March 2026 • www.pmlive.com

PME

PHARMACEUTICAL MARKET EUROPE

Hidden figures – the gap in medicines access

Unlocking the UK's advanced therapy pipeline

Pushing communications to new heights while maintaining that vital core connection

Harnessing the advance of AI in the digital age

Women's health – the hormone gap

Regulatory culture in EU and US biotech markets

WHAT ELSE IS YOUR AD AGENCY SELLING?

Some of the agencies working in healthcare also work for fossil fuel companies — whose pollution does wonders for cancer, asthma and everything in between.

Find out who else your agency works for at seriouspeople.co/snakeoil

THE TEAM
Editorial:
Group Managing Editor Iona Everson

Journalist/Editorial Assistant Lucy Batizovszky

Studio:
Executive Director Karl Equi

Sales:
Business Director Tara Lovegrove

PUBLISHED BY
PMGroup Worldwide Ltd
44 Maiden Lane
Covent Garden
London
WC2E 7LN
Tel: +44 (0)1372 414200
Fax: +44 (0)1372 414201

CONTACT US
General enquiries: **info@pmlive.com**
Editorial: **editor@pmlive.com**
Advertising: **sales@pmlive.com**
Subscriptions: **subscriptions@pmlive.com**

The magazine is also available at the following subscription rates: £120 UK, £180 Europe, £210 RoW

Pushing communications to new heights

In our cover story this month, Danny Buckland looks at pushing communications to new heights, with the advance of AI in the digital age, and why staying connected through core messaging remains critical, even as new comms excellence opportunities abound.

As Danny says: "Research shows that 65% of senior clinicians in the UK, Europe and the US have stopped engaging with pharma companies because of poor digital delivery, with The Value Gap research by Graphite report concluding that 'the path forward is not more digital – it is more meaningful digital'. Read more on page 28

In this issue we also have an article from Karen Westaway: *Hidden figures – the implementation gap in medicines access laid bare*, that highlights how new data is lifting the lid on how nationally recommended medicines stall in local systems.

As Karen says: "In pharma market access, the gap between national endorsement and local implementation is a recurring feature of healthcare systems across Europe. Therapies judged clinically effective and cost-effective at a national level are routinely taking months longer to reach the patients they were intended to help. The net result: people are waiting longer than necessary for access to breakthrough treatments." Read more on page 18.

Another highlight of this issue is an article by Jacqueline Barry: *Unlocking the UK's advanced therapy pipeline*, looking at how the UK's challenge does not lie in innovation, but in ensuring new therapies can progress through the full development and clinical trial pathway.

And rounding off the issue, we have an article on women's health from Karolina Afors: *Closing the hormonal gap*. By 2030, nearly 500 million women worldwide will be experiencing menopause, equalling around 6% of the global population – this article talks about why testosterone deserves greater focus in women's health.

Our May issue will look at improving market access through overcoming regulatory hurdles, negotiating pricing and engaging with stakeholders. 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

Iona Everson
Group Managing Editor

COMMUNIQUÉ Awards 2026

for Medical Affairs and Healthcare Communications

Proudly supported by Inizio

Book your tickets for 2 July 2026 at:

www.pmlive.com/awards/communique/book_a_table

Please contact Debbie Tuesley: DTuesley@pmlive.com if you need further information

For sponsorship opportunities please contact tlovegrove@pmlive.com

Sponsors

INIZIO

67health

arc bio COMMUNICATIONS an IQVIA business

HCG

OMNICOM HEALTH MEDICAL COMMUNICATIONS

MHHEALTH

REAL CHEMISTRY

SPECTRUM SCIENCE

VIRGO HEALTH

Weber Shandwick

MARCH 2026

NEWS & COLUMNS

FEATURES

COMM*UNIQUÉ* MARKETING & COMMS

CAREERS & RECRUITMENT

6
GILEAD TO BUY ARCELLX FOR $7.8BN

8
J&J GETS FDA FAST TRACK FOR LUPUS

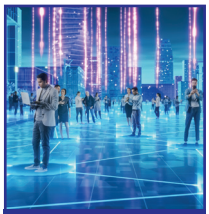
11
BMS' PSORIATIC ARTHRITIS DRUG APPROVED

16
THE UK'S ADVANCED THERAPY PIPELINE

18
THE GAP IN MEDICINES ACCESS

22
WOMEN'S HEALTH – THE HORMONE GAP

24
EUROPEAN AND US BIOTECH MARKETS



28
PUSHING COMMS TO NEW HEIGHTS

34 THE FUTURE OF PHARMA MANUFACTURING

NEWS

Novo Nordisk and Vivtex partner in deal worth up to $2.1bn

Novo Nordisk and Vivtex Corporation have partnered to develop next-generation oral biologic medicines for obesity, diabetes and associated comorbidities.

Under the agreement, Vivtex will license select oral drug-delivery technologies to Novo Nordisk, while Vivtex is eligible to receive upfront consideration, research funding and milestone payments totalling up to $2.1bn and tiered royalties on future product sales.

The collaboration aims to create oral biologic drug candidates that currently need to be given by injection due to poor absorption in the gastrointestinal tract.

The partnership combines Novo Nordisk's deep expertise in peptide and protein therapeutics with Vivtex's proprietary gastrointestinal screening and formulation platform to identify next-generation oral therapeutics.

Vivtex's platform combines multiple proprietary gastrointestinal screening assays, drug-delivery technologies, and computational simulation and AI capabilities to optimise the oral delivery of biologic medicines. The platform is designed to achieve high oral bioavailability and consistent in-human performance.

Following research and formulation selection, Novo Nordisk will assume responsibility for global development, regulatory activities, manufacturing and commercialisation of any resulting products.

Gilead to acquire Arcellx in deal worth $7.8bn

Gilead Sciences has agreed to acquire Arcellx for an implied equity value of $7.8bn. Arcellx is a biotechnology company working to develop a new class of innovative immunotherapies for patients with cancer and other incurable diseases.

Kite, a Gilead company, and Arcellx are working together to co-develop and co-commercialise Arcellx's lead pipeline candidate, anitocabtagene autoleucel (anito-cel).

Anito-cel is an investigational BCMA-directed CAR T-cell therapy for patients with multiple myeloma. In clinical studies to date, it has demonstrated positive responses with a manageable safety profile.

Despite advancements in treatment, many patients with multiple myeloma eventually relapse and require additional treatment. As disease progresses, patients often experience diminishing responses, increasing toxicity and fewer viable options, especially those who are heavily pretreated or unable to tolerate existing therapies.

The Biologics License Application (BLA) has been accepted by the US FDA, with its review expected by 23 December 2026.

The BLA is for the use of anito-cel as a fourth-line treatment for patients with relapsed or refractory multiple myeloma. It is supported by results from the phase 1 study and the pivotal phase 2 iMMagine1 study.

GSK to acquire Canadian biopharma 35Pharma for $950m

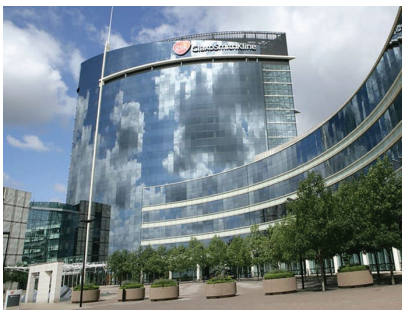
In a deal worth $950m, GSK has agreed to acquire 35Pharma, a private, clinical-stage biopharmaceutical company based in Canada that specialises in the development of novel protein-based therapeutics.

The acquisition includes HS235, a potential best-in-class investigational medicine for pulmonary arterial hypertension (PAH) and pulmonary hypertension due to heart failure with preserved ejection fraction (PH-HFpEF).

HS235 has completed phase 1 healthy volunteer clinical trials, with studies due to start for PAH and PH-HFpEF.

Tony Wood, Chief Scientific Officer at GSK, said: "Pulmonary hypertension affects millions of people worldwide, yet patients are underserved."

PH is a progressive, life-shortening disease marked by high blood pressure in the lungs. Early symptoms are breathlessness, fatigue and chest pain leading to heart failure as the disease progresses.



It affects approximately 82 million people worldwide across multiple disease forms, yet treatment options remain limited and the five year survival rate is only around 50%.

Ilia Tikhomirov, CEO at 35Pharma, said: "In recent years, we witnessed a revolution in our understanding of pulmonary hypertension and how this life-threatening disease could be reversed. HS235 [has the] potential to transform the treatment of this debilitating condition."

UCB's Kygevvi receives positive CHMP opinion for thymidine kinase 2 deficiency

UCB's Kygevvi (doxecitine and doxribtimine) has received a positive opinion from the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA) to treat thymidine kinase 2 deficiency (TK2d) in adults and children, with symptom onset on or before 12 years of age.

The CHMP's positive opinion is based on two studies of the treatment. The studies evaluated Kygevvi's effect on survival, as well as on functional outcomes such as motor ability and the need for ventilatory and feeding support.

The most common side effects of Kygevvi were gastrointestinal disorders.

TK2d is an extremely rare genetic mitochondrial disease that causes severe and progressive muscle weakness. The disease can affect activities such as walking, eating and breathing.

Patients who experience symptom onset on or before the age of 12 are at high risk for premature death, which often occurs within three years of symptoms appearing.

Estimates suggest that there are 1.64 cases of TK2d per million people globally. Aside from supportive care, there is currently no approved treatment for the disease in Europe.

US FDA approves Johnson & Johnson's multiple myeloma treatment

The US FDA has approved Johnson & Johnson's (J&J) Tecvayli (teclistamab) plus Darzalex Faspro (daratumumab and hyaluronidase) to treat adults with relapsed or refractory multiple myeloma (RRMM).

The approval is based on data from the ongoing, randomised, phase 3 MajesTEC-3 study. The study is evaluating the safety and efficacy of teclistamab plus daratumumab versus standard of care in patients with RRMM who have received at least one previous treatment.

The treatment primes and activates the immune system to eradicate myeloma cells that express the BCMA protein.

Tecvayli plus Darzalex Faspro showed a statistically significant improvement of 83% in progression free survival and overall survival after three years in patients with RRMM compared to 30% with standard treatment.

This approval offers a potential new standard of care as early as second line and brings a novel treatment approach for the 40% of patients with multiple myeloma who experience disease relapse.

The results were presented in December 2025 as a late-breaking oral presentation at the American Society of Hematology Annual Meeting with simultaneous publication in *The New England Journal of Medicine.*

Lundbeck completes patient randomisation for phase 3 trial for multiple system atrophy treatment

The last patient in Lundbeck's phase 3 clinical trial, MASCOT, has been randomised ahead of schedule in a study evaluating amlenetug as a potential treatment for multiple system atrophy (MSA).

The phase 3 trial will continue with a double-blind period where participants are randomised to receive either high or low doses of amlenetug, or placebo, for 72 weeks. This is followed by an optional open-label extension period where all participants will be offered treatment with amlenetug.

The multicentre phase 3 trial, which is currently ongoing across North America, Europe, Asia and Australia, aims to demonstrate that amlenetug has the potential to slow the clinical disease progression of MSA.

By addressing a key underlying cause of MSA by targeting the α-synuclein protein in the brain to inhibit its spread to nearby brain cells, amlenetug could become a first-in-class therapy for this rare disorder.

MSA causes debilitating damage to nerve cells in the brain. The symptoms are wide-ranging and include muscle control problems, with an average survival time after symptom onset of just over eight and a half years.

NEWS

J&J's nipocalimab gets FDA Fast Track designation for lupus

Johnson & Johnson's (J&J) nipocalimab, a potential immunoselective investigational treatment for adults with systemic lupus erythematosus (lupus), has been granted US FDA Fast Track designation.

The US FDA Fast Track designation programme aims to deliver therapeutics to patients more quickly where unmet needs remain by expediting the development and reviewing timelines of drugs that demonstrate the potential to treat serious conditions.

Lupus is an autoimmune disease disease that affects multiple organs including the skin, joints, kidneys, blood and central nervous systems.

Estimated to impact between three and five million people worldwide, lupus can significantly reduce quality of life.

Associated chronic signs and symptoms include severe fatigue, pain, swelling and rashes. Systemic inflammation, disease flares and reliance on steroids can cause patients to be at risk of irreversible organ damage.

Nipocalimab lowers immunoglobin G (IgG), one of the root causes of autoimmune diseases, while preserving critical immune function.

J&J has started enrolling adults with active SLE in the phase 3 GARDENIA study, after reporting positive results from the phase 2b JASMINE trial, where nipocalimab demonstrated a reduction in disease activity.

PureTech gets FDA and EC Orphan Drug designations for idiopathic pulmonary fibrosis

PureTech Health's deupirfenidone (LYT-100) has received Orphan Drug Designation to treat idiopathic pulmonary fibrosis (IPF).

The designations were granted by the US FDA and the European Commission (EC) for the treatment of IPF, a rare, progressive and fatal lung disease.

Orphan Drug Designation aims to support the development of therapies for rare diseases, providing sponsors with incentives to develop drugs for diseases with high unmet medical needs.

Rare diseases are defined as conditions affecting fewer than 200,000 people in the US or fewer than five in 10,000 individuals in the EU.

Results from the global phase 2b randomised, double-blind, active- and placebo-controlled, dose-ranging ELEVATE IPF trial underscored the differentiated profile of deupirfenidone.

In that trial, participants treated with deupirfenidone 825mg three times a day (TID) experienced a slower rate of lung function decline at 26 weeks versus those who were treated with the FDA-approved dose of pirfenidone 801 mg TID or placebo.

Deupirfenidone is being advanced by Celea Therapeutics, a Founded Entity established by PureTech to lead its late-stage development and potential commercialisation. A phase 3 trial is planned in 2026.

Diabeloop's DBLG2 receives FDA and CE clearance for automated insulin delivery without meal input

Diabeloop, a company developing AI-based diabetes management systems, has announced that its DBLG2 has become the first automated insulin delivery system where meal announcements are no longer mandatory to get clearance from the US FDA, as well as a CE mark, for patients with type 1 diabetes.

A lack of meal announcements can potentially lead to lower glycaemic control. However, Diabeloop's approach has the advantage of giving people living with diabetes greater choice and autonomy.

For people with type 1 diabetes, mealtimes represent one of the most significant challenges. The constant need to calculate carbohydrate intake, estimate insulin doses and make timely dosing decisions contributes heavily to the mental burden experienced by many individuals.

With DBLG2's advanced adaptive algorithm, users benefit from an automatic correction mechanism, even when a meal is not announced. This innovation offers a new user experience that prioritises daily quality of life by reducing the cognitive workload associated with diabetes management, although with a potential reduction in glycaemic control compared to fully announced meals.

In December 2025, DBLG2 was granted FDA clearance as a Class II Interoperable Automated Glycemic Controller.

RSV vaccine shows protection beyond first season in infants

A universal respiratory syncytial virus (RSV) immunisation programme using Beyfortus (nirsevimab) showed a statistically significant reduction in RSV-related hospitalisations in the second RSV season.

This benefit was shown for infants who had been immunised during their first season, according to a new study published in The Lancet Infectious Diseases.

RSV is a highly contagious virus that can lead to serious respiratory illness for infants. Two out of three infants are infected with RSV during their first year of life and almost all children are infected by their second birthday.

Globally, in 2019, there were approximately 33 million cases of RSV-associated acute lower respiratory infections, with estimated healthcare costs of around 5bn euros in 2017.

The study also showed 55.3% fewer hospitalisations in the second RSV season among infants who received a dose of Beyfortus during infancy.

By preventing severe RSV infections during the first months of life, a critical period of lung development, it is thought the infants may be less prone to subsequent admissions from either RSV or other infections.

Gilead Foundation announces $12m for HIV prevention programmes

The Gilead Foundation has announced a $12m investment in 33 community-based organisations across 14 US states and Washington DC through its Community Health Worker (CHW) Comprehensive HIV Prevention Initiative.

Gilead Foundation said this two-year effort will expand CHW-led prevention models that strengthen knowledge, care navigation and access to services for communities disproportionately affected by HIV.

The initiative will also reinforce organisational infrastructure and CHW training systems to build sustainable, locally driven HIV-prevention networks.

Over the next two years, the recipient organisations will work to deliver targeted HIV prevention education, connect people to services, reduce stigma, strengthen community engagement and expand integrated screening for HIV, STIs, mental health and substance use.

Gilead said the 33 organisations represent a diverse range of communities facing

ongoing HIV prevention challenges, with the initiative prioritising the communities most impacted by HIV, including black and Latino communities; cisgender and transgender women; people who inject drugs; and youth – by delivering tailored education and prevention services.

Many programmes will also strengthen the community health workforce through peer navigator models, apprenticeships, pharmacy-based training, and community health integration across care settings, building long-term capacity beyond the grant period.

Novo Nordisk to invest 432m euros to expand manufacturing facility in Ireland

Novo Nordisk has announced it will invest 432m euros in its facility in Ireland.

The tabletting facility, in Monksland, Athlone, will provide significant additional manufacturing capacity for current and future Novo Nordisk GLP-1 treatments.

The investment reinforces the company's long-term commitment to Ireland and global healthcare innovation, providing funds for the existing facility to be upgraded and retrofitted.

The investment is a major strategic milestone for the company. It will increase the company's manufacturing capacity for oral GLP-1s while enabling Ireland to become a critical hub in providing the treatments to markets outside the US.

Kasper Bødker Mejlvang, EVP CMC & Product Supply at Novo Nordisk said: "With the investment in the Athlone facility, Novo Nordisk is expanding its production capacities for oral products, which will strengthen our ability to meet both current and future demand outside the US."

There are currently 260 employees at the plant focusing on producing high-quality oral treatments for patients, with a focus on efficiency and environmental sustainability.

Construction has already begun and is expected to be completed in phases from the end of 2027 into 2028.

NEWS

UK to scale up imports with Singapore Life Sciences Trade Accelerator programme

A pioneering new project by the British Chambers of Commerce (BCC), in partnership with NatWest and the British Chamber of Commerce in Singapore, is aiming to scale up UK exports.

The six-month pilot programme, the Singapore Life Sciences Trade Accelerator, will connect UK firms in the sector with the burgeoning South-East Asian market for their products.

It will talent-spot up to 30 SMEs, with the greatest potential to grow sales in South-East Asia, and provide them with a bespoke service to enter the market.

The ambitious scheme has been designed in close co-operation with the British Chamber of Commerce in Singapore. It is also supported by the Department for Business and Trade, the Foreign, Commonwealth and Development Office, UK Export Finance, Innovate UK and the Singapore Economic Development Board.

The move comes as the latest BCC research reveals the number of businesses reporting increased export orders has fallen from 31% in Q2 2018 to 22% in Q4 2025.

If the value of UK exports had been just 2% higher in 2024, GDP growth would have been around 1.75% instead of 1.1%.

The lessons learned from the pilot will be used to further develop and scale up support for British export-ready businesses to other sectors and markets. These will include the US, India, the Gulf and wider Indo-Pacific region, using the BCC's worldwide Chamber network.

Robert Begbie, CEO Commercial and Institutional at NatWest, said: "As the UK's biggest bank for business, helping ambitious UK firms turn innovation into international growth is central to NatWest's Growing Together plan. The Singapore Life Sciences Trade Accelerator is about delivery – giving export ready businesses the finance, confidence and connections they need to scale into new markets.

"By combining NatWest's commercial expertise with the global reach of the British Chambers of Commerce, this programme will help high growth firms win overseas, create jobs and drive sustainable UK wide growth. It's about practical, end to end support that helps businesses win contracts, attract investment and create high value jobs here in the UK.

"This pilot shows how partnerships can unlock growth at pace – and why initiatives like this will play a vital role in helping UK businesses compete and succeed on the world stage."

David Kelly, Executive Director of the British Chamber of Commerce Singapore, said: "Singapore offers a uniquely powerful platform for UK life sciences firms. With regulatory clarity, deep capital markets and regional connectivity, it is the ideal launchpad into the wider South-East Asian market.

"Through the Chamber's local expertise and networks, we will connect UK SMEs directly to the buyers, investors and decision-makers who can turn opportunity into contracts."

George Freeman MP, UK Trade Envoy to Singapore, Malaysia, Brunei & the Philippines and former UK Minister for Life Sciences, said: "The COVID-19 pandemic has accelerated a global race for sovereign life science technology capability. As a life science superpower, the UK has a major opportunity to both attract inward investment and accelerate access for UK technologies and companies to fast growth ASEAN markets.

"The UK Singapore Chamber Trade Accelerator is a great initiative to help fast-track world-class UK innovation into one of the most sophisticated health and biotech markets on the planet, giving brilliant British firms the commercial edge, regulatory clarity and investor access they need to scale faster, smarter, and with confidence across Asia."

Chris Bryant, Minister for Trade, said: "This initiative is a welcome step, offering practical targeted support to help ambitious British companies break into one of the world's most dynamic markets.

"Singapore is a gateway into the wider Asia Pacific, and this pilot will give UK innovators the backing they need to turn their export potential into export reality, working hand in hand with industry to get more British firms of all sizes selling overseas, driving growth and high value jobs across the UK."

Steve Lynch MBE, Director of International Trade at the BCC, said: "The UK does not have a strategy gap; it has a delivery gap. We have no shortage of innovation. What we've lacked is a coordinated, commercially driven system to convert that into export contracts at scale.

"For too long, the policy development of trade strategies has kept businesses at arms-length, leaving firms, especially SMEs, to navigated global markets alone. The Trade Accelerator will change that.

"Singapore is our launchpad into a much wider regional market, which is the fastest growing in the world for life sciences and health innovation. If our firms can succeed there, they can compete anywhere.

DERMATOLOGY NEWS

Incyte's Opzelura approved by NICE as NHS vitiligo treatment

Incyte Biosciences UK has received NICE approval for eligible NHS patients with non-segmental vitiligo to be reimbursed for Opzelura (ruxolitinib) cream 15mg/g.

This decision follows the publication of the Final Draft Guidance for the topical treatment of adults and adolescents 12 years and older with non-segmental vitiligo with facial involvement.

Ruxolitinib cream, a topical formulation of a Janus kinase 1/2 inhibitor, is the first and only approved treatment in England to offer eligible patients with vitiligo support for re-pigmentation.

Vitiligo is a chronic autoimmune condition in which areas of skin depigment or lose their colour due to the progressive destruction of pigment-producing cells known as melanocytes.

Around one in 100 people in the UK develop vitiligo with approximately eight in ten of those suffering with non-segmental vitiligo, where both sides of the body are affected by symmetrical white patches.

Anyone can develop vitiligo, but it appears more visually prominent in those with darker skin. It is also known to have a large psychosocial impact, which can negatively impact the quality of life of people living with the condition.

Moderna and Merck announce follow-up data from melanoma study

Moderna and Merck (known as MSD outside the US) have announced five-year follow-up data from their study of intismeran autogene, in combination with Keytruda (pembrolizumab), in patients with high-risk melanoma following complete resection.

Follow-up results from the phase 2b KEYNOTE study showed that the combination treatment demonstrated sustained improvement in recurrence-free survival (RFS), which was the study's primary endpoint. It was found to reduce the risk of recurrence or death by 49% compared with Keytruda alone.

The safety profile of the intismeran/Keytruda combination treatment at five years of follow-up was found to be consistent with its reported safety profile at two and three years.

Moderna and Merck plan to present additional study data at a future medical meeting.

Melanoma is caused by the uncontrolled growth of pigment-producing cells. Rates of the disease have been growing over the past decades, with over 330,000 new cases diagnosed globally in 2022. Skin cancer is one of the most common types of cancer diagnosed in the US, with melanoma accounting for the majority of US skin cancer deaths.

Bristol Myers Squibb's Sotyktu approved by US FDA for psoriatic arthritis

Bristol Myers Squibb's (BMS) Sotyktu has been approved by the US FDA to treat adults with active psoriatic arthritis (PsA).

The approval is based on positive results from two phase 3 trials (POETYK PsA-1 and POETYK PsA-2), both showing that the drug improves disease activity.

Al Reba, senior vice president, Cardiovascular & Immunology Commercialization, Bristol Myers Squibb, said: "This latest approval of Sotyktu confirms its important role in managing both skin and joint symptoms of psoriatic disease and is a key milestone as we continue to explore its development in diseases that have limited or no treatment options."

Sotyktu, a once-daily oral drug, is a selective tyrosine kinase 2 (TYK2) inhibitor that was approved by the US FDA in 2022 to treat adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

PsA is a chronic, immune-mediated, heterogenous disease with multiple musculoskeletal and skin manifestations, including inflammatory arthritis, enthesitis (inflammation where tendon or ligament attaches to the bone), dactylitis (swelling of finger and toe joints) and psoriatic skin and nail lesions.

BRIAN D SMITH
DARWIN'S MEDICINE
CORPORATE MAYFLIES VS BOWHEAD WHALES

Why big companies can't behave like start-ups

The murmur spread across the vast room. I was standing in front of about 400 senior executives from one of our industry's most storied giants. I'd spent 45 minutes arguing that Darwinian evolution is the only theory that truly explains the weirdness of our sector. Then I opened the floor to questions.

First up was a man who was doing a poor job of hiding his frustration behind his polite tone.

"Why can't we be like a biotech – nimble, flexible, agile?" he asked.

His voice said what the room was thinking: If you can answer this, maybe your Darwinian spiel has something to it. The murmur told me everyone was waiting for my reply.

Professorial preamble

I didn't answer immediately. Academics are trained to pre-qualify and, in this case, I needed to.

"It depends what you mean by biotech. I think you're comparing yourselves to small, start-up, single product biotechs. Am I right?"

He nodded.

"In that case, they are mayflies. And you are a bowhead whale."

The murmuring stopped. I could see the brows furrowing. They were trying to decide whether I was talking about size, strength or the mayfly's famously short life. But I was heading somewhere else entirely.

Semelparous and iteroparous

Mayflies and bowhead whales differ in many ways, but the difference I cared about was how they reproduce. Mayflies are semelparous: they reproduce once, then die.

Bowhead whales are the archetype of iteroparity: they raise a calf every three to four years across a century of fertility.

Bowhead whales aren't just long-lived; they are built for endurance in a way that almost defies belief. A female bowhead whale will reproduce twenty plus times across a century, investing heavily in each calf. But she also maintains the machinery of her own survival the entire time. Mayflies, by contrast, burn through their adult lives in a single frantic burst. One strategy balances longevity and reproduction; the other sacrifices longevity for offspring. And, whether they realise it or not, life sciences firms make the same choice.

In that sense, mayflies remind me of single asset biotech companies. Their existence begins and ends with one product. By contrast, our long-lived, multi-asset pharma companies are corporate bowheads. They are built for repeated cycles of investment, learning and renewal.

Metaphor established, it was time to make my point.

Choices and trade-offs

Wade through the evolutionary biology of ageing, especially the 'disposable soma' theory, and you quickly see the ubiquity of trade offs. In a world of limited resources, natural selection makes tough choices. Cheetahs choose speed over stamina. Most plants choose either rapid growth or self-defence, but rarely both. And fish choose to carelessly release millions of eggs while birds invest heavily in a handful of chicks. The biggest trade-off of all is reproduction versus survival. Mice, mosquitoes and mayflies live

fast and breed furiously. Bats, beavers and bowhead whales live long and reproduce slowly but consistently. These differences aren't superficial. They are the visible consequences of their proteomes, genomes and ultimately the A, C, G and T of their DNA.

After that biological detour, I told the room: "You can't behave like a single asset biotech, and they can't behave like you, because you've chosen to be iteroparous and they've chosen to be semelparous. And those choices are encoded in your respective DNAs." Around the room, heads began to nod. Time for my coup de grâce.

Live fast, die young

"Biotechs have very distinctive processes, behaviours and cultures," I said. "They don't care about tomorrow. Every ounce of resource is devoted to getting over the next hurdle. They know this jeopardises the day after tomorrow, but their unwritten mantra is: we'll cross that bridge when we come to it.

"The opposite is true in companies like yours. Your unwritten mantra is that you hold the company in trust for the next generation. And that deep, structural difference shapes everything. Your behaviours flow from the attributes of your people, the way cooperation and conflict are managed, the teams you form and the way those teams are grouped. Acronymically: your ACTG."

The way it is

Having made the point that copying biotech is pointless, I wanted to leave them with something more constructive. "If you're big and want the qualities of something very small," I said, "biology has already shown the way. Look at your mitochondria – tiny, semi-autonomous units inside a much larger organism. They move fast because they're small. They endure because they're part of something vast. If you want agility, don't imitate biotechs. Build mitochondria."

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
WE'RE ALL IN THIS TOGETHER

Collaboration in partnership takes effort, patience and sometimes difficult conversations

I think nearly all those I speak with in our sector, whatever their role or discipline and wherever they work, is saying similar things about 2026 – we are feeling slightly more positive, but there are definitely some strong headwinds out there. This is probably not surprising, as the environment we are operating in is faster, noisier, more regulated and more complex than ever. Innovation is accelerating, budgets are tightening, expectations are rising and all stakeholders – from procurement to the patient – has more pressure on them than they did even a few years ago. So, the title of this article is not just a homage to the 20th anniversary year of High School Musical, it is a statement of intent. We are all in this together and now, more than ever, we need to work together, in partnership, to face the business challenges of today and those that lie ahead.

For many years the Healthcare Communications Association has been using the phrase 'Together For Better' as a statement of our professional association's strategy to be the umbrella bringing together all the key stakeholders within the business of healthcare marketing and communications. In doing that, it's still important to create safe spaces for stakeholders to network and discuss just among their peers. However, being under the auspices of the same organisation also allows those different stakeholders to easily engage with each other to create a shared understanding of each other's challenges and support the constructive development of solutions. When we truly embrace that 'together' mindset, I think there are no barriers to what can be achieved.

As partners working together, there are some valuable insights to consider. Let's start with procurement. These teams often get painted as the 'cost cutters', but anyone who's worked with great procurement partners knows they're actually the guardians of value. They're looking at risk, consistency, sustainability and long-term outcomes in a way most of us simply don't do. One of the significant problems is that procurement is often brought in too late. If they are looped in early, they are such valuable enablers. They help shape smarter scopes, push for greater clarity and keep everyone aligned on what 'good' actually looks like. That early alignment supports everything downstream being more efficient, more affordable and more creative.

Agencies help support the strategic thinking and provide the storytelling. They help translate the complex science into audience-specific messaging and deliver that messaging in a way that changes behaviours. Agencies can provide the bridge between aspiration and execution, but sometimes these partners don't receive the transparency they deserve. If agencies don't know the business plan, pressures and full insights behind a project – including things like compliance worries, or internal politics – they can be working in a vacuum. Missing information can lead to a missed opportunity or misdirection, which is frustrating for everyone and detrimental to overall goals. However, as true partners, not vendors, they can understand the 'why', not just the 'what', and that's when the best work is delivered.

Marketers and Medical Affairs professionals, the business partners, might be considered the conductors. They are the translators, the risk managers, the medical or brand strategy guardians, the planners and sometimes the peacekeepers. They're balancing innovation with compliance, creativity with cost, bold ideas with strict guard rails. They know the vision, but they're also the ones who need to manage and translate the input from medical, legal, regulatory and senior leadership. All those stakeholders themselves need to be engaged, not with a mindset that they are 'creativity killers', but as essential partners to ensure outputs fulfil all the necessary requirements. Through strong two-way communication with all the other stakeholders, these business partners can provide the strength of direction and balance that leads to success.

In being 'Together For Better', we need to not just be internally focused. Our partnership triangle of procurement, business partner and agency, may define our commercial relationships, but we also need to consider our purpose – to improve the lives of patients. We can't build meaningful, patient-centric solutions without involving patients. Not in a tokenistic, checkbox way, but as co-creators in the process. As a focus of the patient voice, health charities are therefore important voices in a 'Together For Better' philosophy.

The future of pharma can't be built in silos. The challenges are too interconnected, the expectations are bigger and the stakes are high. But when we create the right environments to bring everybody together early, openly and often, we can push through those headwinds. More trust. Less friction. More clarity. Challenges addressed. Problems solved. Better outcomes.

But that's not to say it's easy. Collaboration in partnership takes effort, patience and sometimes difficult conversations. But still, the only truly successful way forward is 'Together For Better'.

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

PME

PHARMACEUTICAL MARKET EUROPE

Make sure you always have access to your copy of PME!

Visit **pmlive.com/pme** to read the latest edition.

Download the free PME app for in-depth coverage of hot topics in the pharmaceutical industry.

Check out our new look digital edition!

Download the app now! Search for PME - Pharmaceutical Market Europe

Email subscriptions@pmlive.com to purchase a print subscription and guarantee your regular copy of PME.

NEIL FLASH
DOES PHARMA HAVE A PROGRESS PROBLEM?

When we can show movement, impact stops being a slogan and becomes a direction

Ever since I can remember, we've presented dashboards bursting with activity metrics and trust that they translate into evidence of meaningful change.

But activity is not progress, and progress is not impact.

Confusing the three is more than a measurement problem. It's symptomatic of how difficult it is to measure incremental progress towards a true goal, and illustrative of other factors: incentives; reporting requirements and the natural anxiety around attribution. The workforce churn now common across both the in-house and agency worlds doesn't help, disrupting the continuity required for long-term measurement.

It's also about the questions we fail to ask: does this proxy predict the outcome it stands in for?

If we want to be credible about improving health outcomes – and I believe most of us genuinely do – we need to stop measuring motion and start proving movement.

The proxy trap

Here's the pattern. We select metrics that are visible, attributable and available by the end of each quarter. We optimise programmes to grow those numbers. Over time, the metric becomes the mission, and we end up with sophisticated reporting on outputs that do not reliably predict real-world change.

Call it the proxy trap: the moment a proxy becomes a target, it stops being a useful signal.

This is not an argument against convening stakeholders, tracking sentiment or expressing willingness to change behaviour. Those can be necessary. The issue is what happens next. Too many programmes stop there, or even before that, at attendance or satisfaction, and never test whether any shift occurred that could plausibly lead to better engagement, better clinical decisions or better outcomes for those in our care.

Progress versus impact versus activity

To escape the trap, we need to be precise about what we're measuring.

Activity is what we do today: posts; booth assets; webinars and emails. Activity metrics tell us the machine ran.

Progress is what shifts over weeks and months: gaps perceived; scientific evidence understood; confidence built and behaviours changed. Progress is often measurable if we design for it.

Impact is what changes over longer periods, even years: earlier diagnosis; swifter access to appropriate treatment; updated clinical guidelines; fewer hospital admissions and better quality of life. It is what we ultimately care about, but it is rarely attributable to a single initiative.

Activity without progress is a well-run programme report. Progress without an impact pathway is busywork. Impact without progress measures is mostly storytelling.

Surrogates are not the enemy; untested surrogates are

Not every programme can measure outcomes directly, nor should it try. In complex health systems, surrogate measures are often necessary. The issue is whether we choose surrogates that are plausibly predictive or merely convenient.

A simple test: would we expect this metric to change if the real-world decision changed, and would we expect it to change before patient outcomes shift? If so, it can be a credible indicator of progress. If not, it's probably an activity count in disguise.

The data is closer than we think

Which raises a practical question: where does the evidence of progress come from?

One objection to progress measurement is that the data doesn't exist or sits outside our walls. That's increasingly untrue.

Most tactical vehicles now generate richer data ecosystems than we routinely exploit. Technology-enabled insight-capture platforms that aggregate multiple sources can also help us identify patterns indicating movement: rising confidence; shifting language and clustering opinion around specific evidence. The challenge is less about data availability and more about asking progress-oriented questions before we deploy, so we know what signals to look for.

A progress chain we can use

We don't need new dashboards. We need measurement spines that link contribution to consequence.

Pick one stage beyond where we currently measure. If we're counting attendees, measure confidence or decision quality. If we're measuring confidence, look for behaviour in sample settings. If we can see behaviour change in pockets, work towards a larger system change that makes it stick.

Then match cadence to the speed of change. Short-term leading indicators, such as comprehension, confidence and decision quality, tell us whether the programme is plausible. Biannual behavioural signals tell us whether it's translating. Longer-term markers, such as pathway updates, reimbursement shifts and guideline changes, indicate whether it's sticking.

What do we do next?

As an industry, we will keep producing dashboards full of impressive numbers until we collectively decide that looking busy is no longer acceptable evidence of value.

How about we pick one programme? Map it to the progress chain. Choose one indicator beyond activity that signals real movement. Track it consistently for a year, even if imperfect. Then answer the question stakeholders care about: what changed?

Because when we can show movement, impact stops being a slogan and becomes a direction.

Neil Flash is owner of Ignition Consulting and Co-Chair of the Comm*uniqué* Awards

Unlocking the UK's advanced therapy pipeline

The UK's challenge does not lie in innovation, but in ensuring new therapies can progress through the full development and clinical trial pathway

By Jacqueline Barry

For advanced therapy medicinal products (ATMPs), 2025 was an inflexion year, with Europe and the US approving four and five new treatments, respectively.

As an innovation hub, the UK's position within this evolving sector is strong, participating in 9% of global ATMP clinical trials and 57% of European trials. However, staying competitive will require increased support to facilitate the translation of proof-of-concept therapies and early-phase trials into routine clinical treatments. In this changing landscape, a key challenge for the UK is ensuring that clinical trial infrastructure and regulation support the development of ATMP therapies, their efficient progress through trials and their ultimate delivery to patients.

UK strengths in advanced therapy development

The UK's leadership in ATMP clinical trials is built on a world-class academic base and discovery research capability. There are world-leading universities and research institutes in the UK that generate foundational science in ATMPs, while national clinical research networks, specialist manufacturing facilities and coordinated regulatory efforts have pushed breakthrough science into first-in-human studies at pace. There is a strong appetite from the UK government to maintain a position as a global leader, for instance, having declared its ambition to grow the number of domestic commercial clinical trials. This recognises the importance of these trials to both patient outcomes and economic growth.

The UK is building on this foundation with recent reforms like the introduction of accelerated pathways for rare disease therapies. This is helping to create a more agile environment for therapy developers through compressing trial design and making development and approval timelines flexible for diseases with small patient populations. Reforms like these are proving to be effective; in 2025, clinical trial applications increased by 9% compared to 2024. With 21 new ATMP clinical trial applications received in 2025, this highlights the clear impact of regulatory reform.

> **'A key challenge for the UK is ensuring that clinical trial infrastructure and regulation support the development of ATMP therapies'**

The UK's ATMP ecosystem doesn't run on academic research and commercial investment alone; continued government support, such as early-stage grants and translational accelerators, is essential to ensure promising discoveries can enter the development funnel. The ecosystem is further supported by a healthy infrastructure of support networks. The ATTC network, funded by NIHR, supports ATMP-specific clinical trial acceleration, site readiness and workforce capability through its coordination of national centres operating within the NHS framework and the CGT Catapult offers support across the whole life cycle of advanced therapy development and commercialisation.

CGT Catapult worked with an early-stage European biotechnology company developing cancer immunotherapy products using induced pluripotent stem cell (iPSC) technology. CGT Catapult designed a non-clinical strategy to guide the company in generating the evidence needed to progress its experimental therapy through to first-in-human trials, as well as regulatory advice. This project exemplifies the support it provides to companies looking to move into clinical trials.

The translation gap

The 2025 Clinical Trial Database published by the CGT Catapult confirms the UK's early-stage trial pathway remains strong, with growth in phase 1 and 2 trials reflecting sustained innovation. Moreover, 80% of trials in 2025 were commercially sponsored and they have been for many recent years, far higher than conventional pharmaceutical research, a clear signal of the sector's strength. However, the real vulnerability is the gap between demonstrating early efficacy and getting a therapy into routine NHS use. ATMPs require bespoke manufacturing approaches, HTA approval, highly specialised clinical delivery and long-term follow-up with patients. A lack of targeted support at this transition point can cause promising therapies to stall.

Bridging this translation gap will require translational scientific expertise to be coupled with stronger infrastructure for clinical trials. The ATTC network is contributing to this effort. For example, the network conducted a comprehensive review of complex clinical trials that included a detailed national survey and in-depth interviews with a wide range of healthcare and industry stakeholders. The

'A further challenge for clinical trials comes from ever-increasing international competition, particularly from the US and China'

findings provided a clear picture of the main barriers and highlighted the most effective practices. These recommendations are now being implemented across the network, with the aim to reduce trial start-up times and improve the experience for patients who enter future studies.

Coordinated projects like this show how government-led initiatives can build the ecosystem to improve trial efficiency and ensure the NHS is equipped with the skills needed to deliver these therapies.

Remaining challenges and competitive pressures

Clinical trials face several challenges. NHS workforce skills must keep pace with increasingly complex therapies. Identifying patients with rare conditions relies on genomic screening and better data integration, both of which need further development. Geographic inequity persists because specialist centres are concentrated in major urban hospitals and coordination across the devolved nations remains inconsistent. The NHS also needs to embed real-world data collection into routine practice. These issues are difficult to resolve but reflect a system that is continuing to mature rather than one that is fundamentally weak.

A further challenge comes from ever-increasing international competition, particularly from the US and China, where large-scale investment and fast commercialisation pathways are accelerating growth in both markets.

Efforts from regulators aim to ensure the UK remains attractive in light of these challenges, an example being the MHRA's improved 30-day start-up timelines and high volume of trial approvals, but regulation alone cannot unlock maximum growth. It will be essential for the UK to build a strong commercialisation ecosystem and attract inward investment if it is to remain a global leader.

Therapeutic diversification and future direction

For ATMP clinical trials, oncology remains dominant, accounting for roughly 35% of trials. But diversification is accelerating. Metabolic conditions represent around 12% of trials, haematological diseases represent 10% and the number of trials for neuromuscular, cardiovascular and neurological disorders is increasing. The expansion of CAR-Ts into autoimmune conditions is a clear example of this growth. As therapies move beyond oncology, NHS infrastructure will face additional pressures to deliver these therapies at scale as the technology demands new delivery models, specialist skills and long-term monitoring systems.

The MHRA has launched a consultation to expand real-world evidence in regulatory decision-making, enabling supplementary data collection alongside traditional clinical trial evaluations. This aligns with broader government ambitions to position the UK as a leading life sciences economy. There is also ongoing discussion around re-evaluating health technology appraisal frameworks of single-administration therapies, recognising their distinct cost and value profiles.

Macroeconomic benefits of these therapies are also starting to be quantified by experts in the field. A recent report by the Office of Health Economics and the CGT Catapult estimated that cell and gene therapies could bring billions to the UK economy by easing the financial burden on patients and caregivers, reducing net NHS and social care costs and increasing productivity and labour market participation. For Alzheimer's disease alone, the analysis projected benefits of £39.6bn for individuals and their carers, resulting from extra years in work and reduced levels of care, £19.9bn in NHS savings and £21.5bn added to the UK economy.

Digitalisation will play a central role in supporting ATMP production as clinical trials advance and will be essential for maintaining future competitiveness. It will enable more precise tailoring of treatments to individual patient needs and strengthen the use of NHS data to track long-term product performance. To support this shift, CGT Catapult is working with the Data and Healthcare Innovation Centre in Scotland to standardise data collection, which will provide the foundations needed for future data-driven capabilities and the responsible use of artificial intelligence in healthcare innovation.

Translating strength into patient access

The UK holds a strong position in ATMP clinical research. A robust and diversified early-stage research pipeline, powered by SMEs and spin-outs from renowned academic institutions, coupled with government support to increase commercial trials and an evolving regulatory environment, provides a solid foundation. However, long-term success depends on sustained support as therapies progress towards commercialisation. Coordinated NHS adoption pathways, streamlined patient identification and funding across all stages of the innovation pathway will be critical.

Continued collaboration across government, regulators, NHS and industry will enable the UK to convert its research excellence into tangible clinical and economic benefits. What needs to be addressed is the translation gap, to ensure that potentially life-changing therapies reach the patients that need them the most.

Jacqueline Barry is Chief Clinical Officer at Cell and Gene Therapy Catapult

Hidden figures: the implementation gap in medicines access laid bare

New data lifts the lid on how nationally recommended medicines stall in local systems

By Karen Westaway

What if a national 'yes' still meant a local 'not yet'? That's exactly what's happening in pharma market access, where the gap between national endorsement and local implementation is a recurring feature of healthcare systems across Europe. One clear illustration comes from England and Wales, where analysis of all NICE technology appraisals published since the Voluntary Pricing and Access (VPAG) scheme was introduced shows that only 27% of formularies have adopted new medicines within 90 days of a NICE recommendation. The take-home? National recommendation is still not the same as real-world availability.

The implication is stark. Therapies judged clinically effective and cost-effective at a national level are routinely taking months longer to reach the patients they were intended to help. The net result: people are waiting longer than necessary for access to breakthrough treatments.

In the UK, the most relevant policy lens through which to examine this gap is VPAG. Introduced in January 2024, it's the latest iteration of a long-standing agreement between the Department of Health & Social Care, NHS England, the devolved administrations and the ABPI, designed to balance three priorities:

1. Timely patient access to innovative medicines
2. Financial stability of the NHS
3. Growth in the UK life sciences sector.

Building on earlier schemes – PPRS and VPAS – the new five-year agreement broadened its focus beyond pricing to include commitments around uptake, system readiness and more consistent use of NICE guidance, reinforcing the long-standing expectation that NICE-recommended medicines should be implemented within 90 days.

In this sense, VPAG provides a useful lens through which to assess whether national policy ambition is translating into practice. How long are formularies taking to list NICE-recommended products? Is adoption happening within the mandatory implementation period, or does regional variation persist? And what does that mean for equitable patient access?

'In England and Wales, only 27% of formularies have adopted new medicines within 90 days of a NICE recommendation'

Until recently, however, there has been little visibility of whether the 90-day expectation is being met in practice. National guidance is highly visible; local implementation is not. What happens in the months after a NICE TA is published has largely played out in the shadows, with local NHS organisations each interpreting national guidance through their own lens of capacity, budget and clinical priority. The result has been a lack of consolidated, system-wide insight into how quickly nationally-recommended medicines actually reach patients. Until now.

A new, dynamic data set – developed by ValueBase – charts local activity in the aftermath of NICE TAs and confirms what everyone suspected but no-one could prove: patients are being denied timely access to effective – and, crucially, recommended – medicines.

While the patterns that emerge predate the current scheme, analysis of the data from the first two years of VPAG reveals a clear and persistent gap between national recommendation and local delivery.

The first complete view of local adoption

The analysis covers 141 NICE technology appraisals published in the first two years of VPAG (January 2024 to January 2026), spanning 127 individual products across 22 therapeutic markets and 58 companies. Oncology accounts for the largest share of activity, with 90 TAs across all companies. From a company perspective, AstraZeneca leads with 14 submissions, followed by MSD (9), Pfizer (8) and Janssen (7).

This breadth matters. The ValueBase data set is not confined to a single therapy area, cost category or company type. It represents a cross-system view of how NICE recommendations translate into local availability.

Patterns emerge immediately, not least that slow uptake isn't confined to high-cost specialties. Cardiovascular, respiratory, CNS, blood disorder and anti-obesity medicines all exhibit a consistent pattern of gradual, uneven adoption that extends well beyond the 90-day expectation.

What the numbers tell us

Across all therapy areas, average formulary implementation follows a similar trajectory:

- At 30 days: just 20% of formularies had implemented NICE recommendations
- At 60 days: 23%
- At 90 days: 27%.

In other words, nearly three-quarters of formularies had not implemented a NICE-recommended medicine within the mandated 90-day period. And the picture does not correct itself with time. Even after 12 months, implementation remains incomplete: excluding cancer products, 60% of formularies still had not implemented products one year after recommendation.

There are, of course, caveats. Not every formulary would be expected to implement every product. Oncology medicines, for example, are more likely to be confined to specialist or hospital-only formularies. But that nuance does not disrupt the broader trend. Just 37% of specialist-only formularies had implemented oncology products 90 days after NICE recommendation. After a full year, almost half (46%) still had not implemented. Delay, therefore, is not simply a short-term administrative lag; it appears to be a structural feature of the system.

Slow local adoption has long been discussed anecdotally. What has been missing is consistent, cross-therapy evidence of the scale and persistence of the gap. This data set provides that evidence – and confirms that the distance between national recommendation and patient access remains far wider than policy intended.

Implementation does not always equal access

Delay is only part of the story. Even when medicines are listed, access is often constrained. Across all therapy areas featured in the timeframe of this study, 13% of formulary listings include additional local restrictions. These typically limit prescribing to specific clinics, specialist settings or narrowly defined cohorts, despite clear national guidance.

In certain therapy areas, restrictions are significantly more common:

- Blood disorders – 28% of formularies included additional restrictions for NICE-recommended medicines
- CNS – 20%
- Lipid-lowering – 24%
- Anti-obesity – 25%
- Muscular diseases – 31%
- Respiratory – 20%.

Across these six categories, roughly one in four formularies restrict availability beyond NICE recommendations.

For lipid-lowering therapies, restrictions appear in 24% of listings – notable given cardiovascular disease is a national priority and has previously benefited from accelerated access initiatives. Anti-obesity medicines also show comparable levels of constraint, despite their prominence within the NHS 10-year plan.

Restrictions frequently acknowledge divergence from NICE guidance. For example, one ICS formulary explicitly states that it is not fully following national recommendations, instead positioning access within specialist weight management services and restricting use to defined high-risk cohorts. Others routinely specify that medicines may only be prescribed in referral clinics or by named specialists.

These details matter. A medicine can be technically 'implemented' while remaining practically out of reach for most eligible patients.

Taken together, the data presents a consistent picture: delays in listing; variability in adoption and layered restrictions even after implementation. The issue is not isolated to one therapy area, one region or one type of medicine. It is systemic.

When national promise meets local reality

The data demonstrates that national policy alone does not equal local change. Eye-catching announcements create momentum, yet on-the-ground conditions determine whether treatment actually reaches the patient. And too often, it does not.

So why are local systems slow to adopt national recommendations? It is not a question of unwillingness. Local formularies operate at the intersection of national guidance and real-world service pressures. Workforce shortages, commissioning pathways, diagnostic capacity and competing priorities all shape the speed at which a recommendation becomes routine practice. VPAG may have reinforced the 90-day expectation, but it cannot remove these operational constraints.

Given these pressures, delays in implementation are hardly surprising. What matters is understanding where and why they occur, and how those barriers might be addressed. Crucially, many of the forces shaping local uptake sit well beyond the scope of any single national agreement. VPAG was never going to resolve these system dynamics on its own.

So what happens next? A flagship reform is now fast approaching implementation – and will likely shape the answer.

Single National Formulary

The forthcoming Single National Formulary (SNF) represents a significant shift in how medicines may be listed and managed across England. Set out within NHS England's medium-term planning framework, the ambition is to reduce duplication, streamline decision-making and create greater national consistency in formulary management over time. The direction of travel is clear: fewer parallel local processes and a more unified approach to implementation of NICE guidance.

However, this transition will be phased and complex. Existing local formularies will not disappear overnight and operational readiness, digital integration and governance alignment will take time to mature.

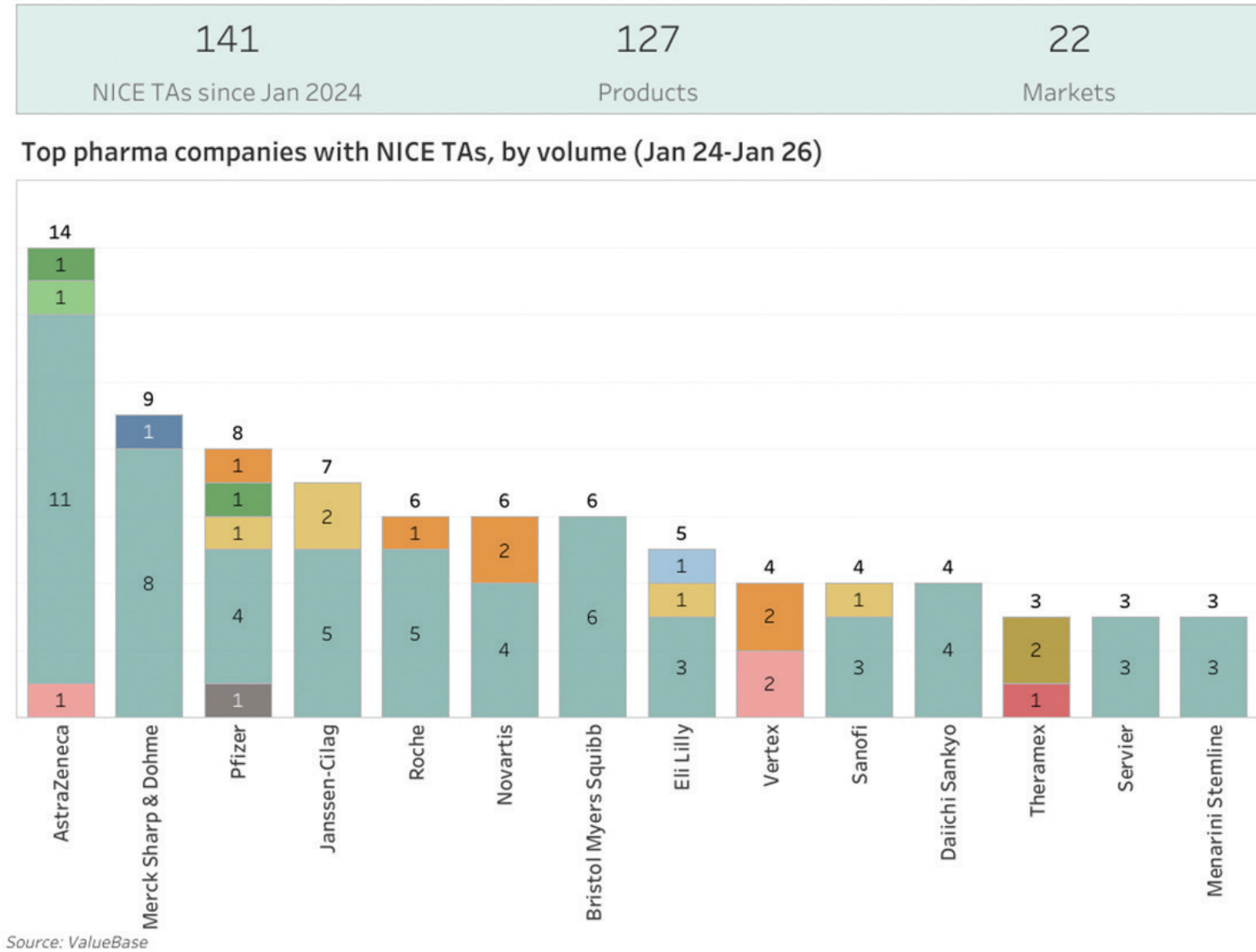
There is broad support for the principle of greater consistency. A more coordinated national approach has the potential to reduce unwarranted variation and improve transparency. But centralisation does not automatically eliminate local dynamics. Prescribing behaviour, pathway configuration and budget management continue to sit within local systems. Even under a national framework, interpretation, sequencing and service readiness will vary. The data presented here reinforces that implementation is shaped by operational reality as much as policy intent.

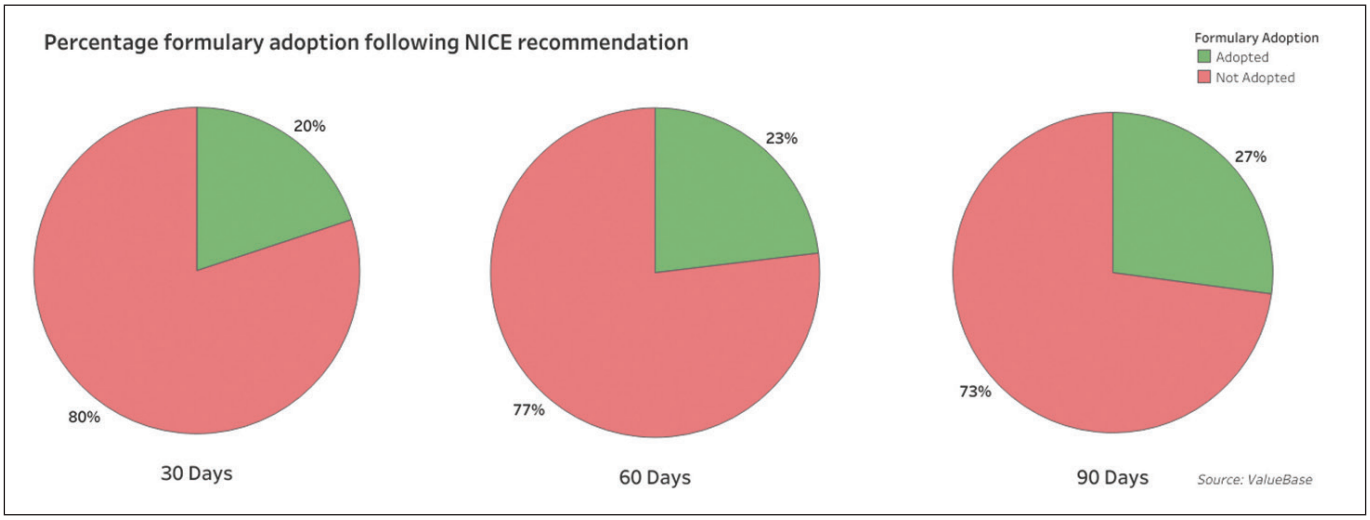
So the ultimate question is this: if a national 'yes' still results in a local 'not yet,' why should a single national formulary, on its own, overcome the same affordability and operational pressures we commonly see at the local level?

For industry, this distinction matters. National recommendation is a milestone, not the finish line. Uptake is shaped over time by local payer decisions, evolving restrictions and changing clinical practice. When intelligence efforts taper off after launch, the ability to respond as access conditions evolve disappears – precisely when insight is most valuable. National frameworks and pricing agreements are essential, but focusing on them alone can obscure meaningful regional variation in implementation and restrictions. Without the ability to measure access below the national level, commercial risk hides in plain sight.

From an industry perspective, the visibility gap remains a critical issue. Victoria Jordan, Director of Value & Access Policy at the ABPI, says maintaining visibility of local implementation will remain essential, even as the system moves towards a more centralised approach:

"We're very clear from an ABPI perspective that visibility of what's happening on the ground is really important. Even if the longer-term ambition is to dismantle some of the



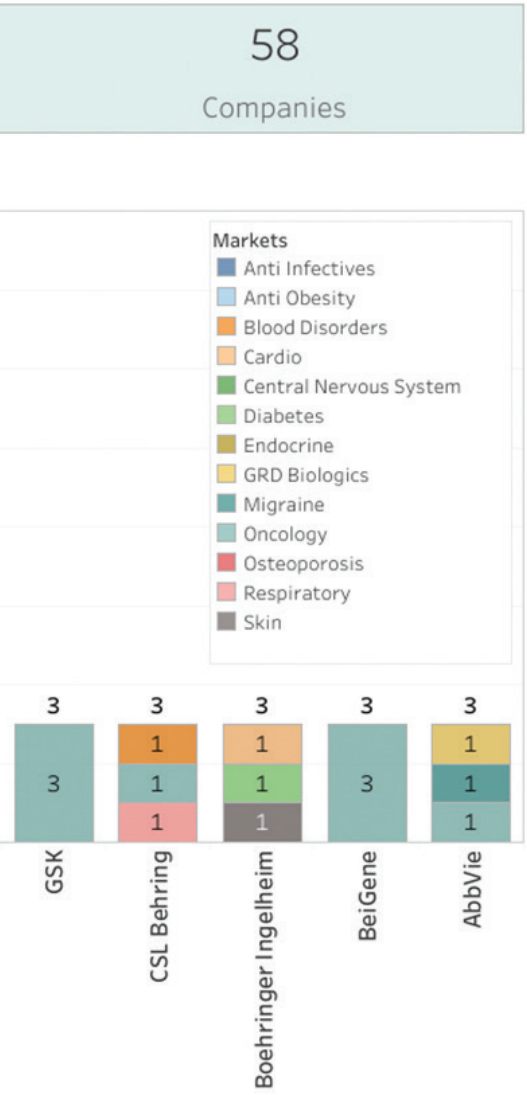


local formularies or have a more efficient, less duplicative arrangement, it's going to take time to get there and there are barriers beyond the formulary to overcome. Ongoing visibility of what's happening at the local level provides a really helpful baseline to monitor the impact of policy commitments and changes that seek to drive rapid, equitable adoption of NICE-recommended medicines. Any changes that are sought must retain plurality of treatment choice and be fully aligned to NICE's guidance."

In other words, even if structural reform is coming, the present cannot be ignored.

"Ultimately, you can have national guidance, but if you don't understand how that's actually being implemented locally, you don't really know whether patients are getting access," says Victoria. "The first step is getting that visibility so you can identify unwarranted variation, then do something about it. Without that data, you're guessing."

For pharma, the message is simple if uncomfortable: national guidelines may set the direction, but real-world uptake is shaped by subnational decisions, local capacity and evolving payer-steering mechanisms. Companies that can see those dynamics clearly – and in near-real time – are far better positioned to respond to them.



A European lesson from UK evidence

Although the analysis here is UK-based, the message resonates far beyond England and Wales. Every major European market grapples with the same challenge: translating national reimbursement into consistent subnational availability. The mechanisms differ from country to country, but the friction is universal.

Shane Elder, Head of Global Market Access Strategy & Implementation (Europe, Canada, USA & China) at AstraZeneca, says market access teams must think far beyond launch if they want to understand how national decisions translate into local uptake:

"Market Access teams have a significant role to play not only in the pre-launch planning and technical phase leading up to national reimbursement and launch, but from launch all the way through to loss of exclusivity. Global access for industry is highly complex, not least because every health economy has its own set of subnational steering mechanisms: for example, in Italy, drugs operate in a system with multiple tiers, including 21 Regions documenting their own levels of permission to prescribe; in Germany, it's more about rebate contracts and quotas. Understanding the nuances of all these and having a dynamic picture of how each influences locality sales is crucial for competitive advantage in each locality."

The implications extend beyond launch readiness and demand dynamic access intelligence.

"Identifying where these opportunities exist requires a partner who can provide credible data packaged in a way that will drive timely actionable intelligence, in turn increasing, maximising and guiding prescriber permission to prescribe," says Shane. "In a complex emerging world where market access will continue to play a crucial role solving the pricing and reimbursement challenges of tomorrow, simplifying data solutions and providing insights to direct our teams will be a critical enabler of our success as a key strategic driver."

The UK data therefore serves as a bellwether. It illustrates how easily policy ambition can be diluted as it travels through local systems, and why companies that remain attuned to subnational dynamics – continuously, not just at launch – are better positioned to drive both patient access and commercial performance.

For pharma companies, the implication is clear. National recommendation may open the door, but what happens next is shaped locally. Understanding local dynamics is essential to ensuring medicines reach target patients in a timely fashion. Until those dynamics are visible and understood, a national 'yes' will too often continue to mean a local 'not yet'. Closing that gap depends on sustained visibility at the local level – because it's there, not at the centre, that access is ultimately realised or denied.

Karen Westaway is CEO of ValueBase

Closing the hormone gap

Why testosterone deserves greater focus in women's health

By Karolina Afors

International Women's Day and Women's History Month provide an opportunity not only to celebrate progress in women's health, but to also confront structural barriers that have shaped it. For decades, women's health was narrowly defined through a reproductive lens. Symptoms were frequently attributed to the uterus, even when unrelated, and as such research priorities reflected longstanding gender bias.

Systemic exclusion from research compounded the problem. In 1977, the US Food and Drug Administration (FDA) banned women of childbearing age from participating in phase 1 and phase 2 clinical trials.[1] Although the decision was motivated by concerns following the thalidomide tragedy, it resulted in decades of limited understanding about how drugs affect women. While this policy was reversed in 1993, the legacy of underrepresentation continues to influence data gaps today.

Despite recent advances in menopause awareness, the legacy of under-investment remains visible. Women's health continues to receive a disproportionately small share of private healthcare innovation funding. The consequences are evident with limited product development tailored specifically to female physiology, variability in clinical pathways and inconsistent access to specialist care.

The hormone gap

For much of the twentieth century, menopause received limited research attention. Substantial scientific focus did not begin to emerge until the 1990s,[2] and even today, understanding remains incomplete. Yet the demographic need is clear. By 2030, nearly 500 million women worldwide will be aged between 45 and 55, meaning around 6% of the global population will be experiencing menopause.[3]

Menopause is associated with declining levels of oestrogen, progesterone and testosterone. Oestrogen has traditionally dominated both public and clinical conversations, and for many women experiencing vasomotor symptoms, it remains the cornerstone of hormone replacement therapy (HRT), typically prescribed alongside progesterone to protect the womb lining.

However, the menopausal transition is biologically complex. Hormonal fluctuations influence not only temperature regulation and reproductive function but also mood, cognition, sleep and sexual health. For some women, conventional oestrogen-based HRT does not fully address symptoms, particularly those relating to sexual desire and well-being.

'By 2030, nearly 500 million women worldwide will be experiencing menopause, equalling around 6% of the global population'

Despite increasing awareness, gaps in menopause care remain evident. Access to specialist menopause services varies regionally, prescribing confidence differs among healthcare professionals, and women often report inconsistent or delayed support. Variability in treatment pathways, limited product availability tailored to women's physiological needs, and ongoing stigma surrounding sexual health can all contribute to fragmented care experiences. Against this backdrop, the role of testosterone deserves closer attention.

Testosterone and its impact on women's well-being

Although commonly perceived as a 'male' hormone, testosterone plays an important role in women's physiology throughout life. As part of the androgen hormone group, testosterone contributes to the development and maintenance of sexual anatomy, influences sexual psychology and modulates aspects of behaviour. It also contributes to energy levels, mood stability, cognitive function and overall physical well-being.

Women produce testosterone in lower quantities than men, but it remains biologically significant. In fact, testosterone has been used in the management of menopausal symptoms for more than 80 years.[4] However, its historical association with male health has contributed to limited appreciation of its relevance in women.

Testosterone levels in women typically fall by about half between the ages of 20 and 60. This decline can be more pronounced following surgical menopause, when ovaries are removed, or iatrogenic menopause, where hormonal changes are triggered by medical treatment rather than the natural ageing process. The drop in testosterone, along with other hormonal changes during menopause, can contribute to symptoms that many women experience, including low libido, sexual dissatisfaction, fatigue and brain fog.

The most clearly established role of testosterone for women is sexual function. While persistent reductions in sexual desire during menopause are influenced by multiple hormonal factors, testosterone therapy can help address this in some women. Hypoactive Sexual Desire Disorder (HSDD) is characterised by a sustained loss of sexual desire that causes personal distress. HSDD is estimated to affect more than one in three menopausal women and can significantly affect relationships, emotional well-being and quality of life.[5]

In the UK, the National Institute for Health and Care Excellence (NICE) recommends testosterone therapy for HSDD in postmenopausal women if oestrogen-based HRT alone is not effective. This guidance reflects increasing recognition that declining testosterone can be a treatable factor contributing to symptoms in some women. While this represents progress, treatment limitations remain.

Limitations of hormone replacement therapy

HRT has evolved significantly since its early formulations. Modern regimens are more tailored and risk-benefit profiles are better understood than in previous decades. Nevertheless, conventional HRT is not suitable or sufficient for all women.

Some women continue to experience persistent symptoms despite optimised oestrogen therapy. Others may be unable to tolerate certain formulations due to side effects. Dosing flexibility, delivery method preference, and adherence challenges can all influence real-world outcomes. Additionally, not all symptoms of menopause respond equally to oestrogen replacement.

In the context of testosterone therapy, formulation challenges are particularly evident. In many regions, testosterone products available for women are adapted from male formulations. Creams and gels designed for higher male dosing must often be adjusted manually, creating potential challenges in achieving consistent and precise dosing within the physiological female range.

Frequent daily application can also affect convenience and adherence. Concerns around dosing variability and accidental dermal transfer to partners or children may further complicate use. These practical limitations highlight the need for delivery systems specifically designed with women's physiological requirements in mind.

Innovation and progress in testosterone therapy

Encouragingly, research into testosterone therapy for women has expanded over recent decades. Clinical trials have clarified appropriate dosing ranges, safety considerations and therapeutic indications. There is now stronger consensus around its use for carefully selected women with HSDD.

Alongside improved clinical understanding, advances in drug delivery technology are also emerging. Transdermal systems, including patch-based approaches, are being developed to provide delivery of low-dose testosterone within the physiological female range. Such systems aim to reduce variability associated with manual dose measurement and improve convenience compared with daily topical applications.

'In 1977, the US FDA banned women of childbearing age from participating in phase 1 and phase 2 clinical trials'

Drug-in-adhesive technologies provide steady hormone release and support skin tolerability. For example, early clinical evaluations of Medherant's testosterone patch show predictable pharmacokinetics within premenopausal ranges, indicating progress towards more tailored treatment options. Innovation in this space reflects a broader shift towards therapies designed around women's biology, rather than adapted from male treatments.

The future of menopause treatment

Chronic underinvestment in women's health has created enduring gaps but it also presents a clear opportunity. Large patient populations, persistent unmet need and growing public awareness together signal an urgent call for targeted research and product development.

Menopause is no longer a marginal topic. As women remain active in the workforce for longer and as societies confront ageing populations, the health and well-being of midlife women have economic as well as clinical significance. Addressing persistent care gaps is therefore not only a matter of equity, but of public health and economic sustainability.

Testosterone highlights a key, often overlooked, piece of the hormonal picture in menopause treatment. While not appropriate for all women, evidence supports its use in selected cases where symptoms persist despite traditional HRT.

Closing the hormone gap requires continued investment in women-focused research, more inclusive clinical trials and development of therapies designed for women. As understanding evolves, the goal should be clear: ensuring that women's health is no longer an afterthought but a research and innovation priority.

References
1. orwh.od.nih.gov/toolkit/recruitment/history
2. www.thelancet.com/journals/lanogw/article/PIIS3050-5038(25)00121-9/abstract
3. impactsofmenopause.com/
4. www.sciencedirect.com/science/article/abs/pii/0002937849904299
5. pmc.ncbi.nlm.nih.gov/articles/PMC8673442/

Dr Karolina Afors is Medical Director at Medherant

Crossing the Atlantic: why European biotechs struggle to win US media trust

Differences in regulatory culture, timing and media expectations often shape how credibility is assessed on either side of the Atlantic

By Shirley Johnson

European biotech companies with strong science and growing international ambitions are increasingly seeking to establish a presence in the US. Media visibility is often seen as one way to support that ambition. Yet despite credible progress, many find that their stories generate limited traction in US biotech media – or worse, attract a level of scrutiny that feels misaligned with their stage of development.

This disconnect is often assumed to be a question of access or storytelling. In practice, it more frequently reflects a misalignment between European communication norms and how US biotech media evaluates credibility. Differences in regulatory signalling, tolerance for risk and expectations around timing can all influence whether progress is perceived as meaningful, premature or insufficiently consequential.

Understanding this divergence has become more important as development timelines compress, regulatory pathways accelerate and scrutiny intensifies across global markets. For European biotechs navigating US attention, the challenge is not simply gaining coverage, but ensuring that visibility, when it occurs, reinforces credibility rather than testing it.

In the US biotech media environment, stories that endure are typically those that explain why something matters now. Journalists tend to focus on developments that alter expectations or elevate scrutiny, rather than those that confirm steady progress. When that distinction is unclear, even strong science can struggle to register as news.

This dynamic is often most visible in disease areas where incremental progress carries genuine clinical importance. For example, a European biotech developing a new breast cancer therapy designed to reduce treatment-related side effects may reasonably view early regulatory engagement or preliminary safety signals as significant milestones. Within a European context, such progress can signal responsible development and scientific validation.

In the US biotech media environment, however, attention is more likely to follow moments that materially change how that therapy will be evaluated – such as comparative clinical data, a regulatory designation, or evidence that the approach could alter standards of care. Absent a clear inflection point, improvements that meaningfully benefit patients may still struggle to register as newsworthy, not because they lack value, but because they do not yet alter expectations around risk, adoption or regulatory trajectory.

Where European biotech companies have successfully gained US media traction, it is typically at moments when regulatory, clinical and commercial context converge. These tend to be later-stage organisations approaching pivotal trial data, regulatory decisions or significant strategic transactions, where visibility coincides with heightened external scrutiny rather than preceding it.

Regulatory culture and media expectations

Regulatory culture shapes not only how medicines are developed, but also how progress is communicated – and how that progress is interpreted by the media. In Europe and the US, differences in regulatory structure and signalling help explain why similar developments can be read very differently on either side of the Atlantic.

In the European context, regulatory progress is often conveyed through process-oriented milestones. Engagement with the European Medicines Agency and national authorities, scientific advice, protocol alignment and ongoing assessment can represent meaningful validation that development is proceeding appropriately. These steps carry real significance for companies, regulators and patients, even when no single milestone dramatically alters a programme's overall trajectory.

US regulatory signalling tends to be more decision-led and threshold-based. Milestones associated with the US Food and Drug Administration – such as clinical clearances, regulatory designations, submissions or approvals – create clearer inflection points. These moments draw sharper distinctions between pre- and post-status, making them easier for journalists to frame as consequential changes in risk, timing or market relevance.

As a result, US biotech media expectations are often calibrated to moments that visibly reshape how a product or company will be judged. European regulatory progress, while scientifically rigorous, may signal continuity rather than change, and therefore register as less newsworthy in a US media environment that prioritises inflection over process.

These structural differences do not reflect variations in scientific standards, but in how regulatory systems communicate momentum. For companies operating across both markets, this divergence can influence whether progress is perceived as validation, acceleration or simply steady advancement – and, ultimately, whether it attracts sustained media attention.

Beyond regulatory and clinical inflection points, US biotech media interest often builds where external validation accumulates, particularly when it originates from institutions or forums familiar to US audiences.

One such signal is peer-reviewed publication. When data appears in well-regarded scientific journals, it can recalibrate how a programme is perceived by journalists, not because publication guarantees success, but because it introduces independent scientific scrutiny that is widely recognised across markets.

Similarly, collaboration with US-based partners – including pharmaceutical companies, academic institutions or research networks – can influence media attention by situating a European company within a US-relevant ecosystem. These relationships often help contextualise a programme competitively and geographically, making it easier for journalists to assess relevance and comparability.

Engagement with patient or professional organisations can also shape coverage indirectly, particularly when it signals unmet need, advocacy momentum or broader clinical interest. In the US media environment, such alignment can add dimension to a story without functioning as a substitute for data or regulatory progress.

Finally, visibility at major medical meetings often plays a role. Presentations at established scientific congresses provide moments of collective attention, where journalists are already primed to evaluate new information. In these settings, interest is typically driven less by presence alone than by how presented data alters expectations or highlights emerging differentiation.

Taken together, these factors do not independently create newsworthiness. Rather, they tend to reinforce perceptions of readiness and relevance, particularly when they coincide with regulatory, clinical or commercial inflection points.

Keeping visibility and scrutiny in balance

When visibility and scrutiny remain in proportion, it is often because expectations have been carefully managed long before wider attention arrives. In practice, this balance is less the result of individual announcements than of how a company's development story has been contextualised over time.

In cases where scrutiny feels measured rather than abrupt, companies tend to enter the public conversation with a clear sense of how their progress will be evaluated externally. Media narratives are shaped around regulatory stage, evidentiary maturity and competitive context, reducing the risk that attention outpaces substance. From a journalistic perspective, this clarity allows coverage to develop incrementally, rather than compressing evaluation into a single moment.

Balance is also supported when visibility aligns with moments that naturally invite interrogation. When attention coincides with data releases, regulatory movement or strategic transactions, scrutiny is expected and easier to absorb. Questions feel proportionate because they arise at points where uncertainty has narrowed, rather than widened.

Conversely, when visibility is pursued without sufficient contextual grounding, scrutiny can feel premature. In such instances, media interest may surface questions earlier than anticipated, not as a critique of the science itself, but as a response to perceived acceleration. The resulting tension can make otherwise credible progress appear fragile.

Credibility as a long-term asset

Viewed through this lens, successful navigation of US media attention is less about maximising exposure than about sequencing it. When visibility follows readiness, scrutiny tends to reinforce credibility. When it precedes it, scrutiny often becomes the story.

For European biotechs operating across markets, credibility is not built in a single announcement or article, but accumulated over time through consistency, restraint and context. US media trust often develops gradually, shaped as much by what companies choose not to overstate as by what they disclose. In an environment where timelines are compressed and expectations evolve quickly, measured communication can function as a strategic asset rather than a limitation.

The challenge, then, is not translating European progress into US headlines, but recognising how different systems signal momentum and significance. As regulatory, clinical and commercial landscapes continue to converge globally, alignment, rather than acceleration, becomes the more durable foundation for visibility.

In that context, media attention is most effective when it reflects preparedness rather than aspiration, and credibility is strengthened not by how early a story appears, but by how well it endures.

Shirley Johnson is an adjunct professor at the University of Delaware in the US

laboratory news

For over 50 years, Laboratory News has been the leading voice for UK laboratory scientists.

Delivering independent news, incisive commentary, and in-depth technical analysis, we keep the scientific community informed on the issues that matter.

From our bi-monthly magazine packed with features and product information to our comprehensive website, we are your resource for the latest developments.

Spring issue out the 7th April including a show preview of Lab Live and Future Lab Live.

Exclusive articles covered within the next four issues

- Lab Environments & Layout
- Instrument Performance & Reliability
- Royal Institution Christmas lecture Q&A
- Sample Integrity

Want to put your brand in front of the UK's top scientists?

Contact Louise White at louisew@samedanltd.com to discuss exclusive sales and advertising opportunities.

labnews.co.uk

Pharma's content paradox: why more content is not the answer

By Rasmus Blom

'Content in pharma is not simply creative output – it carries scientific integrity, regulatory responsibility and commercial impact'

Pharma does not have a content shortage. It has a content architecture problem.

Over the last decade, our industry has invested heavily in digital transformation. New DAM platforms. New CRM systems. New review tools. New localisation workflows. Each implementation is justified. Each solves a specific need. Yet marketing excellence leaders continue to ask the same question:

Why does content still take weeks to produce?

Why does omnichannel feel operationally heavy rather than strategically empowering?

Why are we creating more assets – but seeing diminishing returns?

The answer lies not in effort, talent or ambition. It lies in fragmentation.

When systems don't speak, organisations struggle

Most pharma companies operate in disconnected environments:

- One tool for authoring
- Another for storage
- Separate CRM platforms
- Additional systems for localisation and MLR.

Individually, they work. Collectively, they create friction.

Global teams launch materials that do not fully translate to local realities. DAM libraries overflow with assets that are technically stored but practically undiscoverable. MLR teams review entire presentations again and again instead of structured claims. Agencies are repeatedly briefed to recreate content that already exists somewhere in the system.

The result? Slow turnaround times. High agency dependency. Escalating review burden. Content that never reaches healthcare professionals (HCPs). And a growing gap between omnichannel ambition and operational capability.

The paradox is clear: we are investing more in content – yet scaling less effectively.

The hidden cost of asset thinking

A deeper issue sits beneath technology. Most organisations still approve final assets – PDFs, slide decks, email layouts – rather than structured, reusable content modules.

When an entire presentation must be reapproved because one claim changes, MLR slows. When localisation requires manual recreation rather than modular adaptation, costs multiply.

When each new channel requires a new asset build, scalability collapses.

Asset-based thinking worked in a single-channel world. It does not work in an omnichannel ecosystem.

The most forward-thinking organisations are not producing more content. They are structuring content. Modular. Searchable. Governed. Reusable.

That shift alone transforms speed, compliance and cost.

AI will not rescue fragmentation

Generative AI entered the conversation with understandable excitement. Faster drafting. Automated localisation. Personalised variations at scale.

But AI layered onto fragmented systems does not create transformation. It creates faster chaos.

AI delivers value only when the foundation is structured:

- Well-tagged, discoverable content
- Pre-approved modular claims
- Connected authoring and review workflows
- Clear, risk-stratified governance.

Without that architecture, AI becomes another disconnected tool – impressive in isolation, ineffective in execution.

The question is not whether AI belongs to pharma content. It does.

The question is whether the ecosystem is ready for it.

From fragmentation to content excellence

If we want sustainable omnichannel excellence, three capabilities must operate as one system:

1. Structured, modular authoring
2. Integrated approval and governance
3. Connected engagement across channels.

When content moves through a connected ecosystem rather than across disconnected tools, measurable advantages emerge:

- Faster turnaround
- Reduced agency reliance
- Lower production costs
- Improved compliance confidence
- Scalable global personalisation.

Most importantly, marketing teams regain control. They move from reacting to demand to orchestrating engagement.

This is the philosophy behind integrated content ecosystems such as Anthill Cloud that bring structured content, compliant authoring and AI acceleration together within a single connected framework.

It empowers every market to create high-quality, compliant, AI-enabled content in days – not weeks – through an integrated content authoring ecosystem that streamlines content creation, accelerates approvals and enables intelligent reuse at scale.

A strategic imperative, not an IT upgrade

Content in pharma is not simply creative output. It carries scientific integrity, regulatory responsibility and commercial impact.

Fragmentation is therefore not just inefficient. It is a strategic risk.

The next era of pharma marketing will not be defined by who produces the most assets.

It will be defined by who orchestrates content most intelligently – across brands, markets, channels and systems.

The organisations that redesign their content architecture today will unlock something far more powerful than faster production.

They will unlock sustainable growth.

And in an environment where HCP expectations are rising and compliance scrutiny remains high, that is not a marketing advantage.

It is a leadership one.

Rasmus Blom is CEO at Anthill, visit www.anthill.technology/

The digital age and the advance of AI – pushing communications to new heights

As new comms excellence opportunities abound, staying connected through core messaging remains critical

By Danny Buckland

The digital age and the advance of AI have created a temptation to push communications to the furthest realms of personalisation, but that quest could also lure campaigns to the dark side of the moon where messaging passes into shadow.

Products promising stratospheric results on the back of space-age connectivity with healthcare professionals (HCPs) and patients are being counted down seemingly every day, but a launch pad pause may be advisable to ensure the enterprise does not stray from an achievable orbit.

R&D breakthroughs are reaching unprecedented treatment trajectories but the need to stay in tune, and dialogue, with mission control is more essential than ever. Pressing the digital button is not a passport to new worlds and research has shown that 65% of senior clinicians in the UK, Europe and the US have stopped engaging with pharma companies because of poor digital delivery.[1]

The Value Gap research by Graphite report concluded that 'the path forward is not more digital – it is more meaningful digital'.

Florian Schnappauf, Veeva Systems Vice President of Commercial Strategy for Veeva AI in Europe, firmly believes the accent should be on quality rather than quantity. He says: "It is important to keep the fundamentals in clear view at all times, but particularly now there are so many new pathways and distractions.

"Pharma companies ultimately need to provide the best possible medicines to the patients who need them as quickly as possible. To do that effectively, they need to communicate with the people closest to those patients – the clinicians prescribing their treatments. Communications excellence, and therefore commercial excellence, comes down to the quality of those engagements.

"We've never had more insights or data about what HCPs want to hear and how they want to hear it. The real question is whether we're using that information wisely and providing them with the content they need. The focus has to be on quality, not overwhelming people just because new tools and channels are available."

'65% of senior clinicians in the UK, Europe and the US have stopped engaging with pharma companies because of poor digital delivery'

Veeva's Pulse Field Trends report found that 77% of content generated by organisations is rarely or ever used, indicating that the drive to create data for the sake of it is deflecting from delivery and leaking economic value.

"The industry spends around $20bn per year on producing content, yet a significant portion of that never reaches HCPs. This is not just an issue of relevance, but also a return on investment challenge," adds Florian. "From that perspective, understanding what interests a doctor becomes even more important."

Deeper, sharper insights

He sees huge value in developing feedback loops with HCPs and feeding their insights into every aspect of product development, launch and post-launch, so that content can be more sharply and efficiently targeted. The rise of digital native HCPs and their growing capacity to interrogate and converse with AI in real time are the game changers here, Florian observes.

"There is a growing potential to strengthen relationships with HCPs," he says. "Historically, much of the industry relied on a push model from companies broadcasting messages and trying to sell. It was one-way. What we're increasingly seeing now is HCPs actively signalling what they want to hear from industry, creating a pull dynamic. This allows insights to flow across marketing and field teams, and enables organisations to provide doctors with information that is genuinely relevant to them, cutting out unnecessary content.

"AI is playing an increasingly important role here. Veeva launched its first AI agents last year. Among them is Voice Agent and Free Text Agent, which allow field teams to interact with their CRM system through natural language to capture insights quickly and easily. Over time, this will enable pharma companies to gather richer insights, because teams can capture greater nuance from their discussions with HCPs. This has the potential to create a real shift in how engagement happens, while still meeting strict compliance requirements."

The tech giants are flooding their platforms with healthcare innovations that appeal to the public and clinicians, with ChatGPT claiming it fields 230 million health and well-being queries every week, while a report revealed that 29% of GPs in the UK have used generative AI tools for admin back-up and 25% have consulted tools for diagnostic information.

"This has created another dimension of communications excellence, where messaging needs to be relevant not only to HCPs but also to the AI models that surface and interpret information. This emerging category of AI model optimisation means companies will have to think carefully about how information is structured, so it can be understood by humans but also interpreted effectively by machines," comments Florian. "It increases the pressure to ensure information is clear, structured, and easy to retrieve.

"Across the industry, we are seeing a lot of strong pilots and the challenge now is scaling them across the enterprise, across different geographies, teams and compliance environments," he says. "That's where we are working with customers to deliver industry-level capabilities, and there is a lot of excitement about what can be achieved."

Avoiding marketplace confusion

Daniel Gibbs, Co-Founder of 9Labs, which develops AI-enabled software specifically designed to support the creation, distribution and implementation of global medical, commercial and payer strategic communication and messaging plans.

"The core value of communication excellence is the requirement for adaptive, personalised messaging within a governed framework," he says, adding that it's always "been sensible to adapt the way in which you communicate with particular audiences and through particular channels with targeted messaging and language that's going to resonate with them. The question is how to do it well and efficiently. That's where technology has a role to play.

"AI will play a significant role and it will need to, as AI, more broadly, is powering pharmaceutical and scientific discovery that will lead to the largest spike in novel treatments over the next decade. Every treatment that gets approved will be entering an increasingly noisy and competitive landscape and if you communicate in a way that breaks a consistent scientific narrative and leads to confusion in the marketplace, you are going to lose your position in the queue extremely quickly.

"Competitive differentiation is going to be dependent on the clarity of your communication and control of your message and its adaptation. If you don't, you're going to be submerged immediately by the wave of other treatment options that are available for patients and for a single asset biotech that could be ruinous."

9Labs was founded in 2022 to develop software solutions that overcome the limitations of traditional formats used to manage the messaging strategy, such as Scientific Communication Platforms, Core Claims Dossiers and Payor Value Stories.

"AI does offer incredible opportunities to reach further and create closer connections, but there is an innate tension between an appropriate level of message adaptation and a complete breakdown of a consistent, overarching, scientific story or narrative," adds Daniel. "If you diverge too far from the core narrative or the core messaging in pursuit of personalised messaging, you end up with confusion and an incoherent scientific story being distributed around the world.

"This ultimately impacts patient outcomes because HCPs hesitate and take more time to find additional information to understand the product and this message fragmentation is where you really lose your clear differentiation, because nobody knows where you fit. The sweet spot is adapting your communications without losing control of the overarching scientific narrative. And that's a challenging art form."

Positive scientific strategy

Most pharma companies have taken steps to deploy AI and deploy it across departments to liberate their data and create corporate harmony while also staying within compliance and regulatory guide rails. 9Labs has developed an AI-enabled system – Polarix.io – that aims to enable that ambition to function and prosper across turbulent internal operating systems.

"The industry is highly regulated and it is challenging to open the doors and fully embrace AI," says Daniel. "With Polarix.io, we have created a ring-fenced AI-enabled system trained solely on the contents of an organisation's strategy, references and resources. It is an ecosystem with no outside input that minimises the impact of hallucinations and means it is something you can really trust.

"It helps deliver a scientific strategy through control of approved messaging and providing an immutable audit trail so you can track which messages are used in the creation of novel assets around the world – this is inevitably the direction of travel in strategic healthcare communications. This focus on the individual message is very successful in the FMCG sector and the way forward for global health comms is less about the vehicle that delivers the message but more about refining the message over time through positive feedback loops. We still need to work on that and develop sentiment analysis as well as product performance metrics."

He adds: "The aim of comms excellence is to create a receptive environment for the introduction of a novel therapeutic with minimal delays getting it adopted and available to the patient. We can harness AI to positive effect but must be careful that we are not pushing it too far; to the point where messaging becomes confused and misunderstandings develop because that has a huge economic impact.

"I am confident we are on the right path and that by innovating without losing sight of the core values, we can enter a new era of comms excellence."

References:
1. https://www.graphitedigital.com/downloads/the-value-gap

Danny Buckland is a freelance journalist specialising in the pharmaceutical industry

Achieving comms excellence through personalised engagement

By Daniel Gibbs

> 'A governed single source of truth, enhanced by AI-driven tailoring and enabled by sophisticated digital platforms, is the pathway to sustainable impact'

The pace of scientific innovation is accelerating rapidly, powered by a revolution in machine learning and AI that promises to aid in the discovery of new therapeutic options for patients worldwide. As a result, competitive advantage through clear product differentiation is more crucial than ever and communications excellence is critical. Achieving this excellence increasingly depends on delivering personalised messaging that resonates with specific audiences while remaining grounded in a consistent scientific narrative.

Too often, emphasis is placed on the frequency and channel of message distribution, insufficiently attuning specific message frameworks to the nuanced needs of diverse audiences through personalised messaging strategies. Ensuring consistency of scientific narratives across large organisations fails to be prioritised. Achieving communications excellence today requires tailored messaging, anchored in a coherent, consistent evidence-based scientific story, to ensure that it resonates with the target audience across the many channels favoured by modern society. Only then can companies maximise their strategic differentiation and stand out in what will only become an increasingly noisy and competitive landscape.

This tailored messaging requires advanced segmentation based on a deep understanding of target personas/profiles and appropriate channel identification that inform the nature of the messaging that will be most compelling. However, tailoring without structure risks dangerous fragmentation. Without a governed framework, personalised messaging can quickly lead to inconsistent scientific narratives across markets and channels.

As communications require local adaptation, message variation can quickly erode coherence. This is where the concept of 'a single source of truth' becomes mission-critical. A centralised repository of approved scientific narratives, messages and resources ensures that every derivative asset – whether an MSL slide deck, a sales aid, email, banner ad or congress leave-behind – originates from a validated scientific story and approved modular content. The result is disciplined flexibility – the ability to tailor emphasis while preserving scientific accuracy and communication alignment.

The value of a single source of truth in enabling scalable personalised messaging extends far beyond efficiency. It also strengthens compliance by embedding medical, legal and regulatory (MLR) approval into the core workflow of content creation. It enhances speed-to-market by eliminating redundant review cycles and reducing version control issues. It safeguards the integrity of the overarching scientific narrative by ensuring that it remains intact across countries. Finally, it facilitates non-dilutive localisation, enabling local teams to adapt messaging within predefined parameters rather than recreating them from scratch.

One significant challenge to pharma's ambition to engage with healthcare professionals (HCPs) and stakeholders with a unified voice is the inherently fragmented nature of pharmaceutical companies. Numerous departments – medical, commercial, market access, R&D and others – each contribute to strategic communication. While multidisciplinary collaboration occurs in the creation of global communication frameworks like scientific communication platforms (medical), core claim dossiers (commercial) or payer value stories (market access), this cooperation rarely extends beyond individual representatives contributing to early-stage creation. Communications excellence requires that all strategic communications are consistently aligned and integrated to achieve clarity in the marketplace. Unfortunately, the siloed nature of these teams leads to multiple, sometimes competing, narratives creating potential for confusion and delays, and ultimately risks delays in optimising patient outcomes as HCPs take time seeking greater clarity and deeper understanding.

Operationalising this at scale requires more than isolated tools. It demands integrated digital infrastructure such as global message alignment software like Polarix.io, which is capable of uniting content governance, segmentation intelligence, analytics and AI-assisted creation within a single environment. By providing a structured single source of truth for approved messaging, alongside AI-enabled content creation and audience targeting capabilities, such solutions enable pharmaceutical organisations to balance global consistency with local adaptability.

The strategic implications are significant. Communications excellence becomes measurable rather than aspirational. Tailored messaging becomes systematic rather than ad hoc. Compliance becomes embedded rather than reactive. And teams are freed to focus on strategic insight rather than administrative coordination.

In a landscape defined by complexity, scrutiny and digital acceleration, excellence is not achieved through louder communication, but through smarter, more disciplined and more relevant engagement. A governed single source of truth, enhanced by AI-driven tailoring and enabled by sophisticated digital platforms, is the pathway to sustainable impact. Pharmaceutical companies that embrace this integrated model will not only communicate more effectively, they will build deeper trust, drive meaningful adoption and position themselves at the forefront of modern pharmaceutical marketing and communications.

Because ultimately, words matter!

Daniel Gibbs is Co-Founder of 9Labs

Cancer Grand Challenges – taking on the toughest challenges at the frontiers of cancer science

Five global teams of scientists have been awarded up to £20m each to tackle some of the most ambitious and unanswered questions in cancer

Cancer Grand Challenges, a global initiative co-founded by Cancer Research UK and the National Cancer Institute in the US, has announced a major £100m commitment to propel cancer research into unchartered territory. Five pioneering international teams will each receive up to £20m over approximately five years to tackle some of the most ambitious and unanswered questions in cancer.

Bringing together a global coalition of the world's leading scientists, funders and philanthropists, Cancer Grand Challenges enables bold, long-term collaboration to pursue disruptive ideas that could open entirely new routes for cancer prevention, detection and treatment. This latest investment matches the previous record £100m funding round and brings the total support for the initiative to £465m since 2016.

The five new teams will take on bold, ambitious challenges in cancer research – from harnessing natural immunity to cancer and triggering cancer cells to self-destruct, to revealing hidden proteins in cancer cells, uncovering unknown causes of DNA damage and exploring how manipulating the brain's own signals might be used to fight tumours. The 2026 funding has been awarded to these five teams:

- **The ATLAS Team** will study remarkable groups of people who seem to avoid cancer – including cancer-free centenarians and individuals who would appear to be at a high risk due to factors such as heavy smoking, excessive alcohol consumption or genetic factors but never develop the disease. The team aims to uncover whether these groups carry distinctive autoantibodies – a type of antibody that targets the body's own molecules and can sometimes help the immune system to spot early signs of tumours. By mapping these antibody patterns across individuals at high risk of cancer as well as patients with lung, pancreatic, colorectal, breast, oesophageal and liver cancers, and paediatric cancer patients with relapsing or refractory disease, the team hopes to develop new tools for cancer prevention, detection and treatment.
- **The InteroCANCEption Team** will explore how interoception – the brain's ability to sense and regulate the state of the body through the nervous system – may enable the brain to detect tumours and influence how they develop. By tracing nerve pathways and mapping brain activity, the team aims to identify which signals between the brain and tumours are associated with cancer progression. The team will also investigate across lung, pancreatic and colorectal tumours whether adapting signalling from the brain to tumours, for example, by drugs or neural implants, could be used as a treatment approach or to manage symptoms.
- **The REWIRE-CAN Team** will challenge the traditional approach of treating cancer by blocking cancer growth and survival signals by instead hyperactivating them, and pushing cells into overdrive, forcing cells to become stressed and causing cell suicide. The team will also aim to reprogramme resistant tumours to become sensitive to treatment again. The team will explore its ideas in colorectal cancer where resistance to traditional treatments is a major problem, and where incidence of the disease in younger adults (known as early-onset colorectal cancer) is rising. Using patient samples across different stages of the disease – including early onset cases from younger patients and cutting-edge lab models like patient-derived organoids, they plan to rigorously test both the effectiveness and safety of these rewiring drugs with the ultimate hope of transforming outcomes for patients with colorectal cancer.
- **The ILLUMINE Team** will explore the cancer 'dark proteome', an unusual set of proteins whose functions are largely unknown and whose role in cancer remains unclear. The team will investigate whether, and how, these proteins influence cancer development and progression, including in some of the hardest-to-treat cancers such as acute myeloid leukaemia, ovarian, lung, pancreatic and brain tumours. Some of these 'dark proteins' could act as flags, also known as antigens, that the immune system can recognise. The goal of the team is to develop innovative immunotherapies targeting these mysterious proteins to improve treatment options.
- **The CAUSE Team** will develop new technologies to uncover what causes permanent alterations in DNA called mutations – the genetic alterations that underpin the development and progression of cancer. The team will search for tiny, transient chemical alterations on DNA caused by exposure to chemicals in the environment or normal processes inside the body, which can lead to mutations. By studying patterns of DNA changes in colorectal, kidney and liver cancers, the team aims to reveal hidden causes of cancer and create powerful tools to transform prevention.

Cancer Research UK has funded Cancer Grand Challenges for almost a decade. Teams are making incredible discoveries thanks to collaboration with a diverse range of international funding partners.

Cancer Grand Challenges Scientific Committee Chairman, Professor Charles Swanton, said: "Cancer is not a single disease, but a deeply complex and constantly evolving set of challenges - each with profound consequences for people and families worldwide. Making progress requires resilience, creativity and a boldness to confront questions that don't yet have clear or easy answers.

"This year's Cancer Grand Challenges push us further into unchartered territory than ever

Back Row: *Paul Bastard, (Team ATLAS lead), Iain Foulkes (Executive Director of Research and Innovation at Cancer Research UK and CEO of Cancer Research Horizons), Ludmil Alexandrov (Team CAUSE lead), Reuven Agami (Team ILLUMINE lead)*
Middle Row: *Doug Lowy (Principal Deputy Director of the National Cancer Institute), Michelle Mitchell (CEO of Cancer Research UK), Dinah Singer Deputy Director for Scientific Strategy and Development, National Cancer Institute), Leanne Li (Team InteroCANCEption lead)*
Bottom Row: *Bart Vanhaesebroeck (Team REWIRE-CAN lead), Judy Garber (Vice-chair of the Scientific Committee, Cancer Grand Challenges), Charles Swanton, (Chair of the Scientific Committee, Cancer Grand Challenges)*

before, tackling profound questions: What makes some people resistant to cancer? And could we recruit the brain in the fight against cancer? Addressing challenges of this scale demands bold, interdisciplinary science and it is this approach that has the potential to fundamentally change how we understand and treat cancer."

Director of Cancer Grand Challenges, Dr David Scott, said: "Achieving impact at this scale is only possible because of the commitment of our co-founders, Cancer Research UK and the National Cancer Institute, together with our coalition of visionary funding partners who share our mission to transform the landscape of cancer research.

"Their support enables truly bold, high-risk science that wouldn't be possible through traditional funding routes. By backing this new set of uniquely ambitious challenges, they are helping drive breakthroughs that could redefine how we think about, study, treat and prevent cancer."

Cancer Research UK's chief executive officer, Michelle Mitchell, said: "Cancer continues to have a profound impact on people, families and communities worldwide. We urgently need research with the ambition and focus to change that.

"Cancer Grand Challenges brings together exceptional global teams and provides the long-term support and space to tackle the biggest obstacles that hold back progress. I'm excited to see what these teams will achieve, and how their work could help improve prevention, earlier diagnosis and more effective treatments."

Launched in 2020, Cancer Grand Challenges takes a unique approach to collaboration, uniting the brightest minds from across the world and across disciplines to form global teams that pursue answers to some of the biggest questions facing cancer research and the treatment of people with cancer today.

Already, the initiative is reshaping how we think about, study, prevent and treat cancer. In less than a decade, past teams have transformed our understanding of how genetic mutations drive cancer, opened new therapeutic avenues and changed the way we think about tumour evolution and treatment resistance, developed cutting-edge tools to map tumours in three dimensions, revealed the complexity of the role of the microbiome in colorectal cancer, and uncovered clues as to why some early breast lesions develop into full cancers while others do not.

The Cancer Grand Challenges community has grown to more than 1,800 researchers and collaborators with 21 teams from across the world taking on 18 challenges. In this round the funded teams span 34 institutions in nine countries and will add a further 42 senior investigators to the Cancer Grand Challenges community.

Teams selected for Cancer Grand Challenges awards will use that support over the next five years to address the challenge, carry out research, publish peer-reviewed findings, share data widely and work toward advancing understanding or new approaches in their challenge area.

To make this round possible, Cancer Research UK has received funding from the Bowelbabe Fund for Cancer Research UK, Cancer Research Institute, Children Cancer Free Foundation (KiKa), KWF Dutch Cancer Society, Torrey Coast Foundation and Yosemite (an oncology-focused venture firm), each of which are co-funding one of the new teams. Some teams are supported by more than one partner, reflecting the collaborative nature of this funding round.

For more information on teams, team members and their approach to tackling these challenges, visit cancergrandchallenges.org/.

Digital ambition, operational reality and the future of pharmaceutical manufacturing

How competing priorities are reshaping manufacturing strategy across Europe

By Martyn Williams

Pharmaceutical manufacturing across Europe is going through a significant digital shift. Automation, data integration, cloud platforms and AI are no longer being tested at the margins. They are now built into core business strategies. At the same time, manufacturers are being asked to do more on sustainability, strengthen operational resilience and make decisions in a far less predictable investment climate.

None of these pressures are new in isolation. What is changing is the way they are starting to overlap on the factory floor. Across the industry, the challenge is no longer a lack of digital ambition. It is the growing difficulty of turning that ambition into systems and processes that can scale, adapt and continue to perform day to day.

This is where many of the real operational questions are now emerging. As organisations expand across sites, regions and regulatory environments, complexity increases quickly. Managing that complexity without slowing production or increasing risk will be a defining issue for pharmaceutical manufacturers through 2026 and beyond.

From integration to fragmentation

Operational technology and information technology integration will remain central to pharmaceutical manufacturing strategies in 2026. Being able to connect production systems, quality data, utilities and performance metrics will continue to underpin efforts to improve visibility, consistency and control across operations.

Where things could start to change is how that integration plays out at scale. As programmes mature, a clear pattern is emerging across large, multi-site organisations. Common platforms are often selected at an enterprise level, but implementation is then adapted locally to reflect the realities of individual sites. Over time, those adaptations start to stack up.

‘Automation, data integration, cloud platforms and AI are no longer being tested at the margins – they are now built into core business strategies’

This year, more manufacturers could start to feel the consequences of this. Individual facilities will often be operating well, but replicating that success across the wider network becomes harder. Integration projects slow down, costs increase and digital programmes lose momentum once the first group of sites has been delivered.

This won’t be a failure of technology. In most cases, it will come back to earlier decisions around governance and system design. As manufacturers look to extend integration across sites and regions, standardisation and repeatability will matter just as much as flexibility. How organisations strike that balance is likely to be one of the defining factors in whether digital strategies genuinely scale over the next few years.

Sustainability and the digital footprint

Sustainability commitments are now firmly embedded in pharmaceutical manufacturing strategies across Europe. Improving energy efficiency, cutting emissions and strengthening transparency are no longer optional. They are expected.

At the same time, digital infrastructure will continue to expand through 2026. Data volumes are increasing, cloud adoption is accelerating and AI-driven analytics are becoming part of everyday operations across quality, production and supply chain functions.

What many organisations are only just starting to grapple with is the digital footprint that comes with this shift. While Scope 1, 2 and 3 emissions are closely monitored, the energy and emissions impact of large-scale data processing and continuous analysis is not always fully factored into digital decision-making.

This will introduce a new layer of complexity in 2026. Some digital initiatives will deliver clear operational benefits, but they may also drive higher energy consumption elsewhere in the system. As sustainability reporting becomes more detailed and expectations continue to rise, manufacturers will need a clearer view of these trade-offs.

For many, that will mean taking a more considered approach to data strategy. Rather than defaulting to centralised processing, I’m anticipating a growing interest in keeping certain workloads closer to where data is generated. Doing so can reduce unnecessary data movement, limit energy use while still maintaining the levels of compliance and control the industry demands.

Reassessing cloud strategies for manufacturing environments

Cloud infrastructure has fundamentally changed how pharmaceutical companies manage data, collaborate across regions and deploy new applications. At an enterprise level, its value is well established and will continue to grow through 2026.

There could be more reassessment in how cloud strategies are applied within manufacturing environments. Production operations depend on real-time feedback, deterministic performance and high availability. When large volumes of raw shop-floor data are moved away from the point of use without enough local context, decision-making can slow down and systems can become more fragile than intended.

Manufacturers will need to start asking different questions. Rather than focusing solely on where data can be stored, the emphasis will shift to where it should be processed to best support quality, reliability and speed. That shift reflects a more practical understanding of how manufacturing systems actually operate day to day.

That's not a rejection of cloud technologies. Instead, it points to more deliberate architectures that combine local and centralised capabilities. The aim is to ensure digital infrastructure supports operations on the factory floor, rather than adding unnecessary complexity.

The challenge of sustaining digital momentum

Pharmaceutical manufacturers continue to invest heavily in digital innovation. New initiatives across manufacturing, quality and supply chain functions are launched every year, and that level of ambition is unlikely to slow in 2026.

Where more organisations could struggle is not in starting these programmes, but in sustaining them. As projects move from pilot phases to broader rollouts, organisational barriers often emerge. Leadership changes, shifting priorities and complex approval processes can stall progress or redirect funding.

Over time, this creates a familiar cycle. Promising initiatives are paused, re-evaluated or rebranded. Each restart may be justified on its own, but the cumulative effect is uneven progress and increasing frustration among operational teams who are trying to make systems work consistently.

Looking ahead, sustaining digital momentum will depend less on technical capability and more on how programmes are governed. Clear ownership, long-term commitment and alignment between strategic intent and operational execution will be critical if digital initiatives are to deliver lasting value.

Investment uncertainty and manufacturing strategy

The wider investment environment will continue to influence manufacturing decisions across Europe in 2026. While some regions remain attractive for expansion, others are viewed more cautiously due to regulatory uncertainty, cost pressures and questions around policy stability.

In this context, digital transformation plays a dual role. It is essential for improving efficiency and competitiveness, but it also represents a long-term commitment that must be justified against uncertain investment horizons.

As a result, manufacturers will become more selective about where and how they invest in digital capabilities. Rather than pursuing large-scale transformation programmes, many will focus on targeted improvements that deliver measurable operational value while preserving flexibility.

This more cautious approach is likely to persist, particularly in regions where policy signals remain mixed. Digital strategies that support adaptability and resilience will be better positioned to withstand shifts in the investment landscape.

Towards more coherent digital strategies

The future of pharmaceutical manufacturing will not be defined by any single technology or initiative. Instead, it will be shaped by how effectively organisations align digital priorities with operational reality.

In 2026 and beyond, the most successful strategies will prioritise coherence over complexity. That means designing integration approaches that can be replicated across sites, understanding the sustainability implications of digital infrastructure, and ensuring cloud architectures genuinely support real-time operations.

It also means recognising that digital transformation is an ongoing process, not a series of disconnected projects. Manufacturers that put governance structures in place to sustain progress over time will be better positioned to realise long-term value.

As digital ambition continues to grow, the challenge for pharmaceutical manufacturers will not be doing more. It will be focusing on what matters most, and doing it in a way that can endure.

Martyn Williams is Managing Director at COPA-DATA UK

BioDuro

ANDREW THOMAS

BioDuro has appointed **Andrew Thomas** as Scientific Advisor. Thomas was formerly Global Head of Medicinal Chemistry, Small Molecule Research at Roche, where he was a member of the Therapeutics Modalities Leadership Team and led global teams responsible for advancing innovative drug discovery programmes across multiple therapeutic areas. More recently, he has managed two investment funds focused on Swiss technology growth companies.

Thomas will provide strategic guidance to both clients and the company's scientific and operational teams, helping to strengthen the company's capabilities in innovative drug discovery and development.

Thomas is focused on transforming impactful innovation in the healthcare sector and has published more than 100 patents, peer-reviewed journals and books.

N4 Pharma

DAVID SOLOMON

N4 Pharma has appointed **David Solomon** as CEO. Solomon brings over 30 years of international leadership experience to the role. His past roles include CEO of Zealand Pharma and working on licensing agreements with Sanofi, Boehringer Ingelheim, Lilly, AbbVie and Helsinn. Solomon has also served on several biotech company boards.

Commit Biologics

THOMAS MONTGOMERY ANDRESEN

Commit Biologics has appointed **Thomas Montgomery Andresen** as CEO. With over 20 years of experience building biotechnology ventures, Andresen most recently served as founding CEO of T-Cypher Bio. He also co-founded several biotech companies, including Torque Therapeutics.

Alvotech

LISA GRAVER

Alvotech has appointed **Lisa Graver** as CEO. Previously, Graver served as CEO of Alvogen, where she worked for over 15 years in multiple leadership roles. Bringing expertise in leadership and operations, her other former roles include Vice President, Intellectual Property at Actavis Switzerland and Innovest Enterprises, and Director, Intellectual Property at Alpharma.

Angelini Pharma

SERGIO MARULLO DI CONDOJANNI

Angelini Pharma has appointed **Sergio Marullo di Condojanni** as CEO. He has served as CEO of Angelini Industries since 2020, but the role has expanded to include Angelini's pharmaceutical branch. Marullo di Condojanni is also the Chairman of Angelini Technologies, Director of Banca Aletti and an advisory board member of B20 Italy.

Cellbox

BERND MUEHLENWEG

Cellbox has appointed **Bernd Muehlenweg** as Chief Business Officer and Chief Financial Officer. Most recently, Muehlenweg served as Senior Vice President and Global Head of Business Development, Cell Therapy at Evotec. Oher former roles include Chief Business Officer and Member of the Executive Board at Nanobiotix.

ViCentra

REMAN MCDONAGH

ViCentra has appointed **Reman McDonagh** as Vice President, Global Marketing. Reman brings over 20 years of experience, having most recently held multiple senior leadership roles in marketing at Insulet. She has also held leadership roles at Roche, Medtronic and Cellnovo. Her areas of expertise include brand strategy and market development.

Novo Nordisk

METTE BØJER JENSEN AND ELISABETH DAHL CHRISTENSEN

Novo Nordisk announced **Mette Bøjer Jensen** and **Elisabeth Dahl Christensen** were re-elected as employee representatives to join the Board of Directors. Christensen has worked at Novo Nordisk for 25 years and Jensen has been at the company for over 22 years. They will join the board after the annual general meeting in March.

Novo Nordisk

SEMSI KILIC MADSEN AND DÉSIRÉE JANTZEN ASGREEN

Novo Nordisk announced **Semsi Kilic Madsen** and **Désirée Jantzen Asgreen** were newly elected as employee representatives to join the Board of Directors, effective 26 March 2026. Currently, Madsen is a Project Manager and Asgreen is Project Director. They will join the board after the annual general meeting in March.

BioDuro

STEVAN DJURIC

BioDuro has appointed **Stevan Djuric** as Scientific Advisor. Djuric is President of Discovery Chemistry and Technology Consulting. In his new role, Djuric will provide strategic guidance to both clients and the company's scientific and operational teams, helping to strengthen the company's capabilities in innovative drug discovery and development.

Previously, Djuric served as Vice President of Discovery Chemistry and Technology at AbbVie, where he led the medicinal and discovery chemistry teams. With more than three decades of experience in pharmaceutical research, Djuric has played a key role in advancing numerous drug discovery programmes and is recognised for his contributions to medicinal chemistry and innovation in drug discovery. During his career at Abbott and AbbVie, he advanced multiple drug discovery programmes into clinical development.

Accord Healthcare

PAUL BURDEN

Accord Healthcare has appointed **Paul Burden** as Associate VP and Country Head UK. Burden Brings over 26 years of pharmaceutical experience to the role, having most recently served as VP of STADA. Other former roles include Managing Director, UK at Concordia International. He is currently Vice Chair and Chair-Elect of the Medicines UK Board.

Medivir

PATRIK NORGREN

Medivir has appointed **Patrik Norgren** as CFO, effective 23 March. Having held CFO and senior financial leadership roles across both private and publicly listed companies, including CFO of ElinderSten Arkitekter, Norgren brings over 20 years of experience to the role. Most recently, he was CFO of Cinclus Pharma. Norgren is also owner and CEO of Two Tribes.

Latigo Biotherapeutics

NEHA KRISHNAMOHAN

Latigo Biotherapeutics has appointed **Neha Krishnamohan** as CFO and Chief Business officer. Most recently, she was CFO and Executive VP of corporate development at Artiva Biotherapeutics. Krishnamohan is currently on the board of Arcutis Biotherapeutics, serving as a member of the audit committee.

Kindeva

MIKE COWHIG

Kindeva has appointed **Mike Cowhig** as Chief Legal Officer. He has previously held multiple senior leadership positions, including Vice President and General Counsel at SCIEX. Other former roles include VP and Associate General Counsel at Cardinal Health and VP & General Counsel – Patient Monitoring & Recovery at Medtronic.

AstronauTx

ADAM ROSENBERG

AstronauTx has appointed **Adam Rosenberg** as Chair of its Board of Directors. His previous roles include CEO of Rodin Therapeutics, founding CEO of Sionna Therapeutics and CEO of Teleos Therapeutics. He currently serves as CEO of RyCarma Therapeutics and chairs the boards of Seamless Therapeutics and Vector Y Theraputics.

CNX Therapeutics

ERIN FEDERMAN

CNX Therapeutics has appointed **Erin Federman** as a non-executive director. Bringing over two decades of experience to the role, Federman was previously Marketing & Project Vice President of In-Market Insulins, Diabetes Commercial Unit (Global) at Novo Nordisk, and was VP, Commercial Head of Biologics, Europe at Mylan. She is currently a non-executive board member at QuantiLight.

Qlaris Bio

ROBERT WARNER

Qlaris Bio has appointed **Robert Warner** to its Board of Directors. Warner spent more than 13 years at Alcon, where he held roles including President US and Canada, and President and General Manager Alcon Vision Care Franchise. He also serves on the boards of various organisations in the biotech and medical device sectors.

Altimetrik

DHIRENDRA NATH

Altimetrik has appointed **Dhirendra Nath** as Chief Human Resources Officer. Nath brings over 25 years of cross-industry HR leadership to the role and most recently served as President and Group Chief People Officer at SLK Group. Other former roles include multiple leadership positions at Wipro, including Leader Talent Engagement & Development.

Havas Life

JOÃO CAMACHO

Havas Life has appointed **João Camacho** as CCO for India and the Middle East. Based in Mumbai, he will report to global CCO, Eric Weisberg and Mumbai's MD, Dorelle Kulkarni. Previously, Camacho was an Executive Creative Director at Publicis Health, Global Executive Creative Director at Novartis and Executive Creative Director at Tonic.

Real Chemistry

KATH HARRISON

Real Chemistry has appointed **Kath Harrison** as Group President, International Growth, based in Dubai, where she will also serve as General Manager. Harrison will lead international growth and delivery of end-to-end capabilities across global markets. She was most recently President, International Markets at GCI Health.

Real Chemistry

BRANDON PLETSCH

Real Chemistry has appointed **Brandon Pletsch** as President, Europe. Based in Germany, Pletsch will lead cross-functional teams and services across Europe. He was most recently a Managing Partner within the company's Medical Communications group and is founder of the company's scientific visualisation division, Rad Science.

OPEN Health

CARA PRIEST

OPEN Health has appointed **Cara Priest** as Chief People Officer. In the role, Priest will lead the company's global people strategy. Previously, she was SVP, People & Culture at EXA Infrastructure. Priest's former roles include VP of Human Resources at Coats, Human Resources Director at Gilead Sciences and Global Process Lead at Credit Suisse.

OPEN Health

PETER BLACK

OPEN Health has appointed **Peter Black** as EVP, Global Client Partner and Transformation Lead. Black was previously EVP, Integrated Brand Strategy and Solutions at Healthcare Consultancy Group. Other former roles include Director and Head of Client Service at Synergy Medical and Publisher at Mark Allen Group. Black holds a BA degree in Journalism.

WPP

ALDEN BOLDT

WPP has appointed **Alden Boldt** as VP, Growth for Health@WPP. Boldt was previously VP, Director of Growth & Business Development at Concentric Life. His other former roles include Account Supervisor at Evoke, Account Executive at McCann Health and Business Development Coordinator at Omnicom Health Group.

VML

JASON XENOPOULOS

VML has appointed **Jason Xenopoulos** as CEO of VML New York and Chief Creative Officer, Global Accounts. Xenopoulos was previously Global Chief Creative Officer, WPP I Ford and Chief Creative Officer, VML, North America. Other former roles include Founder and Chief Creative Officer at 2.0 Media and Executive Creative Director at Y&R South Africa.

VML

MEL ROUTHIER (HOGAN)

VML has appointed **Mel Routhier (Hogan)** as North America Chief Creative Officer. Prior to this, Routhier was Global Chief Creative Officer, Health + Wellness and Chief Creative Officer, Chicago, at VML. Routhier's other former roles include SVP, Executive Creative Director at DDB and VP, Group Creative Director at TRISECT.

Real Chemistry

LOUISE CLARK

Real Chemistry has appointed **Louise Clark** as President, Integrated Communications, Global, based in the UK. Clark spent the majority of her career working in-house at Novartis and Pfizer in a variety of communication leadership positions, and most recently at Edelman where she oversaw international health portfolios.

Real Chemistry

ELEANOR READ

Real Chemistry has appointed **Eleanor Read** as President, Integrated Communications, Europe. Based in UK, Read will support the European expansion of the company's Integrated Communications business. Read spent the last two decades at Edelman, most recently as Managing Director of Health, and began her career at IMS Health.

Stratevi

LAUREN ELLIOTT

Stratevi has appointed **Lauren Elliott** as Senior Principal, Market Access. She was previously Senior Vice President (SVP), Customer Strategy and Growth at Entrée Health, where she spent more than six years in multiple SVP roles. Other former roles include Account Director at Cyberwoven and Account Manager at The Adams Group.

67health

AKUCHI NWACHUKWU

67health has appointed **Akuchi Nwachukwu** as Account Executive. She was previously Account Coordinator at 67health and Business & Supply Analyst at GlaxoSmithKline (GSK), where she helped to facilitate stakeholder communication. Nwachukwu also formerly interned as a Laboratory Technician at Eurofins.

PMPS

Pharmaceutical Manufacturing and Packing Sourcer

Covering pharma manufacturing, packing, and logistics

SAMEDAN
Pharmaceutical Publishers

44 Maiden Lane, London, WC2E 7LN
www.samedanltd.com

@PMPSmag

For advertising enquiries contact: simon@samedanltd.com

Advertise with us to reach your target audience.

FLYPHARMA COPENHAGEN 2026

SAVE THE DATE!

FlyPharma Copenhagen
6-7th October 2026

For more information please contact
simon@samedanltd.com
or register for updates at flypharmaeurope.com

WATCH OUR 2025 VIDEOS HERE

Headline Sponsors

CPH

SAS Cargo

cencora
World Courier