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PME

PHARMACEUTICAL MARKET EUROPE

GenAI: embracing the transformation – with caution

The world's most studied diseases – four lessons from 2025

The race to explore and harness GenAI in healthcare

As AI graduates from efficiencies to unimagined possibilities

Patient-centricity in rare disease

Using dynamic capabilities to adapt to VUCA markets

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PMGROUP
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The race to explore and harness GenAI in healthcare

This month we have a special feature on GenAI and its impact on pharma – from intelligent content generation to optimising HCP engagement.

In Danny Buckland's first article, *The race to explore and harness GenAI in healthcare*, he writes: "GenAI's reach into healthcare is becoming more comprehensive, with most organisations using some form of AI and actively looking at expanding its digital footprint. It's been progressing through ever-advancing digital tools and capabilities over the last decade, with the market for GenAI expected to rise from $1.1bn in 2023 to £17.2bn by 2032." Read more on page 28.

In Danny's second article, *GenAI: Embracing the transformation – with caution*, he writes: "Agility in crowded, rapidly-shifting markets is essential and the growing efficacy of large language models and algorithms is a beguiling prospect but, despite the GenAI fervour, key observers feel there is an acute need to prepare organisations to understand what specific tools they need and how to wield them." Turn to page 34. to find out more.

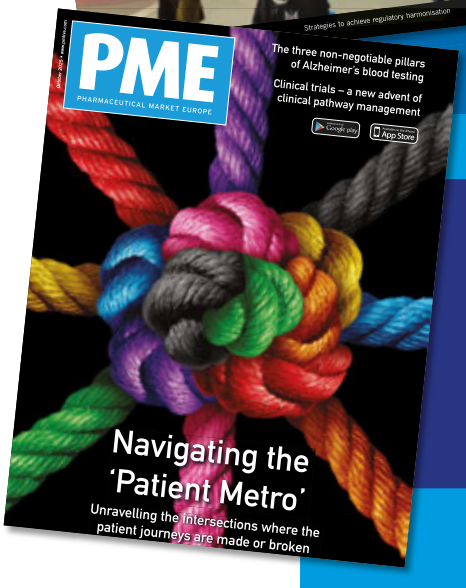
Also in this month's issue, we have an article from Dr Gen Li at Phesi, looking at the company's annual *Top Five Most Studied Diseases* report. As Dr Li says: "The report, now in its fifth year, looks back at half a decade of ups and downs in the clinical development sector. It tracks the world's most studied diseases using contextualised real-world data from more than 300 million patients, and this year's report was based on 65,892 recruiting clinical trials from across the globe." Read more on page 16.

It is Rare Disease Day on 28 February and in his article, *Patient-centricity in rare disease: accelerating the path to treatment*, Chris Moore writes: "More than 300 million people worldwide live with a rare disease, representing up to 5.9% of the global population. With over 6,000 distinct conditions – 72% of which are genetic – the therapeutic landscape is uniquely complex." Turn to page 18 to find out more.

Our April issue will look at the impact of current weight loss drugs on longer-term behaviour change, the barriers patients face and the role of HCPs and support programmes. 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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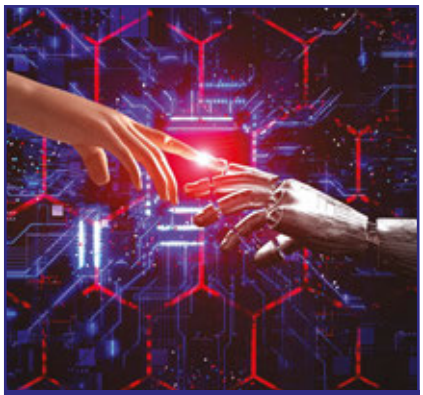

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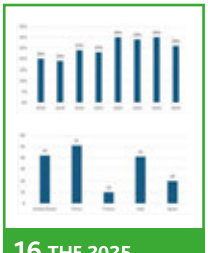

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NEWS

Biogen's Iitifilimab receives FDA Breakthrough Therapy Designation for lupus

Biogen's Iitifilimab has received Breakthrough Therapy Designation from the US FDA to treat cutaneous lupus erythematosus (CLE).

CLE is a chronic autoimmune skin disorder characterised by symptoms such as rash, pain, itch and photosensitivity. CLE patients also often experience skin damage that leads to scarring, alopecia and dyspigmentation, significantly affecting quality of life.

Around 90% of lupus patients are women, and symptoms typically begin from aged 15 to 40. Lupus has a disproportionately high impact on certain ethno-racial groups, such as African American, Asian and Hispanic/Latino communities.

There is currently no cure for lupus. Standard-of-care therapies for CLE include topical steroids, antimalarials and immunosuppressants, but these treatments manage symptoms rather than slowing or preventing disease progression.

Victoria Werth, professor of dermatology at the Perelman School of Medicine, University of Pennsylvania, said: "With topical steroids and antimalarials as the initial therapies for managing CLE and no alternatives specifically approved for CLE, there is a need for effective, targeted treatments, and that could be a drug like Iitifilimab."

Johnson & Johnson's Darzalex Faspro regimen receives FDA approval for multiple myeloma

Johnson & Johnson has announced that its Darzalex Faspro-based regimen (daratumumab and hyaluronidase, in combination with bortezomib, lenalidomide and dexamethasone (D-VRd)), has received approval from the US FDA to treat adults with newly diagnosed multiple myeloma who are ineligible for autologous stem cell transplant (ASCT).

The approval is based on results from the phase 3 CEPHEUS study, which compared the safety and efficacy of the D-VRd regimen with bortezomib, lenalidomide and dexamethasone (VRd) alone.

Almost five years later, the Darzalex Faspro-based regimen showed significantly increased rates of complete response or better at 81.2% vs 61.6% with VRd. The study showed that the safety profile of the Darzalex Faspro-based regimen was favourable, with the most common adverse events including upper respiratory tract infection, sensory neuropathy and musculoskeletal pain.

Multiple myeloma is a blood cancer affecting plasma cells. It is the second most common blood cancer globally. Estimates suggest that over 36,000 people will be diagnosed with multiple myeloma in the US, with over 12,000 deaths in 2026. Multiple myeloma has an average five-year survival rate of 59.8% and is currently incurable.

FDA Priority Review given to Datroway for breast cancer treatment

The US FDA has given Priority Review to a supplemental Biologics License Application (sBLA) for Datroway (datopotamab deruxtecan) to treat adults with unresectable or metastatic triple-negative breast cancer (TNBC).

AstraZeneca and Daiichi Sankyo's antibody drug conjugate is suitable for adults who are not candidates for PD-1/PD-L1 inhibitor therapy.

Priority Review is granted by the FDA to therapies that have the potential to improve on available treatments, either through enhanced safety or efficacy, prevention of serious conditions or improved patient compliance. The sBLA for Datroway is being reviewed under Project Orbis, which helps to accelerate the approval of oncology treatments.

Around 70% of metastatic TNBC patients are not eligible for immunotherapy. In these cases, the only approved first-line treatment is chemotherapy. There is a significant unmet medical need for treatments to fill this gap.

The sBLA for Datroway follows the release of data from the phase 3 TROPION-Breast02 trial. Compared to first-line chemotherapy, Datroway showed a five-month improvement in median overall survival and a 43% reduction in risk of progression or death in immunotherapy-ineligible metastatic TNBC patients. Datroway also showed greater durability of treatment response.

Sanofi announces positive results for venglustat in type 3 Gaucher disease

Sanofi has announced positive results from its study of venglustat in adults and children over 12 with neurological manifestations of type 3 Gaucher disease (GD3).

Gaucher disease is a rare, inherited lysosomal storage disease caused by deficiency of the glucocerebrosidase enzyme. This leads to molecules known as glycosphingolipids (GSLs) building up, especially in macrophages of the spleen, liver, bone marrow and lungs.

There are three main types of Gaucher disease. In GD3, neurological symptoms such as ataxia and cognitive issues are seen alongside the systemic manifestations that characterise GD1.

Enzyme replacement therapy (ERT) can be used to treat systemic symptoms of GD3, but there are currently no approved treatments for its neurological symptoms.

The LEAP2MONO study showed that venglustat improved both neurological and non-neurological outcomes. Improvements in neurological symptoms, which were the primary endpoint of the study, were measured at week 52. These scores were then compared with those of patients receiving ERT.

Venglustat was found to be well tolerated by participants, and no new safety signals were observed.

Skyhawk Therapeutics' SKY-0515 shows positive results in Huntington's disease

Skyhawk Therapeutics has announced positive interim results from its phase 1 trial of SKY-0515, an investigational treatment for Huntington's disease.

The phase 1 clinical trial of SKY-0515 showed that patients receiving SKY-0515 had a mean Huntington's Disease Rating Scale improvement from baseline of 0.64 points at nine months of treatment, where a worsening of 0.73 points would usually be expected. There was a dose-dependent reduction of mHTT protein in the blood of 62% at the 9mg dose, and a dose-dependent PMS1 mRNA reduction of 26%.

Huntington's disease is a rare, hereditary neurodegenerative disorder affecting more than 40,000 patients in the US and hundreds of thousands globally. There are no approved treatments to inhibit the progression of the disease, which is ultimately fatal.

Ed Wild, professor of neurology at University College London, said: "These open-label trial results, due to be validated in the ongoing placebo-controlled FALCON-HD trial, give an expectation of meaningful impact for people living with HD across the world – for whom an orally administered HTT-lowering treatment such as SKY-0515 will be truly transformative."

Novo Nordisk announces positive results for CagriSema in type 2 diabetes

Novo Nordisk has announced positive headline results from its trial of CagriSema (cagrilintide and semaglutide) in weight loss and blood glucose control.

Data from the phase 3 REIMAGINE 2 trial, part of the global REIMAGINE programme of clinical trials, showed that the weight loss and blood glucose control demonstrated by CagriSema at 68 weeks was superior to those offered by semaglutide. These results were consistent across all tested doses.

The trial evaluated 2,728 people living with type 2 diabetes who were inadequately controlled with metformin with or without an SGLT2 inhibitor. Around 40% of participants were treated with an SGLT2 inhibitor prior to trial initiation.

Those with a baseline body weight of 101kg lost an average of 14.2% after 68 weeks while using, with no weight loss plateau observed at week 68. This is compared to a weight loss of 10.2% for those using semaglutide 2.4mg.

In addition, blood glucose control improved by 1.9%, from a baseline of 8.2%, after 68 weeks for those using CagriSema 2.4mg, compared to 1.76% for those using semaglutide 2.4mg.

NEWS

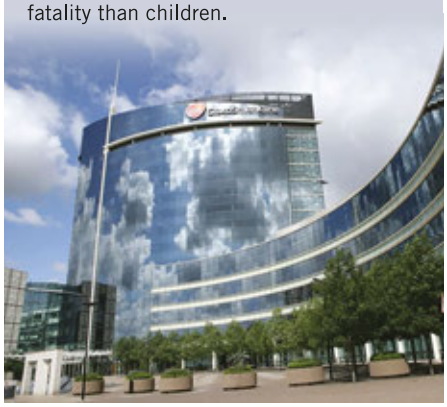
GSK's Arexvy RSV vaccine receives expanded EC approval for use in adults

GlaxoSmithKline (GSK) has announced that Arexvy, its respiratory syncytial virus (RSV) vaccine, has received expanded approval from the European Commission (EC) for use in adults aged 18 and over.

Arexvy was previously approved for use in adults aged 60 and older, as well as adults aged 50 to 59 who presented an increased risk for RSV. It was the first RSV vaccine to receive authorisation in the European Economic Area for the prevention of lower respiratory tract disease (LRTD) caused by RSV.

RSV is a virus that impacts the lungs and breathing passages. It is contagious and affects around 64 million people around the world annually. Chronic conditions, advanced age or immunocompromised status can increase the risk of getting RSV. Additionally, RSV can make many chronic conditions worse, including chronic obstructive pulmonary disease (COPD), asthma and chronic heart failure. Serious cases of RSV can cause pneumonia, hospitalisation and death.

Approximately 158,000 adults are hospitalised for RSV infections annually in the EU. Adults hospitalised for RSV run a higher risk of severe complications and fatality than children.



EMA gives Rezurock positive CHMP opinion for chronic graft-versus-host disease

The European Medicines Agency's (EMA) Committee for Medicinal Products for Human Use (CHMP) has given Sanofi's Rezurock (belumosudil) a positive opinion to treat adults and adolescents weighing over 40kg with chronic graft-versus-host disease (GVHD).

GVHD is a complication that can follow a stem cell transplant. It happens when donor cells attack the host's cells and is characterised by inflammation and fibrosis, which can cause tissue and organ damage.

Up to half of allogeneic haematopoietic stem cell transplant patients develop chronic GVHD, and it is one of the leading causes of morbidity and late non-relapse mortality following a stem cell transplant. GVHD can seriously impact patients' quality of life and places strain on healthcare systems.

The positive opinion is based on data from multiple studies, as well as real-world evidence regarding Rezurock. The phase 2 ROCKstar study showed that Rezurock offered durable response to GVHD patients who had already undergone two or more lines of systemic therapy.

The study also found that Rezurock was well tolerated. Sanofi also plans to conduct a confirmatory study to support the CHMP's positive opinion.

AstraZeneca's Imfinzi regimen receives positive CHMP opinion for early gastric and gastroesophageal cancer

AstraZeneca's Imfinzi (durvalumab), in combination with standard of care FLOT chemotherapy (fluorouracil, leucovorin, oxaliplatin and docetaxel), has received a positive opinion from the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) for adults with resectable, early-stage and locally advanced gastric and gastroesophageal junction (GEJ) cancers.

By 2030, around 62,000 patients across these regions are expected to be newly diagnosed with early-stage and locally advanced gastric or GEJ cancer.

The CHMP's positive opinion is based on results from the phase 3 MATTERHORN trial. The trial showed that the Imfinzi-FLOT regimen reduced risk of death by 22% compared to chemotherapy alone. Around 69% of Imfinzi-FLOT-treated patients were

alive at three years, compared to 62% of patients in the comparator arm of the study.

Gastric cancer is the fifth highest cause of cancer deaths worldwide, and almost a million people are diagnosed with it each year. There were around 43,000 patients treated for early-stage and locally advanced gastric or GEJ cancer in the US, EU and Japan in 2024.

Boehringer Ingelheim and Simcere announce inflammatory bowel disease collaboration

Boehringer Ingelheim and Simcere have announced a new licence and collaboration agreement for the development of SIM0709, a therapy for inflammatory bowel disease (IBD).

SIM0709 is a pre-clinical TL1A/IL23p19 bispecific antibody created by Simcere through its proprietary multi-specific antibody platform. It helps to tackle the onset and progression of IBD. Various research – including in vitro primary cell studies and in vivo animal studies – has shown that SIM0709 is superior in efficacy to a combination of two monotherapies used to treat IBD.

IBD refers to a set of progressive conditions, including Crohn's disease and ulcerative colitis, that have serious quality of life impacts on patients. IBD often necessitates hospitalisation and surgery. Estimates suggest that over three million people around the world are affected by IBD. There is a major unmet medical need

in this area, since current treatments do not fully prevent or undo complications associated with IBD.

Carine Boustany, US Innovation Unit site head and global head of immunology and respiratory diseases at Boehringer Ingelheim, said: "In IBD, too many patients continue to progress and experience severe complications despite currently available anti-inflammatory therapies."

Novo Nordisk and Aspect Biosystems expand collaboration on diabetes research

Novo Nordisk and Aspect Biosystems have announced that they are entering a new phase of their existing partnership, which is focused on developing cellular medicines to treat diabetes.

The two companies have collaborated on cellular medicines to boost, replace or repair biological functions since 2023. The new phase will draw on joint work already performed as part of the partnership.

Aspect will lead the development, manufacturing and commercialisation of treatments created by the partnership, having acquired the rights to use Novo Nordisk's stem cell-derived islet and cell and hypoimmune cell engineering technologies. Novo Nordisk's expertise and capabilities in cell therapy research, development and manufacturing, as well as its US and Denmark experience, will be merged with Aspect's platform, which is based in Canada.

Aspect's platform will be used in the development of a new class of cellular medicines, designed to treat, and potentially cure, metabolic and endocrine diseases. One medicine generated by the platform will be an islet replacement treatment for type 1 diabetes. This medicine could restore control over blood glucose while eliminating the necessity for chronic suppression of the immune system.

UK pharma announces $15bn investment in Chinese manufacturing and R&D

AstraZeneca has announced a $15bn investment in China by 2030 to expand manufacturing and R&D. The investment is aligned with China's Healthy China 2030 and 'Common Health' agenda for increased accessibility in innovative medicines.

AstraZeneca will increase its capabilities in the areas of cell therapy and radioconjugates, thereby advancing its portfolio of treatments for cancer as well as haematological and autoimmune diseases.

The company plans to drive UK/China collaboration through collaborative work with institutions such as the University of Oxford, the University of Glasgow, King's College London and HSBC.

The investment will be divided across all areas of production, from initial drug discovery to manufacturing. It will also leverage partnerships with biotechnology companies for the global distribution of products developed in China.

Following its acquisition of Gracell Biotechnologies in 2024, AstraZeneca will soon become the first major global biopharmaceutical company with end-to-end cell therapy capabilities in China.

AstraZeneca already has R&D centres in Beijing and Shanghai that collaborate extensively on global clinical trials. It will now further develop its Chinese manufacturing facilities in Wuxi, Taizhou, Qingdao and Beijing, as well as announcing new sites in future.

DERMATOLOGY NEWS

LEO Pharma's Anzupgo cream progresses to phase 3 trial for lichen sclerosus

LEO Pharma has announced a phase 3 trial of delgocitinib cream to treat adults with mild to severe lichen sclerosus (LS).

The DELTA CARE 1 trial will initially recruit 300 women, followed by a further 352 men and women, from 80-90 global sites in the US, Canada, the UK, Germany, Frace, Italy, Spain and Poland.

LS is a chronic, inflammatory skin condition that occurs more commonly in women than men. For women, it often appears in childhood before puberty and again around or after menopause, while for men it often appears in young adulthood or after the age of 60.

Symptoms include white patches of skin, itching, soreness and scarring, which can lead to sexual and urinary dysfunction in both women and men – all of which can affect patients' quality of life, impacting daily activities and emotional well-being.

Anzupgo is currently approved in the US, the EU and several other markets for adult patients with moderate to severe chronic hand eczema. LEO Pharma is now investigating LS and exploring additional disease areas, where delgocitinib could address significant unmet medical needs.

Sanofi's amlitelimab shows positive results in atopic dermatitis

Sanofi has announced that its drug, amlitelimab, has shown positive results in the treatment of patients 12 years and older with atopic dermatitis (AD).

Positive results from the COAST 1 study were announced in September 2025. Sanofi has now released study data from the global phase 2 SHORE and COAST 2 studies of amlitelimab, a non-T cell depleting monoclonal antibody designed to target OX40-ligand (OX40L).

Both the SHORE and COAST 2 studies evaluated amlitelimab as a treatment for patients over the age of 12 with moderate to severe AD. The treatment was given either every four weeks or every 12 weeks. The SHORE study found that both doses, together with medium-potency background topical corticosteroids (TCS) with or without topical calcineurin inhibitors (TCI), met primary and key secondary endpoints compared with placebo plus TCS with or without TCI.

The COAST 2 study found that both doses of amlitelimab as a monotherapy met the study's primary endpoint at week 24.

The treatment presented a favourable safety and tolerability profile in both studies. Rates of treatment-emergent adverse events were consistent between treatment and placebo arms.

DEBRA Research and Netherlands university launch clinical trial site for EB

Dystrophic Epidermolysis Bullosa Research Association (DEBRA) Research and the University Medical Center Groningen (UMCG) in the Netherlands have launched a dedicated clinical trial site at UMCG to study epidermolysis bullosa (EB).

EB refers to a group of rare genetic skin disorders. The main symptom of these disorders is extremely fragile skin that causes frequent blisters and wounds, leading to debilitating pain.

UMCG is an established leader in the diagnosis and care of EB through its Center of Expertise for Blistering Diseases. The new collaboration and research site will drive EB research and increase the capacity for clinical research into EB.

The advantages of specialised trial sites include improved efficiency, greater recruitment and a patient-centric approach generated by centralising expertise within a dedicated location.

The site will host both company-sponsored and investigator-initiated trials. International EB initiatives will also be involved with research at the new site.

An increase in specialised clinical trial capacity, combined with scientific contributions to research on EB, will mark a major development in approaches to this rare and debilitating disorder.

Sagimet announces positive results for Ascletis' denifanstat in moderate to severe acne

Sagimet Biosciences has announced positive results from the trial of its license partner Ascletis Pharma's denifanstat in moderate to severe acne.

The phase 3 ASC40-304 trial evaluated the safety profile of denifanstat in patients with moderate to severe acne. These patients had previously been enrolled in the phase 3 ASC40-303 trial. ASC40-304 found that denifanstat was generally well tolerated by patients.

The trial also found that patients receiving denifanstat demonstrated improvements in all secondary endpoints, beyond those improvements noted at 12 weeks of study. These endpoints included the number of subjects whose Investigator's Global Assessment score decreased by at least two points and the percentage reduction in total skin lesion count.

More than 50 million people across the US live with acne, with 5.1 million annually seeking dermatology treatment for the condition. There is no cure for acne, and chronic treatment is often required to control the condition.

Topical therapies have shown lower adherence than oral therapies, with around 30-40% of patients not adhering to topical treatment. This highlights the unmet medical need for oral therapies such as denifanstat.

UCB releases new data on Bimzelx for hidradenitis suppurativa

UCB has released new positive data for Bimzelx (bimekizumab) to treat moderate to severe hidradenitis suppurativa (HS).

The BE HEARD trial found that Bimzelx showed complete resolution of inflammatory lesions in patients with moderate to severe HS, as well as significant improvements in the severity of their disease. These results were sustained after three years of study.

Analysis found that, after three years, the proportion of patients who had severe HS fell markedly from 87.4% to 14.7%.

There was also a marked improvement of 59% in the number of patients reporting only mild or inactive HS after three years. It was also found that patients' quality of life improved.

Data from the BE HEARD programme will be presented at the 15th Conference of the European Hidradenitis Suppurativa Foundation (EHSF).

HS is a chronic inflammatory skin disease that develops in early adulthood and affects around 1% of the population in the majority of studied countries. It is characterised by nodules, abscesses and pus-discharging draining tunnels. These often appear in areas including the armpits, groin and buttocks, leading to severe and often debilitating pain.

Skin Health Alliance donates funds to British Skin Foundation to drive research

The Skin Health Alliance (SHA) has donated £140,000 to the British Skin Foundation (BSF) for research into skin health.

This marks the Alliance's 13th annual donation to the BSF, with a total of more than £2.1m having been donated so far. Working together since 2023, the SHA and BSF have also awarded a portion of this funding as research grants for skin health.

This year, £92,000 will be donated to fund a two-year research project focusing on skin diseases and skin cancers that affect kidney transplant patients. This funding was decided upon after SHA founder Matthew Patey received a kidney transplant in 2025.

As a result of immunosuppressive medication, patients who have a kidney transplant have a greater risk of developing both skin diseases and skin cancer. The medication minimises the risk of the body rejecting the new kidney by lowering the immune system.

This affects the skin's ability to identify and fight abnormal cells, and it also weakens the immune system's ability to repair skin damage caused by ultraviolet light, which can result in skin cancer.

BRIAN D SMITH
DARWIN'S MEDICINE
AI'S BOTTLENECK PROBLEM

Why pharma's AI revolution may hinder innovation

A few weeks ago, over coffee with the head of R&D at a mid-sized pharma company, I asked what he made of the industry's headlong rush into AI-enabled drug discovery. He looked reflective. "We've signed three partnerships this year," he said. "But I can't say we're doing anything different from or better than our competitors. We're all talking to the same few AI companies, about the same targets, with similar data. It feels like we're all converging on the same point."

At this, my Darwinian instincts kicked in. I'd just returned from Ethiopia, where I'd seen the famous fossil 'Lucy' and read about Homo sapiens' spread out of Africa and its consequences for human diversity. Stick with me for a moment and I'll show you how our industry's latest trends and that ancient migration combine to illuminate the future of AI in the life sciences.

The founder effect

My ancestors, and those of all non-African humans, migrated from Africa to the Middle East about 60,000 years ago, along with a few thousand of their relatives. That small group formed a bottleneck in our genetic history. It's why there is more genetic variation among the 1.5 billion Africans alive today than among the other 6.5 billion people who are descended from that founding population. Sewall Wright called this the founder effect, when a small group becomes the baseline for everything that follows and later generations inherit its quirks, biases and blind spots. The founder effect isn't just a curiosity of human history. It's a reminder of how early conditions shape long-term outcomes, often in ways that are invisible at the time.

AI's genomic bottleneck

Perhaps you can already see why my coffee conversation got me thinking. My R&D friend was describing a small founding population of AI companies including Recursion, Insilico and Exscientia. These companies have the most mature pipelines, the most visible platforms and the densest web of pharma partnerships. I don't pretend to know the fine detail of their methods, but their dominance suggests that much of the industry is basing its discovery efforts on a relatively narrow range of approaches. Just as Homo sapiens passed through a genetic bottleneck on leaving Africa, pharma may be passing through an AI bottleneck today. A handful of AI discovery companies are becoming the de facto 'founders' of the industry's AI genome. Their architectures, training data and modelling assumptions are rapidly becoming the industry's shared inheritance. This is not inherently bad. But it is inherently consequential.

Creative consequences

This biological analogue suggests three structural risks when many companies rely on the same small set of AI platforms. First, early biases may become industry wide. If a model over-represents certain chemical spaces or under-represents certain biological mechanisms, that bias propagates across every partner pipeline. What begins as a quirk of one model becomes a systemic blind spot.

Second, exploration might narrow. AI is supposed to expand the search space. But if everyone uses the same tools, the search space may actually contract. Third, innovation may become path dependent. Future discoveries may be constrained by the assumptions embedded in the founding models. If the 'founders' favour certain modalities, targets or data types, those preferences may echo through the industry for years.

In evolutionary terms, the industry is undergoing a genetic bottleneck at the very moment it believes it is entering an era of unprecedented diversity.

The wrong kind of success

The danger isn't that AI-driven discovery will fail. It's that it will succeed too narrowly. A world in which every company uses AI is not necessarily a world of diverse innovation. It may be a world of inadvertently optimised convergence.

But the founder effect also creates opportunities. It opens ecological niches for smaller AI companies exploring different spaces. And it invites 'gene flow' – ideas, methods and architectures from other industries that aren't part of pharma's bottlenecked genome. Variation could come from unexpected places – academic labs, open source models or cross-disciplinary approaches borrowed from fields like materials science or climate modelling.

No one knows how AI drug discovery will play out. But Darwin taught us that evolution is powerful only when variation is preserved. Without it, even the most promising new species can become evolutionary dead ends. Darwinian thinking implies that pharma's AI future will be shaped not just by the brilliance of its algorithms but by the diversity of its foundations. And that, as Darwin might say, is a view worth taking.

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
LIFELINE

Become part of the bigger AMR chorus raising awareness and helping catalyse greater action

Just after Christmas I had my first singing lesson for several decades. Now I know you're wondering why I'm talking about singing lessons in a pharma magazine. So let me explain why I was dusting off my voice, which has more recently been reserved for the shower only. I was preparing for an audition to join the chorus for an entire week of the London run of the amazing musical production LIFELINE (lifelinemusical.com). And, I hasten to add, if successful, I would be performing alongside professional actors.

The musical has already achieved critical acclaim from runs at the Edinburgh Fringe and achieved off-Broadway success. In 2024, it became the first musical ever performed on the floor of the United Nations (UN). This is because LIFELINE (which is supported by the Healthcare Communications Association, British Society for Antimicrobial Chemotherapy and other pharmaceutical- and healthcare-related organisations) carries a hugely important message for everybody – that antimicrobial resistance (AMR) is one of the most urgent global health threats of our time.

From penicillin to AMR

The musical weaves together Sir Alexander Fleming's groundbreaking discovery of penicillin with the story of Jess, a junior doctor navigating the pressures of an overstretched NHS while her childhood sweetheart fights a drug-resistant infection. Its aim, and indeed success so far, has come from bringing this important topic into stories about everyday lives, using the extraordinary power of the Arts to move hearts and minds, encouraging us all to act quickly.

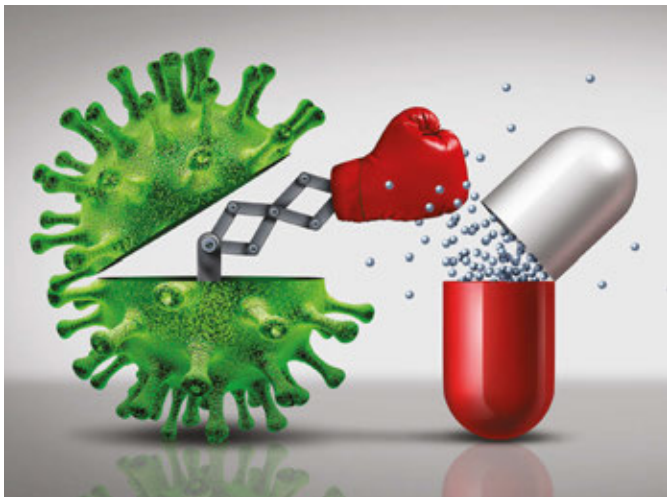
The WHO calls AMR one of the top global public health and development threats, and suggests that, by 2023, one in six bacterial infections worldwide were resistant to antibiotics, with resistance increasing year-on-year. We have always known of the risks. In 1945, Fleming himself cautioned about the risk of underdosing and exposing microbes to non-lethal quantities of the drug, thereby making them resistant. And yet we have increasingly used antibiotics in food production, which has contributed significantly to AMR.

'We don't market antibiotics'

It might be easy to switch off at this point because your company or clients are not involved in the manufacture or marketing of antibiotics. But AMR affects the whole healthcare ecosystem. It will affect you and your family, should you ever have the misfortune to contract a resistant infection. And with the need for antibiotic innovation and stewardship being so great, shouldn't your company – with its amazing resources and expertise – be contributing to relevant R&D or perhaps infection reduction initiatives?

Impact on vulnerable patient populations

Many of the therapy areas we work in can be impacted by AMR. The most obvious being anything involving surgical procedures and conditions where patients become more vulnerable to infection directly, or from the treatments they need – chemotherapy or immunosuppressants, for example. But any resistant infection can delay a treatment pathway, increase complications, reduce success and ultimately lead to premature death. As well as the human impact, the financial and resource burden on already-stretched health systems is significant, draining money that could perhaps otherwise be spent on new innovative medicines.



Health systems and regulatory authorities have certainly recognised AMR as a priority consideration and may request infection-related endpoints for non-antibiotic drugs or interventions. They may also favour organisations that show good stewardship and awareness of AMR. So, considering infection and AMR, whatever your therapy area, it's not just good ethically, it potentially makes good business sense as well.

Working in and around AMR

My singing lesson obviously paid off as I was invited to join the chorus of 60 who will perform across the five-week run of LIFELINE. At the first rehearsal I found myself alongside a diverse group of people, all associated with AMR in some way. From infectious disease consultants, professors and nursing staff, to researchers, pharmaceutical executives, NHS managers and NGOs. Also represented were patient groups campaigning and supporting those affected by AMR, including some who had experienced the human impact of AMR directly themselves. If I had been unclear why the message LIFELINE delivers is so important, hearing some real-life stories of those present – whose so-called routine healthcare interventions nearly ended tragically due to a resistant infection – reminded me why I chose to work in the healthcare sector.

Join the bigger chorus

LIFELINE will entertain you, make you smile, perhaps shed a tear and definitely have you tapping your foot to the music. But alongside that, it shines a light on something we can no longer afford to ignore. Become part of the bigger AMR chorus raising awareness and helping catalyse greater action. Come along, invite others, promote across networks – you won't just be helping to educate, you will also be recommending an enjoyable night out.

And let's keep AMR in mind and consider how we can alll use our roles to make a difference.

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

MAXINE SMITH AND SIMON CAMPLING
BUILDING DECISION FITNESS IN PHARMA BEFORE IT REALLY COUNTS

The Top 10 ingredients of effective pharma business simulations

The pressure on pharma leaders has fundamentally changed – and neither of us see this shifting. Decisions are bigger, earlier and more exposed. Launches are more complex. Pipelines are tighter. Data is abundant (yet rarely complete or fully leveraged). Competitive moves are landing faster and more frequently, and we hear all too often how leaders are feeling the consequences of missteps across patients, payers and portfolios.

It is staggering that, despite all of this, most experience this level of complexity for the first time in their day jobs, where their decisions really matter. Leaders are expected to be decisive, confident and aligned in a rapidly changing ecosystem where small shifts in one parameter can have a huge downstream impact on asset value.

This is where business simulations have become essential 'decision fitness training' for pharmaceutical leaders.

When designed properly, simulations allow teams to make and defend high-stakes business decisions in environments that feel unmistakably familiar, while remaining protected from real-world fallout. Here, you can test judgement, challenge assumptions and experience consequences before they really matter.

The Top 10 ingredients of an effective pharma business simulation

From our combined experience, we find the most effective simulation programmes consistently include ten core elements:

1. **Future-world pharma scenarios,** grounded in authentic market dynamics, regulatory constraints, payer realities and patient needs, that better prepare us to future-proof assets
2. **End-to-end,** cross-functional decision-making, integrating commercial, medical, market access, finance and supply considerations
3. **Psychological safety,** so teams can experiment, debate and make mistakes without real-world risk
4. **Multiple decision cycles,** allowing leaders to feel lag effects, trade-offs and unintended consequences over time
5. **A clear strategic focus,** ensuring simulations test judgement and priorities, not just tactical execution
6. **Robust, data-driven feedback after every round**, linking decisions to commercial, financial and patient impact
7. **Practical use of AI and digital tools**, designed to challenge thinking and surface assumptions rather than replace judgement
8. **Built-in patient-centricity and compliance**, reinforcing safe decision reflexes under pressure
9. **Structured collaboration**, breaking silos through shared problem-solving instead of functional debate
10. **Design tailored to seniority**, matching complexity to the decisions leaders are expected to make in their roles.

Individually, these elements strengthen learning, but together, they create serious behaviour change.

What leaders feel, think and do differently

The most immediate shift we see is how leaders feel. Simulations build confidence in making high-stakes strategic and tactical decisions under uncertainty because leaders have already practised doing so. They feel empowered to challenge assumptions and reframe problems through a data-driven lens, particularly when AI is used to provoke debate rather than deliver answers. Leaders describe feeling more prepared when market conditions shift, more energised by tools that elevate decision quality, and safer experimenting because choices have already been stress-tested in realistic conditions.

That confidence is underpinned by a shift in how leaders think. Simulations move teams away from single forecasts toward base, upside and downside scenarios that better reflect pharmaceutical reality. Leaders become more attuned to weak signals, competitive dynamics and emerging risks. They develop a clearer understanding of how decisions ripple across the organisation, from medical to access to commercial execution. Strategic logic strengthens, with clearer connections between insights, assumptions, forecasts, choices and impact.

Most importantly, this translates into different behaviour in their roles. Leaders return better able to build and refine base-case forecasts using structured assumptions and AI-driven insights. They recalibrate strategy faster as new signals emerge. Data is translated into decision-ready narratives that align senior stakeholders. Cross-functional partners focus more clearly on impact, trade-offs and priorities. Over time, scenario thinking becomes embedded in planning, decision-making and risk management rather than reserved for launches or crises.

Evidence in practice

We have seen this approach deliver tangible results. In one Top 10 pharmaceutical organisation, a competitive strategy simulation helped leaders pressure-test assumptions, explore likely competitive scenarios and align around clear actions. Within months, the brand returned to a positive performance trajectory and the organisation felt more equipped to face future competitive challenges. The behavioural shift created through the simulation proved as valuable as the commercial outcome itself.

Why this matters now

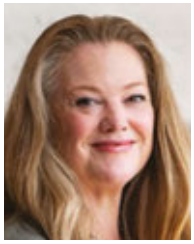
For pharmaceutical organisations, going through business simulations prepares leaders for the reality they already face. They create the space to challenge thinking, practice judgement and build confidence before decisions carry real consequences.

When the margin for error is slim and expectations are high, simulations offer something increasingly rare – the chance to learn, adapt and lead well – before it really counts.

Maxine Smith is Managing Director of Uptake and **Simon Campling** is Senior VP of Prescient

CATHERINE DEVANEY

WHEN PATIENTS ASK AI FIRST: WHAT EMERGING AI HEALTH FEATURES MEAN FOR PHARMA



Rather than trying to match the tone or speed of AI platforms, pharma can differentiate itself through credibility and transparency

This year kicked off with related but contrasting news stories about AI platforms in health. The first was the announcement from OpenAI that it had launched ChatGPT Health for a small number of 'early adopter' consumers in certain geographies, as well as OpenAI for Healthcare, a set of products designed for healthcare organisations. Anthropic then countered with the launch of Claude for Healthcare and the expansion of the existing Claude for Life Sciences.

Another story appeared at the same time. Following a *Guardian* investigation, it was revealed that Google had removed some of its AI-generated summaries for certain health searches, which had been described as 'dangerous' by experts.

Technology companies are recognising the enormous value and unique challenges in the healthcare sector. At both the enterprise and consumer levels, tech companies are experimenting to unlock that value. The emergence of health-focused functionality within large language models (LLMs) like ChatGPT and Gemini AI will continue to shift how people seek and process health information. That shift deserves careful attention from the pharmaceutical industry.

The appeal of conversational health tools

At their best, conversational AI tools make health information more accessible. They explain complex topics in clear language, respond to follow-up questions, and adapt tone and depth to the user's needs. For people who may feel rushed in consultations or overwhelmed by dense medical content, this accessibility is genuinely valuable. A strong example of such a tool, Patiently AI, was recognised at the Comm*uniqué* Awards in 2025 as the winner of the Progress Award.

These tools also help users organise information. Rather than trawling through multiple sources, patients can ask open questions and receive structured summaries that help them think through symptoms, conditions or treatment pathways. In that sense, these tools often act as guides rather than originators of information.

This reflects a wider expectation shift. Consumers are used to personalised digital services elsewhere in their lives and they increasingly expect the same from health-related interactions.

Where caution is justified

Alongside the benefits, there are clear limitations and growing criticism. One concern frequently raised is data confidentiality. Even when platforms state that health data is handled carefully, users may not fully understand how their inputs are stored, processed or used. In a healthcare context, perceived ambiguity around privacy can quickly undermine trust.

There are also clinical limitations. AI tools rely on what users choose to share. They cannot see the full medical picture, assess risk holistically or take responsibility for outcomes. When responses are delivered fluently and confidently, there is a risk that nuance is lost and uncertainty understated.

On one hand, there is clear demand for more accessible, conversational health content. On the other, there is growing recognition from tech companies that health is not just another information category. Accuracy, context and accountability matter more.

For pharma, this creates an interesting dynamic. Technology platforms are experimenting in public, adjusting their approach as risks become clearer. Pharma, by contrast, operates in an environment where caution is embedded from the outset.

A more constructive role for pharma

Rather than trying to match the tone or speed of AI platforms, pharma can differentiate itself through credibility and transparency while creating accessible information. Health communicators have an important role to play:

- **Raising standards around health literacy**, helping patients understand uncertainty, evidence quality and appropriate next steps
- **Blending public relations (PR), search engine optimisation (SEO), content expertise**, earned media, expert voices and thought leadership: this influences LLMs, and pharma needs to optimise for this
- **Being explicit about data responsibility**, reinforcing the value of trusted, ethical handling of health information
- **Supporting healthcare professional conversations**, acknowledging that AI tools may now shape the questions patients bring into the room.

A moment for clarity, not control

LLMs are changing how health information is accessed and interpreted. At the same time, the pullback seen elsewhere shows that even the largest tech players are still working out where the boundaries should sit.

For pharma, the opportunity here is less about disruption and more about definition. The industry's role is to help ensure that faster, more conversational access to health information does not come at the expense of trust, privacy or patient safety.

Handled well, this shift can strengthen pharma's position as a responsible, steady presence in a rapidly shifting AI landscape.

Catherine Devaney is Founder of Curious Health and Co-Chair of the Comm*uniqué* Awards

The world's most studied diseases: four lessons from 2025

The report tracks the world's most studied diseases using contextualised real-world data from more than 300 million patients

By Gen Li

Phesi's annual *Top Five Most Studied Diseases* report is now in its fifth year, giving us a chance to look back at half a decade of ups and downs in the clinical development sector. The report tracks the world's most studied diseases using contextualised real-world data from more than 300 million patients. This year's report was based on 65,892 recruiting clinical trials from across the globe. In addition to highlighting the most studied diseases, it examines changes in phase 2 trial attrition rates and monitors the top five countries hosting clinical trial investigator sites.

There's a lot to unpack from both the data and comparisons from 2025 vs previous years. Here are the four biggest trends that arose from this year's report.

1. Breast cancer tops the list for the fifth year running

For the fifth consecutive year, breast cancer across all subtypes was the most studied disease in the world, with 1,667 recruiting trials.

Breast cancer is the top killer among women with cancer; it continues to dominate the list because researchers have a far deeper understanding of its biomarkers and how they can be used in clinical research than other indications.

However, despite this knowledge, there are still many unmet needs to be addressed, such as in triple-negative breast cancer. Triple-negative breast cancer is defined by its lack of HER2 and oestrogen and progesterone receptors, but in order to make significant progress researchers will need to focus on finding what receptors and proteins are actually present in the subtype. Nonetheless, the sustained research investment in this devastating disease is encouraging.

The remaining top five for 2025 were solid tumours, stroke, prostate cancer and non-small cell lung cancer (NSCLC). This is the same list in the same order as last year – which is partly down to COVID-19 dropping out of the list in 2024 (table 1). This suggests the clinical development sector is slowly returning to some degree of stability after the pandemic.

2. Obesity is rising up the ranks

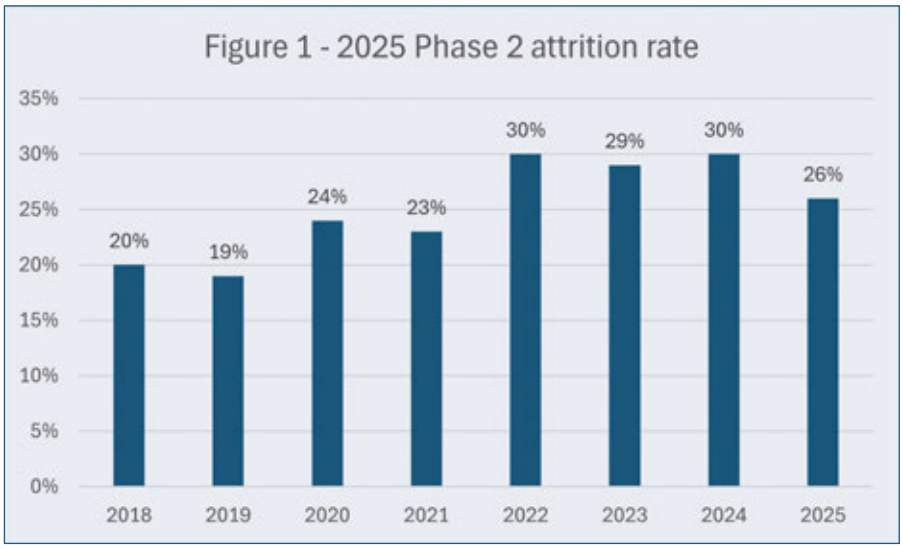
Obesity came in 6th place in 2024's list and remained just outside the top five in 2025. This is largely down to soaring interest in GLP-1 drugs. An analysis of 583 recruiting trials in September 2025 showed that more than 100 diseases are now being investigated in connection with GLP-1s as a therapeutic, reflecting growing interest in obesity as a comorbidity in a wide range of diseases. Increasing GLP-1 use will also influence clinical development in other fields, as obesity is an important comorbidity and weight loss may alter study parameters, such as dosing and endpoints.

The pandemic was the most recent major disruptor for the clinical trials sector and is still having some lingering effects. But sponsors should also be looking ahead to what the next disruptor might be. The broader adoption of GLP-1s is one possibility – given it could reshape the clinical development landscape as the focus shifts towards prevention and treating clusters of

Table 1 – Clinical development: Top five most studied diseases

2021 (75,020 trials)	2022 (80,917 trials)	2023 (65,749 trials)	2024 (67,469 trials)	2025 (65,892 trials
Breast cancer	Breast cancer	Breast cancer	Breast cancer	Breast cancer
COVID-19	COVID-19	Solid tumors	Solid tumors	Solid tumors
Non-small cell lung cancer	Prostate cancer	Stroke	Stroke	Stroke
Solid tumors	Solid tumors	COVID-19	Prostate cancer	Prostate cancer
Multiple myeloma	Stroke	Prostate cancer	Non-small cell lung cancer	Non-small cell lung cancer

All data from Phesi Trial Accelerator



related disease. This uptick in GLP-1 use indicates that obesity is the disease area most likely to enter the top five within the next one to two years.

3. Trial attrition rates fell – but phase 2 failure remains unacceptably high

Trial attrition – specifically, the number of trials that are terminated in phase 2 – is an important metric that can highlight a slowing down of the rate that new therapies reach the market and the rising development costs for the industry. Often, phase 2 trials are terminated due to underwhelming phase 1 data or trial design focusing on patient populations that don't exist in large enough numbers to recruit.

This year's analysis shows an encouraging fall in phase 2 attrition rates to a four-year low of 26%. But this is still higher than pre-pandemic levels. In 2024, 31% of phase 2 trials were terminated, up from 29% in 2023 and around 20% before COVID-19 (figure 1). (It is important to note that the rising phase 2 attrition rate during COVID was not caused by failing COVID-related development programmes.)

Despite the positive direction of travel, a quarter of trials being terminated in phase 2 is still an unacceptably high figure and will inevitably have a knock-on effect on phase 3 trials, plus a significant negative impact on ROI across the biopharmaceutical industry.

4. United States leads global clinical trial activity in 2025, but China records the fastest growth

The report's country-level analysis shows that the US continues to host both the largest number of recruiting clinical trial investigator sites overall and the largest number for each of the top five most studied diseases. China ranks second for all five most studied diseases – except prostate cancer, where Canada takes second place. China also recorded the strongest growth in investigator site numbers between 2023 and 2025, increasing by 51% compared with 42% for the US (figure 2). France, Italy and Spain complete the top five countries for recruiting investigator sites.

While the US is a competitive place for clinical trial investigator sites, it is also uneven, with some of the most well-known names facing incredibly high demand. In China, however, patients are easily recruited into trials from hospitals – there is no need to visit a primary healthcare provider first, as in the US. Investigators therefore have access to a very large number of those patients.

2026 and beyond: overcoming the challenges

In 2025, sponsors remained under pressure from macroeconomic constraints, pricing challenges and increased activity in regions such as China. We are also seeing the effect of renewed emphasis from regulators, including the FDA, on country-specific representation. Well-known and high-profile investigator sites are quickly saturated as sponsors seek them out.

The increase in competition, regulatory changes and increasing acceptance of digital patient data means it is vital for sponsors to be led by insights from big data and AI, rather than instinct. Considerable volumes of contextualised and real-world data now exist to power clinical data analytics that overcome these hurdles. Breast cancer, given our deep understanding of biomarkers and the subsequent stratification of clinical trials, has been a clear beneficiary of such an approach.

Sponsors should become data-focused to ensure that every aspect of patient profiling and trial design, including the most suitable countries and investigator sites, are optimised and proven to reduce the cost, patient burden and complexity of trials. For example, there is considerable opportunity to use data science to identify investigator sites elsewhere that may have a shorter clinical trial and enrolment history, but have capacity and have delivered high-quality data in previous trials. Lessons learnt from patients, as shown by a digital patient profile, have consistently proven to guide researchers to optimise trial design and shorten cycle time by working with the right investigator sites.

Further, sponsors can use digital twin analysis – a representation of typical patients in a specific population generated from a vast body of real-world patient data from identical or similar trials, allowing researchers to simulate, model and predict safety and efficacy outcomes as a historic control arm. Other use cases include external control arms to reduce the number of patients undergoing testing in trials.

As we move into a new year, we're hopeful the industry will increasingly embrace a data-science-led approach to clinical trials and that this will be reflected in 2026's *Most Studied Diseases* report.

Dr Gen Li is CEO and Founder of Phesi

Patient-centricity in rare disease: accelerating the path to treatment

By Chris Moore

'More than 300 million people worldwide live with a rare disease, representing up to 5.9% of the global population'

More than 300 million people worldwide live with a rare disease, representing up to 5.9% of the global population. With over 6,000 distinct conditions – 72% of which are genetic – the therapeutic landscape is uniquely complex. For these patients, the primary barrier to life-changing care is not simply a lack of medicine, but a fragmented healthcare system that often fails to connect them with the right specialists in time.

Rare disease patients are frequently isolated, navigating a disjointed path before receiving a correct diagnosis, joining a clinical trial or accessing the right therapy. Jan Geissler, founder and CEO of Patvocates, explained: "Diagnosed with a rare cancer at 28, I learned the hard way how disconnected healthcare is. I had to consult five different specialists just to understand my options and drive 800 kilometres a week to be on an early-phase clinical trial. It's a stark reminder of how difficult it remains for patients to access the expertise, information and care they need."

Patients' access to treatment depends heavily on the industry's ability to find, educate and support the healthcare professionals (HCPs) who care for them. Yet, functional silos often prevent critical clinical insights from reaching field teams, meaning relevant HCPs may not receive the timely, consistent information they need to confidently diagnose and treat patients.

Breaking down these silos is essential in helping patients receive the treatment they need more quickly. This starts by unifying clinical, medical and commercial teams on a single platform with a shared, trusted data foundation. An integrated ecosystem of connected data and software enables seamless collaboration across functions, more consistent engagement with key stakeholders and an accelerated path from insight to treatment to improve patient outcomes.

Identifying the right specialists with precision data

In rare disease, access to treatment starts long before launch. Patient populations are small and dispersed, and the physicians who treat them often remain hidden from traditional mapping. Early visibility and scientific engagement with these HCPs can accelerate treatment adoption by up to 40%.

One leading rare disease biopharma is addressing this by using high-quality reference data to gain a complete view of the healthcare ecosystem and find key specialists. Comprehensive HCP profiles – including affiliations and networks such as the NHS Boards in the UK or reimbursement statuses in Italy – offer the company a deeper understanding of the healthcare system and access to hard-to-reach HCPs.

But knowing where the experts are in a complex ecosystem only solves part of the equation. Driving meaningful engagement requires understanding who those experts are and what they care about. HCPs treating rare diseases often have a deeply personal connection to the condition and expect an elevated scientific dialogue with biopharmas. By using deep data to surface insights into HCPs' specific interests, clinical trials, niche expertise and recent publications, commercial teams can provide

high-value, personalised conversations to become true partners in patient care.

Increasingly, biopharma companies are rethinking how they capture and operationalise medical insights to move from observation to understanding. By applying AI to translate, tag and analyse fragmented field insights at scale, organisations can identify emerging patterns and build a clearer, shared view of medical need, turning insights into measurable medical impact for patients.

Delivering scientific evidence at the speed of patient care

Scientific education is the primary force evolving clinical practice and shaping care delivery. Research shows that 94% of key opinion leaders (KOLs) value scientific exchange with biopharmas – especially in the rare disease space, where clinicians rely on the latest data to navigate the complexity of treating these conditions.

Recordati provides a powerful example on how medical information teams are transforming into strategic, tech-enabled partners supporting HCPs. Michelle Bridenbaker, head of global medical excellence and communications at Recordati and vice president of Medical Information Leaders in Europe (MILE) Association, explains how they use AI to upskill professionals and lower barriers to scientific evidence: "A clinician reached out regarding a child in palliative care with a complex medical situation. By leveraging AI to synthesise internal product data and published evidence, we were able to deliver a response in just three hours – a task that previously took more than a day – allowing the physician to start treatment the same day."

By using a tightly governed framework where AI handles the searching while humans retain control over authorship, Recordati ensures full traceability for regulators while delivering scientific answers at the speed of patient care.

Removing blind spots for a seamless patient pathway

While medical and field teams operate on the front lines with HCPs, capturing the voice of the patient and the reality of the clinic remains a significant hurdle. Too often, these insights are lost in transit or trapped in disconnected tools, creating blind spots that prevent biopharma from refining engagement according to actual needs. This fragmentation affects the patient by creating knowledge gaps that delay access to life-changing therapies.

Bringing all functions on a single CRM enables a connected flow of information, where medical insights can instantly inform a commercial strategy or a clinical trial design. Each interaction is built upon the last one, ensuring coordinated engagement for better HCP and patient experiences.

When Italfarmaco launched a new rare disease division, it established a strong operational foundation to enter a complex, highly specialised market with speed and accuracy. By unifying its commercial and medical teams on a single platform, the company was able to balance global standardisation for efficiency with country-specific requirements to scale across Europe in record time. Simona Gay, European customer excellence lead for rare disease at Italfarmaco, explains: "Implementing a CRM means transforming the great potential for knowledge that resides in local teams into structured information – it is the starting point for building value." The goal, she adds, is to offer the team a "level of coordination and access to information that is fast, secure and as complete as possible".

Today, the company uses this infrastructure to map centre readiness, orchestrate compliant engagement and enrich hospital profiles with real-time insights from the field. Simplifying these internal processes allows teams to focus on the external interactions that change lives, ensuring the patient no longer carries the burden of navigating a fragmented system alone. As Gay emphasises: "The ultimate mission is to bring concrete results to patients and families by listening to their voices."

Measuring success through patient outcomes

Digital transformation is not the end goal of the life sciences industry – patient impact is. By connecting software and data and simplifying processes, biopharma leaders enable commercial teams to focus on the high-value human interactions that truly change lives.

Every professional in the industry must act as a patient advocate and interact with patient communities to inform their work. As Jan Geissler says: "When you get up in the morning, think about how you can, in your own sphere of influence, deliver patient impact. There are strong patient communities out there that can help you truly understand what patients want. Don't just make assumptions – work with patient organisations to co-design healthcare solutions to deliver patients' pressing unmet needs."

With the right data and technology, the industry can bridge the gaps in a fragmented healthcare system and transform the patient pathway, accelerating access to treatments and healthcare services patients so urgently need.

Chris Moore is President, Europe at Veeva Systems

Leading through turbulence

How dynamic capabilities enable adaptation to VUCA markets

By Brian D Smith

This article opens a four part series exploring the strategic concepts that matter most in today's volatile, uncertain, complex and ambiguous market. Each piece distils a core idea that leaders in pharma, medtech and related sectors must understand to adapt and compete.

'VUCA' is military jargon that describes situations that are volatile, uncertain, complex and ambiguous, but it fits our industry uncomfortably well. Pharma, medtech and related sectors are all those things, which creates a fundamental challenge for industry strategists when our products take decades to get from conception to market. We need to operate effectively in this new, VUCA world. But how? As any thinking person knows, there are no easy answers to difficult questions. But decades of research, my own and others, have provided industry leaders with ideas to work with. In this article I share one of the most important of these: dynamic capabilities.

What are dynamic capabilities?

A capability is simply a firm's ability to do something. If that thing is non-discretionary and creates no relative advantage, such as legal compliance, we call it a hygiene capability. If the thing we can do is discretionary and improves our competitiveness, such as product development, we call it a differentiating capability. Self-evidently, success depends on having all necessary hygiene capabilities and some differentiating capabilities that are superior to those of our competitors.

This view of how firms compete is useful but static: it explains why firms succeed or fail at a moment in time but not why competitiveness changes over time. To respond well to VUCA environments, we need to grasp the dynamics of competitiveness. Enter Professor David J Teece and his followers (see box 1). They identified a third category, dynamic capabilities: the ability to change other capabilities. While hygiene and differentiating capabilities explain success in a static environment, dynamic capabilities explain sustained competitiveness in VUCA environments.

How do dynamic capabilities work?

Dynamic capabilities can seem obvious: to survive change, one must change. The concept's real value comes from understanding the mechanisms that underpin dynamic capabilities, because that comprehension allows firms to adapt to VUCA environments better than their rivals. And to understand dynamic capabilities, you must grasp two ideas: they have three stages and they are built on routines and their microfoundations.

Box 1: The ancestry of dynamic capabilities

For decades, researchers have pointed to two explanations of competitiveness: Barney and others as to what a firm has (its resources) and Nelson, Winter and others as to what a firm does (its routines and processes). Both views provided useful but incomplete accounts for how a firm's competitiveness changed in the context of a dynamic market. In the 1990s, David J Teece and others blended these two perspectives into the concept of dynamic capabilities, which explains sustained competitiveness as the routines needed to develop, adapt and renew resources. Since then, Teece, along with Eisenhardt, Zollo and many others, have elaborated on the organisational activities and factors that underpin a firm's dynamic capabilities. The concept is now central to the discipline of strategic management.

As their research developed, Teece and his followers discovered that dynamic capability actually consists of three capabilities: the capabilities to sense; seize and reconfigure (see box 2). This was and is important because it helped explain why some firms are more dynamically capable than others. The more effective firms have all three capabilities and apply them all well, while their less effective rivals neglect one or more of them.

Teece's three-part elucidation is necessary but not sufficient to allow leaders to build their firms' dynamic capabilities. It leaves unanswered the question of how some firms are good at sensing, seizing and reconfiguring while others are not. The answer to that question was gradually uncovered by two further decades of research. It is that they have superior organisational routines and the superiority of their routines rests on their microfoundations (see box 3).

This discovery matters because is important, as it informs leaders about the specifics of what they must do. It is not enough, for example, to set up a new process for new product development or expect it to deliver a superior new capability. Leaders must first define which organisational routines are needed to enable the seizing, sensing and reconfiguring elements of the capability. Then they must characterise the microfoundations those routines need. Then they must build those microfoundations.

The discoveries of the mechanism of dynamic capabilities (three-part, routine-driven, microfoundation-based) transform the academic concept into a real-world, actionable strategy tool.

Box 2: The three dynamic capabilities

Dynamic capabilities involve three equally essential component capabilities:

1. **Sensing: the ability to notice change early**
   Sensing requires understanding how different elements of the market interact and create new patterns – what I have elsewhere described as emergent properties. Organisations that sense well can interpret the market environment as a whole rather than as disconnected parts.

2. **Seizing: the ability to act on what has been sensed**
   Seizing requires evaluation of emergent properties to identify opportunities and threats when the full picture is still forming. Organisations that seize well can combine multiple perspectives to resolve ambiguity and integrate complexity before their competitors do.

3. **Reconfiguring: the ability to adjust how the organisation works as conditions evolve**
   Reconfiguration requires changes in how resources are allocated and how teams collaborate. Organisations that reconfigure well can move resources.

Box 3: Routines and microfoundations

Organisational routines are repetitive patterns of actions by teams. They are how smaller tasks are done and they combine into organisational processes that perform larger tasks. Segmenting the market, making strategic decisions and designing value propositions are all examples of organisational routines that combine in the strategic planning process.

Microfoundations are the elements of organisational routines. They include the people that are part of that routine's team, their skills and attributes, how teams are related to each other and how conflict between teams is managed. Each organisational routine requires a specific set of microfoundations.

Box 4: Dynamic capabilities as an explanation of failure

Slow sensing in advanced therapies
A mid-sized company developing a cell therapy monitored competitor pipelines closely but treated payer signals as a downstream issue. When two major European payers signalled a shift towards outcomes-based reimbursement, the organisation noticed the news but did not integrate it into its early planning. By the time the implications were fully understood, the clinical programme had advanced in a direction that made later adaptation difficult.

Hesitant seizing in a rapidly evolving oncology market
A large oncology franchise identified an emerging opportunity to combine its asset with a novel diagnostic platform. The science was promising and early regulatory conversations were encouraging, but the organisation hesitated because the commercial model was unfamiliar. Multiple teams ran parallel analyses, each waiting for greater certainty. A competitor moved first with a similar approach, capturing the narrative and shaping payer expectations.

Reconfiguring too slowly in response to payer pressure
A company with a strong rare disease portfolio recognised early that payers were tightening evidence requirements for high-cost therapies. Leadership agreed that the organisation needed to integrate health economic thinking earlier in development, but resource allocation remained unchanged. This effectively prevented any meaningful reconfiguration of how medical, market access and marketing routines were integrated.

Do dynamic capabilities matter?

The value of dynamic capabilities is demonstrated when it is applied in two ways: to explain failure and to enable success. My own work, focused exclusively on the pharma, medtech and related sectors, has provided innumerable examples of dynamic capabilities as a useful tool for strategists (see boxes 4 and 5).

Diagnosing dynamic capabilities

Dynamic capabilities are an effective tool for strategising in our VUCA environment, which raises a pressing question for leaders: How dynamically capable are we? This isn't a question that can be answered with a simple benchmark; leaders must paint a rich picture of how their organisation currently stands.

This can be done by asking pertinent, probing questions. Over the years, I have developed a diagnostic tool that helps leaders in our sector do exactly that (see box 6).

Like any diagnostic tool, this only works if used honestly and rigorously. But if its results are mostly positive, your firm has well-developed dynamic capabilities and will likely succeed even in the most VUCA environment. If your results are mostly negative, however, that implies your leadership must work to develop its dynamic capabilities, building them upwards from organisational routines and their microfoundations.

Theory and practice

Our industry is built on theories from biology, chemistry and other branches of the natural and physical science. But our industry's leaders are much more sceptical of theories about strategic management, such as dynamic capabilities. This unbalanced scepticism is understandable and limiting.

Dynamic capabilities are a fine example of Lewin's aphorism that there is nothing so practical as a good theory. To lead through turbulence, our leaders would do well to understand and use this important strategic management tool.

This series is written by **Professor Brian D. Smith**, a leading authority on strategy in our industry. He welcomes comments and questions at brian.smith@pragmedic.com

Box 5: Dynamic capabilities as a success enabler

Effective sensing and seizing in a competitive immunology landscape
A smaller biotech noticed subtle changes in competitor trial designs and early regulatory commentary suggesting a shift in what would count as clinically meaningful differentiation. Rather than waiting for definitive guidance, the company convened a cross-functional group to interpret and act upon the pattern, resulting in an adaptation of the trial design.

Full cycle adaptation in response to geopolitical disruption
A global company with a complex supply chain detected early signs of geopolitical instability affecting a key manufacturing region. Instead of treating this as a supply chain issue, leadership brought together regulatory, commercial and medical teams to understand the broader implications and develop timely contingency plans, which later proved necessary.

Adaptive portfolio shift in response to regulatory acceleration
A mid-sized company developing therapies in neurology recognised early signals that payers were becoming more receptive to real-world evidence in areas of high unmet need. Instead of waiting for formal guidance, the organisation got a cross-functional team to interpret the implications. Within weeks, they reshaped their development plan, reallocating resources to generate the types of evidence that would convince payers. The shift allowed them to move earlier, reduce uncertainty and position the asset ahead of competitors who waited for clearer direction.

Box 6: Diagnostic questions

1. Do we routinely bring together insights from multiple parts of our value chain to interpret what is emerging, rather than analysing signals in isolation?
2. When weak signals appear, do they reach senior decision-makers quickly and accurately, or are they filtered through functional lenses first?
3. When we make strategic choices, do we define clear criteria and opportunity costs, or do we hedge by pursuing multiple options to avoid commitment?
4. How often do we revisit the assumptions behind our plans, and do we adjust them when the evidence changes?
5. Can we reallocate resources mid cycle without excessive friction, or are budgets and structures effectively fixed for the year?
6. When cross-functional teams disagree, do we resolve the disagreement early and transparently, or do we allow it to persist until it becomes a barrier to action?
7. Do we treat strategy as a continuous process, or as something that happens once a year during planning season?
8. Are we willing to stop or reshape initiatives that no longer fit the emerging environment, or do sunk costs and internal politics keep them alive?

It's time for an end to pharma exceptionalism

By Mark Ralphs

'Pharma exceptionalism does exist and is a significant barrier to effective marketing'

It's been almost four years since I moved from the consumer space to focusing on health. Working with brands that are life-changing for patients and their families has cured some of my 'marketer's remorse'; there are only so many fizzy drinks and cars you feel good about selling. Less positively, I've been surprised by what I call 'pharma exceptionalism'; the belief that the science of modern marketing somehow doesn't apply to pharma.

This isn't a whinge: sectors like finance and automotive were and are relatively slow on the uptake. It's not a universal truth: some clients are ambitious and catching up fast. However, pharma exceptionalism does exist and is a significant barrier to effective marketing.

To counter exceptionalism when I see it, here are some of the marketing truths I fight for.

Audience-first not asset-first

Commercial teams often focus on the product: its mechanism of action; trial results; how it is more efficacious than competitor products. This is unsurprising when drugs take years, sometimes decades, to bring to market.

However, a significant factor in the success of any brand is not the product itself; it is breaking down the barriers to adoption and (assuming access) these barriers are often related to the realities of busy healthcare professionals (HCPs) and the complex lives of their patients.

Of course, great marketing talks about the product, but it's finding the emotional and the logical resonance in customers' lives that unlocks success.

Understand how brands grow

In How Brands Grow,[1] Byron Sharp is clear: brands grow by being available – mentally available to buyers (often light buyers rather than loyal users) and physically available through distribution.

These rules apply to pharma. For distribution, medicine approvals and access are essential. For mental availability, brands must consistently communicate their value. This means repeatedly reaching the maximum addressable audience, in ways that cut through over time. Few pharma brands do this well.

To the audience, you speak with one voice

Companies operate in silos, people do not.

Brand experience is the sum of the messages and connection points of a brand. Whenever an HCP or patient sees a message from, or interacts with, 'PharmaCo' and its products, this contributes to their combined experience and opinion of the master brand (the organisation) and the product brand (the drug).

Something regularly talked about, and only occasionally acted on, is the disconnect across teams responsible for creating brand experience. This disconnect means that the experience is weakened in the minds of the audience, a critical fail. Collaboration must be improved, between commercial and medical, plus corporate comms, IT and regs. The right agency partnership models will also support this integration.

The case for great creativity and great customer experience

True differentiation in pharma is difficult. Unless a brand is genuinely novel and makes a very significant difference to patient outcomes, it may not attract attention or change HCP prescribing behaviour, which is often deeply ingrained.

Building a distinctive brand is a more effective way to cut through and connect with HCPs. Pharma marketers have two brilliant tools at their disposal to create this distinctiveness: great creativity and customer experience (CX).

It's known that great creativity drives brand growth; mountains of data from the consumer world (read Hurman's The Case for Creativity[2]) prove it. Unfortunately, too often, this data is not well understood or is dismissed.

The positive impact of CX is also clear. Research shows that great CX is the second most important factor (after product features) in prescribing decisions[3], and a recent Kantar study[4] (one of many) shows that CX – driven by product and service interactions as well as word of mouth – accounts for 75% of brand growth.

Combining great creativity with great CX, to create distinctive and mentally available brands, is what delivers commercially.

Measuring what matters

Too often, pharma measures what's easy, not what's useful. Campaign reports stuffed with impressions may look good, but don't change behaviour. The winners are those brave enough to ditch vanity metrics and work harder to measure the quality of their customer experience and the real indicators of behaviour change.

These truths are a challenge to everyone working in pharma marketing. The scales need to drop from our eyes; we need to collaborate better, walk in the shoes of the audience, create campaigns and content that cut through and reinforce messages consistently over time. Vitally, we need an end to lazy measurement and to focus on real commercial and patient impact.

Will you join my mission to end 'pharma exceptionalism'? The results may surprise us all.

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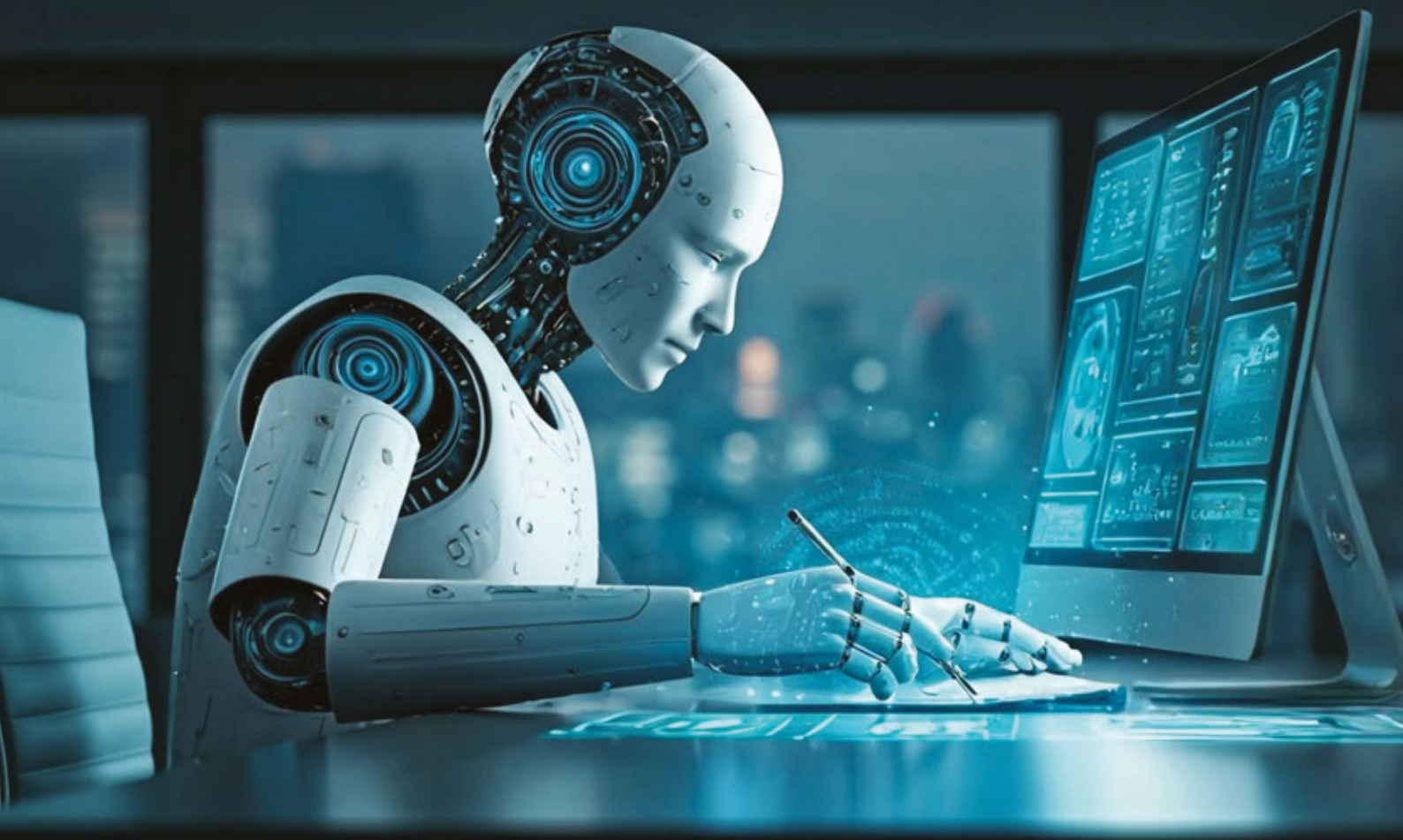
GenAI in healthcare – friend or foe?

The use of generative AI (GenAI) technologies in healthcare, such as ChatGPT, Gemini and Copilot, have become more and more commonplace. In 2023, the market for GenAI in healthcare was worth $1.1bn, and this is expected to rise sharply to $17.2bn by 2032.

In this special feature on GenAI, we look at the race to explore and harness GenAI in healthcare, and how AI has graduated from being a procurer of efficiencies to seemingly an enabler of unimagined possibilities. We also focus on the importance of embracing the GenAI transformation with caution, emphasising that, despite the GenAI fervour, there is an acute need to prepare organisations to understand which specific tools they need and how to use them.

The articles in this special feature include interviews from 11 London, Day One Strategies, Havas Life London, Inizio Evoke, Inizio Ignite, Inizio Medical, Sprout and Veeva.



The 'jagged frontier', straight talk and why humans still matter

By Matthew Hunt

'The answer isn't to switch AI off. It's to be deliberate about where and how it's used – and where humans step in'

Ethan Mollick's idea of the 'jagged frontier' of AI[1] is one of the most useful ways of describing the problem with the technology. Especially in health, AI capability doesn't improve in a neat, predictable line. It lurches. One task is handled brilliantly; the next, alarmingly badly.

In healthcare and other regulated environments, that jaggedness isn't just inconvenient. It's commercially risky.

Mollick's argument isn't anti-AI – far from it. He makes a strong case that the real value of AI comes when humans remain firmly in the loop: supervising, validating and stepping in precisely at the point where the model's confidence starts to outrun its competence. The frontier becomes navigable not by pretending it's smooth, but by placing judgement, expertise and guard rails exactly where they're needed.

That way of thinking sits right at the heart of 11 Minds: the on-demand advisory board from 11 London.

Hallucinations aren't a bug – they're a business problem

Anyone who's spent time experimenting with AI inside an organisation quickly runs into the same uncomfortable truth: hallucinations don't disappear just because you ask nicely. They're a structural feature of probabilistic systems.

In health, charity, energy, finance and other complex sectors, 'mostly right' simply isn't a comforting benchmark.

The answer, though, isn't to switch AI off. It's to be deliberate about where and how it's used – and where humans step in.

11 Minds is built around a tested, human-centred validation process designed specifically to reduce risk. Minds are trained on approved, relevant data sources. Thresholds are enforced so the system can say, 'I don't know'. Outputs are stress-tested against known questions and real-world responses. And answers are benchmarked against live panels of patients or professionals (depending on who you want in the room with you) to check they align with reality, not just plausibility.

That isn't automation for automation's sake. It's AI with adult supervision.

'Humans in the loop' aren't a compromise – they're the advantage

Human intervention isn't something we'll remove once the models get 'good enough'. As AI becomes more capable, the cost of its failures rises, so human judgement becomes more valuable, not less.

Creative disciplines make this painfully obvious. Anyone can generate an image with an 'obvious' prompt, but you get flat lighting, impossible lenses and the strange, synthetic sheen that screams, 'AI did this'.

Art directors understand why. Lighting is intentional, lenses have physics and perspective carries emotion. Those things don't come from prompts alone; they come from lived, professional knowledge. When art directors stay in the loop – guiding, correcting, refining – the output stops looking artificial and starts looking real.

The same principle applies across strategy, insight, compliance and training. AI accelerates, but humans decide.

Patent-pending for a reason

11 Minds is patent-pending, not just because it uses AI but because of how it combines human validation with agentic workflows in a structured, repeatable way. The process matters as much as the technology.

We select and configure the Minds around real client needs. We set guard rails deliberately; validation and quality control are baked in, not bolted on. Clear escalation points ensure humans intervene where judgement, context or accountability are required.

That architecture turns AI from a clever experiment into something clients can genuinely trust.

Built for what clients need, not what's easy

The easiest things to automate are rarely the most valuable. We built 11 Minds the other way round. Use cases start with what clients actually struggle with, not what's most convenient to demonstrate.

That's why the Minds function as an on-demand advisory board rather than a single, generic assistant. Depending on the challenge, clients can convene Insight Minds to interrogate research, Commercial Minds to war game competitor responses, Brand Minds to test creative and tone, Compliance Minds to navigate codes and precedents, or Training Minds to practise real-world conversations.

You might not be able to pull together a focus group, an advisory board and a compliance panel at short notice. With 11 Minds, you can do exactly that – on demand.

Navigating the frontier, profitably

The jagged frontier isn't going away. AI will continue to surprise us – sometimes impressively, sometimes unhelpfully. Those who succeed won't be the ones who pretend the edges don't exist, but the ones who design for them.

By keeping humans firmly in the loop, validating outputs rigorously and focusing relentlessly on real client needs, 11 Minds turns AI's current shortcomings into a commercial strength. It's faster than traditional approaches, safer than naïve automation and – crucially – more useful.

Which, in the end, is what clients actually care about.

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Matthew Hunt is CEO of 11 London, 11 Minds (Health) and 11 Minds (Energy)

AI-enabled, human-interpreted: the future of pharma marketing insights is precision intelligence

By Abigail Stuart

Pharma doesn't have an insight problem – it has an operating model problem. Despite unprecedented investment in data, research and content development, outcomes continue to disappoint. 77% of pharma content never reaches its intended audience.[1] Half of launches miss expectations, and one in four delivers less than half its forecast.[2]

This is not a failure of ambition or effort; it is a structural issue.

Most insight functions within global pharma companies are still organised for a slower, more predictable world – one where plans are set annually, data lives in silos and market research happens in bursts. Insights are generated, reported and handed from one team to the next, often too late to change the outcome.

The trouble is, that model can't keep pace with the speed of today's markets.

Keeping up with the speed of market change

Over the past 18 months, the GLP-1 category has shown just how quickly competitive dynamics can shift. Published analyses of US prescription data show Eli Lilly overtaking Novo Nordisk in key segments in a matter of months.[3] The launch of oral GLP-1s is already reshaping the category again, reopening competitive advantage and triggering another phase of disruption.

In this environment, insight delivered quarterly, or even monthly, is already out of date.

Pharma needs to change how insights are generated. Not by commissioning more research, but by moving towards always-on intelligence using AI approaches designed to detect change early and guide human-led action fast.

What this looks like in practice

In recent work supporting a global immunology franchise, Day One Strategy observed unexpected physician switching within three to four months of a competitor's entry. Existing competitive intelligence relied heavily on historical claims and syndicated data, meaning the impact only became visible once switching was already underway.

The team shifted from retrospective reporting to a continuous threat detection system. Signals across access dynamics, competitor activity and customer interactions were connected into a single intelligence stream. This revealed the specific triggers driving switching behaviour weeks before they would have appeared in standard market data.

Instead of launching a traditional defensive campaign, the brand responded through a series of Micro Battles – focused six- to eight-week sprints designed to test, refine and launch targeted defensive actions. Marketing, medical and market access aligned around a shared view of the threat and a clear response narrative.

The result was earlier detection, faster alignment and a focused intervention that stabilised switching trends.

Precision intelligence – a new operating model for insights

What the immunology example illustrates is a different way of generating and applying insight. We call it precision intelligence – the ability to cut through noise and surface highly relevant, timely insight – so strategic decisions become clearer and faster. It comes from hybrid thinking – human judgement sharpened by technology for pharma.

Not another tool or methodology, but a capability built for the realities of modern pharma, where competitive dynamics shift quickly and decisions cannot wait for quarterly reports.

How it works

Precision intelligence operates as a continuous loop rather than a linear process – detecting emerging signals, interpreting what matters, deciding whether to act and learning through rapid response.

Data from a range of sources – such as claims, CRM, customer interactions, patient support and brand tracking – is connected in a way that reveals early shifts in behaviour and sentiment that a single data set misses. Regular reporting is replaced with always-on intelligence that is ready to act on, but with human judgement at the centre.

What this means for pharma leaders

Pharma is spending more than ever on insights, messaging and activation. But linear planning, episodic research and disconnected data cannot support markets that now move at speed.

Precision intelligence offers a path forward – pharma-specific, human-led and already in use by teams managing complex, competitive franchises. But this approach demands new ways of working, with leadership willing to prioritise speed and an acceptance that slow insight is a commercial risk.

The immunology brand that stabilised switching trends didn't succeed because it had better technology. It succeeded because it changed how insights operate. And that is the shift that matters most.

Find out more

Day One Strategy has published a white paper that explains why pharma's operating model needs to change and reveals how a precision intelligence approach can be put into practice. Read real-world use cases from clients adopting their proprietary framework: www.dayonestrategy.com/precision-intelligence.

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Abigail Stuart is Founding Partner at Day One Strategy

The race to explore and harness GenAI in healthcare

AI has graduated from being a procurer of efficiencies to seemingly an enabler of unimagined possibilities

By Danny Buckland

Like the switch from silent movies to talkies, from black and white to colour TV, low resolution to high definition, AI has graduated from being a procurer of efficiencies to seemingly an enabler of unimagined possibilities.

The race to harness and exploit generative AI (GenAI) in healthcare is at a feverish state, with agencies and pharmaceutical companies building platforms and creative departments plundering dictionaries for fancy brand names.

It's been progressing through ever-advancing digital tools and capabilities over the last decade, but now it appears to have reached an inflexion point where the natural hesitancy at the heart of healthcare has been jettisoned.

The market for GenAI is expected to rise from $1.1bn to £17.2bn by 2032 as it ignites an iris-popping firework display of insights, pathways and engagements across a spectrum engulfing HCPs, patients, pharma field forces, industry strategists and public policy.

Expect to see the word 'pivot' a lot more in company literature, but now it is justified rather than a cover-up for the mundane. The global agency Havas is investing €400m over four years for its new AI product suite, pledging to become an 'AI-driven organisation fuelled by human ingenuity'. It is a proper pivot.

CEO and Chairman Yannick Bollore framed the landmark development recently by saying: "We are now moving beyond creating efficiencies to exploring entirely new frontiers."

Dimitri Challouma, Digital Creative Director at Havas Life, observes: "If you go back two years, even just 12 months ago, everyone had concerns and GenAI's potential was an elephant in the room with worries about privacy and how the large language models (LLMs) could be trained. But that view has definitely shifted and we are finding that clients are now building their own platforms that can be trained on in-house data.

"The core benefits are still the efficiencies from using GenAI and its ability to research and produce content and images in days rather than weeks, releasing time for us to be creative and work on strategy.

'The market for GenAI is expected to rise from $1.1bn to £17.2bn by 2032'

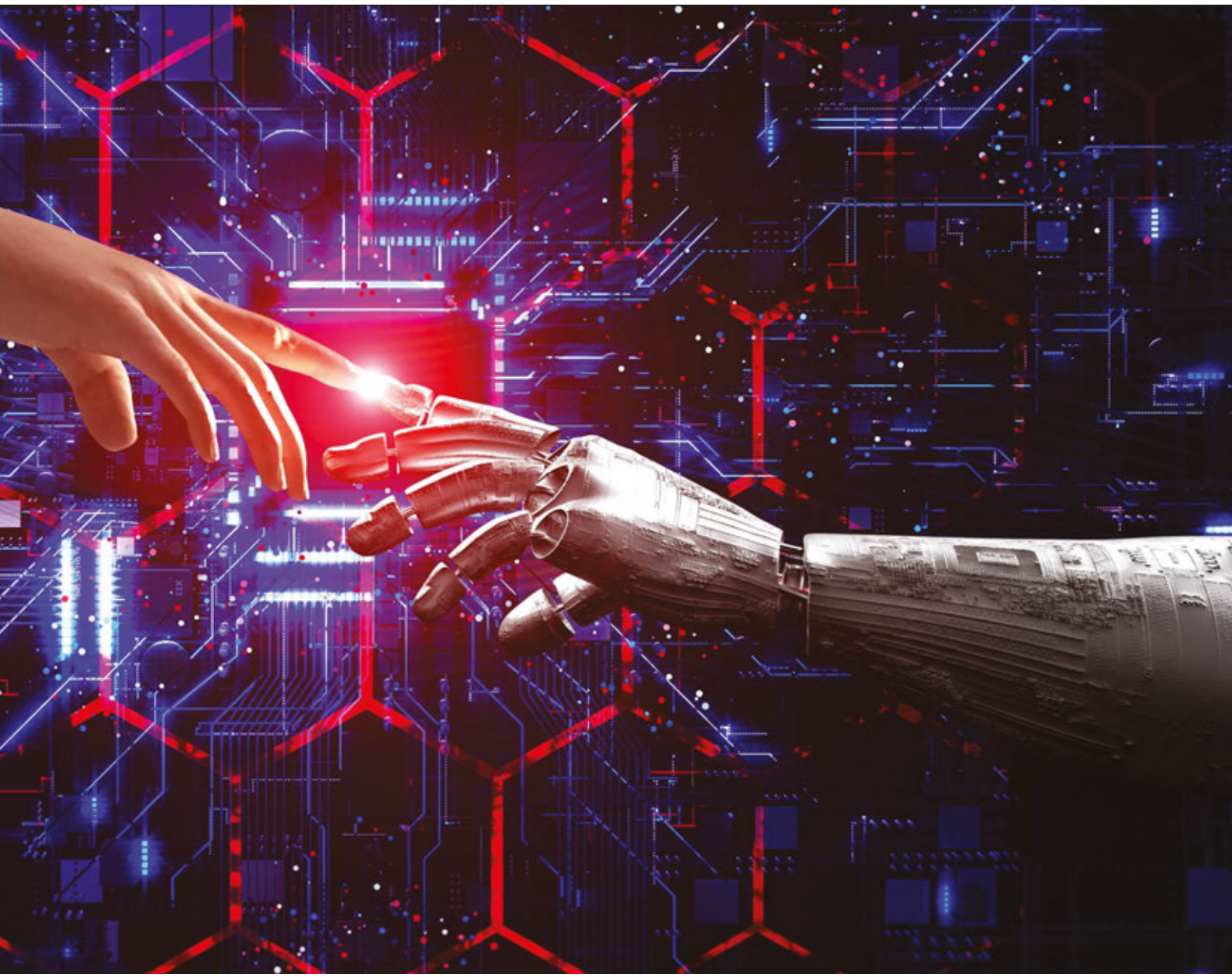
"We have massively embraced it at Havas and it really feels like GenAI is offering transformative possibilities in terms of our scope for creativity and how we reach HCPs and patients. When ChatGPT was released, it forced an honest moment of reflection about the future of creative roles. But the human element is still the most important factor and it really means that I have more tools at my disposal as a creative director. AI allows us to operate much faster and free ourselves from mundane tasks, but it doesn't give you the creativity and ingenuity – that comes from human input."

Identify the right tools

GenAI has already been deployed widely in R&D and in healthcare settings such as cancer screening, surgery and medical education and it is an established desktop diagnostic tool for doctors. Its reach into healthcare is becoming more comprehensive, with most organisations using some form of AI and actively looking at expanding its digital footprint.

It is a fast-paced market but also a crowded one, with new applications and platforms bumping into each other in the quest for advantages. Dimitri adds: "It is advancing with something new every day, so it is important to identify the right tools that work for you as an agency or a pharma organisation. It is difficult to keep track when it seems that as soon as one tool lands, another one arrives promising more.

"We have developed proprietary tools such as one that amalgamates the top LLMs in one place securely. It doesn't replace what is done by our people – it enhances what they can do and accelerates processes. It amplifies what we can achieve."



He cautions that an education uplift is needed across healthcare to ensure that people, at different stages and levels of contact with digital, can engage with its capabilities, and limits, and not see it simply as an 'AI button' that is activated to save time and budget.

"Alongside the release of our proprietary tools, we embed training into our people development programmes to ensure that not only are the tools available, but that our people understand how and when to use them most appropriately. This is a necessary part of the evolution of GenAI," he adds.

"AI doesn't get it right all the time and is not always the answer; it certainly cannot be creative in a human way so we have to remain cautious and careful how we use it. Any project that has an AI input always has a human element and that will not change. Human ingenuity and human touch remain fundamental to everything we do."

Andrew Hastie, Chief Technology Officer at 11-London, the creative healthcare agency that has a 50-50 split of clients from pharma and patient groups, agrees on the need to be critical on which tools to deploy. He comments: "The speed of AI capability development is impressive, but there is an important job of understanding which ones are the good tools, which ones are giving the most depth and value to what we're doing, and trying to work out how to collect and connect those different tools together.

"We can build tools that we need for a particular project or ones that we can generally use across the whole business, so we are using AI like an agentic Lego, plugging different things together to build bespoke systems that deliver what we and our clients need."

Mini experts and personas

11-London is revelling in the amount of time and mind space AI is liberating. A recent project required the assimilation of 800 pages of content that would have been creative quicksand but for a tool that researched, collated the relevant data and served it up in a fraction of the time.

"No-one could have held that much knowledge in their head. But now you can create mini experts, such as in prostate cancer or other conditions, and have a conversation with them to glean the information and insights you need," adds Andrew.

11-London is also finessing GenAI capabilities with its launch of 11 Minds, enabling virtual ad boards where personas, built to meet bespoke criteria, can respond to questions and challenges to generate insights and responses across information and creative concepts.

"Trust is at the centre of conversations we're having with clients in the healthcare space, which is why we do a lot of internal validation to know that we can trust these AI insights. A lot of time is spent ensuring that these personas do not hallucinate. We invest time and resource to programming our LLMs to make them transparent," says Andrew. "These validations, guard rails and testing are essential to give credibility and legitimacy.

"The human element is still critical and there is a backlash when something looks clearly artificial and obviously AI with no humans involved.

"We find GenAI also enables us to look at patterns of behaviour and wade through data so we can use our creativity in a targeted way. This provides huge benefits across all areas and particularly in rare diseases, where we can create patient personas and get a voice heard across a wider audience, raise awareness and improve patient outcomes.

"If we bake in the validation, the testing and the human aspect, as we do, we can really go places."

Veeva Systems, a leader in cloud-based software for the global life sciences industry, is investing heavily in GenAI to help deliver business value to its healthcare and pharma-wide clients, with Senior Vice President Andy Han heading up a new, dedicated, fast-growing division to maximise its impact.

"GenAI is fundamentally changing the way healthcare works at the highest level and how we help our clients meet their goals. It's having impact across the entire chain," says Florian Schnappauf, Veeva Systems Vice President of Commercial Strategy Europe for Veeva AI in Europe. "We want to enable AI to take on the busy work so that humans in that chain can focus on the relationship element, which is so important," he says.

"Agentic AI integrated into daily field workflows with secure access to company data helps field reps surface intelligence and capture insights faster than ever so that they can focus more on those important personal, relationship-driven elements.

"Veeva AI is the single biggest initiative and investment we have launched as a company and we are gearing our solutions for customers with AI working hand-in-hand with humans to generate exciting and effective content."

Raising the bar

Florian believes GenAI can enhance the scientific and medical conversations between HCPs and pharma field forces by empowering understanding and encouraging a smooth flow of data, information and insights. He comments: "We're raising the bar of what these conversations can produce in terms of value for the doctor and the patient. We are integrating AI into our systems and workflows so that our customers can use it naturally and help better decision-making among HCPs and the pharmaceutical industry to the ultimate benefit of patients.

"There is now an openness to AI among HCPs, with doctors incorporating technology into their work. It is our job to make sure they get the best possible information and context."

Veeva Systems recently launched a long-term partnership with the clinical decision support platform OpenEvidence to create a new AI platform, Open Vista, to supercharge a range of healthcare imperatives from recognising unmet needs and drug discovery to better use of existing medicines and increasing patient access to clinical trials.

"Physicians can ask questions and the LLM derives answers from the scientific universe and Open Vista produces accurate replies. It is important to have a professional source of truth for the information doctors will act on. This will enable them to have more comprehensive scientific conversations with MSLs and other clinical specialists to exchange ideas and insights and understand better what treatments are available for patient populations and sub-populations.

"It is biggest single area of investment for us and we believe that, with safeguards and human input, it can only improve relationships and engagements, and elevate levels of care for patients."

'AI doesn't get it right all the time and is not always the answer – it certainly cannot be creative in a human way'

Abigail Stuart, who co-founded the agency Day One Strategy with Hannah Mann, believes AI's potential is advancing at speed and early adopters are reaping rewards. "We are now seeing an acceleration and a compounding of knowledge, and it is no longer the territory of pilots and innovation projects," she comments. "It is scaling enterprise solutions and projects to meet specific business goals and objectives.

"There is a divide over AI; it is speed or fatigue view, with some people not appreciating AI's worth, but we are firmly in the speed box and can clearly see an acceleration of the value.

"AI is an opportunity, particularly as there are considerable market shifts, such as launches not achieving expectations since COVID and changes in HCP and physician behaviour, and you cannot necessarily engage with them in the same way.

"The clients we are working with are obviously on the optimistic side of AI, which is the right side to be as the future is bleak if you are pessimistic and do not seize the opportunities. Markets are volatile and highly competitive with multiple launches and doctors cannot keep pace, so how you use this AI revolution to meet your business challenges is critical."

'AI is not a cure for thinking'

Day One Strategy, an award-winning insight and strategy partner dedicated to healthcare, works across digital disciplines with a wide range of industry clients deploying strategy, data and innovation across all commercial phases of product journeys.

It uses GenAI to broaden its thought horizons and even created virtual entrepreneurs, based on global business titans, to inject radical idea streams. "The aim was to bring someone into the room to help us think more laterally so we trained the AI agents on famous entrepreneurs, which was useful and fun as part of a brainstorming operation," adds Abigail. "We've also been talking to a big pharma client about deploying synthetic ad boards for them. They have huge indications with multiple launches and cannot reach the number of KoLs they need in the right time, so this offers an effective route forward. But we are not saying ad boards are broken, it just gives us more scope.

"One quote that sums up where we are is that AI is not a cure for thinking. It really stuck with me because it can be dangerous when people rely on AI and don't engage their brains. Human thinking is still 100% involved in everything we do. We are not asking AI for the one truth, we are using it to stretch our thinking, to help us look at data through different perspectives, to ideate.

"We still have to challenge AI. Just because it sounds really impressive and comprehensive doesn't mean it's always right. AI is a tool. In terms of idea stretching, it can generate hundreds more scenarios than we would have been able to come up with in the time but it is the human being who has to work with the context, the knowledge of the market, knowledge of the brand and therapeutic category, and decide which set of those scenarios actually makes most sense and which ones are true. There is a lot of validation and a lot of checking."

Abigail concludes: "We are very optimistic about the benefits AI can bring and believe that it will only enhance our critical thinking and capacity to help clients. But we have to proceed with caution as a sector and ensure we have good governance, ethical guidelines, accuracy and trust because we are dealing with people's lives and cannot afford to get it wrong."

Danny Buckland is a freelance journalist specialising in the pharmaceutical industry

Business as usual? Patient-centricity in the age of AI

By Nicolas Hall

> 'Patients must be afforded a meaningful role in shaping how AI tools are designed, developed and applied'

As AI drives seismic change across the pharmaceutical industry, its adoption is accompanied by uncertainty and risk. Questions around accuracy, data security and accountability are already familiar: Can AI outputs be trusted? Is personal data protected? Are decisions being made by humans or machines? Within healthcare and pharma, where decisions can have profound and lasting consequences, these concerns are particularly acute.

Business as usual?

At Sprout Health Solutions, the patient voice is central to everything we do. We have welcomed the steady evolution of patient engagement within pharma from 'nice to have' to regulatory and scientific expectation. Increasingly, patient input is recognised not only as ethically important, but as critical to research quality, relevance and credibility.

This shift has driven earlier and more meaningful adoption of patient-centric insights, with clear downstream benefits. We are strong advocates of patient involvement at all stages of the drug development pathway, from preclinical research and early discovery through to clinical trials and post-marketing deployment.

Despite the transformative potential of novel AI technologies, the fundamental principles of patient-centred research remain unchanged. In fact, these principles are more important than ever as AI intensifies the trade-offs between speed and efficiency and the need for accuracy, oversight and patient trust.

In practice, this means continuing to champion patient engagement from the outset and maintaining a consistent focus on patient perspectives, needs and outcomes. As organisations race to accelerate AI adoption, it is imperative that the core principles of patient-centricity are not lost in the process.

Rare diseases

In our work with patients and caregivers across a wide range of rare diseases, one challenge we hear repeatedly relates to the scarcity of reliable, accessible information. Many people living with rare conditions must navigate fragmented evidence, inconsistent guidance and prolonged periods of uncertainty.

In this context, generative AI offers a compelling opportunity. The rapid collation and synthesis of information could democratise access to knowledge, support self-advocacy and enable more informed decision-making for patients and their families. Used thoughtfully, these capabilities could help to address long-standing unmet information needs within rare disease communities.

However, these benefits must be weighed against important limitations. Generative AI is only as robust as the data on which it is trained, and rare disease data sets are often small, heterogeneous and shaped by historical inequities. AI models built on such foundations risk entrenching existing biases, overlooking underrepresented experiences, or producing outputs that appear authoritative but lack real-world relevance. Moreover, the potential for so-called 'hallucinations', where inaccurate or misleading information is presented with confidence, further heightens the risk, particularly in healthcare settings where trust and accuracy are paramount.

This tension highlights the complex trade-offs inherent to AI adoption. While AI may reshape the landscape, it does not change who that evidence is ultimately for. Patients must therefore be afforded a meaningful role in shaping how AI tools are designed, developed and applied. Only they can weigh the benefits of efficiency and access against the risks of inaccuracy or misrepresentation from the perspective that truly matters.

Putting the patient in the loop

We therefore advocate for a 'patient-in-the-loop' approach that places lived experience at the heart of AI-enabled healthcare innovation. When we talk to patients and caregivers, we find a typically varied picture. While many recognise the potential utility of AI, a meaningful minority find its use in healthcare concerning, reflecting deep-seated worries around accuracy, data privacy and the erosion of human oversight.

This serves as a timely reminder that the patient perspective should never be taken for granted. As AI continues to reshape the pharmaceutical landscape, efficiency and innovation must be carefully balanced against transparency, inclusivity and accountability, particularly in areas such as rare disease, where patient voices have historically been underrepresented.

Patients should never be treated as passive recipients of AI-enabled outputs. The enduring principles of patient-centred research show that it is precisely the active engagement of patients in the design, development and governance of AI that will unlock its potential, aligned to the needs, values and expectations of those it ultimately serves.

Nicolas Hall is a Senior Consultant at Sprout Health Solutions

GenAI in healthcare: why privacy and literacy matter more than the tech

By Dimitri Challouma

> 'Without privacy built in from the start, GenAI will not scale in healthcare. Trust is too important'

The question in healthcare is no longer whether generative AI (GenAI) is coming. It is already here. Tools such as ChatGPT, Gemini and Copilot are being used daily, sometimes officially, sometimes quietly, by clinicians, medical writers, communications teams and operational staff trying to manage growing workloads.

Industry analysis from organisations including McKinsey, Deloitte and Gartner consistently highlights healthcare as a sector where GenAI could have significant impact. That is not because the technology is novel, but because the system is under strain. Data volumes are increasing, time is limited and too much effort is still spent on administrative work rather than patient care.

Early attention has focused on clinical applications. GenAI is being explored to support image interpretation, screening programmes and complex procedures. Guidance from bodies such as the World Health Organization (WHO) and NHS England suggests AI-supported systems may help clinicians recognise patterns more quickly and support decision-making, provided they are used appropriately and with clear oversight.

In practice, however, some of the most immediate value sits outside direct clinical care. GenAI is particularly effective at tasks people do not want to spend time on: summarising long documents; drafting reports; supporting training materials and synthesising large volumes of information. Reducing this administrative burden matters. Every hour saved on paperwork is time that can be redirected towards patient care.

As adoption increases, the conversation is shifting. GenAI is powerful, but it is also fast-moving and easy to misuse. Two factors will determine whether organisations genuinely benefit from it: privacy and literacy.

Privacy isn't optional

Healthcare runs on trust. Patients expect their data to be protected, and clinicians expect the tools they use to be safe. While most organisations understand this in principle, risk often emerges through everyday behaviour rather than major system failures.

Public GenAI tools are easy to access. It is easy to imagine information being shared to generate a quick summary, without full consideration of where that data goes or how it might be reused. In other cases, AI-generated outputs are assumed to be safe, simply because they were produced by a tool. That assumption is often wrong.

Regulatory bodies including the WHO are clear that strong data governance is essential for AI in healthcare. But privacy cannot live only in policy documents. People need clear, practical guidance on what is allowed, what is not, and why.

This is where purpose-built tools matter. As GenAI use grows, healthcare teams need access to information that is not just fast, but trusted and traceable, particularly in complex areas such as rare disease. RAiRE, a rare-disease-specific large language model developed by Havas Life London, is designed with this challenge in mind. Rather than relying on the open web, RAiRE provides structured, trusted and citable information when questions are asked, helping reduce the risk of misinformation, hallucination or inappropriate reuse.

Without privacy built in from the start, GenAI will not scale in healthcare. Trust is too important.

Literacy is the real risk reducer

The second critical factor is literacy. Most GenAI tools sound confident and write fluently. They rarely flag uncertainty. This is where problems can arise.

Research from Gartner and Deloitte shows that many GenAI risks stem from over-trust in outputs rather than from technical failure. If users do not understand how these systems work and where they fall down, it is easy to treat them as an authority instead of an assistant.

GenAI literacy is not about turning everyone into a technologist. It is about teaching people how to sense-check outputs, recognise bias and know when human judgement must take precedence. In healthcare, that critical thinking is non-negotiable.

This cannot be limited to IT teams. Clinicians, medical affairs, commercial and communications teams all use GenAI differently. Training needs to reflect real workflows, not abstract AI theory.

The bottom line

GenAI has the potential to improve healthcare, not just through better insight, but by giving people time back. Whether it delivers on that promise depends less on the technology itself and more on how it is used.

Privacy and literacy are not barriers to innovation. They are what make it possible.

This thinking underpins Havas Life London's work on RAiRE. In areas where information is complex and the cost of getting it wrong is high, RAiRE shows how GenAI, grounded in trusted and citable sources, can support understanding responsibly.

And in healthcare, trust is everything.

Dimitri Challouma is Digital Creative Director at Havas Life London

AI is quietly rewriting your brand narrative

By Julie O'Donnell

> 'Generative AI is an information gatekeeper, shaping what customers see, trust and act on – and this can't be ignored'

We're seeing a familiar pattern emerge: clients ask ChatGPT about a disease area, treatment pathway or, increasingly, their own brand. They don't love its answer and come to us with a request: Can we influence what AI says?

The question makes complete sense – especially considering what's happening at scale.

At this month's launch of ChatGPT Health, OpenAI shared that hundreds of millions of health-related questions are asked in ChatGPT every single week. Not searches. Questions. Framed in natural language, often personal and often urgent.

This number will only accelerate. As large language models get easier to access, more deeply integrated and increasingly trusted, AI is becoming the default health information starting point for patients, caregivers, policymakers and healthcare professionals (HCPs) alike. It's gone mainstream.

What makes this noteworthy isn't just the volume of questions, but where AI sits in the decision process. AI doesn't simply retrieve information; AI interprets, summarises and prioritises it, deciding what context matters – and what can be left out. AI, not you, chooses what your customers see and the story being told.

Many organisations still dismiss this as 'just another channel'. As marketers and communicators, we constantly adapt to new formats, after all.

This time it's different.

AI is a gatekeeper

In practice, AI shapes understanding before someone ever visits a website, reads an article or speaks to a human expert. That makes AI a decision layer, not a distribution channel.

This means every brand has a new target audience: patients, HCPs and now machines. The models that are forming – and spreading – an understanding of the health landscape for everyone's benefit.

Why there's no quick fix

When leaders want to influence AI, they're often reacting to a loss of narrative control.

For years, digital visibility felt manageable. If something wasn't working, you could adjust messaging, publish something new or lean on a familiar playbook.

AI is another story.

What shows up in a ChatGPT response isn't driven by one asset, campaign or update. It's the product of patterns learned over time, across countless sources, reinforced through repetition and credibility.

AI understands based on what is consistently present, corroborated and seen as authoritative. Your perspective carries no weight if it's fragmented, underrepresented or difficult for AI to interpret. Where context is missing, the model fills in the gaps itself, using the best information it can find.

That's where risk enters. Absent any key fact, AI steps in and the story can drift into oversimplified, wrong or unsafe guidance.

Why this matters for pharma marketing and communications

For pharma leaders, this shift cuts deep.

Earned media, corporate narratives, disease education, brand reputation – these have always mattered. But now they're doing double duty, shaping both human perception and the inputs AI systems rely on to generate answers.

Most models already understand the disease area and treatment set. The risk lies in those new data points, critical label details or real-world use cases that sit beyond AI's reach.

Many organisations struggle here; not for lack of content, but because facts are split across teams and formats – behind logins, paywalls or structures AI can't read well. The result is an uneven record and AI doesn't reconcile the differences kindly. It averages them.

How generative engine optimisation helps

Generative engine optimisation (GEO) exists to address this strategic shift.

GEO isn't for tweaking prompts or chasing rankings. It's meant to shape the context AI learns from in the first place – making sure the full story is easy to find, trust and connect.

Before asking how to influence the answer, organisations must assess:

- What does AI believe is true about our category and which voices shape that belief?
- Where are we absent, oversimplified or misunderstood?
- Which signals reinforce the wrong narrative?

That's the mindset shift.

This is why today's leading teams start with diagnosis, not optimisation – using GEO audits to understand how they're represented across AI systems, where authority is being borrowed or lost and what needs to change structurally.

CognitevGEO can support that shift – not as a scorecard or quick fix, but to align communications, marketing and expertise around the full context AI uses to form its worldview – a core principle of Intelligent Commercialization at Inizio.

AI isn't waiting for your next campaign

AI won't wait for your upcoming content or big launch. It's forming its view millions of times each week, based on the signals that already exist and delivering it directly to your customers.

Don't let AI rewrite your narrative. Ask instead: How can we influence what AI says – strategically, now?

Julie O'Donnell is EVP, Global Head of Digital at Inizio Evoke Comms

GenAI: embracing the transformation – with caution

Despite the GenAI fervour, there is an acute need to prepare organisations to understand which specific tools they need and how to use them

By Danny Buckland

Imagine learning a new language only to find you opted for the wrong dialect and while your dialogue is getting an A-plus for effort, it is only getting a D-minus for cutting through barriers and gaining understanding.

Now, contemplate a device that can map the misunderstandings, account for nuanced pronunciations and generate a revised script that is greeted with nods rather than frowns of incomprehension.

The promise of GenAI forms that multi-functioning application – a Swiss Army knife-translator cutting through confusion with tools you never knew existed for challenges both obvious and obscure.

Agility in crowded, rapidly shifting markets is essential and the growing efficacy of large language models (LLMs) and algorithms is a beguiling prospect but, despite the GenAI fervour, key observers feel there is an acute need to prepare organisations to understand what specific tools they need and how to wield them.

The secret to GenAI's riches of resonating insights and super-fast performance relies on adapting prosaic processes and maintaining strategic focus as much as adopting billboard platforms promising organisational metamorphosis.

A Deloitte focus on the GenAI revolution, taking soundings from pharma leaders, recently located industry on the cusp of a profound transformation with benefits sweeping from clinical trials to patient engagement, but it also cautioned: "Given the multiple areas in which to apply GenAI, be careful where you choose to apply it and decide which areas have the potential to drive the biggest return on investment in both short and longer term. Be clear about what business challenges you're trying to solve."[1]

Commercial gains

Julie O'Donnell, Global Head of Digital at Inizio Evoke, comments: "There is so much potential and the opportunity to free up time and space to devote to improving patient outcomes is driving real change. That is where the opportunity lies, but it's also where the challenge lies.

"I think there are many kinks in the chain to be worked through before we get AI integration completely right and free up HCP time. But it is genuinely an exciting time to be working in the industry and there is potential every step of the way.

'The promise of GenAI forms a multi-functioning application – a Swiss Army knife-translator cutting through the confusion'

"Companies have been investing in AI in drug development for years with great results, but there are also significant commercial gains from the opportunity to understand your audiences faster and more deeply with AI. With predictive modelling, you can better understand the landscape and the market dynamics and, by harnessing data at scale, you can play out different scenarios to cover all bases."

The key, Julie observes, is identifying the relevant data and making it work across different functions and departments. Often, data sets remain unused, unshared and undervalued.

"Most teams within a pharma company have multiple folders from different vendors or internal presentations that sit in a shared drive in different folders and formats that are just wasted," she says. "But there are lots of low-costs ways to do better housekeeping to unlock the ability to use AI agents, which can increase the return on investment on all the research. There's a lot of talk about digital twins and personas, but unless you get smarter at bringing your data together within cross-functional teams, you'll always be one step behind.

"GenAI is the catalyst to help you do more advanced things with data that were once not possible or would have taken much longer.

"Looking at any aspect of AI strategy, the teams that are going to catapult themselves forward will be those that bring functions and data together to understand their patients and orchestrate their plans. AI is bringing together all the things pharma has talked about for years but not followed through on and it can provide the rocket fuel to move forward."

Data depth

Julie, who has been at the leading edge of digital and AI development over the last decade, believes that GenAI has to be used transparently, with sharp attention to trust factors that are visible to patients and HCPs and the 'extra audience' of LLMs that aggregate and share content.

"You almost have to create a new Venn diagram of your channels and content; where it resonates with humans through social media and traditional media and also the channels that the machines like and look at, which demands a dual strategy," she adds. "Making the best of GenAI is more about the fundamentals of understanding your audience and thinking about content and channel strategy than it is really about anything technical.

"My excitement is inspired by the depth of insight we can obtain from data and how that will help patients being heard. Whether you are an HCP or a patient, if we are really helping people feel heard and really answering their questions, which is core to AI visibility, then we will increase trust and reputation in the industry and belief in AI's potential.

"Google gave patients greater access to information but GenAI is now the next level in terms of patients' ability to have access to relevant information and enable the personalisation and consumerisation of healthcare. We are almost entering a new era in terms of the informed patient and that can only help improve patient outcomes. The challenges for industry and HCPs is to make sure that we're rising to the occasion in terms of delivering better content and making sure it's discovered by the humans and the machines."

Nick Hall, Senior Consultant at Sprout Health Solutions, also has a sharp focus on how technology can truly place patients at the heart of technological advances. "One huge opportunity that exists with AI is the democratisation of data, with patients being able to directly access data and information about their conditions. This is particularly important for people with rare diseases, where information can be very limited and hard to source. The flip side is that the data has to be accurate and trustworthy, so AI's huge potential has to be weighed against its current limitations.

"Another core opportunity for AI is accelerating the drug development process, because for many conditions it can take a long time for the drug to come to market and be accessible for patients, and for some it is too late. We need oversight and regulation of AI processes, but anything that speeds up the journey is welcome. It could make huge differences to patients' quality of life and their survival."

Human oversight

Sprout Health Solutions, which combines academic rigour with commercial understanding to design evidence-based behavioural strategies, believes that careful implementation of AI will improve outcomes at a time when the public is welcoming its controlled adoption across healthcare. It highlights a recent survey that showed most patients are in favour of human oversight with AI-assisted healthcare.[2]

"Our core mantra is putting the patient at the centre of everything and it is a natural extension to hope that they would be involved in the early stages of any AI initiative in healthcare," Nick comments. "It is so important to have patients directly involved in the development of AI tools, because it is their data going in and their outcomes that will be affected. They should be front and centre of any decisions that are made about AI.

"AI can improve efficiencies but you always need the human in the loop giving oversight to guard against hallucinations and to have that iterative process to review and refine its output. But having that human in the loop also means having the voice of the patient and the carer. These are important stakeholders to involve at an early stage and we do a lot of work with patient advocacy organisations and pharmaceutical companies to push their involvement."

Sprout, which specialises in stakeholder co-creation to generate deep insights across the drug development cycle, finds that the public values the opportunity AI can bring to healthcare but remain wary of data privacy and accuracy.

"AI can do amazing things, but we cannot jump in the deep end without having mechanism to check its performance," adds Nick. "There is enormous potential across healthcare if we use it correctly and build the human voices into it. It could deliver life-changing impact, particularly through accelerated drug development pathways and better, faster access to new treatments for those who really need them."

It is important to demystify GenAI's recent glorification by recognising that its reach and efficacy has been growing over the last decade rather than it being a 'Eureka' moment of revelation. "It is the culmination of a long AI journey and a lot of hard work in the field. It may feel like it has dropped into people's laps, but it is no surprise to people involved in its development," says Kelly Malloy, SVP, Customer Engagement for Artificial and Augmented Intelligence at Inizio Medical.

"There are so many applications for GenAI, but where it can really pay off for pharma and medical affairs is transforming workflows and decision-making, and it is most transformative when it is embedded into processes that are tested and have some governance.

"Our primary area of expertise at Inizio Medical is scientific communications and we work alongside authors and key investigators to ensure that clinical information is translated correctly. If we use AI thoughtfully at certain points of that process, the value is that we get the science out to stakeholders more quickly so it can inform clinical practice and that is a real benefit that cannot be understated."

Driving insights

Inizio's HCP Interact – an AI-powered training product – takes that intention further by empowering MSL teams to communicate more effectively by practising on avatars modelled on real clinical profiles. Kelly says: "The avatars are trained to act as a persona that they would encounter in the field; it could be somebody that is less knowledgeable about a product or time-poor or whatever real-life scenario an MSL might encounter. It helps maximise scientific understanding at HCP level while using their feedback about knowledge gaps to help scientific communications teams refine information and messaging."

Kelly echoes the need for data harmonisation. "Silos are never created on purpose," she adds. "A lot of the companies that we're working with are realising that they are paying for the same data sets multiple times across different departments. AI helps them identify duplication and to also bring large data sets together, interrogate them and drive insights that are relevant across R&D, medical and commercial."

Embedding GenAI in workflows and cross-departmental function does not sound as alluring as headline advances proclaimed by fresh digital landmarks, but this is where the real treasure is mined, she observes.

"The amplification of what humans can derive from huge data sets is the fundamental benefit of this technology," she says. "There's no need to be afraid of the technology because there are guard rails that we can put into place to make it more trustworthy and the outputs more reliable. So, it is a question of using it to enhance systems that are already in place to help humans do what humans do best, which is adding the creative and the strategic element and making sure objectives are achieved.

"It is not going to take jobs. It will make jobs more interesting and more effective. GenAI has already shifted from content generation to being a consultative partner and a lot of organisations are working out how to use it well rather than an 'all or nothing' approach.

"If you adopt GenAI and do a little bit well then people will get to understand how it works and how it is grounded and you also increase trust. I've always loved technology and it now feels like GenAI is coming of age. It will keep developing and it will keep innovating and the prospects are exciting."

Remove barriers

Adam Boucher, Head of Innovation at STEM Healthcare, sees speed as the billboard attraction of GenAI, but with that comes a need for companies to gear up their processes to keep pace.

"There's a huge appetite across the industry and most companies are moving to a phase of exploration and experimentation of the huge number of potential use cases right across the product life cycle, some of which will really transform the way in which pharmaceutical companies commercialise their assets," he says.

'It's a question of using GenAI to enhance systems that are already in place to help humans do what humans do best'

"Get it right and you achieve an ability to leverage GenAI to speed up processes and become more agile, which can give you a significant edge. But in order to maximise this, organisations do need to transform. You can have all this data coming in at lightning speed, but it's equally important that you remove any barriers, such as legacy systems and processes, that might inhibit your ability to harness that intelligence quickly and put it into practice.

"It is still early days in GenAI's life cycle, so there is a need to embrace an almost experimental approach where you don't necessarily know if things are going to work but you can try different things, learn quickly, refine where needed and continuously iterate, but also walk away from things that aren't delivering value.

"There's obviously a lot of change management that needs to happen to ensure organisations can expedite decision-making and sign-offs. But it's definitely going in the right direction and I think that our clients see the potential, so are trying to move fast."

STEM Healthcare, an Inizio Ignite company, is a global leader in strategic brand alignment deploying industry experts and 17 years of benchmarked data to analyse and optimise the critical phase of HCP engagement.

Adam identifies the potential to supercharge traditional market research and create agile projects that can flex across the diverse landscapes of therapeutic areas and reach down to tailored sectors and respond to market changes.

"Historically, market research has been more reliant on small focus groups to provide feedback, which was used to test a campaign narrative and messages. Once the campaign was then developed and rolled out, it was a big lift to change course," he says. "With GenAI, we have the capacity to harness a plethora of interaction types to generate a wealth of data and insights revealing what is resonating with doctors and HCPs in real time, and that allows you as a leader to be far nimbler in refining your strategy based on that feedback.

Powerful potential

"It is dynamic and longitudinal in nature, with constant feedback so you can respond based on changes in the market, like new entrants or a new indication. It is heading towards the point of being able to cut the data to suit the customer type and segment – even down to archetypes and individuals."

This inflexion point is where STEM Healthcare provides clarity, adds Adam, by illuminating any gaps in alignment between field teams, line managers and senior leadership, and guiding routes to field performance harmony. Its AI processes are now exploring the nuances of sentiment expressed by HCPs during engagement to create a new level of insight.

"It will be incredibly powerful, and we are excited by its potential," he says. We often hear that clients are drowning in data, so it is vital to be able to contextualise and interpret that data to cut through the noise. So, this is a big focus for how we are leveraging STEM AI, to ensure that we go beyond numerical dashboards and provide context, interpret the data and translate this into insights in a transparent and explainable way.

"Utilising AI can greatly enhance understanding into HCP engagements and, in doing so, pharma can become more attuned to the needs of their customers and what they are trying to achieve for the patients they care for. It creates new opportunities to provide more relevant, meaningful content and impactful interactions that genuinely help HCP decision-making and provide real value to them and, ultimately, to their patients.

"Fundamentally, we all believe that patients are entitled to receive the best possible, appropriate treatments to positively impact health outcomes and their lives – so showing pharma how to effectively communicate their science to people who make these important treatment decisions is of the utmost importance.

"It is at the heart of what we all do."

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How STEM AI helps organisations understand and improve HCP interactions at scale

By Adam Boucher

Every day, life sciences field teams engage in conversations that shape perception, understanding and decision-making. These exchanges are where strategy meets reality, but the insight they generate has not always been easy to translate into action.

Building on proven methodology, STEM AI was developed to provide an even deeper level of insight for organisations looking to use generative AI to further accelerate team performance. Drawing on nearly 18 years benchmarking expertise and supported by Inizio's global infrastructure, STEM AI transforms real field conversations into insight that powers Intelligent Commercialization – supporting clearer decision-making, more confident engagement and continuous improvement.

By combining the latest AI technologies, deep domain understanding and robust benchmarks, STEM AI works in real time, helping organisations better understand how engagement is experienced in the field, how performance evolves over time and how teams can be supported more effectively.

Turning dialogue into clarity and confidence

Life sciences leaders operate in an increasingly complex environment. Messages must land consistently across regions and customer types, while expectations for meaningful, relevant engagement continue to rise. Understanding the sentiment that is expressed, what resonates with healthcare professionals (HCPs) and how conversations unfold in practice, is critical to navigating this complexity.

STEM AI enables organisations to move beyond assumptions by drawing insight directly from real interactions. By analysing conversations in context, the product highlights patterns that show how strategic priorities are being communicated and how campaigns, topics and messages resonate with HCPs. This creates a clearer connection between intent and impact, helping organisations adapt with greater precision and confidence as priorities evolve.

Personalised insight that supports continuous improvement

At the individual level, STEM AI delivers personalised feedback aligned to defined objectives. Insights are surfaced through an intuitive mobile experience designed to integrate seamlessly into the rhythm of field work.

Rather than relying on broad or generic measures, field team members receive focused conversation-level insight into what is working well and where refinement could strengthen engagement. Everyday conversations become learning opportunities – supporting continuous development, reinforcing best practice and helping individuals build confidence in how they engage with HCPs.

Intelligence that informs the wider organisation

The value of STEM AI extends beyond the individual. Aggregated insights provide managers with visibility across teams, regions and time – highlighting where coaching is most effective, where additional support may be needed and how performance is evolving.

For senior leaders, this intelligence offers a grounded view of whether strategic messages are landing as intended and where adjustments could create greater impact. Decisions around training and coaching needs, messaging and resource allocation are informed by evidence drawn from real engagement, not just outcomes alone. This supports faster learning cycles and more aligned decision-making across the organisation.

Built on experience, backed by Inizio

What differentiates STEM AI is not simply its use of generative AI, but the experience and scale behind it. The intelligence within STEM AI is shaped by the industry's most comprehensive set of field performance benchmarks, built over nearly two decades. This context allows insight to be interpreted meaningfully – helping organisations understand not just what is happening, but what good looks like.

STEM AI benefits from the strength of Inizio as a global commercialisation partner. This includes access to multidisciplinary expertise across strategy, insight, engagement, technology and data science, alongside mature operational infrastructure and long-term partnership. This backing ensures STEM AI is not a standalone product, but part of Inizio's connected framework of platforms, products and solutions designed to fuel Intelligent Commercialization across markets. Clients gain confidence not only in the insight itself, but in the stability, governance and global delivery capabilities that sit behind it.

Strengthening engagement with HCPs

For HCPs, the impact of STEM AI is reflected in more focused and relevant interactions. By understanding what resonates and where needs are evolving, organisations can refine how they engage, improve the support they provide, strengthen professional relationships and maximise value to customers during their interactions.

Over time, this creates a feedback loop where engagement becomes more meaningful, responsive and aligned to shared goals – benefiting not only commercial performance, but the broader healthcare ecosystem.

STEM AI unlocks the intelligence embedded in real conversations. By combining cutting-edge AI with deep domain expertise and the backing of Inizio's global organisation, it enables life sciences companies to see what matters most, support and empower their field teams more effectively and engage HCPs with greater clarity and purpose.

Adam Boucher is Head of Innovation & Product Development at Inizio Ignite, STEM

How HCP Interact is advancing Medical Affairs performance with AI-enabled precision

By Kelly Malloy

‘This is Intelligent Commercialization in action – using AI to turn training into intelligent practice’

Medical Affairs is operating at a pivotal moment. Expectations have expanded rapidly – deeper scientific exchange, sharper insights and measurable impact on medical success – while the complexity of the environment continues to intensify. For Medical Science Liaisons (MSLs), this means every interaction with a healthcare professional (HCP) carries more strategic weight than ever before.

How are we reimagining HCP engagement through Intelligent Commercialization?

At Inizio, we view this challenge through the lens of Intelligent Commercialization, which allows us to connect functions that improve outcomes for HCPs and patients – maximising value for medical organisations through the approval process and beyond. This comes to life through HCP Interact, a core product within Inizio Medical’s iON AI platform.

From scientific exchange to patient impact: why Medical Affairs readiness matters now

MSLs sit at a critical intersection of evidence, clinical decision-making and real-world practice. Yet traditional training approaches often fall short of preparing field teams for the nuance, unpredictability and strategic importance of modern HCP engagement. Traditional training models are static and difficult to maintain, while face-to-face learning is intermittent and expensive – limiting consistency, confidence and impact across teams.

This inconsistency in preparation directly affects the quality of scientific exchange in the field. With Intelligent Commercialization, this variability matters. Suboptimal scientific exchange doesn’t just affect individual conversations – it can slow the translation of evidence into clinical practice, limit meaningful HCP behaviour change and ultimately reduce the potential impact on patient outcomes.

HCP Interact: where AI meets scientific exchange

HCP Interact was designed to address this gap by reimagining how MSLs and field representatives build HCP exchange excellence – not as isolated training, but as a connected enablement capability embedded within the Medical Affairs and commercial space more broadly.

Powered by advanced conversational AI, HCP Interact enables MSLs to engage in realistic, adaptive simulations with AI-driven HCP avatars. These avatars are built to reflect real-world clinician profiles, incorporating therapeutic expertise, communication styles and behavioural nuance. The experience mirrors the complexity of live scientific exchange – challenging assumptions, probing evidence and adapting dynamically to each response.

What makes HCP Interact distinctive is not just the realism, but the intelligence behind it. Each interaction generates structured feedback and performance data, enabling MSLs to refine their approach while giving leaders visibility into readiness, capability gaps and progress over time.

This is Intelligent Commercialization in action – using AI to turn training into intelligent practice and intelligent practice into optimised performance.

From skill development to measurable impact

Effective Medical Affairs enablement must do more than build confidence – it must support better decisions, stronger engagement and ultimately better patient outcomes through HCP education on key considerations, such as disease state and evidence-based treatment approaches. HCP Interact supports organisational success by transforming the way MSLs practice and perform in the field.

Medical leaders can:

- Identify capability trends across regions and teams
- Align coaching to strategic priorities and upcoming milestones
- Ensure consistency in scientific exchange at scale.

By embedding performance analytics into the training experience, HCP Interact connects MSL development directly to Medical Affairs objectives – supporting evidence generation, launch readiness and sustained engagement post-launch.

AI that elevates, not replaces, expertise

At Inizio, our approach to AI is deliberately human-centred. Intelligent Commercialization is not about automating judgment or replacing expertise – it’s about amplifying what your experts do best.

HCP Interact is governed by this principle. Scientific rigour, clinical relevance and human oversight remain central, while AI accelerates learning, sharpens feedback and enables scale. The result is a system that respects the trust-based nature of Medical Affairs while making performance more consistent, measurable and future-ready for the evolving nature of scientific exchange.

Setting a new standard for Medical Affairs enablement

As Medical Affairs continues to evolve, the organisations that succeed will be those that treat enablement as a strategic lever – not a support function. HCP Interact reflects Inizio’s belief that better conversations drive better patient outcomes and enhanced relationships between pharma and HCPs.

By embedding AI-powered readiness within a connected, life cycle-focused model, Inizio Medical is helping clients move beyond training – towards intelligent, confident and impactful scientific exchange.

Get in touch with one of our experts at inizio.com/our-businesses/medical for more information on HCP Interact.

Kelly Malloy is Senior Vice President, Customer Engagement – Augmented Intelligence & Artificial Intelligence, Inizio Medical

Cuttsy+Cuttsy becomes employee-owned

Celebrating 15 years of prioritising clients, patients and its team, Cuttsy+Cuttsy (C+C) founders Caroline Benson and Mathew Cutts have announced that the agency has transitioned to employee ownership, while continuing under the leadership of the two founders.

"After 15 years of building C+C around a simple belief that people matter – our clients, the patients we ultimately serve and, most of all, our team – this marks a hugely meaningful next step in the agency's story.

"We started Cuttsy+Cuttsy with the belief that you can have a life while working for an agency," said Caroline and Mathew. "We have always wanted to prove that you can build an ambitious, high-performing agency without losing what matters most. The Employee Ownership Trust feels like the natural next move in our journey."

Caroline and Mathew will remain closely involved with the business and continue to hold a minority shareholding, but ownership of C+C is now held in trust on behalf of the team who work within the agency.

"This is about protecting the culture we have built together and making sure C+C continues to thrive for the long term," they added. "We cannot wait to see where the agency goes next, especially with the team even more invested in shaping its future.

"The move to employee ownership brings stability to the business and reassurance of future ownership for the people who help make C+C what it is every day."

Edelman's Katie Halajko appointed as Founding Member of the AI in Media Institute

Edelman has announced that Katie Halajko (Farmer), Head of Production, EMEA, has been appointed as a Founding Member of the AI in Media Institute. The Institute is a UK independent body supporting ethical, transparent and human-centred AI adoption across creative and media sectors.

The AI in Media Institute "is dedicated to exploring and advancing the role of AI across the media and marketing landscape. Its aim is to investigate how AI technologies are transforming advertising, marketing and creative industries including film, television, music, publishing and gaming.

"The Institute brings together thought leaders, researchers, artists, technologists, marketers and brands to examine the opportunities and challenges AI presents for content creation, distribution, audience engagement, consumer behaviour and intellectual property.

"At the heart of the Institute's work is a commitment to critical inquiry, innovation and collaboration. The Institute hosts conferences, workshops, awards and publications that aim to educate and inspire both industry professionals and the wider public.

"Through its research initiatives, the Institute analyses emerging trends such as AI-driven marketing, predictive analytics, generative AI, synthetic media, automation in storytelling and the ethical considerations around AI creativity and influence.

"The Institute also champions responsible innovation, promoting dialogue around transparency, bias, consumer trust, authorship rights and the societal impact of AI-driven content, with a belief that AI should augment, not replace, human creativity and strategic thinking. Its programmes focus on empowering brands, creators and organisations to harness new technologies while preserving authenticity and diversity of expression."

The Edelman agency commented: "Katie's appointment to the AI in Media Institute recognises both her practical leadership in modern content production and her forward-looking perspective on how AI can responsibly enhance creative output."

Eli Lilly

ADRIENNE BROWN

Eli Lilly has appointed **Adrienne Brown** as Executive Vice President and President of Lilly Immunology, joining the Executive Committee. Brown has spent more than 20 years at Lilly, most recently in the role of Group Vice President & Head of Corporate Business Development. Other roles formerly held by Brown at Lilly include Group Vice President & Head of US Diabetes & Obesity Business Unit and Marketing Director, US Diabetes, with Brown leading the US launch of the weight loss treatment Mounjaro. During her time at Lilly, Brown has gained increasing responsibility in the key markets of Japan and the US. She has also built her expertise in areas including business development, sales, marketing and commercial strategy.

Eli Lilly

JACOB VAN NAARDEN

Eli Lilly has appointed **Jacob Van Naarden** as Executive Vice President and President of Lilly Oncology. Van Naarden has worked at Lilly since 2019, following its acquisition of Loxo Oncology, where he served for over 11 years and held roles including CEO, Chief Operating Officer and Chief Business Officer.

Eli Lilly

DANIEL SKOVRONSKY

Eli Lilly has appointed **Daniel Skovronsky** as Chief Scientific and Product Officer and President of Lilly Research Laboratories. Skovronsky has worked at Lilly since its acquisition of Avid Radiopharmaceuticals, where he was CEO, in 2010. In his new role he will guide product strategy for Cardiometabolic Health, Immunology and Neuroscience.

CelLBxHealth

PETER COLLINS

CelLBxHealth has appointed **Peter Collins** as CEO. He was previously CEO of SAGA Diagnostics, where he served for over four years. Other roles formerly held by Collins include Chief Business Officer at Inivata and Yourgene Health, Vice President Head of Diagnostics at GlaxoSmithKline and Independent Director of miDiagnostics.

Angelini Pharma

SERGIO MARULLO DI CONDOJANNI

Angelini Pharma has appointed **Sergio Marullo di Condojanni** as CEO. Marullo di Condojanni has already served as CEO of Angelini Industries since 2020. In addition to his seven years at Angelini Industries, he holds directorial and advisory roles at a number of companies, including Angelini Technologies, Banca Aletti and B20 Italy.

Ipsen

PIERRICK LEFRANC

Ipsen has appointed **Pierrick Lefranc** as Executive Vice President Technical Operations and a member of its Executive Leadership Team. Lefranc joined Ipsen in 2013 and has held roles including Head of the company's Signes site and Senior Vice President. He was also previously Director of Industrial Operations at Stallergenes.

Syncromune

STEPHEN DALE

Syncromune has appointed **Dr Stephen Dale** as Chief Medical Officer. Dale most recently served as Head of R&D and Chief Medical Officer at Kura Oncology. He has also held senior roles at Kyowa Kirin and AstraZeneca. His work in clinical development and translational strategy have contributed to various regulatory approvals during his career.

Human Continuum

OMAR KHALID SIAL

Human Continuum has appointed **Dr Omar Khalid Sial** as Chief Scientific Officer. Sial previously held the position of postdoctoral associate at the University of Florida Scripps Biomedical Research Institute. Other previous experience includes research work at the Icahn School of Medicine, Mount Sinai and consultancy work at Stream Biomedical.

Angelini Pharma

ROBERTO SCRIVO

Angelini Pharma has appointed **Roberto Scrivo** as Chief of External Affairs, Communication and Sustainability Officer. Scrivo was previously Chief of Public Affairs and Corporate Communications and Sustainability Officer at the Engineering Group. Other former roles include Public Affairs Senior Director at Sky Italia and Head of Public Affairs at Fastweb.

Accord Healthcare

PAUL BURDEN

Accord Healthcare has appointed **Paul Burden** as Associate Vice President and Country Head UK. Burden brings over 26 years of pharmaceutical experience to the role and has worked in both the UK and European pharmaceutical industries. His expertise in leading commercial strategy and building high-performing teams to drive growth encompasses both generics and speciality pharmaceuticals. He most recently served as Vice President of STADA, a role that saw him overseeing strategy and execution for established brands as well as generics and speciality pharmaceuticals. Burden also previously held multiple senior leadership roles, such as Chief Commercial Officer Europe and President UK & Ireland, at ADVANZ PHARMA. Other companies where Burden has held roles include Teva, Mylan and Novartis.

Alvotech

LISA GRAVER

Alvotech has appointed **Lisa Graver** as CEO. Prior to its acquisition by Lotus Pharmaceutical in 2025, Graver served as CEO of Alvogen, where she worked for over 15 years in roles including President and Executive Vice President. She was also previously Vice President, Intellectual Property at Actavis Switzerland and Innovest Enterprises.

Vibrant Therapeutics

HAN LEE

Vibrant Therapeutics has appointed **Han Lee** as co-CEO. Lee brings over 15 years of expertise in leadership to his new role at Vibrant, having most recently served as President and Chief Financial Officer of ImmPACT Bio. Previously, Lee led Corporate Development and Ventures at AstraZeneca, including financings, mergers, acquisitions and partnerships.

Rentschler Biopharma

UWE BUECHELER

Rentschler Biopharma has appointed **Uwe Buecheler** as interim CEO. He has served as Vice Chairman of the Supervisory Board at Rentschler since 2024, and also currently serves as Non-Executive Director at BioPhorum. He previously spent over 33 years at Boehringer Ingelheim, in roles including Senior Vice President Head of Business Unit Biopharmaceuticals.

THX Pharma

JULIEN VEYS

THX Pharma has appointed **Julien Veys** as Deputy CEO. Veys has served at THX since 2016 in positions including Chief Business Development Officer and Chief Operating Officer. Prior to this, he spent over a decade at Trophos, serving as Chief Business Development Officer as well as a variety of other roles.

iOrganBio

KAROL JARZABEK

iOrganBio has appointed **Karol Jarzabek** as Chief Operating Officer. Jarzabek most recently served as Vice President of Portfolio Operations at QHP Capital. Prior to his time at QHP, Jarzabek held a series of senior leadership positions at Azurity Pharmaceuticals, including Vice President of Strategic Finance and President of Established Brands.

GC Therapeutics

KATE HAVILAND

GC Therapeutics has appointed **Kate Haviland** as Board Chair. Haviland was most recently President and CEO of Blueprint Medicines, where she also previously held the roles of Chief Operating Officer and Chief Business Officer prior to the company's 2025 acquisition by Sanofi. She has also served at Idera Pharmaceuticals, Sarepta Therapeutics and Genzyme.

AstronauTx

ADAM ROSENBERG

AstronauTx has appointed **Adam Rosenberg** as Board Chair. Rosenberg currently serves as CEO of RyCarma Therapeutics, and has formerly held the role of CEO at Aliada Therapeutics, Athenen Therapeutics, Link Medicine, Rodin Therapeutics and Teleos Therapeutics. He also previously founded Sionna Therapeutics, where he held the role of CEO.

Cumulus Neuroscience

RICARDO SÁINZ FUERTES

Cumulus Neuroscience has appointed **Ricardo Sáinz Fuertes** as Board Chair. Sáinz Fuertes brings more than a decade of pharmaceutical industry experience to his new position. He has held the role of Global Director of Digital Health Solutions at Eisai since 2023, and is an Honourary Clinical Fellow of the University of Edinburgh.

VML UK

JOE PETYAN

VML UK has appointed **Joe Petyan** as CEO. He spent almost seven years at WPP, including as Global Client Lead for HSBC and Haleon, and was previously Joint CEO of J. Walter Thompson London. In his new role, Petyan will oversee a newly unified UK business by operationally aligning the core agency with VML's Enterprise Solutions.

OPEN Health

DIALA HABIB

OPEN Health has appointed **Diala Habib** as President of Promotional Medical Education and Patient Engagement. Habib's experience includes over 14 years at Healthcare Consultancy Group in roles such as Executive Director, Commercial and Marketing Lead and President, North America. She was also formerly President of Health Science Communications.

VML Health

NADINE LEONARD

VML Health has appointed **Nadine Leonard** as Global Chief Solutions & Innovation Officer. The role was created specifically to drive health solutions for the company's clients. Leonard was most recently Therapeutic Area Lead for Pfizer's oncology branch. She was also formerly President of Heartbeat, where she spent almost 16 years.

Edelman

ANNA VOGT

Edelman has appointed **Anna Vogt** as Global Chief Strategy Officer. Vogt previously spent more than four years at VML in roles including Chief Strategy Officer UK and Chief Strategy Officer Europe, Middle East and Africa. Other previous roles include Chief Strategy Officer at TBWA London and Group Head of Strategy at MullenLowe London.

Avalere Health

LAURA T HOUSMAN

Avalere Health has appointed **Laura T Housman** as Chief Public Health Officer. Housman has served at Avalere for over three years, most recently as Senior Vice President and Practice Director, Evidence & Strategy. Other roles include Chief Commercial and Operations Officer at Olaris and Founder of Access Solutions Consulting.

Inizio Evoke

KRISTIN RYAN

Inizio Evoke has appointed **Kristin Ryan** as Executive Vice President (VP), AI Transformation & Acceleration. She spent over six years at GCI Health, most recently as Executive VP and US Head of Digital & Innovation. Other roles at GCI included Group Senior VP, Head of Digital and Senior VP, North America Head of Digital.

Avalere Health

MATT KAZAN

Avalere Health has appointed **Matt Kazan** as Senior Vice President, Policy. Kazan most recently held the role of Vice President Policy & Government Affairs at SCAN. Other roles previously held by Kazan include Professor of the Practice at the University of Denver and Managing Director at Avalere, where he spent almost five years.

Lumanity

NATHAN WHITE

Lumanity has appointed **Nathan White** as Senior Vice President, Market Access Strategy. White was previously Director, Insights & Strategy at BioVid. He has also held the roles of Senior Principal and US Practice Lead, Pricing and Market Access at Avalere Health and Senior Vice President, Integrated Access and Outcomes Solutions at ICON.

Lumanity

CAROLINE SOLON

Lumanity has appointed **Caroline Solon** as Vice President, Market Access Strategy. Solon was most recently Senior Director – Global Policy, Access, Value and Evidence at Avalere Health. She also spent almost six years at Genentech, in areas including Pricing, Contracting & Distribution Strategy and Evidence for Access, US Medical Affairs.

Emotive

ALICE GARRETT

Emotive has appointed **Alice Garrett** as Group Scientific Director at its London branch. Garrett was previously Scientific Director, also at Emotive. Prior to this, she served at Ashfield MedComms, an Inizio Company, in roles including Associate Scientific Director and Scientific Strategy Director. She was also Senior Medical Writer at Synergy Medical.

Emotive

BETH ROCHE

Emotive has appointed **Beth Roche** as Group Scientific Director at its London branch. Roche was previously Scientific Director at Emotive. Prior to that, she held the role of Principal Medical Writer at OPEN Health Scientific Communications. Roche was also formerly Senior Medical Writer and Principal Medical Writer at Langland.

67health

SARAH GREENIDGE

67health has appointed **Sarah Greenidge** as Director. Greenidge previously held the role of Associate Director, also at 67health. Prior to her time there, she spent almost five years at Burson, where she held the role of Health and Value Lead – Senior Associate Director. Greenidge also has significant experience in independent consulting.

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