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PME

PHARMACEUTICAL MARKET EUROPE

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The challenges of finding a cure for lupus and related autoimmune conditions

Creating a bridge between weight loss drugs and long-term behaviour change

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The bridge between weight loss medication and behaviour change

In our cover story this month, Danny Buckland looks at weight loss medication and how GLP-1s have been shown to provide game-changing opportunities for patients who are overweight or obese to improve their health.

In a sector projected to reach an annual value of $150bn by 2035, the race is on to launch GLP-1 weight loss pills to help give patients better ease of use than the currently available GLP-1 weight loss injections.

However, while scientific advances have enabled the creation of weight loss medications that work by suppressing patients' appetites, it is vital that their use is combined with a deep understanding of the complex psychological and societal triggers that underpin obesity and defy behaviour change. Read more on page 28.

Another highlight of this issue is an article on the continued search for a cure for tuberculosis, which remains one of the most persistent infectious diseases in human history. It is difficult to cure and treatment requires an extended period of time – currently, at least six months – to completely eliminate the hardy infection. Antibiotic courses must be completed but, for TB, the prolonged length of treatment and the side effects of drugs often hinder treatment adherence. Find out more on page 16.

In this issue we also have an article on the challenges of finding a cure for lupus and related autoimmune conditions. Of those with lupus, 90% are women who are most often diagnosed between the ages of 15 and 45, and black, Latinx, Indigenous, Asian and Pacific Islander people are disproportionately affected.

The development of new therapies and diagnostics for autoimmune diseases is an area of high unmet need that has long been overlooked. Now cell therapies, like CAR-T, which have transformed cancer treatment, are being investigated for autoimmune disease such as lupus. Turn to page 18 for more.

Our June issue will look at achieving launch excellence through strong cross-functional collaboration, real-time insights and engaging with diverse stakeholders from the start. 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

PME

PHARMACEUTICAL MARKET EUROPE

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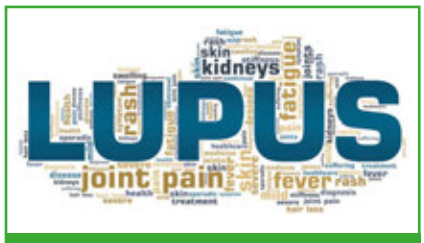

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NEWS

Lilly to acquire Centessa in deal worth up to $7.8bn

Eli Lilly has agreed to acquire Centessa Pharmaceuticals in a deal worth up to $7.8bn. Centessa is a clinical-stage company focused on developing treatments for excessive daytime sleepiness and other neurological conditions.

Designed to treat narcolepsy and other sleep-wake disorders, Centessa is advancing a pipeline of orexin receptor 2 (OX2R) agonists.

The company's lead candidate, cleminorexton (formerly ORX750), demonstrated a potential best-in-class profile in phase 2a clinical studies across narcolepsy type 1, narcolepsy type 2 and idiopathic hypersomnia.

Carole Ho, executive vice president and president of Lilly Neuroscience, said: "Orexin receptor biology represents one of the most compelling mechanistic opportunities in neuroscience as a direct intervention on the master switch of the sleep-wake cycle.

Mario Alberto Accardi, CEO of Centessa and founder of the Orexin Program, said: "By combining Centessa's team and capabilities with Lilly's global complementary research, clinical, regulatory and commercial capabilities, we will seek to accelerate the advancement of our orexin portfolio across a broad range of neuroscience indications for the benefit of patients in need."

The transaction is expected to close in the third quarter of 2026.

Gilead to acquire Tubulis in deal worth up to $5bn

Gilead has agreed to acquire Tubulis, a private, clinical-stage biotechnology company focused on developing next-generation antibody-drug conjugates (ADCs).

As part of the agreement, Gilead will pay $3.15bn upfront, with an option of up to $1.85bn in milestone payments.

Daniel O'Day, Chairman and CEO of Gilead, said: "The agreement to acquire Tubulis is a significant milestone in Gilead's progress in oncology. The company brings a clinical-stage candidate that is a potential new treatment for ovarian cancer, as well as a next-generation ADC platform and a promising early pipeline.

"Today's agreement follows a two-year collaboration with Tubulis, which has given us strong conviction in their programmes and research capabilities. Bringing this potential into Gilead would further expand what is already the strongest and most diverse pipeline in our company's history."

Tubulis' lead asset, TUB-040, being developed to treat platinum-resistant ovarian cancer and non-small cell lung cancer (NSCLC), is currently in phase 1b/2 trials and will be added to Gilead's oncology pipeline.

TUB-030, a 5T4-targeted ADC, will also be included in the acquisition. The treatment has shown promising initial clinical data across various solid tumour types.

Biogen to acquire Apellis in $5.6bn deal

Biogen has agreed to acquire Apellis Pharmaceuticals for approximately $5.6bn. The acquisition is expected to close in the second quarter of 2026.

The deal includes two commercialised, differentiated immunology and rare disease medicines, Empaveli (pegcetacoplan) and Syfovre (pegcetacoplan injection) that will add immediate sales revenue to Biogen, increasing the company's short- and long-term revenue growth profile.

In 2025, the two medicines reached a combined net sales of $689m, a figure that is expected to increase over the next two years.

Empaveli has been approved by the US FDA to treat rare immune-mediated kidney diseases and PNH. Syfovre is FDA-approved for geographic atrophy secondary to age-related macular degeneration, an immune-mediated retinal disease.

Apellis has established US sales infrastructure and capabilities, which

Biogen believes will accelerate its commercial readiness for felzartamab, a treatment for three kidney diseases currently in phase 3 trials.

Christopher Viehbacher, Biogen's President and CEO, said: "The addition of Apellis expands our growth portfolio in immunology and rare disease with two approved, best-in-class medicines that complement our existing portfolio and bolsters our near-and long-term growth potential."

Novartis to acquire Excellergy in deal worth up to $2bn

Novartis is to acquire Excellergy, a private biotech company developing next-generation anti-IgE therapies for IgE-driven diseases. The acquisition includes Exl-111, a half-life extended, high-affinity anti-IgE antibody that is currently in phase 1.

Exl-111 is designed as a next-generation extension of validated biology established by anti-IgE therapy. Building on Novartis' experience with IgE biology, Exl-111 has the potential to complement Novartis' existing allergy portfolio across allergic conditions and patient settings.

IgE is a central driver of multiple allergic diseases and, if the mechanism for Exl-111 is confirmed clinically, it could have multiple benefits. These include: earlier symptom relief; stronger disease control; more convenient dosing, and broader use across food allergy, chronic spontaneous urticaria, chronic inducible urticaria, allergic asthma and other IgE-mediated diseases.

Paying up to $2bn in upfront and milestone payments, Novartis expects the acquisition transaction to close in the second half of 2026.

Fiona Marshall, President of Biomedical Research at Novartis, said: "Exl-111 is designed to go beyond conventional anti-IgE therapy, with the potential to deliver faster and deeper suppression of IgE signalling as well as improved symptom control."

Merck agrees on $2.2bn deal with Quotient Therapeutics

Merck (known as MSD outside the US and Canada) has agreed on a multiyear research collaboration with Quotient Therapeutics in a deal worth up to $2.2bn.

Through the collaboration, the companies will work to discover novel drug targets in inflammatory bowel disease (IBD) using Quotient's somatic genomics platform technology.

Under the agreement, Quotient (a Flagship Pioneering company) will receive an upfront payment of $20m, with the company also being eligible for payments of up to $2.2bn through development, regulatory and commercial milestones.

Marc Levesque, VP, Discovery at Merck Research Laboratories, said: "Quotient's platform has the potential to provide us with unique biological insights into genomic changes that are naturally occurring within patients with IBD."

Quotient uses natural somatic genomics and computational technologies to develop first-in-class therapies centred around the natural somatic genetic diversity present in patients.

People naturally accumulate somatic genetic mutations during their lives, resulting in each person having trillions of different genomes. Quotient's platform searches patient tissue for mutations within the context of disease, to find those that cause, or protect from, specific diseases.

Scotland becomes first part of UK to screen all newborn babies for SMA

As part of a two-year evaluation funded by the Scottish government and Novartis, Scotland has started screening newborn babies for spinal muscular atrophy (SMA).

The two-year evaluation will assess how well SMA screening can detect the condition at an early stage, thereby enabling babies to receive treatment as soon as possible.

Affecting on average three to four babies in Scotland each year, SMA is a rare condition that causes progressive muscle wastage and impacts movement, breathing and swallowing.

Scotland is the first part of the UK to offer SMA screening for all newborn babies as part of the routine heel prick test done around four days after birth.

Previously, diagnosis and testing only began when symptoms appeared, but early presymptomatic treatment offers the best chance for affected children to follow typical developmental pathways and achieve key developmental milestones.

Findings from this evaluation will be used by the UK National Screening Committee to decide on whether SMA screening should be permanently included in the national newborn screening programme.

Newborn babies in Scotland are tested for ten conditions, including cystic fibrosis, congenital hypothyroidism and sickle cell disorders.

NEWS

BMS' Opdivo gets expanded FDA and EU approval for Hodgkin's lymphoma

Bristol Myers Squibb's (BMS) Opdivo (nivolumab) has been approved for two new classical Hodgkin lymphoma (cHL) indications in the US and the EU.

The US FDA has approved Opdivo in combination with doxorubicin, vinblastine and dacarbazine (AVD) to treat patients 12 years and older with previously untreated stage 3 or 4 cHL.

In the EU, approval has been granted by the European Commission (EC) for Opdivo in combination with brentuximab vedotin to treat patients between five and 30 years of age with relapsed or refractory cHL who have already received one prior line of therapy.

SWOG 1826, a phase 3 study on which the US FDA based its approval, evaluated Opdivo in combination with AVD in patients aged 12 years and older with previously untreated stage 3 or 4 cHL.

The study showed a 58% reduction in the risk of disease progression or death, showing a statistically significant improvement in the primary endpoint of progression-free survival (PFS) for patients who received Opdivo in combination with AVD.

Despite progress in frontline therapy, advanced-stage HL still carries a substantial risk of relapse, highlighting the need for innovative approaches.

AstraZeneca's Imfinzi approved in EU for early gastric and gastro-oesophageal cancers

Imfinzi (durvalumab), in combination with standard-of-care FLOT chemotherapy (fluorouracil, leucovorin, oxaliplatin, and docetaxel), has received EU approval.

The perioperative immunotherapy was approved to treat adult patients with resectable, early-stage and locally advanced gastric and gastro-oesophageal junction (GEJ) cancers.

Nearly one million people are diagnosed with gastric cancer each year, the fifth leading cause of cancer deaths globally.

The approval is based on positive results from the MATTERHORN phase 3 trial, and follows a positive opinion from the Committee for Medicinal Products for Human Use (CHMP).

In an interim analysis, patients who received the Imfinzi-based perioperative regimen showed a 29% reduction in the risk of disease progression, recurrence or death versus with chemotherapy alone.

After a year, around 78.2% of patients treated were event-free, compared to 74.0% in the comparator arm. After two years, the results showed around 67.4% of patients treated were event-free, compared to 58.5% in the comparator arm.

Overall survival (OS) rates showed an improvement of 22% compared to chemotherapy alone, with around 69% of patients surviving for three years compared to 62% in the comparator arm.

Novo Nordisk's Awiqli approved as once-weekly insulin for type 2 diabetes patients

Novo Nordisk's Awiqli (insulin icodec) has been approved by the US FDA as the first and only once-weekly, long-acting basal insulin for adults with type 2 diabetes (T2D).

Based on results from the ONWARDS phase 3a trial, the approval provides a new treatment solution that fits around patients' routines and preferences.

Around 2,680 adults with uncontrolled T2D took part in the four randomised, active-controlled, treat-to-target ONWARDS trials.

In the trials, the once-weekly Awiqli injection was used in combination with a mealtime insulin or common oral anti-diabetic agents and/or GLP-1 receptor agonists.

Awiqli was compared to daily basal insulin, demonstrating efficacy in the primary endpoint of HbA1c reduction and

a safety profile consistent with the daily basal insulin class.

Injected once a week on the same day, Awiqli is expected to launch in the US in the second half of 2026. The treatment has also received approval in 13 countries and the EU.

Mike Doustdar, president and CEO of Novo Nordisk, said: "As the first FDA-approved, once-weekly basal insulin for adults with type 2 diabetes, it offers an important new treatment option."

Novartis agrees to buy Synnovations's breast cancer treatment

Novartis has agreed to buy Synnovation Therapeutics' potential treatment for HR+/HER2- breast cancer in a deal worth up to $3bn.

Pikavation, a subsidiary of Synnovation, will be acquired by Novartis for its portfolio of pan-mutant selective PI3Kα inhibitor programmes, including SNV4818, for $2bn upfront and future milestone payments of up to $1bn.

SNV4818, an oral drug, is currently being evaluated for breast cancer and other advanced solid tumours in a phase 1/2 study. In patients with HR+/HER2- breast cancer, around 40% potentially face more serious disease progression due to PI3Kα mutations in their tumours.

Current PI3Kα inhibitors target both mutant and normal PI3Kα, which makes them more difficult for patients to tolerate, resulting in fewer patients continuing with treatment.

SNV4818 is designed to spare normal PI3Kα in healthy cells while targeting the mutated PI3Kα enzyme found in cancer cells.

By specifically targeting the mutated PI3Kα enzyme, SNV4818 aims to lower side effects, enable more consistent dosing and make it easier to use in combination with hormonal therapy and other treatments at an earlier stage in the patient care pathway.

Lilly's Foundayo approved by US FDA as oral GLP-1 for weight loss

Eli Lilly's Foundayo (orforglipron), the only oral GLP-1 weight loss treatment that can be taken at any time of the day with no food or water restrictions, has been approved by the US FDA for adults with obesity, or who are overweight with weight-related medical problems.

The US FDA approval was supported by results from the ATTAIN clinical trial programme, with participants in the ATTAIN-1 trials losing an average of 27.3lb (12.4%) with the highest does of Foundayo, compared to 2.2lb (0.9%) with placebo.

Regardless of trial completion, participants taking the pill lost an average of 25lb, compared to 5.3lb with placebo.

Markers such as cardiovascular risk, including waist circumference, non-HDL cholesterol, triglycerides and systolic blood pressure also saw reductions during treatment with Foundayo in the ATTAIN programme.

Alongside its use for chronic weight management, Lilly is also studying Foundayo as a treatment for type 2 diabetes, obstructive sleep apnoea, osteoarthritis knee pain, hypertension, peripheral artery disease and stress urinary incontinence.

Foundayo has been submitted for approval in over 40 countries as a weight management tool and/or a type 2 diabetes treatment.

Sandoz partners with Samsung Bioepis to develop biosimilars

Sandoz has partnered with Samsung Bioepis to broaden patient access to high-quality biosimilar medicines worldwide.

The agreement allows the companies to work together on up to five biosimilar assets. The first will be a vedolizumab biosimilar, which is in early-stage development. Entyvio (vedolizumab), the reference medicine, is used to treat adults with Crohn's disease, ulcerative colitis or pouchitis.

The projected global biosimilar loss-of-exclusivity market opportunity is currently set to grow to an estimated $320bn by 2036, and this partnership will potentially expand Sandoz's pipeline by up to 32 assets.

Richard Saynor, CEO of Sandoz, said: "This is another important step toward capitalising on the unprecedented biosimilar market opportunity over the next decade while also strengthening our partnership with Samsung Bioepis."

Sandoz will have exclusive rights to commercialise globally, except in China, Hong Kong, Taiwan, Macau and the Republic of Korea. Financial details of the agreement were not disclosed.

Previously, the two companies partnered on Pyzchiva (ustekinumab) and signed an agreement for the commercialisation of Epysqli, for the Middle East and Africa regions, in September 2023 and December 2025 respectively.

DERMATOLOGY NEWS

American Academy of Dermatology publishes new paediatric eczema guidelines

The American Academy of Dermatology (ADD) has published guidelines of care for the prevention and management of atopic dermatitis in paediatric patients.

Commonly known as eczema, atopic dermatitis is the most common skin disease, affecting up to 25% of children worldwide. A long-lasting inflammatory skin disease, eczema can cause itchy skin, dry patches, rashes and rough bumps.

Murad Alam, AAD President and board-certified dermatologist, said: "Eczema is extremely common in children, although it doesn't always look or behave the same way it does in adults. We need dedicated guidelines just for children to ensure their best care."

The new guidelines recognise the unique safety, dosing and patient-caregiver-clinician interactions of paediatric patients to guide dermatologists through treatment and prevention options.

Published in the Journal of the American Academy of Dermatology (JAAD), the guidelines were developed by a group of 14 experts, including 11 board-certified dermatologists and one paediatric allergist.

For the prevention of eczema in children aged six months to three years, the guidelines conditionally recommend moisturisers. A conditional recommendation is given to interventions where the benefits are closely balanced with risks and burdens.

Along with providing 26 evidence-based recommendations for treatments, including moisturisers, topical calcineurin inhibitors, topical corticosteroids and phosphodiesterate-4 inhibitors, multiple conditional recommendations were also made.

The AAD strongly recommended against systemic corticosteroids as they should only be used as a short-term bridge therapy for sudden, severe flares.

Dawn Davis, co-chair of the AAD's Atopic Dermatitis Guideline Workgroup and board-certified dermatologist, said: "These guidelines were developed to educate and empower patients, caregivers and the medical community.

"Since 2014, the landscape for eczema care has been transformed by the approval of new therapies for adults. Our goal was to review how these advancements relate to the paediatric population so children also receive optimal, individualised care."

Takeda announces zasocitinib trial results at ADD Annual Meeting

Takeda has released the outcome of two phase 3 studies of zasocitinib (TAK-279) in adults with moderate-to-severe plaque psoriasis (PsO), with data presented at the 2026 American Academy of Dermatology (ADD) Annual Meeting.

An oral TYK2 inhibitor, zasocitinib, was studied in the randomised, multicentre Latitude PsO 3001 and 3002 studies, in which over half of patients who received the treatment achieved clear or almost clear skin at week 16.

Melinda Gooderham, dermatologist, SKiN Centre for Dermatology, Peterborough, Ontario, Canada, principal investigator for the Latitude PsO studies and presenting author, said: "Our goal in psoriasis treatment is clear or almost clear skin and previously this has been achieved primarily with injectable therapies.

"These efficacy and safety results show it's possible for a once-daily pill to deliver rapid, lasting skin clearance, highlighting the potential of zasocitinib to become a leading oral treatment option for plaque psoriasis."

Zasocitinib was also seen to improve complete clearance. Responses for co-primary and key secondary endpoints continued to increase until week 24 in both studies. The treatment was generally well tolerated, with the safety profile of zasocitinib remaining consistent with prior studies.

Treatment-emergent adverse events (TEAEs) occurred in 62.1% of patients who received zasocitinib, 46.9% of those dosed with placebo and 50.5% of apremilast patients, until week 16. The most common adverse events observed in those dosed until week 16 with the treatment were upper respiratory tract infection, nasopharyngitis and acne.

Chinwe Ukomadu, senior vice president and head, Gastrointestinal & Inflammation Therapeutic Area Unit at Takeda, said: "The positive data also underscore zasocitinib's potential to deliver rapid and durable results with a favourable safety profile consistent with phase 2b studies.

"We are working as quickly as possible with regulators to advance a potential new therapeutic option for patients seeking a safe, effective and convenient oral treatment."

UCB presents psoriasis treatment data at ADD Annual Meeting

UCB announced new data from the evaluation of BIMZELX (bimekizumab) at the 2026 American Academy of Dermatology (ADD) Annual Meeting in Denver, US.

The data assesses BIMZELX's ability to provide on-treatment remission, as defined by the National Psoriasis Foundation (NPF), and complete skin clearance up to four years with retreatment after stopping treatment.

Data from a post-hoc analysis of the first year of the BE RADIANT and BE VIVID trials showed 62.6% and 64.9% of psoriasis patients treated with bimekizumab achieved NPF-defined on-treatment remission during any ≥six-month period.

At the earliest time point at which remission could be observed across both trials, week 28, 10.4% and 12.4% of patients receiving the treatment in the BE RADIANT and BE VIVID trials, respectively, achieved NPF-defined remission.

April Armstrong, Professor and Chief of Dermatology at the University of California, Los Angeles (UCLA), US, said: "The recent National Psoriasis Foundation definition of on-treatment remission provides clinicians with a benchmark in routine practice, helping them feel confident that those living with psoriasis can reach and maintain minimal or no disease."

UCB presented a total of eleven abstracts, from across the bimekizumab portfolio in psoriasis, hidradenitis suppurativa, psoriatic arthritis and axial spondyloarthritis, at the 2026 ADD Annual Meeting.

Affecting around 125 million people worldwide, psoriasis is a chronic inflammatory disease that can cause red patches of skin covered with silvery-white scales and dry cracked skin that may bleed.

Donatello Crocetta, Chief Medical Officer, UCB, said: "Achieving sustained inflammation control and complete skin clearance is our goal for people living with psoriasis, and generating the evidence to support that progress is fundamental to advancing care.

"At the same time, continuity of treatment may not always be possible in real-world clinical practice. These findings show high response rates following retreatment with bimekizumab and indicate potential to re-establish disease control without meaningfully impacting long-term outcomes."

Novartis' Cosentyx approved for paediatric patients with hidradenitis suppurativa

Novartis' Cosentyx (secukinumab) has received US FDA approval to treat paediatric patients aged 12 years and older with moderate to severe hidradenitis suppurativa (HS), making it the only IL-17A inhibitor for this population.

Cosentyx is a fully human biologic that is also approved to treat paediatric patients with PsO, enthesitis-related arthritis (ERA) and juvenile psoriatic arthritis (JPsA).

Affecting as many as 1% of the worldwide population, HS is a chronic, systemic inflammatory skin disease. The condition causes recurring boil-like lesions, which can lead to scarring.

Alexa Kimball, lead investigator of the SUNSHINE and SUNRISE clinical trials in adult HS patients, President and CEO of Harvard Medical Faculty Physicians at Beth Israel Deaconess Medical Center, Boston, and Professor of Dermatology at Harvard Medical School, said: "Hidradenitis suppurativa (HS) often begins in adolescence and can cause irreversible scarring and disabilities."

By tailoring dosing to patient weight, Cosentyx could help physicians manage HS in younger patients by providing a differentiated therapeutic option.

Brindley Brooks, Founder & CEO, HS Connect, said: "Hidradenitis suppurativa affects far more than skin; it impacts confidence, emotional well-being and relationships during a formative period for many paediatric patients."

"For families watching their children struggle, this FDA approval brings hope for earlier intervention."

Data from adult studies and pharmacokinetic modelling taken from adult HS and psoriasis clinical trials, and paediatric clinical trial data from other approved indications, supports the use of Cosentyx in HS patients 12 years and over who weigh 30kg or more.

Victor Bultó, President, Novartis US, said: "With more than a decade of real-world experience across multiple autoimmune diseases, Cosentyx is a well-established treatment option.

"Yet for young people living with moderate-to-severe hidradenitis suppurativa (HS), treatment options have remained limited for far too long. Expanding Cosentyx to this population addresses a critical gap in care."

BRIAN D SMITH
DARWIN'S MEDICINE
THE HUBS AND THE SPOKES

When will marketing be taken seriously?

A few days ago, over a late afternoon Teams call with the senior vice president of commercial at a global biopharma company, I heard a familiar, exasperated sigh. "Brian," she said, "My colleagues still don't understand how important marketing is. They treat it as colouring in. How can I convince them that it, and we, are important?"

Her tone was more honest than self-pitying and she was voicing a frustration I hear frequently in many pharma and medtech companies. But I wasn't there to give comfort, I was there to be useful, so I offered her a different way of thinking about why this happens, a perspective that has a practical outcome. As usual, my answer came from my Darwinian view of the life sciences business.

Scale-free networks

In my work, I often compare biological systems with organisational ones. Industries are like ecosystems, organisms are my analogues for organisations and capabilities are the equivalent of proteins, because they are the things that do the work. That last parallel is significant because, just as proteins interact in networks, so do organisational capabilities.

Protein networks are what Barabási and Albert called scale free. That means a small number of proteins act as hubs. Hub proteins are highly connected, highly influential and, importantly, they shape behaviour of many other proteins. Most proteins, by contrast, are peripheral: important in their own way, but with far fewer connections and far less systemic impact. This hub-and-spoke pattern is universal in biology and, I suggested to my marketing friend, it is universal in organisations too.

Hub capabilities

In my work, when I map organisational capabilities the way a biologist maps protein interactions, something striking emerges. Some capabilities have disproportionate influence because they shape the behaviour of many others. They are the hubs of the organisational network.

In biopharma companies, strategic marketing capabilities, such as those for understanding the market, segmenting it, choosing targets and positioning the offer, are hubs. They determine where the organisation competes, which customers matter, what value means and, therefore, what R&D should prioritise, what medical affairs should emphasise, what access teams should negotiate for and what commercial teams should deliver. Strategic marketing is a capability that shapes the entire phenotype of the organisation.

But – and this is the crucial point – marketing communications capabilities are not hubs. Decisions about messaging, media and creative executions matter, but they have far fewer connections to the rest of the organisational network. They have relatively little influence over R&D, medical affairs, manufacturing or market access. They are spokes, not hubs.

Category errors

The root of my friend's problem was that her colleagues were dismissing marketing communications, not marketing strategy, because that is what they think marketing is. And if that was all marketing consisted of, they would be right to treat it as peripheral.

The tragedy and the opportunity is that they are conflating the spokes with the hub. It is a category error. Many senior leaders' exposure to 'marketing' has been brand plans, campaigns and creative reviews. They have never been taught to see strategic marketing as the capability that defines the organisation's evolutionary niche. So they undervalue marketing, not because they are wrong, but because they are looking at the wrong thing.

A real-world solution

Nothing will make my friend's colleagues, or yours, treat marketing communications as a hub capability, because it isn't. Insisting otherwise only reinforces their scepticism. But you, and she, can do something far more powerful. She can teach them – carefully, patiently and with evidence – that strategic marketing is a hub capability. She can show how segmentation shapes clinical development choices, how positioning influences evidence generation, how target selection determines access strategy and how market understanding guides investment decisions. In other words, she can help them see the network. Once they see that, their mental model of the organisation will change and their behaviour will change with it.

Evolutionary advantage

Examples like cystic fibrosis, a problem with hub protein CFTR, teach us that organisms thrive when their hub proteins function well and vice versa. Organisations are no different. When strategic marketing works, the organisation aligns and when it doesn't, the organisation becomes uncoordinated and inefficient. So I hope my friend, and you, got something more useful than the comfort she asked for: a way to understand her colleagues' behaviour and a way to influence it. Understanding hub-and-spoke capabilities is an evolutionary advantage for you, your colleagues and your firm.

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
PARTNERSHIP HEALTH

Partnership health is framed around three core pillars: transparency; value and relationship

In a world where we are increasingly asked to measure and evaluate our activity (and rightly so), when we ask how healthy a particular business partnership actually is, the answer is often more anecdotal than analytical. That's because partnership health is one of those things we all have feelings about, but often struggle to know how to measure. But, if we don't make partnership health tangible and quantifiable, it's very easy for even good relationships to quietly drift off course.

A recently published *Partnership Playbook* (the-hca.org/partnerships), developed by procurement professionals in consultation with their internal business colleagues and agencies, has mapped out a practical framework to support us in effectively measuring partnership health.

Transparency, value and relationship

The *Playbook* frames partnership health around three core pillars: transparency; value and relationship. These pillars give us a practical lens for measurement because they reflect how partnerships succeed or fail in real life.

Transparency is about clarity and openness. Do all partners understand the objectives, constraints and decision-making processes? Is information shared early, or does it drip-feed when problems arise?

Value goes beyond cost. It looks at whether the partnership is delivering meaningful impact – quality work, efficiency, innovation and outcomes that matter.

And relationship focuses on trust, behaviours and the human dynamics that make collaboration either energising or exhausting.

If one of these pillars weakens, the whole partnership can start to wobble. Measuring partnership health is therefore about checking the strength and balance of all these three components.

Qualitative to quantitative

To move from anecdote to assessment, we need a clearly defined partnership assessment process – a shared way to turn that gut feel into something more visible and discussable.

The concept is quite simple and certainly not arduous, meaning it is something to which everybody should be able to fully commit. Partners agree on a small set of KPIs under each pillar of transparency, value and

relationship. They need to be co-created, not imposed, so they reflect what success really looks like in a specific partnership. Each partner then scores those KPIs and the results are plotted on a radar chart. When things are healthy, the chart forms a clear equilateral triangle. When they're not, the areas needing to be addressed are obvious.

What's important here is not so much the score itself, but the conversations that they can trigger. The assessment should aim to guide discussion, not replace it. Helping teams focus on where alignment is slipping and what to do about it.

The 'gut feel' remains important

This approach doesn't pretend partnerships are purely rational systems, because they're not. Alongside the KPIs, partners are encouraged to add a simple confidence or sentiment score – essentially a structured way of asking, 'How does this partnership feel right now?'.

This matters because trust, frustration and confidence often become evident emotionally, before they appear in delivery metrics. By formally acknowledging that instinctive element, the framework avoids the trap of over-engineering measurement, while missing the human reality. Combining KPI scores with confidence scores creates a more honest picture of partnership health over time.

Across the life cycle, not just at crisis points

It is important to embed partnership health measurement as a regular rhythm, not an emergency intervention. And this rhythm can apply across the full partnership life cycle – from activation, through evolution, to renewal or transition.

Health checks are recommended at least twice a year, with lighter check-ins built into ongoing governance. These moments sit alongside delivery reviews, not instead of them, and deliberately balance 'what we're delivering' with 'how we're working together'. When this measurement process becomes routine, issues are surfaced earlier, conversations can be calmer and course correction feels collaborative rather than confrontational.

Measurement to help strengthen behaviour

The partnership health measurement should not become performance management under a different name. The goal always needs to focus on improvement to maintain sustainable high-quality partnerships.

That's why the proposed tools are deliberately easy to navigate and discussion led. One helpful practical prompt is See – Own – Do: see what's happening; own individual and collective contributions and agree what to do next. This maintains the focus on shared accountability rather than blame and reinforces the idea that partnership health is everyone's responsibility.

Recognition needs to also play a key role here. Celebrating examples of great collaboration – not just successful outputs – reinforces the behaviours that keep partnerships healthy over time.

Healthy partnerships are intentionally maintained

Partnership health doesn't look after itself. It needs the same discipline and attention as financial performance or project delivery. Measuring health makes the invisible visible, giving teams permission to talk honestly about trust, clarity and value before problems become entrenched.

When transparency, value and relationship are all being tracked and discussed openly, partnerships can become more resilient. They can adapt better to external pressures, handle change with less friction and ultimately deliver better outcomes.

Measuring partnership health isn't about adding another framework to the dashboard. It's about creating the environment for better conversations – and using those conversations to keep partnerships strong, balanced and genuinely collaborative.

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

JOHN GRIME, JATIN GUPTA AND MARIE LITTLE

INTEGRATED INSIGHTS AND THE CHANGING IMPERATIVE FOR PHARMA LEADERS

It's not that pharma lacks insight; it's that insight rarely arrives integrated, prioritised and decision ready

Pharmaceutical organisations have never had more data at their fingertips – yet hesitation has never been higher.

Brand leaders and insights teams sit at the intersection of market research, competitive intelligence, RWE, CRM data and internal analysis – each credible in isolation, yet often contradictory in aggregate. Instead of converging on direction, evidence piles up. Signals blur. Decisions stall.

It's not that pharma lacks insight; it's that insight rarely arrives integrated, prioritised and decision ready.

The interpretation gap

The past decade has seen an explosion in healthcare data. AI has made retrieval faster, analytics more sophisticated and dashboards more persuasive. Yet many leadership teams share frustrations: we can see everything but remain unsure what matters most.

When primary market research suggests one narrative, secondary data another and internal perspectives introduce further nuance, the natural response is caution. In regulated environments, that caution hardens into inertia. Data becomes a source of risk rather than confidence.

Fragmentation is the silent performance killer

Despite investment in tools, platforms and research, insight generation in pharma remains fragmented. Research is commissioned episodically. Competitive intelligence operates in parallel worlds. Commercial data explains what happened, but rarely why.

For brand teams, the consequences are tangible:

- Direction becomes harder to sustain
- Cross-functional alignment weakens
- Opportunities surface too late – or not at all
- Teams revisit the same questions, repackaged but unresolved.

In markets where timing and focus are decisive, fragmentation erodes advantage.

Insights can no longer afford to be a service function

Against this backdrop, the role of insights is changing. Leading pharmaceutical companies are formalising Integrated Insights capabilities – moving beyond traditional models.

Insights teams are no longer asked simply to inform but guide leadership through trade-offs, ambiguity and imperfect evidence. That shift demands interpretation, challenge and synthesis grounded in deep market understanding.

Integrated Insights, done properly

At its best, Integrated Insights brings together:

- Rigorous primary market research capturing motivations, trade-offs and unmet needs
- Secondary data and competitive intelligence that contextualise behaviour
- Commercial and CRM data that reveal what changes in market
- Medical and clinical understanding that anchors interpretation in reality.

AI processes scale and surfaces patterns, but does not create insight. Without expert framing, it accelerates noise. Human judgement remains decisive, particularly when insights must stand up to senior scrutiny and real-world consequences.

A more mature operating model

High-performing organisations approach Integrated Insights with discipline:

1. Start from accumulated knowledge, not a blank page

Most companies already possess substantial under-leveraged research and internal data. Synthesising existing knowledge before commissioning new research strengthens hypotheses and prevents duplication.

2. Use primary research surgically

Best-in-class research is designed to resolve uncertainties, stress-test assumptions and unlock strategic trade-offs. Quality matters more than volume.

3. Synthesis is the value-creation step

Insight emerges when patterns are interpreted, tensions reconciled and implications made explicit. Dynamic personas, integrated insight narratives and facilitated cross-functional working are replacing static reports.

4. Activation is non-negotiable

Insights that do not influence planning, messaging, targeting or investment decisions are academic exercises. Leading teams design outputs for use, embedding them into decision forums.

The AI temptation – and its limits

AI is transforming how fast data can be interrogated, but speed is not judgement. Without integration and expert challenge, automated insight risks reinforcing biases or creating false precision.

The organisations that extract value pair AI with best-in-class research design, interpretation and synthesis.

When evidence finally aligns

When Integrated Insights works, the shift is palpable.

Leadership teams move faster because they share a coherent understanding of what matters. Cross-functional debates sharpen. Customer understanding deepens. Decision confidence rises.

In an industry built on managing uncertainty, that confidence is a competitive advantage.

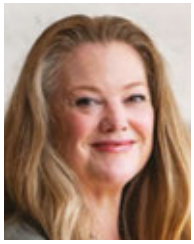
The future belongs to decision-ready insight

Pharma's next inflection point will not be defined by who holds the most data or adopts AI fastest, but by who can turn complexity into clarity – and insight into action.

Integrated Insights bridges that gap. Done well, it transforms primary market research from a periodic input into a strategic engine – guiding decisions when certainty is impossible, but choice is unavoidable. In today's pharmaceutical landscape, that is what best practice looks like.

John Grime and **Jatin Gupta** are both VPs at Prescient; **Marie Little** is VP at Uptake (part of Prescient)

CATHERINE DEVANEY
WHEN INNOVATION ISN'T ENOUGH: VACCINE COMMUNICATION MATTERS



Transparency is not simply about making data available – it's about making it understandable

World Immunization Week in April is a moment to reflect on one of public health's most effective tools. Vaccines prevent millions of deaths every year. Yet scientific breakthroughs alone are not enough. Confidence is just as critical as innovation, and increasingly, that confidence must contend not only with uncertainty, but with organised disinformation.

In the UK, this challenge is no longer theoretical. Childhood vaccination uptake has been falling steadily for more than a decade, and recent data shows that no routine childhood vaccination programme in England currently meets the World Health Organization's 95% coverage target. Declines in measles, mumps and rubella (MMR) uptake have already translated into outbreaks, underlining how quickly gaps in confidence and convenience can become real-world public health risks.

Recent research published in The Lancet looking at COVID-19 vaccine hesitancy among adults in England highlights a point that health communicators have long understood. Vaccine hesitancy is rarely vague or instinctive. It is usually grounded in specific concerns about safety, side effects, effectiveness or trust in institutions.

The encouraging part is that these concerns are not fixed. Attitudes can and do change over time.

Start with transparency and make it meaningful

Transparency is a familiar principle in pharmaceutical communications. But transparency is not simply about making data available. It is about making it understandable.

During the pandemic, vast amounts of information were shared with the public, yet many people still struggled to interpret what it meant for them personally. Risk percentages, clinical terminology and regulatory language can create distance between the science and the audience.

Accessible communication matters. When language becomes overly technical or difficult to navigate, it can reinforce confusion. Equally, honest disclosure of rare risks, while essential, requires careful framing to prevent selective amplification by those who seek to mislead.

Healthcare communications is the art of translating complexity into clarity without losing accuracy.

Recognise that behaviour is driven by relevance

Another lesson from COVID-19 is that information alone does not necessarily lead to action.

Many people who delayed vaccination did not reject the science outright. Instead, they struggled to see the personal relevance. If the perceived risk of disease felt low, the urgency of vaccination diminished.

This is where behavioural insight becomes critical. Communicating vaccine efficacy statistics or clinical trial outcomes may satisfy regulatory requirements, but it does not always address the question most people are asking: Why does this matter to me?

The recent introduction of the chickenpox (varicella) vaccine into England's routine childhood immunisation schedule illustrates this challenge clearly. For decades, chickenpox has been viewed by many parents as an unavoidable childhood illness rather than a preventable one. Yet, from 2026, children in England are being offered protection through a combined MMRV vaccine at 12 and 18 months, following national recommendations and NHS rollout. Communicating why this change matters, will be as important as explaining the science behind the vaccine itself.

Health communication works best when it connects scientific evidence to real-world consequences. Community-sourced insights will inform whether this means protecting family members, preventing complications, or maintaining community health. Relevance drives motivation far more effectively than abstract data points.

Trust is carried by people, not just platforms

For some audiences, messaging perceived as coming directly from pharmaceutical companies, or, in some markets, government health bodies can reinforce existing scepticism. That does not mean pharma should step back from the conversation, but it does mean trust often travels through trusted people. This makes investment in independent, community-rooted voices more important than ever.

Healthcare professionals remain among the most trusted voices in vaccine conversations. Community leaders, patient advocates and local organisations can also play an important role in translating information into culturally relevant messages.

Partnerships with these voices can help ensure that vaccine communication reaches people in ways that feel credible and familiar.

A shared responsibility

The theme of World Immunization Week 2026, 'For every generation, vaccines work', speaks to the extraordinary legacy of vaccination programmes. Diseases that once caused widespread illness and death have been dramatically reduced in many parts of the world.

But maintaining that progress requires constant attention to public confidence. Health communication therefore remains central to the success of vaccination programmes. Its role is not simply to promote vaccines, but to create understanding: explaining benefits and risks clearly; addressing concerns openly and ensuring that evidence feels relevant to everyday lives.

For those working in health communications, the task is both straightforward and challenging: listen carefully to the questions people are asking; respond with clarity and empathy.

Innovation in vaccines gives us a compelling scientific narrative. Communication, especially in a noisier and more contested information environment, determines whether the narrative reaches the people who need it most.

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

TB – the search for a cure

How cross-sector collaboration is driving the search for TB cures

By Monicah Otieno and Christopher Vinnard

Tuberculosis (TB) is one of the most persistent infectious diseases in human history. From a biological perspective, it is difficult to cure, requiring a combination of drugs that act in different ways to eradicate the bacterium. Treatment requires an extended period of time – currently, at least six months – to completely eliminate the hardy infection.

Drug resistance is a significant problem that emerges with TB infections, whose bacteria populations typically number in the billions when treatment is started. Treatments that fail to completely eradicate the infection allow for a selection of drug-resistant mutations. Antibiotic courses therefore must be completed but, for TB, the prolonged length of treatment and the side effects of drugs often hinder treatment adherence.

The current first-line treatment regimen for drug-sensitive TB (DS-TB) was established more than 40 years ago and many drug-resistant strains of the disease have emerged – an estimated 390,000 people were diagnosed with drug-resistant TB (DR-TB) in 2024. As resistance continues to emerge, new drugs are needed, including ones that attack the bacteria with novel methods, but new combinations of drugs are needed as well. And these new technologies need to work much more quickly, so that treatment does not last half a year or longer.

TB is also difficult to address because it is often strongly associated with poverty. Transmission is facilitated in settings with poor ventilation and close contact, such as underground mines, crowded workplaces and densely populated urban communities. Undernutrition – commonly linked to poverty – weakens immune defences and increases the risk of developing TB disease after infection. The illness can also place a heavy financial burden on households when the primary wage earner becomes ill, further compounding economic hardship and vulnerability.

Combining all of these factors, it becomes difficult to develop a new antibiotic and bring it over the finish line. For private sector pharmaceutical companies, it may be difficult to justify the investment in TB drug development from a commercial perspective. From a humanitarian perspective, however, the rationale is clear.

> **'Drug resistance is a significant problem that emerges with TB infections, where bacteria populations typically number in the billions '**

Recognising these challenges, two important cross-sector collaborations were developed. The first, the TB Drug Accelerator (TBDA), brings together private, government and philanthropic experts on behalf of their employers. We work together to accelerate the development of new chemical entities, sharing compound libraries as well as early discovery insights. We also brainstorm and determine new targets on the bacterium for these compounds to attack, or new phenotypic approaches to combatting the infection; look for prospective chemical entities within the libraries of all participants and then collectively consider whether those compounds should be formally evaluated.

This key innovation – pre-competitive collaboration, where companies share early discovery insights to accelerate progress – has been difficult to find in more traditional drug development efforts. We're bringing competitors and experts from different perspectives together to solve one of the most difficult challenges in modern medicine.

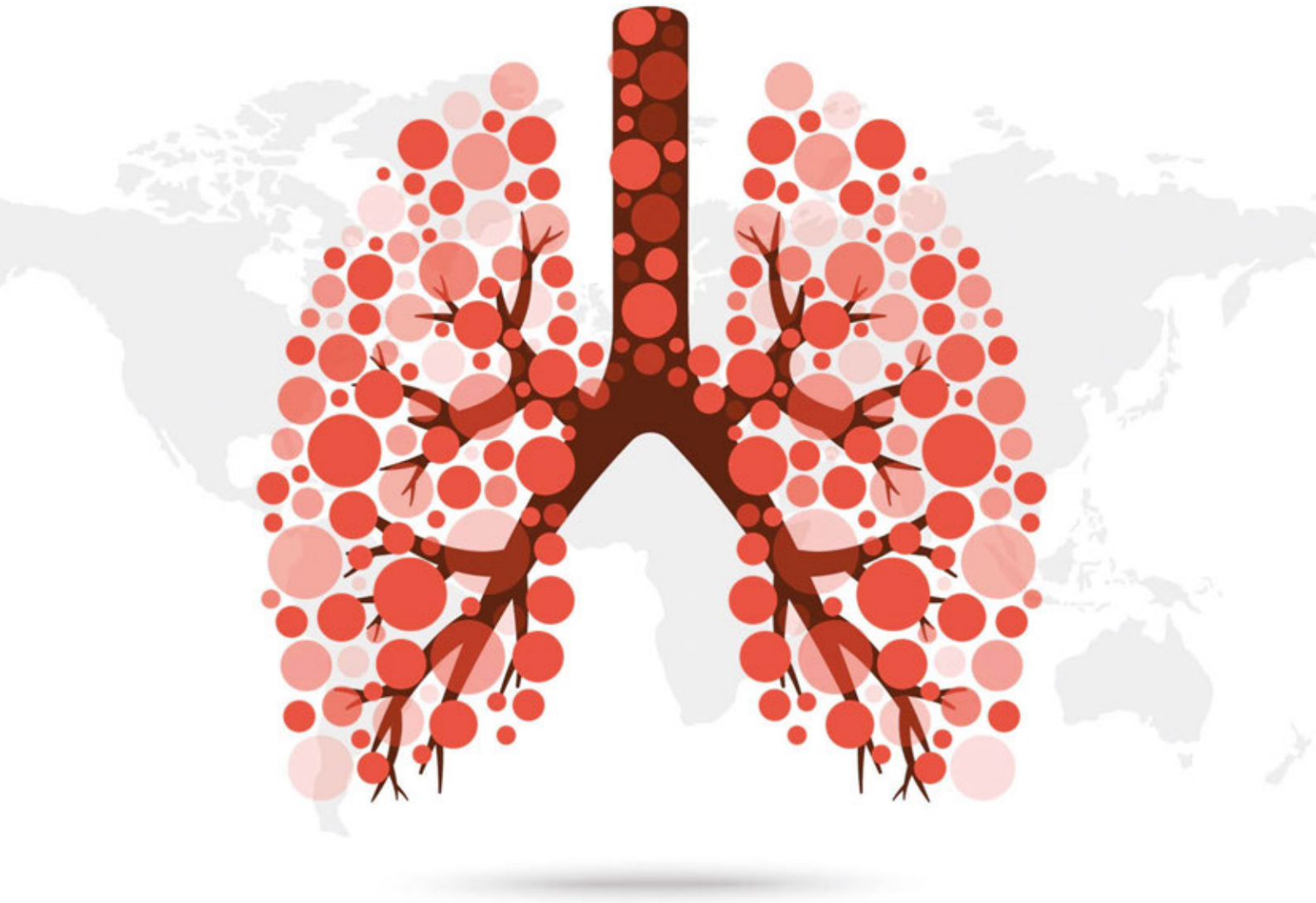
PAN-TB is a complement to TBDA, bringing together private, government and philanthropic experts to focus on regimen design, clinical trial coordination and parallel evaluation of combinations. This collaboration looks at potential compounds and determines which combinations should be evaluated as potential new TB treatment regimens.

How this all comes together can be seen with TB drug candidate TBD09. Merck (known as MSD outside the US and Canada) and the National Institutes of Health (NIH) worked together on the discovery of this compound through TBDA. Together they determined that the Gates Medical Research Institute (MRI) was the best partner to take TBD09 forward into clinical development.

TBD09 is an oxazolidinone, a class of antibiotic that already has one compound approved for DR-TB treatment. That medicine, linezolid, has a method of action that works well against most drug-resistant strains of TB but is difficult for patients to tolerate for extended treatment periods.

Linezolid's side effects therefore make it impractical to be used for DS-TB, which still can be treated with medicines that are easier to tolerate, but the anti-TB potential of oxazolidinones motivates us to look at other compounds in that class of drugs. The major safety challenge for this class is related to mitochondrial toxicity. With linezolid, this translates into a requirement for routine laboratory monitoring while on treatment, which is infeasible for many areas with a high burden of TB. Yet the effectiveness of linezolid against TB has been, up until now, difficult to replicate.

Toxicity is very often a central challenge in developing antibiotics, even since the very first antibiotic, streptomycin, was discovered for TB by Albert Schatz, a graduate student working under microbiologist Selman Waksman in 1943.



Researchers have long sought antibiotics that are effective at killing TB but do not also cause harm to the patient over the long treatment period required to cure the disease.

Through TBDA, the Gates MRI has worked with Merck and NIH to develop TBD09 and bring it through preclinical evaluations and phase 1 clinical trials, revealing a safety profile and potential efficacy meriting further consideration. The compound is now being evaluated in a dose-ranging trial, with more advanced clinical trials to be coordinated through PAN-TB; all of this planned research will evaluate the compound's potential in significantly reducing treatment time for both DS-TB and DR-TB.

A major challenge for drug development will be to improve upon the safety profile of the current standard-of-care first-line regimen. With drug-resistant TB continuing to be a major health threat, there is an ever-growing need to develop a new regimen that is 'safer, simpler, shorter'. This cannot be accomplished without the cross-sector collaborations in TBDA and PAN-TB – TBD09 would probably not have advanced in the clinical trial process without cross-sector collaboration and each clinical trial further improves our knowledge of how the TB bacterium can be eradicated.

'TB treatments that fail to completely eradicate the infection allow for a selection of drug-resistant mutations'

If the new compounds and regimens clear the clinical trial process, the next opportunity for cross-sector collaboration will come with the market rollout. New technologies will quickly lose their value if they remain on the shelf, inaccessible to the patients who need them but cannot afford or access them. Developing and ensuring access to global health products is a complex task, requiring strong collaborations with international, regional and country partners – including private-sector manufacturers and national healthcare systems – to be successful.

DS- and DR-TB kill more people than any other infectious disease – an estimated 1.23 million people combined in 2024. This is a disease that has not been solved by isolating experts in their organisations and sectors. Instead, we need to break out of the siloed approach and work together, collaboratively, to reinvent and improve TB treatment so that we can end this disease once and for all.

World Tuberculosis (TB) Day, observed annually on 24 March. raises awareness about the devastating health and economic consequences of TB, the world's deadliest infectious disease. The 2026 theme, 'Yes! We Can End TB: Led by countries, powered by people', calls for urgent investment and action to reach global elimination goals.

Monicah Otieno is Head of Nonclinical Development and **Christopher Vinnard** is Clinical Development Leader, both at Gates Medical Research Institute

The challenges of finding a cure for lupus and related autoimmune conditions

PME spoke to Nishant Rastogi about Lupus Ventures, the world's largest private funder of lupus research, launched by the Lupus Research Alliance

Advocacy groups are moving beyond awareness campaigns into venture investment to accelerate the development of new therapies and diagnostics for autoimmune diseases, an area of high unmet need that has long been overlooked. For example, cell therapies, like CAR-T, which have transformed cancer treatment, are now being investigated for autoimmune disease such as lupus.

The Lupus Research Alliance, the world's largest private funder of lupus research, has launched Lupus Ventures, the first philanthropic venture fund dedicated to accelerating treatments and diagnostics for lupus and related autoimmune conditions.

What factors have driven disease advocacy organisations to move into philanthropy and how is venture-style philanthropic funding different from traditional capital from standard non-profit research funding?
Nishant Rastogi (NR): There are a few factors at play. First, disease advocacy organisations have built unparalleled knowledge and networks in their domains by funding research, partnering with the clinical community and supporting patients. Second, successful venture philanthropy models – such as the T1D Fund, Cystic Fibrosis Foundation and Broadview Ventures – have set a precedent and inspired the creation of additional venture philanthropy funds, focused on specific indications or therapeutic areas.

Lastly, the model just makes sense. It is a strategy to complement the strengths of different parts of the life sciences ecosystem – combining the research, network and patient advocacy aspects of a disease research organisation with the scale, financial advantages, processes and differentiated network and expertise of the private sector – which historically has held the unique power of selecting, developing and commercialising drug candidates that present good value in terms of probability of success, patient impact, health economic value and return on investment.

'Today, there are over 140 lupus therapies in clinical trials from 120+ companies'

In the current era of relatively high interest rates, a strained public and private funding environment, higher costs to fuel scientific breakthroughs and a recognition that a single funding source or stakeholder cannot independently progress products from bench to bedside, this method of advancing science and bridging connections between academia and industry is increasingly catching on.

Venture philanthropy is an asset class that deploys capital in the same way as venture capital or private equity (eg, preferred equity, debt, SAFEs, syndicated financings, etc), but success is measured by the mission of the philanthropic donors and investors. For disease advocacy organisations, the measure of success is advancing science to improve human health.

This differs from traditional non-profit research funding, which is donated or awarded with no return potential and focuses on hypothesis-driven work in academic settings, and from traditional private equity, where the sole measure of success is return on investment. When venture philanthropy is successful, investment returns can be recycled into more research and additional investments, expanding impact over time.

Why have autoimmune diseases, especially lupus, historically received less investment and drug development focus than areas like cancer or rare diseases?
NR: Investment has been lower mainly due to the complexity of the disease. The heterogeneity of autoimmune conditions – especially lupus – means that symptoms can vary and change over time, which makes it difficult to study, diagnose and treat. Lupus specifically affects nearly every organ system in the body. Variability is high among patients, with different underlying causes, triggers and responses to treatment. This makes drug development challenging and, therefore, historically, it is an area that has been underinvested.

The more progress we make in understanding the disease, identifying specific patient segments within lupus, removing barriers to clinical development and achieving new product approvals, the more investment will follow.

To what extent have disparities, such as higher prevalence in women and people of colour, played a role in underinvestment?

NR: This is a great question. 90% of people with lupus are women, most often diagnosed between the ages of 15 to 45. Black, Latinx, Indigenous, Asian and Pacific Islander people are disproportionately affected. Those demographics intersect with structural barriers from access to care, trial participation and more – often delaying diagnosis and slowing progress.

Those disparities have played a major role in underinvestment. For example, only 5% of global R&D funding was allocated to women's health research in 2020.

We need to build, find and fund solutions that can help bridge this gap. Encouragingly, the tide is starting to shift as greater awareness of women's health and the social determinants of health are leading to increased investment and new approaches to development, with an eye towards health equity.

Part of what we want Lupus Ventures, the venture investment fund of the Lupus Research Alliance, to do is help shift that dynamic by catalysing innovation and supporting approaches that can improve outcomes for the communities most impacted.

What recent scientific advances are changing expectations for lupus research and how could these new funding models help get promising ideas to patients faster?

NR: This is an exciting time in lupus research as the treatment landscape is at a turning point. Recent US Food & Drug Administration (FDA) approvals have renewed industry interest in lupus. Immunology & inflammation (I&I) is now one of pharma's fastest-growing areas. We're seeing a shift away from the legacy approach of broad immune suppression towards an emphasis on 'immune tolerance' or 'immune reset'. There are advances in cell therapy to avoid lymphodepletion and burdensome pre-conditioning chemotherapy, advances in multi-specific biologics designed to enhance selectivity by targeting multiple receptors simultaneously and many other encouraging developments. Today, there are over 140 lupus therapies in clinical trials from 120+ companies and we have a long list of mechanisms and pathways that the Fund is exploring as targets for further investment and investigation.

This is the perfect storm of progress. A funding model like Lupus Ventures can help de-risk promising science and ensure we do all we can to bring new treatments and diagnostics to patients in need.

Why does advocacy-led venture philanthropy matter for the future of lupus and autoimmune disease innovation and how can biopharma leaders, investors and clinicians engage to help move promising science into the clinic faster?

NR: This work is critical to advance progress in lupus. We see our role as:

1. Advancing high-potential science that otherwise would go unfunded, using this model to make higher-risk investments and supporting innovation that does not typically attract for-profit investors.
2. Convening an unmatched bench of leading scientific, clinical, biotech and industry experts in lupus to inform investment decisions and support companies post-investment.
3. Catalysing additional investment into lupus by working closely with and co-investing with institutional VC funds interested in lupus and collectively helping biotech companies to improve the feasibility of successfully developing in this indication. We can do this by advising on trial design, leveraging our expertise in clinical operations, building connections with relevant industry partners and service providers, and other activities that will help us achieve our goal of getting new products to patients.

Of course, we cannot do this alone. We require collaboration with biopharma, investors, clinicians and other experts to advance programmes. Each part of the ecosystem plays an important role and as knowledgeable investors, part of our job is to make the right connections at the right time.

We absolutely hope others will join us on this journey.

Lupus Ventures, the venture investment fund of the Lupus Research Alliance, is an innovative model that blends philanthropy with venture capital to transform how autoimmune R&D is financed, invests in biotech, pharma, medtech and digital health companies developing solutions.

Find out more about lupus at lupusresearch.org/

Nishant Rastogi is Managing Director of Lupus Ventures and a member of its Investment Committee

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Beyond the injection: why the real work of weight loss starts where the drug leaves off

By Fiona Hammond

> 'Behaviour change is not primarily a matter of information or intention, but of habit, environment, identity and reward'

For decades, the dominant narrative around obesity was a moral one. People who struggled with their weight were assumed to lack discipline, motivation or willpower. Failed attempts at dieting were treated as personal failures rather than predictable outcomes of trying to change deeply entrenched behaviours in an environment almost perfectly designed to undermine them. The result, for many, was a cycle of effort, disappointment and shame that made the next attempt harder still.

GLP-1 receptor agonists have begun to change that story. Wegovy, Ozempic and Mounjaro work by suppressing appetite, slowing digestion and boosting satiety, producing weight loss of 10-20% that would have been unthinkable through conventional means for most patients. But their significance goes beyond the clinical numbers. For people who have internalised years of failure, these drugs offer something rarer than weight loss: a genuine experience of progress. That feeling of mastery, of finally reaching targets that once felt out of reach, is itself a powerful behavioural force, and one that healthcare systems have been slow to build on.

The discipline of behavioural science, which examines why people act as they do and how lasting change actually comes about, has much to offer here. It tells us that behaviour change is not primarily a matter of information or intention, but of habit, environment, identity and reward. Applied systematically to obesity care, it offers a framework for turning the opportunity that GLP-1 therapy creates into something durable.

A window that closes

GLP-1 therapies are not simply medical treatments that happen to produce weight loss as a side effect; they are, in a meaningful sense, pharmacologically-induced behavioural interventions: they directly inhibit the behaviour of overeating by interrupting the biological signals that drive it. In doing so, they break a dependency relationship with food that, for many patients, has been years or decades in the making. They reduce the friction of change dramatically, removing the need for punishing diets or extreme exercise regimens, and they deliver fast, visible rewards, which are among the most effective reinforcers of new behaviour.

But that window is time-limited. Cost, tolerability and clinical guidelines mean that many patients will at some point reduce their dose or stop treatment altogether. When they do, the evidence is unambiguous: without embedded behavioural change, weight regain is not just likely, it is rapid. The drug suppresses the old behaviour, but it does not replace it with something new. That is the work that still needs to happen, and it needs to begin from the first day of treatment, not after the prescription ends.

Building new habits from day one

Habits form through repetition within consistent contexts: a cue triggers a routine, a reward reinforces it. GLP-1 therapy naturally disrupts the old food-reward cycle, and that disruption should be used deliberately. From the start of treatment, patients benefit from support in identifying their personal eating triggers, whether they are stress, boredom, social situations or emotional states, and in building intentional routines to replace automatic ones. Structured techniques such as implementation intentions, habit stacking and environmental redesign, adjusting the home and daily environment so that healthier choices become easier and less healthy ones less automatic, have strong evidence behind them and, crucially, require diminishing amounts of willpower once established. The goal is to make new behaviours self-sustaining before the pharmacological support is withdrawn.

A perception problem

One of the more underappreciated barriers to long-term success is how patients frame the experience of using these drugs. Many approach GLP-1 therapy as they have approached diets before: as a time-limited intervention that will, if it works, resolve the problem. That framing is understandable, but it is also one of the strongest predictors of relapse. What these drugs actually require, if their benefits are to last, is a permanent shift in how people live, eat and think about themselves.

Supporting that shift means helping patients move away from seeing weight loss as something being done to them, and towards seeing themselves as someone actively building a new way of living. It means encouraging them to notice and value the behavioural changes they are making, not just the numbers on the scale. And it means addressing the emotional relationship with food directly: the guilt, the all-or-nothing thinking, the tendency to interpret a difficult day as evidence that nothing has really changed. Over time, and with the right support, that accumulation of new behaviours and new self-perceptions can solidify into a genuine shift in identity.

Matching the drugs' potential

GLP-1 medicines have created a real opportunity in obesity treatment, offering patients a route through the biological and psychological barriers that have defeated previous attempts. But realising that opportunity over the long term depends on what happens alongside and after the prescription. The goal now is to build care models that match the sophistication of these drugs with an equally considered approach to behaviour change: one grounded not just in information and access, but in the science of how people actually change.

Fiona Hammond is Founder and Strategy Director at Hamell

Leading through platforms

Competing in an era beyond products

By Professor Brian D Smith

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

Life sciences companies swim in a sociological and technological sea where volatility, uncertainty, complexity and ambiguity are the default conditions for strategising. If, like the allegorical fish, you're not conscious of your volatile, uncertain, complex and ambiguous (VUCA) environment, take a look around: development cycles are unpredictable; regulatory expectations shift frequently; and payers' price sensitivities vary both within and between markets. As the saying goes, if you're not confused, you're misinformed.

A salient aspect of today's VUCA environment is the rise of platform technologies. Their core logic is understandable: if a single technology can generate multiple assets, then it might act as a stabiliser – allowing the oscillations of individual markets to dampen each other, much as oceanic and atmospheric systems do in climate science.

But the truth is more nuanced. Platforms can be powerful sources of competitive advantage, but only when managed with strategic discipline and anchored in customer value. When they are not, they amplify the very volatility they are meant to counter.

This article makes three, connected points: platform technologies change the economics of how firms create and capture value but they do not change the fundamental rules of strategy and, consequently, they are only a source of advantage if strategists understand how to use them.

This second article in the series explores how platform strategy works in practice, why it is reshaping competition in some parts of our industry but not others, and how strategists can avoid the predictable failure modes that arise when technological enthusiasm outpaces strategic clarity.

‘Platforms can be powerful sources of competitive advantage, but only when managed with strategic discipline and anchored in customer value’

What platform technologies are and are not

A platform is best understood as a technological approach that can be applied repeatedly across multiple assets, indications or use cases. A platform is distinct from a single product, a one-off modality or a clever tool in search of a problem. It is a repeatable system that generates a family of solutions from a shared core. Economists like Bresnahan and Trajtenberg would call it a general-purpose technology. Innovation theorists like Baldwin and Clark would call it a modular architecture. Strategists like Jacobides frame platforms as architectural positions within broader ecosystems that shape how firms create and capture value.

In life sciences, platform logic appears in biological, computational and manufacturing guises. Scientific platforms include mRNA constructs, CRISPR editing systems, ADC linker payload architectures and radiopharmaceutical scaffolds. Computational platforms include multimodal AI discovery engines and large-scale structure-function prediction models. Manufacturing platforms include viral vector production, lipid nanoparticle formulation and cell processing workflows. These examples have very different technological foundations but they share the same strategic property: they can be used more than once and they get better with use.

Importantly, the platform itself is not a source of value; its customers are. In an economically governed market, payers, clinicians and patients reward meaningful, differentiated outcomes, not technological novelty. A platform is only strategically valuable when it enables a firm to meet customer needs better than rivals, more consistently and at lower marginal cost. Without that, it is simply an elegant piece of science with an inflated budget line.

This distinction becomes even more salient in a VUCA environment. When uncertainty is high, strategists often treat novel technologies as sources of psychological stability and safety. But platform technologies are not sources of certainty; they are sources of optionality. And for optionality to create value, it must be governed with discipline, bounded by strategy and anchored in customer value. Without those guard rails, platforms become expensive distractions that absorb capital, distort portfolio choices and, ultimately, amplify rather than dampen volatility.

How platform strategies work

In the first article in this series, I described how dynamic capabilities operate through three mechanisms: sensing; seizing and reconfiguring. Platform strategies also operate through three mechanisms: focus; extension and governance.

Box 1: The ancestry of platform strategy

The idea of platforms did not originate in pharma. It emerged from decades of research into modularity, general-purpose technologies and innovation ecosystems. Economists studying technologies such as electricity, semiconductors and the internet observed that some innovations behave not as products but as architectures that generate multiple downstream applications.

Life sciences platforms share this ancestry but differ in three important ways. Biology is less modular than software. Regulation imposes long evidence cycles. Payers demand indication-specific value. These constraints mean that platform strategy in our industry must be more disciplined, more customer focused and more tightly governed than in the tech sector.

Box 2: The three strategic questions of platform competition

Every platform strategy reduces to three questions:

1. What is the core?
2. Where does it extend?
3. How is it governed?

Firms that answer these questions are better able to exploit their platform’s potential and outperform those that are seduced by the novelty of their technology.

These mechanisms help us to understand why some firms turn platforms into engines of competitive advantage while others turn them into expensive distractions.

Focus: defining the platform core

Every platform has a core set of capabilities, assets, data and know-how that make it distinctive. Strategic clarity begins with defining that core and, equally importantly, its boundaries. Without boundaries, platforms become panaceas that absorb every idea and every strategic aspiration.

The platform core is defined by three questions:

- What the platform is (the technological architecture)
- What it is for (the customer problem it solves)
- What it is not (the use cases where it adds no value).

In a VUCA environment, these questions are the antidote to ambiguity. They prevent the most common error in platform strategy: assuming that because a technology can be used everywhere, it should be.

This is a very practical point: firms that fail to define the platform core often find themselves pulled into situations where the platform adds little differentiation, or into partnerships that dilute rather than strengthen it. The result is a portfolio that looks broad but is little more than a façade.

Extension: determining where the platform should go

Once the core is defined, strategists must decide where the platform can be applied without distorting the portfolio.

Box 3: Microfoundations of platform success

As with dynamic capabilities, platform success rests on microfoundations: the people, skills, structures and relationships that make routines effective.
The microfoundations of platform strategy include:

- **Scientific modularity** – the ability to reuse components, methods and knowledge across programmes
- **Data architecture** – systems that capture learning and make it accessible across teams
- **Regulatory learning** – the capability to build cumulative evidence and anticipate regulatory expectations
- **Portfolio governance** – decision-making routines that prevent platform distortion
- **Partnership capability** – the ability to structure alliances that strengthen the platform's core.

These microfoundations determine whether a platform becomes a strategic asset or a strategic liability.

Box 4: Patterns of failure in platform strategy

In a VUCA environment, platform mistakes are amplified by uncertainty, leading to three patterns of failure:
1. Boundary collapse – a recurring failure is the erosion of platform boundaries. Strategists assume that because a platform can be applied broadly, it should be. The platform is stretched into biologically or technologically unsuitable areas, where it offers no differentiation and no learning advantage. The result is a portfolio that expands in breadth but contracts in strategic value.
2. Asset logic drift – another common pattern is the reversion to asset level decision-making. Teams optimise individual programmes rather than strengthening the underlying architecture. Investment flows to the most advanced or politically salient asset, even when those choices weaken the platform's long-term ability to generate differentiated candidates. The platform becomes a label rather than an integrating system.
3. Fragmented learning – a third pattern is the failure to capture and reuse learning across programmes. Data, regulatory insights, manufacturing knowledge and design rules remain siloed. Each team repeats work already done elsewhere. The platform's learning curve stays flat and the organisation loses the compounding benefits that make platforms strategically powerful.

'Platform technologies change the economics of how firms create and capture value but they do not change the fundamental rules of strategy'

This is where platform strategy intersects with marketing fundamentals. The question is not, 'Where can we use this technology?' but, 'Where does it create superior customer value and competitive advantage?'.

Extension decisions require:

- Understanding the platform's adjacent uses
- Evaluating the platform's differentiation potential in each use
- Avoiding the temptation to broaden at the expense of depth.

In a VUCA environment, disciplined extension counters complexity. The most successful platform strategists extend deliberately, not excitedly. They recognise that every extension carries opportunity costs, and that the platform's credibility depends on delivering meaningful value in its early applications.

Governance: orchestrating investment, learning and partnerships

Platforms require governance that aligns R&D, commercial, regulatory, manufacturing and business development around a shared logic. Without this, platforms fragment into disconnected projects, each pulling the organisation in a different direction.

Effective governance ensures that:

- Investment decisions follow platform logic, not asset logic
- Learning is captured and reused across programmes
- Partnerships strengthen the platform rather than dilute it
- Regulatory interactions accumulate into a coherent evidence base.

Rather than ask, 'Does this asset look attractive?', platform logic decisions ask, 'Does this investment improve the platform's ability to create differentiated assets at scale?'. In a VUCA environment, governance counters volatility and uncertainty and it is where platform strategy becomes real. Without governance, even the promise of platforms remains unrealised.

Importantly, governance also determines whether a platform becomes a source of resilience. That's because effective governance enables firms to reallocate resources quickly when evidence shifts, adjust development plans when regulators change expectations and reshape partnerships when the competitive landscape evolves. Poorly governed firms are left reacting to events rather than shaping them.

Theory and practice

Our industry is prone to management fashions. But platform strategy is not a fashion. It is a way of understanding how technologies behave when they have multiple applications, steep learning curves and ecosystem effects. It is a way of making disciplined choices in a business culture and environment where technological enthusiasm can overwhelm strategic clarity. In a VUCA world, platforms are strategic architectures that help firms create repeatability and resilience but only when governed with discipline and customer focus. Technology changes. The rules of strategy don't.

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

Box 5: Patterns of success in platform strategy

In a VUCA environment, disciplined governance amplifies advantage, leading to three patterns of success:

1. Disciplined boundaries – successful platforms maintain clear boundaries around where the architecture genuinely creates advantage. Strategists resist the temptation to treat the platform as universally applicable. They focus on the indications or use cases where the biology, technology and economics align, and they deliberately avoid areas where the platform's edge disappears. The result is a portfolio that is narrower but far more valuable and synergistic.

2. Compounding learning – effective platform businesses build mechanisms that capture and reuse learning across programmes. Data, design rules, regulatory insights and manufacturing knowledge flow through the organisation rather than sitting in silos. Each programme makes the next one faster, cheaper and more differentiated. The learning curve steepens and the platform becomes more valuable over time as knowledge accumulates.

3. Platform-first investment logic – strong platforms allocate capital to strengthen the underlying architecture, such as capabilities, data assets, analytical models and manufacturing systems. They resist chasing the most advanced or politically salient asset. Investment decisions reinforce the platform's long-term ability to generate differentiated candidates at scale. Over time, this creates resilience, optionality and a structurally stronger portfolio.

Box 6: Diagnostic questions for strategists

Strategists who want to understand and improve their platform strategy can begin with eight questions:

1. Do we have a clearly defined platform core?
2. Do we understand the platform's true adjacencies?
3. Are we learning systematically across programmes?
4. Is our governance aligned to platform logic rather than asset logic?
5. Do we have a coherent data architecture that compounds learning?
6. Can we stop platform extensions that dilute focus?
7. Are our partnerships structured to reinforce the platform?
8. Do we treat regulatory interactions as cumulative learning?

These questions produce a picture rather than a score, but a picture that is only valuable when interpreted honestly.

AI-powered launches on a limited budget: a playbook for emerging biopharma

By Vinoth Manoharan and Thomas Nisters

> 'Every AI decision must drive better outcomes and add greater value for clients'

Launching a new therapy is an uphill battle for emerging biopharma, with limited budgets and human resources. Yet in 2025, artificial intelligence (AI) became the great equaliser with biopharma firms reporting 5-25% cost/revenue impact from AI. We've seen AI-driven strategies help small launch teams do more with less, accelerating content creation, surfacing faster insights and optimising campaigns for impact. Here, AI handles heavy repetitive work, from rapid content drafting to analytics, while humans focus on strategy, creativity and quality control.

AI-driven communications model

Legacy processes struggle to scale or adapt quickly to meet the evolving demands of modern biopharma. Layering AI onto outdated processes rarely works – the underlying inefficiencies lead to failure. Rebuilding them as AI-first workflows gives emerging biopharma big-agency capability on a start-up budget. Rather than deploying a full on-site team, they gain a lean extension of launch specialists augmented by enterprise-grade AI.

'Every AI decision must drive better outcomes and add greater value for clients.'

'Core launch kit'

The foundation of a core launch kit (CLK) is its 'content hive', a centralised data base of approved, client-specific content based on clinical, commercial, real-world data. A set of prebuilt AI tools can be used to generate scientifically accurate, compliant materials that align commercial and medical information. These AI tools are built to fill in standard templates for newsletters, claims, messaging content, web pages, FAQs, HCP content, standard email packs and other assets using the content hive as its knowledge source.

AI tools built with CLKs must be validated before use and continuously evaluated for bias. Every AI-generated asset validated for compliance and nuance and every algorithmic output vetted by experts ensures AI's speed never compromises trust or accuracy. Maintaining rigorous human oversight by adopting an 'AI in the Loop' model, rather than making humans an afterthought, ensures trust with users. This design delivers speed and scalability without typical overhead, right-sizing support for each launch phase.

Modular content at scale – faster, cheaper, smarter

Commercial content volume increases ~37% every year, making modular, reusable content blocks a practical necessity. Need an on-label Tweet thread or a patient brochure? AI can draft both from the same approved content, ensuring consistency while speeding up creation and review. Content hives built on approved medical knowledge and generative tools can suggest how to tailor modules for each audience. Instead of creating every asset anew, marketers build pre-approved content blocks that can be adapted for multiple channels.

Accelerating scientific insights with AI

In fast-moving therapeutic areas, insight isn't the bottleneck – turning insight into advantage is. Manual literature reviews and conference monitoring slow with new data, leaving teams reactive. Modern AI tools can track trial results, RWE, field inputs and emerging discourse, then synthesise signals into implications for strategy. This supports sharper decisions: where to defend or differentiate; which evidence gaps to close and how to adapt messaging as the landscape shifts. It also enables scenario planning at speed: 'If a competitor demonstrates superiority on endpoint X or reframes the standard of care, what are our counter-arguments, evidence needs and next-best messages?' For lean launch teams, AI-supported always-on monitoring paired with rapid response playbooks can be the difference between shaping the category and being shaped by it.

Precision campaign optimisation

Imagine a causal AI agent that acts like a virtual expert. Ask: 'What is the best engagement strategy for our top 1,000 target HCPs?' and it analyses HCP prescribing patterns, representative activity and digital touchpoints to recommend an optimal mix within minutes. AI continues to optimise campaigns in flight, monitoring performance and reallocating resources in real time. It can shift budget towards outperforming channels or flag messages that are not resonating.

Want to identify which channels drive the best engagement? When every euro counts, AI replaces guesswork with precise behavioural intelligence. Machine learning models identify key healthcare professionals, patient subgroups and channels, enabling teams to focus on those most likely to deliver impact. What once required large analytics teams is now achievable for emerging biopharma, delivering insights ten times faster at a fraction of the cost.

Launch bigger with AI as your ally

With drug launches often exceeding $100m in spend, emerging biopharma companies must find new ways to punch above their weight. By embracing modular content strategy, AI-augmented insights and algorithmic campaign optimisation, small launch teams can achieve impact and differentiation. The benefits are clear: faster go-to-market cycles, smarter targeting and data-driven field strategies that make every investment work harder.

AI- driven communications prove that massive in-house operation is no longer required for a successful launch. While success still depends on medical/commercial strategy, human creativity and compliance, AI amplifies all three. For emerging biopharma companies ready to make their mark, AI turns constraints into competitive advantage and that can make all the difference.

Vinoth Manoharan is Head of Innovation and **Thomas Nisters** is Medical Director, both at Syneos Health Communications Germany

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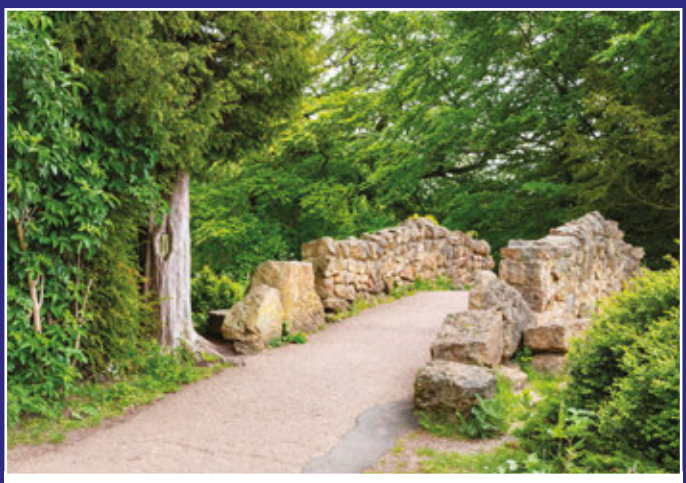
APRIL HIGHLIGHTS



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CREATING A BRIDGE BETWEEN WEIGHT LOSS DRUGS AND LONG-TERM BEHAVIOUR CHANGE

The tools and techniques that move beyond just 'informing' patients to motivating and enabling them to achieve lasting change

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EUROPE'S NEXT HEALTH INNOVATION ENGINE

Across Europe, healthcare systems are attempting to modernise under enormous pressure, as demand continues to rise

PHARMA APPOINTMENTS ON PAGES 36-37

Changes at Biologos, IsomAB and Mestag Threrapeutics

MEDCOMMS APPOINTMENTS ON PAGE 38

Changes at Lucid Group, OPEN Health and Prime

Creating a bridge between weight loss drugs and long-term behaviour change

The tools and techniques that move beyond just 'informing' patients to motivating and enabling them to achieve lasting change

By Danny Buckland

GLP-1s have been shown to provide game-changing opportunities for patients who are overweight or obese to improve their health, and are also showing positive results in cardiovascular disease, renal conditions, stroke, kidney disease and sleep problems.

In a sector projected to reach an annual value of $150bn by 2035, the race is on to launch GLP-1 weight loss pills to help give patients better ease of use than the currently available GLP-1 weight loss injections.

However, while scientific advances have enabled the creation of weight loss medicines that work by suppressing patients' appetites, it is vital that their use is combined with a deep understanding of the complex psychological and societal triggers that underpin obesity and defy behaviour change.

This need is becoming clearer as, despite the medication's ability to help people lose weight rapidly and safely, many people revert to ingrained habits and behaviours when they stop using the medication, resulting in weight gain.

For strained healthcare systems, these medications are providing what could be viewed as only a temporary respite from the cost of caring for the one billion people worldwide who are living with obesity.

Closing the gaps

The dilemma has magnetised research and a slew of new product launches is expected to reach the market over the next five years. Importantly, however, the defining market differentiator may not be in the compound, but in a companion behaviour change programme.

The imperative to address physical, psychological and social-environmental factors as a first-line consideration is crucial to the success of shifting behaviour patterns, observes Alice Sibelli, of Personia Health, an agency that specialises in transforming deep scientific behavioural research into practical, scalable solutions that improve lives.

'GLP-1s are showing positive results in cardiovascular disease, renal conditions, stroke, kidney disease and sleep problems'

"All these factors interact with each other to affect our health and the way we cope with diseases. It is complex and multifactorial, but behavioural science allows us to understand why people behave the way they do and then how we can measure, predict and influence behaviour by supporting people's decision-making," says Alice, who has 15 years' experience in health psychology and developing digital-based solutions to improve health.

"To develop successful behavioural change programmes, we need a strong foundation based on theoretical frameworks, scientific evidence gathered through literature reviews and research studies, but it is also critically important to evaluate any programme when it reaches the real world – this is what we call implementation science – and implement changes to account for any gaps and barriers.

"You have to be flexible and be prepared to make changes without altering the core components of the interventions that contribute to positive change."

Healthcare systems around the world are under extreme pressure, so the positive role played by behaviour change is a critical component to sustaining them. The World Health Organization has long advocated the application of behavioural change to create more efficient and equitable health systems and it established a Behavioural and Cultural Insights Unit to generate and share understandings. It is a work in constant progress.

Sustained behaviour change

The key barriers are how patients perceive their need to take a medication, their concerns about the downsides of taking it (eg, side effects and long-term effects) and trust in the system, along with practical considerations about access and using the medication, adds Alice, who helped devise and run a successful digital intervention that addressed adherence for people living with inflammatory bowel disease (IBD).

"Digital therapies can be a good route to reduce some of the gaps and empower people to feel they have an active role in finding the best solution that works for them," she says. "While information is important, the answer is not a matter of supplying more of it, but providing information that is relevant to them and tailored for them – it cannot be generic. Digital solutions with the right content along with the right behavioural change strategy

tools can empower people and nurture that intrinsic motivation that is essential for sustained and meaningful change, but is often elusive.

"Many companies are working hard to find the sweet spot of engagement with digital solutions that leads to improvements in clinical outcomes and, with a lot of progress in the digital therapeutic space, there is optimism that more digital programmes that are user-friendly, personalised and engaging will be developed."

Unprecedented opportunity

She highlights the success of Persona's Persignia system, a digital coaching tool developed from 25 years research, validated by the UK's National Institute for Health and Care Excellence. Persignia delivers personalised support that addresses their concerns and doubts about treatment and helps them overcome the practical difficulties of managing medicines.

"When we achieve that, their motivation to change moves from extrinsic (doing it because the doctor said so) to intrinsic – (doing it for their own health), which is a much stronger predictor of long-term success," adds Alice. "The tools and techniques we deploy at Personia move beyond informing to motivating and enabling the change."

'In a sector projected to reach an annual value of $150bn by 2035, the race is on to launch GLP-1 weight loss pills'

Successful programmes take account of the perceptions affecting motivation ('Do I want to do this?') as well as the practicalities influencing ability ('Can I do this?') to create a toolkit that helps them navigate relapses and addresses their 'doubts, concerns and practical difficulties', which can change over time.

She concludes: "This category of weight loss medications gives us an unprecedented opportunity to improve public health and individual health and well-being. But to realise that potential, we need to introduce effective behaviour change support at the same time as the medication. Motivating and enabling more healthy lifestyle changes while the medication is working to reduce weight is necessary to help prevent a reversal of the beneficial effects once the medication is stopped."

We need to recognise that the right formula has two two core parts, not just one – the medication plus the sustained behaviour change programme.

Danny Buckland is a freelance journalist specialising in the pharmaceutical industry

Pistoia Alliance publishes first best-practice framework for ethical social media use in drug development

The Alliance calls for funding and expertise for the next phase of its social media project, marking its first direct engagement with oncology, rare disease and cardiology patients

The Pistoia Alliance, a global, not-for-profit alliance advancing collaboration in life sciences R&D, is launching new patient research to shape the ethical use of social media listening in drug development, as part of its Social Media Real-World Evidence (RWE) project.

Marking an evolution in the Alliance's work, the study marks the first time the Alliance has directly engaged patients as it expands its advocacy into clinical fields.

The patient research follows the project group's publication of a peer-reviewed paper in Frontiers in Medicine, which provides a best practice framework for pharmaceutical companies seeking to use social media data in a consistent and ethically governed way.

The paper was developed by experts from Bayer, Roche, Boehringer Ingelheim, Chiesi and Semalytix.

In parallel, the project team has developed a decision-support questionnaire, 'Pomelo', designed to help pharmaceutical companies assess whether and how social media listening should be used in real-world data initiatives. The tool has been accepted for presentation at ISPOR 2026, the leading international conference for health economics and outcomes research, and will also be presented at the Pistoia Alliance's Spring Conference in London on 14 April. It will be published on the Alliance's website following the conference.

Thierry Escudier, Portfolio Lead at the Pistoia Alliance, said: "Social media is a vital channel for patients to share real-world experiences of their symptoms, expectations and unmet needs. Compared to structured clinical trial data, social media offers more immediate and unfiltered insight. This data is already being explored in marketing and pharmacovigilance, but its application in drug development remains an emerging area,

"Advances in AI and natural language processing mean we can now make sense of unstructured social media conversations, creating an opportunity to inform drug development responsibly – provided it's done with the right standards in place."

The paper analysed published social media listening research to establish best-practice guidance for drug developers, including guidance on:

- **Ethical and transparent data use:** how to use publicly available data with strong safeguards around anonymisation
- **Study design and governance:** recommendations on understanding bias and limitations
- **Data collection and analytics:** best practices for source selection, handling unstructured data, and applying advanced analytics and AI techniques in a reproducible way.

Zorana Maravic, executive director at Digestive Cancers Europe, said: "Social media plays a vital role in connecting patients who might otherwise never meet, particularly within small patient populations such as rare diseases.

"Ensuring that patient voices are respected, protected and used appropriately in research is essential if this data is to genuinely benefit patients and help improve future treatments. Initiatives like the Alliance's demonstrate how collaboration can turn the patient voice into meaningful progress."

The patient phase of research is approved by the German Ethics Council and will begin in March 2026 with 54 patients from US, Spain and Germany across oncology, rare disease and cardiology communities. The goal is to ensure methods for collecting and analysing social media data reflect real patient expectations, priorities and concerns. Following the first cohort, the project group plans to run a larger quantitative study involving 300 to 400 patients, and is calling on regulators and pharmaceutical companies to support this expansion.

Aditya Tyagi, Project Manager at the Pistoia Alliance, commented: "Undertaking patient research represents a shift in how the Pistoia Alliance approaches collaboration in the clinical space. Our project team works closely with pharmaceutical companies to establish robust, evidence-based methods for social media listening. Now, by engaging patients, we're moving beyond theory into practice – testing assumptions, understanding concerns and building trust.

"This research gives patients a direct role in shaping the methods and safeguards that will govern future use of their data. To scale this work and validate it across larger patient populations, we need regulators and industry partners to engage even further with us and support the next phase."

To get involved, please contact ProjectInquiries@PistoiaAlliance.org. For more information on the Pistoia Alliance, visit https://www.pistoiaalliance.org/

Why the field is critical to next-generation marketing

By Michael Mueller-Peltzer

> 'AI is fundamentally changing the way marketing operates omnichannel journeys, enabling true next-best communication'

Historically, biopharma marketing and sales have operated in disconnected silos. While marketing teams use deep market knowledge and pattern recognition for scalable reach, they often lack the personalised healthcare professional (HCP) insights and trusted relationships held by field teams.

Innovative companies like Idorsia are already evolving their engagement model towards omnichannel marketing through unified campaigns that use both non-personal and field channels. "Our goal is to strengthen and amplify our marketing messages across all channels by placing the field force at the centre of execution," explains Baptiste Omont, commercial and medical systems senior director at Idorsia Pharmaceuticals. By connecting marketing and sales functions on a single platform, both teams benefit from a synchronised flow of information that drives the next-best communication for every HCP.

For instance, during a product launch campaign, marketing may identify highly engaged HCPs through digital outreach, yet this awareness rarely becomes a prescribing habit alone. By unifying commercial efforts, marketing can orchestrate the field to double down on these HCPs within the same journey. Reps receive suggestions to deliver personal messages that build on recent digital interactions, moving the HCP from interest to action while providing real-time feedback to refine future marketing outreach.

Running more effective campaigns requires a deep, life sciences-specific solution that enables field synchronisation to drive next-generation marketing. By integrating marketing applications within an omnichannel, AI-embedded CRM with connected data and content, the industry can turn disconnected actions into orchestrated, customer-centric engagement.

Activating the field force as a primary marketing channel

The field force holds access, relationships and deep HCP knowledge that marketing can benefit from. Complementing non-personal marketing outreach with orchestrated field interactions drastically improves engagement as HCPs prioritise messages from known, trusted sources. Integrated technology can reinforce this personal touch by surfacing critical insights based on recent HCP activity and making field suggestions that align with the broader marketing strategy. At the same time, empowering reps to actively provide insights to marketing campaigns (eg, approve or decline marketing emails, add or remove targets) based on their real-time understanding of HCP needs ensures engagement remains helpful rather than intrusive.

This collaboration creates a reciprocal feedback loop, where field intelligence assists marketers to run more personalised campaigns. Because reps know their territories best, their insights into new prescribers and influencers help marketing build more precise, high-value target lists, directly optimising campaign performance.

Streamlining marketing and field efforts is also critical for event orchestration. While marketing sets the strategic goals and manages the broad campaign, the field force executes with localised precision and manages the personal follow-up. As Omont highlights: "A unified solution unlocks the field force's power by quickly delivering real-time insights from external events (webinars, congresses) directly to reps, MSLs and specialists, ensuring lead follow-up occurs quickly and seamlessly."

Maximising campaign effectiveness with a connected, AI-powered ecosystem

AI is fundamentally changing the way marketing operates omnichannel journeys, enabling true next-best communication and scaling personalised engagement. A single platform with integrated marketing and CRM – where all data, content and workflows reside in one place – is the foundation for an agentic future.

Marketers can use AI for precise audience building by querying both structured and unstructured past interaction data with natural language. For example, they can identify 'oncologists visited in the last 90 days with negative sentiment on drug safety' without complex filtering. Dynamic orchestration then identifies signals to trigger personalised journeys. For example, AI recommends inviting the selected group of oncologists to a safety event. Accepting the suggestion activates a full sequence of event reminders and follow-ups adjusted to HCP behaviour. This connected, AI-powered ecosystem helps "deliver the right information to the right people through the right channel, at the right time", says Omont.

Delivering next-generation marketing

Connecting sales and marketing on a unified platform creates a more efficient, synchronised way for the industry to engage HCPs. By unlocking the power of the field as a primary marketing channel, biopharmas can run more effective campaigns.

Looking ahead, as interactions become increasingly digital- and agentic-first, marketing will sit at the centre of dynamic orchestration and personalisation at scale. AI will not only handle repetitive tasks but connect the dots across messages and channels, allowing marketers to set the strategic themes, while field roles evolve into more specialised functions with deeper customer knowledge and high-value influence. By unifying these functions today, biopharmas lay the groundwork for a future of orchestrated, customer-centric engagement.

Michael Mueller-Peltzer is Director of Commercial Strategy, Campaign Manager at Veeva Systems

AI + data = the winning combination for clinical trial planning

How AI in clinical trials can improve R&D efficiency – as well as the guard rails needed along the way

By Claire Riches

AI is becoming embedded in the business world, and the pharmaceutical industry is no exception. With its adoption, however, critical questions arise as to how it is implemented and the impact it can have. This interview looks at how AI in clinical trials can improve R&D efficiency – as well as the guard rails needed along the way.

When we talk about AI in clinical trials, is it hype or rooted in reality?
Claire Riches (CR): It's very real. Pharmaceutical companies that lack an AI strategy or have not yet begun implementing AI are already behind the 8-ball. As an industry, we're leaning more on technology because we have so many disparate systems creating more burden on sites and on patients.

So can data and AI help? The short answer is yes, it absolutely can.

Across the industry, we're still manually pulling from those disparate data sources and we're not really sure how we can maximise them to derive really useful insights to help us move forward. AI is a gamechanger is this respect.

Which areas of drug development can benefit most from incorporating AI?
CR: There are many areas. Let's focus on these: predicting clinical outcomes; optimising workflows; reducing cycle time; finding eligible patients and selecting study sites.

'Pharmaceutical companies that lack an AI strategy or have not yet begun implementing AI are already behind the 8-ball'

Feasibility is playing an ever-important role in drug development. With the cost of clinical trials skyrocketing, sponsors want to know a study's likelihood of success upfront. Determining – with the help of AI – what factors might impede success, and course-correcting before a trial gets underway, will save time, effort and budget. By conducting feasibility assessments early on, sponsors can avoid costly protocol amendments, screen fails and other obstacles that threaten to extend timelines.

One area that probably stands to benefit most from AI is workflows, whether it's in the life sciences or any other industry. AI is not designed to replace staff; it is designed to help automate tedious, time-consuming tasks, thus making processes more efficient.

Locating eligible patients is the bane of study teams. This is particularly true in rare disease trials, where finding those patients is like looking for a needle in a haystack. AI can serve as the magnet that draws the needle out.

Site selection is not just about finding sites with experienced staff. It's about the intersection of staff savvy, patient access, bandwidth and track record. That's a lot of data to cross-reference and AI can streamline the process.

What role does data play regarding the use of AI in clinical research?
CR: Data and AI go hand-in-hand. Having access to data is one thing, but sponsors must be able to parse the data and apply the findings to inform future trials.

Although sponsors want to avoid a failed trial at all costs, the data that can be mined

from such trials is valuable in planning future trials. What worked? What didn't? Were the inclusion/exclusion (I/E) criteria too restrictive? When did patients drop off? Why? Those are some of the questions whose answers can be found thanks to the help of AI.

And I would tag on another question here. What role do humans play? The current catchphrase is 'humans in the loop'. I'd amend that to be 'humans in the lead'. Let's not forget that it's the clinical expertise that adds value. We've got to remember that AI is a tool. It's not the be-all, end-all. Taking AI output and having it analysed by subject matter experts is what ultimately improves outcomes.

What do we mean by 'rich data'?

CR: AI is only as good as the data it is provided with. As they say, 'garbage in, garbage out'. When we refer to rich data, we're talking about both quantity and quality. While it's important to have a broad data set – including timespans, geography, study sites, investigators, social determinants of health (SDOH) and patient information – it's important that your data comes from reliable, accurate and timely sources. And you need the right tools, including AI, to wade through that mountain of data.

Can you give a few examples how AI is making a difference in clinical trials?

CR: The winning combination of data and AI not only supports protocol design, but the strategy behind components such as endpoints and I/E criteria. Assuming you have the data, AI can provide a historical look at protocols and determine which were operationally successful and those that were not. Then, based on the trends revealed, AI can help build I/E criteria that will optimise a protocol.

In terms of patient recruitment, AI's large language models (LLMs) can be used to examine unstructured data, such as electronic health records (EHRs), and identify eligible patients without revealing protected health information (PHI). AI also can examine other data sets, like real-world data, to determine what the clinical landscape looked like and how recruitment fared when the protocol was conducted. Based on that, a sponsor can begin to forecast enrolment for a given trial and make necessary tweaks. By writing the protocol with the patient in mind, a sponsor can improve enrolment from the get-go.

You don't have to wait until that protocol is live and you have no one to recruit or you have a really high screen-fail rate. You can pressure test that upfront now with data and AI to avoid those pesky protocol amendments.

Site selection is a huge part of the patient recruitment puzzle. AI can detect the number of active sites, whittling down those with critical experience and patient availability to 'score' recommended sites. Traditionally, 80% of patients have been recruited from 20% of sites. There's an untapped wealth of available sites; sponsors simply need to know how to leverage AI to find them.

Let's face it. Clinical trial feasibility is evolving and it's continuing to evolve.

What we're trying to do here is reverse the process. Instead of starting with enrolment at the end, we're starting with it. We can use AI and real-world data to figure out where the patients are, which sites and countries should be selected, and what the patient journey looks like.

I would add a caveat that if you're working with AI tools, it represents a considerable financial investment, but one that will pay off in the long run. That said, you must be able to demonstrate value for your efforts.

Claire Riches is Vice President of Clinical Solutions at Citeline

Europe's next health innovation engine

How a small health system can create real-world advantage

By Tim O'Neill

Across Europe, healthcare systems are attempting to modernise under enormous pressure. Demand continues to rise, expectations continue to shift and scientific progress continues to accelerate. What has not kept pace are the structures and processes that determine how innovation is assessed, adopted and scaled. For industry leaders, particularly in life sciences, this mismatch creates both a barrier and a strategic opening.

Having spent over 25 years working across integrated care, local government and complex reform programmes, I've learned that progress rarely fails for lack of creativity. European health systems are full of good ideas and committed people. The real constraint is the environment in which innovation is asked to prove its value: fragmented systems; slow governance; inconsistent pathways and limited opportunities to prove value quickly enough to keep pace with technology.

Since joining the Isle of Man Government's Department of Health and Social Care, what has struck me most is that, while our challenges mirror those seen across the UK and Europe, our ability to respond is fundamentally different. Our system's scale, combined with its integration, gives us a strategic advantage: potentially we can move faster; test in context and translate insight into change with far fewer structural barriers.

That is one of the driving forces behind the annual Innovation Challenge delivered by Digital Isle of Man, which this year focuses entirely on health and social care. It reflects a deliberate shift in mindset. We are choosing not simply to absorb pressure, but to redesign the conditions in which innovation can genuinely take hold and scale.

A system ready for meaningful progress

Like other European systems, the Isle of Man faces growing demand and increasing complexity. But where larger systems often struggle with entrenched silos, our integrated model – spanning primary care, acute services, mental health, community provision and social care – enables a shared view of challenges and a shared responsibility for solving them.

On the ground, teams consistently tell me the same thing: they are ready for change but really stretched operationally, with an increasing administrative burden. This is not unique to our Island, but our ability to address these pressures at system level, rather than organisation by organisation, is what distinguishes us.

Many of the digital systems we rely on were installed to address specific problems at specific times. Individually, they have served us well. Together, they now create friction with duplicated processes, inconsistent reporting and barriers to the timely use of data. These are the same frictions that slow down real-world evidence (RWE) generation, adoption pathways and market access efforts across Europe.

But scale itself is not the limiting factor. The real issue is whether systems are designed to enable learning, adaptation and adoption, something we are now actively addressing.

In this context, progress demands more than new investment or workforce expansion. It requires targeted experimentation, system level insight and a willingness to redesign rather than layer on interventions. What we are building in the Isle of Man is not another pilot programme, but a platform for continuous learning and implementation.

Turning ambition into operational reality

Across Europe's pharmaceutical and life sciences sector, there is clear belief in the potential of digital tools, data-enabled technologies and AI. Yet too often, promising solutions stall at the pilot stage – unconnected to commissioning, unsustainable for stretched services or evaluated in environments too narrow to reveal system-wide value.

This is where the Isle of Man is taking a fundamentally different approach. Our aim is to close the gap between innovation and implementation by embedding testing, evaluation and learning into the way our services operate.

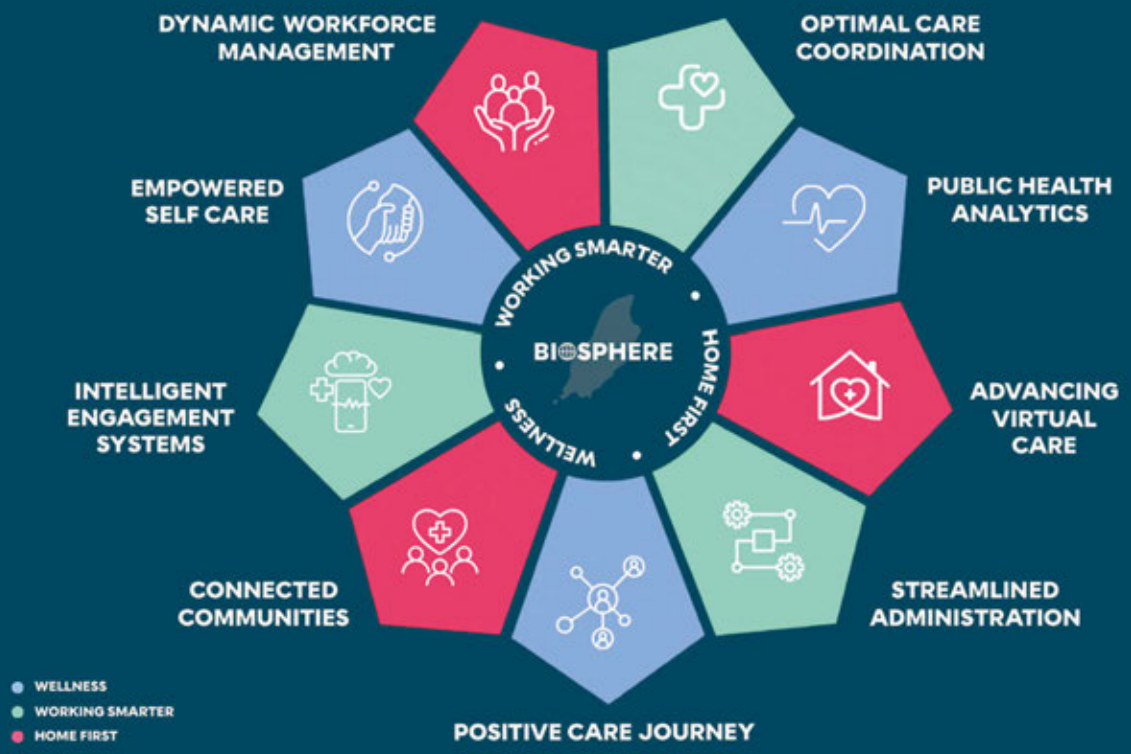
The priorities for this year's Innovation Challenge were shaped not by abstract strategy but by the daily realities described by clinicians, social care colleagues and frontline teams. They reflect our most pressing needs, but also our strongest opportunities.

Whether through digital workflow solutions, intelligent rostering, automated administrative processes, earlier identification of risk or better self management tools, our focus is on practical interventions that relieve pressure and enhance care. These aren't technology projects; they are service improvements enabled by technology.

What matters is not novelty, but relevance and innovations that fit the way people work and the way patients live.

System transformation and the role of industry

Pharmaceutical organisations increasingly recognise that product performance alone does not determine success. System value –



efficiency, usability, pathway alignment and the ability to generate meaningful insight – plays a central role in adoption decisions across Europe.

Engagement with health systems is shifting away from transactional interaction towards partnership anchored in shared outcomes. On the Isle of Man, this shift is not theoretical: it is reflected in the types of collaborations we are prioritising.

Integrated records, interoperable platforms, smart workforce tools, digitally enhanced community models and adaptive decision support systems all have dual impact. They support professionals, and they create the foundation for more rigorous, more continuous and more holistic understanding of how an intervention performs in context. They make it easier to understand the behavioural, operational and clinical factors that determine whether innovation truly delivers value.

For the pharmaceutical sector, this offers a rare advantage: a setting where understanding whole pathway impact is not only possible but expected.

Europe's island test bed

Where the Isle of Man stands apart is in what our integration enables. The entire health and social care system operates within a structure that allows for alignment and transparent evaluation.

This creates an environment where companies can test solutions in circumstances that mirror the complexity of modern European healthcare, but without the inertia that often characterises larger markets.

We are large enough to generate meaningful clinical, operational and behavioural insight, yet compact enough to adapt at speed and tighten feedback loops.

Companies from Europe, Asia and beyond are increasingly using the Isle of Man to sharpen propositions, stress test assumptions and build the kind of operational narrative that payers and health technology assessment (HTA) bodies now expect. In a landscape where value must be demonstrated in ways that resonate with real service pressures, our setting offers something truly differentiating.

The result is a low-risk, high-insight launch environment – a place where companies can understand not only whether an innovation works, but where in Europe it will work best, what adaptation it will require and how to articulate its impact in terms that decision-makers understand.

Three priorities shaping our next phase of innovation

In reflecting on where innovation can have the greatest immediate and long-term impact, three themes consistently emerge:

1. Working smarter

Too much professional time is absorbed by avoidable administrative processes. Digital solutions that streamline workflows, connect information and reduce duplication are not simply efficiency tools, they are enablers of better care.

2. Wellness: strengthening prevention and early support

Systems currently lean heavily weighted towards crisis response. Innovations that support earlier engagement, improve self-management or provide timely insights can rebalance this dynamic and relieve pressure on overstretched services.

3. Home first: supporting care closer to home

While hospitals are essential, many patients can be supported effectively in community and social settings if models and data flows are aligned. Technology can help ensure that home-based or community-based care is timely, safe and personalised.

What these priorities share is a focus on system behaviour, not isolated interventions. They reflect the same issues I've seen throughout my career: slow decision-making, underused insight and pathways shaped more by organisational structures than by human need.

A shared responsibility and a shared opportunity

The Isle of Man, like many European jurisdictions, is at a turning point. Maintaining the status quo is not a neutral choice, it is a strategic risk. Leadership at every level must be honest about what no longer serves patients or professionals, and the industry must be willing to design around the lived realities of care rather than idealised models of it.

This is where I believe the most meaningful partnerships will emerge, those grounded in co-design, transparency and a shared understanding of system pressures.

The opportunity for pharmaceutical and life sciences organisations is not limited to participating in the Innovation Challenge, although it is one powerful route. The larger opportunity lies in engaging with an integrated system that can help shape, refine and validate solutions before they meet the complexity of Europe's largest markets.

If we get this right, the Isle of Man can demonstrate something of wider significance: that smaller systems, when aligned and ambitious, can accelerate innovation in ways that larger systems cannot and, in doing so, can provide a launchpad for change across the continent.

Professor Tim O'Neill is Interim Chief Officer, Department of Health and Social Care, Isle of Man government

Biologos

HETAL PATEL

Biologos, has appointed **Hetal Patel** as CEO. The appointment follows recent investments in facilities and capabilities, and the acquisition of Biologos by Ampersand in 2024.

Patel brings over 25 years of experience to the role and has been at Biologos since 2024, when she joined as COO. During this time, she helped to ensure operational readiness to support customers and to position the company for long-term growth.

Patel said: "Biologos has an exceptional legacy built on integrity, agility and an unwavering commitment to customers. With Ampersand's support and the investments we've made in our people, facilities and capabilities, we are uniquely positioned to help customers accelerate development timelines, ensure supply continuity and confidently scale from early research through GMP manufacturing."

IsomAb

PHILIP BRAININ

IsomAb has appointed **Philip Brainin** as CEO and member of the Board of Directors. In his new role, Brainin will be responsible for advancing the clinical development of ISM-001, a treatment for chronic stable angina (CSA).

With a combination of clinical, medical and venture investing experience, Brainin has invested in multiple early-stage therapeutics companies, supported corporate and business development strategies and advised Boards of Directors, including for AnaCardio and Nephro DI. He previously held roles at Bioinnovation Institute and Sound Bioventures.

Qlaris Bio

FRED GUERARD

Qlaris Bio has appointed **Fred Guerard** as president and CEO. Guerard will also join the Board of Directors. Qlaris develops first-in-class therapies for unmet needs in ophthalmology, including its lead candidate QLS-111 which is designed to treat glaucoma, and Guerard has more than two decades of global leadership experience in ophthalmology.

Previously, Guerard has served as CEO of Othea, president and CEO of Graybug Vision, and worldwide franchise head of ophthalmology at Novartis. He is also non-executive director at CalciMedica and Spiral Therapeutics.

Sandoz

ARMIN METZGER

Sandoz has appointed **Armin Metzger** as President, Biosimilar Development, Manufacturing & Supply and a member of the Sandoz Executive Committee. Most recently, Metzger was Executive VP, Chief Technical Operations Officer at Ferring Pharmaceuticals, holding multiple senior technological leadership roles since 2016. Prior to that, he spent nearly 20 years in technological and scientific leadership roles at Merck and Merck Serono.

BOOST Pharma

ELAINE JONES

BOOST Pharma has appointed **Elaine Jones** as Chair of its Board of Directors. Having served on over 35 company boards during her career, Jones brings more than 20 years of experience to the role. Her previous roles include Vice President of Venture Capital at Pfizer Ventures and multiple leadership roles at GSK's corporate venture fund, SR One. Jones is currently Chair of Mironid and a member of the Board of the Novartis Venture Fund.

ReproNovo

MARK ALTMEYER

ReproNovo has appointed **Mark Altmeyer** as Chairman of the Board of Directors. Bringing over 35 years of experience to the role, Altmeyer was most recently Founder and CEO of Arvelle Therapeutics. Other former roles include Chief Commercial Officer at Axovant, and senior commercial and general management positions at Bristol Myers Squibb and Otsuka. Altmeyer is currently the Chairman of AM-Pharma and Calluna Pharma.

Mestag Therapeutics

LINDSEY ROLFE AND PASCAL MERCHIERS

Mestag has appointed **Lindsey Rolfe** as Chief Medical Officer (CMO) and **Pascal Merchiers** as Chief Development Officer (CDO). Bringing over 30 years of clinical experience to the role, Rolfe was most recently the CMO of 3B Pharmaceuticals. Her other previous roles include CMO at Clovis Oncology and development roles at Celgene, Pharmion, Medimmune, UCB and Celltech.

Merchiers brings over 25 years of experience to Mestag, having most recently been CDO at Commit Biologics. During his career he has served as Chief Scientific Officer (CSO) at Aboleris and CSO at Oncurious.

Susan Hill, CEO of Mestag Therapeutics, said: "Lindsey's extensive experience will be instrumental in shaping the advancement of our clinical programmes. Pascal's breadth and depth of expertise in cancer and inflammatory disease will help drive our development activities."

Helus Pharma

JILL CONWELL

Helus Pharma, a clinical stage pharma company focused on developing novel serotonergic agonists (NSAs), has appointed **Jill Conwell** as Chief People Officer, effective immediately. Bringing over 20 years of leadership experience to the role, Conwell has previously held senior leadership roles at Aclaris Therapeutics, Idera Pharmaceuticals and Shire Pharmaceuticals.

Michael Cola, CEO of Helus Pharma, said: "Jill has a proven ability to help life sciences companies build and align teams, organisational strategies and processes to support ambitious growth.

RedSail Technologies

JOY NEELY

RedSail Technologies has appointed **Joy Neely** as Chief Growth Officer. In her new role, Neely will lead the company's commercial team, overseeing marketing, sales and market strategy, while working closely with the executive leadership team and other key stakeholders.

Neely was most recently Chief Commercial Officer at Medvantx. Prior to that, she was Senior VP and Head of Sale at CareMetx. Additionally, she was Market Access Development Leader at Roche and she also held a number of roles at Eli Lilly, where she spent over a decade.

Takeda

JULIE KIM

Takeda has announced that **Julie Kim**, CEO-elect, is to be proposed as a candidate for the Board of Directors and Representative Director, President and CEO. If elected, Julie Kim will assume these new roles immediately after the meeting in June, with Christophe Weber, who is currently in the role, planning to retire from Takeda on the same day. Other candidates for internal and external directors have also been proposed.

AEON Biopharma

JOHN BENCICH

AEON Biopharma has appointed **John Bencich** as CFO. Bringing more than 25 years of leadership experience to the role, Bencich previously served as CEO of Achieve Life Sciences where he led the company's capitalisation. Earlier in his career, Bencich held CFO positions at OncoGenex Pharmaceuticals, Integrated Diagnostics, Allozyne and Trubion Pharmaceuticals, where he supported multiple financings and strategic transactions.

Odyssey Therapeutics

H. MARTIN SEIDEL

Odyssey Therapeutics has appointed **H. Martin Seidel** to its Scientific Advisory Board. Seidel is currently CEO of IFM Therapeutics. Previously, Seidel spent over a decade at Novartis Institutes for Biomedical Research in senior leadership roles, including Head of the Genomics Institute of the Novartis Research Foundation and Global Head of Business Development & Licensing, overseeing scientific collaborations and strategic transactions.

Lucid Group

ROD MACKENZIE

Lucid Group has announced that **Rod MacKenzie**, former Executive Vice President and Chief Development Officer at Pfizer, has been appointed as the new Chair of the Lucid Group Board of Directors.

MacKenzie spent 34 years at Pfizer, where he led the Global Product Development division and oversaw 6,000 professionals dedicated to advancing innovative medicines and vaccines. He played a critical role in the development of both the Pfizer-BioNTech COVID-19 vaccine and antiviral, Paxlovid, in addition to serving on Pfizer's Executive Leadership Team from 2016 to 2022.

MacKenzie's leadership marks a pivotal step in Lucid's next phase of growth, strengthening its ability to translate complex science into real-world impact. He succeeds Andy Black, who retired from the Board following the end of his term.

OPEN Health

TIM PERRYMAN

OPEN Health has appointed **Tim Perryman** as Global Head of Operations, strengthening the company's operational leadership as it continues to scale its global capabilities and support clients navigating increasingly complex decisions across the healthcare landscape.In his role, Perryman will focus on strengthening operational foundations across the organisation, advancing operating models, and enhancing collaboration and efficiency to support OPEN Health's continued global growth. Perryman brings extensive experience in operational leadership across complex, global organisations. Known for his collaborative leadership style and focus on translating strategy into practical execution, he has a strong track record of building high-performing teams and implementing operational frameworks that support sustainable growth.

Prime

DAVID HOGBEN

Prime has appointed **David Hogben** as SVP, Omnichannel Strategy & Delivery.
Based in the US, David has global experience in omnichannel strategy, digital transformation and data-enabled medical communications and will play a key role in embedding the company's unique omnichannel blueprint into day-to-day operations, strengthening execution across accounts and ensuring the teams deliver omnichannel excellence. Hogben has led major transformation programmes, enterprise frameworks and digital initiatives across the US and global markets and he will add a critical new dimension to the company's differentiated omnichannel capability – focusing specifically on helping the scientific and medical communications teams translate strategy into delivery.

Oglivy Health

AIMEE MOSHER

Ogilvy Health has appointed **Aimee Mosher** as Chief Client Officer. With over 20 years in healthcare marketing, Mosher has a proven track record of fostering strong client relationships and driving growth. Her deeply human-centric approach aligns seamlessly with our commitment to client excellence. Mosher was previously EVP, Managing Partner at Science & Purpose.

Langland

ANDREW MORLEY

Langland has appointed **Andrew Morley** as Executive Creative Director. With a passion for convention-busting ideas and a belief in creativity as the most powerful differentiator in healthcare, Morley will lead creative excellence across advertising, clinical trial experience, medical strategy & education and PR – helping shape the next era of standout, human-centred health brands.

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