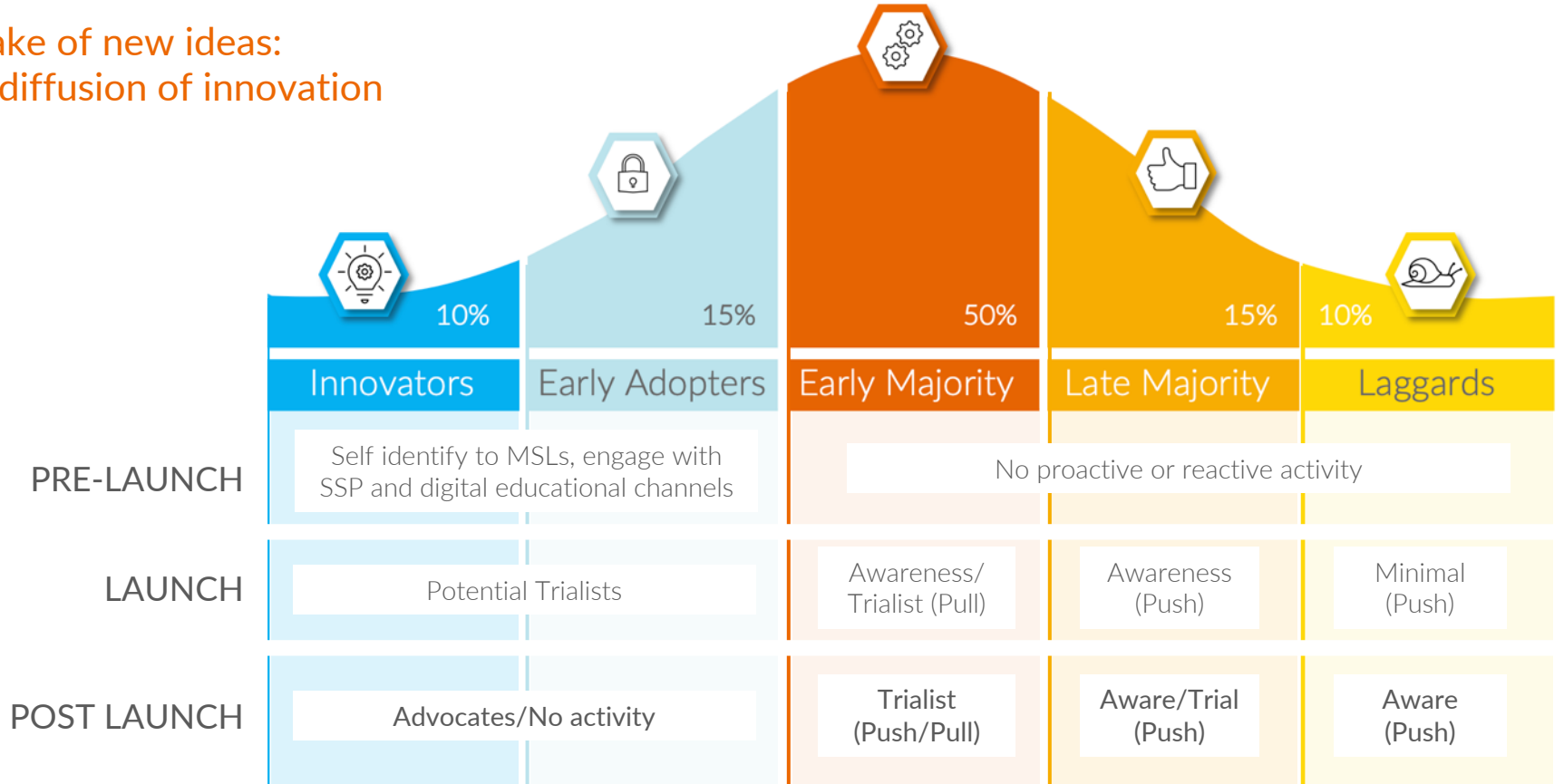
Uptake of new ideas: The diffusion of innovation



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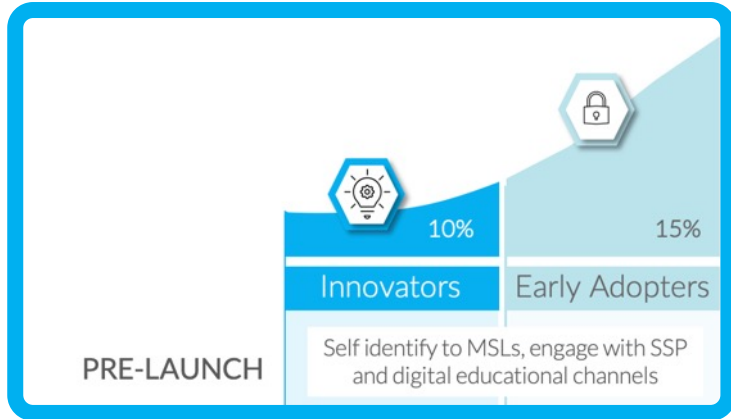


Uptake of new ideas: The diffusion of innovation



Forxiga DECLARE launches: Early engagement as an indicator for a successful launch

Early pre-launch engagement

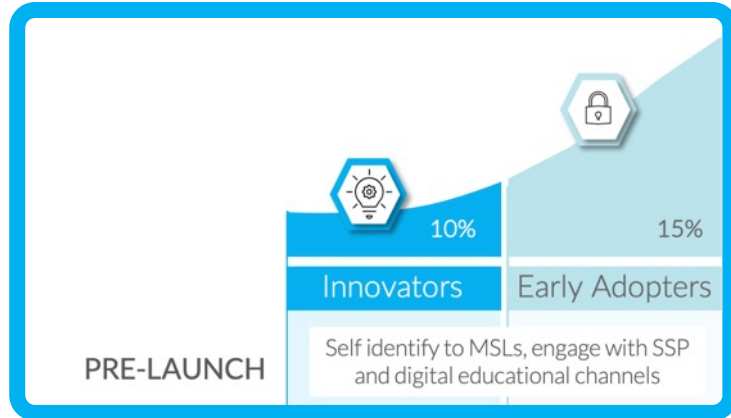


Source: IQVIA whitepaper; No More Surprises: Understanding Predictors of Launch Success

Forxiga DECLARE launches Pre-launch engagement early indicator to a successful launch

Early pre-launch engagement

Successful Launch



Measures of success

- High HCP awareness of DECLARE trial and associated data
- Increasing HCP willingness to recommend and prescribe the brand
- Strong Net Promoter Score (NPS)
- High channel mix and share of digital channels

Source: IQVIA whitepaper; No More Surprises: Understanding Predictors of Launch Success



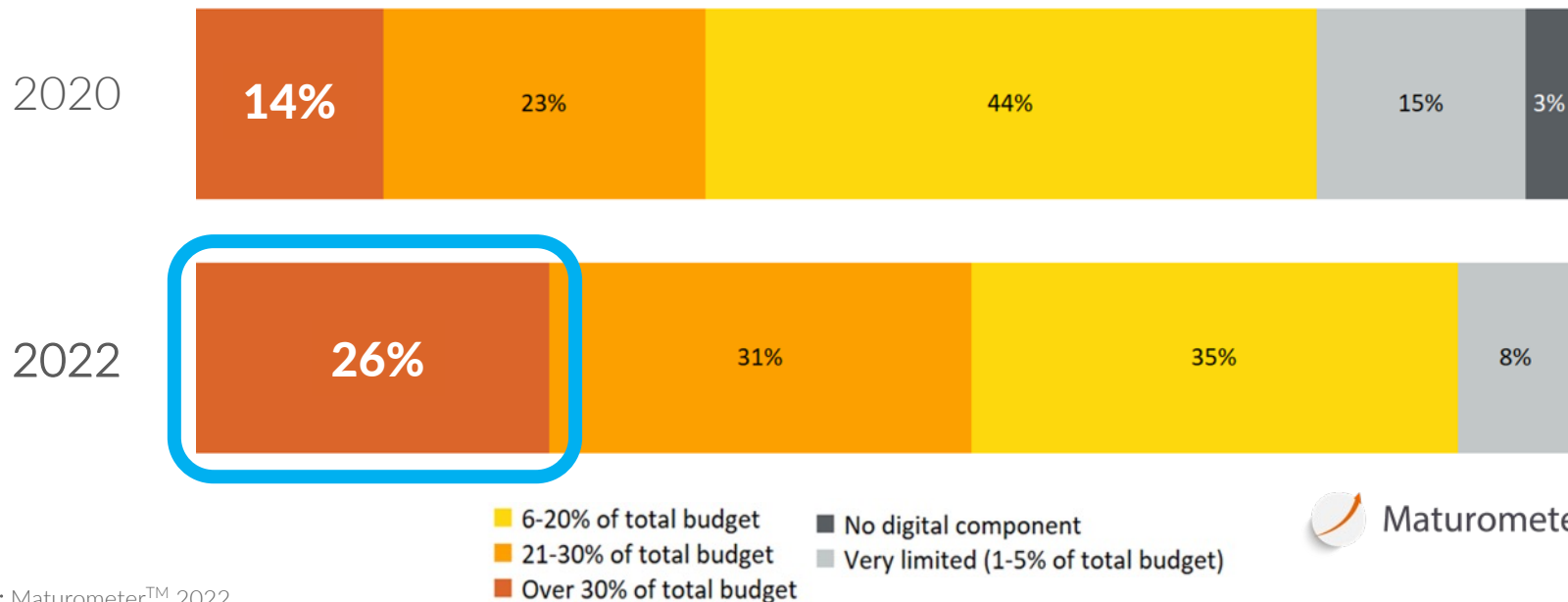
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Omnichannel specifics for the launch environment

The importance of digital at launch is widely recognized...

🗨️ How important is the digital component of your launch brands?

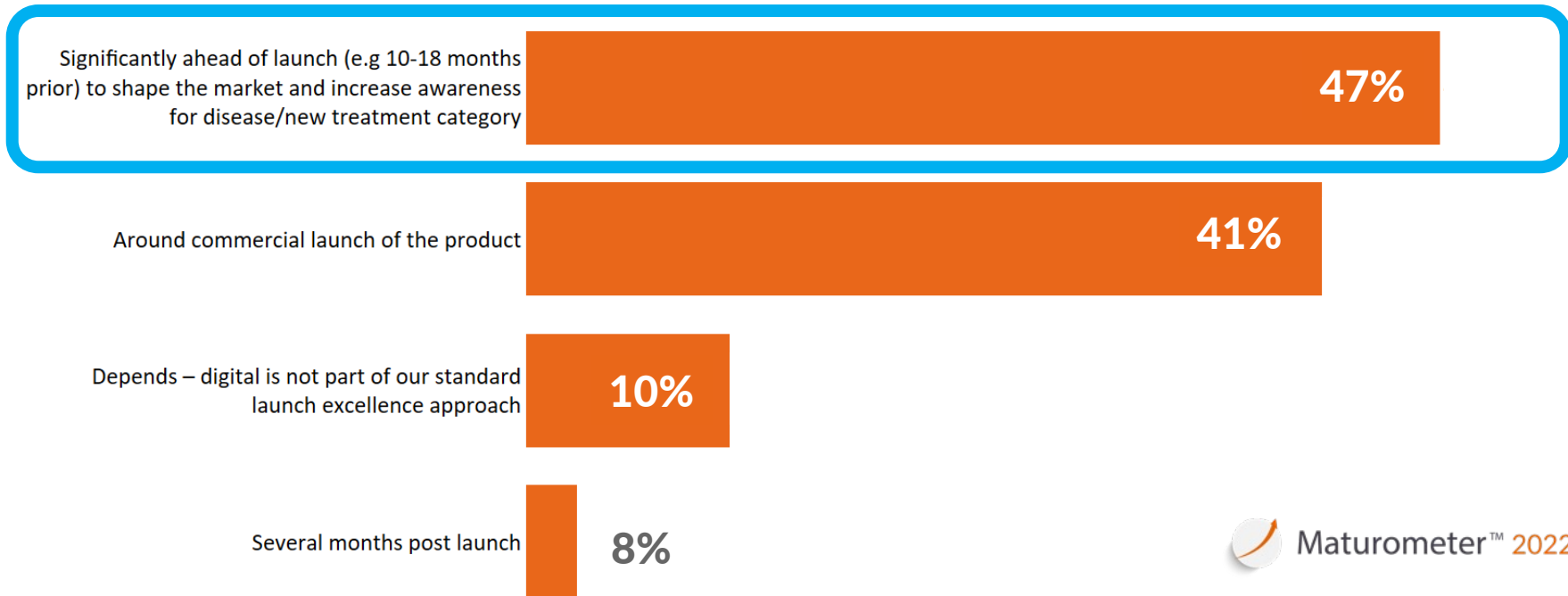


 Maturometer™ 2022

Source: Maturometer™ 2022

Despite the critical importance of prelaunch and the new stakeholder engagement environment, only 47% will start the digital activities early

Q: When does your company normally start with digital activities to support the launch of a product?

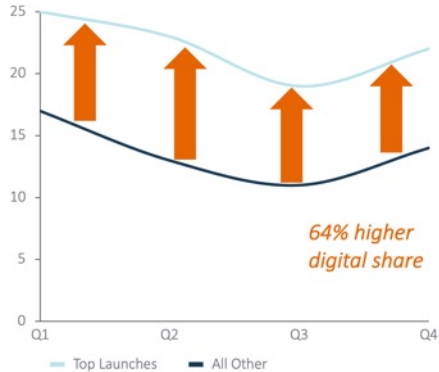


 Maturometer™ 2022

Source: Maturometer™ 2022, EU Biopharma, n=127

Importance of getting it right: now, more than ever before...

2009-17 “Digital PoP”

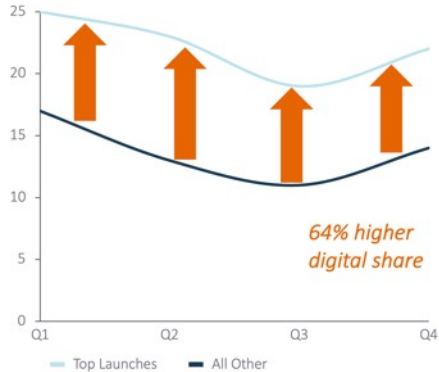


- 40% of 2009-2017 launches did not meet 2-year forecast (IQVIA)
- Importance of digital component proven

Mckinsey 2022: Developing pharmaceutical launch leaders and companywide capabilities at scale & Mckinsey 2021: Ready for launch: Reshaping pharma's strategy in the next normal

Importance of getting it right: now, more than ever before...

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2019-21 “Digital Only”

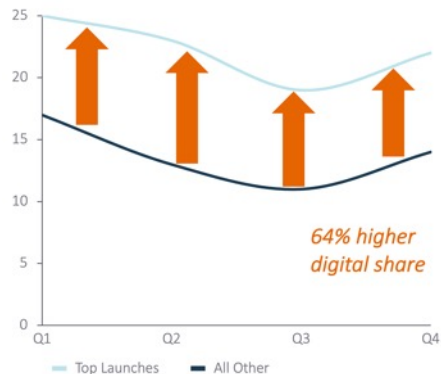
In 50 out of the 86 disrupted launches, companies lowered their expectations by more than 25%.



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2019-21 "Digital Only"

In 50 out of the 86 disrupted launches, companies lowered their expectations by more than 25%.

↓ \$ 25%

2022 - onwards 'Never Normal'



HCP access down



More first-launch companies or launches in new TAs



More multi-indication launches



Crowded markets



Healthcare data explosion



Patient access issues

Mckinsey 2022: Developing pharmaceutical launch leaders and companywide capabilities at scale & Mckinsey 2021: Ready for launch: Reshaping pharma's strategy in the next normal

Where can omnichannel efforts boost launch success rates?

2022 – onwards 'Never Normal'

OLE FIT

HOW?

 HCP access down	★★★★	Increase touchpoints, reduce time to critical frequency, increase customer centricity
 More first-launch companies or launches in new TAs	★★★	Boost data dissemination and disease awareness at prelaunch and prioritize prescribers at launch
 More multi-indication launches	★★★	Omnichannel mix can be tailored to the engagement needs for each indication (more/less F2F – more/less digital)
 Crowded markets	★★★	Dynamic targeting and omnichannel personalisation can create a competitive advantage
 Healthcare data explosion	—	Capturing health data is not a standard component of OCE
 Patient access issues	★★	Payers at different levels (national, regional, local) have a strong interest in omnichannel engagement



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O.L.E.: Best practice case study

OMNITOPE's Best in Class Launch: 2nd Gen ABC-1 Inhibitor



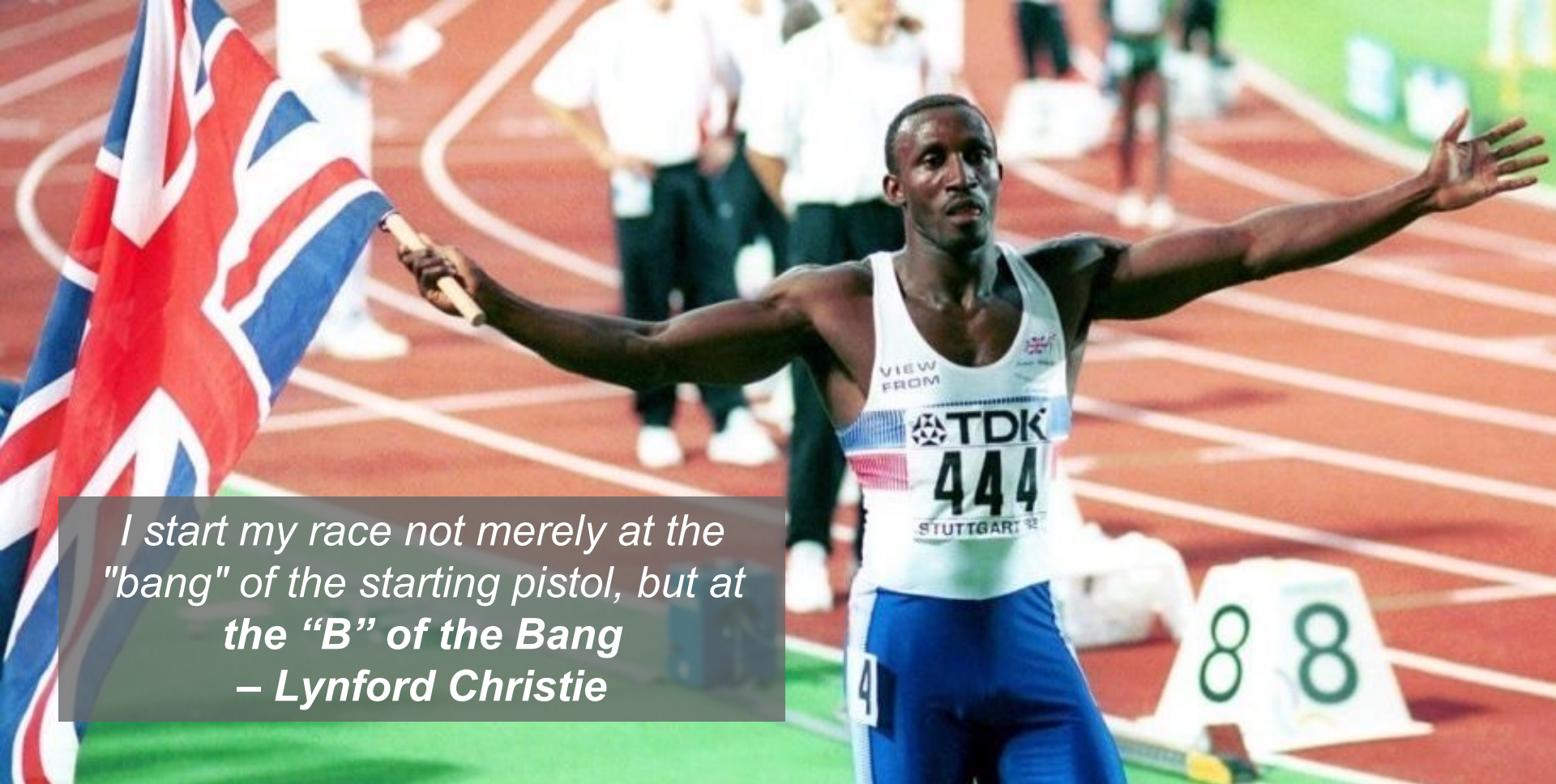
Tikrenbi: BIC selective ABC-1 inhibitor, indicated for the treatment of solid tumors in patients with a ABC-1 gene fusion



Challenges: mid-size company, small medical team, first oncology launch within company – little awareness of company throughout oncology community

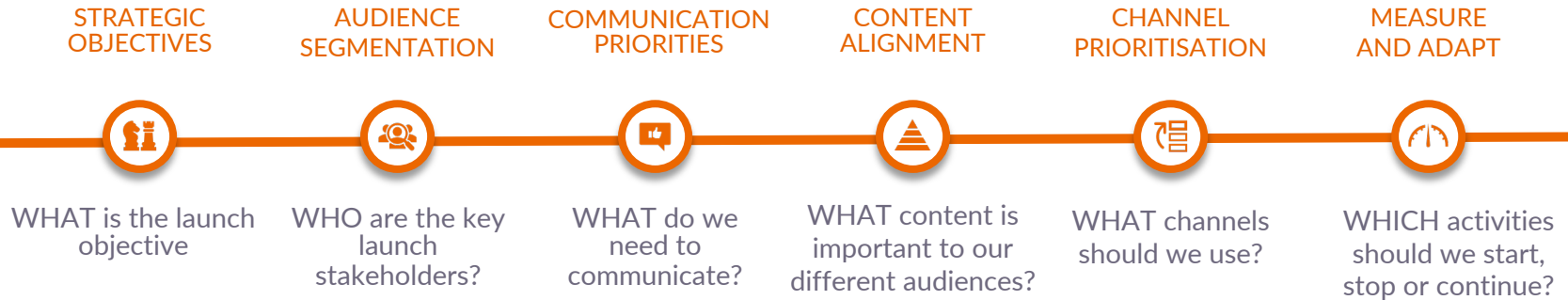


Accelerated FDA and EMEA approval based on Phase II data; coordinated US and EU4 + UK launch



*I start my race not merely at the "bang" of the starting pistol, but at the "B" of the Bang
– Lynford Christie*

Stepwise approach: Proven OLE success



STRATEGIC OBJECTIVES



WHAT is the launch objective

AUDIENCE SEGMENTATION



WHO are the key launch stakeholders?

COMMUNICATION PRIORITIES



WHAT do we need to communicate?

CONTENT ALIGNMENT



WHAT content is important to our different audiences?

CHANNEL PRIORITISATION



WHAT channels should we use?

MEASURE AND ADAPT



WHICH activities should we start, stop or continue?

What's the problem we are trying to solve?

From the perspective of the HCP or the patient?

- Awareness and understanding of basket trials to deliver robust clinical evidence in orphan disease/small populations
- Reinforce the role of ABC-1 inhibition across multiple tumor types
- Establish the importance of routine biomarker testing and raise awareness of testing infrastructure
- Engage with KOLs, societies and patient groups to establish OMNITOPE in the oncology community

From the perspective of the company?

- Elevate internal expertise and align on an integrated launch roadmap to ensure operational efficiencies and excellence

STRATEGIC OBJECTIVES



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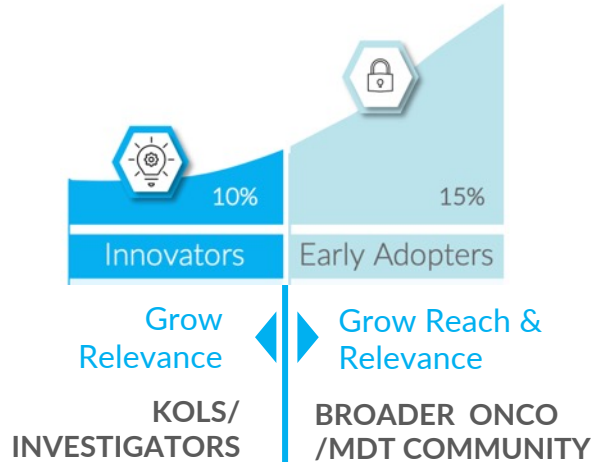


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STRATEGIC OBJECTIVES



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MEASURE AND ADAPT



WHICH activities should we start, stop or continue?

Increase Relevance and Impact for the Current Stakeholders

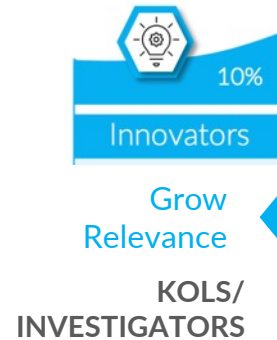
FROM

Field-only interactions supported by static content



TO

Enhance existing Field Medical engagement with digital based on persona & unmet need



STRATEGIC OBJECTIVES



WHAT is the launch objective

AUDIENCE SEGMENTATION



WHO are the key launch stakeholders?

COMMUNICATION PRIORITIES



WHAT do we need to communicate?

CONTENT ALIGNMENT



WHAT content is important to our different audiences?

CHANNEL PRIORITISATION

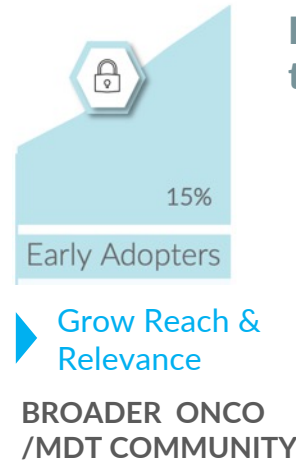


WHAT channels should we use?

MEASURE AND ADAPT



WHICH activities should we start, stop or continue?



Broaden Ability to Identify and Serve the Needs of NEW Stakeholders

Minimal Medical engagement



Data-led scientific exchange with a broader, prioritised set of key healthcare stakeholders, based on greatest unmet medical need + local market environment

STRATEGIC OBJECTIVES



WHAT is the launch objective

AUDIENCE SEGMENTATION



WHO are the key launch stakeholders?

COMMUNICATION PRIORITIES



WHAT do we need to communicate?

CONTENT ALIGNMENT



WHAT content is important to our different audiences?

CHANNEL PRIORITISATION



WHAT channels should we use?

MEASURE AND ADAPT



WHICH activities should we start, stop or continue?

“Content is King”

Bill Gates • 1996

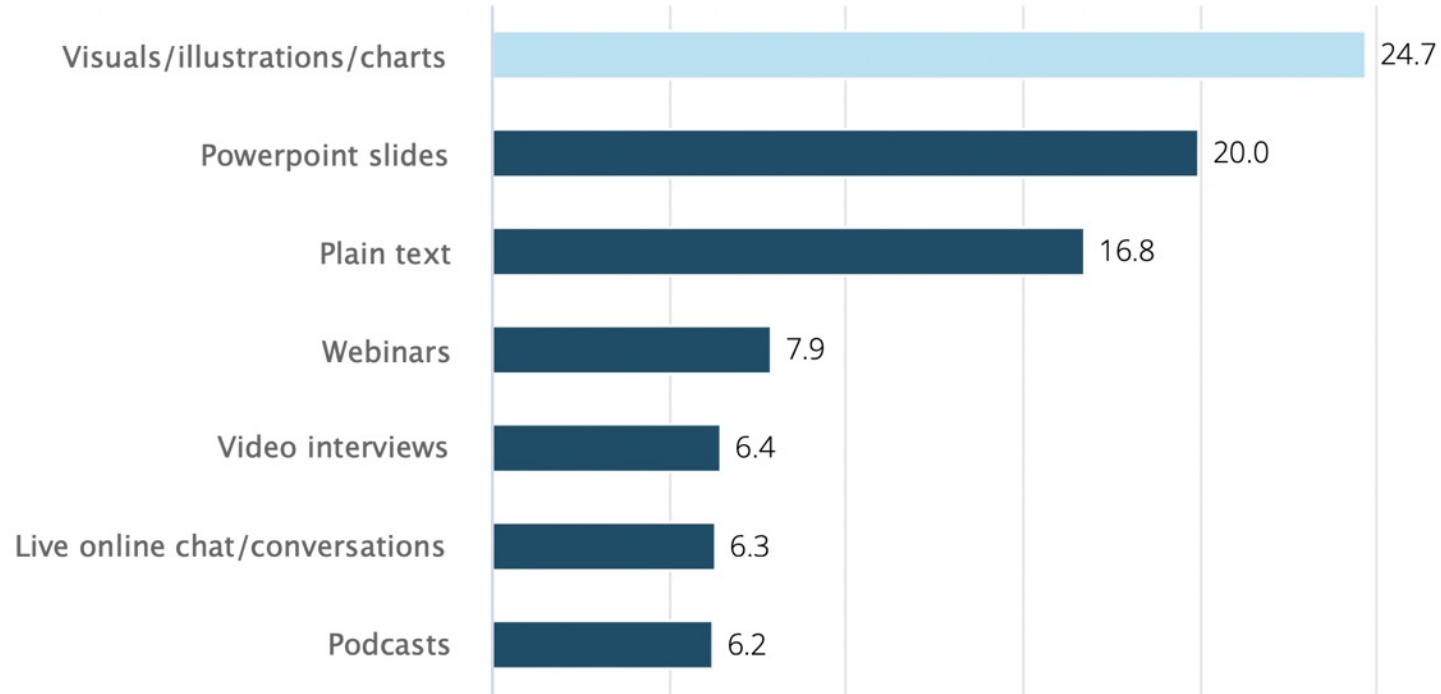


Scientific Platform sits at the core of all communications content



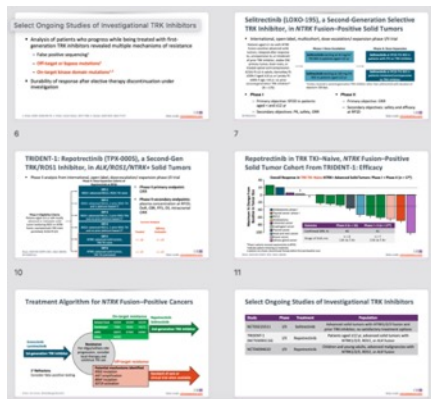
Compelling, differentiating,
consistent, and accurate story is
essential when multiple internal
stakeholders and external agencies
are involved

Time poor Physicians need easy to consume content

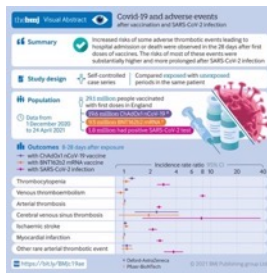


Preferred digital format (Source: Navigator365™ EU5 Specialists, Q3 2022, n=4010)

From traditional clinical outputs..... to easily consumed outputs



Plain Language Summary



Infographic



Web content



Podcast



Video

From

Papers and PPTs

To

Easily understood, content blocks aligned to personas and learning styles

Trial of Antisense Oligonucleotide Tofersen for SOD1 ALS

Timothy M. Miller, M.D., Ph.D., Merrit E. Cudkowicz, M.D., Angela Cengre, M.D., Pamela J. Shaw, M.B., B.S., M.D., Gen Sobue, M.D., Ph.D., Robert C. Buczelli, M.D., Ph.D., Adriano Chiò, M.D., Philip Van Damme, M.D., Ph.D., Albert C. Ludolph, M.D., Jonathan D. Glass, M.D., Jincy A. Andrews, M.D., Suma Babu, M.B., B.S., M.P.H., et al., for the VALOR and OLE Working Group*

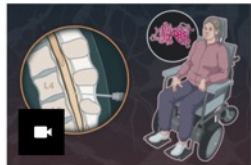
Abstract

BACKGROUND The intrathecally administered antisense oligonucleotide tofersen reduces synthesis of the superoxide dismutase 1 (SOD1) protein and is being studied in patients with amyotrophic lateral sclerosis (ALS) associated with mutations in SOD1 (SOD1 ALS).

METHODS In this phase 3 trial, we randomly assigned adults with SOD1 ALS in a 2:1 ratio to receive eight doses of tofersen (100 mg) or placebo over a period of 24 weeks. The primary end point was the change from baseline to week 28 in the total score on the ALS Functional Rating Scale–Revised (ALSFRS–R; range, 0 to 48, with higher scores indicating better function) among participants predicted to have faster-progressing disease. Secondary end points included changes in the total concentration of SOD1 protein in cerebrospinal fluid (CSF), in the concentration of neurofilament light chains in plasma, in slow-viral capacity, and in handhold

September 22, 2022
N Engl J Med 2022; 387:1099-1110
DOI: 10.1056/NEJMoa2204705

Print Subscriber? Activate your online access.



QUICK TAKE VIDEO SUMMARY

Tofersen for SOD1 ALS

02:18

and of neurofilament light chains in plasma over 28 weeks but did not improve clinical end points and was associated with adverse events. The potential effects of earlier as compared with delayed initiation of tofersen are being further evaluated in the extension phase. (Funded by Biogen; VALOR and OLE ClinicalTrials.gov numbers, NCT02623699 and NCT03070139; EudraCT numbers, 2015-004098-33 and 2016-003225-41.)

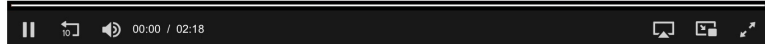
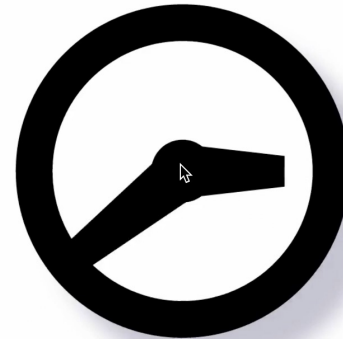


QUICK TAKE VIDEO SUMMARY

Tofersen for SOD1 ALS

02:18

NEJM



ENGOT-EN6/GOG-3031/NSGO-RUBY: A Phase 3, Randomized, Double-Blind, Multicenter Study of Dostarlimab + Carboplatin–Paclitaxel Versus Placebo + Carboplatin–Paclitaxel in Recurrent or Primary Advanced Endometrial Cancer

Mansoor R. Mirza,¹ Robert L. Coleman,² Lars C. Hankaer,³ Brian Slomovitz,⁴ Giorgio Valabrega,⁵ Ellie Im,⁶ Monica Walker,⁶ Wei Guo,⁶ Matthew Powell⁷

¹Nordic Society of Gynecological Oncology - Clinical Trials Unit (NSGO-CTU), Copenhagen, Denmark and Department of Oncology, Rigshospitalet, Copenhagen University Hospital, Copenhagen, Denmark; ²US Oncology Research Gynecologic Oncology, McKesson, The Woodlands, TX, USA; ³Arbeitsgemeinschaft Gynäkologische Onkologie (AGO), University Hospital Schleswig-Holstein, Campus Lübeck, Lübeck, Germany; ⁴Grünstadt Gynecological Cancer Center, University of Miami Health Center, Miami, FL, USA; ⁵Multicenter Italian Trials in Gynecologic Cancer (MITG), University of Torino School of Medicine, Candiolo Cancer Institute, ICCS, Fondazione del Piemonte per l'Oncologia (FPO), Candiolo, Italy; ⁶Massachusetts General Hospital, Boston, MA, USA; ⁷Washington University School of Medicine in St. Louis, St. Louis, MO, USA

Mechanism of action



- Dostarlimab (TSR-042) is an anti-programmed cell death (PD)-1 humanized monoclonal antibody that binds to PD-1 and effectively blocks the interaction with the PD-1 ligands 1 and 2 (PD-L1 and PD-L2)
- Dostarlimab has demonstrated antitumor activity, with an objective response rate of 42%, as well as an acceptable safety profile in patients with recurrent or advanced DNA mismatch repair deficient (dMMR) endometrial cancer (EC) in the GARNET trial

The RUBY trial



- RUBY is a registrational trial designed to evaluate the efficacy and safety of dostarlimab in combination with carboplatin–paclitaxel in recurrent or primary advanced EC compared with carboplatin–paclitaxel alone
 - Clinical Trial Number: [NCT03981796](https://clinicaltrials.gov/ct2/show/study/NCT03981796)
- This trial is part of an international collaboration of ENGOT and the GOG Foundation
- Enrollment is ongoing
 - 139 patients have been randomized as of May 1, 2020
 - Expected primary readout is late 2021

Patients



- Patients with recurrent or primary advanced EC are eligible
- All histologies (including carcinosarcoma) are eligible

Key Inclusion Criteria



- Female
- Aged ≥18 years
- Historically or cytologically proven EC that is first recurrent or primary advanced (FIGO stage III or IV at diagnosis)
- Patient is able to provide a tumor sample for MMR status test
- ECOG score of 0 or 1
- Adequate organ function

Key Exclusion Criteria

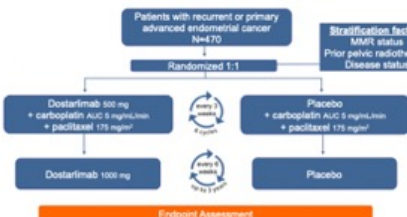


- Patients with primary advanced disease must not have received prior adjuvant or neoadjuvant chemotherapy
- Patients with disease recurrence <6 months after completing chemotherapy
- >1 disease recurrence
- Prior therapy with an anti-PD-1, anti-PD-L1, or anti-PD-L2 agent
- Concomitant malignancies within the last 3 years
- Uncontrolled CNS metastases
- Immunocompromised/alloimmune disease

WHO performance grade 0-2; ECOG Eastern Cooperative Oncology Group; FIGO International Federation of Gynecology and Obstetrics; MMR/MSI mismatch repair; PD-1 programmed cell death-1; PD-L1 programmed death ligand 1; PD-L2 programmed death ligand 2.

Trial design

- Enrolled patients will be randomized 1:1 to treatment arms



AUC/m² over the course; dMMR/MSI mismatch repair; MMR/mismatch repair; QTR every 3 weeks; QTR every 6 weeks.

Primary Endpoint

- Compare investigator-assessed progression-free survival (PFS) per Response Evaluation Criteria in Solid Tumors (RECIST) v1.1
- Testing will be performed in
 - All randomized patients (intent to treat [ITT])
 - Patients with ≥ 1 recurrent or primary advanced EC

Secondary Endpoints

- PFS by blinded independent central review
- OS

Safety Assessment

- All adverse events (AEs) will be assessed for intensity according to Common Terminology Criteria for Adverse Events (CTCAE) v4.03



Enrolling sites

- Patients can be enrolled from the following countries



References

1. Im E, et al. *J Clin Oncol*. 2019;37(28):218-224.
2. Mirza MR, et al. *J Clin Oncol*. 2020;38(26):2909-2918.
3. Mirza MR, et al. *Lancet Oncol*. 2020;21(10):1247-1251.
4. Poretsky RL, et al. *Genet Test*. 2004;10(2):153-158.
5. Im E, et al. *J Clin Oncol*. 2019;37(28):218-224.
6. Im E, et al. *J Clin Oncol*. 2019;37(28):218-224.

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Mansoor Raza Mirza@regionh.dk



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Presented at the American Society of Clinical Oncology (ASCO) Congress, May 29–31, 2020.

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GSK Scientific Congress Presentations

The RUBY trial

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Download image

Trial design

- Enrolled patients will be randomized 1:1 to treatment arms

Patients with recurrent or primary advanced endometrial cancer
N=432

Statistical significance
Prior advanced endometrial cancer
Primary advanced endometrial cancer

Enrolling sites

ENGOT-EN6/GOG-3031/NSGO-RUBY: A Phase 3, Randomized, Double-Blind, Multicenter Study of Dostarlimab + Carboplatin–Paclitaxel Versus Placebo + Carboplatin–Paclitaxel in Recurrent or Primary Advanced Endometrial Cancer

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SOUNDCLOUD

Plain Language Summary of ENGOT-EN6/GOG-3031/NSGO-RUBY: A Phase 3, Randomized, Double-Blind, Multicenter Study of Dostarlimab + Carboplatin–Paclitaxel Versus Placebo + Carboplatin–Paclitaxel in Recurrent or Primary Advanced Endometrial Cancer

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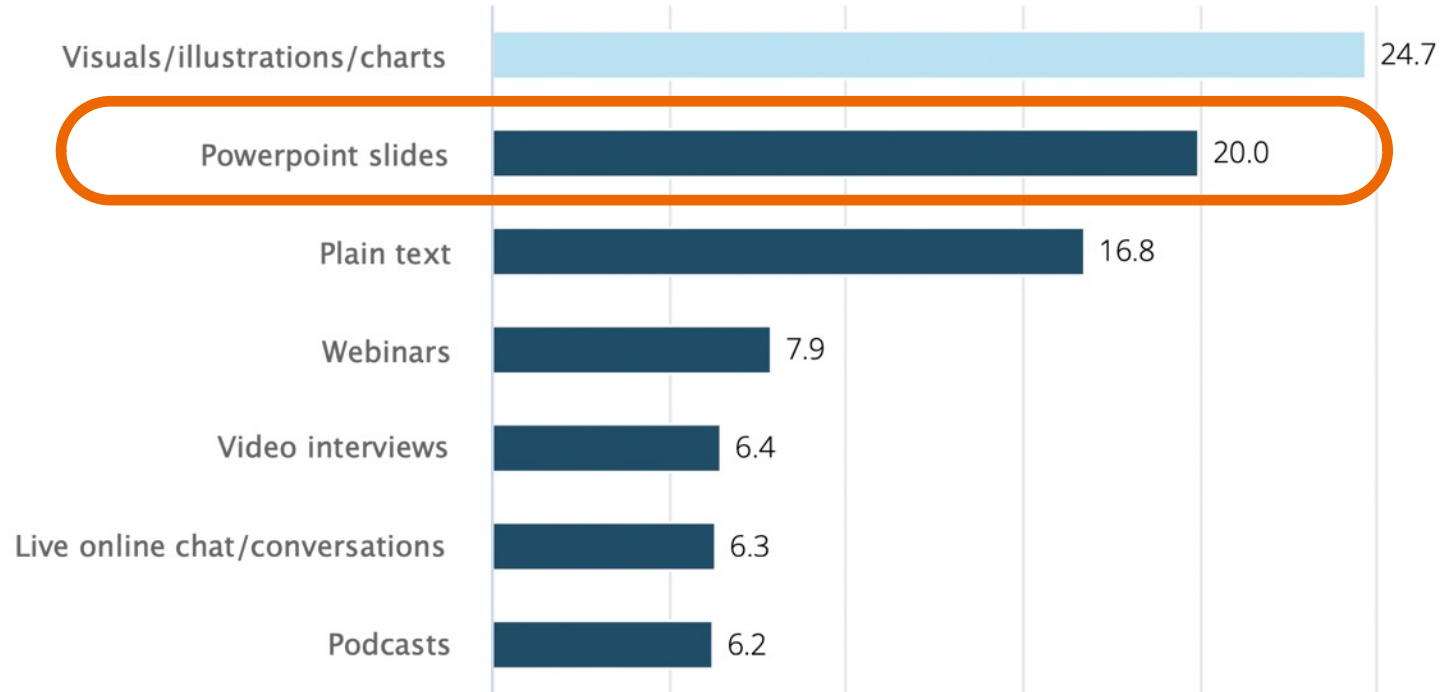
- General information about this study
- Which patients can enroll?
- Why is this study being done?
- How will the trial be conducted?
- What medicine is being tested?
- Where can I find more information?

General information about this study

Full scientific title:

A Study of Dostarlimab (GOG-3031/EN6) Plus Carboplatin, Paclitaxel, and Placebo

Time poor Physicians need easy to consume content



Preferred digital format (Source: Navigator365™ EU5 Specialists, Q3 2022, n=4010)



STRATEGIC OBJECTIVES



WHAT is the launch objective

AUDIENCE SEGMENTATION



WHO are the key launch stakeholders?

COMMUNICATION PRIORITIES



WHAT do we need to communicate?

CONTENT ALIGNMENT



WHAT content is important to our different audiences?

CHANNEL PRIORITISATION



WHAT channels should we use?

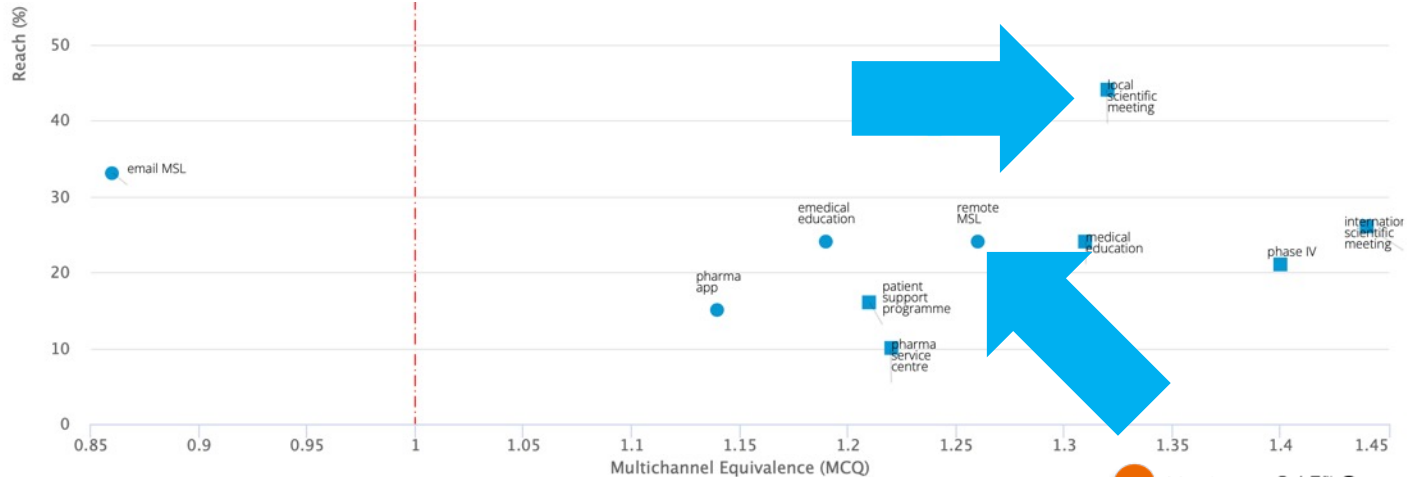
MEASURE AND ADAPT



WHICH activities should we start, stop or continue?

Navigator365™

Your compass for omnichannel customer engagement in life sciences

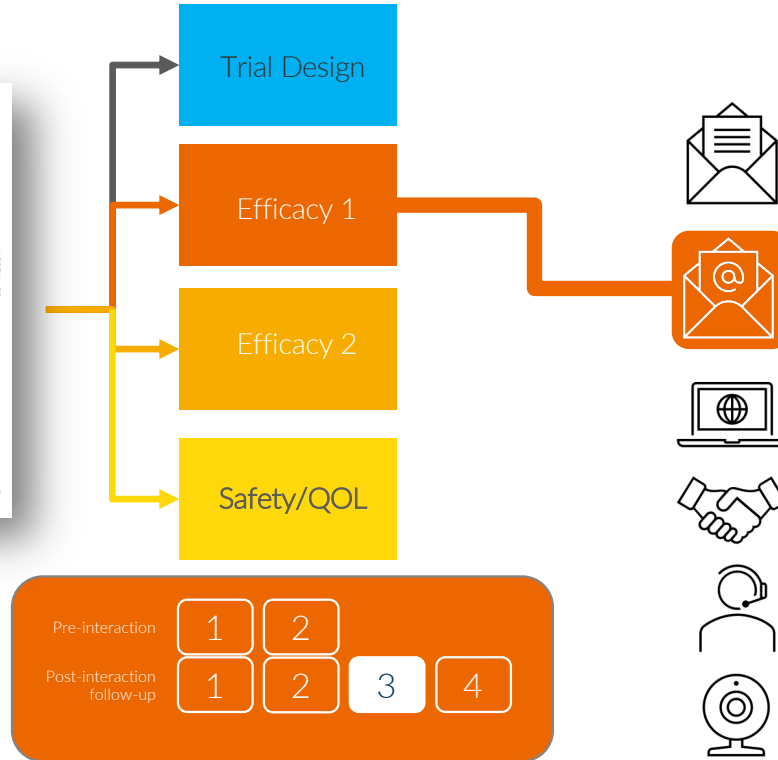


 Navigator365™ Core

MSL Orchestrated Engagement



Channel agnostic content for MSLs to use for both reactive and proactive communication



Channel selection, time, frequency all chosen by MSL dependent on HCP's preferences and persona

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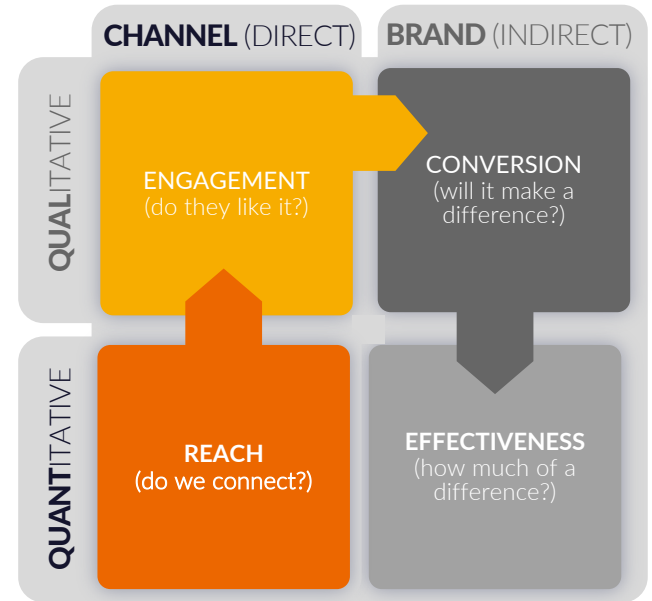


WHAT channels should we use?

MEASURE AND ADAPT

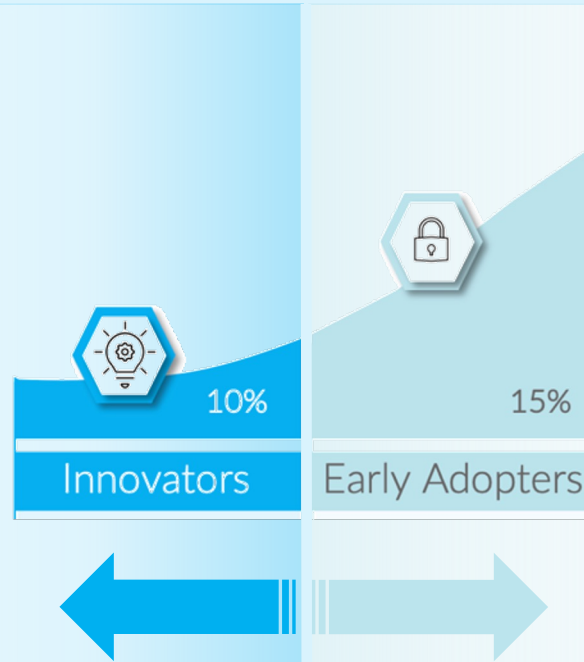


WHICH activities should we start, stop or continue?



THE B OF THE BANG: Pre-Launch readiness for KOLS and wider HCPs

More engaged, primed group of KOL and DOL advocates



- Increased opt-in across wide MDT HCPs
- Appropriate Medical insights to drive commercial plan:
 - Challenges and bottlenecks which need to be solved at launch to improve patient outcomes
 - Understanding of HCP educational needs and behaviours to formulate segmentation

THE B OF THE BANG : Pre-Launch readiness for the company



- **Global to local roll-out plans** to ensure efficiency
- **Commercial and Medical aligned omnichannel plan**
- **Clear roles and responsibilities** across channel and content plan
- Medical identified **critical issues and bottlenecks**



ACROSS
HEALTH

a precision value & health team

Omnichannel Launch Excellence common myths and mistakes

GIVE ME SIX HOURS TO CHOP DOWN A TREE AND
I WILL SPEND THE FIRST FOUR SHARPENING THE AXE

- ABRAHAM LINCOLN

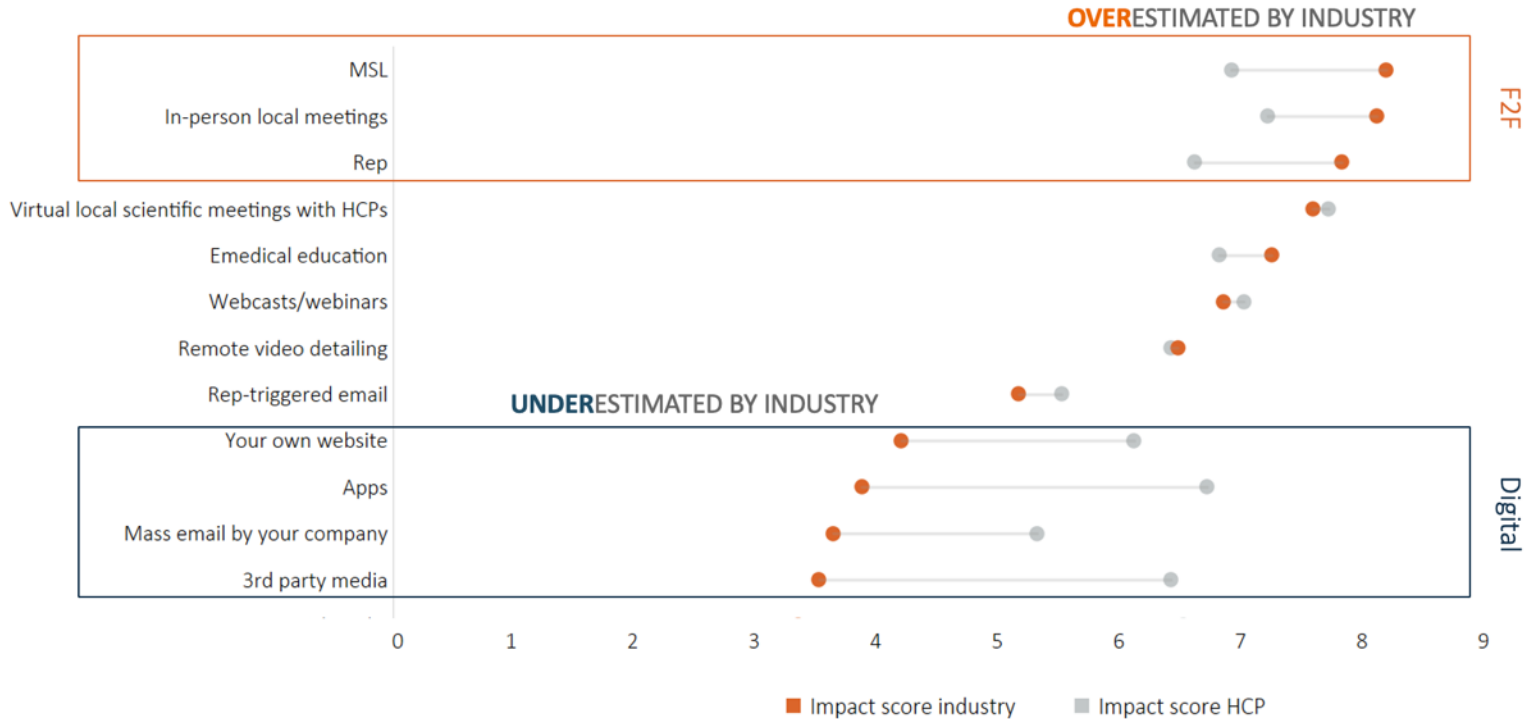


Tactics without
strategy is the noise
before defeat

- Sun Tzu



In gut we trust...



Source: Navigator365™ Core, EU Specialists 2021 (n=4661) & Matuometer™ 2022, EU Biopharma (n=127)

hello?

MARKETING

MEDICAL

hello?

It's **not** about...
Innovation for
innovation'
sake

*Try to avoid the
shiny objects*



Vanity metrics only tell you part of the story



OR
CTR/CTOR
Number of delegates/attendees
Time on site

NPS of brand and company
CES
Open rate by HCP persona by subject line/content type
NPS by persona
Customer satisfaction score by segment and persona
Channel preference by segment
Intent to prescribe/refer/test
Download rate by personas
NPS per sales territory
Application of content to clinical practice by segment/persona

Digital Transformation is
about investing in

the people (the HEART)

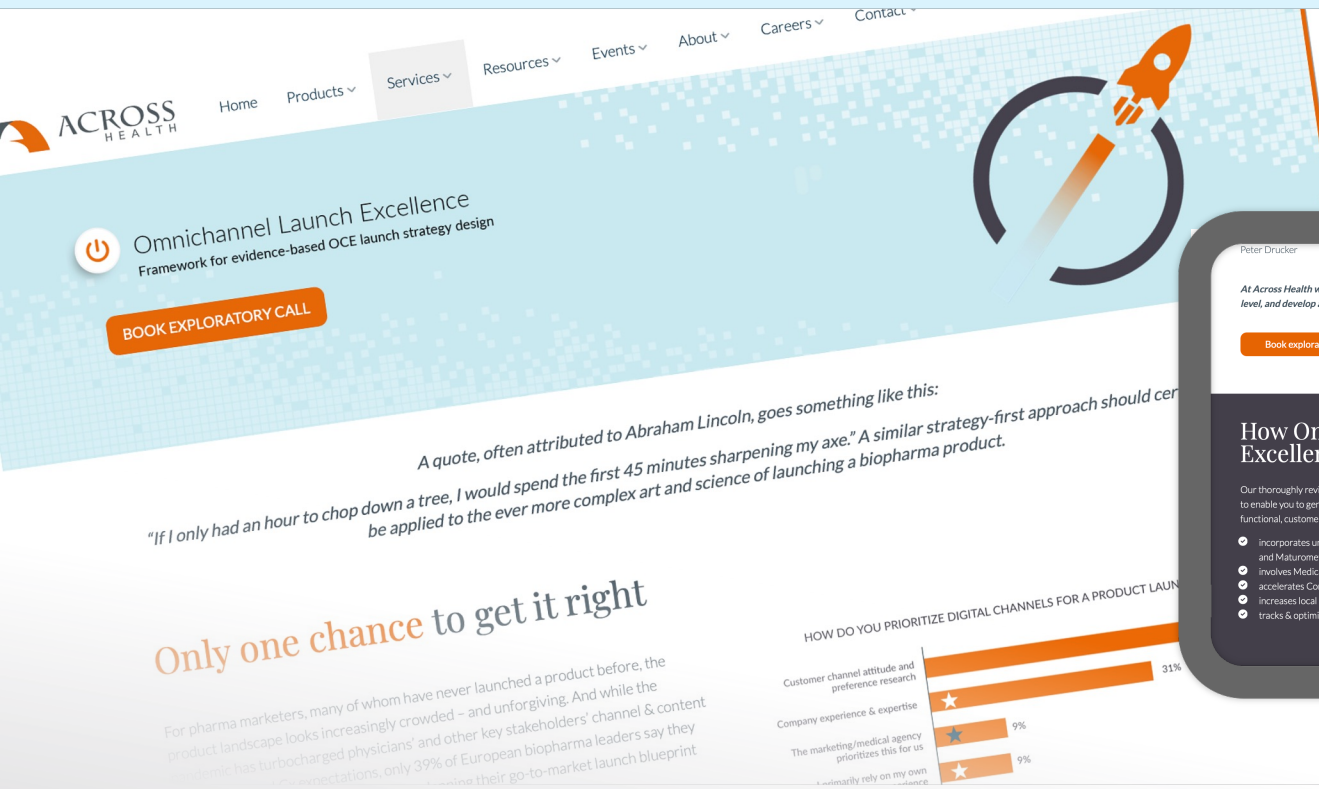
AND
the technology (the HARD)

The biggest risk
you can take
is not taking one

(ROI vs. COI)

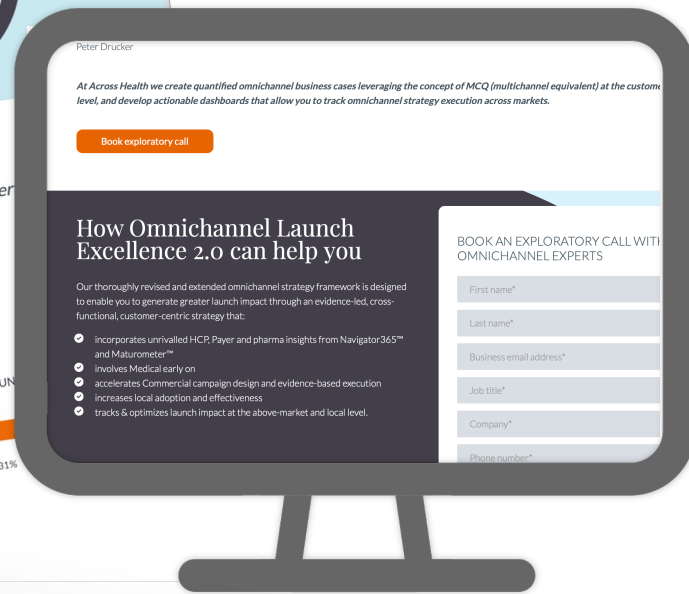
COST OF IGNORING

Across Health framework: Omnichannel Launch Excellence 2.0



Check out our website

[across.health/
omnichannel-launch-excellence](https://across.health/omnichannel-launch-excellence)



Good luck with your launch!

Want to learn more?
Pick up the phone
or drop us an email

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+44 7480 373735



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UPCOMING WEBINAR

Want to know the best way to engage with your Payer audience?

WEBINAR - WED 16/11



5. Omnichannel for Payers: A big opportunity for pharma

WED 16/11 - 16:00



Webinar

Omnichannel for Payers: A big opportunity for pharma

16/11

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PAST EVENTS

PAST EVENTS & RECORDED WEBINARS

<p>22/09/2022</p> <p>5. Omnichannel maturity: what's the industry up to? (Maturometer 2022)</p> <p>Webinar</p> <p>Omnichannel maturity: what's the industry up to (Maturometer 2022)?</p>	<p>11/07/2022</p> <p>Post-COVID Omnichannel HCP engagement in Romania - key trends</p> <p>Webinar</p> <p>Post-COVID Omnichannel HCP engagement in Romania - key trends</p>	<p>28/06/2022</p> <p>TIME TO TAKE THE LEAP!</p> <p>Webinar</p> <p>Tips for your 2023 omnichannel budget planning</p>	<p>24/02/2022</p> <p>1. Looking back & forward: Key trends in the HCP mix (2021, 2022 & beyond)</p> <p>Webinar</p> <p>Looking back & forward: Key trends in the HCP mix (2021, 2022 & beyond)</p>	<p>30/11/2021</p> <p>7. Omnichannel Launch Excellence in the Never Normal</p> <p>Webinar</p> <p>Omnichannel Launch Excellence in the Never Normal</p>	<p>27/10/2021</p> <p>Scala 365° Navigator 360° Product Demo</p> <p>Webinar</p> <p>Navigator365™ & Scala365™ Demo</p>
<p>26/10/2021</p> <p>THE DOCTOR WILL SEE YOU NOW... Or not? Key HCP omnichannel trends</p> <p>Webinar</p> <p>Key HCP omnichannel trends</p>	<p>16/09/2021</p> <p>6. Navigator365: advanced uses</p> <p>Webinar</p> <p>Navigator365™ advanced uses</p>	<p>24/06/2021</p> <p>5. Multichannel Maturometer '21: the results</p> <p>Webinar</p> <p>Maturometer 2021</p>	<p>11/05/2021</p> <p>4. Measuring ROI in life sciences? Not a black & white story</p> <p>Webinar</p> <p>Measuring ROI in life sciences? Not a black & white story</p>	<p>20/04/2021</p> <p>8. Omnichannel upskilling: transforming customer-oriented teams into omnichannel experts</p> <p>Webinar</p> <p>Omnichannel upskilling: transforming customer-oriented teams into omnichannel experts</p>	<p>25/03/2021</p> <p>2. The power of marketing & sales collaboration for Omnichannel engagement</p> <p>Webinar</p> <p>The power of marketing & sales collaboration for omnichannel engagement</p>

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