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PME

PHARMACEUTICAL MARKET EUROPE

ASH 2025 – the congress with a rallying call to 'Fight 4 Hematology'

Alzheimer's and dementia – bridging access and innovation in clinical trials

Alzheimer's disease – the future of diagnosis and treatment in Europe

Breaking down barriers to stop the disease from stealing moments, memories and meaning

Pharma supply chains and medicine shortages

Pandemic readiness is now a financial risk test

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Breaking down barriers

This month we have a feature on Alzheimer's disease and dementia, starting with the article on page 16 from Cindy Birck, Project Officer at Alzheimer Europe. She looks at the significant challenges surrounding the accessibility and availability of clinical trials and the importance of breaking down barriers to stop the disease from stealing moments, memories and meaning.

In the second article on page 20, Brenda Botello Estrada, International Health Outcomes and RWE Liaison at Eli Lilly, looks at the future of Alzheimer's diagnosis and treatment in Europe. She reiterates the importance of recognising symptoms early and that acting quickly can make a real difference to the lives of patients.

Brenda says: "Alzheimer's disease (AD) continues to be one of the most challenging conditions facing patients, families and healthcare systems across Europe. Over half of specialists reported that patients delayed seeking help due to lack of awareness and/or stigma and just under half reported that a key barrier is a lack of understanding about what is part of normal ageing."

Turn to page 24 to read our coverage of ASH 2025, held in Florida in December. As Suzanne Bobadilla says: "ASH 2025 showed up with a clenched fist and never loosened it. Under the rallying call of 'Fight 4 Haematology', the meeting stepped forward with purpose, urging the community to 'fight for science, fight for research, fight for haematology and fight for patients'."

On page 28, we have a fascinating article on oral health and systemic disease, looking at research into the link between P. gingivalis, a type of bacteria found in the mouth, and autoimmune diseases like rheumatoid arthritis. PMGroup spoke to Dr Graham Lloyd-Jones, consultant radiologist at Salisbury NHS foundation trust, who is researching the links between oral health and systemic disease, and is a campaigner for better oral health in the UK.

Our March issue will look at achieving comms excellence utilising detailed audience insights, tailored messaging and personalised engagement through preferred channels. If you would like to make your voice heard on this topic, please get in touch at sales@pmlive.com

I hope you enjoy this issue!

Iona Everson
Group Managing Editor

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  Dr MaryAnn Ferreux, NHS Board Director, Chief Medical Officer - Health Innovation Kent Surrey Sussex.
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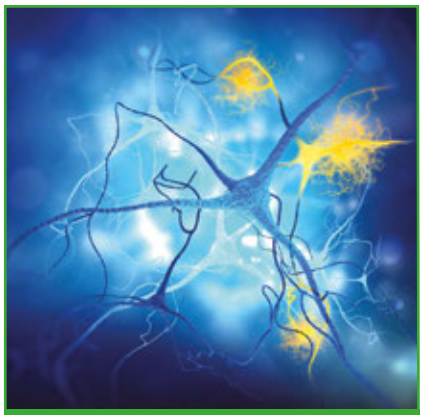

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NEWS

Lilly to acquire Ventyx Biosciences for around $1.2bn

Eli Lilly has announced that it will acquire Ventyx Biosciences for around $1.2bn. Ventyx is a biopharmaceutical company developing oral therapies for inflammation-mediated diseases.

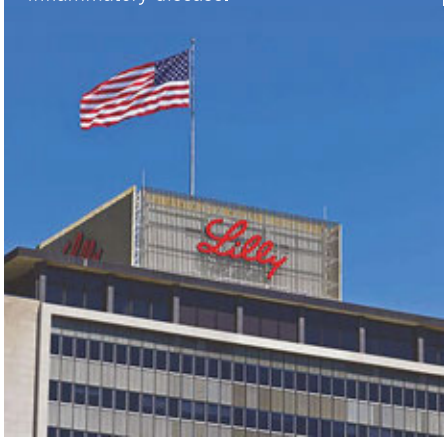
The company's clinical-stage programmes focus on targeting vital immune pathways to improve treatment safety and efficacy. Its pipeline of small molecule therapies is aimed at treating inflammation in diseases with high unmet medical need, including cardiometabolic, neurodegenerative and inflammatory disorders.

Ventyx' portfolio includes NLRP3 inhibitors that act to block inflammation. Ventyx currently has phase 2 trials in place for recurrent pericarditis, Parkinson's disease and inflammatory bowel disease.

Raju Mohan, CEO of Ventyx, said: "We believe that Lilly is an ideal strategic partner…to advance novel therapies that fill a vast unmet need for patients suffering from these debilitating diseases and disorders."

The acquisition is expected to be completed in the first half of 2026. Under the agreement, Lilly will acquire all outstanding shares in Ventyx, making up around 10% of Ventyx' outstanding stock.

The acquisition of Ventyx builds on Lilly's existing research and development programmes in autoimmune and inflammatory disease.



FDA approves first gene therapy for Wiskott-Aldrich syndrome

The US FDA has approved the first ever cell-based gene therapy to treat Wiskott-Aldrich syndrome (WAS).

WAS is a rare genetic disease caused by mutations in the WAS gene. Patients with WAS suffer from bleeding, eczema and frequent infections.

The gene therapy, Waskyra (etuvetidigene), can be used to treat adults with WAS who have a mutation in the WAS gene and can have haematopoietic stem cell transplantation (HSCT), but lack a suitable donor. It can also be used to treat children aged six months and older.

The gene therapy is made from the patient's own haematopoietic (blood) stem cells (HSCs), which have been genetically modified to include functional copies of the WAS gene.

The safety and effectiveness of this treatment was assessed via two clinical studies and an expanded access programme. After six to 18 months of treatment, patients were found to have 93% fewer infections compared to the previous year.

After 12 months of treatment, moderate and severe bleeding events were reduced by 60% compared to the previous year. In addition, after four years, most patients did not experience instances of moderate or severe bleeding.

Novo Nordisk's Wegovy approved by FDA as oral medication for weight management

Novo Nordisk's Wegovy (semaglutide) pill has been approved by the US FDA as an oral weight loss medication. Following the FDA approval, the company launched the Wegovy pill in the US in January 2026. The oral medication is more affordably priced than the injections.

In addition to its use for weight loss and weight loss maintenance, the oral medication can also reduce the risk of major adverse cardiovascular events in adults who are overweight or obese and have heart disease.

Data from two trials, the OASIS clinical trial and the SELECT trial, was submitted for the approval.

Data from the OASIS 4 trial showed that taking oral semaglutide 25mg once a day resulted in a 16.6% weight loss for those who were overweight or obese and had one or more comorbidities. Those taking the 25mg pill lost a similar amount of weight as those using injectable Wegovy 2.4mg.

The oral medication trials showed comparable safety and tolerability profiles to those of the injected medication.

The oral medication has also been submitted to the European Medicines Agency and other regulatory authorities for approval.

CGT Catapult establishes industry safety consortium for cell therapies

CGT Catapult, an independent technology organisation specialising in the cell and gene therapy (CGT) industry, has established ReCell, a consortium focusing on safety tests for a range of cell therapies.

Pluripotent stem cells (PSCs) can be used in a number of advanced therapies, such as cell replacement and regeneration, adaptive or genetically modified interventions, and targeted therapeutic approaches, as they have the capacity to differentiate into many clinically relevant cell types. However, there is also the risk that if there are any undifferentiated PSCs remaining in a therapy, this could cause uncontrolled proliferation and tumour formation.

There is currently no universal test that drug developers can use to ensure that products are free from residual PSCs, requiring each developer to create their own individual product tests.

This is costly and lengthens the amount of time a treatment is in development.

ReCell's aim is to test whether droplet digital PCR methods are able to detect residual PSCs in various therapy products.

The first test has been co-developed by CGT Catapult and the Health and Environmental Sciences Institute's (HESI) Cell Therapy Tracking, Circulation, and Safety committee.

AstraZeneca's Saphnelo shows positive results for lupus

AstraZeneca's Saphnelo (anifrolumab) as a subcutaneous (SC) treatment has been found to significantly reduce disease activity in systemic lupus erythematosus (SLE) patients.

Trial results from the phase 3 TULIP-SC trial, published in *Arthritis & Rheumatology*, showed that 56.2% of patients treated with SC Saphnelo achieved disease activity reduction at week 52 of the study, compared to 37.1% of patients receiving placebo.

The safety profile of SC Saphnelo was found to be consistent with the established profile of intravenous (IV) Saphnelo. The treatment was well tolerated, and patients in the treatment and placebo arms of the study experienced comparable adverse events.

SLE is a chronic autoimmune disease where the immune system attacks healthy tissue. More than 3.4 million people globally

are affected by the condition. Symptoms caused by SLE include pain, rashes, fatigue, joint swelling and fever, and around half of SLE patients suffer irreversible organ damage in the five years following diagnosis.

Reducing disease activity in SLE allows patients to reduce chronic use of oral corticosteroids (OCS), which can in turn lower the risk of organ damage.

GSK's Nucala approved by MHRA for uncontrolled COPD

GlaxoSmithKline's (GSK) Nucala (mepolizumab) has been approved by the MHRA to treat adults with uncontrolled chronic obstructive pulmonary disease (COPD).

Around three million people in the UK suffer from COPD, which includes emphysema (damage to the air sacs in the lungs) and chronic bronchitis along with other lung conditions as a result of inflamed or damaged lungs and airways. It is the second most common cause of emergency hospital admissions and the leading cause of re-admissions in the UK.

The MHRA's approval is based on results from the phase 3 MATINEE and METREX trials of Nucala as a COPD treatment. In both trials, treatment with Nucala alongside triple therapy demonstrated statistically significant reduction in the rate of moderate to severe disease exacerbations compared to placebo.

In the MATINEE trial, Nucala showed a 35% reduction compared to placebo in the rate of exacerbations leading to hospitalisation or emergency department visits, although this secondary endpoint was not considered statistically significant.

The safety profile of Nucala in both studies was found to be consistent with the drug's established safety profile in other indications.

NEWS

Merck announces agreement with US government to reduce prescription drug prices

Merck (known as MSD outside the US) has announced an agreement with the US government to provide key products to patients at affordable prices.

Merck plans to establish a direct-to-patient programme that would offer certain medication to eligible patients at affordable prices, including Januvia, Janumet and Janumet XR.

Through the programme, Januvia, Janumet and Janumet XR will be available to eligible US patients at a cash price that is approximately 70% less than the current list price.

Upon FDA approval, the list will be expanded to include enlicitide, an oral drug candidate designed to lower LDL cholesterol.

The agreement means that US pharmaceutical tariffs on the company will be delayed for three years.

The announcement comes as part of Merck's commitment to expand its innovation and manufacturing presence in the US.

Merck currently has 15 manufacturing and R&D facilities employing over 30,000 people in the US.

Since 2017, it has invested over $12bn in US manufacturing, and since 2018 it has invested $81bn in US R&D. Over the coming years, Merck plans to invest over $70bn in US capital and R&D spending.

Gilead agrees on affordable medicines plan with US government

Gilead has announced an agreement with the US government to reduce drug prices in the US.

As part of the three-year agreement, Gilead has agreed to take a series of actions that align with the government's new drug pricing strategy. This includes discounts on certain existing medicines within the US Medicaid programme, including medications to treat HIV, hepatitis C, hepatitis B and COVID-19.

These discounts will ensure that US prices reflect prices paid in other developed nations. In addition, the pharma company will work to ensure that future drugs are priced in line with other developed nations.

Gilead will also launch a direct-to-patient programme where individuals with a prescription can obtain Epclusa, the company's hepatitis C treatment, at a discounted cash price.

The agreement means that US pharmaceutical tariffs on the company will be delayed for three years.

Gilead also recently announced a $32bn investment in the US R&D and manufacturing infrastructure over the next five years. The investment is expected to generate $43bn in national economic value, as well as creating over 3,000 jobs.

Novartis agrees to lower prescription drug prices in deal with US government

Novartis has announced an agreement with the US government to lower the prices of its prescription drugs in the US and support continued investment in US R&D and manufacturing.

The company has agreed to take a variety of actions with the goal of meeting the US government's current drug pricing priorities. These include: launching future medicines with comparable prices across high-income countries; building direct-to-patient platforms for Mayzent (siponimod), Rydapt (midostaurin) and Tabrecta (capmatinib); applying to participate in the GENEROUS (GENErating cost Reductions fOr US Medicaid) programme, designed to further improve access to Medicaid medicines, and supporting efforts to address global imbalances in pharmaceutical innovation investment.

The agreement means that US pharmaceutical tariffs on the company will be delayed for three years.

In 2025, Novartis announced a commitment to invest $23bn to expand its manufacturing and R&D presence in the US over the next five years. Since the announcement in April 2025, Novartis has taken a number of key steps towards this goal. It announced a new $1.1bn biomedical research hub in San Diego, California, as well as a new flagship manufacturing hub in North Carolina.

Lilly announces plans for $6bn US manufacture facility

Lilly has announced plans to build a $6bn facility in Alabama in the US for the manufacture of active pharmaceutical ingredients (APIs).

The site is the third of four new US sites that Lilly has announced. Among other products, it will manufacture orforglipron, Lilly's small molecule GLP-1 receptor agonist treatment for obesity, which it plans to submit for global regulatory approval by the end of 2025.

Construction of the facility is expected to begin in 2026 and finish in 2032, generating 3,000 construction jobs in the area. Additionally, the completed site will bring in 450 jobs, including engineers, scientists, operations personnel and lab technicians.

The Huntsville site was partly chosen for its proximity to the HudsonAlpha Institute for Biotechnology. Lilly will integrate digital automation throughout the new facility, featuring technologies

such as machine learning, AI and advanced data analytics.

The news of the Huntsville facility comes amid other recently announced plans from Lilly, including planned new sites in Texas and Virginia and the expansion of an existing site in Puerto Rico. A further US manufacturing location is expected to be announced this year.

BMS announces affordable prescription drug price agreement with US government

Bristol Myers Squibb (BMS) has agreed to provide Eliquis (apixaban) free of charge to Medicaid as part of a deal with the US government. The company has also agreed to donate more than seven tons of Eliquis active pharmaceutical ingredient (API) to fill the US Strategic Active Ingredient Reserve.

The agreement means that US pharmaceutical tariffs on the company will be delayed for three years.

Eliquis is the most widely prescribed oral blood thinner in the US and more than 15 million people have been prescribed with the drug since launch. It is an important treatment for the prevention of blood clots in patients with deep vein thrombosis and pulmonary embolism, as well as in reducing the risk of blood clots and stroke in patients with atrial fibrillation (AFib) not caused by a heart valve problem.

For every 100,000 patients treated with Eliquis, the drug has resulted in an estimated $3bn in healthcare cost savings, including hospitalisation and extended rehabilitation needs.

BMS will also continue to expand production across the US as part of its $40bn investment commitment over the next five years.

Amgen agrees to lower prescription drug prices in deal with US government

Amgen has announced a deal with the US government that will lower the company's prescription drug costs for US patients while reinforcing its commitment to US innovation.

As part of the agreement, Amgen's direct-to-patient programme, AmgenNow, will be expanded to include Aimovig (erenumab) and Amjevita (adalimumab). This will lower the prices of each drug by nearly 60% and 80% respectively compared to the current US list prices. Both drugs will be available at a discounted monthly price of $299.

The agreement means that US pharmaceutical tariffs on the company will be delayed for three years.

AmgenNow was launched by the company in October 2025, reducing the price of Repatha (evolocumab) for patients in the US to $239 per month, which is almost 60% below its current US list price.

The programme is open to all eligible patients, including those who are uninsured, patients enrolled in high-deductible health plans or those who choose to pay for prescription drugs with cash or out of pocket.

Amgen has invested over $40bn in R&D and manufacturing in the US over the past seven years.

DERMATOLOGY NEWS

Nektar announces results from alopecia areata study

Nektar Therapeutics has announced top-line results from its trial of rezpegaldesleukin to treat severe-to-very-severe alopecia areata (AA).

The phase 2b REZOLVE-AA trial includes 92 patients, randomised to receive either one of two rezpegaldesleukin doses or a placebo.

In both rezpegaldesleukin dose subgroups, the majority of patients experienced hair growth at week 16 of the study or later.

The safety and tolerability profiles of rezpegaldesleukin were found to be favourable, with almost all adverse events being mild to moderate and self-resolving.

AA is an autoimmune disease where the immune system attacks the body's hair follicles, causing hair loss. Lifetime incidence of the condition in both men and women is 2%, with nearly 6.7 million people in the US and 160 million people worldwide developing AA in their lifetime.

The US FDA granted Fast Track designation for rezpegaldesleukin twice in 2025: in July for severe AA in adults and adolescents who weigh at least 40kg and in February for inadequately controlled atopic dermatitis in adults and adolescents.

Rezpegaldesleukin is being developed as a treatment that can be self-administered as an injection for various autoimmune and inflammatory diseases.

Galderma's Nemluvio improves symptoms in atopic dermatitis and prurigo nodularis

Galderma's Nemluvio (nemolizumab) has shown rapid relief of itch, as well as improvement in sleep, in patients with atopic dermatitis (AD) and prurigo nodularis (PN).

AD and PN are chronic skin conditions characterised by persistent itch, skin lesions and poor sleep. Itch is a symptom that significantly impacts quality of life in both conditions, with 87% of AD patients seeking relief from the symptom, and 88% of those with PN rating it as their worst symptom.

The results for Nemluvio come from the phase 3 ARCADIA and OLYMPIA clinical trials. ARCADIA was focused on AD while OLYMPIA was focused on PN.

Both studies found that Nemluvio reduced both itch and sleep disturbance, with 10.7% of AD patients and 17.2% of PN patients finding the treatment reduced itch within two days, while 9.9% of AD patients and 13.4% of PN patients found that it reduced sleep disturbance within two days.

By day 14, a quarter of patients with AD and more than a third of patients with PN had achieved significant and clinically meaningful responses in both itch and sleep.

Kymera reports positive results for atopic dermatitis

Kymera Therapeutics has announced positive results from its trial of KT-621 to treat patients with moderate-to-severe atopic dermatitis (AD).

Atopic dermatitis is a chronic skin condition characterised by itchy, inflamed and discoloured skin. As well as causing physical discomfort and pain, it can lead to embarrassment and social isolation.

STAT6 drives the inflammatory response in the blood and skin, and KT-621 works by reducing the levels of STAT6 in the blood and skin.

The phase 1b BroADen trial included 22 people with moderate-to-severe AD.

In the trial, KT-621 reduced the levels of STAT6 in the blood and skin significantly, and this reduction remained consistent. At day 29, the average reduction of STAT6 in the blood was 98%, and for skin lesions – an area with high levels of STAT6 – the average reduction of STAT6 was 94%.

In addition, at day 29, the Eczema Area and Severity Index (EASI) score was reduced by 63% for all patients.

The safety and tolerability profiles of KT-621 were favourable, with no serious adverse events being reported.

Opportunities for AI in dermatopathology

The British Association of Dermatologists (BAD) and the Royal College of Pathologists (RCPath) have issued a statement about opportunities for AI in dermatopathology.

BAD and RCPath recognise that AI has the potential to support dermatopathology by streamlining cancer detection, reducing turnaround times and assisting with workload management.

The adoption of AI, however, must be carefully managed, with human oversight remaining central to patient care. AI may aid case prioritisation and cancer detection, helping to improve consistency and reduce errors. At the same time, challenges around infrastructure availability, data quality, regulatory approval and interpretability must be addressed before AI can be widely deployed.

In the meantime, it is paramount that medical data repositories are prepared in computationally tractable formats and that digital pathology infrastructure, particularly whole slide imaging systems, are scaled up to support upcoming AI research initiatives.

The BAD and RCPath recommend that AI technologies are developed to meet clear clinical needs, with close collaboration between dermatologists, dermatopathologists, molecular pathologists and AI developers. Any implementation should undergo a pre-development assessment by stakeholders of its potential clinical benefits and improvements so that scarce resources are not compromised in unpromising avenues. This should be followed by a post-deployment evaluation of clinical outcomes and cost-effectiveness across the patient pathway.

Medicus enrols patients for basal cell carcinoma trial

Medicus Pharma has completed patient enrolment for its phase 2 SKNJCT-003 trial, evaluating the safety and efficacy of SkinJect Doxorubicin Microneedle Array (D-MNA) to treat nodular basal cell carcinoma (BCC).

The study is currently underway in nine clinical sites across the US and has recruited a total of 90 US patients. Medicus expects to release top-line study results early this year, and to secure an end-of-phase 2 meeting with the US FDA in the first half of the year.

The SKNJCT-001 trial included 13 participants and met both its primary endpoints of safety and tolerability, with the drug being well tolerated. No serious adverse events were reported.

Interim results for SKNJCT-003, released in March 2025, demonstrated more than 60% clinical clearance.

Additionally, in October 2025, Medicus treated the first patient in its SKNJCT-004 study, which is ongoing in the United Arab Emirates.

In November 2025, Medicus received full approvals from the UK Medicines and Healthcare products Regulatory Agency, Health Research Authority and Wales Research Ethics Committee to expand SKNJCT-003.

Takeda's zasocitinib shows positive results in plaque psoriasis

Takeda's zasocitinib has shown strong rates of skin clearance, as well as other benefits, for adults with moderate-to-severe plaque psoriasis (PsO).

Psoriasis is a chronic immune-mediated inflammatory disease caused by skin cells multiplying too quickly. PsO is the most common form of psoriasis, and is characterised by patches of itchy, scaly and painful skin. Areas of the body where psoriatic plaques commonly form include the scalp, face, arms and elbows, legs, knees, torso, genitals, nails and skin folds.

Around 64 million people live with psoriasis worldwide, and about 80-90% of those have PsO.

The LATITUDE phase 3 studies of zasocitinib demonstrated its superiority over placebo on both co-primary endpoints at week 16. A significant response rate was seen as early as week 4, and continued to increase through to week 24. Additionally, the studies met all ranked secondary endpoints compared to both placebo and treatment with apremilast.

The safety and tolerability profiles of zasocitinib were found to be comparable with prior studies, and no new safety signals were identified.

BRIAN D SMITH
DARWIN'S MEDICINE
MCNAMARA'S FALLACY

Why marketing science is harder than you think

Sometimes, our greatest strengths are our most dangerous weaknesses. We've all seen great strategists who miss important details, or superb analysts who get paralysed by the data. We've all got positive attributes that hinder us sometimes. But this is not just a trait of individuals – it can cripple companies too. I've just watched that happen in real time, and if I share the story perhaps you will learn something from others' mistakes, which is cheaper than learning from your own.

The good news

The hero of this story is the brand team for a groundbreaking therapy approaching launch. The team members asked me to spend just two half-days with them to stimulate fresh ideas. And they really are heroes. Probably the brightest and perhaps the most academically qualified brand team members I've worked with. It was a pleasure to hear them talk about the science behind their brand with obvious expertise and passion. It was equally fun when they led me through the data, even though I had to ask them to slow down to let the professor keep up!

As you might expect, therefore, their current thinking was pretty good. But not perfect. Their strategy was to focus on patients with a certain disease and offer a clinically differentiated value proposition. My challenge was that their target wasn't homogeneous in its motivations and the market was driven by more than clinical needs. As we got towards the end of the first morning we agreed that, to prepare for the second morning, they would segment their target into prescribing contexts driven by non-clinical needs. And off I went, confident we were halfway to a good result.

The bad news

Paradoxically, the villain of this story is also the same brand team. When we reconvened, the team members had done their homework, slicing and dicing their market a dozen ways. But it hadn't helped, because all they had done was carve their heterogeneous market into many smaller parts that were neither homogeneous in their prescribing motivations nor distinct from each other in their preferences. As anyone who's done marketing strategy 101 knows, if a population of customers is not homogeneous and distinct, it is a category and not a market segment and, consequently, not a good basis for marketing strategy.

McNamara's Fallacy

I was disappointed but not perplexed. Their failure wasn't due to stupidity or laziness. They did what they did, the way they did it, because they all hold an unshakeable and unconscious belief that only things that can be and have been quantified matter. Consequently, when I asked them to segment their market by customer needs, they equated needs with tangible, quantified factors like customers' location, education and current prescribing practices. I remonstrated with them, asking: Do you think prescribing behaviour is a function of any of these things? Or are you using these things because that's the data you have? It was the latter, of course. But they couldn't see (or couldn't accept) that other factors, such as the prescribers' need to feel innovative or safe, might be driving their behaviour. They were examples of McNamara's Fallacy.

Antagonistic pleiotropy

McNamara's Fallacy is the error of making decisions based solely on easily quantifiable data, while ignoring harder-to-measure qualitative factors, leading to flawed conclusions. It's named after US Defence Secretary Robert McNamara's focus on body counts in the Vietnam War and often summarised as: 'Measure what's easy, disregard the rest, assume the unmeasured either isn't important, or doesn't exist.'

In marketing, this leads to vital market drivers like prescribers' personalities, traits and emotional needs being overlooked. In this case, and in many other science-based companies, it's analogous to antagonistic pleiotropy, because it's an organisational routine that offers benefits but then cripples the team. Just like the gene for Huntington's disease. And it happens because marketing science is harder than most realise.

Nuance and layers

Don't misunderstand me – the questions natural and physical sciences pose aren't easy. But their challenges can often be distilled into a limited set of variables governed by relatively straightforward relationships. By contrast, the social sciences resist such reduction – they grapple with layered contexts, shifting human behaviours and complex systems of meaning.

In a pharmaceutical company, this means the marketing department must navigate social science dynamics that are significantly more intricate than the pharmacological principles guiding their research and development colleagues. That's the lesson to learn from this case, especially if, like me, you grew up in the world of natural and physical sciences but now work in the messy world of marketing.

Professor Brian D Smith is a world-recognised authority on the evolution of the life sciences industry. He welcomes questions at brian.smith@pragmedic.com. This and earlier articles are available as video and podcast at www.pragmedic.com

MIKE DIXON
WITH COMPASSION

If we don't have compassion, we really do need to question what that says about us as individuals and organisations

The new year is here and along with it, I hope for optimism and stability in our sector. The last couple of years, in particular, have been really challenging. As the year's end started to get closer, I again dreaded sending and receiving emails for fear that I would get a 'this person no longer works at...' bounce back or a 'I just wanted to let you know that…' email that went to all their contacts. Sadly, my fears were not unwarranted, and I want to send my personal sympathies to anybody whose festive season was spent worrying about their next career move, rather than just being able to enjoy hard-earned rest and relaxation with friends and family.

Unfortunately, these things happen – and often at year-end – when organisations need to make hard decisions in order to start the coming year with robust business plans. Mergers and acquisitions can sometimes have the same outcome. Nobody actually likes these scenarios. But how they are managed is fundamental, as without compassion we really do need to question what that says about us as individuals and organisations.

Corporate culture perception matters

Corporate culture is so important. It influences employee behaviour and drives productivity and engagement, directly impacting a company's overall performance and success. A positive culture attracts top talent, builds a sense of belonging, boosts morale and can differentiate a brand, while a negative culture can lead to low morale, high turnover of staff and reduced productivity.

I often hear debate about hybrid working when people are considering how a good corporate culture can still be maintained. Well, it can – if the commitment to support it is there. There are more than enough completely virtual organisations with great cultures that are flourishing to prove this point. Similarly, many global organisations are able to maintain a consistently strong corporate culture, no matter where they are in the world. But that strong corporate culture is hard to achieve and maintain without the foundation of compassion and understanding. Without that foundation, it is almost impossible to build trust and belonging.

Built on compassion and understanding

Compassion helps foster psychological safety and reduce stress. When leaders and peers show empathy, employees feel valued and supported. As a consequence, morale and retention are improved. Compassionate leaders will listen actively, taking time to understand challenges and respond with care, all of which builds trust and loyalty. A compassionate culture encourages open communication and teamwork. People are more willing to share ideas and take risks when they feel understood and respected. Compassion also helps organisations embrace differences and create equitable opportunities.

When things go wrong

However, in business things can go wrong. Unfortunately, that's life. It may be due to circumstances that are beyond anyone's control or just bad luck, or it may be due to mistakes or poor management. Whatever the reasons, how we respond has implications that are far greater than just solving the problem at hand. In our corporate culture, if we don't respond with compassion, then everything we have done before will be worthless; destroyed; not just to the extent that it has to be rebuilt, but that it has to be rebuilt with negative perceptions. And with news now so rapidly communicated, and the risk of further extrapolation as it spreads, the inappropriate actions of one can lead to a negative impression of a whole sector.

The impact of actions without compassion will extend long after the immediate challenge is addressed. So, whether we are office based, hybrid or virtual, without compassion as a fundamental in everything we do, we just won't create and maintain the cultures we aspire to achieve.

Look in the mirror

Of course, compassion is not just the responsibility of the organisation; it needs to be inbuilt in all of us. Compassion builds compassion. It's a philosophy that grows stronger when practised, benefiting both giver and receiver.

So, even if you make no other New Year's resolutions, let's all commit to ensuring that compassion is a fundamental part of everything we say or do. Whether shareholder, CEO, manager or employee; every decision, every action, every word, should have compassion at its core. Then, whatever 2026 throws at us, we know we can be proud that we faced it while recognising the impact on others and doing our best to solve issues with empathy.

Wishing you a compassionate new year.

Mike Dixon is CEO of the Healthcare Communications Association and a communications consultant

GORDON DANIELS
PUTTING AI TO WORK FOR PHARMA MARKETING LEADERS OF THE FUTURE

Modern marketing is a hybrid craft, built on human judgement and empathy, strengthened by AI's ability to work at scale and analyse complex information

In my work with leaders across pharmaceutical and biotech organisations, the conversation has shifted noticeably. Rather than debating whether AI has a role to play, we are working on how to use it well and make it a competitive advantage, consistently and in ways that genuinely improve marketing practice and customer-facing engagement.

Stephanie Hall and Marie Little's work on the capabilities that will define successful marketing teams by 2030 captures this evolution. What leaders are now focused on is how those capabilities show up in everyday marketing activity; AI is becoming a practical enabler.

Confidence is becoming embedded

The data reflects what I see in practice. In best-in-class organisations, sureness in generative AI is now almost universal; usage is becoming habitual rather than occasional. According to *Social Media Examiner*, 60% of marketers now use AI tools daily, up from 37% in 2024.

This matters because confidence and frequency of use change how teams work. In many organisations, AI now appears in brand planning cycles, campaign development and performance review meetings. I regularly see teams start new projects by using AI to review previous brand plans, synthesise research and surface early hypotheses. That early grounding allows teams to move more quickly into interpretation, prioritisation and alignment.

Marketing is modernising into a hybrid craft

Modern marketing is neither human nor wholly machine. It is a hybrid craft, built on human judgement and empathy, strengthened by AI's ability to work at scale and analyse complex information. Research from Harvard Business School highlights the importance of knowing when to rely on AI and when to rely on the human mind, noting the significant gains in speed and effectiveness when generative AI is applied to the right tasks.

In practical terms, this means marketers using AI to explore scenarios, test assumptions and pressure-test thinking while retaining ownership of strategic and creative decisions. For example, when refining a value story, teams may use AI to explore how different narratives resonate with clinicians, payers or internal stakeholders. This preparation improves the quality of cross-functional conversations and sharpens the decisions that follow.

What defines the modern marketer

As AI becomes more embedded, three capabilities increasingly define effective marketing practice:

1. Personalisation is moving away from broad, one-size approaches towards more meaningful one-to-one engagement.
2. Prioritisation is improving, with teams focusing effort on the opportunities most likely to deliver value.
3. Prediction is becoming part of everyday planning, with forward-looking inputs informing both strategy and execution.

AI supports all three. Predictive analytics help teams identify emerging trends, forecast responses and recommend next-best actions. In one organisation, AI was used to identify which customer groups were most likely to engage with a new service offer, allowing marketing and field teams to direct activity more precisely. The outcome was more relevant engagement and stronger alignment between strategy and execution.

Where AI is already delivering value

In practice, the practical implementation of AI shows up as faster content development, more responsive campaign management and continuous market landscape assessment. Performance is monitored in near real time and activity is adjusted accordingly. Measurement approaches are evolving to support ongoing decision-making rather than retrospective reporting.

Partnering with AI in practice

To make AI stick and evolve as a true competitive advantage and trusted partner for the modern marketer, teams need a simple, practical way to work with it. At Uptake, we use our AI Partnership Framework for marketers.

It starts with Envision: being clear on the goal and what good looks like. Engage follows, focusing on the quality of the questions being asked. Exchange is the dialogue itself, iterating, refining and adapting based on what emerges. Execute closes the loop, consolidating insight and turning it into action.

These teams use AI consistently and purposefully, without overcomplicating the process. What sits inside the AI Partnership Framework is what releases AI as a true competitive advantage.

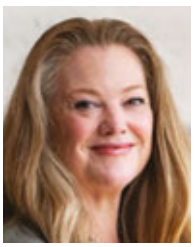
Making AI a daily marketing partner

AI is reshaping how pharmaceutical marketing teams operate. The teams that progress fastest are those that integrate it into daily routines, align innovation with measurement and remain focused on delivering value for patients and customers.

The opportunity now is to make AI a practical and trusted part of marketing work, moving it to being an integral and competitive approach to how modern marketing gets done.

Gordon Daniels is Senior Principal at Uptake

CATHERINE DEVANEY AND NEIL FLASH SHAPING THE FUTURE OF HEALTHCARE COMMUNICATIONS



Introducing the 2026 Comm*uniqué* Awards

Over the past two years, the Comm*uniqué* Awards have celebrated the qualities that define the very best of healthcare communications. In 2024, the spotlight was on bold thinking and brave ideas. In 2025, the spotlight shifted to focus on work that delivered measurable impact and meaningful change. Across both years, one theme has been unmistakable: our industry is powered by people who care deeply about improving understanding, changing behaviours and advancing health outcomes for the communities they serve.

Purpose-driven innovation is raising the bar

The work recognised in 2025 demonstrated that innovation is at its most powerful when it is purposeful. Much of the winning work made the complex accessible and addressed challenges related to stigma, inequity or misunderstanding. It also showed that impact is about more than outputs. It requires clear definitions, rigorous measurement and the willingness to be transparent about what worked and what did not.

These achievements reflect an industry that continues to evolve and challenge assumptions while staying focused on the value it creates for patients, healthcare professionals and broader society.

A sector adapting to rapid change

This momentum gives us confidence as we look ahead. Healthcare is shifting at pace, shaped by scientific advances, digital transformation, global pressures and rising expectations around transparency and equity. These forces present new challenges, but they also create remarkable opportunities for communications to shape understanding, strengthen trust and support better decision-making.

Against this backdrop, the theme for the 2026 Comm*uniqué* Awards is Future.

It reflects a sector that is adapting to rapid change and embracing new possibilities. We are inviting the industry to show how its work is shaping what comes next, whether through responsible innovation, deeper insight, new ways of thinking or the ability to anticipate the needs of tomorrow's audiences. Above all, we want to recognise work that demonstrates confidence in the future of healthcare communications and its role in improving outcomes for patients, professionals and communities.

Strengthening the Awards for 2026

To reflect this future focus, the Awards have been strengthened and expanded. Several categories have been refined to mirror the sophistication of modern practice, while new awards have been introduced to recognise emerging disciplines across science, creativity and digital capability.

What's new for 2026?

- **Excellence in Congress Activation** recognises the growing importance of congresses as integrated scientific touchpoints. This category rewards programmes that amplify scientific exchange before, during and after the congress moment
- **Excellence in Behaviour Change** reflects the increasing use of behavioural science in communication. It celebrates work that goes beyond awareness to drive measurable, ethical behaviour change rooted in real-world need

- **Excellence in the Application of Artificial Intelligence** acknowledges the rise of responsible, human-led AI. This award highlights work where AI enhances understanding, accessibility or efficiency while maintaining transparency and oversight
- **Excellence in the Use of Data and Insights** has been refocused to emphasise the translation of robust data and insight into strategic clarity, recognising programmes where evidence has shaped decisions and strengthened outcomes
- **Excellence in Combined Customer Experience** reflects the shift toward seamless, multi-touchpoint interaction. It celebrates work that delivers coherent, personalised and value-led experiences designed to build trust
- **Excellence in Engagement Through Digital Channels** highlights the growing impact of focused digital engagement. Two refined categories recognise programmes that deliver meaningful results, through a single, well-chosen platform and through multiple digital channels.

Together, these updates reflect where excellence is emerging today and where it will be expected tomorrow.

The strength of the future lies in its people

What inspires us most is the talent across our community. From early-career entrants to experienced specialists, we continue to see people pushing standards higher each year. Their work is diverse and ambitious, with a growing emphasis on clarity, accessibility and responsible innovation.

This year, we are also delighted to introduce a new individual award, Healthcare Communications Writer of the Year, recognising the vital contribution writers make to understanding, connection and progress across our sector. Their work often sits at the heart of meaningful communication, shaping conversations that improve health outcomes.

Looking forward

It is a privilege to celebrate this work. The Comm*uniqué* Awards remain committed to recognising excellence that reflects the real progress taking place across healthcare communications. We look forward to seeing how the industry responds to this year's theme and how the entries for 2026 help shape the future of our field and the future of the industry we are proud to serve.

Neil Flash is owner of Ignition Consulting and Co-Chair of the Comm*uniqué* Awards. **Catherine Devaney** is Founder of Curious Health and Co-Chair of the Comm*uniqué* Awards

Clinical trials on dementia: bridging access and innovation

Addressing the significant challenges surrounding the accessibility and availability of clinical trials

By Cindy Birck

Clinical trials are essential for the development of new ways to prevent, diagnose and treat dementia. A range of clinical trials is being conducted at a European and international level in the field of dementia and Alzheimer's disease (AD) in particular. However, these clinical trials face significant challenges surrounding accessibility and availability. To address this, we call for stronger efforts to broaden participation, remove barriers that prevent patients from being diagnosed and accessing innovative treatments, alongside increased investment and streamlined regulatory frameworks.

The current landscape

The landscape of dementia clinical trials in Europe is focused on AD, the most common form of dementia. According to data from clinical trials registries, Europe has approximately 50 active AD clinical trials investigating various aspects of AD treatment, spanning all phases of drug development. The focus on these trials spans a variety of mechanism of action, with an emphasis on disease-modifying treatments that aim to alter the underlying pathophysiology of AD. The majority of clinical trials focus on people with mild cognitive impairment (MCI) and mild dementia due to AD, often referred to as early AD (Figure 1). However, phase 3 trials also address important aspects of AD management, including the treatment of agitation and psychosis associated with AD. These trials aim to not only alter the disease course but also improve the overall quality of life for people at various stages of AD.

Spotlight on the Clinical Trials Watch

To address the complexity surrounding access to clinical trials for AD, Alzheimer Europe launched the Clinical Trials Watch (CTW) in 2016 as a user-friendly, web-based resource designed to make information about clinical trials in AD and other dementias more accessible to people living with dementia, their carers and the wider public. This platform aims to offer a comprehensive view of ongoing trials, although it is not exhaustive. All the clinical trials included are recruiting participants in at least one European country and the content is updated regularly, based on information available on public registries.

For this resource, Alzheimer Europe collaborates closely, with members of its European Working Group of People with Dementia (EWGPWD) and European Dementia Carers Working Group (EDCWG) to ensure the information is understandable for a lay person, regardless of whether the person has a diagnosis of dementia. Pharmaceutical companies and study sponsors are also asked to provide feedback to ensure the scientific accuracy of the information.

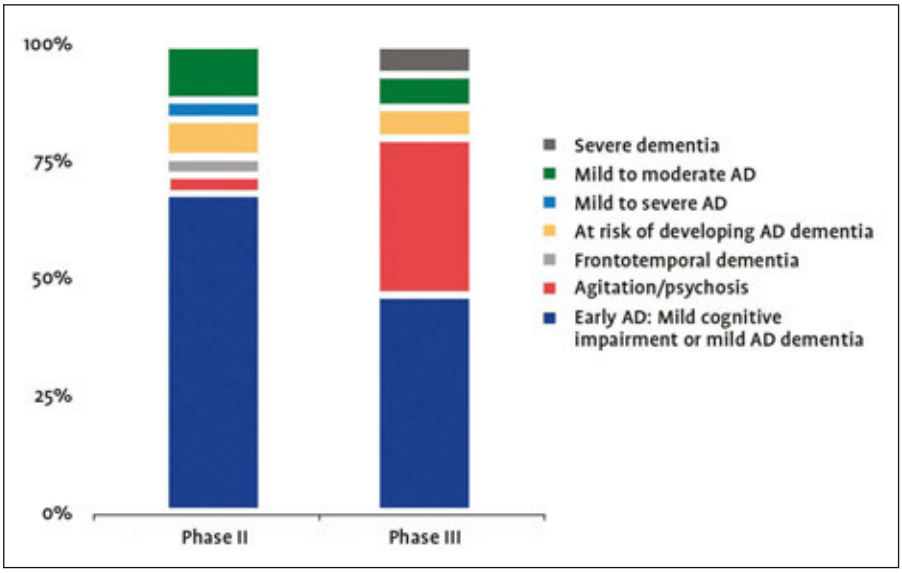
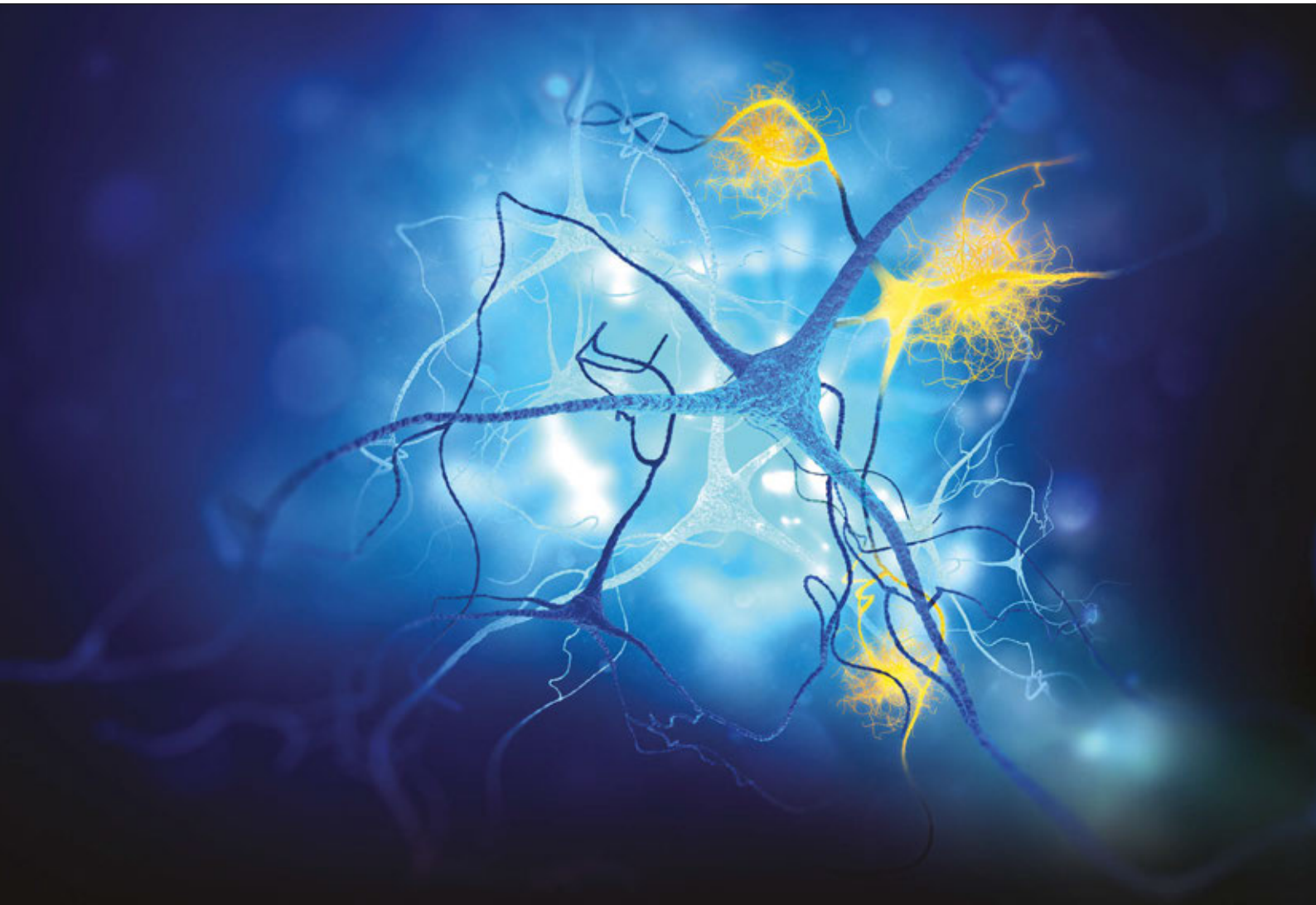


Figure 1: Distribution of phase 2 and 3 clinical trials by AD stage and/or disease target

Source: Alzheimer Europe supplement on clinical trials on dementia in Europe, October 2024



Why sustained investment and regulatory streamlining matter

Insights from the CTW underscore the need for more streamlined regulatory processes on one hand, and for sustained investment in clinical research on the other. First, there are significant differences between European countries in terms of the number of clinical trials open for recruitment. In a number of small and mostly Eastern countries, it is impossible for volunteers to take part in a clinical trial. Additionally, while Europe remains a key participant in global dementia-trial activity, it faces specific challenges in competitiveness. Globally, more trials are conducted in the United States than in any other global region (Figure 2).

These differences could be influenced by several factors including regulatory environments, resource allocation, infrastructure and population diversity. Addressing these challenges requires a concerted effort from global health authorities, research institutions and funding bodies to ensure that clinical trials are conducted efficiently and effectively. Although the dementia research ecosystem has begun to implement new and promising approaches to improve the accessibility, efficiency and equity of clinical trials, it is important to note that these innovations require sustained investment to succeed.

Innovative pathways reshaping clinical trials

Clinical trials are often conducted at specialised research centres, which may be located in urban or academic settings. This can pose difficulties for participants living in rural or remote areas, who may have limited access to these centres. Major advances in the last decade in digital technologies and decentralised trials have opened a window of opportunity to introduce new methods into clinical trials, creating a more inclusive and effective trial environment for participants. These innovations can address logistical and geographic challenges by bringing trial-related services closer to participants, such as home visits for assessments and sample collection when feasible, and satellite sites deploying mobile clinics to reach participants in rural or underserved areas.

In Europe, new regulatory strategies have also been implemented by the European Medicines Agency (EMA) to enhance the availability and accessibility of clinical trials for AD. Initiatives such as the EU Clinical Trials Regulation (CTR) and the Accelerating Clinical Trials in the EU (ACT EU) programme aim to harmonise regulatory processes, improve coordination and foster cross-border collaboration to make Europe a more attractive and efficient region for clinical research.

Access to approved therapies

Recent clinical trials of anti-amyloid drugs have marked a turning point in the field, leading to the approval of the first disease-modifying therapies for AD in several global regions. While these drugs represent hope for many people with AD, the benefits and risks of treatment are multifaceted and complex, as are the findings from high-profile clinical trials of drugs such as lecanemab and donanemab. Access to these innovative drugs will pose a major challenge, as inadequate resourcing of European healthcare systems excludes many from accessing a timely diagnosis, as well as patient-centred support, care and treatments.

In January 2024, Alzheimer Europe launched a position paper on anti-amyloid therapies for AD, calling for concrete actions from industry, regulators, payers, healthcare systems and governments to ensure safe, timely and equitable access to these innovative medicines, for all people with early AD who could benefit from treatment.

A call to action

In Europe, around nine million people are living with dementia, and this number is expected to exceed 14 million by 2050 (Dementia in Europe Yearbook 2019). Now more than ever, it is crucial to continue research for AD and other dementias.

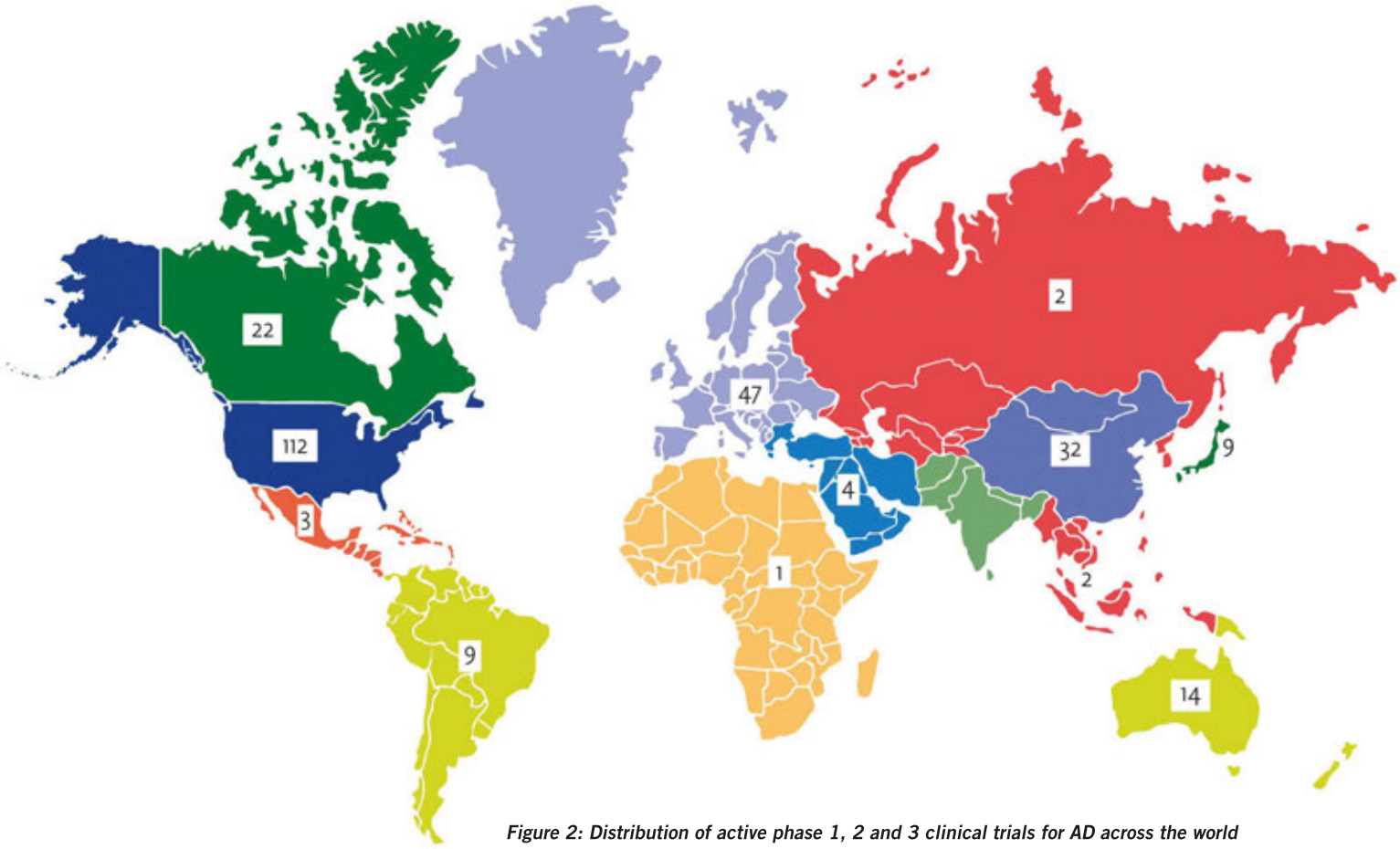


Figure 2: Distribution of active phase 1, 2 and 3 clinical trials for AD across the world

Source: Alzheimer Europe supplement on clinical trials on dementia in Europe, October 2024

Clinical trials are central to translating research into real world solutions, supporting the innovation journey from discovery to acces-sible diagnostics and therapies, and ultimately improving long-term outcomes for patients.

In January 2024, Alzheimer Europe adopted the Helsinki Manifesto setting out key policy priorities for the new mandates of the European Parliament and European Commission. We therefore reaffirm our call to prioritise AD and request policies and investments to remove barriers from getting diagnoses, participating in trials and accessing innovative treatments. Specifically, we call for:

- Transparent communication by developing new approaches to raise awareness of clinical trials
- Reduced barriers to participation and improve access to trials by addressing issues such as travel, participant burden and restrictive eligibility criteria
- Broadened equity in trial access by ensuring geographic, socio-economic and under-represented groups are included
- Enabled efficient regulatory and operational systems by promoting cross-border recognition of trials, decentralised trial design and streamlined operations
- Timely access to innovations (diagnostics or therapies) so the full journey from research to real-world solutions reaches the patients who need them most

"Alzheimer Europe remains committed to a holistic approach to AD and other types of dementia where innovative new treatments are included alongside counselling, support and adequate care of people with dementia and their carers throughout the disease process."

Jean Georges, Executive Director, Alzheimer Europe

- Increased funding for dementia research around diagnosis, clinical care and therapeutic interventions
- Increase the funding allocated for dementia research proportionately to its societal cost, bringing the total funding to at least the level of other non-communicable diseases
- Full involvement of people living with dementia and their caregivers from the outset: design trials with their input on burden, travel and inclusivity.

Alzheimer Europe (AE) is the umbrella organisation of 41 national Alzheimer's associations from 36 European countries. AE is a non-profit, non-governmental organisation with a mission to change perceptions, policy and practice in order to improve the lives of people affected by dementia.
Find out more at alzheimer-europe.org/

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Cindy Birck is a Project Officer at Alzheimer Europe

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Alzheimer's disease – the future of diagnosis and treatment in Europe

Recognising symptoms early and acting quickly can make a real difference to the lives of patients

By Brenda Botello Estrada

Alzheimer's disease doesn't arrive with a bang – it creeps in quietly, stealing moments, memories and meaning. And yet, too often, we wait until it's loud enough to hear.

Alzheimer's disease (AD) continues to be one of the most challenging conditions facing patients, families and healthcare systems across Europe. A recent multi-country survey of clinicians treating patients with mild cognitive impairment (MCI) and AD revealed significant gaps in AD awareness that can lead to delays in patients seeking help.

Over half of specialists reported that patients delayed seeking help due to lack of awareness and/or stigma and just under half reported that a key barrier is a lack of understanding about what is part of normal ageing.

The hidden stress behind everyday struggles

The survey identified that many people first talk to their doctor because they notice changes, such as forgetting recent events or conversations, or struggling to find the right words or remembering names and having trouble concentrating or staying focused.

However, it's not only about remembering things or expressing themselves clearly – handling everyday tasks such as managing money, paying bills, taking medications on time and completing routine or familiar activities are also common reasons why patients consult their doctors.

These symptoms may seem subtle at first, but they can have a big impact on daily life and be associated with anxiety and depression. Recognising them early and acting quickly can make a real difference to a patient's life.

'There are persistent gaps in AD awareness, particularly in recognising early symptoms and seeking timely help'

Typically, the individual's partner or spouse was identified as the most common person to first notice symptoms and prompt the initial consultation with a physician; just one in five patients were the first to notice their cognitive symptoms and prompt initial consultation. This highlights the importance of involving family and/or support in the diagnostic process and navigating throughout the journey.

The case for earlier intervention

There are persistent gaps in AD awareness, particularly in recognising early symptoms and seeking timely help. These findings underscore the urgent need to raise public awareness and reduce stigma, so individuals feel empowered to pursue diagnosis and support earlier. There is a role for public health in educating on the early indicators of cognitive impairment – emphasising when symptoms are not just normal ageing and highlighting the importance of seeking timely medical advice.

The most common diagnostic pathway for AD is also the longest – it was found that the time until a diagnosis can double if patients require a referral from a general practitioner to a specialist.

Timely diagnosis is crucial to ensure optimal treatment to slow disease progression as soon as possible. Innovations in blood-based biomarkers will change the management of AD, allowing for earlier and more accurate diagnoses. However, this study found limited use of AD biomarkers in everyday practice across all countries (23% of all included patients with AD diagnosis), despite the fact that the majority of specialists (almost three quarters – 72%) considered AD biomarkers important to assist in diagnosis among patients with MCI – even though less than two out of ten patients had AD biomarker testing.

With most people diagnosed as having mild AD severity, there are indications of opportunities for earlier diagnosis.

Breaking down barriers

When asked about barriers to using AD biomarkers, specialists reported this to be based on costs (both the expense to the healthcare system or expense when tests were not covered by public/private insurance)

and testing not being routinely available or the invasiveness/suitability for patients – and this highlights that there is the potential for blood-based biomarkers that can be cost-effective, non-invasive and more broadly accessible for use in diagnosis.

Emerging anti-amyloid therapies are opening up new possibilities and offering the potential to slow disease progression. As these tools become more accessible, they are set to fundamentally reshape how we detect, treat and manage AD, moving us towards a more proactive and personalised approach to care.

As the efficacy and safety of these treatments improves when initiated at an earlier stage of AD, a timely and accurate diagnosis of AD is crucial.

Using real-world insights to drive better patient care

Due to the progressive nature of AD, there are still gaps in our understanding of the different stages of disease and how we appropriately capture decline across the multiple domains – not just cognitive, but day-to-day functioning, behaviour and quality of life.

Having a harmonised approach to capturing the most relevant measures over the span of the disease will be important for clinical practice and for patients and their families in their understanding of the long-term effectiveness of innovations and driving further improvements.

Leveraging real-world data enables us to better understand how treatments perform outside clinical trials, identify gaps in care and tailor interventions to patient needs. RWE not only helps us understand the patient journey but also informs actionable decisions to improve patient care, optimise resource allocation and enhance patient outcomes.

Lilly has been committed to AD research for over 30 years now. We're seeing real scientific momentum in AD, particularly through advances in biomarkers and new disease-modifying therapies.

Thanks to these scientific discoveries and a better understanding of how people live with AD, there's a real opportunity to improve care. By combining breakthroughs in science, real-world insights and growing awareness, patients, caregivers, doctors and researchers can work together to create better care plans.

Instead of waiting for symptoms to get worse, people can seek help earlier. This marks a turning point, a chance to make a real difference for those living with Alzheimer's disease.

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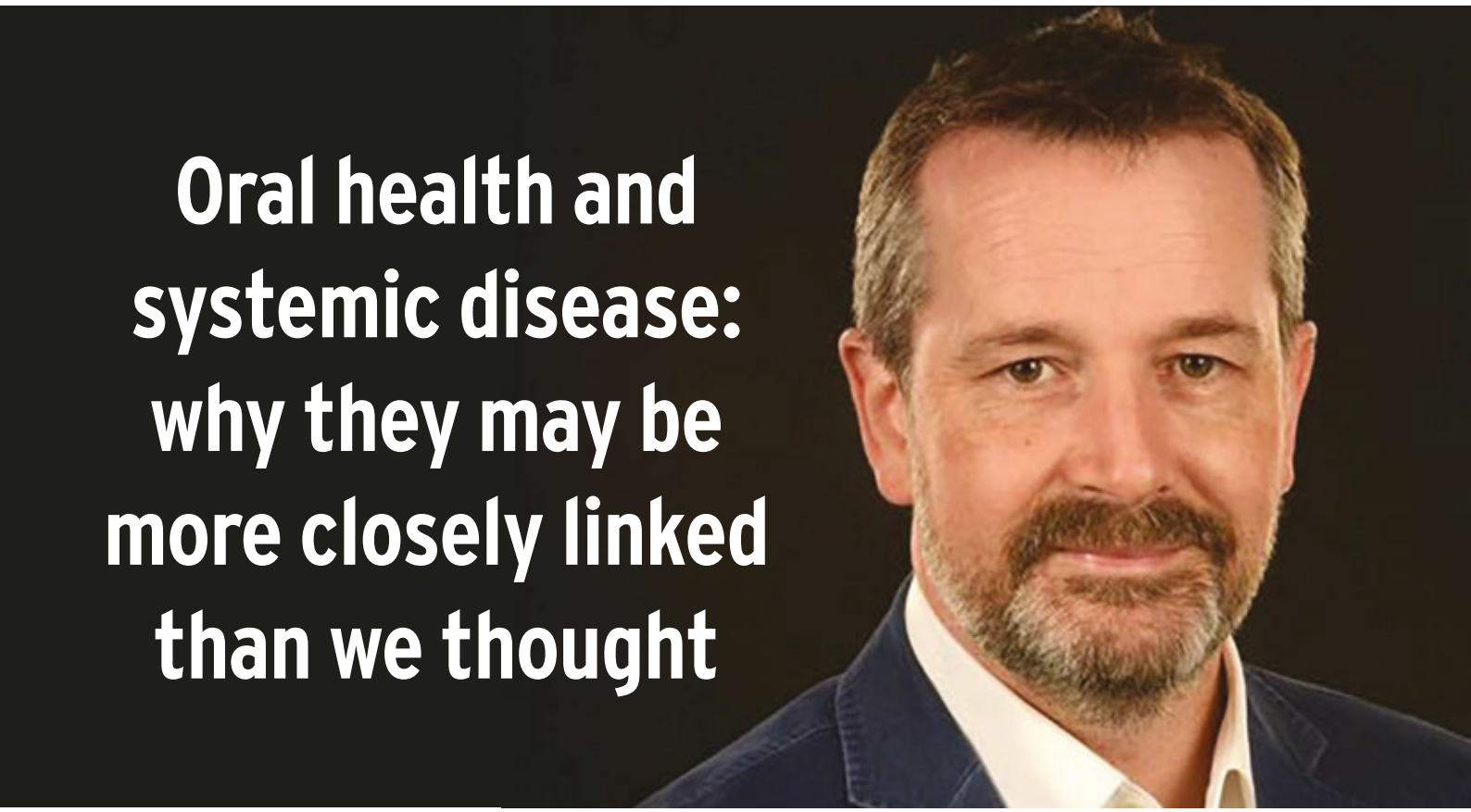
Oral health and systemic disease: why they may be more closely linked than we thought



P. gingivalis, a type of bacteria found in the mouth, is linked to autoimmune diseases like rheumatoid arthritis

PMGroup spoke to Dr Graham Lloyd-Jones, consultant radiologist at Salisbury NHS Foundation Trust. He is researching the links between oral health and systemic disease, and is a campaigner for better oral health in the UK. Currently, he is writing a book on his work and findings, which he began working on during the COVID-19 pandemic.

PMGroup: What is the link between oral bacteria and systemic diseases?
Graham Lloyd-Jones (GL-J): My research into COVID-19 showed that there is a far stronger connection between oral health and systemic diseases than was previously thought. I became interested in the link between poor oral health – particularly gum disease – and increased risk factors for people to develop more severe COVID-19. The best explanation is that the virus travels from the mouth – leaking through damaged, inflamed gums that can no longer act as a defence barrier – straight into the lungs and blood vessels. With the risk factors for COVID-19 and gum disease being similar, I worked with specialist dentists – who have an interest in the immunity of the mouth and the highly complex structures of the gums – to publish a hypothesis that gum disease is a converging risk factor for severe COVID-19.

I then started to read literature that showed a potential causative link with diabetes, Alzheimer's disease and heart disease. The biological processes of gum disease involve harmful bacteria in the mouth and the astonishing mechanisms they use to survive, infecting our gum tissues and subverting immune cells in a chronic, long-lasting inflammatory process spanning decades. The key pathological driver is Porphyromonas gingivalis (P. gingivalis).

My research focuses on four main areas: cardiovascular disease; Alzheimer's disease; diabetes and rheumatoid arthritis. Included in these are pregnancy complications. Most gut diseases are now implicated. The same bacteria can even be found in lung cancer and when I tell my colleagues this, they're extremely surprised – they had no idea that lung cancer could be about bacteria.

PMGroup: Can you tell us more about the risk factors involved?
GL-J: The reason P. gingivalis is able to infect our immune cells is closely connected to the choices we make about what we ingest – high sugar diets, junk food, smoking and vaping all contribute to oral dysbiosis, an imbalance of the oral microbiome. Bacteria that metabolises sugar produces an acidic environment in the mouth that P. gingivalis counteracts by producing ammonia, as it prefers a neutral or slightly alkaline environment. It then uses an enzyme to citrullinate human proteins, a process that is linked to autoimmune diseases like rheumatoid arthritis. P. gingivalis is the only bacteria that does this and it explains its link to autoimmune diseases like rheumatoid arthritis.

Unfortunately, gum disease is seen to be inevitable – 90% of people have gingivitis and over 40% of 30-year-olds have periodontitis – and together, periodontitis and dental decay are the most common diseases in the whole body. It's a major concern.

While poor oral hygiene plays a part, there is literature that is emphasising the risk of oral dysbiosis more. These risk factors – as well as high alcohol consumption, pregnancy, the menopause and menstruation – all encourage the growth of destructive bacteria.

PMGroup: What research is currently being conducted?
GL-J: Some researchers are working on an enzyme blocker for P. gingivalis in Alzheimer studies but, although they had some success, it proved to be too toxic.

Others are using saliva as a diagnostic test – you can diagnose pancreatic cancer from saliva with 96% sensitivity and 82% specificity, and even determine whether a tumour is malignant or benign from a simple spit sample, which is absolutely amazing. Saliva tests are also being used to diagnose Alzheimer's disease by looking at lactoferrin, with over 80% accuracy.

Much of the current research focuses on the mechanisms gum-disease bacteria uses to drive disease elsewhere in the body. The bidirectional link between periodontitis and diabetes is now recognised in NICE guidance, although it hasn't yet translated into ensuring that people with diabetes get access to dental care. Efforts are being made to encourage doctors and dentists to collaborate, as the processes in the mouth and pancreas in type 2 diabetes are part of a vicious cycle. You see the same pattern in Alzheimer's disease, where low saliva and reduced lactoferrin production promote destructive bacteria in the mouth.

Research has also been done on probiotics, but we need to tread carefully, as this focuses attention on the gut, but we also need to think: "What am I feeding my oral microbiome?" I call this the trombone effect – the mouth is like the mouthpiece of what's going on in the body – and people are now talking about the mouth/gut/brain or gum/brain axis. The mouth allows bacteria into the body without it being filtered by the liver, and gum disease can result in wounds the size of the palm of your hand. It's like an open wound we can't protect, and that's a good way of looking at gum disease.

PMGroup: How can people improve the quality of their oral care and, equally, the quality of what they consume?

GL-J: It's astonishing how removed we have become from our evolutionary environment. We've forgotten how to interact with the land, grow our own food and share it with our communities – and, in the process, we share our bacteria as well. We need to focus on eating real, unprocessed foods, which unfortunately means greatly reducing our intake of anything with added sugar, as well as fermentable carbohydrates that don't provide nutritional value. Many of the vitamins we ingest – A, B, C, D and K – have a direct impact on oral health, and vitamin deficiency is responsible for gum disease as much as sugar is, so it's the balance of both.

As mentioned, smoking and vaping are very harmful to the whole microbiome. Vaping is especially worrying as young people take it up without realising its effects on oral dysbiosis. Understanding how smoking gives us disease will be one of the keys to understanding oral/systemic links. The dangers of smoking can't be explained simply due to inhaling hydrocarbons, as gum disease bacteria is found in lung cancer – so the missing link between smoking and other diseases might be oral dysbiosis.

PMGroup: How do you envision the field of oral health changing in the next few years?

GL-J: My hope is that medicine and dentistry focus more on the concept of oral systemic disease and the connection between the mouth and the rest of the body.

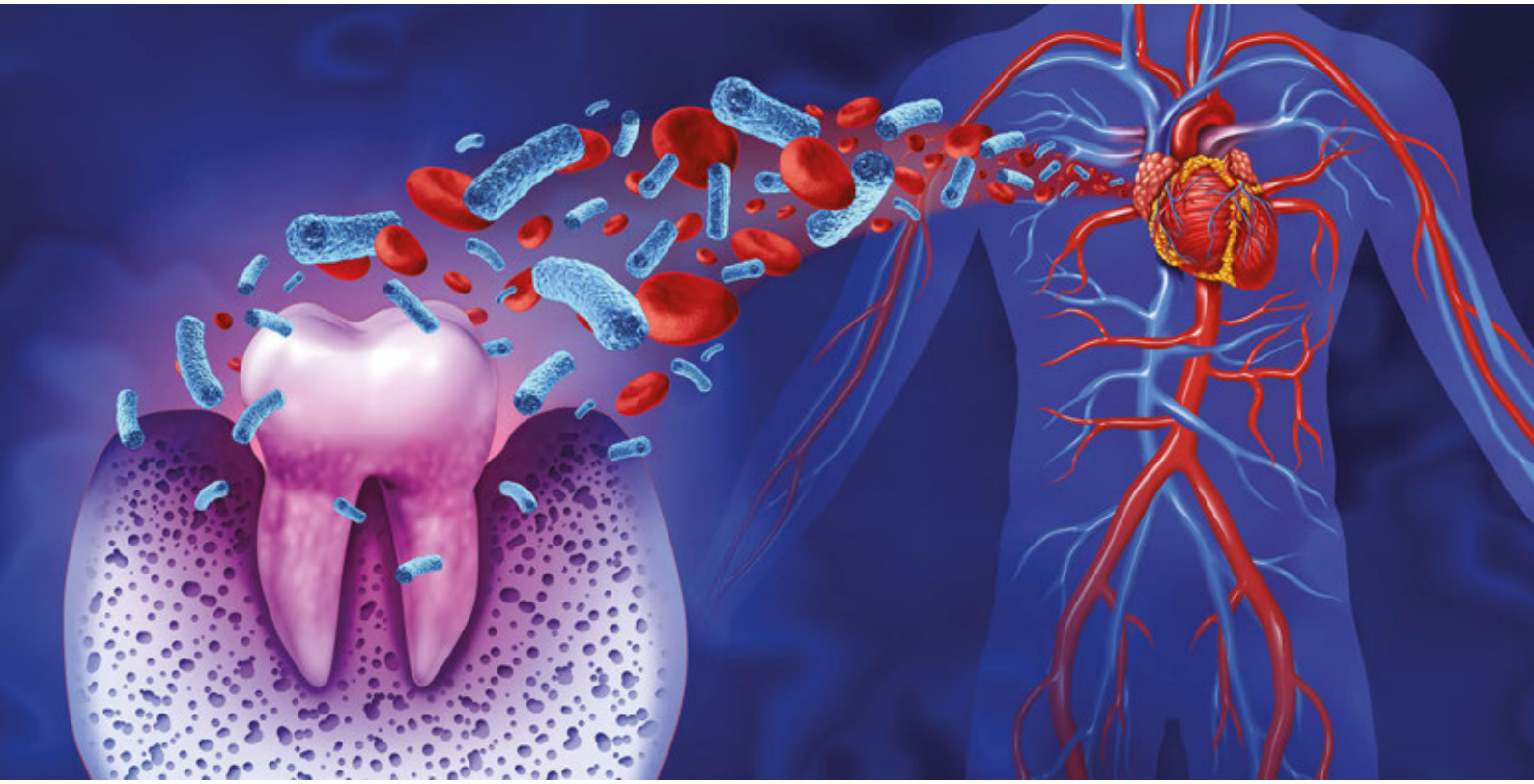
It needs to become mainstream in our medical and dental schools, and we're starting to work on a curriculum along those lines.

We also need to change the focus of oral care in hospitals. I'm part of a group of researchers that are preparing to send out a letter to all hospitals from the Chief Medical Officer for England calling for investment in pathways to train staff on implementing oral hygiene assessments. I'm also working with hospitals to improve CQC and NICE standards, so every hospital will be required to invest in oral care. Promoting better oral care is hugely cost-effective overall – it can reduce the time patients spend in hospital and it also results in a dramatical fall in the incidence of hospital-acquired pneumonia, ultimately reducing patient death rates.

It's extremely difficult to get access to funds that can enable these changes to be put into place in hospitals – even for something that is clearly beneficial and cost-effective. Ultimately, we need to stop seeing dental care as an optional extra and increase government awareness so that free or affordable oral care is available for all.

Increasing people's awareness of the dangers of poor oral health through public health campaigns is so important – people know that smoking kills, but perhaps we need a campaign to say that gum disease kills too. Caring for the mouth is about caring for the whole body, and understanding that link between oral care and general health is vital.

Dr Graham Lloyd-Jones was interviewed by Ella Day, a freelance journalist. The article was written by Ella Day and Iona Everson, Group Managing Editor at PMGroup.



ASH 2025: where Magic Kingdom met the spirit of *Andor*

At ASH 2025, bold science and immersive experience bumped shoulders with a clear call to fight for patients

By Susanne Bobadilla

Anyone arriving in Orlando, Florida expecting the Disney enchantment of Cinderella's Castle may have wondered if they were in the right place. ASH 2025 showed up with a clenched fist and never loosened it. Under the rallying call of 'Fight 4 Hematology', the meeting stepped forward with purpose, urging the community to 'fight for science, fight for research, fight for haematology and fight for patients'.

That spirit spoke directly to the week's defining theme: boldness. Bold science pushed the conversation towards outcomes that once belonged in fairytales. Bold exhibition spaces pulled delegates into the mechanics and meaning of breakthrough therapies. And bold advocacy championed inclusion, diversity, funding and access at a time when all four are under pressure. This was Disney territory, but not Disney thinking. Activism, not escapism.

That's not to say the science didn't feel quietly magical. Across the programme, advances such as CAR-T therapies and bispecific antibodies shimmered, nudging hard-to-treat cancers like multiple myeloma and aggressive lymphomas closer to the realistic prospect of cure. And where cures remain out of reach, improvements in quality of life and extensions in survival are delivering meaningful gains for patients.

The magic here was grounded in data, discipline and years of hard-won progress that was finally paying off. We may not have the keys to Cinderella's Castle yet, but haematology has reached the ceremonial steps and is ready to climb them. Here are the highlights.

The Incredibles: oncology advances

If the week had a scientific throughline, it was this: haematologic oncology is no longer content with incremental gains – it's stress-testing the limits of response, durability and, increasingly, cure.

In B-cell lymphomas, the conversation has clearly moved beyond first-generation CD19-only CAR-T therapies. A new wave of early clinical data explored broader targeting strategies designed to reduce relapse and antigen escape. Miltenyi Biomedicine presented pivotal data on zamto-cel, a next-generation CAR-T for people whose large B-cell lymphoma has returned or stopped responding to treatment. Leveraging a non-cryopreserved or 'fresh' CAR-T therapy cut the wait between cell collection and infusion to just two weeks, while also aiming to preserve T-cell fitness. Zamto-cel helped patients live significantly longer without their disease worsening compared with standard chemotherapy. The difference wasn't marginal, with far more patients remaining event-free.

Accessibility beyond specialist centres emerged as another key theme. Kite presented early-phase data on two next-generation CAR-T therapies, Kite-636 and Kite-753, in people with relapsed or refractory large B-cell lymphoma. Both programmes showed encouraging signs of disease control alongside safety profiles suitable for outpatient use, pointing to real 'community readiness' rather than hospital-only delivery. Kite-753 also demonstrated preserved T-cell health, a signal linked to longer-lasting responses.

Elsewhere in B-cell lymphoma, the development of allogeneic 'off-the-shelf' CAR-T therapies signalled another important advance. Legend Biotech's dual anti-CD20/CD19 CAR-T LUCAR-G39D showed promising first-in-human results, with encouraging safety and efficacy in B-cell non-Hodgkin lymphoma (B-NHL).Imugene's Azer-cel also drew attention as a potential first-in-class candidate for diffuse large B-cell lymphoma patients who relapsed following CAR-T. Phase 1b data showed high overall response rates with molecular remissions – encouraging signs for a growing population with high unmet need.

Finally, PMB-CT01 – a BAFFR-targeting CAR-T from PeproMene Bio – was highlighted as a potential option for B-NHL and B-cell acute lymphoblastic leukaemia patients whose disease has progressed on CD19 CAR-T or is CD19-negative. Interim phase 1 data suggests BAFFR targeting can overcome antigen escape while maintaining durable activity and low toxicity.

Together, the data suggested a future where CAR-T therapies are not only more effective, they're easier to deliver, reaching more patients in more settings.

In multiple myeloma, next-generation BCMA-targeted CAR-T therapies continued to strengthen their case. Kite's anitocabtagene autoleucel (anito-cel) reinforced its best-in-class potential in relapsed or refractory disease, with data highlighting deep and durable responses that support its positioning as a future cornerstone therapy. Patients treated with the therapy achieved a 96% overall response rate at the 15.9 month mark, with cancer undetectable in 74% of patients.

'The meeting urged the community to "fight for science, fight for research, fight for haematology and fight for patients"'

Elsewhere, early proof-of-concept data on the in vivo CAR-T generation highlighted KLN-1010, which aims to generate BCMA-targeted CAR-T cells inside the patient. Data from Kelonia Therapeutics showed no detectable cancer one month after treatment in patients with relapsed and refractory multiple myeloma. It's still early days, but wow.

Brave New World: beyond chemotherapy

One of the clearest signals this year was how decisively treatment for blood cancers is moving away from traditional, chemotherapy-heavy approaches. In acute myeloid leukaemia, regimens like azacitidine plus venetoclax continue to demonstrate that intensive induction chemotherapy is no longer the only effective option, offering meaningful responses with reduced toxicity and treatment burden. Elsewhere, bispecific antibodies and targeted inhibitors, including agents such as epcoritamab, glofitamab and next-generation BTK inhibitors, showed how immune-based strategies can achieve durable disease control while allowing patients to spend less time in hospital and more time living their lives.

One of the most talked-about read-outs came from the phase 3 MajesTEC-3 trial, which tested a combination of two immunotherapies – the bispecific antibody teclistamab (Tecvayli) and the CD38-targeting antibody daratumumab – against standard second-line multiple myeloma treatments. Patients receiving the 'Tec-Dara' combo were 83% more likely to be alive without their disease progressing after nearly three years, an incredible result that surprised investigators, suggesting this approach could define a new standard of care earlier in the disease.

Chronic lymphocytic leukaemia offered another clear example of this evolution.

The CLL17 study showed that fixed-duration targeted therapies, including

venetoclax-based combinations, achieved non-inferior progression-free survival compared with continuous treatment using ibrutinib. For many newly diagnosed patients, time-limited therapy is now emerging as a primary option, reducing the burden of indefinite treatment while maintaining efficacy.

The shift away from chemotherapy was reinforced further by data on next-generation BTK inhibition. In previously untreated CLL and small lymphocytic lymphoma, pirtobrutinib demonstrated improved progression-free survival and a more favourable safety profile compared with bendamustine plus rituximab – strengthening the case for targeted, chemo-free approaches earlier in the disease course.

These advances point to a broader recalibration of what success looks like in haematologic oncology. Cure remains the ultimate ambition, but ASH 2025 highlighted that progress also means fewer side effects, shorter or finite treatment durations and therapies that fit more realistically into patients' lives. In that sense, the move beyond chemotherapy isn't just a scientific shift, it's a human one.

Hidden Figures: progress outside oncology

While oncology dominated much of the conversation, the meeting also took time to mark a quieter but no less important milestone: ten years of sustained progress in sickle cell disease (SCD). The anniversary served as a reminder of how far the field has come, not just in treating acute crises, but in building a fuller understanding of the lived experience of people with SCD. Sessions explored the full spectrum of sickle cell pain and the growing role of real-world data in shaping day-to-day care beyond clinical endpoints.

ASH also highlighted advances in other non-malignant haematologic conditions that rarely command headlines. One of the most prominent was in immune thrombocytopenia (ITP), where phase 3 data showed that ianalumab, targeting the BAFF receptor, could meaningfully extend disease control when added to eltrombopag, delaying progression and keeping platelet counts at safe levels for longer

The message: progress in haematology isn't confined to cancer alone, and the impact on patients' lives is no less profound when it happens outside the spotlight.

The Right Stuff: taking a stand

ASH 2025 didn't hedge its position. Advocacy was visible, deliberate and woven into the fabric of the meeting. Under the banner of Fight 4 Hematology, ASH made its own stance clear: stand up for science; for research; for inclusion and for patients. Rainbow branding and 'all are welcome here' messaging served as an explicit signal that diversity of people, perspectives and experience is fundamental to progress in haematology. The mood was less fairytale and more *Andor* – principled, defiant and clear-eyed about what standing your ground can achieve.

Advocacy moved beyond values into lived reality. The meeting repeatedly surfaced the gap between innovation and access, acknowledging that breakthroughs only matter if patients can reach them. For complex therapies like CAR-T, barriers aren't just financial, they're logistical, involving travel, time and support networks. Here, advocacy was framed as action rather than aspiration: fighting for science meant fighting for health systems that allow patients to access it.

Inside Out: stepping into the science

That same confidence carried straight onto the exhibition floor. What greeted delegates was unapologetically bold in scale and intent, with Sanofi, Novartis, J&J, Pfizer and others commanding large, visually striking spaces. But the message across the hall was remarkably consistent: science-led; human-centred. Storytelling focused on purpose, with education at its heart and success measured in lives touched rather than assets launched.

What set this year apart was immersion with intent. Sanofi created a spatial oncology experience designed to pull visitors inside the science. Incyte's heme arch invited delegates to hear directly from MPN and GVHD experts. Novartis leaned into provocation with 'Great minds think unalike', pairing the message with a fully immersive MOA movie theatre for ianalumab that blended sound, visuals and data. Elsewhere, BMS walked clinicians through the practical realities of navigating CAR-T care, while Lilly's 'Be the Spark' experience tied directly to its IGNITE campaign for pirtobrutinib. Across the hall, experiences were designed to educate and connect.

The focus was unmistakably HCP-centric. Where previous years leaned on patient-centred art, ASH 2025 invited clinicians to engage directly with mechanisms, evidence and decision-making, with the exhibition feeling like an extension of the scientific programme. You weren't just looking at the future of haematology, you were inside it.

Beyond the fairytale

ASH 2025 didn't come to Orlando to play it safe. In the shadow of Cinderella's Castle, the meeting chose substance over spectacle and conviction over comfort.

Bold science, bold storytelling and bold advocacy came together with a clear message: stand up for science; stand up for inclusion and stand firmly on the side of patients.

No glass slippers here. This was the real thing.

Suzanne Bobadilla is Executive Director, Global Medical Strategy at VML Health

Connecting through the chaos – why medical affairs needs creative problem-solving

By Ali Walsh

In 2000, the Turner Prize was awarded to an installation called 'Learning How To Drive'. In this interactive artwork by Tomoko Takahashi, viewers navigated barricades, sports cars, flying stop signs and a myriad of hazards, many of which seemed to come from nowhere.

As well as capturing the experiences of a learner driver, this installation also serves as a fitting metaphor for the reality of life as a healthcare professional (HCP).

The amount of medical information flying at HCPs is staggering and – from a medical knowledge base – expanding at an incredible rate (predicted to double every 73 days).

In theory, today's doctors should be the best-informed in history. But rather than empowering, this amount of information is simply overwhelming and, as a result, cognitive demands are reaching unmanageable levels. This impacts life in clinical practice, with HCPs experiencing burnout, depression and struggling to connect with colleagues and patients.

Patient interactions add to these difficulties as conversations are cluttered with misinformation and half-truths that erode trust between HCPs and patients.

For those of us working in medical affairs and medical education, this is a wake-up call. 'Business as usual' is no longer enough. We can't just ensure that our work stands out amid the chaos – we must truly connect with our audience and navigate the chaos together.

Let's take oncology as an example

Oncologists devising a treatment plan for a patient may need to review guidelines, read articles, order tests and consult with colleagues. The challenges of staying up to date may mean that clinically significant insights are missed, limiting options for patients who may benefit from them.

At Havas Lynx, we've been at the forefront of oncology communications for years. Our most-awarded campaigns at Cannes and Eurobest reflect our ethos across therapy areas to deliver innovation and creativity that empowers HCPs and patients to act differently.

Our approach has evolved: in a post-truth era, with fragmented media, declining trust in science, AI slop and more misinformed content than ever before, it needed to.

Medical affairs: from support function to strategic leader

Credibility and trust are now the currency of influence and medical affairs must play a vital role in forging these.

Grounded in data-driven human insights and representing the perspectives of both patients and HCPs, medical affairs can steward and lead cross-functional discussions that include commercial, compliance and patient advocacy teams. These collaborations ensure consistency and effectiveness. But let's be clear: trust is not built on data alone.

Translating information into clinical value

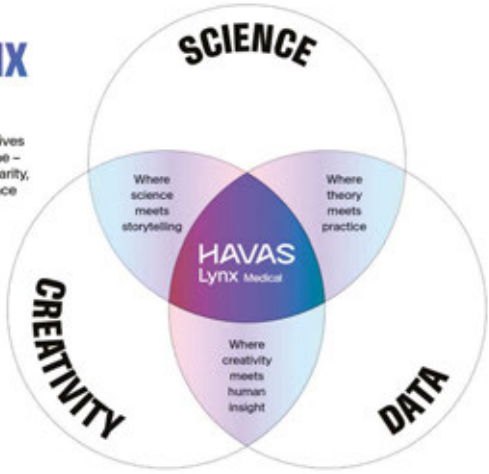
We don't just need to educate our audiences to change the way they think – we want them to act differently as a result. This demands connection and authenticity, and means that we have to show up in more thoughtful ways.

1. Understanding and empathy

We need to get under the skin of HCPs and patients to truly understand them and their needs. Tools like Point.1 (Havas' proprietary data and insights platform) can help us understand conversations and perspectives at a deeper level. This allows us to interrogate what our HCPs and their patients really need and identify the educational activities or solutions that will address them.

2. Personalised experiences

'One-size-fits-all' means 'doesn't really fit anyone'. Using our deep data sets from Point.1 and mapping customer experiences via our Medi-CX processes, we can unlock personalised experiences for truly effective learning, navigating the multitude of touchpoints that compete for HCPs' attention, meeting their educational needs where and when they need us.



3. Clinical utility and authenticity

Partnering with experts to create clinically actionable content is essential. Involving patients, doctors and allied HCPs in our work raises the standard of care and empowers HCPs as advocates, fostering scientific discourse and outputs that can be confidently shared.

Science, shared

Scientific communications need to be accurate, memorable and compelling. They should also move beyond abstract data to describe tangible realities that connect with human experience.

At Havas Lynx Medical, we are built to do this.

From our in-house medical and patient advisors to our scientific strategists and world-leading creative problem-solvers, we believe that the science our industry is built on is not just innovative.

It should be meaningful, challenging, moving or even delightful – a source of connection amid the chaos and something that demands to be shared.

To get in touch about working with us, reach out to europe@havaslynx.com, we'd love to have a conversation!

To find out more, visit: havaslynx.com/medical/

Ali Walsh is Scientific Director at Havas Lynx

Designing healthcare AI that works for every patient

As generative AI becomes more embedded in clinical decision-making, ensuring safety, accuracy and relevance is critical

By Tim Morris

The healthcare sector is evolving at an extraordinary pace, driven by new technologies and a rapidly expanding body of clinical knowledge. Healthcare professionals (HCPs) are under growing pressure to stay current with massive growth in information, emerging innovations and shifting best practices, all while managing rising patient demands. Among these innovations, artificial intelligence (AI) is transforming how diagnosis, treatment and care are delivered. AI tools have the potential to support clinical decision-making, streamline workflows and enable more personalised care.

However, the adoption of AI in healthcare brings challenges. These include the risk of clinical errors, misinformation from generative AI, limited transparency in how outputs are generated and algorithmic bias that could exacerbate existing health disparities. To mitigate these risks, AI technologies must be rigorously validated, responsibly deployed and thoughtfully integrated into clinical workflows.

To fulfil AI's potential, it must be designed to work for every patient, not just those who are well-represented in training data sets. This calls for a thoughtful coordinated approach to development and implementation. It includes designing clinical decision support (CDS) systems that reflect the diversity of patient populations, integrating AI in ways that enhance care without introducing new barriers and ensuring HCPs are equipped to use these tools effectively.

Why we need effective clinical decision support systems

Healthcare systems globally are under immense pressure, from ageing populations and rising chronic disease burdens to increasing expectations for personalised care and digital transformation. These systemic challenges are compounded by workforce shortages, which threaten the sustainability and quality of care delivery.

The shortage of nurses in the UK is no secret. The NHS Long Term Workforce Plan aims to grow the workforce from around 350,000 to around 550,000 in 2036/37. However, analysis by the Royal College of Nursing shows that the plan is not yet impacting current numbers. This shortage, alongside the mounting patient demand in primary care, where general practitioners are seeing nearly half of the country's population each month, underscores the scale of the challenge facing the UK healthcare system. With these workforce pressures and relentless patient demand, it becomes increasingly difficult for the workforce to deliver personalised care, engage in professional development or maintain a sustainable work-life balance. The resulting cognitive load can erode empathy, reduce decision-making confidence and compromise the quality of patient interactions.

CDS tools are digital systems that help the healthcare workforce to make informed decisions at the point of care. By surfacing relevant, evidence-based medical content in response to clinical queries, these tools can help to ensure consistency and quality across multidisciplinary teams. When powered by technologies like generative AI, CDS tools can rapidly summarise high-quality, peer-reviewed information to support care delivery and enhance collaboration.

However, their impact depends on clinical accuracy, seamless workflow integration, user trust and the quality and breadth of the sources it pulls information from, ensuring it reflects the diversity of patient populations.

These tools can be a lifeline for HCPs at the point of care. In order for them to be used effectively, they must be intuitive, trustworthy and capable of delivering clinically relevant insights. This means understanding the unique needs of each patient and helping HCPs make informed decisions quickly and confidently. Crucially, these tools must be trained and tested on data that reflects the full spectrum of patient experiences, including those from marginalised and underserved communities. They should also be adaptable to different clinical contexts, recognising that healthcare delivery varies across regions and systems.

Embedding evaluation into inclusive AI design

As generative AI becomes more embedded in clinical decision-making, ensuring safety, accuracy and relevance is critical. Grounding outputs in trusted, evidence-based sources helps reduce misinformation and bias, while supporting transparency through citable, traceable answers. Retrieval-augmented generation architecture strengthens this approach by linking AI outputs to authoritative content, mitigating risks associated with pure foundational models and enhancing clinical reliability.

To safeguard patient care and maintain trust, healthcare organisations and developers must adopt rigorous evaluation frameworks that reflect the realities of clinical practice. These should assess not only technical performance but also how well AI tools support HCPs in diverse settings, specialties and workflows. Responsible AI principles such as explainability, fairness, human oversight and robust data governance are essential to ensure AI enhances, rather than undermines, clinical judgment.

Elsevier's framework for evaluating generative AI solutions, including ClinicalKey AI, offers one example. Developed with input from clinical experts across multiple specialties, the framework evaluates AI-generated responses across five dimensions: query comprehension; helpfulness; correctness; completeness and potential for clinical harm.

In addition, a clinician-in-the-loop methodology ensures that responses from generative AI solutions are reviewed by licensed experts, providing real-world relevance and helping developers refine tools to meet the needs of varied clinical environments.

While this framework is specific to Elsevier's generative AI solutions, the broader principle applies across the industry. AI tools should be evaluated with clinical oversight and tested against a wide range of use cases to ensure they support equitable, high-quality care for all patients.

Making AI practical and usable in daily care

Beyond safety and inclusivity, AI tools must be practical. Developers must prioritise usability, accessibility and clinician empowerment. Seamless integration into daily workflows is key. When evidence-based insights are embedded directly into the systems HCPs use, they can make faster, more confident decisions without disruption.

Generative AI can support HCPs in identifying diagnoses, optimising treatment plans and generating personalised educational materials. These capabilities improve efficiency and strengthen communication between HCPs and patients, especially those who may struggle with complex medical terminology.

'AI tools have the potential to support clinical decision-making and enable more personalised care'

To avoid creating new barriers, developers must embrace user-centred design, transparency and continuous feedback. HCPs should be involved throughout the development process, helping shape tools that reflect real-world needs. Transparency about data sources and limitations builds trust and enables informed decision-making.

Training HCPs to use generative AI effectively

Even the most advanced AI tools are only as effective as the HCPs who use them. As generative AI becomes more embedded in clinical workflows, HCPs must also be equipped with the skills and confidence to use it safely and effectively. This includes understanding how AI outputs are generated, how to interpret them and how to apply them in context.

Healthcare organisations have a pivotal role to play. Just as they invest in digital infrastructure, they must also invest in workforce readiness. Training should be practical, tailored to clinical realities and inclusive of different roles and settings. It must go beyond technical instruction to foster critical thinking and build trust in AI systems.

To support this need, Elsevier has launched the Gen AI Academy for Health – a self-paced accessible course designed to help HCPs develop the knowledge and skills required to use generative AI responsibly in practice. Empowering HCPs through training is key to unlocking AI's full potential. When HCPs understand and trust the tools they use, they can deliver safer, more personalised and more efficient care.

A future where AI works for everyone

AI is already being implemented across healthcare, but its rapid adoption must be matched by a commitment to safety, consistency and accountability. The path forward is not about replacing human judgment but enhancing it. AI should serve as a trusted partner, empowering HCPs, reducing friction and improving outcomes.

To achieve this, healthcare systems must prioritise standardised deployment, rigorous validation and clear regulatory frameworks that safeguard patient safety and equity. Initiatives like the Gen AI Academy and its evaluation framework demonstrate how industry can support responsible AI implementation grounded in evidence and clinical expertise.

We can build a future where healthcare AI truly works for everyone by investing in inclusive design, robust evaluation, clinician training and evidence-based content. This means supporting HCPs, respecting patient diversity and upholding the highest standards of clinical excellence.

Tim Morris is VP Commercial Global Nursing Solutions at Elsevier

Medicine shortages strike again – can radio-frequency identification technology help?

RFID has emerged as a key technology for its rapid, accurate data capture, and track and trace capabilities for manufacturing and supply chain operations

By Stephan Pottel

Medicine shortages in the UK and Europe made news headlines in recent weeks. A report identified fragile supply chains as one of the causes, with 136 medicines listed in short supply. January 2024 data shows 19 countries in the European Economic Area (EEA) experienced shortages of winter antibiotics, with 11 recording critical shortages. Similar problems are highlighted in a UK report, with materials, manufacturing, quality, packaging and supply chain challenges cited as causes.

A set of recommendations from a leading pharmacy body calls for greater data sharing between manufacturers, wholesalers and healthcare providers to enable better planning and demand forecasting, as well as sharing good practice in the use of technology to help organisations to improve their systems.

Radio-frequency identification (RFID) technology has emerged as a key technology to address many of these issues, for its rapid, accurate data capture, and track and trace capabilities for manufacturing and supply chain operations. These solutions can enable asset visibility through real-time tracking and tracing of works in progress (WIP) and serve as a powerful deterrent against counterfeit drugs by enabling quick contactless identification and real-time data collection.

RFID technology can also help manufacturers by ensuring high product quality and patient safety by providing up to-date information on medicinal inventories to prevent the use of expired medications. And it can help manufacturers meet strict regulatory requirements by providing traceable records of pharmaceutical products.

The complexity of pharmaceutical tracking and tracing

Ensuring drug safety and effectiveness depends on proper traceability. Yet manufacturers face significant challenges. For example, pharmaceutical manufacturing involves coordinating and controlling many complex processes, making it difficult to accurately track all the variables associated with WIP and inventory levels.

Unfortunately, many traditional manual and semi-automated tracking methods don't provide the accuracy and level of detail these complex processes require, leading to bottlenecks and driving production costs. For example, manual data entry errors and other inefficient tracking systems all affect companies' abilities to maintain accurate inventory records, leading to under- or overstocking, and disrupting production schedules.

Since products have limited shelf lives, a big part of pharmaceutical inventory control is expiration date management. Because expired products can't be sold, failure to track these dates accurately leads to waste and financial losses.

A related challenge manufacturers face involves compliance. Adhering to rigorous standards involves meticulous record-keeping, accurate inventory tracking and complying with good manufacturing practices (GMP).

According to the European Medicines Agency (EMA) (as per the guidelines listed on the EMA's website), GMP requires medicines:

- To be of a consistently high quality
- To be appropriate for their intended use
- To meet the requirements of the marketing authorisation or clinical trial authorisation.

RFID technology can help manufacturers:

- Ensure high product quality and patient safety
- Provide up to-date information on medicinal inventories
- Prevent the use of expired medications
- Meet strict regulatory requirements
- Provide traceable records of pharmaceutical products.

While enterprise resource planning (ERP) and manufacturing execution systems (MES) can help manufacturers manage and control inventory, these systems still rely on humans to perform tasks like scanning parts with handheld devices, requiring valuable time. What's needed is a technology that can automatically monitor the status, location and inventory levels of each pharmaceutical product in real time.

Addressing manufacturing and supply chain challenges with RFID

Addressing these WIP tracking and inventory control issues, RFID technologies unlock real-time product traceability and inventory management, leading to better drug security and regulatory compliance.

These devices use electromagnetic fields to automatically identify and track tags attached to objects. Tags contain electronically stored information that can be read from a distance, using RFID readers that can gather tag information at multiple points along the production line and automatically update the data within the system.

'Companies need a technology that can automatically monitor the status, location and inventory levels of each pharmaceutical product in real time'

In the pharmaceutical industry, specifically, RFID tags contain unique data that stakeholders in the industry can use to verify the authenticity of medications and track their journey through the supply chain.

The EMA also sets out Good Distribution Practice (GDP) requirements. Compliance with GDP ensures that:

- Medicines in the supply chain are authorised in accordance with European Union (EU) legislation
- Medicines in the supply chain are stored in the right conditions at all times, including during transportation
- Contamination by or of other products is avoided
- Adequate turnover of stored medicines takes place
- The right products reach the right destination within a satisfactory time period.

The EMA also requires that distributors have a tracing system in place, to ensure faulty products can be located, as well as an effective recall procedure. GDP also applies to the sourcing, storage and transportation of active pharmaceutical ingredients and other ingredients used in the production of the medicines. The UK has similar GMP and GDP requirements.

With these real-time verification and comprehensive tracking capabilities, RFID systems ensure that only genuine drugs reach consumers, enhancing patient safety and preventing dangerous drug counterfeiting – which has, unfortunately, become a multibillion-dollar problem.

Automating data capture

By automating data capture, RFID systems avoid human errors in data entry and manual tracking, minimising the risk of errors that can lead to product recalls or compliance issues. RFID technologies integrate seamlessly with ERP/MES systems, avoiding the data silos and communication gaps that occur when trying to integrate disparate systems. This combination offers real-time visibility into inventory levels and production status, helping manufacturers and supply chains to maintain optimal stock levels.

Inventory management software collects, manages and analyses real-time data from tagged assets, readers and sensors to create meaningful information for stakeholders. Beyond the RFID solutions themselves, it's important for pharmaceutical manufacturers, wholesalers and healthcare providers to centralise RFID data using these platforms.

Stephan Pottel is Manufacturing Strategy Director EMEA at Zebra Technologies

Pandemic readiness is now a financial risk test – and the UK must treat it that way

COVID-19 showed how quickly a health emergency becomes a fiscal event: disrupting supply chains, reshaping capital allocation and exposing governance weaknesses

By Nigel Layton

The past year has offered a clear reminder that global health security is tightly bound to economic security. Geopolitical tensions have escalated, multilateral institutions are under strain and supply chains – though more robust than in 2020 – remain exposed. Public finances are stretched heading into an election-heavy 2026, meaning governments and businesses have less capacity to absorb shocks.

Against this backdrop, pandemic readiness can no longer sit solely within the public-health domain. It is now a core financial-resilience test. COVID-19 showed how quickly a health emergency becomes a fiscal event: disrupting supply chains; reshaping capital allocation and exposing governance weaknesses. If a serious outbreak emerged today, it would meet a more fragmented global system than the one that responded in 2020. That should concern boards and finance leaders preparing their multiyear risk strategies.

A more unstable global system raises both the risk and the cost of inaction

At a recent conference I described the US withdrawal from elements of the WHO's pandemic infrastructure as "monumental". For decades, US influence helped ensure that vaccines and medicines reached the most vulnerable regions quickly. Its retreat – alongside rising political pressures in other major donor nations – has left gaps in global emergency response. When lower-income countries cannot access vaccines or treatments rapidly, pathogens circulate and mutate for longer, prolonging global economic uncertainty.

For UK businesses, that reality translates into practical considerations: more conservative supply-chain assumptions; higher working-capital requirements and intensified scrutiny of third-party risk. The world has become more volatile – increasing the cost of preparedness, but increasing the cost of failing to prepare even more.

Supply chains are not operational issues; they are financial assets

COVID-19 showed that scientific breakthroughs matter little without the supply chain to deliver them. The UK mobilised vaccine production at pace, yet struggled to secure PPE and essential materials. Those weaknesses carried financial consequences: wasted procurement; fraud; stalled production and inefficient capital deployment.

While we cannot stockpile vaccines for unknown pathogens, we can stockpile critical inputs. We can invest in flexible manufacturing capacity. And we can ensure governance structures prevent the procurement failures seen during COVID-19. The UK has strengthened its stockpiling strategy, but progress does not equal preparedness. Boards now need to view supply resilience as integral to financial planning, not as an operational afterthought.

Partnerships are improving – and represent the UK's biggest opportunity

Despite the challenges, there are positive signs – industry and government are increasingly 'talking the right language' on preparedness, and public-private partnerships are improving. Approval protocols are becoming more flexible and AI is enhancing demand modelling, scenario planning and supply-chain visibility.

These developments matter because they reduce uncertainty for business. Faster regulatory pathways help companies plan manufacturing and capital expenditure with greater clarity. Better data-sharing and pre-agreed contingency arrangements make emergency mobilisation more efficient.

But partnerships must be built before a crisis, not during one. Agreements on procurement, surge capacity, data access and distribution need to exist now if they are to be effective when the next emergency emerges.

The UK's regulatory agility, strong scientific base and responsive life sciences sector mean it is well-positioned to lead – if it continues investing in these partnerships.

Speed and integrity: the dual regulatory challenge

Regulatory delays proved costly during COVID-19. Speed does not require lower standards; it requires processes that can match the pace of innovation. However, speed must come with integrity and emergency procurement environments are prone to fraud. Rapid onboarding of suppliers increases exposure to third-party misconduct. In my investigations work, these risks continue to dominate, especially in higher-risk regions.

For finance leaders, this is a financial-risk issue, not a compliance formality. Under the UK Bribery Act and the US Foreign Corrupt Practices Act (FCPA), liabilities extend to partner failures. Strengthening governance frameworks is essential to reducing both legal and economic exposure.

Forward-looking businesses are already asking:

- How exposed are our critical suppliers to geopolitical shifts?
- Can our governance processes operate at speed during a crisis?
- Do we have pre-approved contingency partners?
- What capital buffers would a prolonged health emergency require?

These are economic questions as much as health questions.

Why this matters now

As organisations prepare their 2026 risk plans, they face a world of tighter fiscal margins, greater geopolitical turbulence and more mobile pathogens. Pandemic readiness belongs on board agendas – not as a hypothetical threat, but as a stress-test of financial stability.

Preparedness is an investment in economic stability

The UK has made progress, but readiness is not fixed – it must be continually reinforced. Resilience requires pre-established partnership structures, governance frameworks capable of preventing procurement failures and regulatory processes that can move quickly without compromising standards. It's also vital that supply-chain strategies are focused on essential inputs and there is sustained global engagement to fill emerging leadership gaps.

The UK has the tools, expertise and partnerships to strengthen its position. The next pandemic will test our ability to protect public finances and economic stability, but readiness is not built in the crisis – it is built long before it arrives.

Nigel Layton is Global Head of Pharma & Life Sciences at Forvis Mazars

Communication breakdown

Why soft skills are more important than ever in life sciences

By Ivan Wall

We all know or work with people who can be difficult to deal with, and even talk to, and we all know or work with other people who are a joy to be around and who make the working day a little brighter.

Some of those difficult people will be highly competent in their field; their technical knowledge will be deeper than most – and they will know it.

But is technical competence enough? Do organisations need only that in order to thrive, or are soft skills (like communication, teamwork and leadership) equally important?

A recent report from Harvard Business Review concludes that soft skills help workers reach the highest levels of professional attainment.

The report notes: 'Put simply, as technical complexity rises, the glue that keeps talent productive is social skill – communication, empathy, conflict resolution and the ability to coordinate diverse expertise.'

Soft skills, then, are those personal attributes, traits and abilities that determine how you interact and work with others – helping you to navigate the complexities and challenges of the workplace, like difficult personalities, conflict and shifting priorities.

They are vital for effective collaboration and are, unsurprisingly, highly valued by employers.

In this article we look at how organisations are embracing new technologies, such as VR and AI, to help develop those soft skills; and we highlight the issues faced by the medicines manufacturing sector to illustrate the importance of soft skills in life sciences.

Life skills

The life sciences sector is a priority for the UK government and a huge employer of highly skilled scientists and engineers, along with many others working in support or administrative roles.

But there is a critical skills shortage in some areas; for example, one report calculates that 70,000 new and 75,000 replacement jobs will be needed in medicines manufacturing in the next ten years, as new medicines are approved that require complex handling and processing.

The government has responded to this by creating Resilience, the UK's Medicines Manufacturing Skills Centre of Excellence – a two-year, £4.5m programme designed to excite, engage and attract young people to work in the sector that uses advanced VR technology to deliver core laboratory and manufacturing skills.

'A recent report from Harvard Business Review concludes that soft skills help workers reach the highest levels of professional attainment'

Critically, it also uses AI-powered VR technology to develop soft skills, creating and learning from customisable role play.

VR offers many benefits for this kind of learning; users can be put into highly typical, real-life scenarios, such as a difficult conversation or job interview, where they interact with virtual avatars. Crucially, they can replay the scenario over and over, trying new approaches and building confidence.

AI tools can analyse users' behaviours and actions (speech, body language, decisions) and provide immediate insights to guide improvements.

Perhaps most importantly, users have the opportunity to literally 'see the scenario' from other perspectives (for example, a colleague's), which creates empathy and allows users to see how they come across to a third party.

While the idea of watching ourselves, for example in an interview, is enough to make most people squirm, it can reveal aspects of our behaviour (mannerisms, delivery and body language, for example) that we're likely unaware of.

Finally, VR training can be delivered anywhere and scaled at will, so is highly cost-effective.

Talk talk

Collaborative working is essential in the modern workplace, perhaps even more so in the life sciences sector, where scientists work on highly advanced biology and medicines.

The scientist caricature shows someone who is brilliant and eccentric, but who may be lacking in social skills and may not that good at communicating – the core enabling skill that underpins teamwork.

Good, effective communication can mean the difference between success and failure – and the most significant part of communication is listening.

Of course, the best approach is to ensure organisations attract and retain the right people in the first place. As the wise saying goes: 'Hire for attitude, train for skills.'

The most important of those skills, as noted above, is undoubtedly communication, from which everything else flows. Clear communication, almost by definition, means using appropriate language – not raising your voice, or talking down to your listeners. And it engenders respect and trust.

It doesn't matter if you are right, or know more than anyone else about something – if you can't communicate your meaning clearly, to ensure that your co-workers understand, then you're wasting your time.

As Einstein said: "If you can't explain it simply, you don't understand it well enough."

Of course, there is another side of this coin, and another quote captures this in the form of advice and observation: 'When people talk, listen completely. Most people never listen.'

That was Ernest Hemingway.

On a related note, Stephen Covey said: "Most people do not listen with the intent to understand; they listen with the intent to reply." And from further back, La Rochefoucauld observed: "We never listen when we are eager to speak."

This habit of not listening, but instead being ready to pounce with your tuppence-worth, is undermining and can be harmful, resulting in frustration and loss of trust – but is something that can be improved upon when brought to the person's attention.

Other soft skills that are highly valued include adaptability, work ethics and emotional intelligence. These skills can help you to stand out in a competitive job market.

Talking of which, here's a final extract from the Harvard Business Review analysis: 'We found that those who scored highly on basic skills were more likely to earn higher wages throughout their careers, move into more advanced roles, learn specialised skills more quickly, and were more resilient to industry changes. The presence and development of foundational skills didn't just make workers more competitive for entry level jobs – they determined how far they could climb the career ladder.'

In the Resilience programme, we recognise how important it is for scientists and engineers to communicate effectively, and we have developed the tools and technology to help them improve this primary soft skill.

Conclusions

Soft skills matter. They foster teamwork, collaboration and a healthy, happy workplace.

Most importantly, they can be learned and developed – AI and VR are powerful tools for training in soft skills.

Of course, not every company needs to be so reliant on soft skills. Start-ups may need 'instant' technical expertise and high-turnover operations may simply not care, but for the vast majority of workplaces, soft skills really matter – a lot.

'The issues faced by the medicines manufacturing sector illustrate the importance of soft skills in life sciences'

Given the critical skills shortages in some parts of the UK's life sciences sector, it is vitally important that we not only find highly qualified scientists and engineers, but also ensure that they are ready to work in and contribute to a collaborative, supportive, respectful and trusting environment.

Communication is the core skill that underpins everything, and it cuts both ways; articulating your point clearly is vital, but so is actively listening.

As George Bernard Shaw put it: "The single biggest problem in communication is the illusion that it has taken place."

About Resilience

Resilience is the UK Medicines Manufacturing Skills Centre of Excellence. It is a £4.3m programme funded by the Office for Life Sciences, part of the UK government's Department for Science, Innovation & Technology, and managed through Innovate UK.

The two-year programme, which started in April 2024, uses virtual reality to train medicine makers in core skills that would be impractical, disruptive and expensive to gain in the real world.

Partner organisations across the UK delivering the programme include the University of Birmingham, University College London (UCL), Teesside University, Heriot-Watt University and Britest. Professor Ivan Wall of the University of Birmingham and Professor Gary Lye of UCL are co-directors.

As well as bridging the skills gap, Resilience is helping the NHS to meet its long-term goal of achieving net zero. 25% of NHS emissions are in the supply chain, and VR will help the industry deliver net zero medicines manufacturing by reducing laboratory waste.

Ivan Wall is Professor of Regenerative Medicine at the University of Birmingham and co-director of Resilience, the UK's Medicines Manufacturing Skills Centre of Excellence

Gilead

KEELEY WETTAN

Gilead has appointed **Keeley Wettan** as Executive Vice President, General Counsel, Legal & Compliance. She is also currently Chair of the Board of the Gilead Foundation. During her 14 years at Gilead, Wettan has held a variety of increasingly senior leadership roles. She was previously Senior Vice President, leading the Global Legal Business Partners team. Prior to that, she led the Litigation and Government Investigations and the Corporate Governance and Strategic Transactions teams. Wettan has provided instrumental support in a variety of drug launches at Gilead, including the recent launch of the breakthrough HIV prevention medicine lenacapavir. In her new role, she will join the company's senior leadership team. Before joining Gilead, Wettan was an attorney at Simpson Thacher & Bartlett.

Slingshot Therapeutics

JOHN ISAAC

Slingshot Therapeutics has appointed **John Isaac** as Chief Scientific Officer (CSO). Isaac recently served as CSO of AviadoBio. His other previous roles include Head of Neuroscience, External Innovation, Europe, the Middle East and Africa (EMEA) at Johnson & Johnson; Head of Neuroscience at Wellcome, and Head of Neurophysiology at Eli Lilly.

Eli Lilly

CAROLE HO

Eli Lilly has appointed **Carole Ho** as President of its neuroscience division. Ho brings extensive pharmaceutical experience to the role, having previously served as Chief Medical Officer of Denali Therapeutics. She serves as a Board member at a variety of companies, including Royalty Pharma, Beam Therapeutics and, previously, NGM Biopharmaceuticals.

Sonoma Biotherapeutics

STEPHEN DILLY

Sonoma Biotherapeutics has appointed **Stephen Dilly** as CEO. Dilly was previously CEO at Codexis, where he spent over five years, and will continue to serve as the company's Board Chair. Dilly's earlier roles include CEO of Sierra Oncology, Aimmune Therapeutics and PhotoThera, and as a board member at Cognoa and Adjuvance Technologies.

Domain Therapeutics

JEAN-MARIE CUILLEROT

Domain Therapeutics has appointed **Jean-Marie Cuillerot** as Chief Medical Officer (CMO). He has held the role of CMO at companies including Acrivon Therapeutics, Dragonfly Therapeutics and Agenus. Other previous roles include Global Head of Clinical Development in Immuno-Oncology and Vice President of Clinical Immunotherapy/Immuno-Oncology at EMD Serono.

Eli Lilly

CAROLYN BERTOZZI

Eli Lilly has appointed **Carolyn Bertozzi** to its Board of Directors. Bertozzi previously served on Lilly's board from 2017 to 2021; she is an elected member of the National Academy of Medicine, National Academy of Sciences and American Academy of Arts and Sciences, and received the 2022 Nobel Prize in Chemistry.

Enhanced Genomics

KATERINA LEFTHERIS

Enhanced Genomics has appointed **Katerina Leftheris** to its Board of Directors. She was previously Chief Scientific Officer at Vilya. Her other roles include Associate Director of Chemistry at Bristol Myers Squibb and Senior Director Chemistry at Celgene. Leftheris sits on the Board of Directors and Scientific Advisory Boards of various biotechnology companies.

Incyclix Bio

KIMBERLY BLACKWELL

Incyclix Bio has appointed **Kimberly Blackwell** to its Board of Directors. She is Chief Development Officer at Nucleus RadioPharm and founded Key Oncology Consulting, guiding biotechnology companies in the field of precision oncology. She has held senior leadership roles at companies including Zentalis Pharmaceuticals, Tempus AI and Eli Lilly.

CNX Therapeutics

KEVAN LEGGETT

CNX Therapeutics has appointed **Kevan Leggett** as Chair. Leggett brings over 25 years of expertise in both private equity and corporate finance to the role through his extensive work as a Mergers and Acquisitions advisor. Since 2010, he has served on the boards of more than 15 private equity-backed businesses.

Hansa Biopharma

MAX SAKAJJA

Hansa Biopharma has appointed **Max Sakajja** as Vice President, General Manager Europe and International. Sakajja joined Hansa in 2017 and has held multiple senior roles across corporate strategy, including Vice President International Markets. He led Hansa's alliances in Eastern Europe, the Middle East and North Africa, and established the company's presence in Australia. Prior to joining Hansa, Sakajja held the role of Global Product and Service Development Manager at Envirotainer. Other roles include Mergers & Acquisitions Director at Sobi and Founder and Partner at Enzymus. In his new role, Sakajja will lead Hansa's Commercial and Medical Affairs organisation. His appointment is part of Hansa's reorganisation of its European and International Commercial and Medical Affairs operations.

Kyowa Kirin

JULIE DEHAENE-PUYPE

Kyowa Kirin has appointed **Julie Dehaene-Puype** as President of the International Region. Dehaene-Puype brings more than 25 years of global pharmaceutical experience to the role. Her previous positions include Chief Commercial Officer, Europe/Canada at Mundipharma and General Manager, France at Takeda. She is also currently Non-Executive Director at Lytix Biopharma.

PureTech Health

ROBERT LYNE

PureTech Health has appointed **Robert Lyne** as CEO. Lyne joined PureTech in 2024 as Chief Portfolio Officer and has served as interim CEO of the company since 2025. His senior leadership experience includes multiple roles at Arix Bioscience, including Chief Operating Officer & General Counsel and later CEO.

Topadur Pharma

MATTHIAS SCHÄFER

Topadur Pharma has appointed **Matthias Schäfer** as CEO. Schäfer brings more than two decades of life sciences and healthcare experience to the role: he joined Topadur in 2024 as Chief Innovation Officer and Deputy CEO, and has previously held senior leadership roles at Geistlich Pharma and pfm medical.

NanoSyrinx

THOMAS J FARRELL

NanoSyrinx has appointed **Thomas J Farrell** as CEO. Farrell was previously President of Oricell Therapeutics, during which time he led the launches of multiple US clinical trials. He has served as interim CEO for a variety of cell and gene therapy companies, and was founder and CEO of Artiva Biotherapeutics and Bellicum Pharmaceuticals.

Eleva

ERICH RAJKOVIC

Eleva has appointed **Erich Rajkovic** as Chief Business Officer. He was previously Vice President Business Development at Eleva. Prior to this, he spent almost two decades at Affimed, in roles including Senior Programme Director/ Programme Head and Vice President Business Development, negotiating and closing multiple strategic partnerships.

Slingshot Therapeutics

BOBBY SONI

Slingshot Therapeutics has appointed **Bobby Soni** as Chief Business Officer (CBO). Soni was most recently Chief International Officer at BioInnovation Institute, where he also previously held the role of CBO. Other roles include Board Observer at Breye Therapeutics and Twelve Bio, as well as Non-Executive Director of STORM Therapeutics.

BICO

JESPER HAGBERG

BICO has appointed **Jesper Hagberg** as Chief Operations & Digital Officer. Hagberg was most recently Programme Director at FLSmidth. He also held multiple roles at Jula, including Chief Information Officer, Chief Digital Officer and Head of Project Management Office. Additionally, Hagberg was formerly Global Head of Operational Excellence at Clariant.

Linus Health

JULIE WOOD

Linus Health has appointed **Julie Wood** as Senior Medical Director, Clinician Engagement. Before joining Linus, Wood held the role of Senior Vice President for Science and Clinical Strategy at the American Academy of Family Physicians. She also brings almost two decades of experience as a family doctor to the role.

Prescient Healthcare Group acquires Uptake

Prescient acquires Uptake, with a focus on exceptional client delivery and impact in the pharmaceutical and biotech industry

Prescient (Prescient Healthcare Group) has acquired Uptake (Uptake Strategies), a global healthcare consultancy.

This strategic move marks the beginning of an exciting new chapter for both companies, combining complementary expertise and shared values to deliver exceptional impact for pharmaceutical and biotech clients and the patients they serve worldwide.

Prescient is an international consulting partner to the biopharmaceutical industry, with offices in the US, UK, India, Spain and Germany.

Stephanie Hall, CEO and Founder of Uptake, will assume the role of Global Practice Lead – Commercial and will join the Prescient Board, ensuring continuity of Uptake's values, culture and dedication to delivering exceptional performance for clients throughout the integration.

Jason McKenna, CEO of Prescient, commented: "We are delighted to welcome Uptake to Prescient. Uptake's reputation for excellence, innovation and cultural integrity aligns perfectly with our own ambitions.

"This partnership strengthens our ability to deliver integrated commercial, medical and strategic solutions for clients globally, ultimately benefiting patients through better-informed decisions."

Stephanie Hall, CEO of Uptake, added: "When seeking a partner for our next chapter, Prescient stood out for its cultural alignment and shared commitment to purpose.

Stephanie Hall Uptake Founder and CEO

"This next phase of Uptake's growth will unlock new opportunities for our people and clients, while preserving the values that have defined us for 20 years. I am excited to join the Prescient Board and lead the combined Commercial Practice as we scale together."

Alan Payne, Partner and Deputy Head of Bridgepoint Development Capital, said: "This acquisition is a strong strategic fit for Prescient, adding highly complementary commercial and launch expertise. Since partnering with Bridgepoint in 2021, Prescient has proven its ability to integrate high-quality businesses, and this transaction reflects a disciplined approach to scaling its platform while continuing to deliver strong outcomes for clients and patients."

Jason McKenna CEO Prescient

This joining of forces reflects both Uptake's and Prescient's strategic growth ambitions, which are focused on combined global reach and innovation. Prescient's proven track record in successful integrations, including its acquisition of Strategic North in 2022, ensures a smooth transition with minimal disruption to clients and teams.

Both companies share a strong values-led culture, with Prescient's B-Corp certification reinforcing its commitment to purpose and sustainability. Integration planning is already underway, guided by principles designed to maximise the benefits of clear synergies, increased capacity and combined strengths to deliver further positive impact.

For now, Uptake will continue to operate under its existing brand, with an initial reference to being 'part of Prescient' across communications.

Further brand evolution will follow as integration progresses.

Together, Prescient and Uptake will combine global scale and deep expertise, to deliver transformative solutions for pharma and biotech clients, and better outcomes for patients worldwide.

Prescient is a science- and insight-led development and commercialisation partner that works with pharma and biotech companies. Uptake is a global healthcare consultancy. The transaction is supported by Prescient's existing investment partner Bridgepoint, which partnered with the company in 2021.

Prescient operates across three core practices:

01 Medical, led by Luke Solon

02 Competitive Strategy, led by Ryan Caradonna

03 Commercial Practice (newly combined), to be co-led by Prescient's Simon Campling and Uptake's Managing Director, Maxine Smith.

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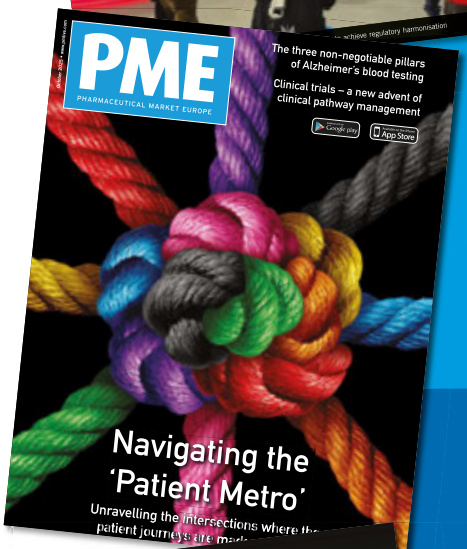

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